

2010 NEW YORK STATE HIV TESTING LAW

Evidence-Informed Structural Intervention

Evidence-Informed for Linkage to HIV Care

INTERVENTION DESCRIPTION

Goal of Intervention

- Improve linkage to HIV care

Target Population

- Persons newly diagnosed with HIV
- Medical providers who diagnose HIV

Brief Description

The *New York State HIV Testing Law* requires diagnosing providers to refer persons newly diagnosed with HIV to follow-up medical care.

Intervention Duration

- Ongoing

Intervention Setting

- Sites where HIV diagnosis is conducted

Deliverer

- Medical providers who diagnose HIV

Structural Mechanism of Change

- Policy/Procedure—Legislation
 - Legal requirement for referral to HIV medical care following diagnosis
- Access
 - Increased access to HIV testing and medical care

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. For intervention materials, please contact **James Tesoriero**, Division of HIV/STD Epidemiology, Evaluation and Partner Services, New York State Department of Health, Albany, New York, 12237.

Email: james.tesoriero@health.ny.gov for details on intervention materials.

EVALUATION STUDY AND RESULTS

Study Location Information

The original evaluation was conducted in New York State.

Study Sample

Study participants in the post-law cohort (i.e., individuals newly diagnosed with HIV after the law went into effect) (n = 6,850) had the following characteristics:

- 44% black or African American, 30% Hispanic/Latino, 20% white, 3% Asian Pacific Islander, 0.1% Native American, 3% multiracial*
- 50% men who have sex with men (MSM), 14% heterosexual, 14% female presumed heterosexual, 3% persons who inject drugs, 2% men who have sex with men and inject drugs, 18% unknown transmission risk*
- 5% 13-19 years old, 16% 20-24 years old, 16% 25-29 years old, 25% 30-39 years old, 22% 40-49 years old, 12% >50 years old*

Recruitment Settings

HIV/AIDS surveillance systems of the New York State Department of Health and the New York City Department of Health and Mental Hygiene

Eligibility Criteria

Persons aged 13 years and older at the time of diagnosis who had an initial HIV diagnosis date between January 1, 2007 and December 31, 2012 were eligible. Persons with perinatal infections were excluded. Surveillance reports were used as the data source.

Comparison

The pre-law cohort (i.e., study participants who were newly diagnosed with HIV prior to the law went into effect) (n = 16,452) was demographically similar to the post-law cohort.*

Relevant Outcomes Measured

- Linkage to care was measured as having completed an HIV primary care visit (i.e., documented CD4 or viral load in surveillance records) in a 3-month period.

Significant Findings on Relevant Outcomes

- For the pre-/post-comparison analysis, the data set was partitioned into cases diagnosed before and after the introduction of the law. Logistic regressions were performed separately for the pre- and post-law periods adjusting for quarter of diagnosis (i.e., diagnosis date coded to the nearest quarter of a year), sex, race/ethnicity, age at diagnosis, transmission risk group and residence at diagnosis. The regression coefficient was significantly higher post-law than pre-law (0.091 vs. 0.029; OR=1.10 vs OR=1.03, p < .05) suggesting that newly HIV-diagnosed persons were linked to care at a faster pace in the period of time after the law went into effect compared to the period of time before the law went into effect. The probability of prompt entry to care during the post-law period increased each quarter by 1.6% over the preceding quarter, compared to the relative quarter-to-quarter increase by 0.7% during the pre-law period.
- For the whole period analysis, the univariate analysis found that a significantly greater percentage of post-law newly HIV-diagnosed persons had a HIV primary care visit within 3 months compared to pre-law newly HIV-diagnosed persons (83% vs. 75%; OR = 1.64 CI: 1.53 – 1.76, p < 0.001), but the difference was not

significant ($p = 0.111$) after adjusting for quarter of diagnosis, sex, race/ethnicity, age at diagnosis, risk group, and residence at diagnosis.

- Entry into care was significantly lower ($p < 0.001$) for:
 - Blacks and Hispanics compared with Whites
 - Blacks: OR=0.63; 95% CI: 0.57-0.68
 - Hispanics: OR=0.76; 95% CI: 0.69-0.83
 - All younger age groups (i.e., 13-19 years old, 20-24 years old, 25-29 years old, 30-39 years old, 40-49 years old) compared to those aged 50 years and older
 - 13-19 years old: OR=0.68; 95% CI: 0.58-0.8
 - 20-24 years old: OR=0.63; 95% CI: 0.56-0.7
 - 25-29 years old: OR=0.73; 95% CI: 0.66-0.82
 - 30-39 years old: OR=0.81; 95% CI: 0.74-0.9
 - 40-49 years old: OR=0.91; 95% CI: 0.83-1.01
 - Persons with injection drug use transmission risk and unknown transmission risk compared with MSM
 - Persons with injection drug use transmission risk: OR=0.87; 95% CI: 0.75-1
 - Persons with unknown transmission risk: OR=0.74; 95% CI: 0.68-0.8
 - Residents of New York City compared with those residing in the rest of the state (OR=0.73; 95% CI: 0.67-0.79).

Strengths

- Sample size was greater than 100.
- Pre- and post-law cohorts were demographically comparable.

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*Information provided by the author

REFERENCES AND CONTACT INFORMATION

Gordon, D. E., Bian, F., Anderson, B. J., & Smith, L. C. (2015). [Timing of entry to care by newly diagnosed HIV cases before and after the 2010 New York State HIV testing law](#). *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 68, S54-S58.

Researcher: James Tesoriero

Division of HIV/STD Epidemiology, Evaluation and Partner Services
 New York State Department of Health
 Albany, New York 12237

Email: james.tesoriero@health.ny.gov

