

***Preventing HIV/AIDS in
the United States***
Congressional Briefing

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GAY MEN'S HEALTH CRISIS

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Our Mission is to...

- Reduce the spread of HIV disease;
- Help people with HIV maintain and improve their health and independence;
- Keep the prevention, treatment, and cure of HIV/AIDS an urgent national and local priority; and
- Fight homophobia and affirm the dignity of all gay men and lesbians.



Increase FY 2009 CDC Funding

- Escalating health crisis:
 - Increasing rates of HIV, Hepatitis C, and other Sexually Transmitted Infections (STIs)
 - Addiction
 - Mental illness
- Destabilized environment:
 - Poverty and homelessness
 - Incarceration
 - Violence, trauma, and stigma

The Crisis by the Numbers

- HIV infection is on the increase among MSM nationally and in New York City.
- One in four adolescent girls 13-19 years old has an STI; for Black girls, that number is close to one in two.
- Adolescent pregnancy rates are up for the first time in 15 years.



Increase FY 2009 CDC Funding

Must address the needs of
the most vulnerable populations:

- gay and bisexual men of color
- women of color
- young people



CDC Should Develop an Integrated Service Model

- Integrated Service Models in community-based settings are needed to address HIV, hepatitis, STIs, substance abuse, and mental health effectively.
- Co-locating culturally appropriate clinical services within community-based programs allows providers to coordinate the screening, case finding, and treatment of co-morbidities in highly vulnerable populations and all people at risk for HIV/AIDS, hepatitis, addiction, and mental illness, leading to better health outcomes for individuals and communities.

CDC Should Support Community Level Interventions

- Disproportionate HIV infection rates in vulnerable groups cannot be explained by individual behavior alone but by group-level and environmental factors for which race is a marker.
- Community level interventions expand efforts beyond individuals & groups level
 - to reach a sufficient number of high risk individuals to stem the epidemic and
 - to help shift norms and values of communities in ways that enable individuals to lower their risk for HIV transmission.
- Community level interventions include community events, social marketing, and other mass communication efforts such as the use of the internet.

Support Structural Interventions

- Structural interventions address the causes of HIV/AIDS arising from the physical, social, cultural, organizational, community, economic, legal, and policy aspects of an environment.
- Critical structural interventions include:
 - Reform prison sentencing to address incarceration rates of Black men;
 - Integrate economic empowerment with HIV prevention programming;
 - Ensure young people, especially Black women, graduate from high school;
 - Implement comprehensive sexuality education in schools;
 - Support LGBTQ supportive initiatives in schools, including anti-bullying programs and gay-straight alliances;
 - Create universal access to health care, including reproductive health care;
 - Institute public health campaigns addressing homophobia; and
 - Reform law, policy, and institutions to protect the human rights of vulnerable groups and HIV-positive people.

Support Best Practices determined by Evidence

- Support and disseminate Best Practice Models that are culturally relevant, evidence-based, and replicable.
- Expand the vision of what evidence is required to prove that a model program is theory-based and has measurable outcomes.

The number of interventions in the Diffusion of Effective Behavioral Interventions (DEBI) program:

- Designed and culturally appropriate for Black MSM: **ONE**
- Designed and culturally appropriate for Latino MSM: **ZERO**
- Designed and culturally appropriate for Native American MSM: **ZERO**
- Designed and culturally appropriate for Asian MSM : **ZERO**
- Designed and culturally appropriate for transgender women: **ZERO**
- Inclusive of poverty reduction as part of HIV risk reduction: **ZERO**

Focusing in on Women: Structural Factors and Interventions

- The convergence of the feminization of poverty and the feminization of HIV/AIDS is a global phenomenon.
- Pervasive and persistent gender inequality—including pay inequity—means many women have less resources, autonomy, and power to protect themselves from HIV.
- Gender roles that insist on women and girls' sexual acquiescence and ignorance undermine prevention efforts (note: abstinence-only-until-marriage programs typically reinforce such sexist gender roles).
- Violence against women, including rape, incest, and domestic violence, puts women at long-term risk.

Focusing in on Women: Structural Factors and Interventions

- Key interventions include:
 - Economic empowerment programs for women
 - Girls' access to quality education, inclusive of comprehensive sexuality education
 - Service integration, including comprehensive reproductive health services
 - Programs to prevent violence against women and support services for survivors
 - HIV-prevention research specific to Black women
 - Research and development of women-controlled prevention technologies

Summary

Through its HIV prevention agenda, the CDC has the opportunity to support

- Integrated service models for individuals,
- Community level interventions, and
- Structural interventions

that together will generate better health outcomes, stronger communities, and national public health and prosperity.



Thank You

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