

# Research: No race disparities in risk of AIDS and death in HIV patients

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Kaiser Permanente researchers found no disparities by race or ethnicity in risk of AIDS and death among HIV-infected patients in a setting of similar access to care. This is despite lower Anti-Retroviral Therapy adherence among Hispanics and African-Americans compared to whites. Researchers also saw a trend toward better outcomes for Hispanics.

The study, which appears online in The [Journal of General Internal Medicine](#), is one of the largest to date to evaluate racial and ethnic differences in clinical outcomes among HIV-infected patients.

"When it comes to HIV among Kaiser Permanente members, it appears that access to care is the key to eliminating racial and ethnic disparities," said the study's lead author Michael Silverberg, a researcher at the Kaiser Permanente Division of Research. He explained that equal access may likely improve prevention and also encourage early treatment.

Kaiser Permanente is the largest private provider of HIV care in the United States. Dr. Silverberg said that certain aspects of Kaiser Permanente care may reduce differences in outcomes among racial/ethnic groups in that most patients have medical insurance coverage and their HIV care is guided by the principles of integrated, chronic condition management and multi-disciplinary HIV specialty care. Another advantage of this setting is Kaiser Permanente's large HIV registry, which has historical data on more than 17,000 patients, including a substantial number of racial/ethnic minorities.

This study is among the first to include a large number of Hispanic patients and comprehensively account for other factors -- such as socioeconomic status, HIV disease stage and ART adherence -- that may contribute to racial/ethnic disparities, according to the investigators. Hispanics had a statistically significant 34 percent survival benefit

compared with whites and a 42 percent survival benefit compared with blacks. However, no statistically significant differences for racial/ethnic groups were observed after adjustment for demographics, socioeconomic status and clinical factors.

The study was a retrospective observational cohort study from 1996 to 2005 in Kaiser Permanente, an integrated delivery system with more than 3 million members in Northern California. Researchers studied 3,106 whites, 919 Blacks and 661 Hispanics infected with [HIV](#) and looked at differences in ART adherence, new [AIDS](#) events and all-cause mortality.

"This observation of reduced mortality in HIV-infected Hispanics is somewhat surprising giving the observed lower adherence rates, reduced immunological responses and lower census-based [socioeconomic status](#) compared to whites," said Silverberg. [Hispanics](#) had particularly low numbers of cardiovascular and cancer-related deaths. He explained that this phenomenon, also called the Hispanic Paradox, may occur because of differences in diet, genetics and extended family support.

This study is part of Kaiser Permanente's larger ongoing work to end health disparities by providing equitable access and care to its 8.6 million members, by targeting resources to areas in need in communities across the United States, by investing in disparities research, and by implementing strategies that support equity in health nationwide, including universal health coverage.

Source: Golin/Harris International

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