

## HIV/AIDS Facts Residents Living in Public Housing

*HIV/AIDS continues to be a significant health problem among residents of public housing. Disparities in access to quality health care services, socioeconomic and cultural barriers contribute to an increased risk of HIV infection among this special population. While there is a lack of national data on this problem, there are a number of community level intervention studies on HIV/AIDS and residents of public housing, which are highlighted below.*

### General Information

- The cumulative number of AIDS through 2006 in the United States and dependant areas was 1,014,797. Of these, 982,498 were in the 50 states and the District of Columbia and 32,299 was in independent areas. In the 50 states and the District of Columbia, adult and adolescent cases were 973,352 with 783,786 in males and 189,566 cases in females. The estimated cases in children under 13 years, was 9,146.<sup>1</sup>
- The estimated numbers of AIDS cases in the U.S. by race and ethnicity were 394,024 cases among White, non- Hispanic 409,982 among African Americans; and 161,505 among Hispanics.<sup>1</sup>
- In 2005, African Americans accounted for 20,187 (50%) of the estimated 40,608 AIDS cases diagnosed in the United States. The rate for AIDS diagnoses for African American women was nearly 23 times the rate for Caucasian women. The rate of AIDS diagnoses for African American men was 8 times the rate for Caucasian men. The rate of AIDS for African American adults and adolescents was 10 times the rate for Caucasians and nearly 3 times the rate for Hispanics.<sup>2</sup>
- Of the rates of AIDS diagnoses for adults and adolescents in all racial and ethnic groups, Hispanic/Latinos had the second highest (after African Americans) rate. In 2006, Hispanics/Latinos made up only about 13% of the population of the United States; they accounted for 16% of the estimated 982,498 AIDS cases in the U.S. since the beginning of the epidemic.<sup>3</sup>
- The number of deaths of persons with AIDS in 2006 was 14,627; this included 13,968 adults and adolescents, and 48 children under the age 13 years.<sup>1</sup>

### Women

- HIV/AIDS is the fourth leading cause of death among adult American women under the age of 45; it is disproportionately high among impoverished minority women in low-income inner city public housing developments.<sup>4</sup>
- The HIV Cost and Services Utilization Study found that women with HIV were disproportionately low-income. Nearly two-thirds (64%) had annual incomes below \$10,000 compared to 41% of men.<sup>7</sup> This falls well below the federal poverty line, which in 2006 for a household of two was \$13,167, and for a household of three was \$16,079.

### Prevalence

- A New York study found that a wide disparity exists in HIV rates across New York City (NYC) communities. This is particularly apparent in Hunts Point and Mott Haven neighborhoods, where almost half of the residents are living below the poverty level and two-thirds are living in public housing. These communities have the third highest HIV related death rates in the city.<sup>5</sup>

- The death rate due to HIV has dropped by more than half during the past decade in the Hunts Point and Mott Haven communities. However, in 2003-2004, the average annual HIV-related death rate in both communities was still 55% higher than the Bronx rate and more than 3 times the NYC overall rate.<sup>5</sup>
- Hunts Point and Mott Haven residents are more likely to be tested for HIV than those in New York City overall (42% vs. 23%). However, one quarter of positive HIV test results (24%) are “late” diagnoses in the Hunts Point and Mott Haven communities.<sup>5</sup> Late diagnosis is associated with an increased risk of mortality. Sabin and colleagues found that one fifth of HIV related deaths occurred in patients who had discovered their infection within six months before their death.<sup>10</sup>

### **HIV Risk Behaviors**

- The Hunts Point and Mott Haven study found one third (32%) of the adults aged 18-64 with more than 1 sex partner in the past year reported using a condom at their last sexual encounter, as compared to 38% of adults (ages 18-64) in New York City.<sup>5</sup>
- The Centers for Disease Control reports that most women are infected with HIV through high-risk heterosexual contact.<sup>9</sup> In a two year multisite community-level HIV prevention trial with women living in 18 low-income public housing developments in 5 U.S. cities (Milwaukee, WI; Roanoke, VA; Cleveland, OH; Rochester, NY; and Tacoma, WA) indicated that 11% of the women had 2 or more male sexual partners. While, 10% of the women reported being treated for a sexually transmitted disease (STD) in the past 2 months.<sup>6</sup>
- While, the women in the multi-site community-level HIV prevention trial reported no current use of injection drugs, 5% of the sexually active women believed that their regular partner had injected drugs. Consistent with past research, this suggest most women were vulnerable to HIV as a result of sex with a single or steady but high-risk male partner, and that a smaller percentage of women had multiple partners over a short period of time.<sup>6</sup>
- Some women may be unaware of their male partner’s risk factors for HIV infection (such as unprotected sex with men, multiple partners, or injection drug use). In a study of 671 women living in 10 inner-city, low income public housing developments approximately one third of women were at risk for HIV, because of the risk behavior of their sexual partners.<sup>4</sup>

### **Perceived Risk**

- While most of the 671 women in the study were aware of HIV risks related to injection drug use and heterosexual transmission, there were important areas of misconceptions, 54% of the women did not know that most people who carry the AIDS virus often look and feel healthy.<sup>4</sup> In many cases, it takes more than 10 years for an infected HIV person to develop the signs and symptoms of AIDS. The only way to find out if you are infected is by taking an HIV test.
- According to the study, knowledge concerning the use of condoms was a problem among the public housing women. When asked about Vaseline, hand lotions, or oils as being a good lubricant for condoms, 44% felt they were good. The study also showed that 54% of the women did not know that latex condoms afford the best protection against AIDS virus.<sup>4</sup>

### **Testing**

- According to unpublished data from a random-digit-dial telephone survey of Boston residents, 62% of adult public housing residents reported having ever been tested for HIV compared to 49% of other city residents.<sup>11</sup>
- Among public housing residents, women (66%) were more likely than men (52%) and younger residents much more likely than older residents to have been tested.<sup>11</sup>
- Rates of HIV testing were higher among Blacks (69%) and Hispanics (60%) than Whites (49%).<sup>11</sup>

- Testing rates were also higher among those born in the US (73%) than outside the US (60%), but lower among those with less than a high school education (52%).<sup>11</sup>
- Residents who lived in public housing developments (60%) and those who received rental assistance (63%) were equally likely to have been tested for HIV.<sup>11</sup>

### **Best Practices**

- Outcomes of a randomized, community-level HIV prevention trial found that after attending an HIV educational session, half of the women living in 16 inner-city public housing developments were motivated to organize community social events for women in the housing developments to strengthen peer norms, attitudes, and confidence in making behavioral changes.<sup>8</sup>
- Women who participated in a 6-month community-level HIV prevention trial were surveyed to assess their HIV risk characteristics; all the women exhibited positive changes in the areas of AIDS knowledge, risk reduction attitudes, conversations about AIDS, and condom use.<sup>8</sup>
- In the same initiative, condom use rates nearly doubled from 22% to 44% among the women who reported attending risk-reduction program activities.<sup>8</sup>

<sup>1</sup> Centers for Disease Control and Prevention. *Basic Statistics* [Online]. Available: <http://www.cdc.gov/hiv/stats.htm> [7 August 2008].

<sup>2</sup> Centers for Disease Control. *HIV/AIDS among African Americans Fact Sheet*, 2005. [Online]. Available at: [www.cdc.gov/hiv/topics/aa/resources/factsheets/aa.htm](http://www.cdc.gov/hiv/topics/aa/resources/factsheets/aa.htm) [7 August 2008].

<sup>3</sup> Centers for Disease Control. *HIV/AIDS among Hispanics Facts*, 2008. [Online]. Available at: [www.cdc.gov/hiv/hispanics/resources/factsheets/hispanics.htm](http://www.cdc.gov/hiv/hispanics/resources/factsheets/hispanics.htm) [7 August 2008].

<sup>4</sup> Sikkema, K., Heckman, T., et al. (1996). *HIV Risk Behaviors among Women Living in Low-Income, Inner-City Housing Developments*. *American Journal of Public Health*; 86(8): 1123-1128.

<sup>5</sup> Olson, E.C., Van Wye, G., Kerker, B., Thorpe, L., Frieden, T.R., *Take Care Hunts Point and Mott Haven*. *NYC Community Profile*, Second Edition; 2006; 7(42): 1-16.

<sup>6</sup> Sikkema K.J., Kelly, J., et al. (1996). *Outcomes of a Randomized Community-Level HIV Prevention Intervention for Women Living in 18 Low-Income Housing Developments*. *American Journal of Public Health*; 90(1): 57-63.

<sup>7</sup> The Henry J Kaiser Family Foundation *HIV/AIDS Policy Fact Sheet*; 2007.

<sup>8</sup> Kelly, J.A., (1996) *Effective Intervention Is Possible in the Inner City*. Available at: [www.thebody.com/content/art12634.html](http://www.thebody.com/content/art12634.html) [8 August 2008].

<sup>9</sup> Centers for Disease Control. *HIV/AIDS among Women Facts*, 2008. Available at: [www.cdc.gov/hiv/topics/surveillance/factsheets.htm](http://www.cdc.gov/hiv/topics/surveillance/factsheets.htm).

<sup>10</sup> Sabin C, Smith C, Youle M, Lampe F, Bell D, Puradiredja D, et al. *Deaths in the Era of HAART: Contribution of Late Presentation, Treatment Exposure, Resistance and Abnormal Laboratory Markers*. *AIDS* 2005; 20:67-71.

<sup>11</sup> *Boston Behavioral Risk Factor Survey*. (2006). Partners in Health and Housing – Prevention and Research Center & Evaluation Office of the Boston Public Health Commission.