

Stigma and HIV

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National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention

Division of HIV/AIDS Prevention, Capacity Building Branch



Overview

- ❑ **HIV in the U.S.**
- ❑ **National HIV/AIDS Strategy (NHAS)**
- ❑ **High Impact Prevention (HIP)**
- ❑ **Continuum of Care**
- ❑ **Future of HIV Prevention in the U.S.**
- ❑ **Addressing stigma**

HIV in the U.S. (1)

- ❑ **MSM account for ~2% of the U.S. population, but accounted for 61% of all new HIV infections in 2009 & 49% of people living with HIV in 2008**
- ❑ **Blacks represent ~14% of the U.S. population, but accounted for ~44% of new HIV infections in 2009**
- ❑ **Hispanics/Latinos represented 16% of the population but accounted for 20% of new HIV infections in 2009 & 17% of people living with HIV infection in 2008**

HIV in the U.S. (2)

In 2009

- ❑ New HIV infections among Black men was 6.5 times as high white men & 2.5 times as high as Hispanic/Latino men & Black women**
- ❑ New HIV infections among Black women was 15 times that of white women & over 3 times Hispanic/Latina women**
- ❑ ~4,100 of 2.6 million HIV testing events were conducted with a self-identified transgender person**
- ❑ Newly identified HIV infection was 2.6% among transgender persons compared with 0.9% for males and 0.3% for females**

Vision for the National HIV/AIDS Strategy

“The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination”

“In the fight against HIV, stigma & complacency are among our most insidious opponents,” Kevin Fenton

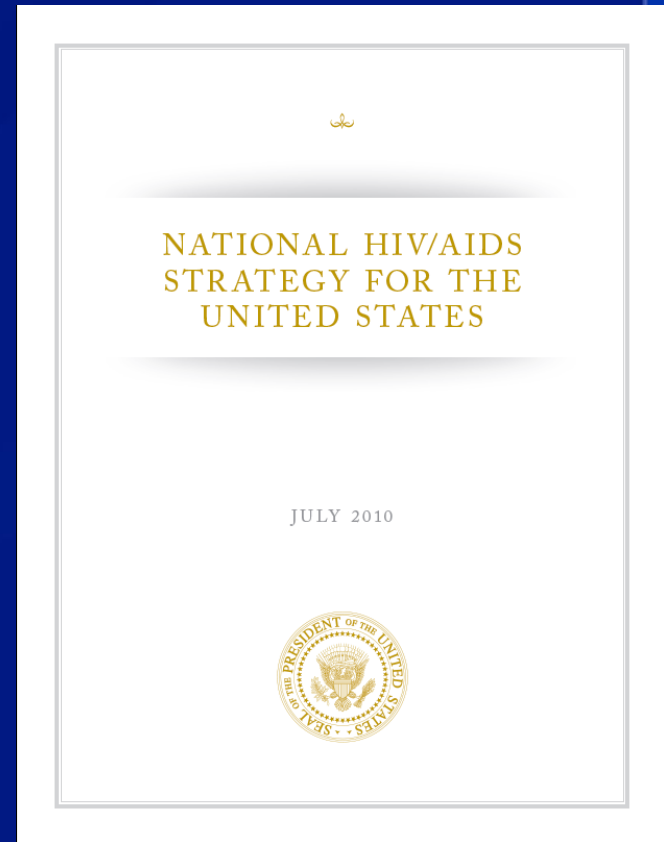
<http://aids.gov/federal-resources/policies/national-hiv-aids-strategy>

New CDC Campaign Fights Stigma and Apathy Fueling HIV Epidemic Press Release July 16, 2012.

<http://www.cdc.gov/nchstp/newsroom/LetsStopHIVTogether2012-PressRelease.html>

National HIV/AIDS Strategy

- Released July 2010 by White House
- Comprehensive plan for addressing HIV in prevention, care, & research
- Sets specific targets
- Mandates inter-agency coordination
- Results-oriented
- Holds agencies accountable
- Implementation & Operational Plans



NHAS: Select stigma references

The stigma associated with HIV remains extremely high and fear of discrimination causes some Americans to avoid learning their HIV status, disclosing their status, or accessing medical care.⁷

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The focus of the education and awareness effort is to improve individual understanding of HIV infection, HIV-related risk factors and risk reduction, and HIV-related stigma and discrimination.

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provide care in a non-stigmatizing manner

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establishing an environment where people will feel safe

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A concerted national effort to increase the capacity of whole communities to prevent HIV and support community members living with HIV is needed. The following steps are critical to achieving success:

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.

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⁷Mahajan AP, Sayles JN, Patel VA, et al. Stigma in the HIV/AIDS epidemic. A review of the literature and recommendations for the way forward. AIDS 2008;22(Suppl 2):S67-S69.

NHAS: Recommended actions to reduce stigma

Recommended Actions

To reduce stigma and discrimination experienced by people living with HIV, the following are needed:

- 3.1 Engage communities to affirm support for people living with HIV:** Faith communities, businesses, schools, community-based organizations, social gathering sites, and all types of media outlets should take responsibility for affirming nonjudgmental support for people living with HIV and high-risk communities.
- 3.2 Promote public leadership of people living with HIV:** Governments and other institutions (including HIV prevention community planning groups and Ryan White planning councils and consortia) should work with people with AIDS coalitions, HIV services organizations, and other institutions to actively promote public leadership by people living with HIV.
- 3.3 Promote public health approaches to HIV prevention and care:** State legislatures should consider reviewing HIV-specific criminal statutes to ensure that they are consistent with current knowledge of HIV transmission and support public health approaches to preventing and treating HIV.
- 3.4 Strengthen enforcement of civil rights laws:** The Department of Justice and Federal agencies must enhance cooperation to facilitate enforcement of Federal antidiscrimination laws.

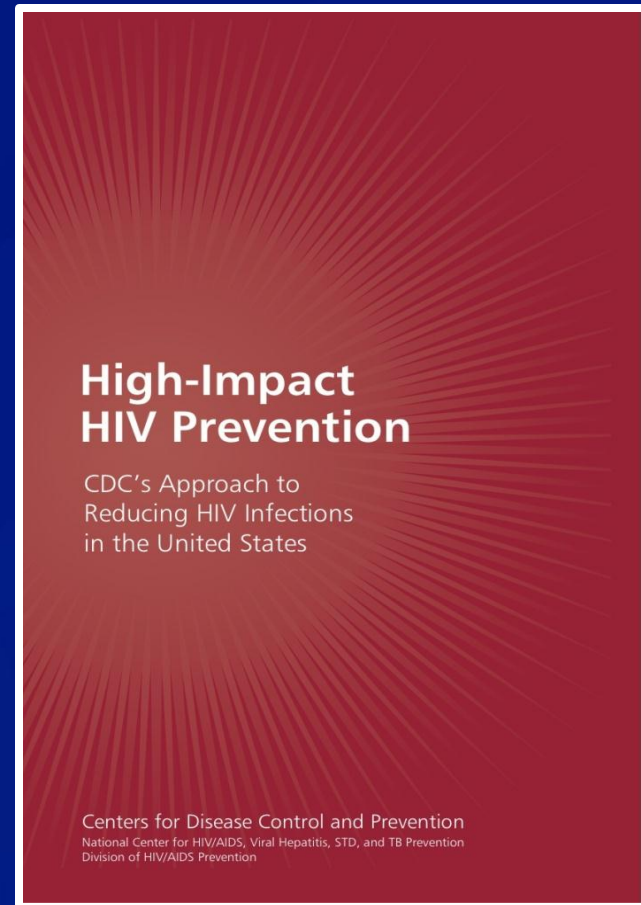
High-Impact Prevention (HIP)

Applying the science of implementation to maximize impact

- ❑ **DHAP released August 2011**
- ❑ **Key components**
 - Effectiveness & cost
 - Feasibility of full-scale implementation
 - Coverage of targeted population
 - Interaction & targeting
 - Prioritizing

Available at:

www.cdc.gov/hiv



HIP to target stigma and discrimination

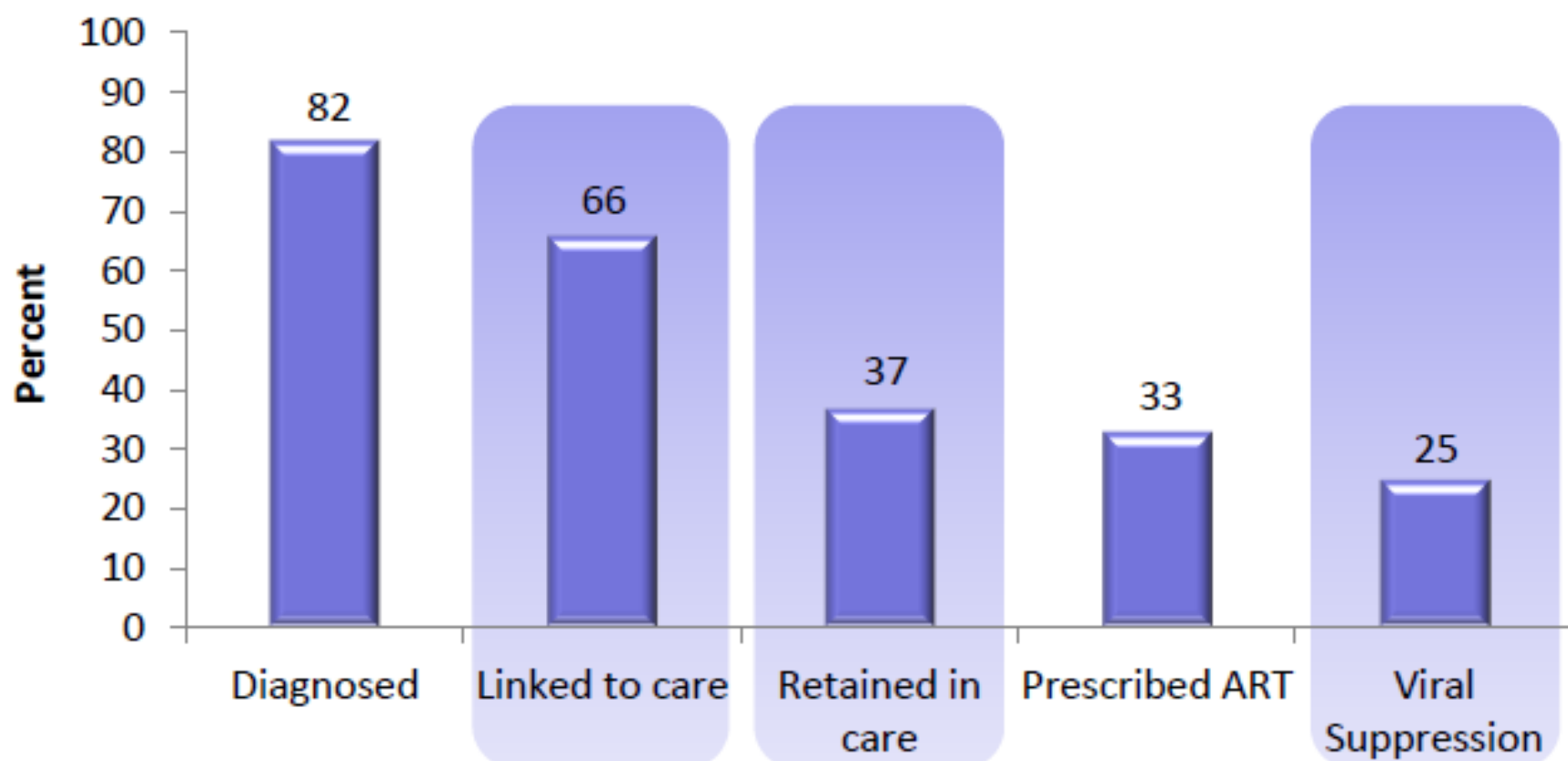
And a range of social, economic, and demographic factors affect some Americans' risk for HIV, such as stigma, discrimination, income, education, and geographic region.

HIP Booklet, pg 1

NHAS recognizes the connection between prevention, care, and treatment in reducing new infections and improving the health of people living with HIV. The strategy also emphasizes the central importance of reducing disparities in HIV prevention and care and in reducing the stigma and discrimination associated with HIV.

HIP Booklet, pg 5

Persons with HIV Engaged in Selected Stages of the Continuum of Care, United States



The Future of HIV Prevention in the U.S. (1)

The Future of HIV Prevention in the United States

Jonathan Mermin, MD, MPH

Kevin A. Fenton, MD, PhD

IN THE UNITED STATES, 1.1 MILLION PEOPLE LIVE WITH human immunodeficiency virus (HIV), a 60% increase from 15 years ago. The increasing number of people who can potentially transmit HIV makes prevention more difficult. Yet federal domestic HIV prevention funding, after adjustment for inflation, has not increased since 1991, necessitating a different approach to HIV prevention.

The CDC's new strategy, "High Impact Prevention," involves prioritizing and implementing the optimal combination of cost-effective, scalable interventions based on current science.¹ This strategy focuses on the goal of the National HIV/AIDS Strategy (NHAS) of reducing the current annual

acquisition vary from 96% for ART for injection drug use to 60% for heterosexual intercourse.³ High-impact interventions include pre-exposure prophylaxis (PrEP), which is being tested in clinical trials. High-impact interventions in research settings have averted 10% of new infections. Implementation of high-impact interventions, and the development of new interventions, are designed to maximize the impact of HIV prevention.

Optimizing utilization of existing interventions, considering economic data, and testing new interventions under uncontrolled conditions are also important. The "case" efficacy of cost-effective interventions is a key metric for determining effectiveness rates.

JAMA, July 25, 2012—Vol 308, No. 4 347

corresponding potential projected savings of \$48 billion in health expenditures by 2020.²

in nonresearch settings. Economic data are needed to determine the effectiveness of interventions.

The Future of HIV Prevention in the U.S. (1)

- **Testing and treatment work**
 - Targeted HIV testing is cost effective, **BUT IT ISN'T ENOUGH**. In health care settings, 73% fewer infections were diagnosed than with opt-out testing
 - Higher viral load associated with HIV transmission
 - Early ART led to 96% reduction in transmission in HPTN 052
- **Expansion of health care coverage presents opportunities through existing systems**
 - ART is often supported by health insurance
 - Most health insurance may cover behavioral interventions by 2014

The Future of HIV Prevention in the U.S. (2)

Health department cooperative agreement - \$339M annually

- ❑ Requires 75% of resources focus on:**
 - HIV testing
 - Prevention with positives
 - Policy change to facilitate prevention
 - Condom distribution
- ❑ Allows flexibility based on local epidemic modeling/need**
- ❑ Shifts from funding hundreds of different approaches to:**
 - Objectively assessing current HIV strategies
 - Focusing on more cost-effective activities
 - Conducting research that will establish groundwork for future

What does this mean for HIV prevention? (1)

- ❑ **Culturally and linguistically competent service providers, social marketing campaigns, and educational materials relevant to intersectional identities** (*e.g., young MSM or transgender people of color without insurance or stable income/housing*)
- ❑ **Community mobilization and messages that target larger numbers of those in communities at greatest risk, and the providers that serve them, to decrease stigma related to**
 - HIV testing
 - Linkages to and retention in care and treatment
 - Medication adherence
 - Condom use

What does this mean for HIV prevention? (2)

- **Structural interventions to address social determinants of health**
 - Access to health care
 - Mental health
 - Substance abuse
 - Documentation
 - Un-/Under-employment
 - Education
 - Housing and food insecurity
 - Incarceration/Re-entry

What is CDC and its capacity building assistance (CBA) partners doing? (1)

Trainings & Webinars targeting providers to:

- ❑ Increase culturally competence in populations at greatest risk**
 - Transgender
 - MSM
 - African American
 - Hispanic/Latino

- ❑ Identify structural barriers to HIV testing, engagement/re-engagement /retention in care, medication adherence, & strategies to address them**

What is CDC and its capacity building assistance (CBA) partners doing? (2)

CBA for Communities

- ❑ Develop, test, adapt & diffuse a community mobilization model (CMM)
- ❑ Provide CBA on adoption, adaptation, & implementation of *existing* CMM
- ❑ Provide CBA to develop & implement CBA recipient's own CMM
- ❑ Develop & implement a cost-effective CBA services delivery plan
- ❑ Improve linkages of HIV prevention services with other services related to STDs, blood-borne diseases (i.e., HBV & HCV), & TB

CDC *Vital Signs* Program call-to-action (11/27/3012)

HIV/AIDS and youth

- ❑ ~ 7% of all Americans living with HIV/AIDS are youth between 18-24 years old**
- ❑ ~ 1000 such youth get infected *each month***
- ❑ ~ 60% of all youth who have HIV don't know they're infected**
- ❑ Nearly half of all new infections among youth occur in African American males, especially among gay & bisexual males**

FACT SHEET:

<http://www.cdc.gov/vitalsigns/pdf/2012-11-27-vitalsigns.pdf>

MMWR:

<http://www.cdc.gov/mmwr/pdf/wk/mm61e1127.pdf>

PRESS RELEASE:

<http://www.cdc.gov/media/releases/2012/dpk-HIV-AIDS-Prevention.html>

Thank You



Gracias

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<http://www.cdc.gov/hiv/topics/cba/>