

## Health Equity Video Transcript: Dr Demetre Daskalakis

My name is Demetre Daskalakis. Decades of discrimination, stigma, income inequality, systemic racism, homophobia, and a mistrust of the healthcare system, have led to persistent disparities in HIV-related health outcomes. The only way we can truly end HIV in the United States is by eliminating the barriers that prevent equitable access to HIV prevention. Although annual HIV infections have stabilized, the overall stability masks important racial disparities. Recent CDC data show, black and Hispanic men who have sex with men or MSM, were significantly less likely than white men who have sex with men to be aware of PrEP, to have discussed PrEP with a healthcare provider, or to have used PrEP within the past year.

We have yet another study that shows black and Latino, and younger men, who have sex with men are less likely to be linked to care or to achieve viral suppression. Black women are disproportionately affected by HIV compared to women of other races and ethnicities, and available evidence suggests that in relation to their population size, transgender women are among the groups most affected by HIV in the United States.

Although long term declining trends in HIV incidents among people who inject drugs have stalled, new infections have begun to increase in some demographic groups and geographies.

We really need to take a whole-person approach to people in need of prevention and care. Every person, regardless of their HIV status, receives the same high quality, culturally affirming care. This approach helps build trust between the patient and their provider, which can help retain them in care and helps eliminate HIV related stigma, a major barrier to health equity.

CDC has accelerated efforts for achieving health equity, through focused-funding, strategic community engagement and expanded investments where they're needed most. CDC awards \$400 million each year to health departments for integrated HIV data collection and prevention efforts. We also partner directly with community-based organizations that have credibility and a long history of meeting the needs of black, Latino, and other disproportionately affected groups.

To help reduce stigma and encourage people at risk for and with HIV to seek out vital testing, treatment and prevention services, CDC works with community partners to design and deliver education and awareness campaigns, culturally appropriate, and bilingual messages about HIV testing, prevention and treatment.

And to further accelerate progress, the federal ending the HIV epidemic initiative, is working to overcome barriers to HIV prevention and treatment in the areas of the country, now hardest hit by this epidemic. Although we cannot fix deep seated issues like systemic racism overnight, as a division, we can commit to creating programs that are equitable, eliminate HIV stigma, and improve access to prevention and care services. And we can commit to monitoring our collective impact and holding each other accountable for our progress.

Why is health equity important to me personally? I moved to New York City in 1991, and my first introduction to being gay was New York City's nightlife. Moving from Arlington, Virginia, I hadn't really had a lot of encounters with diverse groups of people. When I got introduced to the New York City scene, I met many people who really didn't define themselves in terms of gender identity, and I met people from every race and every sexuality. As a 17 year old, it was great, and so I was making all of these friends. And then I started to notice one day, some of these friends stopped showing up. And I learned that they stopped showing up because they were getting HIV, they were getting sick, and getting admitted to the hospital, and we wouldn't see them again because some of them would die. And that's when I found that HIV likes to find those who can afford the least to be sick with it, those who already face stigma, and are medically disenfranchised.

My job won't be done until everyone, regardless of their geographic location, drug use, gender identity, income level, housing status, or race, ethnicity, has equal access to culturally affirming, high quality, continuous care services. They should be able to walk through the same door of their local sexual health clinic and get the same services they need to stay healthy.

That is how we're going to end this epidemic.