

AIDS AS IT EFFECTS THE AFRICAN AMERICAN COMMUNITY

PART II

Also in 1990, HIV infection was the leading cause of death among black men 25-44 years of age in nine states (Connecticut, Delaware, Florida, Georgia, Massachusetts, Maryland, New Jersey, New York and Rhode Island).

Women. Black and Hispanic women are experiencing a greater impact from the HIV epidemic than women in other population groups. In 1990, for black women 25-44 years of age, HIV infection was the leading cause of death in five states (Florida, Connecticut, Massachusetts, New Jersey and New York).

Through March 1993, CDC has received reports of 32,477 AIDS cases among U.S. adult and adolescent women. Of

those, more than half (55 percent) are black women and one-fifth (20 percent) are Hispanic women.

Children. About 1,500-2,000 HIV-infected babies are born in the United States every year. Approximately 6 of every 10 U.S. children who developed AIDS after acquiring HIV from their mothers are black, 2.5 in 10 are Hispanic, and 1.5 in 10 are white. Children of other races make up less than 1 percent of perinatally acquired AIDS cases.

More than 2,400 AIDS cases have been reported among black U.S. children under the age of 13, and 94 percent of them were born to mothers with HIV infection. Since 1988, AIDS has been the second leading cause of death in New York State among black children ages 1 to 4.

Exposure Categories

Comparing U.S. adult and adolescent cases reported among blacks with those reported among all races/ethnicities, the major modes of HIV transmission are as follows:

U.S. Adult/Adolescent AIDS Cases

- Exposure Category:
- Men who have sex with men**
- Blacks - 33%
- All Races/Ethnicities - 56%
- Drug injection / sharing needles**
- Blacks - 38%
- All Races/Ethnicities - 23%
- Men who have sex with men and inject drugs**
- Blacks - 6%
- All Races/Ethnicities - 6%
- Heterosexual contact**
- Blacks - 13%
- All Races/Ethnicities - 7%
- In 1992 alone, 15,897 AIDS cases among black Americans

of all ages were reported to CDC (12,035 adult/adolescent males, 3,394 adult/adolescent females, and 468 children). Last year the AIDS cases rate among blacks (52.2 per 100,000 population) was nearly 3 times higher than among the total U.S. population (18.2 per 100,000).

Among black men, the 1992 AIDS cases rate was 112.6 per 100,000 among black women, 27.2 per 100,000; and among black children under age 13, 6.4 per 100,000.

To address the needs of racial and ethnic minority populations which are disproportionately affected by the HIV epidemic, CDC's current HIV budget contains \$51.6 million for special minority initiatives (and \$54.6 million has been requested for 1994). With these

funds, CDC provides technical and financial assistance to 32 national/regional minority community-based organizations (CBOs) and other minority constituencies.

In addition, CDC provides technical and financial assistance directly (through state/local health departments) to more than 300 minority CBOs. These CBOs conduct HIV prevention activities that are specifically directed to the racial and ethnic minority populations residing in those communities.

CDC also provides funds to the U.S. Conference of Mayors which, in turn provides technical and financial assistance to approximately 30 minority CBOs.

In addition to these programs, which are exclusively directed to racial and ethnic minority popu-

lations, many other HIV prevention activities also benefit minority populations, e.g., HIV counseling, testing, referral and partner notification; prevention efforts directed to injecting drug users, women and youth in high-risk situations; prenatal HIV prevention projects; and school-based programs to prevent the spread of HIV.

Finally, there are CDC's efforts to reach the general public through mass media educational campaigns, the CDC National AIDS Hotline (with services available in both Spanish and English), and the CDC National AIDS Clearinghouse. Individuals from minority communities access these resources in great numbers and benefit from the wide variety of prevention and education services they offer.

HEALTH

NICOTINE IS A MAJOR DRUG, MAJOR KILLER

HOUSTON — Scientists in Texas are exploring new approaches to the study of drug abuse, focusing on how nicotine addiction develops in the brain.

"Nicotine is a major drug of abuse and a major killer," said Dr. James Patrick, a neuroscientist at Baylor College of Medicine in Houston. "The evidence is in more than 440,000 tobacco-related deaths annually in the U.S. and Canada."

In hopes of developing ways to overcome nicotine addiction, Patrick, himself an ex-smoker, is studying the molecular aspects of nicotine action in the brain.

"People often seem to think drugs of abuse achieve their results through 'magic,'" he said, "but in fact, they mistify the body in some way that causes it to need that drug."

In the case of nicotine, one of the most addictive of drugs, Patrick thinks the modification is an increase in the number of some of the sites where nicotine chemically binds in the brain.

Research indicates the nicotine binding sites in the brain are about double the number in smokers as in non-smokers.

Studying how, where and why nicotine reacts with these sites has been the focal point of Patrick's scientific career for more than 20 years.

He is studying how nicotine changes the abundance of the sites in the brain and the possible tie to addiction.

"Telling people to 'just say no' after an addiction has devel-

oped is inappropriate and naive," Patrick said, "because at that point it's a medical problem rather than simply a matter of choice."

The number of lives lost each year to nicotine addiction is about 10 times greater than the number of people who die as a direct consequence of all other kinds of drug abuse, Patrick said.

HEALTHWIRE NEWS BRIEFS

RACE STILL IMPACTS ON HEALTH CARE

The American Journal of Public Health (July 1993) reports that three recent studies show that African Americans and Latinos are disadvantaged in their access and ability to benefit from medical care.

Among the elderly, Whites are much more likely to receive high-technology or newer medical services than African Americans. This occurs even when universal health care is available for both groups. A study in Seattle found that African Americans are twice as likely as Whites to experience out-of-hospital cardiac arrest, less than half as likely to be resuscitated, and about half as likely to survive to hospital discharge.

Among adolescents, a national study of medical care patterns found that although African American and Latino teens report worse health status, White teens visit a doctor much more frequently than African Americans or Latinos and are more likely to have a source of routine and acute care. In addition, 16% of African American teens are uninsured, 28% of Latino teens are uninsured, while 11% of White teens are uninsured. **FOR FURTHER INFORMATION OR COPIES OF ARTICLES, CONTACT: Tarita Marshall, Amer. Public Health Assoc., 202-789-5687.**

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