

Section 2: Special Questions and Considerations for Ryan White HIV/AIDS CARE Act Grantees

Question 1: What are the HIV service utilization patterns of individuals in Ohio?

Question 2: What is the number of individuals who know they are HIV positive but who are not in care?

Question 1

What are the patterns of service utilization of HIV-infected persons in Ohio?

This section will review Title II of the Ryan White CARE Act patterns of utilization of HIV-infected persons in Ohio. This will be analyzed by looking at demographic characteristics as well as the different types of services that eligible persons are accessing in each of the programs funded by Title II. Additional data by Ryan White Title II consortia areas are available in section 3. Information presented in this section comes from the Ohio Department of Health HIV CARE Services Section databases.

Highlights Patterns of Utilization of HIV-Infected Persons in Ohio

- Overall, clients enrolled in Ryan White CARE Act Title II programs reflect HIV-infected persons in the State of Ohio.
- There were 1,534 clients receiving only case management services and 3,449 clients receiving emergency financial assistance in 2002. The race/ethnic characteristics of clients receiving only case management services differ from those receiving emergency financial assistance.
- Majority of Emergency Financial Assistance claims in 2002 are for nutrition and transportation services.
- Majority of clients in Ohio HIV Drug Assistance Program (OHDAP) and Health Insurance Premium Payment (HIPP) are male and between the ages of 30 and 49, which is representative of the HIV/AIDS epidemic in Ohio. However, whites represent a greater majority compared to the epidemic (61 percent vs. 50 percent).
- Twenty-four percent of HIV diagnoses reported to the Ohio Department of Health were also diagnosed with AIDS at the same time.

Overview of the Ryan White CARE Act

The Ryan White Comprehensive AIDS Resources and Emergency (CARE) Act was amended to the Public Health Service Act in 1990. It was created to provide grants to improve quality and availability of care for individuals and families with HIV who lack health insurance and financial resources. Funds are appropriated to state and community agencies through four titles to provide primary care and support services.³⁻⁴ The CARE titles are:

Title I. Title I provides emergency assistance to eligible metropolitan areas (EMAs) that are most affected by the HIV/AIDS epidemic. Funds may be used to provide a continuum of care for persons living with HIV/AIDS through services such as ambulatory health services, ambulatory support services, inpatient case management services and, as of 2000, early intervention services. The one Title I area in Ohio is the Cleveland-Lorain-Elyria Metropolitan Statistical Area (MSA), which includes Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina counties.⁵

Title II. All 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands and five newly eligible U.S. Pacific territories and associated jurisdictions receive Title II funding to provide medical and support services to persons living with HIV/AIDS. Services may include ambulatory health care, insurance coverage, medications, home-based health care or other health/support services. Title II providers may include public or nonprofit groups. A key component of this is the AIDS Drug Assistance Program (ADAP), which provides medication and treatment for persons living with HIV/AIDS.⁶ In Ohio, this program is referred to as the Ohio HIV Drug Assistance Program (OHDAP). The state works with subcontractors and the HIV Care Consortia to provide some services directly.

Title III. Grants available under Title III are the Capacity Building Program, Planning Program and Early Interventions Services. The Capacity Building Program provides funds to public or private agencies/groups planning to become comprehensive HIV primary care providers to strengthen their organizations. Funds are used to augment, enhance or expand the higher quality of HIV primary health care in underserved areas and communities of color by promoting organization infrastructure development. While the Capacity Building Program achieves its goal developing this infrastructure, the Planning Program does so by funding the planning processes. These programs do not; however, fund any service delivery or patient care; this is funded by Early Intervention Services. In Ohio, there were two planning grantees (Cleveland and Akron) and three Early Intervention Service grantees (Columbus, Chillicothe and Cincinnati) in 2002.⁷

Title IV. Grantees of Title IV money provide women, infants, children, youth and families living with HIV disease enhanced access to care and to clinical trials and research. Identifying HIV-infected pregnant women, connecting them with care, improving their health and preventing perinatal transmission are special foci of this title. Both states and communities may apply for funding. In Ohio, two agencies receive funding, the Family AIDS Clinic and Educational

³ U.S. Department of Health and Human Services: HRSA HIV/AIDS Bureau. <http://ftp.hrsa.gov/hab/careact.pdf>

⁴ U.S. Department of Health and Human Services: HRSA HIV/AIDS Bureau. <http://hab.hrsa.gov/programs.htm>

⁵ U.S. Department of Health and Human Services: HRSA HIV/AIDS Bureau. <http://hab/hrsa.gov/programs/factsheets/title1fact.htm>

⁶ U.S. Department of Health and Human Services: HRSA HIV/AIDS Bureau. <http://hab.hrsa.gov/programs/factsheets/titleiifact.htm>

⁷ U.S. Department of Health and Human Services: HRSA HIV/AIDS Bureau. <http://hab.hrsa.gov/programs/factsheets/titleiii.htm>

Services (FACES) at Children's Hospital in Columbus and the Medical College of Ohio in Toledo.⁸

This section will focus on Ryan White Title II CARE Act in Ohio because Title II funding is administered by the state and the data are more readily available.

Ohio's Ryan White Title II

The 88 counties in Ohio are divided into 11 Title II regions, or consortia. These regions are centered on eight urban areas (46 counties); Cleveland, Columbus, Cincinnati, Dayton, Toledo, Akron, Youngstown and Canton. The remaining 42 counties are divided into three rural consortia: Lima (West Central), Mansfield (North Central) and Athens (South East). Responsibilities of the consortia include conducting needs assessments, setting service priorities and unduplicating services through service integration. Data pertaining to these consortia can be found in section 3: Regional Data.

The Ryan White Title II program is administered by the Ohio Department of Health (ODH) HIV CARE Services Section (HCS)⁹. HCS manages five direct service programs, Case Management; Emergency Financial Assistance; Home Health; Ohio HIV Drug Assistance Program (OHDAP); Health Insurance Premium Payment (HIPP) program; and an internal audit program, Quality Management. This section will focus on the direct service programs. Persons living with HIV/AIDS who are in these programs are referred to as clients.

Case Management and Emergency Financial Assistance Programs

The Case Management program provides case management services to persons living with HIV/AIDS. These services are provided by licensed social workers within various social service agencies and AIDS service organizations. Clients receiving case management services may also receive emergency financial assistance. There are no eligibility requirements for receiving case management services.

The Emergency Financial Assistance program helps pay for services that are emergency-based, are HIV-related, are based on need and are not available through any other means. There are eight service categories that are paid for by the program: Child Welfare and Family Services; Dental; Diagnostics and Monitoring; Housing Referrals and Placement; Medical Services; Nutrition; Rehabilitation; and Transportation. Clients cannot receive emergency financial assistance without receiving case management. Payments for these services or claims are managed by a third-party administrator (TPA). Eligibility requirements to receive emergency financial assistance include a third-party HIV-status verification (e.g. lab report, physician letter), Ohio residency and an income at or below 300 percent of the Federal Poverty Level (FPL).

Home Health Program

The ODH administers the Home Health Program in Ohio. This program provides skilled nursing visits to help people with HIV or AIDS stay at home or keep them from being admitted to the hospital. Eligibility requirements for this program are the same as for the Emergency Financial

⁸ U.S. Department of Health and Human Services: HRSA HIV/AIDS Bureau. <http://hab.hrsa.gov/programs/factsheets/titleiv.htm>

⁹ HIV CARE Services Section was previously known as AIDS Client Resources Section. The name was officially changed by the AIDS Client Resources Section in September of 2004.

Assistance program. Claims for these services are also processed by a TPA. In the year 2002, there were a total of 36 clients who utilized the program.

Demographics of Ryan White Title II Clients Receiving Only Case Management Services and Clients Receiving Emergency Financial Assistance

This section will briefly describe the demographics of clients receiving only Case Management Services and clients receiving Emergency Financial Assistance. Because the number of clients using Home Health program is small, the demographic characteristics will be included as part of Emergency Financial Assistance.

Table 145. Demographic comparison of clients receiving only case management, Ryan White Title II Emergency Financial Assistance and Home Health and persons living with HIV/AIDS in Ohio, 2002

	Clients Receiving Only Case Management Services ^a		Clients Receiving Emergency Financial Assistance and Home Health ^b		Reported Persons Living With HIV/AIDS ^c	
	No.	%	No.	%	No.	%
Gender						
Male	1,236	81%	2,507	73%	10,762	80%
Female	275	18%	889	26%	2,615	20%
Transgender	5	<1%	10	<1%	-	-
Unknown/Unreported	18	1%	43	1%	2	<1%
Age						
<2	7	<1%	15	<1%	7	<1%
2-12	18	1%	29	<1%	92	<1%
13-19	12	<1%	24	<1%	75	<1%
20-24	49	3%	84	2%	338	3%
25-29	120	8%	204	6%	783	6%
30-49	1,115	73%	2,615	76%	9,819	73%
50-64	197	13%	426	12%	2,070	15%
65+	15	<1%	15	<1%	195	1%
Unknown	1	<1%	37	1%	-	-
Race/Ethnicity						
White, not Hispanic	946	62%	1,548	45%	6,745	50%
Black, not Hispanic	508	33%	1,616	47%	5,564	42%
Hispanic	40	3%	197	6%	626	5%
Asian/Pacific Islander	8	<1%	9	<1%	47	<1%
American Indian/Alaska Native	4	<1%	10	<1%	26	<1%
Other	0	<1%	0	<1%	-	-
Unknown	28	2%	69	2%	371	3%
Total	1,534		3,449		13,379	

^aClients described in this column include those persons that are receiving only case management without any Emergency Financial Assistance. Eligibility requirements for the program include Ohio residency.

^bClients accessing Emergency Financial Assistance for HIV-related emergencies are described in this column. Service categories that Emergency Financial Assistance pays for include Child Welfare and Family Services, Dental, Diagnostics and Monitoring, Housing Referrals and Placement, Nutrition, Rehabilitation and Transportation. Eligibility requirements include having an income below the 300% FPL. Clients receiving Home Health services are included with the Emergency Financial Assistance clients.

^cLiving with HIV/AIDS represents all persons ever diagnosed and reported with HIV or AIDS who have not been reported as having died as of June 30, 2003.

Source: Ohio Department of Health HIV CARE Services Section, data as of May 2003. Ohio Department of Health HIV/AIDS Surveillance, data reported through Dec. 31, 2003.

The demographic characteristics that describe persons receiving case management services only, Title II Emergency Financial Assistance and people living with HIV/AIDS (PLWHA) in Ohio, are similar. They are predominantly male, between 30 to 49 years of age and white. (Table 145)

There is a noticeable difference; however, between the proportion of persons accessing Emergency Financial Assistance and PLWHA. There were a greater proportion of females (26 percent) receiving Emergency Financial assistance services compared to the proportion of females living with HIV/AIDS (20 percent). This is also true in blacks; 47 percent use emergency funds when only 42 percent of PLWHA are black.

Also, a disproportionate number of whites (62 percent) are accessing only Case Management compared to the percentage of whites living with HIV/AIDS (50 percent). Because clients receiving Emergency Financial Assistance have an income eligibility requirement of less than 300 percent FPL, clients receiving only Case Management tend to have higher incomes.

Clients Receiving Ryan White Title II Emergency Financial Assistance Services by Service Categories

Table 146. Ryan White Title II Emergency Financial Assistance service categories and Home Health clients by number of clients receiving claims and by number of claims, 2002

	Clients		Claims	
	No. ^a	% ^b	No.	%
Nutrition	2,281	66%	6,580	33%
Transportation	2,121	61%	7,456	38%
Housing Referrals & Placement	1,135	33%	2,260	11%
Medical Services	686	20%	1,676	8%
Diagnostics & Monitoring	250	7%	766	4%
Child Welfare & Family Services	146	4%	274	1%
Dental	119	3%	260	1%
Rehabilitation	110	3%	319	2%
Home Health	36	1%	197	1%
Total	3,449		19,787	

^aClients can access more than one service. Therefore, adding the number of clients accessing the services will not equal 3,449, which is the unduplicated number of clients using services.

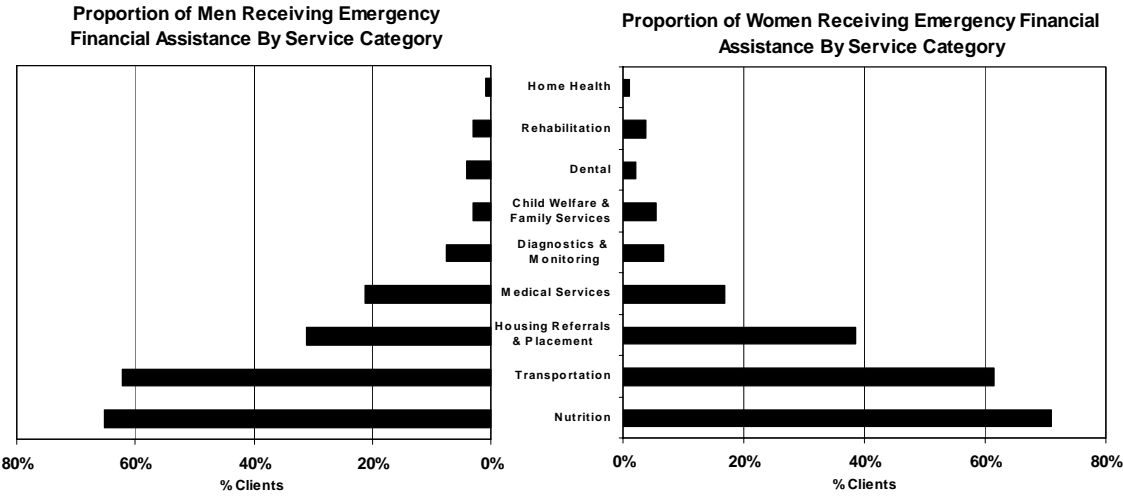
^bClients may access more than one service or have more than one claim. Therefore, categories are not mutually exclusive and percentages will not add up to 100%.

Source: Ohio Department of Health HIV CARE Services Section, as of May 2003.

Clients can receive multiple services (claims) through Emergency Financial Assistance. Of the eight service categories, the majority of clients access Nutrition (66 percent) and Transportation (61 percent) services. However, when looking at the proportion of claims by service category, most claims are for Transportation (38 percent) services. (**Table 146**)

Clients Receiving Ryan White Title II Emergency Financial Assistance Services by Gender

Figure 54. Ryan White Title II Emergency Financial Assistance clients and Home Health clients, by service category and gender, 2002

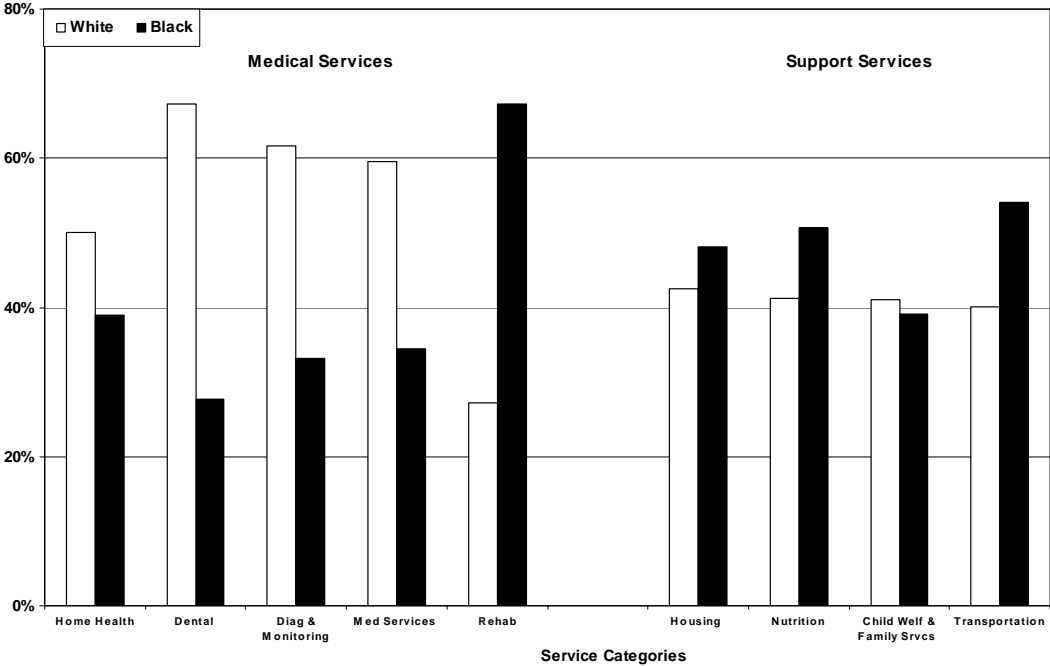


Source: Ohio Department of Health HIV CARE Services Section, as of May 2003.

The top three service categories for which both men and women received financial assistance are Nutrition, Transportation and Housing Referrals & Placement. Of men, Nutrition (65 percent) and Transportation (61 percent) service categories were both frequently accessed. Women also access Nutrition (71 percent) and Transportation (61 percent) services as well as more Housing Referrals & Placement Services (38 percent) than men (31 percent) and less Medical Services (17 percent) than men (21 percent) (Figure 54). Proportions of claims by service category and gender also show the proportion of women and men receiving claims in each of the service categories are similar. Transportation and Nutrition services have the most claims.

Clients Receiving Ryan White Title II Emergency Financial Assistance by Race/Ethnicity

Figure 55. Ryan White Title II Emergency Financial Assistance clients and Home Health clients, by service category and race, 2002



Source: Ohio Department of Health HIV CARE Services Section, as of May 2003.

Forty-five percent of clients receiving Emergency Financial Assistance were white and 47 percent were black. The types of services for which both blacks and whites seek assistance are similar. Nutrition and Transportation services are the most needed services for both demographic groups, followed by Housing Referrals and Placement; Medical Services; Diagnostics and Monitoring; Dental; Rehabilitation; Child Welfare and Family Services; and Home Health.

The eight service categories of Emergency Financial Assistance funds can be categorized into two main service types: Medical Services and Support Services. Medical Services encompass Diagnostics and Monitoring; Medical; Home Health; Dental; and Rehabilitation services. Support services include Nutrition; Housing Referrals and Placement; Child Welfare and Family Services; and Transportation.

When service categories are compared by race, white clients are accessing more medical services than black clients and black clients are accessing more support services than white clients. Rehabilitation and Child Welfare and Family services are the exception to this observation. Clients who received Rehabilitation services were three times as likely to be black. A similar proportion of blacks and whites; however, were receiving Child Welfare and Family Services. (Figure 55)

Clients Receiving Ryan White Title II Emergency Financial Assistance by Age & Service Categories

Table 147. Ryan White Title II Emergency Financial Assistance clients and Home Health clients by service category and age group, 2002

	<u><2</u> n=15	<u>2-12</u> n=29	<u>13-19</u> n=24	<u>20-24</u> n=84	<u>25-29</u> n=204	<u>30-49</u> n=2615	<u>50-64</u> n=426	<u>65+</u> n=15
Nutrition	60%	83%	67%	61%	57%	67%	71%	67%
Transportation	20%	34%	50%	74%	54%	62%	66%	53%
Housing Referrals & Placement	20%	17%	33%	32%	31%	34%	30%	20%
Medical Services	80%	21%	13%	15%	27%	20%	19%	7%
Diagnostics & Monitoring	-	-	-	10%	13%	7%	7%	-
Dental	-	-	-	6%	4%	4%	3%	7%
Child Welfare & Family Services	-	3%	-	2%	2%	4%	2%	-
Rehabilitation	-	3%	-	-	2%	3%	4%	-
Home Health	-	3%	-	-	-	1%	2%	-

Note: Clients can receive multiple services, so the percent totals will not equal 100% among the age groups.

Source: Ohio Department of Health HIV CARE Services Section, data as of May 2003.

Examining client information by age and service categories reveals differences in services received. With the exception of the <2 age group, the top three services utilized by each age group are Nutrition, Transportation and Housing Referrals & Placement. The <2 age group utilized Medical services (80 percent) the most. Between the ages 2-12, 13-19 and 25+, clients received mostly Nutrition services. Eighty percent of clients less than 2 years of age received assistance for Medical services. Clients in the 20-24 age group received more assistance in Transportation than any other age group. Data related to emergency financial assistance by service category and by age groups should be interpreted with caution due to the low number of clients in these age categories. (Table 147)

HIV/AIDS Drug Assistance Programs

In Ohio, the provision of HIV medications is covered by two programs: Ohio HIV Drug Assistance Program (OHDAP) and Health Insurance Premium Payment (HIPP) program. To be eligible to receive these services in calendar year 2002, a person must have had a confirmed HIV test, had an income at or below 300 percent of federal poverty level (FPL) and not have qualified for other programs. In 2003, the programs changed income eligibility to include those at or below 500 percent of FPL. Because the data described in this document are for calendar year 2002, patterns of service utilization of OHDAP and HIPP clients are for clients who met the 2002 eligibility requirements. OHDAP and HIPP programs are the payers of last resort.

OHDAP (Ohio HIV Drug Assistance Program)

OHDAP, Ohio's version of ADAP, has an Advisory Board comprised of physicians, pharmacists, nurses, social workers and consumers who determine which medications will be available on the program formulary. In addition, this group reviews patterns of medication dispensed to program clients to ensure U.S. Public Health Service guidelines are being followed. Medications are purchased through a wholesale vendor and are then sent to a dispensing pharmacy to distribute medications to program clients via mail. This ensures equal access to medication regardless of where in the state the individual lives.

HIPP (Health Insurance Premium Payment) Program

The HIPP program assists both individuals with private insurance and individuals with Medicaid. For persons living with HIV/AIDS who cannot afford their health insurance premium and who meet the eligibility requirements, the HIPP program pays their premiums (private insurance). In order to be eligible for the HIPP program, clients must have medication coverage as a component of their health plan. Some clients are also eligible for assistance with co-pays for their medication.

The public side of HIPP is called the Medicaid Spenddown Payment program. Medicaid sets income eligibility criteria for its clients. If a Medicaid client's income exceeds the level set by Medicaid, the individual is given a chance to "spenddown" the difference between their income and the program limit. As part of HIPP program, public insurance coverage (Medicaid) spenddown amounts may be paid much like a private insurance "premium." Medicaid clients who are eligible for the Medicaid Spenddown Payment program are not eligible for OHDAP and HIPP programs except in rare circumstances. For example, if a prescription medication is available through the OHDAP formulary, but not yet available through Medicaid, an exception may be granted for this single drug.

Demographic Characteristics of Clients in the HIV/AIDS Drug Assistance Programs

Table 148. Ohio Ryan White Title II HIV/AIDS Drug Assistance clients and reported persons living with HIV/AIDS, by demographic characteristics and program, 2002

	OHDAP ^a		Medicaid Spenddown Payment Program ^b		HIPP ^c		Reported Persons Living With HIV/AIDS ^d	
	No.	%	No.	%	No.	%	No.	%
Gender								
Male	1,516	85%	587	89%	336	89%	10,762	80%
Female	271	15%	71	11%	42	11%	2,615	20%
Transgender	0	0%	0	0%	0	0%	-	-
Unknown/Unreported	5	<1%	3	<1%	0	0%	2	<1%
Age								
<2	1	<1%	0	0%	0	0%	7	<1%
2-12	6	<1%	0	0%	0	0%	92	<1%
13-19	3	<1%	0	0%	0	0%	75	<1%
20-24	32	2%	1	<1%	7	2%	338	3%
25-29	111	6%	13	2%	19	5%	783	6%
30-49	1,366	76%	519	79%	296	78%	9,819	73%
50-64	249	14%	121	18%	52	14%	2,070	15%
65+	24	1%	6	<1%	4	1%	195	1%
Unknown	0	0%	1	<1%	0	0%	-	-
Race/Ethnicity								
White, not Hispanic	1,089	61%	432	65%	287	76%	6,745	50%
Black, not Hispanic	564	31%	186	28%	71	19%	5,564	42%
Hispanic	76	4%	29	4%	10	3%	626	5%
Asian/Pacific Islander	10	<1%	1	<1%	4	1%	47	<1%
American Indian/Alaska Native	11	<1%	2	<1%	3	<1%	26	<1%
Other	28	2%	6	<1%	3	<1%	-	-
Unknown	14	<1%	5	<1%	0	0%	371	3%
Total	1,792	100%	661	100%	378	100%	13,379	100%

^a**OHDAP:** Ohio HIV Drug Assistance Program. Nationally known as ADAP, AIDS Drug Assistance Program. OHDAP helps pay for HIV-infected persons who cannot afford their HIV/AIDS-related medications and who fall below 300% of federal poverty level (FPL).

^b**Medicaid Spenddown Payment Program:** The Medicaid Spenddown program began in October 2001 as part of the HIPP program. This program pays the spenddown of persons living with HIV/AIDS so that they can qualify for Medicaid.

^c**HIPP:** Health Insurance Premium Payment Program. The program pays for persons living with HIV/AIDS who cannot afford their insurance premiums. To qualify, the applicants to the program must have an insurance program that includes drug coverage as well as meet the same eligibility requirements as OHDAP.

^dLiving with HIV/AIDS represents all persons ever diagnosed and reported with HIV or AIDS who have not been reported as having died as of June 30, 2003. *Source:* Ohio Department of Health HIV CARE Services Section, data as of May 2003. Ohio Department of Health HIV/AIDS Surveillance Program, data reported through Dec. 31, 2003.

The majority of clients in OHDAP, HIPP and Medicaid Spenddown Payment programs are males between the ages of 30 to 49, similar to persons living with HIV/AIDS in Ohio. However, whites represent a greater proportion of clients in the OHDAP (61 percent), HIPP (76 percent) and Medicaid Spenddown Payment program (65 percent) compared to white persons living with HIV/AIDS (50 percent). Because these programs are the payers of last resort, clients for these programs do not represent all persons accessing assistance programs. (**Table 148**)

HIV Testing Delays

Because anti-retroviral therapies enable persons with HIV to live longer, healthier lives, it is important for a person to be tested for HIV at an early stage of disease so they can benefit from

these treatments. Unfortunately, a substantial number of persons with HIV are not diagnosed until they are symptomatic.

Table 149. The time lag between first HIV test and AIDS diagnosis, by selected characteristics, Ohio 1997-2001

Total Tests = 5,059	AIDS Diagnosis At Time Of First HIV Detection, %	Within 3 Months, %	Within 12 Months, %
Gender			
Men	26	34	37
Women	17	25	28
Race/Ethnicity			
White-Non Hispanic	28	36	39
Black-Non Hispanic	21	29	33
Hispanic	24	31	36
Asian/Pacific Islander	28	48	48
Am Indian/Alaska Native	25	42	42
Unknown	2	2	2
Age at HIV Detection			
<13	19	24	26
13-19	5	9	10
20-24	7	11	12
25-29	18	23	26
30-49	27	36	39
50-64	34	43	47
65+	35	46	54
Risk			
MSM	31	42	45
IDU	26	36	43
MSM & IDU	28	38	44
Hetrosexual Contact	19	29	32
Blood Products	43	48	52
Perinatal	19	25	28
Other/Unknown	18	24	26
Total	24	32	35

Source: Ohio Department of Health HIV/AIDS Surveillance Program. Data reported through Dec. 31, 2002.

In Ohio, from 1997 to 2001, there were 5,059 HIV-positive diagnoses reported confidentially to the Ohio Department of Health. Of those HIV-infected persons, 24 percent were diagnosed with AIDS at the time of their first HIV test. An additional 8 percent progressed from HIV to AIDS within three months of their first HIV-positive test and another 3 percent progressed to AIDS within 12 months. (Table 149)

Of men who were diagnosed with HIV during this time period (1997-2001), 26 percent were diagnosed with AIDS at the time of their initial HIV diagnosis. Of whites who were diagnosed, 28 percent had already progressed to AIDS at their initial diagnosis. The same diagnosis occurred in 27 percent of those ages 30-49, in 34 percent of those ages 50-64 and in 35 percent of those ages 65 and older. Risk behaviors reported during this time period also indicate, of those testing positive, 31 percent of those claimed MSM activity, 28 percent of those claimed

IDU activity and 26 percent of those who claimed both MSM and IDU activities were also diagnosed with AIDS at their initial test. (**Table 149**)

It is important to note that among persons reported as having been diagnosed with HIV and AIDS at the same time, there is the possibility that some might have previously tested positive for HIV anonymously and not been confidentially reported or previously diagnosed out-of-state but were never confidentially reported in Ohio with an HIV diagnosis.

Question 2

What is the number of persons who know they are HIV-positive but who are not receiving HIV primary medical care?

Background

Amendments made to the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act in 2000 require Title I and Title II programs to estimate the number of people living with HIV or AIDS who know their status but are not receiving regular HIV-related primary health care. These estimates of unmet need are used to guide national planning and resource allocations, including discretionary grant funds for capacity development, which ensures that those not in care obtain medical care and supportive services through the CARE Act programs and other sources.

Ohio Department of Health (ODH) HIV CARE Services (HCS) Section created a workgroup to address the CARE Act requirements using “A Practical Guide to Measuring Unmet Need for HIV-Related Primary Medical Care: Using the Unmet Need Framework,” developed by University of California, San Francisco. The workgroup included representatives from Title I, Title II, Ohio HIV/AIDS Surveillance program and Ohio Medicaid and representatives from the agencies and organizations that were providing data pertaining to HIV-related primary medical care.

Definition

Unmet need for HIV primary medical care is defined by Health Resources and Services Administration’s (HRSA’s) HIV/AIDS Bureau (HAB), as an individual with HIV or AIDS having no evidence of receiving one of the following three components of HIV primary medical care during a defined 12-month timeframe:

- 1) viral load (VL testing)
- 2) CD4 count
- 3) provision of anti-retroviral therapy (ART)

Methodology

Following HRSA’s guidelines, the unmet need workgroup used the following methodology to estimate unmet need. This estimate was obtained by subtracting the total number of individuals in care during Calendar Year (CY) 2002 from the total number of people living with HIV in Ohio in CY 2002. This involved using ODH’s HIV surveillance data to determine the number of individuals living with HIV/AIDS in 2002 and using several data sources to identify the number of individuals who are in care.

Persons living with HIV/AIDS in CY 2002 were defined as persons reported in the HIV/AIDS Reporting System (HARS) through March 31, 2003, who had been diagnosed with HIV as of Dec. 31, 2001, and not known to have died as of Dec. 31, 2002. This includes persons diagnosed through Dec. 31, 2001, enabled for a 12-month period (CY 2002) to receive care.

A database was created to include the 12,553 persons who met this definition of persons living with HIV/AIDS in CY 2002. Individuals in this database were identified as having received HIV primary medical care in CY 2002 by using several methods.

First, cases in HARS that had a CD4 or viral load reported in 2002 were identified as receiving care. All persons in the database who were known to be incarcerated in 2002 in an Ohio correctional facility were identified as having received HIV primary medical care. This is based on the "Ohio Department of Rehabilitation and Correction Office of Correctional Health Care: HIV Treatment Guidelines," that requires prisoners to be tested for HIV upon entering the state prison system and receive HIV treatment or care services on a regular basis, every 3 to 6 months. State prisoners are included in Ohio data, but are not included in regional data (e.g. county, consortia) because their current residence is a correctional facility and their care services are provided by the Ohio Department of Rehabilitation and Corrections.

External data sources were then matched to the remainder of persons in the database to determine if they had received care. HIV/AIDS Surveillance staff performed these matches using personal identifiers (name, date of birth). Once a person was identified as having received care, they were not matched against subsequent databases. A listing of these data sources can be found in **Table 150**.

The final method used to calculate unmet need for HIV primary care in Ohio was to estimate the number of HIV-positive veterans receiving care from Veterans Administration (VA) facilities. Aggregate VA data was provided by HRSA. Because the data were not individual-level with unique identifiers, they could not be matched against the database of persons living with HIV/AIDS. Using the aggregated VA data tables, an estimate was calculated to determine the number of persons who received care in CY 2002 at VA facilities located in Ohio. This estimate was added to the number of persons who had already been identified as having received HIV primary medical care. The demographic and geographic tables to estimate unmet need for HIV primary medical care do not include VA data because the data were not provided with that level of detail.

Table 150. Data source information used to identify persons receiving HIV primary medical care (in care) in CY 2002

Data Source Name	Match Order	Records Received*	Records Matched (Persons In Care)
Surveillance HARS CD4	1	N/A	1,370
Surveillance HARS VL	2	N/A	111
Surveillance HARS State Prisoners	3	N/A	419
Surveillance CD4 Access Database	4	336	7
ARC - AIDS Resource Coalition	5	55	26
Medicaid-Managed Care	6	228	116
Medicaid-Not in Managed Care	7	2,519	1,764
Title II ADAP	8	2,711	1,181
Title 3 & 4-University Hospitals Cincinnati	9	1,233	347
UH - University Hospitals of Cleveland	10	886	261
MCO - Medical College of Ohio	11	418	93
Ross County Health Dept.	12	46	8
David's House	13	8	3
Trillium Family Service	14	2	0
AVOC - AIDS Volunteers of Cincinnati	15	2	0
Violet's Cupboard	16	1	0
Comprehensive Care	17	110	15
Meridian	18	24	2
David's House	19	40	4
Title I	20	69	1
Metro Health - 1st Submission	21	24	7
Columbus Health Department	22	51	15
Athens AIDS Task Force	23	4	0
AVOC - AIDS Volunteers of Cincinnati	24	74	3
Metro Health - 2nd Submission	25	27	9
CATF - Columbus AIDS Task Force	26	846	280
Health Care Interventions	27	429	124
Total Individuals Identified as in Care			6,166
VA Estimate of Persons In Care			491
Total			6,657

* Once a record is identified as being in care, it is not matched against subsequent databases.

Results

To describe the populations that have unmet need for HIV primary medical care, HRSA identified six populations with special needs to be analyzed. These populations include youth (13-24 years of age), women of child bearing age (13-44 years of age), injection drug users (IDUs), white men who have sex with men (MSM), black MSM and geographical distribution.

Table 151. Using population and care pattern data to calculate unmet need for HIV primary medical care in Ohio for CY 2002

Input Population Sizes	Value	Data Source
A. Number of persons living with AIDS (PLWA), recent time period	6072	HIV/AIDS Reporting System (HARS) Calendar Year 2002
B. Number of persons living with HIV (PLWH non-AIDS/aware), recent time period	6481	HIV/AIDS Reporting System (HARS) Calendar Year 2002
Care Patterns		
C. Number of PLWA who received the specified HIV primary medical care services in 12-month period	3863	VL/CD4 Lab Reports, Ryan White Titles, Medicaid, Private Care, VA for Calendar Year 2002
D. Number of PLWH (aware, non-AIDS) who received the specified HIV primary medical care services in 12-month period	2794	VL/CD4 Lab Reports, Ryan White Titles, Medicaid, Private Care, VA for Calendar Year 2002
Calculated Results		
E. Number of PLWA who did not receive primary medical services	2209	6072 - 3863
F. Number of PLWH (non-AIDS, aware) who did not receive primary medical services	3687	6481 - 2794
G. Total HIV+/aware not receiving specified primary medical care services (quantified estimate of unmet need)	5896	5896 out of 12553 (or 47% with unmet need)

In CY 2002, there were 12,553 reported persons living with HIV/AIDS and an estimated 6,657 persons who received care in Ohio. It is estimated that 47 percent of persons living with HIV/AIDS (PLWHA) have unmet need for primary HIV medical care in Ohio. Among the 6,481 people living with HIV (non-AIDS), 3,687 (or 57 percent) had unmet need and among the 6,072 people living with AIDS 2,209 (or 36 percent) had unmet need. (**Table 151**)

Of the estimated 3,863 persons living with AIDS receiving HIV primary medical care, 285 were estimated from the VA data. Among the 2,794 persons living with HIV receiving HIV primary medical care, 206 persons were estimated to have received care through the VA.

Table 152. Unmet need for HIV primary medical care among persons living with HIV/AIDS for Ohio counties, by HIV disease status, CY 2002

County	Persons Living with HIV (PLWH)			Persons Living with AIDS (PLWA)			Total Persons Living with HIV/AIDS (PLWHA)		
	PLWH Unmet Need	PLWH	% Unmet Need	PLWA Unmet Need	PLWA	% Unmet Need	PLWHA Unmet Need	PLWHA	% Unmet Need
Adams	2	4	*	4	7	57%	6	11	55%
Allen	35	56	63%	21	41	51%	56	97	58%
Ashland	3	4	*	3	4	*	6	8	75%
Ashtabula	2	13	15%	6	26	23%	8	39	21%
Athens	5	11	45%	3	12	25%	8	23	35%
Auglaize	4	6	67%	4	7	57%	8	13	62%
Belmont	6	9	67%	6	13	46%	12	22	55%
Brown	1	3	*	4	8	50%	5	11	45%
Butler	51	89	57%	40	91	44%	91	180	51%
Carroll	2	3	*	1	3	*	3	6	50%
Champaign	5	9	56%	5	11	45%	10	20	50%
Clark	29	48	60%	16	46	35%	45	94	48%
Clermont	8	13	62%	7	24	29%	15	37	41%
Clinton	5	6	83%	2	5	40%	7	11	64%
Columbiana	15	23	65%	8	16	50%	23	39	59%
Coshocton	4	5	80%	2	4	*	6	9	67%
Crawford	5	8	63%	3	8	38%	8	16	50%
Cuyahoga	900	1,299	69%	722	1,657	44%	1,622	2,956	55%
Darke	4	11	36%	3	9	33%	7	20	35%
Defiance	7	8	88%	7	9	78%	14	17	82%
Delaware	11	21	52%	8	17	47%	19	38	50%
Erie	18	25	72%	10	25	40%	28	50	56%
Fairfield	14	26	54%	7	22	32%	21	48	44%
Fayette	2	3	*	4	7	57%	6	10	60%
Franklin	751	1,186	63%	410	903	45%	1,161	2,089	56%
Fulton	7	8	88%	0	5	0%	7	13	54%
Gallia	2	3	*	5	8	63%	7	11	64%
Geauga	3	4	*	10	17	59%	13	21	62%
Greene	13	22	59%	16	39	41%	29	61	48%
Guernsey	8	11	73%	2	7	29%	10	18	56%
Hamilton	492	841	59%	276	720	38%	768	1,561	49%
Hancock	6	14	43%	9	21	43%	15	35	43%
Hardin	2	4	*	0	2	*	2	6	33%
Harrison	0	1	*	0	2	*	0	3	*
Henry	2	2	*	1	6	17%	3	8	38%
Highland	0	7	0%	4	8	50%	4	15	27%
Hocking	5	9	56%	3	6	50%	8	15	53%
Holmes	1	2	*	1	2	*	2	4	*
Jackson	2	7	29%	2	6	33%	4	13	31%
Jefferson	9	20	45%	10	14	71%	19	34	56%
Knox	4	12	33%	3	5	60%	7	17	41%
Huron	5	6	83%	1	5	20%	6	11	55%
Lake	18	34	53%	20	46	43%	38	80	48%
Lawrence	7	10	70%	5	12	42%	12	22	55%
Licking	22	39	56%	8	26	31%	30	65	46%
Logan	3	6	50%	2	10	20%	5	16	31%
Lorain	54	93	58%	41	93	44%	95	186	51%
Lucas	185	361	51%	134	315	43%	319	676	47%
Ohio	3,687	6,481	57%	2,209	6,072	36%	5,896	12,553	47%

Note: Ohio numbers include prison and VA data which are not included in the county data. County data were based on persons, most recent county of residence.

Asterisk (*) indicates percents were not calculated for counties with fewer than five persons living with HIV or AIDS due to instability of small numbers

Source: Ohio Department of Health HIV/AIDS Surveillance Program. Data reported through Dec. 31, 2003.

Table 152. Unmet need for HIV primary medical care among persons living with HIV/AIDS for Ohio counties, by HIV disease status, CY 2002

County	Persons Living with HIV (PLWH)			Persons Living with AIDS (PLWA)			Total Persons Living with HIV/AIDS (PLWHA)		
	PLWH Unmet Need	PLWH	% Unmet Need	PLWA Unmet Need	PLWA	% Unmet Need	PLWHA Unmet Need	PLWHA	% Unmet Need
Madison	6	9	67%	3	7	43%	9	16	56%
Mahoning	118	164	72%	51	104	49%	169	268	63%
Marion	11	22	50%	3	16	19%	14	38	37%
Medina	8	9	89%	9	15	60%	17	24	71%
Meigs	3	5	60%	1	1	*	4	6	67%
Mercer	1	1	*	2	5	40%	3	6	50%
Miami	13	21	62%	12	37	32%	25	58	43%
Monroe	0	1	*	1	1	*	1	2	*
Montgomery	246	414	59%	160	452	35%	406	866	47%
Morgan	0	0	-	1	2	*	1	2	*
Morrow	1	3	*	0	1	*	1	4	*
Muskingum	12	24	50%	5	20	25%	17	44	39%
Noble	0	1	*	1	1	*	1	2	*
Ottawa	3	9	33%	2	5	40%	5	14	36%
Paulding	5	7	71%	2	2	*	7	9	78%
Perry	4	6	67%	2	5	40%	6	11	55%
Pickaway	5	8	63%	3	8	38%	8	16	50%
Pike	4	6	67%	3	7	43%	7	13	54%
Portage	14	19	74%	12	26	46%	26	45	58%
Preble	1	3	*	6	12	50%	7	15	47%
Putnam	1	2	*	1	1	*	2	3	*
Richland	23	32	72%	13	39	33%	36	71	51%
Ross	9	21	43%	5	24	21%	14	45	31%
Sandusky	4	11	36%	6	17	35%	10	28	36%
Scioto	2	8	25%	7	23	30%	9	31	29%
Seneca	0	3	*	4	13	31%	4	16	25%
Shelby	3	6	50%	3	9	33%	6	15	40%
Stark	84	135	62%	44	98	45%	128	233	55%
Summit	173	237	73%	123	288	43%	296	525	56%
Trumbull	35	57	61%	24	47	51%	59	104	57%
Tuscarawas	5	7	71%	2	5	40%	7	12	58%
Union	2	5	40%	4	8	50%	6	13	46%
Van Wert	0	0	-	2	2	*	2	2	*
Vinton	0	0	-	0	1	*	0	1	*
Warren	14	30	47%	10	26	38%	24	56	43%
Washington	8	13	62%	3	19	16%	11	32	34%
Wayne	7	11	64%	5	19	26%	12	30	40%
Williams	6	12	50%	6	9	67%	12	21	57%
Wood	4	15	27%	10	24	42%	14	39	36%
Wyandot	2	2	*	0	1	*	2	3	*
Ohio	3,687	6,481	57%	2,209	6,072	36%	5,896	12,553	47%

Note: Ohio numbers include prison and VA data which are not included in the county data. County data were based on persons, most recent county of residence.

Asterisk (*) indicates percents were not calculated for counties with fewer than five persons living with HIV or AIDS due to instability of small numbers

Source: Ohio Department of Health HIV/AIDS Surveillance Program. Data reported through Dec. 31, 2003.

Table 152 presents persons living with HIV/AIDS (PLWHA) by their HIV disease status and their unmet need for HIV primary medical care by the 88 Ohio counties. The county data do not include prison or VA data but they are included in the Ohio numbers.

Table 153. Unmet need for HIV primary medical care among persons living with HIV/AIDS for Ohio Ryan White Title II consortia, by HIV disease status, CY 2002

Ryan White Title II Consortia	Persons Living with HIV (PLWH)			Persons Living with AIDS (PLWA)			Total Persons Living with HIV/AIDS (PLWHA)		
	PLWH Unmet Need	Total PLWH	% Unmet Need	PLWHA Unmet Need	Total PLWA	% Unmet Need	PLWHA Unmet Need	Total PLWHA	% Unmet Need
Cleveland	977	1,443	68%	799	1,839	43%	1,776	3,282	54%
Columbus	811	1,294	63%	443	991	45%	1,254	2,285	55%
Cincinnati	573	993	58%	347	889	39%	920	1,882	49%
Dayton	306	519	59%	213	595	36%	519	1,114	47%
Toledo	218	426	51%	166	390	43%	384	816	47%
Akron	195	265	74%	144	329	44%	339	594	57%
Youngstown	177	264	67%	93	181	51%	270	445	61%
Canton	99	158	63%	53	127	42%	152	285	53%
Lima	65	114	57%	55	124	44%	120	238	50%
Mansfield	76	119	64%	38	108	35%	114	227	50%
Athens	79	149	53%	59	177	33%	138	326	42%
Ohio	3,687	6,481	57%	2,209	6,072	36%	5,896	12,553	47%

Note: Ohio numbers includes prison and VA data which are not included in the consorsortia data.

Source: Ohio Department of Health HIV/AIDS Surveillance Program. Data reported through Dec. 31, 2003.

Among total persons living with HIV/AIDS, the Youngstown consortium has the largest proportion of unmet need (61 percent). This holds true for persons living with AIDS (51 percent); however, among persons living with HIV (non-AIDS), Akron had the highest proportion of unmet need (74 percent). (Table 153)

Table 154. Unmet need for HIV primary medical care among Ohio youth (13-24 years of age) living with HIV/AIDS, by HIV disease status, CY 2002

Youth (13-24 years old)	Persons Living with HIV		Persons Living with AIDS		Total Persons Living with HIV/AIDS	
	No.	%	No.	%	No.	%
Unmet Need	142	56%	30	38%	172	52%
Persons In Care	110	44%	50	63%	160	48%
Total	252	100%	80	100%	332	100%

Note: Does not include VA data.

Source: Ohio Department of Health HIV/AIDS Surveillance Program. Data reported through Dec. 31, 2003.

Youth (13-24 years of age) represent 3 percent of persons living with HIV/AIDS in Ohio for CY 2002. Table 153 shows that 52 percent of youths living with HIV/AIDS have unmet need in Ohio. Of youths living with HIV (non-AIDS), 56 percent had no indication of receiving HIV primary medical care. Majority of youths who are living with AIDS have received HIV primary medical care (63 percent).

Table 155. Unmet need for HIV primary medical care among Ohio women of childbearing age (13-44 years of age) living with HIV/AIDS, by HIV disease status, CY 2002

Women (13-44 years old)	Persons Living with HIV		Persons Living with AIDS		Total Persons Living with HIV/AIDS	
	No.	%	No.	%	No.	%
Unmet Need	650	58%	217	32%	867	49%
Persons In Care	465	42%	451	68%	916	51%
Total	1,115	100%	668	100%	1,783	100%

Note: Does not include VA data.

Source: Ohio Department of Health HIV/AIDS Surveillance Program. Data reported through Dec. 31, 2003.

Among the 1,783 women of childbearing age (13-44 years of age), 867 (or 49 percent) had unmet need for HIV primary medical care. As seen in **Table 155**, among women between 13 and 44 years of age living with HIV, 58 percent had unmet need and among those living with AIDS, 32 percent had unmet need.

Table 156. Unmet need for HIV primary medical care among injection drug users (IDUs) living with HIV/AIDS in Ohio, by HIV disease status, CY 2002

IDU	Persons Living with HIV		Persons Living with AIDS		Total Persons Living with HIV/AIDS	
	No.	%	No.	%	No.	%
Unmet Need	288	54%	350	49%	638	51%
Persons In Care	244	46%	358	51%	602	49%
Total	532	100%	708	100%	1,240	100%

Note: Data do not include VA data. Risk data should be interpreted with caution as 44 percent of PLWH and 17 percent of PLWA in Ohio have no indicated risk.

Source: Ohio Department of Health HIV/AIDS Surveillance Program. Data reported through Dec. 31, 2003.

Fifty-one percent of injection drug users (IDUs) living with HIV/AIDS have unmet need in Ohio. Among IDUs living with HIV (non-AIDS), 54 percent had no indication of receiving primary medical care. Forty-nine percent of IDUs who were living with AIDS did not receive medical care. (**Table 156**)

Table 157. Unmet need for HIV primary medical care among black men who have sex with men (MSM) living with HIV/AIDS in Ohio, by HIV disease status, CY 2002

Black MSM	Persons Living with HIV		Persons Living with AIDS		Total Persons Living with HIV/AIDS	
	No.	%	No.	%	No.	%
Unmet Need	424	62%	379	38%	803	48%
Persons In Care	257	38%	606	62%	863	52%
Total	681	100%	985	100%	1,666	100%

Note: Does not include VA data. Risk data should be interpreted with caution as 44 percent of PLWH and 17 percent of PLWA in Ohio have no indicated risk.

Source: Ohio Department of Health HIV/AIDS Surveillance Program. Data reported through Dec. 31, 2003.

Black men who have sex with men (MSM) had an unmet need of 48 percent for HIV primary medical care among persons living with HIV/AIDS. Black MSM had 62 percent unmet need among persons living with HIV and 38 percent among persons living with AIDS. (Table 157)

Table 158. Unmet need for HIV primary medical care among white men who have sex with men (MSM) living with HIV/AIDS in Ohio, by HIV disease status, CY 2002

White MSM	Persons Living with HIV		Persons Living with AIDS		Total Persons Living with HIV/AIDS	
	No.	%	No.	%	No.	%
Unmet Need	697	52%	878	42%	1,575	46%
Persons In Care	648	48%	1,201	58%	1,849	54%
Total	1,345	100%	2,079	100%	3,424	100%

Note: Does not include VA data. Risk data should be interpreted with caution as 44 percent of PLWH and 17 percent of PLWA in Ohio have no indicated risk.

Source: Ohio Department of Health HIV/AIDS Surveillance Program. Data reported through Dec. 31, 2003.

Among white MSM living with HIV/AIDS, 46 percent had unmet need. Among white MSM living with HIV, 52 percent had unmet need and among white MSM living with AIDS 42 percent had unmet need. (Table 158)

Discussion

In general, persons living with HIV had a greater proportion of unmet need than persons living with AIDS. The greatest unmet need among persons living with HIV/AIDS among the populations was youth at 52 percent. Black MSM had the largest percent of unmet need among persons living with HIV compared to the other populations. Among persons living with AIDS, IDUs had the largest percent of unmet need. It is important to note that data representing risk information need to be cautiously interpreted because of a large percent of persons living with HIV/AIDS with unknown risk.

The data presented are estimates of unmet need for HIV primary medical care in Ohio. Interpretation of the data should be done with caution because majority of data received were from public-funded programs.