Hispanic or Latino (Hispanic) persons with HIV experience disparities in HIV health outcomes compared with some other racial and ethnic groups. A previous report found that the percentages of Hispanic persons who received HIV care, were retained in care, and were virally suppressed were lower than those among non-Hispanic White persons with HIV (1). HIV stigma and discrimination are human rights issues associated with adverse HIV outcomes; eliminating stigma and discrimination among persons with HIV is a national priority*†§ (2,3). CDC analyzed data from the Medical Monitoring Project (MMP), an annual, cross-sectional study designed to report nationally representative estimates of experiences and outcomes among adults with diagnosed HIV. Data from the 2018–2020 cycles were analyzed to assess self-reported stigma and health care discrimination using adapted versions of validated multi-component scales among 2,690 adult Hispanic persons with HIV in the United States overall and by six characteristics.¶ The median HIV stigma score on a scale of 0–100 was 31.7, with women (35.6) and American Indian or Alaska Native (AI/AN) persons (38.9) reporting the highest scores among Hispanic persons with HIV. HIV stigma was primarily attributed to disclosure concerns (e.g., fearing others will disclose one’s HIV status and being careful about who one tells about one’s HIV status). Nearly one in four (23%) Hispanic persons with HIV experienced health care discrimination. Health care discrimination was experienced more frequently by Hispanic men (23%) than by Hispanic women (18%) and by Black or African American (Black) Hispanic persons (28%) than by White Hispanic persons (21%). Understanding disparities in experiences of stigma and discrimination is important when designing culturally appropriate interventions to reduce stigma and discrimination.

MMP uses a two-stage sampling method. First, in 2004, out of all U.S. states, the District of Columbia, and Puerto Rico,
16 states and Puerto Rico were sampled**.†† (4). Second, a simple random sample of adults with diagnosed HIV is selected annually from each participating jurisdiction in the National HIV Surveillance System (NHSS), a census of persons with diagnosed HIV in the United States. During the 2018–2020 data cycles, data were collected through telephone or in-person interviews. Response rates for the two data cycles were 100% (jurisdictions) and 40%–45% (individual respondents). HIV stigma was measured using an adapted version of a validated 10-item scale that measures four dimensions of HIV stigma: 1) personalized stigma (consequences of other people knowing their status), 2) disclosure concerns, 3) negative self-image (not feeling as good as others and experiencing shame or guilt), and 4) public attitudes (what people think about HIV)** (5).

** https://www.cdc.gov/hiv/statistics/systems/mmp/projectareas.html
†† The same jurisdictions (which were sampled in 2004) have participated in MMP since 2005; however, beginning in 2015 the sampling strategy for the second stage changed to select a representative sample of adults with diagnosed HIV, regardless of care status.
** Personalized stigma was measured using two items: “I have been hurt by how people reacted to learning I have HIV” and “I have stopped socializing with some people because of their reactions to my HIV status.” Disclosure concern was measured using two items: “I am very careful who I tell that I have HIV” and “I worry that people who know I have HIV will tell others.” Negative self-image was measured using three items: “I feel that I am not as good a person as others because I have HIV,” “Having HIV makes me feel unclean,” and “Having HIV makes me feel that I’m a bad person.” Public attitudes were measured using two items: “Most people think that a person with HIV is disgusting” and “Most people with HIV are rejected when others find out.”

HIV stigma and health care discrimination were assessed overall and by the following demographic characteristics:

The seven forms of discrimination included being treated with less courtesy than other people, being treated with less respect than other people, receiving poorer service than others, having a doctor or nurse act as if he or she believed they were not smart, having a doctor or nurse act as if he or she were afraid of them, having a doctor or nurse act as if he or she were better than them, and having a doctor or nurse not listen to what they were saying. Participants were asked if they experienced this never, rarely, some of the time, most of the time, or all the time.

** Characteristics included HIV infection, gender, sexual orientation or practices, race and ethnicity, income or social class, and injection drug use. Participants could have selected more than one characteristic.
TABLE 1. Demographic characteristics of Hispanic or Latino adults with diagnosed HIV — Medical Monitoring Project, United States, 2018–2020

| Characteristic* | No.† | Weighted % (95% CI) |
|----------------|------|---------------------|
| Overall        | 2,690| —                   |
| Gender§        |      |                     |
| Male           | 2,043| 80.8 (78.6–82.9)    |
| Female         | 576  | 19.2 (17.1–21.4)    |
| Race§          |      |                     |
| Asian          | __** | __**                |
| American Indian or Alaska Native | 101 | 3.8 (2.8–4.9) |
| Black or African American | 350 | 13.1 (10.1–16.1) |
| White | 1,697 | 66.0 (61.9–70.1) |
| Multiple races | 284  | 9.4 (7.7–11.2)      |
| Race not selected | 206 | 7.4 (5.9–8.9)   |
| Hispanic origin |      |                     |
| Mexican, Mexican American, or Chicano | 842 | 35.7 (28.7–42.6) |
| Puerto Rican | 1,004 | 33.5 (22.7–44.3) |
| Cuban | 79 | 3.2 (2.3–4.2) |
| Another Hispanic origin†† | 739 | 27.6 (23.4–31.7) |
| Born outside the United States§§ |      |                     |
| No | 977 | 38.3 (31.9–44.6) |
| Yes | 1,701 | 61.7 (55.4–68.1) |
| Limited English proficiency¶¶ |      |                     |
| Yes | 885 | 41.7 (39.2–44.2) |
| No | 1,257 | 58.3 (55.8–60.8) |

* All variables measured by self-report.
† Numbers might not add to total because of missing data.
§ Participants who identified as transgender were excluded from this analysis because of small sample sizes.
¶ Race and ethnicity were measured based on Office of Management and Budget Directive No.15. Participants were asked “Do you consider yourself to be of Hispanic, Latino/a, or Spanish origin?” and “Which racial group or groups do you consider yourself to be in? You may choose more than one option.” Hispanic participants were categorized as White if they considered themselves to be White and said “no” to all other races. Asian, American Indian or Alaska Native, and Black Hispanic persons were categorized similarly. Participants who answered “no” to all races, refused to identify with all of the races, or had some combination of these were classified as “race not selected.” Participants who selected more than one race were classified as “multiple races.”
†† Hispanic or Latino (Hispanic) participants were categorized as White if they considered themselves to be White and said “no” to all other races. Asian, American Indian or Alaska Native, and Black or African American Hispanic persons were categorized similarly. Participants who answered “no” to all races, refused to identify with all of the races, or had some combination of these were classified as “race not selected.” Participants who selected more than one race were classified as “multiple races.”
§§ Persons born in Puerto Rico or another U.S. territory were categorized as being born outside the United States for the purpose of this analysis because of differences in cultural context.
¶¶ Persons who spoke English less than “very well” and spoke a language other than English at home were categorized as having limited English proficiency. Persons currently living in Puerto Rico were excluded from this variable because English is not the primary language spoken in Puerto Rico.

** Race and ethnicity were measured based on Office of Management and Budget Directive No.15. Participants were asked “Do you consider yourself to be of Hispanic, Latino/a, or Spanish origin?” and “Which racial group or groups do you consider yourself to be in? You may choose more than one option.” Hispanic participants were categorized as White if they considered themselves to be White and said “no” to all other races. Asian, American Indian or Alaska Native, and Black Hispanic persons were categorized similarly. Participants who answered “no” to all races, refused to identify with all of the races, or had some combination of these were classified as “race not selected.” Participants who selected more than one race were classified as “multiple races.”

††† Hispanic participants were asked, “Which of the following describes your Hispanic, Latino/a, or Spanish origin?” and “Which racial group or groups do you consider yourself to be in? You may choose more than one option.” The categories were “Mexican, Mexican American, or Chicano/a,” “Puerto Rican,” “Cuban,” and “another Hispanic, Latino/a, or Spanish origin.” Participants who selected “another Hispanic, Latino/a, or Spanish origin” or multiple Hispanic or Spanish origins were categorized as “another Hispanic origin.”

†††† Persons born in Puerto Rico or another U.S. territory were categorized as being born outside the United States for the purpose of this analysis because of differences in cultural context.

**** Participants who spoke English less than “very well” and spoke a language other than English at home were categorized as having limited English proficiency. Persons currently living in Puerto Rico were excluded from this variable because English is not the primary language spoken in Puerto Rico.

†††††† Numbers might not add to total because of missing data.

** Data for Hispanic persons who identified as Asian are not included because of small sample sizes.

†† Participants who selected “another Hispanic, Latino/a, or Spanish origin” or Puerto Rican were categorized as “another Hispanic origin.”

††§§ Persons born in Puerto Rico or another U.S. territory were categorized as being born outside the United States for the purpose of this analysis because of differences in cultural context.

**** Participants who spoke English less than “very well” and spoke a language other than English at home were categorized as having limited English proficiency. Persons currently living in Puerto Rico were excluded from this variable because English is not the primary language spoken in Puerto Rico.
TABLE 2. HIV stigma scores and prevalence of HIV health care discrimination experienced by Hispanic or Latino adults with diagnosed HIV, by selected characteristics — Medical Monitoring Project, United States, 2018–2020

| Selected characteristic§ | HIV stigma* | Experienced any health care discrimination† |
|--------------------------|------------|--------------------------------------------|
|                          | No.†       | Median score (95% CI)**                     | No.‡       | % (95% CI)** | Prevalence ratio (95% CI) | p-value  |
| Overall                  | 2,535      | 31.7 (30.3–33.1)                           | 574        | 22.6 (20.7–24.5) | NA                       | NA       |
| Gender††                 |            |                                            |            |              |                          |          |
| Male                     | 1,932      | 30.3 (28.7–31.8)                           | 453        | 23.4 (21.2–25.6) | Ref                      | 0.196    |
| Female                   | 537        | 35.6 (33.5–37.7)                           | 102        | 18.3 (14.7–21.8) | 0.8 (0.6–1.0)            | 0.018    |
| Race§§                   |            |                                            |            |              |                          |          |
| Asian                    |            |                                            |            |              |                          |          |
| American Indian or Alaska Native | 97       | 38.9 (33.2–44.5) | 26          | 24.7 (15.8–33.5) | 1.2 (0.8–1.7) | 0.389   |
| Black or African American | 336       | 32.7 (30.5–34.9) | 85          | 27.7 (23.0–32.5) | 1.3 (1.1–1.7) | 0.010   |
| White                    | 1,604      | 30.4 (28.8–32.1)                           | 343        | 20.8 (18.5–23.2) | Ref                      |          |
| Multiple races           | 261        | 31.7 (28.6–34.8)                           | 72         | 28.7 (22.3–35.0) | 1.4 (1.1–1.7) | 0.010   |
| Race not selected        | 192        | 34.7 (30.0–39.5)                           | 40         | 22.7 (15.6–29.7) | 1.1 (0.8–1.5) | 0.622   |
| Hispanic origin          |            |                                            |            |              |                          |          |
| Mexican, Mexican American, or Chicano | 793     | 32.3 (30.1–34.4) | 171         | 20.4 (17.2–23.6) | Ref                      | NA       |
| Puerto Rican             | 956        | 33.0 (31.4–34.7)                           | 215        | 23.7 (21.2–26.3) | 1.2 (1.0–1.4) | 0.118   |
| Cuban                    | 75         | 32.9 (28.0–37.7)                           | 17         | 30.0 (16.5–43.5) | 1.5 (0.9–2.4) | 0.134   |
| Another Hispanic origin*** | 697      | 29.2 (27.5–30.9) | 167        | 23.2 (19.4–26.9) | 1.1 (0.9–1.4) | 0.258   |
| Born outside the United States††† |            |                                            |            |              |                          |          |
| Yes                      | 1,608      | 31.0 (29.2–32.8)                           | 330        | 20.2 (17.8–22.6) | 0.8 (0.6–0.9) | 0.002   |
| No                       | 926        | 32.9 (30.6–35.2)                           | 243        | 26.5 (23.2–29.8) | Ref                      | NA       |
| Country or region of birth |            |                                            |            |              |                          |          |
| United States            | 926        | 32.9 (30.6–35.2)                           | 243        | 26.5 (23.2–29.8) | Ref                      |          |
| Puerto Rico              | 673        | 32.7 (31.3–34.1)                           | 154        | 23.9 (21.4–26.4) | 0.9 (0.8–1.1) | 0.196   |
| Mexico                   | 435        | 30.4 (27.7–33.0)                           | 78         | 16.4 (12.3–20.5) | 0.6 (0.5–0.8) | 0.001   |
| Central America          | 171        | 29.0 (26.8–31.2)                           | 28         | 16.8 (10.6–23.0) | 0.6 (0.4–0.9) | 0.014   |
| South America            | 170        | 26.7 (23.3–31.1)                           | 33         | 16.7 (10.8–22.6) | 0.6 (0.4–0.9) | 0.012   |
| Caribbean (excludes Puerto Rico) | 132     | 35.7 (31.4–40.0) | 26         | 22.0 (13.5–30.4) | 0.8 (0.6–1.2) | 0.352   |
| Another country or region | 27        | 27.3 (20.4–34.1)                           | 11         | —§§§         | —§§§                   | —§§§     |
| Limited English proficiency¶¶¶ |            |                                            |            |              |                          |          |
| Yes                      | 830        | 32.4 (30.3–34.5)                           | 141        | 16.6 (13.7–19.5) | 0.6 (0.5–0.8) | <0.001  |
| No                       | 1,191      | 30.1 (28.2–31.9)                           | 313        | 26.5 (23.4–29.5) | Ref                      | NA       |

Abbreviations: NA = not applicable; Ref = referent group.
* Range is from zero (no stigma) to 100 (high stigma).
† During the previous 12 months.
§ All variables measured by self-report.
¶ Numbers are unweighted. Numbers might also not add to total because of missing data.
** Percentages are weighted row percentages, and CIs incorporate weighted percentages. All analyses were weighted to adjust for individual nonresponse and poststratified to match the actual number of persons with diagnosed HIV in National HIV Surveillance System (a census of persons with diagnosed HIV in the United States) by age, race and ethnicity, and sex.
†† Participants who identified as transgender were excluded because of small sample sizes.
§§ Race and ethnicity were measured based on Office of Management and Budget Directive No.15. Participants were asked “Do you consider yourself to be of Hispanic, Latino/a, or Spanish origin?” and “Which racial group or groups do you consider yourself to be in? You may choose more than one option.” Hispanic or Latino (Hispanic) participants were categorized as White if they considered themselves to be White and said “no” to all other races; Asian, American Indian or Alaska Native, and Black or African American Hispanic persons were categorized similarly. Participants who answered “no” to all races, refused to identify with all of the races, or had some combination of these were classified as “race not selected.” Participants who selected more than one race were classified as “multiple races.”
*** Participants who selected “another Hispanic, Latino/a, or Spanish origin” or multiple Hispanic or Spanish origins (e.g., Mexican, Puerto Rican, or Cuban) were categorized as “another Hispanic origin.”
††† Persons born in Puerto Rico or another U.S. territory were categorized as being born outside the United States for the purpose of this analysis because of differences in cultural context.
¶¶§ Estimates with a CI width ≥30 and those with an underlying denominator <30 were considered to be unstable and were therefore suppressed.
¶¶¶ Participants who spoke English less than “very well” and spoke a language other than English at home were categorized as having limited English proficiency. Persons currently living in Puerto Rico were excluded from this variable because English is not the primary language spoken in Puerto Rico.

about persons with HIV were the most reported HIV stigma domains. Forty-eight percent to 78% of persons with HIV strongly agreed with the two items about disclosure concerns, and 20%–28% strongly agreed with the two items about perceived public attitudes (Figure 1) (Supplementary Table 1, https://stacks.cdc.gov/view/cdc/121706).

Overall, 22.6% of Hispanic persons with HIV reported experiencing any HIV health care discrimination during the previous 12 months (Table 2); 8% reported one, 4% reported two, and 11% reported three or more health care discrimination experiences (Supplementary Table 2, https://stacks.cdc.gov/view/cdc/121707). Among those who experienced health
FIGURE 1. HIV stigma* reported by Hispanic or Latino adults with diagnosed HIV — Medical Monitoring Project, United States, 2018–2020

*Personalized stigma domain asked about the previous 12 months; other HIV stigma domains asked about current experiences of HIV stigma.

Summary

What is already known about this topic?
Hispanic or Latino (Hispanic) persons with HIV experience disparities in health outcomes compared with other racial and ethnic groups. Eliminating stigma and discrimination, which are barriers to HIV care and treatment, is a national priority.

What is added by this report?
Hispanic persons with HIV commonly reported HIV stigma and health care discrimination. Among Hispanic persons with HIV, HIV stigma was highest among women (median stigma score = 35.6 of 100) and American Indian or Alaska Native persons (median stigma score = 32.7); health care discrimination was experienced more frequently by men than by women (23% vs. 18%) and by Black or African American Hispanic persons than by White Hispanic persons (28% vs. 21%).

What are the implications for public health practice?
Culturally appropriate efforts to reduce stigma and discrimination among Hispanic persons with HIV should consider disparities by gender and race.
FIGURE 2. Forms of HIV health care discrimination*⁺⁺ (A) and attributions of HIV health care discrimination (B) reported by Hispanic or Latino adults with diagnosed HIV — Medical Monitoring Project, United States, 2018–2020

* 95% CIs indicated by error bars.
⁺⁺ HIV health care discrimination experiences were measured during the previous 12 months.
Discussion

HIV stigma and discrimination experiences in an HIV health care setting were commonly reported among Hispanic persons with HIV and varied by characteristics such as race, gender, and English proficiency. Hispanic persons with HIV are highly diverse. Efforts to reduce HIV stigma and discrimination should consider the varied and unique experiences of this population.

Similar to experiences reported by all U.S. persons with HIV, the most prevalent HIV stigma domain among Hispanic persons with HIV was concern about disclosure of HIV status (2), and the most reported form of health care discrimination was feeling that a clinician was not listening to them (3). This underscores the importance of addressing disclosure concerns when designing interventions to reduce HIV stigma. Training for providers should focus on actively listening to patient concerns, including stigma experiences, using culturally and linguistically appropriate methods.§§§§

Although HIV stigma was more commonly reported by Hispanic women than men, women experienced lower levels of health care discrimination. This contrasts with a study of Hispanic adults that found Latino men were less likely to report health care discrimination than women (7). The present study indicates that stigma and health care discrimination, although related, are distinct concepts experienced differently by Hispanic men and women. Given that more Hispanic men with HIV than women identified as gay or bisexual, these health care discrimination findings could also be based on sexual orientation.

Black Hispanic persons with HIV were more likely than White Hispanic persons with HIV to report health care discrimination. Though not equivalent to racial identity, some Hispanic persons use skin color to select a racial identity category. Health care discrimination experienced by Hispanic persons might differ based on skin color, with one study finding that Hispanic persons with darker skin experienced greater health care discrimination than those with lighter skin (8). Another study found that U.S.-born Hispanic persons experienced more day-to-day discrimination than non-U.S.-born Hispanic persons (9). Others have found that U.S.-born racial and ethnic minority groups have greater awareness of race-based discrimination than do non-U.S.-born persons, perhaps because race and ethnicity are experienced differently in different countries (9,10).

The findings in this report are subject to at least two limitations. First, MMP data are self-reported and subject to recall and social desirability bias. Second, the interview only captured discrimination in HIV health care settings, excluding persons not in care and not capturing other forms of discrimination.

This study underscores disparities in HIV stigma and health care discrimination experiences of Hispanic persons with HIV and the need to tailor HIV care efforts. Eliminating stigma and discrimination is a national priority and will require person-, provider-, facility-, and community-level interventions. Provider-focused trainings, policies, and practices are needed to address HIV stigma and discrimination experienced by Hispanic persons with HIV. Trauma-informed approaches to HIV care and treatment might reduce discrimination in HIV care settings by creating feelings of safety, empowerment, and trust among patients while moving beyond cultural biases and stereotypes.**** HIV care providers should also maintain cultural and linguistic competency. Community-level interventions include supporting organizations that reflect the Hispanic population and increase access to HIV care and leveraging campaigns such as CDC's Let's Stop HIV Together (Detengamos Juntos el VIH).*****

Data disaggregation among Hispanic persons with HIV revealed disparities in stigma and discrimination experiences. Designing multilevel, culturally, and linguistically appropriate approaches that address stigma and discrimination, particularly among priority populations such as Hispanic persons with HIV, is key to improving care and treatment outcomes and ending the HIV epidemic.

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