The Alarming Prevalence of HIV/AIDS in African Americans
Recommendations for Prevention and Treatment Based on Epidemiological Concepts

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INTRODUCTION

- African Americans (AA) make up only 12% of the United States population, but they have the highest HIV rates of all races and ethnicities, accounting for over 46% of all HIV diagnoses (CDC, 2013).
- HIV is the 5th leading cause of death in African American men and the 7th leading cause of death in African American women (Kaiser Family Foundation, 2014).

PROBLEM

- There are a variety of factors that result in higher rates of HIV transmissions, including social, cultural, economic, environmental, and political causes.
- Interventions should be geared toward these factors and be specific for AA.

OBJECTIVES

1. The learner will be able to identify the multiple factors that contribute to the high prevalence of HIV/AIDS in the African American population.
2. The learner will be able to discuss prevention and treatment guidelines, which is based on epidemiological factors specific to African Americans.

LITERATURE REVIEW

- Approaches must be multi-faceted and multi-leveled
  - Current literature suggests that successful health promotion, disease prevention, and treatment efforts, including medication regimens, should be based on demographic data and epidemiological concepts, such as population-level assessments of disease burden, risks, and outcomes (Dorrucci, 2010).
  - A recent study by Wright, et al., 2013, underscored the fact that rural AA cocaine users are medically underserved and difficult to reach with limited access to HIV testing & treatment.

HIGH-RISK GROUPS

- African American Men (AAM)
- AAM who have sex with men
- African American women
- Intravenous drug users
- Multiple sex partners

BARRIERS TO PREVENTION/TREATMENT

1. Stigma & Discrimination
2. Homophobia
3. Poverty & sexual relationships
4. Unemployment
5. Lack of access to healthcare
6. Incarceration
7. High costs of HIV/AIDS treatments

NP’S ROLE IN EPIDEMIOLOGICAL-BASED PREVENTION STRATEGIES

- Interventions should identify and target the needs of high-risk populations, which coincide with the needs of multiple populations.
- Interventions should include biomedical, behavioral, and social services with a focus on quality of life.

Primary Prevention – Clinician and Educator

- NPs should conduct individual and group screenings & prevention programs in common meeting places for AAs, such as churches and church-sponsored events; high school and college-based events; adult classes that usually attract one’s sexual preferences; AA car and motorcycle clubs; AA dating and employment seminars.
- Pre-Exposure Prophylaxis (PrEP) should be offered to people at substantial risk to prevent HIV infection.
  According to a recent study by Brocato, et al., 2014, 90% of the participants admitted to engaging in unprotected vaginal intercourse and the use of crack cocaine and diminished condom use with the recent use of heroin.

Secondary Prevention – Consultant and Collaborator

- NP should conduct routine screenings on high-risk persons.
  - Institute the early initiation of antiretroviral therapy based on current research, including RCTs.
  - Conduct widespread social marketing and advertising campaigns that target churches, local, state, national, and other heavily populated AA organizations.
  - Serve as consultants for patients and other disciplines.
  - Conduct educational seminars for peers and other community providers.

Tertiary Prevention - Researcher & Legislator

- Providers should remain in constant contact with health care facilities and community organizations.
- Implement changes based on evaluations & current epidemiological research, which should include qualitative & quantitative population-based studies.
- Actively participate in legislative policies, serving as an advocate, so that changes can be made locally, nationally, and globally (CDC, 2013).

REFERENCES


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