



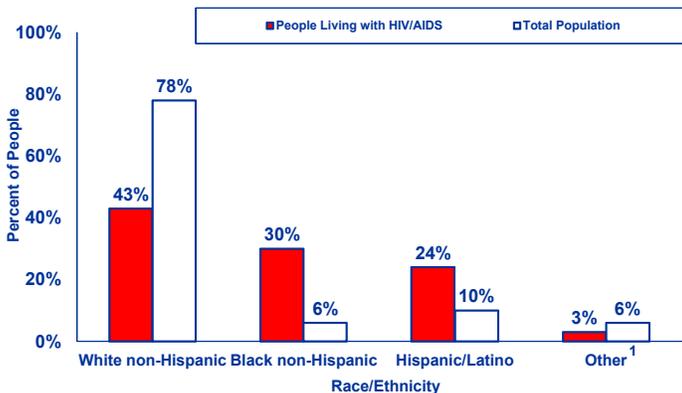
Communities of Color

Fast Facts

- Communities 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.
- The age-adjusted prevalence of HIV/AIDS among the black (non-Hispanic) population is 10-fold and among Hispanic/Latino population 7-fold that among the white (non-Hispanic) population.
- The age-adjusted annual rate of recent diagnosis of HIV infection among the black (non-Hispanic) population is 10-fold and among the Hispanic/Latino population 6-fold that among the white (non-Hispanic) population.
- The disproportionate prevalence and incidence of HIV/AIDS is higher in women of color than in men of color.ⁱ

Introduction

Figure 1. Percentage of People Living with HIV/AIDS and Total Population by Race/Ethnicity: Massachusetts, 2013



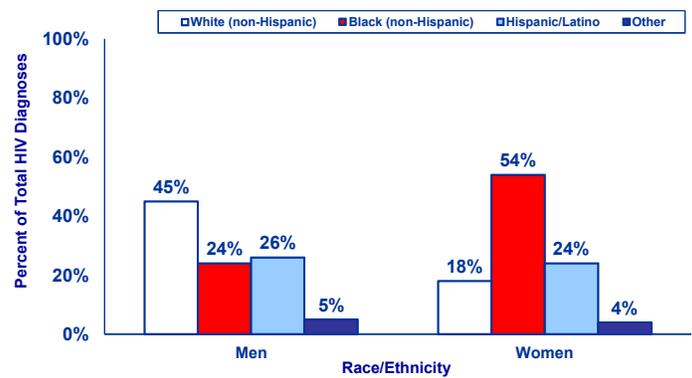
¹ Other include Asian/Pacific Islander and American Indian/Alaska Native
Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/14; Massachusetts Department of Public Health Modified Age, Race/Ethnicity, & Sex Estimates 2010

Communities of color in Massachusettsⁱⁱ have been disproportionately affected by HIV/AIDS since the beginning of the epidemic. While only 6% of the Massachusetts population is black (non-Hispanic) and another 10% is 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 2010 to 2012,

32% were black (non-Hispanic) and 26% were Hispanic/Latino. Communities of color are affected by HIV/AIDS at levels disproportionate to their representation in the population at all stages of HIV infection, from detection of HIV infection to an AIDS diagnosis, as well as in mortality.

Evidence of Disparity:

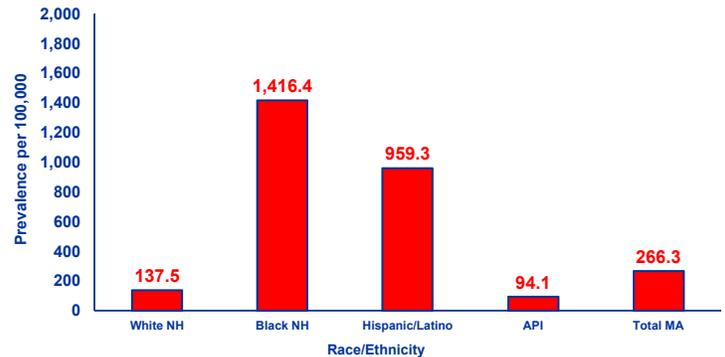
Figure 2. People Diagnosed with HIV Infection Within the Years 2010–2012 by Gender and Race/Ethnicity: Massachusetts



Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/14

- Eighty-two percent of newly diagnosed women and 55% of newly diagnosed men in 2010 to 2012 were persons of color.

Figure 3. Age-Adjusted HIV/AIDS Prevalence Rate per 100,000¹ Population by Race/Ethnicity: Massachusetts, 2013



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

For detailed data tables and technical notes see Appendix
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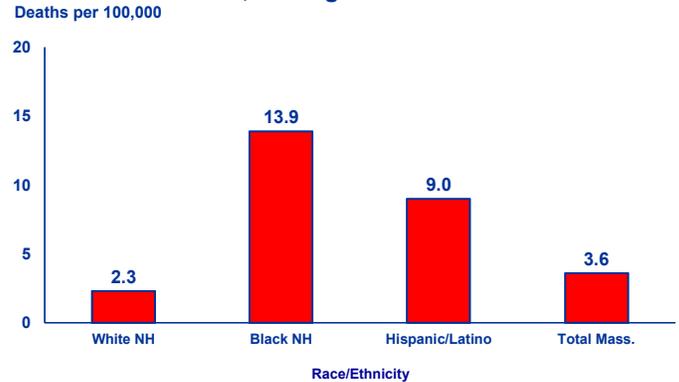
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- The age-adjusted prevalence rateⁱⁱⁱ of HIV/AIDS among the black (non-Hispanic) population (1,416.4 per 100,000) is ten times greater, and among the Hispanic/Latino population (959.3 per 100,000) is seven times greater than that among the white (non-Hispanic) population (137.5 per 100,000).
- Similarly, the age-adjusted average annual rate of HIV diagnosis from 2010 to 2012 among the black (non-Hispanic) population (52.7 per 100,000) is 10 times greater, and among the Hispanic/Latino population (29.8 per 100,000) is six times greater than that among the white (non-Hispanic) population (5.1 per 100,000).
- Among women, the level of disparity is more pronounced: the age-adjusted prevalence of HIV/AIDS among black (non-Hispanic) women (1,181.8 per 100,000) is 26 times greater, and among Hispanic/Latina women (573.9 per 100,000) is 13 times greater than that among white (non-Hispanic) women (45.4 per 100,000).
- Similarly, the age-adjusted average annual rate of HIV diagnosis from 2010 to 2012 among black (non-Hispanic) women (46.5 per 100,000) is 33 times greater, and among Hispanic/Latina women (15.4 per 100,000) is 11 times greater than for white (non-Hispanic) women (1.4 per 100,000).

Age-adjusted rates of death: The disparate impact experienced by non-Hispanic black and Hispanic/Latino populations is mirrored in the age-adjusted rates of death. However, while persons of color are diagnosed with HIV/AIDS at higher rates in Massachusetts, the average survival time after diagnosis does not appear to correlate 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 2010–2012



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 1/1/14

- The age-adjusted average annual death rates within the three-year period 2010 to 2012 among the black (non-Hispanic) (13.9 per 100,000) and the Hispanic/Latino (9.0 per 100,000) populations reported with HIV/AIDS are six and four times greater than for the white (non-Hispanic) population (2.3 per 100,000), respectively.

Reported Risk:

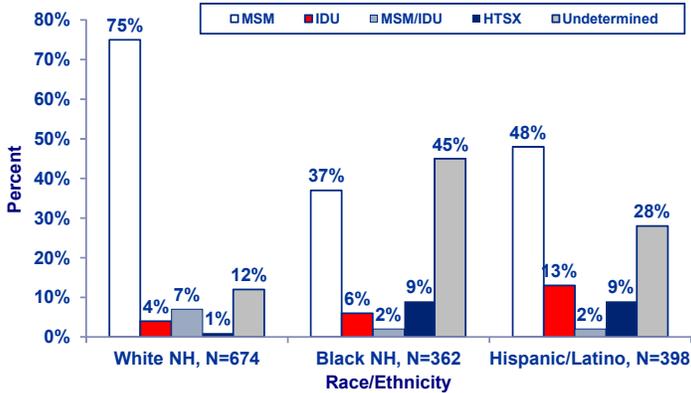
- The predominant infection risk among white (non-Hispanic) individuals diagnosed with HIV infection, within the years 2010 to 2012, is male-to-male sex (65%). Risk is undetermined in 31% of black (non-Hispanic) individuals, after which the most frequently reported risk is presumed heterosexual sex (26%)^{iv}, followed by male-to-male sex (20%), and heterosexual sex with partners of known risk and/or HIV status (16%). Among Hispanic/Latino individuals, male-to-male sex accounts for 36%, undetermined risk 25%, heterosexual risk 15%, and injection drug use 13%, of reported risk to HIV infection.





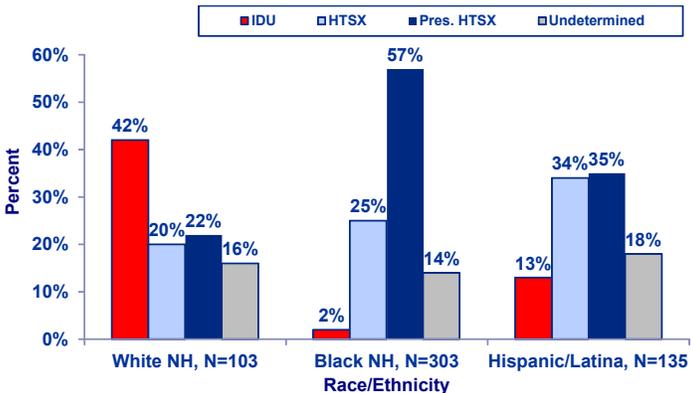
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Figure 5. Men Diagnosed with HIV Infection Within the Years 2010–2012 by Reported Risk and Race/Ethnicity: Massachusetts



NH= Non-Hispanic, Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/14

Figure 6. Women Diagnosed with HIV Infection Within the Years 2010–2012 by Reported Risk and Race/Ethnicity: Massachusetts



NH= Non-Hispanic, Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/14

- The majority of non-US born black (non-Hispanic) individuals diagnosed with HIV infection within the three-year period 2010 to 2012 were from sub-Saharan Africa and the Caribbean Basin.

- Combined, the following five countries represent the country of birth for 63% of non-US born black (non-Hispanic) individuals diagnosed with HIV infection in Massachusetts within the three-year period 2010 to 2012 (N is the number of non-US born black (non-Hispanic) individuals diagnosed with HIV infection):

• Haiti	31%	(N=113)
• Uganda	10%	(N=37)
• Cape Verde	9%	(N=32)
• Kenya	7%	(N=25)
• Ghana	6%	(N=22)

- 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 six countries represent the country of birth for 85% of non-US-born Hispanic/Latino individuals diagnosed with HIV infection in Massachusetts within the three-year period 2010 to 2012 (N is the number of non-US born Hispanic/Latino individuals diagnosed with HIV infection):

• Dominican Republic	31%	(N=64)
• Brazil	17%	(N=35)
• El Salvador	10%	(N=20)
• Columbia	9%	(N=18)
• Guatemala	9%	(N=18)
• Honduras	9%	(N=18)

Place of Birth:

- Fifty-five percent of black (non-Hispanic) individuals diagnosed with HIV infection within the three-year period 2010 to 2012 were born outside the US, compared to 70% of Asian/Pacific Islander individuals, 39% of Hispanic/Latino individuals and 8% of white (non-Hispanic) individuals. An additional 27% percent of Hispanic/Latino individuals diagnosed with HIV infection during this time period were born in Puerto Rico or another US dependency, compared to less than one percent of both black (non-Hispanic) and white (non-Hispanic) individuals.

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 36% of HIV infection diagnoses among this age group within the three-year period 2010 to 2012.
- Although Hispanic/Latino youth represent only 14% of people under the age of 25 in Massachusetts, they accounted for 28% of HIV infection diagnoses among this age group within the three-year period 2010 to 2012.





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Geography:

- The Western Health Service Region (HSR)^v had the largest proportion of Hispanic/Latino individuals among recent HIV infection diagnoses (41%), followed by the Northeast HSR (30%) and the Central HSR (27%).
- The Boston HSR had the largest proportion of black (non-Hispanic) individuals among recent HIV infection diagnoses at 37%, followed by the Central and Metro West HSR, both at 34%.

Among cities with over 20 people diagnosed with HIV infection within the three-year period 2010 to 2012, 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 75% (N=55)
- Malden 48% (N=12)
- Waltham 45% (N=14)
- Worcester 43% (N=39)
- Medford 41% (N=9)
- Boston 40% (N=223)
- Lowell 39% (N=23)
- Lynn 37% (N=19)
- Framingham 35% (N=7)
- Cambridge 35% (N=15)

Among cities with over 20 people diagnosed with HIV infection within the three-year period 2010 to 2012, 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=48)
- Holyoke 69% (N=27)
- Chelsea 65% (N=20)
- Springfield 50% (N=56)
- Everett 38% (N=9)
- Worcester 34% (N=31)
- Somerville 31% (N=10)
- Lowell 25% (N=15)
- Lynn 25% (N=13)
- Framingham 25% (N=5)

Behavioral Risk for HIV Infection:

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

- Of 5,153 sexually active respondents to the 2011 and 2012 BRFSS, aged 18-64 years, 25% reported using a condom during their last sexual encounter. A greater proportion of black (non-Hispanic) respondents (32%) reported condom use at last sexual encounter, compared to white (non-Hispanic) respondents (24%) and Hispanic/Latino respondents (24%).

Data Sources

All HIV/AIDS Case Data: Massachusetts Department of Public Health (MDPH) HIV/AIDS Surveillance Program, Data as of January 1, 2014

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

ⁱ Please note “women” and “men” are used for stylistic reasons to describe female and male populations diagnosed with HIV infection that include a small number of girls and boys (N=26 children living with HIV/AIDS under age 13 as of 1/1/14).

ⁱⁱ 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.

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

^{iv} The category of presumed heterosexual is used exclusively for females, to define HIV risk in cases when sex with males is the only reported risk factor for HIV infection.

^v 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.