



VIRTUAL  
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HIV CARE & TREATMENT

# Service Utilization and HIV Outcomes among Transgender Women Receiving Ryan White Services in New York City

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# Learning Objectives



- Describe how merged programmatic-surveillance data can be used to examine unmet need and disparities in health outcomes among key populations
- Describe health outcomes measures/definitions used to examine care continuum disparities
- Discuss our data-to-action response leading to the development of a Ryan White Part A (RWPA) service model for people of transgender experience

# Agenda



- Overview of New York City Ryan White Part A (RWPA)
- Analysis on Transgender Health Service Needs and Utilization
- Related Earlier Analyses
  - Examining responses to local RWPA client satisfaction survey
- Initial Steps in Response to Data

# Overview: New York City Ryan White Part A



- **NYC RWPA:** ~13,500 HIV-positive individuals served in Grant Year 2018 in the New York Eligible Metropolitan Area (NY EMA), ~12,400 in NYC and 1,100 in the Tri-County area
  - The local program predominantly focuses on providing supportive services and covers ~14 types, including Food/Nutrition, Harm Reduction, Housing, Mental Health, Case Management and Legal Services
  - Nearly all services are contracted out to community-based organizations and hospitals/health centers (provider agencies) spread across the EMA

# Aims of Analyses



1. Examine demographic, service category utilization and clinical differences between transgender women, cisgender women, and cisgender and transgender men in NYC RWPA
2. Measure four areas of service need for each of the three groups
  - ❖ Food/nutrition, harm reduction, mental health, and housing services
3. Investigate the extent to which client needs were met with related NYC RWPA supportive services

# Methods: Primary Data Source



- Electronic System for HIV/AIDS Reporting and Evaluation (eSHARE):
  - Developed by the NYC Department of Health and Mental Hygiene (the Health Department) for provider reporting on HIV services contracts, including RWPA
  - Captures enrollments, services, assessments, outcomes, and demographics, including:
    - Self-identified gender with transgender response options
    - Sex assigned at birth
  - Can be merged with patient-level [HIV Surveillance Registry](#) data for use of complete NYC laboratory reporting on viral load and CD4 tests

- **Client population:** HIV-positive clients served and assessed between January 1, 2016 and December 31, 2017 in an NYC RWPA core and/or supportive services program and matched the definition for one of our groups of interest:
  - **Transgender women:**
    - Self-identified gender reported as transgender girl or woman or gender reported as female and sex assigned at birth reported as male
  - **Cisgender women:**
    - Both self-identified gender and sex assigned at birth reported as female
  - **Transgender men:**
    - Self-identified gender reported as transgender boy or man or gender reported as male and sex assigned at birth reported as female
  - **Cisgender men:**
    - Both self-identified gender and sex assigned at birth reported as male



# Definitions of Areas of Service Need



- **Food/nutrition services:** very low income ( $\leq 130\%$  of Federal Poverty Level) or food insufficiency, defined as follows:
  - not always having enough money for food in the past 3 months;
  - not always having enough to eat; **or**
  - going for a whole day without anything at all to eat in the past 30 days
- **Harm reduction services:** recent use of hard drugs (cocaine/crack, heroin, crystal meth, or prescription drugs to get high)
- **Mental health services:** low mental health functioning (mental component summary [MCS] score  $\leq 37.0$  on the SF-12 functional health assessment)
- **Housing services:** unstable housing (homelessness or transitional/temporary housing)



# Definitions of HIV Outcomes

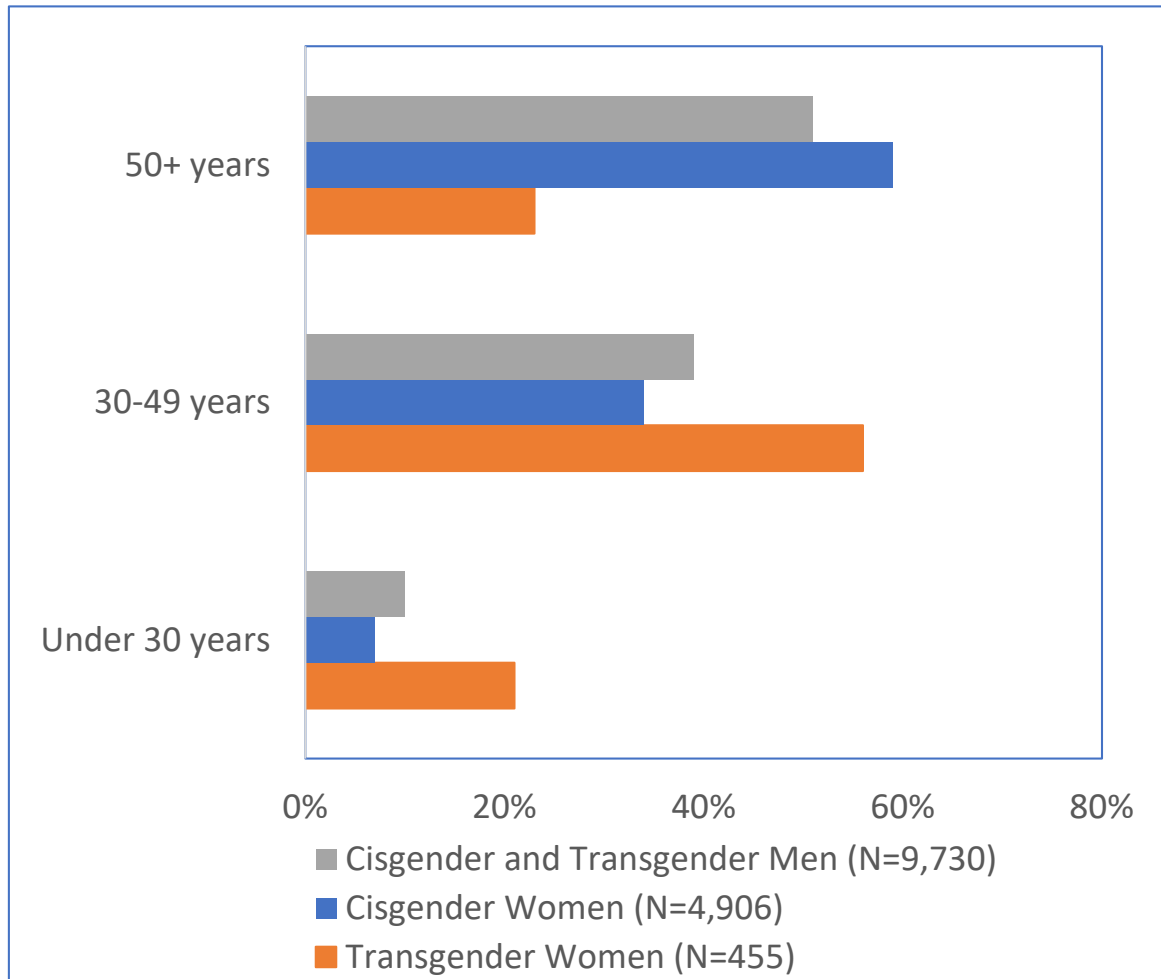


Outcomes	Definition
<b>Engagement in care</b>	Clients had <b>at least one HIV-related (VL or CD4) laboratory test within 12 months after the last service received</b> between January 1, 2016 and December 31, 2017.
<b>Consistent Engagement in Care</b>	Clients had <b>at least two HIV-related (VL or CD4) laboratory tests, at least two months apart, within 12 months after the last service received</b> , between January 1, 2016 and December 31, 2017.
<b>Prescription of ART</b>	Clients were reported to <b>have a current ART prescription</b> between January 1, 2016 and December 31, 2017.
<b>Viral Suppression</b>	Clients' <b>latest viral load test result within 12 months* after the last service received</b> , between January 1, 2016 and December 31, 2017, <b>was &lt;200 copies/mL.</b>
<b>Durable Viral Suppression</b>	Clients had <b>at least two viral load test results at least 2 months apart within 12 months* after the last service received</b> (between January 1, 2016 and December 31, 2017), and <b>all VL results in the 12-month follow-up period were &lt;200 copies/mL.</b>

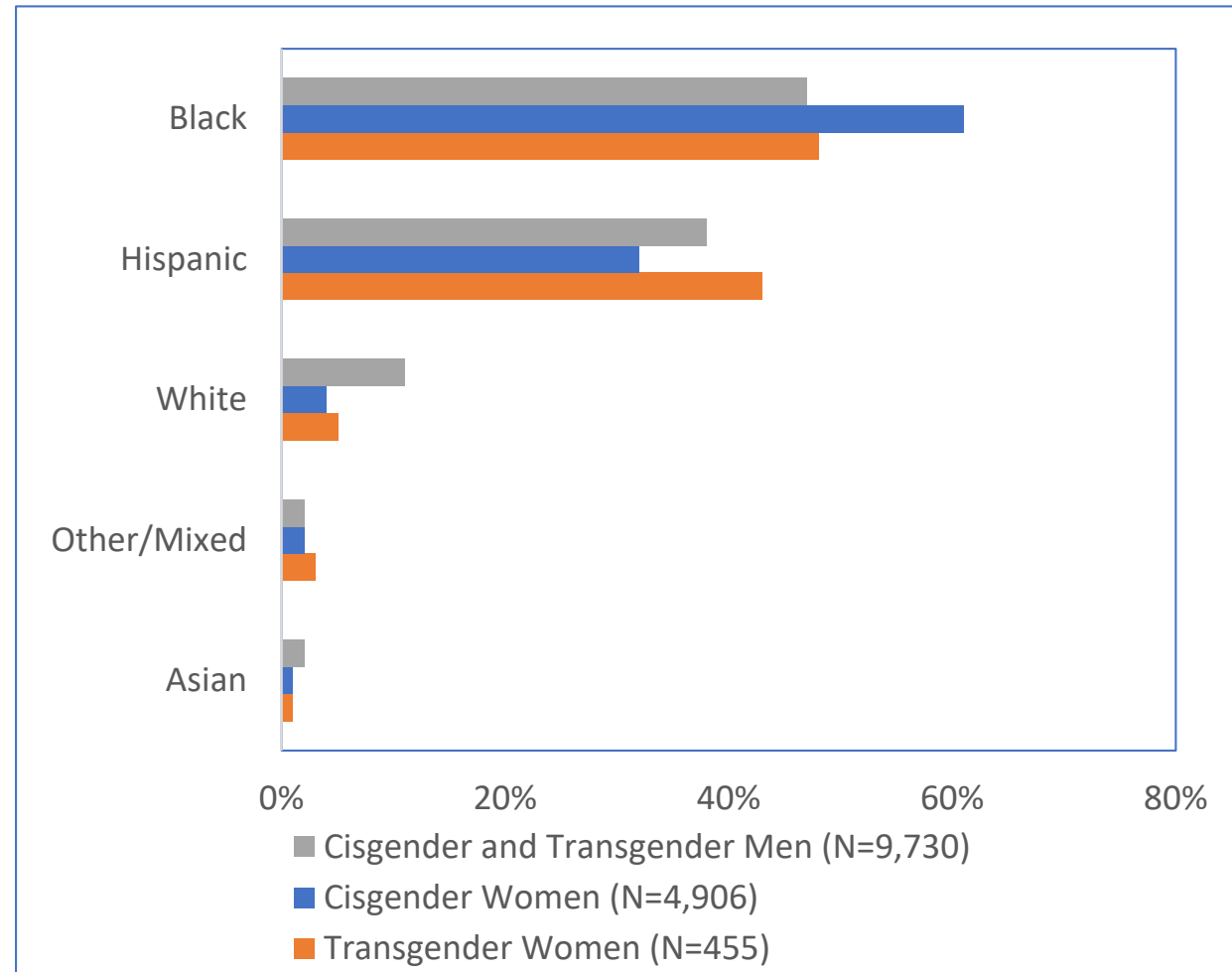
\*Clients without a test in that timeframe were counted as unsuppressed.

# Results: Demographic Characteristics

### Age Group

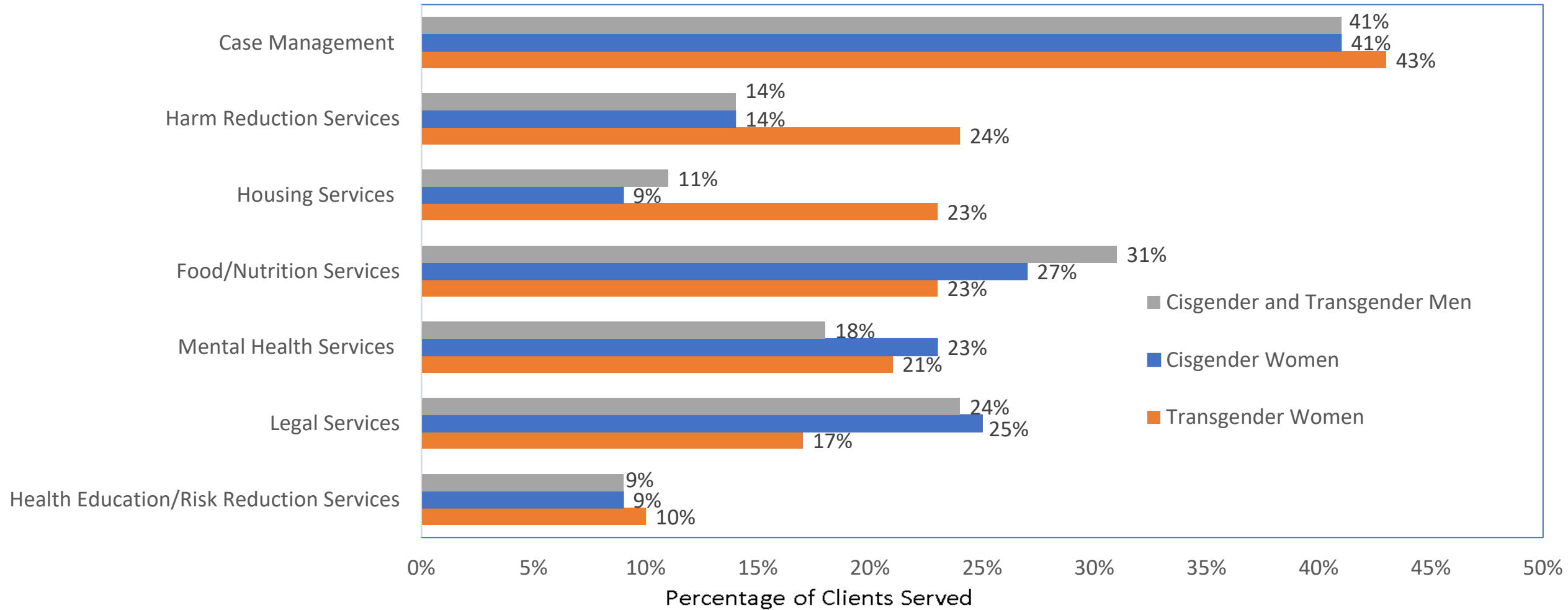


### Race and Ethnicity



Transgender women were more often younger and Hispanic/Latina

# Results: RWPA Service Category Utilization<sup>1</sup>



<sup>1</sup>Clients can be enrolled in >1 service category at a time. Service utilization = receipt of any service in the service category from Jan. 1 2016– Dec. 31 2017.

**NOTE:** Results are limited to local RWPA service utilization, and thus exclude any utilization of similar service types through other payers/sources.

The most commonly used services are case management and food and nutrition.

# Results: RWPA Service Category Utilization<sup>1</sup> by Service Need Area – within 12 months



Service Need Area	Transgender Women (N= 455)					Cisgender Women (N=4,906)					Cisgender and Transgender Men (N=9,730)				
	Had Need		Had Service <sup>1</sup>		Served in other SCs <sup>2</sup>	Had Need		Had Service <sup>1</sup>		Served in other SCs <sup>2</sup>	Had Need		Had Service <sup>1</sup>		Served in other SCs <sup>2</sup>
	N	%	N	%	%	N	%	N	%	%	N	%	N	%	%
<b>Food/Nutrition Services</b>	431	95	99	23	44	4514	92	1246	28	47	8558	88	2791	33	49
<b>Harm Reduction Services</b>	105	23	71	68	50	600	12	348	58	63	1742	18	1084	62	54
<b>Mental Health Services</b>	107	24	47	44	73	1100	22	506	46	64	1929	20	815	42	67
<b>Housing Services</b>	238	52	150	63	56	1167	24	671	58	50	3426	35	2050	60	56

<sup>1</sup>Among those with a need (Service = receipt of ≥1 service in the category shown, within 12 months after the assessment indicating the need.)

<sup>2</sup>Receipt of medical or non-medical services, among those with a need who did **not** receive the RWPA support service in the far left column; SCs: service categories (in RWPA)

**Summary:** Evidence of these needs was most common among transgender women (vs. the other two groups).

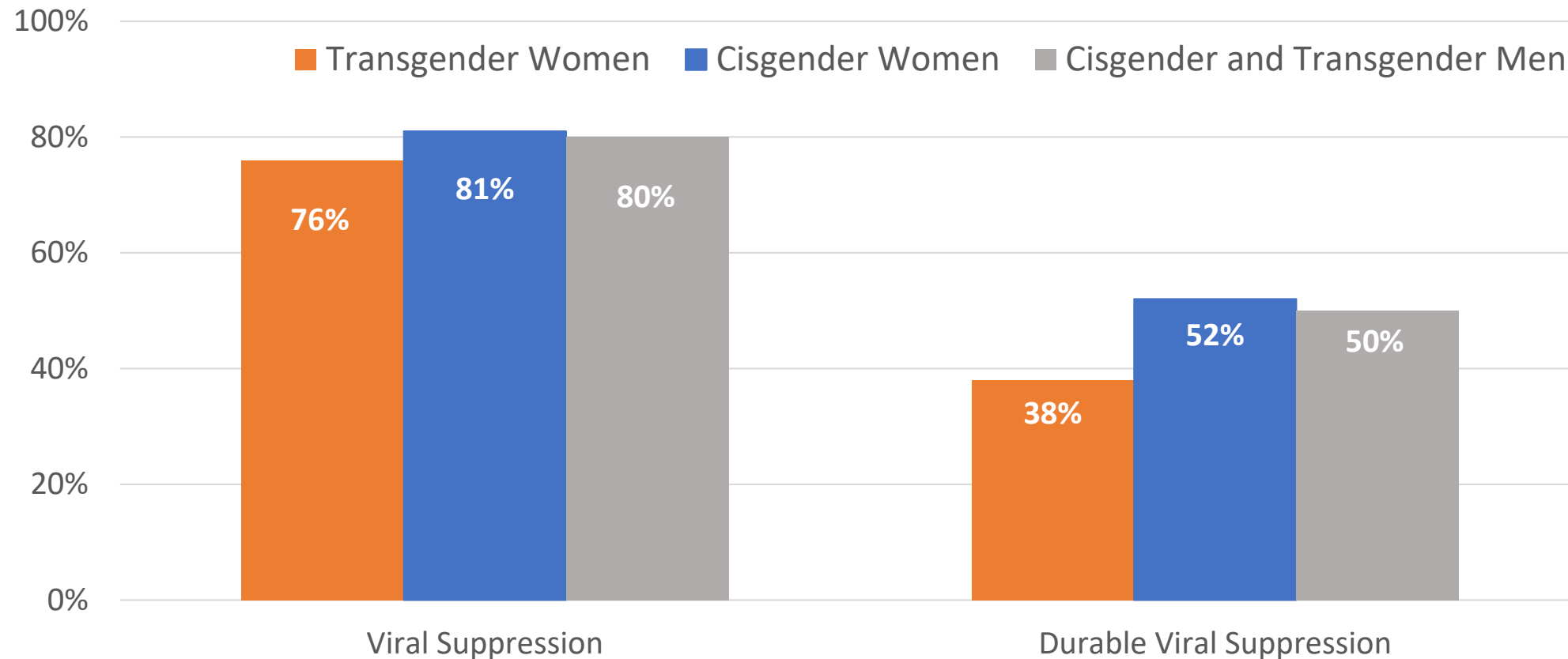
Transgender women with the need for food/nutrition services have lower use.

# Results: HIV Outcomes



- The only measure on which there were significant differences in HIV care continuum outcomes between groups were the following:
  - Viral suppression
  - Durable viral suppression

# Results: Viral Load Suppression



A lower proportion of transgender women had viral suppression and durable viral suppression

# Highlights



- Higher proportion of transgender women reported a need, as compared to cisgender women and cisgender and transgender men.
- Receipt of RWPA assistance to meet the assessed need was not significantly more or less common in any one of the three client groups examined, except for food/nutrition.
- Transgender women were less often virally suppressed or durably suppressed.



- Definitions of “need” are imperfect proxies
- Did not capture possible receipt of services outside of the 12-month period
  - Most Importantly: did not look at services outside of RWPA
    - Medicaid, Supplemental Nutrition Assistance Program (SNAP), other Parts of RW (B,C or D), and/or Housing Opportunities for Persons with AIDS (HOPWA), including NYC HIV/AIDS Services Administration (HASA)

# Aims of Earlier Analyses



1. Examine demographic, psychosocial and clinical differences **between transgender women, cisgender women, and men who have sex with men (MSM) in NYC RWPA**
  - a. **With attention to indicators of support service needs**
2. Investigate the extent to which client needs were met with related NYC RWPA supportive services
3. Integrate the perspectives of the clients receiving NYC RWPA services

# Components of Analyses



- 1. Baseline characteristics** (at 1st enrollment) of clients\* who had an intake assessment in eSHARE (2010-2016)
- 2. RWPA service category utilization**, among clients\* served between January 1, 2013 and December 31, 2016 (4 years)
- 3. RWPA service category utilization by area of service need**, among clients\* with evidence of the service need between January 1, 2013 and December 31, 2016
- 4. Perceptions of RWPA services**, among clients\* in Part 2 (above) who also completed a client satisfaction survey in 2014

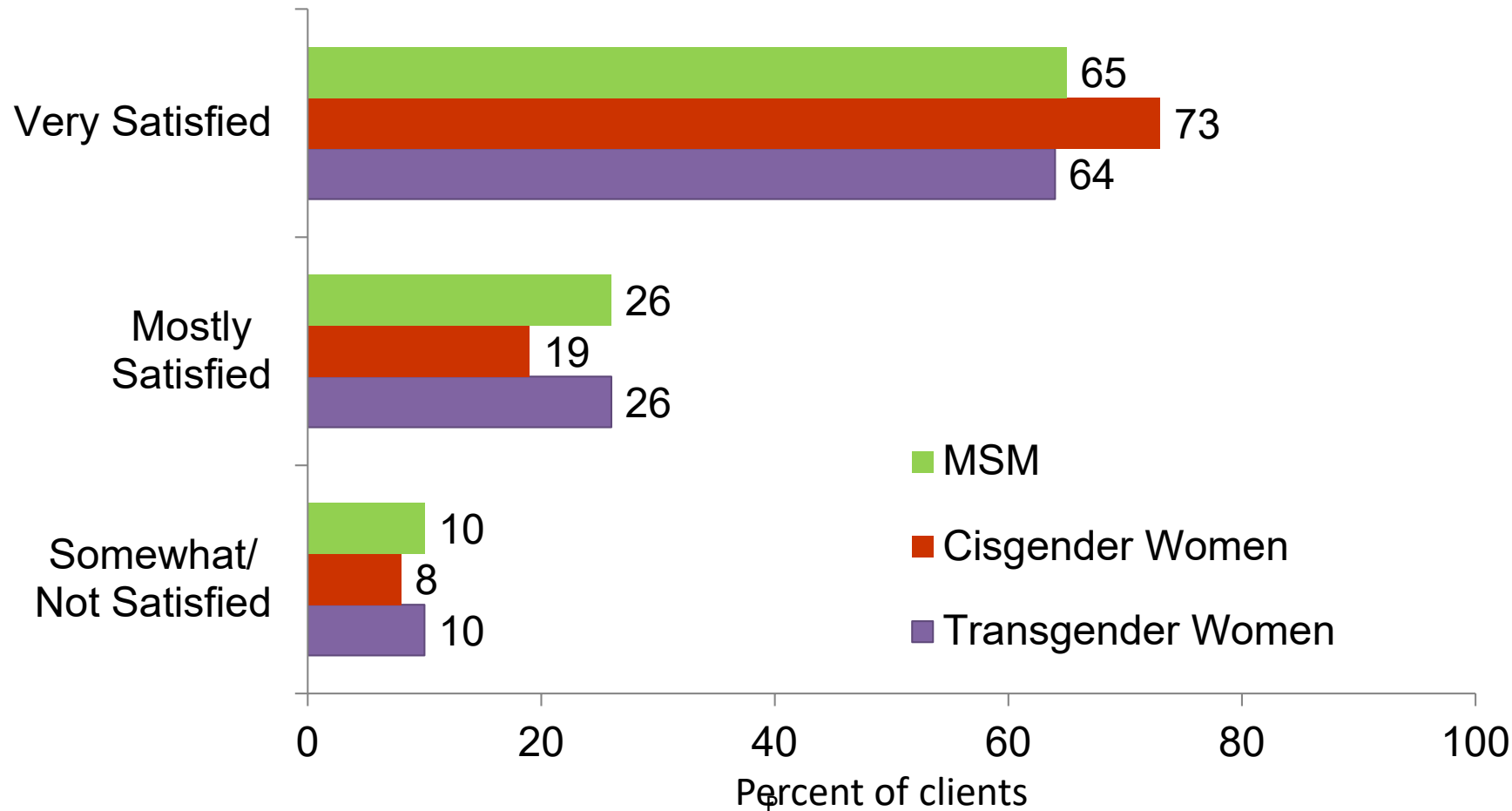
\*Clients included were those who matched the definition for one of our groups of interest for this earlier analysis: transgender women, cisgender women or MSM.

# Survey Methods Summary



- Random sampling from clients enrolled in RWPA
- 35 questions with skip patterns, covering:
  - General satisfaction with services received, accessibility, quality/effectiveness, and interactions with staff
- Electronic survey tool, available via a website link
- Client-specific logins for tracking and linking of data
  - Respondents demographically resembled active client population

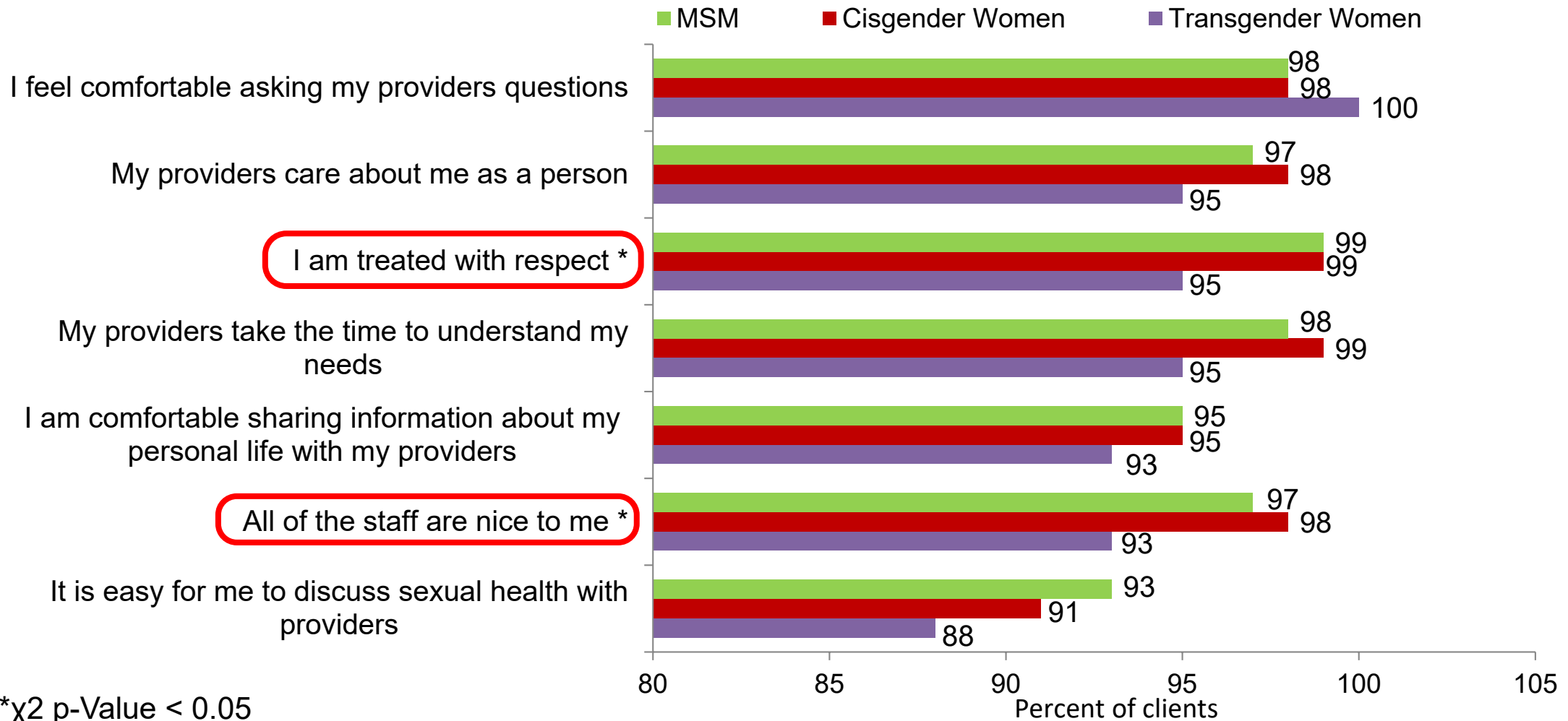
# Overall satisfaction with services in the specific RWPA service category on which participants were being surveyed



Transgender women and MSM less often reported being 'very satisfied' with services, as compared to cisgender women ( $\chi^2$  p-Value = 0.004)

**Note:** Percentages may not add to 100% within a client subgroup, because of rounding.

# Agreed or strongly agreed with statements regarding recent experience with services and staff



# Survey Results Summary



- High level of satisfaction (with regard to services and treatment by staff) among clients in all three groups
  - However, this is the norm with client satisfaction surveys
  - Significant differences found between groups
- Qualitative Results –Transgender women
  - Feedback highlighted unmet need/desire for services in a number of areas, including food and housing.



# Data to Action

Development of service model, and creation of transgender women of color workgroup (TWOC)

# Background and Initial Steps



- NY EMA has identified gender disparities in HIV outcomes as a RWPA programmatic priority
  - Service model development to provide supportive counseling to people of transgender experience
  - Trans Women of Color Workgroup to allow direct participation of the community in addressing issues directly affecting them

# Psychosocial Support Services for TIGNCNB Individuals in NYC



- **Why Psychosocial Support?**
  - Programs needed to address needs of TIGNCNB individuals in a culturally responsive way
  - Programs needed to address mental, physical health
  - Programs needed to enhance financial literacy and employment
    - **HIV Health is not the only issue present within the community**
- **Not just a program; focus on capacity building**
  - The recipient will procure an external consultant for a comprehensive TIGNCNB competency training and TIGNCNB resource manual for NY EMA.

# Psychosocial Support Services for TIGNCNB Individuals in NYC



- **Overarching Goals and Objectives:**
  - Provide quality, tailored, and gender affirming care to TIGNCNB black and Latino/a PLWH
  - Provide referrals and linkages to medical and supportive services that improve clients' physical and behavioral health and ensure continuity of care

# What about representation?



- Effective programs are created by those with lived experience
  - Community support is key to programmatic success
- Community informed process
  - Creation of Transgender Women of Color Workgroup
  - RFP and solicitation review panel will be expanded
  - Training and resource manual will be developed by external consultant

# Transgender Women of Color Workgroup



- Created to build on the Health Department's Race to Justice Initiative and provide feedback in RFP and training solicitation development
  - Aims at advancing racial equity and social justice, which are necessary to achieve the Health Department's mission to promote the health of all New Yorkers
- Comprised of five transgender women of color, Health Department staff, and a representative from the Planning Council
- Objectives
  - Identify best practices for gender-affirming care
  - Improve engagement among transgender women
  - Devise a plan for fully integrating these practices into the NY EMA RWPA

# PSS for TIGNCNB Individuals in NYC



- RFP in development
  - Ensuring community members and those identifying as TIGNCNB are involved in the process
    - Program to be by the community, for the community
- Services Offered:
  - Supportive Counseling
    - Individual, group, and family
  - Navigation services
    - Referrals; Linkages
  - Treatment adherence
  - Service Coordination
- Training curriculum and resource manual to be solicited
  - using representative external consultant
  - ensuring integration of community input remains consistent and deliberate



- PSS for TIGNCNB Individuals will address equity through
  - Program Staffing
    - Removal of educational degree requirements
    - Emphasis on experience
      - Both lived and professional.
  - Provider training and capacity building
    - Will address range of topics affecting TIGNCNB individuals
    - Will seek to enhance cultural awareness of providers
    - Will build capacity for racial and gender equity work

# Next Steps



- Finalize RFP development for release in NYC
  - Programs to start September 1, 2021
    - Delayed due to COVID-19
- Finalize and release training solicitation
  - Summer, 2020
    - Delayed due to COVID-19
    - Likely to be virtual considering global pandemic
- Identify community members/leaders to develop and deliver training
  - Utilize Transgender Women of Color Workgroup
  - Utilize equity framework for solicitation of training and resource manual development

# Acknowledgements



- NYC RWPA Clients and Service Providers
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# Thank you!

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