

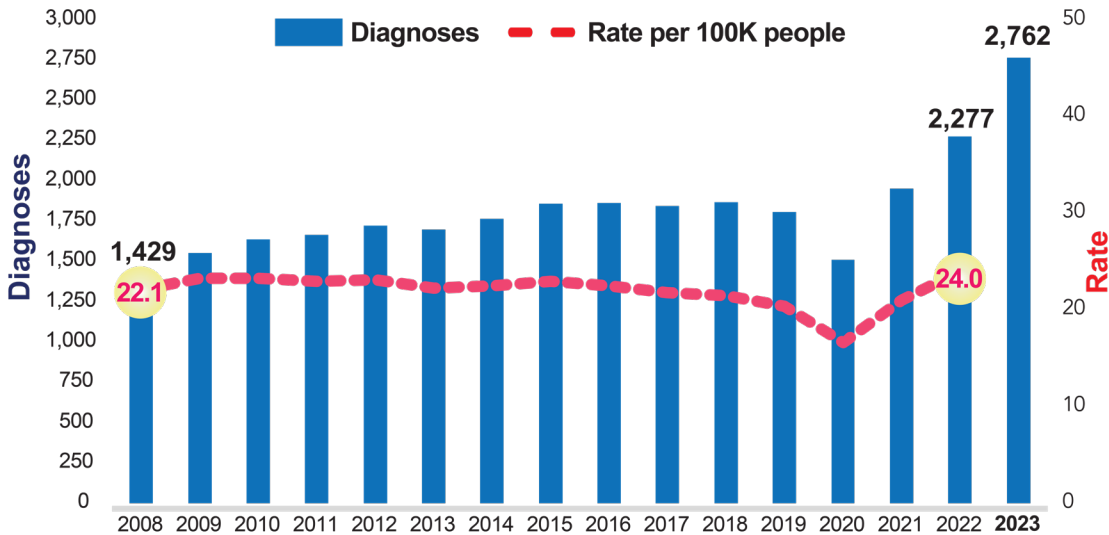
HIV trends among Hispanic Texans

December 2024

Despite the strides made in HIV prevention and care in the U.S., the battle against the epidemic is far from over. The past 15 years have seen a concerning trend in Texas, with HIV diagnoses among Hispanic Texans either remaining stagnant or increasing across most counties. Geographic diversity in HIV outcomes reflects Texas's vast cultural, social, and economic diversity. Furthermore, uneven HIV trends reflect unequal public health infrastructures across Texas, including HIV prevention and care funding, health coverage, and health workforce supply. The challenge many counties face in achieving the Ending the HIV Epidemic 90%-goals underscores the urgent need for comprehensive strategies to combat the epidemic.

HIV diagnoses and rates among Hispanic Texans, 2008-2023

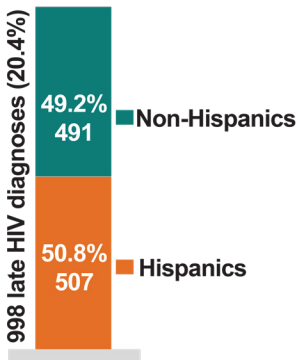
(CDC AtlasPlus, preliminary data for 2023)



Early diagnosis is essential for preventing opportunistic infections, improving health outcomes, and reducing HIV transmission. Late HIV diagnoses (stage 3) often reflect systemic challenges, including poverty, restrictive health policies, health workforce shortages, and underfunded supportive services. These factors are compounded by social and institutionalized racism, homophobia, transphobia, and xenophobia, creating significant barriers to timely diagnosis and care. Texas has the highest percentage of late HIV diagnoses among Hispanics in the U.S. Furthermore, Hispanics disproportionately account for over half of the late HIV diagnoses in the state.

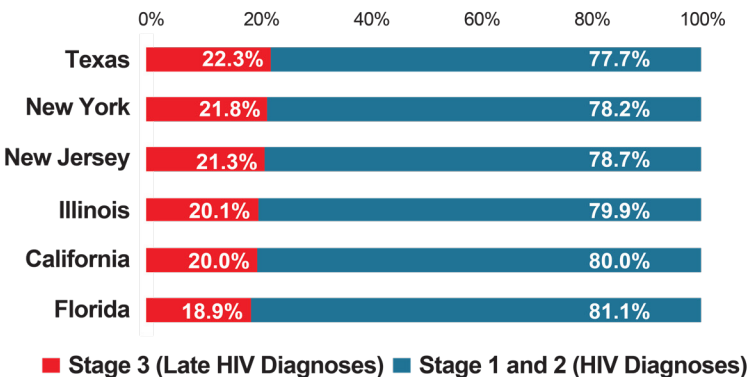
Late HIV diagnoses in Texas

4,896 total HIV diagnoses
(AIDSvu, 2022)



Late HIV diagnoses among Hispanics in selected Hispanic-populated states, 2022

(AIDSvu, 2022)



Institute for Latinx Health Equity

The ILHE is the research and policy dissemination program of the Latino Commission on AIDS and the Hispanic Health Network.
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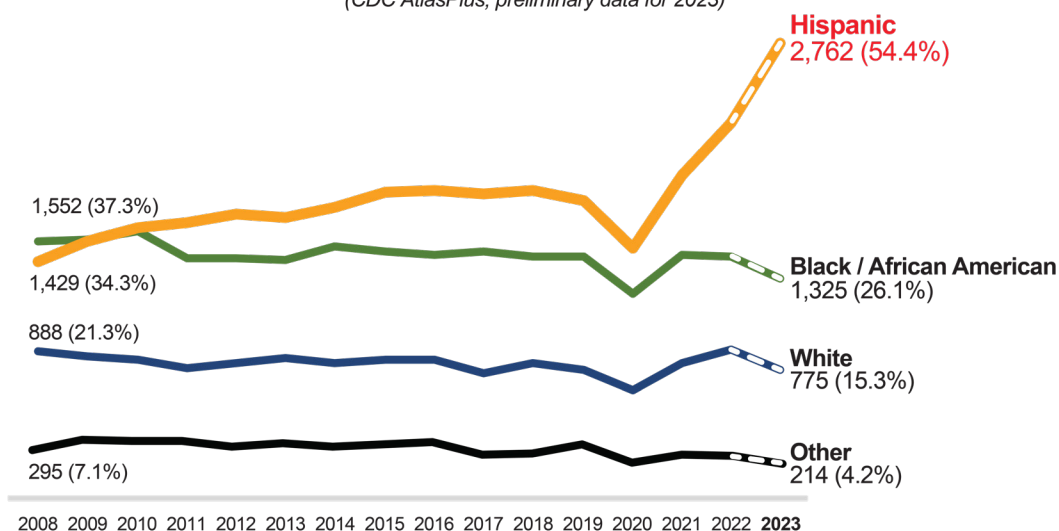
The number of HIV diagnoses in Texas has increased over the last 15 years, from 4,164 cases in 2008 to 5,076 in 2023. After 2020, this increase is particularly striking for Hispanic Texans.

In 2023, Hispanic Texans accounted for more than half of the cases. On the other hand, the decrease in the number of HIV diagnoses among other racial/ethnic groups in the same period is less than optimal, as seen in the chart below.

Texas HIV diagnoses and percentages by race/ethnicity, 2008-2023

4,164 new HIV diagnoses in 2008 and 5,076 in 2023

(CDC AtlasPlus, preliminary data for 2023)

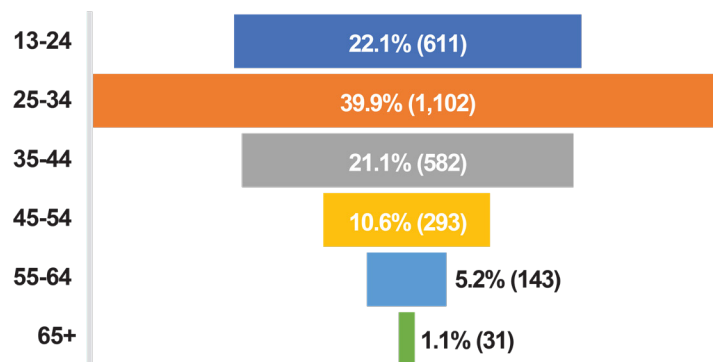


In 2023, almost two-thirds (62%) of new HIV diagnoses among Hispanic Texans were under 35 years of age. Age-appropriate HIV prevention, integrated with education on STIs, mental health, substance use, safe sex practices, and healthy relationships can reduce HIV stigma and harmful behaviors.

Sexual health education should continue beyond high school to address people's evolving sexual patterns and relationships. Geographic-specific efforts are also needed, as the age composition of those impacted varies by county.

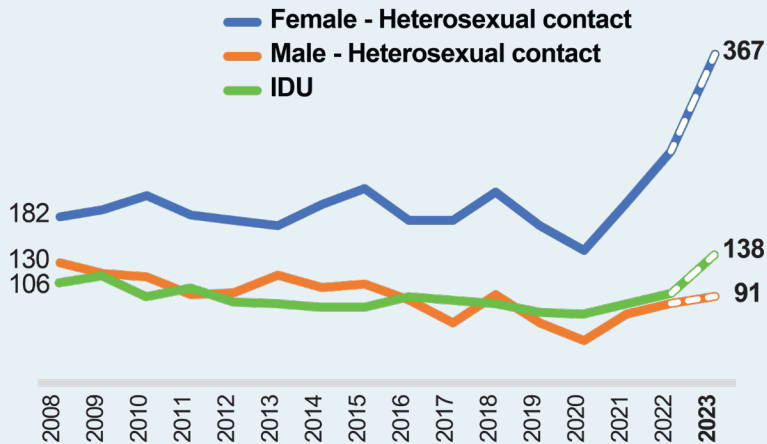
HIV diagnoses among Hispanic Texans by age, 2,762 in 2023

(CDC AtlasPlus, preliminary data for 2023)



HIV diagnoses among Hispanic Texans by transmission categories, 2008-2023

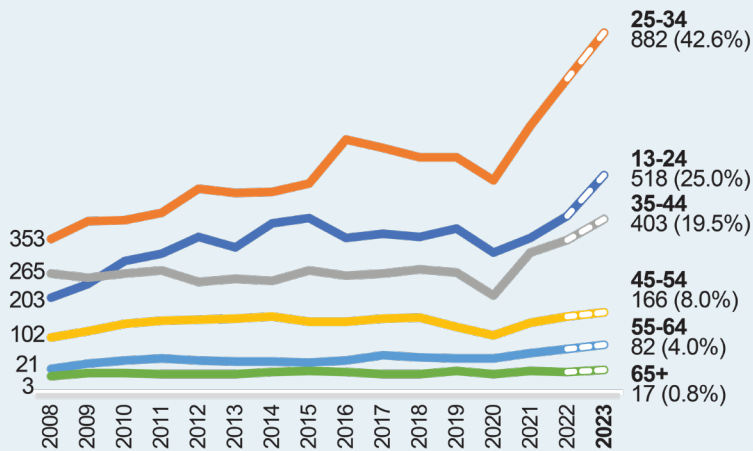
(CDC AtlasPlus, preliminary data for 2023)



HIV diagnoses attributed to male-to-male sexual contact among Hispanic Texans by age, 2008 - 2023

(CDC AtlasPlus, preliminary data for 2023)

947 cases in 2008 & 2,068 in 2023



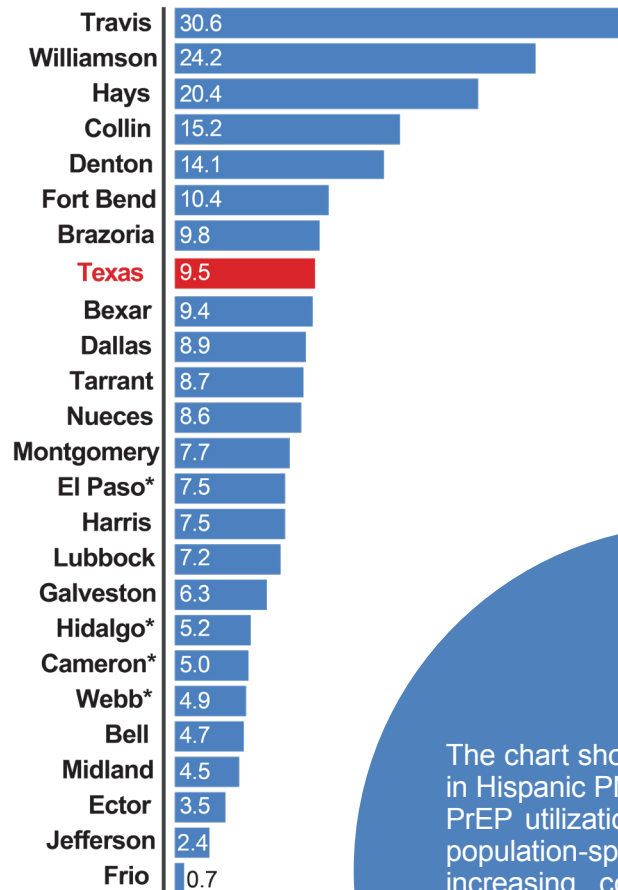
HIV diagnoses continue to increase for most demographic groups of Hispanic Texans and transmission categories. For instance, HIV diagnoses among Hispanic women attributed to heterosexual contact rose 100% in the last 15 years, from 182 in 2008 to 367 in 2023. For gay, bisexual men, and men who have sex with men, the increase was similar (118%), particularly among those 25-34 years of age.

There is a need for tailoring and segmenting HIV prevention and care efforts to encompass Hispanic communities at large and the most impacted subgroups.

In HIV prevention, the PrEP-to-need ratio (PNR) assesses whether enough individuals utilize pre-exposure prophylaxis (PrEP) medication relative to the number of people who may benefit from it. PNR is the ratio of PrEP users to the latest number of newly diagnosed people.
Visit AIDSVu.org for more information.

PrEP-to-need ratio in selected Texas Counties, 2023

**counties on the U.S.-Mexico border
(AIDSVu)*



The chart shows the significant variability in Hispanic PNR across Texas. Improving PrEP utilization involves geographic and population-specific efforts. These include increasing community awareness and education, reducing HIV-related stigma, improving access to preventative care, and training health providers. These efforts can make PrEP a more viable option for those at higher risk for HIV.

HIV rates and diagnoses across Texas

HIV cases and rates are both important indicators for a nuanced understanding of the HIV epidemic in Texas. Cases measure the magnitude of HIV or the overall burden. Rates measure the impact of HIV by accounting for population sizes across different localities. For example, in two areas with similar rates but vastly different case counts, the rate tells us that the impact is comparable despite absolute number differences.

2022 HIV diagnoses and rates among Hispanic Texans in selected counties

**counties along the U.S.-Mexico border
(CDC, AtlasPlus. rates per 100k of the population)*

| County | Rate | Diagnoses |
|--------------|-------------|--------------|
| Frio | 145.8 | 17 |
| Dallas | 36.8 | 309 |
| Harris | 34.6 | 579 |
| Travis | 34.6 | 123 |
| Jefferson | 33.3 | 15 |
| Ector | 27.6 | 22 |
| Galveston | 27.5 | 21 |
| Lubbock | 26.5 | 25 |
| Midland | 25.0 | 16 |
| Bexar | 24.6 | 251 |
| Texas | 24.0 | 2,277 |
| Tarrant | 22.3 | 114 |
| Montgomery | 22.0 | 31 |
| Collin | 21.9 | 32 |
| Denton | 21.2 | 33 |
| Webb* | 19.2 | 38 |
| Williamson | 19.1 | 26 |
| Bell | 19.0 | 15 |
| El Paso* | 18.9 | 111 |
| Cameron* | 18.2 | 55 |
| Hidalgo* | 16.5 | 105 |
| Brazoria | 16.1 | 16 |
| Nueces | 16.0 | 30 |
| Hays | 14.7 | 13 |
| Fort Bend | 14.3 | 26 |

The table above shows a significant variation in HIV rates in 24 counties with substantial Hispanic communities. Higher rates in smaller or semi-urban counties require special attention. These counties may not have health departments or adequate health infrastructures to provide prevention and care locally. Furthermore, in tight-knit communities, an HIV diagnosis may have different consequences for the individual's family and socioeconomic well-being.



HIV variations across Texas counties

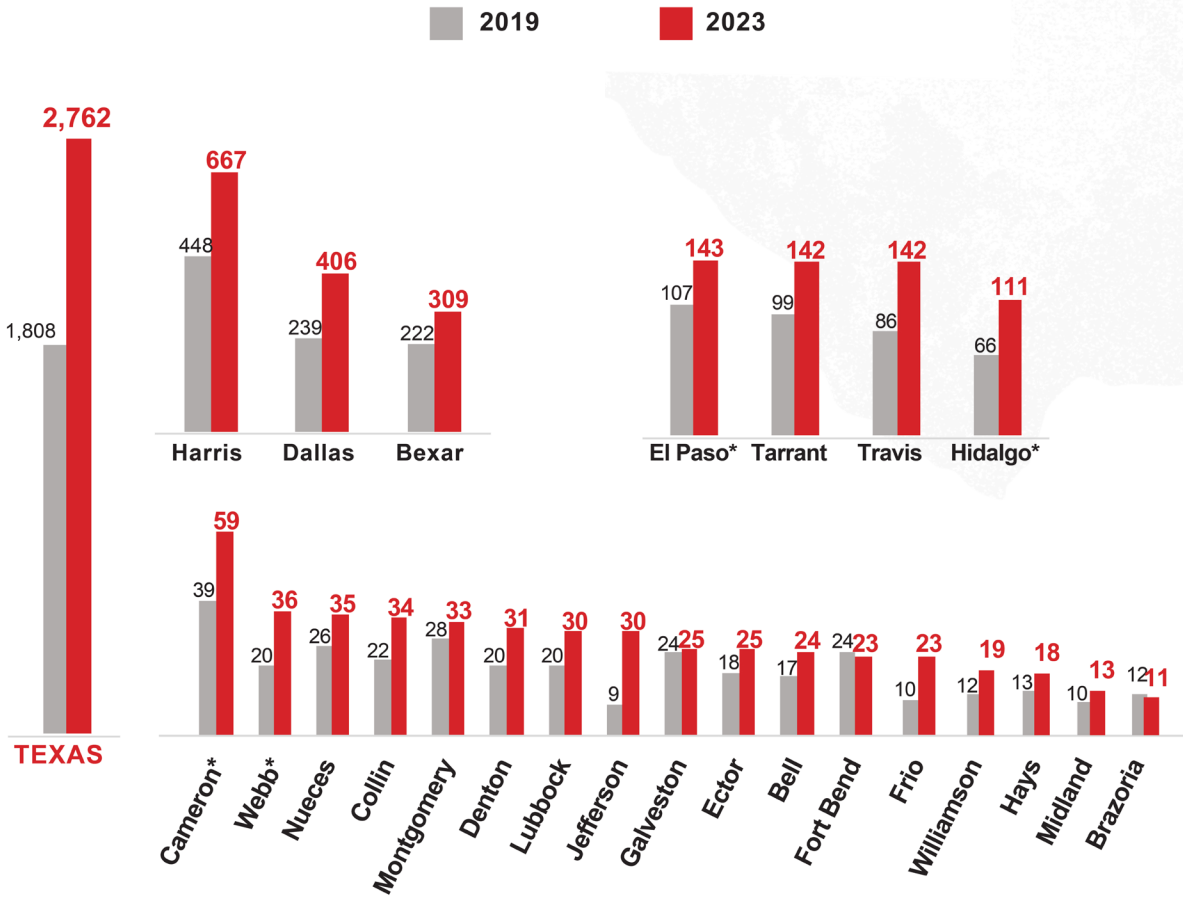
With a few exceptions, the number of new HIV diagnoses among Hispanic Texans increased in the last five years in the 24 counties selected for analysis.

Increases were seen in large urban counties such as Harris, Dallas, and Bexar, and in smaller urban and semi-urban counties such as Lubbock, Ector, and Frio.



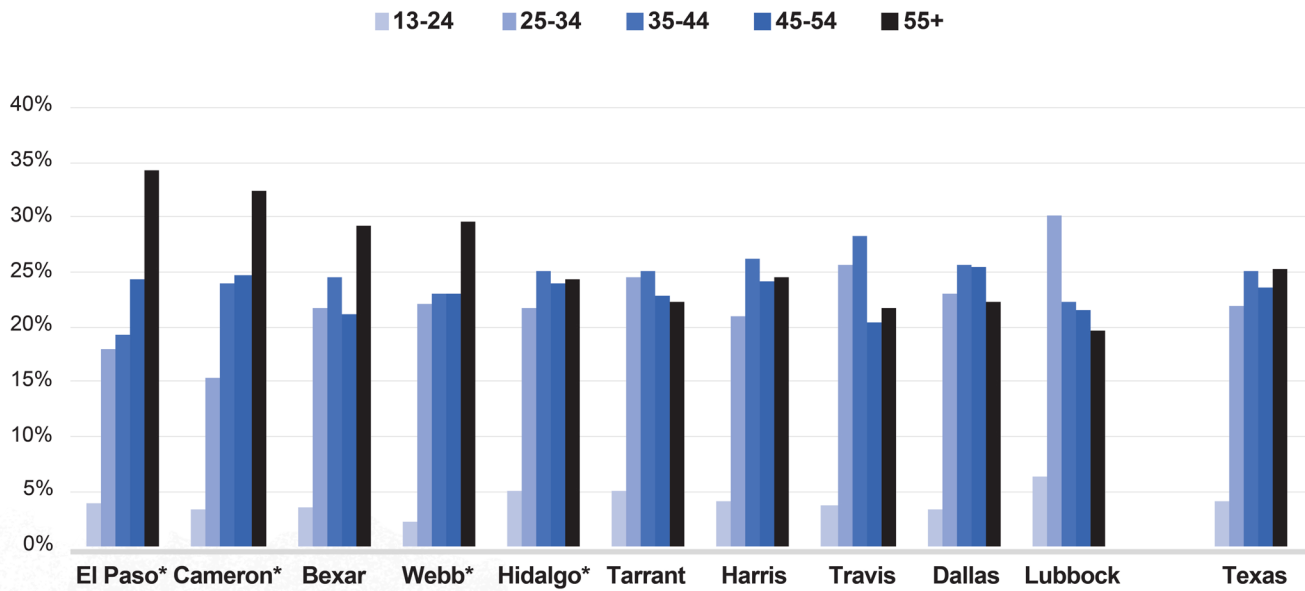
2019 versus 2023 HIV diagnoses among Hispanic Texans in selected counties

*counties on the U.S.-Mexico border
(CDC, AtlasPlus, preliminary data for 2023)



Hispanic Texans living with HIV by age and region, 2022

**counties on the U.S.-Mexico border
(CDC AtlasPlus, preliminary data for 2023)*



There are differences across counties in healthcare access, socioeconomic factors, health literacy, HIV prevalence, stigma, demographics, funding, local health infrastructure, and health resources.

Improved healthcare access, tailored education, integrated healthcare, targeted funding, and enhancement of local health infrastructures can significantly reduce these variations and bring hope for healthier communities across Texas.

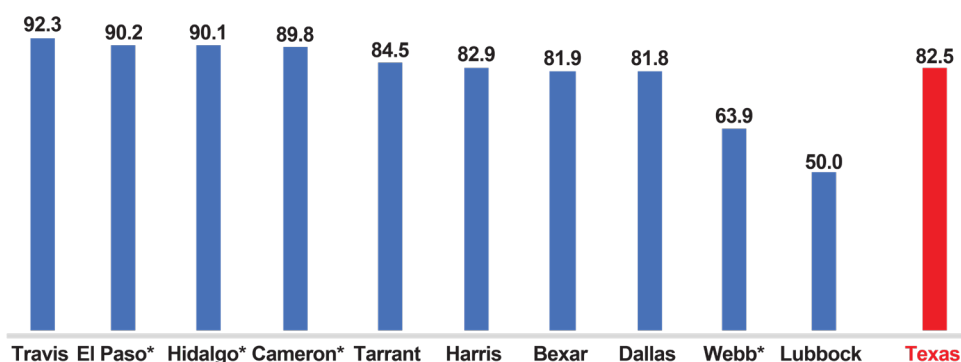


The HIV continuum of care

The HIV care continuum—covering diagnosis, care linkage, treatment, retention, and viral suppression—monitors health outcomes for People Living with HIV (PLWH). Hispanic PLWH face worse outcomes, from late diagnoses to lower viral suppression rates. The chart below shows varying linkage-to-care rates across Texas counties, with some meeting 90% of the goals while others struggle to achieve them. HIV diagnoses impact personal and social lives, but linking individuals to care remains challenging due to stigma, fear of disclosure, mental health challenges, substance use, delayed ART initiation, inadequate coverage, and a complex healthcare system.

Percentage of newly-diagnosed Hispanic Texans linked to care in selected counties, 2023

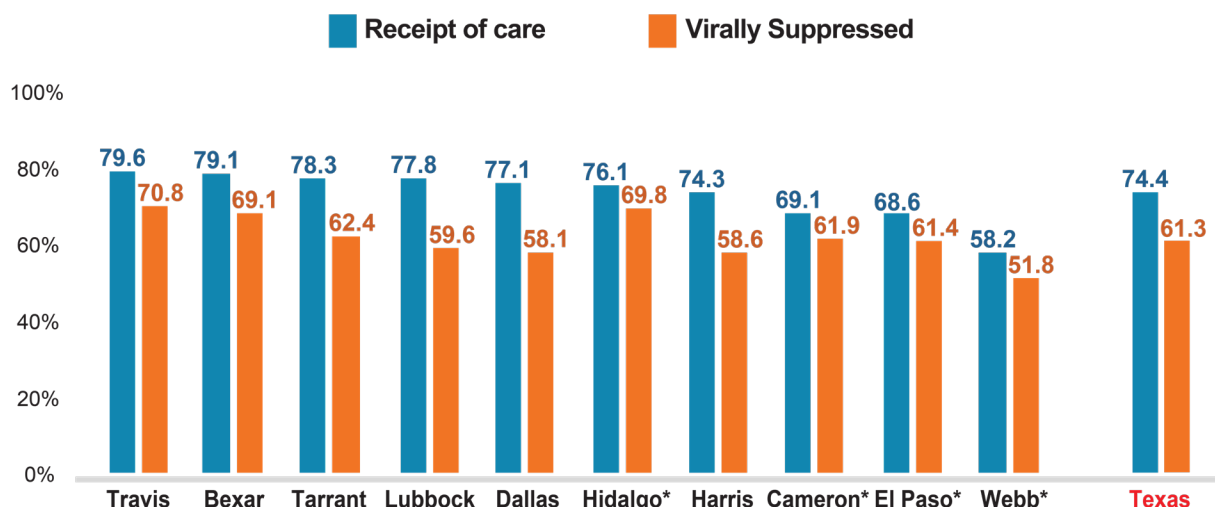
**counties on the U.S.-Mexico border
(CDC AtlasPlus, preliminary data for 2023)*



HIV care receipt and viral suppression rates vary widely across Texas. In the ten counties of focus for [Texas Juntos y Juntas/Together](#), care receipt for Hispanic Texans with HIV ranges from 79.6% to 58.2%, and viral suppression from 70.8% to 51.8%. Achieving the 2030 goal of 95% viral suppression requires addressing regional barriers to meet the complex needs of PLWH. Improving care retention and treatment adherence requires expanding access to integrated healthcare, strengthening behavioral health support, and addressing socioeconomic issues like insurance, housing, and food insecurity.

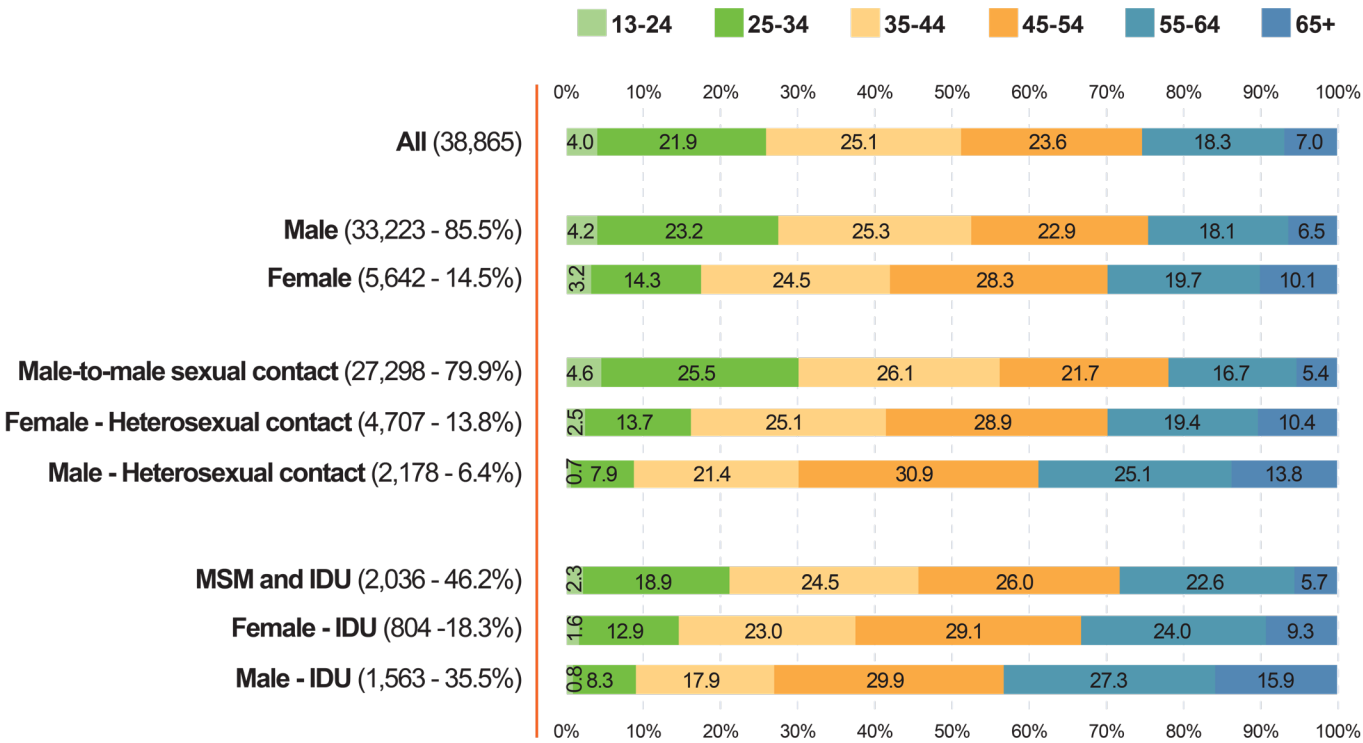
Receipt of care & viral suppression among Hispanics in selected Texas counties, 2022

**counties on the U.S.-Mexico border
(CDC AtlasPlus)*

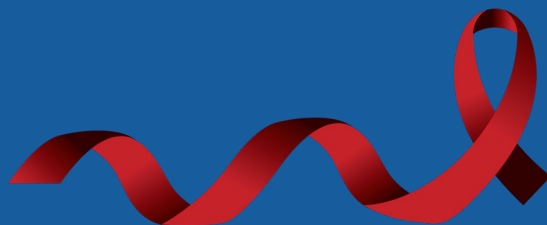


Age variations among PLWH result from demographic, behavioral factors, and epidemic patterns. Prevention, education, and accessible ART have differently influenced behaviors and treatment adherence across groups. HIV transmission among people who inject drugs has declined over time, while younger MSM historically show higher prevalence due to sexual networks, stigma, and homophobia. Women often contract HIV at younger ages through heterosexual transmission linked to social vulnerabilities.

Age percentage of Hispanic Texans living with HIV by sex and transmission category, 2022
(CDC AtlasPlus)



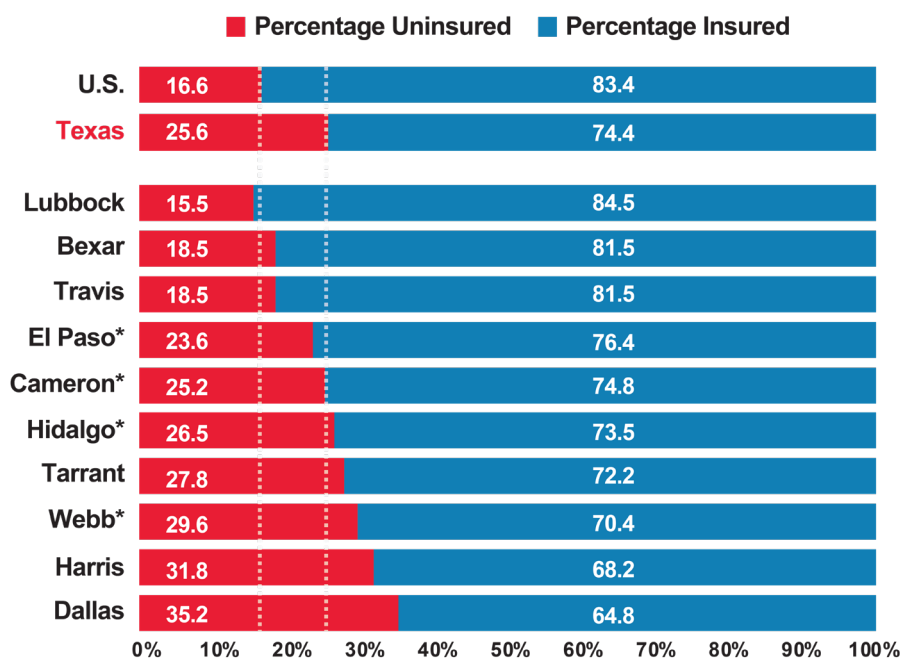
Meeting the needs of Hispanic Texans living with HIV requires tailored, age-specific health and social programs that address the diverse challenges across counties. Local and regional preparedness plans are essential to support the complex aging needs of this population. Key strategies include integrating HIV, aging, and geriatric care and equipping the current workforce with specialized training in these interconnected fields.



Structural factors impacting prevention and care

Uninsured Hispanic Texans by selected counties, 2023

**counties on the U.S.-Mexico border
(Census, S2701, ACS 1 year Estimates, 2023)*



Increasing healthcare availability, accessibility, and affordability in Texas requires a multifaceted approach due to the state's vast geography, diverse population, and significant proportion of uninsured residents. Efforts to expand healthcare access should consider policy reform, funding adjustments, and the integration of innovative healthcare delivery models.

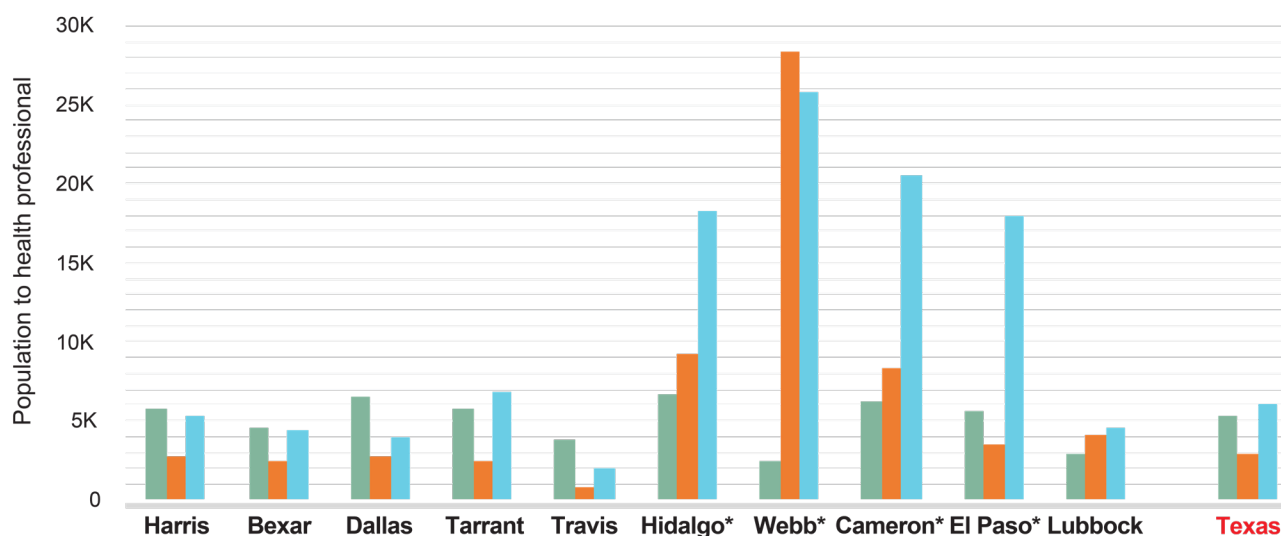
Strategies include maximizing the potential of ADAP programs, expanding Medicaid under the Affordable Care Act (ACA), strengthening the Texas health workforce, enhancing telemedicine services, incentivizing preventative and behavioral care, and augmenting insurance marketplace enrollment.

Ratio of population to health professions to by county, 2023

**counties on the U.S.-Mexico border*

(DSHS, Texas Health Data, Health Professions Resource Center, 2023)

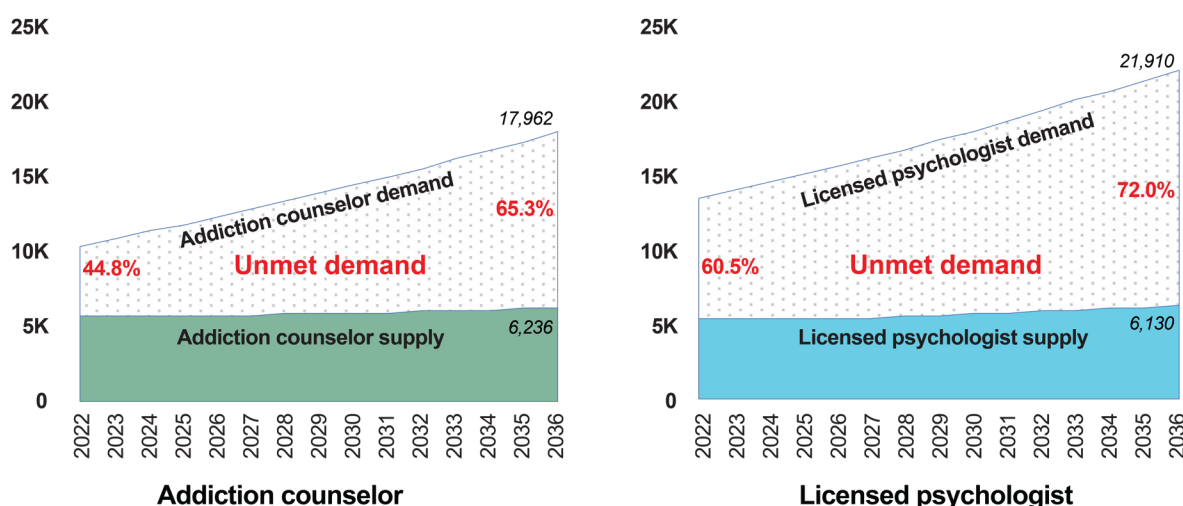
- Licensed Chemical Dependency Counselor
- Licensed Clinical Social Worker
- Licensed Psychologist



The increasing impact of HIV in counties outside major metropolitan areas highlights the urgent need to expand access to quality care that addresses complex health and social challenges. However, the shortage of the current healthcare workforce may hinder efforts to tackle interconnected issues such as stigma, long-term trauma, and poverty. To achieve the goal of ending the HIV epidemic, it is crucial to strengthen both clinical and non-clinical workforce capacity across all regions and diverse populations.

FTE Supply and demand projections of selected behavioral health professionals in Texas, 2022-2036

(DSHS, Health Professions Resource Center, 2024, FTE full-time equivalent)



Workforce shortages are widespread across most healthcare fields, with this gap expected to widen over the next decade. Addressing these workforce challenges is critical to providing current and future accessible, equitable HIV care in all communities.



The following strategies propose a collaborative approach between state and county governments to strengthen Texas's response to HIV while addressing broader health disparities, including those related to syphilis, hepatitis C, mental health, substance use, cancer, diabetes, tuberculosis, and cardiovascular disease.

- **Strengthen, Monitor, and Evaluate Service Integration:** Improve coordination between HIV, behavioral, and aging services to provide comprehensive, seamless care.
- **Develop Comprehensive Health Plans:** Formulate plans comprehensively addressing interconnected health and behavioral health issues.
- **Secure Sustainable Infrastructure:** Evaluate and secure sufficient funding for counties to strengthen local health infrastructure, particularly in underserved areas.
- **Expand Support for Rural and Community-led Health:** Increase funding for Rural and Community Health Centers (CHCs) and support Federally Qualified Health Centers (FQHCs) to broaden access to essential services.
- **Address Health Workforce Shortages:** Implement short and long-term plans to mitigate the growing shortage of healthcare and behavioral health professionals statewide.
- **Improve Healthcare Access:** Enhance the availability and affordability of healthcare coverage and services to ensure equitable care for all Texans.

Technical notes

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).

Data sets retrieved on November 13, 2024.

1. Centers for Disease Control and Prevention (CDC) NCHHSTP AtlasPlus. <https://www.cdc.gov/nchhstp/about/atlasplus.html>.
2. AIDSVu. Datasets. <https://aidsvu.org>.
3. DSHS, Texas Health Data, Health Professions Resource Center, 2024. <https://healthdata.dshs.texas.gov>.
4. U.S. Census Bureau. S2701, ACS 1-year Estimates, 2023. <https://data.census.gov/table?q=S2701>

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Thanks to our coworkers and external partners for their feedback.



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