



C2 The Invisible Community: HIV/AIDS Epidemic and Its Disproportionate Impact on African Americans

Wednesday, June 13, 2018 3:30 - 5:00 p.m.

Princess Murray

Salon 2

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THE INVISIBLE COMMUNITY

Princess Murray, BS

▶ ICE BREAKER Exercise

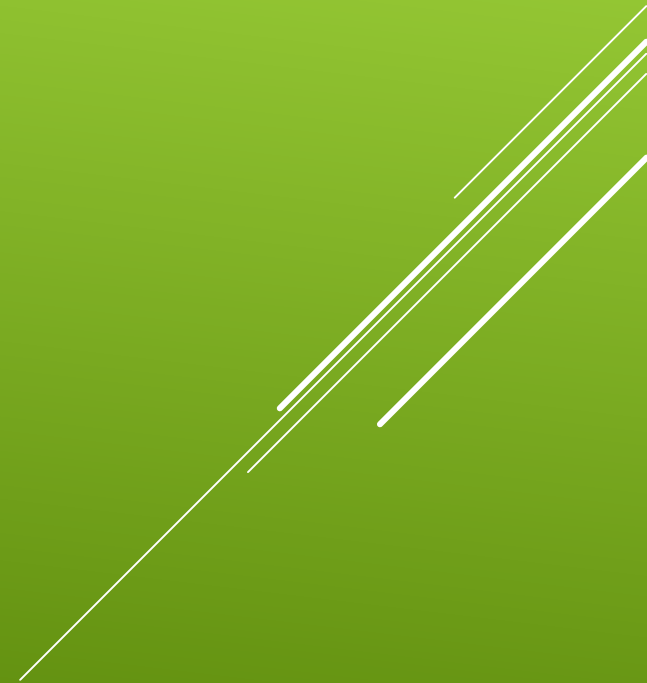


- ▶ HIV/AIDS Epidemiology among African Americans
- ▶ The “DL” and HIV in the Black community
- ▶ Reasons for HIV/AIDS racial disparity
- ▶ HIV/AIDS treatment issues for African Americans
- ▶ Conclusions/Solutions/Questions

AGENDA

<https://www.youtube.com/watch?v=CzDJVNzdgmk>

BLACK WOMEN ARE DYING FROM
AIDS (VIDEO)



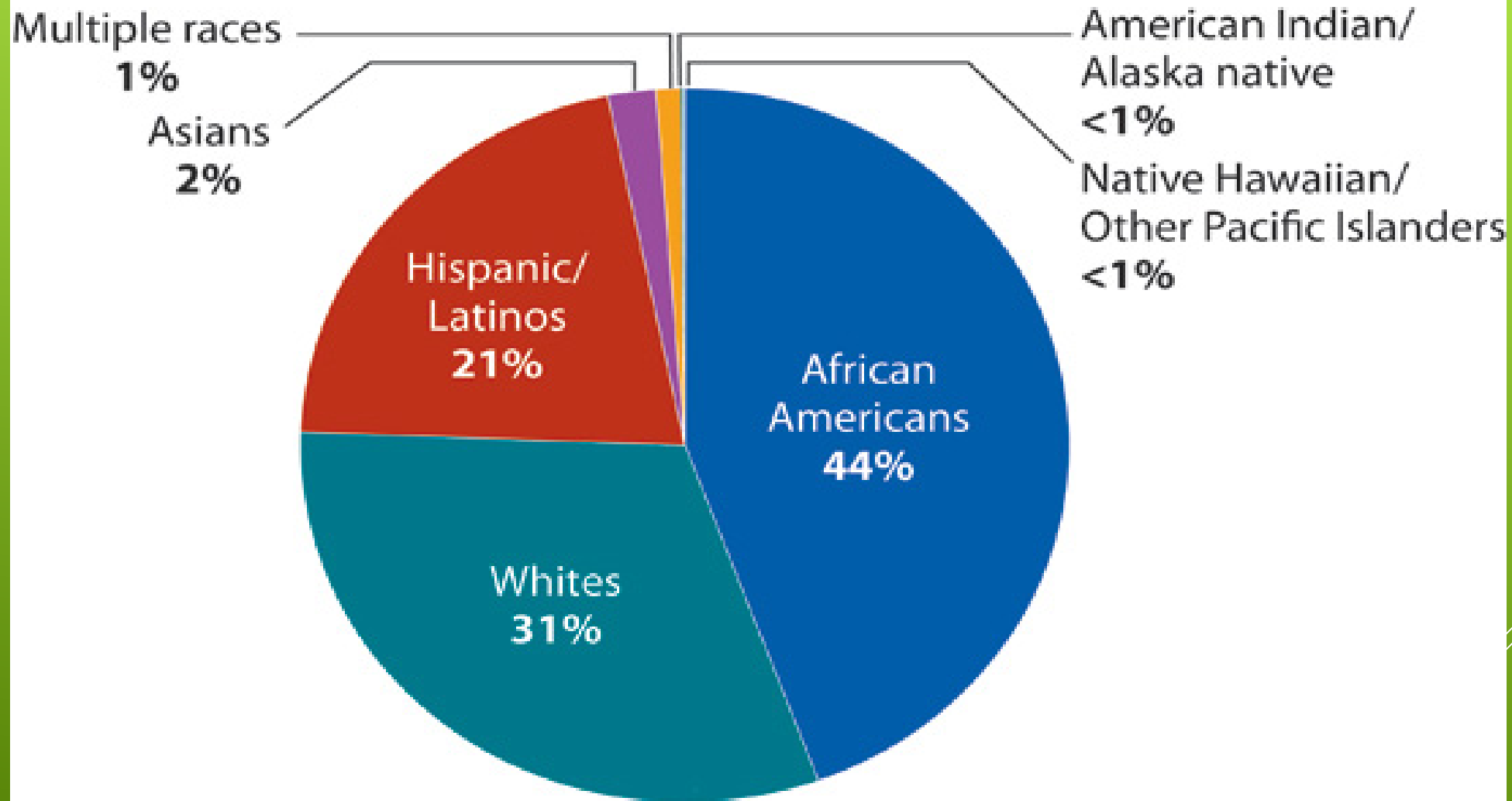
HIV/AIDS EPIDEMIOLOGY AMONG AFRICAN AMERICANS



<https://www.youtube.com/watch?v=RzfoCaNlzBU>

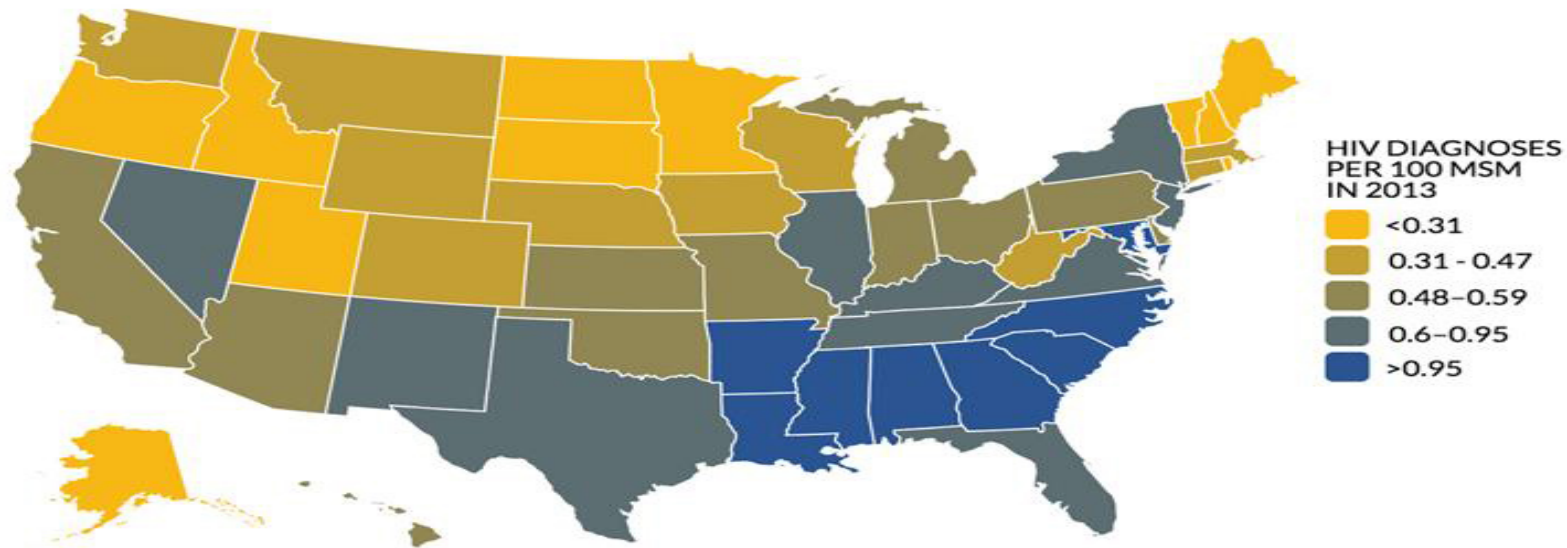
WHERE DID HIV COME FROM? (VIDEO)

New HIV Infections by Race/Ethnicity, 2010 (n=47,500)



HIV DIAGNOSIS

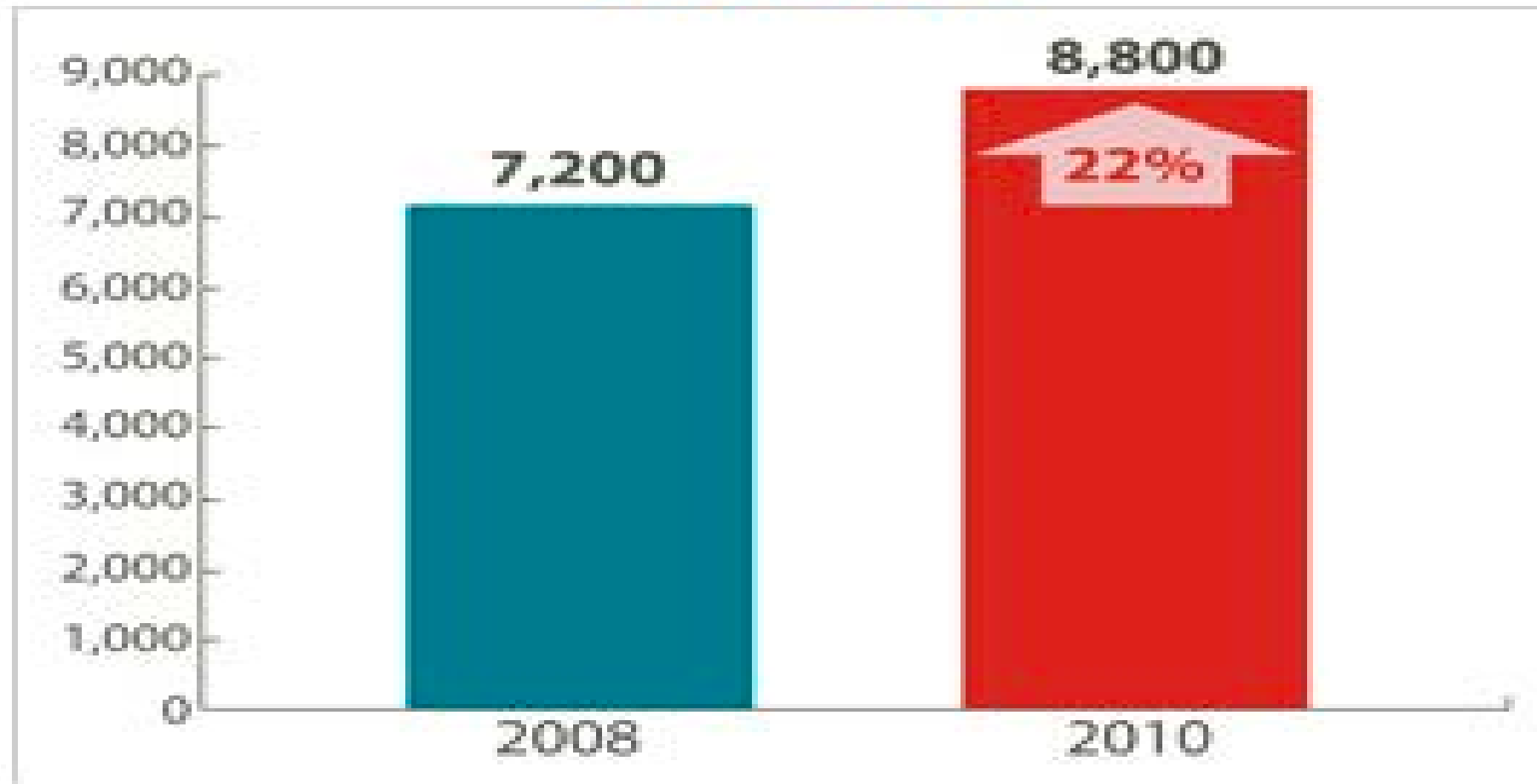
NEW HIV DIAGNOSES AMONG GAY AND BISEXUAL MEN, 2013



SOURCE | Rosenberg et al. "Rates of prevalent HIV infection, prevalent diagnoses and new diagnoses among men who have sex with men in US states, metropolitan statistical areas, and counties, 2012–2013," *JMIR Public Health and Surveillance*



Estimated Number of New HIV Infections among MSM aged 13-24, 2008-2010



THE “DL” AND HIV



- ▶ Secretive; Undercover; Discreet
- ▶ An R. Kelly Song; a Pharcyde song; lyric of a TLC song
- ▶ A homosexual black man who doesn't identify as "gay"
- ▶ A bisexual black man
- ▶ A homosexual "thug"
- ▶ ** *A married or coupled heterosexual-identified black man who has sex with men on the side and does not tell his female partner* **

WHAT IS "DOWN LOW"?

Video: Jonathan Plummer on Realizing His Sexuality

How Stella Got Her Groove Back, Author Terry McMillian

► Oprah Winfrey Show | Oprah Winfrey Network



[HTTPS://WWW.YOUTUBE.COM/WATCH?V=5F80L4BLURE](https://www.youtube.com/watch?v=5F80L4BLURE)

► *3 Major Categories:*

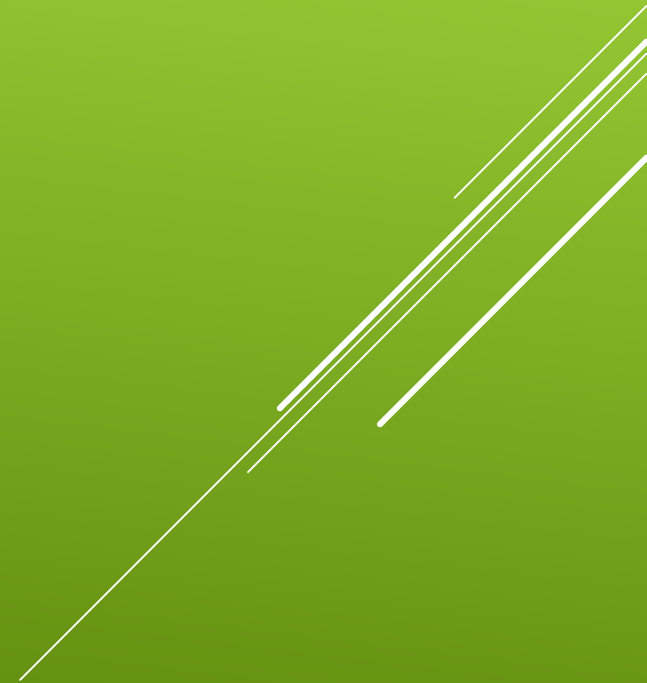
- a. ACCESS TO CARE (insurance, poverty, cultural incompetence, etc.)
- b. SOCIAL CONTEXT (cultural factors, including socialization of masculinity)
- c. HISTORICAL CONTEXT (medical experimentation, distrust)

(Rich & Ro, 2002)

THOUGHTS FOR BLACK MEN'S HEALTH DISPARITY

- ▶ Effects of Slavery
- ▶ Effects of a Black matriarchal society
- ▶ Byproduct of Economic Oppression
 - ▶ Cool Pose (Majors & Billison, 1992)
 - ▶ Fragmented Masculinity (Whitehead, 1997)
 - ▶ Respect Vs. Reputation (Whitehead, 1997)

THEORIES ABOUT BLACK MASCULINITY - HETEROSEXUAL

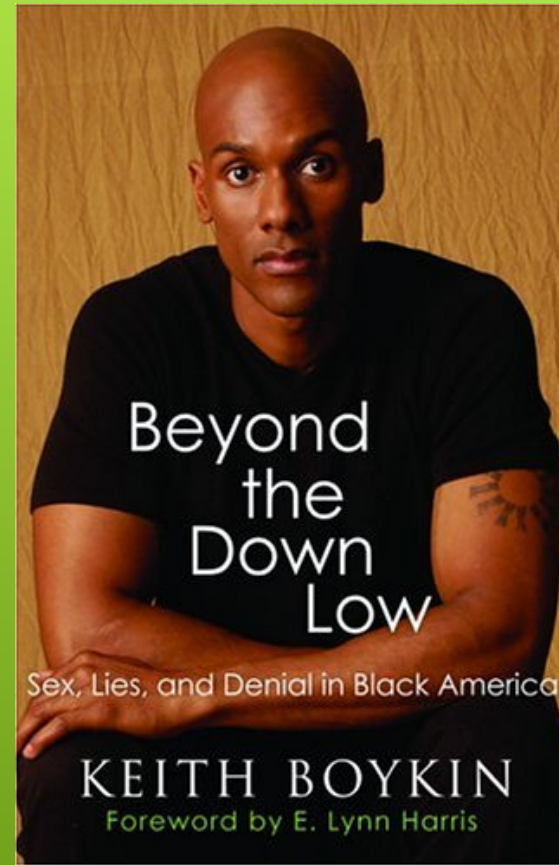
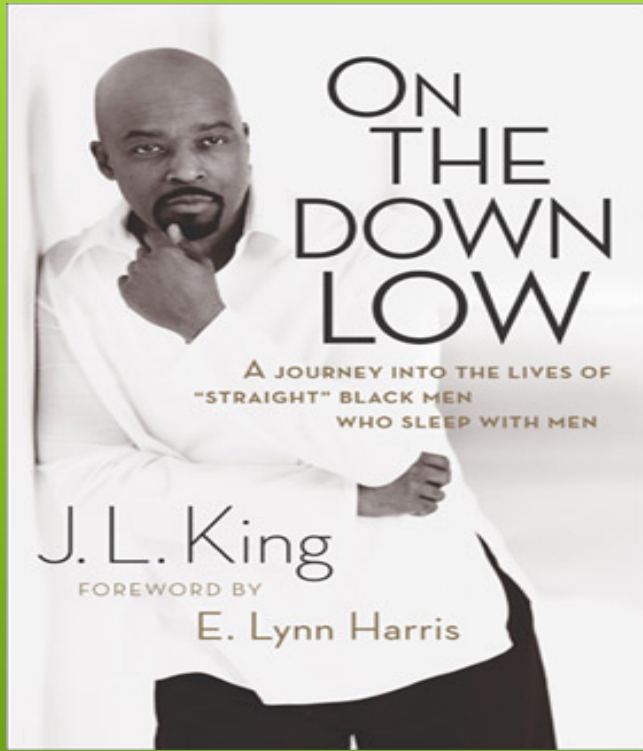


BLACK MASCULINITY AND HIV RISK AMONG BLACK HETEROSEXUAL MEN

- ▶ “Hypermasculinity” influences HIV/AIDS rates and unintended pregnancies (Wolfe, 2003)
- ▶ Family structure associated with age of first sex and number of lifetime partners of Black men (Bakken & Winter, 2002)
- ▶ Predictors of risky sexual behavior before incarceration among prisoners were length of time in prison, marijuana and cocaine use (Braithwaite & Stephens, 2005)

- ▶ Authors - E. Lynn Harris, James Earl Hardy
- ▶ Print - Village Voice, New York Times, Washington Post, Essence, Jet, Ebony
- ▶ Television - ER, Oprah, Law and Order Special Victims Unit, Soul Food
- ▶ Message is often: "Down Low" = unprotected sex and HIV

THE MEDIA AND "DOWN LOW"



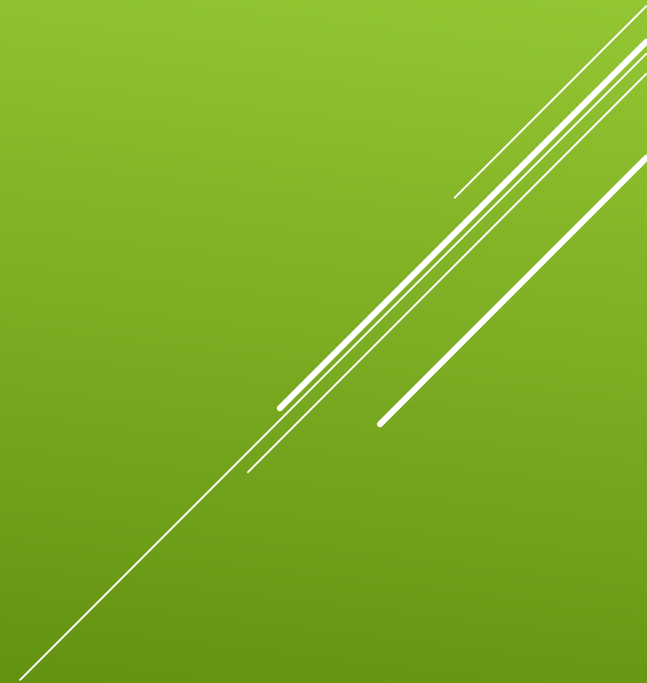
TALE OF TWO DL PERSPECTIVES



THE "DOWN LOW" WE DON'T
TALK ABOUT

<https://www.youtube.com/watch?v=1BbGhif8-II>

"GAY FOR THE STAY"
(VIDEO)

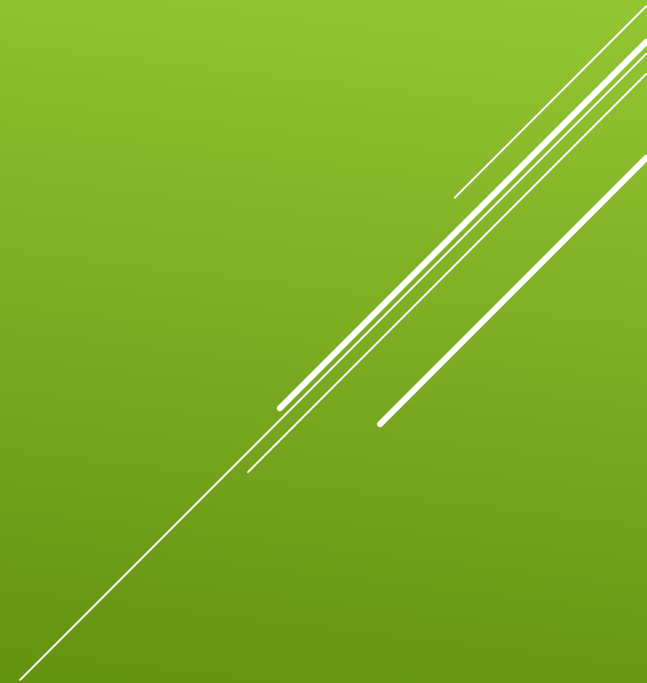




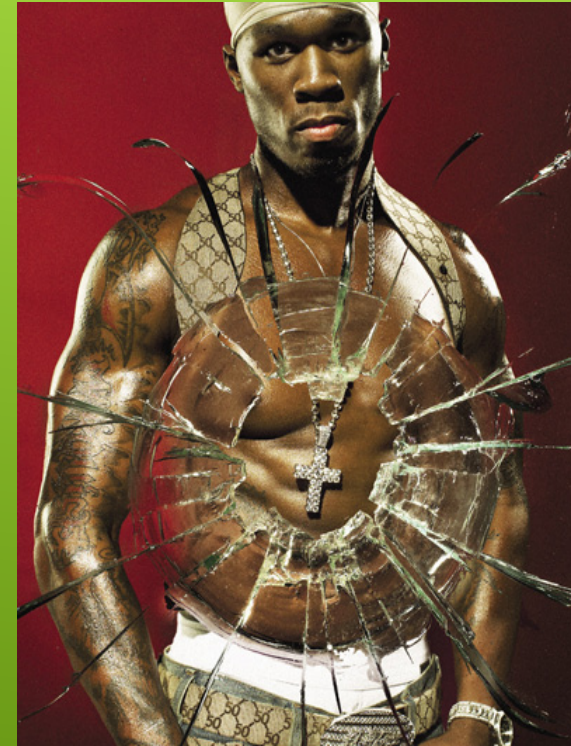
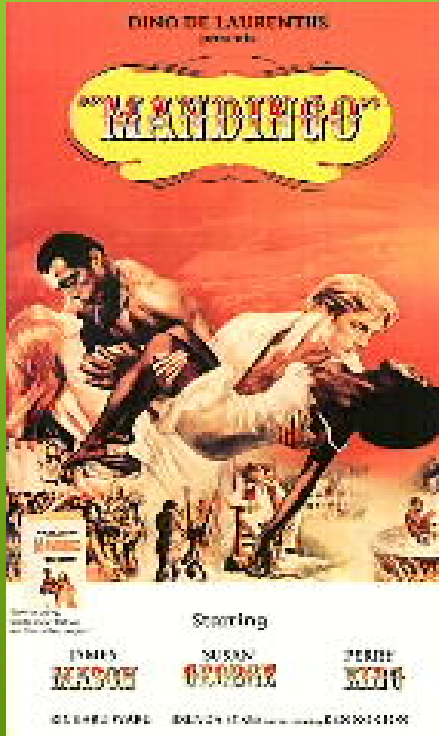
“INVISIBLE”

- ▶ Internalized “homophobia”
- ▶ Transition from “closet” to openly “gay”
- ▶ Born out of or influenced by incarceration

POPULAR THEORIES ABOUT “DOWN LOW” BLACK MSM



PREDOMINANT IMAGES OF BLACK MEN



PREDOMINANT IMAGES OF "GAY" MEN



BLACK "GAY MEN" IMAGES WE SELDOM SEE



- ▶ Most MSM are HIV-positive (and probably deserved it)
- ▶ Most Heterosexuals are HIV-negative (and are as pure as Kansas snow)
- ▶ Bisexual men are hoes & never use condoms with any of their partners (and many of them are HIV-positive)
- ▶ HIV/STI transmission is a one-way street
- ▶ Black women are always disempowered

MAJOR “DOWN LOW” ASSUMPTIONS

- ▶ Prevalence of bisexuality among Black men
- ▶ Agreement between heterosexual identity and behavior
- ▶ Disclosure of same-sex behavior
- ▶ HIV risk and same-sex disclosure

“DOWN LOW” TOPICS ADDRESSED

- ▶ Low prevalence of bisexuality – 2% (Binson, 1995; Laumann 1994; Mercer 2004)
- ▶ Black MSM more likely to identify as bisexual and report this more than white MSM ** (Montgomery 2003; Heckman, 1999; Stokes, 1996; Torian 1999; Kramer 1980)
- ▶ Black MSM are less likely to identify as “gay” than MSM of other ethnicities (Young Men’s Survey, 2001)

IDENTITY, SEXUAL ORIENTATION AND BLACK MSM

- ▶ Between 8% and 33% of homosexually-active Black men identify as straight (Wohl, 2002; Doll 1992; Goldbaum 1998)
- ▶ Between 18% and 45% of heterosexually-identified Latino and White men report same-sex behavior in past 3 months or lifetime ** (Montgomery 2003; Doll 1992; Goldbaum 1998)

SEXUAL IDENTITY AND BEHAVIOR AGREEMENT

Black MSM who disclose
("Out of the closet")

OR

Black MSM who don't
disclose
Being on the ("Down Low")?

WHO ENGAGES IN MORE "RISKY"
SEXUAL BEHAVIOR?



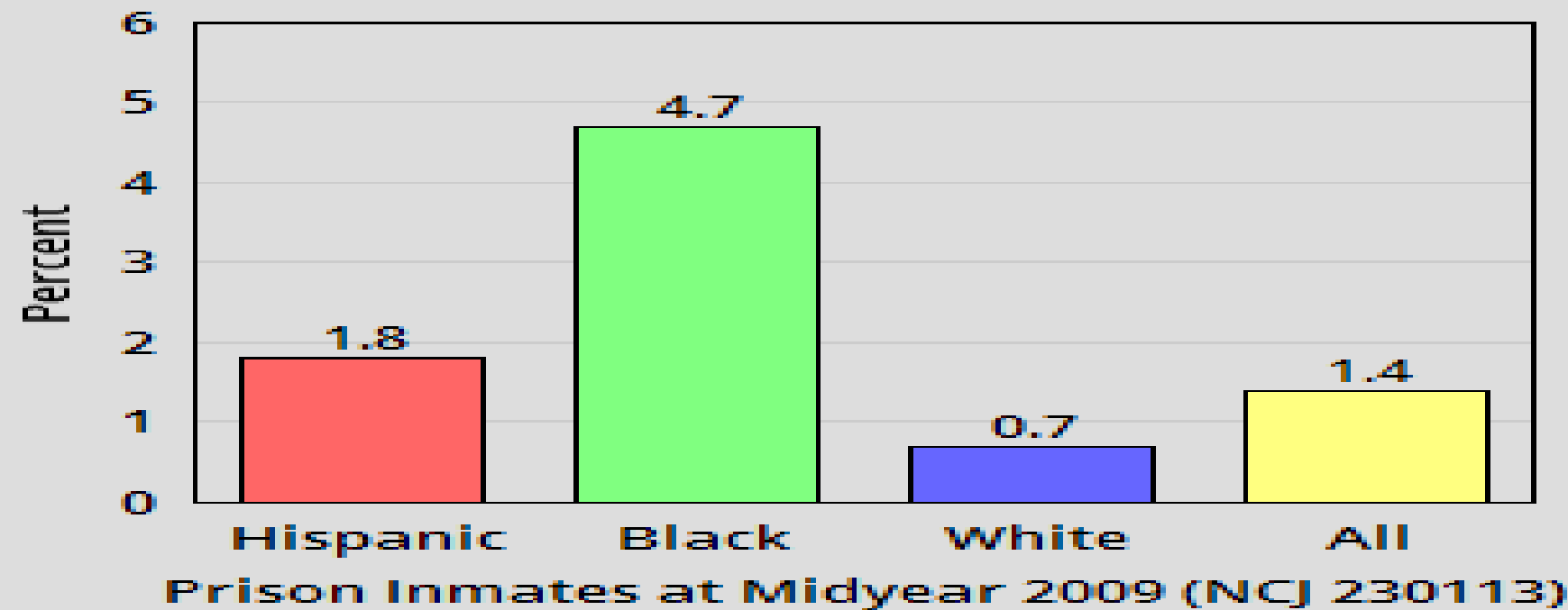
- ▶ Compared with Black MSM who disclose Sexual Orientation (N=910), those who don't disclose (N=199) were:
 - ▶ *More likely to have multiple female sexual partners and reported unprotected anal and vaginal sex*
 - ▶ *Less likely to be HIV+*
 - ▶ *Less likely to have multiple male sexual partners and report unprotected anal sex with other men*
- (MMWR, 2/13/04 – YMS Study)

DISCLOSURE AND HIV RISK

REASONS FOR THE RACIAL DISPARITY



Percent of adult males incarcerated. USA 2009. Prisons and jails combined



HIV SEXUAL RISK FACTORS AMONG BLACK WOMEN AND MEN

- ▶ Social
 - ▶ Shallow pool of available men/incarceration
 - ▶ Sexual concurrent relationships
 - ▶ Situational sex (exchange for drugs, money)
 - ▶ Childhood Sexual Abuse *
- ▶ Behavioral
 - ▶ sex rates
 - ▶ High rates of sexually transmitted infections (STIs) and inadequate treatment

(Adimora, 2002; Turner, 2002; Schwartz, 1997; Halperin, 1999; McCoombe and Short, 2004; Myron, 2004; Fields et al., 2005))

HIV RISK FACTORS AMONG BLACK WOMEN AND MEN

▶ Biological

- ▶ Genetic receptor predisposition (CCR5, CXCR4)
- ▶ Circumcision status of sexual partners
- ▶ Infectiousness of sexual partners
- ▶ Co-STD infections in sexual partners

(Auvert et al., 2005; Gonzalez et al, 2005; McCoombe & Short, 2004;
Martinson et al., 2000; Williamson et al., 2004)

- ▶ 100 heterosexual couples at an STD clinic in Seattle were interviewed separately about perceived HIV risk of partners:
 - ▶ 85% of the women thought their men weren't sleeping with other men (and were wrong)
 - ▶ 46% of men thought their women didn't use IV drugs (and were wrong)
 - ▶ 38% of men thought their women didn't currently have another sex partner (wrong again)

(Ellen et al., 1998)

COMMUNICATION AND HIV RISK AMONG HETEROSEXUAL COUPLES

- ▶ Receptive anal sex (1 out of 71)
- ▶ Receptive vaginal sex (1 out of 1,250)
- ▶ Insertive anal sex (1 out of 161)
- ▶ Insertive vaginal sex (1 out of 2,500)
- ▶ Giving oral sex (less than 1%)
- ▶ Receiving oral sex (less than 1 %)

() = relative risk per unprotected sexual encounter in serodiscordant couples

(MMWR, 2003)



SEXUAL BEHAVIORS AND HIV RISK

HIV/AIDS TREATMENT ISSUES FOR AFRICAN AMERICANS

Several thin, white, parallel diagonal lines cross the lower right portion of the slide, adding a modern, graphic element to the design.

- ▶ Reductions in AIDS mortality among African Americans have not equaled that of White Americans despite the introduction of Highly Active Antiretroviral Therapy (HAART)
- ▶ African Americans with HIV/AIDS utilize less outpatient, and more inpatient care than their white counterparts, even when controlling for insurance and socio-economic status

(Chaisson, Keruly & Moore, 1995; Shapiro et al., 1999; Kass and Flynn, 1999; Hellinger and Flesihman, 2001; HIV research network, 2002)

HIV TREATMENT AND AFRICAN AMERICANS

- ▶ Institutional: fragmented healthcare, cost incentives, time constraints
- ▶ Individual: variation in individual response, help-seeking behavior, attitude, distrust
- ▶ Interpersonal: provider bias, stereotyping, uncertainty

(Institute of Medicine Report, 2002)

WHY THE DISPARITY?

- ▶ Physician perceptions of African Americans as less educated, less intelligent and less pleasant influence their expectations of these patients to engage in risk behavior and follow medical advice

(Bird & Bogart, 2001; Bogart et al., 2001; van Ryn and Burke, 2000)

PHYSICIAN BIAS AND HIV

- ▶ Physicians' predictions that African American men are less likely to adhere to HAART (highly active anti-retroviral therapy) influences their treatment decisions
- ▶ HIV positive black man's perceptions of Physician competence and support may influence decision

(Asch et al., 2001; Siegel et al., 2000)

PHYSICIAN AND PATIENT EXPECTATIONS AND HIV TREATMENT

- ▶ Heavy reliance on inpatient and emergency room (ER) facilities lead to worse HIV health outcomes, while increased outpatient support and ancillary services lead to improved adherence, increased clinic retention rates and decreased hospital admission rates

(Magnus et al., 2001; Montgomery et al., 2002; Welch & Morse, 2001; Fiscella et al., 2002)

HIV OUTCOMES AND AFRICAN AMERICANS

- ▶ Financial
- ▶ Insurance
- ▶ Access
- ▶ Transportation
- ▶ Education/literacy

- ▶ Racism
- ▶ Sexual Prejudice
- ▶ Fear
- ▶ Distrust
- ▶ Mental Health
- ▶ Substance and alcohol abuse

EXTERNAL & INTERNAL(IZED) BARRIERS



"I see doctors as opportunists. They're like legal hustlers. Just legal drug dealers." (Rochester, 21)

"The same way you look at your shoes [right with left] is how they [doctors] look at gays. Gays is AIDS. AIDS is a monkey. In the dark understanding of the virus itself, that's where it came from, monkeys. And the monkeys represent what? Blacks." (Brooklyn, 45)

(Malebranche, Peterson, Fullilove & Stackhouse, 2004)

DISTRUST

- ▶ Education, Education, Education!!!
- ▶ Addressing the trauma and Mental Health of Black folk in this country
- ▶ *Facilitators* in Black community
- ▶ Medical context – all levels

SOLUTIONS/DISCUSSION

- ▶ Condoms in correctional facilities
- ▶ Cultural competence for all clinical staff
- ▶ Gender specific empowerment programs
- ▶ Genetics research – prevention and treatment
- ▶ Research, Prevention & Treatment in the Social Context of HIV Risk

SOLUTIONS/DISCUSSION


Recommendations about working with HIV/AIDS affected population

- ▶ Working with the HIV/AIDS population can be daunting to even a seasoned mental health provider simply because of the sheer magnitude and scope of services these clients need.

- ▶ **Recommendations and scope of service**
- ▶ Mental Health workers providing case management services can help clients by assisting them with the disability determination process. Mental Health Care Providers affect change by lobbying for increased funding from varied sources to assist in the treatment of clients with HIV/AIDS and prevention efforts (Krisberg, 2006; Linsk & Keigher, 1997).

- ▶ **Linkage**
- ▶ Linkage with the governmental system includes receiving subsidized housing for People Living with AIDS (HOPWA funding, 1999) and assistance in procuring HAARTs (Highly Active Anti-Retroviral Therapies) and medications from federally funded AIDS Drug Assistance Programs (ADAPs) (Subways, 2005).

Other Recommendations

- ▶ Continuous development of cultural competency
 - ▶ Knowledge of cultural values affecting treatment
 - ▶ Advocacy
 - ▶ HIV/AIDS Support Groups
 - ▶ Educating the client and their support network about the disease.
- 

QUESTIONS/DISCUSSION



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Consent to Medical Treatment for Foster Children

California Law a Guide for Health Care Providers

HIV/AIDS: Testing and Treatment

When a minor is 12 years old or older, the minor's consent is necessary to test or treat for HIV. Cal. Family Code § 6926(a).²⁸ Consent for HIV testing of a dependent minor also may be obtained from the court "...when necessary to render appropriate care or to practice preventative measures." Cal. Health & Safety Code § 121020.²⁹

For dependent minors less than 12 years of age, the consent rules described in sections A and B (ordinary medical treatment), apply. However, HIV testing and treatment is not "ordinary treatment" under section 1530.6 of the California Health & Safety Code, and therefore, a licensed caregiver cannot consent to an HIV test or related services for a dependent without a court order authorizing the caregiver to consent. Some counties have implemented special standing court orders or protocols for obtaining HIV related services.³⁰

TABLE 1. Number and percentage of persons with AIDS, by selected characteristics and period of report — United States, 1981–2000

Characteristic	1981–1987		1988–1992		1993–1995		1996–2000	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Sex								
Male	46,251	(92.0)	177,132	(87.5)	211,909	(82.4)	204,730	(77.4)
Female	4,029	(8.0)	25,387	(12.5)	45,353	(17.6)	59,672	(22.6)
Age group (yrs)								
0–4	649	(1.3)	2,763	(1.4)	2,105	(0.8)	1,355	(0.5)
5–12	101	(0.2)	667	(0.3)	650	(0.3)	618	(0.2)
13–19	199	(0.4)	759	(0.4)	1,381	(0.5)	1,722	(0.7)
20–29	10,523	(20.9)	38,507	(19.0)	43,445	(16.9)	36,252	(13.7)
30–39	23,239	(46.2)	92,178	(45.5)	116,335	(45.2)	114,072	(43.1)
40–49	10,472	(20.8)	46,922	(23.2)	67,475	(26.2)	78,032	(29.5)
50–59	3,684	(7.3)	14,494	(7.2)	19,153	(7.4)	23,980	(9.1)
≥60	1,413	(2.8)	6,230	(3.1)	6,718	(2.6)	8,373	(3.2)
Race/Ethnicity								
White, non-Hispanic	30,033	(59.7)	102,130	(50.4)	109,101	(42.4)	88,896	(34.0)
Black, non-Hispanic	12,796	(25.5)	63,319	(31.2)	97,742	(38.0)	118,665	(44.9)
Hispanic*	7,044	(14.0)	35,116	(17.3)	47,442	(18.4)	52,092	(19.7)
Asian/Pacific Islander	312	(0.6)	1,342	(0.7)	1,927	(0.8)	2,147	(0.8)
American Indian/Alaska Native	68	(0.1)	437	(0.2)	870	(0.3)	962	(0.4)
Region†								
Northeast	19,541	(38.9)	62,102	(30.7)	78,000	(30.3)	81,466	(30.8)
North Central	3,772	(7.5)	20,416	(10.1)	25,778	(10.0)	25,532	(9.7)
South	12,933	(25.7)	65,754	(32.5)	89,559	(34.8)	102,576	(38.8)
West	13,502	(26.9)	46,303	(22.9)	55,586	(21.6)	45,574	(17.2)
U.S. territories	524	(1.0)	7,883	(3.9)	8,812	(3.2)	8,829	(3.3)
Vital status								
Living	2,103	(4.2)	20,572	(10.2)	96,998	(37.7)	203,192	(76.9)
Deceased	47,993	(95.5)	181,212	(89.5)	159,048	(61.8)	59,807	(22.6)
Total‡	50,280	(6.5)	202,520	(26.2)	257,262	(33.2)	264,405	(34.1)

* Persons of Hispanic origin may be of any race.

† *Northeast*=Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont; *North Central*=Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin; *South*=Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia; *West*=Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

‡ Includes persons for whom sex, age, race/ethnicity, region, or vital status are missing.