



Albert Einstein College of Medicine
OF YESHIVA UNIVERSITY

Montefiore
THE UNIVERSITY HOSPITAL
Division of General Internal Medicine
Division of Hospital Medicine

Correlates of not receiving HIV care among HIV-infected women enrolling in a HRSA SPNS multi-site initiative

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- The authors have no potential conflicts of interest to disclose

I got tested for HIV.



Why? AIDS is a leading cause of death for younger Black women. We can change that.

One in five Americans who is infected with the HIV virus that causes AIDS doesn't know it. Be smart. Get tested today for HIV.

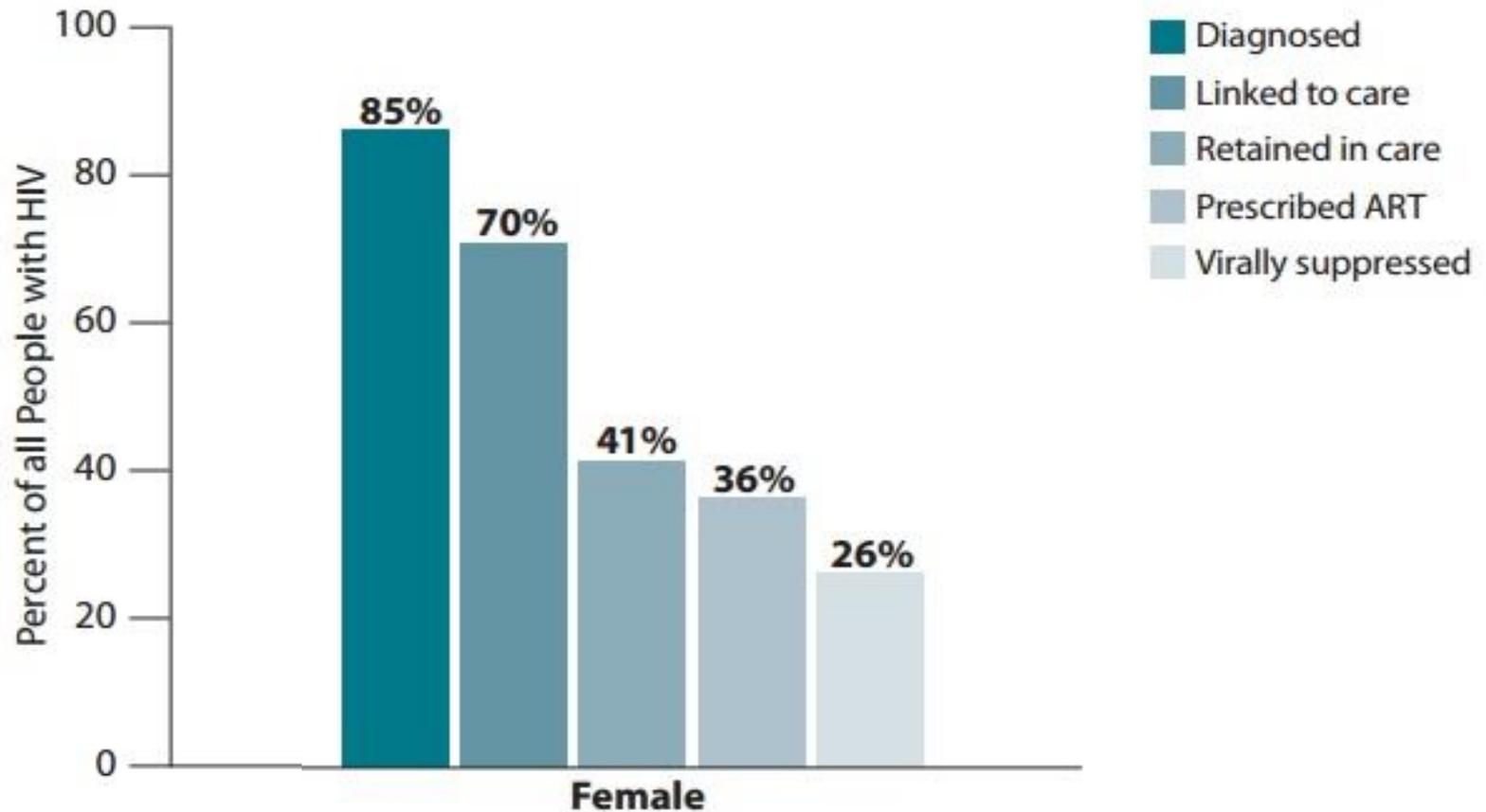


eliminating racism
empowering women

ywca

Change Begins with Me

HIV care continuum for women



```
graph TD; A("Not engaged in care  
Care seeking?") --> B("Not engaged in care, but  
seeking care"); A --> C("Not engaged in care and  
not seeking care");
```

Not engaged
in care
Care seeking?

Not engaged
in care, but
seeking care

Not engaged
in care *and*
not seeking
care

```
graph TD; A("Not engaged in care  
Care seeking?") --> B("Out of care seeking"); A --> C("Out of care not seeking");
```

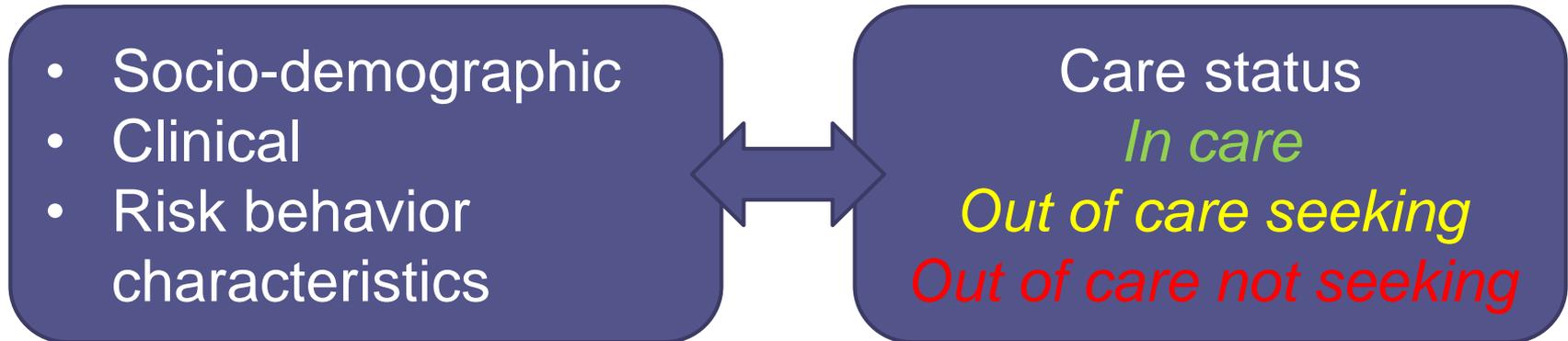
Not engaged
in care
Care seeking?

Out of care
seeking

Out of care
not seeking

Research Objectives

1. To examine the association between *socio-demographic, clinical & risk behavior characteristics* and care status:



Research Objective

2. To compare by care status:

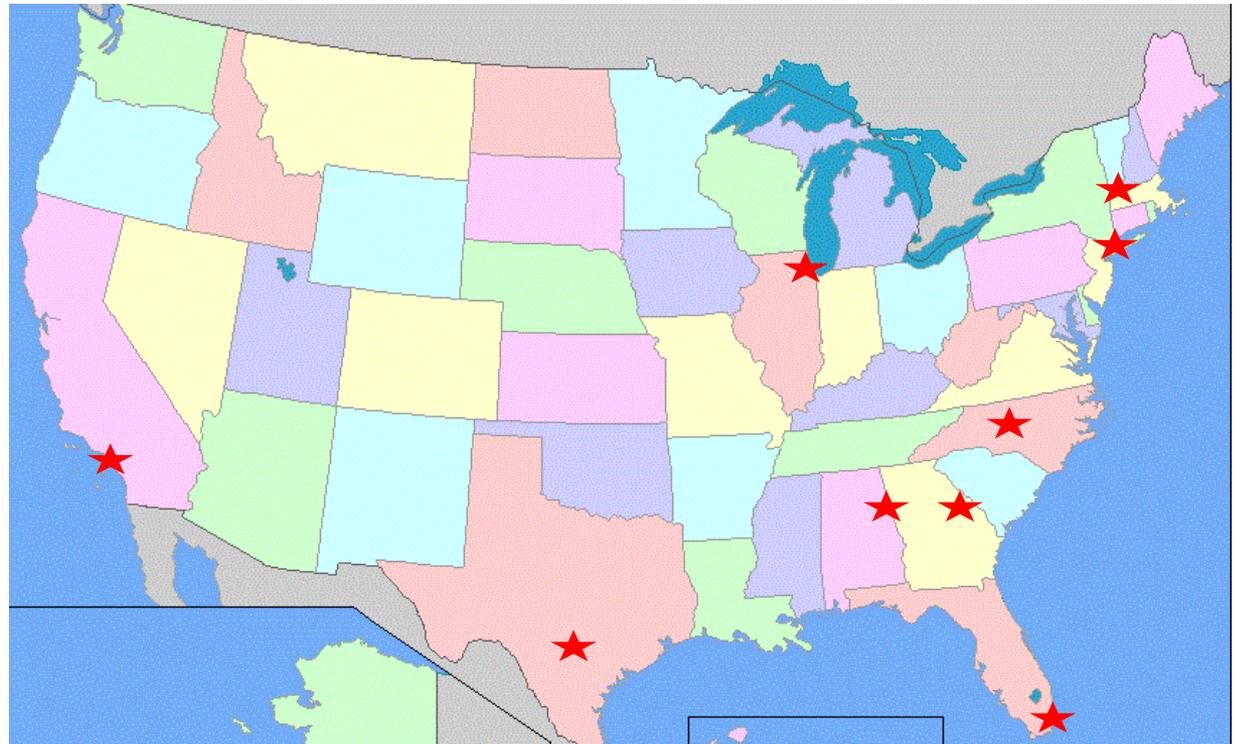
- number of barriers to HIV medical care &
- proportion reporting any structural barrier to care

Methods: Setting



Special Projects of National Significance Program
*Enhancing Access to and Retention in Quality
HIV/AIDS Care for Women of Color
Initiative*

- 9 sites
- Clinics & community-based organizations
- 6 urban and 3 rural



Participants

- Newly diagnosed
- Never linked to HIV care
- Recently transferred care to a new provider
- Had ≤ 1 HIV medical care visits in the last year
- Black/African American, Asian/Pacific Islander, Native American and/or Latina
- Female or transgender female
- HIV-infected
- ≥ 18 years old
- Sites used heterogeneous recruitment strategies

Data collection

- From November 2010 to January 2013, interviews were conducted in English or Spanish by trained site staff at the time of enrollment
- The questionnaire included items about:
 - socio-demographic characteristics
 - self-assessed health
 - sexual and substance use risk factors
 - HIV medical care history
 - barriers to HIV medical care

1.	Felt embarrassed or uncomfortable	16.	Family or friends were not able to help you with this problem
2.	Were too upset to deal with this problem	17.	Had other needs and problems were more important at the time
3.	Thought that you might be judged	18.	Thought it would be too hard to understand what you would be told to do
4.	Thought that getting help would lead to unwanted changes in your care	19.	Could not afford it/no health insurance
5.	Thought that this was not important enough to go for help	20.	Had uncertainty about your housing or your finances
6.	Wanted to get things back on track on your own	21.	Had transportation problems
7.	Needed more information about help that was available	22.	Thought you could not take time off from work/school
8.	Felt like you should just learn to live with it	23.	There was no one to watch your children for you
9.	Were afraid that nothing would help	24.	Thought your partner would hurt you
10.	Thought you would have trouble scheduling appointments	25.	Thought no one would speak your language
11.	Had trouble finding time to schedule appointments	26.	Felt you would not be treated fairly
12.	Thought it may create legal problems for you	27.	Thought you may be deported
13.	Thought it would interfere with other responsibilities such as your family	28.	Thought you may have your children taken away from you
14.	Felt too sick or tired to handle this	29.	Felt you may be reported to the police because you use drugs
15.	Felt it could create problems with your family members	30.	Thought that information about your illness would not be kept private

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Definition of dependent variable: Care status

Which of these statements best describes your current situation, in terms of looking for HIV medical care?

I have been receiving HIV medical care in the past 6 months prior to today

I have tried to get HIV medical care in the past 6 months, but am still waiting to obtain HIV medical care

I have not yet tried to get HIV medical care in the past 6 months, but may do so in the future

I am not considering seeking HIV medical care at this time

Definition of dependent variable: Care status

Which of these statements best describes your current situation, in terms of looking for HIV medical care?

I have been rece

In care

months prior to today

I have tried to get HIV medical care in the past 6 months, but am still waiting to obtain HIV medical care

I have not yet tried to get HIV medical care in the past 6 months, but may do so in the future

I am not considering seeking HIV medical care at this time

Definition of dependent variable: Care status

Which of these statements best describes your current situation, in terms of looking for HIV medical care?

In care

I have tried

Out of care seeking

ns, but am still

I have not yet tried to get HIV medical care in the past 6 months, but may do so in the future

I am not considering seeking HIV medical care at this time

Definition of dependent variable: Care status

Which of these statements best describes your current situation, in terms of looking for HIV medical care?

In care

Out of care seeking

I have not yet **Out of care not seeking** months, but may

I am not considering seeking HIV medical care at this time

Definition of dependent variable: Care status

Which of these statements best describes your current situation, in terms of looking for HIV medical care?

In care

Out of care seeking

Out of care not seeking

Independent variables

- **Socio-demographic characteristics**
 - Age, race/ethnicity, language, marital status, education, employment, geographic location, housing status, health insurance
- **Clinical characteristics**
 - Health status, time since HIV diagnosis, CD4 cell count, HIV viral load, depression, medical co-morbidity
- **Risk behaviors**
 - Any current substance use
 - Any current high risk sexual behavior

Data analysis

- To assess the association between characteristics & care status, we performed multinomial logistic regression
 - Bivariate and multivariate analyses accounting for clustering by site
- To compare number of barriers to care & proportion reporting any structural barrier to care by care status, we performed
 - Kruskal-Wallis and chi-square tests, respectively

Results: Socio-demographic characteristics

	N=748
Age , years, mean (SD)	41.8 (10.8)
Race/ethnicity	
Non-Hispanic Black	66%
Hispanic	28%
Primary language	
English	87%
Spanish	12%
Marital Status	
Single	84%
Married/Partnered	16%
Less than high school	58%
Unemployed	17%
Primary caregiver	24%
Lack of health insurance	27%

Clinical characteristics

	N=748
Health status	
Fair/Poor	44%
Excellent/VG/Good	55%
Time since HIV diagnosis	
< 1 year	12%
1 to 7 years	33%
> 7 years	54%
Reporting known CD4 cell count	35%
Reporting known HIV viral load	19%
Prescribed antiretrovirals	56%

Risk behavior characteristics

	N=748
Any current substance use	14%
Any current high risk sexual behavior	30%

Any current substance use= cocaine, heroin, IDU, **OR** stimulants in last 3 months

Any current high risk sexual behavior = transactional sex, sex w/ IDU, unprotected sex w/ male partner **OR** sex w/ HIV+ male partner in the last 3 months

Care status

	N=748
In care	55%
Out of care seeking	26%
Out of care not seeking	19%

Results: Bivariate analysis

Independent variable	In care (n=418)	Out of care seeking (n=193)	Out of care not seeking (n=141)	p*
Lack of Health insurance	20%	32%	41%	0.006
Fair/poor health status	40%	52%	47%	0.03
Primary caregiver	25%	28%	17%	0.03
Any current high risk sexual behavior	26%	28%	49%	0.002
Any current substance use	13%	16%	18%	<0.001

*p-value accounts for clustering by site

Age, race/ethnicity, language, marital status, education, employment, housing, domestic violence, time since HIV diagnosis, depression, medical co-morbidity, were not significant at p <0.1 level

Results: Multivariable analysis

Independent variable	Out of care seeking vs. in care OR (95% CI)
Lack of health insurance	1.63 (1.05-2.53)
Fair/poor health status	1.60 (1.10-2.32)
Any current high risk sexual behavior	0.90 (0.58-1.39)
Any current substance use	1.50 (0.86-2.62)

Primary caregiver variable was not significant in multivariable analysis

Results: Multivariable analysis

Independent variable	Out of care seeking vs. in care OR (95% CI)	Out of care not seeking vs. in care OR (95% CI)
Lack of health insurance	1.63 (1.05-2.53)	2.09 (1.16-3.75)
Fair/poor health status	1.60 (1.10-2.32)	1.07 (0.65-1.78)
Any current high risk sexual behavior	0.09 (0.58-1.39)	1.75 (1.01 -3.05)
Any current substance use	1.50 (0.86-2.62)	3.40 (1.65-6.99)

Primary caregiver variable was not significant in multivariable analysis

Results: Barriers to HIV medical care

	In care	Out of care seeking	Out of care not seeking	P-value
Median no. of barriers (out of 30), n (IQR)	13 (7-19)	11 (7-17)	9 (6-15)	<0.001
Proportion with ≥ 1 structural barrier, %	77%	81%	61%	<0.001

What we learned

- Women who were out of care and seeking care were more likely to:
 - lack health insurance
 - report fair/poor health status
- Women who were out of care and not seeking care were more likely to:
 - lack health insurance
 - report current substance use and high risk sexual behavior
 - report the least # of barriers to care and least likely to report any structural barrier

Limitations

- Broad definition of engagement in HIV medical care
- Self-report of HIV care history as well as depression and co-morbid medical conditions
- Unable to qualitatively assess reasons for care-seeking behavior

Implications

- Women who are not receiving HIV care are a heterogeneous group and some may not necessarily be seeking care
 - Those who are out of care and not seeking care may represent a vulnerable group with limited interaction with the health care system
- Different types of interventions are required to engage women who are out of care
 - Interventions for women who are out of care and not seeking care will likely need to address active substance use & high risk sexual behaviors and be community-based

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