

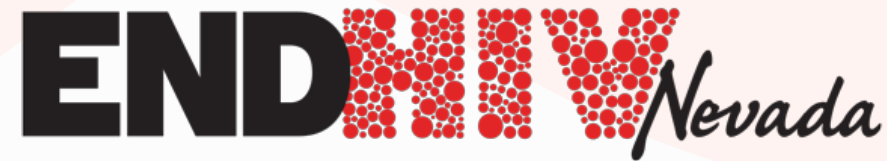


The time is now.

Ending
the
HIV
Epidemic

Nevada Statewide End the HIV Epidemic Needs Assessment Results

EHE Workgroup Meeting
October 5, 2020



Statewide Needs Assessment

- Collected data from February to end of June 2020
 - Community Engagement Survey
 - Provider Engagement Survey
 - Provider-in-Training Survey
 - Community Engagement Focus Groups
 - Provider Engagement Focus Groups

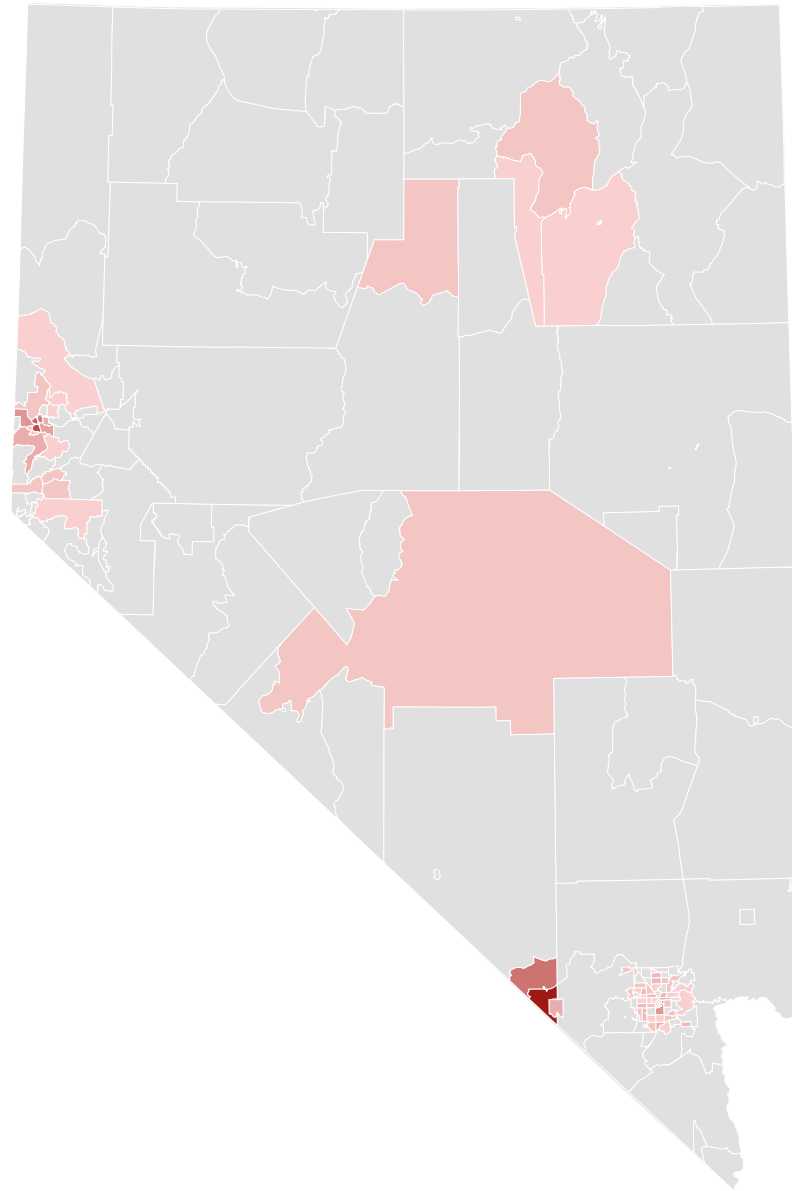
Statewide Community Engagement Survey Respondent Zip Codes

N=229 Respondents

N=67 Zip codes

N= 7 Counties

- Clark
- Washoe
- Nye
- Elko
- Lander
- Carson City
- Douglas



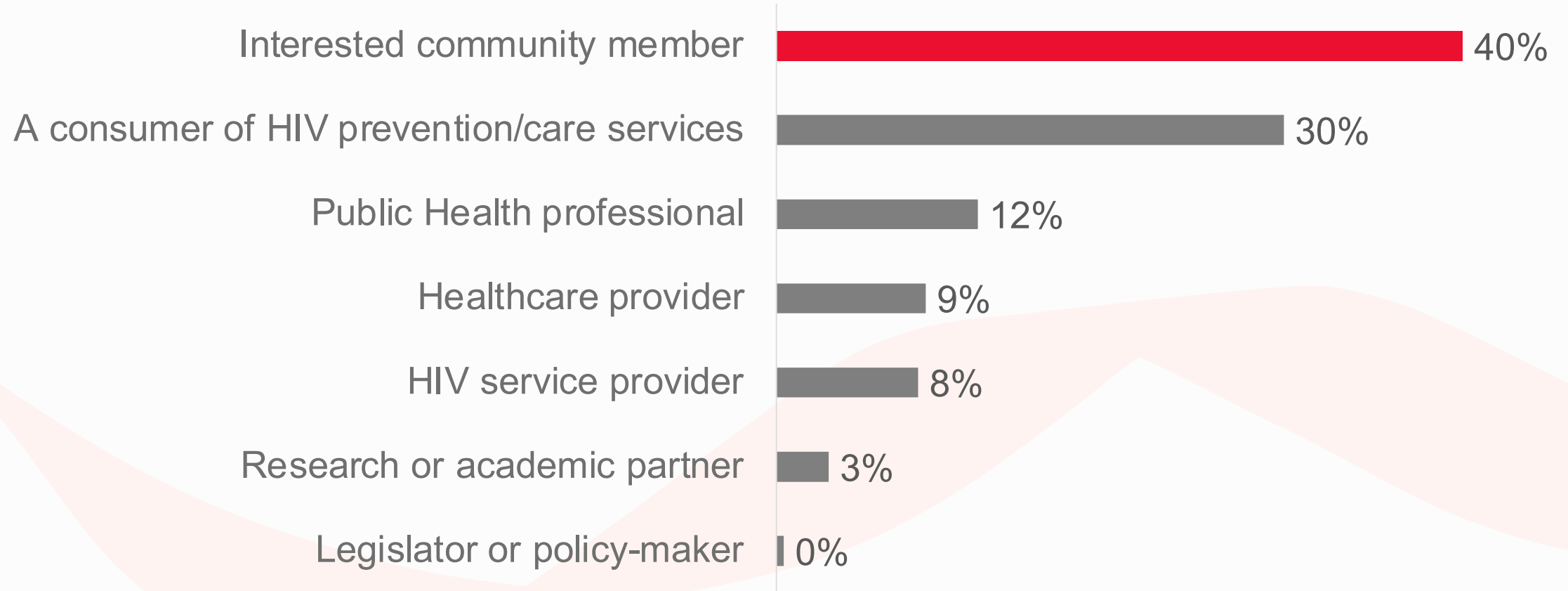
Number

17

1

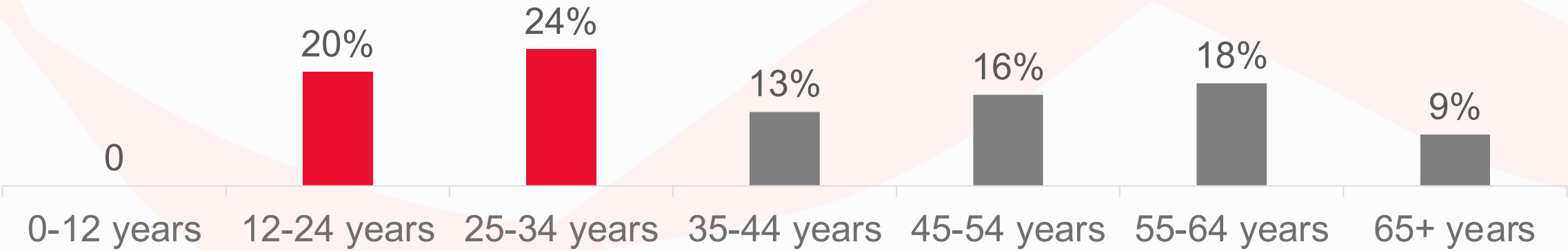
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Demographics



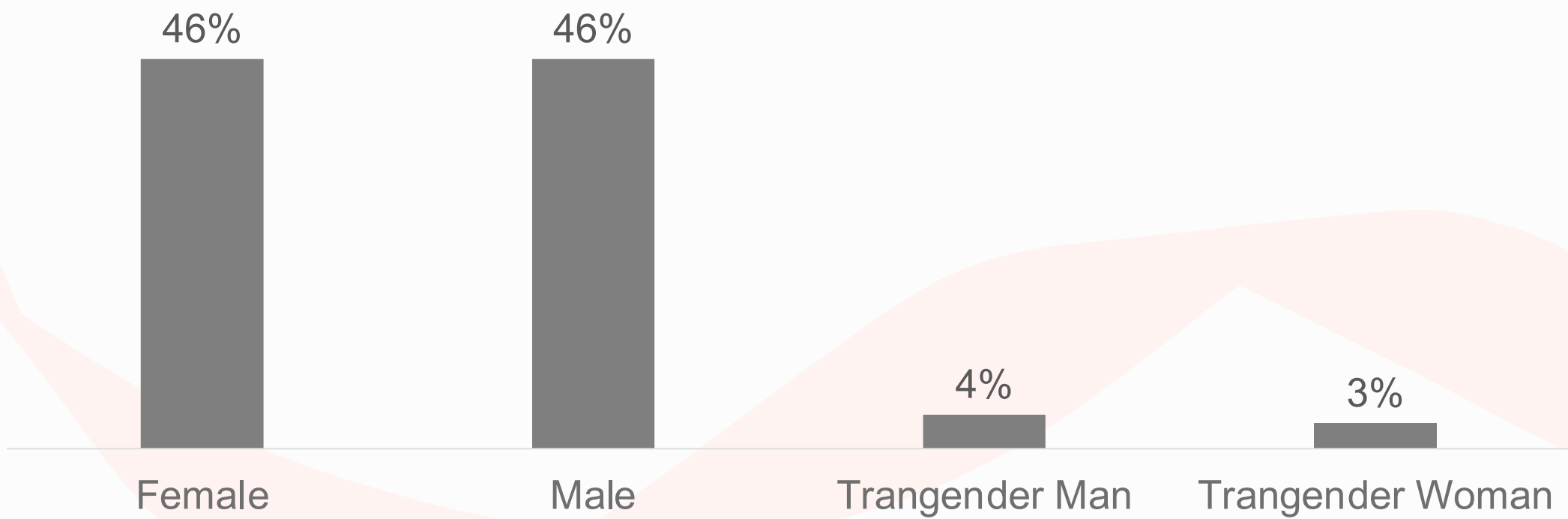
Demographics

Age



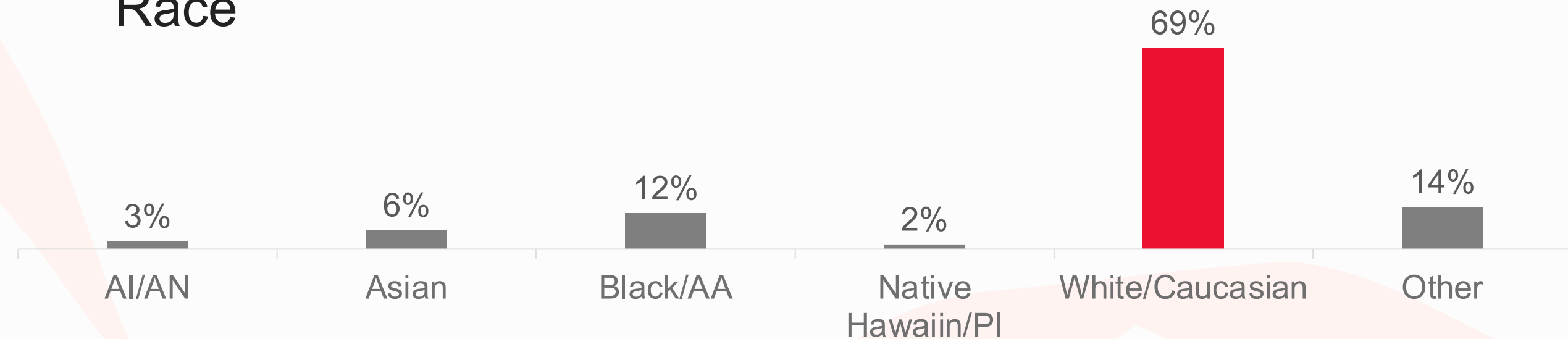
Demographics

Gender Identity



Demographics

Race



Ethnicity

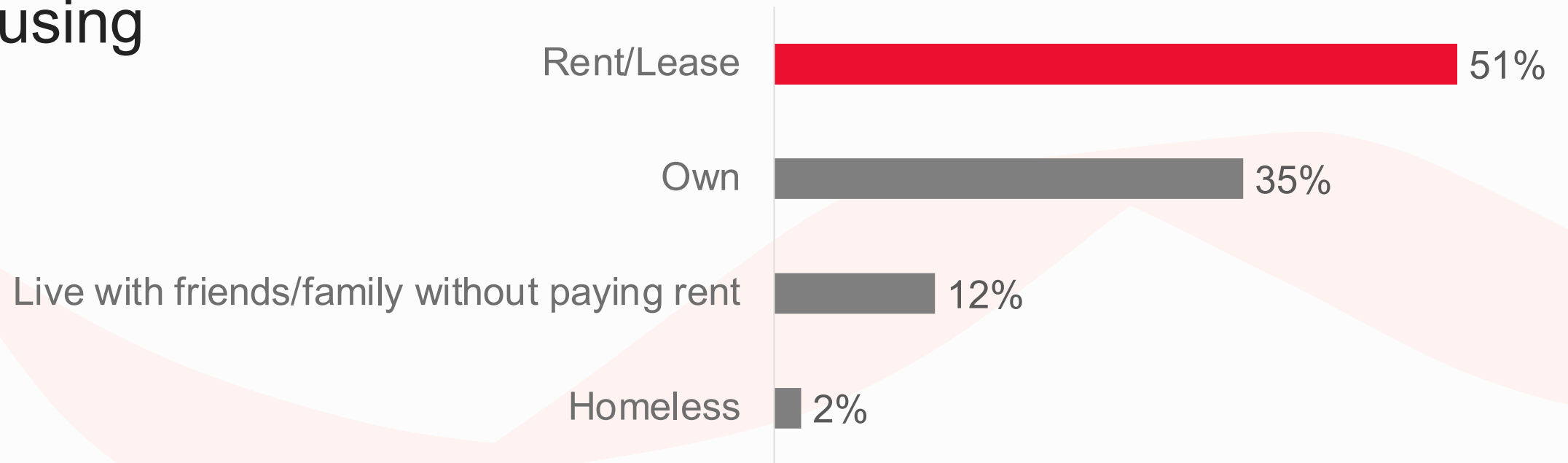
- 23% Hispanic/Latinx

Demographics

Education

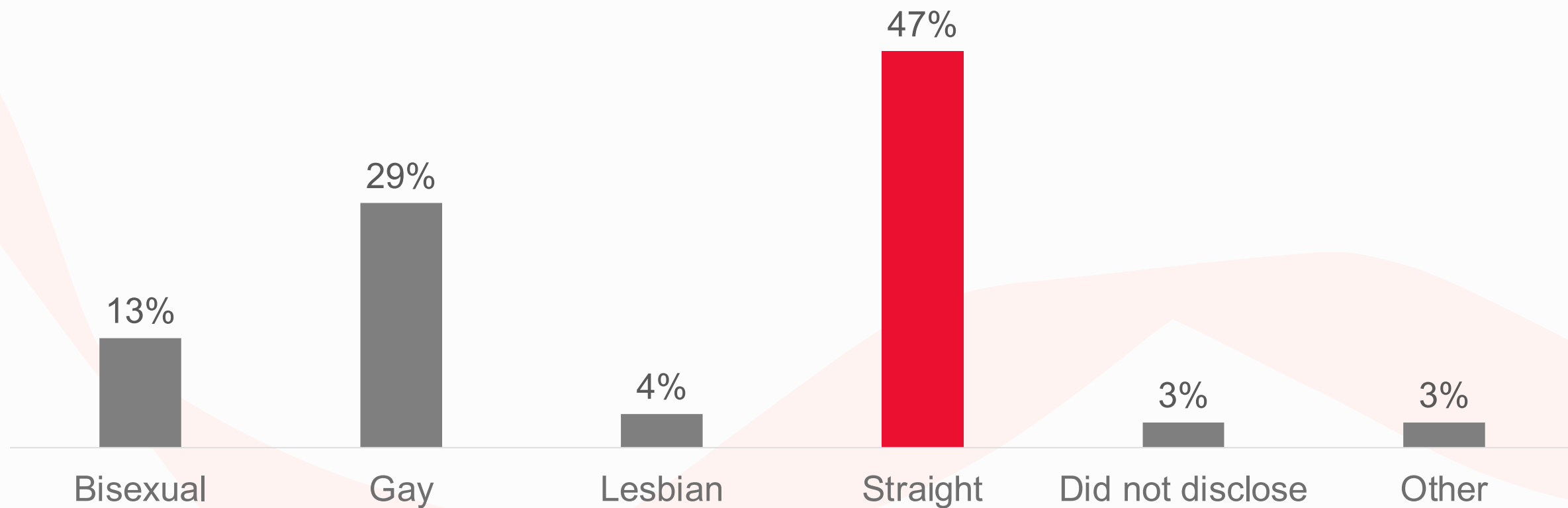
- 80% some college or more education

Housing



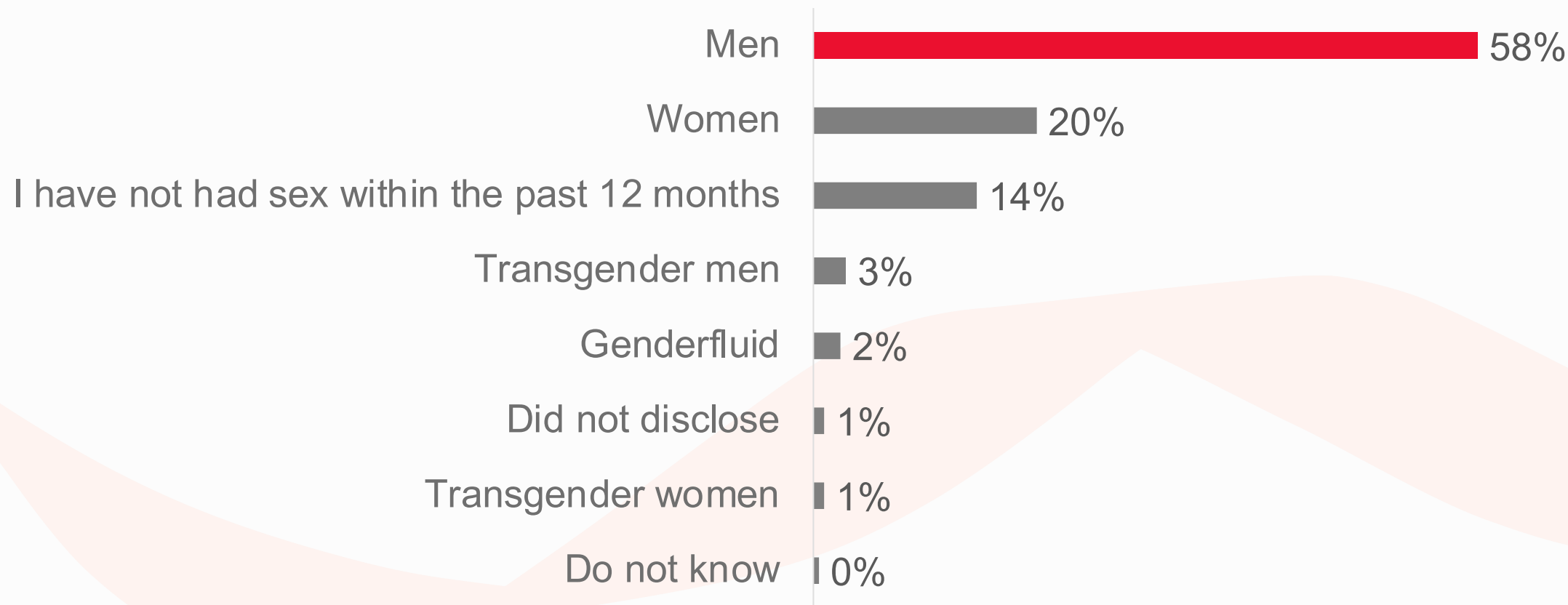
Demographics

Sexual Orientation



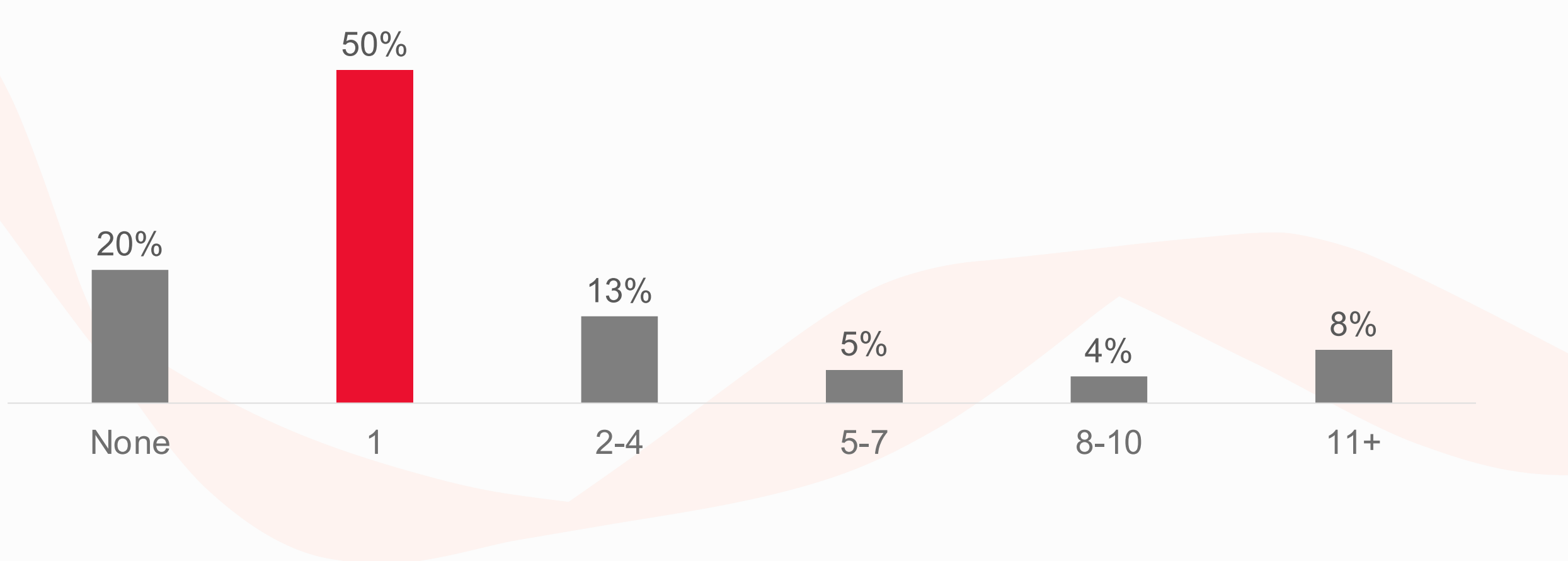
Sexual History

Sexual Partners in the past 12 months



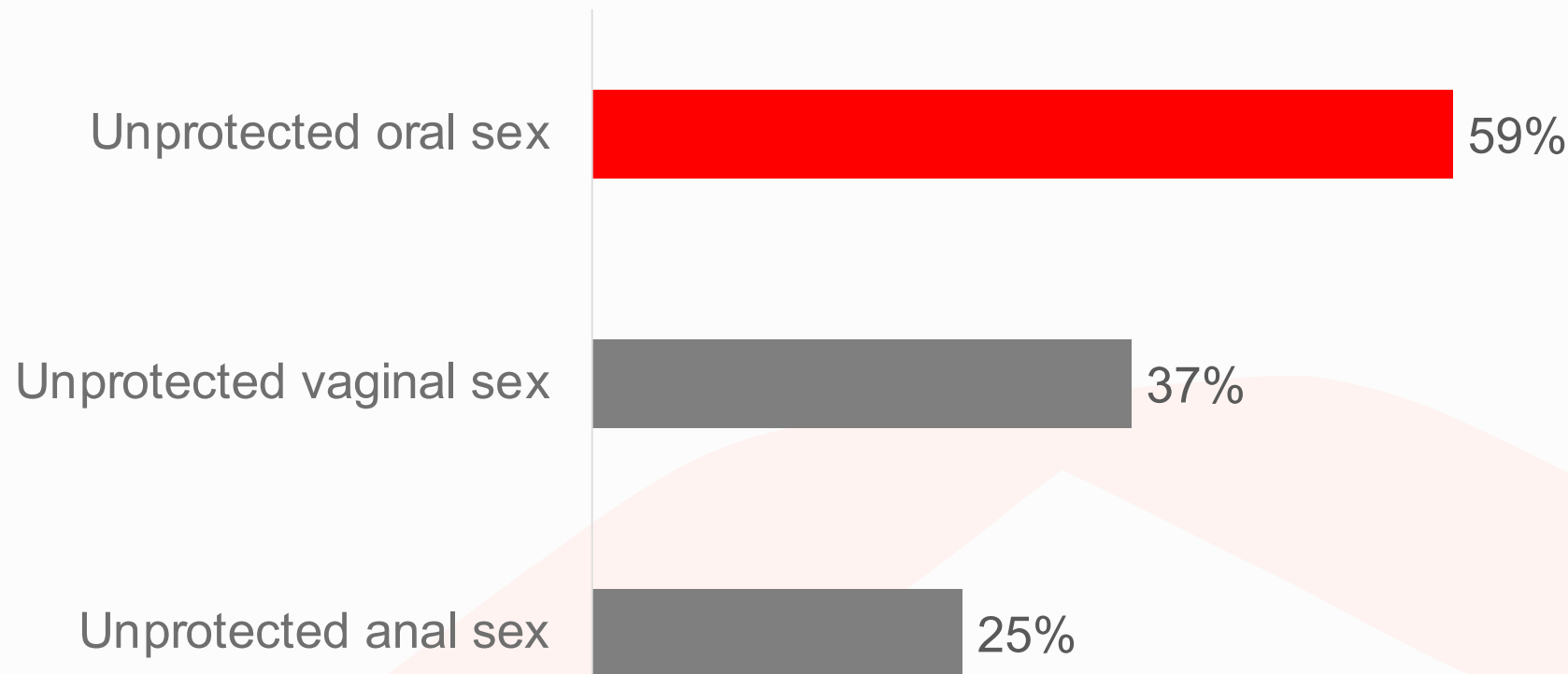
Sexual History

Number of Sexual Partners in the past 12 months



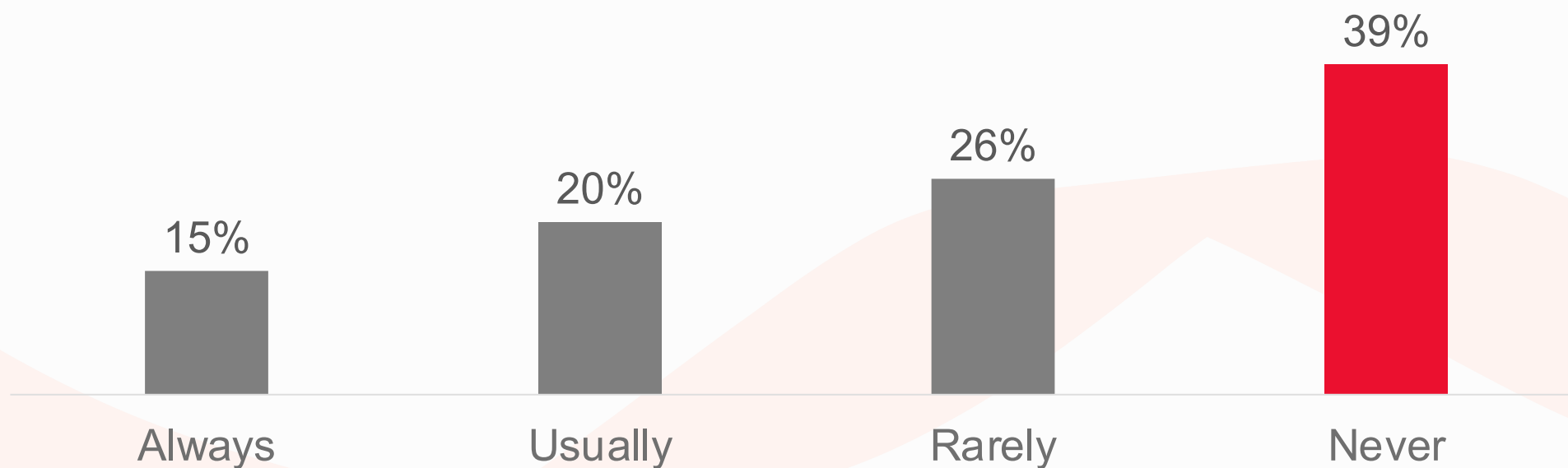
Sexual History

Unprotected Sexual Behavior in the past 12 months

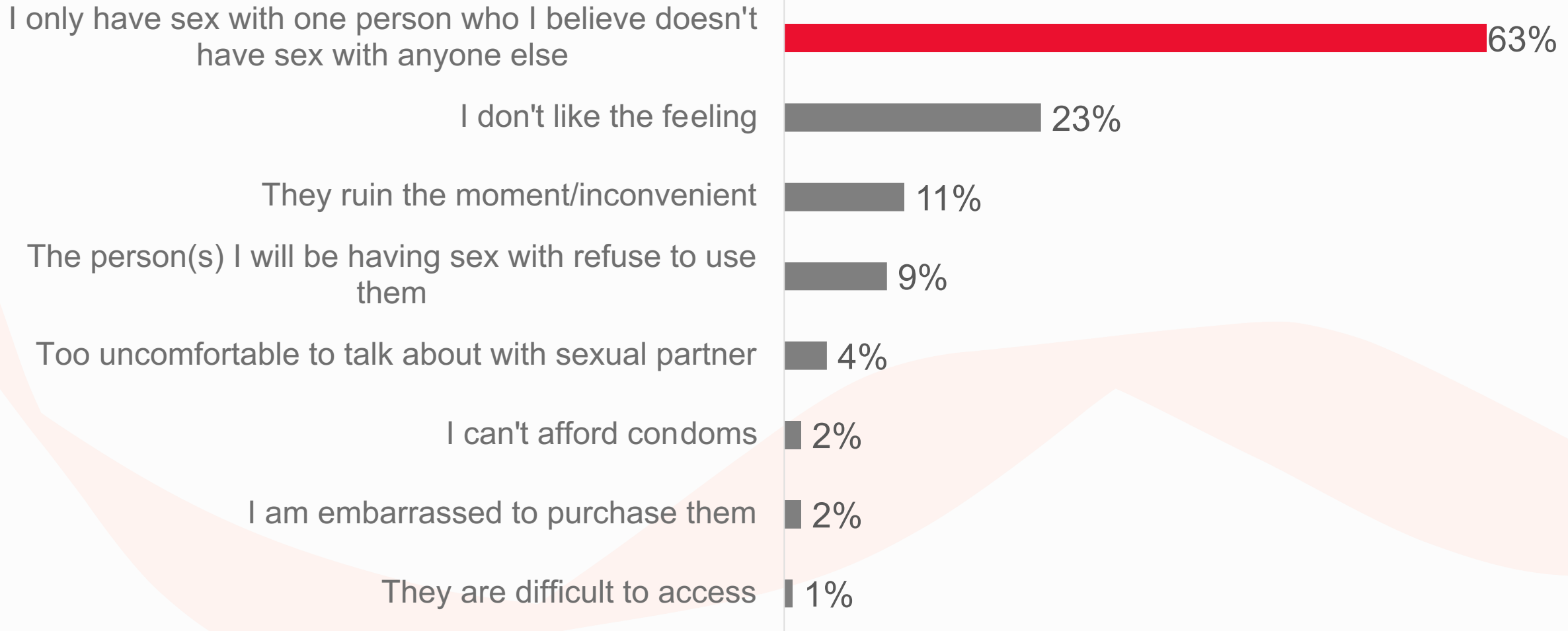


Sexual History

Frequency of Condom Use in the past 12 months
(Of those sexually active in past 12 months, N=137)



What prevents condom use? (N=130; excludes those who had not had sex in the past 12 months or always used a condom)



Injection Drug Use

Have you injected drugs in the past 12 months? If yes, have you done any of the following in the past 12 months?

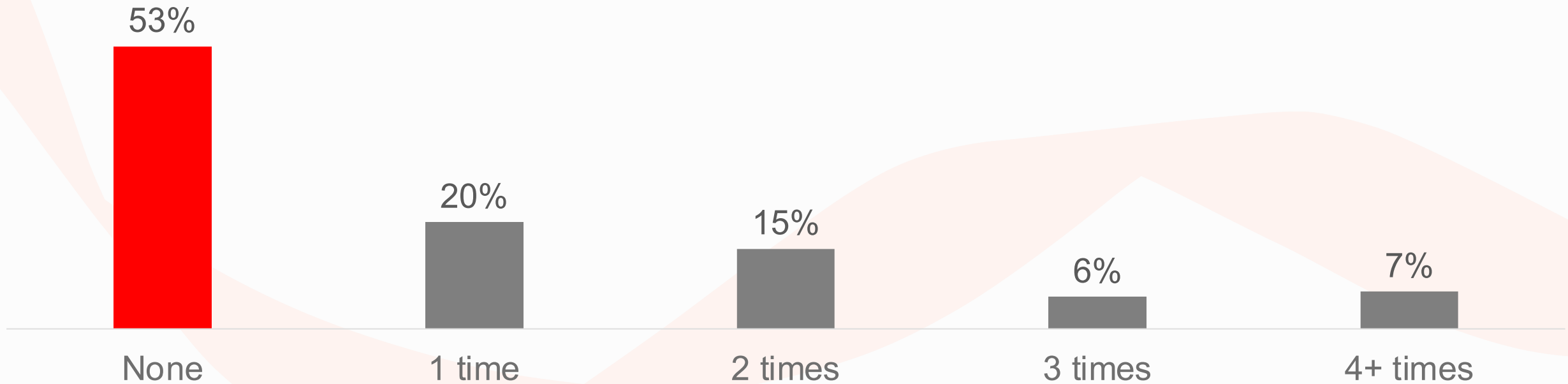
Four respondents reported injecting drugs in the past 12 months. Of those, one had shared a cooker, cotton, or rinse water and one reported using the needle exchange program.

HIV Testing

Ever Tested (N=186)

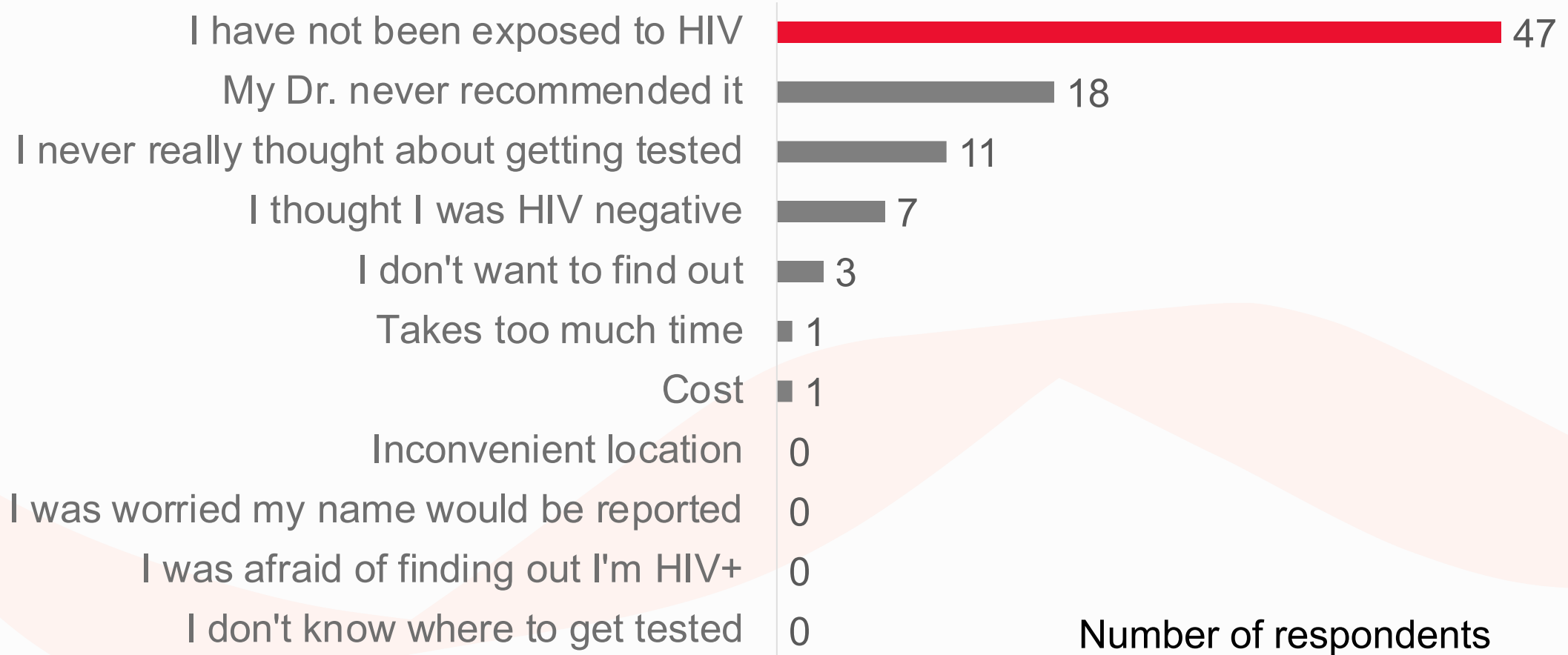
- 84% had been tested; 16% had never been tested for HIV.

Testing in the past 12 months (Of those ever tested) N=156



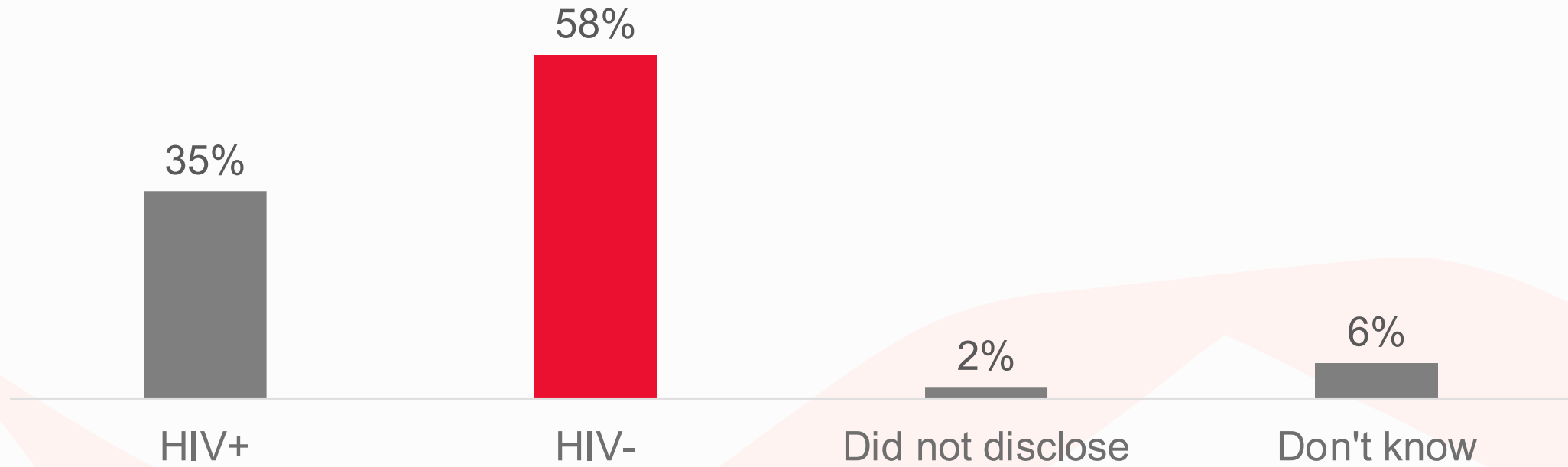
HIV Testing

Reasons for not testing



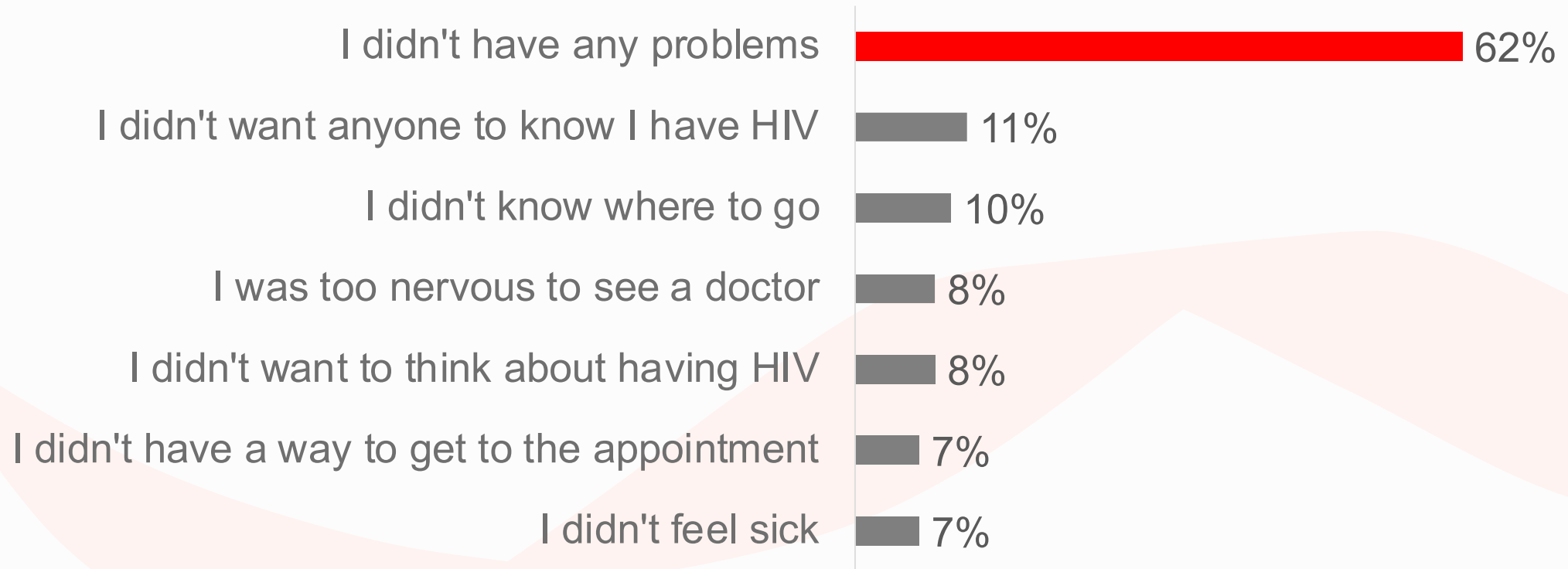
HIV Testing

HIV Status



HIV Positive

Which, if any, problems did you have getting into a doctor's office after your HIV diagnosis? N=61

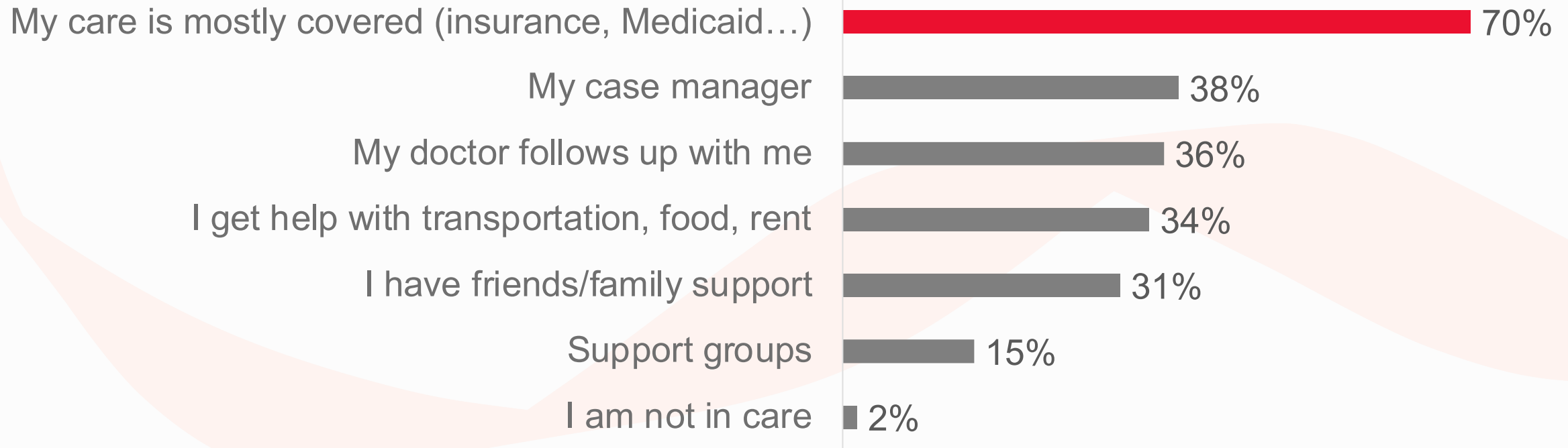


HIV Positive

95% saw their doctor at least twice a year for HIV care.

100% were on ART.

What helps them stay in care?

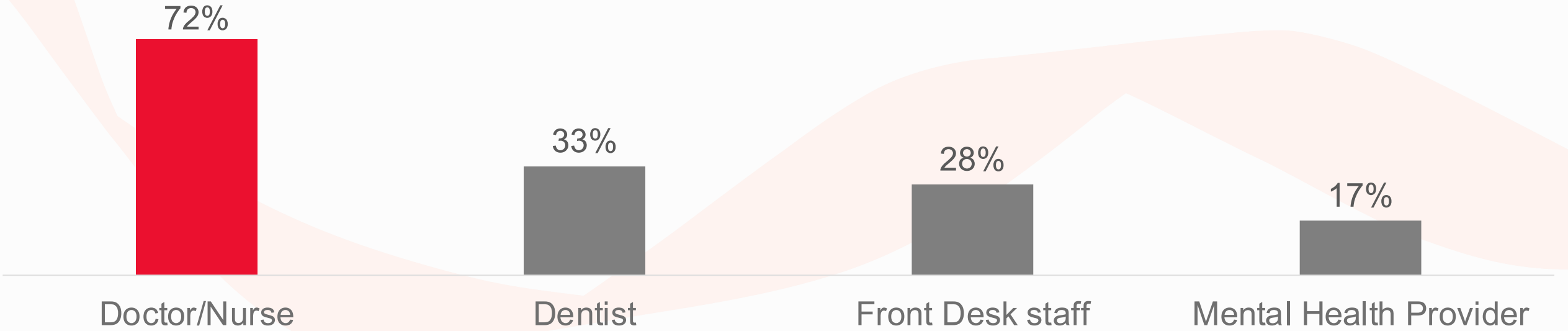


HIV Positive

Have you ever felt that you were treated unfairly or badly by someone in a health care office?

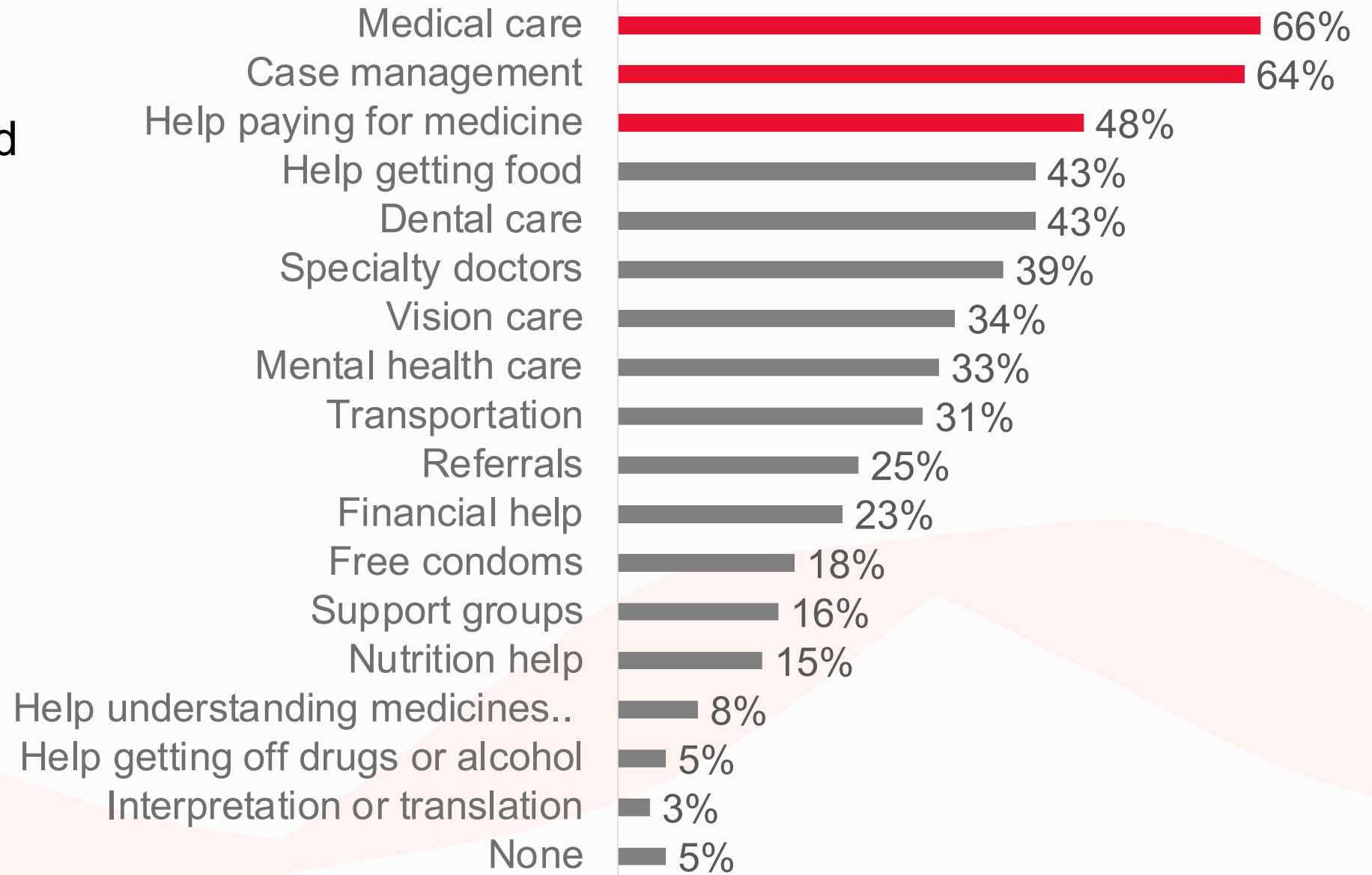
- 47 reported no, while 18 (30%) reported yes.

If yes, what type of provider has treated you unfairly or badly?



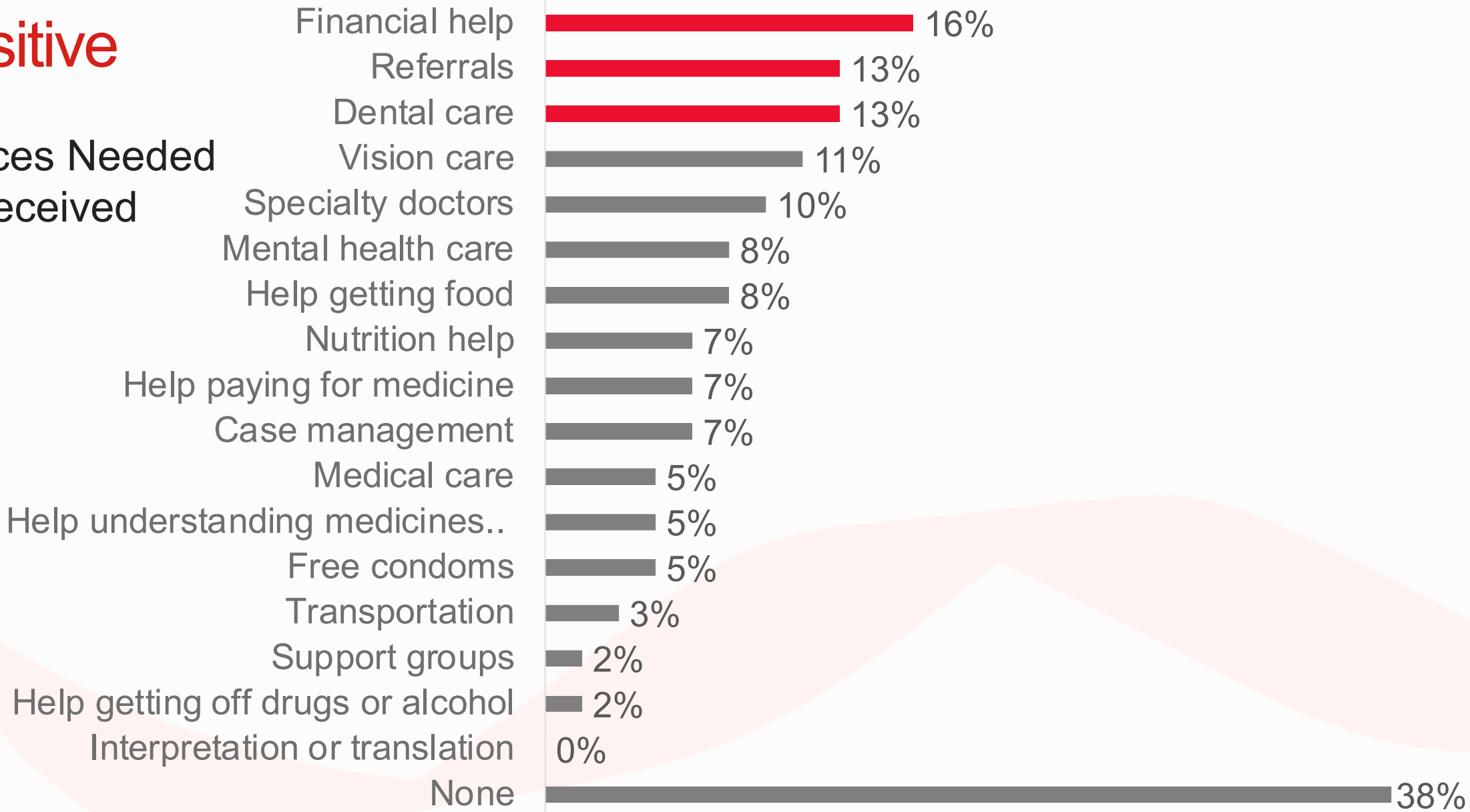
HIV Positive

Top Services Used in Past Year



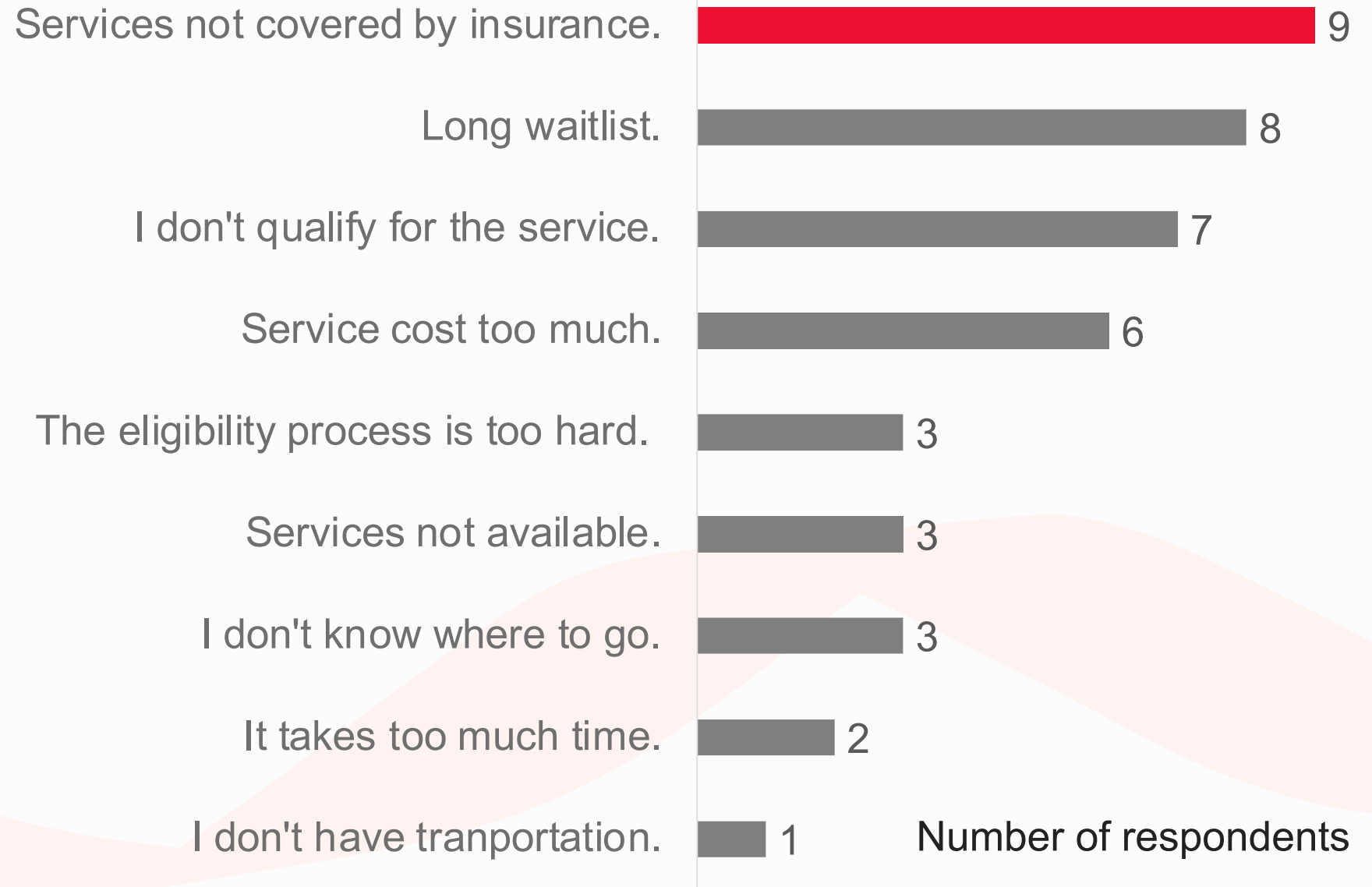
HIV Positive

Top Services Needed but Not Received



HIV Positive

Reasons why services not received



HIV Negative

HIV Prevention Activities Used

I have one long term sexual partner.



I use condoms.



I don't have sex.



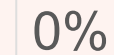
I use PrEP.



I use the needle exchange program.



I use PEP.

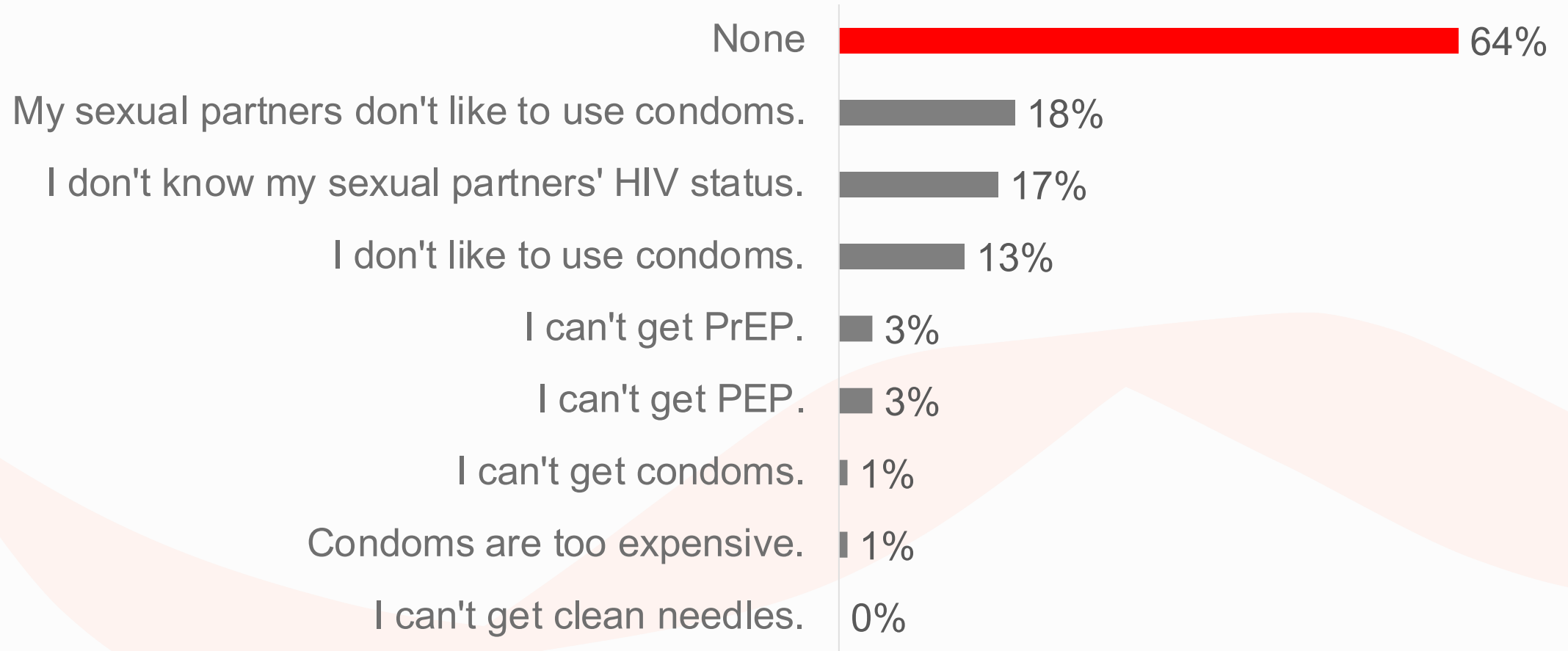


None of these



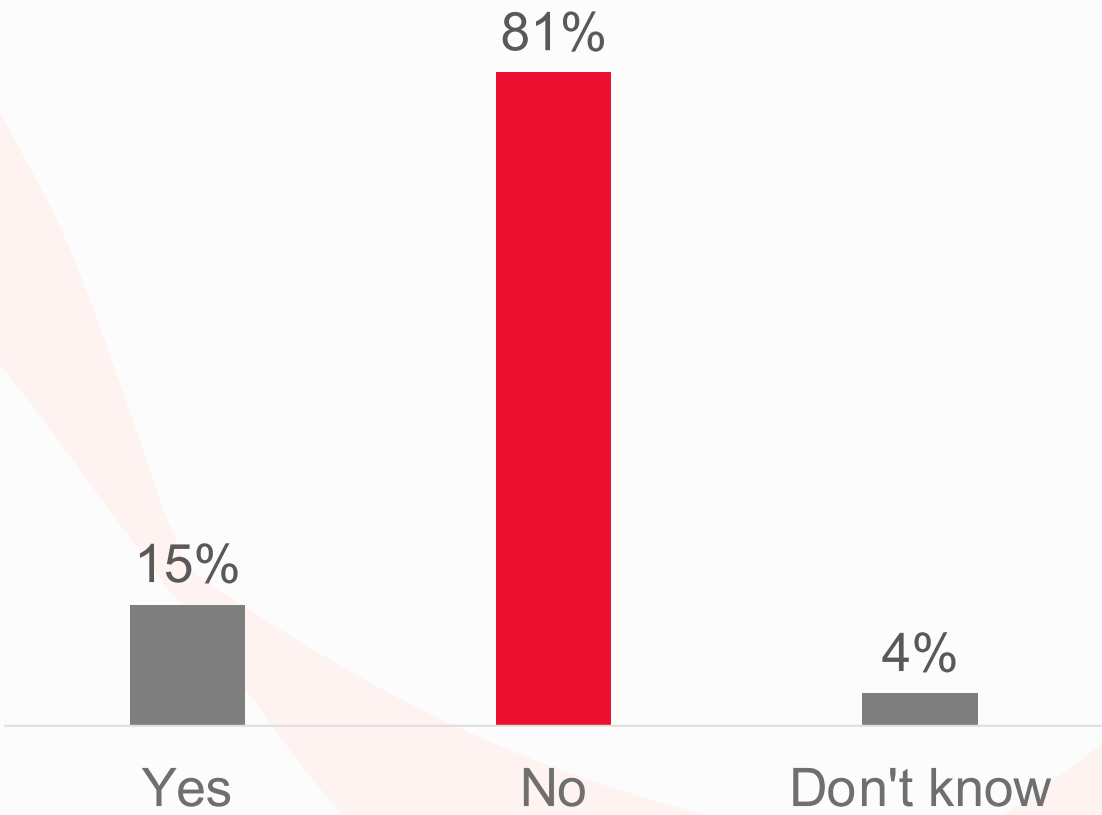
HIV Negative

Problems when trying to stay HIV negative

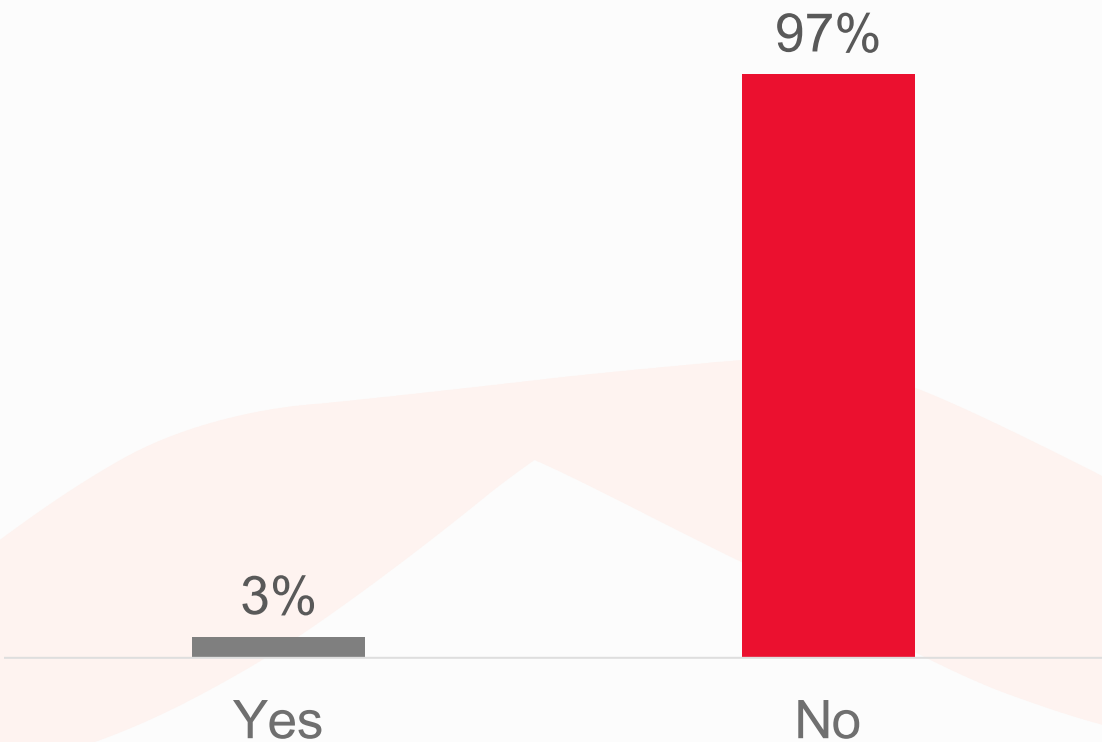


HIV Negative

Ever offered PrEP by a Doctor

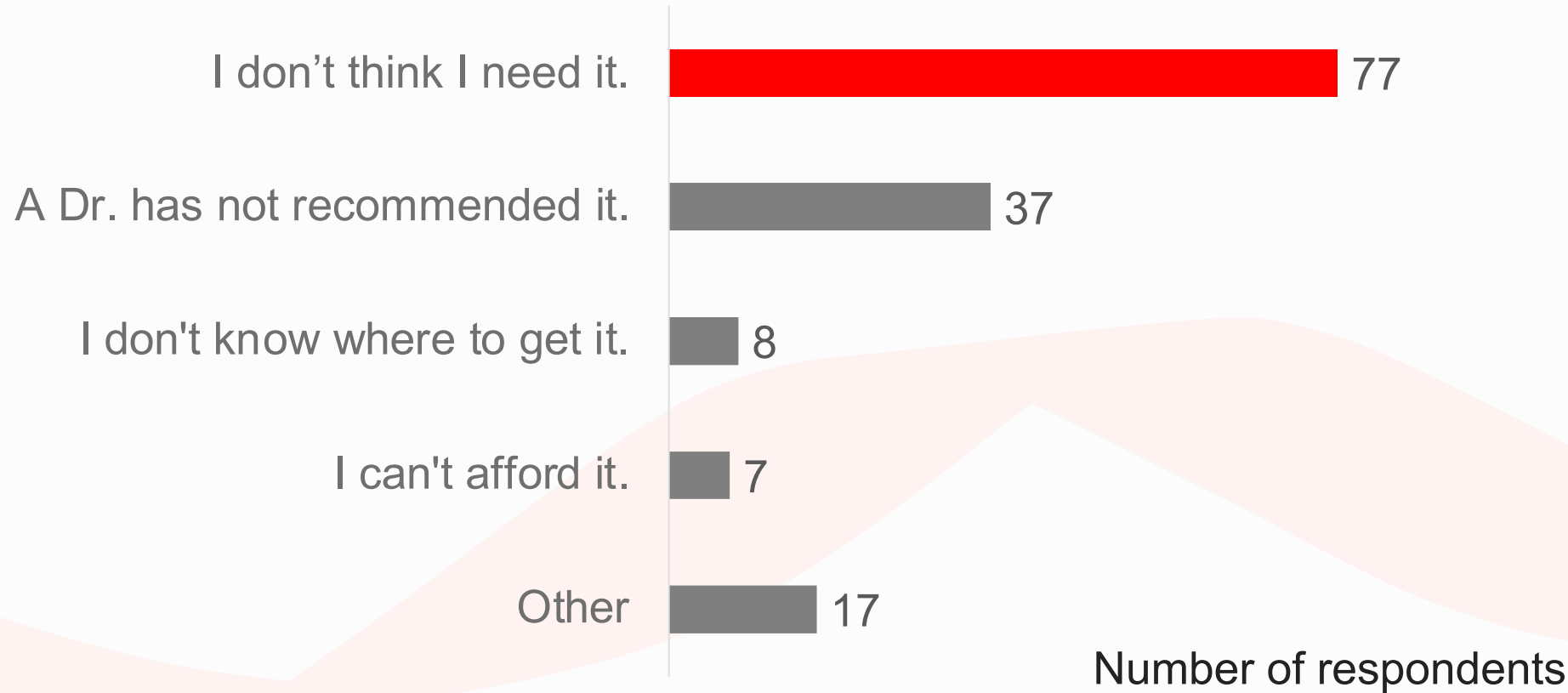


Taking PrEP



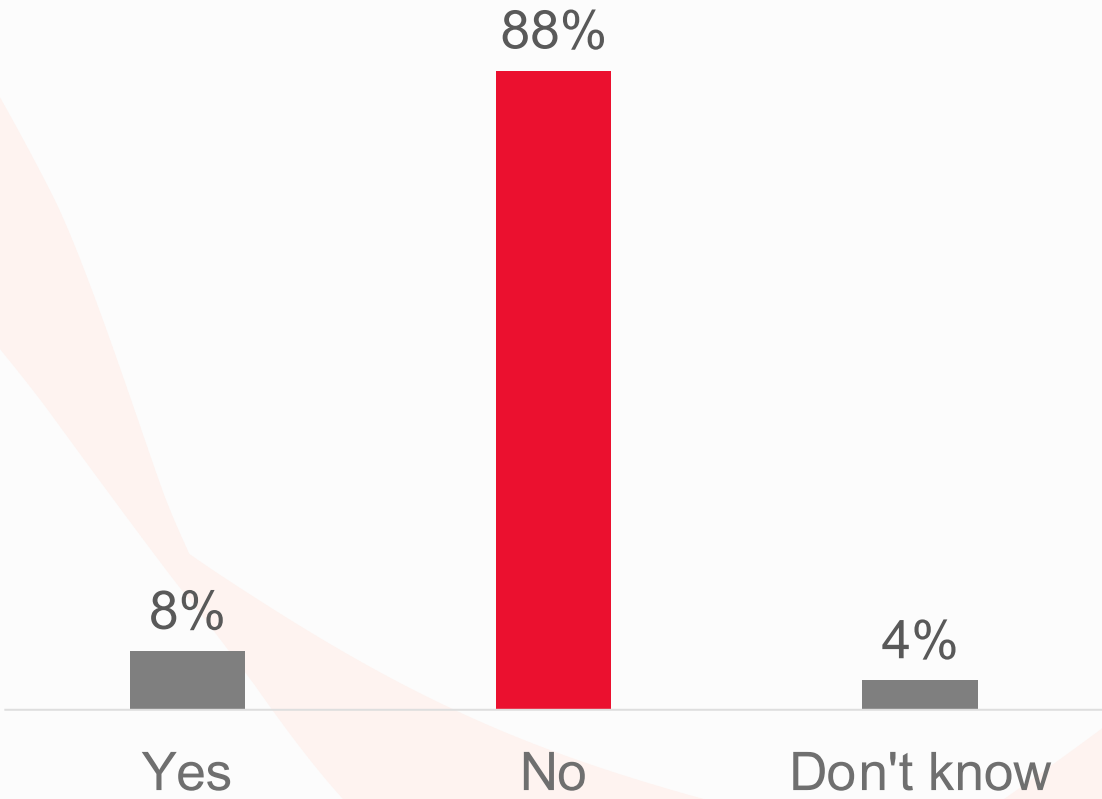
HIV Negative

Reasons Why Not on PrEP

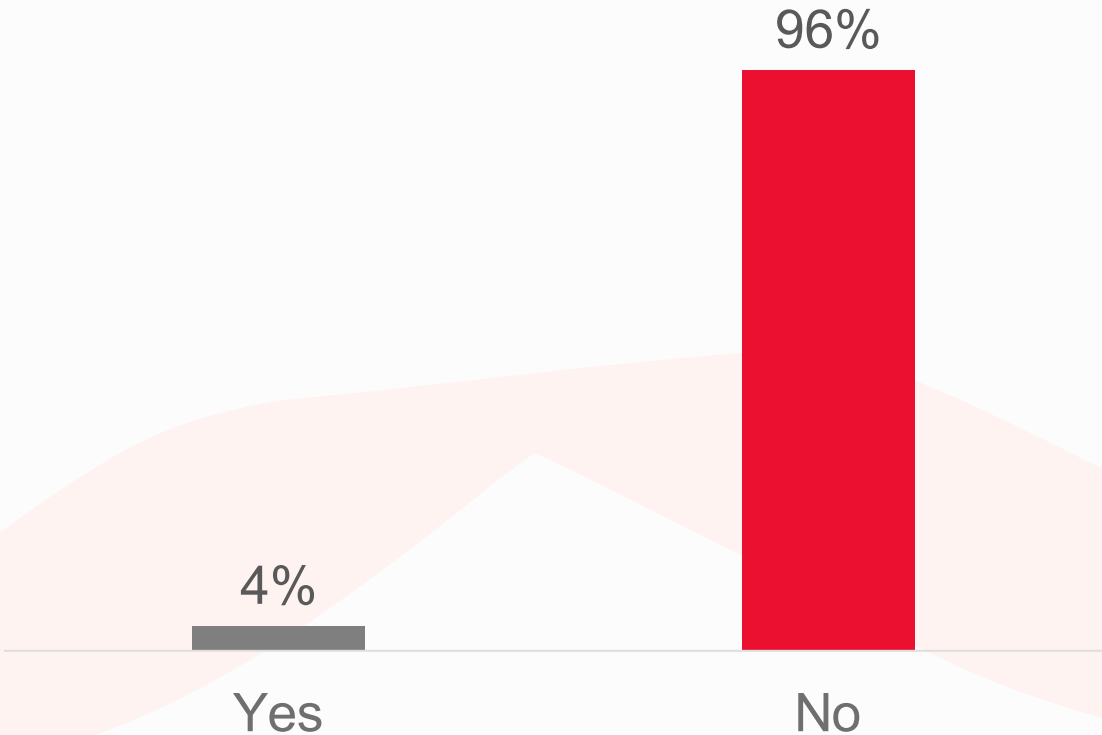


HIV Negative

Ever offered PEP by a Doctor



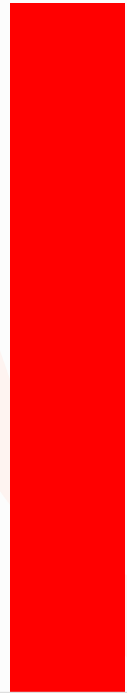
Had Taken PEP during last year



Marketing & Communication

% who had heard of PrEP

76%



Yes

9%



Unsure

15%



No

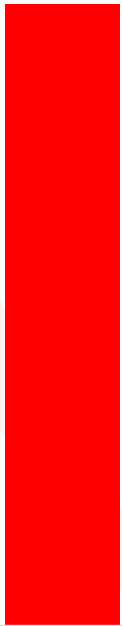
Where they heard about it

- Doctor's Office
- TV advertisements
- Internet
- Social Media
- Community organizations

Marketing & Communication

% who had heard of PEP

60%



Yes

Unsure

No

Where they heard about it

- Doctor's Office
- Community organizations
- Internet
- Other
- Social media

Marketing & Communication

What is the best way to reach you with messaging about HIV?

- Social Media
- Doctor's Office
- Internet
- Billboards
- Community organizations
- TV advertisements

Other ideas

What other thoughts do you have about getting more people into HIV prevention and care?

- Reducing stigma around HIV and sexual health
- Continuing availability of low-cost community health centers
- Increasing education about PrEP and PEP
- Providing more education using social media

Focus Groups

- 16 HIV client and prevention focus groups between March and June 2020
- 3 HIV Providers and Primary Care Provider, with 94 provider participating
- 6 counties in Nevada, with 149 people participating.
- 6 groups specifically for HIV positive individuals
- 10 groups had a prevention focus, but sometimes included people living with HIV/AIDS PLWH.

Focus Groups

EHE Statewide Focus Groups - 2020

Focus	Population	Number	Location
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

Focus Groups

- 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.
- 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.

Focus Groups

EHE Statewide Target Populations – 2020*		
Population	Number	Percentage
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

HIV Care: What has made it difficult to get the services you need?

- Housing Issue
- Transportation
- Job rehabilitation
- Being treated poorly by medical care staff
- Mental Health Issues
- Past convictions or evictions impact qualifying for resources
- Unable to get into a provider

Rural issues:

- Long wait time for provider appointments
- Limited appointment availability
- Having to travel long distances to pick up medication because medication delivered by mail is not available to them.

HIV Care

What services do you need that you are not getting?

- Housing or rental help
- Better dental care
- 24-hour access to counseling services
- Resource information online; increased awareness of available services;
- Transportation;
- Job rehabilitation
- Better vision coverage
- Drug rehabilitation

HIV Prevention

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)?

- Lack of education
- Stigma
- Lack of resources
- Not knowing where to go for resources; testing; PrEP; PEP;
- False beliefs that HIV is non-life threatening
- Drug addiction
- Fear

Rural issues:

- Lack of awareness around HIV and its impact in Nevada
- Lack of knowledge about where to go to get tested for HIV locally or where to find accurate, current information about HIV
- Concern about confidentiality in a rural community regarding testing locally or seeking preventative methods such as PrEP, PEP, and condoms.

Northern Nevada issues:

- Lack of providers prescribing PrEP

Focus Group Quotes

“The younger generations, I feel they are not as educated in the preventative drugs available to them, and so they are taking more risks without taking precautions”. – MSM on PrEP

“HIV is an epidemic, but you can be on treatment and live a normal life. People are living much longer. I think having peers give information would help”. – Transwoman on HIV

“Every provider should think about integrating STI and HIV testing, and offering PrEP in their clinics, not just the HIV specialty clinics”. – HIV service provider on STI, HIV, and PrEP

“We need better comprehensive reproductive health education. We know that presenting essential knowledge and skills to young adults, they will make better decisions in their life during a time period that will set the moral standard for their life. They will have better opportunities and better tools to utilize to delay sexual encounters or to make better choices for whoever they decide to be”. –SoN HPPG member on reproductive education

“I think we need to get to kids earlier in their education. I think the younger the age the better we can get to them because they are paying attention when they are younger, and they are like, wait, I need to think about this. I remember when I got sex education I was already sexually active so that didn’t help me”. – Black/African American Woman

Pillar Goals



Diagnose all people with HIV as early as possible



Treat people with HIV rapidly and effectively to reach sustained viral suppression



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs)



Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them



Pillar One: Diagnose

- Top needs for this pillar are for increased testing—universal testing, rapid testing, free or low-cost testing, discreet, confidential and convenient testing
- Increased awareness of the importance of HIV screening among the general public and high-risk populations; and a reduction of stigma related to HIV.
- Increased awareness of where to obtain HIV testing
- Survey and focus group respondents mentioned the importance of normalizing HIV testing—to make it something that is routine—not something to be ashamed of nor to be feared.
- A majority of primary care providers reported that they only screen for HIV and STIs if requested or based on presenting factors, and a majority of providers reported they were unprepared to conduct three site STI testing or take a comprehensive sexual history. Less than a quarter of providers reported they had a policy in place that requires all patients to be screened for HIV.



Pillar Two: Treat

- PLWH reported that their case managers and peer navigators were essential to accessing and staying care.
- PLWH reported needing a variety of other resources and support such as financial assistance, housing, job rehabilitation, drug rehabilitation, transportation, and social support.
- Increased availability of HIV providers is needed, particularly in rural areas.
- Improved access to medication delivery is needed in rural areas
- Poor experiences with medical providers (usually outside the HIV service network), substance addictions, and fear were frequently mentioned as barriers to retaining PLWH in care, as was HIV stigma.
- Primary care providers and providers-in-training reported insufficient preparation for treating people living with HIV and those who are facing housing insecurity.



Pillar Three: Prevent

- Need for comprehensive sex education in schools
- PWID participants stressed the need for discreet information on testing, condoms, rehabilitation, and clean needles.
- Participants were in favor of multimedia marketing to increase awareness of HIV.
- Lack of knowledge about PrEP and PEP was evident in community focus group and survey responses.
- Increased PrEP and PEP providers and awareness of where to obtain PrEP and PEP among community members.
- Providers and providers-in-training reported a lack of knowledge on how to counsel and follow up with a patient requesting preventative therapies such as PrEP and PEP. In addition, 30% of providers reported they would not recommend needle exchange to patients using intravenous drugs.



Pillar Four: Respond

- Increased capacity to identify and investigate active HIV transmission clusters
- Address community concerns related to confidentiality of sensitive data
- Increase capacity of molecular surveillance
- Increased funding for surveillance and outreach efforts
- Hire qualified staff to be able to manage molecular surveillance
- Training for epidemiology staff to work on HIV-TRACE