



Primary Care HIV Prevention Advocacy

**From Facts & Knowledge to
Practice & Policy**

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HIV/AIDS Prevalence & Incidence

- **By the end of 2003, an estimated 1,039,000 to 1,185,000 persons in the U.S. were living with HIV/AIDS¹.**
- **In 2005, 38,096 new HIV/AIDS cases were diagnosed in 33 states².**
 - **74% of new HIV/AIDS diagnosis were among men**
 - **67% of HIV/AIDS cases among men resulted from male-to-male sexual contact**
 - **18% of HIV/AIDS cases among men resulted from Injection Drug Use (IDU)**
 - **19% of HIV/AIDS cases among women resulted from Injection Drug Use**

HIV/AIDS Transmission & Contraction Patterns

- **In 2005, 49% of new HIV/AIDS diagnosis were among African Americans³ (2% of all blacks in the U.S. are HIV positive⁴).**
 - 41% of new HIV/AIDS diagnosis among men were African American (Men account for 63% of African Americans living with HIV/AIDS)
 - 48% of HIV/AIDS cases among African American men resulted from male-to-male sexual contact
 - 23% of HIV/AIDS cases among African American men resulted from IDU
 - 74% of HIV/AIDS cases among African American women resulted from heterosexual contact
 - 24% of HIV/AIDS cases among African American women resulted from IDU
 - 61% of HIV/AIDS cases among youth were African American⁵
- **18% of new HIV/AIDS cases were among Hispanics⁶**

Other Important Risk Factors

- **Injection drug use is the second leading cause of HIV infection both for African American men and women.**
 - In addition to being at risk from sharing needles, chronic substance users are more likely to engage in high-risk behaviors, like unprotected sex, when they are under the influence of drugs or alcohol⁷.
 - A recent study of HIV-infected women found that women who used drugs, compared with women who did not, were less likely to take their antiretroviral medicines exactly as prescribed⁸.
- **Not knowing one's HIV serostatus is risky for African American men and women.**
 - In a recent study of MSM in 5 cities participating in CDC's National HIV Behavioral Surveillance System, 46% of the African American MSM were HIV-positive, compared with 21% of the white MSM and 17% of the Hispanic MSM.
 - The study also showed that of participating African American MSM who tested positive for HIV, 67% were unaware of their infection; of participating Hispanic MSM who tested positive for HIV, 48% were unaware of their infection; of participating white MSM who tested positive for HIV, 18% were unaware of their infection; and of participating multiracial/other MSM who tested positive for HIV, 50% were unaware of their infection⁹.

Contributing Social Factors

- **Socioeconomic issues and other social and structural influences affect the rates of HIV infection among African Americans¹⁰.**
 - In 1999, nearly 1 in 4 African Americans were living in poverty¹¹.
 - Studies have found an association between higher AIDS incidence and lower income¹².
- **Homophobia and stigma can cause some African American MSM to identify themselves as heterosexual or not to disclose their sexual orientation¹³.**
 - Indeed, African American MSM are more likely than other MSM not to identify themselves as gay¹⁴.
 - However, data suggest that these men are not at greater risk for HIV infection than are African American MSM who identify themselves as gay¹⁵.

Incarceration & HIV/AIDS

- **Current research estimates of HIV incidence in prisons and jails are between 0% and .5% per year¹⁶.**
 - Projections of the proportion of inmates who engage in male-male sex while in prison are estimated as high as 66%.
 - Recent studies report that 33% of inmates were sexually assaulted¹⁷ and 12% injected drugs¹⁸.
- **In both the un-incarcerated population and within the microcosm of society that prisons embody, blacks disproportionately realize poor health outcomes as well as a high prevalence of HIV/AIDS^{19,20}**
 - Nonwhite inmates, particularly blacks, are considerably more likely than white inmates to contract HIV while in prison²¹.
 - Racial discrimination surely acts as a barrier to healthcare both in correctional facilities and communities.

Incarceration & HIV/AIDS

Continued...

- **The disproportionately high incarceration rate of blacks has far reaching effects of social disruption.**
 - Researchers have suggested that this excessive level of incarceration contributes to gender imbalance among blacks, and that the resultant high female to male ratio advances the rapid spread of HIV within communities through concurrent sexual partnerships, partnerships that overlap in time.
 - Putting this into context, the CDC estimates that 78% of black women are infected with HIV through heterosexual contact, where as the corresponding figure for men is 25%.
- **Individuals in social networks with higher rates of turnover, more new members entering the network and more members leaving, are more likely than others to engage in HIV-risk behaviors²².**
 - Upon imprisonment of their male partners, women often find new male partners to replace them²³.
 - Thus, men leaving prisons may not have stable relationships to which they can return.




Clinician's Role

- **Understand and be sensitive to the role same-sex sex and incarceration stigma play in how forthcoming patients are about their risk behaviors**
- **Be deliberate about not assuming certain behaviors, orientations, etc. (not assuming heterosexual sex, for example) – non-judgmental, accusatory, blaming language or disposition**
- **Take note of the recent rapid rise in HIV rates among black women**
- **Be cognizant of the varying ways that mental illness and substance abuse may present in different populations, so as not to overlook or misdiagnose**



Clinician's Role Continued...

- **Don't hesitate or be afraid to refer patients to mental health specialists, but simultaneously keep in mind mental illness stigma and the role it plays in preventing effective engagement with patients**
- **Utilize in-house social workers, mental health practitioners, etc.**
- **Be aware of no-charge resources in the surrounding area to refer patients to for counseling, therapy, SA treatment, case management, and other social work related issues (housing, employment, etc.)**
- **Use knowledge of the aforementioned contributing social factors (economic disenfranchisement, incarceration, etc.) to make sure that the education and preventive strategies you are offering your patients are feasible, rational, realistic, and likely.**




Best-Practices Models & Policy Recommendations for which Primary Care Providers Should Advocate

De-stigmatizing campaigns, including cultural competency training

Fair and just economic policies that promote job growth and opportunities for the poor (abolishing discrimination of employment based on felony charges and prevention of male-female co-habitation in public assisted housing)

Decriminalizing the mentally ill and those with substance abuse problems (move them to community based institutions with treatment)

Institute anti-discrimination policies with respect to arrest and length of sentencing rates



Best-Practices Models & Policy Recommendations for which Primary Care Providers Should Advocate Continued...

Instate policies that allow prisoners to protect themselves from disease (condoms, methadone maintenance, security from guard/prisoner abuse, etc.)

Develop a funding mechanism to make quality healthcare affordable for all Americans

Institute medical-mental parity policies that equalize resources for diagnosis and treatment of mental disorders

Encourage and support further research and study in these important areas

Conclusion

- **AIDS claims the lives of a large percentage of black men daily; likewise, prisons and jails house rival numbers of black men.**
 - **It is well known that high-risk HIV transmission behavior occurs frequently in communities and correctional facilities and that HIV is transmitted, which is a state of emergency both for prisoners and the communities they will return to once released.**
- **Now is the time for criminal justice administrators, public health professionals, community institutions, and other key stakeholders to fulfill their duty to reduce the burden of HIV/AIDS on black communities and the country as a whole by instituting prison policies that provide an environment in which inmates can protect themselves and are protected; through the implementation of HIV prevention programs that offer education and practical risk reduction strategies; by taking a critical examination of and addressing the disparities in arrest, prosecution, and incarceration rates that falls so heavily on black communities; by making healthcare accessible to all poor and indigent; and through economic policies that seek to alleviate poverty in black communities.**

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