
HIV/AIDS in Communities of Color: A Few Facts

- HIV/AIDS is the leading cause of death among Black women between 25-34 and the second leading cause of death among Black men between 35-44.
- Although Hispanics makes up 13% of the U.S. population, they account for 36% of the uninsured.
- Of persons who had received a diagnosis of AIDS during 1997– 2004, American Indians and Alaska Natives had survived for a shorter time than had Asians and Pacific Islanders, whites, or Hispanics.
- From 2001 to 2006, the largest proportionate increase (255.6%) in number of HIV/AIDS diagnoses among all MSM groups was among Asians & Pacific Islander MSM aged 13-24 years.
- In all communities of color, the largest number of HIV/AIDS cases is among men who have sex with men (MSM). In 2006, MSM made up 53% of all new HIV infections.

6. Address the social determinants of HIV risk and vulnerability. While it is imperative to recognize the impact of HIV in communities of color, the new Administration must stress that ethnicity is not a risk factor for HIV/AIDS. Rather, HIV/AIDS is found wherever there is limited access to support services – such as education and health care – and high rates of homelessness, malnutrition, substance use, mental illness, incarceration and poverty – which unfortunately is often the case in many minority communities. People of color often are immuno-suppressed due to the structural disparities inherent in their everyday lives, leaving them more susceptible to HIV/AIDS and its co-morbidities, like diabetes, tuberculosis, heart disease, hypertension and hepatitis A, B and C.
7. Help communities mobilize to fight HIV/AIDS. The federal government must help build sustainable capacity in communities to address HIV/AIDS not as a singular epidemic, but as part of an overall health crisis driven by social and structural disparities. We call on the new Administration to support broad-based community mobilization on HIV/AIDS. A first step would be to increase funding for the Minority AIDS Initiative to \$610 million. The MAI has been flat-funded for the last six years, during which more than 200,000 people of color became infected in the U.S with HIV.

Fighting AIDS in Communities of Color

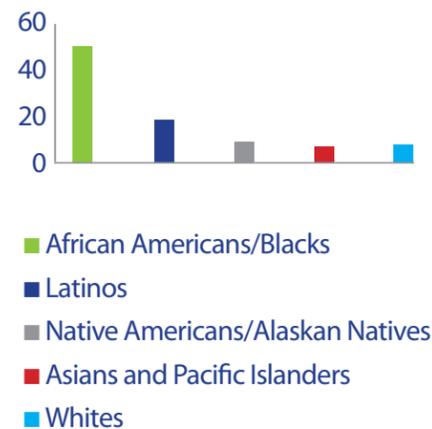
AN ACTION AGENDA FOR THE NEXT PRESIDENT



Asian & Pacific Islander Wellness Center • The Balm In Gilead • The Black AIDS Institute • BIENESTAR
National Association of People with AIDS • National Black Leadership Commission on AIDS
National Minority AIDS Council • National Native American AIDS Prevention Center

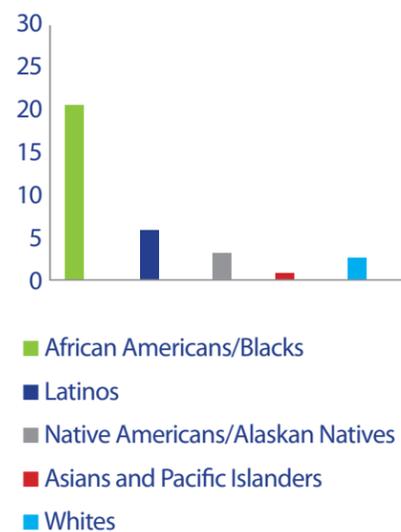
This January, we call on the new President to strengthen programming addressing the domestic HIV/AIDS crisis. Most notably, we ask the new Administration to support the establishment of a National AIDS Strategy, the need for which has never been greater. Indeed, re-evaluation of HIV incidence data at the Centers for Disease Control and Prevention (CDC) recently revealed that 56,300 new HIV cases occurred in 2006 alone, which is 40% higher than previous estimates of 40,000 new HIV cases annually.

AIDS Rates Per 100,000 Population, 2006



The annual incidence rate of new HIV infections has not fallen in nearly two decades. The impact of this trend on people of color – which include African Americans/Blacks, Latinos, Asian and Pacific Islanders, and Native American/Alaska Natives – cannot be overstated. Though they represent only 30% of the U.S. population, people of color in 2006 accounted for 65% of new AIDS diagnoses and nearly two-thirds of new HIV infections. African Americans are eight times more likely than whites to be diagnosed with AIDS. And people of color living with HIV are not benefiting equally from improved HIV treatments. They often learn their status later than their white counterparts, leaving them more susceptible to AIDS-related infections and death. Among HIV-infected people, Blacks are nearly nine times more likely to die than whites of HIV/AIDS-related illness, and Latinos more than twice as likely to die.

Age-Adjusted HIV Death Rates (per 100,000 population), 2004



Nine leading national minority HIV/AIDS organizations, along with representatives from faith- and community-based organizations delivering HIV/AIDS services in communities of color throughout the United States, its territories and Native American reservations, convened at the Ford Foundation in New York City in August 2008 to develop public policy addressing the disproportionate impact of HIV/AIDS in minority communities nationwide. These leaders represent a powerful voting block that includes health care providers, clinicians, policy makers, historically black colleges and universities, and people living with HIV/AIDS. They demanded that the next President be accountable for concrete progress on HIV/AIDS.

1. **Rapidly put in place a National AIDS Strategy.** While the U.S. government requires that foreign countries that receive American HIV/AIDS assistance have a national strategy for addressing the epidemic, the U.S. has no strategy for its own epidemic. As a result, our country's response to this health crisis in communities of color is lethargic, fragmented and unaccountable. This new strategy must require diverse federal agencies to work together to achieve time-bound targets on HIV/AIDS. On HIV/AIDS, the buck must stop with the next President, who must ensure that a new national strategy is developed and effectively implemented.
2. **Collect better data on HIV/AIDS in communities of color.** Public health strategies are only as good as the evidence on which they are based. At this time, HIV/AIDS cases in communities of color are consistently undercounted or not reported at all, particularly in our cities, territories and sovereign Native American nations. We demand that the CDC create a uniform approach to collecting HIV/AIDS data in every state, territory and Native American reservation of the United States. In turn, the Federal government must provide the necessary support to ensure that such data collection is realistic and possible. Accurate and complete information on HIV/AIDS will help public health authorities and their community partners in the fight HIV/AIDS in communities of color.
3. **Strengthen HIV prevention efforts.** The federal government in 2008 allocated only 4% of HIV-related domestic spending to HIV prevention. The international PEPFAR program allocates 25% of its funding to HIV prevention efforts, with much success. This approach not only helps stop new infections, but also costs significantly less than the estimated \$600,000 lifetime expense of treating a single case of HIV infection. With this in mind, we ask that the federal budget under the new Administration allocate at least \$1.3 billion for HIV prevention services and direct CDC to prioritize communities of color in allocating prevention resources.
4. **Make knowledge of HIV status the norm in communities of color.** An estimated 25% of people living with HIV are unaware that they are infected, with undiagnosed infection especially common in communities of color. HIV-infected individuals who are unaware of their infection may unknowingly expose others to the virus and receive treatment only after the disease has severely damaged their immune systems. While the federal government supports an impressive network of HIV testing sites, it has invested few resources in marketing HIV testing in communities of color. Although American companies routinely employ state-of-the-art marketing techniques to persuade consumers to buy their products, these proven strategies have not been used to convince people of color to be tested for HIV.
5. **Ensure universal access to high-quality HIV treatment and care.** As the number of uninsured, non-Medicaid eligible people living with HIV has steadily grown, funding for the Ryan White CARE Act has barely increased over the last six years. As a result, states are creating waiting lists or imposing other cost containment measures for access to medical care and the AIDS Drug Assistance Program, which serves as a lifeline for people living with HIV. In the new administration, Ryan White must be fully funded. Communities of color affected by HIV also have an urgent stake in broader health care reform efforts; universal access to health care is a human right which recognition in U.S. law is long overdue.