

Disparities Associated with HIV/AIDS among African Americans

In 2004, it was estimated that approximately 70 percent of newly diagnosed cases of HIV were among racial and ethnic minorities. The African American, Hispanic and American Indian communities were experiencing an alarming incidence of HIV/AIDS. Specifically, in 2004, African Americans accounted for 50 percent of diagnosed HIV/AIDS cases, the Hispanic community accounted for 18 percent of HIV/AIDS cases and American Indians were 1.4 times more likely to be affected by AIDS.¹ Taking a look at these statistics, it is obvious that HIV/AIDS has a disproportionate burden on the African American community.

In 2001, African American men accounted for 43 percent of HIV cases reported among all men.² Research has demonstrated that African American women in the South demonstrate a higher incidence of HIV infection, which is attributed to a greater number of sexual partners, history of drug abuse and incarceration. Domestically, African American women are disproportionately affected by HIV/AIDS because of societal factors such as: gender inequality, poverty, lower levels of education, violence, and economic instability. Not only are African Americans more likely to contract HIV/AIDS but they are more likely to die from it, when compared to Caucasians.³ Research demonstrates that the mortality rate in African American men is 9 times higher than in Caucasian men and 21 times higher in African American women when compared to Caucasian women.¹

Disparities associated with HIV/AIDS among African Americans also extend to access to HIV care and quality of care. Research has demonstrated that African Americans with HIV were 56 percent more likely to experience a 3 month delay in HIV diagnosis and access to HIV care than Caucasians. These disparities in access to HIV screening and care are attributed to social determinants and gaps in the health system. Disparities related to access to HIV screening and care are attributed to social determinants such as social stigma, health behaviors, higher levels of environmental stress, depression and unemployment among the African American community. For African Americans, gaps in the health system also contribute to the disparities associated with HIV/AIDS due to: lack of insurance among low-income African Americans, lack of awareness of the Ryan White program, language and cultural barriers that impede access to prevention programs and reduced geographic access to HIV care programs.³

Reducing the disparities associated with HIV/AIDS among the African American population can be achieved through the following policy initiatives: expanding HIV prevention and education programs, increasing access to voluntary, routine testing, expanding access to HIV treatment and care, reducing the effect of incarceration as a catalyst for rising HIV incidence among African Americans, reducing the marginalization and stigma associated with HIV/AIDS among the African American community, and expanding substance prevention programs that will decrease the incidence of HIV/AIDS among active drug users.⁴ Introducing these policy initiatives can help empower individuals in the African American community to take control of their health behaviors and prevent the spread of HIV/AIDS.

Sources:

¹The Office of Minority Health. HIV/AIDS Data/Statistics. Accessed from <http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=22>.

²National Public Health Week. Eliminating Health Disparities: Communities Moving from Statistics to Solutions Toolkit. Disparities in HIV/AIDS.

³Stone, VE. Disparities in HIV/AIDS by Race/Ethnicity. Accessed from http://www.med.unc.edu/ome/Zollicoffer_Presentation_2006.pdf.

⁴National Minority AIDS Council. November 2006. African Americans, Health Disparities, and HIV/AIDS. *Recommendations for Confronting the Epidemic in Black America*.



Women In Government
2600 Virginia Avenue, NW, Suite 709
Washington, DC 20037
202-333-0825