Atlanta EMA Populations and Communities with Disparate Health Outcomes

A Report of the Assessment Committee of the Ryan White Part A Atlanta EMA HIV Health Services Planning Council, 2013

Health Disparities within the Atlanta EMA

From the 2011 – 2013 Comprehensive Plan:	
Goal 2	**To reduce disparities in access to health services and related support services among disproportionately affected sub-populations and historically underserved communities.**
Objective 2.1	Identify populations with disparate health outcomes and develop and implement strategies to increase access to health services and related support services.
2.1.1	*Collect and review data to identify and locate populations and communities with disparate health outcomes.*
2.1.2	*Analyze data and generate recommendations to reduce disparities.*

WHAT DOES THAT MEAN?

We used an evidence-based process to answer the following questions:

1. **How do we define below average health outcomes?**
   *- Viral load higher than 55,000**
   - CD4 below 200
   - Higher than average instances of Opportunistic Infections (OI's)
2. **Who are the individuals with below average health outcomes?**
   - *What is their race, gender, other characteristics*
3. **Where do they live?**
   - *Availability of HIV services in their area*
   - Burden of accessing HIV care outside their area
4. **What are the factors, both individual and community level, related to disparate health outcomes for these individuals?**

A Focus on 5 Central EMA Counties

HIV/AIDS surveillance data, 2010 census data, morbidity and mortality indicators, and distribution of current Ryan White patients were used to narrow our focus of study to five central EMA counties:

- **Clayton, Cobb, DeKalb, Fulton, Gwinnett:**
  - 63.7% of residents in the 20 County EMA live in these five EMA counties
  - The majority of HIV/AIDS cases in the EMA are concentrated in these five EMA counties
  - The five zip codes with the highest number of Opportunistic Infections in the state are also in these 5 central EMA counties

HIV/AIDS RELATED MORBIDITY

Locale	Emergency Room Visits	Hospital Discharges
Georgia Statewide	**603**	**2,581**
Black	511	2064
White	80	421
Other	12	96
Atlanta EMA	**347**	**1,671**
Black	291 (192 Male; 102 Female)	1,333 (Male 894, Female 439)
White	37 (24 Male; 21 Female)	260 (Male 214, Female 46)
Other	8	-
5 Central Counties	**323**	**1,433**
Black	275 (178 Male; 103 Female)	1,182 (Male 807, Female 375)
White	37 (21 Male; 16 Female)	182 (Male 157, Female 25)
Other	8	25

HIV/AIDS RELATED DEATHS

Georgia 491

Atlanta EMA 254

- Black 189 (Male 127, Female 62)
- White 44 (Male 38, Female 6)
- Hispanic 9 (Male 7, Female 2)

Five Central Counties 206

- Black 166 (Male 111, Female 55)
- White 32 (Male 29, Female 3)
- Hispanic 7 (Male 6, Female 1)

Most Prevalent Demographics

Emergency Room Visits Atlanta EMA and Five Central Counties

- Black Males
- Black Females

Hospital Discharges Atlanta EMA and Five Central Counties

- Black Males
- Black Females

HIV/AIDS Related Deaths Atlanta EMA and Five Central Counties

- Black Males
- Black Females

OPPORTUNISTIC INFECTIONS

The incidence of opportunistic infections (OI) in the Atlanta EMA ranged from 6 – 970

- 18 of 20 EMA counties reported OI's, with an average of 161 OI's reported in 2012. The five central counties all had a higher than average number of OI's reported:

Core County	# of Opportunistic Infections
Clayton	267
Cobb	292
DeKalb	835
Fulton	970
Gwinnett	204

OPPORTUNISTIC INFECTIONS

The most common OIs reported were:

1. Pneumocystis carinii pneumonia
2. Candidiasis esophageal (thrush)
3. Wasting
4. Kaposi sarcoma
5. Extrapulmonary cryptococcosis
6. Pulmonary mycobacterium tuberculosis.

CD4 and Viral Load

Seven zip codes, all located within the five central EMA counties, had the most residents living with HIV disease with a very high viral load and low CD4 count

County	Zip Code	Number with a Low CD4	% within zip code	Number with a Very High Viral Load	% within zip code
Fulton	30308	62	14.0	16	15.2
	30310	68	15.3	17	16.2
	30314	69	15.6	12	11.4
	30315	80	18.1	13	12.4
	30318	69	15.6	18	17.1
	30331	49	11.1	11	10.5
DeKalb	30032	46	10.4	18	17.1
Total		443	100.0	105	100.0

CD4 and Viral Load

Seven zip codes, all located within 2 of the five central EMA counties, had the most residents living with HIV disease with a very high viral load and low CD4 count

Fulton County:

30308
30310
30314
30315
30318
30331

DeKalb County:

30332

Unmet Need

Unmet need is defined by the following formula:

Number of persons living with HIV disease/aware who did not receive a viral load or CD4 test as of 12/31/12

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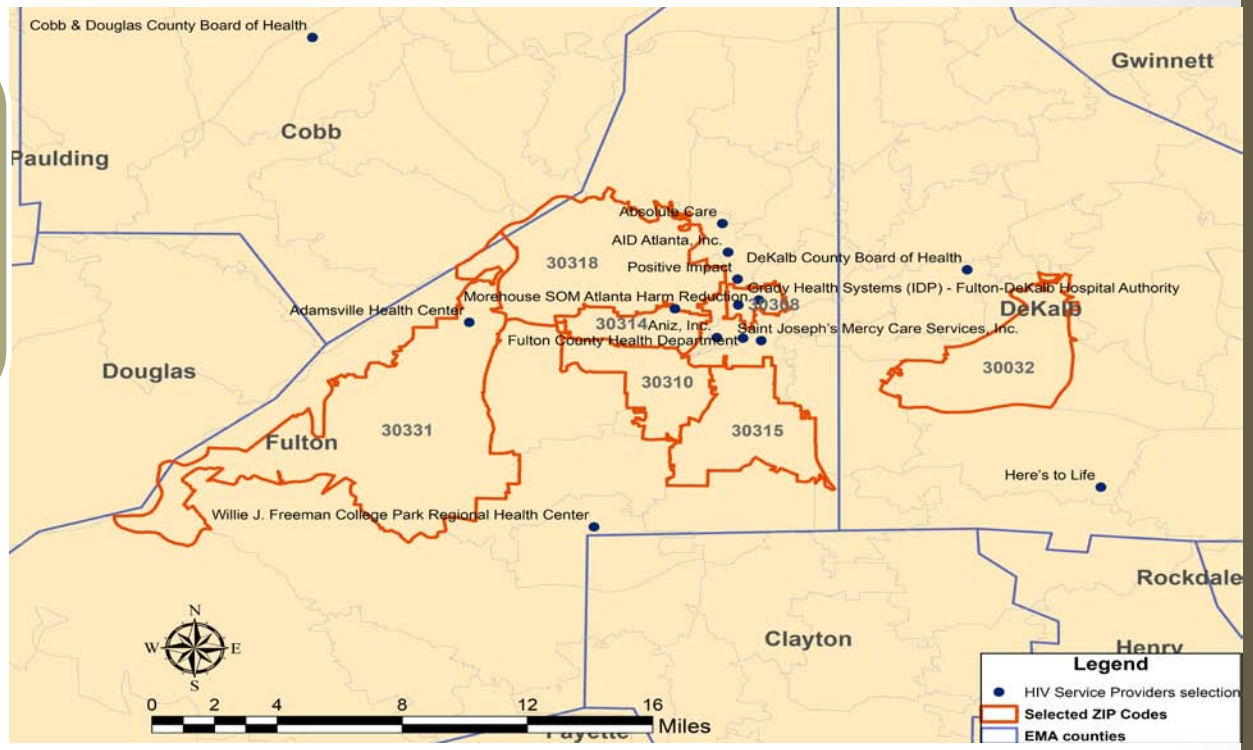
Total number of persons living with HIV disease/aware as of 12/31/12

County	Zip Codes	Count	% within zip code
Fulton	30308	437	48.0
	30310	363	46.0
	30314	327	47.0
	30315	311	41.0
	30318	547	47.0
	30331	206	38.0
DeKalb	30032	371	46.0

Core service providers are centralized where there is the greatest overall need.

- But lacking care providers in several zip codes of need.
  - 30032
  - 30331
  - 30315



County	Zip Codes	Transportation Barrier (n=582)	
		Count	%
Fulton	30308	33	5.7
	30310	28	4.8
	30314	23	3.9
	30315	27	4.6
	30318	20	3.4
	30331	15	2.6
DeKalb	30032	21	3.6

- **Nearly 30% (n=167) of respondents of the consumer survey who listed transportation as a barrier to care were from the selected zip codes.**

Conclusions

Black Males of all age groups are the most significantly impacted race, ethnic and gender group in the Atlanta EMA

- Of this group, those most impacted reside in zip codes with the highest concentration of individuals with unmet need in the Atlanta EMA:
  - 30308
  - 30310
  - 30314
  - 30315
  - 30318
  - 30331
  - 30032

Locations of service providers are not reflected in most of these zip codes.

- The time for transportation to the primary care service providers ranges from 30 minutes to more than 2 hours by MARTA under ideal conditions.
- Serves as a deterrent for many people living in these areas.

Recommendations

Ryan White Part A Grantee

Facilitate and encourage Part A primary care contractors to collaborate with other clinical entities in the target zip codes.	Facilitate Part A providers to collaborate with organizations with linkage to care funding to ensure individuals are enrolled and retained in care.	Set aside funding to support such collaborations as mentioned.	Investigate alternatives to public transportation • (Medicaid funded, ADA mobility, Medicare funded, private insurance funded transportation, taxi vouchers, volunteer drivers, van services)

Recommendations

Priorities Committee:

- Increase or maintain funding for transportation at current levels
- Consider the zip codes indentified to pilot any efforts to support adherence and reach those with unmet need

Ryan White PART A Providers

- Establish satellite clinics (weekly, monthly, bimonthly)
- Establish innovative partnerships with clinical providers, including community health centers, in the target zip codes to provide HIV Care.
  - Satellite locations within existing clinics
  - Shared locations
    - Part time ID Specialists or NP
    - Laboratory work combined with telemedicine
    - Increase transportation options for clients.

Source Material

Georgia DPH, Office of Health Indicators for Planning (OHIP), Online Analytical Statistical Information System (OASIS):

- 2011 Deaths & Age-Adjusted Death Rates
- 2010 Deduplicated Discharges & Age-Adjusted Rate
- 2010 Deduplicated ER Visits & Age-Adjusted Rate

Georgia DPH, HIV Epidemiology Section

- 2012 Opportunistic Infections (OI) by County
- 2012 Opportunistic Infections (OI) by Zip Code
- 2012 HIV/AIDS Epidemiology Report

2012 CAREWare Data:

- Low CD4, by Zip Codes
- Very High Viral Load by Zip Codes

2011 Atlanta EMA Consumer Survey

- Out of Care Population
- Barriers to Care

2012 Unmet Need Estimate