

2011 Houston Area HIV/AIDS Needs Assessment

A COLLABORATIVE PROJECT OF THE:

Houston Ryan White Planning Council

Houston Regional HIV/AIDS Resource Group

Harris County Hospital District

**Harris County Public Health and Environmental Services
Ryan White Grant Administration**

Houston Department of Health and Human Services (HDHHS)

**City of Houston HIV Prevention
Community Planning Group (HHPCPG)**

Housing Opportunities for Persons with AIDS (HOPWA)

Coalition for the Homeless of Houston/Harris County



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- ⌘ Houston Regional HIV/AIDS Resource Group
- ⌘ Harris County Hospital District
- ⌘ Harris County Public Health & Environmental Services
Ryan White Grant Administration
- ⌘ Houston Department of Health and Human Services (HDHHS)
- ⌘ City of Houston HIV Prevention Community Planning Group (CPG)
- ⌘ Housing Opportunities for Persons with AIDS (HOPWA)
- ⌘ Coalition for the Homeless of Houston/Harris County

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The 2011 HIV/AIDS Needs Assessment is dedicated to you.***

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Executive Summary

Introduction

A needs assessment produces detailed information about service usage for a defined population and, as a result, is an essential tool for planning for service-delivery in a community. Every three years, a needs assessment of People Living with HIV/AIDS (PLWHA) in the Houston Area is conducted. Its purpose is to gather information on the health and human services that PLWHA in Houston use, their potential barriers to services and their continued areas of service need. The information gathered is then used by Houston Area HIV/AIDS service providers and planning bodies as they make programmatic decisions on how to best meet the needs of PLWHA.

For the 2011 Houston Area HIV/AIDS Needs Assessment, 924 PLWHA were surveyed from the local Health Services Designation Area (HSDA), a 10-county area that includes the counties of Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller and Wharton. Survey participants were queried on 11 topics related to HIV services, including service usage history for both medical and social services, barriers to seeking or receiving services and co-occurring health conditions. Their responses were analyzed in light of demographic characteristics, risk factors for HIV/AIDS and other conditions that can impact access to care, such as being homeless, living in a rural setting, or being recently released from the criminal justice system. Focus groups with HIV service providers and an analysis of current HIV/AIDS epidemiological data were also conducted.

Of PLWHA who participated in the needs assessment survey, almost all (95%) resided in Harris County. The majority were also male (67%), Black/African-American (55%), heterosexual (52%) and had at least a high school diploma or GED (80%). Their average age was 45. Nine percent (9%) of participants were homeless, 19% were recently released from jail or prison, 24% had no annual income and 35% were unemployed. The average length of time being HIV positive was 11 years and the majority (93%) was currently *in care* for HIV/AIDS.

The Scope: HIV/AIDS in the Houston Area

According to the Centers for Disease Control and Prevention, the Houston Area ranks 13th in the nation among all metropolitan statistical areas for rate of new HIV cases (2009). In Texas, Harris County ranks 11th among all counties for rate of new HIV, but is first in the state for the *number* of new people diagnosed with HIV/AIDS as well as for the number of PLWHA (2010).

In 2008 (the last year for which verified local data is available), 1,903 new cases of HIV/AIDS were diagnosed in the Houston Area HSDA, and, of which, over half (54%) were new HIV cases (not yet progressed to AIDS). Men and Blacks/African-Americans had the highest rates of new infection. Men Who Have Sex with Men (MSM) and heterosexual contact accounted for the majority of attributed risk among new cases. Overall,

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the rate of new HIV cases in the Houston Area is on the rise, while the rate of new AIDS cases is declining.

Also in 2008, there were 20,190 PLWHA in the Houston HSDA, and, of which, over half (58%) had progressed to AIDS. Trends among PLWHA mirror those among the newly-diagnosed: men and Blacks/African-Americans had the highest rates and MSM and heterosexual contact accounted for the majority of attributed risk. However, there were some notable differences: statistical comparison suggests a possible increase in PLWHA who are women and youth (aged 13 to 24 years).

The mortality rate associated with HIV/AIDS in the Houston Area HSDA has remained relatively stable. Most recent estimates place the rate of HIV/AIDS death at 10.5 per 100,000 cases, or 540 deaths annually (2007). Rates of death among PLWHA were highest among men, Blacks/African-Americans, MSM and heterosexual contact.

The vast majority of and highest rates for new HIV/AIDS cases as well as PLWHA were in Harris County.

The Response: HIV/AIDS Programs in the Houston Area

In the Houston Area, there are four main federally-funded programs dedicated to HIV/AIDS services; together, they represent the continuum of HIV service needs, from diagnosis to end-stage disease:

- The Ryan White HIV/AIDS Program Part A provides federally-defined core HIV/AIDS services in the Houston Eligible Metropolitan Area (EMA). Examples of core services include primary outpatient medical care, case management and medication assistance. According to recent estimates, 8,262 PLWHA receive services through Part A. Part A is administered by the Harris County Public Health and Environmental Services, Ryan White Grant Administration.
- The Ryan White HIV/AIDS Program Part B provides core HIV/AIDS medical services throughout the HSDA, which includes the EMA. Part B also includes the AIDS Drug Assistance Program (ADAP) and services specifically targeted to the region's rural counties. According to recent estimates, approximately 4,700 PLWHA receive Part B services. Part B is administered by the Texas Department of State Health Services and, locally, by the Houston Regional HIV/AIDS Resource Group.
- The Houston Area HIV Prevention Program provides HIV testing, diagnosis and linkage to care. They also provide community-wide risk-reduction education and school-based prevention programs. All new cases of HIV/AIDS are reported to the program as part of mandated disease surveillance and are followed by partner identification/notification efforts. Prevention programs are operated by the Houston Department of Health and Human Services.
- Housing Opportunities for Persons with AIDS (HOPWA) provides grants to community organizations to help meet the housing needs of low-

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income PLWHA. Examples of services include rent, mortgage and utility assistance, permanency planning and community-based residences for PLWHA. HOPWA is administered by the City of Houston Housing and Community Development.

The Need: Key Findings about PLWHA’s Experiences with HIV/AIDS Services in the Houston Area

Diagnosis

The 2011 Houston Area HIV/AIDS Needs Assessment aimed to gather information about the entire continuum of HIV services, which begins at the time of HIV/AIDS diagnosis. Therefore, needs assessment participants were asked about their experience with HIV testing. Overall, “feeling sick” was the most commonly cited reason for seeking an HIV test (25% of respondents), followed by having sex with someone with HIV (19%), testing as part of a routine check-up (19%) and engaging in risky behavior (18%). The most commonly reported location for the HIV test was a public or community clinic (40%), followed by jail/prison (16%). Less than half of survey respondents (48%) said they received information about HIV medical services at the time of their diagnosis and 19% stated they received no information at all.

First Medical Visit

Needs assessment participants were also asked about the time between their HIV/AIDS diagnosis and their first HIV medical visit. Half (50%) reported seeing a doctor for HIV within 1 month of diagnosis, while 14% waited more than 12 months and 2% said they had never seen a doctor for HIV. PLWHA who more often reported waiting longer than 12 months to see a doctor for HIV were those with a history of being out-of-care (35% of respondents) or who were still out-of-care (21%) as well as White MSM (19%). The most commonly-cited reason for delaying care was fear (42%), followed by denial (35%) and not feeling sick (34%). As with testing, the most commonly-reported location for the first HIV medical visit was a public or community clinic (54%).

Core Medical Services

There are nine types of services defined as “core services” for PLWHA available through the Houston Area Ryan White HIV/AIDS Programs. Needs assessment participants were asked about their experience seeking each core service. Some participants stated that they did not need the service, but, of those that did, services overall were reportedly “very easy to get.” The top three accessible and non-accessible core services were ranked as follows:

Top Three “Very Easy to Get” Core Services

1. Medical Services
2. HIV Medications
3. Case Management

Top Three “Had Some Difficulty Getting” Core Services

1. Dentist Visits
2. HIV Medications
3. Case management

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Though certain core services ranked at the top of both lists, certain subgroups of PLWHA reported divergent experiences. In general, PLWHA who were not in regular HIV care or who were homeless had difficulty accessing services that others perceived as “easy to get.”

When assessment participants reported having “some difficulty” accessing a service, they were also asked to identify why, using a list of potential barriers. The three most commonly reported barriers to accessing core services were as follows:

Top Three Barriers to Core HIV Services in the Houston Area

1. Difficulty making or keeping appointments
2. Long wait times
3. Problems with paperwork

In addition, the majority of participants (63%) reported having a case manager or a specific person at a clinic, hospital, or community organization who is responsible for helping them access HIV services.

HIV Medications

A majority of needs assessment participants (78%) reported being on HIV medications at the time of the survey. Hispanics reported HIV medication usage the most while those that were homeless reported it the least. Overall, the most commonly-cited reason for not taking HIV medications was a T-cell count being too high. About one-quarter (26%) of participants reported stopping their HIV medications at some point in time due to side effects. Fifteen percent (15%) reported difficulty paying for medications.

Supportive Services

In addition to the nine core medical services for PLWHA referenced above, there are 14 services designated as “supportive services” available through the Houston Area Ryan White HIV/AIDS Programs. Needs assessment participants were asked to rank up to five of the 14 “supportive services” as the most useful or important. The top three supportive services were as follows:

Top Three Most Useful/Important Supportive Services for PLWHA in the Houston Area

1. Emergency Financial Assistance (EFA), or short-term payments for transportation, food, utilities or medication
2. Food bank services for food, meals, or nutritional supplements
3. Transportation services to access primary medical care or psychosocial support

Though ranked first in importance for PLWHA, Emergency Financial Assistance was cited as the most difficult-to-access of the supportive services. The top three most difficult-to-access supportive services were as follows:

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Top Three Supportive HIV Services That PLWHA “Had Some Difficulty Getting” in the Houston Area

1. Emergency Financial Assistance (EFA), or short-term payments for transportation, food, utilities, or medication
2. Food bank services for food, meals, or nutritional supplements
3. Rental assistance and/or shelter vouchers, or short-term assistance to support temporary and/or transitional housing to access medical care

When assessment participants reported having “some difficulty” accessing a supportive service, they were also asked to identify why, using a list of potential barriers. The three most commonly reported barriers to accessing supportive services were as follows:

Top Three Barriers to Supportive HIV Services in the Houston Area

1. Not knowing where to get services
2. Not knowing how to get services
3. Was told they were not eligible for the service

Participants were also asked about sources for social support. The most commonly-cited source was family (35% of respondents), followed by other PLWHA (34%) and doctors, nurses, or agency staff (33%).

Co-Occurring Conditions

Needs assessment participants were also asked about the presence of certain other health conditions that could impact their ability to seek HIV care. One quarter (25%) of participants reported Hepatitis C co-infection, 11% reported a history of active TB and 31% reported taking high blood pressure medication. In addition, a majority of participants (63%) reported having at least one mental health condition during the previous month, with “serious anxiety/tension” reported most often (52%). Participants were also asked about drug and alcohol use. Overall, about one-third (36%) showed an indication of alcohol abuse, 25% reported using marijuana, 21% reported using cocaine and 5% reported using amphetamines.

Characteristics of People Who Are Out-Of-Care

Though the Houston Area Ryan White HIV/AIDS Programs serve a large proportion of PLWHA, there are still some PLWHA who are not receiving care. Each year, the programs estimate the number of diagnosed PLWHA who are out-of-care using a federal formula and definition and the best available data. This number is commonly referred to as the “unmet need estimate.” The current Houston Area unmet need estimate is

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39% (or 8,101) of diagnosed PLWHA.

In the 2011 Houston Area HIV/AIDS Needs Assessment, 7% (or 66) participants were out-of-care per federal definitions. Those who fell into this category tended to be male, 45 years of age or older, Black/African-American and heterosexual. Some notable findings about the out-of-care subgroup are as follows:

- The out-of-care were least likely to have received information about HIV medical services at the time of diagnosis. They were also more likely to delay entry into care for more than 12 months. The most common reason for not being in care was that they “felt fine.”
- Those who were out-of-care were more likely to report not having a case manager or to be unsure if they had a case manager.
- Half of those who were out-of-care (50%) reported having no source of social support compared to 19% of all participants.
- Those who were out-of-care were more likely to report emergency assistance (financial, rental assistance, employment) as an important supportive service. They also more frequently reported not knowing where or how to get supportive services as a barrier.

Overall, about one quarter of all needs assessment participants reported stopping their HIV care for one year or more at some point in their history. The most common reason for falling out of care was drug use (50%) followed by losing stable housing (37%) and not wanting to take HIV medications (36%).

A Note on Data and Data Sources

Data produced by the 2011 Houston Area HIV/AIDS Needs Assessment are unique because they reflect the first-hand perspectives of PLWHA in the Houston Area. However, the results were not corroborated with the service-utilization patterns of participants. Therefore, they cannot be used as empirical evidence of actual services sought or received. In addition, needs assessment data reflect only those PLWHA who self-selected to participate in the survey process. According to current estimates, the needs assessment sample is approximately 4% of diagnosed PLWHA in the Houston Area. As a result, it is impossible to ascertain if the results are representative of the Houston Area PLWHA population as a whole. With these caveats in mind, however, the 2011 Houston Area HIV/AIDS Needs Assessment is the most current repository of primary data on the HIV services experiences of PLWHA in the Houston Area. Its results can be used to describe PLWHA’s experiences with HIV services and to draw conclusions about ways to potentially increase service access.

The following sources for data were used in this report: Office of the Texas Comptroller, Texas Department of State Health Services, Texas Workforce Commission, U.S. Census Bureau and the Michael E. DeBakey VA Medical Center.