

Should We Still Care?

**The Continuing Need
for Behavioral Interventions
to Reduce Health Disparities
in HIV/AIDS**



April 23, 2019

Objectives

1. Describe current epidemiology and data regarding HIV disparities in United States as relates to sexual orientation, age, gender, race/ethnicity and geographic area.
2. Discuss psychological, social, behavioral, environmental, cultural, and structural factors that impact marginalized populations for HIV risk (such as HIV criminalization, stigma, poverty and rural communities) and negatively impact HIV testing, disclosure, retention in HIV care, and viral suppression.
3. Discuss evidence-based prevention and treatment to include behavioral and biomedical interventions.
4. Discuss unique role of behavioral health in development and optimization of effective culturally appropriate approaches and integration in medical care/health service delivery.



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HIV/AIDS Disparities in the U.S.

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What is HIV?

- HIV is a virus that attacks body's immune system.
- Can spread by certain body fluids such as blood and semen.
- Untreated HIV reduces number of CD4 cells (T cells) in the body. This makes it harder for body's immune system to fight off infections and some other diseases.
- “Opportunistic infections” or cancers take advantage of weakened immune system, can indicate that person has AIDS.
- Link to CDC's HIV 101 Infographic in English and Spanish:
<https://www.cdc.gov/hiv/pdf/library/factsheets/hiv101-consumer-info.pdf>

Definitions of HIV & AIDS

- **Diagnosis of HIV Infection**

Refers to persons diagnosed with HIV infection, regardless of stage of disease at diagnosis (i.e., HIV infection Stage 0,1, 2, 3 [AIDS], or unknown).

- **HIV Infection, Stage 3 (AIDS)**

Persons with diagnosed HIV whose infection was classified or has ever been classified as stage 3 (AIDS) during a given year (for diagnoses).

HIV Prevalence & Incidence Definitions

- **HIV Prevalence**

Number of persons living with HIV at a given time regardless of time of infection and whether or not they are aware of infection.

- **HIV Incidence**

Estimated number of persons newly infected with HIV during a specified time period.

HIV/AIDS Surveillance in the U.S.

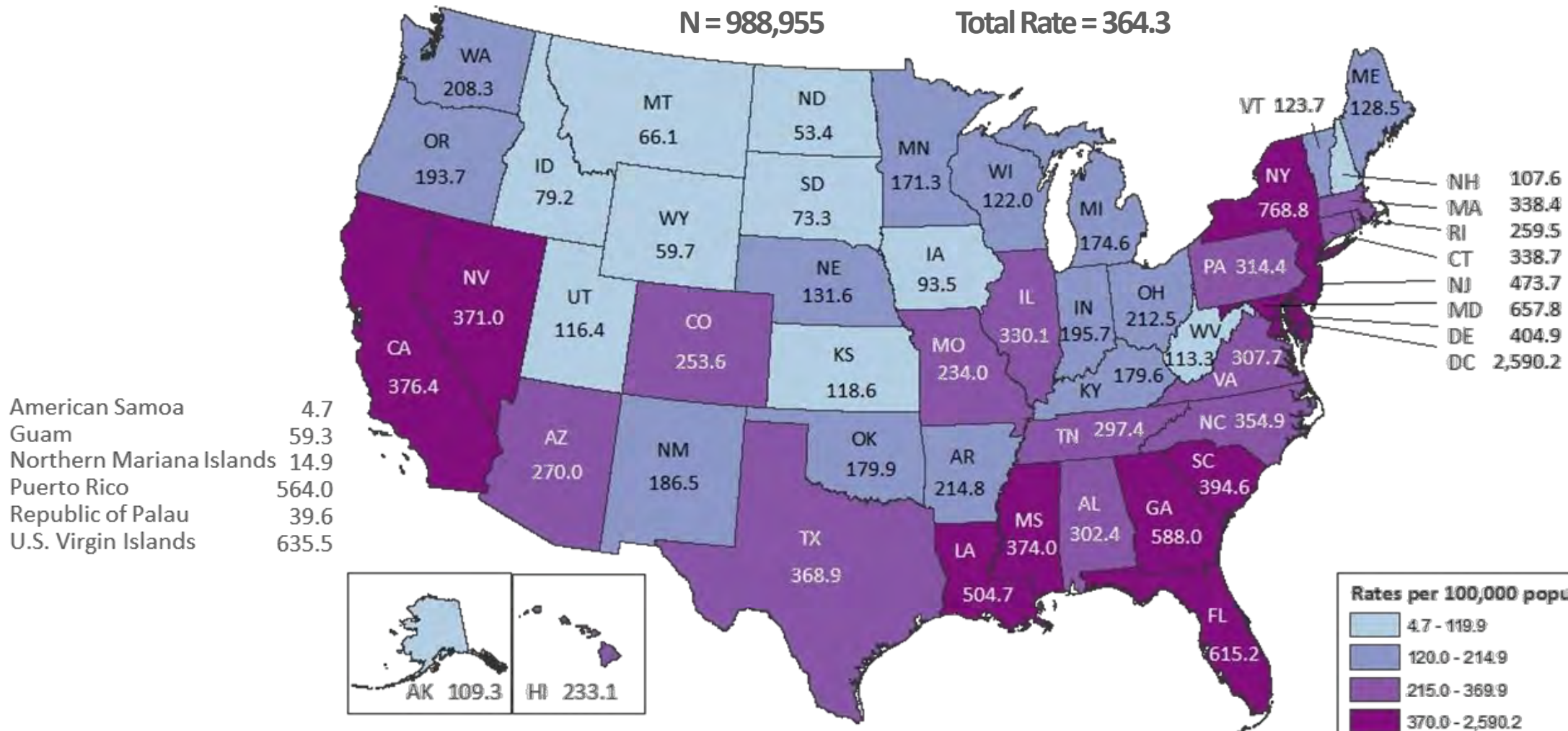
- Centers for Disease Control and Prevention. HIV Surveillance Report, 2016; vol. 28.
- Published November 2017.

<https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>

Generalized Epidemic

- UNAIDS defines a generalized epidemic as one in which the HIV rate among the general population is greater than 1%. (UNAIDS, 2010).
- HIV prevalence rate is 2.1% in impoverished urban areas in the U.S. (typically in areas with greater numbers of Black and Hispanic residents), demonstrating a generalized epidemic for these populations (Denning & DiNenno, 2010).

Rates of Adults and Adolescents Living with Diagnosed HIV Infection Year-end 2015—United States and 6 Dependent Areas



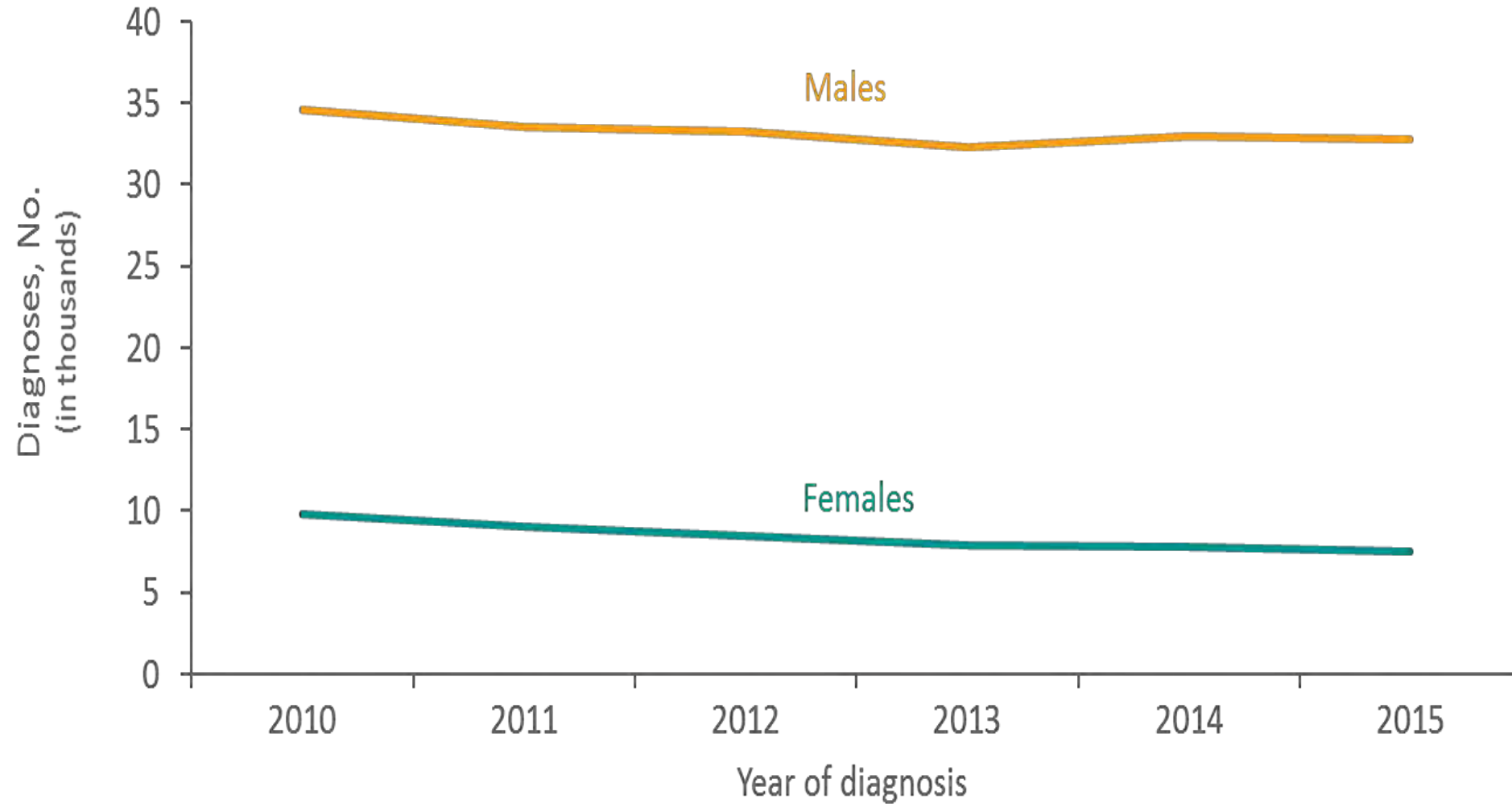
Note. Data are based on address of residence as of December 31, 2015 (i.e., most recent known address).

HIV/AIDS in Rural Communities

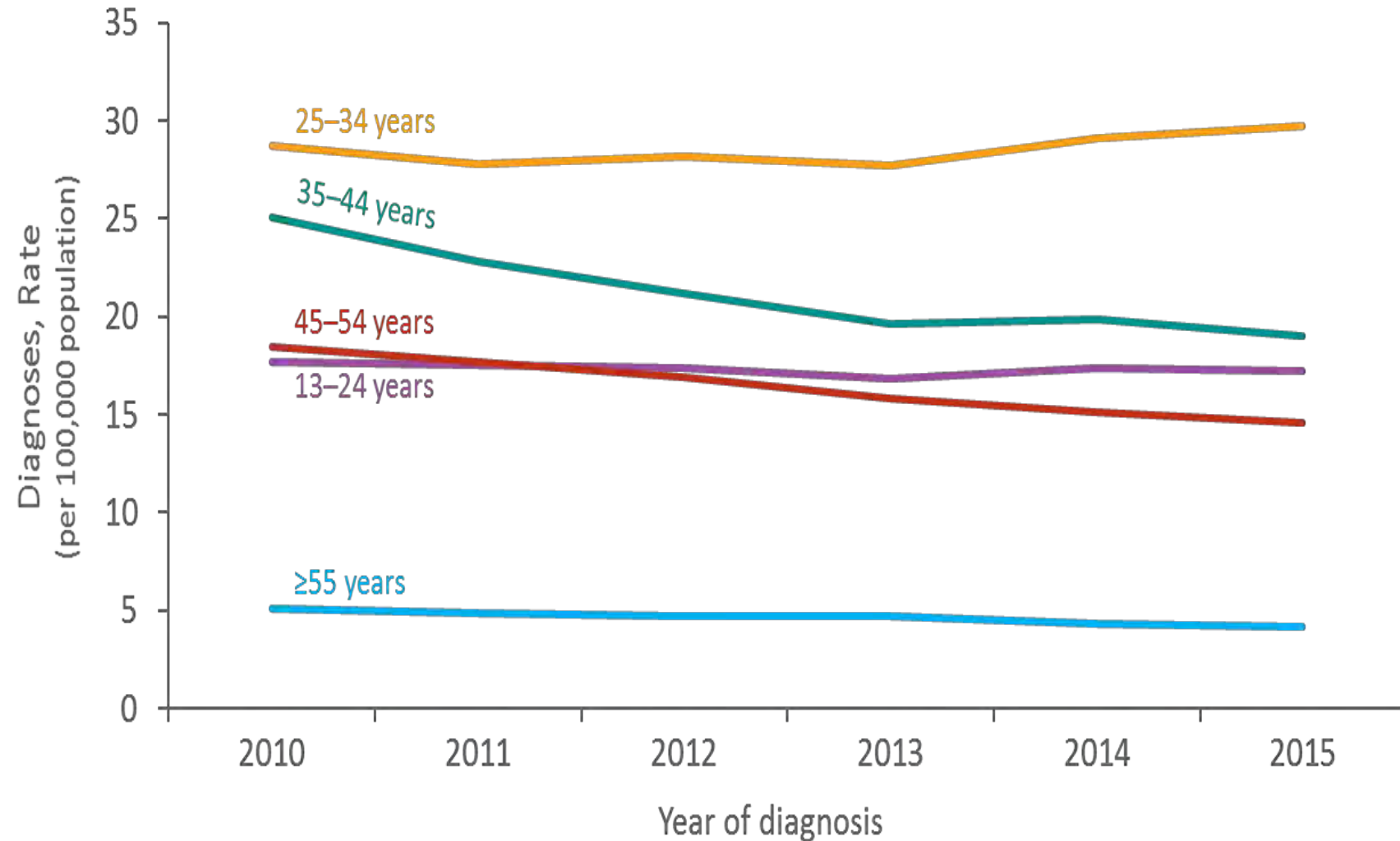
- Factors that impact treatment and prevention:
 - Stigma and lack of privacy
 - Lack of awareness
 - Limited access to providers
 - Limited services
 - Cost

HIV Surveillance by Sex, Age, & Mode of Transmission

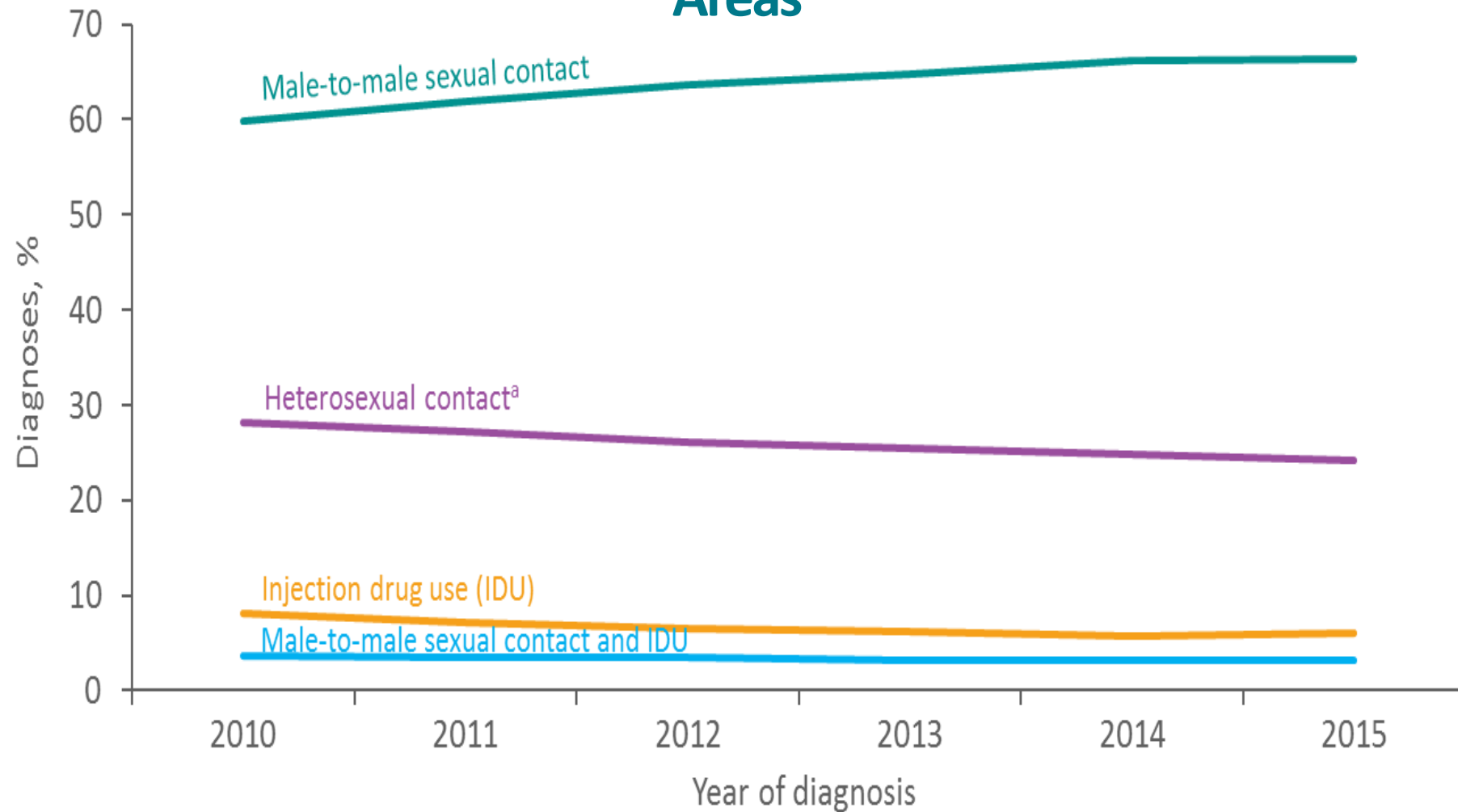
Diagnoses of HIV Infection among Adults and Adolescents, by Sex 2010–2015—United States and 6 Dependent Areas



Rates of Diagnoses of HIV Infection among Adults and Adolescents by Age at Diagnosis, 2010–2015—United States



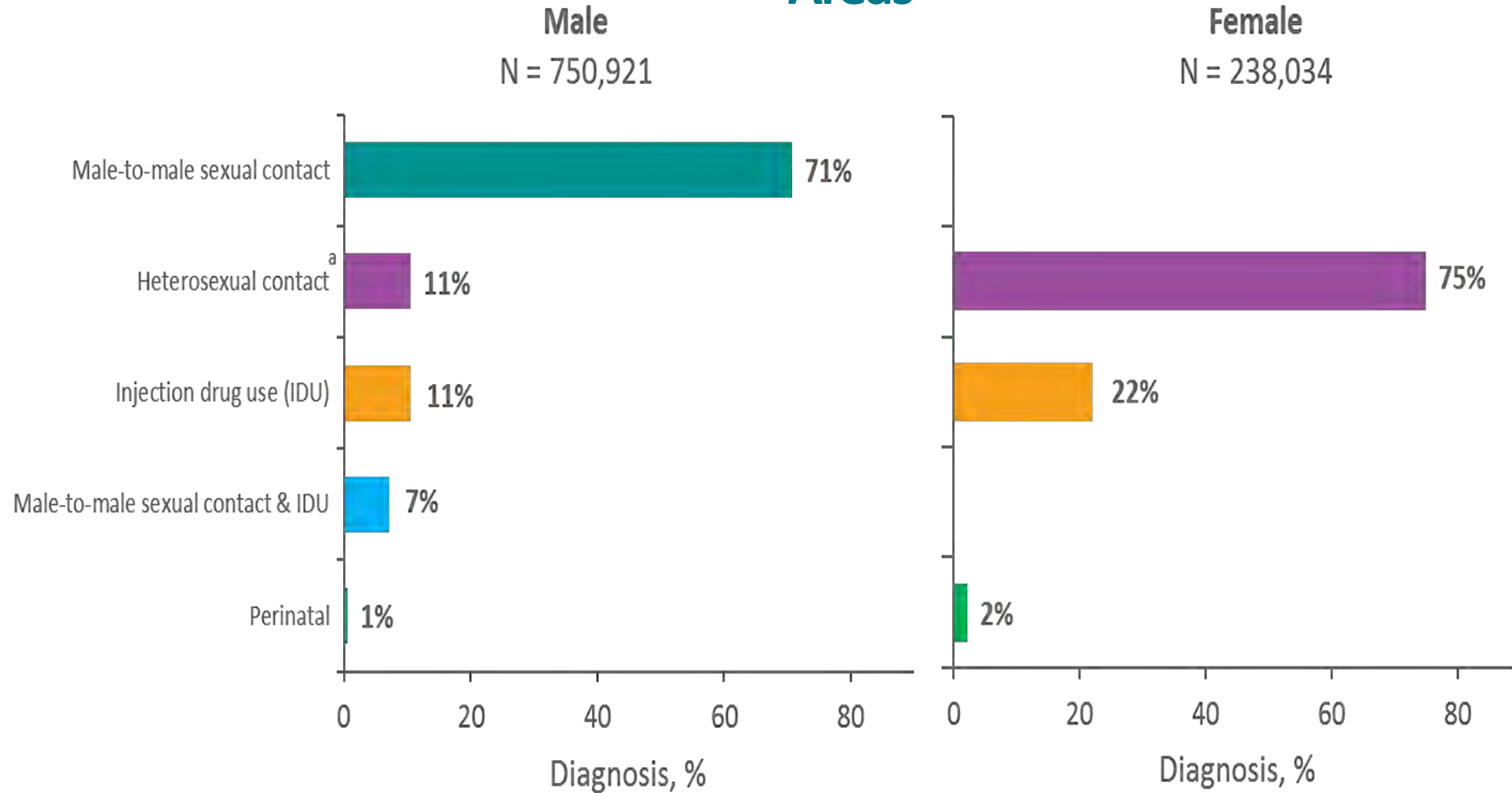
Diagnoses of HIV Infection among Adults and Adolescents, by Transmission Category, 2010–2015—United States and 6 Dependent Areas



Note. Data have been statistically adjusted to account for missing transmission category. "Other" transmission category not displayed as it comprises less than 1% of cases.

^a Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

Adults and Adolescents Living with Diagnosed HIV Infection, by Sex and Transmission Category, Year-end 2015—United States and 6 Dependent Areas

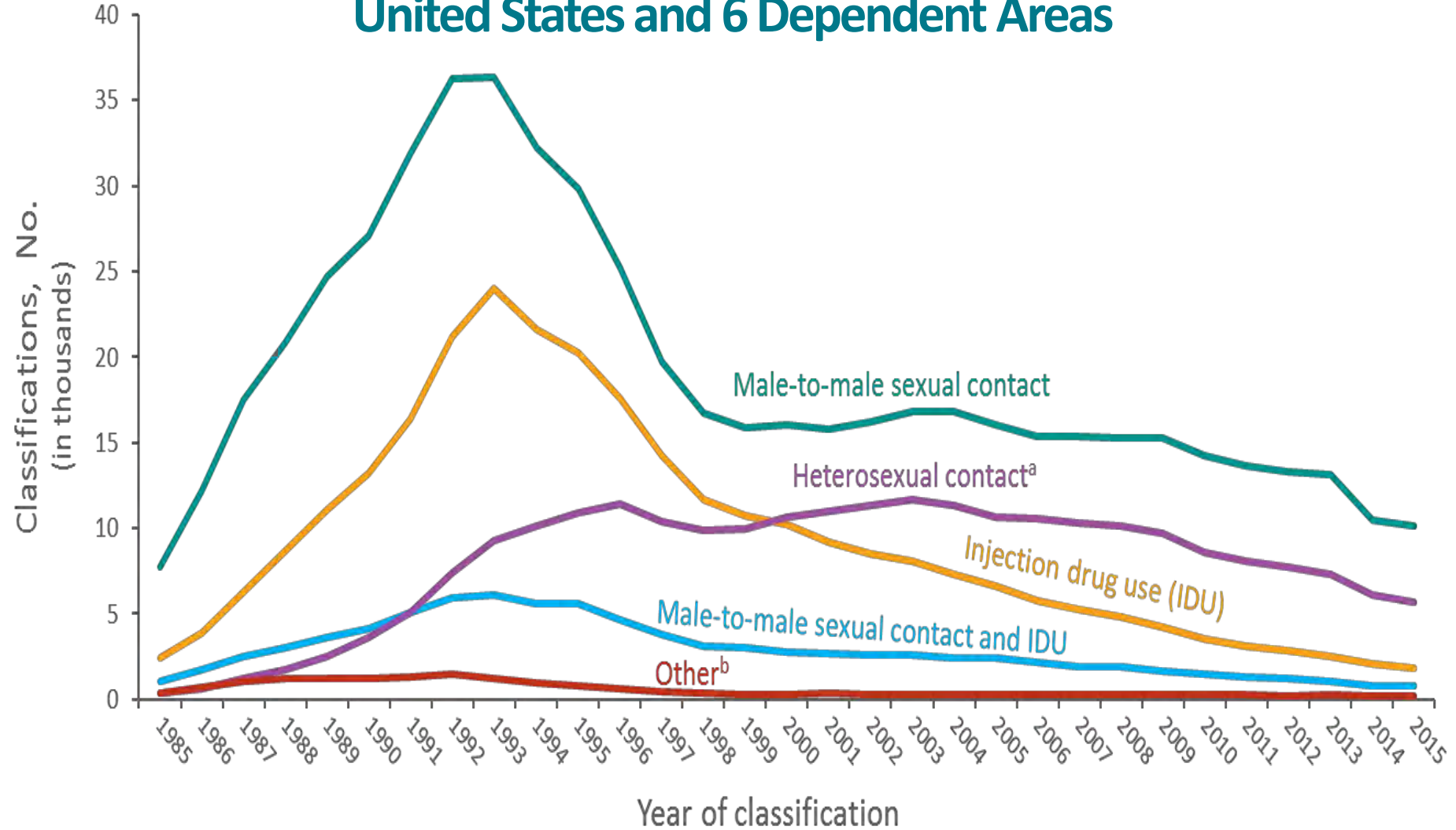


Note. Data have been statistically adjusted to account for missing transmission category. “Other” transmission category not displayed as it comprises 1% or less of cases.

^a Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

Stage 3 (AIDS) Classifications among Adults and Adolescents with Diagnosed HIV Infection, by Transmission Category and Year of Classification, 1985–2015

United States and 6 Dependent Areas



Note. Data have been statistically adjusted to account for missing transmission category.

^a Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

^b Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.

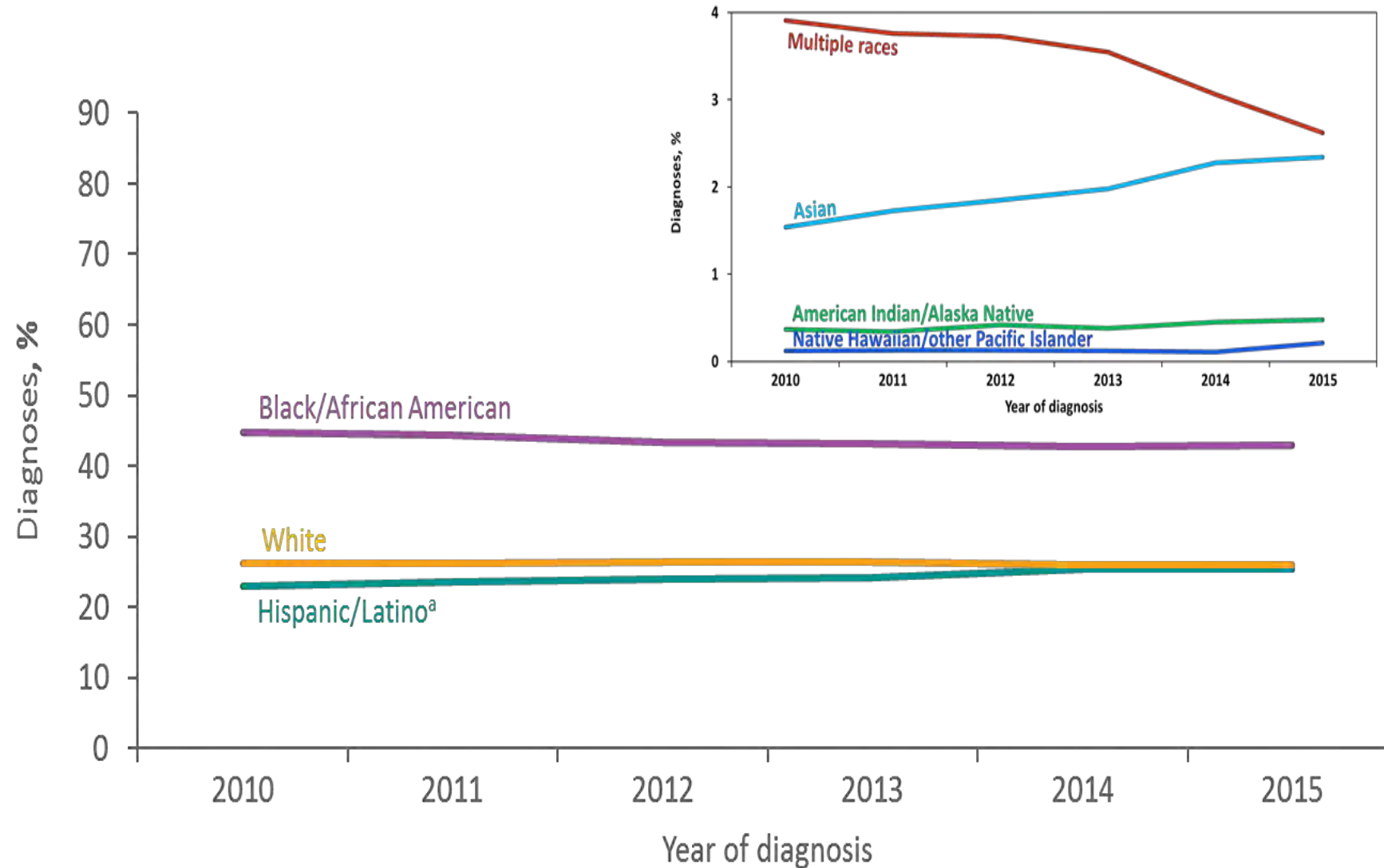
HIV Surveillance by Race/Ethnicity



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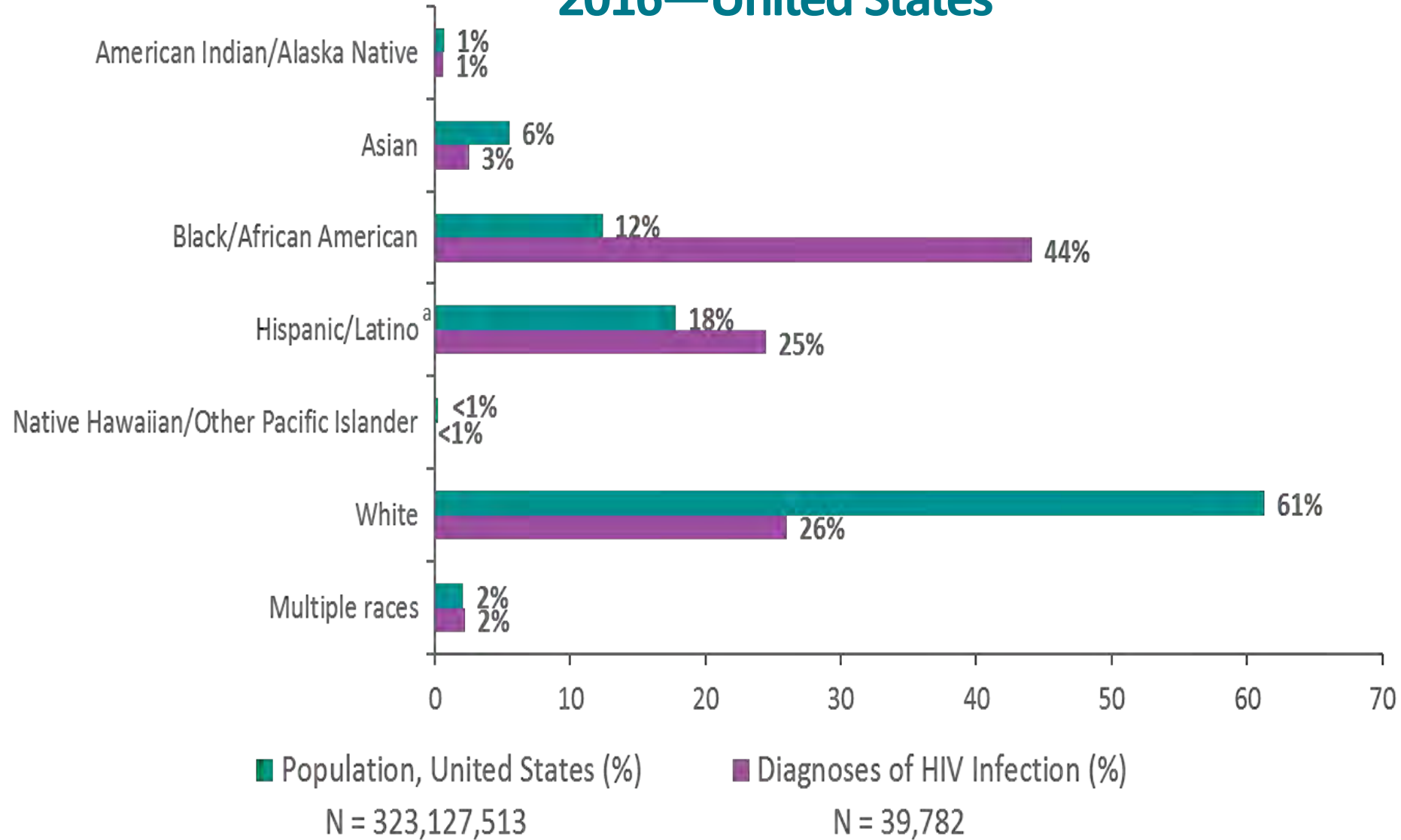


Diagnoses of HIV Infection among Adults and Adolescents, by Race/Ethnicity 2010–2015—United States and 6 Dependent Areas



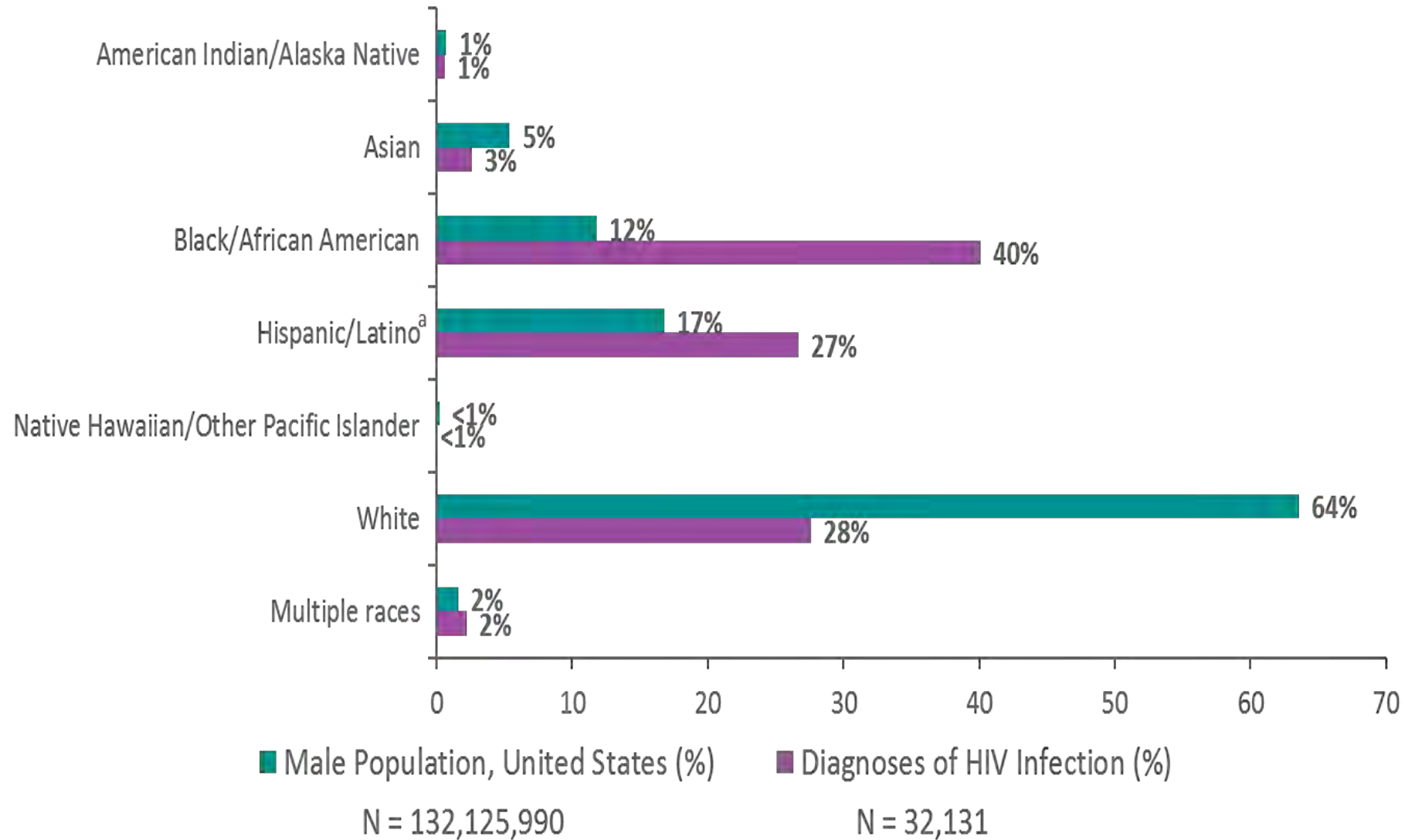
^a Hispanics/Latinos can be of any race.

Diagnoses of HIV Infection and Population by Race/Ethnicity 2016—United States



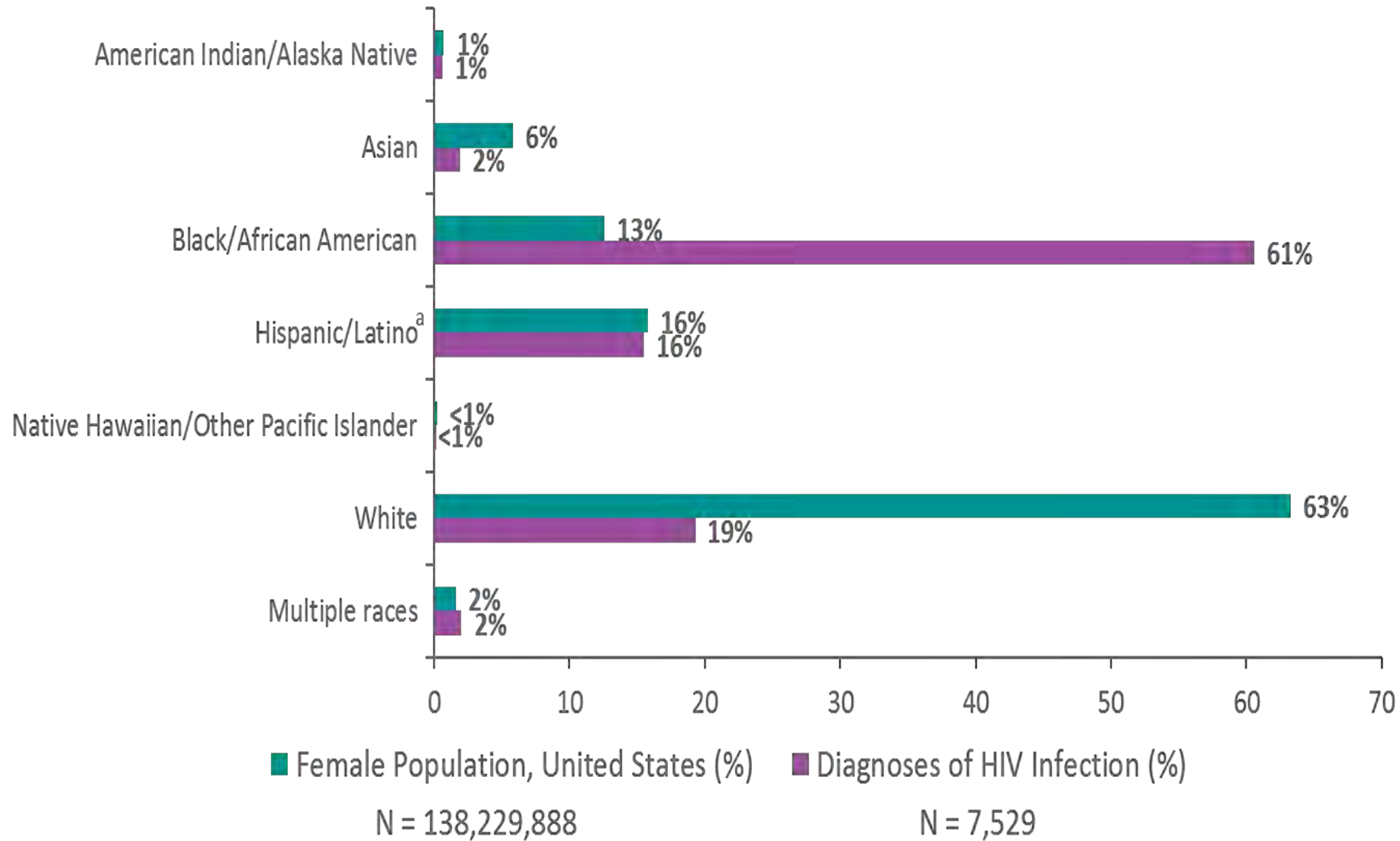
Note. Data for the year 2016 are preliminary and based on 6 months reporting delay.
^a Hispanics/Latinos can be of any race.

Diagnoses of HIV Infection and Population among Male Adults and Adolescents, by Race/Ethnicity, 2016—United States



Note. Data for the year 2016 are preliminary and based on 6 months reporting delay.
^a Hispanics/Latinos can be of any race.

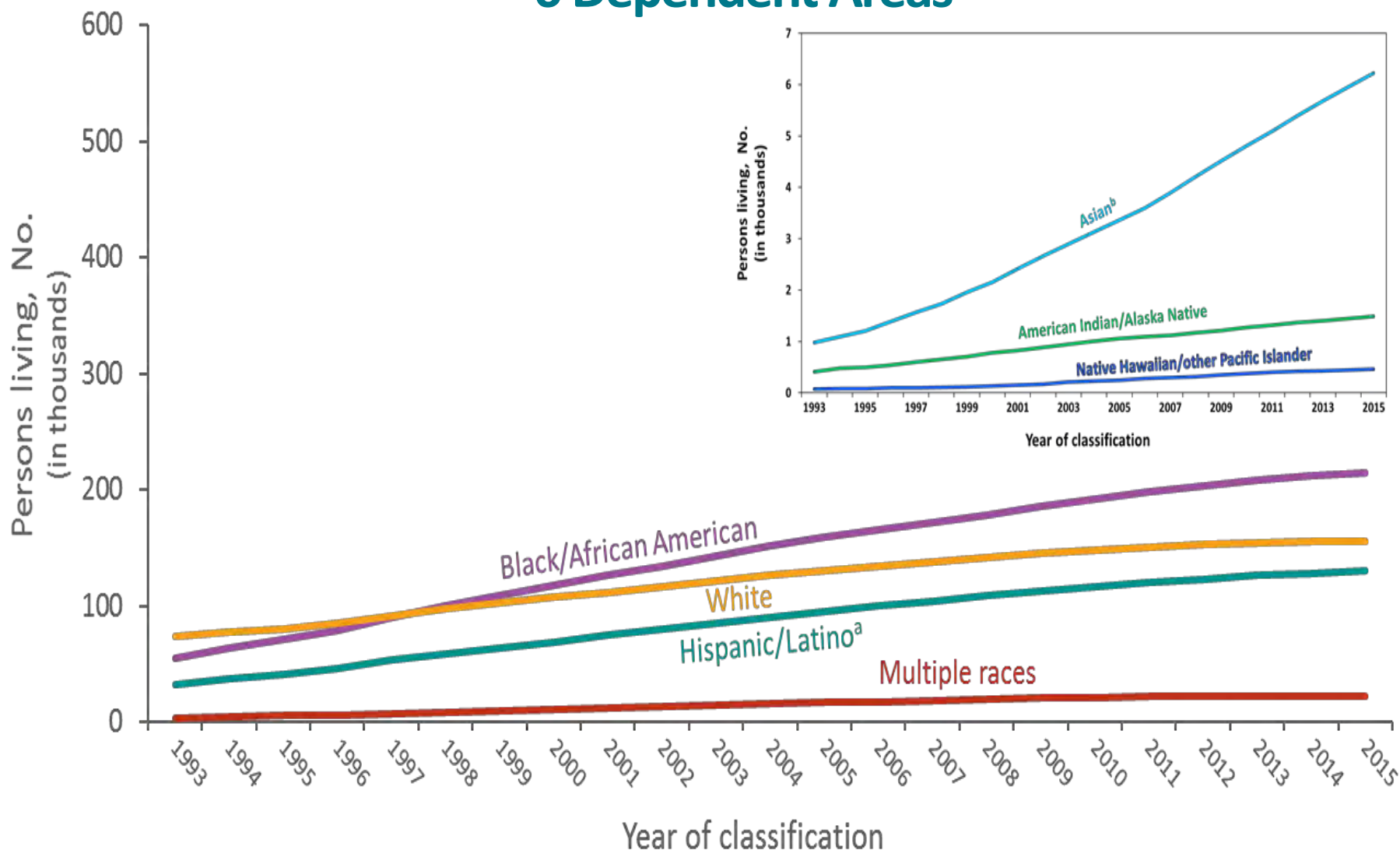
Diagnoses of HIV Infection and Population among Female Adults and Adolescents, by Race/Ethnicity, 2016—United States



Note. Data for the year 2016 are preliminary and based on 6 months reporting delay.
^a Hispanics/Latinos can be of any race.

Stage 3 (AIDS)

Adults and Adolescents Living with Diagnosed HIV Infection Ever Classified as Stage 3 (AIDS), by Race/Ethnicity, 1993–2015—United States and 6 Dependent Areas

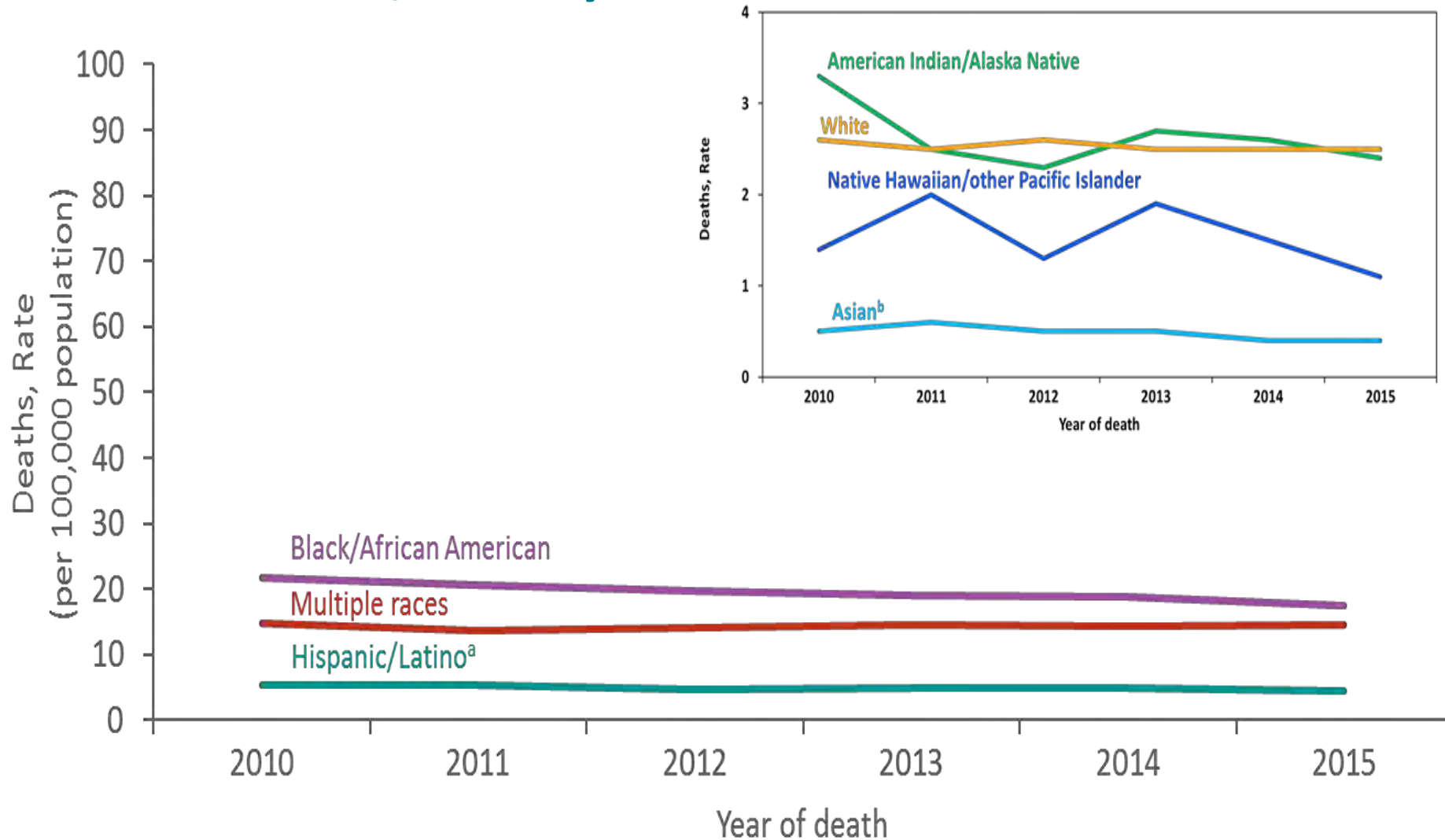


Note. Unknown race/ethnicity is not displayed because it comprises less than 1% of cases.

^a Hispanics/Latinos can be of any race.

^b Includes Asian/Pacific Islander legacy cases.

Rates of Deaths for Persons with Diagnosed HIV Infection, by Race/Ethnicity, 2010–2015—United States



Note. Deaths of persons with diagnosed HIV may be due to any cause. Unknown race/ethnicity is not displayed because it comprises less than 1% of cases.

^a Hispanics/Latinos can be of any race.

^b Includes Asian/Pacific Islander legacy cases.

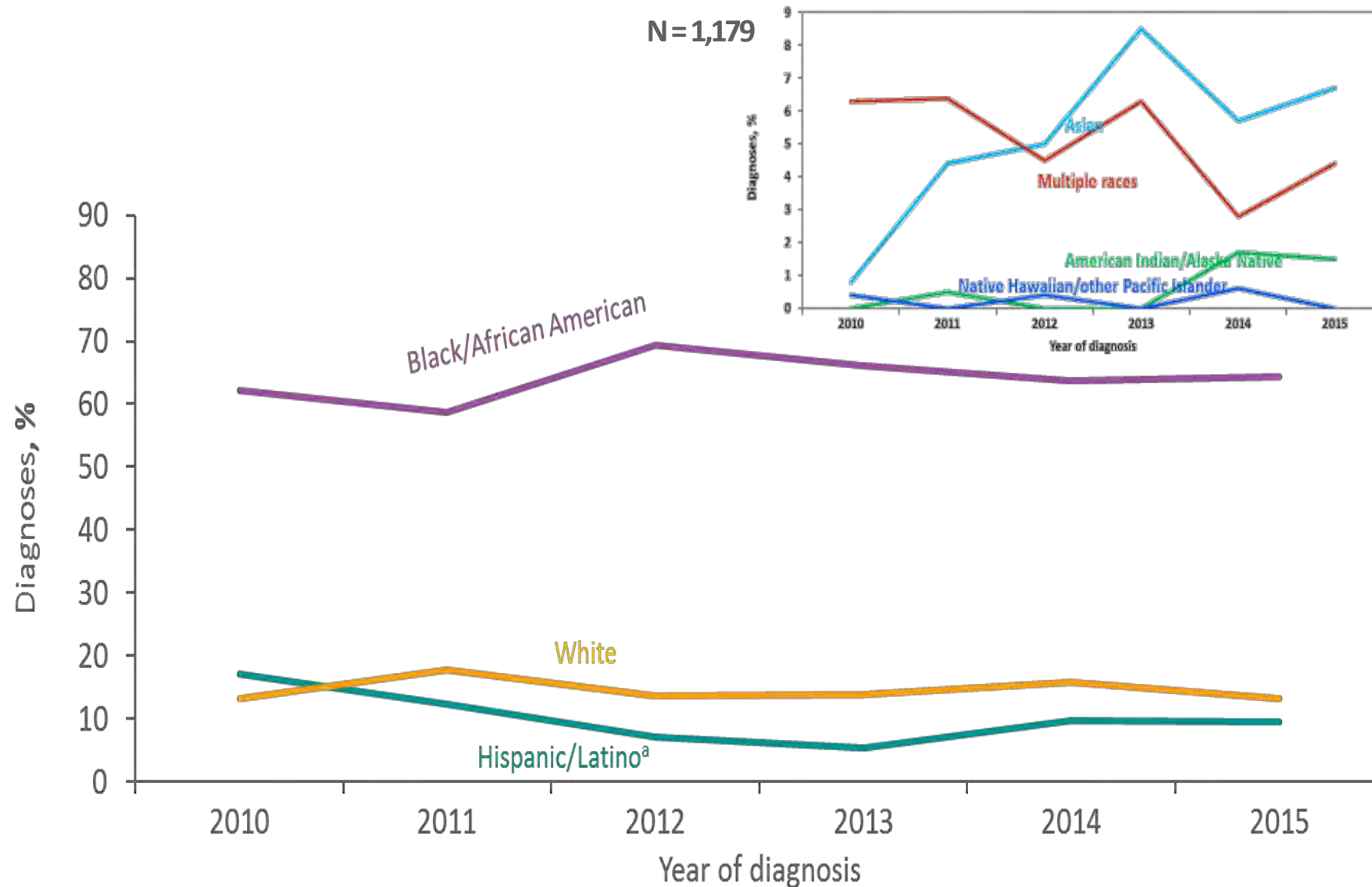
Pediatric HIV Surveillance



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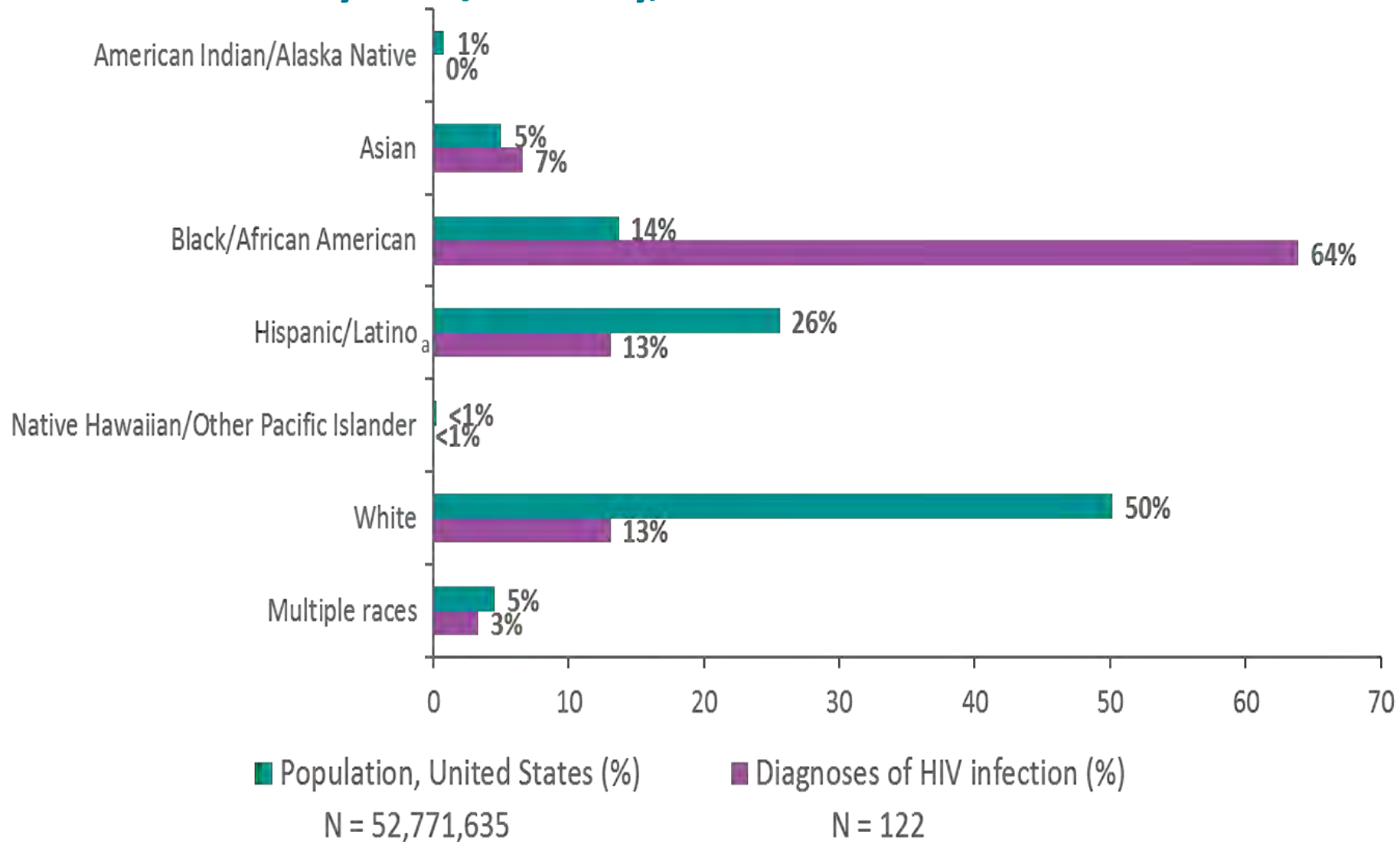


Diagnoses of HIV Infection among Children Aged <13 Years, by Race/Ethnicity, 2010–2015—United States and 6 Dependent Areas



^a Hispanics/Latinos can be of any race.

Diagnoses of HIV Infection and Population in Children Aged <13 Years by Race/Ethnicity, 2016—United States



Note. Data for the year 2016 are preliminary and based on 6 months reporting delay.

^a Hispanics/Latinos can be of any race.

Prevention Models

- Behavioral interventions
- Prevention with positives
- Preventing transmission with medication
- Harm reduction strategies
 - Condom distribution programs
 - Safer injection of drugs
- Social marketing to high-risk groups

<https://www.ruralhealthinfo.org/webinars/hiv-aids-prevention-treatment>

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Roles for Behavioral Health in Optimizing HIV Prevention and Treatment

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Behavioral and Biomedical HIV Prevention Strategies



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Behavioral HIV Prevention Strategies

- Knowledge
- Skills
- Motivation

Condom
Use



- Self-efficacy
- Communication
- Healthy relationships

Safer Sex



- Substance use risk reduction
- Needle/syringe exchange
- Substance use treatment

Harm
Reduction



Biomedical HIV Prevention Strategies

Pre-Exposure Prophylaxis (PrEP)

- People at high risk for HIV
- Daily antiretroviral medication – Truvada (Tenofovir + Emtricitabine)
- Highly effective when adherent
- Not recommended as substitute for barrier prevention methods or clean needles/syringes

Post-Exposure Prophylaxis (PEP)

- Administered in response to an event of potential HIV exposure
- Involves administration of a 28 day course of antiretroviral therapy (ART)
- Must be started as soon as possible following exposure and no later than within 72 hours

Biomedical HIV Prevention Strategies (con't)

Mother to Child HIV Transmission Prevention

- Early HIV detection and ART administration in pregnancy and childbirth
- ART administration to infant for 4-6 weeks following birth
- Feeding with baby formula and not breast milk

HIV Treatment as Prevention (TasP)

- ART controls illness by reducing serum levels of HIV.
- Viral suppression is achieved when serum HIV is reduced to undetectable levels (typically <200 copies per milliliter).
- Persons living with HIV who are virally suppressed have very low risk of viral transmission via sexual contact.
- ART adherence and retention in HIV care are critical to success of the TasP strategy.

<https://www.cdc.gov/hiv/risk/art/index.html>

Opportunities for Behavioral Health to Optimize HIV Prevention

- Uptake of current prevention strategies.
- Knowledge, skills, attitudes, and motivation to effectively utilize prevention methods.
- Adherence to prevention protocols.
- Retention in care for persons living with HIV.

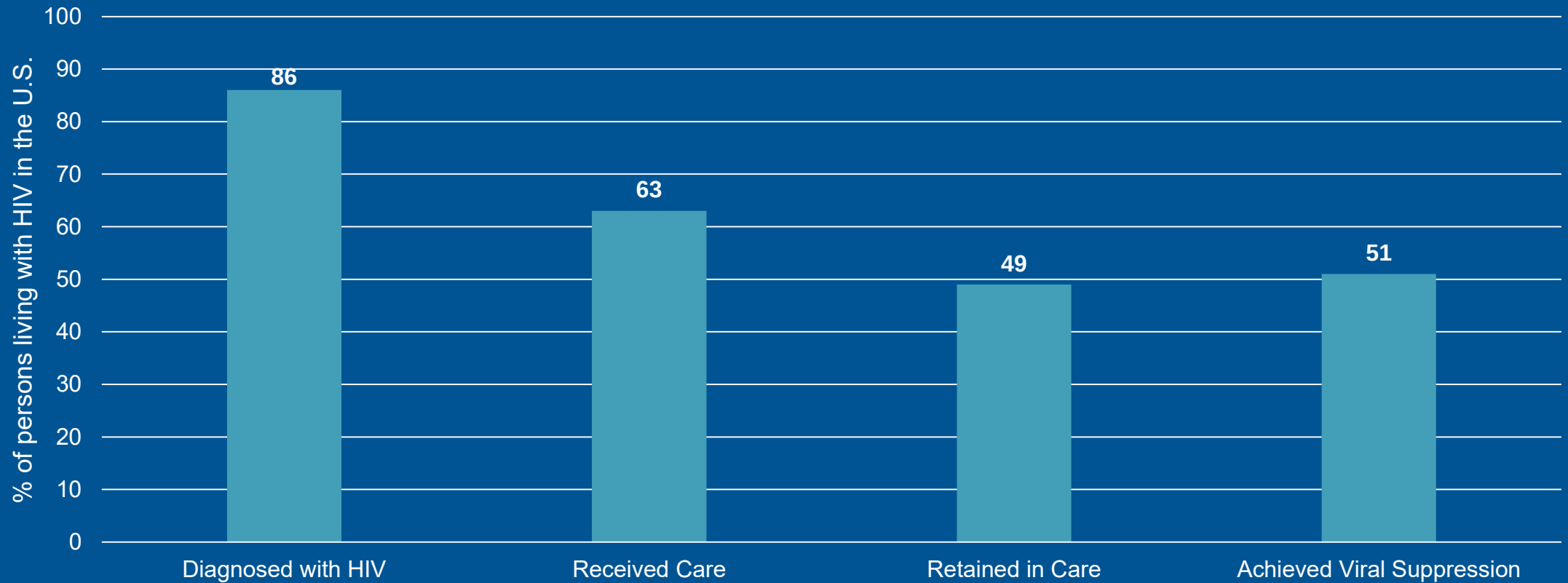
Roles for Behavioral Health in HIV Care



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The HIV Care Continuum: What is It?

HIV Care Continuum Based on 2015 Prevalence

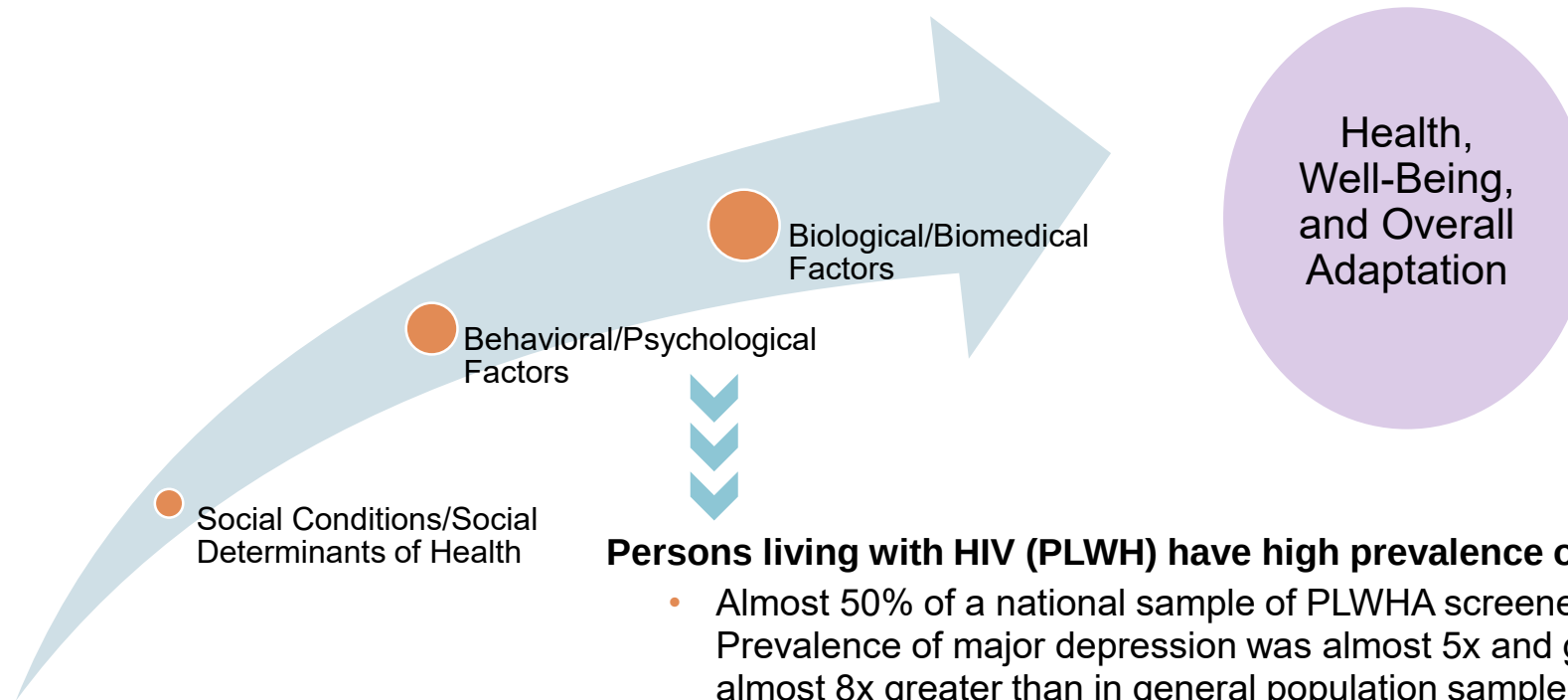


CDC (2018)

Behavioral Health Contributions in HIV Testing

- Inform counseling process, both for those testing negative and positive.
- Manage distress associated with receiving a positive test result when present.
- Promote positive coping behavior.
- Address experiences of stigma when present.
- Support follow through with linkage to ongoing HIV care.

Behavioral Health Co-Morbidities in HIV



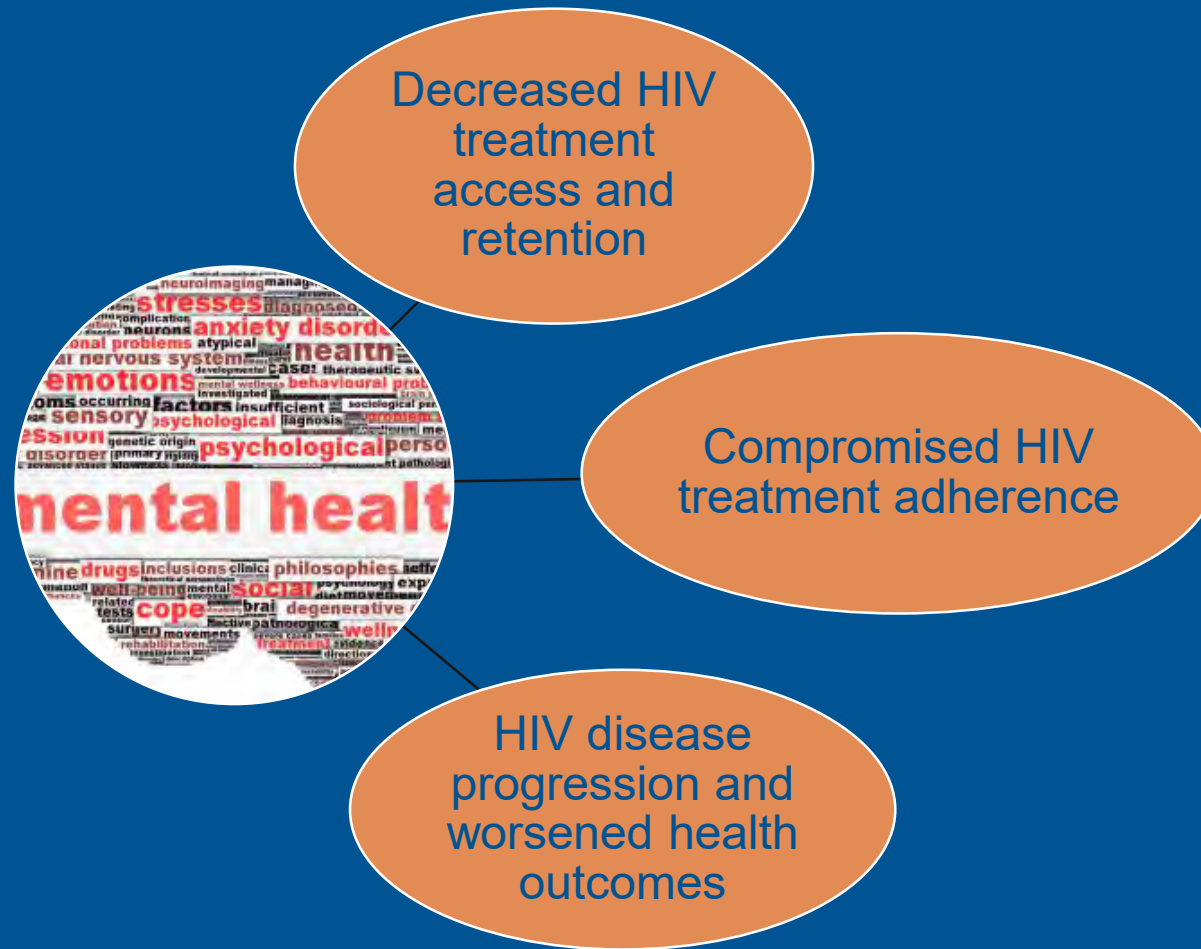
Persons living with HIV (PLWH) have high prevalence of psychological disorders

- Almost 50% of a national sample of PLWHA screened positive for a psychiatric disorder. Prevalence of major depression was almost 5x and generalized anxiety disorder was almost 8x greater than in general population samples.
- 50% of HIV primary care clinic sample evidenced a past-year psychiatric disorder.
- Compared with matched sample of HIV-negative participants, those with HIV had higher prevalence of depressive (27% vs. 10.5%) and anxiety (21.6% vs. 9.6%) symptoms regardless of whether or not on ART or virally suppressed in a large sample UK study.

Individuals receiving mental health care have high prevalence of positive HIV diagnosis

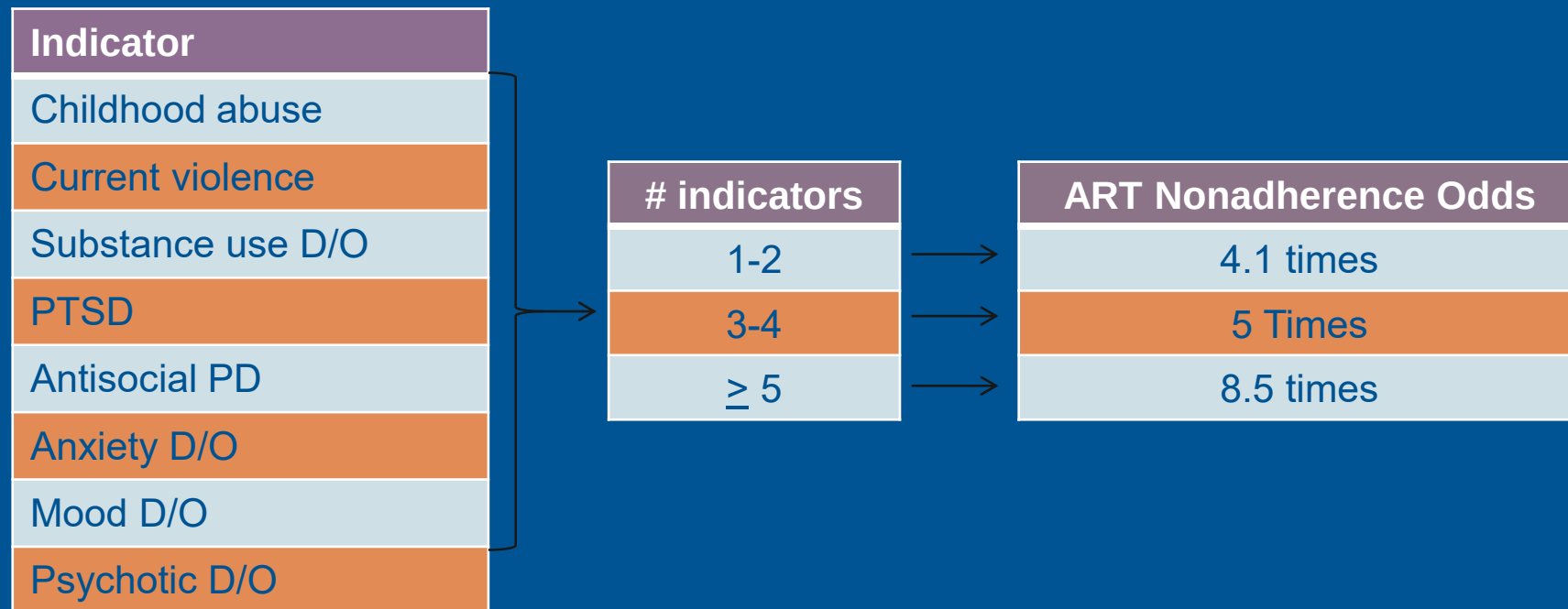
- Individuals receiving mental health services in inpatient, case management and community mental health center settings showed an HIV prevalence rate 4 times that of the general population.

HIV Treatment Complications of Co-Occurring Mental Health Conditions



Gonzales et al., 2011; Leserman, 2008; Pence et al., 2007; Treisman & Angelino, 2004

Psychosocial Factors and ART Adherence



Blashill et al., 2015

Clinical Roles for Behavioral Health

- Address cognitive and emotional impact.
- Promote health beliefs and health behavior that contribute to sustained retention in HIV primary care.
- Apply behavioral strategies that support ART adherence.
- Provide clinical assessment and intervention to address co-occurring psychological disorders, which are highly prevalent in HIV populations.

Role of Trauma-Informed Care

- High prevalence of psychological trauma exposure in PLWH
- Trauma exposure associated with HIV risk behaviors
- Exposure to trauma is associated with compromised ART adherence, HIV disease progression, and all-cause HIV-related mortality
- Three “Rs” of trauma-informed care:
 - **Realize** high trauma rates
 - **Recognize** trauma impact
 - **Respond** appropriately in creating a care environment that promotes a sense of social/emotional safety

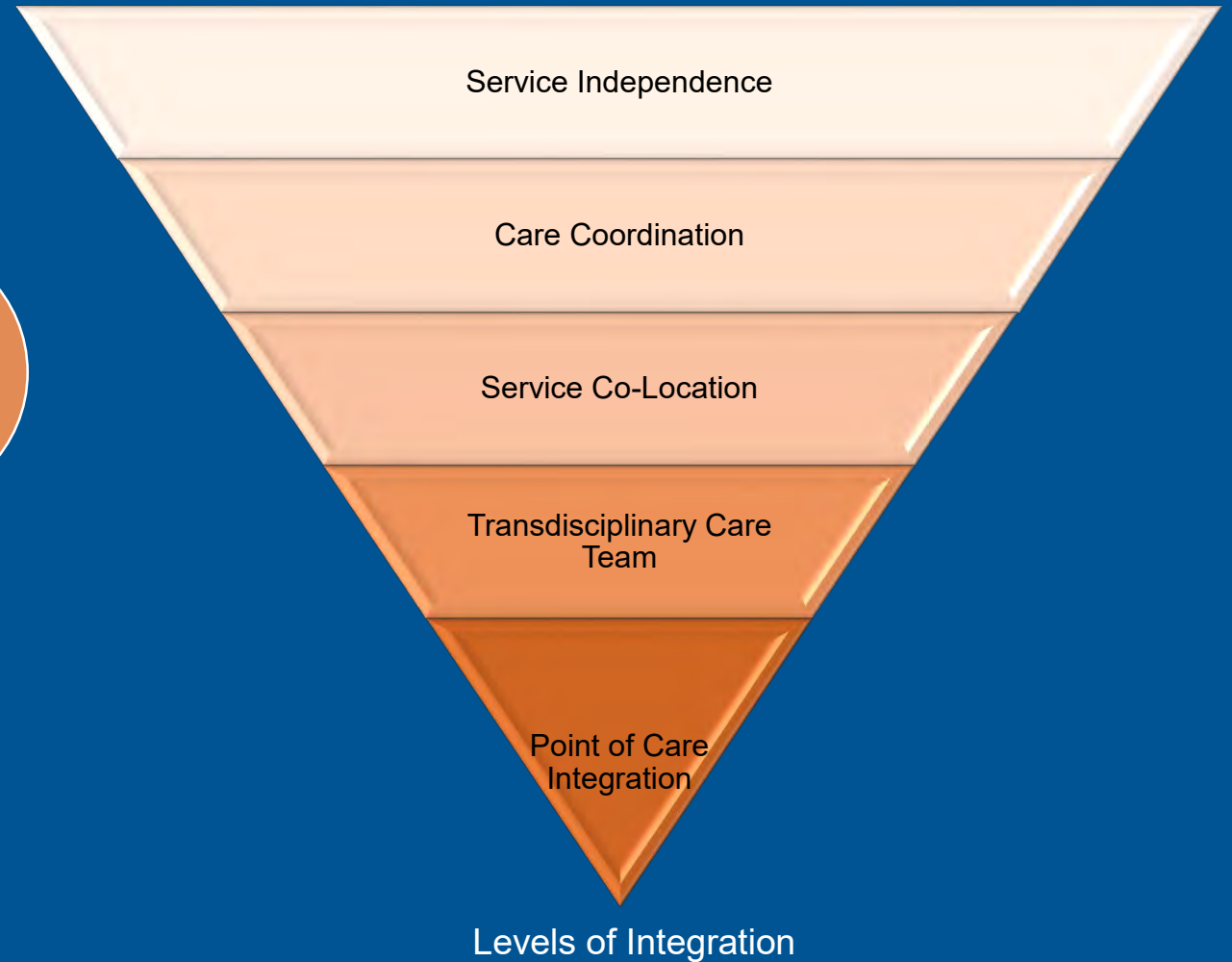
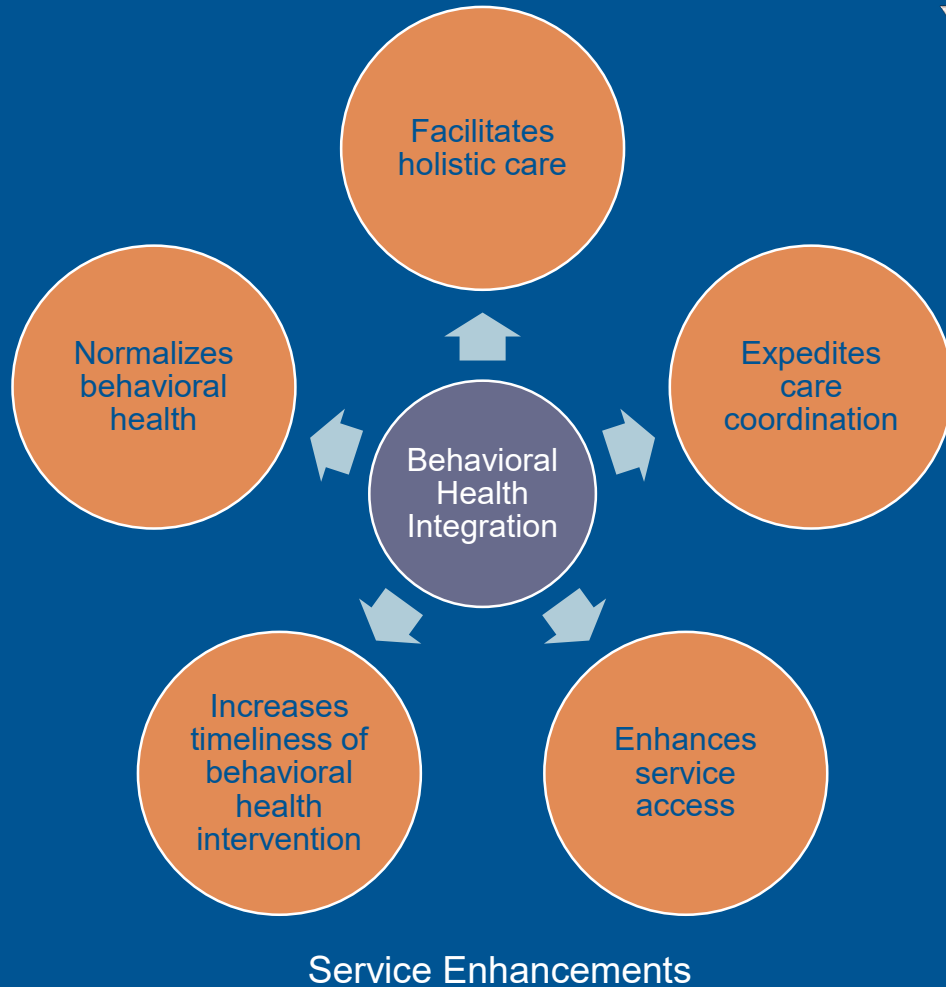
Brezing et al., 2015; Seedat, 2012

Key Intersectionality Considerations for Culturally Informed HIV Care

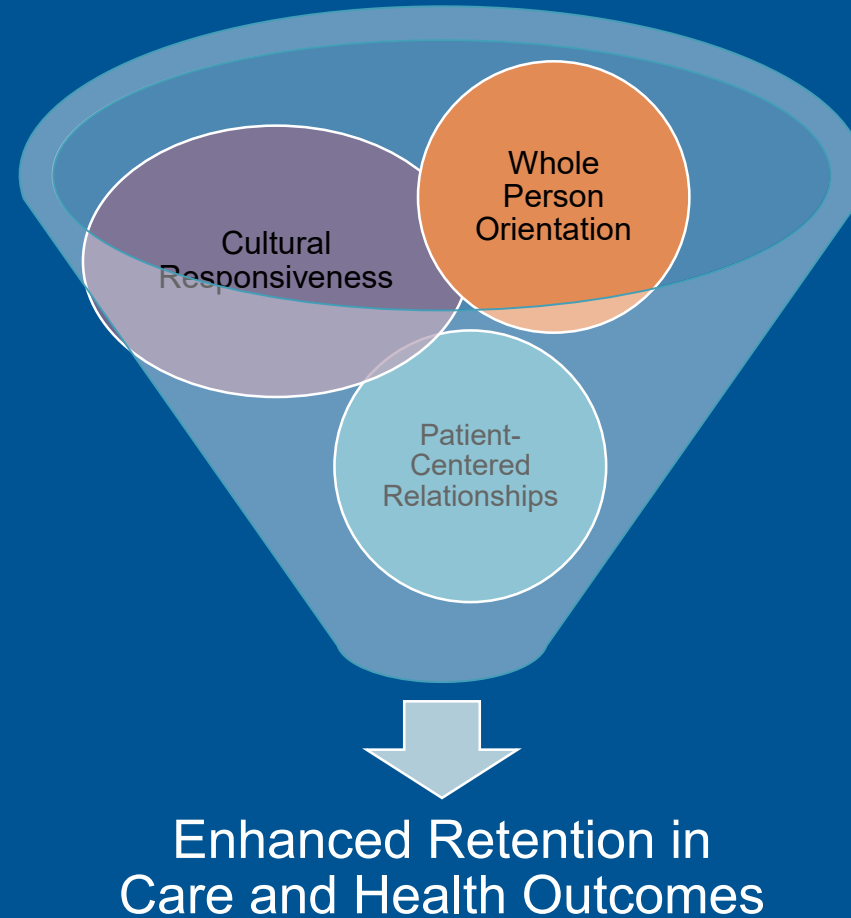


Intersectionality: "...the mutually constitutive relations among social identities..." (Shields, 2008, p. 301)

HIV Behavioral Health Integration



Humanizing and Contextualizing Care



Emerging Trends: Federal Strategic Initiative to End the HIV Epidemic

- Announced in February 2019 as a 10-year strategic initiative to end HIV in the U.S. by 2030. Pillars include:
 - Early identification of new HIV infections
 - Rapid intervention to treat HIV and facilitate viral suppression
 - Prevention of new infections among persons at risk for HIV, including PrEP
 - Rapid detection and response to clusters of new HIV infection

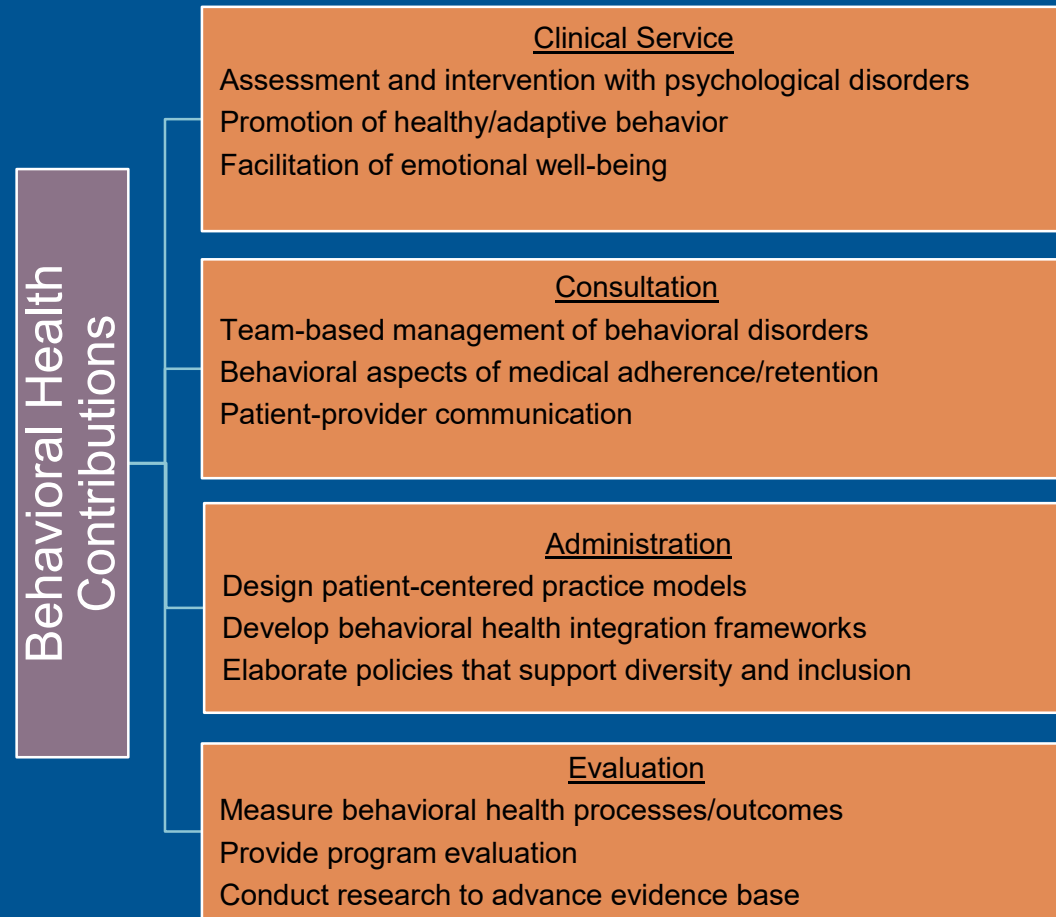
Aim: 75% reduction in new HIV infections in 5 years and at least 90% in 10 years



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Fauci et al., 2019

Conclusions: Opportunities for Behavioral Health Contributions to HIV Care



Farber et al., 2017

Questions?



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<https://www.apa.org/pi/health-disparities/index>

Slides will be available on our website.



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