

# NYC Ryan White Part A service utilization and satisfaction among HIV-positive transgender women, cisgender women and men who have sex with men

2017 National Transgender Health Summit  
November 11, 2017

Jacinthe Thomas, MPH  
Senior Research Analyst  
Care and Treatment Program  
Bureau of HIV/AIDS Prevention and Control  
New York City Department of Health and Mental Hygiene

# Overview: Ryan White Program

- **Purpose:** care and support services for HIV-positive low-income individuals
- **Clients:** >500,000 HIV-positive individuals served annually in the US overall
- **Ryan White Part A (RWPA):** emergency assistance to areas hardest hit by HIV epidemic
  - **NYC RWPA:** >15,000 HIV-positive individuals served annually in the New York Eligible Metropolitan Area (EMA), NYC and 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

# Background: Transgender Health & HIV

- Transgender women have a high burden of HIV<sup>1</sup>
- Compared with other HIV patients, transgender women
  - Report fewer positive interactions with healthcare providers<sup>2</sup>
  - Have less confidence in their HIV treatment adherence ability<sup>3</sup>

1. Baral SD, Poteat T, Strömdahl S, Wirtz AL, Guadamuz TE, Chris B. Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *Lancet Infect Dis.* 2013;13:214-22.
2. Sevelius JM, Patouhas E, Keatley JG, Johnson MO. Barriers and Facilitators to Engagement and Retention in Care among Transgender Women Living with Human Immunodeficiency Virus. *Annals of behavioral medicine : a publication of the Society of Behavioral Medicine.* 2014;47(1):5-16.
3. Sevelius JM, Carrico A, Johnson MO. Antiretroviral Therapy Adherence Among Transgender Women Living with HIV. *The Journal of the Association of Nurses in AIDS Care : JANAC.* 2010;21(3):256-264.

# Aims of Analyses

1. Examine demographic, psychosocial and clinical differences between transgender women, cisgender women and 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

# Methods: Primary Data Source

- **Electronic System for HIV/AIDS Reporting and Evaluation (eSHARE):**
  - Developed by 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 at birth
    - Sexual orientation
  - Can be matched and merged with patient-level HIV Surveillance Registry data for use of complete NYC laboratory reporting on viral load and CD4 tests

# Methods: Definitions

- **Transgender women:**
  - Self-identified gender reported as transgender (male to female); or gender reported as female and sex at birth as male
- **Cisgender women:**
  - Both self-identified gender and sex at birth reported as female
- **Men who sex with men:**
  - Self-identified gender reported as male, **and**
  - Sex at birth **not** reported as female, **and**
  - HIV risk factor reported as MSM; or sexual orientation reported as gay/homosexual/bisexual; or any oral or anal sex with a male partner reported in past 12 months

# Methods: Components of the 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: transgender women, cisgender women or MSM.

# Methods: 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)



## Results: Table 1. Baseline Characteristics as of Earliest eSHARE Enrollment, 2010-2016

Characteristic	Transgender Women (N=641)	Cisgender Women (N=8,886)	MSM (N=9,096)
	%	%	%
<b>Age Group</b>			
Under 30	28	10	22
30-49	56	46	53
50+	16	44	25
<b>Race/Ethnicity</b>			
Black	49	60	42
White	4	5	17
Hispanic	43	32	35
Other	4	3	6
<b>Employment</b>			
Unemployed	85	82	67
Employed	11	10	20
Unknown	4	8	13
<b>Education Level</b>			
Less than high school degree	39	43	18
High School/GED or equivalent	28	25	24
Some college or above	23	20	52
Unknown	10	11	6

- Transgender women were more often younger and Hispanic/Latina
- Compared to MSM, transgender women were more often unemployed and more often lacking a high school degree

**Note:** All characteristics in the shaded rows differed significantly by group ( $\chi^2$  p-value < 0.05).

## Results: Table 1. (ctd.) Baseline Characteristics as of Earliest eSHARE Enrollment , 2010-2016

Characteristic	Transgender Women (N=641)	Cisgender Women (N=8,886)	MSM (N=9,096)
	%	%	%
<b>Insurance Status</b>			
Uninsured	12	6	13
Insured	82	86	80
Unknown	6	8	7
<b>Incarceration in the Past 12 Months</b>			
Yes	11	4	4
No	87	95	95
Unknown	2	1	1
<b>Recent Tobacco Use<sup>1</sup></b>			
Yes	36	28	29
No	37	46	47
Unknown	27	26	24
<b>HIV Treatment Status</b>			
Unsuppressed (last VL >200 copies/mL or no VL)	54	46	48

- Compared to cisgender women, transgender women were more often uninsured
- Transgender women were more often incarcerated in the past year, smoking and virally unsuppressed (a sign of not being successfully treated for HIV)

<sup>1</sup> In the past 3 months

**Note:** All characteristics in the shaded rows differed significantly by group ( $\chi^2$  p-value < 0.05).

## Results: Table 1. (ctd.) Baseline Characteristics as of Earliest eSHARE Enrollment, 2010-2016

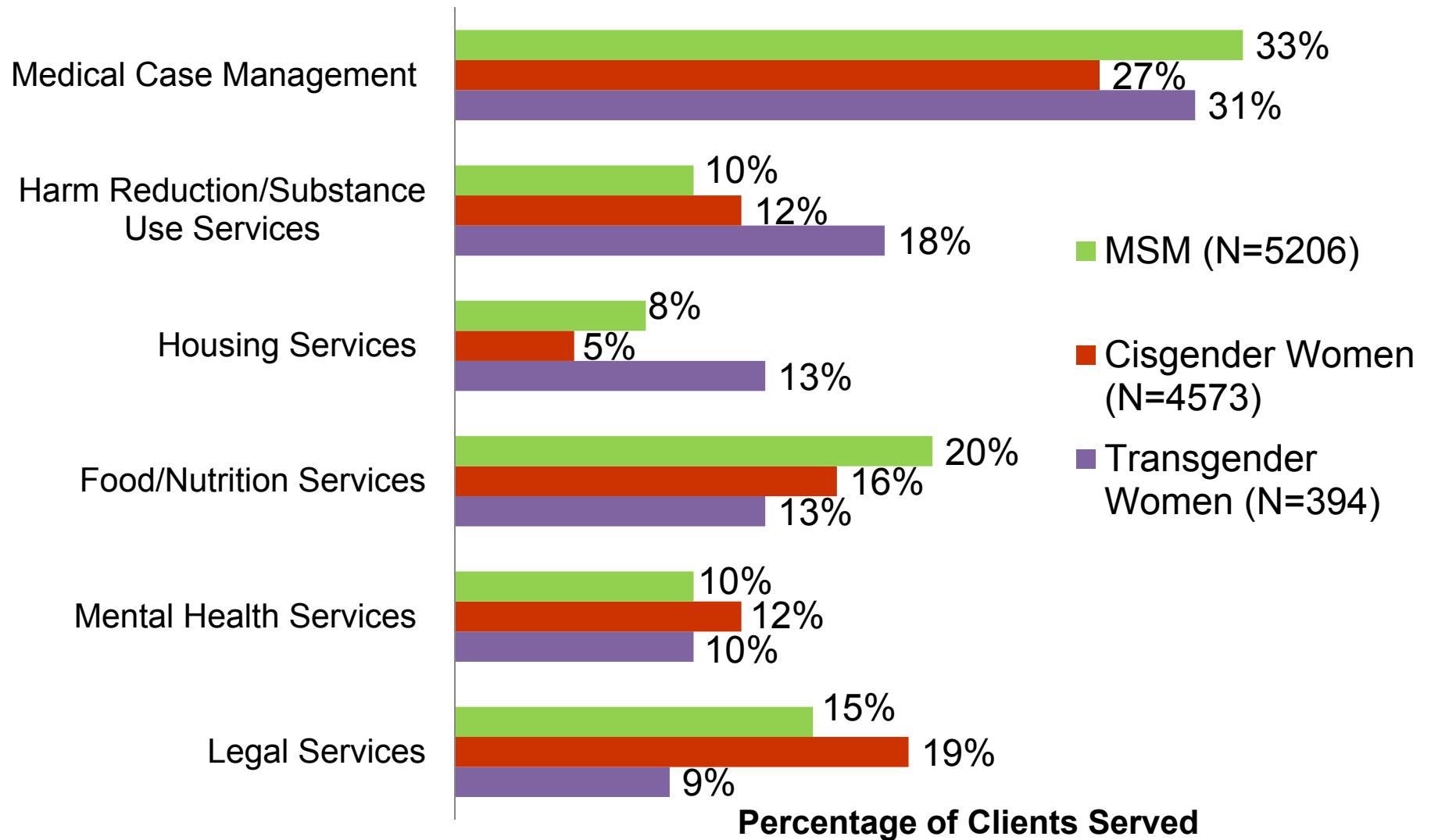
Characteristic	Transgender Women (N=641)	Cisgender Women (N=8,886)	MSM (N=9,096)
	%	%	%
<b>Mental Health Functioning (SF-12)</b>			
Very Low (MCS score <=37.0)	19	18	18
Not Very Low (MCS score >37.0)	30	37	33
Unknown	51	45	49
<b>Household Income</b>			
<=130% Federal Poverty Level	82	72	64
>130% Federal Poverty Level	9	13	24
Unknown	9	14	12
<b>Housing Status</b>			
Unstable/temporary	46	21	30
Stable/permanent	51	75	67
Unknown	3	4	3
<b>Recent Hard Drug Use<sup>1</sup></b>			
Yes	10	7	10
No	61	65	65
Unknown	29	28	25

- Compared to cisgender women, transgender women less often had mental health functioning scores above the “very low” range
- Transgender women were more often living at or below 130% of federal poverty level and unstably housed

<sup>1</sup>In the past 3 months

**Note:** All characteristics in the shaded rows differed significantly by group ( $\chi^2$  p-value < 0.05).

# Results: RWPA Service Utilization<sup>1</sup> among Transgender Women, Cisgender Women, and MSM, 2013-2016



<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 2013 – Dec. 31 2016.  
**NOTE:** Results are limited to local RWPA service utilization, and thus exclude any utilization of similar service types through other payers/sources.

## Results: RWPA Service Utilization among Transgender Women, Cisgender Women, and MSM by Service Need Area, 2013-2016

Service Need Area	Transgender Women (N= 452)					Cisgender Women (N=5,791)					MSM (N=6,289)				
	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	%	%
Food/Nutrition Services	432	96	96	22	45	5382	93	1285	24	46	5425	86	1729	32	51
Harm Reduction Services	124	27	25	20	16	794	14	172	22	21	1192	19	269	23	20
Mental Health Services	151	33	59	39	14	1651	28	612	37	21	1732	27	570	33	18
Housing Services	250	55	67	27	14	1544	27	397	26	21	2417	38	607	25	18

<sup>1</sup>Among those with a need (Service = receipt of ≥1 service in the category shown, within 6 months of the assessment indicating the need.)

<sup>2</sup>Among those with a need who did **not** receive the RWPA support service in the far left column; SCs: service categories (in RWPA).

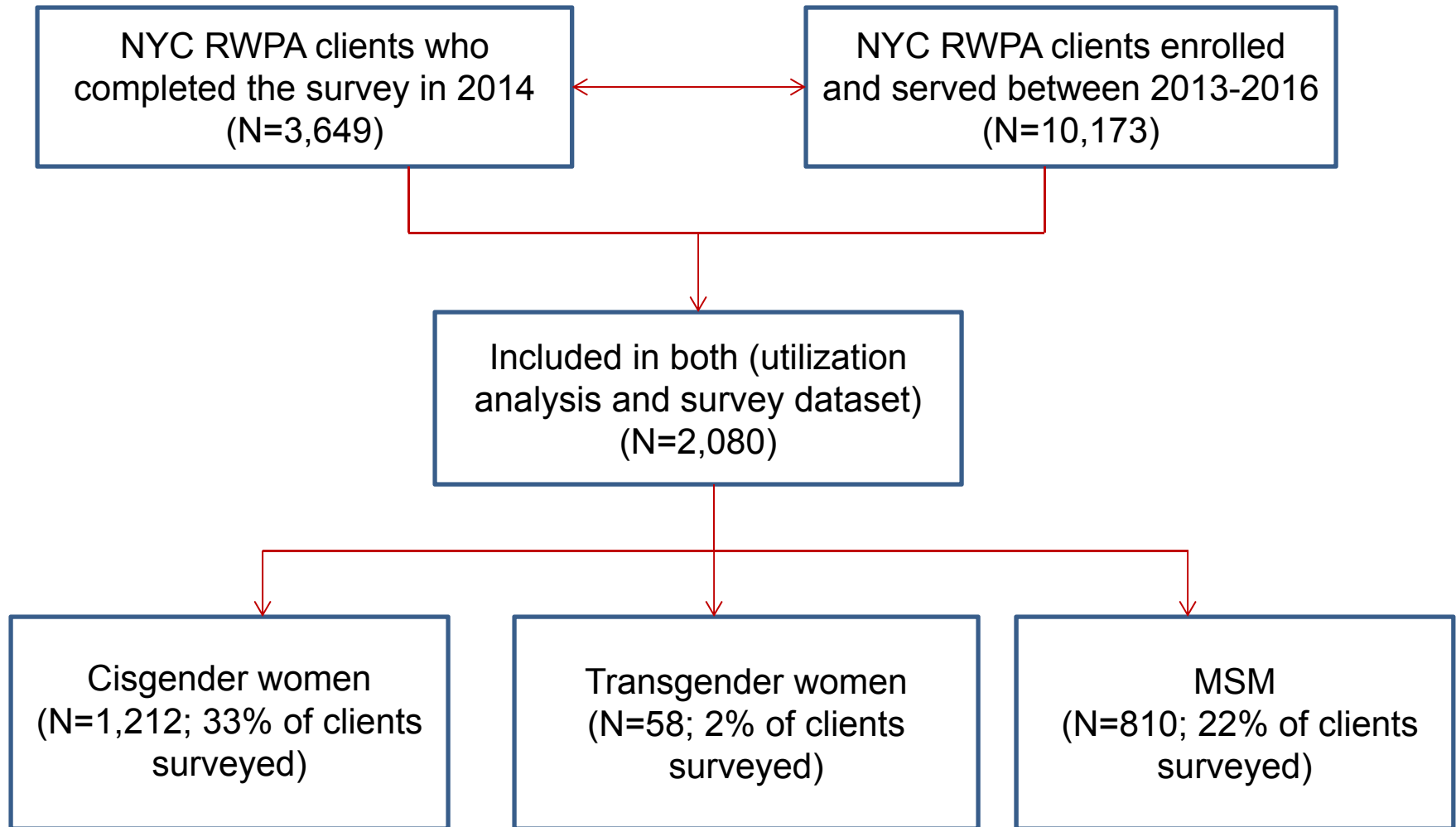
**Summary:** Evidence of these needs was most common among transgender women (vs. the other two groups). No one group appeared to have lower or higher use of RWPA services needed.

Satisfaction among HIV-positive Transgender Women, Cisgender Women, and Men who have Sex with Men Receiving Ryan White Part A Services in NYC

# 2014 RWPA Client Satisfaction Survey

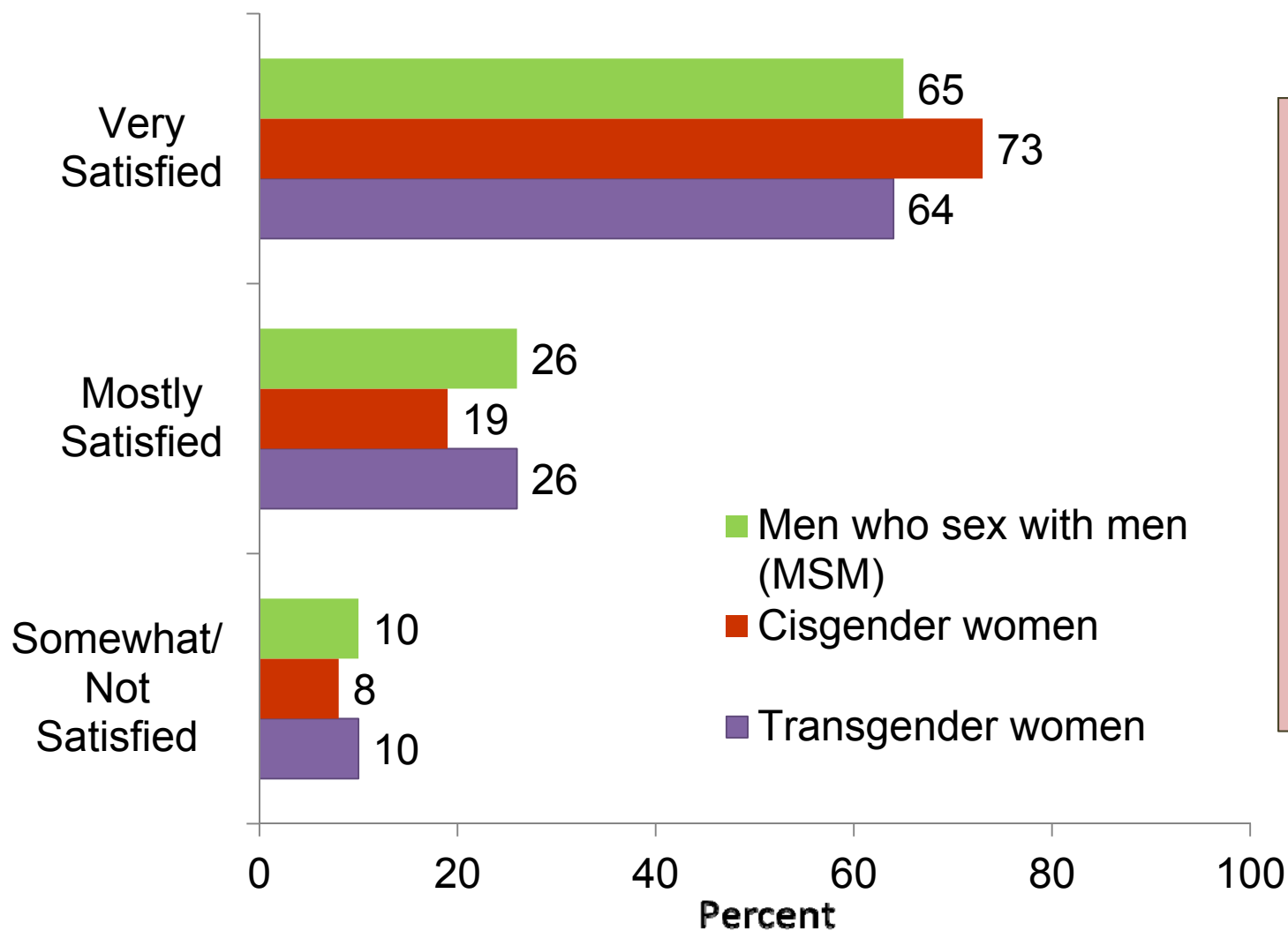
- 35 questions with skip patterns, covering:
  - General satisfaction with services received, accessibility, quality/effectiveness, and interactions with staff
- Electronic survey tool, available via a website link
- Respondents demographically resembled active client population

# Eligibility for Survey Analysis





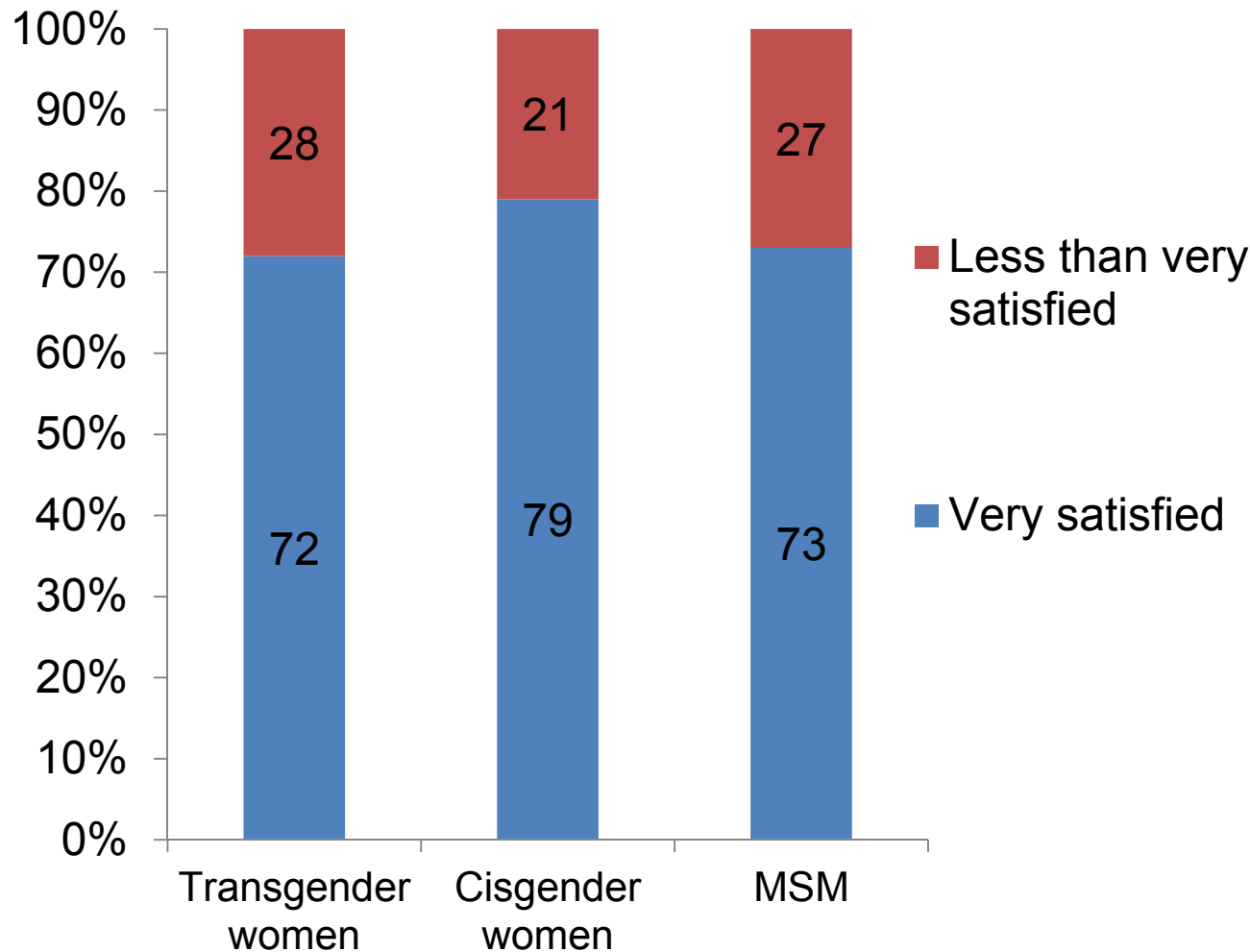
# Results: When receiving these services, how satisfied are you overall?



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

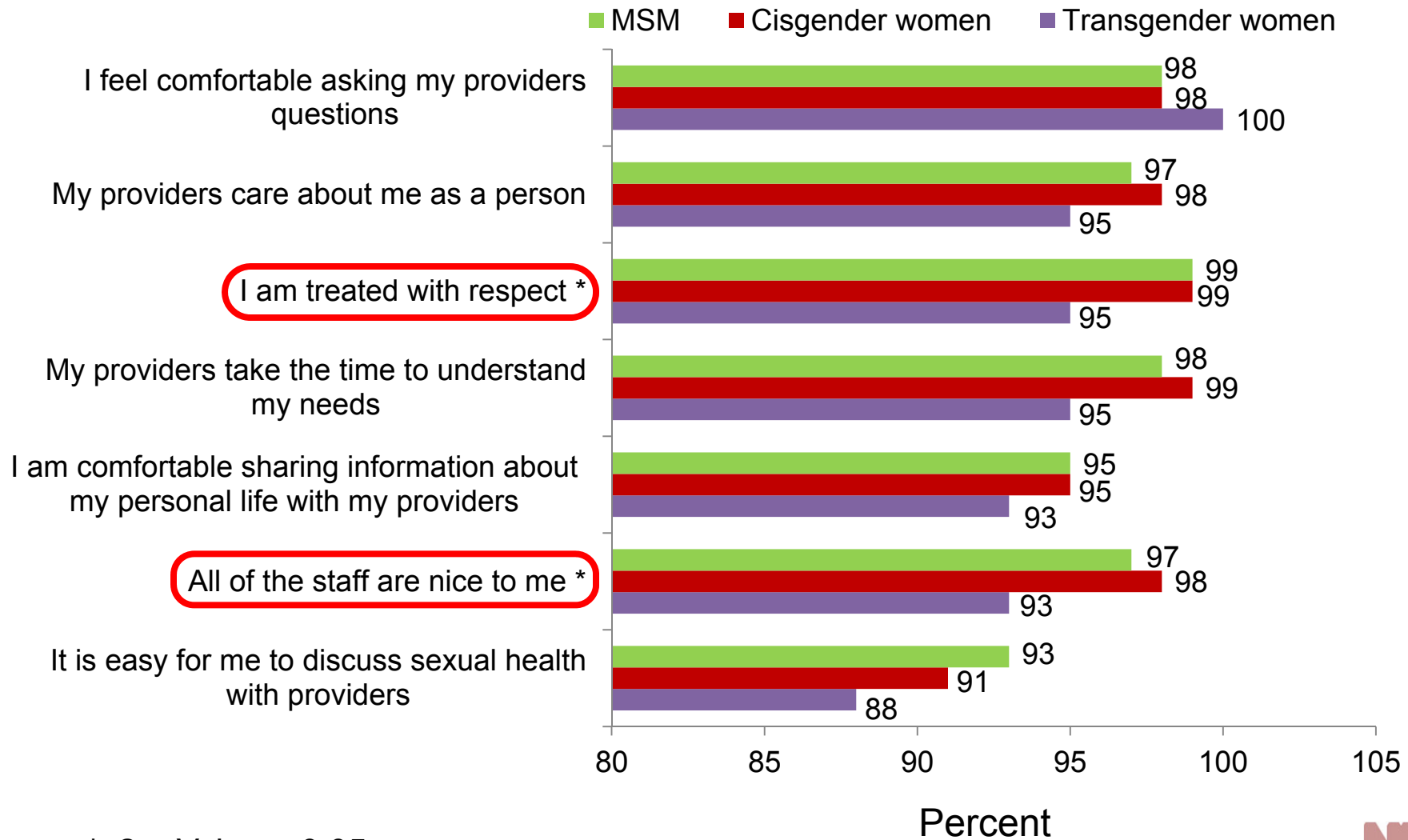
**Note:** Percentages may not add to 100% within a client subgroup, because of rounding.

# Results: How satisfied are you with the way you are treated overall?



Transgender women and MSM less often reported being 'very satisfied' with the way they are treated overall, as compared to cisgender women ( $\chi^2$  p-Value =0.003)

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



\* $\chi^2$  p-Value < 0.05

# Qualitative Results – Transgender Women

- Mix of general comments (49%) and suggestions for improvement (41%)
  - Unmet need/Desire for services (17%)
    - Educational information
    - Food
    - Health
    - Housing
    - Support groups
    - Longer service sessions

**Note:** Response(s) from one client may be represented in multiple sub-domains or sub-themes under this domain. Not all sub-themes under this domain are listed.

# Comments...In Their Own Words

## Written Responses from Transgender Women

I think the staff already do a wonderful job and I applaud their efforts. We need all that we can get. Thank You.

Be more innovative with the information and case management practices

I wish they had more support groups for transgender.

This program helped me in obtaining my apartment, and I am very grateful for their help.

# Survey results summary/highlights

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

# Limitations

- **Survey Analysis**
  - CSS only represents active clients
    - Unable to speak to barriers or negative experiences that could have kept people out of services
  - Asked each client about a specific program (1 survey per client)
    - Clients could have been enrolled in more than one program at that time
- **Service Utilization Analysis**
  - Definitions of “need” are imperfect proxies
  - Could not always ascertain transgender experience (missing data on sex assigned at birth, for some clients enrolled before 2014)
  - Did not capture possible receipt of services outside of the 6-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)

# Acknowledgements

- Client Respondents
- NY Eligible Metropolitan Area Ryan White Part A service providers
- Mary Irvine, DrPH, MPH
- Katherine Penrose, MS
- Graham Harriman, MA
- Levi Solimine, MPH



Contact:  
Jacinthe Thomas  
[jthomas1@health.nyc.gov](mailto:jthomas1@health.nyc.gov)

# Appendix

## Results: Key Qualitative Themes – Transgender Women

- 41 transgender women provided substantive responses to at least one of the open-ended questions<sup>1,2,3,4</sup>
  - Responses were organized into key thematic areas
    - Quality of services (24%)
    - Relationship with staff (20%)
    - Unmet Need/Desire for services (17%)
    - Outcome of services (17%)
    - Administration issues or resources (7%)
    - Communication (5%)

<sup>1</sup>Is there anything that would make it easier for you to get these services? [Participants who selected “Other” were then able to provide open-ended feedback.]

<sup>2</sup>What could the people providing these services do to increase your satisfaction?

<sup>3</sup>Are you ever treated in a way that you do not like when receiving services? [Participants who selected “Yes” and “There is another reason I do not like the way I am treated” were then able to provide open-ended feedback.]

<sup>4</sup>What else would you like to say about your experience with the program services you receive?

**Note:** Thematic areas touched on by <5% of clients and responses that could not be categorized into any thematic area are excluded.

# Qualitative Results – Transgender Women

- Among those who provided comments, 20 (49%) had general comments and 17(41%) had suggestions for improvement

## Quality of Services (24%)

- Positive feedback (50%)
- Needs improvement (50%)
- Food quality concerns/requests (30%)
- Want change to content of services (30%)
- Want more tailored/individualized services (20%)
- Confidence in provider ability (10%)

## Relationship with staff (20%)

- Positive feedback (63%)
- Needs improvement (38%)
- Nice/Personable (38%)
- Cares about me (25%)
- Attentive/understands my needs (25%)
- Trust/comfort (13%)

## Unmet need/Desire for services (17%)

- Educational information (14%)
- Food (14%)
- Health (14%)
- Housing (14%)
- Support groups (14%)
- Longer service sessions (14%)

## Outcome of Services (17%)

- Changed my life (29%)
- Benefited well-being/outlook (29%)
- General/met my needs (29%)
- Educational/taught me something (29%)

**Note:** Response(s) from one client may be represented in multiple domains (thematic areas) or multiple themes under one domain. Not all sub-themes under each of the domains are listed.