Racial and Ethnic Disparities in HIV/AIDS in the United States

By: Bhavna Asthana
Faculty Advisor: Dr. Eric Gass, PhD
Second Reader: Dr. Molly Madan, MD
Introduction

❖ According to CDC surveillance data, 1.2 million people are living with HIV in the United States.

❖ Racial/Ethnic population groups bear a disproportionate burden of HIV/AIDS.

❖ African Americans represent 12% of the US population but account for 45% of the HIV diagnoses.

❖ Hispanics/Latinos represent 18% of the US population but account for 24% of the HIV diagnoses.
Introduction

❖ The annual number of new HIV diagnoses reduced to 19% from 2005 to 2014.

❖ Reduction of HIV rates is not uniform across all racial/ethnic population groups.

❖ HIV mortality rate is higher among the minority populations.

❖ In minority population highest number of new HIV infections occur in men who have sex with men (MSM) followed by heterosexual women.
Project Objectives

❖ Explore key determinants of HIV related racial and ethnic disparities.

❖ Explore access and barriers to HIV care and treatment.

❖ Explore public health policies addressing the HIV epidemic.
Methods

- An online search of databases including PubMed, NIH, and Medscape was conducted
- Only full text articles were retrieved for the literature review
- Mesh term used: HIV/AIDS, racial/ethnic disparities, high risk sexual behavior, access to HIV care and treatment
- Thirty articles were reviewed which met the inclusion criteria
Results

Key factors for HIV related disparities in minorities

❖ Individual
❖ Structural
❖ Societal
Results - Individual Factors

- High risk sexual behavior
- Men having sex with men
- Injection drug use (IDU)
- Heterosexual contact
- Intraracial sexual network
- Low HIV testing rates
- Lack of knowledge about availability and efficacy of antiretroviral treatment
Results - Structural Factors

- Residential segregation
  - Deteriorated physical and environmental conditions exacerbate the HIV transmission
  - Condenses social and sexual networks in minority communities
  - Increases the community’s HIV viral load and risk of HIV infection
Results - Structural Factors

❖ Inadequate healthcare infrastructure in minority communities
  ➢ Lack of quality HIV testing and healthcare sites
  ➢ Lack of quality prenatal and drug treatment programs
  ➢ Lack of health insurance
  ➢ Lack of access to primary and regular health care
  ➢ Lack of strong patient provider partnership
  ➢ Lower rate of antiretroviral medication use
Results - Structural Factors

❖ Inadequate HIV prevention and risk reduction interventions in minority communities
  ➢ Lack of HIV knowledge
  ➢ Inadequate health education and promotion of condom use
  ➢ Sex education predominantly having a heterosexual perspective

❖ Lack of education and employment opportunities

❖ Poverty
Results - Societal Factors

❖ Minority individuals delay diagnosis and treatment due to fear and embarrassment in the community

❖ Community stigmatization of LGBT individuals deters them from seeking HIV care and treatment

❖ Fear of HIV exposure laws refrains individuals from accessing HIV testing and treatment

❖ Immigration status
  ➢ Fear of deportation and legal consequences deters immigrants from accessing HIV testing and treatment
Results - HIV Policies and Laws

❖ Many HIV health policies and laws are in effect to reduce the incidence of HIV/AIDS

❖ National HIV/AIDS Strategy (NHAS) focuses on improving surveillance and intensifying prevention efforts

❖ CDC’s Expanded Initiative Program expands routine HIV testing

❖ Affordable Care Act (ACA)
  ➢ Expands the access to health insurance coverage for individuals living with HIV/AIDS
  ➢ Increased access to antiretroviral medication through Medicaid eligibility expansion
Results - HIV Policies and Laws

❖ Housing Opportunities for Persons with AIDS (HOPWA)
  ➢ Stable housing provides a platform for delivering a variety of health and other services to improve health, education and economic outcomes of vulnerable populations.

❖ Local public health entities
  ➢ Provide health education
  ➢ HIV prevention services
  ➢ Free and confidential HIV testing and counseling
  ➢ Referrals to other programs
Discussion

❖ Residential segregation of minorities condenses the sexual contacts in the community facilitating HIV transmission

❖ High rate of HIV/AIDS in the minority population is also attributed to high risk behavior and lack of crucial resources such as safe and stable housing, health education and healthcare

❖ Poverty creates complex barriers and challenges for HIV prevention in minorities

❖ Inadequate healthcare infrastructure and lack of accessible testing sites delay diagnoses and increases the HIV viral load in the minority communities
Discussion

❖ Low health literacy rate, racial and sexual discrimination and societal stigmatization delay entry into HIV care

❖ Minority individuals have high rate of non-adherence to HIV medications due to lower literacy level and lack of positive provider relationship

❖ Criminalization of HIV exposure law deters individuals from accessing HIV testing and treatment services
Recommendations

❖ Federal and State entities should address social determinants and inequitable distribution of HIV resources

❖ Ensure resources flow in communities with a high prevalence of HIV/AIDS

❖ Boost funding for frequent HIV testing of minorities for earlier diagnosis and care

❖ Increase partner notification services to identify infected or at risk partners and facilitate linkage to care

❖ Focus on young LGBT members of minority population for early HIV prevention interventions
Recommendations

❖ Provide free health and sex education to adolescents and young adults

❖ Engage community partners more aggressively to assess the health needs of minority communities

❖ Educate the public about HIV/AIDS to alleviate stigmatization of HIV infected individuals

❖ Provide affordable healthcare and expand coverage to all including those with HIV/AIDS

❖ Continue funding and support for public health centers and other community based organizations
Conclusion

❖ A significant racial health gap still exists since the onset of HIV/AIDS

❖ Government entities implementing HIV programs should demonstrate transparency and share the outcomes and results of programs with the public on a regular basis

❖ Government, political and community leaders should foster multi-agency coordination to fulfill the goal of national health equity
Acknowledgements

❖ Dr. Eric Gass, PhD - Faculty Advisor
❖ Dr. Molly Madan, MD - Second Reader
❖ Dr. John Meurer, MD, MBA - Program Director
❖ Mr. Terry Brandenburg, MPH, CPH, MPA, MBA - Director of MPH Program
❖ Ms. Kim Contardi, MPH - Program Manager
❖ Ms. Cindy Schmitz, MPH - Program Coordinator
References


