

## Key Populations

### Excerpt from the Ending the Epidemic Blueprint

#### Pages 15-17

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A key element in the three point plan to End the Epidemic in New York State is to decrease the number of new infections. New infections mainly occur when an HIV infectious person and an HIV-negative person engage in risk behavior. There are virtually no new infections if the HIV-positive person is virally suppressed or the HIV-negative person is taking PrEP. Short of that, there are no new infections if the individuals use condoms consistently and correctly and do not share injection equipment.

New HIV infections do not happen in isolation, but rather come tied to numerous contextual factors. Scientific evidence as well as input from Task Force members has identified a number of these factors including:

- Poor health care, which includes:
  - lack of access to medications
  - condoms or clean syringes
  - no medical insurance; untrained or culturally incompetent medical providers
  - lack of health support (peer navigators, medication adherence support)
  - no easy access to HIV/STI (sexually transmitted infection) screening
  - lack of confidential services
  - delay from testing to linkage to care
  - lack of health and sexual education
  
- Poverty, which includes:
  - lack of housing
  - food insufficiency
  - unemployment/underemployment
  - survival sex work and inequality , which includes:
    - incarceration
    - undocumented status
    - stigmatization
    - disempowerment
    - discrimination
    - bullying
    - penalization of condom carriers
    - domestic violence
    - unfair drug laws
  
- Mental health problems, such as:
  - depression
  - substance abuse
  - impulsivity
  - fatalism
  - disengagement
  - religious guilt
  - cognitive problems
  - history of traumatic experiences
  
- Geographic disadvantage
  - engaging in risk behavior in areas with high HIV prevalence

In many cases, these factors overlap; however, certain populations are more affected by contextual factors and experience the highest rates of associated health disparities.

These include:

- 1) MSM, especially black and Hispanic/Latino MSM, within age clusters with specific characteristics and needs (youth, adulthood, and older MSM);
- 2) all transgender people;
- 3) women of color;
- 4) injection drug users; and
- 5) sero-discordant couples, where one partner is HIV-positive and the other is HIV-negative.

It is important to note that the stated demographics do not, in and of themselves, place individuals at risk of HIV infection. It is not skin color, ethnicity, identity, gender or age that result in HIV infection. Rather, contextual factors in which HIV occurs, such as poor health care, poverty, inequality, mental health problems, and geographic disadvantage amplify HIV risk. The extent to which risk is amplified by these factors can be changed. There are opportunities to intervene.

In order to change the trajectory of new HIV infections, an effective plan of action must continuously identify and rank key populations that are most affected, at continuing risk for new infection and most disadvantaged by systemic health, economic and racial inequities that act as catalysts for new infections. New York State must focus on each newly-diagnosed case and carefully identify all the contextual factors that led to that infection.

There is a need to establish the statistical weight of each contextual factor to determine its relative contribution to the maintenance of the epidemic. In the absence of statistical evidence, the Blueprint relies on the best estimates based on current data. Subsequently, strategies with evidence of effectiveness to counteract the most important factors that lead to new infections should be fully supported. Above all, there is a need for a responsive program so that prevention policies, strategies and funding adapt to emerging evidence about the relative contribution that contextual factors make to sustain new infections.

In addition to reducing new infections, the multiple prevention, testing, care and treatment strategies to be employed across New York State should also improve the general health and well-being of both HIV infected and uninfected people. Through easy access to care, treatment and adherence services and addressing the contextual factors through co-located supportive services, the goal is for HIV-infected persons to have the highest quality and longest life possible.