RACE AND THE HIV/AIDS EPIDEMIC

Women as the Face of AIDS Conference

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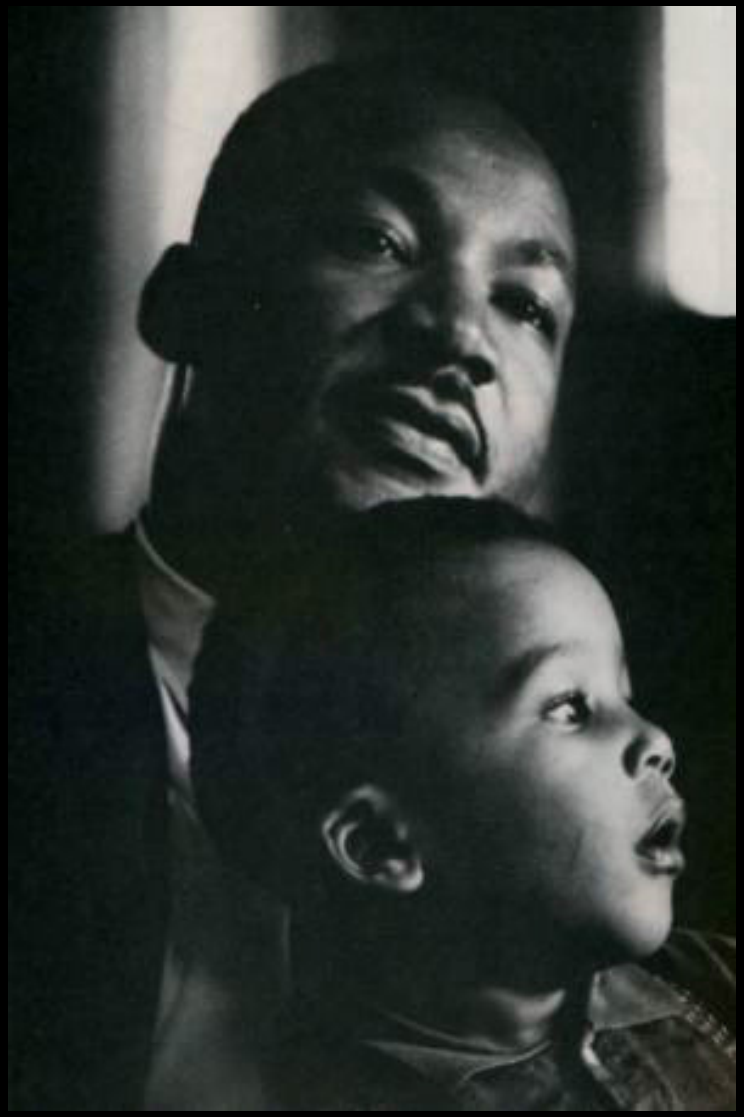


Of all the forms of inequality, injustice to health is the most shocking and the most inhumane."

-Dr. Martin Luther King

OUTLINE

- What is race?
- What is racism?
- Why is race one of the defining characteristics of the HIV/AIDS epidemic?
- What tools can we use to address racial/ethnic disparities in HIV in transformative manner?

WHAT IS RACE?

HISTORICAL UNDERSTANDINGS OF RACE

- Scientifically grounded
- Inherent
- Attribute of individuals
- Fixed
- Hierarchical
- Rigid group distinctions

CONTEMPORARY UNDERSTANDINGS OF RACE

- Weak scientific foundation
- Socio/culturally determined
- Organizing principle of societies
- Context dependent
- Reflects societal hierarchies
- Fuzzy group distinctions

WHAT IS RACE?

- systematic body of ideas that reflected the social and economic needs and aspirations of the dominant classes and the emerging United States government
- a hierarchical classification scheme defined primarily by phenotype (most notably, skin color) and geographic origin and constructed out of a folk belief in a small number of inherently distinct human populations groups whose members are thought to hold specific phenotypic features, abilities, and personality traits in common.{Bhopal, 1999; Krieger, 1996}

WHAT IS RACISM?

WHAT IS RACISM?

- Personal: a belief that race is the primary determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race
- Institutional: a manifestation of racial ideologies in the structural features of institutions which leads them to operate in ways that
  - can create or reinforce racial inequalities without any intentionality on the part of those involved
- Media: the infusion of racist ideas into the images, values, and attitudes portrayed by print, Internet, radio and television media, advertisements, and other sources.

ARE HIV/AIDS CONSPIRACY BELIEFS A BARRIER TO HIV PREVENTION AMONG AFRICAN AMERICANS?

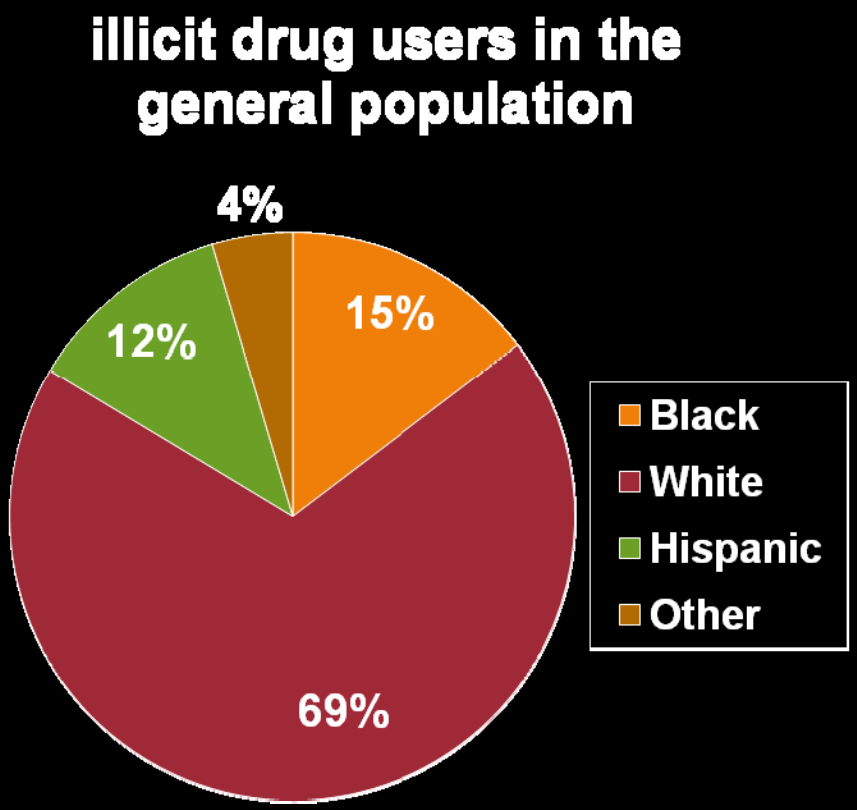
- *J Acquir Immune Defic Syndr*. 2005 Feb 1;38(2):213-8.

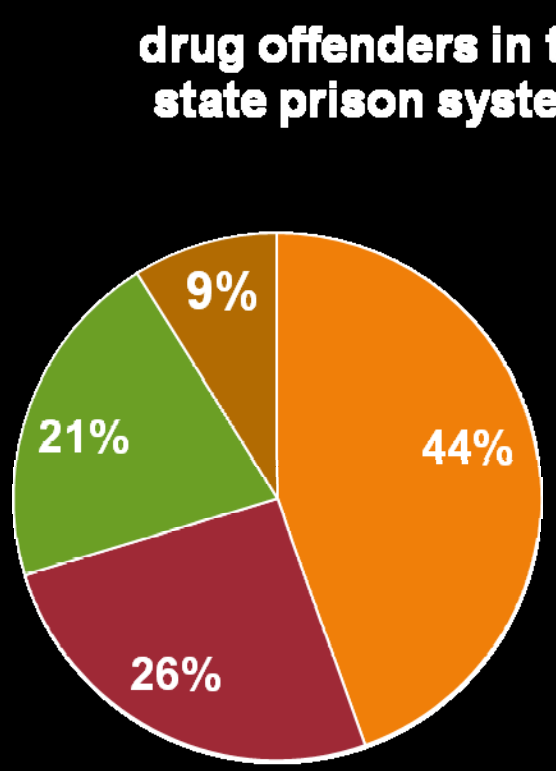
  Bogart LM, **Thorburn S**.
- OBJECTIVES: A telephone survey with a random sample of 500 African Americans aged 15 to 44 years examined endorsement of HIV/AIDS conspiracy beliefs and their relations to consistent condom use and condom attitudes.
- RESULTS: A significant proportion of respondents endorsed HIV/AIDS conspiracy beliefs. Among men, stronger conspiracy beliefs were significantly associated with more negative condom attitudes and inconsistent condom use independent of selected sociodemographic characteristics, partner variables, STD history, perceived risk, and psychosocial factors.
- CONCLUSIONS: HIV/AIDS conspiracy beliefs are a barrier to HIV prevention among African Americans and may represent a facet of negative attitudes about condoms among black men. To counter such beliefs, government and public health entities need to work toward obtaining the trust of black communities by addressing current discrimination within the health care system as well as by acknowledging the origin of conspiracy beliefs in the context of historical discrimination.

INSTITUTIONALIZED RACISM AND HIV: SOME EXAMPLES

- Black and Latino IDUs' ability to obtain clean needles may be hampered by lack of access to needle exchanges or in local pharmacies,
- In addition to contributing to poor access-to-care, steering and redlining in real estate may limit opportunities for affected minority groups to reside in areas where they are not likely to encounter high-risk potential partners.[70]
- Urban renewal activities have been linked to the disruption of high-risk core groups early in the US epidemic contributing to wider HIV spread in NYC.

UNEQUAL JUSTICE



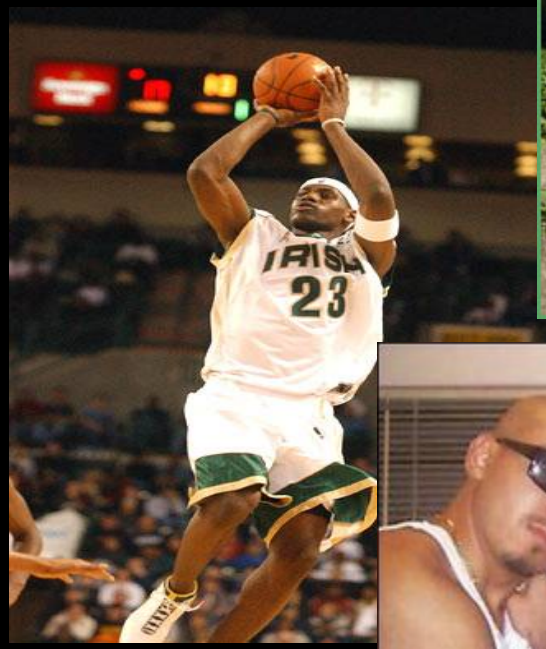


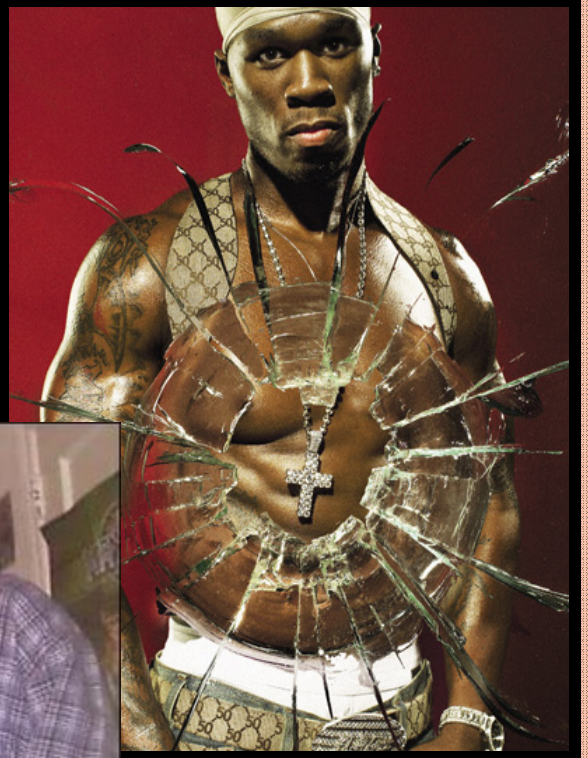
Data from: SAMSHA Survey (2004/5) and Bureau of Justice Statistics (2004)

HEALTH CARE ACCESS

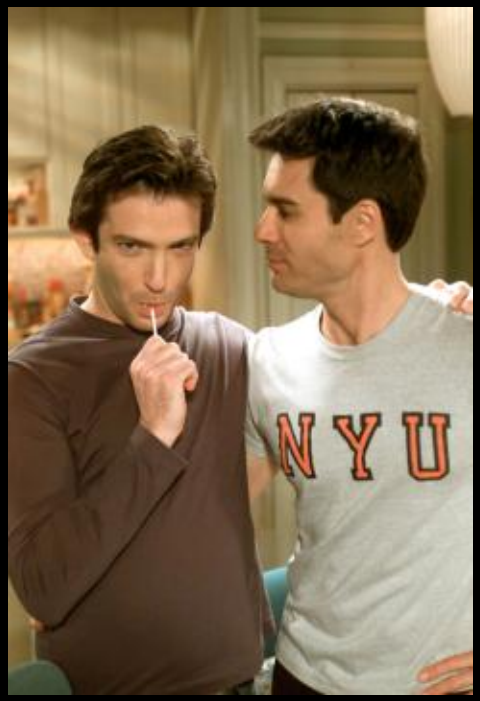
- According to Smith et al. (2003), minorities have a more difficult time securing a primary source of *usual care* than their white counterparts.
- Additionally, African Americans and Latinos report greater difficulty in obtaining medical care at a consistent location.
- Conversely, even when income and education are controlled minorities are more likely to receive care in facilities that are poorly administrated, inadequately funded, and culturally insensitive (Smith et al., 2003)

PREDOMINANT IMAGES OF BLACK AND LATINO MEN





PREDOMINANT IMAGES OF "GAY" MEN

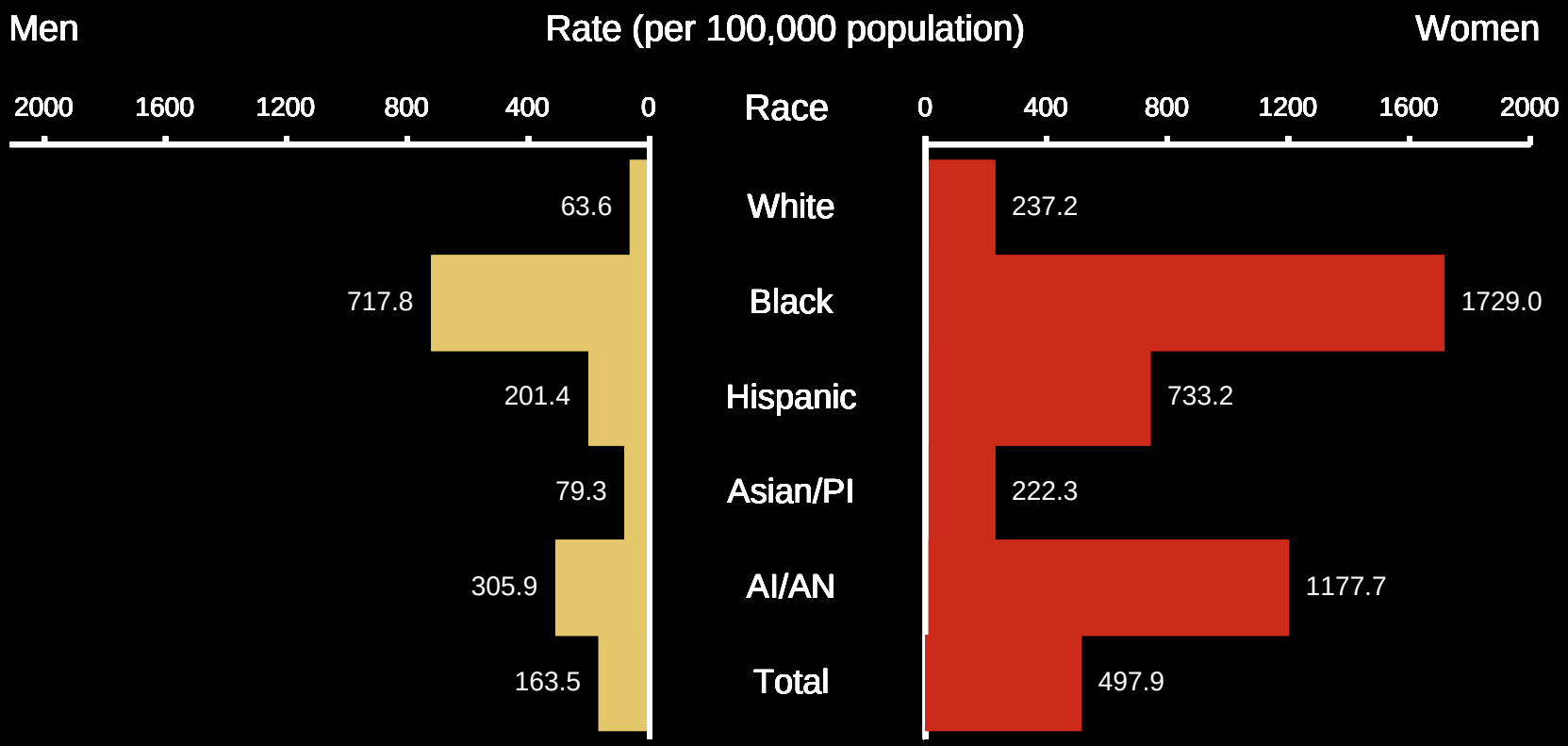


RACE AS A DEFINING CHARACTERISTIC OF THE EPIDEMIC.

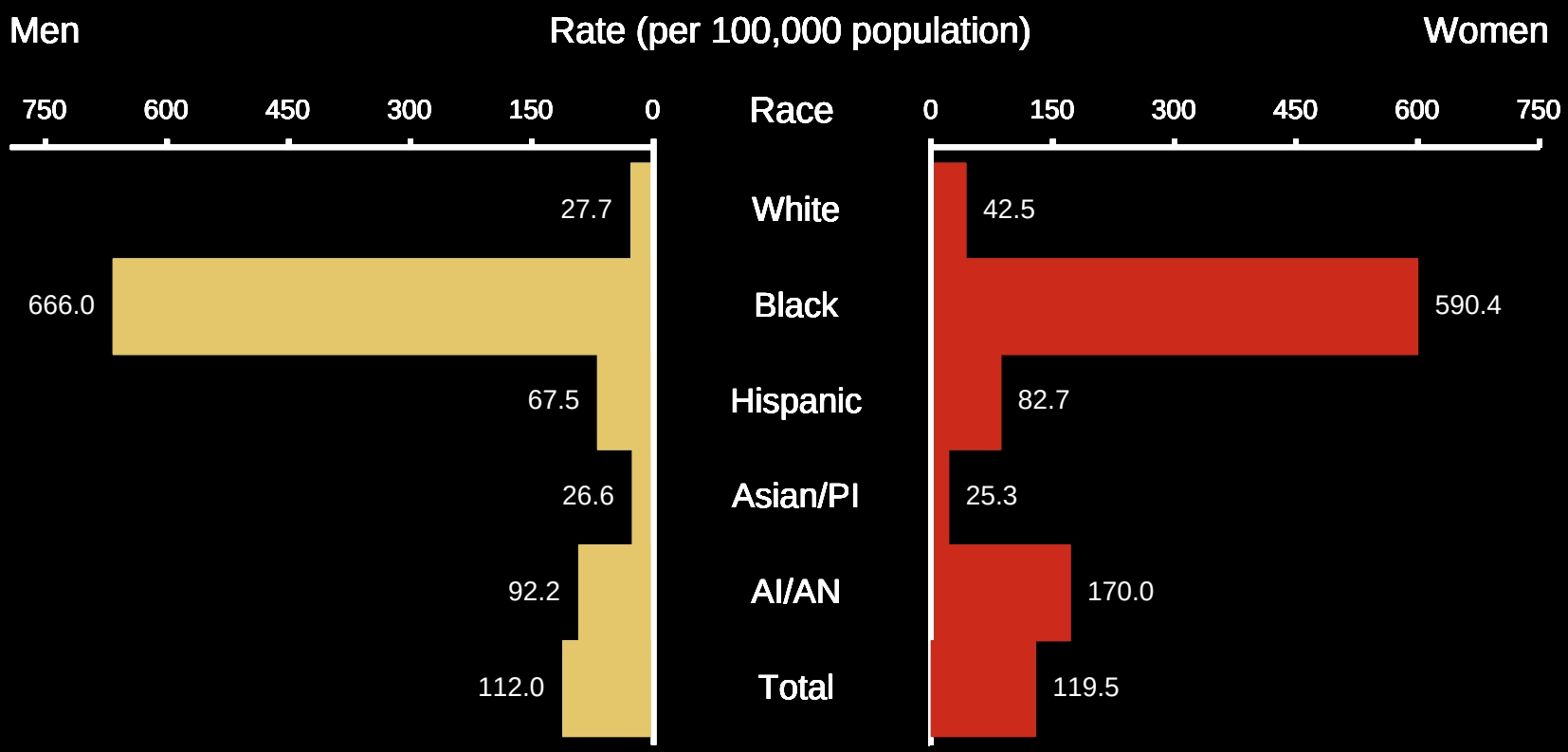
HEALTH DISPARITY

- the notion of 'inequality' or 'disparity' implies group difference in the experience of health or disease
- Differences in HIV risk for racially defined groups is a major emphasis of attention, research, and other work around HIV.
- The HIV/AIDS epidemic presents one of the starkest examples of racial health disparities today. However, disparities exist in the rates of numerous other diseases and STDs.

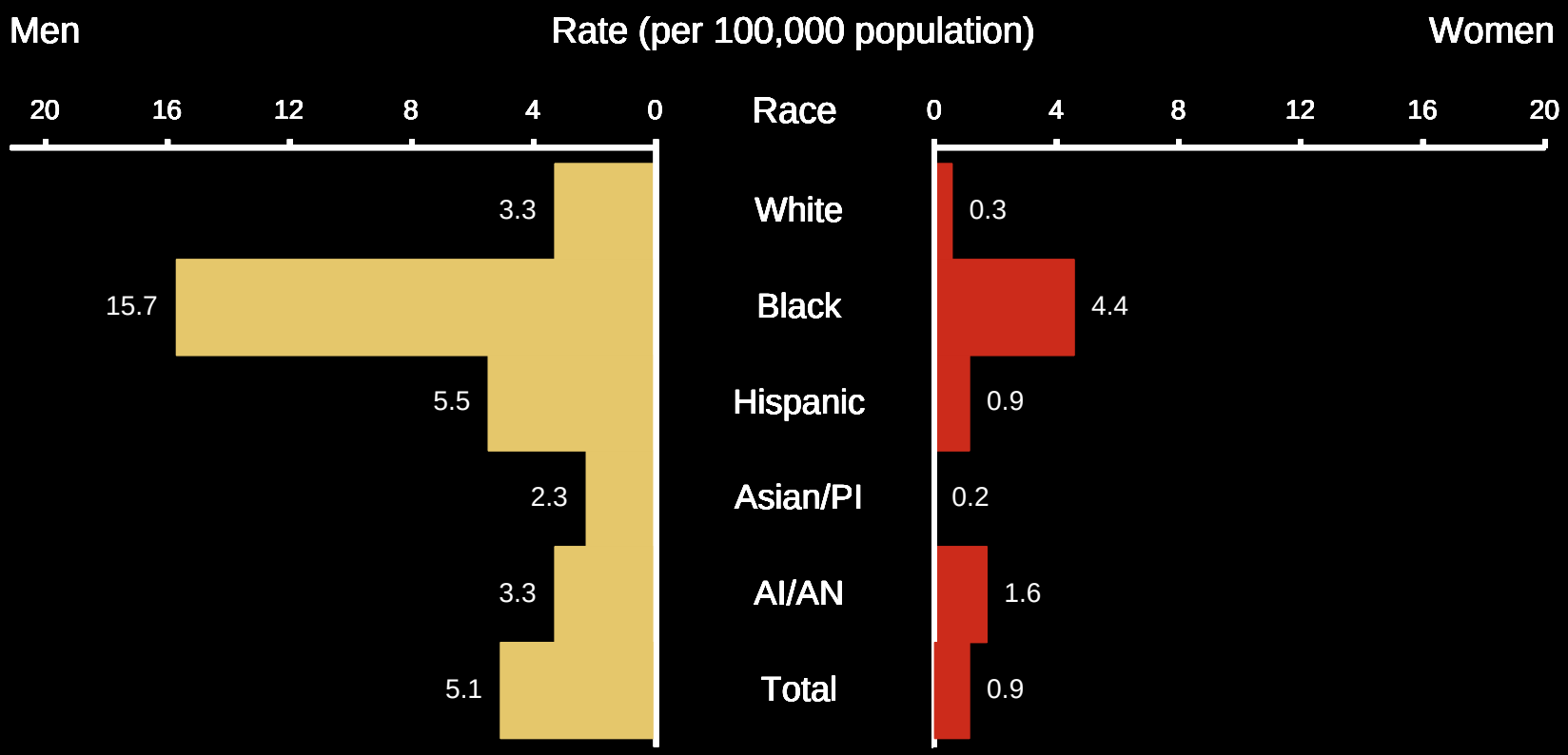
CHLAMYDIA — RATES BY RACE/ETHNICITY AND SEX: UNITED STATES, 2005



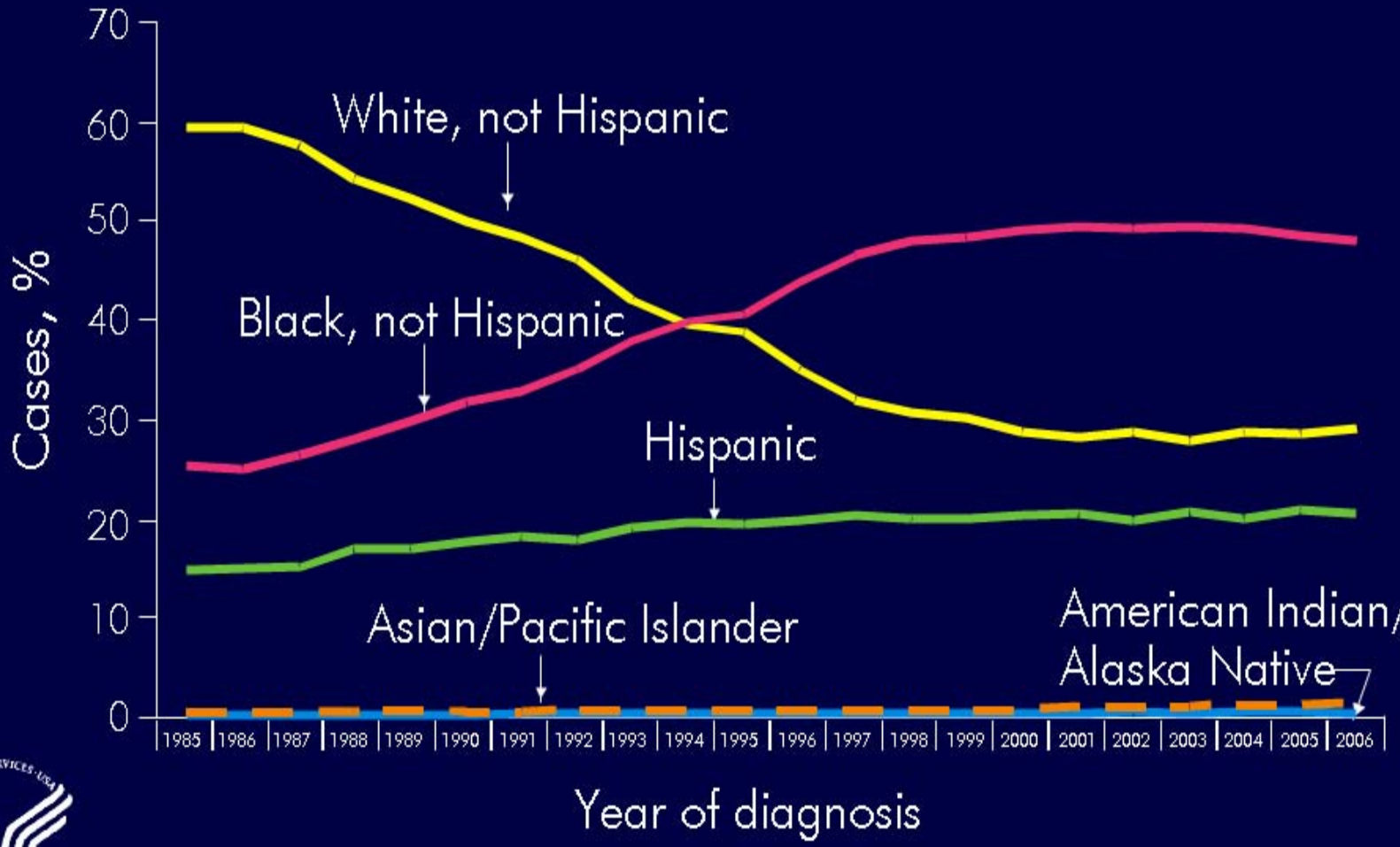
GONORRHEA — RATES BY RACE/ETHNICITY AND SEX: UNITED STATES, 2005



PRIMARY AND SECONDARY SYPHILIS — RATES BY RACE/ETHNICITY AND SEX: UNITED STATES, 2005



Proportions of AIDS Cases among Adults and Adolescents, by Race/Ethnicity and Year of Diagnosis 1985–2006—United States and Dependent Areas



Note. Data have been adjusted for reporting delays.

TRANSFORMING HOW WE UNDERSTAND THE PROBLEM

THE CONUNDRUM

- Not all of the observed racial disparities are explained by
  - higher risk behaviors
  - lower individual income/educational levels
  - Although race is a poor proxy, genetic factors may play a role. However, none of been discovered that account for the wide disparities.
  - key papers
    - Millett et al. 2006 and 2007, Malebranche 2008, Harawa, et al. 2004, Halfors, et al. 2007
- In other words, trying to understand these disparities through an individualist approach has not gotten us far.

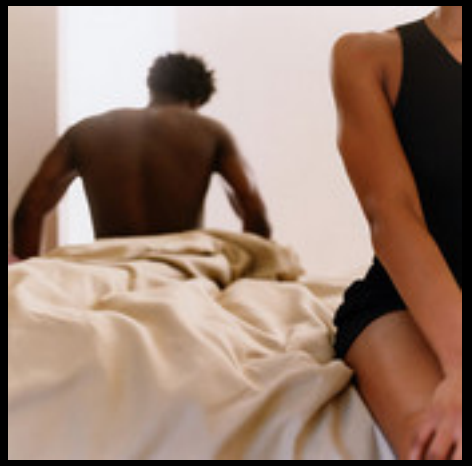
SOLVING THE CONUNDRUM

- Looking beyond the individual level
  - Couple
  - Family
  - Network: social and sexual
  - Neighborhood, zip, city, county, state, etc.
    - Economic, STD prevalence, “broken windows”, criminal justice, drug, political, . . .environment

SEXUAL NETWORKS

OBJECTIVES

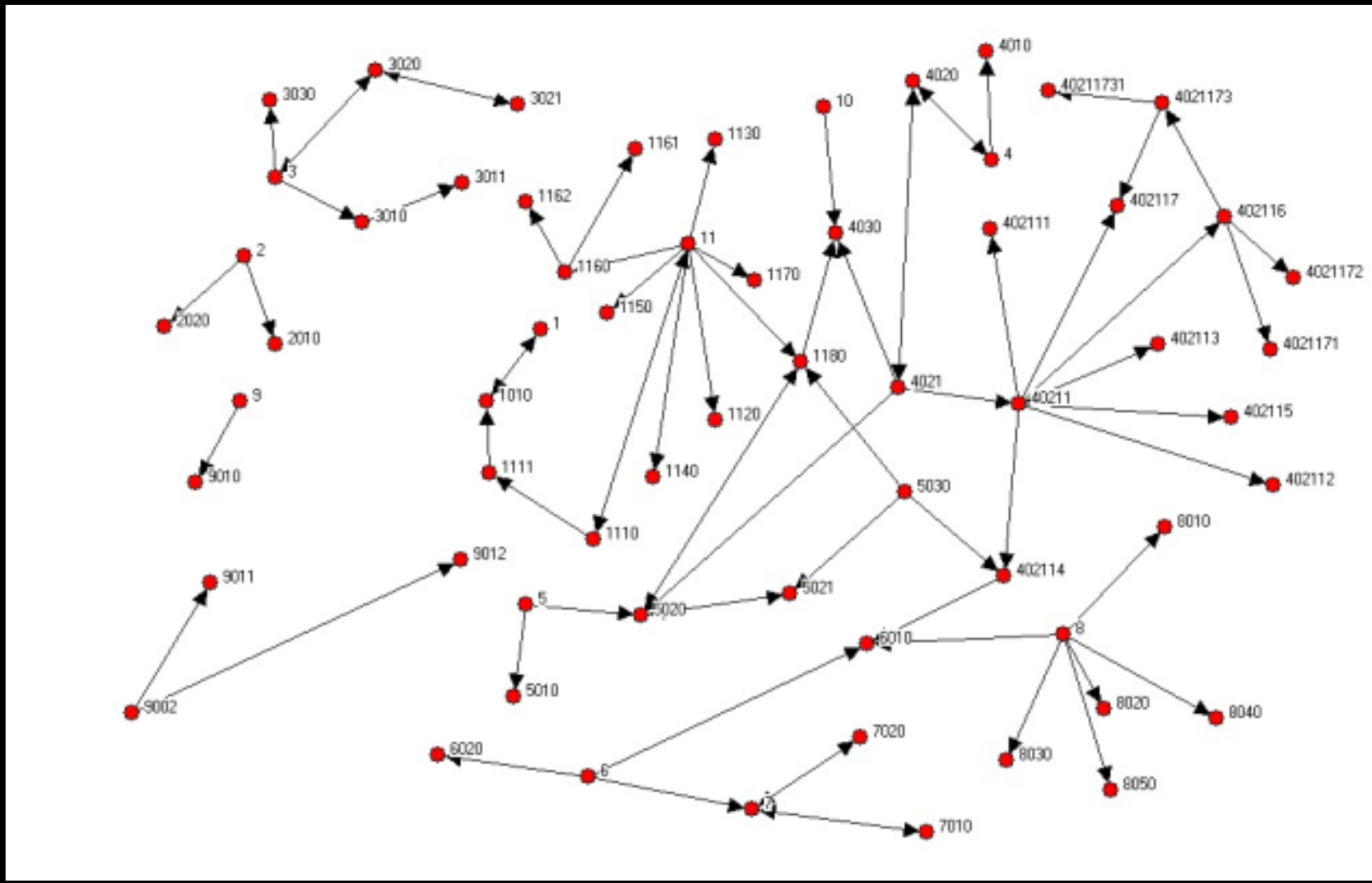
- To understand why sexual networks may play a key role in the HIV epidemic among people of color.
- To understand key terms for aspects of sexual networks
- To understand how contextual factors might influence the shape of African American and Hispanic sexual networks



SEXUAL NETWORKS

- Groups of persons who are connected to one another sexually. The number of persons in a network, how central high-risk persons are within it, the percentage in monogamous relationships and the number of "links" each has to others all determine how quickly HIV/STDs can spread through a network.
  - Distinct from but often overlap with social networks.
  - Who has sex with whom.
  - How many and how tightly are members connected.

Chlamydia network from Qikiqtarjuaq, Nunavut Canada, 2003



Data courtesy of Andrea Cuschieri

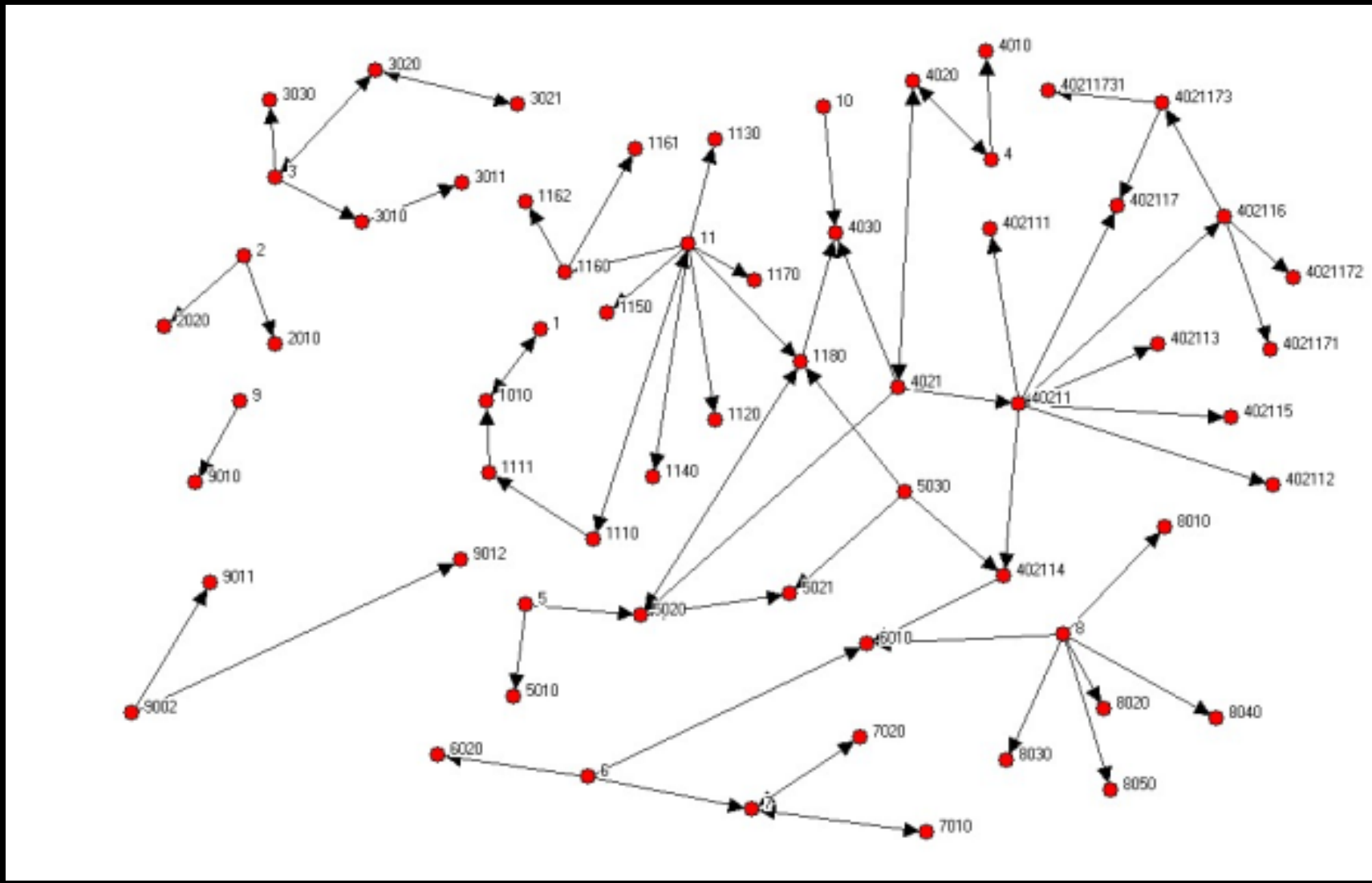
ASPECTS OF SEXUAL NETWORKS

- Core groups
- Mixing patterns
- Concurrency
- Size
- Connectedness
- Rates of partner change

CORE GROUPS

- Critical to maintaining high transmission rates.
- Core transmitters have high levels of risky behaviors, contribute a disproportionate share of HIV/STDs cases, and can fuel sustained transmission in a network.
  - Sex workers
  - Repeatedly infected with STDs
  - High numbers of sexual partners
  - From core neighborhoods/networks
  - IDUs (?crack users)

Chlamydia network from Qikiqtarjuaq, Nunavut Canada, 2003



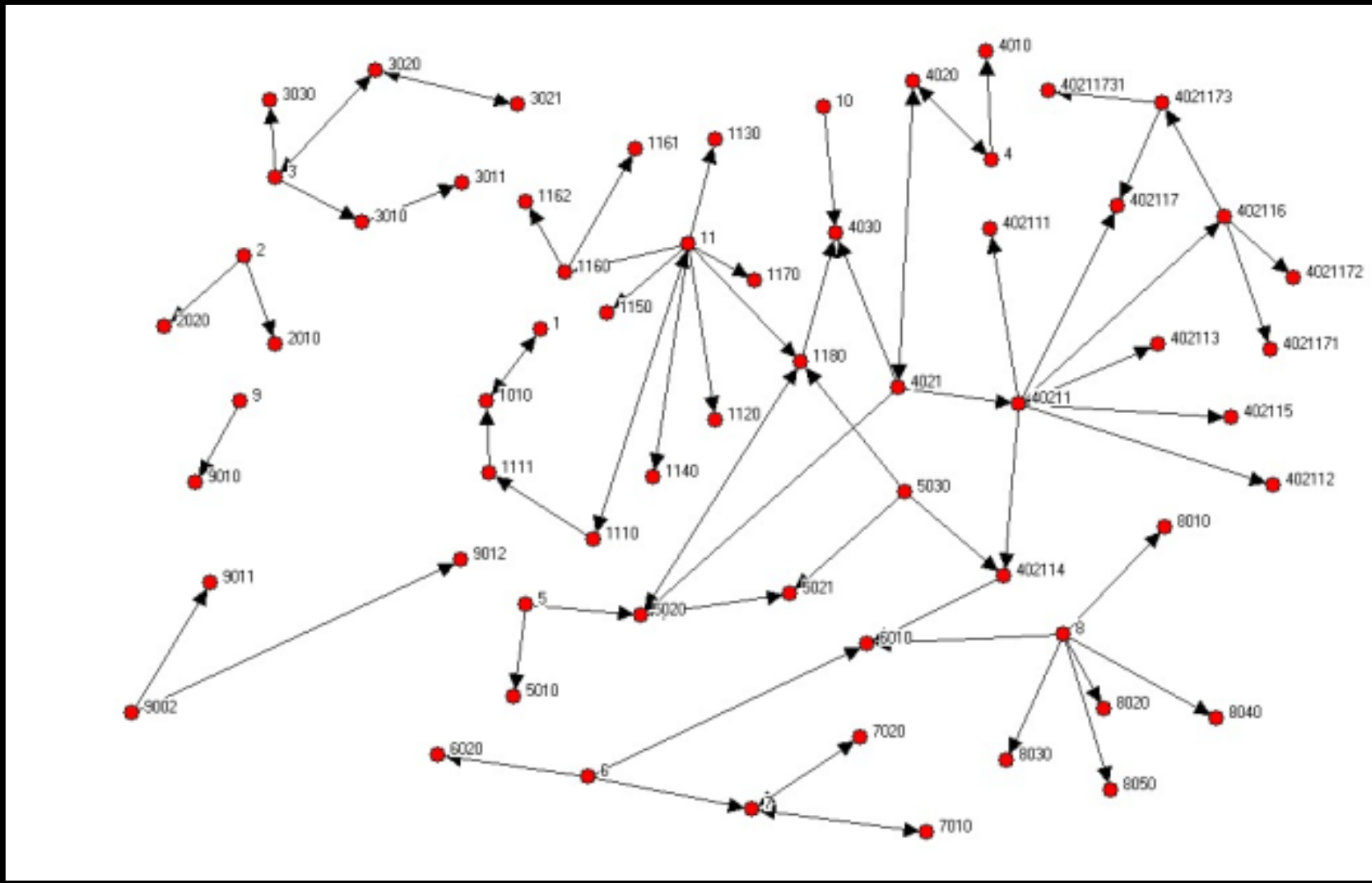
Data courtesy of Andrea Cuschieri

Core Groups

People who have Sex with Both

General Population

Chlamydia network from Qikiqtarjuaq, Nunavut Canada, 2003



Data courtesy of Andrea Cuschieri

PARTNER MIXING PATTERNS

- Assortative
  - Tendency toward partnering with similar partners (e.g., "ISO")
    - Similar race (especially Black women)
- Disassortative
  - Tendency toward partnering with dissimilar partners.
    - Dissimilar risk groups (partnering between high- and low-risk partners).
- Mixed

DISASSORTATIVE MIXING

- **Random spread broadens transmission.** An infection spreads quickest when partnering is random.(Laumann 1994) When partners select one another within groups such as age, ethnicity, class, religion or other characteristics, diseases may not spread to all subgroups. When partnering is anonymous or random, a disease can spread more quickly through all groups.

EXAMPLES OF FACTORS ENCOURAGING DISASSORTATIVE MIXING

- Gender norms
- Public sex venues
- Sex-ratio imbalances
- Secrecy/lack of dialogue regarding sexual histories

CONCURRENCY

- Overlapping sexual partnerships
  - Sexual partnerships in which a new sexual partnership is initiated prior to the termination of another.
- Bacterial STDs are known to travel faster in populations with greater concurrency, but with equal rates of new partnerships.

CONCURRENCY

- Increases the probability for transmission, because earlier partners can be infected by both earlier and later partners. Further, they can serve as “nodes”, connecting all persons in a dense cluster, creating highly connected networks that facilitate transmission.
- Concurrent partners can connect each of their respective clusters and networks as well.
- Concurrency alone can fuel an epidemic even if the average number of partners is relatively low.(Morris, 1997)

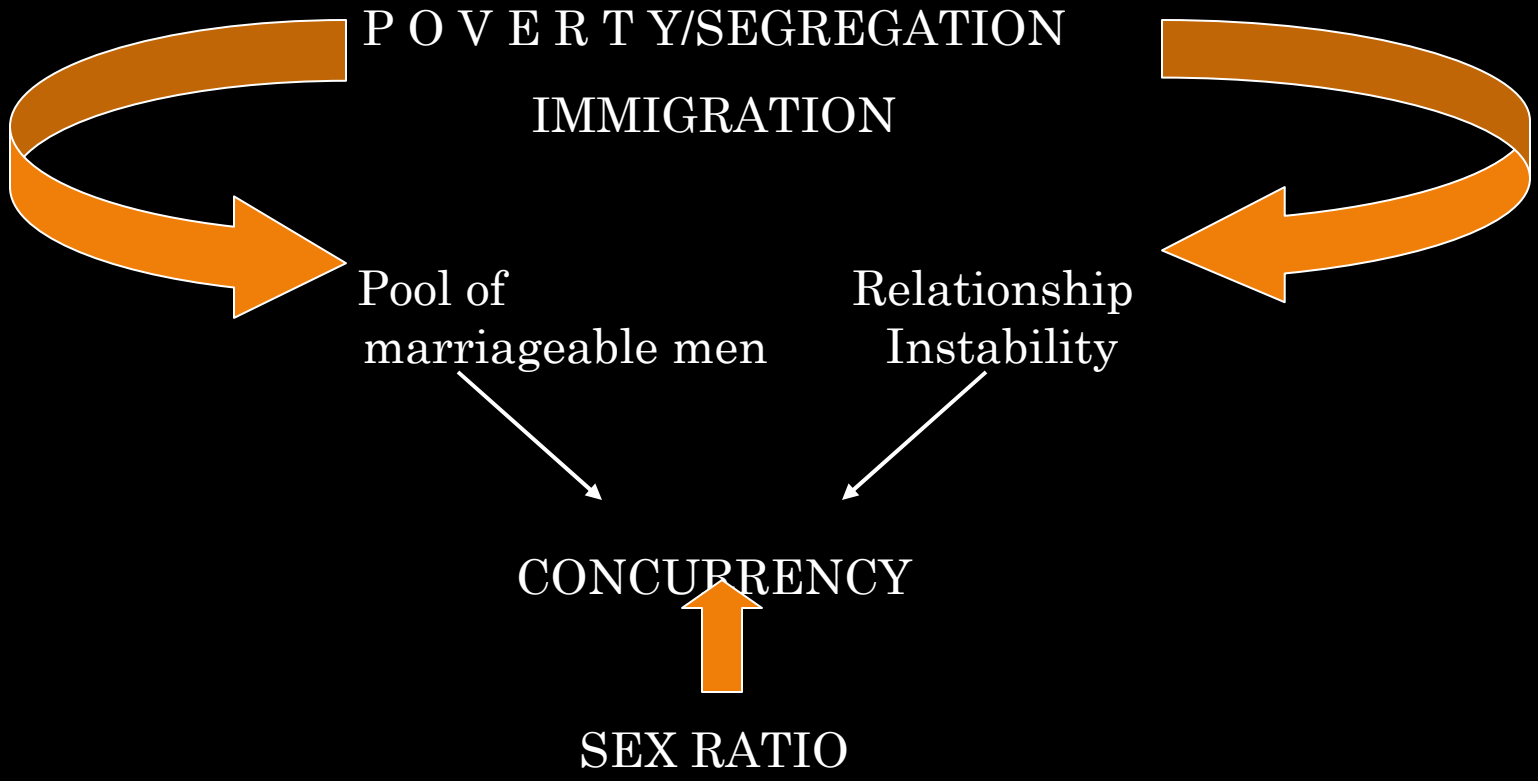
SUMMARY – SEXUAL NETWORKS

- Networks can integrate “core transmitters” into the larger population.
- Dense networks help maintain STD endemicity.
- Core transmitters are key to population-based STD control.

FACTORS INFLUENCING NETWORK PATTERNS

- African Americans
  - Low male-to-female sex ratios
  - Social and residential segregation
  - Incarceration
  - Gender and cultural norms
  - Racial oppression that diminishes opportunities for advancement, especially for Black men
- Hispanics/Latinos
  - High male-to-female sex ratios
  - Social and residential segregation
  - Incarceration
  - Gender and cultural norms
  - Racial oppression that diminishes opportunities for advancement.
  - Language differences

CONTEXT-NETWORK PATHWAYS



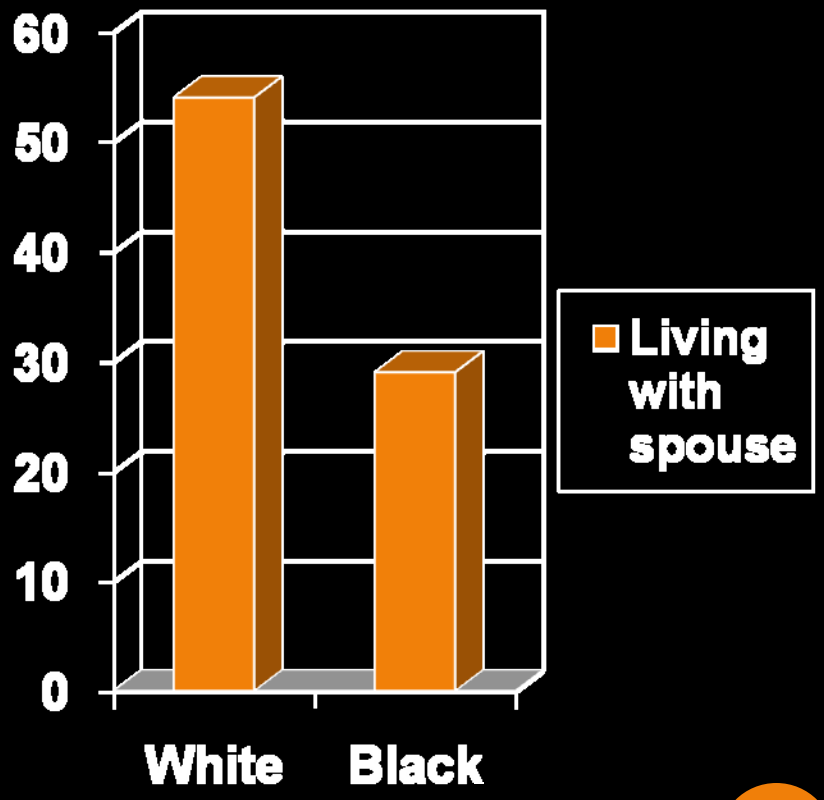
Ada Adimora, UNC

MALE-TO-FEMALE SEX RATIOS IN AFRICAN AMERICANS

- Higher numbers of men than women across age groups.
- Caused by differential
  - Mortality
  - Incarceration
  - Military service
- Compounded by differential
  - Rates of interracial relationships
  - Unemployment

AFRICAN AMERICANS CURRENT MARITAL STATUS

- Black women are less likely to marry, marry later, and more frequently divorce than white women.[Tucker and Mitchell-Kernan, 1995].
- Black women ages 15+, are nearly half as likely as white women to be married and living with their spouse (29% vs. 54%) [Table A1. Marital Status of People 15 Years and Over, by Age, Sex, Personal Earnings, Race, and Hispanic Origin, 2003 - US Census]



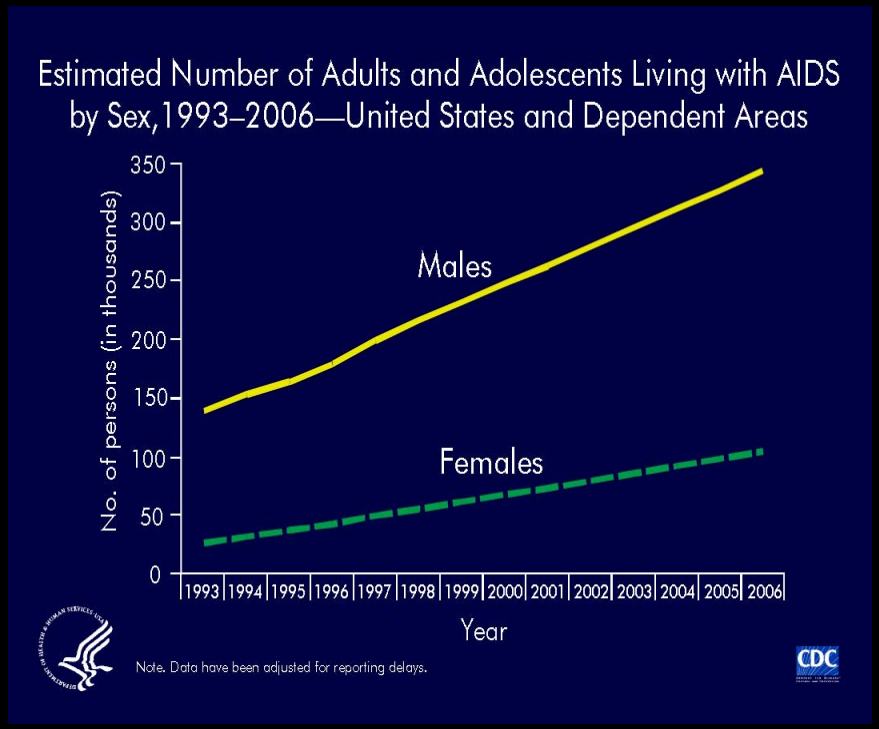
RESIDENTIAL SEGREGATION

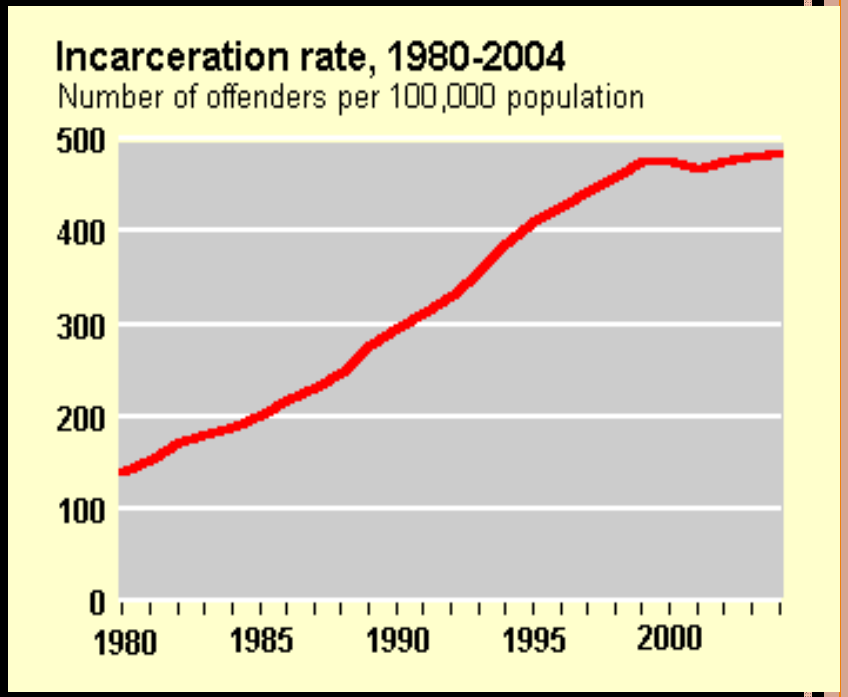
- Black people are the most racially segregated group in the US.
- Black/white segregation indices are still quite high: 69%.
- Blacks tend to be concentrated in metropolitan areas (58%).
  - Lower and middle-class African Ams more likely to live in low-income urban areas than poor and middle-class Whites.
- Hispanics of African descent are more segregated than other Hispanics.

INCARCERATION OF BLACK AND HISPANIC MEN

- Compared to White/non-Hispanic men, incarceration rates are
  - 6.6 times higher for Black men
  - 2.5 times higher for Hispanic men
- Nearly 5% of Black men are incarcerated at any given time.
  - Among Black men ages 20-29 years, nearly 1 in 3 are under criminal justice supervision.
- Bureau of Justice Statistics: http://bjs.ojp.usdoj.gov/

DUAL EPIDEMICS





IMPACT OF INCARCERATION

- Imbalanced gender ratios
- Disrupted relationships - "correctional concurrency"
- Spread of STI's within prison
- Normalization of incarceration and effects on normative community values of sex, violence and drug use
- Diversion of human/economic resources

N.T. Harawa and A. Adimora. "Incarceration, African Americans, and HIV: advancing a research agenda." *J Natl Med Assoc 100 (2008) 57-62.*

GENDER AND CULTURAL NORMS- AFRICAN AMERICANS

- Economic/historical circumstances have altered some gender norms but strengthened others.
  - Women historically have been employed.
  - Women often play crucial decision-making roles within institutions.
  - Masculine roles within families strongly upheld/defended given threats/assaults in other areas.

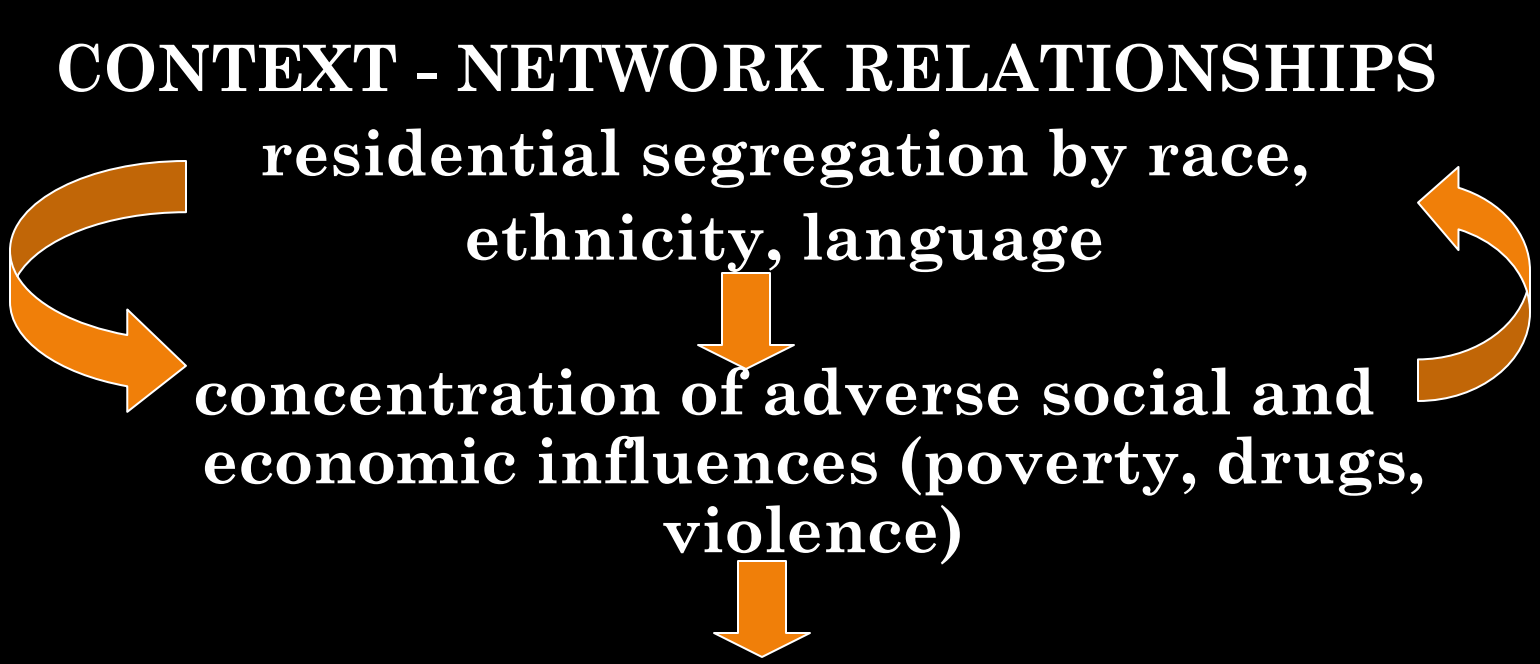
GENDER AND CULTURAL **NORMS-LATINOS**

- Differ by country of origin
- Some relevant issues

  - Women frequently depend on men for financial support of themselves and children.
  - Childbearing and child rearing highly valued.
  - Dichotomous view of women's sexuality.
  - Highly gendered view of homosexuality.
  - Tacit acceptance of male infidelity.

RACIAL OPPRESSION

- Diminishes opportunities for economic advancement



PROXIMAL/DISTAL DETERMINANTS

A determinate is an element that identifies or determines the nature of something or that fixes or conditions an outcome

PROXIMAL DETERMINATES directly affect disease risk.

DISTAL DETERMINANTS help shape behavior and the risks associated with given behaviors.

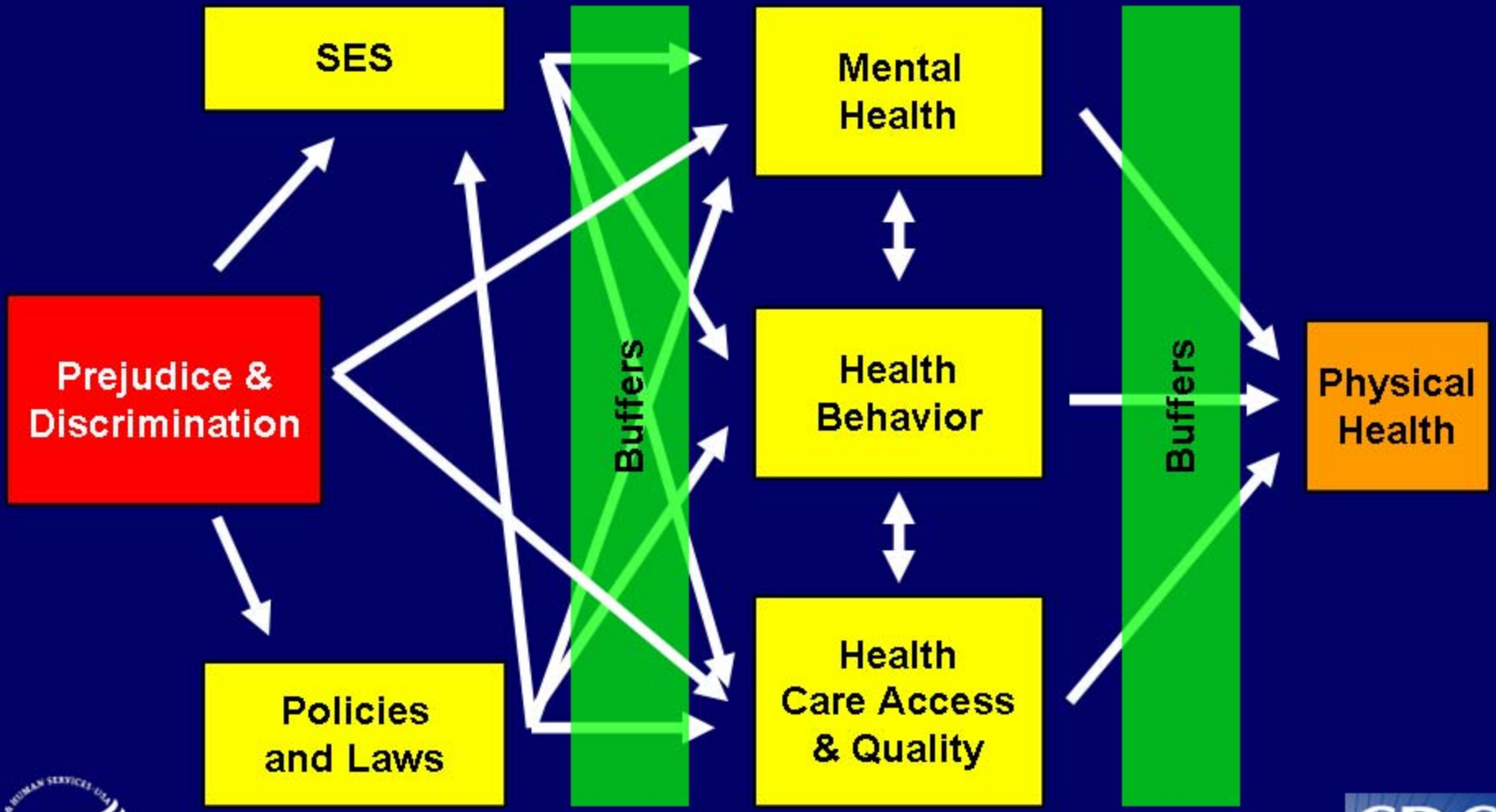
HEIGHTENED STD RISKS IN BLACK AND BROWN COMMUNITIES

IMPORTANT DISTAL DETERMINANTS

- Poverty, inequality, discrimination, segregation, immigration, access.
- Healthcare access and utilization
- Disempowering norms regarding gender.
- Marginalization of LGBT individuals and communities.

TRANSFORMATION AND MOVING FORWARD

Simplified Health Inequities Model



IMPORTANT BUFFERS

- Sources of resiliency in Black and Latino communities-
  - Religious institutions
  - Spirituality
  - Family bonds/support
  - History of overcoming challenges
  - Pride
  - Creativity


Left
Behind


Saving
Ourselves

ADAPTIVE RACIAL SOCIALIZATION

- **Both protective and proactive**
- **It appropriately recognizes and identifies racial hostility, but keeps it at bay long enough to create space for self-expression. It also fosters internal talent and cultural heritage for success.**
- Stevenson et al. 1994 and 1995

EMBRACING THE CULTURAL HISTORY

- "The good, bad, and the ugly of one's history must be identified and recognized if psychological healing is to take place and long before reconciliation of these disparate aspects of the extended self can be expected."
- *J of Christianity and Psychology*. Stevenson 2002

QUESTIONS

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