

# HIV/AIDS AND LATINOS IN THE U.S.

## The Issue

HIV infection is a significant threat to the health of the Latino community. In 2017, Latinos accounted for 26% of HIV diagnosis made which translates to 18% (9,908 people) of the HIV infected population.<sup>1</sup> This disparity is the result of unique barriers and challenges experienced by many Latinos. Eliminating these disparities is of great importance to the well-being of the U.S. population as a whole.

## HIV/AIDS Epidemic

- In 2015, there were more than 1.1 million people living with HIV in the U.S., including more than 220,000 Latinos.<sup>2</sup>
- Latinos also accounted for 17.5 % of new AIDS diagnoses in 2016 (AIDS being the most advanced form of HIV disease).<sup>1</sup>
- In 2016, the rate of HIV new infections for Latino males was 3.5 times the rate for white males. For females, this figure was 4.0.<sup>2</sup>
- In 2017, 38,739 new HIV diagnosis were made and Latinos in total accounted for 26% (9,908) of all cases. Latino gay and bisexual men accounted for 7,436 of those diagnosis while 980 cases pertained to Latino heterosexual women.<sup>3</sup>
- In 2015, an estimated 16% of Latinos with HIV were unaware of their HIV status.<sup>3</sup>
- In 2015 the rate of death among people with AIDS (HIV) was 7.5 per 100,000 in Latinos in comparison to 3.5 in whites.<sup>3</sup>

## Migration and HIV/AIDS

- Latinos are at greater risk for delayed diagnosis of HIV/AIDS than non-Latino whites. Early diagnosis is a crucial element for the long-term treatment and life expectancy of HIV/AIDS patients.<sup>4</sup>
- However, there are significant differences even among groups that historically have been identified as Latinos.<sup>4</sup> For instance, lower survival was found among Latinos born in Puerto Rico compared with Latinos born in mainland U.S.<sup>5</sup>
- Structural and environmental factors associated with migration, such as long separations from family, loss of social and familial support networks, and isolation may contribute to an increase in risky behavior (illicit drug use, alcohol abuse, and sex with both casual partners and commercial sex workers) which make Latino migrants more vulnerable to HIV infection.<sup>6</sup>
- Barriers to public health education, access to care and poor working and living conditions place Latino immigrants at higher risk for HIV.<sup>7</sup>

- A study in 2014 found that migrants have low access to preventive health services due to no usual source of care as the lack of access to testing and prevention services can contribute to a greater dissemination of HIV/AIDS by limiting the ability of migrants to manage their health and risk behaviors.
- Latinos have low knowledge about condom use practices and HIV transmission. Immigrants have also been found to have a low incentive and a lack of negotiation skills for condom use during sexual encounters.<sup>7</sup>

## Challenges

- Social determinants of health such as poverty, limited education, unemployment, undocumented status, lack of health insurance, language barriers, and limited access to care may increase HIV/AIDS risk behaviors among Latinos.
- Cultural factors may contribute to the risk of being infected by HIV. Latinos may avoid seeking testing, counseling, or treatment if infected, for fear of embarrassment, rejection, and stigma—especially Latina women.<sup>8</sup>
- Acculturation has been shown to have both negative and positive effects on the health behavior of Latinos. Among the negative effects of acculturation is engaging in risky behavior, while one of the positive effects of acculturation is communicating with partners about practicing safer sex.<sup>9</sup>
- HIV/AIDS research and surveillance among Latino migrants can be challenging due to their mobility and marginalization, as they often go to great lengths to remain “hidden” due to their immigration status.<sup>10</sup>

## Conclusion

The epidemiology of HIV/AIDS in Latinos not only is significantly different from their white and black counterparts, but also faces different sociocultural causalities, which also are relevant among the different Latino communities. Thus every prevention intervention must take into account such differences to be effective. Besides, it is not possible to treat migration as a non-relevant variable to deal with the disease, since economic and migration status affect their availability to get access to diagnostics, treatment, and prevention programs.

## Public Policy Recommendations

Considering that Latinos are the largest and fastest growing ethnic group in the U.S., it is essential to address health disparities that exist within this community. The elimination of these disparities in the HIV/AIDS arena is possible if adequate policies are adopted.

At the provider and institutional level, it is important to better understand the migration-related factors that contribute to increased vulnerability to HIV infection among Latinos. In addition, establishing a bi-national HIV surveillance program would provide necessary data and create further understanding of this issue. Both Mexico and the U.S. are impacted by this epidemic and both countries should increase collaboration to ensure the health needs of populations moving across the border are met.

At the grassroots level, it is important to strengthen and expand the availability and accessibility of culturally and linguistically appropriate HIV/AIDS education, prevention, and treatment services.

## References

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## Acknowledgments

This fact sheet was based on the 2012 version, with was reviewed by Thomas Donohoe, UC Los Angeles, Liliana Osorio, Deputy Director of Health Initiative of the Americas and Caroline Dickinson from the Health Initiative of the Americas, School of Public Health, UC Berkeley.

## Suggested Citation

Castañeda, X., Díaz, V., Neme, M. (2015). *"HIV/AIDS and Latinos in the U.S."*. (Fact Sheet) Health Initiative of the Americas. University of California Berkeley, School of Public Health.