# Partner Notification

## A Promising Approach to Addressing the HIV/AIDS Racial Disparity in the United States

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From a public health perspective, the success of partner counseling and referral services (PCRS) rests on the assumption that the sexual partners of HIV-positive individuals who undergo HIV testing and counseling will subsequently change their behavior, thereby reducing the spread of the epidemic. This supplement of the *American Journal of Preventive Medicine* provides a thorough review of the effectiveness of PCRS. Hogben and colleagues[1] conclude that PCRS by a public health professional increases identification of a high-prevalence target population for HIV testing, may reduce risk behavior, and probably does not cause excess harm. These findings mirror previous work by Marks et al.,[2] which showed that individuals are less likely to have unprotected sex after knowing their HIV status. The evidence supporting the use of PCRS as a useful strategy for reducing the spread of HIV is mounting and may hold particular relevance for addressing the current racial disparity in HIV/AIDS rates.

In the United States, blacks and Latinos compose approximately 25% of the population but account for 58% of all HIV/AIDS cases.[3] The most common route of HIV transmission among black and Latino men is through unprotected sex with another man (MSM), accounting for 45% and 53% of AIDS cases, respectively.[3] A multicentered study found that 93% of HIV-positive black MSM did not know that they were infected, and many perceived themselves at low risk for HIV despite reporting engaging in high-risk sexual behavior.[4] Approximately 60% of black and Latino women with AIDS acquired HIV through heterosexual sex,[3] and similar to MSM, many may not perceive themselves at risk or are unaware of their partner's risk behavior.

At the end of 2003, of the approximately 1.0–1.2 million individuals estimated to be living with HIV in the U.S., an estimated 25% did not know that they were infected.[5] Although some studies demonstrated overall higher rates of HIV testing among blacks and Latinos compared to other ethnic groups,[6–8] national statistics from 2002 showed that only 61% of blacks and 50% of Latinos had been tested for HIV,[9] and many of those who are untested are among the highest risk.[10] Additional studies have demonstrated that undiagnosed HIV infection is responsible for more than 50% of the new sexually acquired infections each year.[11] Moreover, multicentered studies have shown that blacks and Latinos were less likely to be diagnosed in early HIV disease than their Caucasian counterparts.[12,13] Given the low coverage and late testing patterns that play key roles in the perpetuation of this epidemic, PCRS seems like a reasonable component of a comprehensive plan to reduce the further spread of HIV in these communities.

To improve testing rates among sexually active adults and in areas with high HIV prevalence, the Centers for Disease Control and Prevention revised its recommendations for routinized HIV testing in healthcare settings.[14] But given the multiple structural, institutional, and individual barriers to HIV testing in this country (particularly among blacks and Latinos), well-validated and innovative initiatives will be needed to make testing a desirable and attainable aspect of HIV prevention among these populations. Outreach has been identified as a successful strategy to improving testing rates among black and Latino populations,[15] and point-of-care HIV tests hold the promise that those tested will receive their results immediately. PCRS represents a targeted outreach approach that encourages testing among the potentially exposed sexual partners of HIV-positive individuals, particularly in situations where these partners might not have realized they were exposed or may not have otherwise been tested.

Although explanations of the HIV racial disparity among blacks and Latinos embrace potential genetic and physiologic factors,[16,17] it is hypothesized that contextual issues play a large role. Factors such as poverty, racial/sexual discrimination, the epidemiology of illicit drug use in the community, the low ratio of available men to women, and the disproportionate incarceration rates may influence sexual behavior and the composition of sexual networks directly and indirectly through a variety of mechanisms[18] and place these populations at greater risk. For example, blacks are more likely than whites to engage in assortative sexual networking, which not only increases the likelihood of exposure to HIV due to a higher background

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prevalence but also keeps the epidemic within specific racial social/sexual networks.[19] Some of these issues that potentially increase susceptibility to HIV infection may also serve as barriers to getting tested. The social context of racism, homophobia, and stigma serves as a disincentive to get tested, compounding issues of poor access, medical and public health distrust, concerns over confidentiality, lack of cultural competence, and specific institutional and interpersonal barriers in medical and public health facilities that provide HIV testing services.[20–23] Moreover, historic medical experimentation and present discriminatory practices may be root causes of distrust of government entities and medical facilities, subsequently discouraging blacks from accessing traditional testing sites. For many Latinos, language barriers, poverty, and acculturation issues that influence sexual behavior may also serve as barriers to getting tested.[10]

The keys to success with PCRS among diverse racial/ethnic populations may ultimately lie in the attention paid to unique cultural approaches that ensure confidentiality, lack of coercion, and respect for the unique concerns, beliefs, and sensibilities of individuals who make up these communities. In so doing, health professionals can gain the trust of the individuals they are trying to reach, and complete the process of partner notification in a manner that achieves the goals of PCRS with minimal harm to the populations served. The review by Hobgen et al.[1] of PCRS effectiveness gives us encouraging news, yet leaves us faced with the challenge of implementing these programs among diverse communities and hard-to-reach populations and within the context of our current financially trying times.

Gone are the days of the magic bullet approach to public health. Our efforts must be multi-faceted, timely, and culturally appropriate to be successful. Increasing HIV testing in general healthcare settings and providing point-of-care testing and efficient PCRS will serve as essential, interconnected strategies to help curb the growing epidemic of HIV among blacks and Latinos in the U.S.

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