



**National Women and Girls
HIV/AIDS Awareness Day**

March 10



Accessing Healthcare and other Community Resources

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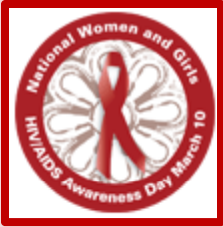
Evaluation Director, New York State Area Health Education Center System (NYS AHEC)



Overview

- Historic and current health and healthcare inequality
- Structural Violence and Ecological Pathways
- Understanding Opportunities in our Community and Healthcare System
 - Prevention
 - Knowledge and Access to Care
 - Inequality in Outcomes
- What we need to do





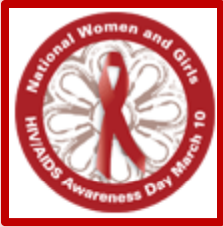
Historic Health and Health Care Inequality

- **Low Socioeconomic Status** (income and education) has been associated with worse access to care and higher exposure to health risks
- **People identified as minority races/ethnicities** have historically experienced worse access to health care and higher exposure to health risks

Source: Weinick, R. M., Zuvekas, S. H., & Cohen, J. W. (2000). Racial and ethnic differences in access to and use of health care services, 1977 to 1996. Medical care research and review : MCCR, 57 Suppl 1, 36-54

Fiscella, K., Franks, P., Gold, M. R., & Clancy, C. M. (2000). Inequality in quality: Addressing socioeconomic, racial, and ethnic disparities in health care. JAMA: The Journal of the American Medical Association, 283(19), 2579-2584.



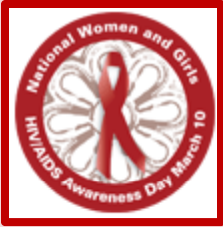


Current Health and Healthcare Inequality

- Historic trends persist
 - Women of color, specifically Black/AA aged 13 and older are about **12%** of the US population of women but accounted for **66%** of AIDS cases among women aged 13 and older diagnosed in 2005
 - The AIDS case rate among Black/AA women is **23 times** that of White women (45.5 per 100,000 vs 2 per 100,000)
 - In 2004, HIV was the **3rd** leading cause of death among Black/AA women aged 25-44.



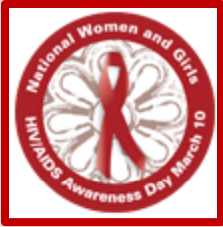
Source: *The Henry J. Kaiser Family Foundation HIV/AIDS Policy Fact Sheet, July 2007*



Structural Violence as a Conceptual Framework to Examine Racial Disparity in HIV Transmission

- Overemphasis on individual-level risk factors
- Macro-level factors are overlooked (e.g. community, health care system)
- Structural violence: *“preventable harm or damage . . . Where there is no actor committing the violence or where it is not meaningful to search for the actor(s); such violence emerges from the unequal distribution of power and resources or, in other words, is said to be built into the structure(s)”*

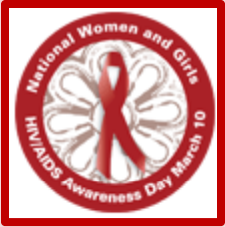




Structural Violence as a Conceptual Framework to Examine Racial Disparity in HIV Transmission

- Structural violence encompasses
 - Institutional racism
 - Environments rife with diseases and toxic materials
 - Stigmatizing social norms
 - Barriers preventing underserved populations from getting adequate health care

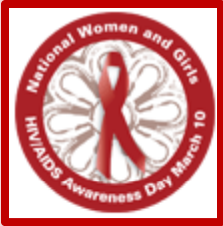




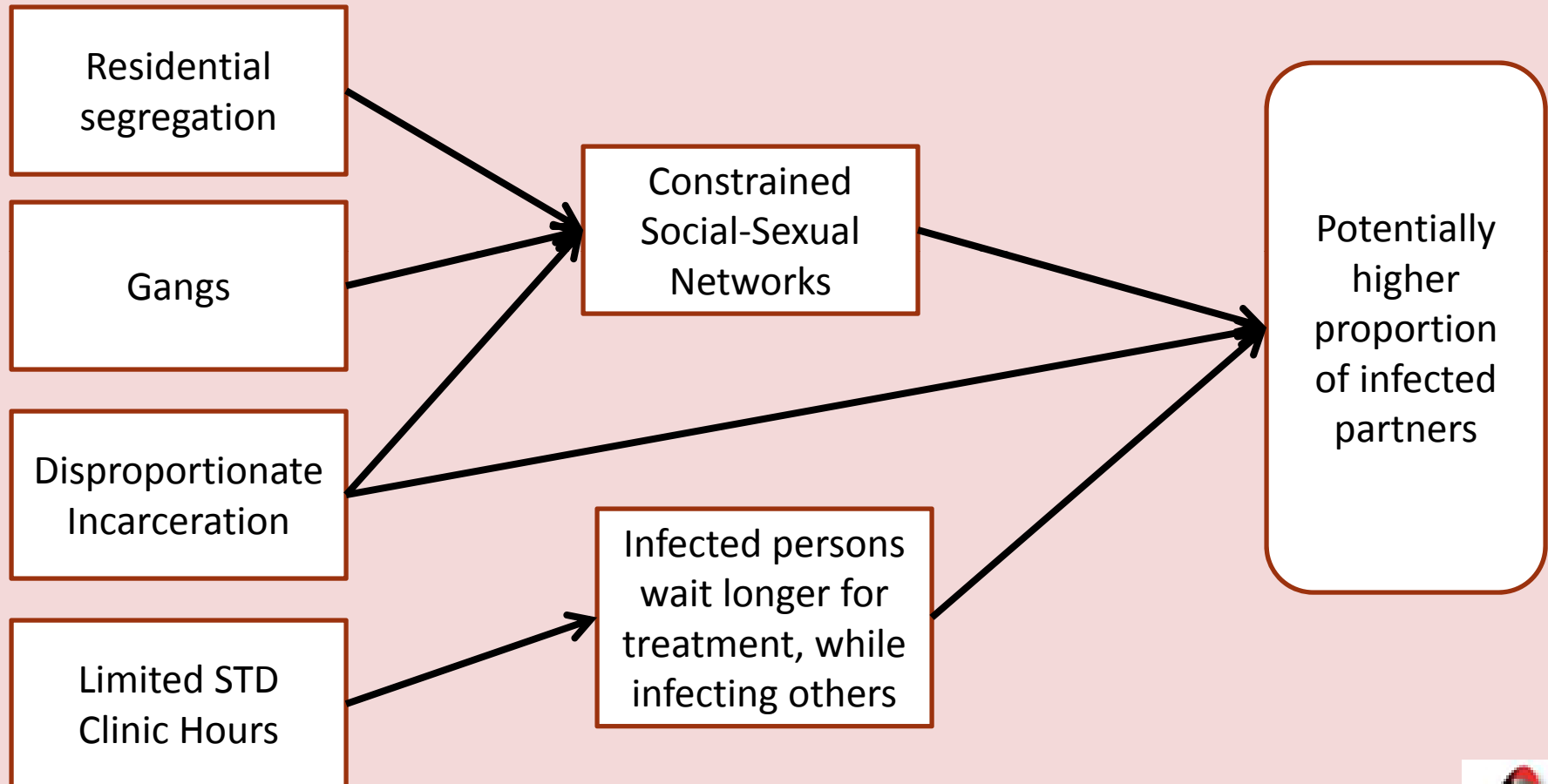
Structural Violence as a Conceptual Framework to Examine Racial Disparity in HIV Transmission

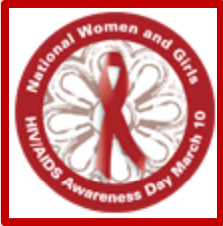
- 3 Sets of Ecological Pathways that increase heterosexual transmission of HIV among women of color in Syracuse, NY
 - 1: Increased community rates of infection
 - 2: Concurrent partnerships
 - 3: Increased vulnerability to HIV transmission



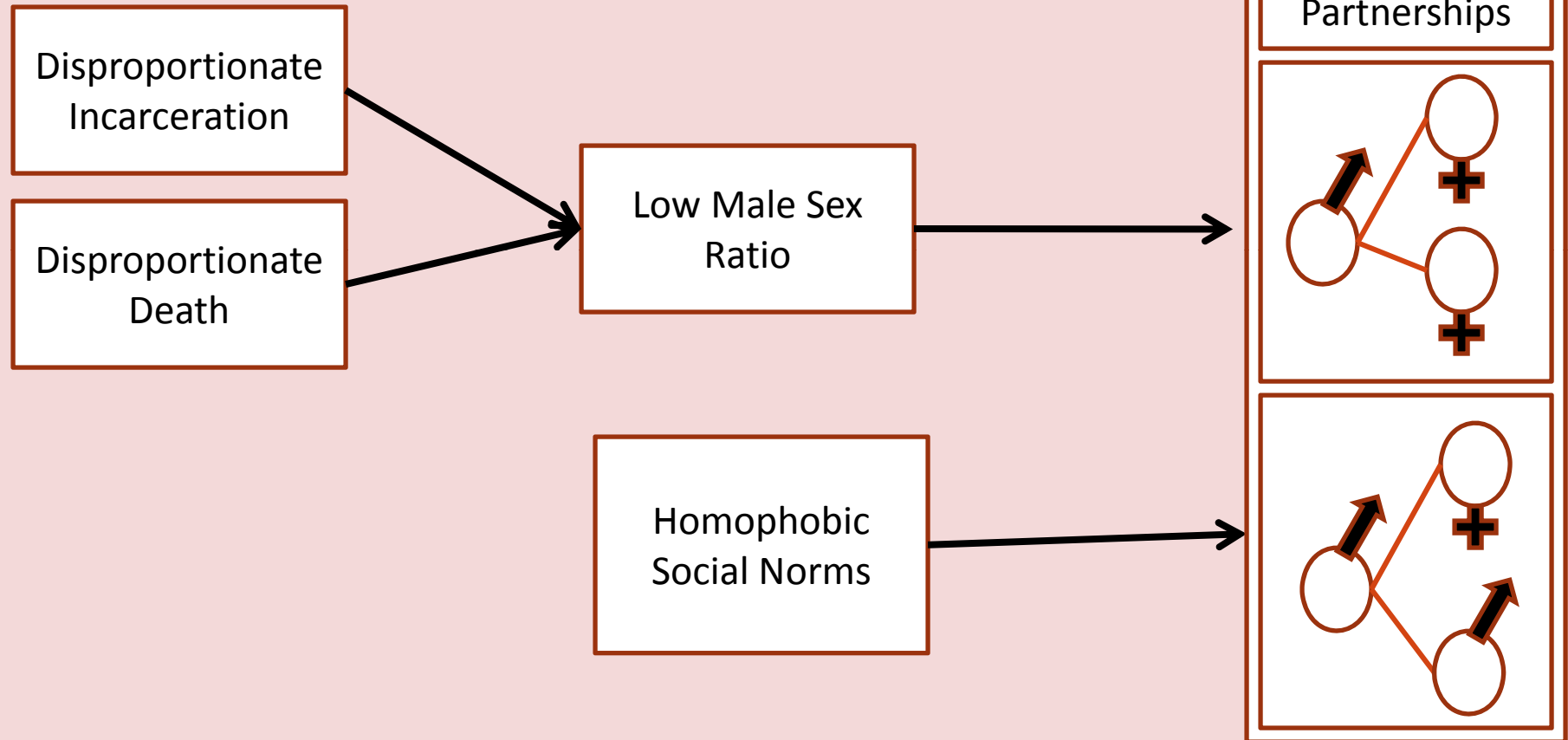


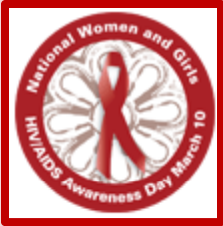
1: Increased community rates of infection



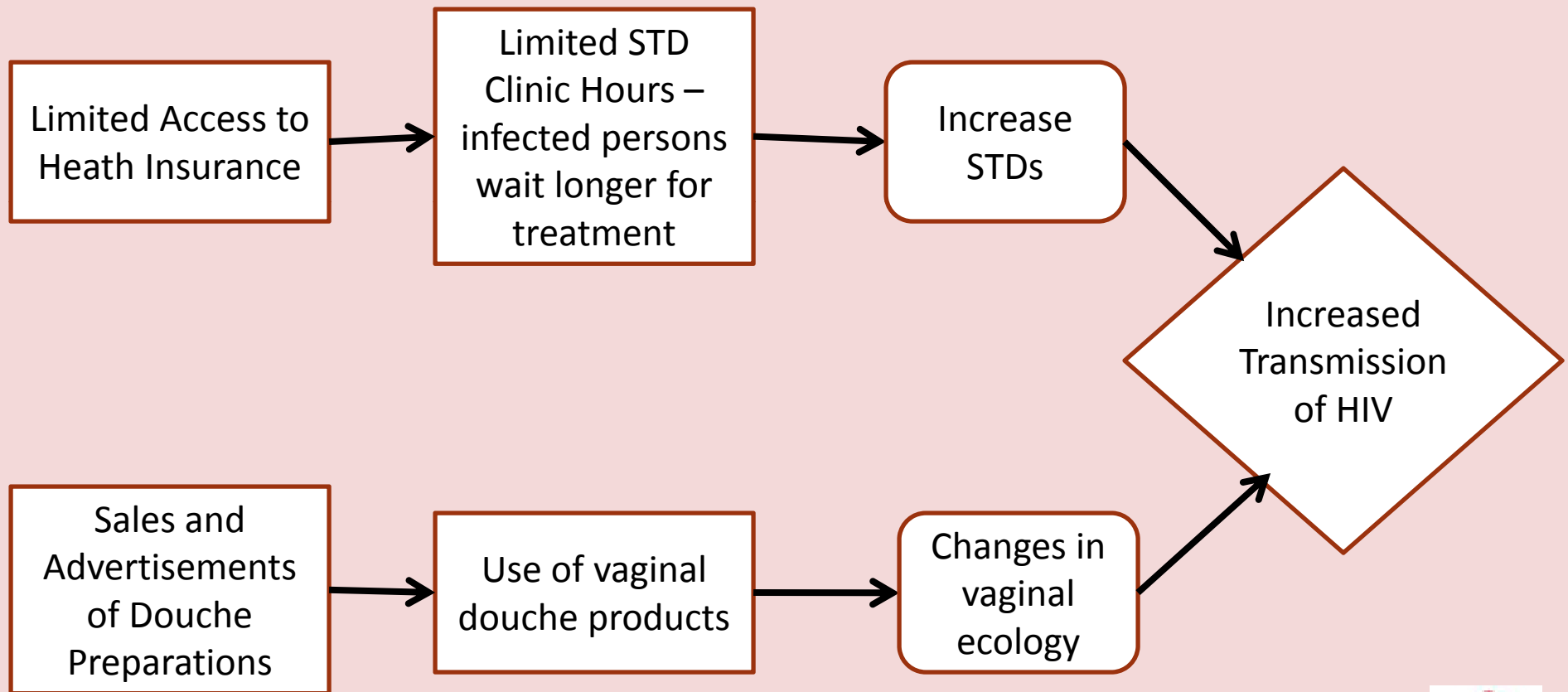


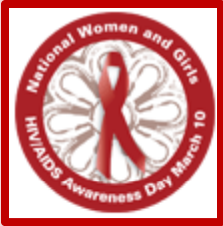
2: Concurrent partnerships



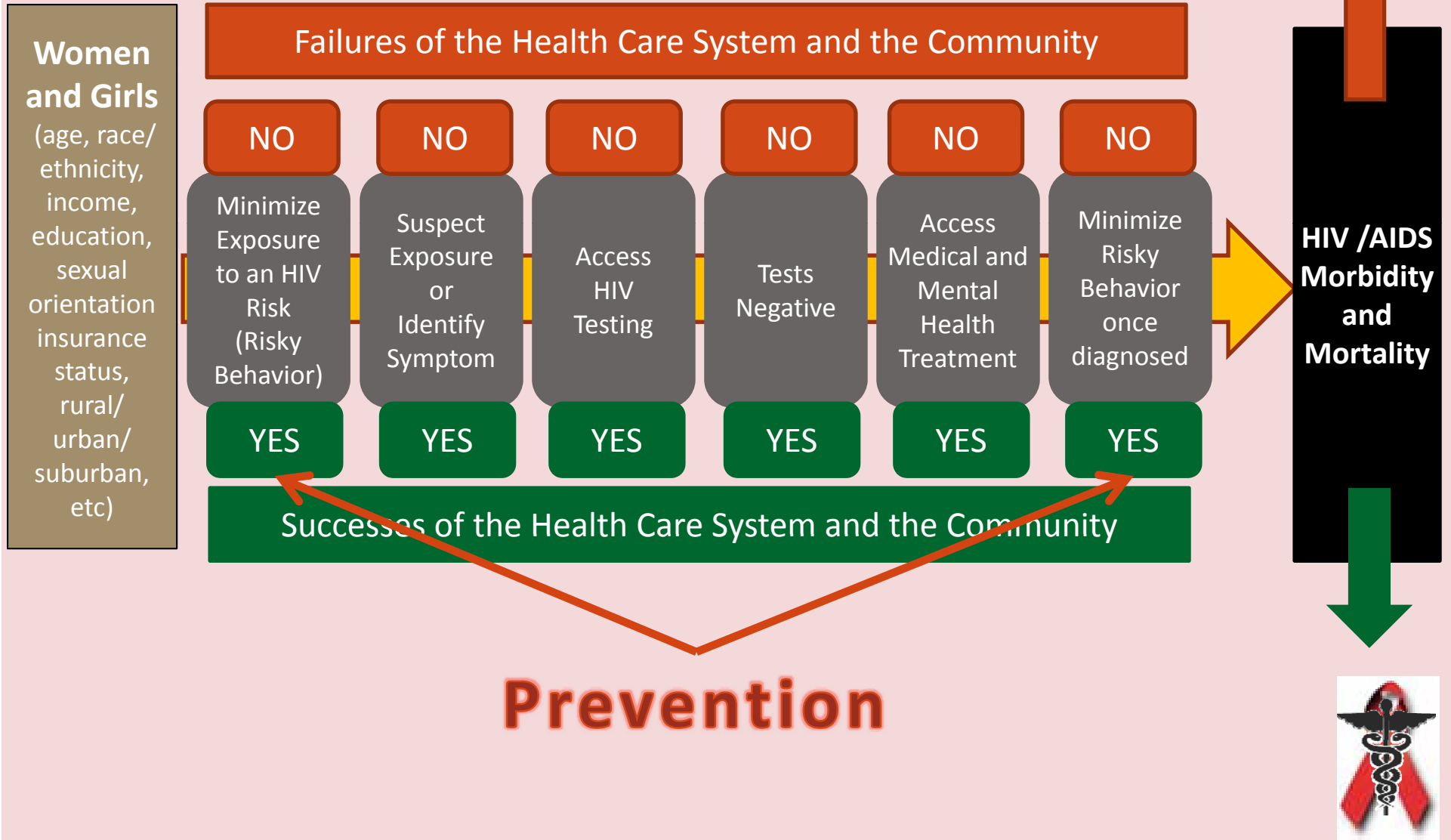


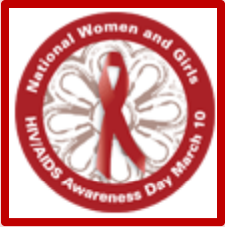
3: Increased Vulnerability to HIV





Modeling Our Community and Health care System





Prevention of HIV (and other STD) Transmission among Women

- Importance of researching women's health has been *undervalued*
- Medical science has based its norms on the exemplary body of the man as the standard against which all others are measured" (Pollard and Hyatt, 1999: 7).





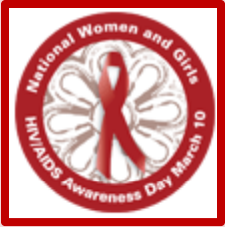
Women have historically been “demonized” or blamed for spreading STDs (WWI and WWII)



*Surgeon
Sage
Says—*

Only a poor boob pays his money, loses his watch, gets the syph, and brags that he's had a good time.





Prevention of HIV (and other STD) Transmission among Women



- Until the 1990s, the best method (other than abstinence) for prevention of sexually transmitted disease, was ***controlled by males*** (the condom).
 - Historically access to condoms has also often been controlled by government/institutions
 - Comstock Laws (1873-1936)
 - US Military in WWI
 - Minority and women military personnel in WWII
 - US Prisoners TODAY
- 1993 – the female condom (FC) was approved to prevent pregnancy and STDs
- 2009 – a less expensive, more user-friendly version (the FC2) was approved. However, ***still not widely available***



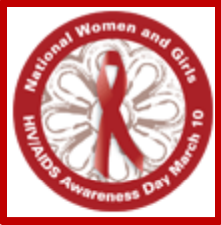


Prevention of HIV (and other STD) Transmission among Women

- **Prevention on an individual level**
 - Male and female condom use
 - Partner reduction
 - Seeking treatment for sexually transmitted infections
- **Prevention on a societal level (*eliminating structural violence*)**
 - Transforming gender and legal norms
 - Addressing violence against women
 - Increasing opportunities for employment and income (a living wage)
 - Reducing stigma and discrimination
 - Promoting women's leadership

Source: www.myhivlife.com/140WomenAndHIV.aspx

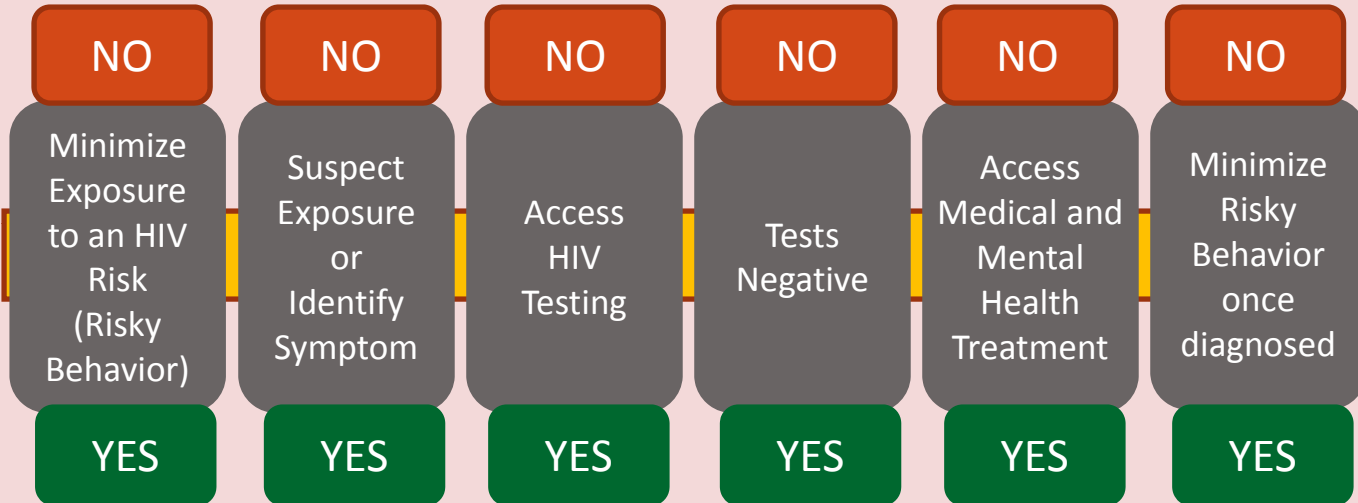




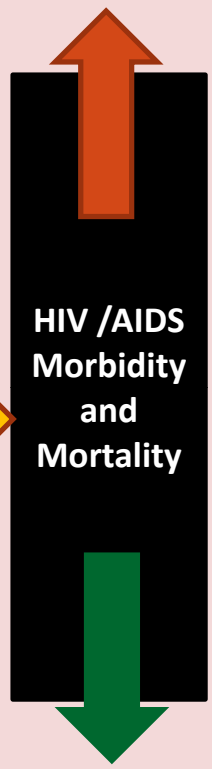
Modeling Our Community and Health care System

Women and Girls
(age, race/ethnicity, income, education, sexual orientation insurance status, rural/urban/suburban, etc)

Failures of the Health Care System and the Community

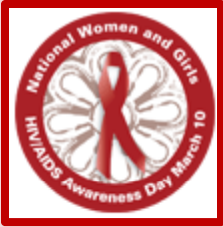


Successes of the Health Care System and the Community



**Knowledge/Awareness
And Access**





Barriers to Accessing Care

- Women tend to be diagnosed with HIV later than men
 - Poor access to health care
 - Not thinking they're at risk for HIV
 - Not heeding symptoms that could serve as warning signs (e.g. recurrent yeast infections)

Source: <http://www.womenshealth.gov/hiv/gender/index.cfm#barriers>

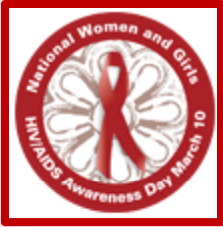




“Not thinking they’re at risk for HIV” Clinical Case Study

- 38 year old white woman , generally healthy, comes in for annual exams
 - Has had 3 partners over the course of her adult life
 - Recently began a monogamous relationship with someone she’s known as a friend for 20 years
 - Used condoms for a while but stopped four months ago because both want to have a child (“if it happens, it happens”)
 - Tells doctor she’s missed her period for two months
 - Upon exam, has yeast infection – though no symptoms
 - HIV test is positive



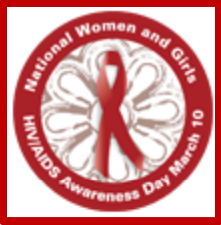


Sometimes Access to Care Isn't About Insurance, Finances, or Transportation

It's an issue of TRUST. Especially among people of color.

- Experimentation during slavery
- Post-slavery Experimentation
 - Tuskegee Syphilis Experiment (1932-1972)
 - Super Coil (to induce abortions) (Chicago, Philadelphia 1972)
 - Radiation experiments (Cincinnati)
- Family Planning and Involuntary Sterilization
 - Initiatives aimed at reducing the reproductive liberty of African Americans
 - Forced/tricked consent to sterilization (1970s and 1980s)

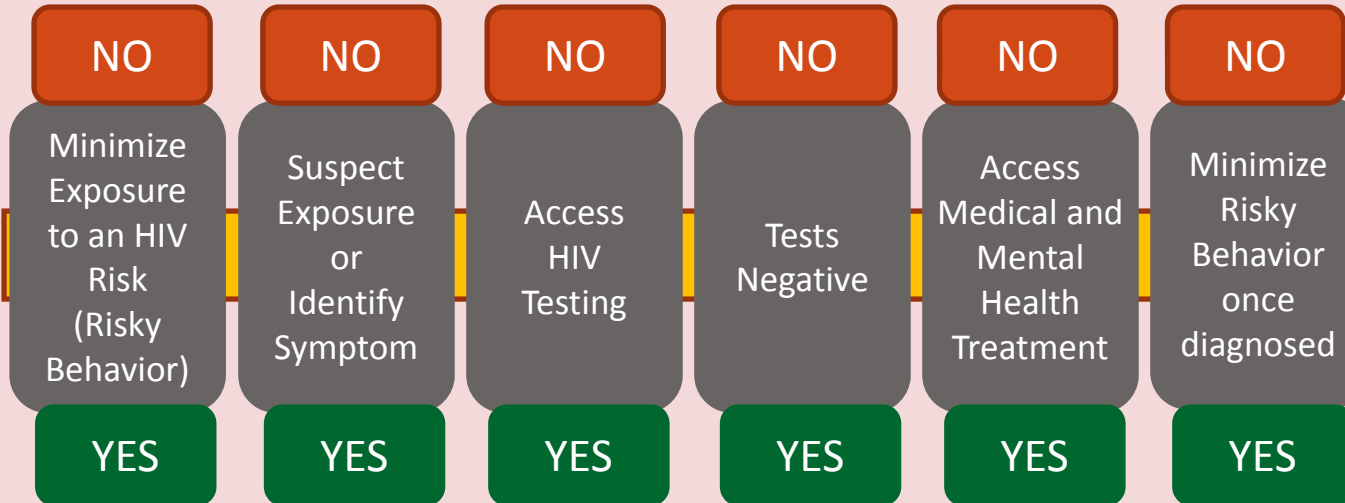




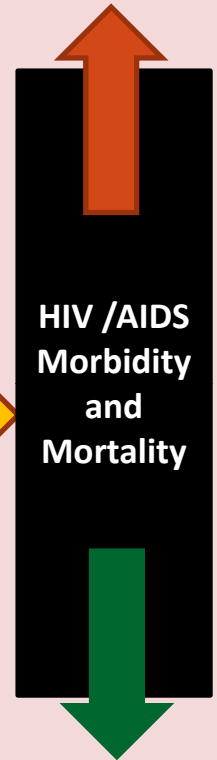
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Failures of the Health Care System and the Community



Successes of the Health Care System and the Community



Access and Community Support (anti-stigma)



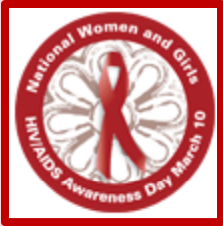


Barriers to Accessing Care

- Once they know their status, women often postpone medical treatment
 - Limited access to healthcare due to lack of insurance
 - Fewer financial resources
 - Less access to transportation
 - Responsibilities such as child care
 - Stigma associated with HIV
 - Active substance use
 - Domestic violence
 - Depression

Source: www.myhivlife.com/140WomenAndHIV.aspx
and <http://www.womenshealth.gov/hiv/gender/index.cfm#barriers>

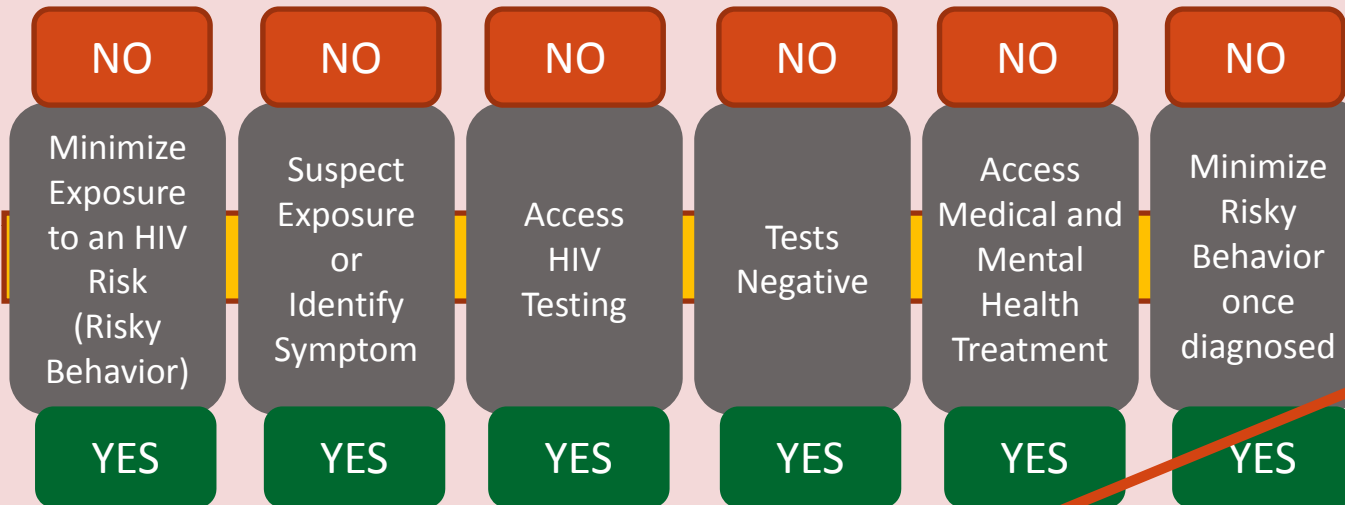




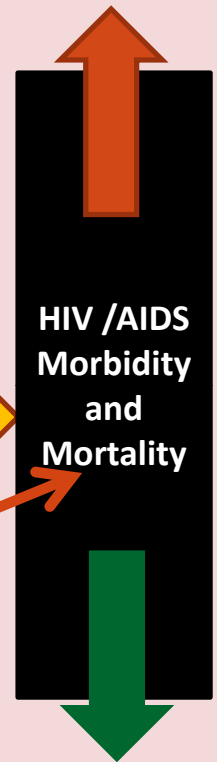
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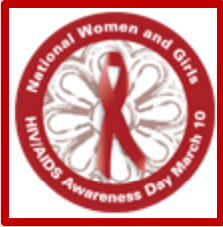


Successes of the Health Care System and the Community



Health care Structure and Access and Community Environment





Inequality in Disease Outcome

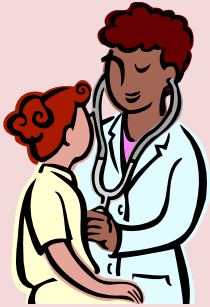
- Women with HIV do not live as long as men with HIV
 - Later diagnosis
 - Less access or lower use of health care resources
 - Abusive relationships – violent reactions from partners
 - Homelessness
 - Low emotional support or other types of help

Source: <http://www.womenshealth.gov/hiv/gender/index.cfm#barriers>





What We Need To Do



- Every woman and girl should have a **medical home** (a primary care provider who knows them and their physical and mental health history)

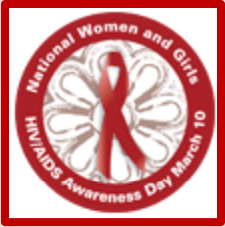


- The health care system and the community must work together to **gain the trust** of underserved, marginalized people

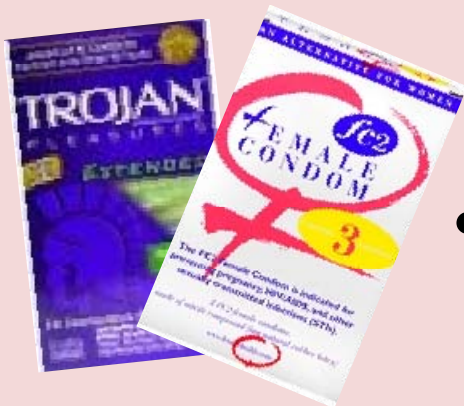
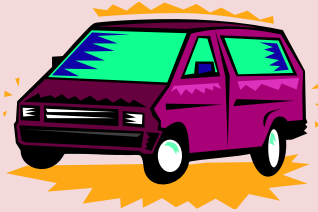


- More funding and attention must be given to **women over 50**



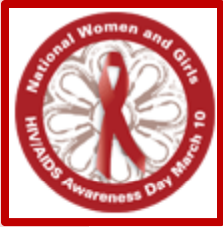


What We Need To Do



- There needs to be **transportation services** for clients who live in counties where there are not major hospitals, such as ECMC and Strong Memorial.
- There need to be **HIV certified primary care physicians in Western New York** (exception =Erie County).
- Erie County has abundant resources for HIV/AIDS. These resources **need to also be available in Niagara County and other WNY counties.**
- There needs to be **universal access to and use of condoms** – both male and female





Speak **Advocate** **Vote**
Love Unconditionally
Organize **Get Tested** **Volunteer**
Think Critically
Act Responsibly

