NATIONAL MINORITY AIDS COUNCIL
Building Healthier Communities

The Minority HIV/AIDS Initiative
Meeting the Challenges in Communities of Color Nationwide

Disparate Impact on Minority Communities

HIV/AIDS 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 52 percent of newly reported HIV infections, yet represent less than 13 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-Hispanic 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 Hispanic community is disproportionately impacted by HIV/AIDS. Hispanics account for 20 percent of AIDS cases, yet comprise only 15 percent of the U.S. population, and are three times more likely to be diagnosed with AIDS than Whites. Hispanic men and women are 2.5 and 3.6 times more likely to die of AIDS than their non-Hispanic 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 3 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 Fiscal Year 1999 or October 1998, 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), and the increased delivery of culturally and linguistically appropriate health services.

Snapshot: Minority Epidemic

- African-American women have 20 times the HIV rate as White women.

- African-American males have 8.3 times the AIDS rate as White males.

- American Indian/Alaska Native women have 1.9 times the AIDS rate as non-Hispanic white women.

- Latino females have five times the AIDS rate as non-Latino white females.

- Native Hawaiian/Pacific Islanders are 2.4 times as likely to be diagnosed with AIDS as Whites.

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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 the HIV/AIDS related initiatives in the Department of Health and Human Services. Unlike Base funds, resources awarded through the Secretary's Fund are distributed on a competitive basis.

MAI Recipients and Uses

The MAI reaches 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 share 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. Further, the 2011 National Institute of Health clinical trial proving that treatment of HIV-infection reduces the likelihood of sexual transmission by 96% demonstrates that increased MAI funds will contribute to the NHAS goal "to reduce HIV incidence" by targeting transmission rates in heavily impacted minority communities. Because minority communities shoulder the highest HIV incidence, increased MAI funds provide an opportunity to reduce both infection and transmission rates and, in turn, are a cornerstone in bringing the HIV/AIDS epidemic to an end.