

D. Immigration

The number of Latinos living in the South nearly doubled between 2000 and 2010, according to the Pew Research Center's analysis of the U.S. Census.⁸⁴ In fact, twelve of the thirteen states with the highest rate of Latino population growth in the last decade were in the South (Alabama, Arkansas, Delaware, Georgia, Kentucky, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, and Virginia).⁸⁵ The Latino population more than doubled across a large swath of the region, including Alabama, Arkansas, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.⁸⁶ Currently, one in three Latinos in the United States resides in the South. Further analysis of migration trends suggest that the population of Latinos in the U.S., particularly in the South, will double to 30% by 2050.⁸⁷



"Take care of your community, Look for *Claridad!*" Farmworker peer HIV-prevention educators from North Central Florida work to break down stigma around HIV by participating at the Annual Catfish Parade in Crescent City, Florida. Photo Credit: Rural Women's Health Project.

Ethnic composition within the emerging Latino population is increasingly diverse. The diversity of national representation and legal status is a shift from previous Latino composition of the South prior to 2000. Presently, the Mexican population in the Southeast is by far the largest ethnicity represented, followed by Puerto Rican, Cuban, Salvadoran, Dominican, Guatemalan, and Colombian.

The South's emerging Latino community is at risk for HIV/AIDS. As the fastest growing minority group in the region, Latinos are already experiencing the devastating effects of the epidemic. While Latinos represent approximately 16% percent of the total U.S. population, they account for approximately 20% percent of all new HIV infections.⁸⁸ In 2009, the HIV infection rate among Latinos (26.4/100,000) was nearly three times as high as that of Caucasians (9.1/100,000).⁸⁹ The CDC estimates that one in 36 Latino men and one in 106 Latina women will be diagnosed with HIV during their lifetime.⁹⁰ Moreover, infrequent HIV screening among southern Latinos almost certainly masks an even larger, hidden epidemic.

⁸⁴ Passel, Jeffrey S., and D'Vera Cohn. *U.S. Foreign-Born Population: How mUch Change from 2009 – 2010?* Washington: Pew Research Center at 1-3. <http://pewhispanic.org/files/reports/140.pdf>. Accessed April 2012.

⁸⁵ *Id.* at 2.

⁸⁶ *Id.* at 3.

⁸⁷ Shrestha, L.B. (2006) The changing demographic profile of the United States. *Congressional Research Service Report for Congress*, Washington, D.C. Shrestha, Laura, Heisler, and Elayne J. *The Changing Demographic Profile of the United States*, March 2011. Congressional Research Service.

⁸⁸ Kaiser Family Foundation Fact Sheet, *Latinos and HIV/AIDS*, February 2012. www.kff.org/hiv/aids/upload/6007-09.pdf. Accessed April 20, 2012.

⁸⁹ *HIV/AIDS Surveillance Report*, Vol. 22.

⁹⁰ Center for Disease Control and Prevention. *HIV among Latinos*. <http://www.cdc.gov/hiv/resources/factsheets/pdf/latino.pdf>. Published November 2011. Accessed April 2012.

Many of the factors that contribute to the South's overall disproportionate HIV burden also apply to Latinos, including poverty, rural geography, cultural conservatism, and stigma. However, several additional factors greatly impact Latinos in the South and contribute to the emerging epidemic. These factors include (1) sexual risk taking behavior and sexually transmitted infections; (2) cultural barriers to healthcare and preventative services; (3) anti-immigrant policies; (4) domestic violence; and (5) incomplete demographic data.

Sexually Transmitted Infection Risk

The South has consistently higher reported rates of chlamydia, gonorrhea, and syphilis than any other region in the country.⁹¹ Unfortunately, Latinos are disproportionately infected. The prevalence for chlamydia among Latinos was three times higher than that of non-Hispanic whites, and the prevalence for syphilis was twice that of non-Hispanic whites.⁹² This disparity is particularly alarming because of the substantial biological evidence demonstrating that the presence of these sexually transmitted infections (STIs) greatly increases the likelihood of both transmitting and acquiring HIV. According to the Centers for Disease Control and Prevention, individuals who are infected with STIs are at least two to five times more likely than uninfected individuals to acquire HIV if they are exposed to the virus through sexual contact. In addition, if an HIV-positive individual is also infected with another STI, he or she is more likely to transmit HIV than other HIV-positive persons.

Further, many Latinos are engaging in sexual risk-taking behaviors. For instance, a North Carolina study found that 42% of Latino men surveyed had extramarital sex at some time in their relationship, 21% had two or more sexual partners during the past year, and 21% had twenty or more lifetime partners.⁹³ Recent studies also note that Latino men who have sex with men (MSM) have the highest rate of unprotected sex in the nation.



Cultural Barriers to Healthcare and Preventative Services
Historically, cultural barriers and a dearth of linguistically appropriate services have made it more difficult for Latinos to access testing and, if necessary, treatment for HIV in the South. Access issues are exacerbated in most Southern states where there are high rates of Health Professional Shortage areas and uninsured rates between 50% and 79%.^{94 95} Also, southern AIDS Service Organizations

The Latino population in the Deep South has nearly doubled since 2000. It is now common to see multi-generational families settling into new communities.
Photo Credit: Rural Women's Health Project.

⁹¹ CDC. *STD Surveillance 2010* at 2. <http://www.cdc.gov/std/stats10/surv2010.pdf>. Accessed April 2012.

⁹² *Id.*

⁹³ International Journal of Family Medicine, *Factors That Influence HIV Risk among Hispanic Female Immigrants and Their Implications for HIV Prevention Interventions* at 7. <http://www.hindawi.com/journals/ijfm/2012/876381/>. Accessed April 20, 2012.

⁹⁴ Ryan, Kara. Washington DC: National Council of La Raza Washington. *A Burden No Child Should Bear: How the Health Coverage System is Failing Latino Children*. Accessed March 2012.

⁹⁵ Voices of Immigrants in Action (VIA), Rural Women's Health Project. 2010 VIA Community Survey.

(ASOs) have significant shortages of bilingual service providers. As a result, “...many HIV cases among Latinos in the South are not discovered until the individual has fallen seriously ill, and so concurrent diagnoses of HIV and AIDS are common.”⁹⁶

In addition, the recent passage of the Affordable Care Act has prompted southern states to also consider health-related immigrant bills; most of these health-related bills restrict immigrant access to health benefits, including participation in state health benefit exchanges. “Two million Latinos face severe barriers to healthcare and preventive services as these southern states are further restricting Latinos’ access to HIV/AIDS prevention and care by excluding immigrants from government health-promotion efforts.”⁹⁷

Increase in Anti-Immigrant Policies

As the HIV epidemic among Latinos demands heightened attention in the South, many southern legislatures have passed measures driving Latinos further away from contact with healthcare institutions, public health services, and other community-based organizations. States should avoid measures that impede the state’s ability to treat and provide Latinos living with or at risk for HIV/AIDS. Further, state legislatures must consider public health concerns when enacting future legislation.

Domestic Violence

Domestic violence is a significant risk factor for Latina women. In fact, 25% of Latino community members in North Central Florida and East Tennessee stated that domestic violence is the greatest issue facing women in their communities.⁹⁸ The same study found that domestic violence intensifies the issues of depression, low self-esteem, and limited access to reproductive prevention and health support among women.

Incomplete Demographic Data

Although existing data on HIV seroprevalence rates for Latinos in the South provide a vision of the current status of the epidemic, the data offer a very limited perspective. Additional concern must be raised due to the undefined incidence among Latino immigrants, their sex partners, and the limited data on STI prevalence and co-occurring risk factors in rural and urban settings of the rapid-growth states in the South. Also, quantifying all Latinos as one demographic group, or an even less useful division into Latino Black and non-Hispanic Black, ignores essential cultural, economic, and immigration status differences and impedes the critical implementation of effective strategies. Similarly, the common misuse of the terms “immigrant” and “migrant” also hampers the delivery of services. Moreover, “...there is a void in HIV/AIDS incidence data that specifically focuses on Latino immigrants in the South as a unique community.”⁹⁹ Ultimately, the lack of accurate demographic data reduces the public health community’s ability to execute impactful prevention, testing, and treatment programs.

SAC Call to Action

Without a prioritized commitment to address the unique prevention, testing, and treatment needs of those currently classified as Latinos in the South, curbing the expansion of the looming HIV/AIDS epidemic into this community will be difficult to attain.

⁹⁶ Latino Commission on AIDS, *Shaping the New Response: HIV/AIDS & Latinos in the Deep South*, 2010. www.latinoaids.org/docs/latinos_deep_south.pdf. Accessed April 2012.

⁹⁷ 2010 VIA Community Survey

⁹⁸ *Id.*

⁹⁹ Voices of Immigrants in Action. *Risk Factors for HIV/AIDS & the Rural Hispanic Immigrant Community* at 1. Rural Women’s Health Project, 2011. www.farmworkerjustice.org/files/hiv/Community_Fact.pdf. Accessed June 2012.

To address the growing epidemic among Latinos in the South, SAC calls upon:

- State legislators to consider the public health consequences of any legislation that impedes the community's ability to serve Latinos living with or at risk for HIV/AIDS.
- State and local health departments to incorporate the Latino community into HIV/AIDS strategies and programs for prevention, testing and care.
- Health care providers, AIDS service organizations, and other community-based organizations to review funding sources to determine which funding sources can be used to serve all immigrants.