

KEY FACTS

September 2003

AFRICAN AMERICANS AND HIV/AIDS

THE HENRY J.
KAISER
FAMILY
FOUNDATION



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AFRICAN AMERICANS AND HIV/AIDS

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INTRODUCTION

African Americans have been disproportionately affected by HIV/AIDS since the epidemic's beginning. This disparity has deepened over time. African Americans now represent more than half of all new HIV infections estimated to occur in the U.S. each year and approximately half of newly reported AIDS cases, much greater proportions than their representation in the U.S. population. They account for more people estimated to be living with AIDS and more deaths among persons with AIDS than any other racial/ethnic group, trends which began several years ago. In 2000, the last year for which there are data available, HIV was the number one cause of death for African Americans between the ages of 25 and 44.

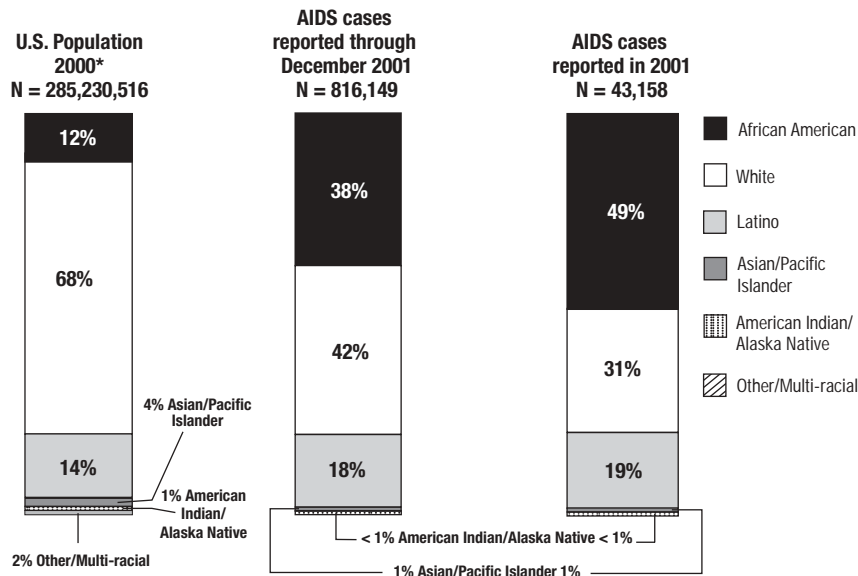
This disproportionate impact is also seen among different subgroups of African Americans, including women, teens, children, and men who have sex with men, and the impact varies across the country. Finally, studies have shown that African Americans with HIV/AIDS may face additional barriers to accessing care than their white counterparts.

This report, *Key Facts: African Americans and HIV/AIDS*, provides an overview of the impact of the HIV/AIDS epidemic on African Americans in the U.S., and is an update of the 2000 version. *Key Facts* summarizes recent data and research on the epidemiology of HIV/AIDS among African Americans, including data on HIV infections, AIDS cases, and deaths; health services use and coverage; and findings from recent national surveys.

Section One provides an overview of African Americans and the HIV/AIDS epidemic. Section Two highlights the demographic characteristics of African Americans with HIV/AIDS, including data on regional and state variations, age, and characteristics of those affected. Section Three reviews key trends in the epidemic over time, including trends in AIDS cases, prevalence, and deaths. Section Four provides an overview of African Americans with HIV/AIDS and the health care system, and Section Five highlights recent survey findings on African Americans' perceptions of the epidemic.

SECTION 1
Overview

Figure 1
New and Cumulative AIDS Cases and
Estimated Population, by Race/Ethnicity



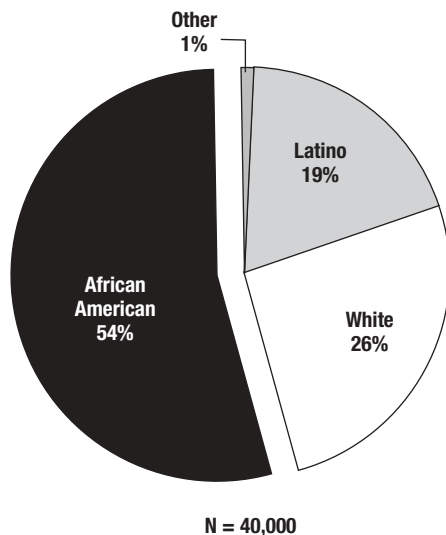
*Includes Puerto Rico.

Note: May not total 100% due to rounding. White, African American, Asian/Pacific Islander, American Indian/Alaska Native, and other/multi-racial groups do not include those of Hispanic or Latino origin. In the 2000 Census, people were allowed for the first time to report more than one racial category. In the population bar in this exhibit, percentages for each population group do not include people who reported more than one racial category. These individuals are included in the category "other/multi-racial."

Sources: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year End Edition 2001*, Vol. 13, No. 2.; U.S. Bureau of the Census, 2000 Summary File 3 (SF3)—Sample Data.

HIV/AIDS has had a disproportionate impact on African Americans since the epidemic's beginning. This disparity has deepened over time. Although African Americans represent approximately 12% of the U.S. population, they account for more than a third (38%) of AIDS cases reported in the U.S. since the beginning of the epidemic, and almost half (49%) of cases reported in 2001 alone. The number of AIDS cases reported among African Americans in 2001 was greater than for any other racial/ethnic group.

Figure 2
Estimated Annual New HIV Infections,
by Race/Ethnicity, 2002

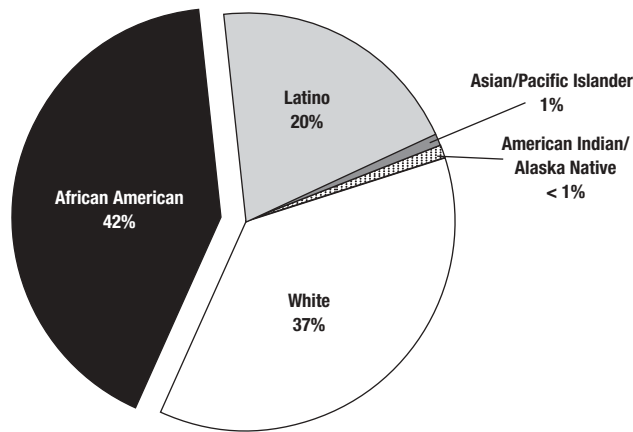


Note: White, African American, and other groups do not include those of Latino origin.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Update: A Glance at the Epidemic*, February 2002.

This impact is even more striking when looking at new HIV infections. African Americans account for more than half (54%) of estimated new HIV infections in the United States each year.

Figure 3
Distribution of Persons Estimated to be Living with AIDS,
by Race/Ethnicity, 2001



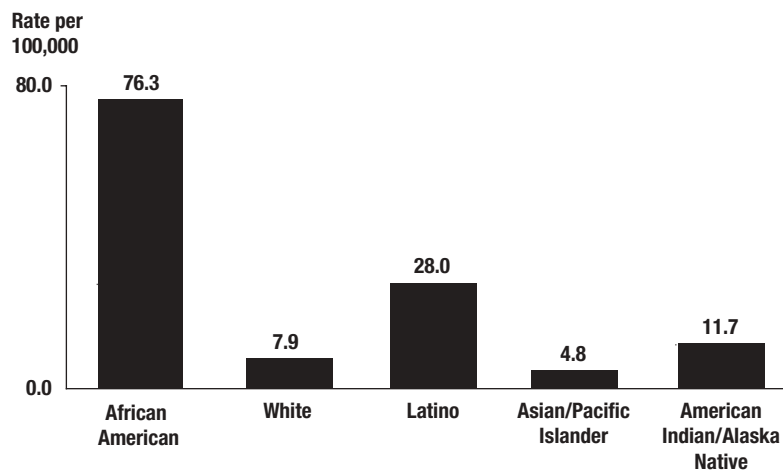
N = 362,827

Note: White, African American, Asian/Pacific Islander, American Indian/Alaska Native, and other/multi-racial groups do not include those of Latino origin. May not total 100% due to rounding.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year End Edition 2001*, Vol. 13, No. 2.

More than four in ten (42%) people estimated to be living with AIDS (AIDS prevalence) in the U.S. are African American, a higher percentage than any other racial/ethnic group.

Figure 4
AIDS Case Rates per 100,000 Population,
by Race/Ethnicity, 2001



Note: Includes reported cases among those 13 years of age and older. White, African American, Asian/Pacific Islander, and American Indian/Alaska Native groups do not include those of Latino origin.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year End Edition 2001*, Vol. 13, No. 2.

The disproportionate impact of the epidemic on African Americans is clearly seen in the annual AIDS case rate (the number of AIDS cases per 100,000 population) in the year 2001, which is almost ten times higher among African American adults/adolescents than it is among whites (76.3 per 100,000 compared to 7.9). African Americans have the highest AIDS case rate of any racial/ethnic group.

Figure 5
HIV as a Cause of Death,
by Sex, Age, and Race/Ethnicity, 2000

Age	20–24	25–34	35–44	25–44
African Americans	6 th	3 rd	3 rd	1 st
Whites	*	6 th	6 th	5 th
Latinos	10 th	5 th	3 rd	4 th
African American Men	6 th	3 rd	1 st	3 rd
White Men	*	6 th	5 th	5 th
Latino Men	8 th	4 th	2 nd	3 rd
All Men	7 th	6 th	5 th	5 th
African American Women	5 th	1 st	3 rd	3 rd
White Women	*	7 th	9 th	9 th
Latinas	*	4 th	4 th	4 th
All Women	8 th	5 th	4 th	4 th

*HIV does not appear among the top 10 leading causes of death in these categories.

Note: White and African American groups do not include those of Latino origin.

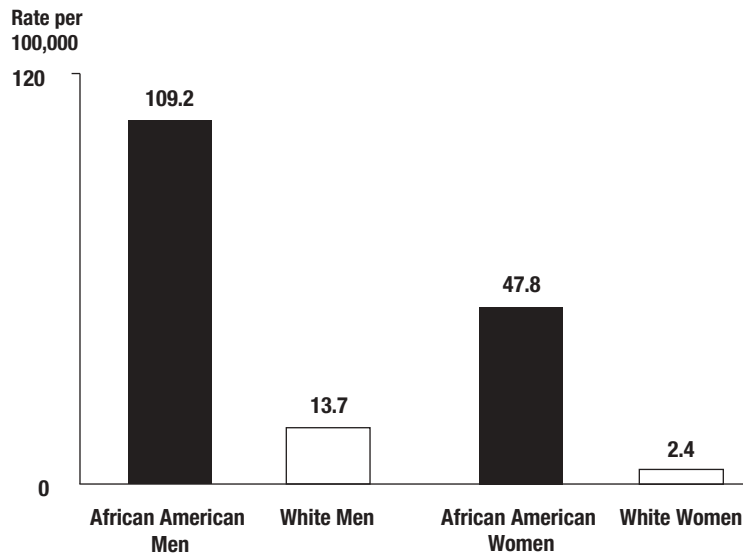
Source: Centers for Disease Control and Prevention, *National Center for Health Statistics, National Vital Statistics System, National Vital Statistics Reports, Leading Causes of Death for 2000*, Vol. 50, No. 16, September 2002.

HIV was the leading cause of death for African Americans in the U.S. between the ages of 25–44 in 2000 (compared to the 5th leading cause of death for whites and 4th for Latinos in this age group). This varies by age and sex. For example, HIV was the leading cause of death for African American women ages 25–34 compared to the 7th leading cause of death for white women and the 4th for Latinas in this age group.

SECTION 2

Epidemic Profile

Figure 6
AIDS Case Rates per 100,000 Population
Among African Americans and Whites,
by Sex, 2001

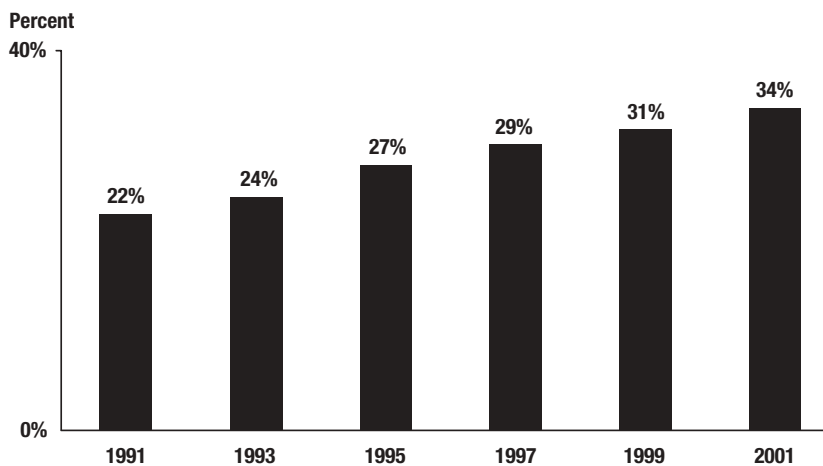


Note: Includes reported cases among those 13 years of age and older. White and African American groups do not include those of Latino origin.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year End Edition 2001*, Vol. 13, No. 2.

The disproportionate impact of the epidemic on African Americans varies by sex. The annual AIDS case rate for African American men in the year 2001 was eight times that of white men. Among women, the AIDS case rate for African American women was almost twenty times the rate for white women.

Figure 7
African American Women as a Proportion of AIDS Cases
Reported Among All African Americans, 1991–2001

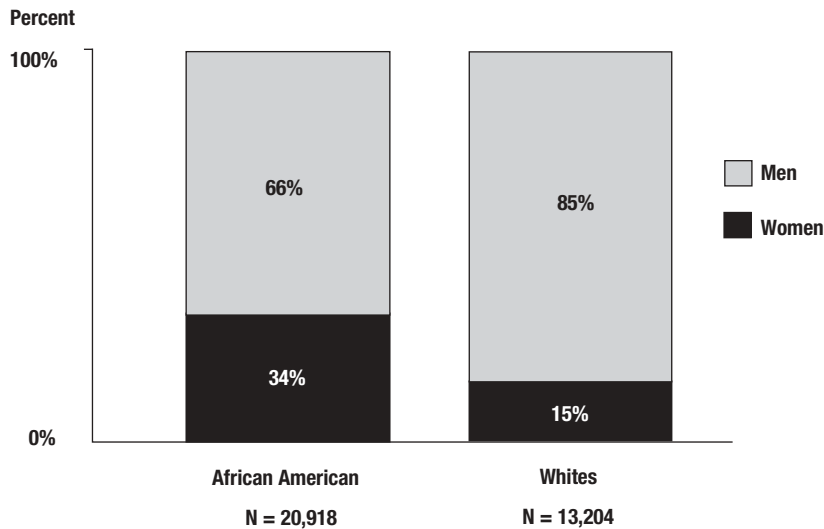


Note: Includes reported cases among those 13 years of age and older.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Reports, 1991–2001*.

Women make up a growing share of new AIDS cases reported each year, a trend also seen in the African American population. In 1991, African American women represented 22% of new AIDS cases reported among all African Americans in that year. By 2001, African American women represented approximately one third (34%) of new cases reported among all African Americans.

Figure 8
Newly Reported AIDS Cases Among African Americans and Whites, by Sex, 2001

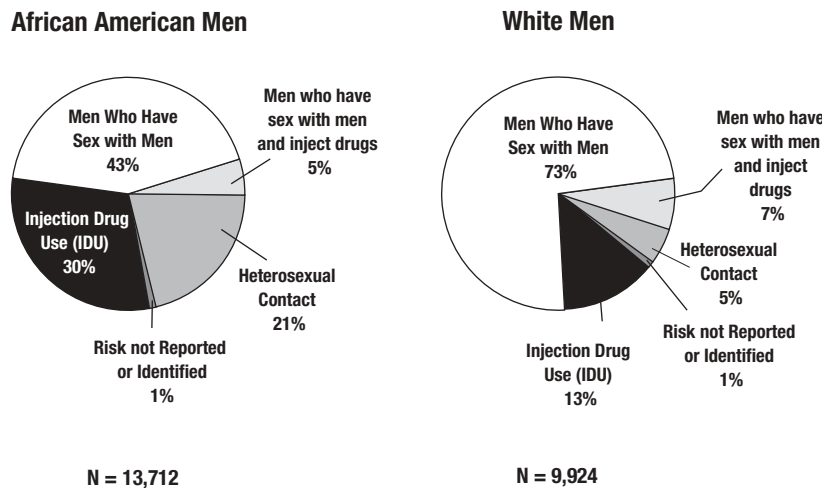


Note: Includes reported cases among those 13 years of age and older. White and African American groups do include those of Latino origin.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year End Edition 2001*, Vol. 13, No. 2.

While women represent a growing share of new AIDS cases overall, this trend is more pronounced within the African American population. African American women accounted for a greater share of newly reported AIDS cases among all African Americans in 2001 (34%) than white women did among all whites (15%). A similar breakdown is seen with new HIV infections (data not shown).

Figure 9
Estimated AIDS Cases Among African American and White Men, by Exposure Category, 2001



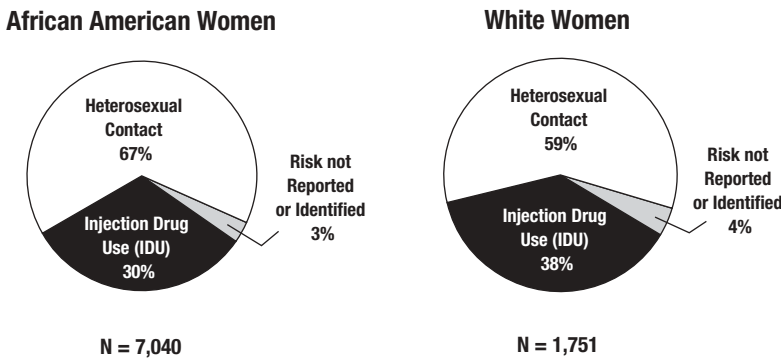
Note: Includes estimated cases diagnosed among those 13 years of age and older, after the reclassification of cases where cause of exposure was not reported or identified. White and African American groups do not include those of Latino origin. May not total 100% due to rounding.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year End Edition 2001*, Vol. 13, No. 2.

Transmission patterns among African American men vary from those of white men, although both groups are most likely to be infected through sex with other men. A greater proportion of white men are estimated to have been infected through sex with other men than are African American men (73% compared to 43%). African American men are more than twice as likely as white men to have been infected through injection drug use (30% compared to 13%) and four times more likely to have been infected through heterosexual contact (21% African American men and 5% white men).

In 2001, African American men accounted for a significantly greater number of estimated new AIDS cases than white men.

Figure 10
Estimated AIDS Cases Among African American and White Women, by Exposure Category, 2001



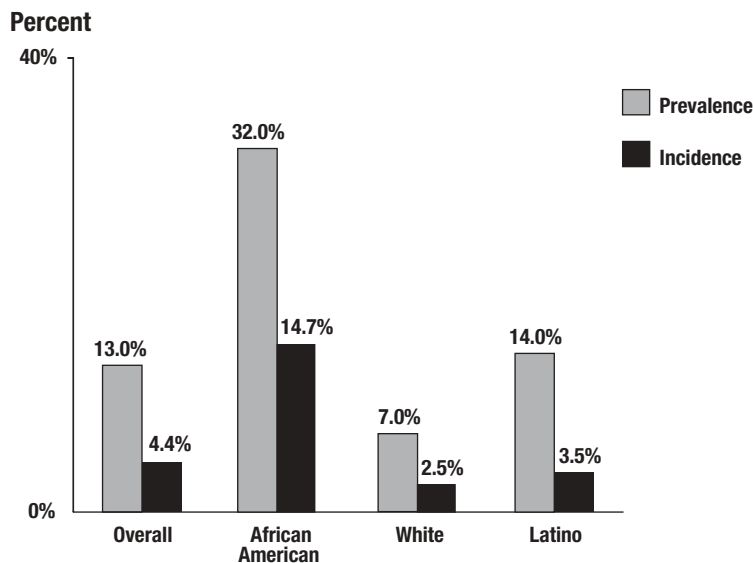
Note: Includes estimated cases diagnosed among those 13 years of age and older, after the reclassification of cases where cause of exposure was not reported or identified. White and African American groups do not include those of Latino origin. May not total 100% due to rounding.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year End Edition 2001*, Vol. 13, No. 2.

Transmission patterns among African American women and white women are similar, with most women in both groups estimated to have been infected through heterosexual contact (67% of African American women and 59% of white women). Thirty percent of African American women and 38% of white women are estimated to have been infected through injection drug use.

In 2001, African American women accounted for a significantly greater number of estimated new AIDS cases than white women.

Figure 11
HIV Prevalence & Incidence Among Young Men Who Have Sex With Men* in Six Major U.S. Cities, by Race/Ethnicity



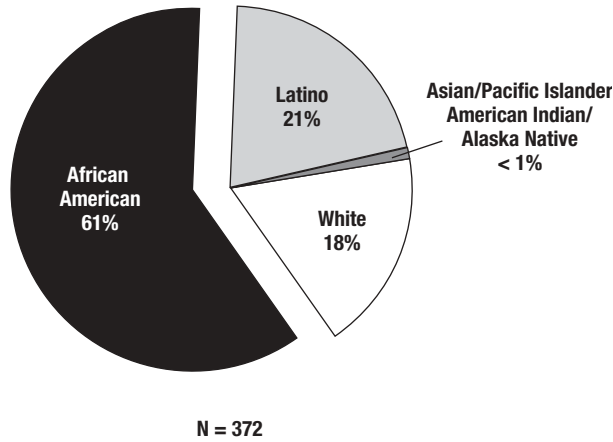
*Includes MSM ages 23–29.

Source: Centers for Disease Control and Prevention, "No Turning Back: Addressing the HIV Crisis Among Men Who Have Sex With Men," November 2001.

The epidemic has also had a disproportionate impact on African American men who have sex with men (MSM). In a recent study in six major U.S. cities, approximately one third (32%) of African American MSM ages 23–29 were already infected with HIV, compared to 7% of white MSM. HIV incidence among young African American MSM was also highest (14.7%) compared to 2.5% among white MSM.

Another recent study found that very high proportions of young MSM, ages 15–29, infected with HIV, including African American MSM, did not know they were HIV positive. (MacKeller, D. et al., 2002.)

Figure 12
**New AIDS Cases Reported Among Young People,
 13–19 Years of Age, by Race/Ethnicity, 2001**

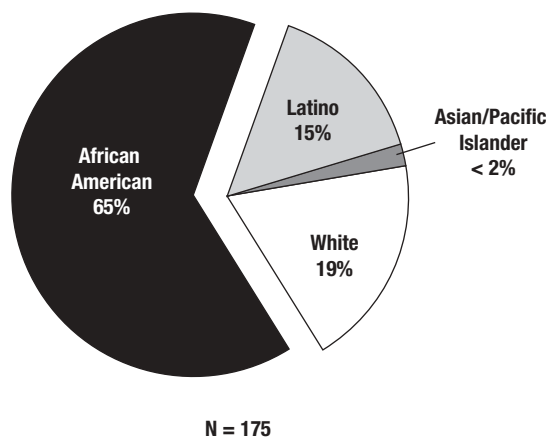


Note: White, African American, Asian/Pacific Islander, and American Indian/Alaska Native groups do not include those of Latino origin. May not total 100% due to rounding.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance in Adolescents, L265 Slide Series, Through 2001*.

African American teens also have been disproportionately affected by the HIV/AIDS epidemic. Although they represent 15% of U.S. teenagers, ages 13–19, they account for almost two thirds (61%) of new AIDS cases reported among teens in 2001.

Figure 13
**New Pediatric AIDS Cases,
 by Race/Ethnicity, 2001**

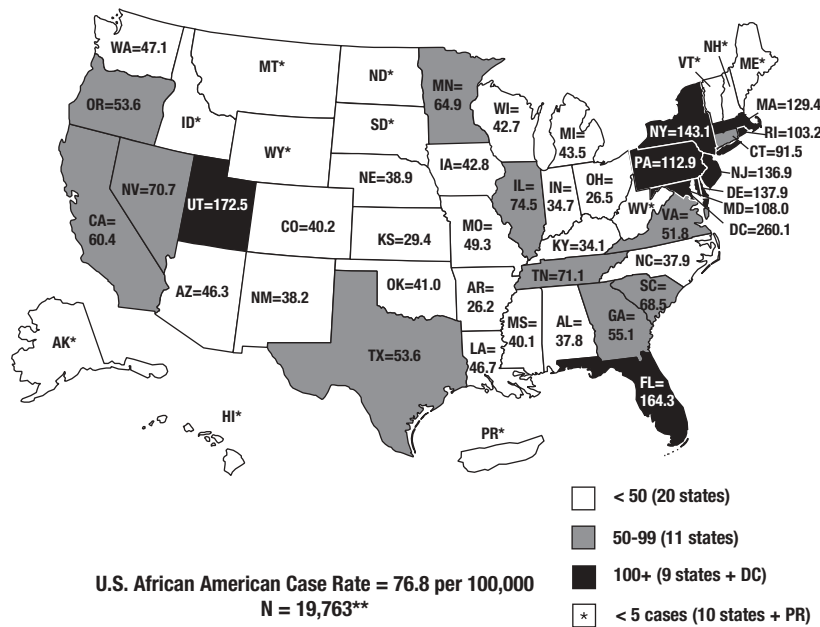


Note: White, African American, Asian/Pacific Islander, and American Indian/Alaska Native groups do not include those of Latino origin. No pediatric AIDS cases were reported among American Indians/Alaska Natives. May not total 100% due to rounding.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year End Edition 2001, Vol. 13, No. 2*.

The number of pediatric AIDS cases (under age 13) declined dramatically in the 1990s due largely to the availability of treatments that can prevent transmission of HIV from mother to infant. However, of the 175 pediatric cases reported in 2001, approximately two thirds (65%) were among African Americans.

Figure 14
AIDS Case Rates Among African Americans,
by State, 2000



**Total includes cases with unknown state of residence.

Note: Rates per 100,000 African Americans. Includes reported cases among those 13 years of age and older. These rates should be interpreted with caution—high rates in some states may be more indicative of a small African American population rather than a large number of AIDS cases. African American does not include those of Latino origin.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance by Race/Ethnicity, L238 Slide Series, Through 2000.*

The impact of the epidemic on African Americans is not uniformly distributed across the country. AIDS case rates among African Americans are highest in the eastern part of the U.S., particularly in the Northeast. Ten states and the District of Columbia have African Americans AIDS case rates greater than the U.S. average (76.8 per 100,000 African Americans). The District of Columbia has the highest AIDS case rate among African Americans in the nation—260.1 per 100,000 African Americans—a rate more than 3 times that of the U.S. average rate among African Americans. Although Florida represented 12% of AIDS cases reported among African Americans, Florida's AIDS case rate is in the same range as 10 other states and DC, a rate more than twice the U.S. average.

Figure 15
Number of African American AIDS Cases: Top 10 States

State	Number of African American Cases	Percent of Total U.S. African American Cases	African Americans Percent of Total as Cases in State
1. New York	3,770	18%	49%
2. Florida	2,640	12%	55%
3. Maryland	1,734	8%	84%
4. Georgia	1,422	7%	77%
5. Pennsylvania	1,148	5%	54%
6. Texas	1,126	5%	39%
7. New Jersey	993	5%	61%
8. California	940	4%	23%
9. Illinois	876	4%	54%
10. North Carolina	716	3%	72%
U.S. Total	21,527	100%	49%

Cases Reported July 2001–June 2002

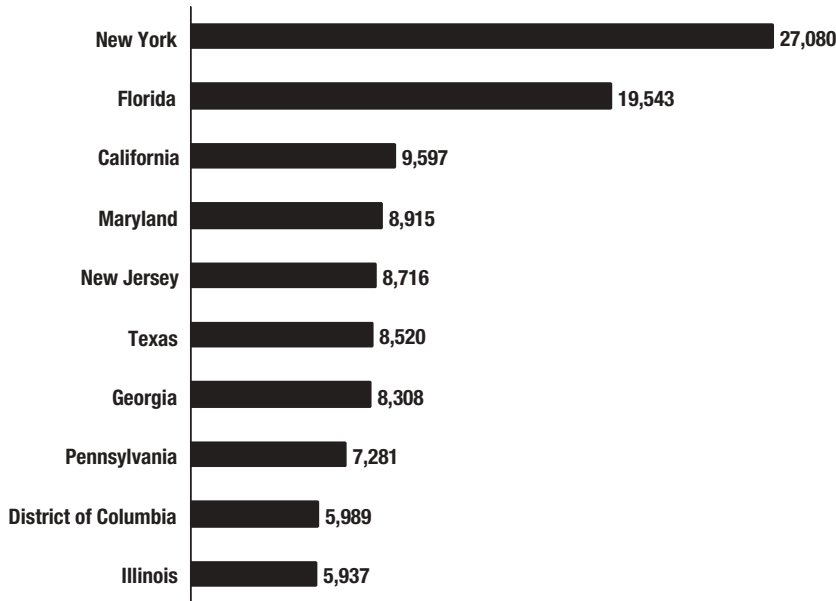
Note: Includes reported cases among those 13 years of age and older. African American does not include those of Latino origin.

Source: Kaiser Family Foundation, *State Health Facts Online*, Special Data Request from the Centers for Disease Control and Prevention, 2003.

Ten states account for 71% of the 21,527 African American AIDS cases reported among adults/ adolescents between July 2001 and June 2002. Five states account for half of new African American cases; New York alone accounts for almost one fifth (18%). African Americans represent varying proportions of AIDS cases within each of these states, accounting for 84% of cases reported in Maryland, 77% of cases in Georgia, and 72% of cases in North Carolina (the U.S. average is 49%). Also see Table I.

Figure 16

Number of African Americans Estimated to be Living with AIDS: Top 10 States, 2001



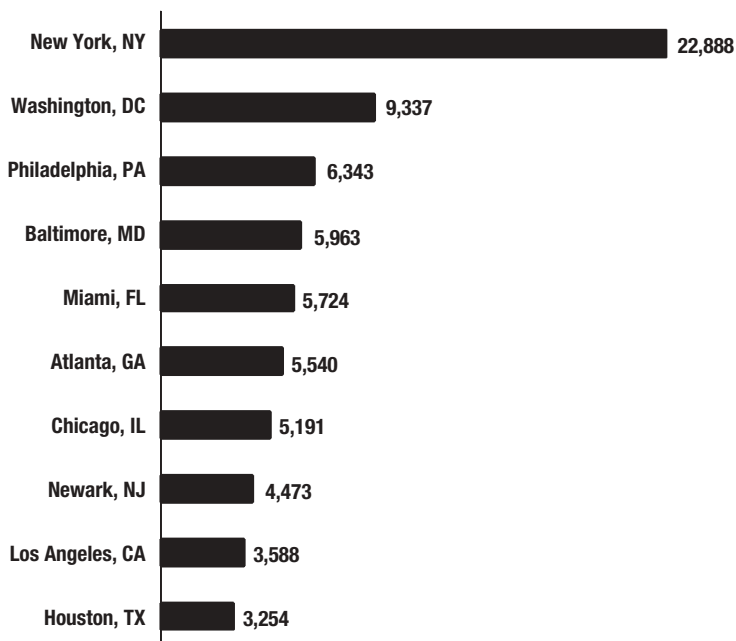
Note: Persons estimated to be living with AIDS as of the end of 2001. African American does not include those of Latino origin.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Supplemental Report*, Vol. 9, No. 2, 2003.

Similarly, AIDS prevalence among African Americans is clustered in a handful of states. Ten states accounted for 73% of the 151,530 African Americans estimated to be living with AIDS as of the end of 2001; five states accounted for approximately half (49%). New York had the highest number of African Americans estimated to be living with AIDS as of the end of 2001 (27,080), followed by Florida (19,543) and California (9,597). Also see Table II.

Figure 17

Number of African Americans Estimated to be Living with AIDS: Top 10 Metropolitan Areas, 2001



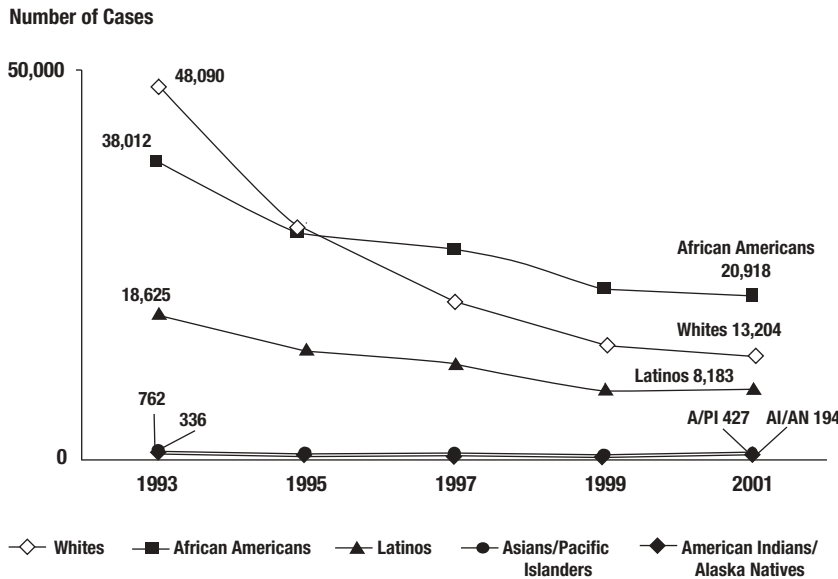
Note: Persons estimated to be living with AIDS as of the end of 2001. Metropolitan areas include those with over 500,000 population. African American does not include those of Latino origin.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Supplemental Report*, Vol. 9, No. 2, 2003.

Nearly half (48%) of African Americans estimated to be living with AIDS in the U.S. reside in 10 metropolitan areas; one third (33%) live in five metropolitan areas. The largest number live in New York City (22,888) followed by Washington, DC (9,337).

SECTION 3
Major Trends

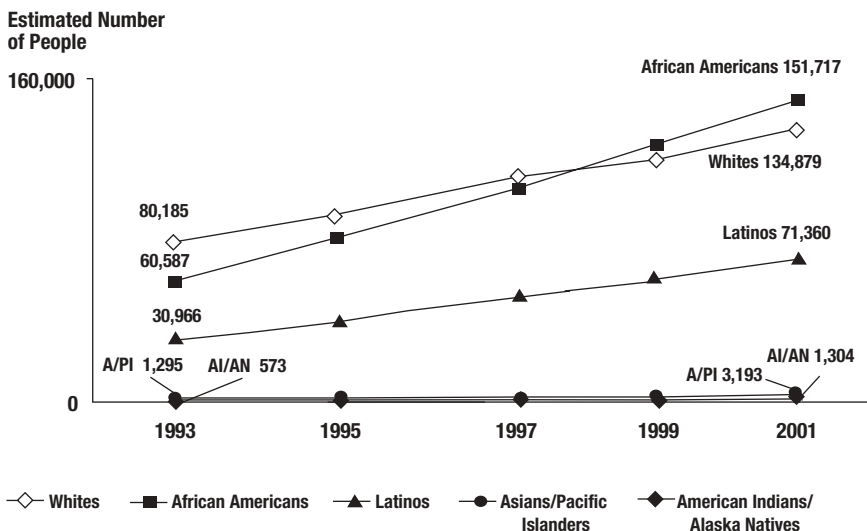
Figure 18
Trends in Newly Reported AIDS Cases, by Race/Ethnicity, 1993–2001



Note: White, African American, Asian/Pacific Islander, and American Indian/Alaska Native groups do not include those of Latino origin. Includes reported cases among persons 13 years of age and older.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Reports, 1993–2001*.

Figure 19
Trends in Estimated AIDS Prevalence, by Race/Ethnicity, 1993–2001



Note: White, African American, Asian/Pacific Islander, and American Indian/Alaska Native groups do not include those of Latino origin.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year End Edition 2001*, Vol. 13 No. 2.

During the 1990s, important new advances were made in the treatment of HIV disease. These advances, particularly the advent of highly active antiretroviral therapy (HAART), coupled with prevention efforts, led to a decline in the number of new AIDS cases for all racial/ethnic groups. Despite these advances, the rate of decline was not even. AIDS cases among African Americans declined by 45% between 1993 and 2001, compared to a 73% decline among whites. Cases declined by 56% among Latinos, 44% among Asian/Pacific Islanders, and 42% among American Indian/Alaska Natives. African Americans have had the highest number of newly reported AIDS cases since 1996.

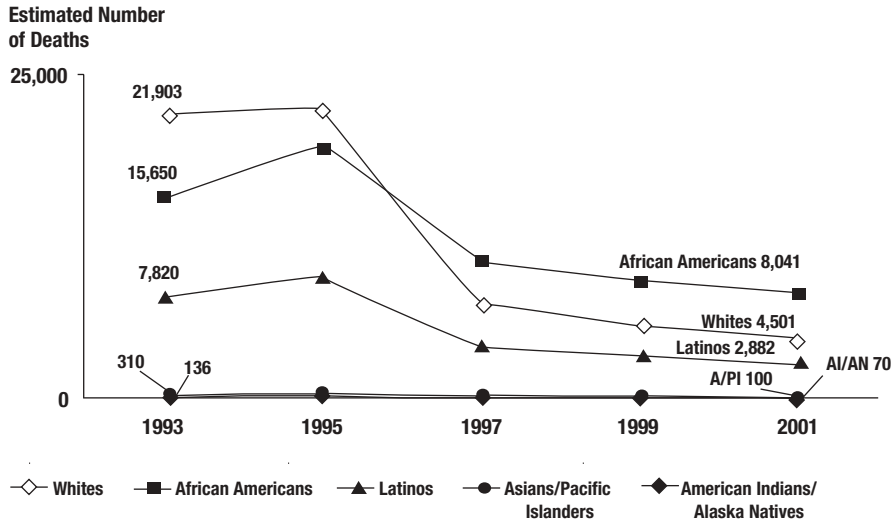
It is important to note that the decline in new AIDS cases has leveled off over time and recent data suggest an increase in new AIDS cases among some populations.

As with all racial/ethnic groups in the U.S., the population of African Americans living with AIDS has been increasing, due largely to the availability of more effective treatments but also due to the increasing impact of the epidemic on minorities in the U.S. Estimated AIDS prevalence among African Americans increased by 150% since 1993, compared to a 68% increase among whites. Increases in AIDS prevalence have also been greater for other racial/ethnic minorities than for whites, but the increase has been greatest among African Americans.

In 1998, the number of African Americans estimated to be living with AIDS surpassed that of whites for the first time, and is the highest of any racial/ethnic group.

Figure 20

**Trends in Estimated AIDS Deaths,
by Race/Ethnicity, 1993–2001**



Note: White, African American, Asian/Pacific Islander, and American Indian/Alaska Native groups do not include those of Latino origin.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year End Edition 2001*, Vol. 13, No. 2.

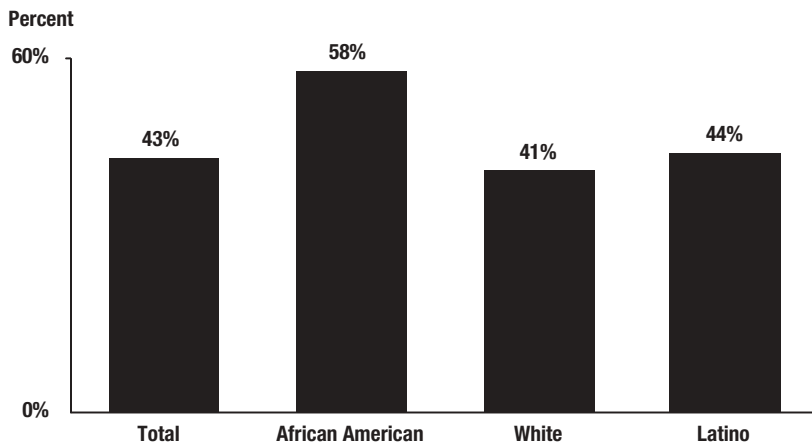
Advances in treatment have also led to a significant reduction in the number of deaths among people with HIV/AIDS across all racial/ethnic groups. However, the rate of decline among African Americans has been slower than among whites. Estimated deaths among African Americans with AIDS declined by 49% between 1993 and 2001, compared to an 80% decline for whites. Deaths declined by 63% among Latinos, 68% among Asian/Pacific Islanders, and 49% among American Indian/Alaskan Natives over this same period.

As of 1996, the estimated number of deaths among African Americans with AIDS exceeded that of whites for the first time and remains higher than any other racial/ethnic group. In 2001, there were almost twice as many AIDS deaths among African Americans than whites with AIDS.

SECTION 4

**Access to and Use of
Health Services**

Figure 21
**Percent Who Report Ever Having Been Tested for HIV,
 by Race/Ethnicity, 2000**

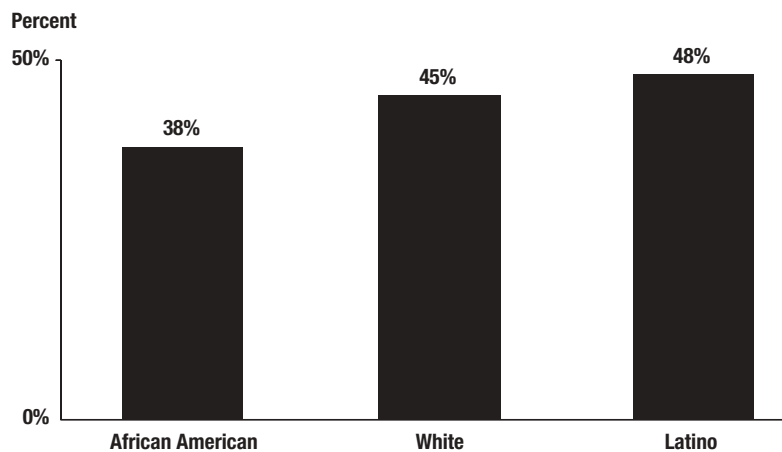


Note: White and African American groups do not include those of Latino origin.

Source: Kaiser Family Foundation, *The AIDS Epidemic at 20 Years: The View from America, A National Survey of Americans on HIV/AIDS*, 2001.

African Americans are more likely than other racial/ethnic groups to report ever having been tested for HIV. In 2000, more than half (58%) of African Americans report ever having been tested for HIV, compared to 41% of whites. The proportion of African Americans who report ever having been tested for HIV has increased slightly since 1995.

Figure 22
**Percent of People with HIV/AIDS Learning of Diagnosis
 Late in Illness, by Race/Ethnicity, 1994–1999**

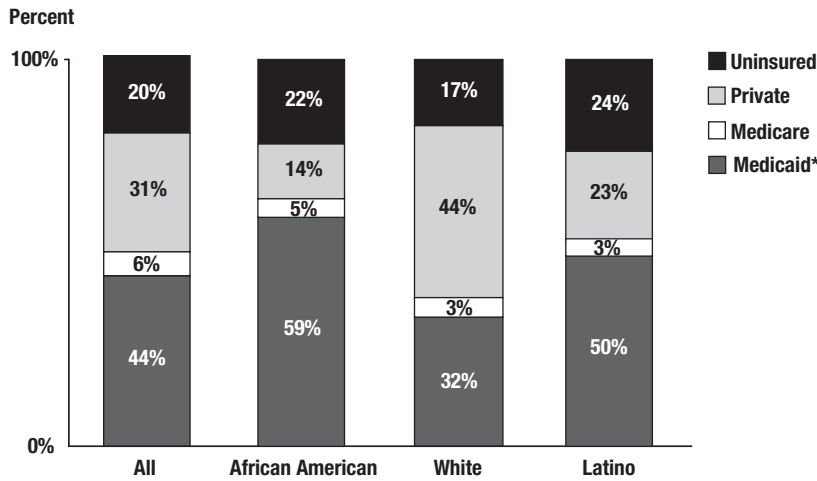


Note: Data based on national HIV/AIDS surveillance data from 104,780 persons in 25 states between 1994 through December 1999. Late diagnosis was defined as having AIDS diagnosis within one year of the first reported HIV diagnosis. White and African American groups do not include those of Latino origin.

Source: Neal, J. and Fleming P., "Frequency and Predictors of Late Diagnosis in the United States, 1994 through 1999," *9th Conference on Retroviruses and Opportunistic Infections Poster Presentation 474M*, Centers for Disease Control and Prevention, February 2002.

Studies indicate, however, that some African Americans may be tested for HIV late in their illness—that is, diagnosed with AIDS at the time of their first HIV test or developing AIDS within one year of testing positive. For example, a CDC study in 25 states found that more than one third (38%) of African Americans were tested late between 1994 and 1999; this was less than the proportion of whites (45%) and Latinos (48%) who were tested late. However, a more recent but more limited CDC study in 16 sites found that African Americans and Latinos were more likely to be tested later than whites (57% and 62% compared to 42%, respectively) between 2000 and 2003. (See CDC, *MMWR*, June 27, 2003.)

Figure 23
Insurance Coverage of People Living with HIV/AIDS in Care, by Race/Ethnicity, 1996



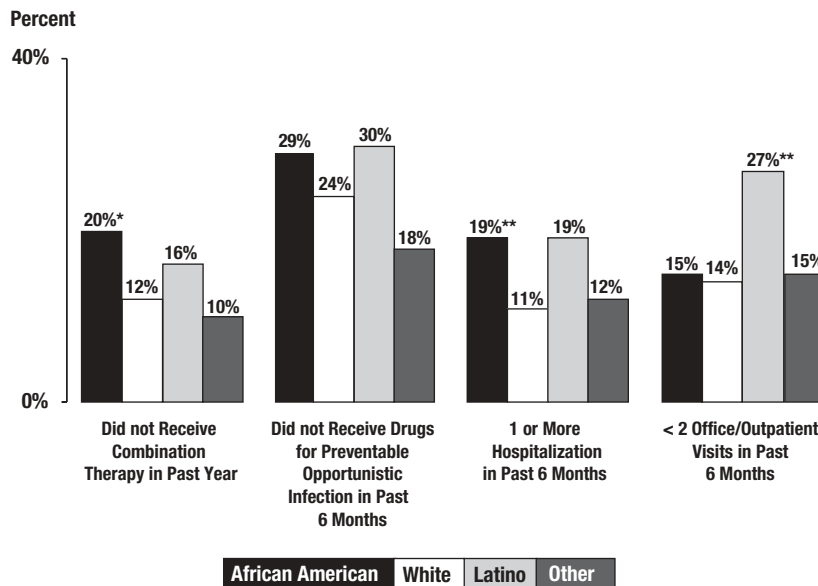
*Includes those with other coverage, primarily Medicare.

Note: Includes persons 18 years and older, in care, 1996. White and African American groups do not include those of Latino origin. May not total 100% due to rounding.

Source: Fleishman, J., Personal Communication, Analysis of HCSUS Data, January 2002.

In a nationally representative study of people with HIV/AIDS in care in 1996—the HIV Cost and Services Utilization Study (HCSUS)—African Americans with HIV/AIDS were more likely to be publicly insured or uninsured than their white counterparts. More than half of African Americans depend on Medicaid (59%) compared to 32% of whites. More than one fifth of African Americans were uninsured (22%) compared to 17% of whites. African Americans were much less likely than whites to be privately insured (14% compared to 44% of whites).

Figure 24
Health Services Use Among Persons with HIV/AIDS in Care, by Race/Ethnicity, Second Follow-up, 1998



* Results significantly different from whites ($p < .05$) after adjustment for CD4 count.

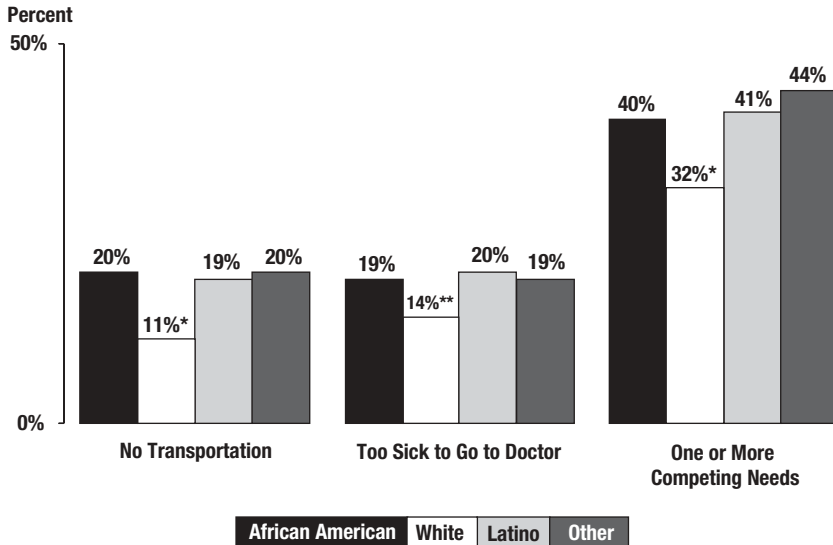
** Results significantly different from whites, African Americans and other ($p < .05$) after adjustment for CD4 count.

Note: Includes persons 18 years and older. Higher hospitalization rates result from failure to receive indicated outpatient therapy. White and African American groups do not include those of Latino origin.

Source: Shapiro, et al., "Variations in the Care of HIV-Infected Adults in the United States," *Journal of the American Medical Association*, Vol. 281, No. 24, 1999.

According to the HCSUS study, African Americans also fared more poorly than whites on several important access and quality measures in 1996. For example, African Americans were less likely to get preventive treatment for *Pneumocystis Carinii* Pneumonia (a common but preventable infection in people with HIV) and more likely to have had less than two office or outpatient visits in the past six months. By 1998 at the time of second follow-up, some of these differences had diminished over time but were not completely eliminated. For example, in 1998, African Americans were still less likely to have received combination therapy and also had more hospitalizations than whites.

Figure 25
Reasons for Postponing Care Among Persons with HIV/AIDS in Care, by Race/Ethnicity, 1996



* Results significantly different at $p < .01$.

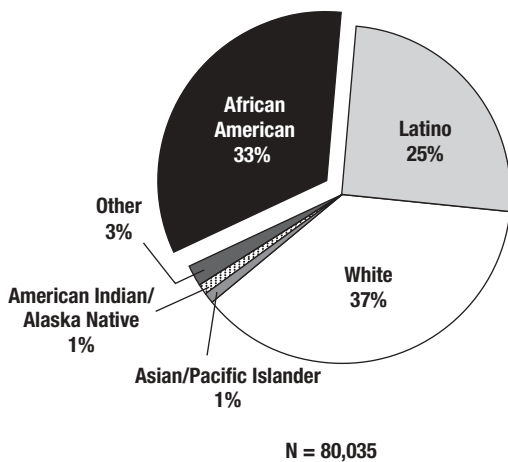
** Results significantly different at $p < .05$.

Note: Includes persons 18 years and older. White and African American groups do not include those of Latino origin.

Sources: Cunningham, et al., "The Impact of Competing Subsistence Needs and Barriers on Access to Medical Care for Persons with Human Immunodeficiency Virus Receiving Care in the United States," *Medical Care*, Vol. 37, No. 12, 1999.

The reasons for disparities in care are not well understood; however, HCSUS provides evidence that African Americans with HIV may face greater barriers to care than their white counterparts. For example, African Americans were more likely than whites to report that they postponed care because they lacked transportation, were too sick to go to the doctor or had other competing needs (e.g., had limited dollars to spend for food or housing).

Figure 26
ADAP Clients, by Race/Ethnicity, June 2002



Note: White, African American, Asian/Pacific Islander, and American Indian/Alaska Native groups do not include those of Latino origin.

Source: National Alliance of State and Territorial AIDS Directors/Kaiser Family Foundation/AIDS Treatment Data Network, *ADAP Monitoring Project: Annual Report, 2003*.

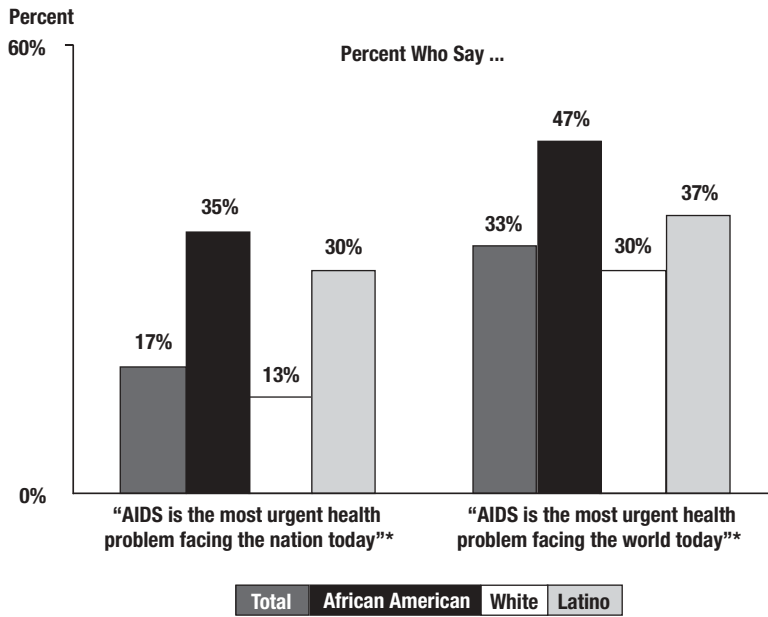
For people with HIV/AIDS who do not have insurance coverage, or have inadequate coverage, the AIDS Drug Assistance Program (ADAP) of the Ryan White Care Act plays a vital role. ADAPs provide FDA approved HIV-related prescription drugs to people with HIV/AIDS who have limited or no prescription drug coverage. In June 2002, ADAPs served more than 80,000 individuals. African Americans made up one third (33%) of the clients served by ADAPs.

SECTION 5

Perceptions of HIV/AIDS

Figure 27

Perception of AIDS as an Urgent Problem for the Nation and World, by Race/Ethnicity, 2002



*Open-ended question.

Note: White and African American groups do not include those of Latino origin.

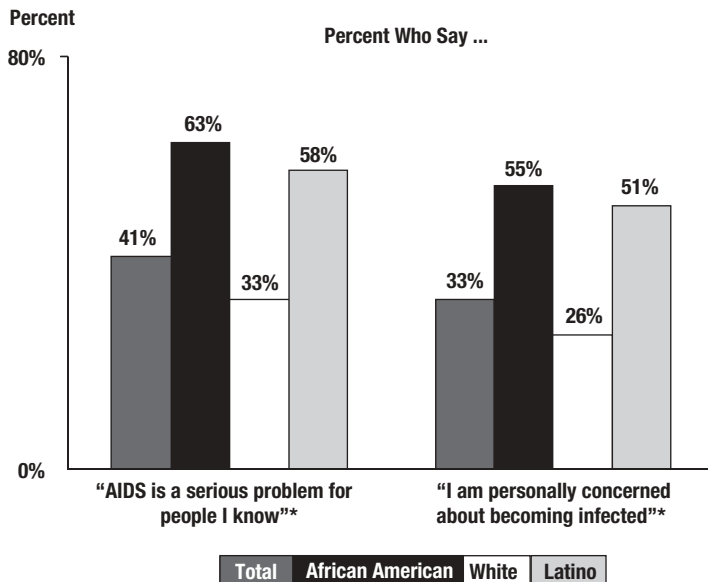
Source: The Washington Post/Kaiser Family Foundation, *National Survey on the Public's Attitudes towards HIV/AIDS in the U.S. and the World*, July 2002.

More than one third (35%) of African Americans say HIV/AIDS is the most urgent health problem facing the nation compared to 13% of whites.

African Americans also see AIDS as an urgent health problem for the world, with almost half (47%) saying AIDS is the most urgent health problem facing the world today, compared to 30% of whites.

Figure 28

Perception of AIDS as a Problem Close to Home, by Race/Ethnicity, 2002



*Combines "very" and "somewhat" responses.

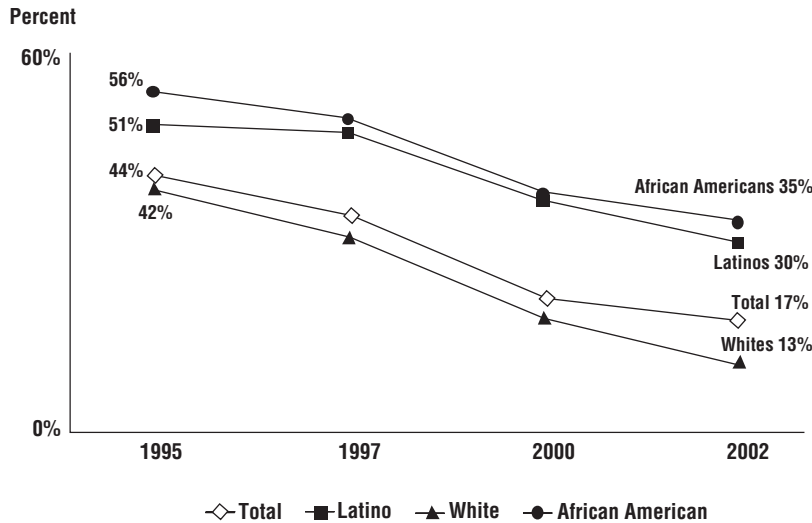
Note: White and African American groups do not include those of Latino origin.

Source: The Washington Post/Kaiser Family Foundation, *National Survey on the Public's Attitudes towards HIV/AIDS in the U.S. and the World*, July 2002.

African Americans are almost twice as likely as whites to say that AIDS is a serious problem for people they know (63% compared to 33%), and more than half of African Americans (55%) say they are personally concerned about becoming infected with HIV (compared to 26% of whites).

Figure 29

Percent Who Say AIDS is the Most Urgent Health Problem Facing the Nation Today,* by Year and Race/Ethnicity



*open-ended question.

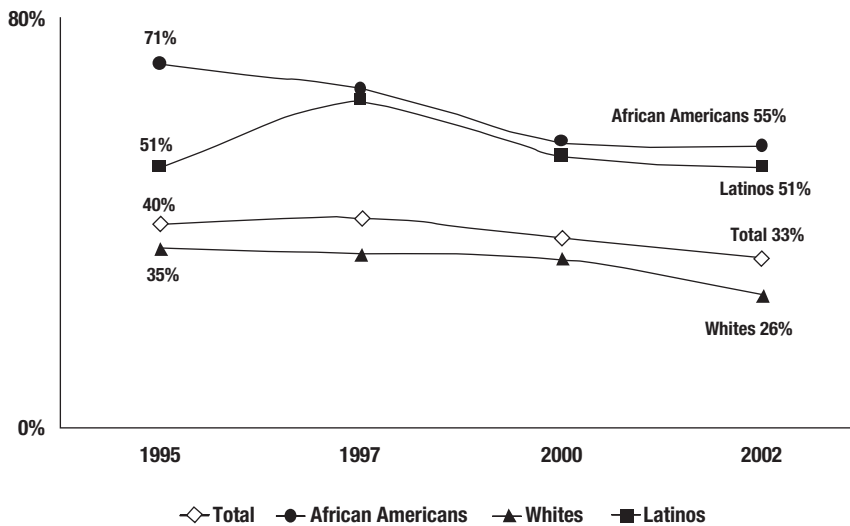
Note: White and African American groups do not include those of Latino origin.

Source: Kaiser Family Foundation, *The AIDS Epidemic at 20 Years: The View from America, A National Survey of Americans on HIV/AIDS*, 2001. The Washington Post/Kaiser Family Foundation, *National Survey on the Public's Attitudes towards HIV/AIDS in the U.S. and the World*, July 2002.

The percentage of African Americans ranking HIV/AIDS as the most urgent health problem facing the nation, however, has decreased over time, from 56% in 1995 to 35% in 2002. This percentage has also decreased for whites and Latinos.

Figure 30

Percent Who are Personally Concerned About Becoming Infected with HIV,* by Year and Race/Ethnicity



*Combines "very" and "somewhat" responses.

Note: White and African American groups do not include those of Latino origin.

Source: Kaiser Family Foundation, *The AIDS Epidemic at 20 Years: The View from America, A National Survey of Americans on HIV/AIDS*, 2001. The Washington Post/Kaiser Family Foundation, *National Survey on the Public's Attitudes towards HIV/AIDS in the U.S. and the World*, July 2002.

The proportion of African Americans who say that they are personally concerned with becoming infected with HIV/AIDS has also decreased over time, from 71% in 1995 to 55% in 2002, as has personal concern among whites.

CONCLUSION

In the early years of the HIV/AIDS epidemic in the United States, the impact of HIV/AIDS on African Americans was not widely recognized. Today, however, by most measures, African Americans are the most significantly affected racial/ethnic group in the U.S., as reflected in incidence, prevalence, and mortality trends over time. As shown in *Key Facts*, for example, in 1996, the number of AIDS cases reported among African Americans first exceeded that reported among whites, and has remained higher ever since. In addition, as of 1996, the number of estimated deaths among African Americans with AIDS exceeded deaths among whites with AIDS, and HIV was the leading cause of death among African Americans ages 25–44 in 2000, the last year for which data are available.

These trends present tremendous challenges to all of those involved in addressing the epidemic in the United States, including policymakers, community leaders, and public health practitioners. The drop in the levels of concern expressed by African Americans and the public overall about HIV/AIDS as a personal problem and a problem for the nation highlights the need for increased vigilance and attention to the epidemic's impact on African Americans today.

SECTION 6
Tables

Table I**African American AIDS Case Rates Per 100,000 and Reported AIDS Cases, by State**

State	2000	July 2001–June 2002		
	African American AIDS Case Rate per 100,000	Total AIDS Cases Reported Among African Americans	Percent of Total US African American AIDS Cases	African Americans as Percent of Total AIDS Cases in State
United States Total	76.8	21,527	100.0%	48.9%
Alabama	37.8	260	1.2%	67.5%
Alaska	*	NA	NA	NA
Arizona	46.3	61	0.3%	11.5%
Arkansas	26.2	126	0.6%	51.6%
California	60.4	940	4.4%	22.6%
Colorado	40.2	55	0.3%	19.7%
Connecticut	91.5	176	0.8%	26.5%
Delaware	137.9	180	0.8%	73.2%
District of Columbia	260.1	616	2.9%	85.3%
Florida	164.3	2,640	12.3%	54.5%
Georgia	55.1	1,422	6.6%	76.6%
Hawaii	*	NA	NA	NA
Idaho	*	NA	NA	NA
Illinois	74.5	876	4.1%	54.3%
Indiana	34.7	182	0.8%	38.4%
Iowa	42.8	19	0.1%	22.1%
Kansas	29.4	18	0.1%	19.6%
Kentucky	34.1	101	0.5%	36.2%
Louisiana	46.7	680	3.2%	75.6%
Maine	*	NA	NA	NA
Maryland	108	1,734	8.1%	84.1%
Massachusetts	129.4	229	1.1%	31.7%
Michigan	43.5	408	1.9%	62.9%
Minnesota	64.9	56	0.3%	39.4%
Mississippi	40.1	270	1.3%	76.3%
Missouri	49.3	156	0.7%	44.8%
Montana	*	NA	NA	NA
Nebraska	38.9	24	0.1%	35.8%
Nevada	70.7	65	0.3%	23.9%
New Hampshire	*	7	0.0%	15.9%
New Jersey	136.9	993	4.6%	61.3%
New Mexico	38.2	11	0.1%	7.9%
New York	143.1	3,770	17.5%	49.2%
North Carolina	37.9	716	3.3%	72.2%
North Dakota	*	NA	NA	NA
Ohio	26.5	302	1.4%	41.4%
Oklahoma	41	66	0.3%	25.8%
Oregon	53.6	20	0.1%	6.6%
Pennsylvania	112.9	1,148	5.3%	54.1%
Rhode Island	103.2	33	0.2%	29.5%
South Carolina	68.5	646	3.0%	81.4%
South Dakota	*	NA	NA	NA
Tennessee	71.1	462	2.1%	64.5%
Texas	53.6	1,126	5.2%	38.8%
Utah	172.5	9	0.0%	9.6%
Vermont	*	*	0.0%	16.7%
Virginia	51.8	595	2.8%	63.5%
Washington	47.1	91	0.4%	17.9%
West Virginia	26	22	0.1%	22.0%
Wisconsin	42.7	97	0.5%	44.3%
Wyoming	*	NA	NA	NA
Puerto Rico	NA	NA	NA	NA
Virgin Islands	NA	49	0.2%	70.0%
Guam	NA	NA	NA	NA
Pacific Islands	NA	*	0.0%	0.0%

* < 5

NA = not available.

Includes reported AIDS cases among African Americans 13 years of age and older.

Sources: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance by Race/Ethnicity, L238 Slide Series Through 2000*. Kaiser Family Foundation, *State Health Facts Online*, Special Data Request from the Centers for Disease Control and Prevention, 2003.

Table II**Estimated AIDS Prevalence (Number of People Living with AIDS) Among African Americans, by State, as of December 2001**

State	Estimated AIDS Prevalence Among African Americans	Percent of Total African American Prevalence	African Americans as Percent of Estimated Prevalence in State
United States Total*	151,530	100.0%	41.8%
Alabama	2,126	1.4%	62.4%
Alaska	19	0.0%	8.4%
Arizona	372	0.2%	9.5%
Arkansas	705	0.5%	38.1%
California	9,597	6.3%	19.4%
Colorado	438	0.3%	13.6%
Connecticut	2,281	1.5%	36.0%
Delaware	966	0.6%	67.7%
District of Columbia	5,989	4.0%	79.9%
Florida	19,543	12.9%	48.4%
Georgia	8,308	5.5%	68.4%
Hawaii	56	0.0%	5.0%
Idaho	9	0.0%	3.8%
Illinois	5,937	3.9%	51.3%
Indiana	920	0.6%	30.0%
Iowa	96	0.1%	15.1%
Kansas	228	0.2%	21.4%
Kentucky	631	0.4%	31.9%
Louisiana	3,717	2.5%	60.2%
Maine	24	0.0%	5.1%
Maryland	8,915	5.9%	79.2%
Massachusetts	2,116	1.4%	27.5%
Michigan	3,023	2.0%	56.9%
Minnesota	480	0.3%	27.5%
Mississippi	1,671	1.1%	69.8%
Missouri	1,804	1.2%	39.0%
Montana	7	0.0%	3.9%
Nebraska	116	0.1%	21.8%
Nevada	493	0.3%	21.4%
New Hampshire	40	0.0%	7.8%
New Jersey	8,716	5.8%	54.6%
New Mexico	61	0.0%	5.7%
New York	27,080	17.9%	44.8%
North Carolina	4,089	2.7%	69.2%
North Dakota	5	0.0%	10.6%
Ohio	2,127	1.4%	40.0%
Oklahoma	329	0.2%	19.5%
Oregon	149	0.1%	6.4%
Pennsylvania	7,281	4.8%	52.6%
Rhode Island	256	0.2%	25.8%
South Carolina	3,942	2.6%	72.4%
South Dakota	11	0.0%	11.6%
Tennessee	2,675	1.8%	51.2%
Texas	8,520	5.6%	33.4%
Utah	90	0.1%	8.1%
Vermont	24	0.0%	10.5%
Virginia	4,052	2.7%	58.0%
Washington	600	0.4%	12.9%
West Virginia	111	0.1%	19.7%
Wisconsin	612	0.4%	36.0%
Wyoming	2	0.0%	2.5%
Puerto Rico	2	0.0%	0.0%
Virgin Islands	167	0.1%	57.0%
Guam	0	0.0%	0.0%
Pacific Islands	0	0.0%	0.0%

*Total includes cases with unknown state of residence.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Supplemental Report*, Vol. 9, No. 2, 2003.

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