HIV/AIDS Epidemic in the United States:
The Scope of the Problem

ADDRESSING THE UNITED STATES EPIDEMIC

The National HIV/AIDS Strategy (NHAS), launched in July 2010 by the White House, serves as a roadmap to end HIV/AIDS in the United States. Its goals include:

- *Reducing the number of people who become infected with HIV*
- *Increasing access to care and improving health outcomes for people living with HIV/AIDS (PLWHA)* ; and
- *Reducing HIV -related health disparities.* *

* Morin S, Kelly J, Charlebois E, et al. Responding to the National HIV/AIDS Strategy—setting the research agenda. *JAIDS*. July 1, 2011;57(3):175—180. doi: 10.1097/QAI.0b013e318222c0f9

** ONAP. *National HIV/AIDS Strategy: fact sheet* . July 2011. Available at aids.gov/federal-resources/policies/national-hiv-aids-strategy/nhas-fact-sheet.pdf.

NHAS: MORE IMPORTANT THAN EVER

The United States Centers for Disease Control and Prevention (CDC) estimates that 20 percent of the approximately 1.2 million people living with HIV in the United States do not know their status and are not in care. *

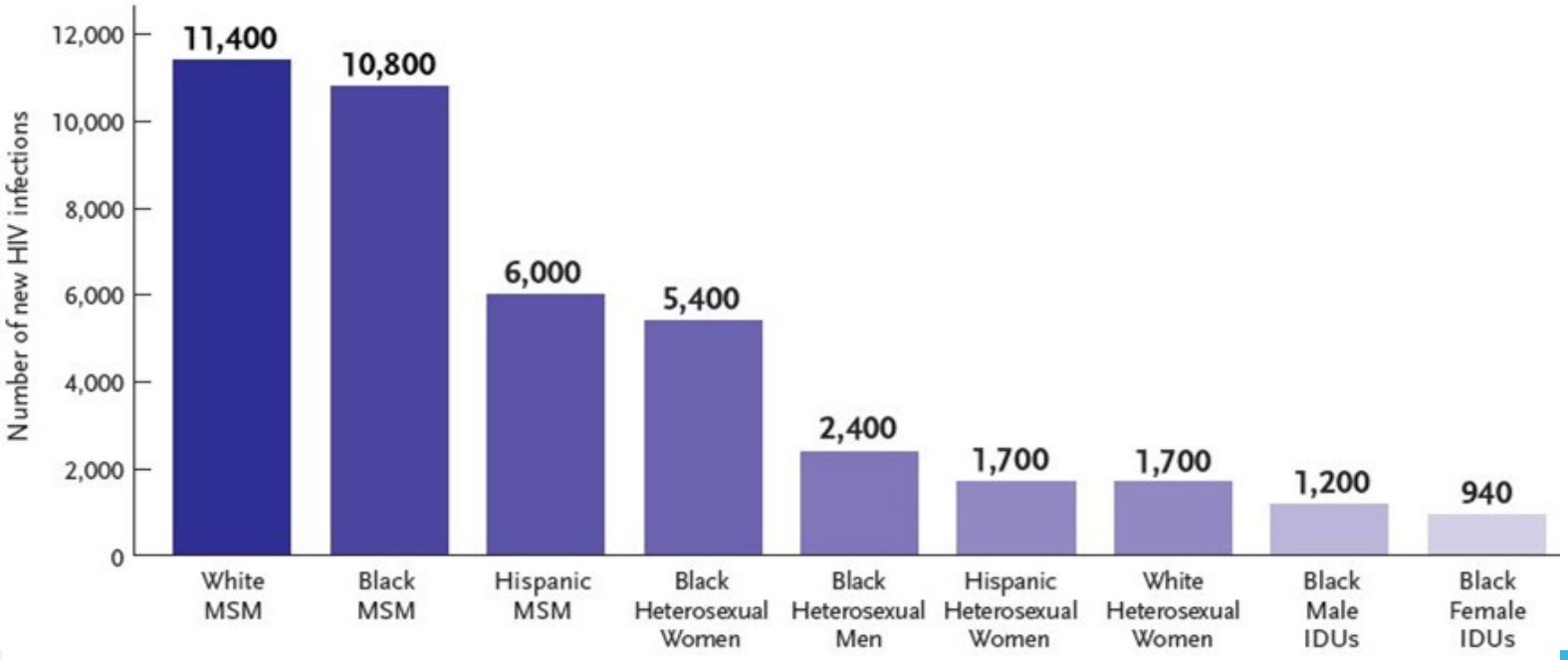
*CDC. Centers Vital signs: HIV prevention through care and treatment—United States. *MMWR*. December 2, 2011;60(47):1618—1623. Available at: www.cdc.gov/mmwr/preview/mmwrhtml/mm6047a4.htm?s_cid=mm6047a4_wfar. Accessed on December 9, 2011.

WHAT POPULATIONS OF PLWHA ARE NOT IN CARE?

A majority of PLWHA not in care are members of populations hardest hit by HIV/AIDS —namely men who have sex with men, injection drug users (IDU), and ethnic and racial minorities: African - American/Blacks, Asians, Hispanic/Latinos, Native American/Alaska Natives, and Native Hawaiian/Other Pacific Islanders.

These groups alone account for approximately 70 percent of the estimated 50,000 new HIV cases that occur annually. *

Figure 1: Estimated New HIV Infections in the U.S., 2009, for the Most-Affected Subpopulations



Graph: CDC. *Estimates of new HIV infections in the United States, 2006 -2009.* Fact sheet. Available at: www.cdc.gov/nchhstp/newsroom/docs/HIV-Infections-2006-2009.pdf. Accessed December 15, 2011.

* CDC. *HIV in the United States: an overview.* March 2012. Available at: www.cdc.gov/hiv/resources/factsheets/PDF/HIV_at_a_glance.pdf. Accessed March 15, 2012.

SNAPSHOT OF THE DOMESTIC HIV EPIDEMIC

- Though African -Americans represent approximately 14 percent of the United States population, they constitute nearly half of all PLWHA.
- Young African -Americans, especially MSM, are hardest hit.
- African -American women represent 63 percent of HIV diagnoses among women in the United States
- In 2010, Hispanics represented only 16 percent of the United States population, but accounted for over 20 percent of new HIV diagnoses and 20 percent of AIDS diagnoses.
- Asians and Native Hawaiians or Other Pacific Islanders (NH/PIs) had the third largest burden of HIV in the United States (after African - Americans and Hispanics) in 2010.
- AIDS rates are 40 percent higher among American Indian/Alaska Natives than Whites.

OTHER VULNERABLE PLWHA POPULATIONS NOT IN CARE

- Sexual minorities, particularly MSM and transgender women
- PLWHA with substance use disorders (SUDs) and engaged in injection drug use (IDU)
- Women, particularly women of color
- Youth, particularly young MSM of color
- Currently and formerly incarcerated PLWHA
- Vulnerable and highly mobile groups, such as migrant workers, sex workers, and homeless persons.

WHAT ARE THE BARRIERS PREVENTING PLWHA FROM ACCESSING HIV/AIDS CARE?

Economic Barriers

- Unemployment
- Poverty
- Food insecurity and shelter instability (FISI)
- Lack of insurance
- Lack of proximity and transportation to HIV/AIDS medical provider
- Scheduling conflicts due to work, child -care limitations.

Psychosocial Barriers

- Homophobia and HIV/AIDS stigma based on past personal and community experiences, as well as cultural belief systems
- Limited health literacy informed by lack of educational attainment
- Mental illness and SUDs
- Fears of unwanted disclosure to partners, family, friends, and employers.

System Barriers

- Limited number of providers in local area
- Limited hours of operation
- Lack of linguistically, culturally competent staff

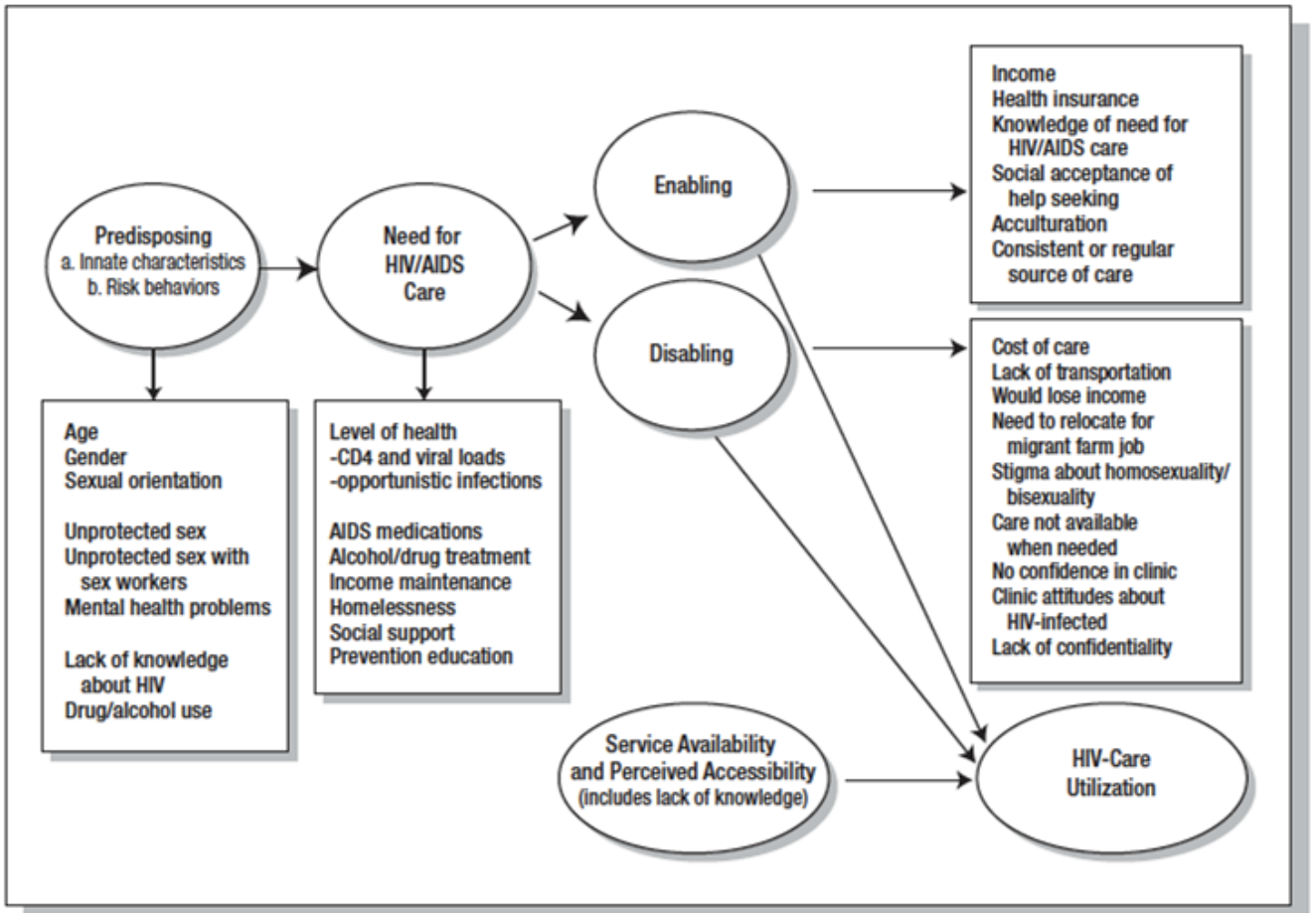
- Difficult scheduling system
- Indiscreet location
- Unwelcoming atmosphere

LATE HIV TESTING AND ENTRY INTO CARE

- PLWHA in underserved communities often test later for HIV. This means they learn their status and enter care later —and more often progress to AIDS—than their White counterparts.

- In 2009, the CDC reported that around one-third of the following ethnic and racial minorities received an AIDS diagnosis within 12 months of testing HIV - positive:

- 31 percent—African-Americans/Blacks
- 37 percent—Hispanics/Latinos
- 29 percent—American Indians/Alaska Natives, and
- 34 percent—Asians.*



*CDC. HIV/AIDS Surveillance Report. *MMWR*. 2012;22. www.cdc.gov/hiv/surveillance/resources/reports. Accessed on June 16, 2012.

Chart: HRSA, HAB. *Growing Innovative Care: Strategies for HIV/AIDS Prevention and Care Along the United States -Mexico Border*. February 2008. Available at http://hab.hrsa.gov/abouthab/special/spnsproducts.html

WHY IS HIV/AIDS CARE IMPORTANT?

- **Without intervention, PLWHA most likely will progress to AIDS, undermining their health outcomes, quality of life, and life expectancy.**
- **Research has consistently shown that PLWHA engaged in a holistic spectrum of care are more motivated to:**
  - Keep appointments.
  - Initiate and adhere to antiretroviral therapy (ART).
  - Regularly get required lab work done.
  - Participate in support services, such as mental health, SUDs and alcohol counseling, and dental care.
  - Leverage (along with their families) ancillary/wraparound services, such as transportation, food and clothing banks, and health education classes.

HIV/AIDS CARE SAVES LIVES

- Attending all medical appointments during the first year of HIV care doubled survival rates for years afterwards, regardless of baseline CD4 cell count or use of ART. *
- PLWHA in care also avoid high -risk behaviors.

*Giordano T, Hartman C, Gifford A, et al. Predictors of retention in care among a national cohort of US veterans. *HIV Clin Trials*. 2009;10:299—305.

HIV/AIDS CARE IS COST EFFECTIVE

Early HIV intervention and treatment are significantly cheaper —sometimes by more than 50 percent —than those associated with late HIV infection and end of life care. [*,**]

[*] Koenig S, Bang H, Severe P, et al. Cost-effectiveness of early versus standard antiretroviral therapy in HIV-infected adults in Haiti. *PLoS Med.* 2011;8:e1001095.

[**] Schackman B, Leff J, Botsko M, Bhives Collaborative, et al. The cost of integrated HIV care and buprenorphine/naloxone treatment: results of a cross-site evaluation. *JAIDS.* 2011;56 Suppl 1:S76—82.