

MAI/NEHEC Monthly Health Disparities Update: February 2012

Featured in This Issue:

Highlights of HIV/AIDS Funding in President Obama's FY2013 Budget Proposal: In mid-February, President Obama sent his FY13 budget proposal to Congress. This news brief summarizes the major domestic HIV/AIDS funding provisions of the President's proposed budget.

Eliminating Viral Hepatitis Disparities in the African American Community: This month, Dr. J. Nadine Gracia, Acting Director of the Federal Office of Minority Health highlighted viral hepatitis health disparities in the U.S. and called on Americans to work together "to end the unfortunate history of viral hepatitis' disproportionate impact on the African American community."

Harvard Webinar Focuses on HIV/AIDS among African American Women and Girls: As part of its ongoing programming series on HIV/AIDS in Black America, Harvard University's Center for AIDS Research hosted the first of two webinars focusing on HIV/AIDS among African American women and girls. The February 16 webinar featured presentations on the high HIV/AIDS rates in this population, policies to address these disparities, and the specific impacts of the epidemic on women and girls in the U.S. South.

CDC Spotlights African American Health and Health Disparities: February is African American History Month. To mark this event, CDC has published a web page focusing on the overall health and health disparities among African Americans, together with information about the recently launched Million Hearts initiative to reduce rates of heart attacks and strokes.

Featured Health Resources: Materials for National Women and Girls HIV/AIDS Awareness Day.

News Roundup

Highlights of HIV/AIDS Funding in President Obama's FY2013 Budget Proposal

On February 13, President Barack Obama sent his FY2013 budget to Congress, which includes proposed domestic and international spending on HIV/AIDS. Coinciding with the release of the FY13 budget proposal, the Administration's Office of Management and Budget (OMB) issued a [brief summary of the major HIV/AIDS provisions](#) in the proposed budget. The OMB brief also

describes how the proposed expenditures for HIV/AIDS are intended to support important goals of the National HIV/AIDS Strategy (NHAS), namely: reducing HIV incidence, increasing access to care and optimizing health outcomes, and reducing HIV-related health disparities.

Selected highlights of the proposed budget for domestic HIV/AIDS spending are summarized below:

Support for HIV/AIDS research: The President's FY13 budget proposal provides \$3.1 billion for intramural and extramural HIV/AIDS-related research supported by the National Institutes of Health.

Investments in prevention and care: In keeping with the goals of the NHAS, the proposed budget prioritizes the use of HIV/AIDS resources in high-burden communities and among high-risk groups, including gay and bisexual men, Black Americans, Latino Americans, and substance users. Compared to the budget for FY12, the FY13 budget proposal would increase HHS domestic discretionary HIV/AIDS funding by \$120 million and Veterans Affairs HIV/AIDS funding by \$74 million. Under the President's proposal, total U.S. government-wide spending on HIV/AIDS would increase by \$800 million in FY13, according to OMB.

Cross-cutting programs for HIV care and prevention: The proposed FY13 budget authorizes HHS to transfer 1% of its domestic HIV program funding (about \$60 million) to support cross-cutting collaborative efforts across HHS agencies in areas such as increasing linkages to care and developing effective combinations of prevention interventions.

Ryan White HIV/AIDS Program: The proposed FY13 budget includes a \$75 million increase for HIV care and treatment through the Ryan White HIV/AIDS Program. A total of \$1 billion would be allocated for AIDS drug assistance programs - an increase of \$67 million above 2012 levels. According to OMB, this increase in ADAP funding, combined with sufficient state contributions, would eliminate ADAP waiting lists in 2013. The proposed budget also includes a \$15 million increase for the Ryan White Part C program to expand access to early intervention and primary care services for the most vulnerable populations living with HIV/AIDS. To address the disproportionate impact of HIV/AIDS on communities of color, the FY13 budget proposal also includes an \$8 million increase for Ryan White Minority AIDS Initiative activities, which would bring the total funding for these activities to \$169 million in 2013. However, according to the AIDS Institute, the FY13 budget proposal also includes an \$8 million decrease to Ryan White Part D, which funds programs for children, youth, women, and families.

Funding for HIV/AIDS prevention and service integration: The FY13 budget proposal includes an increase of \$30 million for the Centers for Disease Control and Prevention (CDC) to reduce the number of new HIV infections, reduce behaviors associated with HIV transmission and acquisition, and increase the number of infected individuals who are aware of their infection. To enhance program coordination and service integration, the proposed FY13 budget would also allow CDC and states to transfer up to 10% of resources across all CDC HIV/AIDS, viral hepatitis, sexually transmitted infections, and tuberculosis activities.

Housing Opportunities for Persons with AIDS (HOPWA) program: The President's FY13 budget requests \$330 million for the HOPWA program, to address the housing needs of people

living with HIV/AIDS and their families. This proposed funding level represents a \$2 million decrease from FY12, according to the AIDS Institute. The OMB summary of the FY13 budget proposal states, "To modernize the HOPWA program, the Administration is proposing an updated formula based on the number of people living with HIV and adjusted for an area's fair market rent and poverty rates, focusing HOPWA on the areas with the most need. The proposal will also include several changes that will allow better targeting of HOPWA resources and more flexibility for grantees to provide the most cost-effective, timely interventions."

Stigma of HIV/AIDS: The proposed FY13 budget includes a 6% increase in funding to the Department of Justice's Civil Rights Division to strengthen civil rights enforcement against racial, ethnic, sexual orientation, religious, gender, and gender identity discrimination. According to OMB, "This investment will not only help the Division handle enforcement of civil rights protections for people living with HIV/AIDS, but align with a key action steps for reducing HIV-related disparities, reducing stigma and discrimination against people living with HIV."

Provisions related to syringe exchange and abstinence-only prevention programs: In its comments on the FY13 budget proposal, the AIDS Institute notes that, "In keeping with the Administration's policy of following the science of HIV prevention, the President's budget rejects the imposition of the Federal funding ban of syringe exchange programs, a scientifically proven method to prevent HIV and other blood borne infections, while not increasing drug use. Additionally, the budget rejects discretionary funding of failed abstinence-only-until-marriage programs. Both of these harmful policies were resurrected last year at the insistence of the House of Representatives."

Reactions to the President's FY13 budget proposal: The response of national and international advocacy groups to the HIV/AIDS funding provisions of the proposed FY13 budget has been mixed. Some groups, such as the AIDS Institute and the National Minority AIDS Council (NMAC), largely praised the budget's domestic HIV/AIDS allocations. In sharp contrast, other groups, including amFAR and the Treatment Action Group (TAG), expressed great concern over substantial proposed cuts to some global health programs, including PEPFAR (President's Emergency Plan for AIDS Relief) and bilateral tuberculosis funds.

For those who would like to read more about the range of reactions to the President's FY13 budget proposal, we have linked to several press statements below:

From the AIDS Institute: "[President Obama's Budget Maintains Strong Commitment to Domestic HIV/AIDS Programs](#)"

From NMAC: "[President's Budget Request Reflects Larger Commitment to Domestic HIV/AIDS Fight](#)"

From TAG: "[Obama's Global, Domestic & HIV Research Budget Backslides on Existing Commitments](#)"

From amFAR: "[amFAR Opposes Proposed Cuts to Bilateral Global AIDS Funding](#)"

[Eliminating Viral Hepatitis Disparities in the African American Community](#)

Writing in the blog.aids.gov earlier this month, Dr. J. Nadine Gracia, Acting Director of the Federal Office of Minority Health, called on Americans to work together "to end the unfortunate history of viral hepatitis' disproportionate impact on the African American community." Viral hepatitis is a leading infectious cause of death, claiming an estimated 12,000 to 15,000 American lives each year. Although the total number of Americans living with chronic hepatitis B and C may exceed 5 million, most of these persons are unaware that they are infected. "This places them at greater risk for severe, even fatal, complications from the disease and increases the likelihood that they will spread the virus to others," Dr. Gracia notes.

There are significant viral hepatitis-related health disparities in the African American community. In particular:

- Although hepatitis B can be prevented by a vaccine, African American children have lower hepatitis B vaccination rates than non-Hispanic White children.
- The rates of hepatitis B have remained steady among all racial/ethnic populations since 2004. However, new hepatitis B infections remain the highest among African Americans, with 2.3 cases per 100,000 people.
- African Americans are twice as likely to be infected with hepatitis C when compared with the general U.S. population. Chronic liver disease, often related to hepatitis C, is a leading cause of death among African Americans between the ages of 45 and 64.
- While African Americans represent only 12% of the U.S. population, they account for about 22% of the chronic hepatitis C cases. African Americans have a substantially higher rate of chronic hepatitis C infection than do Caucasians and other ethnic groups.

To meet the challenges posed by viral hepatitis in the U.S., the U.S. Department of Health and Human Services (HHS) last year issued, [Combating the Silent Epidemic of Viral Hepatitis: Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis](#). The report outlines ongoing and planned activities to increase viral hepatitis awareness and knowledge among health care providers and communities, and improve access to high-quality prevention, care, and treatment services for viral hepatitis.

Dr. Gracia noted that the viral hepatitis action plan is both supported by and complements several other initiatives unfolding within HHS and across the Federal government. These include:

- The National HIV/AIDS Strategy, which helps address the significant rates of HIV and hepatitis C coinfection;
- The National Prevention Strategy, which calls for improved early detection of HIV, viral hepatitis, and sexually transmitted infections, as well as improved linkages to care;
- The U.S. National Vaccine Plan, the implementation of which should help reduce the incidence of vaccine-preventable hepatitis A and B infections;
- The HHS Action Plan to Reduce Racial and Ethnic Health Disparities; and
- The infectious disease and immunization objectives of Healthy People 2020, which specifically seek to reduce new hepatitis A, B, and C infections and increase viral hepatitis awareness among infected persons.

In the closing paragraphs of her blog, Dr. Gracia called on Americans to join the fight against viral hepatitis: "During African American History Month [February], please help by learning more about viral hepatitis, educating family and friends about this silent killer in the African American community, and encouraging conversations with healthcare providers about vaccinations for hepatitis A and B and screening for hepatitis C for those who may have been exposed."

Harvard Webinar Focuses on HIV/AIDS Among African American Women and Girls

As part of its "The Forgotten Epidemic" program series on HIV/AIDS in Black America, the Harvard University Center for AIDS Research (CFAR) hosted the first of two webinars focusing on HIV/AIDS among African American women and girls. The February 16 webinar featured presentations by national experts on HIV/AIDS in Black women and girls, policies to address health disparities in this population, and the specific impacts of the epidemic on women and girls in the U.S. South. We have included selected highlights of the presentations below, together with hyperlinks to the full presentations, for those who would like to explore these topics in greater depth.

Donna Hubbard McCree (CDC's Associate Director for Health Equity) summarized the state of the epidemic among African American women and girls, as well as the range of factors that contribute to high HIV/AIDS incidence and prevalence in this population. According to CDC data cited in [her presentation](#), of the estimated 11,200 new HIV infections among U.S. women during 2009, 57% occurred among African American women. Heterosexual contact is the most common mode of transmission among women.

While American women as a whole have a 1 in 139 lifetime risk of becoming infected with HIV, there are huge racial and ethnic disparities in this risk. For African American, the risk is 1 in 32, compared to 1 in 106 for Latinas, and 1 in 526 for non-Hispanic White women. The socioeconomic factors and the context for the high HIV/AIDS rates among African American women include: relatively high rates of poverty, discrimination (racism and sexism), lower educational attainment, and relatively high rates of sexually transmitted infections.

Dr. McCree cited the following approaches for reducing HIV-related health disparities among African American women:

- Support the adoption of community-level approaches for HIV prevention;
- Increase the proportion of people who know their HIV status and link infected people to care;
- Reduce HIV-related mortality;
- Reduce stigma and discrimination against people living with HIV;
- Promote a holistic approach to health;
- Address co-occurring health and social conditions, such as STIs, reproductive health issues, substance use, unstable housing, and intimate partner violence.

Naina Khanna, Policy Director for Women Organizing to Respond to Life-Threatening Diseases (WORLD), spoke on the topic of "[Race, Science, Rights, & Policy: The Future of Women-Centered HIV Services](#)." Ms. Khanna summarized some of the main provisions of the National HIV/AIDS Strategy, as well as other important medical, social, and political trends that either currently are, or are expected to, affect women's access to HIV/AIDS prevention, treatment, and support services. She then outlined an approach for women-centered care and improved delivery of HIV/AIDS services to women.

Cara James, Director of the Kaiser Family Foundation's Disparities Policy Project, presented on "[Health Reform Implementation and Its Potential Impact on Women's Health and Health Disparities](#)." Dr. James noted that:

- Addressing health disparities through health reform will take time and will likely occur in a stepwise fashion: "A journey of a thousand miles begins with a single step."
- Coverage: Expansions and disparities-specific provisions are a first step in reducing health disparities.
- Affordability and scope of coverage: These remain central concerns for people of color, many of whom are low-income
- Reproductive health: There have been improvements in some areas and retrenchment in others. States will continue to play a pivotal role in women's access to reproductive health services.
- Political environment: Women's health is highly politicized. The political climate and outcome of the 2012 Presidential election could have a substantial impact on women's health and efforts to address disparities.

Luella Rhodes, Director of the Columbus (Georgia) Wellness Center, gave a presentation entitled, "[Special Populations: A Southern Perspective](#)." She described the high impact of HIV/AIDS among African American women in the South, and noted that, compared to states in most other regions, many Southern states have a substantially higher proportion of AIDS cases in rural or non-metropolitan areas. For example, the number of non-metropolitan-area AIDS cases is more than double the number of metropolitan AIDS cases in the states of North Carolina, South Carolina, and Georgia, and it exceeds metropolitan cases in Texas, Florida, Mississippi, and Louisiana. Likewise, the AIDS rates among female adults and adolescents in the South are among the highest in the country. She noted that there is a strong link between HIV/AIDS and poverty in the South. Ms. Rhodes then described the challenges and barriers to HIV/AIDS prevention and care in Georgia, and outlined the Columbus Wellness Center's programs to address these.

Harvard CFAR plans to hold the second of its two webinars on HIV/AIDS Among African American Women and Girls on February 23. In the March Health Disparities Update, we plan to either summarize or link to the presentations given at that webinar.

CDC Spotlights African American Health and Health Disparities

In commemoration of African American History Month (February), CDC has published a [web page](#) focusing on the overall health and health disparities among African Americans. According to CDC:

Despite great improvements in the overall health of the nation, health disparities remain widespread among members of racial and ethnic minority populations. Structural inequalities - from disparities in education and health care to the vicious cycle of poverty - still pose enormous hurdles for Black communities across America. The health disparities between African Americans and other racial groups are striking and are apparent in life expectancy, death rates, infant mortality, and other measures of health status. Every year, heart disease takes the lives of over half a million Americans, and it remains the leading cause of death in the United States. African Americans have the largest age-adjusted death rates due to heart disease and stroke.

CDC notes that African American men are 30% more likely to die from heart disease than non-Hispanic White men. And compared to Whites, African Americans have nearly twice the risk of having a first stroke. Moreover, African Americans are more likely to die following a stroke than are Whites.

In addition, African American adults of both genders are 40% more likely to have high blood pressure and 10% less likely than their White counterparts to have their blood pressure under control. African Americans also have the highest rate of high blood pressure of all population groups, and they tend to develop it earlier in life than others.

To reduce the risk of heart attack and strokes among African Americans and other at-risk groups, the Department of Health and Human Services launched the Million Hearts initiative in September 2011. The goal of Million Hearts is to prevent one million heart attacks and strokes over five years. Million Hearts will bring together a variety of programs, policies, and campaigns designed to improve health by promoting the "ABCS" of prevention - appropriate Aspirin therapy, Blood pressure control, Cholesterol management, and Smoking cessation) - as well as healthier lifestyles and communities. For more information about the initiative, you can visit the [Million Hearts initiative](#) website.

Featured Health Resources for National Women and Girls HIV/AIDS Awareness Day

This year, National Women and Girls HIV/AIDS Awareness Day will be held on Saturday, March 10. To help you and your clients prepare for and mark the day, we've compiled an annotated list of online resources focusing on HIV/AIDS among women and girls in the U.S.

Fact Sheets and Reports

[Women and HIV/AIDS in the United States](#). Just updated in February 2012, this two-page fact sheet from the Kaiser Family Foundation is a fine source of current information on the impact of the HIV/AIDS epidemic on American women. Topics covered include: snapshot of the epidemic, key trends and current cases, reproductive health, access to and use of the healthcare system, and HIV testing, among others.

[HIV among Women](#). This recently updated two-page fact sheet from the CDC presents information about trends in HIV/AIDS diagnoses and deaths among women, prevention challenges, and steps CDC is taking to address the needs of women affected by HIV/AIDS.

[Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas, 2009](#). This 79-page CDC report includes detailed information about HIV and AIDS cases and deaths among Americans, including breakdowns by gender and age.

[Women, HIV, and AIDS](#). This online document from Avert.org provides a global overview of HIV/AIDS among women, with citations to more than 50 source research papers and reports. Topics covered include: updates on HIV/AIDS among women in different geographical regions; women's responsibilities for HIV care; effects of the epidemic on women and children; reasons why it is difficult for women to protect themselves from infection; and what needs to change to reduce the impact of HIV/AIDS on women.

Selected Organizations and Web Sites

[The Well Project](#): This web site focuses specifically on HIV prevention, treatment, and wellness among women living with, or at risk for, HIV infection. Many of the Well Project's resources are also available in [Spanish](#).

[Women, Children and HIV](#): This web site from the University of California-San Francisco Medical Center has extensive resources on the prevention and treatment of HIV in women and children worldwide.

[International Community of Women Living with HIV/AIDS \(ICW\)](#): ICW describes itself as the only international network led and made up of HIV-positive women. The ICW web site, which

also has a [Spanish interface](#), links to newsletters, training manuals, and other resources.

[Women Organized to Respond to Life-Threatening Diseases \(WORLD\)](#): WORLD advocates for programs and policies that address and needs of HIV-infected women and improve their quality of life. Its projects include the [Positive Women's Network USA](#) site.

[Center for AIDS Prevention Studies \(CAPS\)](#): The University of California-San Francisco's CAPS has compiled many fact sheets in English and Spanish on HIV prevention in different communities. CAPS fact sheets include:

- [What are U.S. women's HIV prevention needs?](#) Also available in [Spanish](#).
- [What are young women's HIV prevention needs?](#) Also available in [Spanish](#).
- [What are Black women's HIV prevention needs?](#) Also available in [Spanish](#).
- [What are male-to-female transgender persons' \(MtF\) HIV prevention needs?](#) Also available in [Spanish](#).
- [What are Women who have sex with women's HIV prevention needs?](#)

