

# HIV Test Referrals in California Outreach Interventions Are Not Reaching High-Risk Populations

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## Background

- The Evaluating Local Interventions (ELI) Monitoring System allows the California Office of AIDS to
  - assess if HIV prevention services are reaching populations in need
  - respond to emerging prevention needs in the State
- ELI was introduced in 2001 and implemented state-wide in July 2002.
- Data from the first three years of operation are fully available.
- This poster focuses on outreach interventions
  - Outreach** = educational interventions conducted with high-risk individuals in their local neighborhoods
- Key purpose of many outreach interventions is to refer people to HIV counseling and testing
- We examined if HIV testing referrals were reaching highest risk target populations

## Methods

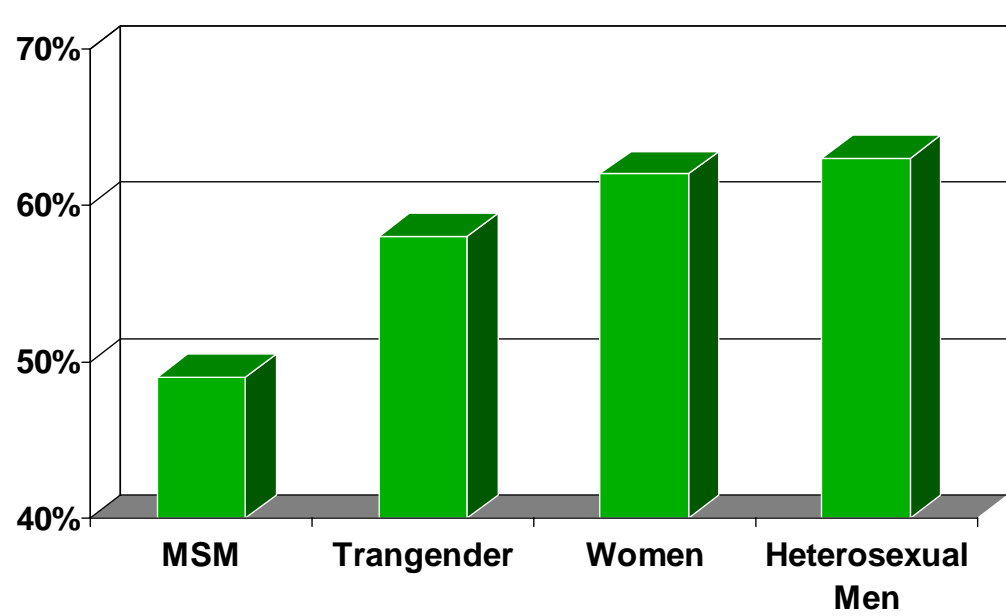
- California health departments and community-based organizations report data to ELI, including
  - types of prevention interventions delivered
  - demographic and risk characteristics of clients served in each prevention intervention of each agency
    - Assessed characteristics included race, ethnicity, gender, sexual orientation, sexual behavior with men and women, drug use
- Data from outreach interventions in all agencies were aggregated for analysis
- For analyses, men were classified as MSM (men who have sex with men) if
  - they reported a gay or bisexual orientation or
  - they reported sex with another man

## Results

- There were 286,870 outreach contacts from July 1, 2002–June 30, 2005
- HIV testing referrals were given in 58% of these contacts (n=116,918)

### Gender/Sexual Orientation

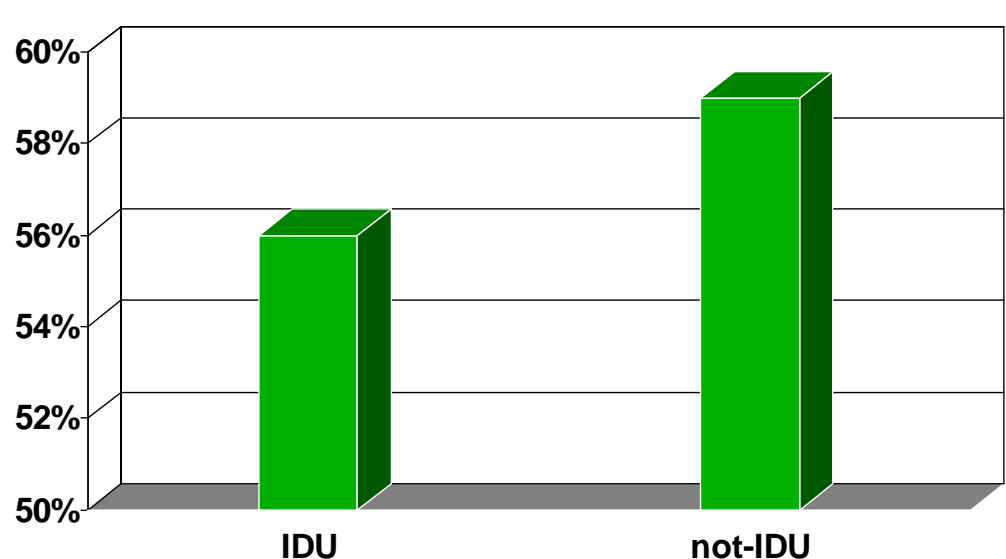
Men who have sex with men (MSM), transgenders, and women were less likely to receive testing referrals than heterosexual men.



	Total N	Referred for testing	OR	p
MSM	91,465	49%	0.54	<.0001
Transgender	15,079	58%	0.82	<.0001
Women	72,958	62%	0.95	<.0001
Heterosexual men	107,368	63%	1.00	

### Injection Drug Use

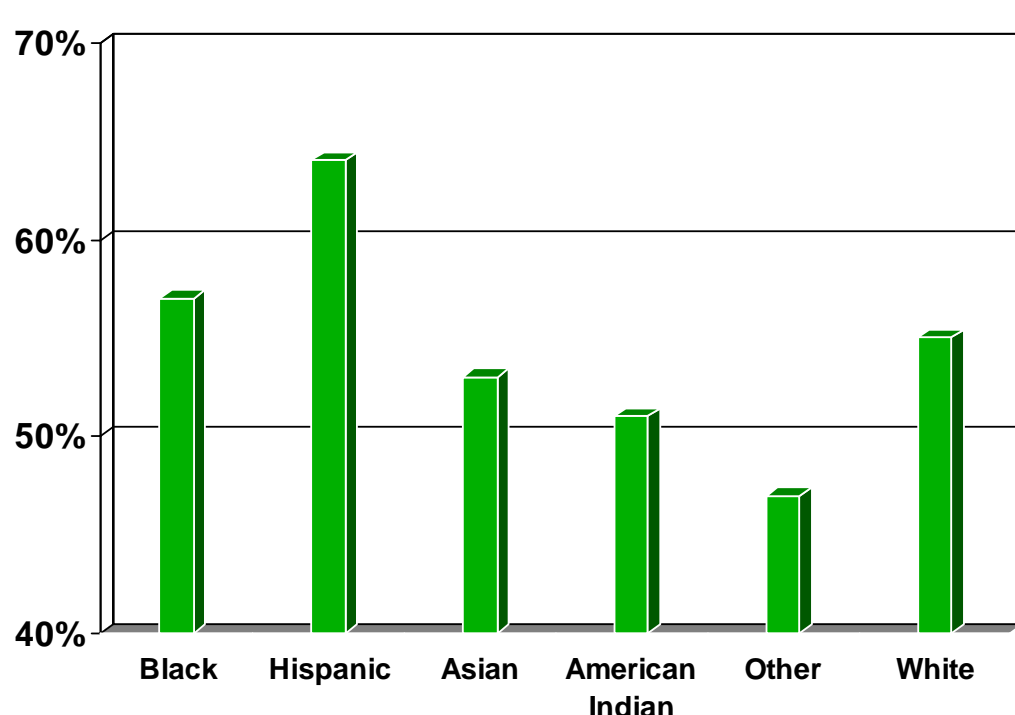
Injection drug users (IDU) were less likely than non-IDU to receive testing referrals.



	Total N	Referred for testing	OR	p
IDU	48,951	55%	0.85	<.0001
not-IDU	237,919	59%	1.00	

### Race/Ethnicity

- African Americans and Hispanics were more likely than Caucasians to receive testing referrals
- Asian/Pacific Islanders and American Indians were less likely than Caucasians to receive referrals



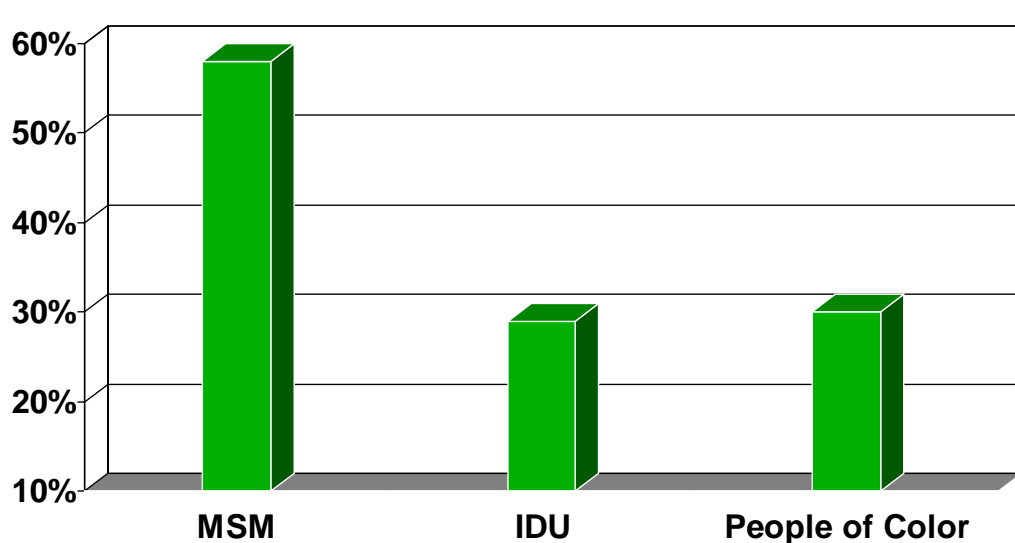
	Total N	Referred for testing	OR	p
African American	68,051	57%	1.07	<.0001
Hispanic/Latino	92,006	64%	1.43	<.0001
Asian/Pacific Islander	15,623	53%	0.92	<.0001
American Indian	5,601	51%	0.84	<.0001
Other ethnicity	7,402	47%	0.77	0.1662
Caucasian (not Hispanic)	98,187	55%	1.00	

### Multivariate Model

Results remained mostly similar in multivariate analyses that included all gender/sexual orientation, IDU, and race/ethnicity variables.

	OR	p
MSM	0.54	<.0001
Transgender	0.75	<.0001
Women	0.98	0.01620
Heterosexual Male	1.00	
IDU	0.83	<.0001
Not-IDU	1.00	
African American	0.97	0.01000
Hispanic/Latino	1.40	<.0001
Asian/Pacific Islander	0.95	0.00180
American Indian	0.79	<.0001
Other ethnicity	0.73	0.10160
Caucasian (not Hispanic)	1.00	

- These findings occurred even though agencies (n=273) prioritized services to high risk groups, especially MSM.



## Conclusions

- Testing referrals are provided in a majority of outreach contacts
- However, MSM and IDU are less likely to receive such referrals
  - These two groups remain at the highest risk for HIV in California
  - These two groups are also identified as being in need of services by many agencies in California
- Our findings suggest that local agencies could benefit from technical assistance to develop innovative strategies to reach MSM and IDU

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