

Medical and Support Service Need Characteristics of HIV-Positive Transgender Women Enrolled in the Los Angeles County Medical Care Coordination Program (2013-2016)

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Background

- Transgender women (TGW) experience disproportionately higher prevalence and incidence of HIV compared to cisgender males (CGM) and females (CGF).
- Data on the medical and psychosocial needs TGW living with HIV are limited.
- Assessment data for HIV-positive patients enrolled in Medical Care Coordination (MCC) services in Los Angeles County (LAC) from 2013-2016 was evaluated to characterize and compare medical and support services needs of TGW versus CGM and CGF.

Overview of Medical Care Coordination (MCC)

- An **integrated model** to provide medical and psychosocial support services to patients identified as being at risk for poor health outcomes at 35 Ryan White-funded HIV medical homes in LAC
- Delivered by a clinic-based, **multidisciplinary team**: Registered nurse, Licensed social worker (MSW), and Case worker (BA/BS)
- **Comprehensive assessment completed** to identify service needs and calculate acuity level
- **Services tailored to patient acuity level** (low, moderate, high, severe):
 - **Brief interventions**: ART adherence, risk reduction, engagement in care
 - **Linked referrals**: Mental and addiction treatment, housing, partner services

Methods

- Secondary analysis using a cross-sectional study design
- MCC Assessment Data
 - Collected at enrollment across 11 domains to calculate acuity level
- LAC HIV Surveillance Data
 - Retention in Care (RiC): ≥ 2 CD4, viral load (VL) or resistance tests at > 90 days apart in the past 12m
 - Viral Suppression (vs.): Most recent VL <200 copies/mL in past 6m (missing=failure)
- Compared patient characteristics and service needs by gender (TGW vs. CGM and vs. CGF) using McNemar's, Fisher's exact, Student's t and ANOVA tests

Assessment Domains and Acuity

- Identified 11 domains associated with poor engagement in care and ART adherence
- Key assessment items in each domain were assigned scores specific to responses on those items
- Scores were used to calculate domain-specific need and overall acuity level (low, moderate, high and severe)
- Patients were considered to have identified need within a domain if the domain-specific acuity was high or severe
- Assessment used to guide service delivery and inform program evaluation

11 DOMAINS

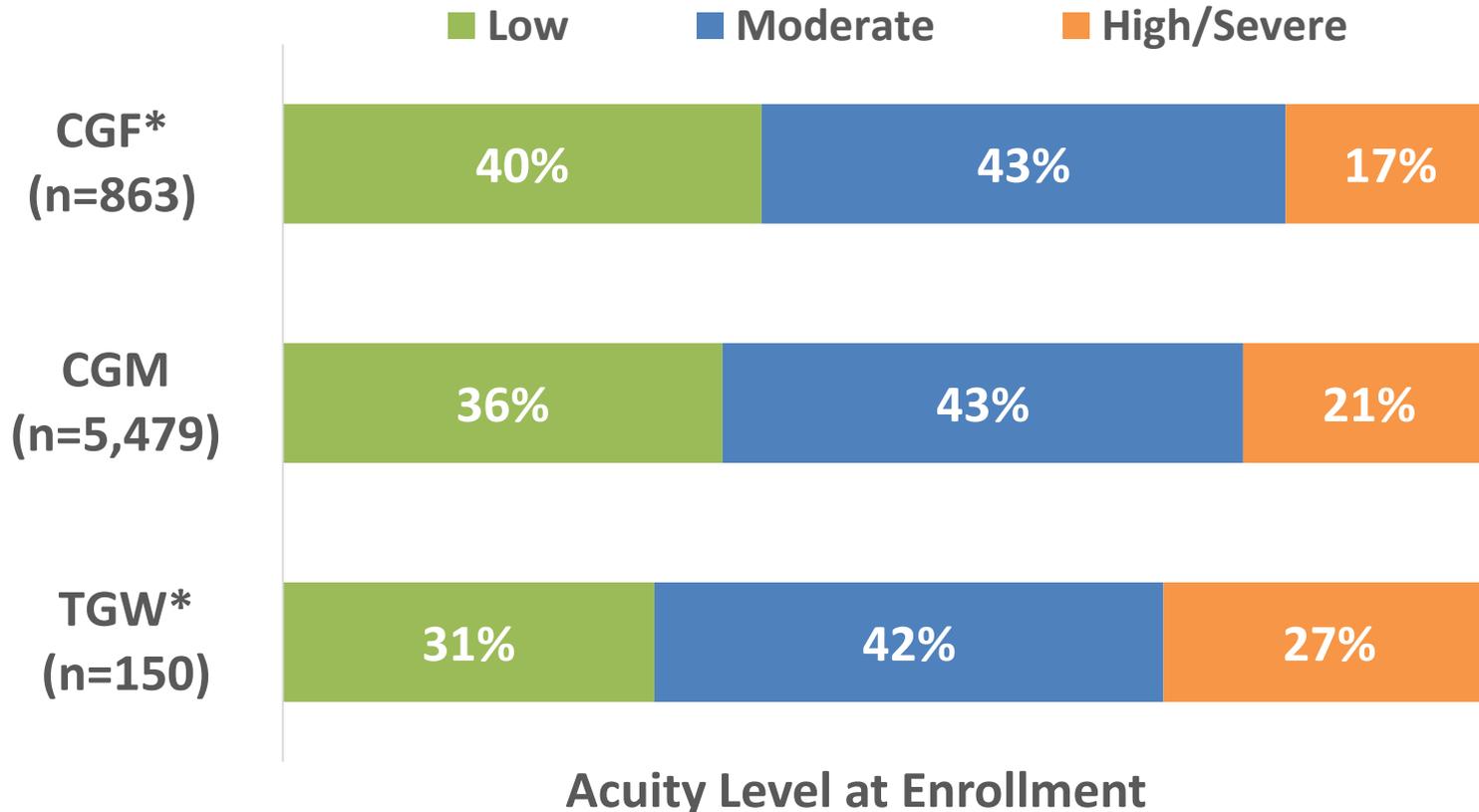
- ❖ Health Status
- ❖ Quality of Life
- ❖ ART Adherence
- ❖ Medical Access
- ❖ Sexual Risk
- ❖ Substance Use
- ❖ Mental Health
- ❖ Housing
- ❖ Financial
- ❖ Social Support
- ❖ Legal Needs

Sample Characteristics (n=6,492)

- **Socio-demographic:**
 - **Race¹: 48% Latino**, 28% African-American, 19% White, 4% Other
 - **Gender¹: 85% male**, 13% female , 2% transgender
 - **Age¹: 50% age 40 years and older**
 - **Income and insurance¹: 77% at or below federal poverty level; 68% uninsured**
 - **Homelessness²: 24% homeless in the past 6m**
 - **Incarceration²: 27% ever incarcerated; 9% incarcerated in the past 6m**
 - **Sexual Risk¹: 23% diagnosed with an STD in past 6 months**
- **HIV History and Care:**
 - **74% currently prescribed ART¹**
 - **57% retained in care in the past 12m²**
 - **41% virally suppressed in the past 6m²**
- **Psychosocial²**
 - **21% symptoms of substance addiction disorder**
 - **32% met criteria for depressive disorder (PHQ-9)**

Assessed Acuity Level by Gender (n=6,492)

*A significantly higher proportion of TGW were high/severe acuity compared to CGF (p<0.05)



Characteristics of TGW Compared to CGM and CGF

- Significantly higher proportions of TGW reported being Latino/a, ever being and recently incarcerated, and exchanging sex for drugs or money in the past 6 months vs CGM and CGF

| Characteristic | TGW (n=150) | CGM (n=5,479) | CGFF (n=863) |
|-------------------------|----------------|------------------|-----------------|
| Latino/a | 58% | 49% | 43% |
| Ever incarcerated | 47% | 26% | 25% |
| Incarcerated ≤6M | 16% | 9% | 6% |
| Sex for Drugs/Money ≤6M | 15% | 5% | 3% |

- No significant differences by gender in FPL, in ART use, RiC or VS at enrollment

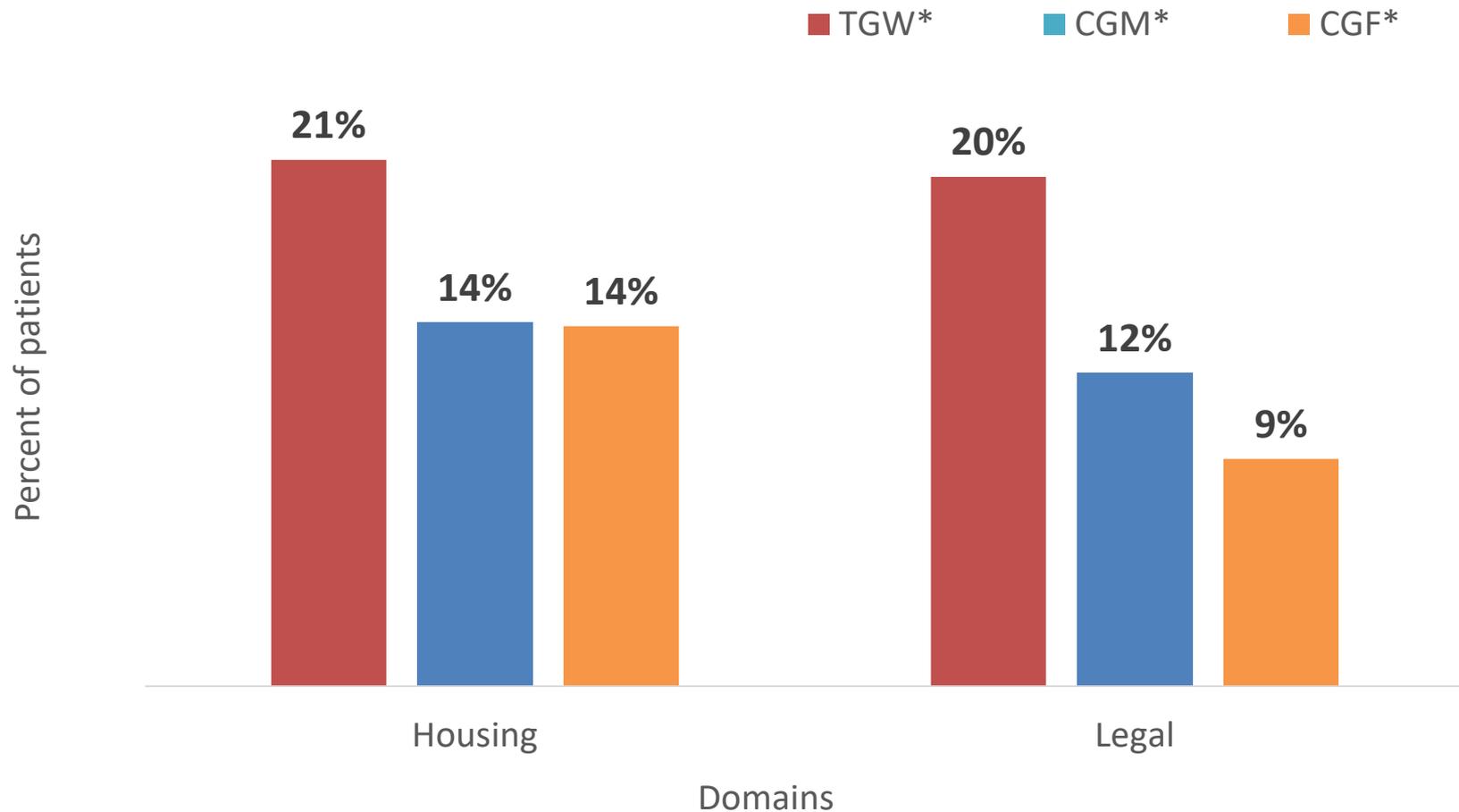
Characteristics of TGW Compared to CGM

- Compared to CGM, significantly **lower proportions of TGW** reported:
 - **Education beyond high school** (41% vs 21%)
 - **Speaking English** as their primary language (79% vs. 68%)
- **Significantly lower levels of social support were reported by TGW** compared to CGM (mean index score for social support 55.3 vs. 61.2)

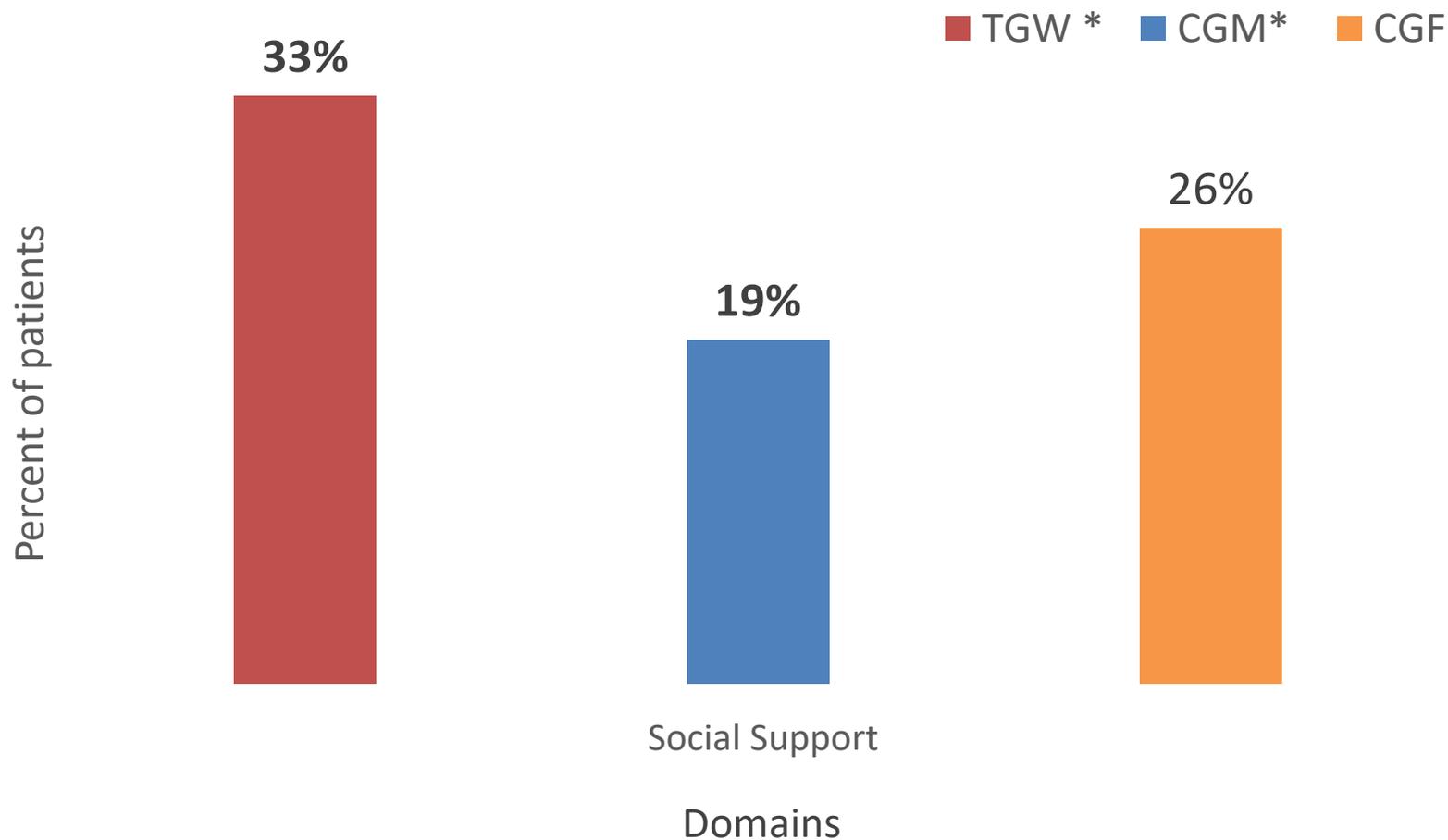
Characteristics of TGW Compared to CGF

- **TGW were significantly younger than CGF** (mean age= 39 years vs 44 years)
- Significantly **higher proportions of TGW** compared to CGF reported:
 - Being **homeless** in the past 6 months (22% vs 20%)
 - Symptoms of a **substance addiction disorder** (23% vs 15%)
 - **≥1 STD diagnosis** in the past 6 months (21% vs 9%)
 - An **AIDS diagnosis** (50% vs 35%)
- Significantly **lower proportions of TGW** compared to CGF reported being **uninsured in the past 12 months** (61% vs. 72%)

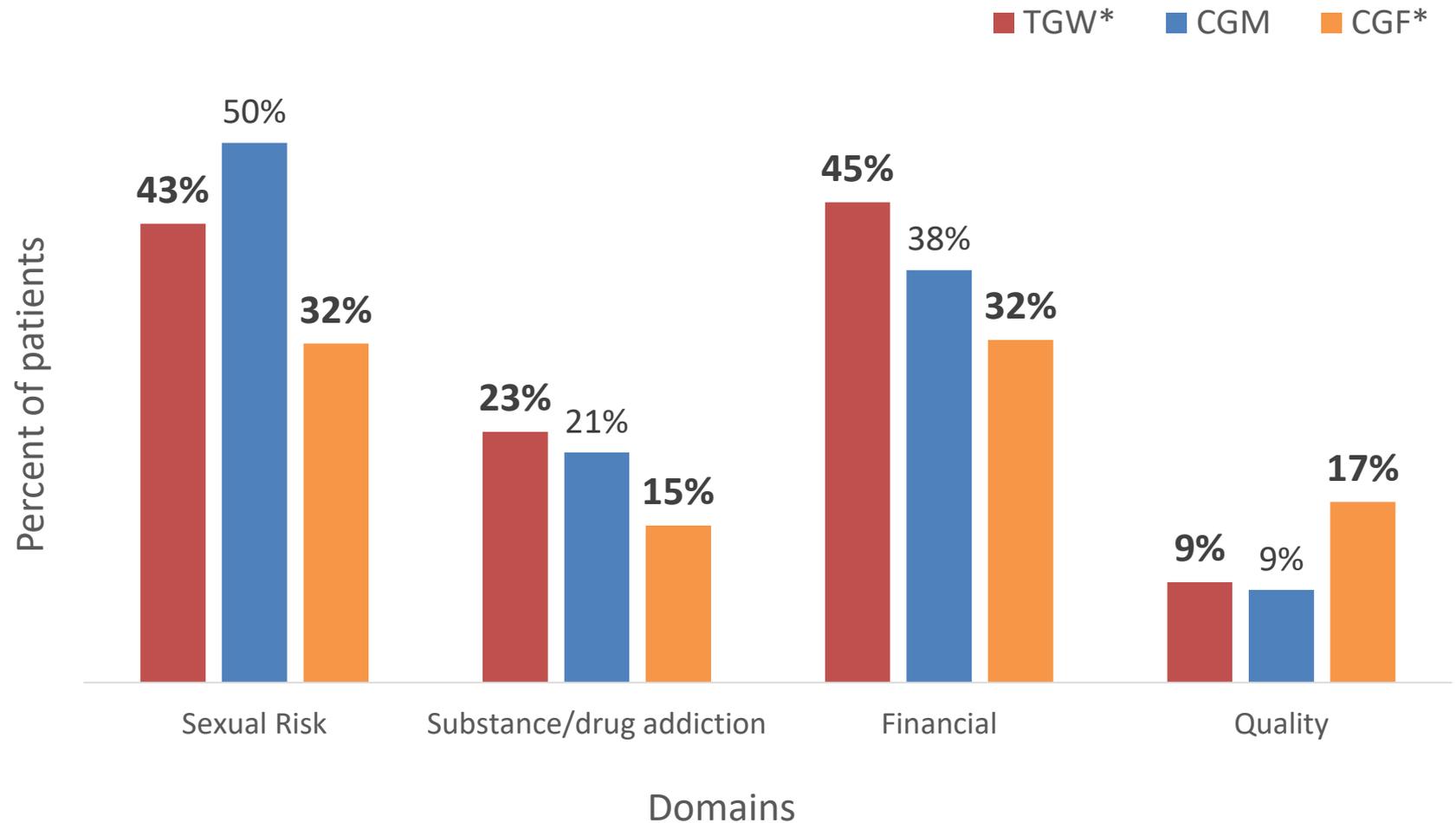
Identified Needs of TGW compared to CGM and CGF



Identified Needs of TGW compared to CGM



Identified Needs of TGW compared to CGF



Limitations

- Cross-sectional design, so can only describe associations and not infer causation
- Assessment data were self-reported and may be subject to bias
- Potential for misclassification of transgender identity
- TGM excluded from analysis due to extremely small numbers (>5)
- Sample included those targeted for services and may not be generalizable beyond MCC

Conclusions

- Among HIV-positive patients in the clinic-based MCC intervention TGW, compared to CGM or CGF:
 - Did not have significantly different clinical outcomes, however,
 - Reported significantly higher need for psychosocial support services related to sexual risk, substance use/addiction, financial, social support, legal and housing domains
- Programs for TGW should include assessment of needs and linkage to support services to facilitate patient engagement
- Analyses on the impact of MCC on identified need, acuity and health outcomes among TGW are ongoing and, along with these findings, will inform program improvements

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MCC Service Guidelines and Assessment available at:

<http://publichealth.lacounty.gov/dhsp/MCC.htm>

Questions ?

Medication Access and Adherence

