

KEY FACTS

July 2003

LATINOS AND HIV/AIDS



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INTRODUCTION

Latinos in the United States have been disproportionately affected by the HIV/AIDS epidemic. They account for a greater proportion of new HIV infections and AIDS cases than their representation in the U.S. population overall. In addition, HIV remains one of the leading causes of death for Latinos between the ages of 25–44. The epidemic has also had a disproportionate impact on different subgroups of Latinos, including women and teens, and the impact varies across the country and by place of birth. Finally, studies have shown that Latinos with HIV/AIDS may face additional barriers to accessing care than their white counterparts.

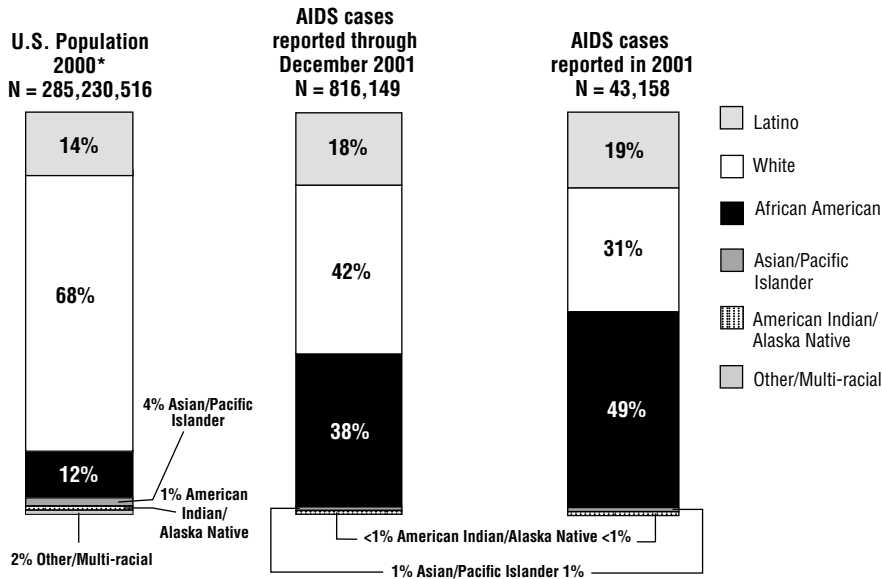
This report *Key Facts: Latinos and HIV/AIDS* provides an overview of the impact of the HIV/AIDS epidemic on Latinos in the U.S., and is an update of an earlier version released in 2001. *Key Facts* presents current snapshots and trends over time, drawing from recent data and research on the epidemiology of HIV/AIDS among Latinos, 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 Latinos and the HIV/AIDS epidemic. Section Two highlights the demographic characteristics of Latinos with HIV/AIDS, including data on regional and state variations, age, and a profile 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 Latinos with HIV/AIDS and the health care system, and finally, Section Five highlights recent survey findings on Latinos' perceptions of the epidemic.

Section 1

Overview

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



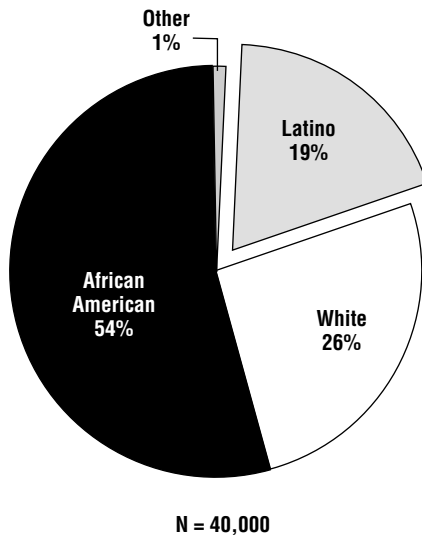
*Includes Puerto Rico.

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.

The HIV/AIDS epidemic has had a disproportionate impact on Latinos. Although Latinos represent approximately 14% of the U.S. population, they account for 18% of AIDS cases reported in the United States since the beginning of the epidemic, and 19% of cases reported in 2001 alone (note—includes the U.S. dependencies, possessions, and associated nations).

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

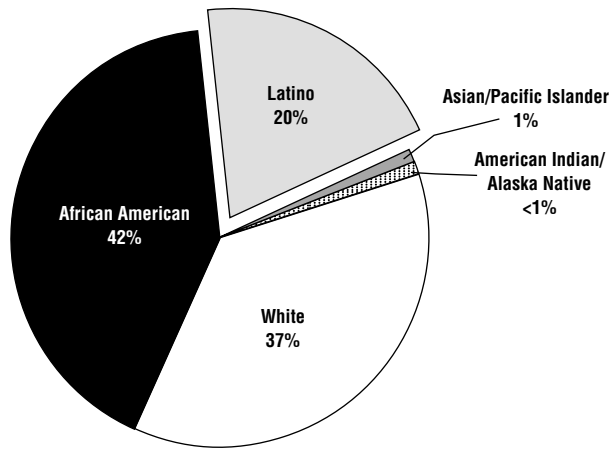


Note: White, African American, and other groups do not include those of Latino origin.

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

A similar impact is seen when looking at new HIV infections. Latinos account for 19% 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



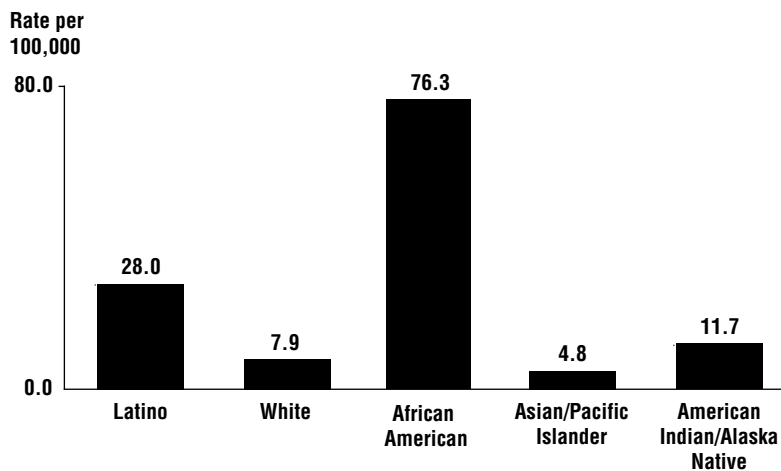
N = 362,827

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.

In addition, Latinos represent one fifth of the population estimated to be living with AIDS (AIDS prevalence) in the U.S.

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 Latinos is more clearly seen in the annual AIDS case rate (the number of AIDS cases per 100,000 population) in the year 2001, which is more than three times higher among Latino adults/adolescents than it is among whites (28.0 per 100,000 compared to 7.9). The AIDS case rate is highest among African Americans (76.3 per 100,000).

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

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

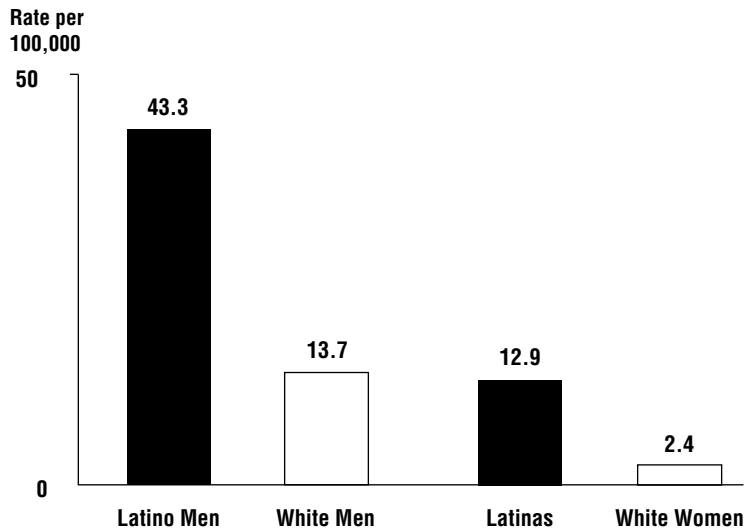
Note: White and African American groups do not include those of Latino origin.

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 remains a leading cause of death for Latinos in the U.S. and was the 4th leading cause of death for all Latinos between the ages of 25–44 in 2000 (compared to the 5th leading cause of death for whites and 1st for African Americans in this age group). This varies by age and sex. For example, in 2000, HIV was the 2nd leading cause of death for Latino men ages 35–44, compared to the 5th leading cause of death for white men in this age group. It was the 4th leading cause of death for Latinas ages 35–44 compared to the 9th leading cause of death for white women in this age group.

Section 2
Epidemic Profile

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

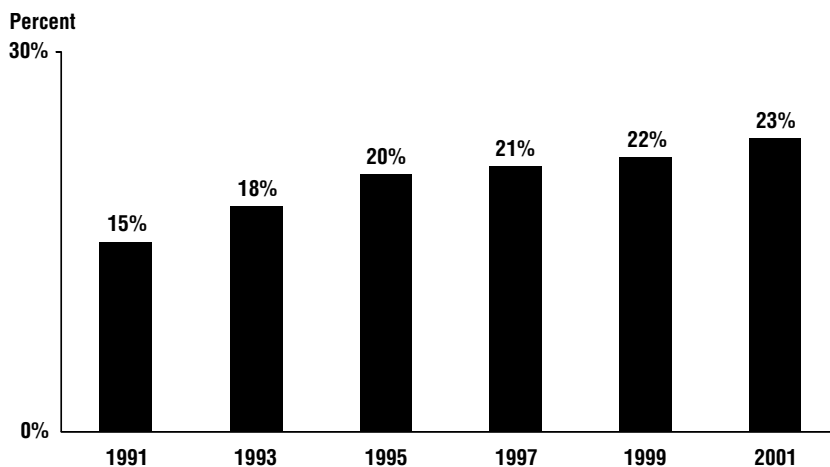


Note: Includes reported cases among those 13 years of age and older. White does not include those of Latino origin.

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 Latinos varies by sex. The annual AIDS case rate for Latino men in the year 2001 was more than three times that of white men. Among women, the AIDS case rate for Latinas was more than five times the rate for white women.

Figure 7
Latinas as a Proportion of AIDS Cases
Reported Among All Latinos, 1991–2001

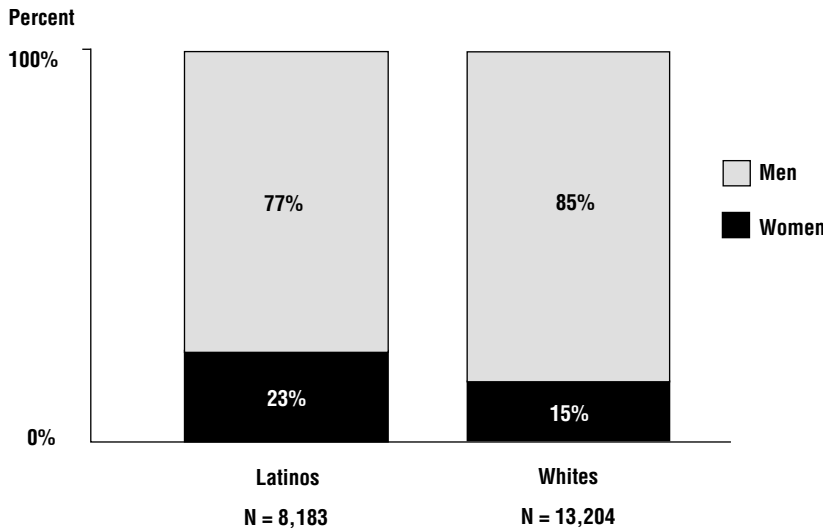


Note: Includes reported cases among those 13 years of age and older.

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 Latino population. In 1991, Latinas represented 15% of new AIDS cases reported among all Latinos in that year. In 2001, Latinas comprised 23% of new cases reported among all Latinos.

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

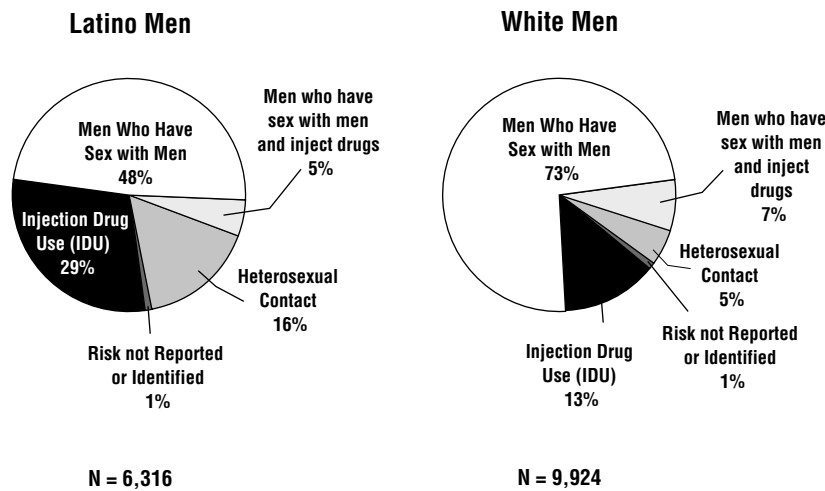


Note: Includes reported cases among those 13 years of age and older. White does not include those of Latino origin.

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

While women represent a growing share of new AIDS cases overall, this trend is more pronounced among Latinos. Latinas accounted for a greater share of newly reported AIDS cases among all Latinos in 2001 (23%) 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 Latino Men and White Men, by Exposure Category, 2001

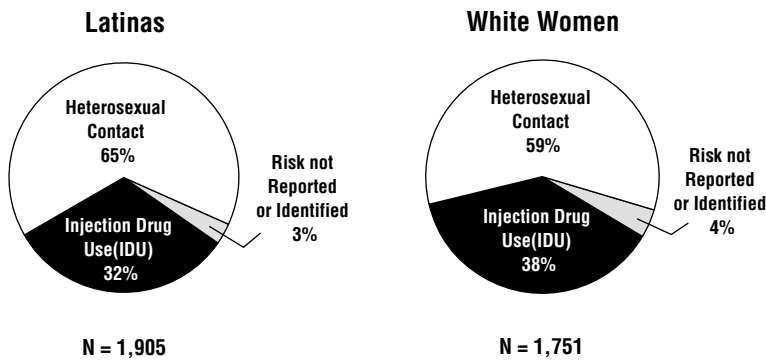


Note: Includes estimated cases diagnosed among those 13 years of age and older, after the reclassification of cases where cause of exposure was not reported or identified. White does not include those of Latino origin. May not total 100% due to rounding.

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

Transmission patterns among Latino 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 Latino men (73% compared to 48%). Latino men are more than twice as likely to have been infected through injection drug use than white men (29% compared to 13%) and three times more likely to have been infected through heterosexual contact (16% Latino men compared to 5% white men).

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

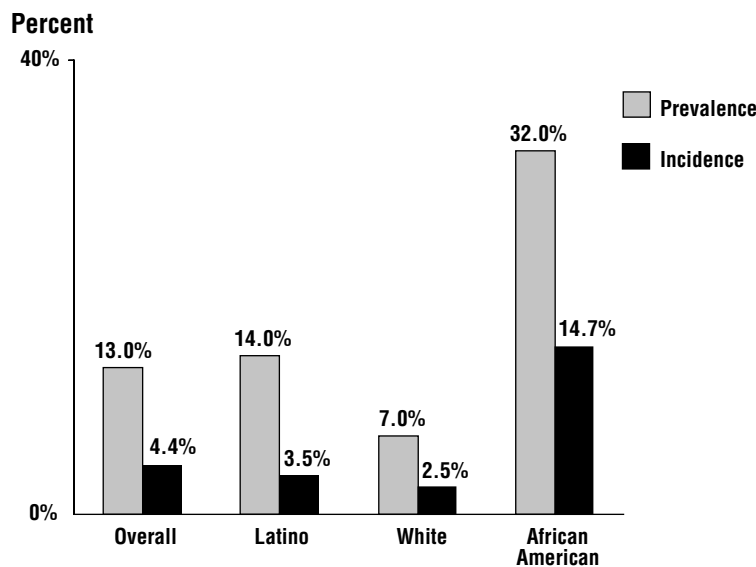


Note: Includes estimated cases diagnosed among those 13 years of age and older, after the reclassification of cases where cause of exposure was not reported or identified. White does not include those of Latino origin. May not total 100% due to rounding.

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

Transmission patterns among Latinas and white women are similar, with most women in both groups estimated to have been infected through heterosexual contact (65% of Latinas and 59% of white women). Slightly less than one third of Latinas (32%) and 38% of white women are estimated to have been infected through injection drug use.

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



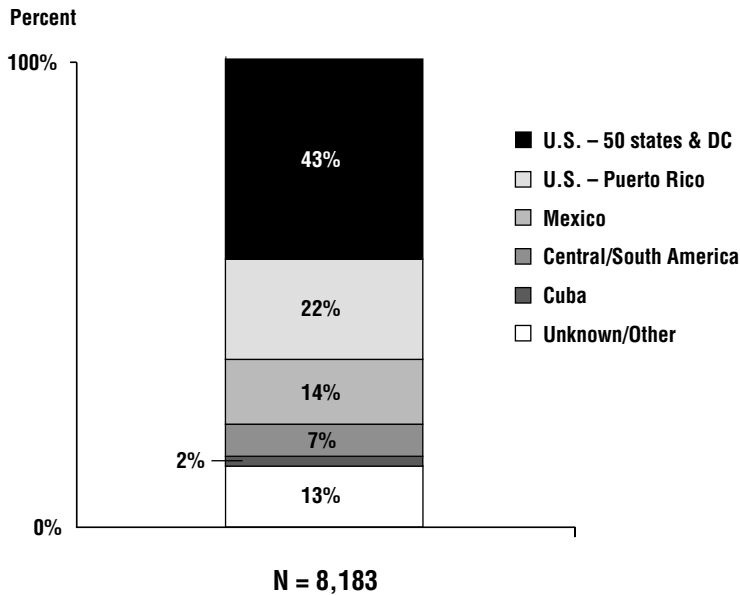
*Includes MSM ages 23–29.

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 Latino men who have sex with men (MSM). In a recent study in six major U.S. cities, 14% of Latino MSM ages 23–29 were already infected with HIV, compared to 7% of white MSM. HIV incidence among young Latino MSM was 3.5% compared to 2.5% among young white MSM.

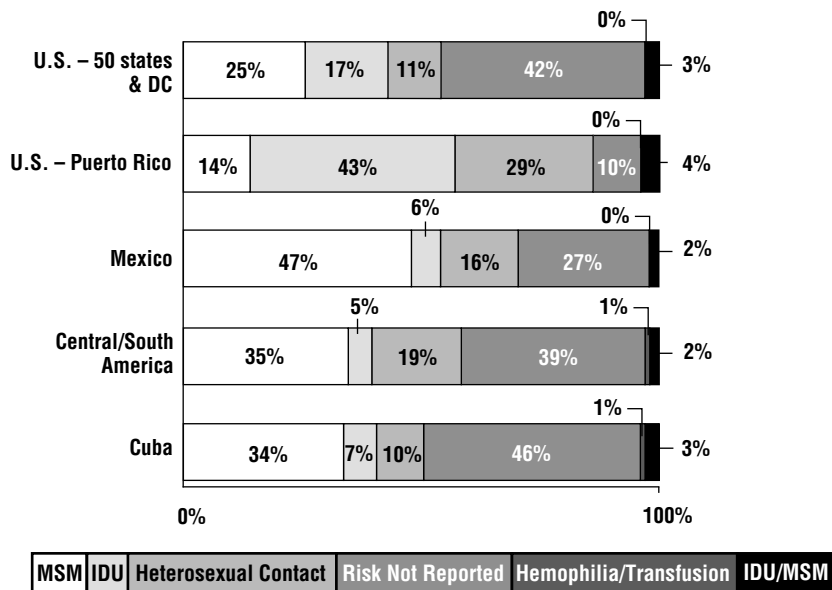
Another recent study found that very high proportions of young MSM, ages 15–29, infected with HIV, including Latino MSM, did not know they were HIV positive. (See MacKellar, D. et al., 2002.)

Figure 12
AIDS Cases Reported Among Latinos,
by Place of Birth, 2001



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

Figure 13
AIDS Cases Reported Among Latinos,
by Place of Birth and Exposure Category, 2001

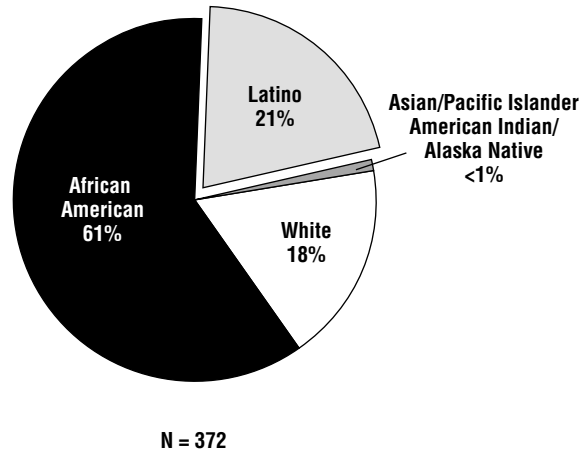


Note: Includes reported cases among those 13 years of age and older. May not total 100% due to rounding.
 Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year End Edition 2001*, Vol. 13, No. 2.

The distribution of reported AIDS cases among Latinos varies by place of birth. More than four in ten (43%) AIDS cases reported among Latinos in 2001 were among those born in the United States (the 50 states and the District of Columbia). Slightly more than one fifth were among those born in Puerto Rico (22%), followed by Mexico (14%). Cases among Latinos born in Central/South America and Cuba accounted for smaller proportions (7% and 2% respectively). The remaining 13% of cases were reported among those whose place of birth was unknown (11%) and those born elsewhere (2%).

HIV transmission patterns among Latinos also vary by place of birth. Latinos born in Puerto Rico, for example, are more likely to have been infected through injection drug use (43%) than those born elsewhere (17% of those born in the U.S., 6% of those born in Mexico, 5% of those born in Central/South America, and 7% of those born in Cuba). They are less likely to have been infected through sex with other men (14% compared to 25% of cases among those born in the U.S., 47% of cases among those born in Mexico, 35% of cases among those born in Central/South America, and 34% of cases among those born in Cuba). It is important to note, however, that there is a significant proportion of reported AIDS cases for which exposure category is unknown or not reported.

Figure 14
New AIDS Cases Reported Among Young People,
13–19 Years of Age, by Race/Ethnicity, 2001

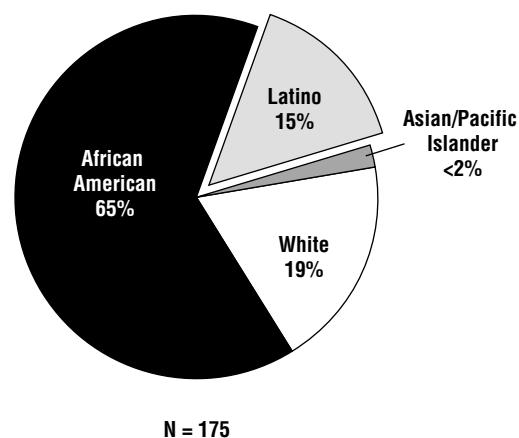


Note: White, African American, Asian/Pacific Islander, and American Indian/Alaska Native groups do not include those of Latino origin. May not total 100% due to rounding.

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

Latino teens have been disproportionately affected by the HIV/AIDS epidemic. Although they represented approximately 15% of U.S. teenagers, ages 13–19, they accounted for 21% of new AIDS cases reported among teens in 2001.

Figure 15
New Pediatric AIDS Cases,
by Race/Ethnicity, 2001

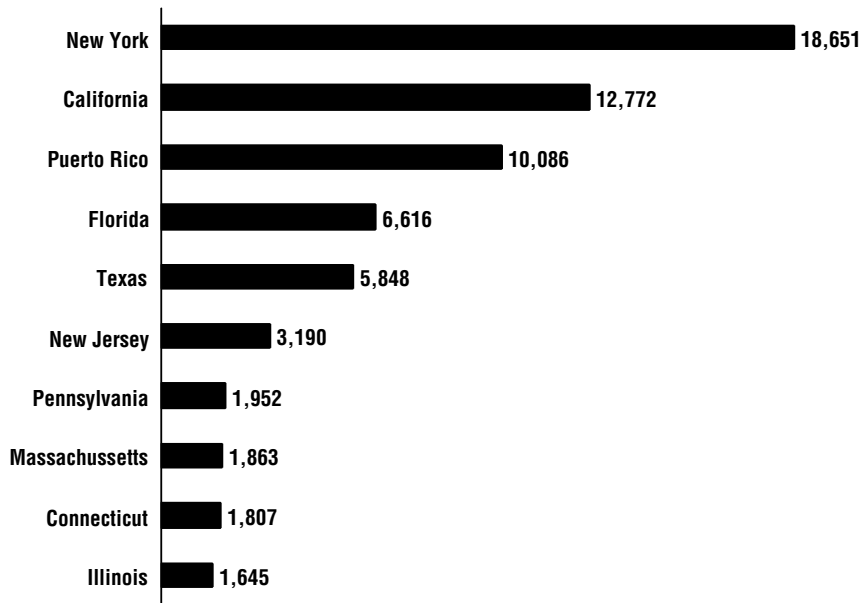


Note: White, African American, Asian/Pacific Islander, and American Indian/Alaska Native groups do not include those of Latino origin. No pediatric AIDS cases were reported among American Indians/Alaska Natives. May not total 100% due to rounding.

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. Of the 175 pediatric cases reported in 2001, 15% were among Latinos.

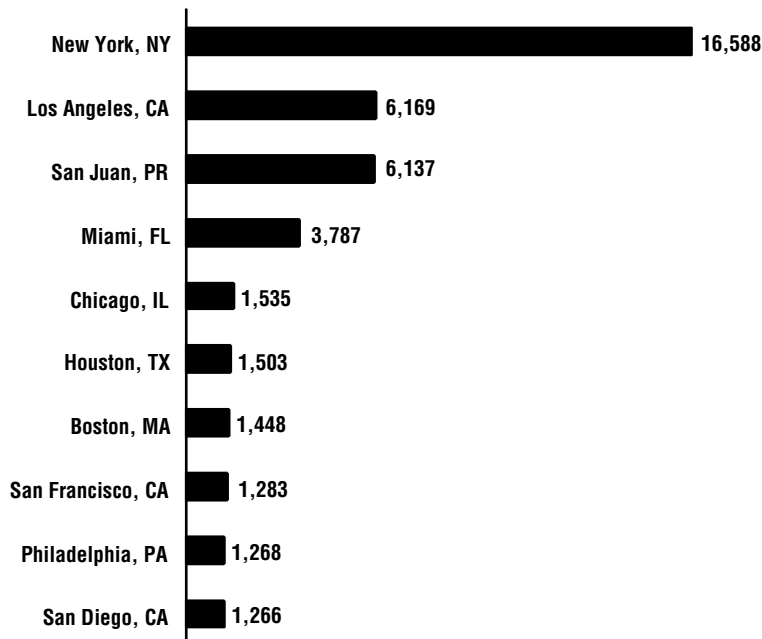
Figure 18
Latinos Estimated to be Living with AIDS:
Top 10 States, 2001



Note: Persons estimated to be living with AIDS as of the end of 2001.
 Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Supplemental Report*, Vol. 9, No. 2, 2003.

AIDS prevalence among Latinos is clustered in a handful of states. Ten states accounted for 90% of the 71,294 Latinos estimated to be living with AIDS as of the end of 2001; five states accounted for 76%. New York had the highest number of Latinos estimated to be living with AIDS as of the end of 2001 (18,651), followed by California (12,772) and Puerto Rico (10,086). Also see Table II.

Figure 19
Latinos Estimated to be Living With AIDS:
Top 10 Metropolitan Areas, 2001

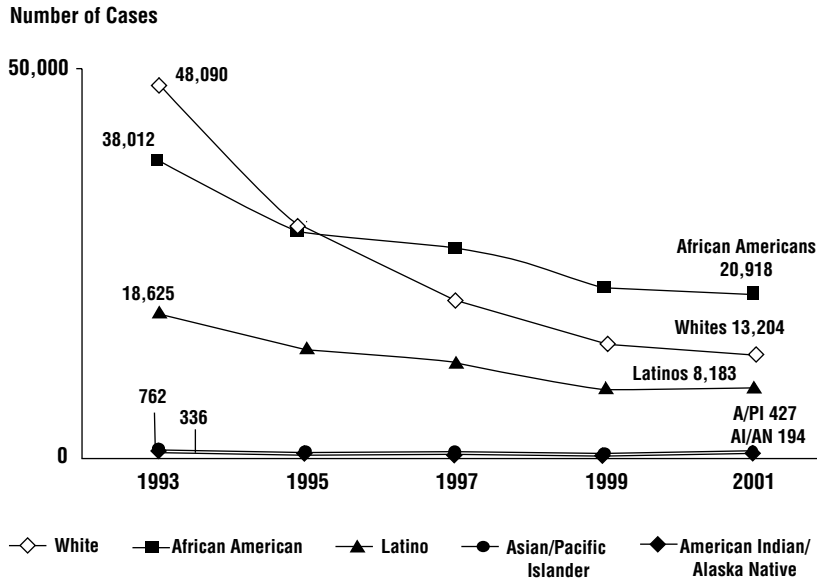


Note: Persons estimated to be living with AIDS as of the end of 2001. Metropolitan areas include those with over 500,000 population.
 Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Supplemental Report*, Vol. 9, No. 2, 2003.

Nearly 60% of Latinos estimated to be living with AIDS in the U.S. reside in 10 metropolitan areas; almost half (48%) live in five metropolitan areas. The largest number live in New York City (16,588) followed by Los Angeles, CA (6,169), and San Juan, PR (6,137).

Section 3
Major Trends

Figure 20
Trends in Newly Reported AIDS Cases, by Race/Ethnicity, 1993–2001



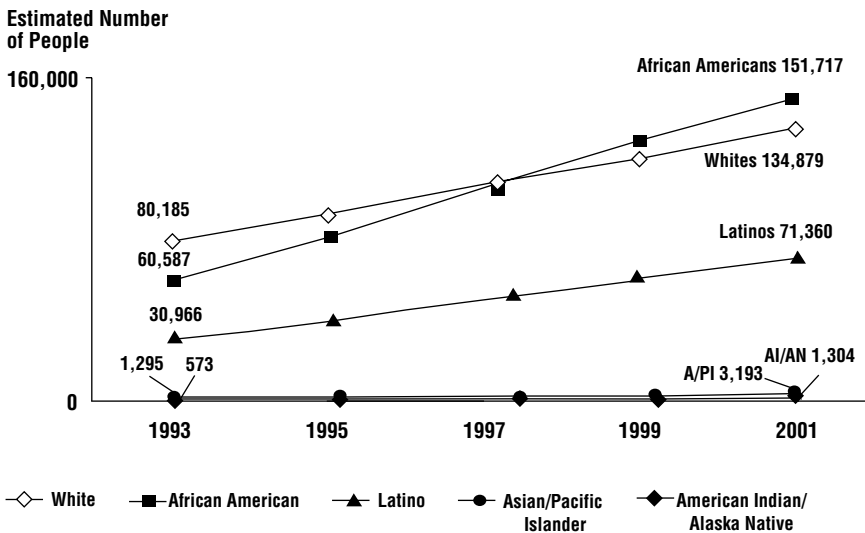
Note: White, African American, Asian/Pacific Islander, and American Indian/Alaska Native groups do not include those of Latino origin. Includes reported cases among persons 13 years of age and older.

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

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 Latinos declined by 56% between 1993 and 2001, compared to a 73% decline among whites. Cases declined by 45% among African Americans, 44% among Asian/Pacific Islanders, and 42% among American Indian/Alaska Natives. Although the reasons for these disparities are not well understood, they may in part be due to differential access to care.

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.

Figure 21
Trends in Estimated AIDS Prevalence, by Race/Ethnicity, 1993–2001

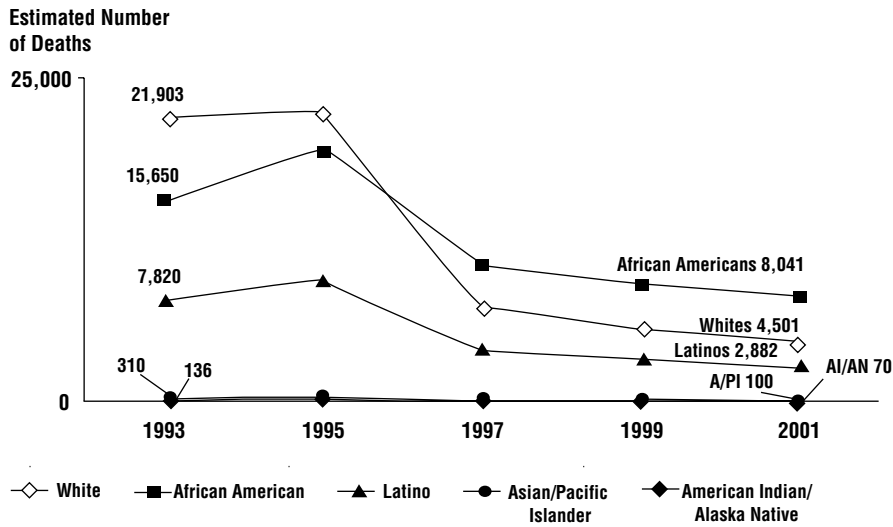


Note: White, African American, Asian/Pacific Islander, and American Indian/Alaska Native groups do not include those of Latino origin.

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

As with all racial/ethnic groups in the U.S., the population of Latinos 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 Latinos increased by 130% 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.

Figure 22
Trends in Estimated AIDS Deaths,
by Race/Ethnicity, 1993–2001



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 Latinos has been slower than among whites. Estimated deaths among Latinos with AIDS declined by 63% between 1993 and 2001, compared to an 80% decline for whites. Deaths declined by 49% among African Americans, 68% among Asian/Pacific Islanders, and 49% among American Indian/Alaskan Natives over this same time period.

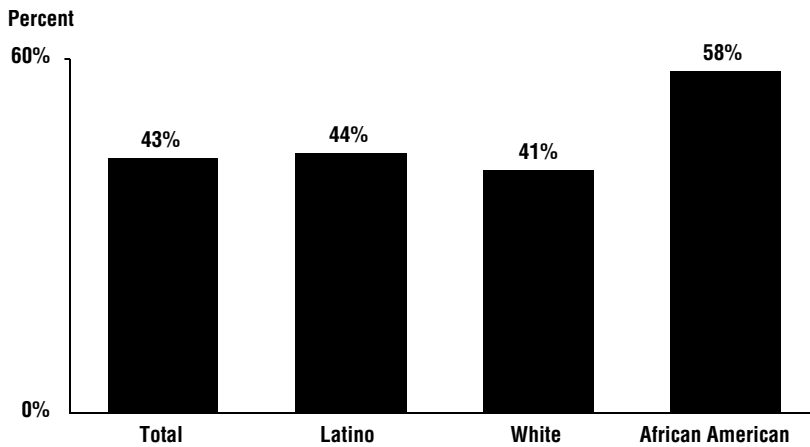
Note: White, African American, Asian/Pacific Islander, and American Indian/Alaska Native groups do not include those of Latino origin.

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

Section 4

Access to and Use of Health Services

Figure 23
Percent Who Report Having Been Tested for HIV,
by Race/Ethnicity, 2000

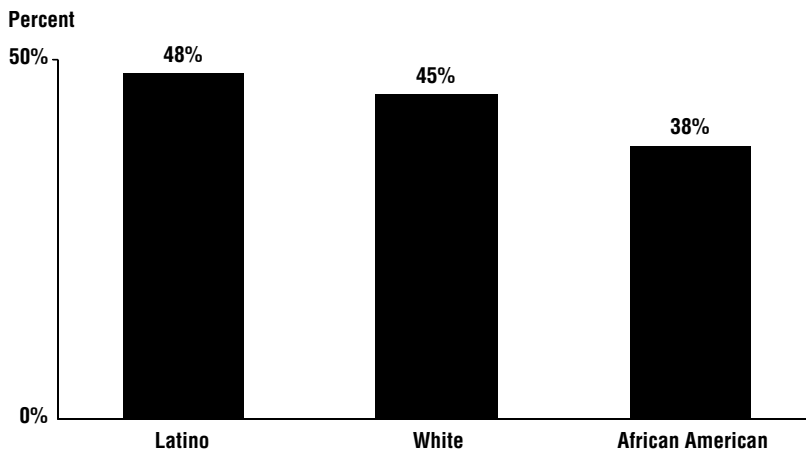


Note: White and African American groups do not include those of Latino origin.

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

In 2000, 44% of Latinos report having been tested for HIV, similar to the proportion of whites (41%). African Americans were most likely to report having been tested (58%). The proportion of Latinos who report having been tested for HIV has increased slightly since 1995.

Figure 24
Percent of People with HIV/AIDS Learning of Diagnosis
Late in Illness, by Race/Ethnicity, 1994–1999



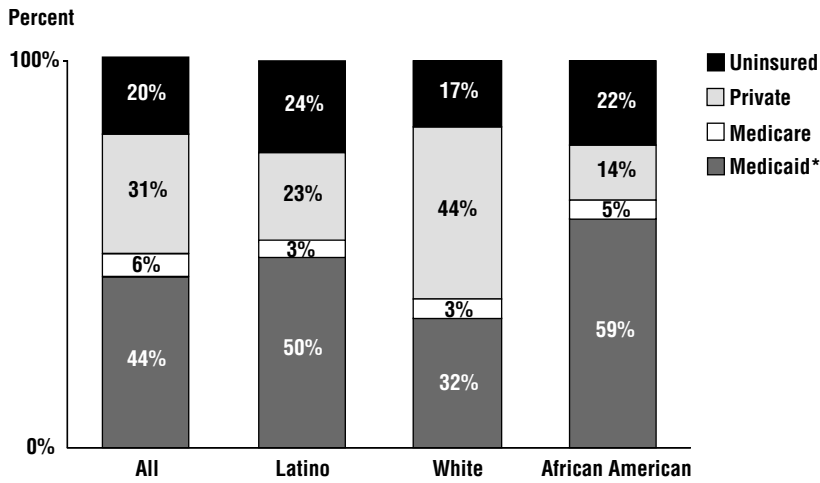
Studies indicate that some racial/ethnic groups are more likely to be tested late in their illness—that is, to be diagnosed with AIDS at the time of their first HIV test or to develop AIDS within one year of testing positive—than others. Analysis of Centers for Disease Control and Prevention (CDC) data from 1994–1999 found that almost half of Latinos (48%) and 45% of whites were tested late compared to 38% of African Americans. After multivariate analysis, differences could also be seen by race/ethnicity and sex. Latino men and Latinas were still more likely to be tested later in their illness than African Americans.

A more recent but limited analysis from 2000–2003 found that Latinos and African Americans were more likely to be tested later than whites (62% and 57% compared to 42%, respectively). (See CDC, *MMWR*, June 27, 2003.)

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.

Figure 25
Insurance Coverage of People Living with HIV/AIDS in Care, by Race/Ethnicity, 1996



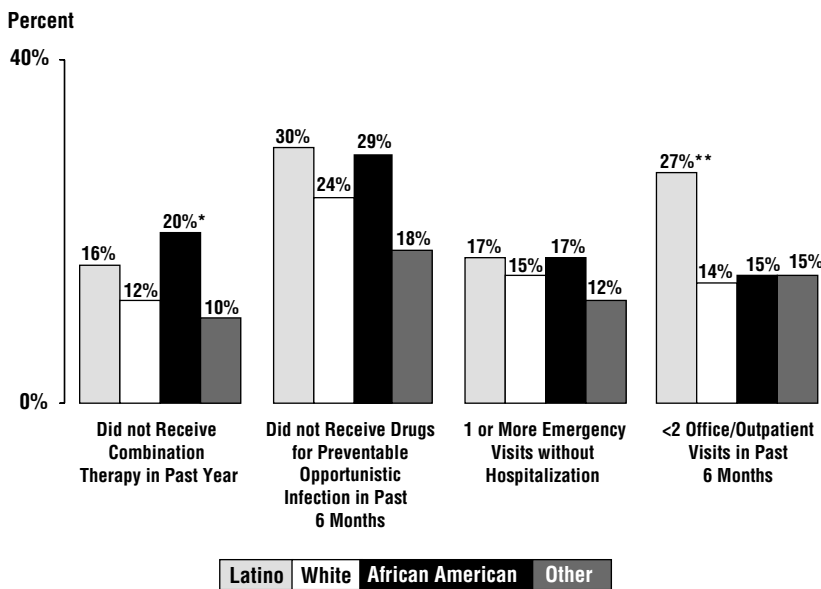
*Includes those with other coverage, primarily Medicare.

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)—Latinos were more likely to be publicly insured or uninsured than their white counterparts. Half of Latinos depend on Medicaid (50%) compared to 32% of whites. Approximately one quarter of Latinos are uninsured (24%) compared to 17% of whites. Latinos are about half as likely to be privately insured than whites (23% compared to 44% of whites).

Figure 26
Health Services Use Among Persons with HIV/AIDS in Care, by Race/Ethnicity, 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.

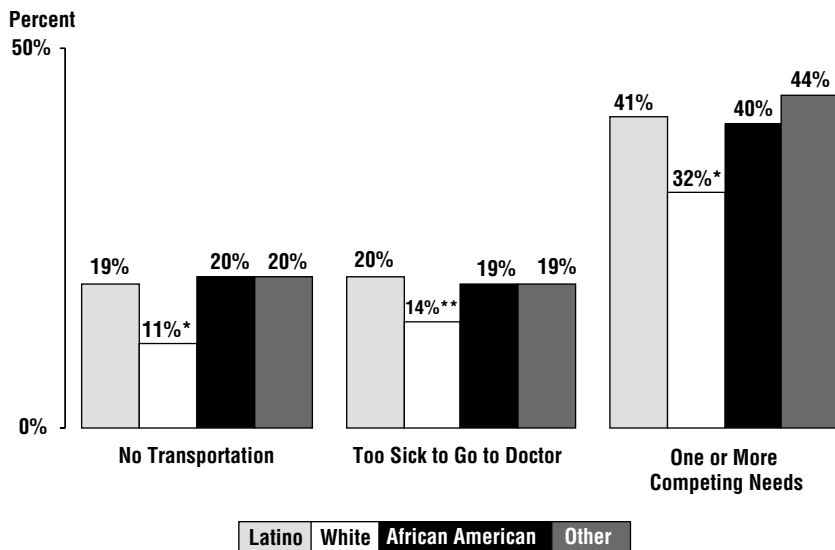
Note: Includes persons 18 years and older. White and African American groups do not include those of Latino origin.

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, Latinos also fared more poorly than whites on several important access and quality measures in 1996. For example, Latinos were less likely to have received the accepted standard of care (combination therapy) than whites, and less likely to get preventive treatment for *Pneumocystis Carinii* Pneumonia (a common but preventable infection in people with HIV). By 1998 at the time of second follow-up, many of these differences were gone, except for differences in receipt of office or outpatient visits—Latinos were still more likely than whites to have had less than two office or outpatient visits in the last six months.

Figure 27

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



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

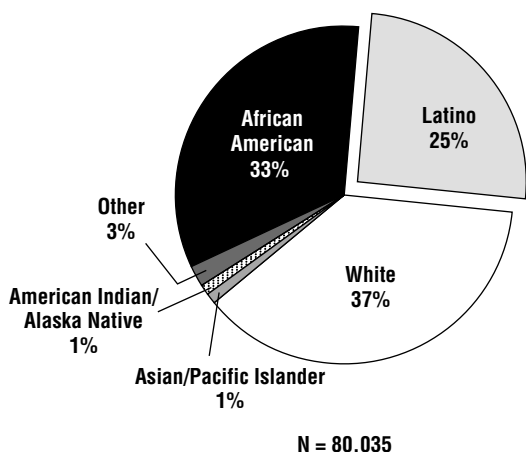
** Results significantly different at $p < .05$.

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; Turner, et al., "Delayed Medical Care After Diagnosis in a U.S. Probability Sample of Persons Infected with Human Immunodeficiency Virus," *Archives of Internal Medicine*, Vol. 160, 2000.

The reasons for disparities in care are not well understood; however, HCSUS provides evidence that Latinos with HIV may face greater barriers to care than their white counterparts. For example, about a fifth of Latinos with HIV (19%) report postponing medical care due to lack of transportation, compared to 11% of whites. Latinos were also more likely than whites to report that they postponed care because they were too sick to go to the doctor or had competing needs (e.g., had limited dollars to spend for food or housing). Data from this national study also indicate that Latinos were more likely than whites to delay care after HIV diagnosis (23% vs. 15%; see Turner et al., 2000).

Figure 28
ADAP Clients,
by Race/Ethnicity, June 2002



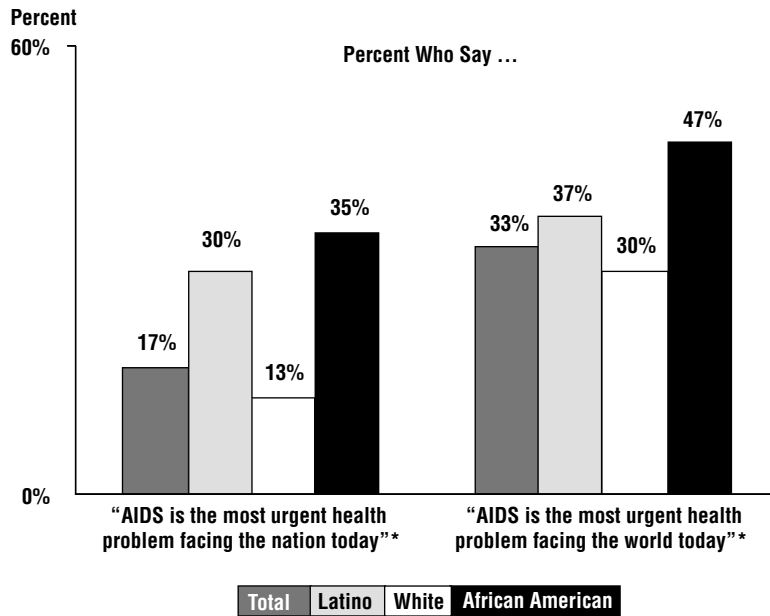
Note: White, African American, Asian/Pacific Islander, and American Indian/Alaska Native groups do not include those of Latino origin.

Sources: National Alliance of State and Territorial AIDS Directors/Kaiser Family Foundation/AIDS Treatment Data Network, *National 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. Given that Latinos with HIV/AIDS are more likely to be uninsured than people with HIV/AIDS overall, ADAPs may play a particularly important role for Latinos. In June 2002, ADAPs served more than 80,000 individuals. Latinos made up one quarter (25%) of the clients served by ADAPs.

Section 5
Perceptions of HIV/AIDS

Figure 29
Perception of AIDS as an Urgent Problem for the Nation and World, by Race/Ethnicity, 2002



* open-ended question

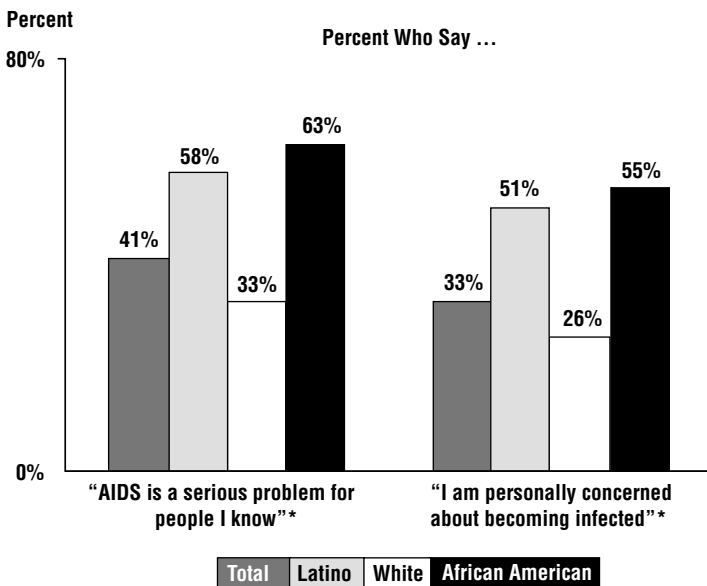
Note: White and African American groups do not include those of Latino origin.

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.

Latinos are more likely than whites to say HIV/AIDS is the most urgent health problem facing the nation, as are African Americans (30% of Latinos, 13% of whites, 35% of African Americans).

Latinos also see AIDS as an urgent health problem for the world, with more than one third (37%) saying HIV/AIDS is the most urgent health problem facing the world today, compared to 30% of whites.

Figure 30
Perception of AIDS as a Problem Close to Home, by Race/Ethnicity, 2002



*Combines "very" and "somewhat" responses.

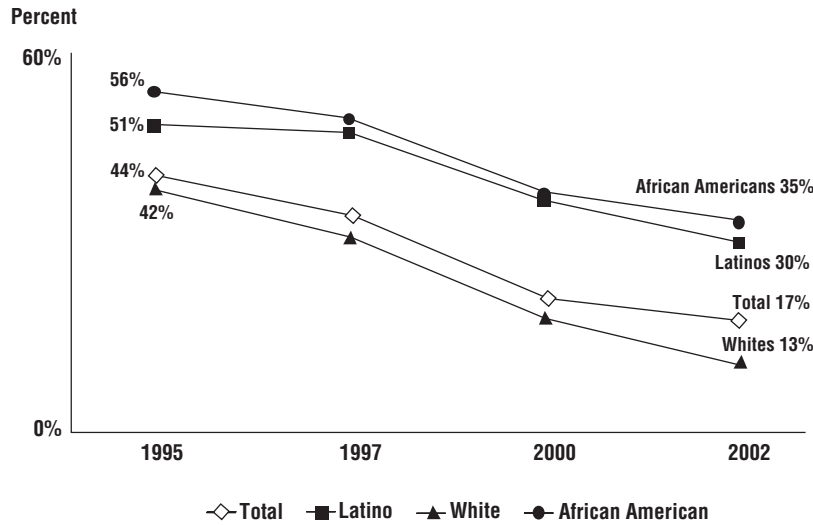
Note: White and African American groups do not include those of Latino origin.

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.

Latinos are almost twice as likely as whites to say that AIDS is a serious problem for people they know (58% compared to 33%), and more than half of Latinos (51%) say they are personally concerned about becoming infected with HIV (compared to 26% of whites).

Figure 31

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



The percentage of Latinos ranking HIV/AIDS as the most urgent health problem facing the nation, however, has decreased over time, from 51% in 1995 to 30% in 2002. This percentage also decreased for whites and African Americans.

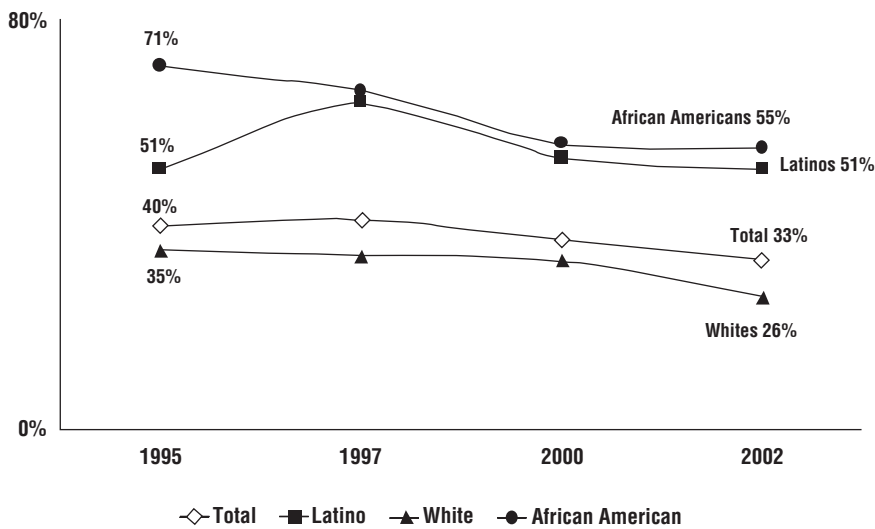
*open-ended question

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 American, 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.

Figure 32

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



The proportion of Latinos who say that they are personally concerned about becoming infected with HIV has fluctuated over time. By comparison, personal concern about becoming infected with HIV decreased among African Americans and whites during this same period.

*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 American, 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.

Conclusion

The data and information presented in *Key Facts: Latinos and HIV/AIDS* indicate that the HIV/AIDS epidemic continues to exact a disproportionate toll on Latinos in the United States. This is reflected in incidence, prevalence, and mortality trends over time. Data also indicate that Latinos may face additional barriers to accessing needed prevention, care and treatment services, compared to other groups. In addition, while Latinos still rank HIV/AIDS as the nation's number one health concern, this level of concern has decreased over the past several years. A similar decrease is seen in the population overall, despite the epidemic's increasing impact on minority Americans in the U.S.

Such trends present important challenges to policymakers, public health practitioners, and community leaders attempting to address the epidemic among Latinos, and underscore the need to augment education, prevention, and treatment efforts as well as research into the reasons why disparities in impact and access continue. As the largest and fastest growing ethnic minority group in the U.S., addressing the impact of HIV/AIDS in the Latino community takes on increased importance in efforts to improve the nation's health.

Section 6

Tables

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

State	2000	July 2001–June 2002		
	Latino AIDS Case Rate per 100,000	Total AIDS Cases Reported Among Latinos	Percent of Total US Latino AIDS Cases	Latinos as Percent of Total AIDS Cases in State
United States Total	31.4	8,418	100%	19.1%
Alabama	18.1	6	0.1%	1.6%
Alaska	NA	NA	NA	
Arizona	11.3	115	1.4%	21.6%
Arkansas	13.2	6	0.1%	2.5%
California	19.4	1,249	14.8%	30.0%
Colorado	15.9	82	1.0%	29.4%
Connecticut	98.7	178	2.1%	26.8%
Delaware	64.6	14	0.2%	5.7%
District of Columbia	102.6	18	0.2%	2.5%
Florida	37.7	757	9.0%	15.6%
Georgia	20.7	66	0.8%	3.6%
Hawaii	7.1	14	0.2%	9.4%
Idaho	NA	NA	NA	NA
Illinois	26.6	249	3.0%	15.4%
Indiana	20.4	33	0.4%	7.0%
Iowa	22.9	9	0.1%	10.5%
Kansas	15.3	10	0.1%	10.9%
Kentucky	34.2	11	0.1%	3.9%
Louisiana	11.7	24	0.3%	2.7%
Maine	NA	NA	NA	NA
Maryland	18.4	39	0.5%	1.9%
Massachusetts	103.8	194	2.3%	26.9%
Michigan	10.7	33	0.4%	5.1%
Minnesota	33.2	15	0.2%	10.6%
Mississippi	44.2	NA	NA	NA
Missouri	25.3	14	0.2%	4.0%
Montana	NA	NA	NA	NA
Nebraska	29.5	12	0.1%	17.9%
Nevada	21.8	52	0.6%	19.1%
New Hampshire	NA	NA	NA	NA
New Jersey	42.5	305	3.6%	18.8%
New Mexico	11.9	52	0.6%	37.4%
New York	92.7	2,119	25.2%	27.7%
North Carolina	27.0	36	0.4%	3.6%
North Dakota	NA	NA	NA	NA
Ohio	21.6	41	0.5%	5.6%
Oklahoma	9.4	19	0.2%	7.4%
Oregon	14.1	27	0.3%	9.0%
Pennsylvania	77.6	286	3.4%	13.5%
Rhode Island	35.1	29	0.3%	25.9%
South Carolina	39.6	17	0.2%	2.1%
South Dakota	NA	NA	NA	NA
Tennessee	30.3	13	0.2%	1.8%
Texas	15.3	811	9.6%	27.9%
Utah	20.2	18	0.2%	19.1%
Vermont	NA	NA	NA	NA
Virginia	19.8	42	0.5%	4.5%
Washington	23.2	61	0.7%	12.0%
West Virginia	NA	NA	NA	NA
Wisconsin	20.3	31	0.4%	14.2%
Wyoming	NA	NA	NA	NA
Puerto Rico	45.4	1,260	15.0%	99.8%
Virgin Islands	NA	15	0.2%	21.4%
Guam	NA	NA	NA	NA
Pacific Islands	NA	NA	NA	NA

* <5

NA = not available.

Includes reported AIDS cases among Latinos 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 Latinos, by State, as of December 2001**

State	Estimated AIDS Prevalence Among Latinos	Percent of Total Latino Prevalence	Latinos as Percent of Estimated Prevalence in State
United States Total*	71,294	100.0%	19.7%
Alabama	53	0.1%	1.6%
Alaska	25	0.0%	11.1%
Arizona	791	1.1%	20.3%
Arkansas	32	0.0%	1.7%
California	12,772	17.9%	25.8%
Colorado	544	0.8%	16.9%
Connecticut	1,807	2.5%	28.5%
Delaware	86	0.1%	6.0%
District of Columbia	295	0.4%	3.9%
Florida	6,616	9.3%	16.4%
Georgia	342	0.5%	2.8%
Hawaii	79	0.1%	7.1%
Idaho	28	0.0%	11.7%
Illinois	1,645	2.3%	14.2%
Indiana	141	0.2%	4.6%
Iowa	46	0.1%	7.2%
Kansas	98	0.1%	9.2%
Kentucky	64	0.1%	3.2%
Louisiana	188	0.3%	3.0%
Maine	16	0.0%	3.4%
Maryland	294	0.4%	2.6%
Massachusetts	1,863	2.6%	24.2%
Michigan	200	0.3%	3.8%
Minnesota	135	0.2%	7.7%
Mississippi	8	0.0%	0.3%
Missouri	145	0.2%	3.1%
Montana	4	0.0%	2.2%
Nebraska	73	0.1%	13.7%
Nevada	374	0.5%	16.3%
New Hampshire	54	0.1%	10.5%
New Jersey	3,190	4.5%	20.0%
New Mexico	399	0.6%	37.2%
New York	18,651	26.1%	30.9%
North Carolina	206	0.3%	3.5%
North Dakota	2	0.0%	4.3%
Ohio	274	0.4%	5.2%
Oklahoma	83	0.1%	4.9%
Oregon	195	0.3%	8.4%
Pennsylvania	1,952	2.7%	14.1%
Rhode Island	224	0.3%	22.5%
South Carolina	93	0.1%	1.7%
South Dakota	2	0.0%	2.1%
Tennessee	91	0.1%	1.7%
Texas	5,848	8.2%	22.9%
Utah	148	0.2%	13.4%
Vermont	11	0.0%	4.8%
Virginia	317	0.4%	4.5%
Washington	429	0.6%	9.2%
West Virginia	5	0.0%	0.9%
Wisconsin	164	0.2%	9.7%
Wyoming	7	0.0%	8.6%
Puerto Rico	10,086	14.1%	99.8%
Virgin Islands	98	0.1%	33.4%
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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