Gender Disparities in Viral Suppression and Antiretroviral Therapy Use by Racial and Ethnic Group— Medical Monitoring Project, 2009-2010

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Background

- Women comprise a quarter of persons living with HIV in the United States
 - Majority are black or Hispanic/Latina
- Female gender and non-white race/ethnicity often found to be associated with lack of viral suppression and poor clinical outcomes
- Consideration of both gender and race/ethnicity needed to identify areas for targeted intervention to improve outcomes that are relevant to specific groups of women
 - Few prior studies have sufficient sample size

Analytic questions

- Among adults receiving HIV care in the United States, does viral suppression and antiretroviral therapy (ART) use vary by gender?
- Do gender differences in race and ethnicity and/or ART use account for gender differences in viral suppression?
- Why are women receiving HIV care less likely to use ART than men?

Medical Monitoring Project (MMP) methods

Ongoing supplemental HIV surveillance system

 Interview and medical record data from HIV-infected adults receiving care in 16 U.S. states and Puerto Rico

Three-stage sample design

 States; HIV care-providing facilities; HIV-infected adults receiving care

Data collected June 2009 - May 2011

Response rates for matched data

Cycle year	States %	Facilities %	Patients %
2009	100	76	51
2010	100	81	50

Methods

- Analytic sample
 - Men or women
 - Black, Hispanic or Latino/a, or white
- Compared prevalence
 - Viral suppression: Most recent viral load documented undetectable or < 200 copies/ml
 - ART use: Self-reported current use of ART
- Assessed potential confounders, mediators, and effect modifiers

Methods

- Modified Rao-Scott X² tests for bivariate differences in factors associated with viral suppression and ART use by gender and race/ethnicity
- Multivariable logistic regression with predicted marginals to assess association between gender and ART use, including variables that
 - Were associated with ART use at p < .10
 - Changed association between gender and ART use by > 10%

RESULTS

Analytic sample

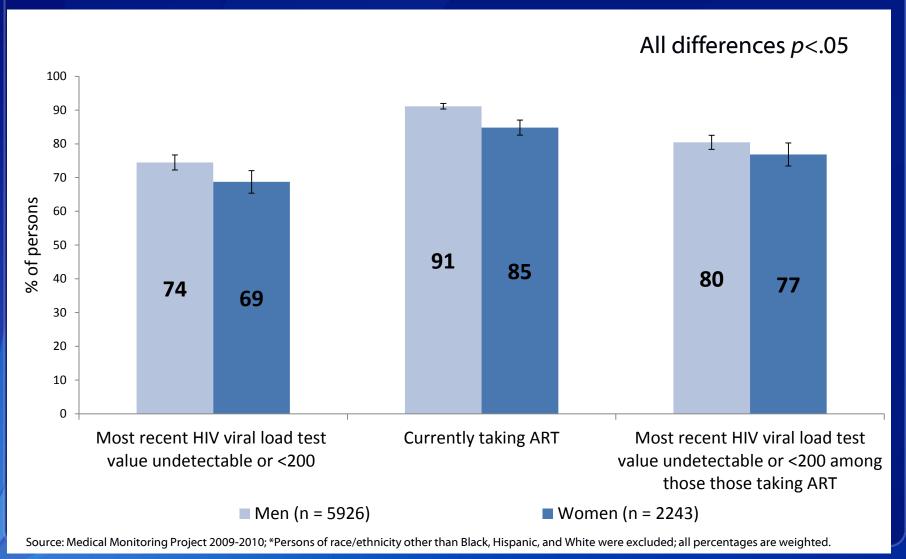
	Me 72% of		Women 28% of total		
	No.	%	No.	%	
Black	2097	36	1415	64	
Hispanic or Latino/a	1360	21	434	18	
White	2469	43	394	18	
Total	5926	100	2243	100	

Source: Medical Monitoring Project 2009-2010; all percentages are weighted.

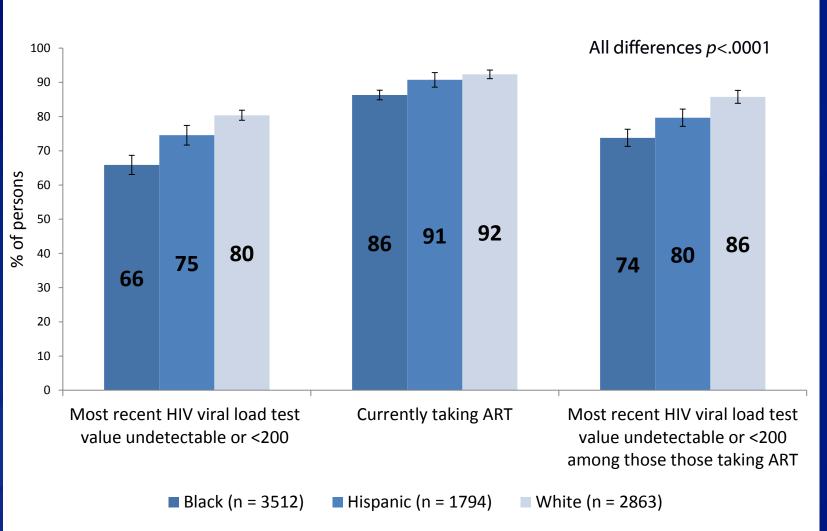
Sample characteristics

- Women more likely than men to be
 - Younger
 - Less educated
 - Below poverty level
 - Publically insured
 - More recently diagnosed
 - Non-AIDS diagnosed
- When stratified by race/ethnicity, some differences not seen among certain groups
 - e.g., insurance type among blacks, AIDS diagnosis among whites, age among Hispanics

Viral suppression and ART use among HIV-infected men and women receiving care*



Viral suppression and ART use among HIV-infected blacks, Hispanics, and whites receiving care*



Source: Medical Monitoring Project 2009-2010; *Persons of gender other than men and women were excluded; all percentages are weighted.

Viral suppression and ART use by gender and race/ethnicity

	Black		Hisp	anic	White	
	Men Women		Men	Women	Men	Women
	%	%	%	%	%	%
Viral suppression	66	66	75	72	81	74
Current ART use	88	84	92	86	93	86
Viral suppression among those taking ART	73	75	80	77	86	83

Source: Medical Monitoring Project 2009-2010; all percentages are weighted; red font indicates p < 0.05

ART use and gender

- Women and men equally likely to have ever taken ART
- Women more likely to report discontinuing ART
 - Black women vs black men, 7% vs 4%
 - White women vs white men, 8% vs 3%
- Most women and men reported not taking ART on advice from their healthcare provider
 - Women vs men, 69% vs 64%
 - No gender differences within racial/ethnic groups

Why are women less likely to take ART?

- Multivariable logistic model predicting ART use with gender as a covariate
 - Sociodemographics
 - Race/ethnicity, age, educational attainment, homelessness, health insurance/coverage, household poverty, incarceration, inadequate health literacy
 - Substance use and mental health
 - Drug use, stimulant use, binge drinking, depression
 - HIV-related factors
 - Time since diagnosis, disease stage, geometric mean CD4+ Tlymphocyte count

ART use and gender

Gender	%	PR	CI	%	aPR*	CI
Men	91	Ref.	-	91	Ref.	-
Women	85	.93	(.9196)	87	.96	(.9498)

^{*}Adjusted for: race/ethnicity, age, poverty, drug use, depression, and disease stage

Source: Medical Monitoring Project 2009-2010; PR, prevalence ratio; CI, confidence interval; aPR, adjusted prevalence ratio; red font indicates p<0.05.

ART use, gender, and race/ethnicity

Gender and race/ethnicity	%	PR	CI	%	aPR*	CI
Black women	84	.90	(.8793)	85	.91	(.8993)
Hispanic women	86	.92	(.8699)	88	.95	(.90-1.00)
White women	86	.93	(.8997)	89	.95	(.9299)
Black men	88	.94	(.9296)	88	.94	(.9296)
Hispanic men	92	.99	(.97-1.01)	92	.99	(.97-1.01)
White men	93	Ref.	-	93	Ref.	-

^{*}Adjusted for: age, poverty, drug use, depression, and disease stage

Source: Medical Monitoring Project 2009-2010; PR, prevalence ratio; CI, confidence interval; aPR, adjusted prevalence ratio; red font indicates p<0.05.

Limitations

- Cross-sectional design, causality cannot be assessed
- Facility and provider-level factors affecting ART use not assessed
- Possibility of residual non-response bias despite adjustment for non-response

SUMMARY AND CONCLUSIONS

Summary and conclusions

- 31% of women in care were not virally suppressed, compared to 26% of men
- Disparities in viral suppression
 - Between white men and women
 - Among racial/ethnic groups
- Among those taking ART, men and women of the same race/ethnicity did equally well

Summary and conclusions

- Overall ART use was high, but women of all race/ethnicities were less likely to take ART than men
 - Women may be more likely to discontinue ART
 - Adjusting for sociodemographic, behavioral, and clinical factors reduced but did not eliminate gender differences in ART use
- Decreasing gender disparities in viral suppression may require
 - Better understanding barriers to ART use among women
 - Reducing racial/ethnic disparities in viral suppression

Acknowledgments

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Thank you

Questions or comments?



