EXECUTIVE SUMMARY: INTEGRATED EPIDEMIOLOGIC PROFILE FOR HIV/AIDS PREVENTION AND CARE PLANNING, PHILADELPHIA ELIGIBLE METROPOLITAN AREA

2015

Prepared for the Philadelphia Eligible Metropolitan Area Ryan White Part A Planning Council, Philadelphia HIV Prevention Planning Group, Centers for Disease Control and Prevention (CDC) Atlanta, GA, and the Health Resources and Services Administration (HRSA) Washington, D.C.

Office of HIV Planning

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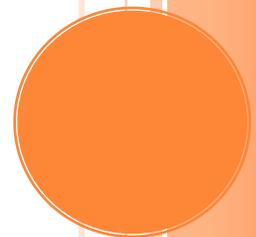
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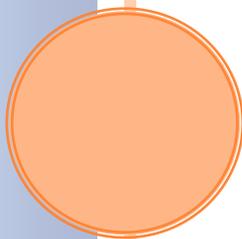
EXECUTIVE SUMMARY

The complete epidemiologic profile spans over 300 pages, including 235 tables and 89 figures containing data related to the HIV/AIDS epidemic in the nine-county Philadelphia area. As defined by the Health Resources and Services Administration (HRSA), the Philadelphia Eligible Metropolitan Area (EMA) includes Bucks, Chester, Delaware, Montgomery and Philadelphia Counties in Pennsylvania, and Burlington, Camden, Gloucester and Salem Counties in New Jersey. The epidemiologic profile describes the general population of the EMA, risk indicators, characteristics of the local HIV epidemic, unmet need and service utilization. In developing this profile, we evaluated, analyzed, and compiled data from multiple sources in accordance with the 2014 Integrated Guidelines for Developing Epidemiologic Profiles. Our profile addresses three core questions:

1. What are the sociodemographic characteristics of the population of the Philadelphia Eligible Metropolitan Area?
2. What are the indicators of risk for HIV infection in the Philadelphia Eligible Metropolitan Area?
3. What is the scope of HIV in the Philadelphia Eligible Metropolitan Area?

We have also answered the following questions:

4. How do people in the Philadelphia Eligible Metropolitan Area access HIV/AIDS services, and what is their impact?
5. What are the characteristics of people who know they are HIV-positive, but are not accessing services in the Philadelphia Eligible Metropolitan Area?

The profile has been divided into five sections. Each section addresses one of the questions above.

Integrated Epidemiologic Profile Background

The Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) updated their Integrated Guidelines for Developing Epidemiologic Profiles in 2014. As with the previous guidelines, these were created to meet the needs of both care and prevention. Like previous years, we have used these guidelines as a foundation, and expanded upon them whenever possible.

We have designed this document for use by prevention and care planning groups, grantees, state and local health departments, applicants for funding, community-based organizations, and people who access services. It serves as a source document for service planning and application development, as well as the identification of epidemiological trends.

Data Sources

We have compiled multiple data sources to produce this epidemiologic profile. Consequently, time frames, categories, and general availability varied. We have provided the most current data whenever possible. It is important to consider that each data source has its own strengths and limitations; we have tried to be clear

about these limitations throughout the profile. Further information about methodology and considerations can be found through the original sources. For more information on these sources, please see Appendix D.

How to Use the Epidemiologic Profile

The first two sections of this profile describe the general population of the nine-county Philadelphia area, while the last three sections focus on data related to HIV/AIDS in the area. Generally speaking, we begin with a broad overview of the area, and narrow in focus as we move through the profile. Due to the volume of information we have included, we highly recommend using the table of contents to identify the parts of the profile that will be most useful or interesting to you.

Wherever possible, we have presented the data within this document so that it is comparable across sections. Geographic level of detail varies; some sources provide data at the zip code level, while other sources provide district-level, county-level, state-level, or metropolitan area-level detail. Other categories may vary by source as well. It is important to consider this when interpreting and comparing the data within the profile.

Section I: Sociodemographic Characteristics of the General Population of the Philadelphia Eligible Metropolitan Area

This section contains a broad overview of the general population of the Philadelphia Eligible Metropolitan Area. Most data are provided at the county level, unless otherwise noted. This section includes data on population totals, race and ethnicity, age, gender, unmarried partner households, educational attainment, poverty, income, insurance status, teen pregnancy, vital statistics, and tuberculosis. Most of these data were obtained through the United States Census Bureau's American Community Survey (ACS).

Total Population

The American Community Survey (ACS) estimates that the total population of the nine-county Philadelphia Eligible Metropolitan Area (EMA) increased by 0.97% from 2010 to 2013, with variations between the counties. Camden and Burlington Counties saw population decreases, while the remaining seven counties had population increases. The greatest increase was seen in Philadelphia, where the population grew by 1.6% from 2010 to 2013.

Race and Ethnicity for the Total Population

From 2012 to 2013, the White (not-Hispanic) population decreased to 63.58% of the total population in the EMA, the Black (not-Hispanic) population slightly decreased to 20.21%, the American Indian/Alaska Native (not-Hispanic) population decreased to 0.09%, the Asian (not-Hispanic) population increased to 5.46%, and the Hispanic population increased to 8.55%. Two newly-added categories of Other (not-Hispanic) and Two or More Races (not-Hispanic) respectively accounted for 0.25% and 1.85% of the total population for the nine-county area.

Note: "Hispanic" is considered an ethnicity as opposed to a race in the ACS. In the race/ethnicity tables, all people identifying as Hispanic are included in a single Hispanic category, regardless of their race.

Gender and Age by Race and Ethnicity

These tables contain detailed breakdowns of race/ethnicity for males and females, broken out into eight age groups. The race/ethnicity data differ from the previous tables. The White, Black, and Asian categories include both Hispanics and non-Hispanics, due to the availability of data. We included both numbers and percentages of the total population. For example, Table 1.5 indicates that the ACS estimates that there were 123,312 Black males aged 14 and under in the nine-county EMA in 2013, and that Black males 14 and under represented 2.29% of the entire EMA-wide population in 2013.

Unmarried Partner Households

From 2012 to 2013, the total number of households EMA-wide decreased while the number of unmarried partner households increased. The highest percentage of unmarried partner households in the EMA was found in Salem County, with 8.10% of households having unmarried partners, while the lowest percentage was in Bucks County, with 4.13%.

Educational Attainment

We have included three sets of tables related to educational attainment (also called the highest level of education), all broken out by gender. The first two groups of tables reflect education levels amongst those aged 25 and older, and education levels amongst those aged 18 to 24. The third set of tables reflects the poverty rate for each of four levels of educational attainment for people aged 25 and older. The highest poverty rates in the EMA were found in men and women without a high school diploma or GED in Philadelphia, who had poverty rates of 37.1% and 40.7%, respectively.

Poverty and Public Assistance

In almost all counties, the percentage of females living below poverty was higher than the percentage of males living below poverty; the sole exception was Salem County, where the percentages were about equal. Within the EMA, the highest percentages of individuals living below poverty were found in Philadelphia – 26.28% of Philadelphians were living below the federal poverty line, while only 13.68% of Pennsylvanians were living in poverty.

Throughout the nine-county area, the median income varies from $32,157 in Philadelphia to $48,551 in Chester County. In every county and in both states, median earnings are higher for men than women; in Gloucester County, the gender earning gap is over $20,000.

Insurance Coverage

The national uninsured rate decreased from 16% to 13.4% since 2011. Decreases in the number of uninsured were also seen in both Pennsylvania and New Jersey. In all counties, there were more uninsured males than uninsured females. We also included unemployment rates by county, as the majority of insurance for non-elderly adults is employment-based.

Linguistic Isolation

"Linguistic isolation" refers to households where no one over the age of 14 speaks English "very well" or English only. The highest percentage of linguistically isolated households spoke Asian & Pacific Island languages, with 31.5% of households that spoke Asian & Pacific Island language in the nine-county area having no one 14 or older who spoke English only or English "very well".

Disability

We included disability data for non-institutionalized civilians by age group and disability type. An individual may have more than one type of disability, and the percentage of people living with disabilities increased with age in all counties. In the nine-county area, 5.9% of 5-17 year olds had a disability, 10.3% of adults 18-64 had a disability, and 34.8% of people 65 and older had a disability.

Teen Pregnancy

In 2013, there were 2,758 births to 15 – 19 year olds in Philadelphia alone; the entire state of New Jersey had 2,318 teen births.

Vital Statistics

In 2011, for 5-24 year olds, the most common cause of death was accident in every county in Southeastern Pennsylvania, with the exception of Philadelphia. In Philadelphia, over half (50.72%) of deaths among 5-24 year olds were due to homicide.

Tuberculosis

Tuberculosis data were only available by Metropolitan Statistical Area (MSA), which included the nine EMA counties as well as New Castle County, Delaware and Cecil County, Maryland. The tuberculosis case rate in the Philadelphia MSA decreased slightly from 2012 to 2013, from 3.0 per 100,000 to 2.6 per 100,000.

Section II: Indicators of Risk for HIV/AIDS Infection in the Philadelphia Eligible Metropolitan Area

This section contains a broad overview of risk behaviors for the general population of the Philadelphia Eligible Metropolitan Area. We included data on risk behaviors for both adults and high school students, sexual education, drug and alcohol use, arrests for drug sale/possession, HIV testing, and sexually transmitted diseases. Data sources vary throughout the section. All STD data were provided by local or state health departments.

Behavioral Risk

We have included Behavioral Risk Factor Surveillance System (BRFSS) data related to alcohol consumption, binge drinking, HIV testing, and risky behaviors among adults. 45% of BRFSS respondents reported having no drinks within the past 30 days, and 25% of respondents drank 1 to 5 days in the past 30 days. The percentage of people

who had no drinks in the past 30 days increased as age increased. Likewise, the percentage of people who binge drank in the past 30 days declined steadily as age increased. The average number of drinks was higher among men: 7% of females had an average of 4 to 15+ drinks on days when they drank, while 19% of men had an average of 4 to 15+ drinks on days when they drank. In addition to drinking, we included data for HIV testing behaviors. For most demographics, private doctors or HMOs were the most common HIV testing locations.

We have also provided Youth Risk Behavior Survey (YRBS) data for high school students in New Jersey and Philadelphia, including data on drug and alcohol use, sexual behaviors, and forced sexual intercourse. In New Jersey, the percentage of students who had ever used heroin increased from 1.6% in 2011 to 2.4% in 2013. In Philadelphia, the percentage of total students who reported using heroin at least once in their lives decreased from 2.8% in 2011 to 1.8% in 2013, but increased from 0.6% to 1.7% among White students. In both New Jersey and Philadelphia, over 40% of sexually active students did not use a condom at their last encounter, and over 20% did not use any method to prevent pregnancy at their last encounter.

<div align="center">Substance Use</div>

Information related to substance use is limited, but we have included data about people entering treatment for substance abuse, estimates on drug abuse and mental health issues, and drug and prostitution-related arrests.

The most detailed drug-related data for the nine-county area was from drug treatment admissions. For males admitted to treatment, the most common primary substance was alcohol. The most common primary substance among females was heroin. For Blacks and Hispanics, the most common primary substance was marijuana/hashish; for Whites, it was heroin. The vast majority (93%) of injection drug users were White, and about 8% of injection drug users were Hispanic.

Estimates for illicit drug abuse or dependence were higher than the national average for Pennsylvania, and lower than the national average in New Jersey. Estimates for serious mental illness and people who had had a major depressive incident in the past year were lower than the national average for both Pennsylvania and New Jersey.

We have included arrests for drug sale/manufacturing, drug possession, and prostitution and commercialized vice in Southeastern Pennsylvania. Across these categories (broken out by substance), the largest number of arrests were made for marijuana possession. The greatest number of arrests among women were for cocaine possession; for men, the most common offense was marijuana possession. The most common arrest category for Whites was cocaine possession, while Blacks were most frequently arrested for marijuana possession. Notably, 48% of drug-related arrests were made among Blacks, while 22% of the general population in Southeastern Pennsylvania was Black.

<div align="center">Sexually Transmitted Diseases</div>

We have included data on sexually transmitted diseases throughout the nine-county Philadelphia area. Since this information was provided by individual health departments rather than through a national reporting system, age, race/ethnicity, and other categories may vary across areas. These tables include information on chlamydia, gonorrhea, and syphilis – HIV/AIDS data will be found in the next section of this profile.

Syphilis cases have been increasing in Philadelphia over recent years. Syphilis cases over time in the suburban PA counties have varied, and the small number of cases makes it difficult to identify any particular trends. For New Jersey, syphilis data for 2013 were somewhat limited.

Gonorrhea cases had been on the rise in Philadelphia from 2010 to 2012; however, there was a slight decline in cases in 2013. Overall, total gonorrhea cases have decreased in Philadelphia since 1991. Total cases have varied across the suburban Pennsylvania counties, but the vast majority of cases were found among 15 – 24 year olds. Gonorrhea cases have been on the rise in all New Jersey counties, except for Salem County.

Chlamydia cases were on the rise in Philadelphia from 2007 through 2012, but saw a decrease in 2013. Cases varied by county over time in the suburban Pennsylvania counties, but overall have increased from 2009 to 2013. The same trend can be seen in the New Jersey counties as well, although cases also dipped slightly in this region in 2013.

Section III: Scope of HIV in the Philadelphia Eligible Metropolitan Area

The majority of the data in this section pertain to new HIV and AIDS cases, cumulative HIV and AIDS cases, people living with HIV and AIDS, HIV and AIDS deaths, and HIV/AIDS within jails and prisons within the nine-county Philadelphia area. We obtained the bulk of the data within this section from local and state health departments. This section concludes with a forecast of new AIDS cases within the Philadelphia Eligible Metropolitan Area.

Philadelphia Eligible Metropolitan Area (EMA)

Philadelphia represents the majority of HIV/AIDS cases within the nine-county Philadelphia Eligible Metropolitan Area (EMA). Of the 26,866 people living with HIV/AIDS in the nine-county area in 2013, 19,564 (72.8%) of them lived in Philadelphia. Another 3,979 (14.8%) lived in the Pennsylvania suburban counties, and 3,233 (12.4%) lived in the New Jersey Counties. Across the EMA, a majority of HIV/AIDS cases were among non-Hispanic Blacks, followed by non-Hispanic Whites and Hispanics of all races. The epidemic was predominately male (72%). The largest risk category was men who have sex with men (MSM), followed by heterosexuals. Over half of people living with HIV/AIDS in the EMA were 45 or older in 2013.

City of Philadelphia

For Philadelphia, we have included data on new HIV and AIDS cases, including some zip code-level data. The largest age group for both new HIV and new AIDS diagnoses in 2013 was 25 – 34 year olds, but 52% of people with AIDS in Philadelphia were 50 years old or older. The HIV/AIDS epidemic was predominately Black in Philadelphia. As of 2013, the leading exposure categories for people living with HIV/AIDS in Philadelphia were men who have sex with men and heterosexuals, while exposure through injection drug use has become less common over time. Finally, we have included data on HIV/AIDS mortality in Philadelphia, which has also decreased over time.

Demographic characteristics and trends vary in the four suburban Pennsylvania Counties. Bucks County had the same number of new AIDS cases in 2013 as in 2008; however, cases declined and rose again over that time. New AIDS cases have been on the decline in Delaware County and stable in Chester County from 2008 – 2013, while new AIDS cases have stabilized in Montgomery County from 2011 – 2013. For new HIV cases, Bucks and Delaware County have been relatively stable, while Chester County saw a decline from 2012 and Montgomery County saw an increase from 2012. HIV/AIDS prevalence has been on the rise in all counties but Montgomery County, which has remained stable. Within the four counties, Delaware County had the most cases as of 2013.

New Jersey Counties

As with the Pennsylvania counties, demographic characteristics and trends vary within the New Jersey section of the region. Within the four New Jersey counties, Camden County had the highest number of new HIV/AIDS cases, as well as the highest HIV/AIDS prevalence. Salem County was the least populous county within the nine-county EMA, and also had the lowest number of new and prevalent cases.

Section IV: HIV/AIDS Service Utilization Patterns in the Philadelphia Eligible Metropolitan Area

This section provides detailed information on the way that high-risk populations and people living with HIV/AIDS in the nine-county area access services. We have included information related to HIV testing behaviors, publicly-funded HIV tests, concurrent HIV/AIDS diagnoses, local needs assessments, service rankings, service utilization, client data, engagement in care, and service cost.

HIV Counseling and Testing Information

Though it is impossible to know how many people are getting tested for HIV, we have included both individual survey data and publicly-funded testing data to provide a more complete picture. Among survey respondents, it was much more common for Whites to have never had an HIV test than Blacks. Younger people were more likely to have had an HIV test, as were people who identified as a sexual orientation other than heterosexual.

We also included counseling and testing data from local and state sources. The total number of tests done in Camden County decreased from 2012 to 2013, while the total number of positive tests stayed the same. Both total tests and positive tests decreased in Burlington County. In Gloucester and Salem Counties, total HIV tests increased, while the total number of positive tests remained under 5. In Philadelphia, the total number of positive tests more than doubled from 2011 to 2013. In the suburban Pennsylvania counties, Bucks County and Delaware County have seen a decrease in total positive tests, while Chester and Montgomery Counties have seen increases since 2011.

HIV Testing Delays

Here, we provided demographic information for people who were diagnosed with HIV and then diagnosed with AIDS within 31 days, referred to as concurrent infection. Since it usually takes several years for HIV infection to progress to an AIDS diagnosis, this helps us to estimate the number of people who have had significant delays in

HIV testing since they became HIV-positive. Within the nine-county area, concurrent diagnosis was more likely among people outside Philadelphia, people over 45 years of age, women, Whites, and people who cited heterosexual contact or injection drug use as their transmission risk category.

Office of HIV Planning Needs Assessment Activities

We have included descriptions and selected data for three needs assessments conducted by the Office of HIV Planning in conjunction with the Ryan White Part A Planning Council (RWPC) and the HIV Prevention Planning Group (HPG). These needs assessments include a series of focus groups on access to healthcare for populations that are at risk for HIV, a consumer survey among people living with HIV/AIDS in the nine-county Philadelphia region, and a series of consumer forums regarding HIV testing, linkage to HIV care, and retention in HIV care.

Service Utilization

In this part, we have included the number of clients who accessed each service category as funded by Ryan White Part A. The greatest number of clients were served by ambulatory/outpatient medical care, followed by case management, food bank/home-delivered meals, and oral health care. We also included a forecast for future years, based on data from previous years.

AIDS Drug Assistance Program (ADAP)

This section includes demographic information for AIDS Drug Assistance Program (ADAP) clients at both the state and county level for Pennsylvania and New Jersey, as well as expenditures. In the New Jersey counties within the Philadelphia area, over one-third of clients were at least 50 years old. In the Pennsylvania counties, over half were above the age of 45. Demographic distribution varied by county. Over half of SPBP (ADAP) clients in the southeastern Pennsylvania counties lived at or below 138% of the federal poverty level.

Comparison of Part A Clients with Persons Living with HIV/AIDS

We have provided a side-by-side comparison of Philadelphia EMA Ryan White Part A clients with all people who are living with HIV/AIDS in the Philadelphia EMA, to provide additional context for the people who are accessing Part A services and highlight any underserved communities. Notably, youth, minorities, females, and heterosexuals are somewhat overrepresented in the Philadelphia EMA's Part A system.

Expenditures for Women, Infants, Children, and Youth

The Philadelphia EMA's Ryan White Part A program has routinely exceeded its required expenditures for women, infants, children, and youth.

Other Health Statistics

These selected statistics provide contextual information about the general healthcare capacity of the southeastern Pennsylvania area. There were 208 drug and alcohol treatment facilities and 61 hospitals in the area. There were 192 nursing homes, and 443 home health agencies that served the five southeastern counties of Pennsylvania.

<div align="center">National HIV Behavioral Surveillance</div>

We have included selected data from Philadelphia's National HIV Behavioral Surveillance (NHBS) among specific risk groups in selected jurisdictions. The NHBS is conducted in cycles with different groups, including men who have sex with men (MSM), injection drug users (IDU), and high-risk heterosexuals (HET). In the most recent cycles, 27.5% of MSM, 6.3% of IDU, and 1.2% of heterosexuals who participated tested positive for HIV.

<div align="center">Engagement in Care</div>

This section provides estimates on engagement in care in Philadelphia. In 2013, 45% of people who had been diagnosed with HIV were in care, and 45% were virally suppressed. The target population most likely to be virally suppressed were heterosexual females, while the group least likely to be virally suppressed were males who inject drugs.

<div align="center">Forecasted Cost Service Estimates</div>

The final table in this section provides data on past service cost, and forecasts for future numbers of clients and units. These are mathematical projections based on past usage, and do not account for changes in needs.

Section V: Measuring Unmet Need in the Philadelphia Eligible Metropolitan Area

While it is impossible to truly assess the level of unmet need for people living with HIV/AIDS, we have compiled data from surveillance, surveys, and service intake questionnaires to address these issues. Through these sources, we have provided estimates for unmet need for medical care (19% in the Philadelphia EMA) as well as unmet need for individual service categories. Furthermore, we have included information about people without health insurance in the region, including their demographics and reasons for not having health insurance. At the end of the section, we have included additional information on rising costs and the increasing number of people living with HIV/AIDS in the region, contrasted with the Ryan White Part A funding coming into the Philadelphia EMA.

<div align="center">Unmet Need in the Philadelphia Eligible Metropolitan Area</div>

Here, unmet need is defined as people with HIV or AIDS who know their HIV status but are not in primary medical care. Current estimates are that 19% of people living with HIV/AIDS in the Philadelphia EMA did not have an HIV medical visit in 2013. The unmet need estimate is higher among people with HIV (non-AIDS). In 2013, Philadelphia's AIDS Activities Coordinating Office estimated that unmet need was higher than average among Hispanics, "other" race/ethnicity, people with no identified risk, heterosexuals, men who both have sex with men and use injection drugs, "other" risk exposures, people with no identified risks, males, people between the ages of 20 and 39, people without insurance, and people whose insurance status is unknown.

Unmet Need in Pennsylvania

The Pennsylvania Department of Health estimates that 29% of people with HIV/AIDS in Pennsylvania did not have at least one HIV medical appointment in the twelve-month period measured. Unmet need was slightly higher among people with AIDS than HIV (non-AIDS). The largest numbers of people with unmet need were found among Blacks, males, people 40 – 49 years old, in urban areas, and in the southeast.

Medical Monitoring Project (MMP) Data

The national Medical Monitoring Project (MMP) is a surveillance system that assesses clinical outcomes, behaviors, and the quality of HIV care. The MMP provides insights into unmet needs among people who are accessing HIV care. We have displayed MMP data alongside identified needs at intake (as identified by AACO's Client Services Unit) and the unmet needs identified in the OHP consumer survey. Identified unmet needs vary greatly based on data source.

Office of HIV Planning Consumer Survey 2012 – 2013

In partnership with the Needs Assessment Committee of the Ryan White Part A Planning Council, the Office of HIV Planning conducted a survey with people living with HIV/AIDS in the Philadelphia Eligible Metropolitan Area. Overall, 75.4% of respondents entered care "right away", and 7.9% entered care within six months of their HIV diagnosis. We also asked participants if they needed but did not get medical care within the last six months; 8.8% stated this applied to them. The most frequent reason for not getting care was "couldn't afford it", followed by depression, lack of transportation, and inability to get an appointment.

Public Health Management Corporation Southeastern Pennsylvania Household Health Survey, 2012

The Public Health Management Corporation's 2012 Southeastern Pennsylvania Household Health Survey asked participants about their insurance status, reasons for being uninsured, the length of time the participant was uninsured, and whether the participant put off care due to cost. By age, the highest percentage of respondents who were uninsured were between the ages of 18 and 39 years old. Of people who were uninsured, 47.6% were White, 31.7% were Black, and 13% were Latino. The top reason given for not having insurance for most age groups was that a "person in the family with health insurance lost their job or changed employers". The second most common reason for lack of insurance was because the "cost was too high".

Forecasting Funding

Current Ryan White Part A funding levels in the Philadelphia region are comparable to funding levels in 2008; yet, the total number of people living with HIV/AIDS is steadily increasing over time. Furthermore, medical cost increases outpace inflation. This demonstrates a further increasing divide between needs and Part A funding in the Philadelphia Eligible Metropolitan Area.