Office of Infectious Disease Health Equity Report 2024

HIV, Viral Hepatitis, Sexually Transmitted Infections, and Drug User Health

DOH 150-159 January 2024. To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Preface

What is the Office of Infectious Disease?

The Office of Infectious Disease (OID) is a public health team housed within WA DOH's Division of Disease Control and Health Statistics. OID is tasked with collecting data, coordinating resources, and advising policy for the topics of HIV, viral hepatitis, STI, and drug user health. OID also provides direct services through AIDS Drug Assistance Programs and funding of community-service organizations for people living with or at risk of these conditions.

Why a health equity report?

The conditions that OID oversees are not evenly distributed in Washington state and disproportionately affect certain groups of people. This means the tools and programs OID supports need to be thoughtfully directed to ensure that they are reaching the populations that need them. The purpose of this report is to describe the relationship between several sources of health disparities and OID's conditions. By developing a more complete understanding of the context and determinants of these diseases we can more accurately focus our treatment and prevention efforts and to ensure that our programs are providing the services that our communities need.

How does this support a syndemic approach to disease prevention?

The infectious conditions discussed in this report do not exist independently of one another and interact on an individual and community level. In some cases, having one condition, such as gonorrhea or syphilis, can induce biological processes that make it easier for HIV transmission to occur. In other cases, there is no biological interaction, but there is a significant overlap in the populations that have these diseases. For example, an estimated 14% of people living with HIV (PLWH) have or have had hepatitis C.

In all, people who are at high risk for one disease are likely at high risk for others. Finding and addressing a person's needs to prevent one condition is an important step towards ensuring their health against other conditions.

What is a Person's 5-Year Probability of Acquiring Each Infectious Condition?

	New Condition		
Current Health State	**HIV**	**Gonorrhea**	**Syphilis**
None	<1%	1%	<1%
Living with HIV	0%	12%	8%
Diagnosed with Gonorrhea	8%	31%	6%
Diagnosed with Syphilis	8%	41%	23%

Table of Contents

Preface..........1

Racism..........3

Substance Use and Infectious Disease..........4

Poverty and Class..........5

Houselessness..........6

Rurality..........7

Gender Identity: Transgender Women..........8

Incarceration and HIV..........9

Stigma..........10

Data Index..........11

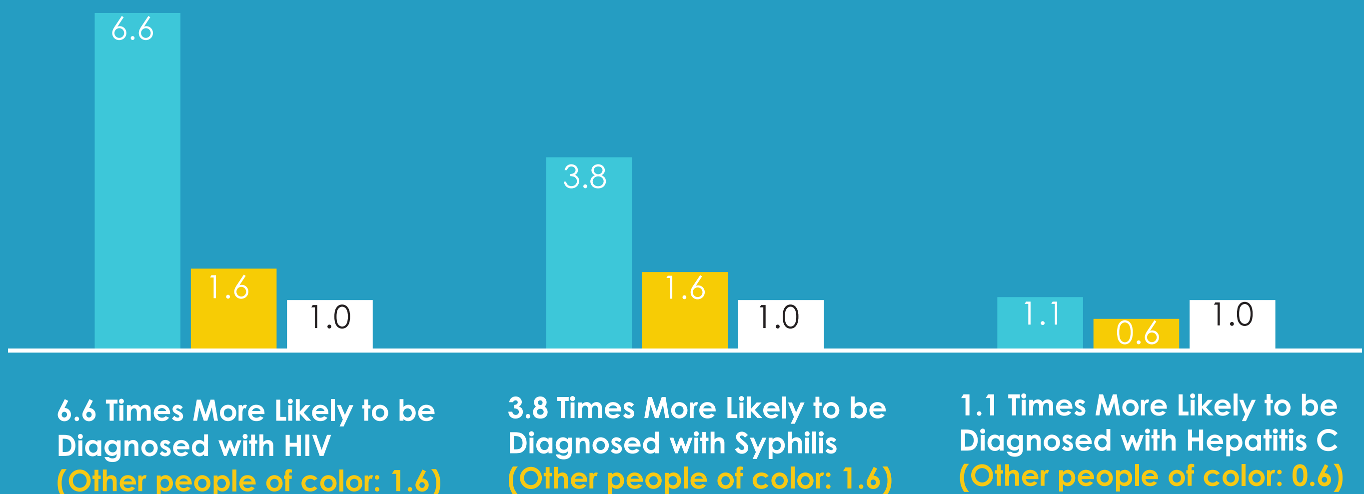
Racism

Racism creates sharp divides in health outcomes that fuel disparities in the conditions our office oversees. Inequalities in income, education, trauma, stigma, and access to healthcare compound historical injustices and affect rates in two critical ways:

Prevalence of Disease - The cumulative effect of racism over centuries has yielded a situation where HIV, syphilis, and hepatitis C are more common in communities of color. For people trying to protect themselves from these conditions, this means that the same behaviors can carry higher risk than they would in White communities.

Personal Autonomy - A person's ability to protect themselves from infection depends on having the freedom, choices, and resources to do so. Black communities and other communities of color systematically have fewer economic opportunities, less access to healthcare, and higher rates of co-morbid conditions. These increase the barriers to prevention and decrease a person's ability to acquire treatment once diagnosed.

As compared to people who identify as White, people who identify as Black in Washington state are...



6.6 Times More Likely to be Diagnosed with HIV
(Other people of color: 1.6)

3.8 Times More Likely to be Diagnosed with Syphilis
(Other people of color: 1.6)

1.1 Times More Likely to be Diagnosed with Hepatitis C
(Other people of color: 0.6)

How can we reduce the effects of racism?

By Using the Strengths of Each Community: OID recognizes that each community has its own challenges and its own ways of overcoming them. Since 2022, OID has funded peer linkage and navigation programs for communities of color. These programs let individuals share their successful strategies and serve as a bridge between marginalized communities and traditional care systems. For more information about these programs, contact **hivdisparityreductionproject@doh.wa.gov**

Substance Use

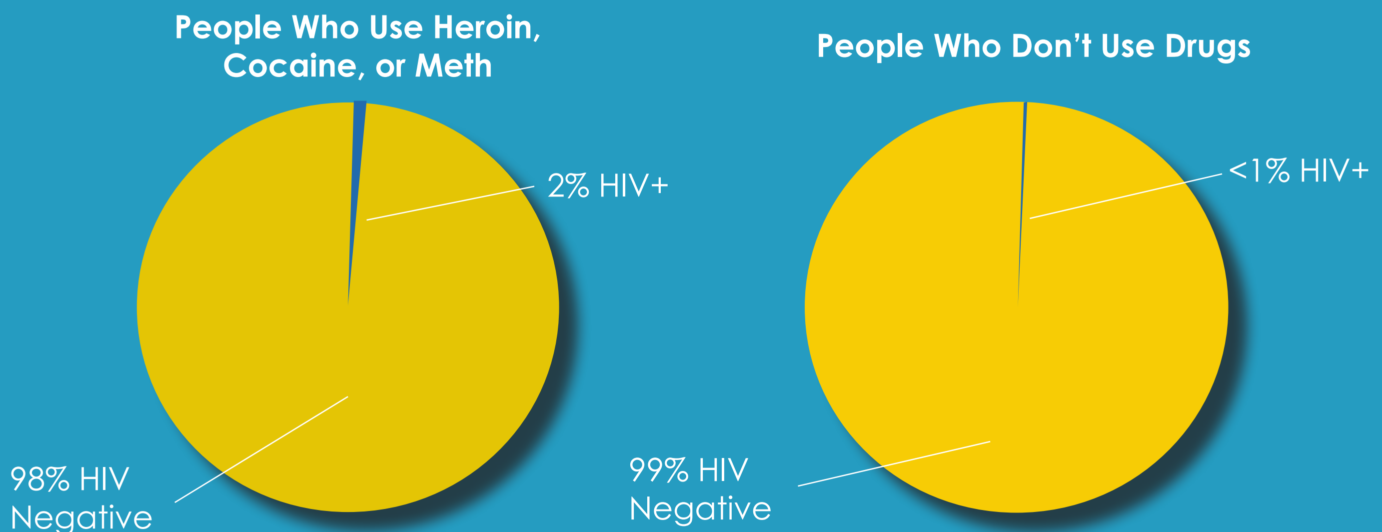
In Washington state, people who use substances face extraordinary stigma and marginalization. Although drug use may have negative health effects, the legal and social response to drug use are significant sources of harm to our communities. These include:

Unregulated Drug Supply: The criminalization of drugs means that there is no oversight of the safety of the substances that people use. Over 2,500 Washingtonians died of overdose in 2022; many of these deaths could have been prevented with a safer drug supply.

Lack of Access to Safer Drug Use Equipment: The criminalization and control of safe injecting supplies mean that people who use drugs are exposed to blood-borne pathogens at a far higher rate than the general population. In Washington state, 14% of HIV and 79% of acute hepatitis C diagnoses are associated with injection drug use.

Social and Economic Marginalization: Stigma against people who use drugs means that it can be difficult for people to access basic services like healthcare. In a sample of people living with HIV, 25% of people who inject drugs had a recent experience of their provider treating them worse than other patients because of their substance use.

Question: How Common is HIV Among People Who Use Drugs?



Answer: Not Very....

Only an estimated 1 in 50 people who use heroin, meth, or cocaine are living with HIV. This Is significant from an epidemiological perspective; this is much higher than the general population (1 in 600) in and there is the possibility of the virus spreading widely among people who inject drugs.

However, the probability of an individual person acquiring or transmitting HIV is low. The perception that a person who injects drugs is a dangerous source of disease for the people around them is unfounded.

For more information about drug user health, contact **druguserhealth@doh.wa.gov**

Poverty and Class

Although the infectious diseases overseen by OID are biological processes, a person's social context has a large impact on their risk of disease. Poverty is interconnected by many factors that affect disease transmission, including access to healthcare, transportation, and health education. In Washington state, people in the poorest part of each county had 2.3 times the risk of being diagnosed with HIV as compared to the wealthiest.

Another economic dimension of disease is the high cost of treatment; the average cost of HIV treatment in the United States is $26,000 a year, and the medication to treat hepatitis C can cost up to $100,000. Although they are expensive, they cost far less than the consequences of leaving these diseases untreated.

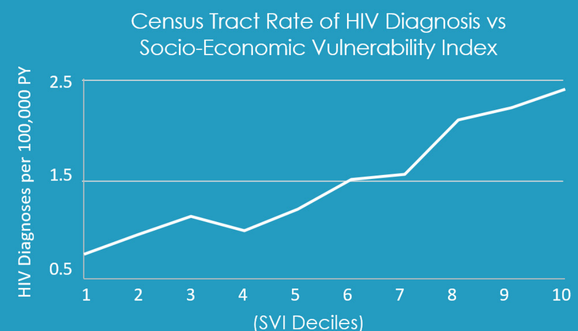
How can we break the connection between poverty and poor health?

OID has programs for PLWH that attempt to remove some of the barriers to care that poverty induces. These programs include insurance assistance, food vouchers, gas cards, and housing support. We are also currently running a pilot project to evaluate the feasibility of providing housing to individuals who are at high risk of HIV acquisition. For more information about these types of services, contact **rw.casemanagement@doh.wa.gov**

Contextual Determinants of Health

In addition to poverty, there are many other aspects of a community that can have negative impacts on a person's health. This can be a product of many factors: from how close a person lives to a hospital to whether they have sidewalks in their neighborhood. This can be broadly described as a person's "contextual determinants of health".

Since there are many ways that neighborhoods can be different, a person's context can be a difficult concept to measure. One way it is commonly described is with the CDC's social vulnerability index (SVI). When we make a graph of HIV diagnosis rate by SVI score, we start to see how context matters. People who live in areas with high SVI are more likely to acquire and be diagnosed with HIV. This highlights the interplay of individual factors combined with community factors such as healthcare access, stigma, and health education.



Description: Communities with a higher social vulnerability score, which are communities with more poverty and fewer resources, have a higher rate of HIV incidence

Houselessness

People who are unhoused are in a vulnerable and challenging position that can mean making trade-offs between prioritizing long-term health and day-to-day survival. Although there is scant data on population-level houselessness, there is reason to believe all the populations our office serves are disproportionately impacted by homelessness. From surveys of people living with HIV we can estimate that 10% of PLWH have experienced homelessness in the past 12 months. We also know that homelessness disproportionately affects younger people and people of color who already have higher rates of HIV, hepatitis C, and STIs.

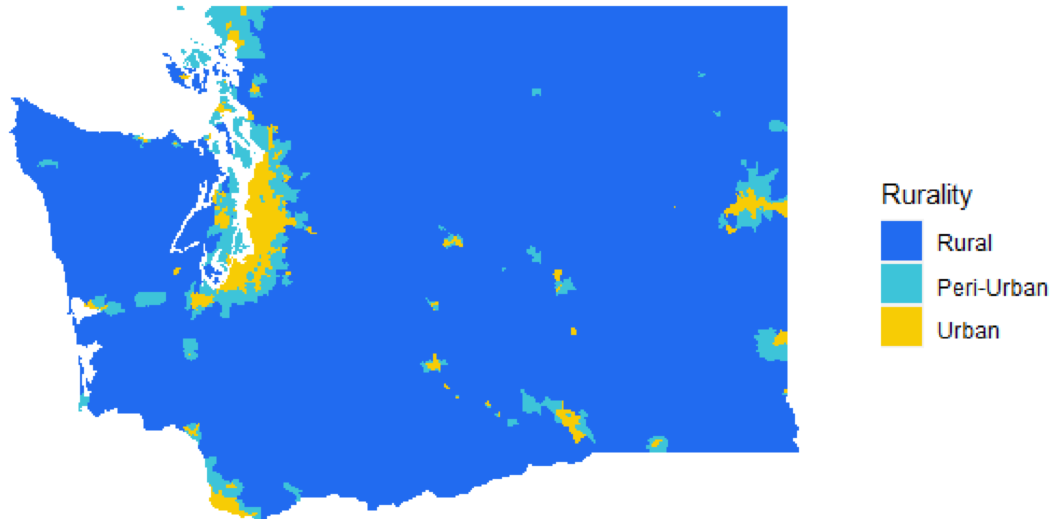
What is OID doing about houselessness?

While housing instability and houselessness are not limited to PLWH, OID does administer two federal housing programs specifically for PLWH and their eligible household members. In 2022, 1,216 PLWH received housing support from OID, including short-term emergency housing, rental/utility assistance, permanent housing, and supportive services to gain or maintain housing. Although these programs are restricted to PLWH, in 2024 OID is excited to launch a pilot program to provide housing for men who are at high risk of HIV acquisition and on PrEP. If this program is successful, it will provide support for more expansive housing programs to meet the needs of all the people in the communities we serve. Through more intentional and equitable work, we hope to address the populations disproportionately affected by houselessness like transgender, youth, and BIPOC populations, who also experience higher rates of HIV, hepatitis C, and STIs. For more information about these services, contact **julie.hudson@doh.wa.gov.**

Rurality

Another dimension of health that affects our work is the distinction between urban and rural parts of our state. For this report, we divided the state into "Rural", "Peri-Urban", and "Urban" using community factors that people generally use to describe rural and urban areas. Under this framework, we find that PLWH disproportionately live in urban areas; although only 62% of Washingtonians live in urban areas, nearly 90% of HIV diagnoses occur there.

The same is true for syphilis and gonorrhea; people in urban areas are 4 times more likely to be diagnosed with syphilis and 3 times more likely to be diagnosed with gonorrhea as compared to people in rural areas. In general, disease prevention efforts should be focused in urban areas, although it is important not to overlook the unique challenges that rural environments can present in accessing care.



What Characterizes the Needs of PLWH in Rural, Peri-Urban, and Urban Areas?

79% of PLWH living in urban areas are virally suppressed, which is the highest in the state and about 2% higher than the other categories. People who live in urban areas tend to have access to a wider range of services than those in remote regions. These regions are also the most diverse in our state; providers in these regions need to be ready to accommodate the cultural needs of their clients.

16% of PLWH living in peri-urban areas have unmet mental health needs, which is the highest in the state (12% in rural and urban areas). This comes along with higher rates of poverty and unmet need for shelter and food services.

29% of PLWH living in rural areas develop AIDS within 12 months of their HIV diagnosis. This is a critical indicator that there is a lack of HIV testing in a community. Tools like telemedicine and mail-order test kits increase healthcare access in these regions. The rate is also high in periurban areas (31%) but lower in urban ones (24%).

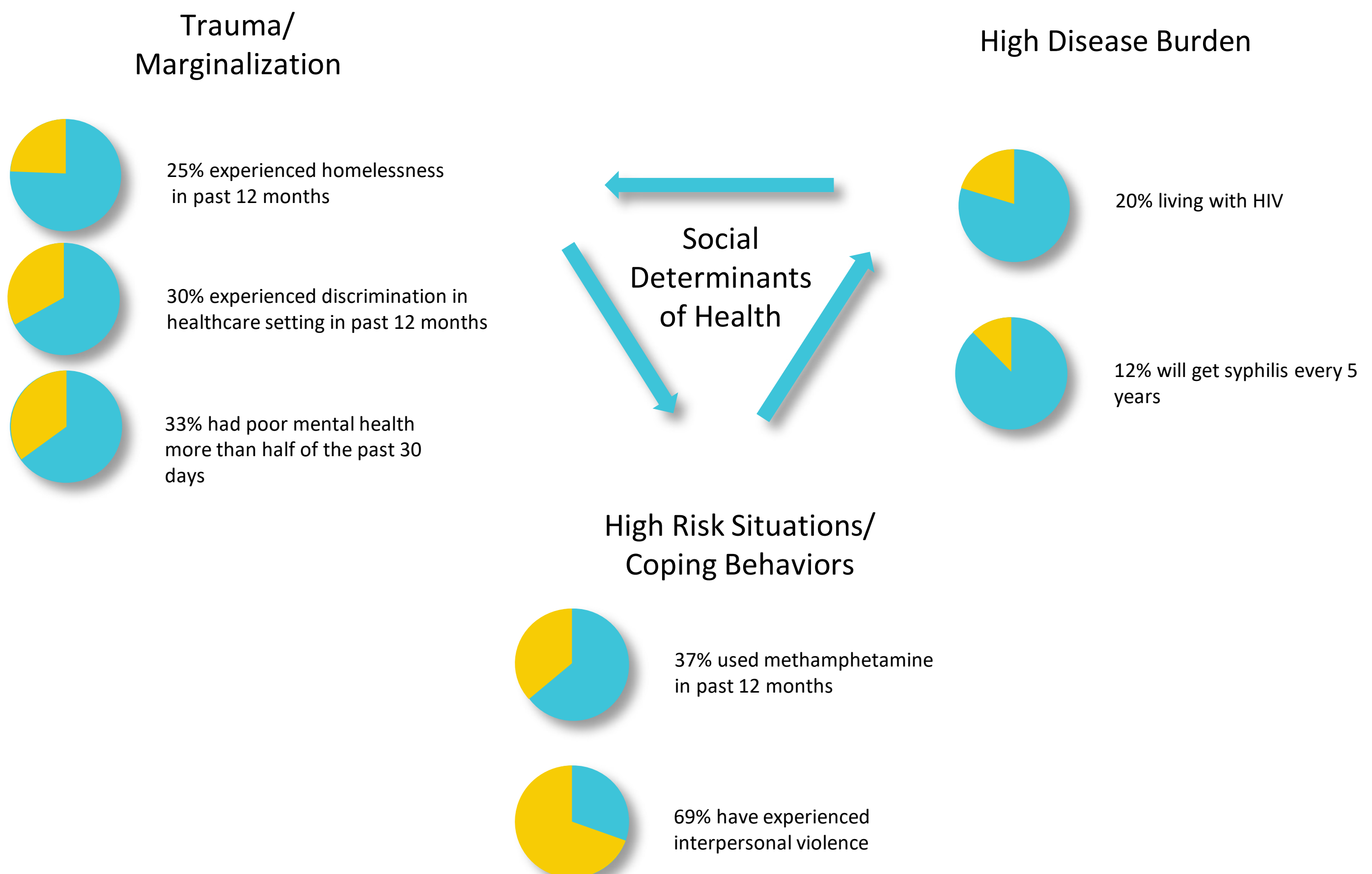
Gender Identity: Transgender Women

Due to continued underrecognition and marginalization of transgender, nonbinary, and gender expansive individuals, we have very little data about the burden of our conditions on transgender women. In Washington transgender women face significant stigma and discrimination, which can push them into situations that increase their risk of acquiring sexually transmitted and blood-borne infections.

In King County, the HIV prevalence among a sample of transgender women was 20%, which is consistent with studies in other regions and internationally. Although we cannot estimate rates for the general population, the rate of gonorrhea and syphilis among transgender women living with HIV is between 10-20 times as high as cisgender women living with HIV and similar to that of men who have sex with men.

OID recognizes that we have a long way to go in improving our ability to serve gender minorities. We are working on improving our collection of gender identity data and partnering with the CDC to use national data to examine this issue. A better understanding of the needs of this population is the first step to expanding our programs to improve health outcomes.

How do Disease, Trauma, and Behavior Interact? Some Factors that Influence Disease Rates Among Transgender Women



Incarceration and HIV

Interactions with the criminal legal are extremely disruptive to people's lives and affect their ability to obtain medical care. In Washington state, the health outcomes of incarcerated PLWH depend on the facility where they are held. Large facilities like King County Jail and Department of Correction prisons have strong HIV linkage services and health outcomes are as good or better than the general population. People in smaller facilities have access to fewer services and are much less likely to be able to maintain successful HIV treatment.

How Do PLWH and the criminal legal system interact?

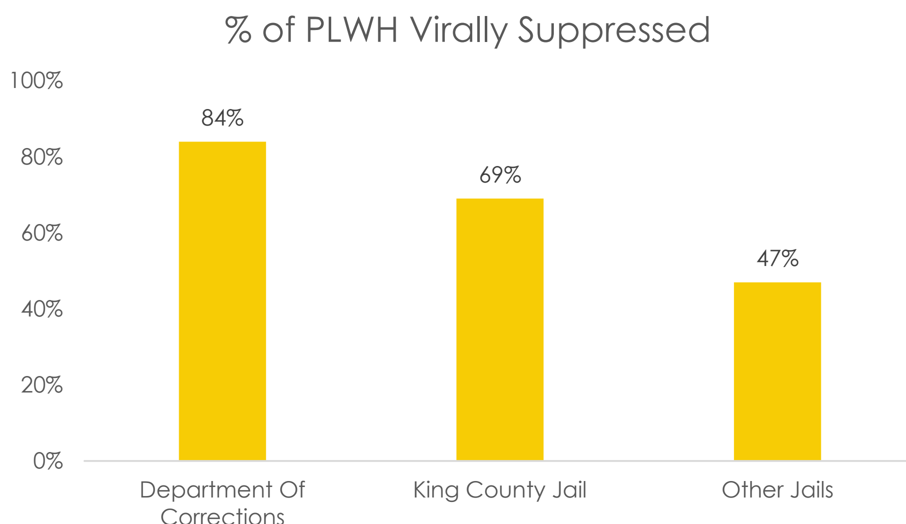
We estimate that 882 PLWH have regular interactions with the criminal legal system (are jailed or in prison), which represents 6% of PLWH. This population disproportionately represents PLWH who struggle to engage in HIV care; we estimate a large proportion of PLWH who are not virally suppressed pass through jails on a regular basis.

Why is this important?

Although jail is a disruptive event in people's lives, it also represents an opportunity for relinkage to HIV care. As OID's data to care program develops, we hope that we will have capacity to reach out to PLWH as they pass through jail and identify the services that they may need. King County jail and the Department of Corrections have robust relinkage programs and consequently the population that interact with these programs have much higher rates of viral suppression (see figure below).

What about other conditions?

We perform daily record linkages between the DOH syphilis registry and lists of inmates in Washington jails and prisons to ensure that people who are exposed to syphilis can get treatment. We also have partnerships with the Department of Corrections to help assess and improve hepatitis C testing and treatment in their facilities. For more information about this data or ways it can be used, contact **steven.erly@doh.wa.gov.**



Stigma

Stigma is a mark of disgrace associated with a particular circumstance, quality, or person. Although it may be simple in concept, it takes many forms not always easy to recognize or dispel. Sometimes it is visible in the ways that people act or the things that they say to other people. Other times it can manifest in the way that someone sees themselves or the decisions that they make.

Stigma is important to public health because it harms people's wellbeing and makes it more difficult to access disease prevention and treatment resources. Stigma can also interact with trauma and influence people's behaviors in ways that don't always make sense to an outside observer. For example, disclosure of a person's HIV status may make a job or housing situation feel unsafe to the point where it is not possible for the person to stay.

What are the different dimensions of discrimination that PLWH face when getting HIV care? In the past 12 months…

15% of Black PLWH were treated worse while getting HIV care than other patients because of their race

11% of Hispanic or Latina/o/x PLWH were treated worse than other patients because of their ethnicity

25% of PLWH who inject drugs were treated worse than other patients because of their drug use

11% of male PLWH who have sex with men were treated worse than other patients because of their sexual orientation

7% of PLWH were treated worse than other patients because of their HIV status

How would you feel if you were treated this way? How would it affect your willingness to get care?

What Drives Stigma?

-Unfamiliarity and dehumanization
-Misunderstandings of risk
-Assumptions about behavior
-Uncertainty about how to react

What reduces stigma?

-Education about risk
-Advocacy for marginalized groups
-Representation of in leadership roles and media
-Open conversations about hard topics

What can you do about stigma?

For more information about stigma in Washington state, contact **hiv.stigma@doh.wa.gov**

Data Index

Page 3, Racism: HIV Surveillance Data 2017-2021, STD Surveillance Data 2017-2021, ACS Population Estimates, 2017-2021.

Page 4, Substance Use: HIV Surveillance Data 2015-2019, Hepatitis C Surveillance Data 2015-2019, MMP 2018-2021, BRFSS 2019, ACS Population Estimates 2019.

Page 5, Poverty: HIV Surveillance Data 2015-2019, STD Surveillance Data 2015-2019, ACS Data 2015-2019, CDC Social Vulnerability Index 2018, MMP 2015-2019.

Page 6, Homelessness: MMP 2015-2019, Washington Department of Commerce Homeless Point in Time Count 2019.

Page 7, Rurality: HIV Surveillance Data 2015-2019, STD Surveillance Data 2015-2019, MMP 2015-2019, ACS Data 2015-2019, EPA National Walkability Index, CDC Daily Census Tract PM2.5 Estimations.

Page 8, Gender Identity (Transgender Women): MMP 2015-2020, NHBS 2019-2020 Transgender Cycle, Human Rights Campaign "*Transgender People and HIV: What We Know*".

Page 9, Incarceration: HIV Surveillance Data 2022, WA State Jail Registry 2022.

Page 10, Stigma: MMP 2018-2021.