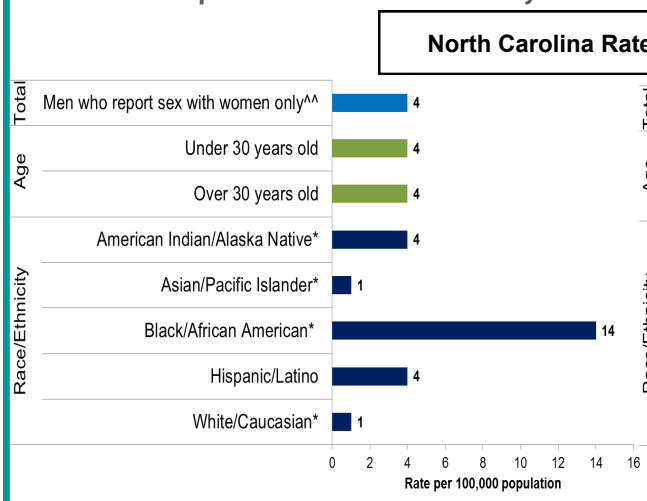
# Health Equity and HIV in North Carolina, 2017:
## Heterosexual and Injection Drug Exposure

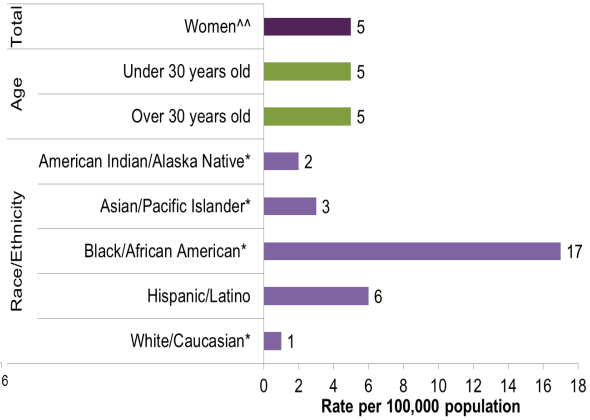
North Carolina Public Health

### Black/African American men and women experience the highest rates of newly diagnosed HIV infections in North Carolina.

2017 Estimated^ HIV Rates among Men who Report Sex with Women Only^^



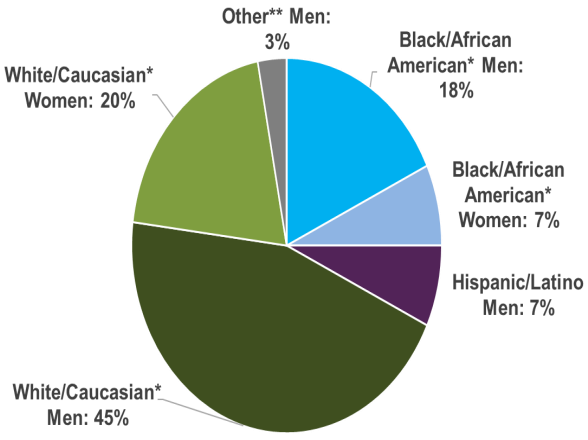

2017 HIV Rates among Women




^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/. Multiple race are not included due to the lack of overall population data for North Carolina.
^^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.
*Non-Hispanic/Latino.

### Injection drug use (IDU) was reported by 5.8% of people newly diagnosed with HIV in 2017.

Newly Diagnosed HIV associated with Injection Drug Use (IDU)^, 2017



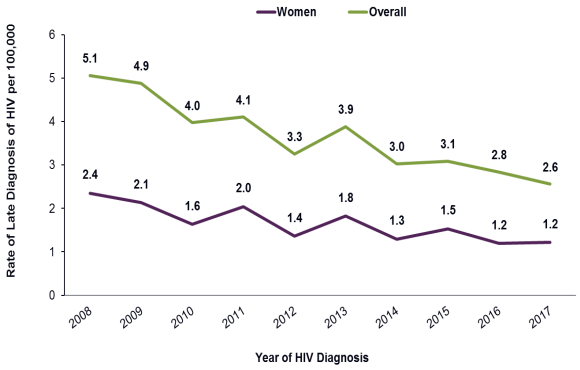

^Unknown risk has been

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

IDU among women increased from 5.3% in 2015 to 9.6% in 2017.

### Women diagnosed late in HIV infection (with concurrent AIDS) made up 25% of women newly diagnosed with HIV in 2017 .

Newly Diagnosed HIV and AIDS at the Same Time (Late Diagnoses)^ Rates in NC and among Women




^Diagnosed on the same day or within 6 months.

Almost 70% of the women diagnosed late in their HIV infection in 2017 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/nchhstp/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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Created by the HIV/STD/ Hepatitis Surveillance Unit, Communicable Disease Branch

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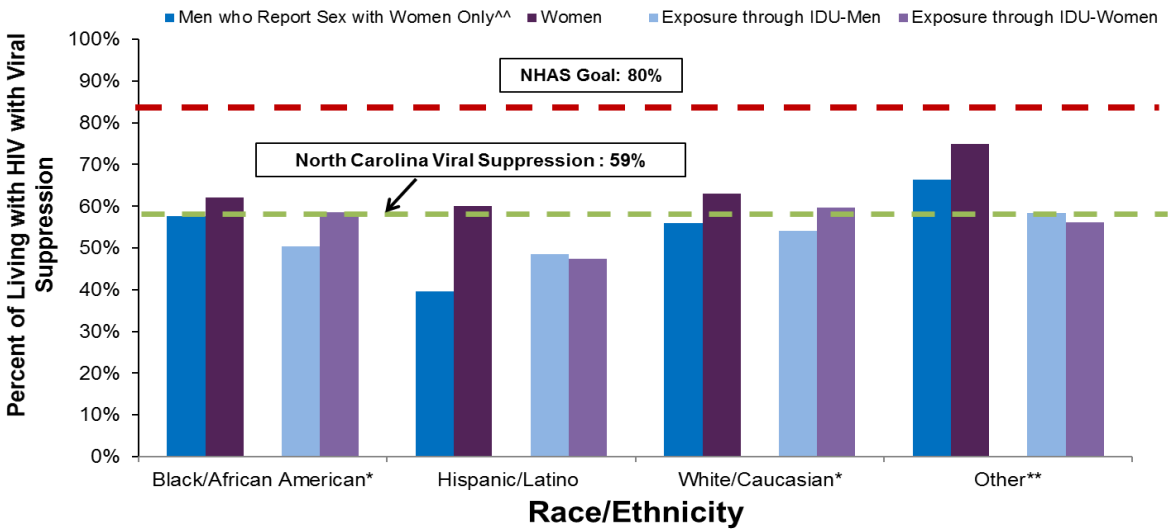
# Health Equity and HIV in North Carolina, 2017:
## Heterosexual and Injection Drug Exposure

### The majority of people living with HIV in 2017 were virally suppressed.
### Hispanic/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, 2017**




^People over the age of 13 diagnosed with HIV in NC through 2017 and living in NC at the end of 2017. Data is preliminary and is subject to change (does not include vital records and national death matches for 2017). Virally suppressed is defined as the last viral load in 2017 with a value of <200 copies/ml.
^^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.
*Non-Hispanic/Latino.
**Other includes American Indian/Alaska Native, Asian/Pacific Islander, and Multiple Race.

## What is North Carolina doing about health disparities?

- People living with HIV are involved in planning and policy development; this is a core priority of the Communicable Disease Branch.
- Ryan White providers are involved in the end+disparities Collaborative, which is a national project aimed at reducing disparities in viral load suppression for gay, bisexual, and other men who have sex with men of color, Black/African American and Hispanic/Latina women, transgender people, and youth who are Ryan White recipients.
- NC promotes cultural competency trainings for local and state staff and HIV medical providers and their office staff across the state (resources in side bar).
- NC is working to strengthen relationships with community groups supporting Latinos living with HIV and is applying for grants to support these efforts.
- NC 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.
- Syringe support services protect users against transmission of diseases by shared injection works. The North Carolina Division of Public Health provides support to this public health intervention as permitted by our funders.
- NC recognizes that syndemics (linked disease transmission, such as HIV and hepatitis C among injecting drug users) are important to incorporate into diagnosis and treatment. Prevention and care activities incorporating syndemic disease strategies are more supportive and efficient for the consumer and more effective for both provider and consumer.

## What CLINICIANS can do

Structural factors, such as the environment in which people live, wealth/poverty, and education, affect health. Providers should consider these structural factors in their understanding of patient disease and interaction with care.

North Carolina Public Health

**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

**Undetectable = Untransmittable (U=U) Campaign**
https://www.preventionaccess.org/about

**Cultural Competency Trainings:**

- Cultural Competency for Health Professionals (Duke University)
- Introduction to Cultural Competency and Title VI (UNC-Chapel Hill)
- Cultural Competency Training (North Carolina Collaborative Training Institute)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