

L.A. Health

October 2001

HIV Testing Among Adults In Los Angeles County

Twenty years have elapsed since the AIDS epidemic was first recognized. In this time period, more than 42,000 individuals have been reported with AIDS in Los Angeles County. Of these, more than 26,000 have died.¹ Los Angeles County accounts for 35% of AIDS cases reported in California and 6% of all cases reported nationally. Only New York City and four states (including California) have reported more AIDS cases than Los Angeles County. Overall, an estimated 30,000–40,000 Los Angeles county residents are currently living with HIV infection.^{1,2} In addition, recent evidence suggests that HIV is continuing to spread in some at-risk communities in the county.³

Recent advances in the medical treatment of HIV infection and AIDS have greatly reduced AIDS rates and AIDS-related mortality in Los Angeles County and the rest of the nation. The availability of more effective treatments has made it increasingly important that HIV-infected persons are diagnosed and linked to care as soon as possible after infection. In addition, early HIV diagnosis linked with counseling and ongoing prevention services can play an important role in preventing further transmission of the virus.

This report presents findings from the Los Angeles County Health Survey (LACHS), a population-based telephone survey of randomly selected adults (18 years and older) in Los Angeles County. The 1997 survey included 8,003 adults and the 1999 survey included 8,354 adults. In each survey, participants provided information on whether they had been tested for HIV in the past two years, the number and gender of sexual partners in the past year, and how often condoms were used. Additionally, participants in the 1999 survey were asked,

1. HIV Epidemiology Program, Los Angeles County Department of Health Services. *Advanced HIV Disease (AIDS) Surveillance Summary*, July 15, 2001:1-26.

2. HIV Epidemiology Program, Los Angeles County Department of Health Services. *An epidemiologic profile of HIV and AIDS in Los Angeles County*, July 2000.

3. For example, a recent outbreak of syphilis among gay and bisexual men was reported in Los Angeles County in 2000. More than half of these men were HIV-infected.



COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
Public Health

The Los Angeles County Health Survey is a periodic, population-based telephone survey that collects information on sociodemographic characteristics, health status, health behaviors, and access to health services among adults and children in the county. The most recent survey was conducted for the Department of Health Services (DHS) between September 1999 and April 2000 by Field Research Corporation.

The 1999-2000 survey collected information on a random sample of 8,354 adults and 6,016 children. Interviews were offered in English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese. Among households contacted and eligible for participation, the response rate was 55%. To adjust for differential rates of participation, results were weighted by selected demographic variables using 1998 census projections for the Los Angeles County population.

The findings in this report are subject to several limitations. In any survey that includes sampling, some degree of error (referred to as "sampling error") is introduced by chance alone, even when the sample is chosen randomly. In the present survey, if 50% of the overall sample of adults answered "yes" to a specific question, the sampling error would be plus or minus 1.2 percentage points at the 95% confidence level. This means that if all adults in the population were asked the above question, there is a 95% chance that the result would be between 48.8% and 51.2%. Because the sample sizes of subgroups are smaller than the overall sample, results for these subgroups have larger sampling errors and wider confidence levels. For all results presented in this report, confidence levels are available.

There are a number of other possible sources of error in any survey. For example, questions may be misunderstood, respondents may not provide accurate information, and errors may occur in the processing of data. In addition, surveys administered by telephone miss those who are homeless and others without telephone service. The survey professionals working on this study made every effort to minimize these sources of error.

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 Director of Public Health and Health Officer

313 North Figueroa Street, Room 127
 Los Angeles, CA 90012
 Phone: 213/240-7785
 Web site: www.lapublichealth.org

the number of times they had been HIV-tested in the past two years, the reasons they were tested, where they were most recently tested, and if they received their results. The current analysis included adults 18–64 years old as questions in the 1999 survey were limited to that age group.

Recent Trends in the Prevalence of HIV Testing

→ In 1999, 37% of the adult population (age 18 to 64 years), or 2.2 million persons, were tested for HIV in the past two years compared to 36% in 1997 (Table 1).

	1997		1999	
	Percentage	±95% CI	Percentage	±95% CI
Los Angeles County	36%	±1	37%	±1
Gender				
Male	36%	±2	36%	±2
Female	36%	±1	38%	±1
Age Group				
18-29 years	44%	±2	46%	±2
30-39 years	40%	±2	42%	±2
40-64 years	31%	±2	27%	±2
Federal Poverty Level				
<100%	42%	±2	42%	±3
100%-200%	37%	±2	38%	±2
>200%	34%	±2	35%	±1
SPA				
Antelope Valley	34%	±8	34%	±5
San Fernando	37%	±3	34%	±2
San Gabriel	29%	±3	29%	±3
Metro	41%	±3	40%	±3
West	38%	±4	47%	±4
South	45%	±4	47%	±4
East	33%	±3	35%	±3
South Bay	37%	±3	39%	±3

Source: Los Angeles County Health Survey

→ The percentage of African-Americans who were tested increased from 47% in 1997 to 57% in 1999, and was higher in 1999 than those rates for Latinos (39%), Whites (33%), and Asians/Pacific Islanders (24%) (Figure 1).

→ In 1999 the percentage HIV-tested was higher among gay/bisexual men (57%) and lesbian/bisexual women (52%) than heterosexual men (34%) and heterosexual women (38%).

→ In 1999, the percentage of adults tested for HIV ranged from a high of 47% in SPA 5 (West) and SPA 6 (South) to a low of 29% in SPA 3 (San Gabriel) (Table 1).

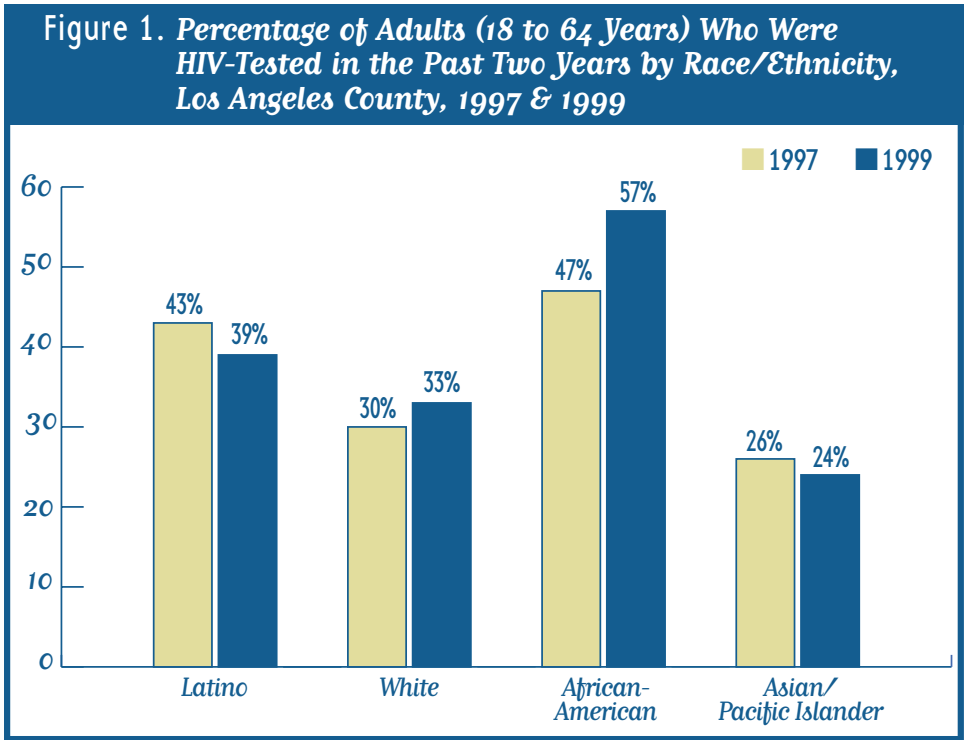
→ HIV testing varied by health insurance status: 52% of adults on MediCal had been tested compared to 36% with private insurance and 34% without insurance.

→ Among those HIV-tested, the majority (87%) had been tested once or twice in the past two years; 11% of adults had been tested three or four times and 3% had been tested five or more times.

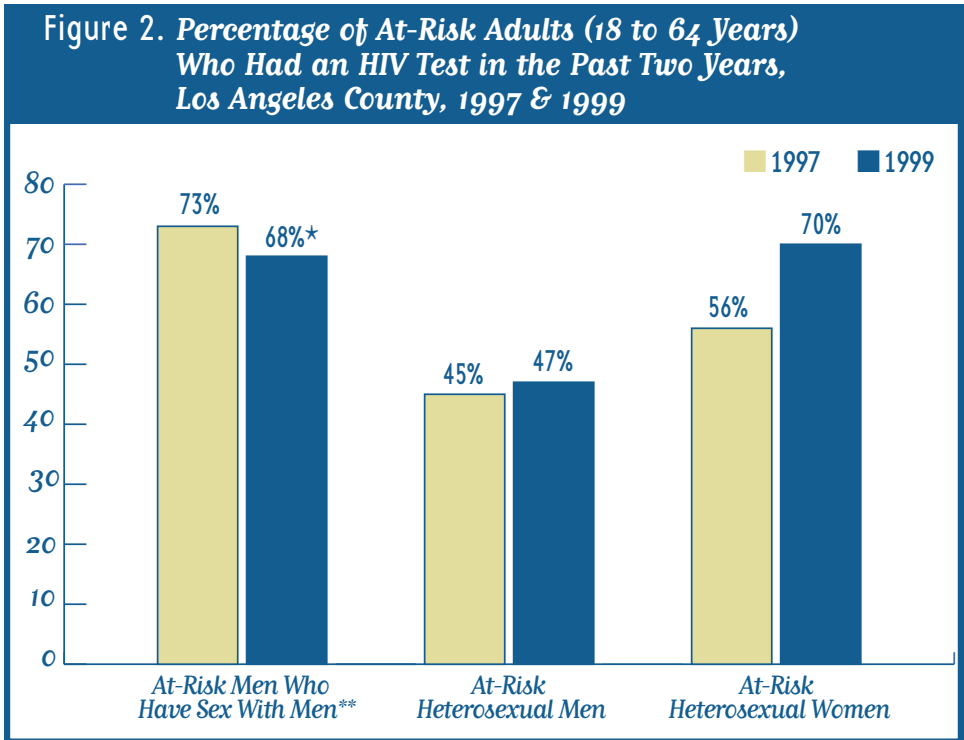
HIV Testing for At-Risk Populations

→ In 1999, an estimated 7% (486,000) of adults in Los Angeles County were at increased risk for HIV infection based on having had two or more sexual partners in the past year and not always using a condom (referred to as “at-risk”).

→ 55% of at-risk adults had been HIV-tested in the past two years in 1999, compared to 52% in 1997.



Source: Los Angeles County Health Survey



*Interpret with caution due to small sample size

**Also includes men who had sex with both men and women

Source: Los Angeles County Health Survey

→ In 1999, 68% of at-risk men who had sex with men and 70% of at-risk heterosexual women had been tested for HIV in the past two years, compared to 47% of at-risk heterosexual men (Figure 2).

(The prevalence of testing among lesbians and bisexual women could not be determined because of insufficient sample size.)

→ Among those at-risk, the percentage tested was 75% in African-Americans, 57% in Asians/Pacific Islanders, 51% in Whites, and 50% in Latinos.

(These percentages should be interpreted with caution as the number of respondents in each group was small.)

Receipt of Test Results

→ 88% of adults reported receiving the result of their most recent HIV test.

→ A slightly higher percentage of gay/bisexual men (95%) received their most recent HIV test results than lesbian/bisexual women (88%), heterosexual men (87%), and heterosexual women (88%).

→ 92% of at-risk adults received their latest HIV test result compared to 87% of all other adults.

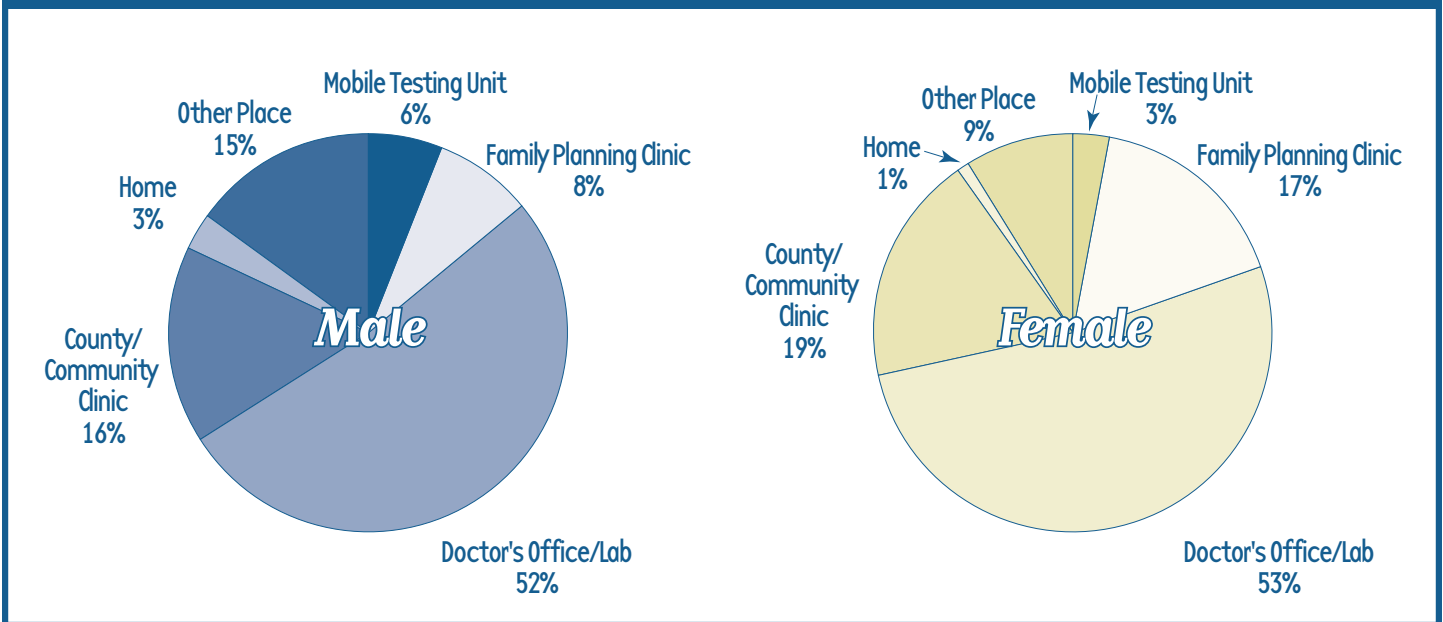
Location of HIV Testing

→ Over half (53%) of the adults tested reported receiving their most recent HIV test at a doctor's office or lab.

→ Other locations where adults reported they received their most recent HIV test included county/community clinics (17%), family planning clinics (13%), "other places" (12%), mobile testing units (4%), and at home (2%).

→ 17% of women and 8% of men had their most recent test at a family planning clinic (Figure 3).

Figure 3. Locations Where Males and Females (18 to 64 Years) Received Their Most Recent HIV Test, Los Angeles County, 1999



Source: Los Angeles County Health Survey

→ A lower percentage of Latinos (38%) than Whites (66%), Asians/Pacific Islanders (65%), and African-Americans (59%) received their latest HIV test at a doctor's office.

→ A higher percentage of Latinos (23%) than African-Americans (7%), Asians/Pacific Islanders (5%), and Whites (4%) received their latest HIV test at a family planning clinic.

(These percentages should be interpreted with caution as the number of respondents in each group was small.)

Reasons for HIV Testing

→ 32% of adults tested for HIV because they were concerned about personal risk. Other reasons cited were that it was required for employment, military service, or an insurance application (13%); that it was recommended by a doctor or other health professional (12%); and that it was done in conjunction with donating blood (9%). *(Note: Respondents were allowed to select more than one reason)*

→ 29% of women (ages 50 and under) tested for HIV because they were pregnant and receiving pre-natal care (Figure 4).

→ A greater percentage of African-Americans (45%) than Latinos (30%), Whites (30%) and Asians/Pacific Islanders (26%) tested for HIV because they were concerned about their personal risk.

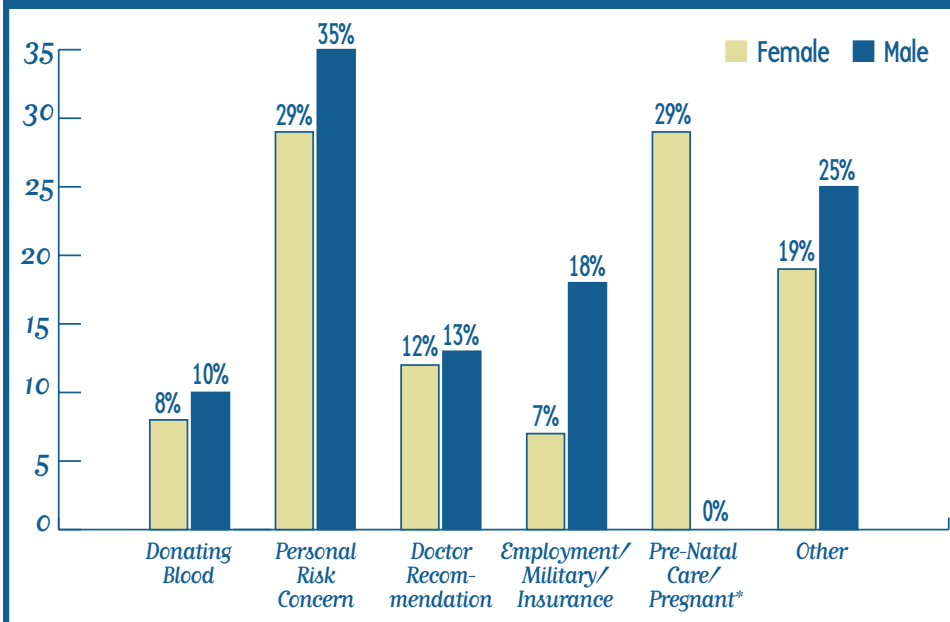
→ A greater percentage of Latinas (40%) than White (18%) and African-American (16%) women tested for HIV because they were receiving pre-natal care.

Discussion

The results of the 1997 and 1999 Los Angeles County Health Surveys indicate little recent change in the rates of HIV testing in the Los Angeles County adult population except in the African-American population where a significant increase in testing was observed. This latter finding is encouraging given the severity of the HIV epidemic in the African-American population⁴ and the efforts locally to more effectively target HIV prevention

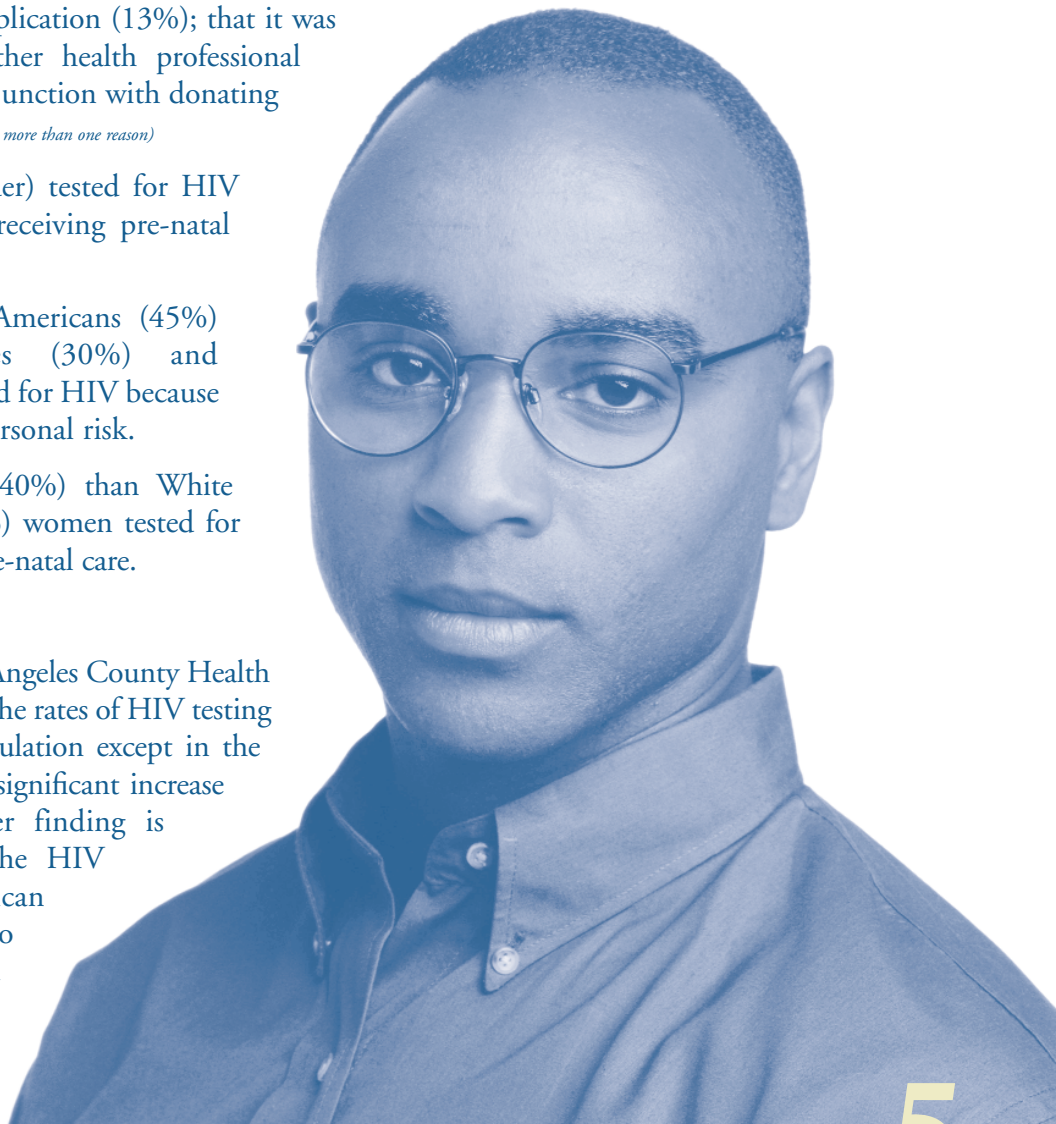
⁴ Miller, L.G., Simon, P.A., Miller, M.E., Long, A., Yu, E.I., & Asch, S.M. (1999). High-risk sexual behavior in Los Angeles County, California. *AIDS*, 13(12), 1911-1918.

Figure 4. Reasons Males and Females (18 to 64 Years) Tested for HIV, Los Angeles County, 1999



*Females ages 50 and under

Source: Los Angeles County Health Survey



HIV Testing is Recommended:

- If you have had unprotected sex with an HIV-infected partner.
- If you are a man and have had unprotected sex with another man.
- If you are a woman and have had unprotected sex with a man who has had unprotected sex with a man or has injected drugs.
- If you have had unprotected sex with multiple partners.
- If you inject drugs or have had sex while using drugs and/or alcohol.
- If you have traded money or drugs for sex.
- If you have been diagnosed with a sexually transmitted disease.
- If you have recently tested positive for Tuberculosis or Hepatitis C.
- If you or your sex partner have had sex while in jail or prison.
- If you are pregnant.

services, including counseling and testing services, to this population. Overall, slightly more than one in three adults aged 18 to 64 years reported having taken an HIV test in the past two years in both the 1997 and 1999 surveys. In comparison, a 1989 survey conducted in the county found that only 23% of adults had ever been tested for HIV.⁵

Despite the substantial increase in HIV testing over the past decade, the findings suggest that many at-risk persons in the county population may not be receiving needed counseling and testing services. In both 1997 and 1999 surveys, nearly half of those at risk of HIV infection based on reported sexual behavior had not taken an HIV test in the past 2 years. Other studies suggest that at-risk persons may refuse testing when offered because they do not believe they are at risk or are afraid to learn their status.⁶ Others may not be tested because of difficulty accessing services or concerns about confidentiality. To reduce these and other barriers to testing, the Los Angeles County Department of Health Services directs and supports confidential and anonymous counseling and testing services (see Sidebar on page 7). These services are available in a wide range of public settings including community-based organizations, mobile testing units, and other outreach settings.

In addition to accessing counseling and testing services, it is important that at-risk persons receive their test results. The survey found that most adults (88%) who took an HIV test reported having received their results, including 92% of those at increased HIV risk based on reported sexual activity. These findings, however, may not be representative of some at-risk populations in the county. For example, a study of individuals receiving HIV counseling and testing services at four public sexually transmitted disease clinics in the county found that a substantially higher percentage (50%) of those tested did not return for their results,⁷ highlighting the need to identify and reduce barriers to receiving test results in these and other settings (e.g., mobile van testing programs). The Department is currently participating in a study sponsored by the Centers for Disease Control and Prevention (CDC) to evaluate the accuracy and acceptability of newer “rapid” HIV tests that provide results in as little as 30 minutes, thereby obviating the need to return on a later day to receive results.

The survey had a number of important limitations. First, given the very personal nature of the questions, respondents may have elected not to disclose information about their sexual behavior and past HIV testing, or they may have given responses they perceived to be socially desirable. However, the consistency of the findings over the two surveys suggest that the results are reasonably reliable. Second, the survey did not include questions about condom use in relation to specific sexual practices (e.g., vaginal, oral, or anal intercourse) and specific types of sexual partners (e.g., spouse, other primary partner, or casual partner).⁸ In addition, the survey did not collect information

Angeles: who receives testing for HIV? Journal of Acquired Immune Deficiency Syndromes, 22, 490-497.

5. Kanouse, D.E., Berry, S.H., Gorman, E.M. et al. (1991). *AIDS related knowledge, attitudes, beliefs, and behaviors in Los Angeles County. Santa Monica, CA: Rand.*

6. Simon, P.A., Weber, M., Ford, W.L., Cheng, F., & Kerndt, P.R. (1996). *Reasons for HIV antibody test refusal in a heterosexual sexually transmitted disease clinic population. AIDS, 10, 1549-1553.*

7. Wiley, D.J., Frerichs, R.R., Ford, W.L., Simon, P.A. (1998) *Failure to learn human immunodeficiency virus test results in Los Angeles public sexually transmitted disease clinics. Sexually Transmitted Diseases, 25, 342-345.*

on injection drug use and other illicit drug use. These data gaps limited our ability to accurately characterize each respondent's HIV risk profile. Third, the survey did not allow for analyses of HIV testing patterns among other important risk groups, including lesbians and bisexual women, transgendered persons, sex workers, and men who have sex with men but do not identify as gay or bisexual. Fourth, because the survey was limited to those living in households with telephones, information was not collected on other important groups that may be at increased risk of infection (e.g., persons who are homeless or incarcerated). Finally, the 1999 survey did not collect HIV testing information on persons 65 years of age and older.

In conclusion, the results indicate that many Los Angeles County adults are accessing HIV testing services. The 1999 results are similar to those from the 1997 survey with the exception of an increase in HIV testing among African-Americans. Unfortunately, a substantial number of at-risk adults have not been HIV-tested recently. The findings highlight the importance of continued efforts to target HIV counseling and testing services to these and other at-risk persons. Future surveys planned by the Los Angeles County Department of Health Services will provide further valuable comparison data to assess the effectiveness of these efforts.

Acknowledgments

LA Health is a publication of the Office of Health Assessment and Epidemiology, Los Angeles County Department of Health Services, Public Health.

Series Editors: Paul Simon, MD, MPH; Cheryl Wold, MPH; Jonathan Fielding, MD, MPH; and Anna Long, PhD, MPH.

Data Analysts: Isabel Cardenas, MPH; Benedict Lee, PhD; Amy Lightstone, MPH, ATC; Arun Narayanan, MPH; Zhiwei Waley Zeng, MD, MPH

Administrative Support: Patricia Schenk

Special thanks to Arleen Leibowitz, PhD; Charles Henry; Mario Perez; Donald Price; and Juli-Ann Carlos, MPH for their editorial assistance.

Funding for the survey was provided by the Los Angeles County Department of Health Services, the California Department of Health Services, the Los Angeles County Medicaid Demonstration Project, and the Los Angeles County Department of Public Social Services.

For more information or to obtain additional copies of this report, call 213-240-7785 or visit our web site at www.lapublichealth.org.

8. Rietmeijer, C.A., Lansky, A., Anderson, J.E., & Fichtner, R.R. (2001). Developing standards in behavioral surveillance for HIV/STD prevention. *AIDS Education and Prevention, 13*(3), 268-278.

HIV Counseling & Testing Services

The Los Angeles County Office of AIDS Programs and Policy (OAPP) coordinates publicly funded HIV counseling, testing, and partner notification services in Los Angeles County. OAPP also provides technical assistance, assists in monitoring the quality of these services, and ensures that appropriate referral mechanisms are in place to link those who test positive to treatment facilities. Publicly funded counseling and testing services are provided in: 24 DHS Public and Personal Health facilities; 11 community-based organizations (CBOs) that provide services at more than 25 locations; six mobile testing units; 26 day treatment centers; and three LA County Superior Court locations. Overall, testing services are provided confidentially (client's name/identity kept private) at 67 sites and anonymously (client is not required to provide a name) at 14 sites throughout the County. Anonymous testing is provided primarily by the County-contracted CBOs and mobile testing units while confidential testing is offered at most sites.

Publicly funded HIV counseling and testing services are provided to more than 80,000 Los Angeles County residents each year. As reflected in the findings presented in this report, many additional persons receive these services in the private sector. In order to maximize the overall public health impact of counseling and testing services provided at publicly funded sites, services are directed most intensively to populations at greatest risk of infection and to those who may not have access to services in traditional health care settings.

OAPP is also responsible for collecting data on services provided at publicly funded sites and distributing these data to the California State Office of AIDS, the Centers for Disease Control and Prevention, and to local community planning groups. OAPP is committed to improving counseling and testing services in the County through analysis and dissemination of these data. If you would like more information on HIV Counseling and Testing services available in Los Angeles County, please call the Office of AIDS Programs and Policy at 213-351-8000 or the California AIDS Hotline at (800) 367-AIDS (2437).



**Los Angeles County
Department of Health Services**

313 N. Figueroa St., Room 127
Los Angeles, CA 90012

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Summary:

LOS ANGELES COUNTY HEALTH SURVEY

- 37% of the Los Angeles County adult population, or 2.2 million persons, were tested for HIV in the past two years.
- The percentage HIV-tested in 1999 was higher among African-Americans (57%), than among Latinos (39%), Whites (33%), and Asians/Pacific Islanders (24%).
- An estimated 7% (486,000) of adults in Los Angeles County were considered at-risk based on their sexual activity. Of these, 55% had been HIV-tested in the past two years.
- 92% of at-risk individuals received their latest HIV test results.
- Among adults who had a HIV test, 17% received their latest test at a county/community clinic, 13% at a family planning clinic, and 4% at a mobile testing unit.
- 32% of adults tested for HIV because they were concerned about their personal risk.



Issue 7