



Massachusetts HIV/AIDS Data Fact Sheet

Racial and Ethnic Minorities

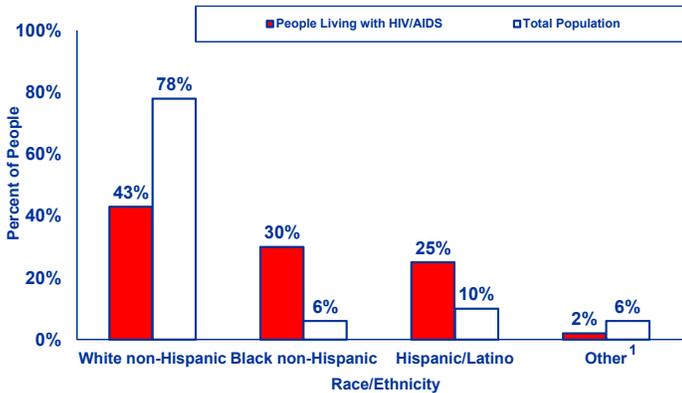
Population Specific
Fact Sheets

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

Figure 1. Percentage of People Living with HIV/AIDS and Total Population by Race/Ethnicity: Massachusetts, 2014



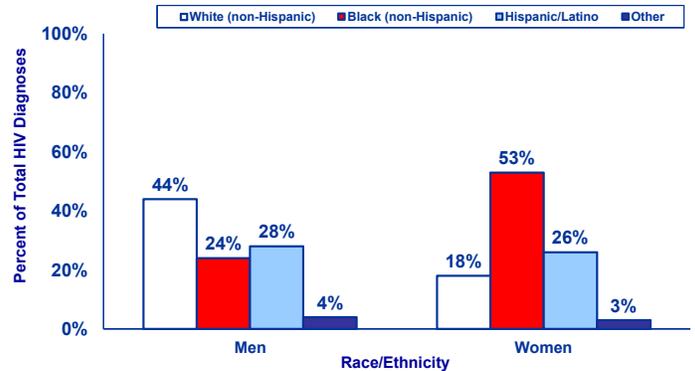
¹ Other include Asian/Pacific Islander and American Indian/Alaska Native
Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/14 Massachusetts Department of Public Health Modified Age, Race/Ethnicity, & Sex Estimates 2010

Racial and ethnic minorities in Massachusettsⁱⁱ 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.

Among individuals diagnosed with HIV infection within the years 2011 to 2013, 31% were black (non-Hispanic) and 27% were Hispanic/Latino.

Evidence of Disparity:

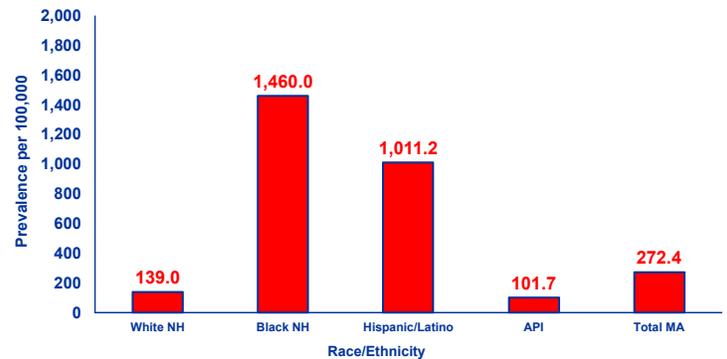
Figure 2. People Diagnosed with HIV Infection Within the Years 2011–2013 by Gender and Race/Ethnicity: Massachusetts



Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/15

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

Figure 3. Age-Adjusted HIV/AIDS Prevalence Rate per 100,000¹ Population by Race/Ethnicity: Massachusetts, 2014



¹ Population sizes are from the Massachusetts Department of Public Health Modified Age, Race/Ethnicity, & Sex Estimates 2010; 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 1/1/15

- The age-adjusted prevalence rateⁱⁱⁱ 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).



For detailed data tables and technical notes see Appendix
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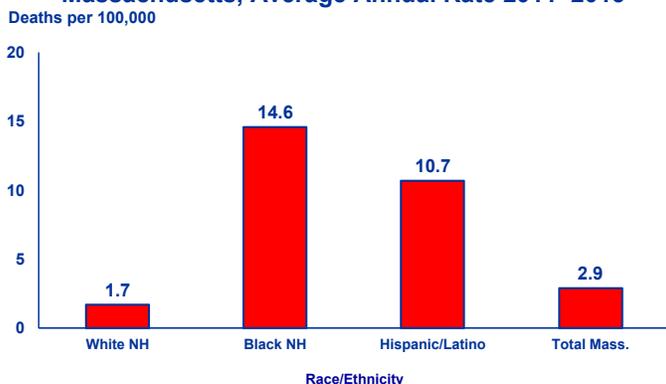
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- Similarly, the age-adjusted average annual rate of HIV diagnosis from 2011 to 2013 among the black (non-Hispanic) population (52.6 per 100,000) is 10 times greater, and among the Hispanic/Latino population (31.8 per 100,000) is six times greater 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.

Figure 4. Age-Adjusted Rate of Death per 100,000 Population¹ Among People Reported with HIV/AIDS by Race/Ethnicity: Massachusetts, Average Annual Rate 2011–2013



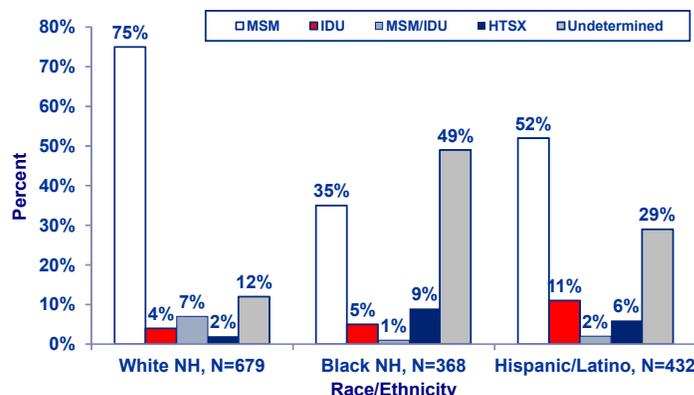
¹ Population sizes for rate calculations are from the Massachusetts (Department of Public Health) Modified Age, Race/Ethnicity, & Sex Estimates 2010, all rates are age-adjusted using the 2000 US standard population; NH= Non-Hispanic; Data Source: MDPH HIV/AIDS Surveillance Program, data as of 1/1/15

- 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.

Figure 5. Men Diagnosed with HIV Infection Within the Years 2011–2013 by Reported Risk and Race/Ethnicity: Massachusetts



NH= Non-Hispanic, Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/15



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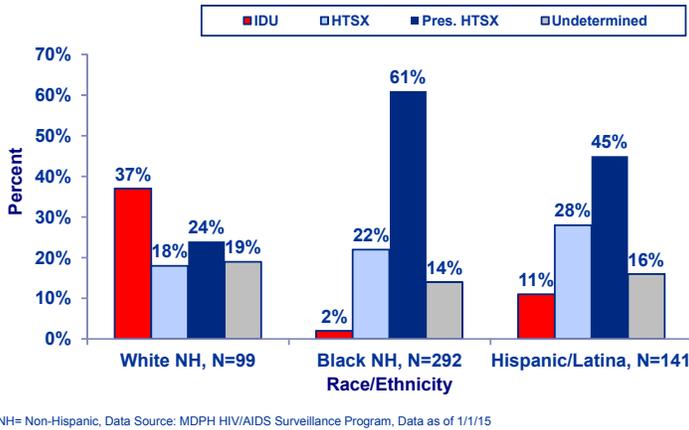




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Figure 6. Women Diagnosed with HIV Infection Within the Years 2011–2013 by Reported Risk and Race/Ethnicity: Massachusetts



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 black (non-Hispanic) individuals diagnosed with HIV infection in Massachusetts within the three-year period 2011 to 2013 (N is the number of non-US born black (non-Hispanic) 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)

- The majority of non-US born Hispanic/Latino individuals recently diagnosed with HIV infection are from Central and South America (66%) and the Caribbean Basin (30%).
- Combined, the following six countries represent the country of birth for 80% 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):

• Dominican Republic	27%	(N=60)
• Brazil	16%	(N=36)
• Guatemala	10%	(N=22)
• Honduras	10%	(N=21)
• El Salvador	9%	(N=20)
• Colombia	9%	(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)^v 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%.



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- 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

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.



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