

HIV Prevention Services: A Summary of African Americans Served and Funding Estimates

Christine Dahlgren, M.A.

and Kevin Sitter, M.S.W., M.P.H.

California Department of Health
Services Office of AIDS

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Presentation Overview

- Proportion of African Americans (AA)
 - Served by HIV Counseling and Testing, HIV Education and Prevention, and NIGHT
 - By intervention type
 - By risk
- Funding allocation estimate

Time Frame and Data Sources

- July 2003 through June 2005
 - (2-year period)
- Evaluating Local Interventions (ELI)
 - Education & Prevention Activities
 - NIGHT Outreach
- HIV Counseling and Testing (C&T)
- Prevention SOWs for funding

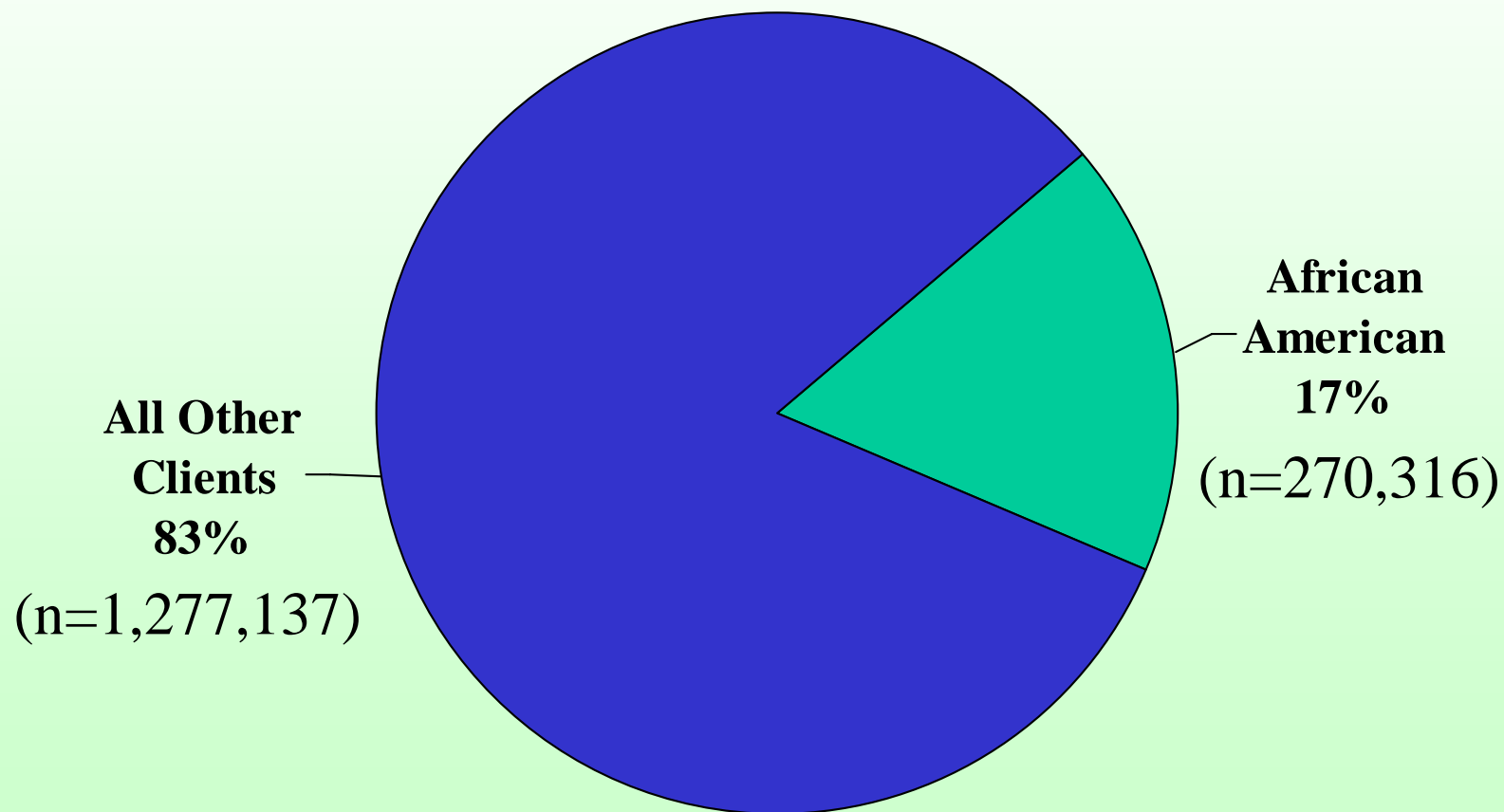
Limitations

- C&T:
 - Due to data system changes and compatibility issues, no Los Angeles County data was included for July 2004-June 2005
- ELI:
 - Majority of contacts from Outreach Checksheets
 - Extremely limited summary information
 - Cannot look at race by risk information together
 - Budget information estimated
 - Target groups are not mutually exclusive
 - LHJ decides which target to select
 - Limited data from Los Angeles County in ELI

African American Proportion in California

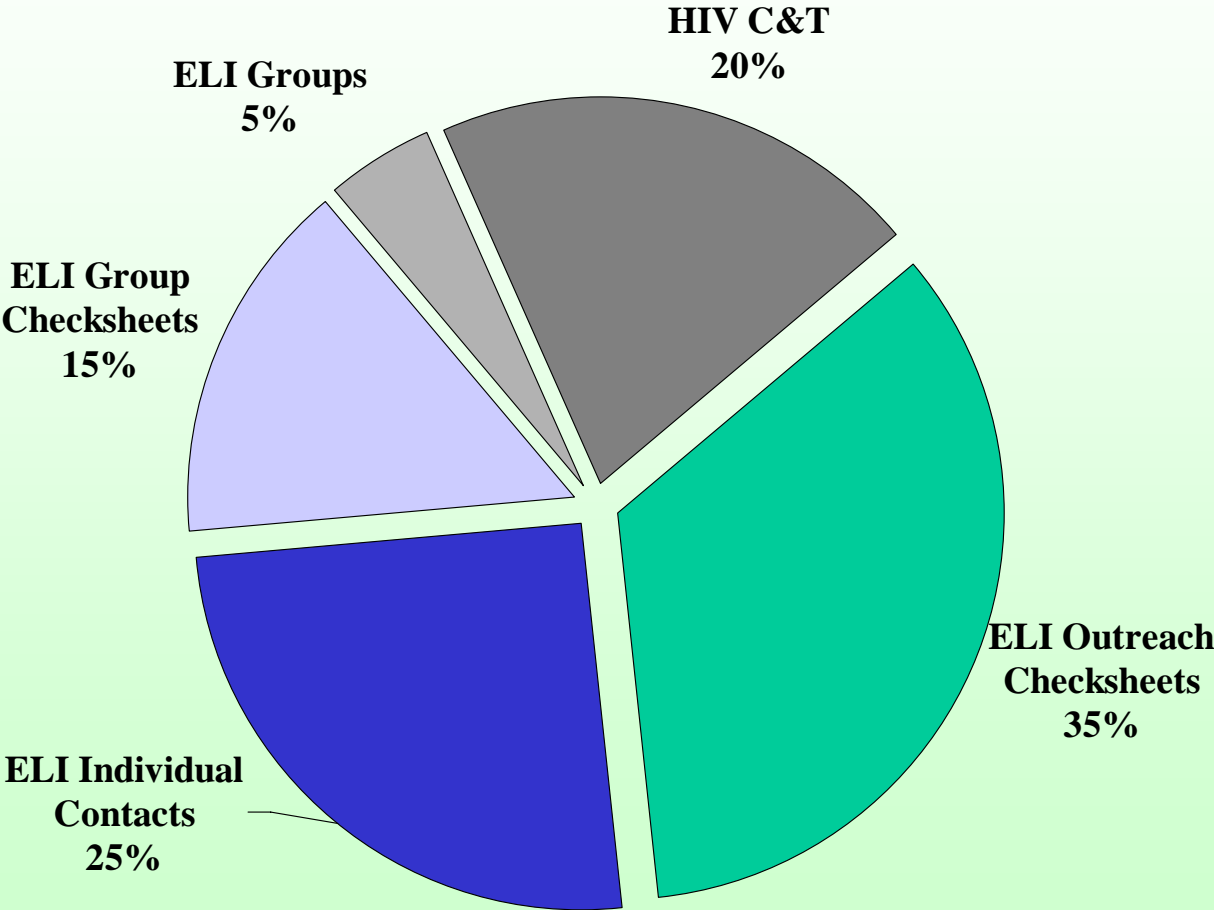
- Represent about 7% of CA's population
- Proportion of AA widely variable by LHJ
- Represent 19% of CA AIDS cases in 2004

Number and Percent of AA Clients in HIV Prevention Services



African Americans by Intervention Type

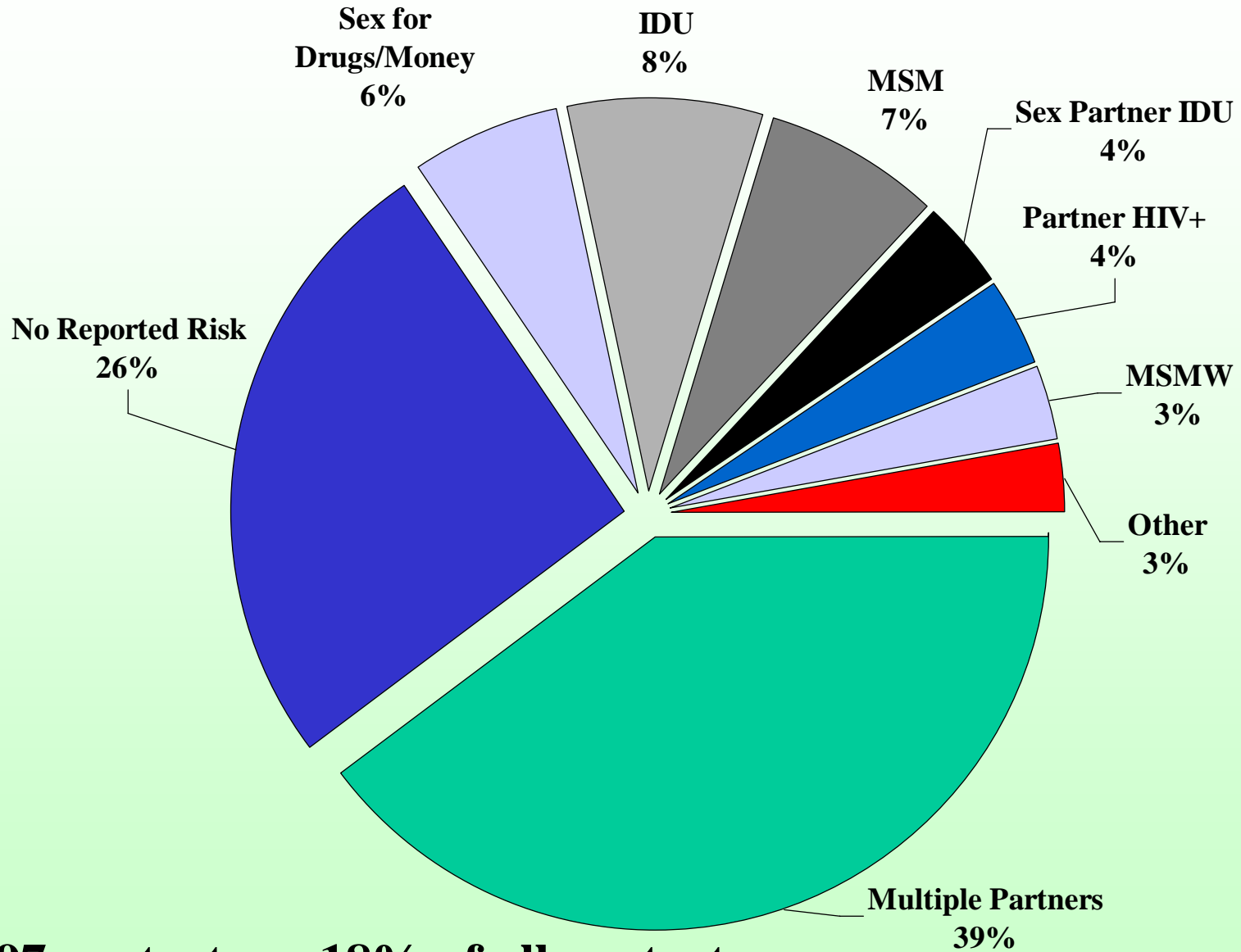
(270,316 contacts)



African Americans by Intervention/Form Type

- 50% of contacts were obtained by outreach and group checksheet forms
- 25% from ELI related individual contacts:
 - Outreach encounters greater than 5 minutes
 - Prevention case management
 - Various individual level interventions
- 20% of contacts through HIV C&T

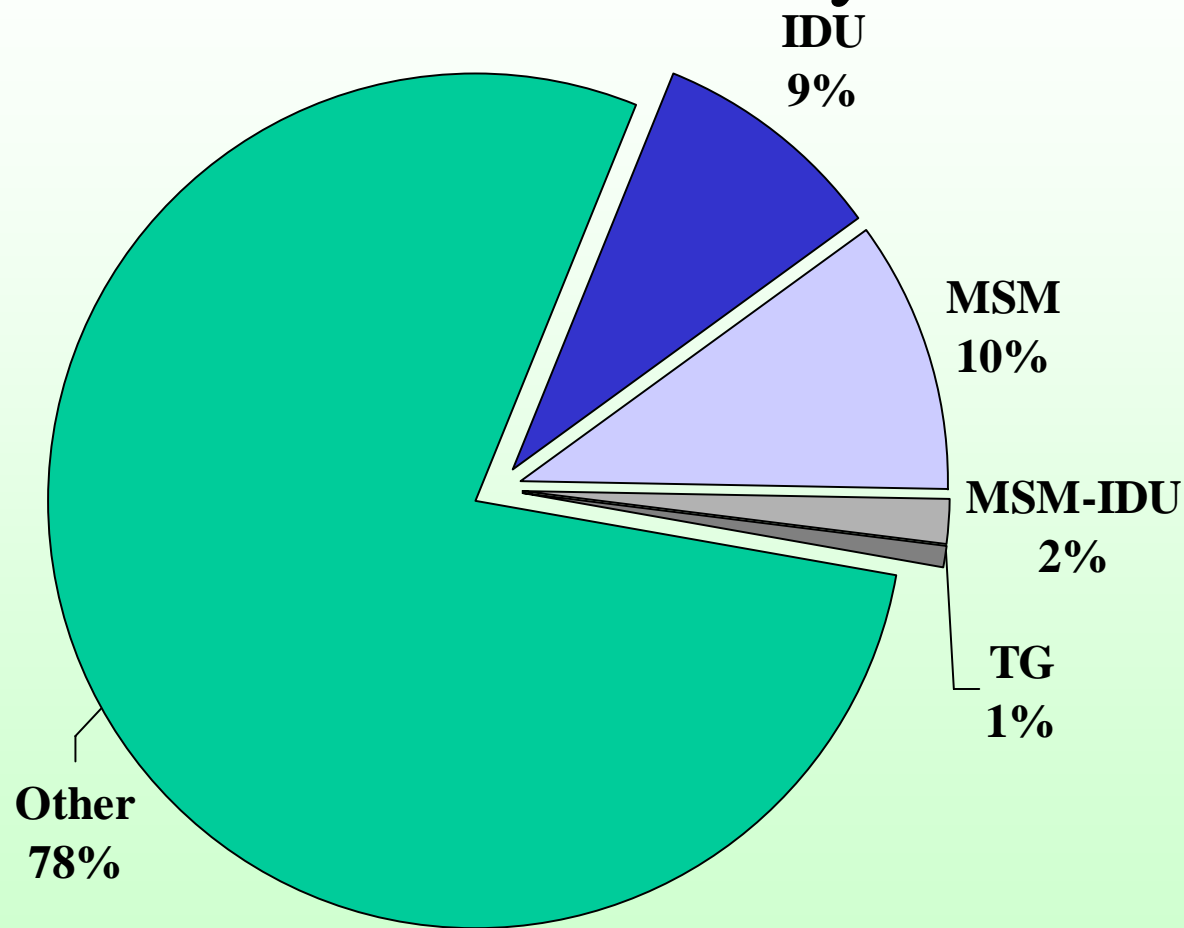
HIV C&T: African Americans by Risk



55,197 contacts or 18% of all contacts

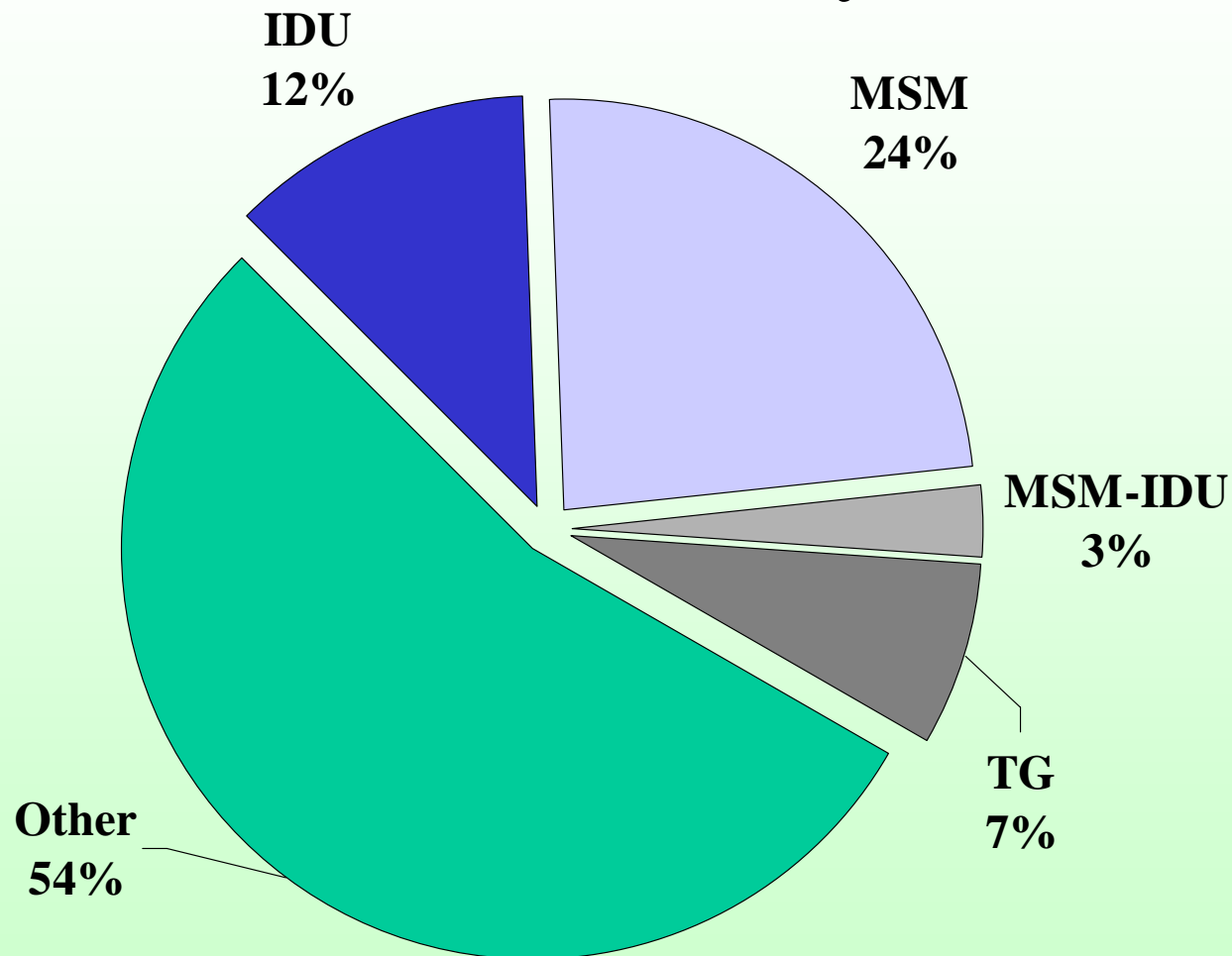
Prepared by the CA DHS, Office of AIDS

ELI Short Outreach Form: African Americans by Risk



23,265 contacts or 23% of all short outreach contacts

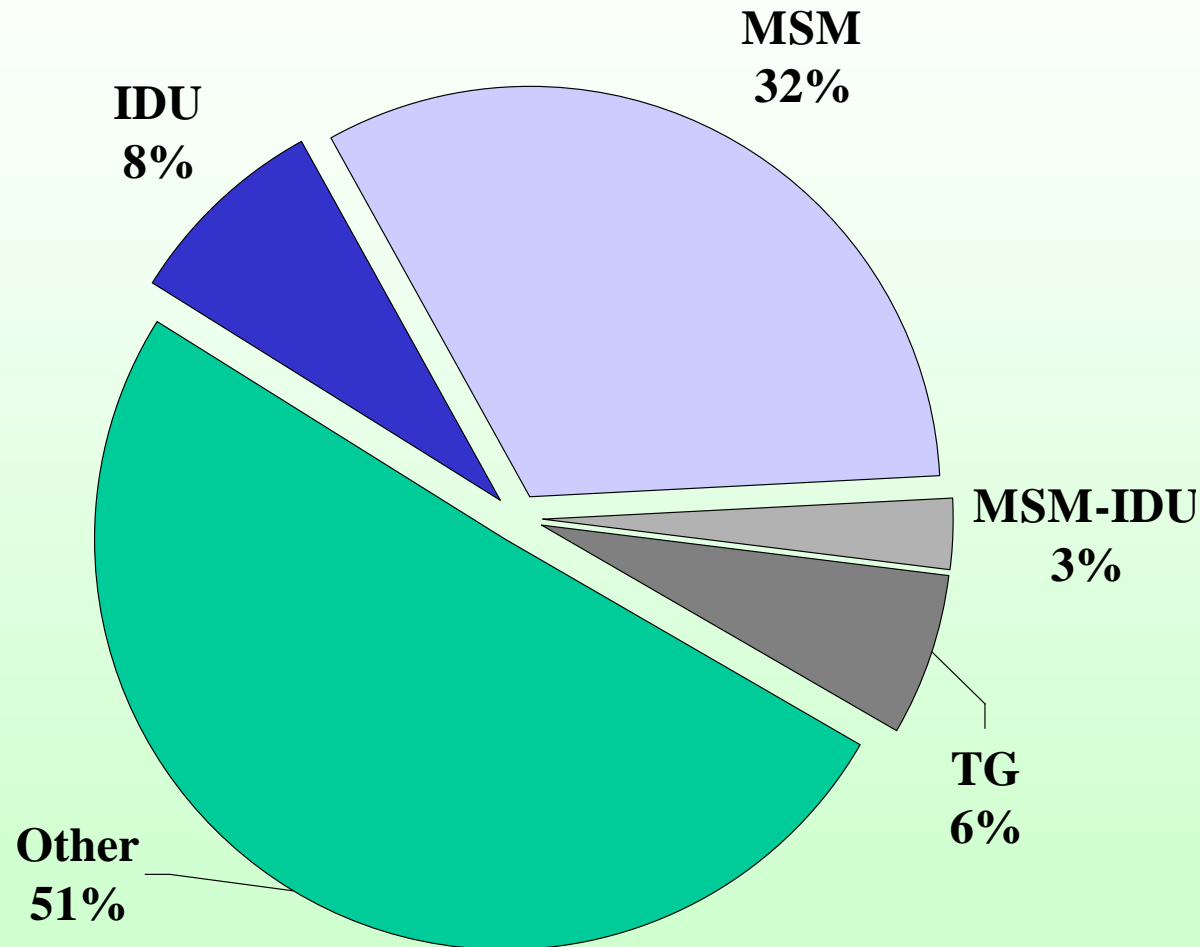
ELI Individual Level Interventions: African Americans by Risk



16,787 contacts or 23% of all ILI contacts

Prepared by the CA DHS, Office of AIDS

ELI Prevention Case Management: African Americans by Risk



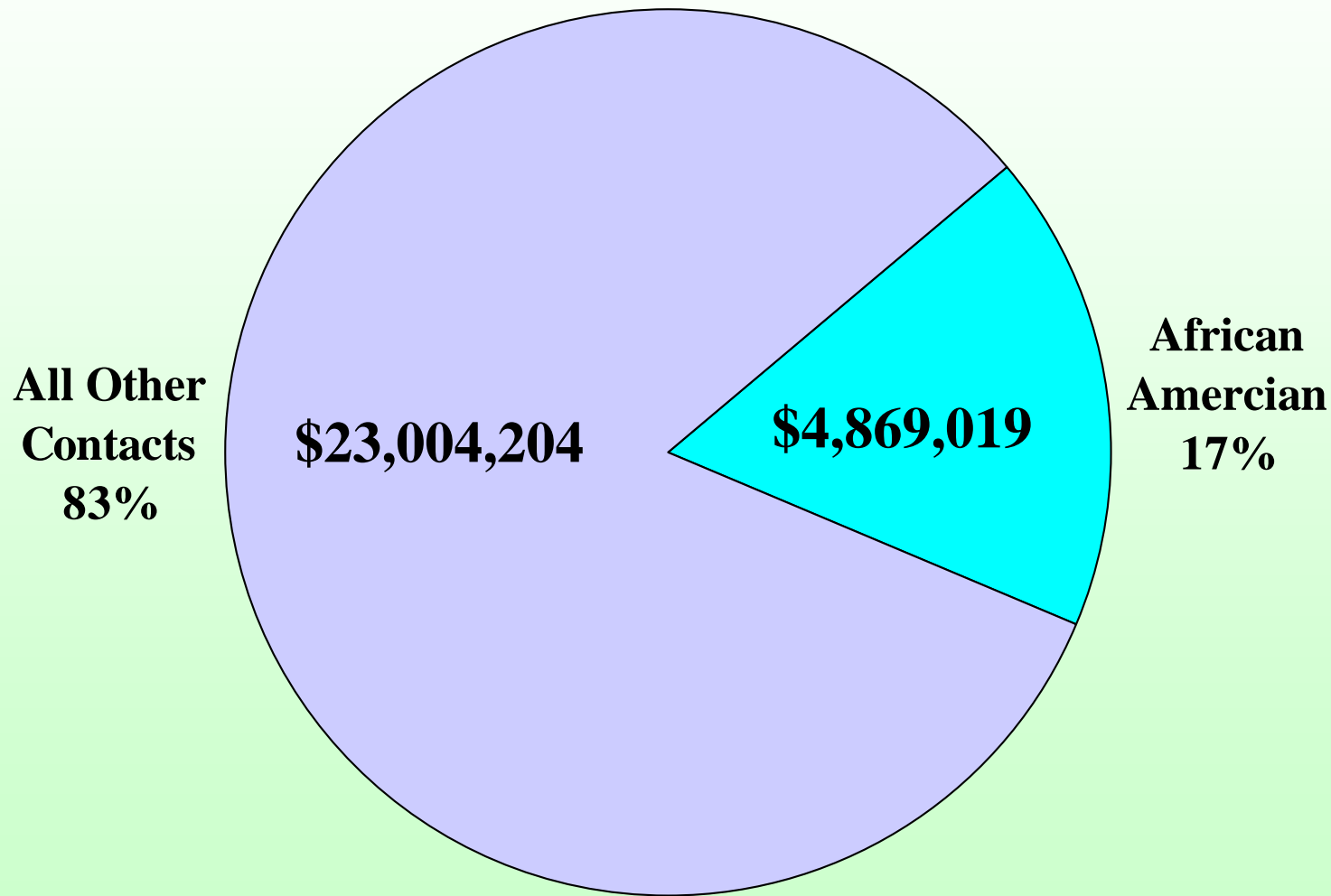
4,259 contacts or 20.5% of PCM contacts

Prepared by the CA DHS, Office of AIDS

African Americans by Risk

- Reported risk varies by intervention, for example,
 - 7% MSM in C&T vs. 24% MSM in PCM
 - 8% IDU in C&T vs. 12% IDU in ILI
- More intensive interventions in ELI are seeing higher proportion of high-risk AA clients
- 6-7% transgender contacts in ILI and PCM
- ‘Multiple partners’ was dominant risk among C&T contacts (39%)
- 26% of C&T contacts reported no risk
- ELI forms do not collect whether partner of client is HIV+
 - C&T studies have shown this is a dominant risk for AA females

Average Annual Estimate of Prevention Funds for African American Services



Average Annual Estimate of Prevention Funds for African Americans

- \$4.87 million estimated for AA services
 - 25% of these dollars for HIV C&T
 - 75% of these dollars for E&P and NIGHT outreach
- Annual estimate based on the average of FY 2003/04 and FY 2004/05
- Refer to limitations of the data at beginning of presentation

Why not look at who the interventions target?

- 6% of ELI interventions indicate that they target People of Color (POC)
 - POC includes various race/ethnicities
 - Interventions actually serve POC at much higher rates
- LHJs choose to define target populations differently
- Target populations overlap, race/ethnicity is often but one factor
- Chose to look at who was served rather than who was targeted because of above issues

CHPG opportunities to consider cultural competence in priority setting, as noted in “Setting HIV Prevention Priorities: A Guide for Community Planning Groups” March 2005 AED

In addition to funding, consider if interventions are culturally competent.

Cultural Competence: The knowledge, understanding, and skills to work effectively with individuals from differing cultural backgrounds. (CDC: “Setting HIV Prevention Priorities: A Guide for Community Planning Groups, Glossary” March 2005)

Culturally competent interventions can increase effectiveness

- Unless carefully conceived, intervention programs targeting one risk group have the potential to alienate or marginalize other risk group members from the prevention efforts.
 - » (John Hopkins *AIDS Service* “Elements of Successful HIV Prevention Programs.”)

- CDC expects priority setting to reflect both fact-based data, such as the epidemiologic profile, and more value-based considerations, such as the preferences of target populations. (Page 52)

- The lack of cultural competence may be identified as a barrier and considered in weighting items during prioritization. (page 76)
- The Louisiana “example from the field” considered cultural competency in their prioritization process (page 114)

EXAMPLE FROM THE FIELD! Setting Priorities for Interventions: Louisiana

The Louisiana CPG decided to use the following intervention factors and definitions:

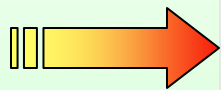
Outcome Effectiveness: The extent to which evaluation indicates that high-risk behavior is averted/reduced in the target population, thereby reducing HIV/STD infection

Intervention Feasibility and Cost Effectiveness: The extent to which the intervention is practical and workable, given the available expertise, cost-effectiveness, and implementation time

Addresses Community/Cultural Norms and Values: The extent to which the key elements of the intervention address behaviors, attitudes, beliefs, and barriers of the target population and are consistent with its norms and values

Accessible to the Target Population: The extent to which the intervention can reach the intended audience. The extent to which barriers (e.g., language, hours of operation, geographic distance) do not exist or do not significantly affect the population's exposure to the intervention

Addresses High-Priority Needs: The extent to which the intervention targets documented HIV prevention needs



- Worksheet 13, a tool for determining factors for interventions includes norms, values and consumer preferences as a factor. (pages 131-132)

Factors that may increase effectiveness in reaching specific target populations

- Use staff and volunteers from the target population
- Pick interventions and approaches that reflect cultural values, norms and beliefs of the target population
- Use educational materials that show and reflect the target population

For more information, please contact:

Christine Dahlgren

cdahlgre@dhs.ca.gov

(916) 449-5821

Or

Kevin Sitter

ksitter@dhs.ca.gov

(916) 449-5801

CA DHS, Office of AIDS