HIV Risk Reduction

A DBHDD/Division of Addictive Diseases quarterly newsletter for HIV and SA prevention professionals
Volume 10, Issue 3

Disparity in HIV Infection Rates Among African American Women:

Understanding the Issues, Engaging the Consumer

It was 1979 in America: Margaret Thatcher was elected England's first female Prime Minister;

63 Americans were taken hostage in the American Embassy in Tehran; the Sony Walkman was revolutionizing the daily commute; and Donna Summer's "Hot Stuff" topped the charts. For another Donna - a Howard University undergraduate student majoring in pharmacy - it was a year that would forever change the course of her life's work.

One of Donna Hubbard McCree's suite mates had been recently diagnosed with genital warts, was in a great deal of pain, and had no knowledge of the condition for which she was being treated, nor what caused it. "We were not speaking about sexually transmitted infections (STIs) then. The term was not being used," McCree recalls public discourse at the time. "We talked about venereal diseases, and usually only two, syphilis and gonorrhea."

Feeling stigmatized and mistreated by her experience at the Health Clinic, the suite mate asked McCree for advice. "I was dismayed that as a pharmacy student I was so uninformed and unable to answer her questions. I wondered why we were not taught about this in class. So I asked my microbiology professor about genital warts," continues McCree. "He said 'Miss Hubbard, all you really need to know about venereal diseases is to give your patients their treatment, look in their mouths to make sure they swallow it, make them feel bad for what they have, and send them back on the street. You do not need to know anything else."

McCree's outrage over her professor's response propelled her

Donna McCree, PhD, MPH, RPh
Team Leader/Behavioral Scientist
Division of HIV/AIDS Prevention, CDC

Tips for Engaging Clients

Dr. McCree recommends:

- Treat consumers equally and professionally; offer a warm greeting and a smile.
- Become a health resource for your clients by learning about available services.
- Maintain a non-judgmental demeanor; explain risks without assigning blame.
- Leverage information about "where she is" to start a conversation about HIV.
- Respond to each consumer's specific needs; avoid a "one size fits all" message.

Reference: Des Jarlais DC, Semaan S. HIV prevention for injecting drug users: The first 25 years and counting. Psychosomatic Medicine 2008;70:606-11.

to conduct her own research. What she found among the bookshelves was woefully limited. As she learned more about STIs, she realized that this was the area in which she wanted to practice. But she would have to blaze a new trail.

"After many years in pharmacy practice, including work in academia, and an MPH from Hopkins, I decided that if I was going to make an impact on STIs and educate women, I would need a PhD," she recalls. After completing the PhD at Hopkins, McCree accepted a position as a Project Director at Emory for a behavioral trial focused on HIV-positive women. This led to a 2-year postdoctoral fellowship in STD prevention and eventually to a full time position at the Centers for Disease Control and Prevention (CDC). This early professional work led to an impassioned, award-winning career where she strives to make an impact on the HIV epidemic, particularly among women and populations who are disproportionately affected by the disease.

The lifetime risk for HIV infection among African American women is one in 30.

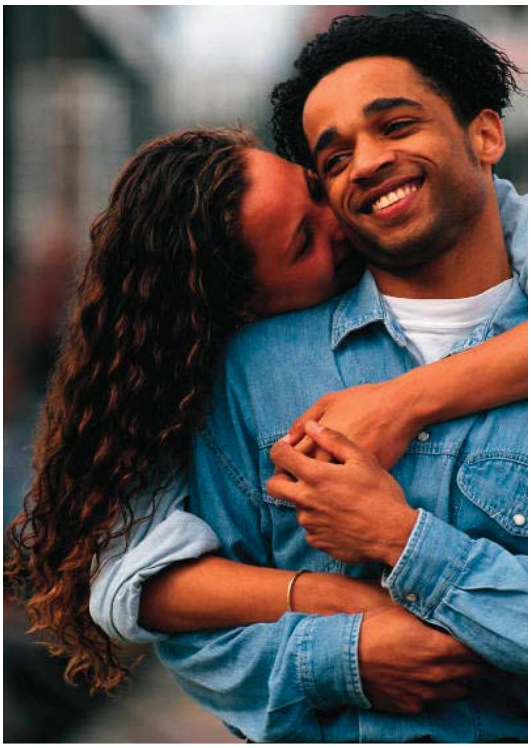
Today, McCree serves as a Team Leader/Behavioral Scientist in the Division of HIV/AIDS Prevention at the CDC. Her training and expertise are in developing and conducting HIV/STI behavioral interventions, and her work includes projects focused on HIV testing strategies for women and men who have sex with men (MSM), behavioral interventions for heterosexually-active African-American men, HPV prevention/diagnosis and STI/HIV prevention for long haul truckers. Her responsibilities concerning HIV prevention strategies for African Americans are a particular focus, and the reasons lie both in her early clinical work with women, as well as in the statistics.

According to the CDC's *2008 HIV Surveillance Report*, blacks/African Americans are the racial/ethnic group most affected by HIV. Blacks /African Americans represent approximately 12% of the U.S. population, but account for almost half of all new HIV infections each year. While there are fewer new HIV infections each year among black women than black men, black women are among the most severely impacted by this disease and are far more affected by HIV than women of other races. The rate of new HIV infection for black/African American women is nearly 15 times as high as that of white women, and nearly 4 times that of Hispanic women. The lifetime risk for HIV infection for this population is onerous: 1 in 30 for black/African American women, as compared to 1 in 588 for Caucasian women.

Despite an increase in persons diagnosed with HIV earlier in the course of their infection, far too many continue to be diagnosed late. In 2008, about one-third (32%) of individuals with an HIV diagnosis reported to CDC received a diagnosis of AIDS within 12 months of their initial HIV diagnosis. These late diagnoses represent missed

opportunities for treatment and prevention. And despite many prevention and treatment successes, people are still dying from AIDS. HIV remains a significant cause of death for some populations. For example, in 2006, HIV was the third leading cause of death for black females aged 35-44.

The number of people living with HIV infection in the United States (HIV prevalence) is higher than ever before. CDC estimates that more than 1 million (1,106,400) adults and adolescents were living with HIV infection in the United States at the end of 2006, the most recent year for which national prevalence estimates are available. "Now, because of the availability of antiretroviral treatment, HIV is not a death sentence like it was early in the epidemic," says McCree. Early diagnosis and linkage to appropriate treatment and care can significantly extend the lives and health of HIV-infected individuals. But it is very important that individuals know their status and be linked to care. That is why we are stressing getting the facts, getting tested, and knowing your results."



African Americans tend to select sexual partners who are also African American. Because the background prevalence of STIs, including HIV, is higher in the black community, an African American woman's chance of becoming infected is greater than that of her white counterpart - even if she has less risky sexual behavior.

As the old saying goes, easier said than done. According to McCree, there are numerous converging socio-economic factors that contribute to the disproportionately high rate of HIV infection among African American women. A better understanding of how substance abuse, poverty and other factors play a role in this reality, combined with McCree's practical tips to engage African American clients can help HIV and substance abuse prevention professionals make progress in assisting this population.

Converging Issues

A common assumption among the public – and some health professionals – is that the rates of HIV among African American women are solely due to risky sexual behavior. That is simply not the case, says McCree. "It is more the myriad social and contextual factors, i.e., higher background prevalence of other STIs, poverty, discrimination, stigma, lack of access to health care, homelessness, sexual and substance abuse, etc, faced by many African American women that is the issue. Further regarding sexual behavior, because African Americans tend to select sexual partners who are also African American and the background prevalence of STIs, including HIV, is higher in the black community, a woman's chances of becoming infected are higher even with less risky sexual behavior."

Women caught in a cycle of poverty and substance abuse are handicapped in their ability to protect themselves from HIV infection. Such women may be victims of domestic violence and/or sexual trauma. Trading sex for drugs, food, shelter, and clothing is a way to survive for many. Studies have proven drug abuse leads to riskier sexual behaviors. Further, negotiation of condom use with an abusive partner is complex and has the

African American Women: *Understanding the Issues, Engaging the Consumer*

. . . continued from page 3

potential to put a woman's safety at risk. With poverty and joblesslessness comes a greater likelihood that insurance is lacking, limiting access to information, quality healthcare, HIV testing and treatment options. Issues of shame, guilt and self esteem are also considerations.

"All of this speaks to the need to take an integrated approach when counseling African American women about HIV prevention and testing," McCree says. "If a health professional is seeking to have a positive impact, not just with HIV but with other challenges the woman may be facing, he/she should start by engaging the woman 'where she is.'"

Taking An Integrated Approach

"Where she is" may be a very desolate place, indeed, for many clients struggling with substance abuse. The consumer entering substance abuse treatment is likely facing myriad issues that hinder her receptivity to HIV-related messages. In addition to issues previously mentioned (homelessness, joblessness, sexual abuse, etc.), she may be involved with the criminal justice system and court-ordered to treatment; have lost (or is at risk of losing) custody of her children; challenged to find adequate care for children in her custody during the treatment process; and be facing potential rejection by family and friends.

For HIV and substance abuse counselors, taking an evidence-based, integrated approach to intervention can be very effective. "First you must engage the client, and that requires establishing good communication and trust from the outset," advises McCree. "Once that trust is established, it creates an environment to talk about the issues she is facing and *then*, address risk reduction."

Counseling and encouraging African American female clients to know their status is a crucial first step toward stemming the disparity in HIV rates. Prevention counselors play a critical role in this process. "Recognize that it may take many small steps, but each step can lead to progress," reminds McCree.

She, too, has made progress toward addressing the situation that she encountered back in 1979.

"This is not a job for me. It is my path and passion," McCree concludes. "The passion I have for HIV prevention is about making a difference and having a positive impact on those most impacted and affected by the epidemic."

Many consumers begin from a very desolate place; each small step forward is cause for celebration.