NATIONAL MINORITY
AIDS COUNCIL
Building Healthier Communities

African Americans, Health Disparities and HIV/AIDS

Recommendations for Confronting the Epidemic in Black America

A REPORT FROM THE NATIONAL MINORITY AIDS COUNCIL
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EXECUTIVE SUMMARY

Over the past 25 years, AIDS has had a devastating impact on the African-American community. Today, African Americans become infected with, and die from, HIV/AIDS far more than any other racial or ethnic group.

In 2004, the most recent year for which national surveillance data were available at the time of writing this report, African Americans comprised only 13% of the U.S. population but accounted for half of all new HIV/AIDS diagnoses. African-American adults and adolescents are 10 times more likely to have AIDS than whites. The disease strikes subgroups of African Americans, especially young women and gay/bisexual, or same-gender loving, men (hereafter referred to as men who have sex with men, or MSM).

In an era when antiretroviral therapy can help HIV-infected individuals lead healthier lives, African Americans with HIV/AIDS are more likely than other racial groups to postpone medical care and become hospitalized, with the result that they are more likely to die from HIV-related causes. In fact, more than half of all people who died from AIDS-related causes in the U.S. in 2002 were African American. And while advances in medicine have resulted in AIDS deaths among whites falling by 19% from 2000 to 2004, they declined only 7% among African Americans (Kaiser Family Foundation, 2006).

HIV's racial divide is not new. Each year when national surveillance data are released, we see the ever-increasing toll the AIDS epidemic is taking on the African-American community. Each year, we ask the same question: Why is AIDS hitting black Americans hardest? While much of the existing literature focuses on quality of care, health care access or individual risk behaviors, we believe that the HIV/AIDS epidemic in African-American communities results from a complex set of social, individual and environmental factors. By examining these underlying causes of African Americans' vulnerability to the HIV/AIDS epidemic, this report attempts to provide an answer – and a way forward in the fight against AIDS.

One factor that plays a particularly significant role in fuelling the African-American HIV epidemic is unstable housing. When families need to spend too much of their income on rent and food, medical care and other basic necessities may be sacrificed (Freeman, 2002). Family residential instability is associated with school failure for children, a lack of access to preventive health care and the aggravation of a host of chronic health conditions ranging from cardiovascular disease to HIV/AIDS (Anderson, St. Charles and Fullilove, 2003).

Another important factor is the high rate of incarceration among African-American males. Incarceration is one of the most important drivers of HIV infection among African Americans. In addition to in-prison HIV risk behavior, such as unprotected sex and injection drug use, there are important questions about the role that formerly incarcerated persons play in transmitting HIV to others following their release from prison or in between periods of incarceration. There are also major concerns about the level of HIV education and treatment they may receive while in prison.

The population with the most disproportionate HIV burden is black MSM, who have HIV prevalence rates that are twice those of white MSM (*MMWR*, vol. 54 no. 24, 2005). There are a number of reasons for this disparity. Evidence suggests that black MSM are tested for HIV less frequently and at later stages of their HIV infection, and are also less likely to have been previously aware that they were HIV positive, than MSM of other racial/ethnic groups. In addition, black MSM have higher rates of sexually transmitted diseases, which are known to facilitate the transmission and acquisition of HIV (Millett et al., 2006).

In addition, black MSM are less likely to identify as gay or disclose their sexual behavior to others. Research suggests that the homophobia and related stigma that many men feel for being both African American and MSM carries into their experiences with the healthcare system, and can interfere with accessing HIV testing and other medical services (Malebranche, Peterson, Fullilove and Stackhouse, 2004).

This report also focuses on traditional public health approaches to confronting HIV, such as testing and treatment efforts. In September 2006, the U.S. Centers for Disease Control and Prevention (CDC) issued new guidelines urging that HIV testing become a routine part of medical care for U.S. adolescents and adults (ages 13-64). The CDC's emphasis on testing is based on evidence that HIV-positive persons who know their HIV status are significantly less likely to engage in HIV risk behaviors than those who are HIV-positive but unaware of their status, and that finding HIV-infected persons who are unaware of their status will facilitate their entry into treatment. While identifying undiagnosed infections is an important goal, we must look beyond medical interventions as the sole solution to our nation's problem with HIV/AIDS. By itself, a national testing strategy will not prevent or eliminate HIV/AIDS, particularly if it results in large numbers of individuals who have no access to care. Simply put, the epidemic is rapidly outpacing our efforts to control it using standard public health, infection-control procedures.

What is needed? Given the social and economic characteristics of poor African-American communities, a more systemic approach must be taken to help build stable communities. Public policies that address the root causes of the health disparities that devastate the African-American community are urgently needed. These policies must effectively deal not only with unstable housing and incarceration, but also with the poverty and social disadvantages of poor African-American neighborhoods. Policies that address the role that homophobia plays in driving new HIV infections among black MSM must also be adopted so that programs mitigating that impact can be implemented.

Policy Recommendations

Homelessness, housing conditions, risk of incarceration and the concentration of poverty in communities of color are more than just "complicating factors" for people being treated for HIV/AIDS. They are the forces that produce marginalized communities and marginalized people. By addressing the underlying factors that create and maintain poor African-American communities, we can positively change the environment that fuels the black AIDS epidemic.

The following policy recommendations would enable us to alleviate the root causes of the African American HIV/AIDS epidemic, and improve the chances of survival for those living with HIV/AIDS:

1. Support the strengthening of stable African-American communities by addressing the need for more affordable housing.

- Stabilizing housing is one of the most effective methods for reducing HIV-related morbidity and mortality. Scarcity of affordable housing is often at the root of residential segregation, school failure for children and a lack of access to health care.
- Expanding federal programs such as Housing Opportunities for Persons With AIDS (HOPWA). These programs are critical in helping those with AIDS avoid homelessness, which in turn creates access to medical care and support services.

2. Reduce the impact of incarceration as a driver of new HIV infections within the African-American community by:

- ***Providing voluntary, routine HIV testing to prisoners on entry and release.*** Policy reforms that establish voluntary, routine HIV testing upon prison entry and release will help connect those who are infected to treatment and also reduce risk behaviors that could put others – in prison and in the community – at risk.
- ***Making HIV prevention education and condoms available in prison facilities.*** AIDS cases among the U.S. prison population are more than three times that of the general population (51 per 10,000 compared to 15 per 10,000 in 2003). Nonprofit organizations, government and public health agencies must be allowed to distribute condoms in prison facilities. Ensuring access to condoms in prisons would not only protect prisoners, but also the health and lives of the people in the communities to which they will return.
- ***Expanding re-entry programs to help formerly incarcerated persons successfully transition back into society.*** Prisons increasingly hold members of poor communities who are both under-educated and unemployable. Expanded access to employment training and educational programs is necessary to improve their ability to function in society, and to address prisoners' HIV prevention, substance abuse, mental health and housing needs prior to their release.

3. Eliminate the marginalization of, and reduce stigma and discrimination against, black gay and other men who have sex with men.

- There is only one randomly controlled HIV prevention program, "Many Men, Many Voices", specifically designed for black MSM. Investing in research to produce interventions that will work for a diverse population of black MSM is essential to a national prevention effort that will reverse the course of the epidemic in this population. The CDC and the National Institutes of Health must aggressively establish a robust research portfolio to achieve this goal.
- The empowerment of community leaders and organizations has been a critical element in our nation's effort to combat the HIV epidemic. More support must be leveraged to develop, promote and sustain leadership among black MSM and in organizations serving them. Additionally, sustained investment must be made to build the capacity of organizations developed to serve black MSM in order to effectively change social networks, behavior and conditions contributing to HIV infections in this population.
- Efforts should be supported to address homophobia evidenced through stigma, discrimination and violence that creates vulnerability to behaviors and conditions associated with risk for HIV infection among black MSM.

4. Expand HIV prevention education programs, promote the early identification of HIV through voluntary, routine testing, and connect those in need to treatment and care as early as possible.

- Far too many African Americans do not have accurate information about how HIV is transmitted or can be prevented. Culturally relevant HIV prevention education programs are needed to help African Americans protect themselves and their partners.

- Approximately 250,000 Americans are unaware that they have HIV and may unknowingly transmit the virus to others. While proper safeguards must be in place to ensure that HIV testing is always voluntary, expanded HIV testing efforts will help more people learn their HIV status, and allow those who test positive to seek early treatment and reduce their risk of transmitting HIV.

- One of the main factors contributing to disparate treatment outcomes for African Americans is that many are diagnosed at late stages of disease, when it is often too late for medications to be effective.

- Community health workers (e.g., lay health advisors, peer counselors, health aides) are critical bridges between physicians and patients in communities where mistrust of the health care system exists. Community health workers can serve as "interpreters" who can effectively communicate with patients about the care that is being provided. Such interventions have repeatedly been found to be effective in clinical settings in which a multicultural, multiethnic patient population is being served.

5. ***Reduce the number of HIV infections in the African-American community caused by injection drug use through the expansion of substance abuse prevention programs, drug treatment and recovery services, and clean needle exchange programs. For active injection drug users, in particular, clean needle exchange programs are needed to minimize the risk of infection through needle sharing.***

- Because one in five (19%) new HIV infections among African Americans is from injection drug use, education programs are needed to prevent people from using drugs in the first place, and substance abuse treatment programs are needed to help those currently using drugs to quit. For injection drug users who currently are addicted, clean needle exchange programs are needed to minimize the risk of infection from sharing unclean needles.

INTRODUCTION

Since the beginning of the HIV/AIDS epidemic, African Americans have been overrepresented among those living with and dying from AIDS. Today, the disease continues to affect African Americans more than any other racial/ethnic group in the United States. While African Americans represented 13% of the U.S. population, they accounted for half of all Americans living with HIV/AIDS and made up half of new HIV/AIDS diagnoses in 2004. The disease also continues to have a disproportionate impact on subgroups of African Americans, especially young women and men who have sex with men (CDC, 2005; Kaiser Family Foundation, 2006). The number of African Americans infected with HIV increased from 2001 to 2004, a trend consistent with every surveillance report generated since efforts to track the AIDS epidemic began in 1981 (CDC, 2006; Kaiser Family Foundation, 2006).

Why does AIDS strike America's black community hardest? HIV/AIDS is one of a host of other health conditions that disproportionately impacts African Americans. Access to treatment only partially explains this disparity. African Americans living with HIV/AIDS are more likely than whites to have no medical coverage (22% for Africans Americans compared to 17% for whites), and those who do have coverage are much less likely to be privately insured than whites (14% compared to 44%) (Kaiser Family Foundation, 2006). But other factors are at work as well: homelessness, drug use, distrust of the medical establishment and high rates of incarceration, to name some of the most significant. Investigating how HIV/AIDS intersects with these other disparities can help us understand why the disease is so prevalent – and so deadly – for African Americans.

In examining the causes of excess HIV-related morbidity and mortality among African Americans, this report reviews the current literature on HIV/AIDS. The available body of research illuminates the relationship between structural forces in American society– notably, the incarceration of African-American men and disparate health outcomes for African Americans with HIV/AIDS.

The 16th volume of the *HIV/AIDS Surveillance Report*, published by the CDC in 2005, provided a significant portion of the data used in this report. The surveillance data were based on estimates of HIV infections from 35 areas – comprising 33 states, Guam and the U.S. Virgin Islands – that were, at the time of this writing, engaged in reporting both cases of HIV infection as well as cases of AIDS[1]. These data provide the best available estimate of the current scope of the epidemic in the United States (CDC, 2005).

HIV AND AFRICAN AMERICANS: A CLOSE LOOK

The CDC estimates that 488,000–557,000 African Americans were living with HIV/AIDS in the United States in 2003. African Americans account for a growing share of AIDS diagnoses over time, increasing from 25% of cases diagnosed in 1985 to 49% in 2004. This translated into a 2004 AIDS case rate among African-American adults and adolescents that was more than 10 times that of whites (CDC, 2005; Kaiser Family Foundation, 2006).

[1] The 35 areas are Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, Wyoming, Guam and the U.S. Virgin Islands.