DRAFT #2

DATA COLLECTED FOR THE 2022 INTEGRATED HIV PREVENTION AND CARE PLAN

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DRAFT #2, September 8, 2022

This information packet will evolve as the various components of the Integrated Plan are created and written for The Plan. If you would like to receive future drafts/updates to this packet, please email diane.beck@cjo.hctx.net

SUMMARY OF GROUP INTERVIEWS WITH ALL PRIORITY POPULATIONS

Priority populations include People with Transgender Experience, Men Who Have Sex with Men, People Who Exchange Sex for Money, Drugs, Housing or Other, People Who Inject Drugs or Use Methamphetamine or Crack, Heterosexual Cisgender Women of Color, People Who Were Born Outside the United States, and Youth.

The following information is based on focus group interviews with Priority Populations. Priority Populations were selected by the Houston HIV Prevention Community Planning Group (CPG) as populations needing special attention.

Each of the following transcripts represents one interview with a Priority Population.

Transgender Women Focus Group 04-06-22

OPENING & GENERAL QUESTIONS

- What is the best way to reach you and your friends with information about HIV prevention and care?
    - Internet/email/phone/text
    - Emphasis on social media, especially with younger generation
    - Social events (emphasized catered/brunch)

- Is HIV a concern for you and your friends? Why or why not?
    - Definitely- "…positive or negative, everybody plays a part in ending the epidemic."
    - Improvements in therapy and education; "We are able to help our friends better this day and age."

- What are some of the reasons people may not know about HIV?
    - Fear
    - Stigma
    - Lack of knowledge

- Why do you think HIV affects women more than people of other race/ethnicities?
    - Lack of resources/increased risk
        - "A lot of times, we are disowned from our family…we do what we have to do to survive."
        - "…a lot of trans women resort to sex work."
        - "…we have to go to sex work, or resort to doing things, taking drugs…to feel better."
        - Lack of funding/services/healthcare; "…we're at the bottom of the ranking…"
        - Lack of insurance policy coverage results in reliance on black market for transition-related care resources (ex. Silicone, hormones, injectable supplies)

TEST & DIAGNOSE

- Do you or your friends know where to go to get an HIV test?
    - Yes (several affirmations)
- If someone thinks they need an HIV test, what are some of the reasons you think they don't get tested?
    - Fear/scared/don't want to know

- What challenges have you or your friends had when it comes to getting an HIV test?
    - "Absolutely…it would just have "male" or "female," and then they would want you to put down what you were born, even though you've transitioned."
    - Lack of privacy/seclusion at testing site, especially in the past, can lead to reluctance to test
    - Information desired by testing facility very personal and discourages disclosure or seeking testing entirely (ex. Pronouns/gender, number of partners, or occupation-related risk)

PrEP

- This is voluntary. Please raise your hand if you have heard of PrEP. Tell me what you know about PrEP. PROBE: When is the first time you heard about PrEP? Who in your circle of friends know about PrEP?
    - Around 2015
    - Majority of community knows with exception of most of younger generation (trans girls 15-18 yrs old)

- What are some reasons you would use or already use PrEP? Use the closed end question as a follow-up. PROBE: If you had a partner and one of you was living with HIV, would you use PrEP? Why or why not?
    - Peace of mind/advantageous
        - "It's like the slate is clean…for both parties."
        - "If one person's partner is HIV-positive but if they're taking their medicine and eventually undetectable, then that would protect the other person."
        - "It's going to help both parties… So yeah, I would."

TREAT

- What places do you know of in our area where people can get HIV care and treatment? Thinking about the people you know, what percent of them do you think would know where to get HIV care and treatment? PROBE: Do people know where to get HIV care and treatment?
    - Legacy; Champions; Thomas Street; HACS; St. Hope; "the bathhouse" (aka Club Houston)
    - Majority of trans community knows where to go; many of places above offer hormone therapy and even require HIV testing as part of HRT protocol

- What difficulties have you had in getting HIV care and treatment? What difficulties have your friends had?
    - Missed appointments (due to work or transportation-related challenges) can result in delays until next available appointment resulting in lack of medicine while waiting

- What are some new ways we can let people know that HIV care and treatment is available?
    - Internet/social media
    - Events, especially social or food-provided (ex. hookah-lounge)
    - Incentives

- When you or your friends need medical care outside of HIV care, where do you or your friends go?
    - St. Hope; Thomas Street; HACS
    - Legacy (several mentions); comfortable for trans community and ability to refer if needed

- If you need mental health services, where would you go to get it? What challenges have you and your friends had getting this type of help?
    - Legacy mentioned again several times; "…one-stop shop for trans people."
    - Challenges:
        - Budget/finances
        - Lack of insurance policy coverage for services and/or fear of employer retaliation
        - Providers' lack of competency/understanding of issues relating to the Trans community (including single-source providers of both counseling/therapy and ability to prescribe)

- If you need substance use disorder treatment, where do you go to get it? What challenges have you and your friends had getting this type of help?
    - "I would think that the same places we discussed…[Legacy, St. Hope]"
    - Challenges:
        - Don't know; "I guess there would be a challenge, then, because we should know…"
        - Not advertised enough

- How do you or your friends balance treatment for HIV with other competing priorities?
    - "It's on me."
    - Make it part of routine schedule
    - Combine appointments/"One-stop shopping." (ex. Legacy)

- What do service providers need to do to keep someone coming back for HIV care?
    - Excellent customer service
        - Professional, patient, and welcoming staff
        - Concern for the patient
        - Competency in helping the Trans community

LAST QUESTIONS

- What actions need to happen to engage people in HIV education or care?
    - Provide information
    - Address stigma
    - Seek out allied coalitions and groups, including parenting groups
        - "But we need to start meeting with mothers and parents, where it starts…a lot of stigma came from my grandmas and mama…not really understanding it."

- If we had all the funding in the world, what would it take to End HIV?
    - Education (including status, prevention, treatment and what it means to be "undetectable")

Transgender Women Focus Group 05-25-22

OPENING & GENERAL QUESTIONS

- What is the best way to reach you and your friends with information about HIV prevention and care?
    - Social media
    - Communication media
    - Have open discussions In all social meets
    - Listen to all and teach others prevention practices
    - Have sex education and information in schools

- Is HIV a concern for you and your friends? Why or why not?
    - Yes
    - In own family
    - Missing information or not enough
    - This topic can be taboo
    - People seem scared to bring up HIV topic

- What are some of the reasons people may not know about HIV?
    - Closed minded
    - Taboo
    - Some may think are not at risk
    - Thinking is not important

- Why do you think HIV affects ***Transgender Women*** more than other people?
    - Do not use needed protection/condoms
    - Need awareness on topics of protection, illness, and health
    - In sex work also get paid more to not use any protection
    - Not being sure who is on PrEP
    - Being a drug user

TEST & DIAGNOSE

- Do you or your friends know where to go to get an HIV test?
    - Yes, FLAS
    - Not friends but if family and friends need to know they will them know
    - People can search online

- If someone thinks they need an HIV test, what are some of the reasons you think they don't get tested?
    - Fear

- What challenges have you or your friends had when it comes to getting an HIV test?
    - Not wanting to go
    - Health insurance is not needed and can go many places

PrEP

- This is voluntary. Please raise your hand if you have heard of PrEP. Tell me what you know about PrEP. PROBE: When is the first time you heard about PrEP? Who in your circle of friends know about PrEP?
    - 4 people raised hands.
    - A medication that can help prevent HIV but not other STDs/ STIs
    - Some 3 or 5 years ago
    - Do not know anyone in their circles
    -
- What are some reasons you would use or already use PrEP? Use the closed end question as a follow-up. PROBE: If you had a partner and one of you was living with HIV, would you use PrEP? Why or why not?
    - To not acquire HIV
    - One participant was on it for a while but stopped since it does not prevent other STIs
    - Others agreed with that reasoning- not to use PrEP
    - It is safer to use condoms
    - A secondary effects of PrEP is to have lower sex drive and others: including long term damage to kidneys and bones
    - If with HIV positive partner then yes to have as a another line of protection
    - But, if the HIV positive partner has an undetectable viral load may not need to worry to be on PrEP.
    - It is best to make informed decisions

TREAT

- What places do you know of in our area where people can get HIV care and treatment? Thinking about the people you know, what percent of them do you think would know where to get HIV care and treatment? PROBE: Do people know where to get HIV care and treatment?
    - Yes
    - LGBTQ communities seem to communicate information
    - Major amounts
    - Google search

- What difficulties have you had in getting HIV care and treatment? What difficulties have your friends had?
    - Ignorance
    - Some stated none
    - Taboo
    - Some places may lack respect to individuals
    - Lack of knowledge of cultures
    - Judgement of others
    - Stigma within communities
    - Book “Living with AIDS” – brings up topics of knowing how to live healthy lifestyle/habits

- What are some new ways we can let people know that HIV care and treatment is available?
    - Social media
    - Communication media

- When you or your friends need medical care outside of HIV care, where do you or your friends go?
    - Wellness center
    - Clinics

- If you need mental health services, where would you go to get it? What challenges have you and your friends had getting this type of help?
    - FLAS
    - No challenges
    - Exercise “looking into the mirror”
    - Being able to talk about own issues is important for mental health

- If you need substance use disorder treatment, where do you go to get it? What challenges have you and your friends had getting this type of help?
    - FLAS

- How do you or your friends balance treatment for HIV with other competing priorities?
    - Make it a priority

- What do service providers need to do to keep someone coming back for HIV care?
    - Confidentiality
    - Respect
    - Provide information

LAST QUESTIONS

- What actions need to happen to engage people in HIV education or care?
  - Have more information in schools
  - Information on responsibility on using protection

- If we had all the funding in the world, what would it take to End HIV?
  - Awareness; education
  - Abstinence (here the group was already wrapping up with the survey and getting ready for dinner)

MSM Focus Group, 04-13-22

OPENING & GENERAL QUESTIONS

- What is the best way to reach you and your friends with information about HIV prevention and care?
    - Social media platforms
- Can anyone elaborate a little bit?
    - Facebook, Twitter, TikTok, and Snapchat
    - Privacy concerns for some
    - Texting
    - Email
    - Synched across devices

- Where do you-all get your information from in general?
    - Websites
    - Public research
        - Journals/ Publications
    - Text
        - Phone always in hand
        - Email

- So we could, like, text people information?
    - Easy to receive or get through with no set up
    - Emails
        - Host of Barriers
        - Ignore, filtered, sent to junk mail, and deleted

- Is HIV a concern for you and your friends? Why or why not?
    - No
        - Becoming informed and educated stopped fear
        - Awareness
        - Understanding
            - "You're not the only fish in the sea. You're not alone."
        - Adapt
            - "… your vision of life changes because now you're going to fight to remain strong and be healthy."
        - Use teachable opportunities
        - No worries, peace of mind
            - "It's just knowing that what you're doing is safe about it."

  - Yes
    - Relationship status (e.g., Single and enjoy sex)
    - Honest conversations with partners and friends
    - Increase awareness about PrEP
  - 50-50
    - Gray area, learning curves
    - Educated on preventive measures

- What are some of the reasons people may not know about HIV?
  - Fear/ignorance/intolerance/ misinformation/fake news/ government/sex education limitations/lack of education/age/environment/ varying generational beliefs/uncomfortable subject/subcultures and subgroups/churches coverage of the topic/stigma/invulnerability complex
  - "I'm not going to get it, so I don't need to go and find out the information."
  - "I think it's more apparent. It's because when you hear HIV, you only think gay people." "But HIV doesn't affect only gay people."
  - "Nothing is going to hurt me. There's a pill for it."

- Why do you think that HIV affects men who have sex with men more than other groups?
  - Blame shift
    - Understanding your risk
      - Men tend to take more risks
    - Response to detection
      - "… You're either going to be a victim or you're going to be a survivor."
  - Irresponsibility
    - "Oh, he gave it to me, so I'm just going to pay him back to where it is," and then innocent people are being infected.
    - Anger, rage
  - Primal
    - Instinctual sexual practices
    - Stigma
  - Blindly trusting
    - Moment-ness
      - Blurred vision
    - Hookup culture nowadays
    - Dating cycle

TEST & DIAGNOSE

- Do you or your friends know where to go to get an HIV test?
  - Absolutely
  - Ongoing health screening
    - Priority
    - Feels natural
  - Not every knows in the gay community
    - Less visible (e.g., bars)
      - "They used to do them at all of them. You could walk into any gay bar, and they were doing HIV testing. And I don't know why that stopped. I mean, I know there's funding."
    - Younger persons may not know where to go (i.e., 19 or 20)

- Do you-all feel like most people in the gay community know where to get a test? Is that a true statement?
  - "I'd like to think that they do, but I mean, we ran into somebody that is like significantly younger, that they don't know…"
  - Some younger individuals know, they don't go
    - Internet
    - Potential barriers: Fear/anxiety/cost/unawareness of resources/hesitation
  - Lack of marketing
    - Billboards/signs of public transit/commercials
    - "…it's like the secret thing; that if you don't hear it, you don't see it on TV, you've literally got to go google "HIV testing," whatever."

- If someone thinks they need an HIV test, what are some of the reasons you think they don't get tested?
  - Fear/money/lack of information/privacy/other factors that affects judgement
  - Disclosure of information
    - Receipt of results (e.g., mail)
    - "Can you like please not send anything to my house?"
    - In the presence of a parent
  - Invulnerability complex
  - Unawareness of HIV infection symptoms
    - Blame it on other stuff until critically ill

- What challenges, if you've had any, have you had when it comes to getting an HIV test?
    - Clinic staff (i.e., mean and upset)
    - Unaware of where to go the first time
        - "— you don't have enough information. You don't know where to go, how much it's going to cost, and stuff like that. That information is not — you can't easily find it, especially when you're young and trying to do it alone."
        - Unclear path
    - Availability of information and resources in smaller communities (e.g., outside Harris County)

PrEP

- Please raise your hand if you have heard of PrEP.
    - Everyone

- Could someone tell me what you know about PrEP?
    - HIV prevention
        - "… people think it's like all STD prevention, but no, it's just the HIV prevention, I mean. And the PrEP is not for everybody. It depends how many partners or the sexual activity. I have been on PrEP maybe two years."

- In the gay community, do you think a lot of men know about PrEP?
    - Well-known
        - "Okay, well, if I'm on PrEP, I'm invulnerable."
        - Elements of ignorance
            - Risky
                - "When people are on PrEP, a lot of people go without condoms."
            - Misinformation
                - "If you have oral sex, you can't spread HIV,…"
        - Pass information whenever possible, just in case
            - "And if they know, then they know. But if they don't know it, you just maybe saved somebody's health, you know."

- Can you-all tell me the first time you heard about PrEP? Around how old were you?
    - Googled around 18 or 19
    - Ages ranged, 14-40

- What are some reasons you would use or already use PrEP?
    - Sex
        - Extra layer of protection
    - Active attempt to offset a medical diagnosis

- If you had a partner and one of you was living with HIV and one of you wasn't living with HIV, would you use PrEP?
    - Yes

TREAT

- What places do you know of in our area where people can get HIV care and treatment?
    - Avenue 360
    - Legacy
    - Maybe Houston Health Department
        - Refer for care and treatment
    - FLAS
        - Refer
        - Good resources

- Thinking about the people you know, what percent of them do you think would know where to get HIV care and treatment?
    - Estimated 50-80 percent
        - Younger crowd maybe less than 50

- In the gay community, do most people know where to go, do you think?
    - 40-year old's do not discuss very often
    - 25 usually yeah

- What difficulties have you had in getting HIV care and treatment, or what difficulties have your friends had?
    - Cost misconceptions/ hesitation/ privacy/ lack of education/limited advertising and exposure/transportation or other factors that accompany/politics
        - "It's free testing," "It's free PrEP," I think that's where a lot of the problems come in, because you don't know it's free.
        - Free or low cost depending on poverty level
            - Government tax money

- What are some new ways we can let people know that HIV care and treatment are available?
    - Testimonials
        - "Real people just talking about it."
        - Spread through media
    - Schools (i.e., start with the kids)
        - Navigate the politics of the Texas education system
            - "Look, if you're going to be sexually proactive, these are ways to be safe," whether it's HIV or anything that falls between the cracks, and other things, so...
            - Stop blindly ignoring
            - Start accurately informing and educating
        - Remove the stigma
            - "HIV is not just prominent in the gay community. It's everywhere. It's not just us that carry it or have it. It affects everyone. It's kind of a disservice to the other kids who are being proactive sexually and them not getting the same information —"

- When you or your friends need medical care outside of HIV care, where do you you-all go?
    - Primary doctor
    - Legacy
        - Low cost or free

- If you needed mental health services, where would you go, and have you had challenges getting that type of help?
    - Legacy
        - "Legacy does everything. That's just why I refer a lot of my clients there."
        - Nonprofits
        - Harris County and other counties
        - Some schools
            - Pasadena ISD but not HISD
    - "… if you're looking at hospitalization for mental health disorders or even just the screening for full-on psychologicals, the wait right now is really, really like long…"
    - Doesn't exist in some cultures (e.g., Hispanic)
    - Locating resources
        - "Digging for all that information isn't easy."
        - Barriers: Everyone may not be fortunate to have a cell phone or Google (e.g., person experiencing homelessness)

        - "Information is out there, but again, it goes back to the ignorance, or like the fear of like, "I don't want to know. I don't want to care. Nothing's going wrong with my family."

- Do they do substance use over there?
    - Legacy
    - Harris Center for Mental Health and IDD
    - Harris Health
        - Help takes time
        - Depends on income
            - Sliding scale

- If you needed substance use disorder treatment, would you know where to go?
    - Legacy
    - Montrose Center

- Have you had challenges with that? Legacy?
    - Transportation
        - "… transportation is a big one for my clients, too, that are seeking, like, inpatient treatment assistance."
        - Barriers: No bus route from Metro to Seabrook/ Income-based/ Insurance-based/ Distance
    - Time
        - "It takes a while for somebody that has lower income to be able to get —"
    - Depth of addiction

- How do you or your friends balance treatment for HIV with all the other, competing priorities that you have?
    - Peer pressure
    - "— I think it all comes down to nobody is going to take care of yourself but yourself..."
    - Prioritize it
        - Go to appointments
            - Don't ignore indefinitely if a life situation occurs
        - "Once you make that priority, everything falls right under."
    - Routinize

- What do you think that service providers need to do to keep someone coming back for HIV care?
    - Normalizing the subject

        - "— I think right now, especially with this new generation, you need to stop, just normalize everything. If you're a sex worker, normalize that you're a sex worker. If you're HIV-positive, normalize you're HIV-positive. If you're taking PrEP, normalize it. You just have to normalize the true problems, because once we normalize it, people get all the information. People are not scared to go and get the help. People are not scared to get educated."
    - Actively extend invitations
        - "… Hey, if you're dating people or if you're single and you want them to come in, be sure to talk to the front desk."
    - Offer success stories
    - Reassurance
        - "If they're not comfortable with having it normalized, at least reassure them that in the future, if you want to discuss, that it's okay to talk about it maybe at a later time. Some people may not be ready right now to begin."
    - Providers should be firm, interest, fair and consistent
        - No matter the grant-funding or person's status
    - Maintain confidentiality
        - Especially if testing is occurring with a group

LAST QUESTIONS

- What actions need to happen to engage people in HIV education or care?
    - Expand PrEP
        - Add communities (e.g., Bisexual, Transgender men)
    - Hands-on approach
        - Workshops and seminars
            - Information could be passed on
    - Non-professional community educators (e.g., Queen)
    - Advocate

- If we had all the funding in the world, what would it take to end HIV?
    - Do it all
        - Everything talked about

- Imagine we have like, you know, unlimited money. What could we do?
    - Developing a vaccines
        - Mistrust
        - Will take time

- What's the key to everything?
  - Education
  - Knowledge
  - Normalizing

- Aside of a vaccine, if we're not able to do that, what could we do?
  - More education
    - Receive and spread
  - Community events
    - "… not just in the gay community, but I'm talking about like the general consensus of community."
  - Doctors and nurses actively engaging
    - Peer referral
  - More advertising

MSM Focus Group, 04-20-22

OPENING & GENERAL QUESTIONS

- What is the best way to reach you and your friends with information about HIV prevention and care?
    - Education
        - Gatherings (e.g., potlucks)
    - Advertising
        - Billboards and flyers
            - High-traffic areas
            - Community canvassing (i.e., door-to-door)
    - Social media platforms
        - TikTok
    - Television broadcasts
    - Events
        - Benefits/ Fundraisers

- Is HIV a concern for you and your friends? Why or why not?
    - No
        - "It's always a concern for me, because I know what the reality is."
    - Yes
        - "I know what the reality is, so it's always a concern to me. Different meds, so just can't help it."
        - "No matter what your age is, no matter what you do in your life, it's something that always has to be managed, just like you have to wake up and be — it's like waking up, going to work. It's a part of your life."

- What are some of the reasons people may not know about HIV?
    - Lack of awareness investment/education/listening/stigma/attitude/ outlook/communications/fear/ignorance/emotions/avoidance
    - "I've seen it in my race and the older: fear and ignorance. I've seen it. They don't want to know even though the information is out there, the papers are out there, it's on TV."

- Why do you think HIV affects men who have sex with men more than people of other groups?
    - Sexual practices
        - Condom use
            - "… men-to-men sex, they tend not to use protection"

        - More activity
    - Generational beliefs
        - Less fear
    - Misconceptions
    - Perceptions and medical advancements
        - "If you come and you're 20 years old, your mindset at 20 years old or 24 years old, is that, "Oh, HIV ain't nothing. That was when you-all old queens were living. You almost died. And I could take PrEP. I could take — if you-all catch it, oh, well, oh, well. If I catch it, oh, well, because I can take a pill, one pill once a day." And then now it's beyond one pill a day."

TEST & DIAGNOSE

- Do you or your friends know where to go to get an HIV test?
    - Everyone knows
        - "There's not a clinic or a hospital in the United States where you cannot go —"
        - "You can get an HIV test faster than you can get a COVID test."
        - Barriers: Texas politics, forced to relocate for services

- So we agree it's pretty easy to get an HIV test if you want one?
    - "I know in the state of Texas so far."

- If someone thinks they need an HIV test, what are some of the reasons you think they don't get tested?
    - Fear/stigma

- What challenges have you or your friends had when it comes to getting an HIV test?
    - Stigma

- What challenges have you or your friends had when it comes to getting an HIV test?
    - Fear/stigma/menta setup
        - "Oh, I might see someone I know."

PrEP

- Please raise your hand if you've heard of PrEP.
    - Everyone knows

- Do you think that people in your circle of friends know about PrEP?

  - Yes
  - "So for me to be safe, yeah, I like you, but let me get this PrEP."
  - "I would recommend it."

- Why do you think the younger generation is [not] taking PrEP?
  - "Because the younger generation thinks that they're invincible."
  - No fears

- What are some reasons you would use or already use PrEP?
  - "— because I would never want to go through what I'm going through now."
  - Prevention
    - "Because I know what I'm going through now. I would prevent it. PrEP, I would prevent it. I would use PrEP with my partner if I wanted to be with that partner."

TREAT

- What places do you know of in our area where people can get HIV care and treatment?
  - Thomas Street
  - Legacy
  - VA

- Thinking about all the people you know, do you think most of them know where to get HIV care and treatment?
  - Yes
  - No
    - Trial a medication

- What difficulties have you had in getting HIV care and treatment, if you've had any? Have you had difficulties with the clinics?
  - Homelessness
  - Limited knowledge about Lord of Streets
  - Resource available for person's experiencing homelessness to receive treatment

- What are some new ways we can let people know that HIV care and treatment is available?
  - Energize employees
  - Compassion
  - Offset boredom, frustration, complacency (i.e., set in their ways), lack compassion, and numb

- When you or your friends need medical care outside of HIV care, where do you or you go?
    - Harris Health System
        - One-shop stop
            - Ben Taub
            - LBJ
            - Thomas Street
            - Memorial Hermann

- If you need mental health services—
    - Harris Health Service
        - Ben Taub
        - Hermann
        - Thomas Street
    - Legacy

- Have you faced challenges getting mental health treatment, if you sought it in the past?
    - “I don’t think it’s a problem, especially with everything going on, especially now —"
    - “Sixty years ago, it really wasn’t classified mental illness, so therefore, they didn’t do anything back then. But now, up to date, yes, you get help.”

- If you needed substance use disorder treatment, where do you go to get it?
    - Harris Health
        - Ben Taub
        - Barriers: Easy to access before COVID, no more free care, pulled funding
            - “… if you ain’t got money to pay for it, you’re screwed. The government looks like this. They pulled out whatever, almost — over 20 years, they pulled out the funding, because they say it was a revolving door.”

- How do you or your friends balance treatment for HIV with other competing priorities?
    - Encouragement
        - Medication reminders
        - Make appointments
        - Involved in each other lives

- How do you balance your personal HIV care?
    - Medication persistence

- What do service providers need to do to keep someone coming back for HIV care?
    - Encouraging words
        - "It is a good thing to be encouraged to say okay, that you're doing a great job and to keep up with the good work."
    - Personalize the care
        - "… treat us not as a number, but treat us as people, treat us individual people so that it makes it more personal between the provider and the patient so that they don't feel, again, like a number or like they don't really matter."

LAST QUESTIONS

- What actions need to happen to engage people in HIV education or care?
    - Divine Intervention
        - Act of God or Congress
        - Miracle

- If we had all the funding in the world, what would it take to End HIV?
    - Miracle
    - Barrier: Hopelessness

MSM Focus Group, 06-22-22

OPENING & GENERAL QUESTIONS

- What is the best way to reach you and your friends with information about HIV prevention and care?
  - Family
    - "… it's going to be a family situation"
  - Places of worship
  - Any forms of communication (In this day and age)
    - "Bunch of resources out there"
    - "The more resources we have out there, the more the people see it, the more important it becomes."
      - Social media
        - Facebook
        - Openly HIV-positive TikTok star with a fan base
        - "… most people have some sort of social media."
      - Text message
  - Public relations
    - Improve accessibility
      - "… being able to access it or know what you're looking for can be difficult for someone, so having that provided in different forms"
      - Attention catching while scrolling
        - "… they'll stop and be able to look at that information."

- Is HIV a concern for you and your friends? Why or why not?
  - "I think it's a concern for everybody, you know, friends, family."
  - It's a concern but less of a concern than it used to be
  - "… the HIV part is a little less important, I think, because of the medications that we have and a lot of the initiatives that we have about making people or getting people undetectable, keeping people in care."
    - Not as scary
  - [Financial assistance] is "a lot more regularly available."
  - "There are resources out there."
    - Gilead

- What are some of the reasons people may not know about HIV? Why do they not care?
  - Under a rock/misinformed/denial/ feel immune/stigma/paranoia/fear of disclosing
  - "I've got to just take a pill afterwards," yeah, I guess. Unfortunately,

that's what the media has done, I think, as well, is treat it like it's a trivial disease, which it is, —"
    - Not a guarantee
  - Medication advancements
    - PrEP
    - Pills or a shot every month
  - "or have to go to the doctor, and he will know that I have HIV,"

- Why do you think HIV affects men who have sex with men more than people of other groups?
  - Biological reasons
  - Initial label of "gay disease"
  - "We like it rough [humor]."

TEST & DIAGNOSE

- Do you or your friends know where to go to get an HIV test?
  - "In a major metropolitan area, it's easily accessed."
    - Social media
    - Friends
    - "Just go to your doctor."
    - Gay Pride [weekend/month]
    - Bars (if they still do it)
  - Really hard in rural areas
    - County clinic
  - Peer and/or community information sharing

- If someone thinks they need an HIV test, what are some of the reasons that you think they might not get tested?
  - Fear/lack of information about HIV in general/ lack of information about where to go/don't want to know because of an unwillingness to take medication/don't want to be seen getting a test/reality
  - "I don't want to be taking a pill every day of my life, so I don't want to even know for a fact, you know, so I'm just not going to find out."
  - "… we as humans don't like to get bad news, and so we avoid it."
  - "… if I go and get a test and it's not what I want it to be, you know, then I have to deal with it."
  - "… it's the fear of what is on the other side of that result"

- What challenges have you or your friends had when it comes to getting an HIV test, if you had any?
  - When living in a rural area, lack of resources

        - Referral, testing, diagnosis, but help limitations
        - Help required relocation

PrEP

- Voluntary question- Has everyone heard of PrEP?
    - Yes, they all have

- Could someone tell me a little bit about what PrEP is?
    - "It's usually Truvada or Descovy, and it is a drug that stops the viral load — I mean, it stops the virus from entering the cell in the first place and replicating."
    - Taken once and day or on demand
    - Not widely known
    - "… if you are taking your medicine and you are undetectable, that the likelihood of you transmitting that to somebody else is highly unlikely..."

- When is the first time you-all heard about PrEP?
    - Reading TheBody
        - "TheBody is the website that you can go to all about AIDS and HIV."
    - Various ways
        - TV
        - From someone
        - Reading information about HIV, including medical journals
        - PCP and specialized doctors

- Who do you think in your circle of friends or within your community knows about PrEP? Is it a lot of people of people or a little bit of people or…
    - A lot of people
        - "… talked about so much."
        - "… a lot of the older crowd either has HIV and they're taking care of it, or they've had a long-term partner and that's not an issue…"
    - Media and radio
        - Widely shown
        - Geared toward the younger crowd
            - "They [the younger generation] haven't got to that point yet where it's something that they're thinking about or anything like that. But in my group of friends, everybody is on PrEP or knows about PrEP or —"

- What are some reasons you would use or if you already use PrEP?
    - Preventative
        - Too bad it wasn't available years ago

- If you had a partner and one of you was living with HIV, would you use PrEP? Like why or why not?
    - Yes
        - Definitely, more guaranteed than the AZT of 1991
        - "It's to protect you."
            - Smart decision
        - "You're not telling your partner that you don't love him anymore. It's just that you have to think about both of you."
    - Stigma
        - Obtaining and taking the medication
        - Gamed it
            - Additional partners/ cheating

TREAT

- What places do you know of in our area where people can get HIV care and treatment?
    - Legacy
        - Everywhere in Houston
    - Avenue 360
    - AIDS Healthcare Foundation
    - "Walk into a bar in Montrose. They have signs up, and there's stuff posted."
    - Phone numbers on posters
    - Request resources

- Thinking about the people you know, what percent of them do you think would know where to get HIV care and treatment? Is it a lot of people, again, or is a little bit of people?
    - A lot of people
    - 90 percent
        - Gay community
    - A little (Brazoria County)
    - Subjective and changed a lot over time

- What difficulties have you had in getting HIV care and treatment or any difficulties that you've heard of from folks?
    - No transportation
    - Doctor accessibility

        - Hard to get to the doctor's office
        - No HIV doctor at locations
        - Really widespread
        - In the right county
        - "It should be you need help, you get help, no matter where you're at and no matter who you are. But it's not like that. There's a lot of red tape."
    - Insurance issues
        - For Medicare, it must be in network

- What are some new ways we can let people know that HIV care and treatment is available?
    - Different avenues of communications in multiple places
    - Individual and/or groups on socials
        - Social media
            - Facebook
            - Snapchat
            - Grindr
            - Text message
        - "… you belong to and you talk to other people about it."
    - Commercials
        - TV advertisement
    - High schools, especially health classes
    - Drag queen performance
    - Readily available age-appropriate information
    - Accurate and up-to-date (e.g., a shot is now available instead of just taking the pills)"

- When you or your friends need medical care outside of HIV care ─ so just like regular medical ─ where do you or your friends go?
    - Primary Care Physician (PCP)
    - Legacy

- If you needed or have needed mental health services, where would you go to get it?
    - 360
        - Difficult right now because the person floats
        - Costs so much
    - Not easy to get care
    - Legacy
    - MHMRA [The Harris Center for Mental Health and IDD]
        - Long wait
        - Since the pandemic, probably by appointment only
    - Montrose Center

- If you needed or have needed substance use disorder treatment, where do you go to get it?
    - Don't know
    - "… you don't need referrals anymore. That used to be the thing that would slow you down. Your PCP, your main doctor, had to refer you to somebody. Now most insurance companies don't require that anymore, so you can go online and just look for somebody. I mean, it's always going to be a crapshoot, but if you don't like them, find somebody else."
    - Friends
        - Share experiences and recommendations

- How do you or other people you know balance treatment for HIV with your other competing priorities?
    - First priority
        - "Before anything else is HIV medication."
    - Less of a pecking order
        - "… how do I live and go day-by-day with it?"
    - Don't really think about it
        - "I don't really think about it except that I have to be tested, to stay on PrEP, every three months."
    - A lot of resources
        - "I think there are a lot of resources out there, though, now to help people to balance a lot of that stuff. You know, like you were saying, you know, I don't have to worry about paying my rent. I can go to Legacy, or I can go to AIDS Healthcare, but I can get some type of copay assistance through Ryan White or get some insurance help or different — there are different things out there that make your income, make your situation a little bit more palatable."

- What do you think service providers need to do to keep someone coming back for HIV care?
    - Medication pick-up incentives
        - Physical (e.g., T-shirts, cap, etc.)
    - Screen for other things (e.g., cholesterol and STIs)
        - Have something to bring people back
    - Education
        - "… making people aware of what's going on with their body, what's going on with a society, being responsible, doing your part."
    - Incentives
    - Kind, present, and compassionate doctor and/or care team

LAST QUESTIONS

- What actions need to happen to engage people in HIV education or care?
  - Community events
  - Remove the stigma
    - More education and open-mindedness
    - Ending will take everyone
    - "We just have to take the responsibility, and we have to take the action, and we have to remove that stigma from the disease, and basically all diseases…"
  - "The best way to change the stigma is to change our narrative and continue to adapt and keep the information out there and continually provide new information."
    - Different avenues
    - Create more advertisement that stands out
      - "… I watch a lot of LGBT stuff on Hulu and Netflix, every commercial that comes on is a commercial about PrEP or something like that, and every time — I mean, I think it's like every 15 minutes, there's a commercial — I see the same commercial over and over and over again…"
      - May improve reaction, research, change the narrative, change any underlying stigma, and help eliminate
  - "The action is continued in more action."

- If we had all the funding in the world, what would it take to End HIV?
  - Plastic bubbles for everyone
  - "It would take free access to drugs, free access to the PrEP communication, take down the wall from having to get the screening."
  - Remove barriers
    - "Take all the red tape away. Do it like they do the vaccine for COVID…"
  - Lobbyists
    - Influence legislation
  - Ending HIV is a barrier in itself
    - "It's business. It's a business."

MSM Focus Group, 06-29-22

OPENING & GENERAL QUESTIONS

- What is the best way to reach you and your friends with information about HIV prevention and care?
    - Social media is good for the younger generation
    - People don't know how to get PrEP, they know about it
    - Young people need help and their primary communication is FB, Tik Tok

- Is HIV a concern for you and your friends? Why or why not?
    - Yes
    - Older and have seen friends pass
    - Might not be a concern for the younger generation, because they can just take a pill

- What are some of the reasons people may not know about HIV?
    - Lack of information
    - Denial
    - Socioeconomic – Lack of information on bus stops and park benches
    - Rural experience a lack of information
        - No HIV info in the Woodlands

- Why do you think HIV affects MSM more than people of other groups?
    - Forced to live anonymously
    - Cannot pair bond, leading to more partners

TEST & DIAGNOSE

- Do you or your friends know where to go to get an HIV test?
    - Yes
    - Younger people might not know

- If someone thinks they need an HIV test, what are some of the reasons you think they don't get tested?
    - No Walk-in appointments anymore since COVID
    - Need a list of places to be tested

- What challenges have you or your friends had when it comes to getting an HIV test?
    - Availability/ease of testing needs to be greater
    - In suburbs/rural hard to get a test

- Won't drive to get tests
- Don't want to be harassed by the government if the test is positive

PrEP

- This is voluntary. Please raise your hand if you have heard of PrEP. Tell me what you know about PrEP. PROBE: When is the first time you heard about PrEP? Who in your circle of friends know about PrEP?
    - All heard of PrEP
    - Think that most of their friends know about PrEP, but again younger folks might not know
    - Heard about PrEP in the mid-2010s

- What are some reasons you would use or already use PrEP? Use the closed end question as a follow-up. PROBE: If you had a partner and one of you was living with HIV, would you use PrEP? Why or why not?
    - To protect yourself
    - After divorce, in case of having a new partner
    - Resounding Yes

TREAT

- What places do you know of in our area where people can get HIV care and treatment? Thinking about the people you know, what percent of them do you think would know where to get HIV care and treatment? PROBE: Do people know where to get HIV care and treatment?
    - Legacy/ Thomas St. Clinic/AFH/ UT Health
    - COVID is distracting from HIV
    - A lot of people don't know or have access to HIV care, esp. in the rural areas

- What difficulties have you had in getting HIV care and treatment? What difficulties have your friends had?
    - No difficulties but hard for people in rural areas

- What are some new ways we can let people know that HIV care and treatment is available?
    - QR codes
    - Information in bar bathrooms
    - Younger people need it on social media

- When you or your friends need medical care outside of HIV care, where do you or your friends go?

  - HIV doctor
  - Legacy or other clinic
  - Through private insurance

- If you need mental health services, where would you go to get it? What challenges have you and your friends had getting this type of help?
  - Dealing with insurance and doctor changes

- If you need substance use disorder treatment, where do you go to get it? What challenges have you and your friends had getting this type of help?
  - Legacy
  - Would go through insurance

- How do you or your friends balance treatment for HIV with other competing priorities?
  - It's number four priority after food, shelter, clothing
  - Don't need to prioritize if the system works right

- What do service providers need to do to keep someone coming back for HIV care?
  - Be kind, accepting of LGBTQ issues
  - Be accessible and consistent

LAST QUESTIONS

- What actions need to happen to engage people in HIV education or care?
  - Using social media
  - Stop being afraid to talk about sex/HIV

- If we had all the funding in the world, what would it take to End HIV?
  - Consistency – consistent messaging
  - Accessibility of services and information
  - Treating it like COVID or smallpox with the same resources

People Who Inject Drugs Focus Group 06-03-22

OPENING & GENERAL QUESTIONS

- What is the best way to reach you and your friends with information about HIV prevention and care?
    - "…by showing up..." & "…how we met today…"
    - Several mentions of not having a phone
    - "They have to want to."

- Is HIV a concern for you and your friends? Why or why not?
    - "Not that I know of. It is, but like I don't think we have to worry about it, like peer group, you know, as far as we know, I hope."
        - "I don't believe…that anyone here has it, but I mean, you know, for sure, it's a concern to me, as far as like, I'm going to say, well-being, you know."
        - "…if it was here, that they would have enough decency (to let us know)." & "…I don't think it's a problem here..."
    - Follow-up discussion about general fear of sharing syringes

- What are some of the reasons people may not know about HIV?
    - Consensus that most peers know about it; most have received education through various programs related to their demographic (ex. Treatment programs)

- Why do you think HIV affects people who inject drugs more than other people?
    - Direct increased risk: "It's just you're more susceptible to it that way, you know. It's a lot easier, I guess, catching it with, you know, using a dirty needle who had someone else have that needle."
    - Associated risks:
        - "…number of factors that go into it. Like one could just be like the heightened like — syringes are one thing, but then the meth and risky sex practices with it…"
        - Withdrawal/"desperation" – not focused on HIV or risks; "You're not thinking about HIV."

TEST & DIAGNOSE

- Do you or your friends know where to go to get an HIV test?
    - "Montrose;" "…public health" (ex. Legacy)

- If someone thinks they need an HIV test, what are some of the reasons you think they don't get tested?
    - Multiple responses regarding fear/scared of results
    - Embarrassment/self-esteem/perception

- How could we interest folks in getting an HIV test?
    - Incentives
    - Increasing accessibility (ex. Mobile units)
    - Increasing visibility (ex. Reaching out in-person)

- What challenges have you or your friends had when it comes to getting an HIV test?
    - Several report no challenges; emphasize regularly encountering mandatory testing in hospital or jail environments
    - Regarding seeking voluntary HIV testing, apparent consensus that it has never been needed or warranted
        - "…never done it or thought to, you know. I never even thought I had…a reason, you know, to, or never had a scare…"

PrEP

- This is voluntary. Please raise your hand if you have heard of PrEP. Tell me what you know about PrEP. PROBE: When is the first time you heard about PrEP? Who in your circle of friends know about PrEP?
    - One participant, "It's like a preventative, right?" & "But if you stop it, then it affects your other medications? Stuff like that or — I'm kind of — confusion about it."
        - Learned of it from a friend who was living with HIV

- What are some reasons you would use or already use PrEP? Use the closed end question as a follow-up. PROBE: If you had a partner and one of you was living with HIV, would you use PrEP? Why or why not?
    - "I haven't, but now that you're saying that, I don't know. I might go ahead and get it."
    - Barriers cited; "That's the thing. It's not easy."
        - Report desire for increased accessibility (ex. Mobile units) and longer-term solution (ex. Once-a-month option)

TREAT

- What places do you know of in our area where people can get HIV care and treatment? Thinking about the people you know, what percent of them do you think would know where to get HIV care and treatment? PROBE: Do people know where to get HIV care and treatment?

  - Several mention not knowing, or have no idea
  - One guess of a chance that there is a Legacy clinic nearby; another adds the only one they know is off of Montrose

- What difficulties have you had in getting HIV care and treatment? What difficulties have your friends had?
  - None known or reported

- What are some new ways we can let people know that HIV care and treatment is available?
  - Conversation, word-of-mouth
  - Peer-to-peer outreach (small flyers helpful)

- When you or your friends need medical care outside of HIV care, where do you or your friends go?
  - LBJ, Ben Taub, Montrose Center, any hospital or urgent care

- If you need mental health services, where would you go to get it? What challenges have you and your friends had getting this type of help?
  - VA, MHMRA, HCPC
  - Some related discussion around medication management

- If you need substance use disorder treatment, where do you go to get it? What challenges have you and your friends had getting this type of help?
  - Several places mentioned: West Gray, West Dallas, Santa Maria, Cenikor, New Hope, state-funded placements
  - One participant mentions not knowing
  - Challenges:
    - "…not looking for it…"
    - Paperwork involved (amount and type of information needed); identification requirements
    - Transportation
    - Lack of personalization or self-determination in the process

- How do you or your friends balance treatment for HIV with other competing priorities?
  - "…I can't even imagine…if I had to, I can't even honestly say that I would, you know, be able to deal with it."

- What do service providers need to do to keep someone coming back for HIV care?
  - [Skipped] - potentially relevant discussion of challenges (ex. paperwork, identification requirements/burden) in prior question.

LAST QUESTIONS

- What actions need to happen to engage people in HIV education or care?
    - Provide/handout information sheets (including risk factors, requirements, resources to find nearby testing, etc) and supplies

- If we had all the funding in the world, what would it take to End HIV?
    - Consideration for others:
        - "…everyone would have to really, really give a crap about everybody else."
        - "You genuinely have to care for one another…to not spread it…"

Heterosexual Women of Color Focus Group 03-29-22

OPENING & GENERAL QUESTIONS

- What is the best way to reach you and your friends with information about HIV prevention and care?
    - Pamphlets at doctor's office
    - Emails on your phone
    - Information at the clinic – videos, etc.
    - Blue book
    - Classes/groups with information
    - More outreach and contact with outreach workers

- Is HIV a concern for you and your friends? Why or why not?
    - Yes – because it's not talked about/Fear/hush-hush
    - Yes but people aren't educated
    - "I wouldn't say it's not a concern, because as long as I take my meds and take care of myself…"

- What are some of the reasons people may not know about HIV?
    - Not educated
    - Not in that group - "They don't want to know because it feels like it's nothing that affects them. They don't travel among that group of people who get — they're not in that kind of group."
    - Stigma
    - People don't make it a priority

- Why do you think HIV affects women of color more than people of other race/ethnicities?
    - Partner was bisexual and received it from him
    - Need more outreach like with breast cancer
    - Need education in the schools
    - More advertising and awareness that it's not a "gay disease"

TEST & DIAGNOSE

- Do you or your friends know where to go to get an HIV test?
    - Yes – the clinic
    - Should have home tests for the elderly and others who can't go to clinic

- If someone thinks they need an HIV test, what are some of the reasons you think they don't get tested?
    - Shame/fear/denial/afraid to find out status

  - Might think a test would be very expensive
  - Don't want people to see you
    - "I remember Riverside Clinic, and if you were in for STDs, you'd go to a certain side of the clinic, and for anything else, you — and you were sectioned off, and people knew, because it happened to me, and I had to go to that clinic, and I was sent to the section where everybody knew that this was what this was for."

- What challenges have you or your friends had when it comes to getting an HIV test?
  - Clinic takes too long with to give test and to give results
    - "So it's the time people have to — people don't have two or three hours just to wait to get a test."

PrEP

- This is voluntary. Please raise your hand if you have heard of PrEP. Tell me what you know about PrEP. PROBE: When is the first time you heard about PrEP? Who in your circle of friends know about PrEP?
  - All heard of PrEP
  - Give correct definition of PrEP
  - One participant heard about it a few years ago. One in Project LEAP
  - Don't have friends but have seen the commercials

- What are some reasons you would use or already use PrEP? Use the closed end question as a follow-up. PROBE: If you had a partner and one of you was living with HIV, would you use PrEP? Why or why not?
  - To protect partner – "To prevent my partner from contracting anything."
  - Hard to discuss PrEP with partner
  - Would use with a partner if they weren't undetectable
  - Would practice safe sex so they didn't have to discuss with their partner

TREAT

- What places do you know of in our area where people can get HIV care and treatment? Thinking about the people you know, what percent of them do you think would know where to get HIV care and treatment? PROBE: Do people know where to get HIV care and treatment?
  - Legacy/Thomas St/Avenue 360/ Montrose Center
  - Not very many people know, it's hard to come up with a percentage

- What difficulties have you had in getting HIV care and treatment? What difficulties have your friends had?
    - Multiple people say “None”
    - Doctors are more attentive now because of COVID
    - “The biggest problem I have, is if I really get sick or have an issue in between that three-month visit, I’m always forced to go to the emergency room, which accumulates another bill, and I really don’t like that at all.”
    - Don’t have any friends and don’t know if others are having difficulty

- What are some new ways we can let people know that HIV care and treatment is available?
    - Start earlier in school – maybe there’s a role for the school nurse
    - More outreach to the homeless population
    - Offer free food
    - Start in the shelters
    - A commercial with a 1-800 number to call for information
    - “Just give me a number to call, and I’ll go call it, and then I can move from there by myself, as opposed to going to the table at Walmart asking, “Hey, can I get a test?” I don’t think I would do that.”
    - Make blood testing a regular, everyday thing

- When you or your friends need medical care outside of HIV care, where do you or your friends go?
    - Goes to HIV clinic (Thomas St)
    - “When I was going through a lot of ovary pain, my clinic, Thomas Street, referred me to Ben Taub, and I had the operation, the hysterectomy. So that clinic will refer me to where I need to go for other things, yes.”

- If you need mental health services, where would you go to get it? What challenges have you and your friends had getting this type of help?
    - Montrose counselling
    - No challenges getting this type of help
    - *Note: No one wants to discuss*

- If you need substance use disorder treatment, where do you go to get it? What challenges have you and your friends had getting this type of help?
    - Say name of their Case Manager
    - Insurance problems - “Yeah, because sometimes the place that they referred me to didn’t take my insurance, so then I had to do my own research and to find my own place. They sent me to a place that was horrible, so I didn’t stay there. I ended up leaving there and then flying out of state to get substance abuse help based on my insurance.”
    - Doctors are booked out far in advance

- How do you or your friends balance treatment for HIV with other competing priorities?
    - Face administrative challenges with updating records, etc.
    - Transportation issues that affect when appointments can be scheduled
    - Trying to schedule multiple appointments on the same day

- What do service providers need to do to keep someone coming back for HIV care?
    - Care about the patient/ answer the patient's questions
    - Don't make people wait for hours when they have an appointment
    - "The sign-in process, the time — if you have an appointment for 10:30, you're not seeing the doctor until 11:30 or 12:00 o'clock. The same for meds. Then the doctor wants to rush you, doesn't want to listen to your concerns. The whole process over there is off."

LAST QUESTIONS

- What actions need to happen to engage people in HIV education or care?
    - Advertising, more videos
    - Incentives
    - Project LEAP/sex education in the schools/make it an elective

- If we had all the funding in the world, what would it take to End HIV?
    - A cure
    - Education/more prevention/knowledge
    -

People Born Outside the U.S. Focus Group, 04-27-22

OPENING & GENERAL QUESTIONS

- What is the best way to reach you and your friends with information about HIV prevention and care?
    - Doctor/clinics check ups
    - Ads on TV
    - Schools
    - Short vids that spread information

- Is HIV a concern for you and your friends? Why or why not?
    - Yes
    - Friends have died
    - Worrisome for own kids
    - Prevention of self and loved ones
    - Blood transfusions

- What are some of the reasons people may not know about HIV?
    - Do not go to the doctor
    - Lack of knowledge
    - Fear being rejected
    - Lack of responsibility

- Why do you think HIV affects ***Born outside the US*** more than other people?
    - Latin American countries the education is not given
    - The right help is not provided
    - The information is not well dispersed

TEST & DIAGNOSE

- Do you or your friends know where to go to get an HIV test?
    - Yes
    - Medical lab
    - There are
    - Doctor checkup but need to ask for it

- If someone thinks they need an HIV test, what are some of the reasons you think they don't get tested?
    - Fear
    - Not enough time due to work, schedule
    - Lack of funds

- What challenges have you or your friends had when it comes to getting an HIV test?
    - Schedules
    - Money
    - Not knowing the symptoms

PrEP

- This is voluntary. Please raise your hand if you have heard of PrEP. Tell me what you know about PrEP. PROBE: When is the first time you heard about PrEP? Who in your circle of friends know about PrEP?
    - None

- What are some reasons you would use or already use PrEP? Use the closed end question as a follow-up. PROBE: If you had a partner and one of you was living with HIV, would you use PrEP? Why or why not?
    - To prevent HIV
    - Have a better quality of life

TREAT

- What places do you know of in our area where people can get HIV care and treatment? Thinking about the people you know, what percent of them do you think would know where to get HIV care and treatment? PROBE: Do people know where to get HIV care and treatment?
    - Do not know

- What difficulties have you had in getting HIV care and treatment? What difficulties have your friends had?
    - Do not know friends
    - Taboo
    - People may fear being judged

- What are some new ways we can let people know that HIV care and treatment is available?
    - Search on the internet
    - Ask other friends

- When you or your friends need medical care outside of HIV care, where do you or your friends go?
    - Legacy
    - Harris health
    - Private doctor
    - Lyndon B. Johnson hospital

- If you need mental health services, where would you go to get it? What challenges have you and your friends had getting this type of help?
    - Harris Center
    - Language barrier is a challenge

- If you need substance use disorder treatment, where do you go to get it? What challenges have you and your friends had getting this type of help?
    - AA
    - Hear TV ads but do not know the names
    - AAMA

- How do you or your friends balance treatment for HIV with other competing priorities?
    - Try to make time for check ups
    - Clinics should have longer open hours
    - But if really sick then miss work to go to the doctor

- What do service providers need to do to keep someone coming back for HIV care?
    - Show respect
    - Be understanding
    - Be encouraging
    - Be able to inform and provide best medical treatment
    - Find a cure
    - It is important to have good communication

LAST QUESTIONS

- What actions need to happen to engage people in HIV education or care?
    - Taught in schools
    - Have more HIV discussions in community spaces
    - Take care of yourself

- If we had all the funding in the world, what would it take to End HIV?
    - It is difficult when other big companies are more interested in selling medications
    - To find the cure
    - To spread HIV awareness
    - Have a good quality of life

People Born Outside the U.S. Focus Group, 05-19-22

OPENING & GENERAL QUESTIONS

- What is the best way to reach you and your friends with information about HIV prevention and care?
  - Take testing to Flea markets, Consulates
  - Make awareness accessible on prevention
  - Information on flyers
  - TV infomercials

- Is HIV a concern for you and your friends? Why or why not?
  - No
  - Family knows health status
  - Know own HIV status
  - Yes we need to think of others; family
  - Directly address HIV with teenagers

- What are some of the reasons people may not know about HIV?
  - Missing information in social media like TV
  - Different public platforms like sports games, concerts,
  - Rotate information in clinics
  - Acceptance of HIV status

- Why do you think HIV affects ***People born outside of the US*** more than other people?
  - Culture
  - "We don't talk about it in our own Latin-american countries"
  - Taboo
  - Missing "orientation"
  - Drug use

TEST & DIAGNOSE

- Do you or your friends know where to go to get an HIV test?
  - Legacy clinic
  - Thomas Street Clinic
  - Labs

- If someone thinks they need an HIV test, what are some of the reasons you think they don't get tested?
  - Afraid of getting positive results
  - "people need information and feel acceptance"

  - Fear of being criticized
  - "some may feel immune to the virus and may fear finding out positive results"

- What challenges have you or your friends had when it comes to getting an HIV test?
  - Feel discriminated in own countries
  - Clinics are asking for too many documents; protocols can feel tiring
  - "If someone is undocumented may can still get tested but if results are positive; when asking for assistance may not have all the right documents like rent receipts or whichever documents that can be difficult to obtain"
  - May not have the funds to pay for testing

PrEP

- This is voluntary. Please raise your hand if you have heard of PrEP. Tell me what you know about PrEP. PROBE: When is the first time you heard about PrEP? Who in your circle of friends know about PrEP?
  - 5 raised hands
  - Lyrica it is voluntary
  - It prevents HIV
  - Still wear a condom because there are other STI's
  - Still need more accurate information
  - Can have secondary side effects

- What are some reasons you would use or already use PrEP? Use the closed end question as a follow-up. PROBE: If you had a partner and one of you was living with HIV, would you use PrEP? Why or why not?
  - When partner is HIV positive
  - Yes, although undetectable it is recommended to use as extra protection for partner that is HIV negative

TREAT

- What places do you know of in our area where people can get HIV care and treatment? Thinking about the people you know, what percent of them do you think would know where to get HIV care and treatment? PROBE: Do people know where to get HIV care and treatment?
  - St. Hope
  - Legacy
  - Acres Homes- Harris Health System
  - Not many would know where to go for HIV care

- What difficulties have you had in getting HIV care and treatment? What difficulties have your friends had?
    - "To obtain services at times the agencies ask to prove legal status"
    - Ask for too many documents when needing to ask for assistance

- What are some new ways we can let people know that HIV care and treatment is available?
    - Concerts
    - Dances
    - Social media
    - short stories, mini dramas with HIV information
    - TV commercials

- When you or your friends need medical care outside of HIV care, where do you or your friends go?
    - Ben Taub hospital
    - Franco Lee hospital
    - Clinica Hispana
    - Clinica San Jose in downtown

- If you need mental health services, where would you go to get it? What challenges have you and your friends had getting this type of help?
    - St Hope clinic

- If you need substance use disorder treatment, where do you go to get it? What challenges have you and your friends had getting this type of help?
    - People will need to do research

- How do you or your friends balance treatment for HIV with other competing priorities?
    - Needs to be a priority
    - Put health first in your list
    - Make time for exercise
    - Ask your doctor your concerns

- What do service providers need to do to keep someone coming back for HIV care?
    - Get an incentive- paid vacation
    - Just like it was done for COVID vaccines
    - Gift cards
    - Quality care
    - Doctors needs to create trust with patients
    - Let the patient have clear information and safe space to ask questions

LAST QUESTIONS

- What actions need to happen to engage people in HIV education or care?
  - Talk openly about HIV topics
  - Stay away from taboos
  - Bring awareness of HIV in all public spaces

- If we had all the funding in the world, what would it take to End HIV?
  - Find the cure
  - A cure so that long-term treatment is not needed
  - Successful prevention

Youth Focus Group, 04-21-22

OPENING & GENERAL QUESTIONS

- What is the best way to reach you and your friends with information about HIV prevention and care?
    - Montrose Center
    - "I don't know how to speak on that. I don't do that. I'm not that kind of girl."
    - Social media
    - News
    - School
    - Doctor office
    - Google

- Is HIV a concern for you and your friends? Why or why not?
    - No
    - "No, not really, because I mean, it's like a common disease now, just like COVID and stuff, so the only thing that like I just want people, everybody is to just wrap up, like you know, use a condom, practice safe sex, and stuff like that, but it really doesn't bother me or worry me or something like that."
    - I don't know of anybody that has that, so I can't speak on that."

- What are some of the reasons people may not know about HIV?
    - Lack of knowledge
    - Lack of discussion
    - Uninterested/ Not concerned with HIV
    - Stigma
    - "It isn't being talked about."
    - "They don't want to know, honestly.
    - "…some people have a lack of knowledge, but they aren't always concerned about it."
    - "…, when people hear about HIV and stuff, they probably, the first thing they think is like, ew, that's gross, you know, and you no, from a person that kind of knows about that, you know. That's why I believe that people really don't care to know more about it."

- Why do you think HIV affects youth more than people of other groups?
    - Perceived risk/susceptibility
    - "I would have to say because it's more prone in the LBGT community than any other person."
    - "…what I mean by that is like man-on-man sex, it puts like, you know, us at a higher risk for getting that disease because, you know, pretty much that's how that disease is contracted mostly."

TEST & DIAGNOSE

- Do you or your friends know where to go to get an HIV test?
  - Local clinics
  - Local community centers
  - Hospitals

- If someone thinks that they need an HIV test, what are some of the reasons you think they don't get tested?
  - Fear
  - "I would assume that they are scared of the results."

- What challenges have you or people you know had when it comes to getting an HIV test?
  - Embarrassment
  - "They will be embarrassed to go up to the clinic and do stuff to get tested and all of that."

PrEP

- Please tell me if you know of PrEP.
  - Some have not heard of PrEP
  - Some have heard of PrEP

- If anyone has heard of PrEP, when was the first time you heard of it?
  - "I found out about that in like 2017."

- Do you think most people know about PrEP?
  - "I'm pretty sure they do.

- What are some of the reasons you would use or already use PrEP?
  - Prevent HIV

- If you had a partner and one of you was living with HIV, would you use PrEP?
  - "I'm guessing yeah."

TREAT

- What places do you know of in our area where people can go get HIV care and treatment?
  - Legacy
  - Primary care doctor

- What percent of them do you think would know where to go to get HIV care and treatment?
    - Not many
    - "Not so much of the people I know, but I do know like in the community that there are people that, you know, know those type of things."

- What difficulties have you had in getting HIV care and treatment, or have you heard of anyone having difficulties?
    - N/A

- What are some new ways we can let people know that HIV care and treatment is available?
    - Social media (e.g., direct messages)

- When you or your friends need medical care outside of HIV where do you go?
    - Clinics

- If you needed mental health services, where would you go to get it?
    - Doctor/Psychiatrist

- If you needed substance abuse disorder treatment, where would you go to get it?
    - "I don't know."
    - Counselor

- What do you think service providers need to do to keep someone coming back for HIV care?
    - "Make the visit well worth it.
    - Provide resources
    - Provide positive experiences

LAST QUESTIONS

- What actions need to happen to engage people in HIV education or care?
    - Spread awareness
    - Provide resources in the community

- If we had all the funding in the world, what would it take to end HIV?
    - "Fund the science to find a cure."
    - Develop more prevention/treatment methods
    - Develop vaccines
    - "Or even a vaccination, since that's the thing nowadays, too."

SUMMARY OF GROUP INTERVIEWS WITH SPECIAL POPULATIONS

Special populations include College Students and Hispanic Women

The Office of Support also decided to do additional interviews with populations that weren't designated as Priority Populations. We have referred to these two groups as Special Populations. These groups were vulnerable as well but not specifically listed as Priority Populations.

TSU Undergrad Students Focus Group, 04-12-22

OPENING & GENERAL QUESTIONS

- What is the best way to reach you and your friends with information about HIV prevention and care?
    - Social media (e.g., TikTok)

- (Question asked but not originally included on transcript) What are some new ways we can let people know that HIV care and treatment is available?
    - "Put a sign on the Tiger Walk—" main walkway on campus"
    - Aim for a specific target audience
    - Utilize student health centers

- Is HIV a concern for you and your friends? Why or why not?
    - "It was, like, a recent concern, like, it was something, like, I wasn't really familiar with all the way around on how you could, like, get it or just, like — I wasn't educated enough to be worried about it."
    - "Yeah, I definitely agree, because, like, even if, like, you don't, like, know somebody that's, like, like, close to you, like, that has it, like, it still, like, affects somebody, like, you know, like, because, like, you know, like, most likely they get it, they're not going — they're going to, like, be going, like, to be like confidential about it. Not many people are going, like, to, like, you know, say if they have it, and they're going to, like, you know, stay, like, like, discreet about it until, like, they want to, like, express, like, their own diagnosis with HIV."
    - Confidentiality
    - Status Disclosure

- "What are some of the reasons people may not know about HIV?
    - Not taught about diseases "in depth" "from a young age"
    - Lack of adequate education on HIV—prevention, transmission, and effects
    - "In depth, that's a good attachment, because we were taught about things like that, but they never did go in depth about the effects of it: How you get it, how to protect yourself against it, no real information."
    - "…they never say, like, what you can get and how you can get it and whatever, how it can affect you."
    - "Some people probably don't care because, I mean, they think that, "I'm not gay, I'm not homosexual," whatever. They think that's the only people that can get the virus, so they probably don't even care to learn about it. "
    - Low perceived susceptibility /severity
    - "a lot of people think they can beat the odds."

  - "They don't ever think, "It could be me."

- Why do you think HIV affects Black people more than people of other race/ethnicities?
  - Socioeconomic status (e.g., healthcare access)
  - Access to resources
  - Stigma
  - Medical mistrust from historical practices
  - Perceived/actual discrimination
  - "I think economic status plays a large part in it, as far as healthcare and just knowing, being taught that information, having the resources that you need to protect yourself, if that makes sense?"
  - "It's the environment who you surround yourself with."
  - "So if you're in an environment where they don't really speak about it or it's what they want to teach, it's kind of like that environment is not good because you're not really getting taught anything about specific things like HIV and diseases."
  - "Lack of care in the healthcare world, too. There are a lot of people have that stigma that they're not going to get treated correctly, and then just based off of history, some of the things that have happened, they don't fully trust that they're going to get the full treatment just like other races are."

TEST & DIAGNOSE

- Do you or your friends know where to go to get an HIV test?
  - Clinic
  - Doctor
  - School
  - "I just found out that the school can give you a test."
  - "I didn't know the school had it."

- If someone thinks they need an HIV test, what are some of the reasons you think they don't get tested?
  - Fear/shame/embarrassment
  - "I just don't think people know what they can get tested for. They probably know they can get tested on campus, but they probably don't know to what extent and everything they can get tested for."
  - "I was going to say an effort. I don't think a lot of people are actually trying to get tested, because we do have resources on campus, like you-all said, that they can just go for free and just have that."
  - "…some people are just scared to see it on paper that they probably have it."
  - Perceived stigma
  - "They're just nervous or scared that people are going to think they're so-called, quote-unquote, dirty or they're doing something wrong, when that's just not the case."

  - "They're probably scared they might have that. "I don't want to go get tested."
  - "Like embarrassment and just having that feeling of people are going to know that I was expecting that I might have this or not."
  - Denial
  - "It just makes it too real for them."

- What challenges have you or your friends had when it comes to getting an HIV test?
  - No challenges for some
  - Trust
  - Privacy
  - "Yeah, if I go, I'm going by myself. I don't go with friends."
  - "Yeah, my friends, they don't tell me nothing, and I'm not telling them nothing,
  - "…I'm not going to call my mom. If I need a test, I go get tested."

PrEP

- Do people, you and your friends, know about PrEP, the medication that prevents HIV?
  - Some have heard of it.
  - "Yeah, I found out everything about PrEP from this class."
  - "I just found out that it was free, too."
  - "I've seen it on a commercial"
  - "I think my friends do."
  - Some have not heard of it.
  - "I had never heard of it."
  - None of my family or my friends know about it. I told my friend about it. I was like, "Do you know we got PrEP?" "He was like, "What's PrEP?"
  - "I'm like 90 percent sure none of my friends know about PrEP."
  - Others not concerned with PrEP ads
  - "I always skip the ad on YouTube"
  - "Nobody likes the ads."

- Related, if you would have a partner and learned one of you was living with HIV, would you use PrEP? Why or why not?
  - Yes, for protection.
  - Would not if married
  - "If you're sexual or have like any sexual interaction with someone with HIV, that's when you would use it."
  - "It helps stop HIV."
  - "If I'm married."

TREAT

- Do you think people know where to get HIV care and treatment?

  - Majority participants said no.
  - Doctor office (e.g., urgent care)
  - Hospital (e.g., medical center)
  - HIV clinics
  - Google or an app
  - "I don't know where."
  - "Most health centers would have some type of either recommendation or treatment or something to help you, or at least push you in the right direction, but I'm not exactly sure where you would get the actual care and treatment."

- If you needed mental health services, where would you go to get it?
  - Rehab
  - "Upstairs in the rec?"
  - School counselors

- (Question asked but not in original transcript questions) If you needed substance-use treatment, where would you go to get it?
  - Rehab
  - Mental Health Center
  - 12 step programs

- What difficulties have you had in getting HIV care and treatment? What difficulties have your friends had?
  - None or Unknown
  - "It isn't much of a problem."
  - Distance/ location regarding insurance billing
  - "I have difficulties only because my primary care doctor is all the way in Arkansas, so that's mine. I just have to drive back and forth."
  - "Medical care or, you know, they don't have access to healthcare or something like that, that could be a problem. "
  - "I don't even have a doctor that I go to."

- What do you think service providers need to do to keep someone coming back for HIV care?
  - "Be polite."
  - "Make them feel comfortable."
  - Provide better customer service

- Have positive attitude working with patients
- "Make it cheaper."
- Personalize patient experiences (e.g., Use first names)
- Build rapport
- Establish trust
- Follow-up with patients after appointments (e.g., general check-in, prescription pick-up reminder)
- Be available (e.g., answer phone calls)

LAST QUESTIONS

- What actions need to happen to engage people in HIV education or care?
  - Health classes (e.g., college seminars, mandatory orientation class)

- If we had all the funding in the world, what would it take to end HIV?
  - People getting tested and knowing their status
  - Medical interventions (HIV cure or vaccine)
  - Build better trust
  - Respect autonomy
  - "As long as I can trust in their process, too, because a lot of people can get all the information they can and know everything, but at the end of the day, people are just going to do what they want to do."
  - "Focus on resources"
  - Focus on marginalized communities
  - "Focus on the smaller communities that need it more. I feel like it's only focused on bigger communities who have the money, so it just needs to — you need to start with the smaller communities, the ones who are getting neglected from all this information and lacking the resources to prevent it."

TSU Grad Students Focus Group, 04-26-22

OPENING & GENERAL QUESTIONS

- What is the best way to reach you and your friends with information about HIV prevention and care?
  - Social media
  - Text message
  - Word of mouth

- Is HIV a concern for you and your friends? Why or why not?
  - "It's a concern for everybody. Everybody needs to be aware of things that can happen."
  - "We don't care."
  - "Yeah, it's just a simple fact of, like she said, people don't care enough until they actually have it. And then when they do have it, it changes their perspective on it."
  - "But as far as like HIV, I know it's like a way larger — you know, way worse thing to get, but I only really kind of consider when I talk to my gay guy friends, actually.

- What are some of the reasons people may not know about HIV?
  - "Lack of knowledge or education."
  - I feel like it's not really talked about as much as you expect to see it, because like, you know, we watch TV, we look at our phones, and things like that, so like it's not broadcast enough to the masses.

- Why do you think HIV affects young black men and women, especially black men who have sex with other men, more than people of other races or ethnicities?
  - "Lack of resources"
  - "They don't care."
  - Individual behaviors
  - Shame
  - "Maybe it may not be talked about as much between those groups, or like she said, they don't — they're not — they don't care, or it's like they're ashamed to say something about it, so they'd just rather not know their status than probably like go get tested or something."

TEST & DIAGNOSE

- Do you or your friends know where to go to get an HIV test?
  - Hospitals
  - Clinics
  - Doctors

  - School campus
  - “There’s a place here on campus, they do HIV testing.”

- If someone thinks that they need an HIV test, what are some of the reasons you think they don’t get tested?
  - Fear
  - “Scared of the results.”
  - “The results can change their life.”
  - “They might have to examine the behaviors that they’ve been doing, possibly.”
- How could we interest students in getting an HIV test?
  - Incentives
  - Extra credit

PrEP

- Please tell me if you have heard of PrEP.
  - People know of PrEP

- If anyone has heard of PrEP, when was the first time you heard of it?
  - College (e.g., undergraduate health class)
  - Doctors
  - High school
  - Friends
  - “I heard about it outside of here, because my best friend, he’s like an advocate for HIV, so I do walks and stuff with him.”
  - Commercials

- Do you think your friends know about PrEP?
  - Some say no
  - “I don’t think they’re educated on it.”
  - Some say yes

- What are some of the reasons you would use or already use PrEP?
  - Protection
  - “To protect yourself against AIDS/HIV”
  - “But if I was doing some risky behavior, then yeah, I need to pop that pill every day.”
  - “If it was a shot, yes.”
  - “If it was one shot.”
  - “I just want a good understanding.”

- If you had a partner and one of you was living with HIV, would you use PrEP?
  - Some say yes
  - “So, I’d rather be ahead than dead.”
  - Some say no and would leave partner

  - Some say it depends on relationship and other factors
  - "I guess it just depends on how I love you."
  - "No, I'm sorry. He won't be my partner, now that he's"
  - "I met somebody and I'm very, like, educated on it. I'm taking all the necessary precautions to protect myself against it now."

- How can we get information about PrEP to young people?
  - Text messages
  - Social media (e.g., TikTok
  - Celebrity endorsements
  - Concert performances e.g., Houston artists like Megan Thee Stallion, Mulatto)
  - "TSU, they had the HIV concert."
  - "We need to get the Ranches out to get tested."

TREAT

- What places do you know of in our area where people can go get HIV care and treatment?
  - Area clinics
  - Medical center
  - Legacy
  - "Ben Taub or LBJ"
  - Planned Parenthood
  - "There's not enough."

- What percent of them do you think would know where to go to get HIV care and treatment?
  - Mixed responses ranging from 2%- 50%
  - "Two."
  - "I have like eight friends, so maybe like 30 percent."
  - "Less than 10."
  - "50 percent."

- What difficulties have you had in getting HIV care and treatment, or have you heard of anyone having difficulties?
  - Cost
  - "Having to pay for it out of pocket."
  - Lack of Insurance
  - "Insurance is the No. 1."
  - "I don't have insurance."
  - Finding providers that accept insurance
  - "Sometimes we get insurance through the Marketplace, then you've got to find doctors."

- What are some new ways we can let people know that HIV care and treatment is available?
  - Social media
  - Email
  - Flyers
  - "Just being real open about the topic, itself. You know, some people like to shy away from things of this nature, so just being open with information."
  - Schools
  - Social settings e.g., bars, clubs

- When you or your friends need medical care outside of HIV where do you go?
  - Doctor (e.g., primary care physician, family doctor)
  - Urgent care

- If you needed mental health services, where would you go to get it?
  - "I've actually been looking for like mental health, like somebody to talk to, but I haven't found someone."
  - "It's in the tuition [on campus]."

- What challenges have you or your friends had getting this type [mental] of help?
  - None
  - "I personally haven't had any challenges"
  - "I've never needed it."
  - "But I don't know anybody who just has struggled with mental health or anything like that"

- If you needed substance abuse disorder treatment, where would you go to get it?
  - Church
  - Psychiatrist
  - Ben Taub
  - Google
  - "Jail."

- What challenges have you or your friends had getting this type [substance abuse disorder treatment] of help?
  - None
  - "I don't need none of this."
  - "You've got to be involved in that to seek help."

- What do you think service providers need to do to keep someone coming back for HIV care?
  - "Actually care."
  - "But as you say, actually care, that's the only way you go back to a doctor."
  - "Send them reminders.
  - Use preferred contact methods (e.g., text messages)

- "…contact, yeah. So, I guess whatever their preference of contact is, really like do that, don't do the opposite, because I say text, and you want to email me."

LAST QUESTIONS

- What actions need to happen to engage people in HIV education or care?
  - Address and reduce stigma
  - "The stigma is a lot, not just surrounding HIV, but a lot of STIs and STD, you know. It's a stigma, where people are not educated on it."
  - Make HIV education and care personal for people
  - "…I personally sometimes have to know somebody like personally going through the struggle… like to kind of know that it's like real."
  - "…basically if a celebrity gets something, and it gets into the media, they start funding money into that particular cause..."
  - Promote awareness through celebrity family members (e.g., parents) advocacy
  - "And I am thinking that their mama, their daddy, somebody that like if they advocate for it, then I feel like it draws attention."
  - Increase funding
  - "…because the money is what they need, funding."

- If we had all the funding in the world, what would it take to end HIV?
  - "Early prevention."
  - "If we wait too late, where, you know, you're 18, 19, 20, you're already active with partners — start at a young age, educate kids, like really pre-teens or somebody, especially when they hit puberty, middle school."
  - Provide education and awareness on HIV
  - "But they will be — have to be educated like on HIV."
  - "But if you have money and you can educate kids early..."
  - "…and let them know about PrEP early."

TSU Students Focus Group, 04-26-22

OPENING & GENERAL QUESTIONS

- What is the best way to reach you and your friends with information about HIV prevention and care?
  - Social media (several affirmations)
  - Text/email

- Is HIV a concern for you and your friends? Why or why not?
  - Initial unanimous "No," regarding sexual transmission:
    - "I would hope it's not a concern." / "Try not to get yourself in predicaments."
    - "I'm not at risk because before I have sex with anybody, I tend to make sure you're tested." / "I'm very selective."
    - "I'm not a homosexual." / "I think that's where it mostly comes from."
  - [Risk discussion evolves]
    - "I would say the risk is a lot smaller, but there's never no risk." / "It's always a possibility. It is."
    - "You could also be exposed through like a blood transfusion, although that's more rare because we check the blood supply now."/ "There's IV drug use."

- What are some of the reasons people may not know about HIV?
  - Fear; "They don't want to know."
  - Lack of personal connection
    - "They never had it or nobody that they know have it."
    - "…if it's not in your face, then people don't tend to worry about it too much."

- Why do you think HIV affects young black men and women, especially black men who have sex with men, more than people of other races or ethnicities?
  - Speculation around zip code, education, susceptibility
  - Lack of awareness/risk:
    - "Probably you're not worried about prevention and stuff like that."
    - "And then I guess they're just having fun, not caring…"
  - Lack of resources; cite "insurance"
  - Cultural aspects related to stigma:
    - "…a lot of things in the black community is hush, like don't speak about it. You just let it be pushed to the wayside. Act like it's not happening."
    - "…a lot of dudes be really like low key. A lot of dudes be low key, man." / "Yeah, I just feel like white people are more open about it, but

black people, like we — let's say we judge, so it's like, you know, they might hide."

TEST & DIAGNOSE

- Do you or your friends know where to go to get an HIV test?
  - General response "clinic" or "doctor"
    - When probed for specificity: "Google;" speculate "The school probably has resources, too…or like even going into like Montrose, because that's the gay district.." / "Out of the Closet"

- If someone thinks they need an HIV test, what are some of the reasons you think they don't get tested?
  - Fear/denial/stigma

- What challenges have you or your friends had when it comes to getting an HIV test?
  - *[This question seems to be explicitly missing from the transcript; further probes related to the question above may have assumed this point]* (ex. "THE FACILITATOR: Yeah. Is it scary to go get an HIV test?" and "THE FACILITATOR: And how could we interest students in getting an HIV test?")
    - Responses to related probes: incentives (esp money, food, or concert tickets); "…scare them a little bit, really. Put a little fear in their hearts."

PrEP

- This is voluntary. Please raise your hand if you have heard of PrEP. Tell me what you know about PrEP. PROBE: When is the first time you heard about PrEP? Who in your circle of friends know about PrEP?
  - Two students; "Last semester."
    - "…where like you can have sex and won't catch anything, something like that? "
  - Regarding friend-base knowledge of PrEP: Several "No" responses; "If we didn't know, they probably didn't know."

- What are some reasons you would use or already use PrEP? Use the closed end question as a follow-up. PROBE: If you had a partner and one of you was living with HIV, would you use PrEP? Why or why not?
  - **Why-**
    - "High risk. Say somebody got it that you like, you might want to take it so you won't catch it..." / "…many fish in the sea." / "I'll try to use everything."
    - "I feel like I wouldn't have a choice if I choose to stay with that significant other because that's the only way that the relationship is going to have to work, because I'm not trying to catch HIV…I obviously

chose the risk, but if I'm going to do anything I can do to prevent that, then that PrEP don't sound a bad idea."/ "…if I decide to stay, then yes, I'm taking that PrEP."

- **Why NOT-**
  - "…if you got it, I'm not going to take it and deal with you. You know, I'm going to let you be. Like I'm leaving it where it is…I don't even want to take that chance, so let me just back away from you, okay?"
  - "And it's not 100 percent, right?" / [~99%] "…that percent right there going to get you every time."
  - "Like I know I don't think I would decide to stay, so I mean, I wouldn't use it."

- (Added ?) How could we get information about PrEP to young people?
  - Social media
  - Discussion groups similar to focus group setup
  - School outreach

TREAT

- What places do you know of in our area where people can get HIV care and treatment? Thinking about the people you know, what percent of them do you think would know where to get HIV care and treatment? PROBE: Do people know where to get HIV care and treatment?
  - One respondent with familial knowledge: "…this place on the north side…little clinics in Missouri City, too."
  - Rest of respondents unanimously unaware or would have to look it up; guess "one percent" of people they know would know

- What difficulties have you had in getting ~~HIV care and treatment~~ healthcare [in general]? What difficulties have your friends had?
  - Cost; lack of insurance coverage; navigating or not qualifying for Medicaid or Medicare

- What are some new ways we can let people know that HIV care and treatment is available?
  - Text messaging; Social media (ex. Instagram/Tiktok)
  - Seminars
  - Posters/Signage

- When you or your friends need medical care outside of HIV care, where do you or your friends go?
  - Clinics (ex. TSU/campus, CareNow, Planned Parenthood, Care Too?)
  - Most respondents report using private doctors

- If you need mental health services, where would you go to get it? What challenges have you and your friends had getting this type of help?
  - Cultural tendency towards religion; aversion to seeking professional services
    - "…black people don't really do therapy. We were always taught like showing emotions is weak." / "They just go to God."
  - Other challenges:
    - High cost
    - "It's not as accessible as you think."
    - Confidentiality and trust issues; "It's like you think you're telling your business to a stranger."

- If you need substance use disorder treatment, where do you go to get it? What challenges have you and your friends had getting this type of help?
  - Several "don't know" responses
  - "Rehab" / "The pharmacy, right?"
  - Challenge probe: "That's not applicable to me."

- How do you or your friends balance treatment for HIV with other competing priorities?
  - [Question missing from transcript]

- What do service providers need to do to keep someone coming back for HIV care?
  - Food incentives
  - Routine scheduling of follow-up appointments during current appointment
  - Reminder calls

LAST QUESTIONS

- What actions need to happen to engage people in HIV education or care?
  - Increase visibility/awareness of impact

- If we had all the funding in the world, what would it take to End HIV?
  - Making a permanent cure accessible to all
  - Testing in schools
  - Advocate/promote designated day for testing; increase general awareness

TSU Undergrad Students Focus Group, 04-26-22

OPENING & GENERAL QUESTIONS

- What is the best way to reach you and your friends with information about HIV prevention and care?
    - Internet
    - Social media (e.g., Twitter, TikTok, Instagram)

- Is HIV a concern for you and your friends? Why or why not?
    - No
    - "Nobody has professed it."
    - "I don't know nobody that's really trying to — that's suffering from it that moves in my close circle."

- What are some of the reasons people may not know about HIV?
    - Lack of knowledge
    - "It's not taught like in some communities."
    - "How they feel sometimes."

- Why do you think HIV affects women more than people of other groups?
    - "Oh, because of down-low men."
    - "Men who are trying to figure out their sexuality, and they go back and forth, you know, to men and women."

- Do you or your friends know where to go to get an HIV test?
    - Hospitals
    - Clinics
    - Doctors (e.g., OBs)
    - School

TEST & DIAGNOSE

- If someone thinks that they need an HIV test, what are some of the reasons you think they don't get tested?
    - Embarrassment
    - Unconcerned
    - "They don't want to know if they have it."
    - Barriers such as cost/ insurance
    - "Probably worry about like the insurance or the cost will be."

- What challenges have you or people you know had when it comes to getting an HIV test?
    - "I've never been tested."

- "I mean, even an STD test is simple, you know. You just go ask for it, you know."

PrEP

- Please tell me if you know of PrEP.
  - People know of PrEP

- Please tell me what you know about PrEP
  - Free
  - Prevention
  - "Production PEP"
  - "You can take it to — like if you're positive for HIV, you can take it to remain undetected and still be able to have partners as long as you take it regularly."

- If anyone has heard of PrEP, when was the first time you heard of it?
  - Last year
  - Today
  - Last semester
  - During class

- Who in your circle of friends knows about PrEP?
  - "That conversation has never come up."
  - Nobody
  - None
  - "I've got friends I assist."

- What are some of the reasons you would use or already use PrEP?
  - Protection/ Safety
  - "If you're talking to somebody you know for sure they have anything once, you want to be on the safe side for you to take PrEP so you won't catch nothing, just stay safe. Later on down the line, say they have this, then you are being protected"

- If you had a partner and one of you was living with HIV, would you use PrEP?
  - Yes
  - It depends
  - "I mean, if I love that person."
  - "Yeah, it depends on the nature of it, like that. You know what I'm saying? There are variables in a relationship. I just started dating like a week ago."
  - Probably
  - "I mean, I don't know. That's tough."
  - No

TREAT

- What places do you know of in our area where people can go get HIV care and treatment?
    - Hospital on campus
    - "Public Affairs Building, third floor."

- What percent of them do you think would know where to go to get HIV care and treatment?
    - 35%
    - 2%
    - "Yeah, if you live on campus, about 50 percent."

- What difficulties have you had in getting HIV care and treatment, or have you heard of anyone having difficulties?
    - None
    - "Nondisclosure. I don't know if they ever had it or not"

- What are some new ways we can let people know that HIV care and treatment is available?
    - Social media
    - Email
    - Flyers
    - "Just being real open about the topic, itself. You know, some people like to shy away from things of this nature, so just being open with information."
    - Schools
    - Social settings e.g., bars, clubs

- When you or your friends need medical care outside of HIV where do you go?
    - "I go on base. I'm military"
    - Primary Care Physician
    - Local Hospital
    - Doctor (e.g., OB)

- If you needed mental health services, where would you go to get it?
    - Counselor
    - Psychiatry
    - Church
    - "Try to talk to a friend."

- What challenges have you or your friends had getting this type [mental] of help?
    - None
    - "I personally haven't had any challenges"
    - "But I don't know anybody who just has struggled with mental health or anything like that"

- If you needed substance abuse disorder treatment, where would you go to get it?
    - Rehabilitation
    - Counselor

- What challenges have you or your friends had getting this type [substance abuse disorder treatment] of help?
    - None
    - "I don't know nothing about it."
    - "Nobody in my circle has had reason to."

- How do you or your friends balance treatment for HIV with other, competing priorities?
    - "I would assume you would just like schedule it like anything else, you know."
    - Take PrEP
    - "Schedule time to make sure you're taking it."
    - "I'm going to keep going. It's a regular life. Pop a pill every day."

- What do you think service providers need to do to keep someone coming back for HIV care?
    - "Make them feel, like, welcome."
    - "Be honest with them."
    - "Be honest with them. Let them know up straight that it's nothing to be afraid or not wanting to come forth about."
    - "Basically, tell them like a story from — because I remember in my healthy sexual activities class last semester, they should tell it from somebody else's experience and then we can warm them up to make her stay going or something."
    - "Maybe have someone that's relatable, someone that's dealing with it within the — you know, the health system, for the help area cop."
    - "Probably somebody that was like — that does have it and is open to share with other people."

LAST QUESTIONS

- What actions need to happen to engage people in HIV education or care?
    - More dialogue through meetings and group discussions
    - Early education
    - Required education
    - "Do whatever your grades — like in high school, you know, be really telling people about that stuff, because even in high school, you know, kids are doing that, too, so it's more — it can transmit in high school just as much as in college itself, so just got to educate them early, yeah."
    - "And advertising more like on big TV shows and stuff like that, because I noticed that people listen to like celebrities more than they'll listen to

[name] that's been doing this for years, teaching about it, so that could probably help."
    - "I'm going to say teach it more in the high school, as well, because I don't believe I went over HIV. I don't think they talk about STDs like that. They just say, "Wear protection," and that's about it."
    - "They kind of graze over the topic. They don't really go into depth about it."
    - "So they ought to make it like a mandatory class, sex ed for elementary, sex ed for middle school, junior high, high school, college."

- If we had all the funding in the world, what would it take to end HIV?
    - Better condoms
    - Morality
    - "Same, you know, just people with disclosing information if they do have it or them getting the help that they need, you know, or act like, even if you don't know, just a little secret, you know, help purchase [phonetic-13:50*] this information."
    - Develop a vaccine
    - Develop a cure
    - Increase education and awareness
    - " Like a cure, yeah. And putting it more in — more into education everywhere, every single school in the United States."
    - "It's like people that don't even know they have it."
    - "I feel making testing more affordable and cures, because I feel like it's a cure for everything. It really is. But you've got to have the money for it."
    - "I agree with education, educating people about it, and starting at an early age, and making it mandatory for people, because it's something that, you know, people need to know about, okay."

TSU Undergrad Students Focus Group, 04-26-22

OPENING & GENERAL QUESTIONS

- What is the best way to reach you and your friends with information about HIV prevention and care?
  - Text
  - Email
  - Social media
  - Apps
  - Ads/popups in games
  - "Like everybody's always on their phone, so with the ads on Snapchat, Instagram, and Twitter, and stuff like that, they likely can reach more people than just sending out an email, because I don't check mine."

- Is HIV a concern for you and your friends? Why or why not?
  - Yes
    - "All day."
  - Concern for everyone having sex
  - Previous experiences with STIs

- What are some of the reasons people may not know about HIV?
  - No knowledge
  - "I believe people know about HIV, but they don't know about the, like, extent of how serious it really is."
  - "It's not real until it affects you or somebody in your family."

- Why do you think HIV affects young black men and women, especially black men who have sex with men, more than people of other groups?
  - Pride/shame/cultural norms/fear

TEST & DIAGNOSE

- Do you or your friends know where to go to get an HIV test?
  - Yes
    - Doctor
    - Clinic (e.g., Baylor Teen Clinic)
  - Unsure

- Do you-all know anywhere on campus you can get tested at?
  - Yes
    - "The health center."

- If someone thinks they need an HIV test, what are some of the reasons you think they don't get tested?
  - Fear
  - "… Scared of the results. Don't want to know. And then if you know, it's like, "What do I do from there?"

- How could we interest students in getting an HIV test?
  - Incentivize (e.g., monetary rewards)

- Do you think like advertising has a lot to do with it?
  - Yes, plays a role

- Do you think it's like an age thing, like because students are young, or...
  - Yes
    - Insecure
    - Indestructible
    - Lack of care for others

PrEP

- Please raise your hand if you've heard of PrEP.
  - Four or five

- When is the first time you heard about PrEP, and do your friends know about PrEP?
  - TSU course
  - Ads
    - Google

- What are some reasons you would use or already use PrEP?
  - Unanswered, so rephrased

- If you had a partner, and one of you was living with HIV, would you use PrEP? Why or why not?
  - "Yes, definitely"

- How can we get information about PrEP to young people?
  - Ads
  - Social media

TREAT

- What places do you know of in our area where people can get HIV care and treatment? Thinking about the people you know, what percent of them do you think would know where to get HIV care and treatment?
    - "Probably about a million — two seem to know…"

- Do you know like places like in your area, like maybe here or outside of here, where you go if you need to get treatment?
    - "I do, but most people, not really."
    - Unsure, haven't asked

- What are some challenges you or your friends have faced when getting healthcare? I guess this would be like just healthcare in general.
    - Health insurance
    - Disability
    - Lack of knowledge
        - Resources

- What are some new ways we can let people know that HIV care and treatment is available? Is there like a particular place you should place an ad or...
    - Social media
        - Instagram
        - Twitter
    - Book
    - YouTube
        - Engaging ads
        - Creative content
            - "… it should have more basis on people's like real stories."
    - Open, honest, detailed educational commercials
        - Including actual survivors telling their stories

- When you or your friends need medical care outside of HIV care, where do you or you go?
    - "The trainers."

- If you need mental health services, where would you go to get it, and what challenges have you or your friends had getting this type of help?
    - "I think everybody starts off with like a close friend or relative or somebody like that."
    - Clinics
    - Counselors

        - "It takes people a while to go that route."
        - "Some people just aren't comfortable talking to people that they don't know."
        - "…people feel like it won't help."
    - "… Baylor, the Teen Clinic, Liberty."

- If you needed those services, what challenges do you think you might face?
    - Service fee awareness
        - "Maybe paying for it."
        - "A couple of places, it's free."

- If you need substance use disorder treatment, where do you go to get it, and what challenges have you or your friends had getting this type of help?
    - "I feel like it's pretty easy to find a place, just because like we have a computer in our hands all the time."
    - Past experiences
        - Friend had a difficult time finding resources
        - Self-awareness that there is a problem

- What do service providers need to do to keep someone coming back for HIV care?
    - Treat people humanely
        - Make them feel comfortable
        - Compassionate person first care- More than just another number or statistic
    - "Make them feel like they're more than just someone with AIDS."

LAST QUESTIONS

- What actions need to happen to engage people in HIV education or care?
    - Expansion of health classes to the entire campus
        - Mandatory course for everybody
        - "Everybody needs — … like a course that is not just a basic health class, with every single student, because after you graduate high school — you only take health in Texas once in high school, and then after that, it's either you're going to major in it and learn about it, or you just go on with your life."
    - Outreach
        - "Have people that actually like have stories out there engage."

- If we had all the funding in the world, what would it take to End HIV?
    - Get more personal

- Hands-on
  - Increase education beyond the basics
- Candid discussions (e.g., Get to the root of the fear)

- Optimism
  - "I think it's just everybody getting on one accord with the problem…"
- Barrier: Hopelessness
  - "I don't think it will make a difference, really."

Hispanic Women Focus Group, 04-26-22

OPENING & GENERAL QUESTIONS

- What is the best way to reach you and your friends with information about HIV prevention and care?
    - Flyers
    - Social media
    - Websites
    - Text messages
    - Continue with health campaigns
    - In the news

- Is HIV a concern for you and your friends? Why or why not?
    - Yes
    - Should be able to know our status not pass the virus to others
    - To give the current and right information
    - Need to break taboos and share information
    -
- What are some of the reasons people may not know about HIV?
    - Ignorance
    - Lack of information
    - "We may think it can't be us"
    - We do not seek information
    - Do not know all forms of transmission
    - Lack of responsibility

- Why do you think HIV affects ***Hispanic Women*** more than other people?
    - "If you don't feel sick you're okay"
    - Lack of information
    - Information is there but is up to each area how to diffuse information
    - Personality of the Hispanic women is home and family centered
    - Things left for last minute
    - Not enough money/too expensive for test

TEST & DIAGNOSE

- Do you or your friends know where to go to get an HIV test?
    - No
    - Yes
    - Any medical clinics
    - Medical labs- routine lab work
    - Annual check ups
    - Just ask for it

- If someone thinks they need an HIV test, what are some of the reasons you think they don't get tested?
    - Fear
    - Scared
    - Shame
    - Do not experience symptoms
    - Need a home test instead of going to the clinic
    - Stigma that HIV only affects homosexual population

- What challenges have you or your friends had when it comes to getting an HIV test?
    - In Venezuela is a routine lab exam
    - In Mexico they do it when doing pregnancy check ups
    - Taboo
    - Privacy

PrEP

- This is voluntary. Please raise your hand if you have heard of PrEP. Tell me what you know about PrEP. PROBE: When is the first time you heard about PrEP? Who in your circle of friends know about PrEP?
    - No
    - Would like to know more

- What are some reasons you would use or already use PrEP? Use the closed end question as a follow-up. PROBE: If you had a partner and one of you was living with HIV, would you use PrEP? Why or why not?
    - Yes
    - It can be used as protection

TREAT

- What places do you know of in our area where people can get HIV care and treatment? Thinking about the people you know, what percent of them do you think would know where to get HIV care and treatment? PROBE: Do people know where to get HIV care and treatment?
    - Do not know
    - Clinics
    - Legacy
    - Percentage- 60% know where to go
    - Find on the internet/ smart phone

- What difficulties have you had in getting HIV care and treatment? What difficulties have your friends had?
    - Afraid of being rejected
    - Not knowing the places to go
    - Feels “derogatory”/shameful

- What are some new ways we can let people know that HIV care and treatment is available?
    - Have information on TV
    - To promote more social media
    - Talk about the stigmas
    - In clinics have flyers
    - Promote information is school/ school plays

- When you or your friends need medical care outside of HIV care, where do you or your friends go?
    - Clinic
    - Legacy
    - Private doctor
    - Own doctor in Mexico
    - Harris health
    - Clinica del Corazon

- If you need mental health services, where would you go to get it? What challenges have you and your friends had getting this type of help?
    - Hotline crisis- with schools
    - Scared of the medications for youth
    - Need more information
    - AAMA

- If you need substance use disorder treatment, where do you go to get it? What challenges have you and your friends had getting this type of help?
    - Programs in clinics
    - AAMA

- How do you or your friends balance treatment for HIV with other competing priorities?
    - To be consistent

- What do service providers need to do to keep someone coming back for HIV care?
    - Good service
    - To be encouraging
    - Have psychology services
    - Well rounded treatment- family support

LAST QUESTIONS

- What actions need to happen to engage people in HIV education or care?
  - Campaigns flyers and online
  - Conferences more accessible to all public
  - For youth in school
  - Church
  - Talk with own doctor
  - In own homes

- If we had all the funding in the world, what would it take to End HIV?
  - Knowledge
  - Research
  - Getting access to the cure

ADDITIONAL INFORMATION FOR THE FOLLOWING POPULATIONS

College Students and Youth

People with Transgender Experience, Men Who Have Sex with Men, and People Who Use Drugs

The following is additional information available for the populations listed above. Not all Priority Populations have this additional information because of the process used to recruit focus group participants.

	Relevant Themes	Relevant differences b/w groups	Relevant Quotes for Emphasis	Recommended Action
Q1. What is the best way to reach you and your friends with information about HIV prevention and care?	Social media (e.g., Twitter, TikTok, Instagram) or text message	Social media is very important to young people	"Like everybody's always on their phone, so with the ads on Snapchat, Instagram, and Twitter, and stuff like that, they likely can reach more people than just sending out an email, because I don't check mine."	Use social media or text messages to reach youth
Q2. Is HIV a concern for you and your friends? Why or why not?	50/50 split Not gay	Youth seem less educated on how HIV transmission occurs and heterosexuals are still at risk	"It was, like, a recent concern, like, it was something, like, I wasn't really familiar with all the way around on how you could, like, get it or just, like — I wasn't educated enough to be worried about it." "Yeah, it's just a simple fact of, like she said, people don't care enough until they actually have it. And then when they do have it, it changes their perspective on it." "I don't know nobody that's really trying to — that's suffering from it that moves in my close circle."	Increase on-campus HIV education for youth
Q3. "What are some of the reasons people may not know about HIV?	Lack of adequate education on HIV Lack of personal connection		"In depth, that's a good attachment, because we were taught about things like that, but they never did go in depth about the effects of it: How you get it, how to protect yourself against it, no real information." "I believe people know about HIV, but they don't know about the, like, extent of how serious it really is."	Increase on-campus HIV education for youth

	Relevant Themes	Relevant differences b/w groups	Relevant Quotes for Emphasis	Recommended Action
Q4. Why do you think HIV affects Black people more than people of other race/ethnicities?	Cultural norms Lack of resources Discrimination		"I think economic status plays a large part in it, as far as healthcare and just knowing, being taught that information, having the resources that you need to protect yourself, if that makes sense?" "…a lot of things in the black community is hush, like don't speak about it. You just let it be pushed to the wayside. Act like it's not happening"	Partner with anti-stigma organizations to work to decrease discrimination
Q5. Do you or your friends know where to go to get an HIV test?	Vague responses like 'hospital' or 'doctor' - no specific resources cited	Youth have less knowledge about testing resources than priority populations	"I just found out that the school can give you a test.""I didn't know the school had it."	Increase education with youth about testing resources
Q6. If someone thinks they need an HIV test, what are some of the reasons you think they don't get tested?	Fear Barriers like cost and insurance		"Probably worry about like the insurance or the cost will be." "… Scared of the results. Don't want to know. And then if you know, it's like, "What do I do from there?" "Like embarrassment and just having that feeling of people are going to know that I was expecting that I might have this or not."	Promote free testing resources, especially those near youth on campus
Q7. How could we interest students in getting an HIV test?	Incentives (i.e. money) Extra credit	Money is a strong incentive for youth		Consider incentivizing youth to get tested

	Relevant Themes	Relevant differences b/w groups	Relevant Quotes for Emphasis	Recommended Action
Q8. Do people, you and your friends, know about PrEP, the medication that prevents HIV?	Some know A lot heard about in class	Students are in an HIV-related class so they might have more knowledge than their peers	"None of my family or my friends know about it. I told my friend about it. I was like, "Do you know we got PrEP?" "He was like, "What's PrEP?" "I'm like 90 percent sure none of my friends know about PrEP." "If you're talking to somebody you know for sure they have anything once, you want to be on the safe side for you to take PrEP so you won't catch nothing, just stay safe. Later on down the line, say they have this, then you are being protected"	Increase education to youth on PrEP and PrEP-related resources
Q9. If you had a partner and one of you was living with HIV, would you use PrEP? Why or why not?	Would use to stay safe Would not stay with that partner so would not use	Students are in an HIV-related class so they might have more knowledge than their peers	"If you're sexual or have like any sexual interaction with someone with HIV, that's when you would use it." "I feel like I wouldn't have a choice if I choose to stay with that significant other because that's the only way that the relationship is going to have to work, because I'm not trying to catch HIV…I obviously chose the risk, but if I'm going to do anything I can do to prevent that, then that PrEP don't sound a bad idea."	Youth in an HIV class have fairly good knowledge about PrEP. Increase outreach to youth not in this class
Q10. Do you think people know where to	Most do not know specifically	Less knowledge than most priority populations	"Most health centers would have some type of either recommendation or treatment or	Increase education about HIV treatment resources

	Relevant Themes	Relevant differences b/w groups	Relevant Quotes for Emphasis	Recommended Action
get HIV care and treatment?			something to help you, or at least push you in the right direction, but I'm not exactly sure where you would get the actual care and treatment."	
Q11. What are some new ways we can let people know that HIV care and treatment is available?	Social media/YouTube School		"Just being real open about the topic, itself. You know, some people like to shy away from things of this nature, so just being open with information."	
Q12. When you or your friends need medical care outside of HIV care, where do you or your friends go?	Little specific knowledge Clinics (ex. TSU/campus, CareNow, Planned Parenthood, Care Too?) Most respondents report using private doctors	Students report using private doctors more than priority populations		
Q13. If you need mental health services, where would you go to get it? What challenges have you and your friends had getting this type of help?	Themes: Little specific knowledge Vague mentions of "counselor" or "on campus" Church Challenges: Cultural norms Wouldn't feel comfortable	Less knowledge than most priority populations	"I've actually been looking for like mental health, like somebody to talk to, but I haven't found someone." "…Black people don't really do therapy. We were always taught like showing emotions is weak." / "They just go to God." "Some people just aren't comfortable talking to people that they don't know." "It's not as accessible as you think."	Increase education about mental health services, esp. those on campus

	Relevant Themes	Relevant differences b/w groups	Relevant Quotes for Emphasis	Recommended Action
Q14. If you needed substance-use treatment, where would you go to get it?	Little specific knowledge Rehab/ 12-step programs Chruch		"I feel like it's pretty easy to find a place, just because like we have a computer in our hands all the time."	
Q15. What do service providers need to do to keep someone coming back for HIV care?	Kind/Compassionate Follow-up with patients after appointments (e.g., general check-in, prescription pick-up reminder)	Examples: Use first names Build rapport Establish trust	"Make them feel like they're more than just someone with AIDS." "Make them feel, like, welcome."	
Q16. What actions need to happen to engage people in HIV education or care?	Expansion of health classes (e.g., college seminars, mandatory orientation class) Education to reduce stigma		"Everybody needs — … like a course that is not just a basic health class, with every single student, because after you graduate high school — you only take health in Texas once in high school, and then after that, it's either you're going to major in it and learn about it, or you just go on with your life." "I'm going to say teach it more in the high school, as well, because I don't believe I went over HIV. I don't think they talk about STDs like that. They just say, "Wear protection," and that's about it." "The stigma is a lot, not just surrounding HIV, but a lot of STIs and STD, you know. It's a stigma, where people are not educated on it."	
Q17. If we had all the funding in the world,	Increase education and awareness		"Like a cure, yeah. And putting it more in — more into education	

	Relevant Themes	Relevant differences b/w groups	Relevant Quotes for Emphasis	Recommended Action
what would it take to End HIV?	Cure		everywhere, every single school in the United States." "I feel making testing more affordable and cures, because I feel like it's a cure for everything. It really is. But you've got to have the money for it." "If we wait too late, where, you know, you're 18, 19, 20, you're already active with partners — start at a young age, educate kids, like really pre-teens or somebody, especially when they hit puberty, middle school."	

	Relevant Themes	Relevant differences b/w groups	Relevant Quotes for Emphasis	Recommended Action
Q1. What is the best way to reach you and your friends with information about HIV prevention and care?	Social media Social events (i.e. brunches, campus events) Billboards or information in high traffic areas	Older people did not talk about social media but instead pamphlets at doctor's office, emails, classes, clinic information, and the Blue Book		Tailor outreach strategies to the population. Younger people are probably best reached via social media. PWID mention not having phones so probably not best reached through social media. Mention "showing up" "like you did today" Create principals (i.e. tailor strategies to different populations) for designing services
Q2. Is HIV a concern for you and your friends? Why or why not?			"No, not really, because I mean, it's like a common disease now, just like COVID and stuff, so the only thing that like I just want people, everybody is to just wrap up, like you know, use a condom, practice safe sex, and stuff like that, but it really doesn't bother me or worry me or something like that." …if it was here, that they would have enough decency (to let us know)." & "…I don't think it's a problem here..."	
Q3. What are some of the reasons people may not know about HIV?	Fear/ignorance/stigma Lack of education	Most PWID talked about receiving education in treatment programs.	"Gay men, the gay community has an effort, made a lot of effort to put that out there and talk about it and testing and did like that. I think the other communities don't do that as much.""…they never say, like, what you can get and how you can get it and whatever, how it can affect you"	Increase early education in schools and create more education resources

	Relevant Themes	Relevant differences b/w groups	Relevant Quotes for Emphasis	Recommended Action
Q4. Why do you think HIV affects [your group] more than people of other groups?	Not enough awareness/education Lack of resources	MSMs talked more about sexual practices and customs including "men-to-men sex, they tend not to use protection" and having multiple partners. They also discussed how the younger generation was less cautious sexually b/c they could take PrEP Trans women talked about using sex work for survival and reliance on black market for transition-related resources due to lack of insurance coverage	"A lot of times, we are disowned from our family... we do what we have to do to survive" § "…number of factors that go into it. Like one could just be like the heightened like — syringes are one thing, but then the meth and risky sex practices with it…"	Advocate for more transition-related resources to be covered by insurance Increase MSM peer-to-peer sexual education so the educator understands the culture
Q5. Do you and your friends know where to go to get an HIV test?	Resounding yesClinic or doctor	PLWH reported having a hard time estimating if their friends knew where to get an HIV test because they were so steeped in the culture PWID were not as aware of HIV testing resources as other groups	"They used to do them at all of them. You could walk into any gay bar, and they were doing HIV testing. And I don't know why that stopped. I mean I know there's funding."	Increase advertising for HIV testing on campusesBring HIV testing back to gay bars
Q6. If someone thinks they need an HIV test, what are some of the reasons you think they don't get tested?	Shame/fear Stigma - don't want to be seen taking a test Privacy concerns		"Oh, I might see someone I know." "I would assume that they are scared of the results." "They're scared. I wonder if I got it but I'm too scared to take it." "I remember Riverside Clinic, and if you were in for STDs, you'd go to a certain side of the clinic...and I was sent to the section where everybody knew that this was what this was for." "Can you like please not send anything to my house?"	Decrease stigma associated with testing by promoting a status neutral approach

	Relevant Themes	Relevant differences b/w groups	Relevant Quotes for Emphasis	Recommended Action
Q7. What challenges have you or your friends had when it comes to getting an HIV test?	No challenges Embarrassment Wait-related issues Lack of privacy	People with trans experience discussed lack of respect from testing facilities for their transitioned identity MSMs discussed mean and upset clinic staff	"So it's the time people have to -- people don't have two or three hours just to wait to get a test." "Absolutely… it would just have "male" or "female", and then they would want you to put down what you were born, even though you've transitioned.""-- you don't have enough information. You don't know where to go, how much it's going to cost, and stuff like that. That information is not -- you can't easily find it, especially when you're young and trying to do it alone." They will be embarrassed to go up to the clinic and do stuff to get tested and all of that."	Make testing easy, convenient, and fast
Q8. This is voluntary. Please raise your hand if you have heard of PrEP. Tell me what you know about PrEP.	Everyone knows about PrEP, except maybe the younger generation	PWID had not heard of PrEP. § Report desire for increased accessibility (ex. Mobile units) and longer-term solution (ex. Once-a-month option)	"People think it's like all STD prevention, but no, it's just the HIV prevention, I mean. And the PrEP is not for everybody. It depends how many partners or the sexual activity. I have been on PrEP maybe two years." "Because the younger generation thinks that they're invincible."	Increase PrEP outreach efforts to younger generation and PrEP access for PWID
PROBE: When is the first time you heard about PrEP? Who in your circle of friends knows about PrEP?	Friends also know about Most have heard of fairly recently (last 5 years)	MSMs say PrEP is well-known in the gay community. However, PrEP use changes sexual practices, particularly condom use. They also discuss misinformation.	"When people are on PrEP, a lot of people go without condoms.""So for me to be safe, yeah, I like you, but let me get this PrEP."	
Q9. What are some reasons you would use or already use PrEP?	Would use PrEP	Heterosexual Black women talked about difficulties discussing PrEP with a partner. Some said they would use safe sex so they didn't	"It's better than the alternative." "It's going to help both parties… So yeah, I would."	

	Relevant Themes	Relevant differences b/w groups	Relevant Quotes for Emphasis	Recommended Action
PROBE: If you had a partner and one of you was living with HIV, would you use PrEP? Why or why not?		have to discuss it with their partner and disclose HIV status Youth were less informed about PrEP	"Because I know what I'm going through now. I would prevent it. PrEP, I would prevent it. I would use PrEP with my partner if I wanted to be with that partner."	
Q10. What places do you know of in our area where people can get HIV care and treatment? Thinking about the people you now, what percent of them do you think would know where to get HIV care and treatment?	Clinics - Legacy/Thomas ST/ Avenue 360/Montrose Center/Champions/HACS/ St. Hope/ "The bathhouse"/FLAS Not many people know	Trans women report that the majority of trans community know where to go; many of the places above offer hormone therapy and even require HIV testing as part of HRT protocol MSMs report that the younger generation may not know PWID who live in North Houston do not know about HIV resources		
Q11. What difficulties have you had in getting HIV care and treatment? What difficulties have your friends had?	Insurance Transportation issues - walking to the doctor Missed appointments (due to work or transportation) can result in delays in medication Cost misconceptionsHomelessness		"The biggest problem I have, is if I really get sick or have an issue in between that three-month visit, I'm always forced to go to the emergency room, which accumulates another bill, and I really don't like that at all."	
Q12. What are some new ways we can let people know that HIV care and treatment is available?	Social media Television Education in schools	PWID reported wanting in-person outreach and resources (i.e. small flyers are very helpful) Young people again mention social media	"Just give me a number to call, and I'll go call it, and then I can move from there by myself, as opposed to going to the table at Walmart asking, 'Hey, can I get a test?' I don't think I would do that.	
Q13. When you or your friends need medical care outside of HIV care, where do you or your	Many mentions: HIV doctor/HIV clinic, Legacy, Harris Health System, LBJ, Ben Taub		"Because the way I look at my medical care is: HIV is a major part of my health, and it affects everything, so that doctor needs to	

	Relevant Themes	Relevant differences b/w groups	Relevant Quotes for Emphasis	Recommended Action
friends go?	Fewer mentions: Nonprofits Some schools, Thomas Street, Memorial Hermann, Any hopsital or urgent care		be aware of whatever it is that's going on, period. That's who I contact first. If they send my somewhere else, that's different." - AFH housing recipient	
Q14. If you need mental health services, where would you go to get it? What challenges have you and your friends had getting this type of help?	Themes: Thomas St/Montrose Counselling/Legacy/ Harris Health System/MHMRA/PCP No challengesNo one wants to discuss Challenges:Not easyWait-related Lack of insurance policy coverageLocating resources Lack of information regarding mental health disorders	Notable that even those using private insurance still experienced a number of challenges	"Legacy does everything. That's just why I refer a lot of my clients there." - MSM "… if you're looking for hospitalization for mental health disorders or even just the screening for full-on psychologicals, the wait right now is really, really like long..." "Digging for all that information isn't easy" "I'm bipolar with psychosis, so getting the medication that worked for me triggered something else, which triggered something else, so I had to learn how to maintain without my medication, which has been really tough..."	
Q15. If you need substance use disorder treatment, where do you go to get it? What challenges have you and your friends had getting this type of help?	Themes: Legacy, St Hope, Ben Taub People don't know as many as for medical, specifically Challenges: Insurance problemsDoctors booked far out in advanceFunding Paperwork Identification		"Yeah, because sometimes the place that they referred me to didn't take my insurance, so then I had to do my own research and find my own place. They sent me to a place that was horrible, so I didn't stay there. I ended up leaving there and then flying out of state to get substance abuse help based on my insurance." "I guess there would be a challenge, then, because we should know" "...transportation is a big one for my clients, too, that are seeking, like, inpatient treatment assistance"	

	Relevant Themes	Relevant differences b/w groups	Relevant Quotes for Emphasis	Recommended Action
Q16. How do you or your friends balance treatment for HIV with other competing priorities?	Prioritizing HIV care Combine appointments/ "one stop shopping"		"I've learned that if I don't put that as a priority, then I end up in the hospital, so it's a priority for me. My life revolves around taking that pill every day." "It's number four priority after food, shelter, clothing"	
Q17. What do service providers need to do to keep someone coming back for HIV care?	Care about the patient	LGBTQIA folks wanted doctors with this competency	"The sign-in process, the time -- if you have an appointment for 10:30, you're not seeing the doctor until 11:30 or 12:00 o'clock… Then the doctor wants to rush you, doesn't want to listen to your concerns." "… treat us not as a number, but treat us as people, treat us as individual people so that it makes it more personal between the provider and the patient so that they don't feel, again, like a number or like they don't really matter."	
Q18. What actions need to happen to engage people in HIV education or care?	Education (esp. in schools) Address stigma			
Q19. If we had all the funding in the world, what would it take to end HIV?	A cure Education		"It would take free access to drugs, free access to the PrEP communication, take down the wall from having to get the screening." - MSM	

GROUP INTERVIEWS WITH STAKEHOLDERS

Ryan White Case Managers

Ryan White Outreach Workers *(pending)*

Incarcerated and Recently Released

The following information is based on focus group interviews held with the key stakeholders listed above. Some of the focus group transcripts are still being processed (pending) and will be included in a future version of this information packet.

In Service Case Managers #1

- How can we better get HIV prevention and care information to people who need it?
  - "Meet them where they are" – If they're on Tik Tok, be on Tik Tok
  - Not enough education for people to know they're at risk
  - Social media would be a good option
    - "Social media would be a really good outlet because young people are constantly on their phones, so I think that would be a really good option."

- Are there any specific populations that we are failing to reach with HIV prevention and care information?
  - Engaging folks who have just moved to the city in HIV care
  - Heterosexuals do not think they're at risk
    - "…we are not able to communicate correctly, because they think that they are not at risk as being at risk of becoming infected"
  - Some may think they're at no risk because monogamous to their partner, but their partner may be sleeping with other people
  - Need routine testing of older adults "…we do testing from 16 to 64, I think, but we left out the people who are 70 or 80 and are still sexually active."

- How could we more effectively reach these populations?
  - Representation – "hearing from someone that looks like me"

- Why do you think people decide not to get tested for HIV?
  - Sexual stigma
  - "That can't happen to me", The fear of knowing the truth
  - Culture of not talking about sex in Texas

- If they test positive for HIV, what would help get them into care?
  - Clinic where they can start medication the same day
  - Patients have to be ready for treatment
    - A lot of patients are "In denial"

- Why do you think people fall out of care? What can we do to support people so that they choose to stay in care?
  - Patients just don't have the time
  - Paperwork is a barrier
  - Wait-related barriers at the doctor's office
  - Being kind and nice keeps patients coming back
    - "And letting them know, like if you fall out of care, "Hey, I'm going to be here for you to return to." So just that kindness and consistency goes a long way."
  - Providers are sometimes the main support patients have

- What are your three biggest challenges in delivering HIV care services in our community?
  - Patients that do not have identification (from another country, etc.)
    - Especially people who are houseless may lose ID or have it stolen
    - "Yeah, and it essentially becomes a poverty tax because often to get something, you need another form of ID. You need to order the birth certificate. You need to order the Social Security card. Everything has a fee attached. You need to get your state ID, that's another fee."
  - Substance abuse
    - "There was one patient that was homeless, with substance abuse, and unfortunately we ended up losing her because every time we made an appointment for her to follow up, she never did, and finally she ended up going to hospice and passed away because of not being able to access care."
  - Language barriers
  - Mental health
  - Safe affordable housing and food pantries
    - Need more options and make them more accessible to clients

- What help or assistance could you use to address these challenges?
  - See above (participants continued discussion of barriers mixed with help)

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities that you would like to see in the plan?
  - Access to housing/rental assistance
    - Overcoming paperwork barriers
    - "I also think making it easier and more accessible for people to apply for resources, because if there's like 50 agencies that are helping with rental assistance or housing in some way, you have to call each one of those individually, find out who has resources available, where the money is, what their — you know, each agency has specific requirements and paperwork."
  - Detox programs, inpatient
  - Change ADAP enrollment to a once-a-year process

- Do you have any additional suggestions to improve HIV prevention and care?
  - No additional suggestions

- What resources do you need to help end HIV in our area?
  - Money
    - "I think the funding from the government. There are agencies that will provide programs, but when it comes to funding, they said, "No, we don't have funding right now.""

In Service Case Managers #2

- How can we better get HIV prevention and care information to people who need it?
  - Education about sex and STIs is not prioritized for children and adolescents
  - Decrease of street outreach, need to increase– "We're expecting people who are at high risk to come to us, and that's just not the reality for a lot of people in greater risk, right?"
    - Need outreach to "diverse communities in diverse languages"
  - Reaching out to colleges and community colleges
    - "I think reaching out to the immense amount of student organizations and provide education, you know, awareness of the different resources that are available for prevention could be a great idea."

- Are there any specific populations that we are failing to reach with HIV prevention and care information?
  - Younger Black and brown youth – missing an opportunity
  - Discussion of difficulty bringing sex education to schools
    - They're not going to let us in, you know, because God forbid we talk about sex, because we know they're not having sex [irony].
  - Need to find a way to outreach to the Spanish-speaking community
  - Immigrants (people without legal status) – need to do a better job of reaching them and letting them know that some treatment is not based on immigration status

- How could we more effectively reach these populations?
  - "Convince gatekeepers to open the door for us"
  - Have more diversity (especially people of color) at agencies
    - "It's like 95 percent of the population that they're working with service delivery are individuals of color, but when you walk in the agency, 95 percent of the agencies are not individuals of color."

- Why do you think people decide not to get tested for HIV?
  - Fear/ignorance
  - Blind trust in monogamy with partner
  - Primary care providers need to encourage people to get tested for HIV

- If they test positive for HIV, what would help get them into care?
  - Be kind/compassionate/well-trained when giving positive test results

- Why do you think people fall out of care? What can we do to support people so that they choose to stay in care?
  - Stigma/Fear that others will find out their status
    - "Stigma, possibly seeing somebody at clinic that they know that may be a friend or relative, and coming up with some reason why they were there and not wanting to go back for fear of seeing somebody else."

  - Teaching people they need to stay on their medications even when they feel good
  - Support groups might be helpful
  - Build relationships with clients/mentors
    - "I think that building relationships, being a person that they can trust, being a person that they feel free to come to and communicate with and ask questions to or seek advice from."

- What are your three biggest challenges in delivering HIV care services in our community?
  - Barriers that clients are facing – transportation and housing are number 1
  - Lack of adequate communication due to poor cell technology
    - "Yeah, a lot of patients have a lack of communication, or they're on Wi-Fi phones and they only work during certain times of the day, so that is a really, really big barrier that I experience."
  - Maintaining ADAP is difficult due to cumbersome paperwork and process
    - "I think even their access to medication would be — I think they will have an easier access if they will just make it to once a year"
  - Need to make patients feel comfortable in the clinic

- What help or assistance could you use to address these challenges?
  - Interpretation line for clients with language barriers

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities that you would like to see in the plan?
  - Huge barrier is transportation services
    - "You know, we were provided some Lyft money earlier this year, and over here, we went through it within, I think, two and a half months, and that was supposed to be for the year. So I think that's a huge need, and it wasn't for every appointment, and it was for the people who needed it with mobility issues but they weren't quite at METROLift yet."
  - Have grants for agencies that can provide education

- Do you have any additional suggestions to improve HIV prevention and care? (No additional suggestions)

- What resources do you need to help end HIV in our area?
  - Money (unanimous)

In Service Case Managers #3

- How can we better get HIV prevention and care information to people who need it?
  - Need to partner with homelessness outreach
  - Data sharing with homeless agencies
    - "It would be really beneficial for us to be able to communicate with them via their systems because we can see through their like shared services and things like that, and we can see like outreach attempts and outreach services made by different agencies."
  - More education with primary care providers so they can discuss

- Are there any specific populations that we are failing to reach with HIV prevention and care information?
  - Undocumented population
  - Youth and adolescents

- How could we more effectively reach these populations?
  - Working with youth during spring break/summer because it may be difficult to get into schools
  - Putting information on TikTok to reach youth and the undocumented population
    - Undocumented population is more users of Facebook and Instagram. And also listen to the radio a lot
    - Youth use Tik Tok and Twitter more

- Why do you think people decide not to get tested for HIV?
  - Fear of knowing the result
    - "People would rather not know than actually know and have to deal with it."
  - "They think if they're monogamous, they're not at risk"
  - They feel fine, so think they don't need a test

- If they test positive for HIV, what would help get them into care?
  - Rapid Start program
  - Removing barriers caused by lack of ID or no ID
  - Just so many barriers to access (paperwork, ADAP, etc.)
    - "… it sounds like you're saying that most people really want to access care. It's just that these barriers are just making too many hoops to jump through for a lot of people to overcome."

- Why do you think people fall out of care? What can we do to support people so that they choose to stay in care?
  - Make medical care for HIV so strenuous – too many appointments

        - "Like I don't think I could keep up with the number of appointments they have, the number of medications they have to take, everything. It seems a little overwhelming to me."
    - Make coming to the clinic more convenient to clients
        - Have clinics open on Saturdays
    - Connecting people who use substances and/or people with mental health issues to services can help them stay in care
    - Criminal issues are often a barrier for clients

- What are your three biggest challenges in delivering HIV care services in our community?
    - Eligibility requirements
    - Identification
    - Housing
        - Long wait for housing
        - Difficult to get folks into care who are homeless

- What help or assistance could you use to address these challenges?
    - Need drop-in shelter for patients waiting for housing – patients can charge their phone, etc.
    - Drop-in center for substance use, eliminate wait times for a bed
    - Lyft has been great, but without a phone number, no good way to contact the client
    - One stop shopping for patients that lack transportation
        - "Like taking that opportunity that they're there in clinic and getting the most done that we can, versus having them come in multiple times, because if they're having that transportation barrier, and then we're asking them to come in two, three, four, or five times that month or whatever that looks like, just getting them in that one time was hard enough, and so just taking advantage of what while they're there."

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities that you would like to see in the plan?
    - Increase education and outreach about where treatment is provided
    - General practitioners should have conversations about PrEP and sex – "not being afraid to have those conversations about sex"
    - More integration of services to keep from having to refer out

- Do you have any additional suggestions to improve HIV prevention and care?
    - Create a partnership with Social Security liaison who could talk to patients

- What resources do you need to help end HIV in our area?
    - Funding, money
    - Raise the cap of emergency fills

In Service Case Managers #4

- How can we better get HIV prevention and care information to people who need it?
  - Going where they are
    - "By going to where they frequent the most, such as the social media platforms."
    - "For older generation, it's like more so community engagement, like more so within like the church community or within the school community…"
  - TV commercials
  - Don't portray HIV as only an LGBTQIA+ issue

- Are there any specific populations that we are failing to reach with HIV prevention and care information?
  - The heterosexual population
  - People who are homeless
  - The elderly

- How could we more effectively reach these populations?
  - Help primary care providers more actively engage and offer testing to their patients

- Why do you think people decide not to get tested for HIV?
  - Fear
    - "Fear, fear of what might be positive and what people will think, what people will say, how people will treat them."
    - A lack of knowledge about HIV
    - Fear of not being able to access services and have the proper resources
    - "It's just what happens next that they are more so concerned with, as well. "How do I pay for medicines?" "How do I get to my appointments?""
  - Various cultural backgrounds and the stigma that's attached to sex
    - "A risk of — I think that culturally, a lot of people don't believe that — even though we know it is, they don't believe that certain cultures would contract HIV, "So I don't need to be tested."

- If they test positive for HIV, what would help get them into care?
  - Support the patient and give them time to process their diagnosis
    - "I let them know that I am a resource for them and a shoulder to lean on, and make them feel that, "Hey, you can get through this."
  - Some patients aren't used to even having to go to a medical provider and then suddenly have to follow up every 3 months
  - Just following up with the patient and showing empathy – "kind of holding their hand"

- Why do you think people fall out of care? What can we do to support people so that they choose to stay in care?

  - Checking in with them – connecting with them on a personal level and finding out what's preventing them from coming in
  - Encourage them and applaud them on taking care of themselves and putting themselves first
    - "And so I remind them that they have to come first; that they have to make themselves priority in taking care of their medical as well as any other things that might come along with that, whether it's they have diabetes or mental health or whatever, you know."
  - Showing they're not just a number

- What are your three biggest challenges in delivering HIV care services in our community?
  - Housing, access to insurance, and social support
    - Many clients are experiencing homelessness
  - Transportation
    - Some people don't have access to the METRO service line
  - Mental health
  - Patients that don't have a valid photo ID

- What help or assistance could you use to address these challenges?
  - Lyft Service – helps clients that don't have access to the bus line
    - "So I really appreciate Ryan White for utilizing the Lyft service."

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities that you would like to see in the plan?
  - Increasing the number of support groups
  - More resources for the undocumented community

- Do you have any additional suggestions to improve HIV prevention and care?
  - No additional suggestions

- What resources do you need to help end HIV in our area?
  - Housing
  - Transportation options
  - Continued resources for case management services

Serving the Incarcerated and Recently Released (SIRR)
Focus Group, 08-01-22

Before we get started, I want to explain that the first set of questions relates to jails, the second set relates to publicly operated prisons and the third set of questions relates to privately run prisons. Did we leave anyone out?

- In your opinion, what could jail administrators and staff do to better promote HIV prevention within our jail systems?
  - Jail testing programs should be implemented throughout stay
  - People in the smaller counties (rural) might not be getting their medicine even though it's the responsibility of the County
    - Smaller county jails don't have the finances to fund medication
    - Technically the responsibility of family to bring medication in

- What types of HIV prevention programs are offered in jail? In your opinion, are the programs working? Are they reaching all inmates? What can the community do to better support or help improve the HIV prevention programs?
  - Cannot comment because there have been a lot of changes in the jails due to COVID

- Are people who need it getting HIV care while they are in jail?
  - If you're living in Harris County, Montgomery County, or Fort Bend County, you're getting care
    - "Outside of that, it can really vary, again, what resources they have available to them once they're incarcerated."

- Are there things that the community could do to better support or help improve the HIV care services in the jails?
  - Interviews with incarcerated persons were very valuable. Collected information about their HIV care

- In your opinion, what could administrators and staff do in publically operated prisons to better promote HIV prevention within their facilities?
  - They have peer education groups in prison – two of them are Somebody Cares and Wall Talk. These are helpful.
    - Based on behavior, etc. on who gets to attend
  - Those being released from TDC get medical planning from UTMB
    - Given 30 days medication when leaving and have two refills

- What types of HIV prevention programs are offered in publically operated prisons? In your opinion, are the programs working? Are they reaching all inmates? What can the community do to better support or help improve these HIV prevention efforts?
  - Need condom distribution in jail

        - "So any of the prevention efforts or supplies that are provided external of the jail, I would hope the same ones are provided internally to incarcerated individuals."
    - Peer education programs need support

- Are people who need it getting HIV care while they are in publically operated prisons?
    - Yes because they are getting it through UTMB

****

****COULD NOT PROVIDE ANY INFORMATION ON PRIVATELY OPERATED PRISONS****

- In your opinion, what could administrators and staff do in privately operated prisons to better promote HIV prevention within their facilities?

- What types of HIV prevention programs are offered in privately operated prisons?
    - In your opinion, are the programs working? Are they reaching all inmates?
    - What can the community do to better support or help improve these HIV prevention efforts?

- Are people who need it getting HIV care while they are in privately operated prisons?
    - Are there things that the community could do to better support or help improve the HIV care services in these prisons?

****

- Now let's talk about people who are recently released from jail and/or prison. This group has done a lot of work to improve services for the recently released. Can you name a few things that still need to be addressed?
    - Safe adequate housing is always a concern
    - Having access to food

- What would you say are the top 3 things that need to be "fixed" so that people released from jail or prison can get the prevention services they need?
    - "Transportation, housing, and more access to those initial barrier resources like IDs, food. Clothing is a high need. Stuff like that"
    - "I agree with that. Just staying with them maybe a little bit longer after they have been released just to make sure they have the support and get the resources they need, I think that's probably needed, as well."
    - Job opportunities as a felon

- What would you say are the top 3 things that need to be "fixed" so that people released from jail or prison can get the HIV care services they need?
    - Longer follow-ups with case management

- Is there anything more the HIV prevention and care funding sources can do to partner with SIRR to more fully integrate HIV prevention and care services within criminal justice services?
  - Move forward and quit blaming things on the pandemic

INTERVIEWS WITH INDIVIDUAL STAKEHOLDERS BY CATEGORY OF EXPERTISE

Adolescent Care
Aging
Care
Other, including Domestic and Coercive Violence
Homelessness
Mental Health
Prevention
Substance Use Disorders

The following information is based on individual interviews held with professionally trained individuals, which we refer to as stakeholders. The analysis of the interviews are still being processed (pending) and will be included in a future version of this information packet.

Stakeholder Interview - Adolescents #1

- Could you tell us a little about this agency and what you do here?
  - "Houston… has seven primary care locations and an AIDS hospice."
  - Care cradle to grave
    - Pediatrics to adult medicine
      - "Psychiatry, psychology, behavioral health, dental services, substance use recovery services as well. And we pride ourselves on addressing the social determinants of health. So the things that happen outside of the exam room that truly impact someone having full health, mental social, and physical well-being."
  - "… we have the largest permanent housing program in Harris County."
  - Adult activities program
  - Address several social determinants of health areas
    - "We address food, insecurity, transportation, social services."
    - "… advance and elevate the health of communities that we serve."
      - Beyond just primary care
  - CEO and HIV provider
    - "I am trained in adult medicine in pediatrics and boarded an infectious disease."
      - Primary care to persons living with HIV
      - Gender care for trans community
      - Prevention care (i.e., PrEP)

- As a healthcare worker, what are your three [several] biggest challenges in delivering HIV prevention and care services in our community?
  - "… from prevention standpoint, it's negotiating people understanding that HIV prevention services is something that they might be able to avail themselves of"
  - "… making sure that the extended team is doing appropriate informing of communities and risk assessment."
    - Appropriate elements completed
  - Resource Accessibility
    - ADAP challenges, cutting edge medications (e.g., injectables)
    - Outside Harris County
      - "… sometimes have challenges accessing resources when they have needs that are beyond what we're able to do for them."
  - Specialty care services
  - Limited and/or lack of public transportation
  - Treatment and barriers
    - "…We still have patients that come in with CD4 counts in the single digits…"
    - "… that just speaks to often the other issues, the social determinants of health that are driving."
      - "… Why did that person present to care…. why they go to multiple external providers who never tested them for HIV or why did no one

help them address their substance use or their mental health or whatever was preventing them from access care or their homelessness or whatever it is?"

- We know that you've done research with prep and marginalized communities. In your opinion. What is the best way to advance prep in marginalized communities?
  - Change in model/ strategy
    - "… I think that paradigm shift needs to happen where each HIV test is an actionable item and part of that conversation is hey it's great, we're doing a HIV test for you. We're testing you for HIV gonorrhea, syphilis the whole shebang and also educating people about PrEP whether or not that tester thinks the person is at risk or not, even if you think you're just doing it as part of their kind of annual labs, it's important for people to know sometimes for themselves."
    - Look beyond specialty practices, primary care
      - Community-based organizations
      - "… places where people engage outside of health because especially here in Houston in Texas because we're in Medicaid, not expansion state and because our wealth gap is so profound. We have a very large segment of the community who does not does cannot engage in primary care. The way it's designed here."
  - Indirect health education for persons experiencing social barriers
    - Example, day laborer paid by the hour will not likely miss work for a regular routine checkup because they have rent to pay
      - "And so sometimes it's the information I gave to that person's grandmother about PrEP. That is actually going to inform them that says, huh? I might not, you know, want to take this time but let me just go get an HIV test and get on this prep thing because I know that based on what's happening in my life, currently that I'm vulnerable."
  - Lack of cross communication and awareness about available services
    - Safety net system
    - Full-scale education
      - Universities, programs
      - Institutions

- Is there anything that you and your staff need to serve people living with HIV more effectively?
  - Allocation of enough financial resources to receive reimbursement for the actual specialty services provided
    - Absorb a lot of the patient care cost
      - "… that's an area where there's absolutely a gap, social services team is understaffed for the, for how much need there is in the community."
  - Addressing ADAP challenges beyond drug access, enrollment
  - Coordination between agencies
    - "… what's happening with education and HIV testing…"

        - Better the way we care for the community
    - Resources developed for hard hit communities
        - Black, Latin, and [any other] populations of importance

- How is your work affected when people living with HIV experience multiple comorbidities?
    - "We care for the full patient. They're not their diagnosis. That's just one of the many things going on with them."
    - When I see patients and the clinicians firsthand see that "… patients have many other things going on."
        - Health and social challenges

- What could you use from other fields to do your work more effectively?
    - Accessibility of subspecialities
        - Waitlist is challenging
            - "So whether it's for things like anal paps or single colorectal surgeon or seeing a urologist or just the various other things that happen to people that I think sadly some patients are like well you know I'm trying to get into Harris Health System or wherever and it's a six-month, nine month wait."
    - "The need for enhanced communication is really important."
        - Recently transitioned to EPIC to better care for patients through improved communication with regional major players.

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities that you would like to see in the plan?
    - "… more coordination in a continuum approach…"
    - "The management of HIV as with any chronic disease starts with prevention and that's part of the management spectrum."
        - "… if I'm talking to someone about HIV, then that conversation starts with the HIV test and PrEP and condom education. And that's all part of one continuum."
    - Focused attention
        - Do not silo the dollars
            - Figure out how to get all sides to work together
            - "Emphasis on rapid start throughout the region…"
                - Address reimbursement issues
                - Administrative hurdles

- Do you have any additional suggestions to improve HIV prevention and care?
    - "… useful to bring together the various providers to share best practices and to facilitate ongoing collaboration."
    - Raise awareness and use of available resources
        - Ongoing assessment noting things going well and areas of improvement for tweaking

        - Referrals

- What resources do you and your staff need to help end HIV in our area?
    - Money
    - Technical assistance
        - Complex or artificially complex processes
        - Up-to-date best practices, particularly in the post COVID world
    - Elimination of administrative barriers
        - "… stop creating administrative barriers to caring for people."
            - "… recertification every six months"
                - Limits access to care
            - Reevaluation for improved processes
                - "It's almost like we need a lean, six sigma evaluation of the whole process."

- Do you have a comprehensive plan?
    - Yes, Ready 360

Stakeholder Interview - Adolescents #2

- What did you do there?
  - a social worker
  - risk-reduction counseling
  - saw pregnant patients and made those referrals for their prenatal care
  - during most of those years, we always gave them options, options counseling, when they were pregnant.

- Did you test people for HIV? What resources did you refer them to?
  - Yes, testing and referrals. Counseling, prenatal care, HIV care clinics.

- What if youth didn't want their families to know if they tested positive?
  - "…we never told families, even if the child was — we started seeing people at 13, and we saw them — it changed, over the years, but usually up to 22, 23"
  - "…We never had anyone as young as 13, so that was kind of a break, because anyone who's sexually active at 13 has to be reported to CPS, you know, because they're not supposed to be having sex, and they figure it could be a family member or something."

- You've worked with a lot of young people:
- How could we interest youth in getting an HIV test?
  - How do you work with the law on getting kids HIV tests? How young can they be without parental consent?
    - "very, very rarely did anyone refuse a test at our clinic, and we kind of felt like we were sort of off the beaten path for them. We were like in little buildings here and there and in schools."
    - "At our clinic, they could come in, hang out in the waiting room with all the young women that are there, blend in and whatever, and they really never refused testing.
    - HIP HOP4 HIV- the health department gave concert tickets for youth that did testing.
    - School-based clinics are good since "The populations are very different"
    - And how young can they be, without a parental consent? "Yeah, I believe it's 13. It may even be 12 for testing without parental consent; but definitely, 13, they can get tested without consent."

- Of all the patients you see in that clinic, what percent don't have parental consent and what percent would have difficulty getting this consent?
  - "Well, we saw a lot of 18 and up, so they didn't need parental consent, of course. But things changed a few years ago, and they were wanting parental consent, but they could sign a waiver of some kind. So I think we had ways of getting around things a little bit, or they could have like an aunt or a cousin or somebody sign. So I would say maybe 50-50 in my last few years."
  - "HIV testing never needed a consent"

- What's the youngest person you've treated at the clinic? What were the barriers to this person getting care?
  - 15 years of age
  - How to tell their parents
  - Not having health insurance
  - The need of parent involvement

- What's the youngest person the law allows you to treat without parental consent?
  - 18

- What are the barriers young people face in getting HIV care?
  - Have the needed documentation/identification card
  - Need transportation

- Can children be transported for care without parental consent?
  - "We were supposed to have them sign a release, but I don't know that it had a lot of legal standing."

- When they don't have parental consent, where do clients get support (i.e. boyfriend, friendships)?
  - "a lot of times, they'll have somebody in their family they talk to, be a cousin, you know, if it's not their parent"
  - "So finding someone they could talk to that was closer to their age and background and maybe race, you know, was helpful."

- Was your clinic allowed to do education in the school system? What are barriers to this type of education?
  - Yes
  - finding time to fit everything in
  - Kids' attention span
  - Find exercises/information that connects with the students
  - Language
  - Teachers declining to have their presentations to invite other agencies
  - "And their education, primarily they had grants that really focused on abstinence, so I knew that they were more acceptable, and they were in their community. So that was fine."

- If you were a state legislator, what would you change to keep young kids from getting HIV?
  - allow testing in the schools (now only allowed to test in the school-based clinics)
  - education
  - distribute condoms in the schools
  - work on reducing stigma

- What is the clinic's relationship with Baylor College of Medicine? Is it a clinic that belongs to BCM? What did BCM contribute specifically to the clinic?
  - "Baylor gives us our name, and they provide our like HR. We use their HR, so our benefits, the benefits and insurance and retirement just all with Baylor."

- How supportive was BCM to young people living with HIV?
  - "Most people who work at Baylor have no knowledge of Teen Clinic at all."
  - Through referrals

- What were some of the problems the clinic had in the early days that they no longer worry about now? What changed?
  - "Well, in terms of our HIV work, I would say it's become much more normalized, you know, with the opt-out testing."
  - "The Nurse Practitioners really either give the results, or we sit together (NP and Social Worker) to do it, and it's much more integrated into the clinic, I would say, even though it's still — I mean, it's not an everyday occurrence, so people still get a little like hyped up a little bit about it. But I think it's just much more normalized"

- CPG
  What is CPG and why did you get involved with them?
  - "I was an alternative for a long time, because I represented — personally, I didn't represent any real population that was considered risky, but my patients were a population, youth, and youth of color primarily"

- What does CPG do in the community? Did you enjoy working with them?
  - "CPG used to, in the old days, have some power, I guess, you know, actually a budget and whatever, and they really don't anymore, so I think things really changed, and people — it's a good place to discuss and get information about things happening, but it doesn't seem like we necessarily accomplish too much, and I hate to say that, because I know it's the prevention and care coming together."

- What do you think should be the role of CPG?
  - "the plan and the work on the plan is probably their major accomplishment, but a lot of times, then, really following up, like if CPG was the one on the line to accomplish a task as part of the plan"
  - "I wish they had a little more input, maybe, into — because they're like — they come out of the health department, so I wish they had a little more input on like for money given for prevention and that kind of stuff, because those always seem to be separate"

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities that you would like to see in the plan?

- "the broader medical community, to include HIV testing and conversation in regular medical care, especially with teens."
- "anybody doing, yeah, even lay pediatric, but adolescent care, should be including HIV testing, should be including those conversations."
- More education
- "So making it[education] more normal everywhere, and I don't think that, you know, as public health, we always do that great a job of working with private health, you know, kind of mix."
- "And then in terms of care, I really would like every, every funded agency, particularly a Ryan White agency, FQHC, to have a definite youth track in terms of getting kids in, having a navigator, having someone really keep up with them."
- More case managers

- Do you have any additional suggestions to improve HIV prevention and care?
  - "…you have to treat kids differently. They're not just small adults. They're different."
  - "Like I've said many times, most of them, they don't go to the doctor regularly, so this is very imposing for them. Even if it was something else, if it was a different kind of diagnosis, it would be like going to the doctor a lot would be a big thing for them."

Stakeholder Interview - Adolescents #3

- Could you tell us a little about the University and what you do at the University?
  - TSU Shape is a program for students and people in the community
  - 2 programs – one for young people and one for people over the age of 18

- In your opinion, how is HIV related to adolescent sexual health?
  - Related because if they know about it, they can be proactive and protect themselves

- What can be done to support adolescent's sexual health, and what challenges have you faced in this work?
  - Adolescents lack knowledge about sexual health
  - Convincing students you don't have to "be gay" to get HIV

Project SHAPE

- Can you tell us about Project SHAPE and its programs?
  - One called YES and one called CHANGE
  - YES is under 18. Go to high schools and give education and testing
  - CHANGE is over 18. Testing out in the community. Family Dollar, Center for Recovery, Oxford House

- How is Project SHAPE educating students about HIV?
  - Focus groups, social media outreach
  - "Yes, they do educate students for HIV, as well. They have — they like to do education sessions there. They like to — they've been doing focus groups, from what I've been told — again, I'm fairly new — that they do a few focus groups throughout the year. They go live on their Instagram page, or they go live on their Facebook page."

- How do the program's HIV testing services work?
  - They do syphilis, chlamydia, and Hep C, and HIV
  - In the field mostly do Hep C and HIV because no urine involved
  - She calls and gives people their results and tries to do a warm handoff

- Does Project SHAPE offer mental health and substance use treatment, or how does the referral process for these services look?
  - She does some mental health intervention herself, but if it becomes too much will refer them to the psychiatrist on staff

General

- Is there someone in your field who is particularly interested in the intersection of HIV and adolescent sexual health? Would that be a good person for us to contact as well?
  - Too new to know

- Have you done similar work in other states and, if so, do you find notable differences in adolescent health services from one state to another? Are there good things that we could learn from other programs in the United States?
  - More resources here in Texas than in Illinois and Missouri
  - Can get meds quickly here
  - "They can give them meds that same day, but it's not very many. It's probably like a week's worth. So then they have to wait for ADAP to kick in and all that kind of fancy stuff.
    However, here, it seems like it's a whole lot faster. They can get a month's supply of meds quickly. And I'm like, "Man, that's awesome. That is so awesome.""
  - Missouri was better with housing than Texas
    - "In Missouri, they were really good when it came to housing. Very good. Very, very, very good when it came to housing. They were very good when it came to utilities. When I say "utilities," they had to make sure that it was, you know — unfortunately, you had to have like an eviction notice in Illinois."

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities that you would like to see in the plan?
  - More help with mental health and substance use recovery

- Do you have any additional suggestions to improve HIV prevention and care?
  - Mental health assistance, housing and utility assistance

Stakeholder Interview - Aging #1

- Could you tell us a little about this organization and what you do for it?
  - "… I'm their chair. And what we do is: We work with HIV-positive older adults and their allies."
  - Education and socialization events
    - Normalization
  - Monthly meetings

- In your opinion, how is aging related to HIV?
  - Normal ailments for persons 60 or 65 (i.e., arthritis, diabetes and certain things)
  - "… when you are HIV-positive, it is anecdotally said that we, as an HIV-positive person, actually age 10 years more than our actual age because of the HIV virus."
    - May experience geriatric ailments (i.e., dementia, memory loss, etc.) at 65 instead of 75

- How do you think HIV affects people who are aging?
  - See previous question

- Are there organizations that you wish could partner with one another to more fully integrate HIV prevention and care with aging services?
  - "… I personally feel that every agency that we have today — Legacy, the Montrose Center, LGBT Aging Coalition — all these organizations should be looking at and promoting HIV and aging and what that actually means and looks like."
  - Geriatric providers

- Do you have any suggestions to improve HIV prevention and care services for older people?
  - "… in order to eradicate a disease like HIV, everyone — and I mean everyone except maybe children — needs to be tested for HIV, period."
  - Long time stance (i.e., 25, 30 years)
    - No exceptions
    - Know your status
      - Passive statement, need something stronger to get people to think, more assertive
    - Address stigma, culture, and stereotypes
      - Particularly in the Black and Hispanic communities

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities that you would like to see in the plan?
  - "… I really believe that stronger communication needs to be put out there in stronger prevention messages — for all communities, whether you're

straight, gay, black, white, orange, purple, or whatever. The message needs to remain strong. And I, in the last five — maybe five years that I have been sort of in and out of the gay scene, have not seen a lot of great prevention messages."
    - More money spent on messaging
    - "… keep it out there in the forefront."
        - Discuss people's belief that HIV is now a chronic disease like diabetes

- For the older adults that are living with HIV, do you have any suggestions, toward our community, for ourselves, in our prevention and care?
    - "… I believe that we struggle with our sexuality when we turn 60 because people look at us differently."
    - "… most people who are 60 and above seem to have turned themselves off not only sexually, but to the idea of even having a relationship."
    - Positive messaging
        - Normalize aging

- Where you are, — I just love the fact of the Law Harrington — is there a support group that meets for people to just process?
    - Not at this time
        - The organization has a goal to create a peer-facilitated focus group open to anyone who is HIV-positive and aging
            - Do not have to be a resident to attend
    - The Montrose Center has SPRY group for older people
    - Seniors Living, unsure of acronym

- Do you have any additional suggestions to improve HIV prevention and care services for older adults living with HIV?
    - N/A

Stakeholder Interview - Aging #2

- Could you all tell us a little about this organization and what you do for it?
  - "… we were primarily established to serve the LGBTQ+ community in Houston as well as persons who are living with HIV."
    - Range of services/programs
      - Counseling, case management, and clinical
        - Anti-violence, housing; recovery and wellness; eight-week intensive outpatient treatment; youth rapid rehousing; general counseling; group counseling; general mental health counseling and case management; homelessness prevention; medical care linkage and navigation of Houston services pre/post release (reentry- jail system); financial assistance; congregate meals; community-based outreach; senior services; women's programming; and therapy, intensive case management, light counseling, medical case management for adults living with HIV

- In your opinion, how is aging related to HIV?
  - Medication advancements
    - Increased lifespan for people living with HIV (fabulous)
      - Entering geriatric population
  - Typical aging problems earlier and faster
    - "So typically around the age of 50, someone living with HIV may be considered, quote-unquote, geriatric, and that's usually when providers start looking for cancers, diabetes, heart issues."
    - Stigma and fear
      - Sexual health may be terrifying for seniors to discuss with providers [generational norms]

- How do you all think HIV affects people who are aging?
  - Appearance of some health issues earlier and faster
  - Coordination of care, communication of information between different doctors
    - Problem seniors encounter
  - Long-term survivors struggling with past medication side effects on the kidneys or liver
  - Other conditions
    - HIV dementia
    - "People living with HIV typically are more at risk of developing cancers, compared to the general population of older adults, as well as bone disease."
    - Seniors with new diagnosis
      - "We have newly diagnosed populations in people over the age of 50 and specifically in women, because as women age, there are changes to their bodies that make them more susceptible to HIV. And when we talked about the shame and stigma, you're also talking about just not just seniors in the LGBTQ populations, but also women who maybe

had been married before for a long time and now they're widowed and they might be in a nursing home and they're at risk, and they are not used to talking to their providers about their sexual activity."

- Medication resistance concerning for seniors
  - Reduced efficacy from starting and stopping in some HIV medication groups
  - "… from a provider's standpoint, whenever you have a client that kind of has a pattern of doing that, and every time they do it, like you have to kind of start taking, okay, well, this medicine may not be as effective, and we have to kind of start crossing medications off the list."

- What specific challenges do you think LGBT+ seniors face in preventing HIV or obtaining HIV services?
  - Stigma and shame
  - Common barriers (i.e., transportations, financial, undocumented/ ineligible for insurance, and isolation worsened during COVID)
  - "… some of the logistics, I would think: trying to coordinate a ride to the doctor's office, long wait times, maybe clients getting kind of discouraged. And also, again, kind of what I said earlier, some of the stigma of maybe being afraid to ask questions or just kind of a lack of education and information, and them not knowing what some of the different treatment options are."

- Are there organizations that you all wish you could partner to more fully integrate HIV prevention and care with aging services?
  - "It would be great to partner with the County's Area Agency on Aging."
    - Interesting collaboration
  - Partnerships to help seniors break some of the isolation
    - Engaging things to pull them is to provide key and needed information/ education

- Do you all have any suggestions to improve HIV prevention and care services for older people?
  - "My main suggestion would be regular testing. And not just from an infectious disease provider, but I feel that providers who specialize in geriatrics should be educating their clients."
    - Help prevention efforts
  - "All geriatric specialists should be knowledgeable in providing some basic HIV education and working to collaborate with maybe infectious disease providers, as well."
  - Ensuring information is readily accessible to clients

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities you-all would like to see in the plan?

- "… I would like to see more specific outreach specifically for older adults regarding testing and PrEP, especially for women, given that they are at an increased risk for HIV as they age."
  - Specific PrEP targeting [for women]
- Education and dissemination of information
  - "… just ways to have the education, and then, as well, kind of a way to be able to get it out there and to engage with the seniors."

- Do you all have any additional suggestions to improve HIV prevention and care services for older adults living with HIV?
  - "So with talking about care services for older adults, we have to address basic needs, right? That's how we're going to keep people in care."
  - Addressing big barriers and basic needs with funding would assist medical care engagement
    - Rental assistance [housing]
    - Medication copays [cost]
      - Add inflation
    - "… if there could maybe be more of a push for like health literacy."
      - Doctor's appointment preparation
        - More comfortable and confident asking questions

Stakeholder Interview - Aging #3

- Could you tell us a little about this agency and what you do here?
  - Twenty-eight Triple-A's in Texas
    - "… we are the largest Triple-A in the state, basically by virtue of our population."
  - Older Americans Act funded
    - Subsequent amendments as well
  - "… what we do here is: We have a very good city/county partnership. So just as the titles of our agencies suggest, even though we're in the Houston Health Department, we cover all of Harris County."

- In your opinion, how is HIV related to aging?
  - People living with HIV are now have longer healthier lives
    - HIV medication improvements, longer lives in comparison to the early 80's
    - "… people that are successfully living with HIV are also moving into our aging …"
  - Our services start at 60

- How do you think HIV affects people who are aging?
  - Research suggests people living with HIV experience medical problems related to typical aging more so than HIV-related illnesses
    - Chronic diseases such as: diabetes, cardiovascular issues, and cancer
    - A weakened immune system over many years due to constant activation may cause premature signs of aging starting at 50 exacerbating cancer, heart disease, and other conditions

- How can HIV services be better designed to serve people who are aging?
  - Better understand that "… every day, 10,000 people turn 65…"
  - Provide services that address social determinants of health that affect all older adults, regardless of their status
    - "… those factors such as adequate access to nutritious such as food, stable employment and income, safe housing, and reliable and affordable transportation, so that's where Triple-A comes in, because our services are designed to help older adults…"

- Is there any way we could partner with people in your field to more fully integrate HIV services with services for the aging?
  - There's definitely room, but must be at least 60 years old
    - "We're always looking to partner with different — well, here in the health department, different programs or different aging networks."
    - Cross cutting services that address needs of all older adults
      - "… whether HIV-negative or HIV-positive."
  - Possible partnering opportunities to provide flyers, health education literature, and/or presentations/trainings
    - Meals on Wheels

        - "… home delivery and congregate meals…"
    - Working with clients discharged from hospital that may need additional in-home services
    - Personal assistance to aid "activities of daily living."
    - In-home and out-of-home (i.e., adult day) respite services
    - Evidence-based classes
        - "… chronic illnesses and chronic disease or diabetes self-management classes."
    - Home meds
        - Review prescribed and over-the-counter medications for possible interactions
    - Health screening and monitoring, new section within Triple-A, possible roll out next month
        - Not yet eligible for Medicare, may be on Social Security
        - Assessment and preventative (i.e., common) lab work for uninsured persons between 60 and 64
        - If anything returns positive, "… they will go on to see a provider, and we would cover that for a certain number of visits. Then the provider that we're using will set up something with the client themselves."

- Is there someone in your field who is particularly interested in the intersection of HIV and aging? Would that be a good person for us to contact as well?
    - Me [Paula Johnson, bureau chief]
    - Rachelle Honore, health maintenance services
    - Suzanne Terry, care coordination.
    - Dr. Carmen Castro, call center
    - "… educating our staff on what you-all have available and how we can work together and partner… "

- What activities or programs are you aware of that could help us work collaboratively with people who are aging and living with HIV?
    - Unsure if it has ever been done or the logistics but health education classes to advertise services in our congregate settings
        - Help someone connect to services or avenue to learn more, provide means of contact
        - Provide materials like flyers or something
        - Benedict Addo is our nutrition manager and point of contact for linkage to nutrition providers
        - Suzanne Terry has contractors, in-home services
            - In-home providers possible resource to connect clients who might benefit
    - Education in general and on other illnesses that may be attributed to a weakened immune system from HIV
        - With the older population, properly packaging the education (e.g., discussions and materials) is key to them being more receptive of the information.

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities that you would like to see in the plan?
  - Educational and awareness activities for everyone, including the older population
    - Media (i.e., commercials) to refresh the conversation on HIV, that it is still prevalent
    - PrEP and safer sex practices
    - Potential partnership for the aging master class, sexuality course/ training
      - "TSU is one of our partners in teaching the aging mastery, and there's some possibility, an opportunity, I think, to connect you with TSU and then that sexuality class, which would be able to have a subject-matter expert that could come in and talk a little bit about HIV and the importance of still having safe sex, although there are other ways of pitching HIV."

- Do you have any additional suggestions to improve HIV prevention and care?
  - Disseminate health education information
    - We both do outreach
    - "If you have any resources or any flyers or pamphlets that talk about HIV and aging, you know, that we could pass out for you…"
    - Reduce the possibility of the topic being taboo in the community
      - "It's taboo if you don't talk about it."

- What resources do we need to help end HIV in our area?
  - Resources
    - Education
    - Probably money
    - Partnerships
    - "… if you don't have the resources, it is hard to tackle."

Comprehensive Plan Specific (if applicable)

- Are there any national, state or local planning bodies or comprehensive plans that coordinate aging services?
  - "… on the federal side, there's the Older Americans Act. On the state side, there's a lot of our guidelines that's in the TAC, the Texas Administration Code. And then we also have a state plan."
  - "… required federally to have an aging plan."

- Is anyone legislatively responsible for developing a comprehensive plan in your field?
  - No
  - Required by HHSC
    - State plan

- Who is actually coordinating aging services in your field?
  - We cover Harris [Harris County Area Agency on Aging]
  - "There is the Houston-Galveston Area Agency on Aging that covers all of the other 12 counties surrounding Harris. And we have a host of network partners, though, which I'm sure you're familiar with: Catholic Charities, Baker Ripley, just to name a few."
  - Nine providers
    - "… YWCA; Interfaith Ministries; Salvation Army; the City; City of Baytown; City of La Porte; City of South Houston; NAM, Northwest Assistance Ministries… The J, the Evelyn Rubenstein Jewish Community Center"

- Can you send me the link to your plan, or provide me with a hard copy?
  - Sending a copy of the last area aging plan electronically

- Is there a way that the comprehensive plan in your field could interface with our HIV plan?
  - Possibility
    - "… it may be something that we would have to add when we go out and do our engagement out in the community, is to possibly bring that up as one of our questions. And it would be interesting, really, to see the comments that we would get back."
    - Provide and/or work together to develop some questions to maintain privacy/confidentiality
      - "… we could probably work with you to see how you develop your questions when you go out and you talk to the HIV community."

Stakeholder Interview - Aging #4

- Could you tell us a little about this organization and what your role is?
  - Bridge Solutions Home Health offers home healthcare under Medicare, as well as private care and geriatric care management
  - Role at Bridge Solutions: Director of Marketing and Social Services- in charge of marketing outreach and manages Social Work Dept.
  - **VP role at **LGBT Council on Aging: advocacy work for LGBT seniors***

- In your opinion, how is HIV related to your organization?
  - HIV training program for entire staff (Bridge Solutions) to dispel myths that persist about HIV
  - HIV program (Bridge Solutions) that works closely with HIV case managers (ex. Legacy, 365, etc.) to foster medication adherence and address related matters
  - ****LGBT Council on Aging- works closely with folks dealing with HIV in senior living communities; help senior services with education related to HIV***

- How do you think HIV affects people who are aging?
  - Medication coverage issues resulting from transitioning insurance to Medicare coverage as well as potentially leveraging Ryan White funding to assist with meds not covered under Medicare
  - Consideration of how HIV issues are viewed and addressed within senior living communities
  - More research needed on how HIV meds affect aging comorbidities

- Is there any way Houston HIV organizations could partner with the LGBTQ community to more fully integrate HIV services with aging services?
  - Partner with senior programs to improve education on HIV and what it looks like currently; counter myths and address stigma
    - "There's still a lot of those misconceptions out there of what somebody looks like with HIV."
    - "It's easy for elderly people to say, "I'm a diabetic," "I have COPD," "I have CHF," but they won't tell people that they're HIV because of the stigma that goes along with it, because most of the time when they tell people they're HIV, the next thing out of their mouth is, "Oh, I'm so sorry. How are you doing?" but they're perfectly healthy, so they don't need that type of a response…"

- Is there someone in the Greater Houston area who is particularly interested in the intersections of HIV, LGBTQ challenges and aging?
  - HIV and Aging Coalition
  - Recommends reaching out to know HIV care groups/physicians like AHF, 365, Legacy, etc.

- Would that be a good person for us to contact as well?
  - No known particular contact (other than now-retired Dr. Gathe), references organizations already mentioned

- Other than your own organization, what activities or programs nationally and/or locally are you aware of that support persons who are dealing with both HIV and aging?
  - SPRY @ Montrose Center (connected with Legacy and Law Harrington - New independent living for LGBT)
  - "S__" National organization focused on LGBT seniors and also address HIV (**Tony recommended a quick internet search upon conclusion of the interview as he couldn't recall the name; assuming it is "SAGE" – Eliot Davis)
  - Geriatric programs focused on LGBT seniors and related issues:
    - UT Healthy Aging
    - Baylor Geriatric Clinics

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities that you would like to see in the plan?
  - Increased focus by Ryan White funded medication coverage programs on senior services, and more education/awareness outreach efforts towards the senior community stakeholders on the available medication coverage assistance

- Do you have any additional suggestions to improve HIV prevention and care services for the LGBTQ aging community?
  - More involvement with senior groups at churches (ex. Resurrection church with large LGBT population)

- What does your organization need to help end the HIV epidemic?
  - Access to more support for patients/clients (ex. Outreach to those home-bound; education for home-visiting physicians who are often not specialized in HIV care)

Stakeholder Interview - Care #1

- Could you tell us a little about your agency and what you do here?
  - Nurse practitioner in the adult medicine department at Legacy
    - *"Most of my panel, probably 80 percent of it, is comprised on patients living with HIV, so that is the bulk of what I do there."*

- As a healthcare worker, what are your three biggest challenges in delivering HIV prevention and care services in our community?
  - A lot of things to cover in a medical visit in a short amount of time.
    - *"I would say first, and I think every clinician will say this, so — yeah, our visits are standardized, and they're uniform in their time constraints. Sometimes that's okay. A lot of times, it's not. So we're often asked to do a great deal in a small amount of time."*
  - Coordination of care with external facilities
    - *"…if you refer a patient to someone who works in your facility, you're more likely to get back information about the results of that referral than if you have to refer the patient outside."*
  - Continuity of care with the same provider helps build trust and rapport with patient
    - *"When patients get — for whatever reason, if they fall out of care, putting them back with the provider that they were seeing before I think is perhaps sometimes not because people set out to do this, but just because the logistics of the system make it difficult."*
    - *"So a provider gets to know you if they see you consistently, and they carry a lot of your history and your background…so it's useful to the clinician and to the patient."*

- Is there anything that Legacy Community Health needs to serve people living with HIV more effectively?
  - More weekly staffing meeting with coworkers, but these are hard to do due to financial reasons.
    - *"… we would meet together, and we would go over every patient on the schedule, looking for — identifying gaps in care."*
    - *"It's really useful to everybody on the team to get feedback from one another, and then also you learn things from other members of the team. They give you their perspective and experience of interacting with the patient that sometimes patients tell things to others of the staff that they don't tell to the provider, and maybe vice-versa."*
    - *"…the challenge with that is that if I'm in a meeting and not seeing patients, then I'm not being productive"*

- How is your work affected when people living with HIV experience multiple comorbidities?
  - Continuity of care and coordination of care is difficult with co-morbidities as you often must refer them out if it's not in your specialty.

  - Referring a patient out creates barriers for them, as it adds more medical appointments the patient has to attend, and the patient has other competing priorities.

- What could you use from other fields to do your work more effectively?
  - *" …providers, would benefit with more face-to-face time from those services. So if we're talking about the pharmacist, the social workers, case managers, it would help us to have more face-to-face time with those services."*

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities that you would like to see in the plan?
  - Looking at medical provider caseloads, what is the appropriate number of patients a provider can have to best provide quality medical care.
  - Looking at patient experience at the clinic/agency
  - Looking at the patient's experience of the quality of care and access to care
  - Continuity of care and coordination of care,
    - *"If I send you to a gastroenterologist, I would like to read that report before I see you next."*

- Do you have any additional suggestions to improve HIV prevention and care?
  - Get feedback from patients on their experiences in Ryan White care services – what was your experience in receiving care and if you could change something what would you have changed
  - Feedback from these surveys be given back to the provider.

- What resources do you need to help end HIV in our area?
  - N/A

Stakeholder Interview - Care #2

- Would you please introduce yourself and give us your title and the agencies you have been working for?
  - Private practice physician (The Schrader Clinic); Chief Med. Officer for TAN Healthcare in Beaumont, Tx; also volunteered previously at Legacy Community Health Clinic/a.k.a Montrose Clinic

- Could you tell us a little about the agencies and what your role is at the agencies?
  - Private practice/Schrader Clinic- Both primary care and HIV physician to patients (mostly private pay/insured); HIV has become the "easier" part of care as treatment has significantly evolved during his tenure
  - Legacy- volunteer evening physician for 23 yrs and specialized in patients diagnosed with HIV; also principal investigator in affiliated research entity (Houston Clinical Research Network)
  - CMO at TAN; supervises six nurse practitioners in both rural and urban setting

- As a healthcare provider, what are your three biggest challenges in delivering HIV prevention and care services in our community?
  - Stigma; systemic failures remain in reaching communities of color and those with highest rates/risk of HIV
  - Barriers for the uninsured (difficulties with referrals to other specialists, access to non-HIV medications, imaging services, etc.) limit ability to provide full care needed
  - "Social issues" (ex. Barriers caused by language fluency, transportation limitations, drug-abuse, accessible care limitations for those recently released from incarceration, mental health needs, rural/remote setting, insured status, aversion to medicine, etc.)

- We know that you have experience working in the private and the not-for-profit sectors so please tell us if the challenges are different in each system.
  - Non-profit sector more complicated by funding limitations, especially for staffing (specialists constrained to focus solely on specialty, not holistic approach) and prescribing (less expensive generics often approved but not which drug works best or has fewest risks – ex. Truvada vs. Descovy)

- Is there anything that you and your staff need to serve people living with HIV more effectively?
  - Stronger system of coordinated care, especially in under-served communities
  - More case managers to navigate process/resources
  - More support groups for newly diagnosed and for survivors
  - More mental health (esp in wake of COVID and for underinsured)

- How is your work affected when people living with HIV experience multiple comorbidities? And, do you handle this differently depending on your patient being in the private vs. the not-for-profit sector?
  - With evolution of effective HIV treatment, caring for HIV in context of aging comorbidities more common
  - Within non-profit care, must be cognizant of care costs (referrals, non-HIV related treatment, other diagnostics); often traditional practices/standards of care must be recalculated to fit constraints (ex. "wait and see" approach)
    - "Generics don't always work" in reference to underinsured limitations

- What could you use from other fields to do your work more effectively?
  - Collaboration and fine-tuning, especially between community clinics and 'other' resources (ex. Baylor College of Medicine, University of Texas Medical School, etc.); "ROSE" mobile mammogram example (under above response)
  - Patient navigation between resources
  - Similarly matched personal investment efforts by fellow colleagues to support community demands (references his 20+ yrs voluntarily devoted to the cause)

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities that you would like to see in the plan?
  - Continued investment in not only HIV but also primary/comorbidity-related care
  - Investment in rural care (Houston/adjacent areas)
  - Assistance in recruiting providers (specifically mentions those new to field in exchange for student-debt relief)

- Do you have any additional suggestions to improve HIV prevention and care?
  - Reinvestment in outreach strategies and testing
  - Continue to promote the expansion of Medicaid in TX

- What resources do you and your staff need to help end HIV?
  - More emphasis and marketing on PrEP/prevention ('PrEP for All') and treatment as prevention ('U=U')
  - Targeted messaging to the undiagnosed, harder to reach, and higher risk populations
  - Access! and linkage to care

Stakeholder Interview - Care #3

- Could you please introduce yourself and give us your title and the agency you work for?
  - I work for Avenue 360 Health and Wellness for over six years now.
  - Manager of social service

- Could you tell us a little about this agency and what you do here?
  - Role is diverse
    - Likes to mentor student interns and give back
    - Manages team, oversees everything that is done

- How can we better get HIV prevention and care information to people who need it?
  - Know your community – social media good for young folks but not older folks
  - Have some different marketing strategies
  - Opt-out HIV testing

- Are there any specific populations that we are failing to outreach to with HIV prevention and care information?
  - Asian community is hard to reach with HIV information

- How could we more effectively outreach to these populations?
  - Have advocates that are peers
    - Need to look and speak like the population

- As an outreach worker, what are your three biggest challenges in delivering HIV prevention and care services in our community?
  - "The biggest challenge is individuals change their number, individuals move, individuals don't always put an emergency contact or an alternative person as an alternative contact. So the biggest challenges is keeping people engaged, right?"
  - Hard to reach folks when their phone line is disconnected

- What help or assistance could you use to address these challenges?
  - City of Houston would help locate people that had fallen out of care- this collaboration no longer exists

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities that you would like to see in the plan?
  - Housing
  - "We're getting a lot of patients who, after COVID or during COVID, were getting the rent—I want to say forgiven, but it's not forgiven. They were like put on hold for rent because of the no-eviction policy that was place."
  - Shelters have a long wait time

  - Financial assistance for basic necessities

- Do you have any additional suggestions to improve HIV prevention and care?
  - Funding more staff so patients get better care

- What resources do you need to help end HIV in our area?
  - More money to pay staff salaries and increase staff retention

- How has COVID impacted folks living with HIV? Are they specifically affected differently than other folks?
  - Affects differently due to viral suppression
  - “I think that for the individuals who worry about making sure their viral suppressions are good, that they’re worried about going to work, I remember having someone newly diagnosed for HIV during COVID, during 2020, and asking, “Can I even go to the grocery store? Am I even able to go out? Should I go to work?”
  - Discrimination in the workplace because had to reveal HIV status to receive approval to work from home

- Have you served any people who have lost their jobs and resultantly their insurance due to COVID?
  - Knew one person but they lost their job due to mental health concerns
  - His mental health and substance use difficulties worsened during COVID

- What do you do for them as a case worker?
  - Assess the patient and figure out their support system
  - Find out what they want to work on

- What kinds of services do they need?
  - Housing
  - Medical insurance
    - “So yes, in addition to housing, we’re seeing just coverage for medical needs being a barrier. Individuals, again, who aren’t100 percent Ryan White. When you’re 100 percent Ryan White, it makes things a little bit easier, but when you’re not, it definitely complicates things.”

Stakeholder Interview - Care #4

- Could you tell us a little about your agency and what you do there?
  - Responsible for the administration of HIV treatment funds

- As a healthcare administrator, what are your three biggest challenges in getting HIV care services to those who need it in our community?
  - Procurement is a big challenge – "Particularly if there are big changes in like political parties for our local government, it can really change how multiple departments do business. And so over the last couple of years, particularly after COVID, just procurement, our procurement process at the County, has really been challenging to navigate in getting, particularly, new services in place. Like with our new Ending the HIV Epidemic funding as a procurement, it's definitely a challenge."
  - Also getting feedback from a large group of diverse people living with HIV on what services they need to get better
  - Attrition or staffing at all levels – "So service linkage workers, medical case managers, clinical case managers, HIV treatment providers, nurse practitioners, doctors, et cetera, having those individuals available in our subrecipient offices has also been a challenge over the last couple of years."

- Is there anything that Ryan White Grant Administration needs to better serve people living with HIV in our community?
  - Addressing the above three challenges, especially better information about PLWHIV
  - Navigating how to make the RFP process less cumbersome for smaller providers

- What could you use from other fields to do your work more effectively?
  - How can we work with and learn from housing? – "So one, understanding how they do business for people living with HIV and how they meet those needs, and then potentially looking at how we can supplement or support those similar services. So definitely there seems to be the opinion — and it sounds like you're getting this feedback, too — that there is a greater need than we currently have capacity to serve in Houston for housing."
  - How does housing do their procurement of services?
  - Moving beyond HOPWA – "So actually, I think it would be helpful just to get a better overall picture of housing services in Houston, even beyond HOPWA."

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities that you would like to see in the plan?
  - Alignment with EHE
  - Housing – increasing housing resources for PLWHIV
  - Decreasing stigma

    - Rapid Start and rapid reengagement for individuals out of care for more than a year
- Do you have any additional suggestions to improve HIV prevention and care?
    - More input from young, Black people living with HIV
    - "…better access to individuals for feedback for targeted populations for individuals that we serve in Ryan White."
- Do you have any suggestions to improve the HIV care system?
    - Bringing together the community – "So just bringing not only a broad spectrum of people living with HIV, but more broadly just the community as a whole, not just specific HIV providers or people who work in HIV routinely. Just new partners that work outside of HIV but definitely within industries that impact people living with HIV."
    - Housing
    - Transportation

- What resources do we need to help end HIV in our area?
    - "So I think at this point, it is not necessarily an increase in funding that we need. It is, I think, positive interventions that can impact the lives of people living with HIV. So I think better to the point that the Integrated Plan is trying to resolve, so it's better collaboration across systems is needed. And I think better information on what is needed by the community, too, would improve HIV."
    - Medicare expansion could lead to better health outcomes by allowing more funding for support services

Stakeholder Interview - Care #5

- As a Houston healthcare provider, what were your three biggest challenges in delivering HIV prevention and care services in our community?
  - Opt- out testing, but overcame this barrier
  - As a Part A clinic, couldn't do any outreach, had to rely on others
  - Can't use Ryan White funds to pay for PrEP

- Is there anything that would have helped you and your staff serve people living with HIV more effectively?
  - Not enough medical case managers – 10 for 5,000 patients
  - Low viral suppression rates for medically case managed patients too

- What could you have used from other fields to do your work more effectively?
  - Have addiction treatment specialists on-site
  - Have an epidemiologist to look at the data to inform clinical decision-making

- Now that you are traveling around the United States helping other communities strengthen or improve their Ryan White funded services, are you seeing ways in which the Houston community can improve our services?
  - Helping the homeless
    - "There was a — I think it was a site in Portland, and what they did was: For somebody who was homeless, who was newly diagnosed or chronically virally unsuppressed, they would give them a motel voucher for two weeks so they could focus more on their medications and not have to worry about a place to sleep for two weeks, until they got their feet back on the ground, and then the —"

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities that you would like to see in the plan?
  - Paradigm shift from focusing so much on MSM
  - Protecting women when their partners might have male-to-male sex
    - "So it was planting the seed in the women's minds that, "You think you have just one steady partner. You don't know what's going on." So hitting the women who might have partners who are high risk, and kind of planting that seed; with Hispanic men, planting the seed, "If your men are going to the bars a lot."
  - Get the idea to women that they could be high risk because of their partners
  - Finding men on the down low
    - "You know, in the MSM, that's something that was kind of my pet peeve, is, well, for prevention, is that sometimes I feel that in Houston, a lot of the prevention campaigns are targeted to MSMs, black and Hispanic and white who go to the gay bars. And I think at Thomas Street, there was a large majority of men who have sex with men, but they would never be found dead in the gay bar. Never."

- Do you have any additional suggestions to improve HIV prevention and care?
  - Consider partners of men who are on the down-low or women with high risk partners
  - Need to target the places where men on the down-low go
    - Outreach to the adult video arcades and bathhouse

Stakeholder Interview – Other, including Domestic/Coercive Violence #1

- In your opinion, how are sex workers uniquely challenged when attempting to protect themselves from HIV?
  - Johns will offer more money for unprotected sex
    - "And if they're going to be paid more money or they're going to be offered drugs to fill that need and craving and addiction, they will be very careless and forget about the health risk."
  - Johns that want to give sex workers STIs because they think they were given an STI by a sex worker

- What challenges do you think people engaged in sex work face when trying to receive HIV care and treatment?
  - Easy to get tested, follow-up to testing difficult
    - "They have no problem with getting tested, but the actual follow-up and the precautionary measures just don't come to the forefront all the time, especially if that individual is homeless and they are actually using sex to pay for just a bed."

- How do you think HIV services could be designed to be more inviting and friendly to sex workers?
  - Support groups like the one she runs
  - Peer-to-peer education

- How could we interest people engaged in sex work in HIV prevention, such as PrEP, the medication that prevents HIV?
  - Introduce it in a peer-to-peer group
    - Nobody has come to talk about PrEP as of yet
  - Back in the day used to do HIV testing, that was all

- Is there any way we could partner with people in your field to more fully integrate HIV services with services for those engaged in sex work?
  - Open to collaboration
    - "We at Precinct 1 welcome individuals who would like to partner with us. Corporal Mashonie [phonetic] is there. She is an individual who you could talk to. We welcome partnerships, especially for our HIV clients and awareness. And I will make sure that you have her contact information."

- Is there someone besides yourself who is particularly interested in the intersection of HIV and sex work? Would that be a good person for us to contact as well?
  - Could speak with someone who has HIV and is a sex worker

- What activities or programs are you aware of that could help us work collaboratively with people who are challenged with HIV and engaged in sex work?

  - Her programs – We've Been There Done That (peer-to-peer sex worker group) and Our Road to Freedom (peer-to-peer in jails)

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities that you would like to see in the plan?
  - "I would like to see your group come and interview clients and even the ones that are coming out of the Texas Department of Corrections program that I have, because they are... [cut off by phone]"

- Do you have any additional suggestions to improve HIV prevention and care?
  - Education and awareness about sex workers
    - " I would like to see a more compassionate approach to my transgender population and a more compassionate approach to sex workers, because most of them were molested as children and they have had to psych themselves out to even pretend that they enjoy sex."

- What resources do we need to help end HIV in our area?
  - Make it affordable
  - All the new stuff (injectables) need to be introduced
  - Sex workers would be interested in injectables

Stakeholder Interview – Other, including Domestic/Coercive Violence #2

- Could you please introduce yourself and give us your title and the agency you work for?
  - "I oversee our client data management system, reporting, compliance, and quality improvement activities."
  - "I provide the kind of supervision and support to our nonresidential staff that offers the therapeutic and counseling support to our survivors of domestic and sexual violence who are self-identified accessing services at our nonresidential location."

- Could you tell us a little about this agency and what you do here?
  - Largest domestic violence organization in the Greater Houston area
    - Emergency housing shelter
    - Many other services including 24-hour call line, counseling, help with housing

- In your opinion, how does HIV uniquely challenge survivors and people at risk of sexual assault?
  - Reproductive coercion for women
  - HAWC had a subcontract with Change Happens!, an HIV nonprofit

- How could we design HIV services to be more friendly and welcoming to survivors and people at risk of sexual assault?
  - Should cross-provide services – "that why are, as an agency, we not offering HIV services partnered at our locations and vice-versa, right?"
  - Yeah, if there was a way to co-locate or even virtual spaces where it could happen so that the knowledge could be shared — and for me, it's the knowledge shared with the workers, not even the clients — so that the staff could be more comfortable, so the HIV/STD community being more comfortable talking about intimate-partner violence and understanding that power and control will, and all of that good stuff, and then the DV world being more understanding, having more understanding and the ability to talk about HIV/STDs would be — yeah, it's needed"

- Is there any way we could partner with people in your field to more fully integrate HIV services with domestic violence services?
  - Warm handoffs
  - "There currently is no funding that says, "Hey, you guys need to partner and do this, and do this well, because the research shows that there is this major intersection." But there's no funding to pay our leaders to invest in that."

- Is there someone along with yourself who is particularly interested in the intersection of HIV and domestic violence? Would that be a good person for us to contact as well?

- What activities or programs are you aware of that could help us work collaboratively with people who are challenged with HIV and are survivors or at risk of sexual assault?
  - Toolkit – find

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities that you would like to see in the plan?
  - Cross-providing services – ". Like why would a HAWC person not be there at a testing site to handle the crisis intervention and vice-versa? Like why would someone who — you know, not be able to get tested at entering our shelter, coming into our nonresidential services? So that cohabitation of services would be great."

- Do you know of any service programs or activities for sex workers, who are currently a priority populations in the HIV field?
  - Word of mouth is important
  - Website - Office of the Mayor, the Human Trafficking and Domestic Violence Department
    - "So if they get picked up by the cops, instead of going to court or, you know, going to jail, if they say, "Hey, no, I want help. I want support," they will instead drop them off with us."

- Do you have any additional suggestions to improve HIV prevention and care?
  - Easier to do – "Oh, I think like establishing a collaboration between agencies and providers, like just — that feels easy. The ability to kind of like cross-train feels easy. The ability to get — like even to have a guest speaker come in to educate about the other agencies' like services and bring like branded information to be shared, I think that is super easy like low-hanging fruit."
  - Get electronic signatures and only have to give ID once – stick to COVID-19-like virtual access

- What resources do we need to help end HIV in our area?
  - Money, funding
  - Prevention – more prevention, "So prevention. Reinvesting in prevention, investing more in rapid testing, onsite testing, at-home testing, virtual testing."

- Are there any national, state or local planning bodies or comprehensive plans that coordinate prevention and care services in your field of expertise?
  - Texas Council on Family Violence, National Network to End Violence

Stakeholder Interview – Other, including Domestic/Coercive Violence #3

- Could you please introduce yourself and tell us a bit about your professional background?
  - Training in medicine as a nurse, and then training in counseling while receiving a PhD in educational psychology

- In your opinion, how does HIV uniquely challenge survivors and people at risk of sexual violence?
  - When she was a nurse, a lot of women were survivors of sexual assault and there was a big stigma
  - "…even within healthcare, it's super stigmatized because there's like a whole other consent form and level to confidentiality for HIV status, which I understand because, you know — but it just creates that barrier to getting care. So whether you're pregnant; whether you're a rape survivor, male, female, or otherwise; domestic violence, it just makes it harder to get the care that you need."

- How could we design HIV services to be more friendly and welcoming to survivors and people at risk of sexual violence?
  - Training in trauma informed care

- Is there any way we could partner with people in your field to more fully integrate HIV services with sexual violence services?
  - Healthcare services already well-integrated
  - Memorial too big, but could maybe partner with HCA

- Is there someone along with yourself who is particularly interested in the intersection of HIV and sexual violence? Would that be a good person for us to contact as well?

- What activities or programs are you aware of that could help us work collaboratively with people who are challenged with HIV and are survivors or at risk of sexual assault?
  - "HAWC is an obvious one, but there's also the Fort Bend Women's Center, the Montgomery County Women's Center, The Bridge, Turning Point. Those are all kind of rape centers in Houston."

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities that you would like to see in the plan?
  - Outreach – "I mean, going out on the street and going into the bars, and going to the strip on Bissonnet, and going to all the places where people living with HIV may congregate and exist in greater numbers and having them having that information."
  - Misses Hip Hop for HIV

- Currently, two of our priority populations are men who have sex with men and people who exchange sex for money, food or other support. Are you aware of any service programs for people in these populations who are also survivors of or at risk of sexual assault?
  - United Against Human Trafficking (UAHT) – "… is not a service provider, but they're a hub for, again, all of the services available for anyone that's being sex trafficked, anyone, and the services include the agencies that provide counseling, that provide food, that provide shelter, that are specific for men, that have a comorbidity with substance abuse"

- Do you know if HIV education is included in programs that serve people who are survivors of or at risk of sexual assault? Who typically provides this training – are they in-house staff members or do they come from an outside agency? As someone with significant training as a medical provider, are you comfortable with the quality and medical accuracy of the training?
  - YMCA International, AIDS Foundation Houston – survivors
  - Maybe Elevate 61

- Do you know of any service programs or activities specifically for sex workers?
  - The Landing – Drop in center for sex workers

- Do you interact with people who have personal experience with human trafficking or professionals who work in this field? How can we design HIV services so that these are safe and welcoming spaces for survivors of human trafficking?
  - Works with Constable Alan Rosen to rescue sex workers
    - No specific HIV education but everyone has a rape kit

- Are these individuals receiving HIV education and, if so, who provides it?
  - HAWC, Santa Maria Hostel, and the Bridge all provide
  - "But if they don't go anywhere, they don't get the education, and that's why you have all these people kind of out in the community, out in the street that are not connected to any kind of service; that don't get the education. Does that make sense?"
  - Giving free stuff out to sex workers that they need – " And I think that is more effective when you have free stuff and you have stuff that sex workers need, like condoms, that that would go far. I think that's money well spent."

- Are you aware of other groups that we should be more aware of and attentive to in designing HIV services?
  - United Against Human Trafficking – Big fish
  - HAWC and the bridge

You are a person who has lived experience in many different worlds. Can we take a few more minutes to talk about the Asian community in Houston and how HIV is impacting that community?

- Are there specific providers who are trusted and known for providing HIV prevention and care services within the Houston Asian community? Do these providers interface with the Ryan White funded system of care or with CDC funded HIV prevention programs? Do they want to interface with these systems of prevention and care?
  - Hope Clinic, maybe Chinese Community Center
  - Kind of small, but have four or five locations

Like most communities, the Asian community in the Greater Houston area is enormously diverse, so I want to acknowledge that these next three questions may be impossible to answer, but here goes.

- Are there things that we can do to be more effective at reaching Asian individuals with prevention information?
  - Translation, the educational materials are not being translated
  - Huge stigma, locked schizophrenic patient in her room
- Are there ways that the Ryan White funded care system can be more supportive of and welcoming to people who are Asian and living with HIV?
  - "You know, I don't know if we're allowed to do this, because there are so many rules around Ryan White funding, but I think that pilot programs, funding a pilot program, like a micro grant, that would be good, even if it's just to translate everything and hand out information in Chinese and Vietnamese and Arabic."
- Or, supportive of providers who are serving these individuals?

- Do you have any additional suggestions to improve HIV prevention and care in the Greater Houston area?
  - Partner as much as possible

- What resources do we need to help end HIV in our area?
  - More free testing, free condoms, free preventative
  - Free stuff and not just papers to give out

Stakeholder Interview - Homeless

- Could you tell us a little about this agency and what you do here?
  - Coalition for the Homeless – lead organization for the Continuum of Care
  - "---we have staff that work with all of the local homeless service providers to make sure all of the initiatives and policies and procedures that are put out by the government get carried out throughout that CoC."

- In your opinion, how is HIV related to your work in homelessness?
  - Homeless persons are at higher risk because of living unsheltered
  - Homeless people have harder time taking care of themselves and their medication
    - Medication might get stolen

- How do you think HIV affects people who are experiencing homelessness?
  - "…a lot of individuals that are experiencing homelessness are not connected to care, so one of the things we do, once we make that referral, is we try to connect them with partners that are experienced with working with HIV services so that we can make sure those individuals are taken proper care of."

- Is there any way we could partner with people in your field to more fully integrate HIV services with homelessness services?
  - Already partner with orgs like Avenue 360 and AIDS Foundation Houston
  - "The only other thing I could think of is like the data part. As far as any kind of data that you-all might be interested in, we could do a data-sharing agreement, which we've done before with the city and the county, yeah."

- Is there someone in your field who is particularly interested in the intersection of HIV and homelessness? Would that be a good person for us to contact as well?
  - Melody Barr at the city

- What activities or programs are you aware of that could help us work collaboratively with people who are challenged with HIV and experiencing homelessness?
  - Can't really think of anything besides what we're doing

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities that you would like to see in the plan?
  - "We only have some of the HIV providers in Houston working with the homeless response system with us. It would be better to integrate all of them. Some of that pushback might have to come from like the funders of the city."

- Do you have any additional suggestions to improve HIV prevention and care?
  - Get people housed and off the street and in housing

Stakeholder Interview – Mental Health #1

- Could you tell us a little about this organization and what you do?
  - Local mental health and IDD authority
  - "… part of Texas' regional public health efforts for behavioral health support, and so we provide services to the Greater Houston and Harris County communities, and so we're really accountable to the Harris County location…"
  - "…we have psychiatrists and care coordinators, and we have a range of services across the crisis continuum for individuals that are seeking behavioral health.

- Are there any comprehensive plans in your field, that you're aware of? [Strategic plan]
  - Yes
  - "… we have three-year strategic plans that look at our center's preparedness for services delivery, and it identifies specific sets of goals that we want to achieve as an executive group, and also as an agency, too. We have different domains within that strategic plan to look at different focus areas, such as innovation, quality, and access that allow us to really provide the best care that we can to very different domains of focus, and then we have targeted goals as a center."

- What are the major goals or activities of the plan if you'd like to share?
  - Publicly available 2022 to 2024 plans
  - " I'll share with you is that the different domain areas are quality, people, integration, access, community, and innovation."
    - Quality goal ex. "…set to develop and implement three clinical care pathways, produce our minutes in seclusion, increase the percentage of security officers and medical staff trained on zero suicide, decreasing [as spoken] seven-day face-to-face follow-up rates in one of the partner hospitals, and decrease readmission rates to our state mental health facilities. We also want to get more individuals housed with mental illness, and then also develop a robust quality improvement infrastructure consistent with industry standards."

- Do you think any of these goals or activities could relate to HIV?
  - Absolutely, behavioral health is a component of HIV care
    - "… understanding the history of how the person has been impacted by HIV, as well as identifying if there is risk for substance use, are the areas that I think really closely link with HIV care."
  - Mental health accessibility
    - "Working to expand access points"
    - "… especially for those that have had prolonged depression related to having HIV… individuals that have substance use disorders."
    - "… we actually provide nonsubstance use disorder treatment, as well."
    - Services available to person's experiencing co-occurring conditions (i.e.,

mental health and substance use disorders)

- Who is legally responsible for developing the comprehensive plan?
  - No legal impetus, proactive organizational decision to meet the needs of the community

- Who actually is developing the comprehensive plan?
  - "We actually worked with an outside consulting group to help guide us on industry standards and also areas of development that makes sense for the behavioral health field."
  - Various accreditation programs, needs assessment, and incorporated feedback as the driver of the leadership approach helped guide the agency's direction.

- Are there any individuals in your field who are interested in the intersection of HIV and behavioral health?
  - "… there's actually a whole group of psychiatrists that really focus on HIV care, and so they are consultation psychiatrists that either work in the outpatient or inpatient setting…"

- Is there a way that the comprehensive plan for HIV and your particular comprehensive plan could interface?
  - I think so
    - Current plan, integrate into key previously identified areas and goals
    - Explore inclusion in the next strategic plan following some community stakeholder input.

- What are the major barriers to HIV prevention in your field?
  - "…I think that some of the major challenges in my field around HIV really is centered around being able to have enough specialty psychiatrists that know about HIV and sort of the nuances there. Because medications for HIV can interface, interact with behavioral-health medications, having the specialization to know, hey, like these are the drug-drug interaction…"
    - Proposed solution, increased education and knowledge, thoughtful clinically trained pharmacists, and the best fit specialists to assist care delivery
  - "… there's a dual stigma around having HIV and a behavioral health condition. If you had each independently, there's stigma, but there's sort of a double stigma. In fact, we are oftentimes more worried about the HIV population dying by suicide or drug overdoses and having those types of negative outcomes because of the stigma and the risk of having each of those risk factors independently, right?"
    - Close linkage between the conditions (i.e., HIV and depression) that warrants the right team and treatment approach)
  - Harder to engage populations that do not visit the clinics
    - "… important more so to have the right care-delivery team that's really

focused on the well-being of the population to really impact care."
  - "I think the prevention there, there's a fair bit of stigma and difficulty in asking for help usually..."

- What are the major barriers to HIV care in your field?
  - See previous question

- How do you think HIV affects people in your field? [individuals being served]
  - Directly affect people
  - Specialized population, HIV specific clinics
    - Nuances and complexities
    - Hard time talking about lived experiences
      - Guilt and embarrassment
      - Multifaceted stigma
      - Failure to process impacts all aspects of lives

- Do you have any suggestions to improve HIV prevention and care?
  - "… one of the things that I've seen be done pretty well is: There's been a lot of investment through Ryan White and other federal programs to be proactive with PrEP and other, you know, early intervention and early prevention processes. I've actually seen that be done better at an HIV event than any of the other contexts…"
  - When finances permit, on staff clinic psychiatrist
  - Do not miss HIV because of stigma related asking about HIV and risk factors

- What is important for us to know about behavioral health, like HIV? Who works with HIV, to know about behavioral health?
  - "… HIV is a serious risk factor for suicide…"
  - Without help (i.e., family, church and/or spiritual) a person may experience poor coping from stigma, stress levels, and trauma
  - Often goes deeper than merely a diagnosis
  - "… be aware and try to detect so that I can sort of prevent the downstream consequences of behavioral health crises."

- How is HIV related to behavioral health?
  - "… common behavioral health complaints might sort of get somebody to take on more risky behaviors, like behaving erratically with their sexual preferences, promiscuity, and say that that sort of leads to bipolar disorder, for example, is very closely associated with additional sexual encounters."
  - Bidirectional linkage
    - Once diagnosed with HIV, "it's sort of a big life event, ongoing life event, that folks have strong emotions… they sometimes hold onto for decades, sort of impacting their potential…"

- Is there any way we could partner with others in the behavioral health field to fully integrate our services?

  - Knowing about each other's services on both sides
    - "… if you have folks that are interested in behavioral health or you detect it, that they can get some help from our end. And then if we detect somebody that has HIV, it would helpful to know where I can send individuals that can get specialized HIV care or somebody that might be at risk to expose themselves to HIV to get PrEP?"
  - Since Houston is large, people may get lost in the system
    - Think about partnerships and information sharing to inform all about the available resources

- Is there someone in behavioral health who is particularly interested in the intersection of HIV and behavioral health? And would that be a good person for us to contact, as well, to kind of collaborate?
  - "I think that we are a huge services agency, so we have a lot of different kinds of programs with different entry points and leaders and frontline staff."
  - "… for example, we wanted to sort of have bilateral program exchange, I would refer you to a different person. If it's for developing clinical partnerships, I would refer to a different person. So it really depends on the task involved."

- Is there a major need or gap in services in behavioral health that we could help address?
  - Community need
    - "… I want to just ensure that folks get the best possible care and coordinated care so that they can sort of fulfill their life potential…"
    - Attempt to identify the close linkage between HIV and behavioral health needs
    - "… work together to support individuals through their life as they get on HIV prevention or HIV treatment and sort of the lifespan of that."

- What new activities or programs could you help us address in behavioral health, as well as HIV?
  - "… identifying need around a strategy…"
    - Coordinate services better
  - "… getting the right team together to execute the strategy and be successful, whether it's sort of getting external funding or getting the right treatment approach in place. You do need the people."

Stakeholder Interview – Mental Health #2

- Could you tell us a little about this agency and what you do here?
  - "We're a collaborative of 40-plus mental health and substance use treatment providers across the Greater Houston area. We engage in patient advocacy and collaborative initiatives to improve behavioral health service provision."

- In your opinion, how is HIV related to mental health and substance use disorder?
  - They're both continuums and you can fall anywhere on either continuum
  - "…individuals with chronic health issues tend to have a higher rate of a co-occurring behavioral health issue."

- How do you think HIV affects people experiencing mental health and/or substance use disorder differently than other populations?
  - Both are stigmatized conditions which could be an added burden

- Is there any way HIV service providers could partner with people in your field to more fully integrate HIV services with mental health and/or substance use disorder services?
  - Would need to follow the integrated healthcare model
  - "So it's like if someone has a serious physical, chronic illness, like HIV, for instance, and they have low mental health needs, then that person should be served in a primary care setting. If the person has, you know, moderate for both — or I'm sorry, let me say they should be served in the primary care setting if they have high physical health needs and low mental health. They should be served in the primary care setting, with consultation from the behavioral health field."
  - There should be lots of collaboration between behavioral health and primary care

- Would there be benefits to the clients in doing that? To the agencies?
  - Easier for the patient to access multiple services that they need
  - Could help with compliance as well

- Is there someone in your field who is particularly interested in the intersection of HIV and mental health and/or substance use disorder services? Would that be a good person for us to contact as well?
  - Someone at Legacy

- What activities or programs are you aware of that could help us work collaboratively with people who are challenged with HIV and mental health and/or substance use disorder?
  - Doesn't know specifically but programming at Montrose Center and Legacy would be beneficial

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities that you would like to see in the plan?
  - Finding a way to address better coordination of HIV and behavioral health care

- Do you have any additional suggestions to improve HIV prevention and care?
  - Education is generally good in prevention. Doesn't know enough to say

- What resources do we need to help end HIV in our area?
  - Education and access are so important

- Are there any national, state or local planning bodies or comprehensive plans that coordinate prevention and care services in your field of expertise?
  - Behavioral Health Coordinating Council – state

Stakeholder Interview – Mental Health #3

- Could you tell us a little about this agency and what you do here?
  - Services: Behavioral health, SUD treatment, case management, hep C testing, outreach

- In your opinion, how is HIV related to mental health?
  - Medications or diagnosis can cause mental health problems
  - SUD can cause people not to take their medications
    - "Substance-use disorder makes some of the medications not work. It makes people not take their medications. And it can be a risk factor in transmission."

- How do you think HIV affects people experiencing mental health difficulties?
  - People may have mental health problems prior to diagnosis or diagnosis can cause mental health problems
    - "There are people who have become HIV-positive who already had mental-health problems; and there are people who, after they became HIV-positive, they developed some mental-health issues, either because of the anxiety or depression around their diagnosis or because of reactions to medications, or self-medicating with substance use."

- The Montrose Center provides an excellent model for LGBTQ+ individuals that integrates mental health, substance use, and HIV services, as well as others, within one organization. What do you think the Montrose Center design can teach us about one-stop shopping for people living with HIV?
  - Bureaucracy makes it hard to serve clients
    - Example: Licensed and unlicensed case managers can't be funded on each other's grants
    - "And if a client comes in for a simple bus pass, having a client have to wait for, say, a couple of hours to get the right case manager is kind of ridiculous. And it's all because the government entities don't talk to each other or don't care about what each other thinks."

- What activities or programs are you aware of that we should expand or increase to help people who are challenged with HIV and mental health?
  - Transportation
    - Telehealth could be a solution but not every consumer likes it
    - "And it's not really possible — we've looked into doing groups in different parts of the city to try to pick up other pockets of people that have transportation problems, but it's hard to get enough people to make a group viable and make it financially sustainable for us."
  - Inpatient beds are hard to find without insurance

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities that you would like to see in the plan?
  - Have funding sources talk to each other and have a common eligibility system
  - "So I would like to see somebody at the table from the state that can make decisions to help make it a real system and not several systems that kind of overlap."
  - Have HOPWA provider meetings

- Do you have any additional suggestions to improve HIV prevention and care?
  - Losing providers and having difficulty hiring, need higher rates
    - "They make it so that it could take five years to increase rates, and that's crazy. We've lost nine fully-licensed providers in the last year, and I'm about to lose about three more that are going to retire, and we can't hire anybody."

- What resources do we need to help end HIV in our area?
  - Change rates
  - Transportation
  - Work more with the inpatient facilities

Stakeholder Interview - Prevention #1

- Could you tell us a little about this agency, what its mission is and how you, as a leader in the public health community, will be working with other leaders to improve HIV prevention and care services.
  - Health strategist for third largest county in TX; promote and protect the health and well-being for all residents with specific focus on the most vulnerable

- In your opinion, what are the three greatest challenges to providing HIV prevention services in Harris County?
  - Access to HIV medical services
  - Stigma associated with HIV prevention services
  - Funding

- How can we interest more members of the community in HIV prevention?
  - On-going health promotion and campaigns
  - Convening all stakeholders to identify innovative strategies and keep pace with changing culture/environment
    - Stay updated with objectives/goals, who's doing what in the area, and opportunities for resource sharing to maximize utilization and effectiveness

- In your opinion, what are the three greatest challenges to providing HIV care services in Harris County?
  - Access to care; TX doesn't have Medicaid expansion which would address some barriers for vulnerable populations
  - Siloed structure prohibits ability to provide integrated, holistic care
  - Funding

- CDC and HRSA talk about breaking down silos and getting our systems to work better together. What do you think it will take to get our systems to interface and work together?
  - Effective value proposition as to 'why'
    - Requires accountability to outcomes
    - Recognition that those outcomes depend on other components of the system to work effectively and in coordination

- What do you need from other public health systems to do your work more effectively?
  - Partnership and openness to collaboration; recognition we're all part of the same puzzle

- Can you envision any partnerships with people from other fields that would help provide better HIV prevention services? Care services?

  - Resources/collaboration with services that address the other social determinants of health (ex. Other medical conditions; insecurities related to housing, food, finances; trauma/behavioral health conditions)

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities that you would like to see in the plan for the Greater Houston area?
  - Mandate around integration and coordination; "Collaboration without integration is another form of fragmentation."
  - Effective alignment of resources

- Do you have any additional suggestions to improve HIV prevention and care in Harris and surrounding counties?
  - Funding for at-home test kits – addresses aspects of stigma and reduces barriers

- What needs to change to end HIV in the Greater Houston area?
  - Holistic approach; understanding that the solution requires more than simple transaction of HIV services ("Meet them where they're at.")

Comprehensive plan specific questions:

- Does Harris County Public Health have a comprehensive plan for the department? (Yes)
  - If yes, may I request a link, electronic or hardcopy of your plan?
    - (Link to be emailed)
  - Does the plan for your department include strategies and goals for interfacing with the HIV prevention and care systems?
    - Yes; focus on HIV transmission reduction through testing, treatment and prevention (linkage to services within 30-day timeframe)

- What do you want Harris County Public Health to look like 5 years from now? 10 years from now?
  - 90% PLWH know status and are suppressed
  - Effective and proven prevention strategy that reduces new transmission, especially for vulnerable populations
  - Robust access to PrEP and PEP

Stakeholder Interview - Prevention #2

- In your opinion, what are the three greatest challenges to providing HIV prevention services in Harris County?
  - Access to prevention and care services; large county with limited public transportation options
  - Stigma associated with HIV services/seeking care
  - Funding limitations

- How can we interest more members of the community in HIV prevention?
  - Meeting with stakeholder not previously associated with HIV prevention to increase understanding, esp of sub-populations, and novel outreach/partnership opportunities (ex. Fire & police depts)

- CDC and HRSA talk about breaking down silos and getting our systems to work better together. What do you think it will take to get our systems to interface and work together?
  - Bringing all stakeholders together and assure inclusion of those not previously considered to be traditional HIV stakeholders
  - Increase understanding of what stakeholder/entities are doing (goals, funding, limitations) to assure efficient use of resources

- Is there a way to integrate HIV prevention services more fully with other health care services?
  - Innovation in operations to refine processes and increase opportunities; combine services to offer more options (similar to Covid response)

- What could you use from other areas of health care to do your work more effectively?
  - Additional funding to streamline care; combining grant funding/efforts

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities that you would like to see in the plan for the Greater Houston area?
  - Access to HIV service regardless of socioeconomic status
  - More incentives to increase motivation to know status

- Do you have any additional suggestions to improve HIV prevention and care in Houston?
  - Think outside-the-box (Covid taught us innovative solutions like home testing not only possible but effective)

- What needs to change to end HIV in the Houston area?
  - Same goals/plan; “All entities need to be on the same page.”
  - Willingness to go beyond or work outside of grant objectives, esp with non-prioritized populations

Comprehensive plan specific questions:

- Are there any national, state, or local planning bodies or comprehensive plans that coordinate prevention and care services in your field of expertise?
  - Utilize Achieving Together (TX plan)
  - No known plan within dept

- Is anyone legislatively responsible for developing a comprehensive plan in your field?
  - "Not to my knowledge." (***conflicting answer; see Barbie Robinson's ED of HCPH**)*

- Who actual coordinates prevention and care services in your field?
  - Structured according to government funders

- May I request a link, electronic or hardcopy of your plan?
  - N/A**

- Is there a way the comprehensive plan in your field could interface with our HIV plan?
  - N/A**

Stakeholder Interview - Prevention #3

- Could you tell us a little about this agency and what you do there?
  - Responsible for prevention and treatment of HIV for Texas
  - Unit administers the Texas HIV Medication Program (THMP, includes: ADAP, SPAP, and NTF); Ryan White Part B; about $50 million in General Revenue dedicated to HIV care across state and around $16 million in funds granted by CDC
    - also responsible for administering the ~ $6 million in Federal/CDC funds issued for Ending the HIV Epidemic
  - Coordinates with Care, Prevention, STD and THMP Programs on comprehensive plans and programs

- In your opinion, what are the three greatest challenges to providing HIV prevention services in Texas?
  - Scale of the HIV problem (estimates ~18k undiagnosed)
    - Improving diagnosis rates
    - Improving retention in care
  - Addressing socioeconomic aspects of prevention esp. within government work

- How can we interest more members of the community in HIV prevention?
  - “Nobody thanks you for preventing the disease that they didn’t know they were going to get in the first place.” (Dr. Mann)
  - Engage community “where they are” in efforts to increase priority/focus
  - Collaborate with other service providers to share resources and address competing needs (ex. Housing)

- How is your work affected when people living with HIV experience multiple comorbidities?
  - Further taxes resources
  - Competing focus/priorities challenges service delivery, especially across systems

- In your opinion, what are the three greatest challenges to providing HIV care services in Texas?
  - Limited resources
  - Competing priorities; addressing more urgent issues (ex. Housing, food)
  - Awareness of care options and available programs/resources

- CDC and HRSA talk about breaking down silos and getting our systems to work better together. What do you think it will take to get our systems to interface and work together?
  - More collaboration top down, starting at the Federal level; assure funding is in concert across systems

  - More collaboration within HRSA (ex. Between the various Ryan White Programs)

- What do you need from other systems to do your work more effectively?
  - Resources (including staff), especially in wake of Covid and the needed rebuilding
  - Collaboration to assure most efficient application of resources

- Can you envision any partnerships with people from other fields that would help provide better HIV prevention services? Care services?
  - SAMHSA/Substance Abuse Providers
  - Housing/HUD
  - Service systems in fields related to comorbidities

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities that you would like to see in the plan for the Greater Houston area?
  - 95% reduction in transmission based on:
    - 90% reduction in diagnosis (though progress would necessitate a temporary increase to reduce number of those living with undiagnosed HIV)
    - 90% reduction in retention in care
      - Improved understanding of the reasons people fall out of care and innovative solutions to address reasons and remove barriers
    - 90% reduction in viral suppression

- Do you have any additional suggestions to improve HIV prevention and care in Houston?
  - None not previously discussed

- What needs to change to end HIV in the Houston area?
  - Better evaluation and amplify what's working

Comprehensive plan specific questions:

- Are there any national, state or local planning bodies or comprehensive plans that coordinate prevention and care services in your field of expertise?
  - Texas HIV Syndicate - Statewide HIV prevention and care planning group

- Is anyone legislatively responsible for developing a comprehensive plan in your field?
  - Not directly legislatively required but required under the Ryan White Care Act

- Who is actually coordinating prevention and care services in your field?
  - Planning
  - Actual Services - HIV/STD Prevention and Care Unit at DSHS

- Can you send me the link to your plan, or provide me with a hard copy?
  - In progress but last plan: see https://txhivsyndicate.org/texas-hiv-plan/
  - Statewide Ending the HIV Epidemic Plan: Achieving Together Plan on TX HIV Syndicate website

- Is there a way that the comprehensive plan in your field could interface with our HIV plan?
  - Theoretically they will be in concert; Statewide Coordinated Statement of Need (SCSN) in progress- State will convene (Representatives from Ryan White Part A Planning Council, Community Planning Groups from local areas all come together to develop consensus and thus local plans can coordinate/interface with the state's and mutually support one another)

Stakeholder Interview - Prevention #4

- Could you tell us a little about this agency and what you do here?
  - "The Houston Health Department serves the city of Houston along with parts of Harris County as it relates to communicable and environmental safety-net programs and services for Houston residents…I oversee several of our communicable disease programs...including HIV/STD prevention and viral hepatitis."

- In your opinion, what are the three greatest challenges facing HIV prevention?
  - Engaging the community from a culturally responsive mindset; lack of awareness and/or distrust
  - Systemic issues around access to services
  - Quality of service ***delivery***, not just quality of services/tests/tools available

- How could we interest more members of the community in HIV prevention?
  - Fostering understanding of the community's role and further empowering/engaging those who feel that they are not directly involved or impacted

- What other fields does your organization interact with in the service of HIV prevention?
  - Chronic illness (hypertension, diabetes); Aging; Human Services Division (WIC, Nurse-Family Partnership)

- What could you use from other fields to do your work more effectively?
  - Collaboration from experts in Information Technology realm; data infrastructure modernization needed to increase efficiency

- Can you envision new partnerships with people from other fields that would help provide better HIV prevention services? If so, who would those new partners be and what would those partnerships look like?
  - Improved relationships with private providers/medical community (including medical schools and college public health programs), as well as labs and pharmacies, for better informed service delivery

- How are the current partnerships working? Is there a way to strengthen or improve those working relationships between the Houston Health Department and the agencies you fund to provide prevention services?
  - Priorities and resources were redirected during COVID but there's current opportunity to rekindle relationships and refocus on other matters of public health
  - "…in this planning phase that we're under right now in 2022, gives a ripe opportunity for those partnerships to participate and engage and then understand what's necessary to respond to what the community is asking for and demanding in terms of service delivery."

  - "…those funded organizations who typically do participate in this planning process and network and really help us to define what are the priorities that are being dictated to us from the community and what are some creative ways that we can design these response systems that meet those needs."

- Is there a way to strengthen or improve the partnership between the Houston Health Department and those to whom you provide services or the greater HIV community at large?
  - "…we have gone away from some of the partnership work that we've done in the past…we've been in this phase in 2022 of trying to renew some of those activities and strategies."
  - "We try to make sure that we have a presence in most community events and/or awareness days around HIV. We have a mission and a drive to go outside of the walls of our organization and really be embedded in many of these community conversations and celebrations…" (ex. Recent Houston Pride parade and festival)

- What is your role with the Houston Prevention Community Planning Group (CPG)?
  - Ultimately provide the resources to help the members of that Community Planning Group provide feedback to better inform the health department efforts
  - As head of a bureau that is a recipient of CDC funds for HIV prevention "…we are required to organize and facilitate the CPG…I'm responsible for ensuring that we have staff that help support the community members who want to come alongside us and provide recommendations and advice about the direction and needs of our communities as well as what our service responses could look like for effective prevention work in HIV."

- What is CPG currently working on and what is its relationship to the Houston Ryan White Planning Council?
  - Unlike other jurisdictions, Houston and Harris County do hold two separate planning groups for prevention and for care, with prevention landing primarily with the city (care/treatment primarily falls to Harris County and thus the Ryan White Planning Council)
    - "But CPG, what we're currently working on…collectively and collaboratively, is our next iteration of our Integrated Plan. So really, it's an exciting time…because it is where we get to decide and plan out the roadmap, if you will, for how we will be operating services over the next couple of years and, of course, evaluating our progress toward those along the way."

- Are there things either/or both groups can do to strengthen or improve the partnership?
  - Prioritize and maintain focus on the perception our work (and the impacts) from the service end-user/community member level

  - Keep it simple
  - Seamless integration

- Is there a way to strengthen or improve the working relationships between the Houston Health Department and all of the care partners?
  - Emphasize and promote/practice transparency
  - Actively seek and reinforce connections
  - Increase communication regarding goals/objectives and resource availability/demand

Co-Chair for the Presidential Advisory Council on HIV/AIDS (PACHA)

- How do you like serving in that role?
  - "I'm still in shock and awe of being asked to play this vital role, and I'm equally over-the-moon excited that this administration has embraced the same sort of personal philosophy that I have about being open and transparent and, most importantly, responsive to what our communities across this nation need from our governmental services."

- What does PACHA do?
  - National planning body for HIV
  - "…a diverse, expert group of individuals from across the country who provide advice, information, and recommendations to the Health and Human Services Secretary of Health, as well as the White Office of National AIDS Policy."

- Can you describe your role and responsibilities on PACHA?
  - Co-chair sets the agenda and prioritizes subcommittees' work according to urgency and relevance, outreach to appropriate experts for guidance

- Does PACHA interface with local HIV prevention and care planning bodies and if so, how?
  - Strategy: "PACHA to the People"- hosts regular open meetings in communities to "…interact, and engage with local jurisdictional implementers, including community planning groups."

- What does PACHA do to interface with local HIV communities?
  - See answer above
  - Additionally, advice and recommendations can be submitted via federal HIV repository (HIV.gov)

- Are there ways in which local HIV communities can and should work more closely with PACHA?
  - In addition to participating in meetings and submitting recommendations, remain engaged at the local agency level

- Do you deliver a “State of the Union” address to Houstonians so that we are more familiar with the work of PACHA and/or a “State of the Union” address from the Bureau of HIV/STD and Viral Hepatitis Prevention?
  - PACHA in discussion on how to better provide regular updates (ex. Blogs or podcasts)
  - HHD has done “State of the City” updates in the past around awareness days (ex. World AIDS Day) but paused during COVID

- Do you have any suggestions on how we can End the HIV Epidemic in Houston?
  - “There are systemic issues that need to be addressed in order for individuals who are very vulnerable to acquiring HIV to be successful.”
  - Routine access to healthcare; “…we live in a state that has chosen not to expand Medicaid access, who cannot and do not have a routine way of accessing a healthcare provider or healthcare services.”
  - Increase awareness of safety-net services

- And, do you have suggestions on how we can improve Houston area HIV prevention and care services?
  - Partnership with other socioeconomic support systems and institutions (ex. Importance of housing stability in health outcomes and need for partnership in that realm for ultimate success)
  - “…we alone in HIV-funded work, if you will, can’t end this epidemic…making space and room for other partners, other thoughts, other methods and approaches to be brought to bear for the work we’re trying to achieve in HIV…”

Stakeholder Interview – Substance Use Disorders #1

- Could you tell us a little about the agency and what you do here?
  - 55th year of operation
  - Inpatient facilities in Tyler, Fort Worth, Waco, Austin, Corpus Christi, two in Houston, Amarillo, Farmington, NM and soon Dallas.
  - Outpatient locations in all of those area, and in alternative schools in Tyler, Waco, Houston
  - Youth prevention programs in Amarillo, Tyler, and San Marcos (as well as youth and recover programs)
  - Public school education on prevention in Texas panhandle and everything around Austin, north of San Antonio. (Pre-pandemic 100,000 school kids/year)
  - Will have Treated over 9,000 individuals this year for substance abuse
  - Largest contractor with the State of Texas, that is not gov't
  - 450 licensed beds, another 300 for recovery housing
  - 500+ employees

- Can you talk a little bit about your comprehensive service system?
  - Ambulatory detoxification
  - Medically assisted treatment
  - ASAM Level 3,7 withdrawal management (medically monitored)
  - ASAM Level 3.5 (residential, not medically monitored)
  - ASAM Level 3.1 (supportive residential)
  - Intensive outpatient
  - Supportive outpatient
  - Also, recovery housing or supportive sober living supportive housing
  - 16 different individual programs at 40 different addresses in 20 different cities

- In your opinion, how is HIV related to substance use?
  - Client/patients are previous or current IV users, in sex industry, of sex trafficking, where it is prevalent

- How do you think HIV affects people with substance use disorder?

- How can HIV service be better designed to serve people with a substance use disorder?
  - "A lot of times when people come into our programs and we take them to be screened or get them screened, when they find out, it just blows them up. They go back out into their addiction. Not always, but a lot of the time. It takes away their reason to get clean and sober."
  - Individualized, no one size fits all

- How can HIV services better designed to serve people with substance use disorder or those in recover?
  - A lot being done

  - Programs with Ryan White funds are active, not many barriers, very positive
  - "You know, I just think that you're dealing with individuals that lifestyle has put them in harm's way, and they don't usually come out of harm's way."

- Do you see ways that we could get around that?
  - Everybody wants to have an integrated care system
  - Brings together different agencies, but nonprofits have turf battles
  - Sexual orientation is key factor, limiting for people not part of the LBGT community, can be a barrier
  - *"And the thing about the agencies coming together is, is that it's – there's always gaps, or there's perceived gaps, or – agencies have funding to do Step, say, 6 through 12, but because of the way the reimbursements are set up, they don't spend much time on Step 6. They kick it all to Step 8, 9, and 10."*
  - *"And it is like, "Well, you-all do Step 6?" "Yeah, we do." But they don't tell you, "We really don't because if we do it, we lose money at it, and then we can't, so we're trying to do what's economical."*
  - *"And do when you talk about building a continuum of care or, you know, coordination of care, what people don't understand is the breakdown in funding, how funding setup allocated, and how it actually comes through has a big impact on the ability for people to receive those services."*

- Ok, so perhaps a reorganization of how certain things are funded might?
  - Yes
  - Texas is a great place to be a taxpayer.
  - It is a horrible place to be provided funding from taxpayer services.
  - Cenikor's New Mexico program Medicaid rate is three times higher than the State of Texas rate, *"so we limit the number of Medicaid clients we will accept… Because we lose money on every Medicaid client and on every state client that we serve"*
  - Medicaid program payers pay at different levels; some levels we'll take one person, don't accept new patient until that patient discharges.

- Is there any way we could partner with people your field to more fully integrate HIV services with substance use services?
  - Telehealth

- Is there someone in your field who is particularly interested in the intersection of HIV and substance use?
  - I don't know right now

- What activities or programs are you aware of that could help us work collaboratively with people who are challenged with HIV and substance use disorder?
  - ASAP (Association of Substance Use Programs)
    - Home | mysite (asaptexas.org),

        - Cynthia Humphrey (Bailey is on the board) chumphrey@asaptexas.org
        - State meetings, July 26 in Austin
        - You can reach to present to them or be there (fastest way to reach biggest block of people in a hurry)
    - Network of Behavioral Health Providers
        - Andrea ausanga@nbhp.org
        - Bailey is on the board
        - 42-45 of the largest mental health programs
        - Harris Center is part of it
        - Memorial Hermann is part of it
        - Menninger Clinic

- We're being asked to assess the HIV prevention and care system in Houston and come up with a Five-Year Plan to improve the system. What are some goals and activities that you would like to see in the plan?
    - I think you-all are doing it.
    - I don't know.

- Do you have any additional suggestions to improve HIV prevention and care?
    - The Montrose Center, funded by Ryan-White, is where you will get your load of information, they are doing all that stuff

- What resources do we need to help end HIV in our area?
    - *"Funding, funding, funding, and funding."*

- Does your organization have a comprehensive plan?
    - Yes

- Would you be willing to share your comprehensive plan with our team?
    - No
    - We've acquired 12 other nonprofits. (step in when they struggle)
    - A lot of their plan is built around that, acquiring nonprofits

Stakeholder Interview – Substance Use Disorders #2

- Could you please introduce yourself and give us your title and the agency you are representing during this interview?
  - Vice President/outreach work of the Houston Harm Reduction Alliance
  - Research assistant UT Health
  - 501(c)(3) syringe exchange and overdoes prevention program
  - Provide clean syringes, alcohol wipes, sterile water, overdose reversal medication, such as Narcan and naloxone
  - Don't have full-time funding, operate out of our cars, houses
  - Operate unofficially

- How is HIV related to substance use?
  - Sharing of syringes
  - Sexual related behavior, when it comes to ib methamphetamine use
  - Risky sexual behavior
  - Restrictions around purchasing syringes, lead to sharing syringes
  - Opioid use
  - To maintain high, don't wait for safe way. "Resort to the quickest, most efficient way possible.
  - Frequent injecting
  - Barriers
  - No ID, transportation – make it difficult to get medicine
  - Gap could be bridged by going to them for testing

- How do you think HIV affects people with substance use disorder?
  - One person, worried about it (medication) affecting his organs
  - Focused lately on the sepsis and endocarditis, due to frequent injecting

- How can HIV service be better designed to serve people with a substance use disorder?
  - One-stop shot
  - Make things available where they are (HIV testing, HIV treatment, syringe disposal, syringe distribution)

- Is there any way we could partner with people your field to more fully integrate HIV services with substance use services?
  - Yeah
  - Do you do mobile testing and outreach?
  - Van that does MAT prescribing.

- Is there someone in your field who is particularly interested in the intersection of HIV and substance use?
  - We all are.

- What activities or programs are you aware of that could help us work collaboratively with people who are challenged with HIV and substance use disorder?
  - Project INTEGRA
  - MAT (suboxone) our of van
  - Giant van providing services, draws a crowd

- We're being asked to assess the HIV prevention and care system in Houston and come up with a Five-Year Plan to improve the system. What are some goals and activities that you would like to see in the plan?
  - More above ground syringe distribution programs
  - "*And I know "overdose prevention" and "MAT" are kind of buzzwords in Texas, but "syringe distribution" kind of not…"*

- Do you have any additional suggestions to improve HIV prevention and care?
  - Aboveground syringe distribution
  - Add testing/treatment there
  - Building trust by providing services to meet their immediate needs

- What resources do we need to help end HIV in our area?
  - Women experiencing sex work (double exposure- risky sexual behavior and IV drug use)
    - Condom distribution
    - PrEP

- Does your organization have a comprehensive plan?
  - IN talks right now

Stakeholder Interview – Substance Use Disorders #3

- Could you tell us a little about the agency and what you do here?
  - Baylor College of Medicine is a medical school and training program for medical residents
  - Work out of many different hospitals in the Houston Area; Ben Taub, The Menninger Clinic, Methodist, The VA.

- In your opinion, how is HIV related to opioid use?
  - People with opioid use likely to be at risk for HIV due to risk behaviors (injection drug use, risky sexual behavior)
  - People living with HIV more likely to have pain and be prescribed opioids, and this can lead to developing an opioid use disorder.
    - *"[So] you can have an opioid use disorder that increases your risk of HIV, or you can have HIV that increases your risk of opioid use disorder."*

- How do you think HIV affects people challenged by opioid addiction?
  - People who have opioid addiction spend a lot of time looking for opioids to get euphoric effect or avoid withdrawal symptoms.
  - They tend to miss medical appointments, not take medications regularly for HIV, have trouble with transportation to medical appointments.

- How can HIV services be better designed to serve people living with HIV who are also impacted by opioid addiction?
  - *"somebody with HIV may go to an opiate treatment program separately and then go to a different center for HIV care. Just the practical considerations of transportation, that can make it really hard for that population. So ideally, all those services should be in the same center: psychiatric services, addiction care services, HIV care services."*
  - Providers who see these patients often do not feel comfortable prescribing medications for opioid use disorder. This can be due to their lack of experience with this population, and lack of education on this matter.
  - Case managers are important to make referrals to essential services that the patient might need, and to help them get and stay in care for their opioid disorder treatment.
    - *"they need a case manager that helps them organize their schedule, helps them attend appointments, including possibly finding — usually finding transportation, and sometimes maybe accompanying them to the appointments."*

- Is there any way we could partner with people in your field to more fully integrate HIV services with opioid addiction services?
  - Provider education opportunities can help educate providers on opioid disorder treatment options and allow us to partner with this group.

- What activities or programs are you aware of in the Houston area that could help us work collaboratively with people who are challenged with opioid addiction and living with HIV?
  - Look to the opioid treatment centers in the area and do detailing work to educate them on resources available to people living with HIV and opioid disorders.
  - *"I think creating some kind of a conference to inform these opioid treatment centers of the services available, and a brochure that they really can give to all patients, and having case managers being in connection with these OTPs I think would be absolutely necessary. "*
  - Work better at coordination of care and communication between opioid treatment centers and HIV care facilities. The work they do has impacts on each other and can impact the patient's health outcomes.
    - *"My dream would have to be to have an EMR. So like try to make a medical records system that links everybody in the city, but, you know, we're not there yet."*

- What are some goals and activities that you would like to see in the Integrated Plan?
  - Everyone that comes into ERs with a substance use disorder should be offered PrEP and HIV Testing, and this needs to be routine
  - Training of primary care physicians on Suboxone and a media campaign. (safe drug for opioid use disorder treatment but not regularly used in practice despite more dangerous drugs being used)
    - *"Integration of addiction psychiatry into every single HIV treatment center."*

- Do you have any additional suggestions to improve HIV prevention and care?
  - HIV testing and PrEP available in psychiatric clinics
  - HIV testing and PrEP become routinely offered at PCP offices
    - *"a lot of patients struggling with addictions, HIV, or at risk of HIV, they may not come to that follow-up visit, so I say we take every opportunity and make those connections in that first visit with the primary care."*
  - Re-evaluate the screening questionnaires we use to maximize time spent in medical appointments that are already short.

- What resources do we need to help end HIV in our area?
  - Clean needles available to those who inject drugs
  - Safe-use centers – these are often thought to promote drug use but this isn't true.
    - *"We're providing a center where they can use safely, with clean needles, with access to withdrawal management… if they can go to a center, and there you have it, all the resources are there, they have somebody helping them, they don't feel alone, you're going to get more people enter care, and you're going to reduce the risk of HIV transmission and generally improve the health"*

If they say in the follow-up email that they have a comprehensive plan:

- Are there any national, state or local planning bodies or comprehensive plans that coordinate prevention and care services in your field of expertise?
  - N/A

- Is anyone legislatively responsible for developing a comprehensive plan in your field?
  - N/A

- Who is actually coordinating prevention and care services in your field?
  - N/A

- Can you send me the link to your plan, or provide me with a hard copy?
  - N/A

- Is there a way that the comprehensive plan in your field could interface with our HIV plan?
  - N/A

Stakeholder Interview – Substance Use Disorders #4

- Could you tell us a little about the agency and what you do here?
  - The Houston Recovery Center operates the Sobering Center, which is a jail-diversion site for individuals arrested for public intoxication.
  - We serve all law enforcement jurisdictions in the Greater Houston Area.
  - Also, a recovery management program
    - Assessment of need
    - Care continuum
      - Send to detox setting if needed
      - Residential treatment setting
    - 18-month commitments
      - 6-month intensive case management
      - 18 months peer support
    - Street outreach team

- In your opinion, how is HIV related to substance use?
  - Risky behavior
  - Treatment mindset
  - "We operate more out of a public-health mindset than we do a treatment mindset because we know that this population, especially the population with addiction issues, set themselves up for a variety of other challenges on the behavioral health side that cause them to put themselves at risk of a number of diseases."
    - *"…HIV and hepatitis C… [are] really high on our list."*

- How can HIV service be better designed to serve people with a substance use disorder or those in recovery from substances?
  - Systems approach
    - *"Now, I emphasize "system," because we work with early points of intervention, and then we have a whole continuum of care that the other points of intervention allow us to identify people while they're active in their behavior, and the care continuum allows us to be able to place them in a care setting that is appropriate for their need, regardless of what their need is. So it's not a one size fits all. Our programs are very individualized to respond to the needs of the individual, not placing them in a group that would say that one size fits all, they all get the same care plan. Everybody gets an individualized care plan."*
    - Opportunity to leverage resources

- Is there any way we could partner with people your field to more fully integrate HIV services with substance use services?
  - Fund providers to screen their population
  - They take on the responsibility of fulfilling the agreement of the subcontract by providing the services

- Is there someone in your field who is particularly interested in …
  - We are. We run an HIV program now, a federal program.
  - We are open for partnering.

- What activities or programs are you aware of that could help us work collaboratively with people who are challenges with HIV and a substance use disorder?
  - Any large treatment provider would be open for collaboration
  - Santa Maria would be a good candidate

- DO you have any additional suggestions to improve HIV prevention and care?
  - Data dashboards
  - Engage community providers

- What resources do we need, to help end HIV in our area?
  - Don't feel comfortable giving response
  - It is individualized thing, embedded in behavior and lifestyle and we have to begin to influence lifestyles.
  - Target communities that are hit the hardest.
  - Target communities that are high risk.
  - "But I don't really know any strategies that I think would be a silver bullet. I'm not sure one exists."
  -
- Does your organization have a comprehensive plan?
  - Yes, from engagement to placing people in care.

- Would you be willing to share your comprehensive plan with our team?
  - Our comprehensive plan is kind of proprietary information.
  - "I'd be happy to – if we can create this system that were talking about, then I'd be happy to share it.

Stakeholder Interview – Substance Use Disorders #5

- Could you tell us a little about this agency and what you do here?
  - Private nonprofit that's been around 75 years
  - Main focus is substance use
    - "Our mission is to have a healthy community and help individuals and families that have been impacted by addiction."

- In your opinion, how is HIV related to substance use?
  - Two routes – sharing needles and having risky sex due to lowered inhibitions

- How do you think HIV affects people with a substance use disorder?
  - Diagnosis can lead to increased substance use
    - "Substance use comes after like a coping or trauma or anything like that. Receiving a diagnosis such as HIV, people can turn to alcohol or drugs to cope with their diagnosis, right?"
  - Substance use can also lead to worsening HIV, due to bodily harm

- How can HIV services be better designed to serve people with a substance use disorder or those in recovery from substances?
  - All healthcare providers should be prepared to ask about substance use
  - HIV doctor should also screen for substance use
    - "So if an individual is receiving their care from an HIV doctor, that doctor should also be screening for substance use and should know whether they're like — we go through the ASAM Criteria for substance use. Whether they could potentially be mild, moderate, or heavy in use, or — the DSM-5 has changed for substance use, in which it's no longer if you have it, like yes or no."
  - Needs to be relationship between substance use providers and HIV, more integration of services
    - "Like at a substance-use center, we need to have more knowledge around HIV, more education around HIV, more processes to assist that individual should they come to us with — whether they have had their HIV diagnosis two days or their HIV diagnosis like 20 years ago, like we should be prepped…"
  - Some people have started drinking more due to COVID.
  - Maybe ask The Council on Recovery to do a series with HIV doctors on screening for substance use using the ASAM criteria???
    - "We did a series with medical providers on the importance of co-occurring disorders and why substance use is important to talk about in primary care."
  - Physicians need to treat the client holistically – need to be screened for substance use even coming in with something like a broken arm.

- Is there any way we could partner with people in your field to more fully integrate HIV services with substance use services?
  - Substance use services have "siloed" themselves due to high confidentiality practices
  - Consents for substance use are lengthy and overwhelming
  - Sharing necessary information with other service providers
    - "You just need to know hey, he is in substance-use treatment, this is his drug of choice, or this is the drug that he uses, and this is how you can help him, right?"

- Is there someone in your field who is particularly interested in the intersection of HIV and substance use? Would that be a good person for us to contact as well?
  - HIV providers need to be more open to partnering with substance use providers
  - They aren't doing this because of liability and not wanting to go outside of their "lane"

- We are being asked to assess the HIV prevention and care system in Houston and come up with a 5-year plan to improve the system. What are some goals and activities that you would like to see in the plan?
  - "more integration of substance use education"
  - Shortage of behavioral health staff due to people not entering the field
    - "And so we're not going to be able to do everything, so we need to partner with people. We need people to like be our tentacles. So out in the community, I would love for people to like take the first step. Assess, screen, and then send them to us, right?"

- Do you have any additional suggestions to improve HIV prevention and care?
  - Provide prevention education
    - "If you are talking to a community that has higher rates of substance use, include somebody who's knowledgeable about safer practices, about needle sharing, about those types of things."

- What resources do we need to help end HIV in our area?
  - Fixing systemic issues leading to social determinants of health (i.e. poverty, systemic racism)
  - Fixing silos and folks not working together

Stakeholder Interview – Substance Use Disorders #6

- Could you tell us a little bit about this agency and what you do there?
  - "affordable, online, direct-to-consumer lab company"
  - "But really, it's affordable labs online for people that can't afford the outrageous prices."

- What do you think is important for us to know about your area of expertise?
  - Treatment should be a one-stop shop
  - Testing needs to provide linkage to care

- In your opinion, how is HIV related to your field of expertise?
  - Coinfection and transmission route

- Is there any way we — the Houston Health Department and the Ryan White program — could partner with people in your field to more fully integrate our services?
  - Increasing telemedicine services
  - "I think doing everything via telemedicine is actually the way of the future."

- Is there someone in your field who is particularly interested in the intersection of HIV and hepatitis?
  - Will forward documents to three other providers to see if they're interested

- Is there a major need or gap in services in your field that we could address?
  - Getting the word out about affordable testing
  - "But now with funding and grants being so diminished, there's hardly any testing going on, even though we know there's probably over 300,000 Texans with hep C"
  - Digital marketing, facebook ads, Tv, radio help get the word out
  - "But I think a majority is still old school. It's still radio. It depends on your clientele, but a lot of people still use radio, and then TV at certain times."

- What new activities or programs could help us address your area of expertise as well as HIV?
  - Getting into schools and addressing drug use
  - Addressing Hep C contracted via tattooing among youth
    - "A lot of kids are making $20, $30 just because they can tattoo in their garage or whatever, up in their bedroom, and they're not changing out the ink or the needles or anything"
- Do you have any additional comments or feel that there's any areas that maybe I didn't address?
  - "Okay, yeah, I mean, my whole thing is letting people know about affordable labs. So I don't know what that looks like at the clinics, the City of Houston clinics, if they have to pay, what the copay is, any of that. I've kind of stayed away from most government entities and FQHCs because I do know that they

get pretty good, affordable labs. But then I know some other county health departments that actually get labs a lot more expensive than mine. So it would be interesting to see if there's a way that I can help or not, or just getting the word out, or if people don't want to be treated at a City place because it's transportation issues, if we can work via telemedicine, or if we even need trainers to come in and train the staff."

- Doing some provider education could be helpful.

QUALITY OF LIFE

Vision for People Living with HIV, Themes and Definition

Quality of life for People Living with HIV will be the "fifth pillar" written about in the Integrated Plan. Pillars 1 through 4 are: Diagnose, Treat, Prevent, and Respond.

Workgroup meetings were held March-June 2022 to develop the information needed for creation of this pillar.

Quality of Life VISION for PLHIV

All people living with HIV will have unfettered and 'hassle-free,' access to a full range of life-extending high quality culturally sensitive, gender affirming care and social support free from all stigma and discrimination that prioritizes our mental, emotional, and spiritual health as well as our financial wellbeing. People living with HIV are "people first" and our quality of life is not defined by our race, gender identity, sexual orientation, HIV status or measured solely by viral suppression.

Quality of Life THEMES

1. Intersectional stigma, discrimination, racial and social justice, human rights and dignity
2. Overall wellbeing, mental, emotional and spiritual health
3. Aging, comorbidities and life span (can include functionality, cognitive ability, geriatrics)
4. Healthcare services access, care and support
5. Economic justice, employment, stable and safe housing, food security
6. Policy and research

Quality of Life DEFINITION

We demand a quality of life that achieves the following:

1. Ensures that all people living with HIV thrive and live long healthy dignified lives.
2. Recognizes that HIV is a racial and social justice issue and works to dismantle the structural barriers that marginalize and diminish our quality of life.
3. Uplifts our humanity and dignity as human beings; we are people living with HIV and not a public health threat.
4. Values our emotional labor and personal stories as worthy of compensation and meaningfully involves people living with HIV as subject matter experts in all decisions that impact our lives as paid staff and consultants and not just as volunteers.
5. Recognizes that because we have a large number of people aging with HIV that include those born with HIV, long term survivors and people over the age of 50, we need for accessible services, support and care to ensure that we age with dignity
6. Understands that safe and stable housing, healthcare and financial security are basic human rights. We should not have to live in poverty to be eligible for services.
7. Recognizes that we are human beings entitled to live full rich pleasurable sexually active lives without fear of prosecution and understands the importance of social support networks to our overall well being.
8. Embraces our rich diversity in race, age, gender identity or expression, language, sexual orientation, income, ethnicity, country of origin or where we live and tells the full story of our resilience and not just our diagnosis.

HIV PREVENTION, CARE AND TREATMENT RESOURCE INVENTORY

Includes funding source, funding amount, funded service provider agency, and services delivered, DRAFT 08/19/22

The Resource Inventory was developed to identify available resources to be considered in all prevention and care planning. The agencies identified might be useful as potential partners for the strategies and activities developed for The Plan.

3. HIV Prevention, Care and Treatment Resource Inventory

CDC CDBG RWHAP MAI EHE TDSHS HOPWA SAMHSA FQHC	Centers for Disease Control Community Development Block Grant Ryan White HIV/AIDS Program Minority AIDS Assistance Ending the HIV Epidemic TX Department of State Health Services Housing Opportunities for Persons With AIDS Substance Abuse Mental Health Services Administration Federally Qualified Health Center			**HIV Continuum of Care (COC)** Step(s) Impacted: 1 = HIV Diagnosis, 2 = Linkage to Care, 3 = Retention in Care, 4 = Antiretroviral Use, 5 = Viral Suppression **Priority Population(s):** a = Transgender, esp. LatinX/Black or ≤ 25 years old; b. = Gay, bisexual MSM, esp. those who are LatinX/Black; c. = People who exchange sex for money, etc.; d. = People who inject drugs or use meth or crack; e. = Heterosexual cisgender women of color; f. = People born outside the United States; g.= Youth; h. = Other (listed)	
Funding Source	**Funding Amount 2021**	**Funded Service Provider Agency Red = funded for both Prevention and Care**	**Services Delivered**	**Priority Population/s**	**COC Step(s)**
HIV PREVENTION					
CDC PS18-1802	$267,721	AIDS Foundation Houston	Community-Based HIV/STD Counseling, Testing, Referral, and Linkage		
CDC PS18-1802	$237,151	AIDS Healthcare Foundation	Community-Based HIV/STD Counseling, Testing, Referral, and Linkage		
CDBG	$100,000	Bee Busy Learning Academy, Inc.	HIV/STI Prevention School Based Education Program		
CDC PS18-1802	$98,280	Bee Busy Learning Academy, Inc.	HIV Health Education and Risk Reduction (HE\RR) Services		
CDC PS18-1803	$237,151	Bee Busy Learning Academy, Inc.	Community-Based HIV/STD Counseling, Testing, Referral, and Linkage		
CDC EHE PS20-2010	$300,000	Bee Busy Wellness Center, Inc. *FQHC*	Routine/Opt-Out HIV Testing in Healthcare Settings		
CDC PS18-1802	$204,751	Fundación Latino Americana De Acción Social, Inc.	Community-Based HIV/STD Counseling, Testing, Referral, and Linkage		
CDC PS18-1802	$300,000	Harris Health System	Routine/Opt-Out HIV Testing in Healthcare Settings		
CDC PS18-1802	$285,120	Legacy Community Health *FQHC*	Community-Based HIV/STD Counseling, Testing, Referral, and Linkage		
CDC PS18-1802	$267,900	Saint Hope Foundation, Inc. *FQHC*	Community-Based HIV/STD Counseling, Testing, Referral, and Linkage		
CDBG	$100,000	Montrose Center	HIV/STI Prevention School Based Education Program		
CDC PS18-1802	$120,120	Montrose Center	HIV Health Education and Risk Reduction (HE\RR) Services		
TDSHS		Association for the Advancement of Mexican Americans	Core Prevention: Many Men, Many Voices (3MV)		

Funding Source	Funding Amount 2021	Funded Service Provider Agency Red = funded for both Prevention and Care	Services Delivered	Priority Population/s	COC Step(s)
TDSHS		Baylor Teen Health Clinics	Routine Screening		
TDSHS		Bee Busy Learning Academy, Inc.	Core Prevention		
TDSHS		Fort Bend County	Core Prevention: PreExposure Prophylaxis (PrEP)		
TDSHS		Harris County Public Health Services	Core Prevention: PrEP		
TDSHS		Harris Health System	Perinatal Screening		
TDSHS		Legacy Community Health *FQHC*	Core Prevention: MPowerment		
HIV CARE					
RWHAP Part A	$225,000	Access Health *FQHC*	Outpatient Ambulatory Health Services, Medical Case Management, Local Pharmacy Assistance Program, Emergency Financial Assistance, Non-Medical Case Management		
RWHAP Part A	$577,888	AIDS Healthcare Foundation	Outpatient Ambulatory Health Services, Medical Case Management, Local Pharmacy Assistance Program, Emergency Financial Assistance, Outreach, Non-Medical Case Management		
RWHAP Part A	$1,012,655	Avenue 360 *FQHC*	Outpatient Ambulatory Health Services, Medical Case Management, Local Pharmacy Assistance Program, Emergency Financial Assistance, Outreach, Non-Medical Case Management		
RWHAP Part A MAI	$407,108	Avenue 360 *FQHC*	Outpatient Ambulatory Health Services, Medical Case Management targeted to Black/African Americans and Hispanic/Latinx		
RWHAP Part A	$4,671,024	Legacy Community Health *FQHC*	Outpatient Ambulatory Health Care including Vision, Medical Case Management, Local Pharmacy Assistance Program, Emergency Financial Assistance, Outreach, Non-Medical Case Management, Medical Nutritional Therapy, Health Insurance Assistance		
RWHAP Part A MAI	$941,829	Legacy Community Health *FQHC*	Outpatient Ambulatory Health Services, Medical Case Management targeted to Black/African Americans and Hispanic/Latinx.		

Funding Source	Funding Amount 2021	Funded Service Provider Agency Red = funded for both Prevention and Care	Services Delivered	Priority Population/s	COC Step(s)
RWHAP Part A	$2,787,969	Saint Hope Foundation, Inc. *FQHC*	Outpatient Ambulatory Health Services including Vision, Medical Case Management, Local Pharmacy Assistance Program, Emergency Financial Assistance, Outreach, Non-Medical Case Management, Clinical Case Management, Medical Transportation		
RWHAP Part A MAI	$921,412	Saint Hope Foundation, Inc. *FQHC*	Outpatient Ambulatory Health Services, Medical Case Management targeted to Black/African Americans and Hispanic/Latinx.		
RWHAP Part A	$1,758,640	Saint Hope Foundation Rural *FQHC*	Outpatient Ambulatory Health Services, Medical Case Management, Local Pharmacy Assistance Program, Emergency Financial Assistance, Non-Medical Case Management, Oral Health		
RWHAP Part A	$7,751,934	Harris Health System	Outpatient Ambulatory Health Services, Medical Case Management, Local Pharmacy Assistance Program, Emergency Financial Assistance, Outreach, Non-Medical Case Management		
RWHAP Part A	$80,025	Michael E. DeBakey VA Medical Center	Medical Case Management		
RWHAP Part A	$154,321	Houston Health Department	Non-Medical Case Management		
RWHAP Part A	$43,537	UT Health Science Center Houston	Outpatient Ambulatory Health Services, Non-Medical Case Management		
RWHAP Part A	$526,654	Montrose Center	Clinical Case Management, Substance Use Services, Emergency Financial Assistance		
RWHAP Part B	$1,290,117	Avenue 360 *FQHC*	Oral Health, Home & Community Based Services		
RWHAP Part B	$1,028,433	Legacy Community Health *FQHC*	Health Insurance Assistance		
RWHAP Part B	$1,109,439	Saint Hope Foundation, Inc. *FQHC*	Oral Health		
TDSHS State Services	$75,000	Association for the Advancement of Mexican Americans	Non-Medical Case Management		
TDSHS State Services	$259,832	Avenue 360 *FQHC*	Hospice		
TDSHS State Services	$175,000	Harris County Sheriff's Office	Early Intervention Services (Harris County Jail)		
TDSHS State Services	$853,137	Legacy Community Health *FQHC*	Health Insurance Assistance		
TDSHS State Services	$566,000	Montrose Center	Non-Medical Case Management, Mental Health, Linguistic Services		

Funding Source	Funding Amount 2021	Funded Service Provider Agency Red = funded for both Prevention and Care	Services Delivered	Priority Population/s	COC Step(s)
TDSHS State Services	$77,000	Saint Hope Foundation, Inc. *FQHC*	Mental Health		
TDSHS State Rebate	$85,576	AIDS Foundation Houston	Medical Transportation		
TDSHS State Rebate	$125,000	AIDS Healthcare Foundation	Referral for Health and Supportive Services		
TDSHS State Rebate	$75,000	Avenue 360 *FQHC*	Referral for Health and Supportive Services		
TDSHS State Rebate	$150,000	Harris Health System	Referral for Health and Supportive Services		
TDSHS State Rebate	$211,918	Legacy Community Health *FQHC*	Health Insurance Assistance, Referral for Health and Supportive Services		
TDSHS State Rebate	$75,000	Saint Hope Foundation, Inc. *FQHC*	Referral for Health and Supportive Services		
RWHAP Part C	$1,026,267	Harris Health System	Mental Health, Outpatient Ambulatory Health Services (including HIV CTR), Oral Health, Substance Use Outpatient Care, Medical Transportation, Non-Medical Case Management, Referral for Health Care and Support Services		
RWHAP Part C *The Resource Group*	$113,244	Legacy Community Health *FQHC*	Medical Case Management, Non-Medical Case Management, Referral for Health and Supportive Services		
RWHAP Part D	$371,851	Harris Health System	Outpatient Ambulatory Health Services, Medical Transportation, Medical Case Management, Non-Medical Case Management		
RWHAP Part D *The Resource Group*	$343,920	Texas Children's Hospital	Outpatient Ambulatory Health Services, Medical Case Management, Non-Medical Case Management, Early Intervention Services, Health Education / Risk Reduction, Referral for Health and Supportive Services, Medical Transportation		
RWHAP Part D *TRG*	$130,370	University of Texas Health Science Center Houston	Medical Case Management, Non-Medical Case Management, Referral for Health and Supportive Services, Medical Transportation		
RWHAP EHE	$157,341	AIDS Healthcare Foundation	Outpatient Ambulatory Health Services, Emergency Financial Assistance		
RWHAP EHE	$121,602	Avenue 360 *FQHC*	Outpatient Ambulatory Health Services, Emergency Financial Assistance		
RWHAP EHE	$452,545	Legacy Community Health *FQHC*	Outpatient Ambulatory Health Services, Emergency Financial Assistance		

Funding Source	Funding Amount 2021	Funded Service Provider Agency Red = funded for both Prevention and Care	Services Delivered	Priority Population/s	COC Step(s)
RWHAP EHE	$265,273	Saint Hope Foundation, Inc. *FQHC*	Outpatient Ambulatory Health Services, Emergency Financial Assistance		
RWHAP EHE	$497,300	Harris Health System	Outpatient Ambulatory Health Services, Emergency Financial Assistance		
HIV HOUSING					
HOPWA City of Houston		A Caring Safe Place	Facility Based Housing Assistance, Support Services		
HOPWA City of Houston		Access Care Coastal TX	Short-Term Rent, Mortgage and Utility Assistance, Tenant-Based Rental Assistance, Support Services (Galveston, Matagorda, Brazoria Counties)		
HOPWA City of Houston		AIDS Foundation Houston	Facility Based Housing Assistance, Support Services		
HOPWA City of Houston		Avenue 360 *FQHC*	Short-Term Rent, Mortgage and Utility Assistance, Tenant-Based Rental Assistance, Support Services		
HOPWA City of Houston		Association for the Advancement of Mexican Americans	Support Services		
HOPWA City of Houston		Brentwood Community Foundation	Short Term Rental Assistance, Facility-Based Housing Assistance		
HOPWA City of Houston		Catholic Charities of the Archdiocese of Galveston-Houston	Short-Term Rent, Mortgage and Utility Assistance, Tenant-Based Rental Assistance, Support Services		
HOPWA City of Houston		Goodwill Industries	Support Services (job training)		
HOPWA City of Houston		Houston HELP, Inc.	Facility Based Housing Assistance, Support Services		
HOPWA City of Houston		Houston SRO Housing	Facility Based Housing Assistance, Support Services		
HOPWA City of Houston		Houston Volunteer Lawyers Program	Support Services (public benefits)		
HOPWA City of Houston		Montrose Center	Short-Term Rent, Mortgage and Utility Assistance, Tenant-Based Rental Assistance, Support Services		
HOPWA City of Houston		SEARCH, Inc.	Support Services (children)		
HOPWA City of Houston		The Men's Recenter	Support Services (substance use)		
HOPWA TDSHS	$50,000	Access Health *FQHC*	Facility-based Housing, Permanent Housing Placement		

Funding Source	Funding Amount 2021	Funded Service Provider Agency Red = funded for both Prevention and Care	Services Delivered	Priority Population/s	COC Step(s)
HOPWA TDSHS	$371,000	AIDS Foundation Houston	Housing Case Management, Short Term Rental Assistance, Tenant Based Rental Assistance, Permanent Housing Placement		
SAMHSA HIV					
SAMSHA Projects of Regional and National Significance	$525,000	Houston Recovery Center [with Avenue 360 and Dept of Family and Community Medicine at Baylor College of Med.]	Project Reach: comprehensive evidence-based services - medi-assisted treatment, intensive outpatient and trauma services targeting Black and Hispanic/Latinx YMSM		
SAMSHA Projects of Regional and National Significance	$525,000	Harris Health System at Harris County Jail	Primary Care and Jail Health Medication-Assisted Treatment Project targeting patients with opioid use disorder including services for incarcerated individuals within four months of release		
SAMSHA Projects of Regional and National Significance	$525,000	Montrose Center	Enhanced Integrated Treatment Program (E-ITP) adding Sexual Health in Recovery (SHIR) targeting gay and bi men and transwomen African American and Latino 18+ years old in Harris County		
SAMSHA Projects of Regional and National Significance	$199,631	University of Texas Health Science Center Houston	The HIV Education, Awareness, Referral and Treatment for Substance Use Disorders (HEARTS) targeting young adults ages 18-30 who are experiencing homelessness, identify as LGBTQ, and are at risk for SUD and HIV		
OTHER COMMUNITY HIV-RELATED RESOURCES (BLUE BOOK)					
Other	NA	1-Stop Recovery	Methadone Treatment and counseling for adult opiate addicted persons		
Other	NA	Adult Rehabilitation Services	Opioid treatment program, including maintenance (methadone, buprenorphine) and counseling		
Other	NA	Bay Area Council on Drugs and Alcohol, Inc.	Substance use screening, treatment referral, assessments and counseling		
Other	NA	Bay Area Homeless Services	Emergency homeless shelter services, case management, job assistance, transportation to job		
Other	NA	Bay Area Turning Point, Inc.	Crisis shelter for victims of family violence and sexual assault including therapy and victim assistance		
Other	NA	Baylor Teen Health Clinics	Primary care, immunizations; testing and treatment for STIs; well adolescent exams; HIV testing, counseling and referral to treatment; Risk Reduction and Health Education; family planning services; pregnancy testing and referral, and postpartum exams; mental health		

Funding Source	Funding Amount 2021	Funded Service Provider Agency Red = funded for both Prevention and Care	Services Delivered	Priority Population/s	COC Step(s)
Other	NA	The Bridge Over Troubled Waters, Inc.	Individual counseling and support groups for children and adults, legal advocacy, legal accompaniments, casework, supportive family services and education		
Other	NA	Career and Recovery Resources, Inc.	Short-term program of counseling, drug and alcohol abuse education and support services		
Other	NA	Casa de Esperanza de los Ninos, Inc.	Foster care for children ages 6 and younger. Specialized medical, psychological and developmental services for		
Other	NA	Cenikor Foundation	Inpatient treatment and education to adolescents ages 13-17 and their families. Detoxification services.		
Other	NA	Change Happens!	ACA Navigation, youth (14-19) education on abstinence, pregnancy prevention, HIV and STDs, and positive development, housing and supportive services (see HOPWA above)		
Other	NA	Christ Clinic	Primary and preventive care, women's health, mental health services, pharmacy and medication assistance, and health education		
Other	NA	Colby D Healthcare Inc.	Pediatric home care providing skilled and private duty nursing, physical therapy, occupational and speech therapy, respiratory therapy and durable medical equipment for children with special healthcare needs		
Other	NA	Community Endowment Foundation	Permanent housing for single persons living with HIV. (12 units)		
Other	NA	Covenant House Texas	Emergency crisis shelter for youth 18 to 24, including pregnant and parenting teens with children. Shelter, food, clothing and health screening, family, mental health and substance abuse counseling, HIV program; street outreach and transitional living programs		
Other	NA	Disability Rights Texas	Legal advocacy for persons with disabilities		
Other	NA	Fort Bend County Clinical Health Services	Rapid HIV, syphilis tests, chlamydia and gonorrhea tests.		
Other	NA	Fundacion Latino Americana De Acción Social, Inc.	HIV, Syphilis, Hep-C, Chlamydia and Gonorrhea testing. HIV/STI prevention education and PrEP clinic. Emergency assistance for People living with HIV. Food bank for people living with HIV or cancer. Family support for LGBTQ+. HIV, substance abuse and hepatitis prevention for Latino families and children (ages 10-17)		
Other	NA	Healthcare for the Homeless-Houston	Primary care, psychiatry, mental health and substance abuse counseling, TB and STD testing, vision assistance, health education, case management, pharmacy, and information and referrals		

Funding Source	Funding Amount 2021	Funded Service Provider Agency Red = funded for both Prevention and Care	Services Delivered	Priority Population/s	COC Step(s)
Other	NA	L-H Transitional Center	Substance use outpatient program providing a comprehensive continuum of care that assists clients in transitioning from more intensive treatment		
Other	NA	Metro Health Services	Home health care agency providing skilled nursing, home health aide, certified nursing assistant, physical therapy, occupational therapy, speech therapy, medical social worker, personal assistant services and durable medical equipment		
Other	NA	Michael E. DeBakey Veterans Administration Medical Center	PEP, PrEP Social work, Medical Case Management (see HIV CARE above) chemical dependency, outpatient treatment, HIV primary medical care; eye care, pension and compensation assistance, housing assistance for homeless		
Other	NA	Open Door Mission	30-day intensive and 6-7 month intensive/supportive substance abuse program		
Other	NA	Planned Parenthood Gulf Coast	HIV and STD testing and counseling, birth control, well-woman and well-man exams, pregnancy testing and information about related services, hormone therapy for transgender patients, vaccines, health screenings and other health care services		
Other	NA	Star of Hope	Emergency shelter		
Other National institutes of Health (NIH)	NA	UT Health-Houston Center for Neurobehavioral Research on Addictions	[Studies] pharmacological and behavioral therapies to reduce drug use, medication clinical trials for chemical dependency, behavioral therapy and/or clinical mgmt.		
Other	NA	The Normal Anomaly	Positives Organizing Wellness and Resilience (P.O.W.R.)		

PLANNING CROSSWALK 2022-2026

Includes required pillars for goals and objectives for national and local plans, DRAFT 02/24/22

The following information is based on focus group interviews with Priority Populations. Priority Populations were selected by the Houston HIV Prevention Community Planning Group (CPG) as populations needing special attention.

Each of the following transcripts represents one interview with a Priority Population.

	Houston Area Integrated HIV Prevention and Care Plan | Planning Crosswalk 2022-2026				
	REQUIRED PILLARS FOR GOALS AND OBJECTIVES				
	Diagnose all people with HIV as early as possible	Treat people to reach sustained viral suppression	Prevent new HIV transmissions	Respond quickly to potential HIV outbreaks	
NATIONAL PLANS					
Healthy People 2030 (link)	• Increase the proportion of persons who know their HIV status	• Increase the proportion of persons aged 13 years and over with newly diagnosed HIV infection linked to HIV medical care within 1 month • Increase the proportion of persons aged 13 years and over living with diagnosed HIV infection who are virally suppressed	• Reduce the number of new HIV infections among adolescents and adults • Reduce the number of new HIV diagnoses among persons aged 13 years and over • Reduce the rate of newly diagnosed perinatally acquired HIV infections • Increase the proportion of adolescents who receive formal instruction on delaying sex, birth control methods, HIV/AIDS prevention, and STDs before they were 18 years old	•	•
Ending the HIV Epidemic (EHE) (2019) (link)	• Diagnose all individuals with HIV as early as possible after infection	• Treat people with HIV rapidly and effectively to reach sustained viral suppression • Promptly link individuals newly diagnosed with HIV to care and treatment, including through rapid start treatment programs • Find innovative and effective ways to re-engage the estimated 250,000 individuals	• Prevent new HIV transmissions by using proven interventions, including PrEP and syringe services programs	• Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them • Increase investments in geographic hotspots through existing programs such as the Ryan White HIV/AIDS Program as well as establishing new programs	•

	Houston Area Integrated HIV Prevention and Care Plan | Planning Crosswalk 2022-2026				
	REQUIRED PILLARS FOR GOALS AND OBJECTIVES				
	Diagnose all people with HIV as early as possible	Treat people to reach sustained viral suppression	Prevent new HIV transmissions	Respond quickly to potential HIV outbreaks	
NATIONAL PLANS					
		who are aware of their infection but not receiving HIV care and treatment • Support those already in care who have not yet achieved viral suppression to achieve control of the virus		through community health centers to provide outreach, HIV testing, PrEP, and care coordination • Use data to identify where HIV is spreading most rapidly and guide decision-making to address prevention, care, and treatment needs at the local level	
HIV National Strategic Plan (HIV Plan) (2021-2025) (link)	• Test all people for HIV according to the most current USPSTF recommendations and CDC guidelines • Develop new and expand implementation of effective, evidence-based, or evidence-informed models for HIV testing that improve convenience and access • Incorporate a status-neutral approach to HIV testing, offering linkage to prevention services for people who test negative and immediate linkage to	• Scale up treatment as prevention (i.e., U=U) by diagnosing all people with HIV, as early as possible, and engaging them in care and treatment to achieve and maintain viral suppression • Provide same-day or rapid (within 7 days) start of antiretroviral therapy for persons who are able to take it; increase linkage to HIV health care within 30 days for all persons who test positive for HIV • Increase the number of schools providing on-site sexual health services through school-based	• Develop and implement campaigns, interventions, and resources to provide education about comprehensive sexual health; HIV risks; options for prevention, testing, care, and treatment; and HIV-related stigma reduction • Increase knowledge of HIV among people, communities, and the health workforce in geographic areas disproportionately affected • Integrate HIV messaging into existing campaigns and other activities pertaining to other parts of the syndemic,	• Coordinate across partners to quickly detect and respond to HIV outbreaks	•

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	REQUIRED PILLARS FOR GOALS AND OBJECTIVES				
	Diagnose all people with HIV as early as possible	Treat people to reach sustained viral suppression	Prevent new HIV transmissions	Respond quickly to potential HIV outbreaks	
NATIONAL PLANS					
	HIV care and treatment for those who test positive • Provide partner services to people diagnosed with HIV or other STIs and their sexual and/or syringe-sharing partners • Engage people who experience risk for HIV in traditional public health and health care delivery systems, as well as in nontraditional community settings • Scale up treatment as prevention (i.e., U=U) by diagnosing all people with HIV, as early as possible, and engaging them in care and treatment to achieve and maintain viral suppression • Improve screening and linkage to services for people with or who experience risk for HIV who are diagnosed with and/or are receiving services for co-occurring conditions	health centers and school nurses, and linkages to HIV testing and medical care through youth friendly providers in the community • Expand uptake of data-to-care models using data sharing agreements, integration and use of surveillance, clinical services, pharmacy, and social/support services data to identify and engage people not in care or not virally suppressed • Identify and address barriers for people who have never engaged in care or who have fallen out of care • Develop and implement effective, evidence-based, or evidence-informed interventions and supportive services that improve retention in care • Expand implementation research to successfully adapt effective evidence-based interventions, such as HIV telehealth, patient and peer	such as STIs, viral hepatitis, and substance use and mental health disorders, as well as in primary care and general wellness, and as part of annual reproductive health visits and wellness visits • Make HIV prevention services, including condoms, PrEP, PEP, and SSPs, easier to access and support continued use • Implement culturally competent and linguistically appropriate models and other innovative approaches for delivering HIV prevention services • Support research into the development and evaluation of new HIV prevention modalities and interventions for preventing HIV transmissions in priority populations		

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	Diagnose all people with HIV as early as possible	Treat people to reach sustained viral suppression	Prevent new HIV transmissions	Respond quickly to potential HIV outbreaks	
NATIONAL PLANS					
	• Implement a no-wrong-door approach to screening and linkage to services for HIV, STIs, viral hepatitis, and substance use and mental health disorders across programs	navigators, accessible pharmacy services, community health workers, and others, to local environments to facilitate uptake and retention to priority populations • Support ongoing clinical, behavioral, and other research to support retention in care, medication adherence, and durable viral suppression • Increase the diversity of the workforce of providers who deliver HIV care and supportive services • Increase inclusion of paraprofessionals on teams by advancing training, certification, supervision, reimbursement, and team functioning to assist with screening/management of HIV, STIs, viral hepatitis, and mental and substance use disorders and other behavioral health conditions • Develop whole-person systems of care and wellness that			

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	REQUIRED PILLARS FOR GOALS AND OBJECTIVES				
	Diagnose all people with HIV as early as possible	Treat people to reach sustained viral suppression	Prevent new HIV transmissions	Respond quickly to potential HIV outbreaks	
NATIONAL PLANS					
		address co-occurring conditions for people with or who experience risk for HIV			
STD National Strategic Plan (STD Plan) (2021-2025) (link)	• Expand high-quality affordable STI secondary prevention, including screening, care, and treatment, in communities and populations most impacted by STIs • Work to effectively identify, diagnose, and provide holistic care and treatment for people with STIs by increasing the capacity of public health, health care delivery systems, and the health workforce •	• Expand high-quality affordable STI secondary prevention, including screening, care, and treatment, in communities and populations most impacted by STIs • Work to effectively identify, diagnose, and provide holistic care and treatment for people with STIs by increasing the capacity of public health, health care delivery systems, and the health workforce Identify, evaluate, and scale up best practices in STI prevention and treatment, including through translational, implementation, and communication science research	• Expand implementation of quality, comprehensive STI primary prevention activities • Support research and investments to develop STI vaccines and bring them to market • Support the development and uptake of STI multipurpose prevention technologies, antimicrobial prophylaxis regimens, and other preventive products and strategies • Identify, evaluate, and scale up best practices in STI prevention and treatment, including through translational, implementation, and communication science research	• Support the development and uptake of innovative STI diagnostic technologies, therapeutic agents, and other interventions for the identification and treatment of STIs, including new and emerging disease threats	
Viral Hepatitis National Strategic	• Expand innovative models for viral hepatitis testing in a range of settings such as	• Develop whole-person systems of care that address co-occurring conditions for people	• Develop accessible, comprehensive, culturally, linguistically, and age-	• Expand access to substance use disorder treatment, including medications for	

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NATIONAL PLANS					
Plan (Hepatitis Plan) (2021-2025) (link)	community-based organizations, mobile units, substance use disorder treatment programs, correctional facilities, syringe services programs, HIV clinics, STI clinics, refugee health centers, and homeless shelters	with and at risk for viral hepatitis, HIV, STIs, and substance use disorders • Provide technical assistance and training for health care providers to manage and treat people with co-morbidities such as viral hepatitis, HIV, STI, and/or substance use disorders	appropriate sex education curricula including for hepatitis B, hepatitis C, HIV, STIs, and drug use risk for youth and adults • Integrate messaging on HIV, viral hepatitis, STIs, sexual health, and drug use • Provide viral hepatitis vaccination at a broad range of clinical and nontraditional community-based settings including HIV, STI, refugee health clinics, organizations that serve people who use drugs and/or people experiencing homelessness, and correctional facilities • Educate communities and individuals about substance use disorders, available prevention, harm reduction and treatment options, and associated risks including transmission of viral hepatitis, HIV, and STIs	opioid use disorder, and comprehensive syringe services programs in areas vulnerable to viral hepatitis and HIV outbreaks, and in correctional settings	

	Houston Area Integrated HIV Prevention and Care Plan | Planning Crosswalk 2022-2026				
	REQUIRED PILLARS FOR GOALS AND OBJECTIVES				
	Diagnose all people with HIV as early as possible	Treat people to reach sustained viral suppression	Prevent new HIV transmissions	Respond quickly to potential HIV outbreaks	
NATIONAL PLANS					
National HIV AIDS Strategy (NHAS) (2022-2025) (link) "...quality of life for people with HIV was designated as the subject for a developmental indicator, meaning that data sources, measures, and targets will be identified and progress monitored hereafter."	•	• Link people to care immediately after diagnosis • Identify, engage, or reengage people with HIV who are not in care or virally suppressed • Increase retention in care and adherence to HIV treatment to achieve and maintain long-term viral suppression and provide care for HIV comorbidities, including STDs • Expand capacity to provide whole-person care to older adults with HIV and long-term survivors	• Increase awareness of HIV • Increase knowledge of HIV status • Expand and improve implementation of safe and effective prevention measures and develop new options • Increase the diversity and capacity of health care delivery systems, community health, public health, and the health workforce	• Increase the capacity of the public health, health care delivery systems, and health care workforce to effectively identify, diagnose, and provide holistic care and treatment to people with HIV • Enhance the development of next-generation HIV therapies and accelerate research for an HIV cure • Reduce HIV-related stigma and discrimination • Reduce disparities in new HIV infections, in knowledge of status, and along the HIV care continuum • Engage, employ, and provide leadership opportunities at all levels to people with or who experience risk of HIV • Address social and structural determinants of health and co-occurring conditions that impede access to HIV services and exacerbate HIV-related disparities	

	Houston Area Integrated HIV Prevention and Care Plan | Planning Crosswalk 2022-2026				
	REQUIRED PILLARS FOR GOALS AND OBJECTIVES				
	Diagnose all people with HIV as early as possible	Treat people to reach sustained viral suppression	Prevent new HIV transmissions	Respond quickly to potential HIV outbreaks	
NATIONAL PLANS					
				• Train and expand a diverse HIV workforce by further developing and promoting opportunities to support the next generation of HIV providers • Advance HIV-related communications to achieve improved messaging and uptake • Integrate programs to address the syndemic of HIV, STIs, viral hepatitis, and substance use and mental health disorders • Increase coordination of and sharing of best practices from HIV programs • Enhance the quality, accessibility, and sharing and uses of data • Foster public-private community partnerships • Improve mechanisms to measure, monitor, evaluate, and use the information to	

	Houston Area Integrated HIV Prevention and Care Plan | Planning Crosswalk 2022-2026				
	REQUIRED PILLARS FOR GOALS AND OBJECTIVES				
	Diagnose all people with HIV as early as possible	Treat people to reach sustained viral suppression	Prevent new HIV transmissions	Respond quickly to potential HIV outbreaks	
NATIONAL PLANS					
				report progress and course correct	
SAMSHA's Strategic Prevention Framework (link)	• Identify local prevention needs based on data	• Build local resources and readiness to address prevention needs • Deliver evidence-based programs and practices as needed	•	• Examine the process and outcomes of programs and practices • Build cultural competence and sustainability	
Blueprint for Change: A National Framework for a System of Services for Children and Youth with Special Health Care Needs (link)	•	• Work to ensure all children with special health needs have a fair and just opportunity to be as healthy as possible • Increase access to beneficial social services	•	• Decrease able-bodied stigma • Eliminate structural and systemic barriers to health equity • Health and social service sector investments address social determinants of health	

	Houston Area Integrated HIV Prevention and Care Plan | Planning Crosswalk 2022-2026				
	REQUIRED PILLARS FOR GOALS AND OBJECTIVES				
	Diagnose all people with HIV as early as possible	Treat people to reach sustained viral suppression	Prevent new HIV transmissions	Respond quickly to potential HIV outbreaks	Partnership Opportunities
LOCAL PLANS					
Roadmap to Ending the HIV Epidemic in Houston (2016) (link)	• Encourage providers to include routine HIV testing as a standard protocol of their practice • Increase HIV testing •	• Enhance the health care system to better respond to the HIV/AIDS epidemic • Improve cultural competency for better access to care • Improve health outcomes for people living with HIV/AIDS with co-morbidities • Streamline the Ryan White eligibility process for special circumstances • Increase access to care for diverse populations	• Expand the market for Pre-Exposure Prophylaxis (PrEP) and Non-occupational Post-Exposure Prophylaxis (nPEP) • Launch culturally sensitive public education campaigns identifiable • to key populations •	•	•
Texas HIV Plan (2017-2021) (link)	• Successfully diagnose all HIV infections •	• Increase viral suppression among people living with HIV • Increase continuous participation in systems of treatment among people living with HIV	• Increase HIV awareness among members of the general public, community leaders, and policy makers • Increase access to HIV prevention efforts for communities and groups at highest risk	• Increase timely linkage to HIV-related treatment for those newly diagnosed with HIV •	•
Houston Health Department (2018-2022) (link)	•	• Increase timely linkage of new HIV cases to medical care	• Develop and implement mental and behavioral health awareness campaigns at the community level	• Increase the proportion of new cases interviewed by partner services	•

	Houston Area Integrated HIV Prevention and Care Plan | Planning Crosswalk 2022-2026				
	REQUIRED PILLARS FOR GOALS AND OBJECTIVES				
	Diagnose all people with HIV as early as possible	Treat people to reach sustained viral suppression	Prevent new HIV transmissions	Respond quickly to potential HIV outbreaks	Partnership Opportunities
LOCAL PLANS					
		• Ensure access to appropriate behavioral and mental health services • Increase the proportion of Houston Health Department staff trained to meet mental health needs • Increase the proportion of adolescents who participate in mentoring programs • Ensure that 100% of the children identified with possible mental challenges in the selected schools are referred for treatment • Increase the number of enrolled participants who receive treatment for mental health disorders in the Community Reentry Network Program			
Houston State of Health (2018-2021) (link)	• Expand opportunities for HIV testing for the general public and in high incidence populations and communities	• Increase the proportion of newly-diagnosed individuals linked to clinical care within one month of their HIV diagnosis	• Prevent and reduce new HIV transmissions • Ensure that all people living with or at risk for HIV have access to early and	•	•

	Houston Area Integrated HIV Prevention and Care Plan | Planning Crosswalk 2022-2026				
	REQUIRED PILLARS FOR GOALS AND OBJECTIVES				
	Diagnose all people with HIV as early as possible	Treat people to reach sustained viral suppression	Prevent new HIV transmissions	Respond quickly to potential HIV outbreaks	Partnership Opportunities
LOCAL PLANS					
		• Increase the percentage of individuals with diagnosed HIV infection who are virally suppressed • Reduce disparities in the Houston Area HIV epidemic and address the needs of vulnerable populations	continuous HIV prevention and care services • Adopt high-impact structural interventions that destigmatize HIV risk reduction and help create unfettered access to HIV information and proven prevention tools		
Harris County Public Health (link)	•	• Provide equitable access to mental health care and improve integration of care • Increase the number of available psychiatric inpatient beds • Reduce time to the next available mental health appointment	•	•	•
Harris Center for Mental Health (link)	•	• Increase the number of individuals with a history of mental illness who are housed • Partner with the Coalition for the Homeless to house homeless individuals with mental illness	• Increase the percentage of security officers and medical staff trained in zero suicide • Decrease 30 day re-admission rates to Harris County Psychiatric Center and State Mental Health Facilities	• Train Harris County Sheriff's Office mental health deputies	•

	Houston Area Integrated HIV Prevention and Care Plan | Planning Crosswalk 2022-2026				
	REQUIRED PILLARS FOR GOALS AND OBJECTIVES				
	Diagnose all people with HIV as early as possible	Treat people to reach sustained viral suppression	Prevent new HIV transmissions	Respond quickly to potential HIV outbreaks	Partnership Opportunities
LOCAL PLANS					
		• Continue to develop housing options for homeless individuals with mental illness			
Houston Health Foundation (link)	•	• Increase access to mental health supports	• Educate families that mental health services are normally available through most health insurances	• Reduce stigma surrounding mental health needs and services • Increase the number of youth who receive information on substance use prevention	•
Texas Council on Family Violence (2019) (link)	•	• Increase diverse housing options for survivors • Create legal support options to meet survivor's needs • Develop child and family services	• Increase prevention efforts with youth and adults	• Invest in innovative service models • Expand language services and access • Participate in strong community involvement • Strengthen partner resources • Dismantle "isms" within our society and support systems • Make funding more flexible • Increase internal supports for family violence agency staff	•
The Harris Center for Mental Health	•	• Increase the number of patients receiving primary care at The Harris Center	• Increase percentage of security officers and medical staff trained in zero suicide	• Decrease 30 day readmission rates to Harris County Psychiatric Center	•

	Houston Area Integrated HIV Prevention and Care Plan | Planning Crosswalk 2022-2026				
	REQUIRED PILLARS FOR GOALS AND OBJECTIVES				
	Diagnose all people with HIV as early as possible	Treat people to reach sustained viral suppression	Prevent new HIV transmissions	Respond quickly to potential HIV outbreaks	Partnership Opportunities
LOCAL PLANS					
and IDD (2022-2024) (link)		• Add service strategies that either extend clinic hours and availability or enhance service array offered to persons served		(HCPC)/State Mental Health Facilities (SMHFs) • Increase the number of people with a history of mental illness housed • Add 10 access points across the agency targeting underserved communities • Develop 5 additional programs to enhance ability to deliver substance use treatment	
2021 Texas Statewide Behavioral Health Strategic Plan (link)	•	• Better serve mental health needs in rural communities • Enhance maternal care • Increase services for children and adolescents • Increase the number of psychiatrists • Increase supplemental funding for behavioral health services • Collaborate to reduce suicide • Eliminate the Wait State Initiative	• Increase supplemental funding for housing • Increase supported employment funding and programs	•	•

EPIDEMIOLOGICAL SNAPSHOT

2021 Epidemiologic Supplement for HIV Prevention and Care Services Planning, Approved 02/10/22

The Epidemiologic Supplement can help us understand who is living with HIV. In it, you can find information about HIV diagnosis rates and transmission risks for the Houston area.

The 2019 Epidemiological Profile and 2020 Epidemiologic Supplement are available online: http://rwpchouston.org/Publications/publications.htm

Final

HIV in the Houston Area

2021 Epidemiologic Supplement for HIV Prevention and Care Services Planning

CONTENTS

Produced Through a Partnership between:

Houston Area Ryan White Planning Council

Houston Health Department

Disclaimer:
This document is a supplement to and should be used in conjunction with the *2019 Houston Area Integrated Epidemiologic Profile for HIV Prevention and Care Services Planning.* (December 2019). This document contains data on selected epidemiological measures of HIV disease for the jurisdictions of Houston/Harris County and the Houston Eligible Metropolitan Area (**EMA**) for the reporting period of January 1 to December 31, 2019 (unless otherwise noted). It is intended for use in HIV prevention and care services planning conducted in calendar year 2021. The separation of jurisdictions in the data presentation is intended to enhance the utility of this document as a tool for planning both HIV prevention and HIV care services. Data for the third geographic service jurisdiction in the Houston Area, the Houston Health Services Delivery Area (**HSDA**), are not presented here due to the overlap of data and data sources with the EMA, which makes the data virtually identical. The 2019 Epidemiologic Profile should be referenced for a comprehensive discussion of data pertaining to the epidemiological questions outlined in joint guidance from the Centers for Disease Control and Prevention and the Health Resources and Services Administration. More recent data may have become available since the time of publication.

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This document was reviewed by the Overall Responsible Parties for HIV/AIDS surveillance and prevention in Houston/Harris County: Dr. Shannon Bibbins, Deputy Director, Houston Health Department.

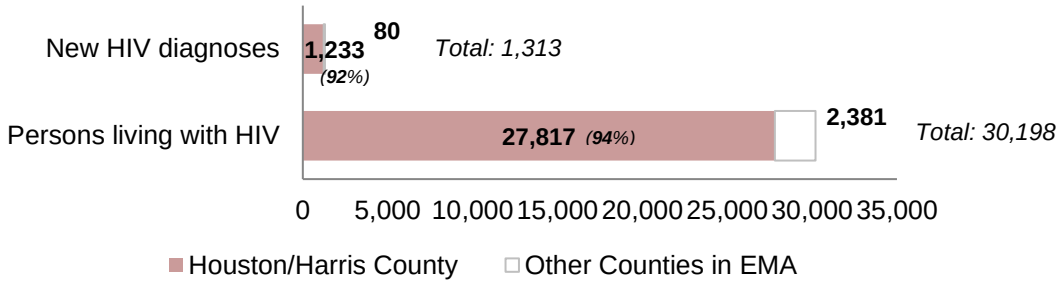
EXECUTIVE SUMMARY

Local communities use data on patterns of HIV, or HIV epidemiology, to better understand who is diagnosed and living with HIV. This helps local communities make informed decisions about HIV services, funding, and quality.

This document is a supplement to the Houston Area's current epidemiological profile of HIV (published in December 2019) and provides updated data on core HIV indicators used in local planning, including new HIV diagnoses and cumulative people living with HIV (HIV prevalence), for the two local jurisdictions of Houston/Harris County and the Houston Eligible Metropolitan Area (**EMA**), a six-county area that includes Houston/Harris County.[1] A summary of key data is below:

- At the end of calendar year 2019, there were 30,198 diagnosed people living with HIV (**PLWH**) in the Houston EMA, a 4% increase from 2018 (2018 total = 29,078). In 2019, 92% of PLWH resided in Houston/Harris County.
- Also, in 2019, 1,313 new diagnoses of HIV were reported in the Houston EMA, a 3% decrease from 2018 (2018 total = 1,350). At the time of diagnosis, 94% resided in Houston/Harris County.

Number of New HIV Diagnoses and People Living with HIV in the Houston EMA, by County, 2019



Sources: Texas eHARS, as of 12/31/2019
Definitions: New HIV diagnoses = People diagnosed with HIV between 1/1/2019 and 12/31/2019, with residence at diagnosis in Houston EMA. People living with HIV = People living with HIV at the end of calendar year 2019.

- In both Houston/Harris County and the Houston EMA, the rates of new HIV diagnoses and prevalence continue to exceed rates both for Texas and the U.S. The rate of new HIV diagnoses in Houston/Harris County is almost twice the rate for the U.S.
- Compared to the general population in the Houston EMA, PLWH are disproportionately male, Black/African Americans, and ages 45 to 54. There is a larger proportion of people ages 25 to 34 among *new* HIV diagnoses.
- Among 30,149 HIV-diagnosed individuals ages 13 years or older in the Houston EMA in 2019, 75% had receipt of care (at least one CD4/VL test in year); 60% were retained in HIV care (at least two CD4/VL tests in year, at least three months apart); 59% maintained or reached viral load suppression (≤200 copies/mL); and 63% among the newly diagnosed were linked to care.

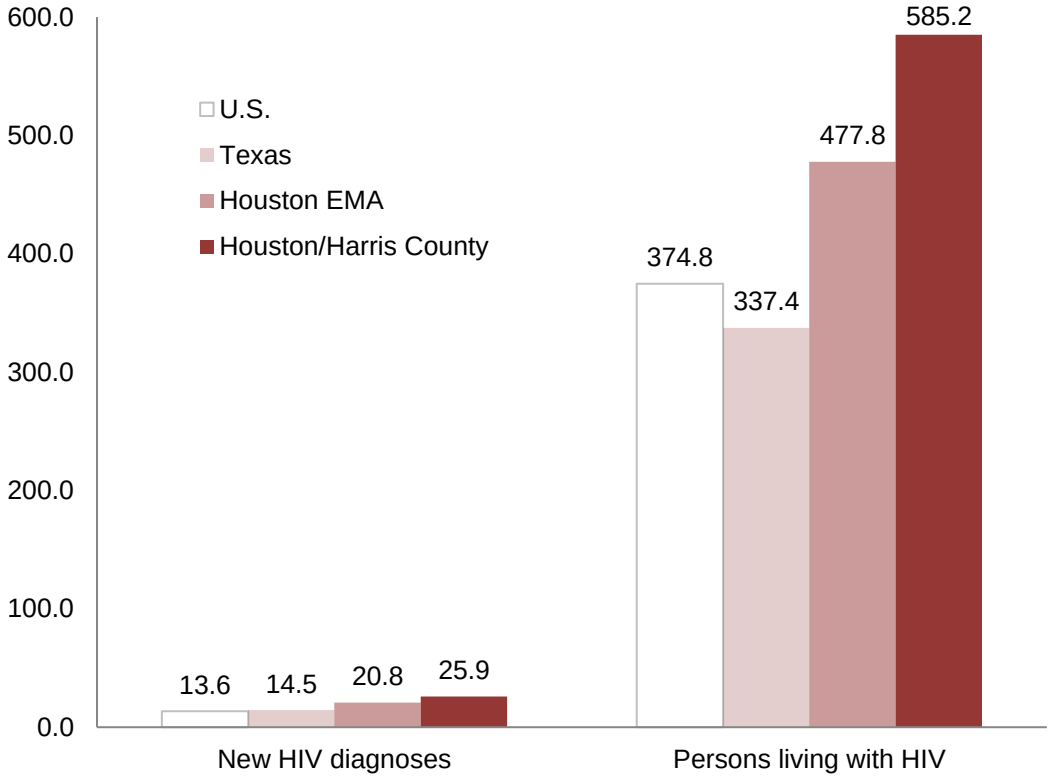
[1]Pages marked "EMA" in the top left corner use 2019 Houston EMA HIV prevalence data, and pages marked "H/HC" in the top left corner use 2019 Houston/Harris County HIV prevalence data, unless otherwise noted.

COMPARISON OF HIV RATES IN HOUSTON, TEXAS, AND THE U.S.

A comparison of core HIV epidemiological indicators between the two Houston area jurisdictions (Houston/Harris County and the Houston EMA), the State of Texas, and the U.S. provides context for the local HIV burden data described in this document.

Overall, both Houston/Harris County and the Houston EMA have higher rates of new HIV diagnoses and HIV prevalence (or PLWH per 100,000 population) than both Texas and the U.S. This indicates that the HIV burden in the Houston area is greater than the state and the nation, even when adjusted for population size. In 2019, the Houston EMA had the highest HIV diagnosis and prevalence rates of any EMA/Transitional Grant Areas in Texas, according to epidemiological data provided by the Texas Department of State Health Services (**TDSHS**). The Houston Metropolitan Statistical Area also had the ninth highest rate of new HIV diagnoses of all metropolitan areas in the nation.[2]

Rate of New HIV Diagnoses and of People Living with HIV for the U.S., Texas, and Houston Area Jurisdictions



*Rate is per 100,000 population in the respective jurisdiction.
Sources:
U.S.: Centers for Disease Control and Prevention. Diagnoses of HIV infection among adults and adolescents in metropolitan statistical areas—United States and Puerto Rico, 2018. HIV Surveillance Data Tables 2020;1(No. 3). http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published August 2020.
Texas: TDSHS, Epidemiology and Special Projects Unit. Texas HIV Surveillance Report, 2019 Annual Report. All data, 2021.
Houston EMA: Texas eHARS. All data, 2019;
Houston/Harris County: Houston/Harris County eHARS. Diagnoses, 2019; Prevalence, 2019.

[2] Centers for Disease Control and Prevention. Diagnoses of HIV infection among adults and adolescents in metropolitan statistical areas—United States and Puerto Rico, 2018. HIV Surveillance Data Tables 2020;1(No. 3). http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published August 2020.

NEW HIV DIAGNOSES IN HOUSTON/HARRIS COUNTY (H/HC)

In 2019, 1,233 new diagnoses of HIV disease (including stage 3 HIV/formerly AIDS) were reported in Houston/Harris County, an 1.82% increase from 2018 (2018 total = 1,211). The rate of new HIV and stage 3 HIV diagnoses in Houston/Harris County increased from 25.6 to 25.94, while the rate of stage 3 HIV remained approximately 6 new diagnoses for every 100,000 residents. When compared to 2018, small increases in new HIV rates occurred among males, Hispanic/Latinx and people of other or multiple races.

Proportionally, Black/African Americans made up the majority of new HIV diagnoses in 2019 at 43%, followed by Hispanic/Latinx at 39%. Male-to-male sexual contact or MSM accounted for the most transmission risk at 70%, followed by Sex with male/Sex with female (formerly heterosexual) at 22%.

New Diagnoses of HIV and Stage 3 HIV in Houston/Harris County by Sex assigned at Birth, Race/Ethnicity, Age, and Transmission Risk, 2019[a]

	New HIV [b]			New stage 3 HIV		
	Cases	%	Rate[c]	Cases	%	Rate[c]
Total	1233	100.0	25.94	278	100.0	5.85
Sex assigned at Birth						
Male	992	80.45	42.06	230	82.73	9.75
Female	241	19.55	10.06	48	17.27	2.00
Race/Ethnicity						
White	143	11.60	10.60	30	10.79	2.22
Black/African American	535	43.39	59.66	101	36.33	11.26
Hispanic/Latinx	478	38.77	23.06	128	46.04	6.17
Other/Multiracial	77	6.24	17.72	19	6.83	4.37
Age at Diagnosis						
0 - 24[d]	307	24.90	18.11	28	10.07	1.65
25 - 34	446	36.17	58.72	88	31.65	11.59
35 - 44	247	20.03	36.29	79	28.42	11.61
45 - 54	128	10.38	21.73	40	14.39	6.79
55 - 64	83	6.73	16.21	35	12.59	6.84
65+	22	1.78	4.26	8	2.88	1.55
Transmission Risk[e]						
Male-to-male sexual contact (MSM)	867.9	70.39	*	187.1	67.30	*
Person who injects drugs (PWID)	56.3	4.57	*	16.1	5.79	*
MSM/PWID	32.9	2.67	*	5.9	2.12	*
Sex with male/Sex with female	274.9	22.30	*	68.9	24.78	*
Perinatal transmission	**	**	*	0	0	*

[a]Source: Texas eHARS, analyzed by the Houston Health Department
[b]HIV = People diagnosed with HIV, regardless of stage 3 HIV status, with residence at diagnosis in Houston/Harris County
[c]Rate per 100,000 population. Source: U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates
[d]Age group 0-12 years was combined with 13-24 years because 0-12 years category had less than 5 cases and could not be reported.
[e]People with no risk reported were recategorized into standard categories using the multiple imputation program of the Centers for Disease Control and Prevention (CDC).
**Cases less than 5 are suppressed.
*Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk.

PEOPLE LIVING WITH HIV IN HOUSTON/HARRIS COUNTY (H/HC)

Data on the total number of people living with HIV (**PLWH**) in Houston/Harris County are available as of the end of calendar year 2019. At that time, there were 27,817 PLWH (regardless of progression) in Houston/Harris County. This is a prevalence rate of 585 PLWH for every 100,000 people in the jurisdiction.

Of those living with HIV in Houston/Harris County, 76% are male, 48% are Black/African Americans, 75% are people ages 35 and older, and 59% report MSM as their primary transmission risk.

People Living with HIV in Houston/Harris County by Sex assigned at Birth, Race/Ethnicity, Age, and Transmission Risk, 2019[a]

	Cases[b]	%	Rate[c]
Total	27817	100.0	585.19
Sex assigned at Birth			
Male	21096	75.84	894.47
Female	6704	24.1	279.92
Missing	17	0.06	*
Race/Ethnicity			
White	4434	15.94	328.70
Black/African American	13268	47.7	1479.67
Hispanic/Latinx	8578	30.84	413.76
Other/Multiracial	1537	5.53	353.63
Current Age (as of 12/31/2019)			
0 - 24	1152	4.14	67.94
25 - 34	5754	20.69	757.63
35 - 44	6493	23.34	954.04
45 - 54	6855	24.64	1163.85
55 - 64	5550	19.95	1083.98
65+	2013	7.24	389.48
Transmission Risk[d]			
Male-to-male sexual contact (MSM)	16360	58.81	*
Person who injects drugs (PWID)	2196.9	7.9	*
MSM/PWID	1190.4	4.28	*
Sex with male/Sex with female	7645.7	27.49	*
Perinatal transmission[e]	250	0.9	*
Other adult risk	174	0.62	*

[a]Source: Texas eHARS analyzed by the Houston Health Department
[b]PLWH at end of 2019 = People living with HIV, regardless of stage 3 HIV status
[c]Rate per 100,000 population. Source: U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates
[d]Patients with no risk reported were recategorized into standard categories using the multiple imputation or risk program of the Centers for Disease Control and Prevention (CDC).
[e]Perinatal transmission doesn't include perinatal exposure w/HIV age 13+ years.
*Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk.

EMA

NEW HIV DIAGNOSES IN THE HOUSTON EMA

In 2019, 1,313 new HIV diagnoses were reported in the Houston EMA, 2% decrease from 2018. The rate of new HIV diagnoses for every 100,000 people in the Houston EMA decreased by 2% from 21.5 in 2018 to 20.8 in 2019.

Noticeable increases in rates compared to 2018 occurred among people ages 13 to 24, 35 to 44, and 65 and older.

Black/African Americans comprised the highest proportion of new HIV diagnoses in 2019 at 42%, followed by Hispanic/Latinx at 39%. MSM accounted for the majority of transmission risk at 71%, followed by Sex with male/Sex with female at 22%.

New Diagnoses of HIV in the Houston EMA by Sex assigned at Birth, Race/Ethnicity, Age, and Transmission Risk, 2019[a]

	Cases	%	Rate[c]
Total	1,313	100%	20.8
Sex assigned at Birth			
Male	1,056	80.4%	33.1
Female	257	19.6%	8.2
Race/Ethnicity			
White	172	13.1%	8.0
Black/African American	554	42.2%	49.0
Hispanic/Latinx	509	38.8%	20.6
Other/Multiracial	78	5.9%	13.9
Age			
0 - 12	**	**	**
13 - 24	339	25.8%	32.6
25 - 34	457	34.8%	48.0
35 - 44	257	19.6%	28.4
45 - 54	144	11.0%	18.0
55 - 64	92	7.0%	13.2
65+	23	1.8%	3.2
Transmission Risk[b]			
Male-male sexual contact (MSM)	928	70.7%	*
Person who injects drugs (PWID)	64	4.8%	*
MSM/PWID	30	2.3%	*
Sex with male/Sex with female	291	22.1%	*
Perinatal transmission	**	**	*
Other adult risk	0	0%	*

[a] Source: Texas eHARS, new HIV diagnoses in the Houston EMA between 1/1/2019 and 12/31/2019.
[b] Cases with unknown transmission risk have been redistributed based on historical patterns of risk ascertainment and reclassification
[c] Rate per 100,000 population. Source: Texas Department of State Health Services, 2019 Houston EMA Population Denominators.
**Data has been suppressed to meet cell size limit of 5.
*Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk.

EMA

PEOPLE LIVING WITH HIV IN THE HOUSTON EMA

At the end of calendar year 2019, there were 30,198 people living with HIV in the Houston EMA, a 4% increase from 2018 (29,078 cases). The rate of HIV prevalence also increased in 2019 to 478 PLWH for every 100,000 people in the Houston EMA, up from 465 in 2018.

Noticeable increases in prevalence rates in 2019 compared to 2018 occurred among males, females, Black/African Americans, Hispanic/Latinx, people of other or multiple races and people ages 25 to 34, 35 to 44, 55 to 64, and 65 and older.

Black/African Americans comprised the highest proportion of PLWH in 2019 at 48%, followed by Hispanic/Latinx at 30%. MSM accounted for the majority of transmission risk at 59%, followed by Sex with male/Sex with female at 28%.

People Living with HIV in the Houston EMA by Sex assigned at Birth, Race/Ethnicity, Age, and Transmission Risk, 2019[a]

	Diagnosed PLWH		
	Cases	**%**	**Rate[c]**
Total	30,198	100.0%	477.8
Sex assigned at Birth			
Male	22,736	75.3%	713.1
Female	7,462	24.7%	238.3
Race/Ethnicity			
White	5,176	17.1%	239.7
Black/African American	14,398	47.7%	1273.6
Hispanic/Latinx	9,065	30.0%	367.1
Other/Multiracial	1,559	5.2%	277.9
Age			
0 - 12	49	0.2%	4.1
13 - 24	1,221	4.0%	116.4
25 - 34	6,202	20.5%	651.3
35 - 44	6,956	23.0%	767.4
45 - 54	7,522	24.9%	939.6
55 - 64	6,040	20.0%	865.1
65+	2,218	7.3%	311.2
Transmission Risk[b]			
Male-male sexual contact (MSM)	17,717	58.7%	*
Person who injects drugs (PWID)	2,398	7.9%	*
MSM/PWID	1,253	4.1%	*
Sex with male/Sex with female	8,473	28.1%	*
Perinatal transmission	342	1.1%	*
Other adult risk	16	0.1%	*

[a] Source: Texas eHARS, diagnosed PLWH in the Houston EMA between 1/1/2019 and 12/31/2019.
[b] Cases with unknown transmission risk have been redistributed based on historical patterns of risk ascertainment and reclassification
[c] Rate per 100,000 population. Source: Texas Department of State Health Services, 2019 Houston EMA Population Denominators.
**Data has been suppressed to meet cell size limit of 5
*Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk.

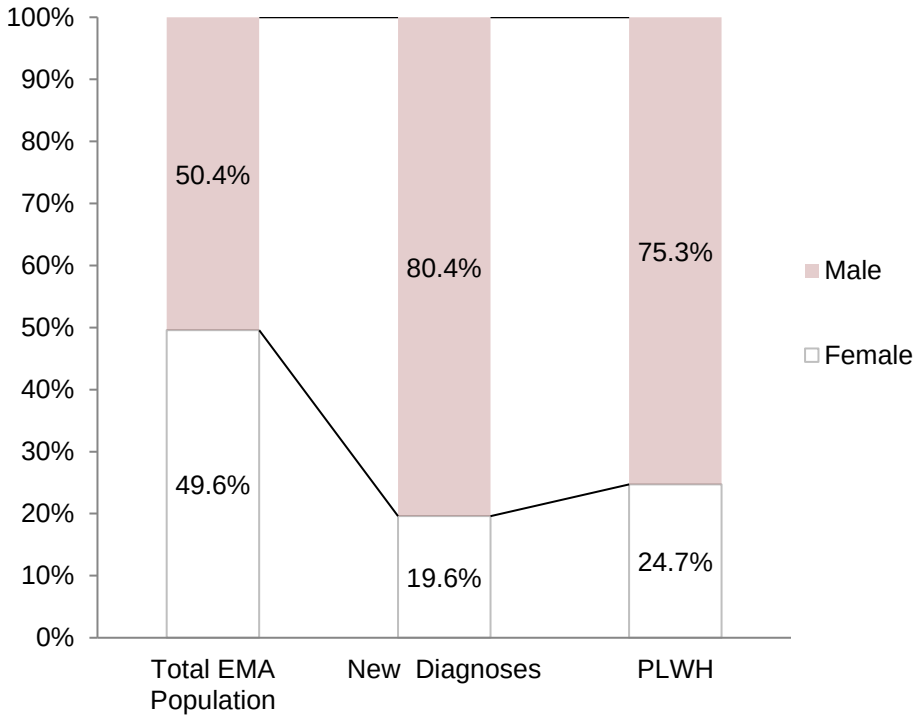
COMPARISON OF THE HOUSTON EMA POPULATION TO THE POPULATION LIVING WITH HIV

By Sex assigned at Birth: In 2019, the Houston EMA population was divided almost equally between males and females. However, more males than females were both newly diagnosed with HIV (80% vs. 20%) and living with HIV (75% vs. 25%) at the end of 2019.

By Race/Ethnicity: The newly diagnosed population and those living with HIV in the Houston EMA are more racially diverse than the general EMA population. While Black/African Americans, Hispanic/Latinx, and people of other or multiple races account for 66% of the total Houston EMA population, these groups comprised 87% of all new HIV diagnoses in 2019 and 83% of all PLWH at the end of 2019. Black/African Americans account for 18% of the total Houston EMA population, but comprised 42% of new HIV diagnoses in 2019 and close to half of all PLWH (48%) in the region at the end of 2019.

By Age: People ages 25 to 34 accounted for a much larger proportion of new HIV diagnoses (35%) than their share of the Houston EMA population (15%) in 2019. Similarly, people ages 45 to 54 accounted for a much larger proportion of those living with HIV (25%) at the end of 2019 than their share of the population (13%).

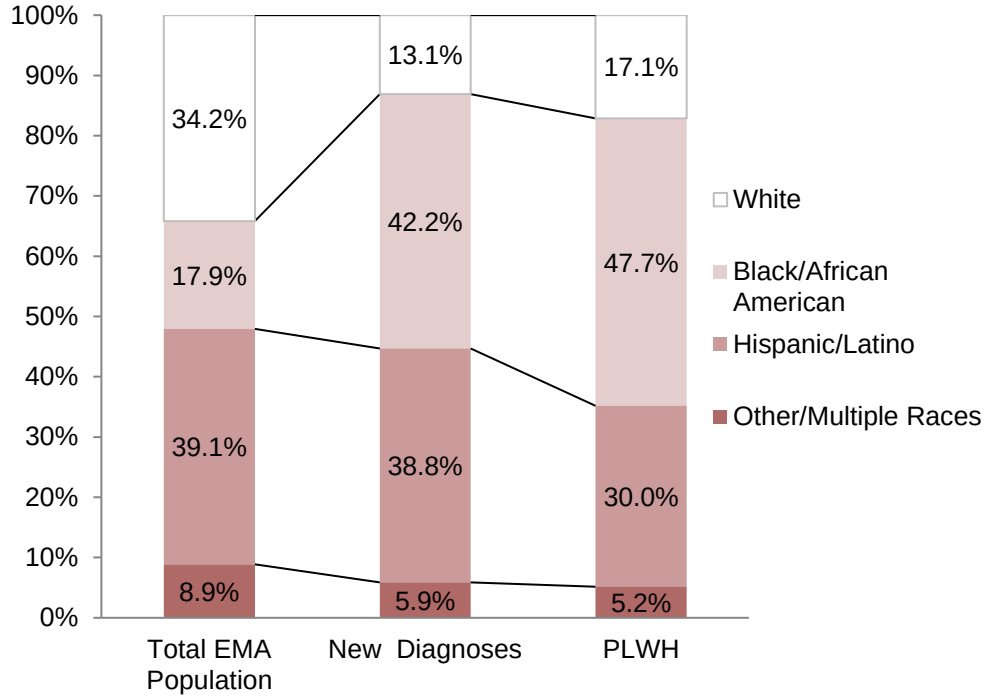
Comparison of Total Population[a] in the Houston EMA to People Living with HIV[b] by Sex assigned at Birth,[c] 2019



[a]Source: TDSHS EMA/HSDA Population Denominators, 2019
[b]Texas eHARS, Diagnosed PLWH in the Houston EMA as of 12/31/2019; new HIV diagnoses in the Houston EMA between 1/1/2019 and 12/31/2019.
[c]Transgender people are reflected in data by sex assigned at birth due to underreporting.

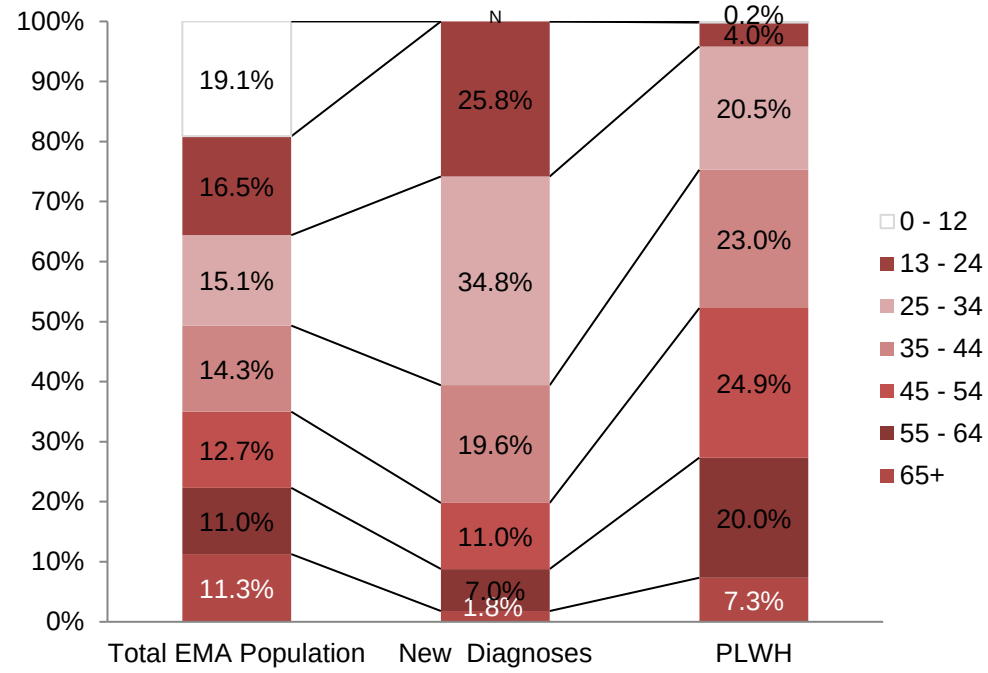
EMA

Comparison of Total Population[a] in the Houston EMA to People Living with HIV[b] by Race/Ethnicity, 2019



[a]Source: TDSHS EMA/HSDA Population Denominators, 2019
[b]Texas eHARS, Diagnosed PLWH in the Houston EMA as of 12/31/2019; new HIV diagnoses in the Houston EMA between 1/1/2019 and 12/31/2019.

Comparison of Total Population[a] in the Houston EMA to People Living with HIV[b] by Age, 2019



[a]Source: TDSHS EMA/HSDA Population Denominators, 2019
[b]Texas eHARS, Diagnosed PLWH in the Houston EMA as of 12/31/2019; new HIV diagnoses in the Houston EMA between 1/1/2019 and 12/31/2019.
[N]Data suppressed as case number was fewer than 5.

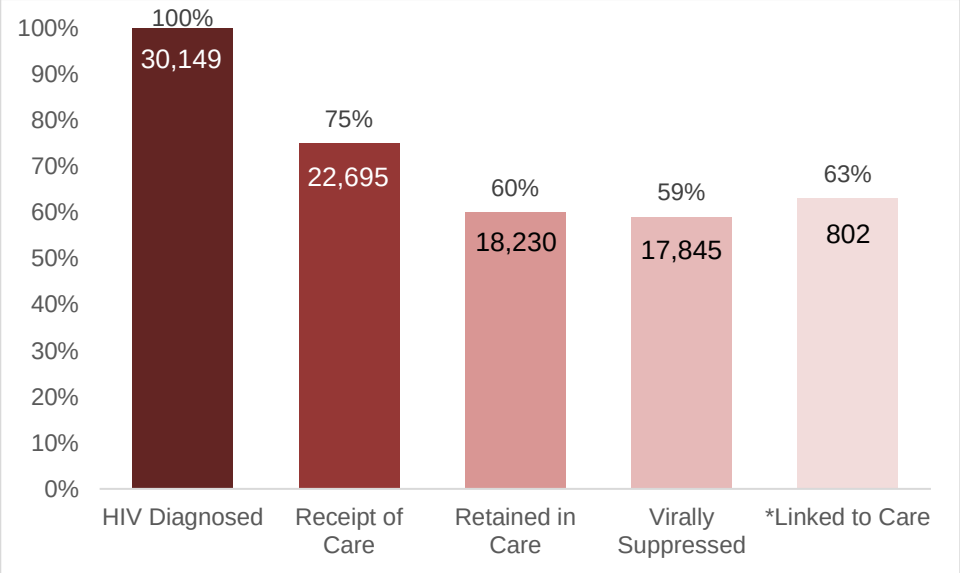
EMA

THE HOUSTON EMA HIV CARE CONTINUUM

The Houston EMA HIV Care Continuum depicts the number and percentage of PLWH in Harris, Fort Bend, Waller, Montgomery, Liberty and Chambers counties at each stage of HIV care, from being diagnosed with HIV to viral suppression then linkage to care. Stakeholders use this analysis to measure the extent to which PLWH have community-wide access to care and identify potential service gaps. The methodology follows the CDC definition for a diagnosis-based HIV care continuum.

Among 30,149 HIV-diagnosed individuals ages 13 years or older in the Houston EMA in 2019, 75% had receipt of care (at least one CD4/VL test in year); 60% were retained in HIV care (at least two CD4/VL tests in year, at least three months apart); 59% maintained or reached viral load suppression (≤200 copies/mL); and 63% among the newly diagnosed were linked to care.

The Houston EMA HIV Care Continuum, 2019



Methodology of CDC diagnosis-based HIV Care Continuum:
HIV Diagnosed: No. of HIV-diagnosed people ages 13+ residing in the Houston EMA, 2019.
Receipt of Care: No. of HIV-diagnosed people ages 13+ who had a care visit as documented by a CD4 or viral load in 2019.
Retained in Care: No. of HIV-diagnosed people ages 13+ who had at least two care visits documented by a CD4 or viral load at least 90 days apart in 2019
Virally Suppressed: No. of HIV-diagnosed people ages 13+ whose last viral load test of the year was ≤200 copies/mL.
*Linked to Care: No. of HIV-diagnosed people ages 13+ who were linked to care within on month of diagnosis as documented by a CD4 or viral load. *Denominator (1,269): No. of people ages 13+ with newly diagnosed HIV during the calendar year (updated Texas eHARS as of August 2021)
Source: TDSHS HIV Unmet Need Project (incl. eHARS, ELR, ARIES, ADAP, Medicaid, private payer data)

NEEDS ASSESSMENT

2020 Houston HIV Care Services Needs Assessment, Approved 07/09/2020

The following population profiles from the 2020 Needs Assessment are available on our website (https://bit.ly/2020NA-popprofiles):

- African American MSM
- Hispanic/Latino MSM
- MSM
- Recently Released
- Rural
- Transgender/Gender Nonconforming Individuals
- Youth and Aging with HIV
- Housing

The Needs Assessment report presents data on HIV service needs, barriers, and other factors influencing access to care for people living with HIV in the Houston area as determined through a consumer survey.

The following document is the most recent Needs Assessment completed for the Houston area.

FINAL

2020 Houston HIV Care Services Needs Assessment

A collaboration of:
Houston Area HIV Services Ryan White Planning Council
Houston HIV Prevention Community Planning Group
Harris County Public Health, Ryan White Grant Administration
Houston Health Department, Bureau of HIV/STD and Viral Hepatitis Prevention
Houston Regional HIV/AIDS Resource Group, Inc.
Harris Health System
People Living with HIV in the Houston Area and Ryan White HIV/AIDS Program Consumers

Approved July 9th, 2020

Disclaimer:
The 2020 Houston Area HIV Care Services Needs Assessment summarizes primary data collected from April 2019 to February 2020 from 589 self-selected, self-identified people living with HIV (PLWH) using either a self-administered written or electronic survey, or verbal interview. Most respondents resided in Houston/Harris County at the time of data collection. Data were statistically weighted for sex at birth, primary race/ethnicity, and age range based on a three-level stratification of HIV prevalence in the Houston EMA (2018). Though quality control measures were applied, limitations to the raw data and data analysis exist, and other data sources should be used to provide context and to better understand the results. Data collected through this process represent the most current *primary* data source on PLWH in the Houston Area. Census, surveillance, and other data presented here reflect the most current data available at the time of publication.

Funding acknowledgment:
The 2020 Houston Area HIV Care Services Needs Assessment is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $24,272,961 and was not financed with nongovernmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

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Suggested citation:
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Approved: July 9th, 2020. Primary Author: Amber Lynn Harbolt, MA, Health Planner, Ryan White Planning Council Office of Support.

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The 2020 Houston Area HIV Care Services Needs Assessment is a collaboration of the following partners:

- Houston Area HIV Services Ryan White Planning Council
- Houston HIV Prevention Community Planning Group
- Harris County Public Health, Ryan White Grant Administration
- Houston Health Department, Bureau of HIV/STD and Viral Hepatitis Prevention
- Houston Regional HIV/AIDS Resource Group, Inc.
- Harris Health System
- People Living with HIV in the Houston Area and Ryan White HIV/AIDS Program Consumers

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EXECUTIVE SUMMARY

The 2020 Houston Area HIV Care Services Needs Assessment presents data on HIV service needs, barriers, and other factors influencing access to care for people living with HIV (**PLWH**) in the Houston Area as determined through a consumer survey. Needs assessments ensure consumer experiences and perspectives are included in the data-driven decision-making processes of local HIV planning. Data are used to help set priorities for the allocation of HIV care services funding, in the development of the comprehensive HIV plan, and in designing annual service implementation plans. The last Needs Assessment was conducted in 2016.

HIV Service Needs in the Houston Area

According to the Houston Area HIV Care Services Needs Assessment, all currently funded HIV services in the Houston Area are needed by consumers. The top five most needed services are:

1. Primary care
2. Local medication assistance
3. Case management
4. Oral health care, and
5. Vision care

For the first time in 2020, need for currently unfunded services was analyzed, which revealed substantial need for housing services for PLWH in the Houston area.

Accessibility of HIV Services in the Houston Area

In addition to revealing the most needed HIV services in the Houston Area, the Houston Area HIV Care Services Needs Assessment provides information about access to those services, which helps communities better understand where barriers to services may exist.

In 2020, at least 78% of the PLWH who said they needed each HIV funded service *also* said the service was easily accessible to them. There were some funded services, however, that were less accessible than others: early intervention services, oral health care, and health insurance assistance *least* accessible services according to 2020 Houston Area HIV Care Services Needs Assessment. ADAP enrollment workers and local medication assistance were the most accessible services in 2020.

Barriers to HIV Services in the Houston Area

To improve understanding of barriers to HIV services, the 2020 Houston Area HIV Care Services Needs Assessment also gathers information about the types of difficulties consumers experience when services are not easily accessible. The most common types of barriers encountered are:

1. Education and awareness issues
2. Interactions with staff
3. Wait-related issues
4. Administrative issues, and
5. Health insurance/coverage issues

In addition to the above results, the 2020 Needs Assessment includes detailed information about a variety of issues that affect access to care, including:

- Service needs and barriers at each stage of the HIV care continuum, from HIV testing and initial diagnosis to treatment to support viral load suppression
- The social, economic, health (both physical and mental), and behavioral characteristics of PLWH that may help or hinder HIV prevention and access to HIV care
- A brief profile on the service needs and barriers of people who are out of care
- Service-Specific Fact Sheets detailing the needs and barriers for each HIV core medical, support, and housing service

Together, these data are used to better understand the HIV care needs and patterns of PLWH in the Houston Area, to identify new and emerging areas of need, and to ultimately improve the system of HIV services so that it best meets the needs of PLWH.

The 2020 Houston Area HIV Care Services Needs Assessment is a collaboration between the Ryan White Planning Council, HIV Prevention Community Planning Group, Ryan White Grant Administration, Houston Health Department Bureau of HIV/STD and Viral Hepatitis Prevention, The Resource Group, Harris Health System, and Housing Opportunities for Persons with AIDS (HOPWA). A total of 38 individuals assisted in the planning and implementation of the needs assessment, of whom 45% were self-disclosed PLWH.

For more information about the 2016 Houston Area HIV Care Services Needs Assessment, contact the Office of Support at (832) 927-7926 or visit www.rwpchouston.org.

INTRODUCTION

What is an HIV needs assessment?

An HIV needs assessment is a process of collecting information about the needs of people living with HIV (**PLWH**) in a specific geographic area. The process involves gathering data *from multiple sources* on the number of HIV cases, the number of PLWH who are not in care, the needs and service barriers of PLWH, and current resources available to meet those needs. This information is then analyzed to identify what services are needed, what barriers to services exist, and what service gaps remain.

Special emphasis is placed on gathering information about the need for services funded by the Ryan White HIV/AIDS Program and on the socio-economic and behavioral conditions experienced by PLWH that may influence their need for and access to services both today and in the future.

In the Houston Area, data collected directly from PLWH in the form of a *survey* are the principal source of information for the HIV needs assessment process. Surveys are administered every three years to a representative sample of PLWH residing in the Houston Area.

How are HIV needs assessment data used?

Needs assessment data are integral to the information base for HIV services planning, and they are used in almost every decision-making process of the Ryan White Planning Council (**RWPC**), including setting priorities for the allocation of funds, designing services that fit the needs of local PLWH, developing the comprehensive plan, and creating the annual implementation plan. The community also uses needs assessment data for a variety of *non*-Council purposes, such as in writing funding applications, evaluation and monitoring, and the improvement of services by individual providers.

In the Houston Area, HIV needs assessment data are used for the following purposes:

- Ensuring the consumer point-of-view is infused into all of the data-driven decision-making activities of the Houston Area RWPC.
- Revising local service definitions for HIV care, treatment, and support services in order to best meet the needs of PLWH in the Houston Area.
- Setting priorities for the allocation of Ryan White HIV/AIDS Program funds to specific services.
- Establishing goals for and then monitoring the impact of the Houston Area's comprehensive plan for improving the HIV prevention and care system.
- Determining if there is a need to target services by analyzing the needs of particular groups of PLWH.
- Determining the need for special studies of service gaps or subpopulations that may be otherwise underrepresented in data sources.
- By the Planning Council, other Planning Bodies, specific Ryan White HIV/AIDS Program Parts, providers, or community partners to assess needs for services.

Needs assessment data are specifically mandated for use during the Planning Council's *How to Best Meet the Need*, Priority & Allocations, and Comprehensive HIV Planning processes.

Because surveys are administered every three years, results are used in RWPC activities for a three year period. Other data sources produced during interim years of the cycle, such as epidemiologic data and estimates of unmet need, are used to provide additional context for and to better understand survey results.

Sources:

2020 Houston Area HIV Needs Assessment Group (NAG), Analysis Workgroup, Principles for the 2020 Needs Assessment Analysis. Approved 08-19-19.

U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, Ryan White HIV/AIDS Program Part A Manual Revised 2013. Section XI, Ch 3: Needs Assessment.

METHODOLOGY

Needs Assessment Planning

Planning the 2020 Houston Area HIV Care Services Needs Assessment was a collaborative process between HIV prevention and care stakeholders, the Houston Area planning bodies for HIV prevention and care, all Ryan White HIV/AIDS Program Parts, and individual providers and consumers of HIV services. To guide the overall process and provide specific subject matter expertise, a series of Needs Assessment-related Workgroups reconvened under the auspices of the Ryan White Planning Council (**RWPC**):

- The Needs Assessment Group (**NAG**) provided overall direction to the needs assessment process. As such, the NAG consisted of voting members from each collaborating partner and from the following workgroups.
- The Epidemiology Workgroup developed the consumer survey sampling plan, which aimed at producing a representative sample of surveys.
- The Survey Workgroup developed the survey instrument and consent language.
- The Analysis Workgroup determined how survey data should be analyzed and reported in order to serve as an effective tool for HIV planning.

In total, 38 individuals in addition to staff participated in the planning process, of which at least 45% were people living with HIV (**PLWH**).

Survey Sampling Plan

Staff calculated the 2020 Houston Area HIV Care Services Needs Assessment sample size based on current total HIV prevalence for the Houston Eligible Metropolitan Area (**EMA**) (2017), with a 95% confidence interval, at both 3% and 4% margin of error. Respondent composition goals were proportional to demographic and geographic representation in total prevalence. Desired sample sizes for funded-agency representation were proportional to total client share for the most recent complete calendar year (2018). Efforts were also taken to over-sample out-of-care consumers and members of special populations. Regular reports of select respondent characteristics were provided to NAG, the Comprehensive HIV Planning Committee, and RWPC during survey administration to assess real-time progress toward attainment of sampling goals and to make sampling adjustments when necessary.

Survey Tool

Data for the 2020 Houston Area HIV Care Services Needs Assessment were collected using a 54-question paper or electronic survey of open-ended, multiple choice, and scaled questions addressing nine topic areas (in order):

- HIV services, needs, and barriers to care
- Communication with HIV medical providers
- HIV diagnosis history
- HIV care history including linkage to care
- Non-HIV co-occurring health concerns (incl. mental health)
- Substance use
- Housing, transportation, and social support
- Financial resources
- Demographics
- HIV prevention activities

The Survey Workgroup determined topics and questions, restructuring and expanding the 45-question 2016 needs assessment survey. Subject matter experts were also engaged to review specific questions. Consistency with the federally-mandated HIV prevention needs assessment for the Houston Area was assured through participation of Houston Health Department staff during the survey development process and alignment of pertinent questions such as those designed to gather demographic information and HIV prevention knowledge and behaviors. A cover sheet explained the purpose of the survey, risks and benefits, planned data uses, and consent. A double-sided tear sheet of emergency resources and HIV service grievance/complaint process information was also attached, and liability language was integrated within the survey.

Data Collection

Surveys for the 2020 Houston Area HIV Care Services Needs Assessment were administered (1) in pre-scheduled group sessions at Ryan White HIV/AIDS Program providers, HIV Prevention providers, housing facilities, support groups, Harris County community centers, and specific community locations and organizations serving special populations; and (1) online via word of mouth, print, and social media advertising. Staff contacts at each physical location were responsible for session promotion and participant recruitment. Out-of-care consumers were recruited through flyers, word of mouth, print advertisement, and staff promotion.

Inclusion criteria were an HIV diagnosis and residency in counties in the greater Houston Area. Participants were self-selected and self-identified according to these criteria. Surveys were self-administered in English, Spanish, and large-print formats, with staff and bilingual interpreters available for verbal interviewing.

Participation was voluntary, anonymous, and monetarily incentivized; and respondents were advised of these conditions verbally and in writing. Most surveys were completed in 30 to 40 minutes. Surveys were reviewed on-site by trained staff, interns, and interpreters for completion and translation of written comments; completed surveys were also logged in a centralized tracking database.

In total, 589 consumer surveys were collected from April 2019 to February 2020 during 47 survey sessions at 27 survey sites and online.

Data Management

Data entry for the current Houston Area HIV Care Services Needs Assessment was performed by trained staff and contractors at the RWPC Office of Support using simple numerical coding. Skip-logic questions were entered based on first-order responses; and affirmative responses only were entered for "check-all" questions. Additional variables were recoded during data entry and data cleaning. Surveys that could not be accurately entered by staff were eliminated. Data are periodically reviewed for quality assurance, and a line-list level data cleaning protocol was applied prior to analysis. When data entry and cleaning are complete, a data weighting syntax will be created and applied to the sample for: sex at birth, primary race/ethnicity, and age group based on a three-level stratification of current HIV prevalence for the Houston EMA (2018). Missing or invalid survey entries will be excluded from analysis per variable; therefore, denominators vary across results. In addition, proportions will not calculated with a denominator of the total number of completed surveys for every variable due to missing or "check-all" responses. Data entry for the 2020 Houston Area HIV Care Services Needs Assessment was performed by trained staff and contractors at the RWPC Office of Support using simple numerical coding. Skip-logic questions were entered based on first-order responses; and affirmative responses only were entered for "check-all" questions. Additional variables were recoded during data entry and data cleaning. Surveys that could not be accurately entered by staff or that were found to be duplicates were eliminated (n=11). Data were periodically reviewed for quality assurance, and a line-list level data cleaning protocol was applied prior to analysis. In addition, a data weighting syntax was created and applied to the sample for: sex at birth, primary race/ethnicity, and age group based on a three-level stratification of current HIV prevalence for the Houston EMA (2018), producing a total weighted sample size of 589 (8% in Spanish). Missing or invalid survey entries are excluded from analysis per variable; therefore, denominators vary across results. In addition, proportions are not calculated with a denominator of 589 surveys for every variable due to missing or "check-all" responses. All data management and analysis was performed in IBM© SPSS© Statistics (v. 22) and QSR International© NVivo 10.

Limitations

The 2020 Houston Area HIV Care Services Needs Assessment produced data that are unique because they reflect the first-hand perspectives and lived experiences of PLWH in the Houston Area. However, there are limitations to the generalizability, reliability, and accuracy of the results that should be considered during their interpretation and use. These limitations are summarized below:

- *Convenience Sampling*. Multiple administrative methods were used to survey a representative sample of PLWH in the Houston Area proportional to geographic, demographic, transmission risk, and other characteristics. Despite extensive efforts, respondents were not randomly selected, and the resulting sample is not proportional to current HIV prevalence. To mitigate this bias, data were statistically weighted for sex at birth, primary race/ethnicity, and age group using current HIV prevalence for the Houston EMA (2018). Results presented from Chapters 2 through the end of this report are proportional for these three demographic categories only. Similarly, the majority of respondents were Ryan White HIV/AIDS Program clients at the time of data collection, but may have received services outside the program that are similar to those currently funded. Therefore, it not possible to determine if results reflect non-Ryan White systems.
- *Margin of Error*. Staff met the minimum sampling plan goal of at least 588 valid surveys for a margin of error of 4.00%, based on a 95% confidence interval. This indicates that 95% of the time, the quantitative results reported this document are anticipated to be correct by a margin of 4 percentage points. For this reason, results reported in this document are statistically significant, generalizable, and are suitable for planning purposes to draw general conclusions about the overall needs and experiences of people living with HIV in the Houston area.
- *Reporting Bias*. Survey participants were self-selected and self-identified, and the answers they provided to survey questions were self-reported. Since the survey tool was anonymous, data could not be corroborated with medical or other records. Consequently, results

should not be used as empirical evidence of reported health or treatment outcomes. Other data sources should be used if confirmation of results is needed.

- *Instrumentation*. Full data accuracy cannot be assured due to variability in comprehension and completeness of surveys by individual respondents. Though trained staff performed real-time quality reviews of each survey, there were missing data as well as indications of misinterpretation of survey questions. It is possible that literacy and language barriers contributed to this limitation as well.
- *Data management*. The use of both staff and contractors to enter survey data could have produced transcription and transposition errors in the dataset. A line-list level data cleaning protocol was applied to help mitigate errors.
- *PLWH needs after the 2020 COVID-19 Pandemic:* The data presented in this report were collected prior to the emergence of the 2020 COVID-19 pandemic, and therefore do not reflect the needs of PLWH in the Houston Area as related to the pandemic.

Data presented here represent the most current repository of *primary* data on PLWH in the Houston Area. With these caveats in mind, the results can be used to describe the experiences of PLWH in the Houston Area and to draw conclusions on how to best meet the HIV service needs of this population.

Sources:

Houston Area HIV Needs Assessment Group (NAG), Epidemiology Workgroup, 2019 Survey Sampling Principles and Plan, Approved 03-18-19.

Texas Department of State Health Services (DSHS) eHARS data through 12-31-2018, extracted as of spring 2020.

University of Illinois, Applied Technologies for Learning in the Arts and Sciences (ATLAS), Statistical & GIS Software Documentation & Resources, SPPS Statistics 20, Post-stratification weights, 2009.

BACKGROUND

The Houston Area

Houston is the fourth largest city in the U.S., the largest city in the State of Texas, and as well as one of the most racially and ethnically diverse major American metropolitan area. Spanning 600 square miles, Houston is also the least densely populated major metropolitan area. Houston is the seat of Harris County, the most populous county in the State of Texas and the third most populous in the country. The United States Census Bureau estimates that Harris County has almost 4.7 million residents, around half of which live in the city of Houston.

Beyond Houston and Harris County, local HIV service planning extends to four geographic service areas in the greater Houston Area:

- *Houston/Harris County* is the geographic service area defined by the Centers for Disease Control and Prevention (**CDC**) for HIV prevention. It is also the local reporting jurisdiction for HIV surveillance, which mandates all laboratory evidence related to HIV/AIDS performed in Houston/Harris County be reported to the local health authority.
- The *Houston Eligible Metropolitan Area* (**EMA**) is the geographic service area defined by the Health Resources and Services Administration (**HRSA**) for the Ryan White HIV/AIDS Program Part A and Minority AIDS Initiative (**MAI**). The Houston EMA includes six counties: Chambers, Fort Bend, Harris, Liberty, Montgomery, and Waller.
- The *Houston Health Services Delivery Area* (**HSDA**) is the geographic service area defined by the Texas Department of State Health Services (**TDSHS**) for the Ryan White HIV/AIDS Program Part B and the Houston Area's HIV service funds from the State of Texas. The HSDA includes the six counties in the EMA listed above plus four additional counties: Austin, Colorado, Walker, and Wharton.
- The *Houston Eligible Metropolitan Statistical Area* (**EMSA**) is the geographic service area defined by U.S. Department of Housing and Urban Development (**HUD**) for the Housing Opportunities for People with AIDS (**HOPWA**) program. The EMSA consists of the six counties in the EMA listed above plus Austin, Brazoria, Galveston, and San Jacinto Counties.

Together, these geographic service areas encompass 13 counties in southeast Texas, spanning from the Gulf of Mexico into the Texas Piney Woods.

HIV in the Houston Area

In keeping with national new HIV diagnosis trends, the number of new cases of HIV in the Houston Area has remained relatively stable; HIV-related mortality has steadily declined, and the number of people living with HIV has steadily increased. According to current disease surveillance data, there are 29,078 diagnosed people living with HIV in the Houston EMA (**Table 1**). The majority are male (75%), over the age of 45 (52%), and have MSM transmission risk (58%), while almost half are Black/African American (48%).

TABLE 1-Diagnosed People Living with HIV in the Houston EMA, 2018a

	#	%
Total	29,078	100.0%
Sex at Birth		
Male	21,829	75.1%
Female	7,249	24.9%
Race/Ethnicity		
White	5,109	17.6%
Black/African American	14,044	48.3%
Hispanic/Latino	8,493	29.2%
Other/Multiracial	1432	4.9%
Age		
0 - 12	54	0.2%
13 - 24	1,170	4.0%
25 - 34	5,986	20.6%
35 - 44	6,752	23.2%
45 - 54	7,594	26.1%
55 - 64	5,580	19.2%
65+	1,942	6.7%
Transmission Riskb		
Male-male sexual contact (MSM)	16,818	57.8%
Person who injects drugs (PWID)	2,256	7.8%
MSM/PWID	1,192	4.1%
Sex with Male/Sex with Female	8,455	29.1%
Perinatal transmission	340	1.2%
Adult other	17	0.1%

aSource: Texas eHARS, Diagnosed PLWH in the Houston EMA between 1/1/2018 and 12/31/2018

bCases with unknown risk have been redistributed based on historical patterns of risk ascertainment and reclassification.

The CDC ranks the Houston Area (specifically, the Houston-Baytown-Sugarland, TX statistical area) 10th highest in the nation for new HIV diagnoses and 11th in cases of progressed/Stage 3 HIV (formerly known as AIDS). In February 2019, the U.S. Department of Health and Human Services (**HHS**) launched the cross-agency initiative *Ending the HIV Epidemic: A Plan for America* with an overarching goal to reduce new HIV transmission in the U.S. by 90% by 2030. This initiative identified Harris County as a priority county due to the high rate and number of new HIV diagnoses, and plans to introduce additional resources, technology, and technical assistance to support local HIV prevention and treatment activities. Of the 29,078 diagnosed PLWH in the Houston Area, 75% are in medical care for HIV, but only 59% have a suppressed viral load.

HIV Services in the Houston Area

Both governmental agencies and non-profit organizations provide HIV services in the Houston Area through direct HIV services provision and/or function as Administrative Agents, which contract to direct service providers. The goal of HIV care in the Houston Area is to create a seamless system that supports people at risk for or living with HIV with a full array of educational, clinical, mental, social, and support services to prevent new infections and support PLWH with high-quality, life-extending care. In addition, two local HIV Planning Bodies provide mechanisms for those living with and affected by HIV to design prevention and care services. Each of the primary sources in the Houston Area HIV service delivery system is described below:

- Comprehensive HIV prevention activities in the Houston Area are provided by the Houston Health Department (**HHD**), a directly funded CDC grantee, and the Texas Department of State Health Services (**DSHS**). Prevention activities include health education and risk reduction, HIV testing, disease investigation and partner services, linkage to care for newly diagnoses and out of care PLWH. The Houston Area HIV Prevention Community Planning Group provides feedback and to HHD in its design and implementation of HIV prevention activities.
- The Ryan White HIV/AIDS Program Part A and MAI provide core medical and support services for HIV-diagnosed residents of the Houston EMA. These funds are administered by the Ryan White Grant Administration of Harris County Public Health. The Houston Area Ryan White Planning Council designs Part A and MAI funded services for the Houston EMA.
- The Ryan White HIV/AIDS Program Parts B, C, D, and State Services provide core medical and support services for HIV-diagnosed residents of the Houston HSDA, with special funding provided to meet the needs of women, infants, children, and youth. The Houston Regional HIV/AIDS Resource Group (**TRG**) administers these funds. The Ryan White Planning Council also designs Part B and State Services for the Houston HSDA. Additional programs supported by TRG include reentry housing through HOPWA funds and support of the grassroots END HIV Houston coalition.
- HOPWA provides grants to community organizations to meet the housing needs of low-income persons living with HIV. HOPWA services include assistance with rent, mortgage, and utility payments, case management, and supportive housing. These funds are administered by the City of Houston Housing and Community Development for the Houston EMSA.

Together, these key agencies, the direct service providers that they fund, and the two local Planning Bodies ensure the greater Houston Area has a seamless system of prevention, care, treatment, and support services that best meets the needs of people at risk for or living with HIV.

Sources:

Centers for Disease Control and Prevention, *Diagnoses of HIV Infection in the United States and Dependent Areas, 2018*; vol. 30. Published November 2015. Accessed 03/06/2020. Available at: www.cdc.gov/hiv/topics/surveillance/resources/reports/.

U.S. Census Bureau, American FactFinder. Houston (city), Texas and Harris (county), Texas Accessed: 03/03/2020. Available at: https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml

U.S. Department of Health and Human Services, *Ending the HIV Epidemic: A Plan for America*. February 2019.

Chapter 1: Demographics

PARTICIPANT COMPOSITION

The following summary of the geographic, demographic, socio-economic, and other composition characteristics of individuals who participated in the 2020 Houston HIV Care Services Needs Assessment provides both a "snapshot" of who is living with HIV in the Houston Area today as well as context for other needs assessment results.

(**Table 1**) Overall, 95% of needs assessment participants resided in Harris County at the time of data collection. The majority of participants were male (66%), African American/Black (63%), and heterosexual (57%). Over half (60%) were age 50 or over, with a median age of 50-54.

The average unweighted household income of participants was $13,493 annually, with the majority living below 100% of federal poverty (**FPL**). A majority of participants (63%) was not working at the time of survey, with 39% collecting disability benefits, 16% unemployed and seeking employment, and 9% retired. Most participants paid for healthcare using Medicaid/Medicare or assistance through Harris Health System (Gold Card).

TABLE 1-Select Participant Characteristics, Houston Area HIV Needs Assessment, 2020

	No.	%		No.	%		No.	%
County of residence			Age range (median: 50-54)			Sex at birth		
Harris	545	94.9%	13 to 17	0	-	Male	384	65.8%
Fort Bend	10	41.7%	18 to 24	17	2.9%	Female	200	34.2%
Liberty	3	0.5%	25 to 34	50	8.6%	Intersex	0	-
Montgomery	7	1.2%	35 to 49	160	27.6%	Transgender	22	3.9%
Other	9	1.6%	50 to 54	105	18.1%	Non-binary / gender fluid	8	1.4%
			55 to 64	161	27.8%	Currently pregnant*	4	2.0%
			65 to 74	79	13.6%	*All currently pregnant respondents reported being in care. The denominator is all respondents reporting female sex at birth		
			75+	8	1.4%			
			Youth (13 to 27)	17	2.9%			
			Seniors (≥50)	353	59.9%			
Primary race/ethnicity			Sexual orientation			Health insurance		
White	78	13.6%	Heterosexual	329	56.8%	Private insurance	53	9.1%
African American/Black	343	59.8%	Gay/Lesbian	176	30.4%	Medicaid/Medicare	388	66.7%
Hispanic/Latino	122	21.3%	Bisexual/Pansexual	52	9.0%	Harris Health System	168	30.1%
Asian American	4	0.7%	Other	22	3.8%	Ryan White Only	138	23.7%
Other/Multiracial	27	4.7%	MSM	238	40.5%	None	11	1.9%
Residency			Yearly income (average: $13,493)			Employment		
Born in the U.S.	511	87.8%	Federal Poverty Level (FPL)			Disabled	263	38.9%
Lived in U.S. > 5 years	58	10.0%	Below 100%	191	67.3%	Unemployed and seeking work	105	15.5%
Lived in U.S. < 5 years	8	1.4%	100%	54	19.0%	Employed (PT)	59	8.7%
In U.S. on visa	1	0.2%	150%	16	5.6%	Retired	59	8.7%
Prefer not to answer	4	0.7%	200%	15	5.3%	Employed (FT)	53	7.8%
			250%	2	0.7%	Self Employed	19	2.8%
			≥300%	6	2.1%	Other	118	17.5%

(**Table 2**) Certain subgroups of PLWH have been historically underrepresented in HIV data collection, thereby limiting the ability of local communities to address their needs in the data-driven decision-making processes of HIV planning. To help mitigate underrepresentation in Houston Area data collection, efforts were made during the 2020 needs assessment process to *oversample* PLWH who were also members of groups designated as "special populations" due to socio-economic circumstances or other sources of disparity in the HIV service delivery system.

The results of these efforts are summarized in Table 2.

TABLE 2-Representation of Special Populations, Houston Area HIV Needs Assessment, 2020

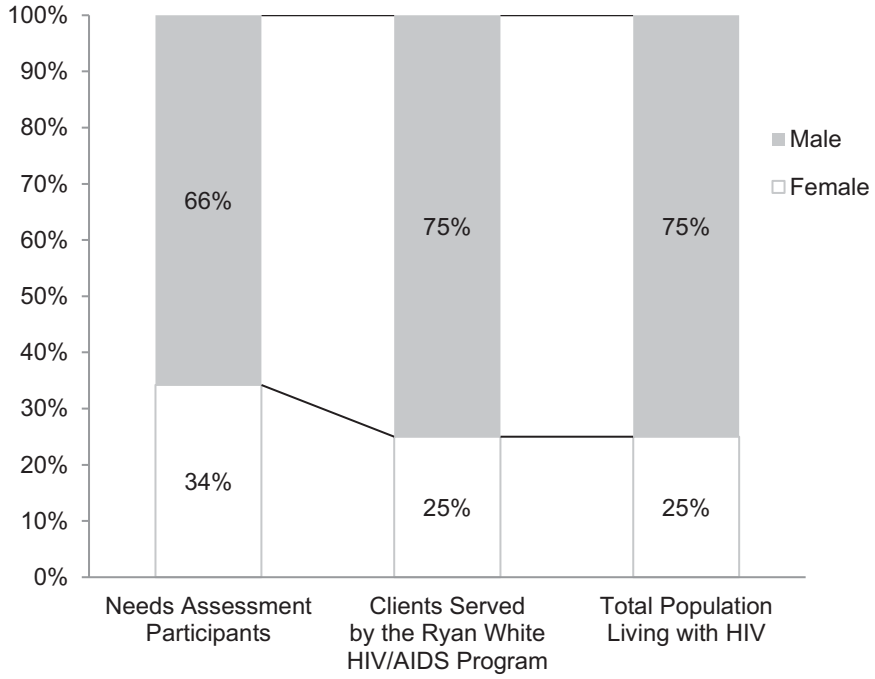
	No.	%
Young adult (18-24 years)	17	2.9%
Adult age 50+ years	353	59.9%
Homeless	65	11.1%
Unstably Housed	159	29.0%
People who inject drugs (PWID)*	47	8.2%
Male-male sexual contact (MSM)	238	40.5%
Out of care (last 12 months)	24	4.3%
Recently released from incarceration	65	11.6%
Rural (non-Harris County resident)	29	5.1%
Women of color	194	33.2%
Transgender	22	3.8%

*Includes self-administered medications, insulin, steroids, hormones, silicone, or drugs.

COMPARISON OF NEEDS ASSESSMENT PARTICIPANTS TO HIV PREVALENCE

HIV needs assessments generate information about the needs and service barriers of persons living with HIV (**PLWH**) in a specific geographic area to assist planning bodies and other stakeholders with designing HIV services that best meet those needs. As it is not be feasible to survey every PLWH in the Houston area, multiple administrative and statistical methods are used to generate a sample of PLWH that are reliably representative of *all* PLWH in the area. The same is true in regards to assessing the needs of clients of the Ryan White HIV/AIDS Program.

GRAPH 1-Needs Assessment Participants Compared to Ryan White HIV/AIDS Program Clients[a] and Total HIV Diagnosed Population[b] in the Houston EMA, by Sex at Birth, 2018



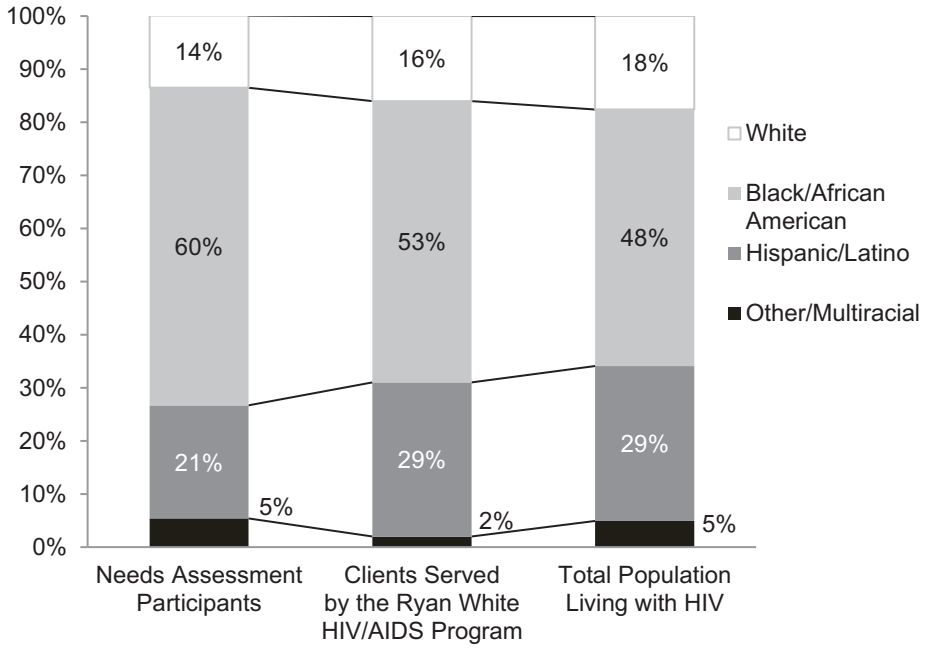
[a]Source: CPCDMS as of 12/31/18, Total number of clients served by the Ryan White HIV/AIDS Program Part A, the Minority AIDS Initiative (MAI), Part B, and State Services (State of Texas matching funds). Accessed 4/1/19.
[b]Source: Texas eHARS. Living HIV cases as of 12/31/18.

As such, awareness of participant representation compared to the composition of both Ryan White HIV/AIDS Program clients and the total HIV diagnosed population is beneficial when reviewing needs assessment results to document actions taken to mitigate any disproportional results.

(**Graph 1**) In the 2020 Houston HIV Care Services Needs Assessment males (sex at birth) comprised 66% of participants but 75% of all Ryan White clients, and all PLWH in the Houston Eligible Metropolitan Area (**EMA**). This indicates that male PLWH were underrepresented in the needs assessment sample, while female PLWH were overrepresented.

(**Graph 2**) Analysis of race/ethnicity composition also shows disproportionate representation between participants, all Ryan White clients, and all PLWH in the Houston EMA. Black/African American participants were overrepresented at 60% of participants when compared to the proportions of Black/African American Ryan White clients and PLWH. Conversely, White PLWH and Hispanic/Latino PLWH were slightly underrepresented in the needs assessment.

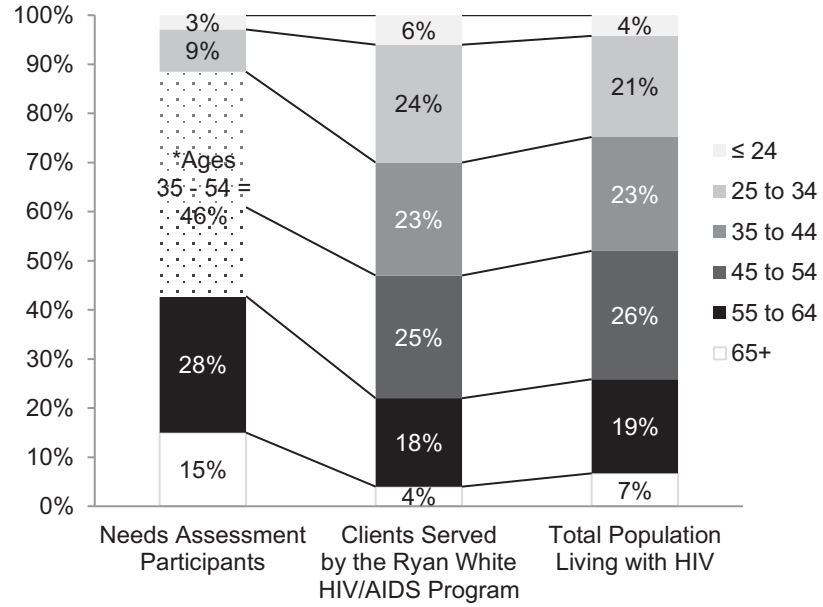
GRAPH 2- Needs Assessment Participants Compared to Ryan White HIV/AIDS Program Clients[a] and Total HIV Diagnosed Population[b] in the Houston EMA, by Race/Ethnicity, 2018



[a]Source: CPCDMS as of 12/31/18, Total number of clients served by the Ryan White HIV/AIDS Program Part A, the Minority AIDS Initiative (MAI), Part B, and State Services (State of Texas matching funds). Accessed 4/1/19.
[b]Source: Texas eHARS. Living HIV cases as of 12/31/18

(**Graph 3**) As referenced in Table 1, 60% of the total needs assessment sample was comprised of individuals age 50 and over. An analysis of age range shows that more needs assessment participants were older than Ryan White clients and PLWH in the Houston EMA. Among needs assessment participants, 28% were ages 55 to 64 and 15% age 65 years and over. Compared to Ryan White clients, 18% were ages 55 to 64 and 4% were 65 and over. Among all PLWH 19% and 7% were in these age groups, respectively. No adolescents (those age 13 to 17) were surveyed. This suggests that youth and young adult PLWH (those age 13 to 24) are generally underrepresented in the needs assessment, while older adults (those age 55 and above) are overrepresented.

GRAPH 3- Needs Assessment Participants Compared to Ryan White HIV/AIDS Program Clients[a] and Total HIV Diagnosed Population[b] in the Houston EMA, by Age[c], 2018



[a]Source: CPCDMS as of 12/31/18, Total number of clients served by the Ryan White HIV/AIDS Program Part A, the Minority AIDS Initiative (MAI), Part B, and State Services (State of Texas matching funds). Accessed 4/1/19.
[b]Source: Texas eHARS. Living HIV cases as of 12/31/18
[c]Excludes ages0-12
*Age ranges 35-44 and 45-54 combined due to differences in question structuring.

Weighting the Sample

Needs assessment data were statistically weighted by sex at birth, primary race/ethnicity, and age group using current HIV prevalence for the Houston EMA (2018) *prior to* the analysis of results related to service needs and barriers. This was done because the demographic composition of 2020 Houston HIV Care Services Needs Assessment participants was *not* comparable to the composition of all PLWH in the Houston EMA. As such, the results presented in the remaining Chapters of this document are proportional for these three demographic categories only. Appropriate statistical methods were applied throughout the process in order to produce an accurately weighted sample, including a three-level stratification of prevalence data and subsequent data weighting syntax. Voluntary completion on the survey and non-applicable answers comprise the missing or invalid survey entries and are excluded in the statistical analysis; therefore, denominators will further vary across results. All data management and quantitative analysis, including weighting, was performed in IBM© SPSS© Statistics (v. 22). Qualitative analysis was performed in QSR International© NVivo 10.

Sources:

Texas Department of State Health Services (TDSHS) eHARS data through 12-31-2018.

University of Illinois, Applied Technologies for Learning in the Arts and Sciences (ATLAS), Statistical & GIS Software Documentation & Resources, SPPS Statistics 20, Post-stratification weights, 2009.

Chapter 2:
Service Needs and Barriers

OVERALL SERVICE NEEDS AND BARRIERS

As payer of last resort, the Ryan White HIV/AIDS Program provides a spectrum of HIV-related services to people living with HIV (**PLWH**) who may not have sufficient resources for managing HIV. The Houston Area HIV Services Ryan White Planning Council identifies, designs, and allocates funding to locally-provided HIV care services. Housing services for PLWH are provided through the federal Housing Opportunities for People with AIDS (**HOPWA**) program through the City of Houston Housing and Community Development Department and for PLWH recently released from incarceration through the Houston Regional HIV/AIDS Resource Group (**TRG**). The primary function of HIV needs assessment activities is to gather information about the need for and barriers to services funded by the local Houston Ryan White HIV/AIDS Program, as well as other HIV-related programs like HOPWA and the Houston Health Department's (**HHD**) prevention program.

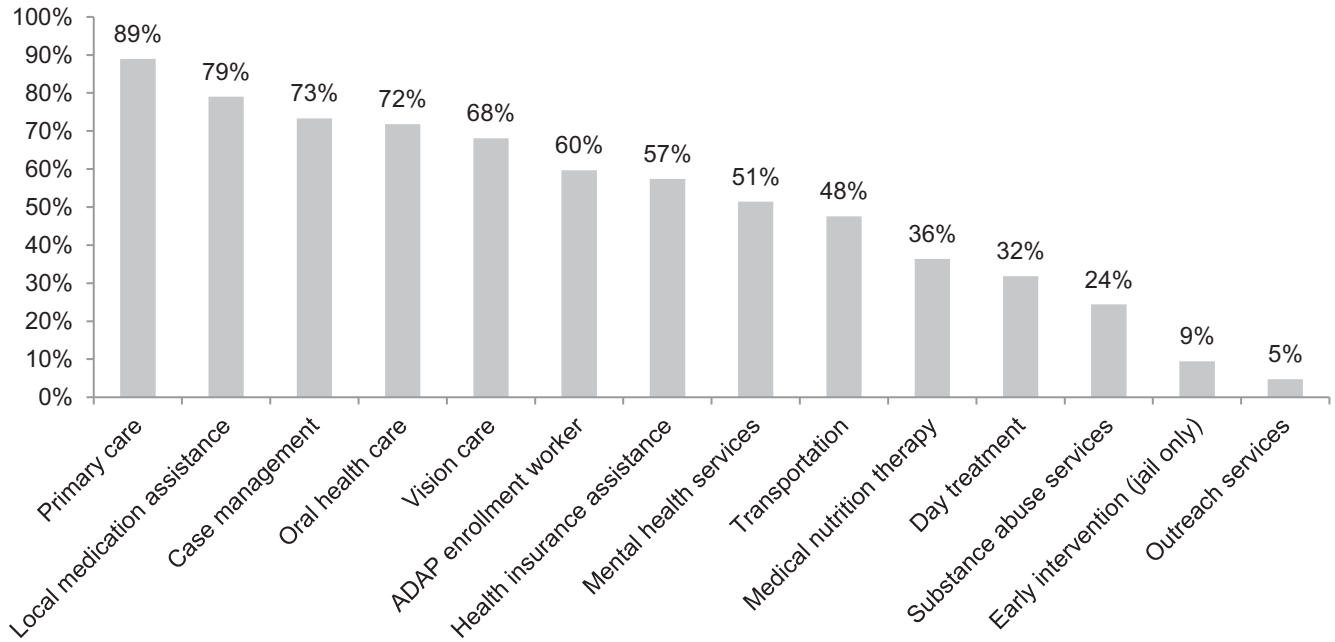
Overall Ranking of Funded Services, by Need

At the time of survey, 17 HIV core medical and support services were funded through the Houston Area Ryan White HIV/AIDS Program. Participants of the 2020 Houston HIV Care Services Needs Assessment were asked to indicate which of these funded services they needed in the past 12 months.

(**Graph 1**) All funded services except hospice and linguistics were analyzed and received a ranking of need. Emergency financial assistance was merged with local medication assistance, and non-medical case management was merged with medical case management. At 89%, primary care was the most needed funded service in the Houston Area, followed by local medication assistance at 79%, case management at 73%, oral health care at 72%, and vision care at 68%. Primary care had the highest need ranking of any core medical service, while ADAP enrollment worker received the highest need ranking of any support service. Compared to the last Houston Area HIV needs assessment conducted in 2016, need ranking decreased for most services. The percent of needs assessment participants reporting need for a particular service decreased the most for case management and primary care, while the percent of those indicating a need for local medication assistance and early intervention services increased from 2016.

GRAPH 1-Ranking of HIV Services in the Houston Area, By Need, 2020

Definition: Percent of needs assessment participants stating they needed the service in the past 12 months, regardless of service accessibility.
Denominator: 569-573 participants, varying between service categories



Overall Ranking of Funded Services, by Accessibility

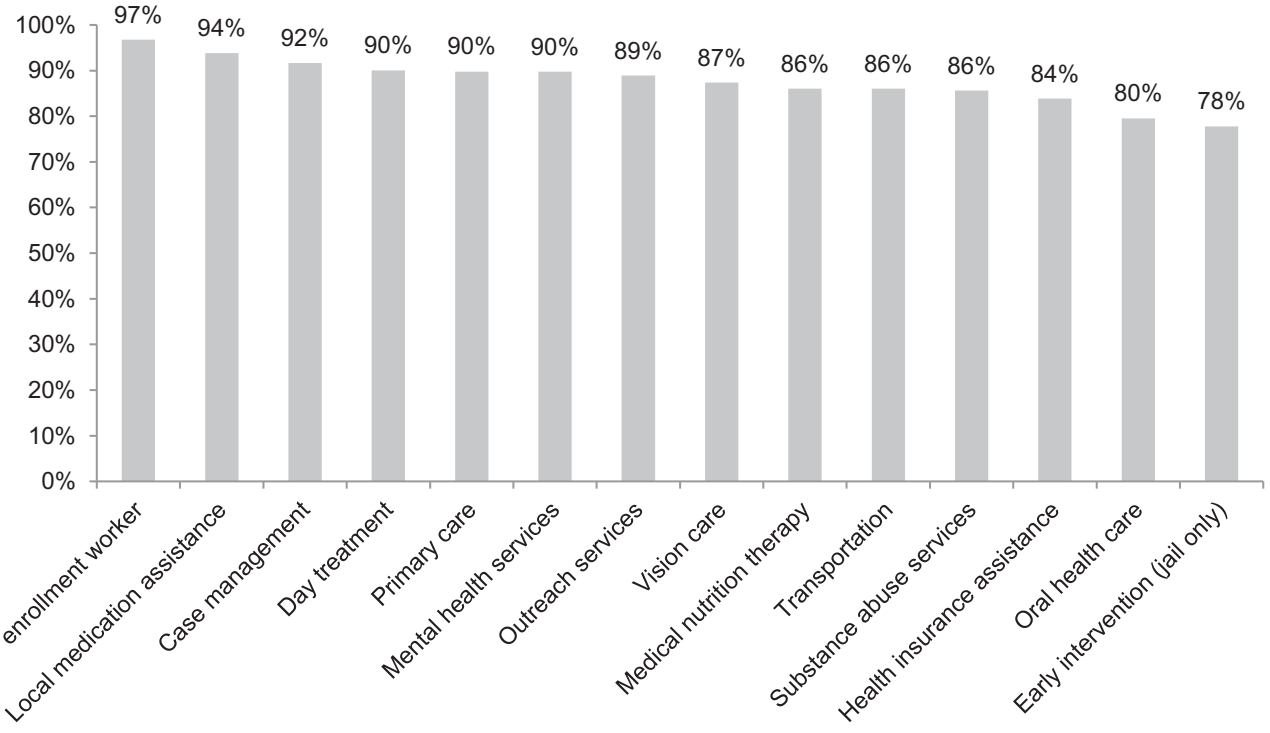
Participants were asked to indicate if each of the funded Ryan White HIV/AIDS Program services they needed in the past 12 months was easy or difficult for them to access. If difficulty was reported, participants were then asked to provide a brief description on the barrier experienced. Results for both topics are presented below.

(**Graph 2**) All funded services except hospice and linguistics were analyzed and received a ranking of accessibility. The most accessible service was ADAP enrollment worker at 97% ease of access, followed by local medication assistance at 94% and case management at 92%. Local medication assistance had the highest accessibility ranking of any core medical service, while ADAP enrollment worker received the highest accessibility ranking of any support service. Compared 2016 needs assessment, reported accessibility on remained stable on average. The greatest increase in percent of participants reporting ease of access was observed in local medication assistance, while the greatest decrease in accessibility was reported for early intervention services.

GRAPH 2-Ranking of HIV Services in the Houston Area, By Accessibility, 2020

Definition: Of needs assessment participants stating they needed the service in the past 12 months, the percent stating it was easy to access the service.

Denominator: 569-573 participants, varying between service categories



Overall Ranking of Barriers Types Experienced by Consumers

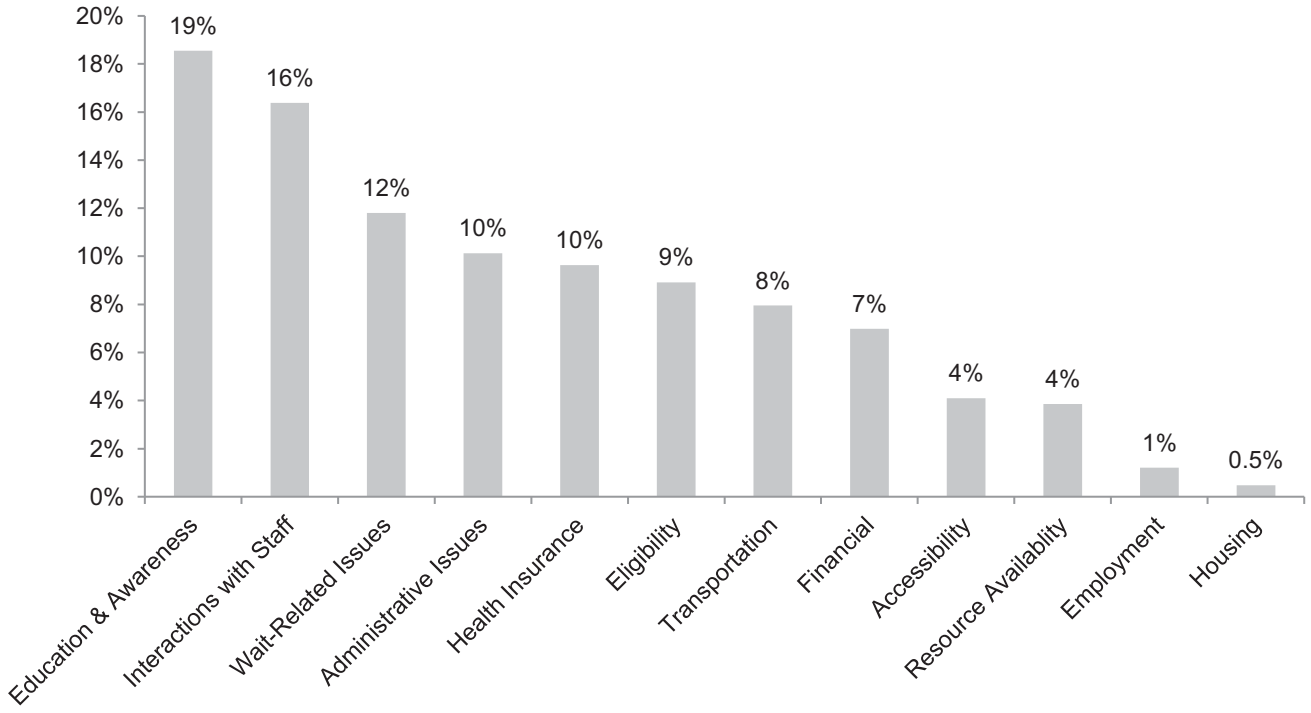
Since the 2016 Houston Area HIV Needs Assessment, participants who reported *difficulty* accessing needed services have been asked to provide a brief description of the barrier or barriers encountered, rather than select from a list of pre-selected barriers. In 2016, staff used recursive abstraction to categorize participant descriptions into 39 distinct barriers, and then grouped together into 12 nodes, or barrier types. This categorization schema was applied to reported barriers in the 2020 survey.

(**Graph 3**) Overall, fewer barriers were reported in 2020 (415 barrier reports) than in previous 2016 Needs Assessment (501 barrier reports), despite the increase in sample size in 2020. Across all funded services, the barrier types reported most often related to service education and awareness issues (19% of all reported barriers); interactions with staff (16%), wait-related issues (12%); administrative issues (10%); and issues relating to health insurance coverage (10%). Housing issues (homelessness or intimate partner violence) were reported least often as barriers to funded services (1%). Between the 2016 and 2020 HIV Needs Assessments, the percentage of barriers relating to interactions with staff increased by 3 percentage points, while wait-related issues decreased by 3 percentage points.

For more information on barrier types reported most often by service category, please see the Service-Specific Fact Sheets.

GRAPH 3-Ranking of Types of Barriers to HIV Services in the Houston Area, 2018

Definition: Percent of times each barrier type was reported by needs assessment participants, regardless of service, when difficulty accessing needed services was reported.
Denominator: 415 barrier reports



Descriptions of Barriers Encountered

All funded services were reported to have barriers, with an average of 35 reports of barriers per service. Participants reported the least barriers for Linguistic Services (one barrier) and the most barriers for Oral Health Care (90 barriers). In total, 415 reports of barriers across all services were indicated in the sample.

(**Table 1**) Within education and awareness, knowledge of the availability of the service and where to go to access the service accounted for 81% of barriers reported. Being put on a waitlist accounted for a majority (56%) of wait-related barriers. Poor communication and/or follow up from staff members when contacting participants comprised a majority (53%) of barriers related to staff interactions. Forty-five percent (45%) of eligibility barriers related to participants being told they did not meet eligibly requirements to receive the service while redundant or complex processes for renewing eligibility accounted for an additional 39% of eligibility barriers. Among administrative issues, long or complex processes required to obtain services sufficient to create a burden to access comprised most (57%) of the barriers reported.

A majority of health insurance-related barriers occurred because the participant was under-insured or experiencing coverage gaps for needed services or medications (55%) or they were uninsured (25%). The largest proportion (91%) of transportation-related barriers occurred when participants had no access to transportation. Inability to afford the service accounted for all barriers relating to participant financial resources. Services being offered at an inaccessible distance accounted for most (76%) of accessibility-related barriers, though it is noteworthy that low or no literacy accounted for 12% of accessibility-related barriers. Receiving resources that were insufficient to meet participant needs accounted for most resource availability barriers. Intimate partner violence accounted for both reports of housing-related barriers. Instances in which the participant's employer did not provide sufficient sick/wellness leave for attend appointments comprised most (80%) employment-related barriers.

TABLE 1-Barrier Proportions within Each Barrier Type, 2020					
Education & Awareness	%	Wait-Related Issues	%	Interactions with Staff	%
Availability (Didn't know the service was available)	51%	**Waitlist** (Put on a waitlist)	56%	**Communication** (Poor correspondence/ Follow up from staff)	53%
Definition (Didn't know what service entails)	2%	**Unavailable** (Waitlist full/not available resulting in client not being placed on waitlist)	22%	**Poor Treatment** (Staff insensitive to clients)	13%
Location (Didn't know where to go [location or location w/in agency])	30%	**Wait at Appointment** (Appointment visits take long)	12%	**Resistance** (Staff refusal/ resistance to assist clients)	6%
Contact (Didn't know who to contact for service)	16%	**Approval** (Long durations between application and approval)	10%	**Staff Knowledge** (Staff has no/ limited knowledge of service)	19%
				Referral (Received service referral to provider that did not meet client needs)	10%
Eligibility	%	Administrative Issues	%	Health Insurance	%
Ineligible (Did not meet eligibility requirements)	45%	**Staff Changes** (Change in staff w/o notice)	10%	**Uninsured** (Client has no insurance)	25%
Eligibility Process (Redundant process for renewing eligibility)	39%	**Understaffing** (Shortage of staff)	7%	**Coverage Gaps** (Certain services/medications not covered)	55%
Documentation (Problems obtaining documentation needed for eligibility)	16%	**Service Change** (Change in service w/o notice)	7%	**Locating Provider** (Difficulty locating provider that takes insurance)	18%
		Complex Process (Burden of long complex process for accessing services)	57%	**ACA** (Problems with ACA enrollment process)	3%
		Dismissal (Client dismissal from agency)	7%		
		Hours (Problem with agency hours of operation)	12%		
Transportation		Financial	%	Accessibility	%
No Transportation (No or limited transportation options)	91%	**Financial Resources** (Could not afford service)	100%	**Literacy** (Cannot read/difficulty reading)	12%
Providers (Problems with special transportation providers such as Metrolift or Medicaid transportation)	9%			**Spanish Services** (Services not made available in Spanish)	0%
				Released from Incarceration (Restricted from services due to probation, parole, or felon status)	12%
				Distance (Service not offered within accessible distance)	76%
Resource Availability	%	Housing	%	Employment	%
Insufficient (Resources offered insufficient for meeting need)	81%	**Homeless** (Client is without stable housing)	0%	**Unemployed** (Client is unemployed)	20%
Quality (Resource quality was poor)	19%	**IPV** (Interpersonal domestic issues make housing situation unsafe)	100%	**Leave** (Employer does not provide sick/wellness leave for appointments)	80%

NEED AND ACCESSIBILITY FOR UNFUNDED SERVICES

The Ryan White HIV/AIDS Program allows funding of 13 core medical services and 15 support services, though only 17 of these services were funded in the Houston area at the time of survey. For this first time, the 2020 Houston Area HIV Needs Assessment collected data on the need for and accessibility to services that are allowable under Ryan White, but not currently funded in the Houston area. While these services are not funded under Ryan White, other funding sources in the community may offer them.

Overall Ranking of Unfunded Services, by Need

Participants of the 2020 Houston HIV Care Services Needs Assessment were asked to indicate which of allowable but currently unfunded services they needed in the past 12 months.

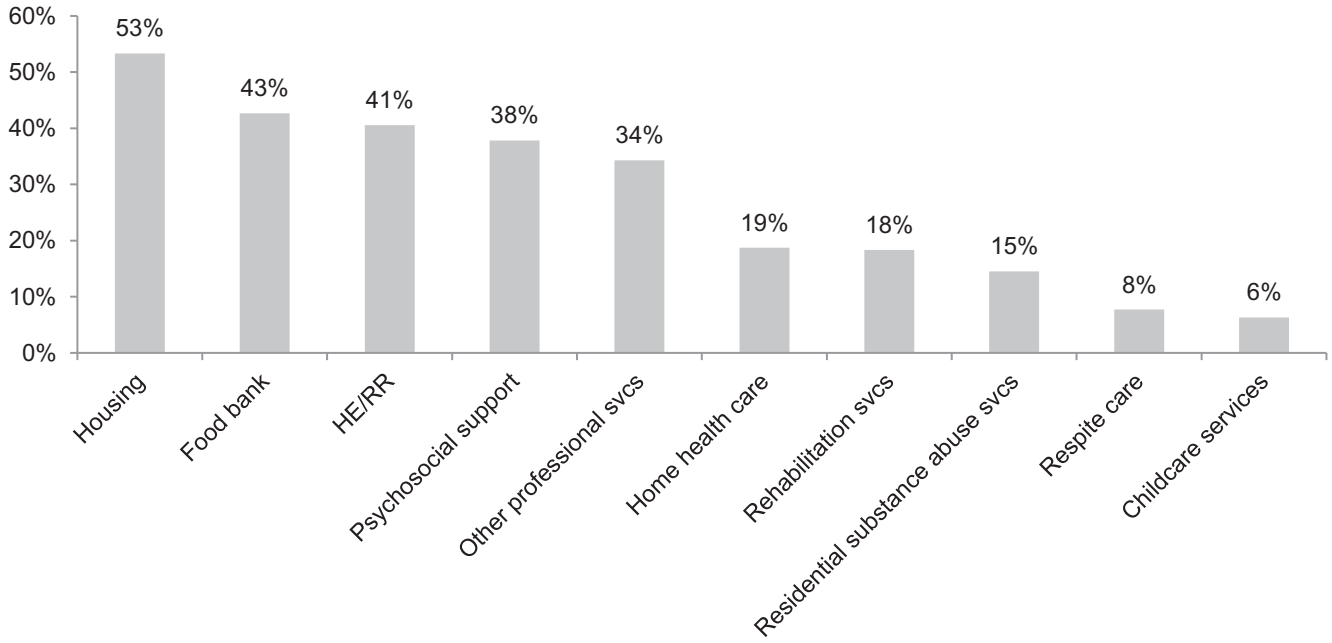
(**Graph 4**) At 53%, housing was the most needed unfunded service in the Houston Area, followed by food bank at 43%, health education/risk reduction at 41%, psychosocial support services at 38%, and other professional services at 34%. Of participants indicating a need for food bank, 69% reported needing services from a food bank, 6% reported needing home delivered meals, and 25% indicated need for both types of food bank service. Among participants indicating a need for psychosocial support services, 89% reported needing an in-person support group, 3% reported needing an online support group, and 8% indicated need for both types of psychosocial support.

Home health care had the highest need ranking of any unfunded core medical service, while housing received the highest need ranking of any unfunded support service.

GRAPH 4-Ranking of Unfunded HIV Services in the Houston Area, By Need, 2020

Definition: Percent of needs assessment participants stating they needed the unfunded service in the past 12 months, regardless of service accessibility.

Denominator: 569-572 participants, varying between service categories



Overall Ranking of Unfunded Services, by Accessibility

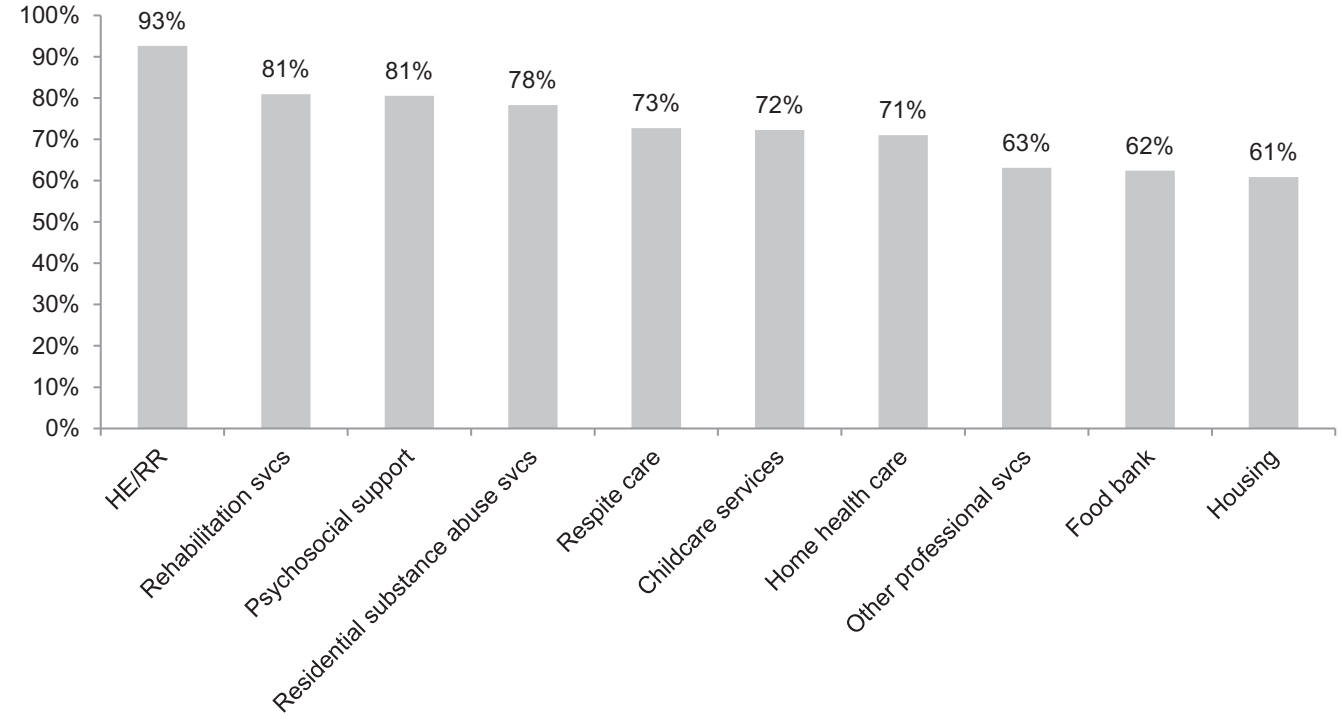
Participants were asked to indicate if each of the unfunded HIV services they needed in the past 12 months was easy or difficult for them to access.

(**Graph 5**) The most accessible unfunded service was health education/risk reduction at 93% ease of access, followed by rehabilitation services at 81%, psychosocial support services at 81%, residential substance abuse services at 78%, and respite care at 73%. The least accessible needed unfunded services was housing at 61%. Home health care had the highest accessibility ranking of any core medical service, while rehabilitation services received the highest accessibility ranking of any support service.

GRAPH 5-Ranking of Unfunded HIV Services in the Houston Area, By Accessibility, 2020

Definition: Of needs assessment participants stating they needed the unfunded service in the past 12 months, the percent stating it was easy to access the service.

Denominator: 569-572 participants, varying between service categories



Other Identified Needs

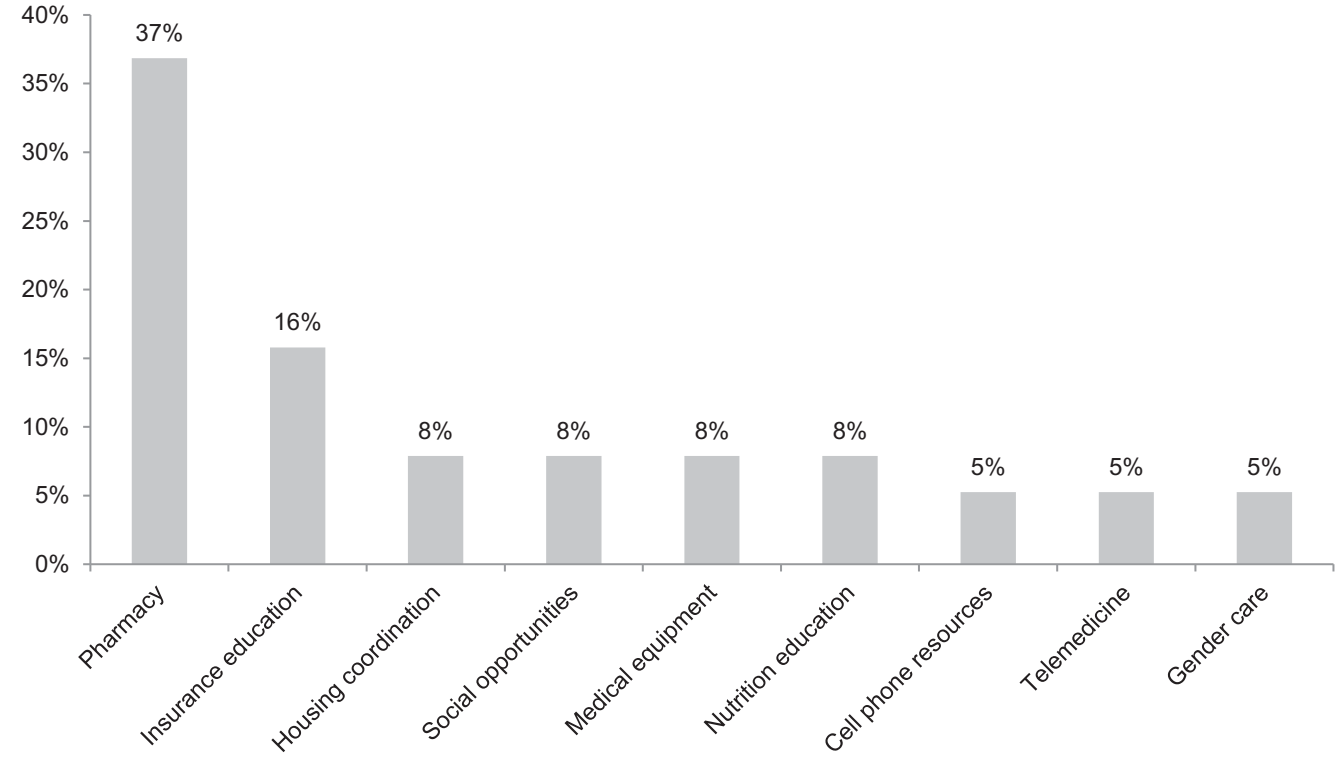
In addition to the allowable HIV services listed above, participants were also encouraged to write-in other types of needed services to gauge any new or emerging service needs in the community.

(**Graph 6**) Participants identified nine additional needs not otherwise described in funded and unfunded services above. The most common identified needs related to pharmacy, such as having medications delivered and automatic refills, at 37%. This was followed by insurance education at 16%, and housing coordination, social opportunities, coverage for medical equipment, and nutrition education, each at 8%.

GRAPH 6-Other Needs for HIV Services in the Houston Area, 2020

Definition: Percent of write-in responses by type for the survey question, "What other kinds of services do you need to help you get your HIV medical care?"

Denominator: 38 write-in responses



Chapter 3: Needs Across the HIV Care Continuum

HIV CARE CONTINUUM

In July 2012, the Centers for Disease Control and Prevention (CDC) released an analysis of the number and percentage of people in the U.S. at each stage of the HIV care continuum originally developed by Gardner et al (2011). The continuum represents the sequential stages of HIV care – from being diagnosed to suppressing the virus through treatment. This analysis is now commonly referred to as the *HIV care continuum* and, in July 2013, the White House launched a national initiative to expand and accelerate efforts along each stage of the continuum.

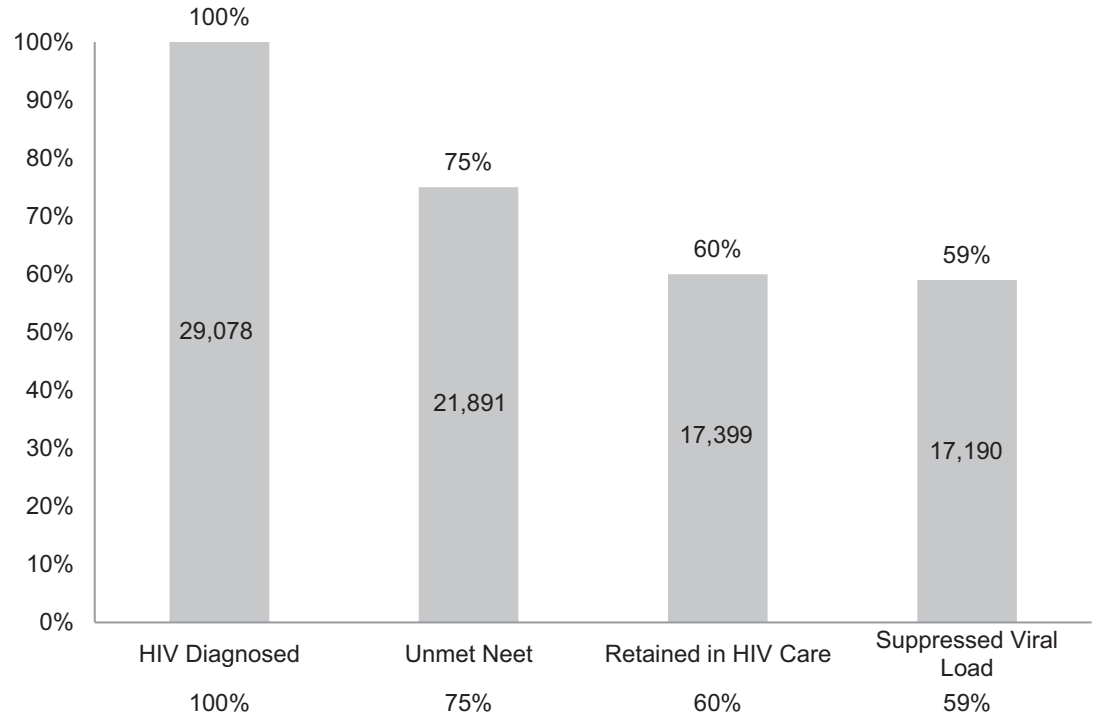
HIV care continua that incorporate local data allow communities to evaluate the extent to which national and local goals related to increasing HIV awareness, linkage to care, and viral load suppression are being met or exceeded. This model is also useful for identifying local prevention and care service gaps, and targeting efforts to bridge each stage of the continuum.

Engagement in Care in the Houston Area

(**Graph 1**) Each year, the Houston Area HIV Care Continuum (**HCC**) is updated using local epidemiological data. Several questions included in the 2020 Houston HIV Care Services Needs Assessment assess barriers to engagement at certain points along the HIV care continuum. The first stage of the HCC was explored in the needs assessment through analysis of diagnosis locations and years. Linkage to care and met need were evaluated through services and materials provided at diagnosis, as well as encountered barriers to timely linkage. Retention was addressed through investigating causes for lost to care and falling out of care. As the defining component of achieving viral suppression, motivations among participants not currently taking antiretroviral medication are assessed at the end of this chapter. Findings from two focus groups conducted with service linkage and outreach workers are presented in this chapter to contextualize issues surrounding timely linkage and effective retention in HIV care.

GRAPH 1-Houston Area HIV Care Continuum, 2018

Denominator: 29,078 diagnosed PLWH in the Houston EMA



Data represented for PLWH in the Houston EMA between 1/1/2018 and 12/31/2018.

HIV Diagnosed: No. of HIV-diagnosed people, and residing in the Houston EMA, 2018. Source: Texas eHARs

Met Need: No. (%) of PLWH in Houston EMA with met need (at least one: medical visit, ART prescription, or CD4/VL test) in year. Source: Texas DSHS HIV Unmet Need Project (incl. eHARS, ELR, ARIES, ADAP, Medicaid, private payer data)

Retained in HIV Care: No. (%) of PLWH in Houston EMA with at least 2 medical visits, ART prescriptions, or CD4/VL tests in year, at least 3 months apart

Suppressed Viral Load: No. (%) of PLWH in Houston EMA whose last viral load test of the year was ≤200 copies/mL. Source: Texas ELRs, ARIES labs, ADAP labs

TESTING AND DIAGNOSIS

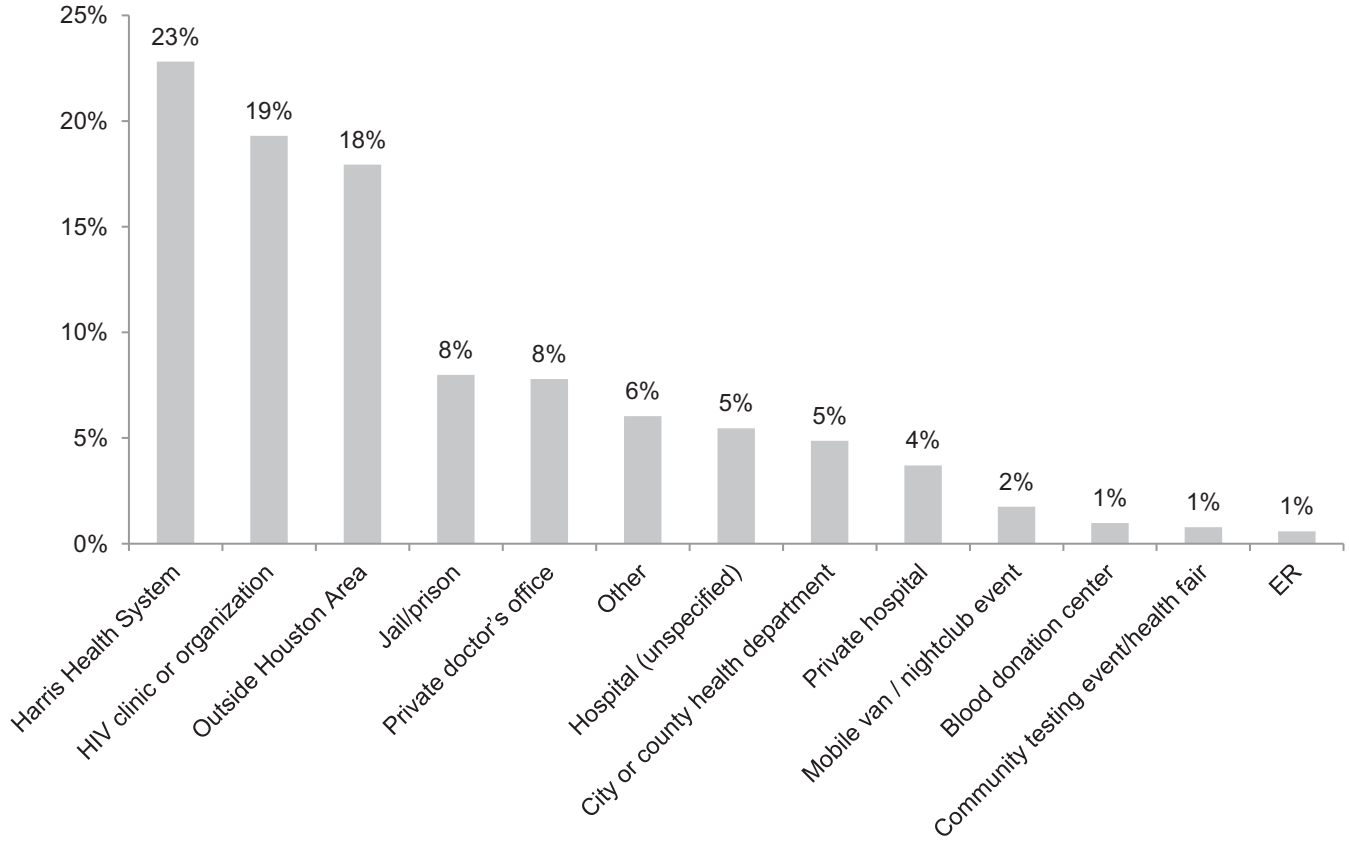
The 2020 Houston HIV Care Services Needs Assessment asked participants to share information from when they were first diagnosed, including when and where they were diagnosed. This information helps identify effective locations for HIV testing in the Houston Area toward the goal of increasing the proportion of PLWH who are aware of their status.

HIV Testing Location

(**Graph 2**) The most common location for being diagnosed with HIV was a Harris Health System facility (including but not limited to Thomas Street Health Center, Ben Taub, and LBJ Hospitals) at 23%, followed by receipt of diagnosis at an HIV clinic or organization (19%), outside the Houston area (18%), jail or prison (8%), or a private doctor's office or clinic (8%). At 1% each, blood donation centers, community testing events/health fairs, and emergency rooms were cited least often.

GRAPH 2-Locations of HIV Diagnosis for PLWH in the Houston Area, 2020

Definition: Percent of times each type of location was reported as the location where participants were first diagnosed with HIV.
Denominator: 513 participants

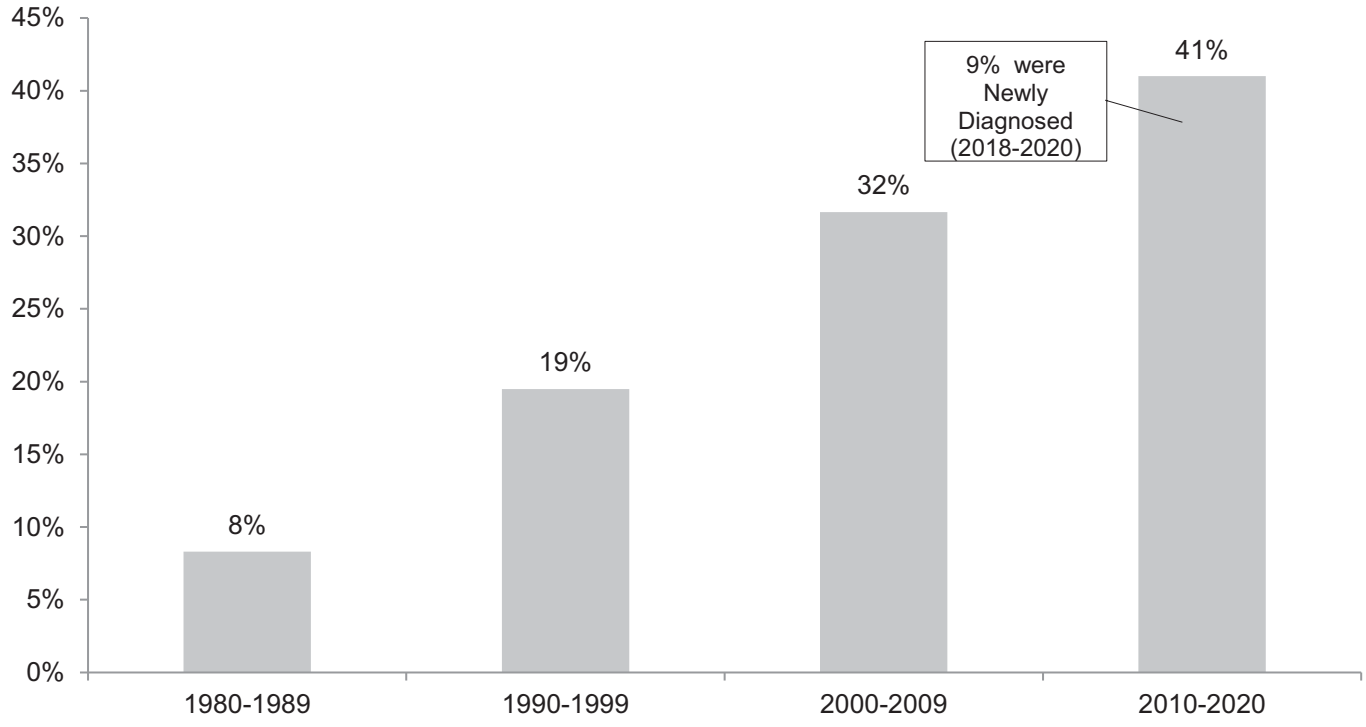


Year HIV Diagnosed

(**Graph 3**) The average length of time since HIV diagnosis among needs assessment participants was 13 years. More participants were diagnosed between 2010 and 2020 than any other period. Newly diagnosed participants (diagnosed 2018-2020) comprised 9% of the sample, while recently diagnosed participants (diagnosed 2014-2020) made up 24% of the sample.

GRAPH 3-Year of HIV Diagnosis for PWLH in the Houston Area, 2020

Definition: Percent of participants who were first diagnosed with HIV in each time period.
Denominator: 562 participants



LINKAGE TO CARE

The 2020 Houston HIV Care Services Needs Assessment asked participants about initial entry into HIV care following diagnosis. Information on linkage to care for newly diagnosed individuals can help communities identify strategies to make linkage to HIV care timely and effective for promoting retention in care and viral suppression. Linkage to care information also helps communities identify gaps that result in delayed entry into care as well as potential solutions for bridging linkage gaps with HIV services.

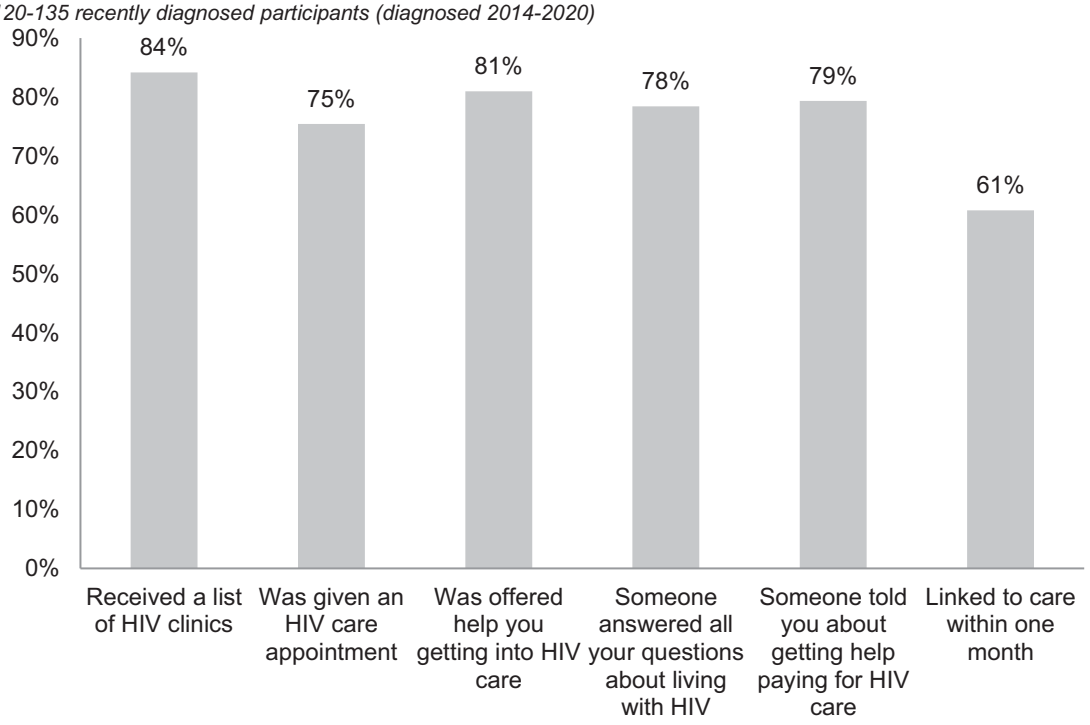
Notes: Most (59%) participants were diagnosed prior to 2010 and the introduction of proactive service linkage efforts such as Service Linkage Workers. Service linkage activities and barriers to timely linkage are discussed for recently diagnosed participants (diagnosed 2014-2020) only in **Graph 4** and **Graph 5**.

Linkage Services at Diagnosis

(**Graph 4**) 61% of recently diagnosed needs assessment participants reported linkage to care within 1 month of diagnosis. For passive referral, 84% received a list of HIV clinics at the time of diagnoses, while 75% were given their first HIV care appointment. For active linkage to HIV care, 81% of recently diagnosed participants were offered help getting into HIV medical care, 78% has someone answer all of their questions about living with HIV, and 79% had someone inform them about resources to help pay for their HIV medical care. Reported linkage to care mirrors epidemiological data show for the Houston EMA. According to those data (generated by the Texas Department of State Health Services), 60% of persons in the Houston EMA were linked to care within 1 months of diagnosis (2018).

GRAPH 4-Service Linkage Activities Received at the Time of HIV Diagnosis in the Houston Area, 2020

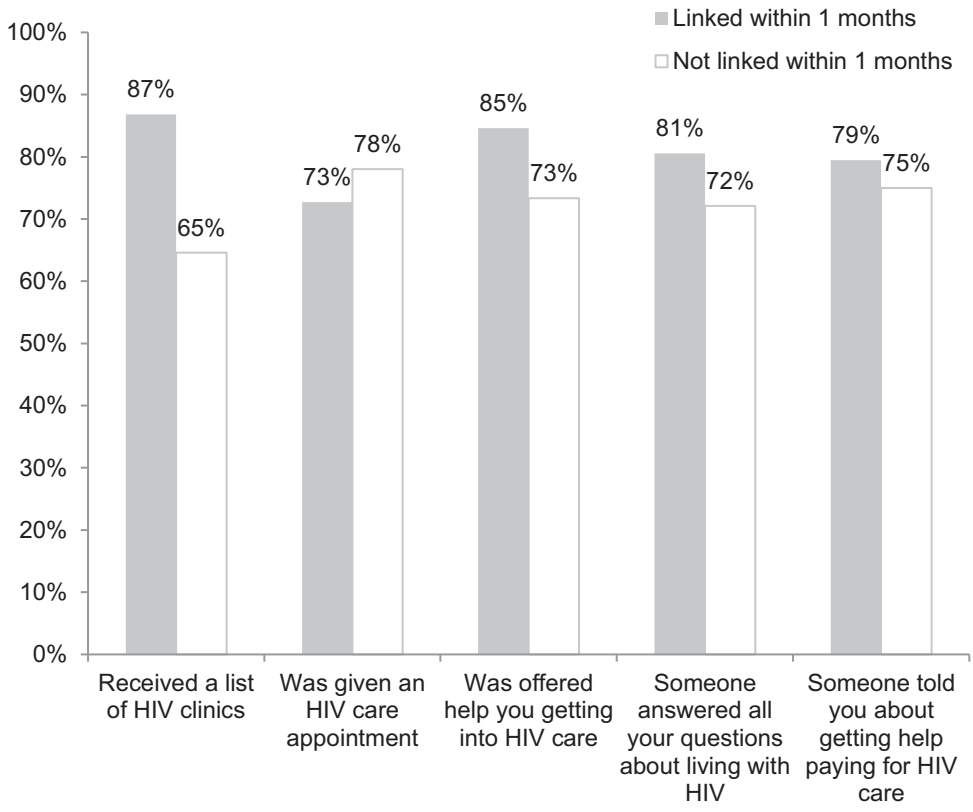
Definition: Percent of recently diagnosed needs assessment participants who received each of type of linkage service at the time of diagnosis.
Denominator: 120-135 recently diagnosed participants (diagnosed 2014-2020)



(**Graph 5**) Receipt of passive referral and active linkage activities appears to be positively associated with early linkage to care: 87% of those who linked to care within 1 month received a list of HIV clinics at the time of diagnosis, compared to only 65% of those not linked to care within 1 month. This association was also observed for being offered help getting into HIV care (85% v. 73%), having someone answer questions about living with HIV (81% v. 72%) and having someone mention resources to help pay for HIV care (79% v. 75%).

GRAPH 5-Service Linkage Activities Received at the Time of HIV Diagnosis in the Houston Area, by Linkage Timeframe, 2020

Definition: Percent of linked and non-linked recently diagnosed needs assessment participants who received each type of linkage service at the time of diagnosis.
Denominator: 82 participants linked within 1 month; 53 participants not linked within 1 month



Barriers to Early Linkage

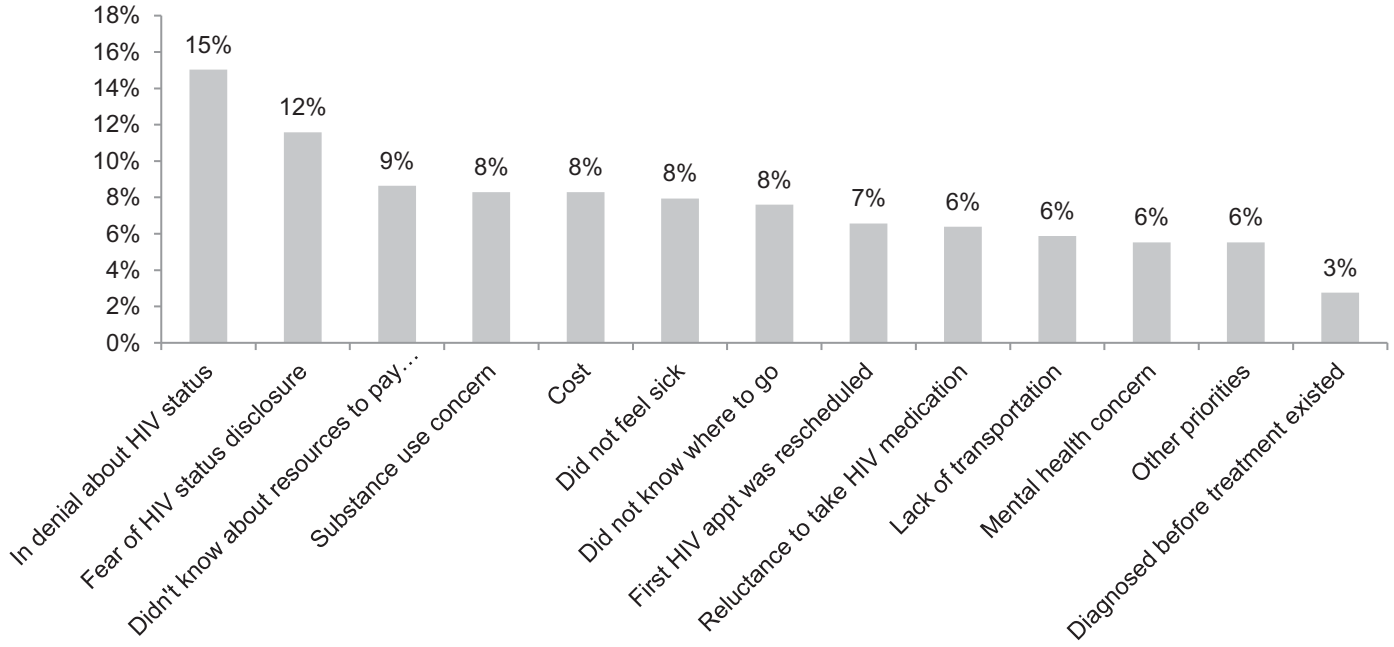
(**Graph 6**) All participants who delayed entry into HIV care for more than 1 month after diagnosis were asked the reasons for delayed entry. Thirteen commonly reported barriers were provided as options in the survey, participants could select multiple reasons for delayed entry, and participants could write in their reasons.

Of the 13 options provided, denial about HIV status was selected most often at 15% of all reasons reported. This was closely followed by fear of HIV status disclosure (12%), and not knowing about available resources to pay for HIV medical care (19%). The most common write-in reason for delayed entry was incarceration at time of diagnosis. One participant mentioned that they were diagnosed while incarcerated, but had to wait longer than one month after diagnosis to see a doctor for HIV.

GRAPH 6-Reasons for Delayed Linkage to HIV Care in the Houston Area, 2020

Definition: Percent of times each item was reported by needs assessment participants as the reason they were not linked to HIV care within 1 months of diagnosis.

Denominator: 579 reports of reasons for delayed linkage to care



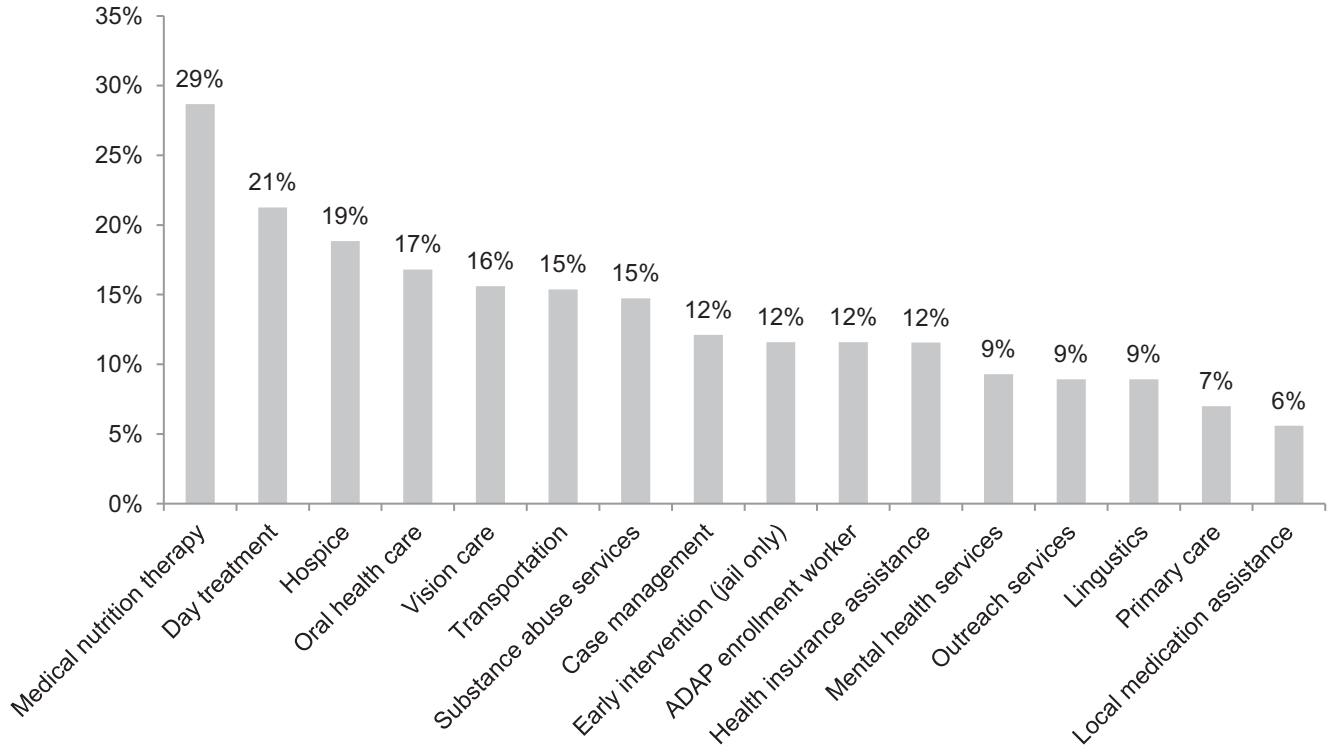
Awareness of Available Services

Education and awareness issues present a longstanding barrier to timely linkage to care in the Houston EMA. In particular, lack of awareness that a service exists or is available remains one of the most commonly cited reasons PLWH in the Houston Area do not access a needed service. The 2020 Houston HIV Care Services Needs Assessment survey asked participants to indicate if they did not know a funded service was available at the time of survey. Results for this question are discussed below.

(**Graph 7**) Medical nutrition therapy had the highest proportion of participants who were unaware that it was an available service at 29% of participants surveyed. This was followed by day treatment (21%), hospice (19%), oral health care (17%), and vision care (16%).

GRAPH 7-Ranking of HIV Services in the Houston Area, By Service Unawareness, 2020

Definition: Percent of needs assessment participants stating they did not know the service was available.
Denominator: 569-573 participants, varying between service categories



Findings from Service Linkage Worker Focus Group

The role of service linkage workers per the Houston EMA Ryan White Part A service category definition is to "assist clients with the procurement of needed services so that the problems associated with living with HIV are mitigated" when clients do not require the intensity of Medical Case Management interventions.[1] The ultimate goal of service linkage is to successfully link new and out of care clients to HIV medical care, and provide referrals to needed services to help facilitate this linkage. In June 2019, staff conducted a focus group with five service linkage workers and case managers providing service linkage to provide context for the service linkage process. On average, the focus group participants carried a 30 client caseload, though some service linkage workers reported serving up to 45 clients at any given time. The results of this focus group are examined below by prompt.

"Which services do service linkage clients need most? Are there any needed services that do not currently exist in the Houston area?"

- Immediate housing according to the Housing First approach
- Mental health and re-entry support groups
- Adult Day treatment
- Staff that resemble clients demographically to build trust. [Public clinic] clients have difficulty accessing services only offered at [Federally-Qualified Health Centers and mental health providers] because the staff do not resemble them.
- Phone cards to refill minutes and/or pre-paid phones to help establish in care. It is very challenging to link to care someone with no phone or no minutes
- A more user-friendly statement of income process

"Why do clients have trouble linking to care or fall out of care? What facilitates clients returning to care?"

- Reasons for not linking or falling out of care
  - Lack of transportation
  - Substance use disorder
  - Feeling well
  - Moving/relocating
  - Becoming undetectable ("Clients return to care when they begin to feel sick again.")
  - Having to choose between work or getting care
  - ADAP and Ryan White renewal processes are too burdensome for clients
  - Frequent phone number changes
  - Concerns that using Ryan White or other services will negatively impact the immigration process
  - Young MSM have a particularly tough time linking or staying in care; consider redefining young adult services to include up to 28 or 30 years of age
- Reasons for linking or returning to care:
  - Feeling sick or getting sick more often
  - Release from incarceration
  - Acceptance of positive HIV status
  - Having a history or established relationship with their doctor

"What are some of the biggest barriers to care for clients?"

- When providers do not fully understand or have regard for social situations/issues. Service linkage and case management staff end up providing counseling they are not equipped for and cannot bill for.
- Cultural humility/cultural competency issues and the need to learn from/accommodate a variety of clients
- Transportation issues
  - Need an option of Uber/Lyft. People under 25 are reluctant to ride Metro and trips are typically cheaper than taxi rides. This would also reduce missed appointments. Concierge/Healthcare services with ridesharing companies could help.
  - Mobile clinics for clients experiencing homelessness to receive labs and care
  - Wider availability of telemedicine/telehealth appointments

[1] Source: FY 2020 Houston EMA Ryan White Part A/MAI Service Definitions

RETENTION IN CARE

The 2020 Houston HIV Care Services Needs Assessment explored history of HIV care continuity since diagnosis to gather information about barriers to retention. These results help communities identify assets and effective strategies for increasing retention in care in the Houston Area. According to local epidemiological data (generated by the Texas Department of State Health Services), 75% of all diagnosed PLWH in the Houston EMA were in HIV care in the past 12 months, and 60% were retained in care throughout the year (2018). In contrast, 94% of survey participants had met need and 86% were retained in care. A more detailed profile of the 6% of PLWH who were out of HIV medical care at the time of survey is available in Chapter 5 of this document.

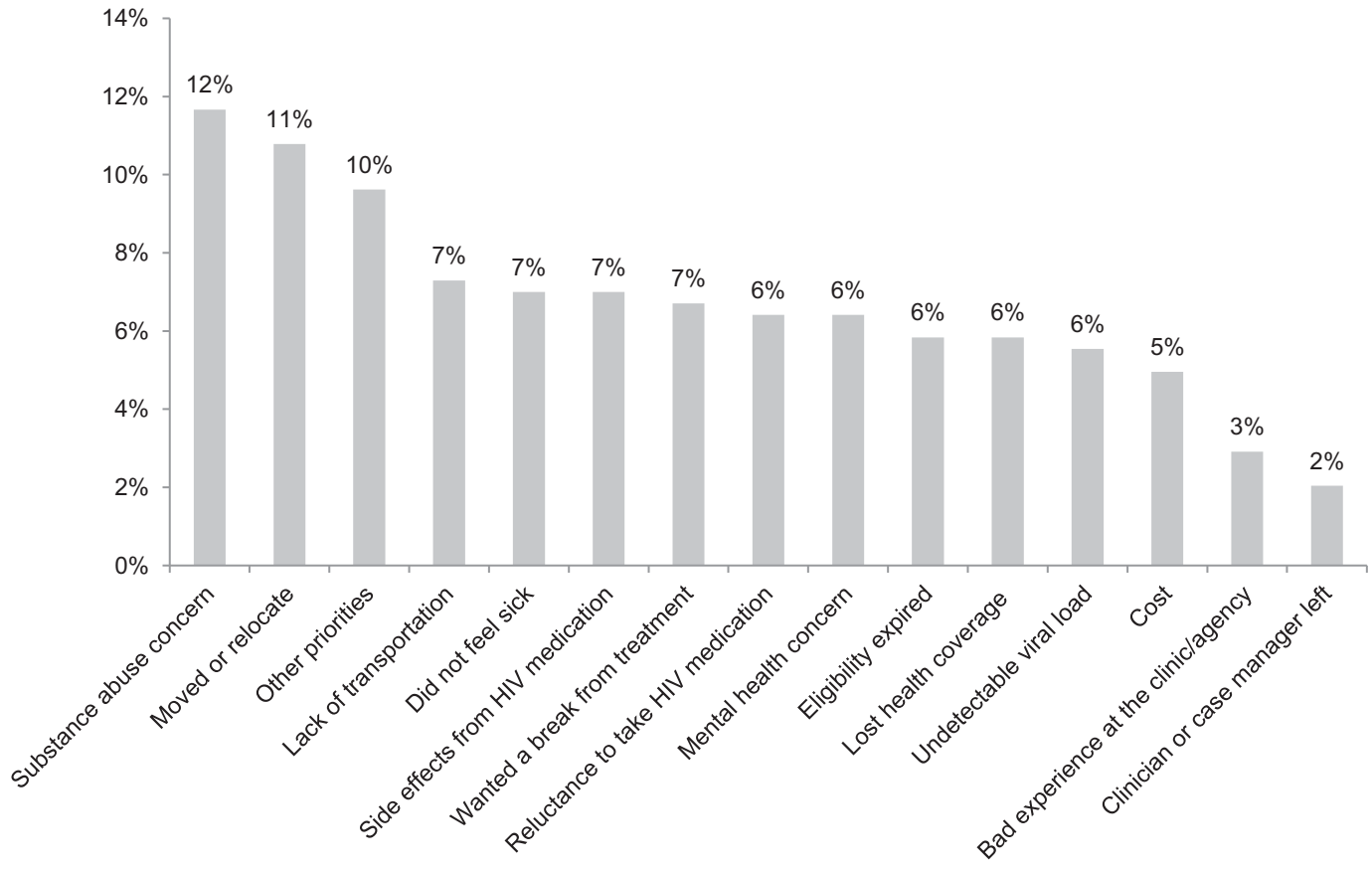
Barriers to Retention in Care

(**Graph 8**) 32% of needs assessment participants reported at least one interruption in their HIV care for 12 months or more since their diagnosis. Those who reported a break in HIV care for 12 months or more since first entering care were asked to identify the reasons for falling out of care. Fifteen commonly reported reasons were included as options in the consumer survey. Participants could also write-in their reasons. As in the 2016 Needs Assessment cycle, substance abuse concerns selected most often at 12% of all reasons reported. This was followed by moving or relocating (11%), and having other priorities at the time. The most common write-in reason for falling out of care were fear or stigma, and inability to take time of work to attend appointments.

GRAPH 8-Reasons for Falling Out of HIV Care in the Houston Area, 2020

Definition: Percent of times each item was reported by needs assessment participants as the reason they stopped their HIV care for 12 months or more since first entering care.

Denominator: 343 reasons for falling out of care reported



Communication with HIV Medical Providers

The 2020 Houston HIV Care Services Needs Assessment survey included several new questions to evaluate communication with medical providers as potential supports for or barriers to retention in care. These questions addressed preferred method of communication compared to communication with medical providers, use of plain language when communicating healthcare information, and provider communication quality.

(**Graph 9**) Participants were asked to name their preferred methods of communication, and select any the ways in which their current HIV medical provider communicates with them from a list of six options provided. Participants also had the option to write in their own response if they did not see it listed, which yielded mail as a seventh communication method.

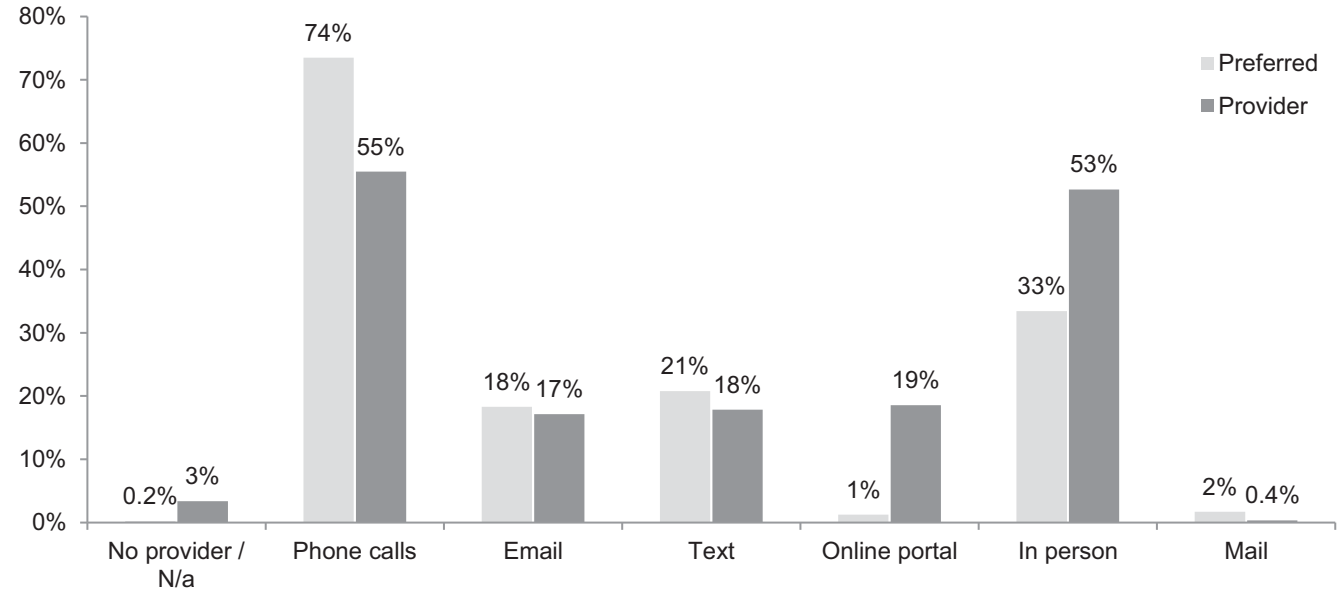
The most commonly reported preferred methods of communication were via phone call (74%), in person (33%), and via text message (21%). The most commonly reported methods of communication used by current medical providers were via phone call (55%), in person (53%), and via an online portal such as MyChart (19%).

The greatest variance between preferred methods of communication and those used by providers occurred among phone calls, in person communication, and online portals. Participants indicated preference for communicating via phone calls at 18 percentage points higher than their current provider's communication via phone calls. Provider communication in person and via an online portal were reported at higher proportions than participant preferences (19 percentage points and 17 percentage points, respectively).

GRAPH 9-Comparison of Participant's Preferred Method of Communication to Method Used by HIV Medical Providers, 2020

Definition: Percent of participants who indicated each preferred method of communication and each method used by their current medical provider.

Denominators: 404 participants for preferred method; 566 participants for provider method

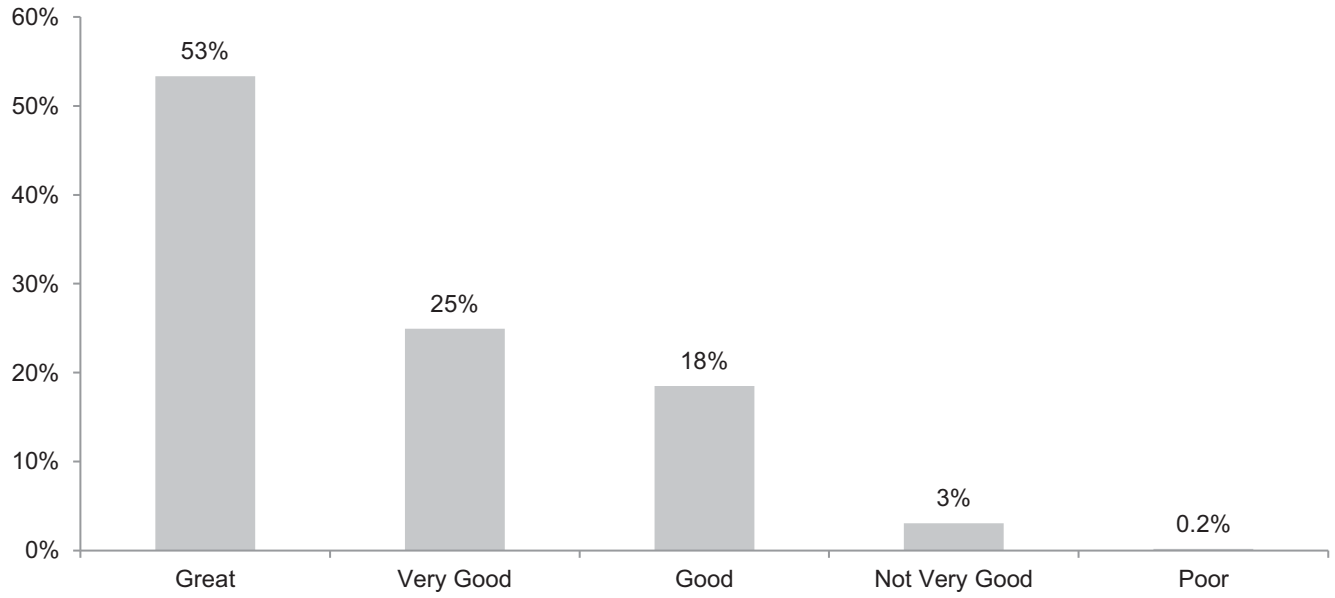


Participants were asked whether their HIV medical provider communicates information about their health in a way that is straightforward and easy to understand. Only 3% of participants (17 individuals) reported that their HIV medical provider does not communicate health information in a way that is straightforward and easy to understand.

(**Graph 10**) When asked to rate the overall quality of communication with their HIV medical provider on a 5-point scale from Poor/1 to Great/5, 53% of participants rated the communication as Great/5. The average quality rating of communication with their HIV medical provider was Very Good/4. When communication was Poor/1, Not Very Good/2, or Good/3, participants were asked what could be changed to make communication with their HIV medical provider better. The most common suggestions for improving communication were for HIV medical providers to slow down and use plain language, listen to patient views and concerns, make online/telehealth options easier to use, and improve availability and consistency of provider schedule.

GRAPH 10-Rating of Communication Quality HIV Medical Provider, 2020

Definition: Percent of participants who indicated each level of quality for communication with their current HIV medical provider.
Denominators: 557 participants



Findings from Outreach Worker Focus Group

The role of outreach workers per the Houston EMA Ryan White Part A service category definition is to assist PLWH "who know their status but are not actively engaged in outpatient primary medical care with information, referrals and assistance with medical appointment setting, mental health, substance abuse and psychosocial services as needed; advocating on behalf of clients to decrease service gaps and remove barriers to services helping clients develop and utilize independent living skills and strategies."[2] Outreach services differs from service linkage and case management as the ultimate goal is to facilitate retention in care for PLWH who are out of care or identified as at-risk for falling out of care, as opposed to serving newly diagnosed or in care PLWH. In July 2019, staff conducted a focus group with eight outreach workers and outreach services managers to provide context for the outreach services process. On average, the focus group participants carried a 21 client caseload, though some outreach workers reported serving up to 30 clients at any given time. The results of this focus group are examined below by prompt.

"Which services do outreach services clients need most? Are there any needed services that do not currently exist in the Houston area?"

- Housing (especially for individuals with prior felonies or sexual offenses)
- Expanded access to mental health services for regular/maintenance counseling
- Gas cards for rural clients
- Grocery cards as clients miss medical appointments to attend food bank/meal resource dates
- Cell phones and cell phone minute cards

"Why do clients fall out of care?"

- Transportation
  - Medicaid transportation is not timely (pick-ups arriving much earlier/later than stated)
  - Lack of awareness about Ryan White van-based transportation
  - Clients have additional transportation needs and may use up Ryan White-issued bus cards before their appointment for survival. Outreach workers noted that for $5 more a year, bus cards could provide unlimited rides and greatly increase retention in care.
- Issues establishing eligibility (ADAP/Ryan White/clinic-level) snowball into inability to receive services
- Difficulties with untreated substance use or mental health disorders can greatly reduce success with establishing and retaining eligibility.
- Panic/other priorities when there is a loss of housing or job. Outreach workers observed that out of care clients with this concern typically return to care when housing and employment are secure.
- Overall lack of information/communication
  - Frontline/eligibility staff turning people away with incorrect information
  - Communication difficulties within organizations
  - Lack of knowledge of Ryan White services not provided at other sites
  - Need for better/more regular communication between case managers, service linkage workers, and outreach staff

"What facilitates or motivates clients returning to care?"

- Establishing housing and/or employment
- Feeling ill makes care more urgent
- Having a strong and sustained support system
- Desired improvements in immigrations status
- Establishing health insurance
- Need for other/non-HIV services
- Around August and September when children return to school and parents' schedules become more flexible
  - Outreach workers observed this along with a drop off in care in November through January for holidays
- Seeking treatment for substance use disorder

[2] Source: FY 2020 Houston EMA Ryan White Part A/MAI Service Definitions

HIV MEDICATION

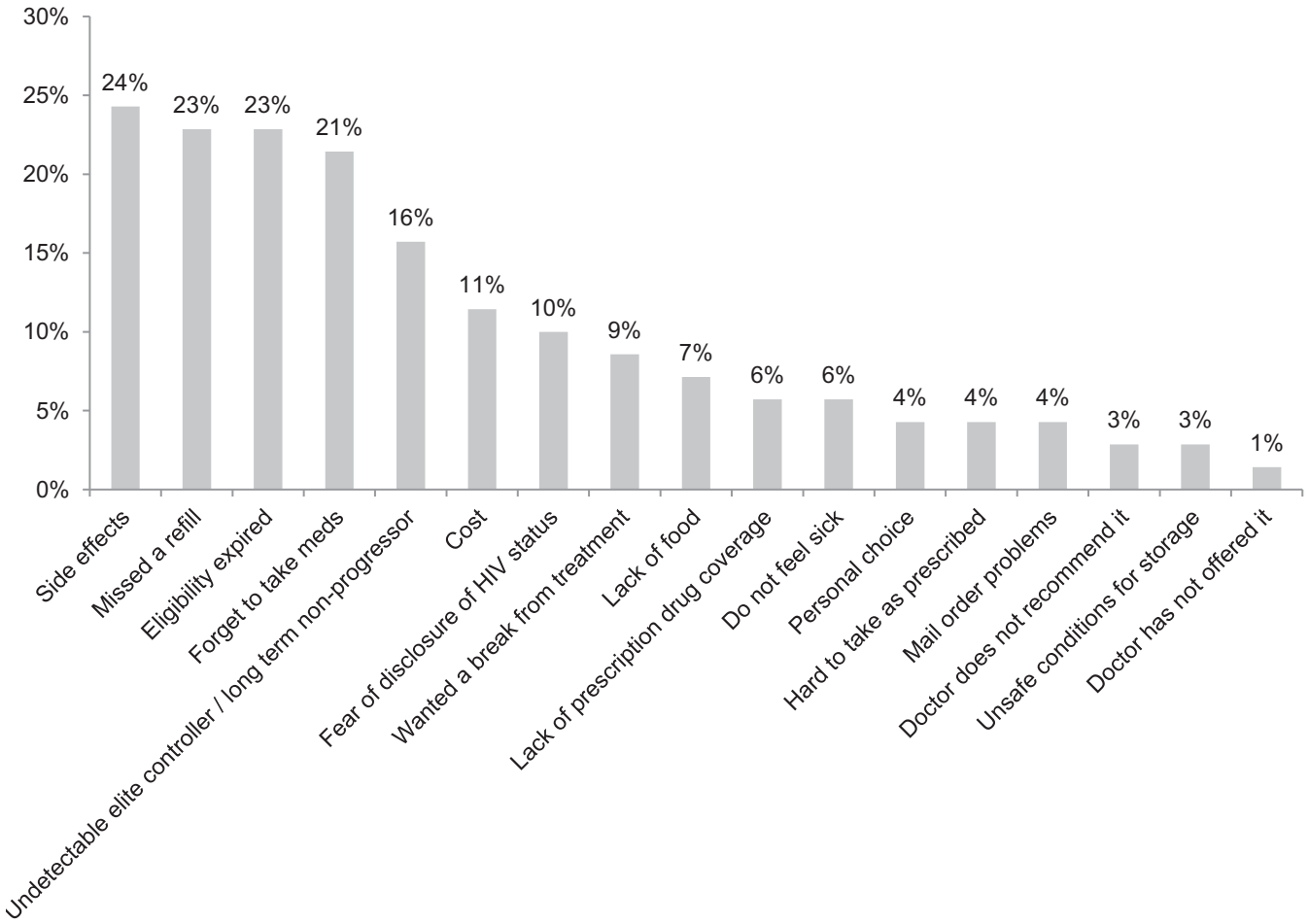
Barriers to HIV Medication

(**Graph 11**) Information on barriers to medication adherence helps communities design services to ensure HIV medication is available, accessible, and support viral suppression. Thirteen percent (13%) of participants reported they were not taking HIV medications at the time of survey. These participants were asked identify the reason they were not taking medication from a list of 17 commonly reported reasons for difficulty with medication adherence. Participants could also write in their response if they did not see it listed.

Of the 17 options provided, the reason selected most often at 24% of all reasons reported was experiencing medication side effects. This was closely followed by missing a refill (23%), expired eligibility (23%), forgetting to take medications (21%), and being undetectable as an elite controller or long-term non-progressor. The most common write-in reason for not taking HIV medications was difficulty swallowing or taking the medication.

GRAPH 11-Barriers to HIV Medication in the Houston Area, 2020

Definition: Percent of times each item was reported by needs assessment participants not taking HIV medication as the time of survey
Denominator: 70 participants who indicate not taking HIV medication at the time of survey



Chapter 4: Determinants of HIV Care

DETERMINANTS OF HIV CARE

The Social Determinants of Health Framework (**Figure 1**) serves as a place-based model for evaluating socioeconomic factors that influence health and health outcomes in a particular geographic area, such as a neighborhood, city, or service jurisdiction such as the Houston Eligible Metropolitan Area (**EMA**). Beginning at the top and moving clockwise, the five domains of this model are neighborhood and built environment, health and health care, social and community context, education, and economic stability. Each domain is comprised of a series related of social determinants of health. Per the U.S. Department of health and Human Services Office of Disease Prevention and Health Promotion's Healthy People 2020 goals, these social determinants are as follows.

Neighborhood and Built Environment – access to foods that support healthy eating patterns, crime and violence, environmental conditions, and quality of housing.

Health and Health Care – access to health care, access to primary care, and health literacy.

Social and Community Context – civic participation, discrimination, incarceration, and social cohesion.

Education - early childhood education and development, enrollment in higher education, high school graduation, and language and literacy.

Economic Stability – employment, food insecurity, housing instability, and poverty.

The 2020 Houston HIV Care Services Needs Assessment evaluated the ways in which participant experiences with health determinants like those referenced above influence participant health, risks, resources, and access to HIV services. The details of these conditions and experiences are described in the rest of this Chapter. These data help communities better understand the HIV care needs and patterns of PLWH in the Houston Area, as well as identify new or emerging areas of need related to HIV care.

FIGURE 1-The Social Determinants of Health Framework

Source: U.S. Dept of Health and Human Services – Office of Disease Prevention and Health Promotion – Healthy People 2020

CO-OCCURING HEALTH CONDITIONS

The 2020 Houston HIV Care Services Needs Assessment asked participants if they had a current diagnosis of a physical health condition *in addition to* HIV. Options provided included common chronic diseases, age-related conditions, autoimmune disorders, and infectious diseases. Participants were also encouraged write in other conditions not listed. Overall, 76% needs assessment participants reported a current diagnosis of *at least one* co-occurring physical health condition, a 12 percent increase from the 68% of needs assessment participants reporting co-occurring conditions in 2016. This proportion was also positively associated with participant age, with 87% of participants age 50 and over reporting at least one co-occurring physical health condition, compared to 32% of participants age 18 to 24.

Notes: Mental health conditions were addressed separately from physical health conditions in the survey, and those results are presented in the *Behavioral Health* section of this Chapter. Additionally, non-HIV sexually transmitted diseases (**STD**s) testing, diagnosis, and treatment are discussed in the *HIV Prevention Behaviors and Vulnerability* section of this Chapter.

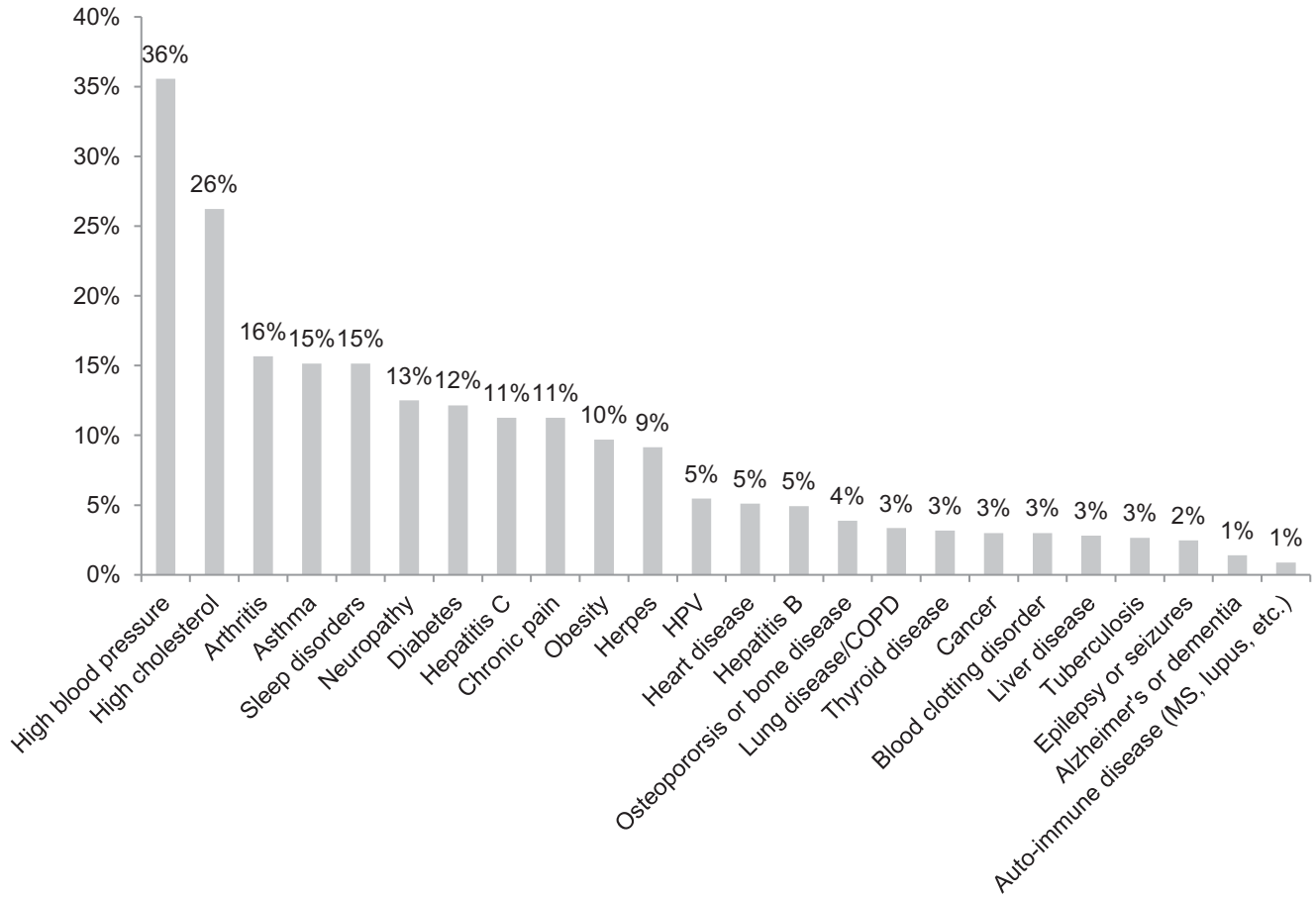
Chronic and Co-Occurring Conditions

(**Graph 1**) The most frequently reported chronic and/or co-occurring health condition was hypertension (36% of participants), followed by high cholesterol (26%), arthritis (16%) asthma (15%), and sleep disorders (15%). Among the 11% of participants with hepatitis C, 71% were receiving treatment. Among the 3% of participants with tuberculosis, 91% reported this as latent tuberculosis. The most common write-in chronic conditions included heart murmurs and degenerative joint disorders.

GRAPH 1-Chronic and Co-Occurring Disease among PLWH in the Houston Area, 2020

Definition: Percent of needs assessment participants reporting a current diagnosis from a health professional of each medical condition in addition to HIV.

Denominator: 568 participants



BEHAVIORAL HEALTH

Behavioral health refers to the range of conditions related to or affecting mental or emotional well-being. It includes both diagnosed mental illness, indications of psychological distress, and substance use and misuse. The 2020 Houston HIV Care Services Needs Assessment asked participants about each of these behavioral health concerns including current mental health diagnoses, mental/emotional distress symptoms, and substance abuse. Each type is discussed in detail in this Chapter.

Mental Health Diagnoses

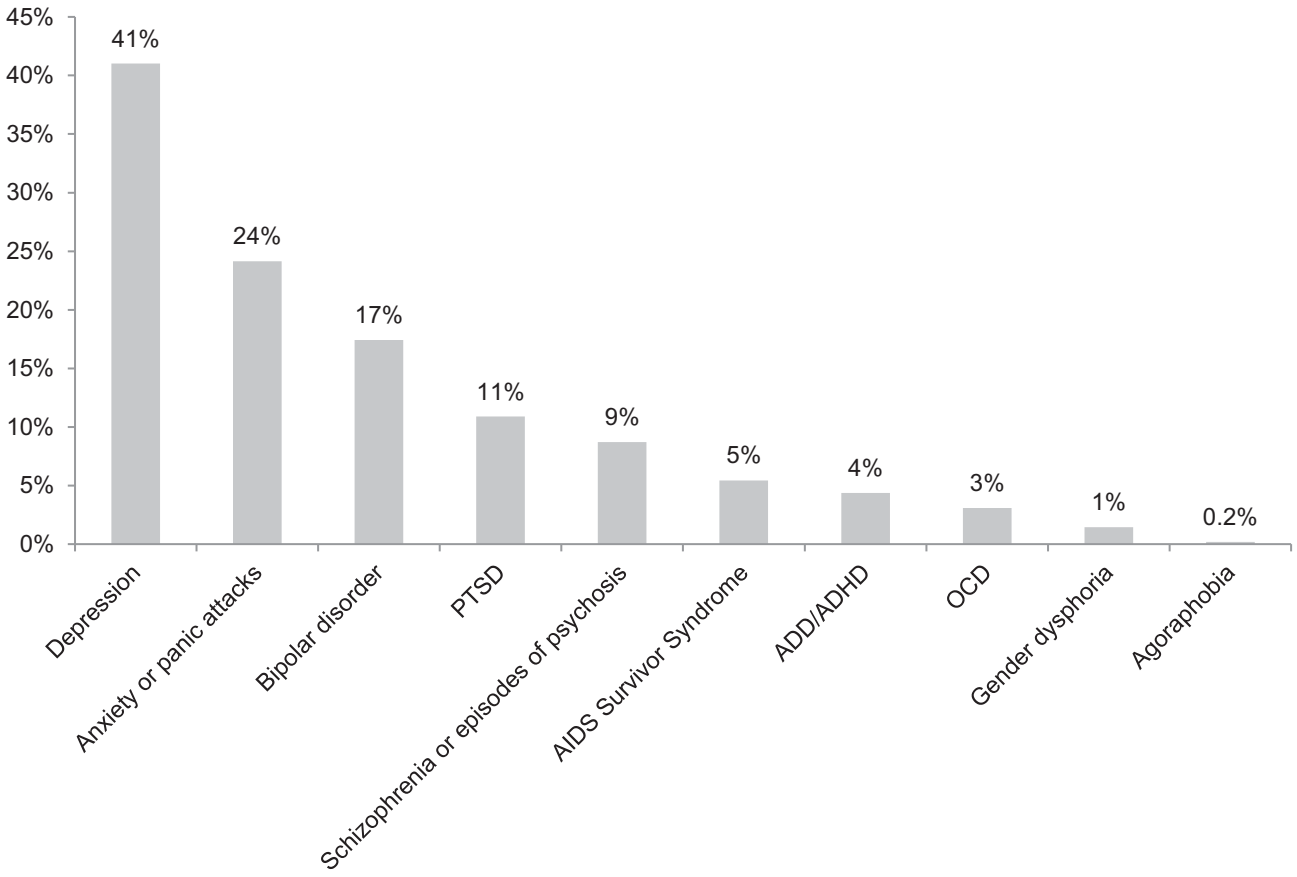
(**Graph 2**) Over half of needs assessment participants (54%) reported having a current *diagnosis* of at least one mental health condition from among a provided list of common conditions, a 5% decrease from the 2016 Needs Assessment. By comparison, the National Institute of Mental Health reports that 19% of adults in the U.S. have a mental health diagnosis.[3]

The most frequently reported diagnosis was for depression at 41% of participants, followed by anxiety disorder or panic attacks (24%), bipolar disorder (17%), PTSD (11%), and schizophrenia or episodes of psychosis (9%). The most common write-in mental health diagnosis was borderline personality disorder.

GRAPH 2-Mental Health Diagnoses among PLWH in the Houston Area, 2020

Definition: Percent of needs assessment participants reporting a current diagnosis from a health professional of each medical condition in addition to HIV.

Denominator: 551 participants



[3] https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#

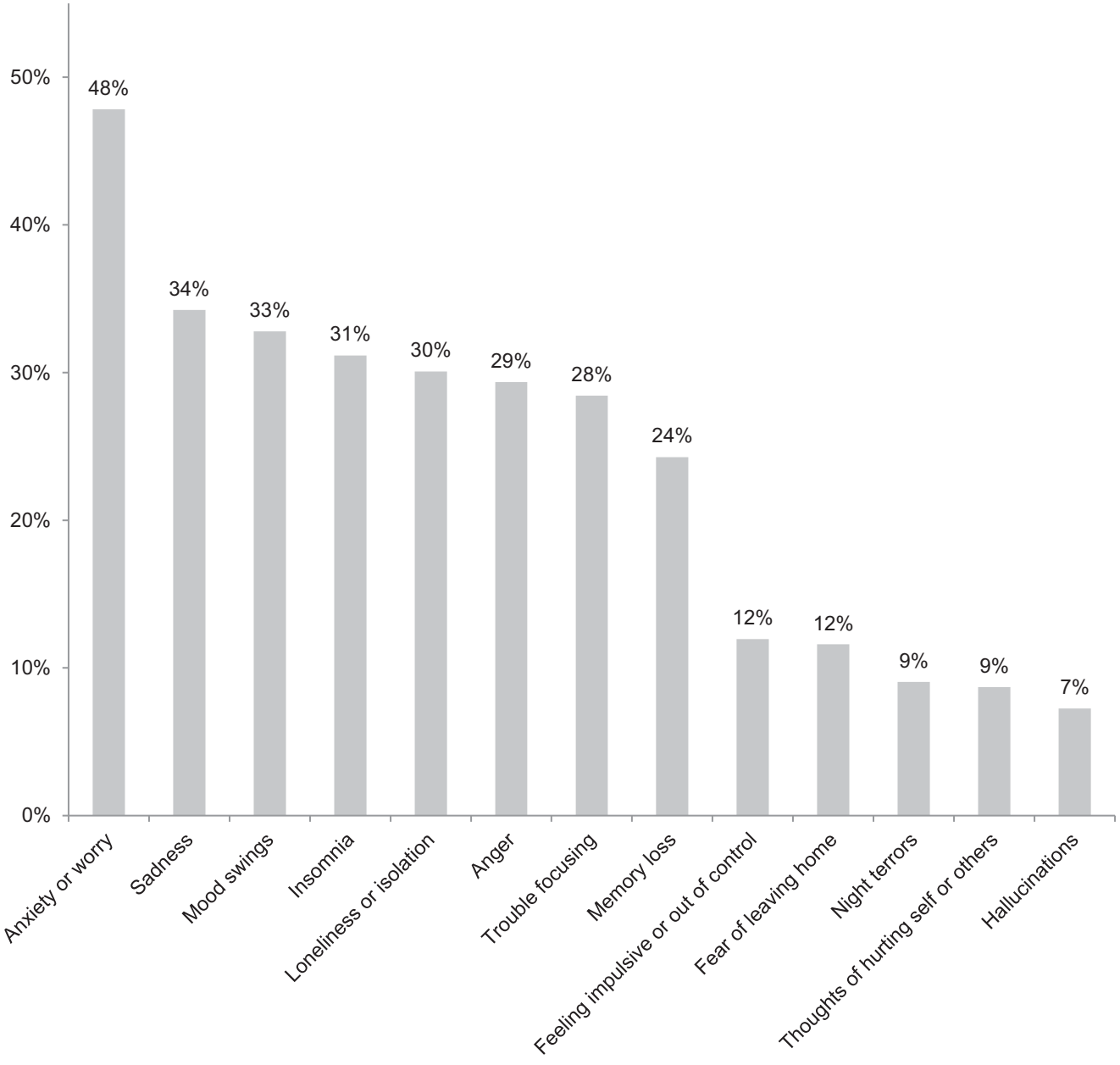
Mental/Emotional Distress

(**Graph 3**) In addition to mental health diagnoses, participants were also asked if they had experienced any symptoms of mental/emotional distress in the past 12 months *to such an extent* that they desired professional help.

Overall, 69% of participants reported at least one such symptom, an increase of 6% from the 2020 Needs Assessment. Of those listed, the most frequently reported was anxiety or worry (48% of participants), followed by sadness (34%), mood swings (33%), insomnia (31%), and loneliness or isolation (30%). No participants provided write-in mental/emotional distress symptoms.

GRAPH 3-Mental/Emotional Distress Symptoms among PLWH in the Houston Area, 2020

Definition: Percent of needs assessment participants reporting having each of the following symptoms in the past 12 months to such an extent that they desired professional help.
Denominator: 552 participants



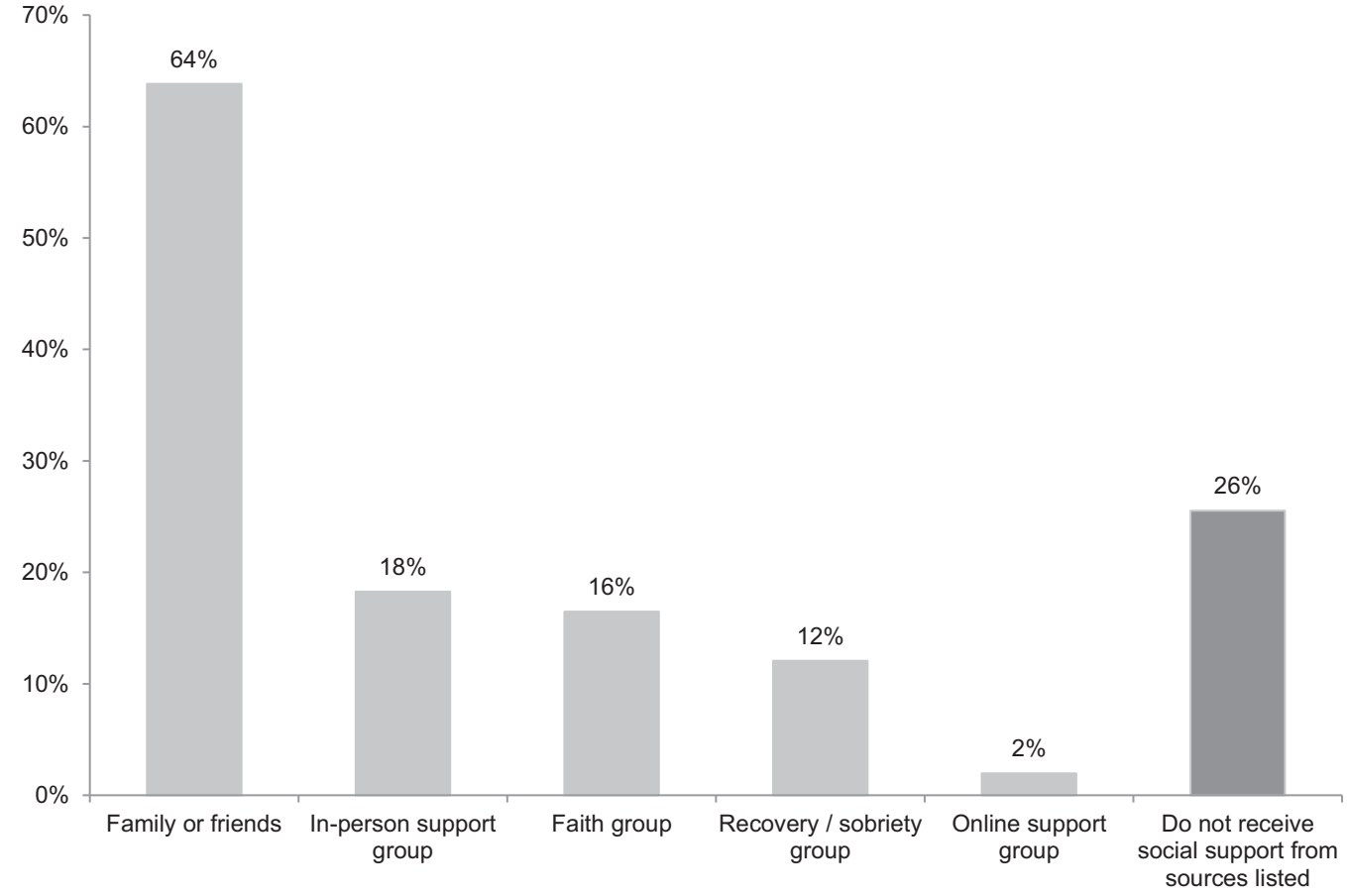
Social Support

Participants were asked the sources of about social support they receive, described as, "when people or groups in your life provide emotional support, assistance, advice, and/or companionship." Participants were asked to select from a list of five common sources of social support, or indicate that they did not currently receive any of the sources of social support listed.

(**Graph 4**) The most common source of social support was family or friends at 64% of participants. This was followed by in-person support groups like Living Large Living without Limits, Pos713, and Bering Support Network (18%), faith groups (16%), recovery or sobriety groups (12%), and online support groups (2%). When asked to specify the types of online support groups used, the most common write-in responses were Facebook groups and The Posse Meetup group. An additional 26% of participants indicated that they did not receive social support from any of the sources listed.

GRAPH 4-Sources of Social Support among PLWH in the Houston Area, 2020

Definition: Percent of needs assessment participants, who reported having various sources of social support.
Denominator: 564 participants



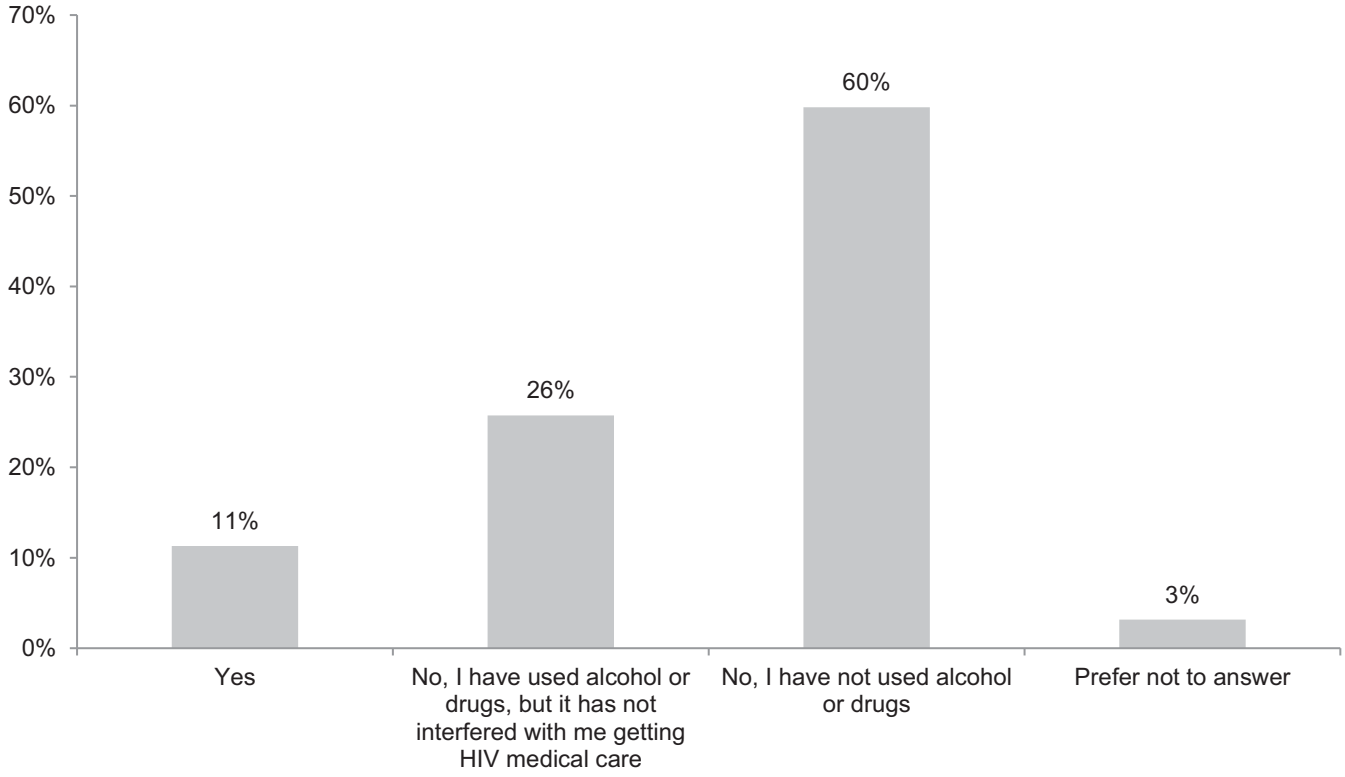
Substance Use

Participants were asked to indicate whether alcohol or drug use had interfered with the participant getting HIV medical care at any point in the past 12 months. Examples provided included alcohol or drug use that led to missing HIV medical appointments, having trouble taking HIV medications as prescribed, avoiding medical care for fear of legal issues, or fear telling an HIV doctor about alcohol or drug use. Those who indicated an alcohol or drug use barrier to care were then asked to select or write in the substance(s) that contributed to the barrier.

(**Graph 5**) A majority of participants (60%) reported no alcohol or drug use in the past 12 months. This was followed by 26% of participants who reported alcohol or drug use that did not interfere with accessing HIV medical care, and 11% who reported alcohol or drug use that interfered with HIV medical care. Of the 37% of participants who indicate some form of recent alcohol or drug use, nearly a third (30%) had alcohol or drug use that interfered with accessing HIV medical care.

GRAPH 5-Substance Use as a Barrier to Care among PLWH in the Houston Area, 2020

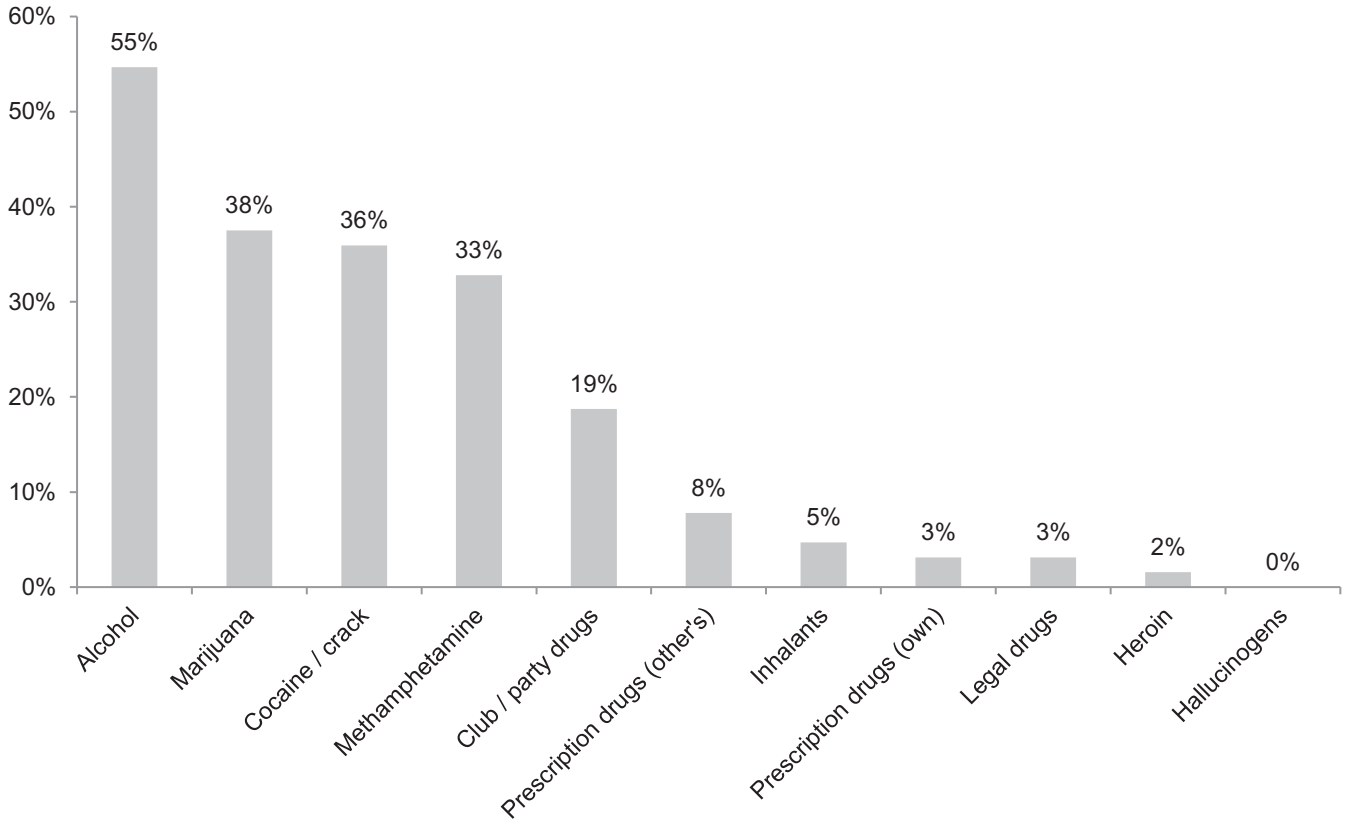
Definition: Percent of participants reporting substance use as a barrier to HIV Care in the past 12 months.
Denominator: 567 participants



(**Graph 6**) Participants who indicated alcohol or drug use prevented access to HIV medical care in the past 12 months were asked to select which types of substances the participants used. Participants could select as many substances as applicable, and were encouraged to write in any substances used but not provided in the list. The most common substance type used was alcohol among 55% of participants reporting substance use as a barrier to HIV medical care. This was followed by marijuana (38%), cocaine/crack (36%), methamphetamine (33%), and club or party drugs. No participants indicated hallucinogens as a barrier to care, and there were no substances written in.

GRAPH 6-Types of Substances Used as a Barrier to Care among PLWH in the Houston Area, 2020

Definition: Percent of participants reporting use of each type substance when use presented a barrier to HIV Care in the past 12 months.
Denominator: 64 participants



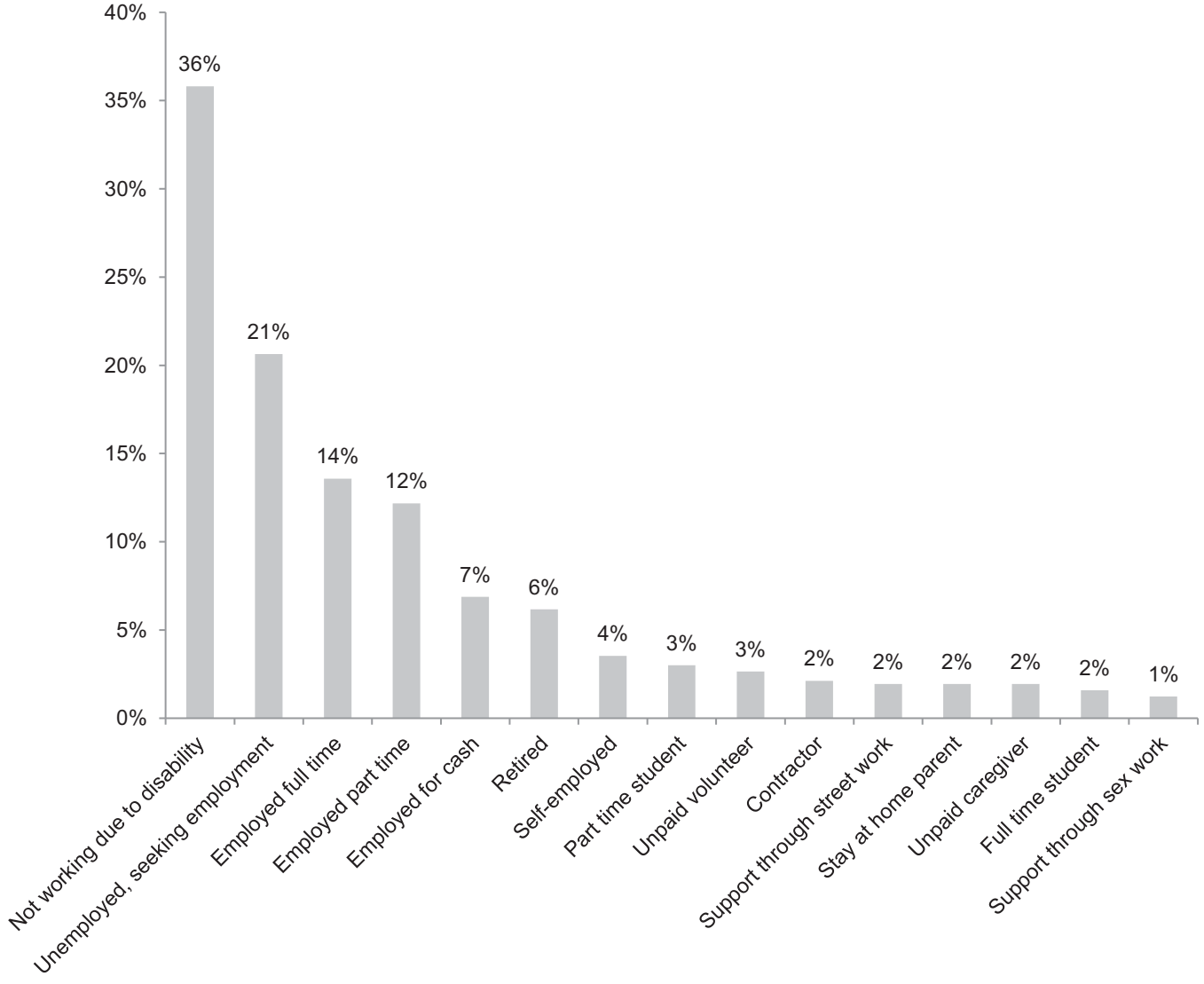
SOCIO-ECONOMIC DETERMINANTS OF HEALTH

The social and economic circumstances of individuals can directly influence their health status and access to care. Factors such as employment, income, food insecurity, medical coverage, housing, and transportation may serve as gateways or barriers to health. These factors are often the underlying causes for health disparities in certain populations. The 2020 Houston HIV Care Services Needs Assessment asked participants about these social and economic circumstances.

Employment

(**Graph 7**) Participants were asked to identify their current employment situation from a list of options provided. Participants were asked to select as many types of employment as applicable, and could write in their employment situation if they did not see it listed. The most common employment situation was not working due to disability at 36%. This was followed by participants who were currently unemployed but seeking employment. (21%), employed full time (14%) employed part time (12%) and working for cash/under the table payment (7%). The most common types of unpaid work were unpaid volunteer (3%), stay at home parent (2%), and unpaid caregiver to a family member or friend (2%). The most common write-in employment situation was being financially supported by a family member's employment or benefits.

GRAPH 7-Current Employment Situations among PLWH in the Houston Area, 2020
Definition: Percent of participants reporting each type of current employment situation.
Denominator: 567 participants



Household Income and Federal Poverty Level

(**Table 1**) Participants were asked to estimate their current monthly household income, regardless of source. The average annual household income reported was $14,420, or $1,202 per month, a 37% increase in average household income reported in the 2016 Needs Assessment. However, this average annual is four times lower than the average median household income of the general population in the Houston HSDA, and four and a half times lower than the average household income of the general population in the Houston EMA in 2016. Among participants reporting income, 60% reported incomes below 100% of the Federal Poverty Level (**FPL**). This was a 15% decrease from 71% of participants reporting annual household incomes below 100% FPL in 2016. Comparatively, the average percentage below 100% FPL was 15% for the general population in Houston HSDA and 14% in the Houston EMA in 2016.

TABLE 1-Average Annual Household Income and Federal Poverty Level among PLWH in the Houston Area, 2020

	Mean Annual Household Income	Percentage Below 100% of Federal Poverty Level
PLWH (2020)	$14,420	60%
HSDA Average (2016)[a]	$57,971	15%
EMA Average (2016)[a]	$65,183	14%

[a]Source: U.S. Census. 2012-2016 American Community Survey 5-Year Estimates. S1701: POVERTY STATUS IN THE PAST 12 MONTHS. Retrieved on 3/27/2018

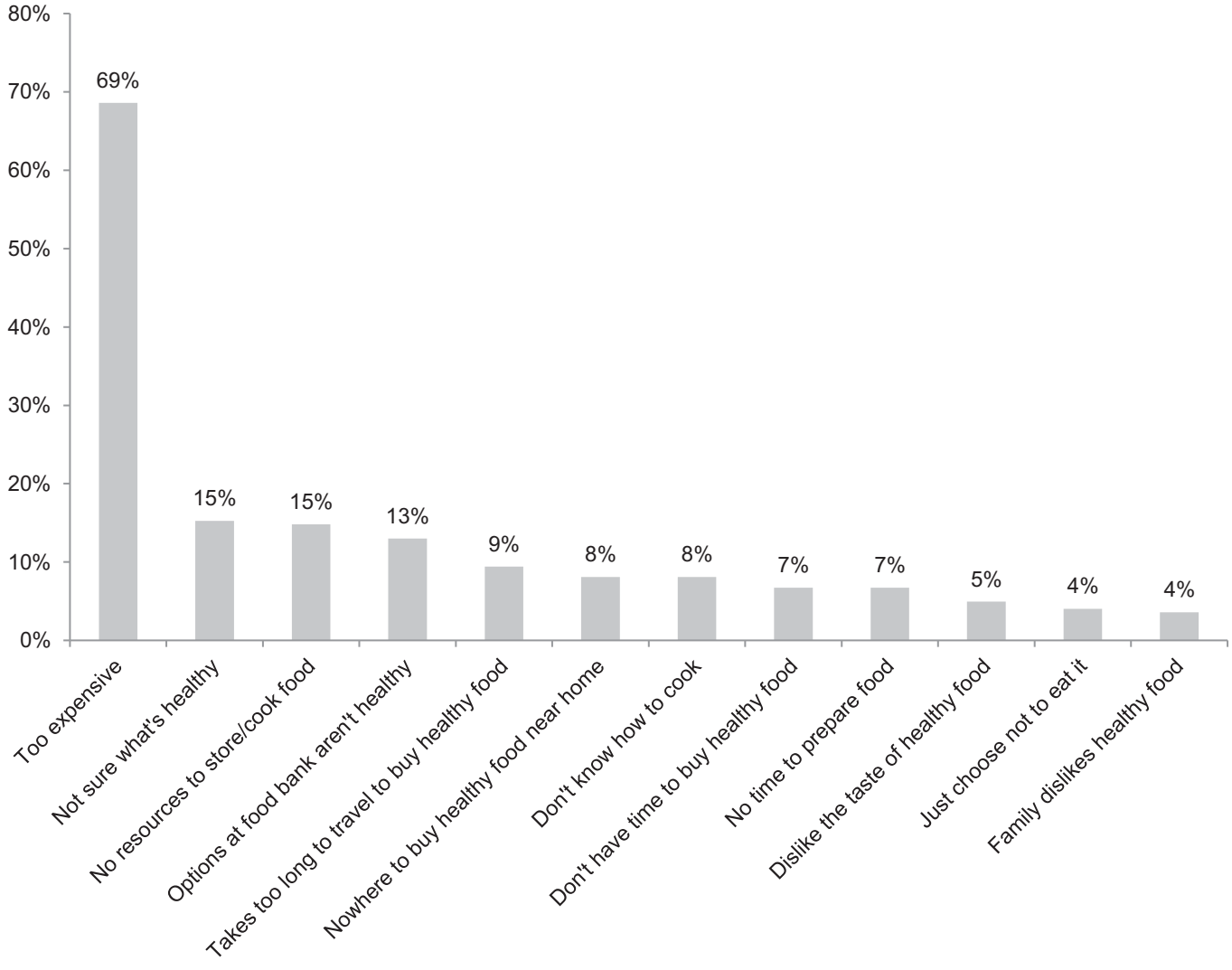
Food Insecurity

Participants were asked whether they regularly had difficulty accessing healthy food. Those reporting regular food insecurity were then asked to select from a list of commonly cited reasons for food insecurity. Participants could also write-in reasons for food insecurity if they did not see an applicable reason listed. In total, 40% of participants reported regular food insecurity.

(**Graph 8**) The most common cause reported for regular food insecurity was healthy food being too expensive for 69% of food insecure participants. This was followed by not knowing what foods were healthy (15%), having no resources to store or cook food (15%), having few healthy options at the food bank, and travel time to buy healthy food was too long (9%). The most common write-in responses were having difficulty transporting food home (particularly when walking or using public transportation) and experiencing homelessness.

GRAPH 8-Causes of Food Insecurity among PLWH in the Houston Area, 2020

Definition: Percent of food insecure needs assessment participants reporting each cause of food insecurity.
Denominator: 223 participants



Medical Care Coverage

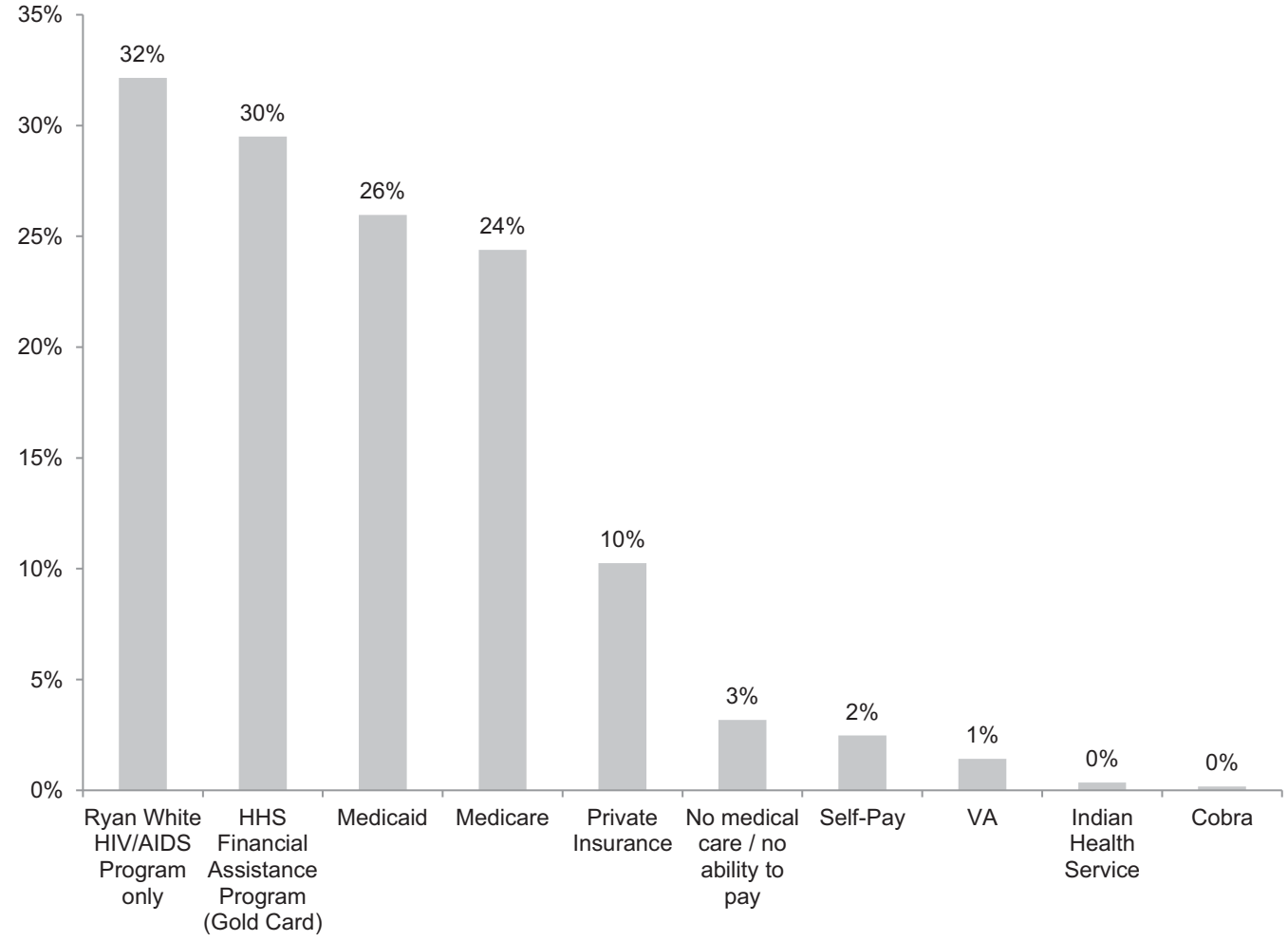
Participants were asked details about their medical care coverage for themselves and their families, including how they cover general medical costs; if they experience difficulty covering HIV medication, non-HIV related medications, and medications for mental health conditions; and when difficulty was reported, whether assistance was received to pay for the medications.

(**Graph 9**) Of the 36% of participants with no medical coverage, 32% of participants stated they receive medical care *only* for HIV through the Ryan White Program, 3% stated they did not receive medical care due to inability to pay, and 2% stated that they pay for all medical care for themselves or their family out-of-pocket with no assistance. This means that the remaining participants (or 68%) reported *some form* of medical coverage, including public health insurance such as Medicaid or Medicare, private health insurance, or health care via programs for specific populations such as veterans or American Indians/Alaska Natives.

Of these specific sources for coverage, 30% of participants were in Harris Health Financial Assistance Program (formerly Gold Card), 26% said they had Medicaid, and 24% had Medicare. Additionally, 10% had private health insurance. This is a slight decrease from the 11% of participants who reported having private insurance in the 2016 Needs Assessment. The most common private insurance carriers for participants were Blue Cross/Blue Shield and Cigna.

GRAPH 9-Sources of Medical Care Coverage among PLWH in the Houston Area, 2020

Definition: Percent of needs assessment participants who indicated having each source of health care coverage, including if their only health care is for HIV through the Ryan White Program and if they did not receive medical care due to inability to pay.
Denominator: 566 participants

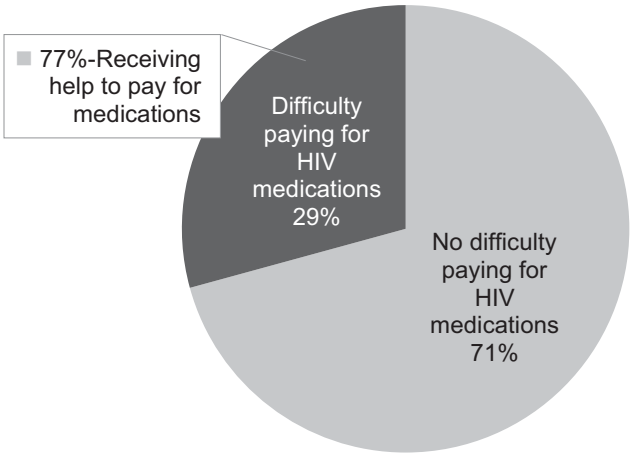


(Graph 10, Graph 11, and **Graph 12)** Participants were asked if they had experienced difficulty paying for prescription medications for HIV, other co-occurring physical conditions, or mental health conditions. 37% of participants reported having difficulty paying for any medication. Results are as follows (*in order*):

- 29% of participants on HIV medications reported difficulty paying for their prescriptions and, of those reporting difficulty, 77% were receiving financial assistance.

GRAPH 10-Difficulty Paying for HIV Medications among PLWH in the Houston Area, 2020

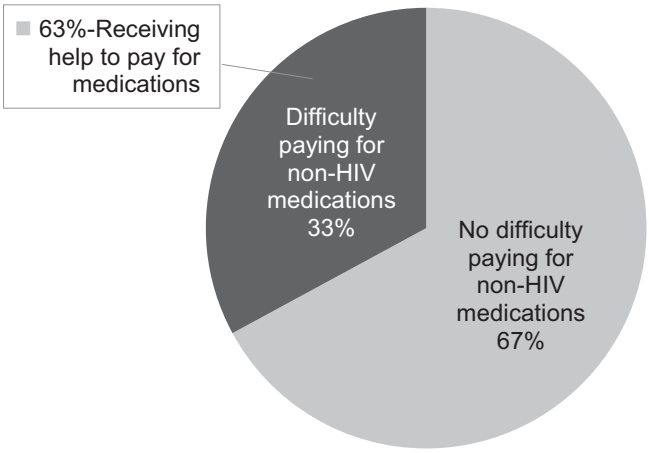
Definition: Percent of needs assessment participants who indicated difficulty paying for HIV medications and, of those, the percent receiving help.
Denominator: 547 participants



- 33% of participants taking medication for a co-occurring physical health conditions (other than HIV) reported difficulty paying for their prescriptions and, of those reporting difficulty, 63% were receiving financial assistance.

GRAPH 11-Difficulty Paying for Non-HIV Medications among PLWH in the Houston Area, 2020

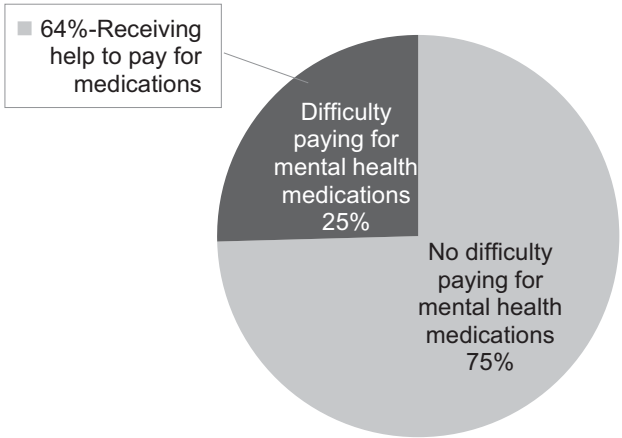
Definition: Percent of needs assessment participants who indicated difficulty paying for medications for non-HIV health conditions and, of those, the percent receiving help.
Denominator: 468 participants



- 25% of participants taking medication for a mental health condition reported difficulty paying for their prescriptions and, of those reporting difficulty, 66% were receiving financial assistance.

GRAPH 12-Difficulty Paying for Mental Health Medications among PLWH in the Houston Area, 2020

Definition: Percent of needs assessment participants who indicated difficulty paying for medications for a mental health condition and, of those, the percent receiving help.
Denominator: 348 participants



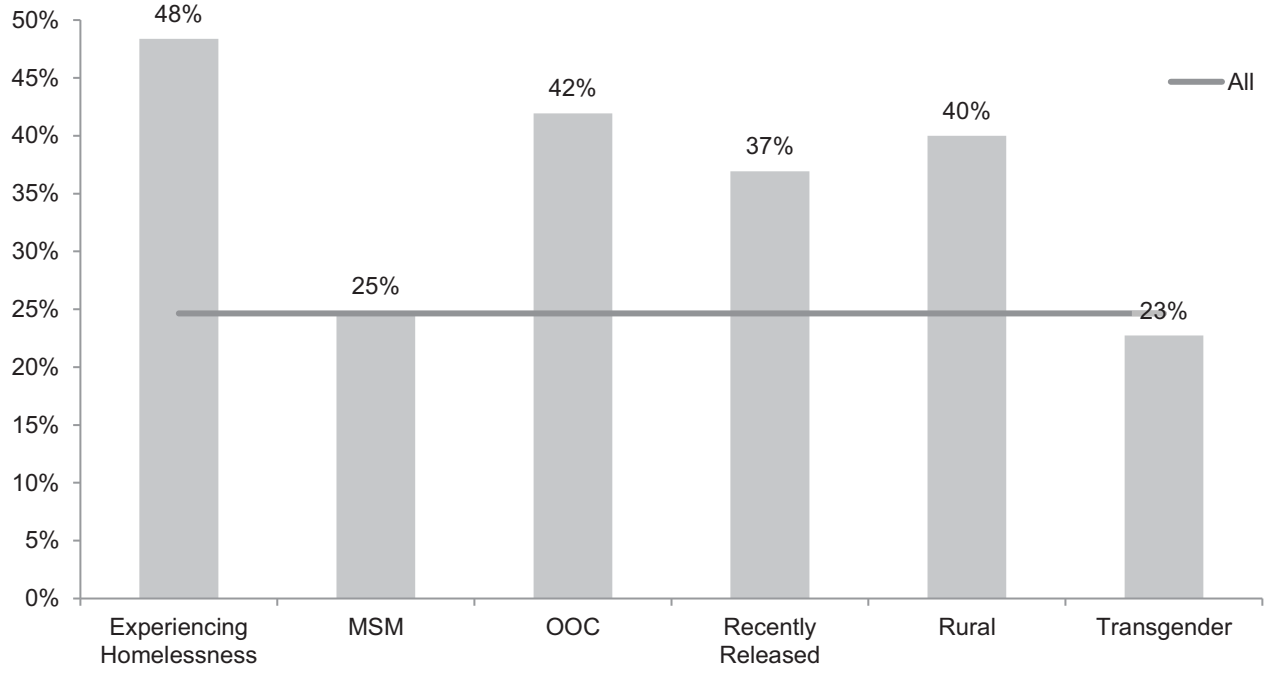
Transportation

(Graph 13) When asked whether their transportation situation has ever interfered with getting HIV medical care, 25% of participants indicated transportation as a barrier to care. Among select special populations, this proportions was highest for people experiencing homelessness at 48% reporting transportation as a barrier to HIV medical care. This was followed by the out of care population (42%), rural participants (40%), and those released from incarceration in the past 12 months (37%).

GRAPH 13-Transportation as a Barrier to HIV Medical Care among All PLWH and Select Special Populations in the Houston Area, 2020

Definition: Percent of needs assessment participants (total and by select special population) who reported a transportation situation that interfered with HIV medical care

Denominators: 560 total participants; 62 participants experiencing homelessness; 298 MSM participants; 31 OOC participants; 65 recently released participants; 5 rural participants; and 22 transgender participants



Housing Type, Homelessness, and Housing Instability

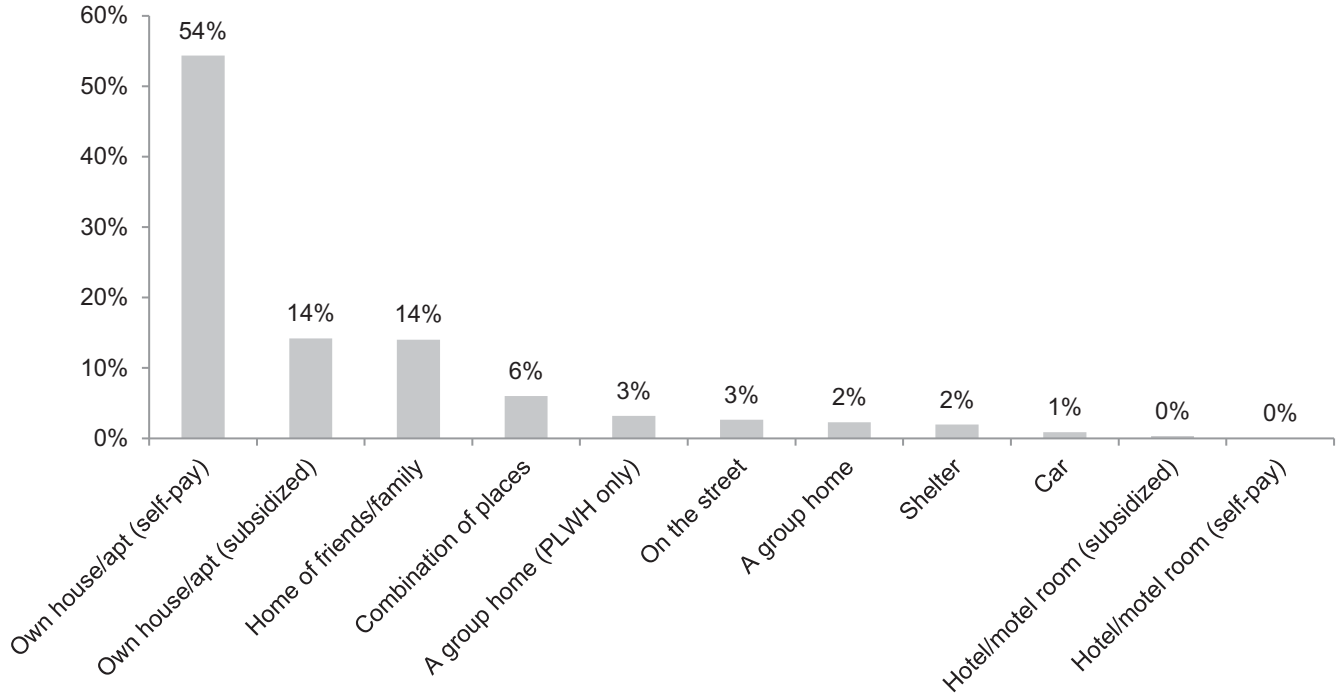
Participants of the 2020 Houston HIV Care Services Needs Assessment were asked to select one response for where they sleep most often from a list of 11 possible housing types. Participants were also encouraged to write in where they sleep most often if they did not see it listed among the housing type options. Another question asked whether they felt their current housing situation was stable.

(**Graph 14**) A majority of participants slept most often in a house or apartment that they paid for (54%). This was followed by sleeping most often in a subsidized house or apartment (14%), staying with friends or family (14%), sleeping in a combination of places (6%) staying in a group home for PLWH (3%), or sleeping on the street (3%).

Participants who indicated they slept most often at a shelter, in a car, on the street, or in a combination of places that changes were identified as experiencing homelessness. By this metric, 11% of participants were experiencing homelessness at the time of survey. Regardless of housing type, 32% of participants indicated that they felt their current housing situation was unstable.

GRAPH 14 -Ranking of Housing Types for PLWH in the Houston Area, 2020

Definition: Percent of needs assessment participants stating they slept most often at each housing type.
Denominator: 563 participants



Current Housing Problems

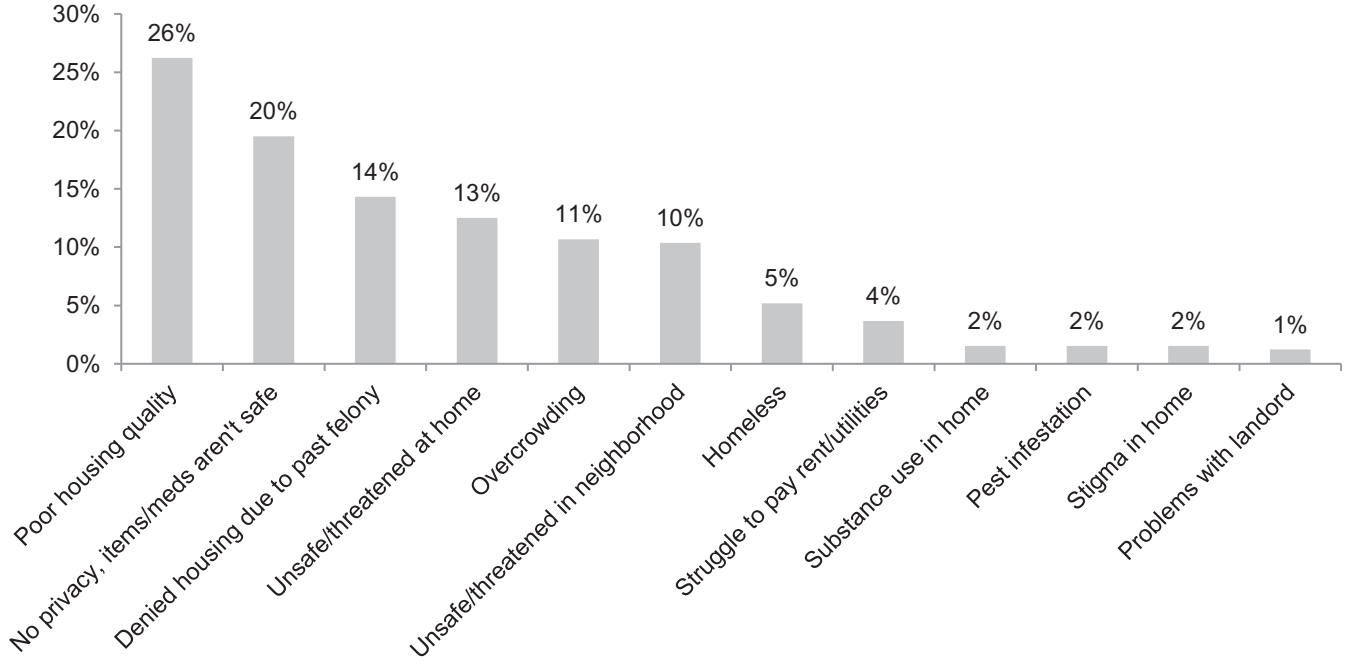
Regardless of housing status and stability, other housing-related issues may present barriers to access and retention in care. Twelve-percent (12%) of participants indicated that their housing situation has interfered with them getting HIV medical care.

Participants were asked to indicate whether they were currently experiencing any of a list of housing quality, safety, or access issues. Participants were also encouraged to write-in any current housing problems, which at analysis were added to the list or condensed into existing options. Forty-percent (40%) of survey participants indicated they were currently experiencing housing quality, safety, or access issues.

(**Graph 15**) The most common housing problem participants were experiencing at the time of survey was poor housing quality at 26%. Examples given in the survey for poor housing quality were presence of mold or asbestos, exposed wires, broken windows, leaks, poor insulation, broken plumbing, or broken appliances. This was followed by having no privacy and feeling that possessions and medications were not safe (20%), being denied housing due to a past felony (14%), feeling unsafe or threatened at home (13%), and overcrowding (11%). Write-in responses with enough cases to justify inclusion in the list were: currently experiencing homelessness, struggling to pay rent/utilities, substance use in the home, pest infestation, stigma at home, and difficulties with landlords.

GRAPH 15-Current Housing Problems Experienced by PLWH, 2020

Definition: Of needs assessment participants stating they were currently experiencing problems with housing quality, safety, or access, the percent stating they were experiencing each problem.
Denominator: 328 participants



EXPERIENCE WITH DISCRIMINATION AND VIOLENCE

Despite the widespread presence of HIV in the U.S., PLWH can encounter discrimination and stigma due to their HIV status. Research also suggests a link between HIV and violence, including intimate partner violence.[4] The physical and emotional effects of experiencing discrimination and violence can affect the health of PLWH as well as their ability to access HIV care and other needed resources. The 2020 Houston HIV Care Services Needs Assessment explored participant experiences with discrimination, physical violence, and psychological violence.

HIV-Related Discrimination

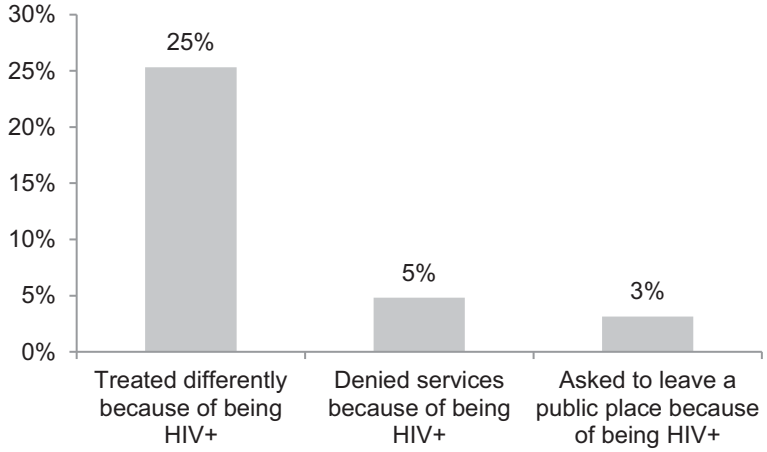
(**Graph 16**) Twenty-six percent (26%) of participants reported experiencing some form of discrimination in the past 12 months, up from 20% in 2016. Most often this was discrimination in the form of being treated differently because of their positive status (25%), though less often this resulted in being denied services (5%) or being asked to leave a public place (3%).

Experience with Violence

(**Graph 17**) Another 16% reported being threatened in the past 12 months, up from 13% in 2016. These were most often verbal harassment (11%) or threats of violence (10%) from someone the participant knew. Nine percent (9%) had been physically assaulted (most often by someone they knew), and 6% had been sexually assaulted. Reports of sexual assaults occurred in equal proportions with individuals known to the participants and strangers. Among transgender or gender non-conforming participants, reports of physical assault (13%) or sexual assault (21%) were higher. Five percent (5%) of participants reported current intimate partner violence.

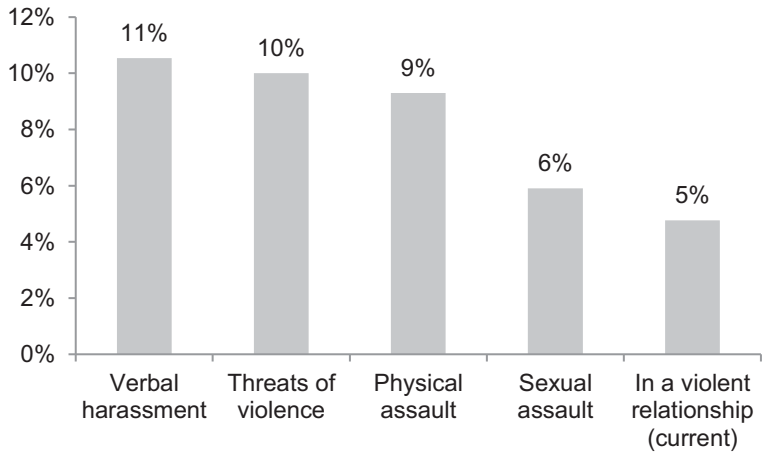
GRAPH 16-HIV-Related Discrimination in the Houston Area, 2020

Definition: Percent of needs assessment participants reporting each of the following experiences in the past 12 months.
Denominator: 559 participants



GRAPH 17-Violence Experienced by PLWH in the Houston Area, 2020

Definition: Percent of needs assessment participants reporting each of the following experiences in the past 12 months.
Denominator: 558 participants



[4] Dawson, Lindsey; Kates; Jennifer; and Ramaswamy, Amrutha. *HIV, Intimate Partner Violence (IPV), and Women: An Emerging Policy Landscape* (KFF, December 2, 2019) https://www.kff.org/hivaids/issue-brief/hiv-intimate-partner-violence-ipv-and-women-an-emerging-policy-landscape

HIV PREVENTION BEHAVIORS AND RISKS

Prevention knowledge and behaviors lower the risk of HIV transmission to others, as well as acquisition of other sexually transmitted diseases (**STD**s) or blood-borne conditions. (Source: Health Resources and Services Administration, HIV/AIDS Bureau, Guide for HIVAIDS Clinical Care, *Preventing HIV Transmission/Prevention with Positives*, January 2011). Moreover, awareness of interventions like pre-exposure prophylaxis (**PrEP**) and post-exposure prophylaxis (**PeP**) as well as PrEP and PeP resources can empower people living with HIV (**PLWH**) and the community to help those who are HIV-negative decrease their risk. The 2020 Houston HIV Care Services Needs Assessment asked participants about their needs related to HIV prevention information, safer sex and injection behaviors, and PrEP awareness

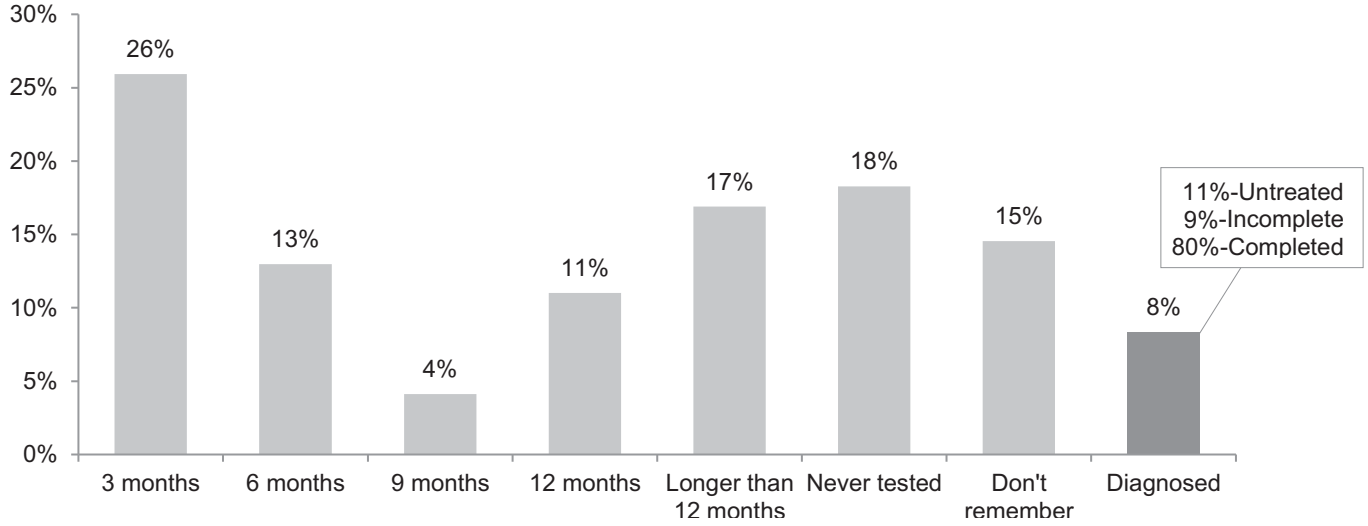
STD Testing and Treatment

(Graph 18, Graph 19, and **Graph 20)** Participants were asked if they had been tested, diagnosed, and/or treated for chlamydia, gonorrhea, and syphilis in the past 3, 6, 9, and/or 12 months. Twenty percent (20%) of participants (110 individuals) indicated they were tested and diagnosed one or more of these conditions in the past 12 months. Results for each STD are as follows (*in order*):

Twenty-six percent (26%) of participants were tested for chlamydia in the past 3 months, and 11% were tested in the past 12 months. 17% participants had their last chlamydia test longer than 12 months ago, and 18% had never been tested for chlamydia. 8% of participants who were tested for chlamydia in the past 12 months were diagnosed. Of those diagnosed with chlamydia in the past 12 months, 11% were never treated, 9% began but did not complete treatment, and 80% completed treatment of chlamydia.

GRAPH 18-Chlamydia Testing, Diagnosis, and Treatment among PLWH in the Houston Area, 2020

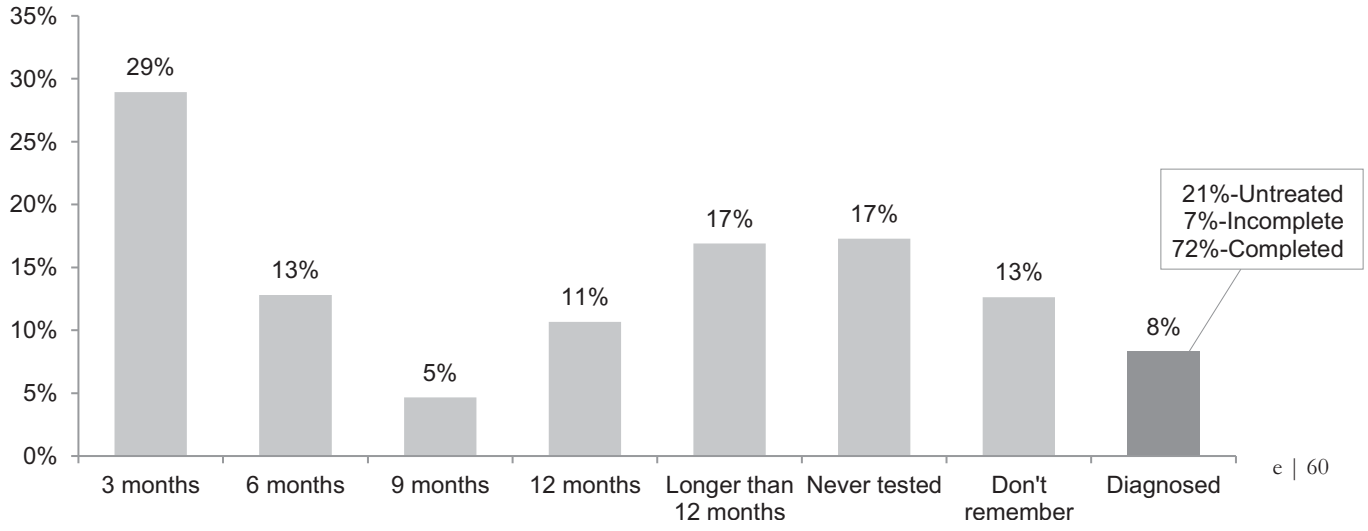
Definition: Percent of needs assessment participants who indicated they were tested, diagnosed, and/or treated for chlamydia in the past 12 months. Denominator: 509 participants



Twenty-nine percent (29%) of participants were tested for gonorrhea in the past 3 months, and 11% were tested in the past 12 months. 17% participants had their last gonorrhea test longer than 12 months ago, and 17% had never been tested for gonorrhea. 8% of participants who were tested for gonorrhea in the past 12 months were diagnosed. Of those diagnosed with gonorrhea in the past 12 months, 11% were never treated, 9% began but did not complete treatment, and 80% completed treatment of gonorrhea.

GRAPH X19-Gonorrhea Testing, Diagnosis, and Treatment among PLWH in the Houston Area, 2020

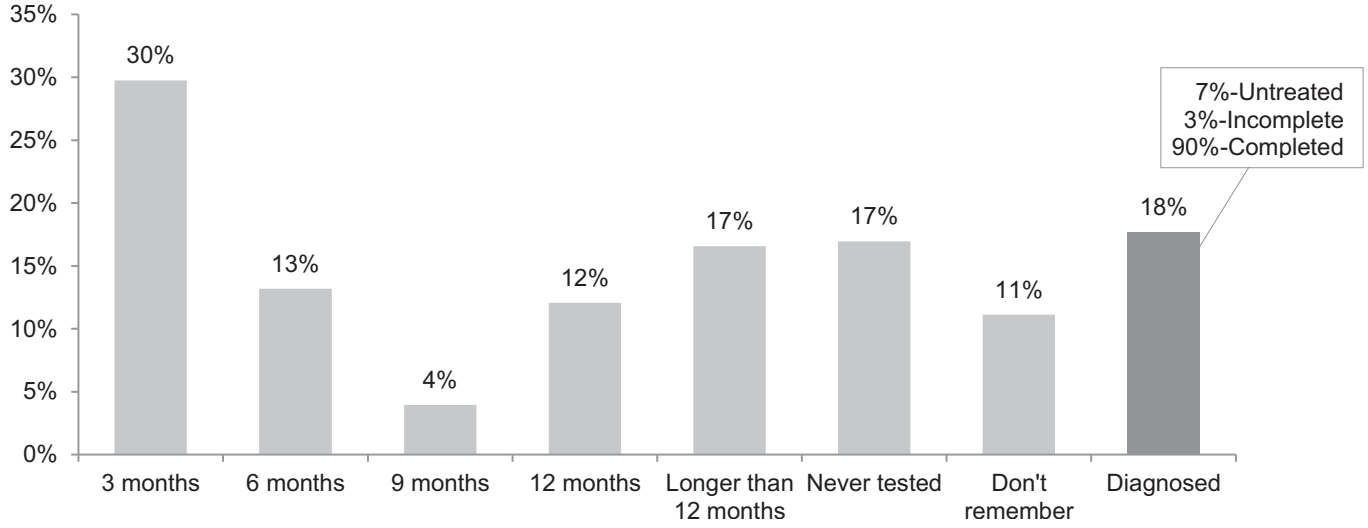
Definition: Percent of needs assessment participants who indicated they were tested, diagnosed, and/or treated for gonorrhea in the past 12 months. Denominator: 515 participants



Thirty percent (30%) of participants were tested for syphilis in the past 3 months, and 12% were tested in the past 12 months. 17% participants had their last syphilis test longer than 12 months ago, and 17% had never been tested for syphilis. 18% of participants who were tested for syphilis in the past 12 months were diagnosed. Of those diagnosed with syphilis in the past 12 months, 7% were never treated, 3% began but did not complete treatment, and 90% completed treatment of syphilis.

GRAPH 20-Syphilis Testing, Diagnosis, and Treatment among PLWH in the Houston Area, 2020

Definition: Percent of needs assessment participants who indicated they were tested, diagnosed, and/or treated for syphilis in the past 12 months. Denominator: 531 participants



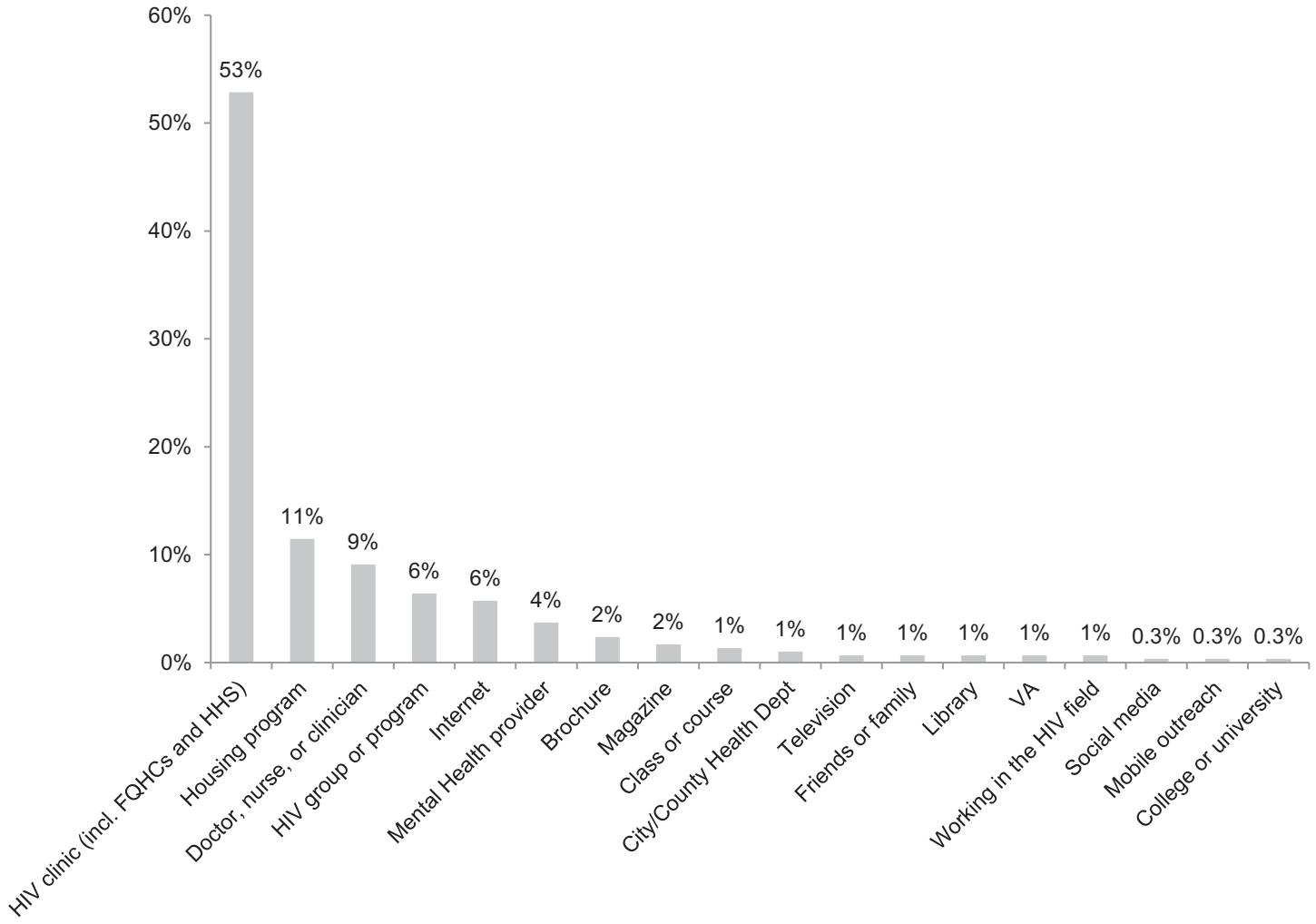
Access to HIV Prevention Information

Needs assessment participants were asked if they had received any information about HIV prevention in the past 12 months. Overall, 57% of participants said they *had* received information in the past year, a 15% decrease from 67% in 2016. Those who had received information were then asked to identify the source of this information and the types of prevention information received

(**Graph 21**) The source of HIV prevention information cited most often was an HIV clinic, including Federally Qualified Health Centers (**FQHCs**) and Harris Health System (**HHS**) at 53% of all reported sources. This was followed by housing programs (11%); doctors, nurses, or clinicians (9%); an HIV group or program (6%); and the internet (6%). At less than 1%, social media, mobile outreach, and colleges or universities were reported least.

GRAPH 21-Sources of HIV Prevention Information for PLWH in the Houston Area, 2020

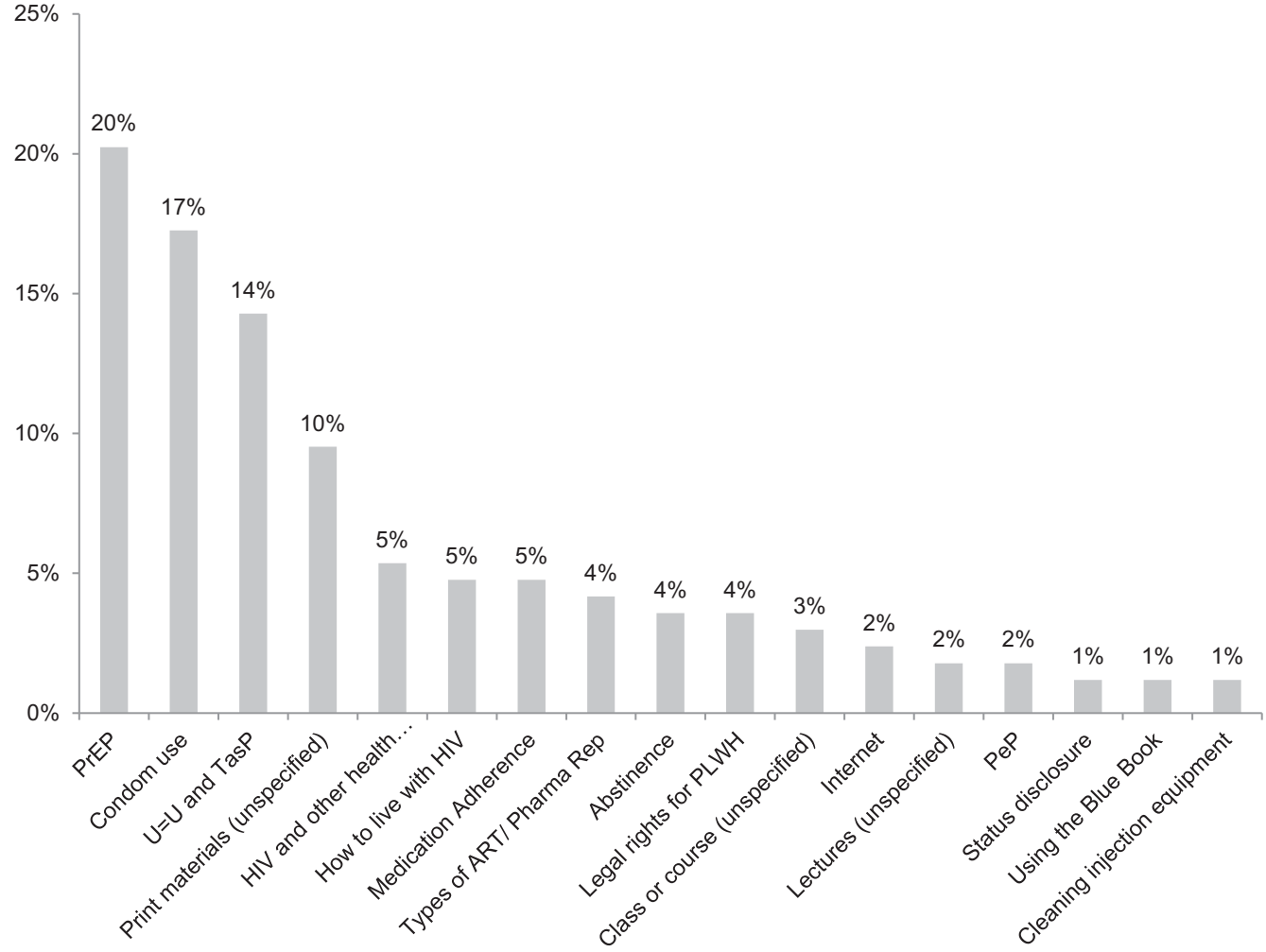
Definition: Percent of times each source was reported by needs assessment participants as the source from which HIV prevention education the past 12 months was received.
Denominator: 297 source reports



(**Graph 22**) The topic of the HIV prevention information provided most often pre-exposure prophylaxis, or **PrEP**, and 20% of topics reported. This was followed by condom use (17%), undetectable = untransmittable (**U=U**) or treatment as prevention (**TasP**) (14%), unspecified information from print materials (10%), and HIV and other health conditions (5%). At 1% each, status disclosure, use of the Blue Book resource Guide, and information on cleaning injection equipment were reported least.

GRAPH 22-Topics of HIV Prevention Information Provided to PLWH in the Houston Area, 2020

Definition: Percent of times each topic or information type was reported by needs assessment participants.
Denominator: 297 topic reports



Prevention through Medication

U=U, PrEP, and PeP Awareness

Undetectable = untransmittable (U=U), and TasP both refer to the use of anti-retroviral therapy (**ART**) medications to achieve a consistently undetectable viral load thereby preventing HIV transmission through sex. When asked whether they were aware of U=U before the day of survey, 76% of participants reported that they were aware. Awareness of PrEP, post-exposure prophylaxis (**PeP**), and resources for both are reported below.

(**Table 2**) When asked if they had ever heard of PrEP, 80% of participants were PrEP aware, a 43% increase from 56% PrEP aware participants in 2016. Awareness among PLWH of PrEP resources also increased substantially between 2016 and 2020. Whereas 34% of participants knew where to refer someone for PrEP resources in 2016, the proportion of PrEP resource aware participants grew to 58% in 2020, a 71% increase.

TABLE 2- Crosstabulation of PrEP Awareness with PrEP Resource Awareness among PLWH in the Houston Area, 2020

	"Do you know where a person who does not have HIV can go to get on PrEP?"			**Total**
"Have you heard about PrEP before?"		**Yes**	**No**	
	Yes	55%	24%	**80%**
	No	2%	13%	**15%**
	Don't Remember	1%	5%	**6%**
	Total	**58%**	**42%**	

Denominator: 562 participants

(**Table 3**) Post-exposure prophylaxis (PeP) is a method for people who do not have HIV to prevent acquiring HIV if they think they may have been exposed through sex or needle sharing in the last 72 hours. For the first time, the 2020 Needs Assessment measured awareness of PeP and resources to access PeP among PLWH. When asked if they had ever heard of PeP, 60% of participants were PeP aware. Awareness among PLWH of PeP resources was lower at 52% of participants reporting awareness of where to refer someone to access PeP.

TABLE 3- Crosstabulation of PeP Awareness with PeP Resource Awareness among PLWH in the Houston Area, 2020

	"Do you know where a person who does not have HIV can go to get on PeP?"			**Total**
"Have you heard about PeP before?"		**Yes**	**No**	
	Yes	44%	16%	**60%**
	No	6%	27%	**33%**
	Don't Remember	1%	6%	**7%**
	Total	**52%**	**48%**	

Denominator: 560 participants

Sexual Activity and Condom Use

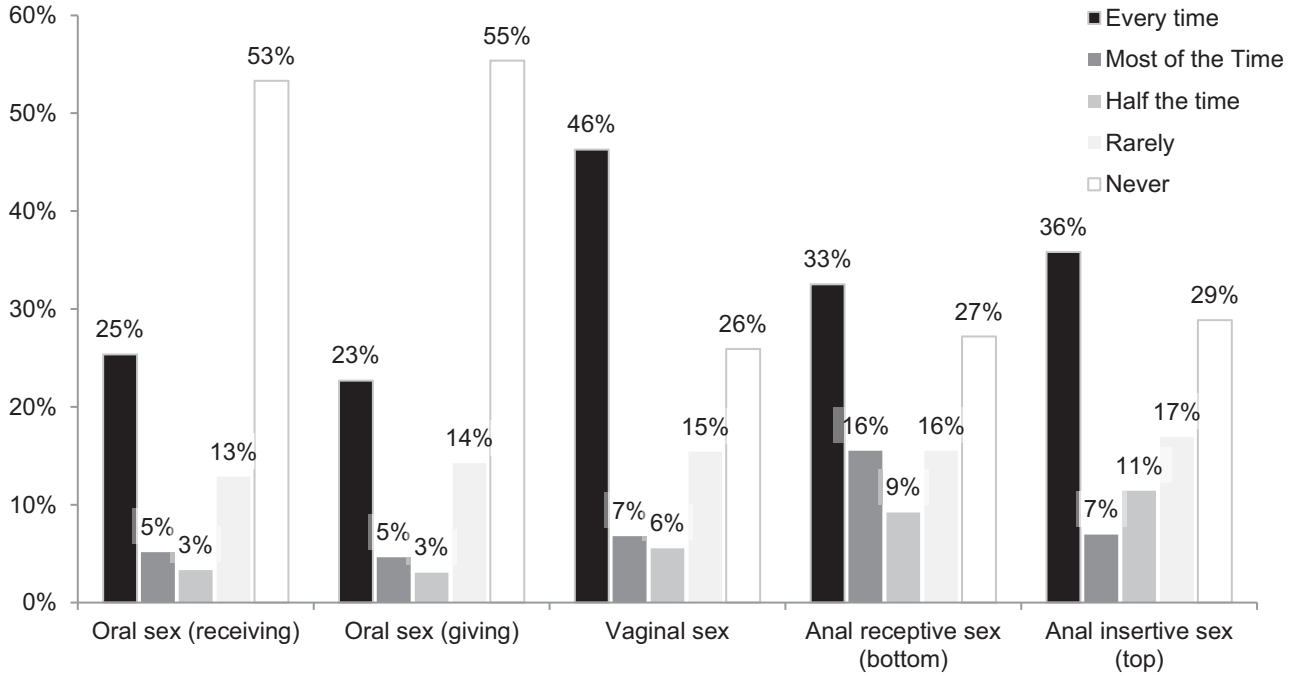
Participants were asked details regarding current sexual activity and use of safer sex practices, in particular, condom use, barriers to consistent condom use, and disclosure of HIV status to potential sex partners. Forty-five percent (45%) of participants reported having no oral, vaginal, or anal sex in the 6 months preceding survey, and were excluded from the following analysis.

When asked about partner HIV status, 47% of sexually active participants indicated that they had at least one sexual partner who was also living with HIV. Thirteen percent (13%) of participants reported that they had at least one sexual partner who was presumably HIV negative and taking PrEP, while 26% reported having at least one presumably HIV negative partner who was not taking PrEP. Sixteen percent (16%) reported that they did not know the HIV status of at least one sexual partner.

(**Graph 23**) Forty-four (44%) of sexually active participants said they *always* use condoms during at least one type of sexual activity. Least frequent condom use was reported for oral sex with 55% of participants reporting no condom use for giving oral sex and 53% reporting no condom use for receiving oral sex. The most frequent consistent condom use was observed for vaginal sex, with 46% of participants reporting using a condom for every encounter. Moderate consistent condom use was reported for anal sex, with 36% of participant reporting condom use for anal insertive sex, and 33% reporting condom use for anal receptive sex.

GRAPH 23-Frequency of Condom Use among PLWH in the Houston Area, by Type of Sexual Activity, 2020

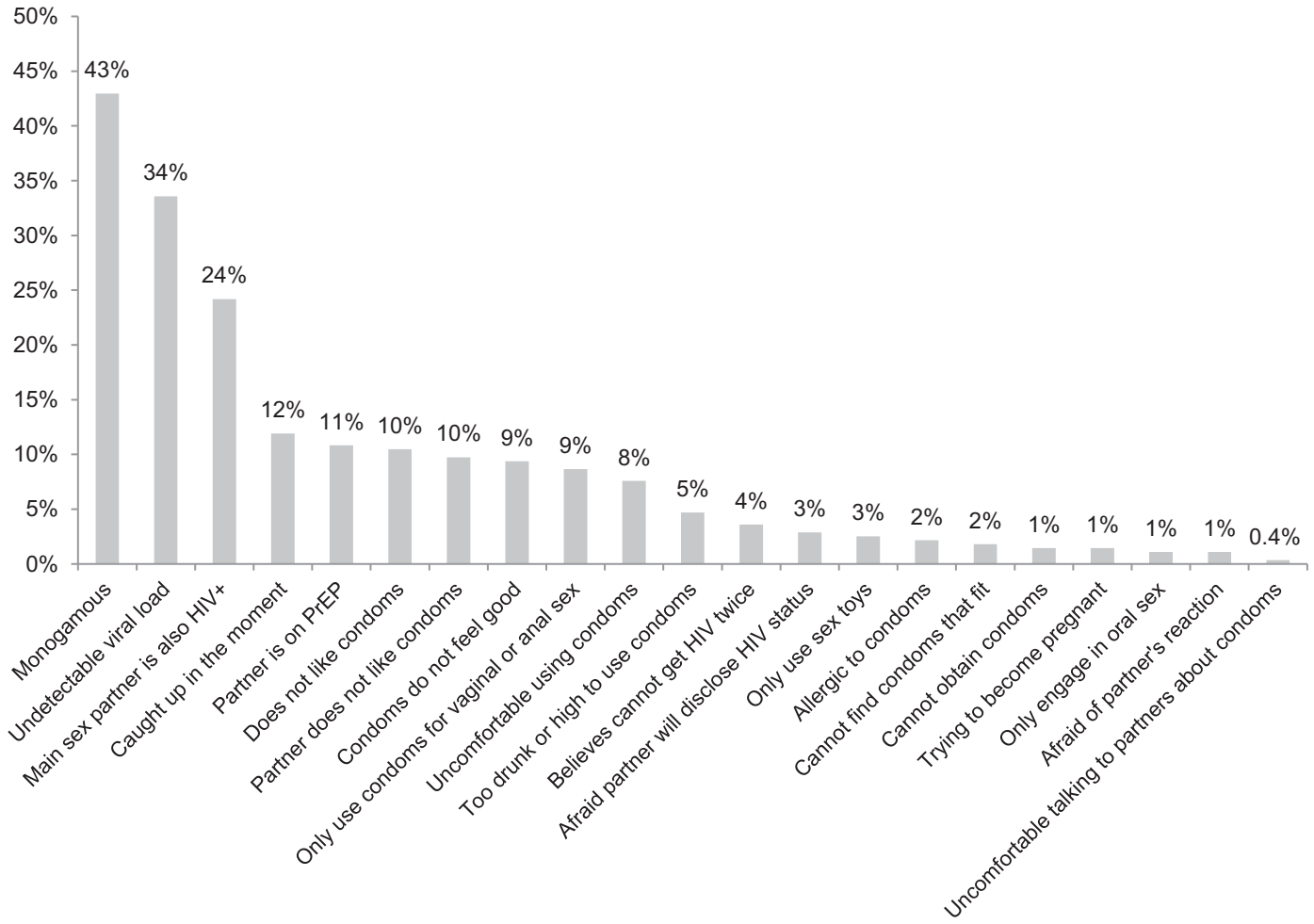
Definition: Percent of needs assessment participants reporting condom use frequency by type of sexual activity
Denominator: 162-272 sexually active participants, varying by type of sexual activity



(**Graph 24**) When inconsistent condom use was reported, participants were asked about their reason for not using a condom. Participants were provided with a list of 21 common reasons for not using condoms, and could write in their reasons. The most frequently selected reasons participants for not using condoms were only having one sexual partner (43%), having an undetectable viral load (34%), having a sexual partner who was HIV positive as well (24%), getting caught up in the moment (12%), and having a partner on PrEP (11%). The most common write-in reason for inconsistent condom use was the participant's partner refuses to use a condom or removes the condom during sex.

GRAPH 24-Barriers to Condom Use among PLWH in the Houston Area, 2020

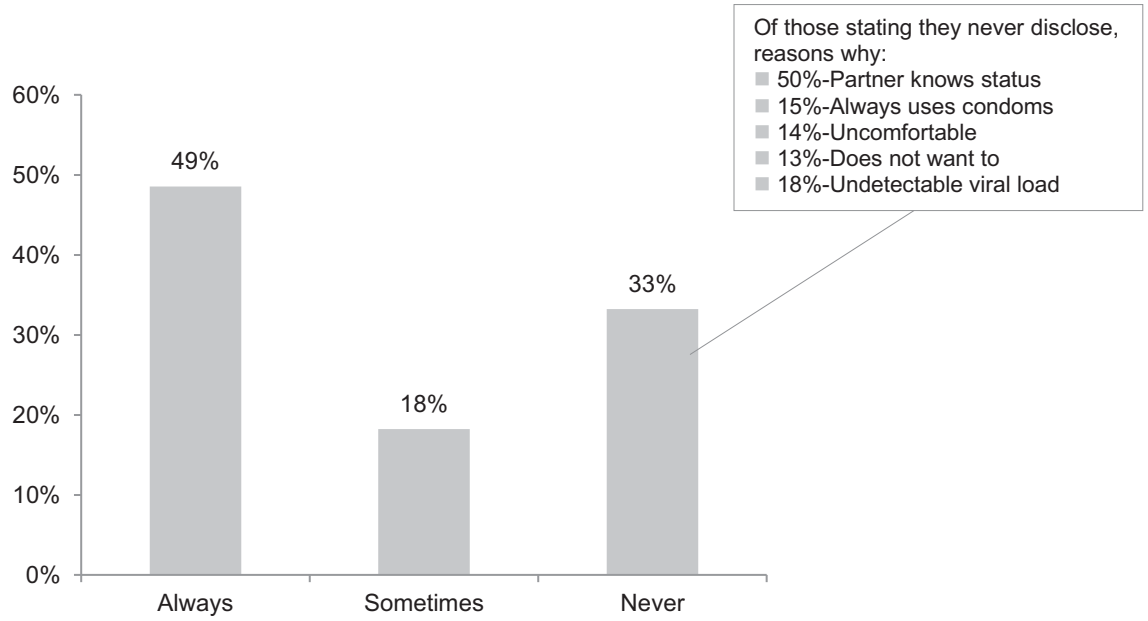
Definition: Percent sexually active needs assessment participants reported each reason for inconsistent condom use
Denominator: 277 sexually active needs assessment participants reporting inconsistent condom use



(**Graph 25**) Participants were asked how frequently they disclose their HIV status to new sex partners. Overall, 49% stated they always disclose their HIV status with every partner, while 33% stated they never disclose their HIV status. Of those stating they never, the most common reason given was that their main sex partner already knows their HIV status.

GRAPH 25-Disclosure of HIV Status among PLWH in the Houston Area, 2020

Definition: Percent of sexually active needs assessment participants selecting each answer in response to the survey question, "How often do you talk about your HIV status with new sex partners?"
Denominator: 313 sexually active participants

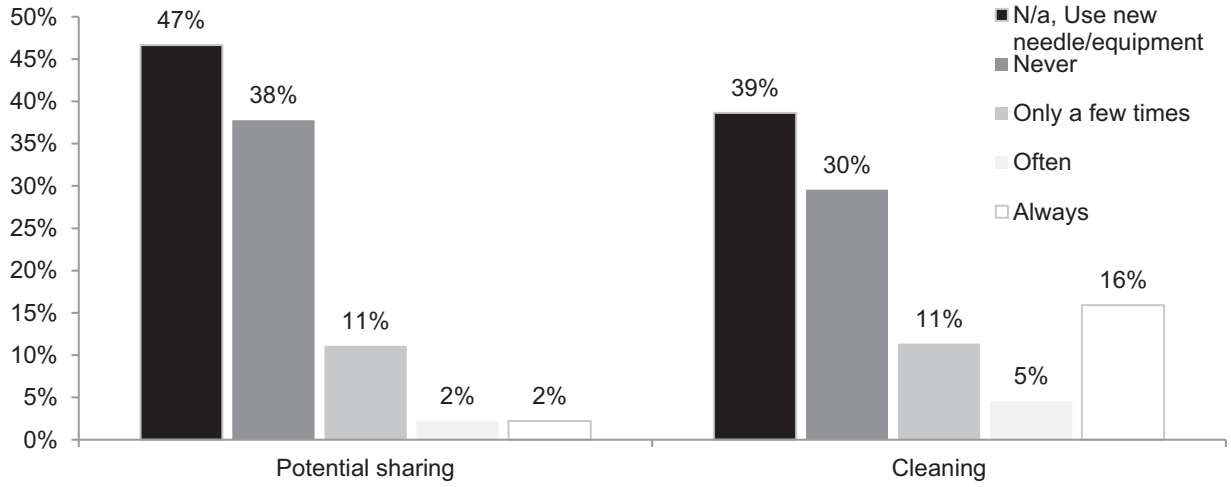


Injection Use

(**Graph 26**) Participants were asked if they used a needle to inject any substance in the past 12 months. Substance was defined broadly to include medications, insulin, steroids, hormones, silicone, or drugs. Nine percent (9%) of participants reporting using a needled to inject a substance in the past 12 months. Those reporting injection use in the past months were asked how frequently they shared or used needles or injection equipment that somebody else may have used, and how frequently clean they cleaned needles or injection equipment with bleach. A majority found both questions not applicable. For potential needle/equipment sharing, 47% only use new needles/equipment, and an additional 38% never share used needles/equipment. For needle/equipment cleaning, 39% only use new needles/equipment, and an additional 16% always clean their used needles/equipment with bleach.

GRAPH 26-GRAPH 26-Frequency of Needle/Equipment Sharing and Cleaning Among PLWH in the Houston Area, 2020

Definition: Percent of participants with injection use in the past 12 indicating needle/injection equipment sharing and cleaning
Denominator: 44-45 participants with injection use in the past 12 months



Chapter 5: Out of Care Profile

OUT OF CARE PROFILE

Details about people living with HIV (**PLWH**) who are *not* in HIV care are of particular importance to local HIV planning. This information helps communities design HIV services to prevent delays or interruptions in care. Continuous HIV care is a national goal for both HIV prevention and care stakeholders, as it can lead to improved health outcomes for individuals as well as reduced transmission of HIV.

Proactive efforts were made to include out of care (**OOC**) PLWH in the 2020 Houston Area HIV Needs Assessment (See: *Methodology*, page 7), and results presented throughout this document include OOC PLWH. This Chapter highlights results *only* for OOC participants and as their results compare to the total needs assessment sample.

Notes: "Out of care/OOC" is defined in this analysis as a PLWH who indicated in their survey that they had not received any of the following in the past 12 months: an HIV primary care visit, a prescription for HIV medication, or an HIV monitoring test (viral load or CD-4). This definition is consistent with national and state OOC criteria.

DEMOGRAPHICS AND SOCIO-ECONOMIC CHARACTERISTICS

(**Table 1**) In total, 24 participants in the 2020 Houston HIV Care Services Needs Assessment met all criteria for being defined as OOC. This is 7% of the entire needs assessment sample. As with the overall sample, 95% of OOC needs assessment participants resided in Harris County at the time of data collection. While the overall majority of needs assessment participants were male (66%), African American/Black (63%), and heterosexual (57%). However, while the majority of OOC participants were male (79%) OOC participants were more often Hispanic/Latino (54%) and equally identified as heterosexual and MSM (50% respectively). Sixty-one percent (61%) of OOC participants were between the ages of 39 and 54.

The average unweighted household income of OOC participants was $13,493 annually, $2,133 lower than the total sample, with the majority living below 100% of federal poverty (**FPL**). A majority of participants (46%) was not formally employed at the time of survey, with 18% collecting disability benefits, 18% unemployed and seeking employment, and 11% retired. However, 28% of OOC participants gained financial support through informal employment such as working for cash, sex work, and street work. Most participants paid for healthcare using Medicaid/Medicare or assistance through Harris Health System (Gold Card).

Characteristics of the OOC (as compared to all participants) can be summarized as follows:

- Residing in Houston/Harris County
- Male
- Hispanic/Latino
- Adults between the ages of 39 and 54
- Equally heterosexual and MSM
- With lower income, formal employment, and private health insurance

As in the methodology for all needs assessment participants, results presented in the remaining sections of this Chapter were statistically weighted using current HIV prevalence for the Houston EMA (2018) in order to produce proportional results (See: *Methodology*, page 7).

TABLE 1-Select OOC Participant Characteristics, Houston Area HIV Needs Assessment, 2020

	No.	%		No.	%		No.	%
County of residence			Age range (median: 50-54)			Sex at birth		
Harris	21	95.5%	13 to 17	0	-	Male	19	79.2%
Fort Bend	0	-	18 to 24	1	4.3%	Female	5	20.8%
Liberty	0	-	25 to 34	3	13.0%	Intersex	0	-
Montgomery	1	4.5%	35 to 49	7	30.4%	Transgender	0	3.9%
Other	0	-	50 to 54	7	30.4%	Non-binary / gender fluid	0	-
			55 to 64	4	17.4%	Currently pregnant*	0	-
			65 to 74	1	4.3%	*All currently pregnant respondents		
			75+	0	-	reported being in care. The		
			Youth (13 to 24)	1	4.2%	denominator is all respondents		
			Seniors (≥50)	12	50.0%	reporting female sex at birth		
Primary race/ethnicity			Sexual orientation			Health insurance		
White	2	8.3%	Heterosexual	12	50.0%	Private insurance	0	-
African American/Black	7	29.2%	Gay/Lesbian	12	50.0%	Medicaid/Medicare	6	30.0%
Hispanic/Latino	13	54.2%	Bisexual/Pansexual	0	-	Harris Health System	7	35.0%
Asian American	0	-	Other	0	-	Ryan White Only	5	25.0%
Other/Multiracial	2	8.3%	MSM	12	50.0%	None	2	10.0%
Residency			Yearly income (average: $11,360)			Employment		
Born in the U.S.	15	65.2%	Federal Poverty Level (FPL)			Disabled	5	17.9%
Lived in U.S. > 5 years	7	30.4%	Below 100%	6	85.7%	Unemployed and seeking work	5	17.9%
Lived in U.S. < 5 years	1	4.3%	100%	0	-	Employed (PT)	3	10.7%
In U.S. on visa	0	-	150%	1	14.3%	Retired	3	10.7%
Prefer not to answer	0	-	200%	0	-	Employed (FT)	3	10.7%
			250%	0	-	Self Employed	1	3.6%
			≥300%	0	-	Other	8	28.6%

BARRIERS TO RETENTION IN CARE

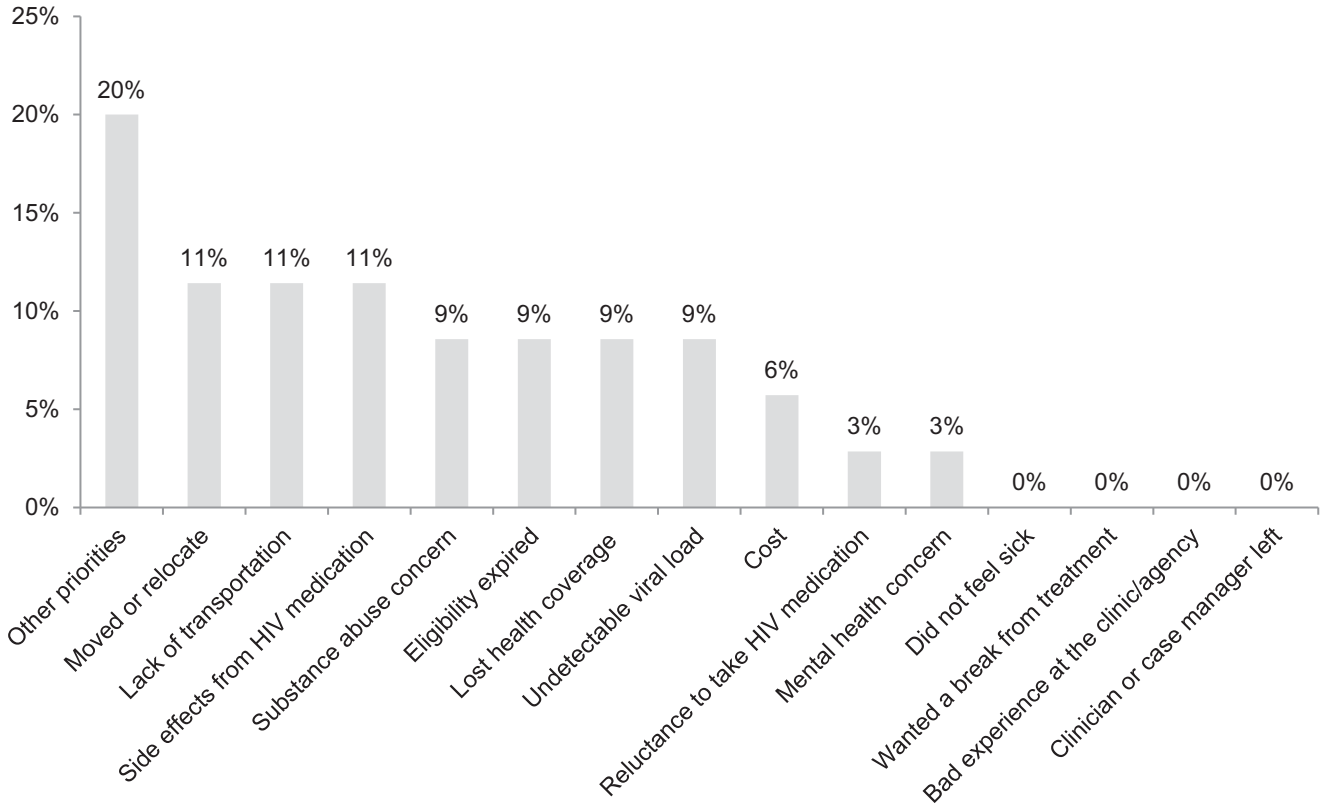
All participants in the 2020 Needs Assessment who reported a break in HIV care for 12 months or more were asked to identify the reasons for the interruption in care, selecting from a preset list of 15 commonly reported reasons. Among the total sample, substance abuse concerns were selected most often, followed by moving or relocating and having other priorities at the time.

(**Graph 1**) Among OOC participants, having priorities other than HIV was cited most often as the reason for an interruption in HIV care (at 20% of reported reasons), followed by moving or relocation (11%), lack of transportation (11%), and experiencing side effects from the medication (11%). There was no trend in write-in reasons for falling out of care.

GRAPH 1-Reasons for Falling Out of HIV Care among OOC PLHW in the Houston Area, 2020

Definition: Percent of times each item was reported by OOC needs assessment participants as the reason they stopped their HIV care for 12 months or more since first entering care.

Denominator: 35 reasons for falling out of care reported



RANKING OF NEED FOR HIV SERVICES

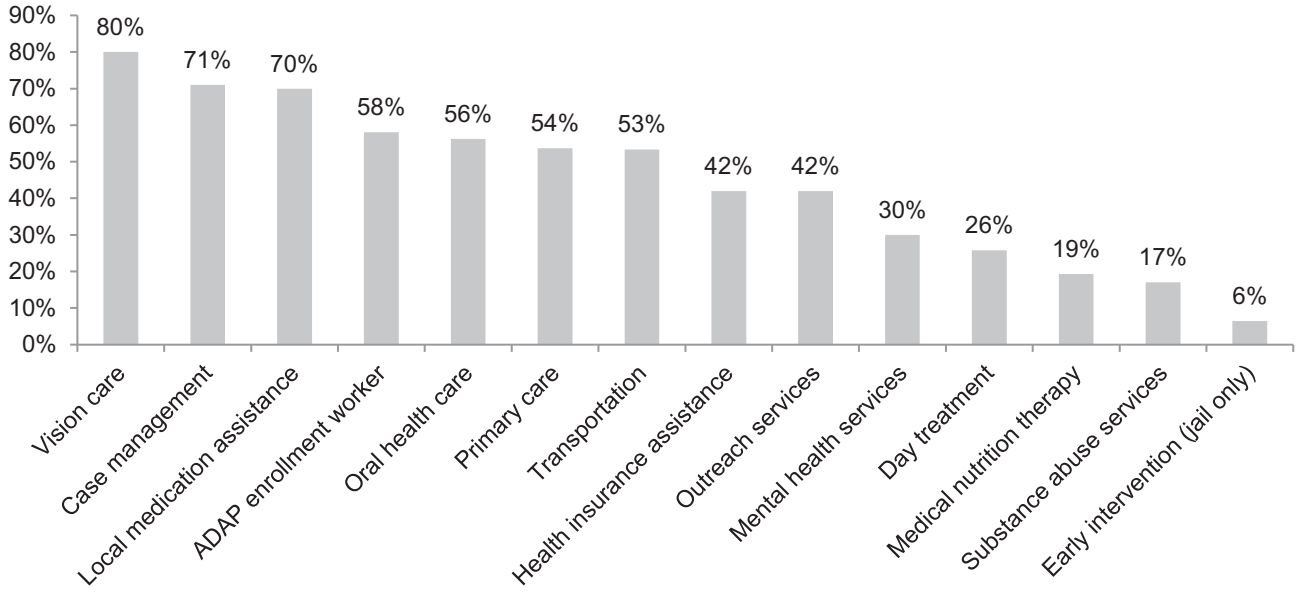
Funded Services

At the time of survey, 17 HIV core medical and support services were funded through the Houston Area Ryan White HIV/AIDS Program. Participants of the 2020 Houston HIV Care Services Needs Assessment were asked to indicate which of these funded services they needed in the past 12 months. Among the total sample, primary care was the most needed funded service in the Houston Area, followed by local HIV medication assistance, case management, oral health care, and vision care.

(**Graph 2**) Among OOC participants, vision care was the most needed funded service at 72%, followed by case management (71%), local medication assistance (70%), ADAP enrollment worker (58%), and oral health care (56%)

GRAPH 2-Ranking of HIV Services among OOC PLWH in the Houston Area, By Need, 2020

Definition: Percent of needs assessment participants stating they needed the service in the past 12 months, regardless of service accessibility.
Denominator: 31 OOC participants



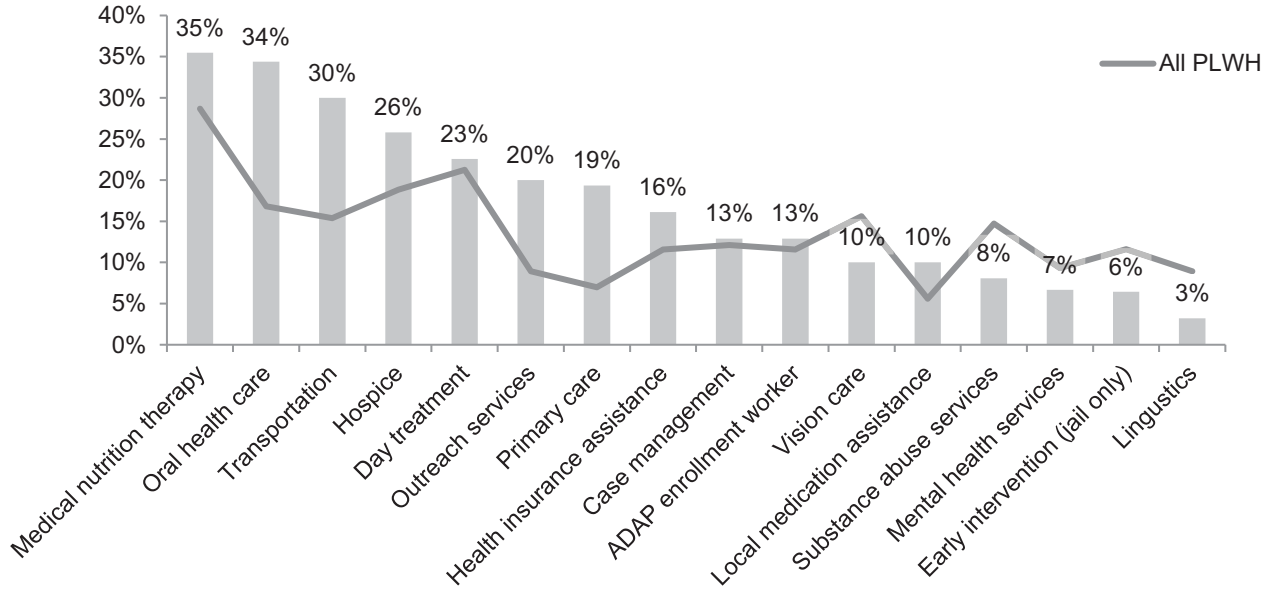
Awareness of Available Services

Education and awareness issues present a longstanding barrier to timely linkage to care in the Houston EMA, especially among OOC PLWH. Lack of awareness that a service exists or is available remains one of the most commonly cited reasons PLWH in the Houston Area do not access a needed service. The 2020 Houston HIV Care Services Needs Assessment survey asked participants to indicate if they did not know a funded service was available at the time of survey. Among the total sample, medical nutrition therapy had the highest proportion of participants who were unaware that it was an available service, followed by day treatment, hospice, oral health care, and vision care.

(**Graph 3**) In general, OOC participants had lower awareness of service availability than the sample as a whole. As with the total sample, medical nutrition therapy had the highest proportion of OOC participants who were unaware that it was an available service at 35% of OOC participants surveyed. This was followed by oral health care (34%), transportation (30%) hospice (26%), and day treatment (23%). The greatest variance in service awareness between the total sample and OOC participants was observed for oral health care, transportation, primary care, and outreach services.

GRAPH 3-Ranking of HIV Services among OOC PLWH and PLWH in the Houston Area, By Service Unawareness, 2020

Definition: Percent of OOC needs assessment participants stating they did not know the service was available.
Denominator: 31 participants



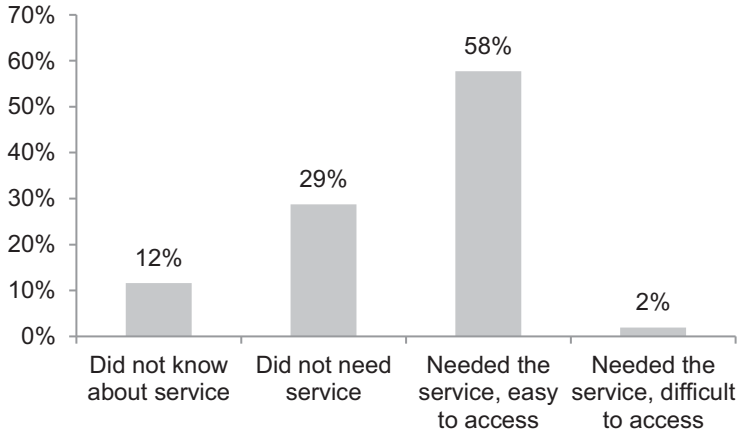
Service-Specific Fact Sheets

ADAP ENROLLMENT WORKER

AIDS Drug Assistance Program (ADAP) enrollment worker, technically referred to as *referral for health care and support,* describes a service that helps people living with HIV (PLWH) access medication coverage by ensuring the efficient and accurate submission of ADAP applications to the Texas HIV Medication Program (THMP). ADAP enrollment workers meet with all potential new ADAP enrollees, explain ADAP program benefits and requirements, assist clients with the submission of complete, accurate ADAP applications, and submit annual re-certifications.

(**Graph 1**) In the 2020 Houston HIV Care Services Needs Assessment, 60% of participants indicated a need for *ADAP enrollment worker* in the past 12 months. 58% reported the service was easy to access, and 2% reported difficulty. 12% stated they did not know the service was available.

GRAPH 1-ADAP Enrollment Worker, 2020



(**Table 1**) When barriers to *ADAP enrollment worker* were reported, the most common barrier type was education and awareness (30%). Education and awareness barriers reported include lack of knowledge about service availability and who to contact to access the service.

TABLE 1-Top 3 Reported Barrier Types for ADAP Enrollment Worker, 2020

	No.	%
1. Education and Awareness (EA)	3	30%
2. Administrative (AD)	2	20%
3. Eligibility (EL)	2	20%

(**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 *ADAP enrollment worker*, this analysis shows the following:

- More females than males found the service accessible.
- More Hispanic/Latino PLWH found the service accessible than other race/ethnicities.
- More PLWH age 18 to 24 found the service accessible than other age groups.

In addition, more out of care, rural, and homeless PLWH found the service difficult to access when compared to all participants.

TABLE 2-ADAP Enrollment Worker, by Demographic Categories, 2020

	Sex (at birth)		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	12%	9%	8%	13%	12%	4%	12%	9%	8%
Did not need service	28%	31%	32%	36%	20%	12%	28%	31%	32%
Needed, easy to access	57%	58%	57%	50%	66%	77%	57%	58%	57%
Needed, difficult to access	2%	1%	3%	2%	1%	8%	2%	1%	3%

TABLE 3-ADAP Enrollment Worker, by Selected Special Populations, 2020

Experience with the Service	Homeless[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	8%	6%	0%	5%	0%	18%
Did not need service	7%	12%	0%	0%	3%	9%
Needed, easy to access	76%	71%	100%	89%	91%	64%
Needed, difficult to access	10%	11%	0%	5%	6%	9%

[a]Persons reporting current homelessness [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

CASE MANAGEMENT

Case management, technically referred to as *medical case management, clinical case management, or service linkage*, describes a range of services that help connect persons living with HIV (PLWH) to HIV care, treatment, and support services and to retain them in care. Case managers assess client needs, develop service plans, and facilitate access to services through referrals and care coordination. Case management also includes treatment readiness and adherence counseling.

(**Graph 1**) In the 2020 Houston HIV Care Services Needs Assessment, 73% of participants indicated a need for *case management* in the past 12 months. 67% reported the service was easy to access, and 6% reported difficulty. 12% stated they did not know the service was available.

(**Table 1**) When barriers to *case management* were reported, the most common barrier type was interactions with staff (37%). Staff interaction barriers reported include poor correspondence or follow up, poor treatment, limited staff knowledge of services, and service referral to provider that did not meet client needs.

GRAPH 1-Case Management, 2020

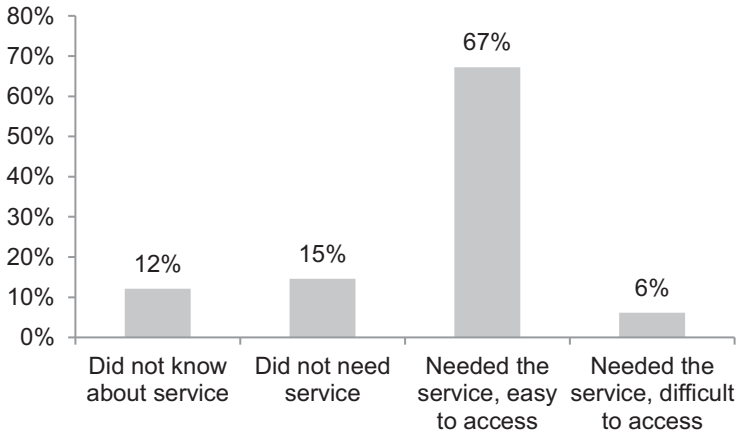


TABLE 1-Top 4 Reported Barrier Types for Case Management, 2020

	No.	%
1. Interactions with Staff (S)	13	37%
2. Education and Awareness (EA)	8	8%
3. Administrative (AD)	6	8%
4. Wait (4)	2	2%

(**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 *case management*, this analysis shows the following:

- More females than males found the service accessible.
- More white PLWH found the service accessible than other race/ethnicities.
- More PLWH age 50+ found the service accessible than other age groups.

In addition, more out of care, transgender, recently released from incarceration, and homeless PLWH found the service difficult to access when compared to all participants.

TABLE 2-Case Management, by Demographic Categories, 2020

	Sex (at birth)		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	17%	7%	10%	11%	15%	4%	5%	15%	9%
Did not need service	59%	68%	22%	14%	13%	8%	29%	12%	17%
Needed, easy to access	20%	23%	64%	68%	66%	81%	52%	67%	69%
Needed, difficult to access	4%	3%	4%	7%	6%	8%	14%	6%	5%

TABLE 3-Case Management, by Selected Special Populations, 2020

Experience with the Service	Homeless[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	10%	13%	13%	11%	37%	17%
Did not need service	13%	18%	16%	8%	9%	13%
Needed, easy to access	68%	63%	58%	71%	51%	58%
Needed, difficult to access	10%	6%	13%	11%	3%	13%

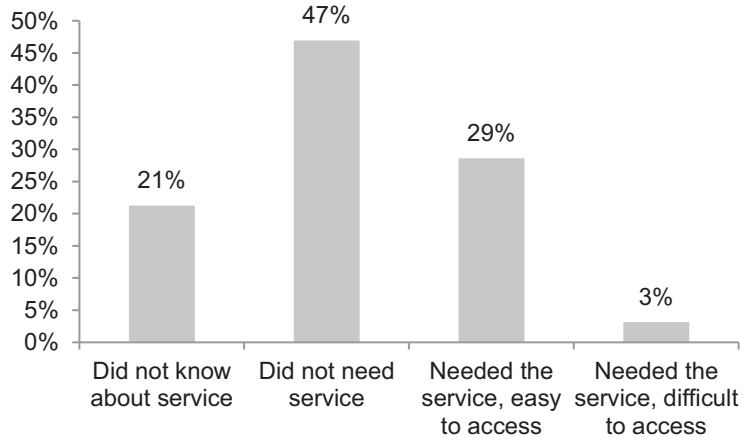
[a]Persons reporting current homelessness [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

DAY TREATMENT

Day treatment, technically referred to as *home and community-based health services*, provides therapeutic nursing, support services, and activities for persons living with HIV (PLWH) at a community-based location. This service does not currently include in-home health care, in-patient hospitalizations, or long-term nursing facilities.

(**Graph 1**) In the 2020 Houston HIV Care Services Needs Assessment, 32% of participants indicated a need for *day treatment* in the past 12 months. 29% reported the service was easy to access, and 3% reported difficulty. 21% stated that they did not know the service was available.

GRAPH 1-Day Treatment, 2020



(**Table 1**) When barriers to *day treatment* were reported, the most common barrier type was education and awareness (25%). Education and awareness barriers reported include lack of knowledge about service availability and where to access the service.

TABLE 1-Top 3 Reported Barrier Types for Day Treatment, 2020

	No.	%
1. Education and Awareness (EA)	3	25%
2. Administrative (AD)	2	17%
3. Wait (W)	2	17%

(**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 *day treatment*, this analysis shows the following:

- More females than males found the service accessible.
- More other/multiracial PLWH found the service accessible than other race/ethnicities.
- More PLWH age 18 to 24 found the service accessible than other age groups.
- In addition, more transgender and homeless PLWH found the service difficult to access when compared to all participants.

TABLE 2- Day Treatment, by Demographic Categories, 2020

	Sex (at birth)		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	22%	18%	18%	24%	20%	19%	14%	26%	15%
Did not need service	46%	50%	69%	49%	40%	42%	38%	45%	51%
Needed, easy to access	28%	29%	12%	24%	38%	31%	52%	25%	32%
Needed, difficult to access	3%	2%	1%	3%	2%	4%	0%	4%	1%

TABLE 3- Day Treatment, by Selected Special Populations, 2020

Experience with the Service	Homeless[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	27%	24%	23%	31%	26%	28%
Did not need service	29%	49%	52%	30%	66%	36%
Needed, easy to access	35%	24%	26%	38%	9%	20%
Needed, difficult to access	8%	3%	0%	2%	0%	16%

[a]Persons reporting current homelessness [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

EARLY INTERVENTION (JAIL ONLY)

Early intervention services (EIS) refers to the provision of HIV testing, counseling, and referral in the Ryan White HIV/AIDS Program setting. In the Houston Area, the Ryan White HIV/AIDS Program funds EIS to persons living with HIV (PLWH) who are incarcerated in the Harris County Jail. Services focus on post-incarceration care coordination to ensure continuity of primary care and medication adherence post-release.

(**Graph 1**) In the 2020 Houston Area HIV needs assessment, 9% of participants indicated a need for *early intervention services* in the past 12 months. 7% reported the service was easy to access, and 2% reported difficulty. 12% stated that they did not know the service was available.

(**Table 1**) When barriers to *early intervention services* were reported, the most common barrier type was interactions with staff (67%). Interactions with staff barriers reported include poor correspondence or follow up, poor treatment, and service referral to provider that did not meet client needs.

GRAPH 1-Early Intervention (Jail Only), 2020

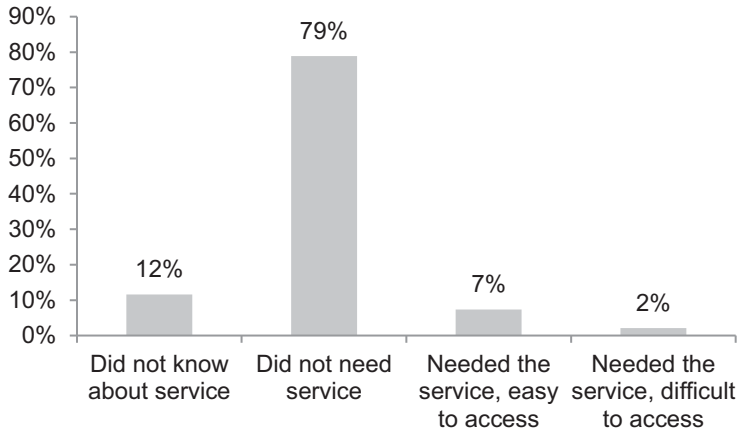


TABLE 1-Top 4 Reported Barrier Types for Early Intervention (Jail Only), 2020

	No.	%
1. Interactions with Staff (S)	6	67%
2. Education and Awareness (EA)	3	33%

(**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 *early intervention services*, this analysis shows the following:

- More females than males found the service accessible.
- More Hispanic/Latino PLWH found the service accessible than other race/ethnicities.
- More PLWH age 18 to 24 found the service accessible than other age groups.
- In addition, more recently released, homeless, transgender, and MSM PLWH found the service difficult to access when compared to all participants.

TABLE 2-Early Intervention (Jail Only), by Demographic Categories, 2020

	Sex (at birth)		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	13%	8%	5%	12%	12%	12%	5%	12%	11%
Did not need service	77%	84%	83%	78%	81%	31%	86%	77%	82%
Needed, easy to access	8%	7%	8%	9%	5%	38%	5%	9%	6%
Needed, difficult to access	2%	1%	4%	2%	1%	19%	0%	3%	1%

TABLE 3-Early Intervention (Jail Only), by Selected Special Populations, 2020

Experience with the Service	Homeless[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	13%	14%	6%	15%	14%	4%
Did not need service	66%	79%	87%	43%	80%	83%
Needed, easy to access	16%	5%	6%	31%	6%	8%
Needed, difficult to access	5%	3%	0%	11%	0%	4%

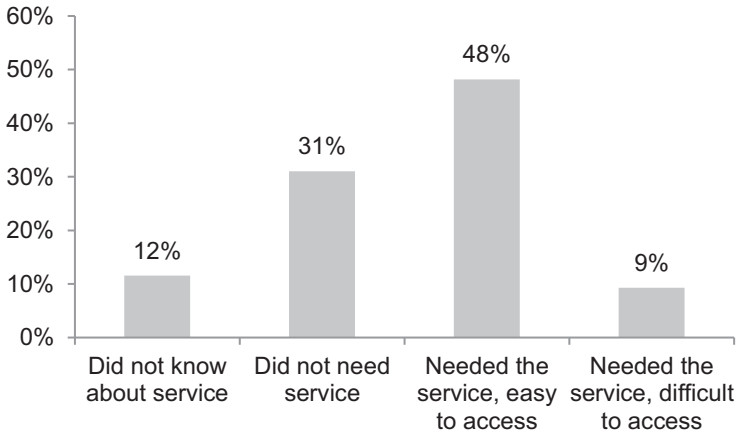
[a]Persons reporting current homelessness [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

HEALTH INSURANCE ASSISTANCE

Health insurance assistance, also referred to as *health insurance premium and cost-sharing assistance*, provides financial assistance to persons living with HIV (PLWH) with third-party health insurance coverage (such as private insurance, ACA Qualified Health Plans, COBRA, or Medicare) so they can obtain or maintain health care benefits. This includes funding for premiums, deductibles, Advanced Premium Tax Credit liability, and co-pays for both medical visits and medication.

(**Graph 1**) In the 2016 Houston HIV Care Services Needs Assessment, 57% of participants indicated a need for *health insurance assistance* in the past 12 months. 48% reported the service was easy to access, and 9% reported difficulty. 12% stated that they did not know the service was available.

GRAPH 1-Health Insurance Assistance, 2020



(**Table 1**) When barriers to *health insurance assistance* were reported, the most common barrier types were eligibility and financial (each 23%). Eligibility barriers reported include not meeting eligibility requirements, and redundant or complex processes for meeting/renewing eligibility, while financial barriers reported include inability to afford the service.

TABLE 1-Top 5 Reported Barrier Types for Health Insurance Assistance, 2020

	No.	%
1. Eligibility (EL)	9	23%
2. Financial (F)	9	23%
3. Health Insurance Coverage (I)	7	18%
4. Administrative (AD)	5	13%
5. Education and Awareness (EA)	4	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 *health insurance assistance,* this analysis shows the following:

- No difference in service accessibility by sex at birth.
- More white PLWH found the service accessible than other race/ethnicities.
- More PLWH age 18 to 24 found the service accessible than other age groups.
- In addition, more transgender, homeless, MSM, and rural PLWH found the service difficult to access when compared to all participants.

TABLE 2-Health Insurance Assistance, by Demographic Categories, 2020

	Sex (at birth)		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	12%	9%	15%	13%	8%	12%	0%	12%	11%
Did not need service	30%	34%	43%	29%	32%	12%	14%	30%	34%
Needed, easy to access	48%	48%	40%	48%	50%	58%	81%	47%	49%
Needed, difficult to access	9%	9%	3%	9%	10%	15%	5%	12%	6%

TABLE 3-Health Insurance Assistance, by Selected Special Populations, 2020

Experience with the Service	Homeles[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	21%	11%	16%	25%	17%	13%
Did not need service	32%	30%	42%	25%	23%	25%
Needed, easy to access	34%	47%	42%	43%	49%	33%
Needed, difficult to access	13%	12%	0%	8%	11%	29%

[a]Persons reporting current homelessness [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

HOSPICE

Hospice is end-of-life care for persons living with HIV (PLWH) who are in a terminal stage of illness (defined as a life expectancy of 6 months or less). This includes room, board, nursing care, mental health counseling, physician services, and palliative care.

(**Graph 1**) In the 2020 Houston HIV Care Services Needs Assessment, 8% of participants indicated a need for *hospice* in the past 12 months. 7% reported the service was easy to access, and 1% reported difficulty. 17% stated that they did not know the service was available.

(**Table 1**) Only two barriers were reported for hospice. This number is too small to detect any pattern in service barriers for hospice.

GRAPH 1-Hospice, 2020

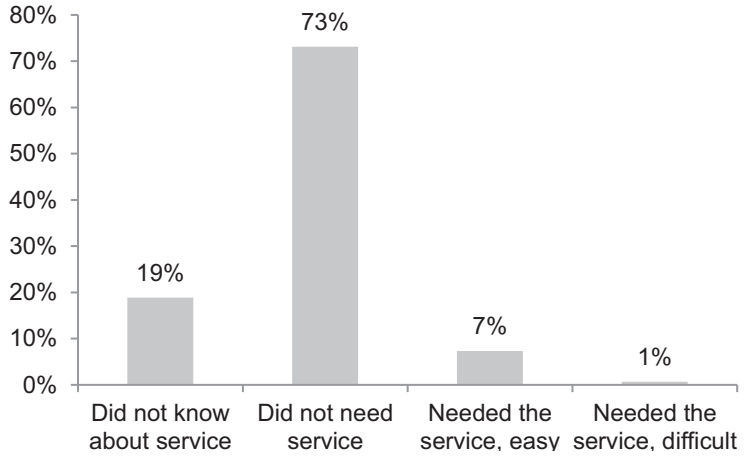


TABLE 1- Reported Barrier Types for Hospice, 2020

	No.	%
1. Health Insurance Coverage (I)	1	50%
2. Transportation (T)	1	50%

(**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 *hospice*, this analysis shows the following:

- More females than males found the service accessible.
- More White, Hispanic/Latino, and other/multiracial PLWH found the service accessible than Black/African American PLWH.
- More PLWH age 50+ found the service accessible than other PLWH age 25 to 49.
- In addition, more MSM PLWH found the service difficult to access when compared to all participants.

TABLE 2-Hospice, by Demographic Categories, 2020

	Sex (at birth)		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	20%	15%	10%	18%	23%	23%	10%	23%	13%
Did not need service	72%	78%	87%	76%	65%	65%	95%	67%	80%
Needed, easy to access	8%	5%	3%	5%	11%	12%	0%	9%	6%
Needed, difficult to access	0%	1%	0%	1%	0%	0%	0%	1%	0%

TABLE 3- Hospice, by Selected Special Populations, 2020

Experience with the Service	Homeless[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	19%	8%	26%	27%	11%	36%
Did not need service	68%	54%	61%	63%	83%	64%
Needed, easy to access	13%	33%	13%	11%	6%	0%
Needed, difficult to access	0%	1/%	0%	0%	0%	0%

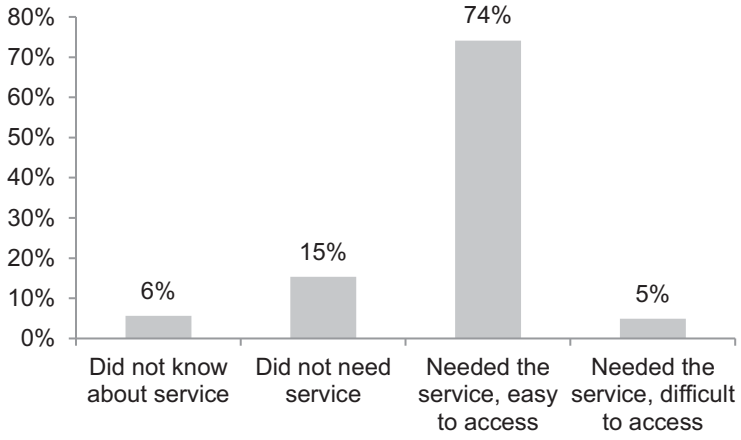
[a]Persons reporting current homelessness [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

LOCAL HIV MEDICATION ASSISTANCE

Local HIV medication assistance, technically referred to as the *Local Pharmacy Assistance Program (LPAP)*, provides HIV-related pharmaceuticals to persons living with HIV (PLWH) who are not eligible for medications through other payer sources, including the state AIDS Drug Assistance Program (ADAP).

(**Graph 1**) In the 2020 Houston HIV Care Services Needs Assessment, 79% of participants indicated a need for *local HIV medication assistance* in the past 12 months. 74% reported the service was easy to access, and 5% reported difficulty. 6% stated that they did not know the service was available.

GRAPH 1-Local HIV Medication Assistance, 2020



(**Table 1**) When barriers to *local HIV medication assistance* were reported, the most common barrier type was eligibility (25%). Eligibility barriers reported include redundant or complex processes for meeting/renewing eligibility, problems obtaining documentation needed for eligibility and not meeting eligibility requirements.

TABLE 1-Top 5 Reported Barrier Types for Local HIV Medication Assistance, 2020

	No.	%
1. Eligibility (EL)	7	25%
2. Administrative (AD)	4	14%
3. Education and Awareness (EA)	4	14%
4. Health Insurance Coverage (I)	4	14%
5. Interactions with Staff (S)	3	11%

(**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 *local HIV medication assistance*, this analysis shows the following:

- More males than females found the service accessible.
- More White PLWH than other race/ethnicities found the service accessible.
- More PLWH age 50+ found the service accessible than other age groups.
- In addition, homeless, MSM, rural, and transgender PLWH found the service difficult to access when compared to all participants.

TABLE 2-Local HIV Medication Assistance, by Demographic Categories, 2020

	Sex (at birth)		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	7%	2%	1%	5%	7%	8%	0%	6%	6%
Did not need service	16%	12%	29%	17%	10%	4%	14%	15%	16%
Needed, easy to access	73%	79%	69%	72%	76%	88%	81%	73%	75%
Needed, difficult to access	4%	7%	1%	5%	6%	4%	5%	6%	3%

TABLE 3-Local HIV Medication Assistance, by Selected Special Populations, 2020

Experience with the Service	Homeless[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	11%	6%	10%	6%	6%	8%
Did not need service	15%	17%	20%	8%	17%	46%
Needed, easy to access	68%	71%	70%	83%	71%	42%
Needed, difficult to access	6%	6%	0%	3%	6%	4%

[a]Persons reporting current homelessness [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

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 2020 Houston HIV Care Services Needs Assessment, 36% of participants indicated a need for *medical nutrition therapy* in the past 12 months. 31% reported the service was easy to access, and 5% reported difficulty. 29% stated that they did not know the service was available.

(**Table 1**) When barriers to *medical nutrition therapy* were reported, the most common barrier type was education and awareness (35%) Education and awareness barriers reported include lack of knowledge about service availability, what the service entails, and who to contact to access the service.

GRAPH 1-Medical Nutrition Therapy, 2020

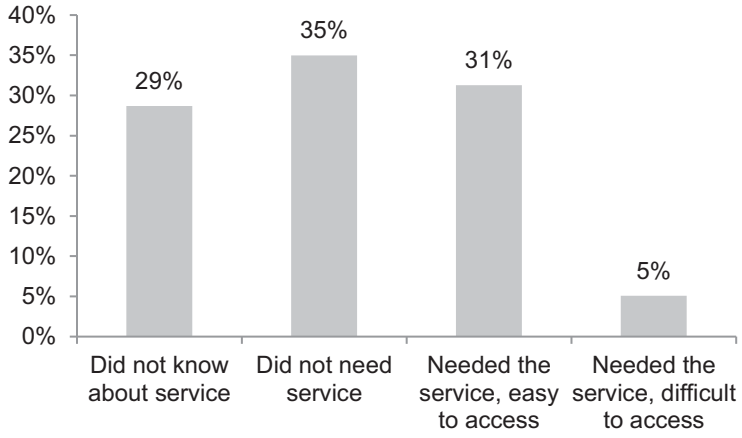


TABLE 1-Top 3 Reported Barrier Types for Medical Nutrition Therapy, 2020

	No.	%
1. Education and Awareness (EA)	8	35%
2. Eligibility (EL)	6	26%
3. Interactions with Staff (S)	4	17%

(**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 female than males found the service accessible.
- More Hispanic/Latino PLWH than other race/ethnicities found the service accessible.
- More PLWH age 18 to 24 found the service accessible than other age groups.
- In addition, more homeless PLWH found the service difficult to access when compared to all participants.

TABLE 2-Medical Nutrition Therapy, by Demographic Categories, 2020

	Sex (at birth)		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	29%	28%	24%	28%	31%	27%	19%	35%	20%
Did not need service	35%	33%	36%	35%	36%	27%	71%	30%	39%
Needed, easy to access	31%	33%	36%	31%	31%	38%	10%	29%	37%
Needed, difficult to access	5%	6%	4%	6%	2%	12%	0%	6%	4%

TABLE 3-Medical Nutrition Therapy, by Selected Special Populations, 2020

Experience with the Service	Homeless[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	29%	31%	35%	41%	43%	17%
Did not need service	37%	36%	45%	28%	40%	54%
Needed, easy to access	24%	29%	16%	30%	17%	29%
Needed, difficult to access	10%	4%	3%	2%	0%	0%

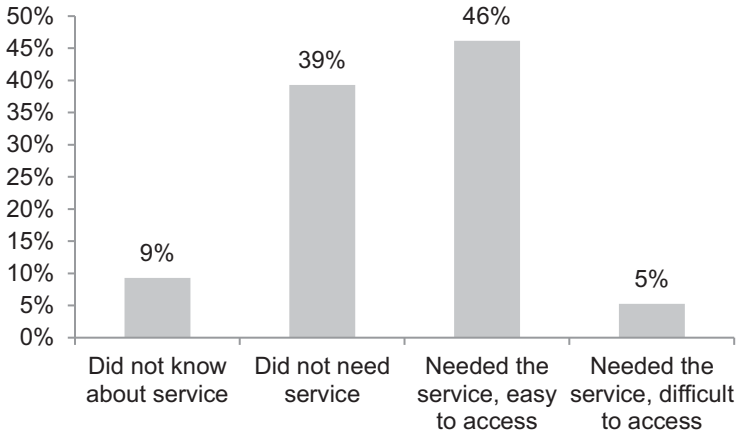
[a]Persons reporting current homelessness [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

MENTAL HEALTH SERVICES

Mental health services, also referred to as *professional mental health counseling*, provides psychological counseling services for persons living with HIV (PLWH) who have a diagnosed mental illness. This includes group or individual counseling by a licensed mental health professional in accordance with state licensing guidelines.

(**Graph 1**) In the 2020 Houston HIV Care Services Needs Assessment, 51% of participants indicated a need for *mental health services* in the past 12 months. 46% reported the service was easy to access, and 5% reported difficulty. 9% stated that they did not know the service was available.

GRAPH 1-Mental Health Services, 2020



(**Table 1**) When barriers to *mental health services* were reported, the most common barrier types were administrative, and education and awareness (each 22%). Administrative barriers reported include staff changes, hours of operation, client dismissal from the agency, and understaffing. Education and awareness barriers reported include lack of knowledge about service availability, where to go to access the service, and who to contact to access the service.

TABLE 1-Top 5 Reported Barrier Types for Mental Health Services, 2020

	No.	%
1. Administrative (AD)	7	22%
2. Education and Awareness (EA)	7	22%
3. Health Insurance Coverage (I)	4	13%
4. Interactions with Staff (S)	3	9%
5. Transportation (T)	3	9%

(**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 *mental health services*, this analysis shows the following:

- More males than females found the service accessible.
- More Hispanic/Latino PLWH found the service accessible than other race/ethnicities.
- More PLWH age 18 to24 found the service accessible than other age groups.
- In addition, more recently released, rural, and homeless PLWH found the service difficult to access when compared to all participants.

TABLE 2-Mental Health Services, by Demographic Categories, 2020

	Sex (at birth)		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	11%	5%	6%	10%	11%	12%	5%	12%	6%
Did not need service	39%	39%	35%	40%	42%	19%	43%	36%	44%
Needed, easy to access	46%	47%	47%	45%	45%	54%	52%	46%	45%
Needed, difficult to access	4%	8%	12%	5%	2%	12%	0%	5%	5%

TABLE 3-Mental Health Services, by Selected Special Populations, 2020

Experience with the Service	Homeless[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	16%	9%	7%	11%	11%	8%
Did not need service	38%	38%	63%	25%	57%	54%
Needed, easy to access	39%	48%	30%	49%	17%	33%
Needed, difficult to access	7%	5%	0%	14%	11%	4%

[a]Persons reporting current homelessness [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

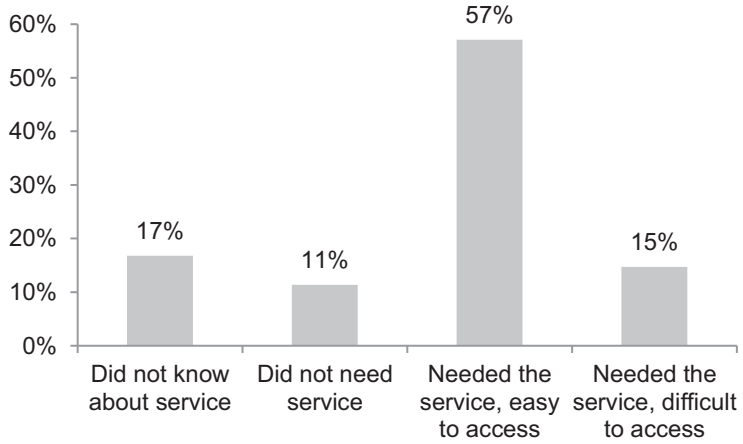
ORAL HEALTH CARE

Oral health care, or *dental services*, refers to the diagnostic, preventative, and therapeutic services provided to persons living with HIV (PLWH) by a dental health care professional (such as a dentist or hygienist). This includes examinations, periodontal services (such as cleanings and fillings), extractions and other oral surgeries, restorative dental procedures, and prosthodontics (or dentures).

(**Graph 1**) In the 2020 Houston HIV Care Services Needs Assessment, 72% of participants indicated a need for *oral health care* in the past 12 months. 57% reported the service was easy to access, and 15% reported difficulty. 17% stated that they did not know the service was available.

(**Table 1**) When barriers to *oral health care* were reported, the most common barrier type was wait-related issues (35%). Wait-related barriers reported include placement on a waitlist, long waits at appointments, and being told to call back as a wait list was full/unavailable. Of note, at least seven participants reported unprompted that their provider stated Ryan White does not cover prosthodontics, and that the participants would need to pay several hundred dollars out of pocket for treatment. Administrative agent and agency staff were notified immediately to resolve this issue.

GRAPH 1-Oral Health Care, 2020



(**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 *oral health care*, this analysis shows the following:

- More males than females found the service accessible.
- More Hispanic/Latino PLWH found the service accessible than other race/ethnicities.
- More PLWHA age 18 to 24 found the service accessible than other age groups.
- In addition, more out of care, recently released, and MSM found the service difficult to access when compared to all participants.

TABLE 1-Top 5 Reported Barrier Types for Oral Health Care, 2020

	No.	%
1. Wait (W)	20	22%
2. Interactions with Staff (S)	16	18%
3. Health Insurance Coverage (I)	12	13%
4. Education and Awareness (EA)	11	12%
5. Administrative (AD)	9	10%

TABLE 2-Oral Health Care, by Demographic Categories, 2020

	Sex (at birth)		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	18%	12%	6%	19%	19%	15%	24%	22%	8%
Did not need service	11%	12%	22%	12%	8%	4%	14%	9%	14%
Needed, easy to access	57%	59%	49%	55%	63%	54%	52%	52%	65%
Needed, difficult to access	14%	17%	22%	14%	10%	27%	10%	17%	12%

TABLE 3-Oral Health Care, by Selected Special Populations, 2020

Experience with the Service	Homeless[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	34%	15%	34%	20%	9%	8%
Did not need service	6%	10%	9%	11%	20%	13%
Needed, easy to access	45%	59%	34%	50%	69%	67%
Needed, difficult to access	15%	16%	22%	19%	3%	13%

[a]Persons reporting current homelessness [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

OUTREACH SERVICES

Outreach services are provided for people living with HIV (PLWH) who have missed primary medical care appointments without rescheduling, and who may have other risk factors for falling out of care. The goal of *outreach services* is to support retention in care. Services are field-based, and include assistance with medical appointment setting and accessing supportive services, advocating on behalf of clients to decrease service gaps and remove barriers to services, and helping clients develop and utilize independent living skills and strategies.

(**Graph 1**) In the 2020 Houston HIV Care Services Needs Assessment, 5% of participants indicated a need for *outreach services* in the past 12 months. 4% reported the service was easy to access, and 1% reported difficulty. 9% stated that they did not know the service was available.

(**Table 1**) When barriers to *outreach services* were reported, the most common barrier type was interactions with staff (71%). Interactions with staff barriers reported include poor correspondence or follow up.

GRAPH 1-Outreach Services, 2020

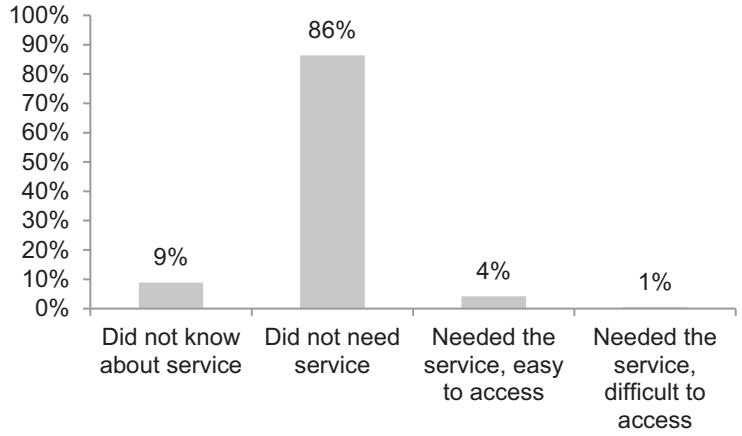


TABLE 1-Top Reported Barrier Type for Outreach Services, 2020

	No.	%
1. Interactions with Staff (S)	5	71%

(**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 *outreach services,* this analysis shows the following:

- More males than females found the service accessible.
- More Black/African American and Hispanic/Latino PLWH found the service accessible than other race/ethnicities.
- More PLWH age 50+ found the service accessible than other age groups.
- In addition, more homeless, MSM, recently released, and transgender PLWH found the service difficult to access when compared to all participants.

TABLE 2-Outreach Services, by Demographic Categories, 2020

	Sex (at birth)		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	22%	17%	22%	19%	22%	23%	57%	25%	11%
Did not need service	42%	40%	57%	45%	33%	38%	24%	34%	53%
Needed, easy to access	34%	40%	17%	34%	42%	38%	19%	37%	34%
Needed, difficult to access	3%	2%	4%	2%	2%	0%	5%	3%	1%

TABLE 3-Outreach Services, by Selected Special Populations, 2020

Experience with the Service	Homeless[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	23%	23%	20%	28%	26%	21%
Did not need service	28%	42%	37%	30%	37%	42%
Needed, easy to access	37%	32%	43%	39%	37%	35%
Needed, difficult to access	12%	3%	0%	3%	0%	2%

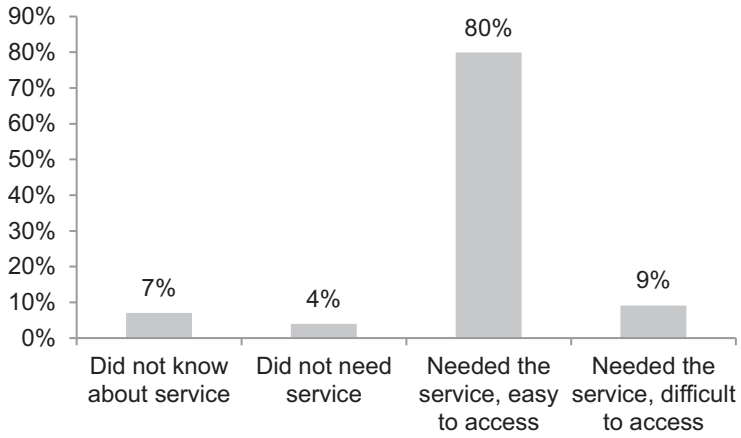
[a]Persons reporting current homelessness [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

PRIMARY HIV MEDICAL CARE

Primary HIV medical care, technically referred to as *outpatient/ambulatory medical care*, refers to the diagnostic and therapeutic services provided to persons living with HIV (PLWH) by a physician or physician extender in an outpatient setting. This includes physical examinations, diagnosis and treatment of common physical and mental health conditions, preventative care, education, laboratory services, and specialty services as indicated.

(**Graph 1**) In the 2020 Houston HIV Care Services Needs Assessment, 89% of participants indicated a need for *primary HIV medical care* in the past 12 months. 80% reported the service was easy to access, and 90% reported difficulty. 7% stated that they did not know the service was available.

GRAPH 1-Primary HIV Medical Care, 2020



(**Table 1**) When barriers to *primary HIV medical care* were reported, the most common barrier type was transportation (26%). Transportation barriers reported include having no or limited transportation options, and having problems with special transportation providers such as Metrolift or Medicaid transportation

TABLE 1-Top 5 Reported Barrier Types for Primary HIV Medical Care, 2020

	No.	%
1. Transportation (T)	11	26%
2. Education and Awareness (EA)	8	19%
3. Interactions with Staff (S)	8	19%
4. Eligibility	4	9%
5. Wait (W)	4	9%

(**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 *primary HIV medical care*, this analysis shows the following:

- More females than males found the service accessible.
- More White PLWH found the service accessible than other race/ethnicities.
- More PLWH age 50+ found the service accessible than other age groups.
- In addition, more rural, out of care, and MSM PLWH found the service difficult to access when compared to all participants.

TABLE 2-Primary HIV Medical Care, by Demographic Categories, 2020

	Sex (at birth)		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	8%	4%	1%	5%	12%	0%	0%	9%	5%
Did not need service	4%	4%	9%	3%	3%	0%	0%	2%	8%
Needed, easy to access	92%	85%	86%	83%	74%	92%	76%	79%	83%
Needed, difficult to access	9%	8%	4%	8%	12%	8%	24%	11%	5%

TABLE 3-Primary HIV Medical Care, by Selected Special Populations, 2020

Experience with the Service	Homeless[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	10%	9%	19%	9%	3%	13%
Did not need service	2%	5%	10%	2%	0%	13%
Needed, easy to access	82%	77%	55%	83%	71%	75%
Needed, difficult to access	6%	10%	16%	6%	26%	0%

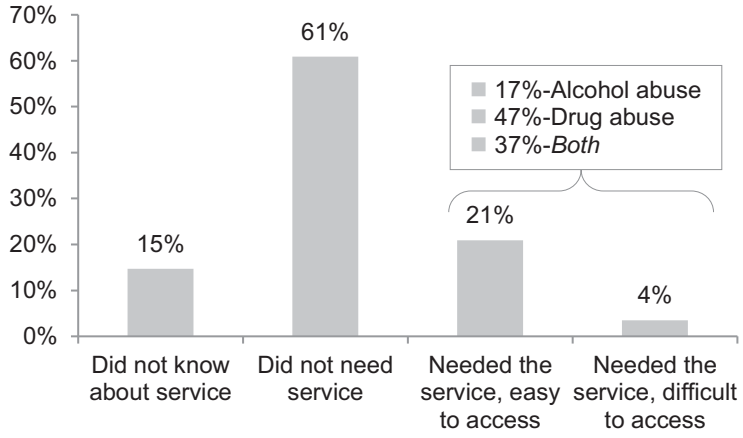
[a]Persons reporting current homelessnes [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

SUBSTANCE ABUSE SERVICES

Substance abuse services, also referred to as *outpatient alcohol or drug abuse treatment*, provides counseling and/or other treatment modalities to persons living with HIV (PLWH) who have a substance use disorder concern in an outpatient setting and in accordance with state licensing guidelines. This includes services for alcohol use and/or use of legal or illegal drugs.

(**Graph 1**) In the 2020 Houston HIV Care Services Needs Assessment, 24% of participants indicated a need for *substance abuse services* in the past 12 months. 21% reported the service was easy to access, and 4% reported difficulty. 15% stated they did not know the service was available. When analyzed by type of substance concern, 17% of participants cited alcohol, 47% cited drugs, and 37% cited both.

GRAPH 1-Substance Abuse Services, 2020



(**Table 1**) When barriers to *substance use services* were reported, the most common barrier type was education and awareness (46%). Education and awareness barriers reported include lack of knowledge about service availability

TABLE 1-Top 2 Reported Barrier Types for Substance Abuse Services, 2020

	No.	%
1. Education and Awareness (EA)	4	46%
2. Transportation (T)	2	18%

(**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 *substance abuse services,* this analysis shows the following:

- More females than males found the service accessible.
- More other/multiracial PLWH found the service accessible than other race/ethnicities.
- More PLWH age 50+ found the service accessible than other age groups.
- In addition, more recently released and homeless PLWH found the service difficult to access when compared to all participants.

TABLE 2-Substance Abuse Services, by Demographic Categories, 2020

	Sex (at birth)		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	17%	7%	12%	12%	18%	19%	43%	15%	12%
Did not need service	59%	68%	69%	63%	58%	58%	43%	59%	65%
Needed, easy to access	20%	23%	16%	21%	21%	23%	10%	22%	21%
Needed, difficult to access	4%	3%	3%	5%	2%	0%	5%	4%	2%

TABLE 3-Substance Abuse Services, by Selected Special Populations, 2020

Experience with the Service	Homeless[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	13%	18%	16%	15%	23%	8%
Did not need service	55%	60%	61%	44%	71%	71%
Needed, easy to access	20%	18%	23%	24%	6%	17%
Needed, difficult to access	12%	3%	0%	18%	0%	4%

[a]Persons reporting current homelessness [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

TRANSPORTATION

Transportation services provides transportation to persons living with HIV (PLWH) to locations where HIV-related care is received, including pharmacies, mental health services, and substance abuse services. The service can be provided in the form of public transportation vouchers (bus passes), gas vouchers (for rural clients), taxi vouchers (for emergency purposes), and van-based services as medically indicated.

(**Graph 1**) In the 2020 Houston HIV Care Services Needs Assessment, 48% of participants indicated a need for *transportation services* in the past 12 months. 41% reported the service was easy to access, and 7% reported difficulty. 15% stated they did not know the service was available. When analyzed by type transportation assistance sought, 81% of participants needed bus passes, 17% needed van services, and 11% needed both forms of assistance.

(**Table 1**) When barriers to *transportation services* were reported, the most common barrier type was education and awareness (24%). Education and awareness barriers reported include lack of knowledge about service availability, and where to go to access the service.

GRAPH 1-Transportation Services, 2020

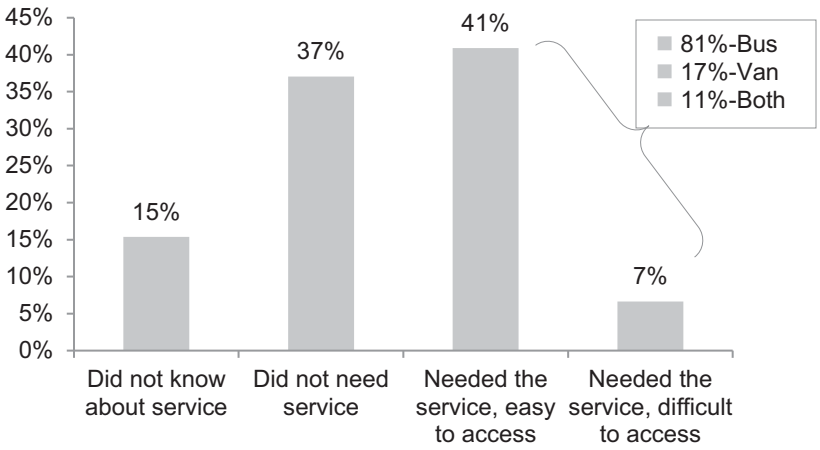


TABLE 1-Top 5 Reported Barrier Types for Transportation Services, 2020

	No.	%
1. Education and Awareness (EA)	7	24%
2. Resource Availability (R)	5	17%
3. Transportation (T)	5	17%
4. Eligibility (EL)	3	10%
5. Financial (F)	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 *transportation services,* this analysis shows the following:

- More males than females found the service accessible...
- More Hispanic/Latino PLWH found the service accessible than other race/ethnicities.
- More PLWH age 18 to 24 found the service accessible than other age groups.
- In addition, more homeless, out of care, and recently released PLWH found the service difficult to access when compared to all participants.

TABLE 2-Transportation Services, by Demographic Categories, 2020

	Sex (at birth)		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	17%	10%	5%	14%	8%	12%	43%	20%	7%
Did not need service	38%	35%	51%	32%	81%	31%	14%	38%	37%
Needed, easy to access	39%	47%	36%	49%	9%	38%	43%	35%	50%
Needed, difficult to access	6%	8%	8%	5%	1%	19%	5%	7%	7%

TABLE 3-Transportation Services, by Selected Special Populations, 2020

Experience with the Service	Homeless[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	7%	19%	30%	12%	14%	8%
Did not need service	28%	38%	17%	21%	71%	32%
Needed, easy to access	51%	37%	40%	59%	14%	16%
Needed, difficult to access	15%	6%	13%	8%	0%	4%

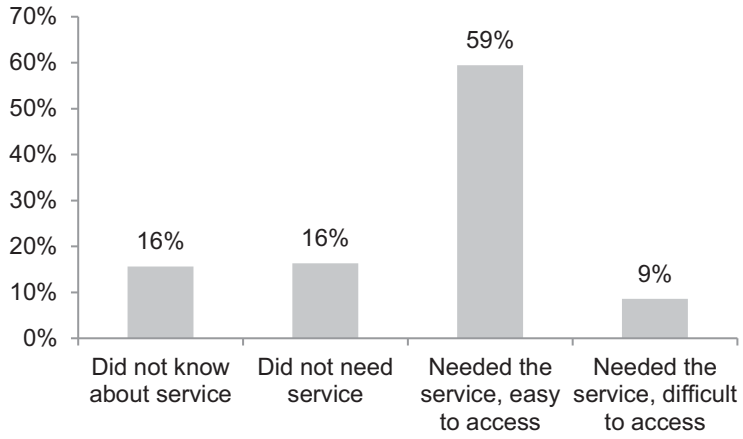
[a]Persons reporting current homelessness [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

VISION CARE

Vision care, technically a subcategory of primary HIV medical care, provides optometric/ophthalmologic treatment, vision screening, and glasses to people living with HIV (PLWH). This does not include fitting of contact lenses.

(**Graph 1**) In the 2020 Houston HIV Care Services Needs Assessment, 68% of participants indicated a need for *vision care* in the past 12 months. 59% reported the service was easy to access, and 9% reported difficulty. 16% stated they did not know the service was available.

GRAPH 1-Vision Care, 2020



(**Table 1**) When barriers to *vision care* were reported, the most common barrier type was wait-related issues. Wait-related barriers reported include scheduling appointments 2-3 months out, placement on a waitlist, being told to call back as a wait list was full/unavailable, and long waits at appointments.

TABLE 1-Top 5 Reported Barrier Types for Vision Care, 2020

	No.	%
1. Wait (W)	15	34%
2. Health Insurance Coverage (I)	8	18%
3. Education and Awareness (EA)	6	14%
4. Financial (F)	4	9%
5. Interactions with Staff (S)	3	7%

(**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 *vision care,* this analysis shows the following:

- More males than females found the service accessible.
- More Black/African American PLWH found the service accessible than other race/ethnicities.
- More PLWH age 50+ found the service accessible than other age groups.
- In addition, more homeless and out of care PLWH found the service difficult to access when compared to all participants.

TABLE 2-Vision Care, by Demographic Categories, 2020

	Sex (at birth)		Race/ethnicity				Age		
Experience with the Service	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not know about service	17%	10%	12%	15%	15%	15%	14%	21%	8%
Did not need service	16%	18%	19%	21%	11%	4%	62%	15%	15%
Needed, easy to access	60%	58%	60%	56%	65%	69%	14%	56%	69%
Needed, difficult to access	7%	14%	9%	8%	9%	15%	14%	9%	8%

TABLE 3-Vision Care, by Selected Special Populations, 2020

Experience with the Service	Homeless[a]	MSM[b]	Out of Care[c]	Recently Released[d]	Rural[e]	Transgender[f]
Did not know about service	20%	17%	10%	28%	6%	20%
Did not need service	16%	13%	10%	16%	20%	24%
Needed, easy to access	51%	63%	70%	47%	66%	56%
Needed, difficult to access	13%	7%	10%	9%	6%	0%

[a]Persons reporting current homelessness [b]Men who have sex with men [c]Persons with no evidence of HIV care for 12 mo.
[d]Persons released from incarceration in the past 12 mo. [e]Non-Houston/Harris County residents [f]Persons with discordant sex assigned at birth and current gender

2020 Houston Area HIV Care Services Needs Assessment
Approved: PENDING

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