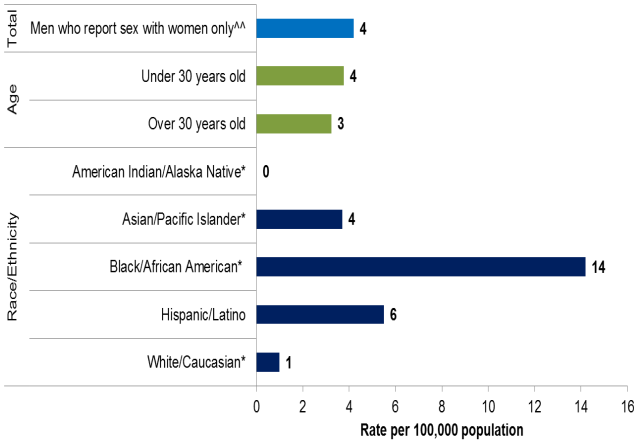


Health Equity and HIV in North Carolina, 2016: Heterosexual and Injection Drug Exposure



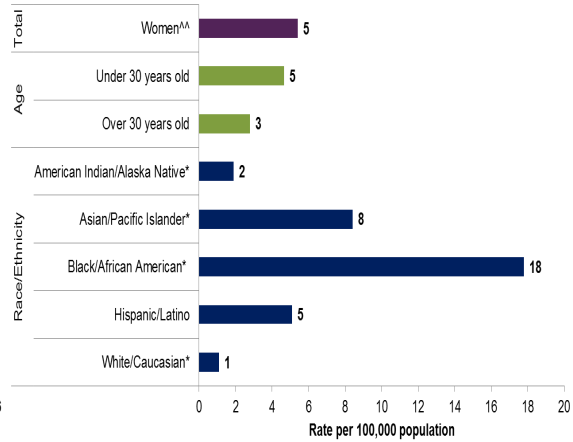
Significant disparities are apparent in new HIV diagnosis rates among heterosexual men and women, with African-Americans experiencing the highest burden of disease.

2016 Estimated[^] HIV Rates among Men who Report Sex with Women Only^{^^}



2016 HIV Rates among Women^{^^}

North Carolina Rate: 16 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/>

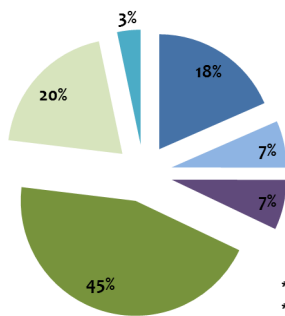
^{^^}Defined as individuals reporting heterosexual contact with a known HIV-positive or high-risk individual and cases redistributed into the heterosexual classification from the "unknown" risk group. People exposed to HIV through injection drug use (IDU) are excluded.

*Non-Hispanic/Latino.

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

2016 Newly Diagnosed HIV associated with Injection Drug Use (IDU)[^] by Gender and Race/Ethnicity

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

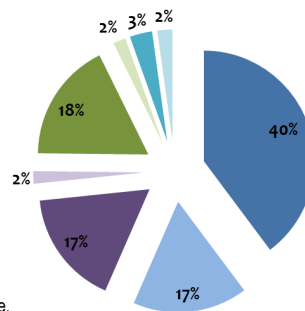


[^]Unknown risk has been redistributed.

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

2016 Adults and Adolescents Newly Diagnosed with HIV and AIDS at the Same Time (Late Diagnoses)[^] by Gender and Race/Ethnicity

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



[^]Diagnosed on the same day or within 6 months.

Injection drug use (IDU) was reported by 5.8% of people newly diagnosed with HIV in 2016. IDU among women increased from 5% in 2015 to 9% in 2016.

People diagnosed late with HIV made up 20% of the new HIV diagnoses in 2016 and over 50% of the people diagnosed late in 2016 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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1902 Mail Service Center
Raleigh NC 27699-1902

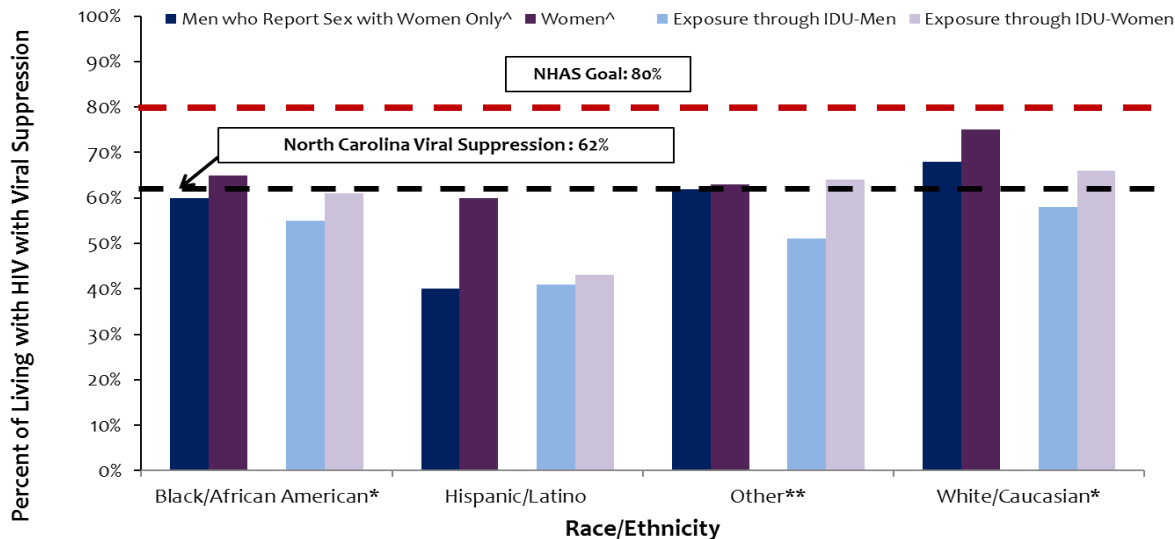
Created by the HIV/STD/Hepatitis Surveillance Unit, Communicable Disease Branch

Health Equity and HIV in North Carolina, 2016: Heterosexual and Injection Drug Exposure



The majority of people living with HIV in 2016 were virally suppressed.
Latino men and women experience worse health outcomes than other groups.

Viral Suppression among Heterosexual Men and Women and People Reporting Injecting Drug Use, North Carolina, 2016



^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?

North Carolina is working toward having programs in place to address the disparities highlighted above:

1. Culturally Competent Care (C3): trainings developed for and provided to HIV providers to help combat the discrimination and stigma HIV-positive individuals of color may face in healthcare and social service settings. This training is required for all state funded HIV providers and available to local health departments and community partners across the state.
2. Programs to support access to care for North Carolina's Latino community are needed. The North Carolina Division of Public Health is working to strengthen relationships with community groups supporting Latinos living with HIV and is applying for grants to support these efforts.
3. The North Carolina Division of Public Health supports integrating substance abuse treatment services with HIV and sexually transmitted disease (STD) care by providing HIV and STD testing in substance abuse treatment settings.
4. Syringe support services protect users against transmission of diseases by shared needles. The North Carolina Division of Public Health provides support to this public health intervention as permitted by our funders.

North Carolina Office of Minority Health and Health Disparities
<http://www.ncminorityhealth.org/>

National HIV/AIDS Strategy (NHAS) for the US 2020 Goals:
<https://www.hiv.gov/federal-response/national-hiv-aids-strategy/nhas-update>

CAPUS Health Equity and Culturally Competent Care (C3) Trainings Information Contact:

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