Race and the HIV Epidemic

THE CHALLENGE OF HIV/AIDS IN COMMUNITIES OF COLOR

PART II

People of color have been affected by the HIV/AIDS epidemic since its inception. The first report of AIDS in an African American man was made in June 1981; by August 1981, one in nine of the reported homosexual males with AIDS were African American. The first case-series report on women with AIDS, published in April 1982, described five women: three Hispanic/Latinos, one white, and one African American. Indeed, as early as 1982, statistical evidence suggested that the epidemic posed a disproportionately serious problem for African Americans and Hispanics/Latinos and that most of the people at risk for infection in these groups were of relatively low socioeconomic status.

In 1982 African Americans and Hispanics/Latinos accounted for just under half of the males, more than three-fourths of the females, and almost two-thirds of the children diagnosed with AIDS in the United States. Of all those who died of AIDS from 1981 through 1990 (a total of 100,777 people), 28 percent were African American and 15.7 percent were Hispanic/Latino. As early as 1988, HIV disease was the leading cause of death among African American women aged 15 to 44 in New York State and New Jersey (CDC, 1991b). African American and Hispanic/Latino men with AIDS have comprised between 30 percent and 40 percent of all AIDS cases among adult and adolescent men; the proportions of African American and Hispanic/Latino women and children with AIDS have remained considerably more than half of all cases among women and children.

As of September 1992, reported U.S. AIDS cases totaled 242,146 and deaths from AIDS totaled 158,243 (CDC, 1992e). HIV disease has continued to have a profoundly disproportionate impact on African Americans and Hispanics/Latinos. African Americans constitute 12 percent of the United States population, but account for nearly 30 percent of AIDS cases-71,984 as of September 1992. Hispanics/Latinos constitute 9 percent of the population, but account for 17 percent of AIDS cases-40,353 as of September 1992. Thus, African Americans and Hispanic/Latinos together account for 46 percent of U.S. AIDS cases so far. Death rates from HIV-related causes have been highest for African Americans and Hispanics/Latinos. During 1990, the number of reported deaths per 100,000 population was 29.3 for African Americans and 22.2 for Hispanics/Latinos, as compared with 8.7 for whites (CDC, 1991b).

The impact of the epidemic has been particularly profound on the African American community. It is striking to note that in 1989 the age-adjusted HIV-related death rate among African American males was three times that of white males (40.3 deaths per 100,000, as compared with 13.1 deaths per 100,000). African American females were nine time more likely to die from HIV than white females (8.1 deaths per 100,000 as compared with 0.9 per 100,000). Accordingly, the years of potential life lost per 100,000 population due to HIV was 177 percent higher for African American males than white males and 796 higher for African-American females than white females (Department of Health and Human Services, 1992.)

Examination of trends in AIDS diagnosis and HIV infection shows that this disproportionate impact is likely to continue. In 1991 the reported number of AIDS cases rose 5 percent overall as compared to 1990. However, cases increased by 11.5 percent among Hispanics/Latinos, increased by 10.5 percent among African Americans and decreased by 0.5 percent among whites. African Americans and Hispanics/Latinos were, respectively, nearly five and three times more likely to be diagnosed with AIDS than were whites in 1991 (CDC,1992c). The Centers for Disease Control noted that during 1991 the proportion of reported cases rose most among women, African Americans, Hispanics/Latinos, persons exposed through heterosexual contact, and person, living in the South.

TO BE CONTINUED

HEALTH

PRACTICAL LIFE STYLE CHANGES MAY REDUCE THE RISK OF KIDNEY FAILURE

HOUSTON — Practical lifestyle changes could reduce the risks of kidney damage among thousands of African-Americans with diabetes and hypertension, says a kidney specialist at Baylor College of Medicine in Houston.

"Diabetes and hypertension are the leading causes of kidney failure, particularly in blacks," said Dr. Donald Wesson, an associate professor of medicine at Baylor. "Simple changes in daily habits can make a difference in the control of both hypertension and diabetes."

Although genetics may play a role, Wesson says other facts can influence the risk of kidney damage. He recommends following the National Institutes of Health's Joint Commission for Hypertension Control lifestyle changes:

- Cutting back of salt
- Limiting amounts of alcohol
- Eliminating tobacco use
- Practicing weight control
- Increasing exercise
- Knowing your family medical history

"In particular, African-Americans seem to have a higher proportion of salt-sensitive hypertension," Wesson said. "As they eat more salt, the hypertension gets worse, more so than in whites."

Recent studies suggest that diabetic and hypertensive African-Americans are four to five times more susceptible to developing kidney disease than are whites with the disorders.

Dietary studies have also shown that blacks in general eat foods low in potassium which may increase the risk for kidney failure. Wesson recommends eating more potassium-rich foods like red meats, fresh fruits and vegetables, and avoiding canned foods lacking potassium and preserved with salt.

Blacks should also recognize a family history of diabetes and be aware of symptoms including frequent urination, constant thirst, weight loss, muscle weakness and vision problems. Hypertension usually causes no obvious symptoms and may easily go undetected.

Wesson says individuals with diabetes and hypertension often have a difficult time making the necessary changes in their daily routines.

"Patients do not always stick to their medication or change their habits, because they do not always feel sick," he said. "Medication can be expensive and change is often difficult, but it is important for people to see a physician if they feel they are at risk and take precautions to control their condition and ultimately prevent kidney failure."

HEALTH BRIEFS

VACCINES AND MINORITY CHILDREN

The Clinton administration's recent move to make vaccines affordable and available to all children is of special importance to minority children in the U.S. African American, Asian, Latino and Native American children are much less likely to receive the proper vaccinations during childhood. According to the Children's Defense Fund, in 1992, when Polio immunizations rates were calculated for one-year-olds, the U.S. ranked 17th in the world. When the same data were measured for non-white children only, the U.S. ranked 70th in the world.

How important are vaccines? Without them, children are vulnerable to Measles, Mumps, Rubella (German Measles), Diphtheria, Tetanus (lockjaw) and Pertussis (whooping cough). All of these diseases can lead to death or disability; and all except Tetanus can be passed from one child to another. To receive a free copy of "A parent's Guide to Childhood Immunizations," write: CDC, 1600 Tulley Circle, Building 1600, Room 332 Mailstop EO6 Atlanta, GA 30329 or call 404/639-1819.

AAAS OPENS FORUM FOR MINORITY SCIENTISTS AND STUDENTS

The American Association for the Advancement of Science has announced an electronic network and newsletter that will serve as a forum for minority scientists to share information about their research, conferences, educational opportunities (at the college level), and discussions of values and ethical issues in science and technology. The same information will be carried by both the newsletter and electronic service.

By computer: the service will be available on Internet. To receive the newsletter call or write to: Paul Higgins, Directorate for Science and Policy Programs, AAAS, 1333 H Street, N.W., Washington, D.C. 20005. 202/326-6798.

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The Clark County Health District is searching for persons who are able to serve as loving and supportive friends of patients and families experiencing terminal illness. These persons will serve as volunteers in the Health District Hospice Program. Thirty (30) hours of training are provided for volunteers at the Clark County Health District. Additional training in special areas is also available. An application and personal interview are required prior to training.

If you think you can fill this very special calling, contact Edie Blanchard, Coordinator of Volunteer Services, Clark County Health District, 625 Shadow Lane, Las Vegas - 383-1341.

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CPR-FIRST AID TRAINING INSTITUTE has developed a special course for babysitters. The class, for boys and girls (11-18 years old), teaches safety, child and infant CPR and "basic" do's and don'ts of babysitting. Each student will receive an AHA CPR card and a "Babysitting" Certificate. The course will be held the second Saturday of each month from 9 a.m. - 1:30 p.m. The cost is $17.00 and includes all teaching materials.

Anyone wishing any more information or wanting to register for a class should call Kenneth Glover or W.K. Vandygriff at 876-9177.