National Minority Quality Forum

- HIV / AIDS among African Americans: Physician characteristics and composition of Practice Influence HIV Testing

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- Los Angeles, CA
Trends in AIDS Cases by Race/Ethnicity in the United States


General Population (n=304,059,724)
- White: 66%
- Hispanic/Latino: 15%
- Black: 12%
- Asian: 4%
- Native Hawaiian/Other Pacific Islander: <1%
- American Indian/Native Alaska: <1%

AIDS Cases (n=37,151)
- Black: 49%
- Hispanic/Latino: 19%
- White: 29%
- Asian: 1%
- Native Hawaiian/Other Pacific Islander: <1%
- American Indian/Native Alaska: <1%

AIDS Cases in the United States (2008): Gender and Race/Ethnicity

Males

Females

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate (per 100,000 population)</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (n=8802)</td>
<td>10.6</td>
<td>1.8</td>
<td></td>
</tr>
<tr>
<td>Hispanic/ Latino (n=5466)</td>
<td>31.0</td>
<td>8.2</td>
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</tr>
<tr>
<td>Black (n=11,243)</td>
<td>81.3</td>
<td>39.9</td>
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</tr>
<tr>
<td>Asian (n=381)</td>
<td>7.3</td>
<td>4.6</td>
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</tr>
<tr>
<td>AI/NA (n=112)</td>
<td>12.5</td>
<td>1.7</td>
<td></td>
</tr>
<tr>
<td>NH/Other PI (n=64)</td>
<td>37.5</td>
<td>4.1</td>
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</tbody>
</table>

AI/NA: American Indian/native Alaskan; NH/Other PI: native Hawaiian/other Pacific Islander.

General Population and HIV Cases: Race/Ethnicity in 37 States (2008)

General Population (n=212,773,291)
- White: 68%
- Hispanic/Latino: 13%
- Black: 14%
- Asian: 3%
- American Indian/Native Alaska: 1%
- Native Hawaiian/Other Pacific Islander: <1%

HIV Cases (n=41,269)
- Black: 52%
- White: 29%
- Hispanic/Latino: 17%
- Asian: 1%
- American Indian/Native Alaska: 1%
- Native Hawaiian/Other Pacific Islander: <1%

HIV Cases in 37 States (2008): Gender and Race/Ethnicity

Males

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Rate (per 100,000 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (n=10,563)</td>
<td>18.7</td>
</tr>
<tr>
<td>Hispanic/Latino (n=5906)</td>
<td>56.2</td>
</tr>
<tr>
<td>Black (n=14,247)</td>
<td>136.8</td>
</tr>
<tr>
<td>Asian (n=363)</td>
<td>15.5</td>
</tr>
<tr>
<td>AI/NA (n=160)</td>
<td>23.1</td>
</tr>
<tr>
<td>NH/Other PI (n=42)</td>
<td>76.7</td>
</tr>
</tbody>
</table>

Females

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Rate (per 100,000 population)</th>
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</thead>
<tbody>
<tr>
<td>White (n=1833)</td>
<td>10.6</td>
</tr>
<tr>
<td>Hispanic/Latino (n=1357)</td>
<td>13.3</td>
</tr>
<tr>
<td>Black (n=6902)</td>
<td>56.0</td>
</tr>
<tr>
<td>Asian (n=178)</td>
<td>3.0</td>
</tr>
<tr>
<td>AI/NA (n=52)</td>
<td>6.9</td>
</tr>
<tr>
<td>NH/Other PI (n=6)</td>
<td>10.6</td>
</tr>
</tbody>
</table>

AI/NA: American Indian/native Alaskan; NH/Other PI: native Hawaiian/other Pacific Islander.


Note. Data statistically adjusted for reporting delays and redistribution of cases in persons initially reported without an identified risk.
OASIS Experience 1998 - 2006

- Number: 587
- IVDU: 33
- MSM: 554
- Bisexual: 214
- MSM only: 192
- Claim heterosexual: 72
- Don’t identify with any term: 76
- Hx of marriage: 9%
- Have children: 17%
Claim heterosexual ...72

1. anal warts 13
2. oral warts 2
3. oral gc/chlamydia 9
4. admitted to male to male 34
5. contact was transgender 7
6. suspect to be hetero transmission 3
Don’t claim any term  76

- Initial MSM contact while incarcerated  53
- Initial while in military........................................4
- Gang related......................................................11
- Church / gospel related...............................8
OASIS Experience

- Number 587
- Number MSM..........................551
- Number hx of molestation 64% 352
- Identify as effeminate 117
- Number molested 117
Who is the culprit?

- 1. Mama’s boyfriend
- 2. step-father
- 3. uncles
- 4. step brother
- 5. older brother or cousin
Is this still affecting them 30 years later?

YES!
AIDS Rates (per 100,000 Women) by Income and Race/Ethnicity

Source: HIV Epidemiology Program, LAC/DHS
### OASIS patients 2000-2006

- **Number of HIV+ Black women**: 213
- **Infected heterosexually (94%)**: 200
- **Can identify the male**: 192
- **We contacted**: 72
- **Knew they were HIV +**: 44
- **Felt guilty**: 0
- **“She should have used protection”**: 12
- **Married to partner**: 11
- **Not married, but assumed monog**: 38
OASIS Experience

- Transgender clients..........................77

- Number who have penetrated their partner within past 6 months.......................62

- Number w/ surg reassignment 2
OASIS Experience: Adolescents

- Number ......................................................... 82

- Homeless .................................................. 70

- Both parents at home ................................. 14

- Use body for food/housing ..................... 68
Some of their friends

- Males 17
  - Knew the riskiest act 17
  - Asked if there was someone 16

- Girls 11
  - Knew the riskiest acts 11
  - Asked if there was someone 9
Awareness of HIV Serostatus: Estimates of Transmission

- ~25% Unaware of Infection
- ~75% Aware of Infection

People Living With HIV (1,039,000-1,185,000)

- ~54% of New Infections

New Sexual infections/Year (~32,000)

- ~46% of New Infections

Marks G. AIDS. 2006;20:1447-1450.
CDC: Men With HIV Who Reported Sex With Both Men and Women

- CDC study to describe the characteristics of men diagnosed with HIV in the US who reported having sex with women (2005-2008)

- Findings
  - Black and Hispanic men had a higher percentage reporting sex with both men and women
  - Percentage reporting sex with both men and women increased with age across race/ethnicity groups

- Implications
  - HIV prevention messages for MSMs and women of color should acknowledge these behavioral patterns and recommend appropriate risk reduction strategies


<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Incidence (%)</th>
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<tbody>
<tr>
<td>MSM with transmission category</td>
<td>Sex also with women</td>
</tr>
<tr>
<td>Black</td>
<td>69%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>74%</td>
</tr>
<tr>
<td>White</td>
<td>85%</td>
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10% of 5649 Young MSM Tested Were HIV Positive
77% Were Unaware They Were HIV Infected

Conducted in Baltimore, Dallas, Los Angeles, Miami, New York, and Seattle.

Why the Disparity?

- Factors can influence risk
  - Socioeconomic issues
    - Poverty, incarceration, drug use, lack of access to care
  - Lack of awareness of ones own HIV status and leading to continued risk behavior
  - Sexual network issues
    - Sexual networks among Blacks who were newly found to be HIV-infected have a high levels of sexual concurrency

- High rates of STDs

- Stigma

CDC Recommendations for HIV Testing in Healthcare Settings

● Routine voluntary testing for patients ages 13 to 64 years in healthcare settings
  - Not based on patient risk
● Opt-out testing
● No separate consent for HIV
● Pretest counseling not required
● Repeat HIV testing left to discretion of provider
  - Based on patient risk

HIV Testing Among African-American Frontline Providers in the US

Dr. Wilbert Jordan¹

Valerie Stone, MD, MPH²; Lori DeLaitsch, MPH³; Tiffany Surles, PharmD³; Eric Y. Wong, PhD³; Bryan Baugh, MD³
DISCLOSURES

- This presentation and the HIV Testing Survey were supported by Tibotec Therapeutics
- Dr. Wilbert Jordan has received consulting fees from Tibotec Therapeutics
Survey Objectives

• To understand perceived attitudes and behaviors surrounding HIV testing in the African-American community

• To identify drivers of testing and key barriers

• To understand what contributes
Background

- Additional testing may lead to greater burden on HCPs and medication assistance programs, which are already strained.
  - 65 million people live in areas designated as having a shortage of primary care physicians\(^1\)
  - 16,600 additional providers needed to fill the gaps; number expected to grow\(^{10}\)
  - Currently, 6972 patients are on ADAP waiting lists across 11 states\(^{11}\)
Survey Findings
Why Routine Screening?

- Patients do not always disclose or may not be aware of their risk.¹
  - 39% of men who had sex with a man within the past year did not disclose to their health care provider²
  - 51% of rapid test positive patients identified in Emergency Department (ED) screening had no identified risk³

Physician Recommendation to Test is Extremely Influential on Patient

Physicians estimate that one-third of patients have been tested within past year, and majority of patients (70%) got tested due to physician’s recommendation.
Overall Testing Trends

Q: In the past year, what percentage of your patients in your practice have been tested for HIV?
Q: What % of patients actually tested within past year tested due to physician recommendation.

Even among the most routine testers (OB/GYN), only about half of all patients are tested

- ER/Urgent Care: 24%
- Family Practice: 29%
- Internal Med/GP: 27%
- OB/GYN: 52% *

* Significantly higher than ER, FP and IM

NOTE: OB and GYN results combined may overestimate testing in non-pregnancy setting.
Routine Testing is Not the Most Common Approach

Q: For which of the following patients would you typically recommend HIV testing? Select all that apply.

- Patients in “high-risk” groups: 92%
- Patients seeking treatment for STDs: 91%
- Pregnant/trying to become pregnant: 81%
- Patients incarcerated in past 5 years: 74%
- All patients who are sexually active: 67%
- Patients initiating treatment for Tuberculosis: 65%

Still, only 34% of patients are being tested.
African-American Physicians See HIV as Crisis in the African-American Community

Q: In your opinion, how serious of a problem is HIV today?

- Crisis
- Very serious
- Somewhat serious
- Not particularly serious
- Not at all serious

In general in the US:
- 14% * Crisis
- 64% * Very serious
- 20% * Somewhat serious
- 3% Not particularly serious
- 1% Not at all serious

In the African-American Community in the US:
- 55% Crisis
- 38% Very serious
- 6% Somewhat serious
- 1% Not particularly serious
- 1% Not at all serious

* Statistically significant vs other category (general US vs African-American community)
Perceived HIV Prevalence Rates

Q: What would you estimate is the prevalence of HIV/AIDS in the county/state where you practice? Range 0-100.

- Physicians generally overestimate actual prevalence rates
  - Assume prevalence similar to hypertension (18%) or diabetes (11%)\textsuperscript{12,13}

- If physicians assume risk is this high, why not test routinely?

\begin{table}
\begin{tabular}{|c|c|c|}
\hline
 & Low & Medium & High \\
\hline
Estimated county prevalence & 10\% & 14\% & 16\% \\
Estimated state prevalence & 11\% & 14\% & 16\% \\
\hline
\end{tabular}
\end{table}
### The Reality

**Prevalence:** The percentage of a population that is affected by a particular disease at a given time.

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<tbody>
<tr>
<td>California</td>
<td>36,500,000</td>
<td>67,292</td>
<td>0.2%</td>
</tr>
<tr>
<td>Florida</td>
<td>18,250,000</td>
<td>48,645</td>
<td>0.3%</td>
</tr>
<tr>
<td>New York</td>
<td>19,300,000</td>
<td>74,652</td>
<td>0.4%</td>
</tr>
<tr>
<td>Texas</td>
<td>23,900,000</td>
<td>33,278</td>
<td>0.2%</td>
</tr>
<tr>
<td>Wash DC</td>
<td>590,000</td>
<td>9,030</td>
<td>1.5%</td>
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* Underestimates HIV prevalence. Does not include undiagnosed infections and patients with HIV but not AIDS.

Source: www.statehealthfacts.org (accessed Feb 11th, 2011)
NMA Actions

1. Identified 44 metro target areas...goal is to identify 2000+ primary care providers of African Americans in these areas – Black and non-Black, NMA members and non-NMA

2. Contact those primary care providers in October asking them to test their patients in November as a way of honoring WAD

3. Develop web-support for providers who have HIV+ clients

4. HIV certifying course at annual conference
5. Working with HealthHIV develop regional certifying course

6. Continue the 4 regional and 14 chapter Simply Speaking c.m.e. Dinner programs

7. Work with SNMA and the NMQF to identify zip codes in the same 44 metro areas that have the highest rates of HIV, STD and teenage pregnancy...

Map out those zip codes and have community zip code testing
Summary

● 1. There are good, safe, effective drugs...HIV should not be the death sentence it once was

● 2. Get people tested

● 3. Deal with molestation

● 4. Black history should be a part of Black culture = improved self-esteem for everyone....most adherent patients are those we taught Black history
Summary

1. There are 1.2 mil HIV+ persons...25% are unaware, about half of those are Black....we need to find them..test them...get them in care

2. 20+ % are aware and not in care...probably half are Black....we need to find them...do whatever is needed to get them back into care

THE BEST WAY TO STOP NEW INFECTIONS IS TO TREAT THOSE WHO ARE INFECTED!
Thank you
Perceived HIV Prevalence Rates Appear to Impact Testing Recommendations

Q: What would you estimate is the prevalence of HIV/AIDS in the county/state where you practice? Range 0-100.

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Estimated county prevalence

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<tr>
<th>Level</th>
<th>10%</th>
<th>14%</th>
<th>16%</th>
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<tbody>
<tr>
<td>Low</td>
<td></td>
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<tr>
<td>High</td>
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Estimated state prevalence

<table>
<thead>
<tr>
<th>Level</th>
<th>11%</th>
<th>14%</th>
<th>16%</th>
</tr>
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<tbody>
<tr>
<td>Low</td>
<td></td>
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<tr>
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<tr>
<td>High</td>
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Physician Testing Habits

Low Testers
(31% of survey respondents)

- Older (>40 years old)
- More likely to be men
- More likely to be ER/Urgent care, internal medicine, or family practice
- More likely to test only high-risk patients
- Least comfortable discussing testing
- Less likely to themselves have been tested for HIV in past year

High Testers
(36% of survey respondents)

- Younger (<40 years old)
- More likely to be women
- More likely to be OB/GYN
- Tend to test routinely and for all sexually active patients
- Most comfortable discussing testing
- More likely to themselves have been tested for HIV in past year