

HIV/AIDS disparities in Blacks preventable

Written by Rebecca Nuttall, Special to the NNPA from the New Pittsburgh Courier
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(NNPA) - Although the number of HIV infections is growing at an alarming rate throughout the Black community, African American women are the group most disproportionately affected. While representing only 12 percent of the U.S. female population, they account for 61 percent of all new HIV infections among women.

“African American women are 20 times more likely to get infected with HIV than white women,” said Dr. Debbie Hagins, clinical director of outpatient services for the Chatham County Health Department IDC Clinic. “This is in part due to the increased likelihood of being exposed to HIV through heterosexual contact because HIV is so prevalent in communities of color.”

In an era where an HIV diagnosis is no longer a death sentence due to the advent of new medications, many will not be alarmed by these statistics. However, this is only one of a number of HIV/AIDS disparities facing the African-American community, most of which are preventable.

Hagins is an investigator in the GRACE (Gender, Race And Clinical Experience) study, a clinical research study sponsored by Tibotec Therapeutics that examined gender and race differences in response to HIV medication. The study demonstrated that HIV medications are effective when taken as prescribed for men and women.

“HIV disease in the 21st century is very treatable. While medicine does not cure HIV/AIDS, it does offer effective treatment by suppressing viral replication. The medicines work best if they are taken everyday,” Hagins said. “Factors that help HIV+ persons take their medicines daily include having medications that are well tolerated, medicines that can be taken once or twice a day, and regimens having as fewest pills possible to take.”

Despite medication, African Americans die ten times more than whites from HIV/AIDS and AIDS is the number 1 cause of death in young AA women aged 25-34.

“A number of factors contribute to this—some we can control—some we cannot. Far too many African Americans learn of their positive status very late in the course of their disease which increases the risk of disability and death,” Hagins said. “Also, many African-Americans come into medical treatment months to years after learning of their diagnosis, also contributing to an increased risk of dying.”

Hagins said other socioeconomic factors also contribute to these disparities such as access to care and medications. These same factors that contribute to increased mortality rates also account for increased infection rates.

“For a long time African-Americans did not recognize that HIV was prevalent in African-American communities so did not fully appreciate the potential and real threat of this disease,” Hagins said. “Because of misperceptions about HIV many people did not and still do not understand transmission of the virus so did not take measures to prevent its spread. HIV has spread silently in the communities of color for too long. Because of stigma and fears surrounding an HIV diagnosis, many do not get tested or do not seek and remain in treatment once they have been diagnosed.”

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The GRACE study showed that that successful management of HIV comes from a combination of support and appropriate treatment. For this reason it is important for those living with the disease to connect with local HIV community groups for information and a broad range of support services.

“One of the lessons learned from the GRACE study is that keeping people of color engaged in medical care, especially women infected with HIV, has many contributing factors,” Hagins said. “The GRACE study learned that for reasons not related to lack of response to medications, some HIV+ African-Americans have other challenges than just their HIV diagnosis. There are also challenges in taking their medications as prescribed and in remaining in medical treatment.”

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