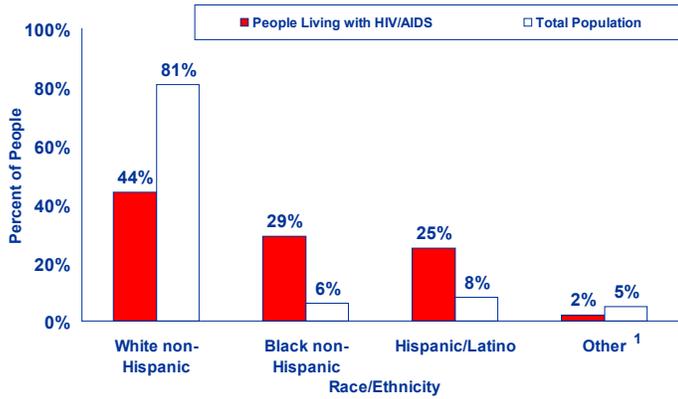




## Communities of Color

### Introduction

**Figure 1. Percentage of People Living with HIV/AIDS and Total Population by Race/Ethnicity: Massachusetts, 2010**



<sup>1</sup> Other include Asian/Pacific Islander and American Indian/Alaska Native  
Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/11; Massachusetts Department of Public Health Modified Age, Race/Ethnicity, & Sex Estimates 2005

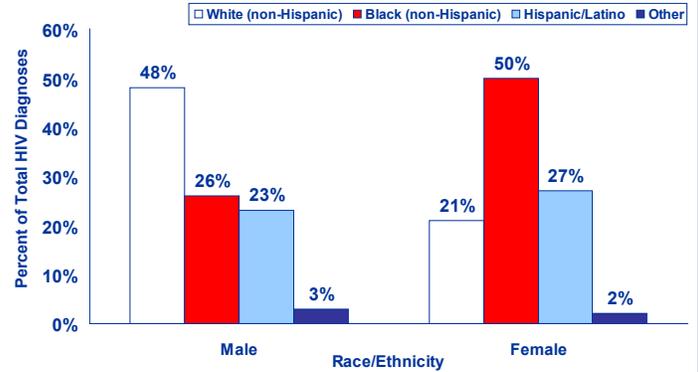
Communities of color have been disproportionately affected by HIV/AIDS in Massachusetts<sup>i</sup> since the beginning of the epidemic. While only 6% of the Massachusetts general population are black (non-Hispanic) and another 8% are Hispanic/Latino, 29% of people living with HIV/AIDS in Massachusetts are black (non-Hispanic) and 25% are Hispanic/Latino. Among individuals diagnosed with HIV infection within the years 2007 to 2009, 33% were black (non-Hispanic) and 24% 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, and even in mortality.

### Evidence of Disparity:

- Six percent of men in Massachusetts are black (non-Hispanic) compared to 23% of men living with HIV/AIDS and 26% of those recently diagnosed with HIV infection.
- Eight percent of all Massachusetts men are Hispanic/Latino compared to 23% of men living with HIV/AIDS, as well as those recently diagnosed with HIV infection.
- Six percent of women in Massachusetts are black (non-Hispanic) compared to 43% of women living with HIV/AIDS and 50% of those recently diagnosed with HIV infection.

- Eight percent of all Massachusetts women are Hispanic/Latina compared to 28% of women living with HIV/AIDS and 27% of those recently diagnosed with HIV infection.

**Figure 2. People Diagnosed with HIV Infection Within the Years 2007–2009 by Gender and Race/Ethnicity: Massachusetts**

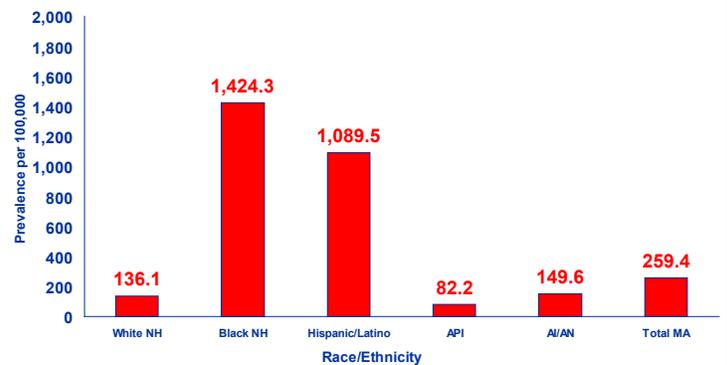


Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/11

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

- The age-adjusted prevalence rate of HIV/AIDS among the black (non-Hispanic) population (1,424.3 per 100,000) is 10 times greater, and among the Hispanic/Latino population (1,089.5 per 100,000) is eight times greater than among the white (non-Hispanic) population (136.1 per 100,000).

**Figure 3. Age-Adjusted HIV/AIDS Prevalence Rate per 100,000<sup>1</sup> Population by Race/Ethnicity: Massachusetts, 2010**



<sup>1</sup> Population sizes are from the Massachusetts Department of Public Health Modified Age, Race/Ethnicity, & Sex Estimates 2005; 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 1/1/11

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



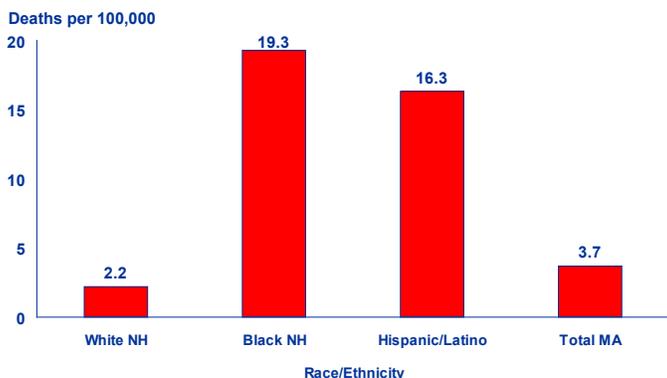


## Communities of Color

- Similarly, the age-adjusted average annual rate of HIV diagnosis from 2007 to 2009 among the black (non-Hispanic) population (52.1 per 100,000) is 11 times greater and among the Hispanic/Latino population (29.5 per 100,000) is six times greater than among the white (non-Hispanic) population (4.7 per 100,000).
- Among females, the level of disparity is more pronounced: the age-adjusted prevalence of HIV/AIDS among black (non-Hispanic) females (1,150.1 per 100,000) is 24 times greater, and among Hispanic/Latina females (670.5 per 100,000) is 14 times greater than among white (non-Hispanic) females (47.4 per 100,000).
- Similarly, the age-adjusted average annual rate of HIV diagnosis from 2007 to 2009 among black (non-Hispanic) females (40.5 per 100,000) is 34 times greater, and among Hispanic/Latina females (17.4 per 100,000) is 15 times greater than for white (non-Hispanic) females (1.2 per 100,000).

**Age-adjusted rates of death:** The disparate impact experienced by communities of color as evidenced by their age-adjusted rates of HIV/AIDS prevalence and 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 Population Among People Reported with HIV/AIDS by Race/Ethnicity: Massachusetts, Average Annual Rate 2007–2009**



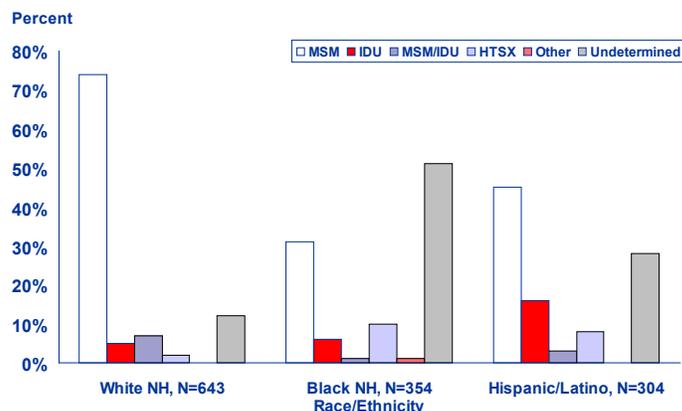
1 Population sizes are from the Massachusetts Department of Public Health Modified Age, Race/Ethnicity, & Sex Estimates 2005; all rates are age-adjusted using the 2000 US standard population; NH= Non-Hispanic, API = Asian/Pacific Islander; AII/AN = American Indian/Alaska Native; Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/11

- The age-adjusted average annual rate of death within the three-year period 2007 to 2009 among the black (non-Hispanic) population reported with HIV/AIDS (19.3 per 100,000) is nine times greater, and for the Hispanic/Latino population (16.3 per 100,000) is seven times greater than for the white (non-Hispanic) population (2.2 per 100,000).

### Exposure Mode:

- The predominant mode of exposure among white (non-Hispanic) individuals diagnosed with HIV infection, within the years 2007 to 2009, is male-to-male sex (64%). Among black (non-Hispanic) individuals, the most frequently reported exposure mode is female reporting sex with male of unknown risk and HIV status (presumed heterosexual exposure, 21%),<sup>iii</sup> followed by male-to-male sex (18%) and heterosexual sex with partners of known risk and/or HIV status. Among Hispanic/Latino individuals, male-to-male sex accounts for 31%, injection drug use 17%, and heterosexual exposure 16% of reported exposures to HIV infection.

**Figure 5. Males Diagnosed with HIV Infection Within the Years 2007–2009 by Exposure Mode and Race/Ethnicity: Massachusetts**



NH= Non-Hispanic, Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/11

- Exposure mode among people diagnosed with HIV infection within the three-year period 2007 to 2009 varies by race/ethnicity among both males and females.
- Among white (non-Hispanic) males, male-to-male sex is the predominant exposure mode, accounting for 74% of reported cases; for 12%, exposure mode is undetermined.

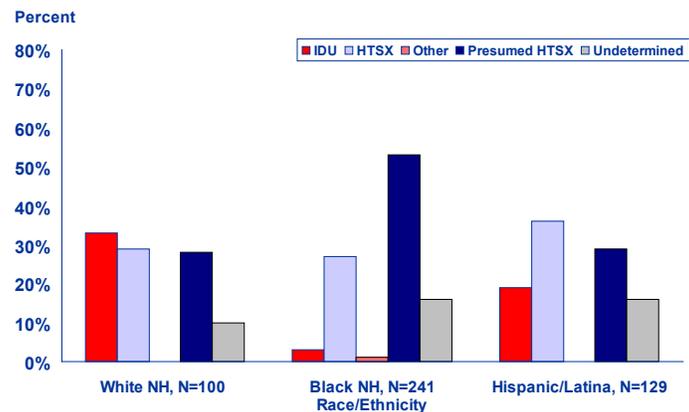




## Communities of Color

- Exposure mode is undetermined in 51% of black (non-Hispanic) males. Among those with a reported risk, male-to-male sex is most frequently reported accounting for 31% of all exposures, followed by heterosexual sex at 10% and injection drug use at 6% of reported exposures.
- Among Hispanic/Latino males, male-to-male sex is the most frequently reported exposure mode accounting for 45% of cases, followed by injection drug use at 16% and heterosexual sex at 8% of exposures. For 28% of Hispanic/Latino males, exposures mode is undetermined.

**Figure 6. Females Diagnosed with HIV Infection Within the Years 2007–2009 by Exposure Mode and Race/Ethnicity: Massachusetts**



NH= Non-Hispanic, Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/11

- Among white (non-Hispanic) females diagnosed with HIV infection, exposure mode is near evenly distributed among the three main modes reported in females: injection drug use accounts for 33%, heterosexual sex (with partners of known risk and/or HIV status) 29% and sex with males of unknown risk and HIV status (presumed heterosexual) 28% of exposures.
- The predominant exposure mode among black (non-Hispanic) females is sex with males of unknown risk and HIV status (presumed heterosexual exposure) (53%).
- Among Hispanic/Latina females, heterosexual sex (with partners of known risk and/or HIV status) is the most frequently reported exposure mode accounting for 36% of exposures, followed by sex with males of unknown risk and HIV status (presumed heterosexual exposure) at 29% and injection drug use at 19% of exposures.

### Geography:

- The Western Health Service Region (HSR)iv was the place of residence for the largest proportion of Hispanic/Latino individuals among recent HIV infection diagnoses (39%), followed by the Northeast HSR (34%) and the Central HSR (24%).
- The Boston HSR was the place of residence for the largest proportion of black (non-Hispanic) individuals among recent HIV infection diagnoses at 40%, followed by the Metro West HSR at 37% and the Central HSR at 34%.

Among cities with over 20 people diagnosed with HIV infection within the three-year period 2007 to 2009, 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 77.6% (N=45)
- Malden 60.0% (N=18)
- Waltham 57.1% (N=16)
- Quincy 50.0% (N=11)
- Medford 45.5% (N=10)
- Framingham 43.3% (N=13)
- Worcester 43.3% (N=39)
- Boston 40.5% (N=207)
- Lowell 40.0% (N=18)
- Cambridge 38.3% (N=18)

Among cities with over 20 people diagnosed with HIV infection within the three-year period 2007 to 2009, the following have the highest proportions of Hispanic/Latino individuals diagnosed with HIV infection (N is the number of Hispanic/Latino individuals diagnosed):

- Lawrence 84.3% (N=43)
- Holyoke 78.3% (N=18)
- Springfield 51.3% (N=39)
- Everett 45.8% (N=11)
- Lynn 44.7% (N=17)
- Framingham 36.7% (N=11)
- Lowell 28.9% (N=13)
- New Bedford 26.8% (N=11)
- Fall River 26.7% (N=8)
- Somerville 26.3% (N=10)





## Communities of Color

### Place of Birth:

- Fifty-four percent of black (non-Hispanic) individuals diagnosed with HIV infection within the three-year period 2007 to 2009 were born outside the US, compared to 34% 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 2007 to 2009 were from Sub-Saharan Africa and the Caribbean.

- The following five countries represent the country of birth for the largest proportions of non-US born black (non-Hispanic) individuals diagnosed with HIV infection in Massachusetts within the three-year period 2007 to 2009 (N is the number of non-US born black (non-Hispanic) individuals diagnosed with HIV infection):

- Haiti 32.6% (N=104)
- Uganda 12.2% (N=39)
- Cape Verde 10.3% (N=33)
- Kenya 6.6% (N=21)
- Ghana 6.3% (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.

- The following five countries represent the country of birth for the largest proportion of non-US-born Hispanic/Latino individuals diagnosed with HIV infection in Massachusetts within the three-year period 2007 to 2009 (N is the number of non-US born Hispanic/Latino individuals diagnosed with HIV infection):

- Dominican Republic 28.8% (N=42)
- Brazil 23.3% (N=34)
- El Salvador 9.6% (N=14)
- Mexico 8.2% (N=12)
- Guatemala 7.5% (N=11)

### 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 42% of HIV infection diagnoses made among this age group within the three-year period 2007 to 2009.

- Although Hispanic/Latino youth represent only 11% of people under the age of 25 in Massachusetts, they accounted for 32% of HIV infection diagnoses made among this age group within the three-year period 2007 to 2009.

### Behavioral Risk for HIV Infection:

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

- Of 5,568 sexually active respondents to the 2008 and 2009 BRFSS, aged 18-64 years, 21% reported using a condom during their last sexual encounter. A greater proportion of black (non-Hispanic) respondents (45%) and Hispanic/Latino respondents (28%) reported condom use at last sexual encounter, compared to white (non-Hispanic) respondents (21%).

### Data Sources:

All HIV/AIDS Case Data: Massachusetts Department of Public Health (MDPH) HIV/AIDS Surveillance Program, Data as of January 1, 2011

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

<sup>i</sup> Effective January 1, 2011, the Massachusetts Department of Public Health (MDPH), Bureau of Infectious Diseases, HIV/AIDS fact sheets, epidemiologic reports and other HIV data presentations have been updated to remove all HIV/AIDS cases that were first diagnosed while residing in another state before being reported in Massachusetts. As of January 1, 2011, this resulted in the removal of 2,297 HIV/AIDS cases, of which 739 have died and 1,558 were living. These persons living with HIV/AIDS may currently reside and receive care in the Commonwealth. The total number of persons living in Massachusetts with HIV/AIDS, irrespective of location of diagnosis, is the basis for MDPH service planning. This change is partially a result of increased activities required by the Centers for Disease Control and Prevention (CDC) for de-duplication among states in an effort to identify cases that are counted multiple times in the National HIV/AIDS surveillance system. The cases are assigned to the state that reports the earliest date of AIDS diagnosis, if available. If the case has not progressed to AIDS, the case is assigned to the state with the earliest HIV diagnosis date. Please note that all previous HIV/AIDS fact sheets, data reports and presentations include cases that may have been first diagnosed in another state.

<sup>ii</sup> 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 2005).





# Massachusetts HIV/AIDS Data Fact Sheet

## Communities of Color

iii Effective January 1, 2011, the Massachusetts Department of Public Health (MDPH) HIV/AIDS fact sheets, epidemiologic reports, and other data presentations have been updated to eliminate the presumed heterosexual exposure mode category for males; those cases have been reassigned to the no identified risk (NIR) exposure mode category. The presumed heterosexual exposure mode category was used with the intention of identifying HIV exposure mode for females when sex with males is the only reported risk factor, there is no evidence of current or past injection drug use (IDU), and behavioral risk and HIV status information about male sexual partners are unknown. Twenty-nine percent of females living with HIV/AIDS and 41% of recent HIV diagnoses among females are reported in the presumed heterosexual exposure mode category. The application of the presumed heterosexual exposure mode category to males is overly inclusive in that female to male HIV transmission is biologically less probable, and there are alternate exposure modes that are possible for males, including sex with other men (MSM) or IDU. The CDC reports males diagnosed with HIV/AIDS who report sex with females as their only risk factor, without corresponding partner risk or HIV status information, in the NIR exposure mode category. This revision to report presumed heterosexual male HIV/AIDS cases as NIR will bring Massachusetts HIV/AIDS case reporting for males in alignment with CDC standards. The MDPH will maintain presumed heterosexual and heterosexual exposure mode categories for females.

iv 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/dph/aids/research/profile2005/app5\\_hrs\\_maps.pdf](http://www.mass.gov/dph/aids/research/profile2005/app5_hrs_maps.pdf) for configuration of health service regions. Reflects the health service region of a person's residence at the time of report (not necessarily current residence).



**For detailed data tables and technical notes see Appendix  
Massachusetts Department of Public Health Office of HIV/AIDS  
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617-624-5300 FAX 617-624-5399 [www.mass.gov/dph/aids](http://www.mass.gov/dph/aids)**

