In the United States, Latinos are disproportionately affected by HIV infection. In the 2009 census, Latinos accounted for 15 percent of the U.S. population, yet 21 percent of U.S. residents diagnosed with AIDS that year were Latino. In their review of literature, the authors note that few studies have reported the epidemiology of HIV infection among Latinos by place of origin and area of residence.

In this study, the authors examined the epidemiology of HIV among Latinos, by analyzing (a) the place of origin and area of residence, (b) the recent trends in rates of HIV diagnosis, (c) the association between selected characteristics and a short interval between diagnosis of HIV infection and AIDS, and (d) survival after diagnosis of HIV infection.

Using data from the National HIV Surveillance system, the authors analyzed diagnoses of HIV infection among adult and adolescent Latinos during 2006-2009. Data were available from 41 areas (40 U.S. states and Puerto Rico) that had been conducting name-based HIV infection reporting since at least 2006.

The authors found that during 2006-2009, the annual rate of HIV diagnosis among Latino men and women declined by 2.8 percent and 9.8 percent per year, respectively. By area of residence, decreases occurred among Hispanic women in urban areas (-8.7 percent) and Hispanic men (-16.8 percent) and women (-33.2 percent) in rural areas. By birth place, the diagnosis rate (per 100,000 population) was highest among Hispanics born in Central America (33.7 percent), followed by the United States (26.8 percent), Puerto Rico (26.3 percent), Cuba (25.1 percent), South America (24.0 percent), and Mexico (16.2 percent). Although the authors do not definitively state where these Hispanics became infected, the authors suggest that most were infected in areas of the United States where the prevalence of HIV infection was higher. The authors note that Hispanics have a long history of migrating to the U.S. for work and believe that these migration patterns may contribute to the risk of HIV infection.

In addition, the authors found that of the estimated 33,498 Hispanics diagnosed during 2006-2009, a total of 20,443 cases of HIV infection were diagnosed among Hispanic adults and adolescents in the 41 areas reporting. Of these 20,443 cases, 39 percent progressed to AIDS in less than 12 months. The authors also found that survival after diagnosis also differed among
Hispanics by area of residence. For example, Hispanics diagnosed in rural areas had a lower proportion of survival after 36 months than those in non-rural areas. The authors believe that this may be due to diagnosis at a later stage of disease, lack of health care, or lack of insurance.

In conclusion, the authors stress that HIV prevention efforts may not be equally effective for U.S.-born and foreign-born Hispanics, and thus believe that educational efforts should address the important cultural, behavioral, and regional differences among Hispanics. In support of these efforts, the AAALI network can collaborate with national Hispanic organizations and CDC to enhance capacity building assistance services delivered to community-based organizations and community stakeholders providing HIV prevention services, and support the development and implementation of effective community-based HIV prevention programs.

Title: Cultural Influences on Antiretroviral Therapy Adherence Among HIV-Infected Puerto Ricans

Authors: RN Robbins, E D’Aquila, S Morgello, D Byrd, RH Remien, MR Mindt

Source: Journal of the Association of Nurses in AIDS Care, 2012

Antiretroviral therapy (ART) adherence is crucial to treating and managing HIV. Studies have shown that adherence equal to or above 95 percent is highly related to positive health outcomes. Research also indicates that Latinos have difficulties achieving and maintaining optimal ART adherence. The authors’ review of the literature did not provide any explanation as to why Latino ethnicity is related to ART adherence. In an effort to help develop strategies to ameliorate less-than optimal medication-taking behaviors, this study examines the relationship between acculturation to both Puerto Rican and dominant U.S. culture, and the extent to which self-efficacy to navigate between one’s culture of origin and the dominant U.S. culture influenced ART adherence.

Seventeen Puerto Rican participants were recruited from two larger longitudinal studies examining the neurocognitive and neurologic effects of HIV between 2007 and 2008. In order to be eligible for this study, individuals must have been infected with HIV, self-identified as Puerto Rican, fluent English-speakers, prescribed ART for at least 12 weeks, taking ART on their own, and willing to use a special medication bottle cap and bottle with the ART medication for a 4-week period.

The Bicultural Scale for Puerto Ricans (BSPR) was used to assess acculturation to non-Latinos U.S. culture and to Puerto Rican culture. The Bicultural Self-Efficacy Scale (BISES) was used to assess the extent to which individuals felt they could effectively navigate the cultures within which they lived (Latino and U.S. cultures).

Among the HIV-infected Puerto Rican participants in this study, the mean adherence rate was suboptimal (M=70.12 percent), with only about half of the sample demonstrating adherence rates at or above the recommended 95 percent. The authors’ findings also suggest that more U.S.-acculturation is related to better ART adherence among identified bicultural Puerto Ricans of similar demographic backgrounds. Surprisingly for the authors, higher Puerto Rican acculturation was also significantly related to better ART adherence in this study. Based on these
findings, the authors believe that among bicultural Puerto Ricans in the U.S., the ability to navigate between the two cultures may be particularly important to ART adherence behaviors.

This research was the first study of its kind that explicitly examined the relationship between cultural variables and adherence among bicultural HIV-infected Latinos using an objective measure of medication adherence. The authors recommend that researchers and clinicians explore culturally appropriate adherence interventions. In addition to these efforts, AAALI Partner organizations can help advocate and develop policies that educate patients and empower those individuals who feel intimidated by the healthcare system—a system that may seem foreign and incompatible with their values.

Title: Differences in Sexual Risk Behavior and HIV/AIDS Risk Factors Among Foreign-Born and US-Born Hispanic Women
Authors: J Castillo-Mancilla, A Allshouse, C Collins, M Hastings-Tolsman, TB Campbell, SM Whinney
Source: Journal of Immigrant and Minority Health (2012) 14:89-99

Hispanic women in the United States are disproportionately affected by human immunodeficiency virus (HIV) infection. A 2011 report from the CDC found that the U.S. incidence of HIV-1 infection in Hispanic women was almost five times that observed in white women. Of these cases, more than 80 percent were infected through their partners, and approximately 55-60 percent occurred in women of reproductive age. In this study, the authors aim to identify differences in behavioral sexual risk factors between foreign-born Hispanic women (FBHW) and US-born Hispanic women (USBHW).

In an effort to examine difference between these two populations, the authors conducted a self-administered survey on sexual risk behavior among USBHW and FBHW at two primary care/gynecology clinics in the Greater Denver Metropolitan Area. Participants were eligible for this study if individuals were heterosexual, sexually-active women (within the last year), who were 18 years of age or older. Over a period of six months, a total of 320 completed questionnaires were included in the analysis (226 FBHW and 94 USBHW) of this study. Ten questionnaires were excluded because the participants were younger than 18 years of age, were not sexually active, or did not indicate place of birth.

A demographic analysis of the sample illustrated that FBHW were older and reported attaining lower levels of education. In addition, the majority of the USBHW were first generation Hispanic and over two-thirds of the FBHW had lived in the U.S. for more than 5 years.

The authors’ results show that FBHW initiate sexual activity at an older age (3.5 years older) compared to USBHW. Alcohol use, drug abuse, and sexual activity while intoxicated were less frequently observed in FBHW when compared to USBHW. When compared to FBHW, the incidence of previous STI in the USBHW population was higher (18.6 percent FBHW vs. 33.0 percent USBHW had been told they had an STI). FBHW had lower odds than USBHW to have ever been tested for HIV infection (54.9 percent FBHW vs. 82.8 percent USBHW had been tested for HIV). The authors also found that condom use and oral and anal sexual practices were not significantly different among FBHW and USBHW in the study.
In conclusion, the authors note that some protective behaviors in the FBHW population may decrease the risk of acquiring an STI and HIV-1, while USBHW seem to have an advantage over FBHW in terms of HIV testing and access to health care.

The authors stress that researchers and practitioners must take into consideration the unique sexual risk behaviors that exist in foreign-born populations. By applying these research findings as an advocacy tool, AAALI partners can also help ensure that future prevention strategies in the U.S. are tailored to meet the needs of Hispanic women.

Title: Stressors and Sources of Support: The Perceptions and Experiences of Newly Diagnosed Latino Youth Living with HIV
Authors: J Martinez, D Lemos, S Hosek, the Adolescent Medicine Trials Network
Source: AIDS Patient Care and STDs, Vol. 26, Number 5, 2012

Latinos are disproportionately affected by the HIV/AIDS epidemic in that they comprise 15 percent of individuals 13 years of age and older living in the United States, but represent 19 percent of those individuals living with HIV/AIDS. Although HIV-infected Latino youth represent a significant proportion of youth with HIV, the experience of Latino youth with HIV in the U.S. has not been an area of research extensively explored or reported in literature. In this study, the authors examine the stressors as well as the coping strategies of Latino youth after receiving an HIV diagnosis.

Youth were recruited from Adolescent Medicine Trials Units located in Chicago, New York, and San Juan, Puerto Rico to participate in the study. A total of 30 adolescents and young adults who had been recently diagnosed with HIV participated in either focus groups or individual interviews. Of those 30 individuals, 14 interviews were reviewed to identify the sources of support and stress that are unique to this population. The 14 youth ranged in age from 16 to 24 years and were comprised of 6 females and 8 males. Latino youth living with HIV had been aware of their HIV diagnosis for 12-24 months.

The authors found that newly diagnosed HIV infected Latino youth report stressors similar to non-Latino youth. These stressors include: (1) initial psychosocial responses to HIV diagnosis, (2) disclosure to family and friends, (3) stigma related to receiving an HIV diagnosis, (4) body image and concerns of the physical changes associated with HIV and antiretroviral medication, (5) taking antiretroviral medications and side effects, (6) the disruption of their future life goals, and (7) reproductive health concerns.

Based on these findings, the authors discuss several insights on how practitioners can use this information to help minimize HIV/AIDS-related stress. For instance, the study notes that disclosure of HIV status was widely identified as a major stressor by the study participants. The authors suggest that skill building opportunities that assist youth to prepare for disclosure of their HIV status may add to the overall well-being of these youth.
The authors also identify specific coping strategies Latino youth use to deal with or adjust to living with HIV. In particular, the authors illustrate how youth use coping strategies to remind themselves that even with HIV, they could still live, and that there were other diseases that could be worse. Furthermore, the authors document how these youth, despite their stressful circumstances, found positive meaning in ordinary life events as a way of coping with their illness.

As stressed by the authors, AAALI Partner organizations can help recently diagnosed youth by developing innovative interventions that can inform these youth about the physiologic and emotional impact of HIV on their everyday lives, on coping strategies, and expectations of health care services, including HIV treatment with antiretroviral medications and information on their legal rights to privacy.