

# ***The Intersection of HIV, Poverty and Race***

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# Introduction & Overview

- Research Findings
- Racism & Health Care System for People of Color (POC)
- The Impact of HIV/AIDS on Women and POC
- Race, HIV and Behavioral Healthcare Services
- Strategies for Change = Organizing, Challenging Assumptions...

# RESEARCH

1. ” The Institute of Medicine noted in 2002 that “racial and ethnic minorities receive lower quality health care than whites, even when they are insured to the same degree and when other healthcare access-related factors, such as the ability to pay for care, are the same.”
2. Communities of color and low-income or immigrant communities in the U.S. have always been disproportionately impacted by HIV/AIDS, a cumulative consequence of poverty, poor education, lack of public health infrastructure and services, and heavy rates of incarceration. NIH 2011

# RESEARCH

- ..fundamental structural inequalities, social prejudices and social exclusion explain why women, children, sexual minorities and people of color are disproportionately impacted by AIDS and the accompanying stigma and discrimination. UN Report

# POINTS

- As stated by Aggleton, “intersectionality is central to an understanding of how gender, race, age, sexuality combine together to determine who is infected and once infected who is able to access medications and health care” (UNAIDS/WHO).
- This intersectionality is what contributes to double and sometimes multiple stigmas and stigmatization of the infected person.

# POINTS

- Worldwide the AIDS epidemic is most severe in the poorest countries and among people of color (UNAIDS/ WHO).
- The reason is that conditions of poverty, hunger, powerlessness, and ignorance provide fertile ground for the spread of HIV and most Black people and other ethnic minorities live in these very conditions.
- Poverty increases chances of taking personal risks.

# POINTS

- ...the relationship between racism, racial discrimination and HIV/AIDS has not been explored sufficiently well. Besides anecdotal evidence and a few small scale research studies, there is no comprehensive documentation of racial discrimination linked to HIV/AIDS.
- Black Americans distrust of medical establishment impacts access and care due to history Tuskegee Experiment, Sickle Cell Screening, Family Planning/Sterilization Projects

# POINTS

- In Behavioral Healthcare (Addiction) in NYS HIV testing is not emphasized
- HIV+ clients are identified as ALERT 1's exposing their status to all staff
- Workers are undertrained and lack resources to provide needed support
- Residential programs frown on client access to condoms
- Missed opportunities to engage a highly vulnerable population



# RACISM

- **Race Prejudice + Power = Racism**
- Structural Racism: A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial inequity.

# SOLUTIONS/STRATEGIES

- State/System Responses has primarily been about: CHANGING ATTITUDES & BEHAVIORS VIA EDUCATION
- We Must FOCUS on Changing the Environment and Circumstances that leads to Problems Associated with acquiring HIV/AIDS and how care is delivered.
- We must keep Race, Gender and Poverty upfront in any dialogue and new policies

# SOLUTIONS/STRATEGIES

- Effective HIV prevention for POC must be based on racial, cultural and sociopolitical factors and realities. **Standard Approaches Have Not Worked in Communities of Color**
- POC most affected must engage in Antiracist Community Organizing to hold providers and the State accountable.
- More research must be done to identify how the intersection of race, gender and poverty affect HIV rates and care.