



2019 Prevention Needs Assessment Report

Authorship – Bureau of HIV, STD, and Hepatitis

Prepared By – Biz McChesney, Cody Shafer, Joel Binyingo, Katie Herting and Annie Rodruck

Published – June 2021

Iowa Department of Public Health
Protecting and Improving the Health of Iowans



THIS PAGE LEFT INTENTIONALLY BLANK

Acknowledgments

Thank you to the 572 Iowans who participated in the 2019 Prevention Needs Assessment survey. Their collective responses offer insight into the HIV, HCV, and STD epidemics and guidance for improving care and prevention services in Iowa. Thank you to International Translation Services for translating the survey, the Integrated Testing Services sites and other partners for recruiting survey participants, and RDE Systems for developing the survey collection tool. Special thanks to Annie Rodruck, Prevention Needs Assessment Coordinator, for organizing the development, distribution, and analysis of the Prevention Needs Assessment survey.

Suggested Citation:

Iowa Department of Public Health. Bureau of HIV, STD and Hepatitis. *2019 Prevention Needs Assessment Report*. Des Moines: Iowa Dept. of Public Health, 2020.

Gov. Kim Reynolds
Lt. Gov. Adam Gregg
IDPH Interim Director Kelly Garcia

Feedback or comments on this report are welcome. Please contact:

Biz McChesney, HIV and Hepatitis Prevention Program Manager
Iowa Department of Public Health
Bureau of HIV, STD, and Hepatitis
321 E 12th Street
Des Moines, IA 50319-0075
Email: biz.mcchesney@idph.iowa.gov
Phone: (515) 242-5149

or

Randy Mayer, Bureau Chief
Iowa Department of Public Health
Bureau of HIV, STD, and Hepatitis
321 E 12th Street
Des Moines, IA 50319-0075
Email: randall.mayer@idph.iowa.gov
Phone: (515) 242-5150

Table of Contents

Executive Summary	1
List of Acronyms	3
Introduction	4
Methods	5
Survey Development	5
Survey Administration	5
Confidentiality	5
Data Analysis	6
Limitations	6
Results	7
Condom Access and Use	8
PrEP Awareness and Utilization	10
PEP Awareness and Utilization	12
HIV Status Awareness Among Prioritized Populations	14
HIV Testing Motivators	16
Hepatitis C Status Awareness and Treatment Access	18
STD Testing Engagement	20
STD Testing and Perceived Need	23
Methamphetamine Use and STDs	26
Socioeconomic Impacts on STDs	29

Executive Summary

There were 572 Iowans not living with HIV or who were unaware of their HIV statuses who completed the Prevention Needs Assessment (PNA) survey. The PNA collected information about participants' demographics, perceived impacts of racism, HIV- testing history, pre and post-exposure prophylaxis awareness and use, STD and HCV testing and treatment, HIV risk behaviors, and sexual practices. For many demographic questions, results were compared to the United States Census Data estimates (www.census.gov). The majority of survey participants were recruited by organizations that provide testing, prevention, and/or harm reduction services. This recruitment method may impact the results as individuals who have an increased awareness of HIV and STD prevention services may be overrepresented.

White, non-Hispanic people represent 85% of Iowa's population and 76% of survey respondents. Black/African American respondents and Latinx respondents were slightly overrepresented. Black/African Americans make up 4% of Iowa's population and 11% of survey respondents. Latinx Iowans make up 6% of Iowa's population and 10% of survey respondents. Respondents 25-34 years of age were the largest age group represented (36%), while 23% of respondents were age 24 and under, 22% were age 35-44, and 19% age 45 and older.

Respondents were asked a variety of questions related to awareness, use, and barriers to accessing HIV and STD prevention tools, such as condoms, pre and post-exposure prophylaxis (PrEP and nPEP), and treatment as prevention. Just over half of all PNA respondents (52.6%) reported never using condoms during sexual activity, while 38.3% reported inconsistent condom use with only 9.1% reporting consistent condom use.

Pre-Exposure Prophylaxis (PrEP) is medication that can be taken to prevent an individual from acquiring HIV. Of all PNA respondents, 60% had some awareness of PrEP and 40% were unaware of PrEP. Respondents who had an STD test within the past 12-month period were substantially more knowledgeable of PrEP as an HIV intervention (66% compared to 44%).

Post-Exposure Prophylaxis (PEP) is a course of medication that can be administered after a recent possible exposure to HIV as a prevention method. Nearly half (45%) of respondents had awareness of PEP as an HIV intervention. However, many of those who were unaware belong to populations that are disproportionately impacted by HIV.

Respondents were asked about their communication practices with sexual partners. When asked about their most recent sexual partner, 49% of respondents talked about HIV and 66% talked about STDs with their partner. Of the respondents who had a sexual partner in the preceding 12-month period who was living with HIV (5%), 68% reported talking about their partners' use of medicines and/or viral load status (detectable or undetectable).

Hepatitis C (HCV) is a virus that can cause liver disease. More than half of people who acquire HCV develop a long-term chronic infection. The Centers for Disease Control and Prevention (CDC)

recommends one-time hepatitis C testing of all adults and regular testing for people with increased risk. Among all respondents aged 15 years and up (n=569), 43% had ever received a test for HCV. Almost a quarter of respondents were unsure if they had been tested for HCV.

Injection drug use is the most common mode of transmission of HCV in the United States. Ten percent of PNA respondents reported injecting drugs within the past twelve months. Of the people who injected drugs (PWID) in the past twelve months, 76% had been tested for HCV within that time period. However, due to recruitment methods (see Methods on page 6) these data may not be representative of all people who inject drugs in Iowa. The Centers for Disease Control and Prevention estimates that about 50% of people with HCV have not yet been diagnosed.¹ Forty-seven percent of PNA respondents who reported injection drug use within the past 12 months reported sharing needles, works, or snorting straws, all of which can transmit infectious diseases.

It is estimated that almost 40% of new HIV infections are transmitted by people who don't know they are living with HIV.² CDC recommends that everyone between the ages of 13 and 64 get tested for HIV at least once in their lifetime, and those at higher risk get tested more often. Seventy-eight percent of PNA respondents had ever been tested for HIV. Of those, 74% had been tested in the past 12 months. Of the respondents within populations that are prioritized for HIV prevention, 97% of men who have sex with men (MSM) were aware of their HIV statuses, 88% of PWID, 87% of Black/African Americans, and 87% of Latinx Iowans.

People who have an STD may be at increased risk of getting HIV.³ Eighty-four percent of respondents who had an STD test in the preceding 12 months were concurrently tested for HIV. However, of all PNA respondents, only 58% reported being tested for an STD in the 12-month period prior to completing the survey. Of the 58% who were tested, 31% reported testing positive for an STD.

¹ Yehia, BR, AJ Schranz, CA Umscheid, and V Lo Re, III. 2014. The treatment cascade for chronic hepatitis C virus infection in the United States: A systematic review and meta-analysis. *PLoS One*. 2014; 9(7): e101554. Published online 2014 Jul 2. doi: 10.1371/journal.pone.0101554

² Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2014–2018. HIV Surveillance Supplemental Report 2020;25(No. 1). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2020. Accessed [date].

³ Hayes R, Watson-Jones D, Celum C, van de Wijgert J, Wasserheit J. Treatment of sexually transmitted infections for HIV prevention: end of the road or new beginning? *AIDS* 2010;24(suppl 4):S15-S26

List of Acronyms

BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CNA	Consumer Needs Assessment
CPG	HIV and Hepatitis C Community Planning Group
DIS	Disease Intervention Specialist
FDA	Food and Drug Administration
FPL	Federal Poverty Level
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IDPH	Iowa Department of Public Health
ITS	Integrated Testing Services
MSM	Men Who Have Sex With Men
PEP	Post-Exposure Prophylaxis
PLWH	People Living with HIV
PNA	Prevention Needs Assessment
PrEP	Pre-Exposure Prophylaxis
PWID	People Who Inject Drugs
SSP	Syringe Services Program
STD Dx	Sexually Transmitted Disease Diagnosis
STD	Sexually Transmitted Disease

Introduction

An HIV prevention needs assessment is the process of collecting information from people who are not living with HIV or who are unaware of their HIV statuses about their needs and barriers to services and care. The 2019 survey was the first Prevention Needs Assessment (PNA) survey administered by the Iowa Department of Public Health (IDPH) that focused on behaviors that may expose individuals to HIV, HCV, and other STDs. The IDPH routinely administers the Consumer Needs Assessment (CNA), a survey used to collect information from people living with HIV (PLWH) in Iowa to improve prevention, health care, and support services for Iowans living with HIV. Consumer Needs Assessments for PLWH were conducted in 2005, 2008, 2011, 2016, and most recently in 2019. These CNAs have played and continue to play an integral role in statewide strategic planning, and to improve HIV services in Iowa.

Over the past ten years, the HIV prevention landscape has improved greatly. These advances include:

- Treatment as prevention, meaning that PLWH who achieve viral suppression (viral loads less than 200 copies) are unable to pass HIV to sexual partners;
- PrEP (Pre-exposure prophylaxis), medication that can be taken by people who are not living with HIV to prevent acquiring HIV; and
- PEP (post exposure prophylaxis) and nPEP (non-occupational post-exposure prophylaxis), a 28-day course of antiretroviral medications that can be taken to prevent someone from acquiring HIV after a potential exposure.

The 2019 PNA data will be utilized as a baseline to assess awareness, access, and attitudes around HIV prevention tools. IDPH expects to conduct future prevention needs assessments, with the next one occurring in 2022.

The overall purpose of this survey was to reach a representative population of people who were unaware of their HIV statuses or not living with HIV to provide information that could help to improve prevention services across the state. In particular, we wanted to learn:

- How aware are Iowans of HIV and STD prevention tools?
- What HIV and STD prevention tools are being used and what impacts those choices?
- What are the HIV and STD prevention services people access and at what frequency?
- What are the barriers to accessing those services?
- How do awareness, access, and prevention behaviors vary by sub-populations of people across Iowa?

Methods

Survey Development

The 2019 Prevention Needs Assessment (PNA) was developed by staff in the Bureau of HIV, STD, and Hepatitis at IDPH and members of the Iowa HIV and Hepatitis Community Planning Group (CPG), which consists of healthcare and support services providers, community members, and people living with HIV. The survey instrument was adapted from the 2016 Iowa HIV CNA and informed by the Iowa Behavioral Risk Factor Surveillance System (BRFFS) surveys. We collected information about participants' demographics, perceived impacts of racism, HIV- testing history, pre and post-exposure prophylaxis awareness and use, STD and HCV testing and treatment, HIV risk behaviors, and sexual practices.

The PNA survey was administered electronically. We contracted with a third party, RDE Systems, to put the survey online; making it accessible on computers, tablets, and smartphones. The survey was translated into Spanish, and computer-generated audio was available in English and Spanish. Respondents were also able to call the Needs Assessment Coordinator and complete the survey over the phone.

Survey Administration

We coordinated with staff at rapid HIV testing and prevention sites (Integrated Testing Services sites, or ITS), harm reduction organizations, and the Iowa TelePrEP program. Staff at each of these organizations and state Disease Intervention Specialists (DIS) were given postcards with a link to the survey and unique survey code to distribute. Additionally, priority community-based advertising was utilized to recruit survey participants. Posters with a brief survey description and the contact information of the Needs Assessment Coordinator were distributed throughout Iowa communities. Those interested were instructed to call or text the coordinator to receive a survey link and survey code where they could opt-in to participate. All respondents could complete the survey electronically or with the assistance of the coordinator over the phone. Upon completing the online survey, respondents were provided with the option to receive a \$25 gift card as an incentive through the mail.

The survey was open from October 1 to December 20, 2019 (81 days), and 572 surveys were completed. Some survey questions incorporated skip-logic, so n-values are indicated throughout the report for questions answered by fewer than 572 respondents.

Confidentiality

Several precautions were taken to ensure respondent confidentiality. The electronic survey did not collect names or any other identifying information. For those who contacted the coordinator to opt-in, no identifying information was collected. For the purpose of distributing incentives, RDE Systems

developed a separate incentive module to track the dissemination of incentives. This database was maintained in a secure environment, and approved users were provided a unique login.

After completion of the survey, respondents were given the option of receiving a gift card by mail. Name was an optional field in the mailing address. Identifying information tied to the gift cards were stored in a separate database from the survey responses.

Data Analysis

Microsoft Excel 2016 was used for data analyses.

Limitations

The majority of survey respondents were recruited by organizations that provide testing, prevention, and/or harm reduction services. It is reasonable to assume that due to the recruitment strategy, the results of this survey over-represent individuals who have an increased awareness of the services being measured in this report. These limitations should be kept in mind while reviewing the data presented throughout this report.

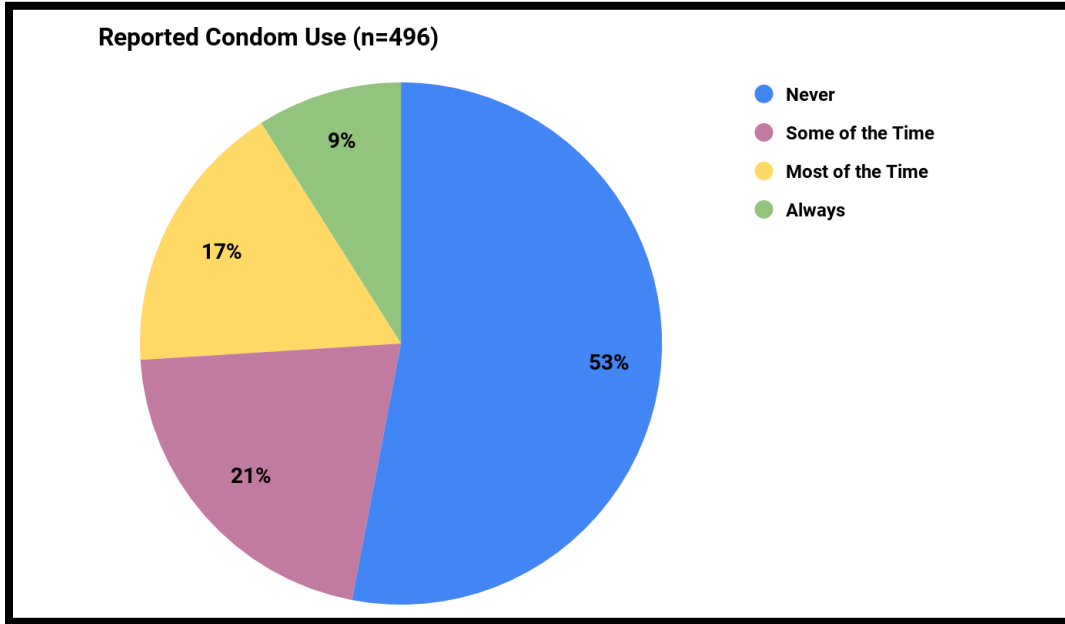
Results

The remainder of this report contains topic specific fact sheets with the results of the 2019 PNA. The fact sheets may be used and distributed individually, or together in this report.



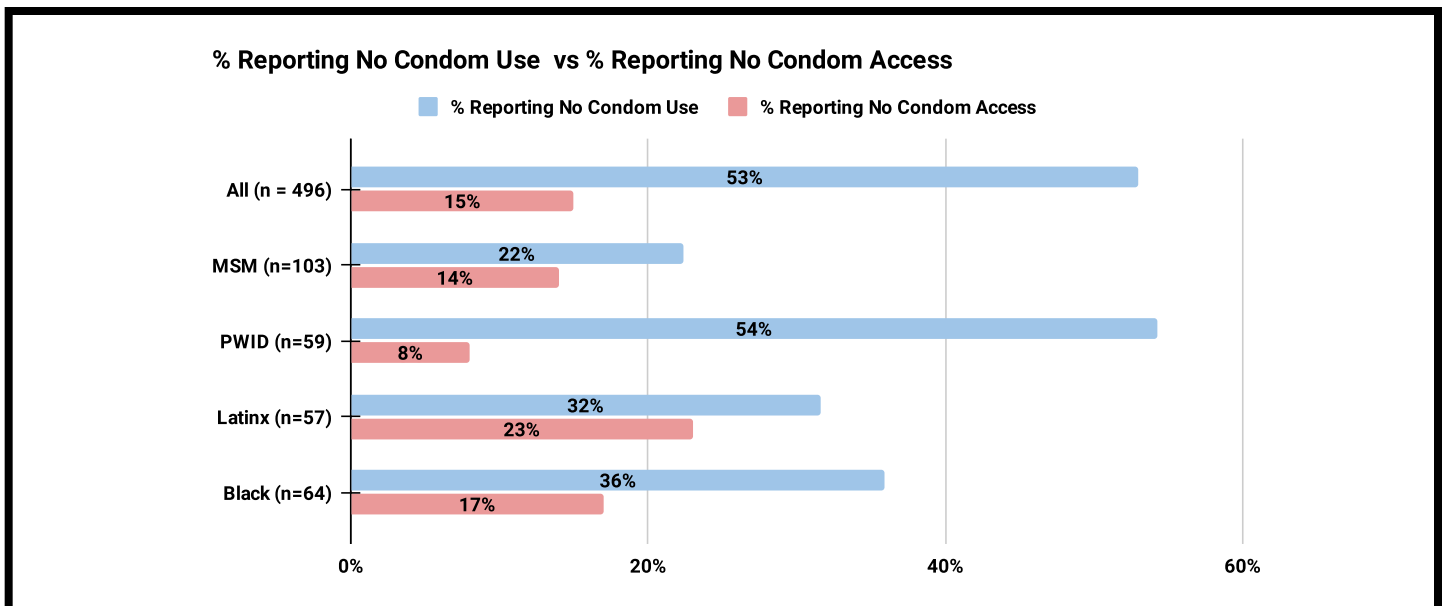
2019 Iowa Prevention Needs Assessment Condom Access and Use

Correct and consistent condom use remains one of the most effective HIV prevention methods and the only method that also provides protection against other sexually transmitted infections and unintended pregnancies.

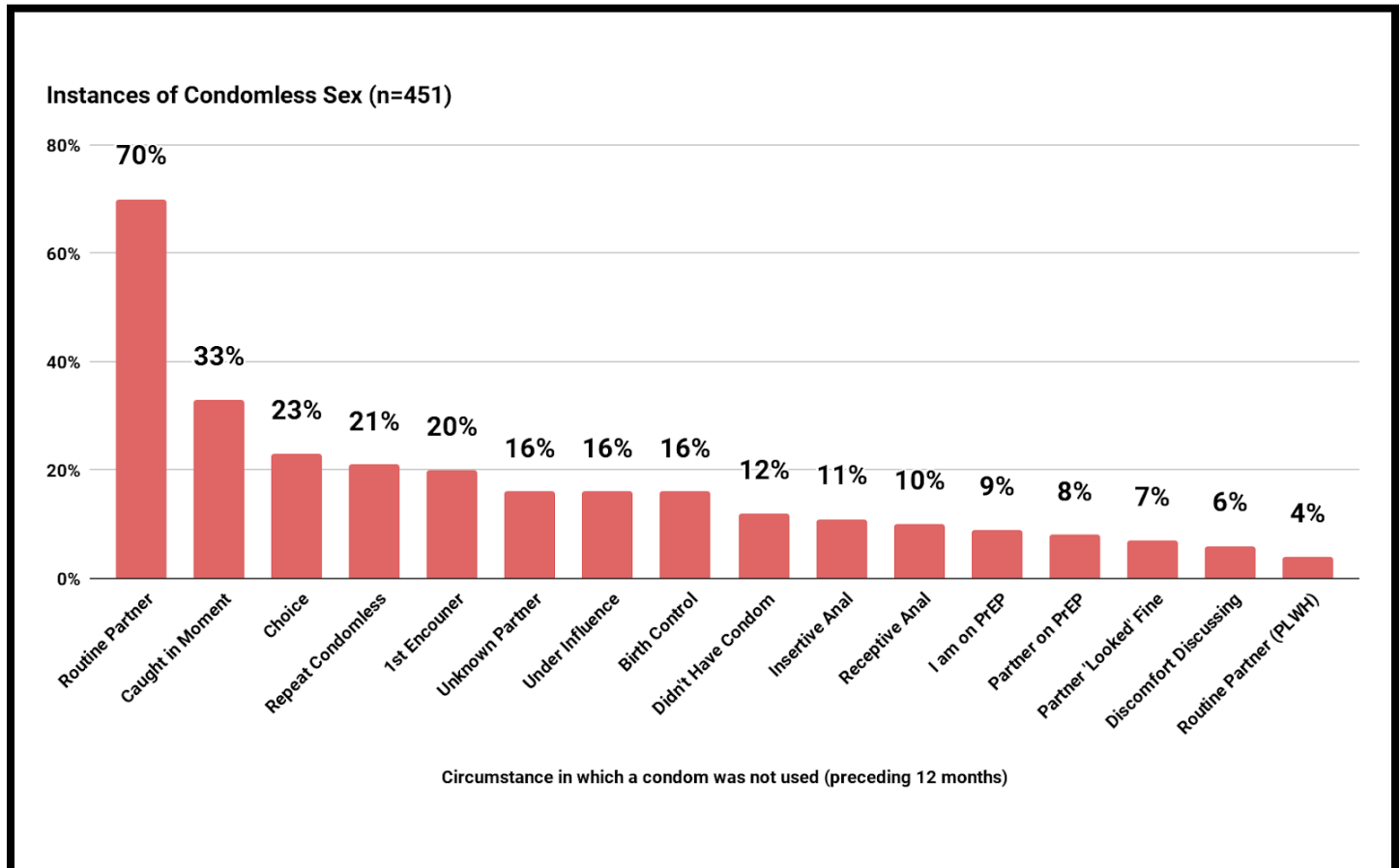


Just over half of all PNA respondents (53%) reported never using condoms during sexual activity, 38% reported inconsistent use, and only 9% responding that they always used condoms for sex. Those populations most impacted by HIV also reported high condom aversion (responding never to condom use), with 22% of MSM, 54% of PWID, 32% of Latinx, and 36% of Black respondents reporting never using condoms for sexual activity.

When comparing condom use and condom access within each prioritized population, condom aversion remained high even when reports of condom access barriers were low, **indicating that access to condoms is not by itself predictive of condom use.**



When asked to indicate under which circumstances condoms were not used in the preceding 12-month period, respondents indicated a variety of situations. The highest proportions of responses were in circumstances where a respondent was engaging in sexual activity with a routine partner (70%), when the respondent was 'caught in the moment' (33%), when the respondent simply chose not to (23%) and when the respondent was with a partner with whom the respondent had a previous instance of condomless sex (21%). Interestingly, a very small proportion of respondents indicated PrEP use, by themselves (9%) or by a partner (8%), as a reason to avoid use of condoms.



For those respondents who did report trouble accessing condoms (n=84), affordability was the most commonly noted barrier (37%), followed by discomfort/embarrassment accessing condoms (26%). Lack of knowledge related to public availability, a lack of desirable condom types, and fear of being seen accessing condoms were each indicated as barriers by 18% of respondents. These data indicate that the public would benefit from increased knowledge of free condoms and more discreet access options where condoms are available. Condom distribution programs would also benefit from eliciting feedback on the types of products consumers would be more likely to use.

The majority of survey respondents were recruited by organizations that provide testing, prevention, and/or harm reduction services. It is reasonable to assume that due to the recruitment strategy the results of this survey over represent individuals who have an increased awareness of the services being measured in this report. These limitations should be kept in mind while reviewing the data presented throughout this report.



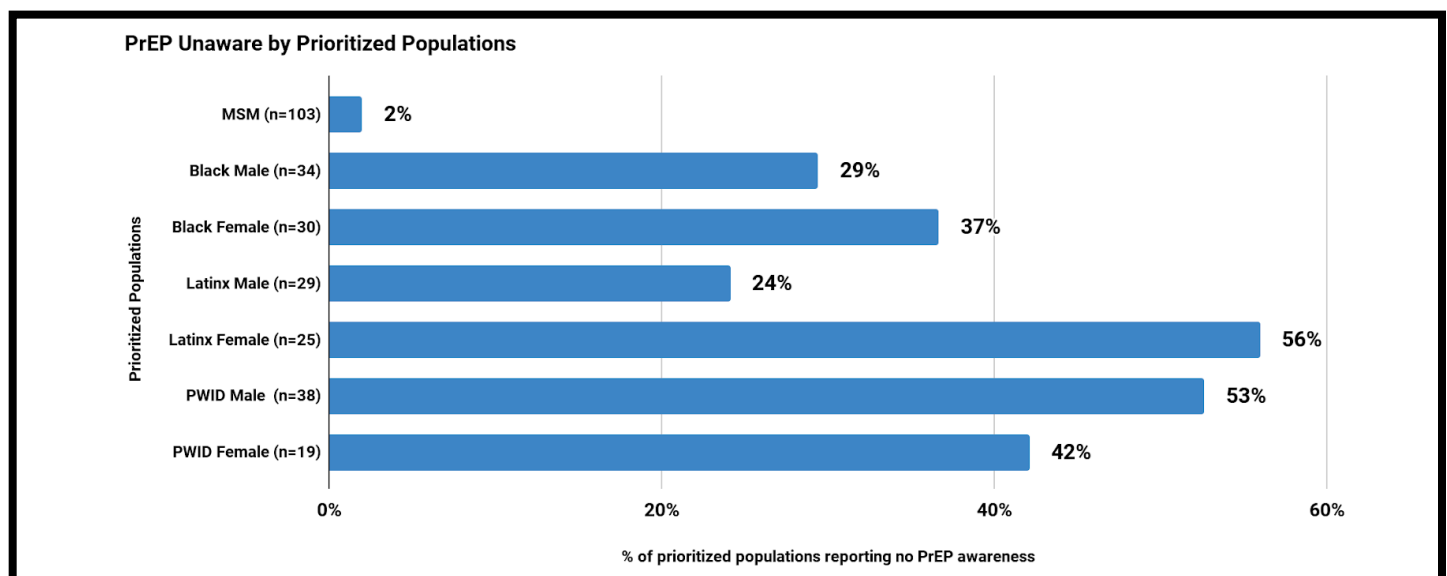
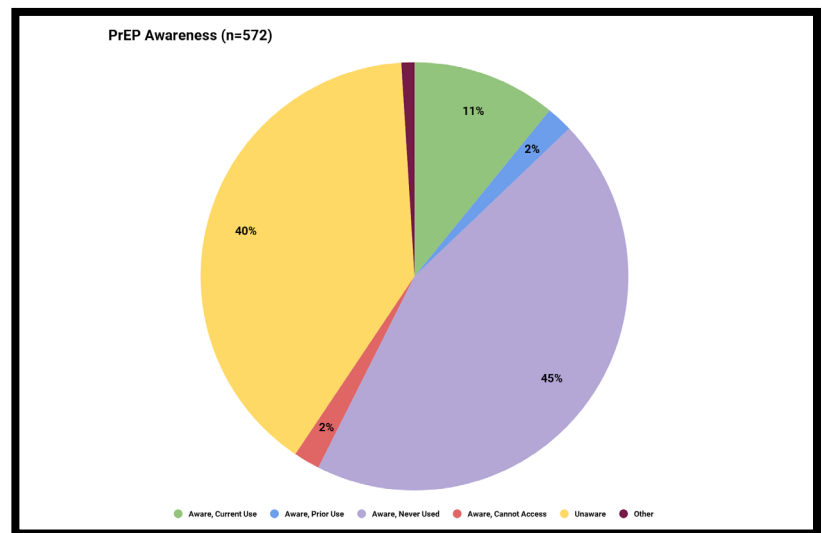
2019 Iowa Prevention Needs Assessment PrEP Awareness and Utilization

Pre-Exposure Prophylaxis (PrEP) is medication that can be taken to prevent an individual from acquiring HIV. Truvada was the first drug to gain authorization from the Food and Drug Administration (FDA) in 2012, and the Iowa Department of Public Health began broad implementation of PrEP programming in 2017. This programming has been focused on increasing awareness of PrEP as an HIV prevention strategy among priority populations, increasing provider knowledge of PrEP prescribing practices, providing patient navigation services, and developing a statewide telemedical PrEP delivery service.

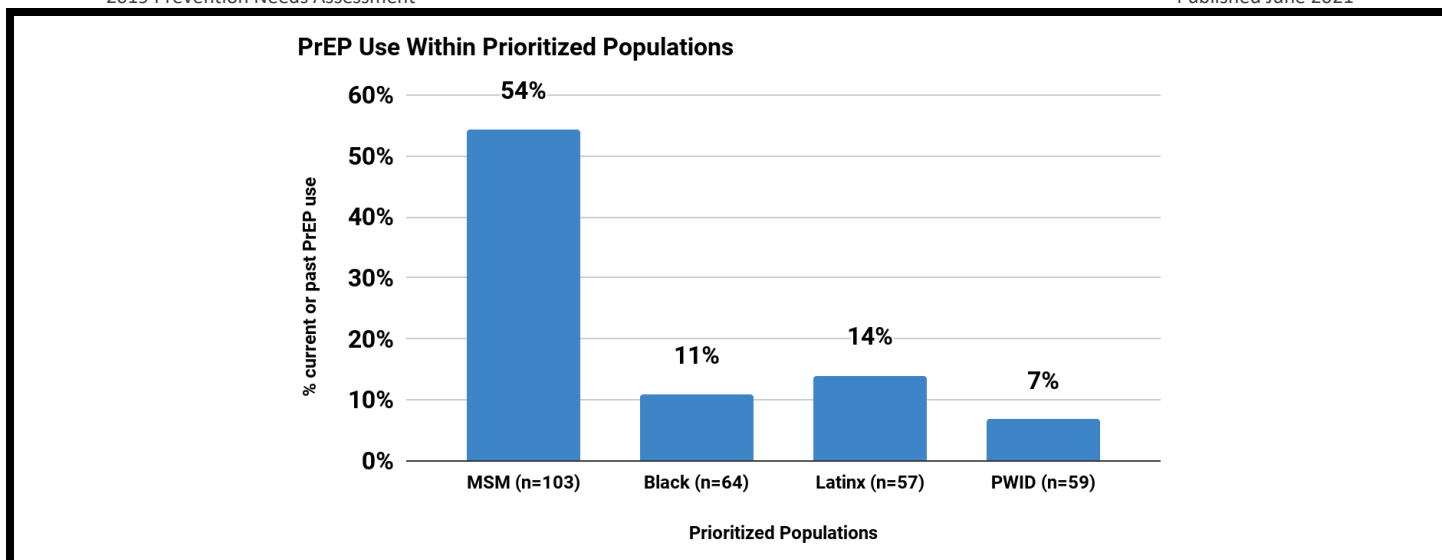
Of all PNA respondents (n=572):

- 60% had some awareness of PrEP (awareness, prior usage, current usage, and aware but could not access);
- 40% were unaware; and
- 1 % reported 'other'.

While there were no substantial socio-economic discrepancies between those who were aware of PrEP and those who were unaware, respondents who reported having had an STD test within the preceding 12-month period were substantially more knowledgeable of PrEP as an HIV intervention (66% compared to 46%).

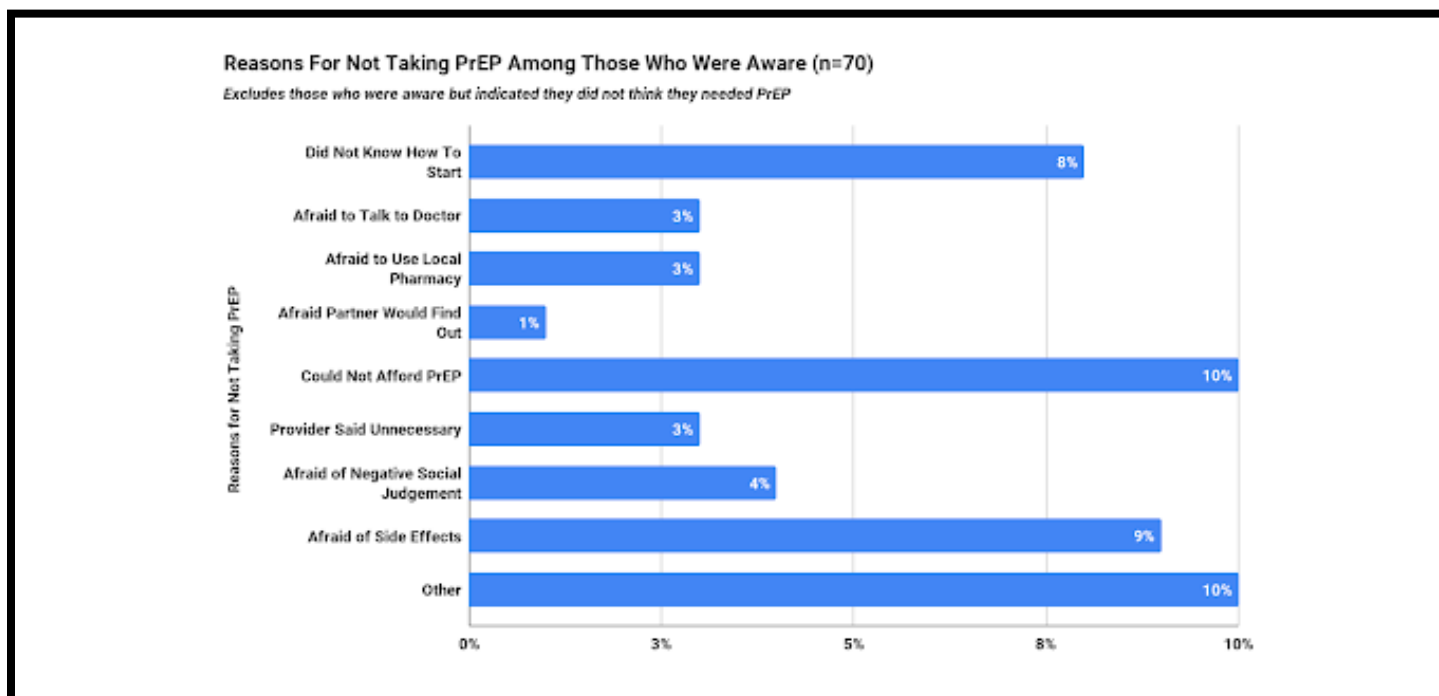


Among populations who are prioritized for HIV prevention, this graphic illustrates what percentage of each population and gender identity category reported that they were unaware of PrEP as an HIV prevention strategy. Of all respondents who indicated belonging to a prioritized population, men who have sex with men (MSM) were the **most aware** of PrEP, with only 2% of MSM respondents being unaware. Latinx females reported being the **least aware** of PrEP with only 44% of respondents indicating previous awareness of PrEP. Male and female PWID also reported low levels of PrEP awareness.



Among respondents from prioritized populations, MSM were most likely to report current or past PrEP use (54%). PWID represented the lowest rate of PrEP use within a priority population (7%) while disproportionately impacted populations identified as Black or Latinx reported current or previous use at 11% and 14%, respectively.

These data indicate that more work needs to be done to raise awareness and increase engagement among PWID and disproportionately impacted populations.



A number of reasons were given for not using PrEP among those who were aware of PrEP but who did not report its use. This chart illustrates all barriers noted among those who indicated they might benefit from PrEP. *This question allowed respondents to indicate multiple reasons.*

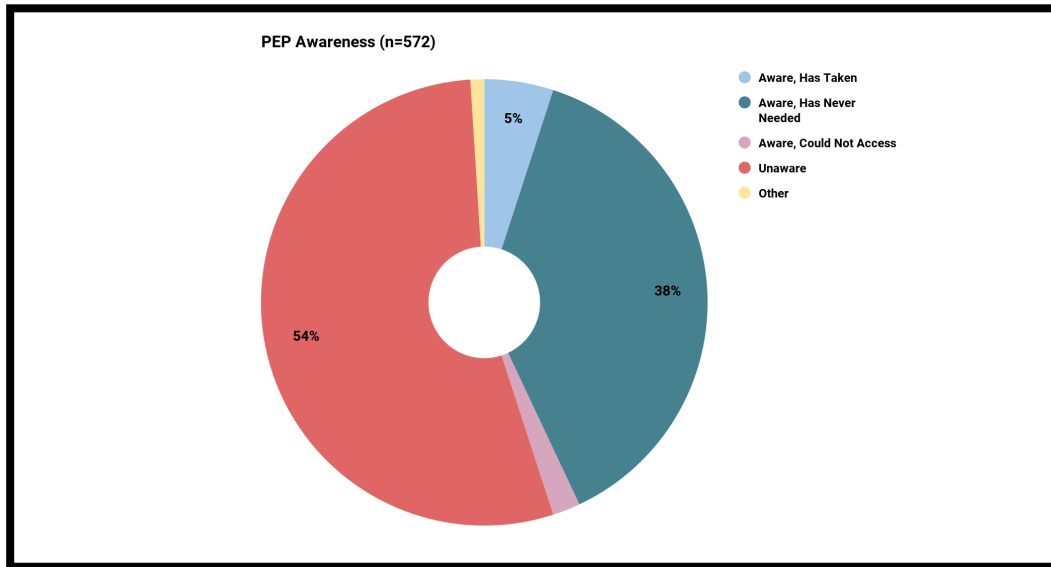
The most prevalent reported barriers were those involving access, indicating that **more work needs to be done to provide PrEP startup information, dispel myths related to side effects, and provide linkage to navigation services.** Additional barriers were related to various forms of fear (e.g., judgment, side effects). This could be ameliorated by providing enhanced patient education on alternative PrEP access strategies, such as telemedical PrEP services.

The majority of survey respondents were recruited by organizations that provide testing, prevention, and/or harm reduction services. It is reasonable to assume that due to the recruitment strategy the results of this survey over represent individuals who have an increased awareness of the services being measured in this report. These limitations should be kept in mind while reviewing the data presented throughout this report.



2019 Iowa Prevention Needs Assessment PEP Awareness and Utilization

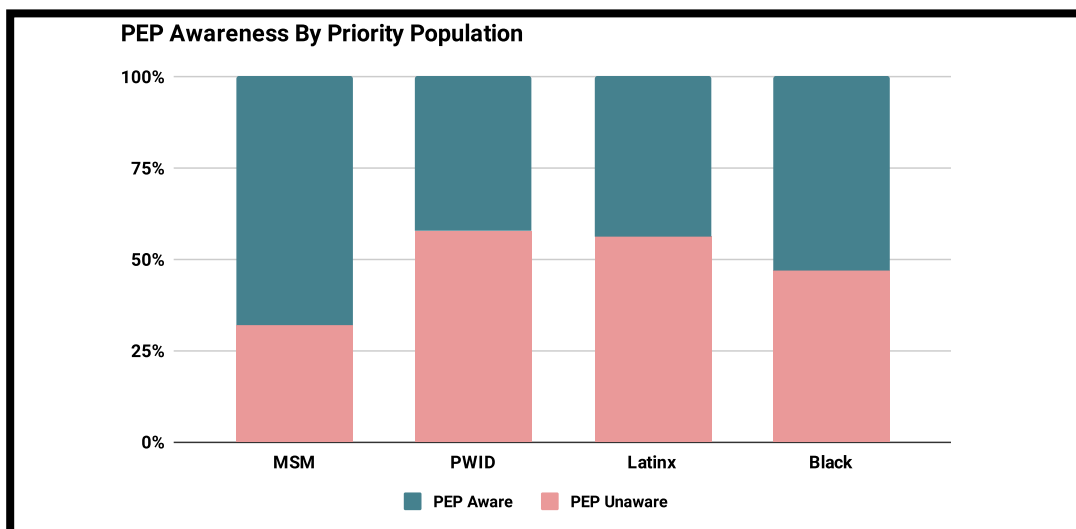
Post-Exposure Prophylaxis (PEP) is a course of medication that can be administered as a prevention method after a recent potential exposure to HIV. When started within 72-hours of a potential exposure, PEP is highly effective in preventing the acquisition of HIV. PEP has been a long-utilized intervention in occupational settings, but remains challenging to obtain in response to non-occupational exposures (PEP administered outside of occupational settings is often denoted as nPEP).



Nearly half of all PNA respondents (45%) had awareness of PEP as an HIV intervention. However, many of those who were unaware of PEP belong to populations that are prioritized for HIV prevention:

- 32% of all MSM respondents (n=103);
- 58% of all PWID respondents (n=59);
- 56% of all Latinx respondents (n=57); and
- 47% of all Black respondents (n=64) reported not being aware of PEP.

These data indicate that more work needs to be done to raise awareness of PEP as an emergency HIV prevention intervention among all priority populations in Iowa.

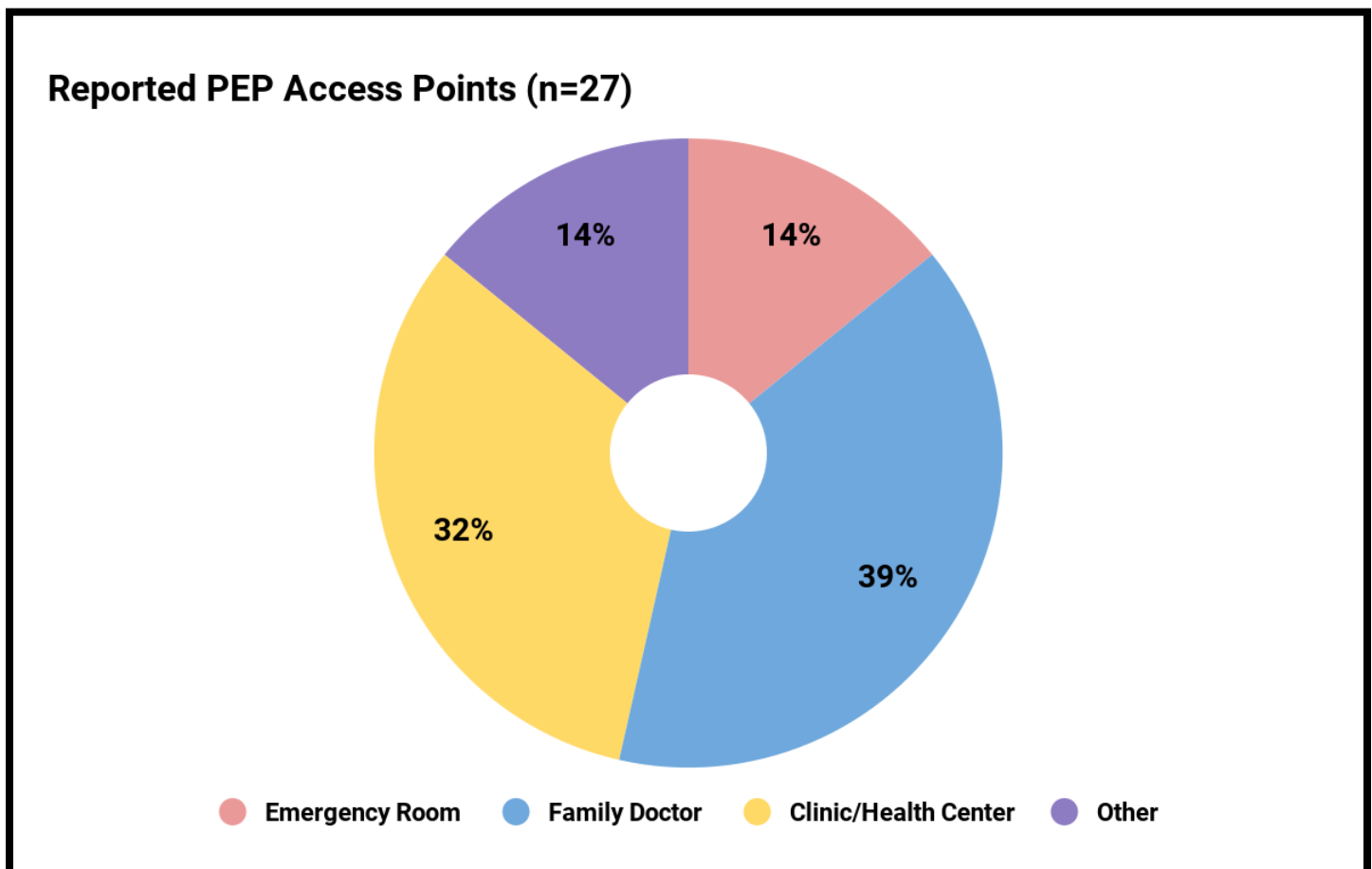


Of those who were aware of PEP and had a failed attempt to access the intervention (n=9):

- 22% did not know where to go;
- 33% did not feel comfortable asking for it;
- 11% were outside of the appropriate treatment window;
- 11% encountered a provider who refused to prescribe it;
- 22% obtained a prescription but could not access treatment medication availability;
- 44% could not afford it; and
- 33% did not have a known resource in their community where they could go.

These data indicate that substantial work is needed in developing capacity for PEP in Iowa.

Increasing awareness among individuals who would benefit from the intervention may be problematic if they do not have accessible providers, knowledgeable navigation services, and/or pharmacy access.



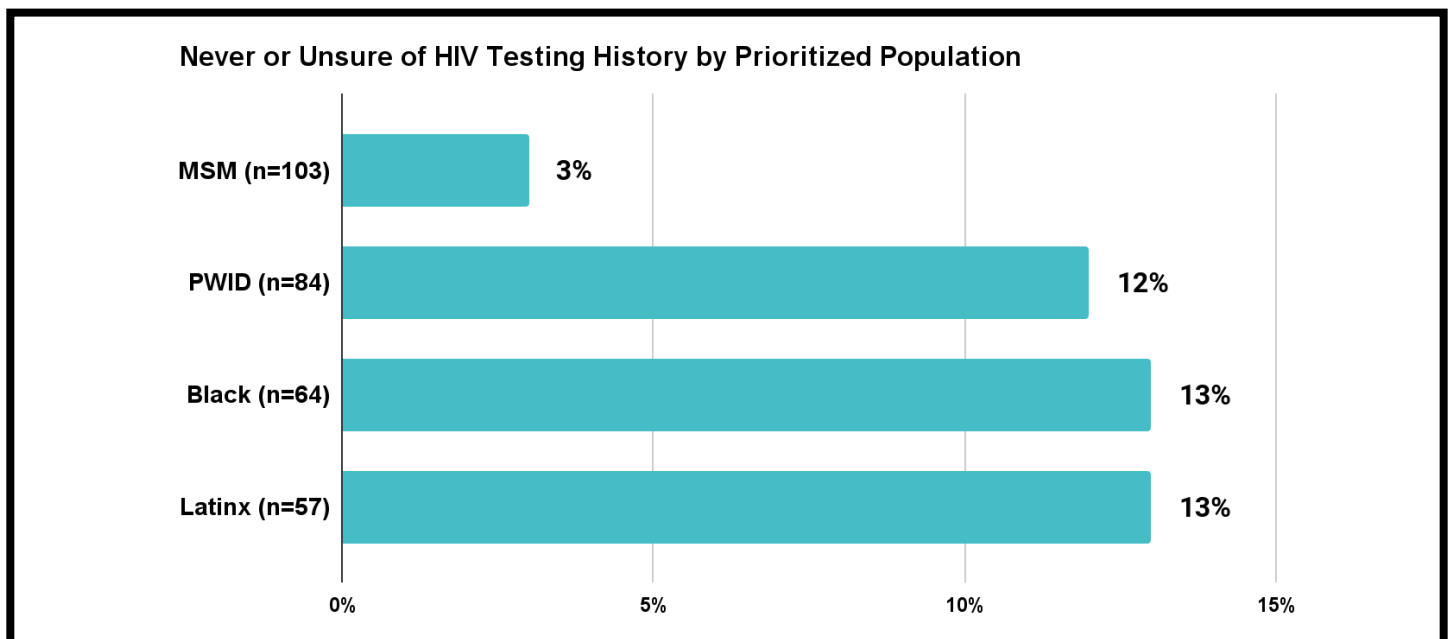
While a small number of total respondents reported prior successful PEP access (n=27), a variety of access points were identified with a clinic or family doctor representing just over 70%. Emergency departments accounted for only 14% of access points. This is concerning given that this setting is positioned to be the most accessible given the critical time-frame within which PEP must be started and the most likely times of need (nights and weekends).

The majority of survey respondents were recruited by organizations that provide testing, prevention, and/or harm reduction services. It is reasonable to assume that due to the recruitment strategy the results of this survey over represent individuals who have an increased awareness of the services being measured in this report. These limitations should be kept in mind while reviewing the data presented throughout this report.

2019 Iowa Prevention Needs Assessment

HIV Status Awareness Among Prioritized Populations

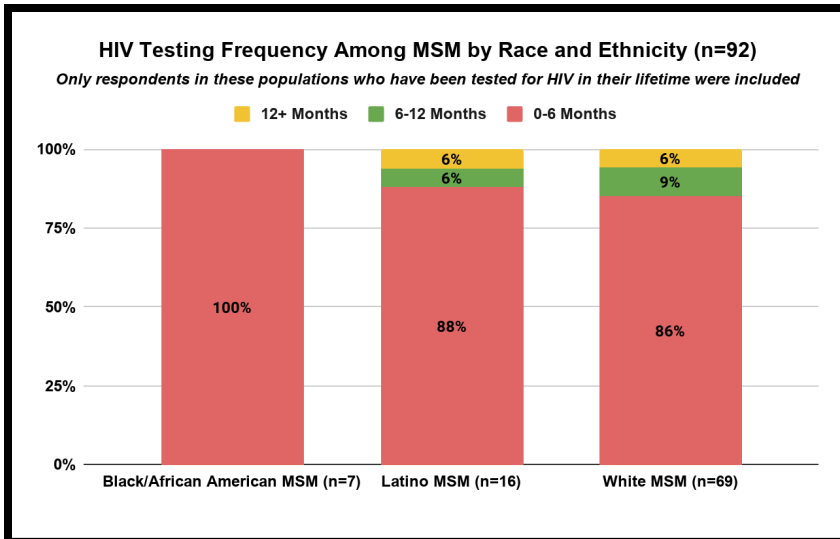
Nationally and in Iowa, some populations are disproportionately impacted by HIV, including men who have sex with men (MSM), people who inject drugs (PWID), Latinx people, and Black/African Americans. Black/African American Iowans make up 4% of the population but represented 31% of people diagnosed with HIV in 2019. Additionally, Latinx Iowans make up 6% of the population but represented 11% of people diagnosed with HIV in 2019. Studies show that complex systems, called social and political determinants of health, place some populations at higher risk of being exposed to HIV. The disparities observed reflect those systems.



Among these disproportionately impacted populations, this graph illustrates the percentages of the populations without histories of HIV testing. MSM had the highest HIV testing rate (97%) with only 3% of respondents reporting never having been tested for HIV or not knowing if they were tested. Twelve percent of people who reported current or past injection drug use and 13% of Latinx or Black respondents reported never having been tested or not knowing if they were tested.

Although 97% of respondents who were MSM had been tested at least once in their lifetimes, there was some disparity between White MSM and Black/African-American MSM. Only 88% of Black/African-American MSM had ever been tested for HIV compared to 97% of White MSM. There was no disparity in HIV testing between Latino MSM and White MSM. All Latino MSM had been tested for HIV at least once.

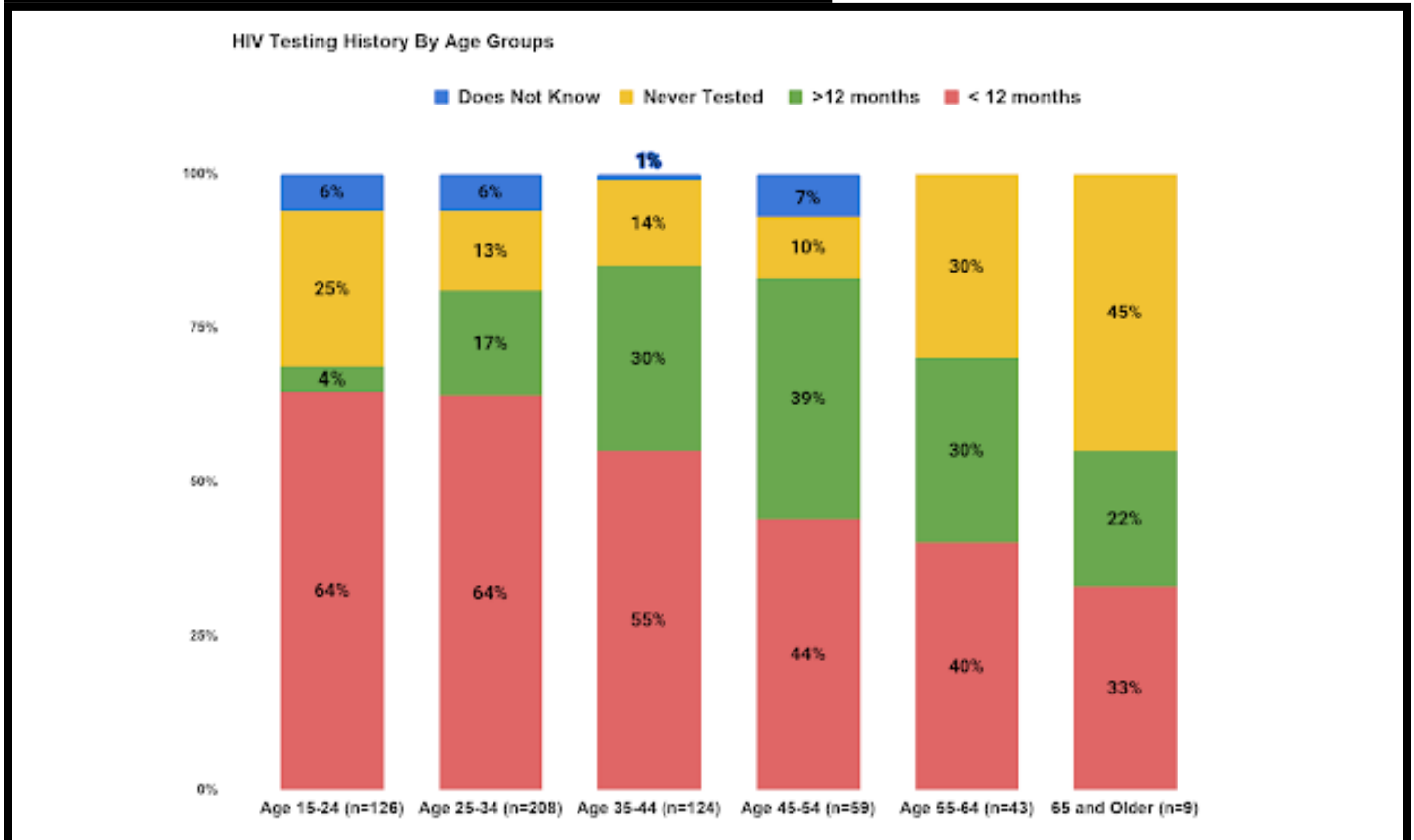
Among respondents of prioritized populations who reported having been tested for HIV at some point in their lifetimes, 95% of MSM respondents, 86% of Latinx respondents, 84% of Black/ African American respondents and 81% of PWID respondents reported HIV testing in the preceding 12-month period.



Recent HIV testing (within the last 12 months) was high across all races and ethnicities of MSM.

- 100% of Black/African American MSM respondents with a history of being tested for HIV were tested in the last 12 months.
- 94% of Latino and 95% of White MSM with a history of being tested for HIV were tested in the last 12 months.
- Analyzing the most recent HIV testing among MSM responds with history of being tested for HIV, all Black MSM were tested in the past 6 months while 88% of Latino and 86% of White MSM were tested in the past 6 months.

This information indicates that while White MSM were more likely to have been tested for HIV than Black/African-American or Latino MSM, they were less likely to have had a recent test (among those who were tested).



Among all PNA respondents, a high proportion (78%) reported having had some prior history of HIV testing. When viewed by age groups it is important to note the following:

- Respondents between the ages of 25 and 64 were the most likely to have reported at least one prior HIV testing encounter.
- Respondents over the age of 65 reported the **lowest level of testing history** with 45% indicating that they had never received an HIV test.
- Of respondents under the age of 25, 31% reported never having been testing for HIV (or not knowing if they had been tested).

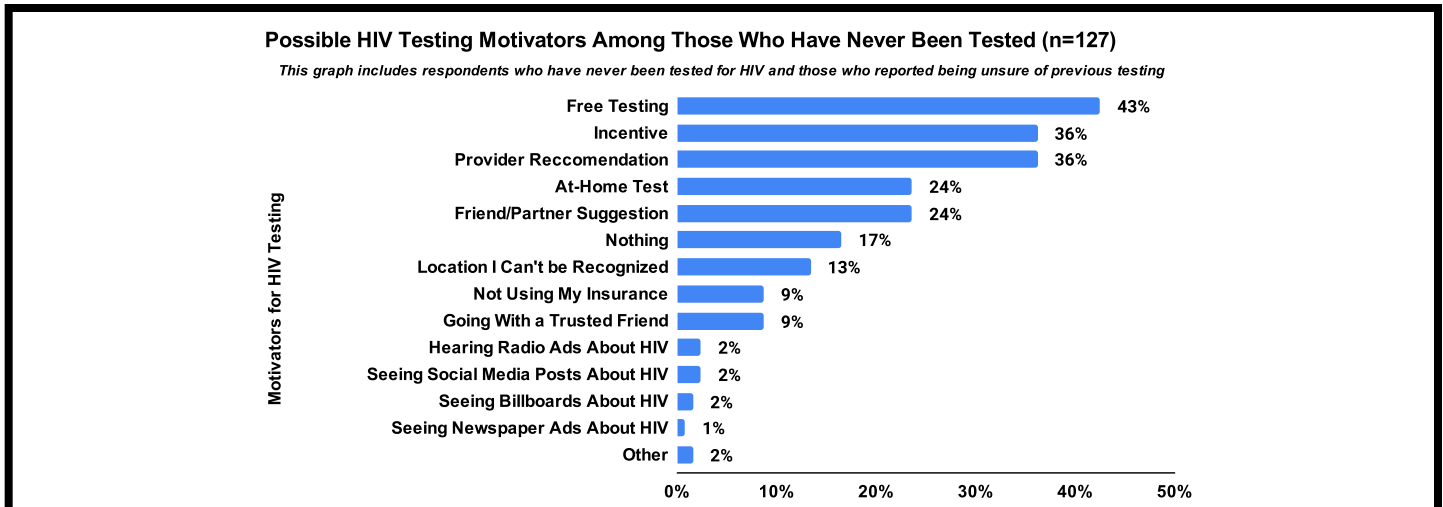
These data indicate that more work should be done with consumers and providers to ensure once in a lifetime HIV screening recommendations are being addressed within primary and other care settings to ensure status awareness and facilitate ongoing testing recommendations based on individualized need.

The majority of survey respondents were recruited by organizations that provide testing, prevention, and/or harm reduction services. It is reasonable to assume that due to the recruitment strategy the results of this survey over represent individuals who have an increased awareness of the services being measured in this report. These limitations should be kept in mind while reviewing the data presented throughout this report.



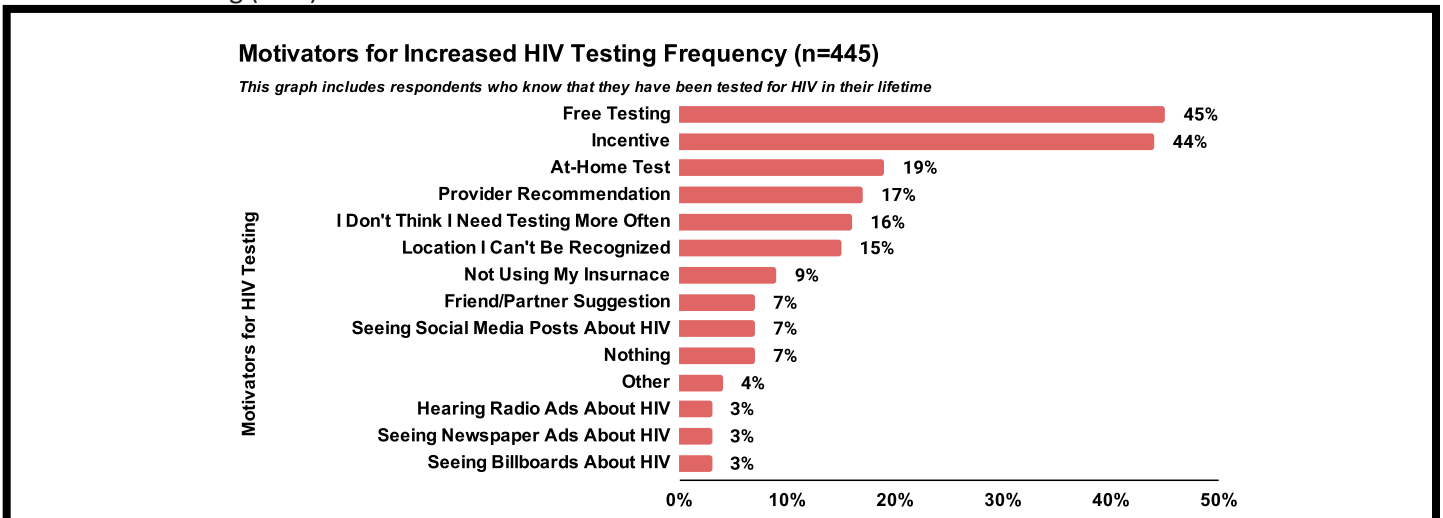
2019 Iowa Prevention Needs Assessment HIV Testing Motivators

It is estimated that 14% of Iowans living with HIV are unaware of their statuses. Additionally, about 20% of people newly diagnosed in Iowa are diagnosed late (i.e., received an AIDS diagnosis within 3 months of an HIV diagnosis). People who are unaware of their HIV statuses may unknowingly transmit HIV to partners. The CDC estimates that 40% of new HIV infections are transmitted by people who do not know they are living with HIV. Specific questions were asked to PNA respondents to better understand what motivates them to access HIV testing.



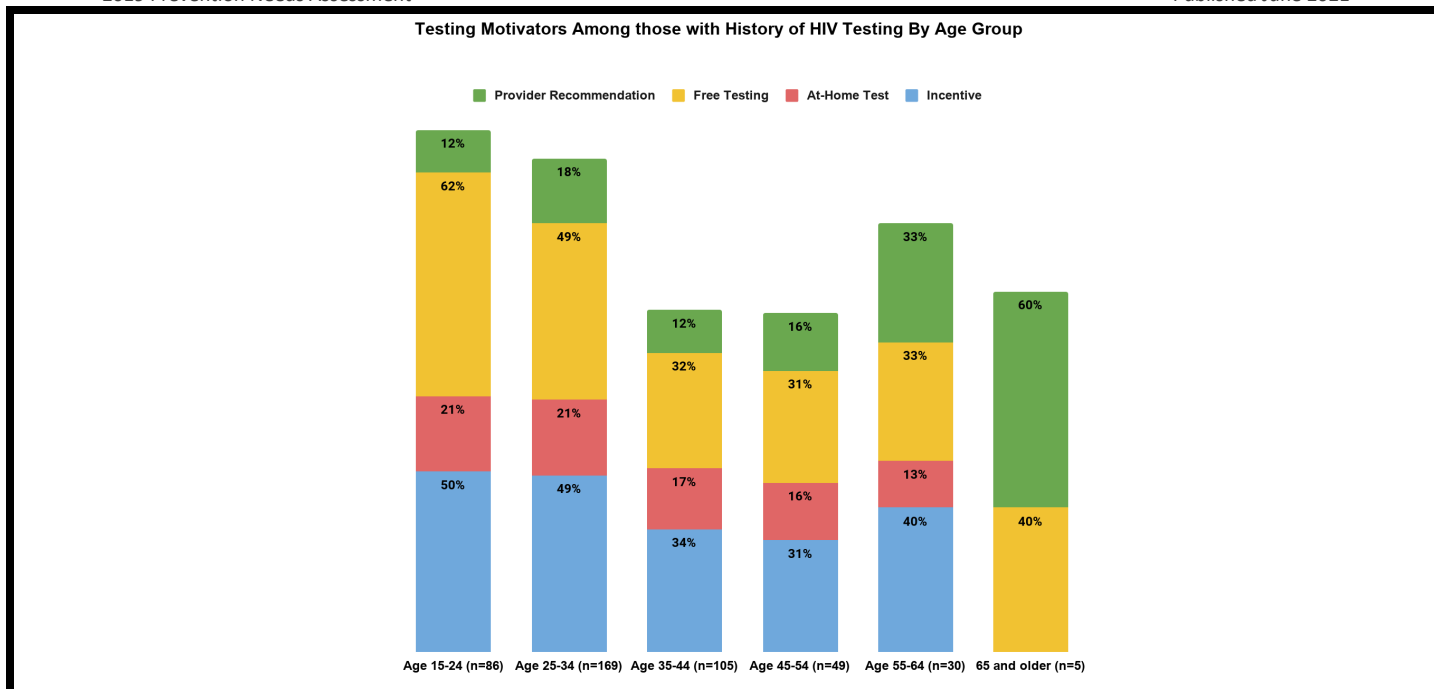
Of those who reported never having been tested for HIV or being unsure of prior testing, the four most commonly identified factors that would motivate testing were:

- Free HIV testing (43%)
- Incentivized testing (36%)
- Provider recommendation (36%)
- At-Home testing (24%)

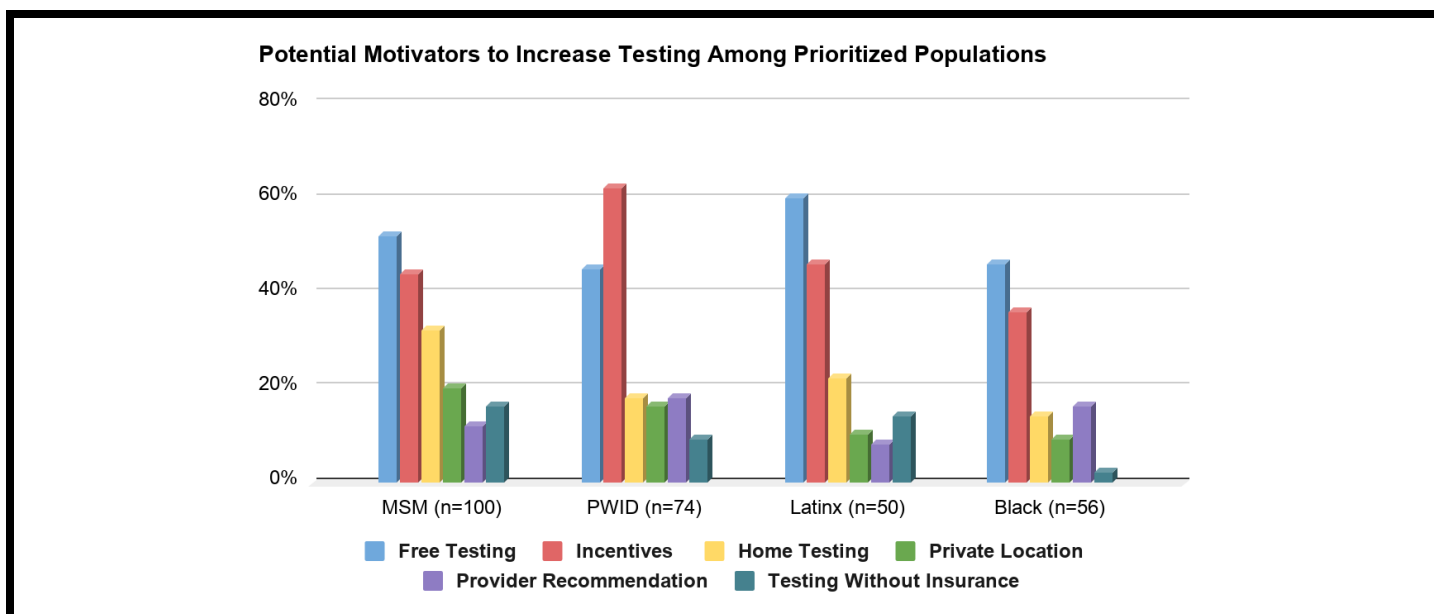


Of those who reported previous HIV testing engagement, the four most commonly identified factors that would motivate increased testing frequency were:

- Free HIV testing (45%)
- Incentivized testing (44%)
- At-Home testing (19%)
- Provider recommendation (17%)



The above graph illustrates motivators for increased testing among respondents who reported previous HIV testing across age groups. The two predominant motivators for respondents younger than 55 years of age were free testing and incentivized testing. While respondents across all age groups indicated that provider recommendation might act as a motivator, this was substantially higher among respondents over the age of 54. At-home testing options were favored by 21% of those 15 to 34 years of age but declined as a motivator as age increased. Respondents across age groups reported a variety of factors impacting their motivation to access testing for HIV, which suggests a variety of tactics should be utilized to increase testing frequency among all populations.



Respondents who reported a history of HIV testing were asked what factors may motivate them to test with increased frequency. The displayed findings suggest that there is an important relationship between increased HIV testing and testing services that are free, that provide incentives, or that can be completed at home. **Healthcare providers also play an important role in increasing HIV testing as almost all priority populations indicated they would get tested if recommended by a healthcare provider.** Additionally, it is important to note that testing services which do not require the use of insurance (which may be ameliorated by offering free testing) were also indicated as facilitators for MSM, PWID, and Latinx respondents.

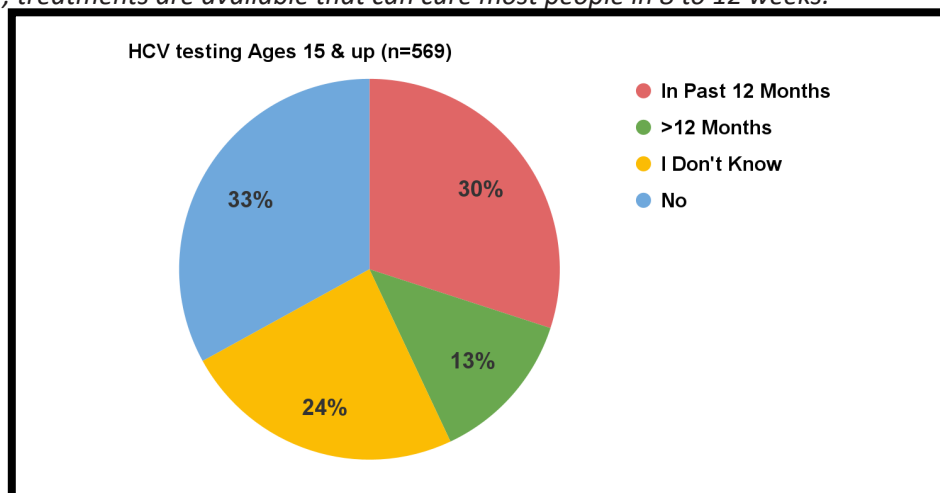
The majority of survey respondents were recruited by organizations that provide testing, prevention, and/or harm reduction services. It is reasonable to assume that due to the recruitment strategy the results of this survey over represent individuals who have an increased awareness of the services being measured in this report. These limitations should be kept in mind while reviewing the data presented throughout this report.



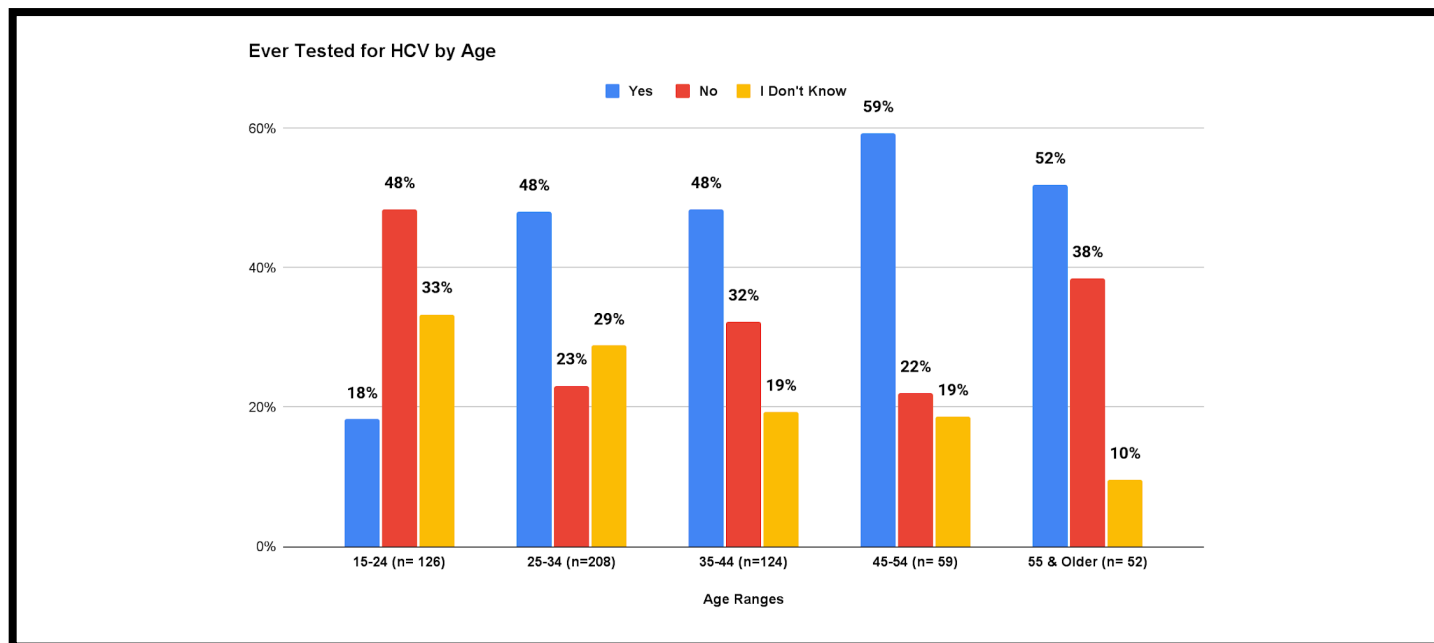
2019 Iowa Prevention Needs Assessment

Hepatitis C Status Awareness and Treatment Access

Hepatitis C is a virus that can cause liver disease. Most people who become infected with HCV develop a long-term chronic infection. In about 15 to 25% of people, the virus is cleared spontaneously by their immune systems. There is no vaccine for hepatitis C; however, treatments are available that can cure most people in 8 to 12 weeks.



The Centers for Disease Control and Prevention (CDC) updated the testing recommendations for HCV in April 2020. The CDC now recommends one-time hepatitis C testing of all adults, and more frequent routine testing for people with increased risk (e.g., people who inject drugs, people on hemodialysis). Among all respondents aged 15 years or more (n=569), 43% had ever received a test for HCV. Nearly a quarter of respondents were unsure if they had been tested for HCV.



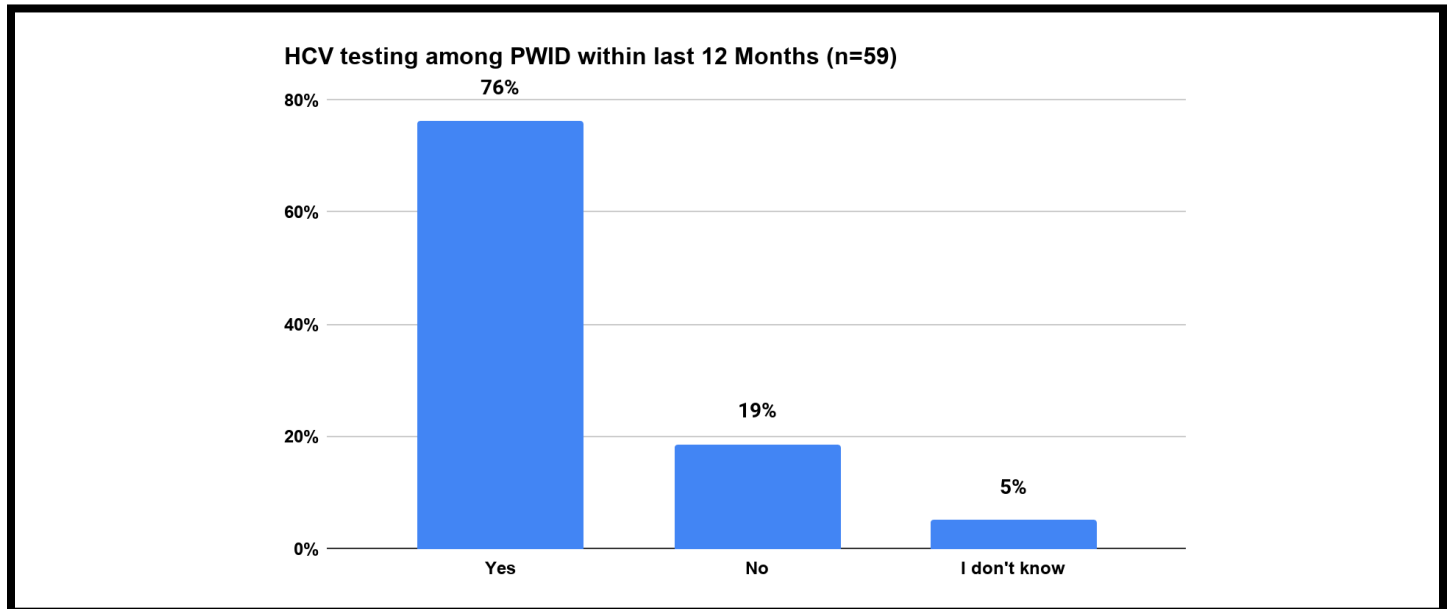
Hepatitis C testing was primarily recommended for ‘Baby Boomers’ (individuals born between 1945 and 1965) prior to the revised testing recommendations. This chart illustrates that older respondents had slightly higher rates of HCV testing than younger cohorts. All age groups, with the exception of those aged 55 years or more, experienced relatively high proportions of people who did not know if they had been tested for HCV.

Integrating routine HCV screening into primary care settings is an effective way to increase the percentage of adults who have been tested and are aware of their status.

Injection drug use is the most common mode of HCV transmission in the United States. The CDC recommends that people who inject drugs and share needles, syringes, or other equipment be tested for HCV regularly.

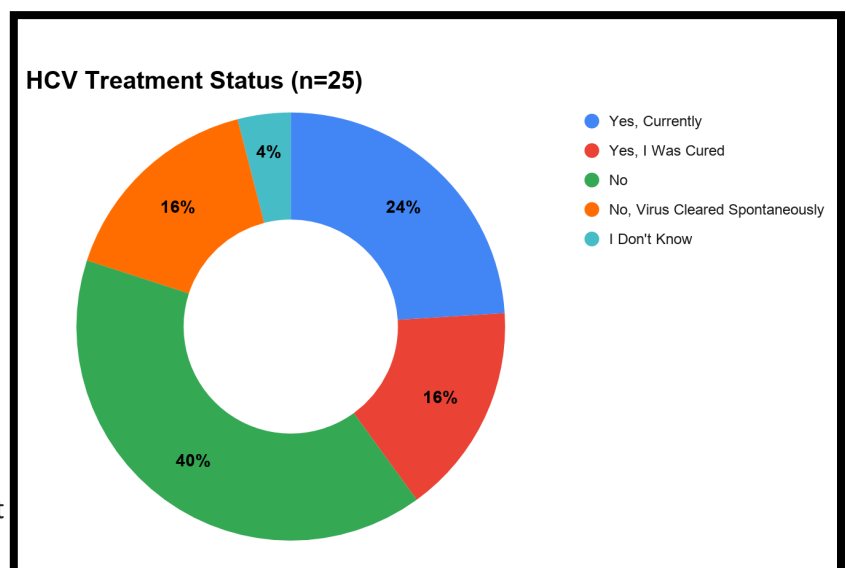
- Ten percent (n=59) of respondents reported injecting drugs within the past twelve months.
- Of the people who injected drugs (PWID) in the past twelve months, 76% had been tested for HCV within that time period.

However, these data may not be representative of all people who inject drugs in Iowa. Recruitment for survey participation included partnering with organizations who directly serve PWID. Organizations serving this population often provide or have referral relationships with agencies that provide HCV testing, and therefore a higher proportion of survey participants may have been tested for HCV than would be the case for all PWID in Iowa.



Treatments are available that can cure most people with hepatitis C in 8 to 12 weeks. Curing people living with Hepatitis C not only improves the health of the individual, but also reduces transmission of HCV.

- Twenty-five respondents reported having received hepatitis C diagnoses.
- Fifty-six percent of respondents reported not being treated for HCV (16% because the virus cleared on its own and treatment was not required).
- The ten respondents who did not receive treatment reported barriers to care, such as insurance coverage, cost, insurance treatment restrictions, and access to appointments.

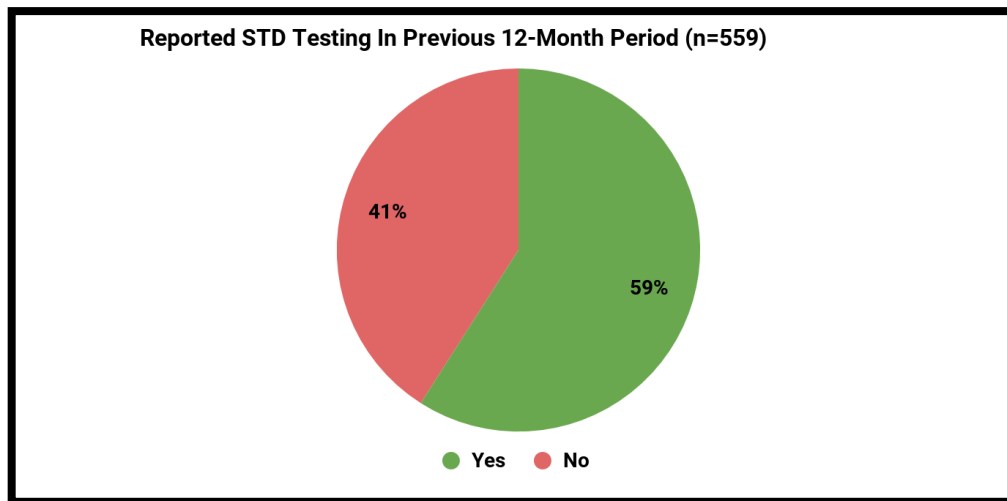


The majority of survey respondents were recruited by organizations that provide testing, prevention, and/or harm reduction services. It is reasonable to assume that due to the recruitment strategy the results of this survey over represent individuals who have an increased awareness of the services being measured in this report. These limitations should be kept in mind while reviewing the data presented throughout this report.

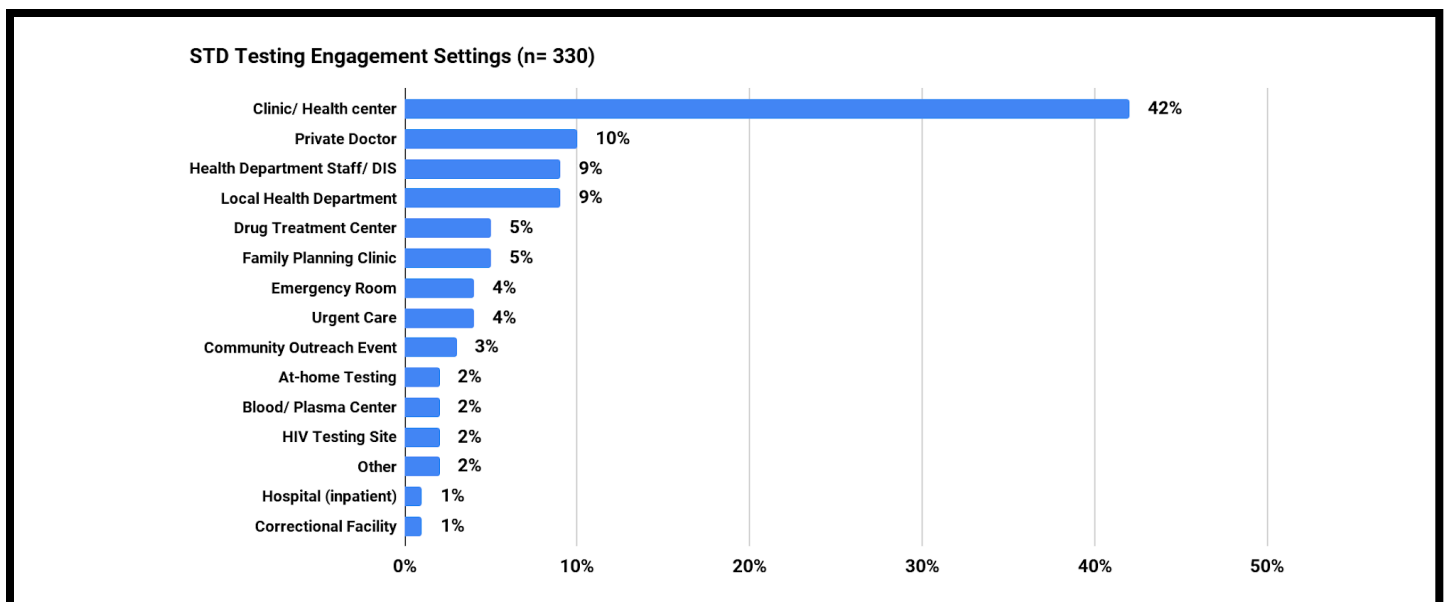


2019 Iowa Prevention Needs Assessment STD Testing Engagement

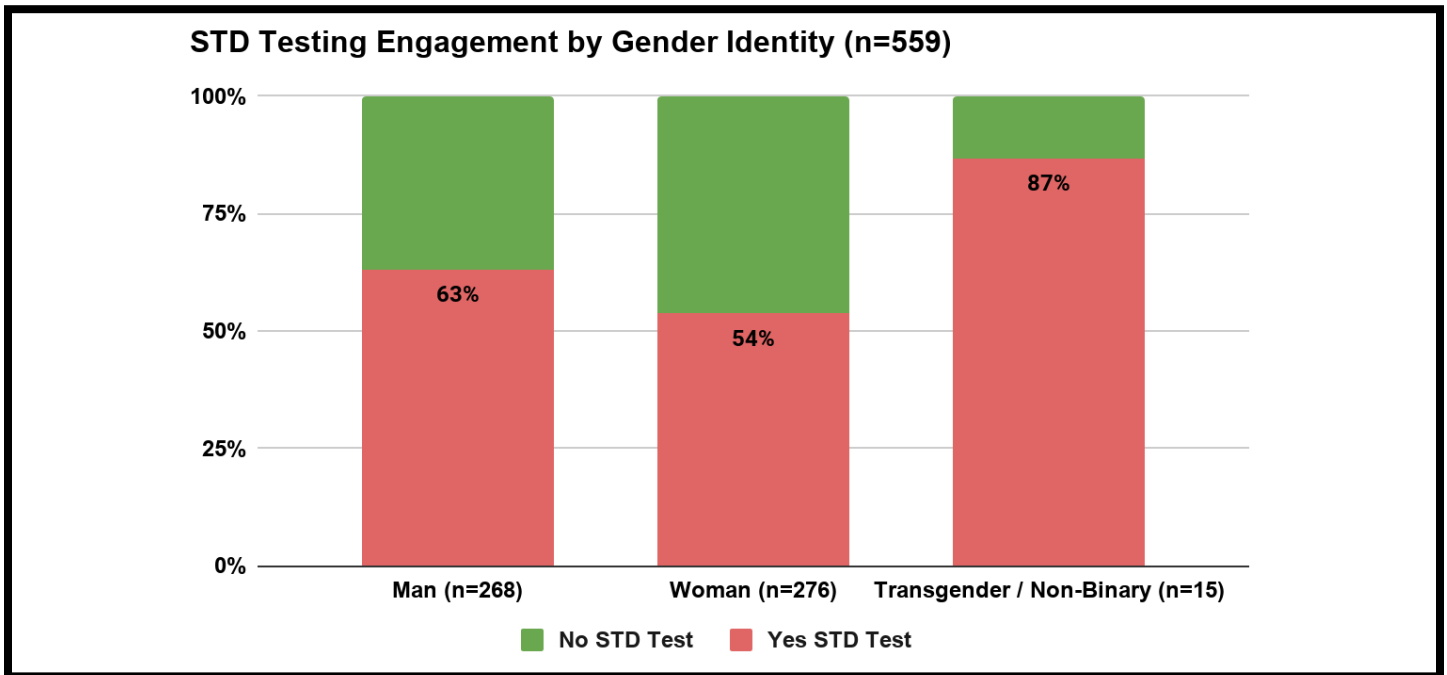
Many sexually transmitted infections/diseases (STDs) are asymptomatic, meaning that they cause no symptoms. When left undiagnosed, and thus untreated, these infections have the potential to damage the reproductive system, impact other organs, and increase an individual’s risk of acquiring HIV. An individual who is asymptomatic and undiagnosed may unknowingly transmit an STD to a partner. This fact sheet compares PNA respondents who reported having been tested for STDs within the preceding 12 month period to those who reported no testing within the same time period.



Approximately 59% of PNA respondents reported receiving an STD test in the preceding 12-month period. For this analysis, those who did not know whether they had been tested were excluded.

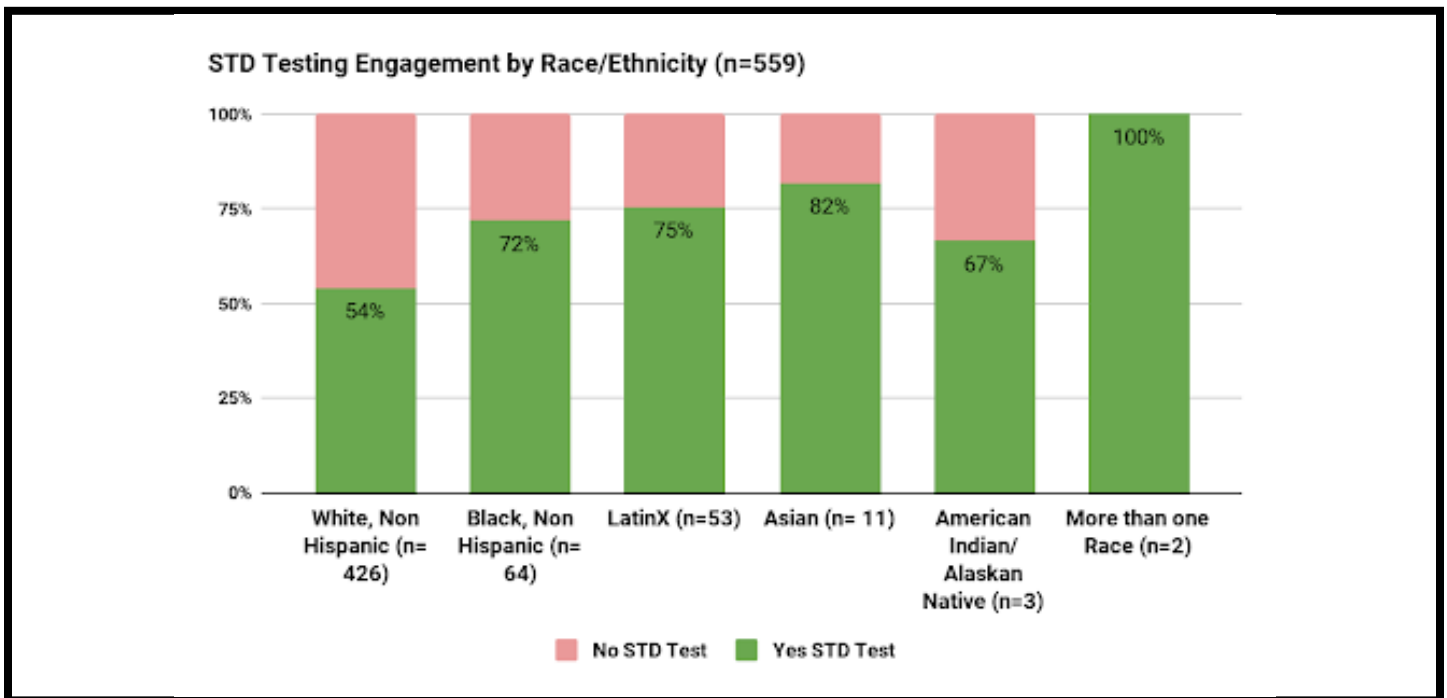


The majority of respondents who reported having received an STD test within the preceding 12-month period indicated that they accessed these services through a clinic or health center setting (42%). Only 10% of respondents indicated STD testing occurred in private health care settings, affirming that more work needs to be done to encourage routine sexual health assessments within primary care settings.

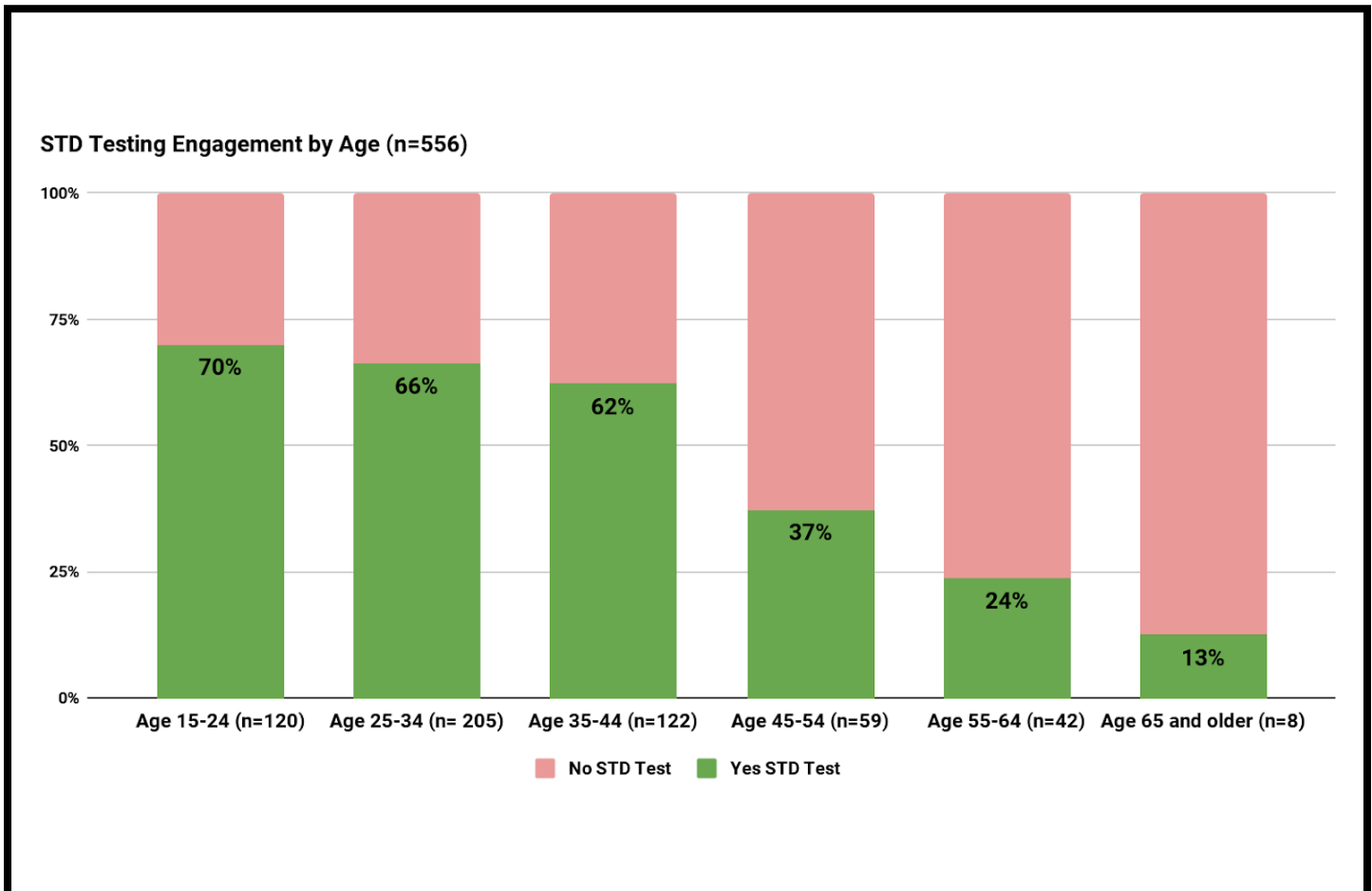


When comparing current gender identity to recent engagement in STD testing, transgender and gender non-binary respondents (n=15) were the most likely group to have been tested within the preceding 12-month period (87%). Sixty-three percent of respondents that identified as men (n=268) had been tested within the same time period. Respondents that identified as women (n=276) reported the lowest rate of testing, with 54% reporting having been tested within the time period.

These findings differ from what is typically found in some other settings. For example, in family planning settings, women tend to be tested more often than men. Men who have sex with men often seek testing at higher rates than other populations. The greater proportion of MSM among these respondents may be the reason that a higher percentage of men reported recent STD testing.



When comparing race and ethnicity to recent engagement in STD testing, White, non-Hispanic respondents (n=426) were least likely (proportionately) to have been tested within the preceding 12-month period, with only 54% of this group indicating recent testing. The groups most likely to report recent STD testing were people reporting more than one race (100%, n=2) and Asian respondents (82%, n=11).



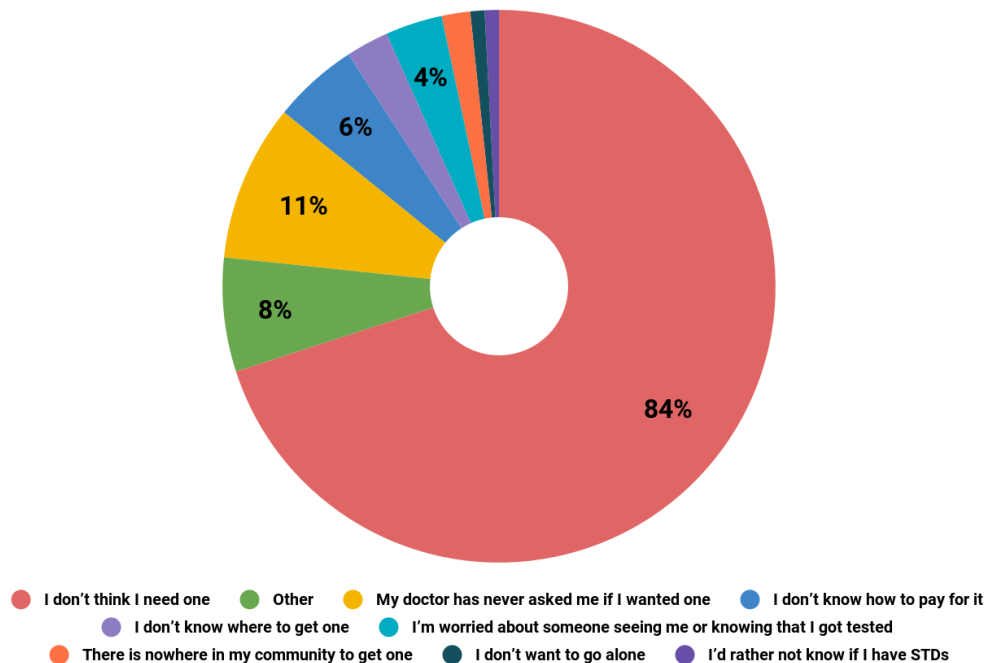
Current age was identified as a strong predictor of STD testing engagement among PNA respondents. Respondents ages 15-24 (n=120) were most likely to have engaged in recent STD testing (70%) while individuals age 65 and older (n=8) were the least likely (13%). The higher rates of testing among people in the 15-24 and 25-34 year age groups are encouraging given that they are disproportionately impacted by STDs like chlamydia and gonorrhea. **More work is needed to further engage medical providers and populations**, though, as testing rates of 90% or greater are needed to have a population impact on STDs, particularly those that are asymptomatic.

**Respondents below the age of 15 were excluded from the denominator in this section and are not represented in the graph.*

The majority of survey respondents were recruited by organizations that provide testing, prevention, and/or harm reduction services. It is reasonable to assume that due to the recruitment strategy the results of this survey over represent individuals who have an increased awareness of the services being measured in this report. These limitations should be kept in mind while reviewing the data presented throughout this report.

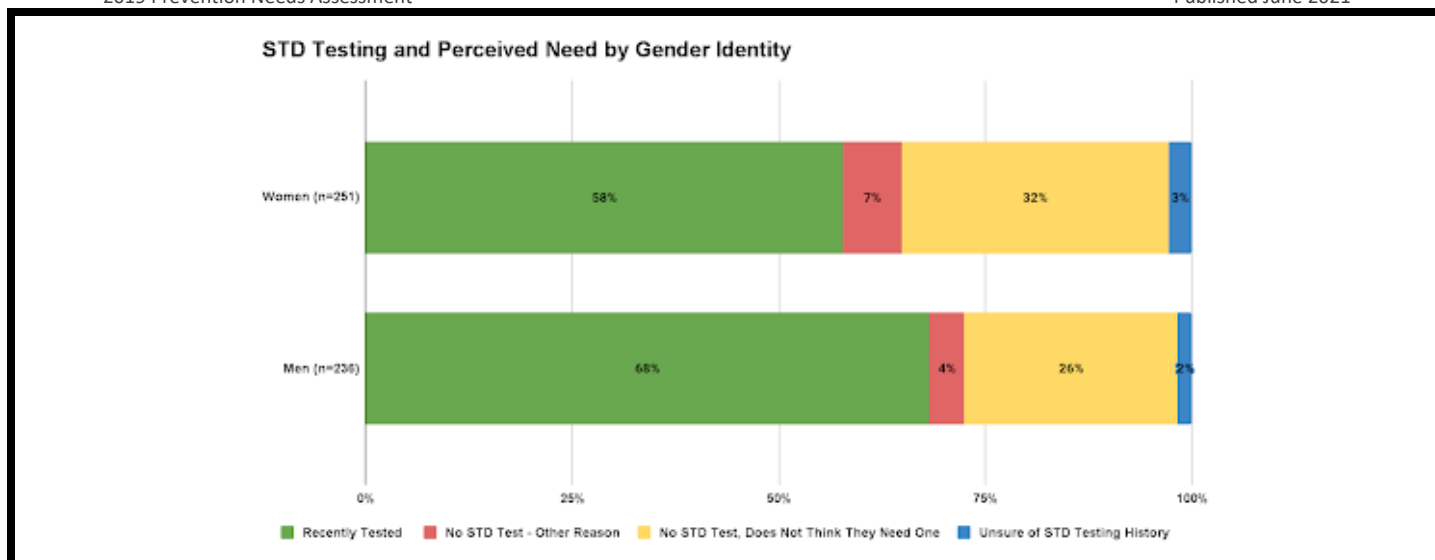
Many sexually transmitted infections/diseases (STDs) are asymptomatic, meaning that they have no symptoms. When left undiagnosed, and thus untreated, these infections have the potential to damage a person's reproductive system, impact other organs, and increase the person's risk of acquiring HIV. This fact sheet examines PNA respondents who indicated that they were sexually active (defined as having reported sexual intercourse during the preceding 12-month period) and that they had not had an STD test within the same time frame.

Reasons for Not Seeking an STD Test (n= 170)



Of all sexually active PNA respondents (n= 496), 170 (34%) indicated that they had not been tested for any STDs in the preceding 12-month period. When asked to identify the primary reason for not being tested, 84% of those who had not been tested indicated that they did not think they needed to be.

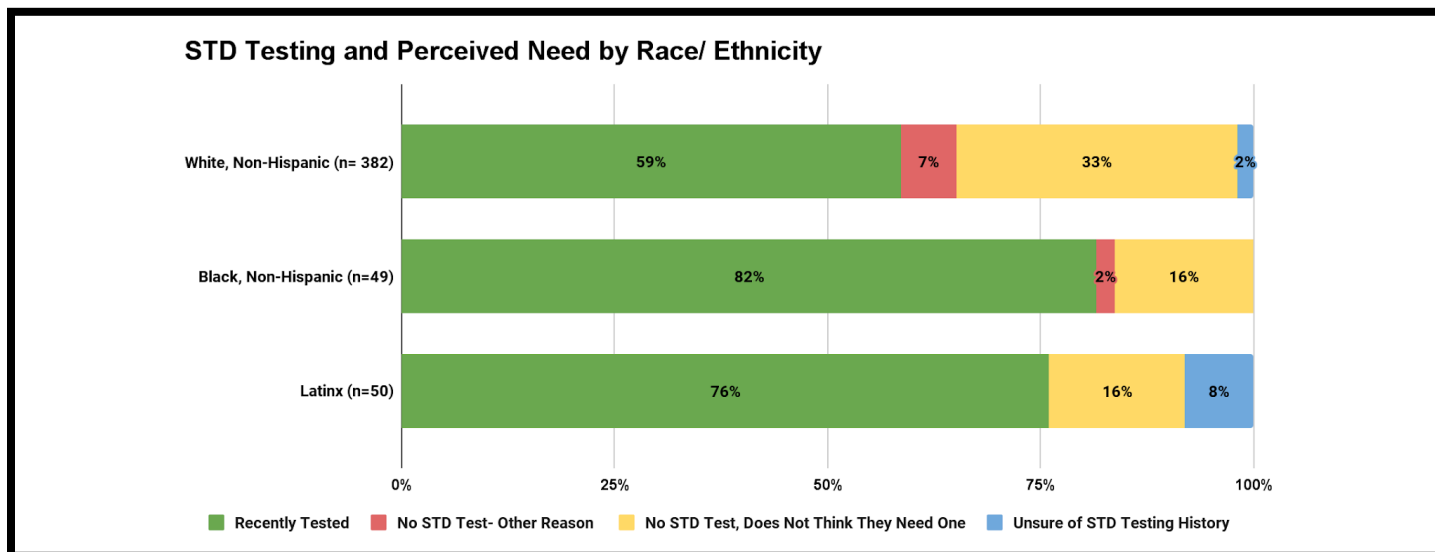
About 11% of these respondents indicated that they had not been tested because their health care provider has never offered them one. **This underscores the importance of providers conducting a sexual history with their patients and integrating STD testing into routine care.**



When analyzing respondent data related to STD testing across current gender identities:

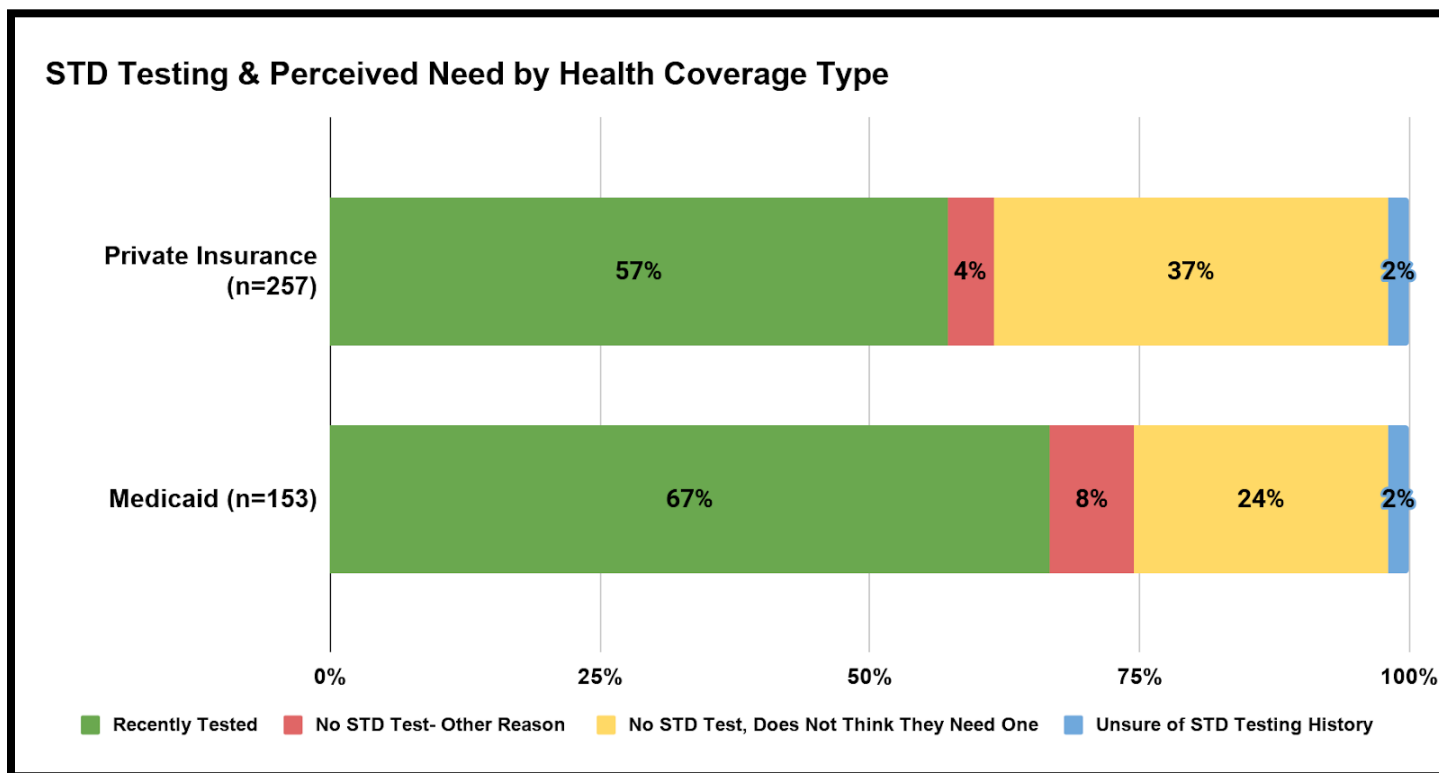
- 32% of **respondents that identified as women** and reported sexual activity in the preceding 12-month period had not been tested for an STD in the same time frame because they did not think they needed to be.
- 26% of **respondents that identified as men** and reported sexual activity in the preceding 12-month period had not been tested for an STD in the same time frame because they did not think they needed to be.
 - *Of the 236 respondents who identified as men, 41% indicated having sex partners who also identify as men. Clearer and stronger STD testing recommendations for gay men and other men who have sex with men likely influence STD testing practices.*
- All **respondents that identified as gender non-binary** and reported sexual activity in the preceding 12-month period had been recently tested for an STD in the same time frame.

**Respondents who identified as transgender have been included in the gender category matching their reported gender identity.*



When analyzing respondent data related to STD testing across racial and ethnic identities:

- 33% of **respondents that identified as White, non-Hispanic** and reported sexual activity in the preceding 12-month period had not been tested for an STD in the same time frame because they did not think they needed to be.
- 16% of **respondents that identified as Black, non-Hispanic** and reported sexual activity in the preceding 12-month period had not been tested for an STD in the same time frame because they did not think they needed to be.
- 16% of **respondents that identified as Latinx** and reported sexual activity in the preceding 12-month period had not been tested for an STD in the same time frame because they did not think they needed to be.



When analyzing respondent data related to STD testing and insurance coverage type:

- 37% of respondents that were sexually active in the preceding 12-month period and reported **private insurance coverage** (employer sponsored or other) had not been tested for STDs within the same period because they did not think they needed to be.
- 24% of respondents that were sexually active in the preceding 12-month period and reported **Medicaid coverage** had not been tested for STDs within the same period because they did not think they needed to be.

These data indicate that substantial work should be done to increase awareness of STD testing needs among all individuals, regardless of insurance type.

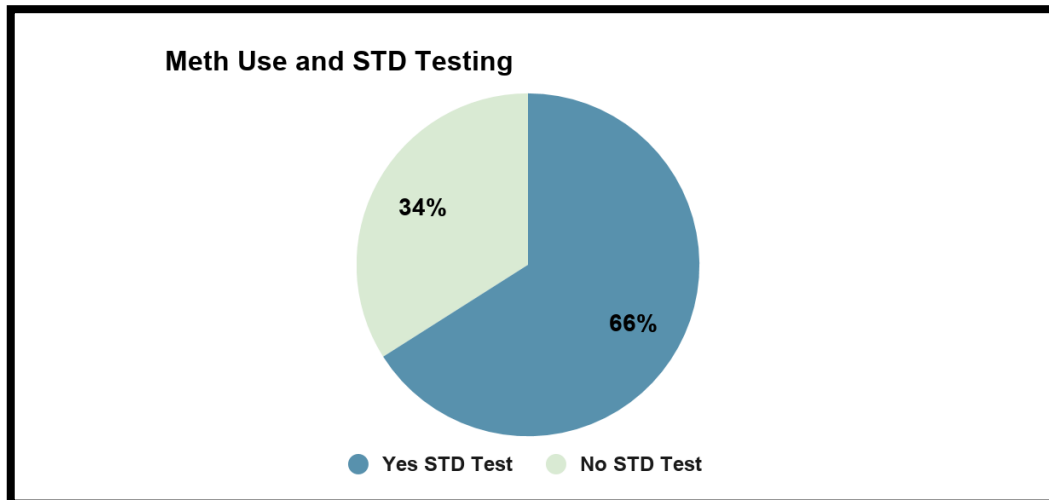
A variety of payer categories were excluded from this analysis due to low respondent representation (Medicare, Veterans Health or other military coverage, Indian Health Services, MEPD, uninsured, and unsure of insurance status)

The majority of survey respondents were recruited by organizations that provide testing, prevention, and/or harm reduction services. It is reasonable to assume that due to the recruitment strategy the results of this survey over represent individuals who have an increased awareness of the services being measured in this report. These limitations should be kept in mind while reviewing the data presented throughout this report.

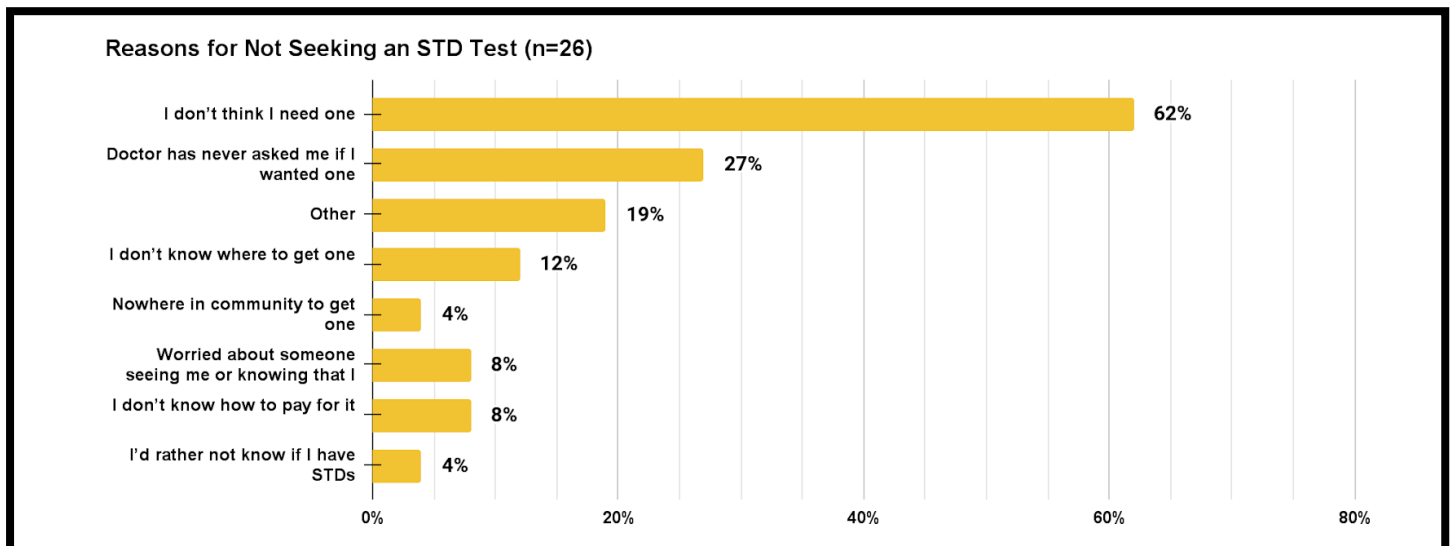


2019 Iowa Prevention Needs Assessment Meth Use and STDs

Methamphetamine (meth) use has recently been identified as a predictor for HIV infection¹, particularly among MSM. While the total number of PNA respondents who reported meth use in the preceding 12-month period was small (n=76), an examination of STD testing trends provides valuable information when developing program activities tailored to individuals who use recreational methamphetamines.

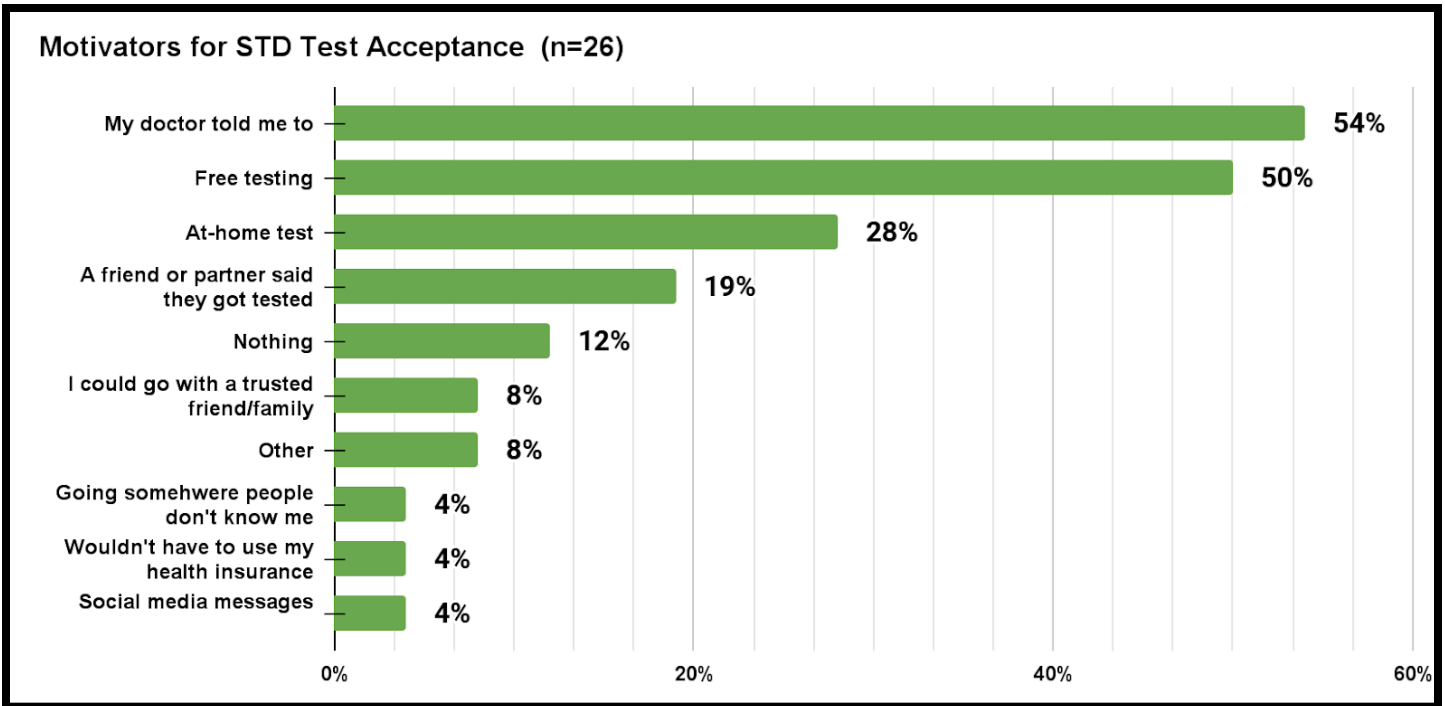


Of all respondents who reported meth use in the preceding 12-month period, about two-thirds reported having received an STD test during that period.

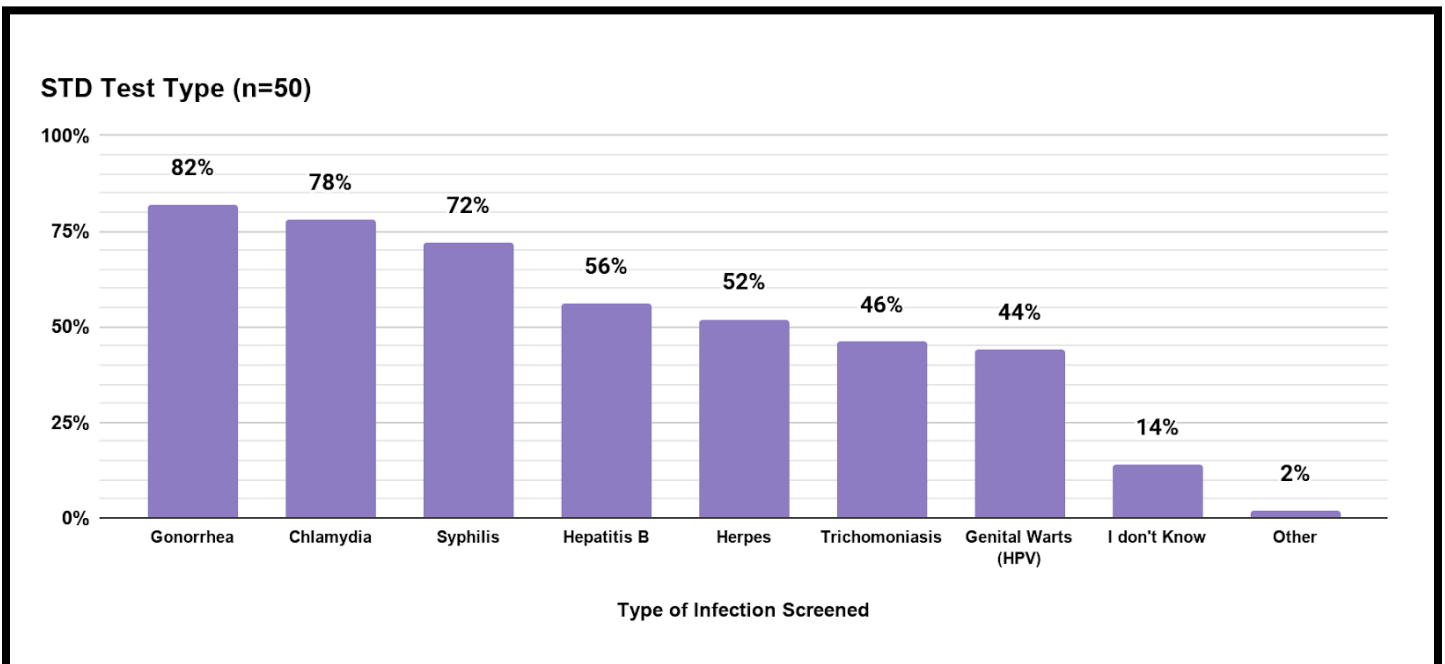


Of those respondents who reported current meth use and did not indicate STD testing, the majority (62%) indicated that they did not believe they needed to be tested. About 27% reported that they had not been offered testing from a health care provider. These data indicate that more work needs to be done to educate people who use meth about the benefits of sexual health assessments and STD testing. At the same time, work should be done with health care providers to offer these services to their patients who may be using drugs.

¹, Grov, Christian PhD, MPH^{a,b}; Westmoreland, Drew PhD^a; Morrison, Corey BSA^a; Carrico, Adam W. PhD^c; Nash, Denis PhD^{a,b} *The Crisis We Are Not Talking About: One-in-Three Annual HIV Seroconversions Among Sexual and Gender Minorities Were Persistent Methamphetamine Users*, *JAIDS Journal of Acquired Immune Deficiency Syndromes*: November 01, 2020 - Volume 85 - Issue 3 - p 272-279 doi: 10.1097/QAI.0000000000002461

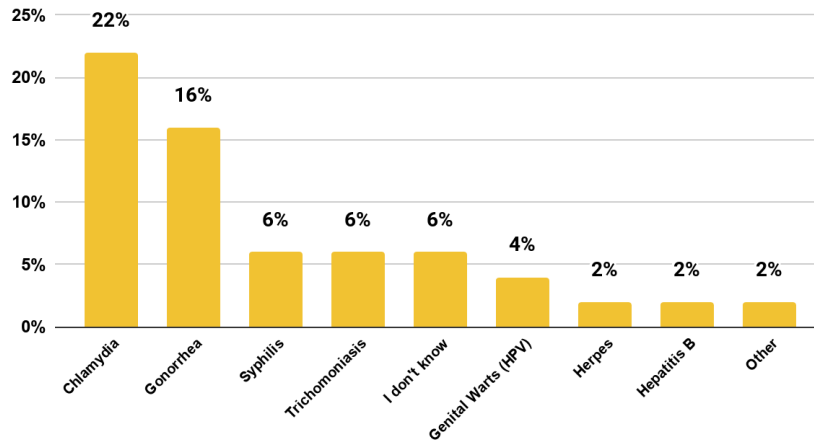


When asked what might motivate respondents in this group to get tested for STDs, being offered services by their health-care provider, free testing, and at-home testing were the most frequently indicated options. **These data bring attention to the fact that education of low/no cost testing options is a necessary strategy for engaging this population.**

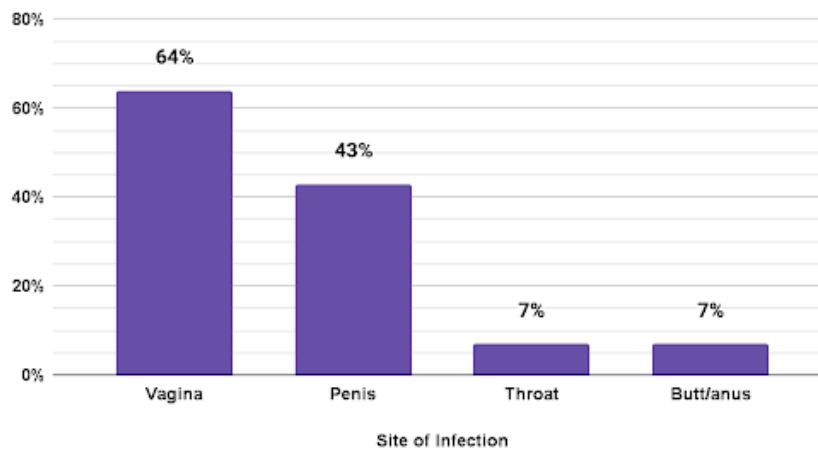


Of those respondents who reported meth use in the preceding 12-months and accepted STD testing services within that time period, this graph illustrates which STDs individuals were tested for (based on self report).

STD Diagnosis by Type of Infection (n=20)

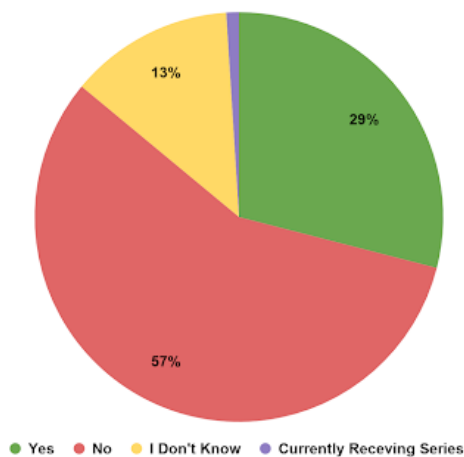


Anatomical Site of Chlamydia and/or Gonorrhea Infection (n=14)



Sixty percent of the individuals who were tested did not report having been diagnosed with an STD as a result of the test encounter. Of those respondents who did report an STD diagnosis, chlamydia and gonorrhea were the most commonly diagnosed infections at 22% and 16%, respectively.

Immunizations Against HPV (n=76)



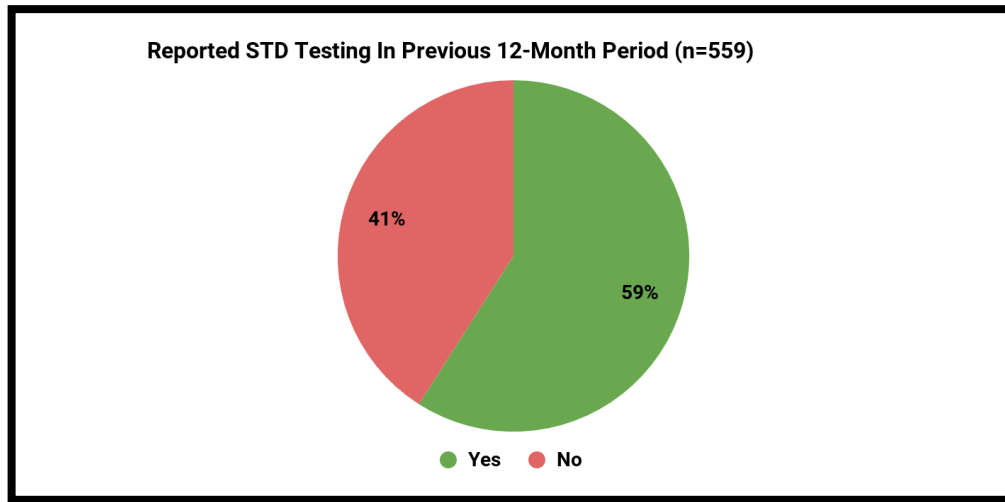
Of all respondents who reported meth use in the preceding 12-months, only 30% reported prior or current receipt of the Human Papillomavirus (HPV) vaccination series. This indicates that more work needs to be done with individuals who use meth to increase HPV vaccine uptake.

The majority of survey respondents were recruited by organizations that provide testing, prevention, and/or harm reduction services. It is reasonable to assume that due to the recruitment strategy the results of this survey over represent individuals who have an increased awareness of the services being measured in this report. These limitations should be kept in mind while reviewing the data presented throughout this report.

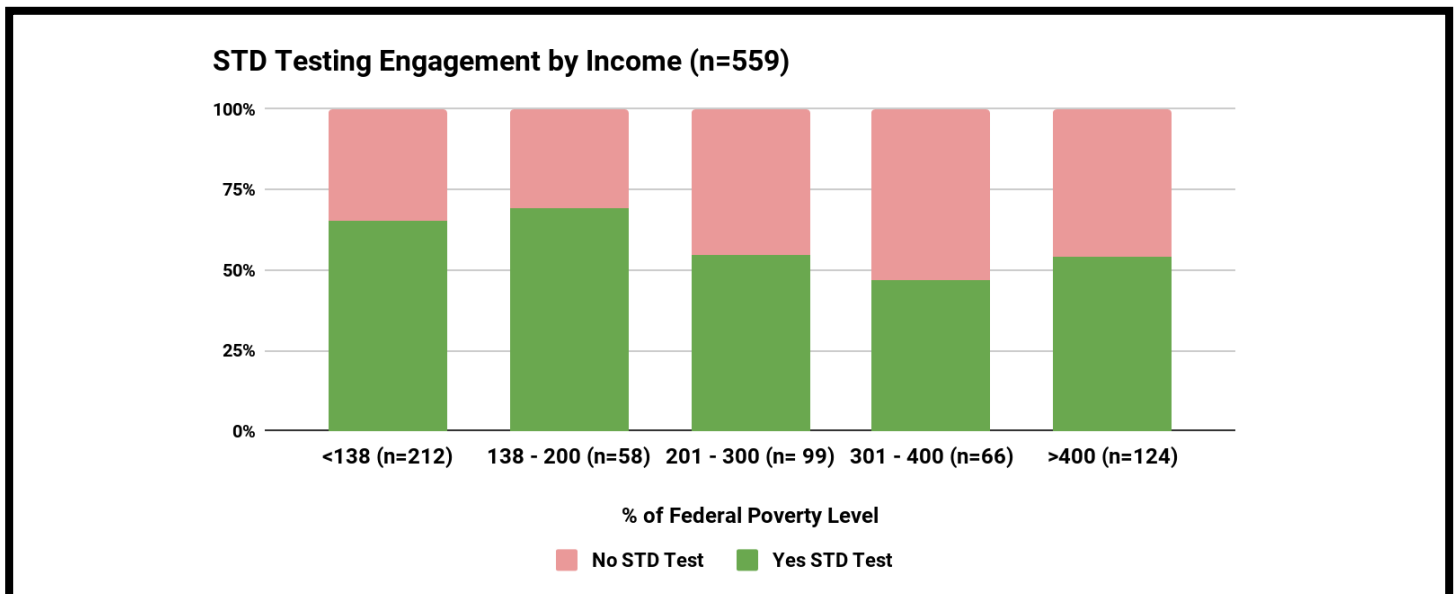


2019 Iowa Prevention Needs Assessment Socioeconomic Impacts on STDs

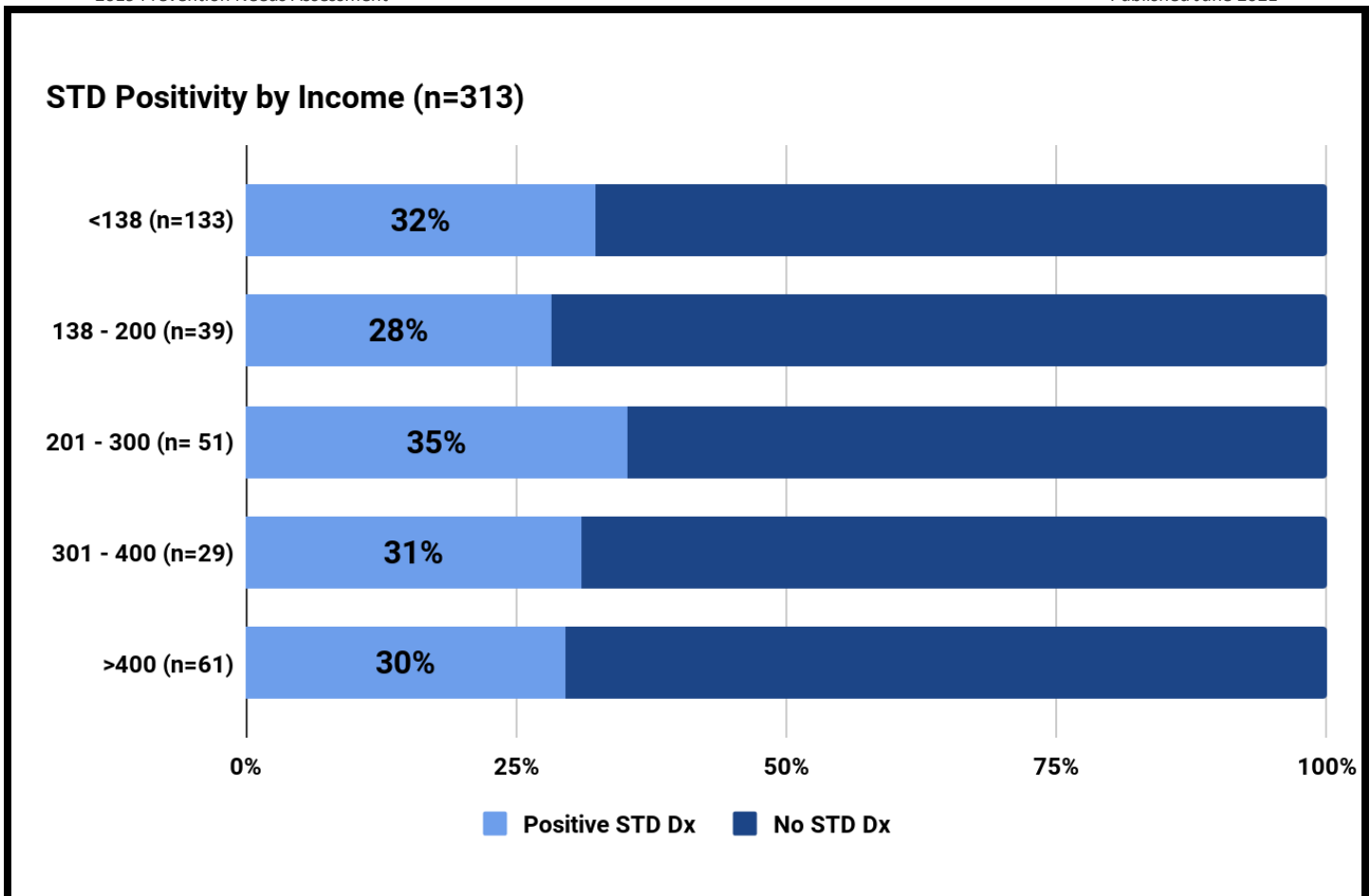
There has been a sustained increase in many sexually transmitted diseases (STDs) in Iowa. As cases of reportable STDs continue to rise, consideration of factors that impact testing and treatment access is a vital step in constructing strategies for intervention. This fact sheet explores the relationship between socio-economic status, recent STD testing, and results of those STD tests.



Approximately 59% of PNA respondents reported receiving an STD test in the preceding 12-month period. For this analysis, those who did not know whether they had been tested were excluded.



When comparing STD testing engagement to a respondent’s income and household size (used to calculate the percentage of federal poverty level or FPL), the data indicate that those individuals with a more stable economic status (higher percentage of FPL) were less likely to have been recently tested for an STD. While 65% of individuals who were classified as <138% FPL and 71% of those classified as between 138 and 200% FPL reported having been tested in the preceding 12-month period, only 55% of those who were between 201 and 300% FPL reported testing in the same time period. This declines to 47% for individuals who were between 301 and 400% FPL. However, there was a slight increase for those who were classified above 400% FPL, with 55% of those respondents reporting recent testing.



When considering STD positivity among those who reported STD testing engagement and diagnosis in the preceding 12-month period, the highest positivity rates were seen among those individuals with incomes described as <138% FPL (32%) and between 201-300% FPL (35%).

While these data may be skewed given the limitation of the recruitment methods, this comparison suggests a need for new and innovative methods of testing engagement. Further study is needed to better understand the impacts of social determinants of health upon these data.

The majority of survey respondents were recruited by organizations that provide testing, prevention, and/or harm reduction services. It is reasonable to assume that due to the recruitment strategy the results of this survey over represent individuals who have an increased awareness of the services being measured in this report. These limitations should be kept in mind while reviewing the data presented throughout this report.



For assistance or questions regarding the 2019 Prevention Needs Assessment Report, please contact:

Biz McChesney
HIV and Hepatitis Prevention Program Manager
Phone: (515) 242-5149
Email: biz.mcchesney@idph.iowa.gov