### Ending the HIV Epidemic: HIV Prevention for Women in the South

Office of Infectious Disease and HIV/AIDS Policy (OIDP)

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## **Ending the HIV Epidemic in the U.S.**

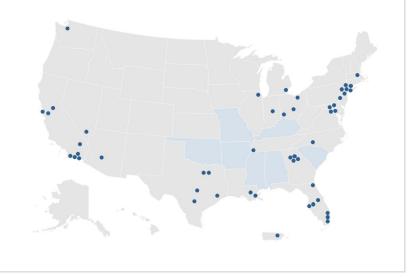
**GOAL:** 

75%
reduction in new
HIV infections
in 5 years
and at least

90% reduction in 10 years.

#### **FOCUSED EFFORT**

- 48 counties, DC, and San Juan account for 50% of new HIV diagnoses in 2016.
- 7 states with the most substantial HIV diagnoses in rural areas.



### Led by HHS



### Prevention Through Active Community Engagement (PACE) Program

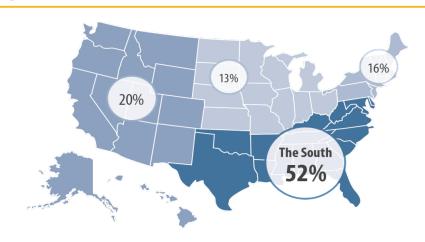


- Prioritize the three HHS regions that have a substantial burden of new HIV diagnoses
- PACE
  - Serve as OIDP Lead for "Ending the HIV Epidemic" in the regions
  - Pridge the gap between community and federal programs





### **Demographics of the HIV Epidemic**





69% WERE AMONG GAY, BISEXUAL, AND OTHER MEN WHO HAVE SEX WITH MEN

24% WERE AMONG HETEROSEXUALS 7% WERE AMONG PEOPLE WHO INJECT DRUGS

 From 2014 to 2018, HIV diagnoses increased 6% among Al/AN overall

Whites 25%

**Asians** 

2%

Hispanics/

Latinos<sup>†</sup>

27%

Multiple races

American Indians/

Alaska Natives

<1%

Blacks/African

Americans\*

42%

Native Hawaiians/

Other Pacific

Islanders

<1%

- African Americans

   accounted for 42% of HIV diagnoses
   and 13% of the population
- Hispanics/Latinos
  accounted for 27% of HIV diagnoses
  and 18% of the population



### PACE Socio – Ecological Model

**Societal** Federal, Regional & State Entities

**Community** Local Community Attributes: Access, Providers, CBOs

**Relationship** Social Network and Relationships

**Individual** Demographics, Health Risk Behaviors & Empowerment

### Some Common Themes in States with Rural HIV Burden

#### **Community level challenges**

- Stigma, confidentiality
- Medical mistrust
- Access to health care, mental health, substance abuse
- Access to telehealth
- SDoH- transportation, housing, etc.
- Limited case management support
- Limited demand generation

#### **Provider level – Training/Capacity building**

- Awareness of HIV prevention services and programs
- Skills development:
- Taking sexual history to determine eligibility for PrEP
- Facilitating HIV opt out testing
- Addressing patient confidentiality concerns
- Cultural humility and respectful engagement
- Optimizing HIV telehealth services



#### System level challenges

- State Health Office human resource capacity
- Integration of HIV Prevention (PrEP) in primary care setting
- Creating an enabling environment for implementing HIV programs
- Integrating models that address SDoH and wrap around services
- Strengthening support for HIV telehealth services
- Support providers in addressing stigma and confidentiality
- Limited connectivity to facilitate telehealth services
- Criminalization laws
- Policies SSPs

# National HIV/AIDS Strategy (2022- 2025) update



for the **United States** 2022–2025



#### In 2019 Disparities among men

- Gay and bisexual men account for 66% of new HIV diagnosis despite accounting for only 2% of the population
- 26% of new HIV infections were among Black gay and bisexual men
- 23% of new cases are among Latino gay and bisexual men
- 45% of new cases were among gay and bisexual men under the age of 35

#### Disparities persist among women (2019)

- Black women are disproportionately affected compared to women of other races/ ethnicities.
  - From 2015 to 2019, the rate of new HIV infections among Black women was 11 times that of White women and 4 times that of Latina women.

#### Disparities by age

In 2019, youth aged 13–24 years composed 21% of the new HIV diagnoses in the United States

# **National HIV/AIDS Strategy—Priority Populations**

- Gay, bisexual, and other men who have sex with men, in particular Black, Latino, and American Indian/Alaska Native men
- Black women
- Transgender women
- Youth aged 13–24 years
- People who inject drugs

Prioritized based on incidence, diagnoses, and viral suppression data

