Health Equity and HIV
Current Trends and Future Directions

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PRESENTATION OVERVIEW

- Epidemiology Of HIV Infection – National and Regional Data
- Contributing Factors – Focus on Social Determinants of Health
- National HIV Strategy – Highlight Health Equity
- CDC Prevention Efforts
- Key Points for State Legislators
- Closing Remarks
I am what I am both as a result of people who respected and helped me, and of those who did not respect me and treated me badly.”

—Nelson Mandela
Epidemiology of HIV in the United States

- CDC estimates that about 1,106,400 adults and adolescents were living with HIV infection in the United States at the end of 2006.

- In 2008, 421,269 persons were diagnosed with HIV infection in the 37 states with long term, confidential, name-based HIV infection reporting.

- By transmission category, men who have sex with men (MSM) accounted for a greater proportion of the estimated new infections than any other risk group.

- By race/ethnicity, African Americans were more disproportionately impacted than any other group.
Diagnoses of HIV Infection among Adults and Adolescents, by Sex and Transmission Category, 2008—37 States and 5 U.S. Dependent Areas

Males
N=31,595
- Male-to-male sexual contact: 72%
- Injection drug use (IDU): 15%
- Male-to-male sexual contact and IDU: 9%
- Other: 4%
- <1%

Females
N=10,662
- Heterosexual contact: 84%
- Injection drug use (IDU): 15%
- Other: 1%

Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis.
Data from 37 states and 5 U.S. dependent areas with confidential name-based HIV infection reporting since at least January 2005.
All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays and missing risk-factor information, but not for incomplete reporting.

a Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.
b Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.
Diagnoses of HIV Infection among Adult and Adolescent Men Who Have Sex with Men, by Race/Ethnicity, 2008—37 States and 5 U.S. Dependent Areas

N = 22,810

- American Indian/Alaska Native: 1%
- Asian: 1%
- Black/African American: <1%
- Hispanic/Latino*: <1%
- Native Hawaiian/Other Pacific Islander: <1%
- White: 37%
- Multiple races: 20%

Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis.
Data from 37 states and 5 U.S. dependent areas with confidential name-based HIV infection reporting since at least January 2005. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays and missing risk-factor information, but not for incomplete reporting. Data exclude men who reported sexual contact with other men and injection drug use.
*Hispanics/Latinos can be of any race.
Diagnoses of HIV Infection among Men Who Have Sex with Men Aged 13–24, by Race/Ethnicity, 2008—37 States and 5 U.S. Dependent Areas

N = 5,083

- 63% White
- 17% Black/African American
- 18% Hispanic/Latino
- 1% Asian
- 1% American Indian/Alaska Native
- <1% Native Hawaiian/Other Pacific Islander
- <1% Multiple races

Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data from 37 states and 5 U.S. dependent areas with confidential name-based HIV infection reporting since at least January 2006. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays and missing risk-factor information, but not for incomplete reporting. Data exclude men who reported sexual contact with other men and injection drug use.
*Hispanics/Latinos can be of any race.
Diagnoses of HIV Infection and Population among Adult and Adolescent Females, by Race/Ethnicity, 2008—37 States

Diagnoses of HIV Infection
N=10,332

- American Indian/Alaska Native: <1%
- Asian: <1%
- Black/African American: <1%
- Hispanic/Latino: 14%
- White: 67%
- Multiple races: 18%

Female Population, 37 States
N=89,735,021

- American Indian/Alaska Native: <1%
- Asian: <1%
- Black/African American: <1%
- Hispanic/Latino: 11%
- Native Hawaiian/Other Pacific Islander: 1%
- White: 70%
- Multiple races: 3%

Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data from 37 states with confidential name-based HIV infection reporting since at least January 2005. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting.

*Hispanics/Latinos can be of any race.
Diagnoses of HIV Infection among Adults and Adolescents, by Race/Ethnicity, 2005–2008—37 States and 5 U.S. Dependent Areas

Black/African American

White

Hispanic/Latino

Native Hawaiian/Other Pacific Islander

American Indian/Alaska Native

Asian

Multiple races

Year of diagnosis

2005

2006

2007

2008

Diagnoses, %

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data from 37 states and 5 U.S. dependent areas with confidential name-based HIV infection reporting since at least January 2005. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting.

Hispanics/Latinos can be of any race.
HIV Infection in Blacks/African Americans

Of the 162,570 diagnoses of HIV infection from 2005-2008, blacks/African Americans accounted for:

- 49% of total
- 64% of women
- 66% of infections attributed to heterosexual contact
- 66% of children <13 years

In 2008, 50% of diagnoses of HIV infection were among black/African American adults and adolescents.

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data from 37 states and 5 U.S. dependent areas with confidential name-based HIV infection reporting since at least January 2005. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting.

*Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.
Diagnoses of HIV Infection among Black/African American Adults and Adolescents, by Sex and Transmission Category, 2008 — 37 States and 5 U.S. Dependant Areas

Males
N=14,283

- Male-to-male sexual contact: 64%
- Injection drug use (IDU): 23%
- Male-to-male sexual contact and IDU: 10%
- Other: <1%

Females
N=6,907

- Heterosexual contact: 87%
- Injection drug use (IDU): 13%
- Male-to-male sexual contact and IDU: <1%
- Other: <1%

Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis.
Data from 37 states and 5 U.S. dependent areas with confidential name-based HIV infection reporting since at least January 2005.
All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays and missing risk-factor information, but not for incomplete reporting.

*Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.
*b Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.
Adults and Adolescents Living with a Diagnosis of HIV Infection, by Sex and Race/Ethnicity, Year-end 2007—37 States and 5 U.S. Dependent Areas

Males
N=433,944

- American Indian/Alaska Native: 20%
- Asian: 40%
- Black/African American: 37%
- Hispanic/Latino: <1%
- Multiple races: <1%

Females
N=162,884

- American Indian/Alaska Native: 19%
- Asian: <1%
- Black/African American: 61%
- Hispanic/Latino: 18%
- Multiple races: <1%

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data from 37 states and 5 U.S. dependent areas with confidential name-based HIV infection reporting since at least January 2005. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting.

* Includes Asian/Pacific Islander legacy cases

b Hispanics/Latinos can be of any race.
Rates of Diagnoses of HIV Infection among Adults and Adolescents, 2008—37 States and 5 U.S. Dependent Areas

Total Rate = 23.6

Rates per 100,000 population
- ≤10.0
- 10.1 – 15.0
- 15.1 – 20.0
- >20.0

Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data from 37 states and 5 U.S. dependent areas with confidential name-based HIV infection reporting since at least January 2005. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting.
Rates of AIDS Diagnoses, 2008—United States and Dependent Areas

Note. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting.
Rates of Adults and Adolescents Living with an AIDS Diagnosis, Year-end 2007—United States and Dependent Areas

Total Rate = 186.3

Rates per 100,000 population
- < 100.0
- 100.0 – 149.9
- 150.0 – 199.9
- ≥ 200.0

Note. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting.
Figure 2: Top Ten States by Cumulative AIDS Diagnoses and by AIDS Diagnosis Rate Per 100,000

<table>
<thead>
<tr>
<th>State</th>
<th>Cumulative AIDS Diagnoses through 2008</th>
<th>State</th>
<th>AIDS Diagnosis Rate 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York</td>
<td>192,753 (17.4%)</td>
<td>District of Columbia</td>
<td>93.3</td>
</tr>
<tr>
<td>California</td>
<td>160,293 (14.5%)</td>
<td>Maryland</td>
<td>27.6</td>
</tr>
<tr>
<td>Florida</td>
<td>117,612 (10.6%)</td>
<td>Florida</td>
<td>26.0</td>
</tr>
<tr>
<td>Texas</td>
<td>77,070 (7.0%)</td>
<td>Louisiana</td>
<td>24.0</td>
</tr>
<tr>
<td>New Jersey</td>
<td>54,557 (4.9%)</td>
<td>New York</td>
<td>23.5</td>
</tr>
<tr>
<td>Georgia</td>
<td>38,300 (3.5%)</td>
<td>Puerto Rico</td>
<td>20.7</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>38,217 (3.5%)</td>
<td>Georgia</td>
<td>19.7</td>
</tr>
<tr>
<td>Illinois</td>
<td>37,880 (3.4%)</td>
<td>New Jersey</td>
<td>17.6</td>
</tr>
<tr>
<td>Maryland</td>
<td>35,725 (3.2%)</td>
<td>Delaware</td>
<td>16.8</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>32,463 (2.9%)</td>
<td>South Carolina</td>
<td>15.5</td>
</tr>
<tr>
<td>Subtotal</td>
<td>784,870 (70.9%)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>U.S. Total</td>
<td>1,106,391 (100%)</td>
<td>—</td>
<td>U.S. Diagnosis Rate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>12.3</td>
</tr>
</tbody>
</table>
Contributing Factors

- Prevalence of Sexually Transmitted Infections
- Socioeconomic issues
  - **Poverty** - 24.7% of African Americans and 23.2% of Hispanics vs. 8.6% of Whites live in poverty
  - Health care access challenges
- Discrimination – sexism, racism
- Lower Educational Attainment
- Higher Incarceration Rates
Contributing Factors

- Relationship Factors, e.g., financial dependence on partner/power imbalance
- Lack of Awareness
- Sexual and physical violence
- Substance use
- Partner’s Risk
- History of Childhood Sexual Abuse
- Competing Priorities
Three main goals

1. reducing the number of people who become infected with HIV,
2. increasing access to care and optimizing health outcomes for people living with HIV, and
3. reducing HIV-related health disparities.
NHAS: Reducing HIV–Related Health Disparities

Key steps for the public and private sector

1. Reduce HIV-related mortality in communities at high risk for HIV infection.
2. Adopt community-level approaches to reduce HIV infection in high-risk communities.
3. Reduce stigma and discrimination against people living with HIV.
1. Intensive interventions for HIV positive & very high risk individuals;
2. Community level & structural interventions in highly impacted communities
3. Fundamental awareness/knowledge among all Americans to create enabling/supportive environment needed for success
1. Expanding the reach of prevention services
2. Increasing opportunities for diagnosing and treating HIV
3. Developing new, effective prevention interventions
4. Mobilizing broader community action

Goal: Test 1.5 million persons for HIV and identify 20,000 new cases

- $70 million to health departments in 25 jurisdictions to increase HIV testing for populations disproportionately affected by HIV—primarily African Americans unaware of their HIV status
- $10 million to support training, capacity building, social marketing, program evaluation, and technical assistance

Supplemental Funding: Three Year Expansion.

- Increase in first-year funding from the 2007 initiative—from approximately $36 million to approximately $60 million
- The 30 funded jurisdictions accounted for 90% of AIDS diagnoses in the United States in 2007
Enhanced Comprehensive HIV Prevention Planning and Implementation for Metropolitan Statistical Areas (MSAs) Most Affected by HIV/AIDS

**Goal:** Facilitate the development and implementation of Enhanced Comprehensive HIV Prevention Plans (ECHPPs) for MSAs most affected by HIV in order to reduce HIV risk and incidence in those areas.

**Enhanced Plan:** Optimal combination of coordinated HIV prevention, care and treatment services that can maximize impact

- Provides for improved coordinated implementation of HIV prevention, care and treatment services using the best mix of
  1. interventions
  2. Intervention targets
  3. Intervention scales
Enhanced Comprehensive HIV Prevention Planning and Implementation for Metropolitan Statistical Areas (MSAs) Most Affected by HIV/AIDS

Plan should prioritize programs that are:

1. Scientifically proven to reduce HIV infection, increase access to care, or reduce HIV-related disparities;
2. Able to demonstrate sustained and long lasting (>1 year) outcomes;
3. Scalable to produce desired outcomes at the community-level; and
4. Cost efficient
Social Determinants of Health White Paper Published

Social Determinants of Health Meeting Report

Public Health Reports Supplement on Social Determinants of Health
DEBIs

d-up: Defend Yourself!
Biomedical Interventions

- **Microbicide Gel for Women** - A microbicide gel containing HIV drug tenofovir used by women before and after sex has been shown to reduce their risk of HIV infection, *International AIDS Conference-AIDS 2010, Reuters* reports (Ingham, 7/19).

- **Pre-Exposure Prophylaxis (PrEP)** - Findings from iPrEx clinical trials for gay and bisexual men.
Key Points for State Legislators (NHAS, 2010)

• Support policies and activities to ensure that HIV prevention funding is allocated to geographic areas consistent with the epidemic – target highest prevalence populations and communities.

• Support policies and activities that expand access to effective prevention services – focus on services with the greatest potential for population-level impact targeting high risk populations.
Key Points for State Legislators

- **Target resources to facilitate linkages to care** – support linkage coordinators in settings where at risk populations receive services (NHAS, 2010)
- **Support policies and activities that increase collaborations** between HIV medical care providers and agencies providing HIV CTR, mental health, substance abuse, and housing services
- **Support public health approaches to HIV prevention and care** by reviewing HIV-specific criminal statues to ensure consistency with current knowledge of HIV transmission (NHAS, 2010)
- **Strengthen enforcement of civil rights laws** (NHAC, 2010)
- Support actions that include a **focus on health in all policies** (Satcher, 2010)
Key Points for State Legislators

• Support actions that expand resources to address social determinants (e.g., education, housing, employment, racism, stigma, discrimination; Satcher, 2010)

• Support and provide resources to activities that promote HIV testing and linkage to care and prevention services (MMWR, November 2010)

• Support programs and adopt policies to get those at high risk for HIV tested early and often.
There is Hope

To turn the tide, we confront the tough issues

Everyone and every action counts!

• Break the silence and increase awareness of HIV/AIDS

• Increase open and authentic communication about risk with partners and their sexual health

• Get tested
Disclaimer Statement
The findings and conclusions in this presentation are those of the authors and do not necessarily represent the views of the Centers for Disease Control and Prevention.
Questions???