

ASSOCIATION OF NURSES IN AIDS CARE

POSITION STATEMENT

Health Disparities

Adopted by the ANAC Board of Directors January 30, 2009

Position:

It is the position of the Association of Nurses in AIDS Care that:

- There should be access to equitable HIV specialty care and general health care for all people.
- Culturally and linguistically appropriate services should be integrated throughout an organization and in collaboration with the communities served.
- Cultural differences will exist but providers and patients should create an environment based on trust and honesty to dialogue about differences and share similarities.

Statement of Concern:

Health disparities are defined as differences in the quality of health care that are not due to access-related factors or clinical needs, preferences and appropriateness of intervention (Institute of Medicine, 2002). These disparities are evidenced by the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates. Many different populations today are affected by disparities, including racial and ethnic minorities, residents of rural areas, women, children, the elderly, GLT (Gay/Lesbian/Transgender), the elderly and persons with disabilities.

Compelling evidence indicates that race and ethnicity correlate with persistent, and often increasing, health disparities in the U.S. and this demands national attention. ANAC is concerned about the gap created by health disparities.

Background:

The current demographic makeup of the United States and the demographic changes anticipated over the next several decades magnifies the importance of addressing disparities in health. If current population trends continue, by the mid-point of this century, racial/ethnic minorities are expected to comprise more than 51% of the U.S. population. In no area is this projection more troubling than in the area of HIV/AIDS.

Persons of minority races and ethnicities continue to be disproportionately affected and infected by HIV/AIDS. In 2006, the highest rate for HIV/AIDS was for African Americans (67.7 per 100,000 people) followed by the rates for Hispanics (26.0/ 100,000), American Indians/Alaskan Natives (17.7/100,000), and Asian Pacific Islanders (4.9/100,000). By comparison, the rate for whites in 2006 was 8.2 per 100,000 population.

HIV/AIDS also continues to disproportionately affect African American children in the U.S. While only 16% of children in the U.S. are African American, 55% of children ages 13 – 24 reported with HIV in 2006 were African American. Further, the rate of AIDS among African American children in 2006 was 1.1 per 100,000, a rate that is 11 times higher than the rate among White children (0.1/100,000). While slightly more than 20% of U.S. children are Hispanic, the proportion of children reported with AIDS who are Hispanic was 22%. Ultimately, these rates reflect the disproportionate distribution of HIV/AIDS among minority women in the U.S. since the major mode of transmission for children is from mother to child.

According to the Office of Minority Health, eliminating racial and ethnic disparities in health will require enhanced efforts at preventing disease, promoting health and delivering appropriate care. In addition, improved collection of health care data and implementing standardized data collection methods are also needed to identify high risk populations and to monitor the effectiveness of health care interventions targeting these groups.

ANAC recognizes that nurses can play a pivotal role in eliminating disparities, thus ANAC encourages nurses to:

1. Acknowledge the relationship between culture and health.
2. Identify system barriers to eliminate health disparities and recognize that a one-size fits all approach may not be adequate. Care must be individualized in order to be effective.
3. Assist in the mobilization of community resources, including promotion of local leaders to advisory committees and boards where they can act as cultural brokers.
4. Facilitate the design of programs that emphasize risk-reduction strategies that are culturally sensitive and appropriate.
5. Design and participate in comprehensive health screening for racial/ethnic minorities.
6. Act as patient navigators, by assisting patients, families, and communities to access appropriate services.

ANAC has a commitment to promote and foster cultural and linguistic competence in basic preparation and advanced practice levels of nursing. Further, ANAC has a commitment to provide opportunities to share information about health disparities, gaps in HIV/AIDS services, and to promote cultural competency that will drive changes in HIV/AIDS clinical practice.

References:

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