

February 2023



SITUATION ANALYSIS

ENDING THE HIV EPIDEMIC IN DC

Data Through December 2021

**DC Appleseed Center
for Law and Justice**



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Introduction

The DC Appleseed Center for Law and Justice (DC Appleseed) began its HIV Project when DC had the highest rate of HIV infections in the nation. Over the past 20 years, we have collaborated with the DC government and the Washington AIDS Partnership in an effort to end the HIV epidemic in the District that has cost thousands of lives.¹

On February 7, 2023, the District's HIV, Hepatitis, STD, and TB Administration (HAHSTA) released its Epidemiology and Surveillance (Epi) Report for HIV, Hepatitis, Sexually Transmitted Infections (STIs), and Tuberculosis (TB) in the District of Columbia with data from 2021. In this report, we highlight areas of modest progress toward ending the city-wide HIV epidemic, as well as areas of potential improvement for the District's HIV response:

1. DC Appleseed urges HAHSTA and DC Health to make citywide HIV data more promptly available.
2. COVID-19 continues to impact the District's efforts to effectively treat HIV infections.
3. Data from 2021 reflects some progress toward meeting the District's Ending the HIV Epidemic measures; however, the data also indicates that DC needs to boost its efforts to ensure District residents living with HIV can access treatment and reach viral suppression.
4. High incidences of HIV infection and lower levels of viral suppression among underserved or marginalized communities suggest a need for enhanced focus on issues of health equity, increased engagement with grassroots organizations, and improved HIV education within DC schools.

¹ For additional details regarding DC Appleseed's work in this area and a detailed summary of the District government's current efforts to end HIV, please see the Appendix beginning on page 14 of this document.

The HIV Epidemic in DC in 2021

HAHSTA released its most updated data about HIV in the District on February 7, 2023. This report included data for calendar year 2021.² We must point out that data in this report is now between one and two years old. A years-long wait for city-wide data makes it difficult for stakeholders and providers to analyze the effectiveness of new services or approaches to ending HIV.

Historically, HAHSTA published its annual Epi Report during the summer of the following year. Unfortunately, the reports containing data for calendar years 2021 and 2020 were both released in the *winter* of the following year. DC Appleseed urges HAHSTA to release data more quickly for 2022, ideally by summer 2023. During the COVID-19 pandemic, DC Health reported test results and other key metrics for COVID-19 each day. The rapid reporting of COVID-19 data suggests it is feasible for DC Health to provide monthly HIV metrics or, at a minimum, share annual data more rapidly.

As of 2021, 11,904 people, or 1.8% of the population, in DC were living with HIV. Below, see HAHSTA's chart depicting the District's progress towards ending the HIV epidemic:

Ending the HIV Epidemic Measures	2016	2017	2018	2019	2020	2021	2030 Goal
Goal #1: 95% of HIV-positive District residents know their status*	92.6%	92.9%	92.1%	93.0%	93.5%	93.9%	95%
Goal #2: 95% of District Residents living with HIV are in treatment	76%	77%	77%	80%	76%	78%	95%
Goal #3: 95% of District residents living with HIV who are in treatment reach viral suppression	82%	84%	85%	87%	87%	86%	95%
Goal #4: Reduction in new HIV diagnoses	388	386	331	273	219	230	21

* The number of persons with undiagnosed HIV infection is estimated by subtracting cumulative diagnoses from cumulative infections using a standardized CD4-Based Model developed by CDC. Previous year estimates have been updated to follow this model's procedures.





*Data Source: DC Department of Health Annual Epidemiology and Surveillance Report (2022)

HAHSTA's numbers set forth in the chart above suggest the District made moderate progress towards meeting its HIV goals within the past five years. In the next section, we will discuss each goal in turn.

² Annual Epidemiology & Surveillance Report: Data Through December 2021. District of Columbia Department of Health, HIV, Hepatitis, STI, & TB Administration 2022, accessed January 12, 2023 at <https://dchealth.dc.gov/service/hiv-reports-and-publications>.

Progress Toward 2030 Goals

See below a brief analysis of the District's progress towards meeting each goal by 2030:

Ending the HIV Epidemic Measures		
	Goal 1: 95% of residents living with HIV know their status	The District is making reasonable progress toward residents living with HIV being aware of their status. For 2021, 93.9% of residents living with HIV knew their status, up from 92.6% in 2016. If DC continues to improve this metric at the same rate as the past five years, it should meet its goal of 95% of residents living with HIV knowing their status by 2030. However, we do not currently know how a decrease in testing during the COVID-19 pandemic may impact this number in the future.
	Goal 2: 95% of District residents living with HIV are in treatment	DC is not currently on pace to meet its goal of 95% of DC residents living with HIV receiving treatment. In 2021, 78% of residents with HIV were in treatment, which is slightly higher than 76% in 2020 but lower than 80% in 2019. Since 2016, this metric only increased by 2% cumulatively, which is a 0.3% improvement per year on average. DC's goal is to increase the percentage of people living with HIV in treatment by an additional 17% by 2030, which requires an increase of 2.1% per year.
	Goal 3: 95% of District residents living with HIV who are in treatment reach viral suppression	DC aims for 95% of residents living with HIV who are in treatment to reach viral suppression. In 2021, 86% of DC residents living with HIV who were in treatment reached viral suppression, which is a reduction from 87% in both 2020 and 2019. However, 86% is a modest increase over 82% in 2016. While DC made gains toward meeting this goal between 2016 and 2019, that progress appears to have stalled during the COVID-19 pandemic. This is most apparent when examining the percentage of people within underserved communities who are not in treatment or reaching suppression – some of those numbers are significantly lower, suggesting a need for improved outreach to underserved communities.
	Goal 4: Reduction in New HIV Diagnoses	DC aims to reduce new HIV diagnoses to 21 per year by 2030. In 2016, 388 new HIV diagnoses were made in the District. In 2021, that number dropped to 230, which is a 40% reduction in new diagnoses. While the reduction in new diagnoses initially appears positive, we believe the reduction of new diagnoses may be driven by a decrease in HIV testing due to the COVID-19 pandemic. Testing decreased by 20% in 2021. Testing also decreased in 2020, resulting in a total decrease in testing of 32% since 2019. Because the overall number of tests decreased by nearly a third between 2019 and 2021, a smaller number of new diagnoses naturally follows.

While the 2021 data indicates DC is making some progress in fewer new diagnoses and ensuring residents living with HIV know their status, COVID-19 likely impacted these numbers. Significantly less progress is being made on the District's goals related to treatment and viral suppression.

The Impact of COVID-19

In undertaking our review of the District's city-wide effort to end the HIV epidemic, DC Appleseed acknowledges that the COVID-19 pandemic significantly impacted the availability, accessibility, and utilization of disease screening, prevention, and care services, particularly among marginalized or underserved communities.

The District suffered severe disruptions in the healthcare system throughout the pandemic. These disruptions included limited patient eligibility for treatments, shortened business hours, and stopped activities by provider facilities and organizations. The consequences were ongoing in 2021 according to the Epi report. A reduction in the number of tests is a concrete example of this. Since 2019, HIV test volume decreased by 32%. This impacts the number of people who know their status, which in turn impacts people's ability to promptly obtain treatment.

Throughout the pandemic, DC continued efforts to address HIV but, like many other jurisdictions, it was difficult to sustain this work while also responding to COVID-19. One of the greatest challenges faced by community health organizations since COVID-19 is higher than normal staffing vacancies and turnover. Because we now know that COVID-19 likely will remain present for years if not decades, the District must now find a way to continue making progress on HIV despite the existence of COVID-19 or another pandemic virus.

Possible solutions may include ensuring both patients and providers are equipped to engage through telehealth, as well as broad advertising regarding DC's existing home-based HIV test kit program and mail-order delivery of pre-exposure prophylaxis (PrEP) and other medications. While access to in-person medical services is not impacted as heavily as it was during the onset of the pandemic, spending additional resources to shore up these existing programs will ensure people living with HIV can continue their medical care uninterrupted in the event of a future shutdown due to COVID-19 or another emergency.

High-Incidence Populations

Although the Epi Report with data from 2021 reflects modest progress in several areas, it also paints a stark picture of health disparities. HIV does not impact all populations or communities within DC equally.

In DC, people of color, men who have sex with men (MSM), and transgender people experience disproportionately high incidences of HIV infection. At the same time, young people in treatment for HIV are less likely to reach viral suppression than other age groups. These population groups appear to be underserved, indicating that more precisely targeted efforts are required to meet the District's HIV goals.

Black Residents

In 2021, Black residents made up 46% of DC's population but accounted for 71% of people living with HIV in DC. In 2021, 8 in 10 women newly diagnosed with HIV were Black. Between 2017 and 2021, 1 out of 2 newly diagnosed HIV infections occurred in Black men.

LGBTQ+ Community

The LGBTQ+ community is also a high-incidence population within DC. In 2021, MSM represented 48% of new HIV diagnoses within DC. Within the Latino community, 7 out of 10 new HIV infections occurred among MSM.

Young People

HIV impacts populations differently based on their age. In DC, adults over 50 years of age make up more than half of residents living with HIV. Fortunately, in 2021, no infants were born infected with HIV; however, 218 youths ages 13-19 were known to be living with HIV in DC in 2021. An additional 232 residents between the ages of 20-24 were also known to be living with HIV. Within these younger age groups, 3 in 4 new infections occurred among Black youth, and 9 in 10 infections occurred among males.

While the overall percentage of young people testing positive for HIV is relatively low at 0.2%, the 2021 numbers reflect that youth do not achieve viral suppression at the same rate as adults. In 2021, among DC residents reporting HIV infections, viral suppression was achieved in only 48.7% of individuals between the ages of 20 and 24 years, and 55.6% of individuals between the ages of 13 and 19 years, compared to the 66.7% viral suppression rate for all individuals in DC living with HIV. It appears more attention needs to be focused toward young people. This is particularly true given that Maryland and Virginia's respective suppression rates for juveniles were 77.7% and 66.1% in 2021, suggesting the District is out of line with regional trends.³

³ "HIV by Age in Maryland, 2021," Maryland Department of Health, accessed January 17, 2023 at <https://health.maryland.gov/phpa/OIDEOR/CHSE/SiteAssets/Pages/statistics/Age-Data-Sheet-2021.pdf>; "Local

The statistics pertaining to District adolescents continue to be quite disturbing in two different ways. It first proves that the District continues to fall short in terms of educating and safeguarding these young people. Second, it shows that the District must address youth HIV infections to meet its goals for ending the HIV epidemic. DC Appleseed believes that the spread of HIV and sexually transmitted infections among District youth as well as the low viral suppression rate within the population group is due in part to the District's failure to implement and enforce the Healthy Schools Act (HSA).⁴

DC Appleseed supported the passage of HSA in 2010. Over the years, we have continued to voice our concern that the Act's requirements regarding HIV education in public and charter schools, particularly those under the DC Office of the State Superintendent of Education (OSSE) and DC Public Schools, are not being fully met, jeopardizing the lives of District students.⁵

Data: Virginia," AIDSVu, December 2, 2020, accessed January 17, 2023 at <https://aidsvu.org/local-data/united-states/south/virginia/#hiv-continuum-of-care-2020>.

⁴ In November 2020, DC's Office of the Inspector General released a report, "Evaluation of Compliance with The Healthy Schools Act Health Education Requirements," which indicated that some middle schools failed to provide mandated HIV/STI prevention education. District of Columbia Office of the Inspector General, District of Columbia Public Schools, and Office of the State Superintendent of Education, Evaluation of Compliance with The Healthy Schools Act Health Education Requirements, OIG Project No. 20 -I-04GA, Nov. 2020, <https://oig.dc.gov/sites/default/files/Reports/OIG%20Final%20Report%20No.%202020-1-04GA%20--%20OSSE%20DCPS%20Healthy%20Schools%20Act.pdf>.

⁵ DC Appleseed Center for Law and Justice. Ending the HIV Epidemic in DC: 2017 Progress Report (2017), accessed on February 6, 2023 at https://www.dcappleseed.org/_files/ugd/88f3fa_f9234fb200374443bc63487c78542daa.pdf.

Tackling Health Equity and Disparities in DC

DC struggles with health disparities in a variety of contexts. Even prior to the COVID-19 pandemic, the average White man living in DC could expect to live 15 years longer than his Black counterpart (83.2 years compared to 68.8 years in average lifespan, respectively).⁶ During the COVID-19 pandemic, the racial wellness divide became starker. Within the District, the death rate due to COVID-19 per 100,000 people was just 37 for White residents, 156 for Latinx residents, and 241 for Black residents.⁷ In many ways, the disparities reflected in the District's HIV numbers align with much broader public health trends within the city.

Over the past decade, the District took several key steps towards addressing health disparities. In 2015, DC created the Office of Health Equity (OHE). OHE “collaborate[s] with other government agencies, community partners, and all DOH Administrations to ensure a multi-pronged cohesive strategy is developed to identify and address the social determinants of health, which are the key drivers of inequities in health outcomes.”⁸ In 2020, the DC Council passed the Racial Equity Achieves Results (REACH) Amendment Act, which created an Office of Racial Equity.⁹ The Office of Racial Equity now performs Racial Equity Impact Assessments on all proposed legislation to determine how it will impact communities of color.

At the same time, new funding is available to address health disparities. In 2021, DC Appleseed settled its 12-year lawsuit against CareFirst, the largest health insurer in the region, for its role in failing to address basic healthcare needs for residents. The settlement resulted in the creation of a \$95-million Health Equity Fund to improve the health outcomes and health equity of DC residents.¹⁰ In September 2022, the Fund awarded its first round of grants totaling \$9.2 million to 32 different Washington, DC, nonprofit organizations dedicated to improving economic mobility to help close the racial health and wealth gap. In addition, at the federal level, President Biden issued an executive order requiring federal grants from the Department of Health and Human Services and other key agencies to support equity through their grantmaking. Although none of the above initiatives relate specifically to HIV, they acknowledge the role of social and structural determinants of health in an individual's wellness.

⁶ Maurice Jackson, “The Health of the African American Community in the District of Columbia: Disparities and Recommendations,” Association of Black Foundation Executives, June 2016, <https://www.abfe.org/wp-content/uploads/2016/11/The-Health-of-the-African-American-Community-in-the-District-of-Columbia.pdf>, 5.

⁷ “District of Columbia,” The COVID Tracking Project, March 6, 2021. <https://covidtracking.com/data/state/district-of-columbia>.

⁸ “Office of Health Equity,” Office of Health Equity, accessed January 17, 2023 at <https://dchealth.dc.gov/page/office-of-health-equity>.

⁹ “D.C. Law 23-181. Racial Equity Achieves Results (REACH) Amendment Act of 2020,” D.C. Law Library, December 7, 2020, <https://code.dccouncil.gov/us/dc/council/laws/23-181>.

¹⁰ “Mayor Bowser, CareFirst, and DC Appleseed Announce New \$95 Million Fund Targeting Health Equity for Underserved DC Residents,” November 4, 2021, <https://mayor.dc.gov/release/mayor-bowser-carefirst-and-dc-appleseed-announce-new-95-million-fund-targeting-health-equity>.

In the summer of 2022, DC Appleseed conducted outreach interviews with key stakeholders on behalf of HAHSTA. Many of the stakeholders urged HAHSTA to place greater emphasis on addressing the systemic issues that disadvantaged or marginalized communities in the District encounter when seeking testing or treatment. Stakeholders proudly shared the ways in which working to improve health equity was central to their organization and their work as community leaders and providers. They emphasized that progress in the effort to end HIV in the District will hinge on the District's efforts to remedy systemic barriers to healthcare, education, and other services. Notably, housing insecurity came up repeatedly as a key barrier to treatment and prevention work. Other barriers included income insecurity, inadequate behavioral health and substance abuse treatment, and the criminalization of substance abuse.

Stakeholders urged HAHSTA to consider equity in the design of all programs and to ensure that outreach, treatment, and care are sensitive to all factors that impact whether and how a resident interacts with the healthcare system. To identify and address these issues, the stakeholders advocated that consistent community engagement was critical. They encouraged HAHSTA to engage in more conversations with stakeholders to better identify and respond to gaps in health equity and ensure that all District residents were engaged and empowered in the fight against HIV. In particular, a few stakeholders were eager to see HAHSTA partner with more grassroots organizations (rather than traditional medical organizations), or create a community advisory board.

Conclusion

In this report, DC Appleseed identified several areas that require the District's special attention or bolstered efforts to be effective in ending the HIV pandemic in DC. Simply put, the District needs continued focus and progress toward comprehensive HIV prevention measures.

The District's ability to treat HIV in many phases and stages contributed to significantly decreased rates of infection and death over the past two decades. Infection rates are falling in the District, but those who are still at risk are frequently those who historically have been ignored or underserved by governmental and medical institutions, especially young people, MSM, and Black people. Building trust, educating the public, and engaging the public, particularly through community-based programs, are essential for a person-centered response to the epidemic and are crucial to keeping us moving in the direction of our goals.

Addressing issues like housing, education, behavioral health and substance abuse treatment, and income insecurity will require unprecedented cross-sector cooperation and cross-agency coordination. The District, though, has overcome great challenges in the past through strategic efforts and strong collaborations to make strides toward ending the battle against HIV. A similar convergence is needed to end HIV in the District.

While COVID-19 may remain a factor for the foreseeable future, DC's response to the HIV epidemic requires renewed attention. DC must learn from prior system disruptions and leverage existing programs to build a testing and treatment delivery system that can serve the community remotely. We also recommend that HAHSTA and DC Health consider increasing the frequency or reducing the wait for city-wide HIV data to ensure stakeholders and providers can quickly and accurately measure the impact of new initiatives and projects.

DC Appleseed believes that by rigorously addressing the areas of opportunity previously outlined, the District can meet its goals around HIV. We look forward to continuing to monitor progress toward ending the HIV epidemic in the District, as well as exploring innovative ways to improve sexual health, reproductive health, and wellness for District residents.

Appendix

About DC Appleseed

For over 25 years, through litigation, teamwork, and advocacy, the DC Appleseed Center for Law and Justice (DC Appleseed) has helped make the District of Columbia a better place to live and work. Throughout our history, DC Appleseed tackled some of the District's most challenging issues, generated viable solutions, and then campaigned to have those answers put into action. As a 501(c)(3) organization, DC Appleseed is empowered by the thousands of hours of pro bono time donated by our volunteer attorneys, business leaders, and community experts.

Background and DC Appleseed's Role in Ending the HIV Epidemic

DC Appleseed first began its HIV Project in 2003 when a local consortium of funders known as the Washington AIDS Partnership (WAP) proposed an assessment of the District government's response to the HIV epidemic. The DC government, led by then-Mayor Anthony Williams, subsequently pledged its support of DC Appleseed and WAP's analysis. Two years later, we issued a groundbreaking report that included an analysis of how DC government agencies were addressing the epidemic and recommendations for improving the government's response in 2005. The report was followed up with nine annual report cards, grading the District's progress in handling the epidemic in particular areas that needed attention, from testing to housing. DC Appleseed's report cards proved to be an effective way of motivating government agencies to improve their performance.

In 2016, WAP proposed that the public-private partnership with DC Appleseed and the DC Department of Health create a plan to end the HIV epidemic. This resulted in the creation of a strategic plan for Ending the Epidemic. The new plan was named the "90/90/90/50 Plan" due to its ambitious goals: By 2020, the District would decrease 50% of new HIV diagnoses, 90% of residents with HIV would be aware of their status, 90% of those diagnosed with HIV would receive sustained therapy, and 90% of those receiving treatment would achieve viral suppression. Despite the fact that the 90/90/90/50 Plan considerably improved the District's overall HIV situation, ongoing problems still existed.

In 2020, HAHSTA launched "DC Ends HIV," an updated Plan to minimize the number of new HIV diagnoses by the year 2030.¹¹ The Centers for Disease Control and Prevention (CDC) issued a set of national targets in 2020, asking 57 jurisdictions across the country to raise their benchmarks to 95% of people living with HIV being informed of their status, 95% of people who have been diagnosed with HIV receiving treatment, and 95% of persons receiving treatment achieving viral

¹¹ "Mayor Bowser Releases 'DC Ends HIV' Plan and Launches DCEndsHIV.org," DC Health, December 4, 2020, <https://dchealth.dc.gov/release/mayor-bowser-releases-dc-ends-hiv-plan-and-launches-dcendshivorg>.

suppression.¹² By boosting the use of PrEP, concentrating efforts on Black men and women, Latino MSM, young Black MSM, transgender persons, and people who use intravenous drugs, the revised Plan also aims to reach 13,000 HIV-negative individuals.

The four parts of the federal government's Ending the HIV Epidemic: A Plan for America (EHE) are Diagnose, Treatment, Prevention, and Response. The DC Ends HIV Plan adopted a fifth pillar, Engage, in addition to these components.¹³ The Engage pillar aims to remove barriers to giving HIV health priority by reducing stigma, promoting safe housing and economic opportunity, ensuring cultural humility in services, and spreading accurate information. The DC Ends HIV Plan's goals are:

- The District will have fewer than 21 new diagnoses of HIV per year by 2030.
- Individuals living with HIV can easily and safely maintain their optimal integrated health.
- The District acknowledges and actively addresses the effects of stigma and systemic racism on outcomes related to HIV and sexual health and HIV outcomes.

According to the Plan, HAHSTA will monitor and report both HIV results and activity metrics to assess the organization's success in community prevention, treatment, and education initiatives. These are measured, in part, by keeping an eye on the 95/95/95 goals mentioned above.¹⁴ Under the new Plan, the federal government develops and monitors indicators aimed at putting an end to the HIV epidemic moving forward. DC's progress toward meeting the 95/95/95 goals is tracked through America's HIV Epidemic Analysis Dashboard (AHEAD). Because it is now a part of the federal AHEAD program, HAHSTA declined further assistance from DC Appleseed in developing and monitoring local HIV metrics.

¹² "DC Ends HIV: Ending the HIV Epidemic in the District of Columbia for All Communities by 2030," DC Ends HIV (DC Health, December 4, 2020), https://assets.websitefiles.com/5faac3b49b484021bd3f9502/602ef507ad7091a06fa49299_DCH101%20DC%20Ends%20HIV%20Report_508.pdf

¹³ *Ibid.*, 5, 38-39.

¹⁴ Annual Epidemiology & Surveillance Report: Data Through December 2019. District of Columbia Department of Health, HIV, Hepatitis, STI, & TB Administration 2020, accessed January 17, 2023 at <https://dchealth.dc.gov/service/hiv-reports-and-publications>.