Georgia’s minority population shoulders burden of climbing HIV/AIDS rates

The largest health disparities among various racial and ethnic groups are demonstrated in the prevalence of HIV/AIDS. AIDS (Acquired Immunodeficiency Syndrome) was first recognized in the United States in 1981 and has since become a worldwide epidemic, with over 20 million deaths. In the United States, there are nearly a million individuals infected with HIV, the human immunodeficiency virus, and about a quarter are unaware of their HIV status. The estimated number of AIDS cases, through 2003, is 929,985. Since 1982 the United States has spent $150 billion on HIV/AIDS. In 2002, Georgia reported 26,008 AIDS cases, placing

<table>
<thead>
<tr>
<th>State/Territory</th>
<th># of Cumulative AIDS Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York</td>
<td>155,755</td>
</tr>
<tr>
<td>California</td>
<td>128,064</td>
</tr>
<tr>
<td>Florida</td>
<td>90,233</td>
</tr>
<tr>
<td>Texas</td>
<td>59,772</td>
</tr>
<tr>
<td>New Jersey</td>
<td>45,237</td>
</tr>
<tr>
<td>Illinois</td>
<td>28,426</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>28,136</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>27,242</td>
</tr>
<tr>
<td>Georgia</td>
<td>26,008</td>
</tr>
<tr>
<td>Maryland</td>
<td>25,358</td>
</tr>
</tbody>
</table>

States and Territories Reporting the Most AIDS Cases as of December 2002

Source: CDC, Division of HIV/AIDS Prevention

68%+ of the reported AIDS cases in Georgia are within the Atlanta Metropolitan area which includes Clayton, Cobb, DeKalb, Fulton, and Gwinnett counties.
**Georgia Minority Health & Health Disparities Report**

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**Just the Facts**

929,985 is the estimated number of AIDS cases in the United States.

$12.3 million is the state contribution to the total funds ($57 million) allocated toward HIV/AIDS initiatives in Georgia.

29,896 reported AIDS cases in Georgia as of September 2004.

African Americans represent 64 percent of the AIDS cases in 2002, although they only represent 29% of the Georgia population.

75% of the nation's newly diagnosed cases in 2002 were African Americans.

African American females in Georgia are 23 times more likely to be diagnosed with AIDS than their white female counterparts.

78% of the reported pediatric AIDS cases are African American children.

The percentage of perinatally HIV exposed births increased 10 times in the Latino population from 1.1% in 1994 to 10.5% in 2002 in 20 Georgia counties.

Racial/Ethnic Percentages of Cumulative AIDS Cases in Georgia, Dec. 2002

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>34%</td>
</tr>
<tr>
<td>Black</td>
<td>64%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2%</td>
</tr>
</tbody>
</table>

As of September 2004, there are a total of 29,896 reported AIDS cases in Georgia with the highest prevalence among men who have sex with men and the African American population. HIV/AIDS accounts for $57 million of federal and state funds in Georgia. Forty six percent or 13,841 of the total reported AIDS cases are men who have sex with men. Among men who have sex with men, 34% are African American.

In the United States, HIV/AIDS has reached epidemic proportions within the minority communities, especially the African American community. From 1999 through 2003, the estimated number of AIDS cases decreased among whites and increased among blacks, Hispanics, Asian/Pacific Islanders, and among American Indians/Alaska Natives. African Americans are 12% of the total U.S. population yet they account for nearly 40 percent of the U.S. reported AIDS cases. In 2003, the estimated rate of AIDS cases in blacks was 58.2.
58.6 per 100,000 is the rate at which African-American males were diagnosed with AIDS compared to a rate of 7.4 in white males in 2002.

AIDS case rates among blacks in Georgia are 9 times higher than those of their white counterparts.

HIV was the leading cause of death for African Americans aged 35-44 in Georgia during 1999 - 2002.

25% of the individuals infected with HIV in the U.S. are unaware of their HIV status.

In Georgia, African-American women have an AIDS age-adjusted death (13.1) rate nearly 22 times that of white women (0.6).

21.3 per 100,000 is the rate at which Latino males are diagnosed with AIDS in Georgia.

The leading cause of death for African-American men aged 35-44 was HIV/AIDS in Georgia, during 1999-2001, compared to unintentional injuries for white men in the same age group.

41.7 is the morbidity rate of HIV/AIDS in non-rural GA compared to 18.0 per 100,000 for rural Georgia.
98% of the minority female AIDS cases in Georgia were African American women from 1981 to 2001.
Since 2000, the percentage of perinatally HIV exposed births has steadily increased in the Latino population.
Conclusions
& Recommendations

- Open discussion of sexuality, HIV/AIDS risk factors, screening, and methods of prevention, is needed in a wide range of community settings.
- Additional resources are needed for culturally competent interventions in minority and rural communities, especially for the African-American community.
- Resources for free, anonymous, rapid testing, in a stigma-free environment are needed throughout the state.
- Assuring participation by all health care professionals in the recent state-mandated collection of data on HIV infection will demonstrate the true impact of the virus on Georgia’s population.
- Each community throughout the state needs capacity for assuring best-practice comprehensive AIDS care and highly active anti-retroviral therapy for Georgians with HIV/AIDS.

Just the Facts

9.5 per 100,000 is the HIV/AIDS morbidity rate for Georgians aged 60-74 during 1999 – 2002.

Of the 68% of the metro Atlanta reported AIDS cases, 67% of these cases are in Fulton County.

5.1 per 100,000 is the rate at which Latino females were diagnosed with AIDS compared to 1.3 in white females in Georgia.

AIDS case rates among African Americans are 11 times, 5 times and 3 times higher than their Asian Pacific Islander, American Indian/Alaskan Native, and Latino counterparts respectively.

Mission: Promoting excellence in community-oriented primary health care and optimal health outcomes for all Americans, with a special focus on underserved populations and on eliminating health disparities.