HIV/AIDS Minimum Standards Education

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Presentation Content

- HIV and Hepatitis C review
- HIV epidemiology
- Intersection of sexual health and chemical health
- Tools for assessing HIV risk
- Resources for people living with HIV
- Guest speaker
- Questions
HIV and AIDS

- HIV disease
- Transmission
- Prevention
- Testing
- Treatment
Hepatitis C

- Hepatitis C disease
- Transmission
- Prevention
- Testing
- Treatment
HEPATITIS C IS THE MOST COMMON CO-INFECTION IN THOSE LIVING WITH HIV DUE TO SIMILAR TRANSMISSION ROUTES.
HIV and HCV Co-infection

- HIV increases the chance of HCV co-infection
- Detecting HCV in people with HIV can be difficult because:
  - Immune system is compromised and does not produce enough detectable HCV antibodies
  - If CD4 count is lower than 200, HCV RNA test may be necessary for diagnosis
HIV and HCV Co-infection

- HAART has allowed people with HIV to live longer
  - More time to experience long-term liver disease due to HCV
- Those living with HIV tend to experience rapid HCV disease progression
- HCV does not accelerate HIV disease progression
- Liver disease accounts for 50% of deaths among those with HIV
HIV Epidemiology
Estimated Number of AIDS Cases, Deaths, and Persons Living with AIDS, 1985–2006—United States and Dependent Areas

- Cases
- Deaths
- Prevalence

Year of diagnosis or death

No. of cases and deaths (in thousands)

1993 definition implementation

Prevalence (in thousands)

Note. Data have been adjusted for reporting delays.
U.S. State-Specific AIDS Rates per 100,000 Population
Year 2007

Overall U.S. Rate = 12.4

New York (24.9)
Illinois (10.5)
Minnesota (3.8)

SOURCE:
National Center for HIV, STD, and TB Prevention, CDC
HIV/AIDS in Minnesota:
Number of Prevalent Cases, and Deaths by Year, 1995-2008

*Deaths among MN AIDS cases, regardless of location of death and cause.

^Deaths in Minnesota among people with HIV/AIDS, regardless of location of diagnosis and cause.

No. of Persons Living w/ HIV/AIDS

Year

0 1000 2000 3000 4000 5000 6000


Number of Deaths

0 50 100 150 200 250 300 350

All Deaths^  AIDS Deaths*  Living HIV/AIDS
Living HIV/AIDS Cases by County of Residence, 2008

Number Living with HIV/AIDS

- None
- 1 - 20
- 21 - 100
- 101 - 500
- 501 – 1,000
- 1,001 – 2,000
- 2,001 – 3,526

City of Minneapolis – 2,581
City of St. Paul – 860
Suburban* – 1,887
Greater Minnesota - 870

Total number = 6,220
(22 people missing residence information)

* 7-county metro area, excluding the cities of Minneapolis and St. Paul
* Counties in which a state correctional facility is located.
Persons Living with HIV/AIDS in Minnesota by Gender and Race/Ethnicity, 2008

Males (n = 4,771)

- White: 62%
- Afr Amer: 19%
- Afr born: 8%
- Hispanic: 8%
- Amer Ind: 1%
- Asian: 1%
- Other: 1%

Females (n = 1,449)

- White: 28%
- Afr Amer: 30%
- Afr born: 8%
- Amer Ind: 1%
- Hispanic: 6%
- Asian: 2%
- Other: 1%

n = Number of persons
Afr Amer = African American (Black, not African-born persons)
Afr born = African-born (Black, African-born persons)
Amer Ind = American Indian
Other = Multi-racial persons or persons with unknown race
<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Cases</th>
<th>%</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, non-Hispanic</td>
<td>3,337</td>
<td>54%</td>
<td>77.2</td>
</tr>
<tr>
<td>Black, African-American</td>
<td>1,351</td>
<td>22%</td>
<td>805.2</td>
</tr>
<tr>
<td>Black, African-born</td>
<td>793</td>
<td>13%</td>
<td>1586-2254††</td>
</tr>
<tr>
<td>Hispanic</td>
<td>483</td>
<td>8%</td>
<td>336.9</td>
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<tr>
<td>American Indian</td>
<td>108</td>
<td>2%</td>
<td>133.2</td>
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<tr>
<td>Asian/Pacific Islander</td>
<td>100</td>
<td>2%</td>
<td>59.4</td>
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<tr>
<td>Other^</td>
<td>48</td>
<td>1%</td>
<td>X</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>6,220</td>
<td>100%</td>
<td><strong>126.4</strong></td>
</tr>
</tbody>
</table>

*Census Data used for rate calculations.*

† “African-born” refers to Blacks who reported an African country of birth; “African American” refers to all other Blacks. Cases with unknown race are excluded.

†† Accurate population estimates for African-born persons and MSM (any race) living in Minnesota are unavailable – anecdotal (50,000) and 2000 US Census data (35,188) were used to create the range of rates reported for African-born.

^ Other = Multi-racial persons or persons with unknown race.
Persons Living with HIV/AIDS in Minnesota by Age Group† 2008

Number Living with HIV/AIDS

- <13
- 13-19
- 20-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45-49
- 50-54
- 55-59
- 60+

Current Age in Years

- Age missing for 5 people.
The Intersection of Sexual Health & Chemical Health
Drugs, alcohol and sex have a natural connection

- Drugs and alcohol affect the same parts of the brain that control sexual excitement and pleasure.
- Drugs and alcohol can stimulate a person and trigger thoughts about wanting sex.
- Sex can be a trigger for drug and alcohol thoughts and cravings.
- Alcohol can make someone feel relaxed. It can lead someone to do something he or she otherwise wouldn’t do.
Chemical dependency treatment providers must ensure that clients/consumers receive understandable, effective counseling and education on strategies for personal risk reduction from all staff members.
Counselors must provide information that includes, but is not limited to:

- The effects alcohol and other drugs have on risk reduction
- How personal behavior can increase the risk of infectious diseases
- How combinations of both substance abuse and risky behavior increase the risk for HIV.
HIV antibody testing should be offered/optional to clients during their involvement in a chemical dependency program. HIV antibody testing and counseling provides clients the following services:

- Risk assessment and counseling regarding client’s HIV risk
- Development of risk reduction plans and information on how to reduce risk
- Information about their current HIV status
Sample Risk Assessment Tools

- **Minnesota Department of Health**
  - HIV/STD/Hepatitis Risk Assessment

- **Project CLEAR**
  - One-on-one behavioral intervention using social change theory and cognitive behavioral theory
    - [http://www.cdc.gov/hiv/topics/research/prs/resources/factsheets/CLEAR.htm](http://www.cdc.gov/hiv/topics/research/prs/resources/factsheets/CLEAR.htm)

- **Ask, Screen, Intervene**
  - Incorporating HIV prevention into the medical care of persons living with HIV
    - [http://depts.washington.edu/nnptc/online_training/asi/](http://depts.washington.edu/nnptc/online_training/asi/)
Guidelines for Providing Resources

- Counselors who provide HIV testing must also:
  - Provide clients who test positive for HIV information/referral to health care providers for medical treatment and other available services

- Resources for Counselors:
  - Department of Human Services
    - www.dhs.state.mn.us/hivaids
  - On-line HIV Resource Guide and AIDSLine
    - www.mn aidsproject.org
Additional Resources

- Minnesota Department of Health
  - www.health.state.mn.us

- The Body
  - www.thebody.com
  - www.thebodypro.com

- HCV Advocate
  - www.hcvadvocate.org

- Information and referral for social services state-wide
  - www.minnesotahelp.info
Guest Speaker