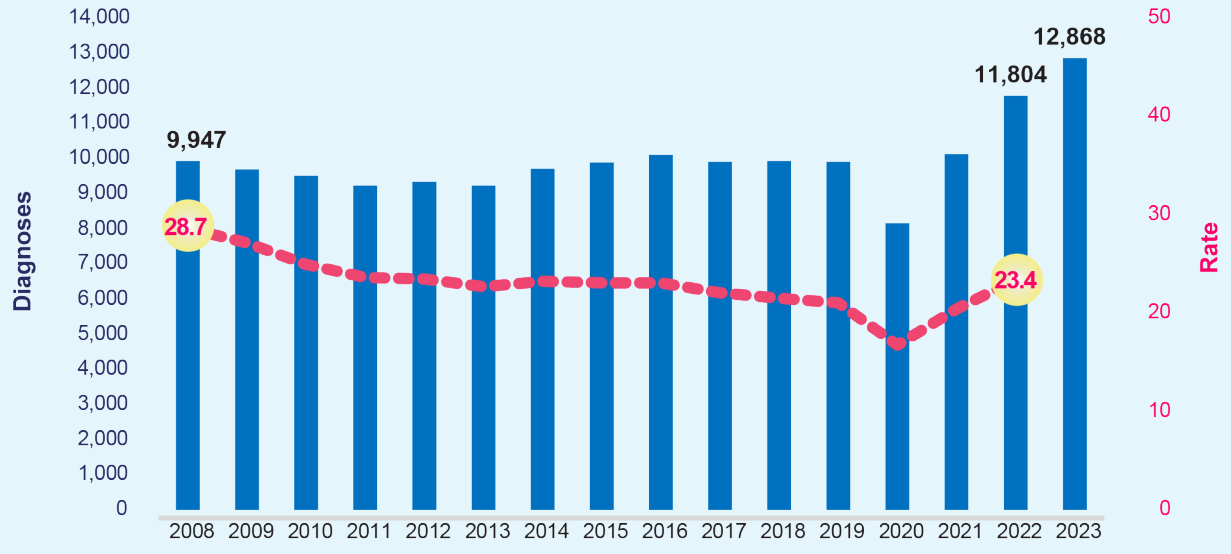
National HIV trends and inequities among U.S. Hispanics

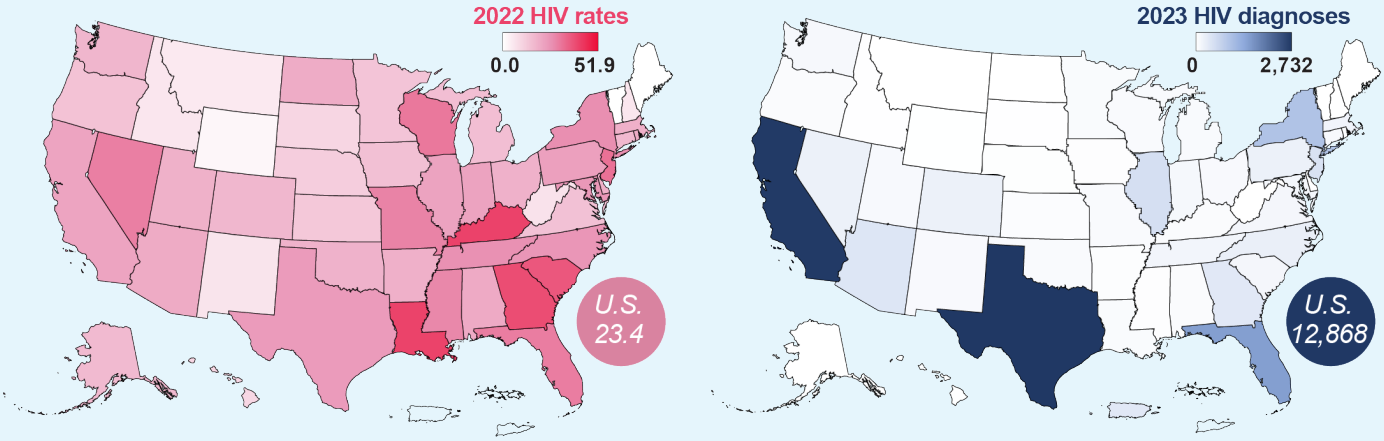
Approximately 65.1 million individuals, or 19.4% of the U.S. population, identified as Hispanic in 2023. However, Hispanics accounted for 33.4% (12,868) of the 38,539 new HIV diagnoses that year—an alarming increase from 21.3% in 2008. Over the past 15 years, new HIV diagnoses among U.S. Hispanics have remained persistently high, with a concerning rise in recent years. Moreover, the 2022 HIV diagnosis rate for Hispanics (23.4 per 100,000) was significantly higher than the overall U.S. rate (13.3).

HIV diagnoses and rates among U.S. Hispanics, 2008-2023
(CDC AtlasPlus)



States with large Hispanic populations—such as Texas, California, Florida, and New York—continue to drive a substantial share of HIV diagnoses. However, regions with smaller Hispanic populations report emerging trends of higher HIV rates, including the District of Columbia, Kentucky, Louisiana, Georgia, and South Carolina. These geographic disparities reflect underlying variations in socioeconomic and structural factors, including poverty levels, health coverage, workforce supply, services availability, public health infrastructure, and health funding across different regions of the U.S. and its territories.

2022 rates per 100K and 2023 HIV diagnoses among Hispanics
(CDC AtlasPlus)

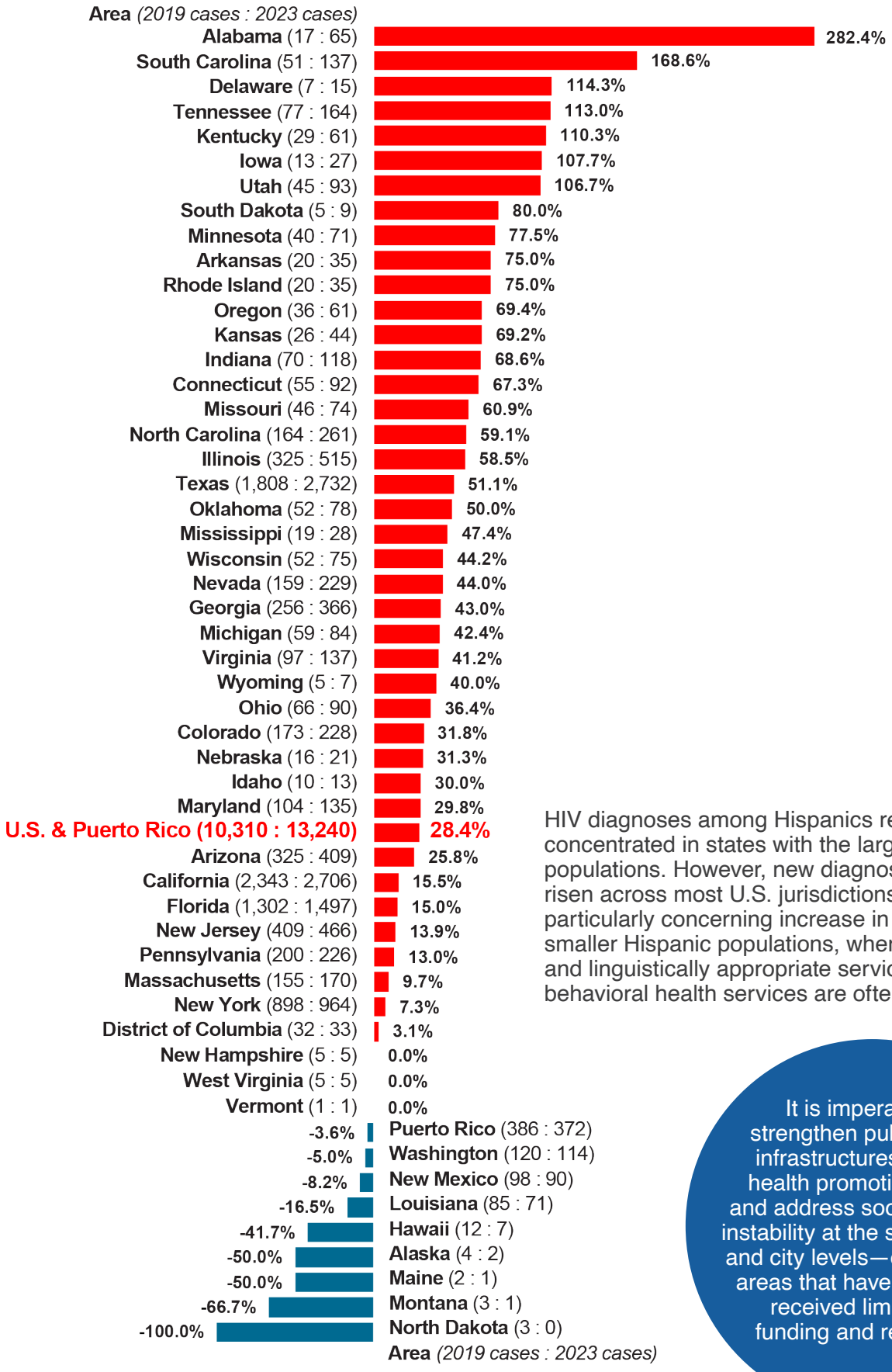


No rate data for 2023 in AtlasPlus, no 2022 rate data for PR and U.S. VI, and no incidence data for U.S. VI
GeoNames, Microsoft TomTom, Powered by Bing

The ILHE is the research and policy dissemination program of the Latino Commission on AIDS and the Hispanic Health Network. www.ilhe.org | ilhe.info@latinoaids.org

HIV diagnoses among Hispanics in 2019 and 2023 and percentage change by area

No data for U.S. VI
(CDC AtlasPlus)



HIV diagnoses among Hispanics remain concentrated in states with the largest Hispanic populations. However, new diagnoses have risen across most U.S. jurisdictions, with a particularly concerning increase in states with smaller Hispanic populations, where culturally and linguistically appropriate services and behavioral health services are often lacking.

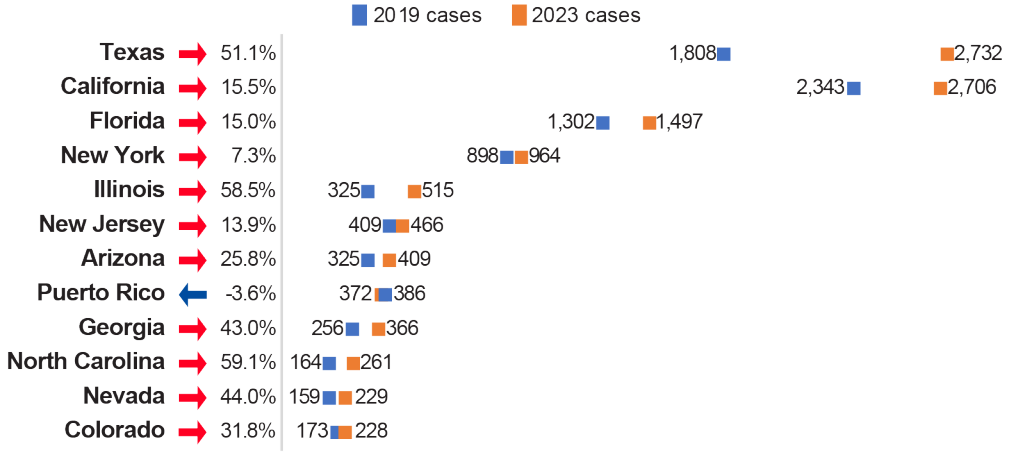
It is imperative to strengthen public health infrastructures, expand health promotion efforts, and address socioeconomic instability at the state, county, and city levels—especially in areas that have historically received limited HIV funding and resources.

HIV diagnoses among Hispanics have increased over the past five years, particularly in areas not traditionally considered Hispanic HIV epicenters. While the number of diagnoses remains low in some areas, the recent surge has been alarming. HIV diagnoses among Hispanics increased by 59.1% in North Carolina, 58.5% in Illinois, 44% in Nevada, and 43% in Georgia. These disparities require a more granular, targeted, community-engaged, and culturally responsive approach.

REGION	2022 RATE (CDC AtlaPlus)
District of Columbia	51.9
Kentucky	41.2
Louisiana	41.1
Georgia	39.3
South Carolina	37.4
New Jersey	32.3
Wisconsin	31.1
Florida	30.1
Nevada	29.7
Missouri	28.9
Mississippi	28.1
New York	26.7
Tennessee	26.4
North Carolina	25.2
Maryland	24.8
Texas	24.0
U.S.	**23.4**
Pennsylvania	22.9
Indiana	22.2
Illinois	22.1
California	21.8
Alabama	20.5
Arizona	20.2
North Dakota	19.9
Rhode Island	19.6
Massachusetts	19.1
Delaware	19.0
Arkansas	18.9
Utah	18.8
Ohio	18.7
Oklahoma	18.4
Washington	17.6
Colorado	17.2
Connecticut	17.0
Alaska	16.6
Michigan	15.6
Iowa	15.2
Virginia	14.8
Oregon	14.6
Minnesota	14.1
Kansas	13.2
Nebraska	12.0
South Dakota	9.9
Hawaii	9.6
West Virginia	6.9
New Mexico	6.5
Idaho	6.1
New Hampshire	6.0
Montana	5.3
Wyoming	2.1
Maine	0.0
Vermont	0.0
Puerto Rico	N/A
U.S. Virgin Islands	N/A

HIV diagnoses among Hispanics in selected Hispanic-populated areas, 2019 vs 2023

(CDC AtlasPlus)



Late HIV diagnoses

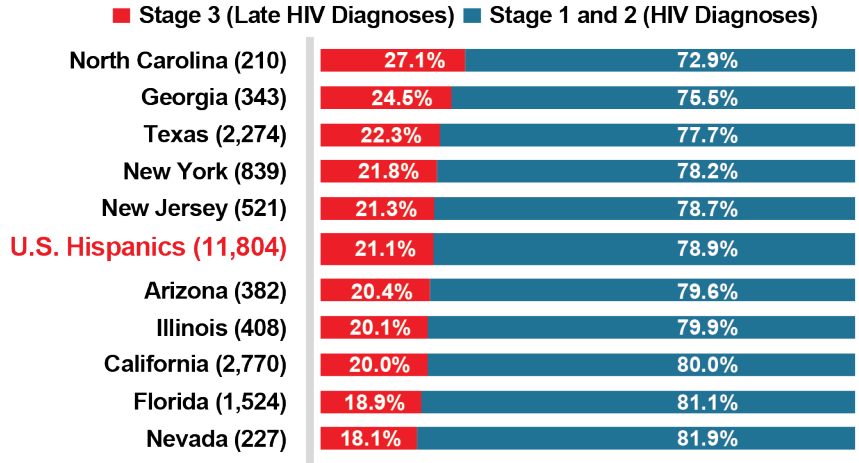
Early HIV diagnosis is critical for preventing opportunistic infections, improving health outcomes, and reducing transmission. However, late HIV diagnoses remain unacceptably high among Hispanics, indicating shortcomings in health promotion, limited access to preventative health, and inadequate routine HIV testing.

Stage 3 (AIDS) diagnoses often reflect broader systemic challenges and the failure to address social determinants of health. Challenges include poverty, restrictive health policies, health workforce shortages, underfunded support services, medical mistrust, and privacy concerns over government data sharing. Social and institutionalized racism, homophobia, transphobia, and xenophobia further exacerbate these barriers.

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

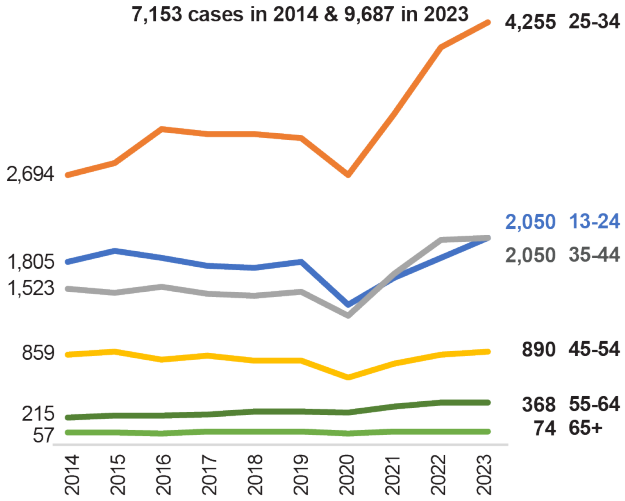
No data available for Puerto Rico

(AIDSvu, 2022 - the percentage for stage 1 and 2 may vary slighlty from AtlasPlus due to data calculation)



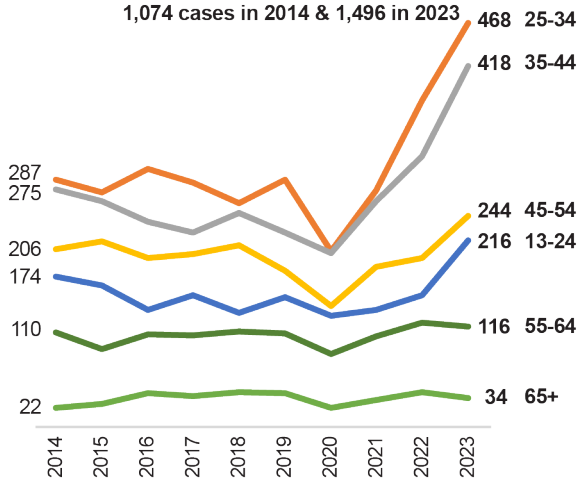
HIV diagnoses among Hispanic men by age attributed to male-to-male contact, 2014 - 2023

(CDC AtlasPlus)



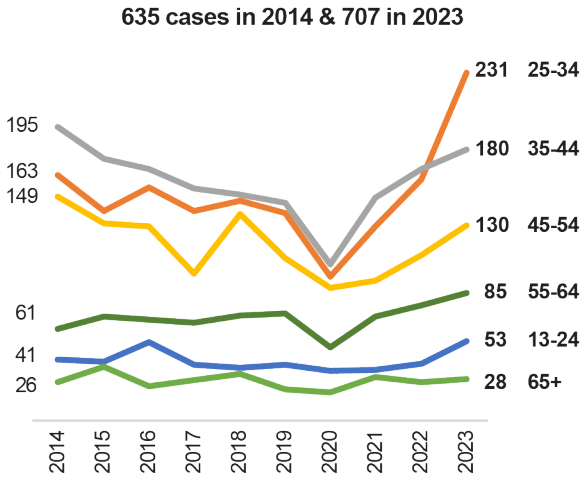
HIV diagnoses among Hispanic women by age attributed to heterosexual contact, 2014 - 2023

(CDC AtlasPlus)



HIV diagnoses among Hispanic men by age attributed to heterosexual contact, 2014 - 2023

(CDC AtlasPlus)



The COVID-19 pandemic disrupted HIV testing programs, leading to a drop in diagnoses in 2020, followed by a predictable rebound in subsequent years. However, HIV diagnoses among Hispanics had plateaued and remained high even before 2019. Since then, this upward trend in new diagnoses has accelerated.

In particular, HIV diagnoses attributed to heterosexual contact increased by an astonishing 49.5% among Hispanic women from 2019 to 2023. Diagnoses among heterosexual men rose by 24.3% and by 30.2% among gay, bisexual, and other men who have sex with men (MSM).

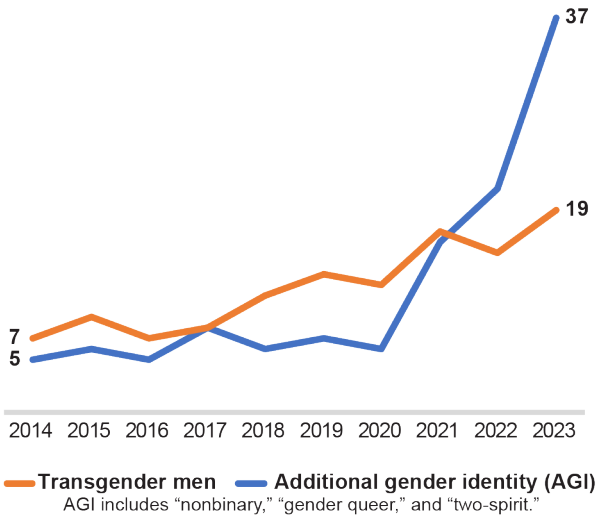
In 2023, individuals aged 25 to 34 accounted for 41.2% of all HIV diagnoses among Hispanics. Similar trends are observed across subgroups, with 32.7% of new diagnoses occurring among heterosexual men aged 25-34, 43.9% among MSM, and 31.3% among heterosexual women.

Addressing age-related epidemic trends requires age-appropriate HIV prevention strategies that integrate education on STIs, mental health, substance use, safe sex practices, and healthy relationships.

Sexual health education should not be limited to adolescents but must reflect evolving sexual behaviors and relationships throughout adulthood.

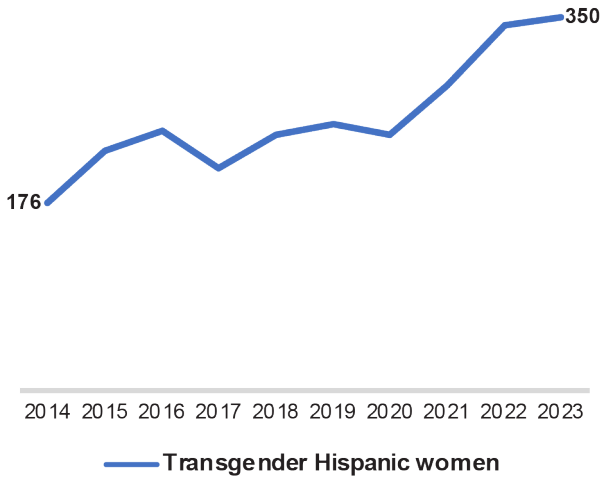
New diagnoses among Hispanic transgender women, transgender men, and individuals with non-conforming gender identities have risen dramatically and consistently. Socioeconomic disparities, limited access to healthcare, and stable employment increase their vulnerability.

HIV diagnoses among Hispanic transgender men & additional gender identity (AGI), 2014-2023
(CDC AtlasPlus)



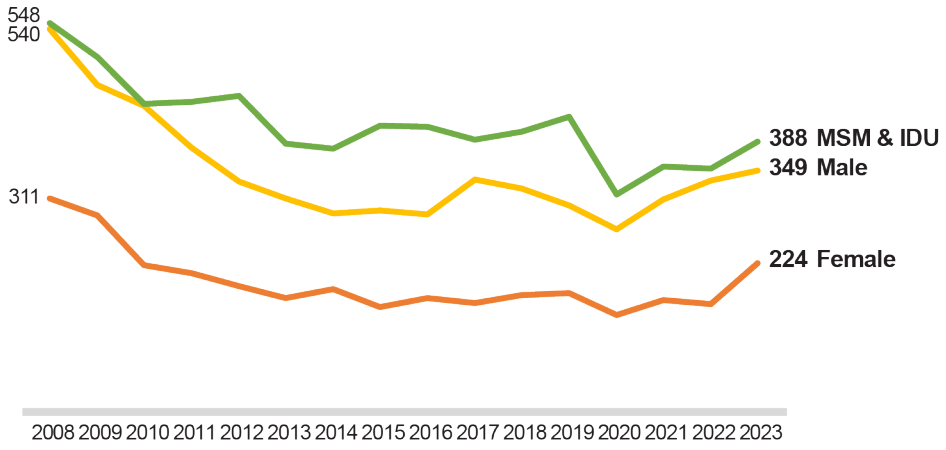
AGI includes "nonbinary," "gender queer," and "two-spirit."

HIV diagnoses among Hispanic transgender women, 2014-2023
(CDC AtlasPlus)



The early gains in reducing HIV related to intravenous drug use (IDU) began stalling in the early 2010s. The cultural stressors and stigma surrounding drug use, language barriers, and immigration-related concerns hinder access to care and harm reduction programs. There is also opposition in some regions to or inadequate availability of harm reduction services, such as needle exchange programs or substance use treatment facilities.

HIV diagnoses among Hispanics attributed to IDU, 2008-2023
(CDC AtlasPlus)

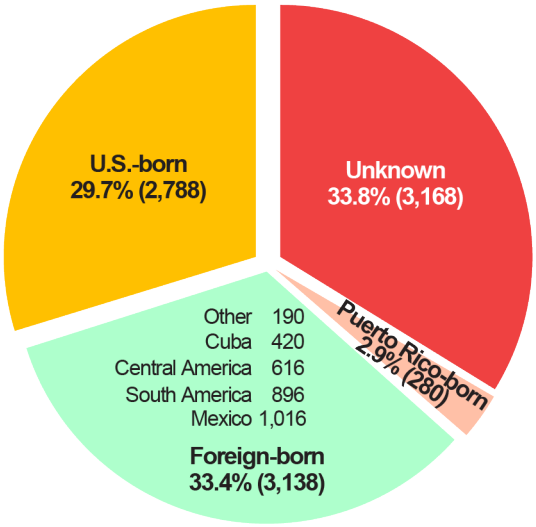


Vulnerable populations

Hispanic transgender women, transgender men, individuals with non-conforming gender identities, undocumented immigrants, and persons who use drugs intravenously face the harshest impacts of social and institutionalized racism, discrimination, homophobia, transphobia, and xenophobia. These factors create significant barriers to timely diagnosis and care. Additionally, they are more likely to lack fundamental legal and social protections related to healthcare, employment, and housing, exacerbating their socioeconomic instability. Prevention planning groups must examine the emerging trend and implement local women's health and harm reduction initiatives.

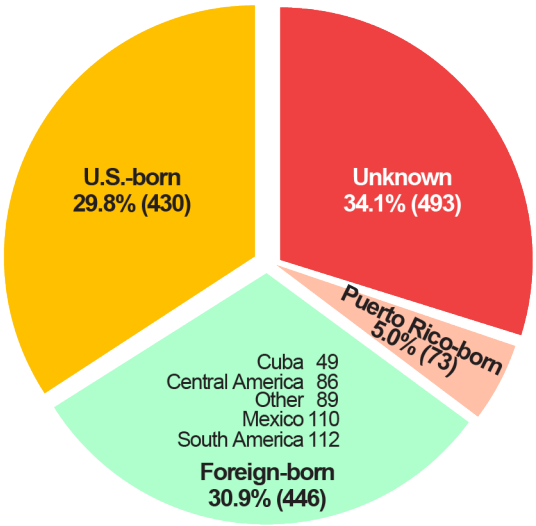
HIV diagnoses among Hispanic men by place of birth attributed to male-to-male sexual contact, 2022

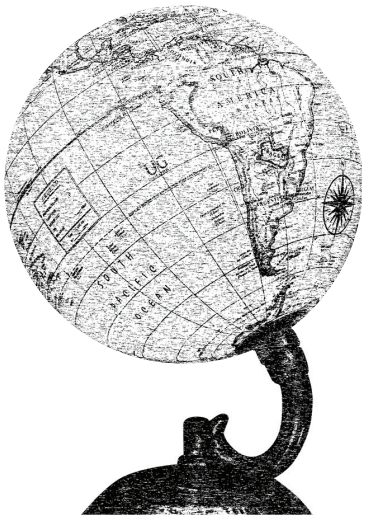
(CDC HIV Surveillance Report 2022, Table 10a)



HIV diagnoses among Hispanic women by place of birth, 2022

(CDC HIV Surveillance Report 2022, Table 10a)





Although place of birth was unreported for over a third of new HIV diagnoses, Hispanics born in Mexico and South American countries accounted for the largest share of those newly diagnosed.

As with other health issues, cultural beliefs, language barriers, government and medical mistrust, and immigration experiences influence how individuals respond to health promotion efforts and engage with prevention services. Individual and sociocultural factors interact with broader structural barriers to shape health outcomes.

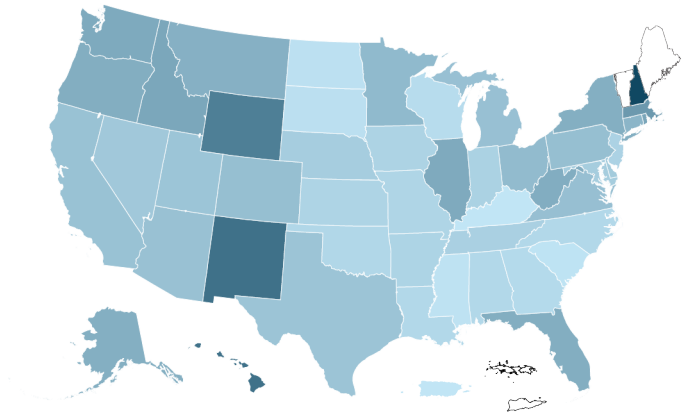
Structural challenges include xenophobia, social discrimination, marginalization, limited healthcare access, a lack of culturally and linguistically appropriate services, and fears of punitive legal and immigration policies. Addressing these factors is essential to improving HIV prevention, diagnosis, and care among Hispanic communities.

Pre-Exposure Prophylaxis (PrEP)

PrEP-to-Need Ratio (PNR)* among Hispanics, 2023

Undefined data for ME, U.S. VI, and VT

(AIDSVu)



1.43 — 27

Hispanic PNR Rate

U.S. 7.37

A higher PNR indicates higher uptake of PrEP.

**PNR is the number of PrEP users divided by the number of new diagnoses in a given year.*

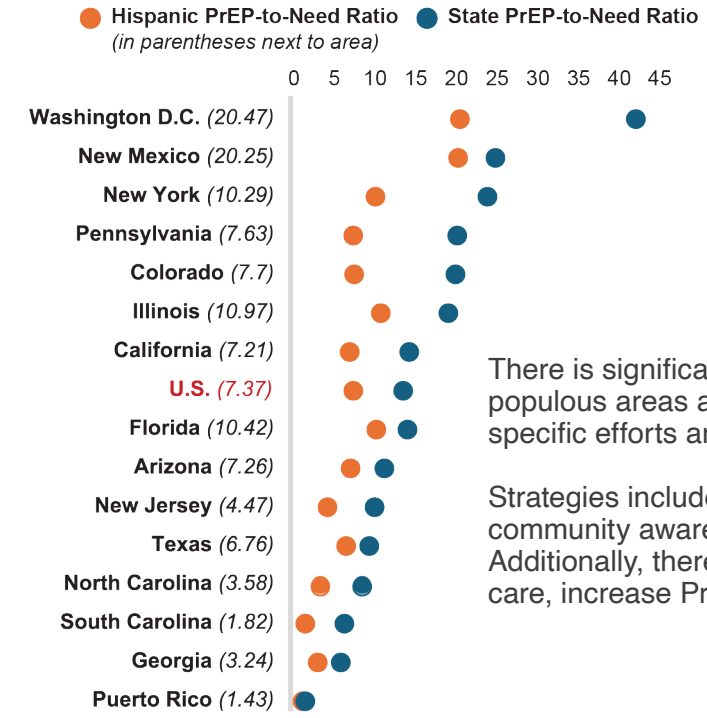
GeoNames, Microsoft, TomTom, Powered by Bing

In HIV prevention, the PrEP-to-need ratio (PNR) assesses whether enough individuals utilize PrEP 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 (PNR)* among Hispanics in selected areas, 2023

(AIDSVu data)



There is significant variability in Hispanic PNR across major Hispanic-populous areas and lower uptake of PrEP. Geographic and population-specific efforts are needed to increase the utilization of PrEP services.

Strategies include programs to reduce HIV-related stigma and increase community awareness of PrEP usage and long-acting injectables. Additionally, there is a need to improve the availability of preventative care, increase PrEP coverage, and train health providers.

A higher number indicates higher uptake of PrEP.

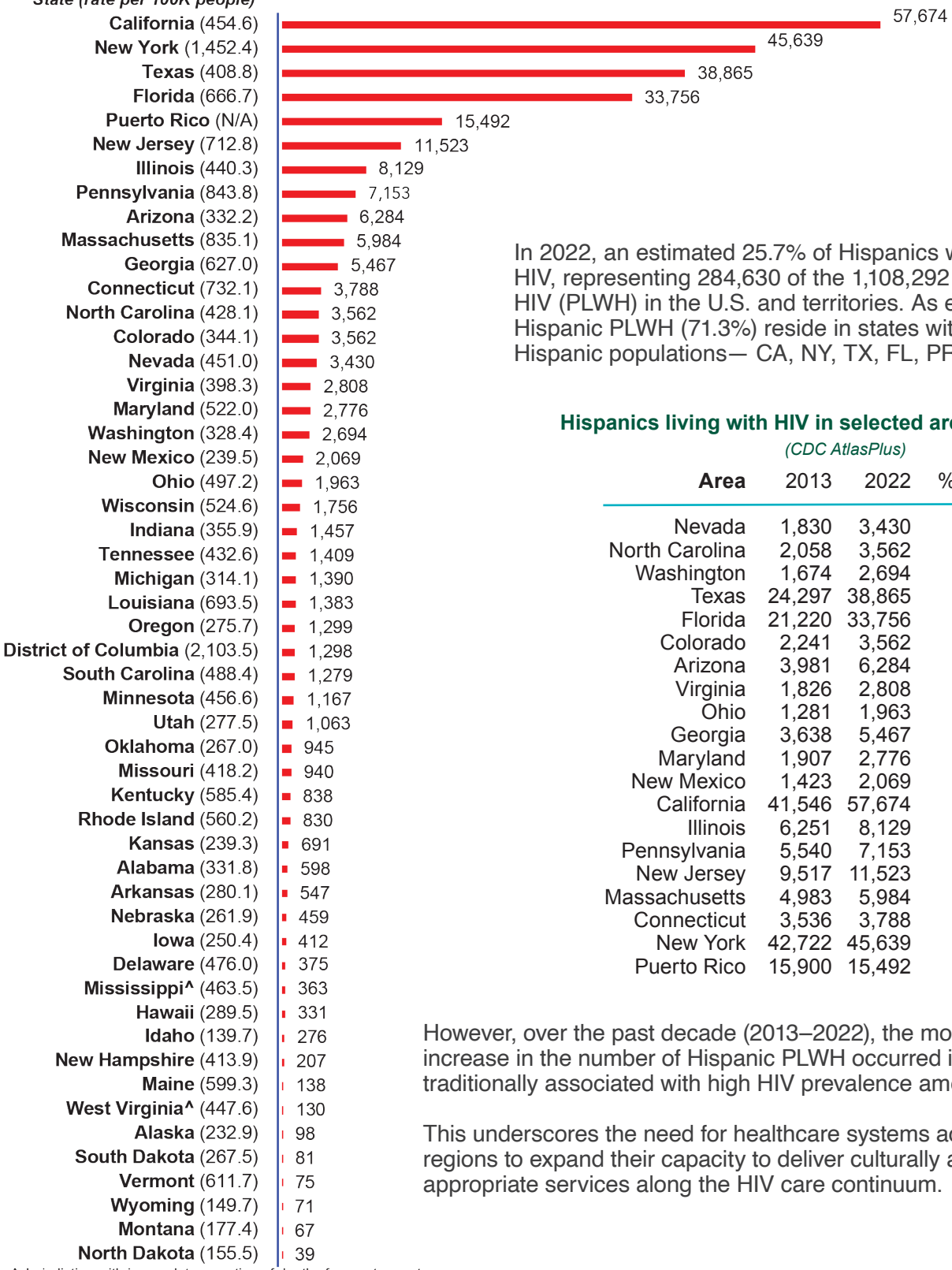
**PNR is the number of PrEP users divided by the number of new diagnoses in a given year.*

Hispanic People Living with HIV (PLWH)

Hispanic People Living With HIV by U.S. state and Puerto Rico, 2022

284,630 Hispanic PLWH in the U.S., 2022

(CDC AtlasPlus)



^ Jurisdiction with incomplete reporting of deaths for most recent year.

U.S. Virgin Islands (USVA): Representing approximately 18.4% of the USVA population, Hispanics accounted for 36.4% of the 562 cases in 2022. (CDC. HIV Surveillance Report, 2022; Vol. 35. May 2024.)

In 2022, an estimated 25.7% of Hispanics were living with HIV, representing 284,630 of the 1,108,292 people living with HIV (PLWH) in the U.S. and territories. As expected, most Hispanic PLWH (71.3%) reside in states with the largest Hispanic populations— CA, NY, TX, FL, PR, and NJ.

Hispanics living with HIV in selected areas, 2013 vs. 2022

(CDC AtlasPlus)

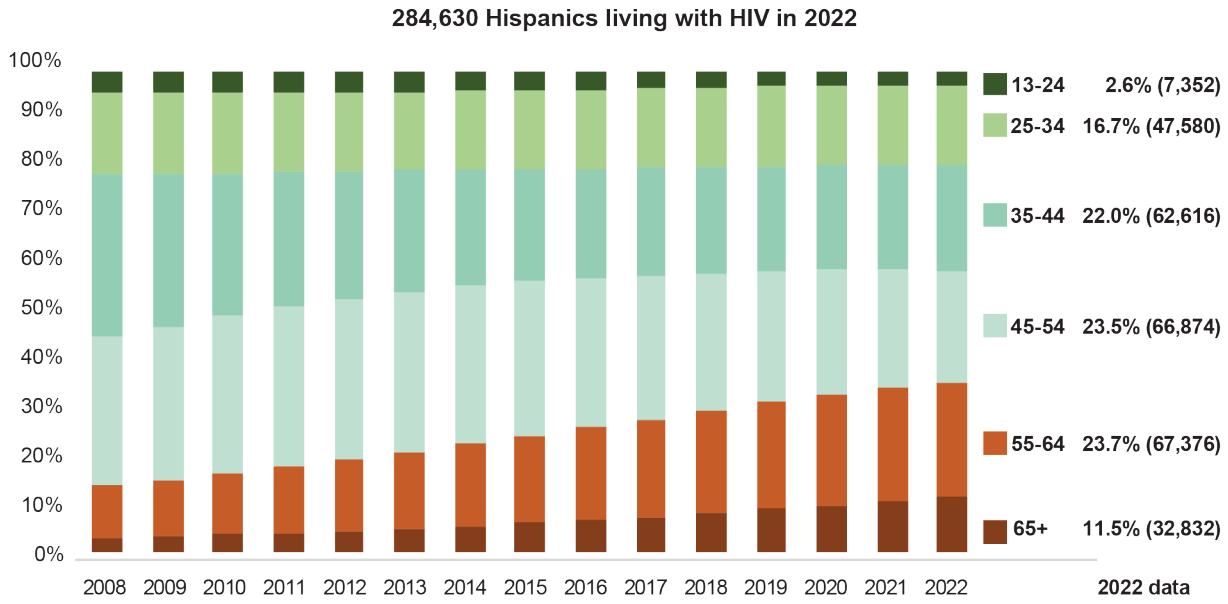
Area	2013	2022	% change
Nevada	1,830	3,430	87.4%
North Carolina	2,058	3,562	73.1%
Washington	1,674	2,694	60.9%
Texas	24,297	38,865	60.0%
Florida	21,220	33,756	59.1%
Colorado	2,241	3,562	58.9%
Arizona	3,981	6,284	57.8%
Virginia	1,826	2,808	53.8%
Ohio	1,281	1,963	53.2%
Georgia	3,638	5,467	50.3%
Maryland	1,907	2,776	45.6%
New Mexico	1,423	2,069	45.4%
California	41,546	57,674	38.8%
Illinois	6,251	8,129	30.0%
Pennsylvania	5,540	7,153	29.1%
New Jersey	9,517	11,523	21.1%
Massachusetts	4,983	5,984	20.1%
Connecticut	3,536	3,788	7.1%
New York	42,722	45,639	6.8%
Puerto Rico	15,900	15,492	-2.6%

However, over the past decade (2013–2022), the most significant increase in the number of Hispanic PLWH occurred in states not traditionally associated with high HIV prevalence among Hispanics.

This underscores the need for healthcare systems across diverse regions to expand their capacity to deliver culturally and linguistically appropriate services along the HIV care continuum.

Hispanic PLWH in the U.S. and Puerto Rico by age, 2008-2022

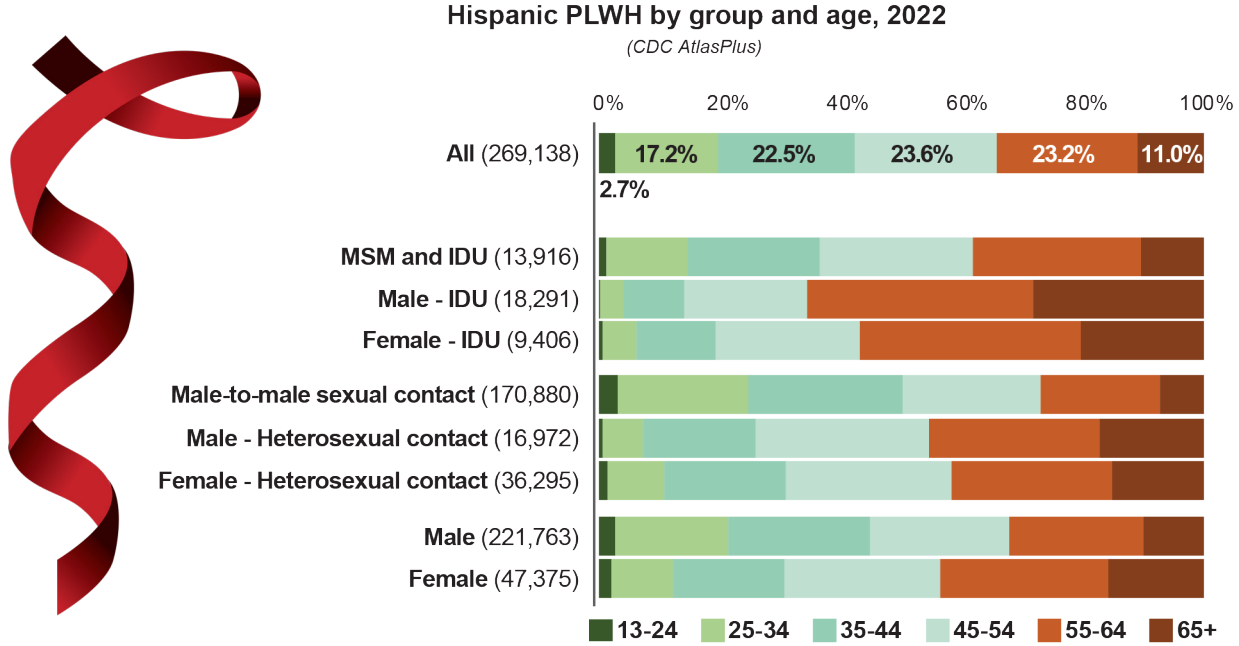
(CDC AtlasPlus)



In 2022, more than a third (35.2%) of Hispanic PLWH were 55 years or older—a proportion that is expected to grow. This demographic shift heightens the need for a more segmented and responsive approach to addressing the evolving needs of Hispanic PLWH, particularly as intergenerational differences shape their experiences and care requirements.

Hispanic PLWH by group and age, 2022

(CDC AtlasPlus)



Age variations among Hispanic PLWH are driven by a complex interplay of factors, including demographics, behaviors, historical trends, and disparities in access to antiretroviral therapy (ART). For instance, the decline in HIV transmission among people who inject drugs has led to an aging population within this subgroup. In contrast, younger men who have sex with men (MSM) continue to face disproportionately high transmission rates and new diagnoses, contributing to a larger share in this group.

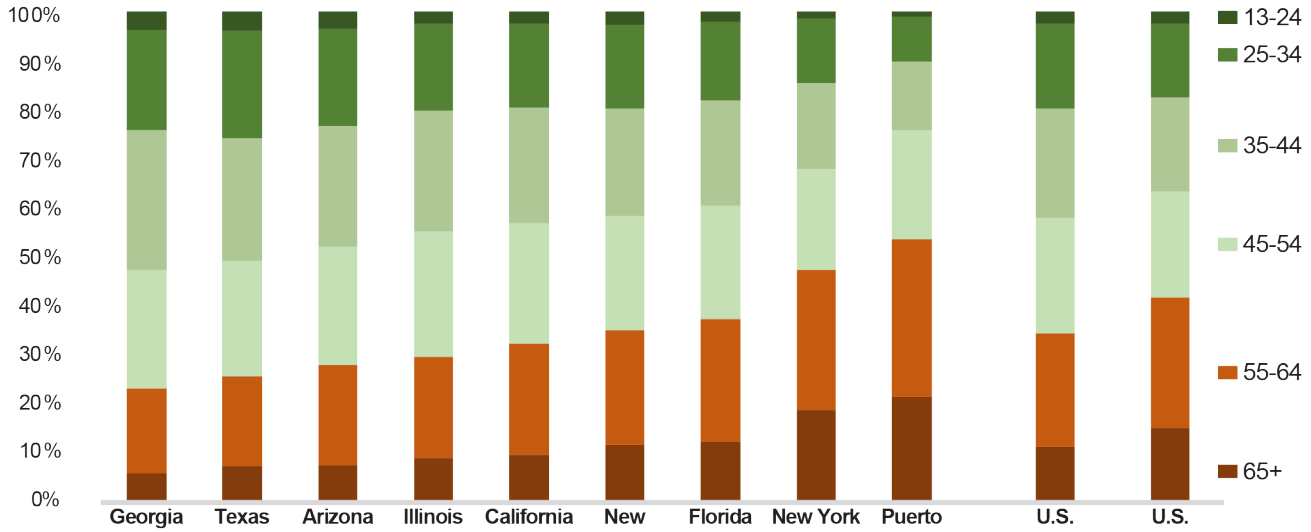
Understanding demographic, behavioral, and historical trends is crucial for building health infrastructures that effectively address the unique challenges of diverse Hispanic subpopulations.

Age variations among Hispanic PLWH across geographic areas

Geographic variations in the age composition of Hispanic PLWH are evident across states, counties, and cities, reflecting distinct regional trends in transmission and care. In areas such as Georgia, Texas, Arizona, and Illinois, higher diagnosis rates among younger Hispanics aged 25 to 34 contribute to a lower average age within the local Hispanic PLWH population. Conversely, a greater average age is associated with regions experiencing a decline in new diagnoses, like Puerto Rico, New York, and New Mexico.

Hispanic PLWH by age in major Hispanic-populated states, 2022

(CDC AtlasPlus)



	Georgia (5,467)	Texas (38,865)	Arizona (6,284)	Illinois (8,129)	California (57,674)	New Mexico (2,069)	Florida (33,756)	New York (45,639)	Puerto Rico (15,492)	U.S. Hispanics (269,138)	U.S. (1,092,023)
13-24	3.9%	4.0%	3.6%	2.5%	2.5%	2.9%	2.1%	1.6%	1.2%	2.7%	2.6%
25-34	20.5%	21.9%	19.9%	17.8%	17.2%	17.1%	16.1%	13.0%	9.1%	17.2%	15.1%
35-44	28.5%	25.1%	24.7%	24.8%	23.5%	21.9%	21.4%	17.7%	14.1%	22.5%	19.3%
45-54	24.3%	23.6%	24.2%	25.7%	24.6%	23.4%	23.2%	20.6%	22.4%	23.6%	21.6%
55-64	17.2%	18.3%	20.4%	20.7%	22.8%	23.4%	25.1%	28.6%	32.1%	23.2%	26.8%
65+	5.6%	7.0%	7.2%	8.5%	9.4%	11.4%	12.0%	18.4%	21.2%	11.0%	14.7%

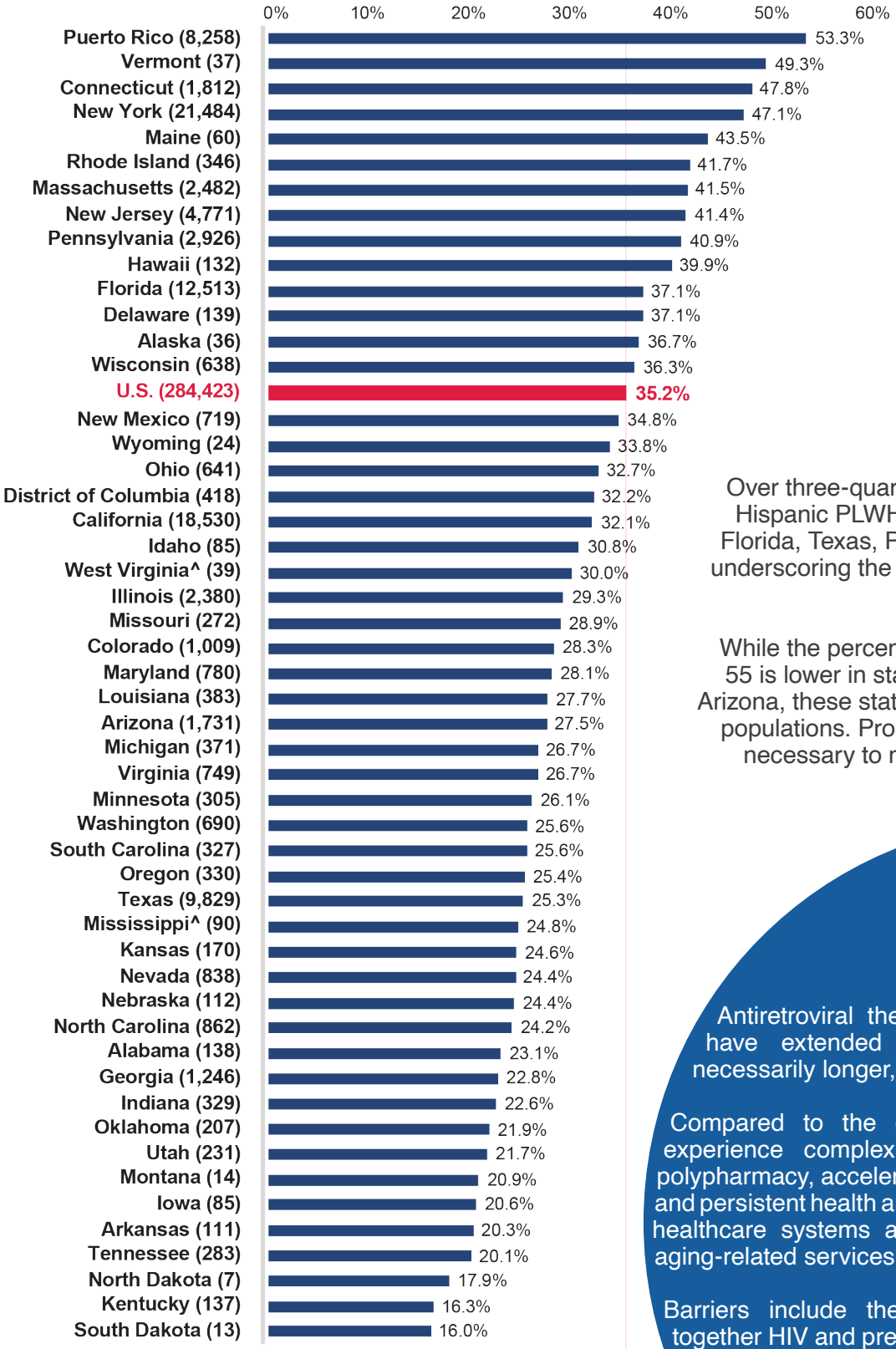
Public health experts must account for these geographic age variations when developing prevention and care strategic plans, such as utilizing a life-course approach to care, integrating HIV and preventative care, and aging services.

Geographic distribution of Hispanic PLWH 55 years or older

Percentage of Hispanic PLWH over 55 by state and jurisdiction, 2022

Missing or suppressed data for NH and U.S. Virgin Islands

(CDC AtlasPlus)



^ Jurisdiction with incomplete reporting of deaths for most recent year.

Over three-quarters (75.3%, 75,385) of older Hispanic PLWH live in New York, California, Florida, Texas, Puerto Rico, and New Jersey, underscoring the urgent need to adapt current HIV care systems.

While the percentage of Hispanic PLWH over 55 is lower in states like Georgia, Texas, and Arizona, these states still have significant aging populations. Proactive planning is urgent and necessary to meet the growing demand for aging-related services.

Antiretroviral therapy (ART) Advancements have extended life expectancy, but not necessarily longer, healthier lives.

Compared to the general population, PLWH experience complex multimorbidity, prolonged polypharmacy, accelerated and pronounced aging, and persistent health and social stressors. Yet, most healthcare systems are unprepared to integrate aging-related services along with HIV care.

Barriers include the complexity of managing together HIV and preventative care, a shortage of specialized providers, fragmented services, and inadequate geriatric care models—especially for LGBTQI+ older PLWH.

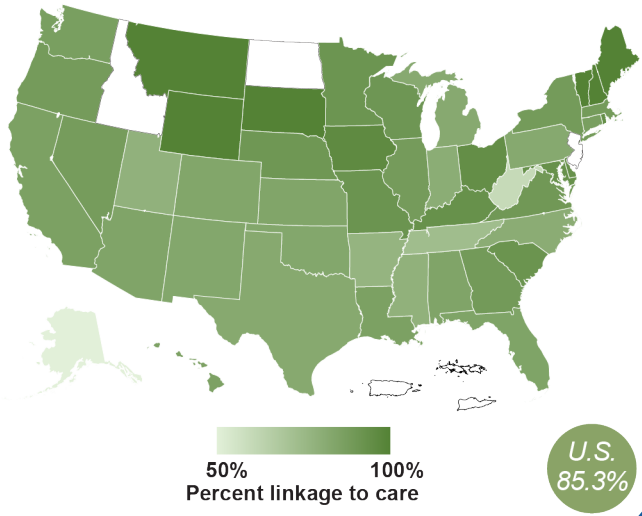
The HIV continuum of care

The HIV care continuum—which encompasses diagnosis, care linkage, treatment, retention, and viral suppression—is a key indicator of health outcomes for PLWH. However, Hispanic PLWH face significant infrastructure and geographic challenges, from late initiation in ART to lower viral suppression rates.

Linkage to care percentage among Hispanics newly diagnosed with HIV, 2023

No data for ID, NJ, ND, PR, and U.S. VA

(CDC AtlasPlus)



The chart illustrates the variation in linkage-to-care rates across geographic areas, with some exceeding 90% of the target while others fall far behind. Beyond medical concerns, an HIV diagnosis profoundly impacts personal and social well-being.

Yet, ensuring timely care remains a challenge due to stigma, fear of disclosure, mental health struggles, and substance use, as well as delayed ART initiation.

Additionally, inadequate health coverage, workforce shortages, and a complex healthcare system further obstruct timely access to care. Addressing these barriers is critical to improving outcomes over a life course and closing equity gaps in the HIV continuum of care.

Linkage to care among Hispanics, 2023

Missing or suppressed data for ID, ND, NJ, Puerto Rico, and U.S. Virgin Islands

(CDC AtlasPlus)

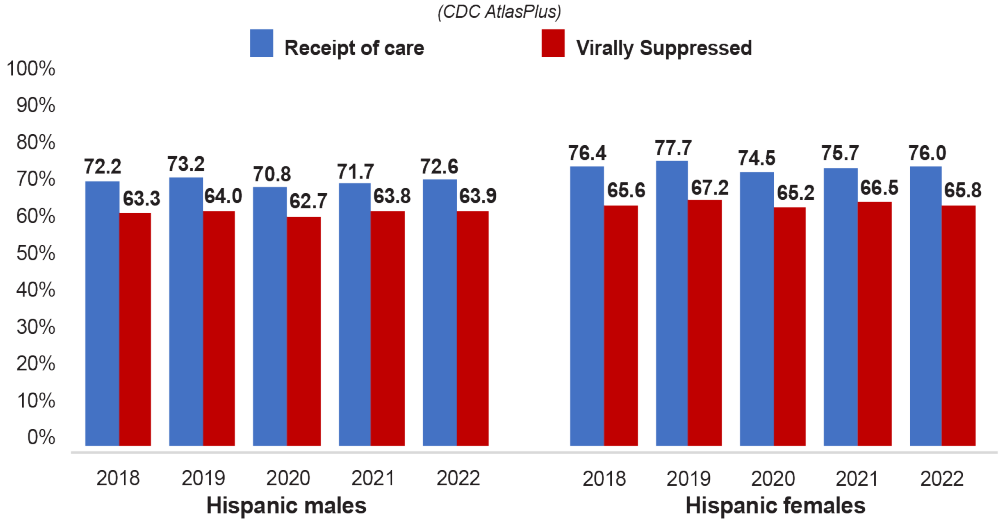
Geography	Diagnoses	Linked to care	% linked
Maine	1	1	100.0%
Montana	1	1	100.0%
New Hampshire	5	5	100.0%
South Dakota	9	9	100.0%
Vermont	1	1	100.0%
Wyoming	7	7	100.0%
Iowa	27	26	96.3%
Ohio	90	85	94.4%
Rhode Island	35	33	94.3%
Kentucky	61	57	93.4%
Delaware	15	14	93.3%
Maryland	135	126	93.3%
South Carolina	137	126	92.0%
Missouri	74	68	91.9%
Minnesota	71	65	91.5%
District of Columbia	33	30	90.9%
Wisconsin	75	68	90.7%
Nebraska	21	19	90.5%
Virginia	137	123	89.8%
Georgia	366	326	89.1%
Massachusetts	170	151	88.8%
New York	964	855	88.7%
Illinois	515	456	88.5%
Oregon	61	54	88.5%
Nevada	229	202	88.2%
Connecticut	92	80	87.0%
Washington	114	99	86.8%
California	2,706	2,326	86.0%
Louisiana	71	61	85.9%
Hawaii	7	6	85.7%
U.S.	**12,868**	**10,570**	**85.3%***
Florida	1,497	1,268	84.7%
Alabama	65	55	84.6%
Arizona	409	346	84.6%
Kansas	44	37	84.1%
Colorado	228	191	83.8%
New Mexico	90	75	83.3%
Oklahoma	78	65	83.3%
Pennsylvania	226	186	82.3%
Texas	2,732	2,246	82.2%
Michigan	84	69	82.1%
North Carolina	261	211	80.8%
Indiana	118	95	80.5%
Mississippi	28	22	78.6%
Utah	93	73	78.5%
Arkansas	35	27	77.1%
Tennessee	164	120	73.2%
West Virginia	5	3	60.0%
Alaska	2	1	50.0%

*Cases and percentage from AtlasPlus

Receipt of care and viral suppression has remained flat over the last 5 years and is concerningly low for older Hispanic PLWH. Several factors contribute to the drop in linkage and retention in HIV care and achievement of viral suppression, spanning individual, structural, and systemic levels.

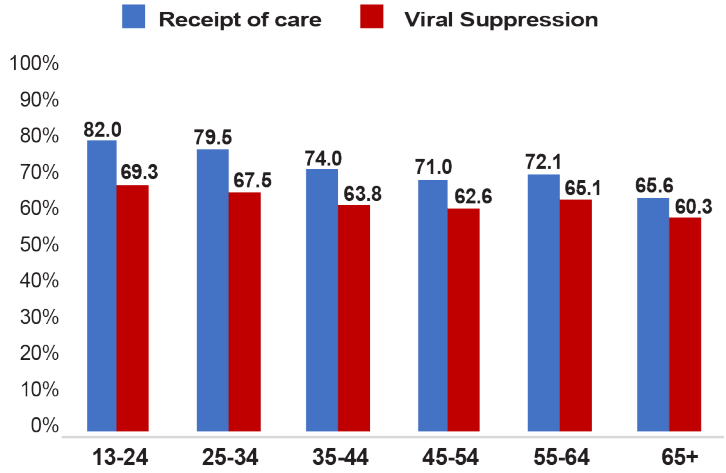
Receipt of care and viral suppression among Hispanics, 2018-2022

(CDC AtlasPlus)



Receipt of care and viral suppression among Hispanics by age, 2022

(CDC AtlasPlus)



Barriers within the HIV continuum of care

Individual-level barriers:
- Fear of stigma and discrimination
- Concerns about data privacy and sharing
- Social homophobia, transphobia, and xenophobia
- Fear of deportation
- Low health literacy
- Medical mistrust
- Depression, anxiety, and PTSD
- Substance use, misuse, and abuse

Structural and socioeconomic barriers
- Competing socioeconomic priorities
- Lack of transportation
- Employment instability and financial constraints
- Housing instability
- Food insecurity

Healthcare system barriers:
- Limited behavioral and preventative health services
- Lack of culturally and linguistically relevant services
- Long waits for specialty care
- Workforce shortages
- Fragmented care
- Restrictive healthcare and social policies

Geographic inequities in receipt of care and viral suppression

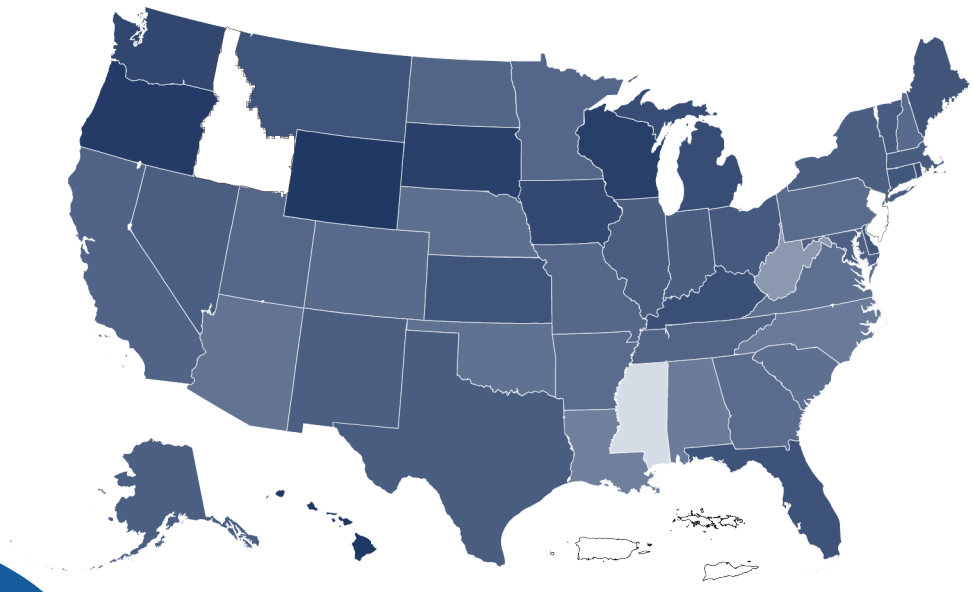
HIV care receipt & viral suppression rates vary significantly across states. In 2022, receipt of care among Hispanic PLWH ranged from a low 33.9% to 85.8%, while viral suppression rates spanned from a concerning 22.3% to 79.6%. Receipt and viral suppression outcomes vary across states, reflecting the geographic disparities across funding, workforce shortages, and restrictive health coverage and social policies.

Reaching a 95% viral suppression demands sustained and targeted efforts to address regional and local barriers affecting retention in care and treatment adherence.

Receipt of care percentage among Hispanics living with HIV, 2022

No data for ID, NJ, PR, and U.S. VA

(CDC AtlasPlus)



33.9% 85.8%

Percent receipt of care

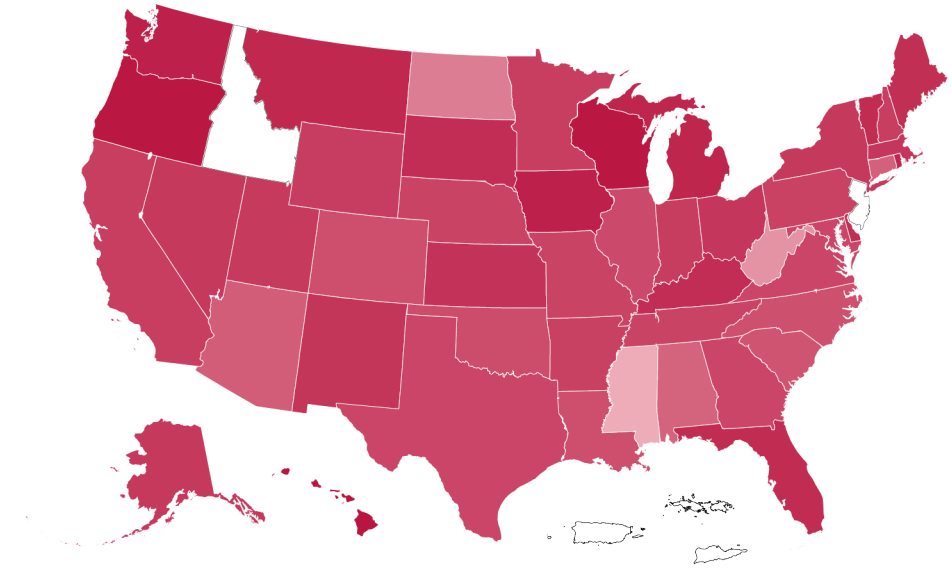
GeoNames, Microsoft, TomTom, Powered by Bing

U.S. 73.2%

Viral suppression percentage among Hispanics living with HIV, 2022

No data for ID, NJ, PR, and U.S. VA

(CDC AtlasPlus)



22.3% 79.6%

Percent virally suppressed

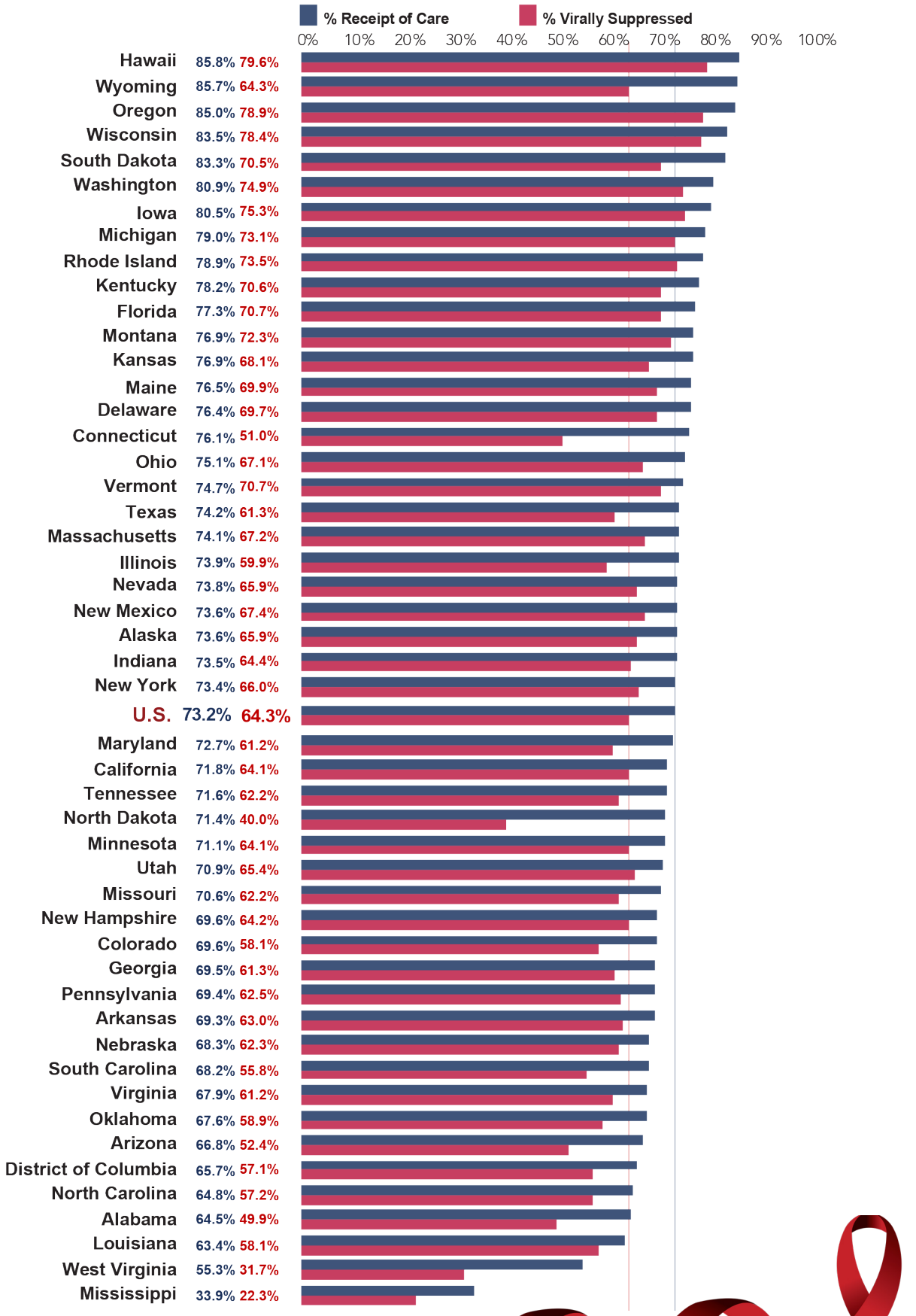
GeoNames, Microsoft, TomTom, Powered by Bing

U.S. 64.3%

Percentage of receipt of HIV care and viral suppression among Hispanics, 2022

Missing (or suppressed data) for ID, NJ, PR, and U.S. VA

(CDC AtlasPlus)



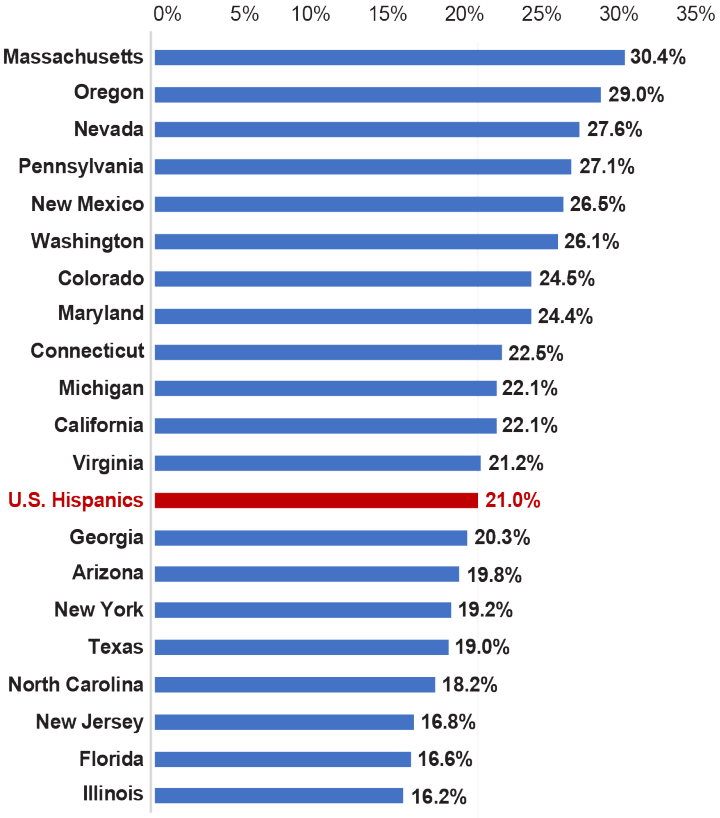
Syndemic: HIV, Mental health, and substance use

Mental health, substance use, and HIV are deeply interconnected, influencing the risk of HIV acquisition, retention in care, and treatment adherence. Among Hispanics, disparities in accessing care and remaining in treatment for alcohol and substance use disorders are particularly pronounced, further widening health inequities and limiting optimal long-term health outcomes.

Behavioral health often lacks a community approach, maintaining a euro-centric model of care focused on mental illness and substance use as individual conditions. However, utilization of behavioral health services varies widely among Hispanic subgroups due to intersecting cultural and socioeconomic factors. These include age, sex, gender identity, sexual orientation, national origin, migration history, language proficiency, religious affiliation, education, income levels, family composition, and geographic location.

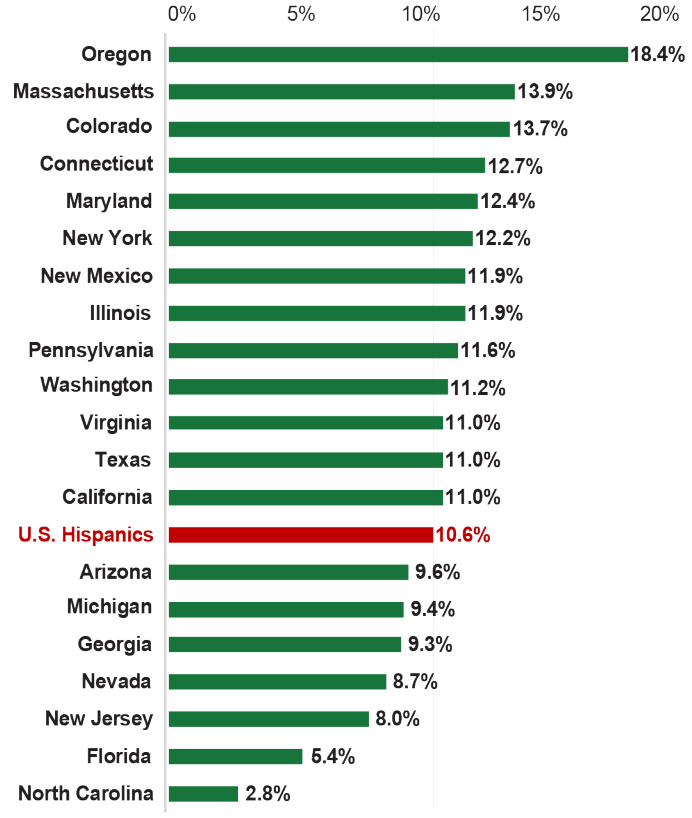
Estimated percentage of Hispanics with a mental illness in the past 12 months, selected Hispanic-populated states

(SAMHSA, NSDUH 2-year restricted use data, 2021-2022, missing data for PR)



Estimated percentage of Hispanics with an alcohol use disorder in the past 12 months, selected Hispanic-populated states

(SAMHSA, NSDUH 2-year restricted use data, 2021-2022, missing data for PR)

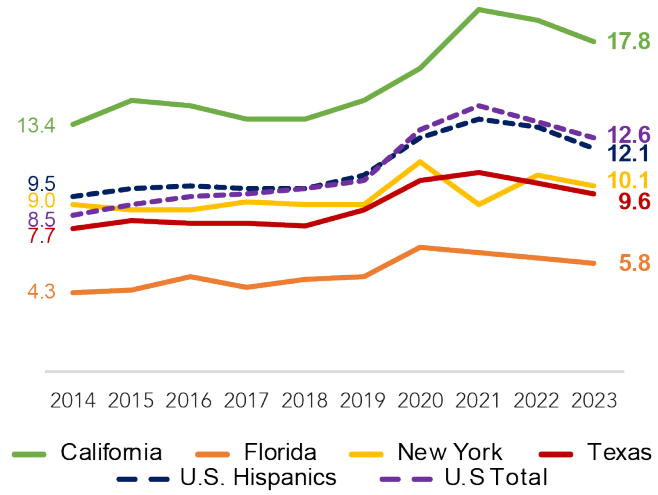


Multiple individual, community, and structural barriers limit the availability, accessibility, and utilization of behavioral health services. At the individual and community levels, key challenges include low behavioral health literacy, pervasive stigma, distrust of providers, and privacy concerns related to data sharing with government agencies.

Structural barriers further restrict access, including a shortage of culturally and linguistically responsive services, inadequate health insurance coverage, and limited affordable, long-term treatment options. These challenges are exacerbated by a nationwide shortage of mental health professionals, particularly in low-income neighborhoods, rural areas, and immigrant communities.

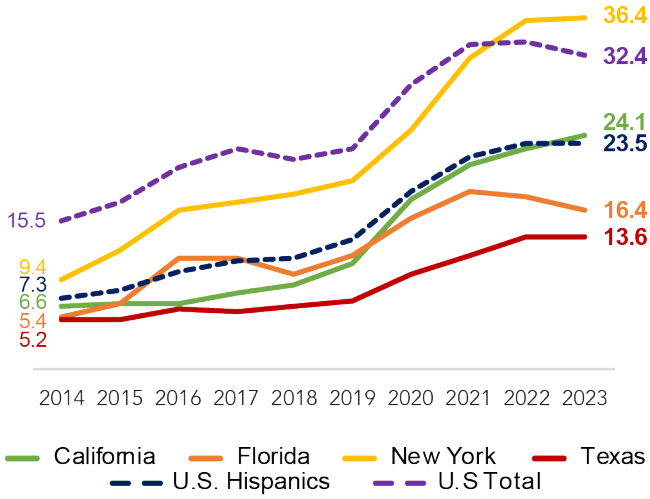
Alcohol-related death rates among Hispanics by region, 2014-2023

(CDC WONDER Online, National Vital Statistics System)



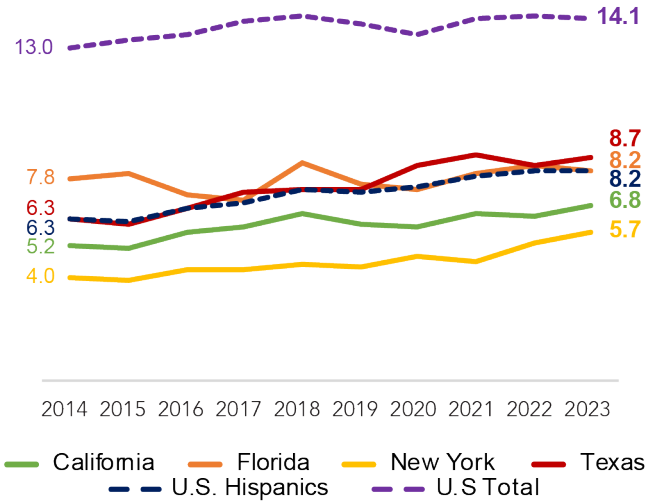
Drug-related death rates among Hispanics by region, 2014-2023

(CDC WONDER Online, National Vital Statistics System)



Suicide rates among Hispanics by region, 2014-2023

(CDC WONDER Online, National Vital Statistics System)



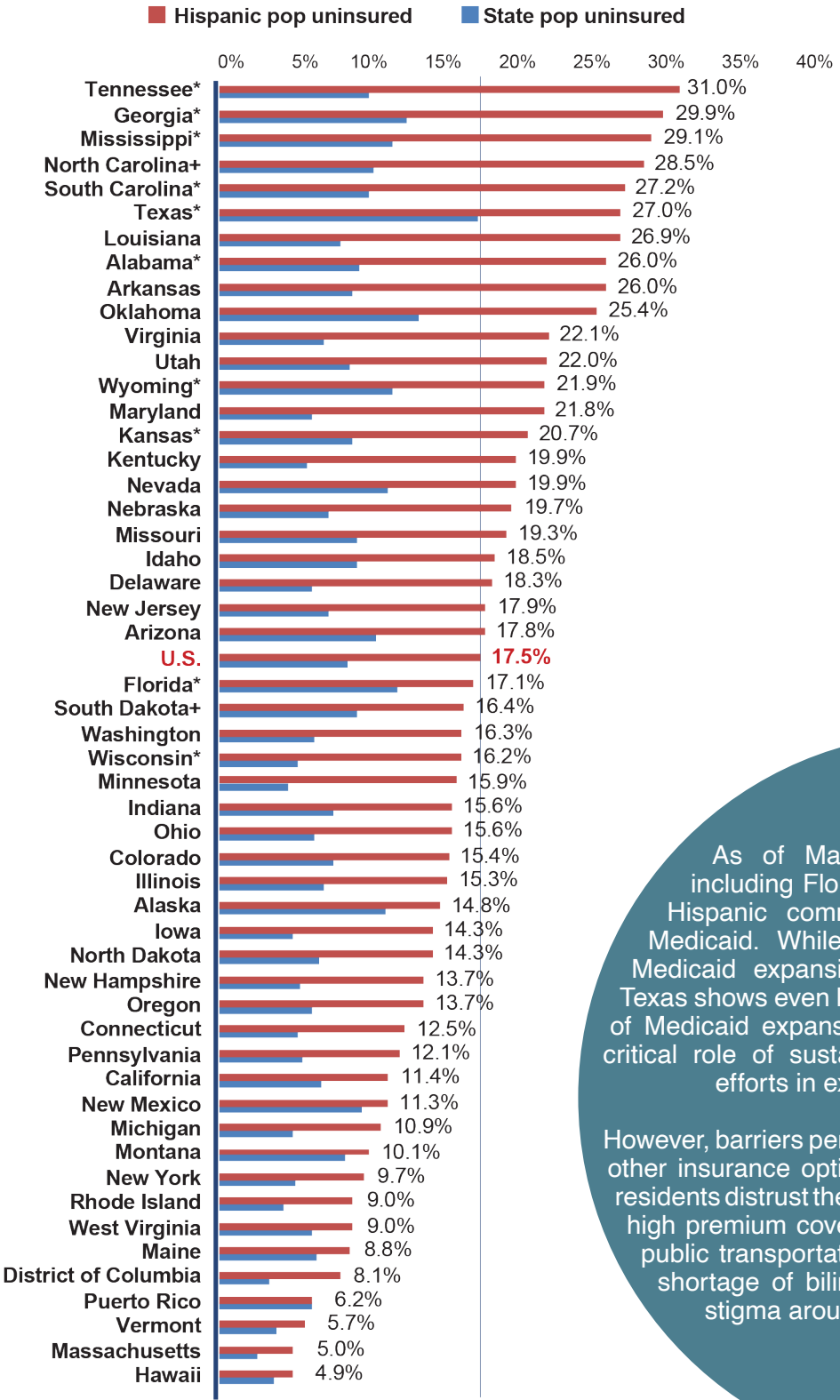
Addressing the high prevalence of mental illness, alcohol use, and substance use disorders requires strengthening community-based behavioral health initiatives, expanding the availability of low-cost services, and investing in a diverse, well-trained behavioral health workforce.

Expanding access to care will require a multi-level and integrated health approach that aligns local, state, and federal efforts to ensure equitable health support systems for all communities.

Health insurance coverage

Lack of health insurance disproportionately affects Hispanics, with significant variations depending on where they reside. HIV programs often struggle to connect individuals with care due to inadequate service availability, affordability, and accessibility. Expanding coverage requires a coordinated, multi-level approach at the local, state, and federal levels.

Percentage of the uninsured population by state and Puerto Rico, 2023
***No Affordable Care Act (ACA) expansion +ACA expansion in 2023**
(Census S2701, ACS 5-year estimates)

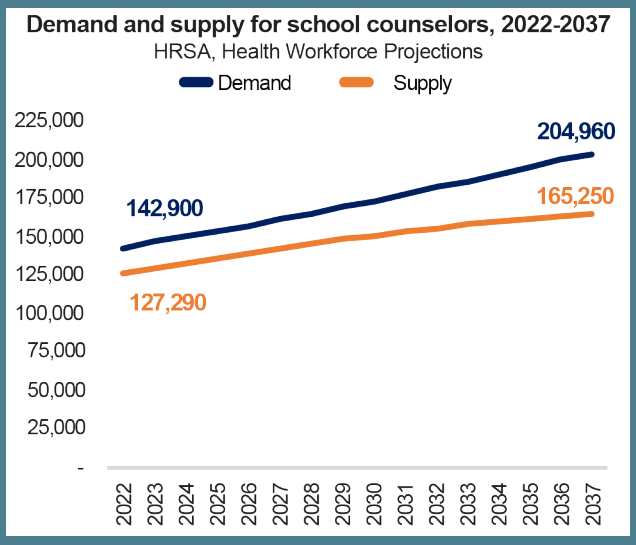


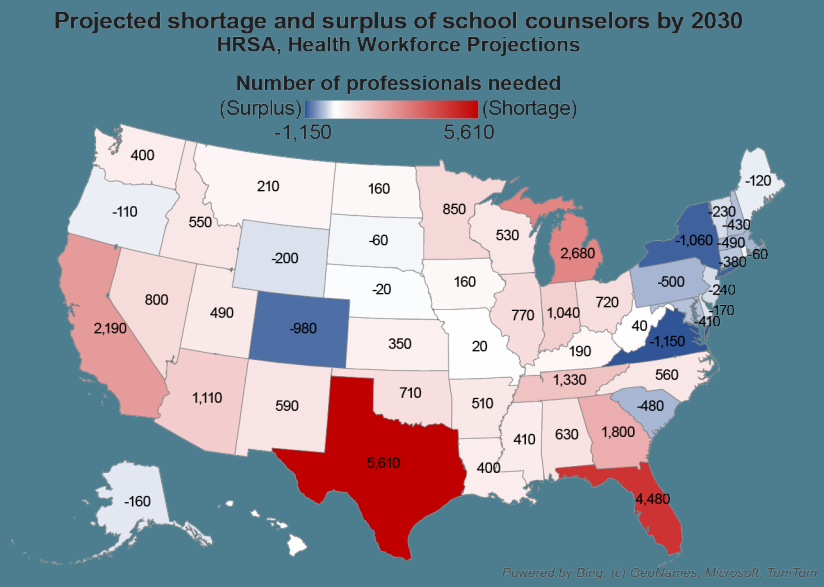
As of March 20, 2025, ten states, including Florida and Texas, home to large Hispanic communities, have yet to expand Medicaid. While Florida has an initiative for a Medicaid expansion ballot measure set for 2026, Texas shows even less momentum. The recent passage of Medicaid expansion in North Carolina highlights the critical role of sustained and comprehensive advocacy efforts in expanding healthcare access.

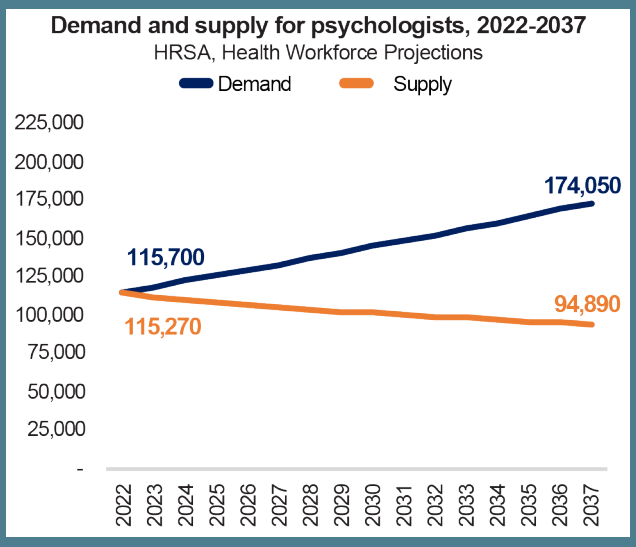
However, barriers persist even in states where Medicaid and other insurance options are available. Not only do many residents distrust the healthcare system, but they also face high premium coverage, inadequate coverage, limited public transportation, inconvenient service hours, a shortage of bilingual providers, and heightened stigma around seeking preventative care.

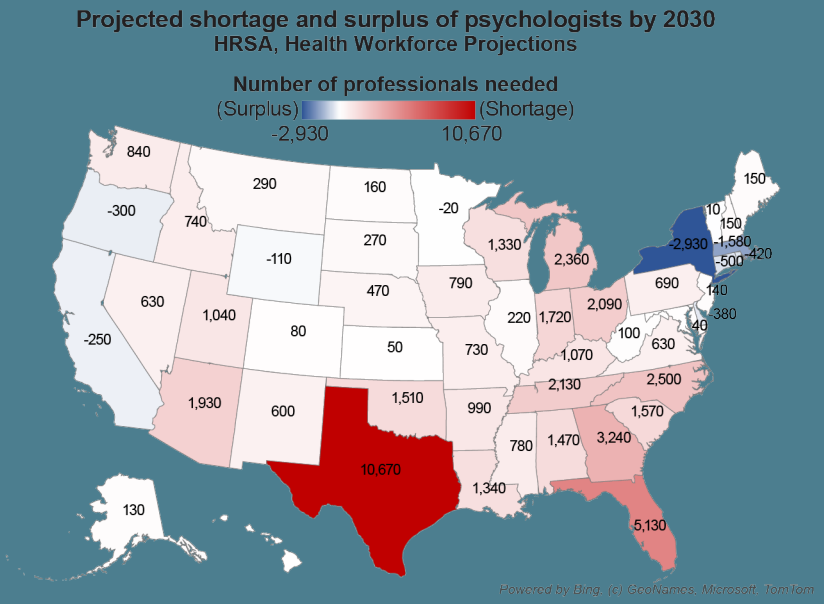
Workforce supply, demand, and projections

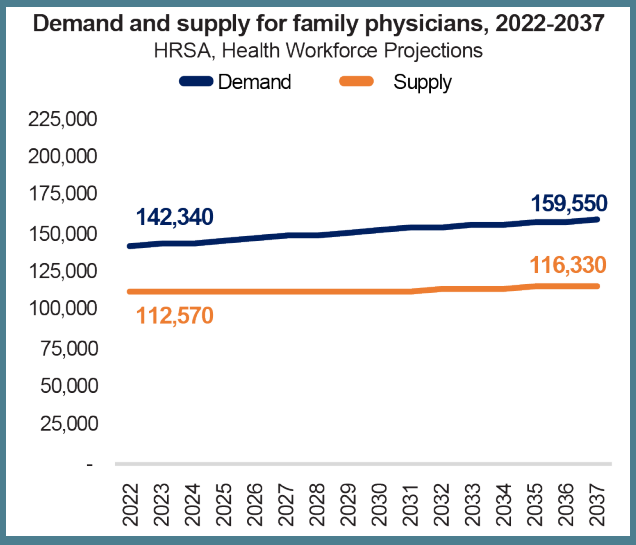
To achieve the goal of ending the HIV epidemic, we must continue addressing structural barriers to quality HIV care, including increasing the HIV workforce capacity across all geographic areas and populations. HRSA projections of the shortage and surplus of the clinical and non-clinical health workforce are quite concerning.

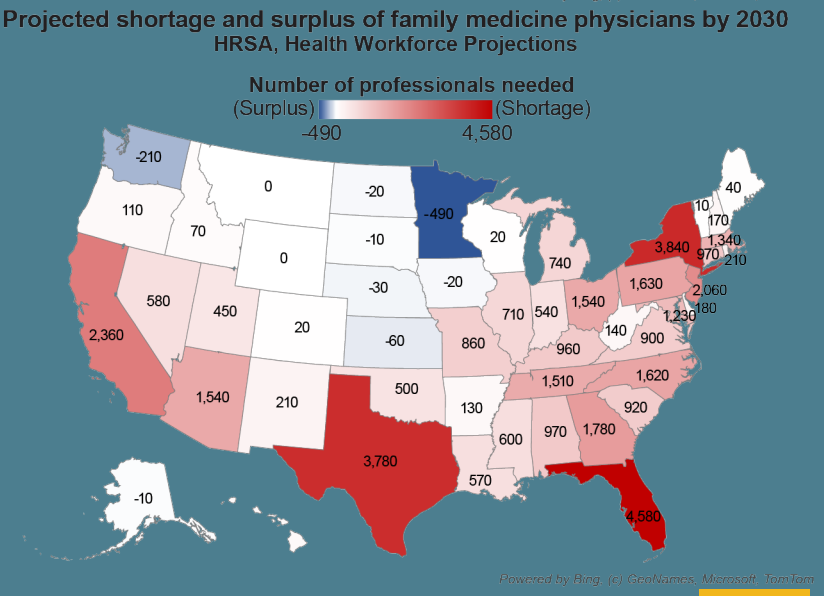












The following strategies propose a collaborative approach between communities, providers, academia, and federal, state, and local governments to strengthen our response to HIV while addressing broader health disparities and inequities.

- **Sustain and Protect HIV Funding:** Ensure consistent, multi-year funding for the Ending the HIV Epidemic (EHE) initiative, with regular public reporting on expenditures and progress.
- **Enhance Service Coordination and Integration:** Strengthen coordination and integration between HIV, primary, behavioral health, and preventive services to provide seamless, patient-centered care.
- **Strengthen the HIV Response in Puerto Rico, the U.S. Virgin Islands, and Territories:** Assess HIV service gaps and healthcare infrastructure and develop strategies for improving service availability, surveillance, and access to care.
- **Strengthen Local Health Infrastructure:** Allocate resources to bolster county-level health systems, particularly in underserved areas, improving service delivery and capacity.
- **Improve Healthcare Access and Affordability:** Expand coverage options, remove financial barriers, and ensure culturally responsive and non-discriminatory care for all.
- **Expand Rural and Community Health Systems:** Increase funding for Rural Health Centers, Community Health Centers, and Federally Qualified Health Centers (FQHCs) to improve access in underserved areas.
- **Address Workforce Shortages:** Prioritize recruitment, training, and retention strategies to expand a sustainable clinical, behavioral, and preventive health workforce.

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 were retrieved between December 2024 and March 2025.

1. AIDSVu. Datasets. https://aidsvu.org.
2. CDC. NCHHSTP AtlasPlus. https://www.cdc.gov/nchhstp/about/atlasplus.html.
3. CDC. Diagnoses, deaths, and prevalence of HIV in the United States and 6 territories and freely associated states, 2022. HIV Surveillance Report, 2022; vol. 35. http://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-prevalence.html. May 2024.
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5. HHS. HRSA, Health Workforce Projections. https://bhw.hrsa.gov/data-research/review-health-workforce-research
6. SAMHSA. Data Analysis System (DAS). NSDUH: 2-Year Restricted-use Data, 2021-2022. https://datatools.samhsa.gov
7. U.S. Census Bureau. Selected Characteristics of Health Insurance Coverage in the United States. ACS 5-Year Estimates Subject Tables, Table S2701, 2023. https://data.census.gov/table/ACSST5Y2023.S2701

Thanks to our coworkers and external partners for their feedback.

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