

Hispanic/Latino People and HIV

(updated January 2023)



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This educational packet is a curated compilation of resources on HIV among Hispanic/Latino people.

The contents of this packet are listed below:

- HIV and Hispanic/Latino People (CDC)
- El VIH y Los Hispanos o Latinos (CDC)
- HIV and Hispanic/Latino Gay and Bisexual Men (CDC)
- HIV Prevention for Hispanic/Latino Gay and Bisexual Men (CDC)
- Hispanic/Latino Clients: Ryan White HIV/AIDS Program, 2020 (HRSA)
- Infographics from AIDSVu
- Infographics from CDC

You may wish to customize this packet to meet the needs or interests of particular groups, such as event participants, providers, patients, clients, or the general public. So please feel free to distribute all or part of this document as either a printout or PDF.

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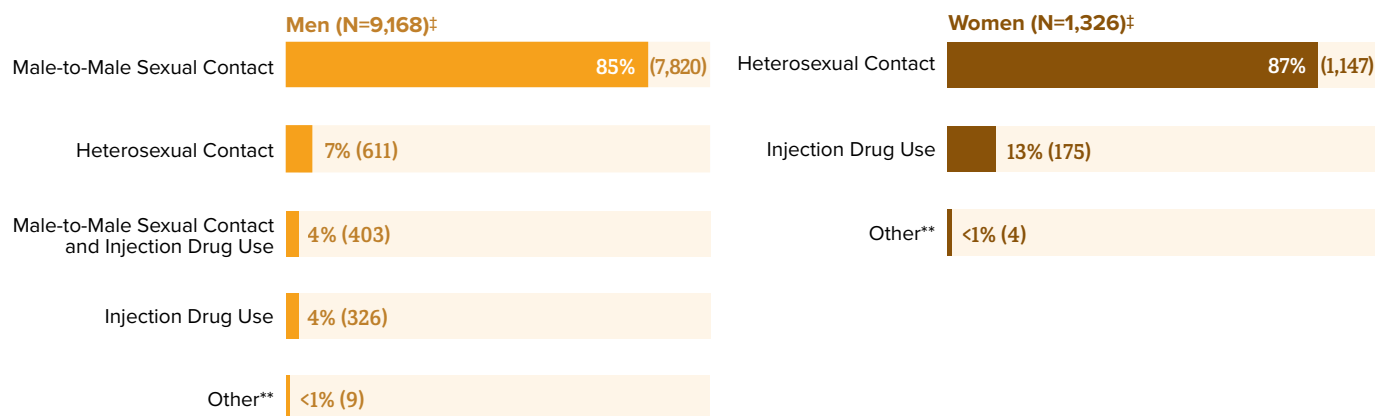
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HIV and Hispanic/Latino People



Of the **36,801 NEW HIV DIAGNOSES** in the US and dependent areas* in 2019, 29% (10,494) were among Hispanic/Latino people.†

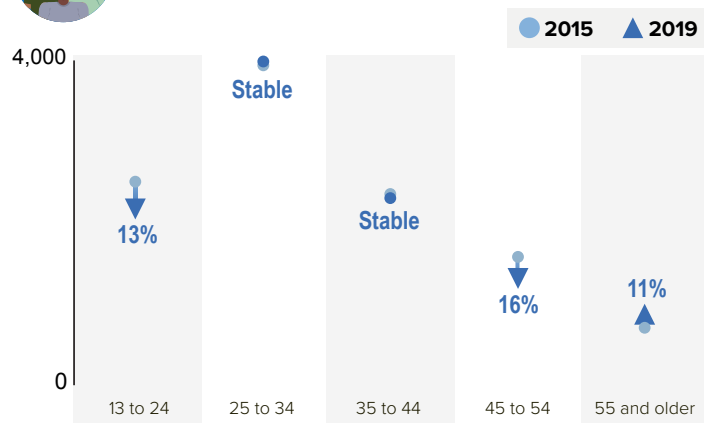
Hispanic/Latino gay and bisexual men accounted for most new HIV diagnoses in 2019.



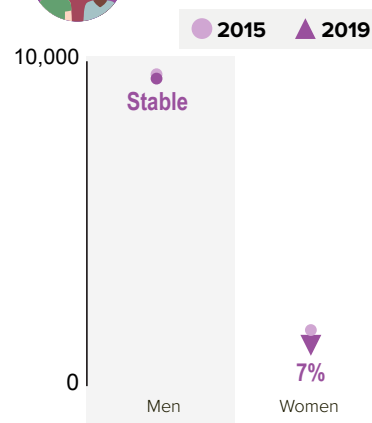
From 2015 to 2019, HIV diagnoses remained stable among Hispanic/Latino people overall. Although trends varied for different groups of Hispanic/Latino people, HIV diagnoses declined for some groups, including Hispanic/Latina women and Hispanic/Latino youth aged 13 to 24.



Trends by Age^{††}



Trends by Sex



* American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands.

† Hispanic/Latino people can be of any race.

‡ Based on sex assigned at birth and includes transgender people.

** Includes perinatal exposure, blood transfusion, hemophilia, and risk factors not reported or not identified.

†† Does not include *perinatal* and *other* transmission categories.

‡‡ In 50 states and the District of Columbia.

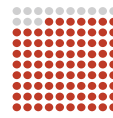
*** In 44 states and the District of Columbia.

Hispanic/Latino people who don't know they have HIV can't get the care and treatment they need to stay healthy.



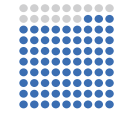
In 2019, an estimated **1.2 MILLION PEOPLE** had HIV.[#] Of those, 294,200 were Hispanic/Latino people.

For every 100 people with HIV



87 knew their HIV status.

For every 100 Hispanic/Latino people with HIV

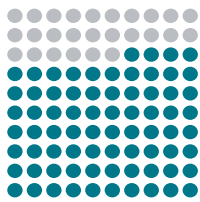


84 knew their HIV status.

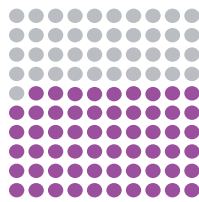


It is important for Hispanic/Latino people to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking HIV medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or remain virally suppressed) can stay healthy for many years and have effectively no risk of transmitting HIV to their sex partners.

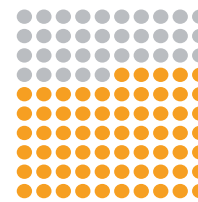
Compared to all people with diagnosed HIV, Hispanic/Latino people have about the same viral suppression rates. For every **100 Hispanic/Latino people with diagnosed HIV in 2019**.***



74 received some HIV care



59 were retained in care



65 were virally suppressed

For comparison, for every **100 people overall** with diagnosed HIV, **76** received some care, **58** were retained in care, and **66** were virally suppressed.

There are several challenges that place some Hispanic/Latino people at higher risk for HIV.

Knowledge of HIV Status



People who don't know they have HIV can't get the care they need and may transmit HIV to others without knowing it.

Sexually Transmitted Diseases (STDs)



Hispanic/Latino people have higher rates of other STDs. Having another STD can increase a person's chance of getting or transmitting HIV.

Racism, HIV Stigma, and Homophobia



Racism, HIV stigma, and homophobia can negatively impact risk-taking behaviors, knowledge of HIV status, HIV care, and other needed services for many Hispanic/Latino people.

Access to HIV Prevention and Treatment Services



Immigration status, poverty, migration patterns, lower educational level, and language barriers may make it harder for some Hispanic/Latino people to get HIV services.

How is CDC making a difference for Hispanic/Latino people?



Collecting and analyzing data and monitoring HIV trends.



Supporting community organizations that increase access to HIV testing and care.



Conducting prevention research and providing guidance to those working in HIV prevention.



Promoting testing, prevention, and treatment through the *Let's Stop HIV Together* campaign.



Supporting health departments and community-based organizations by funding HIV prevention work and providing technical assistance.

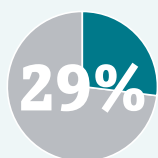


Strengthening successful HIV prevention programs and supporting new efforts funded through the *Ending the HIV Epidemic in the U.S.* initiative.

For more information about HIV surveillance data, read the "Technical Notes" in the HIV surveillance reports at www.cdc.gov/hiv/library/reports/hiv-surveillance.html.

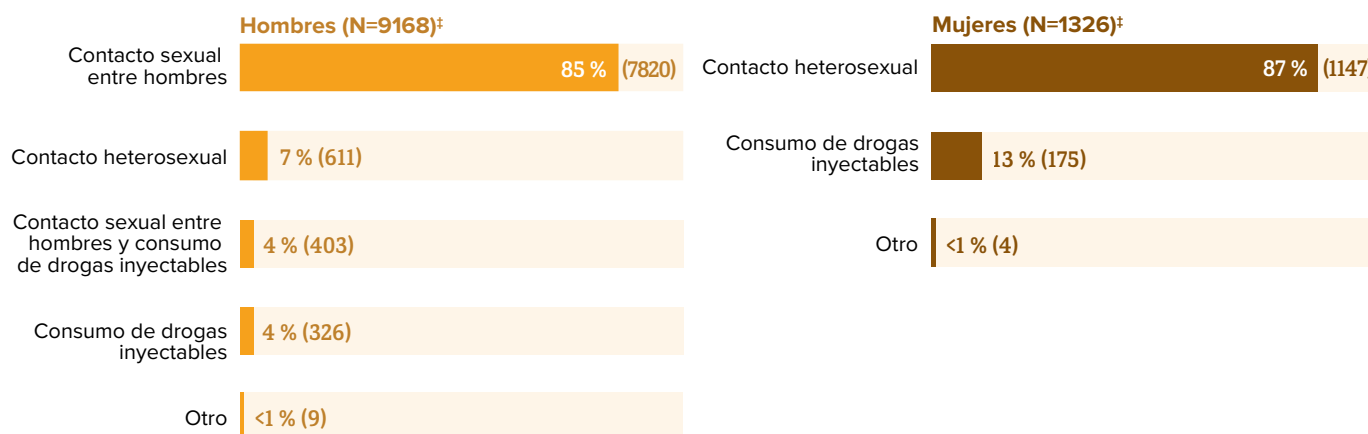
For data on HIV risk behaviors and barriers to HIV care, visit www.cdc.gov/hiv/group/raciaethnic/hispaniclatinos.

EL VIH y los hispanos o latinos



De los **36 801 diagnósticos nuevos de infección por el VIH** en los EE. UU. y áreas dependientes* en el 2019, el 29 % fue entre personas hispanas o latinas.†

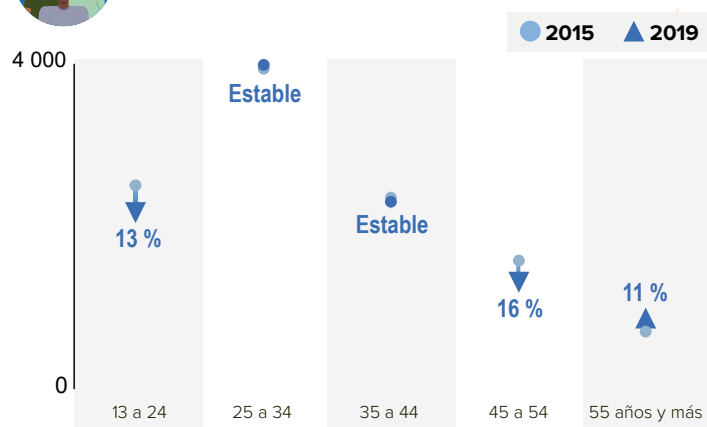
Los hombres hispanos o latinos gays y bisexuales representaron la mayor cantidad de diagnósticos nuevos de infección por el VIH en el 2019.



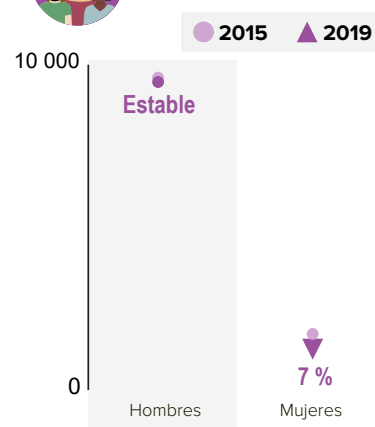
Del 2015 al 2019, la cantidad de diagnósticos de infección por el VIH se mantuvo estable entre las personas hispanas o latinas en general. Si bien las tendencias variaron para diferentes grupos de personas hispanas o latinas, la cantidad de diagnósticos de infección por el VIH se redujeron en algunos grupos, incluidos los de mujeres hispanas o latinas y los de jóvenes hispanos o latinos de 13 a 24 años de edad.



Tendencias por edad^{††}



Tendencias por sexo



* Guam, Islas Marianas del Norte, Islas Vírgenes de los EE. UU., Puerto Rico, República de Palaos y Samoa Estadounidense.

† Las personas hispanas o latinas pueden ser de cualquier raza.

‡ Según el sexo asignado al nacer e incluye a las personas transgénero.

§ Incluye exposición perinatal, transfusión de sangre, hemofilia y factores de riesgo no reportados o no identificados.

†† No incluye las categorías de transmisión *perinatal* ni de *otro tipo*.

‡‡ En los 50 estados y el Distrito de Columbia.

*** En 44 estados y el Distrito de Columbia.

Los hispanos o latinos que no saben que tienen el VIH no pueden recibir el cuidado y tratamiento que necesitan para mantenerse sanos.



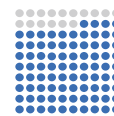
En el 2019, una cantidad estimada de **1.2 millones de personas** tenía el VIH.[#] De esas personas, **294 200** eran hispanas o latinas.

De cada 100 personas con el VIH



87 sabían que lo tenían.

De cada 100 personas hispanas o latinas con el VIH

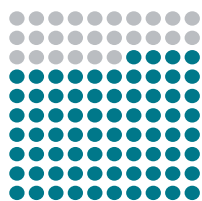


84 sabían que lo tenían.

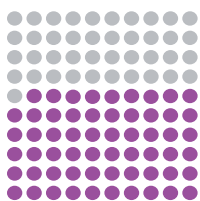


Es importante que las personas hispanas o latinas sepan si tienen el VIH para que puedan tomar medicamentos para tratarlo en caso de tenerlo. Tomar medicamentos para el VIH todos los días puede hacer que la carga viral llegue a niveles indetectables. Las personas que logran y mantienen un nivel de carga viral indetectable (o mantienen la supresión viral) pueden mantenerse saludables durante muchos años y no tienen efectivamente ningún riesgo de transmitirles el virus a sus parejas sexuales.

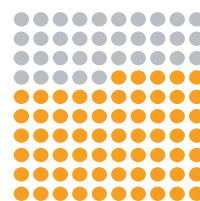
En comparación con todas las personas con diagnóstico de infección por el VIH, las hispanas o latinas tienen aproximadamente las mismas tasas de supresión viral. De cada **100 personas hispanas o latinas con diagnóstico de infección por el VIH en el 2019**.^{***}



74 recibieron algo de atención médica para el VIH



59 se mantuvieron bajo atención médica



65 habían logrado la supresión viral

Para comparar, de cada **100 personas en general** con diagnóstico de infección por el VIH: **76** recibieron algo de atención médica para el VIH, **58** se mantuvieron bajo atención médica y **66** habían logrado la supresión viral.

Hay varias dificultades que ponen a algunas personas hispanas o latinas en mayor riesgo de contraer el VIH.

Saber si se tiene el VIH



Las personas que no saben que están infectadas por el VIH no pueden recibir la atención médica que necesitan y podrían transmitir el VIH a otras personas sin saberlo.

Enfermedades de transmisión sexual (ETS)



Los hispanos o latinos tienen tasas más altas de algunas ETS. Tener otra ETS puede aumentar las probabilidades de contraer o transmitir el VIH.

Racismo, estigma del VIH y homofobia



El racismo, la estigma del VIH y la homofobia pueden afectar negativamente a muchos hispanos o latinos en cuanto a los comportamientos de riesgo adoptados, saber si tienen el VIH, la atención médica para el VIH, y otros servicios necesarios.

Acceso a los servicios de prevención y tratamiento del VIH



Algunos hispanos o latinos podrían tener mayor dificultad para conseguir servicios para el VIH debido a factores como estado migratorio, pobreza, patrones de migración, nivel de estudios más bajo y barreras de idioma.

¿De qué manera están los CDC cambiando las cosas para los hispanos o latinos?



Recolectan y analizan datos, y monitorean las tendencias del VIH.



Dan apoyo a las organizaciones comunitarias que aumentan el acceso a las pruebas de detección y la atención médica del VIH.



Realizan investigaciones sobre la prevención y brindan directrices para aquellos que trabajan en la prevención del VIH



Promueven la realización de la prueba, así como la prevención y el tratamiento del VIH mediante la campaña *Detengamos Juntos el VIH*.



Apoyan a los departamentos de salud y las organizaciones comunitarias con fondos para el trabajo de prevención del VIH y les proporcionan asistencia técnica.

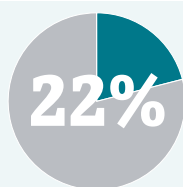


Fortalecen los programas de prevención del VIH exitosos y apoyan los esfuerzos nuevos, que se financian a través de la iniciativa *Ending the HIV Epidemic in the U.S.*

Para obtener más información sobre los datos de vigilancia del VIH, lea la sección "Technical Notes" (Notas técnicas) de los informes de vigilancia del VIH en www.cdc.gov/hiv/library/reports/hiv-surveillance.html.

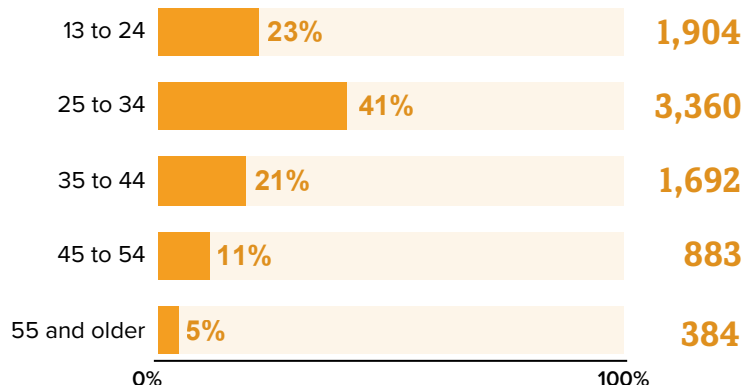
Para ver los datos sobre los comportamientos de riesgo relacionados con el VIH y las barreras que dificultan la obtención de atención médica para el VIH, visite www.cdc.gov/hiv/spanish/group/racialethnic/hispaniclatinos.html.

HIV and Hispanic/Latino Gay and Bisexual Men



Of the **36,801 NEW HIV DIAGNOSES** in the US and dependent areas* in 2019, 22% (8,223) were among Hispanic/Latino[†] gay and bisexual men.^{‡**}

About 2 out of 3 Hispanic/Latino gay and bisexual men who received an HIV diagnosis were aged 13 to 34.

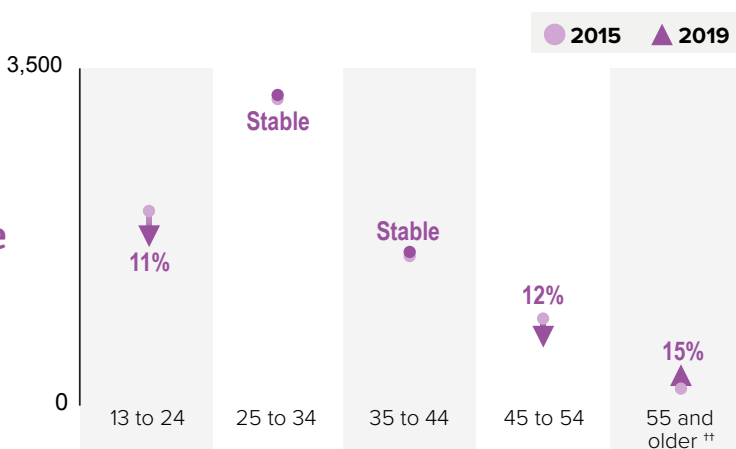


Total may not equal 100% due to rounding.

Though HIV diagnoses remained stable among Hispanic/Latino gay and bisexual men overall from 2015 to 2019, trends varied by age.



Trends by Age



* American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands.

[†] Hispanic/Latino people can be of any race.

[‡] This fact sheet uses the term *gay and bisexual men* to represent gay, bisexual, and other men who reported male-to-male sexual contact aged 13 and older.

^{**} Includes infections attributed to male-to-male sexual contact *and* injection drug use (men who reported both risk factors).

^{††} Changes in subpopulations with fewer HIV diagnoses can lead to a large percentage increase or decrease.

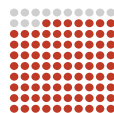
^{‡‡} In 50 states and the District of Columbia.

Hispanic/Latino gay and bisexual men who don't know they have HIV can't get the care and treatment they need to stay healthy.



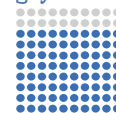
In 2019, an estimated **1.2 MILLION PEOPLE** had HIV.[#] Of those, 202,000 were Hispanic/Latino gay and bisexual men.

For every 100 people with HIV



87 knew their HIV status.

For every 100 Hispanic/Latino gay and bisexual men with HIV

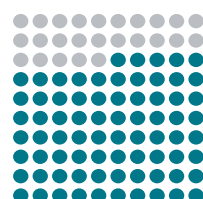


80 knew their HIV status.^{***}

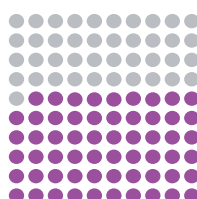


It is important for Hispanic/Latino gay and bisexual men to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking HIV medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or remain virally suppressed) can stay healthy for many years and have effectively no risk of transmitting HIV to their sex partners.

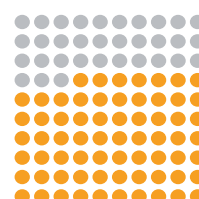
Compared to all people with diagnosed HIV, Hispanic/Latino gay and bisexual men have about the same viral suppression rates. For every **100 Hispanic/Latino gay and bisexual men with diagnosed HIV in 2019**.⁺⁺⁺



75 received some HIV care



59 were retained in care



67 were virally suppressed

For comparison, for every **100 people overall** with diagnosed HIV, **76** received some care, **58** were retained in care, and **66** were virally suppressed.

There are several challenges that place some Hispanic/Latino gay and bisexual men at higher risk for HIV.

Racism, HIV Stigma, and Homophobia



Racism, HIV stigma, and homophobia can negatively impact risk-taking behaviors, knowledge of HIV status, HIV care, and other needed services for many Hispanic/Latino gay and bisexual men.

Low PrEP Use



A small percentage of Hispanic/Latino gay and bisexual men reported using pre-exposure prophylaxis (PrEP). If taken as prescribed, PrEP is highly effective for preventing HIV.

Older Sex Partners



Hispanic/Latino gay and bisexual men are more likely to report that their last sex partner was older. Having older partners may increase the likelihood of being exposed to HIV.

Access to HIV Prevention and Treatment Services



Immigration status, poverty, migration patterns, lower educational level, and language barriers may make it harder for some Hispanic/Latino gay and bisexual men to access HIV services.

How is CDC making a difference for Hispanic/Latino gay and bisexual men?



Collecting and analyzing data and monitoring HIV trends.



Supporting community organizations that increase access to HIV testing and care.



Conducting prevention research and providing guidance to those working in HIV prevention.



Promoting testing, prevention, and treatment through the *Let's Stop HIV Together* campaign.



Supporting health departments and community-based organizations by funding HIV prevention work and providing technical assistance.



Strengthening successful HIV prevention programs and supporting new efforts funded through the *Ending the HIV Epidemic in the U.S.* initiative.

^{***} Includes infections attributed male-to-male sexual contact *only*. Among Hispanic/Latino men with HIV attributed to male-to-male sexual contact *and* injection drug use, 91% knew they had HIV.

⁺⁺⁺ In 44 states and the District of Columbia.

For more information about HIV surveillance data, read the "Technical Notes" in the HIV surveillance reports at www.cdc.gov/hiv/library/reports/hiv-surveillance.html.

For data on HIV risk behaviors and barriers to HIV care, visit www.cdc.gov/hiv/group/msm/hispanic-latino.html.

HIV Prevention for Hispanic / Latino Gay and Bisexual Men

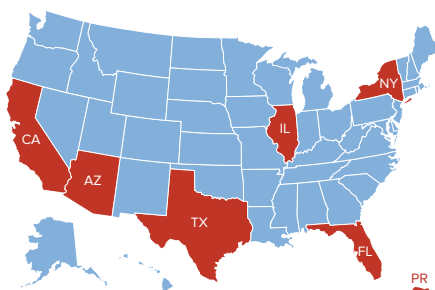
CDC recently reported that the estimated annual number of HIV infections among Hispanic/Latino men who have sex with men (MSM) have increased over the past five years, despite having stabilized for MSM overall. CDC, along with its partners, is actively working to reverse this alarming trend.

What the Latest Data Tell Us

Although Hispanics/Latinos make up 18 percent of the U.S. population, they accounted for nearly 23 percent (252,400) of the estimated 1.1 million people with HIV in the United States in 2015. As in other racial and ethnic communities, the majority (nearly 60 percent) of Hispanics/Latinos now living with HIV are MSM.¹

Surveillance data indicate that the number of Hispanic/Latino MSM who are newly *diagnosed* with HIV is increasing, even as new diagnoses are stabilizing among MSM overall and declining for the overall U.S. population. From 2011 to 2015, HIV diagnoses among Hispanic/Latino MSM grew by 14 percent.² This increase can be partly explained by higher rates of HIV testing, reflecting progress toward national HIV testing goals. Yet a separate CDC analysis estimated that actual new *infections* among Hispanic/Latino MSM did, in fact, increase 18 percent during the same period.³

Available data also help illustrate where HIV prevention efforts should be expanded and intensified for Hispanic/Latino MSM. One recent CDC analysis (*see sidebar*) found that the increases in HIV diagnoses were concentrated in just six main states (Arizona, California, Florida, Illinois, New York and Texas) and Puerto Rico.⁴



Low awareness of HIV status remains a challenge for Hispanic/Latino MSM – 20 percent have undiagnosed HIV infection, indicating that increased testing efforts are a priority. The problem is even more serious among young Hispanic/Latino MSM aged 13–24, among whom only 44 percent are aware of their HIV status.⁵

How Surveillance Advances Drive Prevention

To better understand the drivers of increased diagnoses among Hispanic/Latino MSM, CDC convened a data driven review team of HIV experts from various specialties – including epidemiology, surveillance, program implementation and behavioral science – to conduct a comprehensive review of existing data and recommend a strategy to address the increases.

The group found that 84 percent of the total relative percent increase in HIV diagnoses among Hispanic/Latino MSM from 2010–2014 was geographically concentrated in six states and Puerto Rico. Their review found that low viral suppression rates are likely contributing to ongoing transmission among Hispanic/Latino MSM and their partners.⁶

As one element of its response to these and other findings, CDC funded a new demonstration project that uses molecular diagnostics to identify and address clusters with high rates of HIV transmission among Hispanic/Latino MSM in New York (New York City Department of Health and Mental Hygiene and New York State Department of Health) and Texas (City of Houston Health Department and Texas Department of State and Health Services) – two areas where diagnoses are increasing. By identifying these transmission clusters, health officials can determine if enhanced testing, treatment and other prevention services are needed to slow transmission.

¹ CDC. Estimated HIV incidence and prevalence in the United States, 2010–2015. March 2018. Accessed June 19, 2018.

² CDC. Diagnoses of HIV Infection in the United States and Dependent Areas, 2016. November 2017. Accessed June 19, 2018.

³ CDC. Estimated HIV incidence and prevalence in the United States, 2010–2015. March 2018. Accessed June 19, 2018.

⁴ McCree DH, Walker T, DiNenno E, et al. A programmatic approach to address increasing HIV diagnoses among Hispanic/Latino MSM, 2010–2014. *Prev Med* 2018 Jun 14.

⁵ CDC. Estimated HIV incidence and prevalence in the United States, 2010–2015. March 2018. Accessed June 19, 2018.

⁶ McCree DH, Walker T, DiNenno E, et al. A programmatic approach to address increasing HIV diagnoses among Hispanic/Latino MSM, 2010–2014. *Prev Med* 2018 Jun 14.

Another factor may be limited access to highly effective biomedical prevention tools. A recent CDC study found a substantial unmet prevention need for pre-exposure prophylaxis (PrEP) among Hispanics/Latinos: of all Hispanic/Latino persons who could potentially benefit from PrEP based on CDC's clinical guidelines, only 3 percent filled PrEP prescriptions between September 2015 and August 2016.⁷

Unique Social and Structural Factors Increase HIV Risk

Hispanic/Latino MSM face distinct social and cultural challenges that may contribute to increased HIV risk. They include:

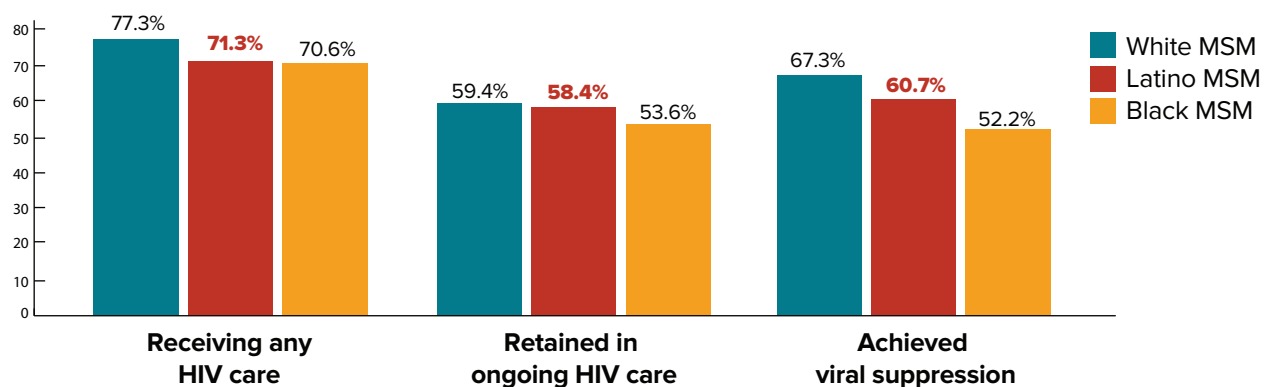
- **Inadequate health insurance coverage.** Hispanics/Latinos have the highest uninsured rate of any racial or ethnic group in the United States,⁸ which can result in missed opportunities for HIV testing; delayed engagement in care; lower adherence to HIV treatment; and limited access to preventive services.⁹
- **Language barriers.** In many Hispanic/Latino households, English is not the primary language. In fact, surveys indicate that roughly one-third of Hispanics/Latinos in the United States have limited English proficiency.¹⁰ Language barriers can make it especially difficult for people to access primary and preventive care services; can interfere in HIV medication adherence; and can result in misinterpreted communication between patients and providers.¹¹
- **Mistrust of the healthcare system.** Hispanics/Latinos experience high levels of mistrust of the healthcare system.^{12,13} While trust in healthcare providers is associated with better health outcomes for people with HIV, lower levels of trust can reduce the likelihood of clinic visits and result in lower use of and adherence to antiretroviral medications.¹⁴

HIV Care Outcomes for Hispanic/Latino Gay and Bisexual Men

Recent scientific advances have shown that antiretroviral therapy (ART) not only preserves the health and quality of life of people with HIV – but also that people with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative sexual partners. By ensuring that everyone with HIV is aware of their infection, receives the treatment they need, and achieves sustained viral suppression, we can sharply reduce new infections.

To monitor progress towards achieving viral suppression, CDC tracks the HIV care continuum, a series of steps from the time a person receives an HIV diagnosis through the successful treatment of their infection with HIV medications. While care outcomes among Hispanic/Latino MSM are generally better than those among black MSM, they are lower than those for white MSM – especially on the crucial measure of viral suppression.

Select HIV care outcomes among MSM living with diagnosed HIV, end of 2014¹⁵:



⁷ CDC. HIV prevention pill not reaching most Americans who could benefit – especially people of color. March 6, 2018. Accessed June 19, 2018.

⁸ United States Census Bureau. Health Insurance Coverage in the United States: 2016. September 12, 2017. Accessed June 19, 2018.

⁹ Institute of Medicine US Committee on the Consequences of Uninsurance. Care Without Coverage: Too Little, Too Late. National Academies Press: 2002.

¹⁰ Pew Research Center. English Proficiency on the Rise Among Latinos. May 12, 2015. Accessed June 19, 2018.

¹¹ Flores, G. Language Barriers to Health Care in the United States. *N Engl J Med*. 2006 Jul 20;355(3):229-31.

¹² Rhodes SD, Hergenrather KC, Aronson RE, et al. Latino men who have sex with men and HIV in the rural south-eastern USA: findings from ethnographic in-depth interviews. *Cult Health Sex*. 2010 Oct;12(7):797-812.

¹³ Rhodes SD, Hergenrather KC, Zometa C et al. Characteristics of immigrant Latino men who utilize formal healthcare services in rural North Carolina: baseline findings from the HoMBReS study. *J Natl Med Assoc*. 2008;100(10):1177–85.

¹⁴ Exploring Lack of Trust in Care Providers and the Government as a Barrier to Health Service Use. *Am J Public Health*. 2006 April; 96(4): 716–721.

¹⁵ CDC MMWR. HIV Care Outcomes Among Men Who Have Sex With Men With Diagnosed HIV Infection — United States, 2015. September 22, 2017. Accessed June 19, 2018.

- **Low awareness of HIV risk factors and perception of HIV risk.** Though not unique to Hispanic/Latino communities, stigma, fear, discrimination and homophobia have a ripple effect on HIV knowledge and healthcare access. This is associated with a range of consequences, including: discouraging people from getting information on HIV prevention resources or programs; limiting openness about a person's sexual orientation or HIV status; discouraging people from seeking out testing and treatment; and limiting an individual's ability to access and adhere to treatment and prevention methods.

Intensifying HIV Prevention for Hispanic/Latino Gay and Bisexual Men

To better reflect the distinct needs of Hispanic/Latino MSM, CDC has strengthened its HIV prevention portfolio in recent years to increase the relevance of prevention programs for groups disproportionately affected by HIV, including Hispanic/Latino MSM. Key changes have included:

- **Reallocating CDC funding to align with current needs.** Every year, CDC awards approximately \$400 million to state and local health departments for HIV surveillance and prevention efforts – its primary means of directing prevention to affected communities. This funding for health departments is fully aligned with the current geographic distribution of the disease, a shift CDC has been working toward for years as part of High-Impact Prevention. This has resulted in increased funding for many of the states with the highest burden of HIV among Hispanics/Latinos.

Within jurisdictions, health departments receiving CDC funding are required to monitor HIV in their communities and direct funding based on local trends. At the beginning of 2018, when CDC renewed its flagship funding program for health departments, surveillance and prevention programs were integrated for the first time. This change allows health departments to plan and execute more efficient, data-driven prevention – more effectively reaching communities like Hispanic/Latino MSM that are in greatest need.
- **Requiring partners to use the latest, most cost-effective interventions.** Funded health department and community-based partners are required to prioritize proven HIV prevention strategies with the greatest potential to reduce new HIV infections. This includes increasing HIV testing and diagnosis efforts; expanding innovative approaches such as Data to Care to engage and retain people in HIV care; providing referrals and linkages to prevention options like PrEP for people at substantial risk; and expanding the use of cutting-edge approaches, such as using data from HIV surveillance to identify and respond to HIV transmission clusters (*see sidebar on page 1*).
- **Increasing cultural competency and tailoring prevention programs.** CDC supports several initiatives that, either in part or in full, work to increase the provision of culturally relevant HIV prevention and care services for Hispanic/Latino MSM. For example:
 - In 2017, the agency awarded \$54 million over five years to 30 community-based organizations (CBOs) to provide comprehensive HIV prevention services to young MSM of color and young transgender people of color and their partners.
 - CDC is providing \$216 million over five years directly to 90 CBOs with demonstrated experience working with populations most affected by HIV for testing and linkage to treatment and prevention services. Fifteen primarily serve Hispanics/Latinos and 64 primarily serve MSM.
 - In 2015, CDC awarded \$60.5 million over four years to fund demonstration projects that provide HIV prevention and other support services that address social determinants of health for MSM of color. The demonstration projects aim to increase linkage to substance abuse treatment, mental healthcare services, job training and housing, and to improve HIV prevention workforce capacity and cultural competency.
 - CDC funds 21 capacity building assistance (CBA) organizations – six have staff who are bilingual in Spanish and English – to provide HIV prevention trainings and technical assistance events throughout the United States. A substantial number of services are provided in Puerto Rico, including with the Puerto Rico Health Department and CDC-funded CBOs. CBA providers address topics ranging from PrEP delivery and HIV testing and linkage to care to grant writing and program sustainability.

- CDC also develops culturally and linguistically appropriate HIV awareness campaigns through the Act Against AIDS initiative, including:
 - **Let's Stop HIV Together** (Detengamos Juntos el VIH), which raises awareness about how HIV affects every corner of American society and fights stigma by giving a voice to people living with HIV as well as their friends and family;
 - **Doing It** (Lo Estoy Haciendo), which encourages all adults to be tested for HIV;
 - **Start Talking. Stop HIV.** (Inicia la conversación. Detén el VIH.), which encourages open communication between gay and bisexual male sex partners and friends about HIV prevention strategies;
 - **HIV Treatment Works** (El tratamiento del VIH Es Efectivo), which encourages people with HIV to get in care and stay on treatment so they may stay healthy, protect others, and live longer, healthier lives.
- CDC is funding the development and testing of tailored risk-reduction interventions for Hispanic/Latino MSM. For example, partners at Temple University are evaluating an intervention for male Hispanic/Latino couples that, if proven effective, could be delivered in other urban areas as well.
- Additionally, CDC works with several Hispanic/Latino organizations through its Partnering and Communicating Together (PACT) initiative to implement large-scale community awareness efforts. Hispanic/Latino PACT Members include the National Hispanic Medical Association; the League of United Latin American Citizens; the ASPIRA Association; and the Pinyon Foundation.



The Path Forward

With a focused approach and more collaboration, new infections can be reduced among Hispanic/Latino MSM. CDC is taking steps to galvanize action and engage community members in the response. For example, the agency is participating in upcoming listening sessions with Hispanic/Latino community leaders to inform CDC's HIV prevention efforts; working with the six states where HIV diagnoses among Hispanic/Latino MSM are increasing and Puerto Rico to evaluate and implement focused prevention strategies; and conducting provider outreach to increase awareness of powerful prevention strategies like treatment for people with HIV, as well as PrEP, HIV testing, and referral and linkage to HIV care.

Success is equally dependent on the work of CDC's partners in affected communities, and all have a role to play:

- **State and local health departments** can ensure that programs and funding are directed to communities in need, and that their surveillance and program activities rely on the most cost-effective strategies.
- **Community-based organizations** can educate policymakers about HIV in Hispanic/Latino communities, while continuing to deliver services to people who have limited interactions with the healthcare system.
- **Community and religious leaders** can speak boldly about the importance of HIV testing, prevention and care – and confront the stigma that keeps many from seeking the services they need.
- **Everyone** can take steps to protect their health, including getting tested for HIV and, if infection is diagnosed, seeking out the care they need to stay healthy and protect the people they care about from infection.

For More Information:

Call 1-800-CDC-INFO (232-4636)
Visit www.cdc.gov/hiv

Hispanic/Latino Clients:

HRSA's Ryan White HIV/AIDS Program, 2020




Population Fact Sheet | July 2022


The Health Resources and Services Administration's Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. More than half the people with diagnosed HIV in the United States—nearly 562,000 people in 2020—receive services through RWHAP each year. The RWHAP funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission. For more than three decades, RWHAP has worked to increase health equity, stop HIV stigma, and reduce health disparities by caring for the whole person and addressing their social determinants of health.

Ryan White HIV/AIDS Program Fast Facts: Hispanic/Latino Clients


23.6%
OF ALL
RWHAP
CLIENTS



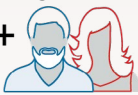
63.6%
LIVE AT
OR BELOW
100% of the
Federal Poverty Level



91.2%
ARE VIRALLY
SUPPRESSED



43.0%
ARE AGED
50+



Of the more than half a million clients served by RWHAP, 73.6 percent are people from racial and ethnic minorities; 23.6 percent of all RWHAP clients are Hispanic/Latino people.

Learn more about Hispanic/Latino clients served by the RWHAP:

- **The majority of Hispanic/Latino clients served by RWHAP are male.** Data show that 76.0 percent of clients are male, 21.5 percent are female, and 2.5 percent are transgender.
- **The majority of Hispanic/Latino clients served by RWHAP are people with lower incomes.** Data show that 63.6 percent of Hispanic/Latino clients are living at or below 100 percent of the federal poverty level, which is higher than the national RWHAP average (60.9 percent).
- **Data show that 4.3 percent of Hispanic/Latino RWHAP clients experience unstable housing.** This percentage is slightly lower than the national RWHAP average (4.8 percent).
- **Hispanic/Latino RWHAP clients are aging.** Hispanic/Latino clients aged 50 years and older account for 43.0 percent of all Hispanic/Latino RWHAP clients.
- **Among Hispanic/Latino male RWHAP clients, 67.7 percent are men who have sex with men.** This percentage is slightly higher than the RWHAP national average (66.7 percent) of all male clients.

Medical care and treatment improve health outcomes and decrease the risk of HIV transmission. People with HIV who take HIV medication as prescribed and reach and maintain viral suppression cannot sexually transmit the virus to their partner. In 2020, 91.2 percent of Hispanic/Latino RWHAP clients receiving HIV medical care are virally suppressed,* which is higher than the national RWHAP average (89.4 percent).

* Viral suppression is defined as a viral load result of less than 200 copies/mL at most recent test, among people with HIV who had at least one outpatient ambulatory health services visit and one viral load test during the measurement year.

Infographics from AIDSVu

In **2019**, an estimated **51%** of **Hispanic/Latinx** individuals reported having ever been **tested for HIV**.



66% Black



51% Hispanic/Latinx



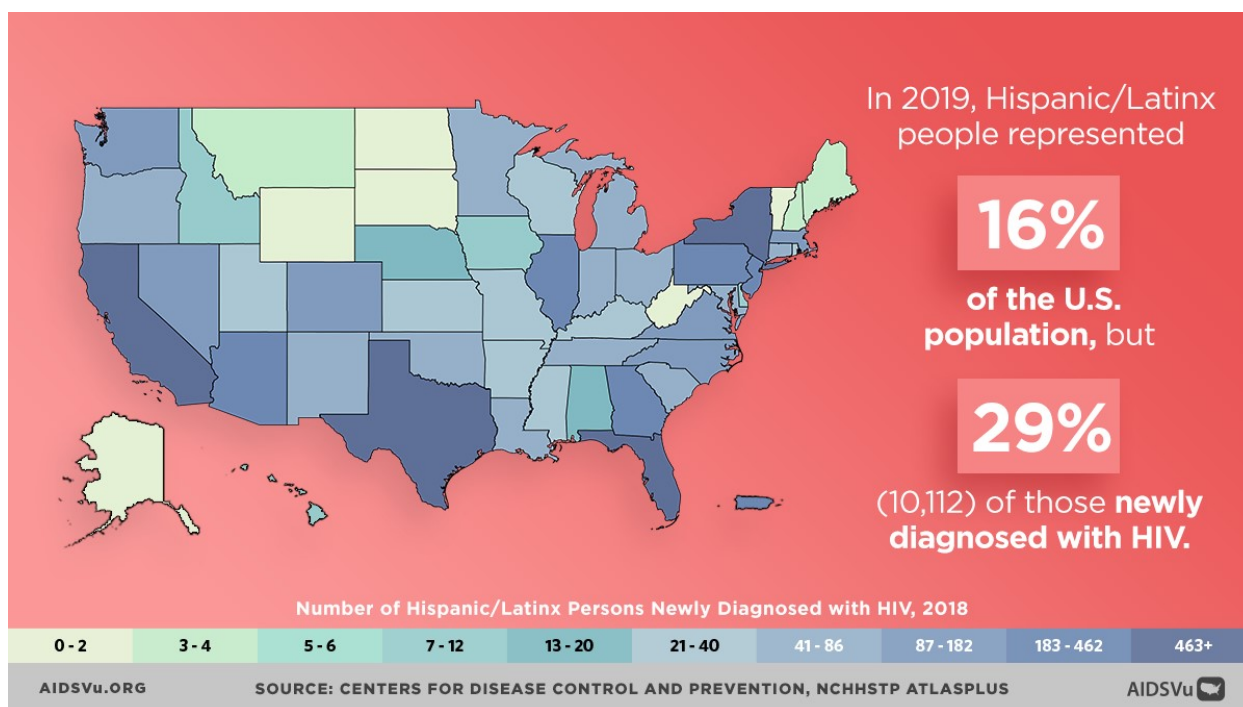
37% White

Percent Who Reported Ever Being Tested for HIV by Race/Ethnicity, 2019

AIDSVu.ORG

SOURCE: CENTERS FOR DISEASE CONTROL AND PREVENTION
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (CDC BRFSS)

AIDSVu 



From 2008 to 2019,
new HIV diagnoses among
Hispanic/Latinx people
 decreased by **1.5%** overall.

During that period,
Hispanic/Latina women
 experienced a **30% decrease**
 ——— and ———
Hispanic/Latino men
 experienced a **5% increase**
 in new HIV diagnoses.



New HIV Diagnoses by Race and Sex, 2008 to 2019

AIDSVu.ORG

SOURCE: CENTERS FOR DISEASE CONTROL AND PREVENTION, NCHHSTP ATLASPLUS

AIDSVu

SOCIAL DETERMINANTS OF HEALTH AND HIV Among Hispanic/Latinx People



In 2019, **Hispanic/Latinx people** represented **24% (248,889)** of all people living with HIV in the U.S. Social determinants of health such as **poverty, insurance, education, household income, food insecurity, and unemployment** can negatively affect HIV-related health outcomes for people **Hispanic/Latinx people**.

Poverty



12% of the **U.S. population**
 were living in poverty



17.2% of **Hispanic/Latinx people**
 were living in poverty



American Community Survey, 2019

Insurance



10.4% of the **U.S. population**
 were uninsured



22.5% of **Hispanic/Latinx people**
 were uninsured



American Community Survey, 2019

Education



89% of **U.S. population** had
 at least a high school education



70.5% of **Hispanic/Latinx people**
 had at least a high school education



American Community Survey, 2019

Household Income



The median household
 income for the **U.S.
 population** was **\$65,712**

The median household
 income among **Hispanic/
 Latinx people** was **\$55,658**

American Community Survey, 2019

Food Insecurity



10.5% of **U.S. population**
 were living with food insecurity



15.6% of **Hispanic/Latinx people**
 were living with
 food insecurity



U.S. Department of Agriculture, 2019

Unemployment



3.7% of **U.S. population**
 were unemployed



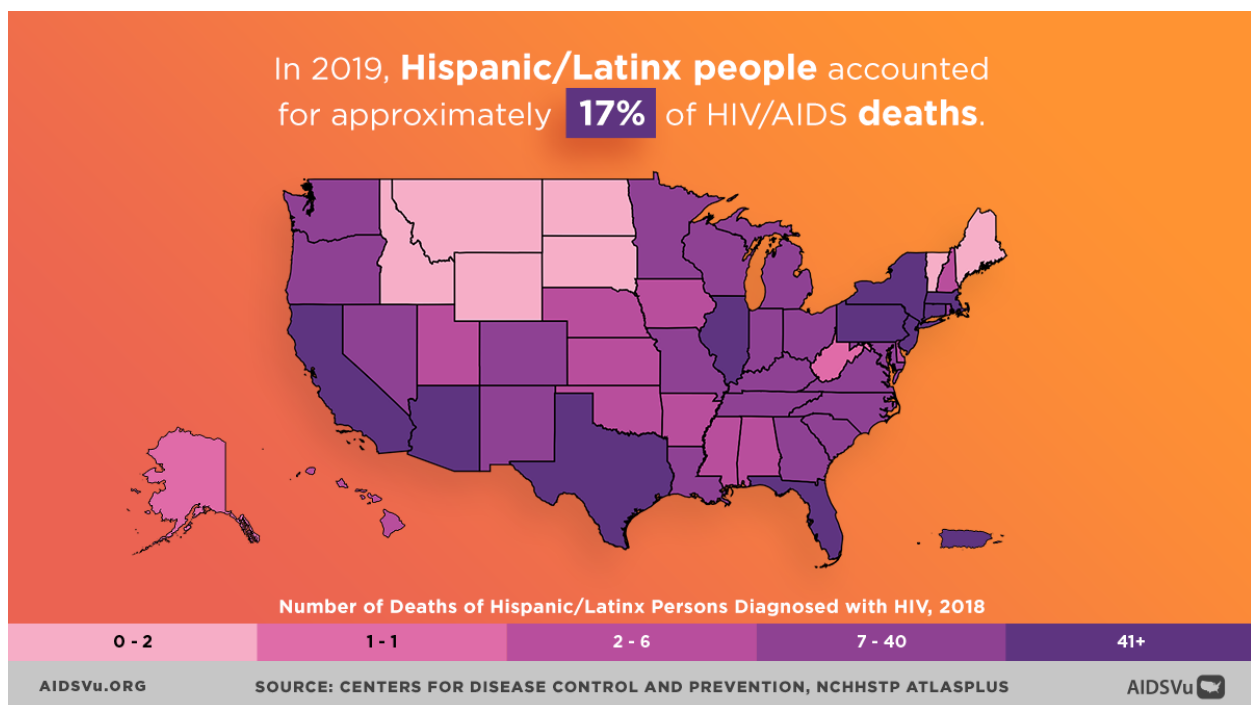
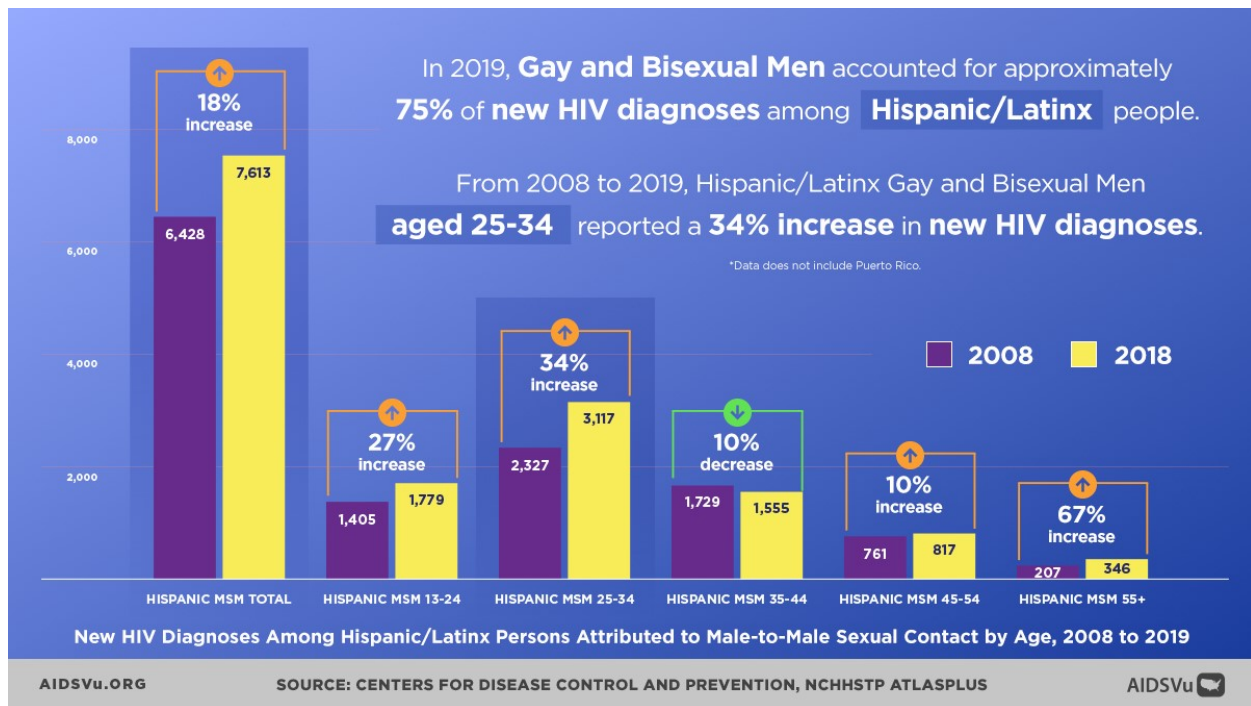
4.3% of **Hispanic/ Latinx people**
 were unemployed

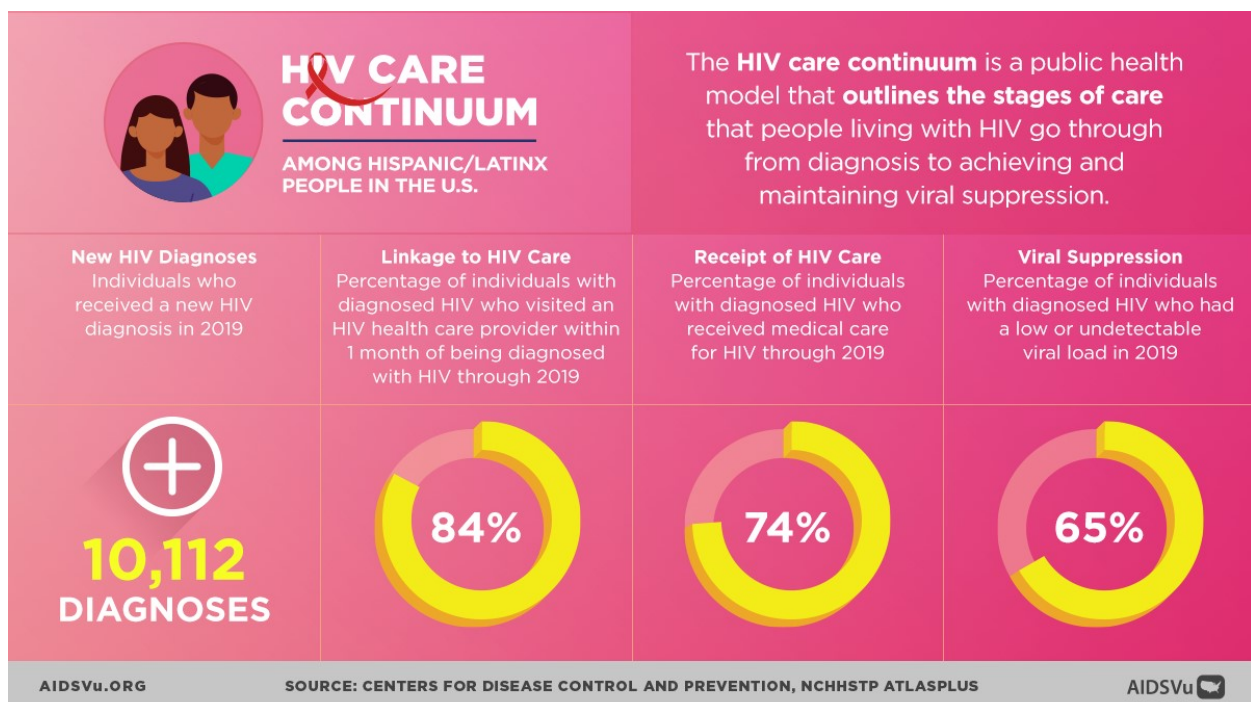
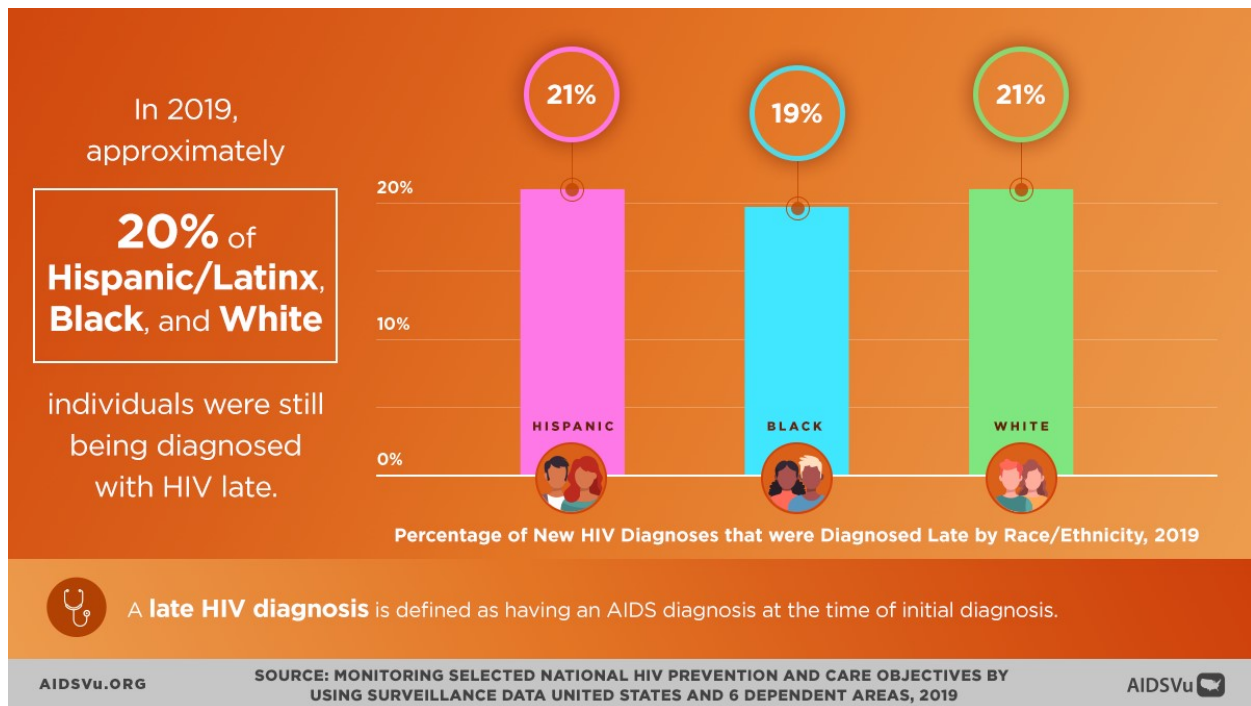


U.S. Department of Labor Statistics, 2019

AIDSVu.org

AIDSVu





Infographics from CDC

(including information about HIV Among Hispanic/Latino People)

People with Diagnosed HIV in 44 States and the District of Columbia by Race/Ethnicity, 2019*

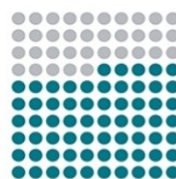
For every 100 **Hispanic/Latino people** with diagnosed HIV: ‡



74
received
some
HIV care



59
were
retained
in care **



65
were virally
suppressed ††

* Among people aged 13 and older.

‡ Hispanic/Latino people can be of any race.

** Had 2 viral load or CD4 tests at least 3 months apart in a year.

†† Based on most recent viral load test.

Source: CDC. [Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019. HIV Surveillance Supplemental Report 2021;26\(2\).](#)

Knowledge of Status

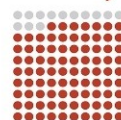
Knowledge of status is one of the six [Ending the HIV Epidemic in the U.S.](#) indicators. Knowledge of status refers to the estimated percentage of people with HIV who have received an HIV diagnosis.

HIV in the US by Race/Ethnicity, 2019*



In 2019, an estimated **1,189,700 PEOPLE** had HIV.

For every 100 people with HIV



87
knew their
HIV status.

For every 100...



80



87



87



84



84



89



89

...knew their status

* Among people aged 13 and older.

† Black refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.

‡ Hispanic/Latino people can be of any race.

Source: CDC. [Estimated HIV incidence and prevalence in the United States, 2015–2019](#) [PDF – 3 MB]. *HIV*

Surveillance Supplemental Report 2021;26(1).

Infographics from CDC

(including information about HIV Among Hispanic/Latino People)

HIV in the United States by Race/Ethnicity: HIV Diagnoses

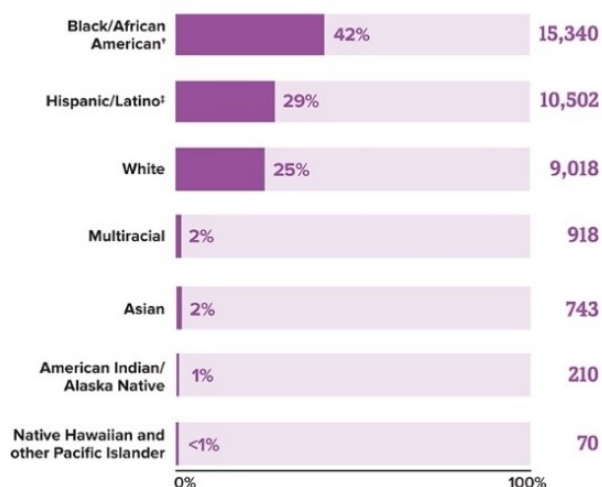
Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state and local jurisdictions. While 2020 data on [HIV diagnoses](#) and [prevention and care outcomes](#) are available, we are not updating this web content with data from these reports.

HIV diagnoses is one of the six [Ending the HIV Epidemic in the U.S.](#) indicators. HIV diagnoses refers to the number of people who received an HIV diagnosis each year.

In 2019, **36,801 people received an HIV diagnosis** in the US and dependent areas.

New HIV Diagnoses in the US and Dependent Areas by Race/Ethnicity, 2019*

Racial and ethnic differences in HIV diagnoses continue to exist.



* Among people aged 13 and older.

† Black refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.

‡ Hispanic/Latino people can be of any race.

Source: CDC. [Diagnoses of HIV infection in the United States and dependent areas, 2019](#). *HIV Surveillance Report* 2021;32.

Infographics from CDC

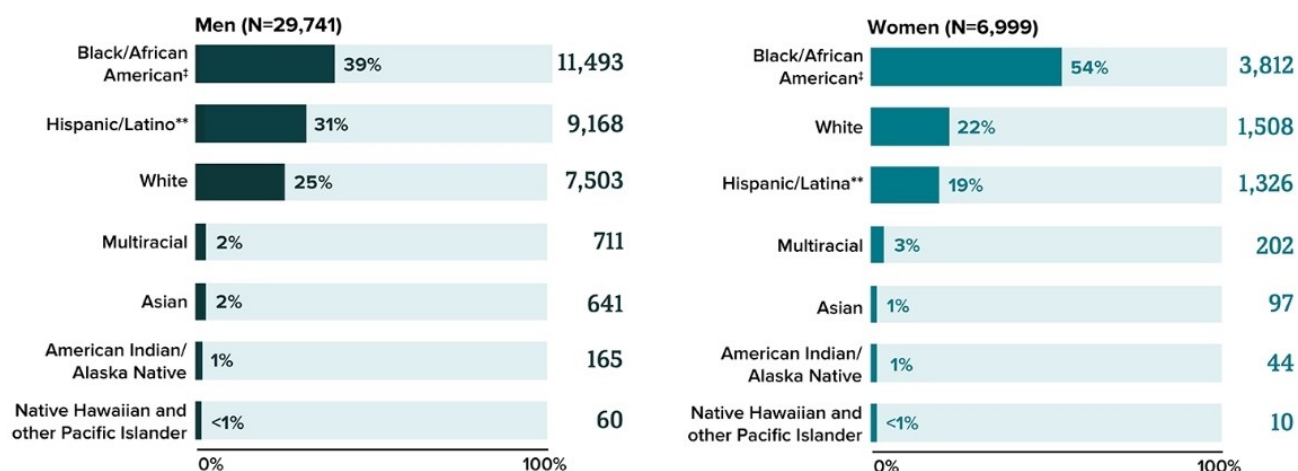
(including information about HIV Among Hispanic/Latino People)

HIV in the United States by Race/Ethnicity: HIV Diagnoses

Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state and local jurisdictions. While 2020 data on [HIV diagnoses](#) and [prevention and care outcomes](#) are available, we are not updating this web content with data from these reports.

HIV diagnoses is one of the six [Ending the HIV Epidemic in the U.S.](#) indicators. HIV diagnoses refers to the number of people who received an HIV diagnosis each year.

New HIV Diagnoses in the US and Dependent Areas by Race/Ethnicity and Sex, 2019*†



* Among people aged 13 and older.

† Based on sex assigned at birth and includes transgender people. For more information about transgender people, visit CDC's [HIV and Transgender People web content](#).

‡ *Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.

** Hispanic/Latino people can be of any race.

Source: CDC. [Diagnoses of HIV infection in the United States and dependent areas, 2019](#). *HIV Surveillance Report* 2021;32.

Infographics from CDC

(including information about HIV Among Hispanic/Latino People)

HIV in the United States by Race/Ethnicity: HIV Diagnoses

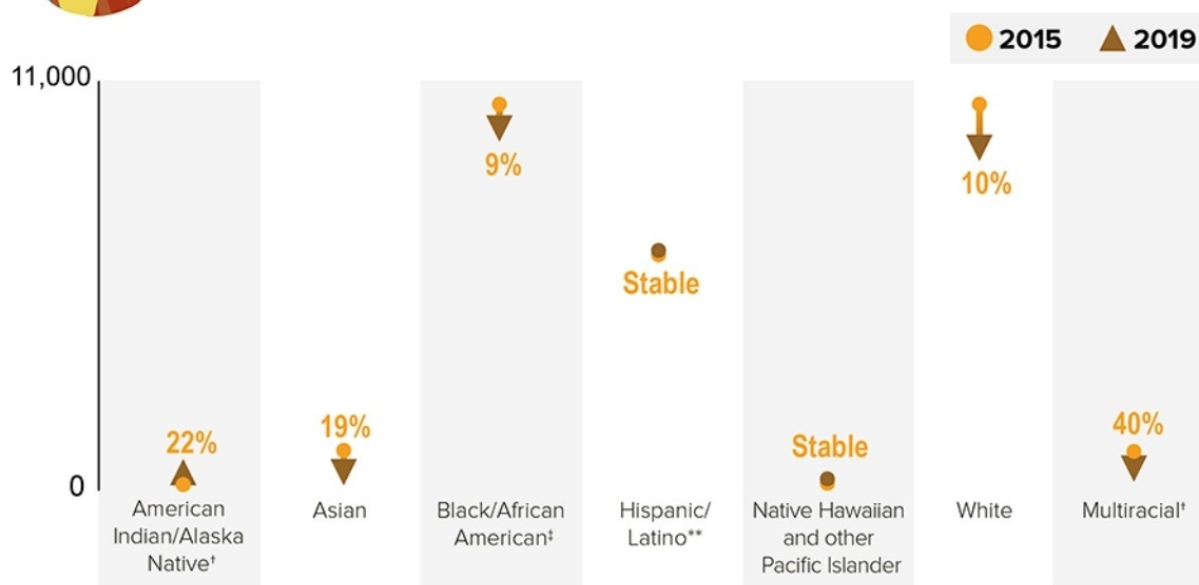
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HIV diagnoses is one of the six [Ending the HIV Epidemic in the U.S.](#) indicators. HIV diagnoses refers to the number of people who received an HIV diagnosis each year.

New HIV Diagnoses in the US and Dependent Areas by Race/Ethnicity, 2015-2019*



Trends by Race and Ethnicity



*Among people aged 13 and older.

† Changes in subpopulations with fewer HIV diagnoses can lead to a large percentage increase or decrease.

‡ Black refers to people having origins in any of the Black racial groups of Africa. African American is a term often used for people of African descent with ancestry in North America.

** Hispanic/Latino people can be of any race.

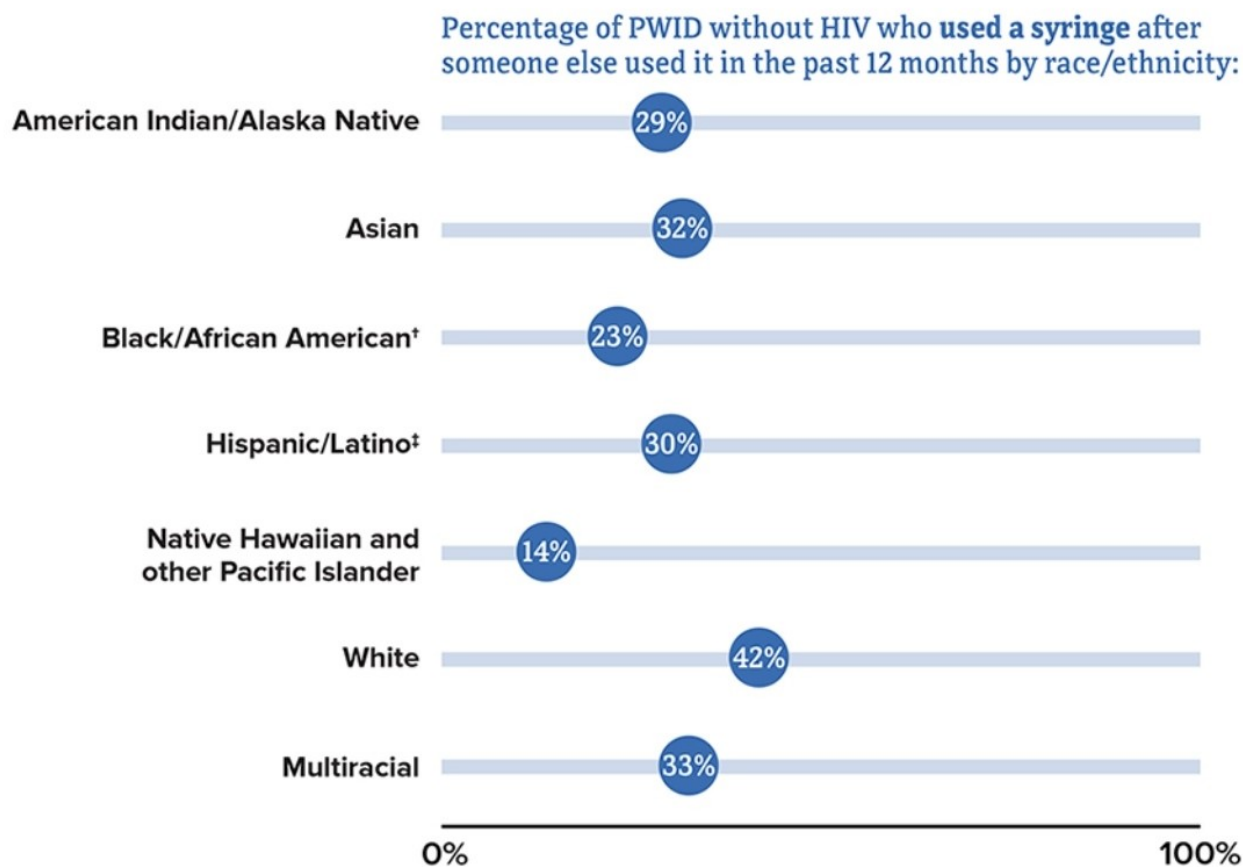
Source: CDC. [Diagnoses of HIV infection in the United States and dependent areas, 2019](#). *HIV Surveillance Report* 2021;32.

Infographics from CDC

(including information about HIV Among Hispanic/Latino People)

HIV Risk Behaviors

Injection Behaviors Among People Who Inject Drugs (PWID) in 23 US Cities by Race/Ethnicity, 2018*



* Among PWID without HIV aged 18 and older.

† *Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.

‡ Hispanic/Latino people can be of any race.

Source: CDC. [HIV infection risk, prevention, and testing behaviors among persons who inject drugs—National HIV Behavioral Surveillance: injection drug use, 23 U.S. Cities, 2018](#). [PDF – 2 MB]. *HIV Surveillance Special*

Report 2020;24.

Infographics from CDC

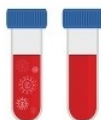
(including information about HIV Among Hispanic/Latino People)

HIV Risk Behaviors

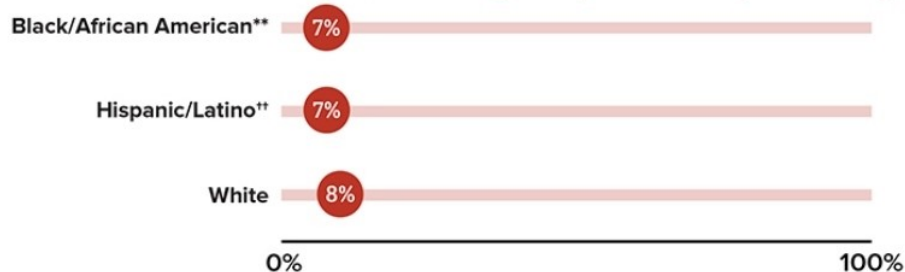
The risk of getting or transmitting HIV varies widely depending on the type of exposure or behavior. Most commonly, people get or transmit HIV through anal or vaginal sex, or sharing needles, syringes, or other drug injection equipment—for example, cookers.

Sexual Behaviors Among People with Diagnosed HIV in the US by Race/Ethnicity, 2019*†

Overall, 7% of people with HIV had sex without using any HIV prevention strategy in the past 12 months.[‡]



Percentage of people with HIV who had sex without using any HIV prevention strategy in the past 12 months by race/ethnicity:



* Among people with HIV aged 18 and older.

† Data not available for Asian, Multiracial, American Indian/Alaska Native, and Native Hawaiian and other Pacific Islander people.

‡ Had sex while not virally suppressed with a partner whose HIV status was negative or unknown, a condom was not used, and the partner was not taking PrEP.

** *Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.

†† Hispanic/Latino people can be of any race.

Source: CDC. [Medical Monitoring Project](#).

Infographics from CDC

(including information about HIV Among Hispanic/Latino People)

HIV in the United States by Race/Ethnicity: PrEP Coverage

PrEP (pre-exposure prophylaxis) coverage is one of the six [Ending the HIV Epidemic in the U.S.](#) indicators. PrEP coverage is the estimated percentage of people with [indications for PrEP](#) classified as having been prescribed PrEP.

Ending
the
HIV
Epidemic

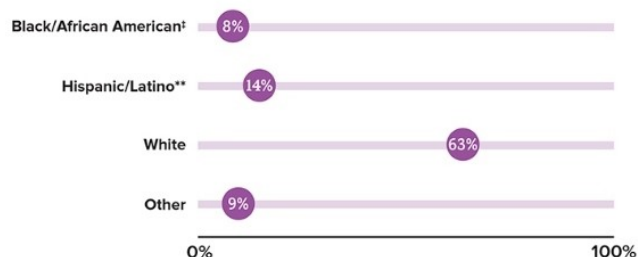
Overall Goal: Increase the estimated percentage of people with indications for PrEP classified as having been prescribed PrEP to at least 50% by 2025 and remain at 50% by 2030.



PrEP Coverage in the US by Race/Ethnicity, 2019*†

PrEP is highly effective for preventing HIV from sex or injection drug use.

Overall, 23% of people who could benefit from PrEP were prescribed PrEP in 2019.



*Among people aged 16 and older.

† Race/ethnicity data are available for less than 40% of people prescribed PrEP.

‡ *Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.

** Hispanic/Latino people can be of any race.

Source: CDC. [Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019. HIV Surveillance Supplemental Report 2021;26\(2\).](#)