



Intersectionality in ART Utilization: A Comprehensive Approach

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Disclosures

Faculty program speaker for ViiV Healthcare

Faculty program speaker for Thera Technologies



Discuss the intersectional factors affecting ART utilization.



Discuss strategies to promote equity in ART access.



Discuss strategies to promote equity in therapeutic and preventative outcomes.



“...And we all know when there is no name for a problem, you can't see a problem. And when you can't see a problem, you pretty much can't solve it.”

- **Kimberlé Williams Crenshaw, 2016**

Discussing the case of Emma DeGraffenreid that helped define intersectionality.





Intersectionality

- In 1989, Williams Crenshaw coined the term “intersectionality” to describe how multiple forms of inequalities, mainly of race and gender *intersect* to create distinctly new barriers for marginalized persons and groups.¹
 - Has been applied across varied disciplines and social movements, including how we approach HIV treatment access and ART utilization.
- Treatment of HIV benefits the individual on therapy and, with viral suppression, eliminates HIV transmission to others
- Disparities in viral suppression exist due to intersecting societal and structural determinants, such as lack of access to care, stigma, unhoused status, racism.²⁻⁷
- It has been shown that key social determinants, such as poverty and lack of health insurance are predictors of mortality for Black women living with HIV.⁸



Ending
the
HIV
Epidemic

GOAL:

75%
reduction in new
HIV infections
in 5 years
and at least
90%
reduction
in 10 years.



www.hiv.gov

CS302517B



Diagnose all people with HIV as early as possible.

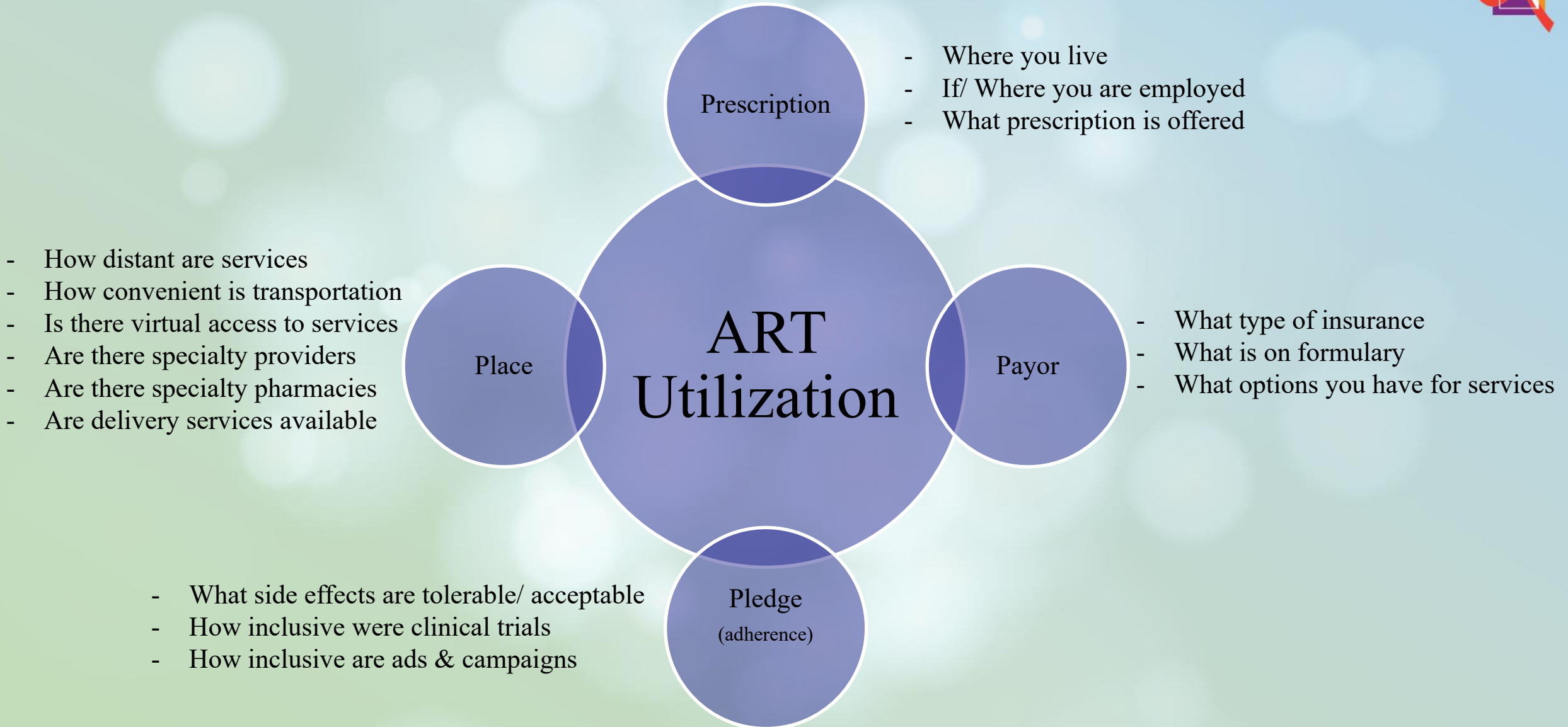
Treat people with HIV rapidly and effectively to reach sustained viral suppression.

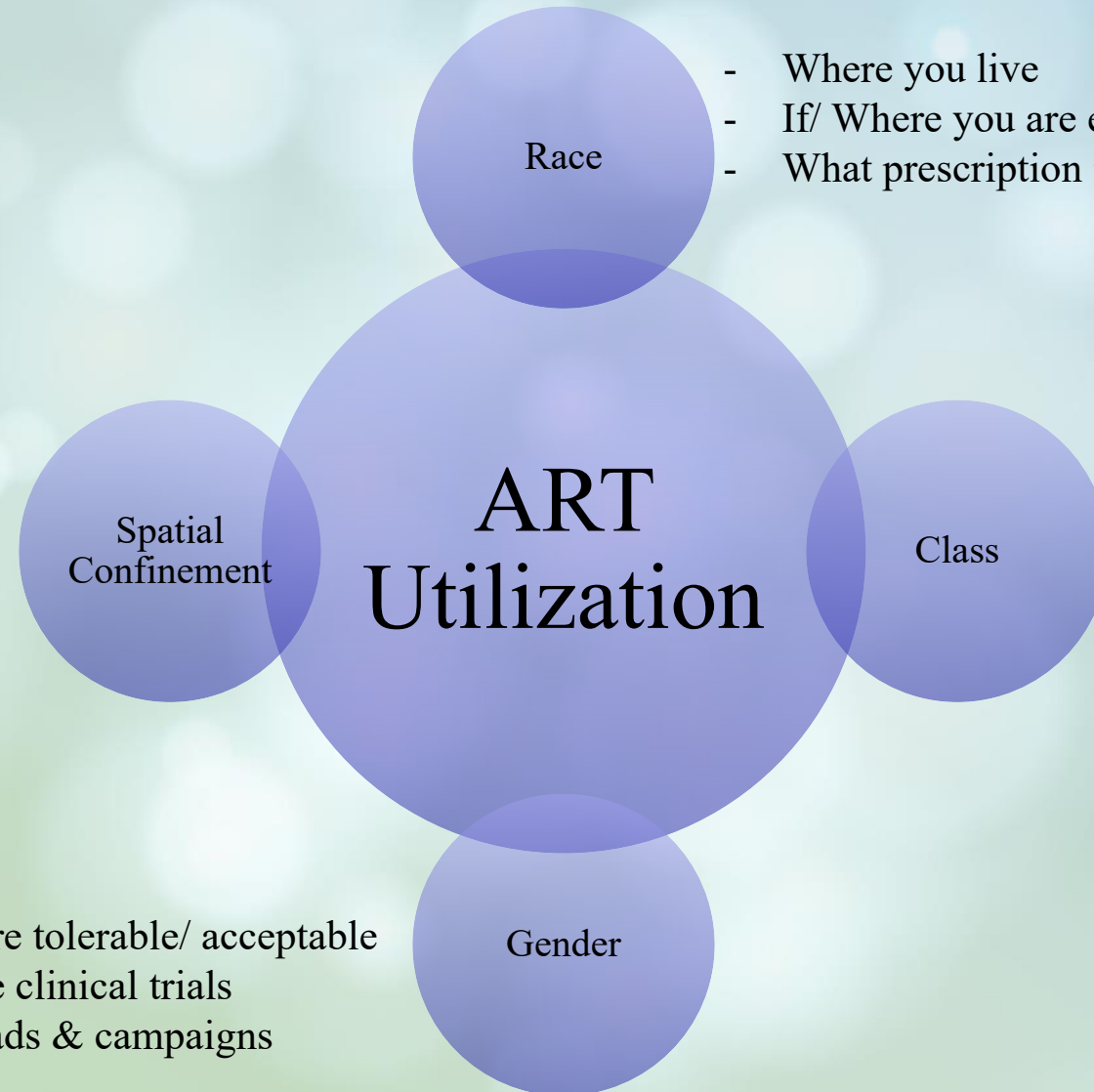


Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.







- Where you live
- If/ Where you are employed
- What prescription is offered

- What type of insurance
- What is on formulary
- What options you have for services

- What side effects are tolerable/ acceptable
- How inclusive were clinical trials
- How inclusive are ads & campaigns

- How distant are services
- How convenient is transportation
- Is there virtual access to services
- Are there specialty providers
- Are there specialty pharmacies
- Are delivery services available



Strategies to Promote Equity in ART Access

COUNTER-CONFINEMENT STRATEGIES

- Prioritizing *place* access to services
 - Ensuring that local funding efforts maximize patient access to specialists and pharmacies
 - De-centralizing medical venues into neighborhood settings
- Creating policy mandates for CME in HIV epidemic demographics
 - Advocating for policy interventions that enhance provider knowledge & understanding of HIV/ ART
 - Developing HIV testing and prevention continuing medical education curricula
- Solidify relevant psychosocial supports that enhance ART adherence toward viral suppression



Ward 86 LAI-ART Project

San Francisco, CA

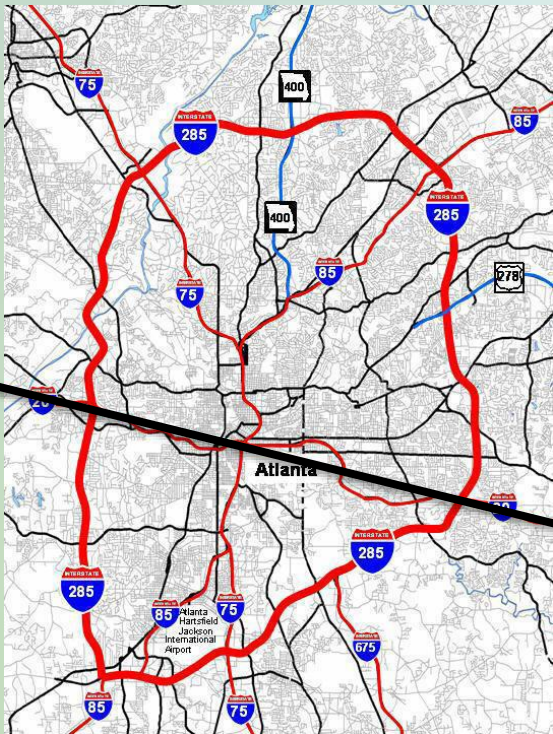
- Demonstration of promising treatment outcomes of LAI-ART in “hard-to-reach” populations (high levels of substance abuse and marginalized housing) ⁹
- Approach eliminated need of viral suppression or oral ART adherence and decentralized therapy
- 51 patients prescribed LAI-ART (41% marginally housed, 54% using stimulants, 61% non-white, 90% cis-men)
- Injection adherence plans: *street-based nursing services; community-based injection sites, small financial incentives*
- 12 of 15 patients who initiated LAI-ART with detectable viremia achieved viral suppression



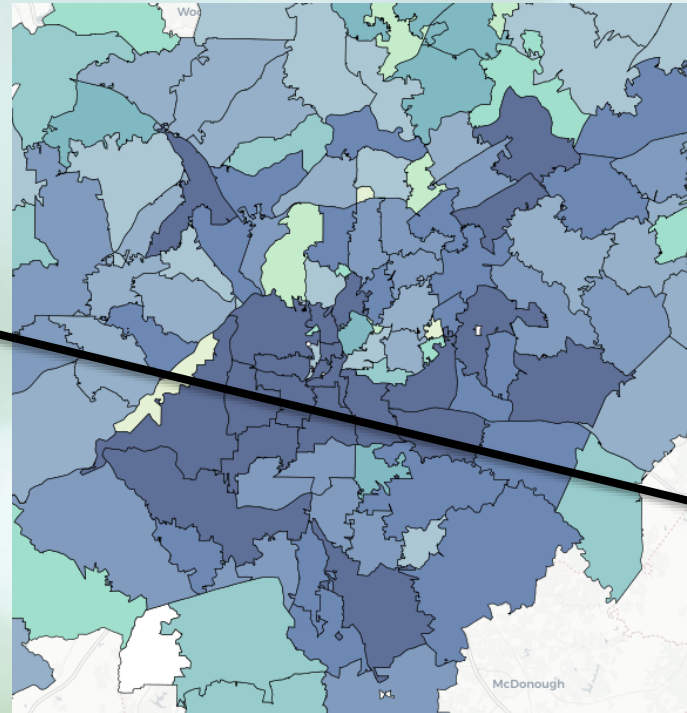
Ensuring Access to Interventions

City of Atlanta – AIDSVu Map

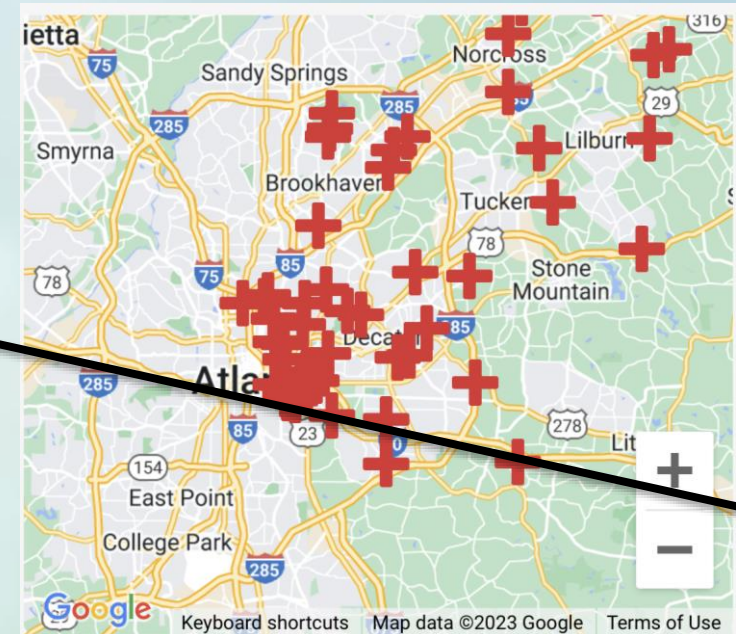
Presented Fast-Track Cities, Atlanta, GA; February 15, 2023



Google: City of Atlanta Map



AIDSVu.org – Atlanta’s Incident HIV Cases



AIDSVu.org – Atlanta’s PrEP Providers

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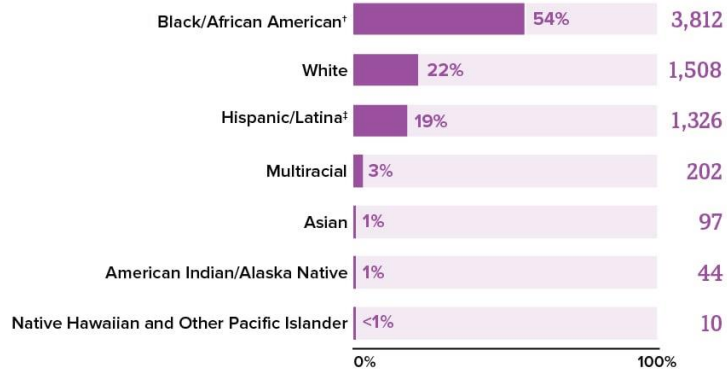
Strategies to Promote Equity in Therapeutic & Preventative Outcomes

- Confront housing and food scarcity epidemics that threaten a healthy existence with HIV ¹⁰
 - Preserve affordable units; build neighborhood coalitions; develop community land trusts
 - Create food pantries or coalitions
- Eliminate coverage gaps
 - Health insurance plans limited only to reproductive care in the post-partum period that preclude medication access through Patient Assistance Programs.
- Ensuring accurate representation of the HIV epidemic in ads and media
 - Images do not adequately reflect the *cis*-woman epidemic.
 - Clarifying for whom treatment is safe and effective – “...has not been studied in people assigned female at birth”

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Black/African American women continue to be disproportionately affected by HIV.



CDC. HIV Surveillance Report 2021;32.

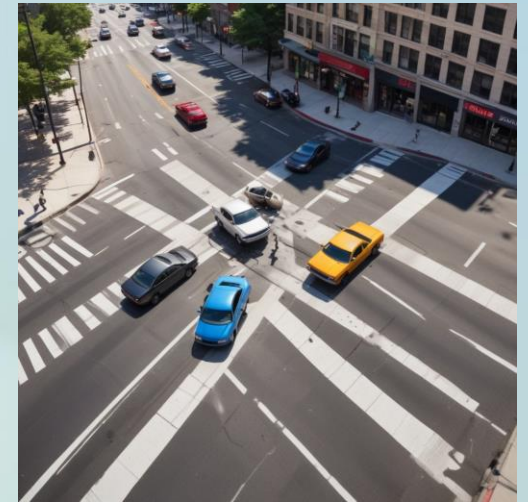


All ads/ images accessed from Google Images, June 2, 2024



Conclusions

- ART utilization toward viral suppression must be considered through the prism of intersectionality.
- Strategies for effective ART utilization should employ innovative solutions to the intersectionality of race, gender, class, and place for persons living with HIV.
- Strategies that challenge the impositions of place, payor, prescription, and pledge limitations offer promise.





References

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