

African Americans/Black Fact Sheet

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NMAETC

Cultural History & Beliefs

Spirituality, communalism, oral tradition, internal strength, resolve, and respect for elders are terms associated with traditional African American (or black) culture. When collectively harnessed, these traits can have powerful and positive impacts on mitigating the spread of HIV/AIDS.

Spirituality describes an inner strength that comes from trusting in God. Confronting an HIV diagnosis implies dealing with spiritual issues such as guilt (God is disappointed and is punishing the individual), loss of God's favor, and a search for meaning and hope within that framework.

Communalism reflects a strong history of collective group orientation that incorporates personal relationships, social support systems, and collective resources over individualism. It provides a great source of advocacy and support that can be used, when properly channeled, to change the sense of fatalism associated with HIV/AIDS.

Oral Tradition speaks to the communal nature of the people that focuses on face-to-face contact and dialogue. Relationship building plays a role in patients' understanding and response to their health status.

Internal Strength and Resolve stems from survival learned through difficult circumstances and slavery. When faced with a diagnosis of HIV, many people may utilize this characteristic to maintain psychic strength and sanity.

Respect for Elders refers to how family elders are valued for their experience and wisdom. Individuals diagnosed with HIV often fear disappointing them, the kind of disapproval that may cause a person to withhold acknowledging their status and the lifestyles that may put them at risk for HIV.

State of HIV/AIDS

The U.S. Centers for Disease Control and Prevention estimates that more than 1 million Americans are infected with HIV.¹ Of this number; approximately 300,000 do not know that they are HIV positive and another 225,000 are not receiving appropriate care, even though they are aware of their status. ^{1, 2} More than half a million have died of AIDS, to date, and more than 195,000 of them are African Americans (AA). ³ More importantly, while they represent only 12.2% of the total US population, African Americans account for 40% (368,169) of cumulative AIDS cases, 50% of reported AIDS cases, and 46% of new HIV infections. ¹ The incidence of AIDS is 25 times higher in African American women than in white. In fact, African American women, who primarily contract HIV through heterosexual contact, represent 60% of all new cases of HIV in women.¹ The incidence of AIDS is 8 times higher in African American men than in white men. The leading cause of HIV Infection in AA men was sexual contact with other men, followed by heterosexual contact and Intravenous Drug Use.¹ The incidence of AIDS in AA children is also a cause of concern because they accounted for 65% of children living with HIV/AIDS in the US and 63% of all new AIDS diagnoses in 2004. ⁵ Finally, African Americans were more likely to receive a diagnosis of AIDS within 1 year of HIV diagnosis, resulting in their missing opportunities for preventing and effectively treating AIDS that are offered to those who are tested earlier in the disease process.

Patient Barriers to Care

Declines in overall AIDS mortality in the US may be generating perceptions that it is under control. Among African Americans of all age groups, however, HIV/AIDS rates are still a major public health concern. It is important to remember in dealing with African Americans that they are a very diverse population whose language, dialect, culture and concerns differ significantly. Providing appropriate interventions and therapeutic measures have been hindered by numerous barriers to

care, both real and perceived. Researchers have found an association between education/literacy and HIV treatment options and adherence. Individuals with lower education and/or literacy levels were less likely to be referred for advanced treatment protocols. These individuals would also be more likely than participants with higher literacy levels to miss medication schedules because they were confused about dosage amounts. Many of the other specific barriers include:

- Availability of health services in their communities;
- Economic hardship;
- Stigmatization associated with disease;
- Cultural avoidance of discussing issues related to sexual behavior, alcohol or drug use;
- Privacy and honor;
- Distrust of the American health care system;
- Language difficulty; and
- Citizenship status.

The sensitivity of health care professionals extends beyond minimally meeting cultural or language needs. Providers must create environments where learning can occur. This is essential to improving the health of both individuals and communities. Health care professionals must learn more about the cultural context, knowledge, beliefs, and attitudes of the communities they serve. Those professionals who work with community members and groups in identifying needs are assured of having culturally relevant processes in place. Similarly, communities need to learn how their collaboration with health care providers will improve access to and the quality of care they receive. Health care professionals who are most effective in providing culturally sensitive care for African American patients with HIV/AIDS have: (a) a good knowledge and understanding of their own world views, (b) an understanding of the culture of particular groups and subgroups they are working with, (c) a knowledge of sociopolitical influences, (d) a respect for African American spirituality and its role in their health decision making, and (e) distinct intervention techniques and strategies needed when addressing sensitive behaviors associated with HIV transmission.

NMAETC Recommendations for Clinical Delivery

- Recognize that many patients who present in your office may come from a culture that is suspicious of the American health care system.
- Make sure your providers and staff treat each individual who calls or visits your office with dignity and respect.
- Reflect the populations you serve in the materials displayed in your office.
- Use easy to understand language when discussing health concepts.
- Understand the role of family in patient decision making and be open to patients bringing family members to the appointments.
- Where possible, make child care available.
- Structure programs to meet all patients' mental, physical, and social service needs.
- Schedule appointments in times and locations that are suitable for people who work.
- Be open to making community presentations on HIV/AIDS and other health problems in the communities you serve.
- Stress the role of prevention in keeping communities disease free.

Data Sources: African American / Black

1. CDC, Proportion of Reported AIDS Cases and Population, by Race/Ethnicity, 2003–50 States and D.C.
2. HHS Office of HIV/AIDS Policy, HIV/AIDS and African Americans.
3. BESAFE, NMAETC Cultural Competency Model 2004