**RESULTS**

- Data from 336 young black men in HIV care during 2009–2014 were included in this analysis.
  - 62% (55% CI, 76.8–71.5%) of them had homosexual or bisexual identity.
  - 72% (55% CI, 66.4–78.1%) were men who had sex with men in the past 12 months.
  - 44% (55% CI, 47.2–74.0%) were at or below federal poverty guidelines.
  - 12% (3% CI, 7.5–18.4%) were homeless during the past 12 months.
  - 55% (47.8–67.6%) received Ryan White assistance to pay for HIV care or ART medications.
  - 45% (55% CI, 38.5–54.5%) used illicit drugs.
  - 20% (55% CI, 15.8–25.1%) had current depression.
  - ART prescription increased from 51% in 2009–2010 to 88% in 2013–2014 (p<0.05), but there was no significant change in ART adherence over time (Figure 1).
  - During 2009–2014, 40% of young black men in HIV care were currently vividly suppressed and 38% had durable viral suppression, with no change over time in either measure.
  - Some young, black men had poor clinical outcomes: those that were currently homeless, currently depressed, lived below the poverty level, were current smokers, or used drugs (Table 1).

**OBJECTIVES**

- To assess the association of clinical outcomes among young black men with demographic, behavioral, and facility characteristics.

**METHODS**

- Used data from the Medical Monitoring Project (MMP), an HIV surveillance system designed to produce annual, cross-sectional estimates describing behavioral and clinical characteristics of adults aged 18 years with diagnosed HIV in the United States and Puerto Rico.
- During 2009–2014, MMP had a three stage sampling strategy: states or territories, facilities, then patients.
- Interviewers administered standardized face-to-face or telephone interviews, medical record abstractions, and facility characteristics data were collected from participating HIV care facilities.
- To assess changes in clinical outcomes over time, three time periods were created by combining two years of data for each period 2009–2010, 2011–2012, and 2013–2014.
- Used least squares regression to estimate trends (95% confidence intervals and associated P-values) for antiretroviral therapy (ART) prescription, ART adherence, and recent and durable viral suppression from 2009 to 2014.
- Used Rao-Scott chi-square tests to assess the association of clinical outcomes with demographic, behavioral, and facility characteristics with pooled 2009–2014 data.
- Data were weighted on the basis of known probabilities of selection at state or territory, facility, and patient levels and adjusted for patient and facility nonresponse.

**RESULTS**

- ART prescription increased by 27% during 2009–2014, but there were no accompanying significant increases in ART adherence, or current or durable viral suppression among young black men.
- Young black men who were homeless, lived in poverty, used illicit drugs, and reported depression particularly had poor HIV clinical outcomes.

**LIMITATIONS**

- Study population included only persons in HIV medical care and thus does not represent all HIV-positive young black men.
- Self-reported information such as ART adherence may be subject to recall and social desirability bias.

**CONCLUSION**

- To improve the health of young black men living with HIV and to reduce onward transmission of HIV, multi-faceted interventions are needed to increase ART adherence and address the social determinants of health that influence poor HIV clinical outcomes.
- Increased awareness of, and access to, supportive services such as those provided by the Ryan White HIV/AIDS Program may help to address clinical and non-clinical needs in this population.

**ACKNOWLEDGMENTS**

We thank the MMP participants, the facilities, the field staff, the MMP Community and Provider Advisory Boards, and the Clinical Outcomes Team at CDC.

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**DISCUSSION**

- ART prescription increased by 27% during 2009–2014, but there were no accompanying significant increases in ART adherence, or current or durable viral suppression among young black men.
- Young black men who were homeless, lived in poverty, used illicit drugs, and reported depression particularly had poor HIV clinical outcomes.