

Data Analysis and Research Translation (DART) Presentation of HIV/AIDS Current Topic (PHACT) Report #10, January 2026

Racial/Ethnic Disparities in Ending the Epidemic: HIV Care, Viral Suppression, and Mortality Metrics, 2014-2023

Introduction

In 2014, New York State announced the [Ending the Epidemic initiative](#)¹, a three-point plan with the goal of ending AIDS as an epidemic in the state. To monitor progress towards this goal, the Ending the Epidemic task force developed several metrics on HIV/AIDS diagnosis, engagement in HIV care and success of treatment, and deaths attributable to HIV. Although these metrics show a statewide improvement in engagement in HIV care and care outcomes since the implementation of the initiative, these results are not consistent across all racial/ethnic groups. This report examines patterns of racial/ethnic disparities in HIV care, viral suppression, and mortality related metrics in New York State from 2014 to 2023 for individuals newly diagnosed with HIV and those living with diagnosed HIV.

Data Sources and Methods

Demographic and HIV care information was extracted from the New York State HIV Surveillance System for the years 2014 through 2023 for individuals living with diagnosed HIV and individuals newly diagnosed with HIV, and for the years 2014 through 2021 for mortality among individuals diagnosed with HIV. Data presented in figures are from 2014, 2017, 2020, and the latest available year of data (2021 or 2023). Surveillance data are continuously updated as new information is reported, hence data generated from years prior to 2023 may differ from the percentages presented in other AIDS Institute reports and on the [Ending the Epidemic dashboard](#)²

For each metric, we used the rate among the racial/ethnic groups that was closest to the metric target to calculate the number of individuals who would have achieved the metric's goal if this rate had been the same across all races/ethnicities. The estimated numbers of additional individuals linked to care or virally suppressed of those newly diagnosed with HIV were calculated by multiplying the highest overall rate from 2014 to 2023 by the total number of individuals newly diagnosed with HIV in each racial/ethnic group with lower rates over the same ten-year period. The actual number of individuals linked to care or virally suppressed was then subtracted from this adjusted number to get the difference. The estimated numbers of additional individuals engaged in HIV care or virally suppressed among those living with diagnosed HIV were calculated by multiplying the highest average annual rate from 2014 to 2023 by the average annual number of individuals living with diagnosed HIV in each racial/ethnic groups with lower rates over the same ten-year period. The

Highlights

- Linkage to and engagement in HIV care, viral suppression, and HIV-related deaths improved for all racial/ethnic groups since 2014.
- Improvements in Ending the Epidemic metrics have not been proportional across all racial/ethnic groups. Non-Hispanic Black New Yorkers consistently saw smaller improvements compared to statewide percentages.
- Non-Hispanic White New Yorkers usually had the highest engagement in care and viral suppression and the lowest percentage of HIV-related deaths across all years.

actual average number of individuals annually engaged in care or virally suppressed was then subtracted from this adjusted number to get the difference. The estimated numbers of HIV-attributed deaths that would have not occurred were calculated by multiplying the rate of the racial/ethnic group with the lowest HIV-attributed mortality rate from 2014 to 2021 by the total number of deaths among individuals with diagnosed HIV in each of the racial/ethnic groups with higher mortality rates over the same eight-year period. This adjusted number was then subtracted from the actual number of deaths attributed to HIV to get the difference.

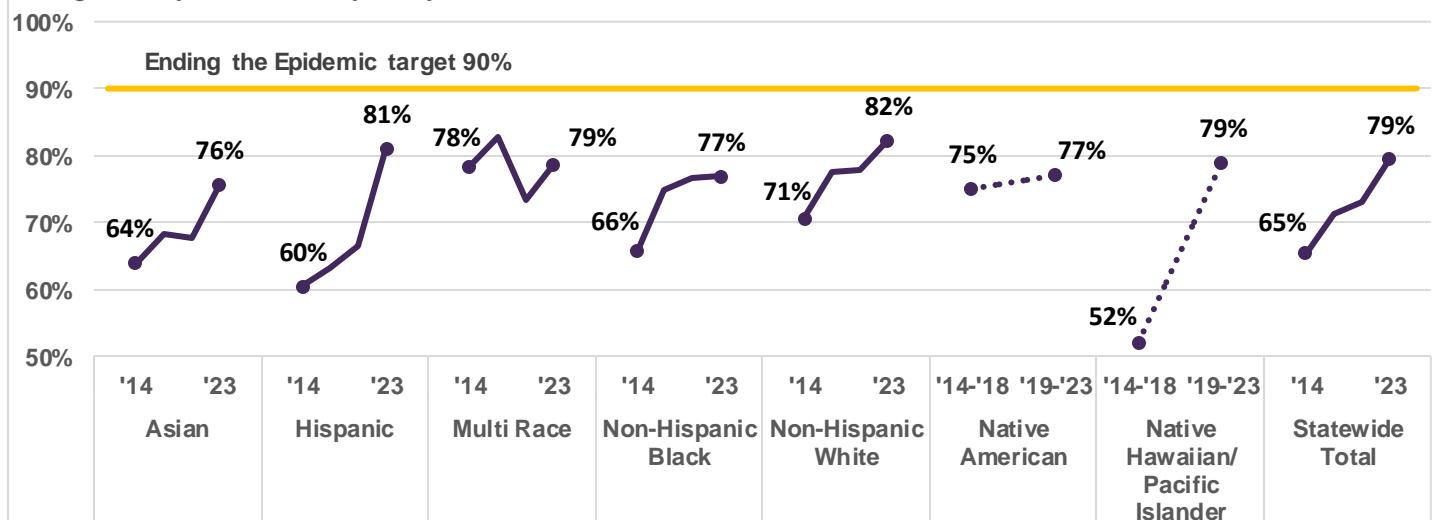
Findings

Linkage to Care:

Timely linkage to care of individuals newly diagnosed with HIV is important for improving their long-term health and reducing the likelihood that they will transmit the virus to others. Over the ten-year period from 2014 to 2023, the percentage of New Yorkers newly diagnosed with HIV who were linked to care within 30 days of diagnosis improved from 65% to 79%. While linkage to care improved overall, disparities remain for individuals across racial/ethnic groups (figure 1). The percentage of non-Hispanic Black individuals linked to care matched the statewide percentage in 2014, but has only improved slightly since 2017 and is now below the state percentage. In contrast, after being at least five percentage points below the statewide percentage from 2014 to 2020, the percentage of Hispanic individuals linked to care improved dramatically in 2023 to 81%, slightly above the statewide percentage. Linkage to care among non-Hispanic White and Asian individuals both followed a similar trend to the statewide percentages, but while linkage to care among non-Hispanic White individuals was consistently higher than the statewide percentage, it was consistently lower for Asian individuals. The percentage of multi-racial individuals linked to care fluctuated but did not improve from 2014 to 2023. Linkage to care among Native American individuals, presented as a five-year average, also did not improve substantially. Among Native Hawaiian/Pacific Islanders, the five-year average improved considerably from 52% in 2014 to 2018 to 79% in 2019 to 2023.

Linkage to HIV medical care has remained constant in non-Hispanic Black individuals since 2017 but continued to improve in most other racial/ethnic groups.

*Figure 1. Percentage of people newly diagnosed with HIV who were linked to HIV care within 30 days of diagnosis by race/ethnicity and year, New York State, 2014 - 2023.**



*In Native American and Native Hawaiian/Pacific Islander populations, five-year averages produced reliable rates.

From 2014 to 2023, a total of 28,395 individuals were diagnosed with HIV in New York State, 20,038 of whom were linked to HIV care within 30 days of diagnosis. If the percentage of New Yorkers diagnosed with HIV and linked to care within 30 days of diagnosis across all racial/ethnic groups over this ten-year period was the same as for **non-Hispanic White New Yorkers**, then an estimated

1,460 more individuals statewide would be linked to HIV care within 30 days, composed of:

- 80 more Asian individuals linked to HIV care within 30 days
- 1,030 more Hispanic individuals linked to HIV care within 30 days
- 1 to 10 more Native Hawaiian/Pacific Islander individuals linked to care within 30 days
- 340 more non-Hispanic Black individuals linked to care within 30 days

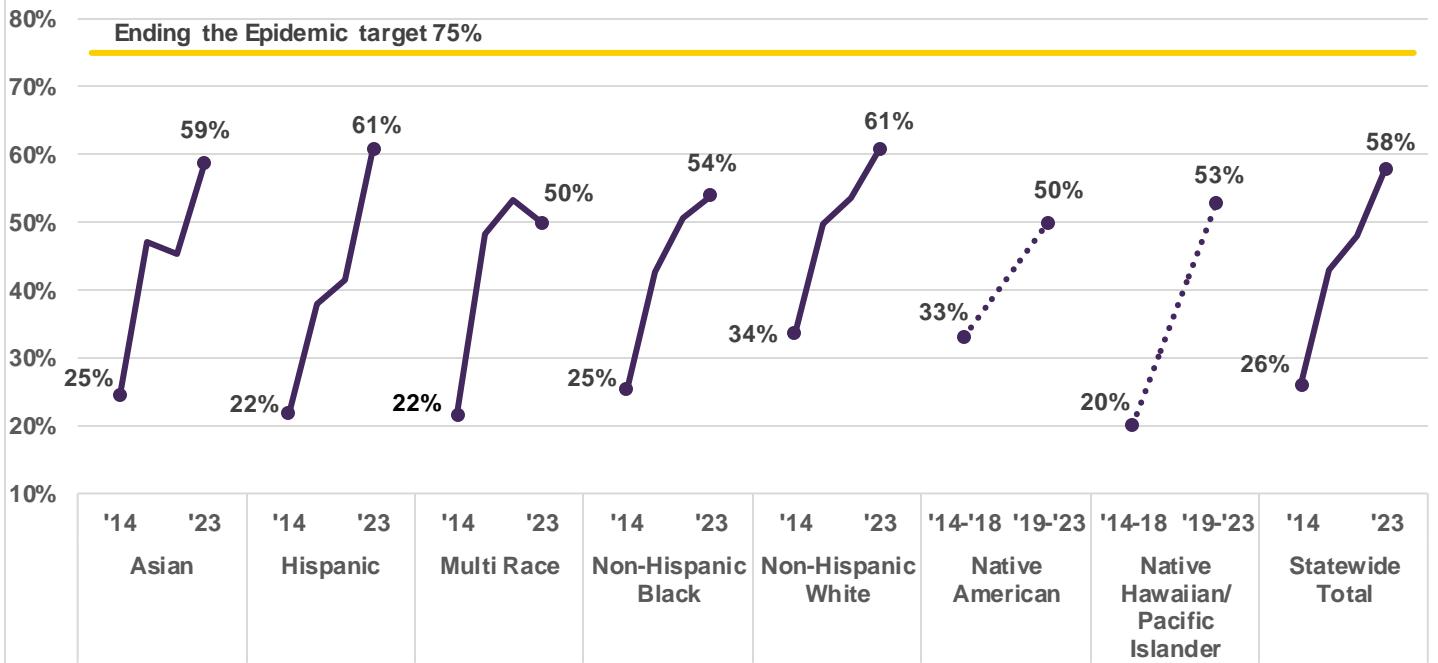
Available data suggest that Native American and multi-racial populations experienced greater linkage to care than other subgroups. However, these findings are based on reported laboratory data and due to potential underreporting, should be interpreted with caution.

Viral Suppression- Newly Diagnosed HIV:

Achieving viral suppression (<200 viral copies/ml of blood) shortly after HIV diagnosis is essential for ensuring the long-term health of people living with HIV and for preventing transmission of the virus, as consistently virally suppressed individuals cannot transmit HIV. Viral suppression among individuals newly diagnosed with HIV is strongly influenced by changes in anti-retroviral treatments and timely linkage to care. Over the ten-year period from 2014 to 2023, the percentage of New Yorkers newly diagnosed with HIV who achieved viral suppression within three months of diagnosis improved from 26% to 58%. Viral suppression in individuals newly diagnosed with HIV increased among all racial/ethnic groups, but not equally for all groups (figure 2). Over the entire ten-year period, suppression among non-Hispanic Black individuals was lower than the statewide percentage, and from 2020 to 2023 saw less improvement than most other racial/ethnic groups. Suppression among Hispanic individuals also trailed the statewide percentage from 2014 to 2020 but exceeded it by 2023. Viral suppression followed a similar trend to the statewide percentages among Asian and non-Hispanic White individuals, though the percentage of non-Hispanic White individuals who were suppressed was higher in every year. From 2017 to 2023, the percentage of multi-racial individuals who became virally suppressed remained unchanged at around 50%, following a sharp increase from 2014 to 2017. Among Native American and Native Hawaiian/Pacific Islander individuals, viral suppression was presented as a five-year average, and in both populations was higher in 2019 to 2023 compared to 2014 to 2018, although this difference was larger among Native Hawaiian/Pacific Islanders.

Viral suppression among people newly diagnosed with HIV has generally been lower in Hispanic and non-Hispanic Black individuals.

Figure 2. Percentage of people newly diagnosed with HIV who became virally suppressed within three months of diagnosis by race/ethnicity and year, 2014 - 2023.*



*In Native American and Native Hawaiian/Pacific Islander populations, five-year averages produced reliable rates.

From 2014 to 2023, a total of 28,395 individuals were diagnosed with HIV in New York State, 12,242 of whom were virally suppressed within three months of diagnosis. If the percentage of New Yorkers diagnosed with HIV who achieved viral suppression within three months across all racial/ethnic groups over this ten-year period was the same as for **non-Hispanic White New Yorkers**, then an estimated:

1,300 more individuals statewide would be virally suppressed within three months of diagnosis, composed of:

- 30 more Asian individuals virally suppressed within three months of diagnosis
- 690 more Hispanic individuals virally suppressed within three months of diagnosis
- 1 to 10 more multi-racial individuals virally suppressed within three months of diagnosis
- 1 to 10 more Native American individuals virally suppressed within three months of diagnosis
- 1 to 10 more Native Hawaiian/Pacific Islander individuals virally suppressed within three months of diagnosis
- 550 more non-Hispanic Black individuals virally suppressed within three months of diagnosis

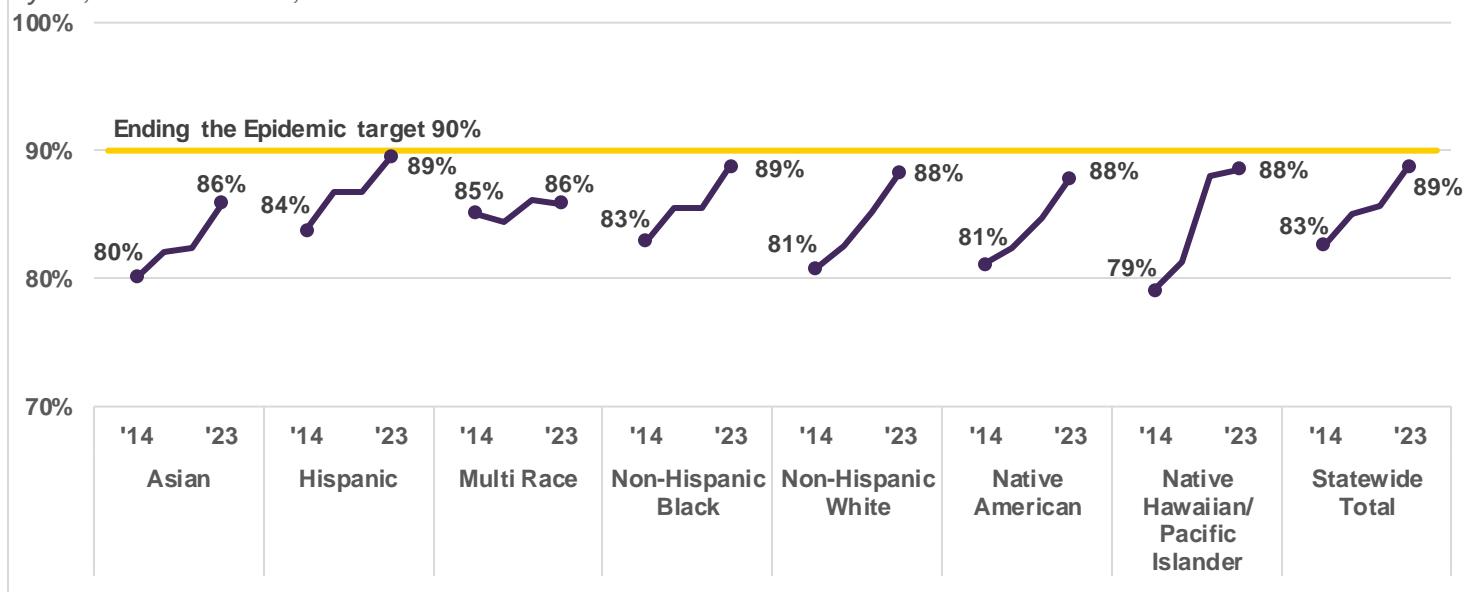
Engagement in HIV Medical Care:

Ongoing engagement in HIV medical care for individuals living with diagnosed HIV is important for monitoring their health and ensuring consistent and effective treatment. From 2014 to 2023, the percentage of New Yorkers living with diagnosed HIV who received HIV medical care improved from 83% to 89% (figure 3). Engagement in HIV medical care also increased among all racial/ethnic groups except for multi-racial individuals, who did not see any change. Engagement in care followed a similar trend to the statewide percentage among non-Hispanic Black, Asian, and Hispanic individuals, but was higher than the statewide

percentage among Hispanic individuals and lower among Asian individuals. In 2014, engagement in care was also lower among Native American and non-Hispanic White individuals, but increased in both groups to 88% in 2023, slightly under the statewide percentage. Among Native Hawaiian/Pacific Islander individuals, engagement in care was irregular, with a large increase from 2017 to 2020 and more modest increases from 2014 to 2017 and 2020 to 2023.

Engagement in HIV medical care has improved since 2014 in all racial/ethnic groups besides multi-racial individuals.

Figure 3. Percentage of people living with diagnosed HIV who received HIV medical care by race/ethnicity and year, New York State, 2014 - 2023.



From 2014 to 2023, the average annual number of individuals living with diagnosed HIV in New York State was 104,658, of whom an average of 89,978 were engaged in HIV medical care. If the average annual percentage of New Yorkers living with diagnosed HIV who received HIV medical care during this ten-year period was the same as for **Hispanic New Yorkers**, then annually an estimated:

1,300 more individuals statewide would be engaged in HIV medical care, composed of:

- 90 more Asian individuals engaged in HIV medical care
- 1 to 10 more multi-racial individuals engaged in HIV medical care
- 1 to 10 more Native American individuals engaged in HIV medical care
- 1 to 10 more Native Hawaiian/Pacific Islander individuals engaged in HIV medical care
- 500 more non-Hispanic Black individuals engaged in HIV medical care
- 680 more non-Hispanic White individuals engaged in HIV medical care

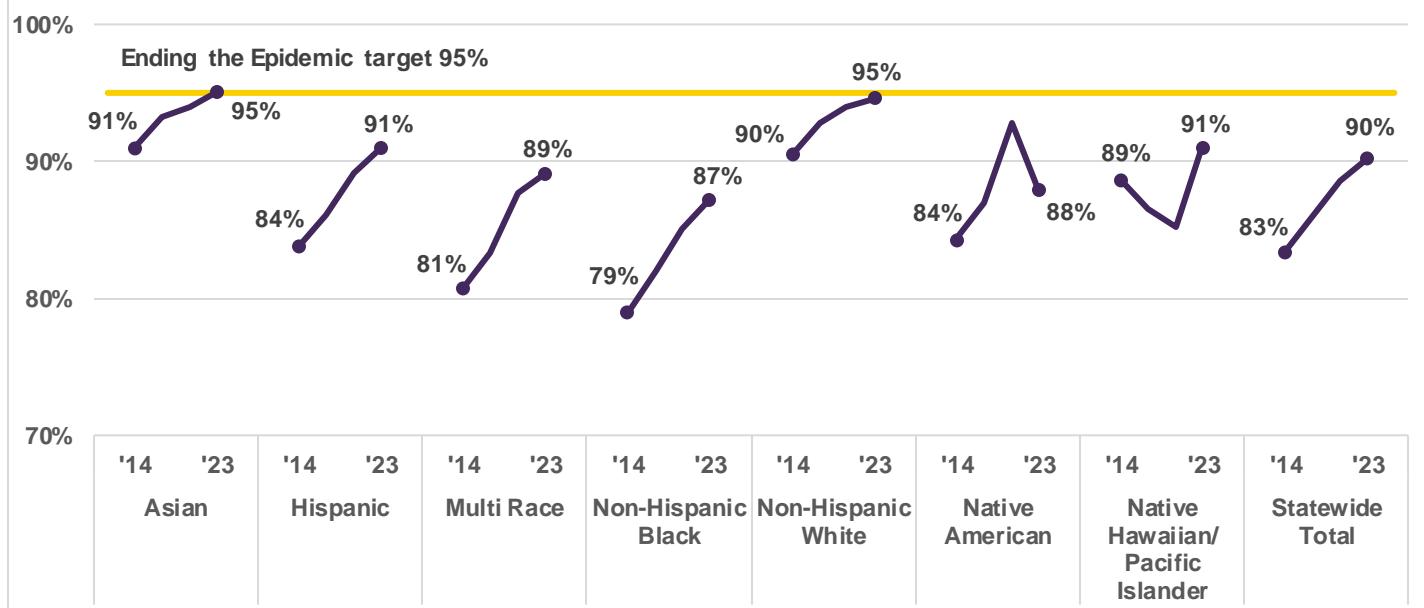
Viral Load Suppression- Individuals Living with Diagnosed HIV Who Received HIV Medical Care:

An important component of engagement in HIV care is the regular monitoring of an individual's HIV viral load. Viral suppression among all individuals living with diagnosed HIV is a measure of the long-term efficacy of treatment and is important for limiting transmission. From 2014 to 2023, the average percentage of New Yorkers living with diagnosed HIV and receiving HIV medical care who were virally suppressed at their last test of the calendar year improved from 83% to 90%. Suppression increased across all racial/ethnic groups, but not

equally (figure 4). Similar to the statewide percentages, suppression increased steadily among Asian, Hispanic, multi-racial, non-Hispanic Black, and non-Hispanic White individuals. However, increases among Asian and non-Hispanic White individuals were more moderate than the statewide increases, although the percentage suppressed was consistently higher among both of these groups compared to the statewide percentage. Among multi-racial and non-Hispanic Black individuals, suppression increased more sharply than the statewide percentage, but the percentage of people who were virally suppressed was lower than the statewide percentage at each year analyzed. Suppression among Native American individuals increased from 2014 to 2020 but decreased sharply from 2020 to 2023. In contrast, suppression among Native Hawaiian/Pacific Islander individuals fluctuated from 2014 to 2023 but did not increase much overall.

Viral suppression among people living with diagnosed HIV who received HIV medical care has been consistently lower in multi-racial and Non-Hispanic Black individuals.

Figure 4: Percentage of people living with diagnosed HIV and receiving HIV medical care who were virally suppressed at last viral load test in the calendar year by race/ethnicity, New York State, 2014 - 2023.



From 2014 to 2023, the average annual number of individuals living with diagnosed HIV who were receiving medical care in New York State was 89,978, of whom an average of 78,658 were virally suppressed at their last test of the year. If the average annual percentage of New Yorkers living with diagnosed HIV and receiving medical care who were virally suppressed at the end of the year between 2014 and 2023 was the same as for **Asian New Yorkers**, then annually an estimated:

5,990 more individuals statewide would be virally suppressed, composed of:

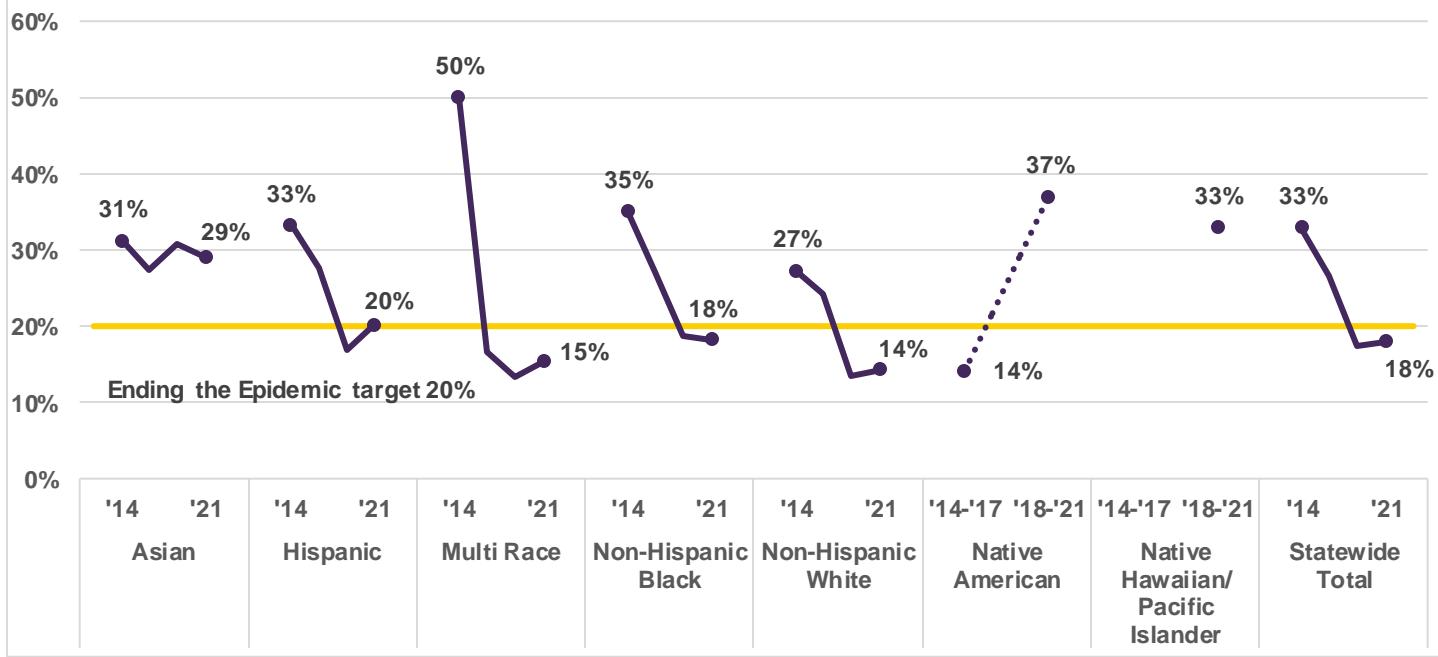
- 1,580 more Hispanic individuals virally suppressed
- 40 more multi-racial individuals virally suppressed
- 1 to 10 more Native American individuals virally suppressed
- 1 to 10 more Native Hawaiian individuals/Pacific Islanders virally suppressed
- 4,150 more non-Hispanic Black individuals virally suppressed
- 200 more non-Hispanic White individuals virally suppressed

HIV-Attributed Mortality:

The HIV-attributed mortality rate among individuals with HIV can be a measure of the effectiveness of long-term HIV care and improvements in treatment. However, this percentage can be influenced by other factors impacting mortality, such as the COVID-19 pandemic. Therefore, the impact of COVID-19 on mortality among people with HIV must be considered when interpreting this metric from 2020 onward. From 2014 to 2021, the statewide HIV-attributed mortality rate among New Yorkers diagnosed with HIV decreased from 33% to 18%, although this improvement occurred only from 2014 to 2020 with no change from 2020 to 2021 (figure 5). Among Hispanic, non-Hispanic Black, and non-Hispanic White individuals, trends in HIV-attributed mortality mirrored those seen statewide, but the HIV-attributed mortality rate was generally higher among Hispanic and non-Hispanic Black individuals than statewide percentages. In contrast, Non-Hispanic White individuals had a consistently lower HIV-attributed mortality rate. Among multi-racial individuals, there was a sharp decrease in HIV-attributed mortality from 2014 to 2017, but no change from 2017 to 2021. Although the HIV-attributed mortality rate among Asian individuals in 2014 was slightly lower than the statewide rate, this number decreased by only two percentage points by 2021. As a result, in 2021 Asian individuals had one of the highest HIV-attributed mortality rates at 29%. Among Native American individuals, the four-year average HIV-attributed mortality rate increased sharply from 14% in 2014 to 2017 to 37% in 2018 to 2021. Although there were no reported deaths among Native Hawaiian/Pacific Islander individuals from 2014 to 2017, the four-year average from 2018 to 2021 was almost two times the statewide rate in 2021.

HIV-attributed mortality in people with diagnosed HIV has been consistently higher in non-Hispanic Black individuals and lower in non-Hispanic White individuals.

Figure 5. Percentage of HIV-related deaths among people with diagnosed HIV by race/ethnicity and year, New York State, 2014 - 2021.*



These data demonstrate that despite improvements in HIV medical care, viral suppression, and HIV-attributed mortality since 2014 across all racial/ethnic groups, disparities in these metrics persist. The percentage of non-Hispanic White New Yorkers engaged in care or virally suppressed was consistently higher and the percentage of HIV-attributed deaths was consistently lower compared to the statewide percentages. Additionally, improvements in linkage to and engagement in care were similar or more consistent among non-Hispanic

White New Yorkers compared to statewide percentages. In contrast, non-Hispanic Black New Yorkers had less engagement in HIV care and viral suppression and more HIV-attributed deaths compared to the statewide percentages. Additionally, among non-Hispanic Black individuals newly diagnosed with HIV, increases in care and suppression were smaller in contrast to the more consistent statewide trends. Hispanic New Yorkers were the racial/ethnic group most similar to statewide percentages and trends in most metrics, with the exception of linkage to care among people newly diagnosed with HIV, which was generally lower with a lower rate of increase. Asian New Yorkers had lower linkage to and engagement in care, but similar or higher viral suppression than statewide percentages. However, improvements in all metrics were less pronounced than statewide trends, especially in HIV-attributed deaths. Among multi-racial individuals, there was little net change in care metrics during the analysis period. Viral suppression did increase, but was less pronounced than the statewide increase, and although HIV-attributed deaths decreased, this was due to the large drop from 2014 to 2017, after which there was little change. Available data suggest that from 2014 to 2023 both Native American and Native Hawaiian/Pacific Islander New Yorkers living with diagnosed HIV showed a greater improvement in engagement in care and smaller increase in viral suppression compared to the statewide percentages.

Disparities in HIV diagnosis rates between non-Hispanic White New Yorkers and all other racial/ethnic groups have persisted since well before the implementation of the Ending the Epidemic initiative.³ This report demonstrates that these disparities carry over to other levels of the HIV care continuum. HIV care engagement and favorable outcomes are highest among non-Hispanic White individuals for most metrics, and with few exceptions, disparities between non-Hispanic White New Yorkers and non-Hispanic Black, Hispanic, Asian, multi-racial, Native American, and Native Hawaiian/Pacific Islander New Yorkers have persisted or increased since 2014. If improvement in HIV care and suppression metrics had been equally high across all racial/ethnic groups, then just in the ten-year period from 2014 to 2023, thousands of additional New Yorkers would have been engaged at each level of the HIV care continuum, and hundreds of HIV-attributed deaths would have been averted in the eight years from 2014 to 2021. These findings underscore the need for innovative interventions and restructured care systems to address and eliminate persistent disparities in HIV treatment between non-Hispanic White individuals and non-Hispanic Black, Hispanic, Asian, multi-racial, Native American, and Native Hawaiian/Pacific Islander individuals. To improve engagement in HIV care and HIV-related outcomes in all these racial/ethnic groups, it is important to understand and address the unique barriers to care experienced by these populations.

References

¹ Ending the AIDS epidemic in New York State (2025). Retrieved from https://www.health.ny.gov/diseases/aids/ending_the_epidemic/

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³New York State Department of Health. (2023). *Racial/Ethnic Disparities Among Persons Newly Diagnosed with HIV in New York State, 2011 - 2020*. (No. 4). Retrieved from

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