

IMMIGRATION STATUS AND LATE TESTING FOR HIV AMONG LATINOS IN NEW HAVEN, CT

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INTRODUCTION

The Latino community in the US has been disproportionately affected by the HIV/AIDS epidemic. Latinos comprise 18% of total US AIDS cases since the beginning of the epidemic, yet they are only 9% of the total US population.[1]

Few studies have examined the impact of immigration status on HIV testing. This study evaluates the association between late testing and documentation and foreign born status among Latinos. The hypothesis was that undocumented immigrants (UI) were more likely to be late-testers than documented immigrants (DI) and US born Latinos.

METHODS

This study was a cross sectional review of the medical records of 122 individuals receiving care at the HIV/AIDS Clinics of a community health center or an acute care teaching hospital in New Haven, Connecticut between February 1, 2004 and February 1, 2005 who met all of the following criteria:

- HIV positive
- self-identifying as Hispanic/Latino,
- between the ages of 18 and 65.

Definitions

Caribbean Latinos included persons born in Cuba or the Dominican Republic. In this study, immigrant refers only to Latinos born outside the US or Puerto Rico. The CDC definition of a late tester (e.g. persons diagnosed with AIDS one year or less after their first positive HIV diagnosis) was used. Baseline CD4 counts were defined as the first CD4 count within 12 months after HIV diagnosis was initially made.

All data analysis was conducted using SAS version 9.1 (SAS Institute, Cary, NC).

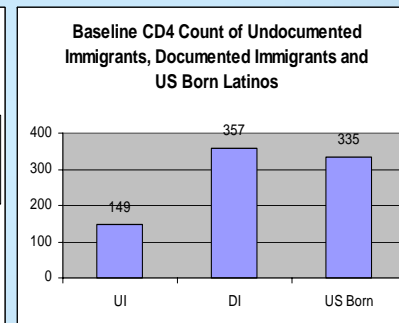
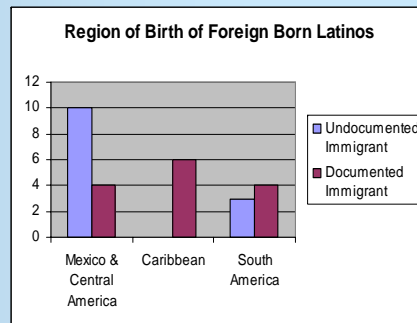
RESULTS

Demographic Characteristics

The sample consisted of 14 undocumented foreign born Latinos (UI), 14 documented (permanent residents or US Citizens) foreign born Latinos (DI) and 94 US born Latinos (including persons born in Puerto Rico).

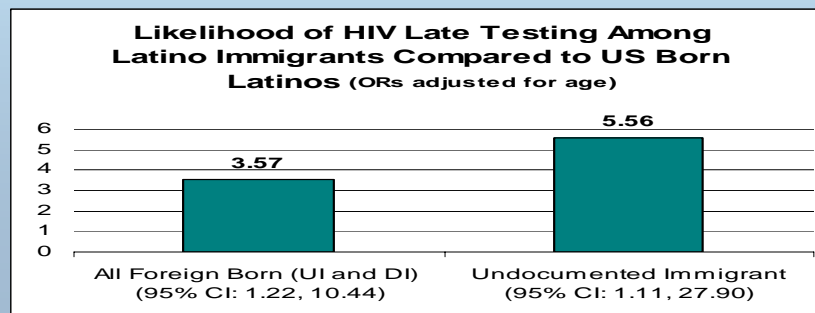
Undocumented Immigrants (UIs) tended to:

- be younger (36 years vs 42.7 for Documented Immigrants (DIs) and 42.0 years for US born Latinos),
- have spent less time in the US (mean: 7.1 years vs 17.7 years for DIs),
- be employed (91.7% vs 72.7% for Documented Immigrants (DIs) and 40.4% for US born Latinos).



HIV/AIDS - Related Variables

MSM/Bisexual was the predominant transmission category for all three subgroups. Heterosexual transmission played a larger role for UIs (35.7%) and DIs (35.7%) than for US born Latinos (16.0%). No IVDU was reported among UIs, one DI reported IVDU, and 35.6% of US born Latinos reported IVDU.



DISCUSSION

Results of this study show that documentation and foreign born status are in fact significantly associated with late testing and underscore the need for HIV testing campaigns aimed at undocumented immigrants in particular and immigrants in general. Community based organizations of all types, not just healthcare organizations, will likely be key partners in orienting UIs specifically about the importance of testing and where to get free testing.

Furthermore, this study has shown that important differences between UIs, DIs and US born Latinos exist. For example, the fact that UIs have spent significantly less time living in the US than their DI counterparts may result in more difficulty navigating complex medical and social services systems, and in accessing preventive services like HIV testing on a regular, sporadic, or even one-time basis. These differences should be considered when designing prevention and HIV testing strategies.

An examination of the impact of immigration status in other large minority groups, such as Asians and Africans, might also be important in designing effective prevention campaigns for these specific populations.

REFERENCES

1. Fan, H., R. Connor, and L. Villareal, *AIDS Science and Society*. 2004, Sudbury, Massachusetts: Jones and Bartlett Publishers.

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