

Findings from the HRSA SPNS Women of Color Initiative: Impact of Age Differences on Retention in HIV Care and a Comparison of HIV Care for Women of Color in Brooklyn to urban/rural sites across the U.S.

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HIV Policies National & Local

National

> 2013

- President Obama established the HIV Care Continuum Initiative
- Federal departments to prioritize addressing HIV care continuum as they continue to implement the NHAS

Local (NY/NYC)

> 2014 (10/14/14)

- Governor Cuomo announces task force to develop plan to end AIDS epidemic by 2020
- 3 pronged approach

▶ 4/29/15

 Cuomo unveils blueprint to end AIDS Epidemic by 2020

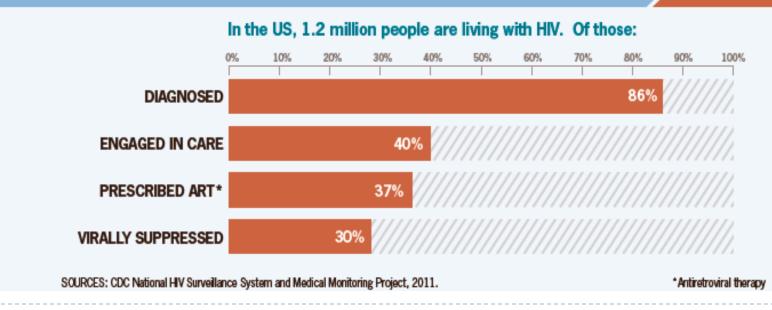
HIV in the United States: The Stages of Care



HIV Care Continuum: National Perspective

- I.2 million Americans living with HIV
- 4 in 10 were in HIV medical care
- > 3 in 10 have their virus under control (VLS)

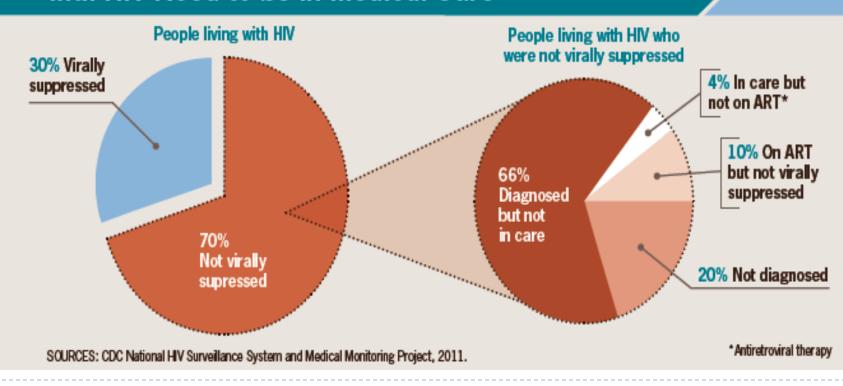
HIV Care Continuum Shows Where Improvements are Needed



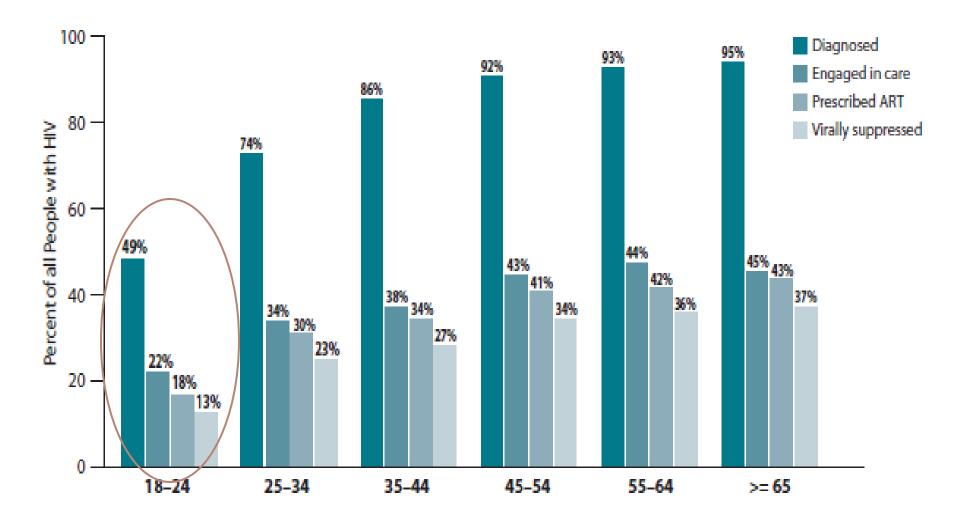
More People in Care = VLS = \downarrow New HIV Infections

9 in 10 new HIV infections in the US come from people not receiving HIV care

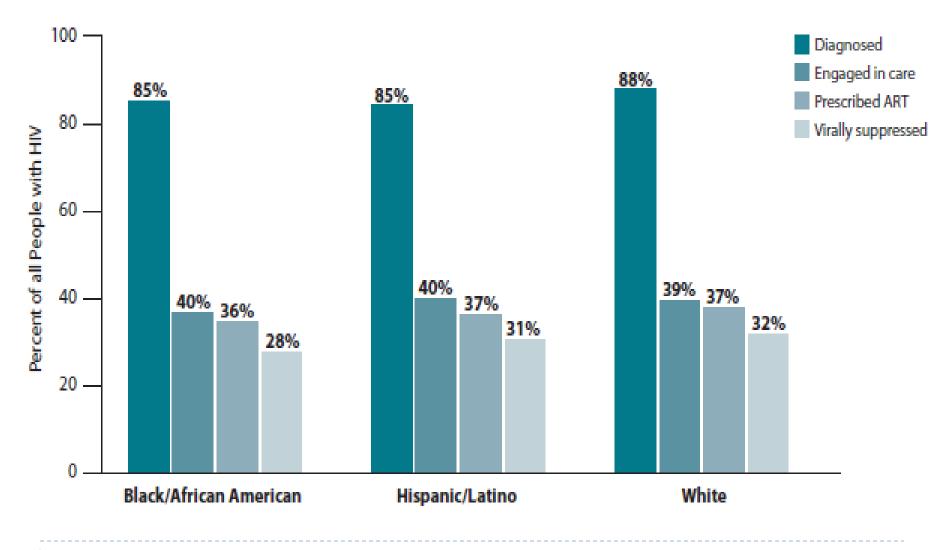
Achieving Viral Suppression: More People with HIV Need to be in Medical Care



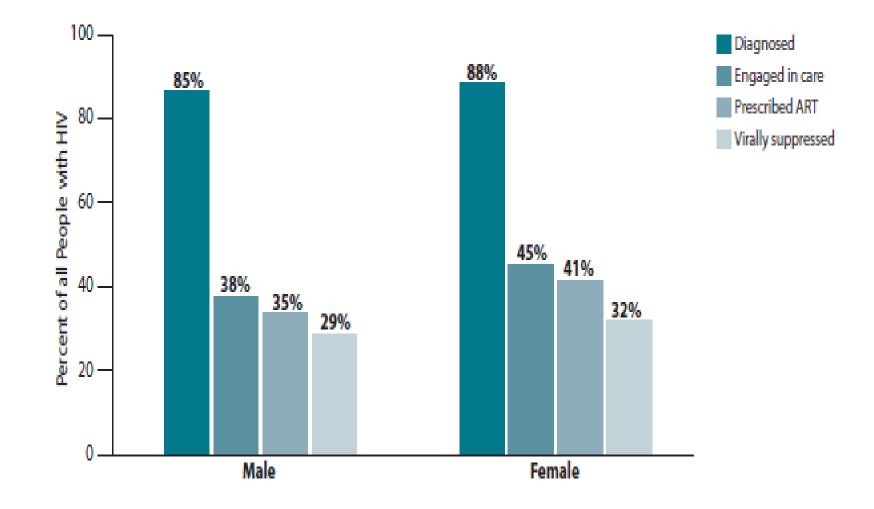
HIV Care Continuum by Age in the US



HIV Care Continuum by Race/Ethnicity in the US

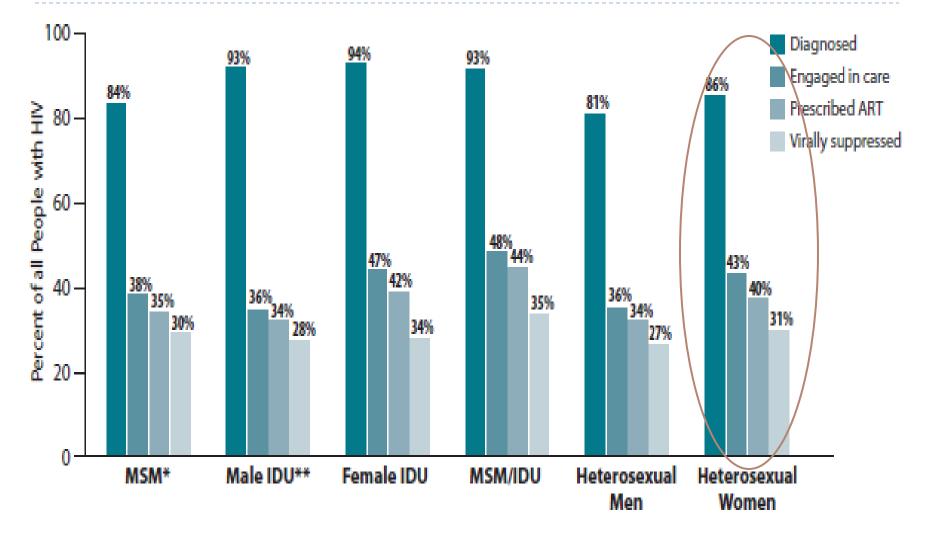


HIV Care Continuum by Gender in the US



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HIV Care Continuum by Risk Group in the US



NY/NYC – Overall Basic Numbers/Stats

> NY

- I 54,000 people are infected but 22,000 of them do not know it
- Of those who do, almost half are not getting treatment
- ~3,000+ new cases per year
- NYC
 - N = 2,832 persons newly diagnosed with HIV in NYC 2013
 - N = 117,618 PLWHA in NYC in 2013
 - Linked to care = 74% (100,615)
 - Retained in care = 54% (74,196)
 - On ART = 51% (70,006)
 - ▶ VLS = 43% (58,515)

HIV among Females in NYC, 2013

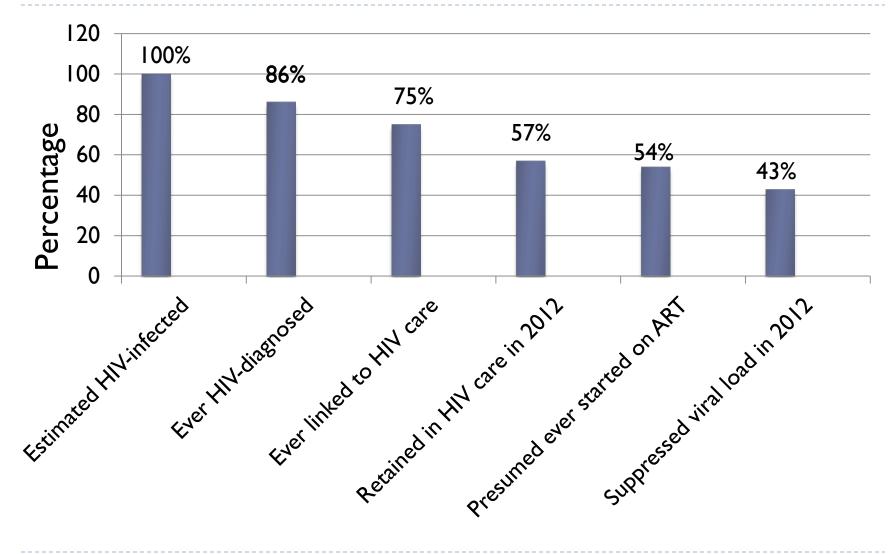
- 552 new HIV diagnoses
 - Females comprise of 52% of the NYC population
 & 19% of new HIV diagnoses
- 436 new AIDS diagnoses
- 32,770 females living with HIV/AIDS
 - ▶ 0.7% of the NYC female population
- 462 deaths among females with HIV/AIDS
 - Age-adjusted death rate: I4.1 deaths per 1,000 females with HIV/AIDS

HIV among Females in NYC, 2013

- Black females accounted for the majority (58%) of new HIV diagnoses among women in NYC
- Among black females, those aged 40-49 had the largest proportion of new HIV diagnoses
- 95% of new HIV diagnoses among females with known risk were attributed to heterosexual transmission
- Females comprised a higher proportion of new HIV diagnoses in the Bronx and Brooklyn than in other boroughs

New York City HIV/AIDS Surveillance Slide Sets. New York: New York City Department of Health and Mental Hygiene, 2013. Updated February 2015.

HIV Care Continuum for Females in NYC



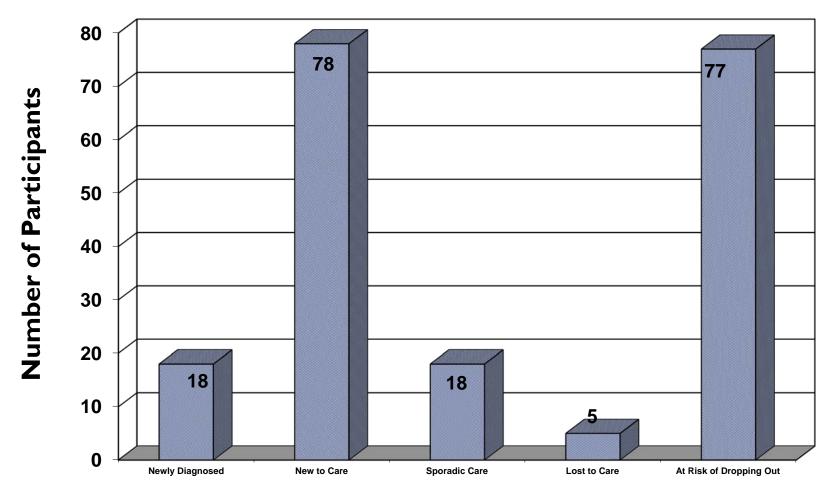
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Care Continuum for Women in Brooklyn, 2011-2013

Number Newly Reported HIV (non-AIDS) Diagnoses among BK Residents						
Age Group	2011	2012	2013			
25+ (female only)	159	130	106			
Number	Living with HIV (nor	n-AIDS) among BK R	Residents			
25+ (female only)	3,540	3,608	3,654			
Number	• Newly Reported wit	th AIDS among BK R	esidents			
25+ (female only)	175	158	127			
Nu	mber Living with AII	OS among BK Reside	nts			
25+ (female only)	5,743	5,723	5,707			
Number of Won	nen Linked to HIV C	are within 90 days of	Diagnosis in BK			
25+ (female only)	145	129	118			
Number of Women Retained in Care in BK						
25+ (female only)	5,522	5,480	5,467			
Number of Women with Viral Load Suppression in BK						
25+ (female only)	4,329	4,670	4,940			

Prepared February 6, 2015 by the HIV Epidemiology and Field Services Program, with data reported to the New York City Department of Health and Mental Hygiene by June 30, 2014

BK Women Enrolled in POWER by Care Status at Baseline (n=196)



POWER Program

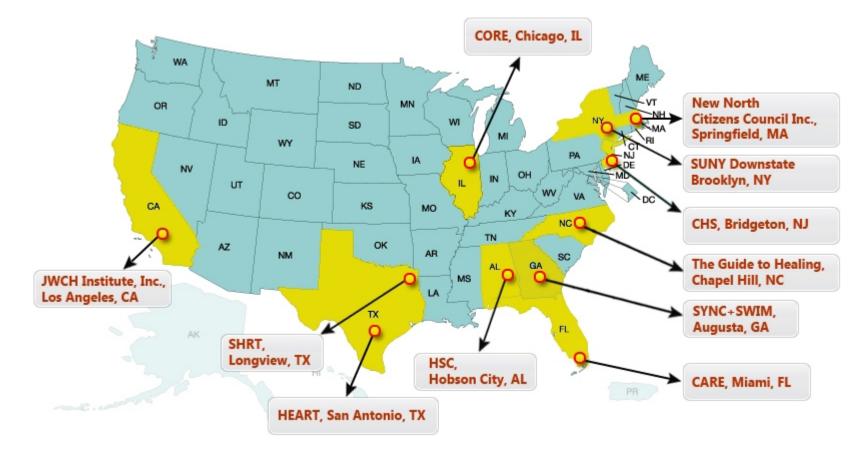
Background: HIV+ Women of Color SPNS Initiative

- The Enhancing Access to and Retention in Quality HIV Care for Women of Color Initiative was a 5 year demonstration project funded by the Health Resources and Services Administration (HRSA) Special Projects of National Significance (SPNS) under the Ryan White Care Act to address health disparities affecting HIV+ women of color.
- II demonstration sites were funded nationally (6 urban, 5 rural)
- I site was funded as an Evaluation and Technical Assistance Center

Background: HIV+ Women of Color SPNS Initiative

- Each demonstration site had its own unique intervention but also participated in a nationwide data collection effort using client surveys and clinical data to track changes over time
- POWER (Peer Outreach Worker Engagement and Retention) added HIV+ women as peer outreach workers to an already existing functioning network of HIV care providers and case managers at 4 Brooklyn HIV clinics

HIV+ Women of Color SPNS Initiative Demonstration Sites





PEER OUTREACH WORKER ENGAGEMENT & RETENTION



Background: HIV Funding Losses in Brooklyn During the Course of the SPNS Project

- Defunding of Brooklyn Part D FACES Network in fall 2012; loss of many network case managers and weekly cross-site supervisory meetings;
- Loss of Part C to several hospital sites in Brooklyn affected care to HIV+ women across Brooklyn
- Instability of hospital system in Brooklyn, particular hospitals that were previously funded under our Part D program (Interfaith Medical Center, SUNY Downstate, Long Island College Hospital, Brookdale Medical Center)
- Changes in the Ryan White CARE Act, in particular the proposed plan by HRSA to fold Part D mandates into Part C
- Impact of ACA

Methods

- Prospective intervention study on a convenience sample of women who were "reachable"
- Enrolled HIV+ women of color between November 2010-July 2013 who met study criteria for risk of not receiving HIV care from the following criteria:
- I) Newly diagnosed with HIV, never been in care
- 2) Previously diagnosed, never been in care
- 3) Previously in care but changed care provider
- 4) Sporadic care last visit within 12 months
- 5) Lost to care (out of care > 12 months)
- 6) Assessed as "at risk" for dropping out of care (missed appts., adherence problems, substance abuse, etc.)

Methods

- Face-to-face interviews were conducted at baseline and 4 follow-up times: 3; 6; 12; and 18 months.
- Demographic and extensive health history was collected at baseline.
- HIV care status was collected at baseline and at all follow up visits
- Barriers to care (30 items- personal; provider, and structural), self-assessed health (CDC HRQOL) and aspects of the clinical care team were collected at each follow-up visit.
- Follow-up data was being collected through the end of January 2014.

Impact of Age on Retention in HIV Care

Impact of Age on Retention in Care Demographics of Cohort By Age Group

Demographics of cohort by age groups

	Age N=8 (15.8		Age N= (34.	190	Age N=2 (49.		Total N= 549 (100%)	P *
Ethnicity								.927
African Descent	60	(69.8)	130	(68.8)	179	(65.8)	369 (67.5)	
Latina	22	(25.6)	51	(27.0)	78	(28.7)	151 (27.6)	
Other (including multiracial)	4	(4.7)	8	(4.2)	15	(5.5)	27 (4.9)	
Marital								.000
Single	82	(94.3)	143	(75.3)	231	(84.9)	456 (83.1)	
Relationship	5	(5.7)	47	(24.7)	41	(15.1)	93 (16.9)	
Unstable Housing (yes)	40	(46.0)	66	(34.8)	108	(40.0)	214 (39.1)	.106
High School Grad (yes)	53	(60.9)	120	(63.2)	158	(58.1)	331 (60.3)	.544
Income Support (yes)	15	(18.3)	66	(37.0)	133	(51.6)	214 <mark>(41.3)</mark>	.000
Medicaid (yes)	44	(50.6)	53	(28.0)	88	(33.0)	185 (34.1)	.010

Impact of Age on Retention in Care HIV "Continuum Status" at Enrollment

	Age 18-24 N=87 (15.8%)	Age 25-34 N=190 (34.6%)	Age 35-44 N=272 (49.5%)	Total N= 549 (100%)	P*
Newly Diagnosed	34 (39.I)	39 (20.5)	38 (14.0)	(20.2)	
New to Care	13 (14.9)	23 (12.1)	49 (18.0)	85 (15.5)	
Transferred	17 (19.5)	39 (20.5)	65 (23.9)	121 (22.0)	
Sporadic	15 (17.2)	51 (26.8)	66 (24.3)	132 (24.0)	
Lost to care (12+mos)	8 (9.2)	38 (20.0)	54 (19.9)	100 (18.2)	
AIDS Diagnosis (yes)	4 (4.7)	23 (12.3)	55 (21.2)	82 (15.4)	.000
On ART (yes)	23 (26.4)	77 (40.5)	126 (<mark>46.3</mark>)	226 (41.2)	.004
Knows VL (yes)	13 (14.9)	38 (20.0)	48 (17.6)	99 (18.0)	.581

Impact of Age on Retention in Care: Psychosocial Factors 1

	Age 18-24 N=87 (15.8%)	Age 25-34 N=190 (34.6%)	Age 35-44 N=272 (49.5%)	Total N= 549 (100%)	P*
IP Violence Hx (yes)	19 (22.1)	54 (29.0)	78 (28.8)	151 (27.8)	.435
Unstable Housing (yes)	40 (46.0)	66 (34.8)	108 (40.0)	214 (39.1)	.106
Employment					.003
Any work	17 (19.5)	48 (25.3)	50 (18.4)	115 (20.9)	
School	3 (3.4)	10 (5.3)	7 (2.6)	20 (3.6)	
Disabled	6 (6.9)	29 (15.3)	69 (25.4)	104 (18.9)	
Not working	56 <mark>(64.4</mark>)	91 (47.9)	134 (49.3)	281 (51.2)	
Other	5 (5.7)	12 (6.3)	12 (4.4)	29 (5.3)	

Impact of Age on Retention in Care: Psychosocial Factors 2

	Age 18-24 N=87 (15.8%)	Age 25-34 N=190 (34.6%)	Age 35-44 N=272 (49.5%)	Total N= 549 (100%)	P *
Alcohol only (yes)	56 <mark>(65.1</mark>)	159 <mark>(84.1</mark>)	199 (73.4)	414 (75.8)	.001
Tobacco use (yes)	16 (18.6)	54 (28.6)	99 (36.8)	169 (31.1)	.004
Substance abuse (yes)	(2.6)	64 (33.9)	131 (49.1)	206 (37.9)	.000
Sexual risk behaviors (yes)	79 <mark>(92.9)</mark>	174 <mark>(94</mark> .1)	244 <mark>(93.5)</mark>	497 (93.6)	.937
Any risk behaviors (yes)	83 (95.4)	183 (98.4)	261 (97.8)	527 (97.6)	.316

Impact of Age on Retention in Care: Barriers to Care at Baseline and 12 months

	Age 18-24	Age 25-34	Age 35-44	Total	P*
	Baseline N=87 (15.8%)	Baseline N=190 (34.6%)	Baseline N=272 (49.5%)	Baseline N= 549 (100%)	Baseline
	12 months N=46 (15.2%)	12 months N=95 (31.5%)	12 months N=161 (53.3%)	12 months N= 302 (100%)	12 months
Embarrassed (yes)					
	63 <mark>(72.4)</mark>	130 <mark>(68.8)</mark>	173 <mark>(63.6)</mark>	366 (66.8)	.244
	29 <mark>(63.0)</mark>	46 <mark>(48.4)</mark>	77 (47.8)	152 (50.3)	.172
Too upset to deal with it (yes)					
	53 (60.9)	103 (54.2)	151 (55.5)	307 (55.9)	.570
	24 (52.2)	45 (47.4)	77 (47.8)	146 (48.3)	.851
Felt judged (yes)					
	6l (70.l)	136 <mark>(71.6)</mark>	195 <mark>(71.7)</mark>	392 (71.4)	.959
	27 (58.7)	52 <mark>(54.7)</mark>	69 <mark>(42.9)</mark>	148 (49.0)	.067
Unwanted changes in care (yes)	e				
	42 (48.3)	86 <mark>(45.5)</mark>	l 26 <mark>(46.5)</mark>	254 (46.4)	.912
2_	20 (43.5)	32 (33.7)	56 (34.8)	108 (35.8)	.487

Impact of Age on Retention in Care: Barriers to Care at Baseline and 12 months

	Age 18-24	Age 25-34	Age 35-44	Total	P *
	Baseline N=87 (15.8%)	Baseline N=190 (34.6%)	Baseline N=272 (49.5%)	Baseline N= 549 (100%)	Baseline
	12 months N=46 (15.2%)	12 months N=95 (31.5%)	12 months N=161 (53.3%)	12 months N= 302 (100%)	12 months
Housing/financial uncertainty (yes)					
	42 (48.8)	88 (46.3)	156 (57.4)	286 (52.2)	.052
	18 (39.1)	34 (35.8)	76 (47.5)	128 (42.5)	.165
Transportation problems (yes)					
	47 (54.0)	87 (45.8)	151 (55.5)	285 (51.9)	.110
	24 (52.2)	30 (31.6)	66 (41.0)	120 (39.7)	.057
Fear illness will not be kept private (yes)					
	40 (46.0)	83 (43.7)	141 (51.8)	264 (48.1)	.206
2.	l9 <mark>(41.3</mark>)	21 (22.1)	39 (24.2)	79 (26.2)	.037

Impact of Age on Retention in Care: Summary

- Older women (35-44 yrs) were more likely to first enter care with an AIDS diagnosis, as well as be on HAART
- A very low proportion of women across all three age groups were aware of their viral load status (14.9-20%)
- There were high rates of IP violence across all 3 age groups
- Housing & employment remain challenges across the age spectrum
- Older women were more likely to engage in tobacco and other substance use
- Stigma and transportation issues are more likely to persist as barriers to care after 12 months among younger women

Brooklyn Vs. The World!!!!!!

Factors Related to HIV+ Women in Care in Brooklyn Compared to Other Urban and Rural Care Site in the USA

Demographics Brooklyn Compared to Other Urban and Rural Sites

	Brooklyn N=119 (12.9%)	Urban N=524 (56.9%)	Rural N=278 (30.2%)	Total N= 921 (100%)
Ethnicity				、 ,
African Descent	84 (70.6)	354 (67.8)	179 (64.9)	617 (67.3)
Latina	31 (26.1)	124 (23.8)	89 (32.2)	244 (26.6)
Other	4 (3.4)	44 (8.4)	8 (2.9)	56 (6.I)
(multiracial)				
Marital				
Single	103 (86.6)	428 (81.7)	239 (86.0)	770 (83.6)
Relationship	16 (13.4)	96 (18.3)	39 (14.0)	151 (16.4)
Unstable Housing	45 (37.8)	190 (36.5)	107 (38.5)	342 (37.3)
(yes)				
H S Grad (yes)	58 (48.7)	314 (59.9)	170 (61.2)	542 (58.8)

Demographics Brooklyn Compared to Other Urban and Rural Sites

	Brooklyn N=119 (12.9%)	Urban N=524 (56.9%)	Rural N=278 (30.2%)	Total N= 921 (100%)
Income Support (yes)	71 (65.7)	268 (52.9)	95 (36.1)	434 (49.5)
Employment				
Working	(9.2)	88 (16.8)	66 (23.7)	165 (17.9)
Disabled	3 (2.5)	164 (31.3)	84 (30.2)	251 (27.3)
Not working	105 (88.2)	272 (51.9)	128 (46.0)	505 (54.8)
Medicaid (yes)	92 (77.3)	130 (25.2)	83 (30.0)	305 (33.5)
IP Violence (yes)	31 (26.5)	140 (26.9)	90 (33.0)	261 <mark>(28.7)</mark>

HIV Care Status: Brooklyn, Urban, and Rural Site Comparisons at Enrollment

	Brooklyn N=119 (12.9%)	Urban N=524 (56.9%)	Rural N=278 (30.2%)	Total N= 921 (100%)
HIV Continuum				. ,
Status				
Newly Diagnosed	18 (15.1)	82 (15.6)	73 (26.4)	173 (18.8)
New to Care	27 (22.7)	66 (12.6)	40 (14.4)	133 (14.5)
Transferred	51 (42.9)	129 (24.6)	36 (13.0)	216 (23.5)
Sporadic	18 (15.1)	155 (29.6)	67 (24.2)	240 (26.1)
Lost to care (12+mos)	5 (4.2)	92 (17.6)	61 (22.0)	158 (17.2)
AIDS Diagnosis (yes)	28 <mark>(25.2)</mark>	125 (24.6)	26 (9.6)	179 (20.1)
On ART (yes)	57 (47.9)	309 <mark>(59.1</mark>)	82 (29.5)	448 (48.7)
Knows VL (yes)	30 <mark>(25.2)</mark>	98 (18.7)	39 (14.0)	167 (18.1)

Self-Assessed Health: Brooklyn, Urban, and Rural Site Comparisons at Enrollment

	Brooklyn N=119 mean (sd)	Urban N=524 mean (sd)	Rural N=278 mean (sd)	Total N= 921 Mean (sd)
Days Limited by Pain	6.2 (10.0)	6.6 (9.6)	7.9 (11.3)	7.9 (11.3)
Days Depressed	10.7 (10.7)	10.0 (11.0)	10.3 (11.1)	10.1 (11.0)
Days Worried	13.0 (12.1)	11.3 (11.8)	12.8 (12.1)	12.0 (11.9)
Days Lacked Sleep	10.3 (11.0)	11.3 (11.8)	13.2 (12.4)	11.7 (11.9)
Days Felt Healthy	14.7 (10.3)	14.3 (11.5)	11.1 (11.4)	13.4 (11.4)

Brooklyn vs Other Sites: Risk Factors for Inconsistent HIV Care

	Brooklyn N=119 (12.9%)	Urban N=524 (56.9%)	Rural N=278 (30.2%)	Total N= 921 (100%)
Alcohol only (yes)	53 (44.9)	403 (77.5)	230 (82.7)	686 (74.9)
)
Tobacco use (yes)	38 (32.8)	172 (33.2)	95 (34.3)	305 (33.5)
Substance abuse (yes)	43 (37.I)	261 (50.3)	120 (43.5)	424 (46.5)
Sexual risk behaviors (yes)	102 (90.3)	455 (90.5)	267 (97.4)	824 <mark>(92.6)</mark>
Any risk behaviors (yes)	109 (94.0)	499 (96.9)	273 (98.6)	881 <mark>(97.0)</mark>

Brooklyn vs Other Sites: Total Mean Barriers to Care at Baseline and 12 months

	Brooklyn	Urban	Rural	Total
	Mean (sd)	Mean (sd)	Mean (sd)	Mean (sd)
Total Barriers (N=921)	13.5 (6.2)	12.5 (7.1)	9.8 (6.6)	11.8 (6.7)
Barriers 6 months(N=708)	12.3 (7.0)	7.4 (6.8)	8.3 (6.1)	8.4 (6.8)
Barriers 12 months(N=508)	10.1 (6.6)	7.6 (6.1)	8.9 (5.9)	8.3 (6.2)

Brooklyn vs Other Sites: Barriers to Care at Baseline and 12 months

	Brooklyn	Urban	Rural	Total
	Baseline N=119 (12.9%)	Baseline N=524 (56.9%)	Baseline N=278 (30.2%)	Baseline N= 921 (100%)
	12 months N=68 (13.4%)	12 months N=288 (56.7%)	12 months N=152 (29.9%)	12 months N=508 (100%)
Embarrassed (yes)	()		()	(100,0)
	81 (68.6)	336 (64.1)	179 (64.4)	596 (64.8)
	46 (67.6)	110 (38.2)	83 (54.6)	239 (47.0)
Too upset to deal with it (yes)				
	78 (65.5)	286 (54.6)	148 (53.2)	512 (55.6)
	41 (60.3)	104 (36.1)	82 (53.9)	227 (44.7)
Felt judged (yes)				
	88 <mark>(73.9</mark>)	375 (71.6)	178 (64.0)	641 (69.6)
	45 <mark>(66.2)</mark>	99 (34.4)	85 (55.9)	229 (45.1)
Unwanted changes in care (yes)				
	76 <mark>(64.4)</mark>	259 (49.4)	112 (40.4)	447 (48.6)
	38 <mark>(55.9</mark>)	75 (26.0)	63 (41.4)	176 (34.6)

Brooklyn vs Other Sites: Barriers to Care at Baseline and 12 months

	Brooklyn	Urban	Rural	Total
	Baseline N=119 (12.9%)	Baseline N=524 (56.9%)	Baseline N=278 (30.2%)	Baseline N= 921 (100%)
	12 months N=68 (13.4%)	12 months N=288 (56.7%)	12 months N=152 (29.9%)	12 months N=508 (100%)
Housing/financial uncertainty (yes)				
	65 (54.6)	303 (57.9)	115 (41.4)	483 (52.5)
	29 (43.3)	114 (39.6)	62 (40.8)	205 (40.4)
Transportation problems (yes)				
	50 (42.4)	313 (59.7)	124 (44.6)	487 (52.9)
	16 (23.5)	104 (36.1)	71 (46.7)	191 (37.6)
Fear illness will not be kept private (yes)				
	69 (58.0)	268 (51.1)	107 (38.5)	444 (48.2)
	35 (51.5)	60 (20.8)	36 (23.7)	131 (25.8)

HIV+ Women in Care in Brooklyn Compared to Other Urban or Rural Settings: Summary

- Housing instability was a constant for women across the USA
- A higher proportion of HIV+ women in Brooklyn reported having income support, were not working or received Medicaid, compared to other urban and rural areas
- IP violence rates were high across all geographic sites
- Women in Brooklyn were more likely to be new to HIV care or transfer their care upon entry into the SPNS project

HIV+ Women in Care in Brooklyn Compared to Other Urban or Rural Settings: Summary

- Women in Brooklyn and other urban areas were more likely to have an AIDS diagnosis and be on ART compared to rural areas
- Women in Brooklyn appear to be less likely to report alcohol or other substance use (underreporting?)
- Stigma related issues tend to persist as a barrier to care for women in Brooklyn after 12 months compared to other urban and rural areas
- HIV+ women in Brooklyn compared greater drops in transportation reported as a barrier to care after 12 months compared to other urban areas (>) and rural areas (>>)

- This study was supported by HHS, HRSA/SPNS H97A15155
- Thanks to Nicole Sekulo for assistance with this presentation
- Jessica Xavier, MPH, Project Officer at HRSA, HAB
- Arthur E. Blank, PhD, Evaluation and Technical Assistance Center, Albert Einstein College of Medicine



THANK YOU!!!!!!

- HRSA SPNS for funding us
- The FACES Network
 - J. Birnbaum, E. Eastwood, D. Thomann-Howe, D. Weekes, S. Murphy, J. Lee
- HEAT
 - J. Irwin, C. Shepherd, S. Lewis, P. Jones, L. Blackman
- Brooklyn Hospital, PATH Center
 - M. Perez, J. Bastas, J. Goldberg
- Housing Works
 - W. Blanch, L. Smith, S. Culler, E.Culler, K. Thompson
- Interfaith Medical Center
 - T. Mounsey, J. Lawrence, J. Stultz, S. Ahmed

