The Promise and Limitations of Ending the HIV Epidemic in the U.S.

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Objectives

Upon completion of this educational activity, you will be able to:

- Review the Ending the HIV Epidemic Plan
- Describe threats to successfully ending the HIV epidemic in the United States
Presentation Outline

Threats to ending HIV in the United States:

- Failure to address the social determinants of health
- Inability to address overlapping epidemics
- Inability of scientific advances to be directed to those where need is greatest
- Political ideology vs science
- Mistrust
- Funding & commitment to end the HIV epidemic over time
Having the necessary scientific tools are not always enough to end an epidemic
1. PREVENTION AND CARE EFFORTS WILL NOT HAVE A LASTING IMPACT WITHOUT ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH
“…while health care accounts for some 10 to 20 percent of the determinants of health, socioeconomic factors and factors related to the physical environment are estimated to account for up to 50 percent of the determinants of health.”
COVID-19 Cases, Hospitalizations, and Deaths by Poverty Level in NYC

*Age-adjusted. Last updated June 16, 2020. Neighborhood poverty is based on the percent of a ZIP code's population living below the Federal Poverty Level. Low poverty: < 10%; Medium poverty: 10% to 19.9%; High poverty: 20% to 29.9%; Very high poverty: 30% or more.
HIV Infection Among Heterosexuals in Urban Areas, by Socio-Economic Indicators, 2006-2007, N=14,837

- No high school education: 2.5%
- With high school education: 1.5%
- Unemployed: 3.0%
- Employed: 2.0%
- Below poverty level: 3.5%
- Above poverty level: 1.0%
- Homeless: 3.0%
- Not homeless: 1.5%

Associations between food insecurity and viral suppression

Food insecurity → 29% lower viral suppression (OR=0.71, 95%CI 0.61-0.82)
Associations between distance to HIV care and insurance/ viral suppression

Travel Distance to HIV Medical Care: A Geographic Analysis of Weighted Survey Data from the Medical Monitoring Project in Philadelphia, PA

M. G. Eberhardt · C. D. Voyer · A. Hillyer · D. S. Metzger · M. R. Blank · K. A. Brady

Abstract

Decisions regarding where patients access HIV care are not well understood. The purpose of this analysis was to examine differences in travel distance to care among persons receiving care in Philadelphia. A multi-stage sampling design was utilized to identify 400 potential participants. 65% (260/400) agreed to be interviewed. Participants were asked questions about medical care, supportive services, and geographic location. Distance were calculated between residence and care location. 46.3% travelled more than three miles beyond the nearest facility. Uninsured travelled further (6.9 miles, 95% CI 3.9–9.9) than persons with public insurance (3.3 miles, 2.9–3.6). In multivariate analyses, no insurance (20/260) was associated with increased distance ($p = 0.0005$) and Hispanic ethnicity was associated with decreased distance ($p = 0.060$). Persons without insurance travel further but insurance status alone does not explain the variability in distance travelled to care. In Philadelphia, Hispanic populations, and providers that may be most accessible to these studies varied by geographic location [6, 9], study period [1, 4, 6–8], and methodology [3, 10, 11], the general consensus is that distance is often a barrier to care [12]. More specifically, persons living in rural areas tend to travel greater distances than persons in urban areas [3, 10], and straight-line distances have been shown to be a reliable measure of actual distance travelled [10]. Geographic analyses have also been utilized to assess access to care by focusing on the distribution of medical care sites within a given jurisdiction or catchment area [2, 9, 11–17]. As a result, strategies that address equitable access to care often emphasize location in efforts to reduce physical barriers [2, 14–18], when other factors may also impact where persons access care. Two factors commonly identified as influencing decisions regarding where to access medical care include racioethnicity and socioeconomic status [1, 3, 5]. However, other factors which may be more difficult to measure and quantify, such as access to ancillary services, facility reputation, fear of unwanted disclosure, and geographic relationship to non-medical services, have also been identified [4, 8, 17].

Being uninsured was associated with traveling a greater distance for HIV care

HHS Public Access

Author manuscript

AIDS Behav. Author manuscript; available in PMC 2019 September 01.

Identifying spatial variation along the HIV care continuum: The role of distance to care on retention and viral suppression

Terzian AS1, Younes N1, Greenberg AE2, Opoku J3, Hubbard J3, Happ LP3, Kumar P3, Jones RH3, and Castel AD4 DC Cohort Executive Committee

1Department of Epidemiology and Biostatistics, Georgetown University, Washington, DC; 2HIV/AIDS, Hepatitis, STD, and TB Administration, Division of Cancer Epidemiology & Genetics, National Cancer Institute, Bethesda, Maryland

Abstract

Background—Distance to HIV care may be associated with viral suppression (VS) in Washington, DC.

Methods—RIC = 200 HIV visits or lab 200 days vs. VS (<200 copies/mL at last visit) and distance participants receiving HIV care in outpatient care settings in the District of Columbia. Geospatial statistics were computed.

Results—RIC was 78%: 97% were on ART, among whom 77% achieved VS. ZIP code-level clusters of low RIC and high VS were observed in the Northwest; low VS in the Southeast. Those traveling ≥5 miles had 30% lower retention in care (aOR=0.71, 95% CI: 0.58, 0.86) and lower viral suppression

• DC cohort of 3,623 HIV+ participants receiving care.

• Those traveling ≥5 miles had 30% lower retention in care (aOR=0.71, 95% CI: 0.58, 0.86) and lower viral suppression
COVID-19 and Residential Segregation

Residential segregation plays a role in coronavirus disparities, study finds

(Millett et al, 2020)
Homelessness is Associated with Higher Viral Load and Higher Mortality Rates

(Clemenzi-Allen, 2019)
Non-English Speakers and HIV/COVID-19 risk

Factors that increased inequities with higher compared to lower values included proportion of HIV diagnoses due to injection drug use, percent Latino living in poverty, percent not English proficient.
2. WE IGNORE MULTIPLE OVERLAPPING EPIDEMICS AT OUR PERIL
“The beginnings of public health were rooted in preventing infectious disease and promoting sanitation. Now that we have largely eradicated many of these infectious conditions in the United States and in other high-resource countries, humans are living long enough to die from non-communicable diseases, or NCDs.”
Overlapping Infectious Disease Threats

The New York Times

GLOBAL HEALTH

U.S. to Begin Screening Air Passengers From Uganda for Ebola

There are no cases in the United States, but federal health officials also urged doctors to be vigilant for patients with symptoms.
COVID-19 Lockdown & HIV Viral Suppression

Viral suppression rates in a safety-net HIV clinic in San Francisco destabilized during COVID-19

Matthew A. Spinelli\textsuperscript{a}, Matthew D. Hickey\textsuperscript{a}, David V. Glidden\textsuperscript{b}, Janet Q. Nguyen\textsuperscript{a}, Jon J. Oskarsson\textsuperscript{a}, Diane Havlir\textsuperscript{a} and Monica Gandhi\textsuperscript{b}

Table 1. Factors associated with unsuppressed viral load and no-show visits before and after shelter-in-place/COVID-19\textsuperscript{a}.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Unsuppressed viral load adjusted odds ratio; 95% Confidence Interval</th>
<th>No-show visit adjusted odds ratio; 95% confidence interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-COVID-19 vs. pre-COVID-19</td>
<td>1.31; 1.08–1.53</td>
<td>0.91; 0.77–1.09</td>
</tr>
<tr>
<td>Age under 35\textsuperscript{a}</td>
<td>1.29; 1.11–1.51</td>
<td>1.57; 1.28–1.93 (Pre-COVID-19)</td>
</tr>
<tr>
<td>Female vs. male birth sex</td>
<td>0.94; 0.77–1.15</td>
<td>1.11; 0.82–1.51 (Post-COVID-19)</td>
</tr>
<tr>
<td>Race/ethnicity vs. white</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>1.60; 1.33–1.91</td>
<td>1.14; 0.94–1.38</td>
</tr>
<tr>
<td>Latin</td>
<td>1.04; 0.63–1.34</td>
<td>1.06; 0.88–1.27</td>
</tr>
<tr>
<td>Asian</td>
<td>0.92; 0.63–1.34</td>
<td>1.16; 0.82–1.64</td>
</tr>
<tr>
<td>Other</td>
<td>0.96; 0.78–1.19</td>
<td>0.97; 0.77–1.24</td>
</tr>
<tr>
<td>Homeless housing status\textsuperscript{a}</td>
<td>2.27; 1.91–2.71 (Pre-COVID-19)</td>
<td>1.15; 0.95–1.32 (Pre-COVID-19)</td>
</tr>
<tr>
<td>Telephone vs. in-person visits</td>
<td>3.36; 2.74–4.12 (Post-COVID-19)</td>
<td>0.64; 0.48–0.85 (Post-COVID-19)</td>
</tr>
<tr>
<td>(post-COVID-19 only)</td>
<td></td>
<td>0.56; 0.36–0.86</td>
</tr>
</tbody>
</table>

\textsuperscript{a}Each factor was tested for an interaction with the pre/post COVID-19 time interval indicator. Adjusted odds ratios and 95\% confidence intervals are presented separately for before and during COVID-19 time intervals if the test of interaction $P$-value was $<0.1$ [6].
In the U.S., HIV or recent sexually transmitted infections (STIs)* are common among people with monkeypox.

Among nearly 2,000 people with monkeypox:†

- 38% had HIV
- 41% had an STI in the past year
- 61% had either HIV or an STI

It is important to

Prioritize people with HIV and STIs for monkeypox vaccination

Offer HIV and STI screening for people evaluated for monkeypox

*Diagnosed with an STI other than HIV in the past year
† People diagnosed with monkeypox in eight jurisdictions during May 17–July 22, 2022

41% STI in past year
61% had STI or HIV
38% HIV+
Figure 2. National Drug-Involved Overdose Deaths*, Number Among All Ages, 1999-2021

*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.
Association between Opioid Mortality Rate and COVID-19 Mortality at the County-Level

Table 2: Adjusted estimates of variables impact on COVID-19 mortality

<table>
<thead>
<tr>
<th>Variables</th>
<th>Adjusted MRR (95% CI)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioid Mortality Rate per 100,000 persons</td>
<td>1.0134 (1.0054, 1.0214)</td>
<td>0.001</td>
</tr>
<tr>
<td>Opioid Prescribing Rate per 100 persons</td>
<td>1.0005 (0.9979, 1.0031)</td>
<td>0.69</td>
</tr>
<tr>
<td>Ratio of 265 years old to &lt;25 years old</td>
<td>1.0564 (0.8082, 1.3809)</td>
<td>0.69</td>
</tr>
<tr>
<td>% Non-Hispanic White</td>
<td>0.9828 (0.9767, 0.9889)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>% Rural</td>
<td>0.9951 (0.9917, 0.9986)</td>
<td>0.01</td>
</tr>
<tr>
<td>log (Median Household Income)</td>
<td>6.2034 (3.5170, 10.9419)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>log (Median Home Value)</td>
<td>0.7967 (0.6862, 1.0112)</td>
<td>0.09</td>
</tr>
<tr>
<td>Population Density (persons/100 mile²)</td>
<td>1.0050 (1.0019, 1.0082)</td>
<td>0.002</td>
</tr>
<tr>
<td>% Unemployed</td>
<td>1.0591 (1.0008, 1.1208)</td>
<td>0.047</td>
</tr>
<tr>
<td>% Diabetic</td>
<td>1.0414 (0.9948, 1.0904)</td>
<td>0.08</td>
</tr>
<tr>
<td>Hypertension Hospitalizations Rate</td>
<td>1.0005 (0.9834, 1.0362)</td>
<td>0.48</td>
</tr>
<tr>
<td>% Smokers</td>
<td>1.0030 (0.9708, 1.0363)</td>
<td>0.85</td>
</tr>
<tr>
<td>% Access to place of physical activity</td>
<td>1.0136 (0.9832, 1.0450)</td>
<td>0.38</td>
</tr>
<tr>
<td>% Health practitioners</td>
<td>1.0249 (0.9808, 1.0709)</td>
<td>0.27</td>
</tr>
<tr>
<td>% Sales/office workers</td>
<td>1.0083 (0.9797, 1.0379)</td>
<td>0.57</td>
</tr>
<tr>
<td>% Transportation/trucking workers</td>
<td>1.0178 (0.9996, 1.0363)</td>
<td>0.055</td>
</tr>
<tr>
<td>% Education workers</td>
<td>0.9933 (0.9608, 1.0269)</td>
<td>0.69</td>
</tr>
<tr>
<td>Average maximum temperature (°F)</td>
<td>0.9784 (0.9682, 0.9889)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Average Daily PM2.5 (μg/m³)</td>
<td>1.0695 (1.0194, 1.220)</td>
<td>0.01</td>
</tr>
</tbody>
</table>

* Correspondence: Mnoravand@uic.edu

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Overlapping Epidemics:
HIV+ MSM diagnosed with MPX by race/ethnicity

\[ N = 1969 \]

- 755 HIV+ (38%)
  - 22% of Asian men diagnosed with MPX were HIV+
  - 63% of Black men diagnosed with MPX were HIV+
  - 41% of Latinx men diagnosed with MPX were HIV+
  - One third of White men diagnosed with MPX were HIV+

6 in 10 Black men diagnosed with MPX were HIV+
3. SCIENTIFIC ADVANCES ARE NOT IMPACTFUL IF THEY FAIL TO REACH THE MOST AFFECTED POPULATIONS
FIGURE 2. Estimated HIV incidence* among persons aged ≥13 years, by selected race/ethnicity † and transmission category§ — United States, 1981–2019
One Million COVID Deaths by Race/Ethnicity

Covid-19 death rates among those ages 25-54

Note: Data is monthly. Sources: C.D.C., Census Bureau

Covid-19 death rates by age and race

Black and Hispanic people have had the highest death rates in all age groups.

Note: Rates for White, Black and Asian people exclude Hispanics. Rates for Native Americans and Pacific Islanders were less reliable because of low total counts and are not shown. Source: C.D.C.
Black and Latinx MSM less likely to access MPOX vaccines despite greater risk of infection

Figure 2
Racial/Ethnic Distribution of MPX (Monkeypox) Cases and Vaccinations in the U.S. as of September 2022

<table>
<thead>
<tr>
<th>Category</th>
<th>MPX Cases with Race/Ethnicity Data Reported (16,847)</th>
<th>Receipt of First Dose of Vaccine with Race/Ethnicity Data Reported (526,692)</th>
<th>Total U.S. Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>30%</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>30%</td>
<td>22%</td>
<td>19%</td>
</tr>
<tr>
<td>Black</td>
<td>35%</td>
<td>13%</td>
<td>6%</td>
</tr>
<tr>
<td>Asian</td>
<td>6%</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>Other Race</td>
<td>3%</td>
<td>4%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Bloomberg

Equality | Prognosis
White People Get Bigger Share of Monkeypox Shots, Early Data Show

While most cases are concentrated among people of color, White people are getting most of the shots.

The Coronavirus Doesn't Discriminate, But U.S. Health Care Showing Familiar Biases
April 2, 2020 - 12:57 PM ET


In Large Texas Cities, Access To Coronavirus Testing May Depend On Where You Live
May 27, 2020 - 5:00 AM ET
Heard on Morning Edition
Racial gap in D.C. coronavirus infections widens

With vaccination rates higher among White residents, the share of infections among Whites has plummeted while rising sharply for Black people. This chart reflects a rolling 10-day average on the share of cases by race.

Note: Daily new-case counts not available in March.

Source: D.C. government data

DAN KEATING/THE WASHINGTON POST
Mortality incident rate-ratios between blacks and whites have increased 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 et al, 2007)
Disparities have worsened in the past 40 years of the HIV pandemic.


<table>
<thead>
<tr>
<th>Characteristic</th>
<th>1981*</th>
<th>1984–1985*</th>
<th>2019†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex at birth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>18,600 (93)</td>
<td>115,500 (89)</td>
<td>28,400 (62)</td>
</tr>
<tr>
<td>Female</td>
<td>1,500 (8)</td>
<td>15,100 (12)</td>
<td>6,600 (18)</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| American Indian/Alaska Native | 0 (—) | 400 (0) | 230§(1 §)
| Asian§        | N/A   | N/A        | 550 (2) |
| Asian/Pacific Islander§ | 0 (—) | 900 (1) | N/A |
| Black/African American | 5,800 (29) | 38,800 (30) | 14,300 (41) |
| Hispanic/Latino** | 3,100 (16) | 18,200 (14) | 10,200 (29) |
| Native Hawaiian/Other Pacific Islander§ | N/A   | N/A        | N/A |
| White         | 11,100 (56) | 72,100 (55) | 8,600 (25) |
| Multiple races§ | N/A    | N/A        | 900 (3) |
| Transmission category§§ |       |            |       |
| Male-to-male sexual contact | 12,500 (63) | 75,800 (58) | 23,100 (66) |
| Injection drug use | 4,400 (22) | 32,000 (25) | 2,500 (7) |
| Male-to-male sexual contact and injection drug use | 2,400 (12) | 11,400 (9) | 1,400 (4) |
| Heterosexual contact§§§ | 400 (2) | 8,000 (6) | 7,800 (22) |
| Total         | 20,000 (100) | 130,400 (100) | 34,800 (100) |
We are on track to end the HIV epidemic... with White Americans

(Zang et al, 2020)
4. DIMINISHING TRUST IN SCIENCE/PUBLIC HEALTH WITH GREATER CREDENCE PAID TO IDEOLOGY VS. FACTS
Confidence in Science has Decreased

Confidence in Science, 1975 and 2021

Now I am going to read you a list of institutions in American society. Please tell me how much confidence you, yourself, have in each one -- a great deal, quite a lot, some, or very little? How about -- Science?

<table>
<thead>
<tr>
<th></th>
<th>1975</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. adults</td>
<td>70%</td>
<td>64%</td>
</tr>
<tr>
<td>Democrats</td>
<td>67%</td>
<td>79%</td>
</tr>
<tr>
<td>Independents</td>
<td>73%</td>
<td>65%</td>
</tr>
<tr>
<td>Republicans</td>
<td>72%</td>
<td>45%</td>
</tr>
</tbody>
</table>
A wave of anti-vaccine legislation is sweeping the United States
The anti-vaccine movement is gaining strength even after 1 million Americans have died of Covid-19.

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The Politization of Science and Healthcare

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Texas Judge Says HIV Drug Mandate Violates Religious Freedom
Ruling in federal court in Texas concerns Gilead PrEP drugs
Company said it didn’t want to subsidize “homosexual behavior”

The Texas Tribune

Texas bans many proven tools for helping drug users. Advocates are handing them out anyway.

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The anti-vaccine movement is gaining strength even after 1 million Americans have died of Covid-19.

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Texas bans many proven tools for helping drug users. Advocates are handing them out anyway.
Harassment and Threats Directed at Health Officials

Harassment of doctors is on the rise. Here’s how to stop it.

JUL 8, 2022 • 4 MIN READ

Jennifer Lubell
Contributing News Writer

Embattled Public Health Workers Leaving At ‘Steady And Alarming’ Rate

November 25, 2020 - 11:13 PM ET
Heard on All Things Considered

Anti-mask hysterics at Tennessee school board meeting show how basic public health is now polarizing

Viral clips show anti-maskers melting down as a school board implemented a commonsense mask mandate.

By Aaron Rupar | @strupar | Aug 11, 2021, 4:30pm EDT

The parking lot after a school board meeting last night in Franklin, Tennessee. Parents harassed medical professionals who had spoken in favor of masks in schools. “We know who you are. You can leave freely, but we will find you.”

From Matt Masters

9:30 AM - Aug 11, 2021
Harassment of Health Officials in TN
Political Affiliation and COVID-19 Vaccination/Mortality Impact

Whites now more likely to die from covid than Blacks: Why the pandemic shifted

By Akilah Johnson and Dan Keating
October 19, 2022 at 6:00 a.m. EDT
Consequences of the ideological gap predates COVID-19

Mortality Rates in Republican and Democratic Counties

• Changing all policy domains in all states to a fully conservative orientation might have cost 217,635 lives in 2019
• A fully liberal orientation might have saved 171,030 lives
5. KEEPING HIV ‘ENDED’ WILL REQUIRE PERSISTENCE AND FUNDING
HIV Priorities Change from Administration to Administration

**Priority:** First domestic HIV plan; increase in domestic HIV prevention; establishes ONAP; Minority AIDS Initiative launched; implements Americans with Disabilities Act

**Priority:** Global HIV (Introduces PEPFAR program)
- **De-prioritized:** Domestic HIV programs/ research; ONAP left unstaffed for period of presidency

**Priority:** Domestic HIV:
- National HIV/AIDS Strategy and Affordable Care Act;
- **De-prioritized:** PEPFAR (flat funded/ established Global Health Initiative)

**Priority:** Domestic HIV: EHE initiative
- **De-prioritized:** National HIV/AIDS Strategy to a HHS ‘Plan’; ONAP defunct; Affordable Care Act (dismantling); PEPFAR (gutted in WH budgets)
The State of the Economy can affect Federal HIV Funding

Falling Further Behind
Ending the HIV Epidemic Initiative Funding: Requested versus Appropriated (US$ Millions)

<table>
<thead>
<tr>
<th></th>
<th>President's Budget Request</th>
<th>Appropriated</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>N/A</td>
<td>34.68</td>
</tr>
<tr>
<td>2020</td>
<td>291</td>
<td>267</td>
</tr>
<tr>
<td>2021</td>
<td>725</td>
<td>404.75</td>
</tr>
<tr>
<td>2022</td>
<td>670</td>
<td>473.25</td>
</tr>
<tr>
<td>2023</td>
<td>850</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Source:** Ending the HIV Epidemic (EHE) Funding Tracker, Kaisers Family Fund. tbl. 1 (Nov. 12, 2021); Domestic HIV Funding in the White House FY 2023 Budget Request, Kaisers Family Fund. tbl.2 (Mar. 30, 2022). Note: FY 2019 funding was re-allocated funds to launch the Initiative, but not appropriated for this purpose. Congress has not yet appropriated funding for FY 2023.

Finance
U.S. inflation hit a new 40-year high last month of 8.6 percent
America’s rampant inflation is imposing severe pressures on families, forcing them to pay much more for food, gas and rent.

Are Americans growing warier of more government just as Biden tries to pass his big agenda?

Analysis by Dan Balz
Chief correspondent
October 16, 2021 at 12:13 p.m. EDT
State-specific Factors that Affect Efforts to End HIV

**A Dangerous Precedent: Tennessee Rejects Federal Funds for HIV Prevention**

On January 17, 2023, health officials in Tennessee announced their intention to reject federal funding for HIV services including testing, condoms, medication to prevent acquisition of the virus, and all HIV surveillance in the state. Last year, these funds totaled $6.3 million. State officials have indicated that they aim to maintain the same level of funding, but shift the priorities of the program to prevent HIV among first responders, mothers and children, and victims of human trafficking. These populations do not align with those most vulnerable to HIV infection in Tennessee.

By limiting HIV prevention activities to only 2% of those “at risk,” the missed prevention opportunities in the Tennessee state officials’ plan could end up adding $255 million in HIV treatment costs per year for the state.*

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**How Tennessee axed millions in HIV funds amid scrutiny from far-right provocateurs**

Tennessee decided to scrap $8.3 million in federal grants to combat HIV after right-wing personalities targeted gender dysphoria treatment for minors in the state.

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**HIV at center of latest culture war after Tennessee rejects federal funds**

The red-state pushback reflects growing tensions over federal priorities over public health issues.

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* Calculated as the lifetime treatment costs of failure to prevent 500 net HIV cases ($509 cases - 0 cases) each year under the Tennessee state officials’ plan ($509,000 x 500 = $255 million in additional treatment costs)
Public Health workforce attrition/ nominal state spending

State and local public health workforces have shrunk

<table>
<thead>
<tr>
<th>Year</th>
<th>Local</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>162,000</td>
<td>175,000</td>
</tr>
<tr>
<td>2009</td>
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<td>166,000</td>
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<tr>
<td>2019</td>
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<td>107,000</td>
</tr>
</tbody>
</table>

Most states spend less than $100 per person on public health

Annual public health expenditures per resident by state-level agencies.

Expenditures are inflation-adjusted to constant 2019 dollars and reflect a 2016-18 average. Data includes transfers to local health departments. Sources: State Health Expenditure Dataset, U.S. Census Bureau.

Map data: Telegram/NPR / Graphic: Hannah Recht/KHN, Francois Duckett/AP

Source: Association of State and Territorial Health Officials, National Association of County and City Health Officials / Graphic: Hannah Recht/KHN, Francois Duckett/AP
Increase in SSPs in the United States after Scott County Outbreak

Sources: Centers for Disease Control and Prevention, Harm Reduction International, North American Syringe Exchange Network. Figure created by New York Times, April 27, 2018.
Syringe Services Programs Rolled Back in Indiana and West Virginia Despite HIV/ HCV Outbreaks

An Indiana county just halted a lifesaving needle exchange program, citing the Bible.

By Germaine Lopez | germaine.lopez@wv.gov | Oct 30, 2021, 10:00am EDT

The program has overwhelming evidence behind it. But that wasn’t enough to save it.

The New York Times

**Why a City at the Center of the Opioid Crisis Gave Up a Tool to Fight It**

By John Katz | April 27, 2018

West Virginia health data reveals surge in hepatitis C cases

West Virginia Health Department data reveals chronic hepatitis C cases in the state’s largest county have soared to the highest levels in five years, months after a public syringe exchange was closed.

By The Associated Press | October 1, 2019, 10:50 AM | 1 min read

CHARLESTON, W.Va. -- West Virginia Health Department data reveals hepatitis C cases in the state’s largest county have soared to the highest numbers in years, months after a program offering clean needles was suspended.

The Charleston Gazette-Mail reported Monday that more than 1,100 new chronic cases of the disease were recorded in Kanawha County in 2018.

Local clinic director Letitia Tierney says the area is nearing a hepatitis C outbreak and a potential HIV outbreak due to needle sharing. Officials didn’t immediately release HIV numbers.
National Polls and Harm Reduction Interventions

Do you support legalizing safe injection sites and NSPs?

POLITICO/Harvard Poll (June-July 2018)¹

- Safe Injection Sites: 41%
- NSPs: 47%

Do you support legalizing safe consumption sites and syringe service programs in your community?

Hopkins Bloomberg Survey (July-August 2017)²

- Safe Consumption Sites: 29%
- Syringe Service Programs: 39%

NSP=needle-and-syringe exchange program.
Inflexible Dedicated Funding Streams

A Surge In Meth Use In Colorado Complicates Opioid Recovery

By CPCC - JUL. 14, 2018

A man holds a syringe and a bag of drugs.

POLITICO

HEALTH CARE

Meth and cocaine complicate Trump’s war on drugs

June 13, 2019 - 5:00 AM ET

Crowe says his organization has received just over $327,300 from key federal grants designed to curb the opioid epidemic. While the money was a godsend for his county, he says methamphetamine remains a major problem.

And here’s the hitch: Crawford County, which lies south of Lake Erie, on the Ohio state line, can’t use the federal opioid grants to treat meth addiction.

"Now I’m looking for something different," Crowe says. "I don’t need more opiate money. I need money that will not be used exclusively for opioids."

The federal government has doled out at least $2.4 billion in state grants since 2017, in hopes of stemming an opioid epidemic that killed 47,600 people in the U.S. in that year alone.

"I don’t need more opiate money. I need money that will not be used exclusively for opioids."

David Crowe, executive director of Crawford County Drug and Alcohol Commission

AIDS Education & Training Center Program

AETC Southeast
6. REGIONAL DIFFERENCES WILL CREATE A PATCHWORK OF LOCATIONS WHERE HIV IS EXPANDING VS CONTROLLED
The Increasing Centrality of Medicaid Expansion in Combatting HIV

Several research studies have shown that HIV-related health outcomes or health services improved because of the ACA and Medicaid expansion.

- **Increase in HIV testing in Medicaid expansion states, 2010–2017**
  (Gai et al., AJPH, 2019)

- **Greater access to opioid addiction medications in Medicaid expansion states, 2011–2016**
  (Sharp et al., AJPH, 2018)

- **Ten-year decrease in HIV diagnoses after Medicaid expansion in Louisiana, 2016–2018**
  (Louisiana Dept of Health, 2019)

- **Greater sustained viral suppression among PLWH in Medicaid expansion states, 2015**
  (Crump et al., CDC HIV Prevention Conf, 2019)

- **Fourfold increase in PrEP uptake among Medicaid recipients, 2012–2015**
  (Laufer et al., MMWR, 2015)

NOTE: Total Medicaid funding includes only federal spending. A small amount of VA prevention funding is included in "other" as it was not possible to disaggregate care and prevention funding for that account (possibly around $18m). Several accounts in "other" are amounts that have been carried forward from FY17.

SOURCE: Calculation based on KFF review of Congressional Budget Justifications, other budget documents, and personal agency correspondence • PNG
Most Medicaid-expansion holdouts are in the South

Medicaid expansion relative to the 2014 rollout

- Expanded immediately
- Expanded later
- Never expanded

Note: As of November 2022

NC expanded Medicaid 3/27/23
Chronic Health Problems & Medical Debt Concentrated in Certain Regions
Regional differences in overall health likely indicators of where we end (or do not end) HIV

States With the Least Healthy Populations

A Forbes Advisor analysis found that West Virginia residents are the least healthy in the nation. To see each state's overall ranking and two of the metrics considered, hover over each state.

Source: Forbes Advisor • Get the data • Embed
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Thank You!
AETC Program
National Centers and National HIV Curriculum

- National Coordinating Resource Center serves as the central web based repository for AETC Program training and capacity building resources; its website includes a free virtual library with training and technical assistance materials, a program directory, and a calendar of trainings and other events. Learn more: https://aidsetc.org
- National Clinician Consultation Center provides free, peer to peer, expert advice for health professionals on HIV prevention, care, and treatment and related topics. Learn more: https://nccc.ucsf.edu
- National HIV Curriculum provides ongoing, up to date HIV training and information for health professionals through a free, web based curriculum; also provides free CME credits, CNE contact hours, CE contact hours, and maintenance of certification credits. Learn more: www.hiv.uw.edu