



## REVIEW ARTICLE

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# Racial and Ethnic Disparities in HIV Screening and Treatment: A Call to Action

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**ABSTRACT**

HIV disproportionately impacts racial and ethnic minority populations globally, with significant inequities in screening, treatment access, and outcomes. Despite advances in medical interventions, systemic barriers such as socioeconomic disparities, stigma, and structural racism perpetuate these inequities. This manuscript reviews current research on racial and ethnic disparities in HIV care, highlights underlying causes, and proposes actionable strategies to achieve health equity.

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**Introduction**

HIV remains a major global health challenge, disproportionately affecting marginalized racial and ethnic communities. The Centers for Disease Control and Prevention (CDC) reports that Black/African American and Hispanic/Latino individuals bear the highest burden of new HIV diagnoses in the United States.<sup>1</sup> Similarly, systemic inequities exacerbate these disparities in low- and middle-income countries (LMICs).<sup>2</sup> Factors such as poverty, limited healthcare access, and stigma significantly impede progress toward equitable HIV care.

This paper aims to

- Illuminate the scope and nature of racial and ethnic disparities in HIV screening and treatment.
- Propose actionable strategies to improve health outcomes and achieve global health equity.
- Explore systemic, structural, and cultural barriers to equitable care.

**Table 1: Racial and Ethnic Disparities in HIV Diagnoses, United States (2019)**

Race/Ethnicity	HIV Diagnoses (per 100,000)
Black/African American	44.9
Hispanic/Latino	26.5
White	6.3
Asian	3.4
American Indian/Alaska Native	12.1
Native Hawaiian/Other Pacific Islander	15.1

**Source:** Centers for Disease Control and Prevention (CDC). HIV Surveillance Report, 2019; vol. 31.1

**Disparities in Treatment Access**

Minority populations face substantial challenges in accessing antiretroviral therapy (ART). In the U.S., Black/African American individuals have the lowest rates of viral suppression despite equivalent diagnosis rates [4]. Globally, inadequate healthcare infrastructure and resource allocation in LMICs hinder treatment delivery, perpetuating the cycle of inequity [5].

**Challenges and Contributing Factors****Social Determinants of Health**

The social determinants of health, including poverty, education, and housing instability, are key drivers of HIV disparities

- **Poverty:** Financial constraints limit access to testing, treatment, and supportive care [6].
- **Education:** Limited health literacy disproportionately affects minority groups, reducing awareness of prevention and treatment options [7].
- **Housing Instability:** Unstable living conditions increase risk exposure and complicate adherence to treatment regimens [8].

**Structural Inequities**

Systemic racism and discriminatory healthcare practices create barriers to care. Historical injustices and ongoing biases erode trust in medical institutions, deterring minority populations from seeking timely care [9].

**Stigma and Misinformation**

HIV-related stigma, particularly within communities of color, exacerbates disparities by discouraging individuals from seeking testing and treatment [10]. Misinformation about HIV transmission

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and treatment options compounds this issue, resulting in delayed diagnoses and poorer health outcomes [11].

**Policy and Reimbursement Challenges**

Inconsistent healthcare policies and limited reimbursement for HIV services disproportionately affect underserved communities [12]. Medicaid expansion under the Affordable Care Act has improved access to care in some U.S. states, but significant gaps remain, particularly in states that have not adopted the expansion [13].

**Recommendations**

**Table 2: Recommendations for Addressing HIV Disparities**

Recommendation	Description
Community Engagement	Collaborate with community leaders, develop culturally relevant campaigns
Cultural Competence	Provide training for healthcare providers and ensure language support
Policy Reforms	Expand Medicaid, standardize reimbursement frameworks
Addressing Social Determinants	Invest in housing initiatives, promote economic empowerment

**Community Engagement**

- **Collaborate with Community Leaders:** Engage trusted leaders to advocate for HIV education and reduce stigma in minority communities [14].
- **Culturally Relevant Campaigns:** Develop and implement outreach initiatives tailored to the unique cultural contexts of diverse populations [15].

**Improving Access to Care**

- **Expand Medicaid and Subsidized Healthcare:** Advocate for policy reforms to increase healthcare coverage for low-income populations [13].
- **Mobile Health Services:** Deploy mobile units for HIV testing and treatment to increase accessibility in underserved areas [1].

**Cultural Competence**

- **Provider Training:** Implement comprehensive training programs to enhance cultural competence and mitigate implicit bias in HIV care delivery [1].
- **Language Support:** Offer multilingual resources and interpretation services to ensure effective communication with diverse patient populations [2].

**Addressing Social Determinants of Health**

- **Invest in Housing Initiatives:** Support housing stability for individuals with HIV to improve adherence and outcomes [8].
- **Promote Economic Empowerment:** Provide job training and financial support programs to address poverty and its health implications [6].

**Conclusion**

Racial and ethnic disparities in HIV screening and treatment are pervasive and multifaceted, requiring urgent attention and coordinated action. By addressing systemic inequities, fostering cultural competence, and implementing robust community engagement strategies, we can close the gaps in care and achieve equitable outcomes for all populations. This call to action underscores the importance of collaborative efforts to eradicate health disparities and ensure comprehensive, accessible, and culturally sensitive HIV care worldwide.

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