

Healthy People 2020 Leading Health Indicators

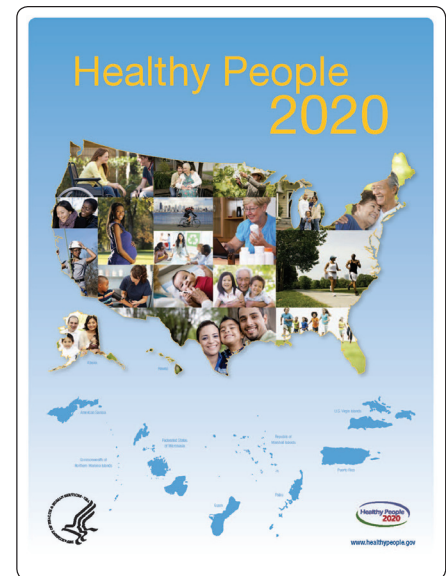
Objective HIV-13: Proportion of Persons Living with HIV Who Know Their Serostatus

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About Healthy People 2020 Leading Health Indicators

For three decades, Healthy People has provided science-based, 10-year national objectives for improving the health of all Americans. Healthy People 2020 strives to identify nationwide health improvement priorities, including: increasing public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress; providing measurable objectives and goals that are applicable at the national, state and local levels; engaging multiple sectors to take actions to strengthen policies and improve health practices; and identifying critical research, evaluation and data collection needs. Healthy People 2020 covers 42 topic areas and has nearly 600 objectives; 18 of these objectives are focused on [HIV](#).

A smaller set of Healthy People 2020 objectives, called [Leading Health Indicators](#), has been selected to communicate high-priority health issues and actions that can be taken to address them. One of these 12 Leading Health Indicators is [Sexual and Reproductive Health](#), which includes a focus on the need to increase the proportion of persons living with HIV who know their serostatus.



National HIV/AIDS Strategy and Healthy People 2020

The National HIV/AIDS Strategy ([NHAS](#)), which was released in 2010, establishes the nation's priorities for HIV prevention and care. NHAS includes three primary goals: 1) Reducing the number of people who become infected with HIV; 2) Increasing access to care and improving health outcomes for people living with HIV; and 3) Reducing HIV-related health disparities. Healthy People 2020 HIV objectives address NHAS priorities and reflect NHAS targets. Increasing the proportion of people living with HIV who know their serostatus is a Healthy People 2020 objective and a NHAS goal. CDC's Division of HIV/AIDS Prevention has developed a [strategic plan](#) to achieve NHAS and Healthy People 2020 priorities.

Objective HIV-13: Proportion of Persons Living with HIV Who Know Their Serostatus

The proportion of persons living with HIV who know their serostatus is calculated from two numbers: the estimated number of those who are aware of their serostatus divided by the estimated number of people living with HIV in the United States.

From 2006 to 2009, the estimated number of people living with HIV increased 8.2% from 1,061,100 to 1,148,200 [1].

- The number of males living with HIV (869,000) was more than three times higher than the number of women (279,100).
- Among racial/ethnic groups, blacks had the highest number of persons living with HIV (510,600), accounting for 44% of all persons living with HIV in 2009. This estimate is followed by whites (380,300), Hispanics (220,400), persons of multiple races (15,700), Asians (15,400), American Indians or Alaska Natives (4,300), and other Pacific Islanders (1,400).

- Of selected age groups, the 45-54 age group had the highest number of persons living with HIV, 380,900. The number of persons living with HIV was lowest in the younger age groups: 35-44 year olds (304,000); 25-34 year olds (164,000) and 13-24 year olds (68,900); and for the oldest age groups: 55-64 year olds (155,700) and persons aged 64 years or older (40,300).
- Among the transmission categories, the highest number of persons living with HIV was men who have sex with men (MSM), 592,100 heterosexual females had the second highest number, 207,100, higher than heterosexual males (100,600). Among injection drug users (IDUs), the number of male IDUs (113,200) was higher than the female IDUs (70,200). The number of MSM/IDUs living with HIV was lower than other groups (60,200).

The percentage of persons who know their HIV status has increased from 80.6% in 2006 to 81.9% in 2009, an increase of 1.3% [1].

- In 2009, a higher percentage of women knew their serostatus than men (85% versus 81%).
- Among racial/ethnic groups, a higher percentage of whites living with HIV knew their serostatus compared to people of color. 85% of whites were aware of their serostatus compared to 81% of blacks, 80% of Hispanics, 80% of persons of multiple races, 75% of American Indians or Alaska Natives, 73% of Native Hawaiians or other Pacific Islanders, and 73% of Asians.
- In 2009, a higher percentage of persons aged 55-64 knew their serostatus (90%) compared to 41% for 13-24 year olds, 72% for 25-34 year olds, 85% for 35-44 year olds, and 89% for 45-54 year olds.
- In terms of the HIV transmission category, higher percentages of male and female IDUs, including those who were also (MSM), were aware of their serostatus, compared to other groups. Awareness of serostatus was lower among people whose HIV transmission was attributed to sexual activity; that is MSM, heterosexual males and heterosexual females.

Although these data show some progress, we need to accelerate the pace of that progress in order to meet the goals of the National HIV/AIDS Strategy and HealthyPeople2020.

CDC's HIV Testing Activities

- In 2009, CDC funding supported more than **3 million HIV tests**. More than 16,000 people were newly diagnosed with HIV as a result of this funding.
- In 2012, CDC issued a **new health department funding opportunity announcement** (FOA) that is designed to increase the impact of HIV prevention. This program will distribute \$359 million annually to support HIV testing and other prevention efforts and using a High Impact Prevention approach. Of these funds, \$54.8 million goes to support CDC's **Expanded Testing Program** that is being conducted in 34 high-prevalence areas with 90% of the country's AIDS epidemic. This program supports health departments in working with hospitals and health care providers to conduct routine opt-out testing and provide targeted HIV testing in community-based settings. The project focuses on HIV testing among African Americans, Latinos, MSM and IDUs and emphasizes linking those who test positive to medical care.
- CDC provides support to **community-based organizations** (CBOs) to help implement HIV testing and other prevention efforts among populations at greatest risk, including young gay and bisexual men of color, transgender youth of color, and their partners.
- CDC conducts health communication campaigns that promote HIV Testing, including **Take Charge, Take the Test**, which focuses on African American women, and **Testing Makes Us Stronger**, which was developed for black gay and bisexual men.

A full list of Healthy People 2020 HIV-related objectives can be obtained at:

<http://healthypeople.gov/2020/topicsobjectives2020/pdfs/HIV.pdf>

For more information, please visit:

- www.healthypeople.gov/2020
- www.cdc.gov/hiv

Information about HIV testing and where to get tested can be found at: <http://hivtest.cdc.gov>.

References

1. Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 U.S. dependent areas, 2010. HIV Surveillance Supplemental Report 2012;17 (No.3, part A). <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>. Published June 2012. Accessed June 21, 2012.
2. CDC. Diagnoses of HIV infection and AIDS in the United States and dependent areas, 2010. HIV surveillance report, vol. 22. Atlanta, GA: US Department of Health and Human Services, CDC; 2012. Available at <http://www.cdc.gov/hiv/surveillance/resources/reports/2010report/index.htm>. Accessed June 21, 2012.
3. Hall IH, Song R, Rhodes P, et al. Estimation of HIV Incidence in the United States. JAMA 2008; 300:520–9.
4. Centers for Disease Control and Prevention. Vital Signs: HIV Prevention through Care and Treatment – United States, 2011. 60 (47). <http://www.cdc.gov/mmwr/pdf/wk/mm6047.pdf>. Published November 2011. Accessed June 21, 2012.

¹To examine the prevalence of diagnosed and undiagnosed HIV infection, data were used on (1) HIV and AIDS diagnoses among adults and adolescents (persons aged ≥ 13 years at diagnosis) from 46 states that had confidential name-based HIV infection reporting as of January 2007, and (2) AIDS diagnoses from the District of Columbia, Hawaii, Maryland, Massachusetts, and Vermont (areas that had not established confidential name-based HIV infection reporting by January 2007). Differences between current prevalence estimates and previous estimates may be due to the availability of additional HIV surveillance data, additional information or more complete data for previous years, the inclusion of HIV data from 6 additional states (California, Delaware, Montana, Oregon, Rhode Island, and Washington), the inclusion of additional years of data, and the use of new race categories. In addition, differences may be due to changes in the methodology used for adjusting for reporting delays and missing risk factor information. However, any modified methods now align with the procedures used for weighting for reporting delays and missing risk factors for tables in the 2010 HIV Surveillance Report [2] and the HIV Surveillance Supplemental report [1].