



# C.H.A.I.N. REPORT

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## Tri-County CHAIN

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*Report 2003-4*

### Partner Notification

David Abramson

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Columbia University  
Mailman School of Public Health  
In collaboration with Medical and Health  
Research Association of New York,  
the NYC Department of Health and Mental  
Hygiene, the Westchester Department of  
Health, and the NY Health & Human Services  
HIV Planning Council

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We are particularly grateful to all the participants in the Tri-County CHAIN Project who share their time and their experiences with us. We take their trust in us seriously, and hope that our project serves to amplify the voice of the HIV-positive community in Putnam, Rockland, and Westchester counties.

**Tri-County CHAIN Project**

Peter Messeri, PhD	Principal Investigator
David Abramson, MPH MPhil	Study Director
Barbara Bennet	Field Director
Tasha Stehling, MPH	Data Manager
Rachel Ferat	Office Manager & Research Assistant
Sandra Smartt & Dave Hunter	Data Editors
Narine Malcolm	Administrator

Interviewers: Sophia Luyando, Rose Rivera, Elizabeth Romero

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## KEY FINDINGS

- On June 1, 2001, New York State implemented an amendment to the Public Health Law requiring physicians and laboratories to report to the state health department the names of individuals testing positive for HIV antibodies or whose test results indicated CD4 lymphocyte counts below 500. This law applies equally to newly diagnosed individuals and those people who have been diagnosed previously. In addition to the HIV reporting, providers are required to speak with patients about notifying sexual and drug-using partners. Patients may refuse to divulge any information about their contacts, but providers are required to discuss partner notification. This report explores the implementation of the policy among a previously-diagnosed cohort of HIV-positive adults in the Tri-County region of Westchester, Rockland, and Putnam counties. These preliminary data are drawn from the Tri-County CHAIN cohort, a representative sample of HIV-positive adults from the Tri-County area's health and social services care system. These data were collected at baseline, between Nov 2001 and Nov 2002.
- CHAIN respondents were asked if, in the past 6 months, a doctor or other medical provider asked them for the names of their sexual or needle-sharing partners. They were further asked if their doctor explained why s/he was asking these questions, whether they provided the names of contacts (and if not, why not), and how long the discussion lasted.
- Of the 398 respondents interviewed at baseline, 396 answered the questions about partner notification. Overall, 71 people (18%) reported that their doctor or medical provider had asked for the names of sexual or needle-sharing partners in the past 6 months. Most reported discussing sexual partners (70 of 71) rather than needle-sharing partners (16 of 71). Thirty-five percent of the 71 individuals provided a contact name to their doctor. Since over 95% of the cohort reported seeing a medical provider in the prior six months, the full cohort was included in the analysis.
- Data were compared among the respondents in the Tri-County and two NYC CHAIN cohorts (NYC cohort I, interviewed in 2000-2001, data shown in Table 2; and NYC cohort II, interviewed in 2001-2003, data not shown). Compared with respondents in the older NYC cohort, individuals in Tri-County were over twice as likely to report having discussed needle-sharing and sexual partners with their providers (18% versus 7%) although both numbers could be considered low. Among those who did discuss partner notification with their providers, NYC respondents were slightly more likely to provide their doctors with the names of their partners. The proportion of respondents in the more recent NYC cohort were similar to Tri-County data (91 of 572 respondents in NYC, 16% , discussed partner notification with their providers).
- Data were also compared between the baseline Tri-County survey (n=398) and the follow-up interview conducted in 2003 (n=315). There were no differences in the results of overall partner notification discussions or subgroup differences between baseline and

follow-up (data not shown).

- Subgroup analyses among the baseline Tri-County cohort, though, revealed several significant differences. White respondents were less likely than either black or Latino respondents to have discussed sexual or needle-sharing partners with their medical providers; similarly, individuals with greater than a high school education were also less likely to discuss partners with their doctors. Individuals whose initial HIV diagnosis occurred between 1996-2002 were more likely to have discussed partner notification with their providers than were respondents with an earlier HIV diagnosis. There were no significant gender differences. Also, there were no significant subgroup differences in terms of who was more likely to provide names to their provider.
- Among the 46 individuals who **did not** provide contact names to his or her provider, the following represent the reasons cited (more than one response per person allowed): Respondent has no sexual or needle-sharing partners (25); confidentiality concerns, either for self or for contacts (6); respondent did not want to (5); doctor didn't ask for specific names (3); not the doctor's business (2); couldn't remember names (2); contacts already know status (1); don't know (4). None of the respondents cited fears or concerns about relationship problems or domestic violence as a reason for not reporting partner contacts.

**Table 1. CHAIN Client Characteristics Associated with Partner Notification  
(Tri-County CHAIN Data, 2001-2002; row percentages)**

Client Characteristics	Total	In past 6 months, has a doctor or other medical provider asked you for the names of sexual partners or needle-sharing contacts?		Among those who discussed partner notification with a doctor or medical provider, number who discussed...				Among those who discussed partner notification with a doctor or medical provider, did client provide a contact name?	
		Yes	% of Total	Sexual partners		Needle sharing contacts		Yes	% of those who discussed notification
				n	%	n	%		
<b>TOTAL SAMPLE</b>	<b>396</b>	<b>71</b>	<b>18%</b>	<b>70</b>	<b>99%</b>	<b>16</b>	<b>27%</b>	<b>25</b>	<b>35%</b>
<b>GENDER</b>									
<i>Male</i>	203	37	18%	36	97%	8	24%	14	38%
<i>Female</i>	193	34	18%	34	100%	8	30%	11	32%
<b>RACE/ETHNICITY*</b>									
<i>Black, non-Hispanic</i>	196	38	19%	37	97%	9	30%	15	39%
<i>White, non-Hispanic</i>	82	8	10%	8	100%	1	14%	3	38%
<i>Hispanic</i>	109	25	23%	25	100%	6	26%	7	28%
<b>EDUCATIONAL LEVEL*</b>									
<i>Less than high school education</i>	165	38	23%	37	97%	10	31%	16	42%
<i>High school graduate</i>	231	33	14%	33	100%	6	21%	9	27%
<b>YEAR OF HIV DIAGNOSIS*</b>									
<i>1980-1990</i>	115	16	14%	16	100%	3	21%	6	38%
<i>1991-1995</i>	140	21	15%	20	95%	8	42%	8	38%
<i>1996-2002</i>	141	34	24%	34	100%	5	19%	11	32%

**Table 2. CHAIN Client Characteristics Associated with Partner Notification (NYC CHAIN Data, 2000-2001; row percentages)**

Client Characteristics	Total	In past 6 months, has a doctor or other medical provider asked you for the names of sexual partners or needle-sharing contacts?		Among those who discussed partner notification with a doctor or medical provider, number who discussed...				Among those who discussed partner notification with a doctor or medical provider, did client provide a contact name?	
		Yes	% of Total	Sexual partners		Needle sharing contacts		Yes	% of those who discussed notification
				n	%	n	%		
<b>TOTAL SAMPLE</b>	<b>363</b>	<b>26</b>	<b>7%</b>	<b>25</b>	<b>96%</b>	<b>6</b>	<b>23%</b>	<b>11</b>	<b>42%</b>
<b>GENDER</b>									
<i>Male</i>	189	14	7%	14	100%	2	14%	7	50%
<i>Female</i>	174	12	7%	11	92%	4	33%	4	33%
<b>RACE/ETHNICITY</b>									
<i>Black, non-Hispanic</i>	224	15	7%	14	93%	5	33%	6	40%
<i>White, non-Hispanic</i>	40	2	5%	2	100%	0	0%	1	50%
<i>Hispanic</i>	96	9	9%	9	100%	1	11%	4	44%
<b>EDUCATIONAL LEVEL</b>									
<i>Less than high school education</i>	176	12	7%	11	92%	4	33%	6	50%
<i>High school graduate</i>	187	14	7%	14	100%	2	14%	5	36%
<b>YEAR OF HIV DIAGNOSIS</b>									
<i>1980-1990</i>	109	6	6%	5	83%	2	33%	2	33%
<i>1991-1995</i>	187	17	9%	17	100%	4	24%	8	47%
<i>1996-1998</i>	67	3	4%	3	100%	0	0%	1	33%

Note: None of the subgroup differences noted above are statistically significant.