HIV/AIDS Unmet Needs, Georgia, 2011

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Background

- Georgia ranks sixth highest in the nation for total number of adults and adolescents living with diagnosed HIV infection in 2010[1]
- As of December 31, 2011 the Georgia Department of Public Health reports 45,527 people living with HIV/AIDS; 44% with HIV (not AIDS) and 56% with AIDS
- Sixty-three percent of these live in the Atlanta Eligible Metropolitan Area (EMA)
- GDPH estimates the unmet primary medical care services of persons living with HIV infection in Georgia as required by the Ryan White Treatment and Modernization Act
- The analysis identifies the number, behavior, and demographics of persons living with HIV infection and not receiving HIV related medical services
- The estimates inform community planning groups and other stakeholders to respond to the primary medical care needs of emerging underserved HIV/AIDS populations and reduce disparities in access to care

Methods

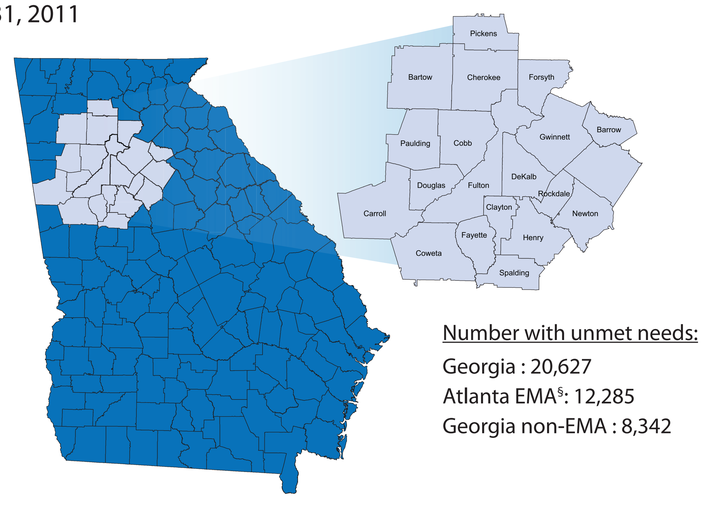
- The Enhanced HIV/AIDS Reporting System (eHARS) is a web-based surveillance system that gathers clinical and behavioral HIV infection data via documents such as case reports, electronic and paper-based laboratory reports, and birth and death certificates
- Cases with complete information on last name soundex, state identification number, date of birth, race/ethnicity, birth sex, HIV/AIDS diagnosis information and vital status are termed eligible and are reported to the Centers for Disease Control and Prevention(CDC)
- Unmet needs for Georgia, Atlanta EMA and Georgia non-EMA were estimated by analyzing CDC eligible HIV infection data reported in the Georgia eHARS based on a framework developed by the University of California, San Francisco[2] using SAS programming
- All persons living with HIV infection reported in the Georgia eHARS were assumed to be aware of their status
- For the purpose of this analysis, population sizes were determined for persons living with AIDS(PLWA) and persons living with HIV/non-AIDS(PLWH non-AIDS) as of December 31, 2011 for Georgia statewide, the Atlanta EMA, and Georgia non-EMA
- Primary medical care 'met needs' were estimated for PLWA and PLWH(non-AIDS) for Georgia as a whole, the Atlanta EMA and Georgia non-EMA as evidenced by viral load testing and/or CD4 count for a 12 month period from January 01 to December 31, 2011
- Unmet needs for HIV infection primary medical care were defined as no evidence of either of the two measures described above during the specified 12-month time frame
- Persons living with HIV infection who are not identified to be 'in care' were assumed to be 'out of care'

Acknowledgements

Analysis of unmet primary care needs of HIV positive people of Georgia would not have been possible without the hard work and contributions of the Core Surveillance Unit, HIV Epidemiology Section, GPDH in the collection and integration of population based HIV/AIDS data. We would like to thank Marguerite Camp, Raimi Ewetola, Thelma Fannin, Rodriques Lambert, Sheila Maxwell, Mildred McGainey, Latoya Moss, Akilah Spratling and Eina Walker.

Results

Figure 1: Estimates of unmet primary medical care needs among persons living with HIV infection* in Georgia , Atlanta EMA and Georgia non-EMA, January 01 to December 31, 2011



Number with unmet needs:
Georgia : 20,627
Atlanta EMA§: 12,285
Georgia non-EMA : 8,342

*Persons living with HIV infection include PLWH(non-AIDS) and PLWA
§Atlanta EMA consists of Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding and Walton counties

Figure 2: Estimates of unmet primary care needs among persons living with HIV(non-AIDS) , Georgia and its regions, January 01 to December 31, 2011

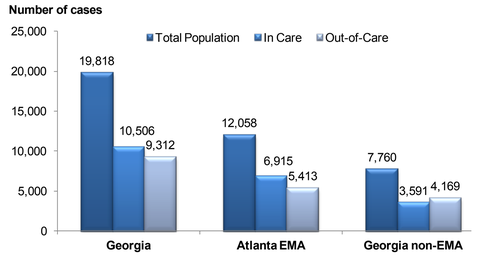
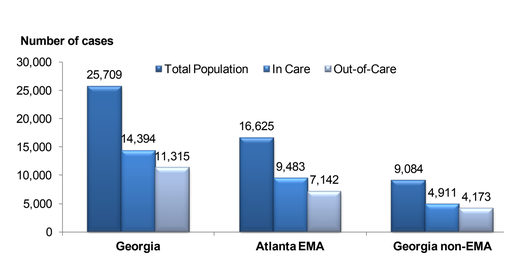


Figure 3: Estimates of unmet primary care needs among persons living with AIDS, Georgia and its regions, January 01 to December 31, 2011



Total population refers to PLWH(non-AIDS) [Figure 2] or PLWA [Figure 3] as of December 31, 2011
In care refers to PLWH(non-AIDS) [Figure 2] or PLWA[Figure 3] as of December 31, 2011 with an evidence of viral load and/or CD4 count between January 01 to December 31, 2011
Out-of-Care = Total Population – In Care

Figure 4: Estimates of unmet primary care needs among persons living with HIV infection by sex, Georgia and its regions, January 01 to December 31, 2011

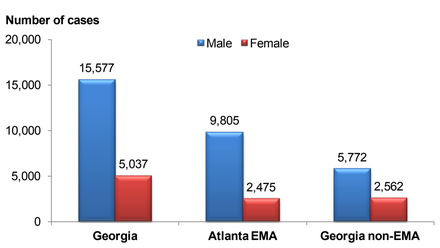


Figure 5: Estimates of unmet primary care needs among persons living with HIV infection by age (13 years and greater), Georgia and its regions, January 01 to December 31, 2011

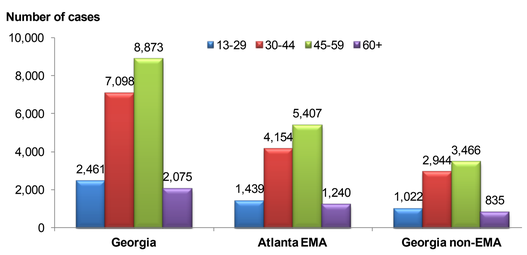


Figure 6: Estimates of unmet primary care needs among persons living with HIV infection by race/ethnicity, Georgia and its regions, January 01 to December 31, 2011

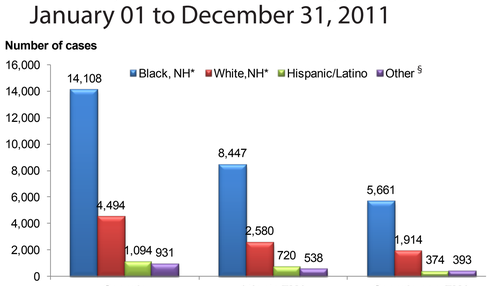
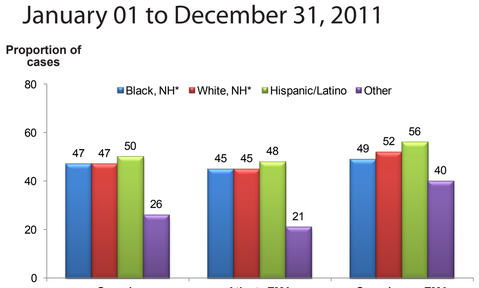


Figure 7: Proportion of unmet primary care needs among persons living with HIV infection by race/ethnicity, Georgia and its regions, January 01 to December 31, 2011



*NH (non-Hispanic)
§Other Includes Asian, Hawaiian/Pacific Islander, Multiracial, American Indian, Alaskan Native and Unknown

Results

- The total number of persons living with HIV infection in the Atlanta EMA (28,683) was almost twice that of those living in the Georgia non-EMA(16,844)
- Estimates of unmet primary care needs of persons living with HIV infection were 20,627 (45%) for Georgia statewide, 12,285(43%) for the Atlanta EMA and 8,342(50%) for Georgia, non-EMA [Figure 1]
- Proportions of unmet needs were highest in the Georgia non-EMA among PLWH (non-AIDS)(54%) and PLWA (46%) compared to Atlanta EMA (43% for both PLWH non-AIDS and PLWA)
- Males living with HIV infection in the Atlanta EMA (9,805;44%), Georgia non-EMA (5,772;51%) and Georgia statewide (15,577;46%) had higher unmet needs than females in the Atlanta EMA (2,475;40%), Georgia non-EMA (2,562;46%) and Georgia statewide (5,037,43%) [Figure 4]
- Among adults and adolescents (13 years of age and greater), higher unmet needs were seen among those 45 to 59 years of age in the Atlanta EMA, Georgia non-EMA and Georgia statewide [Figure 5]. However, by proportion higher unmet needs were seen in among those 60 years and greater in Georgia and its regions
- Hispanic/Latinos had the lowest number of persons but highest proportion with unmet needs compared to all other racial/ethnic groups in the Atlanta EMA(720,48%) and Georgia non-EMA (374,56%)[Figures 6,7]

Conclusions

- Quantified estimates of unmet primary medical care needs among persons living with HIV infection in the Atlanta EMA assists Ryan White program A grantees to monitor and ensure that persons living with HIV infection in the Atlanta EMA have access to primary medical care.
- Estimates of unmet primary medical care needs in Georgia statewide and in Georgia non-EMA guide stakeholders in decision-making to improve primary care access for all HIV positive Georgians
- It is important to consider both numbers of persons and proportions of populations to measure unmet needs so we can identify disparities in provision of care
- Ongoing efforts to estimate unmet needs for Georgia statewide, the Atlanta EMA and Georgia non-EMA in the future will allow comparative and trend analysis of unmet needs

Limitations

- The burden of HIV infection in Georgia may be underestimated due to limitations in reporting
- Evidence of one viral load or CD4 laboratory test may not be indicative of comprehensive primary medical care for persons living with HIV infection
- Utility of unmet need estimates by transmission category is limited by the large number of individuals with unspecified transmission category in the Georgia surveillance data
- Additional studies are needed to identify barriers to access to care and unmet needs that may differ for the Atlanta EMA and non-EMA populations

References

1. Centers for Disease Control and Prevention. HIV Surveillance Report, 2011; vol. 23. http://www.cdc.gov/hiv/topics/surveillance/resources/reports/. Published February 2013. Accessed April 2013.
2. A practical guide to measuring unmet need for HIV related primary medical care: Using the unmet need framework; Institute of Health Policy Studies, University of California, San Francisco, May 2003