Fast Facts

- Most racial and ethnic minorities 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 mortality.
- The age-adjusted prevalence of HIV/AIDS among the black (non-Hispanic) population is 11-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 racial/ethnic minority women than in racial/ethnic minority men.i

Introduction

Racial and ethnic minorities in Massachusettsi 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 25% are Hispanic/Latino.

- Eighty-two percent of newly diagnosed women and 56% of newly diagnosed men in 2011 to 2013 were racial and ethnic minorities.

Evidence of Disparity:

- The age-adjusted prevalence rate of HIV/AIDS among the black (non-Hispanic) population (1,460.0 per 100,000) is 11 times greater, and among the Hispanic/Latino population (1,011.2 per 100,000) is seven times greater than that among the white (non-Hispanic) population (139.0 per 100,000).

Among individuals diagnosed with HIV infection within the years 2011 to 2013, 31% were black (non-Hispanic) and 27% were Hispanic/Latino.
Similarly, the age-adjusted average annual rate of HIV diagnosis from 2011 to 2013 among the black (non-Hispanic) population (52.6 per 100,000) is 10 times greater, and among the Hispanic/Latino population (31.8 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 (1,217.1 per 100,000) is 27 times greater, and among Hispanic/Latina women (604.3 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 2011 to 2013 among black (non-Hispanic) women (44.6 per 100,000) is 34 times greater, and among Hispanic/Latina women (16.0 per 100,000) is 12 times greater than for white (non-Hispanic) women (1.3 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 racial and ethnic minorities are diagnosed with HIV/AIDS at higher rates in Massachusetts, the average survival time after diagnosis does not appear to be associated with race/ethnicity. This is likely due to widespread availability and utilization of medical care and highly active antiretroviral therapy (HAART) in the Commonwealth.

- The age-adjusted average annual death rates within the three-year period 2011 to 2013 among the black (non-Hispanic) (14.6 per 100,000) and the Hispanic/Latino (10.7 per 100,000) populations reported with HIV/AIDS are nine and six times greater than for the white (non-Hispanic) population (1.7 per 100,000), respectively.

**Reported Risk:**

- The predominant infection risk among white (non-Hispanic) individuals diagnosed with HIV infection, within the years 2011 to 2013, is male-to-male sex (66%). Risk is undetermined in 33% of black (non-Hispanic) individuals, after which the most frequently reported risk is presumed heterosexual sex (27%)^iv, followed by male-to-male sex (19%), and heterosexual sex with partners of known risk and/or HIV status (15%). Among Hispanic/Latino individuals, male-to-male sex accounts for 39%, undetermined risk 26%, heterosexual risk 11%, and injection drug use 11%, of reported risk to HIV infection.
Place of Birth:

- Fifty-five percent of black (non-Hispanic) individuals diagnosed with HIV infection within the three-year period 2011 to 2013 were born outside the US, compared to 80% of Asian/Pacific Islander individuals, 39% of Hispanic/Latino individuals and 9% of white (non-Hispanic) individuals. An additional 26% 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.

- The majority of non-US born black (non-Hispanic) individuals diagnosed with HIV infection within the three-year period 2011 to 2013 were from sub-Saharan Africa (58%) and the Caribbean Basin (37%).

- Combined, the following five countries represent the country of birth for 63% of non-US-born Hispanic/Latino individuals diagnosed with HIV infection in Massachusetts within the three-year period 2011 to 2013 (N is the number of non-US born Hispanic/Latino individuals diagnosed with HIV infection):
  - Haiti 30% (N=110)
  - Uganda 12% (N=42)
  - Cape Verde 10% (N=35)
  - Kenya 6% (N=22)
  - Jamaica 5% (N=19)

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 33% of HIV infection diagnoses among this age group within the three-year period 2011 to 2013.

- Although Hispanic/Latino youth represent only 14% of people under the age of 25 in Massachusetts, they accounted for 27% of HIV infection diagnoses among this age group within the three-year period 2011 to 2013.

Geography:

- The Western Health Service Region (HSR) had the largest proportion of Hispanic/Latino individuals among recent HIV infection diagnoses (43%), followed by the Northeast HSR (32%).

- The Metro West HSR had the largest proportion of black (non-Hispanic) individuals among recent HIV infection diagnoses at 36%, followed by the Boston HSR, at 35%.
Among cities with over 20 people diagnosed with HIV infection within the three-year period 2011 to 2013, 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 79% (N=66)
- Waltham 47% (N=14)
- Malden 46% (N=15)
- Lynn 45% (N=23)
- Worcester 45% (N=36)
- Medford 38% (N=8)
- Boston 37% (N=212)
- Cambridge 37% (N=14)
- Framingham 35% (N=8)
- Lowell 34% (N=23)

Among cities with over 20 people diagnosed with HIV infection within the three-year period 2011 to 2013, the following have the highest proportions of Hispanic/Latino individuals diagnosed with HIV infection (N is the number of Hispanic/Latino individuals diagnosed):

- Holyoke 82% (N=27)
- Lawrence 79% (N=50)
- Chelsea 65% (N=24)
- Springfield 50% (N=62)
- Everett 38% (N=9)
- Worcester 33% (N=26)
- New Bedford 31% (N=14)
- Fall River 28% (N=7)
- Lowell 28% (N=19)
- Somerville 27% (N=10)

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

Of 2,512 sexually active respondents to the 2013 and 2014 BRFSS, aged 18-64 years, 25% reported using a condom during their last sexual encounter. A greater proportion of black (non-Hispanic) respondents (31%) reported condom use at last sexual encounter, compared to white (non-Hispanic) respondents (24%) and Hispanic/Latino respondents (28%).

Data Sources
All HIV/AIDS Case Data: Massachusetts Department of Public Health (MDPH) HIV/AIDS Surveillance Program, Data as of January 1, 2015
BRFSS Data: Massachusetts Department of Public Health, Bureau of Health Information, Statistics, Research and Evaluation, Behavioral Risk Factor Surveillance System

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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=23 children living with HIV/AIDS under age 13 as of 1/1/15).

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.