Better Engagement in HIV Care Could Reduce Disparities for Black Gay Men

Given the current standard of care, life expectancy for Black men who have sex with men is 6.3 years shorter than that of their white peers.

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Black gay and bisexual men living with HIV currently have a shorter life expectancy than their white peers, but improved engagement in care could help close this gap, according to a modeling study presented at the IDWeek 2022 conference, taking place this week in Washington, DC.

“There are significant and unacceptable disparities in HIV care. Black MSM [men who have sex with men] in the United States do not experience the same health outcomes as white MSM,” senior study author Emily Hyle, MD, of Harvard Medical School, said in an IDWeek press release. “Equity-focused solutions combatting structural barriers to care are essential to reduce disparities and improve outcomes.”

Hyle, Harvard Medical School student Katherine Rich, MPH, and colleagues used a microsimulation model to project life expectancy for HIV-positive Black and white men who have sex with men. They then looked at the impact of various strategies for improving HIV testing, engagement in care and viral suppression. Strategies to lessen racial and ethnic disparities along the HIV care continuum are urgently needed to achieve the goals of the Ending the HIV Epidemic initiative, they noted.

The researchers estimated that Black MSM were younger than white men, on average, when they acquired HIV (26.8 versus 35.0 years). Based on data from the Centers for Disease Control and Prevention, the model assumed that in 2019, Black gay men living with HIV were less likely than their white counterparts to know their status (83% versus 90%, respectively), spent less time engaged in care (75% versus 81% of diagnosed men) and were less likely to achieve an undetectable viral load (82% versus 91% of men in care).

The model projected life expectancy from age 15 under five scenarios:

1) status quo HIV care, based on 2019 estimates

2) earlier diagnosis with annual HIV testing

3) improving engagement in care to 95%

4) increasing viral suppression to 95%

5) a combined strategy of annual testing, 95% engagement in care and 95% viral suppression.

Among men receiving status quo HIV care, the projected life expectancy was 52.2 years for Black men versus 58.5 years for white men, a difference of 6.3 years. Increased engagement in care yielded the greatest benefit for both groups, but under each of the proposed scenarios, Black men benefitted more from the improvements than their white peers.

The model showed that annual testing would add 0.6 life-years for Black men compared with 0.3 life-years for white men. Improving engagement in care would add 1.4 life-years for Black men and 1.0 life-years for white men. Increasing viral suppression to 95% would add 1.1 life-years for Black men and 0.3 life-years for white men. Combining all three strategies, Black men's life expectancy increased twice as much as that of white men, with gains of 3.4 and 1.6 life-years, respectively.

"The key findings are that the magnitude of impact on life expectancy will be larger [for Black MSM] for each strategy that we looked at in comparison to white MSM," Rich said at an IDWeek media briefing. "The largest gains would occur with increased engagement and care, in comparison to annual testing or viral suppression. But the greatest impact on life expectancy would be a combined strategy."

Improving diagnosis, engagement in care and viral suppression to reach the UNAIDS 95-95-95 targets (95% diagnosed, 95% of diagnosed people in care and 95% of people in care with viral suppression by 2030) would result in greater gains in life expectancy for Black MSM given the current status quo, the researchers concluded. "Equity-focused interventions across the HIV care continuum are critically important to mitigate disparities in care between Black and white MSM."

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