

Issues in HIV Policy: Poverty and HIV Factsheet

Center for Women & HIV Advocacy at HIV Law Project

The Role of Socioeconomic Status

HIV infection and poverty are inextricably linked.¹ Health outcomes and quality of life for people living with HIV are heavily influenced by socioeconomic status, particularly as low-income people are less likely to have health insurance and, consequently, fewer treatment options. Low-income people living with HIV have higher mortality rates than HIV-positive people who have higher incomes and more education.²

2.1 percent of heterosexuals, aged 18-50, living in high-poverty urban areas in the U.S. are infected with HIV.

www.cdc.gov/hiv/topics/surveillance/resources/other/poverty.htm

Poverty and Increased Risk Factors for HIV

“[T]he impacts of HIV/AIDS increase poverty and social deprivation, while poverty and social deprivation increase vulnerability to HIV infection.”³ Socioeconomic factors associated with poverty are, in many ways, driving the transmission of HIV. These include: limited access to quality health care; the exchange of sex for money, drugs, or to meet other needs; higher levels of substance use; and higher rates of incarceration, particularly of Black men.

1. *See generally*, Fact Sheet: HIV/AIDS & Socioeconomic Status, American Psychological Association, 2010, available at: <http://www.apa.org/pi/ses/resources/publications/factsheet-hiv-aids.pdf>.

2. The Effect of Socioeconomic Status on the Survival of People Receiving Care for HIV Infection in the United States. William Cunningham, et. al. *Journal of Health Care for the Poor and Underserved*, 16: 4, November 2005, pp. 655-676. Abstract available at: http://muse.jhu.edu/login?uri=/journals/journal_of_health_care_for_the_poor_and_underserved/v016/16.4cunningham.pdf and

see also: Socioeconomic Status and the Survival of Persons with AIDS before and After the introduction of Highly Active Antiretroviral Therapy, Elisabetta Rapiti, et al., 2000.

3. Squaring the Circle: AIDS, Poverty, and Human Development, Public Library of Science, Oct. 2007, available at: <http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.0040314>.

Poverty, Women & HIV

64% of HIV-positive women live on less than \$10,000 per year.

www.kff.org/hivaids/upload/6092-07.pdf

Women are uniquely affected by HIV because of their roles as mothers and caretakers, and because of their financial vulnerability. The majority of HIV-positive women are low-income.⁴ Poverty makes women more vulnerable to HIV, as they may experience financial or other pressures that keep them tied to an abusive partner, and unable to implement safe practices in their sexual relationships, or they may be forced to engage in high-risk survival sex.

Poverty, Race & HIV

As poverty disproportionately impacts people of color, and Blacks most severely, Black Americans are far more likely than whites to be exposed to HIV. As a result, Blacks experience significantly higher infection rates. The HIV prevalence rate for Blacks (1.7%) is more than 8 times the rate for whites (0.2%), and the rate for Hispanics (0.6%) is 3 times the rate for whites.⁵

Over 90% of Black individuals will live below the poverty line for a year by the time they are 75 years old. Blacks experience in nine years the same risk of poverty that whites experience in 56 years.

www.news.cornell.edu/chronicle/99/4.8.99/poverty_study.html

4. HIV/AIDS Among Women, Center For Disease Control, Aug. 2008, available at: <http://www.cdc.gov/hiv/topics/women/resources/factsheets/women.htm>.

5. Communities in Crisis: Is There a Generalized HIV Epidemic in Impoverished Urban Areas of the United States?, Paul Denning and Elizabeth DiNenno; Centers for Disease Control and Prevention, August 2010. Available at: <http://www.cdc.gov/hiv/topics/surveillance/resources/other/poverty.htm>

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The same social determinants of health that drive the epidemic in all poor communities are felt acutely among Blacks, where 9 out of 10 people will experience poverty in their lifetimes.⁶

Housing and Homelessness

Homelessness and unstable housing, elemental symptoms of poverty, contribute to the spread of HIV. Homeless or marginally housed individuals are significantly more likely than people with stable housing to be infected with HIV.⁷ These individuals are also more inclined to delay treatment, are less likely to have regular access to care, are less likely to receive optimal drug therapy, and less likely to adhere to their medication regimens -- all characteristics which increase an individual's viral load and decrease health outcomes.⁸

Without a safe home as haven and reprieve, the side effects of treatment become far more difficult to tolerate. HIV-positive individuals who lack a regular address at which to be contacted for treatment and other service needs may have their care unintentionally disrupted, or terminated, due to lapsed or failed communications with health service providers or caseworkers. Further, lacking access to a private place to store and take medications (some of which may need to be refrigerated), and to store and prepare food makes adherence to a medical regimen unlikely if not altogether impossible.

Employment

PLWHA may experience difficulties finding or maintaining work. Being positive may negatively impact an individual's earning capacity. Additionally, the physical and emotional toll of HIV can make maintaining employment difficult. Health care needs may conflict with work responsibilities,

resulting in absences from the workplace. HIV-positive individuals also routinely suffer discrimination at work and are terminated or forced to resign at higher rates than others.

Loss of employment can impact treatment and health outcomes for PLWHA. Unemployment may mean the loss of health care coverage, or a shift to different or inferior care. Unemployment also impacts the ability to purchase food, which in turn increases vulnerability to malnutrition and wasting. Loss of income may mean having to forego travel to medical and other appointments and impacts the ability to pay for childcare needed to attend appointments. Financial strain can force an HIV-positive person to forego her medications and treatment regimen in order to provide the basics for herself and her family.

Recommendations

- Invest broadly in economic empowerment as a prevention measure to fight HIV.
- Invest in direct legal and social services that improve the lives and health outcomes of low-income people at risk-for and living with HIV.
- Invest in increased access to affordable medical care for all people.
- Invest in supportive services related to childcare, domestic violence, and financial literacy training for women.
- Invest in training for medical personnel to improve awareness on the impact of HIV/AIDS on women.
- Invest in affordable housing options, especially in urban areas and for people living with HIV.
- Invest in syringe exchange programs that help stop the spread of HIV among poor intravenous drug users.
- Invest in legal and advocacy training programs that empower low-income people to protect their rights and interests.
- Invest in gender equity and anti-violence programming, especially as it relates to young women and girls.
- Invest in school and youth programs so that students stay in school longer.
- Invest in job training, vocational programs, and jobs programs.

6. Race Still Matters: Race, Poverty and AIDS in Black America, Phill Wilson, Black AIDS Institute, July 2010. Available at: <http://www.thebody.com/content/art57497.html>

7. National Coalition for the Homeless. "HIV/AIDS and Homelessness." June 2008. Available at: <http://www.nationalhomeless.org/publications/facts/hiv.html>

8. HIV, Homelessness, and Public Health: Critical Issues and a Call for Increased Action, Wolitski, Richard J et al, AIDS and Behavior 11: Supplement 2 (2007): S167-171.