

Targeting factors outside health system could reduce African American HIV risk

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Physicians working to reduce the risk of HIV in rural, African American communities should target factors that operate outside the health care system.

That's the conclusion of a new study led by Crystal Wiley Cené, MD, MPH, an assistant professor in the University of North Carolina at Chapel Hill School of Medicine. The study was published online Feb. 10 by the [Journal of General Internal Medicine](#).

“In addition to asking patients about their individual health behaviors, physicians should ask them about the availability of support and local community resources since an individual's behavior both influences and is influenced by their social environment.” Dr. Cené said. “Physicians might also consider tailoring their treatment recommendations based on available community resources.”

“This strategy may potentially improve both patient adherence and clinical outcomes,” she said.

The qualitative study was a collaborative effort between physician-researchers at UNC and community partners in two rural counties in northeastern North Carolina. The researchers conducted 11 focus groups with three populations of African American participants considered to be at high risk for HIV: youth and young adults ages 16-24, formerly incarcerated individuals, and adults over age 25. The researchers also conducted interviews with 37 adults considered to be influential “key

informants” within these communities.

Findings of the study include:

- Adults felt that their communities had a high degree of cohesiveness between individuals while youths and formerly incarcerated persons felt there was a lot of tension between various groups. All participants felt that intense HIV-related stigma adversely affected HIV outreach and prevention efforts.
- The community environment in these counties was characterized by neighborhood poverty, lack of skilled jobs, segregation by race and social class, political disenfranchisement of African Americans and institutional racism. All of these factors reduced the availability and accessibility of resources needed to combat HIV.
- Participants felt there was a collective inability to combat social problems such as crime and violence due to community disorder and a lack of police protection. As a result, it was easier and more acceptable for individuals to engage in behaviors which increased HIV risk.
- African American churches are not good sources of support for HIV prevention because of their reluctance to talk about or participate in HIV-related activities.

“This study highlights the need for clinicians to look beyond individual-level behaviors when trying to prevent [HIV](#) and address HIV-related disparities,” Dr. Cené said. “The communities in which people live and the social and material resources available within those communities are equally as important.”

Provided by University of North Carolina at Chapel Hill School of

Medicine

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