"Unmet need" is defined by the Health Resources and Services Administration (HRSA) as "the need for HIV-related health services by individuals with HIV who are aware of their HIV status, but are not receiving regular primary health care." "Primary medical care" for persons living with HIV is defined as "a medical visit which entails at least one of the following; CD4 count, viral load, or an HIV-related prescription for medication" at least once within the calendar year of interest. Overall, 26 percent of persons living with HIV in the Detroit Metro Area had an unmet need for HIV care in 2014. This analysis demonstrates disparities in unmet need by demographics characteristics such as race/sex, age, and HIV risk transmission category.

**Figure 1. Persons living with HIV in the Detroit Metro Area with unmet need, by risk transmission category, 2014:**
Includes persons living with HIV in the Detroit Metro Area as of year-end 2014 who were diagnosed by January 1, 2014. Injection drug users (IDU) and recipients of HIV-infected blood products had the highest proportion of unmet need at 35%, followed by persons with undetermined risk at 31%.

**Figure 2. Persons living with HIV in the Detroit Metro Area with unmet need, by race and sex, 2014:** Includes persons living with HIV in the Detroit Metro Area as of year-end 2014 who were diagnosed by January 1, 2014. Hispanic persons of both sexes had the highest levels of unmet need (females 34% and males 31%).

**Figure 3. Persons living with HIV in the Detroit Metro Area with unmet need, by current age, 2014:** Includes persons living with HIV in the Detroit Metro Area as of year-end 2014 who were diagnosed by January 1, 2014. Younger persons had the highest levels of unmet need at 30% for persons 13-29 years old, followed by 28% for persons 65 and older. This is a concern, given that improved treatments for HIV result in an aging HIV-positive population.

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*The Detroit Metro Area consists of Lapeer, Macomb, Monroe, Oakland, St. Clair, and Wayne counties.
†Data are not available on medication use or medical visits; therefore, CD4 and viral load laboratory tests are used as proxies for care visits.