

Data Trends & Highlights: *FPAR & HIV Prevention Projects*

OPA/OFP HIV Prevention Project
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Learning Objectives

- Describe key trends and findings from the **2006** Family Planning Annual Report (FPAR)
- Review epidemiology of HIV/AIDS in relation to Title X users
- Examine national and regional OPA HIV Prevention Project data trends
- Compare trends in FPAR and HIV Prevention Project data with national trends

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Family Planning Annual Report (FPAR)

Family Planning Annual Report (FPAR)

- The only source of annual, uniform reporting by all Title X service grantees
- Enables Title X administrators and grantees to:
 - Monitor program performance
 - Comply with federal accountability rules
 - Guide strategic and financial planning
 - Estimate impact of Title X-supported activities on key reproductive health outcomes, including unintended pregnancy, infertility and invasive cervical cancer
- Published reports available online from OPA: <http://www.hhs.gov/opa/familyplanning/toolsdocs>

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FPAR: User Demographics

Who are Title X family planning users?

- Majority are sexually-active **young (<25 years) females, living in poverty, and uninsured**
- Nearly half identify as **racial and/or ethnic minorities**
- Overall trends have remained stable, but there is variability across regions

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FPAR: User Demographics

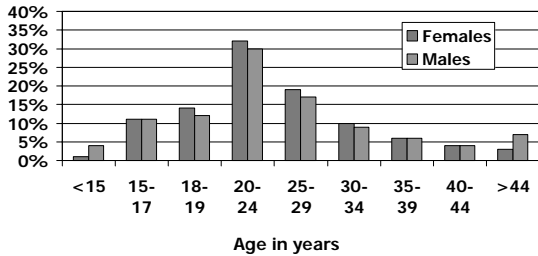
Variable	FPAR 2005	FPAR 2006	% Chg
Total Users (N)	5,002,961	4,994,278	-0.2%
Female	95%	95%	0%
Male	5%	5%	0%
Age <25 Years	58%	58%	0%
≤100% FPL*	66%	67%	+1%
Uninsured	60%	61%	+2%
Racial and/or Ethnic Minorities†	48%	48%	0%

*Federal Poverty Level; † Identified as other than non-white, non-Hispanic/Latino(a)

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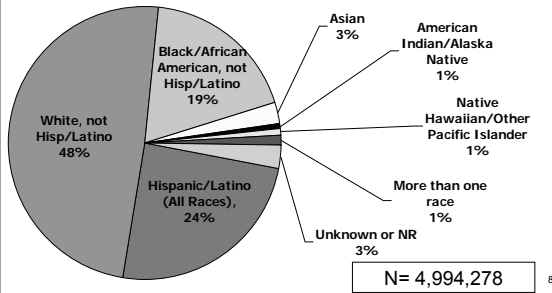
FPAR 2006: Users by Age Group

Distribution of family planning users by age
(Females: N=4,721,869 Males: N=272,409)



FPAR 2006: Users by Race/Ethnicity

Distribution of Family Planning Users by Race/Ethnicity

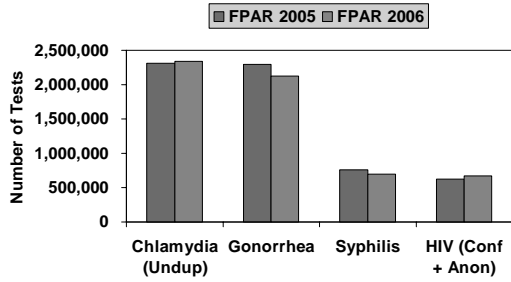


FPAR: STD and HIV Testing

Data Collected (since 2005):

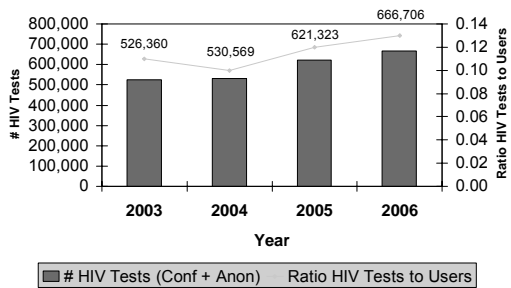
- Unduplicated number of users tested for **chlamydia** by age and gender
- Number of **gonorrhea** and **syphilis** tests performed by gender
- Number of **confidential HIV** tests performed by gender, and number of positive test results
- Number of **anonymous HIV** tests performed

FPAR: STD and HIV Testing



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FPAR: Trends in HIV Testing



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FPAR: HIV Testing

Variable	FPAR 2005	FPAR 2006	% Chg
# HIV Tests (Confidential)	607,974	652,426	+7.3%
Female	519,221	557,309	+7.3%
Male	88,753	95,117	+7.2%
Ratio Tests to Users	0.12	0.13	+7.5%
Positive Test Results	1,114	1,337	+20.0%
% Positive	0.18%	0.20%	+11.1
# HIV Tests (Anonymous)	13,349	14,280	+7.0%

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Epidemiology of HIV/AIDS among Women and Youth

HIV/AIDS among Women

Nature of the epidemic

- Younger women (15-39) are more likely to get HIV
- Women of color (especially Black/African American) and women living in poverty are the hardest hit
- AIDS is a common killer, second only to cancer and heart disease for women

Most common modes of transmission

- Having sex with a man who has HIV
- Sharing injection drug works (needles, etc.)

Source: CDC HIV/AIDS among Women Fact Sheet, Revised June 2007

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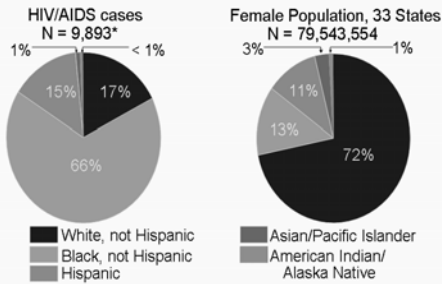
HIV/AIDS among Women

- The proportion of estimated AIDS cases diagnosed among women increased from 14% in 1992 to 23% in 2005.
- In 2005, Black/African American and Hispanic/Latina women represented 24% of all US women, but 82% of AIDS diagnoses
- In 2005, American Indian/Alaska Natives had the third highest rate of HIV/AIDS diagnoses after Blacks and Hispanics

Source: CDC HIV/AIDS among Women Fact Sheet, Revised June 2007

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Proportion of HIV/AIDS Cases and Population among Female Adults and Adolescents, by Race/Ethnicity 2005—33 States



Note: Data include persons with a diagnosis of HIV infection regardless of AIDS status at diagnosis. Data from 33 states with confidential name-based HIV infection reporting since at least 2001. Data have been adjusted for reporting delays.
 *Includes 12 female adults and adolescents of unknown race or multiple races.

Challenges Contributing to HIV/AIDS Racial/Ethnic Disparities

- Lack of knowledge of (partner's) HIV serostatus
- Lack of knowledge of partner's risk behavior
 - Unprotected sex with multiple partners
 - Homophobia and concealment of MSM behavior
- High rates of Sexually Transmitted Infections
- Substance abuse (i.e. injection drug use)
- Poverty
 - Limited access to health care and health education
 - Homelessness and inadequate housing

Source: CDC HIV/AIDS among African Americans Fact Sheet, Revised June 2007 17

HIV/AIDS among Youth

Nature of the epidemic

- 14% of the persons diagnosed with HIV or AIDS in 2004 were under age 25 years
- Young people of racial/ethnic minorities are at increased risk for infection through sexual risk behavior (heterosexual and MSM)

Risk Factors

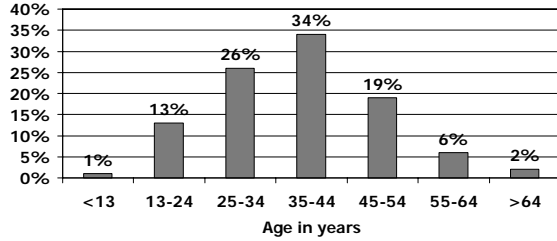
- Earlier age at sexual initiation
- Higher STD rates

Source: CDC HIV/AIDS among Youth Fact Sheet, June 2006

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HIV/AIDS Diagnoses by Age

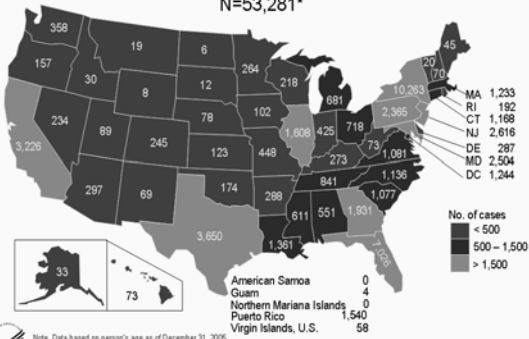
Distribution of new HIV/AIDS diagnoses by age
(N=38,730)



Source: CDC Surveillance 2004

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Female Adults and Adolescents 15 to 44 Years of Age Reported to be Living with AIDS, 2005—United States and Dependent Areas
N=53,281*



Note: Data based on person's age as of December 31, 2005.
*Includes 17 persons whose residence is unknown or missing.

CDC

Public Health Service Regions



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OPA/OFPP HIV Prevention Project

HIV Prevention Project

GOAL:

- *To supplement existing Title X grants, in communities with demonstrated high risk for HIV/AIDS, to implement or expand HIV on-site prevention counseling, testing, and referral services*

Funding Cycle 1: Oct 2001 – Aug 2004

34 projects, 8 PHS regions (19 states/territories)

Funding Cycle 2: Sep 2004 – Sep 2007

63 projects, 10 PHS regions (27 states/territories)

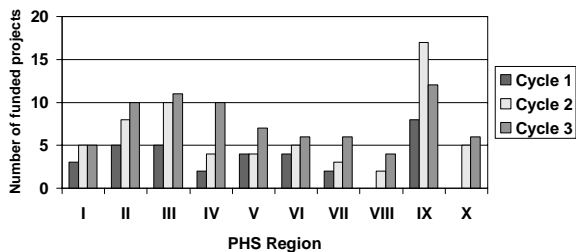
Funding Cycle 3: Sep 2007 – Oct 2010

77 projects, 10 PHS regions (34 states/territories)

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HIV Prevention Project

Projects Funded per Region per Cycle



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Outcome Measures

- # HIV prevention counseling sessions*
- # of HIV tests by test mode and type
 - Confidential v. Anonymous
 - Standard v. Rapid
- Number of positive HIV tests
- Number of clients returning for test results
- Number of positive clients referred for Tx/care
- HIV testing and positivity
 - by race & ethnicity
 - by gender & age group

* No longer collected in Funding Cycle 3 due to revised CDC recommendations

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Counseling, Testing & Referral

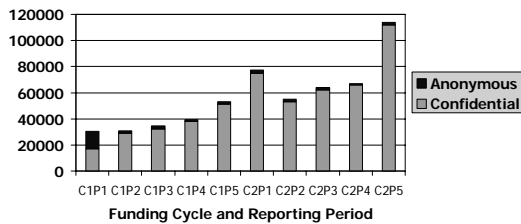
Outcome	Cycle 1: (36 months) Oct-01 to Aug-04		Cycle 2: (36 months) Sep-04 to Sep-07	
	N	%	N	%
	# clients counseled	365,461	n/a	576,398
# tested	187,702	51%	377,286	65%
# returning for results	97,067	53%	247,551	71%*
# confirmed positive	693	0.37%	1,034	0.27%
# positives referred for Tx	540	78%	984	95%

*Data on the number of clients returning for rapid test results was not collected during Cycle 2 Period 1; thus the rate of return for results is calculated using data from Periods 2-5 only.

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HIV Tests by Period

Number of HIV Tests Reported Per Period
(N=565,634)

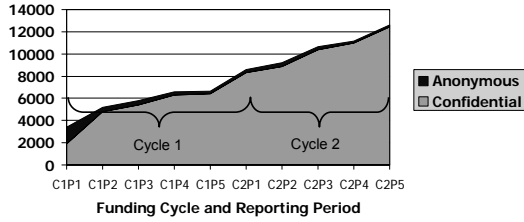


Cycle 1, Periods 1-5 (Oct-01 to Aug-04) and Cycle 2, Periods 1-5 (Sep-04 to Sep-07)

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HIV Tests by Test Mode

Average Number of HIV Tests by Test Mode
Per Month Per Period

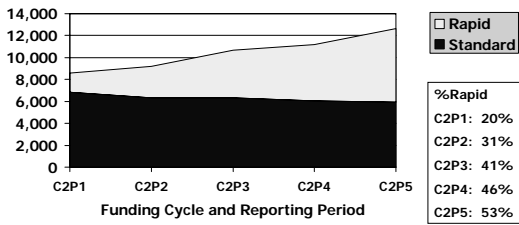


Cycle 1, Periods 1-5 (Oct-01 to Aug-04) and Cycle 2, Periods 1-5 (Sep-04 to Sep-07)

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HIV Tests by Test Type

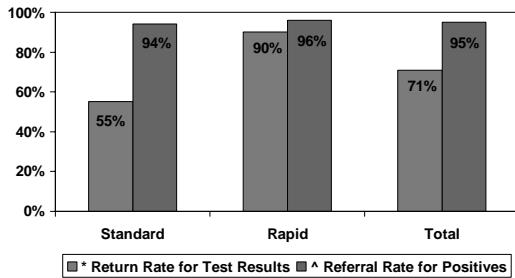
Average Number of HIV Tests by Test Type
Per Month Per Period



Cycle 2, Periods 1-5: Sep-04 to Sep-07

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Rate of Return and Referral for Positives by Test Type

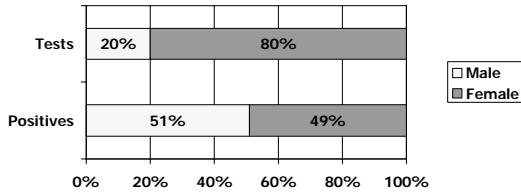


* Cycle 2, Periods 2-5: July-05 to Sep-07; ^ Cycle 2, Periods 1-5: Sep-04 to Sep-07

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Testing by Gender

Distribution of HIV Tests vs. HIV Positive Results by Gender

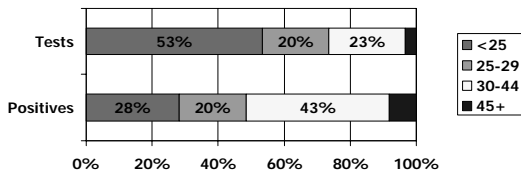


Cycle 2, Periods 1-5: Sep-04 to Sep-07

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Testing by Age Group

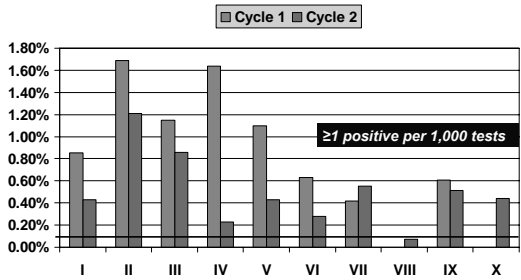
Distribution of HIV Tests vs. HIV Positive Results by Age Group



Cycle 2, Periods 2-5: July-05 to Sep-07

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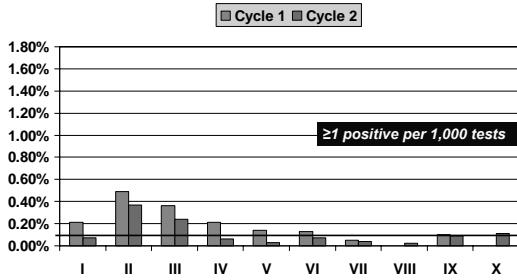
Male Positivity by Region



Cycle 1, Periods 1-5 (Oct-01 to Aug-04) and Cycle 2, Periods 1-5 (Sep-04 to Sep-07)

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Female Positivity by Region



Cycle 1, Periods 1-5 (Oct-01 to Aug-04) and Cycle 2, Periods 1-5 (Sep-04 to Sep-07) 37

Summary

- HIV testing among FP users is increasing steadily (especially rapid testing)
- Racial/ethnic disparities persist, especially among Black/African American users
- The HIV positivity rate (>1 per 1,000 tests) in family planning clinics in most regions appears to be cost-effective, especially for males, but additional targeting of females may be needed
- HIV prevention strategies should continue to emphasize the importance of reducing sexual risk behavior to prevent the spread of infection
