

HISPANIC EQUITY BRIEFS

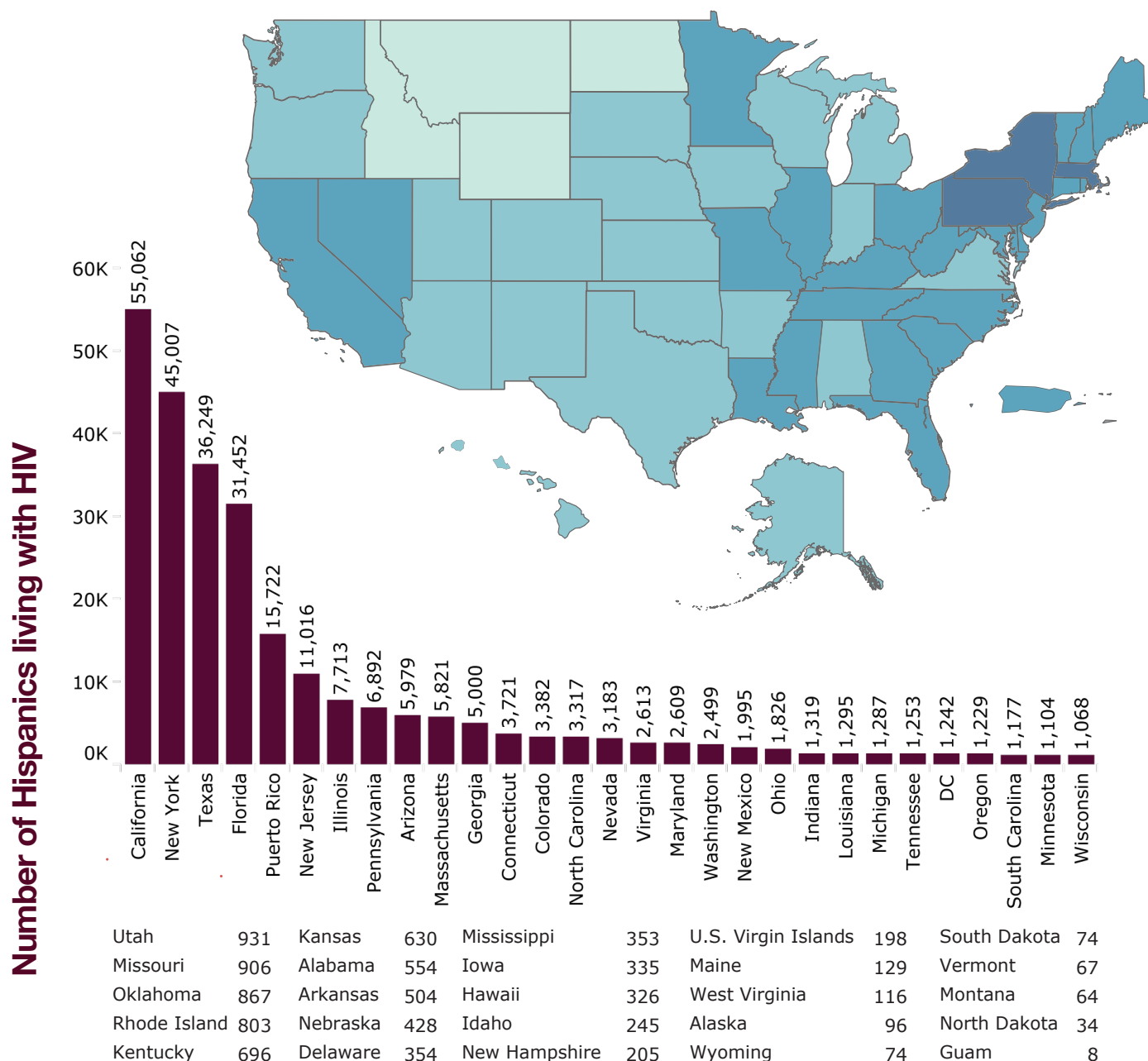
Hispanics living with HIV in the U.S.

As of 2021, Hispanics¹ accounted for 23.8% of all reported people living with HIV (PLWH) in the United States while representing 19.1% of the population. In addition to being overrepresented, Hispanic PLWH often present worse outcomes along the HIV care continuum, from late diagnosis to viral suppression, across states. Targeted efforts along the care continuum are needed to reduce disparities in outcomes and achieve the 2030 national target of 95% for viral suppression. There is also a need to address the current aging needs of Hispanic PLWH and plan for the upcoming service challenges of an aging population living with HIV. Thanks to the effectiveness of HIV medication, PLWH are living longer lives. Of the 255,101 Hispanic PLWH in the U.S., over a third (33.5%) were 55 years and older. The proportion will continue to increase as new diagnoses decrease and PLWH age.

HIV prevalence rates among Hispanics by state and territory, 2021

100 - 199 200 - 399 400 - 799 800+

Note: Rates are per 100K people ages 13 and over

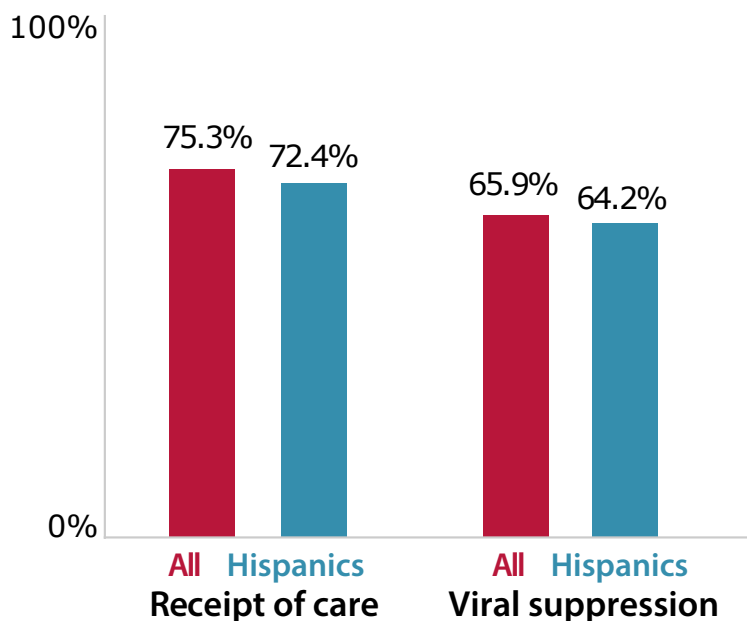


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HIV care continuum for PLWH for the U.S., 2021

The HIV care continuum monitors individual and population outcomes as PLWH seek treatment with HIV antiretroviral therapy or ART. This public health model outlines steps or stages from diagnosis to achieving and maintaining viral suppression (a very low or undetectable amount of HIV in the blood) through HIV care and treatment.



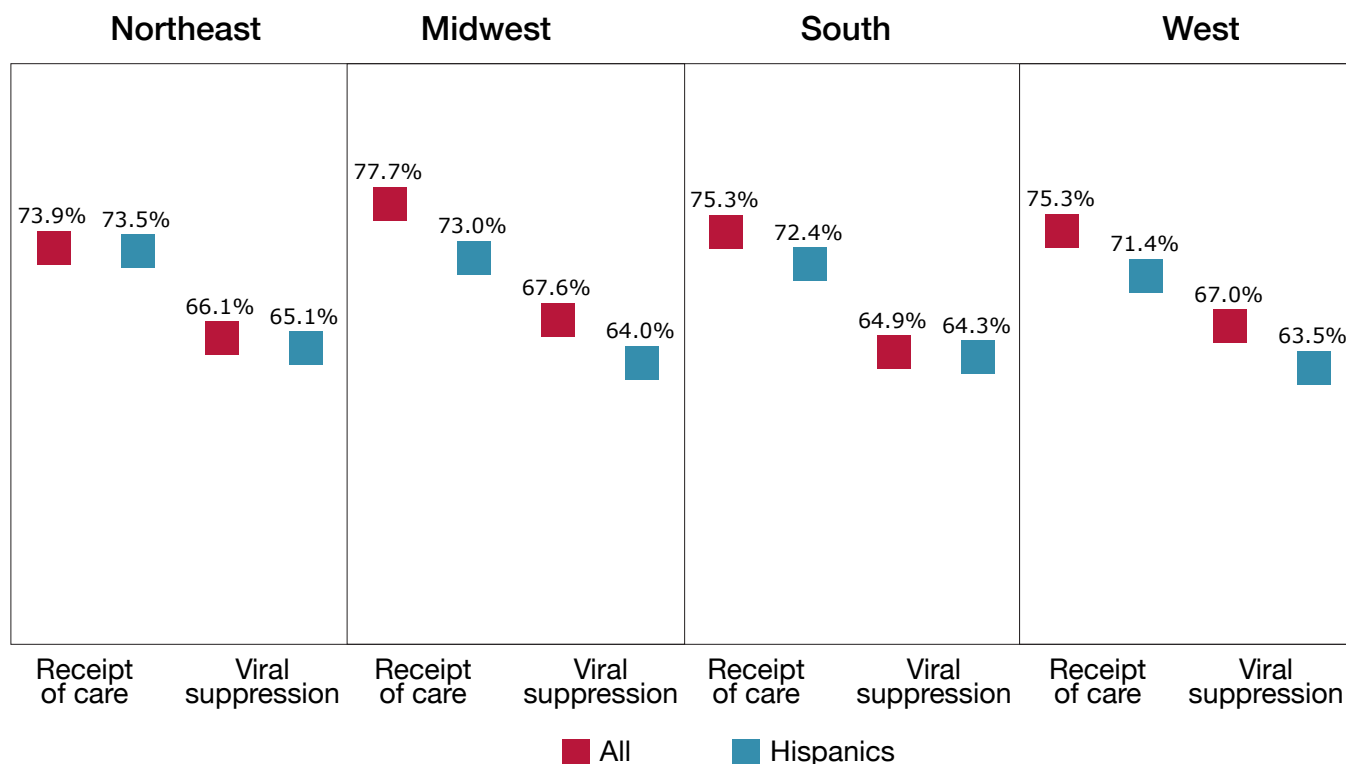
In 2021, two-thirds (65.9%) of all people diagnosed with HIV had achieved viral suppression, with Hispanic PLWH slightly behind at 64.2%.

There is a need to improve outcomes along the care continuum. In 2021, 15.1% of Hispanics were unaware of living with HIV, and 22.1%* of the new cases among Hispanics were late diagnoses.

Receipt of care and viral suppression percentages were similar across all U.S. regions (chart below). However, Hispanic PLWH showed lower percentages than all PLWH, particularly in the Midwest and the West.

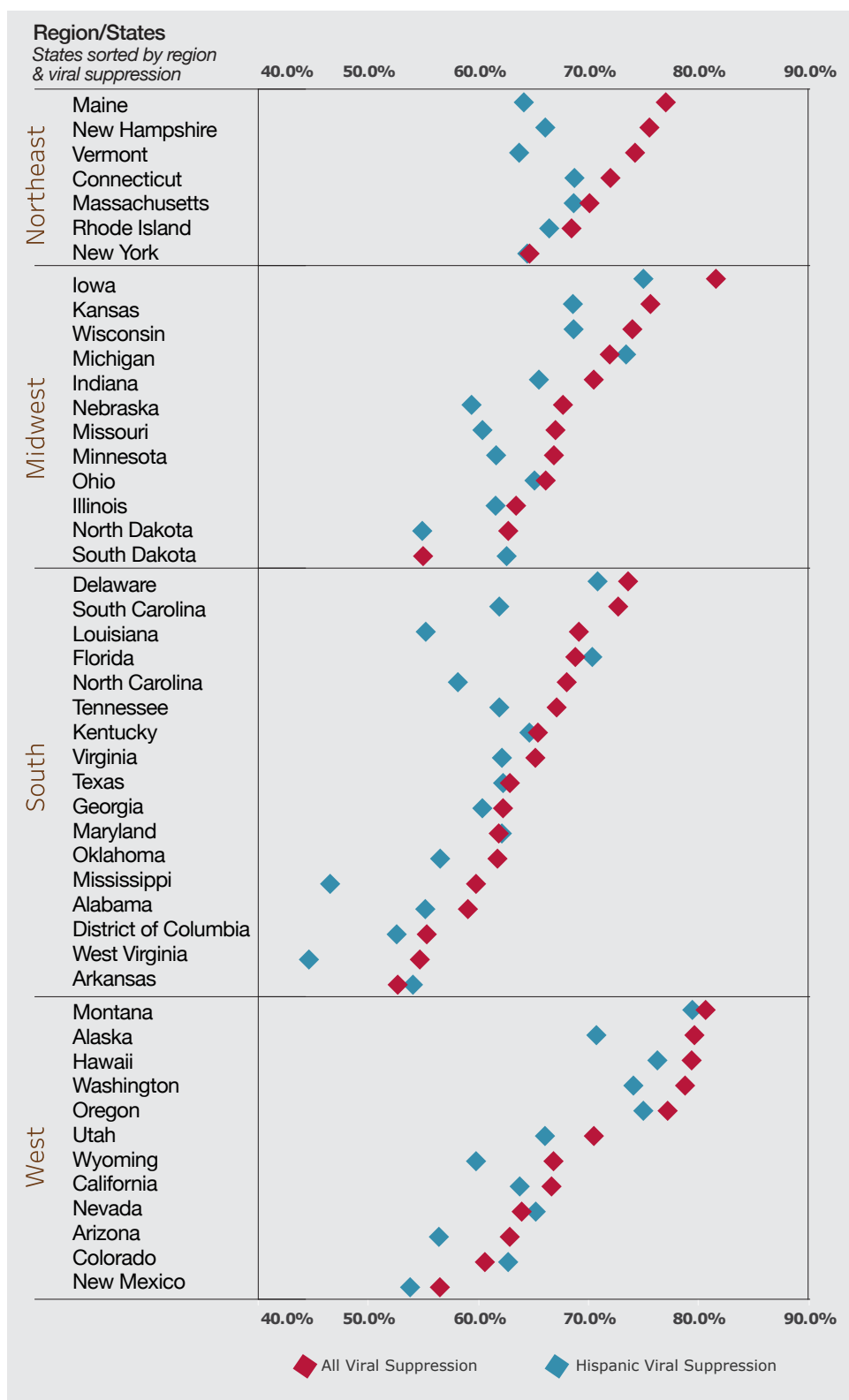
Moreover, in 2021, 15.5% of Hispanic PLWH were not linked to care, over a quarter (27.6%) did not receive care, and over a third (35.8%) had not achieved viral suppression.

**AIDVu*



Receipt of care and viral suppression data do not include the states of Idaho, New Jersey, and Pennsylvania due to incomplete reporting or no state mandate. Data from Puerto Rico and other U.S. Territories were not available. Lack of complete data hinder focused efforts to improve health outcomes.

HIV viral suppression in the U.S. by state, 2021



There is great variation in viral suppression when state data are compared. First, the range of viral suppression percentages for Hispanics varies considerably across states within each region. For instance, viral suppression in the Northeast varies from 63.6% in Vermont to 68.7% in Connecticut. In the South, it varies from 44.5% in West Virginia to 70.8% in Delaware.

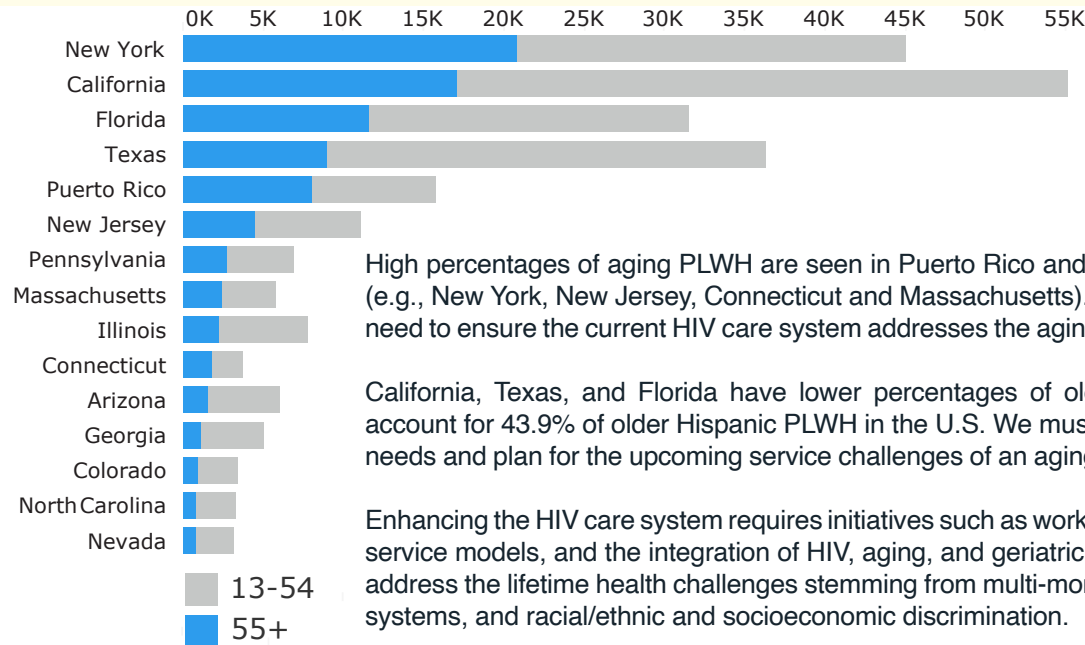
Secondly, the gap in viral suppression between all PLWH versus Hispanics also varies across states. For example, viral suppression in the South is slightly higher for Hispanics in Maryland (a 0.3% gap) versus lower in Louisiana (a 13.9% gap). Finally, Hispanic PLWH have lower viral suppression percentages than all PLWH in most states.

Achieving the 2030 national target of 95% for viral suppression will require addressing regional and state barriers to improve viral suppression and reduce geographic and racial/ethnic disparities. As examples, we can increase tailored Ryan White funding, support telemedicine / telehealth collaborations between providers, create federally qualified health centers, and enhance culturally and linguistically relevant services for underperforming areas.

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Number of Hispanic PLWH 55+ in top areas with the highest numbers of Hispanic PLWH

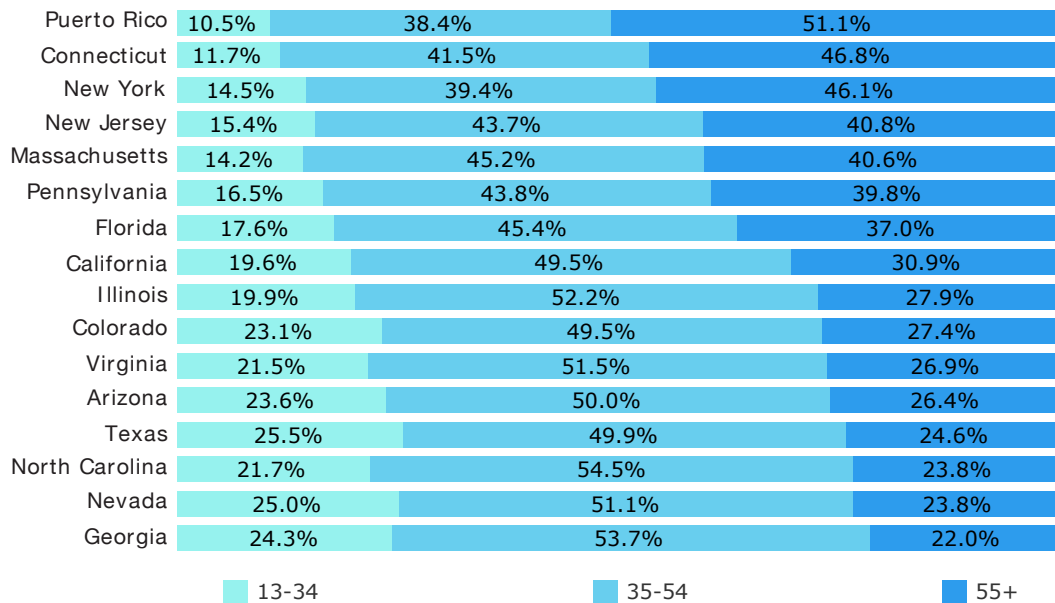


High percentages of aging PLWH are seen in Puerto Rico and many Northeastern States (e.g., New York, New Jersey, Connecticut and Massachusetts). Hence, there is a pressing need to ensure the current HIV care system addresses the aging needs of Hispanic PLWH.

California, Texas, and Florida have lower percentages of older PLWH. However, they account for 43.9% of older Hispanic PLWH in the U.S. We must address the current aging needs and plan for the upcoming service challenges of an aging population living with HIV.

Enhancing the HIV care system requires initiatives such as workforce development, tailored service models, and the integration of HIV, aging, and geriatric care. Additionally, we must address the lifetime health challenges stemming from multi-morbidities, unresponsive care systems, and racial/ethnic and socioeconomic discrimination.

Age distribution in top areas states with the highest numbers of Hispanic PLWH (sorted by percentage of PLWH 55 and older)



Thanks to our coworkers and external partners who provided feedback for this brief.

1. For simplicity, we use the overarching term Hispanic to refer to diverse self-identifications within our communities, including those related to race/ethnicity, family origin, and gender expression (e.g., Hispanic, Latino, Cuban-American, or Latinx).

HIV Diagnosis data came from the NCHHSTP Atlas Plus interactive tool which contains CDC's HIV surveillance data. Late diagnosis date came from AIDSvu. Rates were calculated as described in the tool's technical notes. Population estimates of persons 13 years and older for all states and the District of Columbia came from the U.S. Census Bureau 2021 vintage year estimates. Hispanic and total population estimates for Puerto Rico derived from the American Community Survey 2021, collected from IPUMS USA. As a result of different population denominators, calculated rates may not be exactly the same as the rates from NCHHSTP Atlas Plus.

Suggested citation: Guzman, Roxana, Aviles, Kathelyn, Black, Shayla, Suarez, Sarah, Escamilla, Evelio, Castellanos, Daniel. 2023. *Hispanic Equity Briefs*. Vol 1 (2). LCOA. New York. Available at www.ilhe.org.

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The ILHE is the research and policy dissemination program of the Latino Commission on AIDS and the Hispanic Health Network.

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