

HEALTH DISPARITIES: RESULTS FROM A COMMUNITY SURVEY

CONSULTATION ON HIV-
RELATED HEALTH DISPARITIES

NATIONAL HIV/AIDS
STRATEGY

JAN 2010

RESPONDENTS

- * 95 RESPONDENTS TOTAL
- * 76% COMPLETED ENTIRE SURVEY
- * MEETING ATTENDEES + OTHERS ON NHAS LIST AND IN HIV COMMUNITY

Q.1: DEFINE “HIV-RELATED HEALTH DISPARITIES”

1. **Those with fewer resources and those who are socially stigmatized or marginalized** are more likely to acquire HIV and less likely to get tested, have health care, and access ARVs. This is due to factors such as race/ethnicity, sexual orientation, gender, socio-economic status, age, and geography.
2. **Negative healthcare experiences** common to people with HIV -- including stigma and discrimination in the healthcare setting, denial of health insurance coverage, medication side effects, and mental health issues.

Q. 2: HIGHEST PRIORITY DISPARITIES FOR NHAS TO ADDRESS

> 20 RESPONSES:

- HEALTHCARE AND INSURANCE REFORM
- ACCESS TO TREATMENT/ADAP
EXPANSION

> 10 RESPONSES:

- SEXUALITY & PREVENTION EDUCATION
- FUNDING DISTRIBUTION

Q. 2: HIGHEST PRIORITY DISPARITIES FOR NHAS TO ADDRESS

➤ 5 RESPONSES:

- PSYCH/MENTAL HEALTH SERVICES
- SOCIAL SUPPORT
- SUBSTANCE USE TREATMENT
- HOUSING
- STIGMA
- HIV WORKFORCE DEVELOPMENT &
RETENTION

SPECIFIC POPULATIONS MENTIONED ≥ 3

SOUTHERN OR RURAL

AFRICAN AMERICAN

COMMUNITIES OF COLOR/MINORITY

MSM

WOMEN OF COLOR

AA WOMEN

AA MSM

YOUNG MSM

YOUTH

Q3. POLICY PRIORITIES > 4

- * COMPREHENSIVE SEX ED
- COUNT LIVING HIV CASES IN FORMULA FUNDING FOR RW AND HOPWA
- ADDRESS GEOGRAPHIC DISPARITIES IN FUNDING
- * UNIVERSAL HEALTHCARE

Q3. POLICY PRIORITIES > 4

- * ADAP EXPANSION; MIN. STANDARD; PORTABILITY
- WORKFORCE DEV'T & INCENTIVES
- PROVIDER TRAINING (CULTURAL COMP; HIV)
- ROUTINIZED TESTING (REDUCE LATE TESTERS)

Q. 4 CHANGES TO FED PROGRAMS TO DECREASE DISPARITIES

- ROUTINE TESTING
- DECRIMINALIZE SUBSTANCE USE
- MANDATORY, FUNDED SEX ED
- SUBSTANCE USE TREATMENT PROGS
- EXPAND ADAPS: INCOME ELIGIBILITY;
FORMULARY, ELIMINATE WAITING LISTS;
PORTABILITY
- USE LIVING HIV CASES FOR FORMULA
FUNDING
- PEER PROGRAMS INTEGRATED W/ CARE

Q5. IMPROVING COORDINATION

- ELECTRONIC MEDICAL RECORDS/ARIES EXPANSION
- “UNSILO” PROGRAMS: LINKAGE/INTEGRATION
- FED AGENCIES SHOULD INTEGRATE & COORDINATE GRANT APPS, REPORTING, FUNDING CYCLES, GRANT REQMTS, DATA SETS, ETC
- ONE OFFICE COORDINATING ALL HIV PROGRAMS