RACE, CLASS, HEALTH & PRIVILEGE

We ALL Belong Here
We WILL DEFEND EACH OTHER

POSITIVE WOMEN’S NETWORK USA
Presenters:

Manige Blackburn-Giles, Community Advocate

Dalia Rubiano Yedidia, Movement Building Manager, Forward Together
PRESENTERS:

Kari Hartel, PWN-USA Colorado Co-Chair

Kathleen Griffith, PWN-USA Board Member
OVERVIEW:

I. Intro
II. Health Disparities (Manige Blackburn-Giles & Kari Hartel)
III. Who Pays? (Dalia Rubiano Yedidia)
IV. Q&A and Discussion
What are health disparities?

The Department of Health and Human Services defines “health disparities” as “differences that occur by gender, race or ethnicity, education or income, disability, living in rural localities, or sexual orientation.”

The Health Resources and Services Administration states that the disparities are “population-specific differences in the presence of disease, health outcomes, or access to care.”
AFRICAN AMERICAN HEALTH DISPARITIES: ADULTS

- **Depression**: 20% less likely to receive treatment for depression
- **Stoke**: 40% more likely to die from stroke
- **Breast cancer**: 40% more likely to die from breast cancer
- **Cervical cancer**: 2x as likely to die from cervical cancer
- **Prostate cancer**: 2x as likely to die from prostate cancer
- **HIV**: 9x more likely to be diagnosed with HIV
- **Obesity**: 40% more likely to be obese
- **Maternal mortality**: 2.5x as likely to die during pregnancy
- **Diabetes**: 60% more likely to be diabetic

AFRICAN AMERICAN HEALTH DISPARITIES: CHILDREN

Compared to non-Hispanic white children, African American children are more likely to suffer from the following:

- **Infant mortality**: 2x as likely to die as an infant
- **SIDS**: 2x as likely to die of SIDS
- **Asthma**: 2x as likely to have asthma
- **Obesity**: 73% more likely to be obese
- **Depression**: 30% more likely to attempt suicide as a high-schooler

Source: FamiliesUSA with data from CDC
A CLOSER LOOK AT HEALTH DISPARITIES IN HIV

In 2014, the estimated diagnosis rate for HIV cases in the United States was **13.8 per 100,000 population** and **49.4 among blacks/African Americans**. Of 222,185 estimated diagnoses of HIV infection in the United States and six dependent areas from 2010 to 2014, **African Americans accounted for the following:**

- 45% of the total
- 62% of women
- 64% of infections attributed to heterosexual contact
- 64% of children, ages < 13

Source: CDC
A CLOSER LOOK AT HEALTH DISPARITIES IN HIV

• African Americans are the racial/ethnic group most affected by HIV in the United States.

• Gay and bisexual men account for a majority of new HIV diagnoses among African Americans.

• African Americans account for a higher proportion of new HIV diagnoses, those living with HIV, and those ever diagnosed with AIDS, compared to other races/ethnicities. In 2015, African Americans accounted for 45% of HIV diagnoses, though they comprise 12% of the US population.

Source: CDC
A CLOSER LOOK AT HEALTH DISPARITIES IN HIV

In 2015:

• **17,670 African Americans were diagnosed with HIV in** the United States (13,070 men and 4,524 women).

• More than half (58%, 10,315) of African Americans diagnosed with HIV were gay or bisexual men.

• Among African American gay and bisexual men diagnosed with HIV, 38% (3,888) were young men aged 13 to 24.

• **48% (8,702) of those diagnosed with AIDS in the United States were African Americans.**

Source: CDC
HEALTH DISPARITIES IN HIV

From 2005 to 2014:

• The number of HIV diagnoses among African American women fell 42%, though it is still high compared to women of other races/ethnicities. **In 2015, 4,524 African American women were diagnosed with HIV, compared with 1,131 Hispanic/Latino women and 1,431 white women.**

• **HIV diagnoses among African American gay and bisexual men increased 22%.** But diagnoses stabilized in recent years, increasing less than 1% since 2010.

• **HIV diagnoses among young African American gay and bisexual men (aged 13 to 24) increased 87%.** But that trend has leveled off recently, with diagnoses declining 2% since 2010.

Source: CDC
HEALTH DISPARITIES IN HIV

• At the end of 2013, **498,400 African Americans were living with HIV (40% of everyone living with HIV in the US)**, and 1 in 8 did not know their diagnosis.

• Of African Americans diagnosed with HIV in 2014, 72% were linked to HIV medical care within 1 month.

• Of African Americans diagnosed with HIV in 2012 or earlier, 54% were retained in continuous HIV care and 49% had a suppressed viral load (virus at low enough levels to stay healthy and reduce transmission risk).

• In 2014, **3,591 African Americans died of HIV or AIDS, accounting for 53% of total deaths** attributed to the disease that year.

Source: CDC
HIV DIAGNOSES IN THE UNITED STATES FOR THE MOST-AFFECTED SUBPOPULATIONS, 2015

Source: CDC
PREVENTION CHALLENGES

• In all communities, lack of awareness of HIV status contributes to HIV risk.
• The greater number of people living with HIV (prevalence) in African American communities and the fact that African Americans tend to have sex with partners of the same race/ethnicity mean that African Americans face a greater risk of HIV infection with each new sexual encounter.
• Some African American communities continue to experience higher rates of other sexually transmitted diseases (STDs) than other racial/ethnic communities in the United States, which can increase risk of transmission.

Source: CDC
PREVENTION CHALLENGES

- The poverty rate is higher among African Americans than other racial/ethnic groups.
- The **socioeconomic issues** associated with poverty—including limited access to high-quality health care, housing, and HIV prevention education—directly and indirectly increase the risk for HIV and affect the health of people living with and at risk for HIV.
- These factors may explain why African Americans have worse outcomes on the **HIV continuum of care**, including lower rates of linkage to care and viral suppression.
- **Stigma, fear, discrimination, and homophobia** may also place many African Americans at higher risk for HIV.

Source: CDC
LATINOS & HIV

• Hispanics/Latinos are disproportionately affected by HIV.

• About 7 in 10 new HIV diagnoses among Hispanics/Latinos occur in gay and bisexual men.

• About half of Hispanics/Latinos diagnosed with HIV are retained in HIV care.

• In 2014, Hispanics/Latinos accounted for almost one quarter of all estimated new diagnoses of HIV in the United States and 6 dependent areas, despite representing about 17% of the total US population.
Racial Bias in Health Care Settings

Intersectional considerations and the invisibility of women in Health Care Systems
Early Public Health

BE A RUBBERMAN – USE A CONDOM EVERY TIME.

Produced by the San Francisco AIDS Foundation (415) 865-AIDS / Funded by the San Francisco Department of Public Health and by private and corporate donations.
Services for WLHIV in the Ryan White System

Much like accessing health care in all other systems, women only receive responsive care and services tailored to their needs in “specialized” locations. Unless an agency specifically advertises that services for women are offered, you are unlikely see:

★ Childcare
★ Child responsive spaces
★ Well woman care
★ Trans* Services
★ Female providers
★ Ability to engage with people of color as providers
Services for WLHIV in the Ryan White System cont.

- Women in positions of leadership
- Resources for hygiene supplies
- Homeless resources for women (clothing, coats, etc.)
- Safe Space
- Staff knowledge about DV and SA issues
- Cultural considerations for care
How does structural racism affect your care?

Once systems are set up to serve a homogenous group of men first, the funding is attached to those ideologies. This makes it a structural battle to gain equal services which takes ★ Money ★ Time ★ Political savvy ★ Knowledge of internal systems
What to do?

★ Speak up
★ Form coalitions (sisterhood)
★ Be inclusive
★ Challenge the systems
★ ABOVE ALL- Ask for what you need until you get it!
WHO PAYS?

The True Cost of Incarceration on Families

A national community-driven report led by the Ella Baker Center for Human Rights, Forward Together, and Research Action Design

September 2015
Dalia Rubiano Yedidia
Movement Building Manager
23 partnering organizations in 14 states
Who Participated
Demographics
#WhoPays
Who Pays? Research Participation

- 1,080 Surveys
- 34 focus groups
- 27 employer interviews

Pie chart showing distribution:

- 66% Formerly Incarcerated Individuals
- 34% Family Members

Bar chart showing states and their contribution:

- California: 35%
- Louisiana: 14%
- Washington: 10%
- Virginia: 9%
- Ohio: 8%
- Florida: 6%
- Illinois: 3%
- Michigan: 5%
- Rhode Island: 5%
- DC: 3%
- New Jersey: 1%
- Kansas: 2%
- Texas: <1%
- New York: <1%

14 States
Gender of Survey Participants

FAMILY MEMBERS

- **WOMEN**: 76%
- **MEN**: 23%
- Trans*, Two-Spirit, GNC: 1%

FORMERLY INCARCERATED PEOPLE

- **WOMEN**: 20%
- **MEN**: 79%
- Trans*, Two-Spirit, GNC: 1%
Challenges to Meeting Basic Needs
MEETING BASIC NEEDS

2 in 3 families had difficulty meeting basic needs as a result of their loved one's conviction and incarceration.

70% of these families were caring for children under 18.

Nearly 1 in 5 survey participants' families were unable to afford housing due to the loss of income resulting from their loved one's incarceration.
Court Fees & Fines #WhoPays
Who was primarily responsible for court & conviction-related costs?
Loss of Family Income

#WhoPays
Basic Needs Families had Difficulty Meeting as a Result of Conviction Costs & Lost Income

- Food: 49%
- Housing: 48%
- Utilities: 45%
- Transportation: 40%
- Clothing: 37%
- Education: 21%
- Child care: 21%
- Health care: 19%
### Employment

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>Have you ever worked here in the past?</td>
<td></td>
<td>X</td>
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<tr>
<td>Have you ever been arrested for a crime?</td>
<td>X</td>
<td></td>
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<tr>
<td>Have you been convicted of a Gross Misdemeanor or Felony?</td>
<td>X</td>
<td></td>
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</tbody>
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**Add on Additional Information:**

**Are you a U.S. citizen?**

Yes | No  |
60% of formerly incarcerated people are still unemployed a year after release.

67% of formerly incarcerated individuals associated with our survey were still unemployed or underemployed five years after their release.

Housing
Who helped you with housing?

Family, 67%

No one, 21%

Re-entry social services, 11%

CBO or nonprofit, 11%

Faith-based org, 6%

Other, 1%

#WhoPays
Challenges to Maintaining Relationships & Family Stability

#WhoPays
How much does **each visit** cost families to see loved ones inside?
Challenges to Health

#WhoPays
“Using the top bunk for 20 years or more affected my neck, induced frequent migraines. Poor dental care resulted in extraction, and I'm waiting on a deep clean. The high level of violence curtailed my ability to exercise regularly, & this narrowed my blood vessels. Peripheral Artery Disease (PAD) has been diagnosed. The diet of bread and potatoes two times a day made it hard to maintain my health.”

--Formerly incarcerated person, Michigan
Individuals reporting regular contact with family were less likely to report negative health outcomes associated with incarceration.
“I have severe PTSD. To this day, I cannot sleep more than six hours, I was up in a panic six days out of the week if not every night. Every facet of my life has a doomsday component. If I don’t do everything according to how it is in my head then it’ll result in death, prison, or being penniless and my family will be out on the street with nothing. And I believe that it’s connected to my incarceration and experiencing a decade of physical attack.”

-- Formerly incarcerated person, Wichita, Kansas
Recommendations

#WhoPays
Restructure policies to reduce the number of people in jails and prisons and the sentences they serve.

2. Reinvest money saved from reducing incarceration rates in services that work, such as substance abuse programs and stable housing.

3. Refocus on accountability, safety, and healing the people involved rather than lifelong punishment.
What do you think we should (re)invest in?

86% - Education
72% - Jobs & job training
69% - Affordable housing
64% - Alternatives to incarceration
60% - Drug & alcohol programs
54% - Social services for families
52% - After school programs
51% - Mental health programs
48% - Health care

95% said YES, we need alternatives to incarceration or probation
Remove Barriers

- Remove barriers to stable housing, employment, public benefits, & education.
- Remove devastating financial obligations from individuals and families.
- Remove barriers to family contact and make family visiting accessible, affordable and frequent.

“Transfiguration,” by the Brazilian artist Sócrates Magno Torres
Restore Opportunities

- Restore opportunities for training and employment.
- Restore benefits: reentry preparation.
- Restore voting rights.
Night Out for Safety and Liberation
August 1, 2017

#SafetyIs

www.nightoutforsafetyandliberation.com

Art by Micah Bazant
forwardtogether.org
strongfamiliesmovement.org
whopaysreport.org
QUESTIONS?
DISCUSSION...
THANK YOU!!

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