

## GEORGIA HIV BEHAVIORAL SURVEILLANCE (GHBS)

### Data Summary: Heterosexuals at risk for HIV infection (HET) in Metro Atlanta, 2016

#### What is GHBS?

Each year throughout the United States, 22 health departments serving the cities with the highest HIV prevalence collaborate with the Centers for Disease Control and Prevention (CDC) to implement the National HIV Behavioral Surveillance System (NHBS). NHBS assesses and monitors HIV-related risk behavior, testing behavior, and use of prevention programs among three populations at heightened risk for HIV infection: men who have sex with men (MSM), people who inject drugs (PWID), and heterosexual men and women living in areas of high poverty (HET). In 2016, the Georgia Department of Public Health implemented the NHBS survey with a focus on HET in the Atlanta metropolitan statistical area. Between August and November of 2016, participants were recruited into the study using a peer-driven, chain-referral method known as response-driven sampling (RDS). Men and women were recruited by social contacts in neighborhoods with high poverty and HIV prevalence. Surveys were conducted by trained interviewers with handheld computers. All participants were offered anonymous HIV testing and counseling. HIV testing was conducted using the Insti® HIV-1/2 Rapid Antibody Test. Reactive blood specimens were confirmed via Western blot assay at the Georgia Public Health Laboratory.

#### Background: HIV among HET

Per the most recently available CDC HIV Surveillance Report, in 2016, Georgia ranked 5<sup>th</sup> in the nation for new HIV diagnoses among adults and adolescents (2,709). Georgia also ranked 5<sup>th</sup> nationally for the total number of adults and adolescents living with HIV (49,463). Similarly, in 2016, the Atlanta MSA ranked 4<sup>th</sup> in the nation for new HIV diagnoses <sup>(1)</sup>. In Georgia, heterosexual transmission accounted for 10% of all new HIV diagnoses among males and 90% of all new HIV diagnoses among females in 2015 <sup>(2)</sup>.

1. Centers for Disease Control and Prevention. *HIV Surveillance Report, 2016*; vol. 28. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published November 2017.

2. Georgia Department of Public Health, HIV/AIDS Epidemiology Section HIV Surveillance Summary, Georgia 2015, [https://dph.georgia.gov/sites/dph.georgia.gov/files/HIV\\_EPI\\_Surveillance%20Summary\\_2015\\_04.14.17.pdf](https://dph.georgia.gov/sites/dph.georgia.gov/files/HIV_EPI_Surveillance%20Summary_2015_04.14.17.pdf). Published March 2016.

**Table 1. Demographic Characteristics, GHBS HET Survey, 2016 (n=590)<sup>†</sup>**

	n	%
<b>Age Group (years)</b>		
18-29	174	30%
30-39	150	25%
40-49	115	19%
50+	151	26%
<b>Gender</b>		
Female	369	63%
Male	221	37%
<b>Race/Ethnicity</b>		
Black	574	97%
Other/multiracial	11	2%
White	3	<1%
Hispanic	2	<1%
<b>County of Residence</b>		
Fulton	571	97%
DeKalb	13	2%
Other	6	1%
<b>Education</b>		
Less than high school	193	33%
High school diploma/GED	281	47%
More than high school	116	20%
<b>Employment Status</b>		
Employed full-time or part-time	222	38%
Unemployed	171	29%
Unable to work for health reasons	118	20%
Other	79	13%
<b>Annual Income</b>		
Less than \$10,000	278	47%
\$10,000-\$19,999	200	34%
\$20,000-\$29,999	50	8%
\$30,000 or more	46	8%
Unknown	16	3%
<b>Homeless at any time in past 12 months</b>	154	26%
<b>Health insurance at time of interview</b>	298	51%
<b>Detained or arrested in past 12 months</b>	104	18%

<sup>†</sup>Inclusion criteria: At least 18 years of age, identified as male or female, engaged in vaginal or anal sex in the past 12 months, consented to survey and HIV testing, completed the survey, and provided valid responses.



## Survey of HET in Metro Atlanta, 2016

A total of 590 participants met the eligibility criteria, consented to and completed the survey and HIV testing, and provided valid responses to the NHBS survey (Table 1).

Among the 590 participants, 63% were female and 37% were male. While most participants described themselves as “heterosexual or straight” (82%), another 18% identified themselves as “bisexual.” Approximately 30% of participants were aged 18 to 29 years, 25% were aged 30-39 years, 19% were aged 40-49 years, and 26% were aged 50 years or older. With respect to race/ethnicity, 97% of participants were Black, followed by 2% Other/multi-racial, <1% White, and <1% Hispanic/Latino. Most of the participants reported living in Fulton County (97%), followed by DeKalb (2%), and Other (1%) counties.

Educational attainment was diverse among participants. Forty-eight percent of participants had attained a high school diploma or a General Equivalency Degree (GED) while 20% had attained at least some college or more. Nearly one out of three (33%) participants attained less than a high school diploma or GED.

Almost half of the participants reported earning less than \$9,000 annually (47%). Approximately 34% reported earning \$10,000 to \$19,999 annually and only 16% reported annual earnings greater than \$20,000. Additionally, the household income of 82% was at or below the federal poverty level and over one-quarter (26%) reported being homeless in the past 12 months.

Among the participants, 51% reported health insurance coverage at the time of interview. Among those, 84% said their health care expenses were paid for by a publicly funded program such as Medicaid or Medicare and only 13% reported private health insurance coverage.

## Drug and Alcohol Use

Over one-half of the participants (54%) reported non-injection drug use. Marijuana was the most commonly used drug (53%), followed by cocaine/crack (29%), and prescription opioids (21%). Additionally, 38% of participants reported poly-substance use and <1% reported injection drug use in the past 12 months.

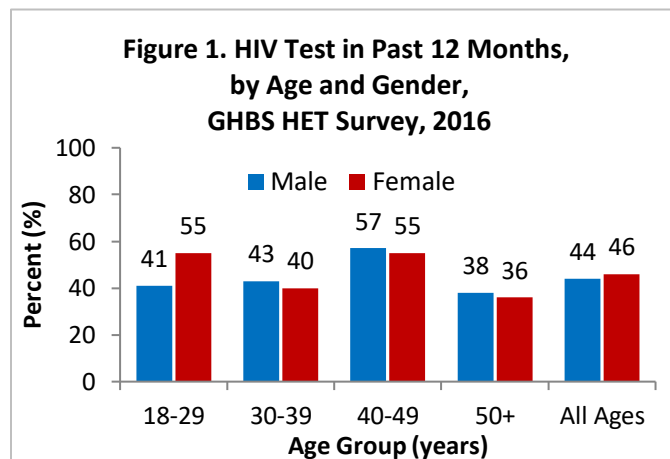
Binge drinking refers to the consumption of 5 or more alcoholic drinks for males and 4 or more alcoholic drinks for females within a two-hour period. Thirty-nine percent of males and 47% of females reported binge drinking in the past 30 days.

## HIV Status and Testing History

Among the 590 participants who consented to HIV testing as part of the survey, eight (1%) had a confirmed positive HIV test result. Of the eight participants who tested HIV-positive, three (38%) reported being HIV-positive during the interview.

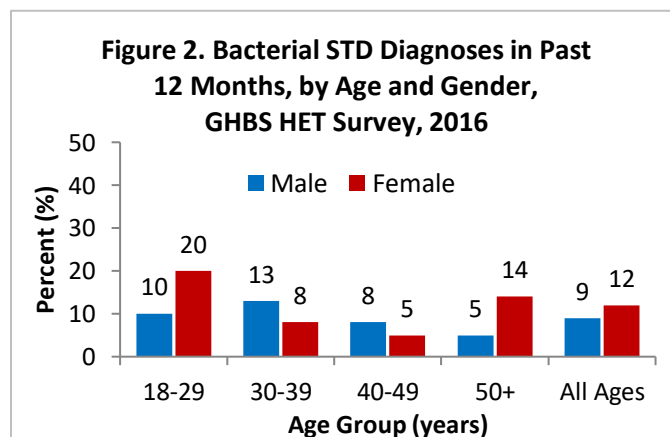
Most participants (86%) had been tested for HIV at least once. Among the 586 participants who did not report a previous positive test result, less than half (46%) said they had been tested for HIV in the past 12 months. The proportion of males and females tested for HIV in the past 12 months differed by age group [Figure 1].

Of the 318 participants not tested for HIV in the past 12 months, the most common reason was “no particular reason” (55%), followed by “afraid of learning HIV status” (18%), and “didn’t have time” (15%).



## Other Sexually Transmitted Diseases

Nine percent of males and 12% of females reported being diagnosed in the past 12 months with a bacterial sexually transmitted disease (STD) such as chlamydia, gonorrhea, or syphilis. The proportion of males and females diagnosed with a bacterial STD differed by age group [Figure 2].



## Male Sexual Risk Behaviors

Among the 219 males who did not report a previous positive test result, 77% had two or more female sex partners in the past 12 months.

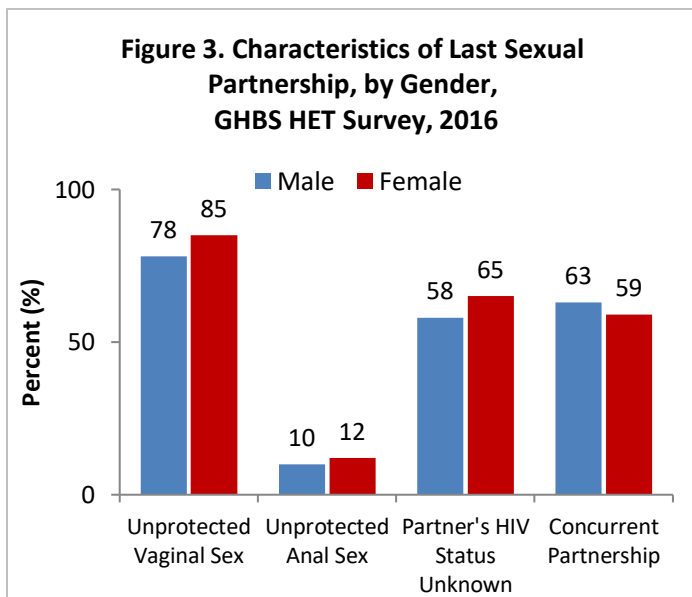
Among males, 78% had unprotected vaginal sex and 10% had unprotected anal sex with their most recent female partner. Additionally, 58% of males did not know their last sexual partner's HIV status and 63% reported being in a concurrent sexual relationship [Figure 3].

Approximately seven percent of males also reported sexual contact with another male in the past 12 months. Of the 16 males who reported sexual contact with another male, most (81%) engaged in unprotected anal sex.

## Female Sexual Risk Behaviors

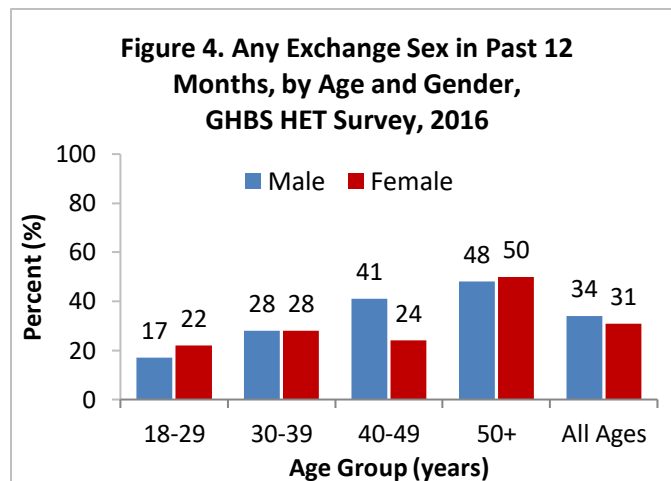
Among the 367 female participants who did not report a previous positive test result, 70% had two or more male sexual partners in the past 12 months.

Among females, 85% had unprotected vaginal sex and 12% had unprotected anal sex with their most recent sexual partner. Additionally, 65% of females did not know their last sexual partner's HIV status and 59% reported being in a concurrent sexual relationship [Figure 3].



## Exchange Sex

Approximately one out of every three males and females engaged in the exchange of money or goods for sex with a casual sexual partner in the past 12 months. Overall, the proportion of males and females reporting exchange sex increased with age [Figure 4].



## Utilization of Prevention Services

Among the 586 participants who did not report a previous positive test result, 34% received free condoms. The three most commonly reported sources of free condoms included a doctor's office/clinic/health center (61%), community-based organizations (15%), and an HIV/AIDS-focused organization (13%).

Sixty-nine percent of males and 83% of females visited a healthcare provider in the past 12 months. Among those who visited a healthcare provider, approximately one out of every two were offered an HIV test.

Only 12% of participants engaged in either an individual-level or group-level counseling session to discuss ways to prevent HIV infection and only 1% talked to a healthcare provider about pre-exposure prophylaxis, the medication HIV-negative people take to prevent infection. In terms of risk perception, most participants (80%) believed they were at low risk of HIV infection at the time of the interview.

Additionally, 10% percent of males and 6% of females participated in a program to treat drug use in the past 12 months. Another 11% of males and 2% of females tried but were unable to access a treatment program.

## Implications

In Metro Atlanta, heterosexual contact is the second most common mode of HIV transmission. Moreover, significant disparities remain, with the heaviest HIV burden found among women of color. Less than half of HET participants had been tested for HIV in the past 12 months and only one-half of HET participants who visited a healthcare provider were offered an HIV test. Commonly reported risk behaviors among HET participants included condomless sex, multiple sexual partnerships, and not knowing a sexual partner's HIV status. These findings suggest a need to expand access to effective prevention services, such as increasing HIV testing in geographical areas with high burden of disease and routinizing the screening of HIV in healthcare settings. Furthermore, opportunities should be explored to develop and implement culturally-tailored, community-level interventions that address both behavioral and structural risk factors associated with HIV infection.

## Limitations

The data presented in this summary are unweighted and findings may not be representative of the entire population of HET living in Metro Atlanta. Behavioral questionnaires that rely on self-report are prone to several response biases that might affect data quality. Additionally, the number of participants unaware of their HIV-positive status might be inflated because some who knew their positive status may have described themselves as HIV-negative to the interviewer due to HIV-related stigma.

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<http://dph.ga.gov>

*For resources related to HIV, syphilis and other infections including screening, treatment and supportive services please call the Georgia AIDS/STD InfoLine at 1-800-551-2728.*