



National HIV Behavioral Surveillance System for Heterosexuals at Risk for HIV Infection- Implementation of Venue-Based Sampling in Baltimore, Maryland

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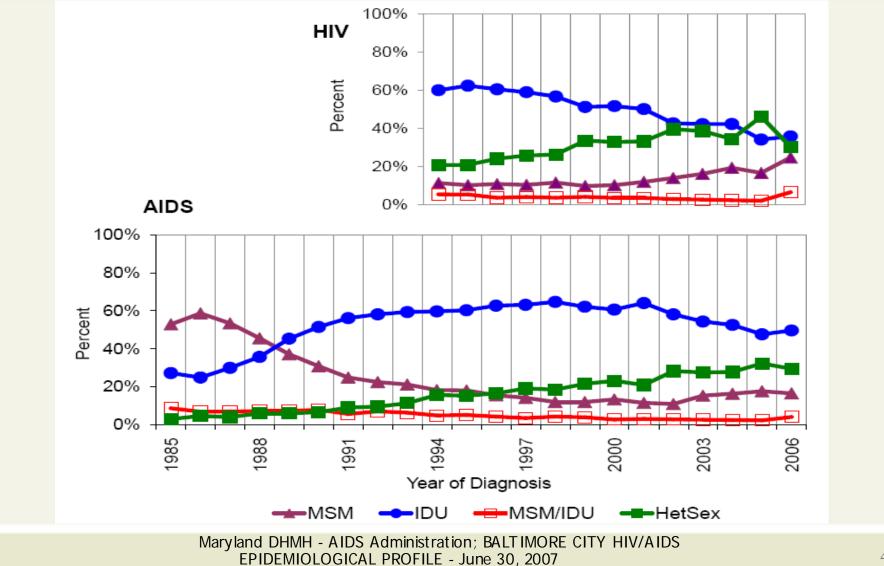
NHBS Behavioral Survey Sites



Background - NHBS

- To assess prevalence of and trends in
 - HIV risk behaviors
 - HIV testing behaviors
 - Exposure to and use of prevention services among persons at high risk for infection
 - HIV prevalence and incidence (NB-selected sites)
- Target Populations:
 - Men who have sex with men (MSM)
 - Injection drug users (IDU)
 - Heterosexuals (HET) living in areas highly impacted by HIV/AIDS and poverty – Baltimore: VBS site

Proportions by Exposure Category of Incident Cases during each Calendar Year as Reported through 6/30/07

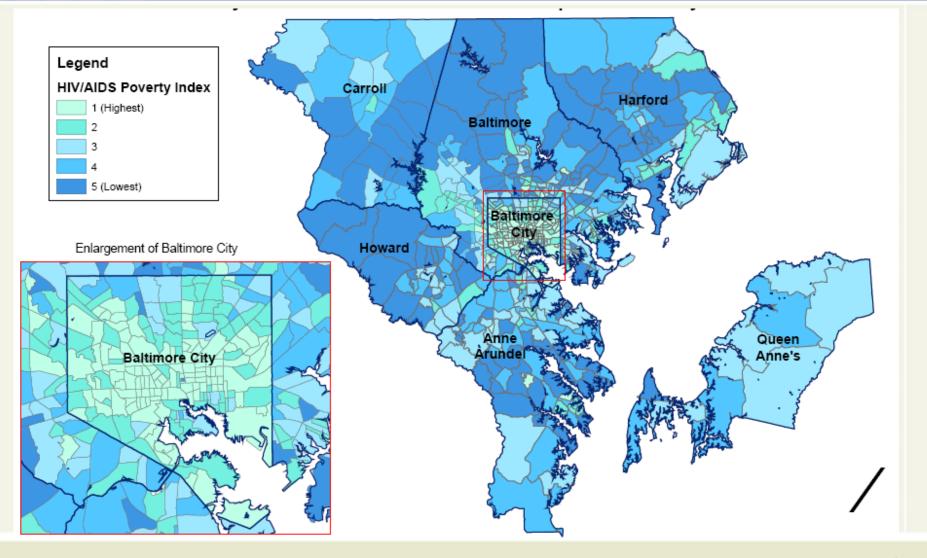


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Identification of the High-Risk Area (HRA)

- Geographic area within MSA with residents at higher odds of HIV infection
- Geo-coded HIV/AIDS surveillance data by census track in MSA
- Geo-coded 2000 Census poverty data by census track
- Index calculated based on Standardized Morbidity (HIV/AIDS and poverty) Rates; HRA index = sum of SMRs
- Select a cut-off for the top % of indices in MSA census tracks
 - Exclude tracks with pop. <1,500 and institutions (e.g., hospitals and prisons)

HIV/AIDS & Poverty Index Values for Baltimore Metropolitan Area by Census Tract - Quintiles



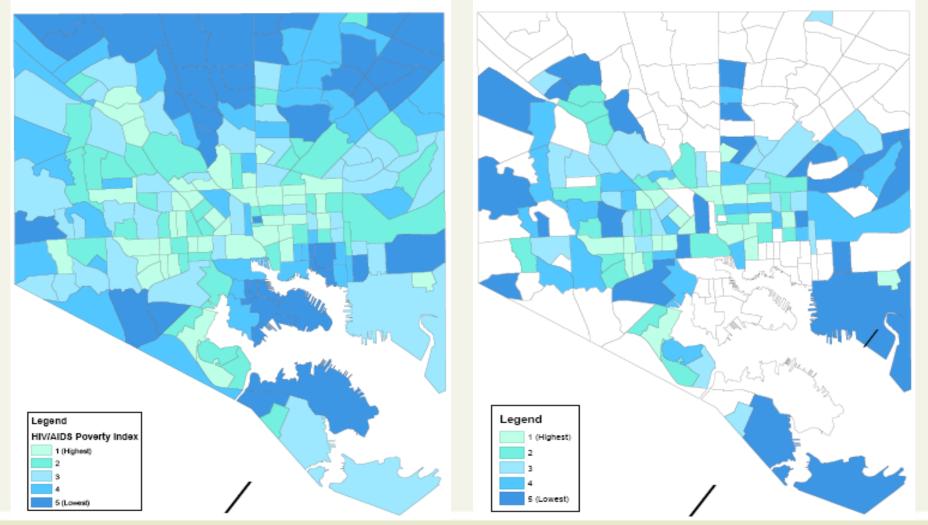
The Baltimore MSA HRA

- Cut-off for Baltimore: 20%
- Total of 128 census tracts
 - 118 (92.2%) were in Baltimore City (representing 59% of all 200 census tracts in Baltimore City)
 - 7 (5.5%) were in Baltimore County
 - 3 (2.3%) were in Anne Arundel County
- None were in Carroll, Harford, Howard or Queen Anne Counties
- The 10 census tracts located outside Baltimore City, were ineligible
 - 1 contained a state juvenile justice facility
 - 2 contained state university campuses
 - 1 contained a state mental hospital facility
 - 1 contained a federal office complex
 - 5 were deemed not feasible due to distance

HIV/AIDS Poverty Index Values for Baltimore City by Census Tract

HIV/AIDS Poverty Index Values for Baltimore City by Census Tract

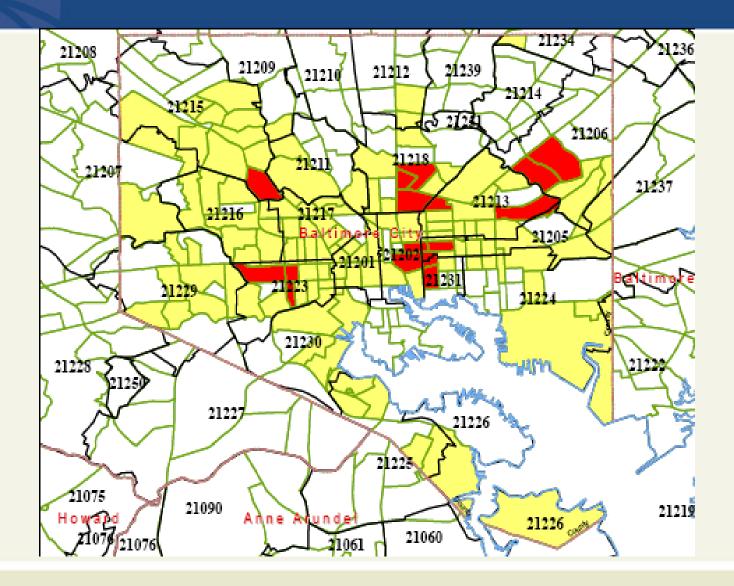
HIV/AIDS Highest Poverty Index Values for Baltimore City by Census Tract



Identification of Target Census Tracks

- Direct observations of 118 census tracks; eliminating those which demonstrated:
 - a high percentage of abandoned buildings or vacant lots
 - gang activities or drug trade activities
 - negligible pedestrian traffic
 - a predominantly residential setting
 - contained educational institutions
- Of the 118, 15 census tracks remained, clustered in 5 neighborhoods

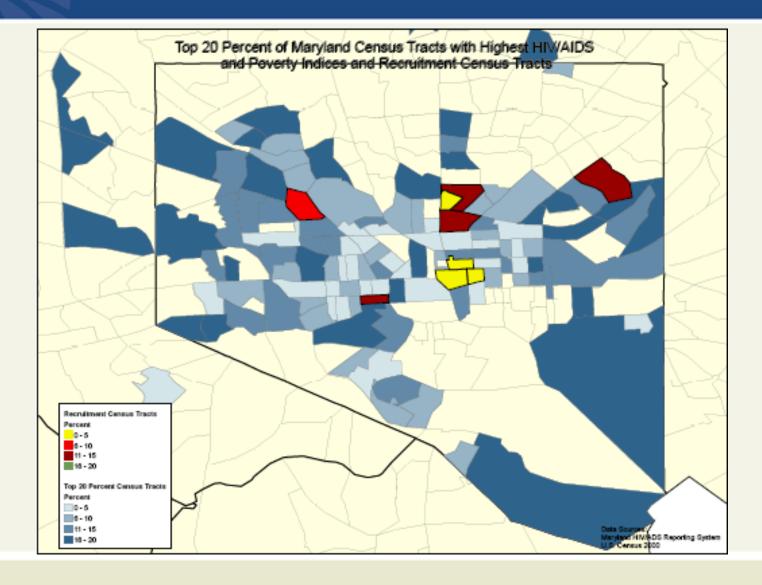
Identification of Target Census Tracks



Formative Research

- Focused on the 15 viable census tracks
 - Community-informant interviews
 - Focus groups
 - Venue identification
 - Venue enumeration (Type I & Type II)
 - Logistics; social marketing (i.e., branding)
- Results
 - February to May 2007
 - The 15 census tracks were logistically impossible; reduced to 9
 - Clustered in the following neighborhoods within Baltimore City:
 - Old Town, Greenmount, Sinclair, Mount Clare Junction, and Mondawmin.

NHBS Recruitment Census Tracks



Venue Universe

• Total of 115 <u>viable</u> venues/venue groupings, representing 297 individual venues.

| Venue Type | Code | N = 115 (%) |
|------------------------------------|------|-------------|
| Bars | В | 8 (6.9) |
| Cafes/Restaurants | С | 14 (12.2) |
| Dance Clubs | D | 0 (0) |
| Fitness Club/Gymnasium | F | 0 (0) |
| Social Organizations | Н | 0 (0) |
| Parks | Р | 5 (4.3) |
| Retail Businesses | R | 40 (34.8) |
| Street locations | S | 41 (35.6) |
| Raves and similar events | V | 0 (0) |
| Sex establishments or environments | Х | 1 (0.9) |
| Other | Z | 6 (5.2) |

VDT Sampling Frame

Formative research identifies public/private venues and days/times of attendance

| Venue Code | Number of VDT Periods | Day-Time Periods | | | | | | | |
|------------|--------------------------|------------------|--------------|--------------|--------------|--------------|--------------|--------------|--|
| | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | |
| A001 | 2 | 1 PM - 5 PM | | | 9 AM - 1 PM | | | | |
| A002 | 1 | | | | | | | 11 AM - 3 PM | |
| B001 | 5 | | 7 PM - 11 PM | | 9 PM - 11 PM | 10 PM - 2 AM | 10 PM - 2 AM | 2 PM - 6 PM | |
| C001 | 2 | | | 10 AM - 2 PM | | | | | |
| | | | | 2 PM - 6 PM | | | | | |
| C002 | 1 | | | | | 9 PM - 1 AM | | | |

Recruitment event calendar

Random selection of Venue and Day-Time pairs monthly

15-20 sampling events (4-hour periods) per month

| November 2006 | | | | | | | |
|--|---|---------|-----------|---|--------|---|--|
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | |
| | | | 1 | 2 | 3 | 4 | |
| 5 | 6 B001 1PM - 5PM A1: B002 1PM - 5PM A2: D003 2PM - 6PM | 7 | 8 | 9 E002 7PM - 11PM A1: A002 7PM - 9PM A2: B001 7PM - 11PM | 10 | 11 C005 10PM - 2AM A1: C003 10PM - 2AM A2: E002 11PM - 3AM | |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 B004 11PM - 3AM A1: B003 10PM- 2AM A2: D004 11PM-3AM | |
| 19 D005 3PM - 7PM A1: C001 5PM-9PM A2: S001 4PM-8PM | 20 | 21 | 22 | 23 | 24 | 25 | |
| 26 | 27 | 28 | 29 | 30 | | | |

NHBS-HET Logistics









Participant Recruitment

- Participant Recruitment
 - Men and women counted at venues and systematically intercepted
 - Eligibility data gathered and enrollment offered to eligibles
 - Escorted to the nearby, modified van for consent, questionnaire administration, HIV counseling, and blood drawing
 - Some appointments to participate later at our fixed location
 - Referral as needed; HIV results appointment within 2 wks

NHBS-HET Study Participation

- Eligibility
 - Residents of Baltimore MSA
 - 18-50 years of age
 - had vaginal or anal sex with an opposite-sex partner in the past year
 - No prior participation; can complete survey in English or Spanish
- Behavioral Survey
 - Anonymous
 - Informed Consent for Survey and Testing
 - Survey instrument; demographics, medical history, sexual and drug-using behaviors, prior HIV testing, exposure to prevention programs
- Serologic Testing
 - -Venipuncture; EIA with WB confirmation; Anonymous
 - HIV Counseling and Referral

CHALLENGES

- Formative work very important but time-consuming
- Delays in implementation breed management and staff problems
- Security in the field
- "Mobbing" by volunteers, esp. IDU
- Overwhelming need for HIV testing