



Historical Redlining Linked to Delays in HIV Treatment

People with HIV living in neighborhoods with discriminatory banking practices in the past lagged in viral suppression.

November 14, 2024 By Laura Schmidt

People with HIV living in historically redlined neighborhoods are more likely to experience delays in effective [HIV treatment](#), according to a [Tulane University study](#).

Redlining is a discriminatory banking practice dating back to the 1920s that denied financial services to residents of certain areas based on their race or ethnicity. Although it was abolished in the 1960s, redlining continues to impact health outcomes.

Published in [JAMA Internal Medicine](#), the study found that people living in formerly redlined neighborhoods experience 15% longer delays in achieving viral suppression of [HIV](#) compared with non-redlined neighborhoods.

Conducted in collaboration with the Louisiana Department of Health and the University of Alabama at Birmingham, the study examined 1,132 New Orleans residents who were diagnosed with HIV between 2011 and 2019. About 62% of people included in the study live in previously redlined neighborhoods.

Researchers found that individuals living in previously redlined neighborhoods achieved [viral suppression](#) of HIV almost a month slower compared with those living in non-redlined neighborhoods. What's more, one resident in a redlined neighborhood experienced a four-year gap from diagnosis to viral suppression.

The sooner people start HIV treatment after contracting the virus, the better their health outcomes. Nowadays, most folks on modern effective treatment can enjoy a normal lifespan. Not only does going on HIV treatment early help keep viral load low and CD4 cell counts high, but it can also minimize the risks for certain non-AIDS-related illnesses that are more common in people

living with HIV. These include cardiovascular disease, kidney disease, liver disease and certain cancers.

What's more people with an undetectable viral load don't transmit HIV to others through sex. This fact is known as treatment as prevention or [Undetectable Equals Untransmittable](#), or U=U.

Senior study author Scott Batey, PhD, a professor at Tulane's School of Social Work, said the delay in HIV care found in historically redlined districts also impedes efforts to end the HIV epidemic.

"HIV is, in many ways, a disease of poverty, and this shows how discriminatory practices that limited economic opportunities for previous generations can have a cascading effect upon the neighborhoods in which we live today," Batey told Tulane.

"The reasons some lag behind in treatment are obviously much more complex, from stigma to denial," Batey said. "However, this paper shows us that environment does play a factor. Place matters, and we are unable to escape historical implications and characteristics of the neighborhoods in which we live."

These findings emphasize the significant impact of HIV across the South. About 50% of people diagnosed with HIV from 2012 to 2017 resided in the South, according to a study [published in PubMed Central](#). What's more, the Deep South (Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee and Texas) accounted for 82% of diagnoses in the South and 41% of overall diagnoses during this period.

The Tulane research supports previous studies that have linked historically redlined neighborhoods to increased risks for heart failure, high blood pressure, obesity and more, according to the news release.

Experts emphasize the need for increased access to care, education and anti-stigma efforts in areas experiencing delays in HIV treatment to improve outcomes.

"More education, on-site testing, telehealth appointments, those kinds of things can happen at the grassroots level in all communities and begin to help people to start on equitable ground," said Batey.

To learn more, click [#Viral Suppression](#) or POZ's [Health Basics on HIV Treatment](#). It reads in part:

Why is treatment necessary?

If HIV is allowed to reproduce, or “replicate,” inside the body, it will cause damage to the immune system. Ultimately, the immune system gets so weak that the body becomes vulnerable to other diseases. This is the point at which a person is usually diagnosed with AIDS, and the other diseases they get can eventually cause death. Without treatment, the average time between becoming infected with HIV and the development of AIDS is 10 years in the United States.

When should treatment be started?

The U.S. Department of Health and Human Services (DHHS)—the federal agency responsible for setting health-related policies in the United States—regularly updates and publishes [HIV treatment guidelines](#) to help people living with HIV and their health care providers determine when antiretroviral therapy should be started. Here is what the guidelines recommend:

- Antiretroviral therapy is recommended for all people with HIV to reduce morbidity and mortality and to prevent the transmission of HIV to others.
- Antiretroviral therapy should be initiated immediately (or as soon as possible) after a person is diagnosed to increase the uptake of antiretrovirals and linkage to care, decrease an individual’s time to viral suppression, and improve the rate of virologic suppression among people with HIV.
- It’s important to educate individuals diagnosed with HIV on the benefits and risks regarding antiretroviral therapy and deploy strategies to optimize care engagement and treatment adherence.