

# HIV/AIDS, Viral Hepatitis, STDs, and TB Disparities Update



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# Presentation Overview

- ❑ **General epidemiology of HIV, TB and viral hepatitis**
- ❑ **Definitions and explanations of terms and concepts**
- ❑ **Office of Health Equity structure and function**

# **HEALTH DISPARITIES IN HIV, VIRAL HEPATITIS, STDS, AND TB**

# Race and Ethnicity

- ❑ African Americans 8 times and Latinos 3 times more likely to have HIV than whites
- ❑ In 2013, African Americans had 12 times the reported gonorrhea rates of whites
- ❑ Asians and Pacific Islanders make up less than 5% of the total U.S. population, but account for more than 50% of Americans living with chronic Hepatitis B.
- ❑ In 2014, Asians had the highest TB case rate, which was nearly 30 times higher than case rates for whites and three times higher than those of African Americans or Hispanics

# Gay, Bisexual, and Other Men Who Have Sex with Men

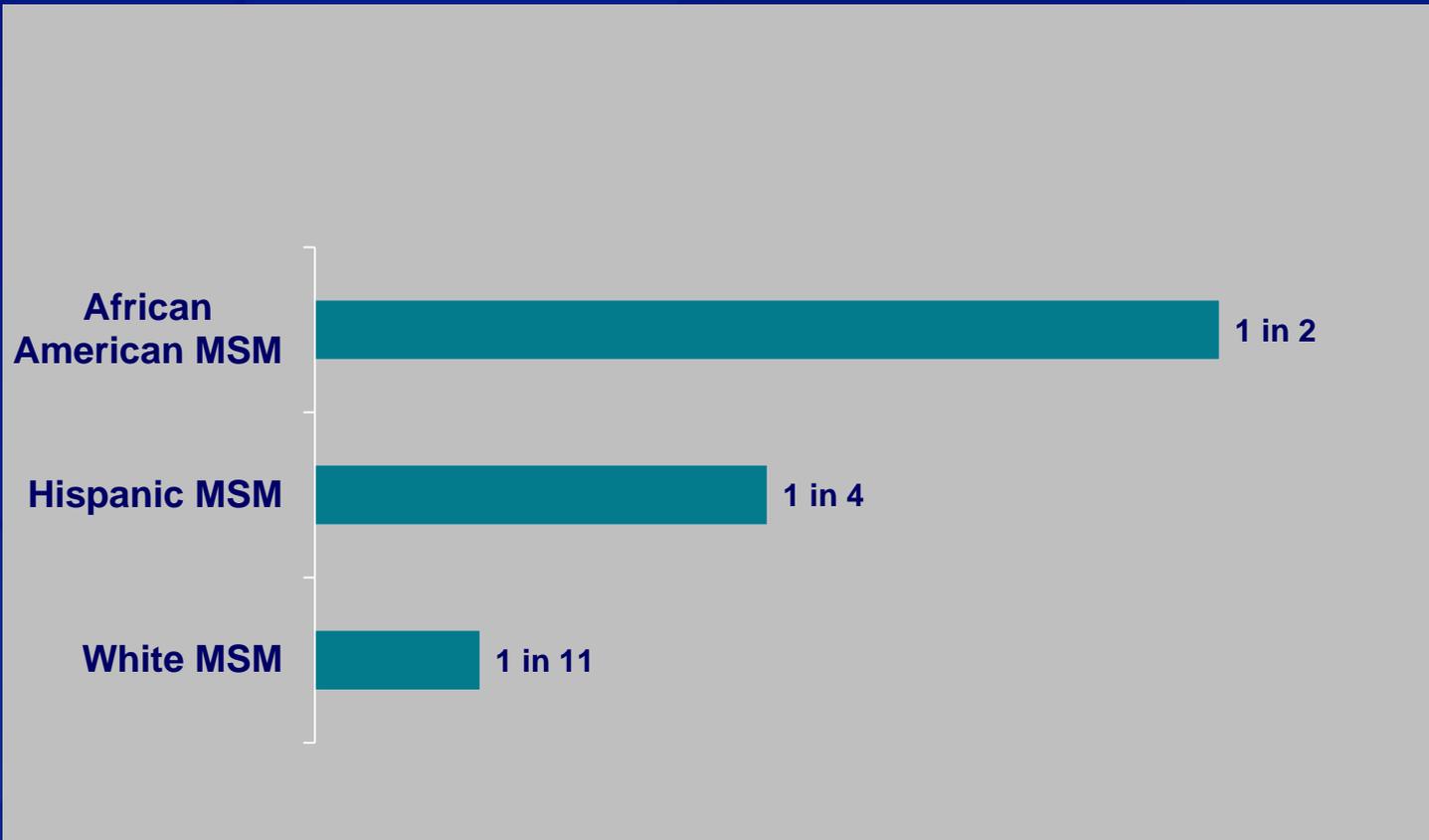
## Men who have sex with men (MSM)

- Account for 63% of new HIV infections and are the only group in which HIV incidence is rising
- Over 40 times as likely to have HIV or syphilis than other men
- Account for 15%–25% of all new Hepatitis B infections

## LGB youth

- Have increased health risk behaviors (injury, violence, suicide, tobacco, alcohol/drugs, sexual behavior, diet, physical activity)

# Current Lifetime Risk of HIV Infection Among MSM



Source: Centers for Disease Control and Prevention



## Health Inequity and HIV

**African Americans are 8 times more likely and Latinos are 3 times more likely to have HIV than whites.**

### **Inequities in lifetime risk for HIV diagnosis among women**

1 in 139 for all women

1 in 32 African American women

1 in 106 Latino women

1 in 182 Native Hawaiian/Pacific Islander women

1 in 217 American Indian/Alaska Native women

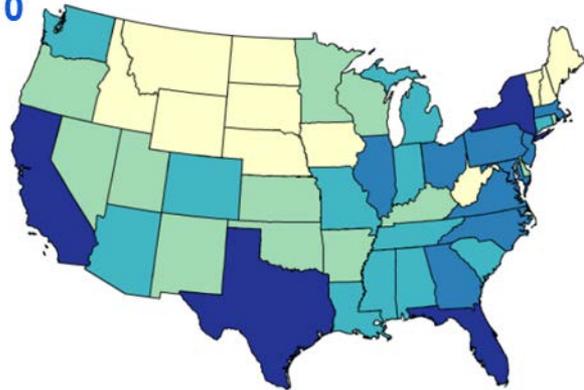
1 in 526 white or Asian women



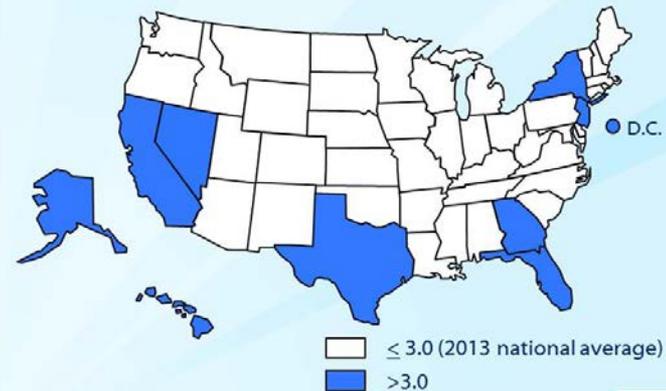
**Men who have sex with men (MSM) are >40 times more likely to have HIV than other men.**

# Geography

Persons Living with Diagnosed HIV,  
2010



TB Case Rates,\* United States, 2013



\*Cases per 100,000.

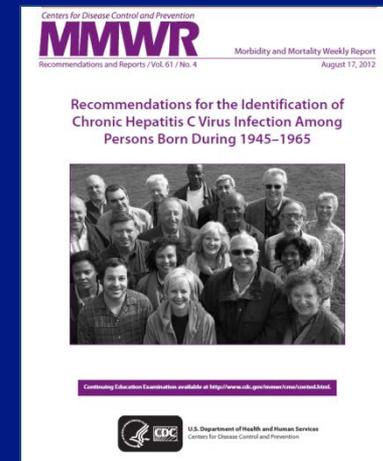
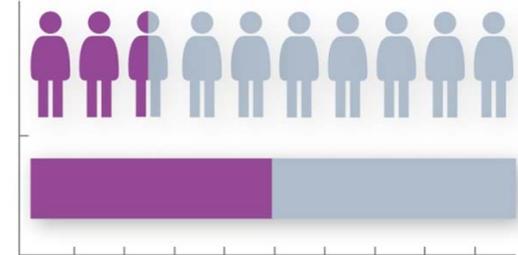


- ❑ 46% of all adults and adolescents with HIV live in four states—California, Texas, Florida, and New York
- ❑ 9 states and Washington, D.C., reported a TB case rate above 3.0 per 100,000; these areas accounted for 57% of the national total

# Age

- ❑ Youth aged 15 to 24 make up 27% of sexually active population, but 50% of 20 million new STIs in the U.S. annually
- ❑ 1 in 4 new HIV infections occurs in youth aged 13 to 24 years. About 12,000 youth in 2010 were infected with HIV
- ❑ More than 75% of adults with Hepatitis C are baby boomers—born from 1945 through 1965

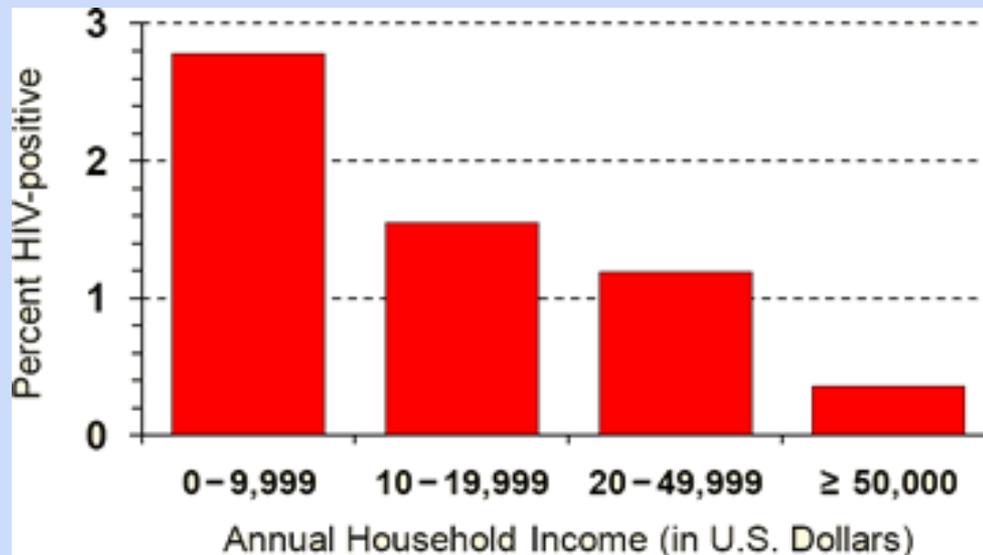
Youth Bear Disproportionate Share of STIs



CDC. National Survey of Family Growth, 2006-2010 dataset ; Satterwhite, Sex Transm Dis 2013 ; CDC, *Estimated HIV Incidence in the United States, 2007-2010*, Dec. 2012; *MMWR*, August 17, 2012, (RR 61)

# Socioeconomic

## HIV in Impoverished Urban Areas of the United States



- ❑ 2.1% of heterosexuals in high-poverty urban U.S. areas infected with HIV
- ❑ No differences in HIV prevalence by race/ethnicity
- ❑ Inner-city HIV prevalence also associated with homelessness, unemployment, lower educational attainment

Definitions and explanations of terms:

Health equity

Health inequities

Health disparities and

Social determinants of health

# Comparison of Definitions

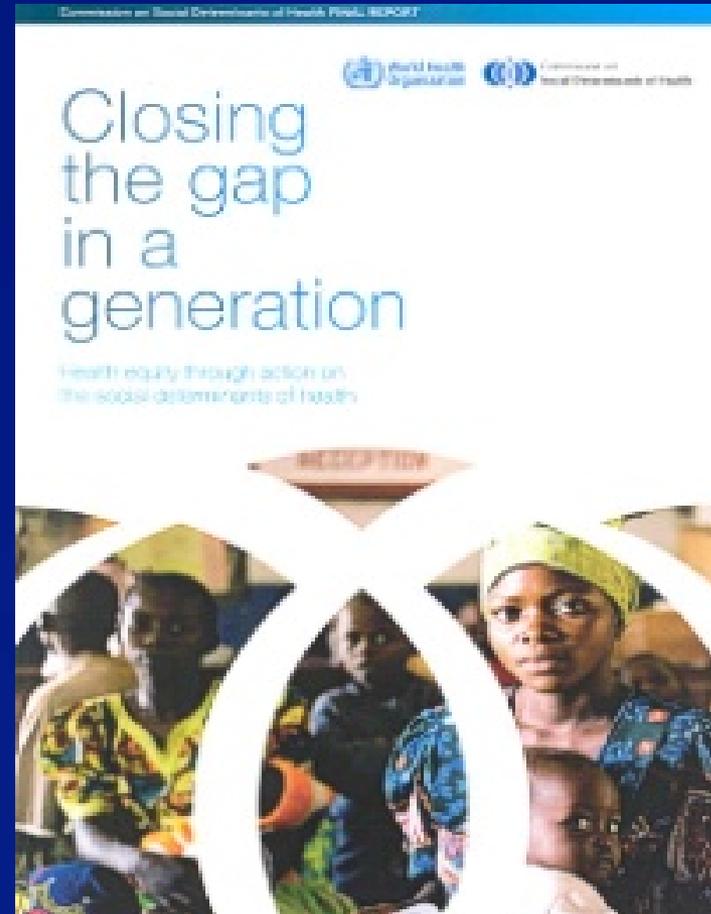
| Health Disparities   | Health Inequities   | Health Equity   | SDH  |
|--|---|---|--|
| <p>Differences in the incidence and prevalence of health conditions and health status between groups based on:</p> <ul style="list-style-type: none"> <li>•Race/ethnicity</li> <li>•Socioeconomic status</li> <li>•Sexual orientation</li> <li>•Gender</li> <li>•Disability status</li> <li>•Geographic location</li> <li>•Combination of these</li> </ul> | <p>Systematic and unjust distribution of social, economic, and environmental conditions needed for health.</p> <ul style="list-style-type: none"> <li>•Unequal access to quality education, healthcare, housing, transportation, other resources (e.g., grocery stores, car seats)</li> <li>•Unequal employment opportunities and pay/income</li> <li>•Discrimination based upon social status/other factors</li> </ul> | <p>The opportunity for everyone to attain his or her full health potential.</p> <p>No one is disadvantaged from achieving this potential because of his or her social position or other socially determined circumstance.</p> <ul style="list-style-type: none"> <li>•Equal access to quality education, healthcare, housing, transportation, other resources</li> <li>•Equitable pay/income</li> <li>•Equal opportunity for employment</li> <li>•Absence of discrimination based upon social status/other factors</li> </ul> | <p>Life-enhancing resources whose distribution across populations effectively determines length and quality of life.</p> <ul style="list-style-type: none"> <li>•Food supply</li> <li>•Housing</li> <li>•Economic relationships</li> <li>•Social relationships</li> <li>•Transportation</li> <li>•Education</li> <li>•Health Care</li> </ul> |

# Achieving Health Equity

- In order to ensure everyone has a chance to have optimal health, we must take a holistic approach to reduce rates of HIV, viral hepatitis, STDs, TB, and other diseases
- In addition to individual and behavioral factors, we should address environmental and social factors such as:
  - Education
  - Housing
  - Access to employment
  - Transportation

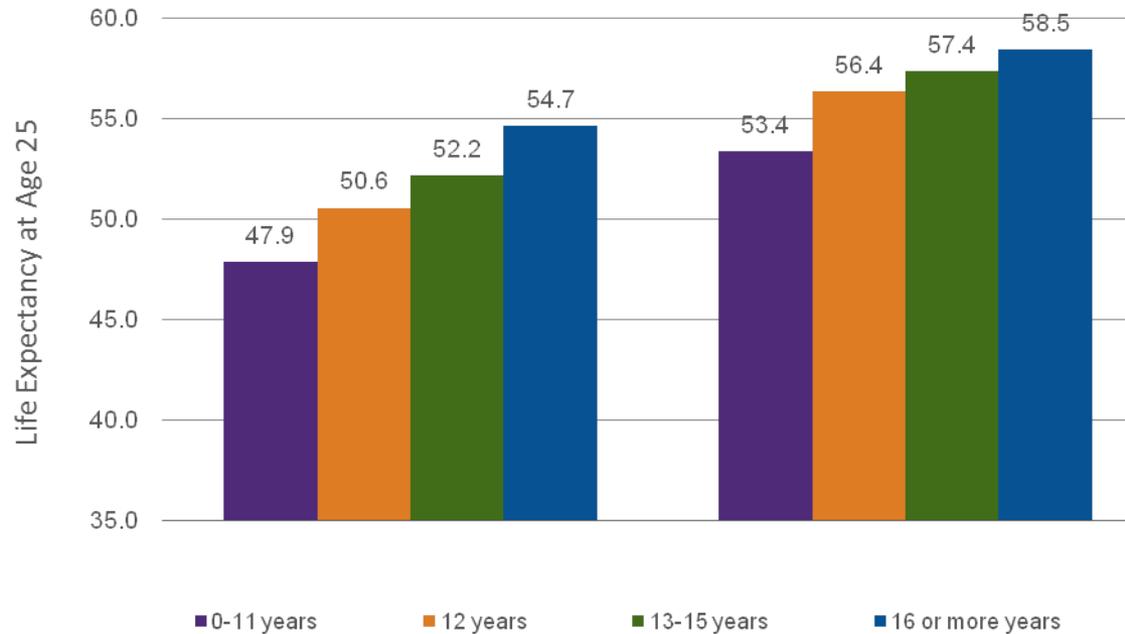
# A person's opportunity for health begins long before they need medical care

- All Americans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education, or ethnic background



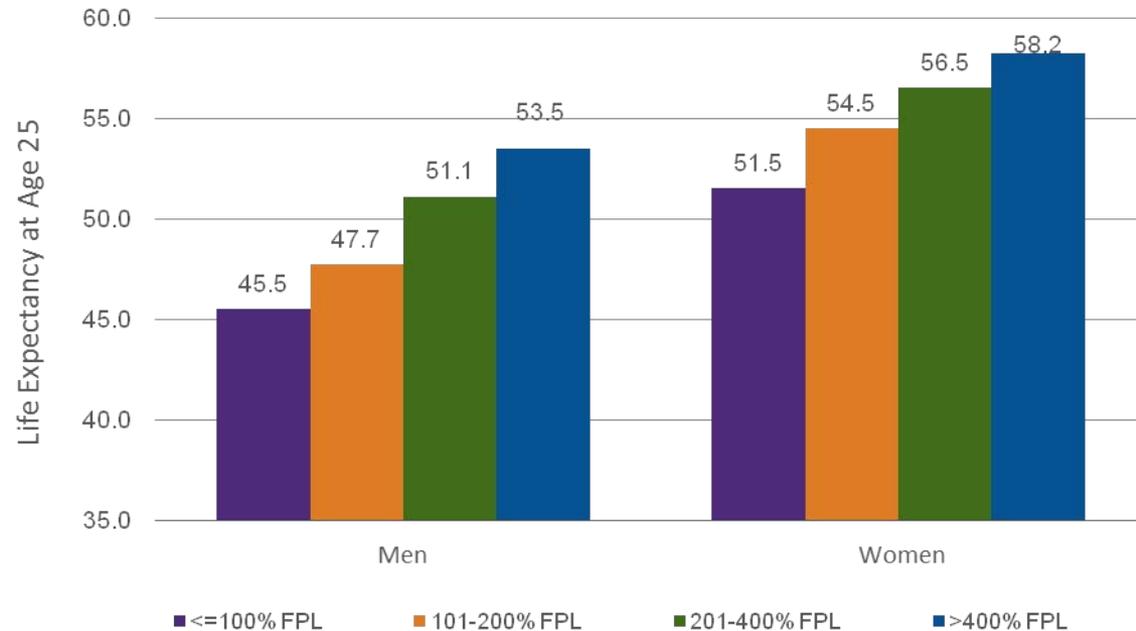
# More Education, Longer Life

For both men and women, more education often means longer life. College graduates can expect to live at least five years longer than individuals who have not finished high school.



# Higher Income, Longer Life

Adult life expectancy\* increases with increasing income. Men and women in the highest income group can expect to live at least six and a half years longer than poor men and women.

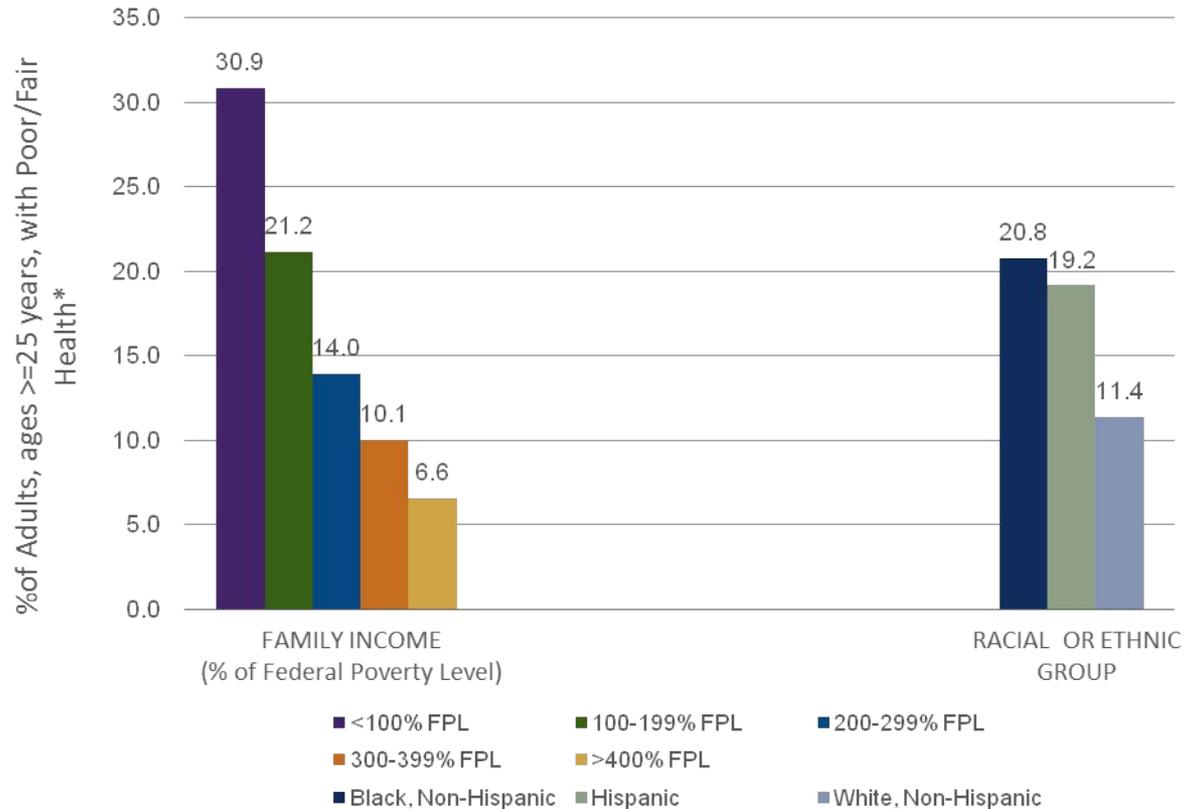


\*This chart describes the number of years that adults in different income groups can expect to live beyond age 25. For example, a 25-year-old woman whose family income is at or below 100 percent of the Federal Poverty Level (FPL) can expect to live 51.5 more years and reach an age of 76.5 years.



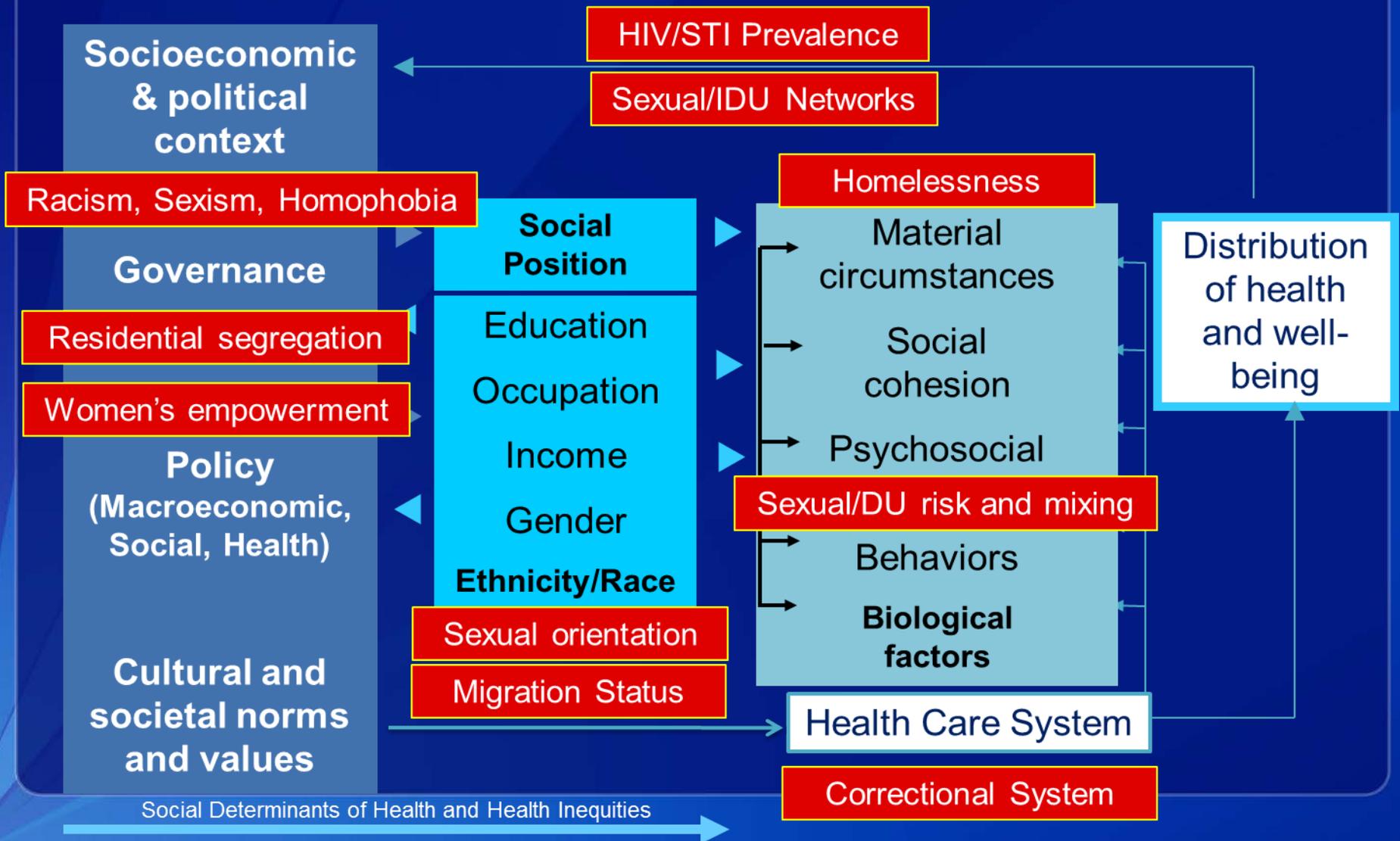
# Health Varies by Income and Across Racial or Ethnic Groups

Lower income generally means worse health. Racial or ethnic differences in health status are also evident: Poor or fair health is much more common among black and Hispanic adults than among white adults.

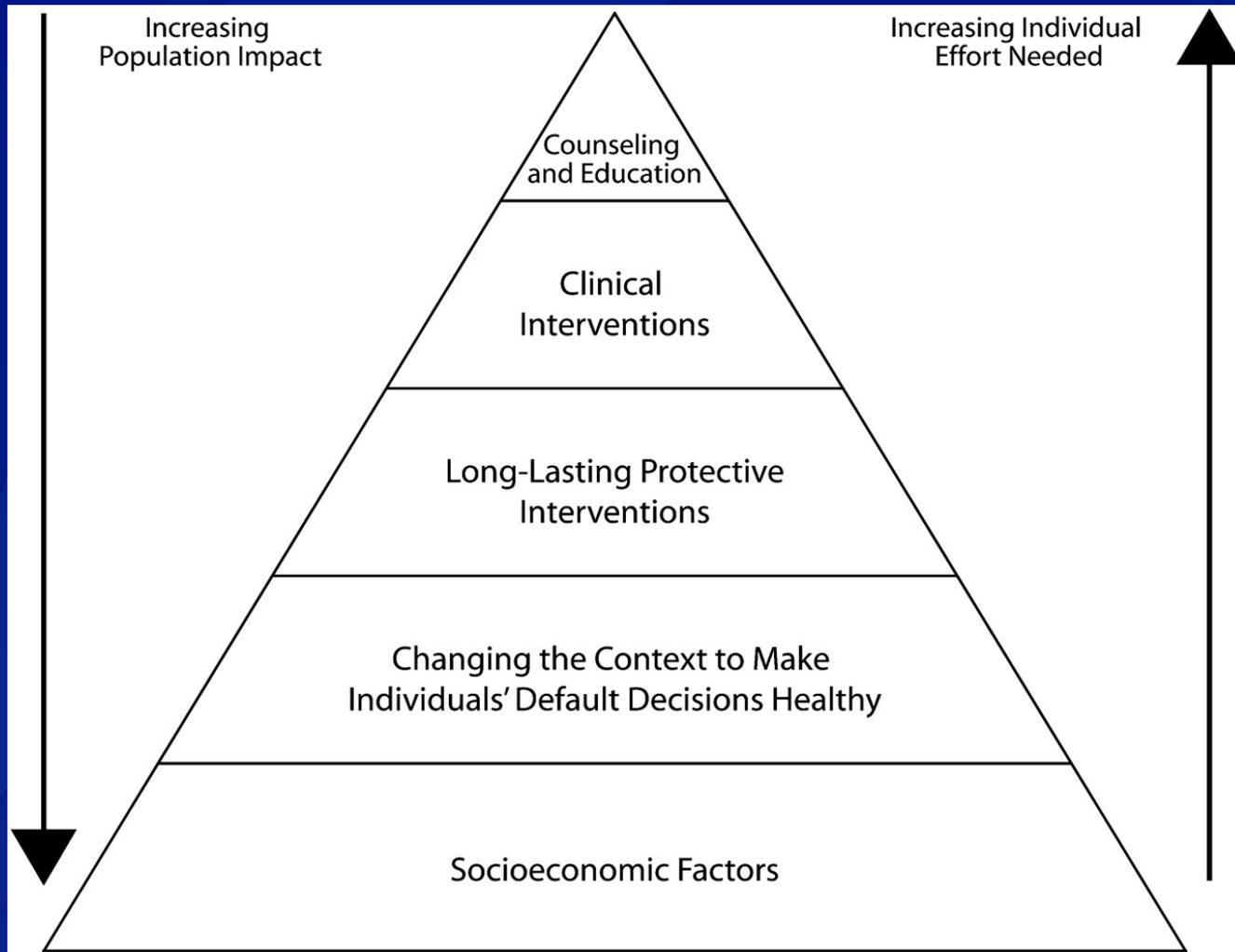


\*Age-adjusted

# Social and Structural Determinants: Adapting the WHO SDH Model to understand HIV Inequalities

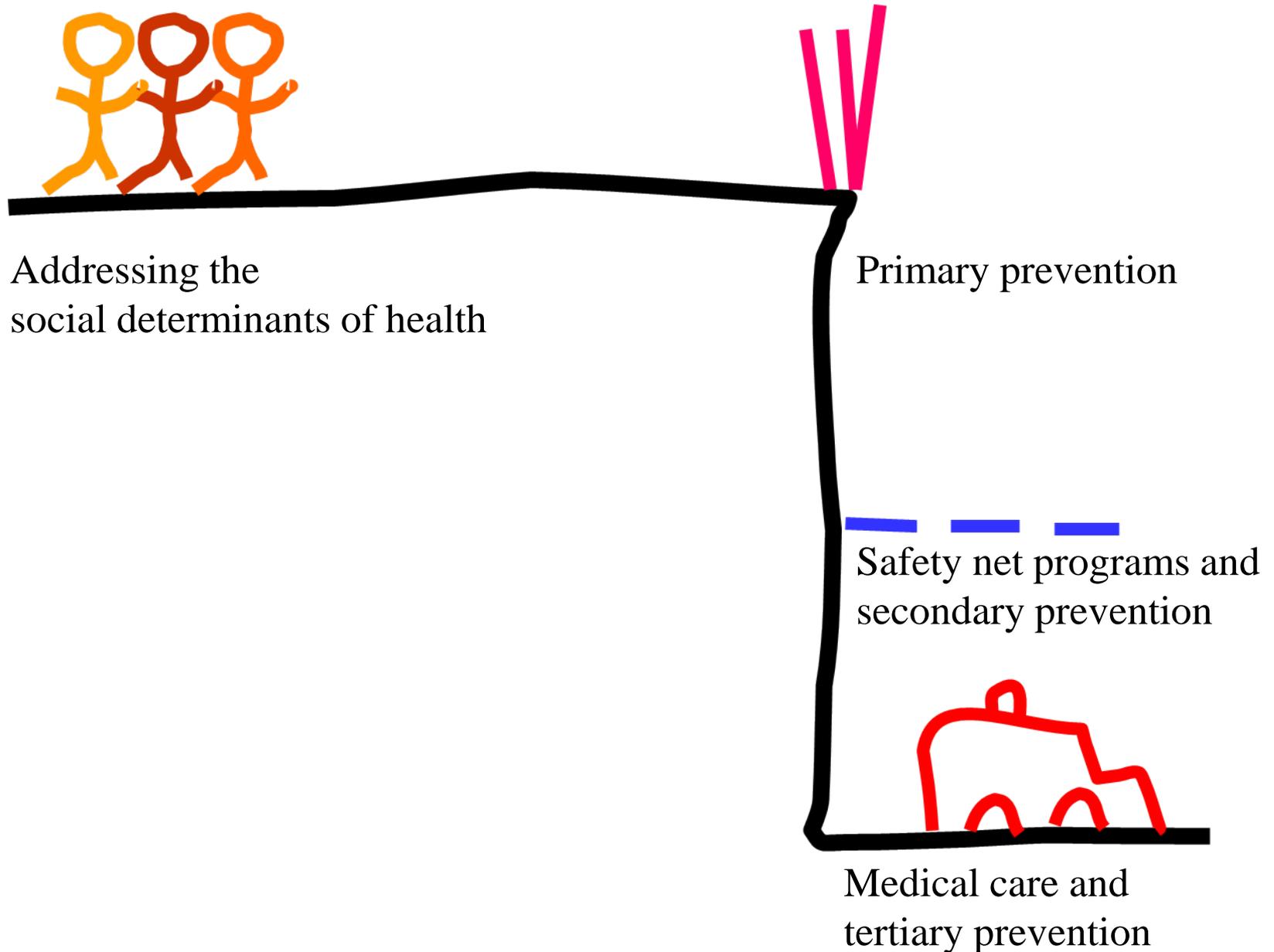


# The Health Impact Pyramid



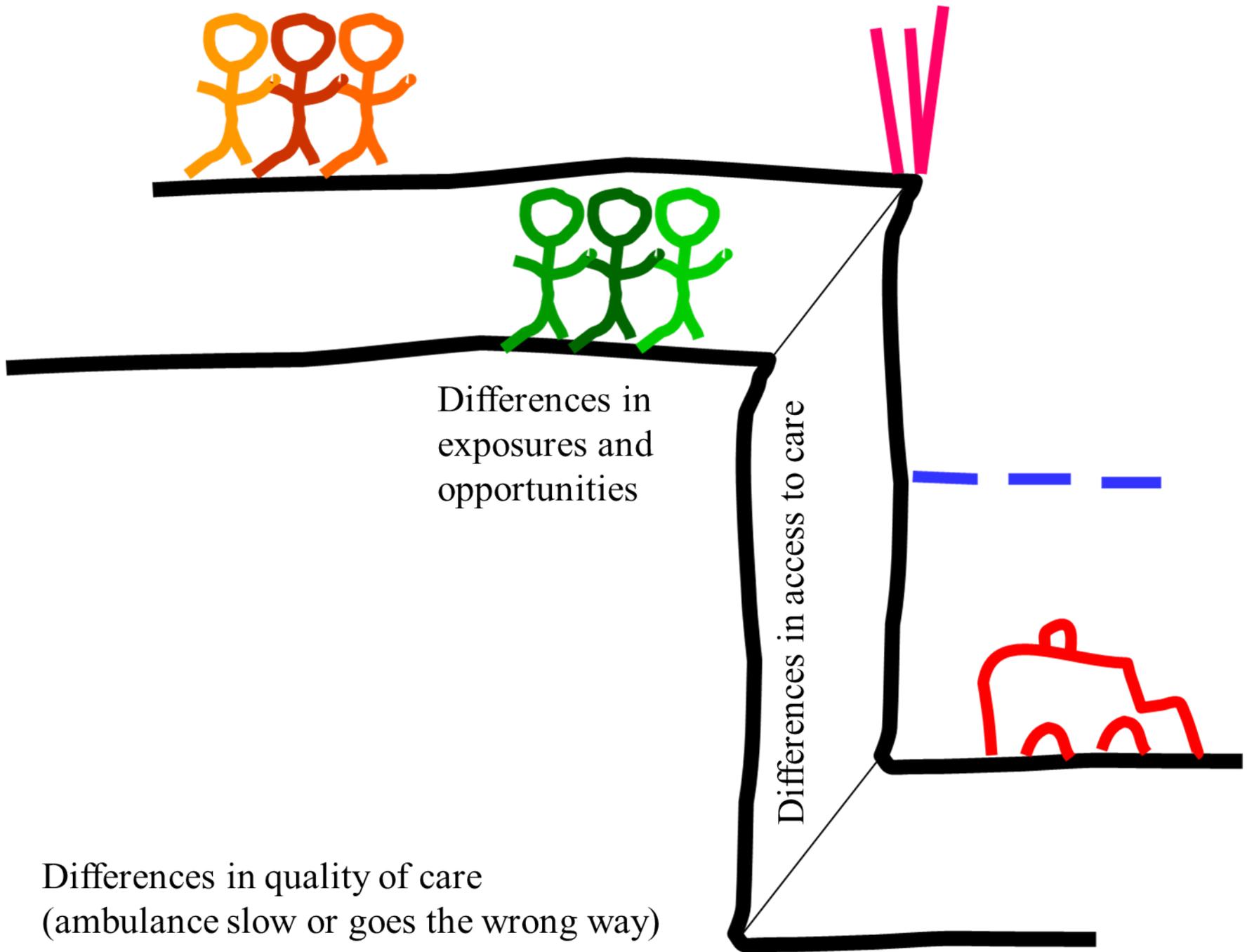
Frieden, T. R. Am J Public Health 2010;100:590-595

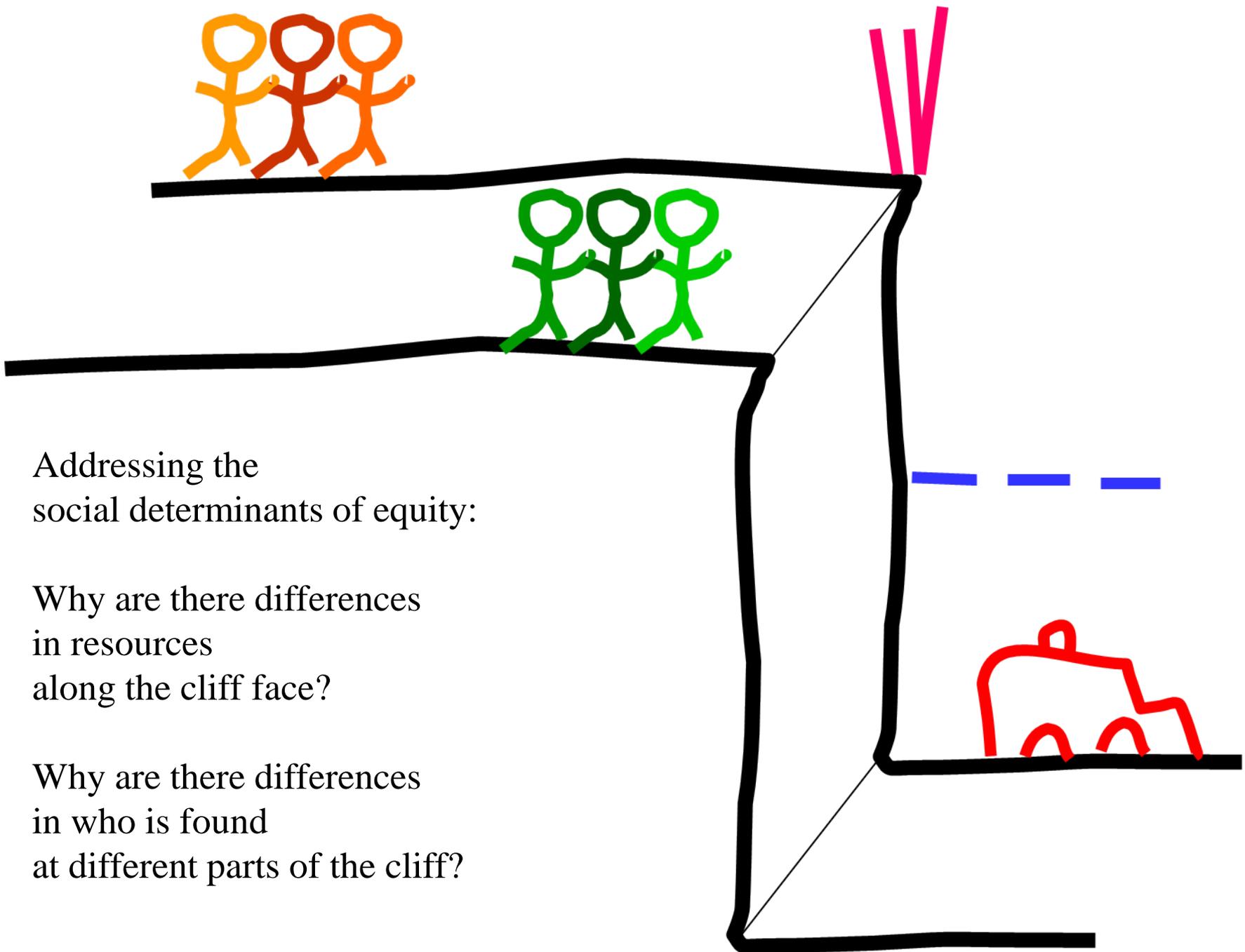
# Levels of health intervention



# But how do disparities arise?

- Differences in the quality of care received within the health care system
- Differences in access to health care, including preventive and curative services
- Differences in life opportunities, exposures, and stresses that result in differences in underlying health status

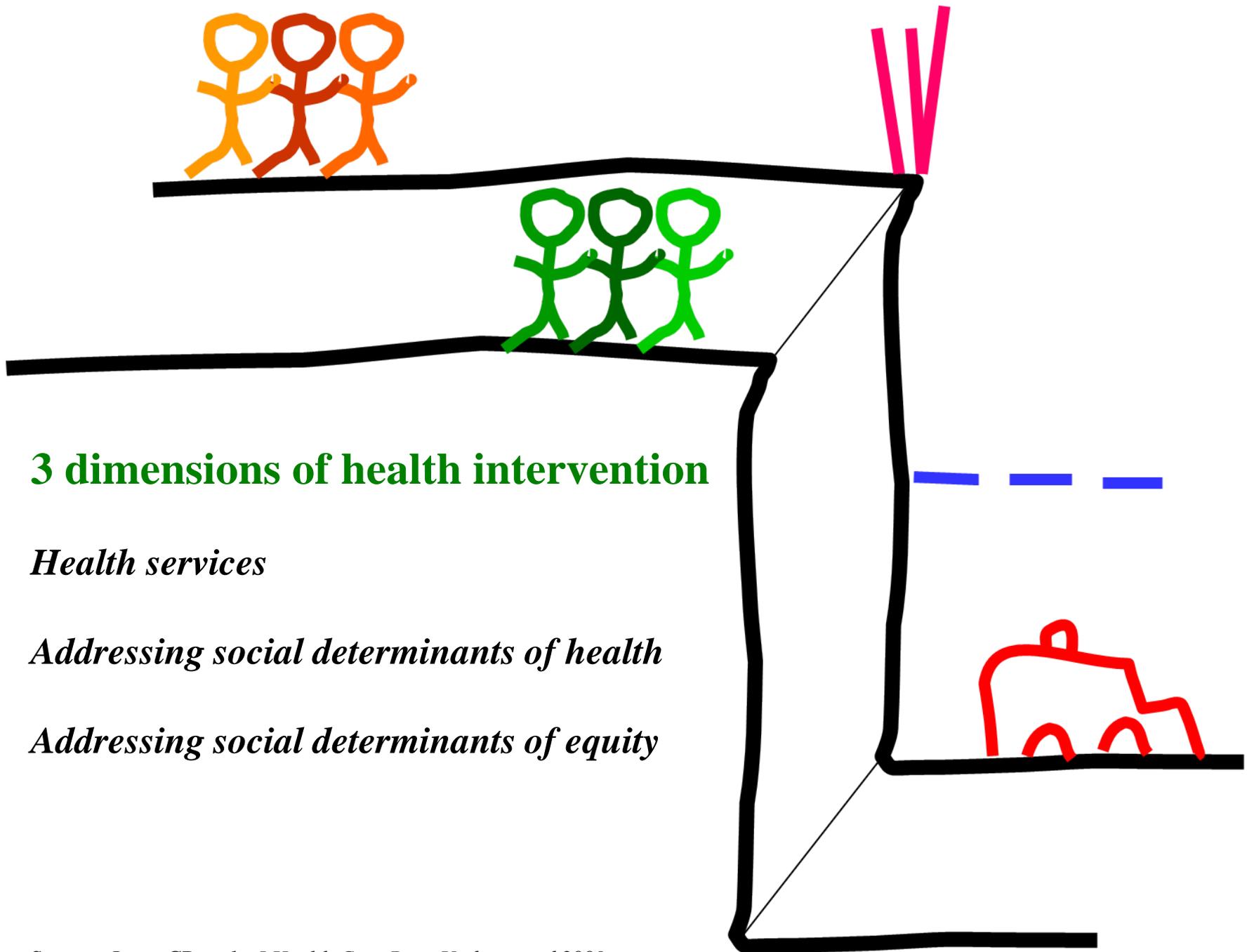




Addressing the social determinants of equity:

Why are there differences in resources along the cliff face?

Why are there differences in who is found at different parts of the cliff?

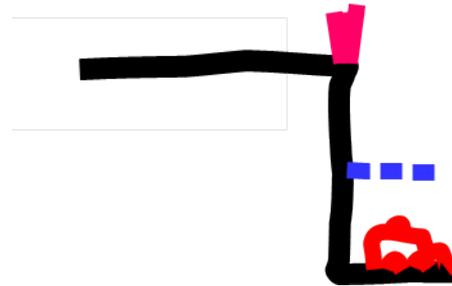


# Addressing the social determinants of EQUITY

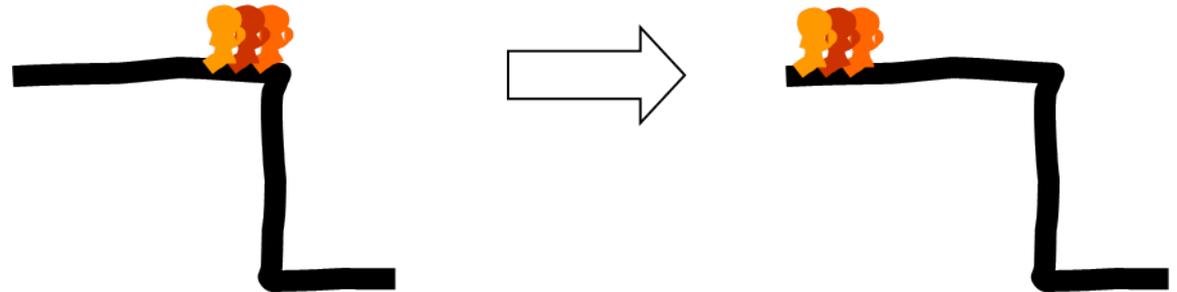
- Involves monitoring for inequities in exposures and opportunities, as well as for disparities in outcomes
- Involves examination of and intervention on the mechanisms of power
  - **Structures:** the *who?*, *what?*, *when?*, and *where?* of decision-making
  - **Policies:** the written *how?*
  - **Practices and norms:** the unwritten *how?*
  - **Values:** the *why?*

# Our goal: To expand the conversation

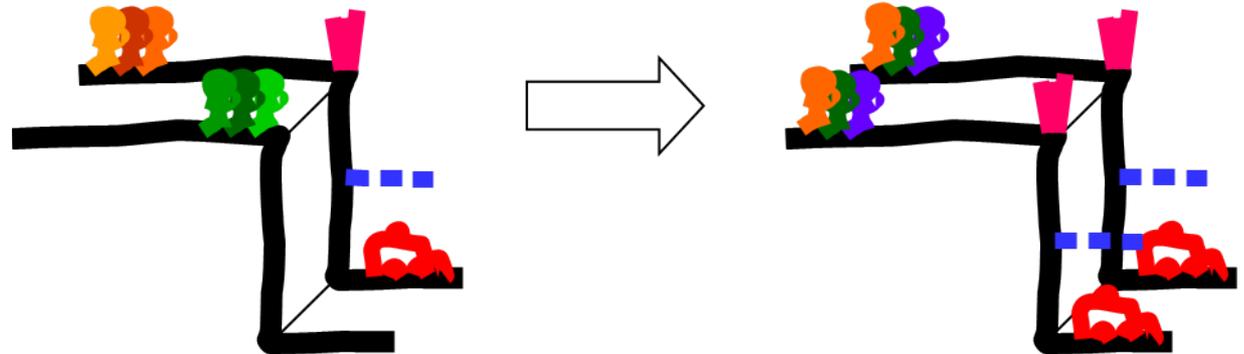
Health services



Social determinants of health

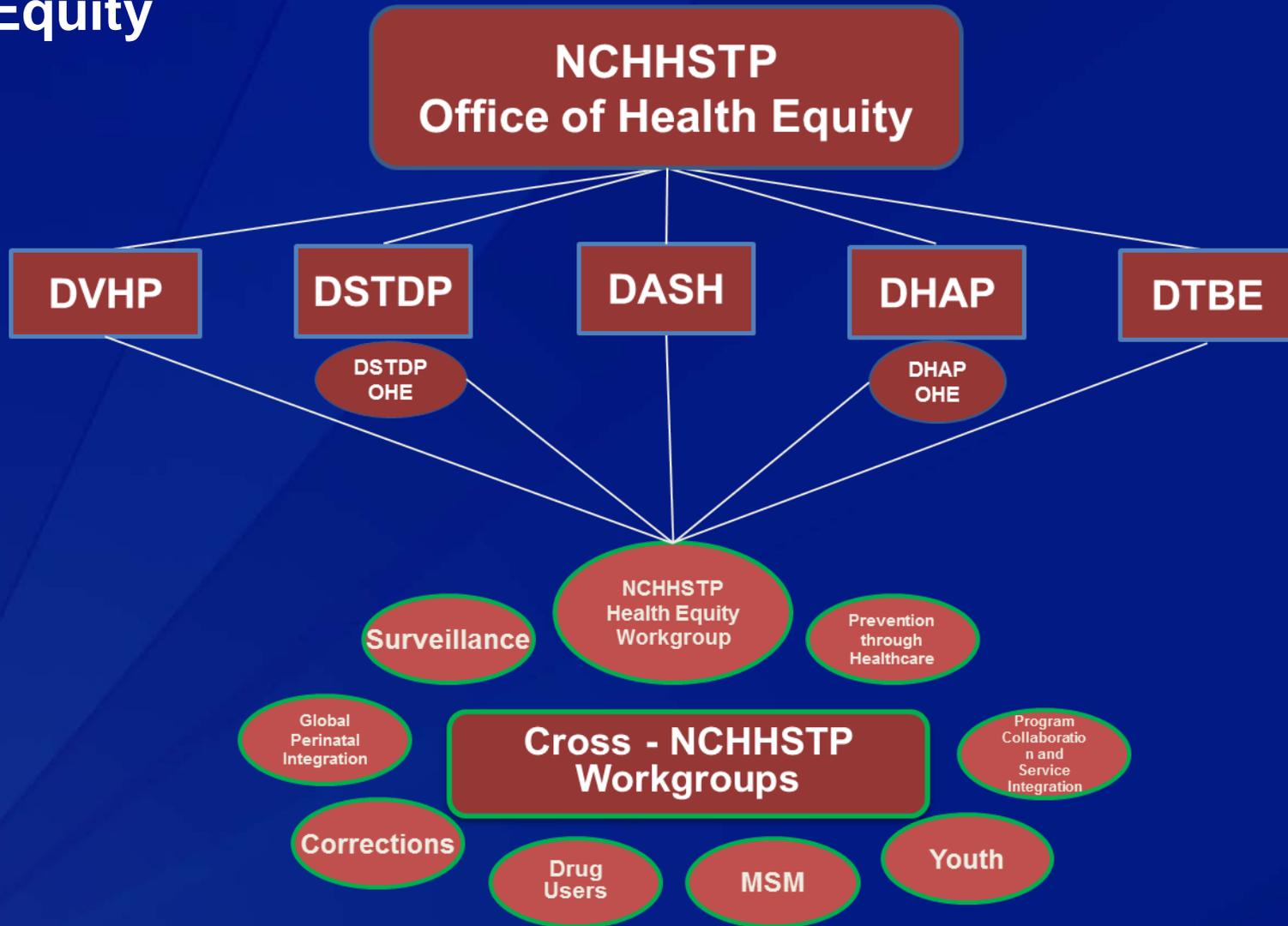


Social determinants of equity



CDC NCHHSTP  
Office of Health Equity  
structure and function

# NCHHSTP Organizational Structure for Health Equity



# CDC Recommended Actions to Reduce Health Disparities

- Increase community awareness of disparities
- Set priorities among disparities to be addressed at federal, state, tribal and local levels
- Articulate valid reasons to expend resources to reduce and eliminate priority disparities
- Implement universal and targeted intervention strategies to reduce certain disparities.
- Aim to achieve a faster rate of improvement among vulnerable groups through allocation of resources and commitment to closing gaps

CDC Health Disparities and Inequalities Report –  
United States, 2011

# Thank you!

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National Center for HIV/AIDS, Viral Hepatitis, STD and TB  
Prevention

Centers for Disease Control and Prevention

**Website: <http://www.cdc.gov/nchhstp/>**

