



**Ending the HIV Epidemic Statewide Focus Group Results**

**Nevada**

Sixteen HIV client and prevention focus groups were held in six counties in Nevada between March and June 2020, with 149 people participating. Six groups were specifically for HIV positive individuals, while ten groups had a prevention focus, but sometimes included people living with HIV/AIDS PLWH. Focus group participants completed a brief demographic survey before the groups started. HIV positive individuals represented nearly half of the participants (45.6%). The majority of participants were male (61%). Twenty-six percent of the participants were below the age of 34, and 23% were between the ages of 35 to 44. Participants were well distributed among various ethnic groups. Forty-eight percent of participants were white, 17% black, 40% Latinx/Hispanic, 3% Native American, 4% Asian, and 17% multi-race or other. Half of the participants (50%) indicated they were heterosexual, 36% homosexual, and 8% bisexual.

<b>EHE Statewide Focus Groups - 2020</b>			
<b>Focus</b>	<b>Population</b>	<b>Number</b>	<b>Location</b>
HIV Prevention	HIV Positive Community Members	6	Carson City
HIV Care	HIV Positive Community Members	14	Clark County
HIV Care	Latino Men	14	Clark County
HIV Care	Latina Women	1	Clark County
HIV Care	MSM	4	Clark County
HIV Prevention	IDU	21	Clark County
HIV Prevention	MSM	4	Clark County
HIV Prevention	Latinx/Hispanic Community Members	7	Clark County
HIV Prevention	Transgender Women	3	Clark County
HIV Prevention	Community Members	26	Clark County
HIV Prevention	Community Members	5	Elko County
HIV Prevention	Community Members	4	Esmeralda County
HIV Prevention	Community Members	5	Storey County
HIV Prevention	Community Members	14	Washoe County
HIV Care	HIV Positive Community Members	9	Washoe County
HIV Care	Latinx/ Hispanic Community Members	12	Washoe County

Thirty-five percent of the participants identified as men who have sex with men, 7% were transgender individuals, 46% were people living with HIV/AIDS, 17% were Black/ African American, 40% were Latinx/ Hispanic, and 14% were identified as people who use injection drugs.

<b>EHE Statewide Target Populations – 2020*</b>		
<b>Population</b>	<b>Number</b>	<b>Percentage</b>
Men who have Sex with Men (MSM)	52	34.9
Transgender Individuals**	10	6.7
People living with HIV/AIDS (PLWHA)	68	45.6
Youth (13-34 years)	39	26.2
Black / African American	26	17.4
Latinx/Hispanic	59	39.6
Other Racial Minorities	37	24.8
IV Drug Users ( IDU)	21	14.1
Housing Insecure***	17	11.4

\*Participants identified as one or more of the following target populations

\*\*Gender identity differs from birth certificate

\*\*\*Defined as those who are homeless, housed in a rehab facility, using housing assistance, or live in weekly hotels.

## HIV Care

**About 14% of all people living with HIV do not know they are infected. What would it take to get more people tested for HIV in your community?**

1. More Education
2. Advertising where to get tested
3. Normalize it
4. Judgment-free and stigma-free testing
5. Discreet testing
6. Free testing
7. Universal testing
8. Community event

**Who is most affected by HIV?**

1. Homosexual men
2. Latinx; Senior; Bisexuals; Heterosexuals
3. Black/ African Americans; Youth
4. IDU; The Poor; Women

**Time, location, type of test?**

1. Discreet Testing; Mobile testing vans
2. After traditional work hours testing; Rapid Testing
3. At-home testing; Community events testing; health fairs; Event testing; Stigma free testing

**What has it been like for you accessing HIV services?**

1. Difficult or negative
2. Easy or positive

### 3. Confusing or moderate

About half the participants reported a positive experience when accessing HIV care, and nearly half of the participants reported a negative experience when accessing HIV care. Many of the participants who reported a positive experience when accessing care said that a person living with HIV or a peer within the HIV community helped them to navigate the HIV care system. The participants that reported a negative experience reported that primary care providers lack knowledge in HIV care and community services.

#### **What has made it easy to get the services you need?**

1. Peer Navigators; Information on resources available and where to go
2. Case Managers

#### **What has made it difficult to get the services you need?**

1. Housing Issue
2. Transportation
3. Job rehabilitation
4. Being treated poorly by medical care staff; getting medication or health care
5. Mental Health Issues; Past convictions or evictions impact qualifying for resources; unable to get into a provider

The rural community focus group participants reported long wait time for provider appointments, as well as limited appointment availability. The rural community focus group participants also reported having to travel long distances to pick up medication because medication delivered by mail is not available to them. This barrier seems to be limited to rural community members; urban community members did not report this barrier in care.

#### **What are the most important services that help you manage your care?**

1. Medication
2. Case Management
3. Help paying for medication; Support groups
4. Insurance eligibility;
5. Lab work;
6. Doctors specializing in HIV

#### **What helps people living with HIV to stay in care?**

1. Desire to do so or a positive attitude; Taking medication regularly
2. Social support
3. Meeting base needs: housing, food, transportation; Mental health care
4. Educational classes

**What services do you need that you are not getting?**

1. Housing or rental help
2. Better dental care
3. 24-hour access to counseling services
4. Resource information online; increased awareness of available services; transportation; Job rehabilitation
5. Better vision coverage
6. Drug rehabilitation

The focus group participants reported long wait time for preauthorization as a barrier for dental care.

**Some people who are HIV+ are not using HIV services. Why do you think this is?**

1. Don't care; apathy; give up; denial
2. Stigma; discrimination; stereotypes
3. Don't know where to go to get services or don't know the system; Have an addiction to drugs or alcohol; addiction taking all time and attention
4. Too much work to get services, doctor, take medicines, etc.
5. Fear or Transportation issues
6. Language barrier
7. Don't want anyone to know are HIV+

**What would help people who recently found out their HIV+ status to get linked into care?**

1. A person with HIV to explain services and resources
2. Health manager; case manager; someone to help get the services
3. Resource information online; increased awareness of available services; resources booklets; hotline
4. Mental health care
5. Transportation
6. Clinics open after work hours

**Who in your community do you trust to provide messages about health?**

1. Health care provider; mental health care provider; case manager
2. Community Clinics; Community Organizations
3. Support Group; Peers; Friends and Family
4. Religious Leader; community leader; political Leader

### **What do you know about U=U (Undetectable = Untransmittable)?**

1. It is HIV treatment for PLWH that prevents the spread of HIV to others; Undetectable = Untransmittable; treatment as prevention

The participants were confused about how low their viral load needed to be; one person stated the CDC recommends under 200, another person said their provider told them between 40 and 20; they recommended consistency between experts. The participants also stressed the importance of wearing a condom during sexual intercourse, and fear they may still transmit the virus even with an undetectable viral load.

### **What makes it hard to reach undetectable status?**

1. Remembering to taking my medications regularly
2. Vitamins supplement may interact with the medication effectiveness

### **Do you have any other ideas on how to end the spread of HIV in Nevada? Is there something else we should be considering?**

1. Increase HIV awareness; Community Education
2. Ads; billboards; radio; newspaper; online
3. Sex education programs in schools or increase education of youth;
4. Peer Navigators
5. Conversations among friends and families
6. Promote prevention methods such as a condom, PrEP, and PEP use
7. More mobile and rapid testing
8. Normalizing HIV testing
9. Recommended policy changes
10. Social media
11. Trauma-informed care
12. Expanded testing locations

Overall, the participants reported a need for a statewide public health campaign to increase the awareness of HIV in Nevada.

## **HIV Prevention**

### **Describe what HIV means to you and your peers (people like you).**

1. Unknowledgeable about HIV; Education or awareness is needed
2. Flippant attitude toward HIV; not taking it seriously; lack of interest
3. Stigma
4. Death; illness;
5. Manageable illness; incurable but manageable illness
6. Knows someone with HIV
7. Saw an advertisement for HIV medication

### **Who is most affected by HIV?**

1. Youth
2. Homosexual men
3. IV Drug Users
4. Latinx
5. The Poor
6. Black/African Americans
7. The Homeless
8. Homosexual women
9. Those with a high number of sexual partners
10. Seniors
11. Bisexuals
12. Those who are uneducated

### **Are they concerned about getting HIV?**

1. The majority of participants reported mild concern, and half reported no concern about getting HIV.

The participants reported a general lack of current knowledge around HIV and reported that current advertising may be misinforming youth about their risk for HIV.

### **How do your peers actively prevent the spread of HIV?**

1. Don't actively prevent the spread of HIV; it is not something they worry about
2. Condoms
3. PEP; PrEP
4. Married; monogamous relationship

### **Given all we now know about HIV and how to prevent transmission, why do you think it's still so hard to prevent HIV (transmission)?**

1. Lack of education
2. Stigma

3. Lack of resources
4. Not knowing where to go for resources; testing; PrEP; PEP;
5. False beliefs that HIV is non-life threatening
6. Drug addiction
7. Fear

The rural communities reported a lack of awareness around HIV and its impact in Nevada. The rural communities also report not knowing where to go to get tested for HIV locally or where to find accurate, current information about HIV. There was also concern about confidentiality in a rural community when it came to testing locally or seeking preventative methods such as PrEP, PEP, and condoms.

Northern Nevada communities also report a lack of providers prescribing PrEP as a barrier to prevention methods.

The MSM participants reported a lack of knowledge about community resources to help with PrEP cost. The Latinx participants reported that prevention methods, such as condoms and PrEP, are too expensive. The Latinx participants also reported that sex is not discussed between parents and children and that there is a need for parental education to ensure child education. The African American participants reported a need for more representation from the populations that are being impacted by HIV. The transgender women participants reported a need for discreet, confidential testing outside of traditional testing clinics.

#### **Where do your peers get services and information about preventing the spread of HIV?**

1. Community Organizations; local health department
2. internet; specific organization website
3. Doctor office; provider office; local clinic
4. Unaware of resources available and where to go
5. Local bar; restaurant; bathhouse
6. Social Media; Facebook; Instagram; dating apps
7. Need for discreet testing/ stigma issues
8. Peers; Friends; Family; Support groups
9. School; university

#### **What makes it hard to get these services and information?**

1. Not discreet
2. Stigma/ fear
3. Unaware of local resources
4. Hard to access; location is not good
5. Not confidential
6. Transportation

The Latinx participants reported fear of deportation. Transgender and IDU participants reported not wanting to be seen entering into an HIV clinic.

**What services, resources, and information are still needed to prevent the spread of HIV in your community?**

1. Education; Increase awareness
2. Increase education of youth;
3. Ads; billboards; radio; newspaper; online
4. Social media
5. More mobile and rapid testing
6. Programs in schools
7. Community events; health fairs
8. More information on the internet; Access to condom and needles
9. Increased education for African Americans and Latinos; Normalizing sex; Drug rehabilitation
10. Programs in churches; Small groups; housing/ shelters; a safe place to use IV drugs

IDU participants stressed the need for discreet information on testing, condoms, rehab, and clean needles, and argued strongly for comprehensive sex education for youth.

**Who in your community do you trust to provide messages about health?**

1. Community Clinics; Community Organizations
2. Religious Leader; community leader; political Leader
3. Health care provider; mental health care provider; case manager
4. Support Group; Peers; Friends and Family

An overwhelming number of participants reported that they trust local community clinics and community organizations to provide them with messages about health.

**About 14% of all people living with HIV do not know they are infected. What could we do to get more people in this community to test for HIV?**

1. Universal Testing
2. Discreet testing
3. Variety of hours and places
4. Offer incentives
5. More Education
6. Community events
7. Free testing
8. Normalize testing
9. Judgment-free and stigma-free testing



10. Advertising where to get tested
11. Celebrities
12. Testers from the community
13. Make testing a fun event

The participants' recommended a variety of other testing ideas: pharmacist testing, home/self-testing kits, testing upon admission to homeless shelters, testing in rehabilitation centers, testing in jail, and testing at social services offices. The participants also recommend that all physician test their patients for HIV regardless of the patient presentation or complaints.

**What do you know about PrEP (pre-exposure prophylaxis)? Do you know what it is used for? Do you know where to get it? Had a provider ever offered it to you? (If yes) What did your provider tell you about PrEP, and why they believed you would benefit from it?**

1. Don't know what it is
2. Needed PrEP education
3. Knew what PrEP is

A majority of the participant reported that they did not know what PrEP was used for or that a commercial led them to believe it was only for those who are HIV positive only. A majority of participants were never offered PrEP from a health care provider.

**Do you have any other ideas on how to end the spread of HIV in Nevada? Is there something else we should be considering?**

1. Ads; billboards; radio; newspaper; online
2. Health fairs; community events
3. More information on local resources available
4. Increased education for African Americans and Latinos
5. More mobile and rapid testing
6. Promote prevention methods; Promote condom, PrEP, and PEP use
7. Sex education programs in schools; Increase education of youth;
8. Conversations among friends and families
9. Increase HIV awareness; Community Education
10. More resources in other languages
11. Social media
12. Normalizing HIV testing

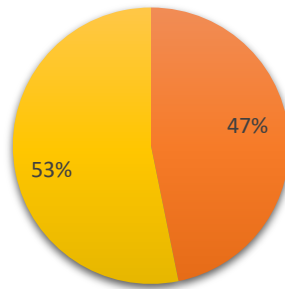
In general, most of the group reported a lack of knowledge about HIV in the state of Nevada and the need for a public health campaign to promote awareness and to encourage prevention methods.

## Provider Focus Groups

Three primary care and HIV service provider focus groups were held between February and June 2020, with 94 people participating. The focus group participants completed a brief questionnaire before the groups started. The primary care providers represented over half of the participants (53%). The majority of the participants were female (68%). Twenty-seven percent of the participant were between the ages of 45 and 54, and 23% were between the ages of 35 and 44. The majority of the participant were white (79%). Twenty-four percent were Hispanic.

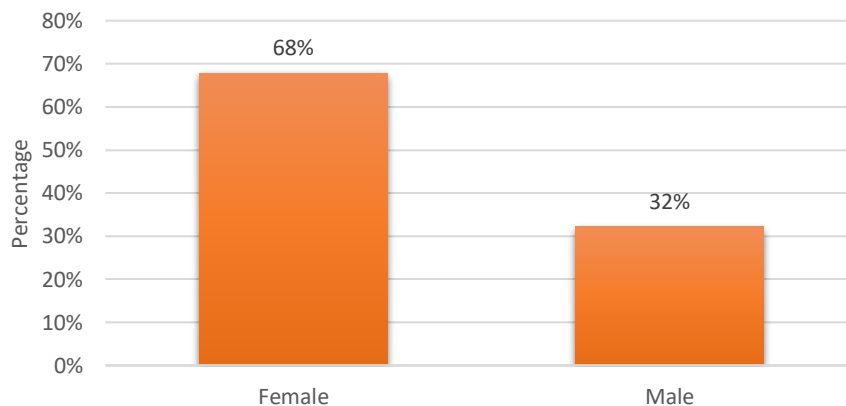
EHE Provider Focus Groups - 2020		
Provider Type	Number	Location
HIV Service Provider Focus Group	32	Statewide
HIV Service Provider Focus Group	12	Statewide
Primary Care Provider Focus Group	50	Statewide

### Provider Type

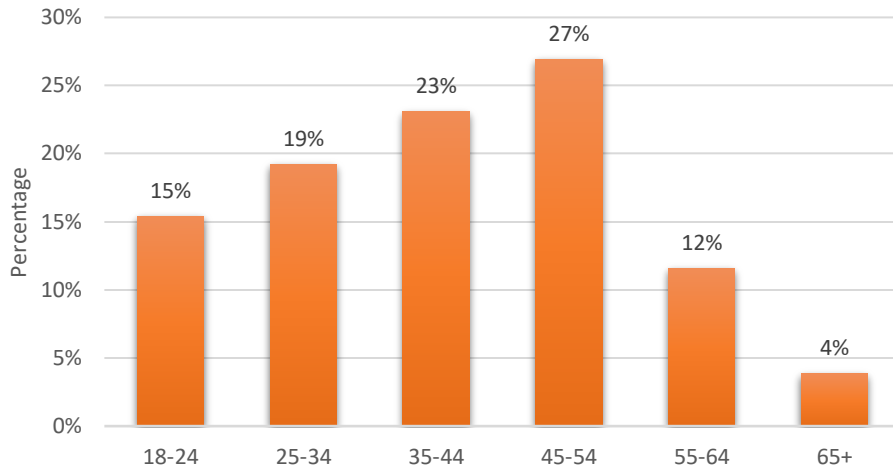


■ HIV Service Provider   
 ■ Primary Care Provider

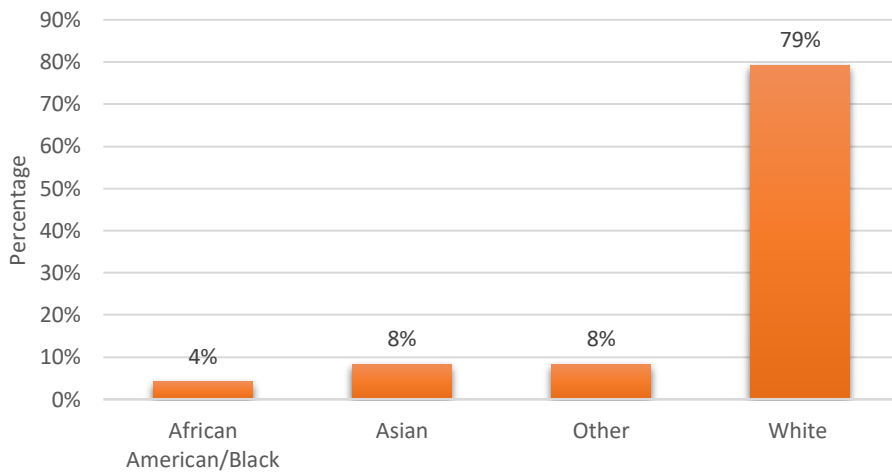
### Gender Identity



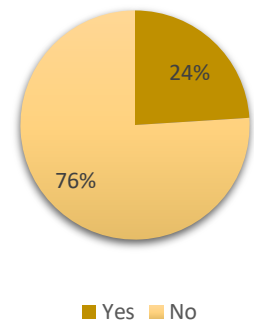
### Age



### Race



### Hispanic



## Primary Care Provider Focus Group

**About 14% of all people living with HIV do not know they are infected. What are your screening practices for HIV and STI? Do you screen all patients? Is it only by request?**

1. At presentation basis.; if requested
2. Only at annual exams
3. Screen all patients
4. Refers to other clinics for testing
5. Do not screen; I don't think about it
6. Only once

**Do you follow the recommended screening guidelines?**

1. Once per year
2. I don't know what the guidelines are
3. Once per lifetime

The majority of providers responded that they screened once per year or were unsure what the guideline-recommended.

**Do you use three site STI testing?**

1. Unsure what three site STI testing is
2. One site testing
3. Two site testing

The majority of providers responded that they were unsure of what three site STI testing was. Most providers reported doing only one site testing.

**What barriers do you face in HIV and STI screening?**

1. Embarrassment or uncomfortable talking to my patients
2. Insurance coverage issues; Cost
3. No barriers
4. Time constraints
5. Patients opt-out
6. Parental or child interference with youth or elderly screening
7. Out of my scope of practice

**What questions do you ask when taking a complete sexual history?**

1. Incomplete sexual history
2. Complete sexual history
3. Don't take a sexual history

More than half of the providers reported taking an incomplete sexual history or don't take sexual history at all.

**We know providers face barriers when prescribing PrEP or PEP, what are some of those barriers?**

1. I don't know how to prescribe them; need training
2. I don't have a need my clinic
3. Insurance coverage; copayments are too high; cost
4. Not doing follow up tests; follow up appointments
5. No barriers, I prescribe them
6. Drugs side effects worry patients

**What tools would help you to start prescribing these medications?**

1. EMR form with sexual history questions that flags need for HIV and STI testing
2. Training on how to prescribe and follow up
3. Information Online
4. A number I could call to ask pharmacy, screening, and treatment questions

## **HIV Service Provider Focus Group**

### **What barriers do your HIV-positive patients face in getting and staying in care?**

1. Getting food; transportation; housing
2. Patient record coordinator to avoid repeated tests
3. Policy change for resource eligibility; HOPWA
4. Providers need knowledge of resources available and where to send HIV positive patients
5. Limited access to provider appointments
6. Not having case management
7. Clinics open after regular office hours
8. Getting into the doctor/ clinic

The providers reported housing and transportation as the top two barriers for their patients getting in and staying in care.

### **How do these barriers affect their health?**

1. Unable to get appropriate medication
2. Unable to take medication regularly
3. Unable to get into the doctor
4. Unable to get lab work done

### **What do you think causes these barriers? Please be specific.**

1. Insurance requirements; sending pre-auths
2. Treatment is not covered by insurance
3. Providers need to be trained on how to take sexual histories of their patients
4. The insurance company does not credential providers
5. Providers not communicating with the patients properly
6. Scheduling issues with the clinic
7. Mental health issues

### **What services are needed to help them stay in care?**

1. Van service; transportation; bus passes
2. Access to mental health care provider
3. Housing
4. Peer advocates; Peer navigators
5. Preauthorization help on medication and lab testing
6. Telehealth
7. Translation
8. Access to a Phone

### **What services do they need but can't get?**

1. Medication delivery for homeless individuals
2. Peer advocates

3. Van service; transportation; bus passes
4. Employment Services

**What do you think is the most important thing to consider achieving the Ending the Epidemic goals?**

1. Getting those with HIV into care and keeping them in care
2. Universal Testing
3. Advertising or knowing where to get tested and the requirements for testing
4. Offer testing in the community
5. PrEP Coordinator
6. Discreet testing
7. Normalize testing
8. Policy changes for testing laws
9. Youth education
10. Increase PrEP use in the community
11. Free testing

**Given all we now know about HIV and how to prevent transmission, why do you think it's still so hard to prevent HIV?**

1. Need for more public awareness about HIV
2. Need for more awareness of resources; Not knowing where to go for resources; testing; PrEP; PEP;
3. Need for universal testing
4. Stigma