

Disparities in HIV Treatment Outcomes for Black Youth in 200 Words

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The Centers for Disease Control and Prevention recently released a significant report showing persistent differences in treatment outcomes across racial and ethnic lines for youth living with human immunodeficiency virus (HIV).

The researchers found that, in 2014, [only 29.2 percent of black youth](#) ages 13-24 living with HIV achieved sustained viral load suppression, or undetectable blood HIV levels for a year, versus 41.2 percent of whites. Furthermore, black youth were the least likely of any age and race category to achieve sustained suppression.

Viral load suppression occurs when patients are prescribed and adhere to antiretroviral therapy (ART) and is important for a number of reasons. First, [it allows people living with HIV to lead healthy lives](#), and stops the progression of a disease that once claimed more than [50,000 lives](#) in the U.S. per year. Second, it prevents HIV transmission, which is significant considering that young people, who are more likely to be sexually active than older adults, [account for nearly half](#) of all new cases of sexually transmitted infections per year.

A number of factors could contribute to this troubling disparity, including a [higher uninsured rate](#), barriers to accessing HIV care and [poorer adherence](#) to ART by minority youth. Only through thoughtful, systemic change can we reduce these disparities and promote optimal health and well-being for all youth living with HIV.

This post is part of our “_____ in 200 Words” series. In this series, we tackle issues related to children’s health policy and explain and connect you to resources to help understand them further, all in 200 words. If you have any suggestions for a topic in this series, please send a note to PolicyLab’s Communications Manager [Lauren Walens](#).



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