Overview of Clients:

HRSA's Ryan White HIV/AIDS Program, 2022

Population Fact Sheet | April 2024

The Health Resources and Services Administration's Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. More than half the people with diagnosed HIV in the United States—nearly 567,000 people in 2022—receive services through RWHAP each year. The RWHAP funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission. For more than three decades, RWHAP has worked to stop HIV stigma and reduce health disparities by caring for the whole person and addressing their social determinants of health.

Ryan White HIV/AIDS Program Fast Facts: Program Clients

74.2% ARE FROM RACIAL AND ETHNIC MINORITY GROUPS

58.6% LIVE AT OR BELOW **100%** of the **Federal Poverty Level**

89.6% ARE VIRALLY SUPPRESSED

48.2% ARE AGED 50+

HRSA
Ryan White HIV/AIDS Program

Learn more about clients served by the Ryan White HIV/AIDS Program (RWHAP):

- **The majority of RWHAP clients are people with lower incomes.** Data show that 58.6 percent of clients are people living at or below 100 percent of the federal poverty level (FPL), and 86.9 percent of RWHAP clients are people living at or below 250 percent of the FPL. Nearly all clients served have an income at or below 400 percent of the FPL.
- **The RWHAP serves a diverse population.** Nearly three-quarters of clients are people from racial and ethnic minority groups. Data show that 44.5 percent of clients are Black/African American people and 25.3 percent of clients are Hispanic/Latino people.
- **The majority of RWHAP clients are male.** Among all clients served by RWHAP, 72.1 percent are male, 25.2 percent are female, and 2.8 percent are transgender.
- **The RWHAP client population is aging.** In 2022, people aged 50 years and older account for 48.2 percent of all RWHAP clients, which is a significant increase from 31.6 percent of RWHAP clients aged 50 years and older in 2010.

Medical care and treatment improve health outcomes and decrease the risk of HIV transmission. People with HIV who take their medication as prescribed and are virally suppressed cannot sexually transmit HIV to their partners and can live longer and healthier lives. According to 2022 data, **89.6 percent of RWHAP clients receiving HIV medical care are virally suppressed,*** which is a significant increase from 69.5 percent virally suppressed in 2010.

The RWHAP delivers a range of support services to ensure that people with HIV are able to access and remain in care. The following are the most frequently utilized services:

- Outpatient ambulatory health services
- Medical case management, including treatment adherence services
- Non-medical case management services
- Food bank/home-delivered meals
- Health education/risk reduction
- Oral health care
- Medical transportation
- Referral for health care and supportive services
- Mental health and substance use disorder services
- Emergency financial assistance

In addition, the RWHAP Part B AIDS Drug Assistance Program provides HIV-related medications and/or health care coverage assistance to nearly 290,000 clients.

* Viral suppression is defined as a viral load result of less than 200 copies/mL at the most recent test, among people with HIV who had at least one outpatient ambulatory health services visit and one viral load test during the measurement year.

For more information on these data and HRSA's Ryan White HIV/AIDS Program, visit ryanwhite.hrsa.gov.

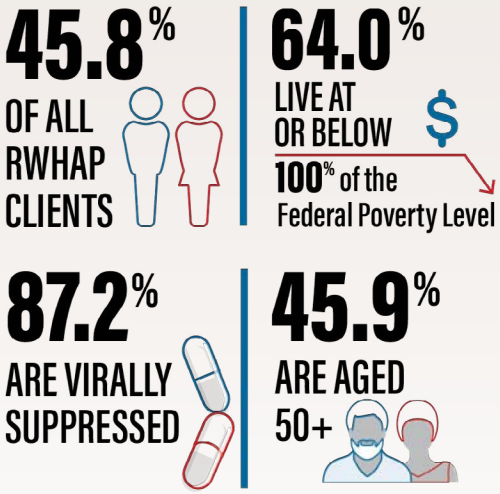
Black/African American Clients:

HRSA's Ryan White HIV/AIDS Program, 2021

Population Fact Sheet | March 2023

The Health Resources and Services Administration's Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. More than half the people with diagnosed HIV in the United States—more than 576,000 people in 2021—receive services through RWHAP each year. The RWHAP funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission. For more than three decades, RWHAP has worked to stop HIV stigma and reduce health disparities by caring for the whole person and addressing their social determinants of health.

Ryan White HIV/AIDS Program Fast Facts: Black/African American Clients



HRSA
Ryan White HIV/AIDS Program

Of the more than half a million clients served by RWHAP, 73.3 percent are people from racial and ethnic minorities; 45.8 percent of all RWHAP clients are Black/African American people.

Learn more about Black/African American clients served by RWHAP:

- The majority of Black/African American clients served by RWHAP are male. Data show that 63.6 percent of clients are male, 33.7 percent of clients are female, and 2.7 percent of clients are transgender. The proportion of Black/African American male clients is lower than the national RWHAP average (72.2 percent), whereas the proportion of Black/African American female clients is higher than the national RWHAP average (25.4 percent).
- The majority of Black/African American clients served by RWHAP are people with lower incomes. Data show that 64.0 percent of Black/African American clients are living at or below 100 percent of the federal poverty level, which is higher than the national RWHAP average (59.2 percent).
- Data show that 5.3 percent of RWHAP Black/African American clients experience unstable housing. This percentage is slightly higher than the national RWHAP average (5.0 percent).
- Black/African American RWHAP clients are aging. Data show that 45.9 percent of Black/African American RWHAP clients are aged 50 years and older.
- Among Black/African American male RWHAP clients, 59.5 percent are men who have sex with men (MSM). Among all men served by RWHAP, MSM account for 67.4 percent.

Medical care and treatment improve health outcomes and decrease the risk of HIV transmission. People with HIV who take HIV medication as prescribed and reach and maintain viral suppression cannot sexually transmit the virus to their partner. According to 2021 data, 87.2 percent of Black/African American clients receiving RWHAP HIV medical care are virally suppressed,* which is lower than the national RWHAP average (89.7 percent).

- 86.5 percent of Black/African American men receiving RWHAP HIV medical care are virally suppressed.
- 89.0 percent of Black/African American women receiving RWHAP HIV medical care are virally suppressed.

* Viral suppression is defined as a viral load result of less than 200 copies/mL at the most recent test, among people with HIV who had at least one outpatient ambulatory health services visit and one viral load test during the measurement year.

https://www.kff.org/hivaids/fact-sheet/the-impact-of-hiv-on-black-people-in-the-united-states

The Impact of HIV on Black People in the United States

Published: Sep 09, 2024

Key Facts

- Black people in the U.S. have been disproportionately affected by HIV since the epidemic's beginning, and that disparity has deepened over time.
- Although they represent only 12% of the U.S. population, Black people account for a much larger share of HIV diagnoses (39%), people living with HIV (40%), and deaths among people with HIV (43%) than any other racial/ethnic group in the U.S.
- Among Black Americans, Black women, youth, and gay and bisexual men have been disproportionately impacted by HIV.
- Several challenges contribute to the epidemic among Black people, including experiences with stigma and discrimination, higher rates of poverty, lack of access to health care, higher rates of some sexually transmitted infections, and lower awareness of HIV status..
- Recent data indicate some encouraging trends, including declining new HIV diagnoses among Black people overall, especially among women, and a leveling off of new diagnoses among Black gay and bisexual men (see Figure 1). However, given the epidemic's continued and disproportionate impact on Black people, continued focus on this population is key to addressing HIV in the United States.

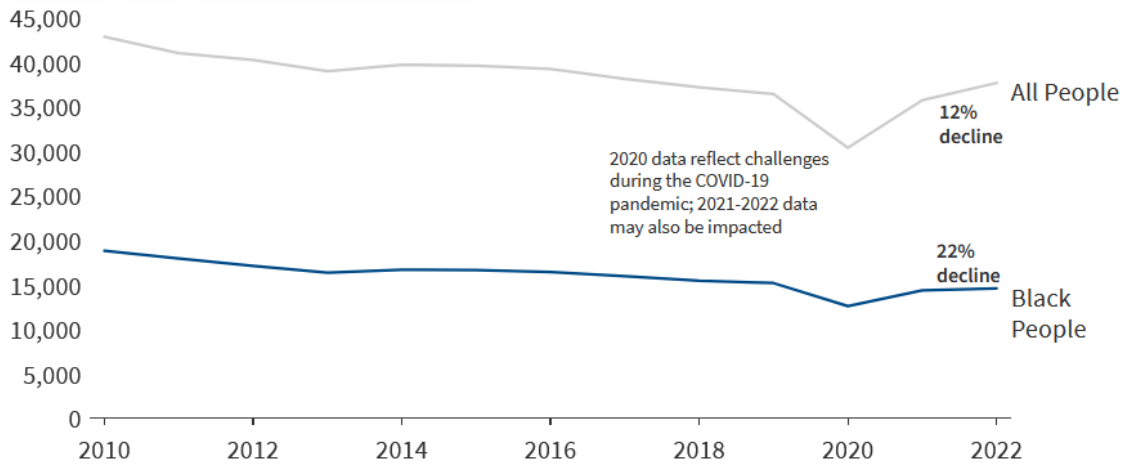
https://www.kff.org/hivaids/fact-sheet/the-impact-of-hiv-on-black-people-in-the-united-states

Figure 1

HIV Diagnoses in the United States, Overall and Among Black People

Click on the buttons below to see data by different views.

Overall | Sex | Transmission Categories



Note: Percent change in HIV diagnoses is based on the 2010 and 2022 data points. HIV diagnosis data in 2020 reflects the COVID-19 pandemic, which impacted testing behaviors, surveillance, and care-related services and should be interpreted with caution. 2021-2022 data may also be impacted.

Source: CDC. Atlas Plus. • Get the data • Download PNG

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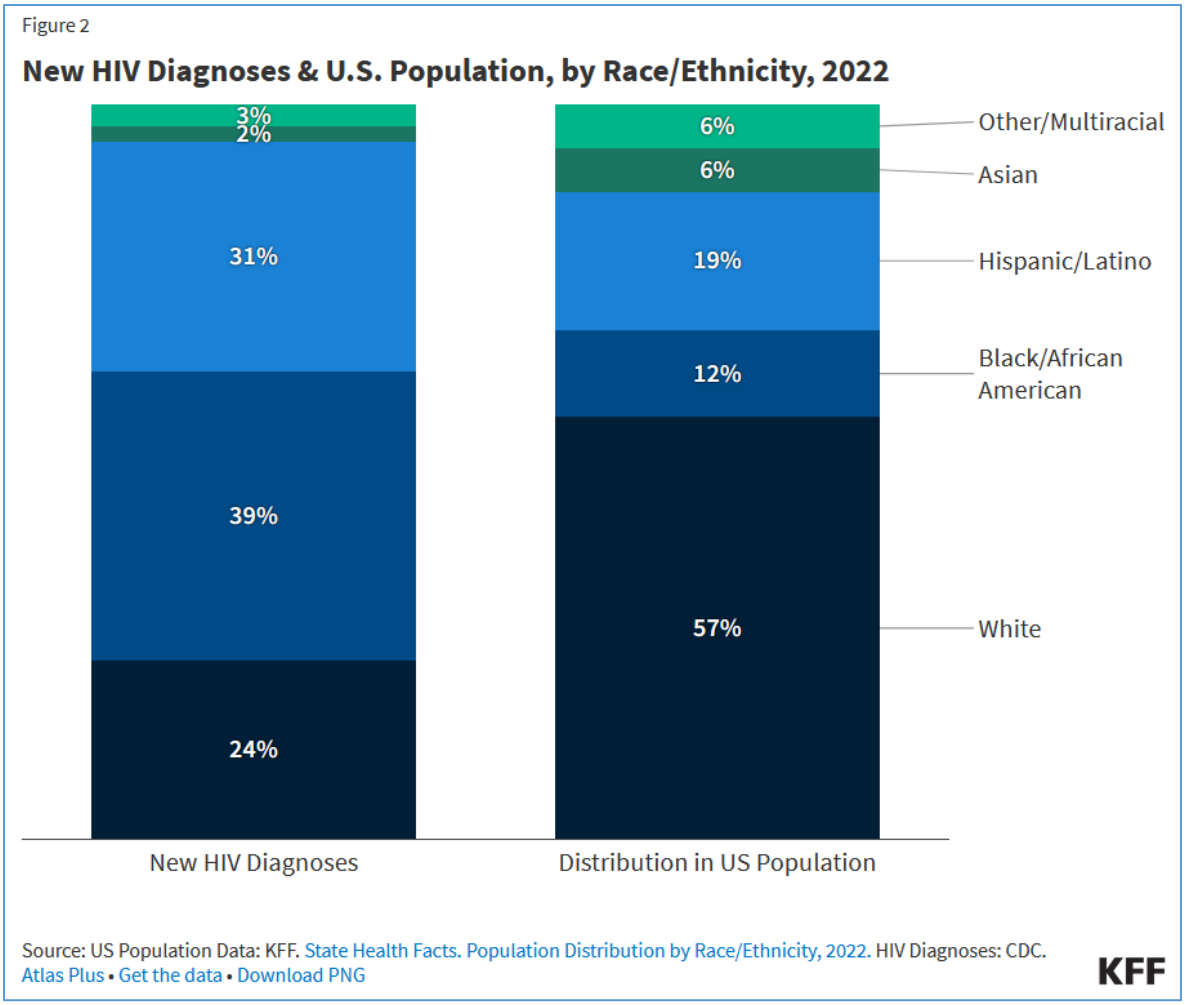
Overview

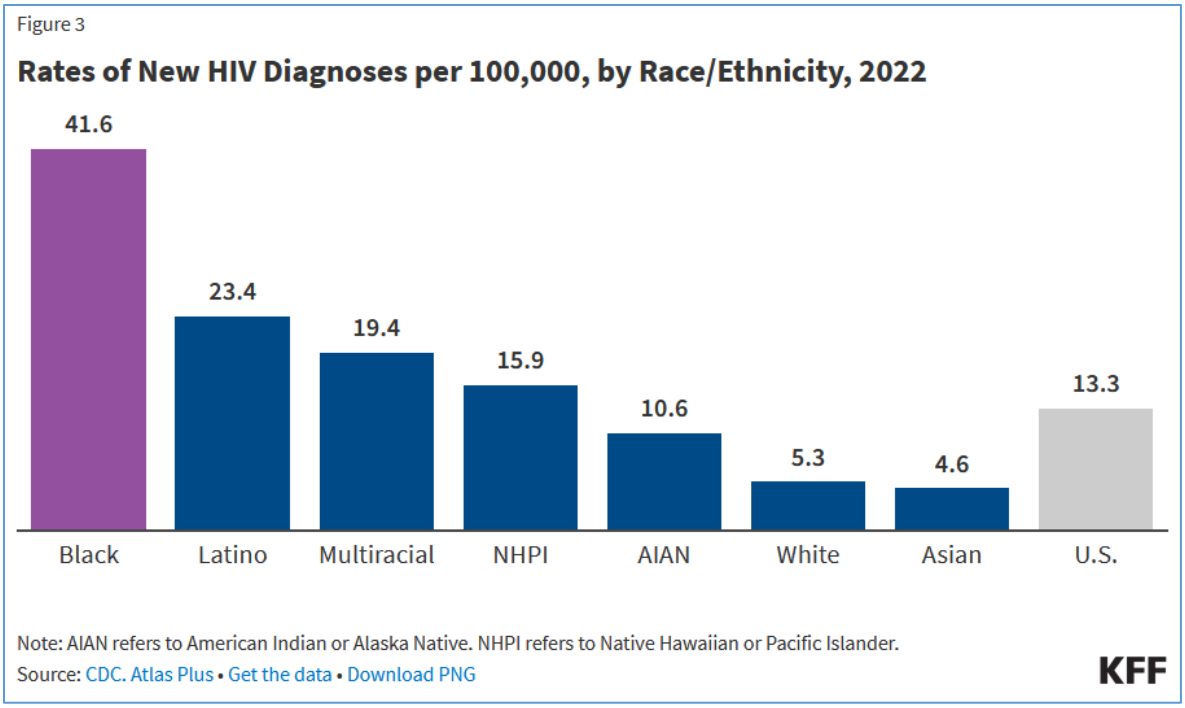
- Today, there are more than 1.2 million people living with HIV in the U.S., 40% of whom (489,200) are Black.
- The latest data indicate declines in both the number and rate of annual new diagnoses among Black people in recent years, including among both men and women (see Figure 1). However disparities persist in HIV prevention, treatment, and outcomes.
- Although Black people represent only 12% of the U.S. population, they accounted for 39% of new HIV diagnoses in 2022 (see Figure 2). Bureaucratic

https://www.kff.org/hivaids/fact-sheet/the-impact-of-hiv-on-black-people-in-the-united-states



- The rate of new HIV diagnoses per 100,000 among Black adults/adolescents (41.6) was about 8 times that of White people (5.3) and twice that of Latinos (23.4) in 2022 (see Figure 3). The rate for Black men (66.3) was the highest of any race/ethnicity and gender, followed by Latino men (40.8), the second highest group. Black women (19.2) had the highest rate among women.

https://www.kff.org/hivaids/fact-sheet/the-impact-of-hiv-on-black-people-in-the-united-states



- Black people accounted for more than 4 in 10 (43%) deaths among people with an HIV diagnosis (deaths may be due to any cause) in 2022. The number of deaths among Black individuals with an HIV diagnosis decreased 13% between 2010 and 2018 but then increased more recently, by 15% between 2018 and 2022.
- HIV death rates (deaths for which HIV was indicated as the leading cause of death) are highest among Black people compared to people of other race/ethnicities. In 2022, Black people had the highest age-adjusted HIV death rate per 100,000 – 5.9, compared to 0.6 per 100,000 White persons.
- In addition, in 2021 HIV was the 8th leading cause of death for Black men and for Black women ages 25-34.

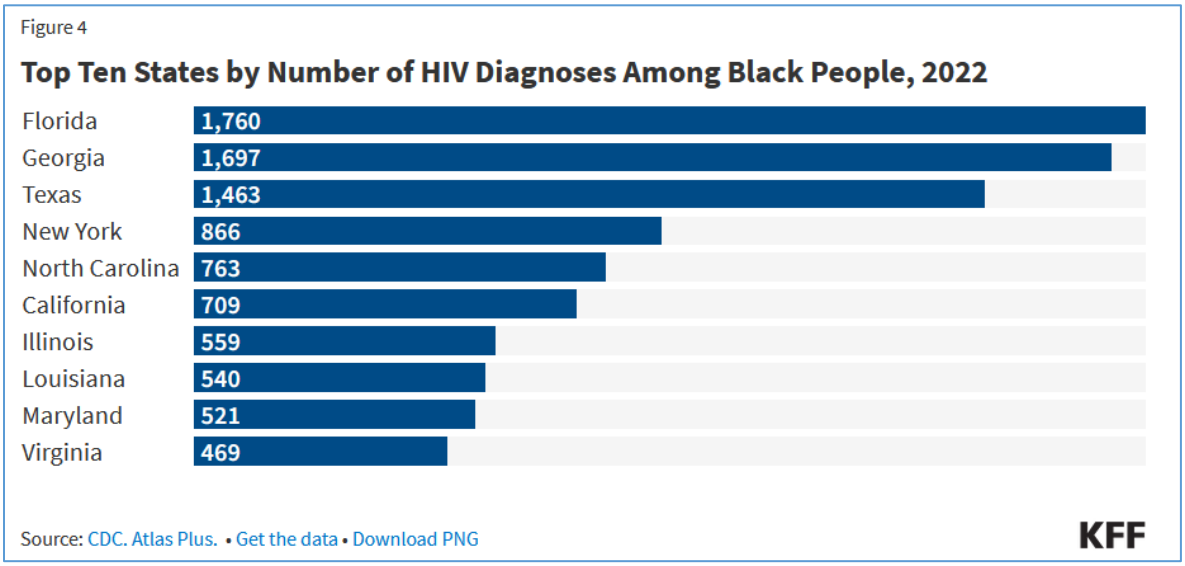
Transmission

- Transmission patterns vary by race/ethnicity. While male-to-male sexual contact accounts for the largest share of HIV cases among both Black and White people, proportionately, fewer Black people contract HIV this way. Heterosexual sex accounts for a greater proportion of HIV cases among Black people than White people.
- Among Black people, 63% of HIV diagnoses in 2022 were attributable to male-to-male sexual contact and 32% were attributable to heterosexual sex; among White people, 70% of new HIV diagnoses in 2022 were attributable to male-to-male sexual contact and 16% were attributable to heterosexual sex. The remainder of HIV diagnoses in each group were attributable to other causes, including injection drug use.
- Most HIV positive Black women acquired HIV through heterosexual transmission and a smaller share of HIV infections are attributable to injection drug use among Black women compared to White women (15% v 32%).

https://www.kff.org/hivaids/fact-sheet/the-impact-of-hiv-on-black-people-in-the-united-states

Geography

- Although HIV diagnoses among Black people have been reported throughout the country, the impact of the epidemic is not uniformly distributed.
- Regionally, the South accounts for both the majority of Black people newly diagnosed with HIV (52% in 2022) and the majority living with HIV at the end of 2022 (46%).
- HIV diagnoses among Black people are concentrated in a handful of states. The top 10 states, 7 of which are in the South, account for 64% of all HIV diagnoses among Black people (see Figure 4).



Women

- Black women account for the largest share of new HIV diagnoses among women (3,523 or 50% in 2022) as well as the largest share of all women living with HIV. The rate of new diagnoses among Black women (19.2) is 10 times the rate among White women (1.9) and 3 times the rate among Latinas (5.5).
- Although new HIV diagnoses continue to occur disproportionately among Black women, data show a 39% decrease in new diagnoses for Black women between 2010 and 2022. More recently though, from 2018 to 2022, new HIV diagnoses among Black women were essentially flat, decreasing by just 1%.
- In 2022, Black women represented about one quarter (24%) of new HIV diagnoses among all Black people – a higher share than Latinas and White women (who represented 12% and 18% of new diagnoses among their respective racial/ethnic groups).

Young People

- In 2022, half (50%) of HIV diagnoses among all young people ages 13-24 were among Black people.
- More than half (53%) of gay and bisexual teens and young adults with HIV were Black in 2022.
- In 2023, 10% of Black high school students report having ever been tested for HIV compared to 5% of White students but that share is down from 20% of Black students in 2013.

Gay and Bisexual Men

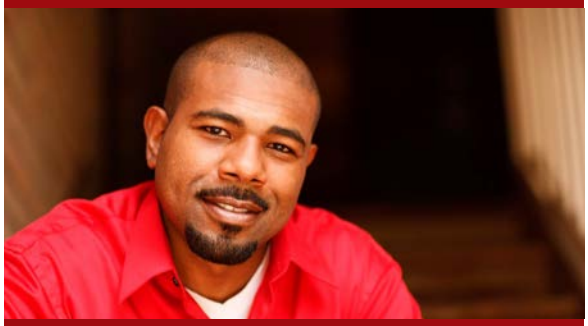
- Black gay and bisexual men accounted for almost half (49%) of Black people living with HIV and 30% of gay and bisexual men living with HIV.
- Among Black people, male-to-male sexual contact accounted for more than half (63%) of HIV diagnoses in 2022 and a majority (82%) of diagnoses among Black men.
- Young Black gay and bisexual men are particularly affected. Black gay and bisexual men are younger than their White counterparts, with those ages 13-24 accounting for 32% of new HIV diagnoses among Black gay and bisexual men in 2022, compared to 12% among White gay and bisexual men.

HIV Testing and Access to Prevention & Care

- In 2022, over half (57%) of Black adults reported ever having been tested for HIV, a greater share than among Latino or White adults (44% and 32%, respectively).
- One-in-five (20%) Black people with HIV tested positive late in their illness – that is, were diagnosed with AIDS at the time of testing positive for HIV; similar to the share among White (21%) and Latino (21%) people.
- Looking across the care continuum, Black people face disparities related to linkage to care and viral suppression. At the end of 2022, 88% of Black people with HIV were diagnosed, 64% were linked to care, and 53% were virally suppressed. In comparison, 89% of White people with HIV were diagnosed, 70% were linked to care, and 63% were virally suppressed.

Hispanic/Latino Clients:

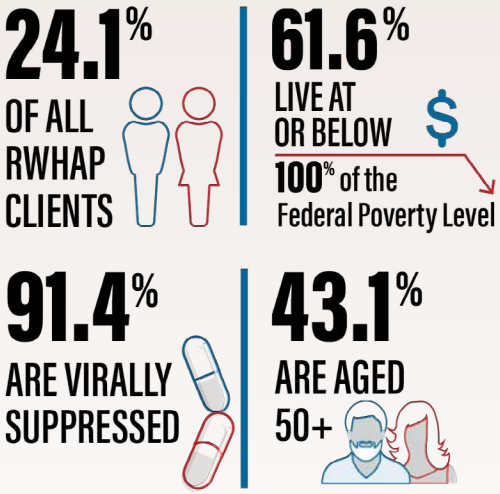
HRSA's Ryan White HIV/AIDS Program, 2021



Population Fact Sheet | March 2023

The Health Resources and Services Administration's Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. More than half the people with diagnosed HIV in the United States—more than 576,000 people in 2021—receive services through RWHAP each year. The RWHAP funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission. For more than three decades, RWHAP has worked to stop HIV stigma and reduce health disparities by caring for the whole person and addressing their social determinants of health.

Ryan White HIV/AIDS Program Fast Facts: Hispanic/Latino Clients



HRSA
Ryan White HIV/AIDS Program

Of the more than half a million clients served by RWHAP, 73.3 percent are people from racial and ethnic minorities; 24.1 percent of all RWHAP clients are Hispanic/Latino people.

Learn more about Hispanic/Latino clients served by RWHAP:

- **The majority of Hispanic/Latino clients served by RWHAP are male.** Data show that 76.2 percent of clients are male, 20.8 percent are female, and 2.9 percent are transgender.
- **The majority of Hispanic/Latino clients served by RWHAP are people with lower incomes.** Data show that 61.6 percent of Hispanic/Latino clients are living at or below 100 percent of the federal poverty level, which is higher than the national RWHAP average (59.2 percent).
- **Data show that 4.4 percent of Hispanic/Latino RWHAP clients experience unstable housing.** This percentage is slightly lower than the national RWHAP average (5.0 percent).
- **Hispanic/Latino RWHAP clients are aging.** Among all Hispanic/Latino RWHAP clients, 43.1 percent are aged 50 years and older.
- **Among Hispanic/Latino male RWHAP clients, 68.2 percent are men who have sex with men.** This percentage is slightly higher than the RWHAP national average (67.4 percent) of all male clients.

Medical care and treatment improve health outcomes and decrease the risk of HIV transmission. People with HIV who take HIV medication as prescribed and reach and maintain viral suppression cannot sexually transmit the virus to their partner. According to 2021 data, 91.4 percent of Hispanic/Latino RWHAP clients receiving HIV medical care are virally suppressed,* which is higher than the national RWHAP average (89.7 percent).

- 91.5 percent of Hispanic/Latino men receiving RWHAP HIV medical care are virally suppressed.
- 91.5 percent of Hispanic/Latina women receiving RWHAP HIV medical care are virally suppressed.

* Viral suppression is defined as a viral load result of less than 200 copies/mL at the most recent test, among people with HIV who had at least one outpatient ambulatory health services visit and one viral load test during the measurement year.

https://www.kff.org/hivaids/fact-sheet/the-impact-of-hiv-on-hispanic-latino-people-in-the-united-states

The Impact of HIV on Hispanic/Latino People in the United States

Published: Oct 15, 2024

Key Facts

- Hispanic/Latino people have been disproportionately affected by HIV/AIDS since the epidemic's beginning, and that disparity has deepened over time.
- Between 2010-2022, while HIV diagnoses decreased by 12% overall, Hispanic/Latino people saw a 24% increase.
- Although they represent only 19% of the U.S. population, Hispanic/Latino people account for a larger share of HIV diagnoses (31%) and people estimated to be living with HIV (26%) compared to their population size.[1]
- Among Hispanic/Latino people, youth and gay and bisexual men have been disproportionately impacted by HIV.
- Several challenges contribute to the epidemic among Hispanic/Latino people, including poverty, limited access to health care and insurance, lower awareness of HIV status, stigma, and language or cultural barriers in health care settings.
- Recent data indicates mixed trends, including increasing new HIV diagnoses among Hispanic/Latino people overall, especially among men, but a leveling off among women (see Figure 1), largely related to transmission patterns: HIV diagnoses attributed to male-to-male sexual contact increased but those attributed to heterosexual sex and injection drug use decreased.
- As the largest and one of the fastest growing ethnic minority groups in the U.S., and one of the only groups to see an increase in HIV diagnoses in recent years, addressing HIV in the Hispanic/Latino community takes on increased importance in efforts to address the epidemic across the country.

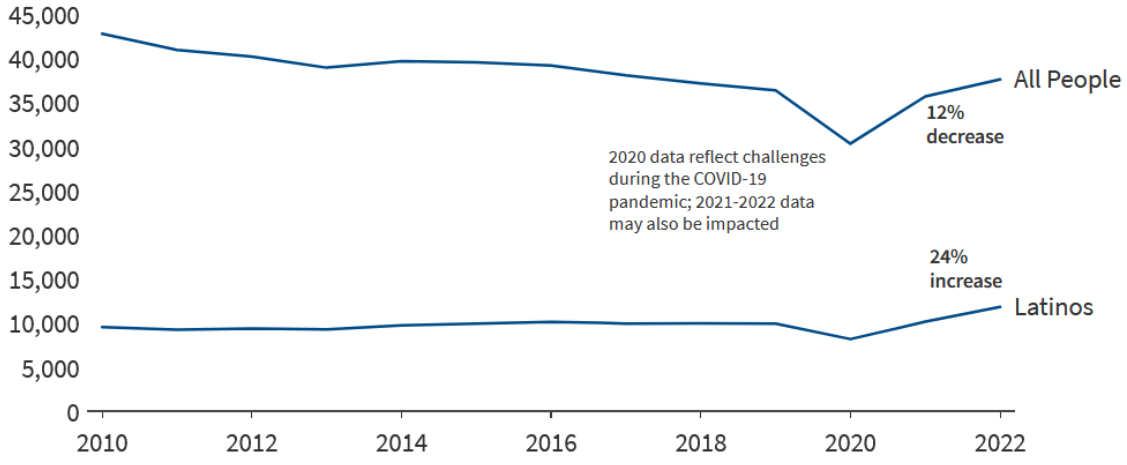
https://www.kff.org/hivaids/fact-sheet/the-impact-of-hiv-on-hispanic-latino-people-in-the-united-states

Figure 1

HIV Diagnoses in the United States, 2010-2022: Hispanic/Latino People Saw a 24% Increase in Diagnoses Compared to the 12% Decrease Seen Overall

Click on the buttons below to see data by different views.

Overall | Sex | Transmission Categories



Note: Percent change in HIV diagnoses is based on the 2010 and 2022 data points. HIV diagnosis data in 2020 reflects the COVID-19 pandemic, which impacted testing behaviors, surveillance, and care-related services and should be interpreted with caution. 2021-2022 data may also be impacted.

Source: CDC. Atlas Plus. • Get the data • Download PNG

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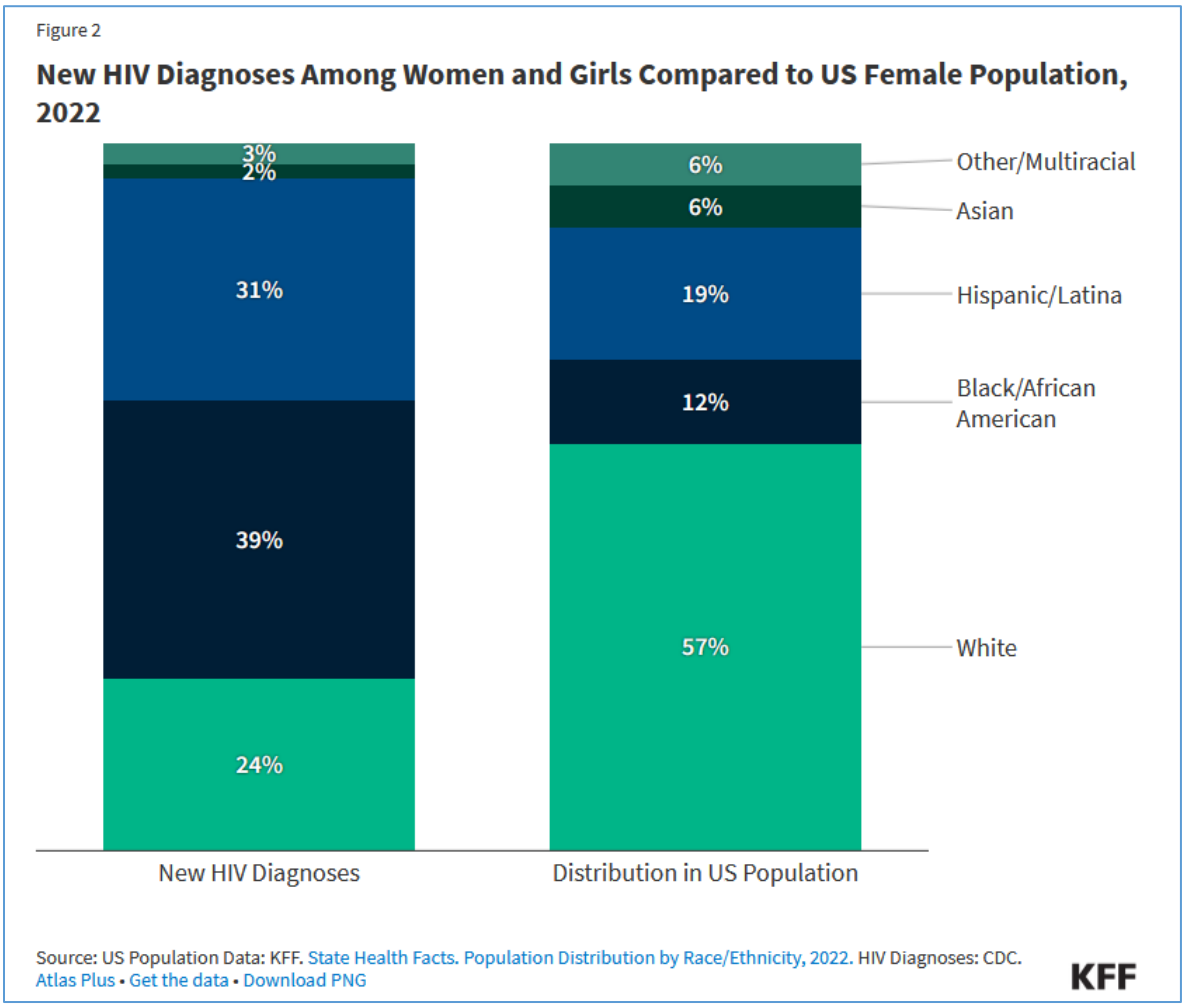
Overview

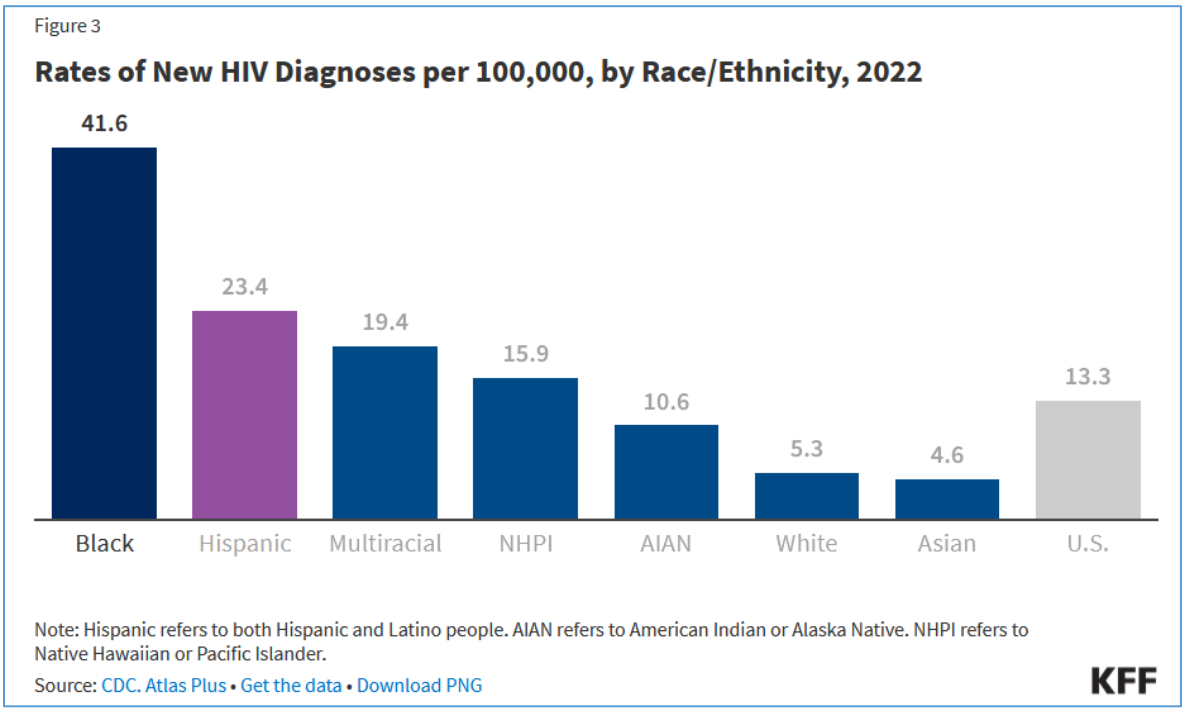
- Today, there are more than 1.2 million people estimated to be living with HIV in the U.S., including 316,900 who are Hispanic/Latino.
- Although Hispanic/Latino people represent only 19% of the U.S. population, they accounted for 31% of new HIV diagnoses in 2022 (see Figure 2) and an estimated 26% of people estimated to be living with HIV.
- Disparities persist in awareness of HIV status, linkage to care, and viral suppression between Hispanic/Latino people and White people.
- Between 2010-2022, while HIV diagnoses decreased by 12% overall, Hispanic/Latino people saw a 24% increase.
- The increase in the number of annual HIV diagnoses among Hispanic/Latino people in recent years was concentrated among men who accounted for almost nine in ten new diagnoses (88%) in 2022 (See Figure 1).
- Of the 10,426 new HIV diagnoses among Hispanic/Latino men in 2022, 91% were attributable to diagnoses among gay and bisexual Hispanic/Latino men.

https://www.kff.org/hivaids/fact-sheet/the-impact-of-hiv-on-hispanic-latino-people-in-the-united-states



- The rate of new HIV diagnoses per 100,000 among adult and adolescent Hispanic/Latino people (23.4) was over 4 times that of White people (5.3) but about half that of Black people (41.6) in 2022 (see Figure 3). Looking by sex and race, the rate for Hispanic/Latino men (40.8) was the second highest of any group after Black men (66.3) and over 4 times that of White men (8.7). Latina women (5.5) had the third highest rate among women (tied with American Indian/Alaska Native women) after Multiracial women (8.2) and Black women (19.2).

https://www.kff.org/hivaids/fact-sheet/the-impact-of-hiv-on-hispanic-latino-people-in-the-united-states



- Hispanic/Latino people accounted for almost 1 in 5 (17%) deaths among people with an HIV diagnosis (deaths may be due to any cause) in 2022. The number of deaths among Latino individuals with an HIV diagnosis increased 24% between 2010 and 2022.
- Rates for deaths where HIV was indicated as the leading cause of death are second highest among Hispanic/Latino people (after Black people) compared to people of other race/ethnicities. Hispanic/Latino people had the second highest age-adjusted HIV death rate per 100,000 – 1.4 compared to 0.6 per 100,000 White persons.

Transmission

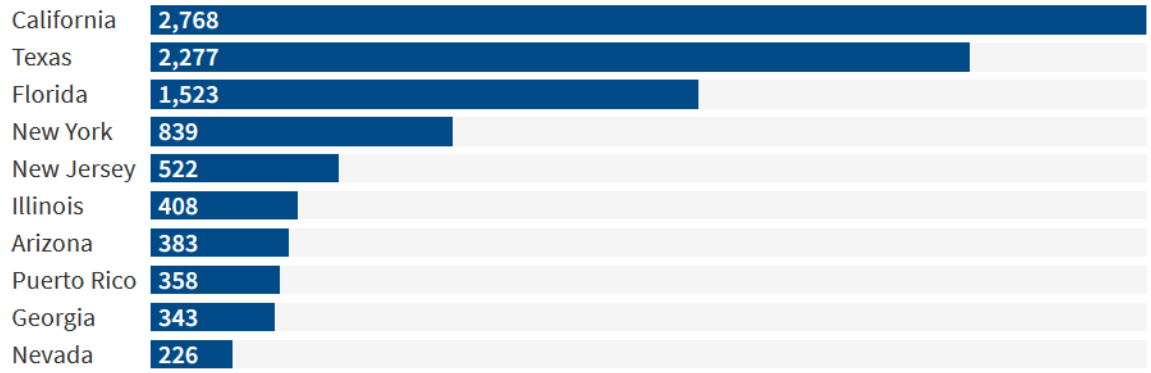
- Transmission patterns vary by race/ethnicity. While male-to-male sexual contact accounts for the largest share of HIV cases across racial/ethnic groups, proportionately, more Hispanic/Latino people contract HIV this way. Heterosexual sex accounts for a smaller proportion of HIV cases among Hispanic/Latino people than White people.
- Among Hispanic/Latino people, 78% of new HIV diagnoses in 2022 were attributable to male-to-male sexual contact, with an additional 3% attributable to male-to-male sexual contact and injection drug use. 15% were attributable to heterosexual sex and the remainder of HIV diagnoses were attributable injection drug use only. This differs from transmission patterns among White people. Among White people, 63% of new HIV diagnoses in 2022 were attributable to male-to-male sexual contact with an additional 7% attributable to male-to-male sexual contact and injection drug use and 16% were attributable to heterosexual sex. The remainder were attributable injection drug use only.
- Nearly 9 in 10 (87%) HIV diagnoses among Hispanic/Latina women are attributed to heterosexual contact and a smaller share of HIV are attributable to injection drug use compared to White women.

Geography

- Although HIV diagnoses among Hispanic/Latino people have been reported throughout the country, the impact of the epidemic is not uniformly distributed.
- In 2022, Hispanic/Latino people made up an estimated 19% of all people in the South, but accounted for a greater share of new diagnoses (42%) and estimated people living with HIV (34%) in that region.
- HIV diagnoses among Hispanic/Latino people are concentrated in a handful of states. The top 10 states account for 82% of all HIV diagnoses among Hispanic/Latino people (see Figure 4).

Figure 4

Top Ten States/Territories by Number of HIV Diagnoses Among Hispanic/Latino People, 2022



Source: CDC. Atlas Plus. • Get the data • Download PNG

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Women

- Hispanic/Latina women accounted for 1 in 5 (20%) new HIV diagnoses among women as well as 1 in 5 (20%) women estimated to be living with HIV. The rate of new diagnoses among Latina women (5.5) is nearly 3 times the rate among White women (1.9) but less than the rate among Black women (19.2).
- After several years of decreases, new HIV diagnoses among Hispanic/Latina women increased by 16% between 2018 and 2022.
- In 2022, Hispanic/Latina women represented 12% of new HIV diagnoses among all Hispanic/Latino people – a smaller share than White and Black women (who represented 18% and 24% of new diagnoses among their respective racial/ethnic groups).

Young People

- In 2022, 30% of HIV diagnoses among young people ages 13-24 were among Hispanic/Latino people.
- Looking at young people (those ages 13-24) by race/ethnicity, Hispanic/Latino youth, had the second highest number and rate of HIV diagnoses (2,124 and 16.3 per 100,000, respectively) after Black youth (3,555 and 48.7); the rate for Hispanic/Latino people was 4.5 times greater than that of White youth (3.6).

- Hispanic/Latino gay and bisexual teens and young adults are especially impacted. Among all gay and bisexual teens and young adults diagnosed with HIV in 2022, 32% were Hispanic/Latino.

Gay and Bisexual Men

(Data in this section are based on individuals who acquired HIV through male-to-male sexual contact or male-to-male sexual contact and injection drug use.)

- Between 2010 and 2022, HIV diagnoses among Hispanic/Latino people attributable to male-to-male sexual contact increased by 43%, including a 23% increase between 2018 to 2022.
- Among Hispanic/Latino people, gay and bisexual men accounted for 85% those estimated to be living with HIV and 30% of all gay and bisexual men estimated to be living with HIV.
- Young Hispanic/Latino gay and bisexual men are particularly affected, with those ages 13-24 accounting for 20% of new HIV diagnoses among Hispanic/Latino gay and bisexual men in 2022, higher than the share among White gay and bisexual men (12%).

HIV Testing and Access to Prevention & Care

- In 2022, nearly one half (44%) of Hispanic/Latino adults reported ever having been tested for HIV, compared to a third of those who were White (32%).
- Among those who are HIV positive, 21% of Hispanic/Latino people were diagnosed with HIV late – that is, were diagnosed with AIDS within 3 months of testing positive for HIV; similar to the share among White (21%) and Black (20%) people.
- Looking across the care continuum, Hispanic/Latino people face disparities related to diagnosis, linkage to care and viral suppression. At the end of 2022, it was estimated that 84% of Hispanic/Latino people with HIV were diagnosed, 62% were linked to care, and 54% were virally suppressed. In comparison, an estimated 89% of White people with HIV were diagnosed, 70% were linked to care, and 63% were virally suppressed.

Endnotes

1. Unless otherwise noted, HIV data come from KFF analysis of the Centers for Disease Control and Prevention (CDC) data in the CDC's National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention tool: Atlas Plus. https://www.cdc.gov/nchhstp/about/atlasplus.html.

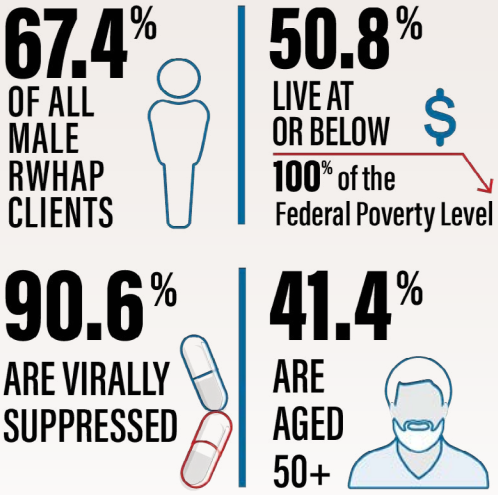
Gay, Bisexual, and Other Men Who Have Sex with Men (MSM) Clients:

HRSA's Ryan White HIV/AIDS Program, 2021

Population Fact Sheet | March 2023

The Health Resources and Services Administration's Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. More than half the people with diagnosed HIV in the United States—more than 576,000 people in 2021—receive services through RWHAP each year. The RWHAP funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission. For more than three decades, RWHAP has worked to stop HIV stigma and reduce health disparities by caring for the whole person and addressing their social determinants of health.

Ryan White HIV/AIDS Program Fast Facts: Gay, Bisexual, and Other Men Who Have Sex with Men Clients



HRSA
Ryan White HIV/AIDS Program

A significant proportion of RWHAP clients are men who have sex with men (MSM). Of the more than half a million clients served by RWHAP, 48.8 percent are MSM. Of male clients served by RWHAP, 67.4 percent are MSM.

Learn more about MSM clients served by RWHAP:

- The majority of MSM clients served by RWHAP are a diverse population. Data show that 65.5 percent of MSM RWHAP clients are people from racial and ethnic minorities. Among MSM RWHAP clients, 34.5 percent are white, 36.1 percent are Black/African American, and 25.7 percent are Hispanic/Latino.
- More than half of MSM clients served by RWHAP are people with lower incomes. Of the MSM RWHAP clients served, 50.8 percent are living at or below 100 percent of the federal poverty level, which is significantly lower than the national RWHAP average (59.2 percent).
- Among MSM RWHAP clients, 4.7 percent experience unstable housing. This percentage is slightly lower than the national RWHAP average (5.0 percent).
- MSM RWHAP clients are aging. MSM clients aged 50 years and older account for 41.4 percent of all MSM RWHAP clients. This percentage is lower than the national RWHAP average (48.3 percent).

Medical care and treatment improve health outcomes and decrease the risk of HIV transmission. People with HIV who take HIV medication as prescribed and reach and maintain viral suppression cannot sexually transmit the virus to their partner. According to 2021 data, 90.6 percent of MSM receiving RWHAP HIV medical care are virally suppressed,* which is slightly higher than the national RWHAP average (89.7 percent).

- 84.5 percent of young MSM (aged 13–24) receiving RWHAP HIV medical care are virally suppressed.
- 82.2 percent of young Black/African American MSM (aged 13–24) receiving RWHAP HIV medical care are virally suppressed.

* Viral suppression is defined as a viral load result of less than 200 copies/mL at the most recent test, among people with HIV who had at least one outpatient ambulatory health services visit and one viral load test during the measurement year.

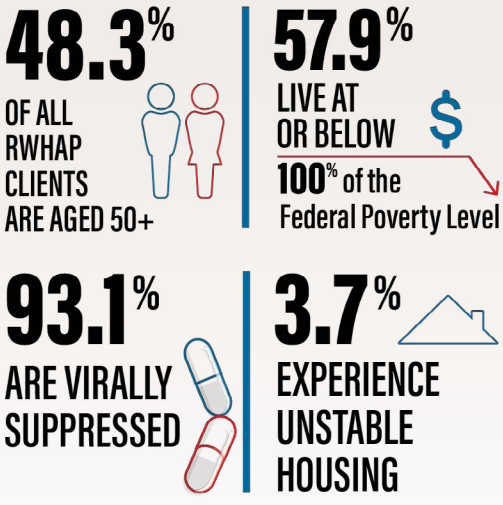
Older Adult Clients:

HRSA's Ryan White HIV/AIDS Program, 2021

Population Fact Sheet | March 2023

The Health Resources and Services Administration's Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. More than half the people with diagnosed HIV in the United States—more than 576,000 people in 2021—receive services through RWHAP each year. The RWHAP funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission. For more than three decades, RWHAP has worked to stop HIV stigma and reduce health disparities by caring for the whole person and addressing their social determinants of health.

Ryan White HIV/AIDS Program Fast Facts: Older Adult Clients



HRSA
Ryan White HIV/AIDS Program

RWHAP clients are aging. Of the more than half a million clients served by RWHAP, 48.3 percent are people aged 50 years and older.

Learn more about these clients served by RWHAP:

- The majority of RWHAP clients aged 50 years and older are a diverse population. Among RWHAP clients aged 50 years and older, 67.6 percent are people from racial and ethnic minorities; 43.4 percent of RWHAP clients in this age group are Black/African American people, which is lower than the national RWHAP average (45.8 percent). Additionally, 21.4 percent of RWHAP clients in this age group are Hispanic/Latino people, which is lower than the national RWHAP average (24.1 percent).
- The majority of RWHAP clients aged 50 years and older are male. Data show that approximately 70.7 percent of clients aged 50 years and older are male, 28.1 percent are female, and 1.2 percent are transgender.
- The majority of RWHAP clients aged 50 years and older are people with lower incomes. Among RWHAP clients aged 50 years and older, 57.9 percent are living at or below 100 percent of the federal poverty level, which is lower than the national RWHAP average (59.2 percent).
- Data show that 3.7 percent of RWHAP clients aged 50 years and older experience unstable housing. This percentage is lower than the national RWHAP average (5.0 percent).

Medical care and treatment improve health outcomes and decrease the risk of HIV transmission. People with HIV who take HIV medication as prescribed and reach and maintain viral suppression cannot sexually transmit the virus to their partner. According to 2021 data, 93.1 percent of clients aged 50 years and older receiving RWHAP HIV medical care are virally suppressed,* which is higher than the national RWHAP average (89.7 percent).

* Viral suppression is defined as a viral load result of less than 200 copies/mL at the most recent test, among people with HIV who had at least one outpatient ambulatory health services visit and one viral load test during the measurement year.

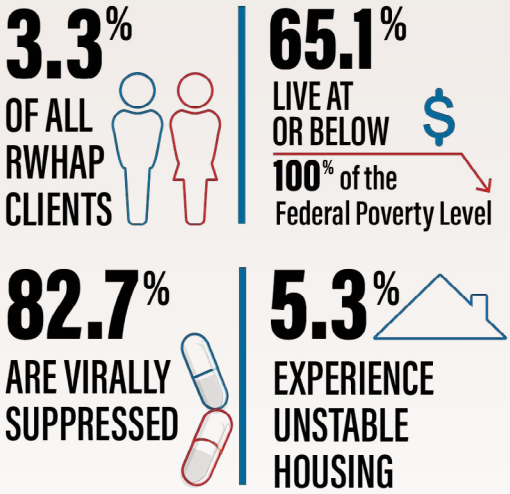
Youth and Young Adult Clients:

HRSA's Ryan White HIV/AIDS Program, 2021

Population Fact Sheet | March 2023

The Health Resources and Services Administration's Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. More than half the people with diagnosed HIV in the United States—more than 576,000 people in 2021—receive services through RWHAP each year. The RWHAP funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission. For more than three decades, RWHAP has worked to stop HIV stigma and reduce health disparities by caring for the whole person and addressing their social determinants of health.

Ryan White HIV/AIDS Program Fast Facts: Youth and Young Adult Clients



HRSA
Ryan White HIV/AIDS Program

Youth and young adults aged 13 to 24 years old represent 3.3 percent (more than 19,000 clients) of the more than half a million clients served by RWHAP.

Learn more about youth and young adult clients served by RWHAP:

- The majority of youth and young adult RWHAP clients aged 13–24 years are a diverse population. Among clients in this age group, 86.9 percent are people from racial and ethnic minorities. Data show that 58.2 percent of youth and young adult clients are Black/African American people, which is significantly higher than the national RWHAP average (45.8 percent). Hispanic/Latino people represent 24.2 percent of youth and young adult RWHAP clients, which is comparable to the national RWHAP average (24.1 percent).
- The majority of RWHAP clients aged 13–24 years are male. Data show that 75.2 percent of clients aged 13–24 years are male, 19.8 percent are female, and 4.9 percent are transgender.
- The majority of RWHAP clients aged 13–24 years are people with lower incomes. Among youth and young adult RWHAP clients, 65.1 percent are people living at or below 100 percent of the federal poverty level, which is higher than the national RWHAP average (59.2 percent).
- Data show that 5.3 percent of RWHAP clients aged 13–24 years experience unstable housing. This percentage is slightly higher than the national RWHAP average (5.0 percent).

Medical care and treatment improve health outcomes and decrease the risk of HIV transmission. People with HIV who take HIV medication as prescribed and reach and maintain viral suppression cannot sexually transmit the virus to their partner. According to 2021 data, 82.7 percent of youth and young adult clients aged 13–24 years receiving RWHAP HIV medical care are virally suppressed,* which is significantly lower than the national RWHAP average (89.7 percent).

- 84.5 percent of young MSM receiving RWHAP HIV medical care are virally suppressed.
- 82.2 percent of young Black/African American MSM receiving RWHAP HIV medical care are virally suppressed.
- 78.6 percent of young Black/African American women receiving RWHAP HIV medical care are virally suppressed.
- 75.7 percent of transgender youth and young adults receiving RWHAP HIV medical care are virally suppressed.

* Viral suppression is defined as a viral load result of less than 200 copies/mL at the most recent test, among people with HIV who had at least one outpatient ambulatory health services visit and one viral load test during the measurement year.

Female Clients:

HRSA's Ryan White HIV/AIDS Program, 2021

Population Fact Sheet | March 2023

The Health Resources and Services Administration's Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. More than half the people with diagnosed HIV in the United States—more than 576,000 people in 2021—receive services through RWHAP each year. The RWHAP funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission. For more than three decades, RWHAP has worked to stop HIV stigma and reduce health disparities by caring for the whole person and addressing their social determinants of health.

Ryan White HIV/AIDS Program Fast Facts: Female Clients

25.4% OF ALL RWHAP CLIENTS

67.8% LIVE AT OR BELOW **100%** of the Federal Poverty Level

89.9% ARE VIRALLY SUPPRESSED

53.4% ARE AGED 50+

HRSA
Ryan White HIV/AIDS Program

Female clients comprise a substantial proportion of people served by RWHAP. Of the more than half a million clients served by RWHAP, 25.4 percent are female.

Learn more about these clients served by RWHAP:

- Female clients served by RWHAP are a diverse population. Data show that 83.3 percent of female clients are people from racial and ethnic minorities. 60.6 percent are Black/African American people, which is significantly higher than the national RWHAP average (45.8 percent), and 19.7 percent are Hispanic/Latina people, which is lower than the national RWHAP average (24.1 percent).
- The majority of female clients served by RWHAP are people with lower incomes. Among female clients served, 67.8 percent are living at or below 100 percent of the federal poverty level, which is higher than the national RWHAP average (59.2 percent).
- Data show that 3.7 percent of female RWHAP clients experience unstable housing. This percentage is slightly lower than the national RWHAP average (5.0 percent).
- RWHAP female clients are aging. Among female RWHAP clients served, 53.4 percent are aged 50 years and older, which is higher than the national average (48.3 percent). Only 2.6 percent of female RWHAP clients are aged 13–24 years.

Medical care and treatment improve health outcomes and decrease the risk of HIV transmission. People with HIV who take HIV medication as prescribed and reach and maintain viral suppression cannot sexually transmit the virus to their partner. According to 2021 data, 89.9 percent of female clients receiving RWHAP HIV medical care are virally suppressed,* which is comparable to the national RWHAP average (89.7 percent).

- 89.0 percent of Black/African American women receiving RWHAP HIV medical care are virally suppressed.
- 91.5 percent of Hispanic/Latina women receiving RWHAP HIV medical care are virally suppressed.

* Viral suppression is defined as a viral load result of less than 200 copies/mL at the most recent test, among people with HIV who had at least one outpatient ambulatory health services visit and one viral load test during the measurement year.

Black Women and HIV in Texas

The Big Picture

Since 2012, the number of new HIV diagnoses among Black women living in Texas has decreased by 24 percent. Still, as of 2021, Black women have the highest rate of new HIV diagnoses compared to women of other races/ethnicities. In 2021, there were 11,788 Black women living with HIV in Texas. Although Black women make up only 13 percent of the Texas female population, they are 56 percent of women living with HIV. This shows the continued need to promote HIV prevention and education in Black women.

Black Women Living with HIV in Texas

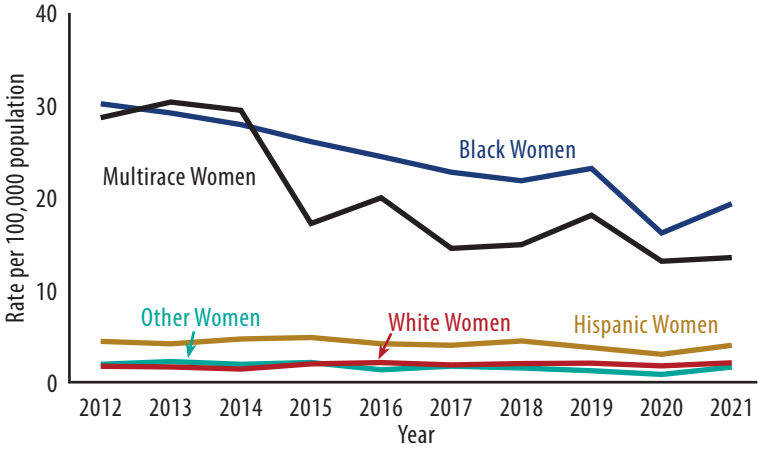
The rate of Black women living with HIV in Texas (631 per 100,000 population) is 6.9 times the rate of Hispanic women living with HIV and 13.6 times the rate of White women living with HIV.

The most common way Black women in Texas get HIV is through sex with a male living with HIV (83 percent).

An early diagnosis of HIV infection helps people get the care they need to stay healthy. Being diagnosed with HIV late (within a year of an AIDS diagnosis) reduces treatment effectiveness. In 2021, 25 percent of Black women diagnosed with HIV in Texas received a late diagnosis

One in every 156 Black women in Texas is living with HIV.

Rate of New HIV Diagnoses in Women by Race/Ethnicity, Texas, 2012-2021



Black Women Without HIV-Related Medical Care in 2021

More than ever before, advances in medical care have enabled people with HIV to stay healthy and live longer. Some persons living with HIV may not seek care because they do not feel ill. Others may have problems affording or accessing health care. Still others may not seek medical care because of substance abuse, mental health issues, or HIV-related stigma.

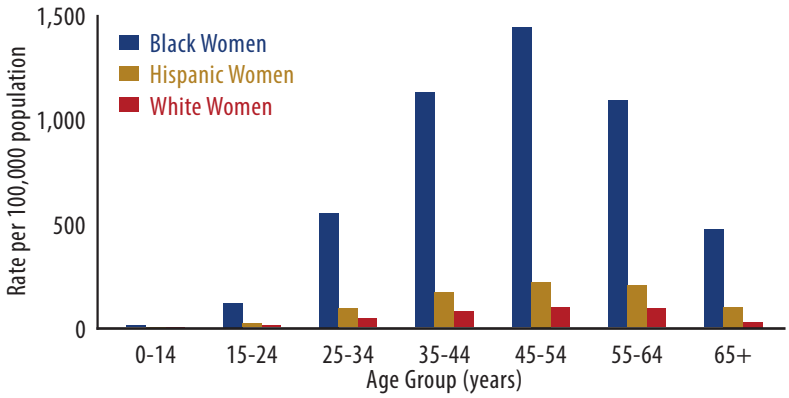
More Black persons living with HIV (PLWH) (12,105) did not receive HIV medical care in 2021 compared to other racial and ethnic groups in Texas. **Nearly one in three** Black women living with HIV in **Texas** (3,572) were out of care in 2021.

Of Black women living with HIV in Texas whose mode of HIV transmission was sex with males:

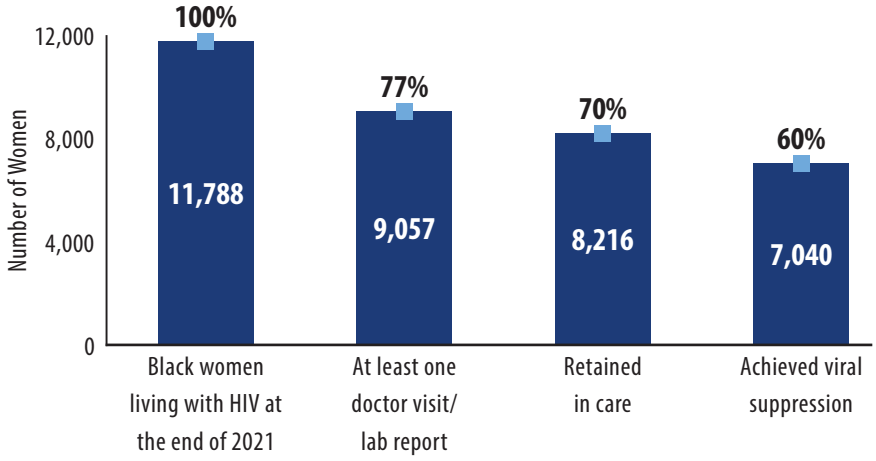
- 77 percent had at least one medical visit or lab test for their HIV infection,
- 70 percent had at least two medical visits or lab visits at least three months apart, and
- 60 percent achieved viral suppression.

TEXAS Health and Human Services
Texas Department of State Health Services

Rate of Women Living with HIV by Age and Race/Ethnicity, Texas, 2021



HIV Treatment Cascade for Black Women in Texas, 2021



HIV Prevention for Black Women in Texas. What Can You Do?

Know the Facts! Early diagnosis and effective treatment of HIV will help reduce HIV transmission. Get tested. Know your partners HIV/STD status. Protect yourself by using condoms. Educate others about safe sex practices. Find out if PrEP is right for you.

To learn more about HIV prevention for Black women in Texas, contact the DSHS HIV/STD Section at hiv.std@dshs.texas.gov.

Texas Black Women's Initiative (TxBWI)

The mission of the Texas Black Women's Initiative (TxBWI) is to promote active, engaged, and empowered communities to address HIV disparity among Black women. TxBWI works to strengthen the ability of DSHS, local health departments, and community-based organizations to effectively implement HIV/AIDS programs focused on Black women. For more information, visit dshs.texas.gov/hivstd/TxBWI/.

More About Black Women and HIV in Texas

One in every 690
Texas Women have HIV
One in 156 Black Women
One in 1,080 Hispanic Women
One in 2,146 White Women

Since 2012, **51 percent** of new HIV diagnoses in Texas women under the age of 25 were among young Black women

The rate of new HIV diagnoses among Black women in Texas is **five times** the rate for Hispanic women and **ten times** the rate for White women

Black women have the highest case counts of gonorrhea and the second highest case counts of chlamydia and primary and secondary syphilis in Texas

DSHS HIV/STD Section

737-255-4300

dshs.texas.gov/hivstd/txbwi

Publication No. 13-13504
(Rev. 9/2023)

TEXAS Health and Human Services
Texas Department of State Health Services

https://www.kff.org/hivaids/fact-sheet/the-impact-of-hiv-on-women-in-the-united-states

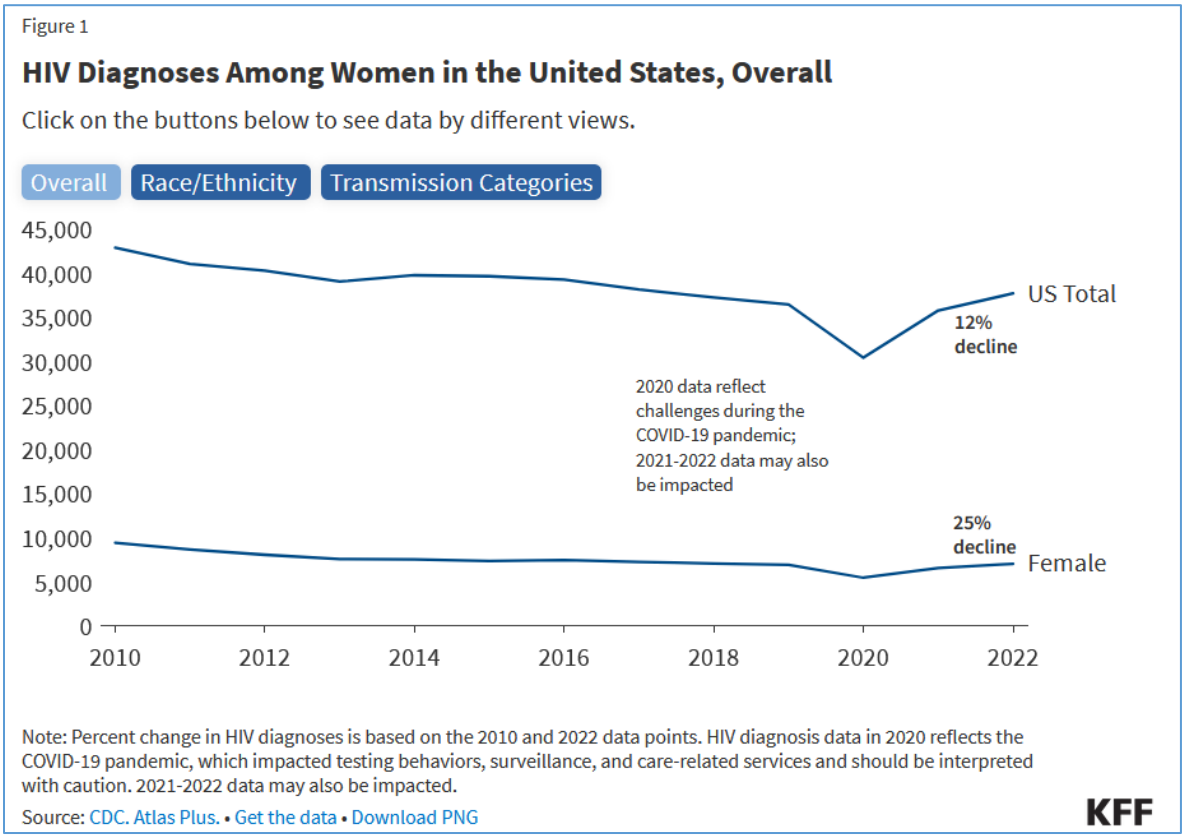
The Impact of HIV on Women in the United States

Published: Dec 16, 2024

Key Facts

- Women have been affected by HIV since the beginning of the epidemic and face unique challenges in accessing optimal prevention, care, and treatment resources.1
- In 2022, women accounted for about 1 in 5 (19%) new HIV diagnoses in the U.S.[2]
- Women of color, particularly Black women, have been disproportionately impacted and represent the majority of women living with HIV, as well as the majority of new diagnoses among women.
- Recent data indicates that HIV diagnoses among women fell 25% between 2010 and 2022, compared to a 12% decline across the population overall. Decreases in HIV diagnoses have occurred for nearly every racial/ethnic group besides White women (Figure 1). However, rates of HIV diagnoses among women of color are much higher.

Figure 1



https://www.kff.org/hivaids/fact-sheet/the-impact-of-hiv-on-women-in-the-united-states

Overview

- Today, there are more than 1.2 million people estimated to be living with HIV in the U.S., including 268,800 (22%) who are women.
- Women accounted for 19% of the 6,980 new HIV diagnoses in 2022 and are diagnosed with HIV at slightly older ages than men are.
- Between 2010-2022, while HIV diagnoses decreased by 12% among the population overall, the decline was twice as large among women (25%). Decreases in HIV diagnoses have occurred for nearly every racial/ethnic group besides White women (Figure 1). However, rates of HIV diagnoses among women of color are much higher.
- Of new HIV diagnoses among women in 2022, 83% were attributable to heterosexual sex, 17% were attributable to injection drug use, and 1% were attributed to other causes.
- Women with and at risk for HIV face several challenges to getting the services and information they need, including socio-economic and structural barriers such as poverty, cultural inequities, and intimate partner violence (IPV).

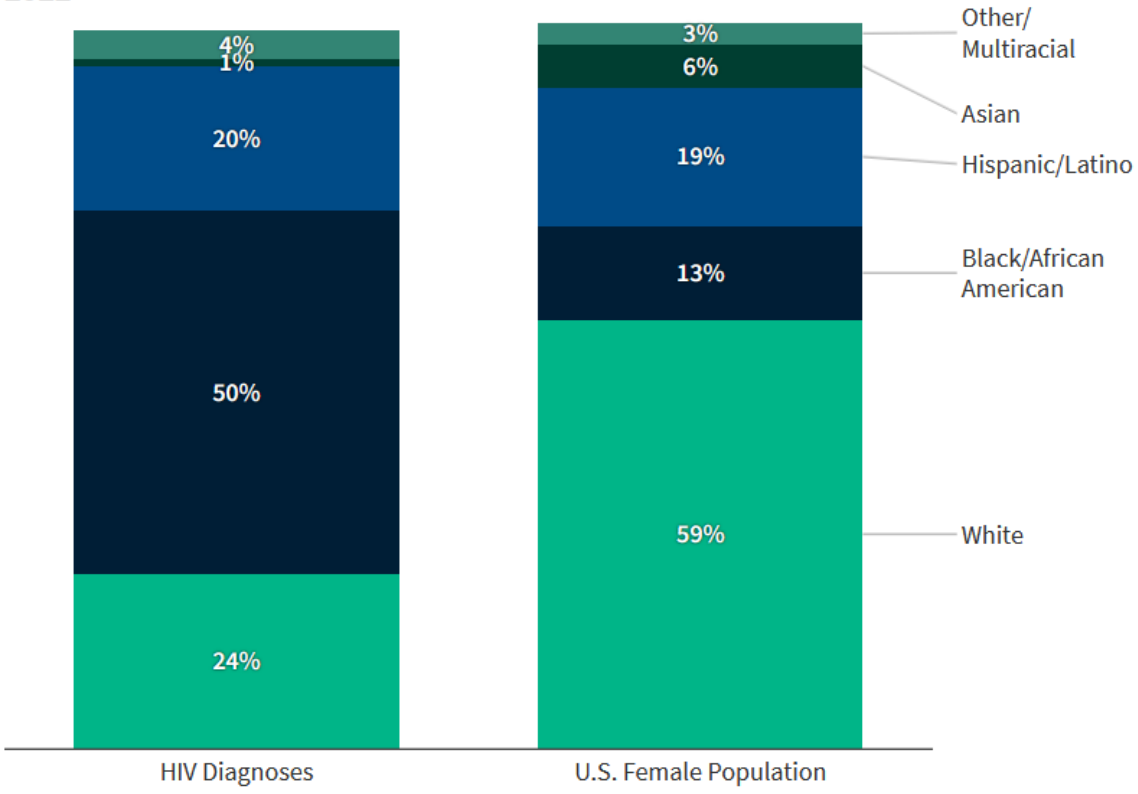
Race/Ethnicity

- Women of color, particularly Black women, are disproportionately affected by HIV, accounting for the majority of new HIV diagnoses, the majority of women living with HIV, and highest rates of HIV-related deaths among women with HIV in the U.S.
- In 2022, Black women accounted for half (50%) of HIV diagnoses among women, while only accounting for 13% of the U.S. female population. White women accounted for 24% and Hispanic/Latina women accounted for 20% of HIV diagnoses among women (Figure 2).
- HIV diagnoses decreased 58% among Multiracial women, 39% among Black women, 9% among Hispanic/Latina women, and 3% among Asian women between 2010 and 2022. In this same timeframe, HIV diagnoses increased 21% among White women.
- Rates of new HIV diagnoses are much higher for Black, Multiracial, and Hispanic/Latina women than for White women. In 2022, the rate of new HIV diagnoses for Black women was 10 times higher than the rate for White women (19.2 per 100,000 compared to 1.9); the rate for Multiracial women (8.2) was 4 times higher; the rates for Hispanic/Latina women (5.5) and American Indian/Alaska Native women (5.5) were nearly 3 times higher; the rate for Native Hawaiian/Other Pacific Islander women (4.6) was more than 2 times higher. The rate of new HIV diagnoses among Asian women (1.1) was less than that of White women (1.9).
- In 2021, HIV was the 9th leading cause of death for Black women ages 25-34, behind diabetes. Black women accounted for the greatest share of deaths (of any cause) among women with diagnosed HIV in 2022 (57%), followed by White women (20%), and Hispanic/Latina women (15%).

https://www.kff.org/hivaids/fact-sheet/the-impact-of-hiv-on-women-in-the-united-states

Figure 2

New HIV Diagnoses Among Women & U.S. Female Population, by Race/Ethnicity, 2022



Note: Data are estimates among those ages 13 and older. Percentages may not sum to 100 due to rounding. U.S. female population data is from the U.S. Census Bureau's Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States: April 1, 2020 to July 1, 2023.

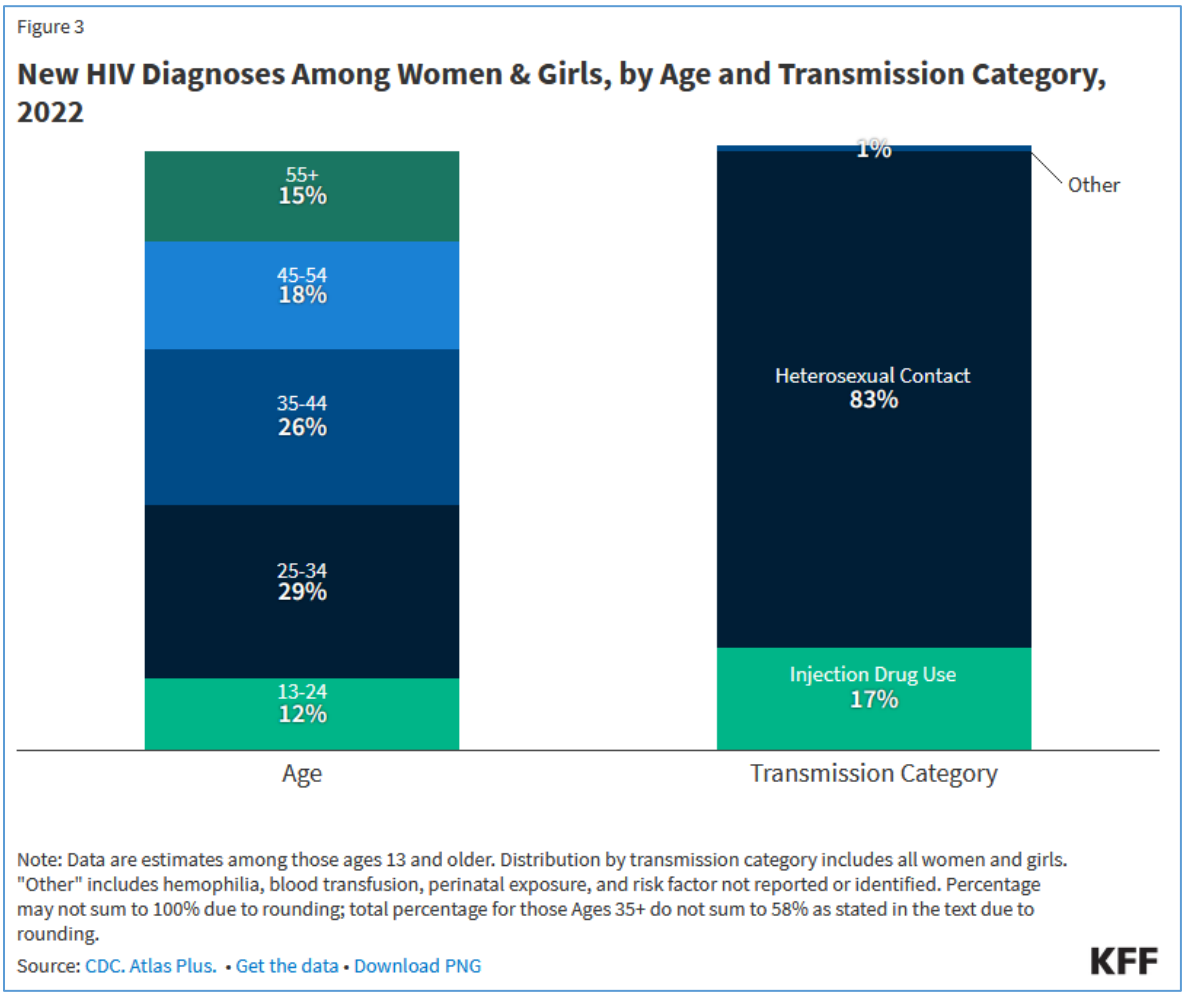
Source: US Population Data: U.S. Census Bureau, Annual Estimates April 1, 2020 to July 1, 2023. HIV Diagnoses: CDC. Atlas Plus. • Download PNG

KFF

Age

- Women ages 25-34 accounted for the largest share (29%) of HIV diagnoses among women in 2022, followed by those ages 35-44 (26%). (Figure 2).
- Women are diagnosed with HIV at slightly older ages than men are. Women 35 years old and older accounted for 58% of new diagnoses among women in 2022. Comparatively, men in this age group accounted for 41% of diagnoses among men.

https://www.kff.org/hivaids/fact-sheet/the-impact-of-hiv-on-women-in-the-united-states



Transmission

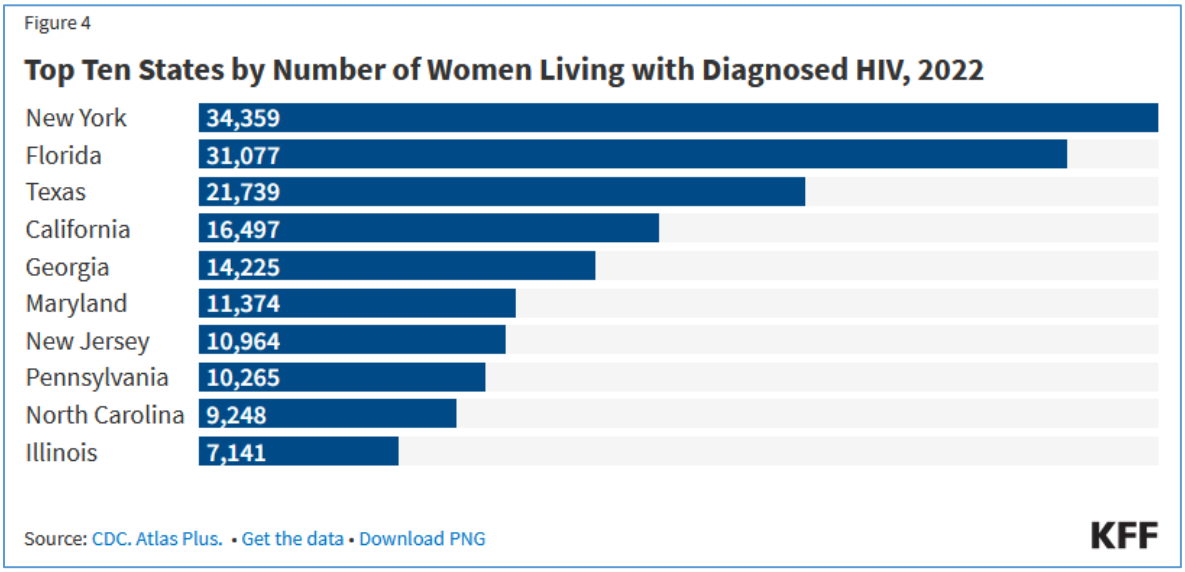
- In 2022, HIV diagnoses among women were mostly attributed to heterosexual sex (83%), followed by injection drug use (17%), and 1% were attributed to other causes. Heterosexual transmission accounts for a greater share of HIV diagnoses among Black and Hispanic/Latina women (90% and 87%, respectively) compared to White women (64%). Among White women, injection drug use accounts for a greater share of diagnoses (36%), relative to Black and Hispanic/Latina women (9%, 12%). (See Figure 3.)
- Mother-to-child transmission of HIV in the U.S. has decreased dramatically since its peak in 1991 due to antiretroviral therapy (ART), which significantly reduces the risk of transmission from a woman to her baby (to 1% or less). Still, some perinatal infections occur each year, the majority of which are among Black women, and there continues to be missed opportunities for preventing mother-to-child transmissions, such as testing late in pregnancy. Of the 42 infants born with HIV in 2022, two-thirds (67%) were Black.

Geography

- Although HIV diagnoses among women have been reported throughout the country, the impact of the epidemic is not uniformly distributed.
- Ten states account for two-thirds of women living with diagnosed HIV (67% in 2022); with 5 states accounting for nearly half (47%) (Figure 4). While the District of Columbia ranked 18th

among states in terms of the number of women living with diagnosed HIV (3,629 in 2022), the rate per 100,000 women living with an HIV diagnosis was the highest, nearly 7 times the national rate for women (1,189 per 100,000 compared to 174 per 100,000 nationally), similar to the share in other high populous urban areas.

- Thirty-five counties account for almost half (46%) of all women living with an HIV diagnosis in the U.S., with Bronx County, New York having the greatest number (9,454) and highest rate (1,552 per 100,000) of women living with an HIV diagnosis.



Transgender Women

- Transgender women are disproportionately affected by HIV and face stigma, discrimination, and exclusion in accessing testing, treatment, and health care, relative to other women.
- Since the beginning of the HIV epidemic, national surveillance of and research on the impacts of HIV on transgender women, as well as transgender and gender-diverse people more broadly, has been limited.
- Although transgender women account for a small share of people estimated to be living with HIV (1%) among transgender women, 14% are estimated to be living with HIV.
- In 2022, transgender women accounted for 87% of 994 new HIV diagnoses among transgender and gender-diverse people. Among transgender women, looking across race/ethnicity, Black transgender women had the highest share of HIV diagnoses (41%), followed by Hispanic/Latina transgender women (39%), whereas White transgender women accounted for 13% of diagnoses. HIV diagnoses among transgender women were mostly attributed to sexual contact (89%).
- Among transgender women, 83% received care for HIV, while 67% were virally suppressed, similar to the share in the overall population of people with HIV.

Sexual and Reproductive Health

- HIV interacts with women's reproductive health on many levels, impacting menstruation, reducing fertility, and predisposing pregnant people to greater risk of complications. In addition, antiretroviral therapy may impact contraceptive efficacy. During pregnancy, people with HIV can take additional measures to prevent mother-to-child-transmission of HIV such as adherence to antiretroviral regimens and labor and delivery procedures.

- Mothers living with HIV can reduce the risk of transmission to their babies via breastfeeding to less than 1% through antiretroviral therapy.
- Women with other sexually transmitted infections (STIs) are at increased risk for contracting HIV. Women with HIV are at increased risk for developing or contracting a range of conditions, including human papillomavirus (HPV), which can lead to cervical cancer, and severe pelvic inflammatory disease.
- Sexual and reproductive health clinics provide an important entry point for reaching women at risk for and living with HIV. Nearly two-thirds (63%) of women receiving care at sexual and reproductive health clinics report it as their usual source of medical care.
- Research efforts are exploring a number of new HIV prevention technologies which could be particularly beneficial for women, such as cervical barriers and microbicides. The long-acting injectable lenacapavir has also been shown to be highly effective in preventing HIV among women but is not yet approved in the U.S. Once approved, this will be an important addition to the prevention toolkit for women, particularly given its relatively low burden of twice annual injections.

Intimate Partner Violence (IPV) and HIV

- Women living with HIV are disproportionately affected by intimate partner violence (IPV), including physical, sexual, and emotional abuse compared to the general population. Intimate partner violence (IPV), sometimes referred to as domestic violence, has been shown to be associated with increased risk for HIV among women, as well as poorer treatment outcomes for those who are already positive.
- In the U.S., 35% of women living with HIV experienced physical (i.e. non-sexual) IPV in their lifetime, compared to 24% of men living with HIV.
- In many cases, the factors that put women at risk for HIV are similar to those that make them vulnerable to experiencing trauma or IPV: women in violent relationships are at a greater risk for contracting STIs, including HIV, than women in non-violent relationships, and women who experience IPV are more likely to report risk factors for HIV. These experiences are interrelated and can become a cycle of violence, HIV risk, and HIV acquisition.
- Women may also be at increased risk of experiencing violence upon disclosure of their HIV status to partners.

HIV Prevention

- The CDC recommends routine HIV screening for all adults, including women, ages 13-64, in health care settings, as well as repeat screening at least annually for those at high risk. The CDC also separately recommends that all pregnant women be screened for HIV, and that those at high-risk for HIV have repeat HIV screening in the third trimester. Testing of newborns is also recommended if the mother's HIV status is unknown.
- Additionally, the United States Preventive Services Task Force (USPSTF) recommends HIV testing (including specifically for pregnant women), IPV screening, many STI screenings, and pre-exposure prophylaxis (PrEP) which means that most insurers are required to cover these services without cost-sharing.
- Despite these recommendations, only 37% of women in the U.S. ages 18-64 report having been tested for HIV at some point. Black women are much more likely to report having been tested in the past year compared to White women (21% compared to 6%).

- PrEP is a safe and highly effective preventive medication that reduces the risk of acquiring HIV through sex by 99%. Women have been underrepresented in PrEP uptake and use and not all forms of PrEP are approved for people assigned female at birth. Recent developments in PrEP research have shown lenacapavir to be highly effective in preventing HIV among cisgender and transgender women.

Access to Care & Treatment

- As is the case for all people, there are several sources of care and treatment for women living with and at risk for HIV in the U.S., including government programs such as Medicaid, Medicare, and the Ryan White Program for those who are eligible.
- Looking across the care continuum, women see progress but continue to face challenges related to diagnosis, linkage to care, and viral suppression. At the end of 2022, among all women living with HIV, 90% were diagnosed, 48% were retained in care, and 57% were virally suppressed, similar to the shares among men.
- Among women with HIV, 21% were diagnosed late – that is, were diagnosed with AIDS within 3 months of testing positive for HIV, the same share as among men. This suggests that one in five women are not adequately being served by HIV testing services and are not getting into care within ideal timeframes.

Endnotes

1. Unless otherwise noted, the term "women" in this factsheet refers to sex assigned at birth.
2. Unless otherwise noted, HIV data come from KFF analysis of the Centers for Disease Control and Prevention (CDC) data in the CDC's National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention tool: Atlas Plus. https://www.cdc.gov/nchhstp/about/atlasplus.html

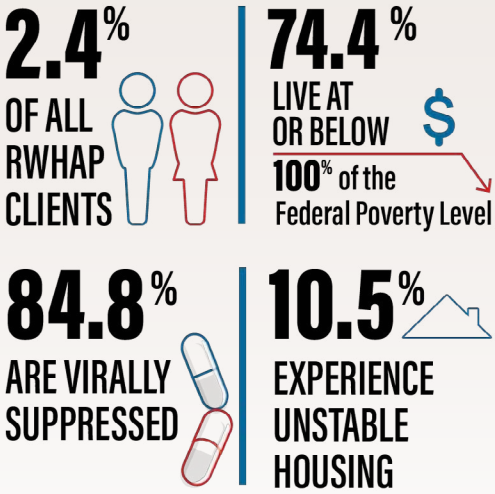
Transgender Clients:

HRSA's Ryan White HIV/AIDS Program, 2021

Population Fact Sheet | March 2023

The Health Resources and Services Administration's Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. More than half the people with diagnosed HIV in the United States—more than 576,000 people in 2021—receive services through RWHAP each year. The RWHAP funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission. For more than three decades, RWHAP has worked to stop HIV stigma and reduce health disparities by caring for the whole person and addressing their social determinants of health.

Ryan White HIV/AIDS Program Fast Facts: Transgender Clients



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Of the more than half a million clients served by RWHAP, 2.4 percent are transgender, representing approximately 14,000 clients.

Learn more about transgender clients served by RWHAP:

- **The majority of transgender clients served by RWHAP are a diverse population.** Among transgender clients, 85.7 percent are from racial and ethnic minorities: 51.1 percent of transgender clients are Black/African American people and 29.2 percent are Hispanic/Latino people—both percentages are higher than the national RWHAP averages (45.8 percent and 24.1 percent, respectively).
- **The majority of transgender clients served by RWHAP are people with lower incomes.** Among transgender RWHAP clients served, 74.4 percent are people living at or below 100 percent of the federal poverty level, which is much higher than the national RWHAP average (59.2 percent).
- **Data show that 10.5 percent of transgender clients served by RWHAP are people experiencing unstable housing.** This percentage is substantially higher than the national RWHAP average (5.0 percent).
- **Transgender clients are younger than the average RWHAP client population.** Approximately 23.9 percent of transgender RWHAP clients are aged 50 years and older, which is significantly lower than the national RWHAP average (48.3 percent).

Medical care and treatment improve health outcomes and decrease the risk of HIV transmission. People with HIV who take HIV medication as prescribed and reach and maintain viral suppression cannot sexually transmit the virus to their partner. According to 2021 data, 84.8 percent of transgender clients receiving RWHAP HIV medical care are virally suppressed,* which is lower than the national RWHAP average (89.7 percent).

* Viral suppression is defined as a viral load result of less than 200 copies/mL at the most recent test, among people with HIV who had at least one outpatient ambulatory health services visit and one viral load test during the measurement year.

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HRSA's Ryan White HIV/AIDS Program

Addressing the HIV Care Needs of People With HIV in State Prisons and Local Jails

Technical Expert Panel Executive Summary

Policy Clarification Notice (PCN) 18-02 provides clarification to Ryan White HIV/AIDS Program (RWHAP) recipients and demonstrates the flexibility in the use of RWHAP funds to provide core medical services and support services (described in PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds) for people with HIV who are incarcerated or otherwise justice involved. There are differences between how an RWHAP recipient can collaborate with a federal or state facility versus a local correctional facility. These distinctions are based on the administrative entity (federal or state vs. local) relative to the payor of last resort statutory requirement for RWHAP recipients. The RWHAP statute specifies that payor of last resort applies to federal or state payers—like prisons operated by the Federal Bureau of Prisons or a state department of corrections. The provision does not mention local payors; as such, payor of last resort is not applicable. However, the RWHAP cannot duplicate existing services.

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB), which oversees the Ryan White HIV/AIDS Program (RWHAP), convened a Technical Expert Panel (TEP) in March 2020 to explore the HIV care needs of people with HIV in state prisons and local jails and the role the RWHAP can play in addressing these needs. The purpose of this panel was to identify supports and barriers to HIV care and treatment in correctional facilities, as well as community re-entry and current approaches and guidance under HAB Policy Clarification Notice (PCN) 18-02, The Use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living With HIV Who Are Incarcerated and Justice Involved. The term "justice involved" is used by U.S. government agencies to refer to any person who is engaged at any point along the continuum of the criminal justice system as a defendant (including arrest, incarceration, and community supervision).

- **Federal and State Prison Systems.** RWHAP recipients may provide RWHAP core medical and support services to people with HIV who are incarcerated in federal or state prisons on a transitional basis where those services are not provided by the correctional facility. HRSA HAB defers to recipients/subrecipients to define the time limitation, which generally is up to 180 days. RWHAP recipients/subrecipients work with the correctional systems/facilities to define both the nature of the services based on identified HIV-related needs and the duration for which the services are offered.

- **Other Correctional Systems.** RWHAP recipients may provide RWHAP core medical and support services to people with HIV who are incarcerated in other correctional facilities on a short-term or transitional basis. RWHAP recipients/subrecipients work with the correctional systems/facilities to define both the nature of the services based on identified HIV-related needs and the duration for which the services are offered, which may be the duration of incarceration. If core medical and support services are being provided on a short-term basis, HAB recommends that RWHAP recipients also provide services on a transitional basis. For these systems, RWHAP cannot duplicate existing services.

The following TEP Executive Summary includes the following sections:

CONSIDERATIONS FOR IMPROVING HIV TREATMENT FOR PEOPLE WITH HIV WHO ARE JUSTICE INVOLVED

Over the course of the discussion, multiple themes and strategies emerged that relate to the provision of services to people with HIV who are involved in the justice system—either during incarceration, upon release, or under community supervision.

Specific Issues

- **HIV-Related Stigma and Incarceration.** The impact of HIV-related stigma can be exacerbated by incarceration. Breaches of confidentiality, particularly related to HIV status, can constitute a safety risk. To minimize these risks, some facilities have segregated units for people with HIV, or people with HIV may be placed in solitary confinement. These practices have been found in some instances to be discriminatory. The U.S. Department of Justice works to address discrimination complaints from people with HIV in correctional facilities. These often relate to housing, unequal access to services, and access to treatment. Stigma and discrimination also are associated with incarceration. People with HIV who have been incarcerated also may experience the effects of incarceration-related stigma and/or discrimination upon release.

- **Impact of Comorbidities.** People with HIV often have comorbidities, which can make HIV treatment more difficult and create barriers to linkage to and retention in care once the patient re-enters the community. Substance use disorder (SUD) presents a significant challenge, and panelists emphasized the importance of access to treatment, especially medication-assisted treatment (MAT) for opioid use disorder. Other comorbidities include mental illness, hepatitis C, sexually transmitted infections, and chronic conditions, such as cardiovascular disease.

- **Holistic Services—Treating the Whole Person.** To ensure optimal health outcomes, people with HIV need comprehensive services both within the correctional facility and upon release. This includes a wide range of support services, including support from peer specialists. In particular, panelists emphasized the need for SUD treatment, mental health services, care for aging individuals, and care that addresses health issues other than HIV.

  Services should address not only HIV-related needs but also the social determinants of health—conditions in a person's life and environment that affect a wide range of outcomes and risks related to health, functioning, and quality of life. Challenges confronting this population include lack of a social support network, domestic violence, low levels of educational attainment, history of trauma, low health literacy, limited access to employment (especially post-incarceration), unstable housing, and a history of debt. Any one of these factors constitutes a barrier to engaging in care; combined, they present a significant challenge. Many of these issues predate incarceration and may have contributed to the person's becoming justice involved.

- **Multidisciplinary Care Team/Patient-Centered Care.** Key members of the team include a physician, nurse, social worker (behavioral/mental health), and case worker (support services). Other disciplines can augment the team. The patient is also an important member of the team.

- **Value of Lived Experience.** Peer support services can enhance the quality of care and are an important component for ensuring linkage to care in the community. Peer specialists serve in various positions, including navigator, recovery coach, re-entry coach, and community health worker.

- **Creating a Bridge Between Incarceration and Community.** Many barriers exist between correctional facilities and community providers, which can affect the care and services incarcerated people receive while in the facility and during their re-entry process. In some service models—such as the Hampden County Model—clinicians are dually based in correctional facilities and community health centers to help ensure that essential linkages are made and treatment is not interrupted.

- **Challenge of Recidivism.** Although multiple factors are related to recidivism, many TEP members expressed that justice-involved individuals often face insurmountable challenges upon their release due to community corrections policies, judicial mandates, and the stigma related to incarceration. These individuals also face limited options, especially related to housing and employment, which can contribute to recidivism.

ISSUES RELATED TO PROVIDING HIV CARE AND TREATMENT IN CORRECTIONAL SETTINGS

Uninterrupted access to antiretroviral medications and adherence to clinical treatment guidelines must be ensured to achieve optimal health outcomes, including viral suppression. Clinical treatment guidelines (e.g., U.S. Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV) apply to correctional facilities. Panelists expressed concern that these guidelines may not always be followed, particularly in situations where facilities contract out for medical services.

Specific Issues

- **Access to Medication Upon Entry to the Facility.** Newly incarcerated individuals may experience delays in obtaining medications for multiple reasons. Not all HIV medications may be available—this depends on the formulary—so patients may be provided a different antiretroviral medication. If patients transfer to another facility, a delay in access also may occur if they run out of medication before they are provided more in the new facility.

- **Access to Medication During Incarceration.** Processes for dispensing medication in a facility may result in missed doses. These treatment interruptions, whether one dose or more, can impact health outcomes. Long lines (e.g., 1–2 hours) for directly observed therapy can result in patients missing doses, because they may opt to skip the line if they have work duty or a visitor or must appear in court. Sometimes after waiting in line, medications may not be available. In addition, other circumstances in a facility, such as solitary confinement or lock downs, can reduce access to medications.

- **Access to Specialty Care.** Correctional systems have multiple facilities with multiple buildings. Specialty care, including infectious disease specialists, may not be available in every clinic, and transfers to these specialists may not occur.

Strategies for Improving HIV Treatment and Care in Correctional Settings

- Ensure uninterrupted access to antiretroviral medication, including access on entry, a process to track that medications are received, and such strategies as keep-on-person [KOP] medication.
- Treat comorbidities, including substance use disorder, mental illness, and hepatitis.
- Provide a multidisciplinary team—at a minimum, a physician, a nurse, and a social worker/case manager, with the patient as a partner.
- Ensure dually based physicians and case managers (i.e., providers who serve the patient in both the facility and the community).
- Use telehealth to facilitate access to HIV care and specialists, and maintain a connection to the same clinicians as the patient moves to different facilities.
- Identify champions to advocate for the needs of patients with HIV, in the correctional system/facility, the community, or both.
- Introduce patients to harm reduction strategies; provide services in a harm reduction framework.
- Provide education/training for administration and correctional officers, including stigma reduction training.
- Train clinical staff to ensure adherence to treatment guidelines.
- Build connections with community-based organizations and community-based services and allow them access to the facility (e.g., Alcoholics Anonymous/Narcotics Anonymous).
- Ensure that contracts for the provision of health care within correctional facilities are aligned with HIV treatment guidelines.
- Develop standard language for requests for proposals for contracted health care services based on U.S. Department of Health and Human Services guidelines and tied to performance measures that correctional systems can use in their procurement process.
- Collect data on access to care within facilities (e.g., type of care provided, access to specialty care, viral suppression rates).
- Encourage representation of both the department of corrections and individual facilities on RWHAP planning bodies.

- **Training.** The lack of HIV-related information and training for administrators and staff in correctional systems/facilities can affect the care of people with HIV. County managers and correctional facility administrators (i.e., wardens) make decisions related to the resources available to facilities and the policies within facilities that may limit access to or the quality of treatment for people with HIV in those facilities. More training is necessary for clinical staff, corrections officers, and administrators to ensure an understanding of the needs of incarcerated individuals with HIV, with a particular focus on reducing stigma and discrimination in facilities. Panelists also noted the need to educate those in the corrections community about the RWHAP and the resources available to patients with HIV.

ISSUES RELATED TO HIV CARE DURING RE-ENTRY

Panelists noted that patients face multiple challenges to continuity of care during re-entry. Some of these relate to the release process, whereas others relate to disconnects between correctional facilities and services within the community.

Specific Issues

- **Unpredictable Release Dates.** Release dates may change, frustrating efforts to ensure a "warm handoff." Sometimes release is scheduled for late at night, which can make coordination with community partners difficult. Unpredictable release also can result in a patient's leaving the facility without their medications.

- **Connecting With a Community-Based Health Care Provider.** Many jurisdictions have processes in place to ensure continuity of care. However, even for systems/facilities where this is the intention, it may not take place. Patients (and staff) must navigate the system, which may include multiple payers, requirements, and processes. For example, enrolling a patient in Medicaid or the RWHAP AIDS Drug Assistance Program may or may not be possible within the facility. Some community-based providers will not make an appointment unless the patient has active insurance or Medicaid, so the patient leaves the correctional facility with no appointment. The patient must contact the provider and make an appointment after release. The Health Insurance Portability and Accountability Act (HIPAA) also plays a role. Many community-based providers will not engage with the patient's clinician within the correctional facility until the patient is released, has accessed their organization, and has signed a HIPAA release. This policy makes advanced coordination impossible.

  Even if a community-based provider is selected prior to release, the process may not go smoothly. Many patients may not know where they will be living upon release and may select a provider and pharmacy that is not convenient to where they eventually live. Patients who are on Medicaid prior to release may be assigned to a provider who may not be the most appropriate to provide HIV-related care or be convenient to where the patient is living.

  Although the peer navigator is considered one of the most effective bridges to treatment, many community-based organizations (CBO) report challenges getting navigators into correctional facilities so they can facilitate a warm handoff. The issue is twofold: (1) Either the CBO or the facility may lack processes for CBO staff to enter the correctional facility; and (2) peer navigators, people with similar lived experience, may have a history of incarceration and have difficulty gaining approval to access the facility.

- **Access to Medications Upon Release.** Even if a patient is able to line up a community-based provider before release, ensuring ongoing access to medications can be a challenge. Patients may not have sufficient supply of medication upon release to last until their first appointment, and some retail pharmacies will not fill prescriptions from correctional facilities.

- **Followup.** Followup with patients is difficult. Often, patients leave facilities without a home address or telephone number. They are located only when and if they access care.

- **Exchange of Health Information.** Many systems/facilities do not have electronic health records (EHRs), which complicates the transfer of patient information; patients arrive at their new provider with paper records.

Strategies for Improving HIV Treatment and Care During Re-Entry

- Ensure a warm handoff (same clinician [dually based], clinician to clinician [face-to-face meeting before transfer], or establish a relationship with a new provider [via telephone]).
- Employ peer specialists to support re-entry (e.g., navigator, addiction coach, re-entry coach).
- Ensure that insurance/Medicaid/AIDS Drug Assistance Program is in place upon release.
- Ensure that the first appointment with a new clinic is in place on release.
- Follow up with patients to the extent possible, given challenges in tracking patients upon release.
- Connect patients with essential services, especially housing.
- Link patients to harm-reduction organizations, especially overdose prevention for the newly released.
- Help HIV-related community-based organizations connect with correctional facilities and organizations that serve incarcerated individuals (e.g., evangelical organizations).
- Educate correctional facilities about RWHAP.
- Engage formerly incarcerated people with HIV in the RWHAP planning process.

DATA CONSIDERATIONS

To improve the quality of patient care and data-driven decision-making, accurate data at the patient and facility levels need to be collected. At the patient level, health outcomes (e.g., viral suppression) need to be documented. At the facility level, quality indicators related to HIV testing, access to care, and access to antiretroviral treatment are needed. Sharable electronic health records and up-to-date data sets also are needed.

Providers also should collect data related to justice involvement, but these data need to be collected in a sensitive manner. Such information includes the date of release from most recent incarceration, length of most recent incarceration, number of previous incarcerations, and history of solitary confinement.

CONCLUSION

A knowledge gap remains on how RWHAP grant funds can be used to support people with HIV who are justice involved. Opportunities exist for RWHAP recipients and correctional facilities to collaborate and ensure that people with HIV who are justice involved receive needed care and treatment, both while incarcerated and upon release.

HIV Care and Treatment in Rural Communities

HRSA's Ryan White HIV/AIDS Program, 2021

Rural Health Fact Sheet | November 2023

The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) provides support and resources to RWHAP recipients, including those in rural areas, to assist in the delivery of optimal care and treatment for all to end the HIV epidemic in the United States.[a] To that end, addressing HIV health disparities in engagement in care and viral suppression in rural communities is critical.[b] The RWHAP encourages innovative practices to best reach, meet the needs of, and retain in care people with HIV in rural communities. Although barriers remain, RWHAP providers[c] in rural areas have demonstrated success in such fields as telemedicine, rapid antiretroviral therapy, transportation services, and the use of community health workers.

[a] Klein PW, Geiger T, Chavis NS, et al. The Health Resources and Services Administration's Ryan White HIV/AIDS Program in rural areas of the United States: Geographic distribution, provider characteristics, and clinical outcomes. *PLOS ONE*. 2020;15(3): e0230121.

[b] HRSA. *Ending the HIV Epidemic in the U.S.* https://www.hrsa.gov/ending-hiv-epidemic.

[c] "RWHAP providers" refers to provider organizations that deliver direct care and support services to RWHAP clients.

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Among RWHAP providers in rural areas in 2021—

- 48.2% served more than 100 RWHAP clients.
- 43.4% were health departments.
- 84.6% received Public Health Service Act Section 330 funding, which supports HRSA-funded Health Centers.

The Top 10 Most Common Services[1] Delivered by RWHAP Providers in Rural Areas in 2021

1.	Medical case management	53.0%
2.	Medical transportation	43.6%
3.	Outpatient ambulatory health services	40.9%
4.	Oral health care	36.9%
5.	Non-medical case management	34.9%
6.	Emergency financial assistance	30.9%
7.	Food bank/home-delivered meals	22.1%
8.	Mental health services	21.5%
9.	Housing	18.1%
10.	Health insurance premium and cost-sharing assistance	14.8%

Ending the HIV Epidemic in the U.S.

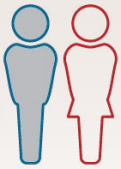
The *Ending the HIV Epidemic in the U.S.* (EHE) initiative is an ongoing federal effort focused on increased linkage to, re-engagement in, and retention in HIV care and treatment. EHE provides priority jurisdictions with additional resources, technology, and expertise to expand HIV treatment and prevention activities. Funded jurisdictions include seven states with a disproportionate rural burden of HIV—Alabama, Arkansas, Kentucky,

RWHAP Clients Who Visited Rural Providers in 2021

90.4% of clients who received services from rural providers were virally suppressed, which is consistent with the national average (89.7%)

51.1% were aged 50 years and older

57.5% were from racial and ethnic minority groups



55.3% were living at or below 100% of the Federal Poverty Level

92.8% had stable housing

Mississippi, Missouri, Oklahoma, and South Carolina. The U.S. Department of Health and Human Services (HHS) leads the governmentwide effort, and HRSA has a key role in leading the implementation of EHE.

Rural Health and HIV Resources

The following resources describe promising practices, address training and technology needs, and review research and policy recommendations that are relevant to rural health and HIV.

RWHAP Part F AIDS Education and Training Center (AETC) Program. The RWHAP AETC Program is a network of HIV experts who provide education, training, and technical assistance on HIV care and prevention to health care team members and health care organizations serving people with or at risk of HIV.

RWHAP Best Practices Compilation. This resource gathers and disseminates interventions in RWHAP-funded settings, including those in rural areas, to improve outcomes for people with HIV and support replication by other RWHAP service providers.

TargetHIV. This website is the one-stop shop for technical assistance and training resources for the RWHAP community. Resources include webinars, tools, training materials, implementation manuals, and additional technical assistance resources, including resources dedicated to several key populations (e.g., rural populations).

AIDSVu. This interactive mapping tool visualizes HIV data from the Centers for Disease Control and Prevention's National HIV Surveillance System and other data sources, including data from rural counties. AIDSVu also provides tools and resources on HIV testing, pre-exposure prophylaxis, and other HIV service locations.

HIV Prevention and Treatment Challenges in Rural America: A Policy Brief and Recommendations to the Secretary. The National Advisory Committee on Rural Health and Human Services provides recommendations to the HHS Secretary on addressing HIV prevention and treatment challenges in rural communities.

Housing Opportunities for People With AIDS (HOPWA) Fact Sheet: Challenges in Rural Areas. This resource provides HOPWA program guidance and information about service area requirements. Additionally, it identifies challenges, suggests best practices to enhance housing operations, and provides program planning guidance.

National Rural Health Association (NRHA): Rural Health Resources and Best Practices. The NRHA provides free resources covering telehealth, policy, and leadership for rural communities and rural health.

Rural HIV/AIDS Planning Program Grantee Sourcebook: 2020–2021. This resource provides detailed descriptions of Rural HIV/AIDS Planning Program grant projects, including key EHE strategies, priority populations served, network development and planning activities, initial project planning outcomes, and sustainability strategies.

Rural HIV/AIDS Prevention and Treatment Toolkit. This toolkit contains modules that describe resources and provide information focused on developing, implementing, evaluating, and sustaining rural HIV programs.

Rural Residency Planning and Development Program. This program, a partnership between HRSA's Federal Office of Rural Health Policy and its Bureau of Health Workforce, provides funding to create new rural medical residency programs. The purpose is to improve access to health care by funding programs to train more physicians in rural communities.

Rural Telehealth Resource Centers (TRCs). This resource, developed by HRSA's Federal Office of Rural Health Policy, lists regional and national TRCs that provide technical assistance to states and territories concerning technology assessment and telehealth policy.

Reference

[1] Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds. PCN 16-02. https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf.

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