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NEWS ROUNDPUP

Editor’s Note: The Trump Administration, Health Policy, and the Affordable Care Act
In the nearly 7 years since the Patient Protection and Affordable Care Act (ACA) was signed into law in March 2010, there have been many unsuccessful attempts led by House Republicans to repeal the ACA entirely, change or eliminate some of its main provisions, or restrict the funding necessary to implement the law. With the inauguration of President Donald Trump and the election of Republican majorities in the House and Senate, proposals to repeal and replace the ACA are now being pursued with renewed energy. However, these efforts are also being met with strong opposition from supporters of the ACA who fear that many people, especially persons with low incomes or chronic conditions, may lose health coverage or be burdened with higher health care costs.

This issue, completed during the first week of the Trump Administration, is devoted largely to recent news about health policy changes expected under President Trump and the 115th Congress. We have also included coverage of the hopes and concerns of proponents and opponents to the proposed changes in U.S. health care – with an emphasis on the impacts of these changes on the care and treatment of HIV and viral hepatitis.

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President Trump’s First Executive Order Directs Agencies to Scale Back Parts of the ACA
On January 20, President Trump issued his first executive order, which explicitly states his Administration’s intention to promptly repeal the ACA and directs the heads of federal agencies and executive departments to scale back implementation of the law. In particular, the order states that, “To the maximum extent permitted by law, the Secretary of Health and Human Services (Secretary) and the heads of all other executive departments and agencies (agencies) with authorities and responsibilities under the Act shall exercise all authority and discretion available to them to waive, defer, grant exemptions from, or delay the implementation of any provision or requirement of the Act that would impose a fiscal burden on any State or a cost, fee, tax, penalty, or regulatory burden on individuals, families, healthcare providers, health insurers, patients, recipients of healthcare services, purchasers of health insurance, or makers of medical devices, products, or medications.”

News summaries of the executive order published by Health Affairs, Kaiser Health News, the Associated Press, and elsewhere indicate, however, that its immediate impact may be limited. Since the current healthcare rules under the ACA have already been incorporated into insurance company contracts for 2017, the order may have little effect on coverage this year.

In addition, as this issue went to press, no high-level political appointees had yet been installed at the Departments of Health and Human Services (HHS), Labor, and Treasury, which have primary authority over the law. President Trump had nominated secretaries for each of these departments – U.S. House Budget Committee Chairman Tom Price (R-GA) for HHS, CKE Restaurants CEO Andrew Puzder for Labor, and Dune Capital Management CEO Steven Mnuchin for Treasury – but none had yet been confirmed. Once the heads of these agencies are confirmed, the agencies will need time to develop policies implementing the executive order.
Republican members of Congress broadly support President Trump’s intention to repeal the ACA. However, their views on which parts of the ACA should be replaced, modified, or retained vary widely, as evidenced by the differing provisions of the healthcare proposals that Republicans have floated before and after the 2016 election. (See additional coverage of these proposals in the article below.) Negotiating, reaching consensus, and passing comprehensive healthcare legislation to replace the ACA will likely take considerable time. ACA advocates are expected to fight hard to retain the law or, failing that, some of its key provisions, such as coverage for pre-existing conditions and premium subsidies for low- and middle-income persons.

Finally, assuming a new healthcare law is passed, new regulations implementing the legislation cannot be issued immediately. They must follow an established process that requires a period of public notice and the opportunity for interested parties to comment on the proposed regulations before they become law. In fact, one of the provisions of Trump’s executive order explicitly acknowledges this: “To the extent that carrying out the directives in this order would require revision of regulations issued through notice-and-comment rulemaking, the heads of agencies shall comply with the Administrative Procedure Act and other applicable statutes in considering or promulgating such regulatory revisions.”

Kaiser Family Foundation Examines Proposals to Repeal and Replace ACA and Their Impact on Medicare
As described above, the repeal and replacement of the ACA is a top priority of the Trump Administration and Republican leadership of the 115th Congress. Many ACA repeal-and-replace bills and other proposals have already been released, with more expected in the coming months. Health policy analysts at the Kaiser Family Foundation (KFF) are preparing a series of issue briefs to help people understand the provisions of the different proposals and their expected impacts on health care access and costs. KFF recently published the first two briefs: Comparison of Medicare Provisions in Recent Bills and Proposals to Repeal and Replace the Affordable Care Act and Proposals to Replace the Affordable Care Act – Rep. Tom Price Proposal.

KFF analysts note that the ACA includes many provisions affecting the Medicare program, and that proposals to repeal and replace the law have taken varied approaches to the ACA’s Medicare provisions. In its new Medicare brief, KFF provides a side-by-side comparison of the Medicare-related provisions in six bills and proposals that would repeal the ACA. The bills and proposals compared in the KFF Medicare brief are:


KFF notes that two of these proposals would fully repeal the ACA, including all of its Medicare provisions, two would repeal some ACA Medicare provisions, one would retain all ACA Medicare provisions, and one does not specify what would happen to those provisions. The first part of the side-by-side comparison describes the Medicare provisions in the ACA that would be retained or repealed in each proposal. The second part of the comparison describes other ways in which the bills and proposals would change Medicare, including structural modifications to the Medicare program, such as premium support.

As mentioned above, KFF also released the first of several planned issue briefs providing more detailed summaries of several proposals to repeal and replace the ACA. The new brief highlights important features of the “Empowering Patients First Act” (EPFA) introduced by Rep. Tom Price, who has been nominated by President Trump to be the next secretary of the U.S. Department of Health and Human Services. If enacted unchanged, the EPFA would repeal the ACA, including its individual and employer mandates, private insurance rules, standards for minimum benefits, and cost sharing, and premium and cost-sharing subsidies. The EPFA would provide refundable tax credits based on age to persons buying insurance in the individual market and require insurers to offer portability protections to persons who maintain continuous coverage.

The plan would also repeal the ACA’s prohibition of exclusions based on pre-existing conditions – which may be of particular concern for people living with HIV, viral hepatitis, and other chronic health conditions. With some restrictions, the EFCA would allow insurers to exclude coverage for pre-existing conditions among persons they have recently insured and apply premium surcharges based on a person’s health status.

In future issues of this newsletter, we plan to provide summaries of, and links to, any future KFF issue briefs that describe the features of other proposals to repeal the ACA or preserve the Act and its provisions.

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CBO/JCT: Repealing Portions of ACA Would Increase Uninsured by 18 Million in First Year
This month, the Congressional Budget Office (CBO) and the Joint Committee on Taxation (JCT) released their analysis of the impact that one Republican-backed health insurance proposal would have on U.S. health insurance coverage and premiums. The proposal – “Restoring Americans’ Healthcare Freedom Reconciliation Act of 2015” (H.R. 3762) – was passed by the U.S. House and Senate but later vetoed by President Barack Obama.

According to the CBO/JCT analysis, the bill includes two main sets of changes that would affect health insurance coverage and premiums. “First, upon enactment, the bill would eliminate penalties associated with the requirements that most people obtain health insurance (also known as the
individual mandate) and that large employers offer their employees health insurance that meets specified standards (also known as the employer mandate). Second, beginning roughly two years after enactment, the bill would also eliminate the ACA’s expansion of Medicaid eligibility and the subsidies available to people who purchase health insurance through a marketplace established by the ACA. H.R. 3762 also contains other provisions that would have smaller effects on coverage and premiums.”

While noting that is difficult to predict how states, medical institutions, healthcare providers, insurers, employers, and individuals will respond to the changes in the healthcare system that would arise if H.R. 3762 becomes law, CBO and JCT have developed estimates “that are in the middle of the distribution of the potential outcomes.”

In brief, CBO and JCT conclude that, “The number of people who are uninsured would increase by 18 million in the first new plan year following enactment of the bill. Later, after the elimination of the ACA’s expansion of Medicaid eligibility and of subsidies for insurance purchased through the ACA marketplaces, that number would increase to 27 million, and then to 32 million in 2026.”

In addition, “Premiums in the nongroup market (for individual policies purchased through the marketplaces or directly from insurers) would increase by 20% to 25% – relative to projections under current law – in the first new plan year following enactment. The increase would reach about 50% in the year following the elimination of the Medicaid expansion and the marketplace subsidies, and premiums would about double by 2026.”

It is worth noting that, unlike some other ACA-replacement proposals, which would repeal all aspects of ACA, H.R. 3762 would leave in place some ACA rules that govern health insurance marketplaces. These include rules forbidding insurers from denying coverage or varying premiums based on a person’s health status or limiting coverage because of pre-existing medical conditions. This distinction is important, because the elimination of these rules under some proposals would likely have further impacts on people’s access to healthcare coverage and the premiums they pay. The CBO/JCT analysis concludes, “If the Congress considers legislation similar to H.R. 3762 in the coming weeks, the estimated effects could differ from those described here. In particular, the response of individuals, insurers, and states would depend critically on the particular specifications contained in such legislation.”

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**HIV Medical Professionals Urge Congress to “Do No Harm” in Efforts to Repeal the ACA**

On January 3, a group of more than 950 medical professionals sent an open letter to members of Congress urging them not to repeal the Affordable Care Act (ACA) without first establishing a viable replacement plan that will continue to offer affordable coverage to those eligible under the ACA, and to sustain the federal commitment to the Medicaid program. The letter was signed by members of four HIV medical groups: the HIV Medicine Association (HIVMA), American Academy of HIV Medicine (AAHIVM), Association of Nurses in AIDS Care (ANAC) and the Ryan White Medical Providers Coalition (RWMMC).

The letter states that, “Prior to the Affordable Care Act, a majority of our patients [living with HIV] were either denied health insurance coverage because of their condition or were unable to afford the extraordinary high cost of the coverage available to them. In most states, Medicaid coverage was available to patients only after they became sick and disabled by AIDS.
The ACA leveled the health care playing field by barring plans from denying coverage or charging higher premiums based on health status, setting minimum health coverage standards, and providing premium and cost sharing assistance. Importantly, it modernized the Medicaid program by expanding coverage to families and childless adults up to 138% of the federal poverty level regardless of disability status.

The medical professionals strongly recommend that any changes to the ACA be grounded on three key principles:

- “Do no harm” by fully taking into account “the medical needs of low income individuals with complex conditions, like HIV, to avoid dangerous disruptions in healthcare coverage for our patients with HIV and millions of others. Meaningful health insurance coverage options must offer uninterrupted, affordable coverage for a range of necessary medical services, including prescription drugs, preventive services, laboratory testing, and substance use and mental health treatment.”

- “Sustain the federal commitment to the Medicaid program. Maintaining the current funding structure, including the federal entitlement, to the Medicaid program is critical so that states can respond to fluctuations in the demand for Medicaid coverage due to economic downturns, public health outbreaks such as the HIV and hepatitis C outbreaks in Scott County, Indiana, and medical advances, such as the recent development of curative hepatitis C treatment.”

- “Continue Medicaid expansion. In the 32 states (including the District of Columbia) that have expanded Medicaid, our poorest patients were offered access to comprehensive, affordable coverage with consumer protections tailored to their socioeconomic and medical needs. Withdrawing this coverage will threaten the health of millions of Americans and be a significant setback to our nation’s public health, including to our efforts to end AIDS.”

HHS Finds ACA Plays Critical Role in Response to U.S. Opioid Epidemic

In March 2015, the U.S. Department of Health and Human Services (HHS) launched its Opioid Initiative in response to the unprecedented epidemic of opioid use and overdose in the U.S. Since then, HHS, state and local governments, and other stakeholders have taken steps to improve opioid prescribing practices, increase the use of naloxone to reverse overdoses, and expand access to medication-assisted substance use treatment in combination with psychological services. “The success of these strategies — especially the third — rests on a base of health insurance coverage,” according to Continuing Progress on the Opioid Epidemic: The Role of the Affordable Care Act, an HHS issue brief released this month.

According to HHS, the share of hospitalizations for substance use or mental health disorders in which the patient was uninsured fell from 22% in the fourth quarter of 2013 (just before the ACA’s major coverage provisions took effect) to about 14% by the end of 2014. In states that expanded Medicaid under the ACA, the uninsured share of substance use or mental health disorder hospitalizations declined even more dramatically from about 20% in the fourth quarter of 2013 to just 5% by mid-2015.

The HHS brief also notes that, between 2010 and 2015, the share of people foregoing mental health care due to cost decreased by about one-third for people with incomes below 400% of the federal poverty level.
In addition, “The states with the highest drug overdose deaths also are projected to experience dramatic increases in their uninsured rates if the ACA were repealed: The top three – West Virginia, New Hampshire, and Kentucky – would see their uninsured rates nearly or more than triple if the ACA were repealed, as would Massachusetts.”

HHS concludes that, “many of the states most affected by drug overdose are also among the states with the most to lose if insurance coverage and associated protections under the ACA were rolled back.” Projected large increases in the number of uninsured persons “could substantially worsen the opioid crisis at a time when the emergence of illictly made fentanyl and other highly potent synthetic opioids linked to large clusters of overdoses is rapidly increasing in communities across the U.S.”

HHS Issues Updated Viral Hepatitis Action Plan for 2017-2020
HHS recently issued the National Viral Hepatitis Action Plan 2017-2020 (Action Plan), which the agency describes as “a new phase in the fight against viral hepatitis in the U.S.” The updated plan includes the following vision statement summarizing the desired outcomes of the nation’s hepatitis policies and programs: “The U.S. will be a place where new viral hepatitis infections have been eliminated, where all people with chronic hepatitis B and C know their status, and everyone with chronic hepatitis B and C has access to high quality health care and curative treatments, free from stigma and discrimination.” To achieve this vision, the Action Plan presents four main goals, together with strategies for achieving each goal, and indicators to track progress toward each goal between now and 2020. For easy reference, we have extracted the goals and strategies below.

**Goal 1: Prevent New Viral Hepatitis Infections**
Strategies:
- Increase community awareness of viral hepatitis and decrease stigma and discrimination;
- Build capacity and support innovation by the health care workforce to prevent viral hepatitis;
- Address critical data gaps and improve viral hepatitis surveillance;
- Achieve universal hepatitis A and hepatitis B vaccination for children and vulnerable adults;
- Eliminate mother-to-child transmission of hepatitis B and hepatitis C;
- Ensure that people who inject drugs have access to viral hepatitis prevention services;
- Reduce the transmission of viral hepatitis in health care settings among patients and health care workers; and
- Conduct research leading to new or improved viral hepatitis vaccines, diagnostic tests, and treatments, and the optimal use of existing tools to prevent, detect, and treat viral hepatitis.

**Goal 2: Reduce Deaths and Improve the Health of People Living with Viral Hepatitis**
Strategies:
• Build the capacity of the healthcare workforce to diagnose viral hepatitis and provide care and treatment to persons living with chronic viral hepatitis;
• Identify persons infected with viral hepatitis early in the course of their disease;
• Improve access to and quality of care and treatment for persons infected with viral hepatitis;
• Improve viral hepatitis treatment among persons living with HIV/AIDS;
• Ensure that people who inject drugs have access to viral hepatitis care and evidence-based treatment services;
• Expand access to and delivery of hepatitis prevention, care, and treatment services in correctional settings;
• Monitor provision and impact of viral hepatitis care and treatment services; and
• Advance research to enhance identification, care, treatment, and cure for persons infected with viral hepatitis.

Goal 3: Reduce Viral Hepatitis Health Disparities
Strategies:
• Decrease health disparities by partnering with and educating priority populations and their communities about viral hepatitis and the benefits of available prevention, care, and treatment;
• Improve access to care and the delivery of culturally competent and linguistically appropriate viral hepatitis prevention and care services;
• Monitor viral hepatitis-associated health disparities in transmission, disease, and deaths; and
• Advance basic, clinical, translational, and implementation research to improve understanding of and response to viral hepatitis health disparities.

Goal 4: Coordinate, Monitor, and Report on Implementation of Viral Hepatitis Activities
Strategies:
• Increase coordination of viral hepatitis programs across the federal government and among federal agencies, state, territorial, Tribal, and local governments, as well as non-governmental stakeholders from all sectors of society;
• Strengthen timely availability and use of data;
• Encourage development of improved mechanisms to monitor and report on progress toward achieving national viral hepatitis goals; and
• Regularly report on progress toward achieving the goals of the National Viral Hepatitis Action Plan.

The full Action Plan includes additional information about the indicators used to track progress, as well as sections on the background of the Action Plan and its previous versions, resources to support community action related to viral hepatitis, information about the federal agencies and offices that are engaged in the Action Plan, and reports on recent progress in implementing U.S. viral hepatitis goals.
Lancet Paper Examines What Trump Presidency May Mean for Global Health

In a recent paper published online in *The Lancet*, three British and U.S. health policy analysts provide a scorecard for evaluating the potential impact of a Trump presidency and its expected policies on global health. The scorecard, which draws on the health-related components of the United Nations’ 17 Sustainable Development Goals, “can form the basis of a system to monitor and hold accountable global health leaders,” according to the analysts. The system uses colors to categorize the level of risk of particular policies to health, with green indicating a low risk, amber a medium risk, and red a high risk. Based on their review of the statements that President Trump has made before and after his election, his nominations for key administration positions, and the level of Congressional support for specific policies, the analysts have developed a preliminary scorecard anticipating the Trump Administration’s impact on global health. The scorecard includes the following policy areas that can have a significant global health:

- universal health coverage;
- evidence-based health policy;
- reproductive health;
- vulnerable populations;
- security and foreign policy;
- aid and global health;
- climate action;
- trade and market integration;
- employment and job insecurity;
- social determinants of health and health inequalities; and
- gun violence.

For quick reference, the analysts provide a color-coded summary of their scorecard, together with a more detailed review in the full article. The analysts identify reasons for concern in each of the 11 policy areas – categorizing the risk of possible Trump policies as high in seven areas and medium in four. They note, however, that “We do not see this scorecard as being definitive, and indeed it cannot be until there is greater certainty about what policies will be pursued, but we offer it as a basis for further discussion.” They conclude by urging public health professionals and organizations to play an active role in shaping policy that promotes health and reduces health inequalities.
NIH Launches First Major Trial of a Long-Acting HIV Prevention Drug

The first major clinical trial of a long-acting injectable drug for HIV prevention (HPTN 083) began late last month. The study, which is sponsored by the National Institutes of Health (NIH), will evaluate whether the antiretroviral drug cabotegravir, injected once every 8 weeks, can safely protect men and transgender women from HIV infection at least as well as Truvada. Truvada, a once-daily pill that contains two antiretroviral drugs, is currently the only regimen that has been approved for HIV pre-exposure prophylaxis (PrEP). The study will enroll 4,500 men who have sex with men and transgender women who have sex with men at 45 sites in eight countries in the Americas, Asia, and Africa. To be eligible for the study, participants must be at least 18 years old and at high risk for HIV infection. Results from the trial are expected in 2021. If injectable cabotegravir is found to be effective for HIV PrEP, it may be easier for some people to adhere to than daily oral Truvada. “We urgently need more HIV prevention tools that fit easily into people’s lives,” noted Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases. “Although daily oral Truvada clearly works for HIV prevention, taking a daily pill while feeling healthy can be difficult for some people. If proven effective, injectable cabotegravir has the potential to become an acceptable, discreet, and convenient alternative for HIV prevention.”

New HIV Prevention Report and Surveillance Slide Set from CDC

HIV Prevention Report: The Centers for Disease Control and Prevention (CDC) have published a brief report, *HIV Prevention in the United States: New Opportunities, New Expectations*. The publication summarizes the current state of the HIV epidemic in the U.S., as well as CDC’s HIV prevention priorities, gaps in HIV prevention at the state and local levels, and steps the agency is taking to accelerate progress in HIV prevention and care. Regarding gaps in HIV prevention, the report notes that, “All states, particularly in the South, can do more to improve surveillance efforts and fully embrace new HIV prevention advances.” CDC recommends that state and local agencies work to:

- provide complete and timely data on all levels of CD4 and viral load;
- ensure that anyone diagnosed with HIV is immediately linked to care and provided HIV treatment;
- offer PrEP to anyone at substantial risk of becoming infected; and
- use antigen/antibody combination HIV tests to diagnose HIV early and ensure prompt care and effective prevention.

To help states and communities maximize the impact of HIV prevention efforts, CDC is also pursuing initiatives to improve HIV surveillance by closing data gaps, including the lack of reliable data on HIV among transgender persons, and to increase understanding of HIV transmission through genetic analysis of HIV cases. In addition, CDC is developing tools to identify communities vulnerable to HIV outbreaks and respond effectively when outbreaks occur.

Surveillance Maps Slide Set: CDC has developed a new slide set containing a series of maps based on data from its recently released 2015 HIV Surveillance Report. The purpose of this new slide-set is to provide updated information on the national surveillance of HIV infection by state and U.S. dependent territories. Data is depicted using U.S. maps. The slides include updated information about: the rates...
per 100,000 population of adults and adolescents living with diagnosed HIV infection; rates of adults and adolescents living with HIV who have ever had an AIDS diagnosis; rates of new HIV and new AIDS diagnoses in 2015; and cumulative cases of HIV infection from 1981 through 2015. For the rates of HIV and AIDS, separate slides are provided for all race/ethnicities, as well as for the following racial and ethnic groups: American Indians/Alaska Natives; Asian Americans; Blacks/African Americans; Hispanics/Latinos; Native Hawaiian/Other Pacific Islanders; Whites; and persons of multiple races.

Recent HIV and Health Materials from Kaiser Family Foundation
The Kaiser Family Foundation (KFF) has recently published several fact sheets and infographics that may be of interest to newsletter readers. These include:


The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) – This fact sheet describes the history of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and considers its role in addressing the global HIV/AIDS epidemic, including information about PEPFAR’s treatment and prevention targets, results, and funding.

Health and Health Care for Blacks in the United States and Health and Health Care for American Indians and Alaska Natives (AIANs) – Although not specifically about HIV, these infographics present current information about demographics, health care access, health outcomes, and disparities among Blacks and American Indians and Alaska Natives.

AIDSinfo Updates Fact Sheets on HIV Drug Side Effects
On its AIDSinfo website, HHS recently posted updated versions of fact sheets that provide information on the side effects of HIV drugs. Each fact sheet includes a bulleted summary of key points about the topic, followed by more detailed information in question-and-answer format and a list of sources for people who wish to learn more. The updated fact sheets, which are available in English and Spanish, include:

- HIV Medicines and Side Effects (Spanish)
- HIV and Diabetes (Spanish)
- HIV and Hepatotoxicity (Spanish)
- HIV and Hyperlipidemia (Spanish)
- HIV and Lactic Acidosis (Spanish)
- HIV and Lipodystrophy (Spanish)
- HIV and Osteoporosis (Spanish)
FEATURED HEALTH RESOURCES

National Black HIV/AIDS Awareness Day (February 7)

National Black HIV/AIDS Awareness Day (NBHAAD) is being observed this year on Tuesday, February 7. As has been the case for the past several years, the theme for NBHAAD in 2017 is: "I am My Brother's/Sister's Keeper: FIGHT HIV/AIDS!" According to NBHAAD organizers, the primary purpose of the event is to encourage Black Americans to:

- Start talking – learn the facts about HIV and AIDS;
- Get tested for HIV;
- Protect themselves and their partners through HIV prevention; and
- Get treated and remain in care if they are already living with HIV.

To help you and your patients or clients prepare for and mark NBHAAD, we have compiled an annotated list of online resources focusing on HIV/AIDS in the Black/African American community.

Fact Sheets and Reports

HIV Among African Americans. Fact sheet from the Centers for Disease Control and Prevention (CDC).

HIV in the United States: At a Glance. This CDC report discusses the high rates of HIV infection seen among African Americans.

Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas, 2015. This 114-page CDC report includes detailed information about HIV and AIDS cases and deaths among Blacks/African Americans and other racial/ethnic groups. Breakdowns are also provided by age, gender, HIV transmission category, and geographic region.

Black Americans and HIV/AIDS. This three-page fact sheet from the Kaiser Family Foundation was last updated in 2014. It provides detailed information on HIV/AIDS among Black Americans in the following topic areas: snapshot of the epidemic, key trends and current cases, women and young people, gay and bisexual men, HIV transmission, geographic distribution of cases, access to and use of health care, HIV testing, and opinions about HIV/AIDS.

Selected Organizations and Websites

National Black HIV/AIDS Awareness Day Website: This site provides background information about the awareness day, links to resources, a facility to register for NBHAAD events, and information about the Historically Black Colleges and Universities HIV/AIDS awareness initiative.

Black AIDS Institute: The Black AIDS Institute is a leading organization addressing HIV/AIDS among Black Americans. Their website provides detailed information on a range of programs and reports focusing on the impact of the epidemic on the Black community. Recent reports include:
Black Lives Matter: What’s PrEP Got to Do with It?
When We Know Better, We Do Better
Light at the End of the Tunnel: Ending AIDS in Black America
Back of the Line: The State of AIDS Among Black Gay American Men
Exit Strategy: Ending the AIDS Epidemic in Black America
AIDS: 30 Years Is Enuf!

NMAC: The NMAC website has extensive resources in support of its mission to develop leadership in communities of color to end the HIV/AIDS epidemic.

HIV/AIDS Resource Center for African Americans: This section on TheBody.com website has links to numerous resources about HIV/AIDS in the Black community, as well as links to recent news articles, opinion pieces, and personal stories.

Selected Recent Articles About HIV/AIDS Among Blacks/African Americans
African Americans Taking ART Have High Incidence of Illness Associated with Risk of Cardiovascular Disease. (AIDSmap)

Training Health Care Providers to Improve the Wellness of Black Gay Men. (Poz)

Structural Inequalities Create Vulnerability to HIV for Black Gay Men in New York. (AIDSmap)

U.S. PrEP Study Achieves High Levels of Engagement and Adherence Among Black Men Who Have Sex with Men. (AIDSmap)

What Determines Higher PrEP Adherence Among Black Gay and Bi Men? (Poz)

Black Patients, Uninsured Less Likely to Receive Chemotherapy for HIV-Associated Lymphoma. (Healio)

Grindr Reaches At-Risk Minority Gay and Bi Men with HIV Self-Testing Kits. (Poz)

How Do You Talk About PrEP to Young Black Men at Risk for HIV? (Beta Blog)

Poor Mental Health More Commonly Experienced by Gay and Bisexual Men Who Are Younger, Poorer, Less Educated or Black. (AIDSmap)

As Women of Color Age, What Are Their HIV and Mental Health Needs? (TheBody)

Study May Guide Effective PrEP Roll-Out in Young Black MSM. (Project Inform)

Videos by Black Transgender Women Living with HIV in the South. (Poz)

The Railroad: From Science to Delivery, Freeing Young Black Gay Men from a Tragic Trajectory. (AVAC)

Tailored Programmes Encourage Black Gay Men to Start and Stay on PrEP in U.S. Study. (AIDSmap)
HIV Control Rate Rising in San Francisco, but Blacks and Underinsured Lag. (HIV Treatment Alerts)

Half of Black Gay Men and a Quarter of Latino Gay Men Projected to Be Diagnosed Within Their Lifetime. (CDC)

RETURN TO “FEATURED IN THIS ISSUE”

RECENT RESEARCH ON THE CONTINUUM OF CARE/TREATMENT CASCADE FOR HIV AND VIRAL HEPATITIS

This newsletter section includes the titles, authors, and links to abstracts of recent research related to the continuum of care for HIV and viral hepatitis. This includes research on interventions to increase awareness of HIV and/or viral hepatitis status through expanded testing; to increase linkage to and retention in care and treatment; and to attain and maintain desired health outcomes. Papers are listed alphabetically according to the lead author’s last name.


Optimizing the Timing of HIV Screening as Part of Routine Medical Care. By M.R. Golden, J.P. Hughes, and J.C. Dombrowski, in AIDS Patient Care and STDs.


National HIV Care Continua for Key Populations. By S. Gupta and R. Granich, in Journal of the
International Association of Providers in AIDS Care.


Defining the HIV Pre-Exposure Prophylaxis Care Continuum. By A.S. Nunn, L. Brinkley-Rubinstein, C.E. Oldenburg, and others, in AIDS.


Social Determinants of Health and Retention in HIV Care in a Clinical Cohort in Ontario, Canada. By B. Rachlis, A.N. Burchell, S. Gardner, and others, in AIDS Care.


HCV Continuum of Care in the Interferon and Direct Acting Agent Eras among HIV Co-Infected Patients. By J.L. Roberson and V.L. Kan, in AIDS Research and Human Retroviruses.

Association Between Engagement In-Care and Mortality in HIV-Positive Persons: A Cohort Study. By C.A. Sabin, A. Howarth, S. Jose, and others, in AIDS.


RECENT RESEARCH ON HIV AND HEPATITIS HEALTH DISPARITIES AND AFFECTED POPULATIONS

This section includes the titles, authors, and links to abstracts of recent research. Papers are listed alphabetically according to the lead author’s last name.


Testing a Model of Health-Related Quality of Life in Women Living with HIV Infection. By N.S. Alsayed, S.M. Sereika, S.A. Albrecht, and others, in *Quality of Life Research*.


Significant Disparities in Risks of Diabetes Mellitus and Metabolic Syndrome Among Chronic Hepatitis C Virus Patients in the U.S. By D.E. Banks, Y. Bogler, T. Bhuket, and others, in *Diabetes and Metabolic Syndrome*.


Gender Differences in HIV Care among Criminal Justice-Involved Persons: Baseline Data from the CARE+ Corrections Study. By C. Beckwith, B.U. Castonguay, C. Trezza, and others, in *PLoS One*.

Patterns of Social Affiliations and Healthcare Engagement Among Young, Black, Men Who Have Sex with Men. By R.L. Behler, B.T. Cornwell, and J.A. Schneider, in *AIDS and Behavior*.


Large Cluster Outbreaks Sustain the HIV Epidemic Among Men Having Sex with Men (MSM) in Quebec from 2002 to 2015. By B.G. Brenner, R.I. Ibanescu, I. Hardy, and others, in *AIDS*.


¡Sólo Se Vive Una Vez! (You Only Live Once): A Pilot Evaluation of Individually Tailored Video Modules


Impact of Sexual Orientation Identity on Medical Morbidities in Male-to-Female Transgender Patients. By T.W. Gaither, M.A. Awad, E.C. Osterberg, and others, in *LGBT Health*.

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