# Lack of HIV Testing Behind Minority Infection Rate

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WASHINGTON — Widespread testing would likely blunt the high HIV infection rate among African Americans and Latinos, but little money and effort have been put into prevention, experts said at the National Minority Quality Forum's 2008 Leadership Summit.

"African Americans and Latinos suffer disproportionately from the HIV/AIDS epidemic in this country," said Dr. Madeline Sutton, who helps lead the Heightened National Response to the HIV/AIDS Crisis Among African Americans, a program of the Centers for Disease Control and Prevention.

Dr. Sutton is the latest director of the $45 million effort to expand the use of HIV testing; that effort has suffered from revolving leadership, however, and has so far not had overwhelming impact, according to the AIDS community.

"Test everyone and treat everyone. Those are probably the two things we can do right now," said Dr. John Bartlett, chief of the division of infectious diseases at Johns Hopkins University, Baltimore.

An HIV test costs approximately $15, which is relatively inexpensive, Dr. Bartlett said, pointing out that it is highly accurate and detects a disease that is lethal if not treated and manageable when it is.

It's a "dream test," yet it's not being used, he said at a meeting sponsored by the Alliance of Minority Medical Associations, the National Association for Equal Opportunity in Higher Education, and the Department of Health and Human Services.

That the test is underused translates to more transmission. The rate of infection is four- to fivefold higher among individuals who don't know they have the disease. Currently, 40% of the people who test positive for HIV have had the infection for 8-10 years, he noted.

Minorities face obstacles that researchers are still struggling to identify. For African Americans, it's not clearly genetics or behavior that is leading to the explosion in the infection rate, Dr. Sutton said. In part, the CDC's effort is based on forming a better understanding of what the barriers are to testing.

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"A lot of issues have to do with stigma and how we get people to the next level," she said.

Latino patients face the same barriers and more, given the inherent stigma created by the immigration debate, said Britt Rios-Ellis, Ph.D., director of the Center for Latino Community Health, Evaluation, and Leadership Training, a partnership between the National Council of La Raza and California State University, Long Beach.

"Latinos are the only minority group to see a doubling of HIV infection due to heterosexual contact, from 5% to 12% for males and from 23% to 67% for females between 2001 and 2006. And research in rural Mexico is indicating that most of the women who have AIDS there are married. We're seeing the same pattern here," she said.

For both Latinos and African Americans, the message is the same: By getting tested and treated, they can do something not only for their families and their communities, but for themselves as well.

"We see that 86% of our [federal] dollars have been spent on biomedical solutions, and those people who are receiving testing and care are doing very, very well. If we could get everyone into testing and care, we know that we would make a difference," Dr. Rios-Ellis said. ■



## Resource on Health Care Innovations

The Agency for Healthcare Research and Quality has launched a new Web resource called the Health Care Innovations Exchange to share examples of both successful and unsuccessful attempts at innovation in health care. It initially is starting out with 100 examples and will be updated every 2 weeks. For more information, visit www.innovations.ahrq.gov. ■