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Disclosure

I have no actual or potential conflict of interest in relation to this program/presentation.
“Of all the forms of inequality, injustice in health care is the most shocking and inhumane”

Martin Luther King Jr.
The Disparity: The Health System

• African-Americans represent about 30% of the uninsured

• African-Americans and Hispanics represent approximately half of the nation’s uninsured

• 1 in 4 African-Americans are covered by public insurance programs such as Medicaid, including 44 percent of African-American children

Source: Centers for Disease Control, Joint Center for Political and Economic Studies
The Disparity: Economic Determinants

Poverty in the United States

- White - 8.2% of the population
- African American - 24.4% of the population

Competing Priorities

- African-Americans - more likely to postpone medical care
- Money for food, clothing or Housing
- Lack of Transportation.
- Not able to get out of work to come to appointment

Cunningham WE et al. Med Care. 1999;37:1270-1281
The Disparity: HIV/AIDS in African-Americans

African-Americans: 14.1% of the USA population

- 1 in 2 new HIV cases in the USA
- 1 in 16 African-American men will be diagnosed w/ HIV
- 1 in 32 African-American women will be diagnosed w/ HIV
Diagnoses of HIV Infection and Population by Race/Ethnicity, 2011—United States

**Diagnoses of HIV infection**
N = 49,273

- American Indian/Alaska Native: 21%
- Asian: 2%
- Black/African American: 47%
- Hispanic/Latino\(^a\): 5%
- Native Hawaiian/other Pacific Islander: 12%
- White: 28%
- Multiple races: <1%

**Population, United States**
N = 311,591,917

- American Indian/Alaska Native: <1%
- Asian: 2%
- Black/African American: <1%
- Hispanic/Latino\(^a\): 1%
- Native Hawaiian/other Pacific Islander: 1%
- White: 63%
- Multiple races: 17%

*Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.\(^a\) Hispanics/Latinos can be of any race.*
Rates of (AIDS) among Adult and Adolescent African Americans

Note. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting. Rates are not provided for the U.S. dependent areas because U.S. census information for race/ethnicity is limited for these areas.
PREVALENCE OF HIV/AIDS

DISTRICT OF COLUMBIA
POPULATION: 601,723

- WHITE FEMALES .............. 2%
- HISPANIC FEMALES ........... 8%
- BLACK FEMALES .............. 2.8%
- WHITE MALES .................. 2.9%
- HISPANIC MALES .............. 3.5%
- BLACK MALES ................. 7.1%

IF THE NATION'S CAPITAL WERE A NATION IN AFRICA, IT WOULD RANK 23RD OUT OF 54 COUNTRIES IN PERCENTAGE OF PEOPLE WITH HIV.

STATISTICALLY, D.C.'S HIV RATE -- 3 PERCENT OF ALL ADULTS AGES 15 TO 49 ARE HIV POSITIVE -- IS HIGHER THAN FIVE PEPPAR COUNTRIES TODAY, ACCORDING TO UNITED NATIONS STATISTICS.

OTHER U.S. CITIES' HIV/AIDS RATES
- SAN FRANCISCO ................ 2.0%
- MIAMI ................................ 1.2%
- BRONX, NY ......................... 1.7%

AFRICAN NATIONS

ETHIOPIA
1.4% TOTAL
CITY OF DIRE DAWA
3.2% TOTAL
POPULATION: 607,321

RWANDA
2.9% TOTAL
CITY OF KIGALI
7.3% TOTAL
POPULATION: 965,398

D.R. CONGO
1.3% TOTAL
CITY OF KINDSHASA
19% TOTAL
POPULATION: 1,018,541

SIERRA LEONE
1.5% TOTAL
CITY OF FREETOWN
2.0% TOTAL
POPULATION: 772,873

SOUTH AFRICA
17.8% TOTAL

ZIMBABWE
15% TOTAL
CITY OF HARAIRE
13% TOTAL
POPULATION: 1,606,000

SOURCE: 2010 HAHSTA REPORT, MEASURE DEMOGRAPHIC AND HEALTH SURVEYS (DHS) PROJECT
Cascade of HIV care – United States

- Living with HIV: 1148200
- Diagnosed: 940376 (82%)
- Linked to care: 755516 (66%)
- In care: 424834 (37%)
- On ART: 375461 (33%)
- Adherent to ART: 290495 (25%)

Breakpoint in cascade: diagnosed HIV positive but not treated

Reference: CDC Fact sheet December 2013 p.2 - Halls et al., 2013
“The Band Played On”

• The First Response…
  • HIV perceived as “Gay White Disease”
  • Narrow definitions for “at risk” persons
  • Anemic response from Black leaders & Churches
  • HIV+ African-Americans marginalized as “other”
Community Distrust  
Legacy of Tuskegee

- Distrust in regards to medical research and health care in general, AIDS testing and treatment in particular.

- 2005 Nationwide survey of African-Americans
  - 26% believe HIV was made in a US government lab
  - 15% said AIDS is a form of genocide against blacks
  - 12% believe it was created and spread by the CIA
  - 50% (+more) believed a cure for AIDS is being withheld from the poor

Distrust of the System: HIV/AIDS

HIV outpatient clinic Minorities vs non-minorities regarding origins of HIV/AIDS

“The government created AIDS to kill minorities”

Higher Morbidity and Mortality Rates in African-Americans?

• Delay in Care & Delayed Entry into care
• Late Initiation of HIV Meds/Less time on HAART
• Missed visits/Lower retention in care
Trends in Age-Adjusted Annual Rates Of Death Due to HIV Disease in the United States

Late Testers and HIV Care

- CDC: 56% of “late testers,” (AIDS) within one year of HIV diagnosis, were African-American

- African-American were 2.5 X more likely than Whites to be late presenters for outpatient HIV care

Ulett et al. AIDS Patient care and STDS 23(1) 2009; Losina et al. CID Nov 2009; Torian AIDS Care and STDs Vol 25.No 2,2011
Mugavero et al JAIDS Jan 2009
Magnus et al., 2001; Montgomery et al., 2002; Welch & Morse, 2001; Fiscella et al., 2002
Late Presenters for HIV Care

1038 HIV+ patients admitted to Miami and Atlanta Hospitals

- 82% African-American
- 56% income <$5,000 dollars
- 20% no HIV provider--but known HIV + for > 5 years

Risk Factors for “Never having an HIV Provider”:
  - Substance abuse

Risk Factors for “Not on HIV Medications”:
  - African-American
  - Substance use

Metsch et al. Am J Pub Health June 2009; Bell et al. JAIDS 2010; publication pending
Racial Disparities in Survival

- Late HAART or discontinuation → life-expectancy loss
- Minorities present later for medications & have higher rates of premature discontinuation of HIV medications

Lose on average **5.1 years** of additional life

Losina E et al. 14th CROI; 2007; Los Angeles, CA. Abstract 142
Later Diagnosis: Harder to Catch Up.

CD4+ cell counts of treatment-naive patients for HIV care

### NA-ACCORD: Survival Benefit With Earlier vs Deferred HAART

<table>
<thead>
<tr>
<th>Parameter Associated With Risk of Death</th>
<th>Relative Hazard (95% CI)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferral of HAART until &lt; 350 cells/mm³ (vs starting at 350-500 cells/mm³)</td>
<td>1.7</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Female sex</td>
<td>1.1</td>
<td>.290</td>
</tr>
<tr>
<td>Older age (per 10 yrs)</td>
<td>1.6</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Baseline CD4+ cell count (per 100 cells/mm³ increase)</td>
<td>0.9</td>
<td>.083</td>
</tr>
</tbody>
</table>

- Increased relative hazard of death with deferral of HAART remained unchanged when adjusted for IDU or for HCV coinfection, which were both independent predictors of mortality.

HIV Medical Care: The Disparity

- HIV care (N = 3000 patients)

- Access to care for African-Americans was significantly lower than for whites on all measures,
  - Lower access to any HIV Medications
  - Lower Opportunistic Infection prophylaxis

Clinical Providers and HIV Medication Initiations

Providers withhold HAART if they believed patient will be non-adherent

Less likely to adhere to treatment
- Substance users
- African-American men

Physician perceptions about adherence accounted partly in the delay in getting HAART for minorities

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Table 1. Would prescribe HAART despite believing the patient likely to have suboptimal adherence

<table>
<thead>
<tr>
<th>If the patient had</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical deterioration</td>
<td>184</td>
<td>75%</td>
</tr>
<tr>
<td>Low CD4 count</td>
<td>148</td>
<td>61.7</td>
</tr>
<tr>
<td>High viral load</td>
<td>142</td>
<td>59.2</td>
</tr>
<tr>
<td>Patient request</td>
<td>135</td>
<td>55.8</td>
</tr>
<tr>
<td>HAART recommended by guidelines</td>
<td>77</td>
<td>31.8</td>
</tr>
<tr>
<td>One of the above</td>
<td>236</td>
<td>97.5</td>
</tr>
<tr>
<td>Would not prescribe HAART if adherence felt to be suboptimal</td>
<td>6</td>
<td>2.5</td>
</tr>
</tbody>
</table>

HAART—highly active antiretroviral therapy. (From Stone et al. [21])

Table 2. Providers believe these patients will have poor adherence

<table>
<thead>
<tr>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active alcohol abusers</td>
<td>93.1</td>
</tr>
<tr>
<td>Active injection drug users</td>
<td>92.5</td>
</tr>
<tr>
<td>Homeless persons</td>
<td>88.1</td>
</tr>
<tr>
<td>Depressed persons</td>
<td>69.2</td>
</tr>
<tr>
<td>History of injection drug use</td>
<td>52.9</td>
</tr>
<tr>
<td>History of alcohol abuse</td>
<td>43.4</td>
</tr>
<tr>
<td>Women with small children</td>
<td>38.1</td>
</tr>
<tr>
<td>Less educated persons</td>
<td>37.0</td>
</tr>
<tr>
<td>Low income persons</td>
<td>15.8</td>
</tr>
<tr>
<td>Minority race/ethnicity</td>
<td>11.4</td>
</tr>
</tbody>
</table>

(From Stone et al. [21])

...I'm worried about the quality of my health care...

...Relax, you're all white...
Diagnoses of HIV Infection and Population among Adult and Adolescent Females, by Race/Ethnicity 2011—United States

Diagnoses of HIV Infection
N = 10,257
- American Indian/Alaska Native: 15%
- Asian: 17%
- Black/African American: 64%
- Hispanic/Latino: 1%
- Native Hawaiian/other Pacific Islander: <1%
- White: 2%
- Multiple races: 1%

Female Population, United States
N = 132,402,857
- Hispanic/Latino: 12%
- Native Hawaiian/other Pacific Islander: 1%
- White: 66%
- Multiple races: <1%

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.

a Hispanics/Latinos can be of any race.
HIV Disease Is the Leading Cause of Death
African-American Females Aged 25-34 Years

80% of African-American women acquire HIV through heterosexual contact.

In African-American women diagnosed in 2003-2004, compared with controls, those who acquired HIV were more likely to have:

- > 20 or more sex partners
- Substance Use
- Have a partner with history of incarceration,
- Have traded sex for money or drugs

HIV positive African-American women in North Carolina

Low risk behavior for HIV Infection definition
  • Fewer number of sexual partners
  • Low alcohol tobacco or other drug use

Independent risk factors for HIV among lower risk cases:
  • Less than High School Education (OR 5.2; 95% CI: 2.2, 11.1)
  • Food insecurity (OR 3.7; 95% CI: 1.5, 8.9)
  • Non–monogamous sex partner (OR 2.9; 95% CI: 1.3, 6.4)
Sexual Networks

- Sexual networks among African-Americans who were found to be HIV-infected have a high levels of *sexual concurrency*

  “An individual has overlapping sexual relationships with more than one person. They can be contrasted with serial monogamy, when an individual has a sexual relationship with only one partner, with no overlap in time with subsequent partner”

HIV Spread through a Network: MSM & MSM/W

- An epidemic of HIV infection occurring in North Carolina college students, primarily involving African American MSM and MSM/W.

- Newly diagnosed HIV infection was found in men in 37 colleges located in North Carolina or surrounding states and a sexual partner network investigation linked 21 colleges, 61 students, and 8 partners of students.
Impact of incarceration on Communities

- Imbalanced gender ratios
- Disrupted relationships - “correctional concurrency”


Disparities in Care and Outcome: HIV positive Women

- WIHS Cohort: (N=217)
- 54% of women received DHHS guideline regimens,
- 17% received contraindicated regimens
- Significant predictor of not receiving HAART was being African American (OR=0.41; 0.36-0.48)

Gender-Based Violence & HIV

- Meta-analysis of 29 studies of women living with HIV in the US:
  - 30% PTSD (5x times national rate)
  - 55.3% intimate partner violence (>2x the national rate)
- Recent trauma associated with 4x odds of HAART failure
- Domestic violence doubled risk of death for women living with HIV
  (Machtinger, AIDS Behav, 2012)
Diagnoses of HIV Infection and Population among Adult and Adolescent Males, by Race/Ethnicity 2011—United States

Diagnoses of HIV Infection
N = 38,825

- American Indian/Alaska Native: 31%
- Asian: 22%
- Black/African American: 42%
- Multiple races: <1%

Male Population, United States
N = 126,238,952

- White: 66%
- Hispanic/Latino\(^a\): 16%
- Native Hawaiian/Other Pacific Islander: 12%
- Asian: 5%
- Multiple races: <1%

Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.

\(^a\) Hispanics/Latinos can be of any race.
Stage 3 (AIDS) Classifications among Adults and Adolescents with HIV Infection, by Transmission Category and Year of Diagnosis, 1985–2012—United States and 6 Dependent Areas

Note. All displayed data have been statistically adjusted to account for reporting delays and missing transmission category, but not for incomplete reporting.

- Heterosexual contact with a person known to have, or to be at high risk for HIV infection.
- Includes hemophiliac, blood transfusion, perinatal exposure, and risk factor not reported or not identified.
Estimated Incidence of HIV Infection among Men who have Sex with Men, by Race/Ethnicity and Age at Infection, 2010 — United States

Note: Hispanics/Latinos can be of any race.
Homosexuality – “Defining Gay”
Cultural Images

Homosexuality described as having three components:

1. Desire
2. Behavior
3. Identification

(The Social Organization of Sexuality Laumann, Gagnon 1994)
"I sleep with men, but I am not bisexual, and I am certainly not gay. I am not going to your clinics, I am not going to read your brochures, I am not going to get tested. I assure you that none of the brothers on the down low like me are paying the least bit of attention to anything you have to say." -JL King
Bisexual African-American men, HIV risk & Heterosexual transmission

- African-American men who are currently bisexually active account for a very small proportion of the overall population of African-American men (~2%)

Bisexual black men, HIV risk and heterosexual transmission

- African-American are more likely than other MSMs to identify as bisexual and be bisexual active
- Heterosexual identity and corresponding sexual behavior among African-American men are sometimes incongruent

<table>
<thead>
<tr>
<th></th>
<th>Heterosexual (%)</th>
<th>Homosexual (%)</th>
<th>Bisexual (%)</th>
<th>Other (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black (n=530)</td>
<td>12</td>
<td>22</td>
<td>61</td>
<td>5</td>
</tr>
<tr>
<td>Hispanic (n=258)</td>
<td>10</td>
<td>28</td>
<td>59</td>
<td>3</td>
</tr>
<tr>
<td>White (n=326)</td>
<td>9</td>
<td>31</td>
<td>56</td>
<td>4</td>
</tr>
</tbody>
</table>

Millett, J Natl Med Assoc, 2005; Montgomery AIDS Care 2003; Millett, AJPH, 2006
African-American MSM who disclosed their sexuality, Black MSM Non-disclosers:

- Perceived HIV risk
  - Less likely to believe that they could become infected with HIV
- HIV test and status
  - Less likely to report $\geq 3$ lifetime HIV tests
  - Less likely to be HIV positive
- Sexual partners and risk
  - More likely to have $\geq 3$ lifetime female partners
  - Less likely to $\geq 5$ lifetime male partners or report unprotected sex with men

(MMWR, 2003)
Black MSW and Black MSM attending HBCUs: drug use and high-risk sexual behaviors

- Data from sexually-active freshman at 34 HBCUs

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Overall N(%)</th>
<th>MSW, N (%)</th>
<th>MSM, N (%)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1837 (100)</td>
<td>1719 (94)</td>
<td>118 (6)</td>
<td></td>
</tr>
<tr>
<td>Inconsistent condom use</td>
<td>598 (35)</td>
<td>549 (34)</td>
<td>49 (44)</td>
<td>.038</td>
</tr>
<tr>
<td>&gt;1 partner in past 3 months</td>
<td>776 (44)</td>
<td>715 (43)</td>
<td>61 (54)</td>
<td>.025</td>
</tr>
<tr>
<td>History of STD</td>
<td>83 (5)</td>
<td>64 (4)</td>
<td>19 (18)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Sexual Debut, y ≤13</td>
<td>587 (33)</td>
<td>524 (32)</td>
<td>63 (55)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Substance use last sex</td>
<td>276 (16)</td>
<td>257 (16)</td>
<td>19 (17)</td>
<td>.776</td>
</tr>
</tbody>
</table>

Browne, AJPH, 2009
Young Men’s Survey (1994-2000)
Prevalence and Unrecognized HIV Infection

10% of 5649 Young MSM Tested Were HIV Positive
77% Were Unaware They Were HIV Infected

Conducted in Baltimore, Dallas, Los Angeles, Miami, New York, and Seattle
African-American & White MSM HIV Risk Behaviors....Less Risky?

- Less likely to engage in illicit drug use
- Had greater rate of all STIs
- Had lower rate of usage of HIV medications
- Fewer male sex partners compared to White MSMs
- Fewer engaged in intentional unprotected anal sex
- Less likely to have health insurance
- Less Likely been tested for HIV and disclose MSM status to health care providers

Millet et al. AIDS 2007,21: 2083--2091,
High rates of STIs associated with increased HIV risk

Sexually transmitted Infection (STI) facilitates HIV acquisition and transmission.

STI rates are higher for African-American MSM
- 50% more likely to have gonorrhea Infection
- 2x more likely to have a syphilis Infection

HIV+ co-infection rates for STI
- HIV+ African-American MSM- co-Infections– syphilis & gonorrhea compared to HIV+ White MSM (60% vs. 18%)

# Cascade of HIV care – United States

<table>
<thead>
<tr>
<th>Stage of Care</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living with HIV</td>
<td>82%</td>
<td>1148200</td>
</tr>
<tr>
<td>Diagnosed</td>
<td>940376</td>
<td></td>
</tr>
<tr>
<td>Linked to care</td>
<td>66%</td>
<td>755516</td>
</tr>
<tr>
<td>In care</td>
<td>37%</td>
<td>424834</td>
</tr>
<tr>
<td>On ART</td>
<td>33%</td>
<td>375461</td>
</tr>
<tr>
<td>Adherent to ART</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Virologically suppressed</td>
<td>25%</td>
<td>290495</td>
</tr>
</tbody>
</table>

Reference: CDC Fact sheet December 2013 p.2 - Halls et al., 2013
Racial Differences: HIV medication Metabolism Adverse Side Effect

- CYP2B6 T/T genotype more common in Blacks (20%) vs. Whites (3%)
- CYP2B6 T/T results in increased Sustiva AUC
- African-Americans and Hispanics with higher blood levels of Sustiva than whites in ACTG A5095
  - More likely to stop taking Sustiva due to side effects Dizziness, Bad Dreams
HIV and Clinical Trials: African-American HIV Virologic Failure

- ACTG 5095 (ZDV/3TC/EFZ +/-ABC)
  Blacks were 67% less likely to achieve virologic success compared to whites

- ACTG 5142- (EFV vs LPV)
  Blacks 36% more likely to experience virologic failure and whites regardless of treatment arm

- HEAT (ABC/3TC vs TFD/FTC w/ LPV/r)
  49% non-White and 38% Af-Am
  Black race was a significant predictor of virologic failure in a multivariate logistic regression model.

Meta-Analysis—Impact of Race on HIV Virologic Success

Odds Ratio (95% CI) for Not Black vs Black

Black consistently have lower rates of virological success
OR 0.52 (95% CI, 0.44 – 0.62); p < 0.0001
Obesity in HIV-Infected Black Patients

- Obesity is a much more common problem than wasting in the current therapeutic era among African-American adults aged 20 and older.
- Women, particularly those of color, are at high risk.
- Baseline or acquired obesity contributes to the metabolic abnormalities associated with HIV or its treatment.

Framingham Risk Score: Underestimates CVD Risk in HIV+ Patients

Observed and Predicted MI Rates According to ART Exposure
(D:A:D Study)

- Observed rates
- Best estimate of predicted rates

African Americans, HIV Disease & Cardiovascular Disease

- 90 HIV-infected patients who died at Howard University Hospital from 1994 to 2002 were autopsied
  - Median age: 39 years
  - Male: 68%
  - African American: 92%
- Prevalence of cardiovascular disease
  - Atherosclerosis: 50%
    - $\geq 90\%$ occlusion in $\geq 1$ coronary arteries
  - Cardiomegaly: 33%
- Average age of onset of coronary artery disease
  - Non-HIV-infected: 46 years
  - HIV infected: 31 years

End-Stage Renal Disease Requiring Transplant in HIV+ African Americans

N = 6225.

HIV-Associated Nephropathy and End-Stage Renal Disease in Blacks

• Analysis of US Renal Data System (N = 375,125) for causes of ESRD between January 1997 and June 1997
• HIV-associated nephropathy (HIVAN) = 3653 (0.97%)
• 87.8% of patients with HIVAN were African American (odds ratio 12.2)
• HIVAN cases more likely to have 1\textsuperscript{st} or 2\textsuperscript{nd} degree relative with ESRD

National HIV/AIDS Strategy

Federal Implementation Plan

JULY 2010
National AIDS Strategy Supports CDC strategic vision of a tiered approach to prevention

Prevention with HIV positive individuals

Prevention with high risk HIV negatives

Intensive, targeted community level interventions (geography, ethnicity etc)

General population interventions

HIV Rx and Care, PN, Counseling, STD Rx, SSP

HIV Screening, treatment, DEBIs, STD Rx,

Combination prevention, SDH, DEBIs,

Social marketing, HIV screening, stigma
HIV is a Complex issue

- Efficient HIV Transmission
  - High STI Prevalence
  - Sexual Networks
  - Social Context
  - Late Testing
  - Poor Treatment Access
Address Factors That Impede HIV Care
Systematic Approach

- Patient issues
  - Lack of knowledge about HIV/AIDS. Fear of knowing they have the disease
  - HIV-related stigma and discrimination
  - Financial reasons
  - Drug use and needle exchange
  - Mental illness

- Provider issues
  - Physician complacency
  - Feeling uncomfortable discussing high-risk behaviors such as sex or drug use

- System issues
  - CDC testing guidelines: routine screening (ages 13-64)

Strategies for Elimination of Disparities in HIV in African-American Communities

• Decrease focus on “high risk” behavior: Misses persons with low perception of risk

• Media campaigns-Black, Latino Radio, BET, MTV

• Target youth (Sex Education Curriculum)

• Incarcerated individuals: aggressive prevention targeting during incarceration & release

• Identify HIV *positives and* engage them in Care
Evidenced Based Interventions by the CDC

- **SISTA** is a group-level, gender and culturally relevant intervention, designed to increase condom use among heterosexually active African American women.
- It focuses on ethnic and gender pride, HIV knowledge, coping, and skills training around sexual risk reduction behaviors and decision making.
Strategies: HIV Prevention: MSM

- Increase the number of young Black MSM who know their HIV status by routine testing/education and linking to care regardless of insurance.

- Structural interventions and policy changes to improve the long term health of Black MSM and reduce HIV/STD disease burden

- Work to eliminate stigma, discrimination & homophobia

- Ensure that laws and policies promote the basic human rights of MSM and protect them from hate crimes
Many Men, Many Voices (3MV) is a group-level STD/HIV prevention intervention for gay men of color.

The intervention addresses behavioral influencing factors specific to gay men of color to develop risk-reduction strategies.
iPrEx Study: MSM

- 2499 MSM, randomized 1:1 daily oral Truvada vs placebo
- 11 sites (Brazil, Ecuador, Peru, South Africa, Thailand, US)
  - 70% from Andean sites
- Young high risk MSM:
  - 50% <25 yrs
  - Median 18 partners in 12 wks prior to enrollment
- 44% reduction in HIV acquisition (95% CI 15%-63%)

**The NEW ENGLAND JOURNAL of MEDICINE**

Preexposure Chemoprophylaxis for HIV Prevention in Men Who Have Sex with Men

Robert M. Grant, M.D., M.P.H., Javier R. Lama, M.D., M.P.H., Peter L. Anderson, Pharm.D., Vanessa McMahan, B.S.,
Albert Y. Liu, M.D., M.P.H., Lorena Vargas, Pedro Goicochea, M.Sc., Martín Casapia, M.D., M.P.H.,
Juan Vicente Guarnía-Carranza, M.D., M.P.H., María E. Ramírez-Cardich, M.D., Orlando Montoya-Herrera, M.Sc.,
Telmo Fernández, M.D., Valdilea G. Veloso, M.D., Ph.D., Susan P. Buchbinder, M.D., Suwat Chanyalertsak, M.D., Dr.P.H.,
Mauro Schechter, M.D., Ph.D., Linda-Gail Bekker, M.B., Ch.B., Ph.D., Kenneth H. Mayer, M.D.,
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Provide Culturally Competent HIV Care

• Build trust and optimize patient-provider encounter.

• Be aware of health-related cultural beliefs, including stigma, within the predominant minority groups in medical practice

• Be comfortable and skilled in eliciting personal and cultural views and perspective of each individual patient and applying a cultural competency framework for each visit
When I visit my doctor, I Ask For The Test.
It's not just for me. It's because my fiancé and I have a bright future ahead of us.

To find out more about getting an HIV test, visit your doctor.
You can also go to DCTakesOnHIV.com
call 311, or text "DCTEST" to 61327.

WE OFFER The Test

NEW INDICATION
I know he is gay and I don’t always understand, but that doesn’t change my love for him.
HOPE, FAITH, CURE
HIV AND AIDS

Ali Maalin
IGNORANCE = FEAR

SILENCE = DEATH

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FIGHT AIDS
ACT UP