

HIV Surveys - Demographics

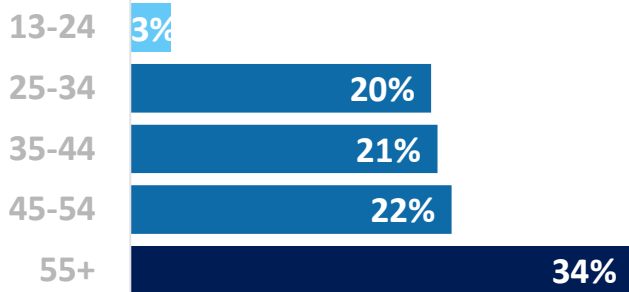
People with HIV (PWH)

940 respondents



50% White 30% Hispanic/Latino 12% Black

Though the survey was offered in **13 languages**, 95% were completed in English and 3% in Spanish.

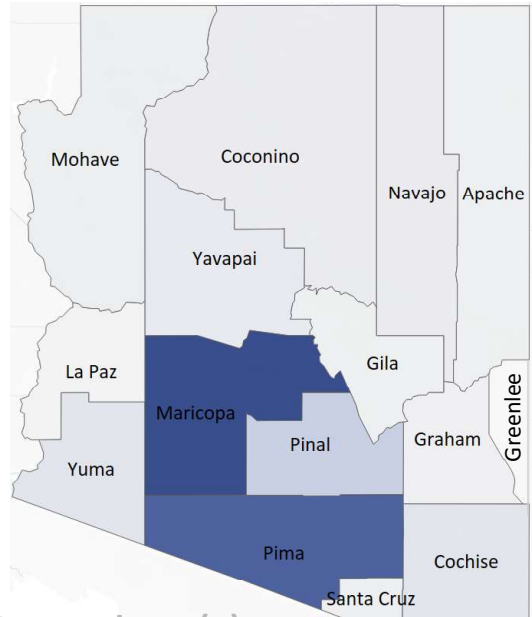


Male | Female | Gender Expansive*



Gender identities include: non-binary/GNC, trans women, trans men, questioning, and two-spirit.

The geographic distribution of assessments closely aligned with Arizona's prevalence data.



Respondents (n):



People experiencing risks for HIV

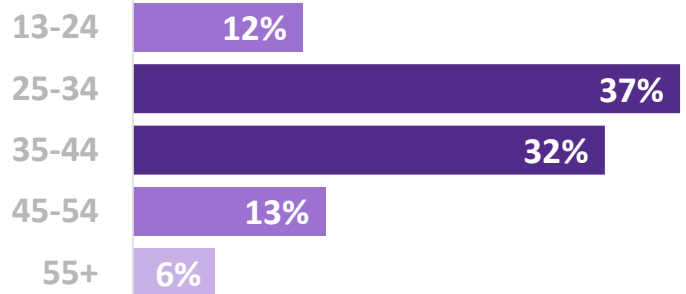
912 respondents

The majority of assessments were completed by residents of Maricopa County (79%) and Pima County (15%).



27% White 60% Hispanic/Latino 13% Other

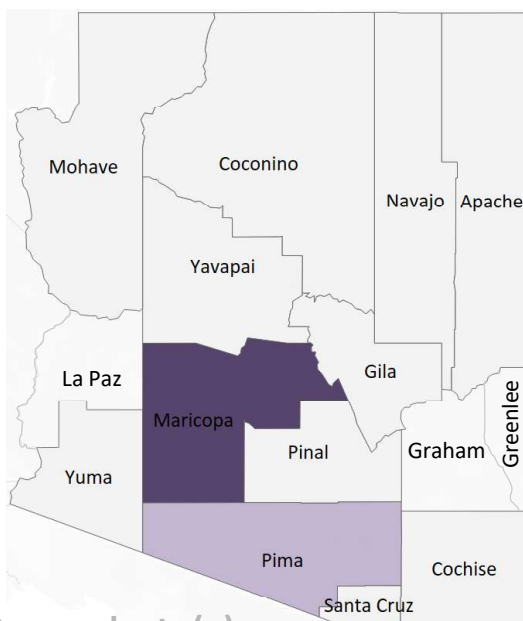
Nearly **1 in 5** surveys were completed in **Spanish**.



Male | Female | Gender Expansive*



In comparison to people with HIV, a larger proportion of people experiencing risks for HIV identified as a gender other than male or female.



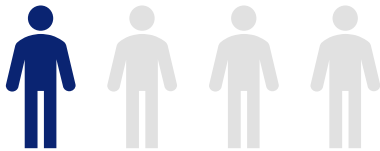
Respondents (n):



HIV Surveys - Diagnose

- Reported testing histories from people diagnosed with HIV in the past 3 years show differences between populations.
- A significant proportion of people experiencing risks for HIV have been tested for both HIV and STIs.
- People who felt comfortable speaking with their health care provider about HIV/STIs were even more likely to receive HIV/STI testing.

1 in 4 PWH diagnosed in the past 3 years were positive on their first test.

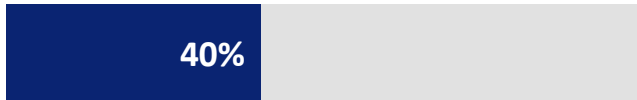


A greater proportion of **Black or African American** persons and **women** reported testing positive on their first test, compared to **Hispanic/Latino** persons.

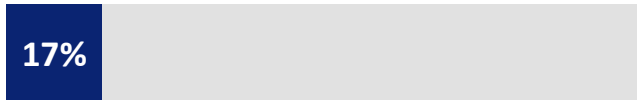
Black or African American



Women



Hispanic/Latino



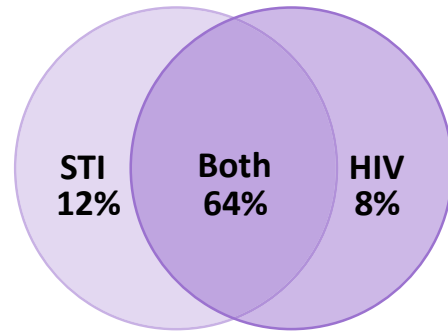
79% of people experiencing risks for HIV felt comfortable talking about HIV/STIs with their **health care provider**.

People who reported feeling **comfortable speaking with their healthcare provider about HIV/STIs** were:

1.3 times more likely to have been tested for **HIV**

2.4 times more likely to have been tested for **STIs**

Among people experiencing risks for HIV, 64% have been tested for both HIV and STIs.

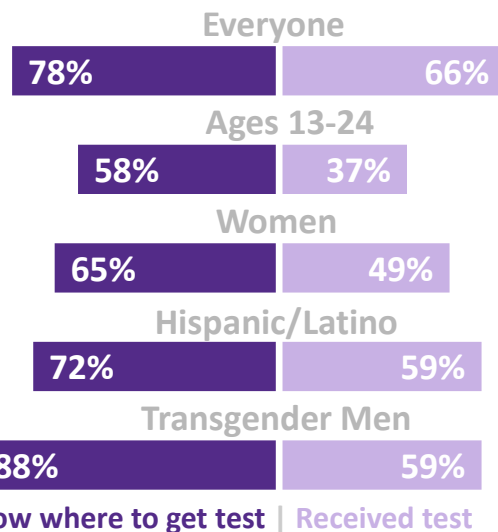


16% have never been tested for HIV or STIs or were unsure.

Nearly 1 in 4 (22%) people did NOT know where to go to get an HIV test.



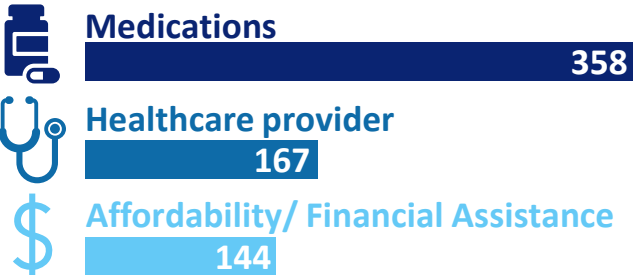
Knowledge of where to get an HIV test and receipt of HIV testing varied by population.



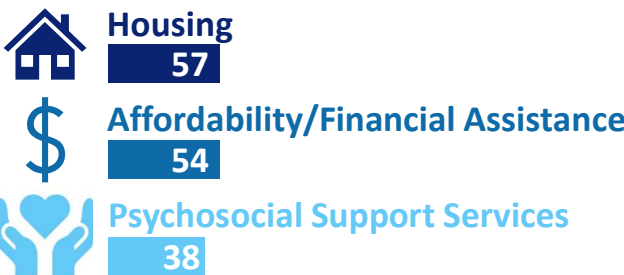
HIV Surveys - Treat

- PWH consider services directly related to HIV care, such as medications and healthcare providers, to be most important to their care, while indirect services like housing and psychosocial support are unmet needs.
- Financial assistance is required for both direct and indirect HIV care services.
- At least one-third of PWH experience housing instability, food insecurity, or have trouble accessing dental care, which may affect their retention in HIV care.

Top 3* most important services related to HIV Care:



Top 3* most needed services related to HIV Care:



*Ranked by number of times mentioned in free-response question

Housing



40% own or rent a **private home**



36% live in a **rented apartment**



16% stay with **family or friends**

45% of PWH reported needing **financial assistance to maintain stable housing** in the past 3 years.

A higher percentage of **Black or African American** persons needed housing assistance compared to **white** persons.

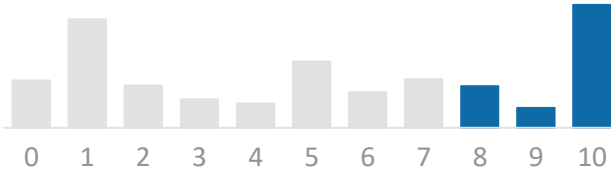


30% would need to move if their monthly rent or mortgage increased by only **\$100 or less**.

Housing was a **barrier to full participation in HIV care** for **1 in 5 PWH**. The impact of housing was greatest among **young PWH**.

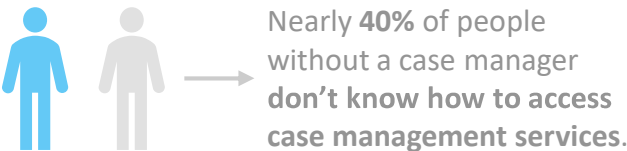


Nearly one-third of respondents reported **high concern** for their future care needs.



A greater proportion of people **aged 55+** and those with a **household income less than \$2,000/month** reported **high** levels of concern for their future care needs.

1 in 2 PWH reported having a **case manager**.



When asked how often in the past 12 months PWH **did not have enough food to eat or enough money to buy more**, **33%** reported **“sometimes”** and **9%** said **“often”**.

Nearly one-third (**31%**) of PWH reported that they **could not access dental care** when they needed it in the past 12 months.

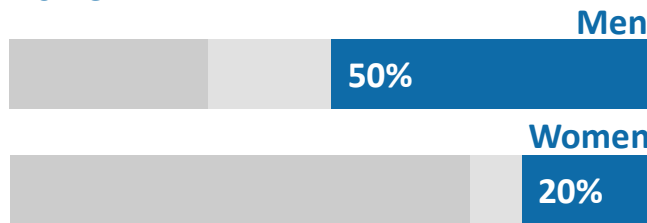
HIV Surveys - Prevent

- Even though PrEP awareness is higher among people experiencing risks for HIV compared to PWH, there is a need for increased education among both populations.
- Missed opportunities for PrEP were identified among PWH, such as discussing PrEP with a medical provider prior to HIV diagnosis.
- Only 25% of people who were aware of PrEP received it, and the most commonly reported reason for not receiving PrEP was lack of perceived need.

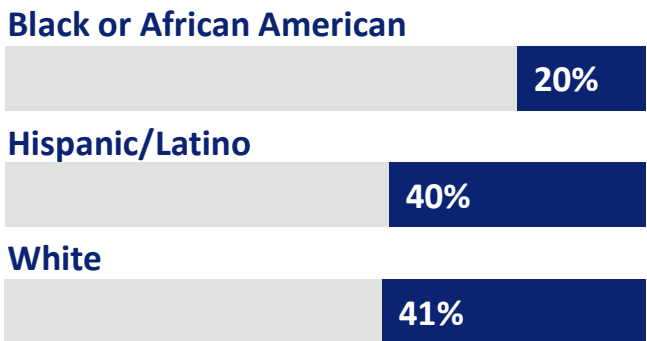
Less than half (46%) of people diagnosed with HIV in the past 3 years were aware of PrEP prior to testing positive.



Significantly more men were aware of PrEP prior to testing positive compared to women.

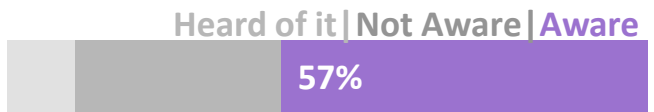


Only 30% of PWH diagnosed in the past three years had ever discussed taking PrEP with a medical provider. Disparities were observed by race/ethnicity.

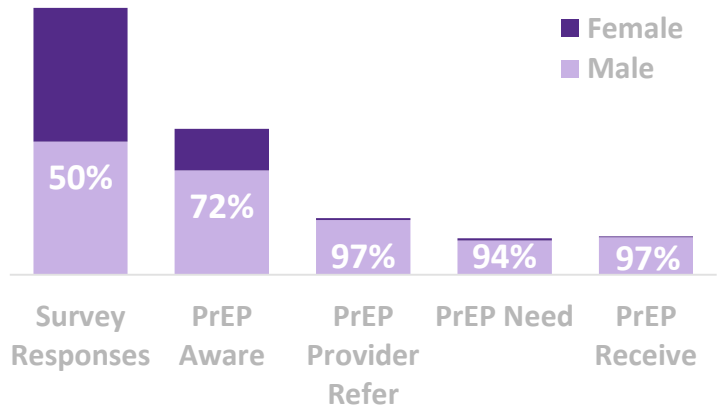


Only 2 out of 5 people experiencing risks for HIV were aware of needle exchange, harm reduction, and/or syringe services (SSP) programs.

A higher proportion (57%) of people experiencing risks for HIV were aware of PrEP compared to those recently diagnosed.

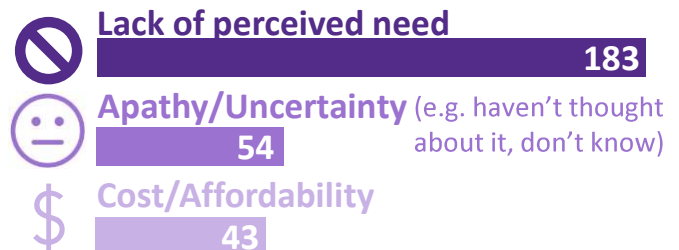


The **PrEP cascade** below shows the progression from PrEP awareness to receiving PrEP for **males** and **females**.



Despite an equal number of male and female survey respondents, the proportion of people who were aware of PrEP, referred to PrEP, self-identified as needing PrEP, and received PrEP was overwhelmingly male.

Top 3* reasons why people did not receive PrEP:

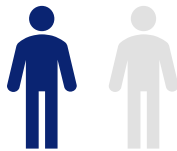


*Ranked by number of times mentioned in free-response question

HIV Surveys - Respond

- Nearly half of PWH have been diagnosed with a mental health condition, compared to one-third of people experiencing risks for HIV. For both populations, two-thirds of those diagnosed are receiving care.
- Though a smaller proportion of PWH have been diagnosed with a substance use disorder (SUD), a similar percentage of those diagnosed are receiving care.
- Healthcare providers are the most commonly cited source of information about HIV and STIs.

1 in 2 PWH have been diagnosed with a **mental health condition**.



2 out of 3 PWH diagnosed with a mental health condition are **in care**.

Receiving Care | Not Receiving Care



13% of PWH have been diagnosed with a **substance use disorder (SUD)**.

Nearly 2 out of 3 PWH diagnosed with a SUD are **in care**.

Receiving Care | Not Receiving Care



11% of PWH have been diagnosed with **both a mental health condition and a SUD**.

1 in 3 people experiencing risks for HIV have been diagnosed with a **mental health condition**.



2 out of 3 people experiencing risks for HIV who have been diagnosed with a mental health condition are **in care**.

Receiving Care | Not Receiving Care



Where do people experiencing risks for HIV get information about HIV and STIs?



60% doctor, nurse, medical provider



57% internet



36% social media

Survey Development & Implementation

- The HIV Care & Services survey and HIV Needs survey were developed by ADHS during early 2021, in collaboration with county staff, planning body members, and external consultants. Following an extensive development and review process, the two surveys were deployed in Summer 2021.
- Both surveys achieved record participation, mainly attributed to a robust outreach plan that included 13 community influencers coordinated by a local grassroots organization, and hundreds of direct emails to Ryan White clients. The HIV Care & Services survey was completed by 940 Arizonans with HIV, and the HIV Needs survey was completed by 912 Arizonans experiencing risk for HIV. Respondents for both surveys met expectations for demographic representation of HIV prevention and care populations in Arizona.
- Surveys took between 20 and 40 minutes (dependent on skip logic), and each participant received a \$50 gift card.

STI Survey - Demographics

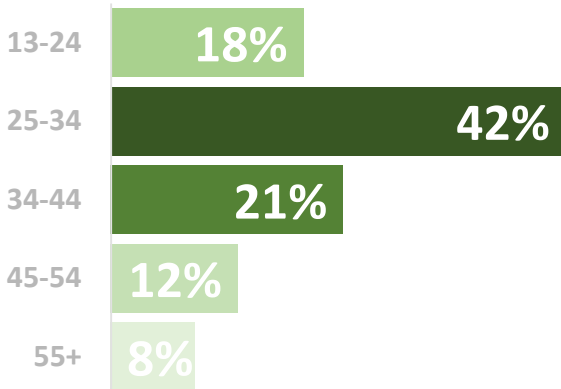
Though the survey was offered in **12 languages**, 96% were completed in English and 4% in Spanish.

More than half of respondents were **Hispanic/Latino**.



*Other includes: Asian, Native Hawaiian/Pacific Islander, Multi-racial, and Other

The majority of respondents were aged **25 to 34 years old**.



Female | Male | Gender Expansive*

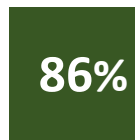
*Gender identities include: non-binary/gender non-conforming, trans women, trans men, questioning, and two-spirit



3% identify as a gender other than the one assigned to them at birth.



56% of females had been **pregnant previously**, and 3% were **currently pregnant**.



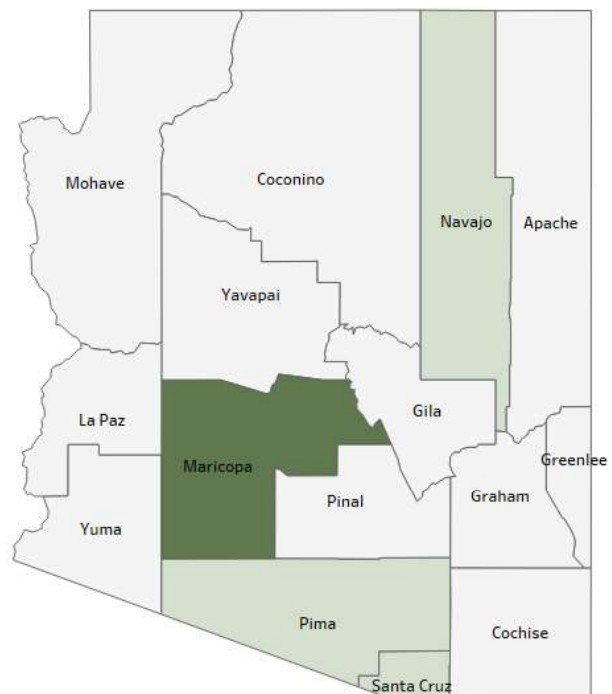
86%

Have **health insurance**.



45% of respondents made less than **\$2,500** for their total **household income** last month.

51% of respondents were from **Maricopa County**.



Respondents (n): 964

STI Survey - Diagnose

- Most people get tested for STIs at their provider's office.
- Only 40% of respondents tested for an STI in the past 12 months, and 29% of respondents have ever tested positive for an STI.
- Many providers ask sexual health questions on the intake forms, as well as using patient's preferred names.

Where do people **seek information for STIs** -
Top 3:



Medical provider



Internet



OB/GYN

81% of people know where to go for an **STI test**.

Top 3 places where people get tested for **STIs**:

1. **Provider's office**
2. **Health clinic/Community center**
3. **STI clinic**

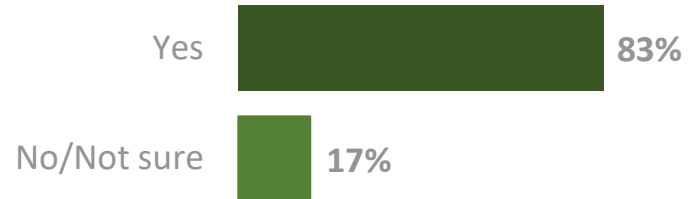
40% of respondents have tested for an STI in the past 12 months, with **23%** of those testing **positive**.



29% of respondents have ever tested positive for an STI. Of those who ever tested positive, **25%** were 25-34 year old males.

32% of people **always/often** test regularly for **STIs**, and only **23%** **rarely/never** test between people they have sex with.

The last time you received STI testing, did staff tell you how you would find out the results of your test(s)?



42% of respondents say their provider **ALWAYS** asks **sexual health questions** on **intake forms**.



22% of respondents never ask their provider for information on sexual health.

30% of respondents never receive a sexual health brochure from their provider.

43% of respondents say providers **don't routinely ask** about **preferred pronouns**, but **77%** of respondents say their provider does use their **preferred name**.

STI Survey - Treat

- Most people who tested positive for an STI received treatment.
- 14% of people have ever experienced a delay or inability to get an STI treatment.
- The top reason for treatment delay was increased cost and lack of transportation.



92% of respondents received treatment the last time they tested positive for an STI.

14% of respondents had ever experienced a **delay or inability** to get **treatment** for an STI.



Top reasons for delayed treatment*:

1. Cost & lack of transportation



2. Healthcare provider did not have the medication



3. Insurance refused to cover

*Ranked by number of times mentioned in free-response question

STI Survey - Respond

- Most people feel comfortable talking with their provider about sexual health; however, those who do not are uncomfortable due to fear, judgment, and not wanting to seem uneducated.
- Most people who seek sexual health services live within 30 miles of their provider. For those who travel more than 60 miles, it is mostly due to privacy and quality of care issues.

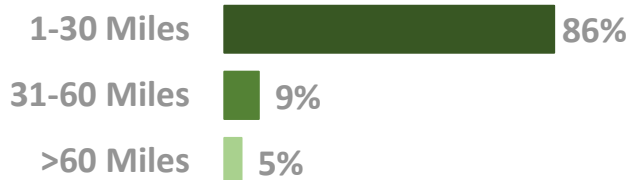


5% of respondents do not feel comfortable talking about sexual health with their health care provider.

Top 3 reasons why people **feel uncomfortable** asking questions about **sexual health**:

1. Afraid to ask
2. Previously experienced judgment and/or microaggressions
3. Don't want to seem uneducated

Distance traveled to receive sexual health services



Top 2 reasons people **travel >60 miles** to **receive sexual health services**:

1. I do not feel comfortable going to my local clinic because I know the people that work there.
2. I do not trust the quality of care at my local clinic.

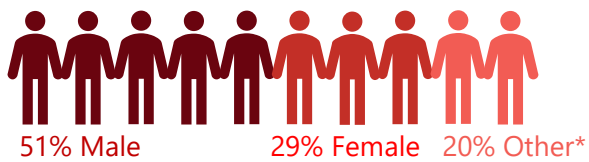
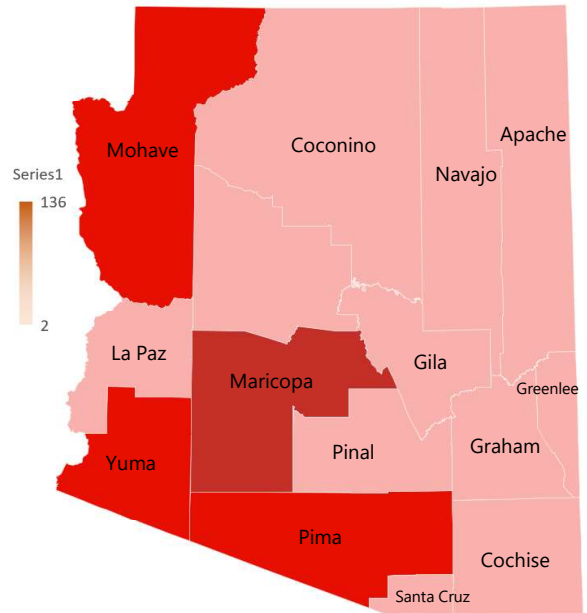
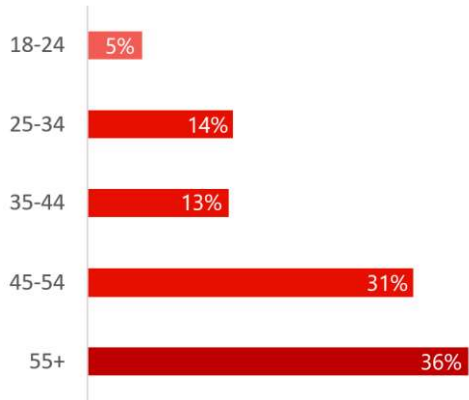
Hepatitis C Surveys - Demographics

People Living with Hepatitis C

N=270



*Other= Asian, Native Hawaiian or Pacific Islander



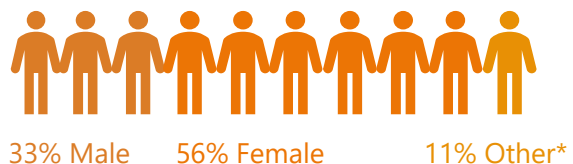
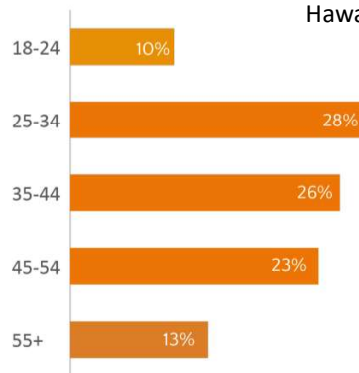
*Other = Transgender Woman, Transgender Man, Transmasc, Transfemme, Non-binary, Agender, Gender Expansive, Two-Spirit, Questioning/ Unsure, and Prefer Not to Disclose

People Experiencing Risks of Hepatitis C

N=354



*Other = Asian, Native Hawaiian or Pacific Islander



*Other= Transgender Woman, Transgender Man, Transmasc, Transfemme, Non-binary, Agender, Gender Expansive, Two-Spirit, Questioning/ Unsure, and Prefer Not to Disclose

Hep C Surveys - Diagnose



Only **59%** of people at risk reported having been tested.

For those that received testing, **72%** of people reported that they **didn't** experience **barriers** when getting tested for hep C.



Transportation, Locating a Testing Site, Stigma, and Availability were the top barriers people experienced when getting tested.

The most popular places where people get their hep C information is from their **doctors**, the **internet**, and **handouts**.



Over **50%** of people reported having been tested for hep C at their **Primary Care Doctor**, **Mobile Test Clinic**, or a **Correctional Facility**.



8 out of 10 people living with hep C were diagnosed in **Arizona**.

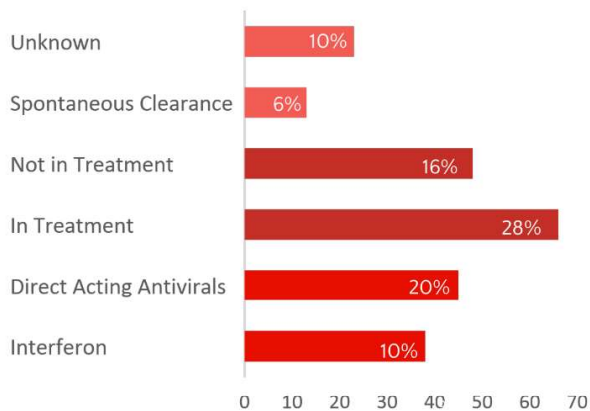


Most patients received confirmatory test a **few weeks** after their first antibody test.

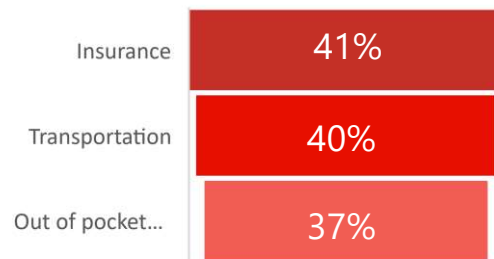
Hep C Surveys - Treat



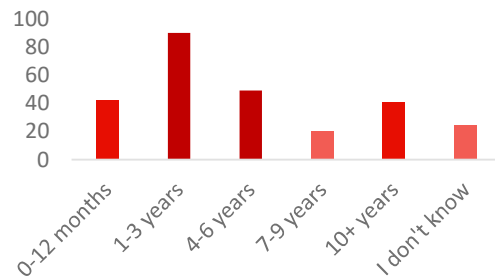
53% of people have been told they have achieved **SVR-12** and have been **cured** of hep C.



Most people are currently **in treatment** or have **attempted** to get into treatment.



The top reported barriers to treatment was **transportation**, **insurance**, and **out of pocket costs**.



33% of people were cured within the last **1-3 years**, **18%** between **4-6 years**, and **16%** under a **year**.

Hep C Surveys - Prevent



60% of people at risk & 45% of people who have/had hep C do not know about Syringe Service Programs/ Needle Exchanges and where they can be accessed.



67% reported that they have used drugs in the past year.



Methamphetamines, Opiates, Fentanyl and Methadone were the most common drugs used.

43% who have/had hep C have reported that they have received a tattoo in an unregulated setting.

31% of people who have/had hep C reported that they live with someone who is, or was diagnosed with hep C.



9% of people who have/had hep C report that they have received a blood transfusion prior to 1992.



10% of people who have/had hep C report that they were born to a mother living with hep C.

Hep C Surveys - Respond



Around 47% of all survey participants report being most comfortable receiving services at the Doctor's Office, Urgent Care, Mobile Clinics, and/or Emergency Department.

20% of people who report having been at risk of contracting hep C, have been incarcerated during the last 12 months.



40% of people that are living with hep C were incarcerated in the last 12 months.



53% of people living with hep C report having been diagnosed with a substance use disorder.

Of the 53% of people that have been diagnosed with a substance use disorder, 24% are not receiving care.



Focus Groups

During Winter/Spring 2022, 18 focus groups were held with a total of 182 participants from across Arizona, both virtually and in-person. The focus groups focused on the individual experiences of persons from six priority populations. The majority of focus group participants had not previously participated in planning activities or surveys. Each participant received a \$75 giftcard for participating in a 90-minute focus group.

Included below are key takeaways from each priority population. A full report is publicly available and is included in Appendix I.

AGING WITH HIV (ages 50+)

- Importance of support systems & support groups
 - The absence of pre-COVID-19 group programming is strongly felt
- Individuals' health priorities are everything that comes with "getting older" – not just their HIV!
- Poverty and housing are major issues, and are getting worse instead of better
- Lack of consistency among agency staff has a direct negative impact on the quality of services and the experience of receiving them
 - Issues with communication among various providers, particularly between primary care and specialists



SPANISH MONOLINGUAL CLIENTS

- Need for more peer support & support groups, especially following a new HIV diagnosis
- Need for more Spanish-speaking therapists & mental health providers
- Want more mechanisms to get education/information in casual or group formats
- Desire to hear more about HIV prevention, not just HIV care
 - Interest in status-neutral (mixed-status) groups and activities
 - Want greater awareness around prevention instead of "waiting" for people to be diagnosed with HIV
- Immigration and visas DO negatively impact clients' willingness to utilize available services
- Clients have experienced issues with HIV medications while traveling internationally



CLIENTS WHO USE OR HAVE USED SUBSTANCES

- SSPs (syringe services programs) ARE working!
 - Decreased reported sharing and re-use of syringes and works
 - High interest in receiving wraparound services through an SSP entry point
 - Value of having SSP staff with lived experience
 - BUT: people are still sharing supplies → we need more SSPs in more places
- Client experiences and perceptions of use vary by the substance they use
- AHCCCS (state Medicaid) clients report decent access to services through the emergency departments, but fewer clients report seeking out preventive or ongoing care
- Strong perception of internalized stigma and shame due to substance use
- SUD treatment is often not available when, how, and where it is needed
- Clients have a general awareness of the hepatitis C cure, but need additional information on the details and availability
- Optimism that things ARE getting better for those who use

CLIENTS EXPERIENCING HOUSING INSTABILITY & HOMELESSNESS

- This group is NOT homogenous!
- Housing is getting worse, not better
 - Extreme impact from rising rent costs for those who are unstably housed
- For clients on AHCCCS, access to medical care is pretty good!
 - However, most individuals still access services through the hospital or emergency department (ED)
 - Individuals typically only seek medical care for urgent needs
 - Breakdowns exist for “ongoing” care and/or follow-up
- Loneliness is a HUGE issue when you are homeless and living on the streets
- Major day-to-day concerns include:
 - Lost/stolen documentation & medications
 - Limited charging stations for phones
 - Limited access to therapy and mental health services
- Housing programs are not always the best or preferred option for individuals who are experiencing homelessness

GENDER EXPANSIVE (GE) CLIENTS

- Being gender expansive is just one portion of complex identities and lives
- The journey to gender identity is NOT linear!
- Employment and financial stability are perceived as a support system
- GE individuals are engaging in sex work, and need more judgement-free education about what sex work is and how sex workers can protect their sexual health
- Sexual health and sexual expression are widely varied, and there are a limited number of sexual health providers and OB-GYNs who understand the GE experience and GE clients' needs
- Access to gender-affirming (GA) medical care is low, especially in rural areas
 - In general, there is not enough LGBTQIA+ care across the state
 - GE clients must be their own medical advocate and do their own research
 - GE clients report needing easier ways to find out what resources ARE available
- Online/internet is a place for connections, friendships, and meeting people



YOUNG MEN WHO HAVE SEX WITH MEN (MSM) OF COLOR (ages 18-34)

- Need to move away from white cis gay males as the “PrEP message demographic”
- Need to message PrEP as one piece of the sexual health puzzle, not the ONLY thing
- Importance of financial self-sufficiency and employment as a form of support
- Empowerment and accountability for STI testing, sexual health protection, and HIV is at a personal level instead of at the community level
 - Someone who regularly tests and protects their sexual health is seen as attractive and desirable
- Perception that disparities in HIV/STI rates among YMSM of color are due to the lack of access to medical facilities and services among people of color
 - People of color reported experiencing racism and discrimination from all facets of the health care system
- Need for a greater focus on general preventive health in order to improve sexual health
- Individuals shared a desire for factual, to-the-point messages about sex/HIV/STIs
- YMSM of color who are first- or second-generation immigrants reported strong cultural values and norms around sex, often leading to stigma, shame, and hiding

Graphics were drawn by Karina Branson of Conversketch in March 2020 to support EHE efforts.