

Attention to Social Determinants in State and Local HIV Epidemiological Profiles

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Results

Table 1: Attention to Selected Social Determinants in the HIV Epidemiological Profiles of 58 State and Local Health Departments

	Primary Epi Data	Supplemental Data	Ryan White Data	Discussed	Ignored
Transgender	5 (8.6%)	9 (15.5%)	7 (12.1%)	6 (10.3%)	31 (53.4%)
Homeless	3 (5.2%)	7 (12.1%)	2 (3.4%)	12 (20.7%)	34 (58.6%)
Seriously Mentally Ill	1 (1.7%)	4 (6.9%)	7 (12.1%)	10 (17.2%)	36 (62.1%)
Maltreatment Survivors	0	2 (3.4%)	1 (1.7%)	3 (5.2%)	52 (89.7%)

Exemplar approaches

- “A case is classified as homeless if, at the time of HIV or AIDS diagnosis, the medical record states that the patient is homeless or the patient’s address is one of the following: (1) a known homeless shelter, (2) a health care clinic, or (3) a free postal address not connected to a residence (‘general delivery’). Cases with missing information on residence are not classified as homeless (San Francisco Department of Public Health, 2010, p. 67).” This approach allows consideration of homelessness generally, within racial, ethnic, gender, age, and exposure category. It is also used when evaluating percentage of individuals living with HIV/AIDS who are receiving antiretroviral therapy.
- Florida Department of Health provides estimated HIV/AIDS prevalence numbers and rates for homeless individuals and those with a serious mental illness through entry of relevant data into the enhanced HIV/AIDS Reporting System (eHARS).
- Gender categories expanded beyond binary male-female options by: California, Maine, Michigan, Los Angeles, and San Francisco.

Background: Policy

- Through RFA-PS12-1201, the CDC funds the HIV prevention efforts of 67 state, territorial, and local health departments (LHDs).
- The LHDs must complete HIV epidemiological profiles to describe their epidemics and inform local allocation of funds.
- The CDC issues guidance on profile completion, encouraging attention to social determinants of risk. Yet, the guidance does not offer detailed suggestions for data capture for the following four populations with elevated rates of and risk for HIV.

Background: Populations

- Studies for the 4 populations are limited, facing methodological challenges. Within group differences are significant. Yet, for all rates of and risk for HIV are elevated.
- **Homeless individuals:** Systematic review and meta-analysis reports pooled HIV prevalence rate of 4.7% (Beijer, Wolf, & Fazel, 2012).
- **Transgender individuals:** Respondents in a national survey of transgender/gender non-confirming adults reported an HIV infection rate of 2.6% (Grant, et al., 2011).
- **Individuals with a serious mental illness:** Despite important questions regarding time-order, individuals with SMI consistently have elevated rates of HIV (Blank, Mandell, Aiken & Handley, 2002; Rosenberg, et al., 2001).
- **Childhood maltreatment survivors:** Matched, longitudinal study of U.S. survivors reported significantly increased (OR = 2.84) sexual risk taking behavior in middle adulthood (Wilson & Widom, 2011). See also Gore-Felton, et al. (2006) for increase in risk taking behaviors among MSM survivors of childhood sexual abuse.

Research Question

- To what extent do local health departments consider the HIV rates and risk of these four vulnerable populations when developing their HIV epidemiological profiles?

Methods

- A pilot study of ten epidemiological profiles was conducted in the Spring of 2012.
- A screening tool was developed to determine the level of attention given by LHD’s to each of the four identified groups. The instrument contains five ordinal categories.
- The three researchers blindly evaluated the same five epidemiological profiles and compared the results to increase inter-rater reliability.
- The study focused on the 59 state and municipal LHDs, excluding the profiles from U.S. territories and Pacific jurisdictions.
- The HIV epidemiological profiles of the 59 LHDs were sought through the agencies’ web sites in March and April of 2013. Fifty-eight (58) were located, reviewed using the screening tool, entered into SPSS, and analyzed descriptively.

Discussion

Conclusions

- The four studied populations are largely ignored in the HIV epidemiological profiles of the state and local health departments.
- This essentially prevents consideration of these social determinants of health during the local allocation of these funds.
- It further prevents exploration of how these factors intersect with other forms of oppression that drive HIV burden in this country.
- Our findings support the need for increased attention to a variety of social determinants of health in local HIV epidemiological data and CDC guidance.

Challenges

- All four populations pose definitional questions and issues. There are also time order issues regarding the relationships between HIV and homelessness and mental illness.
- There is significant heterogeneity within all four populations, including HIV rates and risk.
- Enhanced data capture requires cooperation from medical providers.
- There is limited time for extensive data capture during testing and outreach.
- All four groups face social stigma.
- Expansion of data capture and partnerships raise real and perceived confidentiality issues.

Recommendations

- Broaden gender categories to include transgender individuals—this is the easiest problem to remedy.
- Identify ways to add relevant data categories to core reporting processes.
- Pursue data reconciliation projects with Medicaid, behavioral health, child welfare and homeless systems.
- Partner with providers and academic researchers on pilot or periodic studies and surveys.
- To the extent that adding core data categories is not feasible, conduct periodic studies on HIV rates and risk of these and similar populations.

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