

Health Equity and HIV in North Carolina: Heterosexual and Injection Drug Exposure



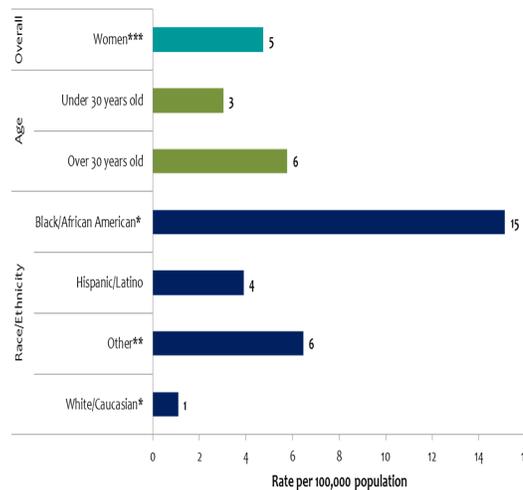
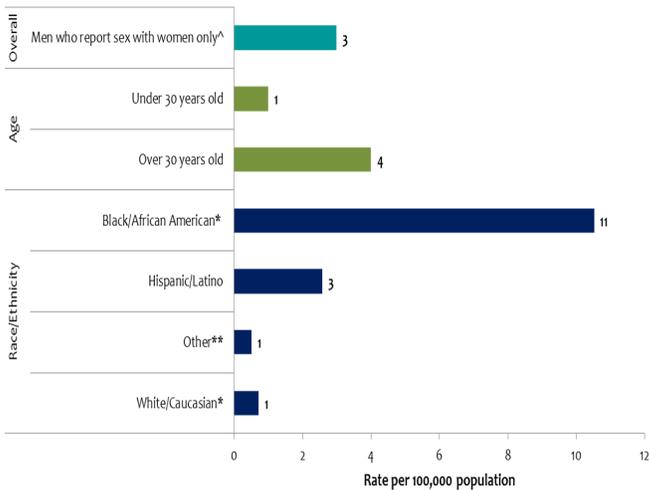
Public Health
HEALTH AND HUMAN SERVICES

Newly diagnosed HIV rates in 2015 by gender, sexual preference, age, and race/ethnicity identify health disparities.

2015 Estimated[^] HIV Rates among Men who Report Sex with Women Only^{^^}

2015 HIV Rates among Women^{^^}

North Carolina Rate: 13 per 100,000 population



[^]Rates among heterosexual men are based on an estimated population in North Carolina. Grey et al (2016). JMIR Public Health Surveill; 2(1): e14. <https://publichealth.jmir.org/2016/1/e14/>

^{^^}Defined as individuals reporting heterosexual contact with a known HIV-positive or high-risk individual and cases redistributed into the heterosexual classification from the "unknown" risk group. People exposed to HIV through injection drug use (IDU) are excluded.

*Non-Hispanic/Latino.

**Other includes American Indian/Alaska Native, Asian/Pacific Islander, and Multiple Race.

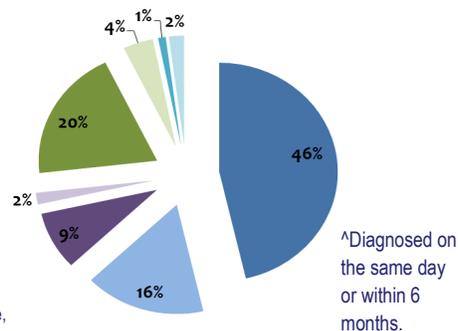
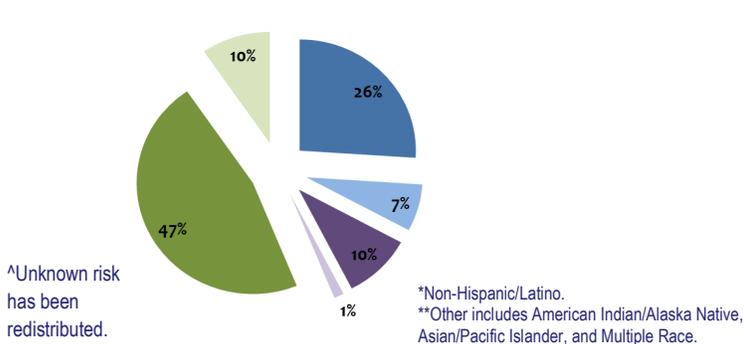
Health disparities also exist among people exposed through injection drug use (IDU) and people diagnosed late with HIV.

2015 Newly Diagnosed HIV among People Exposed through Injection Drug Use (IDU)[^] by Gender and Race/Ethnicity

2015 Adults and Adolescents Newly Diagnosed HIV and AIDS at the Same Time (Late Diagnoses)[^] by Gender and Race/Ethnicity

■ Men-Black/African American* ■ Women-Black/African American*
 ■ Men-Hispanic/Latino and Other** ■ Women-Hispanic/Latino and Other**
 ■ Men-White/Caucasian* ■ Women-White/Caucasian*

■ Men-Black/African American* ■ Women-Black/African American*
 ■ Men-Hispanic/Latino ■ Women-Hispanic/Latino
 ■ Men-White/Caucasian* ■ Women-White/Caucasian*
 ■ Men-Other** ■ Women-Other**



Exposure through injection drug use (IDU) accounted for 5.5% of the 2015 newly diagnosed people with HIV. This includes men who reported sex with men and injection drug use.

Over 50% of the people diagnosed late (HIV and AIDS at the same time) in 2015 were over the age of 40. Late diagnosis of HIV infection can lead to more serious health outcomes.

Want More Information?

HIV/STD Facts and Figures

<http://epi.publichealth.nc.gov/cd/stds/figures.html>

Centers for Disease Control and Prevention (CDC) Information on Health Disparities in HIV
<https://www.cdc.gov/nchstp/healthdisparities/>

National Alliance of State and Territorial AIDS Directors (NASTAD) HIV Prevention and Health Equity
<https://www.nastad.org/domestic/hiv-prevention-health-equity>

Contact Us

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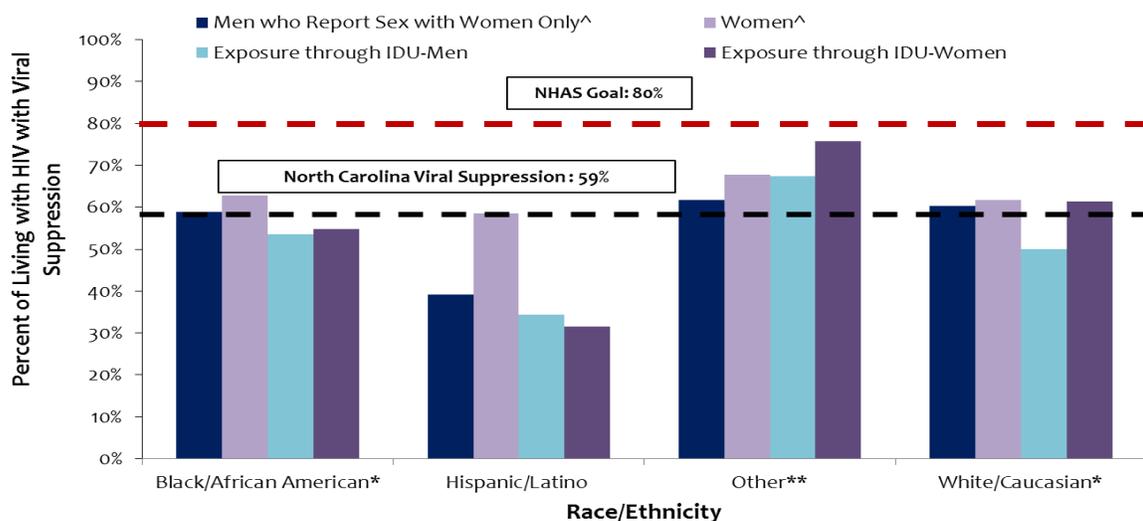
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Created by the HIV/STD Surveillance Unit, Communicable Disease Branch
 11/30/2016

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Successful treatment leads to viral suppression in people living with HIV. The National HIV/AIDS Strategy (NHAS) aims to increase viral suppression among people with HIV to at least 80%. Due to strong public health partnerships, North Carolina is on track to meet and exceed these NHAS goals.

Viral Suppression among Heterosexual Men and Women, Men and Women Exposed through Injection Drug Use Living in North Carolina at the end of 2015 by Race/Ethnicity, 2015



^Defined as individuals reporting heterosexual contact with a known HIV-positive or high-risk individual and cases redistributed into the heterosexual classification from the "unknown" risk group. People exposed to HIV through injection drug use (IDU) are excluded.

*Non-Hispanic/Latino.

**Other includes American Indian/Alaska Native, Asian/Pacific Islander, and Multiple Race.

What is North Carolina doing about health disparities?

In 2012, North Carolina was awarded one of only eight Care and Prevention in the United States (CAPUS) projects in 2012. The purpose of this project was to reduce disparities in HIV infection and health outcomes.

Three programs developed by the North Carolina CAPUS team specifically address health disparities and promote health equity in North Carolina.

1. **Culturally Competent Care (C3) training:** developed and provided training for HIV providers to help combat the discrimination and stigma HIV-positive individuals of color may face in healthcare and social service settings.
2. **Safe Spaces:** curriculum-based support groups designed for HIV-positive men and women of color as a safe, judgement free place to learn more about HIV care and prevention, build social support systems, achieve viral suppression, and how to advocate for their own health. Safe Space sites are located across the state.
3. **Minority Men's Clinics:** designed for men of color to receive well check-ups, HIV/STD testing, and access to comprehensive HIV care for all HIV-positive individuals. Clinics are located in Raleigh and Durham.

While the grant ended in the summer of 2016, North Carolina created a new program called North Carolina CAPUS (Community, Awareness, Purpose, Unity, and Service) Health Equity. It will carry on the original 3 CAPUS interventions.



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North Carolina Office
of Minority Health
and Health Disparities
[http://
www.ncminorityhealth.org/](http://www.ncminorityhealth.org/)

National HIV/AIDS
Strategy (NHAS) for
the US 2020 Goals:
[https://www.aids.gov/
federal-resources/national-
hiv-aids-strategy/nhas-
update.pdf](https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf)

CAPUS Health Equity
and Culturally
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