

## PARTICIPANT COMPOSITION

The following summary of the geographic, demographic, socio-economic, and other composition characteristics of individuals who participated in the 2020 Houston HIV Care Services Needs Assessment provides both a “snapshot” of who is living with HIV in the Houston Area today as well as context for other needs assessment results.

(Table 1) Overall, 95% of needs assessment participants resided in Harris County at the time of data collection. The majority of participants were male (66%), African American/Black (63%), and heterosexual (57%). Over half (60%) were age 50 or over, with a median age of 50-54.

The average unweighted household income of participants was \$13,493 annually, with the majority living below 100% of federal poverty (FPL). A majority of participants (63%) was not working at the time of survey, with 39% collecting disability benefits and 16% unemployed and seeking employment, and 9% retired. Most participants paid for healthcare using Medicaid/Medicare or assistance through Harris Health System (Gold Card).

TABLE 1-Select Participant Characteristics, Houston Area HIV Needs Assessment, 2020

No.		%		No.		%		No.		%		
County of residence				Age range (median: 50-54)				Sex at birth				
Harris	545	94.9%	13 to 17	0	-	Male	384	65.8%	Female	200	34.2%	
Fort Bend	10	41.7%	18 to 24	17	2.9%	Intersex	0	-	Transgender	22	3.9%	
Liberty	3	0.5%	25 to 34	50	8.6%	Non-binary / gender fluid	8	1.4%	Currently pregnant*	4	2.0%	
Montgomery	7	1.2%	35 to 49	160	27.6%	*All currently pregnant respondents reported being in care. The denominator is all respondents reporting female sex at birth						
Other	9	1.6%	50 to 54	105	18.1%							
				55 to 64	161	27.8%						
				65 to 74	79	13.6%						
				75+	8	1.4%						
				Youth (13 to 27)	17	2.9%						
				Seniors (≥50)	353	59.9%						
Primary race/ethnicity				Sexual orientation				Health insurance				
White	78	13.6%	Heterosexual	329	56.8%	Private insurance	53	9.1%	Medicaid/Medicare	388	66.7%	
African American/Black	343	59.8%	Gay/Lesbian	176	30.4%	Harris Health System	168	30.1%	Ryan White Only	138	23.7%	
Hispanic/Latino	122	21.3%	Bisexual/Pansexual	52	9.0%	None	11	1.9%				
Asian American	4	0.7%	Other	22	3.8%							
Other/Multiracial	27	4.7%	MSM	238	40.5%							
Residency				Yearly income (average: \$13,493)				Employment				
				Federal Poverty Level (FPL)								
Born in the U.S.	511	87.8%	Below 100%	191	67.3%	Disabled	263	38.9%	Unemployed and seeking work	105	15.5%	
Lived in U.S. > 5 years	58	10.0%	100%	54	19.0%	Employed (PT)	59	8.7%	Retired	59	8.7%	
Lived in U.S. < 5 years	8	1.4%	150%	16	5.6%	Employed (FT)	53	7.8%	Self Employed	19	2.8%	
In U.S. on visa	1	0.2%	200%	15	5.3%	Other	118	17.5%				
Prefer not to answer	4	0.7%	250%	2	0.7%							
				≥300%	6	2.1%						

(Table 2) Certain subgroups of PLWH have been historically underrepresented in HIV data collection, thereby limiting the ability of local communities to address their needs in the data-driven decision-making processes of HIV planning. To help mitigate underrepresentation in Houston Area data collection, efforts were made during the 2020 needs assessment process to *oversample* PLWH who were also members of groups designated as “special populations” due to socio-economic circumstances or other sources of disparity in the HIV service delivery system.

The results of these efforts are summarized in Table 2.

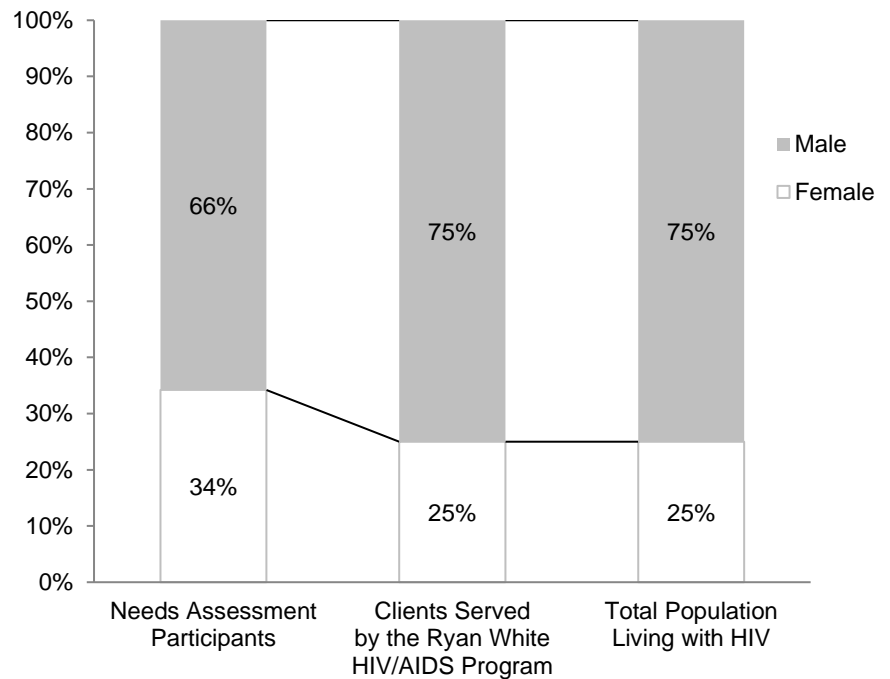
	No.	%
Young adult (18-24 years)	17	2.9%
Adult age 50+ years	353	59.9%
Homeless	65	11.1%
Unstably Housed	159	29.0%
People who inject drugs (PWID)*	47	8.2%
Male-male sexual contact (MSM)	238	40.5%
Out of care (last 12 months)	24	4.3%
Recently released from incarceration	65	11.6%
Rural (non-Harris County resident)	29	5.1%
Women of color	194	33.2%
Transgender	22	3.8%

\*Includes self-administered medications, insulin, steroids, hormones, silicone, or drugs.

## COMPARISON OF NEEDS ASSESSMENT PARTICIPANTS TO HIV PREVALENCE

HIV needs assessments generate information about the needs and service barriers of persons living with HIV (PLWH) in a specific geographic area to assist planning bodies and other stakeholders with designing HIV services that best meet those needs. As it is not be feasible to survey every PLWH in the Houston area, multiple administrative and statistical methods are used to generate a sample of PLWH that are reliably representative of *all* PLWH in the area. The same is true in regards to assessing the needs of clients of the Ryan White HIV/AIDS Program.

**GRAPH 1-Needs Assessment Participants Compared to Ryan White HIV/AIDS Program Clients<sup>a</sup> and Total HIV Diagnosed Population<sup>b</sup> in the Houston EMA, by Sex at Birth, 2018**



<sup>a</sup>Source: CPCDMS as of 12/31/18, Total number of clients served by the Ryan White HIV/AIDS Program Part A, the Minority AIDS Initiative (MAI), Part B, and State Services (State of Texas matching funds). Accessed 4/1/19.

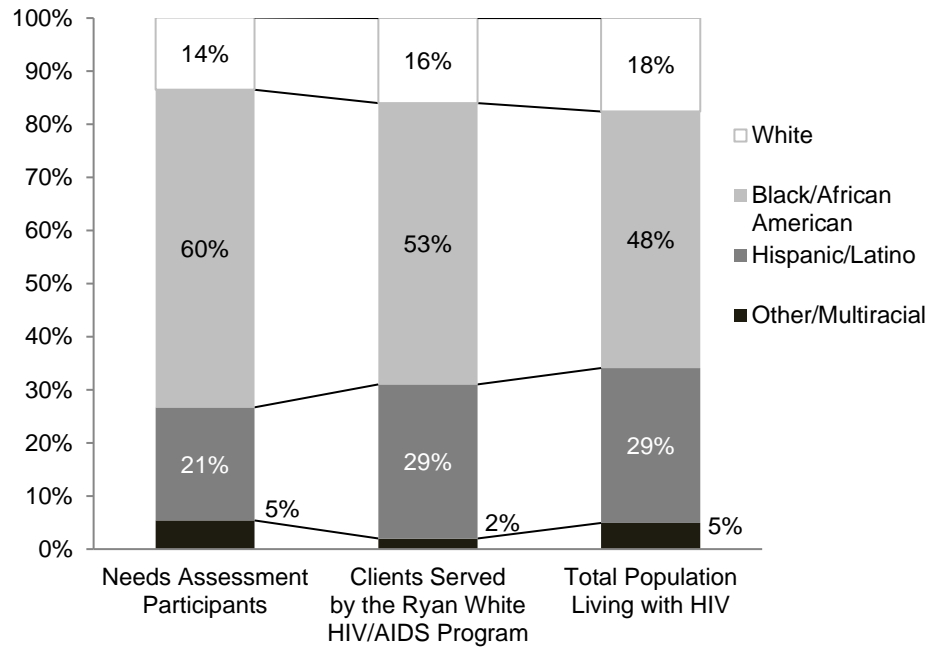
<sup>b</sup>Source: Texas eHARS. Living HIV cases as of 12/31/18.

As such, awareness of participant representation compared to the composition of both Ryan White HIV/AIDS Program clients and the total HIV diagnosed population is beneficial when reviewing needs assessment results to document actions taken to mitigate any disproportional results.

**(Graph 1)** In the 2020 Houston HIV Care Services Needs Assessment males (sex at birth) comprised 66% of participants but 75% of all Ryan White clients, and all PLWH in the Houston Eligible Metropolitan Area (**EMA**). This indicates that male PLWH were underrepresented in the needs assessment sample, while female PLWH were overrepresented.

(Graph 2) Analysis of race/ethnicity composition also shows disproportionate representation between participants, all Ryan White clients, and all PLWH in the Houston EMA. Black/African American participants were overrepresented at 60% of participants when compared to the proportions of Black/African American Ryan White clients and PLWH. Conversely, White PLWH and Hispanic/Latino PLWH were slightly underrepresented in the needs assessment.

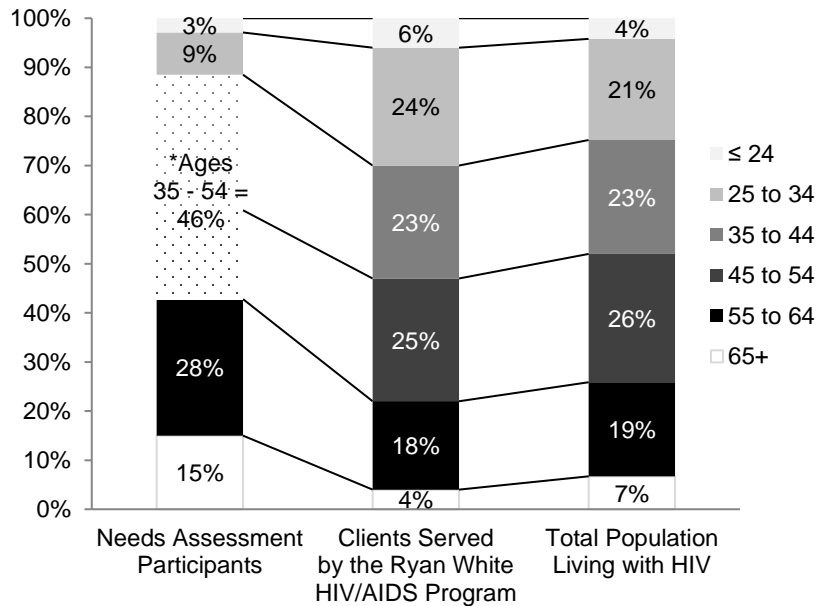
**GRAPH 2- Needs Assessment Participants Compared to Ryan White HIV/AIDS Program Clients<sup>a</sup> and Total HIV Diagnosed Population<sup>b</sup> in the Houston EMA, by Race/Ethnicity, 2018**



<sup>a</sup>Source: CPCDMS as of 12/31/18, Total number of clients served by the Ryan White HIV/AIDS Program Part A, the Minority AIDS Initiative (MAI), Part B, and State Services (State of Texas matching funds). Accessed 4/1/19.  
<sup>b</sup>Source: Texas eHARS. Living HIV cases as of 12/31/18

(Graph 3) As referenced in Table 1, 60% of the total needs assessment sample was comprised of individuals age 50 and over. An analysis of age range shows that more needs assessment participants were older than Ryan White clients and PLWH in the Houston EMA. Among needs assessment participants, 28% were ages 55 to 64 and 15% age 65 years and over. Compared to Ryan White clients, 18% were ages 55 to 64 and 4% were 65 and over. Among all PLWH 19% and 7% were in these age groups, respectively. No adolescents (those age 13 to 17) were surveyed. This suggests that youth and young adult PLWH (those age 13 to 24) are generally underrepresented in the needs assessment, while older adults (those age 55 and above) are overrepresented.

**GRAPH 3- Needs Assessment Participants Compared to Ryan White HIV/AIDS Program Clients<sup>a</sup> and Total HIV Diagnosed Population<sup>b</sup> in the Houston EMA, by Age<sup>c</sup>, 2018**



<sup>a</sup>Source: CPCDMS as of 12/31/18, Total number of clients served by the Ryan White HIV/AIDS Program Part A, the Minority AIDS Initiative (MAI), Part B, and State Services (State of Texas matching funds). Accessed 4/1/19.  
<sup>b</sup>Source: Texas eHARS. Living HIV cases as of 12/31/18  
<sup>c</sup>Excludes ages 0-12  
 \*Age ranges 35-44 and 45-54 combined due to differences in question structuring.

### **Weighting the Sample**

Needs assessment data were statistically weighted by sex at birth, primary race/ethnicity, and age group using current HIV prevalence for the Houston EMA (2018) *prior to* the analysis of results related to service needs and barriers. This was done because the demographic composition of 2020 Houston HIV Care Services Needs Assessment participants was *not* comparable to the composition of all PLWH in the Houston EMA. As such, the results presented in the remaining Chapters of this document are proportional for these three demographic categories only. Appropriate statistical methods were applied throughout the process in order to produce an accurately weighted sample, including a three-level stratification of prevalence data and subsequent data

weighting syntax. Voluntary completion on the survey and non-applicable answers comprise the missing or invalid survey entries and are excluded in the statistical analysis; therefore, denominators will further vary across results. All data management and quantitative analysis, including weighting, was performed in IBM© SPSS© Statistics (v. 22). Qualitative analysis was performed in QSR International© NVivo 10.

#### *Sources:*

Texas Department of State Health Services (TDSHS) eHARS data through 12-31-2018.  
University of Illinois, Applied Technologies for Learning in the Arts and Sciences (ATLAS), Statistical & GIS Software Documentation & Resources, SPSS Statistics 20, Post-stratification weights, 2009.