

HIV/STD Health Disparities in Texas

Texas Department of State Health Services HIV/STD Program

The Big Picture

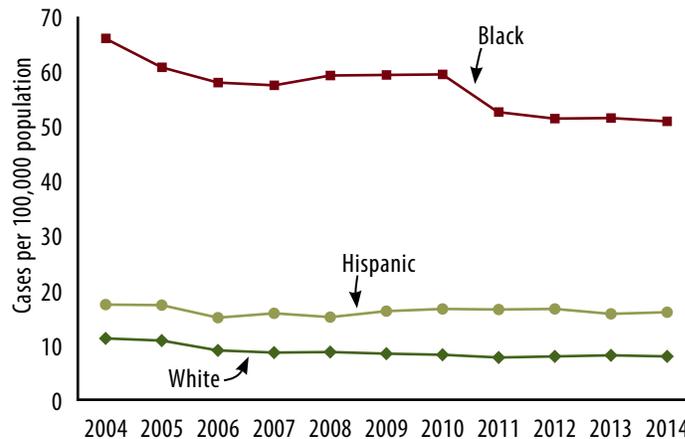
HIV and other STDs disproportionately impact racial/ethnic minorities, occurring at much higher rates in the Black community compared to the overall population. At the same time, Hispanics are more likely to receive a late diagnosis for HIV. These disparities echo inequities in other adverse health outcomes, such as heart disease, stroke, diabetes and infant death. Individual risk factors do not completely explain why individuals in some communities are at higher risk of becoming infected with HIV and other STDs. The increased prevalence of these diseases in social and sexual networks also plays a role.

HIV/AIDS in the Black Community

The Black community has been particularly hard hit by HIV. The largest proportion of HIV cases in Texas is among Blacks. Making up only 12 percent of the population, they represent 40 percent of people with HIV compared to Whites (25%) and Hispanics (30%). In 2014, the rate of Black Texans living with HIV was nearly four times the rate for Hispanic Texans and nearly five times the rate for White Texans.

Black people also have the highest rate of new infections. The 2014 rate of new cases in Black persons (50.8 per 100,000) was more than three times the rate for Hispanics (15.8 per 100,000) and six times the rate for Whites (7.7 per 100,000).

Rate of New HIV Diagnoses by Race/Ethnicity, Texas, 2004-2014



Within the Black community, Black gay men and other Black men who have sex with men are at greatest risk for HIV infection in Texas. The difference in HIV infection rates are not because Black gay men engage in more risky behavior than White or Hispanic gay men. Increased prevalence of HIV in social and sexual

networks is a factor. People are more likely to choose partners within their own social groups. Black gay men have a smaller, and often socially segregated group of available sex partners. Because of higher HIV infection rates among Black gay men as a group, it is more likely that individual Black gay men will encounter an HIV-positive partner.

The Disparate Impact of STDs

STDs other than HIV also have an unequal impact on minorities in Texas. Blacks accounted for 36.7 percent of primary and secondary (P&S) syphilis cases reported in 2014. Black women had the highest rate of chlamydia in 2014 (1,250.6 per 100,000), nearly twice the rate for Hispanic women and over three and a half times the rate for White women.

In 2014, the gonorrhea rate for Blacks (411 per 100,000) was nearly five times higher than the rate for Hispanics (85 per 100,000) and almost seven times higher than the rate for Whites (61 per 100,000). Black men had the highest rate of all race/ethnicity-sex groups at 438 cases per 100,000 population.

Disparities in the Diagnosis of HIV/AIDS

Care for people with HIV is most effective when started as soon as possible after infection. An AIDS diagnosis within a short time after HIV diagnosis (concurrent diagnosis) is linked to earlier death. From 2010 to 2014, almost than 1 in 3 Texans receiving a new HIV diagnosis also received an AIDS diagnosis within one year, known as a late diagnosis. Hispanics as a group had a greater proportion of late diagnoses (35%) than Blacks (26%) or Whites (28%).

Lack of health insurance may contribute to late HIV diagnosis by limiting access to health care. In 2012, Hispanics were more likely to be without health insurance (45%) than Blacks (32%) or Whites (18%).

Addressing Health Disparities

Social and economic factors have a direct impact on individual health outcomes. Disparities in poverty, employment, educational outcomes, and incarceration all contribute to health disparities. Racism and homophobia fuel these disparities. Addressing health disparities requires cross-cutting strategies that open opportunities for participation in health care for affected minority communities. These strategies must also address the social disparities underlying poorer health outcomes.

For source information on this document, visit the DSHS HIV/STD Program website at www.dshs.state.tx.us/hivstd.

FACTS TO CONSIDER:

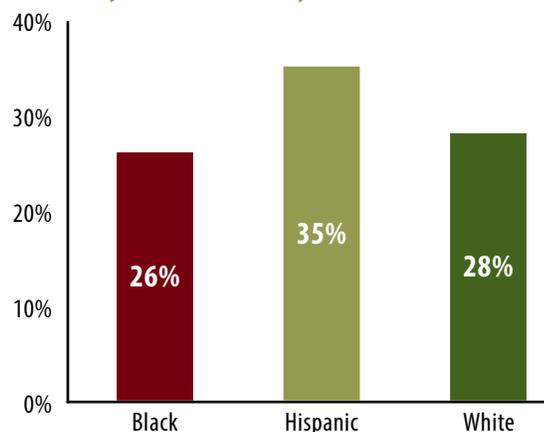
In the United States in 2012, the rate for death caused by HIV among Blacks was nearly 6 times the rate for Whites and nearly 4 times the rate for Hispanics.

While the rate of new HIV cases in 2014 dropped in Blacks and Whites, it increased in Hispanics.

In 2014, 1 in 3 Texans received a diagnosis of AIDS within 1 year of an HIV diagnosis. Hispanics were more likely than Blacks or Whites to receive a late diagnosis.

In 2014 Black men had the highest rate of all race/ethnicity-sex groups of gonorrhea cases in Texas. Black women had the highest rate of chlamydia infection compared to White and Hispanic women.

Proportion of New HIV Diagnoses Receiving a Concurrent AIDS Diagnosis by Race/Ethnicity, Texas 2014



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