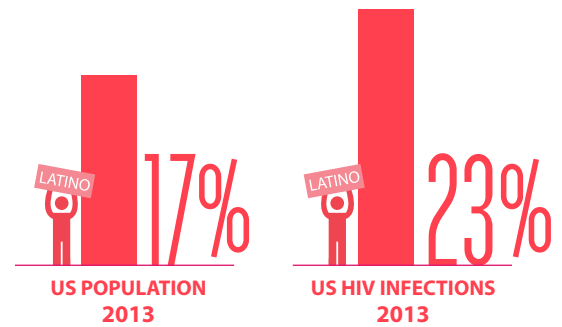


# THE STATE OF HIV/AIDS AMONG HISPANICS/LATINOS IN THE US AND PUERTO RICO

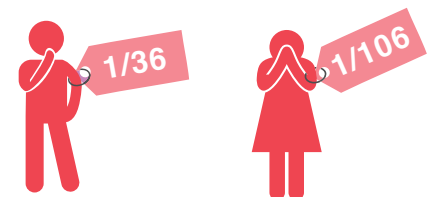
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**Background:** Human Immunodeficiency Virus (HIV) remains a critical public health concern. It is a virus that leads to Acquired Immunodeficiency Syndrome (AIDS), weakening the immune system and creating an increased susceptibility to infections that may result in death. It is a costly and rapidly growing epidemic in the United States (US). Prevention of HIV is a daunting task due to the growing number of people who can potentially transmit the virus. Furthermore, prevention funding, after adjusting for inflation, has not increased substantially to adequately abate HIV prevalence in the US (Mermin & Fenton, 2012). Despite current HIV screening and prevention efforts in the US, the HIV epidemic disproportionately impacts Hispanics/Latinos. Hispanics/Latinos represent about 17% of the US population, yet accounted for approximately 23% of HIV infections among adults and adolescents in 2013 (Census, 2014; CDC, 2015a). Given that Hispanics/Latinos are the largest and fastest growing minority group in the US with an estimated population of 55 million, addressing HIV/AIDS in their community is important to the nation's health.



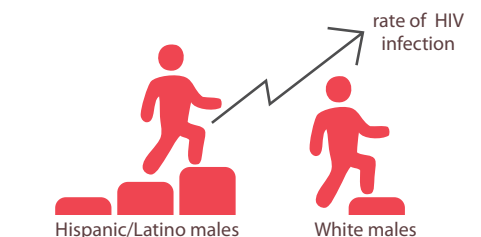
NUMBER OF HISPANIC/LATINOS LIVING WITH HIV/AIDS IN THE US BY 2012

**Impact in the US:** In 2015, the Centers for Disease Control and Prevention (CDC) reported approximately 202,890 Hispanics/Latinos, of any race were living with diagnosed HIV infection at the year end of 2012 in the US and 6 dependent areas including Puerto Rico (CDC, 2015a). Hispanics/Latinos accounted for 1 in 5 (22%) of the estimated 933,996 persons living with diagnosed HIV infection. The CDC estimates 1 in 36 Hispanic/Latino men and 1 in 106 Hispanic/Latino women will be diagnosed with HIV at some point in their lifetime (CDC, 2015b). In 2013, the estimated rate of HIV infections among Hispanic/Latino males was three times greater (41.8 per 100,000) than white non-Hispanic males (13.8) and almost four times greater among Hispanic/Latino females (7.0) than white non-Hispanic females (1.8) (CDC, 2015a).



ESTIMATE FOR HISPANIC/LATINO MAN AND WOMAN FOR BEING DIAGNOSED WITH HIV AT SOME POINT IN THEIR LIFETIME

The leading transmission category for HIV diagnosis among adult and adolescent Hispanics/Latinos in 2013 was male-to-male sexual contact accounting for 72% of diagnoses. The second highest transmission category (21%) was attributed to heterosexual contact among Hispanic/Latino males and females. There are differences by place of birth and region among Hispanics/Latinos with diagnosed HIV in the US and 6 dependent areas including Puerto Rico. For example, diagnosed HIV cases by place of birth are predominately US born (40%), followed by Mexico (14%), Puerto Rico (10%), Central America (6%), and South America (4%). By region, the HIV diagnosis rate (per 100,000) for Hispanics/Latinos is highest in the Northeast (40.8), with the South (27.2), Midwest (19.3), and West (17.8) following (CDC, 2015a).



RATE OF HIV INFECTION AMONG HISPANIC/LATINO MALES IS 3 TIMES GREATER THAN ITS WHITE COUNTERPART

**Impact in Puerto Rico (PR):** Since the beginning of the epidemic until June 2015, approximately 47,007 cases of HIV have been diagnosed in PR (PRHD, 2015). About 44% of all HIV/AIDS diagnoses among adults and adolescents in PR have been attributed to injection drug use (IDU), 29% to heterosexual contact, and 19% to male-to-male sexual contact. Hispanics/Latinos bear the greatest burden accounting for 99.8% of adults and adolescents living with diagnosed HIV infection in PR end of year 2012 (CDC, 2015a). In terms of regions in PR, the epidemic is heavily concentrated with 73.7% of total HIV diagnosed cases in the metropolitan statistical area of residence of San Juan/Carolina/Caguas. An estimated 761 cases of HIV were diagnosed in PR in 2013 with an estimated rate of 24.9 per 100,000 adults and adolescents (CDC, 2015a). This escalated rate ranks PR eighth among the top ten states in the US with the highest rates of diagnosed HIV infection in 2013.

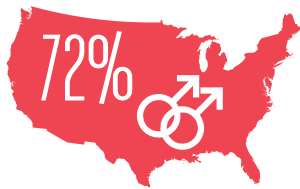
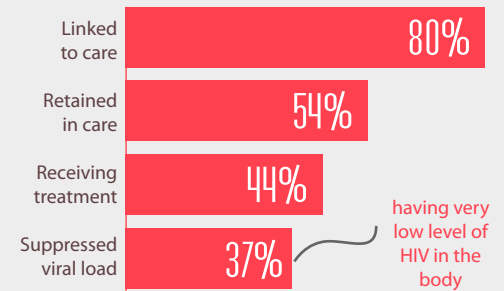
**Delayed Diagnosis and Deaths in the US and PR:** Hispanics/Latinos are at significantly greater risk for delayed diagnosis of HIV and AIDS than non-Hispanic whites, with Hispanic/Latino males and foreign-born Hispanics/Latinos at the greatest risk (Chen, Gallant, & Page, 2012). Late or delayed diagnosis of HIV infection among Hispanics/Latinos compromises their health care access and initiation of treatment. Early diagnosis of HIV infection with treatment is linked to better health outcomes and reduced transmission of HIV to other partners (Holmberg, Palella, Lichensteing, & Havlir, 2004; Cohen, 2010; Monitoring, 2015).

Delayed diagnosis of HIV among Hispanics/Latinos is also evident in Puerto Rico. Among the 47,007 cases of HIV diagnosed in PR since the beginning of the epidemic, 26,977 case fatalities or deaths have occurred with a case fatality rate percent of 57% (PRHD, 2015). This extremely high proportion of deaths attributable to HIV underscores the drastic need for sustained comprehensive HIV prevention and treatment services in PR. Since the beginning of the epidemic, approximately 125,051 Hispanics/Latinos died from AIDS in the US including PR (CDC, 2015a). In 2012, HIV was the seventh leading cause of death among Hispanics/Latinos aged 25-34 and the ninth leading cause of death among Hispanics/Latinos aged 35-54 in the US (CDC, 2015b).

## A Closer look Prevention and Treatment Barriers:

There are many barriers that compound the health care access of Hispanics/Latinos in the US. An analysis by Gant et al. (2014) found that many Hispanics/Latinos diagnosed with HIV are not receiving needed care: About 80% are linked to care; A little more than half (54%) are retained in care; Only 44% were prescribed anti-retroviral therapy; Just about 37% had achieved “viral suppression” – a very low level of HIV in the blood that can help a person stay healthy, live longer and reduce the chance of passing HIV on to others.

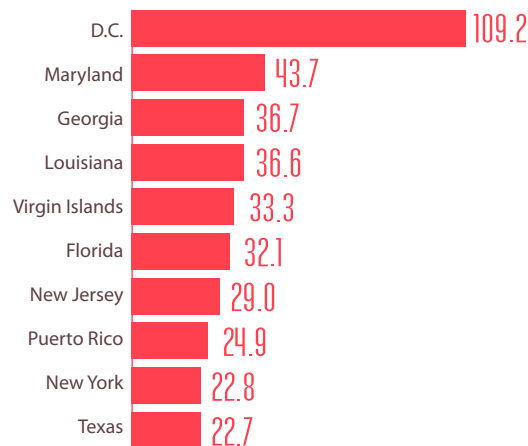
### LATINO/HISPANIC CARE CASCADE, 2014



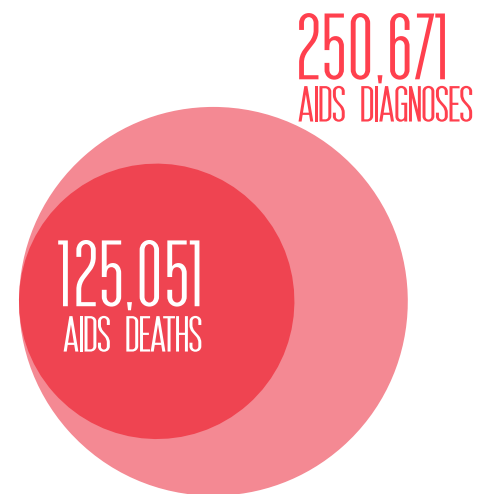
**72%**  
MALE-TO-MALE SEXUAL CONTACT IS THE LEADING CAUSE OF HIV TRANSMISSION IN THE US, 2013



**44%**  
INJECTION DRUG USE IS THE LEADING CAUSE OF HIV TRANSMISSION IN PUERTO RICO, 2013



**HIV DIAGNOSES AMONG ADULTS & ADOLESCENTS, per 100,000**



**250,671 AIDS DIAGNOSES**  
**125,051 AIDS DEATHS**  
AMONG HISPANICS IN THE US AND PR SINCE THE BEGINNING OF THE EPIDEMIC

**Socioeconomic factors**, such as poverty, homelessness, employment opportunity, education level, language barriers, incarceration, immigration policies, insurance coverage and a lack of familiarity with the US Health Care System greatly impact the health care access and prevention/treatment needs of Hispanics/Latinos in the US (AHRQ, 2012; Baggett, O'Connell, Singer, & Rigotti, 2010; Mir-Nasser, Mohammad, Tavakkoli, Ansari, & Poustchi, 2011; Mutchler et al., 2011; Pew Hispanic Center, 2010; Warren et al., 2008).



**Increased mental health, intimate partner violence and substance use issues** among Hispanics/Latinos greatly impacts their HIV prevention and treatment needs (González-Guarda, Florom-Smith, & Thomas, 2011; Ramirez-Valles, Garcia, Campbell, Diaz, & Heckathorn, 2008; Wu, El-Bassel, Witte, Gilbert, & Chang, 2003).



**Cultural issues** such as the diversity of race and/or country of origin among Hispanics/Latinos in the US, presents nuances that must be considered when serving this community. These subtle differences among Hispanics/Latinos in the US create access, prevention, and treatment issues amongst distinct sub-populations (e.g. Mexican, Dominican, Puerto Rican) that would not be present, when analyzing health data among the Hispanic/Latino population as a whole (Bustamante, Fang, Rizzo, & Ortega, 2009).



Lastly, **HIV/AIDS stigma** among Hispanics/Latinos is multilayered and perpetuates the HIV epidemic (Hereck & Capitano, 1998; Madru, 2003; Reidpath & Chan, 2005). HIV/AIDS stigma can contribute to low screening rates for HIV. As a result, Hispanics/Latinos are more likely to test late for HIV, than other racial/ethnic groups in the US (Wohl, Tejero, & Frye, 2009).



# RECOMMENDATIONS

## **Support Strategies and Research For Culturally Responsive Interventions and Support Services-**

Insufficient research for HIV prevention, testing, treatment, biomedical and anti-stigma interventions or strategies exist that are culturally responsive and linguistically appropriate to improve HIV health disparities among Hispanics/Latinos in the US and PR. For example, there is a lack of research exploring the differences and dynamics of HIV risk among foreign born versus native born Hispanic/Latino men who have sex with men in the US. In addition, large social messaging campaigns with non-traditional partners are needed to address cultural issues that perpetuate stigma in Hispanic/Latino communities.

## **Improve Data Collection on the Diversity of Hispanic/Latino Populations-**

Better data collection is needed to fully understand and address the health care needs and health disparities of Hispanic/Latino populations. It is important to document the differences that contribute to the diversity of Latino populations: US born versus foreign born, race and ethnicity self-identification, levels of acculturation, national origin, immigration status, years of residence in the US, preferred language, literacy levels, and assuring that questions on sexual orientation and gender identity are placed on national surveys.

## **Promote Collaborations at the Community, City, State and Federal Level-**

Current community mappings with strong effective partnerships of community based organizations, health care providers, and government agencies that provide services to populations at risk are needed to effectively address the HIV prevention and health care access needs of Hispanics/Latinos in every state in the US and US territories.

## **Increased Cultural Responsiveness among HIV/AIDS Providers, Public Health Officials, and Advocates-**

Cultural competency training including stigma reduction strategies for advocates and care providers must integrate specific information about local immigrant communities and the diversity among Hispanics/Latinos in the US to adequately meet their health and HIV prevention/treatment needs.

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The Latino Commission on AIDS is a nonprofit organization dedicated to fighting the spread of HIV/AIDS in the Latino community. [www.latinoaids.org](http://www.latinoaids.org)