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HIV Affecting the South's Emerging Hispanic Population: Women At Risk

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At this historic XIX International AIDS Conference, as we celebrate many advances in the world of AIDS, its imperative that continue to hone in on areas where our defenses might be weak in terms of the epidemic in the Southern U.S.. Let's take a moment to look at the South East's fastest emerging community- Hispanic Immigrants. "There is a void in HIV/AIDS incidence data that specifically focuses on Hispanic immigrants in the South as a unique community."ⁱ Because of key risk factors, potential for a rapid growth of the epidemic within this community must be addressed, especially among women.

Existing data indicates that HIV/AIDS rates are increasing among Hispanics residing in the South. Many Hispanic immigrants, documented and undocumented do not have the luxury of prioritizing prevention, testing and treatment of HIV. Socio-environmental factors, acculturation and cultural norms may contribute to a sense of resignation and powerlessness towards self-care practices and health in general.ⁱⁱ

In the U.S., 16% of the population is Hispanic, yet 20% of new HIV cases are among this population. With the Hispanic population in the South nearly doubling between 2000 and 2010, 1 in 3 Latinos in the United States reside in the South and it is estimated that 1 in 52 Hispanics will experience HIV. According to the Voices of Immigrants in Action 2010 Community Survey, 1 in 4 Hispanics surveyed knew someone with HIV!

When it come to HIV/AIDS, Hispanic/Latinos living with HIV are more likely to: 1) suffer from late detection, 2) have late initiation of treatment, and 3) discontinue treatment prematurely compared to others living with HIV.ⁱⁱⁱ

Attention must be drawn to 5 risk factors impeding prevention, early diagnosis and treatment access among Hispanic Immigrant women in the South: immigration legislation & detention policies, weakness in data collection, high rates of sexually transmitted infections, continued domestic violence and Affordable Care Act's exclusion of immigrants.

- 1) **Immigration Legislation-** There is a correlation between the risk of HIV infection and current anti-immigrant policies. The increase in proposed and approved immigration enforcements by Southern legislation create fear of racial profiling, reducing circulation and impeding the accessing of all health services. Additionally, with immigrant detention and deportation at an all time high under the Obama administration (30,000 immigrants were detained daily^{iv} in the U.S in 2011),^v separation of families creates emotional and economic strains, potentially exposing those who stay behind to risky behaviors and conditions for survival.
- 2) **Weakness in Collection of Data-** National and local collection of demographic data as it relates to prevalence blurs the potential power of data collection. The result of quantifying all Hispanics as one, or

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an even less useful division into Hispanic black or Hispanic non-black, reduces the public health community's ability to execute prevention, testing and treatment programs that can have an impact. Approaches to serving a recently arrived undocumented Guatemalan immigrant will be shockingly different when compared to serving a third generation Mexican-American. Similarly, the common misuse of the terms "immigrant" and "migrant" often hamper the delivery of services.

- 3) **High rates of Sexually Transmitted Infection (STI)-** There is "increasing evidence of vulnerability to STD/HIV infection through heterosexual contacts"^{vi} for women, who are twice as likely to become infected with HIV through unprotected heterosexual intercourse than men. The South has is home to the majority of the 10 states in the U.S. with the highest STI rates.^{vii} Hispanics having the highest rates of Hepatitis and other STIs in these areas.^{viii} Women are less likely to be able to negotiate condom use and are more likely to be subjected to non-consensual sex.^{ix} Prevalence for Chlamydia among Hispanics was three times higher and Syphilis prevalence was twice that of non-Hispanic Whites.^x Additionally, limited data collected from immigrant and migrant populations hinders the quantifying of the epidemic.
- 4) **Affordable Care Act Exclusions-** "Two million Latinos face severe barriers to healthcare and preventive services as ... southern states are further restricting Latinos' access to HIV/AIDS prevention and care by excluding [non documented and newly documented (5 year window)] immigrants from government health-promotion efforts."^{xi} The recent passage of the Affordable Care Act has prompted some Southern states to consider health-related bills to further restrict immigrant access to health benefits, including participation in state health insurance exchanges. This falls heavy on top of the South's high 50-79% rates of Health Professional Shortage areas and uninsured rates.^{xii/xiii}
- 5) **Continued Domestic Violence** - For Hispanic women, a significant risk factor for infection is domestic violence. According to the VIA 2010 Community Survey, 25% of Hispanic community members surveyed in North Central Florida and East Tennessee state that domestic violence is the greatest issue facing women in their communities.^{xiv} This intensifies obvious barriers to women's prevention and adherence control. Issues of depression, low self-esteem, and limited access to reproductive prevention and health support among women that were also found in the same study.

Conclusion:

With the political and economic challenges facing the South, attention to culturally relevant HIV/AIDS programming, promotion and outreach to Hispanics continues to receive nominal priority. Likewise, attention to the recognition of the need to declassify "Hispanics/Latinos" in data collection as one demographic group, ignores essential cultural, economic and immigration status differences, impeding the critical implementation of effective strategies.

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

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- ⁱ VIA, Rural Women's Health Project (2011) "Risk Factors for HIV/AIDS and the Rural Hispanic Immigrant Community." in *Snapshot 1*. Gainesville: Rural Women's Health Project. Web. 15 Oct. 2011. <<http://via.rwhp.org/>>.
- ⁱⁱ The National Council of La Raza. 2011. *¿A Dónde Vamos? New Directions for Culturally Relevant Latino Community Involvement in HIV/AIDS Prevention and Services Research*. Washington DC: NCLR.
- ⁱⁱⁱ Levin, J. "Disparities in Life Expectancy Due to Suboptimal HIV Care in the US: Impact of Gender, Ethnicity and Race" (*Proceedings of the Conference on retroviruses and opportunistic infections*). Los Angeles, CA: 2007). http://www.natap.org/2007/CROI/croi_37.htm.
- ^{iv} Heartland Alliance. A Snapshot of Immigration Detention, April 2011. <http://www.immigrantjustice.org/nijc-policy-archive-immigration-detention>
- ^v Id.
- ^{vi} Drewry, Jonathon, HIV and Hispanics in the South Webinar,
- ^{vii} CDC, STD Surveillance, 2000 Special Focus Profiles. STDs in the South. <http://www.cdc.gov/std/stats00/2000sfsouth.htm>. Accessed December 29, 2011.
- ^{viii} Drewry, Jonathon, HIV and Hispanics in the South Webinar, November 15, 2011
- ^{ix} <http://www.unaids.org/en/aboutunaids/unaidsstrategygoalsby2015>
- ^x CDC (2009) Sexually transmitted disease surveillance 2008.
- ^{xii} Ryan, Kara. "A BURDEN NO CHILD SHOULD BEAR: How the Health Coverage System Is Failing Latino Children." Washington DC: National Council of La Raza Washington.
- ^{xiii} Rural Women's Health Project. 2010 VIA Community Survey.
- ^{xiv} Rural Women's Health Project. 2010 VIA Community Survey.