



Engaging and Retaining the Latinx Community in the Ryan White HIV/AIDS Program Part B and ADAP

This fact sheet outlines how the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) Part B Program and AIDS Drug Assistance Programs (ADAPs) can support access to medications and tailor related services for Latinx persons living with HIV (PLWH).

Key Considerations for the Provision of RWHAP Part B and ADAP Services to Latinx PLWH

Latinx persons are disproportionately impacted by HIV

In 2016, Latinx persons accounted for nearly [26% of HIV diagnoses](#) in the United States and its associated territories, despite only representing 18% of the total U.S. population. Of those Latinx persons diagnosed with HIV, 88% were male and 90% of those men acquired HIV through male-to-male sexual contact. This statistic highlights a larger theme [among Latinx PLWH—from 2010 to 2014, diagnoses among Hispanic women/Latinas declined by 16%, while diagnoses among Hispanic/Latino gay, bisexual, and other men who have sex with men \(GBM\) increased by 13%](#). Current incidence rates predict that [one in four Latino GBM](#) will be diagnosed with HIV in their lifetimes.

Data gathered from [NASTAD's 2018 National ADAP Monitoring Project Annual Report](#) indicate that, in 2016, Latinx persons accounted for 20% of all RWHAP Part B clients and 26% of all ADAP clients. This highlights the important role that RWHAP Part B Program and ADAP can play in addressing the epidemic among the Latinx community.

Disparities exist within the HIV continuum for Latinx PLWH

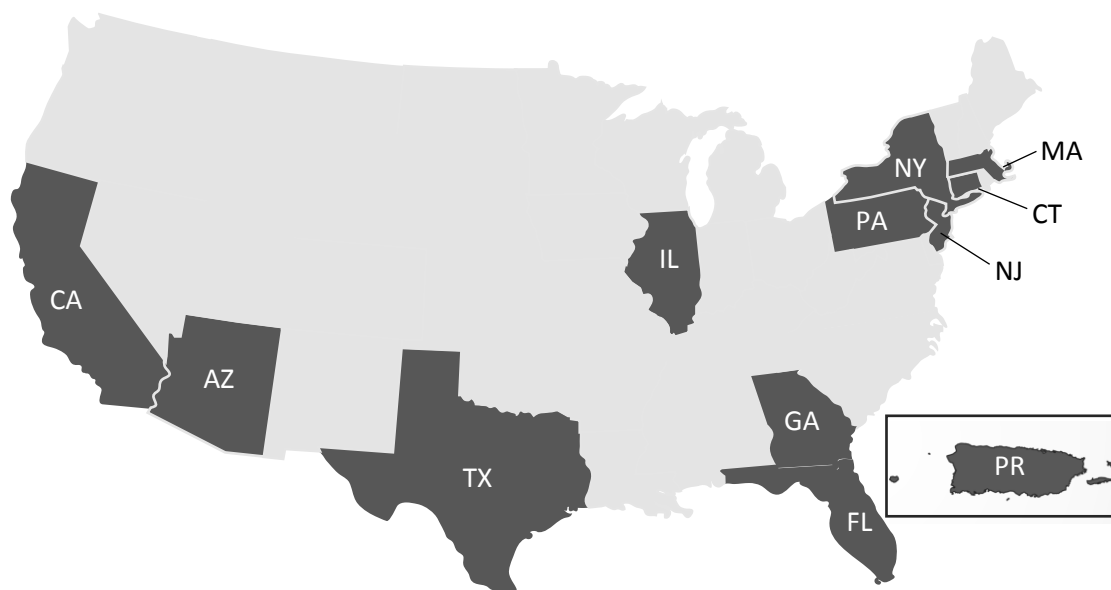
In addition to the [disproportionate burden of HIV on the Latinx community](#), disparities within the HIV continuum also exist. For example, [in 2014, 83% of Latinx PLWH in the United States had received a HIV diagnosis, yet only 58% had received HIV medical care; however, 88% of non-Latinx White counterparts were diagnosed, and 67% had received medical care. Furthermore, 84% of Black/African American counterparts were diagnosed, and 59% had received medical care.](#) The above data suggests that linkage to care is a significant barrier for Latinx PLWH.

Data shows that late diagnosis (i.e., AIDS diagnosis within three months of HIV diagnosis) is another challenge for the Latinx community. One study focused on Southeastern U.S. found that [rates of late diagnosis are higher in Latinx PLWH](#) than non-Latinx PLWH. Another study in Florida found that over [one-fourth of all Latinx PLWH were diagnosed late, and](#) the odds of receiving a late diagnosis were higher in foreign-born Latinx PLWH. Acculturation factors, such as English proficiency, may be principal barriers for accessing HIV testing among immigrant Latinx.

[HIV epidemic among Latinx persons presents unique challenges](#)

Another unique factor of the HIV epidemic among Latinx persons is its geographic concentration. The [12 jurisdictions that contain the largest numbers of Latinx PLWH](#) account for 87% of all Latinx PLWH in the United States and its territories. These 12 states/territories have the potential to impact the epidemic among Latinx persons by mobilizing RHWAP Part B Program and ADAP services to specifically engage the Latinx community.

Twelve Jurisdictions with the Highest Number of Prevalent Cases among Latinx persons (as of June 2018)



Source: Centers for Disease Control and Prevention. [HIV Surveillance Report](#), 2017; vol. 29.

Latinx persons are [disproportionately negatively impacted by social and structural determinants of health](#). For example, in the U.S., [Latinx persons display lower rates of education and higher rates of poverty](#), both of which may decrease access to healthcare as well as other essential resources, such as food, housing, and transportation. One study found that [Latinx immigrants' and migrants' basic unmet needs compete with their perceived value of HIV care](#). Surveillance

data suggests that [at least 29% of all Latinx PLWH in the United States are immigrants from other countries](#). Those Latinx PLWH who are [undocumented face unique barriers including fear of deportation, work restrictions and difficulties meeting paperwork requirements](#).

Overall, Latinx PLWH face unique challenges and barriers that RWHAP Part B Programs and ADAPs should consider to appropriately address the epidemic among Latinx persons. **RWHAP Part B Program and ADAP can collaborate with other entities, including all RWHAP Parts, provider agencies, and community stakeholders, to determine the optimal approach to HIV care and treatment services for Latinx PLWH.**

Use of RWHAP Part B and ADAP Funds to Provide Culturally Sensitive Care to Latinx PLWH

The Latinx community may experience both cultural barriers and structural barriers to HIV care and treatment services. Like many other ethnic and racial groups, [Latinx GBM and transgender persons experience homophobia and/or transphobia](#), which can act as barriers for prevention efforts and linkage to care. Latinx GBM and transgender persons may also experience external and internalized stigma. This [stigma can be perpetuated by traditional gender roles normalized through a culture of machismo \(i.e., the masculine ideal where the man is proud, aggressive, and dominant\)](#). Similarly, beliefs in [marianismo \(i.e., the woman is expected to emulate traditional roles of being tender, devoted, passive, and submissive to the male\) may deter Latina women from accessing prevention or treatment services](#). It is also important to acknowledge that the Latinx community is not monolithic and that Latinx PLWH have varied heritage which may influence cultural barriers to care. As a result, it is important that RWHAP Part B Programs and ADAPs make concerted efforts to provide culturally competent care and treatment services.

RWHAP Part B Minority AIDS Initiative

The RWHAP Part B Minority AIDS Initiative (MAI) funding is unique because it can only be used to provide outreach and education services to increase the participation of communities of color (defined as Latinx individuals, Black/African Americans, Alaska Natives, American Indians, Asian Americans, Native Hawaiians, and Pacific Islanders) in ADAP or other HIV drug assistance programs (e.g., Medicaid). The [HRSA ADAP Manual](#) outlines the legislative requirements and HRSA program guidance for RWHAP Part B Program MAI.

The amount of the RWHAP Part B Program MAI award a state receives is determined by a formula based on the number of reported people of color living with HIV/AIDS for the most recent calendar year as confirmed by the Centers for Disease Control and Prevention (CDC).

RWHAP Part B Program MAI funds provide jurisdictions an opportunity to tailor these ADAP outreach and education activities to the needs of Latinx PLWH.

Treatment and Care for Co-Morbid Conditions Experienced by Latinx PLWH: Drug and Service-Specific Information

RWHAP Part B Program recipients can help to address co-morbid conditions commonly experienced by Latinx PLWH by expanding ADAP formulary coverage to include medications that treat these co-morbid conditions, and by funding specific services included in [allowable RWHAP Part B program service categories](#).

[ADAPs can support treatment access for Latinx PLWH via formularies](#)

The Ryan White HIV/AIDS Program Section 2616(c)(6) of the Public Health Service Act and HRSA policy place the following requirements on ADAP formularies:

- ADAP formularies must include at least one drug from each class of HIV antiretroviral medications;
- ADAP funds may only be used to purchase medications approved by the Food and Drug Administration (FDA) or devices needed to administer them;
- They must be consistent with the Department of Health and Human Services' (HHS) Adolescent and Adult HIV/AIDS Treatment Guidelines; and
- All treatments and ancillary devices covered by the ADAP formulary, as well as all ADAP-funded services must be equitably available to all eligible/enrolled individuals within a given jurisdiction.

[Categories of medications to optimize treatment outcomes for Latinx PLWH](#)

Cardiac Medications: While the prevalence of hypertension among the Latinx community is comparable to the prevalence among non-Latinx persons, [a larger proportion of Latinx persons with hypertension do not have their high blood pressure controlled](#) by medications. Specifically, 58% of Latinx persons with hypertension have uncontrolled high blood pressure, compared to 48% among non-Latinx individuals.

Hepatitis C (HCV) Treatment Medications: Although the incidence of HCV is lower among Latinx populations compared to non-Latinx individuals, HCV-related [mortality is significantly higher](#) among Latinx persons. Additionally, HCV infections contribute to the [increased prevalence of chronic liver disease](#) among Latinx persons as compared to non-Latinx populations. Chronic liver disease was the [7th leading cause of death](#) among Latinx persons in 2015.

Mental Health Treatment Medications: Latinx adults experience [serious psychological distress more frequently](#) than non-Latinx White individuals, however, non-Latinx White individuals received mental health treatment two times more often than Latinx persons in 2014.

Metabolic Agents: In 2016, [12% of Latinx adults](#) had type 2 diabetes, in comparison to 8% of non-Latinx persons. Furthermore, diabetes was the [5th leading cause of death among Latinx persons](#) in the U.S. in 2015.

RWHAP Part B core medical and support services that benefit Latinx PLWH

The provision of treatment medications for co-morbid conditions, although essential, is insufficient on its own to maximize health outcomes for Latinx PLWH. RWHAP Part B recipients should also consider providing a full complement of allowable RWHAP Part B core medical and support services to benefit Latinx PLWH.

Child Care Services: Child Care Services supports intermittent child care services for children living in the household of clients living with HIV to enable clients to attend HIV-related appointments. A survey of women living with HIV indicated that [53% of Latinx mothers reported feeling that “living with HIV has made it more difficult to take care of their families,”](#) in comparison to 40% of non-Latinx Black mothers and 45% of non-Latinx White mothers. [In 2016, no Part B Programs reported utilizing this service category.](#)

Early Intervention Services (EIS): EIS is an integrated approach to benefit key populations and must include four core components: (1) targeted HIV testing to help individuals learn of their HIV status and receive referral to treatment; (2) referral services to improve HIV care and treatment services at critical points of entry; (3) access and linkage to HIV care and treatment services; (4) Outreach Services and Health Education/Risk Reduction related to HIV diagnosis. In 2016, 11 Part B Programs utilized this service category. EIS can be an important service for the Latinx community, which experiences [disproportionately high rates of late diagnosis](#) and [low rates of linkage to care](#).

Health Education/Risk Education: Health Education/Risk Education provides education to clients living with HIV on how to reduce the risk of HIV transmission. This can include efforts to increase health literacy and treatment adherence. These services are particularly important for the Latinx community because approximately [30% of Latinx persons over 18 years had not graduated from high school](#) in 2016, [indicating that Latinx PLWH may face lower levels of health literacy](#). In 2016, however, only 15 Part B Programs reported using this service category, suggesting that utilization could be increased across the country.

Health Insurance Assistance (through ADAP) and Health Insurance Premium and Cost Sharing Assistance (HIPSCA) for Low-Income Individuals (through non-ADAP RWHAP funding): These service categories provide financial assistance to clients to maintain a continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program, including (for HIPSCA) standalone dental insurance. [Latinx/Hispanics have the highest uninsured rates among any racial/ethnic group in the United States.](#) This makes health insurance assistance, whether through ADAP or HIPSCA, a key service for Latinx PLWH to increase access to health care broadly, and HIV care specifically.

Linguistic Services: Linguistic services provide interpretation and translation services, both oral and written, to facilitate communication between the healthcare provider and the client. These services are extremely important because about [34% of all Latinx individuals living in the United States do not speak English fluently.](#) A clear understanding of medical instructions, including information on medication adherence, are critical for clients to achieve viral suppression; however [in 2018, only 21 Part B Programs utilized this service category to serve a total of 1,126 clients.](#)

Medical Nutrition Therapy: Medical Nutrition Therapy includes the provision of nutrition assessment and screening, dietary evaluation, food and/or nutritional supplements, and nutrition education and/or counseling. These services are important because the Latinx community is significantly impacted by obesity. In 2016, [40% of Latinx persons were overweight and 31% were obese.](#) Obesity is a serious comorbidity which can cause additional health problems for PLWH. Furthermore, diabetes was the [5th leading cause of death among Latinx persons](#) in the U.S. in 2015. Type 2 diabetes is also independently [associated with chronic inflammation](#) caused by HIV. Both diabetes and obesity can be mitigated by a healthy diet.

State Examples: Washington, Arizona, and New Jersey

The following are examples from Washington, Arizona, and New Jersey regarding the utilization of RWHAP Part B Program funds and ADAP rebates to tailor outreach, education, and patient assistance activities to better engage Latinx PLWH.

- **Washington state:** Through their work on End AIDS Washington, the Washington State Department of Health analyzed disparities across the HIV continuum according to demographic information. They learned that Washington’s foreign-born Latinx community was experiencing some of the greatest challenges and poorest outcomes in each ‘bar’ of the continuum. The Health Disparities Coordinator, a new position funded with RWHAP administrative costs, was tasked to work with the Disease Intervention Specialists (DIS) co-located in the two local health jurisdictions (LHJs) with a high population of foreign-born Latinx persons to develop a strategy to reduce disparities. The DIS staff (funded through CDC Prevention, Surveillance, and RWHAP EIS funds), rooted in and familiar with the community, were well poised to engage Latinx persons in

the community. Simultaneously, the Department of Health provided additional funding for a provider at a local HIV community health clinic to accommodate the additional clients. The provider was funded to do this work through the RWHAP Outpatient Ambulatory Care service category. Washington was able to build on their existing infrastructure across the state and leverage a cross-program funding opportunity to better outreach to and retain foreign-born Latinx persons living with HIV.

- **New Jersey** incorporated Community Health Workers (CHWs) into their RWHAP Part B Program to address the increase of HIV in the Latinx community. Subrecipient health centers and community-based organizations (CBOs) are contractually bound to work together according to the terms of their individual agreements with the Part B Program. Co-Hiring and managing CHWs is a required part of a Memorandum of Agreement (MOA) between the health centers and CBOs, which is also mandatory to their subrecipient agreements with the Part B Program. Through their collaboration, each CBO-health center pair is required to hire two CHWs and one is encouraged to be a fluent Spanish speaker. This activity is supported through ADAP rebate funds. The CHWs serve to provide emotional, instructional, and informational support for clients in the form of accompanying clients to medical and social services appointments, translating their provider interactions, supporting clients with accessing transportation, and social support, etc. Since July 2018, New Jersey has engaged over 200 Latinx clients in the CHW program, which is funded through the Outreach Services service category. Ultimately, the aim of the CHW intervention is to increase engagement in care and viral suppression in the Latinx community.
- **Arizona** partnered with Aunt Rita's Foundation to develop VIHAZ.org, a website to help educate Spanish-speaking clients on HIV prevention, treatment, and services available in Arizona. The Arizona Department of Health (AZDHS) provided ADAP rebates to build and manage the website, and the development process of VIHAZ.org included feedback and input from local community members, nonprofits, and other local stakeholders. These were incorporated into expectations for what the website would include and ensure that it was helpful to the community it was intended to serve. The website was designed to simplify and improve the user experience for people seeking information. It includes an improved search function which allows users to search for providers according to the RWHAP service categories they are interested in (e.g., mental health, psychosocial, medical case management, among others). The new website was also advertised through a poster and billboard campaign around the state funded by the AIDS Healthcare Foundation to raise awareness and utilization of the VIHAZ.org website. The redevelopment of the website and the advertising campaign have been successful and have increased traffic and utilization of the website.

ADAP and Part B Programs have a variety of opportunities to engage and retain the Latinx community in care and treatment, including the Part B MAI, ADAP formulary guidance, and core medical and support services. Jurisdictions should leverage these opportunities to improve care and treatment for Latinx PLWH.

Related Resources:

- NASTAD www.NASTAD.org
 - [NASTAD – Health Care Access](#)
 - [National RWHAP Part B and ADAP Monitoring Project: 2018 Annual Report](#)
 - [National ADAP Monitoring Project Formulary Database](#)
 - [Access to Prevention and Healthcare Services for Immigrants with Communicable Diseases: A Resource for Public Health, Prevention, and Care Providers](#)
- [HRSA HIV/AIDS Bureau](#)
- [HRSA TARGET Center](#) – technical assistance for the Ryan White community
- [Ryan White HIV/AIDS Treatment Modernization Act](#) (2009)

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