until it's over AIDS ACTION POLICY FACTS

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Communities of Color and HIV/AIDS

From the beginning of the AIDS epidemic in the United States, people of color have been disproportionately affected by HIV/AIDS. The impact of HIV and AIDS on communities of color has become more serious with every passing year. In 1982, people of color accounted for less than a third of all AIDS cases. To date there have been 440,000 cumulative AIDS cases among communities of color. Today, communities of color, who together comprise about a third of the U.S. population, account for 62 percent of all people living with AIDS—79 percent of all women and 57 percent of all men living with AIDS.

The numbers are even more striking for new AIDS cases: 66 percent of AIDS cases reported in 2000 were among African Americans and Latinos. Almost half (47 percent) of all AIDS cases reported last year were among African Americans, even though they only comprise 12 percent of the U.S. population. The rate of new AIDS cases among African Americans was almost nine times higher than it was for whites in 2000.

Other communities of color, including Asian and Pacific Islanders and Native Americans/Alaskan Natives, have HIV infection rates that are currently lower than whites, although their rates are also growing. Some studies have suggested that HIV/AIDS is underreported in these two population groups, with cases routinely misclassified as white.

People Living with AIDS in Communities of Color through 2000

African American	133,630
Latino	63,996
Asian Americans and Pacific Islanders	2,673
Native Americans/Alaskan Natives	1,120
Total	**201,419***

*This number represents 62 percent of people living with AIDS in the United States. [Source CDC 2001, Vol. 12:2]

Communities of Color at Risk

Race and ethnicity are not risk factors for HIV infection in and of themselves. Instead, they are markers for other factors that put people at higher risk for HIV infection, including limited economic resources and unequal access to health care. The geography of the AIDS epidemic in the U.S. means that African Americans and Latinos who live in high HIV/AIDS incidence areas and engage in high-risk behaviors are more likely to become infected with HIV compared to a person of any race in low incidence communities engaging in the same behaviors. Today, HIV and AIDS have devastated major metropolitan areas of the East Coast and affected rural areas of the South. Because many African Americans reside in these areas, there is a greater chance that they will become infected with HIV. The same disproportionately high risk is also true for Latino populations, especially migrant workers in rural areas and those living in the major AIDS epicenters.

African American men who have sex with men are at two to three times higher risk for HIV infection than white men who have sex with men. While homophobia affects all communities, in the African American community it may result in disproportionate numbers of African American men not self-identifying as gay. Closeted gay men and those who do not self identify as gay are more likely to engage in casual or anonymous sex; these sexual activities are more likely to occur without a discussion of condom use and safer sex.

Similarly, even though many more whites inject drugs than African Americans and Latinos, four out of every five injection drug users with HIV infection in the U.S.

are African American or Latino. Injection drug use is also a significant factor in the high rates of HIV infection found in U.S. jails and prisons as a result of the disproportionate numbers of African Americans and Latinos who are incarcerated for drug-related offenses. HIV infection rates among incarcerated populations are seven times higher than the general U.S. population.

For women of color, as for all women, heterosexual transmission overtook injection drug use as the primary risk factor for HIV/AIDS years ago. Today, the greatest risk factor for American women, including women of color, is their male sexual partners. Again, geography is a strong factor. Women living in AIDS epicenters—as many women of color do—are at greater risk of HIV infection because there is a higher chance that their sexual partners will be infected with HIV. One-third of all women of color living in inner cities are at high risk for HIV infection as a result of the sexual and drug-using behaviors of their sexual partners. Many are completely unaware that a partner engages in high-risk behavior, such as male-to-male sex or injection drug use.

HIV Prevention and Communities of Color

The continuing impact of AIDS in communities overburdened with health disparities requires new approaches to HIV prevention and care that are designed by and for those most at-risk. Discussions about safer sex need to be put in context so that HIV prevention messages do not assume promiscuity among communities of color. Many HIV prevention programs continue to direct women to abstain from sex, reduce their number of sexual partners, and use condoms, which ignores the reality that many women are monogamous and at-risk as a result of their partner's sexual or drug-using behavior. Since sexual coercion puts many women at-risk for HIV infection, women need prevention methods they can use without men's knowledge or permission and without fear of reprisal.

Campaigns to inform communities of color about their risk of HIV and the behaviors that put them at-risk can be effective. Prevention programs and care providers need to tailor their messages and efforts in order to target specific communities by overcoming cultural and linguistic barriers as well as offering services that meet the needs of the targeted population. Hopefully these activities will help reduce the stigma and misconceptions currently associated with HIV/AIDS among communities of color.

Unequal Access to HIV Care and Funding

Many people of color living with HIV/AIDS have less access to appropriate HIV treatment and care than whites. U.S. government auditors have found that communities of color receive substandard AIDS care as compared with whites. According to a recent survey, Latinos and African Americans are less likely than whites to have received antiretroviral HIV therapy that meets current federal clinical guidelines. These communities are also less likely to be cared for by physicians with experience treating HIV.

To address these concerns, as well as the disproportionate burden of HIV/AIDS in communities of color, funding sources have been created to direct funds to communities that need them most. The Minority AIDS Initiative, sponsored by the Congressional Black Caucus, the Congressional Hispanic Caucus, the Asian Pacific Caucus and other Congressional leaders, focuses attention on equal access to HIV prevention and care services for communities of color. Created in response to growing numbers of HIV infection rates in communities of color, the initiative provides funds above pre-existing federal funding levels for community-based organizations, faith communities, minority-serving colleges, and various state and local institutions to target funding for the communities most affected by the HIV/AIDS epidemic.

Conclusion

Communities of color represent disproportionately high numbers of new AIDS cases and comprise the largest number of people living with AIDS in the U.S. Inadequate and under funded HIV prevention programs have not been successful in educating people of color about their personal risk for HIV, particularly women of color and men who engage in sex with other men. Similarly, the health care services available to people of color living with HIV/AIDS are not sufficient to meet the needs of this population. Given the diversity of the U.S. population, HIV prevention, education and care programs for those affected by HIV/AIDS must be targeted to meet the needs of populations who need these services the most.