A conversation on HIV/AIDS

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Healthier You Contributors

There are many reasons Black communities experience a higher HIV/AIDS infection rate than others.

Causes for this greater impact can include poverty, sexually transmitted infections/diseases (STI/D) and stigma (negative attitudes, beliefs, and actions directed at people living with HIV/AIDS or directed at people who do things that might put them at risk for HIV).

Poverty is a barrier because poor people often do not have health care and/or do not access health care until they are ill. Also, there is not much focus on health promotion and disease prevention within our communities because the poor may too often be in a “survival mode.” Their focus is primarily on food, housing, safety and transportation.

Additionally, our health providers may not emphasize health promotion and disease prevention, which can lead to an inadequate understanding of the need for education and preventative measures.

Let’s take a closer look at HIV and other STI/Ds. The behavioral links between HIV and other sexually transmitted diseases (STDs) is sex. Unprotected sex increases the chance of transmission because evidence suggest that STDs facilitate HIV infection. There are several types of STDs including Ulcerative STDs—syphilis and herpes. The other is Inflammatory STDs—chlamydia, gonorrhea and trichomoniasis.

Treatment for STDs helps slow the spread of HIV.

Also remember that oral sex is sex and can facilitate the transmission of Herpes I and II, gonorrhea, chlamydia, syphilis, human papillomavirus (HPV) and HIV.

Stigma is another barrier that impacts the health status of the Black community. The situation has improved some in the last few years, but not enough. Approximately 25% of persons with HIV are not aware of their status, which leads to nearly 30,000 more new infections every year.

Patients may not request an HIV test because of the sexual stigmas associated with testing. Providers may not offer an HIV test due to the time required to provide pre/post HIV test counseling or the assumption that certain patients do not need testing. However, this barrier has been removed. The California State Opt-Out Law requires that all persons between ages 13 and 64 be offered an HIV test by their health care provider along with other blood tests, like cholesterol, glucose, PSA, CBC, Pap Smear . . . unless the patient opts-out by refusing the test.

Before exploring the connection between how mental health and substance use/abuse may also lead to an increased risk of HIV transmission and/or progression, let’s review the statistics. According to the Centers for Disease Control and Prevention, HIV/AIDS by race and ethnicity, Black Americans have:

* More illness. Even though Blacks (including African Americans) account for about 13% of the U.S. population, they account for about half (49%) of the people who get HIV and AIDS.
* Shorter survival times. Blacks with AIDS often don’t live as long as people of other races and ethnic groups.
* More deaths. HIV/AIDS is a leading cause of death for Blacks.

Mental health and HIV

There are several areas related to mental health issues which may increase HIV transmission, reduce HIV testing, reduce access to care/continued care and increase HIV progression in Black communities. These include lack of mental health and an inability to make appropriate choices to reduce risky behaviors.

Emotional problems, feelings of sadness, depression and anxiety—which may be short term and due to a recent incident or situation—can reduce a person’s inhibitions and increase risk-taking behaviors. The presence of substance use or abuse sometimes called “self-medicating” also reduces a person’s inhibitions and their ability to refuse sex or to negotiate safer sex.

Substances include drugs like alcohol, marijuana, cocaine, ecstasy and methamphetamine. Some drugs like methamphetamine impair sexual judgment and increase sexual desires.

“…there is not much focus on health promotion and disease prevention within our communities because the poor may too often be in a ‘survival mode.’”

Leo Wilton from the State University of New York at Binghamton wrote that since the onset of the AIDS epidemic, Black gay and bisexual men have been at a substantial risk for acquiring HIV. Substance use/abuse has been identified as a significant risk factor for engaging in HIV sexually risky behavior. Recreational drug use before or during sex was typical of people with an HIV positive status, casual sex partner, unprotected anal intercourse with a male sex partner and being younger.

Dr. Jane Leserman, from the departments of psychiatry and medicine at the University of North Carolina at Chapel Hill, also wrote that despite advances in HIV treatment, there continues to be great variability in the progression of this disease. There is substantial and consistent evidence that chronic depression, stressful events and trauma may negatively affect HIV disease progression in terms of decreases in CD4 T lymphocytes, increases in viral load, and greater risk for clinical decline and mortality. Given the high rates of depression and past trauma in persons living with HIV/AIDS, it is important for health care providers to address these...
Cold

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whenever you are concerned.

Because RSV is a virus, antibiotics don’t help. But there are steps you can take to better safeguard your child from RSV. The virus lives in tissues and on surfaces, like countertops, for up to several hours and is easily transferred through direct contact. It is important to keep other children and adults who have coughs, colds or are sneezing away from your baby. You can also help prevent the spread of RSV by frequently cleaning your baby’s bedding, toys and personal items and asking that anyone who touches your baby to wash their hands or use antibacterial gels.

Parents know their children best so always trust your instincts. Take the necessary precautions to keep your family healthy and always consult a physician, when you think something is wrong with your child. Practicing these simple steps could possibly prevent your baby from getting severely ill during the winter months.

Conversation

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problems as part of standard HIV care.

Based on a recent study, Israelski DM and Associates published an article: “Psychiatric co-morbidity in vulnerable populations receiving primary care for HIV/AIDS.” They reported there is considerable evidence suggesting that people with HIV disease are significantly more distressed than the general population, yet psychiatric disorders are commonly under-detected in HIV care settings.

Data also suggests that current clinical practices could be improved with the use of appropriate tools and procedures to screen and diagnose mental health disorders in populations with HIV/AIDS.

As a community, we can make a change and reduce the impact of these barriers. As health care providers, we can go outside of our offices to ensure our communities know, understand and have the skills to implement the prevention enhancement risk reduction and treatment plans we recommend.

We must become health advocates for ourselves, our children, our extended families and our neighborhoods. We know what works for us. We must increase the prevention strategies we have learned. We must reduce our risky behaviors. You and your health care provider must discuss treatment plans to ensure they are tailored interventions for you and not “boiler plate” from a treatment plan “check-off” list.

Know your STI/D and HIV Status. Get your HIV test; it is your right. If you are infected, stay in care and remember you can infect others and you can become re-infected with HIV and other STI/Ds.

I. Jean Davis, PhD. is founder of National Minority AIDS Education and Training Center at Charles Drew University of Medicine and Science provides training/education, clinical consultation, technical assistance, and agency capacity building with a focus on specialized services related to STD/HIV/AIDS.

HIV

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Affairs, a division of Centocor Ortho Biotech Services, assembled a panel of doctors and advocates to talk about ways to enroll women and people of color in a new HIV trial. As a result, the GRACE study offered the following to its participants:

- Support to cover participation costs, including assistance for travel and childcare;
- Provided several medications used in the study at no cost;
- Group support activities such as lunch-and-learn sessions and patient groups.

Gwen credits these offerings with helping her decide to join and remain in the study. “Having a support system is critical, when you're living with HIV,” she said. “It keeps you strong and helps you remember you’re not alone. It's a chance to talk about your treatments and what you’re going through in your day-to-day life.”

If you or someone you love is living with HIV, these tips can help you form a network of support:

- Identify friends and family members who will offer encouragement and care;
- Draw on others living with HIV, either one-on-one or through a support group;
- Tap into local HIV community groups for information and a broad range of support services;
- Partner with your doctor to understand your treatment options, and take an active role in managing your disease.

For more information about the GRACE study, local GRACE events and to get information for people living with HIV, visit www.TheGraceStudy.com.

Autism

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ask questions, address your concerns, and they can also help you with a crisis situation.

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Breathing

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- Adopt mandatory greenhouse gas reporting rules for significant greenhouse gas sources
- Adopt a Scoping Plan for greenhouse gas emission reductions to achieve the 1990 emissions level by 2020

For further information, call (323) 935-8050 ext. 230 or via e-mail at NSShahenian@BREATHELA.org.