Finding a way: Addressing intangible barriers that create treatment and care inequities, and compromise the health outcomes of vulnerable PLHIV

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Background

Among people living with HIV/AIDS (PLHIV), barriers to accessing HIV care and treatment can lead to poor health outcomes.

In our analysis, we compare important correlates of wellbeing and access to care among those who do and do not access the Dr. Peter Centre in Vancouver's west-end. The DPC provides low-threshold integrated healthcare, support services including a wide range of harm-reduction programming, in efforts to reduce inequities and mitigate the impact of barriers on the health outcomes of vulnerable PLHIV.

Table 1: Characteristics of Non-DPC Participants to DPC Participants (N=917)

Variable	Not DPC Participant N=817 N(%)	DPC Participant N=100 N(%)	P-Value
Gender			0.007
Female	235(28.76%)	14(14.00%)	
Male	574(70.26%)	85(85.00%)	
Transgender	8(0.98%)	1(1.00%)	
Aboriginal Ancestry			
No	602(73.68%)	66(66.00%)	0.103
Yes	215(26.32%)	34(34.00%)	
Currently Employed			<0.001
No	608(74.42%)	95(95.00%)	
Yes	209(25.58%)	5(5.00%)	
Annual Income (Median IQR)	13200(12000-22000)	12950(11000-15000)	<0.001
Supportive Service Use			<0.001
Daily	269(41.45%)	71(73.20%)	
Weekly	263(40.52%)	22(22.68%)	
Monthly	81(12.48%)	3(3.09%)	
3 Months	36(5.55%)	1(1.03%)	
Injection Drug Use			0.001
Never	331(40.71%)	24(24.00%)	
Ever	482(59.29%)	76(76.00%)	
In alcohol/drug trx program ever (including methadone)			<0.001
No	350(43.26%)	26(26.00%)	
Yes	459(56.74%)	74(74.00%)	
Missing	N= 8	N=0	
Incarceration			0.030
Last 6 months	49(6.04%)	6(6.00%)	
> 6 months ago	360(44.39%)	58(58.00%)	
Never	402(49.57%)	36(36.00%)	
Treatment Interruption (ever interrupted > 1yr)			<0.001
No	497(60.83%)	43(43.00%)	
Yes	320(39.17%)	57(57.00%)	
Ever diagnosed with a mental health disorder?			0.005
No	313(38.36%)	24(24.00%)	
Yes	503(61.64%)	76(76.00%)	
Ever attacked, assaulted, suffered violence?			0.004
No	214(26.39%)	13(13.13%)	
Yes	597(73.61%)	86(86.87%)	
Missing	N=6	N=1	

Methods

- The Longitudinal Investigations into Supportive and Ancillary health services project (LISA) is a cross-sectional study of individuals on highly active antiretroviral therapy (HAART) in BC
- Participants ≥ 19 years of age were recruited from the Drug Treatment Program (DTP) at the BC Centre for Excellence in HIV/AIDS
- From 2007 – 2010, interviewer administered surveys captured information on illicit drug use, mental health, trauma, sexual behavior and socio-demographic variables
- We used the Chi-square test and the Wilcoxon rank sum test in the bivariate analysis, and logistic regression in our multivariable analysis, to compare LISA participants who have ever used the DPC versus those who have not

Results

- 11% of 917 LISA participants reported having ever used the DPC (DPC clients)
- DPC clients were more likely to be male (Adjusted Odds Ratio [AOR] = 3.76; 95% Confidence Interval [CI] = 1.99-7.10), have been diagnosed with a mental health disorder (AOR = 2.19; 95% CI = 1.29-3.73) and have experienced violence in the form of attack(s)/assault(s) (AOR=2.32; 95% CI = 1.23 -4.40)
- DPC clients showed a greater likelihood of interrupted HAART >1 year (AOR = 2.15; 95% CI = 1.34-3.43) and of daily supportive service use (AOR = 4.91; CI = 3.03-7.98)

Table 2: Multivariable Model - Factors associated with use of the DPC

	Adjusted Odds Ratio (AOR)	P-value
Gender (M vs F)	3.76(1.99-7.10)	<0.001
Use of supportive services (Daily vs more than Daily)	4.91(3.03 -7.98)	<0.001
Ever attacked, assaulted/suffered violence (Yes vs No)	2.32(1.23-4.40)	0.010
Treatment Interruption (ever interrupted > 1 year)	2.15(1.34-3.43)	0.001
Ever diagnosed with a mental health disorder (Yes vs No)	2.19(1.29-3.73)	0.004

Discussion

Our analyses show that the DPC attracts PLHIVs whose current or recent experiences (i.e., mental health and/or violence) that may negatively influence their overall health and wellbeing. Also, the finding that DPC use is higher among those who use supportive services suggests that the DPC may address existing deficiencies in conventional health care settings. Our findings also hint towards a role that the DPC may play in linking their clients with other health and wellbeing support.

We have no conflicts of interest to declare