

# ***Women and HIV/AIDS in the U.S.: Update on Epidemiology and Key Trends***

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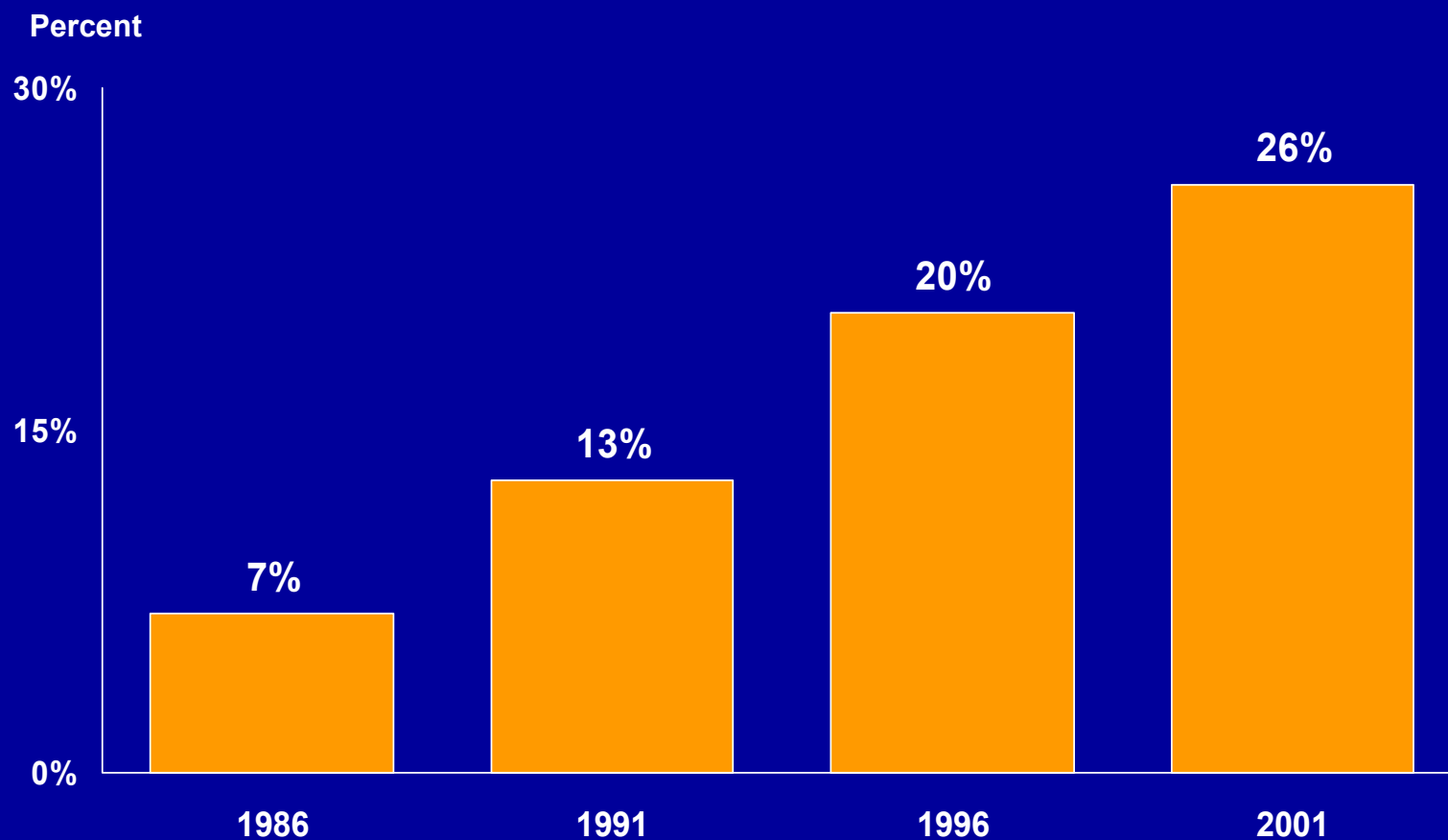
for  
Women and HIV/AIDS in the United States:  
Setting an Agenda for the Future

October 23, 2003

Barbara Jordan Conference Center  
Washington, DC

Figure 1

## Women as a Proportion of Newly Reported AIDS Cases, 1986-2001

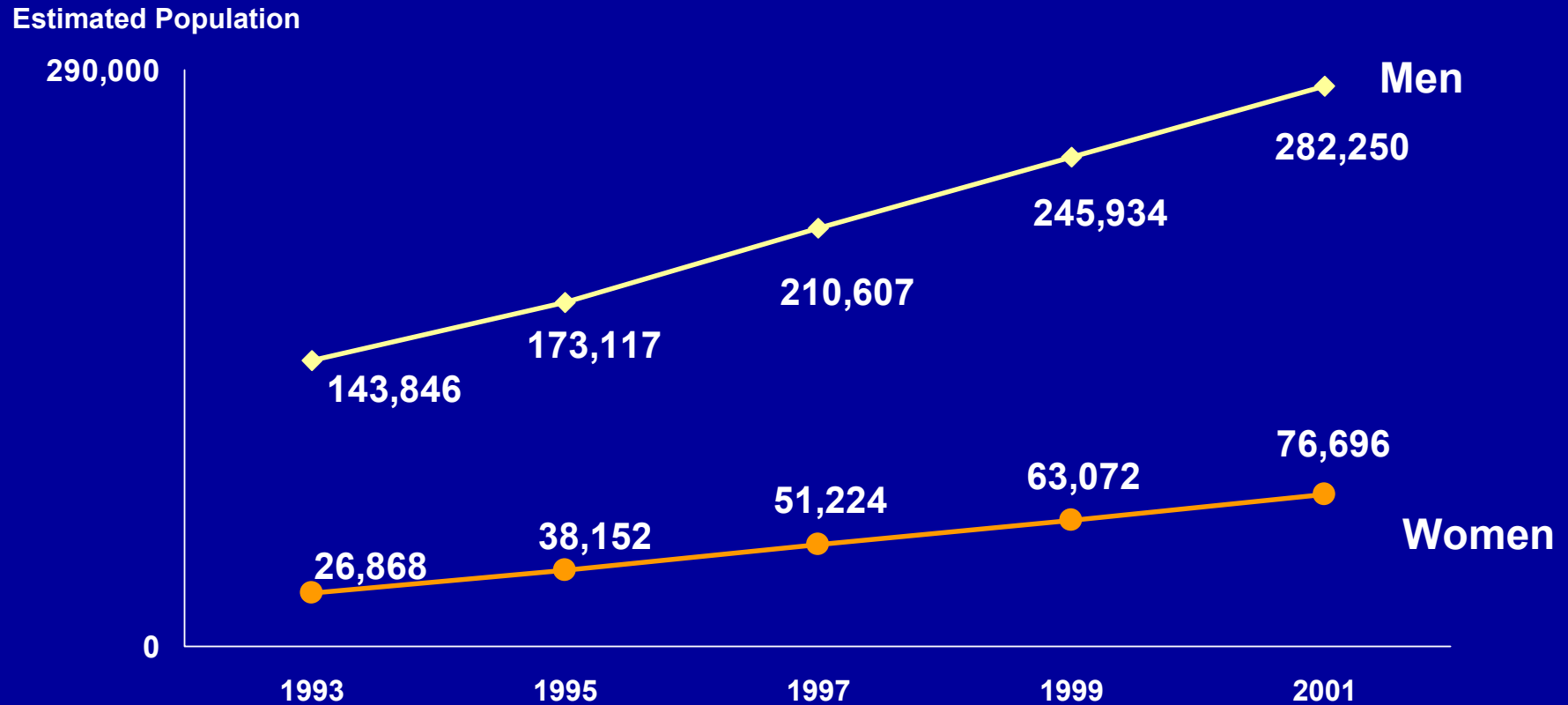


Note: Includes reported cases among women 13 years of age and older.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Reports, 1986-2001*.

Figure 2

# Trends in Number of People Estimated to be Living with AIDS, by Sex, 1993-2001



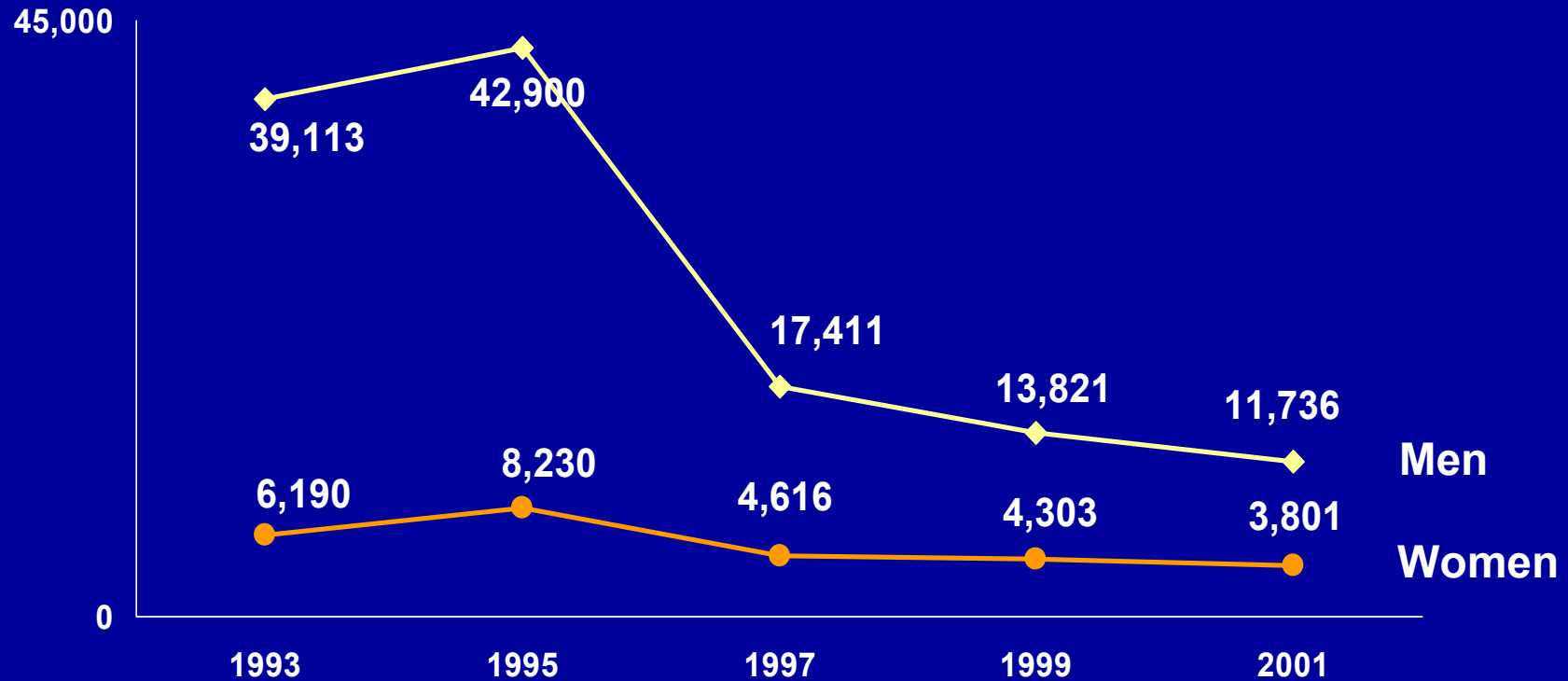
Note: Includes estimated prevalence among those 13 years of age and older.

Sources: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year End Edition 2001*, Vol. 13, No. 2.  
CDC, *HIV/AIDS Surveillance Supplemental Report*, Vol. 9, No. 1, 2001.

Figure 3

# Trends in Estimated Deaths Among People with HIV/AIDS, by Sex, 1993-2001

Estimated Number of Deaths

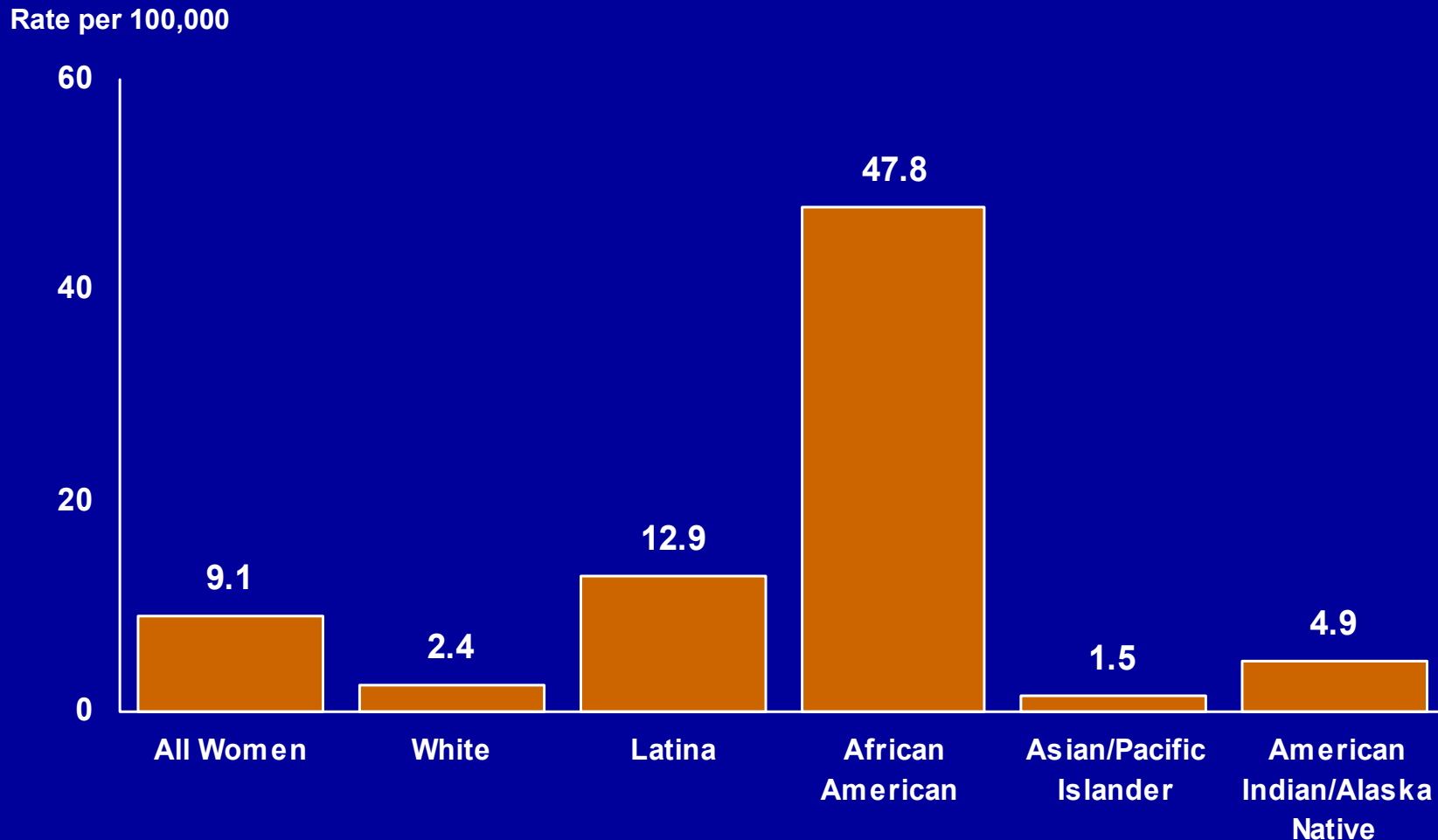


Note: Includes estimated deaths among those 13 years of age and older.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year End Edition 2001*, Vol. 13, No.2.

Figure 4

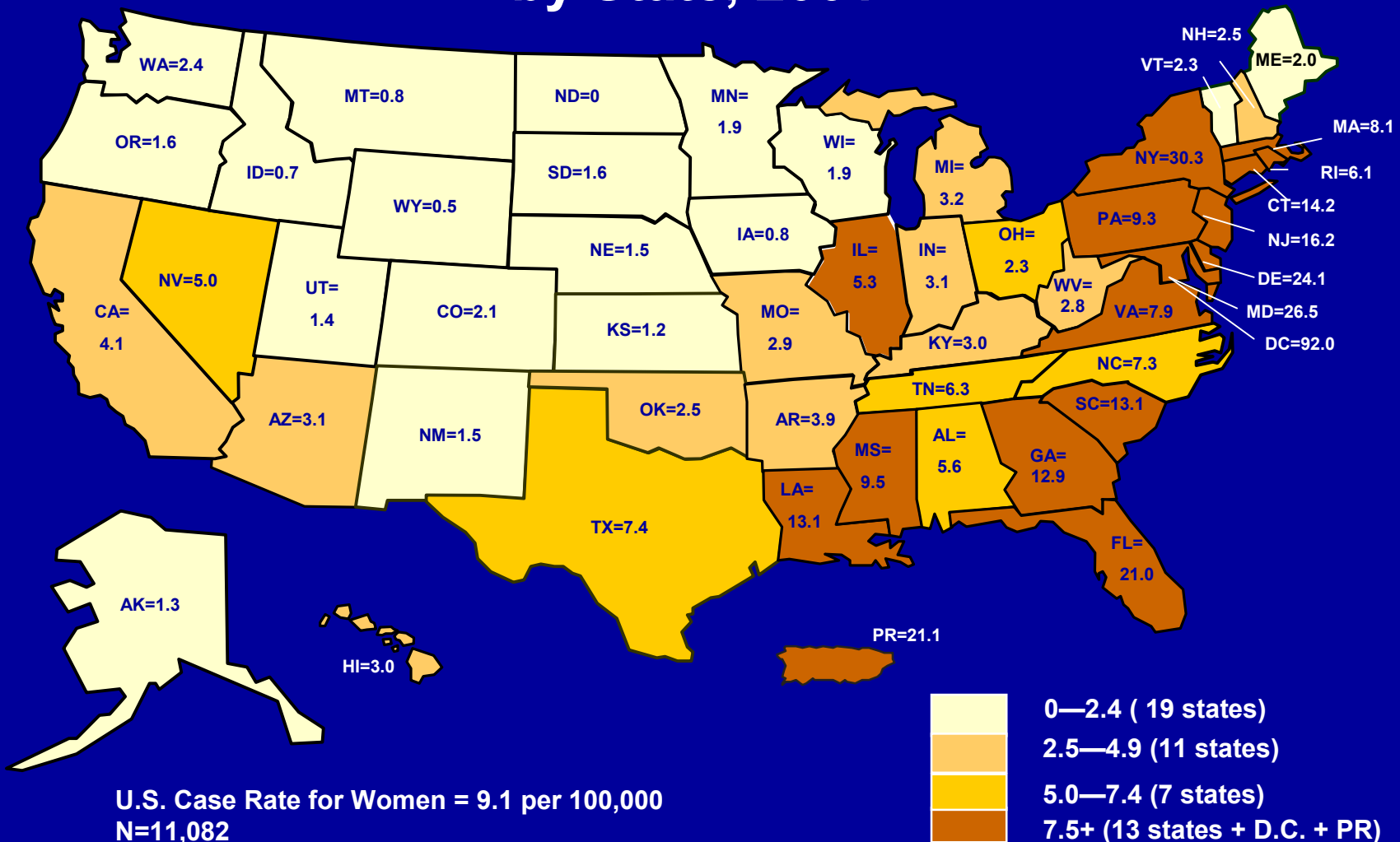
## AIDS Case Rates per 100,000 Women, by Race/Ethnicity, 2001



Note: Includes reported cases among women 13 years of age and older. White, African American, Asian/Pacific Islander, and American Indian/Alaska Native women do not include those of Latino origin.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year End Edition 2001*, Vol. 13, No.2.

Figure 5  
**AIDS Case Rates Among Women,  
 by State, 2001**



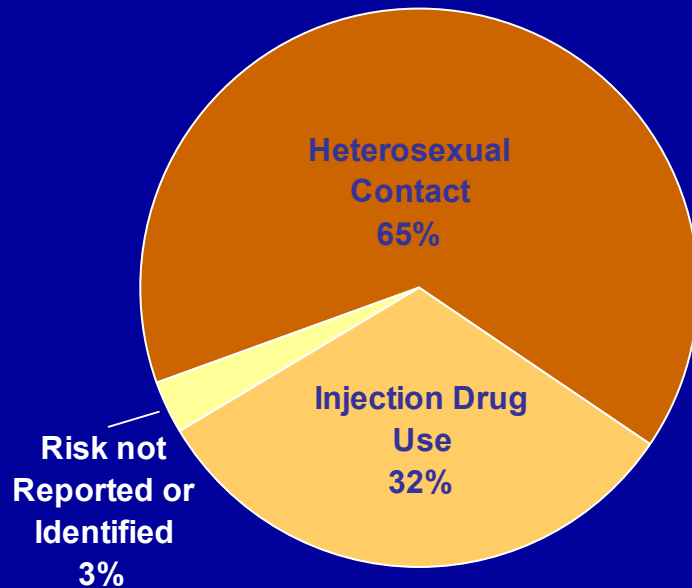
Note: Rates per 100,000 women. Includes reported cases among women 13 years of age and older. These rates should be interpreted with caution—high rates in some states may be more indicative of a small population of women rather than a large number of AIDS cases.

Sources: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance in Women, L264 Slide Series, Through 2001*. Kaiser Family Foundation, *State Health Facts Online, 2003*.

Figure 6

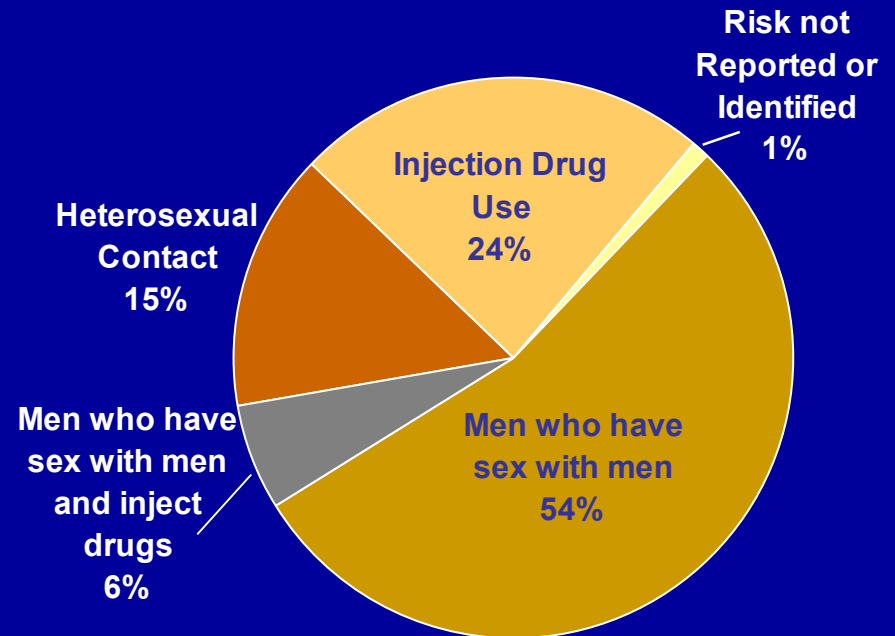
# Estimated AIDS Cases, by Sex and Exposure Category, 2001

## Women



N= 10,808

## Men



N=30,500

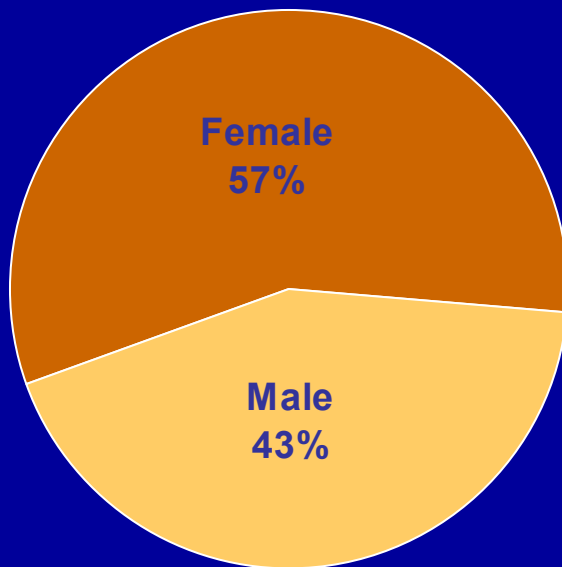
Note: Includes estimated cases diagnosed among those 13 years of age and older, after the reclassification of cases where cause of exposure was not reported or identified. May not total 100% due to rounding.

Source: Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, Year End Edition 2001, Vol. 13, No.2.*

Figure 7

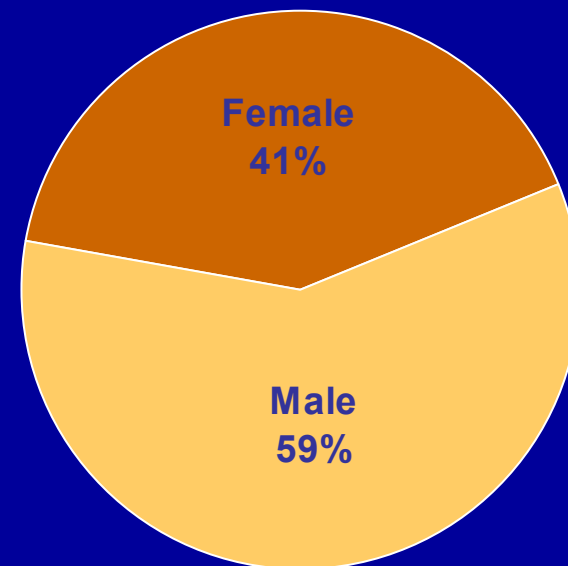
## Reported HIV\* Cases Among Adolescents And Young Adults, by Sex, 2001

Reported HIV Cases  
Among 13-19 year olds



**N = 1,155**

Reported HIV Cases  
Among 20-24 year olds



**N = 3,402**

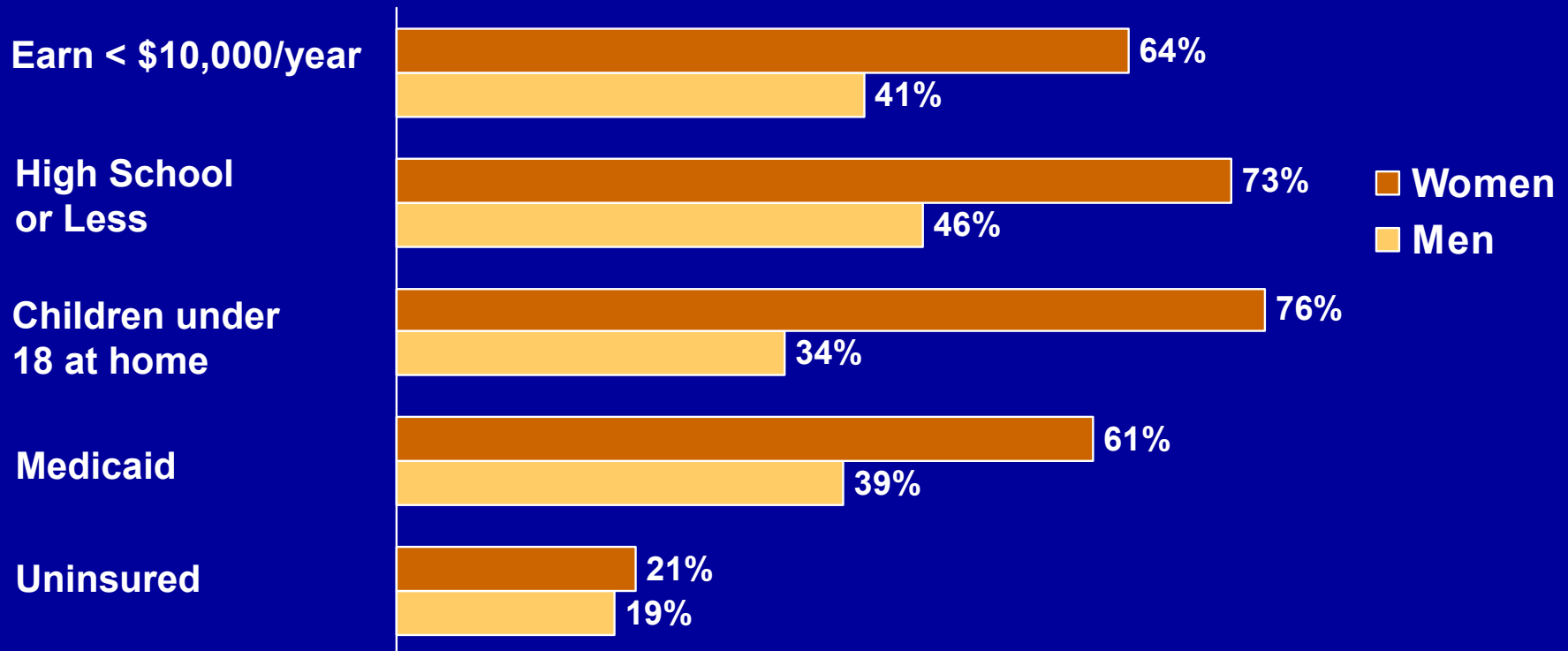
\*From the areas with confidential HIV case surveillance for adults and adolescents in 2001.

Source: Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Year End Edition 2001, Vol. 13, No. 2



Figure 8

## Selected Characteristics of People with HIV/AIDS in Care, 1996

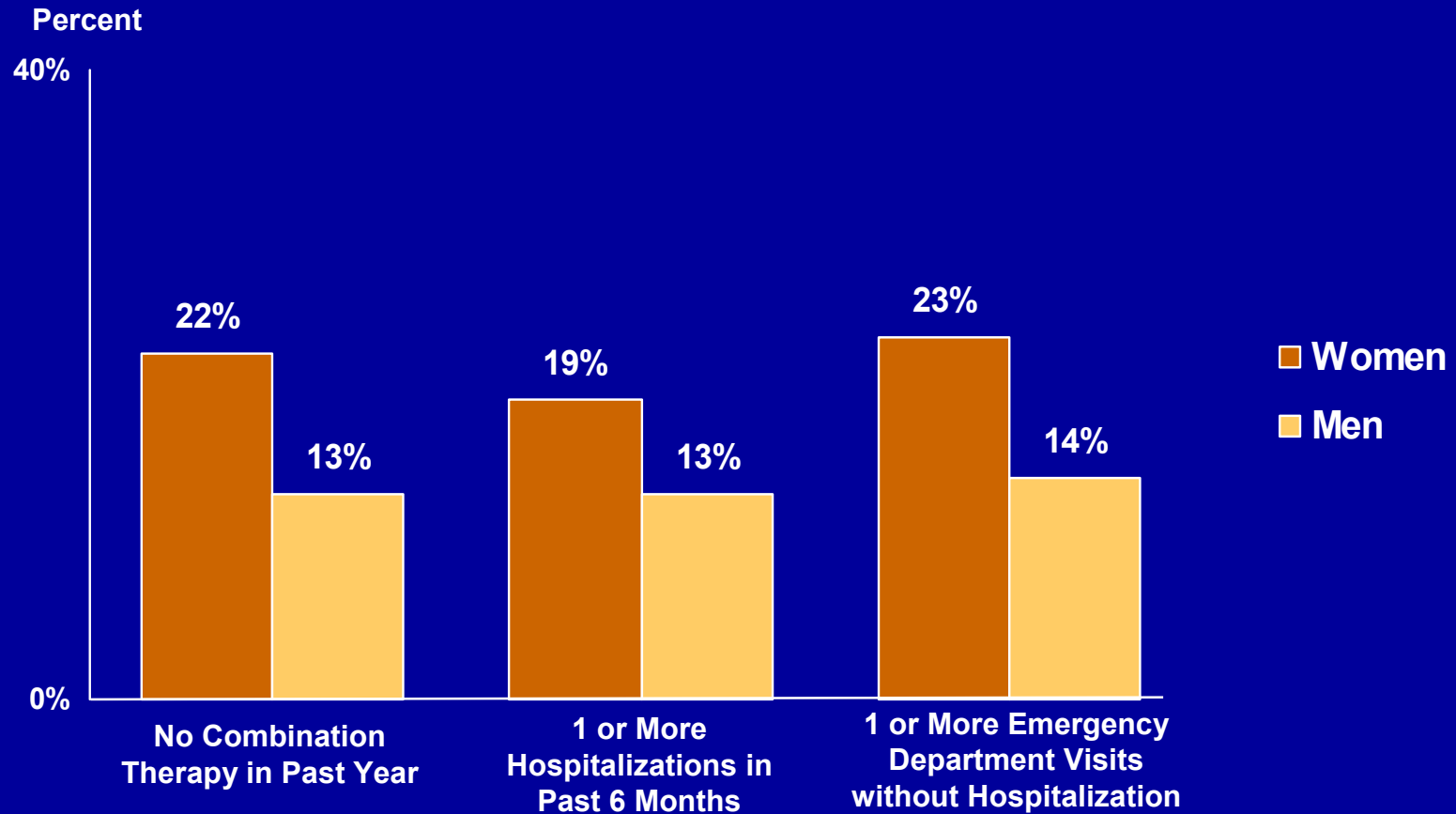


Note: Includes persons 18 years and older.

Source: Bozzette, et al. (1998). The Care of HIV-Infected Adults in the United States. *New England Journal of Medicine*, Vol. 339, No. 26; Schuster, et al (2000). HIV-Infected Parents and Their Children in the United States. *American Journal of Public Health*, Vol. 90, No. 7; Fleishman, J. Personal communication, Analysis of data from the HIV Cost & Services Utilization Study (HCSUS), January 2002.

Figure 9

## Differential Access to Care Among People with HIV/AIDS in Care, by Sex, 1998



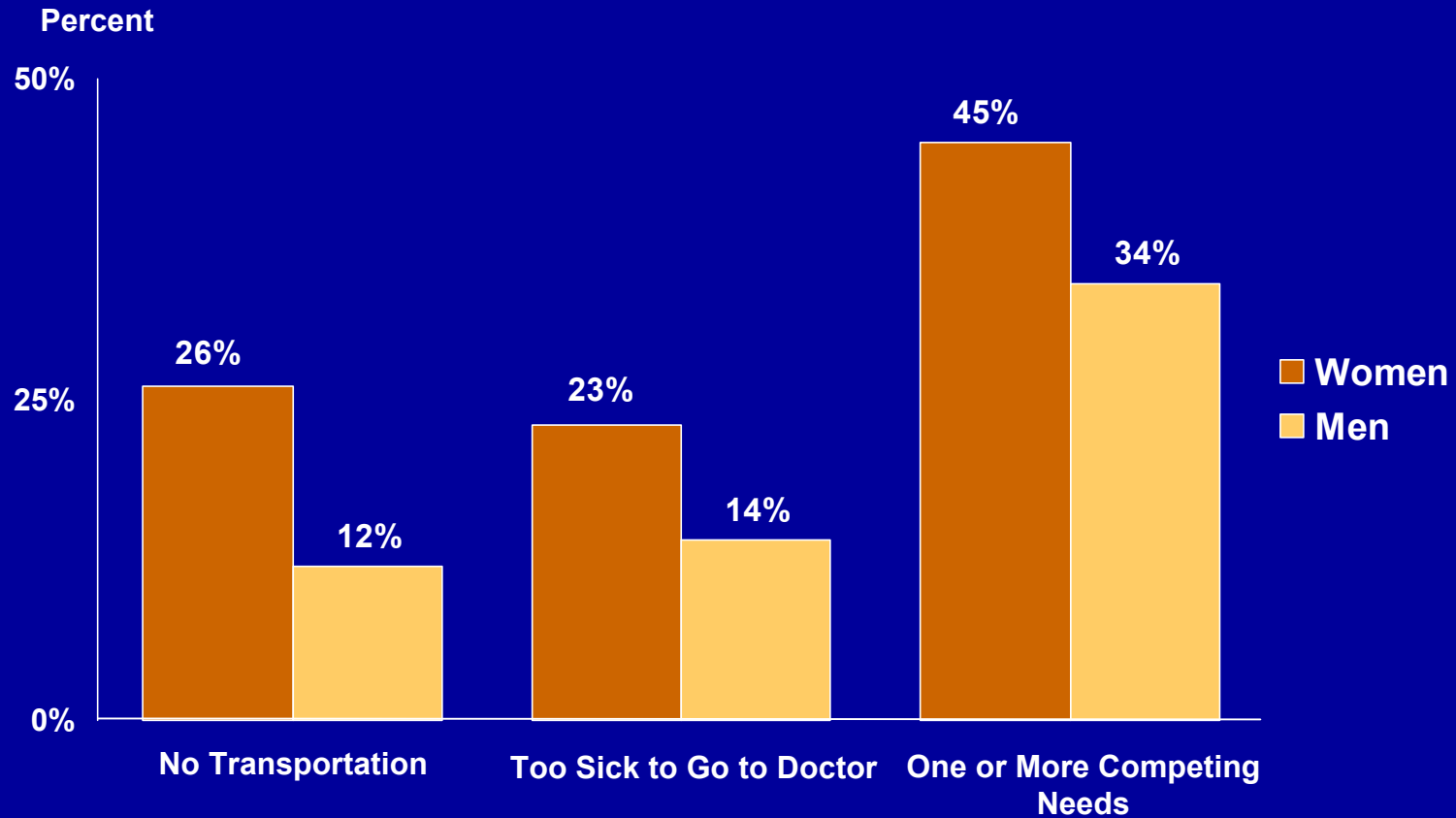
Note: All results shown are significantly different from men ( $p < .05$ ) after adjustment for CD4 count.

Includes persons 18 years and older. Higher hospitalization rates result from failure to receive indicated outpatient therapy.

Source: Shapiro, et al., "Variations in the Care of HIV-Infected Adults in the United States." *Journal of the American Medical Association*, Vol. 281, No. 24, 1999.

Figure 10

## Reasons for Postponing Care Among People with HIV/AIDS in Care, by Sex, 1996



Note: All results shown are significant at  $p < 0.01$ . Includes persons 18 years and older.

Source: Cunningham, et al., "The Impact of Competing Subsistence Needs and Barriers on Access to Medical Care for Persons with Human Immunodeficiency Virus Receiving Care in the United States." *Medical Care*, Vol. 37, No. 12. 1999.

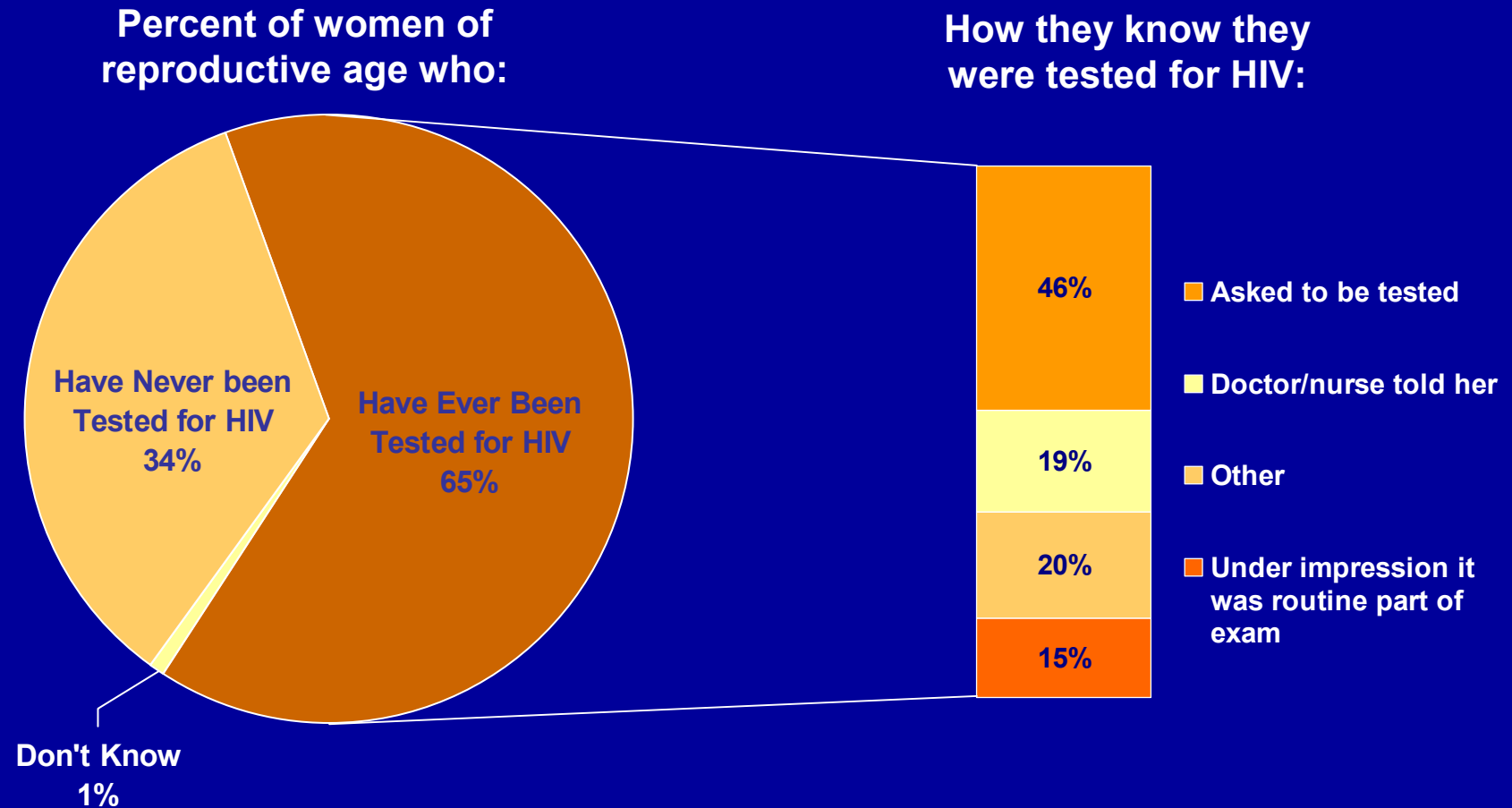
Figure 11

## Women Living with HIV/AIDS: Key Findings from Focus Groups

- How women get HIV diagnosis affects follow-up, receptivity to care and treatment
- Having insurance coverage, a connection to AIDS service organization, and an experienced provider (particularly in treating women) make a difference
- Ryan White/ADAP is critical for uninsured
- GYN care, labs, mental health, dental services – poorly addressed for many
- Many women with HIV/AIDS face additional challenges – parenting and caregiving -- often putting others first
- Stigma and discrimination persist, especially with dental providers
- Women with HIV/AIDS want more information about HIV disease, care, support networks

Figure 12

# HIV Testing Practices of Women of Reproductive Age, 2003



Note: Includes women ages 18 to 49.

Source: SELF/Kaiser Family Foundation, *A National Survey of Women About Their Sexual Health*, Summer 2003.

Figure 13

## Women at Risk for HIV: Key Findings from Focus Groups

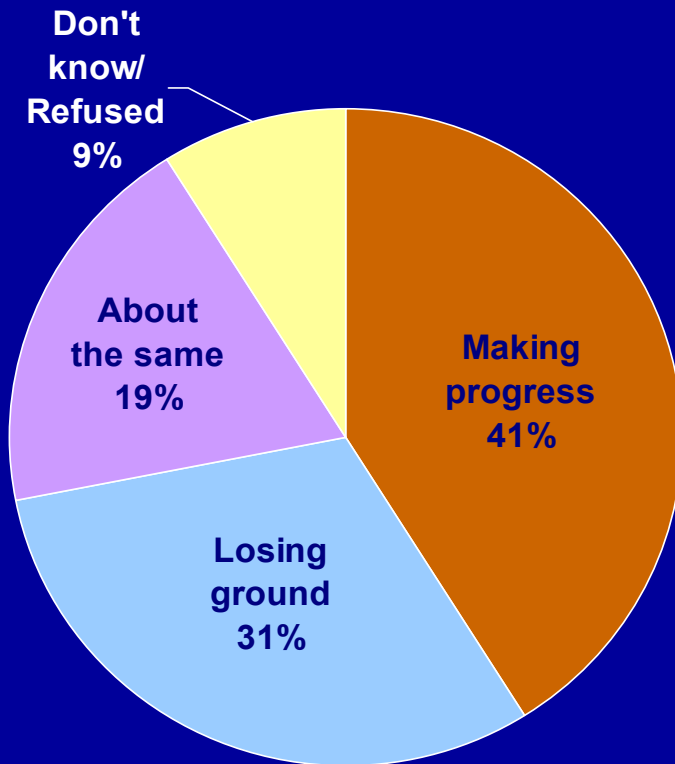
- Concerned about HIV/AIDS in abstract, less on personal level
- Know the basics, but misperceptions and gaps in knowledge persist
- Not all use condoms consistently, depends on context and relationship
- Many open to learning more about HIV/AIDS, BUT also say they know enough – educational challenge
- Most effective prevention messages present real information and deal with issues such as trust and risk
- Doctors, educators, and popular media most effective educators

Focus groups of women living with HIV/AIDS in Philadelphia, Los Angeles, Miami, and Savannah  
Source: Lake Snell Perry & Associates, Inc, *Perspectives on the Epidemic: Women and Teenage Girls At Risk for HIV Insights from Focus Groups*, prepared for the Kaiser Family Foundation, October 2003.

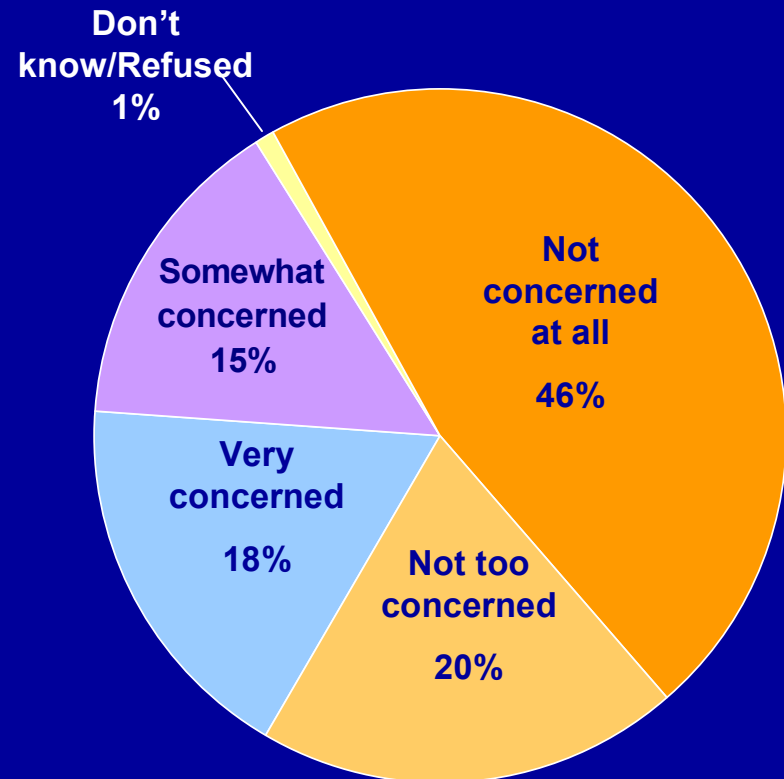
Figure 14

# Women's Perceptions of Progress on HIV/AIDS in the U.S. and Personal Concern About Risk, 2003

In Thinking About the Problem of HIV/AIDS in the U.S. Today, Percent of Women Who Say The Country is...



Percent of Women Who Say They are Personally Concerned About HIV/AIDS...

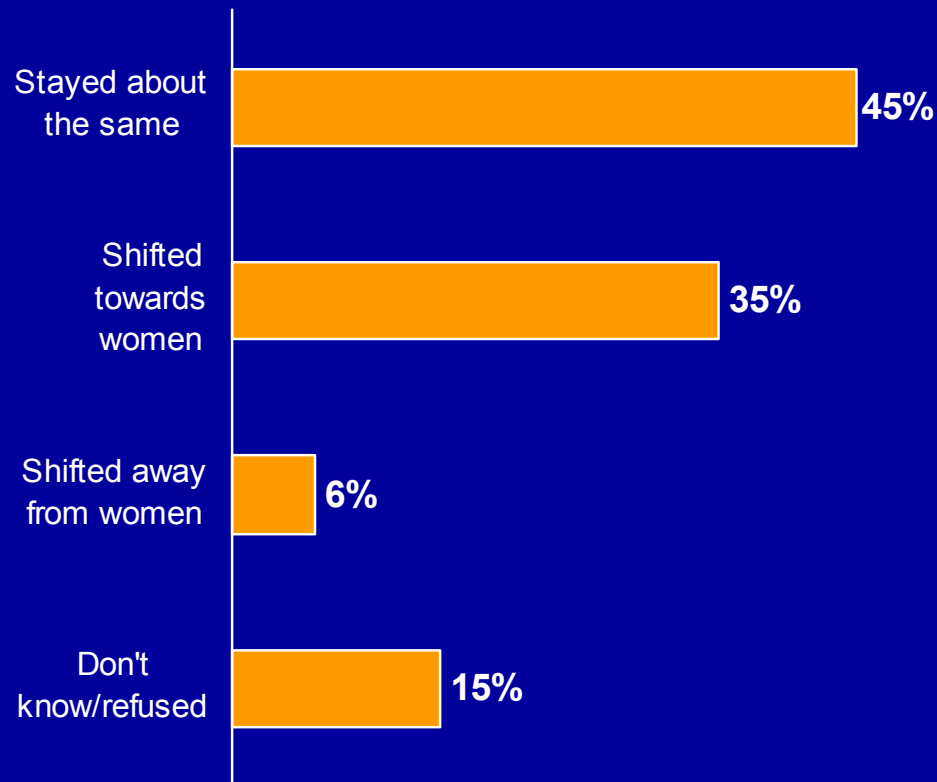


Source: Kaiser Family Foundation, *Health Poll Report*, October 2003.

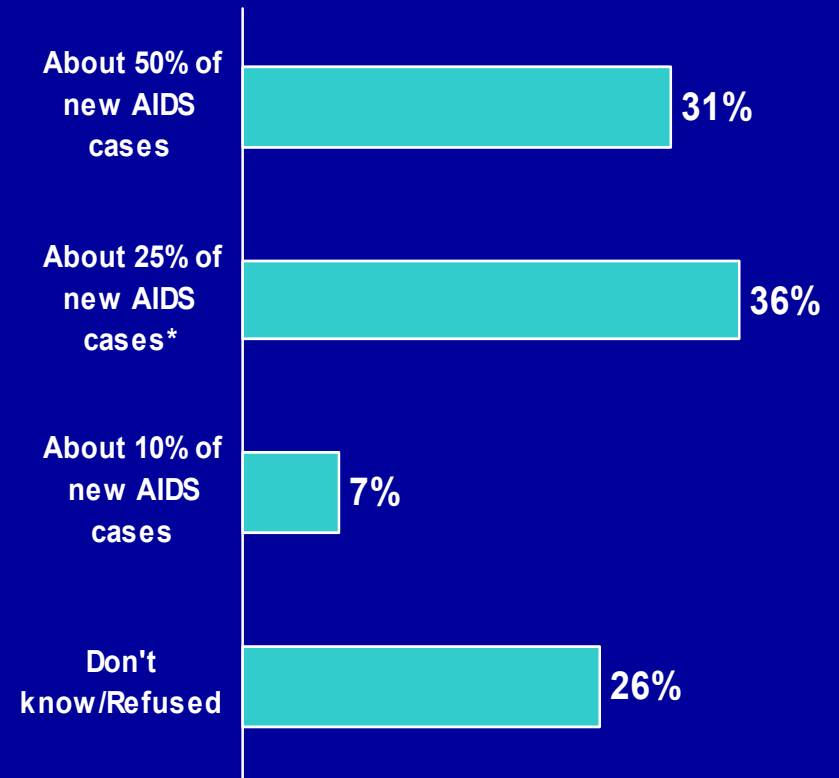
Figure 15

# Women's Knowledge of the HIV/AIDS Epidemic's Impact on Women, 2003

Percent of Women Who Say Impact of HIV/AIDS on Women Has...



Percent of Women Who Say That in the U.S., Women Account for...



\*Women accounted for 26% of newly reported AIDS cases in 2001, according to the Centers for Disease Control and Prevention.

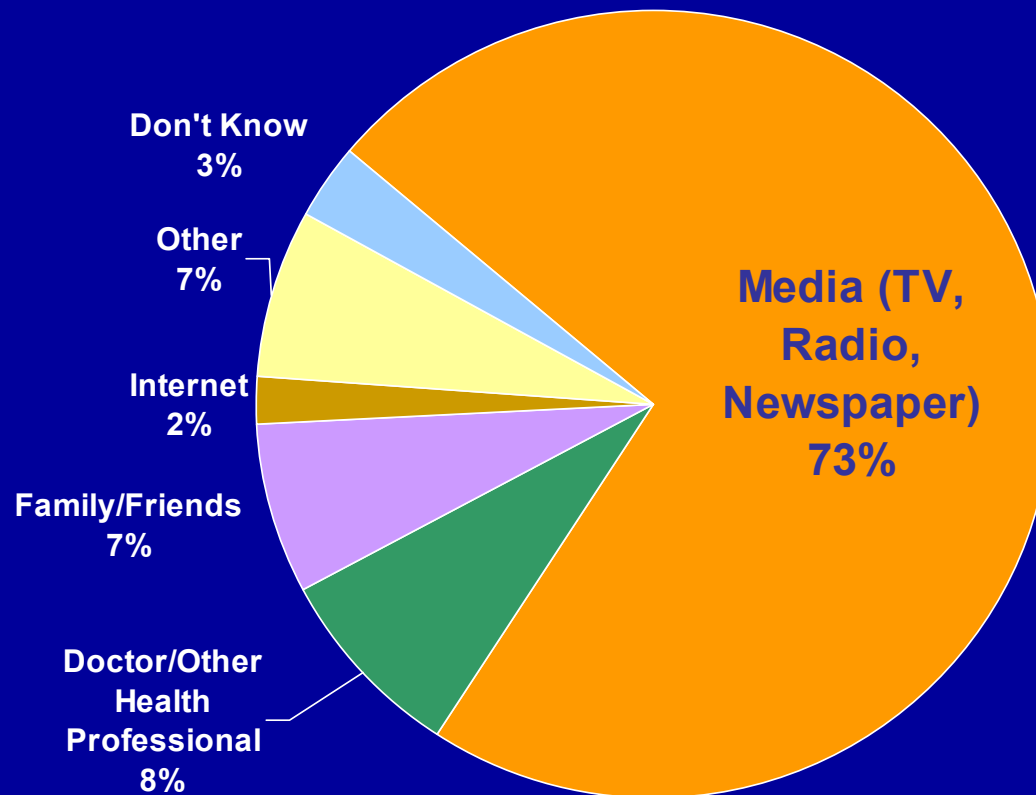
Source: Kaiser Family Foundation, *Health Poll Report*, October 2003.



Figure 16

## Women's Main Sources of Information About HIV/AIDS, 2003

Percent of Women Who Say They Mainly Get Information About HIV/AIDS From...



Source: Kaiser Family Foundation, *Health Poll Report*, October 2003.

# Women and HIV: Policy Issues for Discussion

## Prevention

- How do we do a better job of reaching younger women, women of color?
- How do we reenergize the issue of HIV and women in our public education efforts?

## Care and Treatment

- How can we improve access to care and support services for women?
- What is needed to support women's roles as caregivers and mothers?
- What is the best way to integrate reproductive health care and other key services with HIV care?

## Research

- What are the major gaps in research for women at risk for and living with HIV?
- How do we increase participation of women, in particular women of color and youth in clinical trials?

## Women and HIV: Cross Cutting Policy Issues

- How do we raise awareness of the issue of women and HIV domestically?
- Are financing mechanisms adequate? Medicaid cutbacks, limits on ADAP, Ryan White Reauthorization, support for Federal Agencies? Implications of state fiscal crisis?
- What are the current policy initiatives that stand to affect women at risk for HIV and women living with HIV/AIDS (e.g. testing of newborns, Ryan White reauthorization, Medicaid)?
- How can we make progress toward eliminating disparities by gender and race/ethnicity?
- How do we work more effectively to get the voices of community-based agencies at the table?
- What role should key institutions play (government, media, HIV/AIDS organizations, women's groups)? How do we engage them?