

# **ACHIEVING HEALTH EQUITY**

## **Breaking Barriers Summit 2019**

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**National Center for HIV, Viral Hepatitis, STD, & TB Prevention**

**Centers for Disease Control and Prevention**

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# **PRESENTATION OVERVIEW**

- **Definitions: Health Equity, Health Disparities and Social Determinants of Health**
- **Epidemiology of HIV—United States and 6 Dependent Areas**
  - State of the HIV Epidemic in the South
- **Factors Driving the Southern HIV Epidemic**
- **CDC/DHAP Strategic Priorities and Initiatives to Achieve Health Equity**

## DEFINITION OF TERMS:

- ☐ Health Equity
- ☐ Health Disparities
- ☐ Social Determinants of Health

# HEALTH EQUITY

- ❑ Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification.
- ❑ "Health equity" or "equity in health" implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.
- ❑ Health - a state of complete physical, mental, and social well-being (WHO).

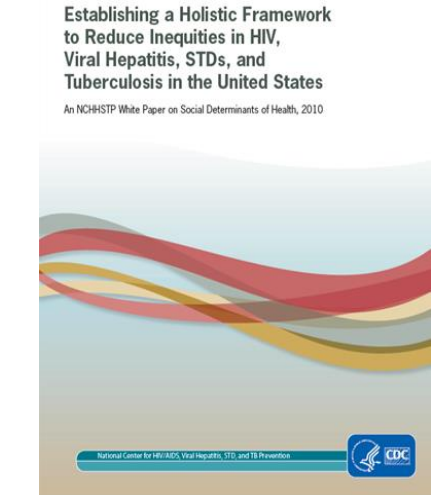


# HEALTH DISPARITIES

- ❑ Healthy People 2020 defines a health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.”
  - ❑ Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

# SOCIAL DETERMINANTS OF HEALTH

- ❑ Systems that influence health status.
- ❑ Shaped by distribution of money, power, and resources at global, national, and local levels.
- ❑ Gender, socioeconomic status, employment status, educational attainment, food security status, availability of housing and transportation, racism, and health system access and quality



<http://www.cdc.gov/socialdeterminants/docs/SDH-White-Paper-2010.pdf>,

Commission on Social Determinants of Health (CSDH), *Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health*. 2008, World Health Organization: Geneva.

# SOCIAL DETERMINANTS OF HEALTH

- **Factors that are related to health outcomes**
  - How a person develops during the first few years of life (early childhood development)
  - Immigration status
  - Stigma/Discrimination and social support
  - Language barriers
  - How much education a persons obtains
  - Being able to get and keep a job
  - What kind of work a person does
  - Having food or being able to get food (food security)
  - Having access to health services and the quality of those services
  - Housing status (homelessness)
  - How much money a person earns

**DHAP OFFICE OF HEALTH EQUITY**

# MISSION

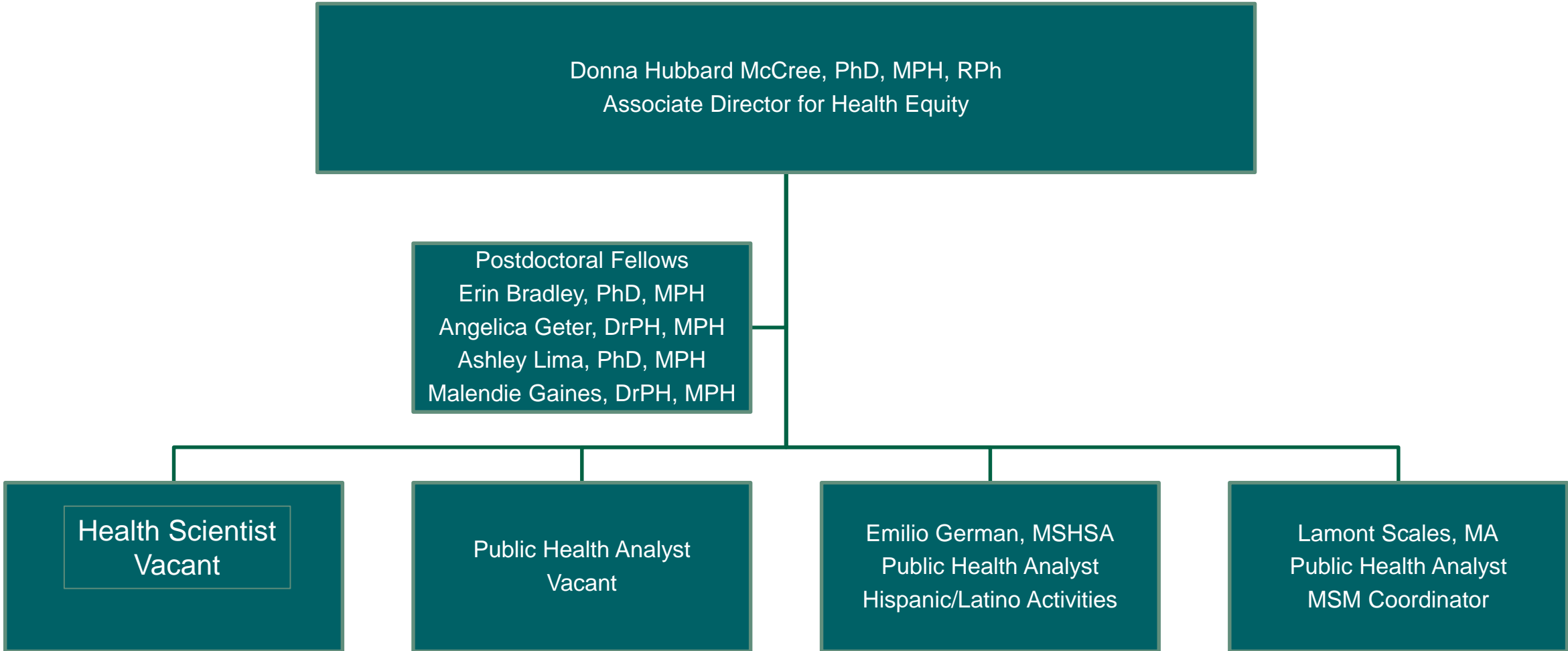
CDC works 24/7 to protect America from health, safety and security threats, both foreign and in the U.S.

**NCHHSTP** - *Save lives, protect people, and reduce health disparities associated with HIV, viral hepatitis, STDs, and TB*

**DHAP** - *To improve quality of life and health equity by preventing HIV infections and reducing health disparities, HIV-related illnesses and deaths in the U.S*

**DHAP OHE** - *to identify scientifically effective strategies to reduce disparities in rates of HIV between groups that are more or less advantaged socially and economically*

# DHAP Office of Health Equity – Organizational Chart



Established 09/06/2010

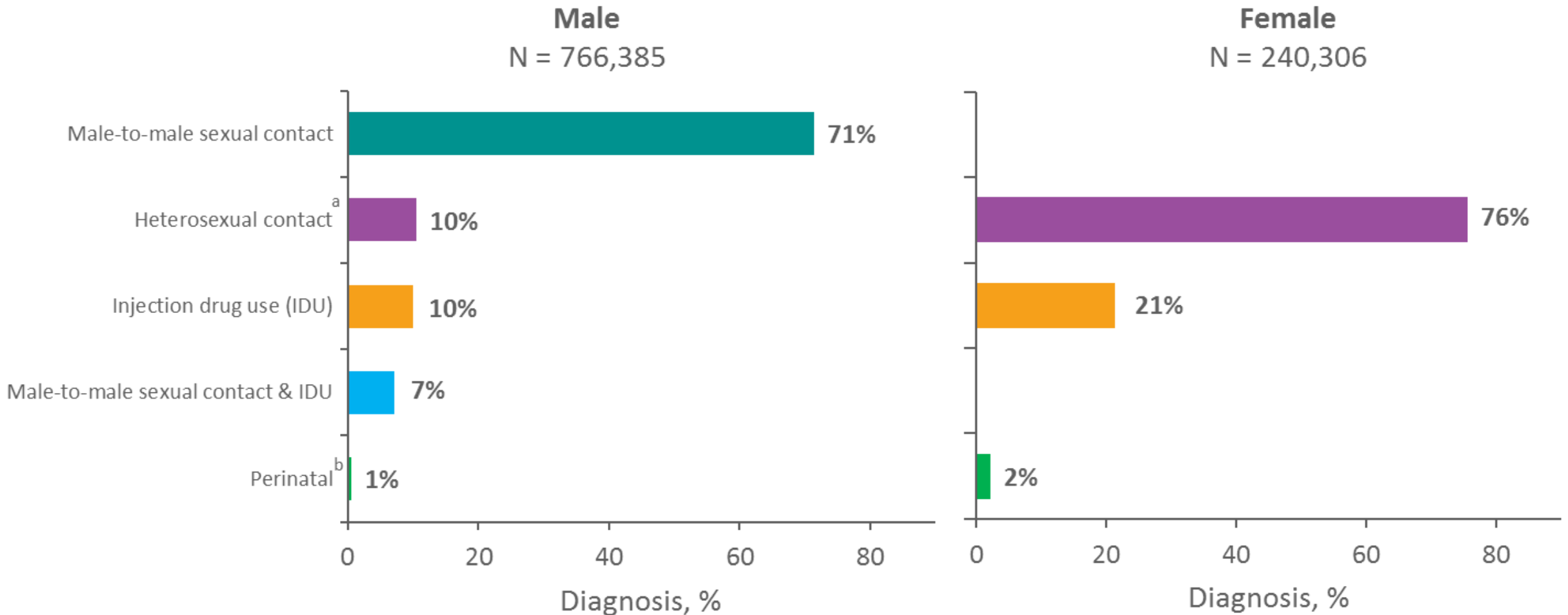
# DHAP OFFICE OF HEALTH EQUITY

## RESPONSIBILITIES AND STRATEGIC FOCUS

- **SCIENCE** – advance the science of health equity as it relates to addressing disparities in rates of HIV between groups who are more or less advantaged socially or economically
- **MONITORING** – monitor the Division’s progress on achieving the NHAS goals and NCHHSTP and DHAP goals per their Strategic Plans
- **PARTNERSHIP** – create partnerships that advance the science and assist in achieving the health equity goals of NHAS, NCHHSTP and DHAP.
- Coordinate the DHAP HIV Prevention in Communities of Color Postdoctoral Fellowship Program
- Maintain MAI Portfolio

# **EPIDEMIOLOGY OF HIV—UNITED STATES AND 6 DEPENDENT AREAS**

# Adults and Adolescents Living with Diagnosed HIV Infection, by Sex and Transmission Category, Year-end 2016—United States and 6 Dependent Areas

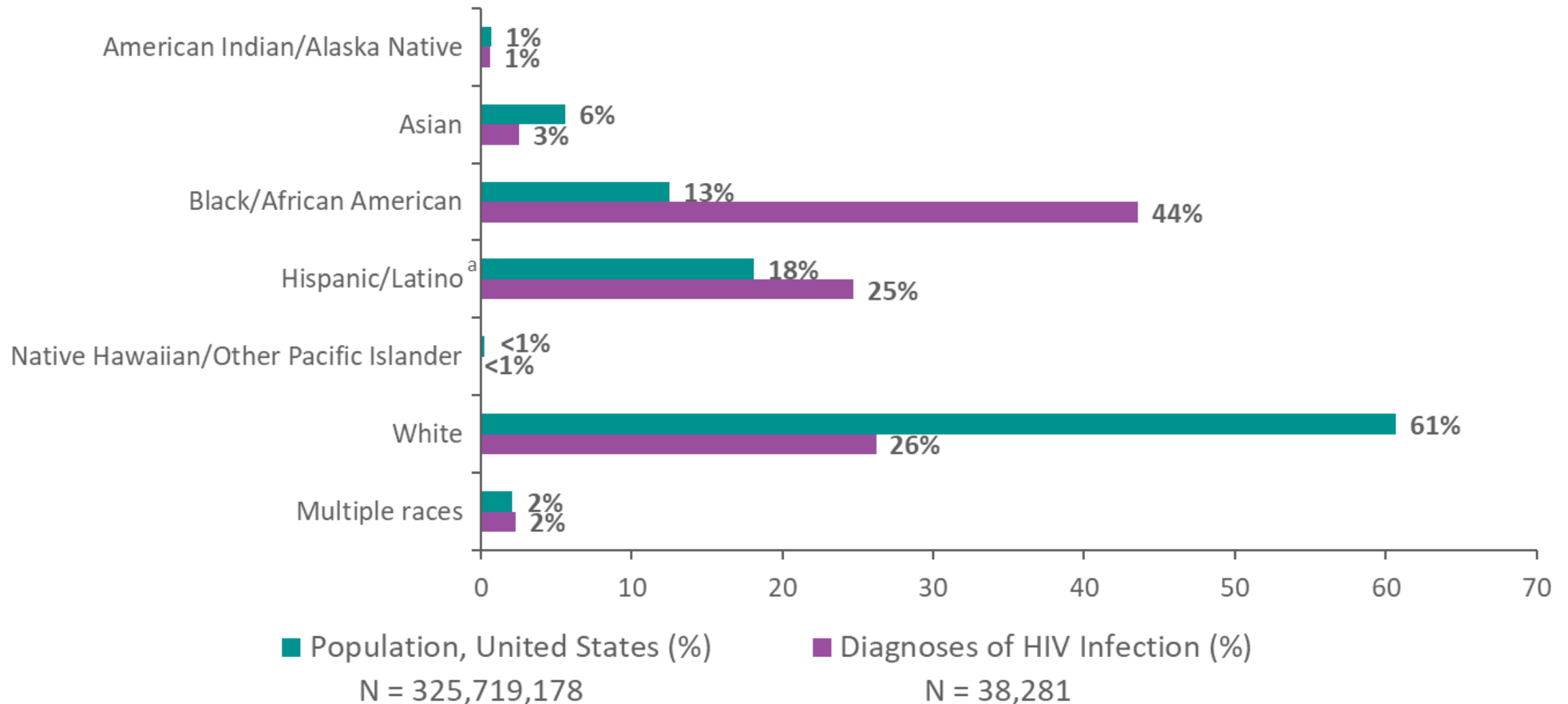


*Note.* Data have been statistically adjusted to account for missing transmission category. “Other” transmission category not displayed as it comprises 1% or less of cases.

<sup>a</sup> Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

<sup>b</sup> Perinatal includes persons whose infections were attributed to perinatal transmission, but were aged 13 years and older at the end of 2016.

# Diagnoses of HIV Infection and Population by Race/Ethnicity 2017—United States



*Note.* Data for the year 2017 are considered preliminary and based on 6 months reporting delay.

<sup>a</sup> Hispanics/Latinos can be of any race.

## Diagnosed HIV Infections Attributed to Male-to-Male Sexual Contact by Race/Ethnicity, 2017—United States and 6 Dependent Areas

Race/ethnicity	No.	%
American Indian/Alaska Native	125	0.5
Asian	750	2.9
Black/African American	9,807	38.1
Hispanic/Latino <sup>a</sup>	7,436	28.9
Native Hawaiian/other Pacific Islander	39	0.2
White	6,982	27.1
Multiple races	609	2.4
<b>Total<sup>b</sup></b>	<b>25,748</b>	<b>100</b>

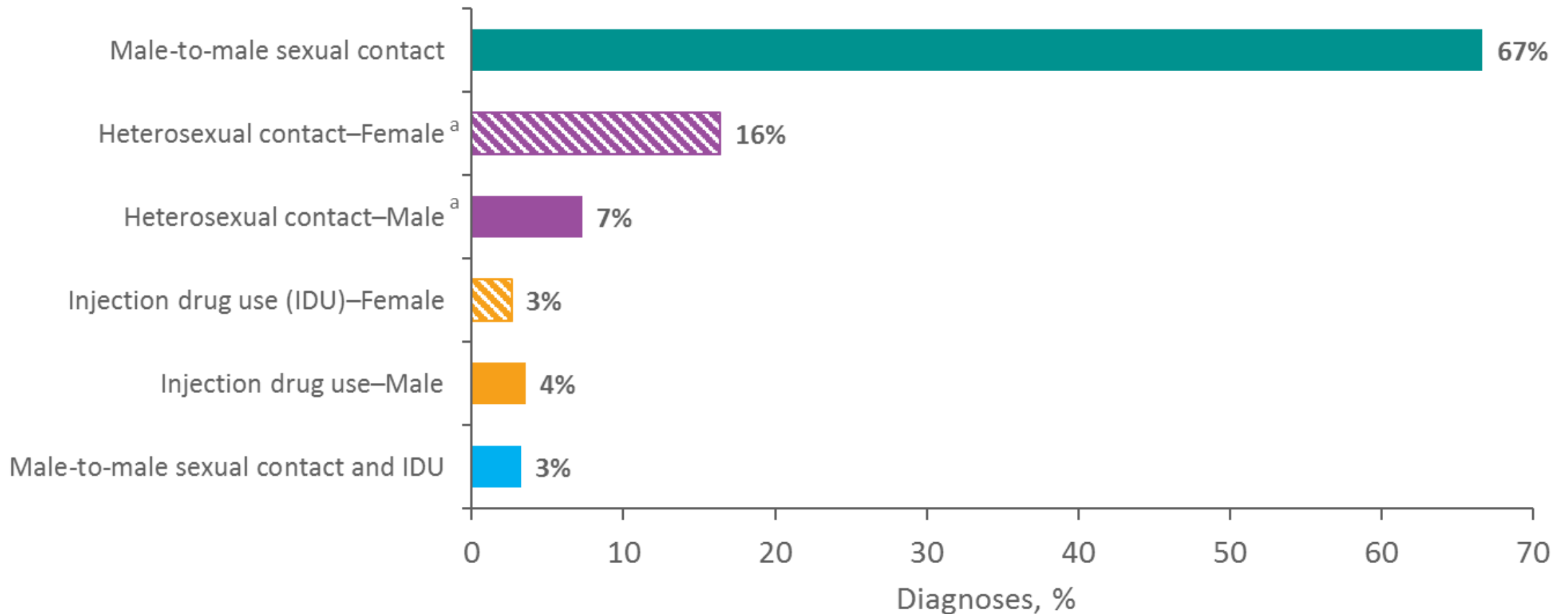
*Note.* Data for the year 2017 are considered preliminary and based on 6 months reporting delay. Data have been statistically adjusted to account for missing transmission category.

<sup>a</sup> Hispanics/Latinos can be of any race.

<sup>b</sup> Because column totals for numbers were calculated independently of the values for the subpopulations, the values in each column may not sum to the column total.

# Diagnoses of HIV Infection among Adults and Adolescents, by Transmission Category, 2017—United States and 6 Dependent Areas

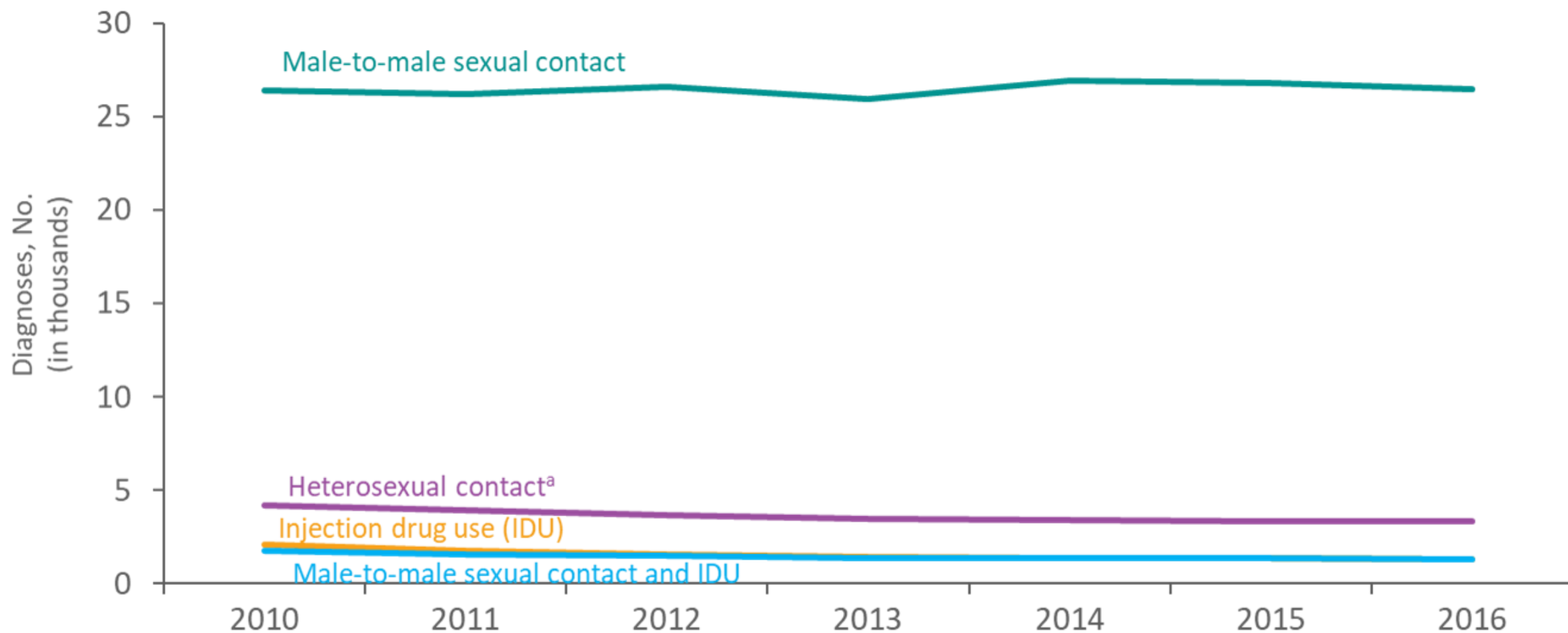
N = 38,640



*Note.* Data for the year 2017 are considered preliminary and based on 6 months reporting delay. Data have been statistically adjusted to account for missing transmission category. “Other” transmission category not displayed as it comprises less than 1% of cases.

<sup>a</sup> Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

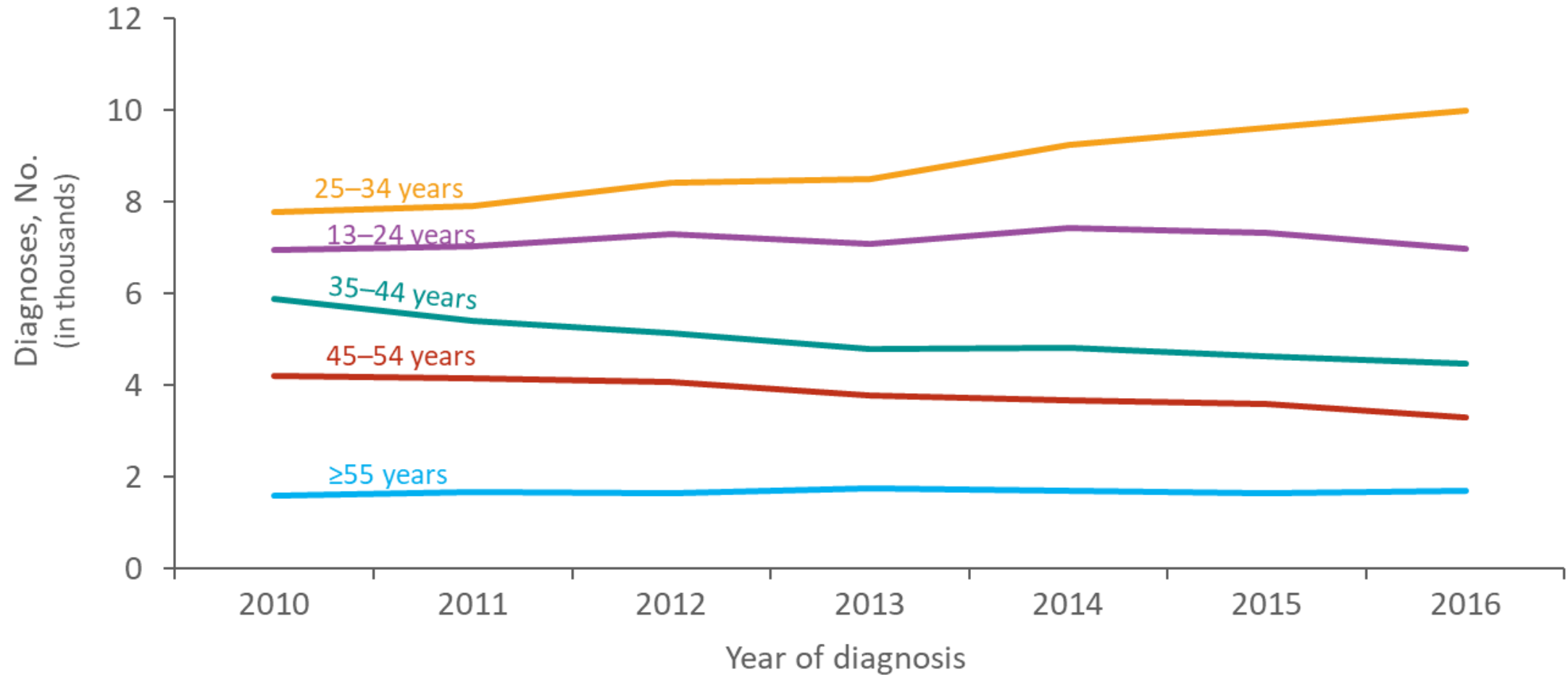
# Diagnoses of HIV Infection among Male Adults and Adolescents, by Transmission Category, 2010–2016—United States and 6 Dependent Areas



*Note.* Data have been statistically adjusted to account for missing transmission category. “Other” transmission category not displayed as it comprises less than 1% of cases.

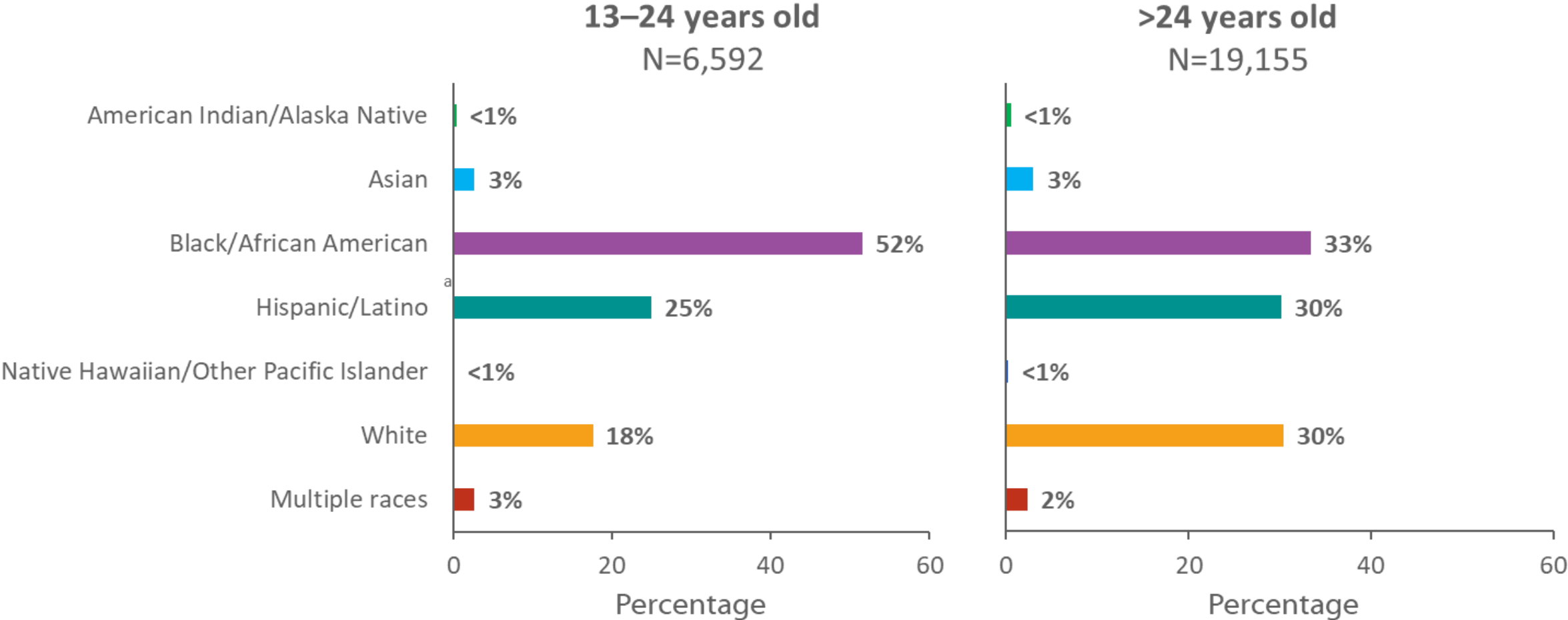
<sup>a</sup> Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

# Diagnoses of HIV Infection among Men Who Have Sex with Men by Age at Diagnosis, 2010–2016—United States and 6 Dependent Areas



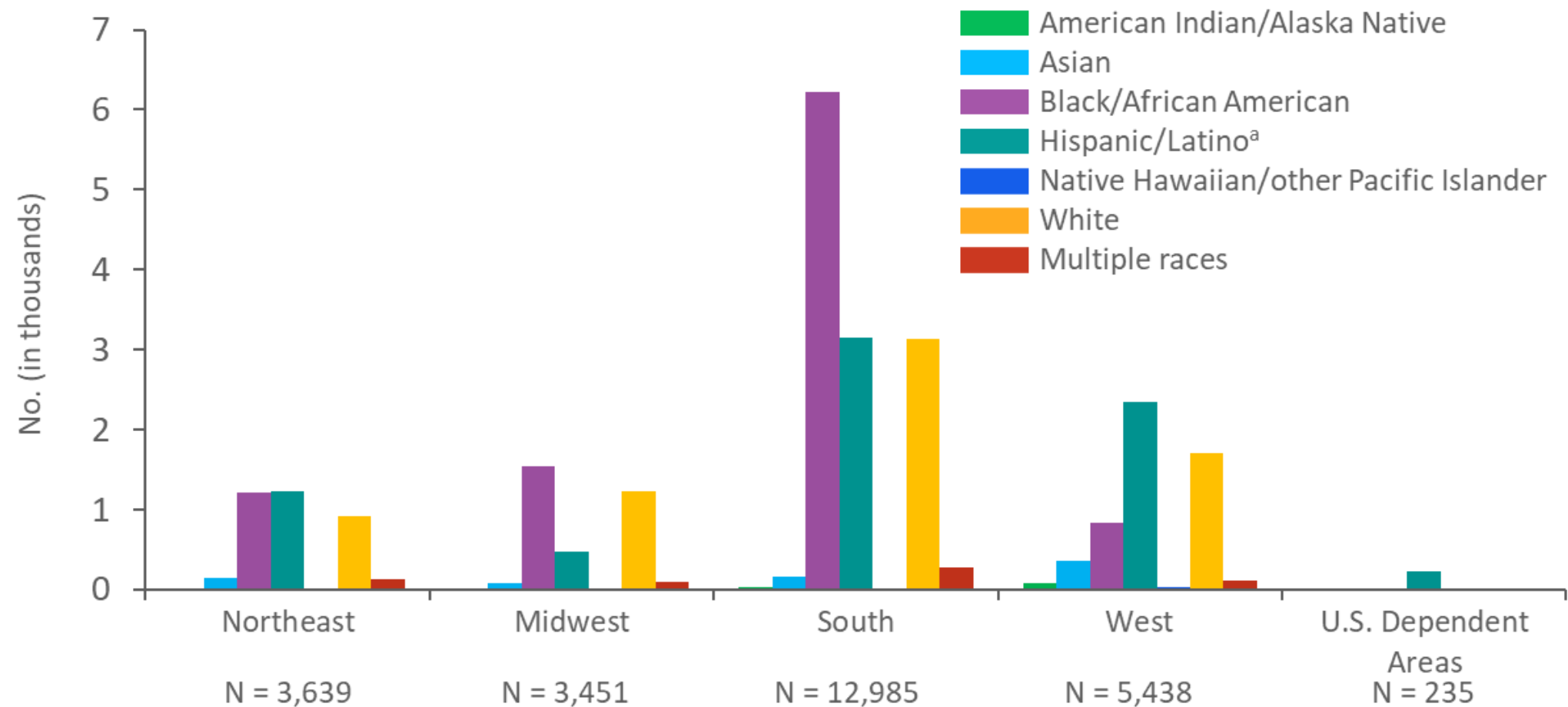
*Note:* Data have been statistically adjusted to account for missing transmission category. Data on men who have sex with men do not include men with HIV infection attributed to male-to-male sexual contact *and* injection drug use.

# Diagnoses of HIV Infection among Men Who Have Sex with Men, by Age Group and Race/Ethnicity, 2017—United States and 6 Dependent Areas



*Note.* Data for the year 2017 are preliminary and based on 6 months reporting delay.  
<sup>a</sup> Hispanics/Latinos can be of any race.

# Diagnoses of HIV Infection among Men Who Have Sex with Men, by Region of Residence and Race/Ethnicity, 2017—United States and 6 Dependent Areas



*Note.* Data for the year 2017 are preliminary and based on 6 months reporting delay. Data have been statistically adjusted to account for missing transmission category. Data on men who have sex with men do not include men with HIV infection attributed to male-to-male sexual contact *and* injection drug use.  
Numbers less than 12, and trends based on these numbers, should be interpreted with caution.  
<sup>a</sup> Hispanics/Latinos can be of any race



## Deaths of Persons with Diagnosed HIV Infection by Race/Ethnicity, 2016—United States

Race/ethnicity	No.	Rate	%
American Indian/Alaska Native	46	1.9	0.3
Asian <sup>a</sup>	95	0.5	0.6
Black/African American	6,795	16.9	44.0
Hispanic/Latino <sup>b</sup>	2,497	4.3	16.2
Native Hawaiian/other Pacific Islander	12	2.1	<1
White	5,038	2.5	32.7
Multiple races	944	14.0	6.1
<b>Total<sup>c</sup></b>	<b>15,428</b>	<b>4.8</b>	<b>100</b>

*Note.* Deaths of persons with diagnosed HIV infection may be due to any cause. Rates are per 100,000 population.

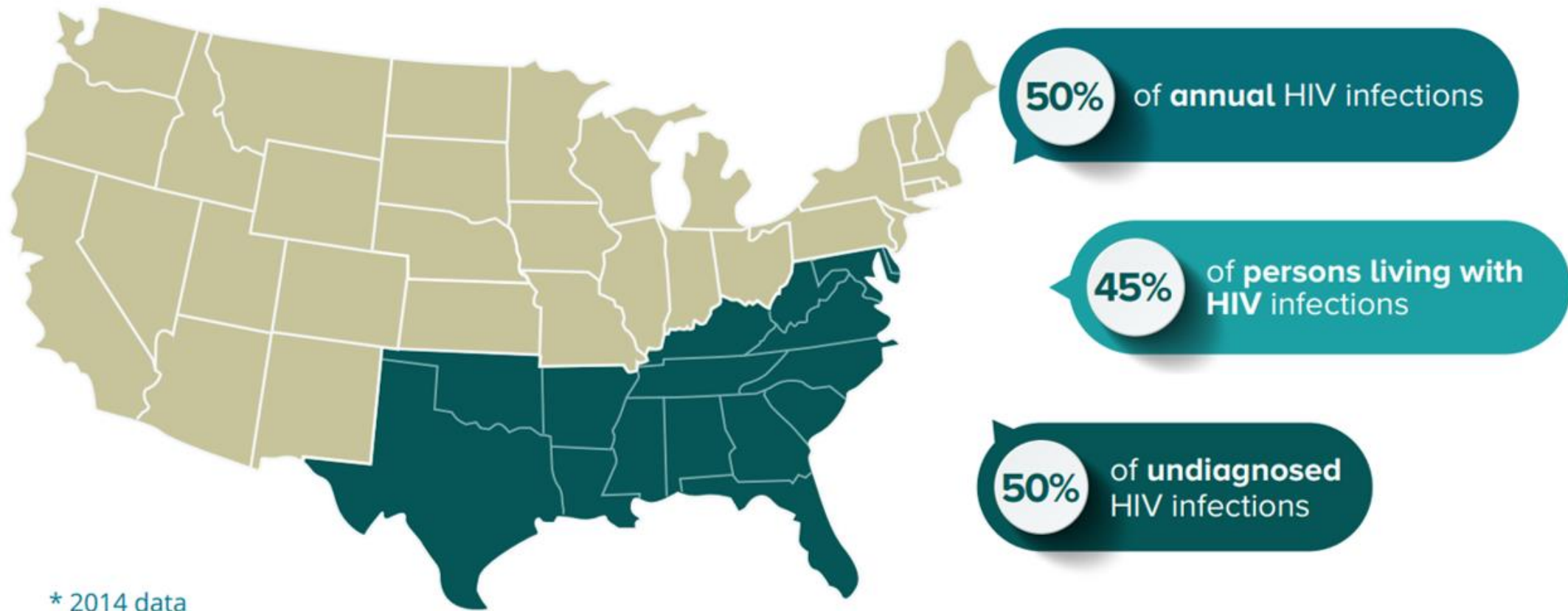
<sup>a</sup> Includes Asian/Pacific Islander legacy cases.

<sup>b</sup> Hispanics/Latinos can be of any race.

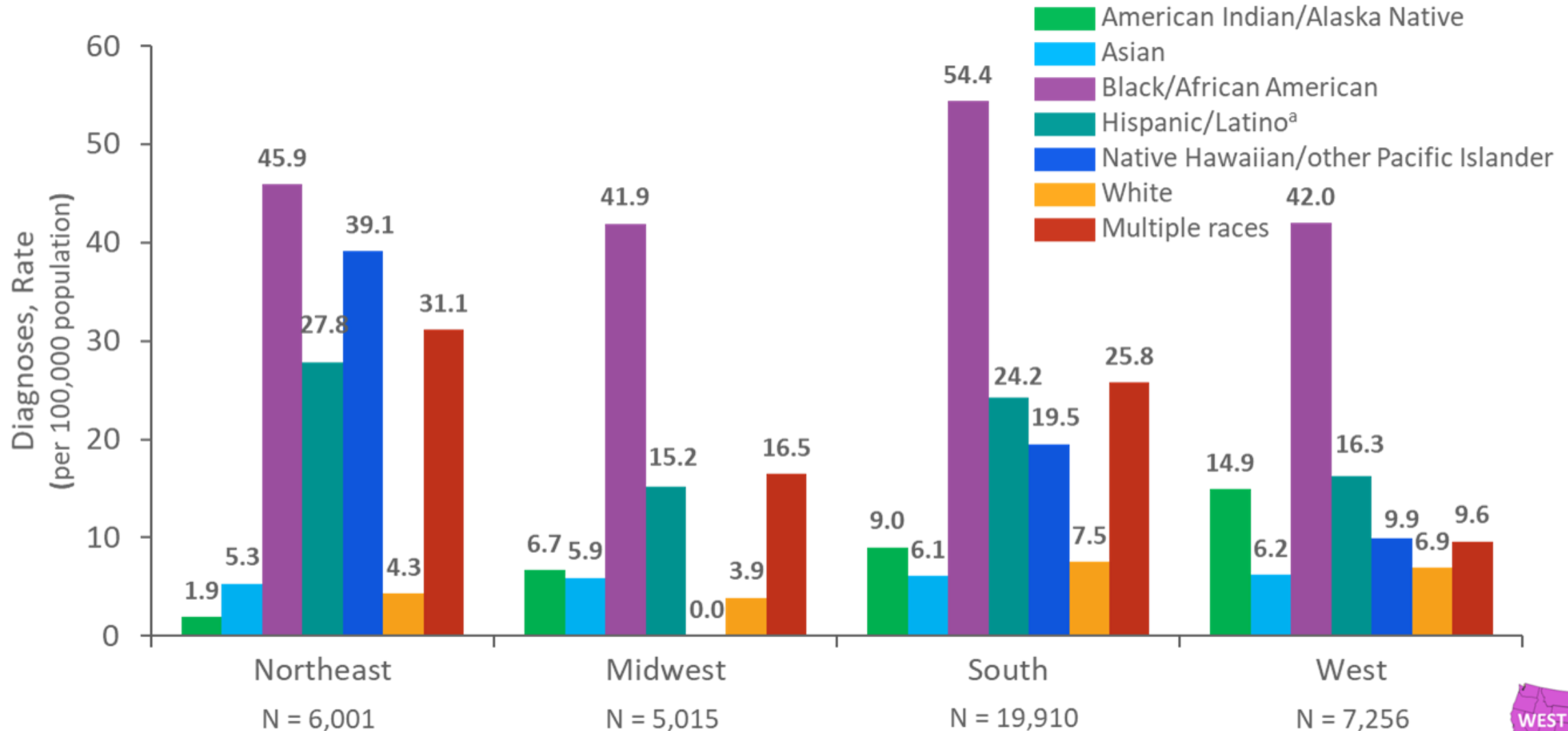
<sup>c</sup> Includes one person whose race/ethnicity is unknown.

# STATE OF THE HIV EPIDEMIC IN THE SOUTH

# Southern states account for 38% of the US population but bear the highest burden of HIV infection.



# Diagnoses of HIV Infection among Adults and Adolescents by Region and Race/Ethnicity, 2017—United States

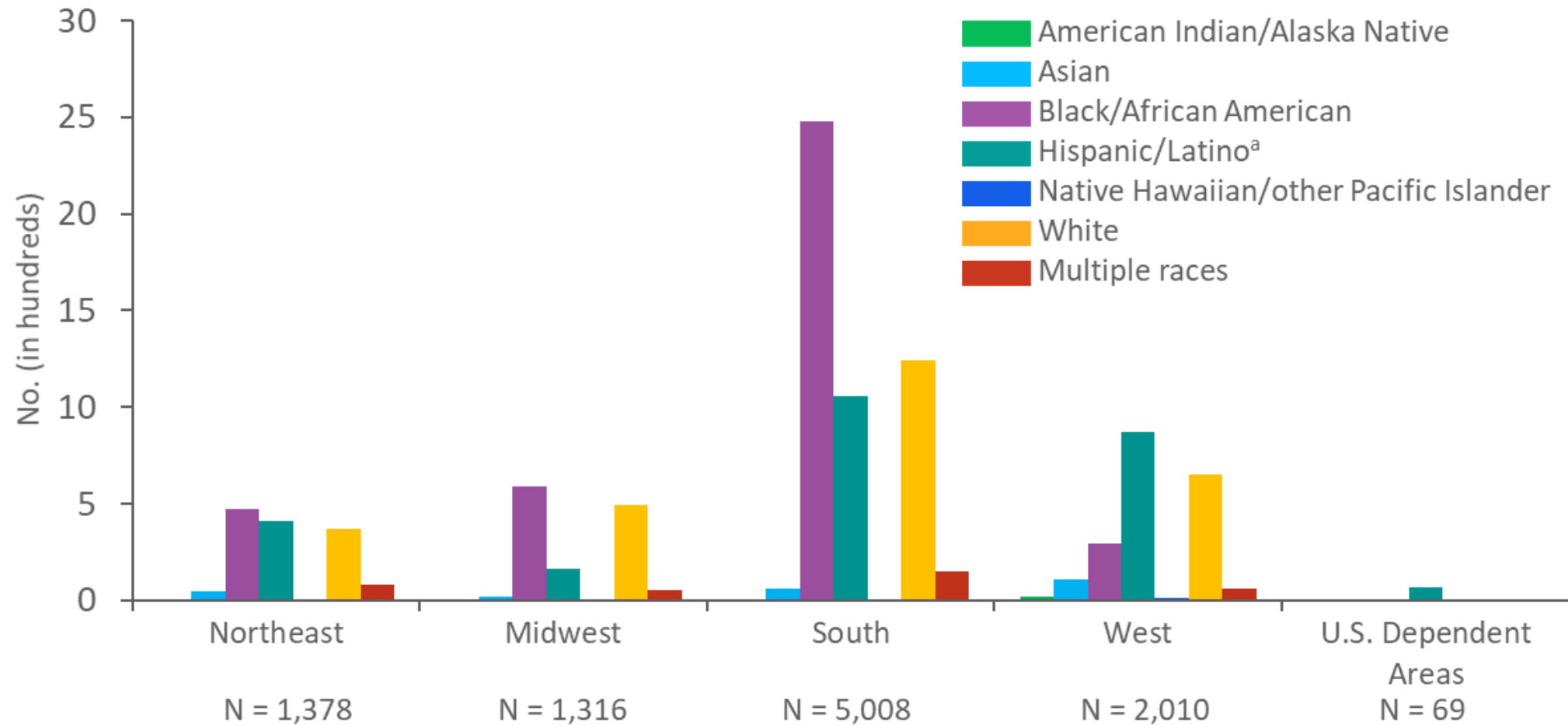


Note. Data for the year 2017 are considered preliminary and based on 6 months reporting delay.

<sup>a</sup> Hispanics/Latinos can be of any race.



# Stage 3 (AIDS) Classifications among Men Who Have Sex with Men, by Region of Residence and Race/Ethnicity, 2017—United States and 6 Dependent Areas



Note. Data for the year 2017 are preliminary and based on 6 months reporting delay. Data have been statistically adjusted to account for missing transmission category. Data on men who have sex with men do not include men with HIV infection attributed to male-to-male sexual contact *and* injection drug use.

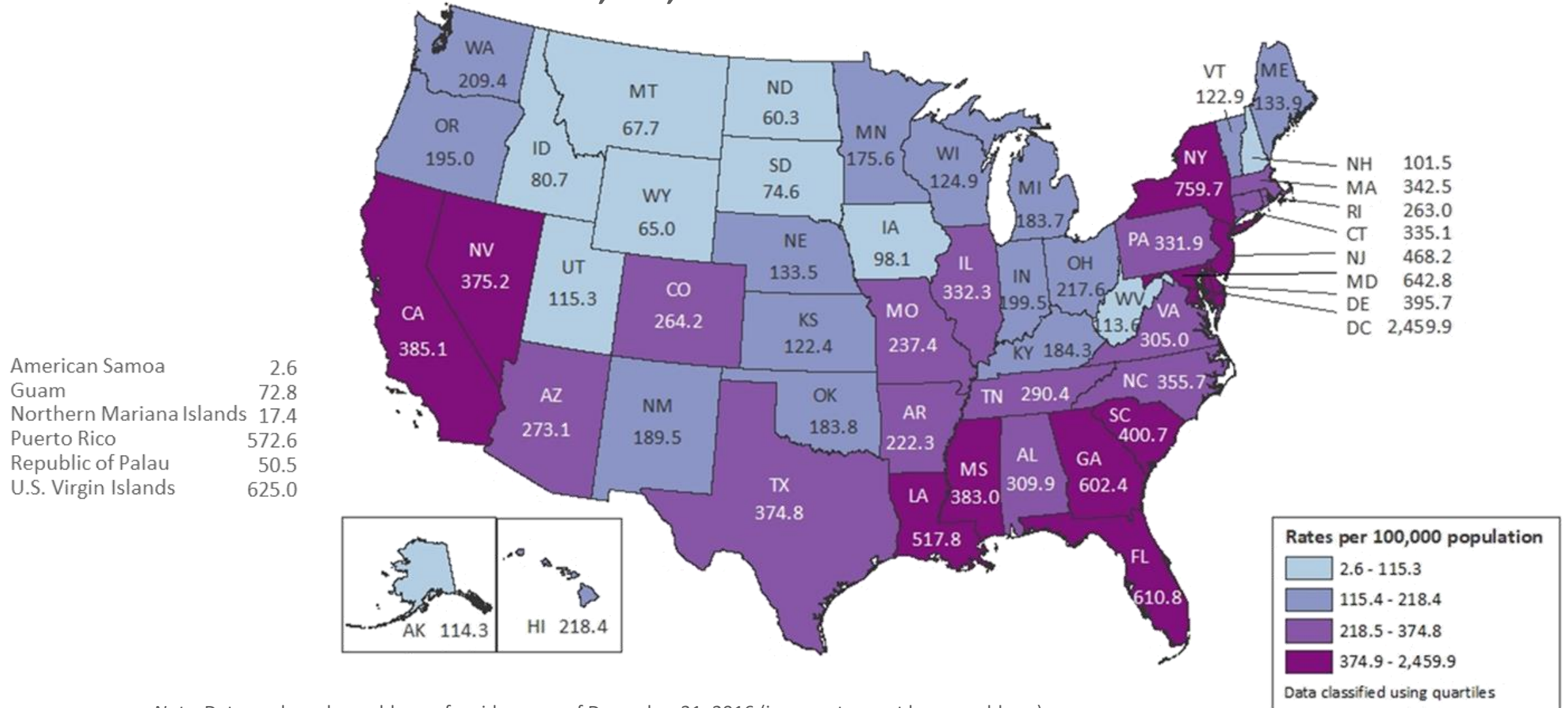
<sup>a</sup> Hispanics/Latinos can be of any race



# Rates of Adults and Adolescents Living with Diagnosed HIV Infection

## Year-end 2016—United States and 6 Dependent Areas

N = 1,006,691    Total Rate = 367.6



Note. Data are based on address of residence as of December 31, 2016 (i.e., most recent known address).

# Factors Driving the Southern HIV Epidemic

# FACTORS RELATED TO HEALTH OUTCOMES

## Social Determinants of Health

- How a person develops during the first few years of life (early childhood development)
- Immigration status
- Stigma/Discrimination and social support
- Language barriers
- How much education a persons obtains
- Being able to get and keep a job
- What kind of work a person does
- Having food or being able to get food (food security)
- Having access to health services and the quality of those services
- Housing status (homelessness)
- How much money a person earns

# **CDC/DHAP STRATEGIC PRIORITIES AND ACTIVITIES TO ACHIEVE HEALTH EQUITY**

**NO  
NEW  
HIV**  
INFECTIONS

Reduce HIV-related Health Disparities



Increase Knowledge of HIV Status



Testing



Prevent New HIV Infections



PrEP



HIV Prevention  
Education and  
Risk Reduction



SSPs



Reduce Transmission of HIV



Viral  
Suppression



Intensive Data-to-Care  
Models



Rapidly Detect and Interrupt  
Active HIV Transmission



Cluster Detection,  
Investigation and  
Response

# DHAP Activities

- The *Act Against AIDS* initiative, which raises awareness about HIV through multiple campaigns and partnerships such as:
  - Let's Stop HIV Together
  - Doing It
  - Start Talking. Stop HIV.
  - PS15-1505: Enhancing HIV Prevention Communication and Mobilization Efforts Through Strategic Partnerships



Knowledge of  
Status



Prevent New  
Infections















Reduce  
Transmission



Rapid Response  
Capacity

# DHAP Activities: Health and Health Care

- PS15-1506: Health Department Demonstration Projects to Reduce HIV Infections and Improve Engagement in HIV Medical Care among MSM and Transgender Persons  
  
- PS15-1509: Health Department Demonstration Projects for Comprehensive Prevention, Care, Behavioral Health, and Social Services for MSM of Color at Risk for and Living with HIV Infection  
  
- PS15-1510: Health Department Demonstration Projects for Comprehensive Prevention, Care, Behavioral Health, and Social Services for MSM of Color at Risk for and Living with HIV Infection  
  
- Partnerships for Care (P4C) (SMAIF) : Health Departments and Health Centers Collaborating to Improve HIV Health Outcomes  
  

 Knowledge of Status

 Prevent New Infections

 Reduce Transmission

 Rapid Response Capacity

# DHAP Activities: Built Environment

- PS11-003: Minority AIDS Research Initiative



- DHAP/ORISE HIV Prevention in Communities of Color Post-doctoral Fellowship Program



# DHAP Strategic Plan Aligned with NHAS

## Overarching Strategic Goals

1. Reduce New Infections
2. Increase Access to Care and Improve Health Outcomes for People Living with HIV
3. Reduce HIV-Related Health Disparities and Health Inequities

Division of HIV/AIDS Prevention  
Strategic Plan 2017 - 2020

***Vision, 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.”

The three overarching goals highlighted in this plan are to decrease:

- incidence of infection
- morbidity and mortality and
- health disparities

DHAP's blueprint for achieving its vision of a future free of HIV

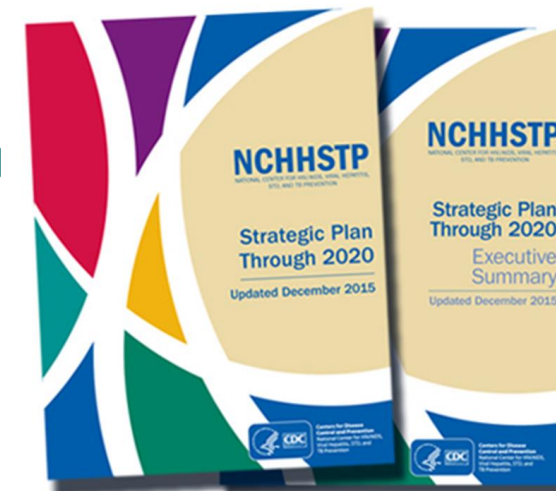
<https://www.aids.gov/federal-resources/national-hiv-aids-strategy/overview/>

NATIONAL HIV/AIDS STRATEGY  
for the UNITED STATES:

UPDATED TO 2020

INDICATOR SUPPLEMENT

DECEMBER 2016



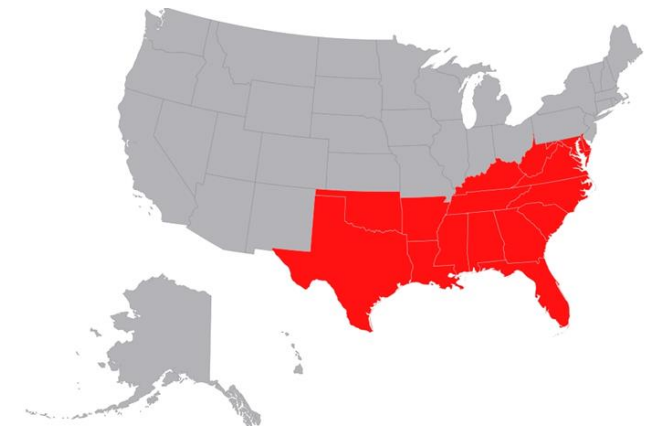
# **DHAP STRATEGIC PLAN—GOAL 3: REDUCE HIV-RELATED DISPARITIES AND HEALTH INEQUITIES – HOW?**

**To work towards reducing HIV-related disparities and health inequities, DHAP will prioritize the following prevention efforts:**

- Collecting and reporting data on HIV-related disparities
- Developing interventions, partnerships, and communication efforts that increase capacity to effectively deliver critical services to disproportionately affected key populations
- Addressing the social and structural factors that can influence health outcomes

# Goal 3: Reduce HIV-related disparities and health inequities – Who?

- DHAP will target efforts to address HIV-related health disparities to the following populations: MSM, especially young black and Hispanic/Latino MSM; persons who inject drugs; transgender persons; and persons living in the southern United States.

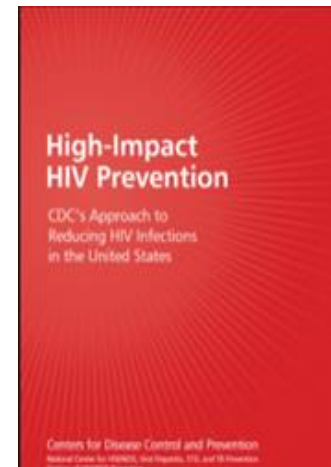


# High Impact Prevention (HIP)



## What is High-Impact Prevention?

- HIP is a public health approach to disease prevention in which cost-effective, proven, and scalable interventions are targeted to specific populations based on disease burden. It provides a strategy for using data to maximize the impact of available resources and interventions.
- The primary goals of HIP are to prevent the largest number of new infections, save life-years, and reduce disparities among populations. In this approach to disease prevention, resources are aligned with disease burden in geographic areas and within populations.



# What Can We Do To Reduce HIV-Related Inequities

To reverse the trends among All MSM, we must (but not limited to):

- Increase awareness and support HIV testing
- Strengthen existing efforts that support treatment as prevention (TasP) and increase engagement in care (**viral load suppression**)
- Promote HIV prevention among at risk persons (MSM of all races and ethnicities)
  - Increase PrEP uptake
  - Reduce risk behaviors
- Understand regional epidemiological HIV profiles

# What Can We Do To Reduce HIV-Related Inequities

## Six focus areas for priority actions:

- research and surveillance,
- health communication,
- Health policy,
- prevention programs,
- capacity building, and
- **partnerships.**

Establishing a Holistic Framework  
to Reduce Inequities in HIV,  
Viral Hepatitis, STDs, and  
Tuberculosis in the United States

An NCHHSTP White Paper on Social Determinants of Health, 2010





# CDC

- Ensure state and local health departments have the capacity to provide essential services
- Assist when an outbreak affects more than one state, or a state needs assistance with an outbreak.
- Provide technical expertise, advice, and support.

# Health Departments

- Protect the health of the local community
- Provide frontline services – screening, treatment, support
- Conduct surveillance
- Help set public health policy and priorities

# Community-Based Orgs.

- Provide voice and advocacy to the members of the community
- Participate in discussions on public health policy and priorities
- Provide frontline services



## **Bridging the Gap Requires Continued Partnerships**

*Working together to identify and address structural and perceived barriers to accessing care for people living with or at risk for HIV*

# Thank You

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For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

