



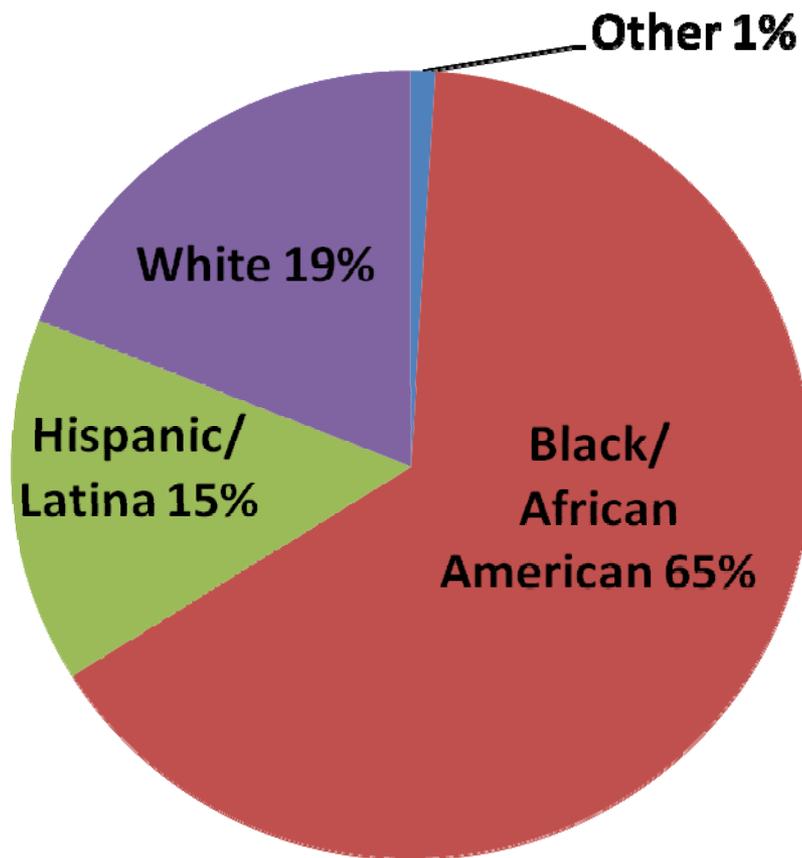
Bridging Science, Policy and Public Health

# Presidential Advisory Council on HIV/AIDS- HIV Positive Black Women

Monday, April 26, 2010



# Estimated Number of Women Living with HIV/AIDS at the End of 2007



# HIV/AIDS Risk: Contributing Factors

- Poverty
- Unequal access to health care
- Lower educational attainment
- Employment discrimination
- Language barriers
- Incarceration
- Social networks
- Stigma
- Relationship inequality

# Considerations and Strategies from Positive Black Women

- Women specific services
- Housing
- Transportation
- Prevention messages
- Interventions
- Advocacy
- Community collaboration
- Including HIV positive Black women



## Black\* Women and HIV/AIDS: Findings from Southeast Regional Consumer and Provider Focus Group Interviews

### INTRODUCTION

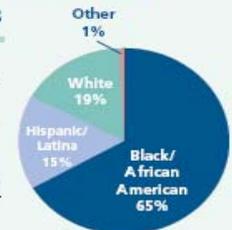
In 2008 the U.S. Centers for Disease Control and Prevention (CDC) reported that women accounted for 26 percent of annual HIV/AIDS diagnosis.<sup>1</sup> Black women represent a disproportionate number – 65 percent – of the total number of women currently living with HIV/AIDS<sup>2</sup> (Figure 1).<sup>3</sup> Additionally, one in 30 black women is estimated to be diagnosed with HIV in their lifetime.<sup>4</sup> When NASTAD published *African American Women Issue Brief No. 1* in May 2008, “African American women were 20 times more likely to acquire HIV than white women” and “HIV was the third leading cause of death for African American women between 25 and 34 years of age.”<sup>5</sup>

In response to this alarming data, in 2007 the National Alliance of State and Territorial AIDS Directors (NASTAD) developed an initiative focusing on health department capacity and programming to deliver effective and culturally appropriate HIV prevention activi-

ties for black women. NASTAD invited over 24 city and state health departments to participate in regional forums, alongside community partners and consumers of HIV/AIDS services, to strengthen partnerships and collaborate more effectively to implement prevention, care and treatment programs specifically targeting this population. Intensive technical assistance was offered to all city and state teams following the forums, resulting in increased engagement and activities specifically focused on and targeting black women in over 18 jurisdictions.

Despite a redoubling of efforts, there is still a need to do more to prevent the spread of HIV/AIDS among black women in the U.S. Regionally, the Northeast and the South bear the disproportionate burden of new AIDS cases among black women.<sup>1</sup> “Six of the ten states with the highest case rates among women are in the South, with the District of Columbia topping the list at 100.0 per 100,000, or 12 times the national rate for women.”<sup>6</sup>

Figure 1: Estimated Numbers of Women Living with HIV/AIDS at the end of 2007, by race/ethnicity-34 states with confidential name-based HIV infection reporting<sup>10</sup>



\*Other includes Asian/Pacific Islander, Native American/Alaskan Native women.

In consideration of the significant incidence and prevalence of HIV among black women, *African American Women Issue Brief No. 1* highlights research, resources and interventions focused on the indicators of risk that increase the vulnerability for HIV infection among black women. NASTAD has since sought to document the efforts and activities directed toward black women in the Midwest, Northeast and Southeast. To facilitate this effort, jurisdictional-level focus groups were conducted to obtain

<sup>10</sup> *Footnote:* The use of the term “black” is utilized by NASTAD in an effort to comprehensively recognize the historical and contextual impact of HIV/AIDS on African Americans, as well as all people of African descent, including those born in Africa and the Caribbean.



# Thank You

# Questions?