



PrEP in Black America: A Call for Racial Equity

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Ending the HIV Epidemic: A Plan for America

GOAL:

reaching
75%
reduction
in new HIV
infections
by 2025
and at least
90%
reduction
by 2030.



HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:



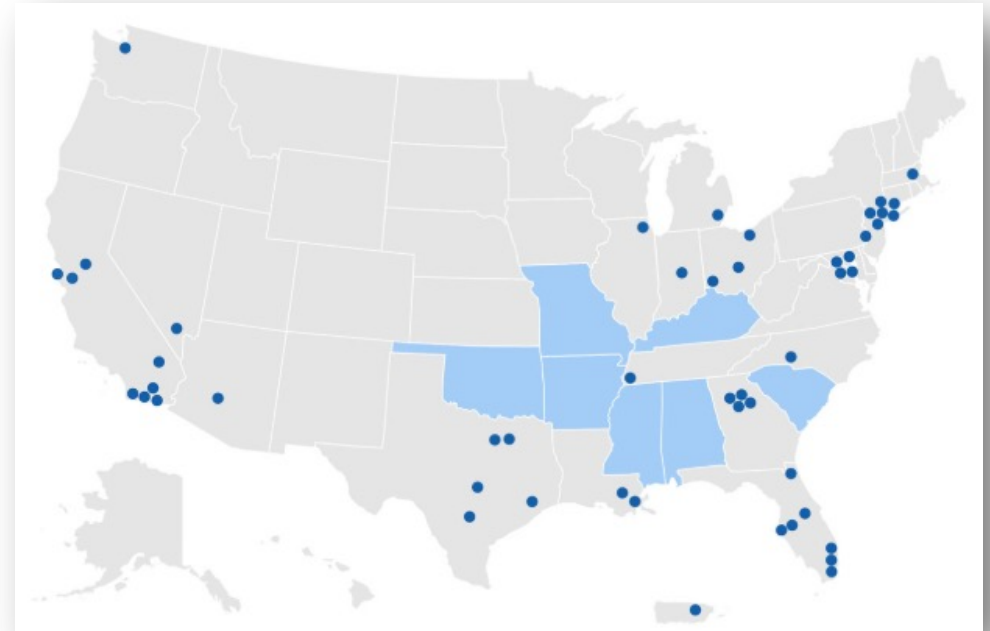
Diagnose all people with HIV as early as possible after infection.

Treat the infection rapidly and effectively to achieve sustained viral suppression.



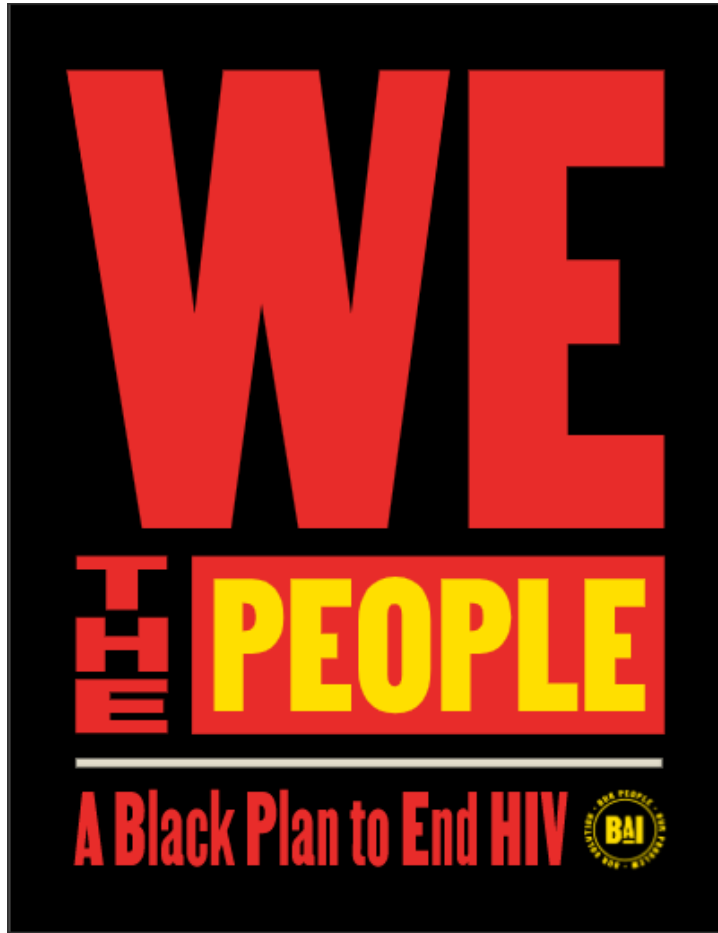
Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



“EHE has no explicit targets or indicators for reducing racial or ethnic disparities.”

Response to Ending the HIV Epidemic: A Plan for America



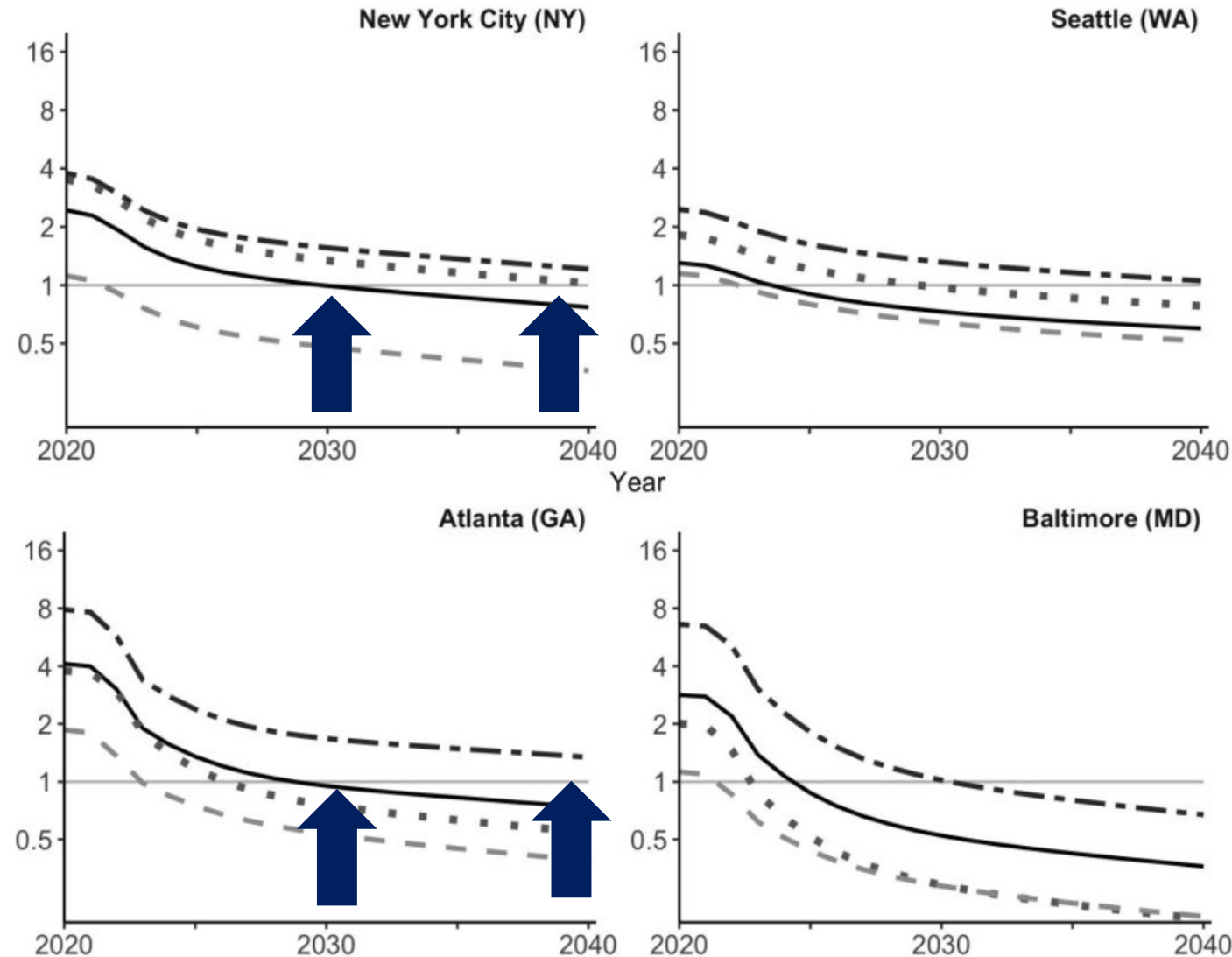
AJPH ENDING THE HIV EPIDEMIC

The Invisible US Hispanic/Latino HIV Crisis: Addressing Gaps in the National Response

Vincent Guilamo-Ramos, PhD, MPH, LCSW, ANP-BC, AAHIVS, Marco Thimm-Kaiser, BA, Adam Benzekri, MS, Guillermo Chacón, Oscar R. López, Luis Scaccabarrozzi, MPH, and Elena Rios, MD, MSPH

“HIV is not merely a public health issue but a racial and social justice issue.”

Differences in Time Until the End of the HIV Epidemic by Race/Ethnicity



- These estimates were made *pre-COVID*.
- It will take much longer to end HIV in Black & Latinx communities due to COVID-19 delays

— Epidemic control (<1/10,000)
— Overall city level
- - Black
... Hispanic
- . White/others

(Zang et al, 2020)

Slide Source: Greg Millet, AMFAR

Increasing Recognition of Racism as a Public Health Crisis



GOAL 3: REDUCE HIV-RELATED DISPARITIES AND HEALTH INEQUITIES

THE OPPORTUNITY

Advances in HIV prevention, testing, care, treatment, and supportive services have led to significant declines in new HIV transmissions and deaths. They also make it possible for the nation to envision ending the HIV epidemic. However, realizing this vision requires that every person across the United States with or who experiences risk for HIV has access to high-quality and culturally competent prevention, diagnostic, care, treatment, and supportive services that are non-stigmatizing, non-discriminatory, inclusive, and responsive to their needs. Further, issues such as discrimination and systemic racism that contribute to differences in the quality of and access to health care and other necessities such as housing and behavioral and substance use services, and lead to ongoing disparities among racial, ethnic, and sexual and gender minority populations, must be addressed.

The Strategy recognizes racism as a serious public health threat that directly affects the well-being of millions of Americans. Racism is not only the discrimination against one group based on the color of their skin or their race or ethnicity, but also the structural barriers that impact racial and ethnic groups differently to influence where a person lives, where they work, where they play, and where they gather as a community. Over generations, these structural inequities have resulted in racial and ethnic health disparities that are severe, far-reaching, and unacceptable.¹²² Across the country, federal, state, and local leaders are declaring racism to be a public health crisis, an important step in the movement toward equity.¹²⁰ This recognition comes with the need for a more equitable HIV response that focuses on populations with the greatest need.

Little Attention with Respect to Indicators and Funding to Address Inequities

Indicator 1: Increase knowledge of status to 95% from a 2017 baseline of 85.8%.

Indicator 2: Reduce new HIV infections by 75% from a 2017 baseline of 37,000.

Indicator 3: Reduce new HIV diagnoses by 75% from a 2017 baseline of 38,351.

Indicator 4: Increase PrEP coverage to 50% from a 2017 baseline of 13.2%.

Indicator 5: Increase linkage to care within 1 month of diagnosis to 95% from a 2017 baseline of 77.8%.

Indicator 6: Increase viral suppression among people with diagnosed HIV to 95% from a 2017 baseline of 63.1%.

Indicator 6a: Increase viral suppression among MSM diagnosed with HIV to 95% from a 2017 baseline of 66.1%.

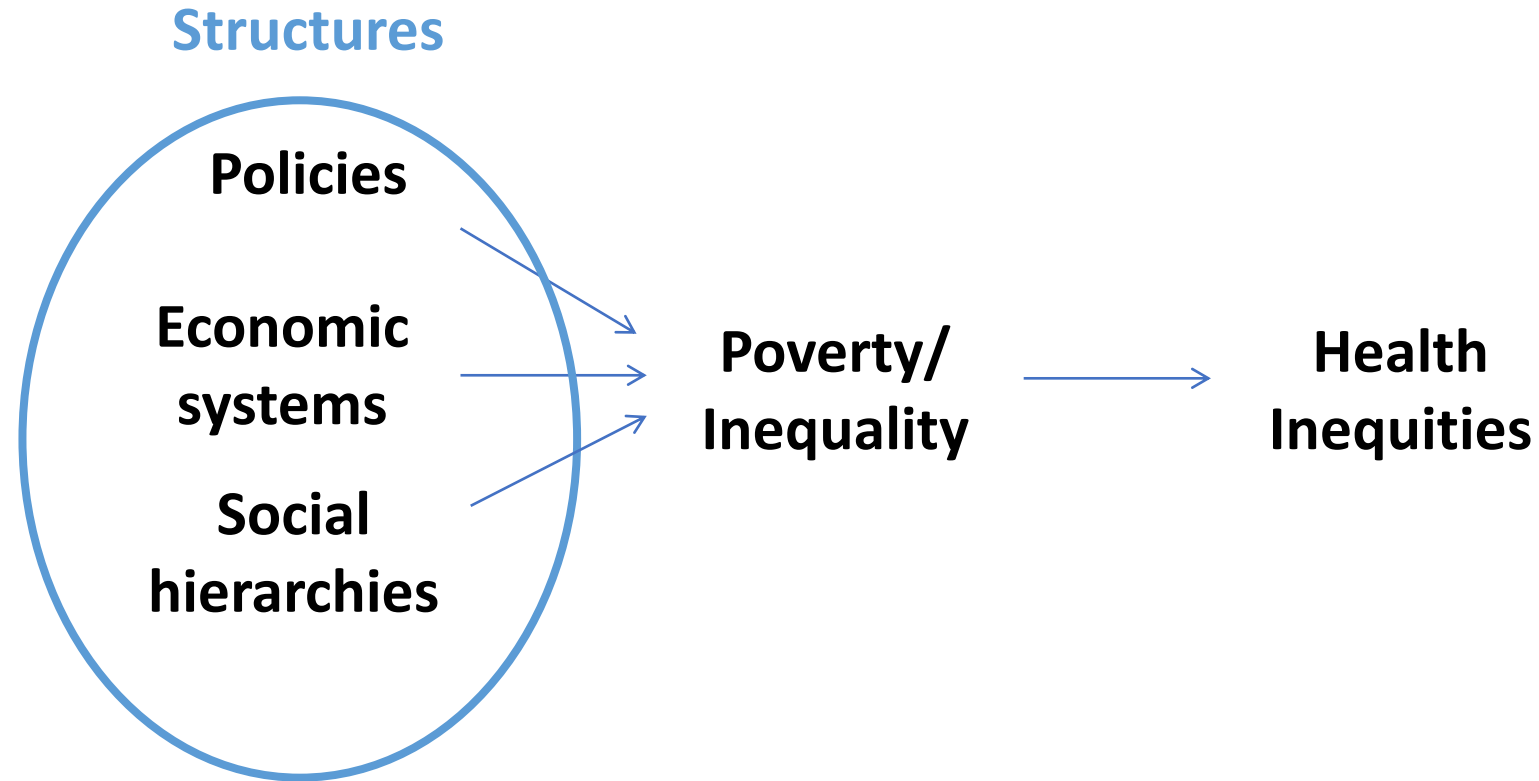
Indicator 6b: Increase viral suppression among Black MSM diagnosed with HIV to 95% from a 2017 baseline of 58.4%.

Indicator 6c: Increase viral suppression among Latino MSM diagnosed with HIV to 95% from a 2017 baseline of 64.9%.

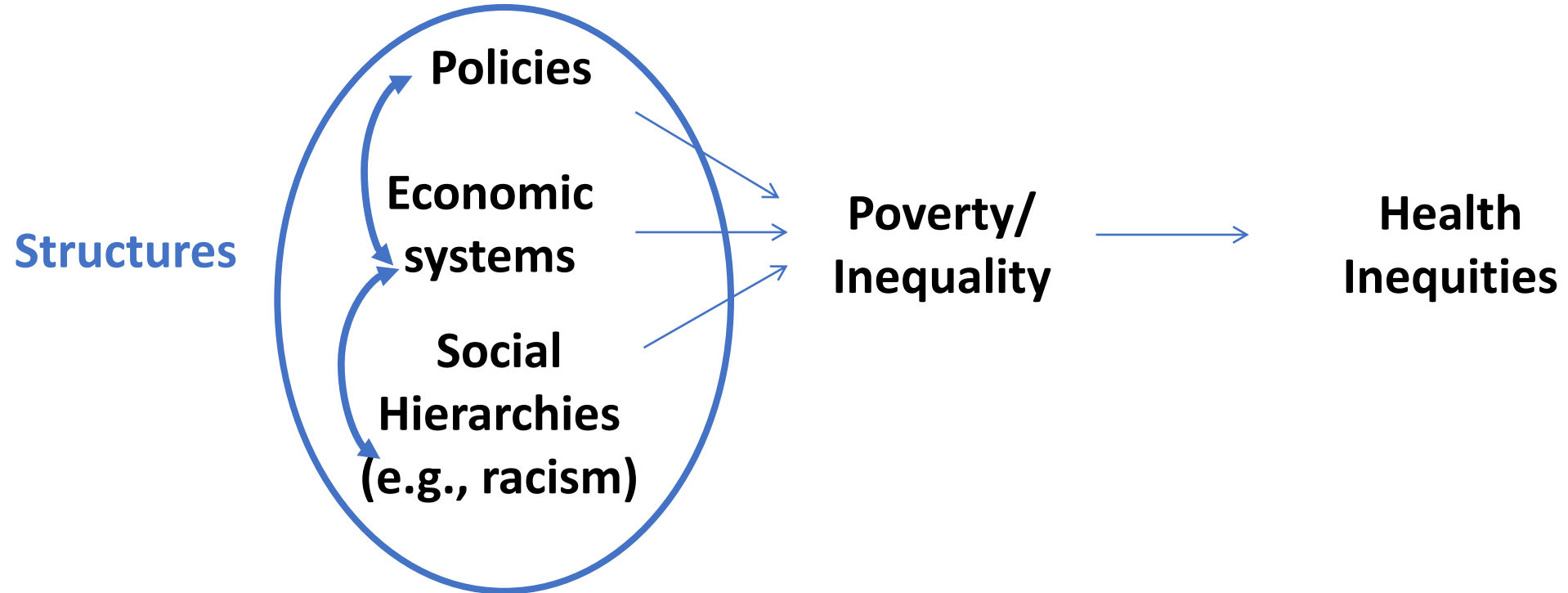
Indicator 6d: Increase viral suppression among American Indian/Alaska Native MSM diagnosed with HIV to 95% from a 2017 baseline of 67.3%.

Indicator 6e: Increase viral suppression among Black women diagnosed with HIV to 95% from a 2017 baseline of 59.3%.

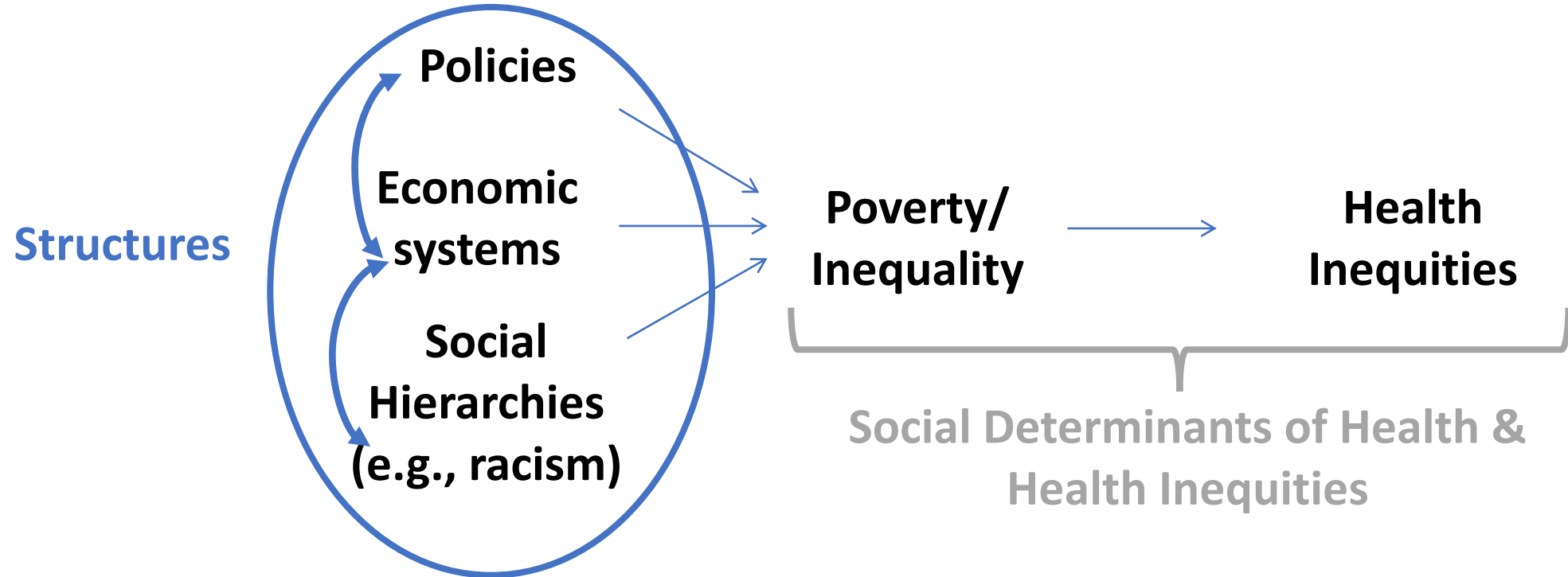
What Are the Root Causes of Health (HIV) Inequities?



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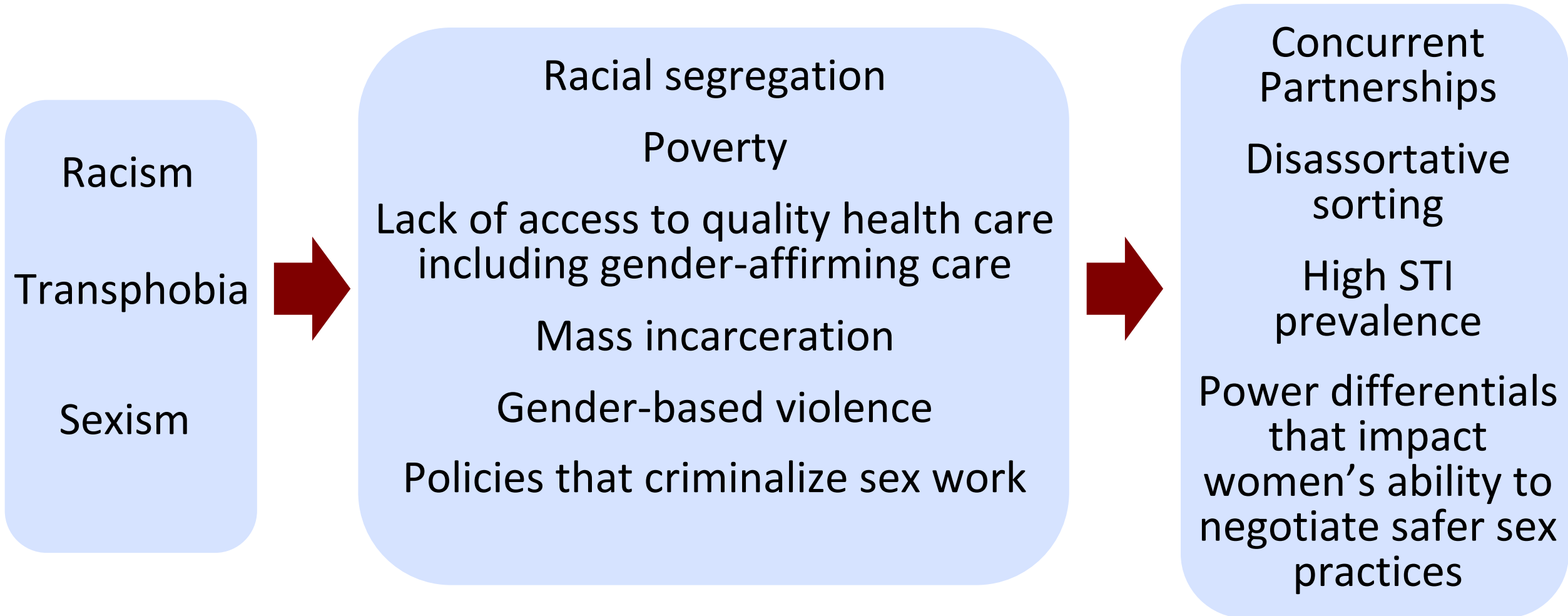


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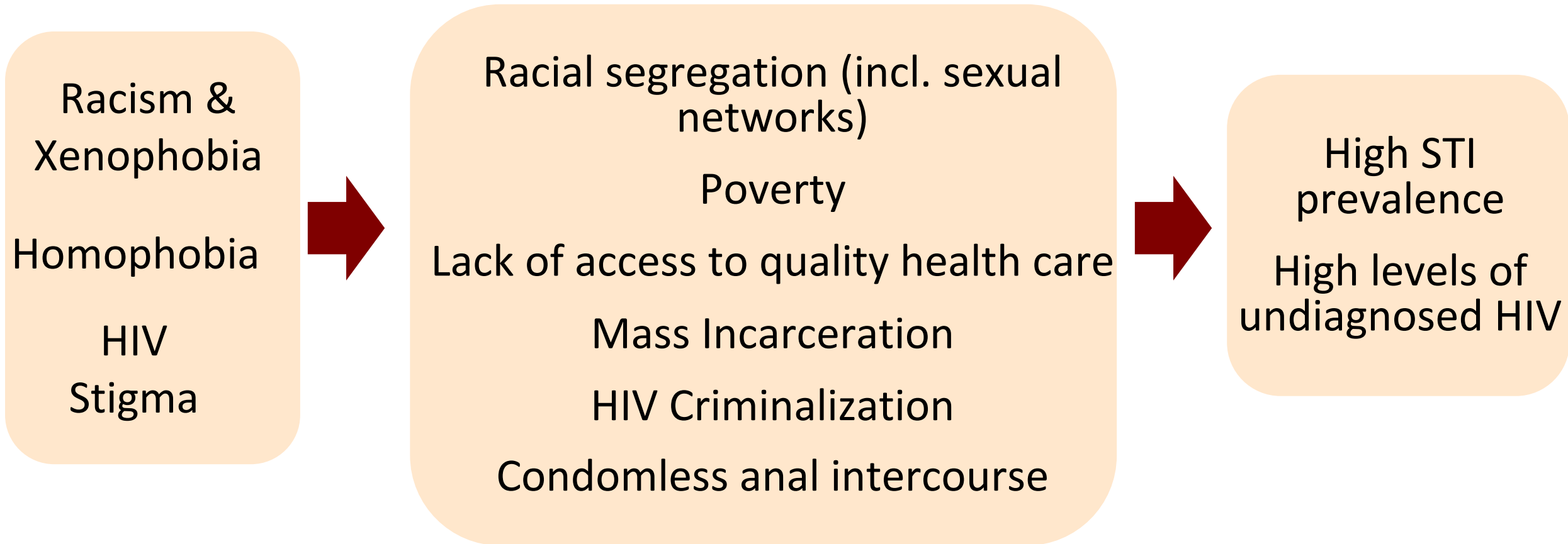


“Structural determinants of the social determinants of health”

Drivers of HIV among Black Cisgender & Transgender Women

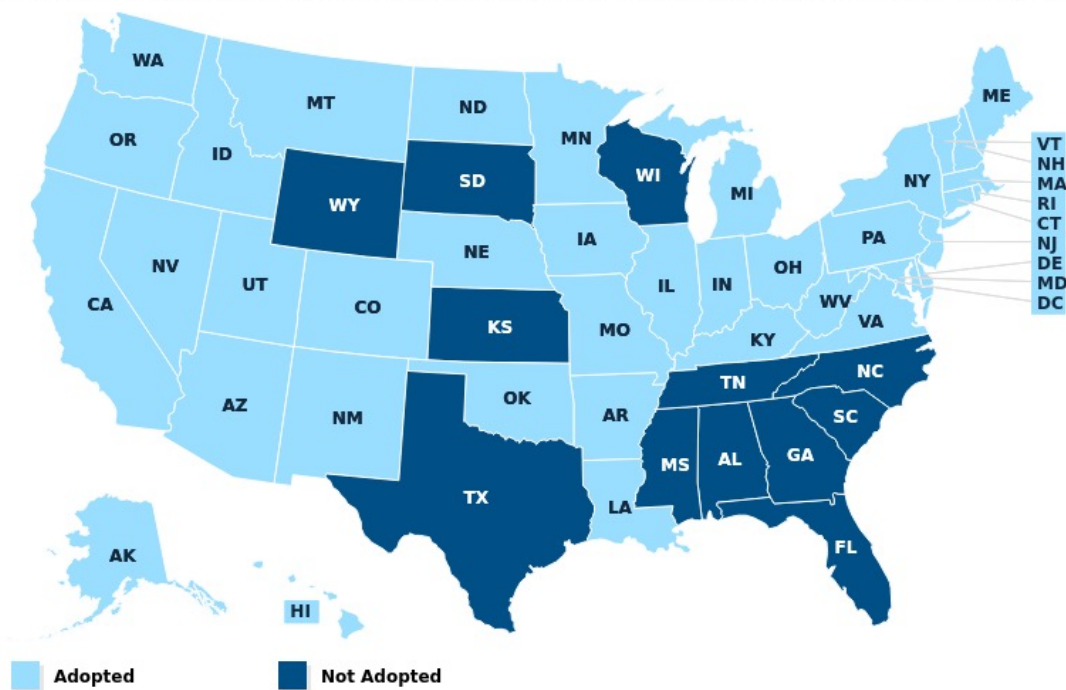


Drivers of HIV among Black Same-Gender Loving Men



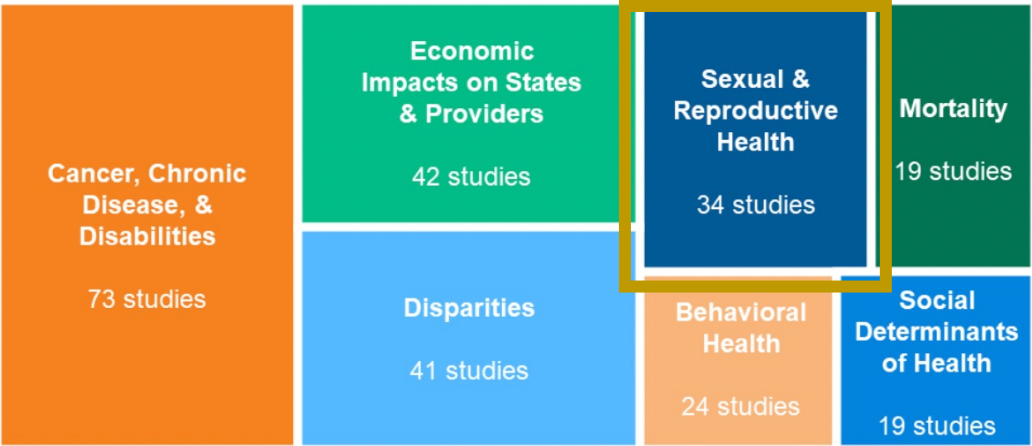
Achieve Health Care for All...

Status of State Action on the Medicaid Expansion Decision: Status of Medicaid Expansion Decision, February 24, 2021



SOURCE: Kaiser Family Foundation's State Health Facts.

Recent studies find positive effects of the ACA Medicaid expansion across a range of categories.



SOURCE: KFF analysis of 197 studies of the impact of state Medicaid expansion published between February 2020 and March 2021.

Center Racial Equity in HIV-related Funding & Programming

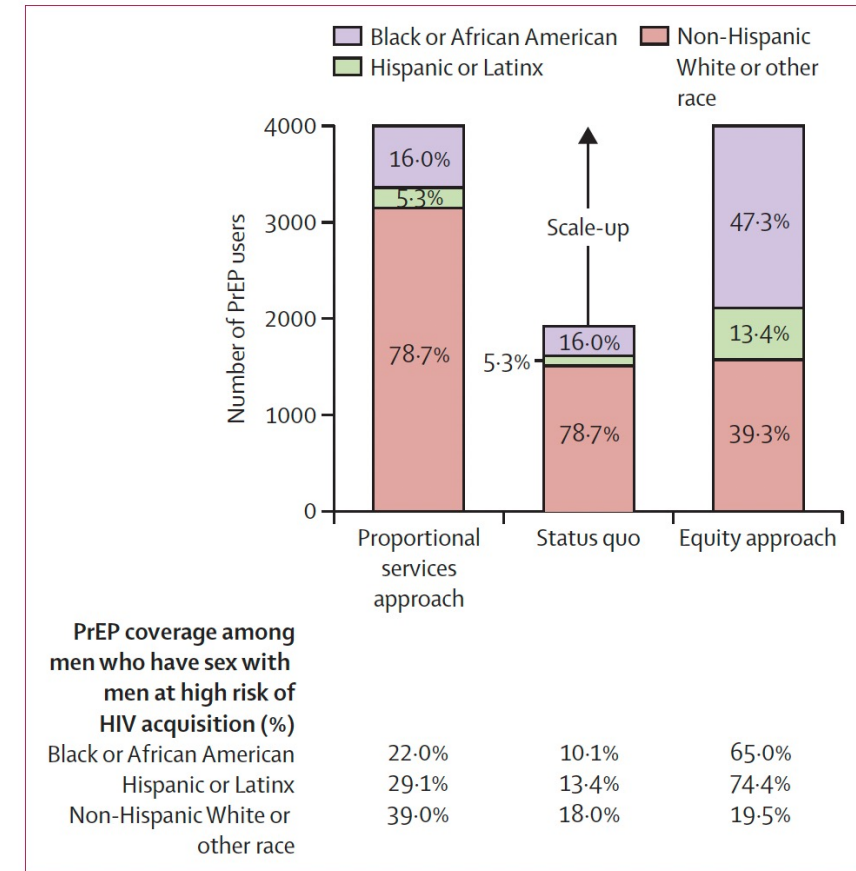


SCIENCE NEWS

Who Got Funding From HRSA's Black Women First HIV Initiative?

Black women are disproportionately impacted by HIV, but do they receive their fair share of funding?

June 28, 2021 • By Heather Boerner



Quan et al. Lancet HIV. 2021

<https://www.poz.com/article/got-funding-hrsas-black-women-first-hiv-initiative-founders>