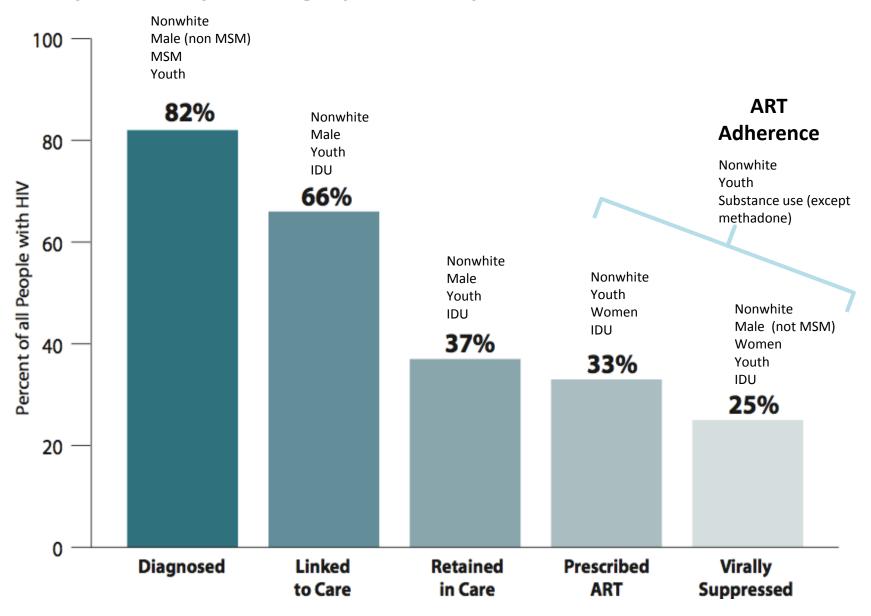
Structural Factors and the HIV Continuum of Care

Gregorio Millett
Vice President and Director of Public Policy, AmFAR
Housing and HIV/AIDS Summit
October 21, 2014

Disparities by Demographic Group Across Treatment Cascade



(Sources: Rebeiro, 2013; Muthulingam, 2013; Hannah, 2013; CDC, 2012; Hall, 2012; Traeger, 2012; Dennis, 2011; Hartzell, 2011; Torian, 2011; Tripathi, 2011; Campsmith, 2010; Giordano, 2010; Knowlton, 2010; Geetanjali, 2009; Lemly, 2009; Mugavero, 2009; Weintrop, 2009; Anaston, 2005; Giordano, 2005; Klein, 2003)

Foreign-Born Latinos & HIV Outcomes

Factors in the Delayed HIV Presentation of Immigrants in Northern California: Implications for Voluntary Counseling and Testing Programs

Vivian Levy · Diane Prentiss · Gladys Balmas · Sanny Chen · Dennis Israelski · David Katzenstein ·

Kimberly Page-Shafer

Table 1 Demographic characteristics, CD4+ count at entry into AIDS program and prevalence of opportunistic infections (OIs) at HIV diagnosis among immigrant and U.S.-born patients in the San Mateo County AIDS program, Northern California 2000–2002 (n = 391)

Variable	Immigrants $(n = 94) N(\%)$ or median (IQR)	U.SBorn ^a (n = 297) N(%) or median (IQR)	<i>p</i> -value
Male ^b	71 (75.5%)	219 (73.7%)	0.649
Median age	31 (27-38)	35 (29-41)	0.001
Hispanic ethnicity	74 (78.7%)	20 (6.7%)	<.001
Monolingual (non-English) ^c	66 (70.2%)	1 (0.34%)	<.001
Country of birth			
Mexico	57 (61.3%)		
Central America	13 (14.0%)		
Asia	12 (12.9%)		
Other	11 (11.8%)		
Mean initial CD4+ count	287 cells/mm ³	333 cells/mm ³	0.143
Prevalence of OIs	28 (29.8%)	51 (17.2%)	0.009
Hospitalizations $(n = 59)$	19 (20.2%)	37 (12.5%)	0.064

Table 2 Independent associations with opportunistic infection (OI) at first HIV diagnosis (multivariate analysis) for 391 patients entering San Mateo County AIDS Program, California 2000–2002

	Adjusted OR (95% CI)	
Immigrants	2.98 (1.21–7.38)	
Monolingual status	1.17 (0.40-3.43)	
Hispanic	0.51 (0.19-1.34)	

US-Mexico border: 46% Latinos dx late vs. 37% Whites (Espinoza, 2009)

- higher proportion of late diagnoses among foreign-born compared to US-born Latinos (51% vs. 39%)
- increased risk of delayed diagnosis among foreign-born vs. US-born males (AOR 1.7, 95% CI 1.4–2.2)

LA County Spanish-speaking Latinos 3x more likely to present late compared to English-speaking Latinos (Wohl, 2009)

Greater mortality rates among Latinos born in Puerto Rico than mainland US (Hanna, 2008; Nash, 2005)

HIV-Related Disparities by Sex

- Higher diagnosis rates and higher CD4 among women (Meditz, 2011)
- Time in care and on HAART least for
 - females than males (57% vs. 71%;
 P=.01) (Meditz, 2011)
- Women significantly
 - less likely to use HIV primary care services (OR 0.56, CI 0.35, 0.90)
 - greater use of the emergency department (OR 2.13, 1.31, 3.46) (Sohler, 2009)
- Mortality higher among women
 - Even after adjustment for the length of time on HAART (Lemly, 2009)

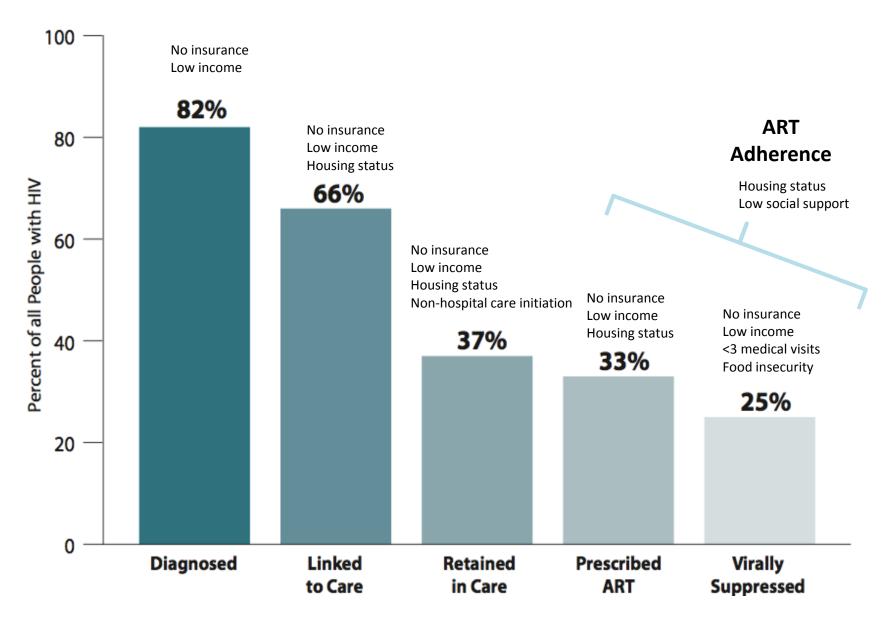
'She Killed Me, So I Killed Her': Man Allegedly Stabs Girlfriend to Death after She Tells Him She's HIV Positive



- Domestic violence (Machtinger, 2012)
 - Meta-analysis: 29 US studies women PLWHIV
 - 30% PTSD (5x times national rate)
 - 55.3% intimate partner violence (>2x the national rate)
 - Recent trauma associated with 4x odds of ART failure
 - Domestic violence doubled risk of death

Disparities persist between black and other MSM throughout treatment cascade (24 comparative studies) Lower income (7\$20k) **Undiagnosed HIV** OR, 6.38 (4.33-9.39) HIV Diagnosed HIV+ Detection OR, 3.00 (2.06-4.40) ART utilization/ access OR, 0.56 (0.41-0.76) >200 CD4 Health insurance OR, 0.47 (0.29-0.77) cells/mm³ before ART initiation OR, 0.40 (0.26-0.62) Healthcare visits OR, 0.61 (0.42-0.90) ART adherence OR, 0.50 (0.33-0.76) **HIV** suppression OR, 0.51 (0.31-0.83) **Viral Suppression**

Disparities by Structural Factors Across Treatment Cascade



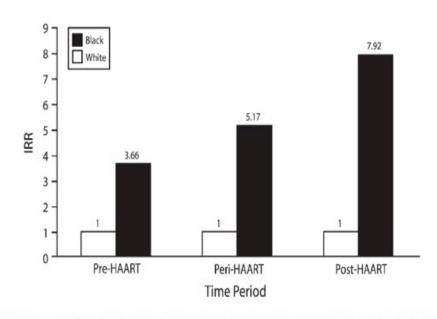
(Sources: Muthulingam, 2013; Hannah, 2013; CDC, 2012; Hall, 2012; Traeger, 2012; Torian, 2011; Knowlton, 2010; Meade, 2009; Mugavero, 2009; Weiser, 2009; Kidder, 2007; Bell, 1999)

AIDS Mortality Disparities

- AIDS deaths have declined least in the ART era
 - Among PWAs living in the South (Prejean et al, 2012)
 - Among black and Latino
 MSM relative to white
 MSM (Blair et al., 2002; Hall et al., 2007)
 - Among black women compared to white men (44% vs. 79%, respectively CDC 2009)
 - Among Latinos compared to blacks or whites (Cunningham et al., 2010)

Mortality incident rate-ratios between blacks and whites have <u>increased</u> since availability of ART

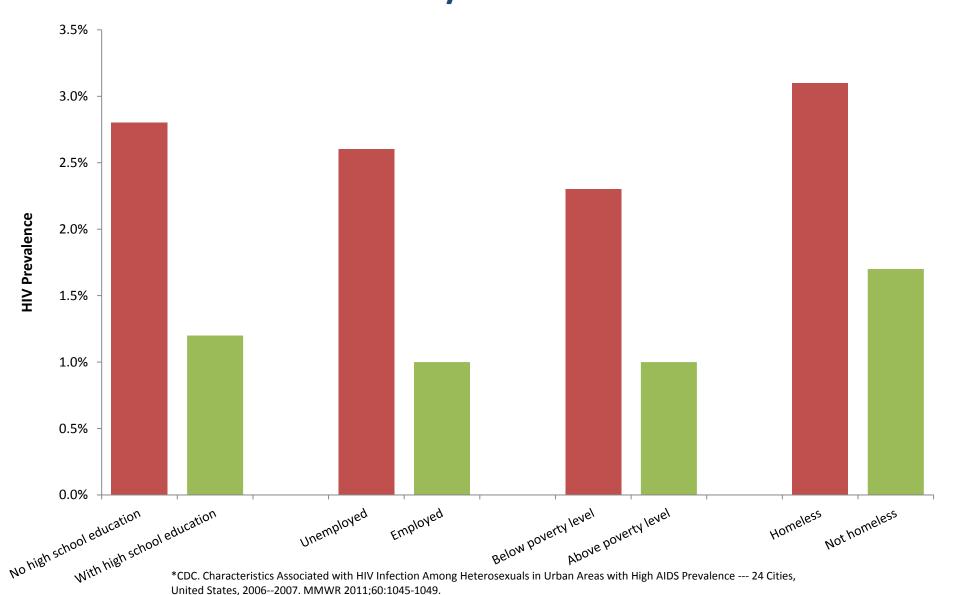
Reason: Less access to healthcare in racial minority communities



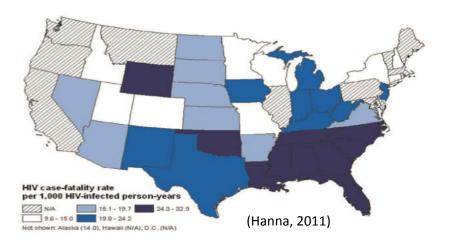
Note. HAART = highly active antiretroviral therapy; IRR = incident rate ratio. For each period, the results from the model were adjusted for age, gender, and urbanicity. Whites were the reference group.

(Levine, 2007)

HIV Infection Among Heterosexuals in Urban Areas, by Socio-Economic Indicators, 2006-2007, N=14,837-Structural/Environmental

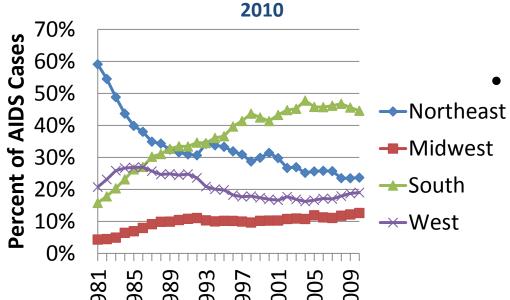


ART Initiation and Survival, Southern US vs. Other Regions



Compared to South, PWAs from other regions more likely to initiate treatment (Hazard Ratio [HR], 1.26, 95% CI, 1.0–1.57; P= 004 (Meditz, 2011)

Figure 1. Percent of estimated diagnoses^a of AIDS by region^b and year, United States, 1981-2010



Among blacks and Latinos, survival after HIV dx worse in the South than other regions (Prejean, 2012)

Within the South

- survival at 36 months after HIV dx best for whites vs blacks or Latinos
- males in urban areas at HIV dx had higher survival rates at 36 months vs males in suburban or rural areas

Housing and the Continnum

- HIV in homeless/marginallyhoused populations is 5-10x than among housed (Robertson, 2004)
- Being marginallyhoused is a risk factor for shorter time to sersoconversion (Bruneau, 2011)

- Homeless PWAs less likely to have CD4>200 or undetectable VL compared to housed PWAs (Kidder, 2007)
- Homeless PWAs have greater mortality rates (as high as 10x) than housed PWAs (Lieb, 2002)
- Seek, test and treat???

- 1. EXPENSIVE
- 2. HARD TO MEASURE
- TAKE A LONG TIME TO IMPLEMENT
- NOT A ONE-TIME INTERVENTION
- 5. COUNTERINTUITIVE EFFECTS
- 6. COMMUNITIES ARE NOT HOPELESS- RESILIENCY

BUT NOTHING ELSE HAS THE POTENTIAL TO AFFECT SO MANY

Milestones in Implementing the Strategy

December 2010:

- HRSA begins receiving client-level data from grantees to improve accuracy and reduce duplication
- CDC analysis shows 1/3 of HIV diagnoses among Americans between 2001-2009 were diagnosed late

November2010:

- NIH announces iPrex results
- President Obama releases statement praising CAPRISA and iPrex results

July 2011:

- CDC launches Enhanced Comprehensive HIV Prevention Planning, cornerstone of HHSwide 12 Cities Project
- FDA approves 2nd Fourth **Generation HIV Diagnostic Test** for earlier detection of infection

June 2011:

• CMS releases guidance & instructions for states to apply August 2011: for 1115 Medicaid waivers to cover pre-disabled PLWHAs

May 2011:

HHS restructures the Secretary's Minority AIDS Initiative Fund to be in closer alignment with the Strategy

September 2011:

- SAMHSA releases \$42.6M in new grants to expand primary care networks in racial minority communities impacted by HIV
- HRSA announces \$5.1M in awards to pilot HIV telehealth training, support AETCs, and bolste HIV-related medical education
- CDC provides technical guidance for calculating viral load and releases \$8.4M to support collection and reporting of CD4 and viral load, and all HIV-related electronic lab reporting of test results
- National ADAP waiting list peaks at 9,298 individuals

NIH releases **HPTN 052** results CDC revises new HIV infection

estimates

to 50k per

year

December 2011:

HHS announces additional \$50M (\$35M to support ADAP and \$15M for Ryan White Part C)

2010 2011

July 2010:

suppression

results

National HIV/AIDS Strategy released

care, continuous care, and viral

HHS redirects \$25M to address ADAP

waiting list of 2359 persons nationally

NIH announces CAPRISA microbicide

and focuses on reducing prevalence of

undiagnosed positives, reducing HIV transmission rate, improving linkage to

Milestones in Implementing the Strategy, cont'd

March 2012:

January 2012:

CDC funds

localities based

specifies usage of

upon disease

high impact

prevention

interventions

burden &

Institute of Medicine releases first of two ONAP commissioned reports of core clinical indicators to monitor HIV care nationally

April 2012:

HHS revises

treatment

guidelines

immediate

treatment upon

HIV diagnosis

enabling

July 2012:

- HHS approves 7 common core indicators for monitoring HIV outcomes across agencies
- FDA approves use of Truvada for preexposure prophylaxis
- CDC releases first national estimates of HIV care continuum
- VA releases HIV care continuum estimates for veterans
- ADAP waiting list falls to 2,030 PLWHAs nationally

September 2012:

HHS announces minority AIDS initiative project to improve HIV health outcomes concentrating in southern states

February 2013:

DOJ settles 3 separate HIV discrimination cases in health care facilities across the nation

March

2013:

DOL issues

compre-

hensive

HIV and

policy

and

report on

labor with

recomm-

endations

relevant

research

showing

employ-

improves

HIV care

outcomes

ment

October 2012:

Institute of Medicine releases second ONAP commissioned report of necessary data systems to monitor HIV care nationally

December 2012:

HHS announces HIV as one of select chronic health conditions for medical health home models implemented by states under ACA

July 2013:

- HIV Care Continuum launched
- HHS devoted \$8.5-\$10M to fund projects that expand community health center and local health department capacity to address HIV care continuum
- HRSA announced \$3.5M for a project to identify best practices of integrating HIV care into primary and community health care settings
- HUD invested \$300k into technical assistance for grantees to integrate HIV care/outcomes into HIV housing programs
- CDC announced \$26M to provide technical assistance for health departments & CBOs to bridge identified gaps in implementing continuum locally

April 2013:

USPSTF finalizes **HIV** screening recommendations in clinical settings for all individuals ages 15-65

December 2013:

- CDC releases first quantitative assessment of Strategy targets
- NIH commits \$100M to fund HIV cure research

November 2013:

ADAP waiting list drops to 11 **PLWHAs** nationwide

2012 2013

Policy Issues that Matter

- Minimum wage
- Equal pay for women
- Immigration reform
- Equal benefits/ rights for LGBT

ACA implementation

- Expansion of transgender rights
- Violence Against Women
- My Bother's Keeper Initiative
- Black gay ONAP direct