

Ending the HIV Epidemic: 5280

Metro Denver HIV Monitoring Report 2016

Executive Summary

In 2015, the City of Denver signed on to a global effort to end the HIV epidemic called the [Fast Track Cities Initiative](#). By 2020, the goal is for 90% of people living with HIV to be diagnosed and know their status, 90% of those who are diagnosed to be engaged in care, and 90% of those in care to have suppressed viral loads. By 2030, we aim to increase those percentages to 95%, which would mean that overall 86% of people living with HIV have suppressed viral loads, new transmissions are rare, and people living with HIV very rarely, if ever, develop AIDS. Finally, the initiative calls for an end to HIV-related stigma, a critical element that must be addressed if any of the above goals are to be achieved and maintained.

Given the flow of people and resources through the five counties that comprise the metro area (Adams, Arapahoe, Denver, Douglas, and Jefferson), we chose to report aggregated epidemiologic data for all of Metro Denver (Figure 1). This report does not include Boulder and Broomfield.

This report covers HIV diagnoses and engagement in care, stratified by subgroups and key populations wherever possible, with detailed tables and county-level data in the appendix. The data in this report will create the foundation for the strategic plan to end the HIV epidemic in Metro Denver.

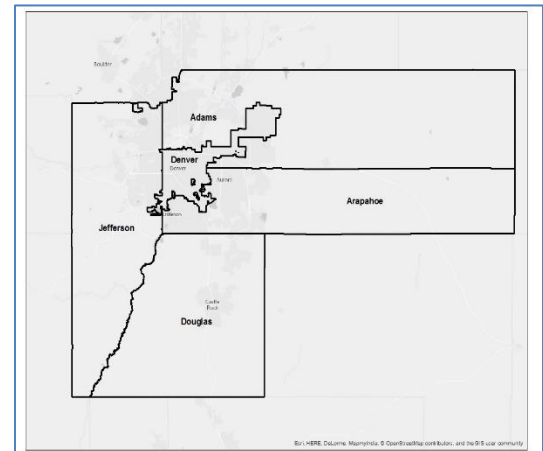


Figure 1. Map of the five-county Metro Denver area

Key Findings

- New HIV diagnoses increased in 2016 compared to the prior five years, but late diagnoses were lower, suggesting an increase in testing and earlier diagnosis.
- Denver is close to reaching the 90-90-90 goals. Engagement in care for individuals living with diagnosed HIV remains the greatest challenge (Figure 2).
- Disparities exist across all stages of the care continuum. The most dramatic disparities occur in new diagnosis rates among Black and Hispanic (all races) individuals compared to White individuals. Regarding viral suppression, people who inject drugs have significantly lower rates of suppressed viral loads.

Fast Track Cities Initiative to End the HIV Epidemic by 2030

Metro Denver 2016

90%

Diagnosed

• Percent of individuals living with HIV who have been diagnosed and are aware of their status

83%

In Care

• Percent of HIV-diagnosed individuals who are engaged in care

88%

Suppressed

• Percent of HIV-diagnosed individuals who are engaged in care and have suppressed viral loads

2020 UNAIDS Targets

90%

Diagnosed

• Percent of individuals living with HIV who know their status

90%

On ART

• Percent of HIV-diagnosed individuals who are on ART

90%

Suppressed

• Percent of individuals who are on ART and have suppressed viral loads

Figure 2. Metro Denver progress toward Fast Track Cities Initiative 90-90-90 targets

Background

Data sources

The data in this report was derived through collaboration between the Colorado Department of Public Health and Environment (CDPHE) and Denver Public Health (DPH) using the Enhanced HIV/AIDS Reporting System database (eHARS) and statewide laboratory data as reported to CDPHE. Data from eHARS and the laboratory files are uploaded to the DPH HIV Business Intelligence Tool (HIV BI Tool) which allows the data to be filtered by several variables including dates, demographics, and county of residence. Data for the report was generated July 2017; accuracy and completeness are subject to reporting delays for 2016 HIV diagnoses, engagement and laboratory data.

Stigma is inherently difficult to quantify. In this report, we present data gathered about perceived [stigma](#) from the local responses to questions in the National HIV Behavioral Surveillance system survey¹.

Abbreviations used throughout this report include: AI (American Indian), AN (Alaskan Native), HET (Heterosexual Contact), MSM (Men Who Have Sex with Men), NH (Non-Hispanic), PI (Pacific Islander), and PWID (Person Who Injects Drugs). We use the term “Hispanic” to broadly include individuals whose reported heritage includes a Spanish-speaking country or culture. This term includes people from a wide variety of races and often quite dissimilar backgrounds, but is employed in this report due to current conventional reporting practices and lack of more granular data.

Limitations

To protect confidentiality, subgroups with fewer than 10 individuals are not included in most of the tables and figures in this report. For information about newly HIV-diagnosed individuals, groups with fewer than 10 individuals are given the designation <10, rather than actual numbers. Ages are grouped to allow for larger numbers that protect confidentiality. Information regarding transgender individuals is presented when available, but was not available for all analyses included in the report.

Undiagnosed HIV is difficult to estimate and quantify. The Centers for Disease Control and Prevention estimate that 90% of Coloradans living with HIV have been diagnosed². While disparities in HIV testing and diagnosis certainly exist, more nuanced estimates of undiagnosed percentages of people living with HIV in different subgroups are not available, thus for the purposes of this report, 90% diagnosis rates are applied to all populations.

Linkage to HIV care is an important metric that demonstrates the ability of a community to quickly link newly HIV-diagnosed individuals to appropriate medical care, enabling them to start HIV treatment and quickly suppress HIV replication. Laboratory data does not accurately reflect the time to linkage to an HIV care provider, so linkage data has not been included in this report outside of its role in the broader goal of engagement in ongoing HIV care.

In the coming months, we aim to develop quantifiable and reliable metrics for linkage to care, pre-exposure prophylaxis (PrEP) use, and post-exposure prophylaxis (PEP) availability. Data from those metrics will be shared in future reports when available.

¹ <http://denverpublichealth.org/home/health-information-and-reports/reports-and-publications/national-hiv-behavioral-surveillance>

² Hall HI, An Q, Tang T, et al. Prevalence of Diagnosed and Undiagnosed HIV Infection – United States, 2008-2012. *MMWR Morb Mortal Wkly Rep* 2015;64:657-62.

Estimated Number of Individuals Living with HIV in Metro Denver, 2016

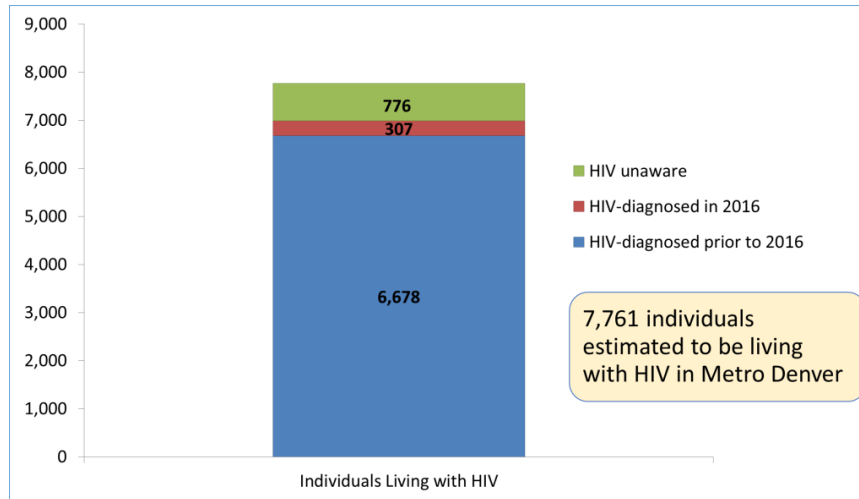


Figure 3. Estimated Number of Individuals living with HIV in Metro Denver, 2016.
Source: DPH HIV BI Tool

New HIV Diagnoses in 2016

- In 2016, individuals diagnosed with HIV were most commonly male, Non-Hispanic White, between the ages of 20 and 34 years, lived in Denver County, and identified sex with men as their primary HIV acquisition risk.
- The overall rate of new HIV diagnoses in the five-county metro area was 11 per 100,000 individuals in the population.
- Groups diagnosed with HIV at higher rates were men, Black, Hispanic (all races), and American Indian or Alaskan Native individuals, individuals aged 20-34 years and 35-54 years, and individuals living in Denver County.

*Rates derived from 2015 population estimates, available at www.census.gov

**Census data not available; rates could not be calculated

***When evaluated in details, individuals in the *other/unknown* categories are determined to have standard risk factors for HIV acquisition.

	n	column percent	rate per 100,000*
Total number of cases	307	100%	11
Gender			
Male	264	86%	20
Female	39	13%	3
Trans Female**	<10	1%	N/A
Race/Ethnicity			
NH, White	136	44%	8
Hispanic (all races)	111	36%	17
NH, Black	48	16%	30
Asian/PI	<10	2%	6
AI/AN	<10	1%	13
Age			
0-19	<10	3%	1
20-34	162	53%	28
35-54	108	35%	14
≥55	29	9%	5
County			
Denver	149	49%	22
Douglas	10	3%	3
Adams	44	14%	9
Arapahoe	63	21%	10
Jefferson	41	13%	7
Risk Factor**			
MSM	188	61%	N/A
MSM-PWID	26	8%	N/A
PWID	16	5%	N/A
Het	13	4%	N/A
Other/Unknown	64	21%	N/A

HIV Diagnoses over Time

Figure 4 displays HIV rates in Metro Denver over the past 15 years. This method accounts for population growth using population estimates obtained from the state demography office. While rates have declined significantly in Denver County and in the combined five-county area, they have remained static or increased in the past five years in Arapahoe, Douglas and Jefferson Counties. Absolute numbers of HIV diagnoses by county over the past decade are shown in Figure 5. Despite an overall downward trend, the number of new diagnoses increased in 2016.

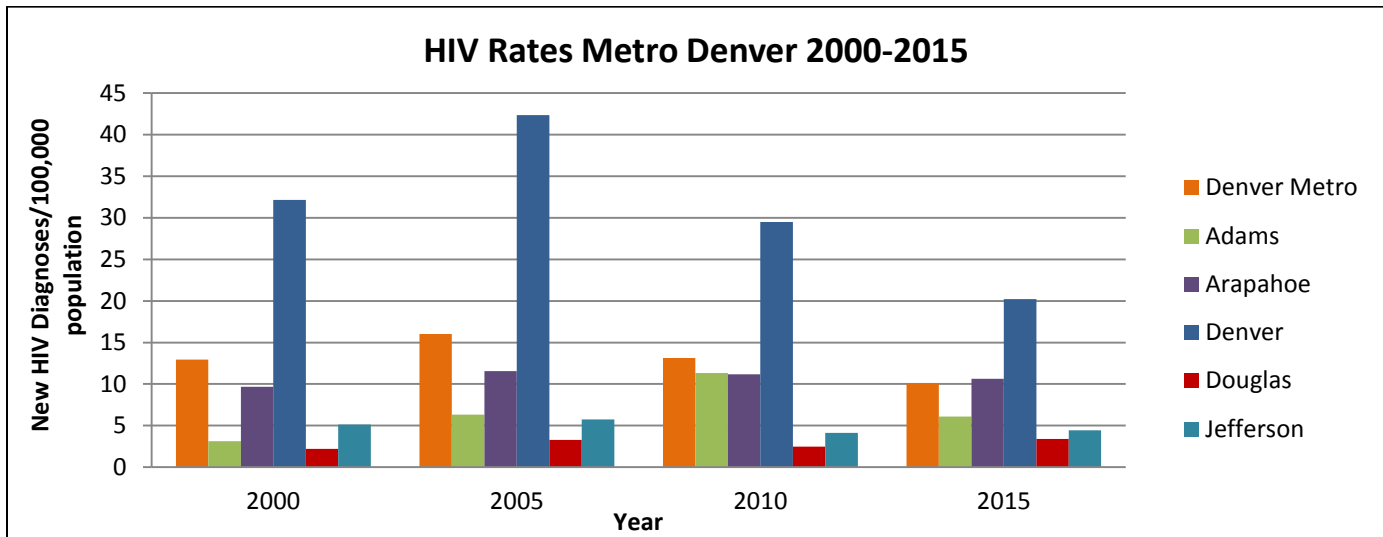


Figure 4. Rates of New HIV Diagnoses in Metro Denver. Sources: DPH HIV BI Tool and the United States Census Bureau

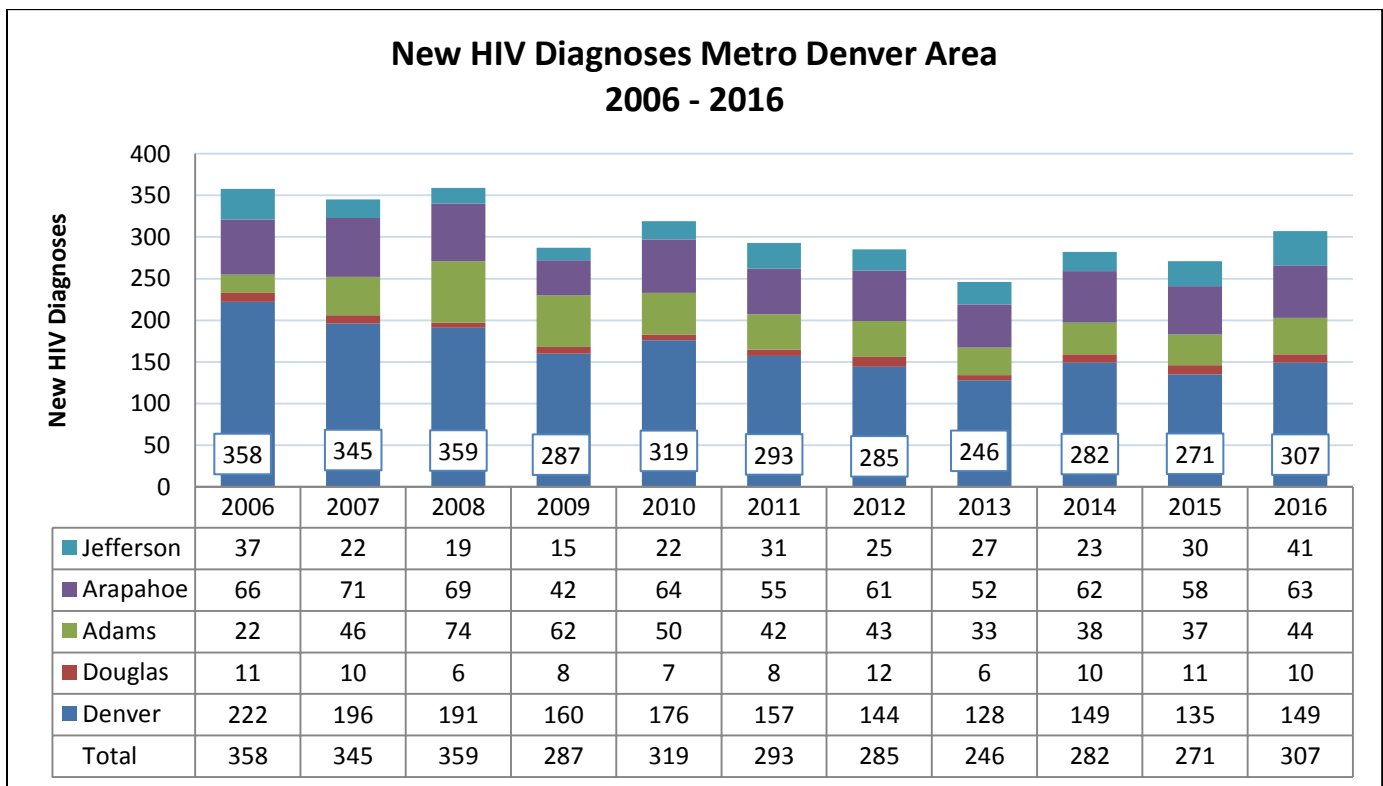


Figure 5. Numbers of newly HIV-diagnosed individuals over the past 11 years, by county. Source: DPH HIV BI Tool

Late HIV Diagnosis

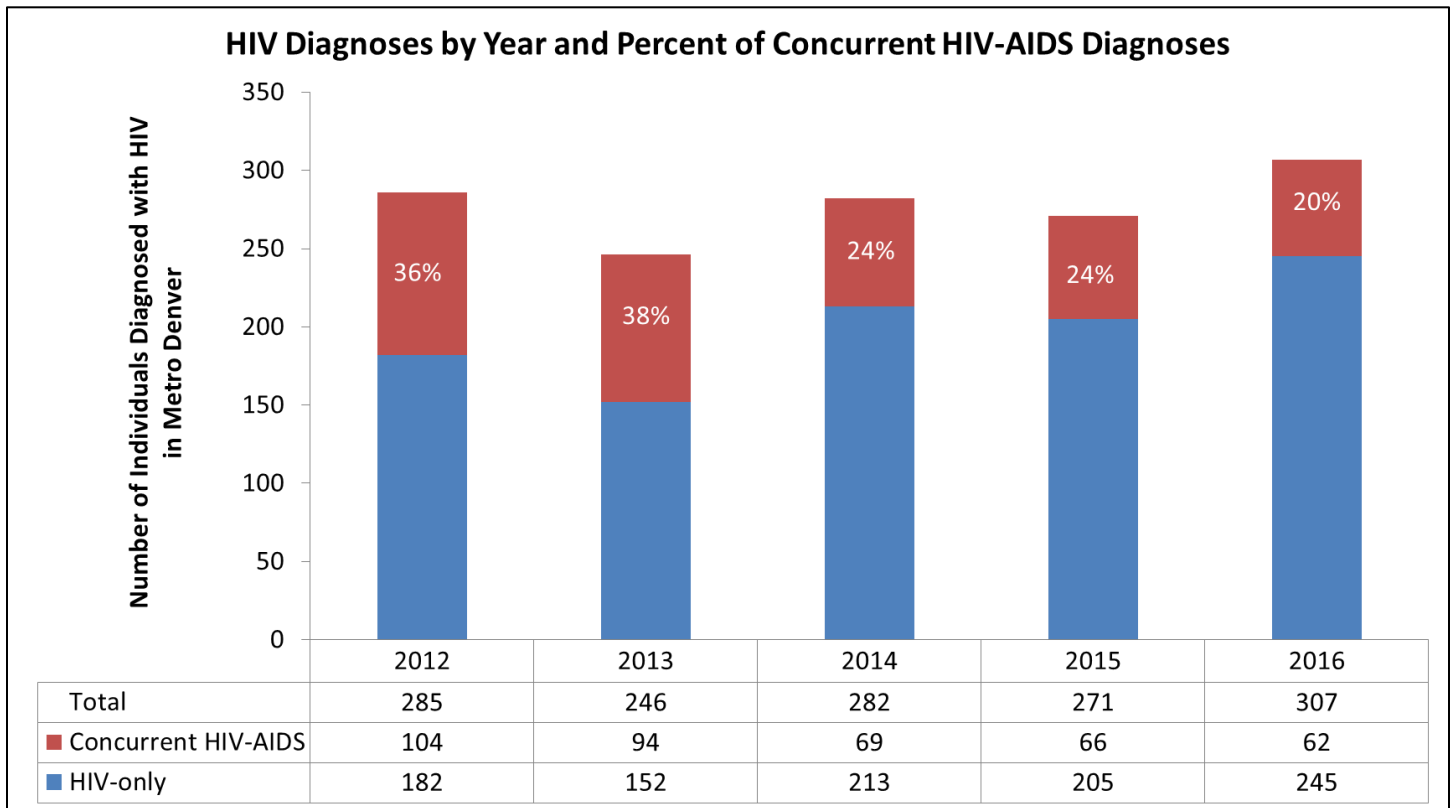


Figure 6. Concurrent AIDS diagnoses by year. Source: DPH HIV BI Tool

- Figure 6 displays information about late diagnoses over time, both as absolute numbers and as percentages of total HIV diagnoses. Late diagnoses refer to cases in which an individual is diagnosed with AIDS at the same time as or within one year of an HIV diagnosis, also considered concurrent HIV-AIDS diagnosis.
- Late diagnoses reflect missed opportunities to prevent progression of disease and to prevent transmission. In most cases, individuals who are diagnosed late have been living with untreated HIV for several years. They have often already experienced significant immunologic damage and are at higher risk for complications of HIV including death.
- Late diagnoses as a proportion of total new HIV diagnoses have declined over the past five years for Metro Denver. Men, non-Hispanic Black individuals, and Denver residents have the highest rates of late diagnoses. See Appendix A for additional details about groups disproportionately affected by late diagnosis.

The Fast Track Cities Initiative: 90-90-90 by 2020

By signing on as a “[Fast Track City](#),” Denver committed to reaching two important sets of goals that if met will signify the end of the HIV epidemic in our region. By 2020, our goal is for 90% of people living with HIV to be diagnosed and know their status, 90% of those who are diagnosed to be engaged in care as measured by an HIV care visit in the past 12 months, 90% of those in care to have suppressed viral loads, and stigma to be eliminated. By 2030, we aim to increase each of those percentages to 95%, which would mean that 86% of people living with HIV are virally suppressed, new transmissions are rare, people living with HIV very rarely, if ever, develop AIDS, and no one dies of complications directly related to HIV.

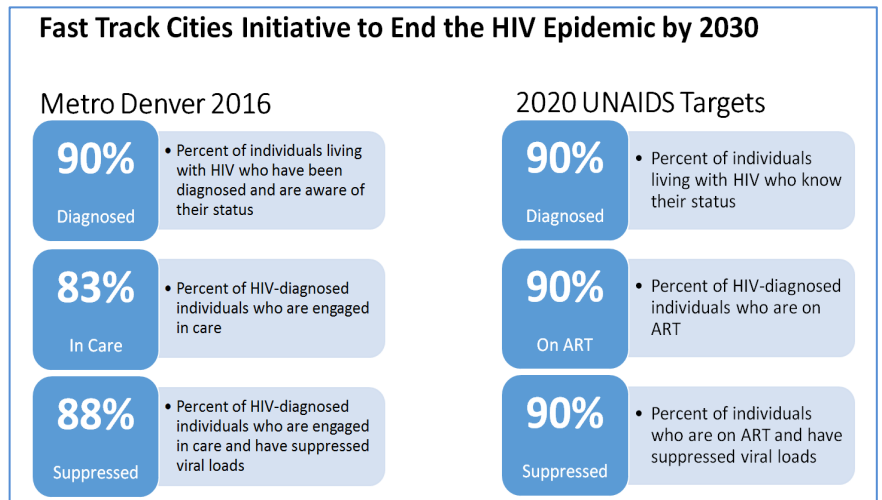


Figure 7. Metro Denver progress toward Fast Track Cities Initiative 90-90-90 targets. Sources: DPH HIV BI Tool and MMWR Morb Mortal Wkly Rep 2015;64:657-62.

HIV Care Continuum vs. 90-90-90

The HIV Care Continuum

The HIV care continuum starts with the number of people living with HIV (including those who are undiagnosed) and uses that as the denominator for all subsequent percentages, rather than using different denominators to describe each stage in the care continuum, as in the 90-90-90 initiative above. The stages in the HIV care continuum are the same, but the percentages here are of all people living with HIV in Metro Denver. When we attain the “95-95-95” goals, the percentage of individuals living with HIV in Denver who have suppressed viral loads will be 86%.

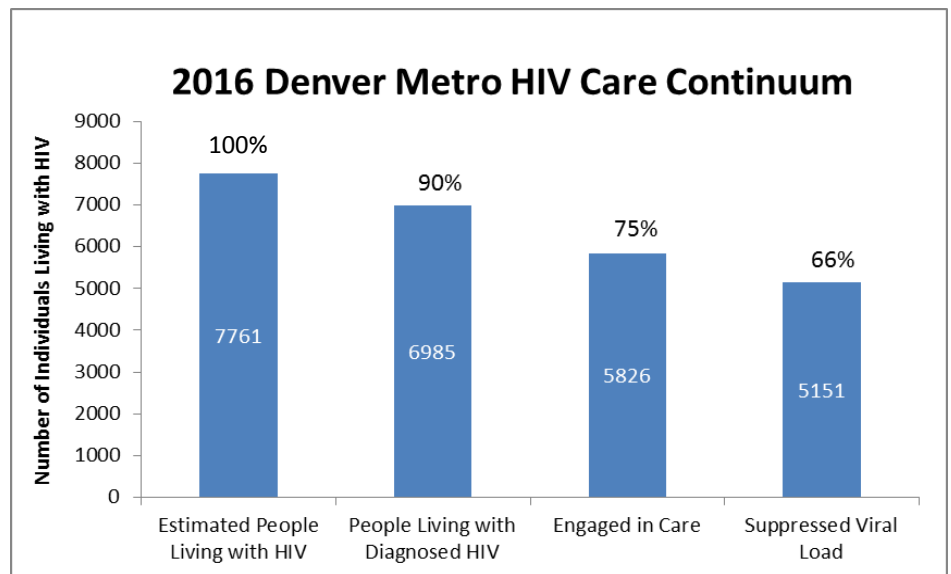


Figure 8. Denver Metro HIV Care Continuum. Source: DPH HIV BI Tool

Disparities in the HIV Continuum

Ending the HIV epidemic will not be possible if disparities in care persist. Here we present data about disparities in HIV diagnosis rates, engagement in care, and viral suppression. Data regarding percentages of individuals living with undiagnosed HIV by subgroup are not available, so to calculate care continua we considered 90% of each group presented to be HIV-diagnosed. Estimates of percentages of undiagnosed individuals by specific demographic group would enable more precise estimates of care continua.

Diagnosis Rates

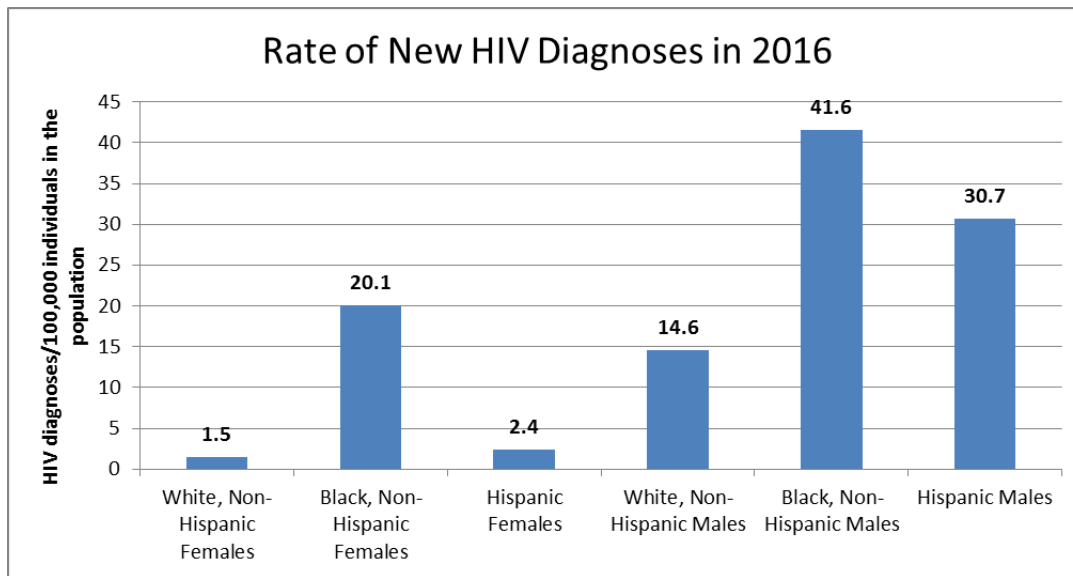


Figure 9. Rate of New HIV Diagnoses in 2016 in Metro Denver. Sources: DPH HIV BI Tool and the Colorado State Demography Office.

Engagement in Care and Viral Suppression

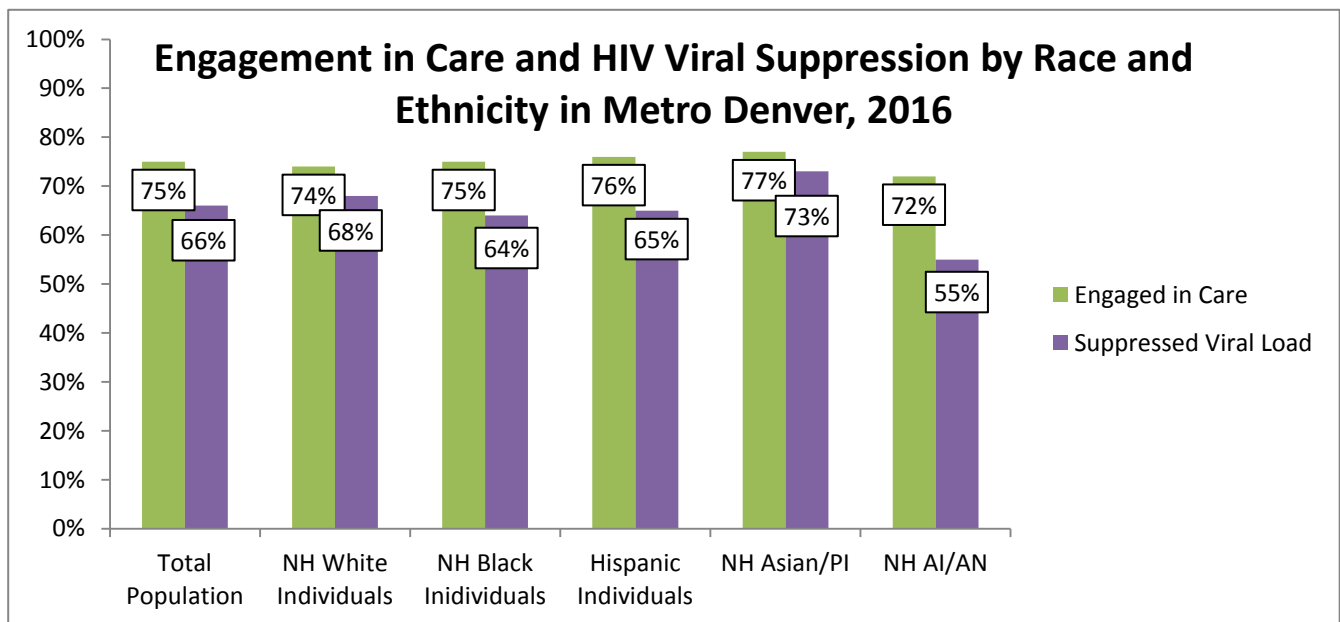


Figure 10. Engagement in Care and Viral Suppression by Race and Ethnicity, 2016. Source: DPH HIV BI Tool

Stigma

Despite the advancements made in the detection and treatment of HIV, stigma associated with HIV persists. Ending HIV stigma is essential to ending the epidemic. As part of the [National HIV Behavioral Surveillance](#) (NHBS) system, DPH has compiled behavioral surveillance data since 2004 for three populations most at risk for HIV infection: gay, bisexual, and other men who have sex with men (collectively referred to as MSM); persons who inject drugs (referred to as the IDU cycle); and, heterosexuals at increased risk for HIV (HET). Stigma is difficult to quantitate, but NHBS data offer a glimpse to stigma around HIV in the Denver Metro. NHBS data are collected in yearly cycles with each year focused on a specific population group. The data presented include surveillance data from the most recent past three NHBS cycles (MSM in 2017, HET in 2016, and IDU in 2015). See appendix for complete data.

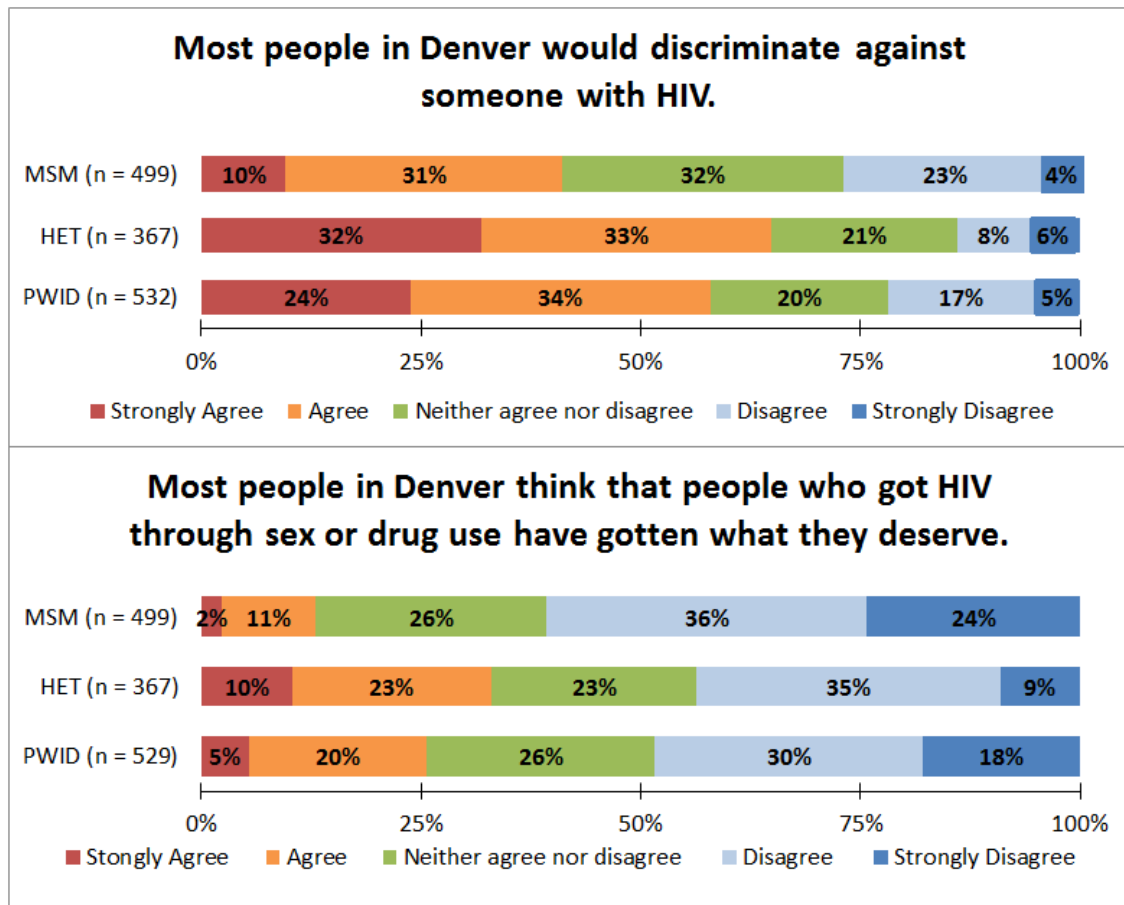


Figure 11. HIV-related Stigma in Metro Denver. Source: Denver National HIV Behavioral Surveillance Survey

More than 40% of respondents across all three populations agreed that most people in Denver would discriminate against someone living with HIV. 25% of people who inject drugs and 33% of heterosexuals at risk for HIV agreed that most people in Denver think that people who got HIV have gotten what they deserve. It is clear that there is much more work to be done to end HIV-related stigma in our community.

Ending the Epidemic 5280: Strategic Plan

Ending the HIV epidemic in Metro Denver will take cooperation, data-driven interventions, and regular review of critical benchmarks. Our aim is to reach the goals of the Fast Track Cities Initiative to end the epidemic. We hope to reach “90-90-90” by 2020, and “95-95-95” by 2030 – 95% of people living with HIV know their status; 95% of people living with HIV who know their status are in care; 95% of those in care have suppressed viral loads; HIV-related stigma is eliminated. We will do this through collaborative strategic planning and regular reporting of the metrics included in this report.

The 5280 framework below describes the basic tenants of the plan to end the epidemic in Metro Denver. We look forward to working as a community to flesh out and implement this plan.



Five Counties	Adams, Arapahoe, Denver, Douglas, Jefferson
Two Goals	Care and Prevention
Eight Indicators	<ol style="list-style-type: none"> 1. HIV Testing 2. Linkage to Care 3. Engagement in Care 4. Viral Suppression 5. Ending Disparities 6. PrEP Uptake 7. PEP Availability 8. Ending Stigma
Zero Stigma	

Acknowledgements

Sarah E Rowan, MD
 Yomi Obafemi, MD
 Kevin Kamis, MPH
 Karen Wendel, MD
 Helen Burnside, MS
 Dean McEwen
 Robert Beum
 Steven Johnson, MD
 Benjamin Young, MD, PhD
 Ryan Oyer, MD
 Carolyn T Lease
 Anthony E Stamper
 Marlene Valadez
 Peter Ralin
 Rachel Piette
 Jamie Villalobos

Edward M Gardner, MD
 Elaine Daniloff
 Nikki Heider
 Joshua Blum, MD
 Dan Scales, PharmD
 Kelly Conroy
 Hannah Bernath, MPH
 Jenniffer Braddock
 Tracy Scott
 Jesse Chavez-Van de Hey
 Jalene Salazar
 Philip Doyle
 Anita Watkins
 Robert Riester
 Shruthi Bajaj
 Imani S Latif

Alia Al-Tayyib, PhD
 Laura Weinberg, MNM
 William J Burman, MD
 Kari (Hartel) Perry
 Karen Sabey
 Masayo Nishiyama
 John M Douglas, Jr., MD
 Daniel Shodell, MD, MPH
 Kat Humphries
 Jamie Villalobos
 Jean Finn



Appendix: County level data

- A. Diagnosis
 - 1. Table 1. Characteristics of newly diagnosed: HIV-only vs. concurrent AIDS
- B. Engagement in Care
 - 1. Table 2. Care continua by subgroups
- C. Disparities
 - 1. 90-90-90 by subgroups
- D. County-level Data
 - 1. Denver
 - a) Characteristics of newly HIV-diagnosed in 2016
 - b) 2016 HIV Care Continuum
 - c) 2016 Progress toward 90-90-90 Goals
 - 2. Douglas
 - a) Characteristics of newly HIV-diagnosed in 2016
 - b) 2016 HIV Care Continuum
 - c) 2016 Progress toward 90-90-90 Goals
 - 3. Adams
 - a) Characteristics of newly HIV-diagnosed in 2016
 - b) 2016 HIV Care Continuum
 - c) 2016 Progress toward 90-90-90 Goals
 - 4. Arapahoe
 - a) Characteristics of newly HIV-diagnosed in 2016
 - b) 2016 HIV Care Continuum
 - c) 2016 Progress toward 90-90-90 Goals
 - 5. Jefferson
 - a) Characteristics of newly HIV-diagnosed in 2016
 - b) 2016 HIV Care Continuum
 - c) 2016 Progress toward 90-90-90 Goals
- E. HIV Diagnoses Maps
 - 1. Denver
 - 2. Adams, Arapahoe, Douglas, Jefferson
- F. Stigma Data

Appendix A. HIV Diagnoses

Table 1 shows HIV diagnoses in Metro Denver in 2016, stratified by HIV-only vs. concurrent HIV-AIDS diagnoses and demographic variables. Concurrent diagnoses refer to cases in which the CD4 count at the time of HIV diagnosis was <200 cells/ul, also called Late Diagnosis.

Table 1. New HIV diagnoses in 2016 in Metro Denver stratified by HIV-only vs Concurrent HIV-AIDS at the time of diagnosis.

	HIV-only			Concurrent HIV-AIDS		
	n	row percent	rate per 100, 000*	n	row percent	rate per 100, 000*
Total number of cases	245	80%	9	62	20%	2
Gender						
Male	213	81%	16	55	21%	4
Female	32	82%	2	<10	18%	1
Transgender Female	<10	100%	N/A	<10	0%	N/A
Race/Ethnicity						
NH, White	109	80%	6	27	20%	2
Hispanic, all races	90	81%	13	21	19%	3
NH, Black	36	81%	22	12	19%	7
NH, Asian/PI	<10	71%	4	<10	29%	2
NH, AI/AN	<10	100%	13	<10	0%	0
Age						
0-19	<10	88%	1	<10	12%	0
20-34	143	88%	25	19	12%	3
35-54	76	70%	10	32	30%	4
≥55	19	66%	3	10	34%	2
County						
Denver	125	84%	18	24	16%	4
Douglas	<10	70%	3	<10	30%	1
Adams	35	80%	7	<10	20%	2
Arapahoe	48	76%	8	15	24%	2
Jefferson	30	73%	5	11	27%	2
Risk Factor						
MSM	156	83%	N/A	32	17%	N/A
MSM-PWID	23	88%	N/A	<10	12%	N/A
PWID	15	94%	N/A	<10	6%	N/A
Het	11	85%	N/A	<10	15%	N/A
Other/Unknown	40	63%	N/A	24	37%	N/A

Sources: DPH HIV BI Tool and Colorado State Demography Office

The overall proportion of concurrent HIV-AIDS diagnoses was 20% of all new HIV diagnoses. The following groups had the highest rates of concurrent HIV-AIDS diagnoses: men, Black and Hispanic (all races) individuals, individuals aged 35-54, and individuals living in Denver County at the time of HIV diagnosis. The following groups had the highest percentages of late diagnoses: men, individuals aged 35 and older, individuals living in Douglas, Arapahoe and Jefferson Counties, and individuals with other/unknown HIV risks.

Appendix B. Engagement in Care

Engagement in HIV care is commonly described as a continuum from HIV diagnosis to viral suppression. Table 2 below shows the care continuum for Metro Denver in 2016. To determine the number of individuals living with diagnosed HIV in Metro Denver, we looked for evidence of an HIV diagnosis or lab in the past 4 years among individuals living with HIV in the five-county metro area. CDC-derived estimates of the percentage of individuals living with undiagnosed HIV (10% in Colorado) were used to estimate the total number of individuals living with HIV in Metro Denver. “In care” is defined as an HIV care visit in the past 12 months, with laboratory results of viral load testing serving as a proxy for a care visit. Individuals are considered to have suppressed viral loads if their most recent HIV RNA level was <200 copies/ml in 2016.

	Estimated People Living with HIV*	People Living with Diagnosed HIV		In Care			Virally Suppressed			
	n	n	% of PLWH	n	% of PLWH	% of PLWDH	n	% of PLWH	% of PLWDH	% of PLWDH and in Care
Total	7761	6985	90%	5826	75%	83%	5151	66%	74%	88%
Gender*										
<i>Male</i>	6702	6032	90%	4986	74%	83%	4415	66%	73%	89%
<i>Female</i>	999	899	90%	790	79%	88%	694	69%	77%	88%
<i>Transgender Female</i>	59	53	90%	49	83%	92%	42	71%	79%	86%
Race/Ethnicity										
<i>NH, White</i>	4449	4004	90%	3314	74%	83%	3013	68%	75%	91%
<i>Hispanic, all races</i>	1699	1529	90%	1294	76%	85%	1104	65%	72%	85%
<i>NH, Black</i>	1422	1280	90%	1073	75%	84%	905	64%	71%	84%
<i>NH, Asian/PI</i>	127	114	90%	97	77%	85%	92	73%	81%	95%
<i>NH, AI/AN</i>	51	46	90%	37	72%	80%	28	55%	61%	76%
Risk Category										
<i>MSM</i>	5114	4603	90%	3814	75%	83%	3441	67%	75%	90%
<i>PWID</i>	378	340	90%	287	76%	84%	237	63%	70%	83%
<i>MSM/PWID</i>	768	691	90%	577	75%	84%	474	62%	69%	82%
<i>Heterosexual Contact</i>	808	727	90%	626	77%	86%	565	70%	78%	90%
<i>No Identified Risk</i>	693	624	90%	522	75%	84%	434	63%	70%	83%
County										
<i>Denver</i>	4284	3856	90%	3172	74%	82%	2786	65%	72%	88%
<i>Douglas</i>	229	206	90%	166	73%	81%	157	69%	76%	95%
<i>Adams</i>	993	894	90%	762	77%	85%	656	66%	73%	86%
<i>Arapahoe</i>	1446	1301	90%	1088	75%	84%	980	68%	75%	90%
<i>Jefferson</i>	809	728	90%	638	79%	88%	572	71%	79%	90%
Age										
<i>0-19 years</i>	44	40	90%	35	80%	88%	34	77%	85%	97%
<i>20-34 years</i>	1326	1193	90%	951	72%	80%	764	58%	64%	80%
<i>35-54 years</i>	4162	3746	90%	3101	75%	83%	2740	66%	73%	88%
<i>≥ 55 years</i>	2229	2006	90%	1711	77%	85%	1608	72%	80%	94%
<i>FTCI Goal</i>			90%		81%	90%		73%		90%

PLWH=people living with HIV; PLWDH=people living with diagnosed HIV, *percent undiagnosed assumed to be 90% across all groups

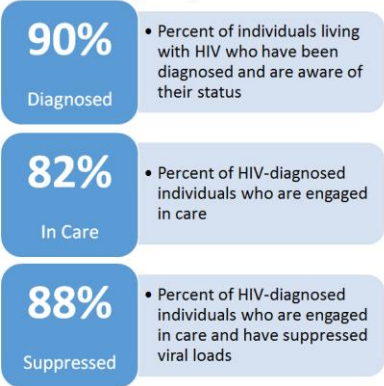
Appendix C. Disparities in the 90-90-90 targets, Metro Denver, 2016

Fast Track Cities Initiatives Goal		90% Diagnosed	90% In Care	90% Suppressed
Gender	Female	90%	88%	88%
	Male	90%	83%	89%
	Transgender Female	90%	92%	86%
Race/Ethnicity	NH, White	90%	83%	91%
	Hispanic, all races	90%	85%	85%
	NH, Black	90%	84%	84%
	NH, Asian/PI	90%	85%	95%
	NH, AI/AN	90%	80%	76%
Risk Category	MSM	90%	83%	90%
	PWID	90%	84%	83%
	MSM/PWID	90%	84%	82%
	Heterosexual Contact	90%	86%	90%
	No Identified Risk	90%	84%	83%
Age	0-19 years	90%	88%	97%
	20-34 years	90%	80%	80%
	35-54 years	90%	83%	88%
	≥ 55 years	90%	85%	94%
Note: Percent diagnosed assumed to be 90% across all groups				
Source: DPH HIV BI Tool				

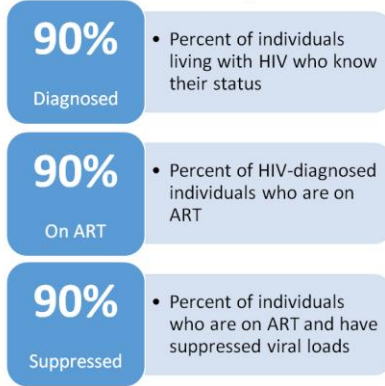
Appendix D1. Denver County

Fast Track Cities Initiative to End the HIV Epidemic by 2030

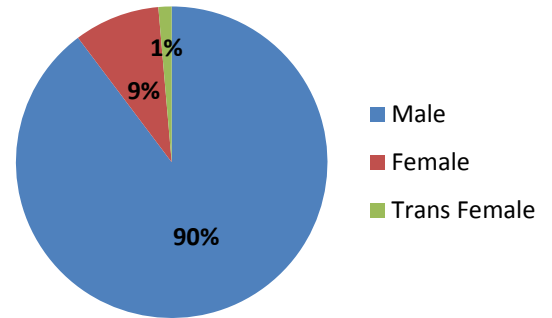
2016 Progress, Denver County



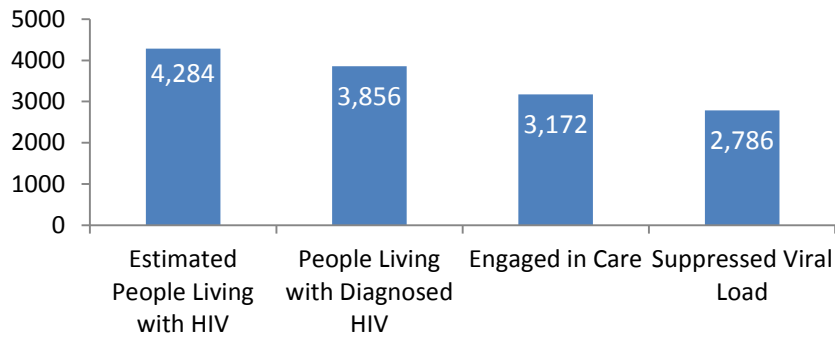
2020 UNAIDS Targets



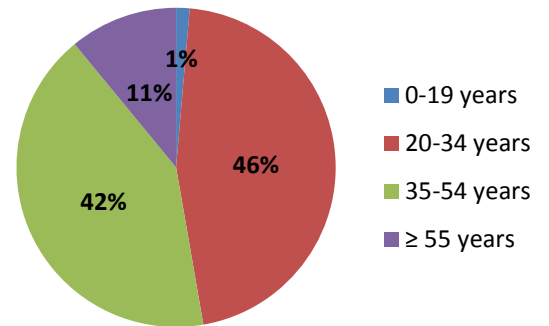
HIV Diagnoses by Gender Denver County 2016



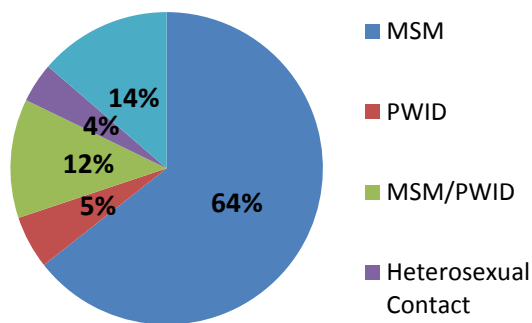
Denver County HIV Care Continuum 2016



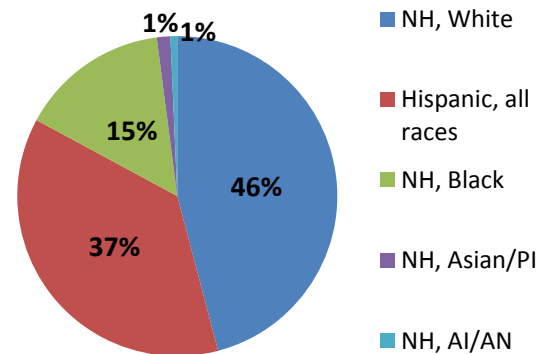
HIV Diagnoses by Age Denver County 2016



HIV Diagnoses by Risk Category Denver County 2016



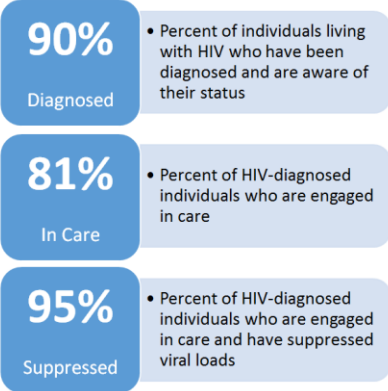
HIV Diagnoses by Race/Ethnicity, Denver County, 2016



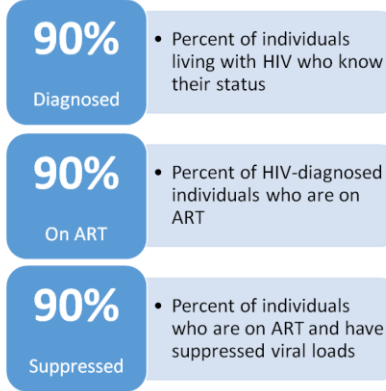
Appendix D2. Douglas County

Fast Track Cities Initiative to End the HIV Epidemic by 2030

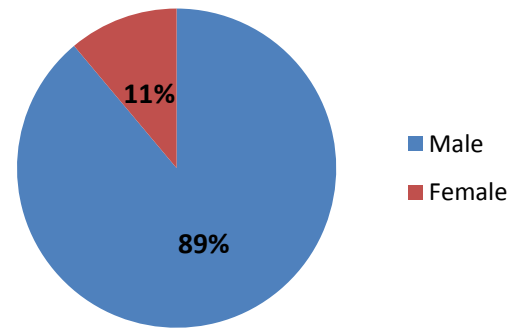
2016 Progress, Douglas County



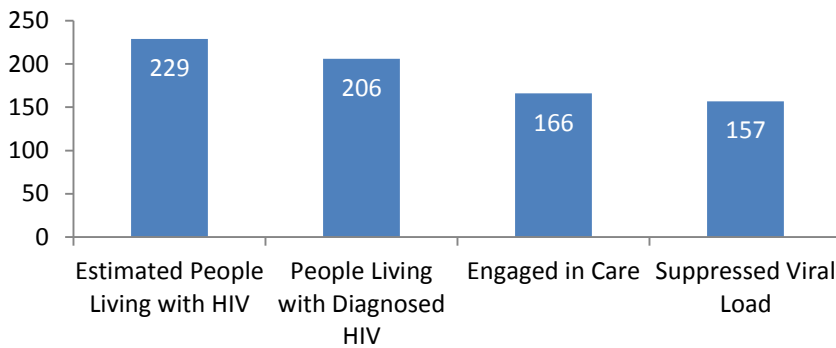
2020 UNAIDS Targets



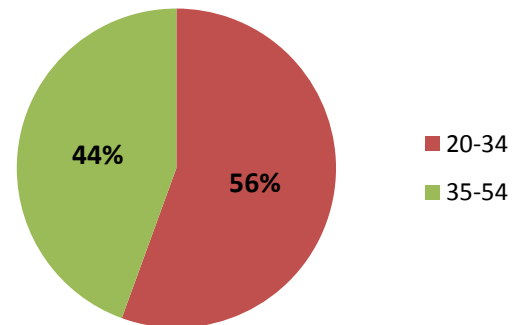
HIV Diagnoses by Gender Douglas County 2016



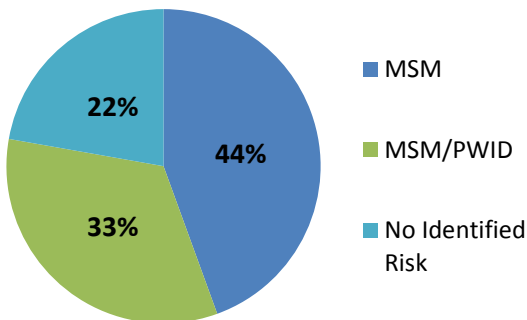
Douglas County HIV Care Continuum 2016



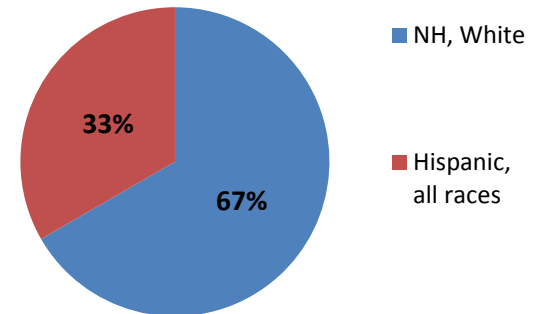
HIV Diagnoses by Age Douglas County 2016



HIV Diagnoses by Risk Category Douglas County 2016



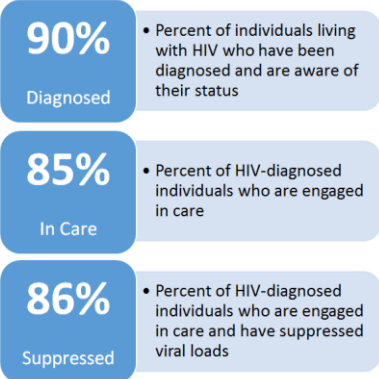
HIV Diagnoses by Race/Ethnicity Douglas County 2016



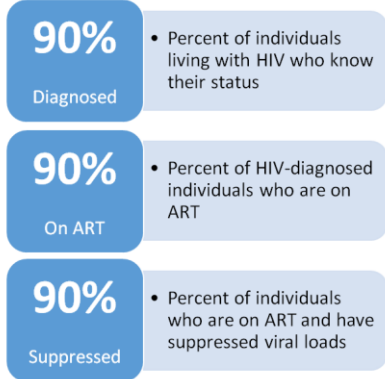
Appendix D3. Adams County

Fast Track Cities Initiative to End the HIV Epidemic by 2030

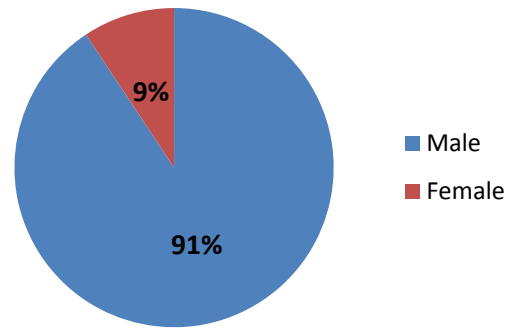
2016 Progress, Adams County



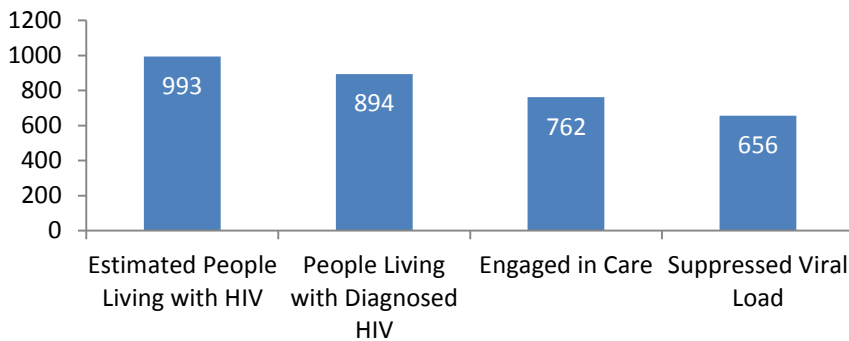
2020 UNAIDS Targets



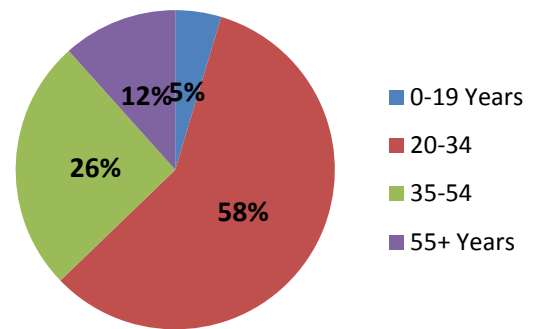
HIV Diagnoses by Gender Adams County 2016



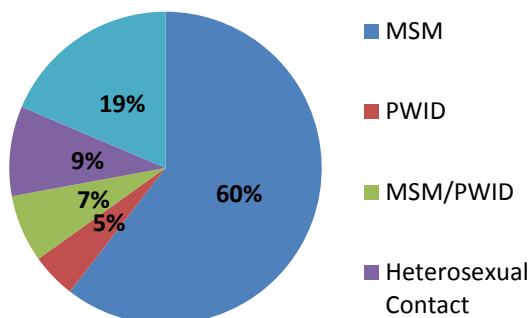
Adams County HIV Care Continuum 2016



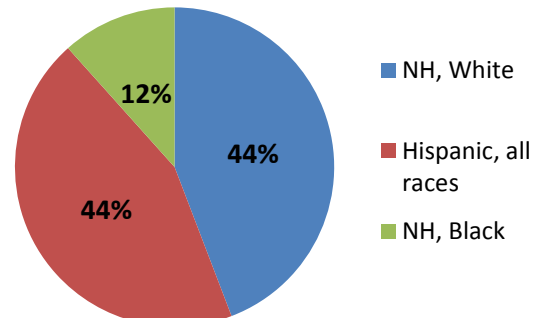
HIV Diagnoses by Age Adams County 2016



HIV Diagnoses by Risk Category Adams County 2016



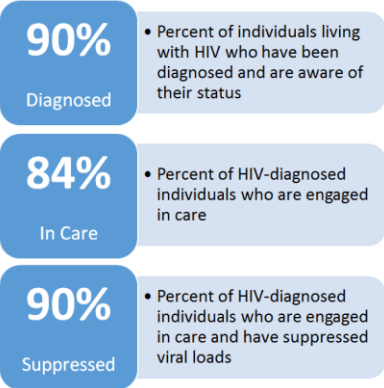
HIV Diagnoses by Race/Ethnicity, Adams County 2016



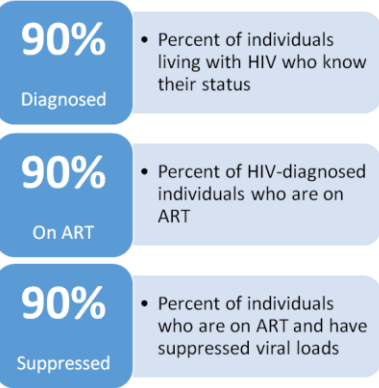
Appendix D4. Arapahoe County

Fast Track Cities Initiative to End the HIV Epidemic by 2030

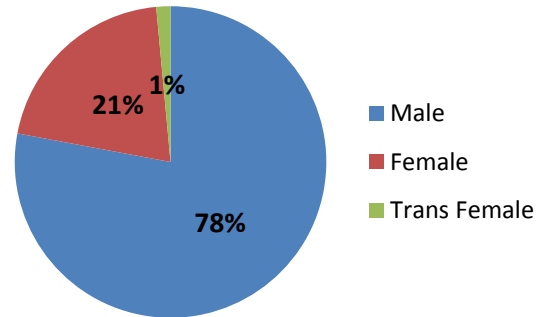
2016 Progress, Arapahoe County



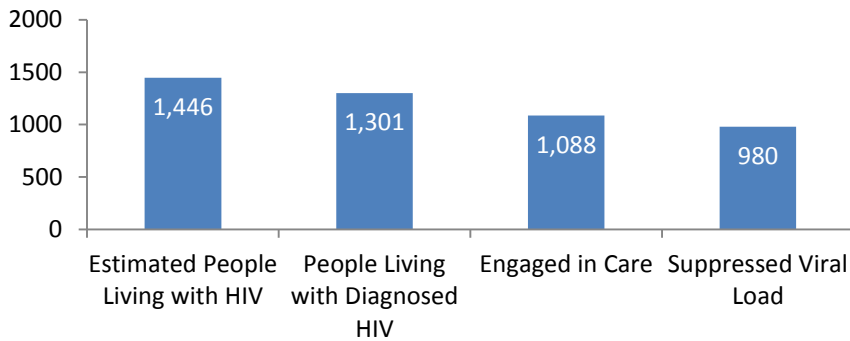
2020 UNAIDS Targets



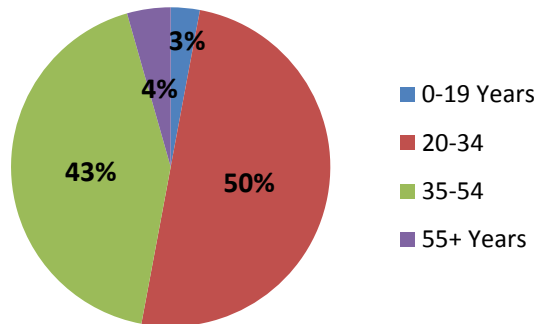
HIV Diagnoses by Gender Arapahoe County 2016



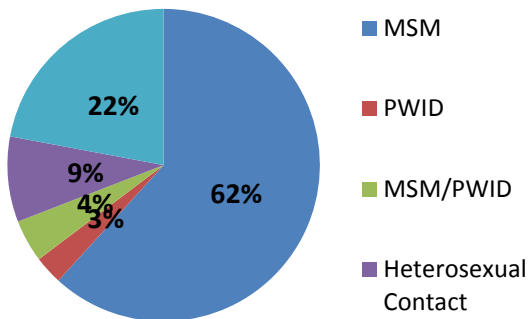
Arapahoe County HIV Care Continuum 2016



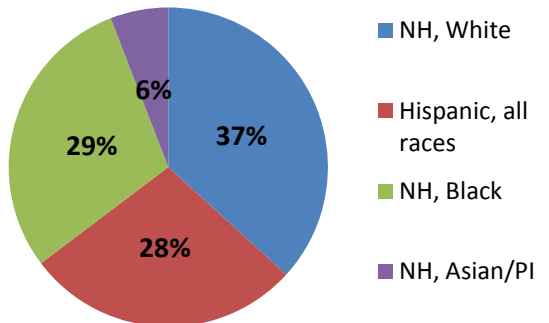
HIV Diagnoses by Age Arapahoe County 2016



HIV Diagnoses by Risk Category Arapahoe County 2016



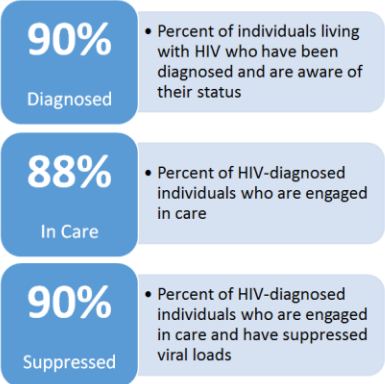
HIV Diagnoses by Race/Ethnicity, Arapahoe County 2016



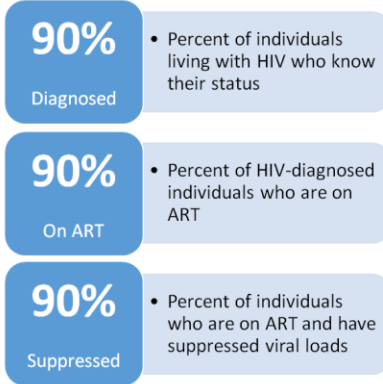
Appendix D5. Jefferson County

Fast Track Cities Initiative to End the HIV Epidemic by 2030

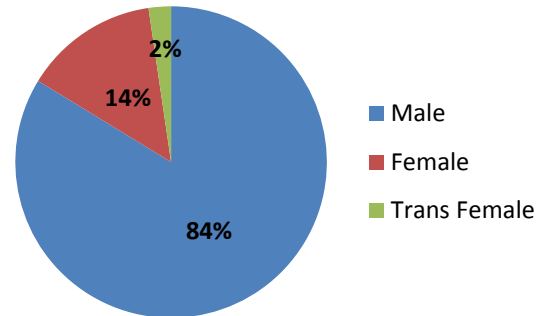
2016 Progress, Jefferson County



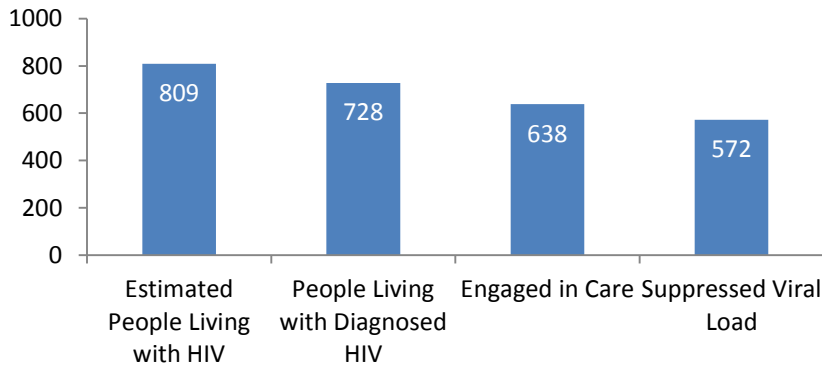
2020 UNAIDS Targets



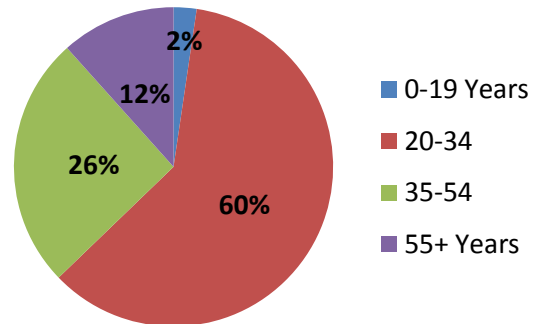
HIV Diagnoses by Gender Jefferson County 2016



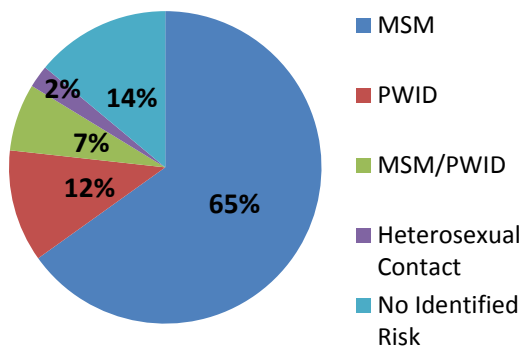
Jefferson County HIV Care Continuum 2016



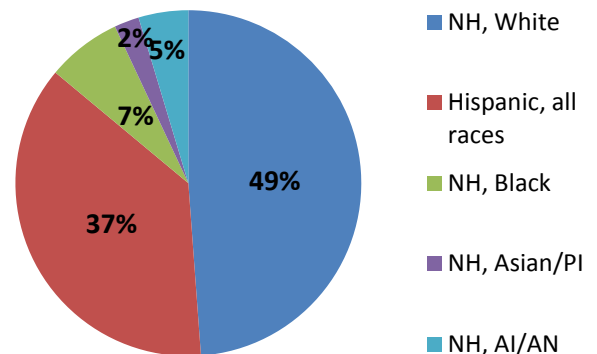
HIV Diagnoses by Age Jefferson County 2016



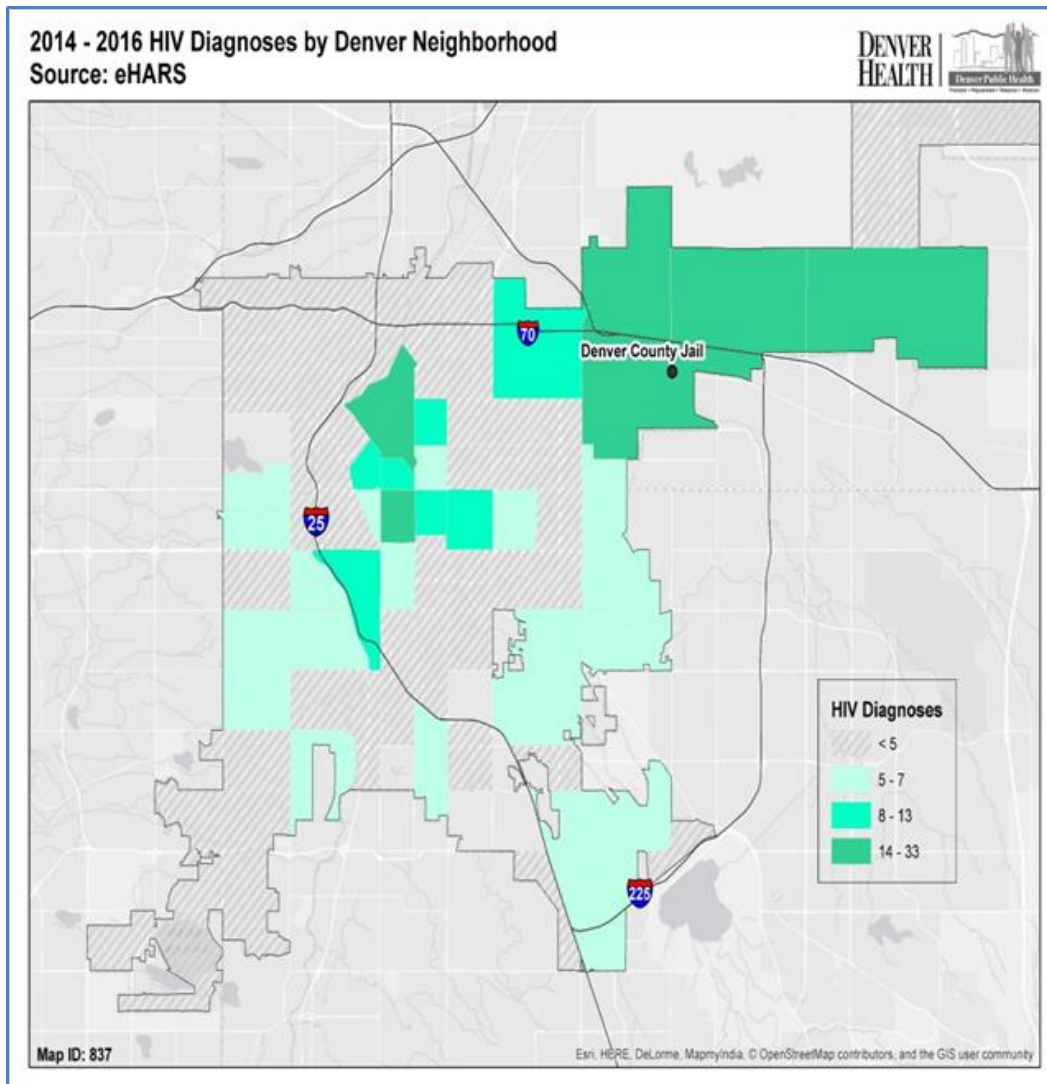
HIV Diagnoses by Risk Category Jefferson County 2016



HIV Diagnoses by Race/Ethnicity, Jefferson County 2016

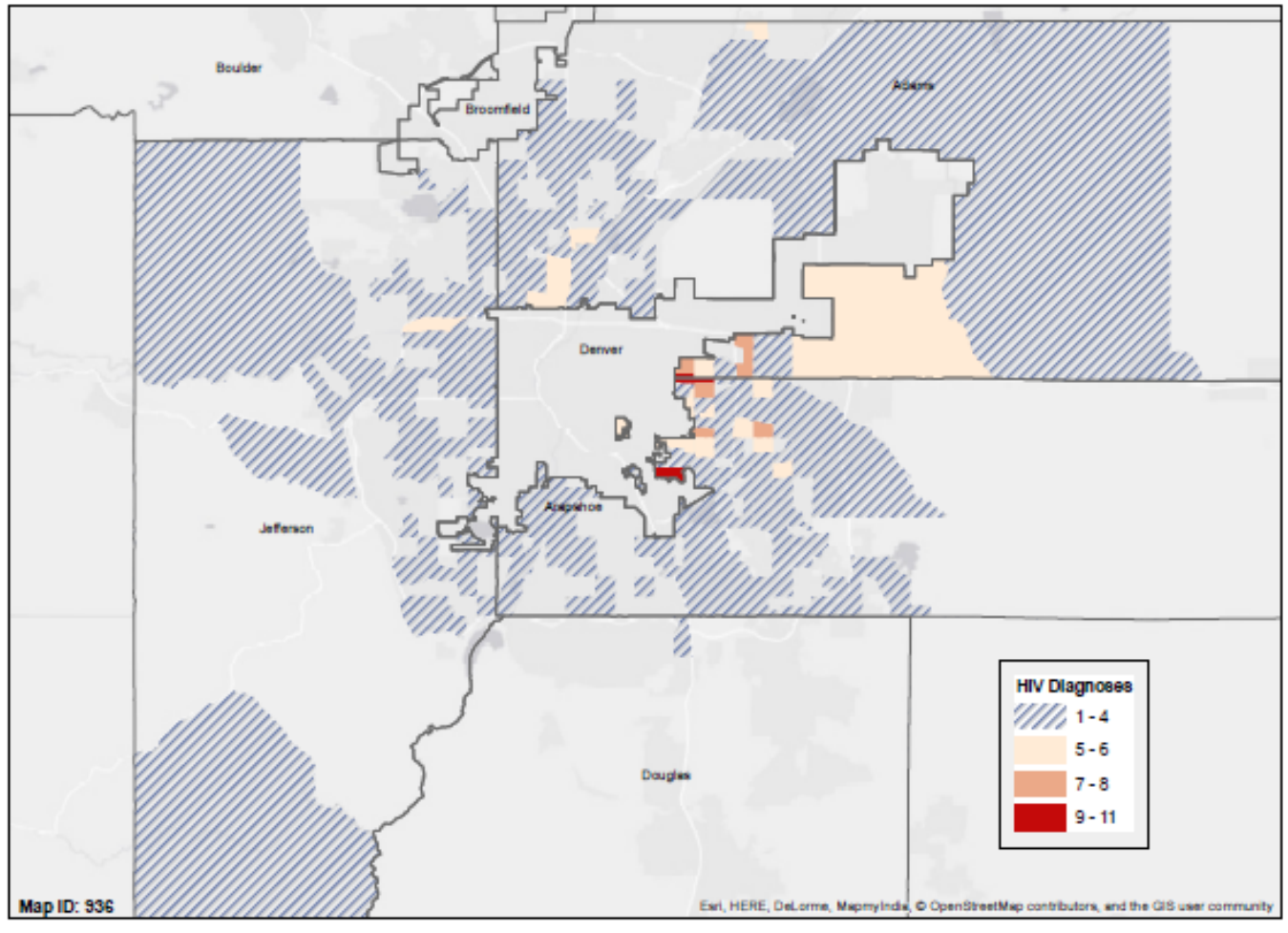


Appendix E. HIV diagnoses maps



This map indicates the geographic areas of residence by neighborhood for individuals diagnosed with HIV in Denver County from 2014-2016.

2007 - 2016 HIV Diagnoses by Census Tract
Source: eHARS



This map indicates the geographic areas of residence by census tract for individuals diagnosed with HIV in Adams, Arapahoe, Douglas, and Jefferson Counties from 2007-2016.

Appendix F. Stigma Data

National HIV Behavioral Surveillance (NHBS) ³ Data: Metro Denver Area							
	Men who have sex with Men, 2017 ^a (MSM)			Heterosexuals at high risk for HIV, 2016 ^b (HET)	People who Inject Drugs, 2015 ^c (IDU)		
	HIV - n (%)	HIV + n (%)	Total n (%)	Total* n (%)	HIV - n (%)	HIV + n (%)	Total n (%)
Total (row %)	437 (88%)	62 (12%)	499 (100%)	367 (100%)	507 (95%)	25 (5%)	532
Most people in Denver would discriminate against someone with HIV.							
<i>Strongly Agree</i>	42 (10%)	6 (10%)	48 (10%)	117 (32%)	121 (24%)	6 (24%)	127 (24%)
<i>Agree</i>	140 (32%)	17 (27%)	157 (31%)	121 (33%)	174 (34%)	7 (28%)	181 (34%)
<i>Neither agree nor disagree</i>	135 (31%)	25 (40%)	160 (32%)	78 (21%)	103 (20%)	5 (20%)	108 (20%)
<i>Disagree</i>	101 (23%)	13 (21%)	114 (23%)	30 (8%)	81 (16%)	7 (28%)	88 (17%)
<i>Strongly disagree</i>	19 (4%)	1 (2%)	20 (4%)	21 (6%)	28 (6%)	0 (0%)	28 (5%)
Most people in Denver think that people who got HIV through sex or drug use have gotten what they deserve.							
<i>Strongly Agree</i>	10 (2%)	2 (3%)	12 (2%)	38 (10%)	25 (5%)	4 (17%)	29 (5%)
<i>Agree</i>	40 (9%)	13 (21%)	53 (11%)	83 (23%)	101 (20%)	6 (25%)	107 (20%)
<i>Neither agree nor disagree</i>	108 (25%)	23 (37%)	131 (26%)	86 (23%)	133 (26%)	4 (17%)	137 (26%)
<i>Disagree</i>	166 (38%)	16 (26%)	182 (36%)	127 (35%)	154 (30%)	7 (29%)	161 (30%)
<i>Strongly disagree</i>	113 (26%)	8 (13%)	121 (24%)	33 (9%)	92 (18%)	3 (13%)	95 (18%)
<i>Yes</i>	14 (3%)	32 (52%)	46 (9%)				

Notes: HIV status is self-reported by respondents. Categories may not sum to total due to missing data. Percentages are column percentages unless noted. To be eligible to complete the survey, participants must present a valid coupon (for IDU and HET cycles), must not have previously completed the current cycle of NHBS, must live in the Denver metropolitan area (Adams, Arapahoe, Broomfield, Clear Creek, Douglas, Denver, Elbert, Gilpin, Jefferson, and Park Counties), must be able to complete the interview in English or Spanish, and must meet the cycle-specific eligibility criteria as defined below:

^a**MSM Eligibility to Complete the Survey:** Was 18 years of age or older, had ever had oral or anal sex with another man, and was born male and self-identified as male. To be counted toward the sample size, participants had to report having oral or anal sex with another man in the past 12 months. Data presented includes the NHBS cycle MSM5 (2017).

^b**IDU Eligibility to Complete the Survey:** Was 18 years of age or older, had injected drugs in the past 12 months, and identified as cis-gendered. Data presented includes the NHBS cycle IDU4 (2015).

^c**HET Eligibility to Complete the Survey:** Between 18 and 60 years of age, had vaginal or anal sex with a person of the opposite-sex in the past 12 months, and identified as cis-gendered. To be counted toward the sample size, participants could not have injected drugs in the past 12 months and their income did not exceed HHS poverty guidelines or their educational attainment was not greater than high school. Data presented includes the NHBS cycle HET4 (2016).

*All individuals in the HET4 cycle were self-reported to be HIV negative at the time of the interview.

³ <http://denverpublichealth.org/home/health-information-and-reports/reports-and-publications/national-hiv-behavioral-surveillance>