

MEDICAL NUTRITION THERAPY

Medical nutrition therapy provides nutrition supplements and nutritional counseling to persons living with HIV (PLWH) outside of a primary care visit by a licensed registered dietician based on physician recommendation and a nutrition plan. The purpose of such services can be to address HIV-associated nutritional deficiencies or dietary needs as well as to mitigate medication side effects.

(**Graph 1**) In the 2016 Houston HIV Care Services Needs Assessment, 38% of participants indicated a need for *medical nutrition therapy* in the past 12 months. 32% reported the service was easy to access, and 7% reported difficulty. 23% stated that they did not know the service was available.

(**Table 1**) When barriers to *medical nutrition therapy* were reported, the most common barrier types was education and awareness (34%) Education and awareness barriers reported include lack of knowledge about service availability and location.

GRAPH 1-Medical Nutrition Therapy, 2016

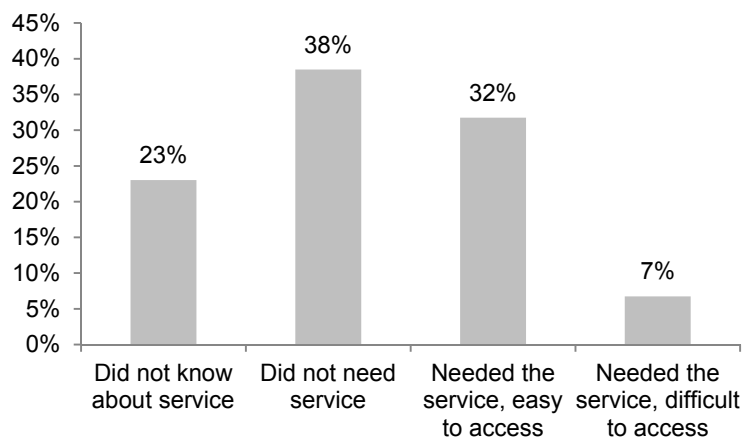


TABLE 1-Top 5 Reported Barrier Types for Medical Nutrition Therapy, 2016

	No.	%
1. Education and Awareness (EA)	10	34%
2. Administrative (AD)	4	14%
3. Eligibility (EL)	4	14%
4. Interactions with Staff (S)	3	10%
5. Wait (W)	3	10%

(**Table 2 and Table 3**) Need and access to services can be analyzed for needs assessment participants according to demographic and other characteristics, revealing the presence of any potential disparities in access to services. For *medical nutrition therapy*, this analysis shows the following:

- More male than females found the service accessible.
- More African American/black PLWH than other race/ethnicities found the service accessible.
- More PLWH age 25 to 49 found the service accessible than other age groups.
- In addition, more rural and unstably housed PLWH found the service difficult to access when compared to all participants.

TABLE 2-Medical Nutrition Therapy, by Demographic Categories, 2016

Experience with the Service	Sex		Race/ethnicity				Age		
	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	24%	19%	21%	24%	23%	14%	54%	23%	18%
Did not need service	37%	42%	40%	35%	40%	71%	29%	36%	45%
Needed, easy to access	32%	31%	30%	34%	31%	14%	13%	35%	29%
Needed, difficult to access	6%	8%	9%	7%	5%	0%	4%	6%	8%

TABLE 3-Medical Nutrition Therapy, by Selected Special Populations, 2016

Experience with the Service	Unstably Housed ^a	MSM ^b	Out of Care ^c	Recently Released ^d	Rural ^e	Transgender ^f
Did not know about service	35%	22%	0%	18%	40%	14%
Did not need service	28%	37%	100%	34%	34%	36%
Needed, easy to access	30%	35%	0%	42%	14%	45%
Needed, difficult to access	8%	7%	0%	5%	11%	5%

^aPersons reporting housing instability ^bMen who have sex with men ^cPersons with no evidence of HIV care for 12 mo.

^dPersons released from incarceration in the past 12 mo. ^eNon-Houston/Harris County residents ^fPersons with discordant sex assigned at birth and current gender