

POPULATION FACT SHEET: AUGUST 2012

HISPANICS/LATINOS

Hispanics/Latinos* represent the largest and fastest-growing U.S. minority group in the Nation. According to the U.S. Census Bureau, from 2000 to 2010, the number of people who identify as Hispanic/Latino increased 43 percent to 50.5 million people.¹ This population has been disproportionately affected by the epidemic; Hispanic/Latino communities shoulder a disproportionate share of HIV/AIDS cases. This reflects, in part, the significant barriers to health information, HIV counseling and testing, and care found in many Hispanic/Latino communities.**

SURVEILLANCE

- In 2010, Hispanics/Latinos accounted for 16 percent of the U.S. population but accounted for over 21 percent of AIDS diagnoses.²
- In 2009, Hispanics/Latinos accounted for 20 percent (9,400) of new HIV infections.³
- From 2007 through 2010, there were an estimated 191,698 diagnoses of HIV infection in the 46 States and 5 U.S. dependent areas with long-term confidential name-based HIV infection reporting. During this time period, Hispanics/Latinos accounted for 22 percent of the total number diagnosed with HIV infection.⁴

* Different data sources use different terms for this population. For the purposes of this fact sheet, the terms Hispanic/Latino are used to refer to all people of non-White Hispanic/Latino descent in the United States, its territories, and possessions.

** Unless otherwise noted, HIV estimates and diagnoses are gleaned from data provided by 46 U.S. States (Hawaii, Maryland, Massachusetts, Vermont are not included) and 5 U.S. dependent areas (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands).

U.S. dependent areas, however, are not included in reference to HIV among specific racial and ethnic groups, since the U.S. Census Bureau does not collect demographic information from all dependent areas.

AIDS surveillance data are based on reports submitted by all 50 States, the District of Columbia, and 6 U.S. dependent areas (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, Republic of Palau, and the U.S. Virgin Islands).

Men

In 2010, Hispanic/Latino men represented nearly 81 percent of all estimated AIDS diagnoses among Hispanics/Latinos in the United States and 6 dependent areas. The most common methods of HIV transmission were (in order) sexual contact with other men, injection drug use (IDU), and high-risk heterosexual contact.⁵

Women

In 2010, high-risk heterosexual contact was the transmission category for 77 percent of all estimated AIDS diagnoses among Hispanic/Latina women in the United States and 6 dependent areas. That same year, IDU was the transmission category for 21 percent of Hispanic/Latina women with a diagnosis of AIDS in the United States and 6 dependent areas.⁶

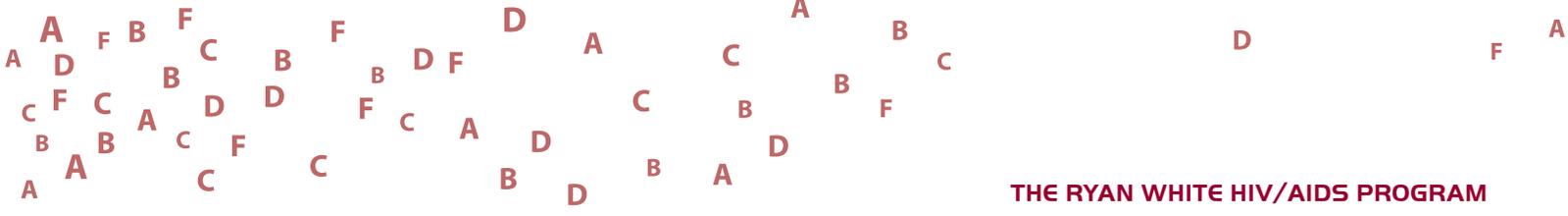
CRITICAL ISSUES

A number of cultural, socioeconomic, and health-related factors contribute to the HIV epidemic and prevention challenges in the U.S. Hispanic/Latino community. Many Hispanics/Latinos are unaware they are at risk for HIV or understand how it is transmitted. One ethnographic study of Hispanic/Latino men revealed that they overwhelmingly believed that over-the-counter drugs from Hispanic/Latino grocery stores could cure HIV.⁷ Among Hispanics/Latinos, HIV prevention efforts also are undermined by the lack of cultural tradition around preventive care.⁸

Hispanics/Latinos diagnosed with HIV may face stigma—primarily because of the disease's association with homosexuality, which runs counter to notions of *machismo*, an exaggerated form of masculinity based on sexual prowess, dominance, and aggression in the Hispanic/Latino culture. Machismo, may encourage unhealthy behaviors, such as acquiring numerous sexual partners, resisting condom use, and denying gay or bisexual behavior. Machismo also can undermine the health outcomes of Hispanic/Latina women, who are expected to live up to the ideal of *marianismo*, which dictates that women be submissive to men, particularly to those in their family and their husbands. Women may have difficulty accessing HIV testing and

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care, and negotiating safer sex practices in marriage. Although many Hispanic/Latina women who contract HIV do so from their husbands, they are blamed for “bringing AIDS into the home” and are at considerable risk for domestic violence. In addition, according to providers participating in the the HRSA report *Responding to the HIV/AIDS Epidemic Among Latinos: Latino Best Practices*, HIV-positive Hispanic/Latina female patients delayed or fell out of care as a result of the demands of *familismo*—the tradition of multiple generations living together—whose needs they often put ahead of their own.⁹

Strong health outcomes among Hispanics/Latinos also are limited by an overall lack of educational attainment, high rates of poverty, rising unemployment, language and cultural differences, immigration status issues, and lack of health insurance.^{10,11} In 2010, only an estimated 63 percent of Hispanics/Latinos ages 25 and older had graduated from high school, compared to approximately 84 percent of African-Americans, 89 percent of Asians, and 88 percent of non-Hispanic/Latino Whites.¹²

Real median household income in the United States for all Hispanic/Latino-origin groups fell over 7 percent from 2007 to 2010, while poverty increased. In 2010, 27 percent of Hispanics/Latinos lived in poverty, compared to the nationwide average of 15 percent.¹³ Nearly 31 percent of all Hispanics/Latinos—the largest of any racial and ethnic group—were uninsured in 2010, compared to 11.7 percent of non-Hispanic/Latino Whites.¹⁴

High rates of sexually transmitted diseases, which can facilitate HIV transmission, place Hispanics/Latinos further at risk. For instance, Hispanic/Latino men and women ages 20 to 24 had the highest rate of gonorrhea and were twice as likely to be diagnosed with Chlamydia.¹⁵

Behavioral risk factors for HIV infection among Hispanics/Latinos differ by country of birth. For example, data suggest that Hispanics/Latinos born in Puerto Rico are more likely than other Hispanics/Latinos to contract HIV through IDU or high-risk heterosexual contact. By contrast, sexual contact with other men is the primary cause of HIV infection among Hispanic/Latino men born in Central or South America, Cuba, Mexico, and the United States.¹⁶

Among migrant farm workers—of which an estimated 93 percent are Hispanic/Latino—estimates of HIV infection range

from 3 to 13 percent.¹⁷ Most are uninsured and report receiving little or no health-care services. Mobile lifestyles, geographic isolation, limited English proficiency, separation from family, poor health education, and cultural attitudes about safe sex practices further escalate the risks.¹⁸ For example, it is estimated that only about 25 percent of farmworkers use condoms with their primary sex partners.¹⁹

HIV/AIDS is a significant problem along the 2,000-mile border between the United States and Mexico, which stretches from California to Texas. Providing care for and increasing awareness of HIV/AIDS among high-risk border populations is complicated by fears of deportation, geographic isolation, poverty, and limited access to culturally sensitive, high-quality health care. Many people cross back and forth over the border for seasonal work, making it difficult to identify those at high risk for HIV/AIDS.²⁰

HIGHLIGHTS OF THE HIV/AIDS BUREAU'S RESPONSE

Hispanic/Latino clients accounted for 22 percent of all Ryan White HIV/AIDS Program clients in 2010, and were served through all program Parts.*

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau has supported innovative research to bolster and develop community-based health-care networks that reduce barriers to early HIV identification and ensure entry to high-quality primary health care among Hispanic/Latino populations. Recent research initiatives have addressed specific Hispanic/Latino populations heavily impacted by HIV/AIDS, including communities along the U.S.–Mexico border, young men who have sex with men, and women of color. HRSA currently is gleaning best practices from these and other programs concerning the engagement of hard-to-reach populations into care for inclusion in an upcoming training manual, curriculum, and webinar.

HRSA also provides comprehensive training to clinicians and other providers delivering HIV services, ensuring that underserved communities have access to state-of-the-art care. Additional support to increase the capacity of grantees and providers delivering HIV care to Hispanics/Latinos is accessible through the Minority AIDS Initiative.

* U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). 2010 *Ryan White HIV/AIDS Program Services Report*.

A number of HRSA materials address HIV/AIDS among Latinos. In 2011 HRSA completed a study of 10 provider sites, the results of which became the report *Responding to the HIV/AIDS Epidemic Among Latinos: Latino Best Practices*. Other publications have included the September 2005, July 2006, May 2010, and April 2012 HRSA CAREAction newsletters available at: www.hab.hrsa.gov/deliverhivaidscares/careactionnewsletter.html. The Ryan White HIV/AIDS Program Living History Web site currently features a video profile of a young Hispanic/Latino gay outreach worker discussing his

work with at risk Hispanic/Latino youth and his own personal experiences living with HIV/AIDS: <http://hab.hrsa.gov/living-history/voices/jose.htm>. A forthcoming essay will outline HRSA's work mitigating HIV/AIDS among Hispanics/Latinos since the start of the epidemic.

HRSA routinely engages in community consultations and collaborations with national agencies addressing HIV among Hispanics/Latinos, including the National Minority AIDS Council and HealthHIV.

NOTES

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- ⁵ CDC. *HIV Surveillance Report*, 2010; vol. 22. Table 4b. Available at: www.cdc.gov/hiv/topics/surveillance/resources/reports/. Published March 2012. Accessed June 29, 2012.
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- ⁷ Rhodes SD, Hergenrather KC, Aronsone RE, et al. Latino men who have sex with men and HIV in the rural south-eastern USA: findings from ethnographic in-depth interviews. *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*. 2010;12(7): 797-812.
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- ¹² U.S. Census Bureau. *2012 statistical abstract*. Table 229: Educational Attainment by Race and Hispanic Origin: 1970 to 2010. Available at: www.census.gov/compendia/statab/2012/tables/12s0229.pdf. Accessed March 20, 2012.
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- ¹⁵ CDC. *STD trends in the United States: 2010 national data for gonorrhea, chlamydia, and syphilis*. November 2011. Available at: www.cdc.gov/std/stats10/trends2010.pdf
- ¹⁶ CDC. *HIV Surveillance Report*, 2010; vol. 22. Table 9. Available at: www.cdc.gov/hiv/topics/surveillance/resources/reports/. Published March 2012. Accessed June 29, 2012.
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