

16. Behavioral and Clinical Characteristics of Patients Receiving HIV Care in King County: Medical Monitoring Project, in 2015-2017

Summary

- The Medical Monitoring Project (MMP) is an ongoing project that annually collects behavioral and clinical data on a representative sample of adults with diagnosed HIV infection
- MMP data from June 2015 to May 2017 suggests that nearly all people living with diagnosed HIV in King County (98%) were taking antiretroviral therapy and most (85%) were virally suppressed
- However, King County residents living with HIV face other challenges, including unstable housing and substance use, that may jeopardize their HIV care and overall quality of life

Background

HIV surveillance programs in the United States collect limited information about people who have received diagnoses of HIV infection and AIDS. Supplemental surveillance projects collect more detailed information about care-seeking behaviors, healthcare use, and other behaviors among persons with diagnosed HIV (PWDH). Together, these data inform program planning, resource allocation, HIV prevention efforts, evaluation of existing clinical and social services, and development of new HIV-related interventions.

Methods

The Medical Monitoring Project (MMP) is a supplemental surveillance system that collects annual cross-sectional clinical, sociodemographic, and behavioral data on randomly selected adults (18 years and older) living with diagnosed HIV. MMP is conducted in 16 states, 6 cities, and Puerto Rico, areas where 73% of the total PWDH population in the United States reside. PHSKC staff collect information on demographics, adherence to HIV medication regimens, behavioral risk factors, and service utilization is collected during face-to-face and telephone interviews. Staff undertake medical record abstractions (MRA) to collect clinical data pertaining to diagnoses, medications, laboratory results, and health service utilization. A more detailed description of the MMP methodology is available elsewhere.¹

This article describes King County data from the MMP 2015 and 2016 cycles, collected between June 2015 and May 2017. We modeled this article after a report that was generated for the *national* MMP sample, available here: <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-special-report-number-20.pdf>. Results from this report are listed in **Table 16-1**, allowing the characteristics of King County MMP participants to be compared to MMP participants nationally.¹ The data were weighted for probability of selection and nonresponse to be representative of adults living with diagnosed HIV in King County. Statistical software (SAS, version 9.3, Cary, NC) was used for analysis of weighted data.

Results

Of the 522 King County PWDH sampled for the MMP 2015-16 cycles, 256 (49%) contributed data to the present analysis. In 2015-16, the majority of PWDH in King County were male (87%), non-Hispanic White (55%), 40 years or older (78%), had a high school degree or higher (93%), were born in the United States (83%), were currently taking ART (98%), and had evidence of viral suppression (85%) (**Table 16-1**). About 12% of King County PWDH experienced unstable housing or homelessness and 4% were incarcerated in

the 12 months preceding their interview. The comparison of King County MMP data with national MMP data suggests that King County PWDH are significantly (based on non-overlapping confidence intervals) more likely than PWDH nationwide to be male, non-Hispanic White, post-high school educated, identified as homosexual, taking antiretroviral therapy, and virally suppressed.

MMP participants were asked whether they needed various services funded by the Ryan White program in the prior 12 months. If they indicated that they needed the service, they were asked whether they received the service in the prior 12 months. **Figure 16-1** illustrates the responses to this component of the MMP interview. The mostly commonly received services were dental care (68%) and case management (60%). The percent of all participants indicating that they needed, but had not received, these and other specific services was generally low, from 1% (antiretroviral adherence counseling) to 20% (dental care). However, among persons reporting that they needed specific services, the percentage for whom that need was unmet was often substantial: 45% for peer support, 35% for drug and alcohol counseling, 32% for meal and food services, 31% for mental health services, 29% for housing assistance, and 24% for transportation assistance. These findings demonstrate a need to expand access to these services.

Substance use in the last 12 months was common among adults in HIV care in King County: 29% were current smokers, 18% were binge drinkers (in one sitting, ≥ 5 alcoholic drinks for men and ≥ 4 drinks for women), 26% used recreational non-injection drugs (excluding marijuana), and 12% used injection drugs (**Table 16-3**). Among adults in HIV care, roughly 53% reported condomless sex in the past year including 33% whom reported condomless sex with an HIV-negative or status unknown partner.

Conclusions

This article reports several indicators pertaining to the health of people living with diagnosed HIV in King County. Many HIV care patients were unstably housed and reported recreational drug use, which may jeopardize HIV care and overall quality of life, and substantial number of persons reported an unmet need for dental care, meal/food services, and various other services. These findings highlight multiple characteristics and needs of PWDH which may be useful for HIV prevention and care planning. For more information about MMP in King County, please visit our website:

<http://www.kingcounty.gov/healthservices/health/communicable/hiv/epi/MedicalMonitoring.aspx>.

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References:

1. Centers for Disease Control and Prevention. Behavioral and Clinical Characteristics of Persons with Diagnosed HIV Infection—Medical Monitoring Project, United States, 2015 Cycle (June 2015–May 2016). HIV Surveillance Special Report 20. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-special-report-number-20.pdf>. Published May 2018. Accessed 30OCT2018.

Table 16-1. Characteristics of people with diagnosed HIV in King County, Medical Monitoring Project, 2015-16

	King County, 2015-16 Cycles		Nationally, 2015 Cycle	
	Weighted Percent	Weighted 95% CI	Weighted Percent	Weighted 95% CI
Gender				
Male	87	82 - 91	75	72 - 77
Female	11	7 - 15	24	21 - 27
Transgender	2	0 - 4	1	1 - 2
Sexual Orientation				
Homosexual	67	61 - 73	42	39 - 46
Heterosexual	22	17 - 27	48	44 - 51
Bisexual	7	4 - 11	8	7 - 9
Race/ethnicity				
White, non-Hispanic	55	49 - 61	30	23 - 37
Black, non-Hispanic	16	11 - 20	41	31 - 51
Hispanic or Latino*	14	9 - 19	23	15 - 31
Asian, non-Hispanic	3	0 - 5	1	0 - 1
Multiracial, non-Hispanic	12	8 - 16	4	3 - 6
Age at time of interview (years)				
18-29	6	3 - 10	9	
30-39	15	11 - 20	16	N/A
40-49	30	24 - 37	27	
≥50	48	41 - 55	48	
Education				
Less than high school	8	4 - 11	20	17 - 22
High school diploma or GED	23	17 - 28	24	22 - 26
More than high school	70	64 - 76	56	53 - 59
Born in the United States	17	12 - 22	14	12 - 16
Homeless^Δ at any time[#]	12	8 - 16	9	7 - 10
Incarcerated >24 hours[#]	4	2 - 7	5	4 - 6
Currently Taking antiretrovirals	98	96 - 100	91	90 - 93
Most recent viral load documented prior to MMP interview was undetectable or <200 copies/mL[^]	85	81 - 90	70	68 - 73

Note: "N/A", or "not available", indicates numbers that were not included in CDC's published report describing national MMP data¹.

*Hispanics or Latinos might be of any race. Participants are classified in only one category.

^Δ Living on the street, in a shelter, in a single-room-occupancy hotel, or in a car.

[#] In the last 12 months

[^] Viral suppression status corresponding to MMP participants in King County was assessed using laboratory test results reported to core surveillance; viral suppression status corresponding to national MMP data based upon MMP medical record abstraction data.

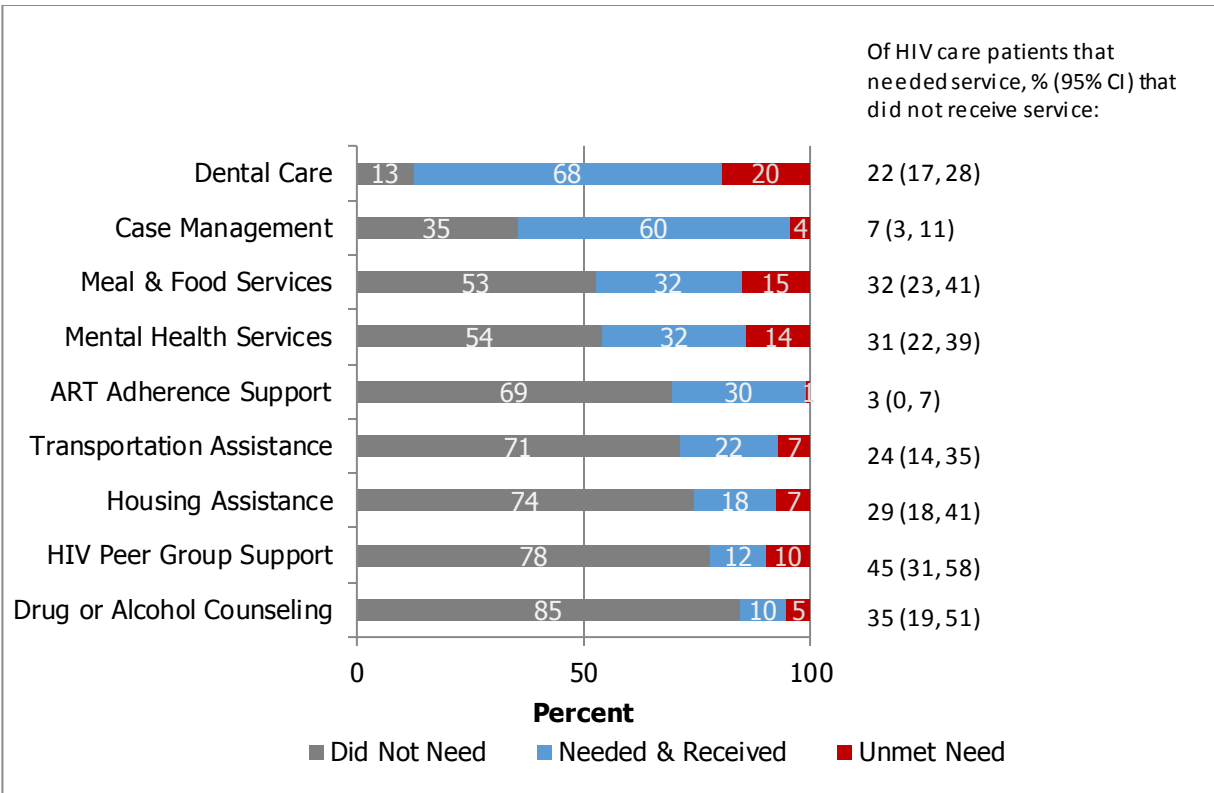


Figure 16-1: Reported Met and Unmet Need for Ryan White Funded Services, Medical Monitoring Project, King County, 2015-16

Table 16-3. Reported risk behaviors during the 12 months before interview, Medical Monitoring Project, King County, 2015-16.

	Weighted Percent	Weighted 95% Confidence Interval
Smoking status		
Never smoked	43	37 - 49
Former smoker	28	22 - 34
Current smoker	29	23 - 35
Binge drinking^x (during past 30 days)	18	13 - 23
Drug Use[†]		
None	44	38 - 51
Marijuana Only	18	13 - 23
Non-Injection Drugs (excluding marijuana)	26	21 - 32
Injection Drugs (Any)	12	7 - 16
Sexual Risk Behaviors[†]		
No vaginal or anal sex	34	28 - 40
Vaginal or anal sex with condoms only	12	8 - 17
Condomless vaginal or anal sex with only HIV-positive partners	20	15 - 25
Condomless vaginal or anal sex with at least one HIV-negative or unknown status partner	33	27 - 39
Gender of Sex Partner[†]		
<u>Reported by Cisgender Male Respondents:</u>		
Not sexually active	30	23 - 36
Male partners only	55	48 - 62
Male and female partners	2	0 - 4
Female partners only	8	4 - 11
Male and transgender partners	1	0 - 3
<u>Reported by Cisgender Female Respondents:</u>		
Not sexually active	39	19 - 58
Male partners only	53	32 - 73
Male and female partners	3	0 - 9

[†]In prior 12 months.

^xParticipants who drank ≥ 5 alcoholic beverages at one sitting (≥ 4 for women) during the 30 days preceding the interview.