

Section 3: 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?

Section 3 presents patterns of utilization of the 2009 Ryan White HIV/AIDS Treatment Extension Act funded HIV/AIDS services by HIV-infected persons in Ohio during 2010. The analyses are based on demographic characteristics and the types of services accessed.

Overview of the Ryan White Treatment Modernization Act

According to the Health Resources and Services Administration (HRSA), the Ryan White HIV/AIDS Treatment Extension Act (RWHATEA) of 2009 (Public Law 111-87, October 30, 2009) is federal legislation that addresses the unmet health needs of people living with HIV/AIDS by funding primary health care and support services that enhance access to and retention in care. First enacted by Congress in 1990, the act was amended and reauthorized in 1996, 2000, 2006 and again in 2009. Services funded by the RWHATEA aim to reduce medical costs, increase access to care for underserved populations and improve the quality of life for those living with HIV/AIDS. The RWHATEA works toward these goals by appropriating funds to local and state programs that provide primary medical care and support services, assisting with healthcare provider training, and providing technical assistance to help funded programs address implementation and emerging HIV care issues.

The RWHATEA Parts are:

Part A

Part A allocates emergency assistance funds directly to urban areas hit hardest by the HIV/AIDS crisis. To be eligible as an Eligible Metropolitan Area (EMA), an area must have reported more than 2,000 AIDS cases in the most recent five years and have a population of at least 50,000. To be eligible as a Transitional Grant Area (TGA), an area must have reported at least 1,000 but fewer than 2,000 new AIDS cases in the most recent five years. Ohio has had one Part A area, Cleveland, since April 1, 1996 with a second Part A area, Columbus, added in March 2013. With the 2006 reauthorization, Cleveland's eligibility changed from an EMA to a TGA. The Cuyahoga County Board of Commissioners is the designated grantee for Part A funding in the Cleveland TGA, which includes Lake, Cuyahoga, Lorain, Medina, Geauga and Ashtabula counties in the northeastern geographical area of the state. A planning council works in partnership with the grantee to assess service needs of people living with an HIV infection (PLWHA), develop a continuum of care and establish resource allocation priorities. Representatives of city and state government, consumers, other RWHATEA funded agencies and representatives of Part B are all included in the planning council membership. Services provided through Part A to PLWHA in the Cleveland TGA include basic care needs such as housing, nutrition, and transportation, as well as medication, laboratory and primary care or HIV-specific medical services, mental health or substance abuse treatment, child care and dental care. The design and implementation of the Columbus Part A region, also a TGA, is being developed and will begin in March 2013.

Part B

Part B of the RWHATEA provides financial assistance to 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 to enable them to provide a variety of services for individuals living with HIV infection and their families. In Ohio, Part B funds are administered by the HIV CARE Services Section (HCS) at ODH.

Based on established and existing community-based service networks as well as case incidence in the state of Ohio, the implementation of the case management and emergency financial assistance programs ensure that HIV-infected individuals within the state will receive the quickest access to community-based essential health care and support services. The

community-based arm of HCS also includes two other direct service programs: the Community Linkage Coordination Program, which assists with the linkage of inmates with an HIV infection to community care services and HIV case management upon their release from a correctional facility. The second direct service program is the Ohio HIV Drug Assistance Program (OHDAP).

Additional Part B funds are set aside for State AIDS Drug Assistance Programs, which primarily provide medications. OHDAP provides medications related to HIV infection for persons living with HIV who are unable to obtain medications through any other source. Medications covered under this program are limited to those included in the formulary designated by the OHDAP Advisory Group comprised of physicians, nurses, social workers, pharmacists and consumers. Within HCS, the OHDAP staff also administer the Health Insurance Premium Payment (HIPP) and Medicaid SpendDown Payment Programs.

HCS also includes a Quality Management (QM) program, the addition of which was required by the 2000 CARE Act reauthorization amendments. According to HRSA, the QM team is charged with “assess[ing] the extent to which HIV health services are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infections, and develop[ing] strategies for ensuring that such services are consistent with the guidelines for improvement in...access to and quality of HIV services.”

Additional data, including data related to OHDAP and case management, which were previously reported in prior epidemiological profiles, are available upon request by calling HCS at (614) 466-6374.

Part C

Part C funds fall into three categories: the Capacity Building Grant Program, the Planning Grant Program and Early Intervention Services (EIS). The Part C Capacity Building Grant program funds eligible entities for a fixed period of time (one to three years) in their efforts to strengthen their organizational infrastructure and enhance their capacity to develop, enhance or expand high quality HIV primary health care services in rural or urban underserved areas and communities of color.

Part C EIS funds comprehensive primary health care for individuals living with HIV disease. There are currently seven agencies receiving EIS funds, covering 58 of Ohio's 88 counties, as well as seven in Kentucky, three in West Virginia, and two counties in southern Indiana. Part C services include: risk-reduction counseling on prevention, antibody testing, medical evaluation, and clinical care; antiretroviral therapies; protection against opportunistic infections; and ongoing medical, oral health, nutritional, psychosocial, and other care services for HIV-infected clients; case management to ensure access to services and continuity of care for HIV-infected clients; and attention to other health problems that occur frequently with HIV infection, including tuberculosis and substance abuse.

Part D

Grantees of Part D funds specifically address the needs of the populations of women, infants, and children affected by HIV/AIDS by providing them with enhanced access to care, as well as clinical trials and research. There are two agencies receiving Part D funds in the state of Ohio: the University of Toledo Medical Center and University Hospitals in Cleveland. These agencies improve and expand comprehensive care services to increase access for HIV/AIDS-affected women, infants, children, and youth in a comprehensive, community-based and family-centered system of care that is linked to research.

Part F

This portion of the RWHATEA encompasses the AIDS Education and Training Centers (AETC) Program, the Dental Reimbursement Program and Special Projects of National Significance (SPNS) Grant Program. Considered the research and development arm of the RWHATEA, SPNS grants fund innovative models of care and support the development of effective delivery systems for HIV care.

The AETC is a network of 11 regional centers (and more than 70 associated sites) that train health care providers to treat persons with HIV infections. The Pennsylvania/MidAtlantic AETC covers the region to which Ohio belongs, with two local performance sites, The Ohio State University and the University of Cincinnati. The program goal is to increase the number of health care providers who are educated and motivated to counsel, diagnose, treat, and medically manage individuals with HIV infection and to help prevent high risk behaviors that lead to HIV transmission. Training targets health care providers who serve minority populations, the homeless, rural communities, incarcerated persons, and RWHATEA-funded sites. Clinicians trained by AETCs have been shown to be more competent with regard to HIV issues and more willing to treat persons living with HIV than other primary care providers.

The HIV/AIDS Dental Reimbursement Program of the RWHATEA supports access to oral health care for individuals living with HIV infection, by reimbursing dental education programs for non-reimbursed costs incurred in providing such care. Ohio has one Dental Reimbursement Program, located at Case Western Reserve University in Cleveland. This program supports access to oral health care for individuals with HIV infection by reimbursing dental education programs for non-reimbursed costs incurred in providing such care, including diagnostic, preventive, oral health education and health promotion, restorative, periodontal, prosthodontic, endodontic, oral surgery, and oral medicine services.

Ryan White HIV/AIDS Treatment Extension Act - 2009 Data

1. Source of Data for this Section

In the 2010 edition of the *HIV/AIDS Integrated Epidemiologic Profile for Ohio*, patterns of service utilization for HIV-infected persons were based on Ohio's portion of the nationally collected 2009 Ryan White HIV/AIDS Program Services Report (RSR). In 2009 and 2010, HRSA required each Ryan White grantee or provider of HRSA-funded services to submit a client-level RSR in addition to the previous aggregate Ryan White HIV/AIDS Data Report (RDR). The RDR was phased out by HRSA in 2010. It is this shift from RDR (aggregate data) to RSR (client-level data) that prompted the use of RSR data last year for the analysis below rather than RDR.

The Ryan White program at ODH is supported by Part B funds and maintains database systems containing client-level data—the same type of data that is required for RSR reporting. In 2011, Ohio was awarded a HRSA Special Projects of National Significance (SPNS) grant to permit the development of a statewide All-Parts database system that will support the collection and management of RSR-type data in Ohio. At the time of this profile, nine Ryan White HIV/AIDS grantees, representing ten RW programs, have the ability to enter data into the new statewide All-Parts database. ODH is continuing to import the data into CAREWare and will have statewide utilization reports available in 2013.

The development of the statewide client-level database system will greatly facilitate the preparation of the service utilization section of future editions of the *Epidemiologic Profile*. Until then, however, we are likely to continue experiencing difficulties in obtaining sufficient data from the other parts—i.e., data that is not housed at ODH.

2. Data Analysis

The goal is to answer three specific questions. First, who, in Ohio, accessed (or utilized) Ryan White services during calendar year 2010? Second, how did those clients get exposed to the disease? And third, which Ryan White services were utilized?

The first question will be answered in terms of demographics. The second one will be answered by looking at data on exposure type. The third one will be addressed by presenting data on services for which usable data is available to ODH. In some cases, data is not available or is available but in formats that make analysis difficult to perform. Consequently, only a partial description of service utilization patterns can be reported.

(a) Who Is Utilizing Ryan White Services?

The demographic variables used to address this question are gender, race, ethnicity and age. The results are reported below.

Table 115. Gender of clients who accessed Ryan White services in Ohio during 2010

Gender	Number of Clients	Percent
Male	5,976	77.2
Female	1,716	22.2
Transgender	45	0.6
Unknown	7	0.1
Total	7,744	100.0

During 2010, a large majority (77 percent) of clients who accessed Ryan White services in Ohio were male and 22 percent were female (**Table 115**).

Table 116. Race of clients who accessed Ryan White services in Ohio during 2010

Race	Number of Clients	Percent
Black/ African American	3,201	41.3
American Indian or Native Alaskan	35	0.5
Asian	34	0.4
Native Hawaiian or Pacific Islander	10	0.1
White	4,119	53.2
Other	302	4.0
Unknown	43	0.5
Total	7,744	100.0

Table 116 suggests that, during 2010, clients who accessed Ryan White services in Ohio were mostly white (53 percent), closely followed by black/African-Americans (41 percent).

Table 117. Ethnicity of clients who accessed Ryan White services in Ohio during 2010

Ethnicity	Number of Clients	Percent
Hispanic/Latino	472	6.1
Non Hispanic/Latino	7,266	93.8
Unknown	6	0.1
Total	7,744	100.0

Six percent of clients accessing Ryan White services in Ohio during 2010 were Hispanic/Latino.

Table 118. Age of clients who accessed Ryan White services in Ohio during 2010

Age	Number of Clients	Percent
<2	6	0.1
2-12	25	0.3
13-24	366	4.7
25-44	3,195	37.6
45-64	4,221	54.0
>=65	248	3.3
Total	7,744	100.0

The overwhelming majority (92 percent) of clients who accessed Ryan White services in Ohio were between 25 and 64 years old.

(b) How Did the Clients Get Exposed to HIV?

Table 119. How did clients who accessed Ryan White services in Ohio during 2010 get exposed to HIV?

HIV Exposure Type	Number of Clients	Percent
Blood Products	81	1.1
Hemophilia	5	0.1
Hetero sex w/PLWHA	1,885	24.3
IDU	234	3.0
MSM	3,622	46.8
MSM and IDU	11	0.1
Perinatal Transmission	31	0.4
Other	73	0.9
Unknown	1,802	23.3
Total	7,744	100.0

Table 119 suggests that the largest number of clients who accessed Ryan White services in Ohio during 2010 were men who had been exposed to HIV through having sex with other men (47 percent). The second-largest group consisted of clients who had heterosexual relationships with an HIV-positive person (24 percent).

(c) Which Ryan White Services Are Being Utilized?

A limitation of this report is that the data collected from some service provider agencies is incomplete. Another limitation is that much of the available data is stored in formats that render the data unusable for this report. There were also providers who did not report any data. A federal grant obtained by the various Ryan White parts in Ohio will resolve these challenges by enabling ODH to host an All-Parts database system for the collection and management of RSR data. Until that solution is in place, the data reported below should be used cautiously. Data are expected to be more complete in the 2011/2012 Epidemiological Profile.

Table 120. Were clients who accessed Ryan White services in Ohio during 2010 prescribed or receiving PCP Prophylaxis anytime during the past 12 months?

Prescribed PCP Prophylaxis	Number of Clients	Percents
Yes	219	2.8
No	525	6.8
Client Refused	0	0.0
Not Medically Indicated	178	2.3
Unknown	6,822	88.1
Total	7,744	100.0

Table 121. Were clients who accessed Ryan White services in Ohio during 2010 prescribed or receiving HAART anytime during the past 12 months?

Patient Prescribed or Receiving HAART?	Number of Clients	Percent
Yes	1,838	23.7
Not Medically Indicated	53	0.7
No, HAART payment assistance not available	41	0.5
Client Refused	15	0.2
No, Other Reason	8	0.1
Unknown	5,789	74.8
Total	7,744	100.0

Table 122. Most recent CD4 values reported for clients who accessed Ryan White services in Ohio during 2010

CD4 Value Reported (cells/mm ³)	Number of Clients	Percent
<=200	972	12.6
201-350	1,238	16.0
351-500	1,459	18.8
>500	2,335	30.1
Unknown	1,740	22.5
Total	7,744	100.0

CD4 cells or T-helper cells are a type of white blood cell that fights infection and their count indicates the stage of HIV or AIDS in a patient. Results are usually expressed in the number of cells per microliter (copies/mL) of blood. Nearly one-third (30 percent) of clients who accessed Ryan White HIV/AIDS services in 2010 had a CD4 count over 500 copies/ml.

Table 123. Most recent viral load values reported for clients who accessed Ryan White services in Ohio during 2010

Viral Load Reported (copies/mL)	Number of Clients	Percent
<=40	756	9.8
>40 – 10,000	1,447	18.7
10,001 – 30,000	526	6.8
30,001 – 75,000	3,117	40.2
>75,000	311	4.0
Unknown	1,587	20.5
Total	7,744	100.0

Forty percent of clients who accessed Ryan White HIV/AIDS care in 2010 had viral loads reported in the 30,001-75,000 copies/ml range (**Table 123**).

Table 124. Have clients who accessed Ryan White services in Ohio during 2010 completed the vaccine series for Hepatitis B?

Vaccinated Hep B	Number of Clients	Percent
Yes	286	3.7
No	116	1.5
Not Medically Indicated	43	0.5
Unknown	7,299	94.3
Total	7,744	100.0

Table 125. Were clients who accessed Ryan White services in Ohio during 2010 screened for Hepatitis B at their most recent visit?

Screen Hep B Last Visit	Number of Clients	Percent
Yes	76	1.0
No	371	4.8
Not Medically Indicated	5	0.1
Unknown	7,292	94.1
Total	7,744	100.0

Table 126. Were clients who accessed Ryan White services in Ohio during 2010 screened for Hepatitis C at their most recent visit?

Screen Hep C Last Visit	Number of Clients	Percent
Yes	698	9.0
No	370	4.8
Not Medically Indicated	4	0.1
Unknown	6,672	86.1
Total	7,744	100.0

Table 127. Were clients who accessed Ryan White services in Ohio during 2010 screened for HIV risk reduction counseling at their most recent visit?

Risk Screen Last Visit	Number of Clients	Percent
Yes	983	12.7
No	311	4.0
Unknown	6,450	83.3
Total	7,744	100.0

Table 128. Were clients who accessed Ryan White services in Ohio during 2010 screened for mental health issues at their most recent visit?

MH screen Last Visit	Number of Clients	Percent
Yes	433	5.6
No	189	2.4
Not Medically Indicated	7	0.1
Unknown	7,115	91.9
Total	7,744	100.0

Table 129. Were clients who accessed Ryan White services in Ohio during 2010 screened for substance use (alcohol/drugs) at their most recent visit?

SA screen Last Visit	Number of Clients	Percent
Yes	228	3.7
No	203	2.6
Not Medically Indicated	11	0.1
Unknown	7,242	93.6
Total	7,744	100.0

Table 130. Were clients who accessed Ryan White services in Ohio during 2010 screened for Syphilis at their most recent visit?

Syphilis Screen Last Visit	Number of Clients	Percent
Yes	861	11.1
No	361	4.7
Not Medically Indicated	5	0.1
Unknown	6,517	84.1
Total	7,744	100.0

Table 131. Were clients who accessed Ryan White services in Ohio during 2010 screened for TB at their most recent visit?

TB Screen Last Visit	Number of Clients	Percent
Yes	617	8.0
No	330	4.3
Not Medically Indicated	8	0.1
Unknown	6,789	87.6
Total	7,744	100.0

Table 132. Did clients who accessed Ryan White services in Ohio during 2010 receive a Cervical Pap Smear at their most recent visit?

Received Cervical Pap Smear	Number of Clients	Percent
Yes	88	1.1
No	91	1.2
Not Medically Indicated	5,976	77.2
Unknown	1,589	20.5
Total	7,744	100.0

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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 (RW) HIV/AIDS Treatment Extension Act of 2009 require Part A and Part B 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. Estimates of unmet need are used to guide state and national planning and resource allocations, including awarding discretionary grant funds for capacity development, to ensure those not currently in care obtain medical care and supportive services through the RW Care Act programs and other sources.

The ODH HIV/AIDS Surveillance Program used “A Practical Guide to Measuring Unmet Need for HIV-Related Primary Medical Care: Using the Unmet Need Framework” developed by University of California at San Francisco, as jointly recommended by CDC and the Health Resources and Services Administration (HRSA), to address the RW Care Act requirements to estimate unmet need in Ohio. Care data pertaining to HIV-related primary medical care was solicited from All-Parts programs in Ohio by the ODH HIV Care Services Program. Only six of 11 programs provided data, therefore; Ohio’s estimate of unmet need should be interpreted with caution.

Definition

Unmet need for HIV primary medical care is defined by HRSA’s HIV/AIDS Bureau 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 testing
- 2) CD4 count
- 3) Provision of anti-retroviral therapy (ART)

Methodology

Following HRSA’s guidelines, ODH HIV Surveillance used the following methodology to estimate unmet need. Ohio’s estimate was calculated by subtracting the total number of individuals with evidence of having received care during Calendar Year (CY) 2010 from the total number of people living with a diagnosis of HIV infection in Ohio in CY 2010. ODH’s HIV surveillance data was used to determine the number of individuals living with a diagnosis of HIV infection in Ohio in 2010 and was matched against Ohio’s Ryan White Parts services data to identify the number of individuals who received care in Ohio in 2010.

Persons living with a diagnosis of HIV infection (PLWHA) in CY 2010 were defined as persons reported in the HIV/AIDS Reporting System (eHARS) through October 31, 2011, who had been diagnosed with HIV as of December 31, 2010, and were not known to have died as of December 31, 2010. A database was created to include the 17,115 persons who met this definition of PLWHA in CY 2010. Individuals in this database were identified as having received HIV primary medical care in CY 2010 by using several methods. A listing of these data sources is listed in

Table 133. The following three steps were used to identify persons with unmet need:

- 1) All cases in eHARS with a CD4 or viral load reported in 2010 were identified as receiving care.
- 2) All persons in eHARS who were known to be incarcerated in an Ohio correctional facility in 2010 were identified as having received HIV primary medical care. This is based upon the Ohio Department of Rehabilitation and Corrections Office of Correctional Health Care HIV Treatment Guidelines which requires prisoners to be tested for HIV upon entering the state prison system and to receive HIV treatment or care on a regular basis (every three to six months). State prisoners are included in the Ohio estimate, but are not included in regional estimates (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.
- 3) Ryan White Parts data was 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.

Table 133. Data source information used to identify Ohio persons receiving HIV primary medical care (in care) in Calendar Year 2010

Data Source Name	Match Order	Records Received*	Records Matched (Persons in Care)
Surveillance eHARS CD4	1	N/A	4,706
Surveillance eHARS VL	2	N/A	870
Surveillance eHARS Prisoners	3	N/A	100
Ryan White Parts	4	8,924	4,685
Total Persons Identified as in Care			10,361

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

Results

Table 134. Estimates of unmet need for HIV primary medical care in Ohio for Calendar Year 2010

Input Population Sizes	Value	Data Source
A. Number of persons living with AIDS (PLWA), recent time period	8,206	Enhanced HIV/AIDS Reporting System (eHARS) reported through 10/31/2011
B. Number of persons living with HIV (PLWH) non-AIDS/aware, recent time period	8,909	Enhanced HIV/AIDS Reporting System (eHARS) reported through 10/31/2011
Care Patterns		
C. Number of PLWA who received the specified HIV primary medical care services in 12 month period	6,013	VL/CD4 Lab Reports from eHARS and Ryan White Parts, and Prisoners from eHARS - Ryan White Calendar Year 2010
D. Number of PLWH (aware, non-AIDS) who received the specified HIV primary medical care services in 12 month period	4,348	VL/CD4 Lab Reports from eHARS and Ryan White Parts, and Prisoners from eHARS - Ryan White Calendar Year 2010
Calculated Results		
	Value	Calculation
E. Number of PLWA who did not receive primary medical services	2,193	=8,206 – 6,013
F. Number of PLWH (non-AIDS, aware) who did not receive primary medical services	4,561	=8,909 – 4,348
G. Total HIV+/aware not receiving specified primary medical care services (quantified estimate of unmet need).	6,754	6,754 out of 17,115 (or 39 percent with unmet need)

There were 17,115 reported persons living with a diagnosis of HIV infection in Ohio and an estimated 10,361 (61 percent) received care in Ohio. It is estimated that 39 percent of persons living with a diagnosis of HIV infection (PLWHA) have unmet need for primary HIV medical care in Ohio. Of the 8,909 persons living with HIV (PLWH), not AIDS, an estimated 4,561 (51 percent) had unmet need for primary HIV medical care in Ohio. Of the 8,206 persons living with AIDS (PLWA) an estimated 2,193 (27 percent) had unmet need for primary HIV medical care in Ohio (**Table 134**).

Table 135. Estimates of unmet need for HIV primary medical care among persons living with a diagnosis of HIV infection for Ohio counties – Adams through Logan, by HIV disease status, Calendar Year 2010

County	Reported Persons Living with HIV, not AIDS (PLWH)			Reported Persons Living with AIDS (PLWA)			Reported Persons Living with a Diagnosis of HIV Infection ^a (PLWHA)		
	PLWH Unmet Need	PLWH	% Unmet Need	PLWA Unmet Need	PLWA	% Unmet Need	PLWHA Unmet Need	PLWHA	% Unmet Need
Adams	2	4	*	1	4	*	3	8	38%
Allen	24	71	34%	8	52	15%	32	123	26%
Ashland	3	4	*	4	11	36%	7	15	47%
Ashtabula	8	22	36%	9	34	26%	17	56	30%
Athens	8	22	36%	6	16	38%	14	38	37%
Auglaize	1	4	*	4	11	36%	5	15	33%
Belmont	7	12	58%	4	14	29%	11	26	42%
Brown	2	6	33%	2	12	17%	4	18	22%
Butler	73	130	56%	47	130	36%	120	260	46%
Carroll	1	4	*	3	5	60%	4	9	44%
Champaign	3	9	33%	3	12	25%	6	21	29%
Clark	25	56	45%	19	79	24%	44	135	33%
Clermont	11	25	44%	10	35	29%	21	60	35%
Clinton	5	7	71%	3	13	23%	8	20	40%
Columbiana	13	22	59%	3	21	14%	16	43	37%
Coshocton	3	8	38%	2	4	*	5	12	42%
Crawford	3	8	38%	1	6	17%	4	14	29%
Cuyahoga	922	1,828	50%	413	1,806	23%	1335	3,634	37%
Darke	4	12	33%	0	13	0%	4	25	16%
Defiance	5	8	63%	0	12	0%	5	20	25%
Delaware	40	59	68%	16	32	50%	56	91	62%
Erie	12	26	46%	11	33	33%	23	59	39%
Fairfield	22	50	44%	19	51	37%	41	101	41%
Fayette	3	5	60%	3	8	38%	6	13	46%
Franklin	1,155	2,075	56%	527	1,502	35%	1,682	3,577	47%
Fulton	1	7	14%	2	19	11%	3	26	12%
Gallia	1	7	14%	2	7	29%	3	14	21%
Geauga	3	6	50%	4	15	27%	7	21	33%
Greene	29	59	49%	17	55	31%	46	114	40%
Guernsey	5	7	71%	3	9	33%	8	16	50%
Hamilton	651	1110	59%	337	1088	31%	988	2,198	45%
Hancock	8	18	44%	2	18	11%	10	36	28%
Hardin	1	5	20%	1	3	*	2	8	25%
Harrison	3	4	*	1	3	*	4	7	57%
Henry	1	3	*	0	3	*	1	6	17%
Highland	2	4	*	4	13	31%	6	17	35%
Hocking	3	6	50%	2	9	22%	5	15	33%
Holmes	1	2	*	0	6	0%	1	8	13%
Huron	4	8	50%	3	11	27%	7	19	37%
Jackson	5	8	63%	0	4	*	5	12	42%
Jefferson	14	21	67%	15	25	60%	29	46	63%
Knox	6	10	60%	3	7	43%	9	17	53%
Lake	31	58	53%	15	65	23%	46	123	37%
Lawrence	9	16	56%	5	17	29%	14	33	42%
Licking	25	50	50%	28	59	47%	53	109	49%
Logan	3	9	33%	5	10	50%	8	19	42%

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Note: Ohio numbers include prison data which are not included in the county data. County data were based on persons county of residence at diagnosis.

Asterisk (*) indicates percent not calculated for county < 5 persons living with an HIV infection due to instability of small numbers.

^aReported persons living with a diagnosis of HIV infection represents all persons ever diagnosed and reported with HIV or AIDS who have not been reported as having died as of December 31, 2010.

Source: Ohio Department of Health HIV/AIDS Surveillance Program. Data reported through October 31, 2011.

Table 135. Estimates of unmet need for HIV primary medical care among persons living with a diagnosis of HIV infection for Ohio counties – Adams through Logan, by HIV disease status, Calendar Year 2010

County	Reported Persons Living with HIV, not AIDS (PLWH)			Reported Persons Living with AIDS (PLWA)			Reported Persons Living with a Diagnosis of HIV Infection ^a (PLWHA)		
	PLWH Unmet Need	PLWH	% Unmet Need	PLWA Unmet Need	PLWA	% Unmet Need	PLWHA Unmet Need	PLWHA	% Unmet Need
Lorain	54	119	45%	39	124	31%	93	243	38%
Lucas	142	417	34%	50	388	13%	192	805	24%
Madison	6	11	55%	2	8	25%	8	19	42%
Mahoning	83	170	49%	33	157	21%	116	327	35%
Marion	11	20	55%	8	40	20%	19	60	32%
Medina	8	17	47%	10	26	38%	18	43	42%
Meigs	4	5	80%	0	2	*	4	7	57%
Mercer	0	3	*	2	5	40%	2	8	25%
Miami	10	25	40%	13	39	33%	23	64	36%
Monroe	0	0	*	1	1	*	1	1	*
Montgomery	233	543	43%	130	553	24%	363	1096	33%
Morgan	2	3	*	1	4	*	3	7	43%
Morrow	1	5	20%	1	2	*	2	7	29%
Muskingum	14	25	56%	4	40	10%	18	65	28%
Noble	0	0	*	0	0	*	0	0	*
Ottawa	2	8	25%	1	8	13%	3	16	19%
Paulding	2	4	*	1	5	20%	3	9	33%
Perry	3	7	43%	1	7	14%	4	14	29%
Pickaway	2	8	25%	3	14	21%	5	22	23%
Pike	3	5	60%	2	9	22%	5	14	36%
Portage	24	46	52%	10	36	28%	34	82	41%
Preble	3	5	60%	3	7	43%	6	12	50%
Putnam	1	4	*	1	3	*	2	7	29%
Richland	22	34	65%	7	42	17%	29	76	38%
Ross	5	25	20%	7	30	23%	12	55	22%
Sandusky	3	8	38%	2	23	9%	5	31	16%
Scioto	11	22	50%	4	19	21%	15	41	37%
Seneca	0	8	0%	4	11	36%	4	19	21%
Shelby	3	9	33%	4	15	27%	7	24	29%
Stark	94	186	51%	30	136	22%	124	322	39%
Summit	160	344	47%	56	332	17%	216	676	32%
Trumbull	39	80	49%	19	57	33%	58	137	42%
Tuscarawas	4	7	57%	1	8	13%	5	15	33%
Union	4	9	44%	5	11	45%	9	20	45%
Van Wert	1	1	*	2	6	33%	3	7	43%
Vinton	0	0	*	1	3	*	1	3	*
Warren	21	38	55%	19	54	35%	40	92	43%
Washington	11	16	69%	3	18	17%	14	34	41%
Wayne	12	25	48%	5	30	17%	17	55	31%
Williams	3	8	38%	1	12	8%	4	20	20%
Wood	6	30	20%	5	26	19%	11	56	20%
Wyandot	0	2	*	0	1	*	0	3	*
Ohio	4,561	8,909	51%	2,193	8,206	27%	6,754	17,115	39%

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

Asterisk (*) indicates percent not calculated for county < 5 persons living with an HIV infection due to instability of small numbers.

^aReported persons living with a diagnosis of HIV infection represents all persons ever diagnosed and reported with HIV or AIDS who have not been reported as having died as of Dec. 31, 2010.

Source: Ohio Department of Health HIV/AIDS Surveillance Program. Data reported through October 31, 2011.

The six most populated urban counties in Ohio - Cuyahoga, Franklin, Hamilton, Lucas, Montgomery and Summit - account for over 70 percent of PLWHA in Ohio. Two of the six counties, Franklin and Hamilton, have an unmet need for primary HIV medical care above the state average of 39 percent – 47 percent and 45 percent, respectively. The other four most populated urban counties have an estimated unmet need for primary HIV medical care below the state average. Among rural counties, estimates of unmet need should be interpreted with caution as each rural county accounts for less than one percent of PLWHA in Ohio (**Table 135**).

Table 136. Estimates of unmet need for HIV primary medical care among persons living with a diagnosis of HIV infection by Ohio Ryan White Part B consortia and HIV disease status, Calendar Year 2010

Ryan White Part B Consortia	Reported Persons Living with HIV, not AIDS (PLWH)			Reported Persons Living with AIDS (PLWA)			Reported Persons Living with a Diagnosis of HIV Infection ^a (PLWHA)		
	PLWH Unmet Need	PLWH	% Unmet Need	PLWA Unmet Need	PLWA	% Unmet Need	PLWHA Unmet Need	PLWHA	% Unmet Need
Cleveland	1,018	2,033	50%	480	2,044	23%	1,498	4,077	37%
Columbus	1,254	2,262	55%	600	1,677	36%	1,854	3,939	47%
Cincinnati	767	1,324	58%	423	1,349	31%	1,190	2,673	45%
Dayton	304	700	43%	182	746	24%	486	1,446	34%
Toledo	163	489	33%	61	491	12%	224	980	23%
Akron	192	407	47%	76	394	19%	268	801	33%
Youngstown	149	293	51%	70	260	27%	219	553	40%
Canton	115	228	50%	40	188	21%	155	416	37%
Lima	47	137	34%	33	140	24%	80	277	29%
Mansfield	62	125	50%	42	164	26%	104	289	36%
Athens	97	199	49%	51	221	23%	148	420	35%
Ohio	4,561	8,909	51%	2,193	8,206	27%	6,754	17,115	39%

Note: Ohio numbers include prison data which are not included in the county data. County data were based on persons county of residence at diagnosis.

^aReported persons living with a diagnosis of HIV infection represents all persons ever diagnosed and reported with HIV or AIDS who have not been reported as having died as of December 31, 2010.

Source: Ohio Department of Health HIV/AIDS Surveillance Program. Data reported through October 31, 2011.

Among PLWHA, the largest proportion of estimated unmet need (47 percent) for primary HIV medical care in 2010 is in the Columbus consortium. The Columbus consortium also accounts for the largest proportion of PLWA (36 percent); however, among PLWH, the highest proportion of unmet need (58 percent) for primary HIV medical care is in the Cincinnati consortium (**Table 136**).

To describe unmet need for HIV primary medical care among sub-populations, HRSA identified five populations with special needs: youth (13-24 years of age), women of childbearing age (13-44 years of age), injection drug users (IDUs), black/African American men who have sex with men (MSM) and white MSM.

Table 137. Estimates of unmet need for HIV primary medical care among Ohio youth (13-24 years of age) living with a diagnosis of HIV infection, by HIV disease status, Calendar Year 2010

Youth (13-24 years)	Reported Persons Living with HIV, not AIDS (PLWH)		Reported Persons Living with AIDS (PLWA)		Reported Persons Living with a Diagnosis of HIV Infection ^a (PLWHA)	
	No.	%	No.	%	No.	%
Unmet Need	204	34%	42	24%	246	32%
Persons in Care	399	66%	131	76%	530	68%
Total	603	100%	173	100%	776	100%

^aReported persons living with a diagnosis of HIV infection represents all persons ever diagnosed and reported with HIV or AIDS who have not been reported as having died as of December 31, 2010.

Source: Ohio Department of Health HIV/AIDS Surveillance Program. Data reported through October 31, 2011.

Youth, 13-24 years of age, represented five percent of PLWHA in Ohio in 2010. Of the 776 youths living with a diagnosis of HIV infection in Ohio, 34 percent of youth living with HIV (not AIDS) and 24 percent of youth living with AIDS had unmet need for HIV primary medical care in 2010. The majority of Ohio's youth living with HIV (not AIDS) and living with AIDS received HIV primary medical care in 2010, 399 (66 percent) and 131 (76 percent), respectively (**Table 137**).

Table 138. Estimates of unmet need for HIV primary medical care among Ohio women of childbearing age (13-44 years of age) living with a diagnosis of HIV infection, by HIV disease status, Calendar Year 2010

Women of Childbearing Age (13-44 years)	Reported Persons Living with HIV, not AIDS (PLWH)		Reported Persons Living with AIDS (PLWA)		Reported Persons Living with a diagnosis of HIV Infection ^a (PLWHA)	
	No.	%	No.	%	No.	%
Unmet Need	513	44%	181	24%	694	36%
Persons in Care	646	56%	563	76%	1,209	64%
Total	1,159	100%	744	100%	1,903	100%

^aReported persons living with a diagnosis of HIV infection represents all persons ever diagnosed and reported with HIV or AIDS who have not been reported as having died as of December 31, 2010.

Source: Ohio Department of Health HIV/AIDS Surveillance Program. Data reported through October 31, 2011.

Women of childbearing age, 13-44 years of age, represented 11 percent of PLWHA in Ohio in 2010. Of the 1,903 Ohio women of childbearing age living with a diagnosis of HIV infection, 44 percent of women of childbearing age living with HIV (not AIDS) and 24 percent of women of childbearing age living with AIDS had unmet need for HIV primary medical care in 2010. The majority of women of childbearing age living with HIV (not AIDS) and living with AIDS received HIV primary medical care in 2010, 56 percent and 76 percent, respectively (**Table 138**).

Table 139. Estimates of unmet need for HIV primary medical care among persons living with a diagnosis of HIV infection in Ohio with injection drug use as the primary mode of HIV transmission, by HIV disease status, Calendar Year 2009

Injection Drug Use (IDU)	Reported Persons Living with HIV, not AIDS (PLWH)		Reported Persons Living with AIDS (PLWA)		Reported Persons Living with a diagnosis of HIV Infection ^a (PLWHA)	
	No.	%	No.	%	No.	%
Unmet Need	197	45%	171	27%	368	35%
Persons in Care	240	55%	453	73%	693	65%
Total	437	100%	624	100%	1,061	100%

^aReported persons living with a diagnosis of HIV infection represents all persons ever diagnosed and reported with HIV or AIDS who have not been reported as having died as of December 31, 2010.

Source: Ohio Department of Health HIV/AIDS Surveillance Program. Data reported through October 31, 2011.

Six percent of PLWHA in Ohio in 2010 identified IDU as the mode of HIV transmission. Of these 1,061 PLWHA, 35 percent had unmet need for HIV primary medical care in 2010. The estimated unmet need for HIV primary medical care was higher among PLWH (45 percent) than among PLWA (27 percent). The majority of Ohio's PLWH and PLWA with IDU as the primary

mode of HIV transmission received HIV primary medical care in 2010, 55 percent and 73 percent, respectively (**Table 139**).

Table 140. Estimates of unmet need for HIV primary medical care among black/African American men who have sex with men living with a diagnosis of HIV infection in Ohio, by HIV disease status, Calendar Year 2010

	Reported Persons Living with HIV, not AIDS (PLWH)		Reported Persons Living with AIDS (PLWA)		Reported Persons Living with a diagnosis of HIV Infection ^a (PLWHA)	
	No.	%	No.	%	No.	%
Black MSM						
Unmet Need	668	45%	338	22%	1,006	33%
Persons in Care	814	55%	1,194	78%	2,008	67%
Total	1,482	100%	1,532	100%	3,014	100%

^aReported persons living with a diagnosis of HIV infection represents all persons ever diagnosed and reported with HIV or AIDS who have not been reported as having died as of December 31, 2010.

Source: Ohio Department of Health HIV/AIDS Surveillance Program. Data reported through October 31, 2011.

Black/African American MSM represented 18 percent of PLWHA in Ohio in 2010. Of the 3,014 black/African American MSM living with a diagnosis of HIV infection in Ohio, 45 percent living with HIV (not AIDS) and 22 percent living with AIDS had unmet need for HIV primary medical care in 2010. The majority of black/African American MSM living with HIV (not AIDS) and living with AIDS received HIV primary medical care in 2010, 55 percent and 78 percent, respectively (**Table 140**).

Table 141. Estimates of unmet need for HIV primary medical care among white men who have sex with men living with a diagnosis of HIV infection in Ohio, by HIV disease status, Calendar Year 2010

	Reported Persons Living with HIV, not AIDS (PLWH)		Reported Persons Living with AIDS (PLWA)		Reported Persons Living with a diagnosis of HIV Infection ^a (PLWHA)	
	No.	%	No.	%	No.	%
White MSM						
Unmet Need	1,128	45%	758	28%	1,886	36%
Persons in Care	1,384	55%	1,935	72%	3,319	64%
Total	2,512	100%	2,693	100%	5,205	100%

^aReported persons living with a diagnosis of HIV infection represents all persons ever diagnosed and reported with HIV or AIDS who have not been reported as having died as of December 31, 2010.

Source: Ohio Department of Health HIV/AIDS Surveillance Program. Data reported through October 31, 2011.

White MSM represented 30 percent of PLWHA in Ohio in 2010. Of the 5,205 white MSM living with a diagnosis of HIV infection in Ohio, 45 percent living with HIV (not AIDS) and 28 percent living with AIDS had unmet need for HIV primary medical care in 2010. The majority of white MSM living with HIV (not AIDS) and living with AIDS received HIV primary medical care in 2010, 55 percent and 72 percent, respectively (**Table 141**).

In summary, a greater proportion of PLWH than PLWA had an unmet need for HIV primary medical care in Ohio in 2010. Approximately one-third of PLWHA among the HRSA identified populations with special needs had no indication of HIV primary medical care in 2010 (i.e. had unmet need for HIV primary medical care). Both white MSM and women of childbearing age living with a diagnosis of HIV infection had an estimated unmet need for HIV primary medical care of 36 percent. IDUs, black MSM and youth living with a diagnosis of HIV infection had an estimated unmet need for HIV primary medical care of 35 percent, 33 percent and 32 percent, respectively. Data for IDU and MSM should be interpreted with caution, as many PLWHA have no risk for HIV infection reported.

Ohio's overall estimates of unmet need for HIV primary medical care should be interpreted with caution, as not all HIV care program data is included, and not all CD4 and viral load counts are reportable.