

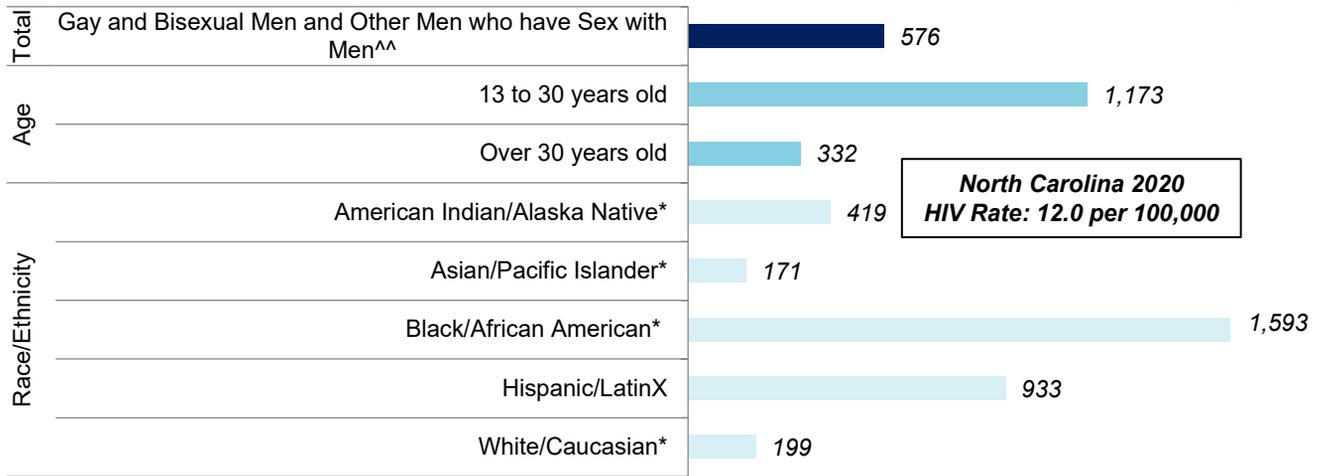


Health Equity and HIV in North Carolina, 2020: Gay, bisexual, and other men who have sex with men



HIV diagnosis rates are highest among North Carolina men of color who report sex with men.

Estimated HIV Rates of Gay, Bisexual, and Other Men who have sex with Men^{^^} by Certain Demographics



**North Carolina 2020
HIV Rate: 12.0 per 100,000**

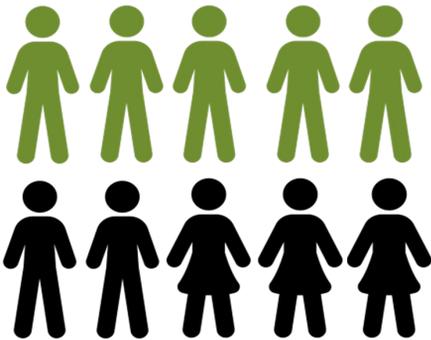
Rate per 100,000 estimated gay and bisexual men population

[^]Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

^{^^}People who were classified as men who report sex with men and injection drug use were excluded. Estimated populations based on a formula by Grey et al. <https://publichealth.jmir.org/2016/1/e14/>.

*Non-Hispanic/LatinX.

5 out of 10 people living with HIV in North Carolina are gay, bisexual, or other men who have sex with men



- HIV diagnosis rates are much higher for young gay and bisexual men of color than among other North Carolina residents.
- Once in care, the disparity in health outcomes is much smaller, demonstrating that access to care, supported by programs such as Ryan White and HIV Medication Assistance Program (HMAP), reduces disparities.
- Treatment leads to viral suppression; people virally suppressed cannot sexually transmit HIV to others.

Get real, get tested!

An estimated 70% of those unaware of their HIV status are gay, bisexual, and other men who have sex with men.



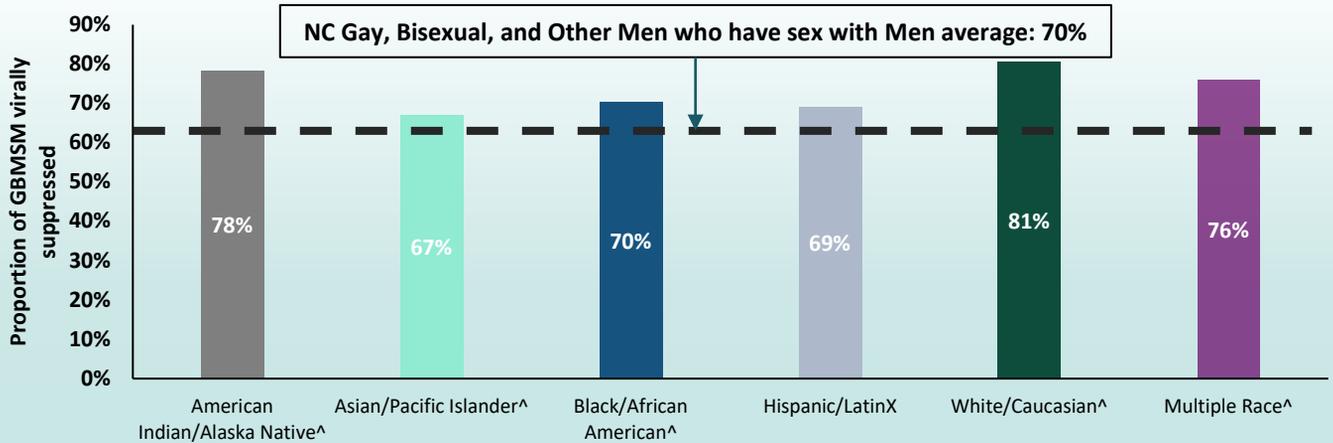


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Gay, bisexual, and other men who have sex with men have higher viral suppression (70%) than the overall state (66%), but disparities between race and ethnicity groups still exist.

Viral Suppression in 2020 among Gay, Bisexual, and Other Men who have sex with Men by Race/Ethnicity



[^]Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason.

[^]Non-Hispanic/LatinX.

Successful treatment leads to viral suppression; once suppressed, HIV cannot be sexually transmitted to others. Once in care, men of all race/ethnicities have viral suppression higher than the state average but men of color continue to have lower suppression rates than White/Caucasian men.

Here's what North Carolina is doing about health disparities:

- Including people who live with HIV in planning and policy development is a core priority of the Communicable Disease Branch.
- North Carolina developed an Ending the Epidemic (ETE) Plan. All funded agencies and health departments are encouraged to utilize the plan as a blueprint. Visit [https://epi.dph.ncdhhs.gov/cd/stds/docs/NC-Ending-HIV-Brochure\(English\)-Web.pdf](https://epi.dph.ncdhhs.gov/cd/stds/docs/NC-Ending-HIV-Brochure(English)-Web.pdf) to see the state's ETE Plan.
- Involving Ryan White providers in the [end+disparities Collaborative](#), a national project aimed at reducing disparities in viral load suppression for gay, bisexual, and other men who have sex with men of color, Black/African American and Hispanic/Latina women, transgender people, and youth who are Ryan White recipients.
- Promoting cultural humility training for local and state staff and HIV medical providers and their office staff across the state.
- Working to strengthen relationships with community groups supporting LatinX persons living with HIV and applying for grants to support these efforts.
- Integrating substance abuse treatment services with HIV and sexually transmitted disease (STD) care by providing HIV and STD testing in substance abuse treatment settings.
- Providing support to syringe service programs to protect users from the transmission of blood borne pathogens through shared injection works.
- Recognizing the importance of syndemics (linked disease transmission, such as HIV and syphilis among gay, bisexual and other men who have sex with men) to ensure that prevention and care activities identify all opportunities for diagnosis and treatment of the syndemic diseases.

What CLINICIANS can do

Structural factors, such as the environment in which people live, housing, wealth/poverty, and education, affect health. Providers should consider these structural factors in their understanding of patient disease and interaction with care. Make sure you and your staff are delivering culturally competent services.

Data Sources: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021) and North Carolina Engagement in Care Database for HIV Outreach (NC ECHO) (data as of July 2021).