



Reducing Disparities in HIV and STDs: Tackling the Challenges in the Southern States and Puerto Rico

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Overview

- ➊ Overview of HIV and STD epidemics
- ➋ Causes of health inequities
- ➌ Strategies for addressing HIV and STD epidemics
- ➍ CDC HIV and STD prevention activities

HIV and STD Epidemics



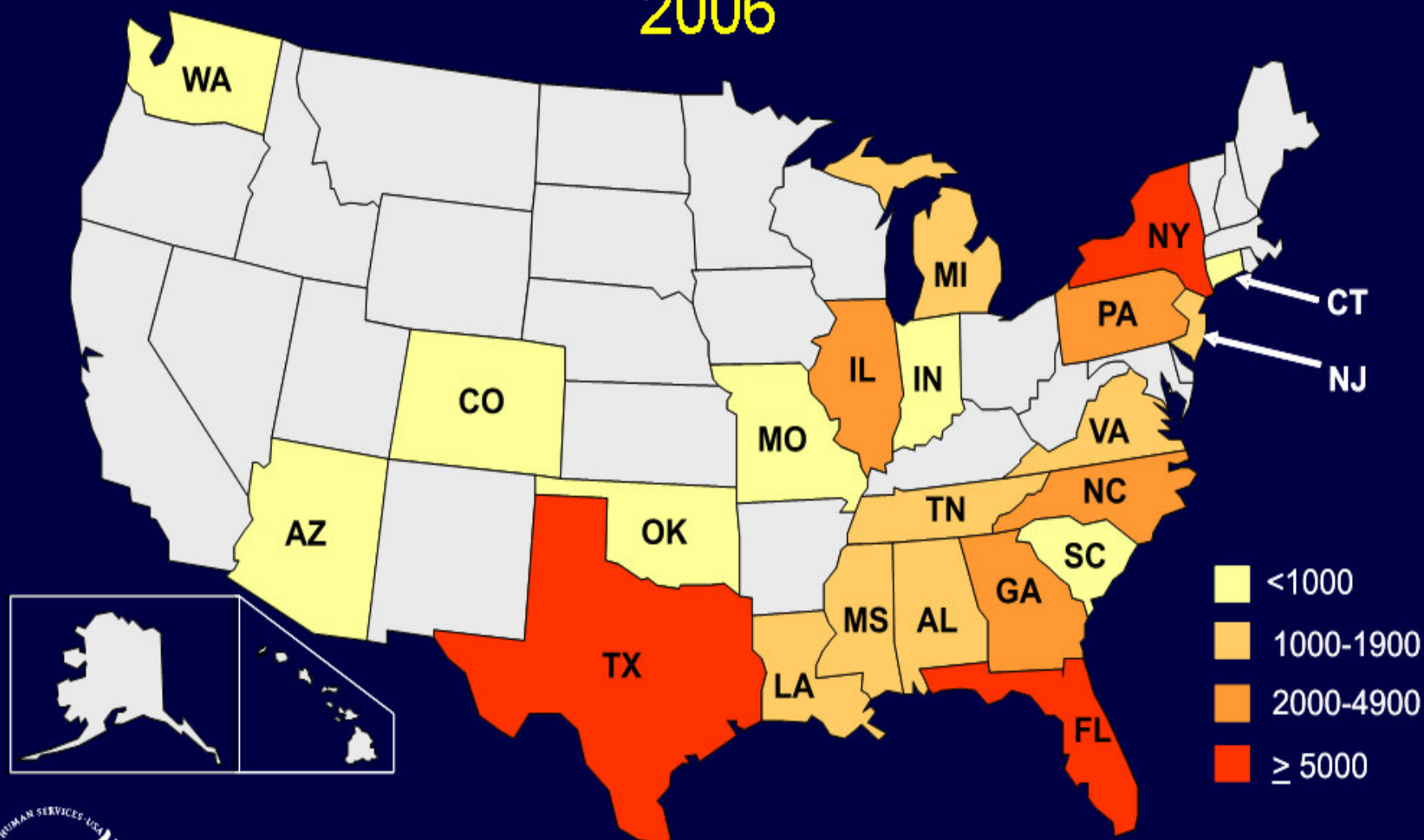
New HIV infections are continuing at a higher rate than previously known

- ➔ In 2006, CDC estimated that 56,300 new HIV infections occurred
 - Every 9½ minutes someone in the US is infected with HIV.
 - Majority (65%) are in People of Color; (53%) are among MSM or MSM/IDU
 - 1 in 3 (31%) is heterosexual. Incidence relatively stable.
 - 1 in 8 (12%) is IDU. Incidence has declined by 80% since the early 1990s
- ➔ This disproportionate and severe burden of new infections occurred in **MSM** of all races, **African Americans (45%)** and **Hispanics/Latinos (17%)** and is reflected in our patterns of HIV diagnoses, AIDS diagnoses and deaths

African Americans and Hispanics/Latinos bear a disproportionate disease burden

- ➔ Despite accounting for 12% of the US population, African Americans account for:
 - 46% of prevalent HIV infection and 45% of new HIV infections
 - More than 225,000 AIDS deaths since the beginning of the epidemic
 - More than 70% of the new HIV diagnoses occurring in 15-19 and 20-24 year old young adults
 - Lifetime risk of being diagnosed with HIV in Blacks now: 1 in 16 men and 1 in 30 women
- ➔ Hispanics are the fastest growing population in the U.S. Currently they account for 15% of the population as well as
 - 18% of people currently living with HIV
 - 18% of new HIV infections occurring each year (19% of all men, and 16% of all women)
 - Rates among Hispanic men are 3rd highest in the country
 - Lifetime risk of HIV diagnosis for Hispanic men is 1 in 35
 - 18% of new HIV/AIDS cases reported from 34 states in 2007

Estimated Number* of New HIV Cases—22 States 2006



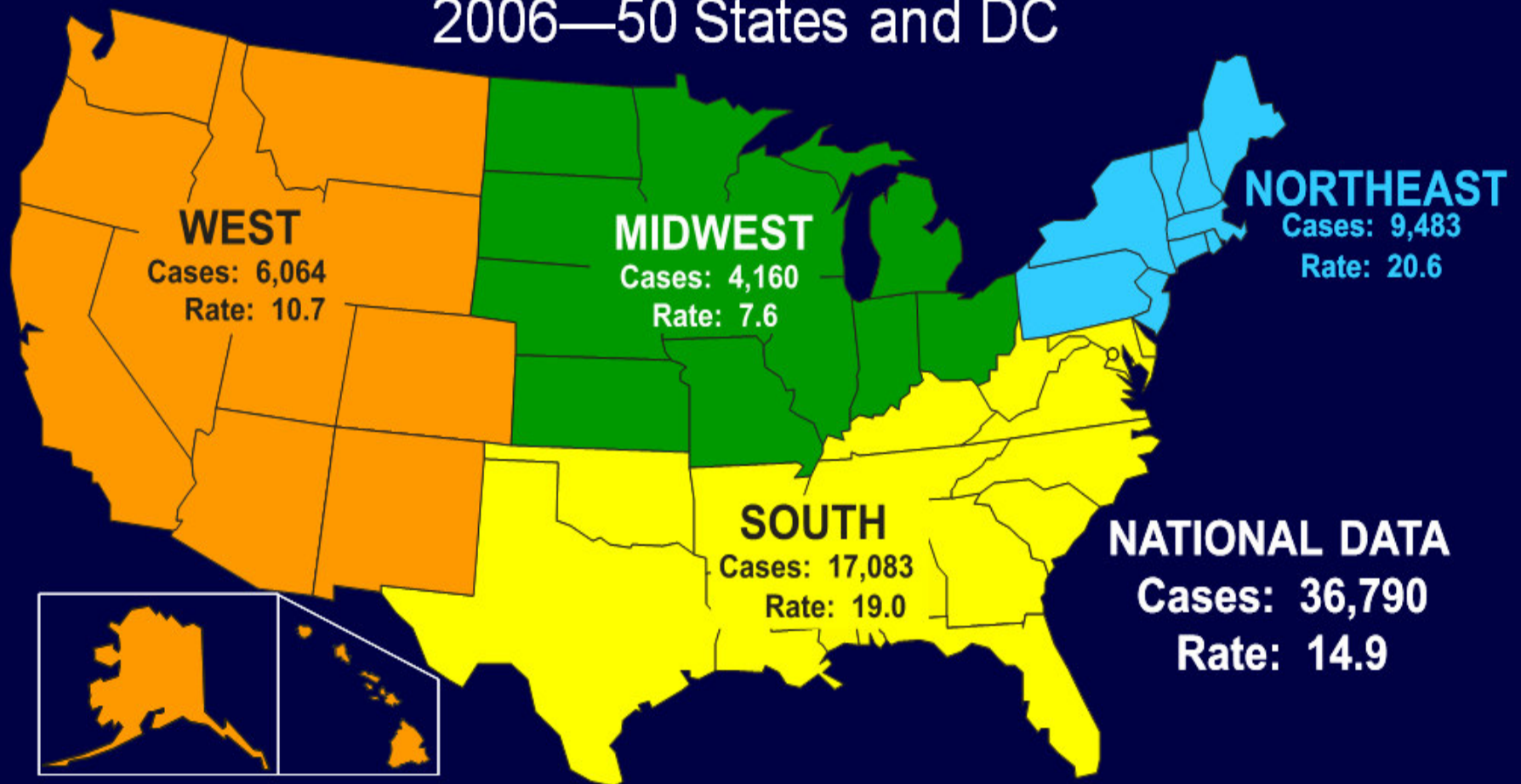
*Rounded to the nearest 100. Data have been adjusted for reporting delay.



In 2006, there were an estimated*
1,106,400 (95%CI 1,056,400-
1,156,400) prevalent HIV infected
individuals in the United States of
which **232,700 (21%)** were
undiagnosed

* Data from Extended Back Calculation Approach

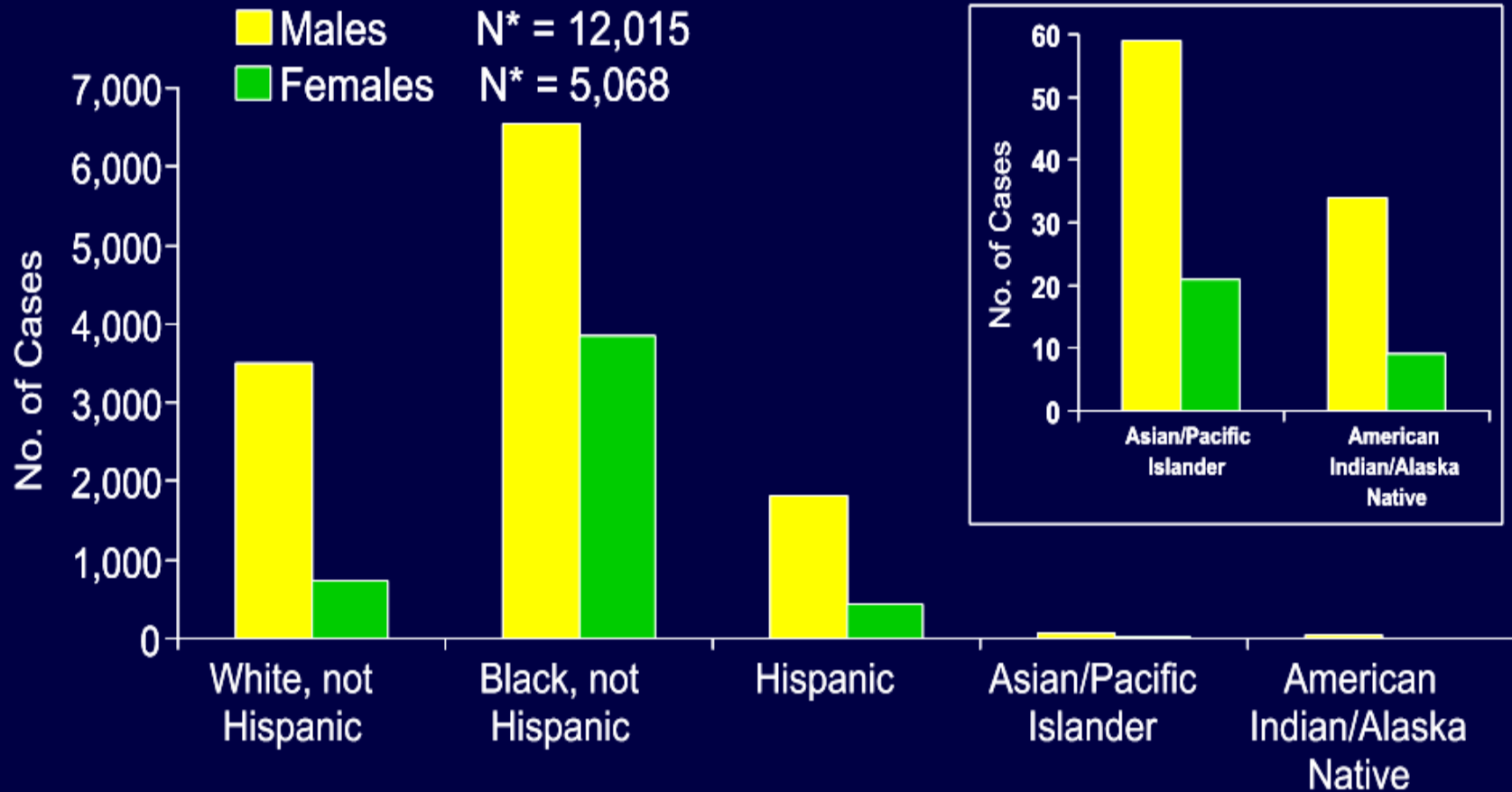
Estimated Numbers of AIDS Cases and Rates (per 100,000 population) among Adults and Adolescents, by Region 2006—50 States and DC



Note. Data have been adjusted for reporting delays.



South Region—Estimated Numbers of AIDS Cases among Adults and Adolescents, by Race/Ethnicity and Sex 2006



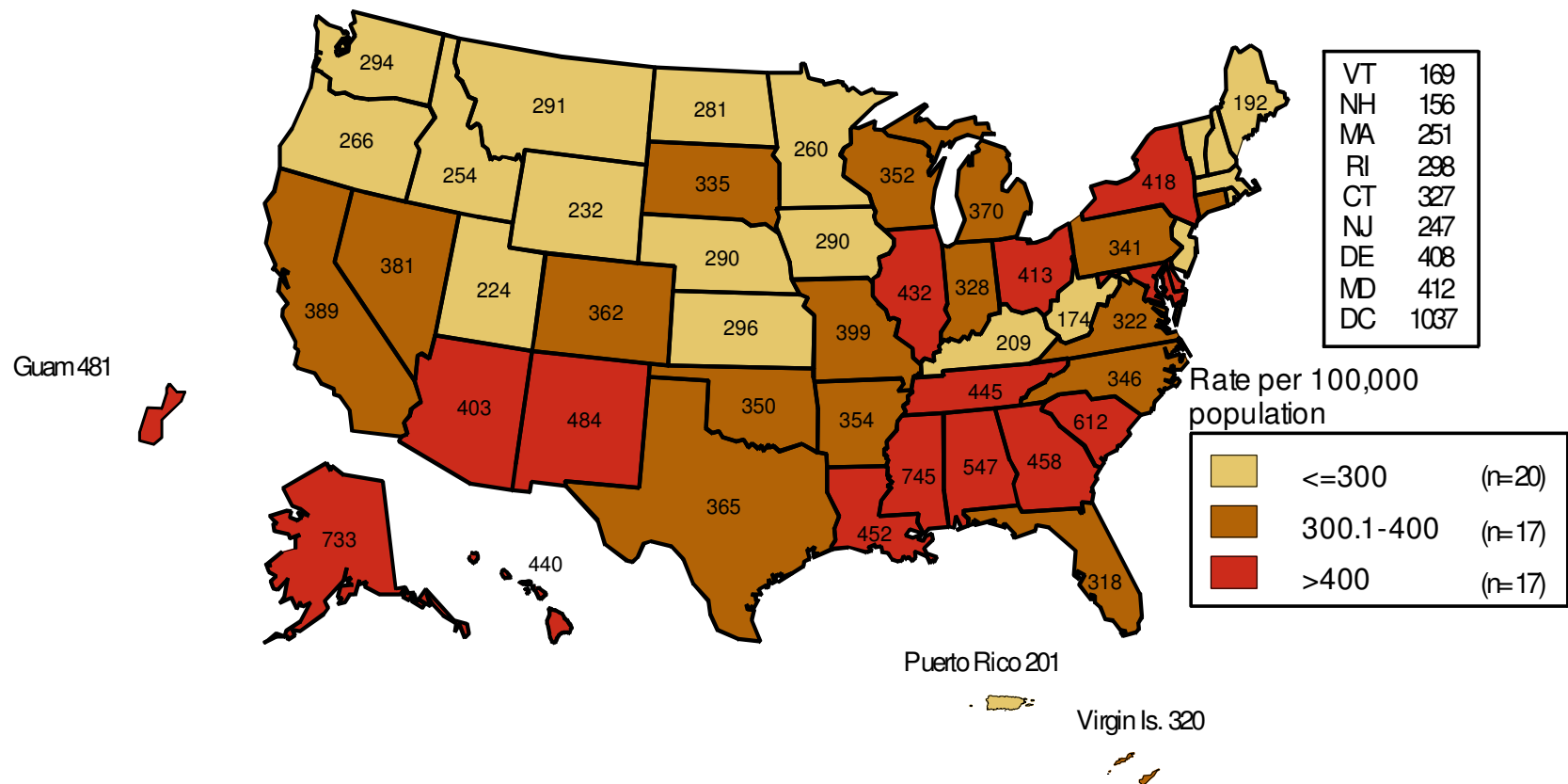
Note. Data have been adjusted for reporting delays.
 *Includes 61 male and 30 female adults and adolescents of unknown race/ethnicity.



Incidence and Diagnoses of HIV Infection in Puerto Rico, 2006

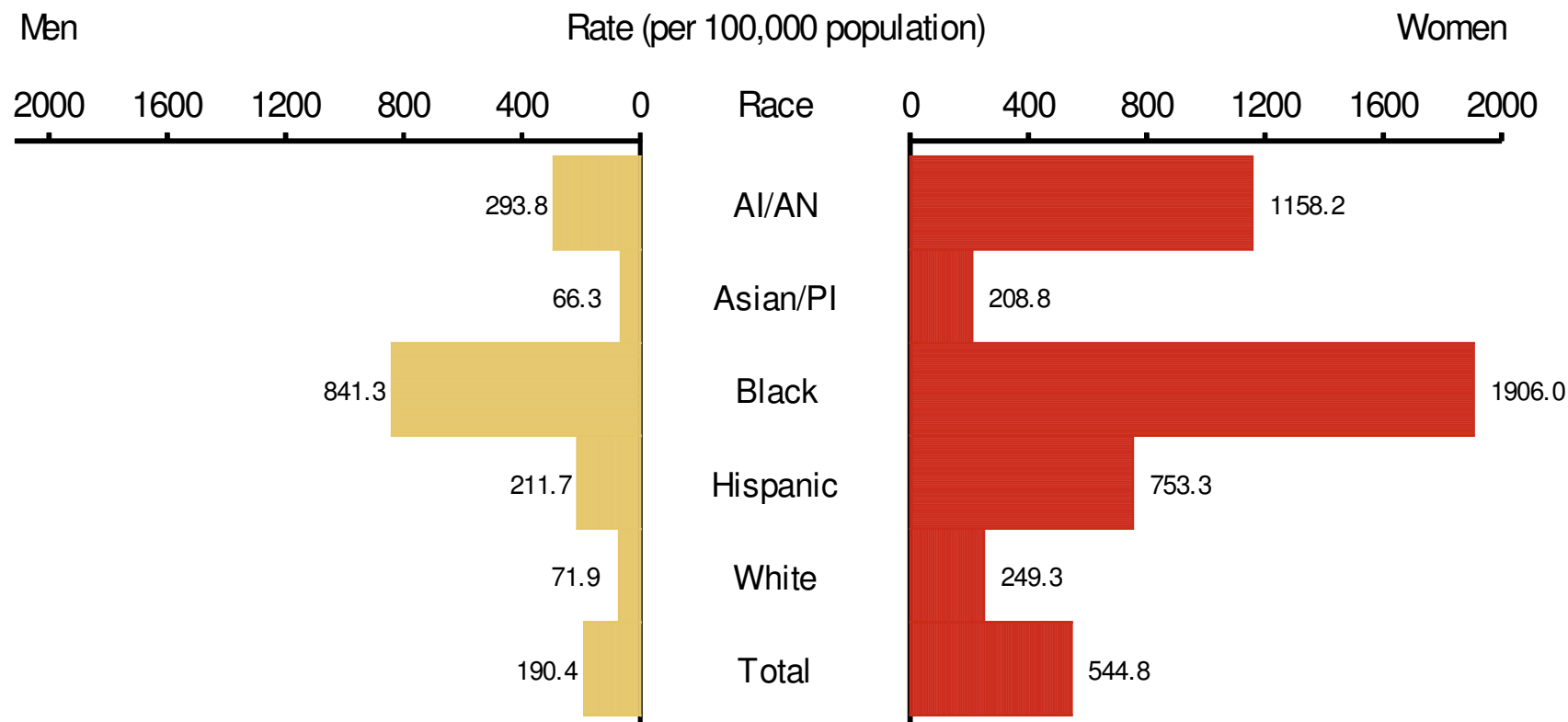
- ➔ Puerto Rico had **second highest rate** of HIV infection among 33 states and five territories with confidential, name-based HIV reporting in 2006 (**1,440 adults and adolescents** estimated to be newly infected with HIV in 2006)
- ➔ Rate of new infections was 45.0 cases per 100,000 population, **twice** the rate for 50 states and D.C.
- ➔ Unlike U.S. epidemic, injection drug use is the most common mode of HIV transmission in Puerto Rico
 - 39 percent of new infections associated with injection drug use
 - 37 percent of new infections associated with high risk heterosexual contact
 - 24 percent of new infections associated with male-to-male sexual contact

Chlamydia — Rates by state: United States and outlying areas, 2007

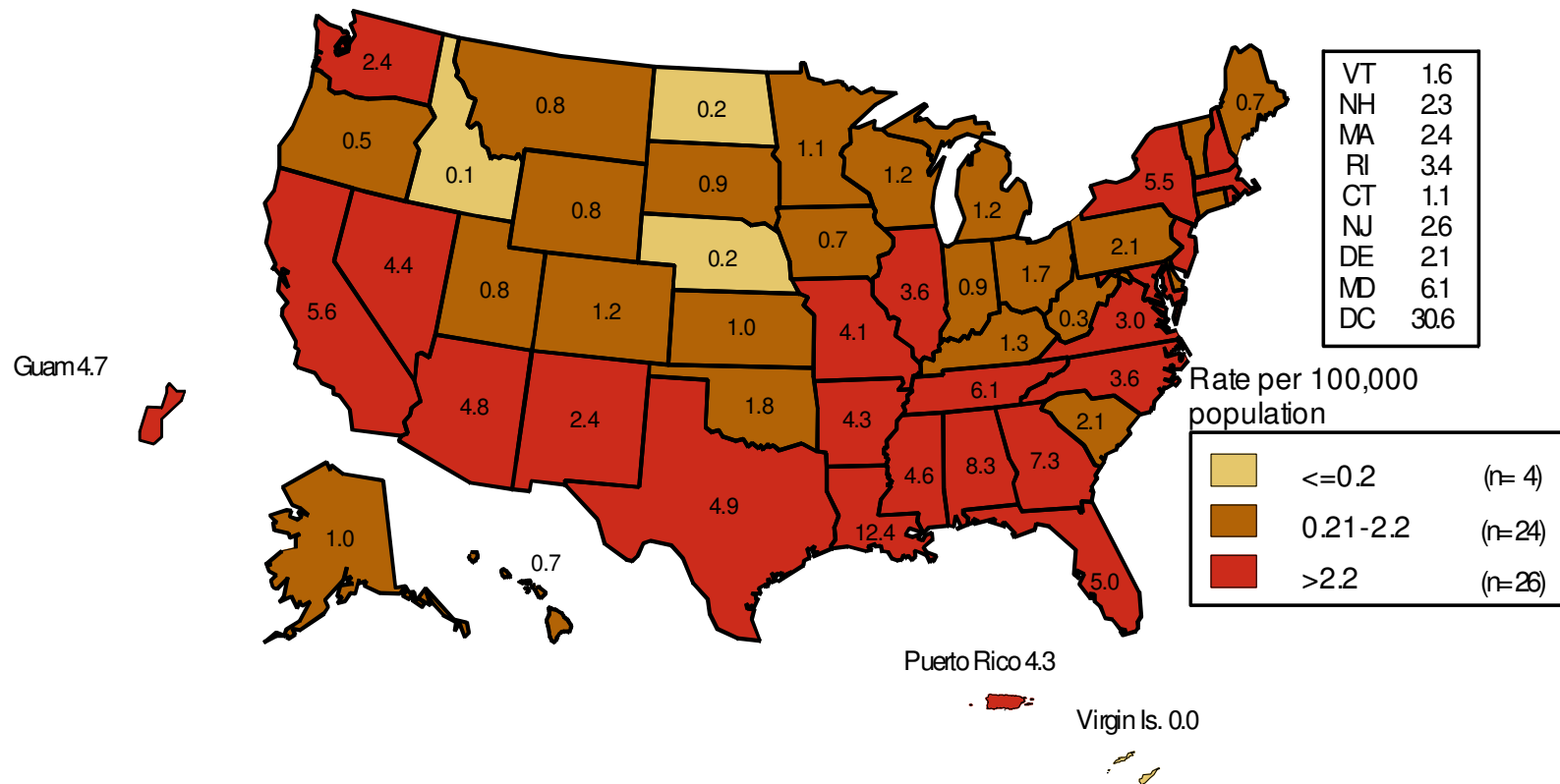


Note: The total rate of chlamydia for the United States and outlying areas (Guam, Puerto Rico and Virgin Islands) was 368.1 per 100,000 population.

Chlamydia — Rates by race/ethnicity and sex: United States, 2007

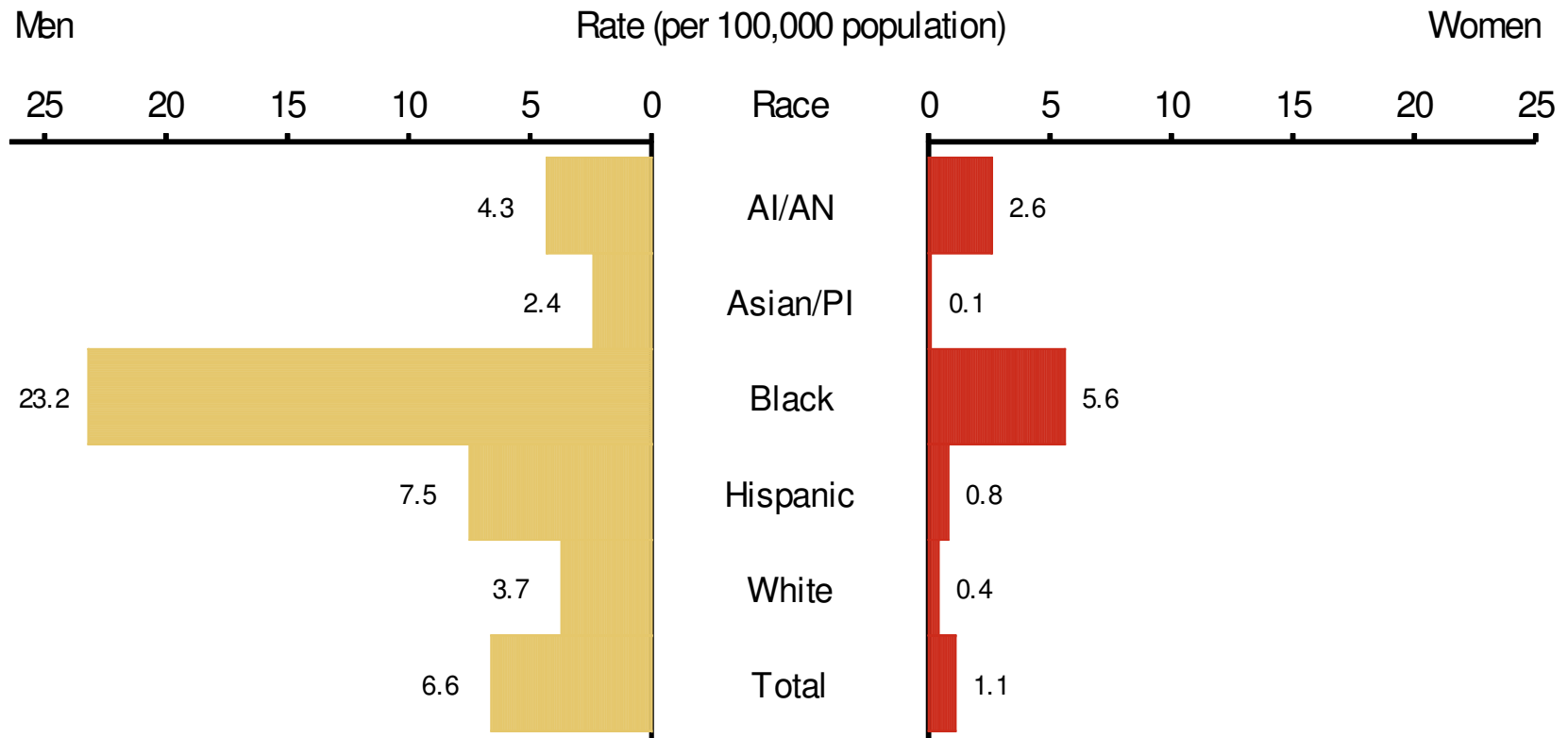


Primary and secondary syphilis — Rates by state: United States and outlying areas, 2007



Note: The total rate of P&S syphilis for the United States and outlying areas (Guam, Puerto Rico and Virgin Islands) was 3.8 per 100,000 population. The Healthy People 2010 target is 0.2 case per 100,000 population.

Primary and secondary syphilis — Rates by race/ethnicity and sex: United States, 2007



U.S. high school student risk behaviors -- 2007 national Youth Risk Behavior Survey

- ⇒ 48% ever had **sexual intercourse**
- ⇒ 38% **did not use a condom** during last sexual intercourse
- ⇒ 35% were currently **sexually active**
- ⇒ 23% **drank alcohol or used drugs** before last sexual intercourse
- ⇒ 15% had **sexual intercourse** with four or more persons during their life
- ⇒ 7% had sexual intercourse for the first time **before age 13 years**
- ⇒ 2% **used a needle** to inject any illegal drug into their body one or more times during their life.

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Causes of Health Inequities

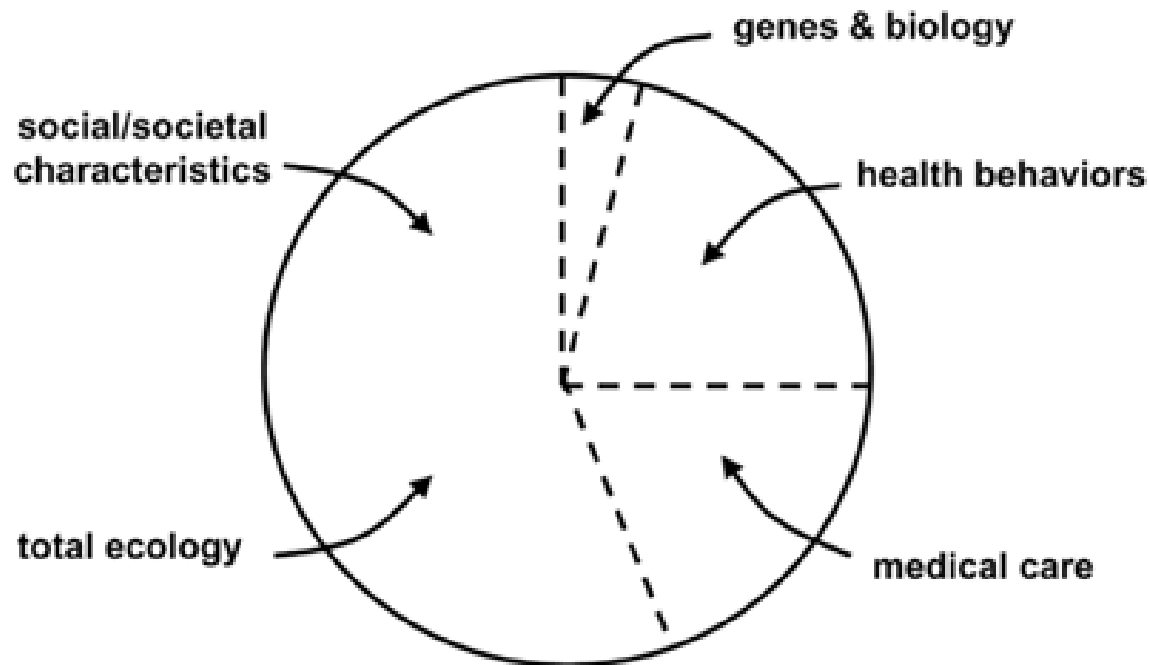


Causes of health inequities

- ⇒ Assortative mixing:
race
- ⇒ Dissortative mixing:
risk
- ⇒ Low ratio of males to
females → concurrent
partnerships
 - Incarceration
- ⇒ Differential use
of/access to treatment
- ⇒ Poverty, income,
socioeconomic status
- ⇒ Social capital
- ⇒ Migration, immigration
status
- ⇒ Homelessness
- ⇒ Racism, homophobia,
stigma

Determinants of population health

DETERMINANTS OF POPULATION HEALTH



(From) TARLOV, ALVIN R.

Public Policy Frameworks for Improving Population Health.

Annals of the New York Academy of Sciences 896 (1SOCIOECONOMIC STATUS AND HEALTH IN INDUSTRIAL NATIONS: SOCIAL, PSYCHOLOGICAL, AND BIOLOGICAL PATHWAYS), 281-293.

HIV and STD Prevention Priorities



NCHHSTP Priorities

- ① Core mission of preventing and controlling HIV, viral hepatitis, STDs, and TB
- ② Program collaboration and service integration (PCSI)
- ③ Health equity
- ④ Global health protection and systems strengthening
- ⑤ Partnerships
- ⑥ Workforce development and capacity building

Prevention Policy “Must Do’s ”

- ⇒ Tackle social determinants of health
- ⇒ Think beyond traditional approaches
- ⇒ Promote culturally competent programs
- ⇒ Continue partnerships with private organizations
- ⇒ Translate general principles for specific populations

Domestic HIV/AIDS Prevention Priorities

- ➔ **Increase knowledge** of HIV infection through testing
- ➔ Identify **effective interventions** for at-risk and HIV-infected persons and increase the use of these interventions
- ➔ Ensure **cost-effective allocation of prevention resources** to match changing profile of the epidemic
- ➔ Implement **surveillance systems** to better monitor HIV epidemic, risk behavior, and prevention programs

STD Prevention Program Priorities

- ➔ Prevent STI-related infertility
- ➔ Prevent STI-related adverse outcomes of pregnancy
- ➔ Prevent STI-related cancers
- ➔ Prevent STI-related HIV transmission
- ➔ Strengthen STD prevention capacity and infrastructure
- ➔ Reduce STD health disparities across and within communities and populations
- ➔ Address the effects of the social and economic determinants and the costs of specific STDs and associated sequelae among specific populations

Prevention Works

- ⇒ **HIV testing** significantly reduces risk of transmission among people with previously undiagnosed infection
- ⇒ Individual and group interventions for people previously **diagnosed with HIV** significantly reduce risk
- ⇒ Individual, group, and community interventions for **at-risk persons** significantly reduce risk
- ⇒ For more on effective interventions:
 - <http://www.effectiveinterventions.org/>

CDC is refocusing the nation's attention on the domestic HIV epidemic

- ➔ CDC's new communication campaign directly **addresses complacency** by reminding all Americans that HIV/AIDS remains a significant health threat.
- ➔ CDC and its partners have launched Act Against AIDS
 - The first federally-funded HIV/AIDS public awareness, education, and behavior change communication campaign since America Responds to AIDS, which was launched 20 years ago.

ACT
against
AIDS



Prevention is Cost Effective

➔ Treatment versus prevention:

- \$168,600 per HIV case (diagnosed in 2002)
- 56,300 infections in 2006 = \$9.5 billion in treatment costs
- Preventing 240,000 HIV infections by 2020 could save \$40.5 billion in treatment costs

Source: Hutchinson et al., JAIDS. 2006;43:451-457.

➔ Example: Universal screening of women for chlamydia and gonorrhea intake in jails found to be cost effective

Source: Kraut-Becher, J Urban Health, 2004

➔ Example: HIV screening in general health-care settings is economically feasible, particularly with rapid tests

Source: Farnham, Public Health Rep, 2008

CDC Activities: HIV Testing and Chlamydia Screening





**1 in 5
people with HIV
do not know
that they are
infected.**

Revised Recommendations for HIV Testing in Health-Care Settings

➔ MMWR 2006;55(No. RR-14):1-17

➔ Published September 22, 2006

➔ <http://www.cdc.gov/mmwr/preview/mmwrhtml/r5514a1.htm>

Recommendations for Adults and Adolescents (Highlights)


- Routine, voluntary HIV screening for all persons 13-64 in health care settings, not based on risk
- Opt-out HIV screening with the opportunity to ask questions and the option to decline; include HIV consent with general consent for care
- Prevention counseling in conjunction with HIV testing in health care settings not require
- Recommendations intended for all health care settings

Early Indications of Progress

	<u>Ever Tested</u>	<u>Last 12 months</u>
2005	70,036,336 (39.9%)	18,042,610 (10.4%)
2006	71,468,420 (40.4%)	17,775,006 (10.4%)
2007	73,848,002 (41.3%)	18,791,895 (10.7%)

Source: National Health Interview Survey

Estimated Cases of HIV/AIDS, by year of diagnosis*

2004	37,164
2005	36,640
2006	37,193
2007	42,655
Change	<hr/>  5462 (15%)

Source: HIV/AIDS Surveillance 2007

***Based on 34 States with Confidential HIV Reporting**

Laws and Regulations

- 11 states removed written consent requirements:

- Arizona
- California
- Iowa
- Illinois
- Indiana
- Louisiana
- Maine
- Maryland
- New Hampshire
- New Mexico
- North Carolina

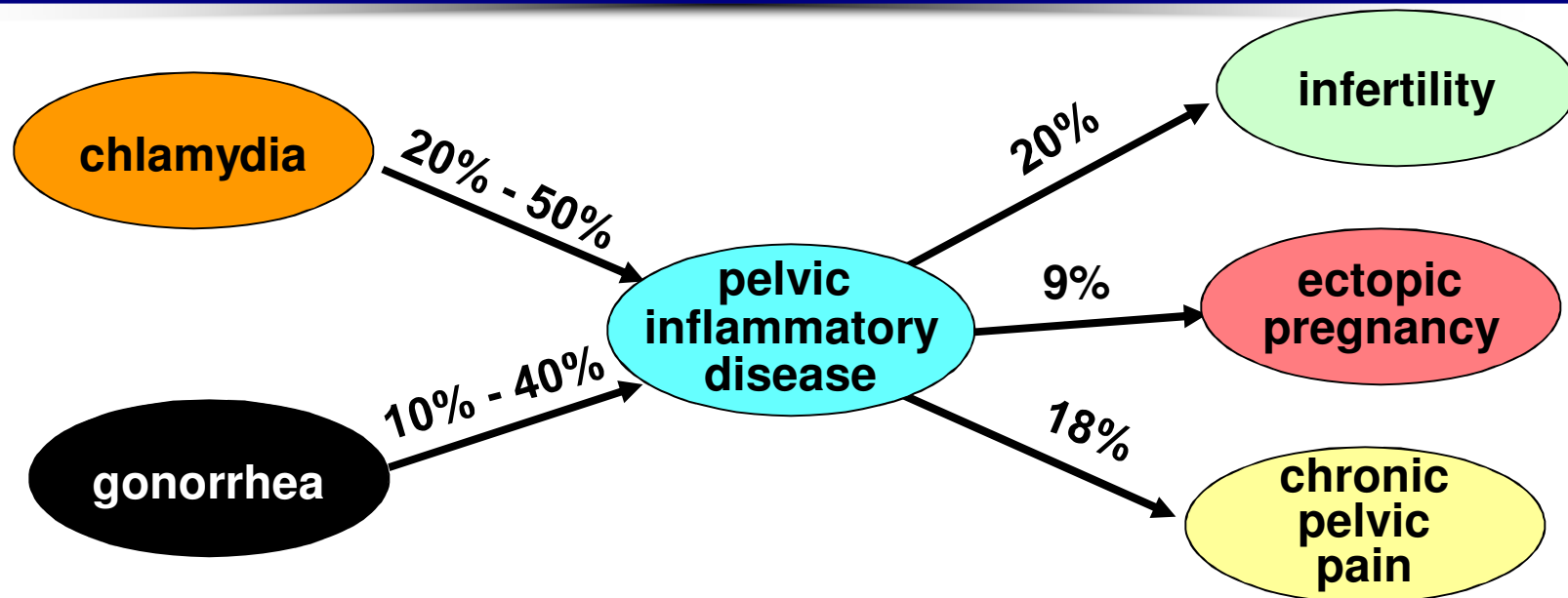
- Federal legislation removed restrictions on HIV testing and signed consent requirement in VA (*Oct 2008*)

- *Notice of Proposed Rulemaking Dec 2009; Final Rule cleared by Department of Veterans Affairs; currently at OMB*

Reimbursement Legislation

- ⇒ Require that insurers reimburse for HIV test regardless of diagnosis code:
 - California – passed
 - DC and Texas – introduced
 - National legislation (Maxine Waters) -- introduced

Serious Consequences of Untreated STDs – Chlamydia and Gonorrhea



Infectious complications:

- Neonatal pneumonia (CT) or eye infections (CT & GC) in 60% - 70% of infants born to untreated mothers
- At least 2- to 5-fold increased risk of HIV infection

CDC Guidance on Chlamydia Screening

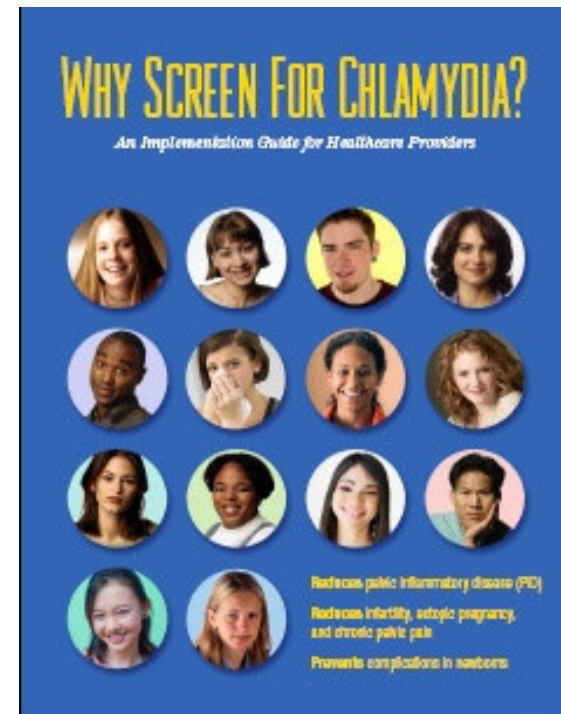
- ➔ **Annual chlamydia screening** recommended for sexually-active women ≤ 25 years of age, who are most at risk
- ➔ Screening also recommended **older women with risk factors**, such as multiple sex partners
- ➔ Evidence is insufficient to recommend screening for young men, but screening of sexually active young men should be considered in settings with **high chlamydia prevalence**

Screening for Chlamydia Still Low in the United States

- ➔ Chlamydia screening “coverage” gradually improving but still low (36-55%)
- ➔ Increasing chlamydia screening coverage has been identified as highest priority national STD prevention strategy by CDC and partners
- ➔ In absence of large increases in public testing support, best opportunity is to **heighten awareness** among health systems, providers, general public through educational efforts and partnerships

Enhancing Chlamydia Control

- ➔ **Expand public sector screening** into potentially higher prevalence populations (e.g., schools, detention)
- ➔ **Expand private sector screening** (enhanced promotion of guidelines and partnerships with health plans and professional organizations)
- ➔ **Reduce re-infection** (improved partner management)



Partner Services for Persons with STDs

- Treating partners of patients with STD is critical
 - Halt spread of infection
 - Prevent re-infection of those treated
- Provider or provider-assisted referral is optimal strategy
 - Not available to most with chlamydia or gonorrhea diagnoses because of resources
 - Usual alternative is advising patients to refer partners for treatment

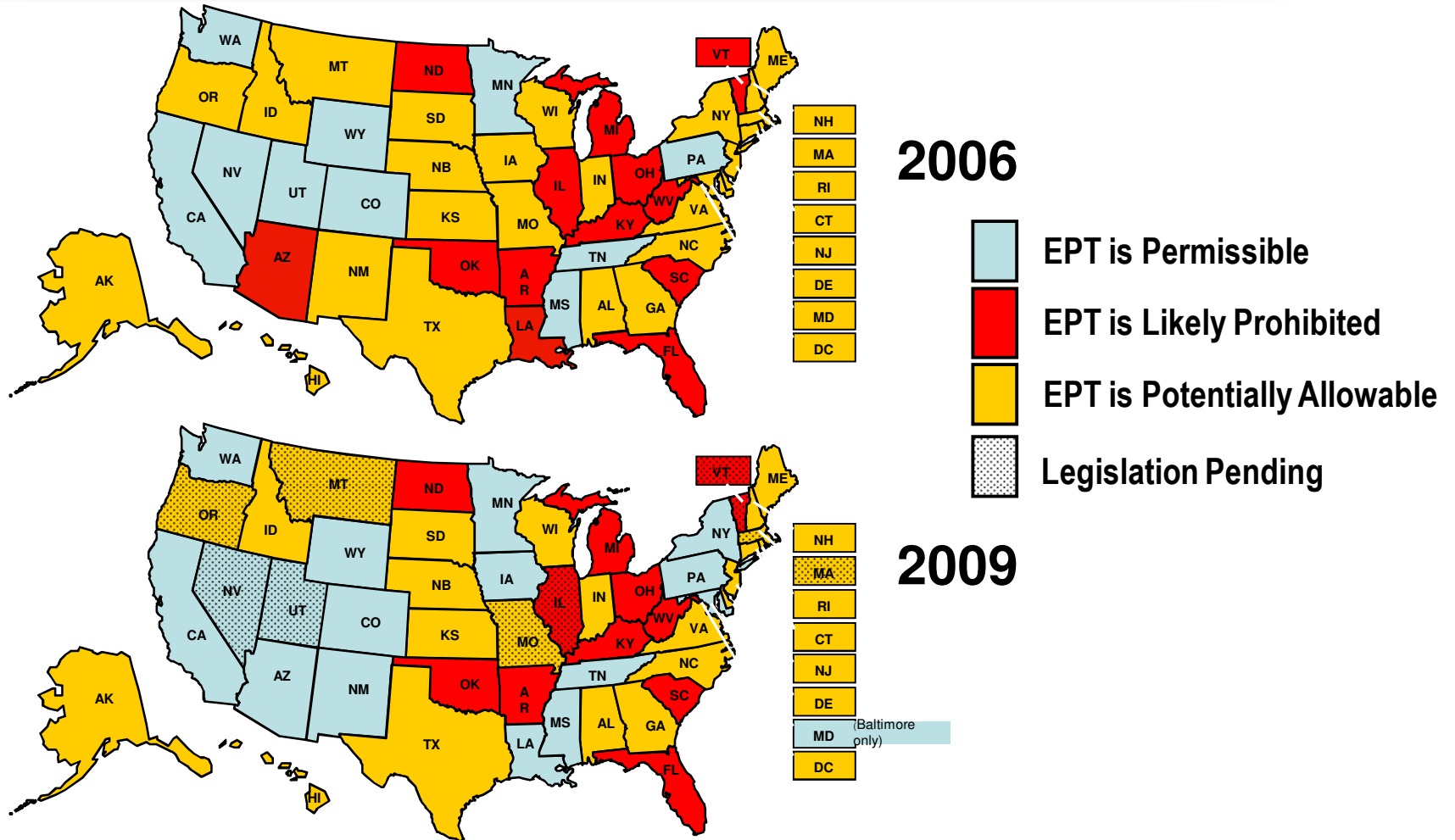
Expedited Partner Therapy

- Partners are treated without an intervening clinical assessment
- Patients deliver either medications or prescriptions to their partners
- 2005 - CDC supports EPT as a useful option to facilitate partner management for treatment of male partners of female patients with chlamydial or gonorrheal infection
- 2006 --CDC's STD Treatment Guidelines include guidance on EPT

Legal Status of Expedited Partner Therapy

- Uncertainty about legal status consistently identified as barrier to implementation
- CDC, in partnership with Center for Law and the Public's Health, assessed legal environment regarding the practice of expedited partner therapy

Evolving Landscape of EPT: Legal Status Summary



What Can State Legislators Do?

- ➔ Promote expedited partner therapy
- ➔ Tackle social determinants of health using trans-sector approaches that address such factors as education, employment, early childhood development, health services, sexual health, social exclusion and social safety net
- ➔ Think beyond traditional approaches to prevention policy, e.g., private partnerships, inter-government collaborations, etc.

What Can State Legislators Do?

- ➔ Include an evaluation component in policies to require assessment of effectiveness and cost-effectiveness
- ➔ From World Health Organization Commission on Social Determinants of Health report (2008)
 - Consider assessing impact of all policies and programs on health and health equity
 - Adopt a social determinants framework across policy and programmatic functions throughout government

Summary

- ➔ HIV/AIDS and STDs continues to evolve in the US with a **high burden** among MSM of all races, African Americans, and Hispanics.
- ➔ Prevention **priorities now focused** on meeting unmet need, increasing coverage of effective prevention interventions, and expanding the cadre of culturally competent interventions
- ➔ Renewed **commitment** to mobilizing communities, HIV testing, intensifying and targeting prevention efforts needed.
- ➔ Examples of specific prevention strategies include routine HIV testing, increased chlamydia screening and expedited partner therapy.

Thank you !

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