HIV in the U. S. South
Coordinated by SASI and SAC

USCA 2015
Marriot Marquis
Washington, DC
September 12, 2015
Shanell McGoy
Director of HIV/STD, Tennessee Department of Health
Vice Chair, National Association of State and Territorial AIDS Directors
HIV in the United States South
Saturday, September 12th, 2015
Keynote Speaker: Dr. Shanell L. McGoy

Will you be a Quilter for Justice to END AIDS?
MAYA ANGELOU
1928-2014

WE all SHOULD know that DIVERSITY makes for a rich tapestry, and WE MUST understand that all the threads of the tapestry are EQUAL in value no matter what their color.

- Maya Angelou
Rates of Diagnoses of HIV Infection Among Adults and Adolescents, by Area of Residence, 2013 United States and 6 Dependent Areas

N = 47,957       Total rate = 18.0

Notes: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting.
Inset maps not to scale. Map colors based on www.colorbrewer2.org

HIV in United States South

Rates of Adults and Adolescents Living with Diagnosed HIV Infection, by Area of Residence, Year-end 2012, United States and 6 Dependent Areas

N= 931,449       Total rate = 352.3

Notes: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not for incomplete reporting.

Inset maps not to scale. Map colors based on www.colorbrewer2.org

ADDRESSING STIGMA  A Blueprint for Improving HIV/STD Prevention and Care Outcomes for Black & Latino Gay Men

**The Bar Before the Bars**

Racism  Poverty  Homophobia  Violence  Conventionalism  Shame  Stigma  Marginalization  Homelessness

| Stigma and Other Social Determinants Influence the HIV Care Continuum Before a Diagnosis is Even Made. |

Overall:
Of all Americans diagnosed with HIV, only 25% are virally suppressed.

Diagnosed  Linked to Care  Retained in Care  Prescribed ART  Virally Suppressed
INNOVATIONS along the Continuum in the South

The Mustard Seed: Developed with HOME and HOPWA

Rural Studio II... Where Are the Train Car Storage Units?

The Haven: a safe place for us

A place that promotes the physical, mental and social well-being of men of color by educating, equipping, and empowering them to embrace their worth in a safe environment.

- Free Rapid HIV Testing & Counseling
- Free Syphilis, Gonorrhea, and Chlamydia Testing
- Free Condoms and Safer Sex Supplies
- STD Prevention Education & Outreach
- Connection to HIV/AIDS Treatment
- Men's Empowerment Programming
- Healthy Living Resources
- Referrals to and Information on Pre-exposure prophylaxis (PrEP)

STD Testing Hours
Wednesday-Friday 9AM-10PM
additional hours by appointment

Hours of Operation
Tuesday-Friday 2PM-10PM
Saturday 3PM-10PM

thehavenmemphis.org
INNOVATIONS along the Continuum in the South

DATA

PATIENT NAVIGATOR LLC

SUPPORT
HELP
ADVICE
ASSISTANCE

TELEMEDICINE

Linkage to Care

Advocacy
The act of pleading or arguing in favor of something, such as a cause, policy, or interests of active support of an idea or c
Acknowledgements

Rev. Joe Ella Darby, Associate Minister
First Baptist Church, Capitol Hill Nashville, TN

All the Quilters working to END AIDS
Shanell L. McGoy, PhD MPH
shanell.mcgoy@tn.gov
Cedric Sturdevant
Project Coordinator, My Brother’s Keeper
Jackson, Mississippi
HIV Prevention and Care Challenges for young MSM

By Cedric Sturdevant
Project Coordinator, My Brother’s Keeper
Prevention

- Mosquitoes
- Kissing
- Swimming
- Toilet seats
- Holding hands
- Coughing

Isn't =

- Pregnancy & breastfeeding
- Unprotected vaginal, anal & oral sex
- Sharing needles & syringes to inject drugs
Challenges in Care

- Transportation
- Trust
- Stigma
- Fear
- Family
Solutions

• EDUCATE, EDUCATE, EDUCATE.
• Teach Young MSM how to advocate for themselves
• Create a Mentor Program
CDC’s recent FOA for direct CBO funding (PS15-1502)

- **PS15-1502**—CDC funding designed to reach areas with greatest need for HIV prevention services. Direct funding for CBOs.

- **Restricts eligibility** for direct funding to community based organizations (CBOs) to those located in designated metropolitan statistical areas—CBOs outside those areas are not eligible to apply for funding.
SASI Analysis of % of PLWH Living Outside an MSA eligible for CBO Funding from CDC

Percent HIV+ Population Not Living in MSA

- 0-20%
- 20-40%
- 40-60%
- 60+%
Monica Johnson
Founder and CEO, HEROES
Northeast Louisiana
Living With HIV in the Rural South

Monica Johnson
Founder and CEO

HEROES
Helping Everyone Receive Ongoing and Effective Support
While the Epidemic Has Moved South, The U.S. Response Hasn’t

The More Things Change, The More They Stay the Same

The Statistics for Louisiana in 2012:

1. 69% of people living with an HIV diagnosis were men, 31% were women.
2. 68% of people living with an HIV diagnosis were black, 4% Hispanic/Latino, and 25% white.
3. 66% of HIV cases in men were from male-to-male sexual contact, 11% were from injection drug use, and 9% were from injection drug use and male to male sexual contact.
4. 77% of HIV cases in women were from heterosexual contact, and 21% were from injection drug use.

Of the Part A (n=2) and Part B (n=7) regions in our state, none are led by African Americans, and all but one are led by men.

While the Majority of Southern Funding is Being Directed to Urban Areas, The Majority of HIV+ Individuals Don’t Live in a Southern MSA

Percent HIV+ Population Not Living in MSA

- 0-20%
- 20-40%
- 40-60%
- 60+%
Same Virus, Different Epidemics...The U.S. Has Yet to Respond Effectively to the Needs of the Rural South

HIV in Rural Louisiana Today Has Limited or No
- Access to Healthcare
- HIV Doctors
- Ability to Travel for Services
- Treatment Education
- Housing
Addressing the HIV Epidemic in the Rural South

<table>
<thead>
<tr>
<th>What HEROES Provides in Rural Louisiana</th>
<th>What’s Urgently Needed in the Rural South</th>
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<tbody>
<tr>
<td>• <em>Literacy-level appropriate</em> treatment education</td>
<td>• <em>Funding</em>—specifically directed to on-the-ground organizations in rural areas</td>
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<td>• <em>Demographically matched</em> peer-driven support</td>
<td>• <em>Grantor-mandated resource sharing</em>—the majority of ‘Southern’ resources remain in urban areas</td>
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<tr>
<td>• <em>On-the-ground</em> prevention education</td>
<td>• <em>Open-mindedness</em>—rural Southern solutions will look very different than the solutions in other areas</td>
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<tr>
<td>• <em>Culturally relevant</em> empowerment for people living with or affected by HIV</td>
<td>• <em>A seat at the table</em>—in equal measure to represent the unique aspects of HIV in rural areas</td>
</tr>
</tbody>
</table>
HEALTH REFORM AND THE SOUTHEASTERN STATES:

MANY NEWLY INSURED, YET MANY LEFT BEHIND

ROBERT GREENWALD, JD
CLINICAL PROFESSOR OF LAW
DIRECTOR, CENTER FOR HEALTH LAW AND POLICY INNOVATION OF HARVARD LAW SCHOOL

SEPTEMBER 2015
Enrollment of People Living with HIV in Medicaid and Marketplace Health Insurance Plans Since 2014

68,000 people living with HIV in ADAP (38% of ADAP enrollees) are newly insured

48,000 enrolled in plans offered through the Marketplaces, almost all with subsidies

20,000 enrolled in Medicaid expansion

20,000 (primarily living in the Southeast US) did not gain coverage because their states rejected Medicaid expansion
Lack of Medicaid Expansion Threatens the Health of People Living with HIV inSoutheastern States

Current Status of State Medicaid Expansion Decisions

Adopted (31 States including DC)
Adoption Under Discussion
Not Adopting At This Time

Traditional Medicaid Eligibility in Select States: The Southeast Tends to Be Most Restrictive

[Graph showing Medicaid eligibility levels in various states for Childless Adults, Parents, and Aged, Blind, and Disabled individuals, with a comparison to the Federal Poverty Level and Medicaid Expansion levels.]
WHAT WE CAN DO TO CLOSE THE MEDICAID COVERAGE GAP

• Build advocacy momentum given popular support for expansion
  – Polls in AL, GA, LA, MS and SC demonstrate expansion supported by ~2/3 of adults

• Isolate opponents as ACA is here to stay and increasingly has bi-partisan support
  – 10 states with Republican governors have already expanded
  – Expansion results in improved individual and public health outcomes and is a economic engine generating business activity and jobs

• At least, add a viral load incentive-based measure to all Medicaid plans to increase effectiveness of HIV care for those covered
With a Premium Assistance Waiver

The Southern states say no to Obamacare, but use federal funds, including state residents’ tax dollars, to close the coverage gap, reduce rates of uninsured, promote individual and public health, and generate economic growth and jobs.

Without a Premium Assistance Waiver

The status quo continues and Southern state residents’ federal tax dollars go to fund health care in states that expand access to Medicaid like MA, NY and CA.
Discriminatory Insurance Practices Make Private Health Insurance Unfairly Expensive for People Living With HIV

- Plans do not cover HIV medications
  - 28% of all HIV drugs not covered
  - 19% of single tablet regimens (STRs) not covered

- Insurers are placing HIV medications on high cost-sharing tiers to dissuade people from enrolling and to push costs onto those who do
  - Individuals living with HIV enrolled in plans with high cost sharing for HIV medications (adverse tiering) spend $3,000 more per year

- Of Marketplace Qualified Health Plans (QHPs) analyzed in 5 southern states:
  - 54% require co-insurance of ≥30% for HIV meds
  - 93% charge 30% of median yearly annual discretionary income for Atripla
ADAP/PART B PROGRAMS CURRENTLY ASSISTING PEOPLE LIVING WITH HIV PAY FOR QHPs (JULY 2015)

Louisiana Lawsuit
- After lawsuit filed, three Louisiana health insurance companies agreed to continue to accept federally funded third-party payments for premiums
- Lawsuit led to federal government promulgating new regulations requiring all issuers of QHPs to accept premium and cost-sharing payments from Ryan White programs and other federal and state programs

Florida Complaint filed with HHS Office of Civil Rights
- Capped out-of-pocket cost for patients
- Removed 30-day prescription drug supply limit
- Moved all generics to a lower cost tier
- Removed prior authorization & step therapy for HIV drugs

Advocacy Works!
A team of national and state partners has established SPEAK UP to fight against barriers to access to care and treatment.

Through SPEAK UP we identify and address discrimination.

We need your help to hold insurers and federal and state government leaders accountable for making the promise of health reforms a reality for people living with HIV in the South.

Assess the insurance plans in your state and let us know when you see an unfair or discriminatory practice.

To JOIN US and SPEAK UP, visit:

http://www.hivhealthreform.org/speakup/
Let’s All Work Together To End The Unfair Distribution Of Uninsured In The U.S.

Source: Health Reform Monitoring Survey, Quarter 2 2014.

***/*** Estimate differs significantly from September 2013 at the 0.05/0.01 levels, using two-tailed tests. No estimates differ at the 0.10 (*) level.
THE PATH THAT LEADS TO THE END OF THE HIV EPIDEMIC...
...GOES RIGHT THROUGH THE U. S. SOUTH!
Don’t Give Up!

• “Do what you can with what you have in the time you have in the place you are.”

Nkosí Johnson, South Africa