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## **Interview with Dr. William Cunningham November 1, 2005**

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**JACKIE JUDD:** Dr. Cunningham, thank you so much for joining us. Tell me first, what were you trying to establish or determine in this study?

**WILLIAM CUNNINGHAM, M.D., M.P.H.:** This is a very unique study—the first ever study of a national sample of persons with HIV, and there isn't any other data right now to answer these questions. So I think that the importance of our findings cannot be overstated, given that there's a micro need to be data like this for quite some time to come.

The background to the study is that, first of all, HIV infection, disproportionately affects people with low socioeconomic status, the poor, African Americans, to a lesser extent Hispanics. And we were concerned about the long-term effect on mortality in these groups who were at higher risks of getting HIV.

In our previous studies, we'd also shown that the same groups were less likely to receive the services that they need: primary medical care services, specialty services, and treatment with most potent medications that are known to improve outcomes, to reduce mortality.

**JACKIE JUDD:** And did you have expectations going in about what you would find?

**WILLIAM CUNNINGHAM, M.D., M.P.H.:** Yes we did. We expected to find those socioeconomic groups, the poor, and

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those with lower education, those that were unemployed to have higher mortality, that is, to have lower survival, to not live as long as the comparison groups.

In addition, we expected that persons of color, African Americans, and Latinos or Hispanics would have worse mortality than non-Hispanic whites based on our previous finding that these same groups were less likely to receive treatment.

**JACKIE JUDD:** And, your first thesis was born out, but the second one wasn't. Correct?

**WILLIAM CUNNINGHAM, M.D., M.P.H.:** That's true. It was close in some of our analyses, but it did not quite meet the statistical standards that would allow us to conclude, conclusively, that mortality was, actually, higher in the—in minority groups, although the effects were very strong and pronounced among low socioeconomic groups.

**JACKIE JUDD:** But when it comes, though, to linking a higher mortality rate to wealth or education or job status, what did you find?

**WILLIAM CUNNINGHAM, M.D., M.P.H.:** We found that the risk of death for those with low socioeconomic status was from as much as 53 percent to 89 percent greater than it was for those in the higher socioeconomic status category.

**JACKIE JUDD:** And this even when you factored in the use of drugs, medical services, insurance coverage—

**WILLIAM CUNNINGHAM, M.D., M.P.H.:** Yes, that's correct.

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After accounting for all of these factors, we still found that the risk of death was markedly greater for the low socioeconomic status groups.

**JACKIE JUDD:** And, do you know [interposing] the answer to why yet?

**WILLIAM CUNNINGHAM, M.D., M.P.H.:** Well, part of the answer is, as we hypothesized, that it had to do with the treatment of the [inaudible] services, and services that enable people to get—not only in medications, but all the supportive care that they might need in the course of their treatment that enables people to have better survival. But we weren't able to find all the answers, in this particular analysis, and most of our understanding of the true underlying factors comes from piecing together a number of different analyses that we've conducted over the years.

**JACKIE JUDD:** In what ways?

**WILLIAM CUNNINGHAM, M.D., M.P.H.:** Well, we know that low socioeconomic groups face enormous barriers, not only medical barriers, but social barriers in obtaining their receipt of care. For example, in a previous study, we found that low socioeconomic groups were much more likely to say that they would go without medical care. Because they needed the money or other resources for food, clothing, housing, transportation, daycare, other such basic necessities of life and living in society and that these needs were more immediate

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and out weighed their need for medical care, which they perceived to be of longer term consequence.

**JACKIE JUDD:** And can you conclude from the study, that some one's economic status, more than any other factor, then, has an impact on mortality, or is that too broad a statement?

**WILLIAM CUNNINGHAM, M.D., M.P.H.:** We can say that; we can almost say that. It had an enormous impact on mortality of a magnitude that's rarely seen for social factors. And the only other factor that had a higher impact was, of course, the characteristics of the disease itself. That is, whether or not people had advanced to a stage of AIDS or not merely compared with just merely HIV infection and whether or not they were provided with treatment with the most potent medications. Those are the only two factors that were more important, predictably, than economic status. The magnitude of the effect of the economic variables were really, really huge.

**JACKIE JUDD:** The group of people you looked at were studied quite a number of years ago. Does that matter to your conclusion?

**WILLIAM CUNNINGHAM, M.D., M.P.H.:** Well, that—actually, provides us with the advantage of a long period of follow up. It would not be possible to study a group of people such as this, today, and observe what happens to them over a large number of years, and have the results today. In order to be able to know with great certainty the effect of these

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characteristics, you need to follow them over long periods of time. And I can say that not only the findings that we produce or that are being published currently. But in addition, our further follow-ups, subsequent to the current study, merely confirmed our findings.

**JACKIE JUDD:** And policy makers who are involved in HIV-AIDS, what should they—what do they take away from this?

**WILLIAM CUNNINGHAM, M.D., M.P.H.:** Well, the most important thing to consider, in looking at the results of our study, is the characteristics of the epidemic itself. The epidemic is increasingly an epidemic of the most disadvantaged members of our population. And that was so from early on, an epidemic; but over time, it's become, increasingly, so.

And, given the very high risk of mortality in this population, it really suggests that the efforts we're making to address the epidemic—in these populations—is not having a sufficient effect. The medications that have been developed are a big improvement over what we had earlier in the epidemic. But the positive impact that those medications are having are not reaching the most disadvantaged populations to nearly the extent needed to really impact them and—given that this is a growing population—that really more resources are needed to be devoted to caring for this population.

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