Burden of HIV & AIDS Amongst the Black Community in Massachusetts as Compared to the General Population

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Definition Of Disease: What is HIV/AIDS?

• **HIV**: A virus that attacks the cells in our body that fight infections.

• **AIDS**: A later stage of the HIV infection resulting in a damaged immune system.

*Figure 5*
Virus injects its core (viral RNA and reverse transcriptase)
Disparity topic definition and evidence

- **Burden of the disease**
  explores the impact of people living with HIV and dying prematurely.

  HIV/AIDS was the 17th leading cause of death for black individuals, the 19th leading cause of death for Hispanic/Latino individuals, and the 34th leading cause of death for white individuals.

**Burdens**
1. Lack of screening leads to late diagnoses
2. Cultural stigma against seeking treatment.
3. Lack of adequate pain management
4. Lack of resources: sexual education, mental health, housing, and clinics.
What is the difference? How did it develop

- The total population of Massachusetts in 2019 was 6,892,503.
- African Americans only make up 7.3 percent of the population in MA but represent 32% of people newly diagnosed with HIV.

Developed via...
- Lack of empathy towards black people's pain/situation
- Lack of trust within healthcare systems
- Institutionalized racism
- HOMOPHOBIA STIGMA (are we ready to talk about it?)

Local Data Massachusetts 2019

The rate of Black males living with an HIV diagnosis is 5.2 times that of White males.

The rate of Black females living with an HIV diagnosis is 22.7 times that of White females.
The number of individuals diagnosed with HIV infection has decreased over the past decade in Massachusetts, but disparities persist by exposure mode, race/ethnicity, place of birth, and age.

In the Boston HSR (Human Service Region), black (non-Hispanic) individuals accounted for 38% of recent HIV infection diagnoses, respectively.

Distribution Statistics

![Graph showing percentage distributions of 2017–2019 HIV infection diagnoses (N=1,819) and 2019 persons living with HIV infection (PLWH, N=23,291) by Health Service Region (HSR), Massachusetts.

- New HIV Infection Diagnoses by HSR, 2017–2019:
  - Boston: 25%
  - Central: 10%
  - Metro West: 15%
  - Northeast: 22%
  - Southeast: 16%
  - Western: 9%
  - Prison: 3%
  - Unknown: <1%

- PLWH by HSR, 2019:
  - Boston: 28%
  - Central: 10%
  - Metro West: 16%
  - Northeast: 18%
  - Southeast: 16%
  - Western: 12%
  - Unknown: <1%]
➢ In 2018, African Americans made up 13% of the population but accounted for 42% of new HIV diagnoses.

➢ In 2019, African Americans had the highest rate of new HIV diagnoses at 45 diagnoses per 100,000 people, which was more than 8.5 times the rate for White Americans.

➢ Among PrEP (pre-exposure prophylaxis) medicine users in 2016, only about 11% were Black American compared to about 69% who were White American.
The Comparison: Causes

• American financial structures and systems that preserve and perpetuate the wealth gap between people (or communities) of color and White people.
• Structurally unequal treatment in the American justice system that undermines familial and community stability, and the health, of Black people.
• Access to quality health care that is not equitably available to all
The Comparison: Effects

- Nationally, Black and Hispanic people are more likely to be diagnosed with or die from HIV than White people are.
- Black and Hispanic Americans are disproportionately impacted by HIV.
- Black children are four times more likely to be hospitalized for asthma than White children.
- Black infants in Massachusetts have the highest rate of infant mortality, with consistent disparities in neonatal and post-neonatal outcomes.
In 2018, Black Americans made up 13% of the population but 41% of people with HIV.

White people are more likely to report having “excellent or very good” health than are Black and Hispanic people.

Black people are significantly more likely to have medical professionals dismiss claims of pain or discomfort, misdiagnose a range of conditions, and withhold...
Graphs

SELF-REPORTED HEALTH STATUS, MASSACHUSETTS, 2014–2018

OUTCOME MEASURES WITH LARGEST DISPARITIES BY RACE/ETHNICITY RELATIVE TO THE REFERENCE GROUP (WHITE), UNITED STATES (DATA FROM 2014, 2016, 2017, OR 2018)

New HIV cases per 100,000, age 13 and over
HIV infection deaths per 100,000
Hospital admissions for asthma per 100,000, children ages 2–17
History of care and treatment of HIV/AIDS in black communities

- Knowing the history of AIDS in Black America aid in disease epidemics and pandemics.
- 1964 - azidothymidine (AZT)
  - Origins: a potential cancer therapy → ineffective
  - Targeted HIV infected cells without harming normal cells
- 1990s: NRTI drugs: Reverse Transcriptase Inhibitors
  - NRTI: drug called dideoxycytidine (ddC), or zalcitabine
- 1996: triple-drug therapy
  - protease inhibitor indinavir and two NRTIs
- 2007: integrase inhibitor raltegravir
- Now over 30 antiretroviral drugs are available
Connection between disease and disparity, population

- In 1982, Haitians are named as high-risk individuals after 34 cases of HIV cases in 5 states appear in the Haitian community.
- In 1983, the CDC begins to track the epidemic by race.
- By August 1986, the CDC reported that among the cases, 25% of people were Black, yet they made up 12% of the national population.
  - 58% of cases in children were Black
- The DEA identifies the crack cocaine pandemic as an important factor in the spread of HIV
Reproductive Autonomy and misconceptions of HIV/AIDS

- Reproductive autonomy
- The Mississippi Appendectomy 1920-1980s
- “Down-Low” and sexuality
- Lack of sexual health and aid in Black communities
  - Resources
    - https://www.bebashi.org/about-bebashi/ → Blacks Educating Blacks About Sexual Health Issues (BEBASHI)
    - https://www.nabwmt.org → MULTICULTURAL
    - https://minorityaidsproject.org
**MA HIV/AIDS Prevention Programs**

### Protection for High-Risk Groups:
- **PreP** are preventatively prescribed medications, taken daily.
- **NPEP** are preventative medications taken within 72 hours after a high-risk exposure.

### SSPs:
- Reduces risk of hepatitis spread from unsterile needle injections.
  - Free of cost
- Many rural communities have adopted mobile services.
  - Mobile vs. Fixed

<table>
<thead>
<tr>
<th><strong>PreP</strong> (Pre-Exposure Prophylaxis)</th>
<th><strong>SSPs</strong> (Syringe Services Programs)</th>
<th><strong>nPEP</strong> (Nonoccupational Post-Exposure Prophylaxis)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 pill/day Effective for injection/sex risk: Truvada®</td>
<td>Sterile Needle Exchange</td>
<td>28-day prescription</td>
</tr>
<tr>
<td>Effective for sex risk: Descovy®</td>
<td>Safe Disposal of contaminated needles</td>
<td>Taken within 72 hours of high-risk exposure:</td>
</tr>
<tr>
<td>1 shot/month Effective for sex risk: Apretude® (Must be at least 77lbs)</td>
<td>Testing for Hep. C &amp; HIV</td>
<td>- Injection</td>
</tr>
<tr>
<td>Good for potential of repeated exposure.</td>
<td>Screening for other STIs</td>
<td>- Unprotected Sex</td>
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<tr>
<td>Reduces Injection Risk by 74%</td>
<td>Overdose Education</td>
<td>- After Sexual Assault</td>
</tr>
<tr>
<td>Reduces STI of HIV Risk by 99%</td>
<td>As of November 2021, there are 41 towns within MA that have SSPs.</td>
<td>Not a substitute for long term HIV prevention treatment.</td>
</tr>
</tbody>
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Current Barriers in Access to Services

- Limited Access to Behavioral Health Services
  - Lack of Access to Testing/Screening
  - Lack of Access to PreP & nPEP
  - Lack of Affordable Housing
HIV/AIDS Funding Resources

HIV Federal Funding/Programs, Federal HIV/AIDS Grant Funding, FY 2019

Substance Abuse & Mental Health Services Administration, FY 2019
$2,946,942

Ryan White HIV/AIDS Program, FY 2019
+$49,020,557

Housing Opportunities for Persons With AIDS, FY 2019
+$5,452,978

Total Funding, FY 2019
=$57,420,477

Common Research Initiative: PrePDAP + HDAP (HIV Drug Assistance Program):
- Cover medications, copays, & testing.
- >½ are from communities of color.
- ~¾ income <200% poverty level ($12,880)
- Funded by Ryan White Program

Housing Opportunities for Persons with AIDS (HOPWA):
- Housing facility assistance
- Permanent housing placement
- Resource identification
- Rehabilitation/other supportive assistance
- Shared Housing Arrangements.
Summary
Works Cited

*Racism and Racial Inequities in Health - Bluecrossmafoundation.org.*

https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/tiles/2022-03/Health_Equity_Primer_Revised%20Final.pdf.


• *Dimensions of HIV Prevention and Treatment for Black Women ... - Ryanwhite.*

The End

THANK YOU FOR YOUR ATTENTION
ANY QUESTIONS?