

# Racial/Ethnic Differences in HIV Diagnosis Rates among Women by Census Tract Poverty Level in Georgia, 2018–2021

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#### Introduction

#### **Background:**

- Georgia had the third highest HIV diagnosis rate among women in 2021 in the US (10.0 per 100,000 population) (1).
- Studies show that Hispanic/Latina and Black/African American women had HIV diagnosis rates 3 and 15 times the rate of White women (2).
- Among Hispanic/Latina and Black/African American women, HIV diagnosis rates were highest in high poverty areas, and the rates increased 1.5 to 5.5 times as census tract poverty levels increased (2).
- Areas with high poverty rates may have limited access to healthcare and other resources or services to support the health of residents, which could include access to HIV testing, prevention, and treatment (3).

#### **Objective:**

• Examine the association between census tract poverty and HIV diagnosis rates by race/ethnicity among women newly diagnosed with HIV in Georgia.

#### Methods

- Sources: Georgia's enhanced HIV/AIDS Reporting System (eHARS) and the 2017–2021 American Community Survey (ACS) five-year estimates data profile tables (4).
- Study population included people assigned female sex at birth, newly diagnosed with HIV in GA during 2018–2021 (n=1,747) and reported a race/ethnicity of Hispanic/Latina, Black/African American, White, or other\*\*.
  - Excluded individuals <13 years of age or whose address at HIV diagnosis could not be geocoded§ to a census tract.
- Census tracts were categorized by the percent of all people whose income in the past 12 months was below the poverty level as 0–6.9%, 7–10.9%, 11–17.9%, 18–24.9%, and ≥25%.
- HIV diagnosis rates per 100,000 were calculated for each poverty category by race/ethnicity among women.
  - The numerator was the number of Hispanic/Latina, Black/African American, or White women with HIV from eHARS in each poverty category.
  - The denominator was the total number of Hispanic/Latina, Black/African American, or White women from the ACS (4) in each poverty category.
- Rate ratios were used to compare racial/ethnic differences by poverty category, with White women as the reference group.

#### Results

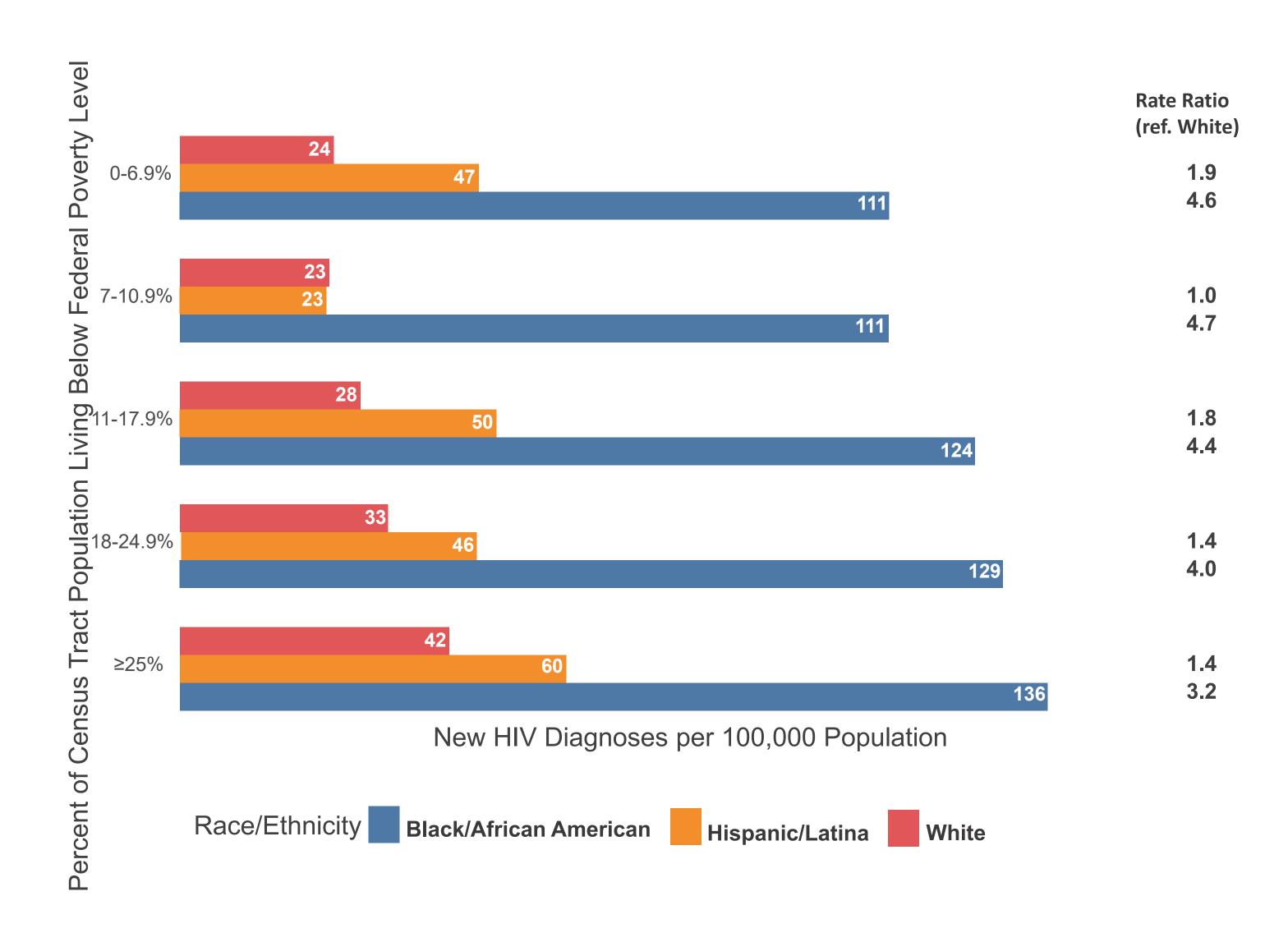
The majority of women who were newly diagnosed with HIV between 2018 and 2021 in Georgia:

- Were Black/African American (**75.3%**)
- Had HIV transmission attributed to heterosexual contact (92.9%)
- Were 30 to 39 years old at HIV diagnosis (27.1%)
- Lived in census tracts in the ≥25% income below federal poverty level category (29.8%)

Table 1. New diagnoses of HIV infection among women by race/ethnicity and percent of census tract living below federal poverty level – GA, 2018–2021.

	0–6.9%	7–10.9%	11–17.9%	18–24.9%	≥25%
Race/ethnicity***	n (%)	n (%)	n (%)	n (%)	n (%)
Black/African American	166 ( <b>64.6</b> )	181 ( <b>79.1</b> )	310 ( <b>72.9</b> )	240 <b>(76.0</b> )	419 <b>(80.6</b> )
White	59 (23.0)	32 (13.9)	64 (15.0)	48 (15.3)	60 (11.5)
Hispanic/Latina	17 (6.6)	8 (3.5)	28 (6.5)	19 (6.0)	24 (4.6)
Other	15 (5.8)	8 (3.5)	24 (5.6)	9 (2.8)	17 (3.3)

Figure 1. Rates and rate ratios of new HIV diagnoses among women (per 100,000) by race/ethnicity and percent of census tract living below federal poverty level – GA, 2018–2021.



## Results

- HIV diagnosis counts and rates increased as poverty increased by race/ethnicity but were highest among Black/African American women (Table 1 and Figure 1).
- Rate ratios decreased as poverty increased when comparing Black/African American to White women (4.6 in 0–6.9% vs. 3.2 in ≥25%, Figure 1).

## Discussion and Conclusion

- HIV diagnosis rates among women increased as poverty increased and were highest in the ≥25% poverty category.
- HIV diagnosis rates were highest among Black/African American women (75.3% of the study population), while this group made up only 36.7% of the Georgia population in 2021 by race (5).
- In the ≥25% poverty category, Black/African American women had 3.2 times the rate of HIV diagnosis than White women.
  - A limitation is that HIV diagnosis rates among Hispanic/Latina women were sometimes affected by small numbers; and other races/ethnicities were unable to be evaluated because of low numbers.
- Census tract poverty is useful to identify areas needing additional testing/prevention efforts or social support to reduce new HIV diagnoses.

# References/Acknowledgements

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Percents are column percent.

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<sup>§</sup> Addresses at HIV diagnosis were geocoded to census tract using ArcGIS pro desktop software.

<sup>\*\*</sup> Other race/ethnicity may include American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, unknown, multiracial, or missing.

<sup>\*\*\*</sup>Race/ethnicity should be considered non-Hispanic/Latina unless otherwise noted.