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HIV/AIDS among Hispanics/Latinos

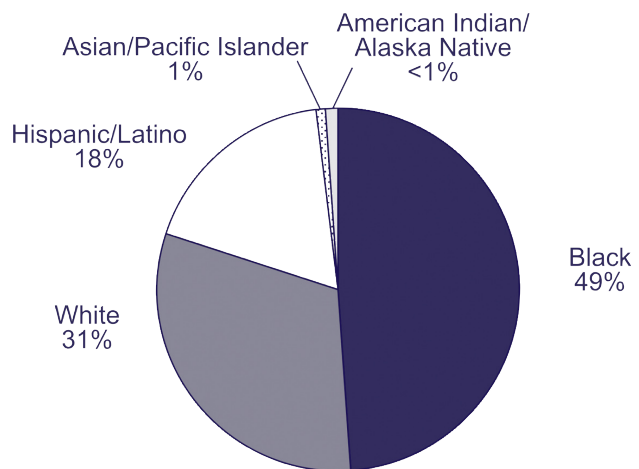
The HIV/AIDS epidemic is a serious threat to the Hispanic/Latino community. In addition to being a population seriously affected by HIV, Hispanics/Latinos continue to face challenges in accessing health care, prevention services, and HIV treatment. In 2004, HIV/AIDS was the fourth leading cause of death among Hispanic/Latino men and women aged 35 to 44 [1].

STATISTICS

HIV/AIDS in 2005

- Hispanics/Latinos accounted for 18% of the 37,331 new HIV/AIDS diagnoses in 33 states with long-term, confidential name-based HIV reporting* [2].
- For Hispanic/Latino men living with HIV/AIDS, the most common exposures were sexual contact with other men, injection drug use, and high-risk heterosexual contact. For Hispanic/Latina women living with HIV/AIDS, the most common exposures were high-risk heterosexual contact and injection drug use [2].
- HIV testing rates were slightly higher among Hispanics/Latinos than among persons of other races or ethnicities except blacks. A 2002 study showed that 50% of Hispanics/Latinos aged 15–44 had been tested and that 18% had been tested during the past year [3].

Race/ethnicity of persons (including children) with HIV/AIDS diagnosed during 2005



No. = 37,331

Note. Based on data from 33 states with long-term, confidential name-based HIV reporting.

AIDS in 2005

- Hispanics/Latinos accounted for 19% of the 40,608 new diagnoses in the 50 states and the District of Columbia [2].
- The 78,054 Hispanics/Latinos living with AIDS accounted for 19% of all people living with AIDS in the 50 states and the District of Columbia [2].
- Of the rates of diagnoses for adults and adolescents in all racial and ethnic groups, the second highest was the rate for Hispanics/Latinos. The highest rate was that for blacks (68.7 cases per 100,000 persons), followed by the rates for Hispanics/Latinos (24.0/100,000), American Indians and Alaska Natives

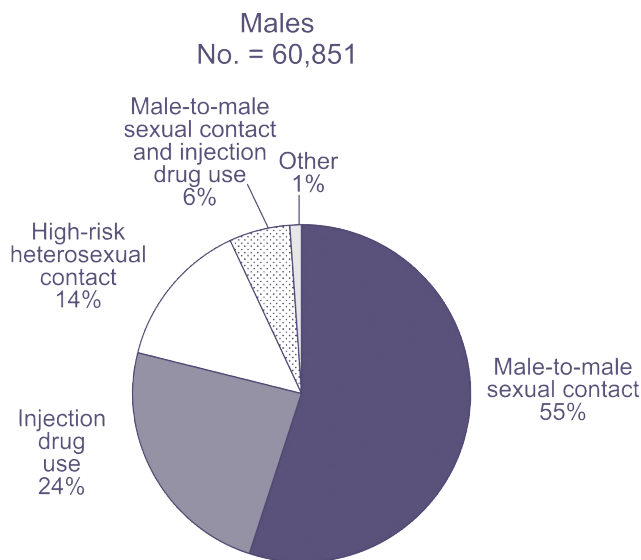
*For a list of the 33 states, see the box (before the References section).

HIV/AIDS AMONG HISPANICS/LATINOS

(9.3/100,000), whites (6.9/100,000), and Asians and Pacific Islanders (4.3/100,000) [2].

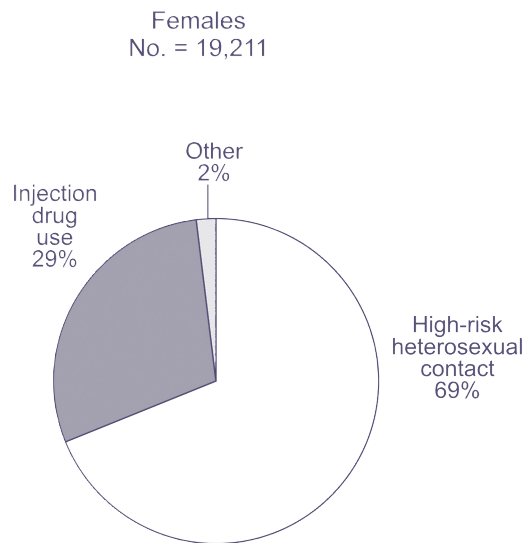
- Although Hispanics/Latinos made up only about 13% of the population of the United States [4], they accounted for 16% (155,179) of the estimated 952,629 AIDS cases diagnosed since the beginning of the epidemic [2].
- By the end of 2005, an estimated 77,125 Hispanics/Latinos with AIDS had died [2].
- Of persons whose diagnosis of AIDS had been made during 1997–2004, a smaller proportion of Hispanics/Latinos (74%), compared with whites (75%) and Asians/Pacific Islanders (81%), were alive after 9 years. However, the proportion of surviving Hispanics/Latinos was larger than the proportions of surviving American Indians and Alaska Natives (67%) and blacks (66%) [2].

Transmission categories for Hispanic/Latino adults and adolescents living with HIV/AIDS, 2005



Note. Based on data from 33 states with long-term, confidential name-based HIV reporting.

Transmission categories for Hispanic/Latino adults and adolescents living with HIV/AIDS, 2005 (cont.)



Note. Based on data from 33 states with long-term, confidential name-based HIV reporting.

RISK FACTORS AND BARRIERS TO PREVENTION

A number of cultural, socioeconomic, and health-related factors contribute to the HIV epidemic in the US Hispanic/Latino community. Research shows that behavioral risk factors for HIV infection differ by country of birth. Data suggest that Hispanics/Latinos born in Puerto Rico are more likely than other Hispanics/Latinos to contract HIV as a result of injection drug use and high-risk heterosexual contact (Table) [2]. By contrast, sexual contact with other men is the primary cause of HIV infections among Hispanic/Latino men born in Central or South America, Cuba, Mexico, or the United States [2].

Sexual Risk Factors

Hispanic/Latina women are most likely to be infected with HIV as a result of sex with men [2]. In a study of heterosexual Hispanics/Latinos in the United States, 16% had sexual risk factors for HIV infection, including multiple sex partners or partners with risk factors for HIV infection [5].

Transmission categories and country of birth of Hispanics/Latinos with AIDS diagnosed in the United States during 2005

	Central/South America (n = 861) %	Cuba (n = 182) %	Mexico (n = 1,488) %	Puerto Rico (n = 1,536) %	United States (n = 2,809) %
Male-to-male sexual contact	51	52	59	17	44
Injection drug use	11	13	11	42	24
Male-to-male sexual contact and injection drug use	2	8	4	4	5
High-risk heterosexual contact	34	27	25	36	26
Other ^a	1	0	2	1	2

^a Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.

Some women, including those who suspect that their partners are at risk for HIV infection, may be reluctant to discuss condom use with their partners because they fear emotional or physical abuse or the withdrawal of financial support [6]. An assessment of HIV risk behaviors among men who have sex with men (MSM) in the southeastern United States found that Hispanic/Latino and African American men were more likely than white men to report inconsistent condom use during anal sex with multiple partners and that Hispanic/Latino men were more likely to have never been tested for HIV [7]. However, in a study of heterosexual Hispanic/Latino men, consistent recent condom use and intentions to use condoms during the next month were associated with positive attitudes about condom use, perception that one's partner had a positive view of condom use, and greater participation in decision making about condom use [8].

Substance Use

Injection drug use continues to be a significant risk factor for Hispanics/Latinos, particularly

among those living in Puerto Rico [2]. Drug users in Puerto Rico are more likely to share syringes, cotton, and rinse water and to inject more frequently than Hispanic/Latino drug users on the US mainland [9]. Sharing syringes is not the only HIV risk factor related to substance abuse. Both casual and chronic substance users are more likely to engage in risky sex behaviors, such as unprotected sex, when they are under the influence of drugs or alcohol [10].

Sexually Transmitted Diseases

In 2005, the rate of chlamydial infection among Hispanics/Latinos was about 3 times the rate for whites (459.0/100,000 compared with 152.1/100,000 whites) [11]. The rates of gonorrhea and syphilis among Hispanics/Latinos were about twice the rates among whites: gonorrhea—74.8/100,000 Hispanics/Latinos compared with 35.2/100,000 whites; syphilis—3.3/100,000 Hispanics/Latinos compared with 1.8/100,000 whites. Partly because of physical changes caused by sexually transmitted diseases (STDs), including genital lesions, which can serve as an entry point

for HIV, the presence of certain STDs can increase one's chances of contracting HIV 3- to 5-fold [12].

Hispanic/Latino Cultural Beliefs: Risk and Protective Factors

Research has shown that Hispanic/Latino cultural concepts of masculinity and femininity, and thus the social norms of sexuality, have created double standards and power inequalities that have been linked to HIV risk and protective behaviors [13]. For some Hispanic/Latino men, the traditional gender role of machismo has positive implications for HIV prevention, such as strength and protection of the family [14]. However, proving masculinity through power and dominance can lead both straight and gay Hispanic/Latino men to engage in risky sex behavior, such as sex with multiple partners [15], unprotected sex with women or men [14,16], or sexual coercion [17]. *Familismo*, or a strong commitment to family, can be a strong incentive for some Hispanic/Latino men to reduce unprotected sex with casual partners. *Familismo* can also be a source of conflict for Hispanic/Latino men who have sex with men (MSM), whose families may have a negative view of homosexuality [18]. Further, many Hispanic/Latino MSM identify themselves as heterosexual and, as a result, may not relate to prevention messages crafted for gay men [19, 20].

For some Hispanic/Latina women, the traditional gender roles—*marianismo*, in which women are expected to be pure and to acquiesce to men's desires [21], and *simpatía*, in which the importance of nonconfrontational relationships is emphasized [22]—combined with sexual silence impede the discussion of sexual issues and the negotiation of sexual safety with male partners [23]. In one study, Hispanic/Latina women's denial of personal risk for HIV infection was associated with a lack of information about how to avoid risky behaviors [21].

Greater acculturation into the US culture has been associated with the adoption of several health-protective behaviors among Hispanics/

Latinos, including communicating with partners about sexual safety [24] and disclosing positive HIV serostatus [25]. However, high levels of acculturation have also been associated with increased HIV risk behaviors among Hispanic/Latino(a) men and women [14]. In one study, highly acculturated HIV-positive Hispanic/Latino men were more likely to use drugs before sex, which increased unsafe sexual behavior [26]. For Hispanic/Latina women, those who were more highly acculturated were more likely to inject drugs and to have had a greater number of sex partners [24].

Because of the diversity of Hispanic/Latino people and culture in the United States, the above-mentioned research on Hispanic/Latino cultural beliefs and HIV risk behaviors does not apply to all individuals or groups of Hispanic/Latino origin.

Socioeconomic Issues

More than 1 in 5 (21.9%) Hispanics/Latinos live in poverty [27]. Various socioeconomic problems associated with poverty, including a lack of formal education, unemployment, inadequate health insurance, and limited access to high-quality health care, can directly or indirectly increase the risk for HIV infection. Hispanics/Latinos are more likely than whites (not Hispanic/Latino) to be given a diagnosis during the late stages of HIV infection, or when they already have AIDS, suggesting that they are not accessing testing or health care services through which HIV infection could be diagnosed at an earlier stage [28, 29].

The migration patterns, social structure, language barriers, and lack of access to regular health care among transient Hispanic/Latino immigrants can affect awareness and hinder access to HIV/AIDS prevention and care [30, 31]. Recent immigrants face additional challenges, such as social isolation and lack of information about HIV/AIDS, which can further increase their risk for exposure to HIV [15]. Thus, transient and recent Hispanic/Latino immigrants need linguistically and culturally appropriate HIV prevention services.

PREVENTION

Populations of minority races and ethnicities continue to be disproportionately affected by the HIV epidemic. To reduce the incidence of HIV, CDC released *Revised Recommendations for HIV Testing of Adults Adolescents, and Pregnant Women in Health-Care Settings* in 2006. These new recommendations advise routine HIV screening for adults, adolescents, and pregnant women in health care settings in the United States. They also recommend reducing barriers to HIV testing.

In 2003, CDC announced an initiative, Advancing HIV Prevention. This initiative comprises 4 strategies: making HIV testing a routine part of medical care, implementing new models for diagnosing HIV infections outside medical settings, preventing new infections by working with HIV-infected persons and their partners, and further decreasing perinatal HIV transmission.

It is important to evaluate the effectiveness of HIV prevention interventions for the US Hispanic/Latino population. Research shows that HIV prevention efforts can reduce risk behaviors and increase protective behaviors among Hispanics/Latinos at risk for HIV infection. One systematic review found that HIV prevention interventions for Hispanics/Latinos increased the use of condoms and reduced the number of acts of unprotected sex, the number of sex partners, the frequency of injection drug use, and the acquisition of STD infections [32].

CDC is engaged in a wide range of activities to decrease the incidence of HIV/AIDS in Hispanics/Latinos. For example, CDC

- Conducts epidemiologic and behavioral research focused on Hispanics/Latinos, including
 - Brothers y Hermanos, a study of African American and Hispanic/Latino MSM conducted in Los Angeles, New York, and Philadelphia that aims to identify and

understand risk-promoting and risk-reducing sexual behaviors

- Women's Study, a study of African American and Hispanic/Latina women in the southeastern United States that examines relationship, cultural, psychosocial, and behavioral factors associated with HIV infection
- Supports, through the Minority AIDS Initiative, efforts to reduce the health disparities experienced in the communities of minority races and ethnicities at high risk for HIV infection. These funds are used to address the high-priority HIV prevention needs of such communities, including funding community-based organizations (CBOs) to provide services to Hispanics/Latinos.
- Provides effective, scientifically based interventions to organizations serving Hispanic/Latino populations. The following are examples of interventions that have been validated for English-speaking populations and that have been translated or adapted for Hispanic/Latinos.
 - VOICES/VOCES (Video Opportunities for Innovative Condom Education & Safer Sex/*Video oportunidades acerca de condom educación y sexo seguro*) is a group-level, single-session video-based intervention designed to increase condom use among heterosexual African American and Hispanic/Latino men and women who visit STD clinics.
 - Safety Counts is an HIV prevention intervention for out-of-treatment users of injection or noninjection drugs that includes structured and unstructured educational activities. The intervention is delivered in group and individual settings to reduce high-risk drug use and sexual behaviors.
 - Community Peers Reaching Out and Modeling Intervention Strategies (PROMISE) uses peer advocates (including men who do not identify themselves as

- gay) to help people reduce or eliminate risk factors for HIV infection.
- Partnerships for Health is a brief, medical provider–delivered counseling program for individual men and women living with HIV/AIDS.
 - Has translated the following effective interventions for use with Hispanic/Latino populations:
 - Healthy Relationships, a 5-session, small-group intervention that helps people living with HIV/AIDS to develop self-efficacy and skills in disclosing HIV serostatus and negotiating safer sexual behaviors
 - Many Men, Many Voices (3MV), a group STD/HIV prevention intervention for gay men of color and men who have sex with other men but do not identify themselves as gay or bisexual
 - POL (Popular Opinion Leader), which identifies, enlists, and trains key opinion leaders to encourage safer sexual norms and behaviors within their social networks (adapted for young migrant Hispanic/Latino MSM [33])
 - Street Smart, an 8-session HIV/AIDS and STD prevention program for small groups of runaway and homeless youth
 - Together Learning Choices (TLC), which focuses on young people (aged 13–29) living with HIV/AIDS and is delivered through small-group sessions
 - Is adapting other effective behavioral interventions for at-risk Hispanic/Latino populations
 - Is packaging additional effective behavioral interventions for Hispanics/Latinos (available for use soon):
 - Connect, a 5-session HIV/STD prevention intervention delivered to heterosexual couples or women alone that emphasizes the importance of communication, negotiating safer sex, and problem-solving skills
 - ¡Cúdate! a 6-session intervention that presents sexual abstinence and condom use as culturally accepted ways for Latino youth to reduce their risk for STDs, including HIV infection
 - PICUSS (*Proyecto de Intervención, Cuidado y Utilización de Servicios de Salud*), a 6-session intervention in which motivational interviewing strategies are used to engage Latino injection drug users in behavior change
 - Builds the capacity of programs that serve Hispanics/Latinos through partnerships with national, regional, and nongovernmental organizations. These capacity-building activities include 12 federally funded programs in health departments and CBOs that provide culturally appropriate capacity-building assistance.
- In 2005, CDC provided 36 awards to CBOs in the United States and Puerto Rico that focus on Hispanics/Latinos. CDC also provides funding through state, territorial, and local health departments to organizations serving this population. The following are examples of CDC-funded programs focused on Hispanics/Latinos:
- An organization in Chicago assists persons with disabilities and their families (including those affected by HIV/AIDS) by assessing their needs and designing a plan to best meet those needs.
 - An organization with many locations in California uses outreach teams to provide hard-to-reach populations with information on health screenings and linkages to services.
 - An organization in southern California provides services to multiethnic and Hispanic/Latino MSM in medically underserved communities.
 - In Puerto Rico, 9 organizations are funded to provide individual-, group-, or community-level interventions, comprehensive risk counseling services, or counseling and testing services.

In addition, CDC provides training for researchers of minority races/ethnicities through a program called Research Fellowships in HIV Prevention in Communities of Color. Recognizing the importance of conducting culturally competent research and programs, CDC also established the Minority HIV/AIDS Research Initiative (MARI) in 2002 to create partnerships between CDC epidemiologists and researchers who are members of minority races/ethnicities and who work in communities of color. MARI funds epidemiologic and preventive studies of HIV in communities of color and encourages the career development of young investigators. CDC invests \$2 million per year in the program and since 2003 has funded 13 junior investigators at 12 sites across the country [34].

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Understanding HIV and AIDS Data

AIDS surveillance: Through a uniform system, CDC receives reports of AIDS cases from all US states and dependent areas. Since the beginning of the epidemic, these data have been used to monitor trends. The data are statistically adjusted for reporting delays and for the redistribution of cases initially reported without risk factors. As treatment has become more available, trends in new AIDS diagnoses no longer accurately represent trends in new HIV infections; these data now represent persons who are tested late in the course of HIV infection, who have limited access to care, or in whom treatment has failed.

HIV surveillance: Monitoring trends in the HIV epidemic today requires collecting information on HIV cases that have not progressed to AIDS. Areas with confidential name-based HIV infection reporting requirements use the same uniform system for data collection on HIV cases as for AIDS cases. A total of 33 states (Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming) have collected these data for at least 5 years, providing sufficient data to monitor HIV trends and to estimate risk behaviors for HIV infection.

HIV/AIDS: This term is used to refer to 3 categories of diagnoses collectively: (1) a diagnosis of HIV infection (not AIDS), (2) a diagnosis of HIV infection and a later diagnosis of AIDS, and (3) concurrent diagnoses of HIV infection and AIDS.

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CDC-INFO
 1-800-232-4636
Information about personal risk and where to get an HIV test

CDC National HIV Testing Resources
<http://www.hivtest.org>
Location of HIV testing sites

CDC National Prevention Information Network (NPIN)
 1-800-458-5231
<http://www.cdcnpin.org>
CDC resources, technical assistance, and publications

AIDSinfo
 1-800-448-0440
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Resources on HIV/AIDS treatment and clinical trials