



C.H.A.I.N. BRIEFING 2018-1

Place of Residence and Location of Services: Updates

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Briefing objectives

We aim to investigate...

- The proportion of CHAIN participants who receive HIV primary care and other supportive services within their communities versus outside of their communities (referred to as “location” of care or services), by borough of residence and community district
- The preference of service location, among CHAIN participants who do not receive HIV primary care or case management services in their community
- Demographic differences between participants who receive care at a hospital clinic versus a community clinic (referred to as “type” of clinic)
- HIV clinical outcomes by location and type of clinic where participants receive care
- Perceived quality of HIV primary care by location and type of clinic where participants receive care
- Experience of stigma by location and type of clinic where participants receive care

Key findings

- CHAIN cohort members typically travel outside of their self-identified communities of residence for HIV primary care and social services
- Ninety-seven percent of Manhattan residents receive food assistance in Manhattan, the highest percentage of within-borough service usage in this cohort
- Significantly more female than male participants travel outside their communities to receive HIV primary care at a hospital clinic
- Poverty level has little to do with where and at which type of clinics CHAIN participants receive care
- Participants who receive care at a hospital clinic within their communities have the highest proportions of ART adherence and viral suppression
- Across the board, participants who receive care at a hospital clinic within their communities report having perceived better-quality HIV primary care and having access to more comprehensive primary care
- Overall, a higher proportion of participants who receive HIV primary care at a community clinic report experience of stigma, as compared with participants who receive HIV primary care at a hospital clinic, regardless of the clinic’s proximity to their home
- A higher proportion of participants whose HIV primary care is at a community clinic outside of their community report experience of stigma than participants whose HIV primary care is at a community clinic within their community
- The score on the internalized stigma scale is significantly higher among those who receive and report a preference for receiving HIV primary care outside of their community compared to the score among those who receive care within their community, regardless of the types of clinic setting
- Across four outcomes (having access to comprehensive primary care, having perceived better-quality HIV primary care, adherent ART use, and viral suppression), CHAIN participants who

receive HIV care at a hospital clinic within their community are more likely to achieve positive outcomes

Table 1. Use of and preference for HIV primary care and case management within community, by borough of residence

		<u>HIV PRIMARY CARE</u>					
		Total	Borough of Residence				
	BX		BK	MN	QN	SI	
Total (n=)		(536)	(205)	(156)	(114)	(44)	(17)
Use services within community		24%	21%	22%	25%	23%	47%
Do not use services within community	<i>But would prefer services in community</i>	3%	3%	3%	4%	2%	6%
	<i>Prefer services outside of community</i>	71%	75%	73%	66%	73%	47%
	<i>Location does not matter</i>	2%	1%	2%	4%	2%	0%

		<u>CASE MANAGEMENT</u>					
		Total	Borough of Residence				
	BX		BK	MN	QN	SI	
Total (n=)		(532)	(203)	(156)	(113)	(45)	(15)
Use services within community		34%	30%	29%	54%	20%	40%
Do not use services within community	<i>But would prefer services in community</i>	4%	4%	3%	3%	5%	7%
	<i>Prefer services outside of community</i>	60%	65%	65%	38%	73%	47%
	<i>Location does not matter</i>	3%	1%	3%	5%	2%	7%

Source: Round 9 (May 2015- September 2017) NYC CHAIN surveys

Notes: a. Small sample size totals (n<25) are in gray shade. These findings should be interpreted with caution.

b. BX=Bronx, BK=Brooklyn, MN=Manhattan, QN=Queens, SI=Staten Island

Table 1 shows, by borough of residence, the proportions of NYC CHAIN participants who receive HIV primary care and case management within their community, and among those who do not, the proportions who prefer to receive them within their community. Roughly a quarter and a third of NYC CHAIN cohort members receive HIV primary care (24%) and case management services (34%) within their communities of residence, respectively. Use of within-community HIV primary care is similar across four of the five boroughs, ranging from 21% to 25%. Although usage of within-community HIV primary care is highest in Staten Island (47%), the sample size is too small to consider results representative of PLWH living in Staten Island. Within-community case management is highest in Manhattan (54%), and lowest in Queens (20%). On average, more

participants across all boroughs use within-community case management (34%) than within-community HIV primary care (24%). Among participants traveling outside of their communities for HIV primary care and case management, the overwhelming majority prefer receiving these services outside of their communities (71% and 60%, respectively).

Table 2. Proximity of selected services to community district (CD) of residence

	Total	Borough of Residence				
		BX	BK	MN	QN	SI
HIV Primary Care (n =)	(525)	(199)	(155)	(112)	(42)	(17)
In the same CD	14%	9%	13%	23%	10%	18%
In the same Borough but different CD	42%	30%	54%	55%	21%	41%
Outside of Borough	45%	61%	34%	22%	69%	41%
Mental Health (n =)	(198)	(77)	(51)	(47)	(19)	(4)
In the same CD	15%	9%	16%	19%	21%	25%
In the same Borough but different CD	34%	26%	29%	60%	21%	25%
Outside of Borough	51%	65%	55%	21%	58%	50%
Housing (n =)	(195)	(87)	(51)	(36)	(13)	(8)
In the same CD	27%	17%	27%	42%	23%	63%
In the same Borough but different CD	42%	41%	53%	42%	23%	13%
Outside of Borough	31%	41%	20%	16%	54%	25%
Food (n =)	(219)	(87)	(46)	(61)	(18)	(7)
In same CD	32%	25%	26%	38%	39%	86%
In same Borough but different CD	33%	25%	24%	59%	17%	0%
Outside of Borough	35%	50%	50%	3%	44%	14%
Nutritional Counseling (n =)	(162)	(70)	(41)	(35)	(12)	(4)
In same CD	19%	13%	15%	26%	17%	100%
In same Borough but different CD	42%	28%	56%	60%	33%	0%
Outside of Borough	39%	59%	29%	14%	50%	0%

Source: Round 9 (May 2015- September 2017¹) NYC CHAIN surveys

Notes: a. Small sample size totals (n<25) are in gray shade. These findings should be interpreted with caution.

b. BX=Bronx, BK=Brooklyn, MN=Manhattan, QN=Queens, SI=Staten Island

c. CD=community district

Table 2 presents data on the proportions of NYC CHAIN participants who receive HIV primary care, mental health, housing, food, and nutritional counseling services within their community district or borough of residence. A majority of participants travel within their borough but outside their CD for HIV primary care (42%), housing services (42%), and nutritional counseling (42%).

¹ During this time, 97% of Round 9 interviews (n=519) were completed

Receipt of food services is distributed evenly between those who receive services in the same CD (32%), in the same borough but different CD (33%), and outside of their borough (35%). The distribution is most uneven for mental health services, with half (51%) of NYC CHAIN cohort members traveling outside of their borough and a mere 15% of clients receiving mental health services within their CD. Drug treatment service is omitted due to the small number of participants (22) receiving those services during the Round 9 (May 2015 – September 2017) interview period.

Cross-referencing perceived “community” with actual location of HIV primary care

Overall, 24% of the total number of participants report that they receive HIV primary care within their community. Over two thirds (71%) report they do not and prefer not to receive care within their communities. The remaining 5% (26 participants) report that they do not but either prefer to receive care in their communities or do not care where they receive care. These participants are not included in the following summary or discussion, due to limited sample size. The definition of “community” is not specified in the question, and is left up to the discretion of the respondent. In our cross reference with actual location of HIV primary care, 38% of participants who respond that they receive HIV primary care in their community actually go to a clinic in their CD, and 47% receive care outside of their CD but within their borough. Fifteen percent (15%) of participants receive care in a different borough but still consider this to be within their “community.” Among participants who do not and prefer not to receive care in their community, over half (53%) receive care outside of their borough, while 41% receive care in their borough but outside of their CD, and 6% receive care in their CD.

Table 3. Sociodemographic characteristics by types of clinic and use of and preference for within-community HIV primary care

<u>Sociodemographics</u>		Receive HIV Primary Care in Community?			
		Yes		No & Prefer not	
		Hospital Clinic	Community Clinic	Hospital Clinic	Community Clinic
Total (n=)		(76)	(43)	(248)	(145)
%	(Row%)	16%	9%	48%	28%
Race/Ethnicity					
	<i>Black</i>	17%	9%	47%	28%
	<i>Latino</i>	16%	9%	50%	25%
	<i>White</i>	4%	16%	36%	44%
	<i>Other</i>	14%	3%	52%	31%
Borough of Residence					
	<i>Bronx</i>	13%	9%	48%	30%
	<i>Brooklyn</i>	15%	7%	49%	30%
	<i>Manhattan</i>	19%	10%	46%	25%
	<i>Queens</i>	12%	10%	56%	22%
	<i>Staten Island</i>	38%	13%	32%	19%
Gender*					
	<i>Female</i>	9%	8%	60%	24%
	<i>Male</i>	20%	9%	42%	29%
	<i>Transgender</i>	0%	11%	22%	67%
Age*					
	<i>40 and above</i>	20%	9%	50%	21%
	<i>Under 40</i>	12%	9%	46%	33%
Household Income					
	<i><100% FPL</i>	16%	9%	49%	27%
	<i>>=100% FPL</i>	16%	9%	48%	28%

Source: Round 9 (May 2015- September 2017) NYC CHAIN surveys

Notes: a. Small sample size totals (n<25) are in gray shade. These findings should be interpreted with caution.

* p < 0.05

Table 3 presents data on NYC CHAIN participants' socioeconomic characteristics by their use and preference for HIV primary care within their community. We found significant differences by gender and age categories. Sixty percent of female participants go to a hospital clinic outside their self-identified communities, compared to 42% of male participants. Twenty percent of male participants receive HIV primary care at a hospital clinic within their communities, compared to 9% of female participants who do the same. Similar proportions of female and male participants receive care at a community clinic within their communities—8% and 9%, respectively. Similar proportions

of female and male participants receive care at a community clinic outside their communities, 24% and 29%, respectively. We did not interview enough transgender participants in Round 9 to detect differences for transgender versus cisgender participants. Twenty percent of participants 40 years of age and above receive care at a hospital clinic within their community, compared with 12% of participants under 40 years old. Having household income above or below the federal poverty level matters little to participants' use of and preference for HIV primary care within their community. Around half of the participants receive HIV primary care at a hospital clinic outside of their communities; 16% receive care at a hospital clinic within their communities; 9% receive care at a community clinic within their communities; and 28% receive care at a community clinic outside their communities.

Table 4. ART adherence and viral suppression by types of clinic and use of and preference for within-community HIV primary care

<u>HIV Clinical Outcomes</u>		Receive HIV Primary Care in Community?			
		Yes		No & Prefer not	
		Hospital Clinic	Community Clinic	Hospital Clinic	Community Clinic
Total (n=)		(76)	(43)	(248)	(145)
%	(Column%)				
ART adherence ^{1*}					
	<i>Not on ART</i>	3%	12%	3%	9%
	<i>On ART & not adherent</i>	8%	12%	23%	23%
	<i>On ART & adherent</i>	89%	76%	73%	68%
Viral Load ^{2*}					
	≥ 400	5%	14%	8%	12%
	< 400	95%	86%	92%	88%

Source: Round 9 (May 2015- September 2017) NYC CHAIN surveys

Notes: * p < 0.05

¹ ART use is indicated by a report of taking any recommended/acceptable ART regimens in the DHHS's guidelines in effect at the time of the interview; and adherence to ART regimen is indicated by reports of taking medications "exactly as prescribed, almost never missing a dose" and not missing any medications in the two days preceding the interview. The "Not adherent" category includes those reporting missed doses of their ART, those who are not taking any ART and those taking medications listed under "not recommended" or "should be changed" regimens in the DHHS's guidelines in effect at the time of the interview (NIH, AIDSinfo.nih.gov).

² Viral load suppression is based on the most recent self-reported HIV viral load as an actual numerical value below <400, or medical provider-reported viral load test results categorized as "undetectable."

Table 4 presents NYC CHAIN participants' self-reported ART adherence and viral suppression by their use of and preference for HIV primary care within their community. Among the CHAIN participants who receive HIV primary care within their community, a higher proportion

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(89%) of participants receiving care at a hospital are ART adherent, compared to 76% of those receiving care at a community clinic. Similarly, among those who do not receive HIV primary care within their community and prefer not to do so, 73% of hospital clinic patients, and 68% of community clinic patients are ART adherent. A higher proportion of participants who receive care at a hospital clinic report viral suppression, with 92% (going outside their community) and 95% (staying inside their community) reporting this outcome, compared to 86-88% of those who receive care at a community clinic.

Table 5. Perceived quality of HIV primary care by types of clinic and use of and preference for within-community HIV primary care

Perceived Quality of HIV Primary Care		Receive HIV Primary Care in Community?			
		Yes		No & Prefer not	
		Hospital Clinic	Community Clinic	Hospital Clinic	Community Clinic
Total (n=)		(76)	(43)	(248)	(145)
%	(Column%)				
1.	Do you think that <i>your PCP</i> , on average, spends enough time with you when you visit?				
	<i>Enough</i>	99%	91%	96%	91%
	<i>Not Enough</i>	1%	9%	4%	9%
2.	Regarding your last visit to <i>your PCP</i> , do you feel that the provider understood what was bothering you?				
	<i>Understood Very well</i>	99%	84%	91%	82%
	<i>Understood Less than Very Well</i>	1%	16%	9%	18%
3.	In that last visit, how much interest and concern did <i>your PCP</i> show for you?				
	<i>Very concerned</i>	96%	77%	85%	82%
	<i>Less than Very Concerned</i>	4%	23%	15%	17%
4.	Overall, how satisfied are you with the medical care that you get from <i>your PCP</i> ?				
	<i>Very satisfied</i>	97%	88%	89%	84%
	<i>Less than Very satisfied</i>	3%	12%	11%	16%
5.	During the last six months, has there always been someone you could go to for routine check-ups, vaccinations, or medical tests? Does your current medical provider offer this service?				
	<i>No</i>	3%	2%	2%	2%
	<i>Yes, current PCP</i>	97%	98%	98%	98%
6.	During the last six months, has there always been someone you could go for information or advice about a health concern? Does your current medical provider offer this service?				
	<i>No</i>	1%	2%	3%	1%
	<i>Yes, current PCP</i>	99%	98%	97%	99%
7.	During the last six months, was there always someone you could call up 24 hours a day, in case of a medical emergency? Does your current medical provider offer this service?*				
	<i>No</i>	9%	27%	26%	43%
	<i>Yes, current PCP</i>	91%	73%	73%	57%
8.	Do you feel that you have as much choice as you would like in choosing your medical provider?				
	<i>No</i>	7%	5%	7%	13%
	<i>Yes</i>	93%	95%	93%	87%

Source: Round 9 (May 2015- September 2017) NYC CHAIN surveys

Notes: * p < 0.05

Items 1, 2, 3, and 4 cover perceived quality of HIV primary care

Items 5, 6, and 7 cover having access to comprehensive primary care.

Table 5 focuses on perceived quality of HIV primary care at a hospital clinic or a community clinic, by receipt of HIV primary care within or outside of the participant's community. Across the board, participants who receive care at a hospital clinic within their community report better perceived quality of HIV primary care (items 1, 2, 3, 4) as well as having better access to comprehensive primary care (items 5, 6, 7). Perceived choice of medical provider (item 8) is lowest among participants who receive care in a community clinic outside of their community (87%). The vast majority (93%-95%) of participants who go to a hospital clinic or a community clinic within their community indicate that they have as much choice (about their medical provider) as they would like.

Comprehensive primary care (past six months). Almost all participants (97%-98%) report always having someone they could go to for checkups, medical tests, and vaccinations, regardless of whether they receive care within or outside of their community. Almost all participants (97%-99%) report always having someone they could go to for information or advice about their health. Nine out of ten participants (91%) who receive care at a hospital clinic within their community report that they always have someone they could call (24 hours) for a medical emergency. More than one-third (43%) of participants who receive care at a community clinic outside their communities report that they have nobody to call (24 hours) for a medical emergency.

Table 6. Experience of stigma by types of clinic and use of and preference for within-community HIV primary care

<u>Experience of Stigma</u>	Receive HIV Primary Care in Community?			
	Yes		No & Prefer not	
	Hospital Clinic	Community Clinic	Hospital Clinic	Community Clinic
Total (n=)	(76)	(43)	(248)	(145)
% (Column%)	16%	9%	48%	28%
Q1. I have lost friends by telling them I have HIV				
<i>Agree</i>	29%	35%	24%	29%
<i>Disagree</i>	71%	65%	77%	71%
Q2. I have been hurt by how people reacted to learning I have HIV				
<i>Agree</i>	41%	51%	38%	51%
<i>Disagree</i>	59%	49%	62%	49%
Q3. I have stopped socializing with some people due to their reaction to my HIV status				
<i>Agree</i>	41%	51%	32%	43%
<i>Disagree</i>	59%	48%	68%	57%
Q4. I am very careful who I tell I have HIV				
<i>Agree</i>	88%	88%	88%	82%
<i>Disagree</i>	12%	12%	12%	18%
Q5. I work hard to keep my HIV a secret				
<i>Agree</i>	54%	60%	57%	51%
<i>Disagree</i>	46%	40%	43%	49%
Q6. I worry that people who know I have HIV will tell others				
<i>Agree</i>	51%	58%	55%	59%
<i>Disagree</i>	49%	42%	45%	41%
Q7. In many areas of my life, no one knows that I have HIV				
<i>Agree</i>	71%	72%	74%	72%
<i>Disagree</i>	29%	28%	27%	28%
Q8. I feel I am not as good a person as others because I have HIV				
<i>Agree</i>	18%	23%	18%	21%
<i>Disagree</i>	82%	77%	82%	79%
Q9. Having HIV makes me feel unclean				
<i>Agree</i>	22%	30%	22%	21%
<i>Disagree</i>	78%	70%	78%	79%
Q10. Having HIV makes me feel that I am a bad person				
<i>Agree</i>	11%	9%	7%	12%
<i>Disagree</i>	89%	91%	93%	88%
Q11. I feel guilty because I have HIV/AIDS				
<i>Agree</i>	17%	30%	24%	27%
<i>Disagree</i>	83%	70%	76%	73%

<u>Experience of Stigma</u>	Receive HIV Primary Care in Community?			
	Yes		No & Prefer not	
	Hospital Clinic	Community Clinic	Hospital Clinic	Community Clinic
Total (n=)	(76)	(43)	(248)	(145)
% (Column%)	16%	9%	48%	28%
Enacted Stigma (Q1, 2, 3)				
<i>Agree with >=2</i>	61%	49%	69%	61%
<i>Agree with <=1</i>	39%	51%	31%	39%
Issue with Disclosure (Q4, 5, 6, 7)				
<i>Agree with >=2</i>	38%	30%	42%	43%
<i>Agree with <=1</i>	62%	70%	58%	57%
Internalized Stigma (Q8, 9, 10, 11)				
<i>Agree with >=2</i>	86%	79%	91%	89%
<i>Agree with <=1</i>	14%	21%	9%	11%

Source: Round 9 (May 2015- September 2017) NYC CHAIN surveys

Table 6 presents NYC CHAIN participants' experience of stigma by their use of and preference for HIV primary care within their community. Overall, we find that a higher proportion of participants who receive HIV primary care at a community clinic report experiencing stigma, as compared with participants who receive HIV primary care at a hospital clinic, regardless of the clinic's proximity to their home. When scores for the three stigma scales (enacted stigma, issues with disclosure, and internalized stigma) are calculated, participants who receive HIV primary care at a community clinic within their community stand out as having lower proportions reporting stigma experiences. Regardless of the types of clinic setting, the internalized stigma scores are significantly higher among those who receive HIV primary care outside of their community and prefer not to receive their care within their community, compared to those who receive care within their community.

Table 7. Adjusted odds ratios from logistic regression predicting HIV primary care outcomes by location of HIV primary care

	Access to Comprehensive Primary Care ¹	Perceived Quality of HIV Primary Care ²	ART Adherence ³	Viral Suppression ⁴
	AOR	AOR	AOR	AOR
Location of HIV Primary Care				
Hospital clinic within community	1	1	1	1
Community clinic within community	0.404	0.118 **	0.419	0.558
Hospital clinic outside of community	0.322 **	0.273 *	0.363 *	0.564
Community clinic outside of community	0.194 ***	0.135 **	0.314 **	0.539
Private practice	0.176 *	0.105 *	1.012	0.402
No HIV primary care	0.059 ***	0.016 ***	0.126 **	0.153
Borough of Residence				
Manhattan	1	1	1	1
Bronx	1.261	0.642	0.931	2.193
Brooklyn	0.880	0.840	0.910	0.982
Queens	1.010	0.470	0.790	0.861
Staten Island	0.869	1.992	0.913	0.125 *
Gender				
Male	1	1	1	1
Female	0.674	0.758	0.747	0.782
Transgender	0.401	0.607	0.307	--
Age				
18-29	0.350 ***	1.205	0.746	0.527
30-39	0.392 **	1.396	1.049	0.432
40-49	1	1	1	1
55+	0.973	2.337 *	1.241	1.013
Race/Ethnicity				
White	1	1	1	1
Black	5.767 ***	2.734 *	0.830	0.699
Latino	4.713 ***	1.931	1.484	1.355
Other	2.087	1.307	1.114	1.698
Mental Health Functioning⁵				
Low mental health functioning	1.452	0.467 **	0.402 ***	0.417 *
Higher mental health functioning	1	1	1	1
Current Hard Drug Use⁶				
Yes	0.607	1.101	0.435 **	0.268 **
No	1	1	1	1
Housing Status⁷				
Stable	1	1	1	1
Unstable	1.867	1.344	0.792	0.311 **
Homeless	0.880	1.232	1.538	0.924
Food Service Needs⁸				
Yes	0.921	1.394	0.333	0.936
No	1	1	1	1
Transportation Service Needs⁹				
Yes	2.121 **	0.855	0.788	0.482
No	1	1	1	1

* p<0.05

**p<0.01

*** p<0.001

- ¹ This variable is based on three items in the survey: (1) Always had someone for routine check-ups, vaccinations, or medical tests in last 6 months; (2) Always had someone for information or advice about health in last 6 months; (3) Always had someone you could call 24 hours for medical emergency in last 6 months. Comprehensive primary care is a binary measure: when participants indicate that their current primary care doctor provides all three services, it is treated as present.
- ² This variable is based on four questions in the survey: (1) Do you think that (your PCP), on average, spends enough time with you when you visit? (Spends enough time/Does not spend enough time); (2) Regarding your last visit to (your PCP), do you feel that the provider understood what was bothering you? Would you say he/she... (Understood Very well/Understood somewhat/Didn't understand very well/Didn't understand at all); (3) In the last visit, how much interest and concern did (your PCP) show for you? Was the provider... (Very concerned/Somewhat concerned/Somewhat unconcerned/Very unconcerned); (4) Overall, how satisfied are you with the medical care that you get from (your PCP) (Very satisfied/Somewhat satisfied/Somewhat dissatisfied/Very dissatisfied). Having perceived better-quality HIV primary care is a binary measure: when participants answer "Enough," "Very well," "Very concerned," and "Very satisfied," it is treated as present.
- ³ ART use is indicated by a report of taking any recommended/acceptable ART regimens in the DHHS's guidelines in effect at the time of the interview; and ART adherence is indicated by reports of taking medications "exactly as prescribed, almost never missing a dose" and not missing any medications in the two days preceding the interview. The "Not adherent" category includes those who are not taking any ART and those taking medications listed under "not recommended" or "should be changed" regimens in the DHHS's guidelines in effect at the time of the interview (NIH, AIDSinfo.nih.gov).
- ⁴ Viral suppression is based on self-reported most recent HIV viral load as an actual numerical value below 400, or a report that a medical provider described viral load test results as "undetectable."
- ⁵ Score < 37 on the MOS-SF12v2 Mental Component Summary Score, indicating clinically significant mental health symptoms of depression, anxiety, and/or impaired social functioning (Ware et al. 2007).
- ⁶ During the past 6 months, used crack/cocaine, heroin, or amphetamine/methamphetamine.
- ⁷ Stable: individuals in permanent housing (reference). Unstable: Individuals not currently in permanent housing but not literally homeless, including those in a transitional housing program, in AOD treatment housing with no other address, or temporarily doubled up with friends or family. Homeless: individuals who describe themselves as homeless or report sleeping on the street, in a shelter, or in an SRO or welfare hotel with no services in last six months.
- ⁸ Not enough money in the household for food once in a while to very often in the last six months OR a period without anything to eat in the last 30 days OR receipt of food stamps OR limited or no access to a kitchen OR participation in a meal delivery program
- ⁹ Report of need for transportation assistance OR report that a lack of transportation resulted in delayed or missed medical or social services in the past six months OR need for home care services (see above definition based on physical limitations in ordinary activities)

Table 7 displays the results from a logistic regression analysis assessing the odds of having four HIV health and medical care outcomes based on location of HIV primary care controlling for nine other participant characteristics. The four outcomes are having access to comprehensive primary care, having perceived better-quality HIV primary care, viral suppression, and ART adherence.

Having access to comprehensive primary care: The odds of having access to comprehensive primary care are higher among those who receive care at a hospital clinic within their communities in comparison to participants who receive care anywhere else. Among participants who receive HIV primary care within their community, those who receive care at a community clinic have a 60% lower odds of having comprehensive primary care access than those who receive care at a hospital clinic. Participants who receive HIV primary care at a hospital clinic outside of their

community have a 68% lower odds and those who receive HIV primary care at a community clinic outside of their community have 80% lower odds of having comprehensive primary care access than those who receive care at a hospital clinic within their community. Notably, CHAIN participants who receive HIV care at a private practice office, regardless of its proximity to their residence, have the lowest odds for having access to comprehensive primary care (not including those who did not have HIV primary care).

Having perceived better-quality HIV primary care: The odds of having perceived better-quality HIV primary care are higher among those who receive care at a hospital clinic within their communities in comparison to participants who receive care anywhere else. Those who *do not* receive HIV care at a hospital clinic within their community have a 70-90% lower odds of having perceived good-quality care.

ART adherence: The odds of adherent ART use is higher among those who receive care at a hospital clinic within their community in comparison to participants who receive care anywhere else. CHAIN participants who receive HIV care outside of their community have roughly a 55% lower odds of adherent ART use compared to those who receive HIV care at a hospital clinic within their community. The odds of adherent ART use among those who receive HIV care at a private practice office were similar to those of participants who receive HIV care at a hospital clinic within their community.

Viral suppression: The odds of viral suppression are approximately 55-60% higher among those who receive care at a hospital clinic within their communities in comparison to participants who receive care anywhere else, although these associations are not statistically significant.

Methods Appendix

Data Sources

NYC CHAIN Interviews conducted between May 2015 and September 2017.

CHAIN Interview Questions²:

Place of Residence

C5. What borough/County do you live in?

C5A. What is your zip code?

Use and Preference for HIV/AIDS Medical Care and Case Management within community

M19. Do you go to HIV/AIDS medical providers in your neighborhood/community?

01 Yes, I go to HIV/AIDS medical providers in my neighborhood

00 No

M 19A. Would you prefer to get medical services in the neighborhood where you live?

01 Yes

02 No

03 It really doesn't matter to me where services are located

M 20. Do you get HIV/AIDS case management services in your neighborhood/community?

01 Yes

00 No

M 20A. Would you prefer to get case management services in the neighborhood where you live?

01 Yes

02 No

03 It really doesn't matter to me where services are located

Location of HIV primary care

H1. Is there one doctor, nurse or other medical provider whom you consider to be in charge of your overall HIV health care now, at the present time?

Zip code of the provider in charge

Type of HIV Primary Medical Care

² Question numbers are from the NYC CHAIN W9 Baseline Questionnaire.

Location of Mental Health Provider

J13. In the last 6 months, have you received any psychological or emotional counseling or therapy, including talking to a pastor or religious counselor or attending a support group? (not including treatment for problems related to drug or alcohol use)

00 No

01 Yes

J96. You told me that you used the services of a support group or received psychological or religious counseling in the last six months. Please tell me the name and address of each of the providers:

*Psychiatrist, psychologist other mental health professional
Clinical social worker/therapist*

Zip code/borough/county of provider agency

Location of Housing Provider

C10. Which Agency or Paid provider helped get your current residence?

*Scatter Site Agency (Specify Agency)
Case Manager, Social Worker (Specify Agency)
Other (Specify)*

Zip code/borough/county of provider agency

L26. Whether or not you had a problem, have you received any services or assistance in these areas at any time during the last six months?

Housing

Zip code/borough/county for any listed agency

Location of Food Provider

C50. In the past six months, have you had any of your meals in a group setting, where the food was provided by a program or agency, such as a hot lunch program or agency?

Please tell me the name and address of the providers.

Zip code/borough/county of provider agency

C52. In the past six months, have you received any food or food voucher for a food pantry, in which a program or agency provided food for you to take home?

Please tell me the name and address of the providers.

Zip code/borough/county of provider agency

Location of Nutrition Counseling Provider

C53. In the past six months, have you attended any group presentations about food and nutrition, in which someone at a clinic, agency, or program talked about how to prepare healthy meals?

Please tell me the name and address of the providers.

Zip code/borough/county of provider agency

C54A. Since ____ (6 months ago), have you received any one-on-one counseling about food and nutrition?

Please tell me the name and address of the providers.

Zip code/borough/county of provider agency