Success of respondent driven sampling in high risk areas to identify heterosexuals at high risk of HIV

Demographic results from the Houston Site of the National HIV Behavioral Surveillance Project

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Objectives

- National HIV Behavioral Surveillance Project
 - initiated by the CDC to track changes in HIV risk behaviors in three high risk populations:
 - men who have sex with men (MSM),
 - injection drug users (IDU), and
 - heterosexuals living in high-risk areas (HET)
- Presented here:
 - findings from the HET study in Houston

High risk areas

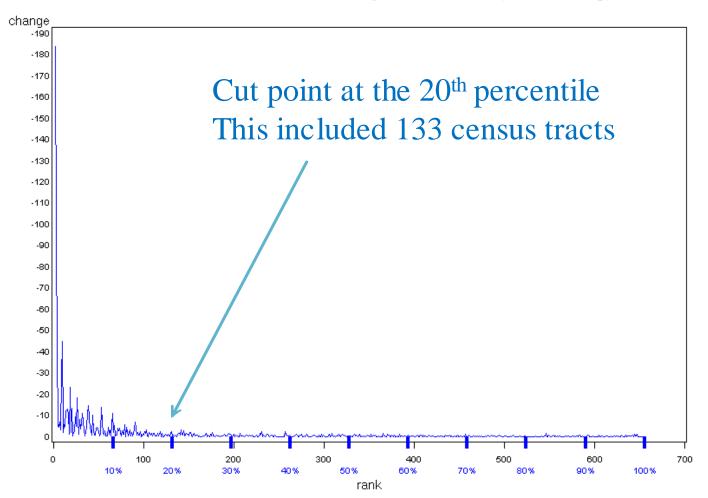
- Can you reach individuals at high risk of HIV by sampling from geographic areas with high rates of HIV?
 - High-risk areas were identified as census tracts with high rates of poverty and high rates of HIV infection.
 - High risk was defined by area rather than by individual behaviors.
 - This presentation provides information on the success of sampling from high risk areas to recruit high-risk individuals

Methods – area identification

- High risk areas were identified using methodology developed cooperatively by the CDC and State and Local Health Departments.
 - First, HIV case surveillance data were used to tabulate all HIV cases (living or deceased) by home census tract.
 - Cases counted included adult males and females heterosexually exposed to high risk individuals,
 - For females only, women with no identified risk factors.
 - The percent of persons living in poverty in each census tract was extracted from census data.
 - An index was developed using the sum of the standardized morbidity rates for poverty and HIV for each census tract.
 - The tracts were ranked by highest risk and the top 20% were chosen as our HRA.

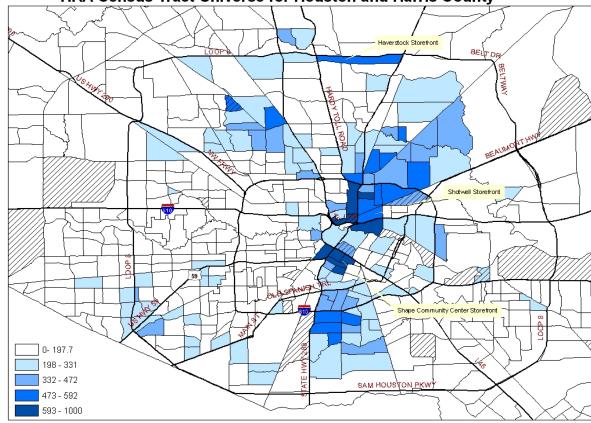
Choosing the HRA

Difference in Std. Index Values by Tract Ranks (descending)



High risk areas

- HRAs in Houston included 133 census tracts
- Highest risk included 3rd and 5th wards
- Also, a housing project near the airport called Haverstock



HRA Census Tract Universe for Houston and Harris County

Methods – sampling



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Hours: Mon days 10 am to 3pm Haver stock H lls Apa rt men ts



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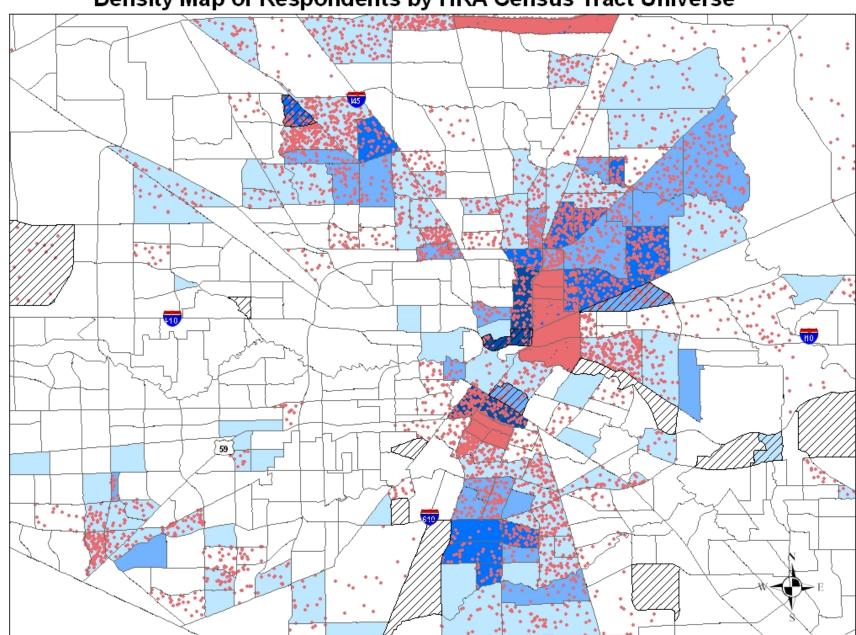
- Respondent driven sampling (RDS)
 - A modified snow-ball sampling method that allows for population estimates of risk factors
 - Each interviewed individual is invited to recruit up to 3 peers into the study (by being given 3 coupons)
 - dual incentives
 - one for the interview (\$20) and
 - up to three incentives (\$10 each) for successfully recruiting peers
 - Had to submit a valid coupon

Methods – data collection

- Hand-held computers and the Questionnaire Development System (QDS) software
 - Basic demographics, sexual and drug use behaviors
 - HIV testing experience
 - HIV prevention services utilization
 - HIV testing using OraQuick for screening
 - OraSure for confirmation

Results - sampling

- To be eligible for this study, individuals had to be:
 - To be over age 18,
 - To have had heterosexual sex in the last year, and
 - To have not injected drugs in the last year.
- We distributed 2378 coupons
 - 1097 were returned:
 - 158 were ineligible
 - 939 consented to participate in the study
 - 10 were excluded because they were gay, lesbian, or transgender
 - 36 were excluded because they had injected drugs in the past 12 months
- This analysis presents data on 560 (63%) women and 333 (37%) men
 - Data were collected between November 2006 and June 2007
 - Data are preliminary pending CDC's final release of local data
 - However, we do not expect substantial changes



Density Map of Respondents by HRA Census Tract Universe

Description of sample

- 57% were recruited by friends and neighbors
- 21% were recruited by family members
- 5% by sex partners
- 16% were recruited by drug partners, strangers or co-workers
- The sample was 98% African American
 - 3 (0.3%) participants were White
 - 16 (1.8%) participants were Hispanic

Mean age and mean age at sexual debut were:
MalesFemalesAge 32.0 (\pm 10.4)31.2 (\pm 10.1)p=0.25Sexual Debut14.4 (\pm 2.8)15.5 (\pm 2.5)p<0.01</td>

Table 1. Marital Status, Education, and Employment.			
	Males n=333	Females n=561	Total n=893
Marital Status			
Never Married	57%	57%	57% p=0.97
Education			
Less than 12th Grade	37%	36%	36%
Completed 12th or GED	47%	45%	46%
Some College or Technical	16%	19%	18% <i>p</i> =0.55
Employment	400/	040/	070/
Part or Full Time	48%	31%	37%
Unemployed	48%	62%	57%
Student	4%	7%	6% p<0.001
Income Less than \$5000 per year	32%	51%	44% p<0.001

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Table 2. Other Descriptive Information.			
	Males n=333	Females n=561	Total n=893
Ever Homeless	16%	12%	0.14 <i>p</i> <0.13
Of those Ever Homeless Percent Currently Homeless	n=53 40%	n=69 32%	n=122 35% p<0.37
Current Health Insurance	29%	45%	39% p<0.001
Of those with Insurance Percent with Medicaid	n=94 30%	n=253 64%	n=350 54% p<0.001
Visited Doctor Last Year	44%	65%	58% p<0.001
Of those who Visited Doctor Percent offered HIV Test	n=148 39%	n=365 53%	n=514 49% p=0.002

Table 3. Sexual Behavior.			
	Males n=333	Females n=559	
At Last Sex			
Condoms Used	34%	27%	<i>p</i> =0.02
Drugs & Alcohol Involved	64%	44%	<i>p</i> <0.001
Partner Ever in Jail or Prison	27%	56%	<i>p</i> <0.001
In Last 12 Months			
	n=333	n=559	
Mean Number Partners	6.1 ± 16.7	5.2 ± 17.8	p=0.42
	n=225	n=336	
Mean Number Main Partners	1.5 ± 1.6	1.5 ± 1.6	p=0.79
	n=205	n=300	
Mean Number Casual Partners	5.2 ± 13.8	3.2 ± 6.1	p=0.03
	n=48	n=111	
Mean Number Exchange Partners	11.1 ± 29.4	10.8 ± 35.3	p=0.95

Table 4. Partner Type at Last	Sex.		
	Males n=333	Females n=559	
Last Sexual Partner			
Main	62%	70%	
Casual	29%	22%	
Exchange	9%	8%	<i>p</i> =0.16
Condom used with Last Partner Main Casual Exchange	26% 65% 42%	33% 47% 37%	

Table 5. HIV Testing Behavior

	Males	Females	
	n=333	n=559	
	11-000	11-000	
Last Sexual Partner			
Knew Partners HIV Status	57%	53%	<i>p</i> =0.28
Partner HIV negative (self-report)	99%	99%	
Ever Tested for HIV	77%	84%	p=0.01
Of those offered HIV testing by provider		0.70	
	n-57	n-105	
	n=57	n=195	
Percent Ever Tested	96%	98%	
Of Ever Tested	n=255	n=467	
Percent Testing in Last 2 Years	74%	76%	p=0.47
Table 6. HIV Status			
Self-reported HIV Status	n=254	n=467	
Number (Percent) Positive	2 (0.8%)	1 (0.2%)	3 (0.3%)
	2 (0.070)	r (0.270)	0 (0.070)
UN/ Depitive at Testing (confirmed)	n_222_	n-550	
HIV Positive at Testing (confirmed)	n=333	n=559	
Number (Percent) Positive	7 (2.1%)	9 (1.6%)	16 (1.8%)

Risky behaviors

- 60% of females and 68% of males reported more than one sexual partner in the past year
 - Of these, 92% of females and 91% of males reported that their last sexual encounter was with a main or casual partner (rather than an exchange partner)
- Among individuals with multiple partners, condom use at last sexual encounter was reported among:
 - 29% of females and
 - 39% of males

Condom use

- In multivariate analysis:
- Males with multiple partners were more likely to use condoms if they were younger and if their sexual encounter was with a casual partner.
 - Duration of the partnership, self-reported concurrency, perceived partner concurrency, knowledge of partner's HIV status, and alcohol and drug use did not affect the odds of condom use among males.
- Females with multiple partners were more likely to use condoms if they were younger, if the sexual encounter was with a casual partner, and if they were aware of their partner's HIV status.
 - Duration of the partnership, self-reported concurrency, and alcohol and drug use did not affect the odds of condom use among females.

Concern in the design phase

- how to find individuals at high risk for HIV by sampling peer-recruited individuals from high risk areas
- findings from our sample of 893 men and women indicate that we did capture a sample at high risk of HIV infection
- Using respondent driven sampling in geographic areas identified as high risk, we were able to accumulate a sample of men and women, over age 18, who had had heterosexual sex in the last year, and who had not injected drugs in the last year.

- The sample was:
 - Relatively young and had initiated sex in their early teens
 - Mostly unemployed
 - half reported income less than \$5000 per year
- While the majority were uninsured, more than half visited a health care provider in the past year
- Women were more likely than men to have their provider offer HIV testing
 - Individuals who were offered HIV testing by their provider were more likely to have ever tested than those not offered testing
- The majority had never married
 - Almost half were more than 30 years old

- All had to have at least 1 partner in the last year to be eligible for the study
 - Most had more than two
 - More than half the women reported that their last sexual partner had been in jail or prison at some time
- Nearly 10% of the men and women reported that their last sex was exchange sex
 - Generally, males paid and women received payment or goods and services in exchange for sex
 - Even with exchange sex, condoms were seldom

- Both males and females were significantly more likely to use condoms with their casual partners than their main partners.
- Condom use was also more likely among:
 - younger men
 - women who had knowledge of their partner's HIV status
 - This may indicate that women with greater awareness of sexual risks take measures to protect their health

- Our most striking finding was the high rate of HIV at testing
 - 1.8% of the sample tested positive for HIV
 - 80% (13/16) of the individuals we identified as infected with HIV did not report knowing of their infection prior to our testing

References

- Gallagher et al. Behavioral Surveillance Among People at Risk for HIV Infection in the US: The National HIV Behavioral Surveillance System. Public Health Reports. 2007;122:32-38.
- Bluthanthal & Watters. Multimethod research: from targeted sampling to HIV risk behaviors. Rockville, Maryland: National Institute on Drug Abuse; 1994. Qualitative Methods in Drug Abuse and HIV Research, No. 157.
- Heckathorn. Respondent driven sampling: a new approach to the study of hidden populations. Social Problems. 1997;44:174-199.
- Hechathorn et al. Extensions of respondent-driven sampling: a new approach to the study of injection dug users aged 18-25. AIDS Behavior. 2002;6(1):55-67.
- Heckathorn. Extensions of respondent-driven sampling: analyzing continuous variables and controlling for differential recruitment. Sociological Methodology. In press, 2007.