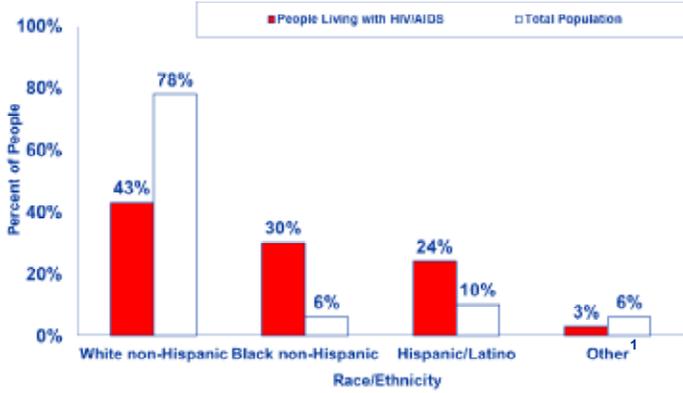




Communities of Color

Introduction

Figure 1. Percentage of People Living with HIV/AIDS and Total Population by Race/Ethnicity: Massachusetts, 2012



¹ Other include Asian/Pacific Islander and American Indian/Alaska Native
Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/13; Massachusetts Department of Public Health Modified Age, Race/Ethnicity, & Sex Estimates 2010

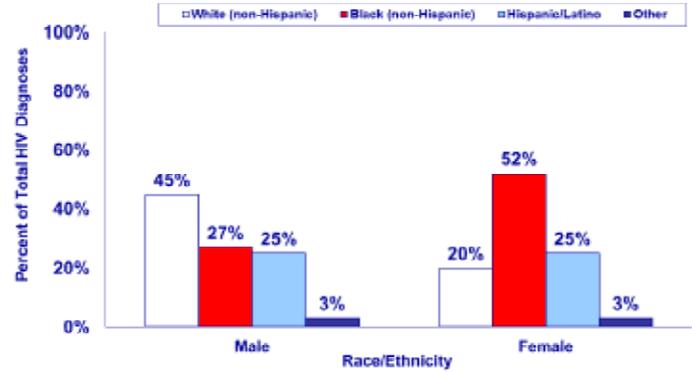
Communities of color have been disproportionately affected by HIV/AIDS in Massachusettsⁱ since the beginning of the epidemic. While only 6% of the Massachusetts population are black (non-Hispanic) and another 10% are Hispanic/Latino, 30% of people living with HIV/AIDS in Massachusetts are black (non-Hispanic), and 24% are Hispanic/Latino. Among individuals diagnosed with HIV infection within the years 2009 to 2011, 34% were black (non-Hispanic) and 25% were Hispanic/Latino. People of color are affected by HIV/AIDS at levels disproportionate to their representation in the population at all disease stages, from detection of HIV infection to an AIDS diagnosis, as well as in mortality.

Evidence of Disparity:

- Six percent of males in Massachusetts are black (non-Hispanic) compared to 24% of males living with HIV/AIDS, and 27% of those recently diagnosed with HIV infection.
- Ten percent of all Massachusetts males are Hispanic/Latino compared to 23% of males living with HIV/AIDS, and 25% of those recently diagnosed with HIV infection.
- Six percent of females in Massachusetts are black (non-Hispanic) compared to 45% of females living with HIV/AIDS, and 52% of those recently diagnosed with HIV infection.

- Nine percent of females in Massachusetts are Hispanic/Latina compared to 27% of females living with HIV/AIDS, and 25% of those recently diagnosed with HIV infection.

Figure 2. People Diagnosed with HIV Infection Within the Years 2009–2011 by Gender and Race/Ethnicity: Massachusetts

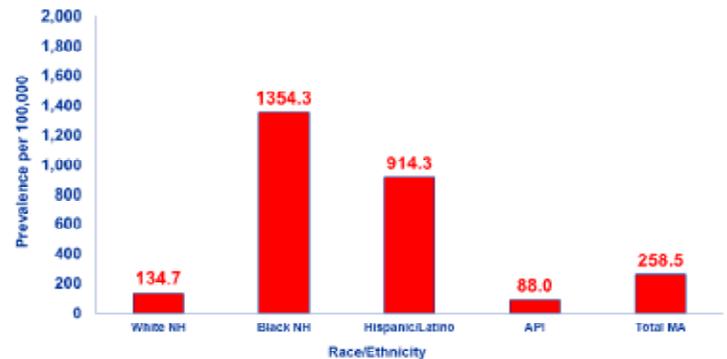


Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/13

Age-adjusted rates: Age-adjusted rates allow for direct comparison of disease impact among racial/ethnic populations of different sizes and age distribution.ⁱⁱ

- The age-adjusted prevalence rate of HIV/AIDS among the black (non-Hispanic) population (1,354.3 per 100,000) is ten times greater, and among the Hispanic/Latino population (914.3 per 100,000) is seven times greater than that among the white (non-Hispanic) population (134.7 per 100,000).

Figure 3. Age-Adjusted HIV/AIDS Prevalence Rate per 100,000¹ Population by Race/Ethnicity: Massachusetts, 2012



¹ Population sizes are from the Massachusetts Department of Public Health Modified Age, Race/Ethnicity, & Sex Estimates 2010; all rates are age-adjusted using the 2000 US standard population; NH= Non-Hispanic, API = Asian/Pacific Islander, AI/AN = American Indian/Alaska Native; Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/13



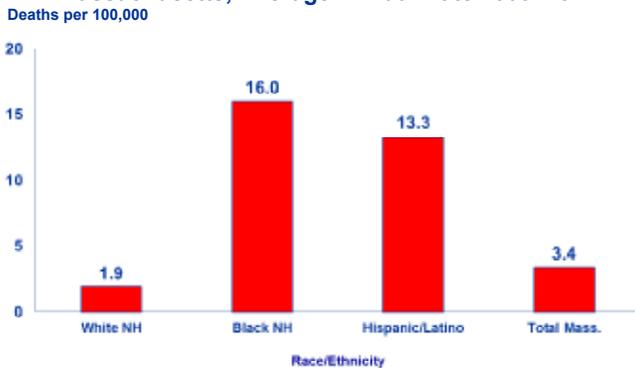
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- Similarly, the age-adjusted average annual rate of HIV diagnosis from 2009 to 2011 among the black (non-Hispanic) population (52.7 per 100,000) is 11 times greater, and among the Hispanic/Latino population (27.4 per 100,000) is five times greater than that among the white (non-Hispanic) population (5.0 per 100,000).
- Among females, the level of disparity is more pronounced: the age-adjusted prevalence of HIV/AIDS among black (non-Hispanic) females (1,124.2 per 100,000) is 25 times greater, and among Hispanic/Latina females (557.1 per 100,000) is 12 times greater than that among white (non-Hispanic) females (45.8 per 100,000).
- Similarly, the age-adjusted average annual rate of HIV diagnosis from 2009 to 2011 among black (non-Hispanic) females (43.2 per 100,000) is 31 times greater, and among Hispanic/Latina females (14.6 per 100,000) is 10 times greater than for white (non-Hispanic) females (1.4 per 100,000).

Age-adjusted rates of death: The disparate impact experienced by non-Hispanic black and Hispanic/Latino populations, as evidenced by their age-adjusted HIV/AIDS prevalence and rates of HIV infection diagnosis, is mirrored in the age-adjusted rates of death. However, while persons of color are diagnosed with HIV/AIDS at higher rates in Massachusetts, after diagnosis, the average survival time does not appear to vary with race/ethnicity. This is likely due to widespread availability and utilization of medical care and highly active antiretroviral therapy (HAART) in the Commonwealth.

Figure 4. Age-Adjusted Rate of Death per 100,000 Population¹ Among People Reported with HIV/AIDS by Race/Ethnicity: Massachusetts, Average Annual Rate 2009–2011



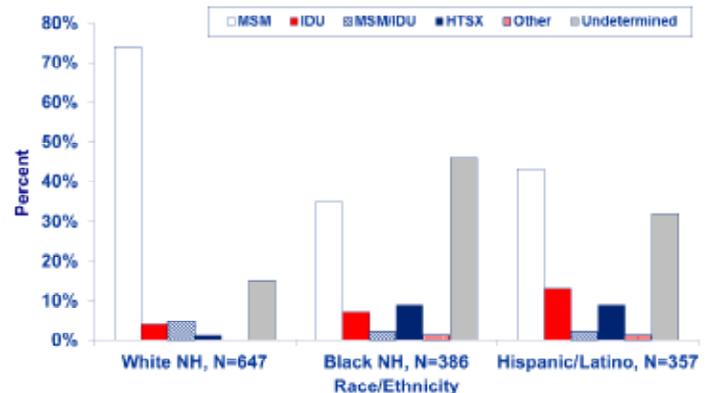
¹ Population sizes for rate calculations are from the Massachusetts (Department of Public Health) Modified Age, Race/Ethnicity, & Sex Estimates 2010; all rates are age-adjusted using the 2000 US standard population; NH= Non-Hispanic; Data Source: MDPH HIV/AIDS Surveillance Program, data as of 1/1/13

- The age-adjusted average annual rate of death within the three-year period 2009 to 2011 among the black (non-Hispanic) population reported with HIV/AIDS (16.0 per 100,000) is eight times greater, and among the Hispanic population (13.3 per 100,000) is seven times greater than for the white (non-Hispanic) population (1.9 per 100,000).

Exposure Mode:

- The predominant mode of exposure among white (non-Hispanic) individuals diagnosed with HIV infection, within the years 2009 to 2011, is male-to-male sex (64%). Exposure mode is undetermined in 33% of black (non-Hispanic) individuals, after which most frequently reported exposure mode is female reporting sex with male of unknown risk and HIV status (presumed heterosexual exposure, 21%),ⁱⁱⁱ followed by male-to-male sex (20%), and heterosexual sex with partners of known risk and/or HIV status (19%). Among Hispanic/Latino individuals, male-to-male sex accounts for 31%, undetermined exposure mode 26%, heterosexual exposure 18%, and injection drug use 13%, of reported exposures to HIV infection.
- Exposure mode among people diagnosed with HIV infection within the three-year period 2009 to 2011 varies by race/ethnicity among both males and females.

Figure 5. Males Diagnosed with HIV Infection Within the Years 2009–2011 by Exposure Mode and Race/Ethnicity: Massachusetts



NH= Non-Hispanic, Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/13

- Among white (non-Hispanic) males, male-to-male sex is the predominant exposure mode, accounting for 74% of reported cases; for 15%, exposure mode is undetermined.

For detailed data tables and technical notes see Appendix
 Massachusetts Department of Public Health Office of HIV/AIDS
 250 Washington St. 3rd Floor Boston, MA 02108
 617-624-5300 FAX 617-624-5399 www.mass.gov/dph/aids



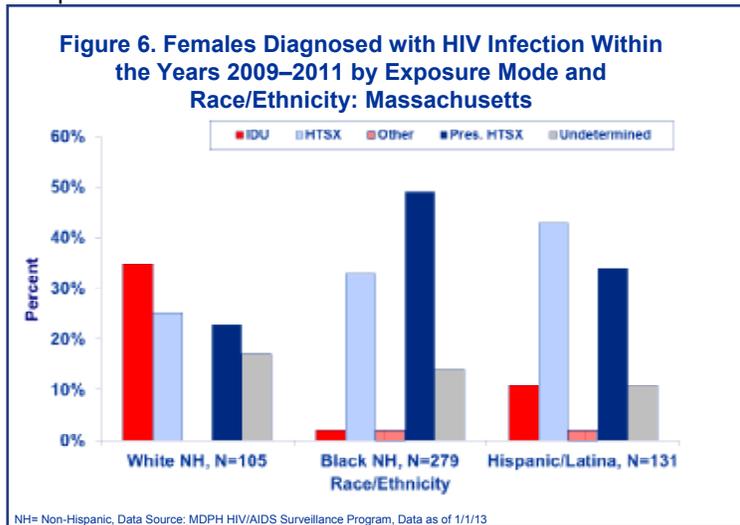


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- Exposure mode is undetermined in 46% of black (non-Hispanic) males, after which male-to-male sex is the most frequently reported risk accounting for 35% of all cases, followed by heterosexual sex at 9% and injection drug use at 7% of reported exposures.
- Among Hispanic/Latino males, male-to-male sex is the most frequently reported exposure mode accounting for 43% of cases, followed by undetermined exposure mode at 32%, injection drug use at 13% and heterosexual sex at 9% of exposures.

Geography:

- The Western Health Service Region (HSR)^{iv} had the largest proportion of Hispanic/Latino individuals among recent HIV infection diagnoses (41%), followed by the Northeast HSR (32%) and the Central HSR (23%).
- The Boston HSR had the largest proportion of black (non-Hispanic) individuals among recent HIV infection diagnoses at 43%, followed by the Central HSR at 39% and the Metro West HSR at 32%.



Among cities with over 20 people diagnosed with HIV infection within the three-year period 2009 to 2011, the following have the highest proportions of black (non-Hispanic) individuals diagnosed with HIV infection [N is the number of black (non-Hispanic) individuals diagnosed]:

- Brockton 77% (N=48)
- Malden 56% (N=14)
- Worcester 47% (N=41)
- Boston 45% (N=249)
- Waltham 44% (N=16)
- Everett 41% (N=9)
- Lowell 40% (N=21)
- Framingham 38% (N=9)
- Cambridge 37% (N=18)
- Medford 35% (N=8)

- Among white (non-Hispanic) females diagnosed with HIV infection, injection drug use is the most frequently reported exposure mode accounting for 35% of exposures, followed by: heterosexual sex (with partners of known risk and/or HIV status) at 25%, and sex with males of unknown risk and HIV status (presumed heterosexual) at 23% of exposures.
- The most frequently reported exposure mode among black (non-Hispanic) females is sex with males of unknown risk and HIV status (presumed heterosexual exposure) at 49% of exposures, followed by sex with males of known risk and/or HIV status at 33% of exposures.
- Among Hispanic/Latina females, heterosexual sex (with partners of known risk and/or HIV status) is the most frequently reported exposure mode accounting for 43% of exposures, followed by sex with males of unknown risk and HIV status (presumed heterosexual exposure) at 34% and injection drug use at 11% of exposures.

Among cities with over 20 people diagnosed with HIV infection within the three-year period 2009 to 2011, the following have the highest proportions of Hispanic/Latino individuals diagnosed with HIV infection (N is the number of Hispanic/Latino individuals diagnosed):

- Lawrence 84% (N=46)
- Chelsea 74% (N=17)
- Holyoke 69% (N=22)
- Springfield 51% (N=49)
- Lynn 39% (N=18)
- Somerville 32% (N=9)
- Fall River 30% (N=8)
- Framingham 29% (N=7)
- Everett 27% (N=6)
- Worcester 26% (N=23)





Communities of Color

Place of Birth:

- Fifty-one percent of black (non-Hispanic) individuals diagnosed with HIV infection within the three-year period 2009 to 2011 were born outside the US, compared to 69% of Asian/Pacific Islander individuals, 39% of Hispanic/Latino individuals and 8% of white (non-Hispanic) individuals.
- The majority of non-US born black (non-Hispanic) individuals diagnosed with HIV infection within the three-year period 2009 to 2011 were from Sub-Saharan Africa and the Caribbean Basin.
- Combined, the following five countries represent the country of birth for 66% of non-US born black (non-Hispanic) individuals diagnosed with HIV infection in Massachusetts within the three-year period 2009 to 2011 (N is the number of non-US born black (non-Hispanic) individuals diagnosed with HIV infection):

• Haiti	33%	(N=110)
• Uganda	11%	(N=36)
• Cape Verde	10%	(N=34)
• Ghana	6%	(N=20)
• Kenya	6%	(N=20)

- The majority of non-US born Hispanic/Latino individuals recently diagnosed with HIV infection are from Central and South America and the Caribbean Basin.
- Combined, the following five countries represent the country of birth for 76% of non-US-born Hispanic/Latino individuals diagnosed with HIV infection in Massachusetts within the three-year period 2009 to 2011 (N is the number of non-US born Hispanic/Latino individuals diagnosed with HIV infection):

• Dominican Republic	29%	(N=55)
• Brazil	20%	(N=38)
• El Salvador	11%	(N=20)
• Guatemala	9%	(N=17)
• Colombia	7%	(N=14)

Youth Diagnosed with HIV Infection:

- Although black (non-Hispanic) youth represent only 8% of people under the age of 25 in Massachusetts, they accounted for 35% of HIV infection diagnoses among this age group within the three-year period 2009 to 2011.

- Although Hispanic/Latino youth represent only 14% of people under the age of 25 in Massachusetts, they accounted for 26% of HIV infection diagnoses among this age group within the three-year period 2009 to 2011.

Behavioral Risk for HIV Infection

The Behavioral Risk Factor Surveillance System (BRFSS) tracks patterns of condom use among sexually active adults in Massachusetts.

- Of 2,659 sexually active respondents to the 2011 BRFSS, aged 18-64 years, 25% reported using a condom during their last sexual encounter. A greater proportion of black (non-Hispanic) respondents (31%) reported condom use at last sexual encounter, compared to white (non-Hispanic) respondents (25%) and Hispanic/Latino respondents (21%).

Data Sources:

All HIV/AIDS Case Data: Massachusetts Department of Public Health (MDPH) HIV/AIDS Surveillance Program, Data as of January 1, 2013

BRFSS Data: Massachusetts Department of Public Health, Bureau of Health Information, Statistics, Research and Evaluation, Behavioral Risk Factor Surveillance System

ⁱ Effective January 1, 2011, the Massachusetts Department of Public Health, HIV/AIDS fact sheets, epidemiologic reports, and other data presentations have been updated to remove all HIV/AIDS cases that were first diagnosed in another state before being reported in Massachusetts.

ⁱⁱ Age-adjusted relative rate comparisons are lower than in previous years due to the use of updated population denominators (MDPH Modified Age, Race/Ethnicity, & Sex Estimates 2010).

ⁱⁱⁱ The category of presumed heterosexual is used exclusively for females, to define HIV exposure mode in cases when sex with males is the only reported risk factor for HIV infection.

^{iv} Reflects the health service region of a person's residence at the time of report (not necessarily current residence). HSRs are regions defined geographically to facilitate targeted health service planning. See Epidemiologic Profile General Appendices, Health Service Region Maps, available at <http://www.mass.gov/eohhs/docs/dph/aids/2006-profiles/app-hrs-maps.pdf> for configuration of health service regions.

