

POPULATION FACT SHEET: AUGUST 2010

HISPANICS

At 45.4 million, according to the most recent estimates, Hispanics (Latinos) are the largest and fastest-growing minority group in the United States.¹ Hispanics shoulder a disproportionate burden of HIV/AIDS in the United States. Many Hispanics face significant barriers to health information, HIV counseling and testing, and care. Poverty, language differences, lack of health insurance, and cultural issues are critical factors.

SURVEILLANCE

- Although Hispanics comprise just 15 percent of the U.S. population, they account for an estimated 21 percent of new AIDS diagnoses.^{1,2}
- U.S.-born Hispanics have higher estimated AIDS diagnoses than foreign-born Hispanics.³
- Hispanics account for a cumulative total of 212,665 estimated AIDS diagnoses.²

Men

An estimated 6,240 Hispanic men were diagnosed with AIDS in 2008.* Among this group, the most common methods of HIV transmission were male-to-male sexual contact at 63 percent, injection drug use (IDU) at 17 percent, heterosexual contact at 14 percent, and male-to-male sexual contact/IDU at 5 percent.⁴

Women

An estimated 1,619 Hispanic women were diagnosed with AIDS in the United States at the end of 2008. For Hispanic women living with AIDS, the most common method of transmission was heterosexual contact (75 percent of cases) followed by IDU (23 percent of cases).⁴

* The most recent year for which data are available.

Critical Issues

Rates of sexually transmitted infections, which can increase the chances of contracting HIV, are higher among Hispanics than among Whites. In 2008, Chlamydia prevalence among Hispanics was 3 times higher than among non-Hispanic Whites; primary and secondary syphilis prevalence was approximately twice that among non-Hispanic Whites.⁵

For the fourth consecutive year, Hispanics had the highest rate of tuberculosis in the United States.⁶ This is of particular concern as TB progresses more rapidly in HIV-positive people, and HIV disease progression is accelerated by TB coinfection.^{7,8}

Cultural, socioeconomic, and health-related factors also contribute to HIV epidemic and prevention challenges among U.S. Hispanics. Only 62 percent of Hispanics age 25 and older were high school graduates in 2008 versus 89 percent of Asians, 87 percent of non-Hispanic Whites, and 83 percent of African-Americans.⁹ Education has been shown to be a strong determinant of health outcomes and health literacy.¹⁰

Approximately 22 percent of Hispanics in the United States live in poverty compared with 8 percent of non-Hispanic Whites. In addition, 32 percent of Hispanics (14.8 million) are uninsured.¹¹ The risk of HIV infection is associated with poverty and its causes, like unemployment, lack of formal education, inadequate or no health insurance, and limited access to high-quality health care.¹²

Among migrant farmworkers—of whom approximately 93 percent are Hispanic—only an estimated 12 percent speak English, and the median education level is sixth grade.^{13,14} The rate of HIV infection among farmworkers is unknown but may be as high as 10 times the national average. Most farmworkers are uninsured, and most report receiving little or no health care. Mobile lifestyles, geographic isolation, limited



English, separation from family, poor health education, and cultural attitudes about safe sex practices escalate the risks. For example, it is estimated that only about 20 percent of farmworkers use condoms with their primary sex partners.¹⁵

Cultural beliefs also affect the risk of HIV infection. For example, machismo may lead Latino men to justify sexual promiscuity, resistance to condoms, and denial of MSM behavior.¹⁵

Behavioral risk factors for HIV infection among Hispanics differ by country of birth. For example, the main transmission category for Hispanics born in Puerto Rico is IDU.³ By contrast, male-to-male sexual contact is the primary cause of HIV infection among Hispanic men born in the United States, Mexico, Central or South America, and Cuba.³ In five different studies of gay and bisexual men in the United States, Hispanics had the highest rates of unprotected male-to-male sexual contact among all ethnic groups.¹²

THE RESPONSE OF THE HIV/AIDS BUREAU

Hispanic clients accounted for 22 percent of Ryan White HIV/AIDS Program clients in 2008. All Parts of the Program serve Hispanic populations, and the HIV/AIDS Bureau (HAB) has developed a range of activities to address HIV/AIDS care needs among this population. For example, the Special Projects of National Significance U.S.–Mexico Border Health Initiative developed models of community-based health care networks for people at high risk for or living with HIV/AIDS along the U.S. side of the border. Models were designed to reduce barriers to early identification of HIV and ensure entry to quality primary health care. (For more information, see ftp://ftp.hrsa.gov/hab/GROWING_INNOVATIVE_CARE.pdf or hab.hrsa.gov/special/border_index.htm).

Population-specific technical assistance can be found at www.careacttarget.org, including findings from meetings with representatives from the Hispanic community (see “consultations”).

NOTES

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This publication lists non-Federal resources to provide additional information. The views and content in those resources have not been formally approved by the U.S. Department of Health and Human Services (HHS). Listing of the resources is not an endorsement by HHS or its components.