POZ

The Numbers Dont Lie

February 5, 2015 By Paul Kawata

The infographic below shows the stark reality of HIV in Black America. The statistics are mind numbing. At current rates of infection, 50% of black gay men will have HIV by the time they are 35 (8% of white gay men are infected). I've been accused of caring more for the black community then I do for my own people. I love being Asian and I will always be concerned about my community, but the numbers don't lie. As an Asian gay man, I am fighting for black gay men because it's the right thing to do. I am fighting for black gay men because like the civil rights movement, it's going to take a rainbow of people fighting together to make a difference.

February 7 is **National Black AIDS/HIV Awareness Day**. We come together to once again draw attention to HIV's devastation of America's black community. How many more awareness days do we need in order to understand that we've failed black gay men? Nowhere in the world are there communities with a 50% infection rate. We have also failed African American women when they are 20 times more likely to be HIV infected then white women.

In the fight against HIV over the last 30 plus years, the statistics for the black community were always known. The social determinants of health are often sited as the reason for the big difference. According to the CDC, “The social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.” America has poor people of all ethnicities, so why aren’t the rates of poverty equivalent by race? The color of your skin should not determine your health outcome, yet all the indicators reveal the opposite.

The HIV community cannot solve all the world’s challenges, so what is our responsibility? A recent Lancet article notes, “33 percent of HIV-positive black MSM were retained in care, compared with 51 percent of white MSM; and only 16 percent of black MSM were virally suppressed, compared with 34 percent of white MSM. If black MSM achieved the same degree of HIV care as white MSM, the racial gap in new infection rates would be reduced by 27 percent. If black MSM with HIV had 95 percent diagnosis, or 95 percent retention in care, or both, the reduction would be 27 percent, 25 percent, and 59 percent, respectively.”

In other words, if we’re able to retain HIV positive African Americans in care, we can significantly move the curve. It’s not enough to link people to care, all PLWH need to be retained in care.

NMAC challenges health departments and community based organizations to move quickly and aggressively to link/retain all PLWH into care. Since it’s not enough just to link into care, we need implementation research to understand how to retain PLWH in care. AIDS United published an interesting study on the use of smartphone apps to support PLWH in care. A panel from the International Association of Physicians in AIDS Care has 5 recommendations on how to retain PLWH into care. NMAC thinks it may be time to look at incentive programs for either the PLWH or healthcare providers.

NMAC challenges the Centers for Disease Control, health departments, and community to re-examine the use of data. There is too much lag time between collecting the data and reporting on it. As a result, decisions are being made using data sets that can be 4 years old. How helpful is it to make decisions in 2015 based on data from 2010? This year the White House will release an update on the National HIV/AIDS Strategy, yet the data from the report may have been collected years earlier. It’s very difficult to get a good picture of the epidemic if we don’t have good data. NMAC asks health departments to create advisory committees made up of people living with HIV, activists, community based organizations, elected officials, healthcare providers, civil rights attorneys, researchers, and others to discuss the use of data. Policies that were put in place at the beginning of the epidemic may no longer be relevant. Making good decisions depends on good data. Data should be the foundation to determine how to spend limited HIV resources.

Viral suppression and when to begin treatment should be the PLWH’s decision with support from their healthcare provider. Health literacy for all people living with HIV is essential in order for individuals to make informed decisions. **NMAC calls for impactful, culturally intelligent health literacy programs to be made available to all PLWH.** Differences in viral suppression based on race should be closely monitored with timely transparent reporting. Using viral load data, NMAC recommends that money and resources are prioritize for “hot spots”, communities with a large numbers of PLWH who also have a high viral load. The money needs to follow the epidemic.

The color of your skin should not determine your risk for HIV infection, viral load, or mortality. On this National Black HIV/AIDS Awareness Day, let’s commit to retaining everyone living with HIV into care.
