Context Matters: Ending the HIV Epidemic Among Black Communities

The federal government’s Ending the HIV Epidemic (EHE) plan has the goal of reducing new HIV infections by 90% in the next 10 years. This goal will not be met without meaningfully addressing HIV in the black community (13% of US population; 42% of all Americans living with HIV). HIV among black Americans is fueled by persistent inequities that impede access to HIV prevention and care.

### Demographics

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>The percent of New HIV Diagnoses among Black Americans</td>
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<tr>
<td>Nationally</td>
<td>45%</td>
</tr>
<tr>
<td>in EHE states</td>
<td>64%</td>
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<tr>
<td>in EHE sites</td>
<td>45%</td>
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### Epidemiology

- **The lifetime risk of HIV diagnoses is highest among black Americans**
  - 1 in 30 Women
  - 1 in 16 Men
  - 1 in 3 MSM
  - 1 in 2 Transwomen

### Access

Despite a greater lifetime risk for HIV infection among black Americans, PrEP access remains low.

- Of 500,000 African Americans who could potentially benefit from PrEP, only 1% (7000) filled their prescriptions from September 2015 to August 2016.
- All people who filled PrEP prescriptions in 2016:
  - 69% White
  - 11% Black
  - 20% Other

### What’s Helping?

- **Medicaid expansion**
  - Greater health insurance coverage among black Americans leads to fewer HIV transmissions.
- **Ryan White Programs**
  - Ryan White funded clinics have decreased the racial disparity in viral suppression between black and white clients living with HIV.
- **CDC Expanded HIV Testing Initiative**
  - Led to more and earlier HIV diagnoses, and greater opportunities for treatment.
- **Increased PrEP access**
  - PrEP DAP, Gilead drug assistance programs and Ready, Set PrEP can improve access by offering PrEP at low or no cost.
- **Community-based Programs**
  - Trusted sources of care and tailored to the needs of the black community.

### What’s Not?

- **Geography**
  - Policies and social determinants in the South complicate HIV prevention and treatment efforts.
- **Uninsurance**
  - Without adequate access to health insurance, HIV-positive African Americans will continue to be under-served.
- **Title X and Trump Abortion Rule**
  - Restrictions on Title X funding limits the HIV/STD services that health clinics provide to lower income women.
- **HIV Criminalization and Mass Incarceration**
  - African Americans are disproportionately targeted by HIV criminalization laws, and mass incarceration disrupts HIV services.
- **Homelessness**
  - Unstable housing is associated with medication non-adherence, which can increase HIV transmission.

To see additional data about various policies across EHE locales, go to [http://ehe.amfar.org](http://ehe.amfar.org)
Sustained Viral Suppression

Sustained viral suppression is a critical metric for the health of people living with HIV. High viral loads contribute to poor health outcomes, and increase the likelihood of transmission to partners. Across all groups, black Americans had lower rates of sustained viral suppression in 2014. Increasing sustained viral suppression rates overall, and correcting the disparity is key to ending the epidemic.

Percentage of Uninsured Black Americans by State

Nationally, 10.8% of black Americans under the age of 65 did not have health insurance in 2018. States can get more people insured by expanding Medicaid under the Affordable Care Act (ACA). Yet 5 of the 7 EHE states have not done this, and 18 of the 50 local EHE jurisdictions are in states which have not expanded Medicaid.

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