Acknowledging Systemic Racism Aids HIV Prevention for Black Women

While systemic racism isn't new, a new way of addressing it could help women protect themselves from HIV.

May 28, 2021 By Heather Boerner

Black women empowering Black women—that's the theory behind the Empowering African-American Women on the Road to Health (E-WORTH) study. And after a year of work, the clinical trial appears to show that grounding prevention work in an understanding of structural racism may be key to giving women the power to protect themselves from HIV and sexually transmitted infections (STIs), according to a study published in JAMA Network Open.

Addressing structural racism and its impacts to end the HIV epidemic isn't a new idea. But few evidence-based approaches take the idea and bring it to individual women in specific situations.

So in 2015, Louisa Gilbert, PhD, of Columbia University School of Social Work, and colleagues recruited 352 women who identify as Black or African American from New York City community supervision programs, which include probation, parole and alternatives to incarceration. The idea was that because racialized drug laws, racialized policing, mass incarceration and experiencing racism at the hands of social service workers create structural barriers to HIV care for Black people, this would be a good way to find the women who could benefit from a support and empowerment program for HIV prevention.

The women in the trial were a median of 32 years old; all participants identified as Black and 23% also identified as Latina. More than half (56%) had a high school diploma or a GED, 17% were married and more than one in three participants identified as bisexual or some sexual orientation other than straight. Nearly two thirds (63%) reported going hungry (food insecurity), 20% were homeless, 23% were formerly incarcerated or jailed and 23% had received alcohol or drug treatment.

One of the criteria of the study was that the women had to have a history of heavy drinking, so it's not surprising that 70% reported a history of binge drinking, with 43% of those women saying they'd been drinking heavily in the last 30 days. But only 1 in 10 reported ever using heroin, and 5% had ever injected drugs. More than one in three (37%) had ever used crack or cocaine, but just 1 in 10 women said they were using it currently.

The women were randomized to either receive traditional HIV testing or to participate in four weeks of group meetings meant to help foster a sense of control over their risk for HIV and other STIs and show them ways they could choose to lower their risks. All sessions were run by Black women staff.

The women were followed for 12 months after that. All the participants took HIV and STI tests at enrollment and at the 12-month follow-up visit and completed behavioral surveys at 3, 6 and 12 months. The study covered transportation costs, and the women received up to $240 each for their participation in the yearlong trial.

When it came to HIV and STIs, 15 participants were living with HIV at baseline, and one new case was detected at the one-year mark. More women in the E-WORTH arm had any STI compared with the women in the control group at baseline (37% versus 26%).

But when the researchers followed up with the women in a year, that proportion switched. Women in the E-WORTH arm reported greater use of condoms and other protection during sex at 12 months, translating to a 54% drop in STIs.

“E-WORTH’s explicit focus on structural racism along with its novel hybrid group format led by Black female [community supervision program] staff and a computerized individualized tool with Black women characters promoted effective cultural tailoring of content,” wrote Gilbert and colleagues.

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