The New HIV Paradigm: Multidisciplinary Prevention and Wellness

Kali Lindsey
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ACA and Treatment as Prevention

- ACA will:
  - Expands access to health coverage for millions of Americans who have been locked out
  - Promotes multidisciplinary care coordination through broad adoption of electronic health records and patient-centered health homes
  - Establish Essential Health Benefits for all persons receiving coverage through Medicaid or private health insurance
  - Improves mechanisms for key population data collection and quality improvement
Medicaid Coverage

- Benchmark coverage for all persons who earn up to 138% FPL, regardless of their HIV status and progression of disease
- HIV testing and other multidisciplinary services are required for benchmark plans
- Medicaid is restricted from sharing costs for preventative services
- All programs include ARV coverage, more work needed on preferred treatments
The Marketplace

- Better option for continuity of care for persons transitioning back to work
- Plans ranging from low cost, higher co-pays and basic benefits to higher cost with lower co-pays and expanded benefits
  - More benefits than available through Medicaid
  - Higher reimbursement may expand provider access
- Ryan White programs can provide financial assistance for insurance premiums
ACA Ongoing Challenges

- Provider participation
  - Medicaid
  - EHR and Comprehensive Care
- Affordability
  - At-risk and undocumented
  - Areas with low competition
- Coverage and Treatment Discrimination
  - Race, sex, or lifestyle discrimination
  - Zero coercion
Changes in RW Funding Compared to #PLHIV

- % change in the number of people living with AIDS
- % change in Ryan White funding


2002: 0%
2003: 5%
2004: 10%
2005: 15%
2006: 20%
2007: 25%
National HIV/AIDS Strategy

- National HIV/AIDS Strategy Goals:
  - Reducing HIV incidence
  - Increasing access to care and optimizing health outcomes
  - Reducing HIV-related health disparities
  - Achieving a More Coordinated National Response to the HIV Epidemic
Secretary Sebelius April 2012 memorandum to the heads of the operating divisions within HHS responsible for the implementation of the National HIV/AIDS Strategy (NHAS) directing them to:

1) Identify and adopt common indicators to assess process and outcomes as they relate to the goals of the NHAS

2) Harmonize, where feasible, streamlining reporting requirements for federally funded HIV/AIDS prevention, treatment and care programs.
HHS Core indicators

SEVEN CORE INDICATORS ADOPTED

1. HIV positivity
2. Late HIV diagnosis
3. Linkage to HIV medical care
4. Retention in HIV medical care
5. Antiretroviral Therapy (ART) among persons in HIV medical care
6. Viral load suppression among persons in HIV medical care
7. Housing status
Established HIV Care Continuum Initiative

- Overseen by the Director of the Office of National AIDS Policy
- The Initiative will mobilize and coordinate Federal efforts in response to recent advances regarding how to prevent and treat HIV infection.
- The Initiative will
  - support further integration of HIV prevention and care efforts;
  - promote expansion of successful HIV testing and service delivery models;
  - encourage innovative approaches to addressing barriers to accessing testing and treatment;
  - and ensure that Federal resources are appropriately focused on implementing evidence-based interventions that improve outcomes along the HIV care continuum.
Using the ACA to Tackle the Treatment Cascade

1) Full implementation of the ACA

- **ACA: Focus on Prevention & Wellness**
  - Investments in prevention activities through Prevention and Public Health Fund
  - Testing and counseling part of public and private insurance benefits packages

2) Secure future for Ryan White Program

- To make health care reform work, we also need a **Ryan White Program** that is able to:
  - Provide vital enabling services to get people in care and keep them in care
  - Provide insurance assistance to support newly insured clients
  - Cover services and populations left out of reform

- **ACA: Access to Insurance**
  - Expansion of Medicaid to people with income up to 133% FPL
  - Private insurance reforms and subsidies to expand access to private insurance

- **ACA: Access to Care**
  - Essential health benefits package that includes unfettered access to HIV medications
  - Investment in health care workforce and infrastructure
Treatment Cascade by Race/Ethnicity

BY RACE/ETHNICITY: African Americans are least likely to be in ongoing care or to have their virus under control.
Treatment Cascade by Age

BY AGE: Younger Americans are least likely to be retained in care or have their virus in check; HIV care and viral suppression improve with age, except among those aged 65 and older.
## Unmet HIV Service Needs Among BMSM

### Unmet HIV Service Needs among Black Men Who Have Sex with Men in the United States

- **David R. Holtgrave, PhD**
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  Washington, DC

- **Daniel C. Montoya**
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  Washington, DC

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  Division of Community Advancement Leadership Strategies
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  Washington, DC
NMAC partnered with Dr. David Holtgrave and the Johns Hopkins Bloomberg School of Public Health estimated that a population of 735,690 black gay, bisexual and other MSM live in the U.S.
Peer Navigation

- Trust is a well-documented facilitator of ongoing health care engagement and treatment success
- Peers have the ability to better connect with clients who are experiencing challenges accepting their diagnosis, social isolation, substance abuse, mental health, or other health issues
HIV Resource Targeting

• Prevention and care funding for MSM, especially MSM of color, has never reflected the community’s HIV burden.

• For Black gay men, Dr. Holtgrave and his team estimate that if our nation is serious about meeting the goals of the National HIV/AIDS Strategy it will require an investment of around $2.475 billion:
  • Housing: $45 million
  • Diagnostic services: $360 million
  • Care & Treatment: $2.041 billion
  • Prevention Services: $27 million

• If we make this investment, we estimate that we can avert 6,213 new infections among Black gay and bisexual men, surpassing the 25% goal laid out in the Strategy.
# U.S. Men Health Indicators

**Table A. National Indicator Rates for Men Ages 18 to 64, by Race/Ethnicity, 2006-2008**

<table>
<thead>
<tr>
<th>Health Status</th>
<th>All Men</th>
<th>White</th>
<th>All Minority*</th>
<th>Black</th>
<th>Hispanic</th>
<th>Asian and NHPI</th>
<th>American Indian/Alaska Native</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-reported Fair or Poor Health Status</td>
<td>11.0%</td>
<td>8.5%</td>
<td>17.0%</td>
<td>13.3%</td>
<td>22.3%</td>
<td>8.3%</td>
<td>18.8%</td>
</tr>
<tr>
<td>Unhealthy Days (mean days/month)</td>
<td>5.5</td>
<td>5.3</td>
<td>5.7</td>
<td>6.0</td>
<td>5.8</td>
<td>3.9</td>
<td>8.7</td>
</tr>
<tr>
<td>Limited Activity Days (mean days/month)</td>
<td>3.3</td>
<td>3.1</td>
<td>3.7</td>
<td>3.7</td>
<td>4.0</td>
<td>2.4</td>
<td>6.3</td>
</tr>
<tr>
<td>Serious Psychological Distress</td>
<td>9.5%</td>
<td>9.6%</td>
<td>9.3%</td>
<td>9.3%</td>
<td>9.0%</td>
<td>7.9%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>4.2%</td>
<td>3.5%</td>
<td>5.9%</td>
<td>6.3%</td>
<td>6.1%</td>
<td>4.6%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>3.5%</td>
<td>3.2%</td>
<td>4.1%</td>
<td>3.8%</td>
<td>4.7%</td>
<td>2.5%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Obesity</td>
<td>25.2%</td>
<td>24.7%</td>
<td>26.4%</td>
<td>31.0%</td>
<td>28.1%</td>
<td>10.7%</td>
<td>30.7%</td>
</tr>
<tr>
<td>Smoking</td>
<td>25.0%</td>
<td>25.2%</td>
<td>23.9%</td>
<td>26.9%</td>
<td>23.3%</td>
<td>15.8%</td>
<td>43.2%</td>
</tr>
<tr>
<td>Binge Drinking</td>
<td>23.6%</td>
<td>24.8%</td>
<td>20.8%</td>
<td>17.8%</td>
<td>24.8%</td>
<td>14.0%</td>
<td>24.0%</td>
</tr>
<tr>
<td>New AIDS Cases/100,000 men**</td>
<td>27.14</td>
<td>13.7%</td>
<td>59.7</td>
<td>104.1</td>
<td>40.8</td>
<td>8.0</td>
<td>17.3</td>
</tr>
</tbody>
</table>

**Access and Utilization**

<table>
<thead>
<tr>
<th>Access and Utilization</th>
<th>All Men</th>
<th>White</th>
<th>All Minority*</th>
<th>Black</th>
<th>Hispanic</th>
<th>Asian and NHPI</th>
<th>American Indian/Alaska Native</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Health Insurance Coverage</td>
<td>22.4%</td>
<td>15.7%</td>
<td>35.8%</td>
<td>28.8%</td>
<td>46.0%</td>
<td>21.0%</td>
<td>38.5%</td>
</tr>
<tr>
<td>No Personal Doctor/Health Care Provider</td>
<td>28.0%</td>
<td>22.6%</td>
<td>38.7%</td>
<td>30.3%</td>
<td>49.1%</td>
<td>25.8%</td>
<td>38.1%</td>
</tr>
<tr>
<td>No Routine Check Up</td>
<td>25.5%</td>
<td>26.2%</td>
<td>23.6%</td>
<td>15.1%</td>
<td>29.5%</td>
<td>22.9%</td>
<td>28.4%</td>
</tr>
<tr>
<td>No Dental Check Up</td>
<td>34.2%</td>
<td>30.2%</td>
<td>42.0%</td>
<td>42.1%</td>
<td>45.7%</td>
<td>30.6%</td>
<td>42.9%</td>
</tr>
<tr>
<td>No Colorectal Cancer Screening***</td>
<td>42.7%</td>
<td>40.6%</td>
<td>50.1%</td>
<td>43.2%</td>
<td>56.2%</td>
<td>46.8%</td>
<td>48.4%</td>
</tr>
<tr>
<td>No Doctor Visit Due to Cost</td>
<td>13.2%</td>
<td>10.3%</td>
<td>18.9%</td>
<td>18.2%</td>
<td>21.8%</td>
<td>10.9%</td>
<td>20.7%</td>
</tr>
</tbody>
</table>

**Social Determinants**

<table>
<thead>
<tr>
<th>Social Determinants</th>
<th>All Men</th>
<th>White</th>
<th>All Minority*</th>
<th>Black</th>
<th>Hispanic</th>
<th>Asian and NHPI</th>
<th>American Indian/Alaska Native</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty</td>
<td>14.3%</td>
<td>10.5%</td>
<td>22.0%</td>
<td>25.8%</td>
<td>21.1%</td>
<td>15.3%</td>
<td>29.1%</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$48,800</td>
<td>$58,952</td>
<td>$31,222</td>
<td>$30,924</td>
<td>$29,000</td>
<td>$53,000</td>
<td>$30,116</td>
</tr>
<tr>
<td>No High School Diploma</td>
<td>14.3%</td>
<td>8.7%</td>
<td>25.7%</td>
<td>16.2%</td>
<td>38.6%</td>
<td>8.8%</td>
<td>21.9%</td>
</tr>
<tr>
<td>Incarceration Rate/100,000 men**</td>
<td>981.9</td>
<td>609.7</td>
<td>1682.0</td>
<td>3610.9</td>
<td>835.9</td>
<td>185.1</td>
<td>1572.2</td>
</tr>
<tr>
<td>Unemployment</td>
<td>6.4%</td>
<td>5.4%</td>
<td>8.3%</td>
<td>13.1%</td>
<td>6.5%</td>
<td>5.0%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Wage Gap</td>
<td>89.8%</td>
<td>100.0%</td>
<td>68.4%</td>
<td>71.0%</td>
<td>58.6%</td>
<td>101.4%</td>
<td>75.9%</td>
</tr>
</tbody>
</table>

**Note:**
- *All Minority men includes Black, Hispanic, Asian and Native Hawaiian or other Pacific Islander (NHPI), American Indian/Alaska Native, and men of two or more races.
- **Data for this indicator are from the year 2004**
- ***Among men 50 to 64 years.**

[Table Source](https://www.cdc.gov/nchs/products/databriefs/db060/db060.htm)
Health Risks of Homelessness

Figure 4
PREDICTED PROBABILITIES OF EXPERIENCING HOUSING INSTABILITY
(by combinations of risks)

- Homeless or doubled-up
- Unstably housed
- Always stably housed

Any 5 risks
- 36%
- 46%
- 18%

Family-structure risk
- single at baseline +
- teen birth +
- ever cohabited +
- multiple-partner fertility +
- domestic violence
- 24%
- 64%
- 12%

Employment risk
- less than high school +
- low employment +
- low social support +
- poor physical health +
- single at baseline
- 48%
- 34%
- 18%

Health risk
- poor physical health +
- depression +
- drug use +
- domestic violence +
- single at baseline
- 56%
- 41%
- 3%
Mass Incarceration Epidemic

Figure 2. U.S. Incarceration Rates by Race and Sex

According to data analyzed by the Pew Center on the States, as of Jan. 1, 2008, more than 1 in every 100 adults is behind bars.

For the most part, though, incarceration is heavily concentrated among men, racial and ethnic minorities, and 20- and 30-year-olds. Among men the highest rate is with black males aged 20-34. Among women it’s with black females aged 35-39.

MEN
White men ages 18 or older 1 in 106
All men ages 18 or older 1 in 54
Hispanic men ages 18 or older 1 in 36
Black men ages 18 or older 1 in 15
Black men ages 20-34 1 in 9

WOMEN
White women ages 35-39 1 in 355
Hispanic women ages 35-39 1 in 297
All women ages 35-39 1 in 265
Black women ages 35-39 1 in 100
High School Achievement

DID YOU KNOW

ON AVERAGE NON-WHITE STUDENTS ARE 2X MORE LIKELY TO DROP OUT OF HIGH SCHOOL?

DROP OUT RATES BY RACE (2009)

- BLACK: 37%
- AMERICAN INDIAN: 35%
- HISPANIC: 34%
- NATIONAL: 25%
- WHITE: 18%
- ASIAN: 8%

Source: NCES (http://nces.ed.gov/pubs2011/2011312.pdf)

Graduation Rates (2009)
Thank You and Acknowledgements

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