



OFFICE OF RACIAL EQUITY AND SOCIAL JUSTICE

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County Executive

Tiffany Ward
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MEMORANDUM

April 20, 2022

To: Jennifer Bryant, Director
Office of Management and Budget

cc: Gabe Albornoz, President
County Council

From: Tiffany Ward, Director
Office of Racial Equity and Social Justice

Re: Racial Equity Impact Assessment (REIA) for Supplemental Appropriation #22-68
Ending the HIV Epidemic

- I. **FINDING:** The Office of Racial Equity and Social Justice (ORESJ) finds Supplemental Appropriation #22-68 Ending the HIV Epidemic (EHE) is likely to advance racial equity and social justice in the County based on how it attempts to address the structural inequities and racial disparities that shape incidence and prevalence of HIV as well as the barriers to testing and treatment that disproportionately harm populations experiencing racial, gender, and other forms of identity-based oppression. While the specific details related to each funded activity are not yet available, the (EHE) Plan outlines many of the barriers and challenges that need to be addressed in order to reduce new HIV infections in the County. To the extent that these activities leverage insights from the Plan, build a more collaborative and coordinated system, and continue to center the humanity and dignity of people impacted by the epidemic, gaps in HIV infections and outcomes are likely to shrink.
- II. **BACKGROUND:** The purpose of Supplemental Appropriation #22-68 is to fund HIV program staff and services to meet the goals of the federal Ending the HIV Epidemic Initiative to reduce new HIV infections by 90 percent by 2030. In December 2020, the Department of Health and Human Services (DHHS) released a plan for how the County would expand its existing HIV/STI prevention and treatment infrastructure to diagnose, treat, prevent, and respond to the epidemic, focusing on the following goals:

- By 2025, 95% of people living with HIV in Montgomery County know their HIV status.
- Treat people with HIV rapidly and effectively to reach and sustain viral suppression. (95% of people diagnosed will receive medical care within a month of diagnosis. 95% of People Living with HIV retained in care will achieve viral suppression (<200 copies/mL))
- Reduce new HIV infections by 75%; by 2030, reduce new HIV infections by 90%+
- Respond quickly to potential HIV outbreaks to get prevention and treatment services to people who need them.

The plan pairs local disaggregated quantitative data about prevalence and infection rates with insights from focus groups and interview with those most impacted by the epidemic. There is also evidence throughout the plan that a racial equity lens was applied—emphasizing the importance of community engagement—to understand the different experiences, and complex structural barriers residents living with or at risk of HIV encounter in accessing information, preventative care, and long-term treatment. More specifically, the report highlights that on 23 indicators of health in the County, there were racial disparities between Black and White residents on 17 indicators and between Hispanic and White residents on 15 indicators¹. The Plan names these disparities in health and healthcare access as impediments to reducing and eliminating disparities in HIV. The Plan also highlights the inequities leading to these disparate outcomes. Researchers and advocates have identified similar patterns at the national level, explaining:

“The racial HIV gap and the racial health gap in general, is strongly correlated with the racial wealth gap, which in turn is the direct outcome of both historical and contemporary processes of segregation in housing, education, employment, and health care as well as racially skewed mass incarceration.”²

Based on what is known about racial disparities³ in housing, education, and employment in Montgomery County, it's perhaps unsurprising (albeit equally unacceptable) that there are persistent racial gaps in HIV in the County. As a result of these disparities, the following communities are identified as focus populations for targeted activities and resources:

- Gay, Bisexual and Other Men Who Have Sex with Men (MSM)
- Black and Latina Women
- Youth, with a Focus on Black and Latino/a/x LGBTQ youth
- People Who Inject Drugs (IDU)

¹ Montgomery County, MD Department of Health and Human Services. A Plan to End HIV in Montgomery County, MD. December 2020. Available at: <https://www.montgomerycountymd.gov/HHS-Program/Resources/Files/PHSDocs/HIV/MC-EHE-Plan-2020.pdf>

² Russell Robinson, et. al. and Aisha C. Moodie-Mills. The Center for American Progress and Berkley Law University of California. “HIV/AIDS Inequality: Structural Barriers to Prevention, Treatment, and Care in Communities of Color Why We Need a Holistic Approach to Eliminate Racial Disparities in HIV/AIDS”. July 27, 2012. Available at: https://cdn.americanprogress.org/wp-content/uploads/issues/2012/07/pdf/hiv_community_of_color.pdf? ga=2.137391216.1145365699.1647528060-1072828102.1643905655.

³ Jupiter Independent Research Group. Montgomery County Maryland Office of Legislative Oversight. Racial Equity Profile Montgomery County. Report No. 2019-17. July 15, 2019. <https://www.montgomerycountymd.gov/OLO/Resources/Files/2019%20Reports/RevisedOLO2019-7.pdf>

With context about the depth and scale of the epidemic, who is most impacted, and an understanding of root causes, the plan offers strategies, activities, and most notably identifies barriers as well as strategies for overcoming them. Major activities funded under this supplemental request include:

- health equity community events and a HIV awareness ad campaign;
- expanding testing and treatment access for those at risk and living with HIV; and
- supporting a satellite clinic in Germantown to improve access to prevention and care services for residents living in the northern part of the County.

To assess the extent to which this supplemental request will advance racial equity and social justice in the County, we looked at information available about each funded activity and the extent to which it addresses the barriers hindering effectiveness identified in the report and/or inequities contributing to the epidemic. This assessment will not involve a review of the entire EHE initiative or plan, as it is beyond the scope of this funding request.

Health Equity community events and HIV awareness campaign

The EHE Plan identifies a lack of education and awareness as key barriers in meeting the county's goal of diagnosing at least 95% of all HIV infections. Because many residents and people in the region are not aware of the scale of the HIV epidemic in the County (or related risk factors), they may not be aware of their or a loved-one's risks, and/or the importance of testing, particularly given persistent stigma and discrimination surrounding HIV. It is estimated that these stigma and other barriers have resulted in 13% of people living with HIV without knowing it. Compounding this lack of awareness and the risks it carries, is a lack of widespread information about prevention and treatment options, and often structural barriers in access (even with greater awareness). **For community events and awareness campaigns to be effective they must address gaps in communication that prevent easy access to important information. First, this involves developing a deep understanding of the racialized and intersectional experiences of those living with and at risk of HIV in the County and region.** This means that all aspects of awareness and education-building must be geared towards these realities. Doing so will likely require event organizers and campaign leaders (and leaders across systems) to spend time and resources strategizing and thinking about solutions in new ways. It will also require building collaborative relationships with community-stakeholders to plan and coordinate for the greatest impact. Organizations and leaders, many of whom have lived experiences, established, and trusted networks, and cultural and linguistic competencies, are critical to this effort. **These connections are crucial for the two-way exchange of information—not just in the delivery of information but in the receipt of feedback and insights from the experiences of people engaging with systems intended to serve them.** In addition to the influence of trusted messengers, the location, frequency, and relevancy of these events and campaigns is also important. This includes availability of information (at a minimum) in multiple languages, multiple digital platforms, and in spaces where people who are impacted feel most safe.

Expanding testing and treatment access for those at risk and living with HIV

In the US, research suggests that 38% of all new HIV transmissions occur from those who are undiagnosed⁴. Presuming this pattern is also true in Montgomery County, a more robust and accessible testing regime is critical in reducing the number of new infections by 2030. Yet testing remains elusive for far too many in the County. As with strengthening education and awareness, strategies addressing barriers to testing access must respond to the unique experiences of people with and at risk of HIV in the County. Strategies for example should address barriers based on age, immigration status, gender, and race that complicate (and often prevent) access to healthcare, particularly the type of healthcare that helps to achieve viral suppression. The EHE Plan⁵ identifies a number of barriers to testing:

- weak or nonexistent connections between healthcare providers and Partner Services, which affects the timeliness of new case reporting;
- testing fees;
- fear of what a positive diagnosis may entail—cost of care and stigma. For immigrants, especially those who are undocumented, fears also include how a positive test and contact tracing may affect their immigration status; and
- lack of LGBTQ-affirming health and service providers, fewer options for LGBTQ communities of color and environments that are culturally in tune with the needs of various immigrant communities.

The barriers to treatment are very similar. However, given the long-term nature of the care required to reach and sustain viral suppression, a more expansive look is necessary to consider how treatment barriers, that are structural in nature, such as transportation, housing, food access, and affordability can be addressed.

Supporting a satellite clinic in Germantown to improve access to prevention and care services for residents living in the northern part of the County

Data about the geographic burden of HIV in the County show that the areas of Germantown, Gaithersburg, and Rockville make up about half of new and living cases of HIV⁶. As discussed throughout this assessment, many barriers impacting HIV prevention, testing, treatment, and care are structural in nature. Given persistent racial disparities in the County and how those disparities affect where people live and work, the placement of services in Germantown (based on available data) has the potential to reduce barriers and enable better long-term care outcomes.

Racial Equity Best Practices

While specific details regarding the design and delivery of some of these activities are not yet available, there are several factors, known to advance racial equity across issue areas, that should be considered:

⁴ Kaiser Family Foundation. The HIV/AIDS Epidemic in the United States: The Basics. Jun 7, 2021. Available at: <https://www.kff.org/hiv/aids/fact-sheet/the-hiv-aids-epidemic-in-the-united-states-the-basics/>

⁵ Montgomery County, MD Department of Health and Human Services

⁶ Montgomery County, MD Department of Health and Human Services

1. Strengthen data collection, analysis, and monitoring capacity to enable education and care that is appropriately targeted. Disaggregate data by race and other relevant characteristics. For example, given the particular risks immigrant and non-binary people experience, it is important to monitor prevention, diagnosis, and treatment for these sub-populations by race.
2. Consider systems-level changes that allow these disparate activities to work in harmony and center human experiences—building shared understanding of who and how different communities are impacted (which has started within the EHE Plan); developing a multidisciplinary response that recognizes health disparities and epidemiological risk factors; and centering the dignity and humanity of residents at every stage of the HIV continuum (this includes not just in the delivery of services but in the development of feedback loops that facilitate change).
3. Build accountability and public transparency into the design and implementation of activities in ways that build public trust.

cc: Ken Hartman, Director, Office of Strategic Partnerships, Office of the County Executive
Raymond Crowel, Director, Department of Health and Human Services