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## **Brief Report: Status of HIV for Latinos/as in the U.S.**

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### **Epidemiology of HIV/AIDS in the U.S.**

According to CDC Black/African American and Hispanic/Latino communities have been disproportionately affected by **HIV and AIDS in America**. <http://www.avert.org/america.htm> , <http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/index.htm>

The U.S. Centers for Disease Control and Prevention (CDC) publish HIV statistics for 37 states and 5 dependent areas with confidential name-based HIV infection reporting. AIDS statistics include all 50 states and the District of Columbia, as well as the 5 dependent areas.

- Of the total number of people living with HIV in 2007 in the 37 U.S. states and 5 dependent areas, **46%** were black/African American; **32%** white; **20%** Hispanic/Latino; **0.8%** multiple races; **0.6%** Asian; **0.4%** American Indian/Alaska Native; and **0.04%** Native Hawaiian/Other Pacific Islander.
- Among men diagnosed with AIDS in 2008, **52%** of black/African American men, **63%** of Hispanic/Latino men and **78%** of white men became infected with HIV through male-to-male sexual contact. Among women diagnosed with AIDS in 2008, **77%** of black/African American women, **75%** of Hispanic/Latino women and **65%** of white women became infected through heterosexual contact. <http://www.avert.org/usa-race-age.htm> , <http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/index.htm>
- **Over the course of the past 5 to 7 years, the HIV/AIDS cases have increased from 17% to 20% among Latinos according avert.org and CDC 2008 reports.**
- From 2001 to 2006, among MSM aged 13--24 years, statistically significant increases in

diagnoses as measured by EAPC were observed in all racial/ethnic populations except American Indian/Alaska Natives. Among all Hispanic/Latino MSM in 2006, the largest number of new infections (43%) occurred in the youngest age group (13–29 years), though a substantial number of new HIV infections (35%) were among those aged 30–39 years (CDC, September 23, 2010, <http://www.cdc.gov/hiv/topics/msm/index.htm>)

- Among MSM of all ages, statistically significant increases as measured by EAPC were observed in blacks, Hispanics, and Asian/Pacific Islanders. [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5725a2.htm?s\\_cid=mm5725a2\\_e-fig2](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5725a2.htm?s_cid=mm5725a2_e-fig2)
- The 2007 estimated adult and adolescent males living with an AIDS diagnosis data indicate that **90% (n= 48,288) of all Latinos (n= 53,755) with AIDS/HIV are MSM.**
- When combined with Latinas (n=7,864), **78% of all Latino/a adults and adolescents with AIDS are Latino MSM.** <http://www.avert.org/usa-race-age.htm>; <http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/index.htm>

### **Lack of Capacity Building Assistance funding from CDC for 2009-14**

**Of the \$4,860,000 for Category B for Capacity Building Assistance to communities over 4.5 years from CDC RFP PS 09-906, only one Latino agency out of 14 was funded to target Latinos/as, Latino Commission in New York City for an average grant allocation of \$347,143 per grant. The total capacity building assistance budget available for CDC to fund directly is 110 million. The Latino Commission will focus on the spectrum of risk groups that include IV drug users, women children, and Latino MSM. (<http://www.cdc.gov/hiv/topics/funding/ps09-906/awards.htm>)**

**The Latino Commission is the only grantee stated by CDC to include Latino MSM. Dividing the allocations from the Latino Commission to the three high-risk groups of Latinos, attention to Latino MSM will be only 1/3 of their budget for a total of \$115,714. Assuming the \$347,143 funding for CBA is for over the 4.5 year period for all of US and Puerto Rico this comes to \$25,714 per year as per CDC RFP PS 09-906 otherwise if per year then the annual allocation is \$115,714.**

## Lack of HIV Prevention Funding to Latino Agencies Directly from CDC for 2010-15

There is only one program out of 133 funded directly by CDC in U.S. for Latino MSM west of the Mississippi for the next five years through 2014 as per RFP CDC PS 10-1003 (<http://www.cdc.gov/nchhstp/newsroom/cboaward.html>; <http://www.cdc.gov/nchhstp/newsroom/docs/CBO-Awards-List-08-03-10-508.pdf>).

Over 65% of Latinos (n=30,731,355) in the U.S. reside west of the Mississippi according to the 2008 U.S. Census. Of the 42 million given to HIV agencies in the U.S. in 2010 directly by CDC, the average award was \$323,000. This comes to a small fraction of a penny per Latino residing west of the Mississippi. For Latino MSM total funding for west of the Mississippi is 1/3 of that amount \$107,667 with the remaining estimated to 1/3 for IV drug users and 1/3 for Latinas who are partners of IV drug users.

The other six Latino agencies funded are east of the Mississippi. These agencies focus on the spectrum of risk groups that include IV drug users, women children, and may include Latino MSM. Based on these figures Latino agencies received 5.3% of the 42 million (\$2,261,000) to address an estimated 20% of the AIDS cases in the U.S. and only 14% of that amount is for 65% of those Latinos west of the Mississippi.

## CDC Strategic Plan- Score Card for Latino MSM

*Short-Term Goal: “Reduce the number of new HIV infections in the United States by 5% per year, or at least by 10% through 2010, focusing particularly on eliminating racial and ethnic disparities in new HIV infections.”*

*Failed: According to CDC DHAP News, October, 2009.*

[http://www.cdc.gov/hiv/resources/newsletter/dhap\\_news/102009/](http://www.cdc.gov/hiv/resources/newsletter/dhap_news/102009/)

- Over the course of the past 5 to 7 years, the HIV/AIDS cases have increased from 17% to 20% among Latinos/as

. <http://www.avert.org/usa-race-age.htm>;

<http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/index.htm>

HIV/AIDS among Hispanics/Latinos

## **HIV/AIDS takes a disproportionate toll on Hispanics/Latinos.**

**Key Facts** (from DHAP News, October 2009, a CDC Publication)

- In 2006, HIV/AIDS was the fourth leading cause of death among Hispanic/Latino men and women aged 35 to 44.
- Hispanics/Latinos comprise 15% of the US population, but accounted for 17% of all new HIV infections occurring in the United States in 2006.
- In 2007, Hispanics accounted for 19% of new AIDS diagnoses and 19% of all people living with AIDS.
- In 2007, the rate of new AIDS diagnoses among Hispanic/Latino men was three times that of white men, and the rate among Hispanic/Latina women was five times that of white women.
- HIV/AIDS disproportionately affects men who have sex with men (MSM) across all races/ethnicities. In 2006, an estimated 76% of new HIV infections among Hispanics and Latinos were in men, and of those, 72% were MSM.

## **Kaiser Family Foundation HIV/AIDS Policy Fact Sheet February 2006**

<http://www.kff.org/hiv/aids/upload/6007-03.pdf>

- **Key Trends and Current Cases**
- Latinos account for a growing share of AIDS diagnoses over the course of the epidemic, rising from 15% in 1985 to 20% in 2004; in recent years, this share has remained relatively stable.<sup>1,11</sup>
- The number of Latinos living with AIDS has also increased over time, in part due to treatment advances but also to the epidemic's continued impact on Latinos. Estimated AIDS prevalence among Latinos increased by 31% between 2000 and 2004, compared to a 22% increase among whites.<sup>1</sup>
- Deaths among Latinos with AIDS increased by 7% between 2000 and 2004 compared to a 19% decline for whites.<sup>1</sup>
- Latino men who have sex with men (MSM) have also been hard hit.<sup>12</sup> A recent study in 5 major U.S. cities found that 17% of Latino MSM in the study were infected with HIV compared to 46% of African American MSM and 21% of white MSM.<sup>13</sup> Knowledge of HIV status among those already infected is also very low.<sup>14</sup>
- Estimated AIDS prevalence among Latinos is clustered in a handful of states, with 10 states accounting for 89% of Latinos estimated to be living with AIDS in 2004. New York, California, and Puerto Rico top the list.<sup>15,16</sup> Ten states also account for the majority of newly reported AIDS cases among Latinos (87% in 2004).<sup>15,16</sup>
- CDC data indicate that over a third of Latinos with HIV diagnoses (39%) were tested for HIV late in their illness—that is, diagnosed with AIDS within one year of testing positive—in the 35 areas with HIV reporting; a similar proportion of whites (38%) and African Americans (39%) was tested late.<sup>1</sup>

- Among the U.S. population overall, Latinos are more likely than whites to report ever having ever been tested for HIV (53% compared to 44%). However, these self-reported testing rates may be overestimates, since 22% of Latinos assumed that the test was a routine part of an exam.<sup>18</sup>
- **Concern About HIV/AIDS** <sup>19</sup> Latinos are concerned about HIV/AIDS: 31% name HIV/AIDS as the most urgent health problem facing the nation, ranked second after cancer, and Latinos are more likely to say they are personally concerned about becoming infected than whites. More Latinos believe the U.S. is making progress on the domestic epidemic (47%) than losing ground (30%), as do whites; by contrast, African Americans are more likely to say the U.S. is losing ground. Although 30% of Latinos say they are personally very concerned about becoming infected with HIV, this proportion has declined since the mid 1990's.
- **Conclusion**
  - The HIV/AIDS epidemic continues to affect the Latino population in the United States, as reflected in current data and trends over time, presenting important challenges to policymakers, public health practitioners, and community leaders. **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.**
- **References**
  - 1 CDC, *HIV/AIDS Surveillance Report*, Vol. 16, 2005.
  - 2 CDC, *HIV/AIDS Surveillance in Adolescents*, L265 Slide Series (Through 2003).
  - 3 Shapiro MF et al., "Variations in the Care of HIV-Infected Adults in the United States," *JAMA*, Vol. 281, No. 24, 1999.
  - 4 Cunningham WE et al., "The Impact of Competing Subsistence Needs and Barriers to Access to Medical Care for Persons with Human Immunodeficiency Virus Receiving Care in the United States," *Medical Care*, Vol. 37, No. 12, 1999.
  - 5 Turner BJ et al., "Delayed Medical Care After Diagnosis in a U.S. Probability Sample of Persons Infected with the Human Immunodeficiency Virus," *Archives of Internal Medicine*, Vol.160, 2000.
  - 6 Glynn MK, Rhodes P, "Estimated HIV Prevalence in the United States at the End of 2003," *2005 National HIV Prevention Conference*, June 2005.
  - 7 Percentages may not total 100% due to rounding. Total AIDS diagnoses include persons of unknown race or multiple races.
  - 8 U.S. Census Bureau, Population Estimates Program, 2004 Population Estimates. Population estimates do not include U.S. dependencies, possessions, and associated nations. May not total 100% due to rounding; persons who reported more than one race were included in multiple categories.
  - 9 Includes reported cases among those 13 years of age and older. Estimates do not include cases from the U.S. dependencies, possessions, and associated nations, and cases of unknown residence.
  - 10 NCHS, "Deaths: Leading Causes for 2002," *NVSR*, Vol. 53, No. 17, March 2005.
  - 11 CDC, Data Request, January 2006.
  - 12 CDC, *Fact Sheet: HIV/AIDS Among Men Who Have Sex with Men*, July 2005.
  - 13 CDC, "HIV Prevalence, Unrecognized Infection, and HIV Testing Among Men Who Have Sex with Men—Five U.S. Cities, June 2004–April 2005," *MMWR Weekly*, 54(24), June 24, 2005.

- 14 MacKellar DA et al., “Unrecognized HIV infection, risk behaviors, and perceptions of risk among young men who have sex with men: opportunities for advancing HIV prevention in the 15 third decade of HIV/AIDS,” *Journal of Acquired Immune Deficiency Syndromes*, 2005;
- 15. KFF, [www.statehealthfacts.org](http://www.statehealthfacts.org). Data Source: Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention-Surveillance and Epidemiology, Special Data Request, November 2005.
- 16 Estimates include U.S. dependencies, possessions, and associated nations, and cases of unknown residence.
- 17 Fleishman JA, Personal Communication, Analysis of HCSUS Data, January 2002.
- 18 KFF, “Survey of Americans on HIV/AIDS: Part Two – HIV Testing,” June 2004.
- 19 KFF, “Survey of Americans on HIV/AIDS: Part Three – Experiences and Opinions by Race/Ethnicity and Age,” August 2004.

**These data trends demonstrate increases of HIV infection and risk for Latino MSM\*.**

*\*Funding data are CDC direct funding data and do not account for CDC funding to County Departments of Public Health.*

**Report Card for CDC Strategic Plan  
for Latino MSM in the U.S.**

**Short-Term Milestones of the Strategic Plan by CDC**

**Short-Term Milestone 1:** *By 2010, decrease by at least 10% the number of persons in the United States at high risk for acquiring or transmitting HIV infection by delivering targeted, sustained and evidence-based HIV prevention interventions.*

**Failed:** *There have only been increases in HIV infection rates among Latinos!*

- **Over the course of the past 5 to 7 years, the HIV/AIDS cases have increased from 17% to 20% among Latinos.** (<http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/index.htm>)
- **Deaths among Latinos with AIDS increased by 7% between 2000 and 2004 compared to a 19% decline for whites.** (Kaiser Family Foundation HIV/AIDS Policy Fact Sheet February 2006 <http://www.kff.org/hivaids/upload/6007-03.pdf>)

**What can we expect in the next 10 years?**

- **There is only one program out of 133 funded directly by CDC in U.S. for Latino MSM west of the Mississippi for the next five years through 2014 as per RFP CDC PS 10-1003. The other six Latino agencies funded are east of the Mississippi. These agencies focus on the spectrum of risk groups that include IV drug users, women children, and may include Latino MSM.** (<http://www.cdc.gov/nchstp/newsroom/cboaward.html>;  
<http://www.cdc.gov/nchstp/newsroom/docs/CBO-Awards-List-08-03-10-508.pdf>)

- **The Latino Commission in NYC is the only grantee stated by CDC to include Latino MSM. Dividing the allocations from the Latino Commission to the three high-risk groups of Latinos, attention to Latino MSM will be only 1/3 of their budget for a total of \$115,714 for CBA over 4.5 years for all of US and Puerto Rico according to CDC or \$25,714 per year as per CDC RFP PS 09-906. (<http://www.cdc.gov/hiv/topics/funding/ps09-906/awards.htm>)**
- **CDC is the only federal agency where no information or abstracts of projects are provided nor are on-line in the CDC website and where all inquiries must be submitted to a special office of the Federal Of Information Act.**
- **For the CDC, all inquiries must be submitted in writing, and they are then referred to CDC's Freedom of Information Act Office. In a request for information submitted in September 15, 2009 by this author, CDC finally responded 12 months later, September 8, 2010, only to indicate that it will take them more time and more delays. Through this process, it will take months or in this example years to obtain any reply even when requested from the highest ranking, congressional representative, the Speaker of House for information commonly posted on the websites of other federal agencies.**

**Short-term Milestone 2: *By 2010, through voluntary testing, increase from the current estimated 75% to 80% the proportion of HIV-infected people in the United States who know they are infected.***

### **Failed: Knowledge of HIV status is low among Latinos**

- **Knowledge of HIV status among Latinos already infected is also very low.** (MacKellar DA et al., "Unrecognized HIV infection, risk behaviors, and perceptions of risk among young men who have sex with men: opportunities for advancing HIV prevention in the 15 third decade of HIV/AIDS," *Journal of Acquired Immune Deficiency Syndromes*, 2005)
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***Short-term Milestone 3:*** *By 2010, increase from the current estimated 50% to 65% the proportion of newly diagnosed HIV-infected people in the United States, who are linked to appropriate prevention, care and treatment services.*

**Failed:** *Due to lack of proper distribution of funding for Latinos*

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***Short-term Milestone 4 :*** *By 2010, strengthen the capacity nationwide to monitor the epidemic, develop and implement effective HIV prevention interventions and evaluate prevention programs.*

**Failed:** *In 2009, CDC has not funded Latino agencies directly to develop interventions nor develop capacity. There are no new funding opportunities until 2014 or 2015.*

- **No Evidence Based Practices are Available for Latinos:** The funding opportunity for developing HIV interventions for Latino MSM CDC PS 09-007 by funding two randomized trails for interventions developed from the ground-up, **was never funded by CDC in 2009.**

- ***Diminished Capacity due to Lack of Funding by CDC:*** There is only one program out of 133 funded directly by CDC in U.S. for Latino MSM west of the Mississippi for the next five years through 2014 as per RFP CDC PS 10-1003. The other six Latino agencies funded are east of the Mississippi. These agencies focus on the spectrum of risk groups that

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## Conclusion

Unless radical change occurs in the allocation of resources immediately we can expect increases in HIV infection rates and increases in AIDS cases among Latino MSM.

- Based on the trends the past five to seven years we can expect an increase at the rate of about ½% to 1% per year for over the 5 year period. By 2014 and 2015 when RFPs open up again by CDC direct funding, we can expect Latino MSM to represent 25% or more of the AIDS cases in the U.S. and to represent at least 25% of the new HIV infection rates. At this rate it will take at least 10 or more years to slow down the increase rate through aggressive HIV prevention efforts.
- Based on the HIV testing campaign for reducing HIV infection, for Latino MSM this will be a failure based on the Kaiser Report noted above given that “Latinos are more likely than whites to report ever having ever been tested for HIV (53% compared to 44%).” As Latinos will be the majority in New Mexico by 2015, in Texas by 2025, in California by 2042, and in the U.S. by 2062 according to the US Census, we can only expect larger increases over time unchanged by HIV prevention efforts that require a minimum of five years or more to take effect.
- According to Jonathan Mermin, MD, MPH, Director of Division of HIV/AIDS Prevention “The Hispanic/Latino community is one of the populations disproportionately affected by HIV/AIDS. Because the U.S. Hispanic/Latino population is expected to almost triple between the years of 2000 and 2050, continually addressing HIV/AIDS prevention in this population is vital. (from *DHAP News, October 2009, a CDC Publication*)”

Unfortunately, Dr. Mermin’s HIV/AIDS Prevention Division’s actions and funding allocations do not mirror nor support his urgency for addressing Latinos.

## **Needed Action**

**We are calling for the citizens of the U.S. to write to President Barack Obama, Secretary of Health and Human Services Kathleen Sebelius, Acting Comptroller General of the United States Gene L. Dodaro, and your congressional representatives to investigate and act upon the lack of funding by CDC directly to address the HIV crisis in the Latino Communities in the U.S.**

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**Secretary Kathleen Sebelius  
The U.S. Department of Health and Human Services  
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**Gene L. Dodaro  
Acting Comptroller General of the United States  
Government Accountability Office  
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