ACCESS TO HIV SERVICES BY THE URBAN POOR

Isaac D. Montoya, PhD, CMS, CLS; Roberto A. Trevino, PhD; Deana L. Kreitz

ABSTRACT: This paper examines the effect of HIV-health status and HIV-transmission mode on access to HIV-related services among African Americans, Hispanics and White HIV+ individuals. Data were collected from 169 African Americans, 72 Hispanics and 253 White HIV+ individuals seeking 8 social and 6 medical HIV services at 29 public and community-based organizations in Houston, Texas. A total of 42 separate logistic regressions were estimated for each HIV service and for each race/ethnic group. The results showed significant differences in access to HIV social services based on HIV-transmission mode among the three race/ethnic groups, but no significant differences were found in access to medical services based on either HIV status or HIV-transmission mode among the three race/ethnic groups.

INTRODUCTION

The Human Immunodeficiency Virus (HIV) continues to represent an important public health concern for the United States although the incidence of individuals infected with HIV and suffering from Acquired Immunodeficiency Syndrome (AIDS) has declined in recent years. At the end of 1997, the Centers for Disease Control and Prevention (CDC) reported 58,443 new AIDS cases (the CDC does not report HIV cases because states are not required to report HIV cases). Since the early 1990s, most of the newly reported HIV/AIDS cases have occurred among minorities, women and urban poor individuals. In addition, the availability of new and promising HIV therapies, such as protease inhibitors, has led to a greater number of HIV+ urban poor individuals to seek HIV services from those public and community-based organizations that offer these and other HIV services. Thus, resulting in an increase in the demand for HIV services from these agencies.
Experts have shown that adequate and timely access to health services as well as social services are an important element in improving the quality of life of people living with HIV/AIDS. Research also suggests that adequate and timely access to HIV services may result in cost savings to society by lowering the number of visits for expensive emergency room treatments. Hence, the issue of appropriate access to HIV services is of paramount importance in formulating an informative AIDS public health policy.

One of the central issues framing the debate about HIV services is the role that race and ethnicity play in determining access to these services. Previous studies have shown that minorities are at a disadvantage in obtaining access to general health services. Other studies have examined access to and utilization of HIV services in particular. They have found that African Americans, Hispanics, intravenous drug users (IDUs), the poor, women and the uninsured have more problems in gaining access to HIV services.

These studies, however, have concentrated only on access to HIV health services and have ignored, for the most part, social services. Also, the literature has aggregated all types of HIV services into a single category. Because of the diversity of services and needs among the HIV+ population, this approach may have masked (either overestimating or underestimating) the access problems for particular services. Finally, these studies have utilized a dummy variable for race to detect differences in access. This approach, however, does not lend itself to analyzing differences in access within a particular race/ethnic group. In other words, the literature mentioned above have found that African Americans have more difficulties accessing services, but the literature does not specify which segment within the African American community for example, gay African Americans versus IDU African Americans, experiences greater access problems. A more informative approach would be to identify how different factors within a given race/ethnicity affect access to services.

This study addresses the aforementioned shortcomings in the literature in three important ways. First, the paper analyzes both medical and social HIV services. Second, it examines access to each individual type of HIV service. And third, it studies whether two specific factors affect access to HIV services differently for African American, Hispanic and White HIV+ individuals. In particular, the paper examines whether HIV health status and HIV transmission-mode affect access to HIV services differently for African American, Hispanic and White HIV+ individuals. By studying access using this method, this paper hopes to contribute to an informed public health policy; hence, the limited resources can be targeted to the