



**2016 Houston HIV Care
Services Needs Assessment:
Profile of Youth and Aging with HIV**

PROFILE OF YOUTH AND AGING WITH HIV

While HIV may affect people of all ages, the impact of HIV varies across age groups. The Centers for Disease Control and Prevention (CDC) report that youth aged 13 to 24 accounted for more than 1 in 5 new HIV diagnoses in 2015, with 81% of youth new diagnoses occurring among young men who have sex with men (MSM).¹ Locally, the HIV diagnosis rate for youth aged 13 to 24 in the Houston Eligible Metropolitan Area (EMA) was 32.2 new diagnoses per 100,000 population, 42% higher than the population as a whole.² People Living with HIV (PLWH) ages 45 to 54 had the highest prevalence rate of any age group within the Houston EMA in 2015 at 967.9 diagnosed cases per 100,000 population. Data about the needs and experiences of youth and those aging with HIV in the greater Houston area of particular importance to local HIV planning as this information equips communities to tailor HIV prevention and care services to meet the markedly different yet equally critical needs of these age groups.

Proactive efforts were made to gather a representative sample of all PLWH in the 2016 Houston HIV Care

Services Needs Assessment as well as focus targeted sampling among key populations (See: *Methodology*, full document), and results presented throughout the full document include participants who were recently released. This Profile highlights results *only* for participants who were youth or aging at the time of survey, as well as comparisons to the entire needs assessment sample.

Notes: “Youth” and “aging” are defined in this analysis as PLWH who indicated at survey that they were between 18 and 24 years of age for youth, and age 50 or over for aging. Data presented in this in the Demographics and Socio-Economic Characteristics section of this Profile represent the *actual* survey sample, rather than the *weighted* sample presented throughout the remainder of the Profile (See: *Methodology*, full document). Proportions are not calculated with a denominator of the total number of surveys for every variable due to missing or “check-all” responses.

¹ <https://www.cdc.gov/hiv/group/age/youth/index.html>

² Texas Department of State Health Services

DEMOGRAPHICS AND SOCIO-ECONOMIC CHARACTERISTICS

(Table 1) In total, 17 participants in the 2016 Houston HIV Care Services Needs Assessment were between the ages of 18 and 24 at the time of survey, while 270 were ages 50 and over. Youth comprised just over 3% of the total sample, while aging participants comprised 54%. This reflects the increasing number of aging PLWH in the Houston area.

Eighty-eight percent (88%) of youth participants and 94% of aging participants were residing in Houston/Harris County at the time of data collection. As all needs assessment participants, the majority of youth and aging participants were male (82% and 71%), and African American/Black (77% and 67%). Three aging participants and no youth participants reported being out of care. However, several differences were observed between these populations and the total sample. A greater proportion of youth participants were gay/lesbian (41% v. 34%) or bisexual (24% v. 8%), multiracial (6% v. 0.6%), and were born in the United States (100% v. 85%). There was also a greater proportion of transgender participants among the youth age group than the total sample (6% v. 4%). Compared to the total sample, higher proportions of aging participants were heterosexual (60% v. 54%)

Several socio-economic characteristics of youth and aging participants were also different from all participants. No youth participants reported having private health insurance, and a smaller proportion

reported public health insurance in the form of Medicaid and/or Medicare compared to the total sample (16% v. 50%). The average annual income among those reporting income for the total sample was \$9,380, compared to \$12,017 among youth participants and \$9,581 among aging participants. A greater proportion of aging participants (31%) reported experiencing current housing instability compared to the total sample (28%) and youth participants (18%) (*not shown*).

Characteristics of youth participants (as compared to all participants) can be summarized as follows:

- Residing in Houston/Harris County
- Male
- African American/Black
- Gay/lesbian
- With higher occurrences of no health insurance coverage, higher average annual income, and a lower proportion unstably housed.

Characteristics of aging participants (as compared to all participants) can be summarized as follows:

- Residing in Houston/Harris County
- Male
- African American/Black
- Heterosexual
- With lower occurrences of no health insurance coverage, slightly higher average annual income, and a greater proportion unstably housed.

TABLE 1-Select Participant Characteristics among Youth (18-24) and Aging (50+) participants, Houston Area HIV Needs Assessment, 2016

	Youth %	Aging %	Total %		Youth %	Aging %	Total %		Youth %	Aging %	Total %		
County of residence				Sex at birth				Primary race/ethnicity					
Harris	88%	94%	93%	Male	82%	71%	67%	White	-	14%	12%		
Fort Bend	6%	5%	4%	Female	3%	29%	38%	African American / Black	77%	67%	63%		
Liberty	6%	-	0.2%	Intersex	-	-	-	Hispanic/Latino	18%	17%	24%		
Montgomery	-	0.8%	1%	Transgender	6%	3%	4%	Asian American	-	1%	1%		
Other	-	0.8%	1%	Currently pregnant	-	-	0.2%	Other/Multiracial	6%	0.4%	0.6%		
Sexual orientation				Health insurance (multiple response)				Immigration status					
Heterosexual	29%	60%	54%	Private insurance	-	7%	7%	Born in the U.S.	100%	87%	85%		
Gay/Lesbian	41%	31%	34%	Medicaid/Medicare	16%	59%	50%	Citizen > 5 years	-	9%	7%		
Bisexual	24%	6%	8%	Harris Health System	26%	21%	24%	Citizen < 5 years	-	0.4%	0.8%		
Other	6%	3%	5%	Ryan White Only	53%	12%	17%	Undocumented	-	2%	2%		
MSM	77%	37%	43%	None	5%	0.3%	1%	Prefer not to answer	-	0.7%	4%		
Yearly income (average: \$9,380)												Other	2%
Yearly income – Youth (average: \$12,017)													
Yearly income – Aging (average: \$9,581)													
Below 100%	71%	78%	79%										
100%	-	13%	13%										
150%	14%	3%	4%										
200%	-	3%	3%										
250%	14%	0.5%	0.6%										
≥300%	-	1%	1%										

BARRIERS TO RETENTION IN CARE

As in the methodology for all needs assessment participants, results presented in the remaining sections of this Profile were statistically weighted using current HIV prevalence for the Houston EMA (2014) in order to produce proportional results (See: *Methodology*, full document).

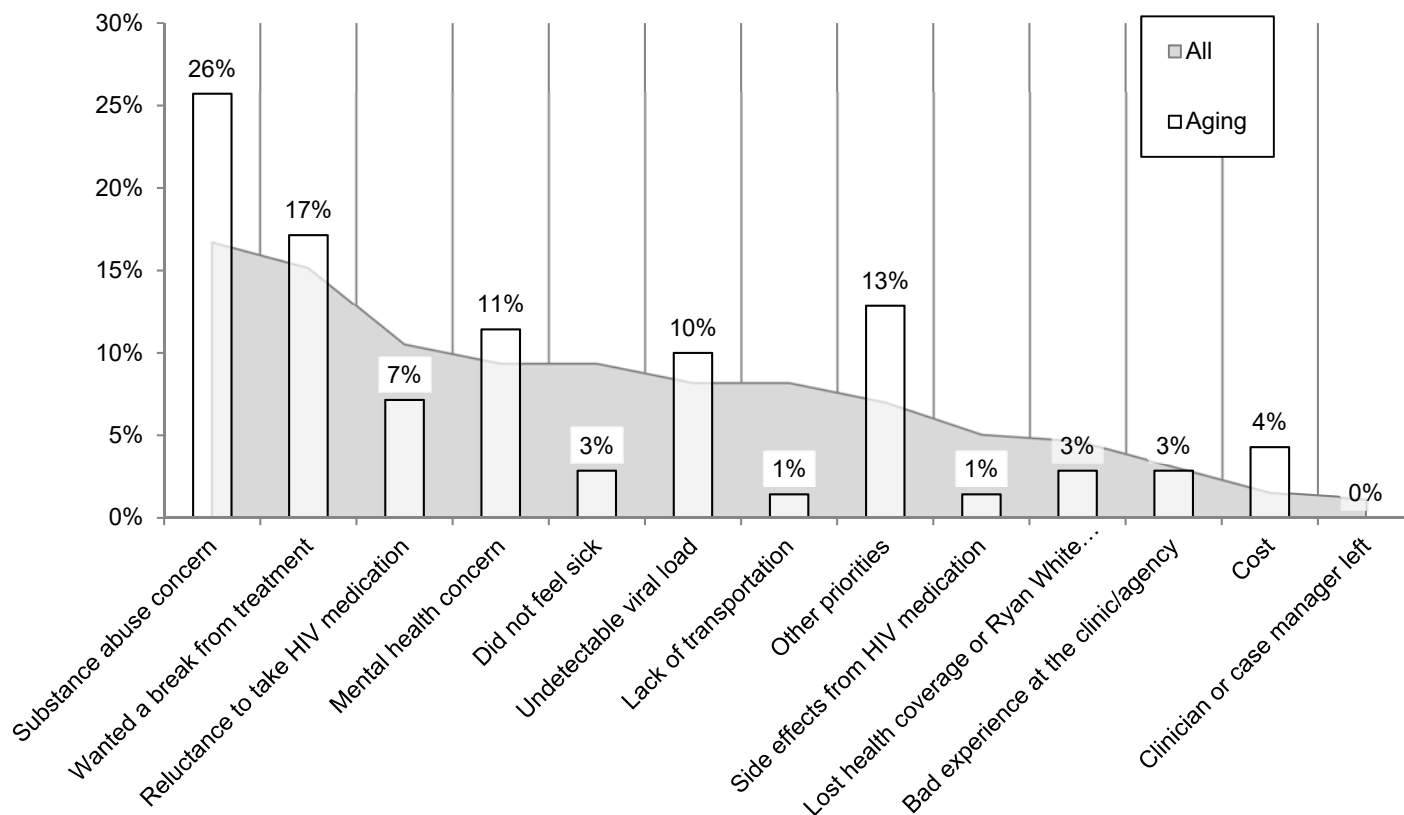
While 71% of needs assessment participants reported no interruption in their HIV care for 12 months or more since their diagnosis, 75% of both youth and aging participants reported no interruption in care. Those who reported a break in HIV care for 12 months or more since first entering care were asked to identify the reasons for falling out of care. Thirteen commonly reported reasons were included as options in the consumer survey. Participants could also write-in their reasons.

(**Graph 1**) The sample of youth participants with a history of interruption in care was too small to compare to aging participants and the total sample. Among aging participants, experiencing substance abuse concerns (26%), wanting a break from treatment (17%), having other priorities at the time (13%), experiencing mental health concerns (11%), and having an undetectable viral load (10%) were the most cited reasons for a break in HIV medical care.

Compared to the total sample, greater proportions of aging participants reported falling out of care due to substance abuse concerns, having other priorities at the time, cost, wanting a break from treatment, mental health concerns, and having an undetectable viral load. The only write-in reason for aging participants falling out of care was experiencing moving often.

GRAPH 1-Reasons for Falling Out of HIV Care among Aging PLWH in the Houston Area, 2016

Definition: Percent of times each item was reported by aging needs assessment participants as the reason they stopped their HIV care for 12 months or more since first entering care.



OVERALL RANKING OF FUNDED SERVICES, BY NEED

In 2016, 15 HIV core medical and support services were funded through the Houston Area Ryan White HIV/AIDS Program, and housing services were provided through the local HOPWA program. Though no longer funded through the Ryan White HIV/AIDS Program, Food Pantry was also assessed. Participants of the 2016 Houston HIV Care Services Needs Assessment were asked to indicate which of these funded services they needed in the past 12 months.

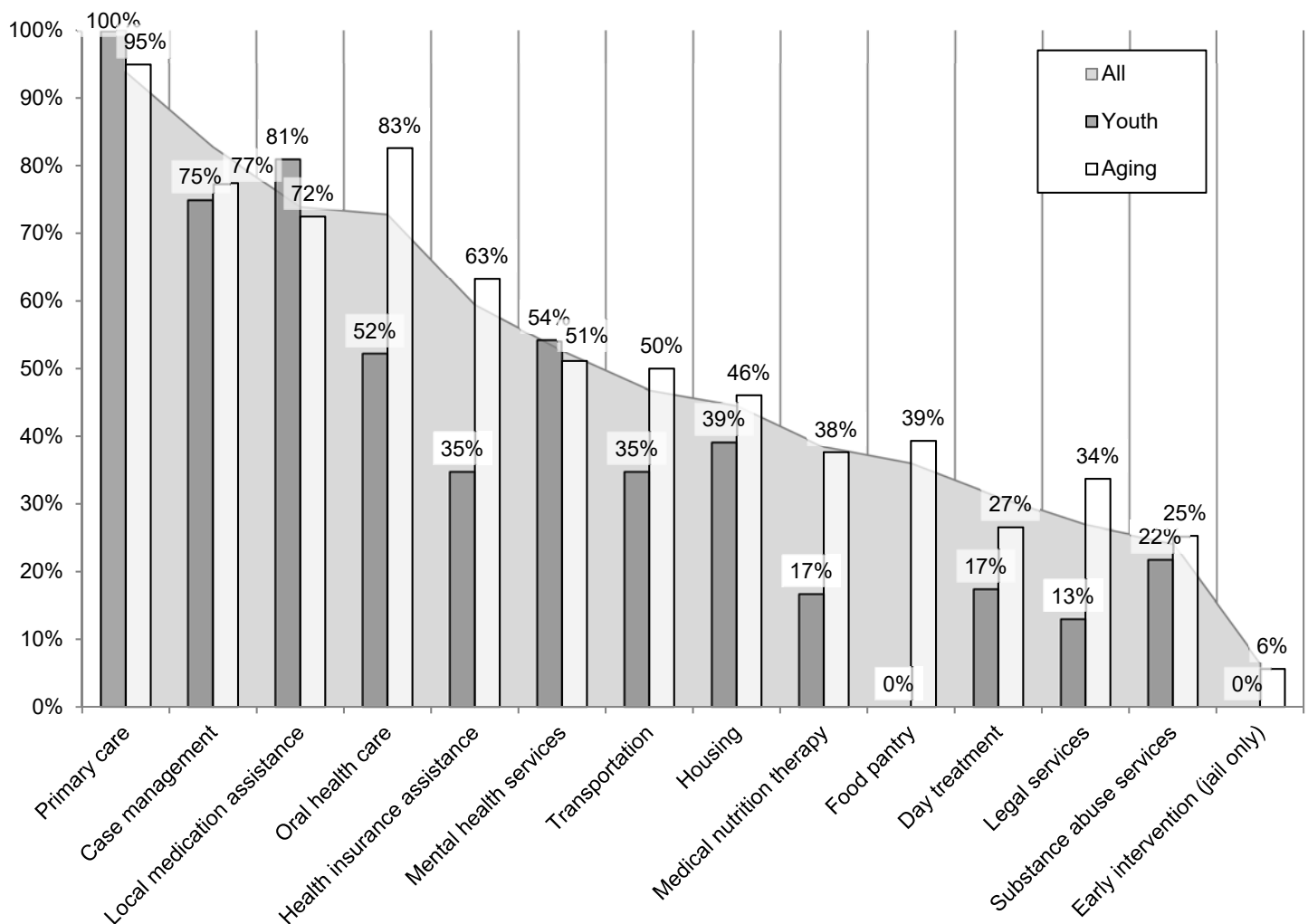
(Graph 2) Overall, youth expressed lower need for funded services compared to both the total sample and aging participants. As seen in the total sample, youth and aging participants identified primary care as the most needed funded service (100% and 95%). For youth,

local medication assistance (81%), case management (75%), mental health services (54%), and oral health care (52%) followed in ranking of need. For aging participants, oral health care (83%), case management (77%), local medication assistance (72%), and health insurance assistance (72%) followed in ranking of need.

Compared to the total sample, higher proportions of youth participants indicated needing local medication assistance, primary care, and mental health services, while higher proportions of aging participants indicated needing oral health care, legal services, health insurance assistance, transportation, food pantry, housing, primary care, and substance abuse services.

GRAPH 2-Ranking of HIV Services among Youth and Aging PLWH in the Houston Area, By Need, 2016

Definition: Percent of youth and aging needs assessment participants stating they needed the service in the past 12 months, regardless of ease or difficulty accessing the service.



Other Identified Needs

Twelve other/non-Ryan White funded HIV-related services were assessed to determine emerging needs for Houston Area PLWH. Participants were also encouraged to write-in other types of needed services.

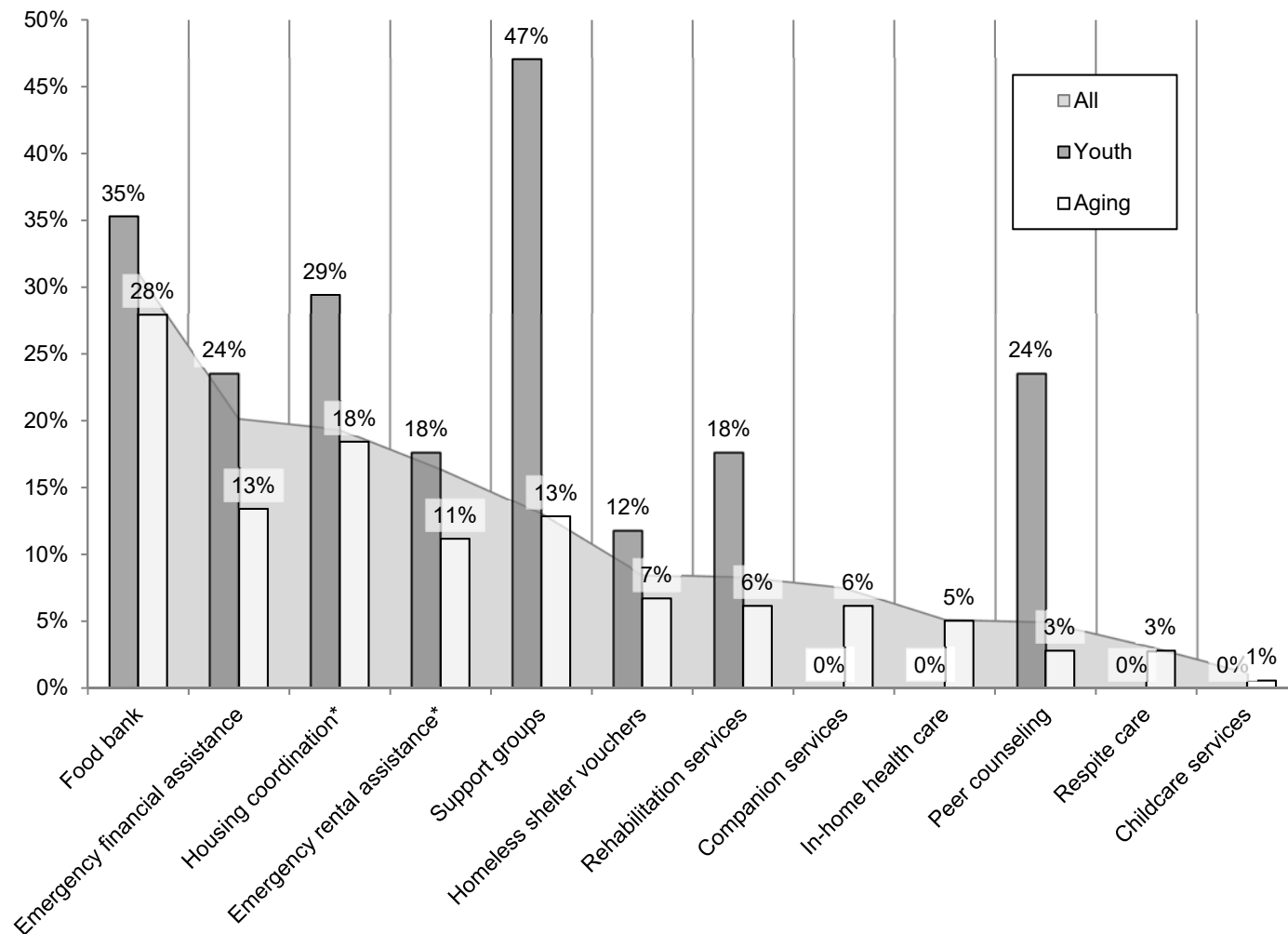
(Graph 3) From the 12 services options provided, the greatest proportion of youth participants reported needing support groups (47%), followed by food bank (35%), housing coordination (29%), emergency financial assistance (24%), and peer counseling (24%). This may indicate a need for peer-to-peer support and counseling among young PLWH in the Houston Area. Aging participants indicated needing food bank (28%), followed by housing coordination (18%), emergency financial assistance (13%), support groups (13%), and emergency rental assistance (11%).

While aging participants reported comparable or lower need for other services compared to the total sample, youth expressed a higher need for other/non-Ryan White funded HIV-related services. Greater proportions of youth participants reported needing support groups (47% v. 13%), peer counseling (24% v. 5%), housing coordination (29% v. 19%), rehabilitation services (18% v. 8%), food bank (35% v. 31%), emergency financial assistance (24% v. 20%), homeless shelter vouchers (12% v. 8%), and emergency rental assistance (18% v. 16%).

GRAPH 3-Other Needs for HIV Services among Youth and Aging PLWH in the Houston Area, 2016

Definition: Percent of youth and aging needs assessment participants, who selected each service in response to the survey question, "What other kinds of services do you need to help you get your HIV medical care?"

*These services are not currently funded by the Ryan White program; however, they are available through the Housing Opportunities for People with AIDS (HOPWA) program.



OVERALL BARRIERS TO HIV CARE

For the first time in the Houston Area HIV Needs Assessment process, participants who reported *difficulty* accessing needed services were asked to provide a brief description of the barrier or barriers encountered, rather than select from a list of pre-selected barriers. Recursive abstraction was used to categorize participant descriptions into 39 distinct barriers. These barriers were then grouped together into 12 nodes, or barrier types.

(**Graph 4**) Youth participants reported encountering 11 barriers to the services, while aging participants reported encountering 278 barriers. This difference is likely an artifact of the sample size for each age range, but may also be reflective of the lower need for funded services reported among youth participants. (See: *Demographics and Socio-economic Characteristics* and *Overall Ranking of Funded Services, By Need*, above).

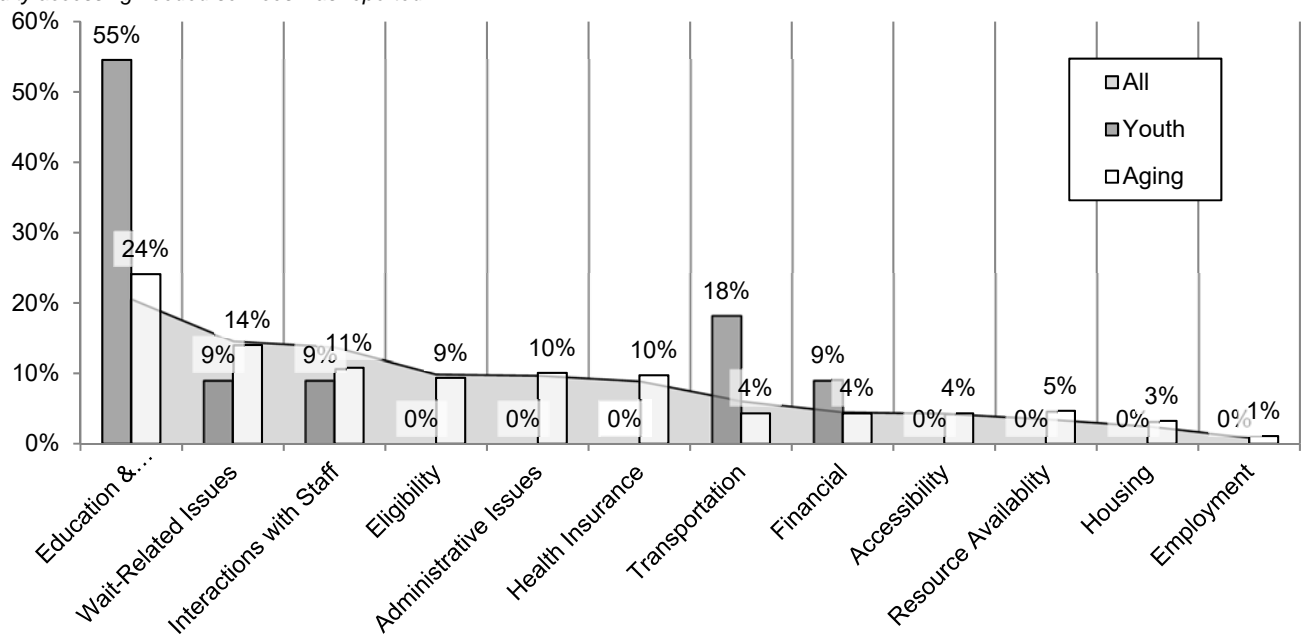
Overall, the barrier types reported most often among youth participants related to service education and awareness issues (55% of reported barriers, n=6 reports), and transportation issues (18%, n=2). Education and awareness barriers reported were most often not knowing where particular services are located.

The barrier types reported most often among aging participants related to education and awareness issues (24% of reported barriers, n=67), wait-related issues (14%, n=39), interactions with staff (11%, n=30), administrative issues (10%, n=28), and health insurance issues (10%, n=27). Education and awareness barriers among aging participants most often pertained to being unaware that a particular service was available. Aging participants reporting wait-related issues most often referred to being placed on a waiting list. Most often barriers relating to interactions with staff were reported as poor communication or follow-up from staff. Administrative barriers for aging participants related most often to long complex processes encountered to access services. The most common barrier related to eligibility among aging participants was being ineligible for the service.

While the number of barrier reports among youth participants is too low for comparison to the total sample, a greater portion of aging participants compared to the total sample reported education and awareness related barriers (24% vs. 21%).

GRAPH 4-Ranking of Types of Barriers to HIV Services among Youth and Aging PLWH in the Houston Area, 2016

Definition: Percent of times each barrier type was reported by youth and aging needs assessment participants, regardless of service, when difficulty accessing needed services was reported.



**For more information or a copy of the full 2016 Houston
HIV Care Services Needs Assessment contact:**

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