**The Medical Monitoring Project (MMP)**

- MMP is a surveillance activity funded by the Centers for Disease Control and Prevention and implemented by state and local health departments. It collects behavioral and medical data about people living with diagnosed HIV (PLWDH) in the United States.

- From 2015 to 2019, MMP interviewed 1,036 adults living with HIV in California, excluding San Francisco and Los Angeles County. Their responses reflect their experiences during the 12 months before their interview, unless otherwise noted. All data presented are weighted.

**Sustained Viral Suppression**

- Sustained viral suppression improves health outcomes and quality of life for PLWDH, and helps reduce the risk of transmitting HIV to HIV-negative partners.

- **High adherence to antiretroviral therapy (ART) and consistent HIV care** are key to sustaining viral suppression.

- Groups who may need higher levels of support to reach ART adherence and/or retention in care are highlighted in the table below.

- Reasons for missing ART doses and barriers to care are reported in the following page.

### ART Adherence, Clinical Care, and Viral Suppression by Characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>100% ART Dose Adherence, Past 30 Days (%)*</th>
<th>Retained in Care Past 12 Months 2,3 (%)</th>
<th>Retained in Care Past 24 Months 2,3 (%)</th>
<th>Sustained Viral Suppression 3,4 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>59</td>
<td>79</td>
<td>58</td>
<td>61</td>
</tr>
<tr>
<td><strong>Age (years)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>50</td>
<td>66</td>
<td>44</td>
<td>45</td>
</tr>
<tr>
<td>30-39</td>
<td>49</td>
<td>83</td>
<td>49</td>
<td>61</td>
</tr>
<tr>
<td>40-49</td>
<td>62</td>
<td>80</td>
<td>62</td>
<td>61</td>
</tr>
<tr>
<td>&gt;=50</td>
<td>62</td>
<td>80</td>
<td>60</td>
<td>63</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>59</td>
<td>79</td>
<td>58</td>
<td>60</td>
</tr>
<tr>
<td>Female</td>
<td>60</td>
<td>83</td>
<td>64</td>
<td>68</td>
</tr>
<tr>
<td>Transgender</td>
<td>49</td>
<td>67</td>
<td>51</td>
<td>41</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black /African American</td>
<td>53</td>
<td>75</td>
<td>56</td>
<td>60</td>
</tr>
<tr>
<td>Hispanic/Latinx</td>
<td>56</td>
<td>81</td>
<td>59</td>
<td>59</td>
</tr>
<tr>
<td>White</td>
<td>59</td>
<td>79</td>
<td>60</td>
<td>65</td>
</tr>
<tr>
<td>Other/Multiracial</td>
<td>60</td>
<td>80</td>
<td>51</td>
<td>57</td>
</tr>
<tr>
<td><strong>Sexual behavior/orientation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men who have sex with men</td>
<td>54</td>
<td>79</td>
<td>57</td>
<td>63</td>
</tr>
<tr>
<td>Men who have sex with women</td>
<td>62</td>
<td>84</td>
<td>60</td>
<td>52</td>
</tr>
<tr>
<td>Women who have sex with men</td>
<td>61</td>
<td>82</td>
<td>66</td>
<td>71</td>
</tr>
</tbody>
</table>

All data are from the 12 months prior to the interview unless specified otherwise; *Self-reported 100% adherence in past 30 days; ≥2 HIV medical visits at least 90 days apart within the year; As documented in the medical record; All viral loads in past 12 months undetectable or <200 copies/ml; Less than 30 individuals in category.
Seeing an HIV care provider at least 2 times each year for 2 years, with appointments at least 90 days apart, increased the odds of achieving sustained viral suppression by 250%. Having 100% ART adherence increased the odds of achieving sustained viral suppression by 110%.

<table>
<thead>
<tr>
<th>Adjusted Odds Ratio for Sustained Viral Suppression by Care and Adherence Measures</th>
<th>Adjusted OR</th>
<th>95% CI</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% ART Dose Adherence, Past 30 Days</td>
<td>2.1</td>
<td>1.5 - 2.9</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Retained in Care, Past 12 Months</td>
<td>4.9</td>
<td>3.1 - 7.9</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Retained in Care, Past 24 Months</td>
<td>3.5</td>
<td>2.5 - 5.0</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

1 All viral loads in past 12 months undetectable or <200 copies/ml; 2 Self-reported 100% adherence in past 30 days; 3 ≥2 HIV medical visits at least 90 days apart within the year as documented in the medical records; Logistic regression models were adjusted for age, gender, race/ethnicity, sexual orientation, education, employment status, and insurance; OR = Odds Ratio; 95% CI = 95% Confidence Interval.

The 2018 and 2019 surveys included questions regarding barriers to receiving HIV clinical care. 441 responses were included in the data for this graph.

**Top 3 Reported Reasons for Last Missed ART Dose:**

1. Forgetting to take medicine(s)
2. Having a change in usual routine, or being out of town
3. Falling asleep early or oversleeping

**Reported Barriers to Care/Ease of Access**

- Too busy with other personal things
- Problems with money or health insurance
- Depression or mental health problems
- Doctor’s office/HIV clinic hard to get to
- Delayed getting HIV care because felt well
- Was there a doctor’s office or HIV clinic that was easy to get to?

1 in 4 reported being busy with personal things, like family or work, as a barrier to receiving care. 1 in 5 reported problems with money or health insurance as a barrier. 1 in 5 reported depression or mental health problems as a barrier.

**Reason for Last Missing ART Dose**

- Forgot to take HIV medicines
- Change in your daily routine/out of town
- Fell asleep early or overslept
- Had a problem getting a prescription, insurance coverage, or paying for medicine
- Felt depressed or overwhelmed
- Did not feel like taking HIV medicines
- Had side effects from your HIV medicines
- Was drinking or using drugs
- In the hospital or too sick to take HIV medicines
Things to consider for those having difficulty with medication adherence or difficulty staying in care:

**ART Adherence**
- Is there a reason or a major life change that makes taking daily medication difficult?
- Are there other medications that can ease side effects from ART?
- Does the patient need help connecting to AIDS Drug Assistance Program (ADAP)?
- Are there practical and daily cues that will help the patient remember their medication on busy days?

**HIV Care Retention**
- Can a case manager join the patient’s care team if needed?
- Is the patient’s mental health a priority and being supported fully?
- Would a support group help encourage a patient during difficult care times?
- Are transportation or housing needs making it difficult for patients to come to their appointments?

**Resources for Patients**

**Health Insurance:**
[Helping Californians get the health care they need - Health Consumer Alliance](#)

**Ryan White HIV Care and Treatment:**
[Get HIV Care and Treatment | HIV/AIDS Bureau (hrsa.gov)](#)

**Housing Resources:**
[HOPWA: Housing Opportunities for Persons With AIDS - HUD Exchange](#)

**Substance Abuse and Mental Health Services Administration Hotline:**
[SAMHSA’s National Helpline – 1-800-662-HELP (4357) | SAMHSA](#)

**Mental Health and HIV:**
[Mental Health | HIV.gov](#)