



Disparate Impact on Minority Communities HIV/AIDS has had, and continues to exact, a devastating toll on minorities in the United States.

Racial and ethnic minority populations account for almost 71 percent of newly diagnosed cases of HIV infection in this country.

In the African American community, HIV has reached epidemic proportions. African-Americans comprise 45 percent of newly reported HIV infections, yet represent less than 12 percent of the U.S. population. African-American women and men are 23 and 9.8 times more likely to die of AIDS compared to non-Latino Whites. AIDS is the leading cause of death in African-American women aged 35-44 and the fourth leading cause of death in African American men, aged 35-54. Similarly, the Latino community is disproportionately impacted by HIV/AIDS. Latino account for 20 percent of AIDS cases, yet comprise only 16.3 percent of the U.S. population and are three times more likely to be diagnosed with HIV than Whites. Latino men and women are 2.5 and 3.6 times more likely to die of AIDS than their non-Latino White counterparts. For Asians and Pacific Islanders, HIV/AIDS is the seventh leading cause of death in men aged 25 to 34. Native Hawaiians/ Pacific Islanders are almost three times as likely to be diagnosed with HIV infections as the White population. And, though the numbers are less, by comparison, American Indian and Native populations are also disparately impacted by HIV/AIDS. American Indians are 1.4 times more likely to have AIDS than Whites.

MAI Objective:

Since its inception in 1999, the Minority HIV/AIDS Initiative (MAI) has retained its commitment to supporting the goals of building capacity among minority community-based organizations, enhancing cultural competency in service delivery, and increasing access to care for minority populations. While congressional language supporting the MAI has regularly evolved, the objective governing the MAI remains the improvement of HIV-related health outcomes and the reduction of health disparities for racial and ethnic minority communities disproportionately affected by HIV/AIDS. The MAI achieves this principle through the expansion of HIV/AIDS service providers in communities of color, improved capacity for prevention and treatment services in minority community-based organizations (MCBOs), increased delivery of culturally and linguistically appropriate health services, and the enhanced capability for MCBOs to compete for relevant funding opportunities.

Snapshot: Minority Epidemic

-Gay and bisexual men have a lifetime risk of, 1 in 6 of being diagnosed with HIV For Black gay and bisexual men the risk is 1 in 2

-For Latino gay and bisexual men the risk is 1 in 4

-For White gay and bisexual men the lifetime risk is 1 in 11.

-For African-American men overall are almost seven times more likely than white men to be diagnosed with HIV in their lifetimes.

-For women the risk is 1 in 48 African American women will be diagnosed with HIV

-While for Hispanic women their risk is 1 in 227 and 1 in 880 white women.



MAI Administration Annually funded through the Labor, Health, Human Services and Education appropriations bill, the MAI directs funds across nine agencies within the Department of Health and Human Services.

- MAI funding is allocated between the Secretary's Fund, representing approximately \$50 million, and a base component comprising the remaining majority of MAI resources.
- The MAI Base is congressionally appropriated on a noncompetitive basis directly to the CDC, Substance Abuse and Mental Health Services Administration, Health Resources and Services Administration, and the Office of Minority Health.
- Alternatively, the Secretary's Fund allocates approximately \$50 million per year to any Department of Health and Human Services division that provides HIV prevention, care, treatment, or research services.
- MAI Recipients use their funding to reach community-based organizations, faith communities, research institutions, minority-serving colleges and universities, health care organizations, state and local health departments, as well as correctional institutions.
- The MAI creates and enhances HIV service capacity among these minority-focused organizations to provide quality HIV prevention care and treatment services while expanding the number of HIV service providers in minority communities.

The MAI provides highly targeted outreach and education activities, expanded access to testing, service integration, as well as specialized services to high-risk populations, such as bilingual/bicultural services. Additionally, the MAI promotes effective collaborations to reduce redundancy and facilitate integrated approaches to sharing best practices, reduce duplicative efforts, maximize existing resources, and facilitate service integration. Increased Resources to Meet Need and End the Epidemic HIV infection rates in minority populations continue to rise while the overall number of annual new infections in the United States remains stable. To achieve the National HIV/AIDS Strategy goal to reduce HIV-related health disparities, additional funds must be directed toward under-resourced minority communities through the MAI's directed initiatives. MAI remains a key program to help close the racial disparities that are a witness in HIV.