

Graphic Evidence

Same Behaviors, Different HIV/STD Risks for Whites, African-Americans

White and African-American young adults who practice the same HIV/STD risk-lowering behaviors do not gain the same levels of protection against infection, according to a study by Dr. Denise Hallfors and colleagues at the Pacific Institute for Research and Evaluation. The researchers used the statistical technique of cluster analysis to identify distinct patterns of involvement with sex and substances among a nationally representative sample of 6,257 White and 2,449 African-American young adults aged 18 to 26.

The diagram shows STD/HIV prevalence by race and risk behavior for the 13 patterns most associated with infection, which range from “sexually active but with few partners and little involvement with alcohol, tobacco, or other drugs (ATOD)” to very high-risk behaviors, such as prostitution and intravenous drug use. The overall prevalence of STD/HIV within the sample was 6 percent, and those boxes shown

in red indicate infection rates above this level. As can be clearly seen, African-American young adults had elevated infection rates whether or not they engaged in high-risk behaviors. White young adults, in contrast, were at elevated risk only if they engaged in sex for money, used illicit drugs intravenously, were men who had sex with men (MSM), or were frequent users of marijuana and other illicit drugs.

In addition, African-Americans’ infection rates were much higher than Whites’ for every behavior pattern. Among the 3,152 young adults exhibiting the most common pattern—sexually active, few partners, low ATOD—the African-Americans’ infection rate was more than six times that of the Whites.

Dr. Hallfors believes many factors contribute to African-American young adults’ elevated infection risk, including sexual mating patterns that tend to bring higher and lower risk partners together more often than happens among

Whites. She recommends that prevention strategies:

- Refocus their activities in the African-American community from individual behavioral strategies to population-based strategies;
- Expand efforts to reduce stigma through media campaigns that also encourage African-American young adults to be tested for HIV/STD on an annual basis;
- Offer testing and treatment in nontraditional venues, such as churches and beauty salons;
- Research structural factors, such as the disproportionate incarceration of African-Americans compared with Whites, that may account for some of the racial disparities.

Source: Hallfors, D., et al., 2007. Sexual and drug behavior patterns and HIV and STD racial disparities: The need for new directions. *American Journal of Public Health* 97(1): 125-132.

