

# Colorado HIV/AIDS Strategy

Denver HIV Resources (DDPHE) in collaboration with the  
Office of STI/HIV/Viral Hepatitis (CDPHE)

**Protect, improve and promote the health and environment of Denver**

Ryan White Parts	Administrator	Response Area
Part A Minority AIDS Initiative (MAI)	DDPHE	Denver Metropolitan Area: <ul style="list-style-type: none"> <li>- Denver</li> <li>- Adams</li> <li>- Arapahoe</li> <li>- Broomfield</li> <li>- Douglas</li> <li>- Jefferson</li> </ul>
Part B	CDPHE	State of Colorado
Part C	Denver Health, Beacon Clinic, Pueblo Community Health, St. Mary's Hospital	Community Health Clinics
Part D	Children's Hospital	Women, Infants, Children, Youth
Part F	University Hospital	AIDS Education Training Centers and Oral Health

# Denver Part A Landscape

- **\$7.4 million each FY**
- **~5,000 individuals served each year**
- **12 Service Providers**
  - **Clinics and Community Based Organizations**
- **10 Funded Services**

# Ryan White Part A





## Denver Metro HIV Resources Planning Council



- Federally mandated decision-making body that plays a federally mandated role to guide HIV care
- Includes specialty care providers, public health leaders and representatives from other federal programs, including other parts of Ryan White
- Directly involves People Living with HIV in the planning process, composing at least 33% of council membership



# DENVER METRO HIV RESOURCES PLANNING COUNCIL

-  Prioritizes the services that are important to people living with HIV.
-  Allocates funding percentages to Ryan White Part A service categories
-  Centers people with lived experience as decision-makers, actively shaping the structure and direction of the HIV care system in Denver
-  Takes part in the development of the integrated Plan/Needs Assessment and considers the endorsement and concurrence of the Colorado HIV Strategy.



# Ryan White Funded Services

- Outpatient Ambulatory Health Services
- Oral Health Care
- Case Management (MAI)
- Early Intervention Services (MAI)
- Psychosocial Support Services (MAI)
- Behavioral Health (Mental Health/Substance Use) (MAI)
- Housing Assistance
- Emergency Financial Assistance
- Transportation Services
- Food Bank/Home Delivered Meals

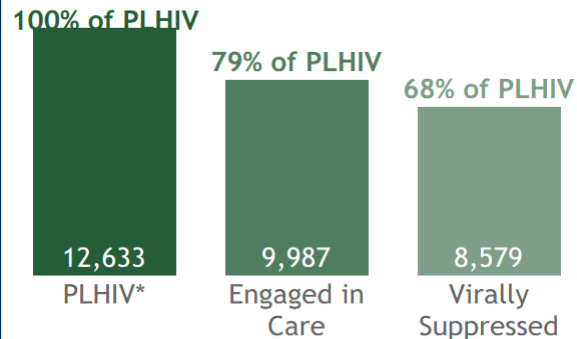
# CO Epi Snapshot and Care Continuum

## Snapshot: HIV in Colorado (2024)<sup>1</sup>

<b>15,700</b>	<b>487</b>	<b>70%</b>
people living with HIV (PLHIV) <sup>16</sup>	new HIV diagnoses	of people living with HIV (PLHIV) live in the Denver area

	PLHIV Rate	New Diagnoses Rate
<b>Colorado</b> 	<b>267</b> people living with diagnosed HIV per 100k population (2024) <sup>1</sup>	<b>8.2</b> cases per 100K population (2024) <sup>1</sup>
<b>United States</b> 	<b>395</b> PLHIV per 100K population (2023) <sup>14</sup>	<b>14</b> cases per 100K population (2023) <sup>14</sup>

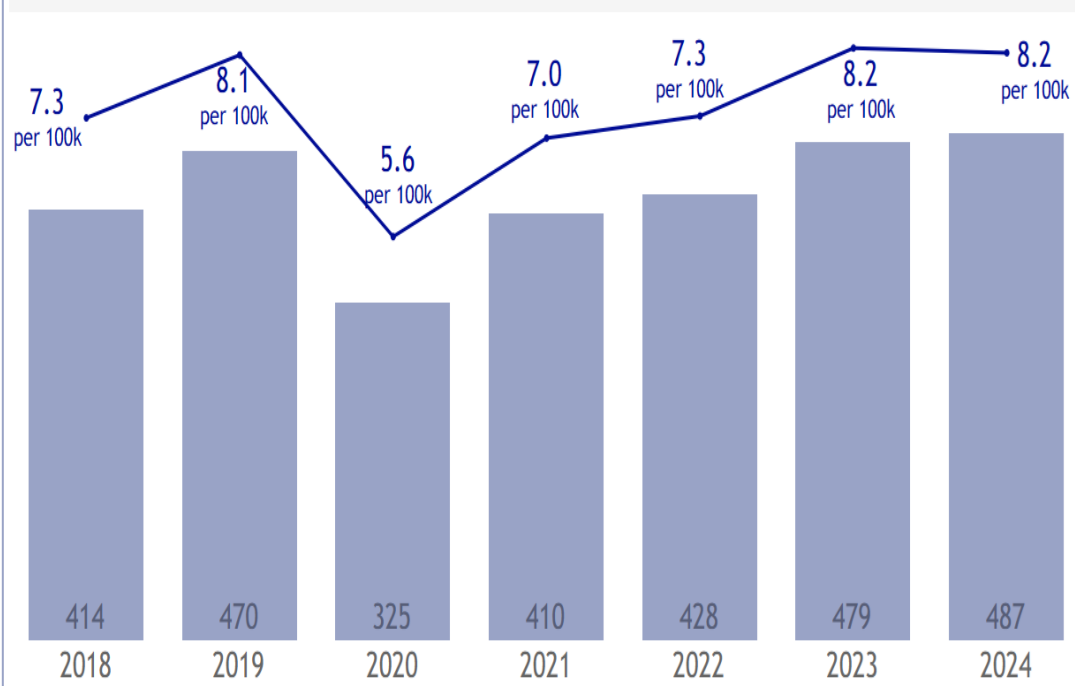
## Colorado HIV Care Continuum (2024)



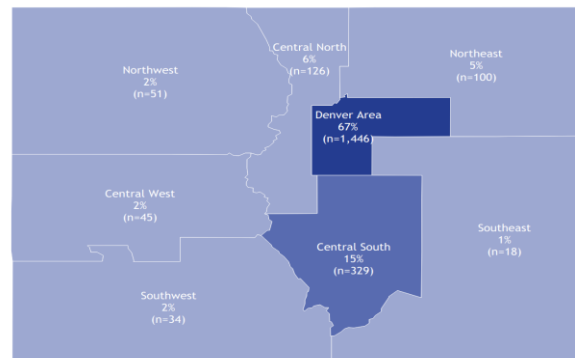
\*PLHIV includes the number of diagnosed people presumed living with HIV in Colorado with evidence of labs within the last 10 years

# CO HIV Trends and Geography

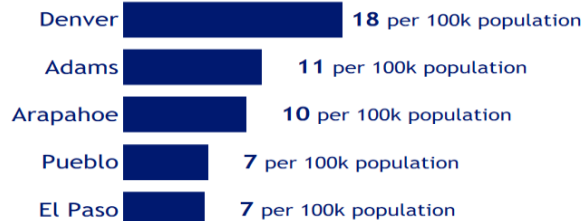
Number of new HIV diagnoses and rates per 100k population (2018-2024)



Number and % of new diagnoses by region (2020-2024)

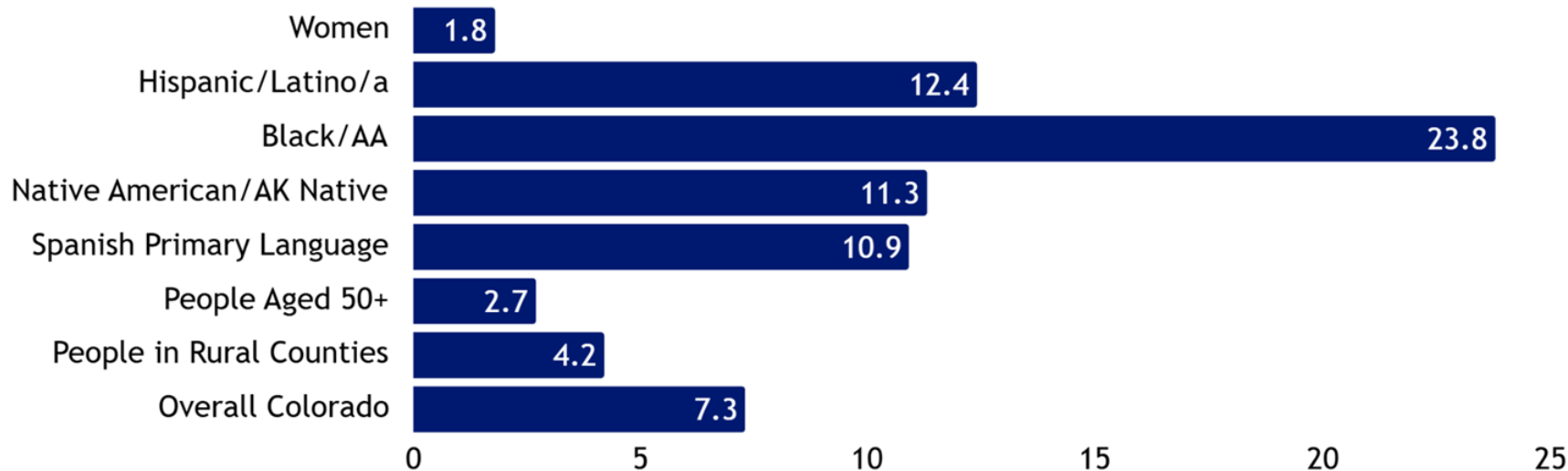


Top Counties by Average New Diagnoses Rate (2020-2024)



# CO HIV New Diagnoses & Priority Populations

Average Annual New Diagnoses per 100k (2020-2024), Populations Disproportionately Impacted by HIV



# CO HIV New Diagnoses

## Population Spotlight: New Diagnoses among Hispanic/Latino/a People

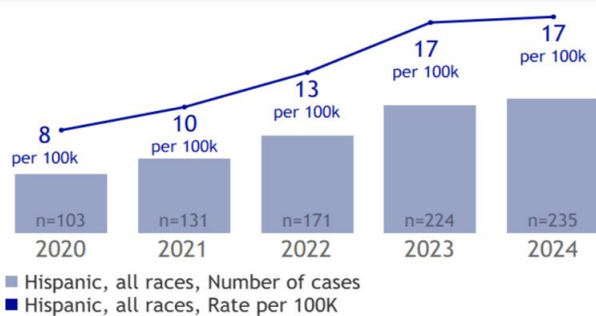
Hispanic/Latino men made up **42%** of new HIV diagnoses in 2024, but only **12%** of Colorado's population



### Intersections: Age & Ethnicity

The ethnic disparity in new diagnoses is even more stark among younger groups. Hispanic/Latino/a people represented half of new diagnoses among people aged 15-29

Number of new HIV diagnoses and rates per 100k population among Hispanic/Latino/a people



HIV diagnoses rates among Hispanic/Latino/a people have been increasing over the last five years, outpacing growth among any other population of focus.

Over the last four years, the number of new cases among Hispanic/Latino/a people has increased by an average of **20%** each year

# CO HIV New Diagnoses

## Population Spotlight: New Diagnoses Among Black/African American People

Black non-Hispanic people made up **15%** of new HIV diagnoses in 2024

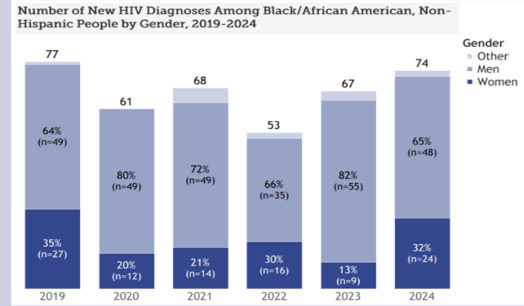


despite representing only 4% of Colorado's population

Rates of new HIV diagnoses among Black/AA, Non-Hispanic Coloradoans have fluctuated between 20 and 30 new HIV cases per 100k for the last ten years, however they have consistently remained higher than every other race/ethnicity group without exception.

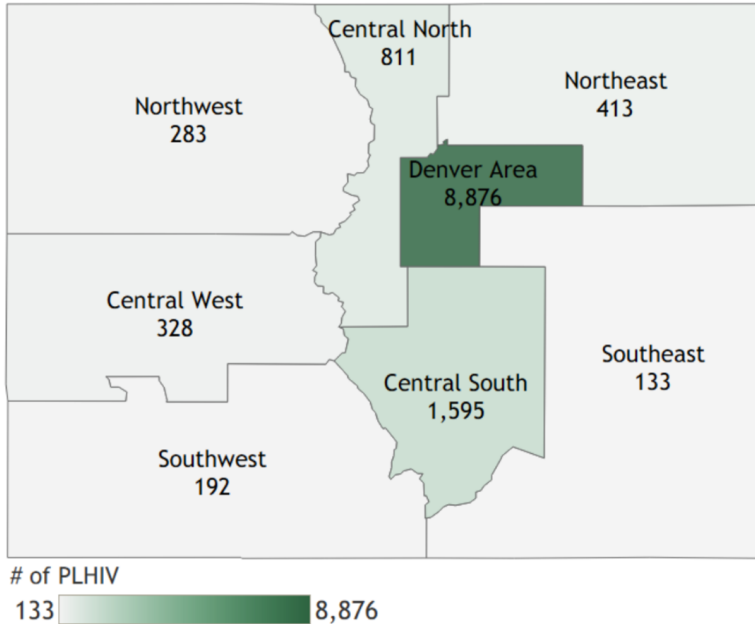
### Intersections of Gender & Race

Women represented **32%** of new diagnoses among Black people in 2024 despite representing **13%** of new diagnoses among people in other race/ethnicity groups. The rate trend chart above shows that the rate of new diagnoses in this population was higher in 2024 than any of the preceding four years.



# CO People Living with HIV (PLHIV)

## Number of PLHIV by Region (2024)



## Top 5 Counties:

- Denver (34% of PLHIV)
- Arapahoe (15% of PLHIV)
- Adams (11% of PLHIV)
- El Paso (9% of PLHIV)
- Jefferson (7% of PLHIV)

12,633

PLHIV in CO

5,000

Served by Part A

# CO PLHIV



## Population Spotlight: People Aged 50 +

People aged 50+ represented nearly

1/2

of all people living with HIV in Colorado in 2024

The aging population of PLHIV comes with additional considerations for care, treatment, and wellbeing. See the Quality of Life of PLHIV section for additional insights and needs within this population.



## Population Spotlight: Black Women

Black, Non-Hispanic women have an HIV rate (people living with HIV per 100k) which is

18x

that of White, Non-Hispanic women in Colorado

As described in the sections above, Black, Non-Hispanic Coloradoans bear a disproportionate burden of HIV. However, these differences are more stark for women than men.



# CO PLHIV

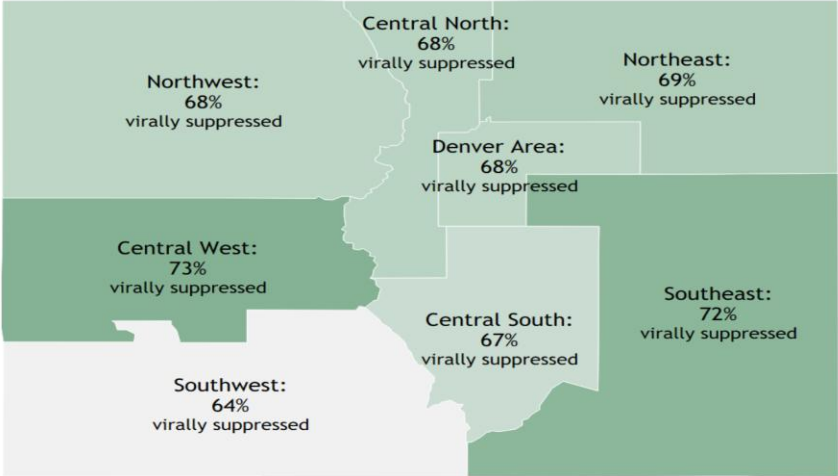
Virally suppression was determined by the most recent lab in 2024 reported to the state in eHARS that shows less than 200 copies of HIV per milliliter of blood.



of PLHIV were virally suppressed in 2024

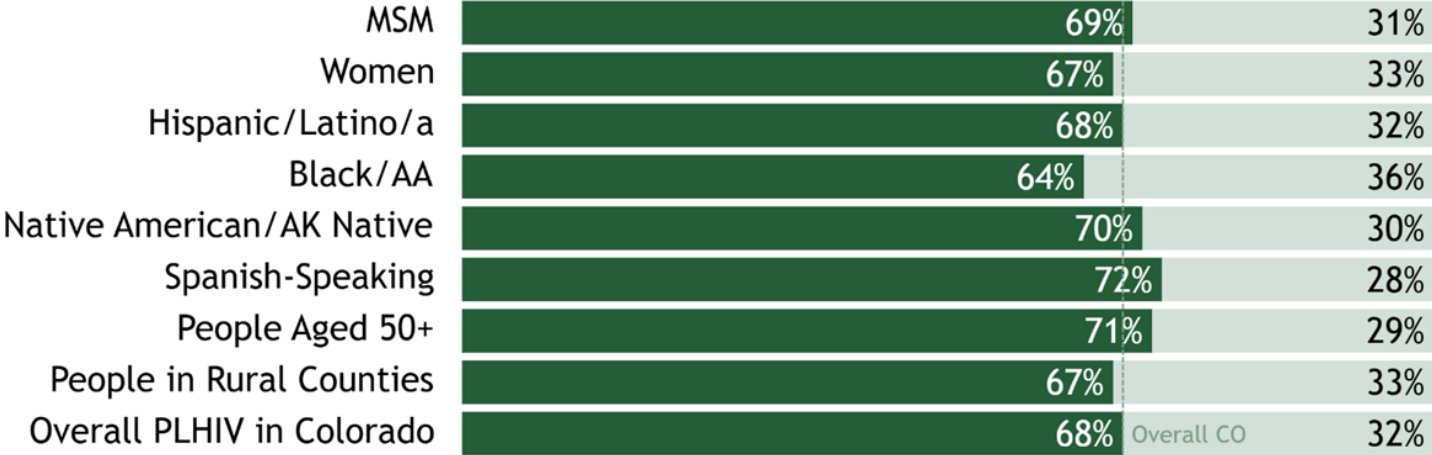
On average, the proportion virally suppressed has remained between 67-71% over the last five years.

Proportion Virally Suppressed by Region (2024)



# CO PLHIV

● Virally Suppressed    ● Not Virally Suppressed

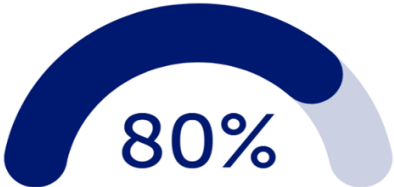
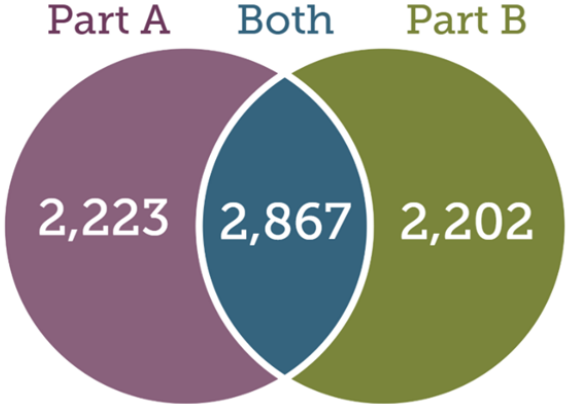


# CO PLHIV

In 2024, there were approximately

# 7,202

Ryan White clients in Colorado, representing around half of all people living with HIV in the state.



of Ryan White clients were virally suppressed in 2024

RW clients were **1.4x** more likely to be virally suppressed than PLHIV who were not enrolled in RW

# CO PLHIV

The top services across Ryan White Parts A and B by number of clients in 2024 included:

1. Outpatient/Ambulatory Health Services (*n=3,816*)
2. Medical Case Management (*n=2,751*)
3. Housing (*n=1,953*)
4. Emergency Financial Assistance (*n=1,871*)

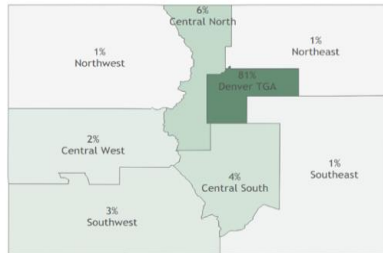
# Quality of Life Survey Results

In 2025, Ryan White Parts A and B collaborated to develop the PLHIV Quality of Life Survey. The survey's multiple choice and short answer questions asked about self-reported health and quality of life metrics. Between September and December 2025, 395 people living with HIV in Colorado completed the Quality of Life Survey.

**395**  
Survey Respondents

## Survey Respondent Demographics

Survey Respondents by Region



**48%**  
(n=185)  
live in Denver  
County

**92%**  
(n=365)  
live in an urban county

**15%**  
(n=58)  
completed the survey in  
Spanish

Average Age:  
**48**

# Quality of Life Survey Results

## Life Satisfaction



**72%**  
of respondents  
reported being  
'Satisfied' or 'Very  
Satisfied' with life



Visualization does not include the 5% of respondents who did not answer the life satisfaction question.

Life satisfaction was most highly associated with:

Social and  
Emotional Support

Overall Health

Educational and  
Employment  
Opportunities

Substance  
Use/Mental Health  
Support

# Quality of Life Survey Results

## Overall Health



Visualization does not include the 1% of respondents who did not answer the self-reported health question.

**79%**  
of respondents reported  
their general health as  
good or better  
(National data: 70%)<sup>41</sup>

Self-reported overall health was most highly associated with:

Fewer Comorbidities

Social and Emotional  
Support

Life Satisfaction

# Quality of Life Survey Results

## Social & Emotional Support



**54%**  
of respondents reported 'Always' or 'Usually' having the social and emotional support they need

How often do you get the social and emotional support you need?



**52%**  
of respondents reported 'Always' or 'Usually' having someone in their life to listen when they needed to talk

How often do you have someone in your life you could count on to listen to you when you need to talk?



# Quality of Life Survey Results

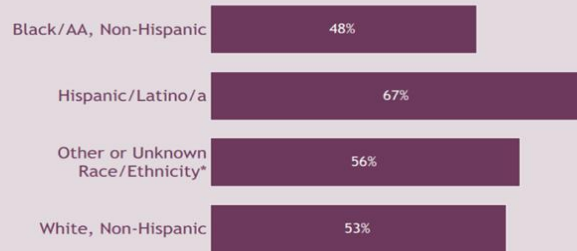


## Housing



3 in 5 respondents (57%) reported having housing concerns

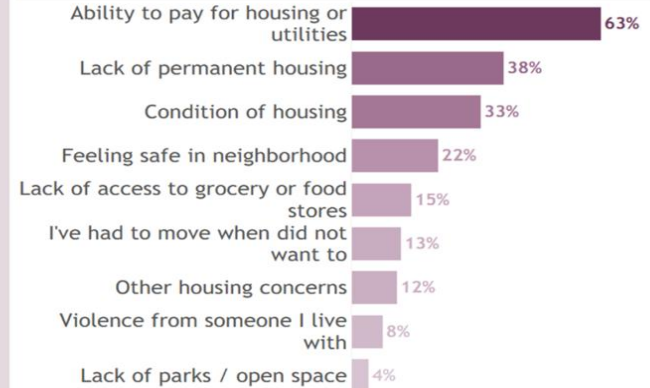
### Percent of Respondents with who Reported Concerns with Housing or Living Situation by Race/Ethnicity



\*Race/ethnicity groupings with fewer than five respondents in any cell were grouped.

### What concerns do you have with your current living situation?

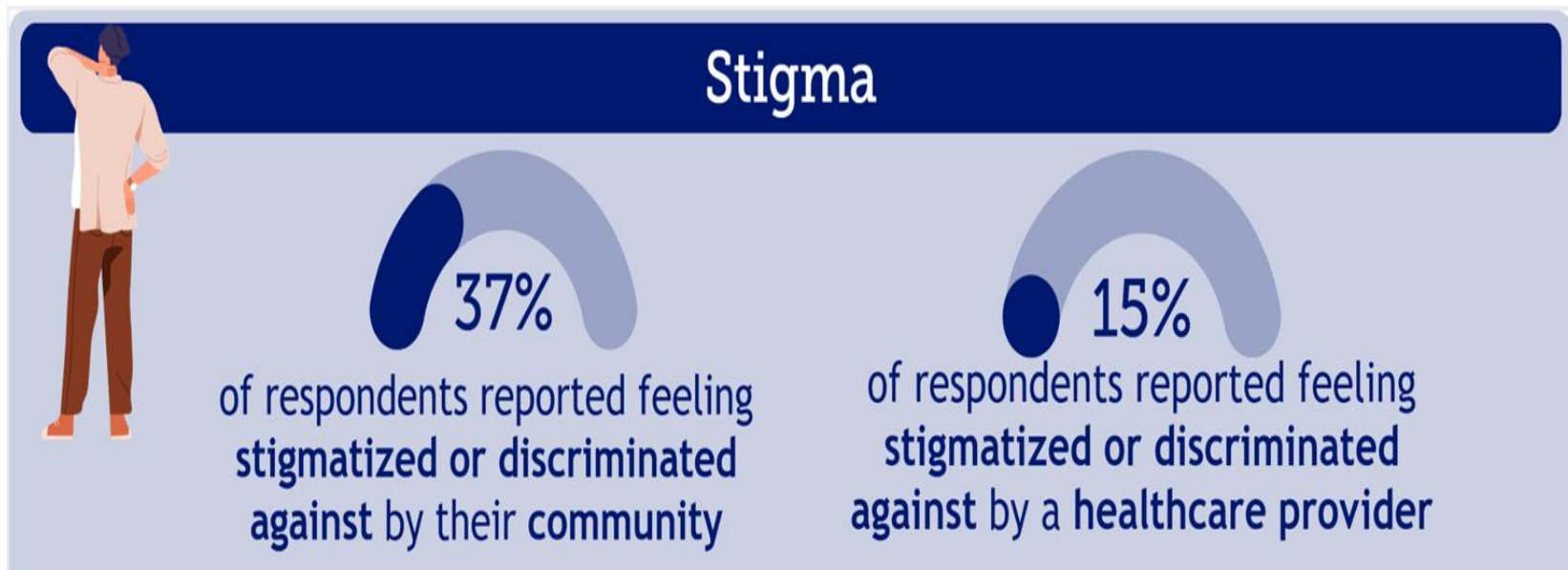
(Not mutually exclusive)



### Top reasons for unstable housing:

1. Income instability or lack of income (61%)
2. Sexual orientation or gender identity (34%)
3. HIV status (33%)
4. History of criminal justice involvement/incarceration (13%)

# Quality of Life Survey Results



# Quality of Life Survey Results



## Aging

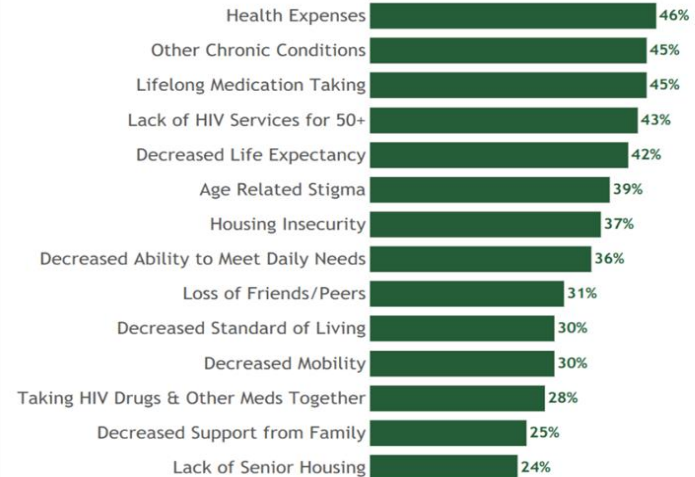
**45% (n=178)**  
of respondents were aged 50 or older

**76%**  
of respondents aged 50+ rated their health as good or better (compared with 82% of people younger than 50)

**94%**  
of respondents aged 50+ reported being diagnosed with at least one comorbidity (compared with 77% of people younger than 50)

**95%** of respondents reported having at least one concern with aging with HIV

Top Concerns about Aging with HIV Among PLHIV 50+



# Quality of Life Survey Results



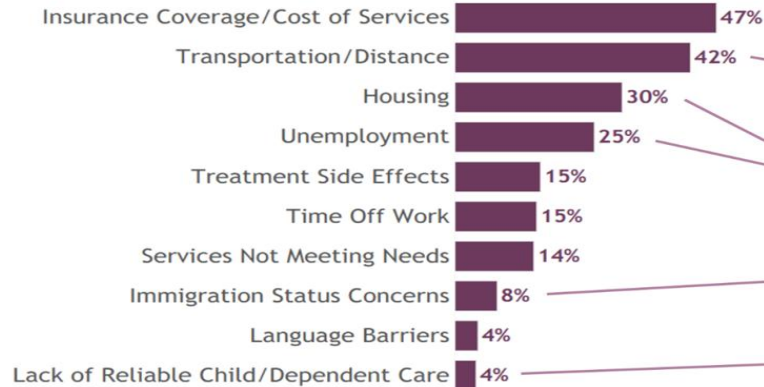
## Barriers

85% of respondents reported at least one barrier preventing them from accessing the care or support they need

% of respondents by number of barriers reported

No Barriers	1 Barrier	2 Barriers	3 Barriers	4+ Barriers
15%	29%	20%	13%	23%

### Barriers to Care (% of respondents)



Although the top barriers were similar across demographic groups, there were several differences by race/ethnicity, age, and gender:

Black respondents were more likely to report transportation/distance as a barrier (55% compared with 37% among Hispanic and 42% among White respondents)

White respondents and respondents aged 50 or older were less likely to report housing and unemployment as barriers compared to people in other race/ethnicity groups and people under 50, respectively.

1 in 5 (20%) Hispanic respondents reported immigration status concerns as a barrier to accessing care

10% of women reported lack of reliable child/dependent care as a barrier, compared with 2% of men

# CO PLHIV

What services do you find most useful in helping you manage your HIV?

- 1 Case Management
- 2 Medical Care
- 3 Mental Health Services



# HIV Prevention Focus

1. Increase PrEP (Pre-exposure Prophylaxis) access
2. Increase provider education around PEP (Post-exposure Prophylaxis)
3. Increase HIV testing access
4. Increase resources for Syringe Access Programs

# Colorado HIV/AIDS Strategy (COHAS)

1. Epi data
2. Statewide Coordinated Statement of Need (Quality of Life Survey, Listening Sessions, Focus Groups)
3. Steering Committee (lived experience, professional experience, statewide representation, care and prevention focus)
4. DHR/OSHV Partnership
5. Community Groups: HIV Resources Planning Council, Alliance, State Drug Assistance Program Committee, Colorado HIV/AIDS Prevention Program

# Colorado HIV/AIDS Strategy (COHAS)

**Preventing HIV** (Diagnose, Prevent, Respond): Ensure prevention services and interventions are available to all Coloradans

**Improving Outcomes for People Living with HIV** (Diagnose, Treat, Respond): Ensure care is available when and where people need it in order to thrive

**Reducing Disparities** (Treat, Prevent, Respond): Create a Colorado where all people living with HIV and communities disproportionately impacted by HIV have access to care and services in their communities

# Colorado HIV/AIDS Strategy (COHAS)

22 Goals focusing on these themes:

Reduce Stigma



Improve Access

Provide Training/Education



Prioritize Peer Services

Expand Capacity



Partner and Coordinate Efforts

**THANK YOU!**

**Questions?**