





# **Integrated Epidemiologic Profile for Ohio, 2005 Edition**

**HIV/AIDS Prevention and  
Ryan White CARE Act Community Planning**

**Ohio HIV/AIDS Surveillance  
HIV CARE Services Section  
HIV/STD Prevention**

The Ohio Department of Health  
J. Nick Baird, M.D., Director

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[http://www2.odh.ohio.gov/Data/Inf\\_Dis/hivcov.htm](http://www2.odh.ohio.gov/Data/Inf_Dis/hivcov.htm)



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## Abbreviations

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<b>ADAP</b>	AIDS Drug Assistance Program
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>BRFSS</b>	Behavioral Risk Factor Surveillance System
<b>CADR</b>	CARE Act Data Report
<b>CARE Act</b>	Comprehensive AIDS Resources Emergency Act
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CPG</b>	Community Planning Group
<b>CTS</b>	Counseling and Testing System
<b>EMA</b>	Eligible Metropolitan Area
<b>FPL</b>	Federal Poverty Level
<b>HAART</b>	Highly Active Antiretroviral Therapy
<b>HAB</b>	HIV/AIDS Bureau
<b>HARS</b>	HIV/AIDS Reporting System
<b>HCS</b>	HIV CARE Services Section
<b>HIPP</b>	Health Insurance Premium Payment
<b>HIV</b>	Human Immunodeficiency Virus
<b>HRSA</b>	Health Resources and Services Administration
<b>IDU</b>	Injection Drug User
<b>MSM</b>	Men who have Sex with Men
<b>OHDAP</b>	Ohio HIV Drug Assistance Program
<b>PLWH</b>	People Living with HIV
<b>PLWHA</b>	People Living with HIV/AIDS
<b>NHSDA</b>	National Household Survey of Drug Abuse
<b>NIR</b>	No Identified Risk

<b>NRR</b>	No Reported Risk
<b>RAG</b>	Regional Advisory Group
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>SES</b>	Socioeconomic Status
<b>STD</b>	Sexually Transmitted Disease
<b>TB</b>	Tuberculosis
<b>TEDS</b>	Treatment Episode Data Set
<b>TPA</b>	Third Party Administrator
<b>YRBS</b>	Youth Risk Behavioral Survey

## Executive Summary

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It is estimated that 22,300 to 24,800 persons are living with HIV or AIDS in Ohio. These estimates reflect all persons who are infected with HIV, including persons who are aware of their HIV-positive status and those who are not aware of their HIV-positive status. These estimates were calculated using methods developed by the Centers for Disease Control and Prevention (CDC).

At the end of 2003, 14,477 persons reported to the Ohio Department of Health were known to be living with HIV in Ohio, of whom 46 percent were living with AIDS. The number of persons living with HIV/AIDS continues to increase each year as people live longer with HIV infection due to improved treatments.

While HIV has impacted the entire state, the majority of cases are from the core counties of the eight largest urban areas in Ohio. These counties include Summit County (Akron), Stark County (Canton), Hamilton County (Cincinnati), Cuyahoga County (Cleveland), Franklin County (Columbus), Montgomery County (Dayton), Lucas County (Toledo) and Mahoning County (Youngstown). These counties account for 73 percent of persons living with HIV/AIDS in Ohio; however, they account for only 48 percent of Ohio's population.

Blacks and Hispanics are disproportionately impacted by HIV infection. The rate of persons living with HIV/AIDS per 100,000 population is nearly six times higher among blacks compared to whites; and among Hispanics, the rate is slightly more than four times than among whites.

Male-to-male sexual contact is the leading risk exposure for HIV among males, followed by injection drug use, then heterosexual contact. Among females, heterosexual contact is the leading risk exposure, followed by injection drug use.

Although deaths attributed to HIV/AIDS have decreased with improvements in treatments, HIV remains a leading cause of death among some population groups. In 2002, HIV/AIDS was the sixth-leading cause of death among persons 25-44 years of age in Ohio.

Syphilis among men who have sex with men increased dramatically in Ohio from 1999 to 2002. Overall chlamydia and gonorrhea rates and rates among some population groups, increased from 1998 to 2002.

The Ryan White Title II Case Management program, Emergency Financial Assistance program and the Home Health program served a total of 4,983 HIV-positive persons in 2002. A majority of the persons were male, white and between 30-49 years of age. However, there were demographic differences between clients using only case management services and those who also received emergency financial assistance.

The majority of persons utilizing the Emergency Financial Assistance program sought nutrition services (66 percent) and transportation services (61 percent). Transportation services were the most frequently accessed type of service.

Persons enrolled in the Ohio HIV Drug Assistance Program and Health Insurance Premium Payment program tended to be male, between the ages 30 and 49 and white. In comparison to persons living with HIV/AIDS, whites are represented in these programs at a much greater proportion.



# Introduction

This Epidemiologic Profile provides detailed information about the current HIV/AIDS epidemic in Ohio. This profile is a valuable resource for planning HIV prevention and care initiatives statewide, as well as at the regional level. This report describes the general population of Ohio, persons with HIV infection in Ohio, persons at risk for HIV infection in Ohio and service utilization patterns among HIV-infected persons in Ohio. The data presented in this report are intended to assist with guiding prevention and service efforts to justify and obtain funding for prevention and service programs and to evaluate programs and policies in Ohio. Multiple data sources are presented in this document to provide a comprehensive profile that addresses five questions:

1. What are the sociodemographic characteristics of the general population in Ohio?
2. What is the scope of the HIV/AIDS epidemic in Ohio?
3. What are the indicators of HIV/AIDS infection risk in Ohio?
4. What are the HIV service utilization patterns of individuals in Ohio?
5. What is the number of individuals who know they are HIV positive but who are not in care?

## Epidemiologic Profile Background

Epidemiologic profiles have been developed since the advent of HIV Prevention Community Planning in 1994 to provide data for HIV prevention planning groups to assist with prioritizing prevention efforts to help halt the spread of HIV infection in Ohio. In 2004, the epidemiologic profile was expanded to address questions pertaining to both HIV prevention and care planning. This integrated profile was prepared in accordance with the *Integrated Guidelines for Developing Epidemiologic Profiles: HIV Prevention and Ryan White CARE Act Community Planning*, developed by the Centers of Disease Control and Prevention (CDC) and the Health Resources Services Administration (HRSA). This volume of the profile is an update of the integrated epidemiologic profile.

## Profile Data Sources

Data from multiple sources were analyzed and interpreted to provide a comprehensive picture. Each data source has strengths and limitations which should be considered when interpreting the data. A brief description of the sources used in the profile can be found below. For a more detailed description of these sources, please refer to Appendix A.

### HIV/AIDS Surveillance

AIDS is a reportable condition in all states and territories. AIDS cases have been reportable since the early 1980s and cases have been defined according to the prevailing CDC case definition (last revised in 1993). The AIDS Surveillance system was established to monitor incidence of the disease and the demographic profile of the AIDS cases; to describe the modes of HIV transmission among persons diagnosed with AIDS; to guide the development and

implementation of public health intervention and prevention programs; and to assist in the evaluation of the efficacy of public health interventions. AIDS surveillance data are also used to allocate resources for Titles I and II of the Ryan White CARE Act.

State and local health departments actively solicit disease reports from health care providers and laboratories. Standardized case reports are used; these forms are used to collect socio-demographic information, mode of exposure, laboratory and clinical information, vital status and referrals for treatment services.

Reporting of HIV infections to local health authorities as an integral part of AIDS surveillance has been recommended by CDC and other professional organizations since the human immunodeficiency virus was identified and a test for HIV was licensed. As part of ongoing active HIV surveillance, health departments educate providers on their reporting responsibilities, establish liaisons with laboratories conducting CD4+ lymphocyte cell analysis and EIA and Western Blot testing and follow-up upon HIV cases of epidemiologic importance.

### **Behavioral Risk Factor Surveillance System (BRFSS)**

The BRFSS is a state-based, random-digit dialed telephone survey that monitors state-level prevalence of the major behavioral risks among adults associated with premature morbidity and mortality. Each month, a sample of households is contacted and one person in the household who is 18 years or older is randomly selected for an interview. Multiple attempts are made to contact the sampled household. A Spanish translation of the interview is available. Respondents to the BRFSS questionnaire are asked a variety of questions about their personal health behaviors and health experiences. Since 1994, the BRFSS questionnaire has asked questions related to HIV/AIDS of respondents aged 18 to 49 years. These questions include: perceived risk of getting an HIV infection; use of HIV testing; reasons for testing; if tested, the type of place where tested; receipt of post-HIV test counseling; attitudes toward condoms; and attitudes about when to initiate HIV/AIDS education in school. Since 2001, respondents have been asked about their perception of the importance of HIV testing.

### **HIV Counseling and Testing System (CTS)**

All states, territories and select cities receive funding to support HIV counseling, testing and referral programs as part of the HIV prevention cooperative agreements they have entered into with CDC. To monitor these programs, the CTS collects information to quantify and characterize counseling and testing services delivered at CDC-funded testing sites. Data captured include demographic, insurance, risk information and testing information (testing history, test result). Personal identifying information is not collected.

### **National Household Survey of Drug Abuse (NASDA)**

The NHSDA is an ongoing source of statistical information on the use of illicit drugs by the U.S. civilian population aged 12 or older. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face computer-assisted interviewing (CAI) method at their place of residence. Information captured by the NHSDA questionnaire includes use of cocaine, receipt of treatment for illicit drugs and need of treatment for illicit drugs during the past year; use of alcohol, tobacco, or marijuana during the past month; and past month perceived risk of binge drinking, marijuana use or smoking during the past month.

The NHSDA employed a 50-state sampling design; for the eight states with the largest populations, the sampling design provides the sample large enough to support direct state estimates. Youths and young adults were over-sampled so that each state's sample was approximately equally distributed among three major age groups: 12-17 years, 18-25 years and 26 years or older.

#### **Ohio HIV Drug Assistance Program Data**

HIV CARE Services Section (HCS) Ohio HIV Drug Assistance Program data contain information on clients who are receiving drug assistance, insurance premium payment and Medicaid spenddown payment assistance. Data are available from 1998 on clients receiving drug assistance and insurance premium payment. Data on clients receiving Medicaid spenddown payment are available from 2001 when this service became available.

#### **Ryan White Title II Case Management Program Data**

Ohio's Ryan White Title II case management program data contain information on clients using case management services, emergency financial assistance and home health assistance. Data are available from 1999 and they include service and program utilization information for those that are eligible for the services.

#### **Sexually Transmitted Disease (STD) Case Reporting**

Surveillance activities are conducted to monitor the levels of syphilis, gonorrhea and chlamydia; to establish prevention programs; to develop and revise treatment guidelines; and to identify populations at risk for STDs. Case report forms include information on patient demographics, type of infection and source of report (private or public sector).

#### **U.S. Bureau of the Census (Census Bureau)**

The Census Bureau collects and provides timely information about the people and economy of the United States. The Web site for the Census Bureau includes data on the demographic characteristics (e.g., age, race, Hispanic ethnicity, sex) of the population, family structure, educational attainment, income level, housing status and the percentage of persons living at or below the poverty level. Tables and maps of census data are available for all geographic areas to the block level. Summaries of the most requested data for states and counties are provided, as well as analytical reports on population change, race, age, family structure and apportionment.

#### **Vital Records-Death Data**

In the United States, state laws require death certificates to be completed for all deaths and federal law mandates national collection and publication of deaths. A standard certificate of death is used to record death information on each decedent.

#### **Youth Risk Behavior Surveillance System (YRBSS)**

The YRBSS was established to monitor six priority, high-risk behaviors that contribute to leading causes of mortality, morbidity and social problems among youth and adults in the United States. YRBSS was developed to collect data that are comparable among national, state and local samples of youth. Using a self-administered questionnaire, YRBSS collects information on six categories of behaviors, of which sexual behaviors that contribute to unintended pregnancy and STDs, including HIV, is one. Questions are also asked about exposure to HIV prevention education materials, sexual activity (age of onset, number of partners, condom use, preceding drug or alcohol use), contraceptive use and pregnancy history.

## Profile Strengths and Limitations

The strengths and limitations of this document should be considered when making planning decisions pertaining to HIV prevention and care. While the profile is comprehensive and draws from a number of different data sources, there are many things that the profile cannot explain.

The HIV/AIDS surveillance system in Ohio is an active surveillance system, which means case finding techniques are employed to maximize the number of infections reported. However, the system includes only persons tested confidentially for HIV; therefore persons infected with HIV who have not been tested or those who choose to be tested anonymously are not included in surveillance numbers. Because persons are tested at variable times following HIV infection and many individuals are not tested until they have progressed to AIDS, HIV data is not necessarily representative of persons recently infected with HIV.

The purpose of the epidemiologic profile is to describe the effect of the HIV/AIDS epidemic in terms of sociodemographic, geographic, behavioral and clinical characteristics. This profile examines all of these characteristics and provides a good description of the epidemic in terms of the sociodemographic, geographic and clinical characteristics. Although behavioral characteristics are provided, they should be interpreted with caution because more than 50 percent of new HIV/AIDS diagnoses are reported with no risk information.

## Profile Preparation

This profile has been prepared by the Ohio Department of Health's (ODH) HIV/AIDS Surveillance Program in collaboration with ODH's HIV/STD Prevention and HIV CARE Services Section. A workgroup was created to develop this epidemiologic profile following CDC's and HRSA's *Integrated Guidelines for Developing Epidemiologic Profiles: HIV Prevention and Ryan White CARE Community Planning*. The workgroup included staff from ODH's HIV/AIDS Surveillance Program, HIV/STD Prevention Program, HIV CARE Services Section and community members that represented both prevention and care planning groups. The HIV/AIDS Surveillance Program staff served as lead writers for the profile.

This volume of the profile addresses the question: "What is the number of individuals who know they are HIV positive but who are not in care?" that was not answered in the previous profile because the information was not available (Section 2: Question 2). Sections of the profile that pertain to sociodemographic characteristics of Ohio's population (Section 1: Question 1), indicators of HIV infection risk in Ohio (Section 1: Question 3) and HIV-service-utilization patterns of individuals in Ohio (Section 2: Question 1) are included in this volume of the profile but they have not been updated. This profile is to be used for the HIV Prevention and Ryan White Title II grant years 2004-2008.

To allow for comparability across data sources, some general standards were utilized that were suggested by CDC and agreed upon by the profile advisory group; however, some data sources were available only at an aggregate level that differs from the standards. Most of the data are

from 2003, except where noted, when 2003 data were not available. Where possible, race/ethnicity is presented using the following categories: white, not Hispanic; black, not Hispanic; Hispanic; Asian/Pacific Islander; and American Indian/Alaska Native. In narrative discussions, white, not Hispanic is referred to as white; and black, not Hispanic is referred to as black. Where possible, age is presented using the following age groups (in years): less than 13, 13-19, 20-24, 25-29, 30-39, 40-49, 50-64 and 65 and older.

## Organization of the Profile

This epidemiologic profile is organized into four sections. The five key questions are addressed in the first two sections and cross regional summary data are presented in section 3 and 4, as outlined below.

Because Ohio has a total of 21 separate planning bodies for HIV prevention- and care-related activities, it was not feasible to create separate epidemiologic profiles for each planning region. However, for planning at the regional level, it is critical for each region to have data to identify populations most impacted and most at risk for HIV infection in a particular region, in order to allocate resources for HIV prevention and care initiatives. At the end of question 2 in section 1, which describes the scope of the HIV/AIDS epidemic in Ohio, detailed HIV/AIDS data are presented for each of the planning regions. Also, cross-regional summary data are provided from several data sources in section 3.

### Section 1: Core Epidemiologic Questions

This section of the profile is intended to provide a general understanding of the characteristics of the general population in Ohio, the distribution of HIV disease and a detailed look at persons at risk for HIV infection. This section addresses three key questions.

**Question 1: What are the sociodemographic characteristics of the general population in Ohio?** Describes the overall demographic and socioeconomic characteristics of the general population in Ohio.

**Question 2: What is the scope of the HIV/AIDS epidemic in Ohio?** Examines the impact of the HIV/AIDS epidemic among population groups in Ohio to assist planning groups with targeting prevention and care services.

**Question 3: What are the indicators of HIV/AIDS infection risk in Ohio?** Provides an in-depth view of three high-risk behaviors associated with HIV transmission: male/male sex; injection drug use/substance abuse; and high-risk heterosexual contact. Examines data sources pertaining to both direct and indirect measures of these risk behaviors.

### Section 2: Ryan White HIV/AIDS Comprehensive AIDS Resources Emergency (CARE) Act Special Questions and Considerations

This section describes Ryan White CARE Act Title II patterns of utilization among HIV-positive individuals. It will provide demographic overview by the various programs funded by Title II.

**Question 1: What are the HIV service utilization patterns of individuals in Ohio?** Describes the utilization of Ryan White Title II services which includes the Case Management program, Emergency Financial Assistance program, Home Health Program, Ohio HIV Drug Assistance Program and Health Insurance Premium Payment program.

**Question 2: What is the number of individuals who know they are HIV positive but who are not in care?** Describes the framework used by Ryan White Title II to answer this question and the results.

**Section 3: Regional Data for HIV Prevention Community Planning Regional Advisory Group.**

This section presents cross-regional summary data for the nine HIV Prevention Community Planning Regional Advisory groups. Data presented include census data, HIV/AIDS surveillance data, CTS data and STD data.

**Section 4: Regional Data for Ryan White Consortia Areas.**

This section presents cross-regional summary data for the 11 Ryan White Consortia areas and the Ryan White Title I Cleveland Region. Data presented include census data, HIV/AIDS surveillance data, CTS data and STD data. Service utilization data is also provided for the Ryan White Consortia areas.

