

BEXAR COUNTY DEPARTMENT OF COMMUNITY RESOURCES

COMPREHENSIVE HIV NEEDS ASSESSMENT

Ryan White Program Phase 3

Submitted by:
Heverly Medical Inc.



HEVERLY MEDICAL
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Table of Contents

Overview.....	3
Objectives.....	4
Survey Modification.....	5
Target Population.....	5
Data Collection Procedures.....	7
Surveying Locations.....	8
Population Demographics.....	9
HIV Positive Target Population.....	9
HIV Positive Minority Individuals.....	9
HIV Positive Out of Care.....	9
HIV Positive Late to Care.....	10
Recently Diagnosed HIV Positives.....	10
Transgendered HIV Positives.....	10
HIV Positive Monolingual Spanish Speakers.....	11
HIV Linkage to Care, Medications & Adherence.....	16
HIV Services.....	21
Core Medical Service Need.....	22
Support Service Need.....	23
Barriers to Core Medical and Support Services.....	23
Barriers to Care.....	28
Client Feedback.....	30
Summary of Trends.....	32
Recommendations.....	34

OVERVIEW

The San Antonio Area HIV Health Services Planning Council (PC) and the Bexar County Department of Community Resources (DCR), the Administrative Agency (AA) which administers the Ryan White Program, are responsible for planning Part A core medical and support services for people living with HIV/AIDS (PLWHA) in a four county region referred to as the San Antonio Transitional Grant Area (SATGA). The SATGA is comprised of the counties of Bexar, Comal, Guadalupe and Wilson. The PC is charged with conducting a comprehensive needs assessment to aid in identifying and addressing needs, barriers, and gaps in the service delivery system. The PC also utilizes the data and information presented in the needs assessment report to establish priorities, and allocate necessary resources.

The Needs Assessment Committee (NAC) of the PC was charged with developing the timeline, scope of work and general oversight for this 2014-2015 Comprehensive Needs Assessment. In 2015, The University of Texas at San Antonio's Institute for Health Disparities Research (IHDR) was contracted by the Bexar County Department of Community Resources (DCR) to reproduce a needs assessment originally conducted by the consulting firm PROVADO The Group, Inc. The work completed by IHDR constituted Phases I and II of this project. This year, Heverly Medical has built upon that work in Phase III by revising the initial needs assessment survey and collecting a more representative sample of HIV positive individuals receiving Ryan White services throughout the San Antonio Transitional Grant Area (SATGA).

IHDR was provided consumer data in the form of hard copy surveys and electronic data from Survey Monkey. Table 1 shows the breakdown of data collected by Provado and the additional surveys collected by Heverly Medical.

Table 1: Needs Assessment Data Collection

Type of Consumer Data	Number
Hard Copy Surveys	191
Survey Monkey	82
Additional Surveys Collected	182
Total	455

OBJECTIVES

Objectives for the original needs report included: 1) an Epidemiological Profile of the SATGA; 2) an assessment of consumer service needs; 3) an assessment of unmet needs and service gaps; 4) a correlation tying all of provided data into the SATGA's Continuum of Care (Continuum); and, 5) a resource inventory with a profile of provider capacity.

IHDR was contracted to complete two phases. Phase 1: create a codebook and database for all surveys; address issues found with provider surveys, reconfigure Survey Monkey data into database, enter all data from hard copy survey instruments, generate a randomized number list and assign client IDs to all surveys, determine if duplicates exist, clean survey data, and conduct preliminary analysis to identify target groups requiring additional data. Phase 2: 1) Conduct analysis to create profiles on target populations 2) Create a report based on these profiles.

Heverly Medical was contracted to complete a third phase with the primary objective to gather additional data for a baseline measurement of barriers and gaps in HIV medical care and needs among Ryan White funding recipients. This baseline will create a solid foundation for the Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2017-2021 with a primary focus on achieving and maintaining viral suppression throughout the continuum of care for HIV positive individuals.

Heverly Medical was contracted to complete the following scope of work for Phase 3 of the Bexar County HIV Needs Assessment Survey:

- Modify existing needs assessment survey with the aims of shortening the length and focusing on demographics, client needs, gaps and barriers.
 - Revised survey must be approved by the Planning Council's Need Assessment Committee.
- Conduct additional field surveying within Bexar County, and also within the other SATGA counties of Wilson, Comal and Guadalupe.
 - This may include as many as 300 additional surveys in Bexar County and 45 additional surveys in the other SATGA counties.
- Revise the existing database and codebook to match updated survey.
- Enter all data from physical surveys into the database.
- Clean the survey data.
- Merge survey data with previous dataset.
- Conduct analysis of survey data.
- Create report incorporating analysis and findings and present report to the Department of Community Resources. Feedback from the Department shall be incorporated in the final report, which will be presented to the San Antonio HIV Health Service Planning Council.

SURVEY MODIFICATION

The original needs assessment survey developed by Provado was modified with the aims of shortening the length and focusing on demographics, client needs, gaps and barriers. All questions not related to these aims were removed from the survey, and the formatting was modified to increase clarity for participants. The wording of all retained questions matched the original survey except for minor changes as needed to increase clarity for participants (ex – N/A response options added, bold font for instructions, etc).

At the request of the Planning Council's Need Assessment Committee, one knowledge-related question was added back in: *Do you know what it means for your HIV Viral Load to be 'undetectable'?* Upon the addition of this question, the Planning Council's Need Assessment Committee approved the revised survey.

TARGET POPULATION

The target population of this Needs Assessment is to include:

- HIV Positives (Only Requirement)
- HIV Positive Minority Individuals (African American and Hispanic)
- HIV Positives Out of Care
- HIV Positives Late to Care
- Recently Diagnosed HIV Positives
- Transgendered HIV Positives
- HIV Positive Monolingual Spanish Speakers
- HIV Positive Individuals Residing in Other SATGA Counties (Comal, Guadalupe and Wilson)

The sample sizes obtained from data collected by Provado and through additional surveying are noted below in Table 2.

Table 2: Sample Sizes for Target Groups

Target Group	Provado Sample	Additional Surveys Collected	Total Sample
HIV Positive	273	182	455
HIV Positive Minority Individuals (African American and/or Hispanic)	206*	159	365
HIV Positive Out of Care	37	42	79
HIV Positive Late to Care	43**	54	97
Recently Diagnosed HIV Positives (2015)	13***	44	44
Transgendered HIV Positives	14	2	16
HIV Positive Monolingual Spanish Speakers	4	35	39
Other SATGA Counties (Comal, Guadalupe, Wilson)	0	11	11

*3 additional surveys from the original Provado sample were able to be included in this target group after further analysis.

**6 additional surveys from the original Provado sample were able to be included in this target group after further analysis.

***These 13 surveys from Recently Diagnosed individuals were not used in this report as they reflected diagnoses in 2014.

The classifications that have been used for the target groups are as follows:

- **Out of care** – those who reported that in the past two years, they experienced a lapse in treatment with their HIV medical provider lasting more than six months.
- **Late to care** – those who reported progressing to a diagnosis of AIDS within one year of HIV diagnosis.
- **Recently diagnosed** – those who reported being diagnosed with HIV in 2015.

Target Population Surveying Goals

Based on 2015 ARIES database and service data provided by Bexar County DCR, the following surveying goals were developed (Table 3). With additional surveys added to Provado's samples, the surveying targets were either met or exceeded for all target populations

Table 3: Sample Size Goals for Target Groups

Target Population	10% Sample Aim	Current Survey Count	% of Goal Sample Achieved	% of Population Represented	Additional Surveys Needed
HIV Positive Out of Care (EIS Provider Report)	15	79	527%	52%	0
HIV Positive Late to Care	13.5*	97	719%	71.9%	0
Recently Diagnosed HIV Positives (2015 only)	26*	44	169%	16.7%	0
HIV Positive Monolingual Spanish Speakers	39	39	100%	10%	0
Other SATGA Counties					
Comal	4	5	125%	14.7%	0
Guadalupe	4	5	125%	13.2%	0
Wilson	1	1	100%	10%	0
Other SATGA Counties Total	9	11	122%	10.2%	0

* This sample sizes was based on the number of clients in the target group who received services in 2015.

DATA COLLECTION PROCEDURES

Data from the additional needs assessment surveys were gathered from January 30th, 2016 to February 29th, 2016. Since the purpose of this additional surveying was to increase the sample sizes of the specific target populations noted above, these surveys were completed through two methods: 1) by phone with Ryan White consumers who were found to match one or more of these target populations in ARIES, and 2) by providing paper copies of the survey to consumers attending HIV support groups. All surveyors were undergraduate research assistants from UTSA who had completed a Collaborative Institutional Training Initiative (CITI) certification course in Social and Behavioral Research, received training to ensure consumer confidentiality, and used a script for phone-based surveying developed by Bexar County DCR.

The only inclusion criteria were HIV positive status and residency in one of the four counties of the SATGA. During phone surveying, Ryan White consumers with a valid consent to call form on file were contacted primarily if they were identified in ARIES as belonging to one of the target populations noted above. It was noted while surveying that participants would

sometimes report belonging to one of these target populations despite not yet being identified as such in ARIES. Once several attempts were made to contact all ARIES-identified target population clients, further phone surveying was completed with the aim of reaching additional target population clients not yet identified as such in ARIES.

During the surveying period, 1273 phone calls made to Ryan White consumers resulting in 134 surveys completed by phone. Most successful surveying calls were completed in the early evenings or on weekends. The most frequent outcomes of other calls were: answering machines, numbers no longer in service, or wrong numbers. An additional 48 surveys were completed by consumers attending support groups at BEAT AIDS and FFACTS Clinic, or while visiting Mujeres Unidas. Surveys were administered in both English and Spanish either by phone with project surveyors or self-administered at support groups. For surveys completed by phone, ARIES identification numbers were used to avoid survey duplication among Ryan White consumers. For surveys completed at support groups, no names or other identifiers were collected with the measure, and all respondents were anonymous. A non-monetary incentive was provided to all surveying participants in the form of a Bexar County DCR goodie bag. Upon survey completion, participants were asked which Ryan White Service provider they would prefer picking up their goodie bag from (options included AARC, Centro Med, FFACTS Clinic and SAAF), and a weekly list of ARIES IDs for those who completed a survey were provided to a contact person at each of these locations. These goodie bag pick up locations provided an opportunity for case managers to bring any out of care individuals surveyed back into care.

SURVEYING LOCATIONS

The majority of surveys in Phase III were completed by phone, and the remaining surveys were either collected from support groups at BEAT AIDS and University Health System FFACTS Clinic or from Mujeres Unidas. Specific numbers of surveys collected from each location are detailed in Table 4.

Table 4: Surveying Locations

Surveying Location	Surveys Collected
Phone	134
BEAT AIDS Support Groups	26
University Health System – FFACTS Clinic Support Groups	16
Mujeres Unidas Contra el Sida	6

POPULATION DEMOGRAPHICS

Demographics for the overall target population as well as specific target groups are detailed in Table 5 to follow.

HIV Positive Target Population:

For this target population (n=455), an HIV positive status was the only requirement.

This sample is predominantly male (318; 69.9%), aged 45 to 54 (141; 31%), Hispanic (279; 61.3%), White (259; 56.9%), and English-speaking (237; 52.1%). The majority have completed some college (134; 29.5%), earn between \$1-\$975 per month (177; 38.9%), and rent a house or apartment (211; 46.4%). This sample predominantly resides in the following zip codes: 78207 (33; 7.3%), 78212 (30; 6.6%), 78201 (26; 5.7%), 78208 (22; 4.8%) and 78210 (22; 4.8%). In the past year, 11% (50) have been incarcerated and 20.7% (94) have experienced homelessness. The majority is on Medicaid (116; 25.5%) or Medicare (113; 24.8%). The median year of HIV diagnosis is 2008, with modes of 2014 and 2015, and a range spanning from 1981 to 2015. Within this sample, 26.8% (122) reported receiving a diagnosis of AIDS.

HIV Positive Minority Individuals:

In this target group (n=365), all individuals were Hispanic and/or African American.

This sample is predominantly male (255; 69.9%) aged 45 to 54 (108; 29.6%), Hispanic (279; 76.4%), White (187; 51.2%), and English-speaking (166; 45.5%). The majority have completed some college (109; 29.9%), earn between \$1-\$975 per month (139; 38.1%), and rent a house or apartment (172; 47.1%). This sample predominantly resides in the following zip codes: 78207 (30; 8.2%), 78201 (23; 6.3%), 78210 and 78212 (20; 5.5% for each). In the past year, 9% (33) have been incarcerated and 20% (73) have experienced homelessness. The majority is on Medicaid (94; 25.8%). The median year of HIV diagnosis is 2009 with a mode of 2014 and a range spanning from 1981 to 2015. Within this sample, 24.4% (89) reported receiving a diagnosis of AIDS.

HIV Positive Out of Care:

In this target group (n=79), all individuals either reported that in the past two years they experienced a lapse in treatment with their HIV medical provider lasting more than six months, or were noted in ARIES as being out of care.

This sample is predominantly male (60; 75.9%), aged 45 to 54 (27; 34.2%), Hispanic (45; 57%), White (40; 50.6%), and English-speaking (39; 49.4%). The majority have completed some college (22; 27.8%), earn between \$1-\$975 per month (29; 36.7%), and rent a house or apartment (30; 38%). This sample predominantly resides in the following zip code: 78207 (14; 17.7%). In the past year, 20.3% (16) have been incarcerated and 36.7% (29) have experienced homelessness. The majority has no insurance (26; 32.9%). The median year of HIV diagnosis is 2008 with a mode of 2014 and a range spanning from 1986 to 2015. Within this sample, 26.6% (21) reported receiving a diagnosis of AIDS.

HIV Positive Late to Care:

In this target group (n=97), all individuals progressed to AIDS within one year of HIV diagnosis. Within this sample, 100% either reported a diagnosis of AIDS in their survey, or were reported in ARIES as being Late to Care.

This sample is predominantly male (76; 78.4%), aged 45 to 54 (38; 39.2%), Hispanic (64; 66%), White (64; 66%), and English-speaking (42; 50%). The majority have completed some college (32; 33.0%), earn between \$1-\$975 per month (39; 40.2%), and rent a house or apartment (48; 49.5%). This sample predominantly resides in the following zip codes: 78212 (8; 9.5%), 78207 and 78228 (7; 8.3% for each). In the past year, 11.3% (11) have been incarcerated and 19.6% (19) have experienced homelessness. The majority has either Medicaid or no insurance coverage (27; 27.8% for both). The median year of HIV diagnosis is 2010 with a mode of 2014 and a range spanning from 1986 to 2015.

Recently Diagnosed HIV Positives:

In this target group (n=44), all individuals reported being diagnosed with HIV in 2015. Within this sample, 100% either reported a 2015 diagnosis of HIV in their survey, or were reported in ARIES as being diagnosed in 2015.

This sample is predominantly male (33; 75%), aged 25 to 34 (16; 36.4%), Hispanic (33; 75%), White (37; 84.1%), and bilingual English- and Spanish-speaking (21; 47.7%). The majority have completed some college (13; 29.5%), either earn no income or earn between \$1 - \$975 (12; 27.3% for each), and rent a house or apartment (15; 34.1%). This sample predominantly resides in the following zip codes: 78207 (4; 9.1%), 78201 and 78221 (3; 6.8% for each). In the past year, 6.8% (3) have been incarcerated and 18.2% (8) have experienced homelessness. The majority has no health insurance (18; 40.9%). All individuals were diagnosed with HIV in 2015. Within this sample, 13.6% (6) reported receiving a diagnosis of AIDS.

Transgendered HIV Positives:

In this target group (n=16), all individuals identified as either male to female transgender or female to male transgender.

This sample is predominantly male to female transgender (13; 81.3%), aged 35 to 44 (8; 50%), Hispanic (9; 56.3%), White (6; 37.5%), and English-speaking (9; 56.3%). The majority have completed some college (5; 31.3%), earn between \$1-\$975 per month (5; 31.3%), and rent a house or apartment (7; 43.8%). This sample predominantly noted being in unstable housing (4; 25%), but residential zip codes included 78208 (2; 12.5%) and others having only one resident each (1; 6.3%). In the past year, 18.8% (3) have been incarcerated and 37.5% (6) have experienced homelessness. The majority is on Medicaid (6; 37.5%). The median year of HIV diagnosis is 2000 with modes of 1993 and 1999, and a range spanning from 1982 to 2012. Within this sample, 37.5% (6) reported receiving a diagnosis of AIDS.

HIV Positive Monolingual Spanish Speakers:

In this target group (n=39), all individuals either reported being monolingual Spanish speakers, or were recorded as such in ARIES.

This sample is predominantly male (26; 66.7%), aged 45 to 54 (14; 35.9%), Hispanic (39; 100%), and White (33; 84.6%). The majority have attended 8th grade or less (10; 45.5%) and earn between \$1-975 per month (12; 30.8%), and renting a house or apartment (21; 53.8%). This sample predominantly resides in zip codes 78207 (6; 15.4%), 78201 and 78213 (3; 7.7%). In the past year, 7.7% (3) have been incarcerated and 7.7% (3) have experienced homelessness. The majority has no health insurance (16; 41%). The median year of HIV diagnosis is 2013 with a mode of 2014 and a range spanning from 1993 to 2015. Within this sample, 28.2% (11) reported receiving a diagnosis of AIDS.

Table 5: Population Demographics

Population Demographics	Total (T) n (%)	Minority (M) n (%)	Out of Care (OC) n (%)	Late to Care (LC) n (%)	Recently Diagnosed (RD) n (%)	Trans-gendered (TG) n (%)	Mono-lingual Spanish (MS) n (%)
Age							
13-24	33 (7.3)	30 (8.2)	7 (8.9)	0 (0)	6 (13.6)	0 (0)	1 (2.6)
25-34	84 (18.5)	73 (20.0)	18 (22.8)	16 (16.5)	16 (36.4)	2 (12.5)	9 (23.1)
35-44	101 (22.2)	78 (21.4)	21 (26.6)	19 (19.6)	6 (13.6)	8 (50.0)	9 (23.1)
45-54	141 (31.0)	108 (29.6)	27 (34.2)	38 (39.2)	11 (25.0)	3 (18.8)	14 (35.9)
55-64	82 (18.0)	70 (19.2)	5 (6.3)	19 (19.6)	4 (9.1)	1 (6.3)	2 (5.1)
65+	9 (2.0)	5 (1.4)	1 (1.3)	3 (3.1)	1 (2.3)	1 (6.3)	3 (7.7)
No response	5 (1.1)	1 (0.3)	0 (0)	2 (2.1)	0 (0)	1 (6.3)	1 (2.6)

Race	T	M	OC	LC	RD	TG	MS
White	259 (56.9)	187 (51.2)	40 (50.6)	64 (66.0)	37 (84.1)	6 (37.5)	33 (84.6)
Black or African American	90 (19.8)	90 (24.7)	23 (29.1)	14 (14.4)	6 (13.6)	4 (25.0)	0 (0)
Asian	4 (0.9)	2 (0.5)	1 (1.3)	1 (1.0)	0 (0)	0 (0)	0 (0)
American Indian or Alaska Native	12 (2.6)	8 (2.2)	2 (2.5)	2 (2.1)	0 (0)	0 (0)	0 (0)
Native Hawaiian or Pacific Islander	2 (0.4)	2 (0.5)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Biracial	9 (2.0)	8 (2.2)	1 (1.3)	2 (2.1)	1 (2.3)	0 (0)	1 (2.6)
Other	57 (12.5)	54 (14.8)	11 (13.9)	11 (11.3)	0 (0)	2 (12.5)	1 (2.6)
No response	21 (4.6)	14 (3.8)	1 (1.3)	3 (3.1)	0 (0)	4 (25.0)	4 (10.3)
Ethnicity							
Hispanic	279 (61.3)	279 (76.4)	45 (57.0)	64 (66.0)	33 (75.0)	9 (56.3)	39 (100)
Non-Hispanic	158 (34.7)	74 (20.3)	30 (38.0)	29 (29.9)	11 (25.0)	6 (37.5)	0 (0)
No response	18 (4.0)	12 (3.3)	4 (5.1)	4 (4.1)	0 (0)	1 (6.3)	0 (0)
Gender							
Male	318 (69.9)	255 (69.9)	60 (75.9)	76 (78.4)	33 (75.0)	0 (0)	26 (66.7)
Female	117 (25.7)	97 (26.6)	17 (21.5)	19 (19.6)	11 (25.0)	0 (0)	11 (28.2)
Male to Female Transgender	13 (2.9)	12 (3.3)	2 (2.5)	0 (0)	0 (0)	13 (81.3)	1 (2.6)
Female to Male Transgender	3 (0.7)	1 (0.3)	0 (0)	0 (0)	0 (0)	3 (18.8)	1 (2.6)
No response	4 (0.9)	0 (0)	0 (0)	2 (2.1)	0 (0)	0 (0)	0 (0)

Educational Attainment	T	M	OC	LC	RD	TG	MS
8 th Grade or Less	33 (7.3)	30 (8.2)	10 (12.7)	12 (12.4)	4 (9.1)	1 (6.3)	17 (43.6)
Some High School	80 (17.6)	70 (19.2)	11 (13.9)	17 (17.5)	7 (15.9)	3 (18.8)	6 (15.4)
High School Graduate or GED	116 (25.5)	98 (26.8)	20 (25.3)	20 (20.6)	10 (22.7)	4 (25.0)	3 (7.7)
Vocational or Technical School	18 (4.0)	17 (4.7)	4 (5.1)	5 (5.2)	0 (0)	0 (0)	1 (2.6)
Some College	134 (29.5)	109 (29.9)	22 (27.8)	32 (33.0)	13 (29.5)	5 (31.3)	7 (17.9)
Completed College	55 (12.1)	32 (8.8)	9 (11.4)	9 (9.3)	8 (18.2)	2 (12.5)	4 (10.3)
Post-Graduate Education	13 (2.9)	7 (1.9)	1 (1.3)	2 (2.1)	2 (4.5)	1 (6.3)	1 (2.6)
No response	6 (1.3)	2 (0.5)	2 (2.5)	0 (0)	0 (0)	0 (0)	0 (0)
Incarceration in past year							
Yes	50 (11.0)	33 (9.0)	16 (20.3)	11 (11.3)	3 (6.8)	3 (18.8)	3 (7.7)
No response	8 (1.8)	4 (1.1)	2 (2.5)	1 (1.0)	0 (0)	0 (0)	0 (0)
Homeless in past year							
Yes	94 (20.7)	73 (20.0)	29 (36.7)	19 (19.6)	8 (18.2)	6 (37.5)	3 (7.7)
No response	8 (1.8)	4 (1.1)	2 (2.5)	2 (2.1)	0 (0)	0 (0)	0 (0)

Current Living Situation	T	M	OC	LC	RD	TG	MS
Own a Home	48 (10.5)	37 (10.1)	7 (8.9)	8 (8.2)	5 (11.4)	2 (12.5)	8 (20.5)
Rent a House or Apartment	211 (46.4)	172 (47.1)	30 (38.0)	48 (49.5)	15 (34.1)	7 (43.8)	21 (53.8)
Living with Family	87 (19.1)	75 (20.5)	12 (15.2)	19 (19.6)	14 (31.8)	1 (6.3)	2 (5.1)
Living with a Friend	29 (6.4)	23 (6.3)	6 (7.6)	8 (8.2)	3 (6.8)	1 (6.3)	5 (12.8)
Couch Surfing	10 (2.2)	7 (1.9)	2 (2.5)	1 (1.0)	0 (0)	2 (12.5)	1 (2.6)
Drug Treatment Program	1 (0.2)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Shelter/Transitional	33 (7.3)	27 (7.4)	9 (11.4)	7 (7.2)	1 (2.3)	0 (0)	1 (2.6)
Homeless/Unstable Housing	13 (2.9)	9 (2.5)	7 (8.9)	2 (2.1)	2 (4.5)	0 (0)	1 (2.6)
Other or Combination	15 (3.3)	12 (3.3)	4 (5.1)	3 (3.1)	4 (9.1)	3 (18.8)	0 (0)
No response	8 (1.8)	3 (0.8)	2 (2.5)	1 (1.0)	0 (0)	0 (0)	0 (0)
Income							
\$0-No Income	102 (22.4)	84 (23.0)	22 (27.8)	28 (28.9)	12 (27.3)	3 (18.8)	8 (20.5)
\$1 - \$975	177 (38.9)	139 (38.1)	29 (36.7)	39 (40.2)	12 (27.3)	5 (31.3)	12 (30.8)
\$976 - \$1,460	71 (15.6)	58 (15.9)	8 (10.1)	11 (11.3)	5 (11.4)	3 (18.8)	7 (17.9)
\$1,461 - \$1,945	43 (9.5)	38 (10.4)	9 (11.4)	7 (7.2)	7 (15.9)	2 (12.5)	5 (12.8)
\$1,946 - \$2,430	28 (6.2)	22 (6.0)	5 (6.3)	6 (6.2)	2 (4.5)	0 (0)	4 (10.3)
More than \$2,431	18 (4.0)	12 (3.3)	4 (5.1)	1 (1.0)	5 (11.4)	0 (0)	1 (2.6)
No response	16 (3.5)	12 (3.3)	2 (2.5)	5 (5.2)	1 (2.3)	3 (18.8)	2 (5.1)

Health Coverage (Some selected >1 option)	T	M	OC	LC	RD	TG	MS
Medicare	113 (24.8)	83 (22.7)	13 (16.5)	22 (22.7)	1 (2.3)	4 (25.0)	4 (10.3)
Medicaid	116 (25.5)	94 (25.8)	18 (22.8)	27 (27.8)	4 (9.1)	6 (37.5)	4 (10.3)
Private Insurance	56 (12.3)	44 (12.1)	13 (16.5)	4 (4.1)	6 (13.6)	0 (0)	4 (10.3)
Veterans Administration Healthcare System	11 (2.4)	6 (1.6)	1 (1.3)	0 (0)	0 (0)	2 (12.5)	1 (2.6)
Care Link	64 (14.1)	55 (15.1)	6 (7.6)	17 (17.5)	3 (6.8)	0 (0)	7 (17.9)
No Insurance	102 (22.4)	88 (24.1)	26 (32.9)	27 (27.8)	18 (40.9)	4 (25.0)	16 (41.0)
Other	53 (11.6)	38 (10.4)	11 (13.9)	10 (10.3)	14 (31.8)	4 (25.0)	6 (15.4)
Year of HIV Diagnosis							
Median	2008	2009	2008	2010	2015	2000	2013
Mode(s)	2014, 2015	2014	2014	2014	2015	1993, 1999	2014
Min	1981	1981	1986	1986	2011*	1982	1993
Max	2015	2015	2015	2015	2015	2012	2015
No response	28 (6.2)	25 (6.8)	5 (6.3)	4 (4.1)	1 (2.3)*	3 (18.8)	0 (0)
AIDS diagnosis							
Yes	122 (26.8)	89 (24.4)	21 (26.6)	80 (82.5)**	6 (13.6)	6 (37.5)	11 (28.2)
No response	3 (0.7)	2 (0.5)	1 (1.3)	1 (1.0)**	1 (2.3)	0 (0)	0 (0)

*When asked, "What year were you diagnosed with HIV?" 4 individuals listed as Recently Diagnosed in the ARIES database either gave an earlier year than 2015 (3) or declined to answer (1).

**When asked, "Have you been diagnosed with AIDS?" 17 individuals listed as Late to Care in the ARIES database either responded "No," "I don't know," or declined to answer when surveyed by phone. Additionally, some did not want to provide the year of AIDS diagnosis.

HIV LINKAGE TO CARE, MEDICATIONS AND ADHERENCE

Characteristics for the overall target population as well as specific target groups are detailed in Table 6 to follow.

HIV Positive Target Population:

The majority of this sample was linked to treatment within one month of diagnosis (299; 65.7%). The majority of this target population reported currently taking HIV/AIDS medications (424; 93.2%), and always taking the medication correctly and consistently over the past 30 days (344; 75.6%). The most common reason for missing a dose was forgetfulness (7; 1.5%). Within this sample, 37.1% (169) have trouble affording medication co-payments, and 37.4% (170) are enrolled in the Texas HIV Medication Program (THMP).

91.4% of this sample reported understanding what an “undetectable” viral load means.

HIV Positive Minority Individuals:

The majority of this sample was linked to treatment within one month of diagnosis (244; 66.8%). The majority of this target group reported currently taking HIV/AIDS medications (340; 93.2%), and always taking the medication correctly and consistently over the past 30 days (277; 75.9%). The most common reason for missing a dose was forgetfulness (6; 1.6%). Within this sample, 38.6% (141) have trouble affording medication co-payments, and 37% (135) are enrolled in the Texas HIV Medication Program (THMP).

91% of this sample reported understanding what an “undetectable” viral load means.

HIV Positive Out of Care:

The majority of this sample was linked to treatment within one month of diagnosis (49; 62%). The majority of this target group reported currently taking HIV/AIDS medications (63; 79.7%), and always taking the medication correctly and consistently over the past 30 days (48; 60.8%). The most common reasons for missing a dose were inability to afford the medication and forgetfulness (1; 1.3% for each). Within this sample, 34.2% (27) have trouble affording medication co-payments, and 24.1% (19) are enrolled in the Texas HIV Medication Program (THMP).

86.1% of this sample reported understanding what an “undetectable” viral load means.

HIV Positive Late to Care:

The majority of this sample was linked to treatment within one month of diagnosis (69; 71.1%). The majority of this target group reported currently taking HIV/AIDS medications (95; 97.9%), and always taking the medication correctly and consistently over the past 30 days (87; 89.7%). The most common reason for missing a dose was forgetfulness (2; 2.1%). Within this sample, 35.1% (34) have trouble affording medication co-payments, and 47.4% (46) are enrolled in the Texas HIV Medication Program (THMP).

91.8% of this sample reported understanding what an “undetectable” viral load means.

Recently Diagnosed HIV Positives:

The majority of this sample was linked to treatment within one month of diagnosis (35; 79.5%). The majority of this target group reported currently taking HIV/AIDS medications (40; 90.9%), and always taking the medication correctly and consistently over the past 30 days (38; 86.4%). The most common reasons for missing a dose were not being able to afford the medications (1; 2.3 %), and “other – not currently taking medicine” (2; 4.5%). Within this sample, 40.9% (18) have trouble affording medication co-payments, and 15.9% (7) are enrolled in the Texas HIV Medication Program (THMP).

93.2% of this sample reported understanding what an “undetectable” viral load means.

Transgendered HIV Positives:

The majority of this sample was linked to treatment within six months of diagnosis (6; 37.5%). This entire target group reported currently taking HIV/AIDS medications (16; 100%), and the majority reported always taking the medication correctly and consistently over the past 30 days (10; 62.5%). The most common reason for missing a dose was forgetfulness (1; 6.3%). Within this sample, 43.8% (7) have trouble affording medication co-payments, and 31.3% (5) are enrolled in the Texas HIV Medication Program (THMP).

87.5% of this sample reported understanding what an “undetectable” viral load means.

HIV Positive Monolingual Spanish Speakers:

The majority of this sample was linked to treatment within one month of diagnosis (24; 61.5%). This entire target group reported currently taking HIV/AIDS medications (39; 100%), and the majority reported always taking the medication correctly and consistently over the past 30 days (37; 94.9%). No reasons for missing a dose were reported. Within this sample, 43.6% (17) have trouble affording medication co-payments, and 56.4% (22) are enrolled in the Texas HIV Medication Program (THMP).

89.7% of this sample reported understanding what an “undetectable” viral load means.

Table 6: Population HIV Linkage to Care and Medication Adherence Characteristics

	Total (T) n (%)	Minority (M) n (%)	Out of Care (OC) n (%)	Late to Care (LC) n (%)	Recently Diagnosed (RD) n (%)	Trans- gendered (TG) n (%)	Mono- lingual Spanish (MS) n (%)
Time Between Diagnosis and Treatment							
Never entered care	4 (0.9)	4 (1.1)	1 (1.3)	0 (0)	0 (0)	0 (0)	0 (0)
Immediately (within one month)	299 (65.7)	244 (66.8)	49 (62.0)	69 (71.1)	35 (79.5)	5 (31.3)	24 (61.5)
Within 6 months	83 (18.2)	66 (18.1)	14 (17.7)	19 (19.6)	8 (18.2)	6 (37.5)	11 (28.2)
Within a year	23 (5.1)	21 (5.8)	6 (7.6)	5 (5.2)	0 (0)	2 (12.5)	2 (5.1)
Other	41 (9.0)	27 (7.4)	8 (10.1)	3 (3.1)	0 (0)	3 (18.8)	2 (5.1)
No response	5 (1.1)	3 (0.8)	1 (1.3)	1 (1.0)	1 (2.3)	0 (0)	0 (0)
Knowledge of Undetectable Viral Load							
Yes	416 (91.4)	332 (91.0)	68 (86.1)	89 (91.8)	41 (93.2)	14 (87.5)	35 (89.7)
No response	3 (0.7)	2 (0.5)	2 (2.5)	1 (1.0)	1 (2.3)	1 (6.3)	0 (0)
Currently taking HIV/AIDS medications							
Yes	424 (93.2)	340 (93.2)	63 (79.7)	95 (97.9)	40 (90.9)	16 (100)	39 (100)
No response	1 (0.2)	1 (0.3)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

Correct and consistent medication usage; past 30 days	T	M	OC	LC	RD	TG	MS
Always	344 (75.6)	277 (75.9)	48 (60.8)	87 (89.7)	38 (86.4)	10 (62.5)	37 (94.9)
Most of the Time	69 (15.2)	54 (14.8)	12 (15.2)	6 (6.2)	3 (6.8)	5 (31.3)	2 (5.1)
Sometimes	8 (1.8)	6 (1.6)	3 (3.8)	2 (2.1)	0 (0)	0 (0)	0 (0)
Not all the time	7 (1.5)	6 (1.6)	1 (1.3)	0 (0)	0 (0)	1 (6.3)	0 (0)
Hardly ever	5 (1.1)	3 (0.8)	5 (6.3)	1 (1.0)	0 (0)	0 (0)	0 (0)
N/A – Not taking medication	8 (1.8)	7 (1.9)	3 (3.8)	0 (0)	3 (6.8)	0 (0)	0 (0)
No response	14 (3.1)	12 (3.3)	7 (8.9)	1 (1.0)	0 (0)	0 (0)	0 (0)
Reason for missed doses							
Couldn't afford medications	2 (0.4)	1 (0.3)	1 (1.3)	0 (0)	1 (2.3)	0 (0)	0 (0)
Forgot to take medications	7 (1.5)	6 (1.6)	1 (1.3)	2 (2.1)	0 (0)	1 (6.3)	0 (0)
Side effects of medications	1 (0.2)	1 (0.3)	0 (0)	1 (1.0)	0 (0)	0 (0)	0 (0)
N/A – Take medications regularly	415 (91.2)	333 (91.2)	60 (75.9)	94 (96.9)	41 (93.2)	15 (93.8)	39 (100)
Other	19 (4.2)	14 (3.8)	12 (15.2)	0 (0)	2 (4.5)	0 (0)	0 (0)
No response	11 (2.4)	10 (2.7)	5 (6.3)	0 (0)	0 (0)	0 (0)	0 (0)

Have trouble paying medication co-pays	T	M	OC	LC	RD	TG	MS
Yes	169 (37.1)	141 (38.6)	27 (34.2)	34 (35.1)	18 (40.9)	7 (43.8)	17 (43.6)
No response	12 (2.6)	9 (2.5)	4 (5.1)	0 (0)	0 (0)	0 (0)	0 (0)
Enrolled in Texas HIV Medication Program (THMP) (A.K.A. AIDS Drug Assistance Program [ADAP])							
Yes	170 (37.4)	135 (37.0)	19 (24.1)	46 (47.4)	7 (15.9)	5 (31.3)	22 (56.4)
No response	13 (2.9)	9 (2.5)	4 (5.1)	2 (2.1)	0 (0)	1 (6.3)	1 (2.6)

HIV SERVICES

The majority of each specific target group and the overall target population all reported receiving HIV primary medical care from the UHS FFACTS Clinic. Reported HIV primary care utilization is detailed for each group in Table 7 below.

Table 7: Population HIV Primary Care Utilization

Population HIV Primary Care Utilization	Total n (%)	Minority n (%)	Out of Care n (%)	Late to Care n (%)	Recently Diagnosed n (%)	Trans-gendered n (%)	Mono-lingual Spanish n (%)
HIV Primary Care Location							
Centro Med	165 (36.3)	136 (37.3)	29 (36.7)	19 (19.6)	17 (38.6)	3 (18.8)	7 (17.9)
UHS FFACTS Clinic	220 (48.4)	180 (49.3)	32 (40.5)	66 (68.0)	22 (50.0)	10 (62.5)	28 (71.8)
Private Doctor	30 (6.6)	19 (5.2)	7 (8.9)	8 (8.2)	1 (2.3)	0 (0)	0 (0)
Public Health Clinic	2 (0.4)	1 (0.3)	1 (1.3)	0 (0)	0 (0)	0 (0)	0 (0)
Veterans Administration	9 (2.0)	6 (1.6)	1 (1.3)	1 (1.0)	0 (0)	1 (6.3)	0 (0)
Not receiving care at this time	3 (0.7)	2 (0.5)	3 (3.8)	0 (0)	0 (0)	0 (0)	0 (0)
Other	15 (3.3)	11 (3.0)	4 (5.1)	1 (1.0)	1 (2.3)	0 (0)	3 (7.7)
Combination	4 (0.9)	4 (1.1)	1 (1.3)	1 (1.0)	3 (6.8)	0 (0)	0 (0)
No response	7 (1.5)	6 (1.6)	1 (1.3)	1 (1.0)	0 (0)	2 (12.5)	1 (2.6)

Core Medical Service Need

Survey participants were asked about their HIV service need as it related to each individual core medical service. Participants were able to respond with one (1) of three (3) answers:

- 1 *"I needed this service and received this service"*
- 2 *"I did not need this service"*
- 3 *"I needed this service, and did not receive this service"*

The top three services that were needed but not received by the greatest number of clients included: Oral Health Care (115; 25.3%), Health Insurance Assistance (73; 16%), and Mental Health Services (48; 10.5%). Table 8 below illustrates core medical service need in detail.

Table 8: Population HIV Medical Service Need

Core Medical Service	Needed Service		Did Not Need Service
	Received	Not Received	
Oral Health Care	240 (52.7)	115 (25.3)	87 (19.1)
Health Insurance Assistance	239 (52.5)	73 (16.0)	137 (30.1)
Mental Health Services	219 (48.1)	48 (10.5)	182 (40.0)
Medical Nutritional Therapy	168 (36.9)	47 (10.3)	233 (51.2)
Medical Case Management	314 (69.0)	42 (9.2)	92 (20.2)
AIDS Pharmaceutical Assistance	202 (44.4)	39 (8.6)	205 (45.1)
Home and Community Based Health Services	64 (14.1)	33 (7.3)	351 (77.1)
Ambulatory/ Outpatient Medical Care	223 (49.0)	30 (6.6)	188 (41.3)
Home Health Care	53 (11.6)	28 (6.2)	370 (81.3)
Substance Abuse Services	88 (19.3)	24 (5.3)	338 (74.3)
Hospice Services	25 (5.5)	19 (4.2)	399 (87.7)

Support Service Need

Survey participants were asked about their HIV service need as it related to each individual support service. Participants were able to respond with one (1) of three (3) answers:

- 4 *"I needed this service and received this service"*
- 5 *"I did not need this service"*
- 6 *"I needed this service, and did not receive this service"*

The top three services that were needed but not received by the greatest number of clients included: Housing Services (91; 20%), Emergency Financial Assistance Services (87; 19.1%), and Food Bank/ Home Delivered Meals (57; 12.5%). Table 9 below illustrates support service need in detail.

Table 9: Population HIV Support Service Need

Support Service	Needed Service		Did Not Need Service
	Received	Not Received	
Housing Services	124 (27.3)	91 (20.0)	227 (49.9)
Emergency Financial Assistance Services	137 (30.1)	87 (19.1)	210 (46.2)
Food Bank/ Home Delivered Meals	154 (33.8)	57 (12.5)	240 (52.7)
Legal Services	59 (13.0)	51 (11.2)	326 (71.6)
Referrals for Health Care/ Supportive Services	212 (46.6)	43 (9.5)	191 (42.0)
Medical Transportation Services	133 (29.2)	43 (9.5)	222 (48.8)
Non- Medical Case Management	290 (63.7)	40 (8.8)	113 (24.8)
Psychosocial Support Services	144 (31.6)	37 (8.1)	263 (57.8)
Treatment Adherence Services	132 (29.0)	31 (6.8)	282 (62.0)
Rehabilitation Services	81 (17.8)	27 (5.9)	335 (73.6)
Respite Care	39 (8.6)	25 (5.5)	378 (83.1)
Health Education/Risk Reduction	222 (48.8)	23 (5.1)	201 (44.2)
Linguistic Services	36 (7.9)	19 (4.2)	386 (84.8)
Pediatric Developmental Assessment	17 (3.7)	14 (3.1)	411 (90.3)
Child Care Services	16 (3.5)	13 (2.9)	415 (91.2)

Barriers to Core Medical and Support Services

Across all HIV services, the most commonly reported reason for not receiving a needed service was "*not knowing about the service*." Table 10 on pages 24-27 depicts these barriers in detail.

Why did you not receive this needed service?	Ambulatory / Outpatient Medical Care	Oral Health Care	Medical Case Mgmt.	Non-Medical Case Mgmt.	Health Insurance Assistance	Mental Health Services	Substance Abuse Services
This service was not funded	2 (0.4)	8 (1.8)	3 (0.7)	3 (0.7)	7 (1.5)	4 (0.9)	2 (0.4)
This service was funded, but ran out of money	1 (0.2)	13 (2.9)	3 (0.7)	4 (0.9)	4 (0.9)	3 (0.7)	0 (0)
Service had a waiting list	6 (1.3)	17 (3.7)	3 (0.7)	1 (0.2)	4 (0.9)	6 (1.3)	2 (0.4)
The available appointments were too long to wait	1 (0.2)	2 (0.4)	6 (1.3)	1 (0.2)	1 (0.2)	3 (0.7)	1 (0.2)
I missed my appointments	3 (0.7)	3 (0.7)	2 (0.4)	0 (0)	1 (0.2)	2 (0.4)	0 (0)
I did not qualify for this service	3 (0.7)	8 (1.8)	2 (0.4)	3 (0.7)	10 (2.2)	2 (0.4)	0 (0)
They did not take my insurance	1 (0.2)	5 (1.1)	2 (0.4)	0 (0)	1 (0.2)	1 (0.2)	0 (0)
I did not know about the service	8 (1.8)	23 (5.1)	17 (3.7)	12 (2.6)	25 (5.5)	12 (2.6)	9 (2.0)
The clinic hours were not convenient	3 (0.7)	5 (1.1)	2 (0.4)	2 (0.4)	0 (0)	3 (0.7)	0 (0)
The clinic location was not convenient	1 (0.2)	2 (0.4)	0 (0)	1 (0.2)	0 (0)	1 (0.2)	0 (0)
Other	13 (2.9)	39 (8.6)	15 (3.3)	23 (5.1)	28 (6.2)	20 (4.4)	10 (2.2)

Why did you not receive this needed service?	AIDS Pharma. Assistance	Home Health Care	Home and Community Health Svcs.	Medical Nutritional Therapy	Child Care Services	Food Bank/ Home Del. Meals
This service was not funded	3 (0.7)	2 (0.4)	2 (0.4)	7 (1.5)	0 (0)	6 (1.3)
This service was funded, but ran out of money	1 (0.2)	1 (0.2)	3 (0.7)	2 (0.4)	0 (0)	1 (0.2)
Service had a waiting list	1 (0.2)	5 (1.1)	4 (0.9)	3 (0.7)	1 (0.2)	3 (0.7)
The available appointments were too long to wait	1 (0.2)	1 (0.2)	1 (0.2)	3 (0.7)	1 (0.2)	0 (0)
I missed my appointments	0 (0)	0 (0)	0 (0)	3 (0.7)	0 (0)	1 (0.2)
I did not qualify for this service	4 (0.9)	2 (0.4)	5 (1.1)	1 (0.2)	1 (0.2)	4 (0.9)
They did not take my insurance	1 (0.2)	1 (0.2)	0 (0)	0 (0)	0 (0)	0 (0)
I did not know about the service	15 (3.3)	11 (2.4)	15 (3.3)	19 (4.2)	3 (0.7)	28 (6.2)
The clinic hours were not convenient	0 (0)	0 (0)	1 (0.2)	1 (0.2)	1 (0.2)	1 (0.2)
The clinic location was not convenient	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	2 (0.4)
Other	15 (3.3)	10 (2.2)	6 (1.3)	15 (3.3)	7 (1.5)	16 (3.5)

Why did you not receive this needed service?	Health Ed./ Risk Reduction	Emergency Financial Assistance Services	Housing Services	Medical Transp. Services	Psychosocial Support Services	Legal Services
This service was not funded	0 (0)	10 (2.2)	5 (1.1)	2 (0.4)	6 (1.3)	4 (0.9)
This service was funded, but ran out of money	0 (0)	8 (1.8)	11 (2.4)	4 (0.9)	1 (0.2)	1 (0.2)
Service had a waiting list	1 (0.2)	5 (1.1)	20 (4.4)	3 (0.7)	1 (0.2)	4 (0.9)
The available appointments were too long to wait	0 (0)	0 (0)	1 (0.2)	1 (0.2)	1 (0.2)	1 (0.2)
I missed my appointments	1 (0.2)	3 (0.7)	2 (0.4)	0 (0)	0 (0)	0 (0)
I did not qualify for this service	2 (0.4)	9 (2.0)	12 (2.6)	5 (1.1)	3 (0.7)	1 (0.2)
They did not take my insurance	1 (0.2)	0 (0)	0 (0)	1 (0.2)	1 (0.2)	0 (0)
I did not know about the service	9 (2.0)	40 (8.8)	31 (6.8)	18 (4.0)	15 (3.3)	27 (5.9)
The clinic hours were not convenient	1 (0.2)	0 (0)	0 (0)	0 (0)	2 (0.4)	0 (0)
The clinic location was not convenient	1 (0.2)	0 (0)	0 (0)	0 (0)	0 (0)	2 (0.4)
Other	7 (1.5)	21 (4.6)	22 (4.8)	13 (2.9)	12 (2.6)	14 (3.1)

Why did you not receive this needed service?	Linguistic Services	Hospice Services	Pediatric Devel. Assessment	Referrals for Health Care/ Support	Rehabilita-tion Services	Respite Care	Treatment Adherence Services
This service was not funded	1 (0.2)	4 (0.9)	2 (0.4)	3 (0.7)	2 (0.4)	1 (0.2)	1 (0.2)
This service was funded, but ran out of money	1 (0.2)	3 (0.7)	1 (0.2)	3 (0.7)	2 (0.4)	1 (0.2)	1 (0.2)
Service had a waiting list	2 (0.4)	1 (0.2)	1 (0.2)	6 (1.3)	3 (0.7)	0 (0)	1 (0.2)
The available appointments were too long to wait	1 (0.2)	0 (0)	0 (0)	4 (0.9)	2 (0.4)	1 (0.2)	0 (0)
I missed my appointments	0 (0)	2 (0.4)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
I did not qualify for this service	1 (0.2)	1 (0.2)	0 (0)	1 (0.2)	3 (0.7)	1 (0.2)	1 (0.2)
They did not take my insurance	1 (0.2)	0 (0)	0 (0)	3 (0.7)	0 (0)	1 (0.2)	1 (0.2)
I did not know about the service	7 (1.5)	5 (1.1)	6 (1.3)	16 (3.5)	10 (2.2)	16 (3.5)	15 (3.3)
The clinic hours were not convenient	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (0.2)
The clinic location was not convenient	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (0.2)	0 (0)
Other	7 (1.5)	7 (1.5)	7 (1.5)	14 (3.1)	9 (2.0)	6 (1.3)	12 (2.6)

BARRIERS TO CARE

Characteristic barriers for PLWHA who have fallen out of care as depicted in Table 11 are expanded upon in Table 12 for the target population as a whole.

Table 11: PLWHA That Have Fallen Out of Care

In the past 2 years, have you stopped going to your HIV medical provider for more than 6 months?	Total n (%)	Minority n (%)	Out of Care n (%)	Late to Care n (%)	Recently Diagnosed n (%)	Trans- gendered n (%)	Mono- lingual Spanish n (%)
Yes	60 (13.2)*	49 (13.4)	60 (75.9)*	10 (10.3)	5 (11.4)	2 (12.5)	3 (7.7)
No response	11 (2.4)	6 (1.6)	0 (0)	1 (1.0)	0 (0)	3 (18.8)	2 (5.1)

*19 individuals listed as Out of Care in the ARIES database answered "no" to the question above when surveyed by phone.

Barriers for PLWHA that fell out of care

The most frequently reported barriers are as follows:

- Financial: *Not enough money* (22; 4.8%).
- Clinic Facility: *Not knowing where to go to get care; and "Red Tape" / Eligibility process too burdensome* (7; 1.5% for each).
- Health: *Having depression/anxiety prevent a trip to the clinic* (19; 4.2%).
- Housing/Responsibility: *Experiencing homelessness* (16; 3.5%).
- Knowledge/Belief: *Not wanting to think about being HIV positive* (15; 3.3%).

Table 12: Population Barriers to Care

Financial Barriers	n (%)
Not enough money	22 (4.8)
No car/transportation	20 (4.4)
No health insurance/not enough health insurance	10 (2.2)
Could not afford time off work	5 (1.1)
Other	10 (2.2)
I had no financial barriers	8 (1.8)

Clinic Facility Barriers	
I didn't know where to go to get care	7 (1.5)
"Red Tape" / Eligibility process too burdensome	7 (1.5)
The clinic waiting time were too long	6 (1.3)
The clinic was inconvenient (hours of operation)	5 (1.1)
Appointments cancelled/rescheduled	5 (1.1)
I was unable to get an appointment, or too far in future	5 (1.1)
The clinic was inconvenient (location difficult to get to)	4 (0.9)
The clinic staff didn't speak my language	1 (0.2)
The clinic staff was rude/unkind	1 (0.2)
Other Clinic related reason	8 (1.8)
I had no clinic/ facility barriers	16 (3.5)
Health Barrier	
Depression/Anxiety prevented me from going	19 (4.2)
I felt too sick to go	12 (2.6)
Drug or Alcohol prevented me from going	6 (1.3)
A disability prevented me from going	5 (1.1)
I am a victim of domestic abuse, and was afraid or embarrassed or prevented from going by abuser	0 (0)
Other Health related reason	10 (2.2)
I had no health barriers	17 (3.7)
Housing/ Responsibility Barriers	
I was homeless	16 (3.5)
I was in jail or prison	7 (1.5)
Unable to get time off of work	6 (1.3)
Unable to get childcare	3 (0.7)
Needed to care for an adult family member or friend	1 (0.2)
Other reasons related to housing or responsibilities	8 (1.8)
I had no housing/ responsibility barriers	22 (4.8)

Knowledge/Belief Barriers	
I didn't want to think about being HIV positive	15 (3.3)
I didn't believe HIV medications would help	6 (1.3)
I was afraid of medication side effects	6 (1.3)
I didn't feel sick	5 (1.1)
I was too embarrassed or ashamed to go for medical care	5 (1.1)
I didn't want anyone to know I was HIV positive	5 (1.1)
Religious/spiritual beliefs	5 (1.1)
I didn't like doctors/clinics	4 (0.9)
I didn't think I was infected with HIV	2 (0.4)
Other reasons related to knowledge or beliefs	5 (1.1)
I had no knowledge/belief barriers	23 (5.1)

CLIENT FEEDBACK

The majority of clients reported that the quality of their HIV services was unaffected by any of the variables below (306; 67.3%). However, one's income or ability to pay was the most commonly reported variable perceived as impacting HIV service quality (52; 11.4%).

Table 13: Perceived Variables in HIV Service Quality

Perceived Variable	n (%)
Your income or ability to pay	52 (11.4)
Your race	11 (2.4)
Where you live	11 (2.4)
Your sexual orientation	8 (1.8)
Your ethnicity	4 (0.9)
Your gender	2 (0.4)
Combination	15 (3.3)
Other	8 (1.8)
Not affected by any of these	306 (67.3)
No response	38 (8.4)

List the 3 biggest problems you have faced when trying to access HIV services in the past year.

The most frequently reported problems mentioned were:

- Lack of transportation
- Inability to afford medication co-pays
- Excessive wait times
- Lack of knowledge of services available
- Dealing with HIV stigma
- Limited funding
- Limited availability of services
- Difficulty getting an appointment
- Homelessness
- Lack of housing assistance

What is the single most important change you would suggest to improve services for individuals and families living with HIV?

The most frequently suggested changes included:

- Increasing education (for family members and public)
- Increasing knowledge of available services
- Increasing transportation assistance
- Reducing wait times
- Reducing HIV stigma
- Increasing housing assistance
- Increasing financial assistance
- Increase funding
- Increase support groups

SUMMARY OF TRENDS

HIV Linkage to Care, Medications and Adherence:

Of all subpopulations, Transgendered individuals experienced the most delay in being linked to HIV primary care treatment with most individuals linked within 6 months of diagnosis (37.5%). In all other groups, the majority of individuals were linked within one month of diagnosis.

As would be expected, those in the Out of Care group reported the lowest current HIV/AIDS medication usage (79.7%). All other groups reported medication usage rates of nearly 90% or greater. This group also reported the lowest rate of medication adherence in the past 30 days (60.8%).

Across all groups, the most common reasons for missing a dose of medicine were forgetfulness and inability to afford the medication. Transgendered individuals (43.8%) and Monolingual Spanish speakers (43.6%) reported having the most trouble affording medication copayments.

Those in the Out of Care group reported the lowest rate of understanding what an "undetectable" viral load means (86.1%).

HIV Services:

The majority of each target group reported receiving HIV primary medical care from the UHS FFFACTS Clinic, followed by Centro Med.

Core Medical Service Need:

The top three services that were needed but not received by the greatest number of clients included: Oral Health Care (115; 25.3%), Health Insurance Assistance (73; 16%), and Mental Health Services (48; 10.5%).

Support Service Need:

The top three services that were needed but not received by the greatest number of clients included: Housing Services (91; 20%), Emergency Financial Assistance Services (87; 19.1%), and Food Bank/ Home Delivered Meals (57; 12.5%).

Barriers to Core Medical and Support Services:

Across all HIV services, the most commonly reported reason for not receiving a needed service was "*not knowing about the service*".

Barriers for PLWHA that fell out of care:

The most frequently reported barriers are as follows:

- Financial:
 - *Not enough money* (22; 4.8%).
- Clinic Facility:
 - *Not knowing where to go to get care; and*
 - *"Red Tape" / Eligibility process too burdensome* (7; 1.5% for each).
- Health:
 - *Having depression/anxiety prevent a trip to the clinic* (19; 4.2%).
- Housing/Responsibility:
 - *Experiencing homelessness* (16; 3.5%).
- Knowledge/Belief:
 - *Not wanting to think about being HIV positive* (15; 3.3%).

Perceived Variables in HIV Service Quality:

The majority of clients reported that the quality of their HIV services was unaffected by any socioeconomic variable (306; 67.3%). However, one's income or ability to pay was the most commonly reported variable perceived as impacting HIV service quality (52; 11.4%).

RECOMMENDATIONS

Based on our surveying in Phase III, we have found that the most targeted surveying approach to reach Ryan White consumers who are either out of care, late to care, recently diagnosed or monolingual Spanish speakers appears to be surveying by phone. Surveying by phone overcomes several barriers for this type of survey such as variable literacy level of participants, unanswered questions, errors and discrepancies. Also, using ARIES IDs as identifiers avoids duplication of survey participants.

However, some areas for further improvement in participation rates may include:

- Surveyors calling from a recognizable Bexar County DCR phone number.
- Collaborating with Ryan White HIV care providers to recruit eligible participants, and if interested, provide their contact information and target group classification(s) for survey completion by phone.

In order to reach representative sample sizes (10% or more) of target groups in future surveying endeavors, we would suggest the following methods:

- For Out of Care, Late to Care, Recently Diagnosed, Monolingual Spanish Speakers and clients living in Rural SATGA Counties (Comal, Guadalupe and Wilson):
 - Targeted surveying by phone based on information provided in ARIES.
 - Estimate a response rate of roughly 10%.
- For all target groups except for Out of Care:
 - Collaborating with Ryan White HIV care providers to recruit eligible participants during appointments, and if interested, provide their contact information and target group classification(s) for survey completion by phone.

We would recommend phone surveying over self-administration of surveys for a few reasons:

1. Phone surveying can increase survey completion rate, and reduced response error.
2. Phone surveying can eliminate barriers to survey completion among clients with low literacy and certain disabilities.
3. Phone surveying of target groups based on ARIES identification provides the opportunity for input from clients who might not report belonging to a target group (especially out of care or late to care) in survey responses.
4. Phone surveying also provides the opportunity to capture information about clients that may not yet be recorded in ARIES.

We would recommend collaborating with Ryan White HIV care providers while conducting needs assessment surveying since the trusted case managers that work with individuals in these target groups would likely be very helpful in terms of recruitment. Recruitment by case managers can provide additional representation of the service needs, gaps and barriers experienced by clients who might not feel comfortable speaking to a surveyor in other circumstances.