

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee Meeting

2:00 p.m., Thursday, October 11, 2018

Meeting Location: 2223 W. Loop South, Room 532

Houston, Texas 77027

AGENDA

I. Call to Order

- A. Welcome and Introductions
- B. Moment of Reflection
- C. Adoption of the Agenda
- D. Approval of the Minutes

Ted Artiaga and
Steven Vargas, Co-Chairs

II. Public Comment and Announcements

(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. All information from the public must be provided in this portion of the meeting.)

III. Update on PrEP and Data to Care Campaigns

Denis Kelly

**IV. Presentation: Social Determinants of Health
Special Study Key Findings**

- A. Approve Special Study Report

Amber Harbolt, Health Planner
Office of Support

V. Announcements

Ted Artiaga and
Steven Vargas, Co-Chairs

VI. Adjourn

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee

2:00 p.m., Monday, September 13, 2018

Meeting Location: 2223 West Loop South, Room 532; Houston, Texas 77027

Minutes

| MEMBERS PRESENT | MEMBERS ABSENT | OTHERS PRESENT |
|-------------------------|------------------------|----------------------------------|
| Steven Vargas, Co-Chair | Ted Artiaga | Sha'Terra Johnson-Fairley, TRG |
| Herman Finley | Elizabeth Drayden | Amber Harbolt, Office of Support |
| Denis Kelly | Eddie Gonzalez | Diane Beck, Office of Support |
| Osaro Mgbere | Dawn Jenkins, excused | |
| Shital Patel | Rodney Mills | |
| Ryan Clark | Robert Noble | |
| Cynthia Deverson | Faye Robinson | |
| Cristina Martinez | Isis Torrente, excused | |
| Nancy Miertschin | Esther Ogunjimi | |
| Crystal Starr | Oluseyi Orija, excused | |
| Amana Turner | | |
| Larry Woods | | |

Call to Order: Steven Vargas, Co-Chair, called the meeting to order at 2:12 p.m. and asked for a moment of reflection.

Adoption of Agenda: Motion #1: *it was moved and seconded (Clark, Starr) to adopt the agenda. Motion carried.*

Approval of the Minutes: Motion #2: *it was moved and seconded (Starr, Clark) to approve the July 30, 2018 minutes. Motion carried.* Abstentions: Kelly, Mgbere, Patel, Martinez, Woods.

Public Comment: None.

Overview - Achieving Together: A Community Plan to End the HIV Epidemic in Texas: Harbolt presented the attached PowerPoint and draft document dated 07-18-18.

Project Updates

Social Determinants of Health and Out of Care Special Studies: Harbolt said that most of the MMP data has been received. There is some great information in the 55 tables, she will write up a summary report for the committee to see. She has completed 17 interviews for the out of care study and wants to get 8 more for a total of 25. Men and homeless respondents are overrepresented so she would like to get more women as well as transgender individuals. Participants must be living with HIV and have at least two episodes of being out of care but they can be in care now. She will send out recruitment information soon.

Epidemiological Profile: Harbolt said that the epi profile will be available for creating the sampling plan for the 2019 Needs Assessment.

Comprehensive Plan Evaluation: The Evaluation Workgroup began working on this in May and finished up yesterday.

African American MSM Profile: Harbolt said that the Ryan White Grant Administration asked for this information. It will be a true representation of gay and bisexual men. It should be ready for distribution by the end of December.

Preparing for the 2019 Needs Assessment Process: See attached. Harbolt reviewed the timeline for the 2019 Needs Assessment.

Announcements: See the attached flyer for the Consumer-only Standards of Care workgroup on September 17th. Also attached is a flyer from the AETC about prescribing nPEP, a report about transgender adults in the US and information from the CDC about understanding the HIV care continuum.

Adjournment: The meeting was adjourned at 3:43 p.m.

Submitted by:

Approved by:

Amber Harbolt, Office of Support Date

Chair of Committee Date

JA = Just arrived at meeting
LR = Left room temporarily
LM = Left the meeting
C = Chaired the meeting

2018 Voting Record for Meeting Date September 13, 2018

| MEMBERS | Motion #1: Agenda Motion Carried | | | | Motion #2: Minutes Motion Carried | | | |
|-----------------------------|---|------------|-----------|----------------|--|------------|-----------|----------------|
| | ABSENT | YES | NO | ABSTAIN | ABSENT | YES | NO | ABSTAIN |
| Steven Vargas, Co-Chair | | | | C | | | | C |
| Ted Artiaga, Co-Chair | X | | | | | | | |
| Herman Finley | | X | | | | X | | |
| Dawn Jenkins | X | | | | | | | |
| Denis Kelly | | X | | | | | | X |
| Osaro Mgbere | | X | | | | | | X |
| Rodney Mills | X | | | | | | | |
| Robert Noble | X | | | | | | | |
| Shital Patel | | X | | | | | | X |
| Faye Robinson | X | | | | | | | |
| Isis Torrente | X | | | | | | | |
| Ryan Clark | | X | | | | X | | |
| Cynthia Deverson | | X | | | | X | | |
| Cristina Martinez | | X | | | | | | X |
| Nancy Miertschin lm 3:26 pm | | X | | | | X | | |
| Esther Ogunjimi | X | | | | | | | |
| Oluseyi Orija | X | | | | | | | |
| Crystal Starr | | X | | | | X | | |
| Amana Turner | | X | | | | X | | |
| Larry Woods lm 3:11 pm | | X | | | | | | X |

HIV and Social Determinants of Health in Houston/Harris County

A Collaborative Special Study of the Houston Area Ryan White Planning Council and the Houston
Health Department Houston Medical Monitoring Project
Approval Pending

Acknowledgments

The Houston Area HIV Services Ryan White Planning Council would like to thank the following individuals and agencies for their contribution to this Special Study.

2017-2018 Comprehensive HIV Planning Committee Members

Ted Artiaga (2017-2018)
Quality Analyst, Legacy Community Health; and 2018 Co-Chair, Comprehensive HIV Planning Committee

Taneisha Broaddus (2017)
Facility Manager, Wood Group Mustang

Ryan Clark (2017-2018)
Assistant, Brandon Bartell Cleaning

Cynthia Deverson (2018)
Clinical Research Manager, Baylor College of Medicine

Elizabeth Drayden (2018)
Receptionist, Marshall Management Group

Evelio Salinas Escamilla (2017)
Independent Consultant

Herman Finley (2017-2018)
Health Education Risk Reduction Coordinator, St. Hope Foundation, Inc.

Eddie Gonzalez (2018)
Co-founder, Grupo de Teatro Índigo

Tracy Gorden (2017)
Member, City of Houston Community Development Advisory Council; and 2017 Vice Chair, Ryan White Planning Council

Dawn Jenkins (2018)
Sr. Operations Manager, Thomas Street Health Center

Daphne L. Jones (2018)
Senior Public Health Investigator, Houston Health Department

Denis Kelly (2018)
2018 Co-Chair, Quality Improvement Committee

Cristina Martinez, (2017-2018)
CEO, Cristina E. Martinez Consulting

Osaro Mgbere, PhD (2017-2018)
Epidemiologist, Houston Health Department

Nancy Miertschin (2018)
HIV Projects Manager, Thomas Street Health Center; and Co-Chair, Comprehensive HIV Planning Committee

Rodney Mills (2017-2018)
2017-2018 Co-Chair, Affected Community Committee

Allen Murray (2017)
2018 Co-Chair, Project LEAP Advisory Committee

Robert Noble (2018)
Case Manager, AIDS Healthcare Foundation

Esther Ogunjimi (2017-2018)
Case Manager, Texas Department of State Health Services

Oluseyi Orija (2017-2018)
External Committee Member, Comprehensive HIV Planning Committee

Shital Patel, MD (2017-2018)
Assistant Professor, Baylor College of Medicine

Faye Robinson (2018)
Senior Public Health Investigator Manager, Houston Health Department

Crystal Starr (2018)
External Committee Member, Comprehensive HIV Planning Committee

Kris Sveska (2017)
External Committee Member, Comprehensive HIV Planning Committee

Isis Torrente (2017-2018)
2017 Co-Chair, Comprehensive HIV Planning Committee

Amana Turner (2017-2018)
Program Coordinator, Change Happens

Steven Vargas (2017-2018)
Program Coordinator, Association for the Advancement of Mexican Americans; and 2017-2018 Co-Chair, Comprehensive HIV Planning Committee

David Watson (2017)
Service Linkage Worker, Houston Health Department

Maggie White (2017)
Nurse Practitioner, Gordon Crowfoot MD

Larry Woods (2017-2018)
Counseling, Testing, and Referral Coordinator, St. Hope Foundation

Staff

Ryan White Planning Council

Office of Support

Tori Williams
Amber Harbolt
Diane Beck
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Houston Health Department

Center for Community Health Services Disease Prevention and Control Division

Marlene McNeese
Camden Hallmark

Houston Medical Monitoring Project (HMMP)

Osaro Mgbere, PhD, MS, MPH

Funding Acknowledgments

The development of this document was made possible by funding from the Ryan White HIV/AIDS Treatment Extension Act of 2009.

Data reported are based, in part, on contributions by Medical Monitoring Project (MMP) participants, facilities, community and provider advisory boards, interviewers, and abstractors; the Data Coordinating Center for HIV Supplemental Surveillance at ICF International; and members of the Clinical Outcomes Team, Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC, Atlanta, Georgia.

The MMP for which this report is based was conducted between 2009 and 2014 by the Houston Health Department in collaboration with the Centers for Disease Control and Prevention (CDC) and funded by CDC under the Cooperative agreement number PS09-937. The

CDC conceived the project, developed associated materials including data collection instrument and provided oversight on the survey implementation in Houston/Harris County, Texas, and other 22 participating sites in the United States

Participants in the MMP were offered an incentive gift card for their participation ranging in value from \$25-50.

Suggested Citations

Source/Complementary Report Citation:

Houston Health Department. Behavioral and Clinical Characteristics of Persons Receiving Medical Care for HIV Infection in Houston/Harris County, Texas — Houston Medical Monitoring Project, 2009-2014 Cycles. HIV Surveillance Special Report, August, 2018. 55 pp.

Findings Report Citation (This Document):

HIV and Social Determinants of Health in Houston/Harris County.

Approved: Pending RWPC Approval.

Primary Author: Amber Lynn Harbolt, MA, Health Planner, Ryan White Planning Council Office of Support.

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Background

The Houston Area Ryan White Planning Council (**RWPC**) is a volunteer planning group comprised of 38 appointed community members charged with planning, designing, and allocating funding for HIV medical care and support services for people living with HIV (**PLWH**) in the six-county Houston Eligible Metropolitan Area (**EMA**), and the 10-county Houston Health Service Delivery Area (**HSDA**). To inform these processes, the RWPC conducts a community needs assessment every three years that measures and describes the HIV medical care and support service needs of the local HIV community, most recently in 2016. In addition to capturing data related to service needs and barriers, the Houston Area HIV Consumer Needs Assessment serve as a tool to evaluate consumer knowledge about services, engagement along the HIV Care Continuum (including a profile of those with unmet need), and co-occurring medical conditions and social determinants of health. The Needs Assessment Group (**NAG**) streamlined the 2016 Needs Assessment survey tool to allow for faster data collection and to meet a completion deadline to incorporate the data gathered into the joint 2017-2021 Houston Area Comprehensive HIV Prevention and Care Services Plan. The NAF trimmed thirty questions from the survey tool with the caveat that the Comprehensive HIV Planning Committee would prioritize a Special Study exploring HIV and social determinants of health in the Houston area.

The RWPC's Comprehensive HIV Planning Committee commissions Special Studies to complement and contextualize the wealth of information gathered through the community needs assessment process, and to bridge the gap in data between community needs assessments. Past Special Studies have examined service needs among special demographic populations such as people living with HIV (**PLWH**) in the Houston EMA who are transgender/gender non-conforming, youth, or incarcerated/recently released. Special Studies conducted in 2014 examined consumer needs and experiences related to specific service categories such as the Health Insurance Assistance Program following the first Affordable Care Act Health Insurance Marketplace Open Enrollment period. In 2017, the Comprehensive HIV Planning Committee directed the RWPC Office of Support to collaborate with the Houston Health Department (**HHD**) to Bureau of Epidemiology Disease Prevention and Control Division to conduct a Special Study using data from the 2009-2014 Houston Medical Monitoring Project (**HMMP**). HHD and RWPC Office of Support staff met in August 2017 to identify data elements in the HMMP that reflected the social determinants of health questions removed from the 2016 Needs Assessment survey tool. In August 2018, HHD staff provided these data in a complementary report titled *Behavioral and Clinical Characteristics of Persons Receiving Medical Care for HIV Infection in Houston/Harris County, Texas — Houston Medical Monitoring Project, 2009-2014 Cycles*. This report details key findings from the requested HMMP data to provide a portrait of general social determinants of health that PLWH in the Houston Area. Where HMMP data are not available, RWPC Office of Support staff attempted to provide other relevant needs assessment data to fill the gaps.

Introduction

As a division of the U.S. Department of Health & Human Service (**HHS**), the Office of Disease Prevention and Health Promotion (**ODPHP**) sets national health goals and objectives, and supports programs, services, and education activities aimed to improve the health of all Americans. One such project, Healthy People 2020, envisions America as a society in which all people live long, healthy lives by striving to:

- Identify nationwide health improvement priorities
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress
- Provide measurable objectives and goals that are applicable at the national, State, and local levels, with a completion year of 2020,
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge, and
- Identify critical research, evaluation, and data collection needs.¹

Healthy People 2020 provides a framework for describing the economic, educational, sociocultural, healthcare, and physical environments of individuals and communities that co-occur with, influence, and are shaped by individual and community-wide health and quality of life. These environments, called social determinants of health, can help explain and contextualize why low-income and low educational attainment areas, communities of color, marginalized, oppressed, or isolated groups, those without regular access to quality, affordable, and affirming healthcare, and people living in adverse physical environments with low access to healthy food, quality housing, reliable transportation, safe neighborhoods, and freedom from pollution and other environmental insults have significantly poorer health indicators than other groups and communities. This is especially true for HIV, in which new HIV diagnoses, HIV prevalence, barriers to HIV prevention and care services, and poorer HIV-related health outcomes co-occur across a wide variety of demographic groups when substance use disorders and interpersonal or community-level violence are prevalent, known in medical anthropology and public health as the Substance Abuse, Violence, and AIDS (**SAVA**) syndemic.^{2, 3, 4}

Harris County, with over 4.6 million residents distributed across 1,777 square miles of highly ethnically-diverse urban, suburban, and rural communities, presents unique challenges to providing effective HIV prevention and care services to stem new transmissions and ensure that all people have unfettered access to quality HIV care.⁵ Amid questions of how to design and provide effective HIV prevention and care services to a growing and varied population, this Special Study was commissioned to describe the social determinants of health PLWH in Houston/Harris County experience.

Methodology

As with many past Special Studies, this Special Study includes aggregate client-level data, however most of data presented in this document were collected external to the RWPC through HMMP cycles 2009-2014. HHD compiled these data into tables available in the complementary report to this document titled *Behavioral and Clinical Characteristics of Persons Receiving Medical Care for HIV Infection in Houston/Harris County, Texas — Houston Medical Monitoring Project, 2009-2014 Cycles*. Technical notes on methodology from the complementary report are paraphrased below:

Population

For HMMP data collection cycles 2009 through 2014, the population sampled was diagnosed PLWH aged 18 years and over receiving care from known outpatient HIV medical care providers in the Houston/Harris County at any point between January 1 and April 30 of each project year from 2009 through 2014. Individuals with previous participation in HMMP during the current data collection cycle were ineligible to participate twice.

Data Collection

HMMP or provider staff enrolled eligible participants, depending on clinic needs, project area needs, local institutional review board requirements, and the number of patients sampled from a particular facility. When HMMP staff enrolled participants, facilities provided local HMMP staff with contact information for patients. When provider staff enrolled participants, the provider contacted selected clients—in person, by telephone, or by mail—with follow-up from HMMP staff. A trained interviewer conducted structured participant questionnaires in English or Spanish through either computer-assisted in-person interview in a private location (e.g., at home or in a clinic), or telephone administration of the questionnaire. The interview (approximately 45 minutes) included questions about demographics, healthcare use, service gaps, sexual behavior, mental health concerns, gynecologic and reproductive history (women only), drug and alcohol use, and use of HIV prevention services. HMMP staff offered each participant one gift card ranging in value from \$25 to \$50 as token of appreciation, depending on the cycle year. After data collection was complete, HMMP staff used a Centers for Disease Control and Prevention (CDC) electronic application to abstract information from participant medical records, including diagnoses of Stage 3 HIV (formerly AIDS)-defining conditions, prescription of antiretroviral treatment (ART), laboratory results, and healthcare use in the 24 months prior the interview.

Methods

HMMP staff applied sampling, nonresponse analysis, and weighting methods to account for non-representative sampling probabilities and nonresponse. The sample comprised 1,181 records covering the period 2009-2014 with 40 strata, 1,030 clusters, and a weighted sum of 11,469. HMMP staff made a small number of updates to sampling and weighting procedures the study years with no significant impact on the prevalence estimates from previous cycles. Medical record data used for estimates in the complementary report were limited to data recorded in the 12 months preceding the interview (except where otherwise noted) to facilitate comparability with previously published estimates. HMMP staff adjusted the interview questionnaire between 2009 and 2014 to measure patient ethnicity, health insurance type(s), and income more precisely.

Data Analysis

HMMP staff conducted statistical analysis of questionnaire and medical record abstraction using SAS 9.4 (SAS Institute, Cary, NC, USA) software. HMMP staff used the SAS PROC SURVEYFREQ procedure to produce aggregate frequency and cross-tabulation tables. HMMP staff excluded following data from final analysis:

- Values with a coefficient of variation $\geq 30\%$
- “Don’t know” responses, and
- Skipped (missing) responses.

The analysis produced frequency, weighted frequency, row and column percent, standard errors of percent and the 95% confident intervals reflected in the complementary report. HMMP staff suppressed frequencies below a threshold of five in the complementary report to protect confidentiality.

Summarization of Findings

RWPC Office of Support staff reviewed the HMMP staff complementary report to provide a summarization of findings for use in HIV planning. For social determinants of health data among PLWH not presented in the complementary HMMP report, RWPC Office of Support staff used data collected for the 2016 Consumer Needs Assessment.^a This document presents summarized findings within the six major domains of social determinants of health as outlined by Healthy People 2020:⁶

- Economic Stability
- Education
- Social and Community Context
- Health and Healthcare
- Neighborhood and Built Environment

Topics for which there are no HMMP or Needs Assessment data available are noted to be considered for inclusion in the 2019 Consumer Needs Assessment.

^a The full 2016 Consumer Needs Assessment report, including methodology and limitations, is available on the RWPC website: http://www.rwpc-houston.org/Publications/2016_NA/2016%20Needs%20Assessment.htm

Limitations

As the HMMP identified the sample population as diagnosed adult PLWH receiving HIV medical care at known providers, and interviews were administered in English or Spanish, the following populations may be unrepresented or underrepresented in the social determinants of health data discussed in this document:

- Those living with HIV who are undiagnosed
- Children and youth under 18 years old
- Individuals who were out of care at the time of participant selection^b
- Houston/Harris County residents receiving HIV medical care outside of Houston/Harris County
- Individuals with limited English or Spanish proficiency

Data collected through HMMP are representative of the sample population, and summarized findings are generalizable only to Houston/Harris County. Data collected through the 2016 Consumer Needs Assessment are also only representative of diagnosed PLWH over the age of 18 who were proficient in spoken or written English or Spanish at the time of survey, though results are generalizable to the 6-county Houston EMA and the 10-county Houston HSDA.

HMMP data presented in this document are intended to show trends in social determinant of health among PLWH, but do not reflect the experiences of PLWH in the Houston area after 2014. Needs Assessment data discussed in the document reflect the experiences of PLWH in the Houston EMA/HSDA in 2016.

Finally, some topics within the six Healthy People 2020 social determinants of health domains have no correlative data collected in the *Behavioral and Clinical Characteristics of Persons Receiving Medical Care for HIV Infection in Houston/Harris County, Texas — Houston Medical Monitoring Project, 2009-2014 Cycles* or the 2016 Consumer Needs Assessment for which to draw conclusions about social determinants of health specific to PLWH in the Houston area. Such topics in this document are noted under the pertinent domain, and will be considered for inclusion in the 2019 Consumer Needs Assessment.

^b An additional RWPC Special Study of those with a history of unmet need/out of care will be completed in 2018 and will be available on the RWPC website: <http://www.rwpchouston.org/>

Findings

Economic Stability

Communities that experience greater economic stability are more likely to have access to tools and medications that prevent new HIV transmissions and assist PLWH to reach viral suppression. A community with economic stability reflects higher levels of gainful employment, households with available financial resources for food, persistent access to affordable quality housing free of overcrowding, and access to financial resources adequate to cover necessities. Communities that experience lower economic stability, and thereby greater vulnerability to new HIV transmissions and barriers to HIV care, may reflect higher levels of unemployment, under-employment, or unreported employment, households with a lack of available financial resources for food, unstable access to affordable quality housing free of overcrowding, and financial resources that may not adequately to cover necessities.

Employment

(See HMMP **Tables 4, 14, and 33**)

Forty-one percent (41%) of HMMP participants reported being employed for wages at the time of interview. Following employed for wages, 24% were unable to work due to disability, 11% were out of work for more than one year, 8% were out of work for less than one year, and 7% were self-employed. Fewer than 5% each were students, retired, or homemakers.

Among those employed for wages, no specification was offered as to the proportions of full-time vs. part-time employment, but cross-tabulation of the association between employment status and healthcare coverage revealed that 31% of employed participants were insured, while 33% of unemployed participants were insured. This may indicate that PLWH and those vulnerable to new transmissions may be employed for wages, but without access to benefits like employer-sponsored health insurance. An additional 13% of employed participants had no insurance, but accessed Ryan White or the AIDS Drug Assistance Program (**ADAP**) for medication coverage, while 10% of unemployed uninsured participants accessed Ryan White or ADAP.

Unreported employment in general was not addressed in the complementary report, though 3% of HMMP participants reported engaging in sex work in exchange for resources like food shelter, transportation, money, or drugs.

Food Insecurity

(See HMMP **Table 30**)

Food insecurity differs from hunger, in that any individual may experience hunger may be experienced by any individual independent of access to resources. Households that are food insecure regularly lack of available financial resources for food. Ten percent (10%) of HMMP participants reported needing meal or food services, but did not receive those services. No indication as to why needed meal or food services was presented in the complementary report, but 2016 Consumer Needs Assessment found that 25% of participants who reported needing food pantry services had difficulty accessing food pantry. This was most often due to education and

awareness barriers such lack of knowledge about service availability, location, and appropriate staff contact. Though food pantry is not currently a Ryan White funded service in the Houston area, questions regarding persistent food insecurity may be considered for inclusion in the 2019 Consumer Needs Assessment.

Housing Instability

(See HMMP **Tables 2 and 33**)

HHS provides a firm definition for homelessness as a living condition in which an individual “lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing.”⁷ Nine percent (9%) of HMMP participants experienced homelessness at the time of survey, and were most often living on the street (5%). This was followed by other homeless living conditions such as living in a shelter (4%), living in a single room occupancy hotel (4%), or living in a car (3%).

Housing instability describes conditions in which an individual’s housing situations may be subject to change rapidly, or present challenges to affordability, quality, or overcrowding. This can include a situation in which an individual is living with friends or family, but may have no legal protection or right to remain in the habitation. Compared to individuals with persistent stable housing, individuals who are unstably housed may be more vulnerable to experiencing homelessness, and may experience interpersonal violence, intimate partner violence (**IPV**), or difficulty keeping medications safe. Nine percent (9%) of HMMP participants reported needing shelter or housing services, but did not receive those services. No indication as to why needed housing or shelter services were not received was presented in the complementary report, but 2016 Consumer Needs Assessment found that 32% of participants who reported needing housing services had difficulty accessing housing. This was most often due to education and awareness barriers such as lack of knowledge about service availability, service location, appropriate staff contact, and service definition, or wait-related issues such as placement on a waiting list, being told a wait list was full/unavailable, and long durations between housing resource application and approval.

Poverty

(See HMMP **Tables 1 and 4**)

Seventy-two percent (72%) of HMMP participants reported combined yearly household incomes of \$19,999 or less. This was followed by 18% with annual incomes of \$20,000 to \$39,999, 7% with incomes \$40,000 to \$74,999, and 4% with incomes of \$75,000 or higher. Just over half of HMMP participants (52%) had annual incomes that fell below 100% of the U.S. federal poverty level (**FPL**) at the time of survey. A quarter (25%) had annual incomes at 139-400%, 16% had incomes at 100-139% of FPL, and 7% had incomes over 400% FPL.

Most often, HMMP participants reported their primary source of income as salary or wages (40% of participants) or Supplemental Security Income (**SSI**)/Social Security Disability Insurance (**SSDI**) (37% of HMMP participants). This was followed by 15% of HMMP participants whose primary source of income was money received from family, a partner, or friends. Two percent (2%) of

HMMP participants listed each savings or investments, pension or retirement fund, other public assistance, or no income, or other as their primary source of income.

Education

Communities that experience widespread high levels of education attainment are more likely to have economic stability, encounter fewer challenges with literacy or health literacy, and experience higher levels of self-efficacy, or the belief in one's capacity to carry out particular interventions, such as medication adherence for pre-exposure prophylaxis (**PrEP**) and HIV treatment. A community with ample resources to support high education attainment reflects greater enrollment in higher education, increased high school graduation rates, less linguistic isolation, and higher general literacy. Communities with fewer resources dedicated to high education attainment may reflect greater vulnerability to new HIV transmissions and barriers to HIV care through economic instability due to lower enrollment in higher education, lower rates of high school graduation, linguistic isolation, and low general literacy.

Enrollment in Higher Education and High School Graduation

(See HMMP **Table 1**)

Fifty percent of HMMP participants enrolled in higher education at some point, attaining greater than a high school education. While HMMP data provided in the complementary report do not offer an in-depth analysis of the types of higher education in which HMMP participants enrolled, questions regarding higher education enrollment may be considered for inclusion in the 2019 Consumer Needs Assessment. Twenty-eight percent (28%) of HMMP participants graduated from high school or achieved their General Education Development (**GED**) test certificate and 22% had some high school education or less.

Language

(See HMMP **Table 8**)

Nine percent (9%) of HMMP participants reported English proficiency lower than "I speak English well". Twenty percent (20%) of HMMP participants reported that they speak a language other than English at home. While information on specific languages spoken other than English was not included in the complementary report, HMMP participants with limited English proficiency likely reflect primarily Spanish speaking or Spanish monolingual individuals (see **Methodology** and **Limitations**). Changes in methodology and questions regarding non-English/non-Spanish languages spoken and linguistic isolation may be considered for inclusion in the 2019 Consumer Needs Assessment.

General Literacy

(See HMMP **Table 8**)

While language refers to a system of written or verbal communication, literacy refers to one's ability to effectively interpret and use a language, often in its written format. Individuals with low general literacy may experience difficulty reading written communications or writing. For PLWH who experience low general literacy, this presents additional challenges for completing important

enrollment paperwork, or accurately deciphering medically relevant written information such as referrals or medication instructions. Twenty-one percent (21%) of HMMP participants reported always (5%), often (3%), or sometimes (14%) experiencing difficulty learning about their medical condition due to difficulty understanding written information. When asked how confident they are filling out medical forms without assistance, 28% of HMMP participants reported that being somewhat (13%), a little bit (7%), or not at all confident (9%). Twenty-two percent (22%) of HMMP participants reported that they sometimes (12%), often (4%) or always (6%) have someone assist them with reading hospital materials.

Social and Community Context

Social and community context refers to the collective cultural and interpersonal structures within a community that influence health, access, decision-making, resource navigation, and resilience. Health determinants within this domain include civic participation, discrimination, incarceration, and social cohesion. Communities that experience supportive social and community context are more likely to have active civic participation, fewer instances of discrimination, lower rates of incarceration, and stronger social cohesion, while communities that experience discordant or absent social and community context may experience less civic participation, more instances of discrimination, higher rates of incarceration, and weaker social cohesion.

Civic Participation

Civic participation, including voting, volunteering, and engaging in collective activities gives individuals a higher degree of control and investment in healthcare decisions made within a particular community, facilitates physical activity, and social connectivity for support and resource sharing. An example of civic participation specific to HIV could be volunteering at a clinic or testing event, or attending a city council meeting to help speak on behalf of the HIV community. While the complementary report does not relay data relevant to civic participation, the 2016 Consumer Needs Assessment found that participants derived social support through several types of civic participation, including HIV-related groups or programs (26%), community groups (15%), advocacy/activism groups (13%), serving on a board or committee (9%) and participation in fundraising (9%). Questions regarding other types of civic participation may be considered for inclusion in the 2019 Consumer Needs Assessment

Discrimination

(See HMMP **Table 9**)

Discrimination such as racism, sexism, homophobia, and stigma within social and community context increases vulnerability to new HIV transmissions throughout the community by discouraging regular HIV testing, engagement in PrEP or HIV medical care, and medication adherence to support viral suppression for treatment as prevention (**TaSP**). When asked about experiences with stigma and discrimination, HMMP participants reported the following:

- 65% agreed that it is difficult to tell people about their positive HIV status
- 28% agreed that having a positive HIV status made them feel in some way contaminated
- 36% agreed each that they felt guilty and ashamed for having a positive HIV status
- 25% agreed that having a positive HIV status sometimes made them feel worthless

- 64% stated that they hid their positive HIV status from others
- 15% stated that they had been treated with hostility or a lack of respect in a medical environment
- 10% reported that they had been given less attention in a medical environment than other patients
- 7% reported that they had been refused service

Of HHMP participants who reported experiences of any type of discrimination:

- 77% reported that the discrimination occurred because of their positive HIV status
- 13% reported that the discrimination occurred because of their gender
- 33% reported that the discrimination occurred because of their sexual orientation or behaviors
- 20% reported that the discrimination occurred because of their race or ethnicity
- 3% reported that the discrimination occurred because of their injection drug use

Incarceration

(See HMMP **Table 2**)

High rates of incarceration are linked to increased vulnerability to new HIV transmissions, lower entry and retention in care following release from incarceration, and restricted access to resources such as housing and employment opportunities particularly when compounded by recidivism and re-incarceration.⁸ Six percent (6%) of HMMP participants reported that they were incarcerated for longer than 24 hours within the past 12 months. Questions regarding experiences with linkage, retention, and service navigation following release from incarceration may be considered for inclusion in the 2019 Consumer Needs Assessment.

Social Cohesion

(See HMMP **Table 11**)

Social cohesion describes the tendency of strong social networks that share support, knowledge, and resources through social capital and a shared sense of social identity. This cohesion influences community health in general and HIV-related issues in particular through informational support through peer navigation, resource sharing, emotional support, and support for positive health behaviors such as retention in care and engaging in exercise. While the complementary report does not relay data general data on social cohesion, it does describe social support in relation to HIV medication adherence. Eighty-seven percent of HMMP participants were satisfied with the overall support they get from friends and family members, but 55% reported that friends and family members do not help them remember to take their medications at all.

The 2016 Consumer Needs Assessment found that participants derived social support and belonging through social networks, including family (75%), friend (69%), partner(s) (45%), faith communities (45%), support groups (26%), sobriety groups (18%), having or being a mentor (16-17%), and co-workers (16%). Questions regarding other types of social cohesion may be considered for inclusion in the 2019 Consumer Needs Assessment.

Health and Healthcare

Health and healthcare structures within the context of social determinants of health may be most effectively discussed in terms of access to healthcare, access to primary care, and health literacy. Communities with strong health and healthcare structures are more likely to have readily accessible general and HIV-specific health resources, regular primary care including HIV prevention and care services, and reflect high health literacy. Communities with weakened or absent health and healthcare structures are more likely to have limited access to general and HIV-specific health resources, irregular or no receipt of primary care including HIV prevention and care services, and reflect difficulties with low health literacy.

Access to Healthcare

(See HMMP Tables 3, 4, 13, 21, 28 and Figure 3)

Access to healthcare describes the presence healthcare structures and institutions within a community that is easily accessible to all people. In the U.S., financial access to healthcare is most often achieved with assistance through health insurance or other types of health care coverage. While 65% of HMMP participants reported having any kind of health insurance in the past 12 months at the time of interview, this proportion dropped to 56% for continuous coverage throughout the year. Over a third (38%) reported having no continuous health insurance or coverage. Questions regarding reasons for lapses in health care coverage may be considered for inclusion in the 2019 Consumer Needs Assessment. For type of health insurance, 45% of HMMP participants reported they had some type of public insurance, followed by over third (38%) with no insurance (38%), and 16% with private health insurance only. Of combinations of health insurance coverage reported by HMMP participants, the most common combinations were:

- 21% with Ryan White/ADAP only
- 15% with private health insurance only
- 12% with Medicaid only
- 8% with no insurance
- 7% with an unspecified health insurance combination
- 6% each with other public insurance and Ryan White/ADAP; Medicaid and Medicare; and other public only.

Most often, HMMP participant receive coverage for HIV-related medications through:

- 47% ADAP
- 18% out of pocket payment
- 17% Medicaid
- 14% Medicare

Accommodation for varying levels of ability also influences access to healthcare. Forty-six percent (46%) of HMMP participants reported receiving some form disability-related income. Among HMMP participants who reported ability or mobility requiring accommodation:

- 24% reported cognitive difficulty concentrating, remember, or making decision
- 20% reported difficulty walking or climbing stairs
- 16% reported experiencing blindness or difficulty seeing
- 11% reported experiencing deafness or difficulty hearing

- 10% reported experiencing difficulty doing errands such as attending medical visits without assistance
- 5% reported experiencing difficulty dressing or bathing

Proximity and travel time to medical facilities shape access to healthcare, particularly for those with transportation difficulties. The mean travel time for HMMP participants to their usual primary care facility was 35 minutes, though travel times ranged from two to 240 minutes.

Access to Primary Care

Access to primary care differs from access to healthcare in that it describes regular interactions with healthcare providers and facilities rather than the community presence of healthcare structures. This includes access to general primary care as well as primary care for HIV prevention, HIV care, mental health care, and treatment for substance use disorders.

Access to General and HIV Prevention-Related Primary Care

(See HMMP **Tables 5, 6, 14, 19, 20, 22, 23, 28, and 31**)

An important indicator of restricted access to preventive medicine and primary care is use of emergency or urgent care facilities, hospital admissions, and inpatient care for mental health and substance use concerns. In the 12 months preceding interview, HMMP participants reported:

- 3% visited an emergency department or urgent care clinic 2-4 times, and 1% five or greater times
- 4% had one hospital admission, 2% had 2-4 hospital admissions

Seventy-five percent (75%) of HMMP participants reported receiving an influenza vaccination, and 4% reported participating in an HIV clinical trial in the 12 months prior to interview.

Gynecological and contraceptive care also reflect access to general preventive primary care for individuals who were assigned female at birth. Of HMMP participants who received gynecological, obstetric care:

- 34% received HIV care at a gynecological clinic
- 73% received a Pap Smear test
 - 12% with abnormal results, and of those 89% received medical follow-up
- 72% received a pelvic exam
- Over half (51%) became pregnant once (31%), twice (11%), or 3+ (9%) following their HIV diagnosis

Among HMMP participants who were assigned female at birth, the most common birth control and contraceptive methods were:

- 50% used male condoms
- 44% abstained from sex
- 28% had female surgical sterilization (tubal ligation or hysterectomy)
- 8% used female condoms
- 5% used oral hormonal contraception
- 4% practiced withdrawal

- 4% used a spermicidal substance
- 3% used injectable hormonal contraception

Access to primary care reduces community and individual vulnerability to HIV transmission when it supports HIV prevention including discussion of behaviors linked to transmission and risk reduction strategies, as well as access to HIV/STI testing and disease investigation specialist (DIS) services. For sexual contact and gender identity:

- 42% of cis-gender men reported any male-to-male sexual contact
- 27% of cis-gender men reported exclusive male-to-female sexual contact
- 27% of cis-gender women reported any male-to-female sexual contact
- 2% identified as transgender individuals

The following proportions of HMMP participants reported experiencing transmission risk factors prior to their initial HIV diagnosis:

- 76% reported having sex with a male partner
- 47% reported having sex with a female partner
- 45% reported having sex with a male partner living with HIV
- 43% reported receiving clotting factor prior to March 1985
- 17% reported having sex with a male partner with injection drug use
- 12% reported having sex with a male partner who had sexual contact with male partners
- 12% reported having sex with a female partner with injection drug use

For the 2009-2014 HMMP cycle, serosorting appears to have been more widely practiced than using TaSP/viral load suppression:

- 17% agreed that they are more likely to not use condoms when a partner says they are also living with HIV
- 12% agreed that they do not need to use condoms when a partner says they are also living with HIV
- 14% agreed that they are more likely to not use condoms when they have an undetectable viral load
- 7% agreed that they do not have to worry about using condoms when they have an undetectable viral load

In the 12 months preceding interview, HMMP participants received the following HIV prevention services:

- 54% received informational/educational materials
- 46% received free condoms
 - 62% from a medical office or clinic
 - 26% from a community-based organization (CBO)
 - 11% from a social venue
- 39% had a one-on-one conversation with a health care provider
- 25% had a one-on-one conversation with an outreach worker, counselor, or prevention program worker

- 18% received free cleaning kits for injection equipment

The most common testing sites at which HMMP participants received their HIV diagnosis were:

- 20% were tested at a primary care clinic or community health center
- 19% were tested at a private doctor's office
- 18% were tested at an inpatient hospital
- 17% were tested in a correctional facility
- 10% were tested at a health department

The most common motivations for receiving an HIV test were:

- 31% due to another non-sexually transmitted illness
- 20% transmission risk through sexual contact
- 20% other/not specified
- 8% personal initiative to get routine HIV testing
- 8% as part of STI screening or due to another STI diagnosis

Sixty-five percent (65%) of HMMP participants reported that they were offered partner notification services. Among those offered partner notification services, 61% asked that all their partners be notified, while 17% asked that none of their partners be notified. Questions regarding motivation for requesting or declining partner notification may be considered for inclusion in the 2019 Consumer Needs Assessment.

Among HMMP participants who reported being sexually active, the following proportions had STI testing reflected in their medical records:

- 60% received syphilis testing
- 23% received chlamydia testing
- 22% received gonorrhea testing

Access to HIV Primary Care

(See HMMP **Tables 7, 10, 12, 15, and 27**)

The complementary HMMP report contains data on stages of HIV progression, lab values, and medication adherence as these components of access to HIV primary care were excluded from the 2016 Consumer Need Assessment survey tool. A full reporting of the access and barriers to HIV care services in the Houston area is available in the 2016 Consumer Needs Assessment document on the RWPC website at:

http://www.rwpc-houston.org/Publications/2016_NA/2016%20Needs%20Assessment.htm

Regardless of current health status, 71% HMMP participants never progressed past Stage 1/acute HIV, 19% progressed to Stage 2/chronic HIV, and 10% progressed to Stage 3 HIV. Of those who experienced Stage 3 HIV, 24% presented with at least one opportunistic infection. Medical records indicated CD4 counts and viral load tests that match typical progression for PLWH in HIV medical care, with the highest proportion of HMMP participants:

- 28% had a first CD4 count of 500 or more cells/ μ L

- 37% had a lowest CD4 count of 199 or less cells/ μ L
- 61% had a most recent CD4 count of 500 or more cells/ μ L
- 84% had a most recent viral load test below the level of detection
- 70% experienced durable viral suppression with all viral load tests below 200 copies/mL for the preceding 12 months

Medical records indicated that 20% of HMMP participants were prescribed *Pneumocystis pneumonia* prophylaxis, and 9% were prescribed *Mycobacterium avium* complex prophylaxis.

Ninety percent (90%) of HMMP participants were receiving antiretroviral therapy (**ART**) at the time of interview, though only 5% had not taken ART medication within the preceding 12 months. The most common reason HMMP participants reported for not taking ART was that 33% that their doctor advised to delay treatment. Eighty-eight percent (88%) reported that ART side effects never (73%) or rarely (15%) troubled them over the preceding 20 days. Only 9% of participants had ever taken a planned break (“drug holiday”) from ART, with the most common reasons of other/unspecified (38%), being tired of taking medications (22%), feeling poorly from side effects (20%), and being on vacation (15%). Twenty-nine percent (29%) of HMMP participants had recent difficulty taking ART according to schedule, 27% had difficulty taking ART according to instructions, and 15% had difficulty taking ART according to medication does. Recent adherence to medication adherence to schedule. The most common reasons for a recently missed dose of ART were:

- 43% forgot to take their medication
- 24% had problems with a prescription or refill

Mental Health Care

(See HMMP **Tables 25, 26, and 32**)

The 2016 Consumer Needs Assessment revealed that symptoms of emotional and psychological distress occur more frequently among PLWH than is indicated with a formal mental health condition diagnoses. The data presented in the complementary report indicate this finding as well, with the following proportions of HMMP participants who experienced several days or more of:

- 54% feeling tired or having little energy
- 49% having trouble falling or staying asleep, or sleeping too much
- 42% feeling apathetic
- 41% feeling down, depressed, or hopeless
- 36% experiencing over-eating/under-eating
- 29% having feelings of low self-worth
- 27% having difficulty concentrating
- 19% noticeably moving slowly or restlessly

Thirty-three percent (33%) of HMMP participants had diagnoses of mental health conditions noted in their medical records, the most common of which were depression (29%), generalized anxiety disorder (8%), and bipolar disorder (5%). Sixty percent (60%) of HMMP participants who reported needing mental health services but who did not receive mental health services and had a record of a diagnosed mental health condition. No indication as to why needed mental health services were not received was presented in the complementary report, but the 2016 Consumer Needs Assessment found the most commonly reported barriers to mental health services were both

administrative such as inconvenient hours of operation, complex administrative paperwork and processes, and staff changes without notification to the client, and wait-related including placement on a waitlist. Four percent (4%) of HMMP participants admitted to an inpatient mental health care facility in the 12 months preceding interview.

Substance Use and Access to Substance Use Disorder Treatment

(See HMMP Tables 15, 16, 17, and 18)

Thirty-two percent (32%) of HMMP participants identified as current cigarette smokers, with another 18% identified as former cigarette smokers. Twenty-six percent (26%) of HMMP participants reported smoking cigarettes daily. Fifty-eight percent (58%) of HMMP participants reported any alcohol use in the preceding 12 months, with 34% of HMMP participants using alcohol before or during sex. Seventeen percent (17%) of HMMP reported weekly alcohol use, and 5% reported daily alcohol use. Within the 30 days preceding interview, 48% reported alcohol used, 14% reported binge drinking, and 5% reported heavy drinking.

Within the 12 months preceding interview, 14% of participants indicated some form of substance use. Six percent (6%) reported stimulant use, 14% reported non-injection substance use, and 0.5% reported injection substance use. Of those reporting non-injection substance use, 9% reported that they used non-injection substances before or during sex, and 8% indicated using more than one non-injection substance at a time. Two percent (2%) of HMMP participants admitted to a substance use disorder treatment facility in the 12 months preceding interview.

Health Literacy

(See HMMP Tables 10 and 11)

Health literacy describes an individual's ability to decipher, understand, and communicate medically relevant information, with the goal of making informed decisions about one's healthcare. While general and health literacy may overlap for written medical communications, health literacy refers more to one's proficiency in either written or verbal medical communications. The complementary report did not relay much data on health literacy, but questions regarding health literacy may be considered for inclusion in the 2019 Consumer Needs Assessment. Among the 10% of HMMP participants who were not taking ART medications at the time of interview, 10% indicated that they felt healthy and believed they did not need ART medications. Ninety-five percent of HMMP participants taking ART felt sure would be able to take all or most of their medications as directed, and 94% felt sure that ART would have a positive effect on their health.

Neighborhood and Built Environment

One gap in knowledge identified during this Special Study was the lack neighborhood and built environment data on the Houston HIV community. While partners in HHD monitor new HIV diagnoses by zip code, to date no Consumer Needs Assessment data are gather on neighborhood or other physical environment conditions experienced by PLWH in the Houston area. Questions regarding access to foods that support healthy eating patterns, community crime and violence, environmental conditions such as chemical, light, or noise pollution, and quality of housing may be considered for inclusion in the 2019 Consumer Needs Assessment.

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HOUSTON HEALTH DEPARTMENT

RYAN WHITE PLANNING COUNCIL DATA REQUEST

Summary Report

Houston Medical Monitoring Project (HMMP)
Grants, Research and Special Projects (GRSP)
Bureau of Epidemiology
Disease Prevention and Control Division



The Medical monitoring Project (MMP) for which this report is based was conducted between 2009 and 2014 by the Houston Health Department in collaboration with the Centers for Disease Control and Prevention (CDC) and funded by CDC under the Cooperative agreement number PS09-937. The CDC conceived the project, developed associated materials including data collection instrument and provided oversight on the survey implementation in Houston/Harris County, Texas, and other 22 participating sites in the United States

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August 2018

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Table 1: Characteristics of People living with HIV in Houston/Harris County, Texas — Medical Monitoring Project, 2009-2014

| Characteristics | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d |
|--|-------------------------|-----------------------------|-----------------------|------------------------------|
| Overall | 1,180 | 11,461 | 100 | [10,845-12,077] ^β |
| Gender at Birth | | | | |
| <i>Male</i> | 835 | 8,200 | 71.5 | 68.1-74.9 |
| <i>Female</i> | 346 | 3,268 | 28.5 | 25.1-31.9 |
| Current Gender | | | | |
| <i>Male</i> | 816 | 8,000 | 69.8 | 66.2-73.3 |
| <i>Female</i> | 344 | 3,232 | 28.2 | 24.7-31.6 |
| <i>Transgender ^e</i> | 21 | 237 | 2.1 | 1.2-2.9 |
| Age Group (Years) | | | | |
| 18-29 | 120 | 1,262 | 11.0 | 9.1-12.9 |
| 30-39 | 241 | 2,402 | 20.9 | 18.1-23.8 |
| 40-49 | 399 | 3,929 | 34.3 | 31.3-37.2 |
| 50+ | 421 | 3,876 | 33.8 | 31.0-36.6 |
| Race/Ethnicity | | | | |
| <i>White (non-Hispanic)</i> | 255 | 2,659 | 23.2 | 19.8-26.6 |
| <i>Black (non-Hispanic)</i> | 598 | 5,667 | 49.4 | 46.0-52.8 |
| <i>Hispanic or Latino ^f</i> | 306 | 2,929 | 25.5 | 22.9-28.2 |
| <i>Other</i> | 22 | 214 | 1.9 | 1.1-2.6 |
| Educational Level | | | | |
| < <i>High School</i> | 257 | 2,484 | 21.7 | 18.8 - 24.6 |
| <i>High School Diploma or GED</i> | 336 | 3,244 | 28.3 | 25.5 - 31.1 |
| > <i>High School</i> | 587 | 5,733 | 50.0 | 45.9 - 54.1 |
| Sexual Orientation ^g | | | | |
| <i>Homosexual, gay, or lesbian</i> | 307 | 3,179 | 33.6 | 29.3-37.8 |
| <i>Heterosexual or straight</i> | 537 | 5,348 | 56.5 | 52.0-61.0 |
| <i>Bisexual</i> | 84 | 811 | 8.6 | 6.6-10.5 |
| <i>Other/unclassified</i> | 13 | 128 | 1.4 | 0.6-2.1 |
| Time since HIV diagnosis (Years) | | | | |
| < 5 | 294 | 3,120 | 27.3 | 24.6-30.0 |
| 5 – 9 | 264 | 2,454 | 21.4 | 19.0-23.9 |
| ≥ 10 | 621 | 5,869 | 51.3 | 48.1-54.5 |
| Country of Birth | | | | |
| United States | 929 | 9,092 | 79.3 | 76.8-81.8 |
| Mexico | 135 | 1,288 | 11.2 | 9.4-13.1 |
| Other | 117 | 1,089 | 9.5 | 7.7-11.3 |
| Years Living in the United States | | | | |
| < 5 | 9 | 85 | 3.6 | 1.2-5.9 |
| 5 – 10 | 42 | 408 | 17.2 | 12.3-22.0 |
| 11 - 15 | 45 | 428 | 18.0 | 13.2-22.8 |
| 16 - 20 | 53 | 504 | 21.2 | 15.9-26.5 |
| 20 ⁺ | 103 | 952 | 40.1 | 33.7-46.5 |
| Poverty Level ^h | | | | |
| <i>Above Poverty Level</i> | 540 | 5,355 | 47.9 | 44.5-51.3 |

| | | | | |
|---|-----|-------|------|-----------|
| <i>At or below poverty level</i> | 613 | 5,834 | 52.1 | 48.7-55.5 |
| % of Federal Poverty Level (FPL) | | | | |
| <100% FPL | 613 | 5834 | 52.1 | 48.7-55.5 |
| >=100% - <139% FPL | 180 | 1785 | 16.0 | 13.6-18.3 |
| >=139% - <400% FPL | 280 | 2774 | 24.8 | 21.7-27.9 |
| >=400% FPL | 80 | 796 | 7.1 | 5.3-8.9 |

Abbreviations: CI, confidence interval; GED, general educational development;

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

^e Patients were classified as transgender if sex at birth and gender reported by the patient were different, or if the patient chose transgender in response to the question about self-identified gender.

^f Hispanics or Latinos might be of any race. Patients are classified in only 1 race/ethnicity category.

^g Self-identified sexual orientation.

^h Level of Poverty based on yearly income and number of household dependents; Poverty guidelines as defined by the Department of Health and Human Services was used.

ⁱ % of FPL categories based on midpoint of yearly income and HH Size.

^β Confident interval based on weighted numbers.

Table 2: Housing and Living Conditions of Persons Living with HIV in Houston/Harris County, Texas - Houston Medical Monitoring Project, 2009 - 2014

| Characteristics | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d |
|---|------------------|----------------------|----------------|---------------------|
| Incarcerated >24 hours ^e | | | | |
| No | 1,103 | 10,731 | 93.6 | 92.1-95.0 |
| Yes | 78 | 738 | 6.4 | 5.0-7.9 |
| Homelessness Status | | | | |
| Not Homeless | 1,080 | 10,488 | 91.4 | 89.7-93.2 |
| Homeless | 101 | 981 | 8.6 | 6.8-10.3 |
| Lived on the Street | | | | |
| No | 1,126 | 10,905 | 95.1 | 93.6-96.6 |
| Yes | 55 | 563 | 4.9 | 3.4-6.4 |
| Lived in a Shelter | | | | |
| No | 11.2 | 10,983 | 95.8 | 94.5-97.0 |
| Yes | 49 | 486 | 4.2 | 3.0-5.5 |
| Lived in a Single Room Occupancy Hotel | | | | |
| No | 1,132 | 11,020 | 96.1 | 94.9-97.2 |
| Yes | 49 | 449 | 3.9 | 2.8-5.1 |
| Lived in a Car | | | | |
| No | 1,152 | 11,182 | 97.5 | 96.5-98.4 |
| Yes | 29 | 287 | 2.5 | 1.6-3.5 |

Abbreviation: CI, confidence interval.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

^e In the past 12 months, arrested and put in jail detention or prison

Table 3: Types of Health Insurance and Health Insurance Combinations used by PLWH in Houston/Harris County, Texas – Houston Medical Monitoring Project 2009-2014

| Characteristics | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d |
|--|------------------|----------------------|----------------|---------------------|
| Any Kind of Health Insurance in the past 12 months | | | | |
| <i>No</i> | 389 | 3,983 | 34.8 | 31.7-37.8 |
| <i>Yes</i> | 791 | 7,478 | 65.2 | 62.2-68.3 |
| Continuous Insurance in the past 12 months (excluding Ryan White) | | | | |
| <i>Continuous insurance/coverage</i> | 687 | 6,457 | 56.4 | 53.2-59.6 |
| <i>Lapsed Insurance/coverage</i> | 65 | 632 | 5.5 | 4.1-7.0 |
| <i>No insurance/coverage</i> | 426 | 4,354 | 38.0 | 34.9-41.2 |
| Health Insurance Type | | | | |
| <i>Private Only</i> | 191 | 1,869 | 16.3 | 13.5-19.1 |
| <i>Any Public</i> | 560 | 5,208 | 45.4 | 42.4-48.5 |
| <i>No Insurance/coverage</i> | 426 | 4,354 | 38.0 | 34.9-41.1 |
| <i>Unknown/unspecified insurance</i> | * | 30 | 0.3 | 0.0-0.6 |
| Ryan White | | | | |
| <i>Yes</i> | 273 | 2,494 | 21.8 | 19.2-24.4 |
| <i>No</i> | 565 | 5,561 | 48.6 | 45.2-52.0 |
| <i>Uninsured</i> | 91 | 954 | 8.3 | 6.6-10.1 |
| <i>Uninsured (RW/ADAP only)</i> | 249 | 2,429 | 21.2 | 18.8-23.7 |
| Medicaid | | | | |
| <i>Yes</i> | 312 | 3,001 | 26.2 | 23.4-29.0 |
| <i>No</i> | 529 | 5,085 | 44.3 | 40.7-47.9 |
| <i>Uninsured</i> | 91 | 954 | 8.3 | 6.6-10.0 |
| <i>Uninsured (RW/ADAP only)</i> | 249 | 2,429 | 21.2 | 18.7-23.7 |
| Medicare | | | | |
| <i>Yes</i> | 261 | 2,444 | 21.3 | 18.9-23.7 |
| <i>No</i> | 580 | 5,642 | 49.2 | 46.3-52.0 |
| <i>Uninsured</i> | 91 | 954 | 8.3 | 6.6-10.0 |
| <i>Uninsured (RW/ADAP only)</i> | 249 | 2,429 | 21.2 | 18.7-23.7 |
| Tricare or CHAMPUS | | | | |
| <i>Yes</i> | * | * | 01 | 0.0-0.2 |
| <i>No</i> | 840 | 8,079 | 70.4 | 67.7-73.2 |
| <i>Uninsured</i> | 91 | 954 | 8.3 | 6.6-10.0 |
| <i>Uninsured (RW/ADAP only)</i> | 249 | 2,429 | 21.2 | 18.7-23.7 |
| Veterans Administration | | | | |
| <i>Yes</i> | -- | -- | -- | -- |
| <i>No</i> | 841 | 8,086 | 70.5 | 67.8-73.3 |
| <i>Uninsured</i> | 91 | 954 | 8.3 | 6.6-10.0 |
| <i>Uninsured (RW/ADAP only)</i> | 249 | 2,429 | 21.2 | 18.7-23.7 |

| | | | | |
|--|-----|-------|------|-----------|
| Private Health Insurance | | | | |
| Yes | 252 | 2,528 | 22.0 | 18.6-25.4 |
| No | 589 | 5,558 | 48.5 | 45.3-51.7 |
| Uninsured | 91 | 954 | 8.3 | 6.6-10.0 |
| Uninsured (RW/ADAP only) | 249 | 2,429 | 21.2 | 18.7-23.7 |
| Public Health Insurance | | | | |
| Yes | 186 | 1,762 | 15.4 | 12.9-17.8 |
| No | 655 | 6,324 | 55.1 | 51.8-58.5 |
| Uninsured | 91 | 954 | 8.3 | 6.6-10.0 |
| Uninsured (RW/ADAP only) | 249 | 2,429 | 21.2 | 18.7-23.7 |
| Other unspecified Health Insurance | | | | |
| Yes | 18 | 171 | 1.5 | 0.8-2.2 |
| No | 823 | 7,915 | 69.0 | 66.3-71.7 |
| Uninsured | 91 | 954 | 8.3 | 6.6-10.0 |
| Uninsured (RW/ADAP only) | 249 | 2429 | 21.2 | 18.7-23.7 |
| No Insurance (anytime past 12 months) | | | | |
| No | 721 | 6,804 | 91.2 | 89.0-93.4 |
| yes | 68 | 656 | 8.8 | 6.6-11.0 |
| Health Insurance Combinations | | | | |
| Private insurance only | 169 | 1,701 | 14.8 | 12.3-17.4 |
| Medicaid only | 144 | 1,428 | 12.4 | 10.4-14.5 |
| Medicare only | 56 | 534 | 4.7 | 3.4-5.9 |
| Medicaid + Medicare | 72 | 685 | 6.0 | 4.5-7.5 |
| Ryan White/ADAP only | 249 | 2,429 | 21.2 | 18.7-23.7 |
| Any Veteran Administration | * | 7 | 0.1 | 0.0-0.2 |
| Other public | 72 | 693 | 6.0 | 4.5-7.5 |
| Private + Ryan White/ADAP | 37 | 341 | 3.0 | 2.0-4.0 |
| Medicaid + Ryan White/ADAP | 43 | 400 | 3.5 | 2.4-4.6 |
| Medicare + Ryan White/ADAP | 63 | 550 | 4.8 | 3.6-6.0 |
| Medicaid + Medicare + Ryan White/ADAP | 21 | 189 | 1.6 | 0.9-2.4 |
| Other public + Ryan White/ADAP | 77 | 717 | 6.3 | 4.8-7.7 |
| Uninsured | 91 | 954 | 8.3 | 6.6-10.0 |
| Other | 86 | 841 | 7.3 | 5.3-9.4 |

Abbreviations: CI, confidence interval; PLWH, People living with HIV; ADAP, AIDS Drug Assistance Program; CHAMPUS, Civilian Health and Medical Program of the Uniformed Services; SSI, Supplemental Security Income; SSDI, Social Security Disability Insurance.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses.

* Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

Table 4: Employment Status and Yearly Household Income and Sources – Houston Medical Monitoring Project, 2009-2014

| Characteristics | No.^a | Wt. No.^b | %^c | 95% CI^d |
|--|------------------------|----------------------------|----------------------|---------------------------|
| Current Employment Status | | | | |
| <i>Employed for wages</i> | 185 | 1,577 | 41.4 | 36.6-46.1 |
| <i>Self-employed</i> | 32 | 262 | 6.9 | 4.6-9.2 |
| <i>Out of work for more than 1 year</i> | 50 | 399 | 10.5 | 7.7-13.3 |
| <i>Out of work for less than 1 year</i> | 34 | 284 | 7.5 | 5.0-9.9 |
| <i>Homemaker</i> | 8 | 60 | 1.5 | 0.5-2.6 |
| <i>Student</i> | 18 | 153 | 4.0 | 2.1-5.9 |
| <i>Retired</i> | 20 | 164 | 4.3 | 2.5-6.1 |
| <i>Unable to work (Disability)</i> | 110 | 916 | 24.0 | 20.0-28.0 |
| Combined yearly household income (US\$)^e | | | | |
| <i>\$0 to \$19,999</i> | 833 | 8,072 | 72.1 | 68.9-75.4 |
| <i>\$20,000 to \$39,999</i> | 199 | 1,957 | 17.5 | 15.3-19.7 |
| <i>\$40,000 to \$74,999</i> | 75 | 727 | 6.5 | 4.7-8.3 |
| <i>\$75,000 and more</i> | 46 | 433 | 3.9 | 2.7-5.1 |
| Source of Money | | | | |
| <i>Salary or wages</i> | 465 | 4,550 | 39.8 | 36.7-42.8 |
| <i>Savings or investments</i> | 23 | 250 | 2.2 | 1.3-3.1 |
| <i>Pension or retirement fund</i> | 12 | 126 | 1.1 | 0.4-1.8 |
| <i>Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)</i> | 441 | 4,225 | 36.9 | 34.1-39.8 |
| <i>Other public assistance (welfare)</i> | 20 | 202 | 1.8 | 0.9-2.6 |
| <i>Family, partner, or friend(s)</i> | 171 | 1,672 | 14.6 | 12.4-16.9 |
| <i>No income or financial support</i> | 21 | 203 | 1.8 | 1.0-2.6 |
| <i>Other</i> | 21 | 211 | 1.8 | 1.0-2.7 |
| Any Disability | | | | |
| <i>Yes</i> | 211 | 1,728 | 45.5 | 40.8-50.1 |
| <i>No</i> | 244 | 2,072 | 54.5 | 49.9-59.2 |

Abbreviations: CI, confidence interval; SSI, Supplemental Security Income; SSDI, Social Security Disability Insurance.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

^e Income from all sources, before taxes, in the last calendar year.

Table 5: HIV Test Location and Main Reasons for Testing – Houston Medical Monitoring Project, 2009-2014

| Characteristics | No.^a | Wt. No.^b | Percentage^c | 95% CI^d |
|--|------------------------|----------------------------|-------------------------------|---------------------------|
| Test Location | | | | |
| <i>Private doctor's office</i> | 52 | 553 | 18.5 | 13.6-23.3 |
| <i>Primary care clinic or community health center</i> | 55 | 590 | 19.7 | 15.0-24.4 |
| <i>Health department</i> | 28 | 293 | 9.8 | 5.9-13.7 |
| <i>OB/GYN or family planning clinic</i> | 7 | 62 | 2.1 | 0.2-3.9 |
| <i>Emergency Room</i> | 19 | 194 | 6.5 | 3.6-9.3 |
| <i>Inpatient Hospital</i> | 52 | 534 | 17.8 | 13.7-22.0 |
| <i>Mobile test site</i> | 11 | 127 | 4.2 | 1.6-6.9 |
| <i>Correctional facility</i> | 11 | 125 | 4.2 | 1.7-6.6 |
| <i>Other</i> | 50 | 518 | 17.3 | 12.5-22.1 |
| Main Reason for Testing | | | | |
| Exposure through sexual contact | 55 | 607 | 20.2 | 15.4-25.0 |
| Part of STD screening or due to STD diagnosis | 23 | 234 | 7.8 | 4.6-10.9 |
| Due to other illness (not STD) | 92 | 922 | 30.7 | 25.2-36.1 |
| Due to pregnancy | 11 | 117 | 3.9 | 1.1-6.7 |
| Personal initiative to routinely test | 24 | 249 | 8.3 | 4.9-11.6 |
| Provider recommendation as part of routine care | 19 | 182 | 6.1 | 3.4-8.7 |
| Requirement (military, court order, or insurance) | 9 | 115 | 3.8 | 1.3-6.3 |
| Other | 53 | 580 | 19.3 | 14.4-24.2 |
| Partner notification after testing HIV positive | | | | |
| <i>Yes</i> | 182 | 1,894 | 64.7 | 59.0-70.5 |
| <i>No</i> | 96 | 1,031 | 35.3 | 29.5-41.0 |
| Response to offering to tell partner | | | | |
| <i>I asked them not to tell any of my partners</i> | 28 | 308 | 17.1 | 11.0-23.3 |
| <i>I asked them to tell only some of my partners</i> | 19 | 183 | 10.2 | 5.7-14.7 |
| <i>I asked them to tell all my partners</i> | 103 | 1,096 | 60.9 | 54.0-67.9 |
| <i>I told them that I didn't have any partners</i> | 22 | 212 | 11.8 | 7.3-16.3 |
| Have Place for Usual HIV Care | | | | |
| <i>Yes</i> | 1,166 | 11,385 | 98.6 | 97.9-99.3 |
| <i>No</i> | 15 | 163 | 1.4 | 0.7-2.1 |
| Satisfied with medical care received | | | | |
| <i>Strongly agree</i> | 216 | 1,794 | 46.8 | 42.0-51.7 |
| <i>Agree</i> | 208 | 1,755 | 45.8 | 41.0-50.6 |
| <i>Uncertain</i> | 17 | 147 | 3.8 | 2.0-5.7 |
| <i>Disagree</i> | 10 | 81 | 2.1 | 0.8-3.4 |
| <i>Strongly disagree</i> | 7 | 52 | 1.4 | 0.4-2.4 |
| Dissatisfied with medical care received | | | | |
| <i>Strongly agree</i> | 43 | 351 | 9.1 | 6.6-11.8 |
| <i>Agree</i> | 96 | 793 | 20.8 | 17.1-24.4 |
| <i>Uncertain</i> | 22 | 194 | 5.1 | 3.0-7.2 |
| <i>Disagree</i> | 164 | 1,385 | 36.2 | 31.6-40.8 |
| <i>Strongly disagree</i> | 132 | 1,098 | 28.7 | 24.5-32.9 |

Abbreviations: CI, confidence interval;

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

^e Income from all sources, before taxes, in the last calendar year.

Table 6: Emergency Department or Urgent Care Clinic Use and Hospital Admission During the Past 12 months Before the Interview—Houston Medical Monitoring Project, 2009-2014

| Characteristics | No. ^a | Wt. No. ^b | Percentage ^c | 95% CI ^d |
|---|------------------|----------------------|-------------------------|---------------------|
| Number of visits to emergency department or urgent care clinic | | | | |
| 0 | 1,055 | 10,193 | 89.0 | 87.0-91.0 |
| 1 | 81 | 831 | 7.3 | 5.6-8.9 |
| 2-4 | 36 | 348 | 3.0 | 2.0-4.0 |
| ≥ 5 | 8 | 84 | 0.7 | 0.2-1.3 |
| Number of hospital admissions | | | | |
| 0 | 1110 | 10,740 | 93.8 | 92.2-95.3 |
| 1 | 46 | 486 | 4.2 | 3.0-5.5 |
| 2-4 | 18 | 182 | 1.6 | 0.8-2.4 |
| ≥ 5 | 5 | 45 | 0.4 | 0.0-0.8 |
| Admitted to inpatient mental health facility | | | | |
| Yes | 49 | 490 | 4.3 | 3.1-5.5 |
| No | 1132 | 10,979 | 95.7 | 94.5-96.9 |
| Admitted to inpatient drug or alcohol treatment facility | | | | |
| Yes | 28 | 242 | 2.1 | 1.3-2.9 |
| No | 1,153 | 11,227 | 97.9 | 97.1-98.7 |

Abbreviations: CI, confidence interval;

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation ≥30%, “don’t know” responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

Table 7: Stage of Disease, CD4 counts, and Viral Suppression During the 12 Months Before the Interview—Houston Medical Monitoring Project, 2009-2014

| Characteristics | No.^a | Wt. No.^b | Percentage^c | 95% CI^d |
|---|------------------------|----------------------------|-------------------------------|---------------------------|
| Most advanced stage of disease (ever) | | | | |
| <i>Stage 1</i> | 849 | 8,129 | 71.2 | 68.5-73.8 |
| <i>Stage 2</i> | 217 | 2,145 | 18.8 | 16.4-21.1 |
| <i>Stage 3 (AIDS)</i> | 111 | 1,149 | 10.1 | 8.0-12.1 |
| Geometric mean CD4 count (cells/μL) | | | | |
| <i>0-199</i> | 127 | 1,333 | 12.9 | 10.0-15.3 |
| <i>200-349</i> | 188 | 1,859 | 18.1 | 15.3-20.8 |
| <i>350-499</i> | 214 | 2,043 | 19.8 | 17.4-22.3 |
| <i>\geq500</i> | 540 | 5,065 | 49.2 | 45.9-52.4 |
| Lowest CD4 Count (cells/μL) | | | | |
| <i>(1)0-199</i> | 439 | 4,180 | 37.1 | 34.0-40.1 |
| <i>(2)200-349</i> | 282 | 2,829 | 25.1 | 22.2-28.0 |
| <i>(3)350-499</i> | 208 | 1,966 | 17.4 | 15.3-19.6 |
| <i>(4) \geq500</i> | 236 | 2,306 | 20.4 | 17.5-23.4 |
| First CD4 count (cells/μL) | | | | |
| <i>(1)0-49</i> | 136 | 1,341 | 19.9 | 16.5-23.3 |
| <i>(2)50-99</i> | 56 | 527 | 7.8 | 5.5-10.1 |
| <i>(3)100-199</i> | 65 | 660 | 9.8 | 7.3-12.2 |
| <i>(4)200-349</i> | 123 | 1,298 | 19.3 | 16.2-22.3 |
| <i>(5)350-499</i> | 101 | 1,026 | 15.2 | 12.5-18.0 |
| <i>(6)500 or more</i> | 196 | 1,886 | 28.0 | 24.5-31.5 |
| Most recent viral load test | | | | |
| <i>(1)Below the level of detection, undetectable</i> | 601 | 4,844 | 84.4 | 81.6-87.2 |
| <i>(2)Detectable but less than 5,000 viral copies/ml</i> | 79 | 652 | 11.4 | 8.9-13.8 |
| <i>(3)5,000 to 100,000 viral copies/ml</i> | 22 | 194 | 3.4 | 2.0-4.8 |
| <i>(4)Greater than 100,000 viral copies/ml</i> | 5 | 47 | 0.8 | 0.1-1.6 |
| Most recent CD4 count (cells/μL) | | | | |
| <i>(1)0-49</i> | 5 | 35 | 0.8 | 0.1-1.5 |
| <i>(2)50-99</i> | 6 | 50 | 1.1 | 0.2-2.0 |
| <i>(3)100-199</i> | 27 | 227 | 5.0 | 3.1-6.8 |
| <i>(4)200-349</i> | 70 | 568 | 12.4 | 9.8-15.1 |
| <i>(5)350-499</i> | 114 | 922 | 20.2 | 16.8-23.5 |
| <i>(6)500 or more</i> | 342 | 2,771 | 60.6 | 56.3-64.9 |
| Viral suppression | | | | |
| <i>Most recent viral load documented undetectable or <200 copies/mL</i> | 849 | 7,975 | 80.2 | 77.7-82.7 |
| <i>Most recent viral load documented detectable, \geq200 copies/mL, or missing/unknown</i> | 195 | 1,970 | 19.8 | 17.3-22.3 |

| | | | | |
|---|-----|-------|------|-----------|
| Durable viral suppression | | | | |
| <i>All viral load measurements documented undetectable or <200 copies/mL</i> | 736 | 6,805 | 68.9 | 65.9-71.9 |
| <i>Any viral load ≥200 copies/mL or missing/unknown</i> | 308 | 3,090 | 31.1 | 28.1-34.1 |
| Clinical AIDS: Any OI Ever | | | | |
| <i>Yes</i> | 180 | 1,834 | 24.0 | 19.3-28.7 |
| <i>No</i> | 543 | 5,805 | 76.0 | 71.3-80.7 |
| Clinical AIDS: Any OI during 2-year Surveillance | | | | |
| <i>Yes</i> | 54 | 471 | 12.3 | 9.1-15.5 |
| <i>No</i> | 404 | 3,358 | 87.7 | 84.5-90.9 |
| At least 1 viral load test every 6 months | | | | |
| <i>Did not have at least 1 viral load test every 6 months</i> | 497 | 4,946 | 43.5 | 40.0-47.0 |
| <i>Did have at least 1 viral load test every 6 months</i> | 673 | 6,424 | 56.5 | 53.0-60.0 |

Abbreviations: CI, confidence interval; P12M, Past 12 months.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation ≥30%, “don’t know” responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

Table 8: Functional Health Literacy and English Fluency Level of PLWH in Houston/Harris County, Texas – Houston Medical Monitoring Project, 2009-2014

| Characteristics | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d |
|--|------------------|----------------------|----------------|---------------------|
| How Well do you Speak English? | | | | |
| <i>Very well</i> | 326 | 2,757 | 72.0 | 67.7-76.2 |
| <i>Well</i> | 89 | 727 | 19.0 | 15.3-22.7 |
| <i>Not Well</i> | 23 | 190 | 5.0 | 3.0-6.9 |
| <i>Not at all</i> | 20 | 155 | 4.0 | 2.3-5.8 |
| Do you speak a language other than English at home? | | | | |
| Yes | 88 | 747 | 19.5 | 15.8-23.2 |
| No | 370 | 3,082 | 80.5 | 76.8-84.2 |
| How often do you have problems learning about your medical condition because of difficulty understanding written information? | | | | |
| Always | 31 | 245 | 4.5 | 2.9-6.2 |
| Often | 19 | 150 | 2.8 | 1.5-4.0 |
| Sometimes | 90 | 729 | 13.5 | 10.9-16.2 |
| Occasionally | 61 | 504 | 9.4 | 7.0-11.7 |
| Never | 479 | 3,761 | 69.8 | 66.2-73.4 |
| How confident are you filling out medical forms by yourself? | | | | |
| <i>Extremely</i> | 360 | 2,855 | 53.0 | 49.0-57.0 |
| <i>Quite a bit</i> | 124 | 1,002 | 18.6 | 15.5-21.6 |
| <i>Somewhat</i> | 89 | 685 | 12.7 | 10.2-15.3 |
| <i>A little bit</i> | 45 | 350 | 6.5 | 4.6-8.4 |
| <i>Not at all</i> | 62 | 495 | 9.2 | 7.0-11.4 |
| How often do you have someone help you read hospital materials? | | | | |
| <i>Never</i> | 450 | 3,531 | 65.6 | 62.1-69.2 |
| <i>Occasionally</i> | 86 | 690 | 12.8 | 10.3-15.4 |
| <i>Sometimes</i> | 78 | 631 | 11.7 | 9.2-14.2 |
| <i>Often</i> | 26 | 211 | 3.9 | 2.4-5.4 |
| <i>Always</i> | 39 | 316 | 5.9 | 4.1-7.7 |

Abbreviations: CI, confidence interval; PLWH, People living with HIV.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

Table 9: Experiences of Stigma and Discrimination Among PLWH in Houston/Harris County, Texas – Houston Medical Monitoring Project, 2009-2014

| Characteristics | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d |
|--|------------------|----------------------|----------------|---------------------|
| It is difficult to tell people about my HIV infection | | | | |
| Disagree | 237 | 1,887 | 35.5 | 31.9-39.1 |
| Agree | 436 | 3,435 | 64.5 | 60.9-68.1 |
| Being HIV positive makes me feel dirty | | | | |
| Disagree | 490 | 3845 | 72.2 | 68.8-75.8 |
| Agree | 183 | 1478 | 27.8 | 24.2-31.4 |
| I feel guilty that I am HIV positive | | | | |
| Disagree | 429 | 3377 | 63.7 | 60.0-67.3 |
| Agree | 241 | 1928 | 36.3 | 32.7-40.0 |
| I am ashamed that I am HIV positive | | | | |
| <i>Disagree</i> | 424 | 3361 | 63.6 | 59.9-67.4 |
| <i>Agree</i> | 245 | 1921 | 36.4 | 32.6-40.1 |
| I sometimes feel worthless because I am HIV positive | | | | |
| <i>Disagree</i> | 504 | 3998 | 74.9 | 71.6-78.1 |
| <i>Agree</i> | 171 | 1343 | 25.1 | 21.9-28.4 |
| I hide my HIV status from others | | | | |
| <i>Disagree</i> | 240 | 1886 | 35.6 | 31.7-39.5 |
| <i>Agree</i> | 430 | 3415 | 64.4 | 60.5-68.3 |
| Exhibited hostility or a lack of respect toward you? | | | | |
| <i>No</i> | 745 | 6070 | 85.1 | 82.5-87.6 |
| <i>Yes</i> | 136 | 1067 | 14.9 | 12.4-17.5 |
| Given you less attention than other patients? | | | | |
| <i>No</i> | 790 | 6416 | 90.2 | 88.2-92.1 |
| <i>Yes</i> | 88 | 698 | 9.8 | 7.9-11.8 |
| Refused you service? | | | | |
| <i>No</i> | 825 | 6668 | 93.4 | 91.8-95.1 |
| <i>Yes</i> | 56 | 469 | 6.6 | 4.9-8.2 |
| Did the discrimination occur because of your HIV infection? | | | | |
| <i>No</i> | 37 | 296 | 24.4 | 17.0-31.7 |
| <i>Yes</i> | 117 | 919 | 75.6 | 68.3-83.0 |

Abbreviations: CI, confidence interval; PLWH, People living with HIV.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted

^c Percentages are weighted

^d Weighted Confident Intervals in percentages.

Table 9: Experiences of Stigma and Discrimination Among PLWH in Houston/Harris County, Texas – Houston Medical Monitoring Project, 2009-2014 (Cont'd)

| Characteristics | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d |
|---|------------------|----------------------|----------------|---------------------|
| Did the discrimination occur because of your gender? | | | | |
| No | 134 | 1057 | 86.8 | 81.1-92.4 |
| Yes | 21 | 161 | 13.2 | 7.6-18.9 |
| Did the discrimination occur because of your sexual orientation and practices? | | | | |
| No | 106 | 821 | 67.1 | 59.2-74.9 |
| Yes | 49 | 403 | 32.9 | 25.1-40.8 |
| Did the discrimination occur because of your race or ethnicity? | | | | |
| No | 124 | 981 | 80.4 | 74.0-86.8 |
| Yes | 31 | 239 | 19.6 | 13.2-26.0 |
| Did the discrimination occur because of your drug injecting habit? | | | | |
| No | 153 | 1212 | 96.7 | 94.1-99.4 |
| Yes | 6 | 41 | 3.3 | 0.6-5.9 |

Abbreviations: CI, confidence interval;

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted

^c Percentages are weighted

^d Weighted Confident Intervals in percentages.

Table 10: Antiretroviral Therapy Use and Side Effects and Reasons for Drug Holiday—Houston Medical Monitoring Project, 2009-2014

| Characteristics | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d |
|---|------------------|----------------------|----------------|---------------------|
| Currently Receiving Antiretroviral Treatment | | | | |
| <i>No</i> | 103 | 1,141 | 10.0 | 8.0-11.9 |
| <i>Yes</i> | 1,073 | 10,274 | 90.0 | 88.1-92.0 |
| Reasons not taking antiretroviral medicines | | | | |
| <i>Doctor advised to delay treatment</i> | 12 | 157 | 32.6 | 17.9-47.2 |
| <i>Participant felt healthy and believed he/she didn't need medications</i> | * | 48 | 9.8 | 0.0-19.8 |
| <i>Due to side effects of medication</i> | 6 | 100 | 20.6 | 3.3-37.9 |
| <i>Felt depressed or overwhelmed</i> | * | 8 | 1.6 | 0.0-4.9 |
| <i>Money or insurance issues</i> | * | 45 | 4.7 | 0.0-18.5 |
| <i>Other</i> | 10 | 127 | 8.1 | 10.2-42.1 |
| During the past 12 months, have you taken antiretroviral medicines | | | | |
| <i>No</i> | 27 | 366 | 5.2 | 2.9-7.4 |
| <i>Yes</i> | 826 | 6,709 | 94.8 | 92.6-97.1 |
| During the past 30 days, how troubled were you by side effects from your ART medicines | | | | |
| <i>Never</i> | 802 | 7,480 | 72.9 | 69.7-76.1 |
| <i>Rarely</i> | 143 | 1,563 | 15.2 | 12.8-17.7 |
| <i>About half the time</i> | 55 | 522 | 5.1 | 3.8-6.4 |
| <i>Most of the time</i> | 38 | 398 | 3.9 | 2.5-5.3 |
| <i>Always</i> | 29 | 255 | 2.5 | 1.6-3.4 |
| <i>Been on medications less than 30 days</i> | 5 | 49 | 0.5 | 0.1-0.9 |
| Ever taken a drug holiday | | | | |
| <i>Yes</i> | 83 | 881 | 8.5 | 6.6-10.3 |
| <i>No</i> | 1000 | 9,510 | 91.5 | 89.7-93.4 |
| Main reason for a drug holiday | | | | |
| <i>Medicine has side effects or makes me feel bad</i> | 12 | 137 | 19.7 | 8.9-30.4 |
| <i>Got tired of taking medicines or needed a break</i> | 16 | 154 | 22.1 | 12.0-32.3 |
| <i>Was using drugs or alcohol</i> | * | 23 | 3.3 | 0.0-7.0 |
| <i>Was on vacation</i> | 11 | 101 | 14.5 | 6.4-22.6 |
| <i>Felt good</i> | * | 19 | 2.8 | 0.0-6.8 |
| <i>Other</i> | 28 | 261 | 37.6 | 26.5-48.8 |

Abbreviations: CI, confidence interval;

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

Table 11: Beliefs Among Persons Currently Taking Antiretroviral Medications and Support Received — Houston Medical Monitoring Project, 2009-2014

| Characteristics | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d |
|---|------------------|----------------------|----------------|---------------------|
| How sure are you that you will be able to take all or most of your meds as directed? | | | | |
| <i>Not at all sure</i> | 8 | 89 | 0.9 | 0.2-1.5 |
| <i>Somewhat sure</i> | 41 | 394 | 3.8 | 2.6-5.1 |
| <i>Very sure</i> | 400 | 3,692 | 36.0 | 32.7-39.2 |
| <i>Extremely sure</i> | 623 | 6,090 | 59.3 | 56.1-62.5 |
| How sure are you that your medication will have a positive effect on your health? | | | | |
| <i>Not at all sure</i> | 14 | 129 | 1.3 | 0.6-1.9 |
| <i>Somewhat sure</i> | 58 | 525 | 5.1 | 3.7-6.6 |
| <i>Very sure</i> | 386 | 3,626 | 35.5 | 32.3-38.6 |
| <i>Extremely sure</i> | 609 | 5,942 | 58.1 | 55.0-61.2 |
| How sure if you do not take your meds exactly as instructed, the HIV will become resistant to medications? | | | | |
| <i>Not at all sure</i> | 50 | 449 | 4.4 | 3.1-5.7 |
| <i>Somewhat sure</i> | 110 | 1,058 | 10.4 | 8.2-12.6 |
| <i>Very sure</i> | 375 | 3,500 | 34.3 | 31.4-37.2 |
| <i>Extremely sure</i> | 530 | 5,195 | 50.9 | 47.7-54.1 |
| How satisfied are you with the overall support you get from friends and family members? | | | | |
| <i>Very dissatisfied</i> | 102 | 937 | 9.4 | 7.5-11.3 |
| <i>Somewhat dissatisfied</i> | 44 | 407 | 4.1 | 2.9-5.3 |
| <i>Somewhat satisfied</i> | 213 | 2,020 | 20.3 | 17.6-22.9 |
| <i>Very satisfied</i> | 680 | 6,597 | 66.2 | 63.0-69.4 |
| To what extent do friends or family members help you remember to take your medications? | | | | |
| <i>Not at all</i> | 603 | 5,632 | 55.4 | 52.1-58.8 |
| <i>A little</i> | 101 | 1,007 | 9.9 | 7.9-11.9 |
| <i>Somewhat</i> | 125 | 1,219 | 12.0 | 9.9-14.1 |
| <i>A lot</i> | 234 | 2,305 | 22.7 | 20.0-25.3 |

Abbreviations: CI, confidence interval;

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

Table 12: Reasons for Missing Antiretroviral Therapy Dose, among those Ever Missing a Dose—Houston Medical Monitoring Project, 2009-2014

| Characteristics | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d |
|--|------------------|----------------------|----------------|---------------------|
| During the past 12 months, did your doctor or other clinic staff ask you whether you missed taking any doses of your antiretroviral medicines or if you had difficulty taking your antiretroviral medicines | | | | |
| <i>No</i> | 79 | 660 | 18.4 | 14.6-22.0 |
| <i>Yes</i> | 352 | 2,933 | 81.6 | 78.0-85.3 |
| The last time you missed taking your antiretroviral medicines, what were the reasons? ^e | | | | |
| <i>Problem with prescription or refill</i> | 86 | 697 | 23.8 | 19.4-28.3 |
| <i>Felt sick or tired</i> | 33 | 259 | 8.9 | 5.9-11.8 |
| <i>Change in daily routine including travel</i> | 38 | 297 | 10.2 | 7.1-13.2 |
| <i>Due to side effects of medications</i> | 5 | 41 | 1.4 | 0.9-2.6 |
| <i>Felt depressed or overwhelmed</i> | 7 | 53 | 1.8 | 0.5-3.2 |
| <i>Drinking or using drugs</i> | 10 | 74 | 2.5 | 1.0-4.1 |
| <i>Money or insurance issues</i> | * | 5 | 0.2 | 0.0-0.5 |
| <i>Had too many pills to take</i> | * | 9 | 0.3 | 0.0-0.9 |
| <i>Forgot to take them</i> | 157 | 1,247 | 42.6 | 37.5-47.7 |
| <i>Other</i> | 40 | 310 | 11.2 | 7.9-14.5 |

Abbreviations: CI, confidence interval;

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

^e Only those that reported missing taking their antiretroviral medicines. Responses are independent.

Table 13: How Antiretroviral Medications were Paid for During the last 12 Months – Houston medical Monitoring Project, 2009-2014

| Payment Source | No.^a | Wt. No.^b | %^c | 95% CI^d |
|-------------------------------------|------------------------|----------------------------|----------------------|---------------------------|
| Private health care coverage | | | | |
| <i>No</i> | 527 | 4,148 | 77.8 | 74.7-81.0 |
| <i>Yes</i> | 108 | 867 | 16.3 | 13.6-18.9 |
| <i>Never took ARV</i> | 32 | 261 | 4.9 | 3.2-6.5 |
| <i>Did not take ARV in P12M</i> | 6 | 54 | 1.0 | 0.2-1.9 |
| Medicaid | | | | |
| <i>No</i> | 505 | 4,026 | 75.5 | 72.3-78.8 |
| <i>Yes</i> | 130 | 989 | 18.6 | 15.6-21.5 |
| <i>Never took ARV</i> | 32 | 261 | 4.9 | 3.2-6.5 |
| <i>Did not take ARV in P12M</i> | 6 | 54 | 1.0 | 0.2-1.9 |
| Medicare | | | | |
| <i>No</i> | 540 | 4,289 | 80.5 | 77.5-83.4 |
| <i>Yes</i> | 95 | 726 | 13.6 | 11.1-16.1 |
| <i>Never took ARV</i> | 32 | 261 | 4.9 | 3.2-6.5 |
| <i>Did not take ARV in P12M</i> | 6 | 54 | 1.0 | 0.2-1.9 |
| ADAP | | | | |
| <i>No</i> | 322 | 2,491 | 46.7 | 43.1-50.4 |
| <i>Yes</i> | 313 | 2,524 | 47.4 | 43.6-51.1 |
| <i>Never took ARV</i> | 32 | 261 | 4.9 | 3.2-6.5 |
| <i>Did not take ARV in P12M</i> | 6 | 54 | 1.0 | 0.2-1.9 |
| An AIDS service organization | | | | |
| <i>No</i> | 633 | 4,999 | 93.8 | 91.9-95.7 |
| <i>Yes</i> | * | 16 | 0.3 | 0.0-0.7 |
| <i>Never took ARV</i> | 32 | 261 | 4.9 | 3.2-6.5 |
| <i>Did not take ARV in P12M</i> | 6 | 54 | 1.0 | 0.2-1.9 |
| At a public clinic | | | | |
| <i>No</i> | 619 | 4,880 | 91.6 | 89.3-93.8 |
| <i>Yes</i> | 16 | 135 | 2.5 | 1.3-3.8 |
| <i>Never took ARV</i> | 32 | 261 | 4.9 | 3.2-6.5 |
| <i>Did not take ARV in P12M</i> | 6 | 54 | 1.0 | 0.2-1.9 |
| Clinical trial/drug study | | | | |
| <i>No</i> | 628 | 4,963 | 93.1 | 91.2-95.1 |
| <i>Yes</i> | 7 | 52 | 1.0 | 0.2-1.7 |
| <i>Never took ARV</i> | 32 | 261 | 4.9 | 3.2-6.5 |
| <i>Did not take ARV in P12M</i> | 6 | 54 | 1.0 | 0.2-1.9 |
| Paid out of pocket | | | | |
| <i>No</i> | 512 | 4,035 | 75.7 | 72.0-79.4 |
| <i>Yes</i> | 123 | 980 | 18.4 | 15.2-21.6 |
| <i>Never took ARV</i> | 32 | 261 | 4.9 | 3.2-6.5 |
| <i>Did not take ARV in P12M</i> | 6 | 54 | 1.0 | 0.2-1.9 |
| Other, Specify | | | | |
| <i>No</i> | 590 | 4,676 | 87.7 | 85.3-90.2 |
| <i>Yes</i> | 45 | 339 | 6.4 | 4.6-8.1 |
| <i>Never took ARV</i> | 32 | 261 | 4.9 | 3.2-6.5 |
| <i>Did not take ARV in P12M</i> | 6 | 54 | 1.0 | 0.2-1.9 |

Abbreviations: CI, confidence interval; ARV, Antiretroviral; P12M, Past 12 months.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

**Number suppressed because it is below threshold.*

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

Table 14: Sexual Risk Behaviors and Serosorting Practices Among PLWH– Houston Medical Monitoring Project, 2009-2014

| Statement | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d |
|---|------------------|----------------------|----------------|---------------------|
| Have sex in exchange for things like food, shelter, transportation, money or drugs? | | | | |
| <i>No</i> | 140 | 1,180 | 96.8 | 94.0-99.6 |
| <i>Yes</i> | 5 | 39 | 3.2 | 0.4-6.0 |
| If my partner tells me he or she is HIV positive, I am more likely to have unprotected sex with him or her | | | | |
| <i>Strongly disagree</i> | 410 | 3,229 | 60.9 | 57.2-64.6 |
| <i>Somewhat disagree</i> | 95 | 745 | 14.1 | 11.4-16.7 |
| <i>Neutral/no opinion</i> | 50 | 416 | 7.8 | 5.8-9.9 |
| <i>Somewhat agree</i> | 61 | 479 | 9.0 | 6.8-11.2 |
| <i>Strongly agree</i> | 55 | 431 | 8.1 | 6.1-10.2 |
| If my partner tells me he or she is HIV positive, we don't have to worry about using condoms | | | | |
| <i>Strongly disagree</i> | 467 | 3,688 | 64.4 | 66.0-72.8 |
| <i>Somewhat disagree</i> | 89 | 701 | 13.2 | 10.7-15.7 |
| <i>Neutral/no opinion</i> | 33 | 273 | 5.1 | 3.4-6.9 |
| <i>Somewhat agree</i> | 43 | 332 | 6.3 | 4.4-8.1 |
| <i>Strongly agree</i> | 40 | 320 | 6.0 | 4.1-7.9 |
| If I have an undetectable HIV viral load, I am more likely to have unprotected sex | | | | |
| <i>Strongly disagree</i> | 455 | 3,579 | 67.4 | 63.8-71.0 |
| <i>Somewhat disagree</i> | 93 | 736 | 13.9 | 11.3-16.5 |
| <i>Neutral/no opinion</i> | 30 | 250 | 4.7 | 3.0-6.4 |
| <i>Somewhat agree</i> | 43 | 345 | 6.5 | 4.5-8.5 |
| <i>Strongly agree</i> | 50 | 400 | 7.5 | 5.4-9.6 |
| Having an undetectable HIV viral load means I can worry less about having to use condoms | | | | |
| <i>Strongly disagree</i> | 509 | 4,030 | 76.1 | 72.8-79.4 |
| <i>Somewhat disagree</i> | 85 | 655 | 12.4 | 9.9-14.9 |
| <i>Neutral/no opinion</i> | 27 | 221 | 4.2 | 2.5-5.8 |
| <i>Somewhat agree</i> | 24 | 199 | 3.8 | 2.2-5.3 |
| <i>Strongly agree</i> | 24 | 190 | 3.6 | 2.2-5.0 |

Abbreviations: CI, confidence interval; PLWH, People living with HIV.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

Table 15. Cigarette Smoking Among PLWH — Houston Medical Monitoring Project, 2009-2014

| Characteristics | No.^a | Wt. No.^b | %^c | 95% CI^d |
|---|------------------------|----------------------------|----------------------|---------------------------|
| Smoked ≥100 cigarettes (lifetime) | | | | |
| <i>No</i> | 591 | 5,791 | 50.7 | 47.6-53.7 |
| <i>Yes</i> | 586 | 5,634 | 49.3 | 46.3-52.4 |
| Current smoker | | | | |
| <i>No</i> | 801 | 7,785 | 68.1 | 65.5-70.8 |
| <i>Yes</i> | 376 | 3,639 | 31.9 | 29.2-34.5 |
| Smoking status | | | | |
| <i>Never smoked</i> | 591 | 5,791 | 50.7 | 47.6-53.7 |
| <i>Former smoker</i> | 210 | 1,995 | 17.5 | 15.1-19.8 |
| <i>Current smoker</i> | 376 | 3,639 | 31.9 | 29.2-34.5 |
| Frequency of current cigarette smoking | | | | |
| <i>Daily</i> | 300 | 2,931 | 25.7 | 23.1-28.2 |
| <i>Weekly</i> | 36 | 339 | 3.0 | 1.9-4.0 |
| <i>Monthly</i> | 10 | 91 | 0.8 | 0.3-1.3 |
| <i>Less than Monthly</i> | 30 | 279 | 2.4 | 1.6-3.3 |
| <i>Never</i> | 801 | 7,785 | 68.1 | 65.5-70.8 |

Abbreviation: CI, confidence interval.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation ≥30%, “don’t know” responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted

^c Percentages are weighted

^d Weighted Confident Intervals in percentages

Table 16: Alcohol Use During the 12 months Before the Interview—Houston Medical Monitoring Project, 2009-2014

| Characteristics | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d |
|---|------------------|----------------------|----------------|---------------------|
| Any alcohol Use^e | | | | |
| <i>No</i> | 500 | 4,806 | 42.0 | 38.7-45.4 |
| <i>Yes</i> | 678 | 6,627 | 58.0 | 54.6-61.3 |
| Alcohol use before or during sex in P12M | | | | |
| <i>No</i> | 468 | 4,535 | 66.0 | 62.3-69.8 |
| <i>Yes</i> | 234 | 2,332 | 34.0 | 30.2-37.7 |
| Frequency of alcohol use | | | | |
| <i>Daily</i> | 60 | 558 | 4.9 | 3.6-6.2 |
| <i>Weekly</i> | 189 | 1,894 | 16.6 | 14.3-18.8 |
| <i>Monthly</i> | 140 | 1,332 | 11.7 | 9.8-13.6 |
| <i>Less than Monthly</i> | 289 | 2,843 | 24.9 | 22.0-27.7 |
| <i>Never</i> | 500 | 4,806 | 42.0 | 38.7-45.4 |
| Alcohol use^f (during past 30 days) | | | | |
| <i>No</i> | 622 | 5,958 | 52.2 | 48.9-55.4 |
| <i>Yes</i> | 554 | 5,464 | 47.8 | 44.6-51.1 |
| Binge drinking^f (during past 30 days) | | | | |
| <i>No</i> | 1,011 | 9,844 | 86.3 | 84.4-88.3 |
| <i>Yes</i> | 163 | 1,558 | 13.7 | 11.7-15.6 |
| Heavy drinking^g (during past 30 days) | | | | |
| <i>No</i> | 1,120 | 10,884 | 95.3 | 94.1-96.5 |
| <i>Yes</i> | 56 | 538 | 4.7 | 3.5-5.9 |

Abbreviation: CI, confidence interval; P12M, Past 12 months.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted

^c Percentages are weighted

^d Weighted Confident Intervals in percentages

^e Persons who drank at least 1 alcoholic beverage during the 12 months preceding the interview. Alcoholic beverage was defined as a 12-ounce beer, 5-ounce glass of wine, or 1.5-ounce shot of liquor.

^f Patients who drank, on average, >2 alcoholic beverages (>1 for women) per day during the 30 days preceding the interview.

^g Patients who drank ≥ 5 alcoholic beverages at one sitting (≥ 4 for women) during the 30 days preceding the interview.

Table 17: Estimated Mean Number of Days and Alcoholic Drinks Consumed Per Day During Past 30 Days – Houston Medical Monitoring Project, 2009-2014

| Characteristics ^a | No. ^b | Wt. No. ^c | Mean | 95% CI ^d | Median | Range |
|--|-------------------------|-----------------------------|-------------|----------------------------|---------------|--------------|
| Number of days' alcoholic drinks were consumed | 554 | 5,464 | 6.1 | 5.6-6.7 | 2.7 | 1-30 |
| Number of alcoholic drinks consumed on a typical day | 547 | 5,417 | 2.8 | 2.6-3.0 | 1.6 | 1-30 |
| Number of days 4 or more alcoholic drinks were consumed in one sitting | 23 | 197 | 2.5 | 1.4-3.7 | 1.0 | 1-9 |
| Number of days 5 or more alcoholic drinks were consumed in one sitting | 140 | 1361 | 4.4 | 3.5-5.3 | 1.8 | 1-30 |

Abbreviation: CI, confidence interval.

^a Among patients who drank alcohol in the past 30 days.

^b Numbers are unweighted.

^c Numbers are weighted

^d Weighted Confidence Intervals in percentages

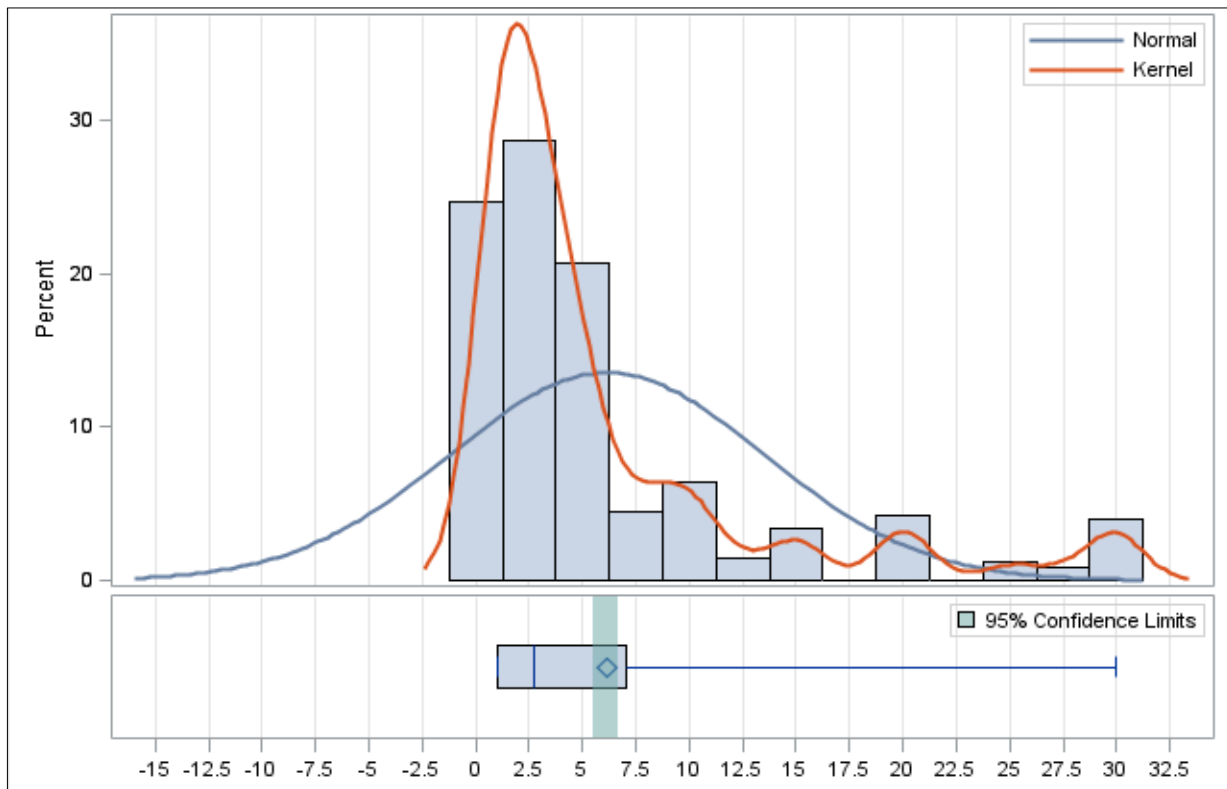


Figure 1: Distribution of Number of Days Alcoholic Drinks were Consumed (estimated numbers during past 30 days)

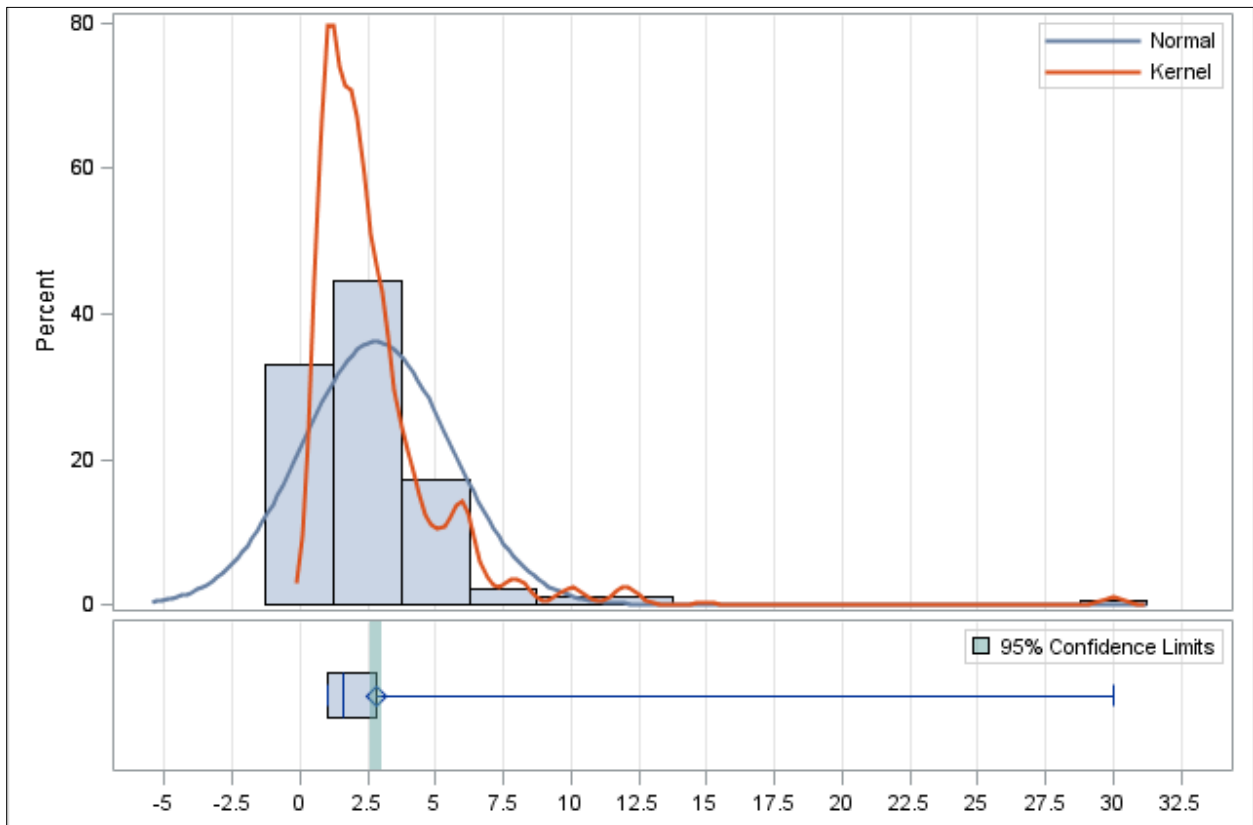


Figure 2: Distribution of Number Alcoholic Drinks Consumed on a Typical Day (estimated numbers during past 30 days)

Table 18: Non-injection and Injection Drug Use during the 12 Months Before the Interview – Houston Medical Monitoring Project, 2009-2014

| Characteristics | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d |
|--|------------------|----------------------|----------------|---------------------|
| Any injection or non-injection drug use in past 12 months | | | | |
| No | 1,002 | 9,775 | 85.6 | 83.4-87.7 |
| Yes | 175 | 1,650 | 14.4 | 12.3-16.6 |
| Any stimulant use in past 12 months | | | | |
| No | 1,113 | 10,774 | 94.3 | 92.9-95.7 |
| Yes | 64 | 650 | 5.7 | 4.3-7.1 |
| Use of any non-injection drugs | | | | |
| No | 1,004 | 9,790 | 85.6 | 83.5-87.8 |
| Yes | 174 | 1,643 | 14.4 | 12.2-16.5 |
| Use of any non-injection drugs before or during sex | | | | |
| No | 638 | 6,265 | 91.2 | 89.0-93.5 |
| Yes | 64 | 601 | 8.8 | 6.5-11.0 |
| Poly non-injection drug use | | | | |
| No | 1,093 | 10,564 | 92.4 | 90.7-94.1 |
| Yes | 85 | 869 | 7.6 | 5.9-9.3 |
| Ever injected any drugs | | | | |
| No | 437 | 3,656 | 95.7 | 93.9-97.4 |
| Yes | 20 | 166 | 4.3 | 2.6 -6 .1 |
| Injected Drugs in the past 12 months | | | | |
| No | 1,170 | 11,369 | 99.5 | 99.1-99.9 |
| Yes | 7 | 56 | 0.5 | 0.1-0.9 |
| Use of any Injection drugs before or during sex | | | | |
| No | 698 | 6,829 | 99.5 | 98.9-100.0 |
| Yes | * | 36 | 0.5 | 0.0-1.1 |
| Poly Injection drug use | | | | |
| No | 1,174 | 11,403 | 99.8 | 99.6-100.0 |
| Yes | * | 22 | 0.2 | 0.-0.4 |

Abbreviation: CI, confidence interval; P12M, Past 12 months.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted

^c Percentages are weighted

^d Weighted Confident Intervals in percentages

Table 19: Gynecological Care and Reproductive Health among Women Living with HIV in Houston/Harris County, Texas — Houston Medical Monitoring Project, 2009-2014

| Characteristics | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d |
|--|------------------|----------------------|----------------|---------------------|
| Received HIV care at a gynecological clinic | | | | |
| <i>No</i> | 229 | 2,145 | 66.4 | 61.1-71.7 |
| <i>Yes</i> | 115 | 1,085 | 33.6 | 28.3-38.9 |
| Papanicolaou (Pap Smear) test | | | | |
| <i>No</i> | 72 | 726 | 26.7 | 20.6-32.8 |
| <i>Yes</i> | 201 | 1,995 | 73.3 | 67.2-79.4 |
| Received pelvic examination | | | | |
| <i>No</i> | 77 | 779 | 28.5 | 22.3-34.8 |
| <i>Yes</i> | 197 | 1,951 | 71.5 | 62.2-77.7 |
| Result of Pap Smear Test | | | | |
| <i>Normal</i> | 127 | 962 | 88.5 | 83.1-93.8 |
| <i>Abnormal</i> | 17 | 125 | 11.5 | 6.2-16.9 |
| Received follow-up exam or tests for abnormal result | | | | |
| <i>No</i> | * | 13 | 10.6 | 0.0-24.6 |
| <i>Yes</i> | 15 | 112 | 89.4 | 75.4-100.0 |
| Number of times pregnant after positive HIV diagnosis | | | | |
| <i>0</i> | 104 | 818 | 48.6 | 39.9-57.3 |
| <i>1</i> | 54 | 522 | 31.0 | 23.9-38.2 |
| <i>2</i> | 21 | 190 | 11.3 | 6.2-16.4 |
| <i>3+</i> | 17 | 153 | 9.1 | 4.9-13.3 |
| For your 1st pregnancy since testing positive for HIV, were you trying to get pregnant | | | | |
| <i>No</i> | 25 | 202 | 70.6 | 55.0-86.1 |
| <i>Yes</i> | 12 | 85 | 29.4 | 13.9-45.0 |
| 1st Pregnancy outcome after testing positive for HIV | | | | |
| <i>Currently pregnant</i> | * | 7 | 2.6 | 0.0-7.6 |
| <i>Live birth</i> | 29 | 229 | 79.8 | 65.3-94.3 |
| <i>Miscarriage</i> | 6 | 44 | 15.4 | 2.1-28.8 |
| <i>Abortion</i> | * | 6 | 2.2 | 0.0-6.5 |
| Child from 1st pregnancy diagnosed with HIV | | | | |
| <i>No</i> | 21 | 170 | 74.3 | 60.0-88.7 |
| <i>Yes</i> | 8 | 59 | 25.7 | 11.3-40.0 |
| For your 2nd pregnancy since testing positive for HIV, were you trying to get pregnant | | | | |
| <i>No</i> | 6 | 47 | 42.8 | 20.2-65.5 |
| <i>Yes</i> | 9 | 63 | 57.2 | 34.5-79.8 |
| 2nd Pregnancy outcome after testing positive for HIV | | | | |
| <i>Currently pregnant</i> | * | 7 | 6.7 | 0.0-19.6 |
| <i>Live birth</i> | 9 | 66 | 60.3 | 38.7-81.9 |
| <i>Stillbirth</i> | * | 8 | 7.4 | 0.0-18.7 |
| <i>Miscarriage</i> | * | 28 | 26.6 | 6.5-44.8 |
| Child from 2nd pregnancy diagnosed with HIV | | | | |
| <i>No</i> | 8 | 60 | 89.6 | 96.6-100.0 |
| <i>Yes</i> | * | 7 | 10.4 | 0.0-30.4 |

Abbreviations: CI, confidence interval.

Note. Patients could report receiving or needing more than one service. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted

^c Percentages are weighted

^d Weighted Confident Intervals in percentages

Table 20: Birth Control and Contraceptives Use Among Women Living with HIV in Houston/Harris County, Texas – Houston Medical Monitoring Project, 2009-2014

| Characteristics | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d |
|--|------------------|----------------------|----------------|---------------------|
| Male condom | | | | |
| No | 72 | 557 | 50.4 | 42.3-58.5 |
| Yes | 69 | 548 | 49.6 | 41.5-57.7 |
| Female condom | | | | |
| No | 131 | 1,023 | 92.5 | 87.9-97.1 |
| Yes | 10 | 83 | 7.5 | 2.9-12.1 |
| Diaphragm, cervical cap, or cervical sponge | | | | |
| No | 140 | 1,099 | 99.4 | 98.1-100.0 |
| Yes | * | 7 | 0.6 | 0.0-1.9 |
| Spermicidal foam or jelly | | | | |
| No | 136 | 1,065 | 96.3 | 93.1-99.5 |
| Yes | 5 | 40 | 3.7 | 0.5-6.9 |
| Depo-Provera[®], which is an injection^e | | | | |
| No | 137 | 1,072 | 97.0 | 94.0-100.0 |
| Yes | * | 33 | 3.0 | 0.0-6.0 |
| Hormonal implants such as Implanon[®] or Nexplanon[®]^f | | | | |
| No | 140 | 1,094 | 99.0 | 97.0-100.0 |
| Yes | * | 11 | 1.0 | 0.0-3.0 |
| Birth control pills | | | | |
| No | 134 | 1,047 | 94.7 | 90.5-98.9 |
| Yes | 7 | 59 | 5.3 | 1.1-9.5 |
| Contraceptive patch, for example, Ortho Evra[®] | | | | |
| No | 141 | 1,106 | 100.0 | 100.0-100.0 |
| Yes | --- | --- | --- | --- |
| Contraceptive ring, for example NuvaRing[®] | | | | |
| No | 139 | 1,086 | 98.3 | 95.8-100.0 |
| Yes | * | 19 | 1.7 | 0.0-4.2 |
| Intrauterine device or IUD, which comes as a coil or loop | | | | |
| No | 140 | 1,093 | 98.9 | 96.7-100.0 |
| Yes | * | 12 | 1.1 | 0.0-3.3 |
| Emergency contraception or morning after pill | | | | |
| No | 141 | 1,106 | 100.0 | 100.0-100.0 |
| Yes | --- | --- | --- | --- |
| Withdrawal, also called pulling out | | | | |
| No | 135 | 1,058 | 95.7 | 92.2-99.2 |
| Yes | 6 | 47 | 4.3 | 0.8-7.8 |

Table 20: Birth Control and Contraceptives Use Among Women Living with HIV in Houston/Harris County, Texas – Houston Medical Monitoring Project, 2009-2014 (Cont'd)

| Characteristics | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d |
|--|------------------|----------------------|----------------|---------------------|
| Abstinence, which is not having sex | | | | |
| <i>No</i> | 81 | 624 | 56.4 | 48.2-64.7 |
| <i>Yes</i> | 60 | 482 | 43.6 | 35.3-51.8 |
| At Post-Menopausal Stage | | | | |
| <i>No</i> | 116 | 911 | 82.4 | 76.1-88.8 |
| <i>Yes</i> | 25 | 194 | 17.6 | 11.2-23.9 |
| Tubal sterilization or hysterectomy | | | | |
| <i>No</i> | 99 | 788 | 71.2 | 63.6-78.9 |
| <i>Yes</i> | 42 | 318 | 28.8 | 21.2-36.4 |
| Partner's vasectomy | | | | |
| <i>No</i> | 139 | 1086 | 98.3 | 95.8-100.0 |
| <i>Yes</i> | * | 19 | 1.7 | 0.0-4.2 |

Abbreviations: CI, confidence interval.

Note. Patients could report receiving or needing more than one service. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted

^c Percentages are weighted

^d Weighted Confident Intervals in percentages

^e Depo-Provera is a well-known brand name for medroxyprogesterone acetate, a contraceptive injection for women that contains the hormone progestin. Depo-Provera is given as an injection every three months.

^f Birth control implants that releases hormones progestin into your body that prevent you from getting pregnant.

Table 21: Impairments, Activity Limitations and Participation Restrictions among Persons Living with HIV in Houston/Harris County, Texas – Houston Medical Monitoring Project, 2009-2014

| Activity Limitation | No.^a | Wt. No.^b | %^c | 95% CI^d |
|---|------------------------|----------------------------|----------------------|---------------------------|
| Are you deaf or do you have serious difficulty hearing? | | | | |
| <i>No</i> | 404 | 3,393 | 89.0 | 86.1-91.8 |
| <i>Yes</i> | 52 | 421 | 11.0 | 8.2-13.9 |
| Are you blind or do you have serious difficulty seeing, even when wearing glasses? | | | | |
| <i>No</i> | 381 | 3,217 | 84.2 | 80.8-87.6 |
| <i>Yes</i> | 76 | 604 | 15.8 | 12.4-19.2 |
| Have serious difficulty concentrating, remembering, or making decisions | | | | |
| <i>No</i> | 345 | 2,888 | 76.0 | 72.0-80.0 |
| <i>Yes</i> | 110 | 913 | 24.0 | 20.0-28.0 |
| Have serious difficulty walking or climbing stairs | | | | |
| <i>No</i> | 365 | 3,057 | 80.0 | 76.3-83.7 |
| <i>Yes</i> | 92 | 764 | 20.0 | 16.3-23.7 |
| Have difficulty dressing or bathing | | | | |
| <i>No</i> | 437 | 3,647 | 95.4 | 93.4-97.5 |
| <i>Yes</i> | 20 | 174 | 4.6 | 2.5-6.6 |
| Have difficulty doing errands alone such as visiting a doctor's office or shopping | | | | |
| <i>No</i> | 412 | 3432 | 90.0 | 87.1-92.9 |
| <i>Yes</i> | 44 | 381 | 10.0 | 7.1-12.9 |

Abbreviation: CI, confidence interval.

Note. Information on laboratory testing for sexually transmitted diseases was based on documentation in medical records. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted

^c Percentages are weighted

^d Weighted Confident Intervals in percentages

Table 22: HIV Risk Behaviors Associated with PLWH Prior to First Positive Test for HIV – Houston Medical Monitoring Project, 2009-2014

| Risk Behavior | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d |
|---|------------------|----------------------|----------------|---------------------|
| Born with HIV | | | | |
| <i>No</i> | 454 | 3797 | 99.6 | 99.0-100 |
| <i>Yes</i> | 2 | 16 | 0.4 | 0.0-1.0 |
| Have sex with a male^e | | | | |
| <i>No</i> | 110 | 926 | 24.4 | 20.5-28.2 |
| <i>Yes</i> | 344 | 2872 | 75.6 | 71.8-79.5 |
| Have sex with a female^e | | | | |
| <i>No</i> | 241 | 1997 | 52.6 | 47.7-57.5 |
| <i>Yes</i> | 213 | 1801 | 47.4 | 42.5-52.3 |
| Male partners use needles to inject heroin, cocaine, steroids, or any other drug that was not prescribed by a doctor | | | | |
| <i>No</i> | 79 | 635 | 83.2 | 75.7-90.7 |
| <i>Yes</i> | 17 | 128 | 16.8 | 9.3-24.3 |
| Male sex partners have sex with other men | | | | |
| <i>No</i> | 65 | 519 | 87.7 | 80.4-95.0 |
| <i>Yes</i> | 10 | 73 | 12.3 | 5.0-19.6 |
| Male sex partners have HIV or AIDS | | | | |
| <i>No</i> | 46 | 362 | 54.6 | 43.9-65.3 |
| <i>Yes</i> | 39 | 301 | 45.4 | 34.7-56.1 |
| Male sex partners who had HIV or AIDS have hemophilia or any other bleeding disorder before they found out they had HIV or AIDS? | | | | |
| <i>No</i> | --- | --- | --- | --- |
| <i>Yes</i> | --- | --- | --- | --- |
| Male sex partners who had HIV or AIDS receive a transfusion of blood products before they were diagnosed with HIV or AIDS | | | | |
| <i>No</i> | --- | --- | --- | --- |
| <i>Yes</i> | --- | --- | --- | --- |
| Opposite sex partners who had HIV or AIDS receive an organ or tissue transplant before they were diagnosed with HIV or AIDS | | | | |
| <i>No</i> | --- | --- | --- | --- |
| <i>Yes</i> | --- | --- | --- | --- |
| Female sex partners use needles to inject heroin, cocaine, steroids, or any other drug that was not prescribed by a doctor | | | | |
| <i>No</i> | 141 | 1182 | 88.4 | 83.4-93.3 |
| <i>Yes</i> | 18 | 155 | 11.6 | 6.7-16.6 |

Table 22: HIV Risk Behaviors Associated with PLWH Prior to First Positive Test for HIV – Houston Medical Monitoring Project, 2009-2014 (Cont'd)

| | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d |
|---|------------------|----------------------|----------------|---------------------|
| Female sex partners who had HIV or AIDS have hemophilia or any other bleeding disorder before they found out they had HIV or AIDS? | | | | |
| <i>No</i> | --- | --- | --- | --- |
| <i>Yes</i> | --- | --- | --- | --- |
| Female sex partners who had HIV or AIDS receive a transfusion of blood products before they were diagnosed with HIV or AIDS | | | | |
| <i>No</i> | --- | --- | --- | --- |
| <i>Yes</i> | --- | --- | --- | --- |
| Female sex partners who had HIV or AIDS receive an organ or tissue transplant before they were diagnosed with HIV or AIDS | | | | |
| <i>No</i> | --- | --- | --- | --- |
| <i>Yes</i> | --- | --- | --- | --- |
| Used needles to inject heroin, cocaine, steroids, or any other drug that was not prescribed by a doctor | | | | |
| <i>No</i> | 418 | 3500 | 92.2 | 89.8-94.6 |
| <i>Yes</i> | 36 | 296 | 7.8 | 5.4-10.2 |
| Ever received clotting factor | | | | |
| <i>No</i> | 450 | 3762 | 99.6 | 99.0-100 |
| <i>Yes</i> | * | 17 | 0.4 | 0.0-1.0 |
| Ever received clotting factor before March, 1985 | | | | |
| <i>No</i> | 25 | 217 | 57.4 | 43.0-71.8 |
| <i>Yes</i> | 21 | 161 | 42.6 | 28.2-57.0 |
| Receive an organ or tissue transplant or artificial insemination | | | | |
| <i>No</i> | --- | --- | --- | --- |
| <i>Yes</i> | --- | --- | --- | --- |
| Worked in a health care or laboratory setting where you might have been exposed to human blood or other body fluids | | | | |
| <i>No</i> | 417 | 3504 | 92.1 | 89.6-94.6 |
| <i>Yes</i> | 38 | 302 | 7.9 | 5.4-10.4 |

Abbreviation: CI, confidence interval; PLWH, People living with HIV.

Note. Information on laboratory testing for sexually transmitted diseases was based on documentation in medical records.

Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses.

*Number suppressed because it is below threshold

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

^e Have sex with male or female prior to first testing positive for HIV.

Table 23: Prevention services received during the 12 months before the interview—Houston Medical Monitoring Project, 2009-2014

| Characteristics | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d |
|--|------------------|----------------------|----------------|---------------------|
| One-on-one conversation with physician, nurse, or other health care worker | | | | |
| No | 418 | 3,253 | 60.7 | 57.0-64.5 |
| Yes | 259 | 2,102 | 39.3 | 35.5-43.0 |
| One-on-one conversation with outreach worker, counselor, or prevention program worker | | | | |
| No | 874 | 8,578 | 75.3 | 72.4-78.2 |
| Yes | 300 | 2,814 | 24.7 | 21.8-27.6 |
| Organized session involving a small group of people | | | | |
| No | 584 | 4,630 | 86.2 | 83.6-88.9 |
| Yes | 94 | 740 | 13.8 | 11.1-16.4 |
| Received any informational/educational materials^e | | | | |
| No | 210 | 1,751 | 46.2 | 41.6-50.8 |
| Yes | 244 | 2,038 | 53.8 | 49.2-58.4 |
| Received Free Condoms^f | | | | |
| No | 629 | 6,119 | 53.6 | 50.6-56.6 |
| Yes | 548 | 5,298 | 46.4 | 43.4-49.4 |
| Source of free condoms: Doctor's office/General Health Clinic | | | | |
| No | 130 | 1,065 | 38.2 | 32.9-43.4 |
| Yes | 214 | 1,725 | 61.8 | 56.6-67.1 |
| Source of free condoms: Community-based organization | | | | |
| No | 256 | 2,058 | 73.8 | 69.0-78.5 |
| Yes | 88 | 732 | 26.2 | 21.5-31.0 |
| Source of free condoms: Social venue | | | | |
| No | 307 | 2,497 | 89.5 | 86.3-92.7 |
| Yes | 37 | 294 | 10.5 | 7.3-13.7 |
| Source of free condoms: Sexually transmitted disease clinic | | | | |
| No | 334 | 2,711 | 97.2 | 95.7-98.9 |
| Yes | 10 | 79 | 2.8 | 1.1-4.6 |
| Source of free condoms: Special event | | | | |
| No | 334 | 2,713 | 97.2 | 95.4-99.1 |
| Yes | 10 | 77 | 2.8 | 0.9-4.6 |
| Source of free condoms: Family Planning Clinic | | | | |
| No | 343 | 2,782 | 99.7 | 99.1-100 |
| Yes | * | 8 | 0.3 | 0.0-0.9 |
| Source of free condoms: Other source | | | | |
| No | 334 | 2,714 | 98.0 | 96.5-99.5 |
| Yes | 7 | 56 | 2.0 | 0.5-3.5 |
| Received free new sterile needles | | | | |
| No | 8 | 68 | 100.0 | 100.0-100.0 |
| Yes | --- | --- | --- | --- |
| Received any free kits for rinsing needles or preparing drugs | | | | |
| No | 6 | 56 | 81.9 | 57.8-100.0 |
| Yes | * | 12 | 18.1 | 0.0-42.2 |

Abbreviation: CI, confidence interval. *Note.* Patients could report receiving more than one prevention service.

Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted

^c Percentages are weighted

^d Weighted Confidence Intervals in percentages

^e Refers to persons who have seen or received any informational/educational materials such as posters, leaflets, pamphlets, or videos that tell them how to protect themselves or their partners from HIV or other STDs

^f Among persons who received free condoms.

Table 24: Classification of Sexual Behavior, Sexual Orientation and Gender among PLWH – Houston Medical Monitoring Project, 2009-2014

| Classification of sexual behavior and sexual orientation | No.^a | Wt. No.^b | %^c | 95% CI^d |
|---|------------------------|----------------------------|----------------------|---------------------------|
| (1) Any MSM (MSM only + MSMW) | 389 | 3,974 | 42.0 | 37.1-46.9 |
| (2) MSW only | 263 | 2,594 | 27.4 | 23.9-30.9 |
| (3) Any WSM (WSM only + WSMW) | 262 | 2,594 | 27.4 | 23.5-31.3 |
| (4) WSW only | * | 42 | 0.4 | 0.0-0.9 |
| (5) Transgender | 16 | 194 | 2.1 | 1.1-3.0 |
| (6) Other/unclassified | 7 | 68 | 0.7 | 0.1-1.3 |

Abbreviation: CI, confidence interval; PLWH, People living with HIV; Any MSM (MSM only, and men who have sex with men and women); MSW only, Men who have sex with women only; Any WSM, any women who have sex with men (women who have sex with men only, and women who have sex with men and women); WSW only, Women who have sex with women only

Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

Table 25: Anxiety and Depressive symptoms among PLWH – Houston Medical Monitoring Project, 2009-2014

| Statement | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d |
|---|------------------|----------------------|----------------|---------------------|
| Little interest or pleasure in doing things | | | | |
| <i>Not at all</i> | 681 | 6,640 | 58.2 | 55.2-61.2 |
| <i>Several Days</i> | 281 | 2,677 | 23.5 | 21.1-25.9 |
| <i>More than half the days</i> | 113 | 1,080 | 9.5 | 7.7-11.2 |
| <i>Nearly every day</i> | 100 | 1,007 | 8.8 | 7.1-10.6 |
| Feeling down, depressed, or hopeless | | | | |
| <i>Not at all</i> | 698 | 6,774 | 59.2 | 56.3-62.2 |
| <i>Several Days</i> | 314 | 3,032 | 26.5 | 23.9-29.2 |
| <i>More than half the days</i> | 94 | 910 | 8.0 | 6.3-9.6 |
| <i>Nearly every day</i> | 72 | 717 | 6.3 | 4.8-7.8 |
| Trouble falling or staying asleep, or sleeping too much | | | | |
| <i>Not at all</i> | 607 | 5,839 | 51.1 | 48.0-54.2 |
| <i>Several Days</i> | 300 | 2,976 | 26.0 | 23.5-28.6 |
| <i>More than half the days</i> | 133 | 1,266 | 11.1 | 9.3-12.9 |
| <i>Nearly every day</i> | 137 | 1,345 | 11.8 | 9.8-13.8 |
| Feeling tired or having little energy | | | | |
| <i>Not at all</i> | 532 | 5,214 | 45.6 | 42.5-48.7 |
| <i>Several Days</i> | 369 | 3,562 | 31.2 | 28.4-33.9 |
| <i>More than half the days</i> | 163 | 1,529 | 13.4 | 11.3-15.4 |
| <i>Nearly every day</i> | 114 | 1,128 | 9.9 | 8.2-11.6 |
| Poor appetite or overeating | | | | |
| <i>Not at all</i> | 742 | 7,297 | 63.9 | 61.0-66.7 |
| <i>Several Days</i> | 245 | 2,300 | 20.1 | 17.4-22.9 |
| <i>More than half the days</i> | 98 | 908 | 7.9 | 6.4-9.5 |
| <i>Nearly every day</i> | 92 | 920 | 8.0 | 6.3-9.8 |
| Feeling bad about yourself, that you are a failure, or have let yourself or your family down | | | | |
| <i>Not at all</i> | 834 | 8,078 | 70.8 | 68.1-73.6 |
| <i>Several Days</i> | 205 | 1,977 | 17.3 | 15.1-19.6 |
| <i>More than half the days</i> | 72 | 732 | 6.4 | 4.8-8.0 |
| <i>Nearly every day</i> | 64 | 616 | 5.4 | 4.0-6.8 |
| Trouble concentrating on things, such as reading the newspaper or watching television | | | | |
| <i>Not at all</i> | 864 | 8,334 | 72.9 | 70.0-75.8 |
| <i>Several Days</i> | 189 | 1,956 | 17.1 | 14.6-19.6 |
| <i>More than half the days</i> | 73 | 660 | 5.8 | 4.4-7.1 |
| <i>Nearly every day</i> | 52 | 484 | 4.2 | 3.1-5.4 |
| Moving/speaking so slowly other people could notice/being so fidgety or restless moving around a lot more than usual | | | | |
| <i>Not at all</i> | 950 | 9,237 | 81.0 | 78.5-83.5 |
| <i>Several Days</i> | 142 | 1,390 | 12.2 | 10.1-14.3 |
| <i>More than half the days</i> | 40 | 390 | 3.4 | 2.3-4.6 |
| <i>Nearly every day</i> | 43 | 391 | 3.4 | 2.4-4.5 |

Abbreviation: CI, confidence interval; PLWH, People living with HIV.

Note. Information on laboratory testing for sexually transmitted diseases was based on documentation in medical records. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses.

*Number suppressed because it is below threshold

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confidence Intervals in percentages.

Table 26: Depression and Mental Health Status of PLWH in Houston/Harris County, Texas - Houston Medical Monitoring Project, 2009-2014

| Depressive/mental health condition | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d |
|---|------------------|----------------------|----------------|---------------------|
| Any Depression^e | | | | |
| <i>No depression</i> | 934 | 9,053 | 79.7 | 77.2-82.2 |
| <i>Major depression or other depression</i> | 236 | 2,302 | 20.3 | 17.8-22.8 |
| Depression based on DSM-IV criteria^e | | | | |
| <i>No depression</i> | 934 | 9,053 | 79.7 | 77.2-82.2 |
| <i>Other depression</i> | 152 | 1,525 | 13.4 | 11.3-15.6 |
| <i>Major depression</i> | 84 | 778 | 6.8 | 5.4-8.3 |
| General Anxiety Disorder^f | | | | |
| <i>No</i> | 658 | 7,042 | 92.2 | 90.2-94.2 |
| <i>Yes</i> | 65 | 598 | 7.8 | 5.8-9.8 |
| Bipolar Disorder^f | | | | |
| <i>No</i> | 680 | 7,254 | 95.0 | 93.4-96.5 |
| <i>Yes</i> | 43 | 385 | 5.0 | 3.5-6.6 |
| Psychosis^f | | | | |
| <i>No</i> | 703 | 7,430 | 97.3 | 96.0-98.5 |
| <i>Yes</i> | 20 | 209 | 2.7 | 1.5-4.0 |
| Depression^f | | | | |
| <i>No</i> | 500 | 5,402 | 71.0 | 67.7-74.4 |
| <i>Yes</i> | 220 | 2,203 | 29.0 | 25.6-32.3 |
| Diagnosis of anxiety, bipolar disorder, psychosis, or depression^f | | | | |
| <i>No</i> | 471 | 5,137 | 67.2 | 63.7-70.8 |
| <i>Yes</i> | 252 | 2,503 | 32.8 | 29.2-36.3 |

Abbreviation: CI, confidence interval.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

^e Responses to the 8 items on the Patient Health Questionnaire (PHQ-8) were used to define “major depression” and “other depression,” according to criteria from the Diagnostic and Statistical Manual of Mental Disorders, 4th ed. (DSM-IV-TR). “Major depression” was defined as having at least 5 symptoms of depression; “other depression” was defined as having 2–4 symptoms of depression.

^f Mental health condition/diagnosis is based on documented evidence from medical chart.

Table 27: Adherence to antiretroviral therapy (ART) instruction, medication dose and schedule during preceding 72 hours - Houston Medical Monitoring Project, 2009-2014

| Characteristic | No.^a | Wt. No.^b | Percentage^c | 95% CI^d |
|--|------------------------|----------------------------|-------------------------------|---------------------------|
| Adherence to instruction | | | | |
| <i>Person is 100% adherent</i> | 621 | 5,899 | 73.3 | 69.9-76.6 |
| <i>Person is <u>not</u> 100% adherent</i> | 221 | 2,151 | 26.7 | 23.4-30.1 |
| Adherence to Schedule | | | | |
| <i>Person is 100% adherent</i> | 763 | 7,297 | 71.2 | 68.3-74.1 |
| <i>Person is <u>not</u> 100% adherent</i> | 307 | 2,952 | 28.8 | 25.9-31.7 |
| Adherence to medication dose | | | | |
| <i>Person is 100% adherent</i> | 900 | 8,630 | 85.0 | 82.7-87.3 |
| <i>Person is <u>not</u> 100% adherent</i> | 160 | 1,523 | 15.0 | 12.7-17.3 |
| Adherence to instruction, schedule & dose | | | | |
| <i>Person is 100% adherent</i> | 498 | 4,753 | 54.4 | 50.8-58.0 |
| <i>Person is <u>not</u> 100% adherent</i> | 416 | 3,990 | 45.6 | 42.0-49.2 |

Abbreviation: CI, confidence interval.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

Table 28: Clinical Services During the 12 months Before the Interview—Houston Medical Monitoring Project, 2009-2014

| | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d |
|---|------------------|----------------------|----------------|---------------------|
| Received influenza vaccination | | | | |
| <i>Yes</i> | 788 | 7,050 | 75.0 | 72.1-78.0 |
| <i>No</i> | 247 | 2,344 | 25.0 | 22.0-27.9 |
| Participated in HIV clinical trial | | | | |
| <i>Yes</i> | 40 | 402 | 3.5 | 2.3-4.7 |
| <i>No</i> | 1,137 | 11,023 | 96.5 | 95.3-97.7 |
| Travel time to primary HIV care (estimated in minutes) | | | | |
| <i>Mean</i> | 34.9 | | | |
| <i>Median</i> | 27.9 | | | |
| <i>Range</i> | 2 - 240 | | | |

Abbreviation: CI, confidence interval.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Numbers are weighted.

^c Percentages are weighted.

^d Weighted Confident Intervals in percentages.

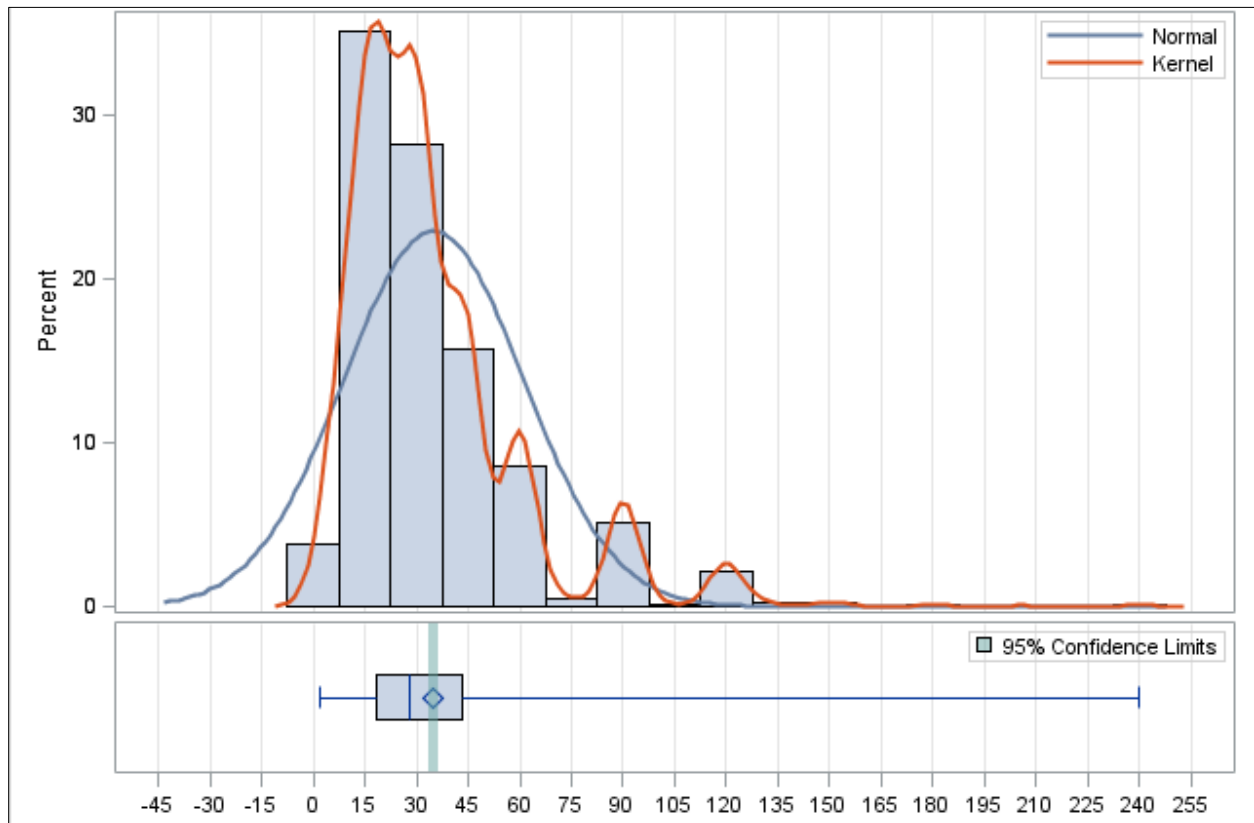


Figure 3: Distribution of Number of Minutes Travel by PLWHA to their Usual Primary HIV Care Facility

Table 29: CD4 and Viral Load Monitoring and Prescription of Antiretroviral Therapy, Pneumocystis Pneumonia Prophylaxis (PCP), and Mycobacterium Avium complex (MAC) Prophylaxis during the 12 Months Before the Interview—Houston Medical Monitoring Project, 2009-2014

| Characteristic | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d |
|--|------------------|----------------------|----------------|---------------------|
| Number of outpatient laboratory tests^e | | | | |
| CD4 or HIV viral load | | | | |
| No test documented | 96 | 1,009 | 8.9 | 7.0-10.7 |
| 1 test documented | 210 | 2,010 | 17.7 | 15.1-20.2 |
| 2 tests documented | 344 | 3,310 | 29.1 | 26.4-31.8 |
| 3+ tests documented | 520 | 5,042 | 44.3 | 41.4-47.3 |
| CD4 | | | | |
| No test documented | 102 | 1,085 | 9.5 | 7.5-11.5 |
| 1 test documented | 216 | 2,064 | 18.2 | 15.6-20.7 |
| 2 tests documented | 350 | 3,368 | 29.6 | 26.9-32.4 |
| 3+ tests documented | 502 | 4,853 | 42.7 | 39.8-45.6 |
| HIV viral load | | | | |
| No test documented | 127 | 1,440 | 12.7 | 10.5-14.8 |
| 1 test documented | 229 | 2,170 | 19.1 | 16.4-21.7 |
| 2 tests documented | 347 | 3,291 | 28.9 | 26.1-31.8 |
| 3+ tests documented | 467 | 4,469 | 39.3 | 36.4-42.2 |
| HIV viral load measurement at least once every 6 months | | | | |
| Yes | 673 | 6,424 | 56.5 | 53.0-60.0 |
| No | 497 | 4,946 | 43.5 | 40.0-47.0 |
| CD4 measured at least one or more annually | | | | |
| Yes | 1,068 | 10,286 | 90.5 | 88.5-92.5 |
| No | 102 | 1,085 | 9.5 | 7.6-11.5 |
| Prescribed ART | | | | |
| Yes | 1010 | 9,814 | 86.5 | 84.5-88.5 |
| No | 156 | 1,527 | 13.5 | 11.5-15.5 |
| Prescribed PCP prophylaxis^f | | | | |
| Yes | 185 | 1,982 | 19.6 | 16.9-22.4 |
| No | 839 | 8,127 | 80.4 | 77.6-83.1 |
| Prescribed MAC prophylaxis^g | | | | |
| Yes | 87 | 894 | 8.8 | 7.0-10.7 |
| No | 937 | 9,214 | 91.2 | 89.3-93.0 |

Abbreviations: CI, confidence interval; CD4, CD4 T-lymphocyte count (cells/ μ L) or percentage; ART, antiretroviral therapy; PCP, Pneumocystis pneumonia; MAC, Mycobacterium avium complex.

Note. CD4 counts and viral load measurements are from medical record abstraction.

Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

*Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted

^c Percentages are weighted

^d Weighted Confident Intervals in percentages

^e Only includes those tests with a documented result.

^f Among patients with CD4 cell count <200 cells/ μ L.

^g Among patients with CD4 cell count <50 cells/ μ L.

Table 30: Met and Unmet Needs for Ancillary Services During the 12 Months before the Interview—Houston Medical Monitoring Project, 2009-2014

| Service | Persons who received services | | | | Persons who needed but did not receive services by time of interview | | | | Persons who did not need or receive services | | | |
|--|-------------------------------|----------------------|----------------|---------------------|--|----------------------|----------------|---------------------|--|----------------------|----------------|---------------------|
| | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d |
| HIV case management services | | | | | | | | | | | | |
| Yes | 442 | 4,169 | 36.5 | 33.3-39.7 | 93 | 893 | 7.8 | 6.2-9.5 | 660 | 6,344 | 55.6 | 52.1-59.1 |
| No | 754 | 7,251 | 63.5 | 60.3-66.8 | 1084 | 10,529 | 92.2 | 90.5-93.8 | 515 | 5,061 | 44.4 | 40.9-47.9 |
| HIV prevention education services^e | | | | | | | | | | | | |
| Yes | 369 | 3,514 | 30.7 | 27.9-33.6 | 14 | 123 | 1.1 | 0.5-1.7 | 796 | 7,804 | 68.2 | 65.3-71.1 |
| No | 810 | 7,927 | 69.3 | 66.4-72.1 | 1,165 | 11,318 | 98.9 | 98.3-99.5 | 383 | 3,638 | 31.8 | 28.9-34.7 |
| Public benefits (e.g., SSI or SSDI) | | | | | | | | | | | | |
| Yes | 447 | 4,215 | 36.8 | 34.1-39.6 | 110 | 1,034 | 9.1 | 7.3-10.8 | 620 | 6,175 | 54.1 | 51.2-56.9 |
| No | 732 | 7,227 | 63.2 | 60.4-65.9 | 1,067 | 10,389 | 90.9 | 89.2-92.7 | 557 | 5,249 | 45.9 | 43.1-48.8 |
| Eye or vision service | | | | | | | | | | | | |
| Yes | 220 | 1,819 | 47.5 | 43.1-51.9 | 110 | 919 | 24.0 | 20.1-27.8 | 128 | 1,092 | 28.5 | 24.4-32.6 |
| No | 238 | 2,011 | 52.5 | 48.1-56.9 | 348 | 2,911 | 76.0 | 72.2-79.9 | 330 | 2,738 | 71.5 | 67.4-75.6 |
| Medicine through ADAP | | | | | | | | | | | | |
| Yes | 514 | 4,836 | 42.7 | 39.5-45.9 | 38 | 386 | 3.4 | 2.4-4.4 | 611 | 6,085 | 53.8 | 50.7-56.9 |
| No | 651 | 6,492 | 57.3 | 54.1-60.5 | 1133 | 10,985 | 96.6 | 95.6-97.6 | 552 | 5,222 | 46.2 | 43.1-49.3 |
| Mental health services | | | | | | | | | | | | |
| Yes | 221 | 2,219 | 19.4 | 16.8-22.0 | 32 | 322 | 2.8 | 1.8-3.8 | 924 | 8,885 | 77.8 | 75.0-80.6 |
| No | 958 | 9,222 | 80.6 | 78.0-83.2 | 1,145 | 11,104 | 97.2 | 96.2-98.2 | 253 | 2,541 | 22.2 | 19.4-25.0 |
| Meal or food services | | | | | | | | | | | | |
| Yes | 248 | 2,283 | 20.0 | 17.6-22.3 | 117 | 1,087 | 9.5 | 7.8-11.2 | 814 | 8,072 | 70.6 | 67.8-73.3 |
| No | 931 | 9,159 | 80.0 | 77.7-82.4 | 1,062 | 10,355 | 90.5 | 88.8-92.2 | 365 | 3,369 | 29.4 | 26.7-32.2 |
| Transportation assistance service | | | | | | | | | | | | |
| Yes | 309 | 2,853 | 24.9 | 22.3-27.6 | 104 | 1,014 | 8.9 | 7.1-10.6 | 765 | 7,575 | 66.2 | 63.2-69.2 |
| No | 870 | 8,588 | 75.1 | 72.4-77.7 | 1,075 | 10,428 | 91.1 | 89.4-92.9 | 413 | 3,867 | 33.8 | 30.8-36.8 |
| Adherence support services^f | | | | | | | | | | | | |
| Yes | 210 | 1,980 | 17.3 | 1.50-19.6 | 22 | 198 | 1.7 | 0.9-2.5 | 946 | 9,257 | 80.9 | 78.6-83.3 |
| No | 968 | 9,455 | 82.7 | 80.4-85.0 | 1,157 | 11,243 | 98.3 | 97.5-99.1 | 232 | 2,179 | 19.1 | 16.7-21.4 |
| HIV peer group support | | | | | | | | | | | | |
| Yes | 139 | 1,310 | 11.4 | 9.6-13.2 | 52 | 478 | 4.2 | 3.0-5.3 | 988 | 9,654 | 84.4 | 82.3-86.5 |
| No | 1040 | 10,132 | 88.6 | 86.8-90.4 | 1,127 | 10,964 | 95.8 | 94.7-97.0 | 191 | 1,787 | 15.6 | 13.5-17.7 |
| Shelter or housing services | | | | | | | | | | | | |
| Yes | 133 | 1,217 | 10.6 | 8.8-12.5 | 100 | 984 | 8.6 | 6.9-10.3 | 946 | 9,241 | 80.8 | 78.3-83.2 |
| No | 1046 | 10,225 | 89.4 | 87.5-91.2 | 1,079 | 10,458 | 91.4 | 89.7-93.1 | 233 | 2,201 | 19.2 | 16.8-21.7 |

Table 30: Met and Unmet Needs for Ancillary Services During the 12 Months Before the Interview—Houston Medical Monitoring Project, 2009-2014 (Cont'd)

| Service | Persons who received services | | | | Persons who needed but did not receive services by time of interview | | | | Persons who did not need or receive services | | | |
|--|-------------------------------|----------------------|----------------|---------------------|--|----------------------|----------------|---------------------|--|----------------------|----------------|---------------------|
| | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d |
| Nutritional services | | | | | | | | | | | | |
| Yes | 127 | 1,007 | 18.7 | 15.7-21.7 | 62 | 495 | 9.2 | 7.0-11.4 | 490 | 3,877 | 72.1 | 68.6-75.5 |
| No | 553 | 4,381 | 81.3 | 78.3-84.3 | 617 | 4,884 | 90.8 | 88.6-93.0 | 189 | 1,503 | 27.9 | 24.5-31.4 |
| Dental Services | | | | | | | | | | | | |
| Yes | 610 | 5,942 | 51.9 | 48.7-55.1 | 330 | 3,042 | 26.6 | 24.0-29.2 | 238 | 2,448 | 21.4 | 18.8-24.0 |
| No | 569 | 5,499 | 48.1 | 44.9-51.3 | 848 | 8,391 | 73.4 | 70.8-76.0 | 940 | 8,984 | 78.6 | 76.0-81.2 |
| Lawyer or legal services | | | | | | | | | | | | |
| Yes | 63 | 539 | 14.1 | 10.8-17.4 | 29 | 240 | 6.3 | 4.0-8.5 | 365 | 3,043 | 79.6 | 75.8-83.5 |
| No | 395 | 3,291 | 85.9 | 82.6-89.2 | 428 | 3,581 | 93.7 | 91.5-96.0 | 92 | 779 | 20.4 | 16.5-24.2 |
| Drug or alcohol counseling or treatment | | | | | | | | | | | | |
| Yes | 54 | 532 | 4.7 | 3.3-6.0 | 13 | 117 | 1.0 | 0.5-1.6 | 1,111 | 10,783 | 94.3 | 92.8-95.8 |
| No | 1,125 | 10,909 | 95.3 | 94.0-96.7 | 1,165 | 11,315 | 99.0 | 98.4-99.5 | 67 | 650 | 5.7 | 4.2-7.2 |
| Home health services | | | | | | | | | | | | |
| Yes | 61 | 595 | 5.2 | 3.9-6.5 | 24 | 214 | 1.9 | 1.1-2.6 | 1,094 | 10,633 | 92.9 | 91.4-94.4 |
| No | 1,118 | 10,847 | 94.8 | 93.5-96.1 | 1,155 | 11,227 | 98.1 | 97.4-98.9 | 85 | 809 | 7.1 | 5.6-8.6 |
| Interpreter services | | | | | | | | | | | | |
| Yes | 57 | 482 | 4.2 | 3.1-5.3 | 5 | 43 | 0.4 | 0.0-0.7 | 1,117 | 10,917 | 95.4 | 94.2-96.6 |
| No | 1,122 | 10,960 | 95.8 | 94.7-96.9 | 1,174 | 11,399 | 99.6 | 99.3-100.0 | 62 | 524 | 4.6 | 3.4-5.8 |
| Domestic violence services | | | | | | | | | | | | |
| Yes | 23 | 215 | 1.9 | 1.1-2.7 | 9 | 78 | 0.7 | 0.2-1.1 | 1,147 | 11,442 | 97.4 | 96.5-98.4 |
| No | 1,156 | 11,227 | 98.1 | 97.3-98.9 | 1,170 | 11,364 | 99.3 | 98.9-99.8 | 32 | 293 | 2.6 | 1.6-3.5 |
| Childcare services | | | | | | | | | | | | |
| Yes | 16 | 154 | 1.4 | 0.6-2.1 | 21 | 209 | 1.8 | 0.9-2.8 | 1142 | 11,078 | 96.8 | 95.6-98.0 |
| No | 1,163 | 11,287 | 98.7 | 97.9-99.4 | 1,158 | 11,232 | 98.2 | 97.2-99.1 | 37 | 364 | 3.2 | 2.0-4.4 |
| Have at least one service | | | | | | | | | | | | |
| Yes | 1,100 | 10,636 | 93.0 | 91.3-94.8 | 611 | 5,696 | 49.9 | 47.1-52.7 | 1,179 | 11,442 | 100.0 | 100.0 |
| No | 78 | 796 | 7.0 | 5.2-8.7 | 520 | 5,229 | 45.8 | 42.8-48.9 | ---- | ---- | ---- | ---- |
| Don't need any services | ---- | ---- | ---- | ---- | 45 | 489 | 4.3 | 2.9-5.7 | ---- | ---- | ---- | ---- |

Abbreviations: CI, confidence interval; SSI, Supplemental Security Income; SSDI, Social Security Disability Insurance; ADAP, AIDS Drug Assistance Program.

Note. Patients could report receiving or needing more than one service. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Numbers are unweighted.

^b Numbers are weighted

^c Percentages are weighted

^d Weighted Confident Intervals in percentages

^e Counseling about how to prevent spread of HIV and provision of educational materials

^f Professional help remembering to take HIV medicines on time or correctly.

Table 31: Sexually transmitted disease testing during the 12 months before the interview by sexual activity—Houston Medical Monitoring Project, 2009-2014

| STD | Total Population | | | | Sexually active persons only ^a | | | |
|---|------------------|----------------------|----------------|---------------------|---|----------------------|----------------|---------------------|
| | No. ^b | Wt. No. ^c | % ^d | 95% CI ^e | No. ^b | Wt. No. ^c | % ^d | 95% CI ^e |
| Gonorrhea ^f | | | | | | | | |
| Yes, received test | 277 | 2,348 | 20.9 | 18.4-23.3 | 169 | 1,446 | 21.5 | 18.2-24.9 |
| No test documented | 881 | 8,910 | 79.1 | 76.7-81.6 | 515 | 5,265 | 79.5 | 75.1-81.8 |
| Chlamydia ^g | | | | | | | | |
| Yes, received test | 287 | 2,460 | 21.9 | 19.3-24.4 | 179 | 1,559 | 23.2 | 19.7-26.8 |
| No test documented | 871 | 8,798 | 78.1 | 75.6-80.7 | 505 | 5,151 | 76.8 | 73.2-80.3 |
| Syphilis ^h | | | | | | | | |
| Yes, received test | 688 | 6,354 | 56.4 | 52.8-60.0 | 426 | 3,999 | 59.6 | 55.4-63.8 |
| No test documented | 470 | 4,903 | 43.6 | 40.0-47.2 | 258 | 2,712 | 40.4 | 36.2-44.6 |
| Gonorrhea and chlamydia | | | | | | | | |
| Yes, received the two tests | 273 | 2,316 | 20.6 | 18.2-23.0 | 167 | 1,431 | 21.3 | 18.0-24.8 |
| The two tests not documented | 885 | 8,942 | 79.4 | 77.0-81.8 | 517 | 5,280 | 78.7 | 75.3-82.0 |
| Gonorrhea, chlamydia, and syphilis | | | | | | | | |
| Yes, received all three tests | 225 | 1,883 | 16.7 | 14.7-18.7 | 143 | 1,198 | 17.8 | 15.1-20.6 |
| All three tests not documented | 933 | 9,375 | 83.3 | 81.3-85.3 | 541 | 5,513 | 82.2 | 79.4-84.9 |

Abbreviation: CI, confidence interval; STD, Sexually transmitted disease

Note. Information on laboratory testing for sexually transmitted diseases was based on documentation in medical records. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

^a Sexual activity was reported in the interview component of the Medical Monitoring Project and was defined as oral sex or anal or vaginal intercourse.

^b Numbers are unweighted.

^c Numbers are weighted

^d Percentages are weighted

^e Weighted confident intervals in percentages

^f Testing for *Neisseria gonorrhoeae* was defined as documentation of a result from culture, gram stain, enzyme immunoassay (EIA), the nucleic acid amplification test (NAAT), or the nucleic acid probe.

^g *Chlamydia trachomatis* testing was defined as a result from culture, direct fluorescent antibody (DFA), EIA or enzyme-linked immunoassay (ELISA), NAAT, or nucleic acid probe.

^h Syphilis testing was defined as a result from nontreponemal syphilis tests (rapid plasma reagin [RPR], Venereal Disease Research Laboratory [VDRL]), treponemal syphilis tests (*Treponema pallidum* hemagglutination assay [TPHA], *T. pallidum* particle agglutination [TP-PA], micro-hemagglutination assay for antibody to *T. pallidum* [MHA-TP], fluorescent treponemal antibody absorbed [FTA-ABS] tests), or dark-field microscopy.

Table 32: Association Between Self-Reported Mental Health Needs and Mental Health Conditions Documented in the Medical Charts - Houston Medical Monitoring Project, 2009-2014

| Mental Health Condition Documented in Medical Chart ^a | Self-Reported Response ^b | | | | | | | | | | | |
|---|-------------------------------------|----------------------|----------------|---------------------|--|----------------------|----------------|---------------------|---|----------------------|----------------|---------------------|
| | Received mental health service | | | | Needed mental health service but did not receive service | | | | Did not need or receive mental health service | | | |
| | No. ^c | Wt. No. ^d | % ^e | 95% CI ^f | No. ^c | Wt. No. ^d | % ^e | 95% CI ^f | No. ^c | Wt. No. ^d | % ^e | 95% CI ^f |
| General Anxiety Disorder | | | | | | | | | | | | |
| Yes | 23 | 228 | 14.1 | 7.8-20.4 | * | 18 | 8.8 | 0.0-20.6 | 40 | 352 | 6.1 | 4.1-8.0 |
| No | 126 | 1,390 | 85.9 | 79.6-92.2 | 17 | 189 | 91.2 | 79.4-100.0 | 512 | 5,428 | 93.9 | 92.0-95.9 |
| Depression | | | | | | | | | | | | |
| Yes | 81 | 822 | 50.8 | 42.9-58.8 | 10 | 107 | 51.8 | 28.0-75.7 | 129 | 1,273 | 22.0 | 18.6-25.5 |
| No | 68 | 796 | 49.2 | 41.2-57.1 | 9 | 100 | 48.2 | 24.3-72.0 | 423 | 4,507 | 78.0 | 74.5-81.4 |
| Bipolar Disorder | | | | | | | | | | | | |
| Yes | 16 | 142 | 8.8 | 4.4-13.1 | * | 15 | 7.5 | 0.0-17.7 | 25 | 228 | 3.9 | 2.3-5.6 |
| No | 133 | 1,476 | 91.2 | 86.9-95.6 | 17 | 192 | 92.5 | 82.3-100.0 | 527 | 5,553 | 96.1 | 94.4-97.7 |
| Psychosis | | | | | | | | | | | | |
| Yes | 9 | 98 | 6.1 | 2.1-10.0 | * | 13 | 6.2 | 0.0-17.9 | 10 | 98 | 1.7 | 0.6-2.8 |
| No | 140 | 1,520 | 93.9 | 90.0-97.9 | 18 | 207 | 93.8 | 82.1-100.0 | 542 | 5,682 | 98.3 | 97.2-99.4 |
| Diagnosis of anxiety, bipolar disorder, psychosis, or depression | | | | | | | | | | | | |
| Yes | 89 | 896 | 55.4 | 47.5-63.3 | 12 | 124 | 59.8 | 35.9-83.8 | 150 | 1,476 | 25.5 | 21.9-29.2 |
| No | 60 | 722 | 44.6 | 36.7-52.5 | 7 | 83 | 40.2 | 16.2-64.1 | 402 | 4,304 | 74.5 | 70.8-78.1 |

Abbreviation: CI, confidence interval.

Note. Information on laboratory testing for sexually transmitted diseases was based on documentation in medical records. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Mental health conditions/diagnoses are based on documented evidence from medical charts.

^b Self-reported response by survey participants – Medical Monitoring Project, 2009-2014.

^c Numbers are unweighted.

^d Numbers are weighted.

^e Percentages are weighted.

^f Weighted Confident Intervals in percentages.

Table 33: Association between employment status of PLWH and Health insurance or coverage for antiretroviral medications - Houston Medical Monitoring Project, 2009-2014

| Employment Status | Health insurance or coverage for antiretroviral medications in the P12M | | | | | | | | | | | |
|-------------------|---|----------------------|----------------|---------------------|------------------|----------------------|----------------|---------------------|--------------------------|----------------------|----------------|---------------------|
| | Insured | | | | Uninsured | | | | Uninsured (RW/ADAP only) | | | |
| | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d | No. ^a | Wt. No. ^b | % ^c | 95% CI ^d |
| Employed | 141 | 1,178 | 30.9 | 26.4-35.4 | 20 | 168 | 4.4 | 2.5-6.3 | 56 | 494 | 12.9 | 9.8-16.1 |
| Unemployed | 153 | 1,246 | 32.7 | 28.5-36.9 | 5 | 41 | 1.1 | 0.1-2.0 | 44 | 371 | 9.7 | 7.0-12.5 |
| Retired | 19 | 157 | 4.1 | 2.3-5.9 | --- | --- | --- | --- | * | 7 | 0.2 | 0.0-0.6 |
| Student | 13 | 110 | 2.9 | 1.3-4.5 | --- | --- | --- | --- | 5 | 43 | 1.1 | 0.1-2.1 |
| Total | 326 | 2,691 | 70.6 | 66.6-74.5 | 25 | 208 | 5.5 | 3.4-7.6 | 106 | 915 | 24.0 | 20.2-27.8 |

Abbreviation: CI, confidence interval; ARVs, Antiretroviral medicines; P12M, Past 12 months; RW/ADAP, Ryan White/ AIDS Drug Assistance Program.

Note. Information on laboratory testing for sexually transmitted diseases was based on documentation in medical records. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation $\geq 30\%$, “don’t know” responses, and skipped (missing) responses.

*Number suppressed because it is below threshold.

^a Mental health conditions/diagnoses are based on documented evidence from medical charts.

^b Self-reported response by survey participants – Medical Monitoring Project, 2009-2014.

^c Numbers are unweighted.

^d Numbers are weighted

^e Percentages are weighted

^f Weighted Confident Intervals in percentages

Technical Notes

Population of Inference

For Medical Monitoring Project (MMP) data collection cycles 2009 through 2014, the population of inference is people living with HIV (PLWH) HIV-infected adults (aged 18 years and older) who received care from known providers of outpatient HIV medical care in the Houston/Harris County, Texas during the population definition period (PDP). The PDP is a predefined period during which PLWH must have received care in a sampled facility in order to be sampled for participation in MMP. The PDP period used for data collection was January 1 through April 30 of each project year from 2009 through 2014.

Data Collection

Patients were enrolled by either MMP staff or health facility staff. The enrollment strategy depended on clinic needs, project area needs, local institutional review board requirements, and the number of patients sampled from a given facility. For enrollment by MMP staff, facilities provided local MMP staff with contact information for patients. For enrollment by HIV medical care providers, selected patients were initially contacted by their health care providers—in person, by telephone, or by mail—and then were contacted by MMP staff. The participant eligibility criteria were the same in all MMP participating project areas: diagnosis of HIV infection, age of ≥ 18 years at the beginning of the 4-month period when patients were eligible for selection (PDP), no previous participation in MMP during the current data collection cycle, and receipt of medical care at the sampled facility during the PDP.

A trained interviewer conducted either a computer-assisted in-person interview or a telephone interview. English and Spanish versions of the questionnaire were used during the period 2009-2014 for which in the current data analysis is based. Persons who agreed to participate were interviewed in a private location (e.g., at home or in a clinic) or over the telephone. The interview (approximately 45 minutes) included questions about demographics, health care use, met and unmet needs for ancillary services, sexual behavior, depression, gynecologic and reproductive

history (women only), drug and alcohol use, and use of prevention services. Participants were given a gift card as token of appreciation. The value of the gift card varied across the difference cycles (2009-2014) and ranged from \$25-\$50. After the interview, MMP staff used an electronic application provided by the Centers for Disease Control and Prevention (CDC) to abstract information from the medical records of participants. Abstracted information included diagnoses of AIDS-defining conditions, prescription of antiretroviral treatment (ART), laboratory results, and health care use in the 24 months before the interview.

Methods

Sampling, nonresponse analysis, and weighting methods were applied and data were weighted to account for unequal sampling probabilities and nonresponse. The data obtained is representative of the PLWH in Houston/Harris County, Texas and therefore, the findings are generalizable to this population. The sample comprised of a total of 1181 records covering the period 2009-2014 and has 40 strata, 1030 clusters and a weighted sum of 11,469. There were few updates to sampling and weighting procedures used during the period with no significant impact on the prevalence estimates from previous years. Medical record data used for estimates in this report were limited to data recorded in the 12 months preceding the interview (except where otherwise noted) to facilitate comparability with previously published estimates. Lastly, the interview questionnaire was slightly updated to more precisely measure patient ethnicity, health insurance type(s), and income.

Data Analysis

Data obtained from both sampled persons interview and medical record abstractions were subjected to statistical analysis using the SAS PROC SURVEYFREQ procedure. The SURVEYFREQ procedure produces one-way to n-way frequency and crosstabulation tables from the sample survey data. Values with a coefficient of variation $\geq 30\%$, "don't know" responses, and skipped (missing) responses were excluded in the final analytic data. The analysis produced frequency, weighted frequency, row and column percent, standard errors of percent and the 95% confident intervals. Numbers below the threshold of 5 are suppressed in the report for confidentiality

reasons. All data management and statistical analyses were conducted using SAS 9.4 (SAS Institute, Cary, NC, USA).

Human Subjects Protection

MMP has been determined by the National Center for HIV, Viral Hepatitis, STD and TB Prevention's Office of the Associate Director for Science at the CDC to be a non-research, public health surveillance activity used for disease control program or policy purposes. As such, MMP is not subject to human subjects' regulations, including federal institutional review board (IRB) approval. All data collection was Health Insurance Portability and Accountability Act compliant.

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