



## Ryan White HIV/AIDS Program

POPULATION FACT SHEET | DECEMBER 2014

### HISPANICS/LATINOS



**H**ispanics/Latinos account for approximately 17% of the United States population, making them the nation's largest racial or ethnic minority group.<sup>1</sup> According to the U.S. Centers for Disease Control and Prevention (CDC), Hispanics are disproportionately affected by HIV/AIDS in the United States and represent over one-fifth of new infections.<sup>2</sup> This is largely due to socioeconomic and structural barriers to HIV information, testing, and care. High rates of poverty, cultural issues, and language differences are critical factors as well.<sup>3</sup>

#### RYAN WHITE HIV/AIDS PROGRAM

The Ryan White HIV/AIDS Program (Parts A – F) served 119,670 Hispanic/Latino clients in calendar year 2012. This is reflective of 22% of all Ryan White HIV/AIDS Program clients that year. Among Hispanics/Latinos served by the Ryan White HIV/AIDS Program, 86,416 (72%) were males and 31,747 (27%) were females.

#### CRITICAL ISSUES

Hispanics/Latinos accounted for more than 20% of new HIV infections in 2011, and HIV was the sixth leading cause of death among those age 25 to 34.<sup>4</sup> Socioeconomic factors, including high rates of poverty and low educational attainment, limit Hispanic/Latino awareness of HIV infection risks and opportunities for education, testing, and treatment.<sup>5</sup>

Hispanics/Latinos in the United States face a number of barriers to care. They have the highest rate of uninsurance of any racial/ethnic group in the country, with more than 30% lacking insurance in 2010.<sup>6</sup> Language barriers pose an additional challenge as U.S. Census 2012 data found that 74% speak a language other than English at home, and 33% are not fluent in English.<sup>7</sup> This diminishes their ability to understand and navigate the health care system and utilize HIV prevention, testing, and treatment services, particularly if translation services and bilingual staff are unavailable. Finally, immigrants may be less likely to access HIV care due to fear of disclosing immigration status and possible deportation.<sup>8</sup>

In the United States, Hispanics/Latinos have the third highest rate of sexually transmitted infections (STIs), including chlamydia, gonorrhea, and syphilis. The presence of STIs increases biologi-

cal vulnerability to HIV.<sup>9</sup> Hispanics/Latinos in the United States are less likely to date individuals outside of their racial/ethnic group. Therefore, high rates of HIV infection among Hispanics/Latinos have important implications for HIV risk.<sup>10</sup> HIV incidence and risk factors vary among Hispanic/Latino subpopulations. For example, while Puerto Ricans are more likely to be infected through injection drug use, transmission among men who have sex with men (MSM) is higher among those of Mexican, Cuban, and Central and South American descent.<sup>11</sup>

The use of complementary and alternative medicine is typically higher in the Hispanic/Latino community than it is among whites.<sup>12</sup> This is especially true of HIV-positive Hispanics/Latinos residing in the U.S.-Mexico border region, as they often seek care on both sides of the border. Men living in this area reported difficulty accessing HIV antiretroviral medications as well as treatment for mental illness and substance abuse. One study found complementary and alternative medicine users were less likely to adhere to prescribed medications and attend medical appointments.<sup>13,14</sup> Incorporating complementary and alternative medicine into culturally appropriate prevention and treatment for Hispanics/Latinos may increase utilization of services.

Several aspects of Hispanic/Latino culture may be associated with decreased knowledge of HIV and prevention. *Machismo*, a male cultural norm that encourages masculinity, sexual prowess, and dominance, may contribute to unhealthy risk behaviors. The expectation that men will have multiple partners and the perception that participation in health programs is women's responsibility may contribute to low utilization of HIV services. Stigma surrounding homophobia is also common in the Hispanic/Latino community, and men may avoid HIV prevention and care for fear of being perceived as homosexual.<sup>15,16</sup> HIV-positive Hispanic/Latino men have poorer medication adherence when compared with whites, and research has found an association between machismo and a decreased likelihood of adherence.<sup>17</sup>

Latinas are four times more likely to be diagnosed with HIV infection than white women.<sup>18</sup> *Marianismo* is the expectation that women have no sexual needs and, therefore, are sexually submissive to

men. Such a belief may cause Hispanic/Latina women to avoid HIV prevention and care services for fear of being considered sexually promiscuous. Additionally, women may be accepting of males having multiple partners even though it places them at risk of acquiring HIV and other STIs.<sup>19,20</sup> *Familismo*, a Latino belief in the importance of family, places family needs before the well-being of the individual. The competing priority of caring for others may jeopardize appropriate care for Hispanic/Latina women.<sup>21</sup>

## HIGHLIGHTS OF THE HIV/AIDS BUREAU'S RESPONSE

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau supports numerous mechanisms to bolster and develop community-based health care networks serving Hispanics/Latinos that reduce barriers to early HIV identification and ensure entry to HIV primary health care. For example, HRSA provides support in the form of comprehensive training and Minority AIDS Initiative funding to grantees and providers seeking ways to build their cultural competency and HIV care services capacity within Hispanic/Latino communities. The AIDS Education and Training Center (AETC) has created a Health Disparities Collaborative to keep abreast of Minority AIDS Initiative (MAI) work. Additionally, the Affordable Care Act Enrollment Technical Assistance Center (ACE TA Center) helps Ryan White HIV/AIDS Program grantees and subgrantees enroll clients of color and has developed enrollment tools and resources in Spanish (See <https://careacttarget.org/ace>).

HRSA and its MAI funds support the U.S.-Mexico Border AETC Steering Team (UMBAST), which offers free, expert training, technical assistance, and capacity-building programs on HIV, tuberculosis, hepatitis C, and other related topics for clinicians working in the border region. UMBAST offers a range of resources from clinician pocket guides in

English and Spanish, tips for patients leaving the U.S. to head back to Mexico, fact sheets, webinars, bilingual antiretroviral charts, and more. (See [www.aidsetc.org/border](http://www.aidsetc.org/border).)

The *HRSA Guide for HIV/AIDS Clinical Care* and *A Guide to the Clinical Care of Women with HIV* are both important clinical guides for treating HIV-positive clients, including Hispanics/Latinas. (See [www.hab.hrsa.gov/deliverhivaidscares/clinicalguidelines.html](http://www.hab.hrsa.gov/deliverhivaidscares/clinicalguidelines.html).) Other publications include the *HRSA CAREAction* newsletter on “Responding to Latino Health Needs.” (See [www.hab.hrsa.gov/newspublications/careactionnewsletter/habapril2012.pdf](http://www.hab.hrsa.gov/newspublications/careactionnewsletter/habapril2012.pdf).) The Living History website includes additional resources such as a video profile of Jose, a young, gay, Hispanic/Latino outreach worker discussing his work with at-risk Hispanic/Latino youth and his own personal experience living with HIV. (See [www.hab.hrsa.gov/livinghistory/voices/jose.htm](http://www.hab.hrsa.gov/livinghistory/voices/jose.htm).)

HRSA has facilitated research initiatives to demonstrate and evaluate innovative models of care targeting Hispanics/Latinos heavily impacted by HIV/AIDS, including young MSM and women of color. HRSA gleaned best practices from these and other programs concerning the engagement of hard-to-reach populations into care for inclusion in a training manual, curriculum, and Webinar series as part of the Integrating HIV Innovative Practices project. (See <https://careacttarget.org/ihip>.)

In addition, HRSA's Special Projects of National Significance is currently funding the Culturally Appropriate Interventions of Outreach, Access and Retention among Latino(a) Population from 2013-2018. The initiative represents one of the first public health adaptations of the transnational approach, with interventions targeting HIV-infected subpopulations living within the U.S. that are specific to country of origin.

<sup>1</sup>CDC. Hispanic or Latino Populations. 2014. Available at: [www.cdc.gov/minorityhealth/populations/REMP/hispanic.html](http://www.cdc.gov/minorityhealth/populations/REMP/hispanic.html)

<sup>2</sup>CDC. HIV Among Latinos. Available at: [www.cdc.gov/hiv/risk/racialethnic/hispanicLatinos/facts/index.html](http://www.cdc.gov/hiv/risk/racialethnic/hispanicLatinos/facts/index.html)

<sup>3</sup>CDC. Minority Health: Hispanic or Latino Populations. Available at: [www.cdc.gov/minorityhealth/populations/REMP/hispanic.html](http://www.cdc.gov/minorityhealth/populations/REMP/hispanic.html)

<sup>4</sup>CDC. HIV Among Latinos. Available at: [www.cdc.gov/hiv/risk/racialethnic/hispanicLatinos/facts/index.html](http://www.cdc.gov/hiv/risk/racialethnic/hispanicLatinos/facts/index.html)

<sup>5</sup>CDC. HIV Among Latinos. Available at: [www.cdc.gov/hiv/risk/racialethnic/hispanicLatinos/facts/index.html](http://www.cdc.gov/hiv/risk/racialethnic/hispanicLatinos/facts/index.html)

<sup>6</sup>CDC. Minority Health: Hispanic or Latino Populations. Available at: [www.cdc.gov/minorityhealth/populations/REMP/hispanic.html](http://www.cdc.gov/minorityhealth/populations/REMP/hispanic.html)

<sup>7</sup>United States Census Bureau. Population: Language, Ancestry Spoken at Home. 2012. Available at: [www.census.gov/compendia/statab/cats/population/ancestry\\_language\\_spoken\\_at\\_home.html](http://www.census.gov/compendia/statab/cats/population/ancestry_language_spoken_at_home.html)

<sup>8</sup>CDC. HIV Among Latinos. Available at: [www.cdc.gov/hiv/risk/racialethnic/hispanicLatinos/facts/index.html](http://www.cdc.gov/hiv/risk/racialethnic/hispanicLatinos/facts/index.html)

<sup>9</sup>CDC. HIV Among Latinos. Available at: [www.cdc.gov/hiv/risk/racialethnic/hispanicLatinos/facts/index.html](http://www.cdc.gov/hiv/risk/racialethnic/hispanicLatinos/facts/index.html)

<sup>10</sup>Centers for Disease Control and Prevention (CDC). HIV Among Latinos. Available at: [www.cdc.gov/hiv/risk/racialethnic/hispanicLatinos/facts/index.html](http://www.cdc.gov/hiv/risk/racialethnic/hispanicLatinos/facts/index.html)

<sup>11</sup>CDC. HIV Among Latinos. Available at: [www.cdc.gov/hiv/risk/racialethnic/hispanicLatinos/facts/index.html](http://www.cdc.gov/hiv/risk/racialethnic/hispanicLatinos/facts/index.html)

<sup>12</sup>Shedlin M, Anastasi J, Decena C, et al. Use of complementary and alternative medicines and supplements by Mexican-origin patients in a U.S.-Mexico border HIV clinic. *Journal of the Association of Nurses in AIDS Care*. 2013;24(5):396-410.

<sup>13</sup>Servin A, Munoz F, Zuniga M. Healthcare provider perspectives on barriers to HIV-care access and utilization among Latinos living with HIV in the US-Mexico border. *Culture, Health, & Sexuality*. 2014;16(5):587-599.

<sup>14</sup>Jernewall N, Reisen M, Poppen P. Complementary and alternative medicine and adherence to care among HIV-positive Latino gay and bisexual men. *AIDS Care*. 2005;17(5):601-609.

<sup>15</sup>Wilson K, Durantini M, Albarracin J, et al. Reducing cultural and psychological barriers to Latino enrollment in HIV-prevention counseling: Initial data on an enrollment meta-intervention. *AIDS Care*. 2013;25(7):81-887.

<sup>16</sup>Cianelli R, Villegas N, Lawson S, et al. Unique facts that place older Hispanic women at risk for HIV: intimate partner violence, machismo, and marianismo. *Journal of the Association of Nurses in AIDS Care*. 2013;24(4):341-354.

<sup>17</sup>Galvan F, Bogart L, Wagner G, et al. Conceptualizations of masculinity and self-reported medication adherence among HIV-positive Latino men in Los Angeles, California, USA. *Culture, Health, and Sexuality*. 2014;16(6):697-709.

<sup>18</sup>U.S. Department of Health and Human Services (HHS), Office of Minority Health. HIV/AIDS and Hispanic Americans. Available at: <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlID=66>.

<sup>19</sup>Cianelli R, Villegas N, Lawson S, et al. Unique facts that place older Hispanic women at risk for HIV: intimate partner violence, machismo, and marianismo. *Journal of the Association of Nurses in AIDS Care*. 2013;24(4):341-354.

<sup>20</sup>Gonzalez-Guarda R, Vasquez E, Urrutia M, et al. Hispanic women's experiences with substance abuse, intimate partner violence, and risk for HIV. *Journal of Transcultural Nursing*. 2011;22(1):46-54.

<sup>21</sup>Galvan F, Bogart L, Wagner G, et al. Conceptualizations of masculinity and self-reported medication adherence among HIV-positive Latino men in Los Angeles, California, USA. *Culture, Health, and Sexuality*. 2014;16(6):697-709.

