

# KEY FACTS

November 2001

# LATINOS AND HIV/AIDS

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## Introduction

Latinos living in the United States have been disproportionately affected by the HIV/AIDS epidemic. Although Latinos represent approximately 14% of the U.S. population, they accounted for 19% of AIDS cases reported in the year 2000. The AIDS case rate (cases per 100,000) among Latino adults was almost four times greater than the rate for whites. HIV/AIDS has also had a disproportionate impact on different subgroups of Latinos including women and teens, and the impact of HIV/AIDS on Latinos varies across the country and by place of birth. HIV remains a leading cause of death for Latinos between the ages of 25 and 44. As the largest and fastest growing ethnic minority group in the U.S., addressing the continued impact of HIV/AIDS on the Latino community is critical.

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. *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 AIDS cases and deaths; health services use and coverage; and attitudinal data from a recent national survey.

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 other risk factors. 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 findings on Latinos' attitudes toward HIV/AIDS.

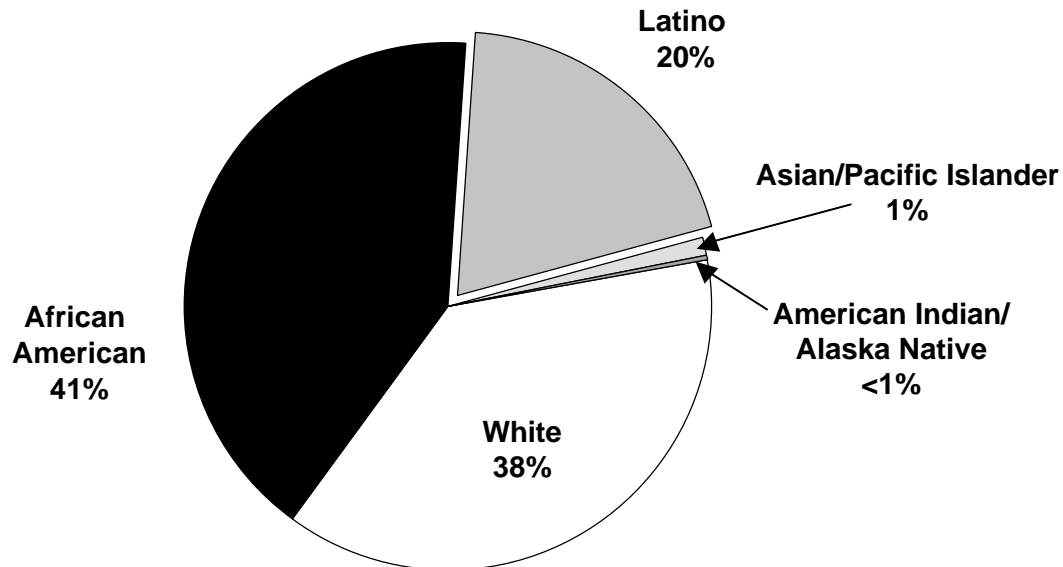
**Section I**

# **Overview**

**LATINOS  
AND  
HIV/AIDS**

Figure 1

## Distribution of People Living with AIDS, by Race/Ethnicity, 1999



**Estimated Total= 317,368**

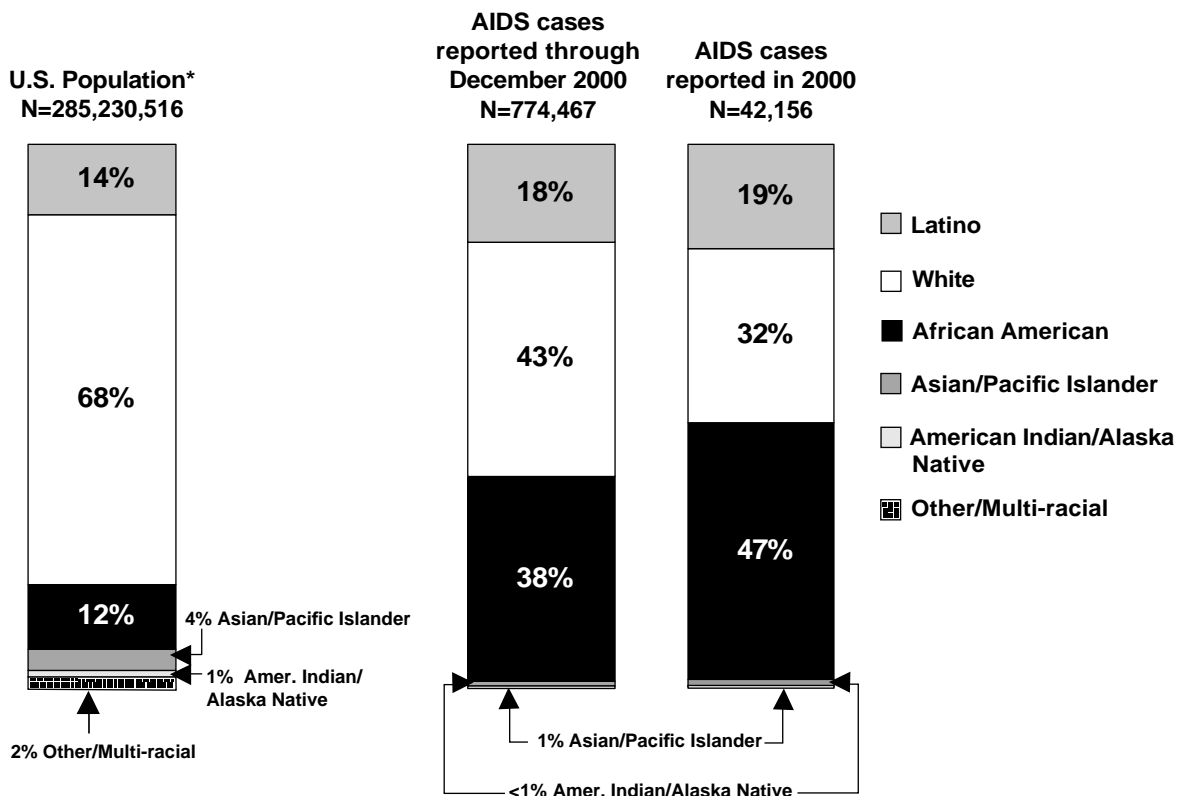
Note: White, African American, Asian/Pacific Islander, and American Indian/Alaska Native groups do not include those of Hispanic origin; represents persons estimated to be living with AIDS as of the end of 1999.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year End Edition 2000*, Vol. 12, No. 2.

**L**atinos represent one fifth of the population estimated to be living with AIDS (AIDS prevalence) in the United States, including the U.S. territories, dependencies, possessions, and associated nations.

Figure 2

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



\*May not total 100% due to rounding; includes Puerto Rico.

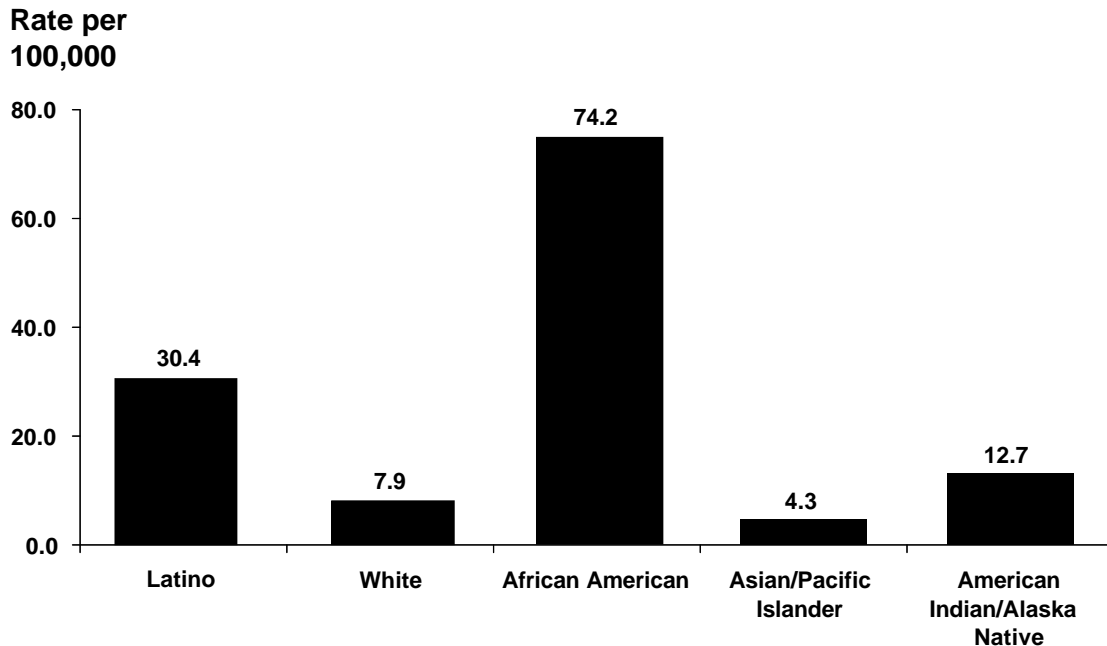
Note: White, African American, Asian/Pacific Islander, American Indian/Alaska Native, and other/multi-racial groups do not include those of Hispanic origin. In the 2000 Census, people were allowed for the first time to report more than one racial category. In the population bar in this exhibit, percentages 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 2000*, Vol. 12, No. 2.; U.S. Bureau of the Census, *Profile of General Demographic Characteristics: 2000*; U.S. Bureau of the Census, *Profile of General Demographic Characteristics: 2000—Puerto Rico*.

The HIV/AIDS epidemic has had a disproportionate impact on Latinos. Although Latinos represent approximately 14% of the U.S. population, they accounted for 18% of AIDS cases reported in the U.S. since the beginning of the epidemic and 19% of cases reported in 2000 alone.

Figure 3

## AIDS Case Rates per 100,000 Population, by Race/Ethnicity, 2000



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 Hispanic origin.  
Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year End Edition 2000*, Vol. 12, 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 2000), which is almost 4 times higher among Latino adults/adolescents than it is among whites (30.4 per 100,000 compared to 7.9). The AIDS case rate is highest among African Americans (74.2 per 100,000).

Figure 4

## HIV as a Cause of Death, by Gender, Age, and Race/Ethnicity, 1999

	20–24	25–34	35–44
<b>Latino Men</b>	<b>6<sup>th</sup></b>	<b>4<sup>th</sup></b>	<b>2<sup>nd</sup></b>
<b>White Men</b>	*	<b>6<sup>th</sup></b>	<b>5<sup>th</sup></b>
<b>African American Men</b>	<b>6<sup>th</sup></b>	<b>3<sup>rd</sup></b>	<b>2<sup>nd</sup></b>
<b>All Men</b>	<b>7<sup>th</sup></b>	<b>6<sup>th</sup></b>	<b>5<sup>th</sup></b>
<b>Latinas</b>	<b>8<sup>th</sup></b>	<b>4<sup>th</sup></b>	<b>3<sup>rd</sup></b>
<b>White Women</b>	*	<b>8<sup>th</sup></b>	<b>9<sup>th</sup></b>
<b>African American Women</b>	<b>5<sup>th</sup></b>	<b>1<sup>st</sup></b>	<b>3<sup>rd</sup></b>
<b>All Women</b>	<b>7<sup>th</sup></b>	<b>6<sup>th</sup></b>	<b>4<sup>th</sup></b>

Note: \*HIV does not appear among the top 10 leading causes of death in these categories. White and African American groups do not include those of Hispanic 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 1999*, Vol. 49, No. 11, 2001.

**H**IV remains a leading cause of death for Latinos in the U.S. In 1999, HIV was the 2nd leading cause of death for Latino men between the ages of 35 and 44, compared to the 5th leading cause of death for white men in this age group. It was the 3rd leading cause of death for Latinas ages 35–44 compared to the 9th leading cause for white women in this age group.

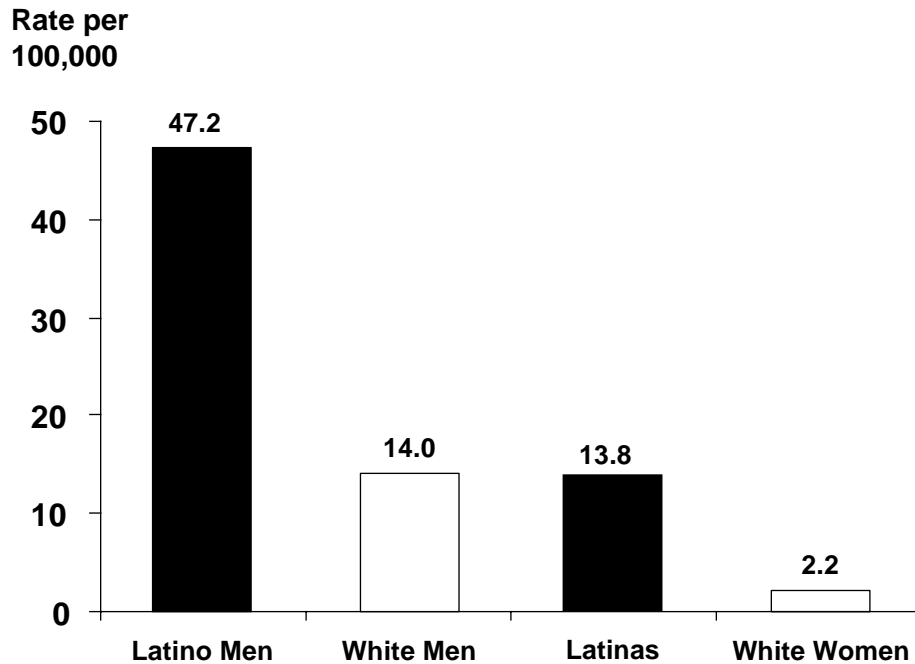
Section II

# Latinos at Risk

LATINOS  
AND  
HIV/AIDS

Figure 5

## AIDS Case Rates per 100,000 Population Among Latinos Compared to Whites, by Gender, 2000



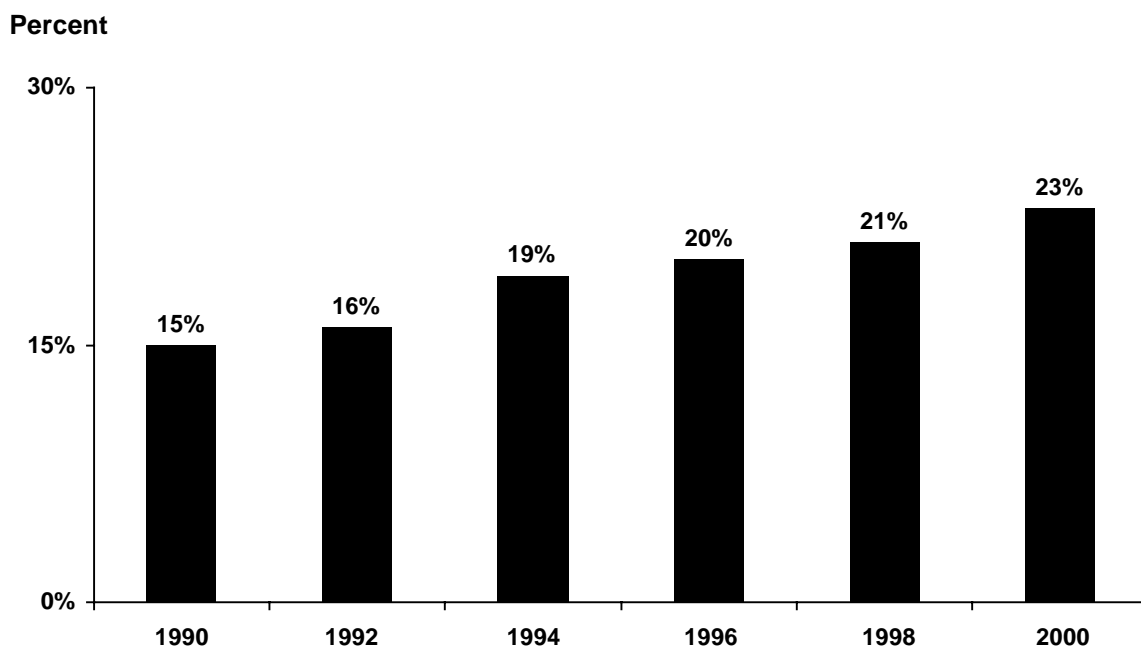
Note: Includes reported cases among those 13 years of age and older. White groups do not include those of Hispanic origin.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year End Edition 2000*, Vol. 12, No. 2

The disproportionate impact of the epidemic on Latinos varies by gender. The annual AIDS case rate for Latino men in the year 2000 was more than 3 times that of white men. Among women, the AIDS case rate for Latinas was more than 6 times the rate for white women.

Figure 6

## Women As a Proportion of AIDS Cases Reported Among Latinos, 1990–2000



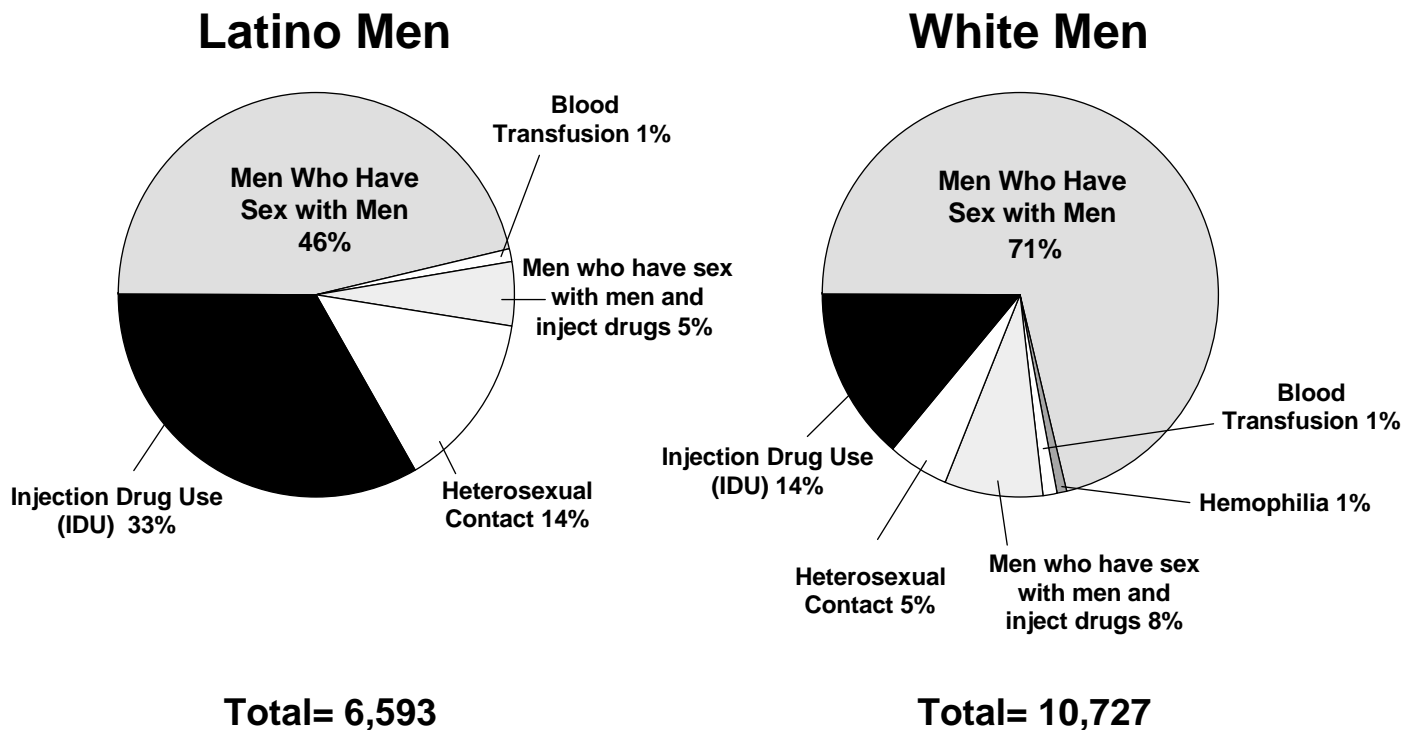
Note: Includes reported cases among those 13 years of age and older.

Sources: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Reports, 1990–2000*.

Latinas make up a growing share of new AIDS cases reported among all Latinos each year. In 1990, Latinas comprised 15% of new AIDS cases. In 2000, they comprised 23% of new cases.

Figure 7

## Estimated AIDS Cases Among Latino Men and White Men, by Exposure Category, 1999

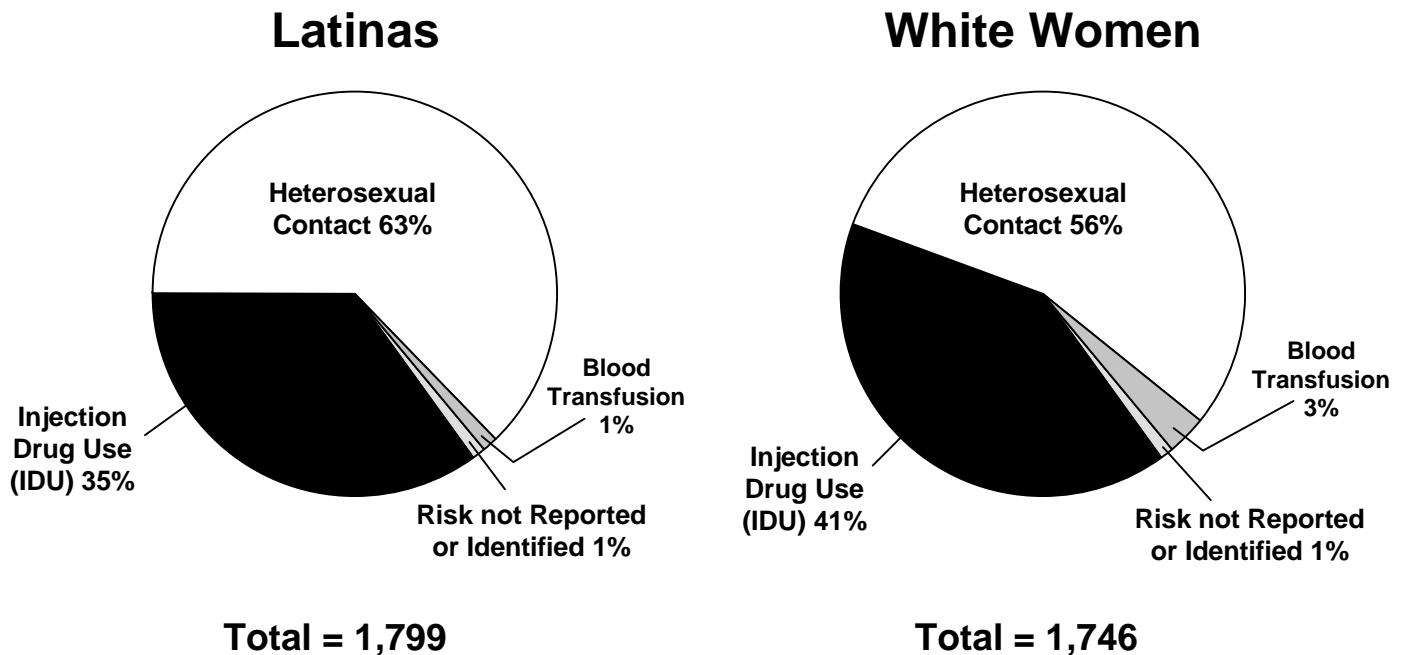


Note: Includes estimated cases diagnosed among those 13 years of age and older, after the reclassification of cases where cause for exposure was not reported or identified; Whites do not include those of Hispanic origin.  
Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year End Edition 2000*, Vol. 12, 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 much greater proportion of white men are estimated to have been infected through sex with other men than are Latino men (71% compared to 46%). Latino men are more than twice as likely to have been infected through injection drug use than white men (33% compared to 14%) and through heterosexual contact (14% of Latino men and 5% of white men).

Figure 8

## Estimated AIDS Cases Among Latinas and White Women, by Exposure Category, 1999



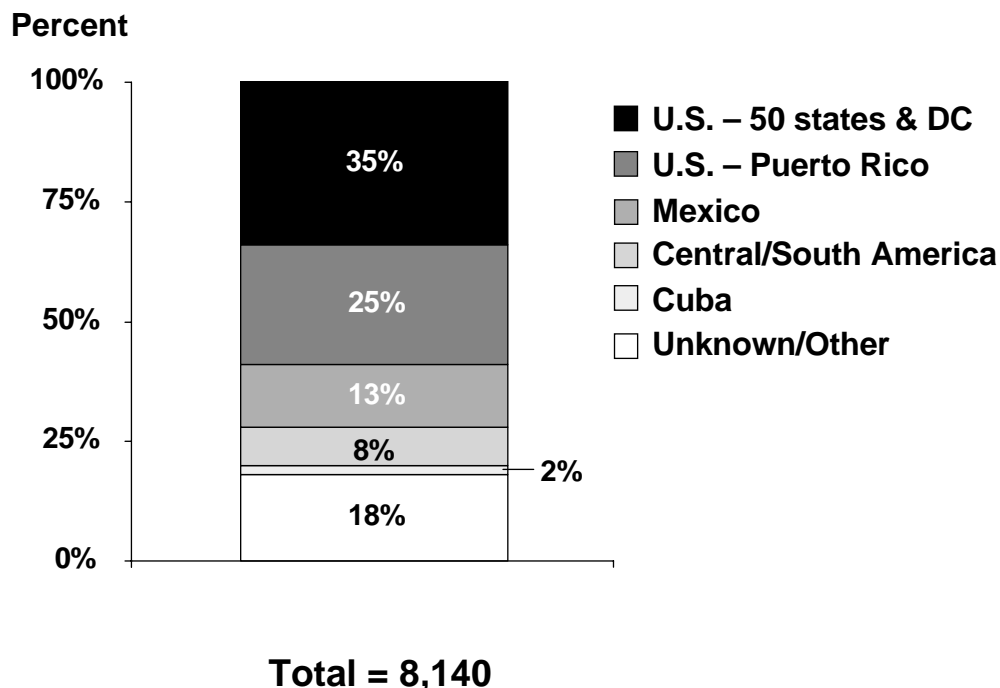
Note: Includes estimated cases diagnosed among those 13 years of age and older, after the reclassification of cases where cause for exposure was not reported or identified; Whites do not include those of Hispanic origin.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year End Edition 2000*, Vol. 12, 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 (63% of Latinas and 56% of white women). Slightly more than one-third of Latinas (35%) and 41% of white women are estimated to have been infected through injection drug use.

Figure 9

## AIDS Cases Reported Among Latinos, by Place of Birth, 2000



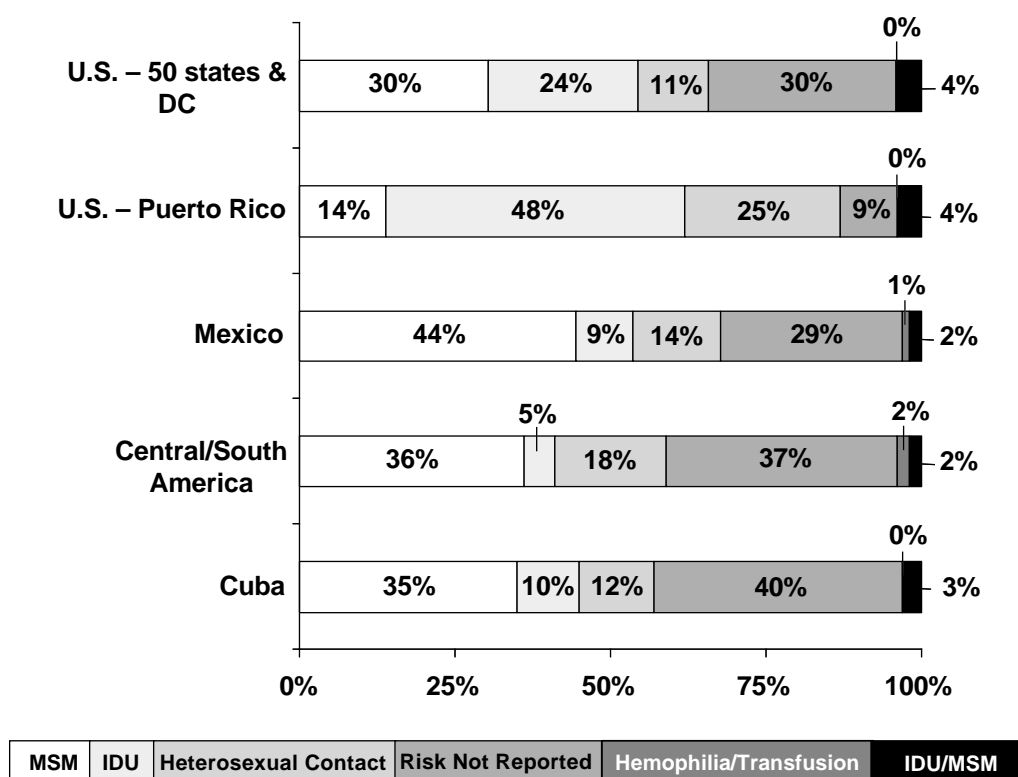
Note: Includes reported cases among those 13 years of age and older.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year End Edition 2000*, Vol. 12, No. 2.

The distribution of AIDS cases reported among Latinos varies by place of birth. Slightly more than one-third (35%) of AIDS cases reported among Latinos in 2000 were among those born in the United States (the 50 states and the District of Columbia). One-quarter were among those born in Puerto Rico, followed by Mexico (13%). Cases among Latinos born in Central/South America and Cuba accounted for smaller proportions (8% and 2% respectively). The remaining 18% of cases were reported among those whose place of birth was unknown (15%) and those born elsewhere (3%).

Figure 10

## AIDS Cases Reported Among Latinos, by Place of Birth and Exposure Category, 2000

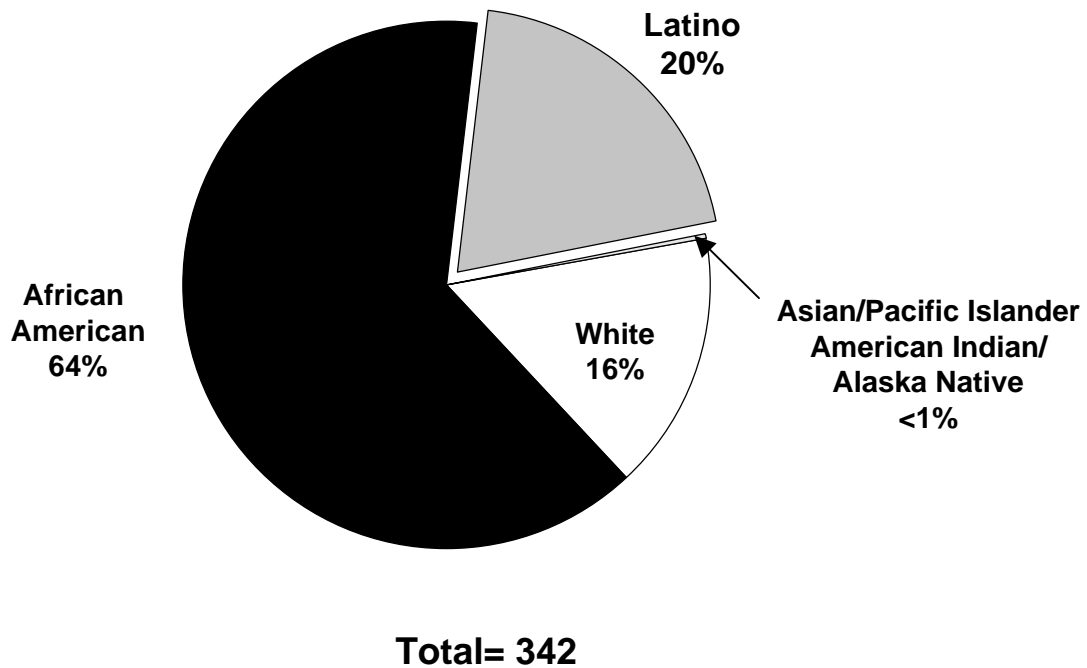


Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year End Edition 2000*, Vol. 12, No. 2.

**H**IV transmission patterns among Latinos vary by place of birth. Latinos born in Puerto Rico, for example, are more likely to have been infected through injection drug use (48%) than those born elsewhere (24% of those born in the U.S., 9% of those born in Mexico, 10% of those born in Cuba, and 5% of those born in Central/South America). They are less likely to have been infected through sex with other men (14% compared to 30% of cases among those born in the U.S., 44% of cases among those born in Mexico, 36% of cases among those born in Central/South America, and 35% of cases among those born in Cuba).

Figure 11

## New AIDS Cases Reported Among Young People, 13–19 Years of Age, by Race/Ethnicity, 2000



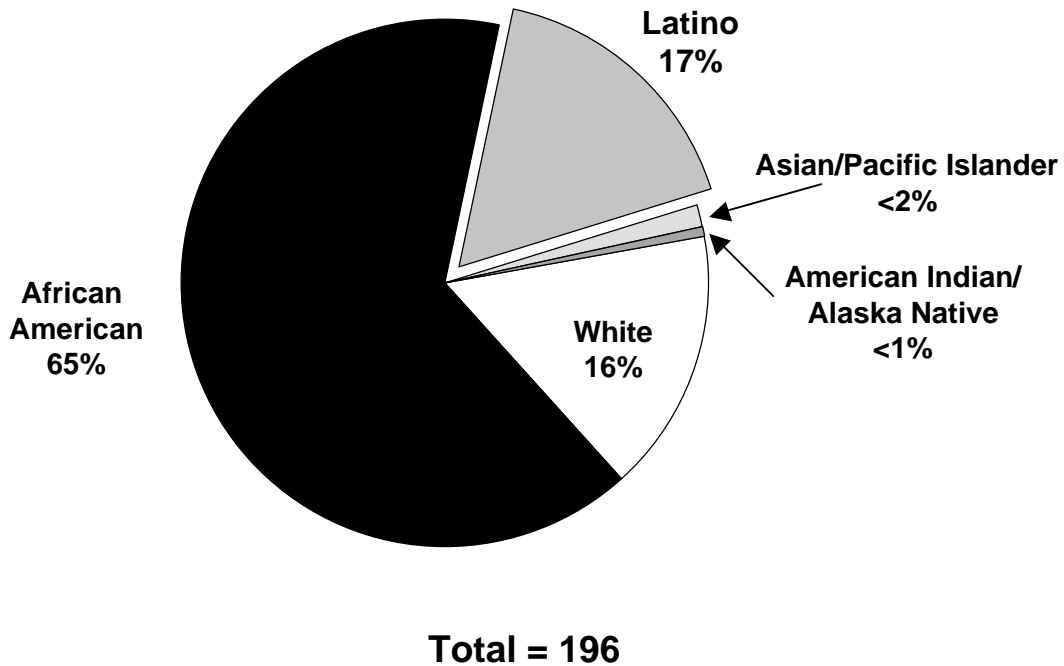
Note: White, African American, Asian/Pacific Islander, and American Indian/Alaska Native groups do not include those of Hispanic origin.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance in Adolescents, L265 Slide Series, Through 2000*.

Latino teens have been disproportionately affected by the HIV/AIDS epidemic. Although they represent approximately 14% of U.S. teenagers, ages 13–19, they accounted for 20% of new AIDS cases reported among teens in 2000.

Figure 12

## New Pediatric AIDS Cases, by Race/Ethnicity, 2000



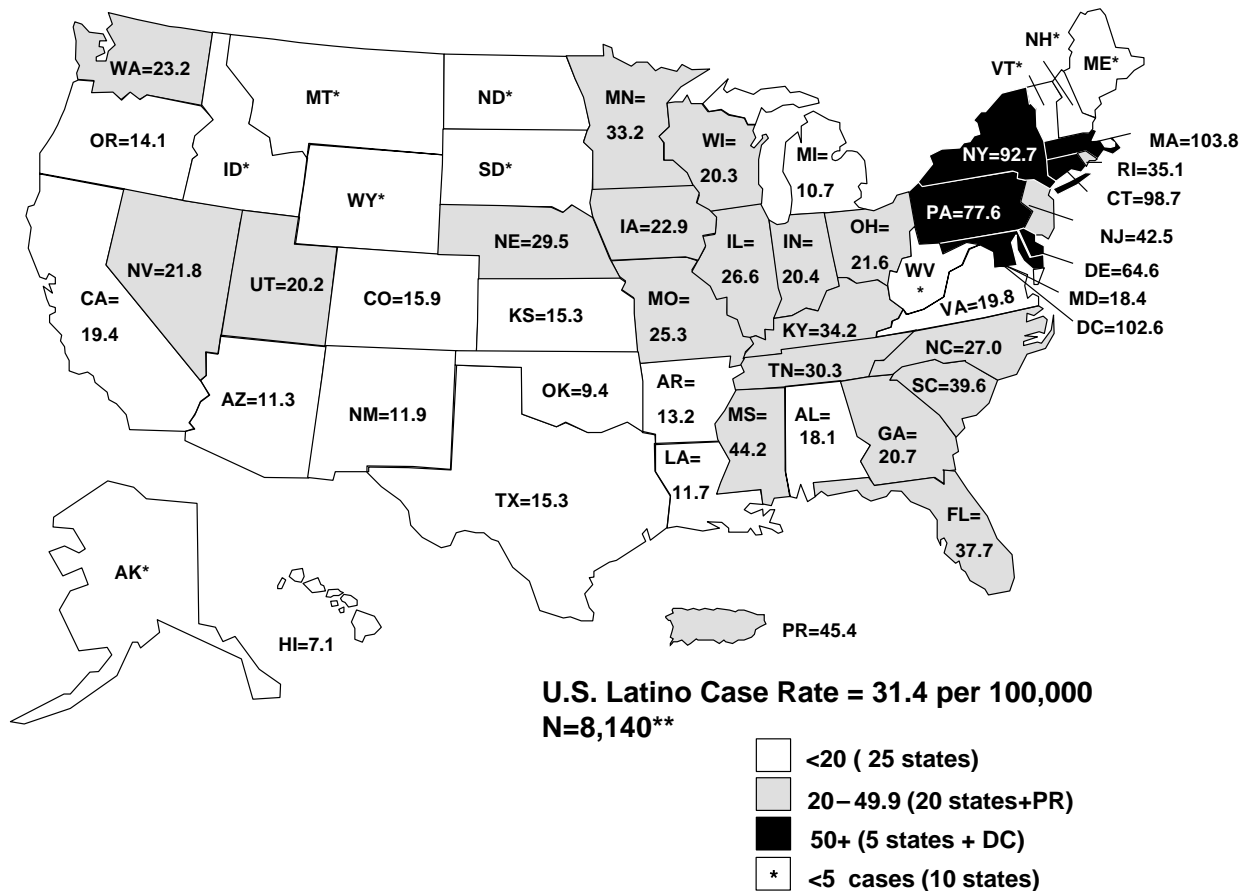
Note: White, African American, Asian/Pacific Islander, and American Indian/Alaska Native groups do not include those of Hispanic origin.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year End Edition 2000*, Vol. 12, No. 2.

The number of pediatric AIDS cases (under age 13) declined dramatically in the 1990s, due to the availability of treatments that can prevent transmission of HIV from mother to infant. Of the 196 pediatric cases reported in 2000, 17% were among Latinos.

Figure 13

## AIDS Case Rates Among Latinos, by State/Territory, 2000



Note: Rates per 100,000 Latinos. Includes reported cases among those 13 years of age and older. These rates should be interpreted with caution—high rates in some states may be more indicative of a small Latino population rather than a large number of AIDS cases; \*\*Total includes cases with unknown state/territory of residence.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance by Race/Ethnicity, L238 Slide Series Through 2000*.

The impact of the epidemic on Latinos is not uniformly distributed across the country. AIDS case rates among Latinos are highest in the eastern part of the U.S., particularly in the Northeast. Twelve states, the District of Columbia, and Puerto Rico have Latino AIDS case rates greater than the U.S. average. Massachusetts has the highest AIDS case rate among Latinos in the nation—103.8 per 100,000 Latinos—a rate more than 3 times that of the U.S. average rate among Latinos (31.4 per 100,000 Latinos). Although AIDS cases reported among Latinos born in Puerto Rico represented one quarter of Latino AIDS cases in 2000, Puerto Rico’s AIDS case rate is in the same range as 19 other states and DC. Still, its case rate is greater than the U.S. average.

Figure 14

## Top 10 States/Territories by Number of Latino AIDS Cases

State/Territory	# of Latino Cases	% of Total U.S. Latino Cases	Latinos as % of Total Cases in State
1. New York	2,233	27%	31%
2. California	1,360	17%	29%
3. Puerto Rico	1,025	13%	100%
4. Florida	678	8%	14%
5. Texas	628	8%	24%
6. Massachusetts	359	4%	24%
7. New Jersey	347	4%	18%
8. Illinois	232	3%	11%
9. Connecticut	202	2%	31%
10. Pennsylvania	171	2%	11%

**Total Latino Cases = 8,141**  
**Cases Reported July 1999 – June 2000**

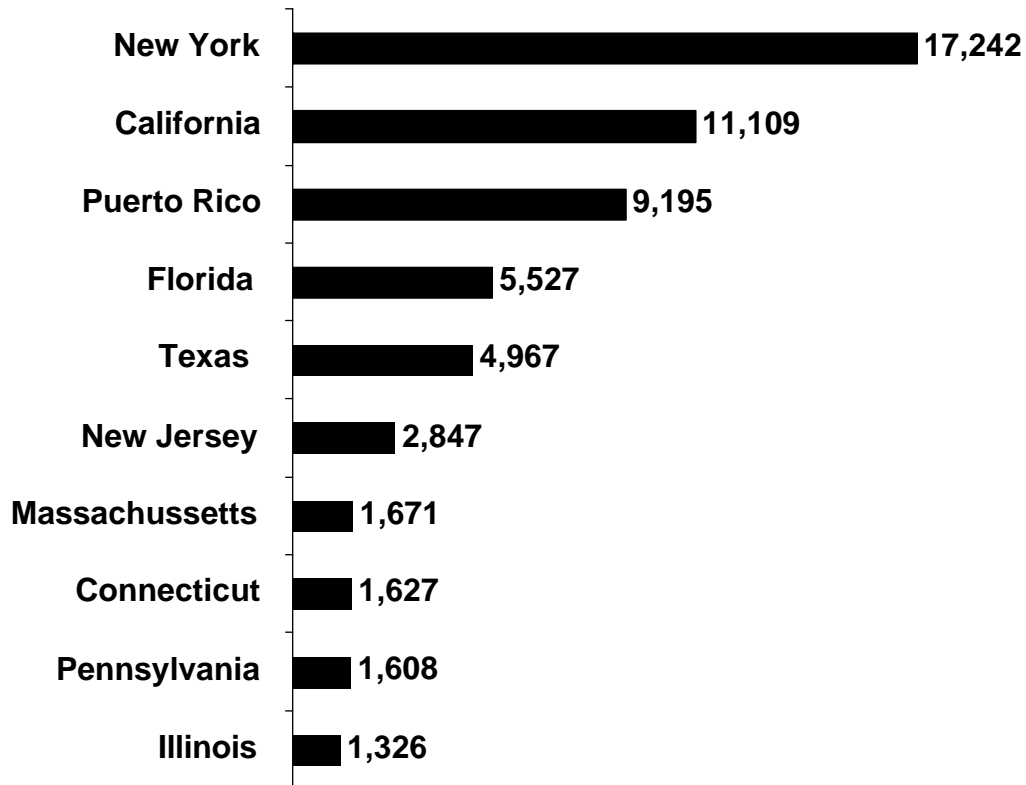
Note: Includes reported cases among those 13 years of age and older.

Source: Kaiser Family Foundation, *State Health Facts Online*, Special Data Request from the Centers for Disease Control and Prevention, 2001.

**F**ive states/territories—New York, California, Puerto Rico, Florida, and Texas account for almost three-quarters (73%) of the 8,141 Latino AIDS cases reported among adults/adolescents between July 1999 and June 2000; New York alone accounts for more than one-quarter (27%) of new cases. Latinos represent varying proportions of AIDS cases within each of these states, accounting for 100% of cases reported in Puerto Rico and 31% of cases reported in New York and Connecticut (the U.S. average is 19%). See Table 1.

Figure 15

## Latinos Estimated to be Living With AIDS: Top 10 States/Territories, 1999



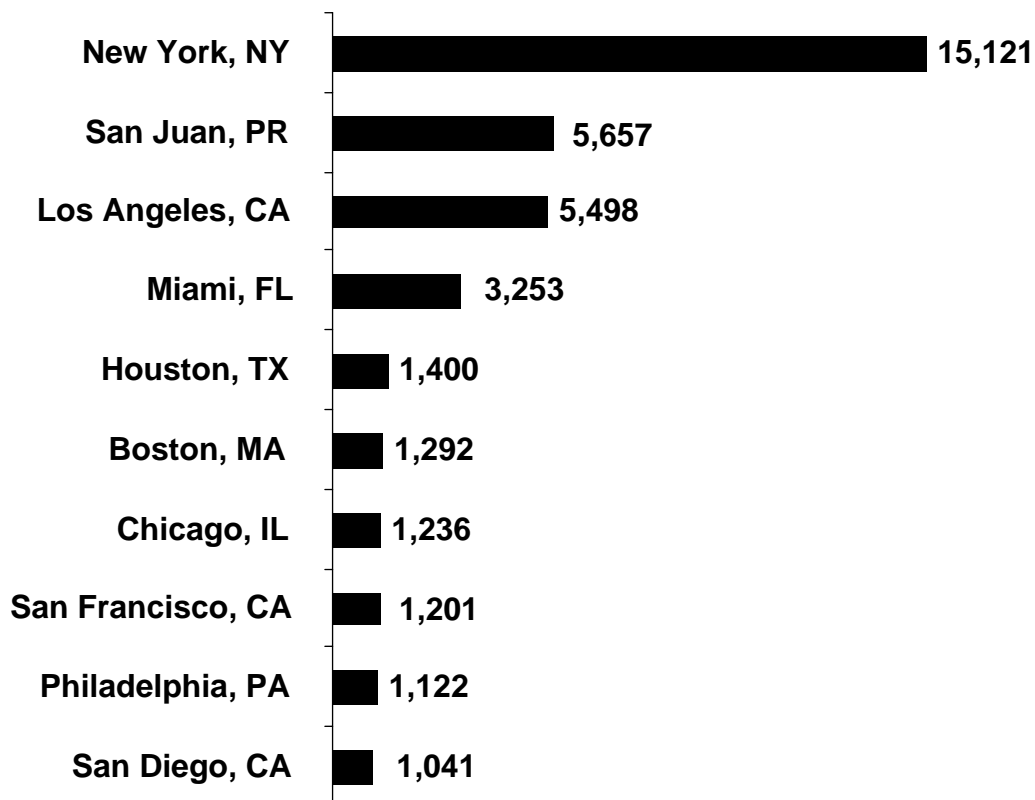
Note: Persons estimated to be living with AIDS as of the end of 1999.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Supplemental Report*, Vol. 7, No. 1, 2001.

**A**IDS prevalence among Latinos is also clustered in a handful of states. In 1999, there were Latinos living with AIDS in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. The top ten states accounted for 91% of the 62,600 Latinos estimated to be living with AIDS as of the end of 1999; the top five states accounted for 77%. New York had the highest number of Latinos estimated to be living with AIDS (17,242), followed by California (11,109), and Puerto Rico (9,195). See Table 2.

Figure 16

## Latinos Estimated to be Living With AIDS: Top 10 Metropolitan Areas, 1999



Note: Persons estimated to be living with AIDS as of the end of 1999; Metropolitan areas include those with over 500,000 population.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Supplemental Report*, Vol. 7, No.1, 2001.

Nearly 60% of Latinos estimated to be living with AIDS in the U.S. reside in 10 metropolitan areas; almost half (49%) live in the top five metropolitan areas. The largest number live in New York City (15,121) followed by San Juan, Puerto Rico (5,657).

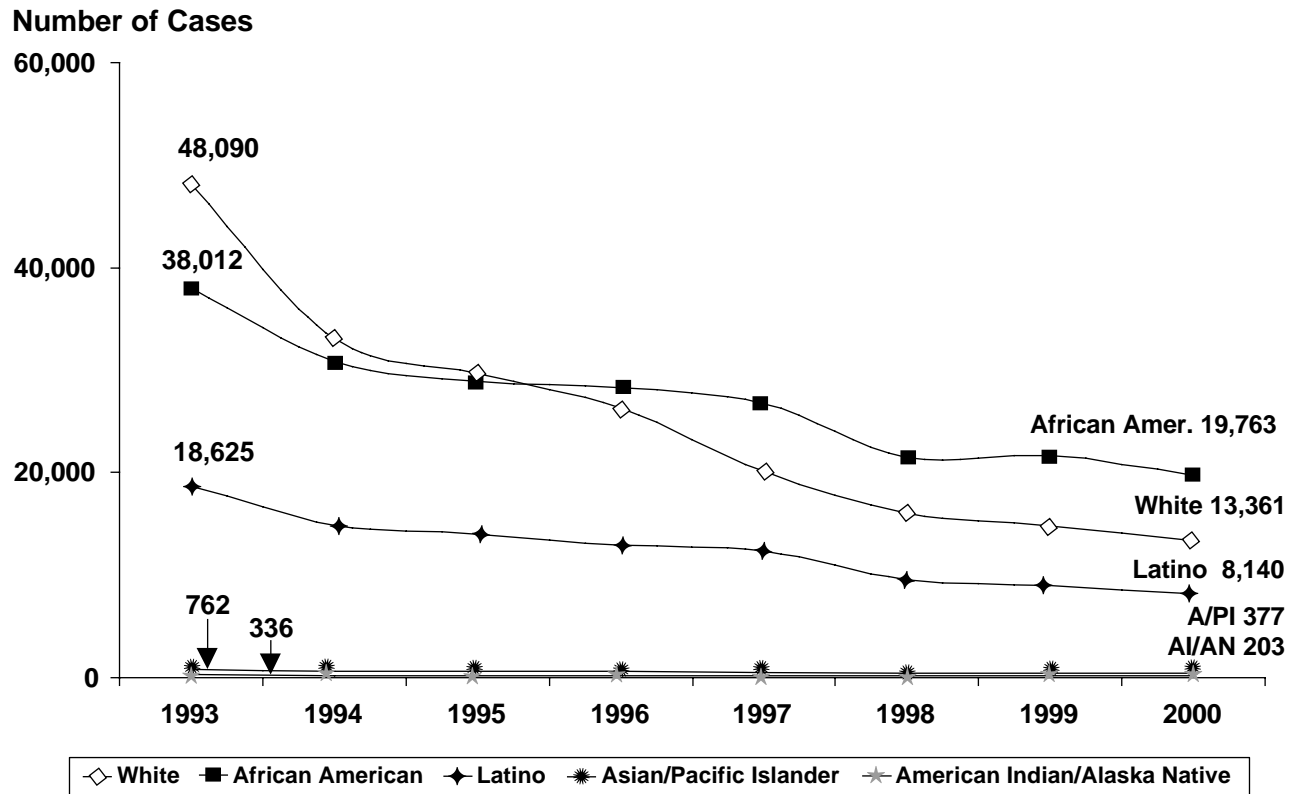
**Section III**

**Trends**

**LATINOS  
AND  
HIV/AIDS**

Figure 17

## Trends in Newly Reported AIDS Cases, by Race/Ethnicity, 1993–2000



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

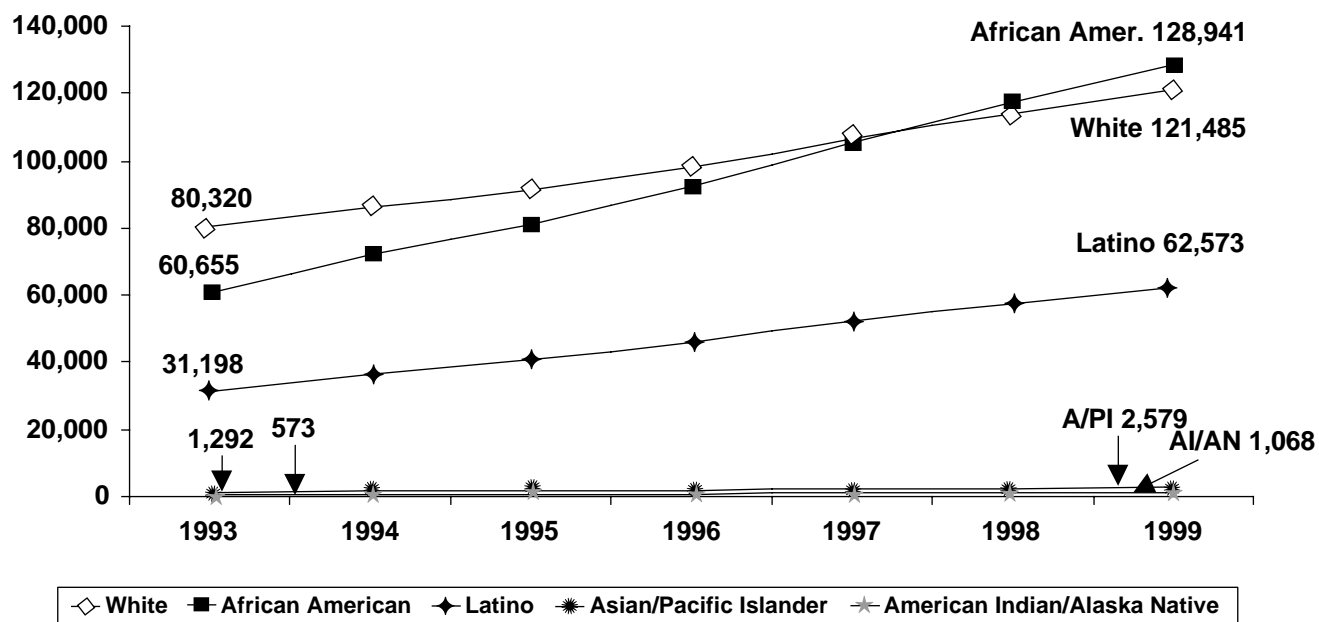
Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Reports, 1993–2000*.

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 and ethnic groups. Despite these advances, the rate of decline was not even. AIDS cases among Latinos declined by 56% between 1993 and 2000, compared to 72% among whites. Cases declined by 48% among African Americans, 51% among Asian/Pacific Islanders, and 40% 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.

Figure 18

## Trends in Estimated AIDS Prevalence, by Race/Ethnicity, 1993–1999

Estimated Number of People Living with AIDS



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

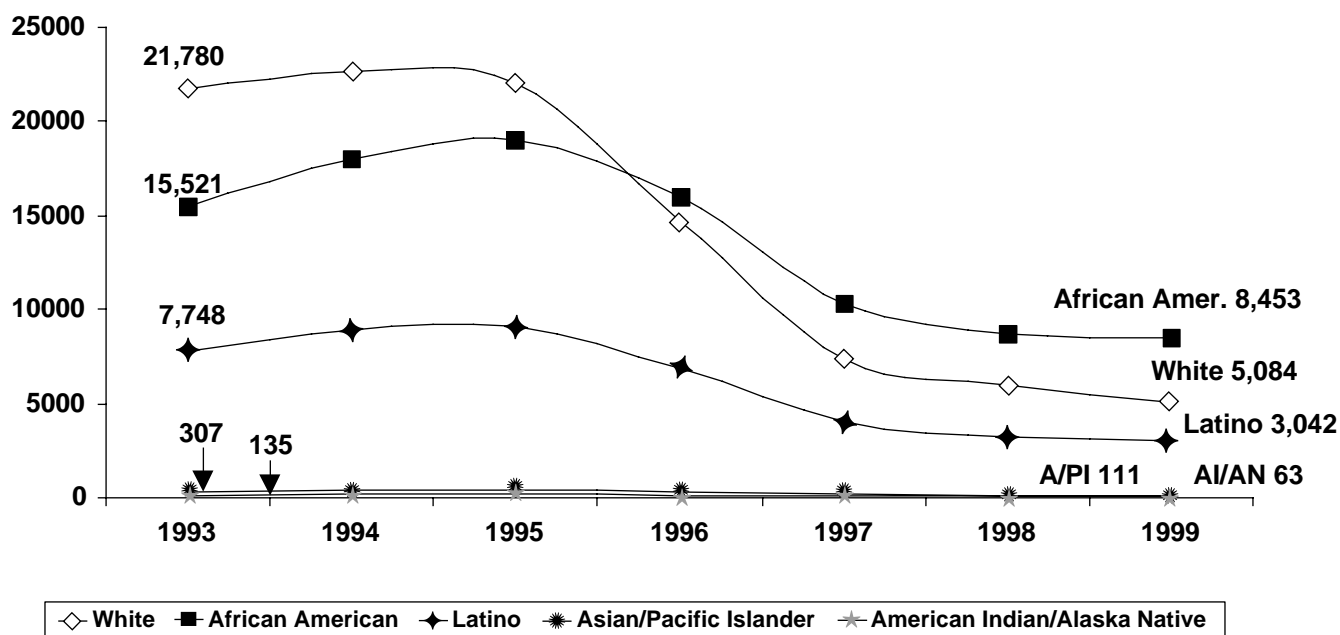
Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year End Edition 2000*, Vol. 12, No. 2.

As with all racial/ethnic groups in the U.S., the population of Latinos living with AIDS (AIDS prevalence) has been increasing, due largely to the availability of new treatments but also due to the increasing impact of the epidemic on minority Americans. Estimated AIDS prevalence among Latinos has more than doubled since 1993, from 31,198 to 62,573. AIDS prevalence among African Americans increased by a similar proportion over this period, as did prevalence for Asian/Pacific Islanders. Prevalence among American Indian/Alaskan Natives increased by 86% and prevalence among whites increased by 51%.

Figure 19

## Trends in Estimated AIDS Deaths, by Race/Ethnicity, 1993–1999

Number of deaths



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

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year End Edition 2000*, Vol. 12, No. 2.

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 61% between 1993 and 1999, compared to a 77% decline for whites. Deaths declined by 46% among African Americans, 64% among Asian/Pacific Islanders, and 53% among American Indian/Alaska Natives over this same period.

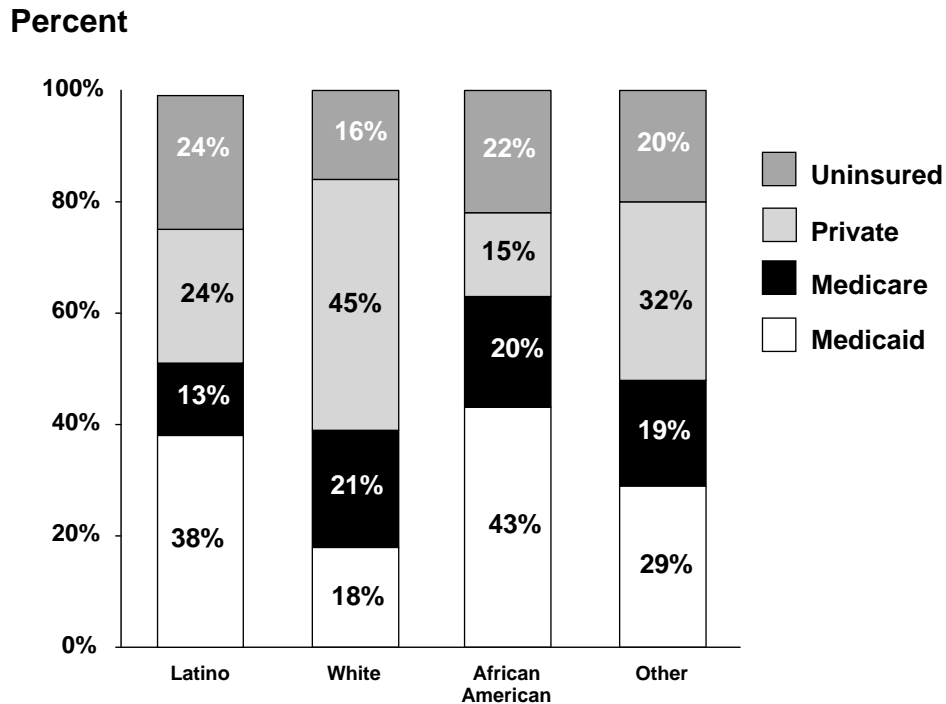
Section IV

**Access to and  
Use of Health Services**

LATINOS  
AND  
HIV/AIDS

Figure 20

## Insurance Coverage for People with HIV/AIDS, Persons in Care by Race/Ethnicity, 1996



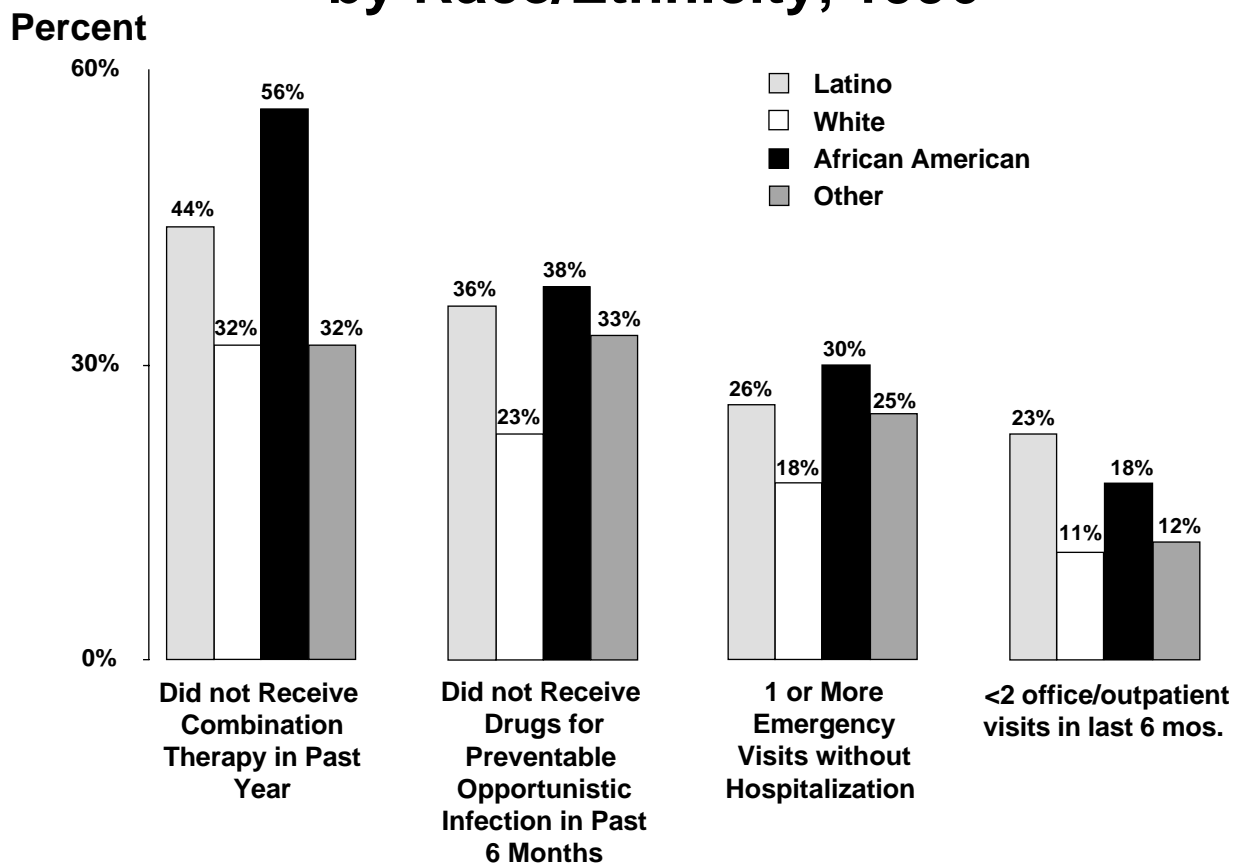
Note: Includes persons 18 years and older, in care, 1996. Medicare includes those with or without other insurance, including Medicaid. Medicaid does not include those dually eligible for Medicare.

Source: Bozzette, et al., "The Care of HIV-Infected Adults in the United States." *New England Journal of Medicine*, Vol. 339, No. 26, 1998.

Of persons with HIV/AIDS who were in the care system in 1996, Latinos were more likely to be publicly insured or uninsured than their white counterparts. More than one-third (38%) of Latinos were covered by Medicaid compared to 18% of whites; one quarter (24%) were uninsured, compared to 16% of whites. And Latinos were about half as likely to be privately insured than whites (24% of Latinos compared to 45% of whites).

Figure 21

## Health Services Use Among People with HIV/AIDS, Persons in Care by Race/Ethnicity, 1996



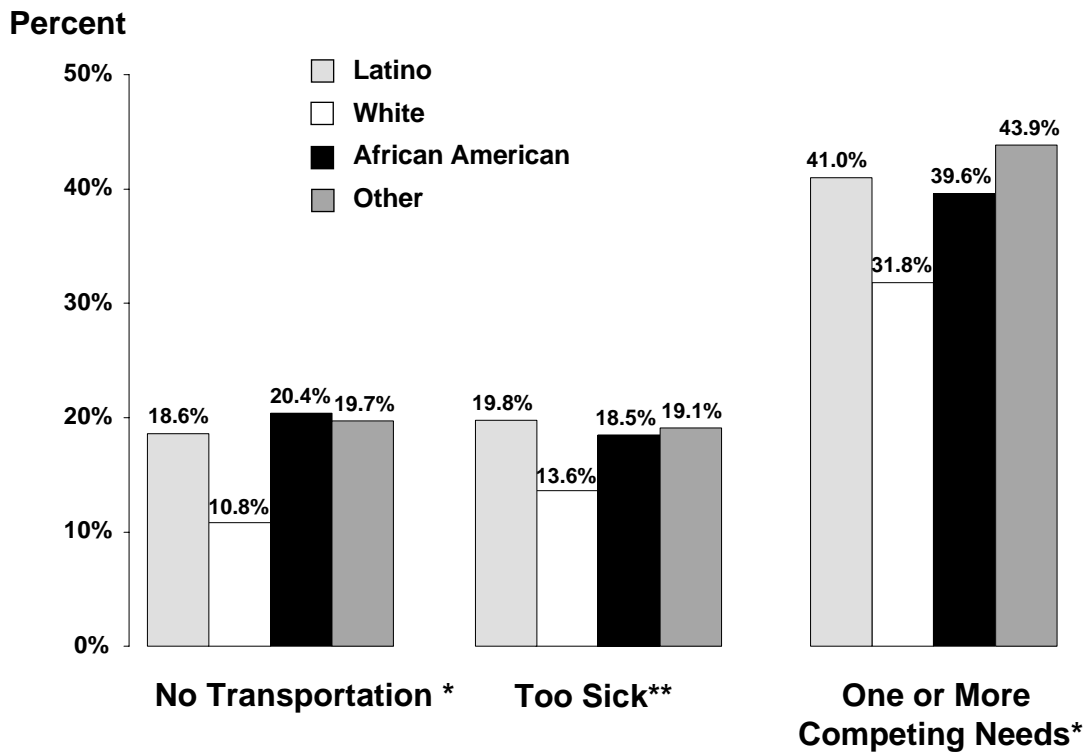
Note: Includes persons 18 years and older. Results significantly different at  $p < .05$  after adjusting for CD4 count.

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.

In a nationally representative study of people with HIV/AIDS in care in 1996, Latinos fared more poorly on several important access and quality measures than their white counterparts. 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, these differences were gone, except for differences in receipt of office/outpatient visits—Latinos were still more likely to have had less than 2 office or outpatient visits in the last 6 months compared to whites.

Figure 22

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



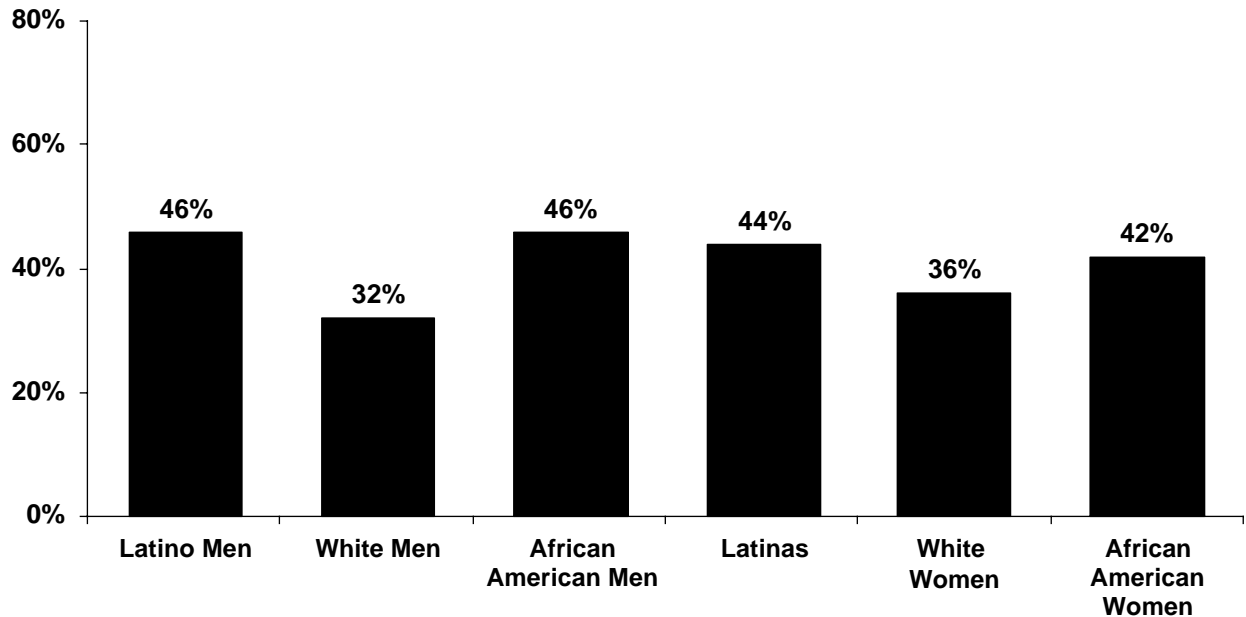
Note: Includes persons 18 years and older. \*Results significantly different at  $p < .01$ ; \*\*Results significantly different at  $p < .05$ .

Source: 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.

Latinos with HIV/AIDS in care were more likely to report competing needs and barriers that impeded their access to care than whites. For example, Latinos were more likely to say they postponed care because they lacked transportation (18.6% compared to 10.8% of whites) or were too sick (19.8% compared to 13.6% of whites). In general, Latinos were more likely to report one or more competing needs than whites (41% compared to 31.8% of whites). Data from this national survey also indicate that Latinos were more likely to delay care after HIV diagnosis than whites (see Turner et.al., 2000).

Figure 23

## Percent of People with HIV/AIDS Learning of Diagnosis Late in Illness, by Race/Ethnicity, 1990–1999



Source: Centers for Disease Control and Prevention, 2001 National HIV Prevention Conference Abstract, Campsmith and Burgess, "Race/Ethnicity and Gender Differences in Late HIV-Testing—Results from a Supplemental HIV/AIDS Surveillance Project", August 2001; data based on interviews conducted on persons diagnosed with AIDS from 1990 through 1999. "Late testers" defined as diagnosis with AIDS at initial HIV test or developing AIDS within one year of first testing positive for HIV.

Latinos with HIV are more likely to get 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 whites. Almost half of Latino men (46%) tested late compared to 32% of white men; 44% of Latinas tested late compared to 36% of white women.

Section V

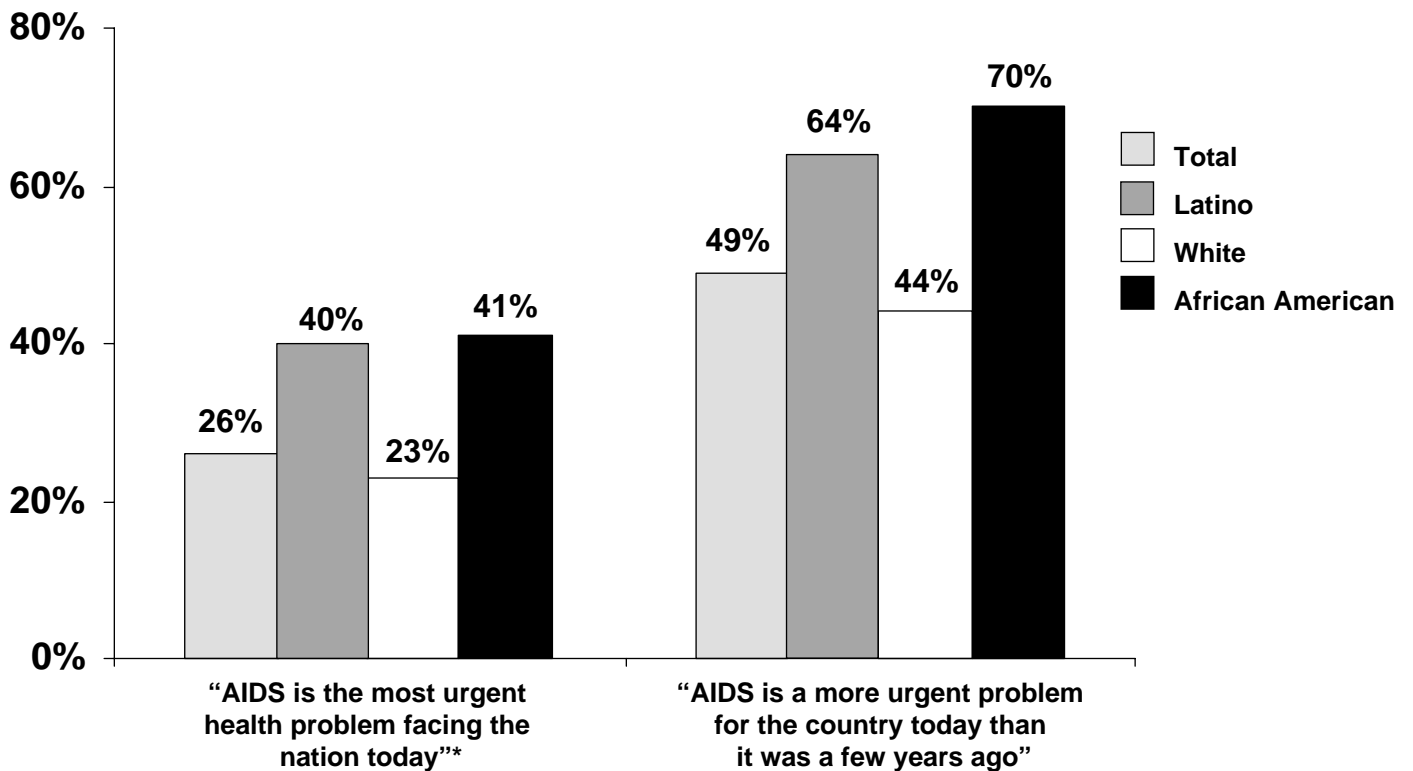
# **Attitudes Toward HIV/AIDS**

**LATINOS  
AND  
HIV/AIDS**

Figure 24

## Perception of AIDS as an Urgent Problem for the Nation, by Race/Ethnicity, 2000

### Percent Who Say...



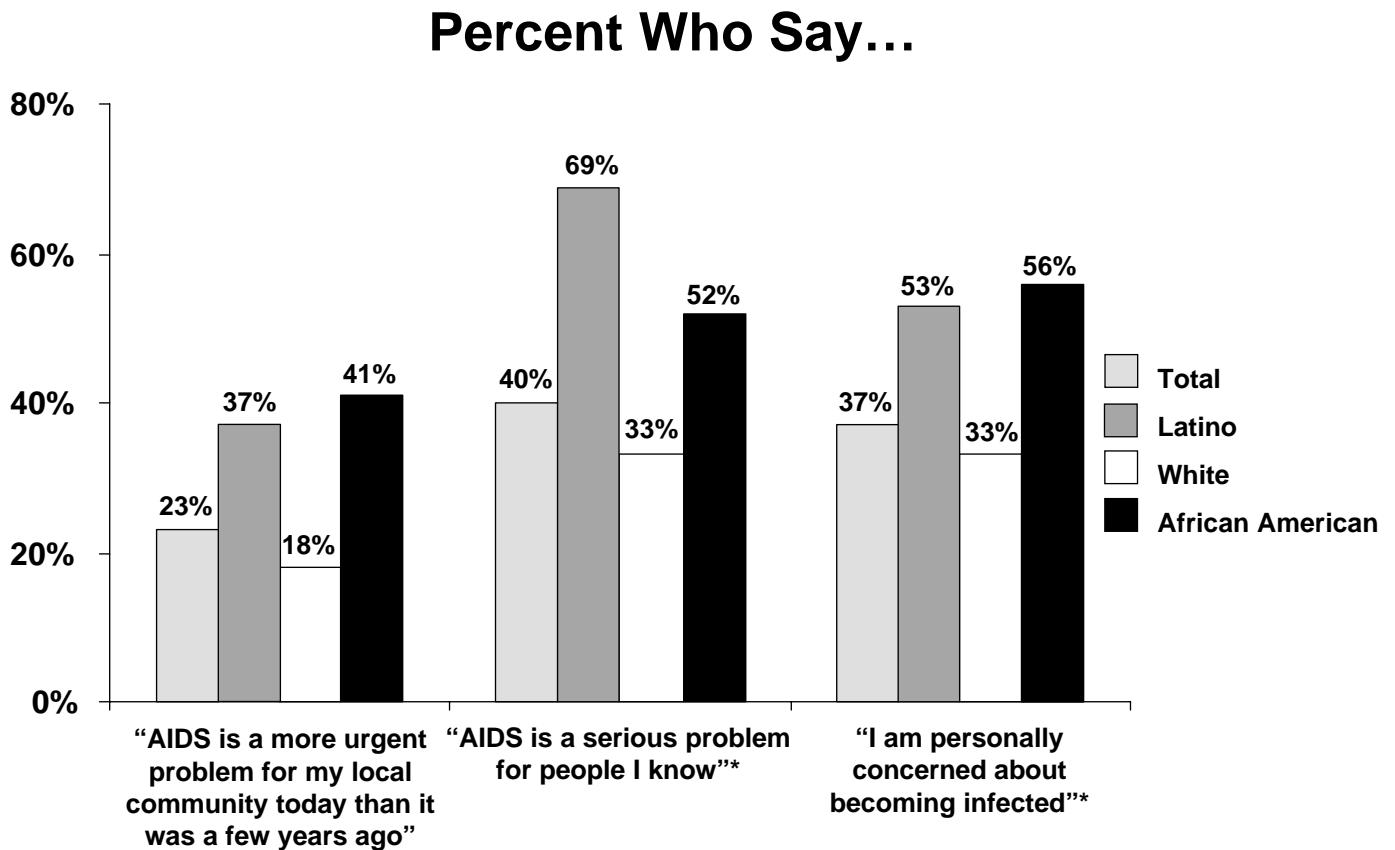
\*open-ended question

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

Latinos rank AIDS as the most urgent health problem facing the nation today. Latinos are almost twice as likely as whites to say AIDS is the most urgent health problem (40% compared to 23%). Almost two thirds (64%) of Latinos say AIDS is a more urgent health problem for the country today than it was a few years ago, compared to 44% of whites. The percentage of Latinos ranking AIDS as the most urgent health problem, however, has decreased over time, as it has for whites and African Americans.

Figure 25

## Perception of AIDS as Problem Close to Home, by Race/Ethnicity, 2000



\*Combines "very" and "somewhat" responses.

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

Many Latinos view AIDS as a problem in their own communities. Slightly more than one third (37%) say AIDS is a more urgent problem for their local communities today than a few years ago, compared to 18% of whites. Latinos are twice as likely as whites to say that AIDS is a serious problem for people they know (69% compared to 33%), and more than half of Latinos (53%) say they are personally concerned about becoming infected with HIV (compared to 33% of whites). However, the proportion of Latinos who say that AIDS is a problem for their local community has decreased over time, as has the proportion saying AIDS is a serious problem for people they know; personal concern has fluctuated over time.

## Conclusion

As with other racial and ethnic groups in the U.S., Latinos have benefited from advances in treatment, particularly the development of highly active antiretroviral therapy (HAART). The number of new AIDS cases and the number of AIDS-related deaths have declined and people living with HIV/AIDS are living longer and healthier lives. Yet HIV/AIDS continues to exact a disproportionate toll on Latinos and other racial and ethnic minority Americans. This is reflected in prevalence and incidence trends in the epidemic. Approximately one-fifth or 62,000 of the people estimated to be living with AIDS at the end of 1999 were Latino, a number that has grown over the past several years. Increasing prevalence carries important implications for the provision of both care and prevention services to Latinos. Latinos also represented one-fifth of new AIDS cases reported in the year 2000 (8,173 new cases). Finally, there were an estimated 3,042 deaths among Latinos with AIDS in 1999, or 18% of total AIDS deaths. The disproportionate number of deaths may be a consequence of access barriers faced by Latinos with HIV/AIDS relative to whites.

Latinos face many hurdles to reducing the impact of HIV/AIDS in their communities. They are lower-income, less educated, and younger than the U.S. population on average. More often than whites, Latinos live in large cities and in communities that are, themselves, economically disadvantaged. They are also more likely to be uninsured and enrolled in Medicaid. Although Latinos continue to rank AIDS as the number one health problem facing the nation, the proportion of Latinos, and the public overall, who rank AIDS as the number one health problem has declined over the past several years, raising important challenges for policymakers and community leaders attempting to address the epidemic in this community. Ultimately, the response to the epidemic will depend on the level of concern about HIV/AIDS and whether that concern translates into resources in the context of other important policy issues.

This document was prepared by Jennifer Kates of The Henry J. Kaiser Family Foundation and Richard Sorian, Senior Researcher, Institute for Health Care Research and Policy, Georgetown University, with the assistance of Joseph Schmidt.

# Tables

LATINOS  
AND  
HIV/AIDS

**Table I**

**Latino AIDS Case Rates Per 100,000 and Reported AIDS Cases, by State/Territory**

State/Territory	2000	July 1999 – June 2000		
	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
<b>United States Total</b>	<b>31.4</b>	<b>8,141</b>	<b>100%</b>	<b>18.8%</b>
Alabama	18.1	9	0.1%	1.9%
Alaska	*	*	*	*
Arizona	11.3	142	1.7%	20.6%
Arkansas	13.2	4	0.0%	1.9%
California	19.4	1,360	16.7%	29.2%
Colorado	15.9	74	0.9%	24.3%
Connecticut	98.7	202	2.5%	31.3%
Delaware	64.6	6	0.1%	3.0%
District of Columbia	102.6	41	0.5%	4.2%
Florida	37.7	678	8.3%	13.5%
Georgia	20.7	33	0.4%	2.5%
Hawaii	7.1	6	0.1%	4.5%
Idaho	*	*	*	*
Illinois	26.6	232	2.8%	11.3%
Indiana	20.4	13	0.2%	3.6%
Iowa	22.9	7	0.1%	8.2%
Kansas	15.3	16	0.2%	9.6%
Kentucky	34.2	7	0.1%	3.0%
Louisiana	11.7	17	0.2%	2.3%
Maine	*	*	*	*
Maryland	18.4	26	0.3%	1.9%
Massachusetts	103.8	359	4.4%	23.9%
Michigan	10.7	26	0.3%	4.4%
Minnesota	33.2	17	0.2%	8.8%
Mississippi	44.2	6	0.1%	1.4%
Missouri	25.3	20	0.2%	4.2%
Montana	*	*	*	*
Nebraska	29.5	10	0.1%	16.7%
Nevada	21.8	51	0.6%	16.9%
New Hampshire	*	5	0.1%	14.3%
New Jersey	42.5	347	4.3%	18.2%
New Mexico	11.9	53	0.7%	39.8%
New York	92.7	2,233	27.4%	31.3%
North Carolina	27.0	31	0.4%	4.2%
North Dakota	*	*	*	*
Ohio	21.6	35	0.4%	5.7%
Oklahoma	9.4	7	0.1%	3.0%
Oregon	14.1	19	0.2%	8.4%
Pennsylvania	77.6	171	2.1%	10.5%
Rhode Island	35.1	17	0.2%	18.5%
South Carolina	39.6	13	0.2%	1.6%
South Dakota	*	*	*	*
Tennessee	30.3	16	0.2%	2.1%
Texas	15.3	628	7.7%	24.3%
Utah	20.2	21	0.3%	14.9%
Vermont	*	*	*	*
Virginia	19.8	48	0.6%	4.9%
Washington	23.2	57	0.7%	12.4%
West Virginia	*	*	*	*
Wisconsin	20.3	15	0.2%	8.6%
Wyoming	*	*	*	*
Puerto Rico	45.4	1,025	12.6%	99.8%
Virgin Islands	NA	19	0.2%	42.2%
Guam	NA	NA	NA	NA
Pacific Islands	NA	NA	NA	NA

Note: \* <5

NA = not available.

Includes reported AIDS cases among Latinos 13 years of age and older.

White and African American groups do not include those of Hispanic origin.

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, 2001.

**Table II****Estimated AIDS Prevalence (Number of People Living with AIDS) Among Latinos, by State/Territory, as of December 1999**

State	Estimated AIDS Prevalence Among Latinos	Percent of Total Latino Prevalence	Latinos as Percent of Estimated Prevalence in State/Territory
<b>United States Total*</b>	<b>62,600</b>	<b>100.0%</b>	<b>19.7%</b>
Alabama	39	0.1%	1.3%
Alaska	23	0.0%	10.6%
Arizona	626	1.0%	19.6%
Arkansas	21	0.0%	1.4%
California	11,109	17.7%	24.6%
Colorado	449	0.7%	16.0%
Connecticut	1,627	2.6%	28.2%
Delaware	61	0.1%	5.4%
District of Columbia	235	0.4%	3.8%
Florida	5,527	8.8%	16.2%
Georgia	251	0.4%	2.5%
Hawaii	66	0.1%	7.0%
Idaho	24	0.0%	11.1%
Illinois	1,326	2.1%	13.4%
Indiana	102	0.2%	4.0%
Iowa	31	0.0%	5.2%
Kansas	76	0.1%	8.0%
Kentucky	40	0.1%	2.6%
Louisiana	154	0.2%	2.9%
Maine	16	0.0%	3.6%
Maryland	227	0.4%	2.3%
Massachusetts	1,671	2.7%	24.0%
Michigan	170	0.3%	3.7%
Minnesota	111	0.2%	7.1%
Mississippi	27	0.0%	1.4%
Missouri	127	0.2%	3.1%
Montana	4	0.0%	2.5%
Nebraska	48	0.1%	10.8%
Nevada	303	0.5%	15.3%
New Hampshire	52	0.1%	11.0%
New Jersey	2,847	4.5%	19.4%
New Mexico	332	0.5%	35.2%
New York	17,242	27.5%	31.4%
North Carolina	147	0.2%	3.4%
North Dakota	2	0.0%	4.5%
Ohio	212	0.3%	4.9%
Oklahoma	68	0.1%	4.7%
Oregon	160	0.3%	7.9%
Pennsylvania	1,608	2.6%	14.1%
Rhode Island	196	0.3%	22.1%
South Carolina	61	0.1%	1.4%
South Dakota	2	0.0%	3.0%
Tennessee	77	0.1%	1.7%
Texas	4,967	7.9%	21.0%
Utah	113	0.2%	12.3%
Vermont	6	0.0%	3.3%
Virginia	241	0.4%	4.2%
Washington	347	0.6%	8.7%
West Virginia	5	0.0%	1.1%
Wisconsin	146	0.2%	9.6%
Wyoming	7	0.0%	9.3%
Puerto Rico	9,195	14.7%	99.8%
Virgin Islands	73	0.1%	35.6%
Guam	0	0.0%	0.0%
Pacific Islands	0	0.0%	0.0%

Note: \*Total includes cases with unknown state/territory of residence.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Supplemental Report*, Vol. 7, No. 1, 2001.

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