HIV/AIDS Interventions in the Black Community: Taking the Social Context Seriously

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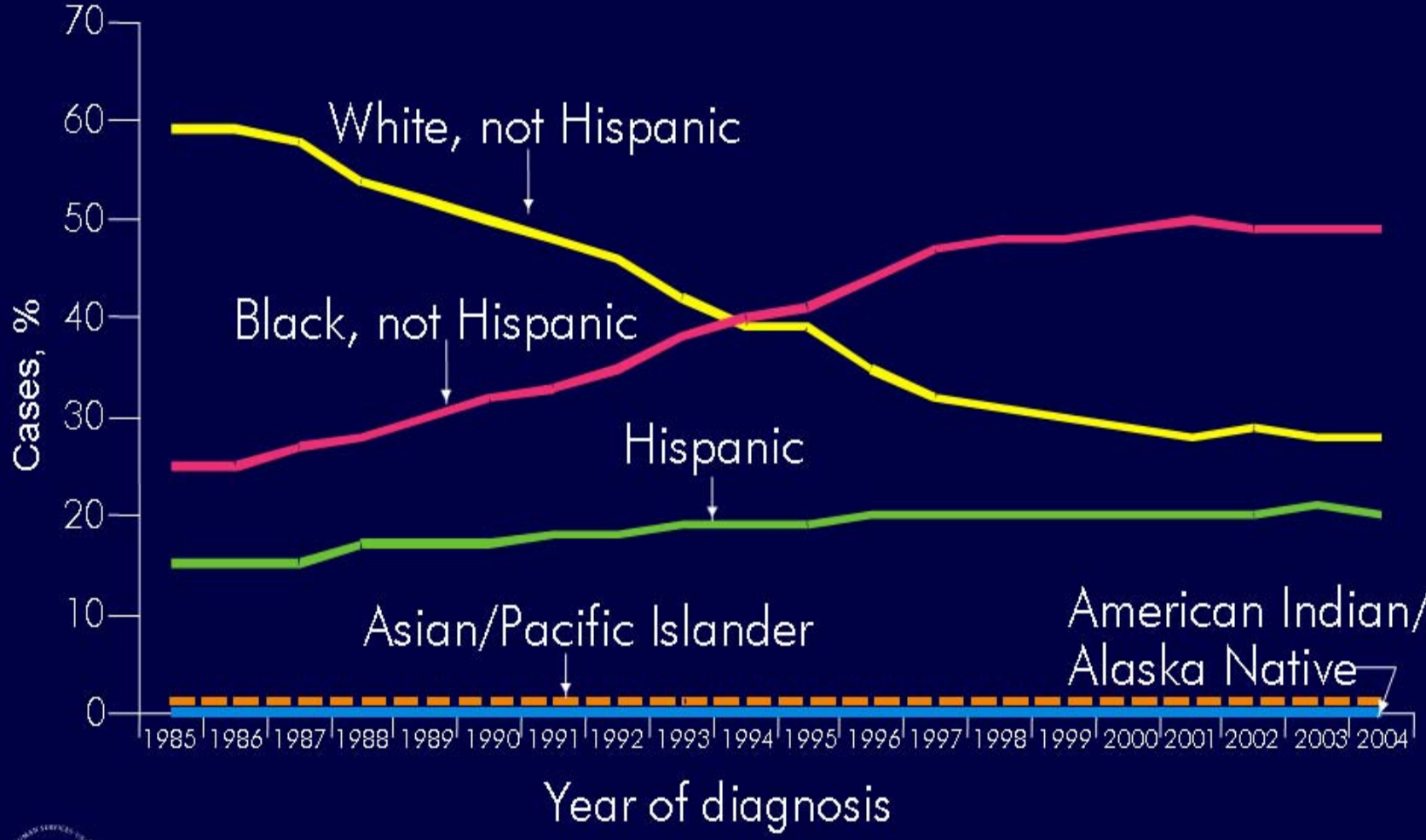
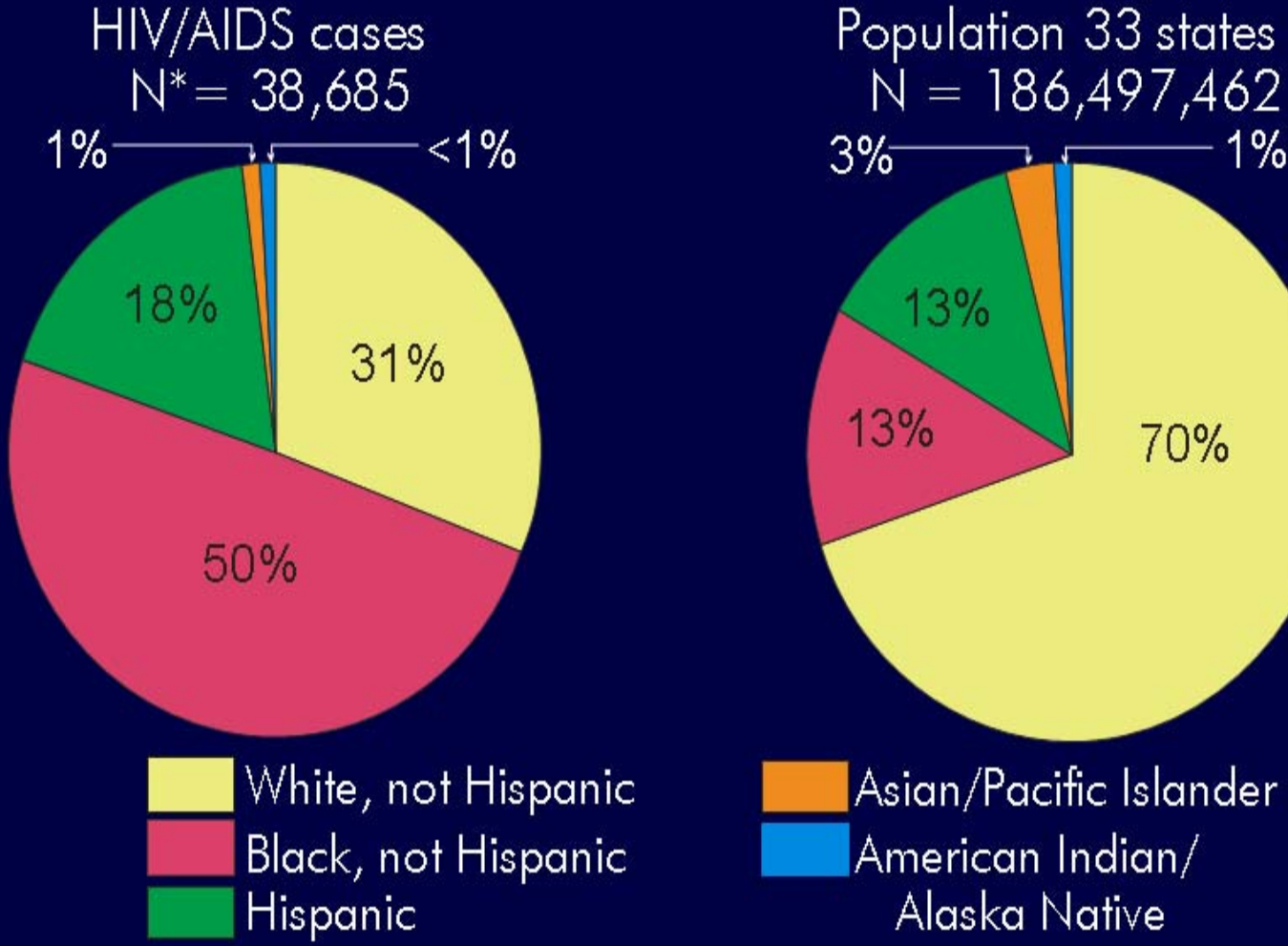
Proportion of AIDS Cases among Adults and Adolescents, by Race/Ethnicity and Year of Diagnosis 1985–2004—United States



Note. Data have been adjusted for reporting delays.

Proportion of HIV/AIDS Cases and Population, by Race/Ethnicity, 2004—33 States



Note. Data include persons with a diagnosis of HIV infection regardless of their AIDS status at diagnosis.
Data from 33 states with confidential name-based HIV infection reporting since at least 2000.
Data excludes cases from the US dependencies, possessions, and associated nations.
Data adjusted for reporting delays.
* Includes 146 persons of unknown race or multiple races.

Understanding Elevated Health Risks

"Has anyone seen the SPIDER that is spinning this complex web of causation?"

Krieger, 1994

Racial Residential Segregation Is …

1. Myrdal (1944): …"basic" to understanding racial inequality in America.
2. Kenneth Clark (1965): …key to understanding racial inequality.
3. Kerner Commission (1968): …the "linchpin" of U.S. race relations and the source of the large and growing racial inequality in SES.
4. John Cell (1982): …"one of the most successful political ideologies" of the 20th century and "the dominant system of racial regulation and control" in the U.S.
5. Massey and Denton (1993): …"the key structural factor for the perpetuation of Black poverty in the U.S." and the "missing link" in efforts to understand urban poverty.

African American Segregation: History-I

- Segregation = the physical separation of the races by enforced residence in different areas.
- It emerged most aggressively in the developing industrial urban centers of the South and, as Blacks migrated to the North, it ensured that whites were protected from residential proximity to blacks.
- In both northern and southern cities, levels of black-white segregation increased dramatically between 1860 and 1940 and have remained strikingly stable since then.

Sources: Cell, 1982; Lieberson, 1980; Massey & Denton, 1993.

African American Segregation: History-II

Segregation was

- imposed by legislation,
- supported by major economic institutions,
- enshrined in the housing policies of the federal government,
- enforced by the judicial system and vigilant neighborhood organizations,
- and legitimized by the ideology of white supremacy that was advocated by the church and other cultural institutions

Sources: Cell, 1982; Lieberson, 1980; Massey & Denton, 1993.

How Segregation Can Affect Health

1. Segregation determines SES by affecting quality of education and employment opportunities.
2. Segregation can create pathogenic neighborhood and housing conditions.
3. Conditions linked to segregation can constrain the practice of health behaviors and encourage unhealthy ones.
4. Segregation can adversely affect access to medical care and to high-quality care.

Source: Williams & Collins , 2001

Segregation and Employment

- Exodus of low-skilled, high-pay jobs from segregated areas: "spatial mismatch" and "skills mismatch"
- Facilitates individual discrimination based on race and residence
- Facilitates institutional discrimination based on race and residence

Race and Job Loss
Economic Downturn of 1990-1991

Racial Group	Net Gain or Loss
BLACKS	59,479 LOSS
WHITES	71,144 GAIN
ASIANS	55,104 GAIN
HISPANICS	60,040 GAIN

Source : *Wall Street Journal* analysis of EEOC reports of 35,242 companies

Race and Job Loss

	Percent Black		
Company	**Work Force**	**Losses**	**Reason**
Sears	16	54	Closed distribution centers in inner-cities; relocated to suburbs
Pet	14	35	Two Philadelphia plants shutdown
Coca-Cola	18	42	Reduced blue-collar workforce
American Cyanamid	11	25	Sold two facilities in the South
Safeway	9	16	Reduced part-time work; more suburban stores

***Source*: Sharpe, 1993: Wall Street Journal**

Residential Segregation and SES

A study of the effects of segregation on young African American adults found that the elimination of segregation would erase black-white differences in

- Earnings
- High School Graduation Rate
- Unemployment

And reduce racial differences in single motherhood by two-thirds

Cutler, Glaeser & Vigdor, 1997

Segregation and Neighborhood Quality

- ↓ Municipal services (transportation, police, fire, garbage)
- ↓ Purchasing power of income (poorer quality, higher prices).
- ↓ Access to Medical Care (primary care, hospitals, pharmacies)
- ↑ Personal and property crime
- ↑ Environmental toxins
- ↑ Abandoned buildings, commercial and industrial facilities

Segregation and Housing Quality

- ↑ Crowding
- ↑ Sub-standard housing
- ↑ Noise levels
- ↑ Environmental hazards (lead, pollutants, allergens)
- ↓ Ability to regulate temperature

Segregation and Health Behaviors

- ↓ Recreational facilities (playgrounds, swimming pools)
- ↑ Marketing and outlets for tobacco, alcohol, fast foods
- ↑ Exposure to stress (violence, financial stress, family separation, chronic illness, death, and family turmoil)

Racial Differences in Residential Environment

- In the 171 largest cities in the U.S., there is not even one city where whites live in ecological equality to blacks in terms of poverty rates or rates of single-parent households.
- "The worst urban context in which whites reside is considerably better than the average context of black communities." p.41

Source: Sampson & Wilson 1995

Segregation in the 2000 Census -I

- Dissimilarity index declined from .70 in 1990 to .66 in 2000
- Decline in segregation due to a few blacks moving to formerly all white census tracts
- Segregation declined most in small growing cities where the percentage of blacks is small
- Between 1990 and 2000, number of census tracts where over 80% of the population was black remained constant

Source: Glaeser & Vigdor, 2001

Segregation in the 2000 Census -II

The decline in segregation between 1990 and 2000 has had no impact on

1. **very high percentage black census tracts,**
2. **the residential isolation of most African Americans, and**
3. **the concentration of urban poverty.**

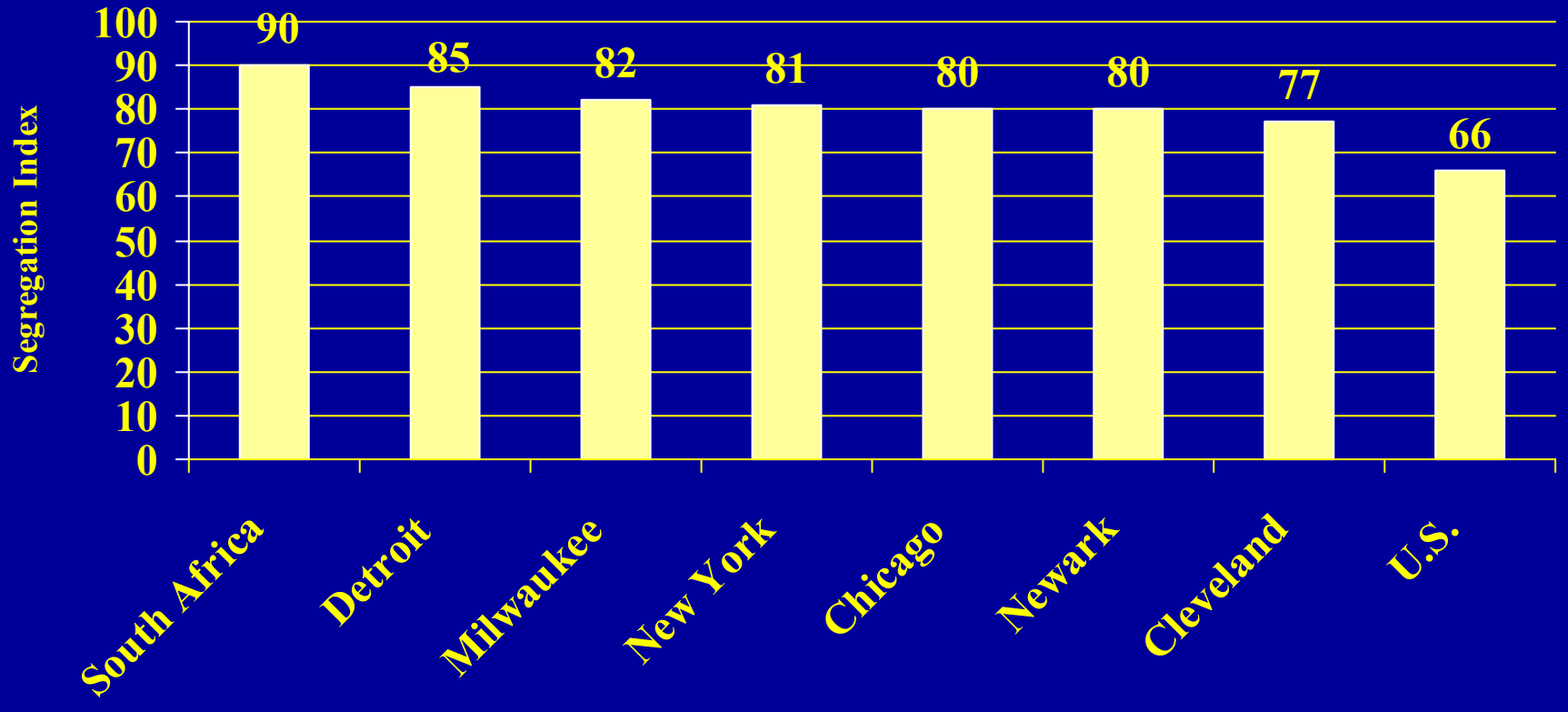
Source: Glaeser & Vigdor, 2001

Segregation: Distinctive for Blacks

- Blacks are more segregated than any other racial/ethnic group.
- Segregation is inversely related to income for Latinos and Asians, but is high at all levels of income for blacks.
- The most affluent blacks (> $50,000) are more segregated than the poorest Latinos and Asians (<$15,000).
- Thus, middle class blacks live in poorer areas than whites of similar SES and poor whites live in much better neighborhoods than poor blacks.
- African Americans manifest a higher preference for residing in integrated areas than any other group.

Source: Massey 2004

American Apartheid: South Africa (de jure) in 1991 & U.S. (de facto) in 2000



Source: Massey 2004; Iceland et al. 2002; Glaeser & Vigitor 2001

SES and Health Risks

SES is linked to:

*Exposures to health enhancing resources
*Exposures to health damaging factors
*Exposure to particular stressors
*Availability of resources to cope with stress

Health practices (smoking, poor nutrition, drinking, exercise, etc.) are all socially patterned

Segregation: Challenge for Poverty

- The Black poor are poorer than the white poor
- The provision of additional support resources is vital

Race/Ethnicity and Wealth, 2000
Median Net Worth

Income	White	Black	Hispanic
All	$79,400	$7,500	$9,750
Excl. Hm. Eq.	22,566	1,166	1,850
Poorest 20%	24,000	57	500
2nd Quintile	48,500	5,275	5,670
3rd Quintile	59,500	11,500	11,200
4th Quintile	92,842	32,600	36,225
Richest 20%	208,023	65,141	73,032

Source: Orzechowski & Sepielli 2003, U.S. Census

Wealth of Whites and of Minorities per $1 of Whites, 2000

Household Income	White	B/W Ratio	Hisp/W Ratio
Total	$ 79,400	9¢	12¢
Poorest 20%	$ 24,000	1¢	2¢
2nd Quintile	$ 48,500	11¢	12¢
3rd Quintile	$ 59,500	19¢	19¢
4th Quintile	$ 92,842	35¢	39¢
Richest 20%	$ 208,023	31¢	35¢

Source: Orzechowski & Sepielli 2003, U.S. Census

Race and Economic Hardship, 1995

African Americans were more likely than whites to experience the following hardships [1]:

1. **Unable to meet essential expenses**
2. **Unable to pay full rent on mortgage**
3. **Unable to pay full utility bill**
4. **Had utilities shut off**
5. **Had telephone shut off**
6. **Evicted from apartment**

[1] After adjustment for income, education, employment status, transfer payments, home ownership, gender, marital status, children, disability, health insurance and residential mobility.

Bauman 1998; SIPP

Improving Residential Circumstances

Policies to reduce racial disparities in SES and health should address the concentration of economic disadvantage and the lack of an infrastructure that promotes opportunity that co-occurs with segregation.

That is, eliminating the negative effects of segregation on SES and health is likely to require a major infusion of economic capital to improve the social, physical, and economic infrastructure of disadvantaged communities.

Source: Williams and Collins 2004

Prevalence of Conspiracy Beliefs

National Survey of Blacks, 2002-2003

- A lot of information about AIDS is being held back (58%)
- HIV is a man-made virus (48%)
- AIDS was produced in a government laboratory (27%)
- A cure for AIDS exists, but it is being withheld from the poor (53%)
- People who take the new medicines for HIV are human guinea pigs for the government (44%)
- Medical and public health institutions are trying to stop the spread of HIV in black communities (75%)

Bogart and Thorburn, *J Acquir Immune Defic Syndr,* 2005

Context of Conspiracy Beliefs (CBs)

- CBs are a manifestation of some African Americans' mistrust of the federal government and health system
- CBs about HIV/AIDS are related to broader beliefs about conspiracies in other areas of U.S. society
- CBs must be understood in the context of historical and current racial discrimination and mistreatment

Bogart and Thorburn, *J Acquir Immune Defic Syndr,* 2005

Conspiracy Beliefs: A Barrier to Prevention Efforts

Men who endorsed conspiracy beliefs were more likely than non-endorsers to:

- Have negative attitudes toward condom use
- Use condoms inconsistently

Bogart and Thorburn, *J Acquir Immune Defic Syndr,* 2005

Discrimination Persists

- Pairs of young, well-groomed, well-spoken college men with identical resumes apply for 350 advertised entry-level jobs in Milwaukee, Wisconsin. Two teams were black and two were white. In each team, one said that he had served an 18-month prison sentence for cocaine possession.

- The study found that it was easier for a white male with a felony conviction to get a job than a black male whose record was clean.

Source: Devan Pager; NYT March 20, 2004

Percent of Job Applicants Receiving a Callback

Criminal Record	White	Black
No	34%	14%
Yes	17%	5%

Source: Devan Pager; NYT March 20, 2004

Implications of Conspiracy Beliefs (CBs)

- Persons who endorse CBs are likely to be suspicious about prevention messages regarding HIV and other public health problems
- Preventive interventions should include frank discussion of conspiracy beliefs
- Acknowledging the origin of CBs and the historical context of discrimination, as well as, demonstrating a commitment to end current discrimination can build trust, reduce barriers, and facilitate the acceptance of interventions

Bogart and Thorburn, *J Acquir Immune Defic Syndr,* 2005

Implications of Segregation

Major Challenges for Health Care Access and Delivery

Health Care in Segregated Neighborhoods

- Concentration of uninsured and medically underserved
- Health care facilities are often characterized by limited resources, overcrowding, staff shortages and outdated equipment.
- Residents less likely to have a consistent source of care
- Residents more likely to use ER as primary source of care

Medical Care: Separate and Unequal -I

- Pharmacies in segregated neighborhoods are less likely to have adequate medication supplies (Morrison et al , 2000)
- Hospitals in black neighborhoods are more likely to close (Buchmueller, et al 2004; McLafferty, 1982; Whiteis, 1992).
- MDs are less likely to participate in Medicaid in racially segregated areas. Poverty concentration is unrelated to MD Medicaid participation (Greene et al. 2006)

Medical Care: Separate and Unequal -II

- Blacks are more likely than whites to reside in (segregated) areas where the quality of care is low (Baicker, et al 2004).
- African Americans receive most of their care from a small group of physicians who are less likely than other doctors to be board certified and are less able to provide high quality care and referral to specialty care (Bach, et al. 2004).

Unequal Treatment

- Across virtually every therapeutic intervention, ranging from high technology procedures to the most elementary forms of diagnostic and treatment interventions, minorities receive fewer procedures and poorer quality medical care than whites.
- These differences persist even after differences in health insurance, SES, stage and severity of disease, comorbidity, and the type of medical facility are taken into account.
- Moreover, they persist in contexts such as Medicare and the VA Health System, where differences in economic status and insurance coverage are minimized.

Source: Institute of Medicine, 2002

Implications for Health Care Interventions

HIV Testing and Counseling Interventions must take the Social Context Seriously

Care that Addresses the Social context

- Effective health care delivery must take the socio-economic context of the patient's life seriously
- The health problems of vulnerable groups must be understood within the larger context of their lives
- The delivery of health services must address the many challenges that they face
- Taking the special characteristics and needs of vulnerable populations into account is crucial to the effective delivery of health care services.
- This will involve consideration of extra-therapeutic change factors: the strengths of the client, the support and barriers in the client's environment and the non-medical resources that may be mobilized to assist the client

Active Outreach By Nurses

A prospective randomized trial of 1,554 high-risk pregnant women (72% Black) found that telephone calls by nurses, one or two times each week:

- Were effective in reducing low birth weight births
- Resulted in cost saving for African American mothers age 19 and over

Muender et al., 2000

Community Workers

- A randomized controlled trial of young mothers (97% Black) studied the effects of home visits by nurses during pregnancy and the first two years of life.
- Women who received home visits had:
  - fewer subsequent pregnancies
  - longer intervals between the 1st and 2nd births
  - fewer months of using AFDC and food stamps
  - Greater likelihood of living with the child's father

Hayward, 2000

Telemonitoring

A randomized trial with African American hypertensive clients found that nurse-managed telemonitoring of the clients at home and in the community, was successful in reducing both systolic and diastolic pressure

Artinian, Washington and Templin, 2001

Service Delivery and Social Context

•244 low-income hypertensive patients, 80% black (matched on age, race, gender, and blood pressure history) were randomly assigned to:

- Routine Care: Routine hypertensive care from a physician.
- Health Education Intervention: Routine care, plus weekly clinic meetings for 12 weeks run by a health professional.
- Outreach Intervention: Routine care, plus home visits by lay health workers who provided info on hypertension, discussed family difficulties, financial strain, employment opportunities, and, as appropriate, provided support, advice, referral, and direct assistance.

Source: Syme et al.

Service Delivery and Social Context: Results

After 7 months, patients in the outreach group:

1. Knew twice as much about blood pressure as patients in the other two groups. Those in the outreach group with more knowledge were more successful in blood pressure control (KNOWLEDGE).
2. Were more compliant with taking their hypertensive medication than patients in the health education intervention group. Moreover, good compliers in the outreach group were twice as successful at controlling their blood pressure as good compliers in the health education group (ADHERENCE).
3. Were more likely to have their blood pressure controlled than patients in the other two groups (CONTROL).

Source: Syme et al.

A Call to Action

"The only thing necessary for the triumph [of evil] is for good men to do nothing."

Edmund Burke, Irish Philosopher