



2021 Nevada HIV Prevention Needs Assessment Report

Acknowledgements

Prepared by:

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University of Nevada, Reno

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Acknowledgements

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Northern Nevada HIV Prevention

Planning Group

Southern Nevada HIV Prevention

Planning Group

The LGBTQ+ Center Las Vegas

Foundations for Recovery

Henderson Equality Center

Project Purpose

Conduct a HIV prevention community needs assessment to inform the development of the 2022 – 2026 Nevada HIV Integrated Prevention and Care Plan.

Project Goal

Identify attitudes, behaviors, and perceptions about HIV and HIV prevention among at-risk Nevadans including:

- HIV Testing

- Sexual Behaviors

- Pre-Exposure Prophylaxis (PrEP)

- Injection Drug Use

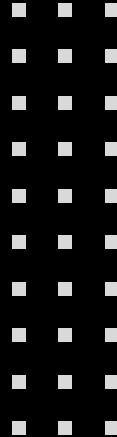
- Exposure to Violence and Discrimination

- Information and Services



Community Survey

Methodology



Survey Development, Data Collection, Data Analysis

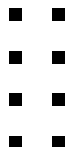
A 57-question community survey was completed by 1,498 eligible adults living in Nevada between September 23 and December 6 of 2021

The survey was drafted by the Larson Institute and reviewed and approved by the Northern and Southern Nevada HIV Prevention Planning Groups and the Nevada Office of HIV

Topics covered in the survey included:

- HIV Testing
- Sexual Behaviors
- Pre-Exposure Prophylaxis (PrEP)
- Injection Drug Use
- Healthcare
- Information and Services

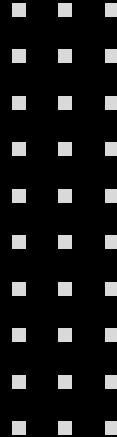
Data were collected electronically using Qualtrics and were cleaned and analyzed using SAS Version 9.4





Focus Groups

Methodology



Data Collection and Data Analysis

A total of 10 focus groups were completed between October 8 and December 10 with 65 participants

9 focus groups were hosted in-person and 1 focus group was hosted virtually through Zoom

Data were analyzed by the Larson Institute team using a condensed thematic inductive analysis

Focus Group Structure

Priority Population	Location	Number of Participants
African American	Southern NV	15
Young Adult	Southern NV	3
Latinx	Southern NV	7
People Who Use Substances	Southern NV	4
People Who Use Substances	Southern NV	5
Sexual and Gender Minority	Southern NV	8
Sexual and Gender Minority	Southern NV	3
HIV+	Northern NV	12
Young Adult	Northern NV	4
Latinx	Northern NV	4



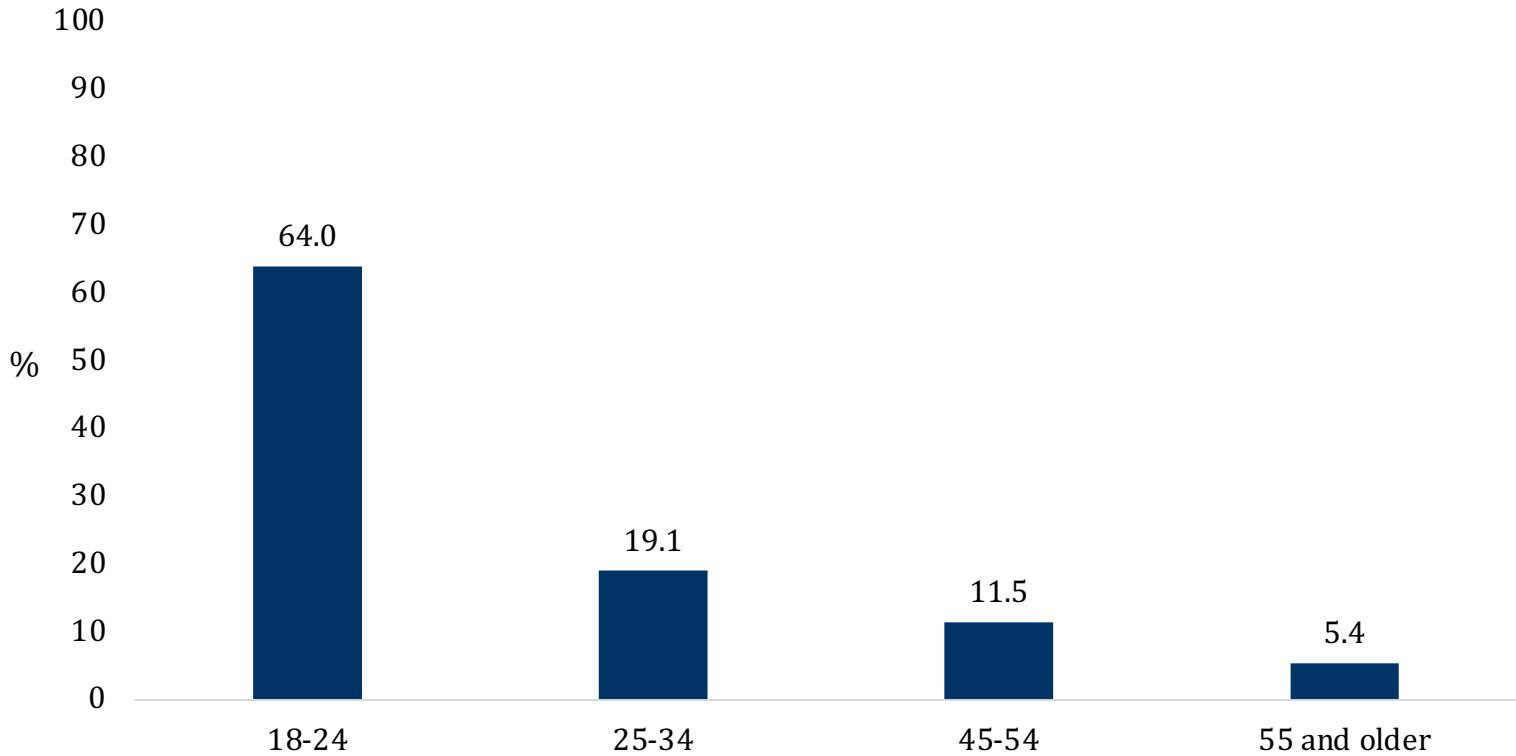
Key Findings



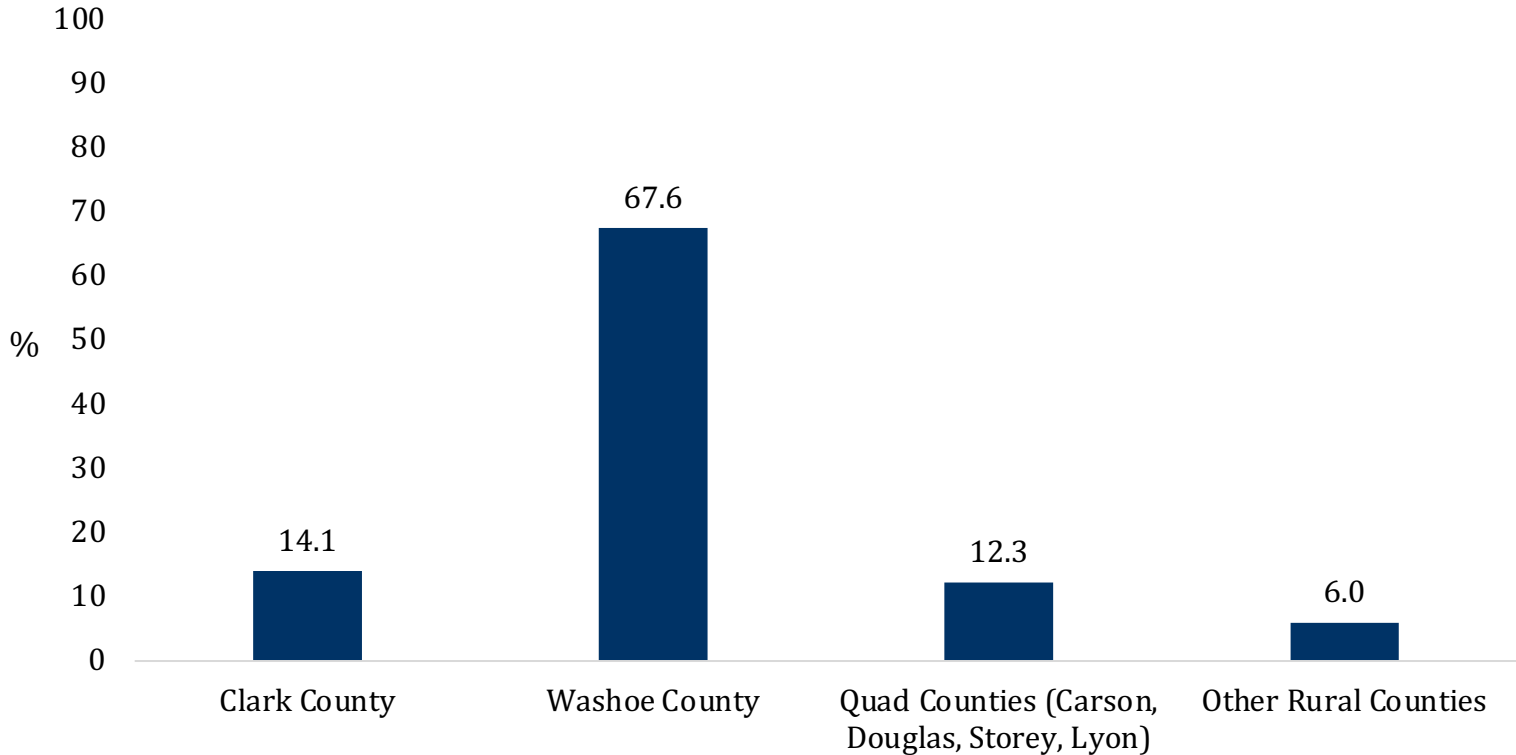


Sociodemographic Characteristics: Community Survey

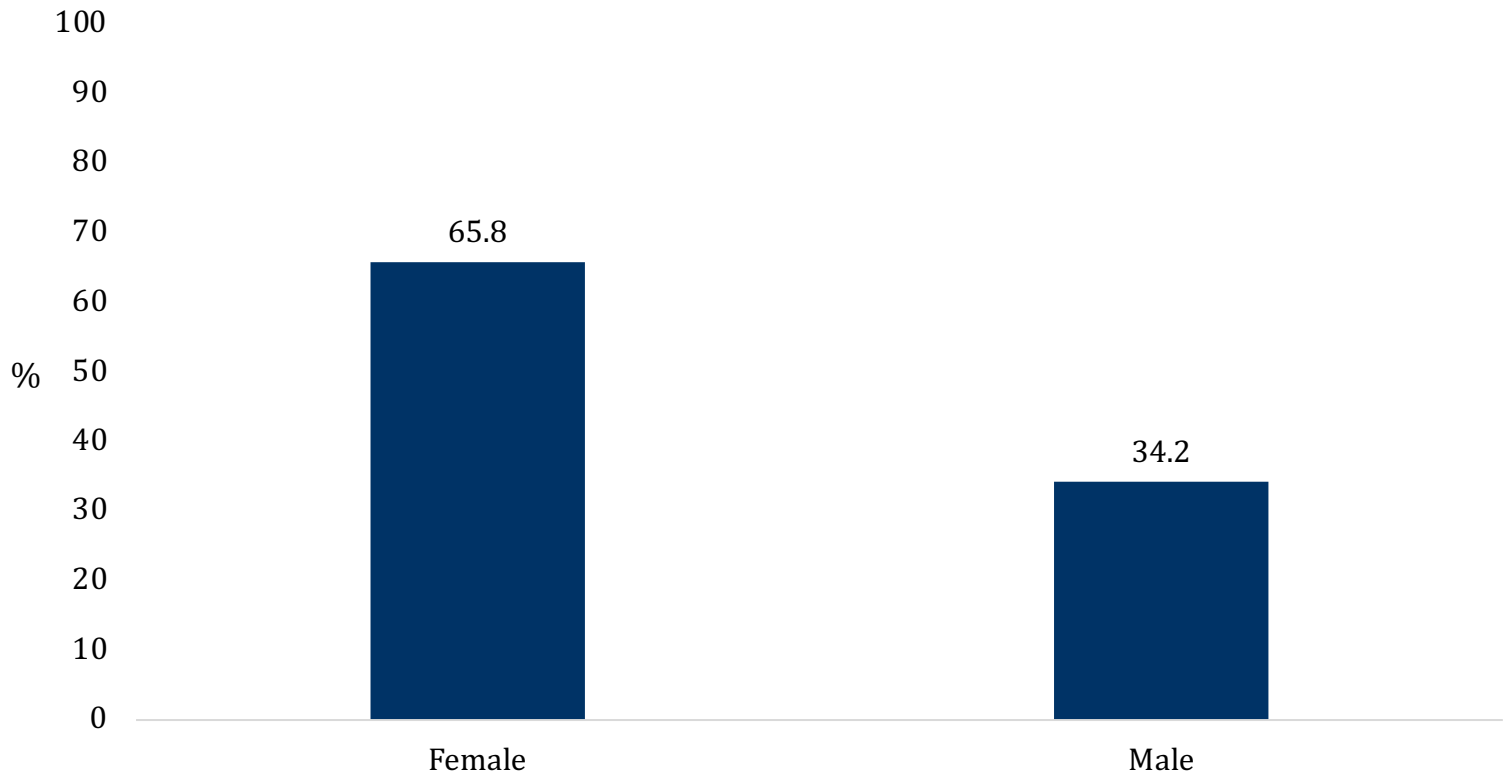
Age



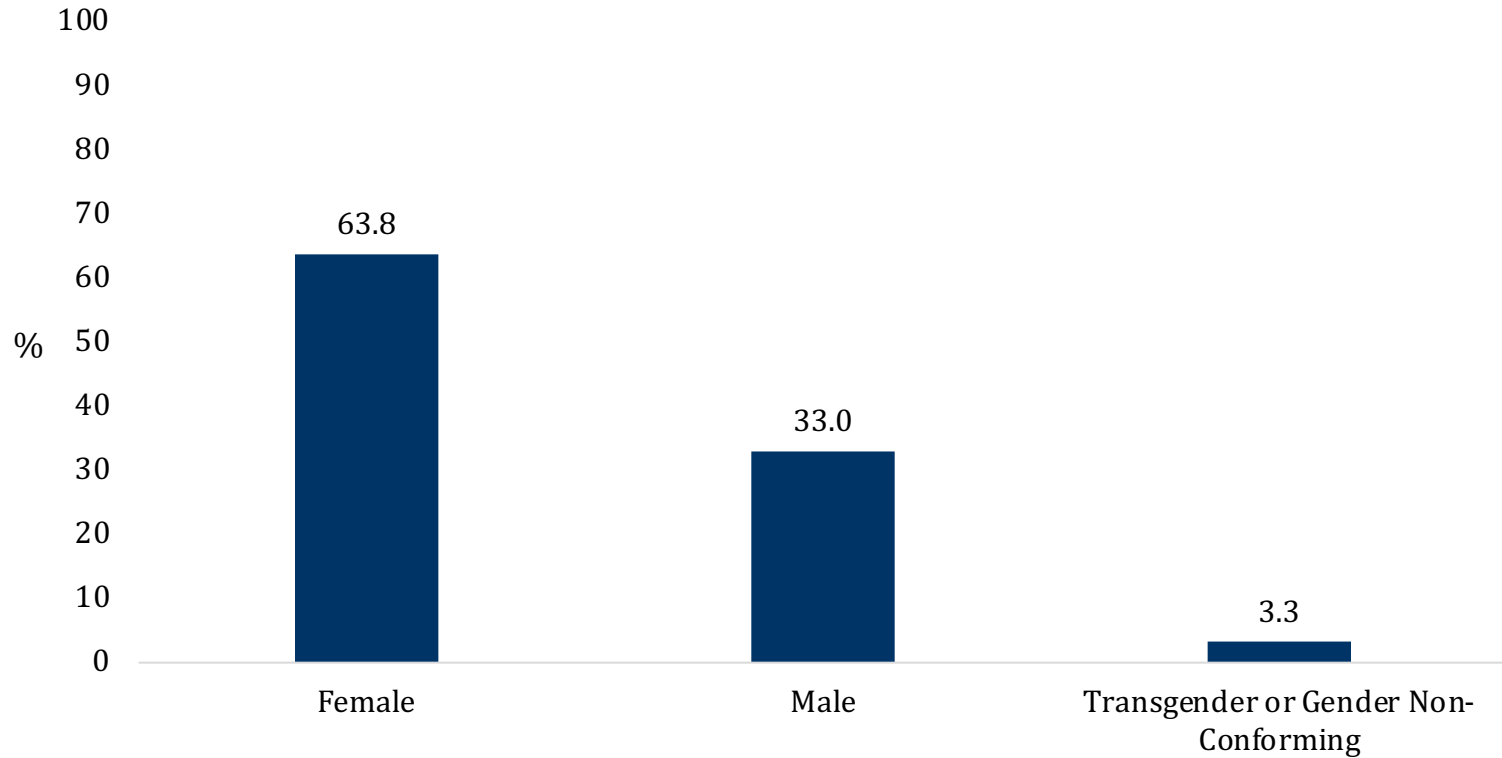
County of Residence



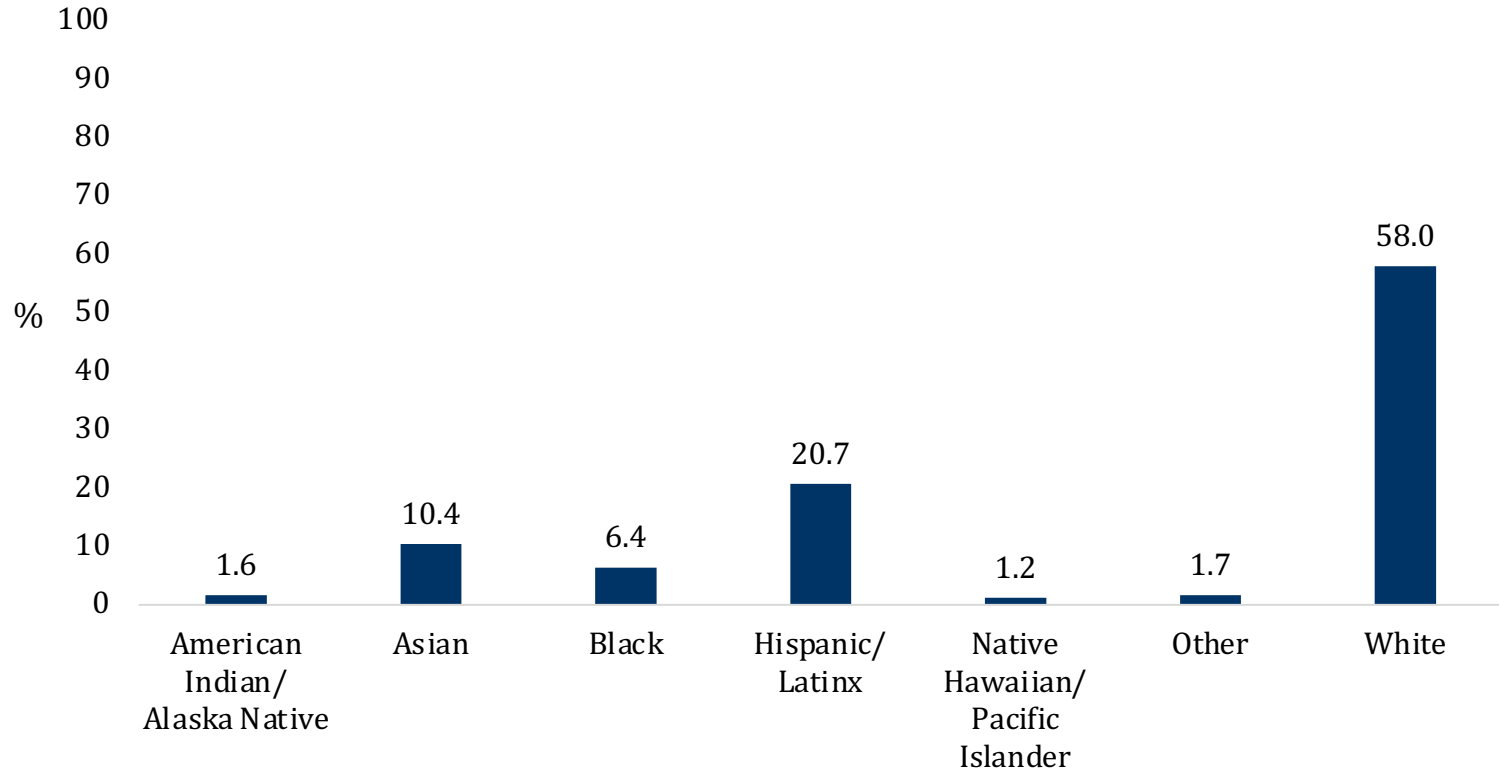
Sex at Birth



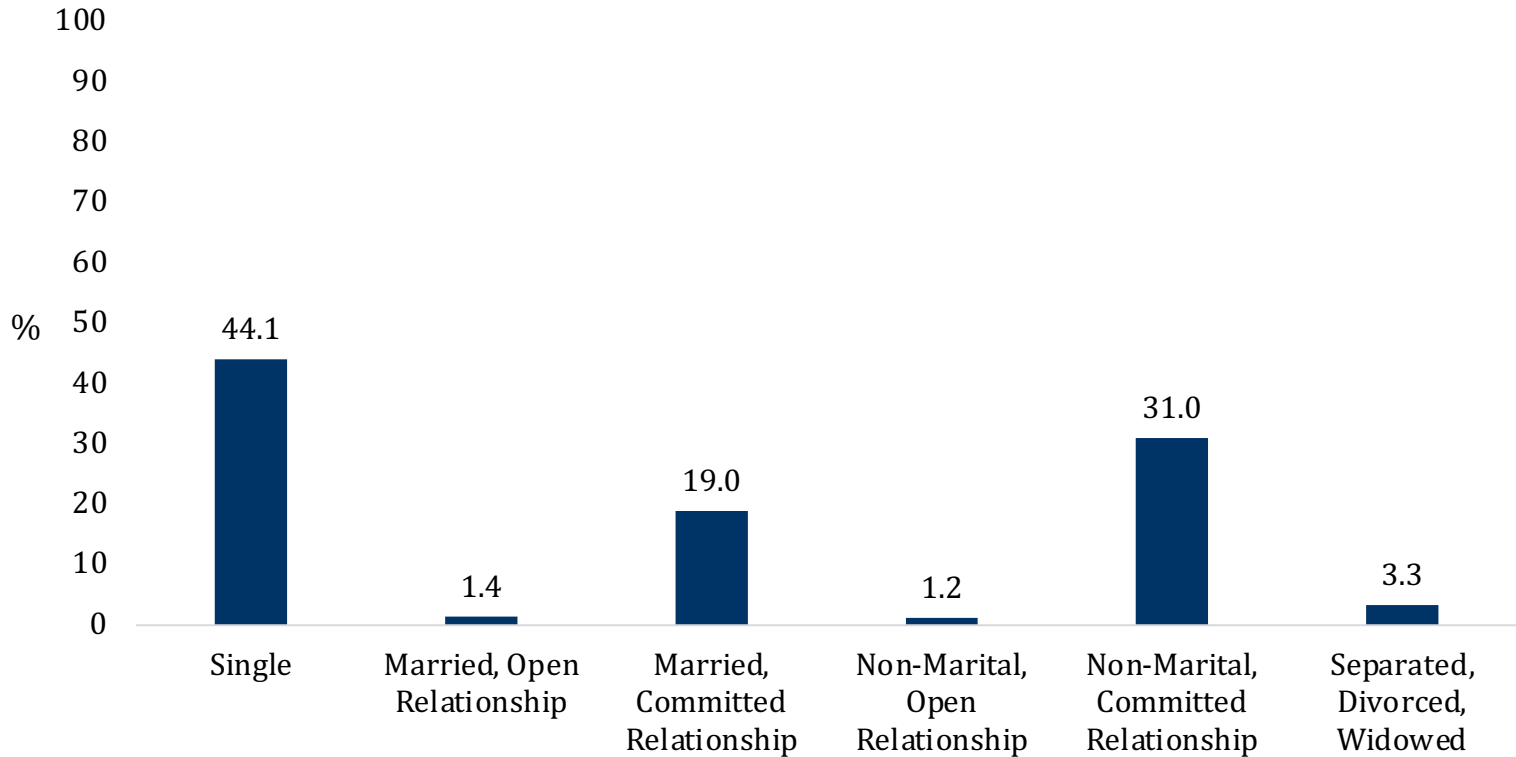
Primary Gender Identity



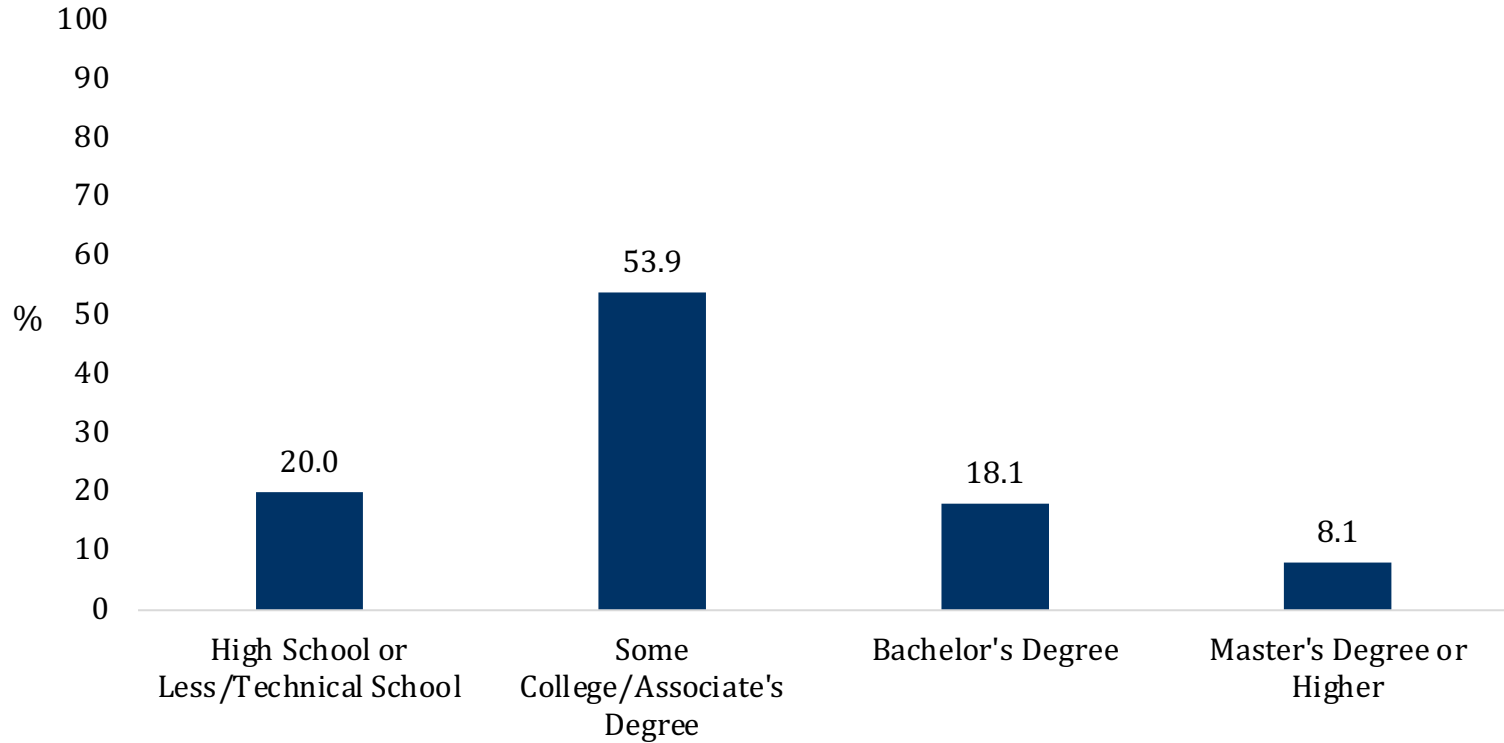
Primary Race or Ethnicity



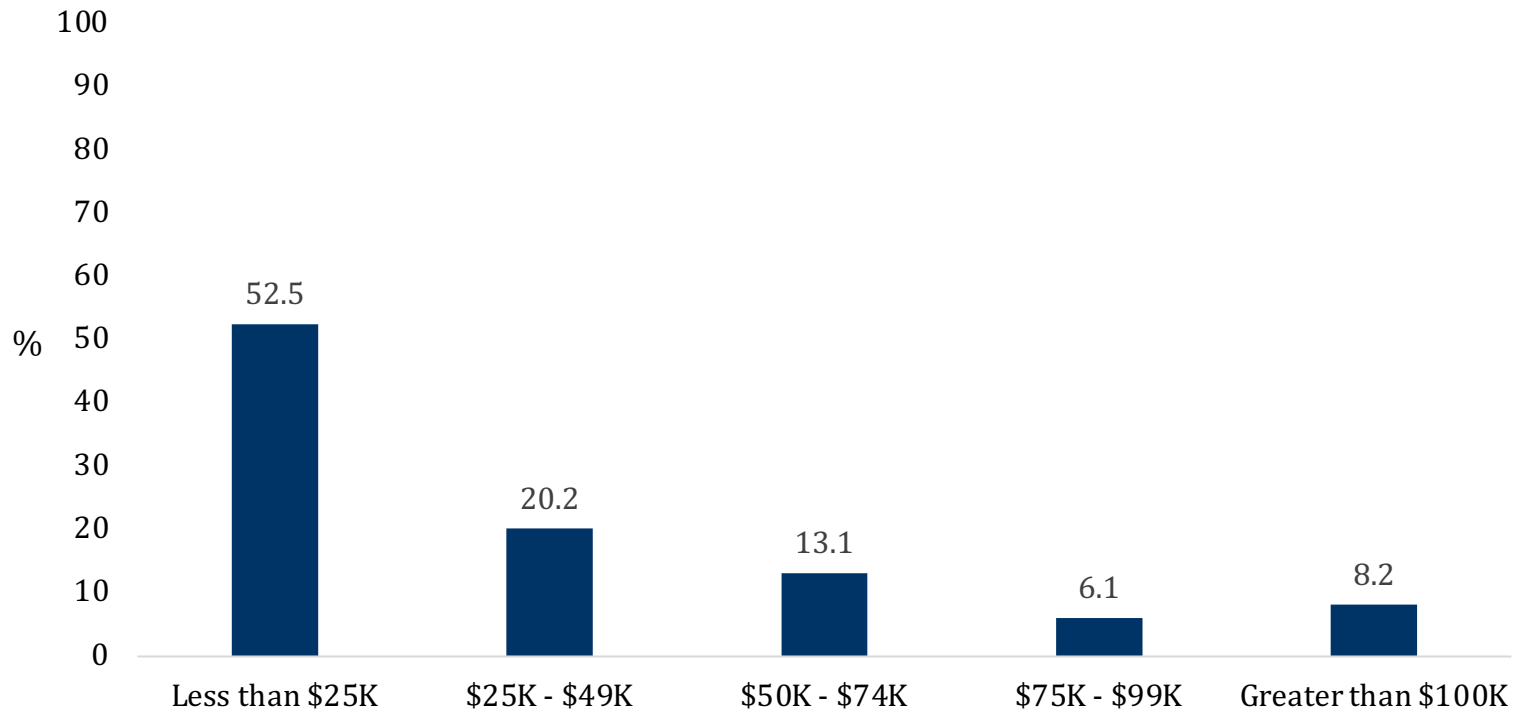
Current Relationship Status



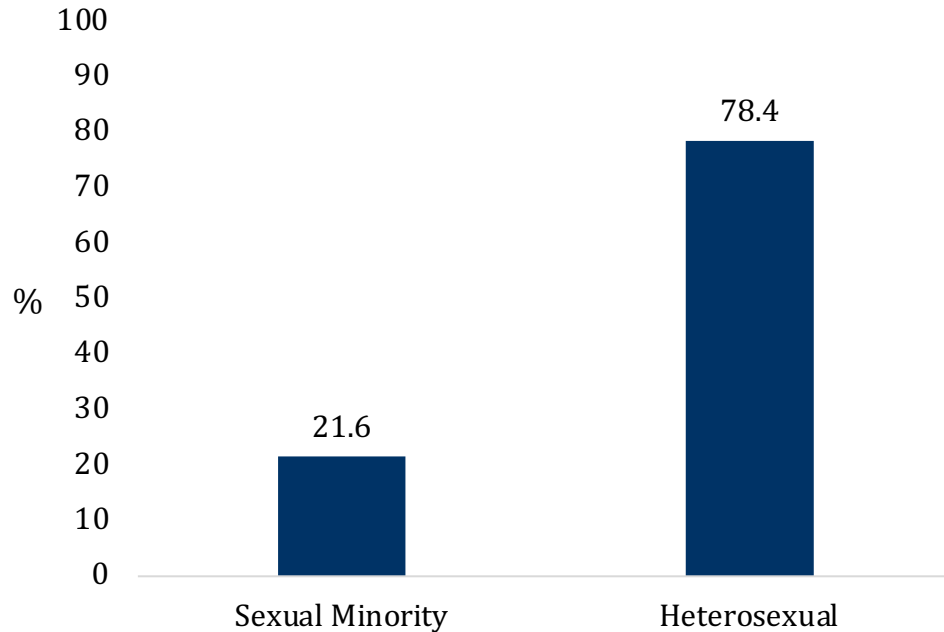
Educational Attainment



Annual Income



Primary Sexual Orientation



Sexual minority participants identified as:

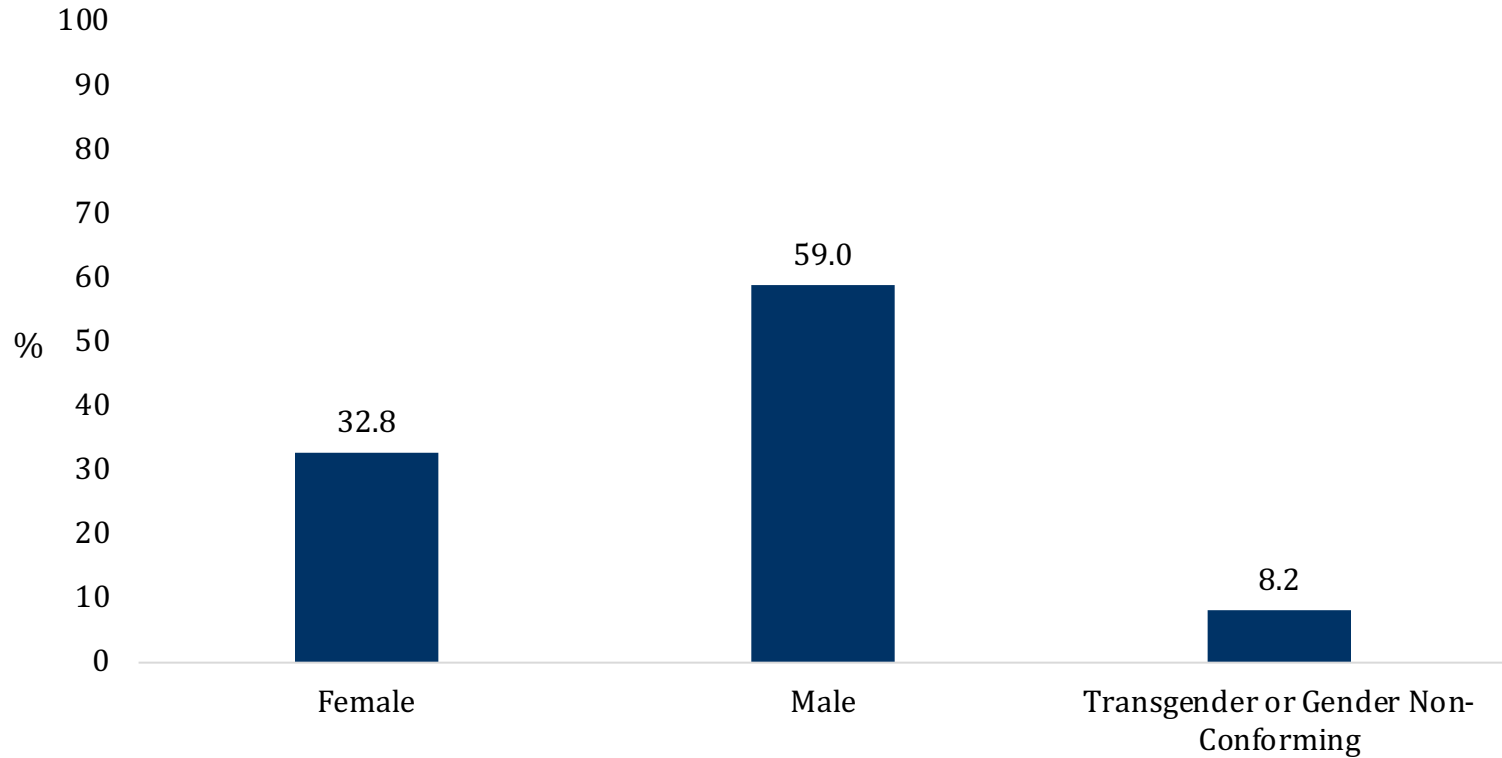
- Gay
- Lesbian
- Bisexual
- Asexual
- Queer
- Pansexual
- Questioning



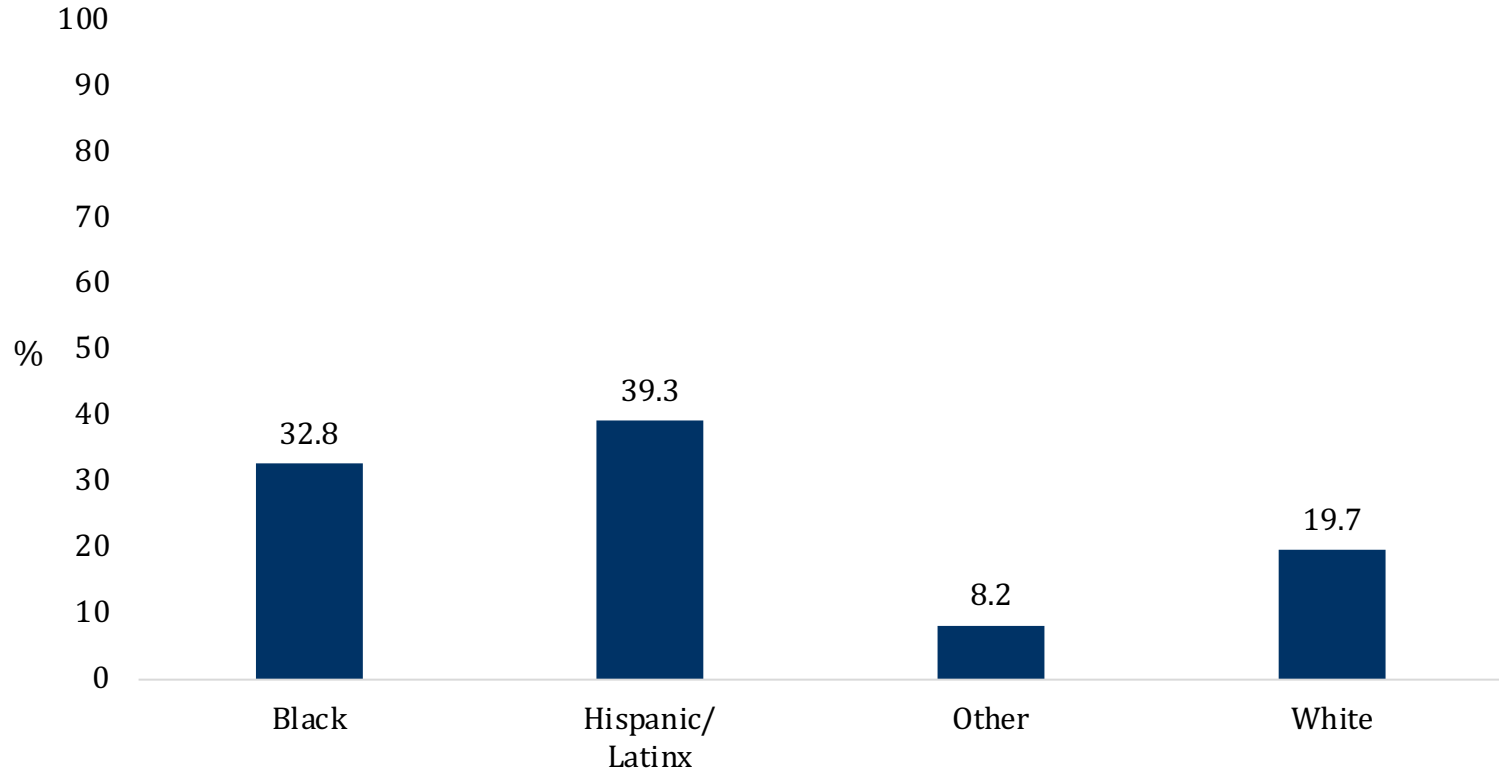
Sociodemographic Characteristics: Focus Groups



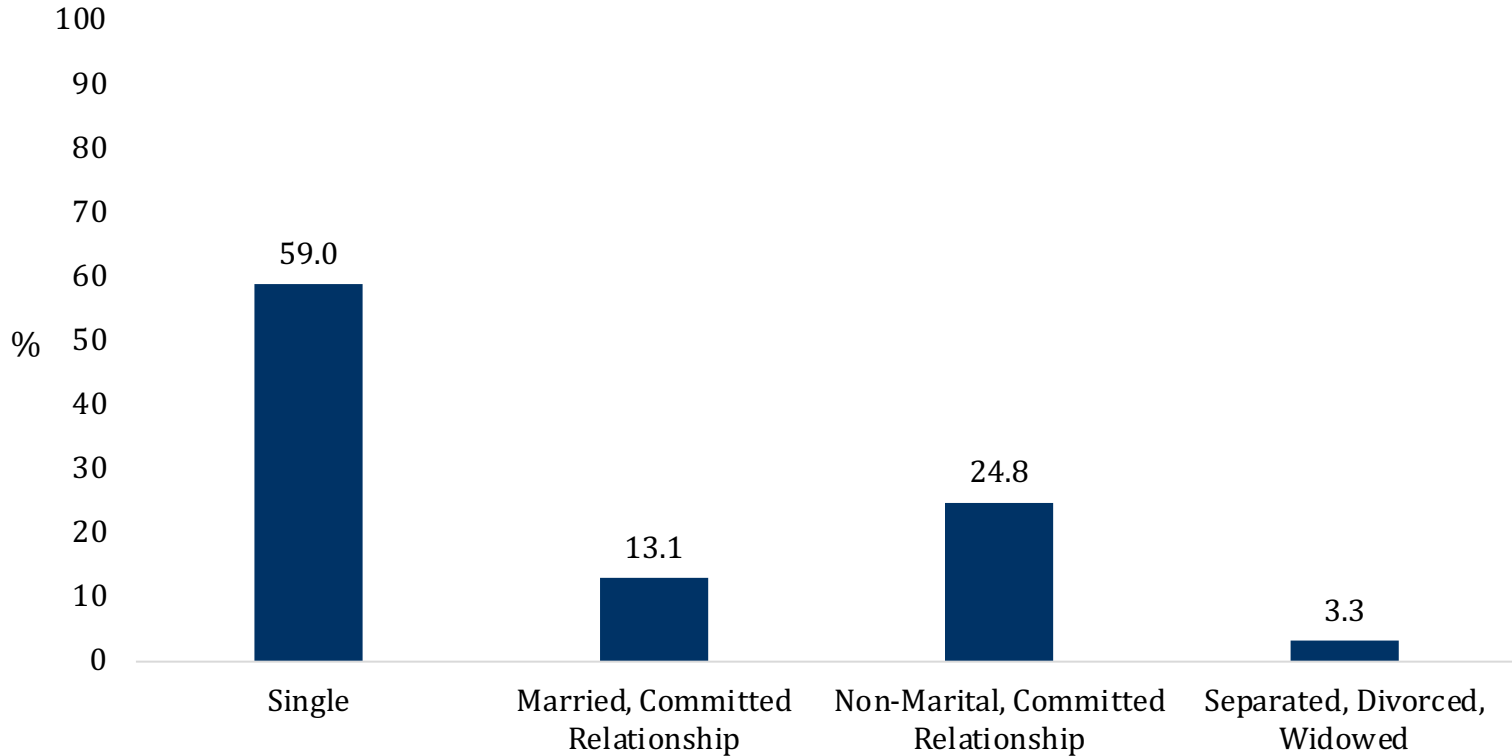
Primary Gender Identity



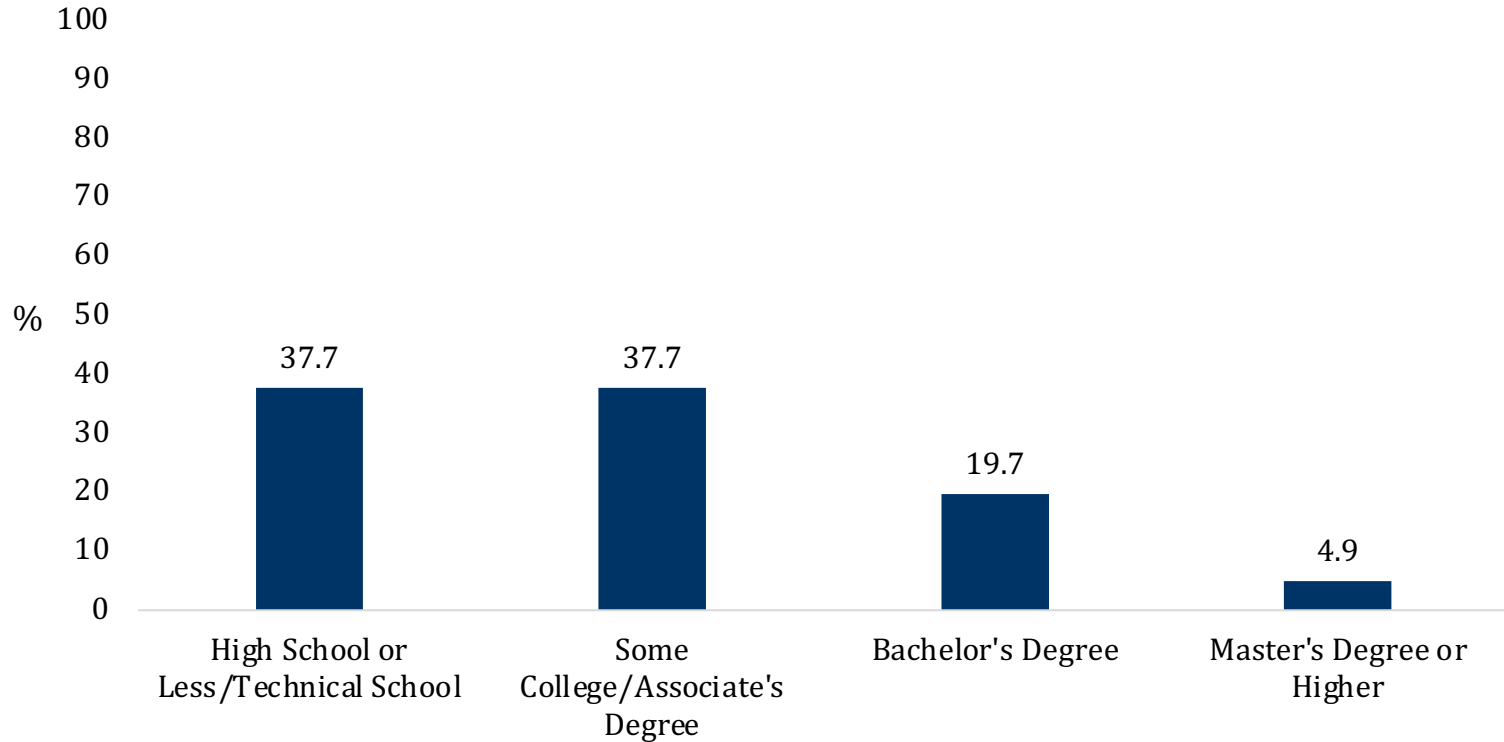
Primary Race or Ethnicity



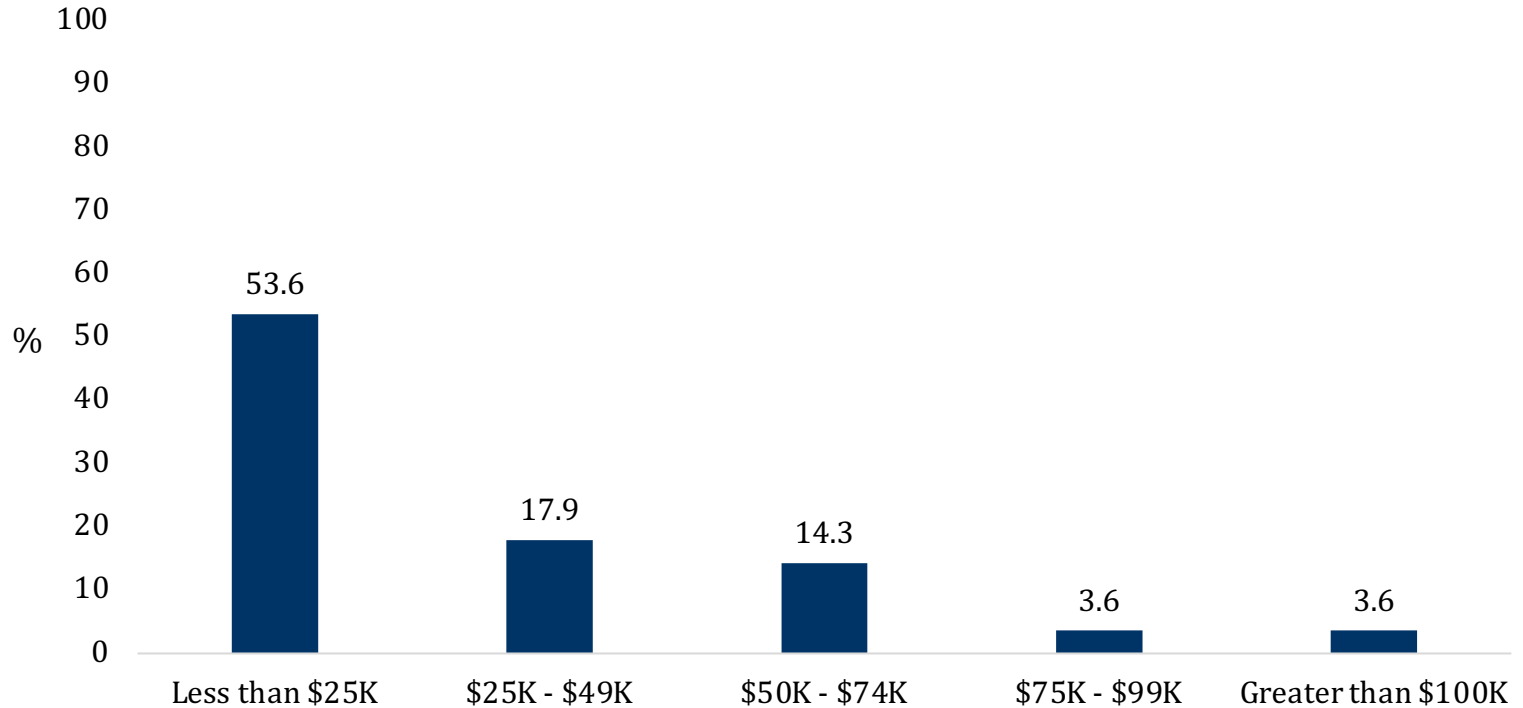
Current Relationship Status



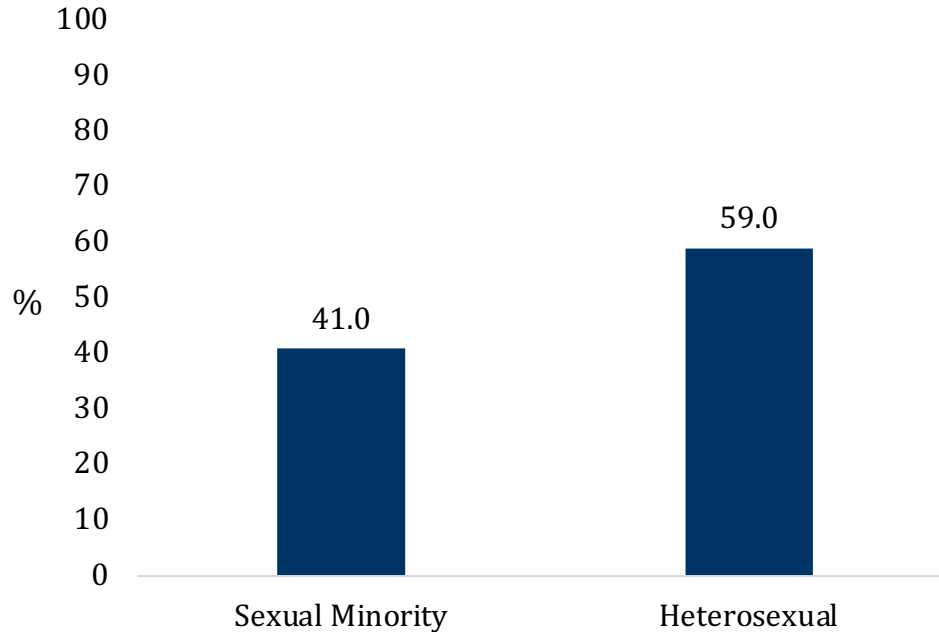
Educational Attainment



Annual Income





Primary Sexual Orientation

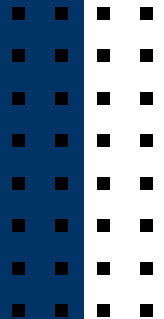
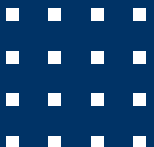


Sexual minority participants identified as:

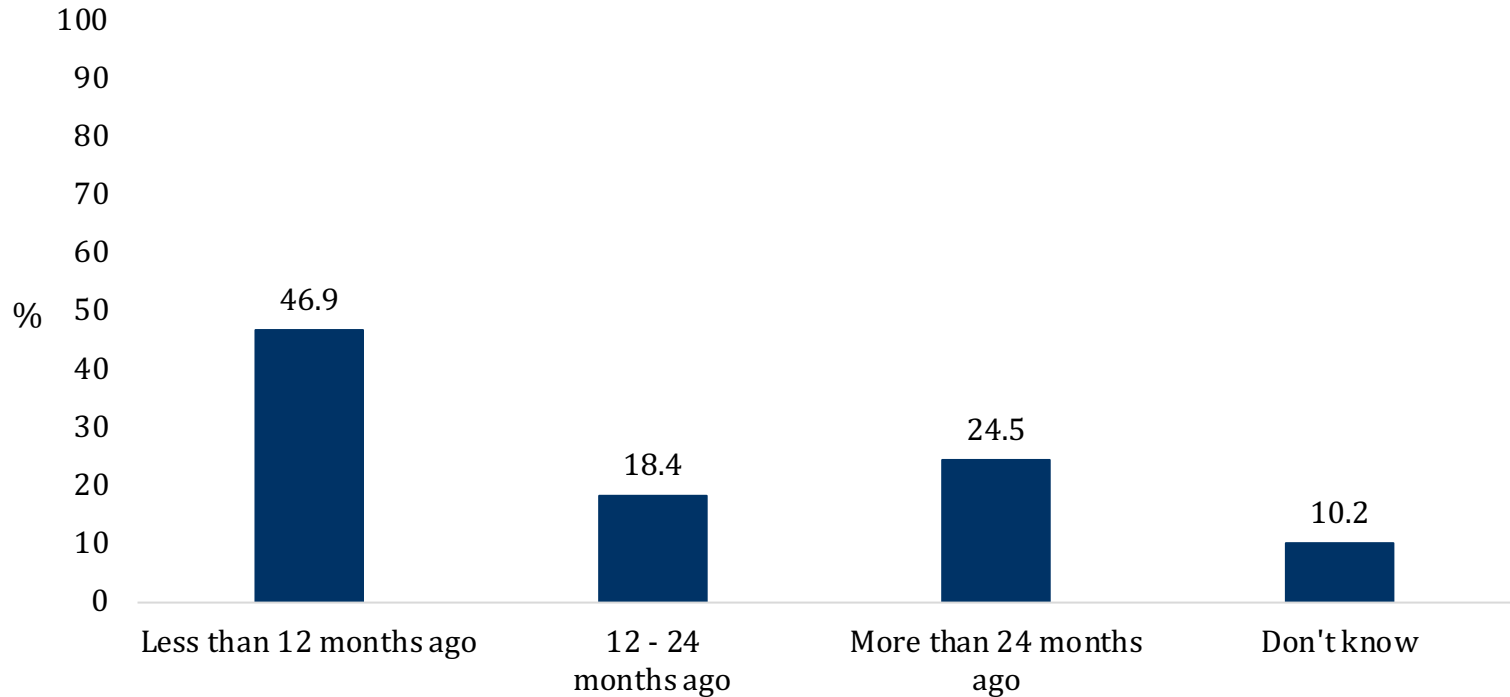
- Gay
- Lesbian
- Bisexual
- Asexual
- Queer
- Pansexual
- Questioning





**75% of participants
reported that they had
received an HIV test
during their life.**

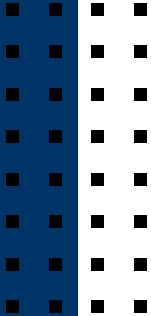



Date of Most Recent HIV Test



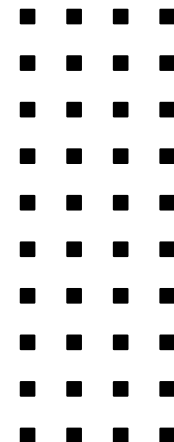




**35% of participants
reported that they had
tested positive for HIV.**




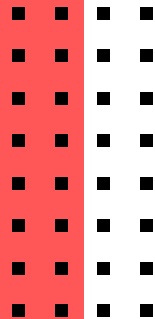


HIV Testing: Community Survey

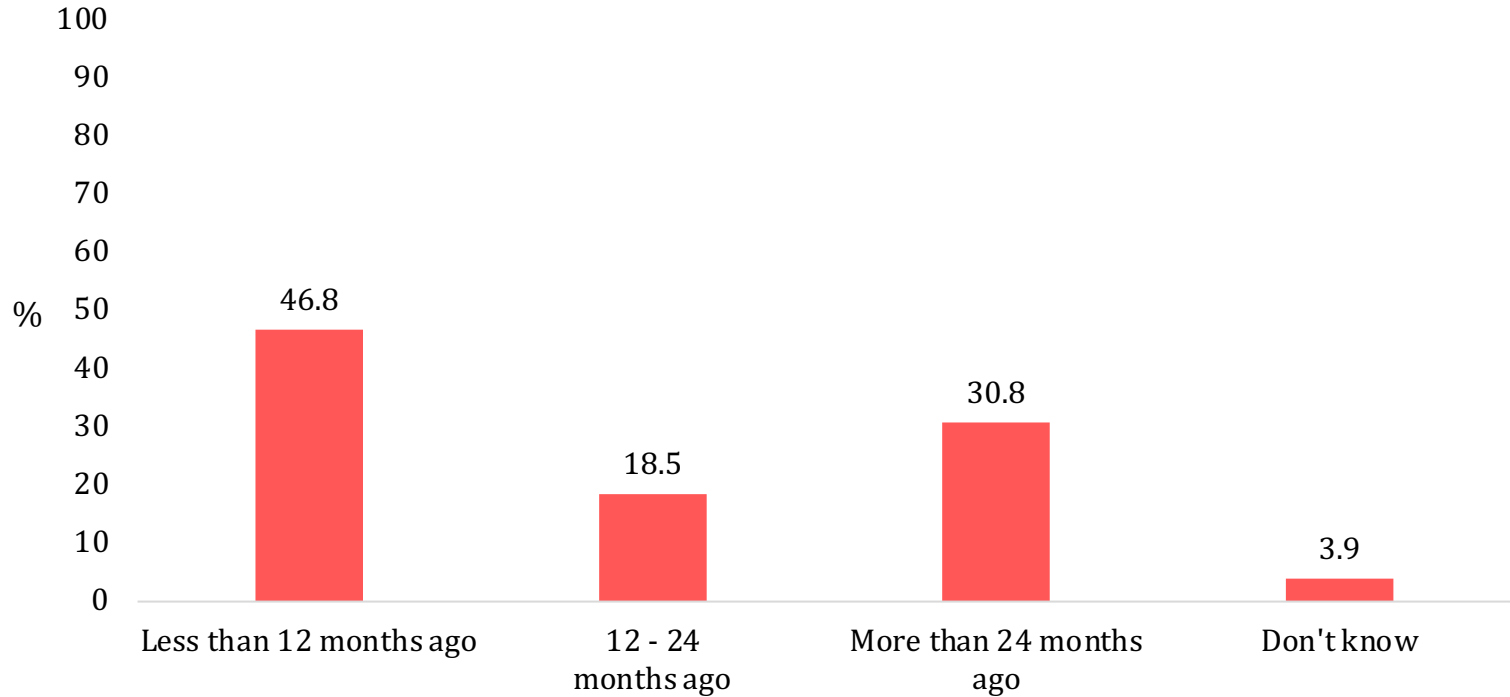




**39% of participants
reported that they had
received an HIV test
during their life.**



Date of Most Recent HIV Test



Locations Where HIV Tests Were Administered

Over half of HIV tests were administered at a **private doctor's office (32.3%)** or a **public health clinic or health center (26.2%)**.

Other common testing locations included **family planning/obstetrics clinics (13.3%)** and **HIV testing and outreach clinics (11.8%)**.


Reasons Participants Have Not Been Tested for HIV

Main reasons include:

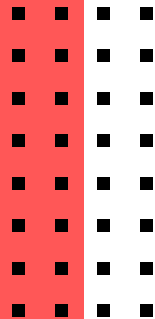
Low perceived risk of contracting HIV (63.4%)
Never really thought about it (49.6%)

Other reasons include:

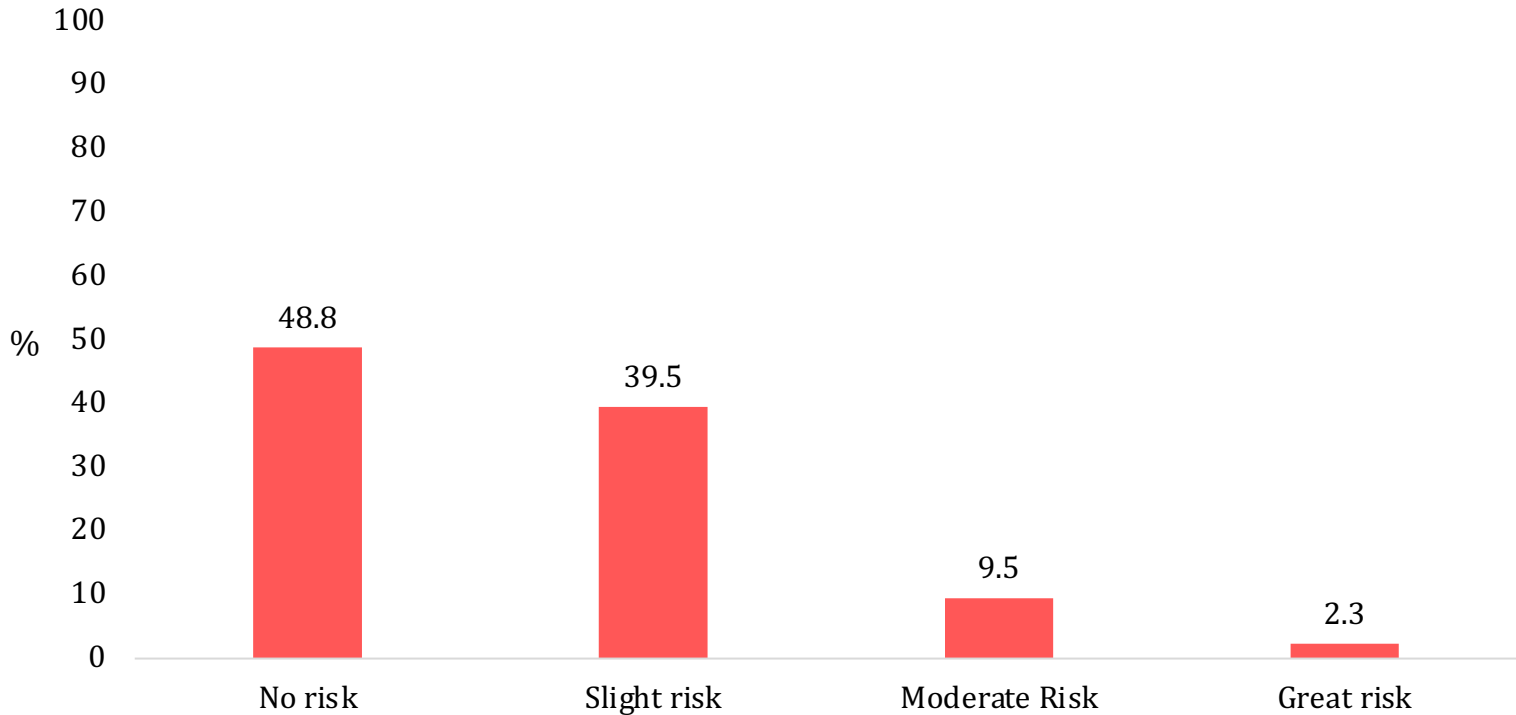
Not knowing where to get a test (10.5%)
Not wanting to pay for a test (7.8%)
Not having time for a test (6.6%)



**7% of those who received
an HIV test have tested
positive for HIV and of
those, 70% are currently
taking antiretroviral
medication.**

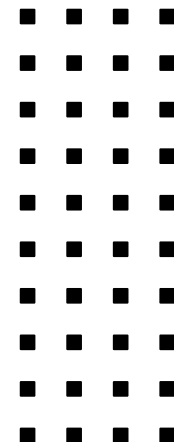


Perception of Risk for Contracting HIV





HIV Testing: Focus Groups



Key Themes

Access:

Access to testing varied greatly. Sexual and gender minority populations were knowledgeable of testing but other communities were unaware of free and mobile testing.

Stigma:

Participants expressed fear that getting a test would “out” their risky behaviors to friends and family.

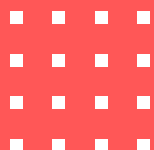
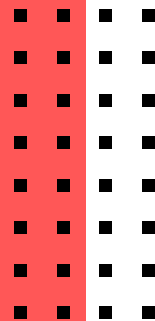
Culture:

Cultural and family norms, values, and beliefs impact knowledge and behaviors related to testing.



“I don't think that like you hear really about routine HIV testing like this part like that should be part of your healthcare or regular screenings.”

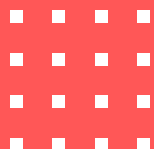
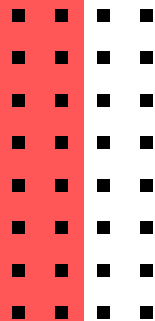
“Yeah, like normalize testing in HIV. Yeah, have it be normalized and then like you can even have it be fun, right? Like you know, when you went to the Raiders game, you got your COVID get your COVID shot, right?”





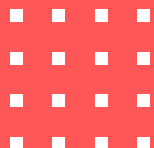
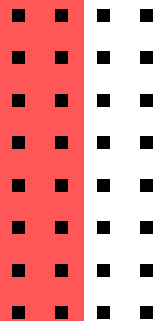
“You feel weird going in there to be tested for HIV. For me, look at me like, oh so... you're a tramp or sleeping around.”

“I know [people who] get around, you know? And it's like hey, you should probably get tested, but there's a stigma to it.”





“One thing I noticed that is, actual in the community, is, I used to live in...a farming community, cowboys, Mexican cowboys with their straw hats and everything and their macho everything. The HIV testing center, hardly anyone ever went in there. I mean, you try telling some Mexican, macho guy on a horse that they need to go get tested.”



Recommendations

Access:

- Increase mobile testing efforts
- More testing at college campuses
- Improve outreach prior to events

Stigma:

- Normalize HIV testing to reduce stigma
 - Part of normal check-up and routine screenings
- More testing

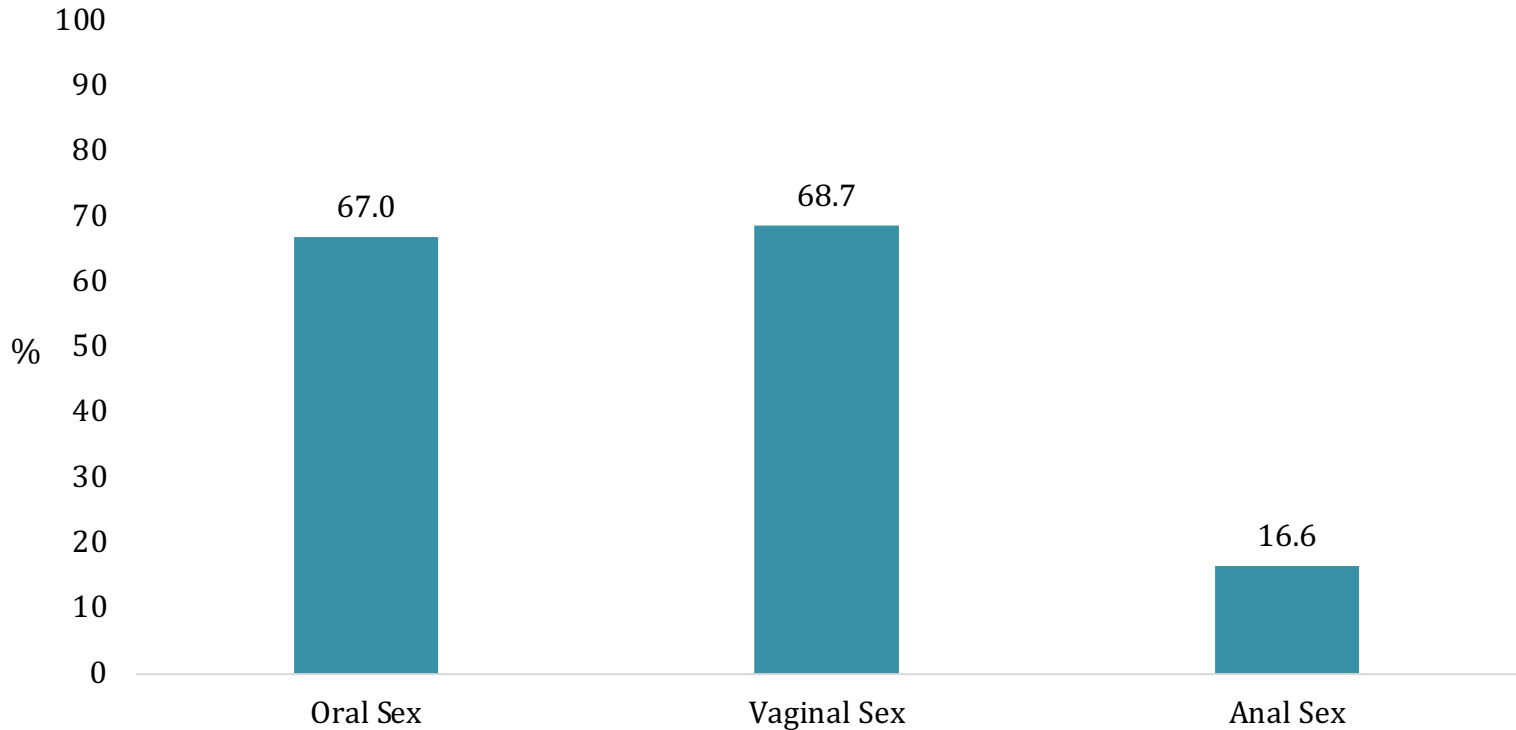
Culture:

- Provide tailored education and outreach that incorporates culture values and beliefs
- Identify community champions

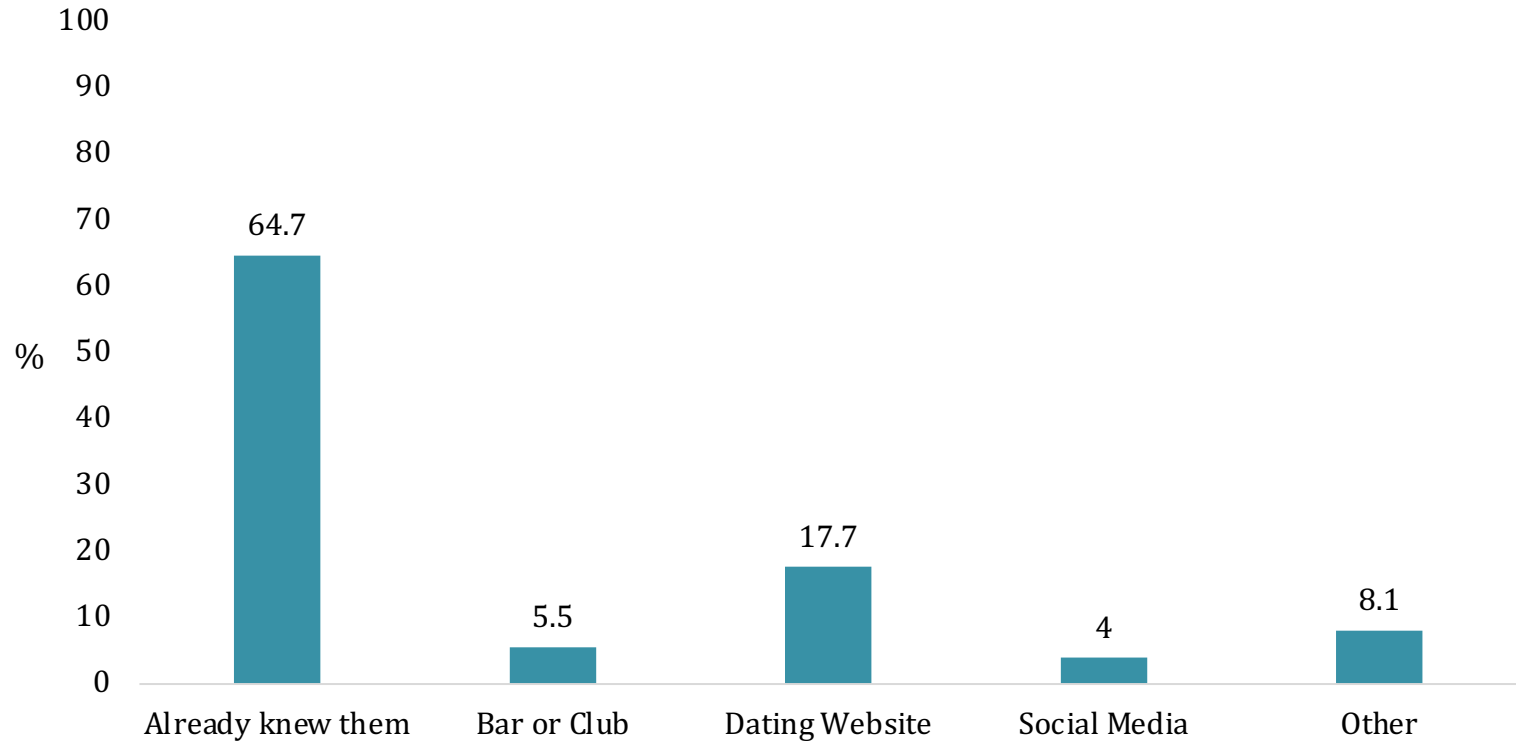


Sexual Behaviors: Community Survey

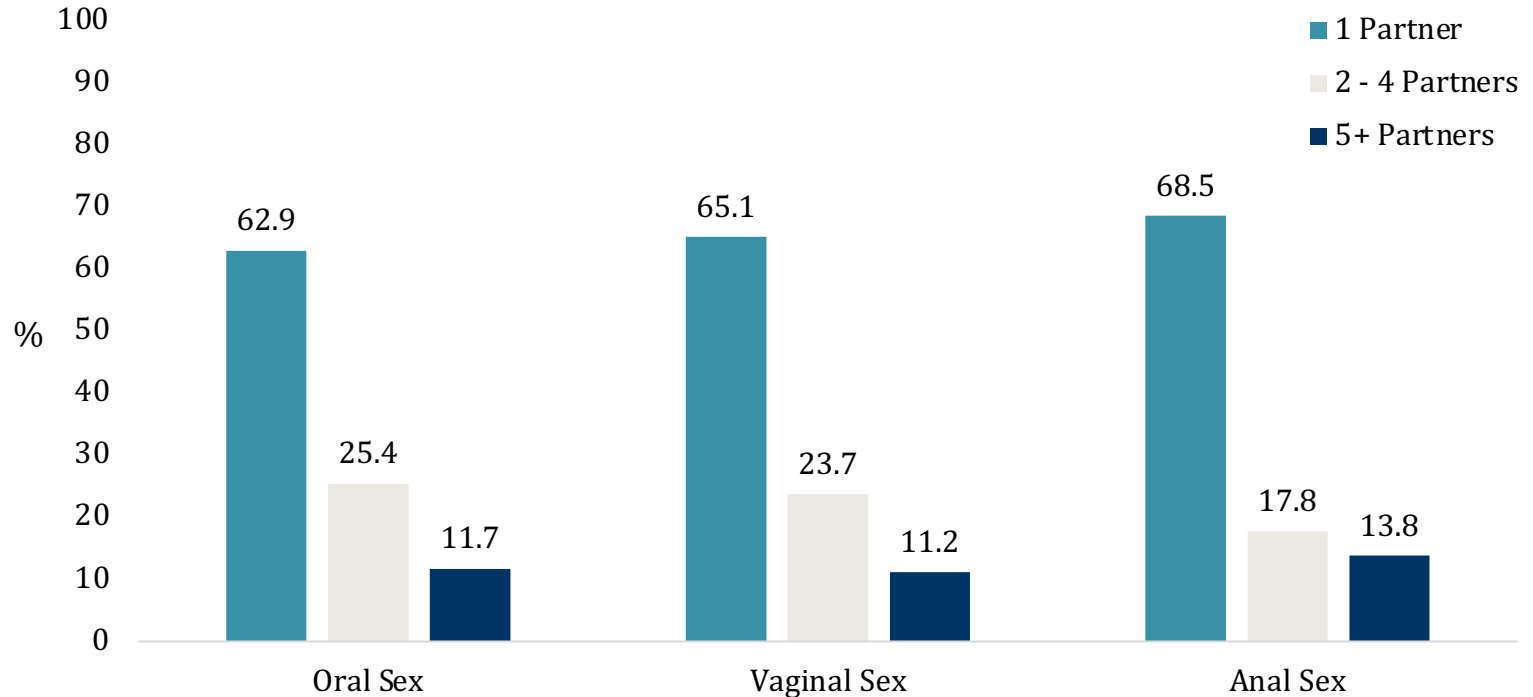
Prevalence of Oral, Vaginal, and Anal Sexual Intercourse, in the past 12 months



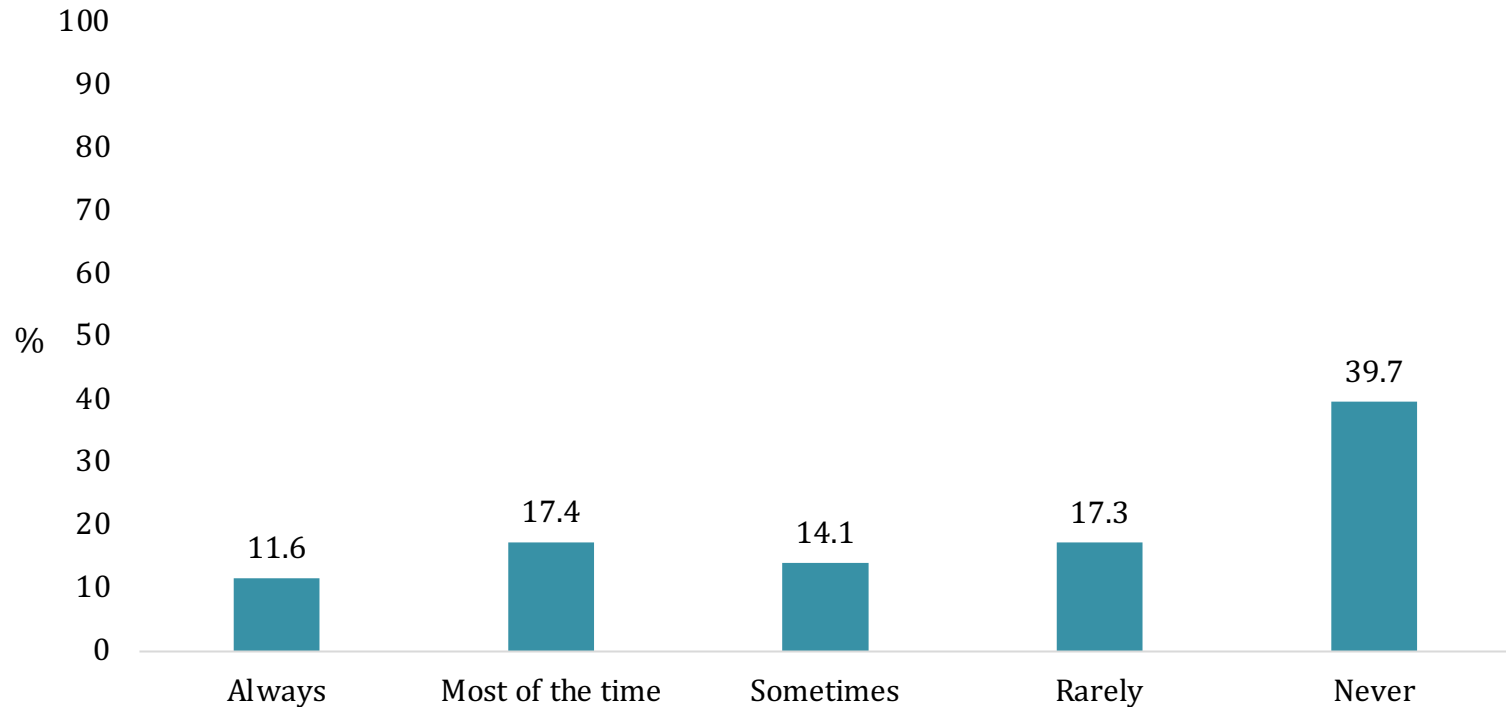
Ways that Participants Met Their Sexual Partners



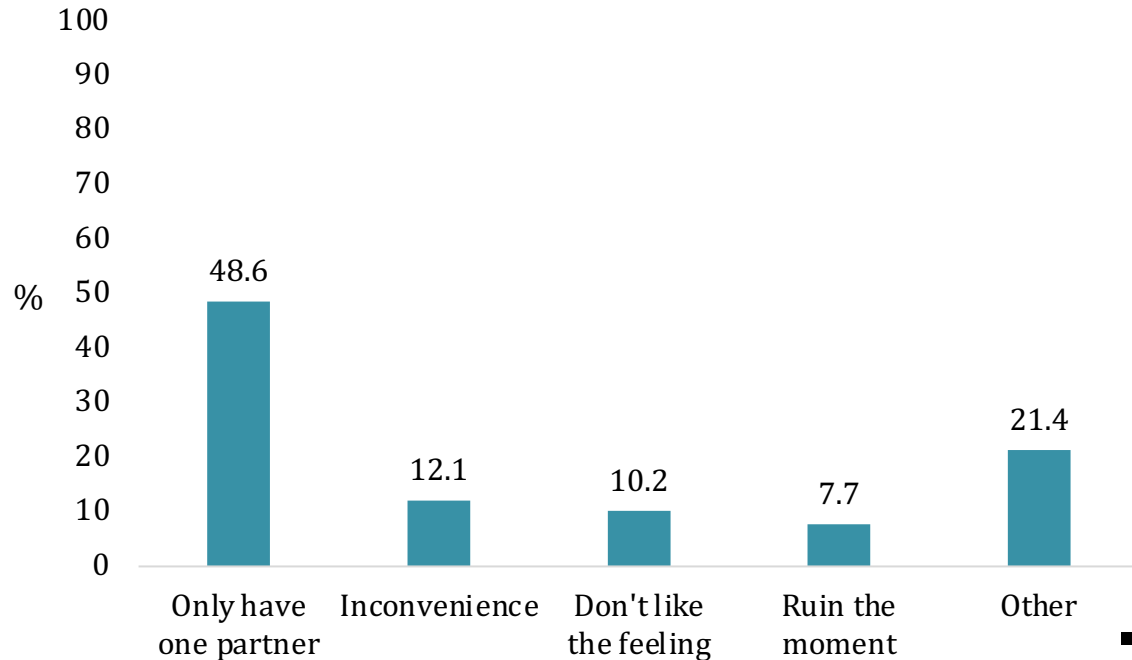
Number of Sexual Partners, by Type of Sex



Frequency of Condom Use, Among Sexually Active Participants



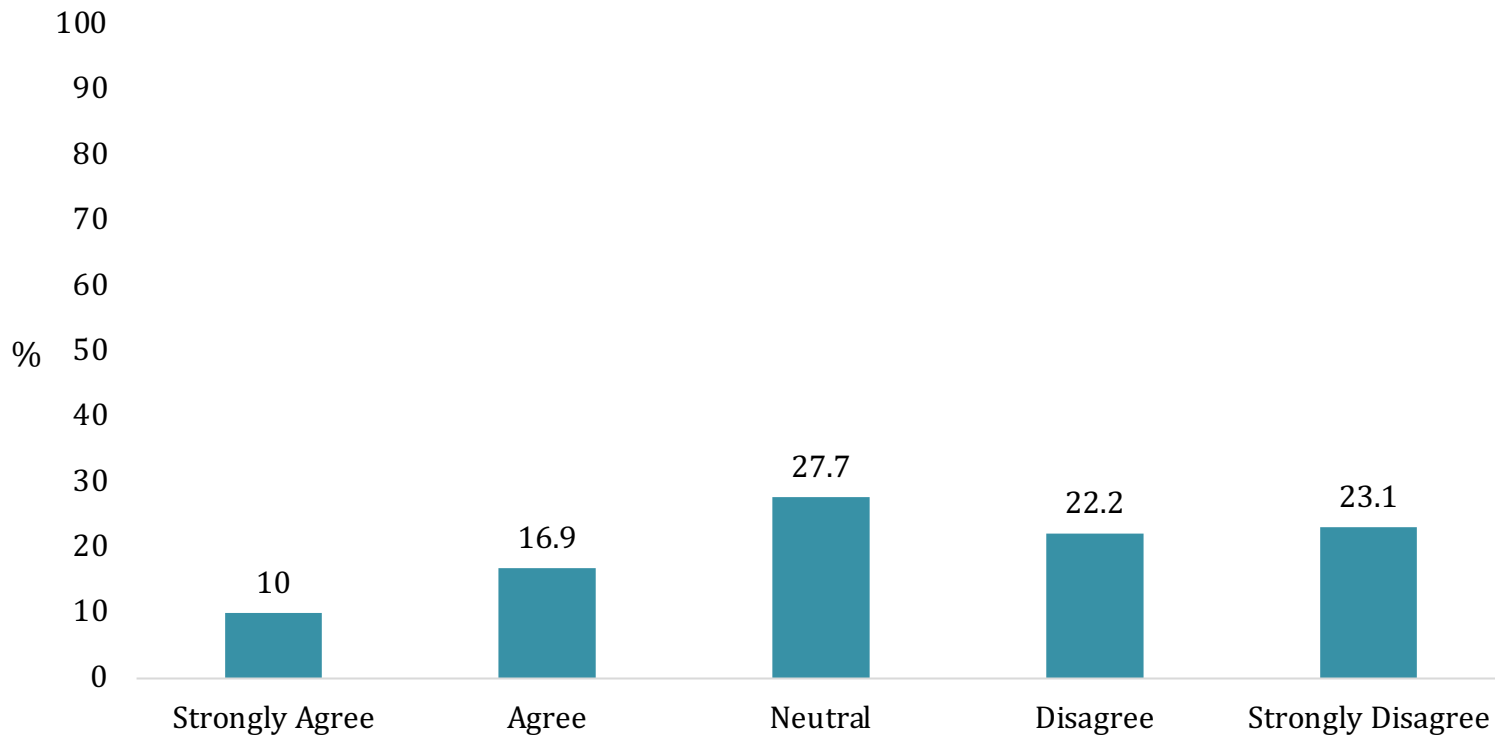
Most Common Reasons for Not Using Condoms



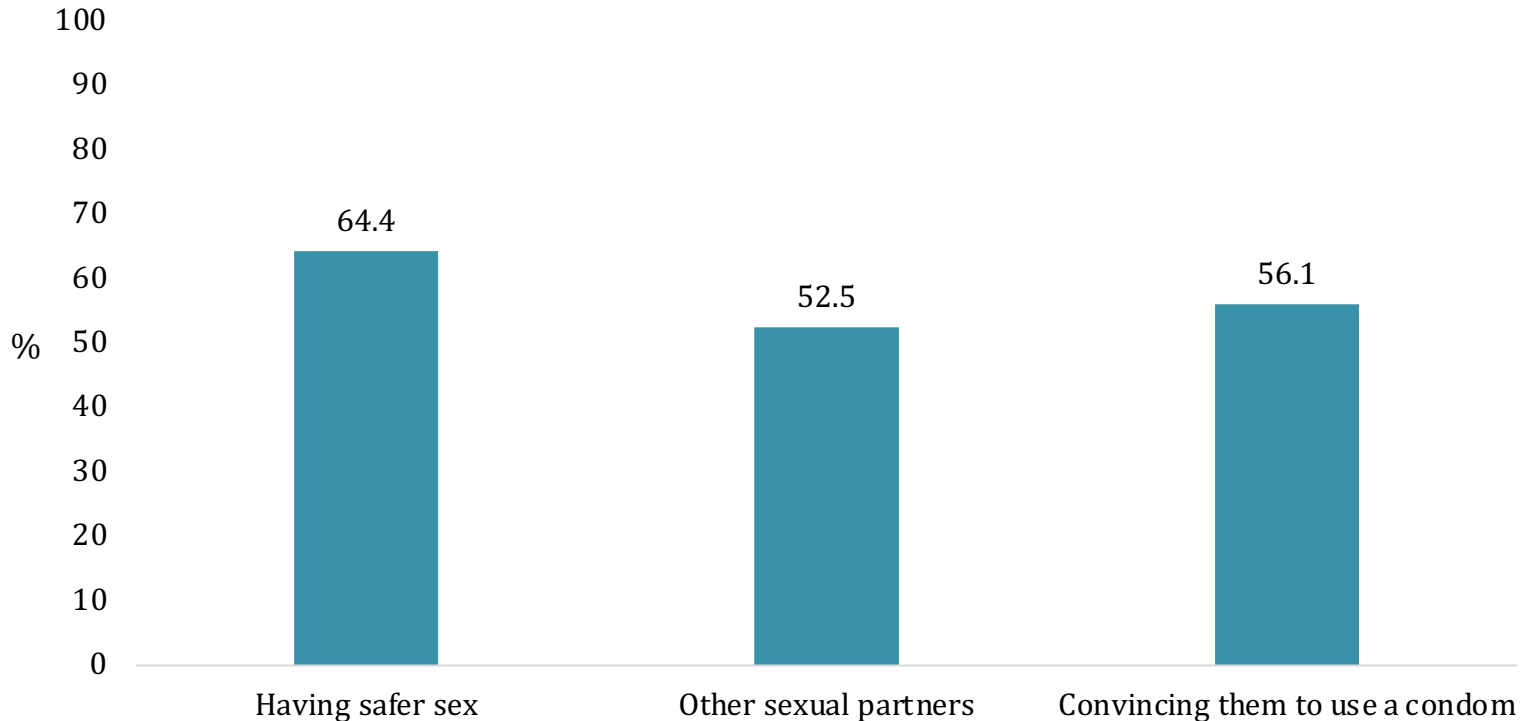
Other reasons for not using condoms include:

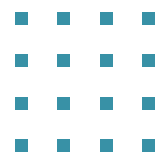

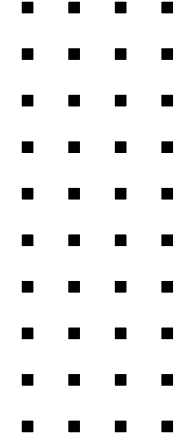

- Latex allergy
- Birth control
- Vasectomy
- Trying to conceive
- Religious beliefs
- Uncomfortable to purchase

Level of Agreement That If Sexual Partner Did Not Want To Use Condoms, Participants Would Have Sex Without Using Condoms



Percentage of Participants Who Are Very Confident They Can Talk With Sexual Partners About:





Sexual Behaviors: Focus Groups

Key Themes

Risky Sexual Behaviors:

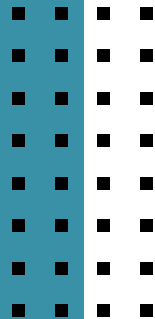
Participants reported their communities' engagement in unprotected sex, anal sex, having many sexual partners, and sex with alcohol and drugs.

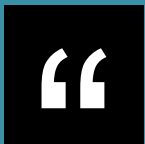
Locations:

Dorms, parties, bars, and clubs, and dating apps were commonly identified as locations where risky behaviors occur or originate from.



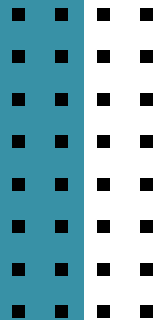
“Sometimes the younger kids are, you know, engaging in like anal sex and they're like thinking of that as something different, and you know, between male, female, anal sex is still anal sex you know people maybe aren't thinking of that risk you know of actually contracting the disease.”





“It starts online on your phone with a blind date... Because you go on a blind date with someone, you meet at the bar or a restaurant, you liked her then you go, you have sex and you don't know anything.”

“Apps. Websites. Internet, you can just go on that time of the day, like you said, where you're lonely and engage in those behaviors, and we all have those moments that we want to satisfy our bodies and unfortunately sometimes we make the mistake and go in with random Everything is accessible at the palm of your hand, on your phone.”



Recommendations

Risky sexual behaviors


Continue to promote condom use

Locations

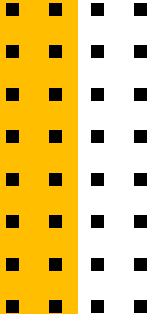
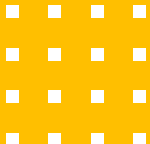
Provide education and outreach at locations where risky behaviors can initiate or occur



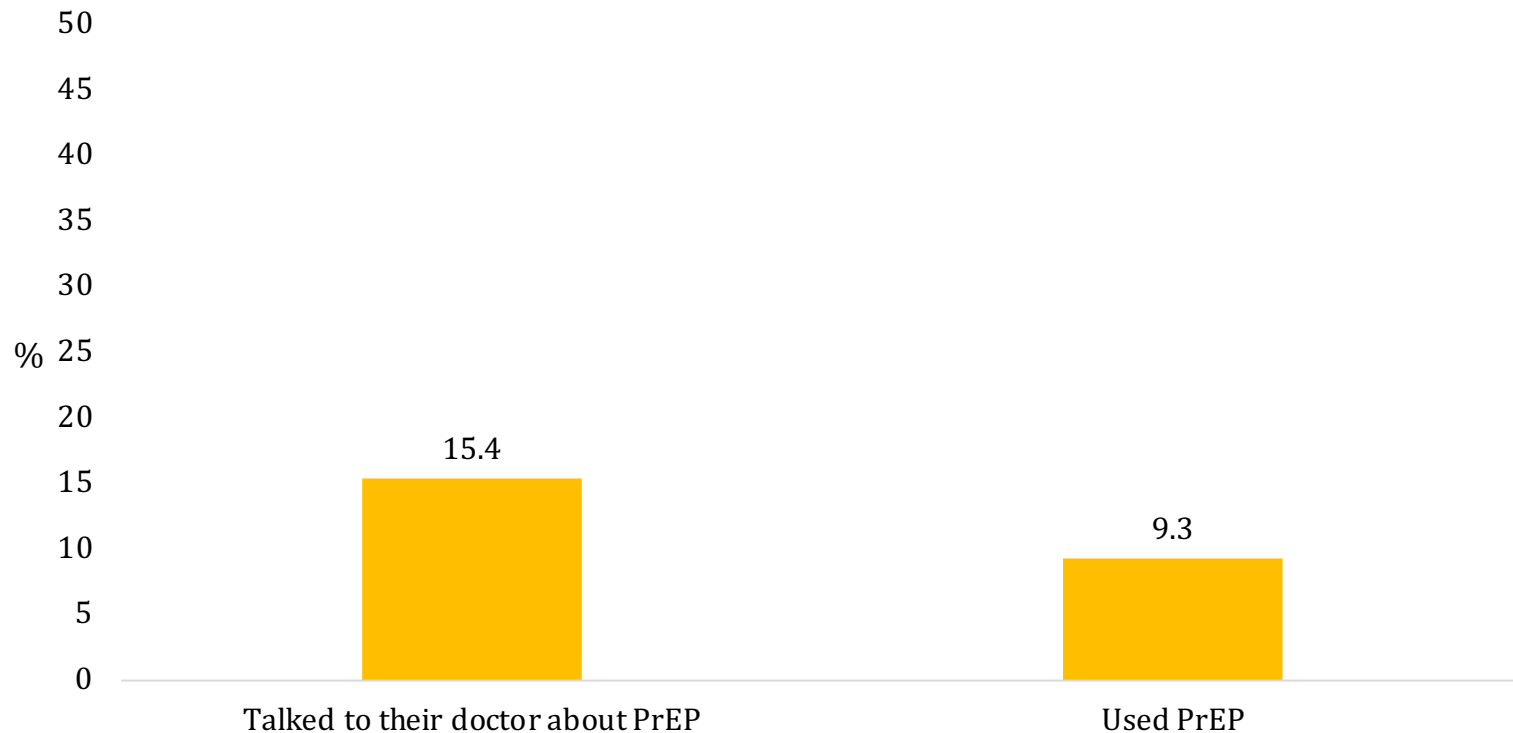
Pre-exposure Prophylaxis (PrEP): Community Survey



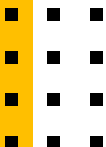
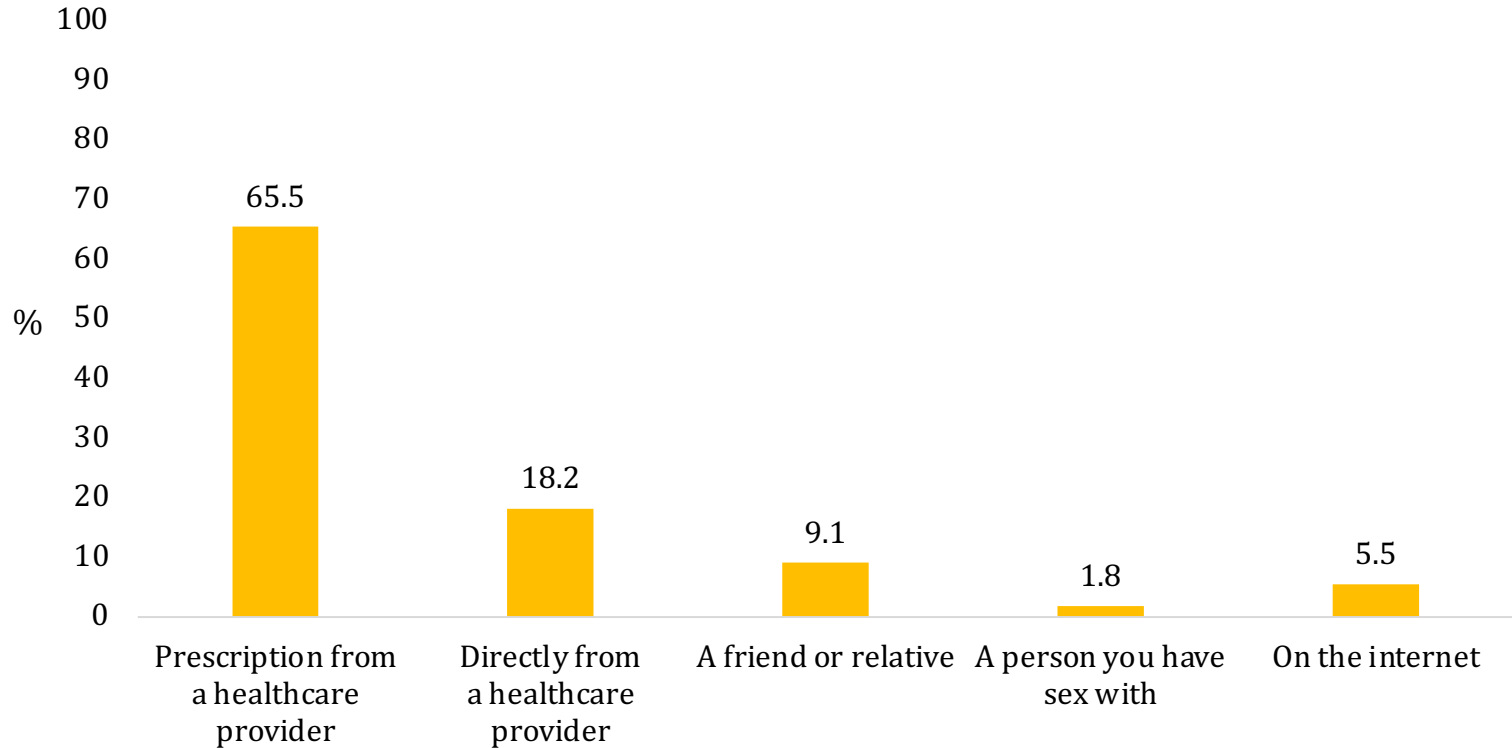
43% had heard of pre-exposure prophylaxis (PrEP) prior to completing the survey.



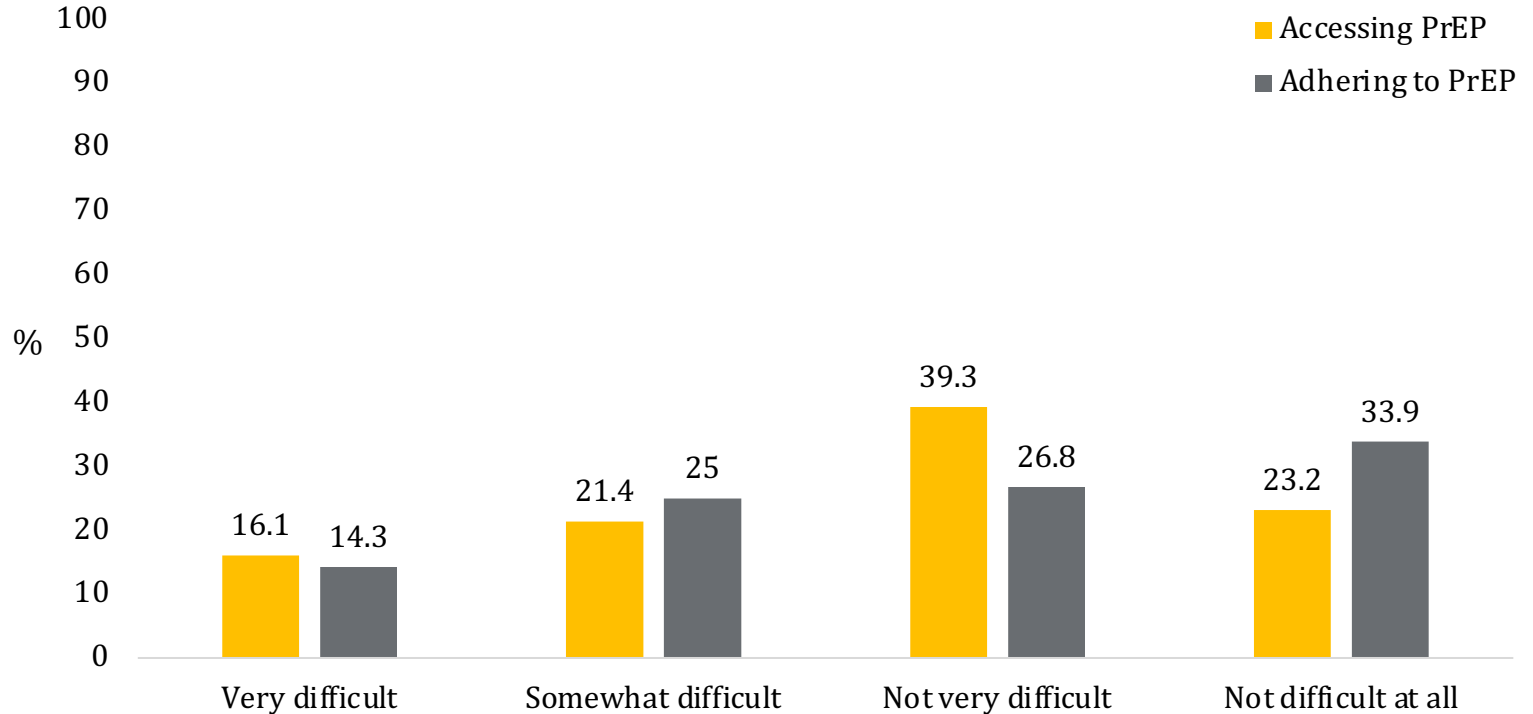
Percentage of Participants Who Talked to Their Doctor About PrEP and Who Had Used PrEP in the Past 12 months



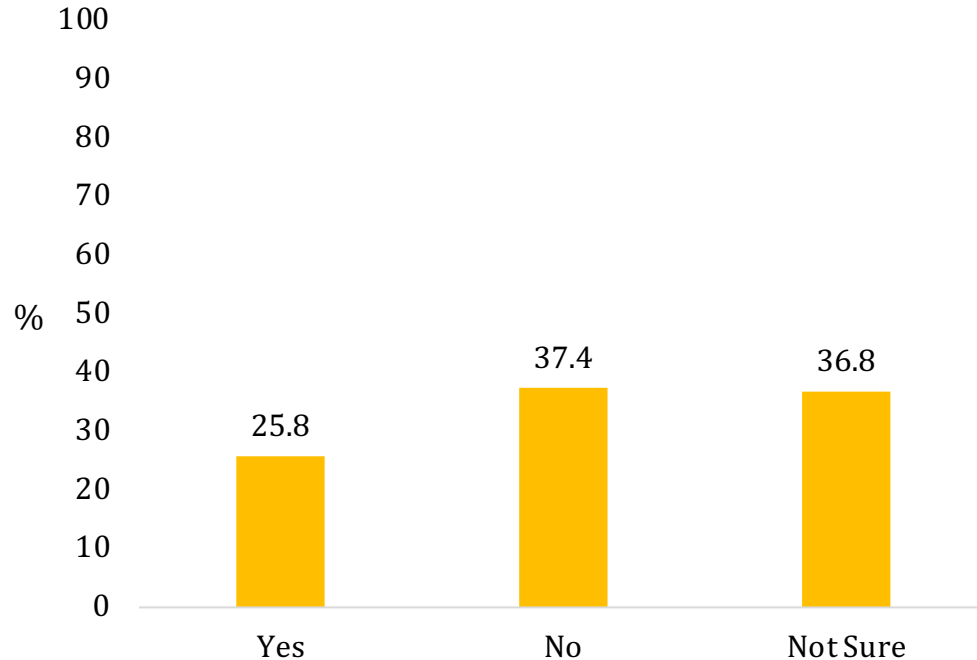
Locations Where PrEP Users Received PrEP



Difficulty Adhering to PrEP and Accessing PrEP, Among PrEP Users



Willingness to Use PrEP



Reasons for not wanting to use PrEP include:

- Don't know how to get it (39%)
- Don't want to take it everyday (28%)
- Too expensive (22%)
- Embarrassed to ask provider about it (10%)
- Worried people will think of me differently (8%)



Pre-exposure Prophylaxis (PrEP): Focus Groups



Key Themes

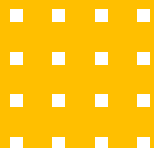
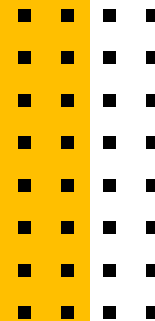
Knowledge: Most participants had heard of PrEP, but felt people in their community were not fully aware of it or who it was for.

Access and Insurance Coverage: The biggest perceived barrier to PrEP was access and insurance coverage. Many participants expressed a lack of knowledge about PrEP programs and insurance coverage in their communities.



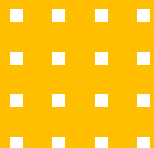
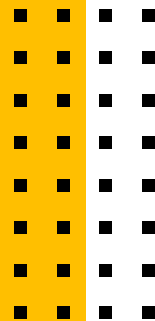
“I think one of the things that we see for people who are interested in PrEP who come to the clinics, and they're very serious about starting PrEP, but a lot of them we've seen just don't come back because they don't have insurance.”

“All I know about PrEP is a lot of insurance companies don't cover it.”





“One of my friends...found a place through an app, he just sent a message and they approved him [for PrEP], no cost at all. They sent him to do a home test for HIV and he just sent it back and at the next month he got his PrEP. With no charge at all. So, there are resources out there, a lot of people just don't know about it.”



Recommendations

Knowledge:

Improve PrEP outreach and access to information

Access and insurance coverage:


Desperate need to provide information about PrEP access and financial coverage

“One thing I’ve noticed, coming from LA to here, is...you can't go a single block without seeing a billboard or bus that says, you know “[use] PrEP, or Truvada to prevent HIV”.”

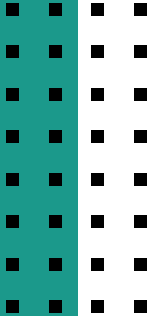



Injection Drug Use: Community Survey

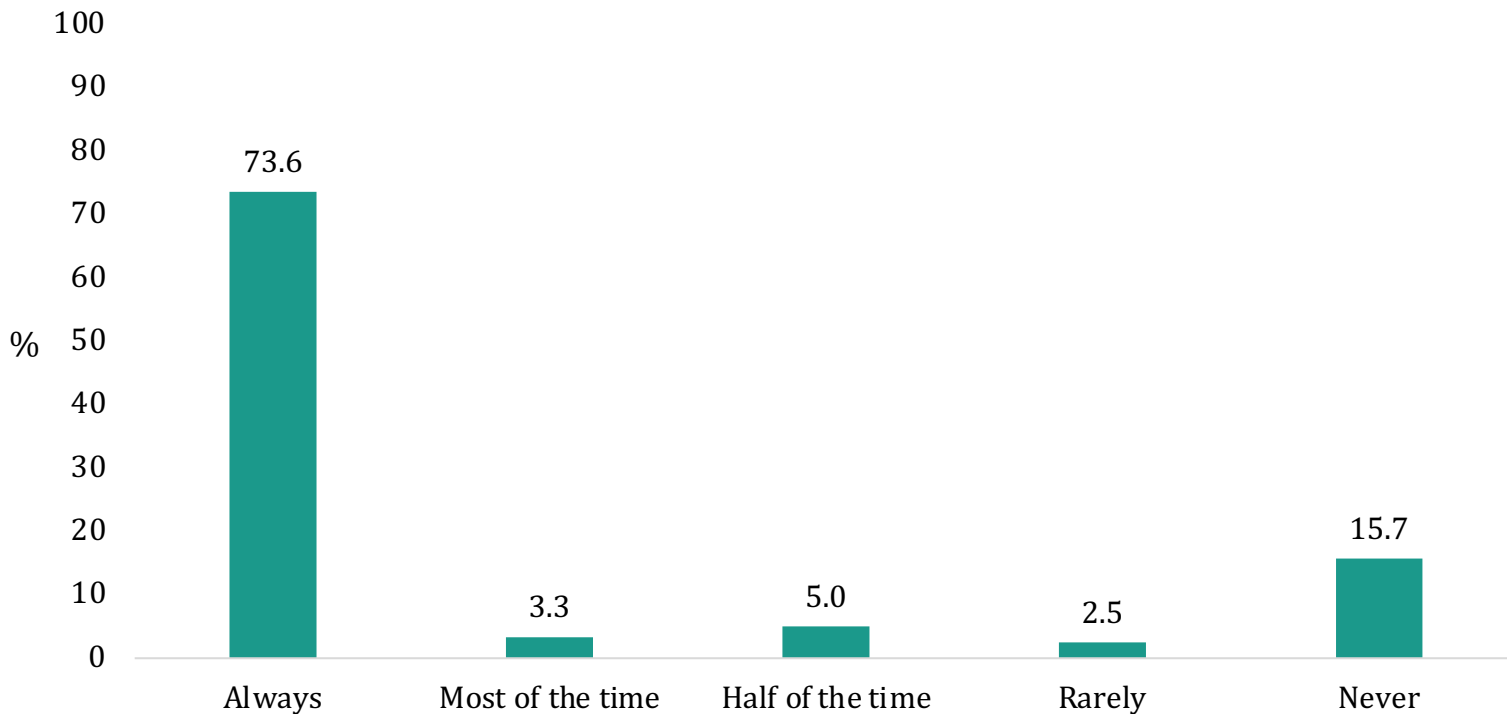




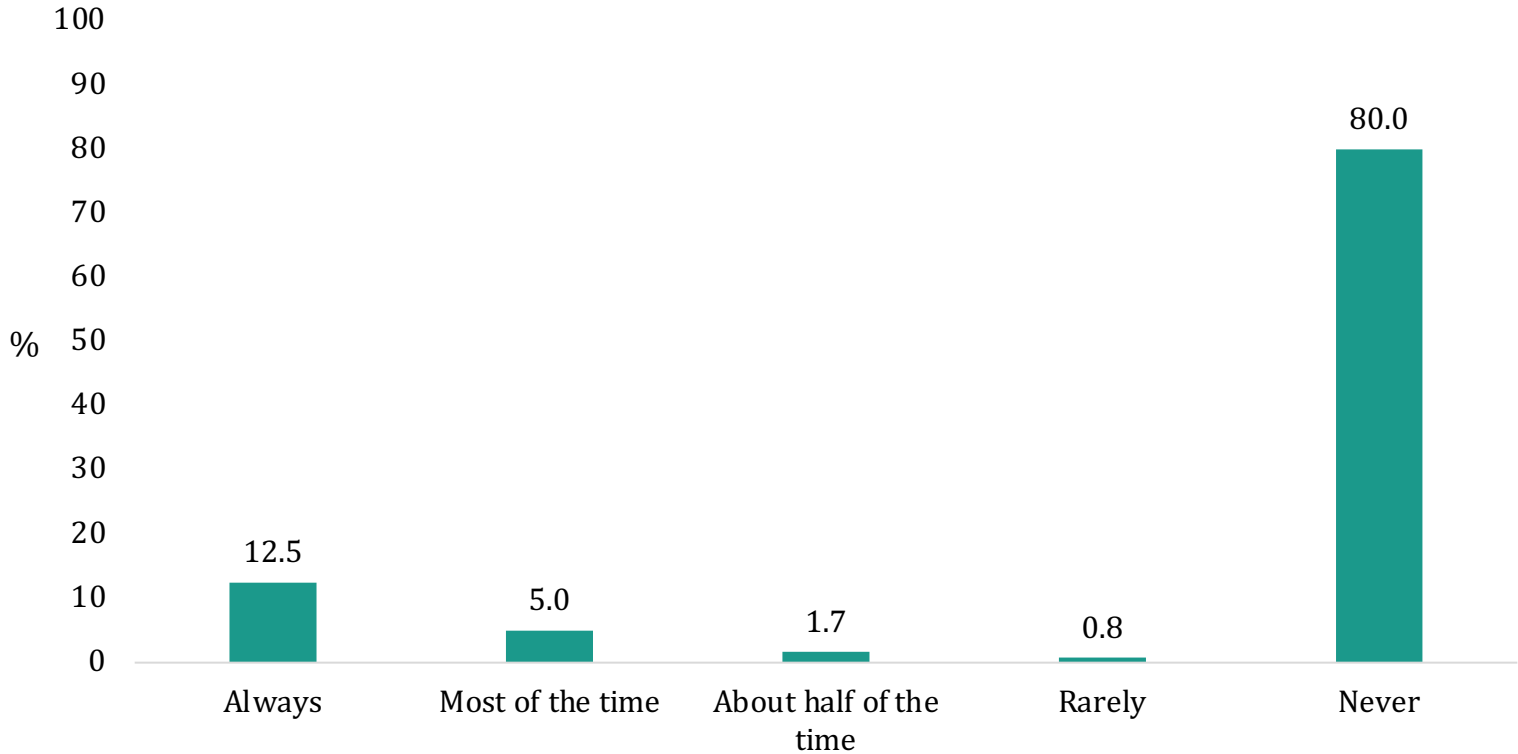
**One in 10 participants
had injected a drug,
medication, or other
substance in the past 12
months**



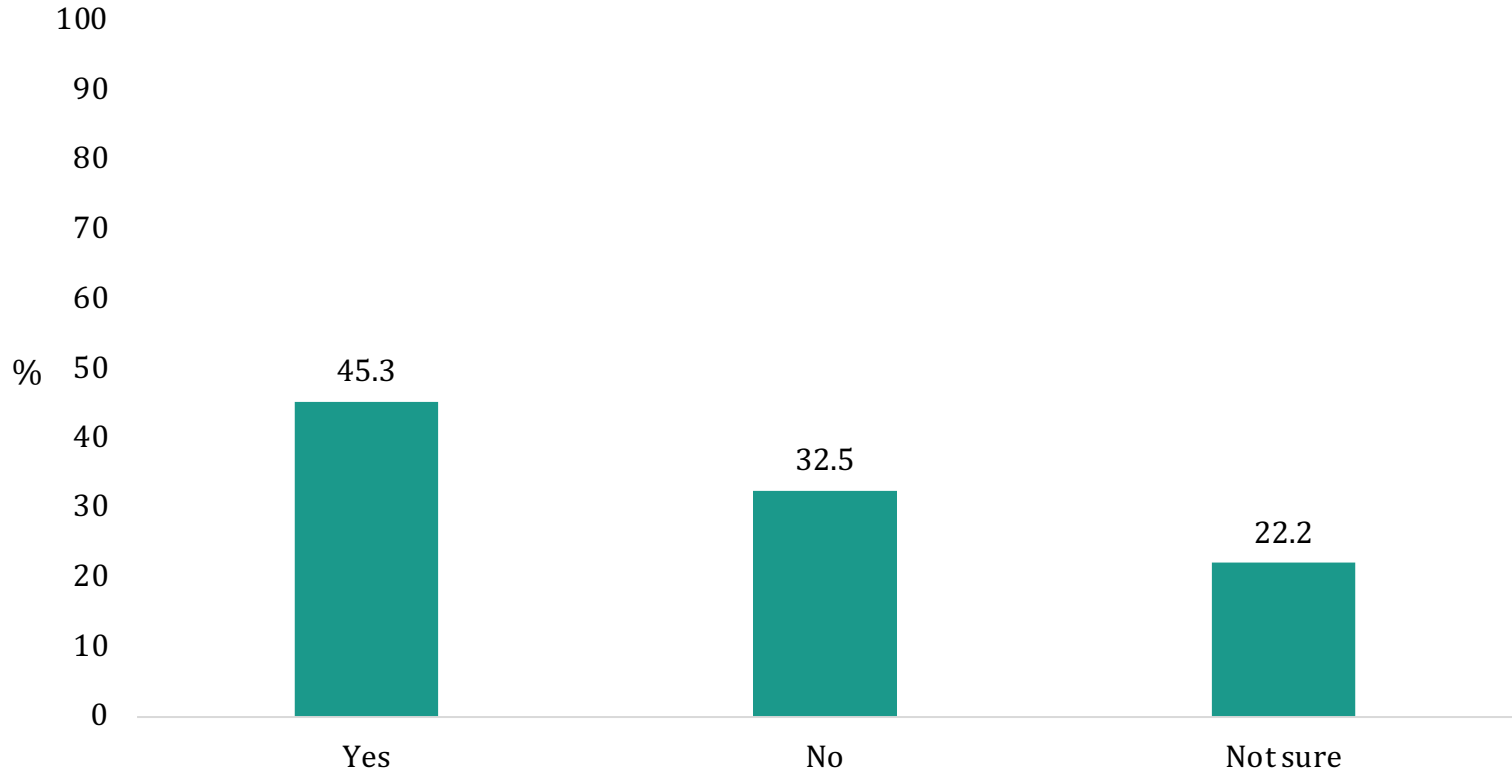
Frequency of Sterile Needle Use Among Those Who Had Injected a Substance in the Past 12 Months



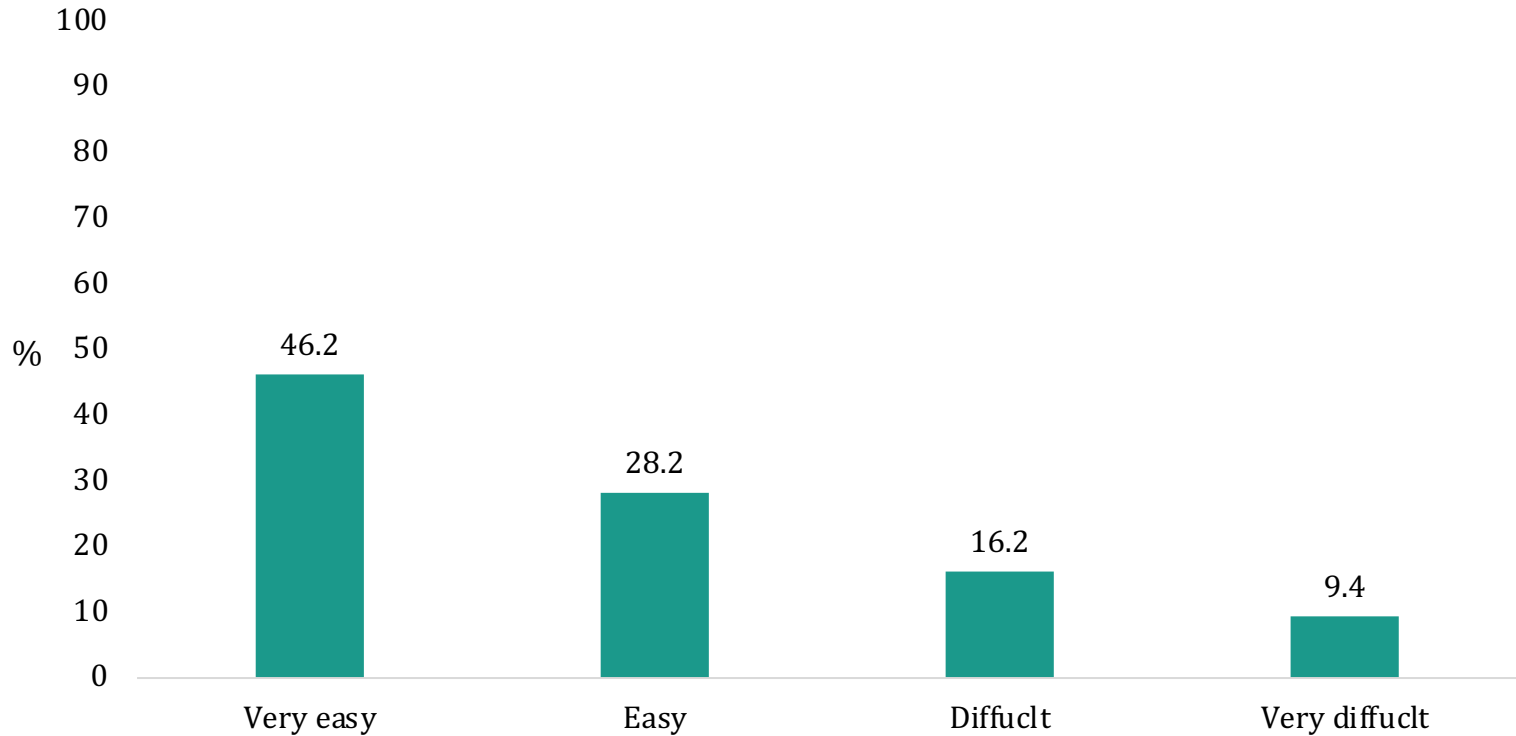
Frequency of Needle Sharing Among Those Who Had Injected a Substance in the Past 12 Months



Willingness to Get Clean Syringes From Needle or Syringe Exchange Site



How Easy or Difficult it Would be for Participants to Access Needles From Syringe or Needle Exchange Site





Injection Drug Use: Focus Groups



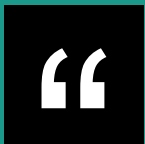
Key Themes

Education:

Participants expressed a need for more education and outreach about safe needle use and the risk of HIV transmission from shared needles.

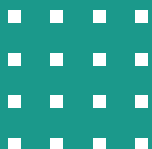
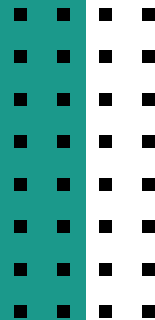
Needle exchange services:

Participants were generally aware of needle exchange services and used them at times.



“As far as HIV, I think it’s really tied to our drug culture, the fact that so many people use addictive drugs, and when your primary concern is “where is my next high coming from?” you start skirting on your own personal safety. You do things otherwise might never have done.”

“[HIV risk] is also from needles, sharing needles, yeah. But they (my community) don't know that.”



Recommendations

Education

Continue providing education about clean needle use

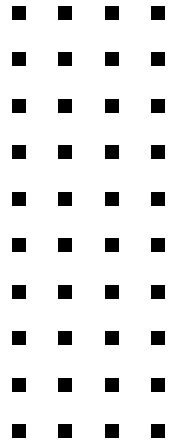
Needle exchange services

Continue services – participants expressed utilization of services

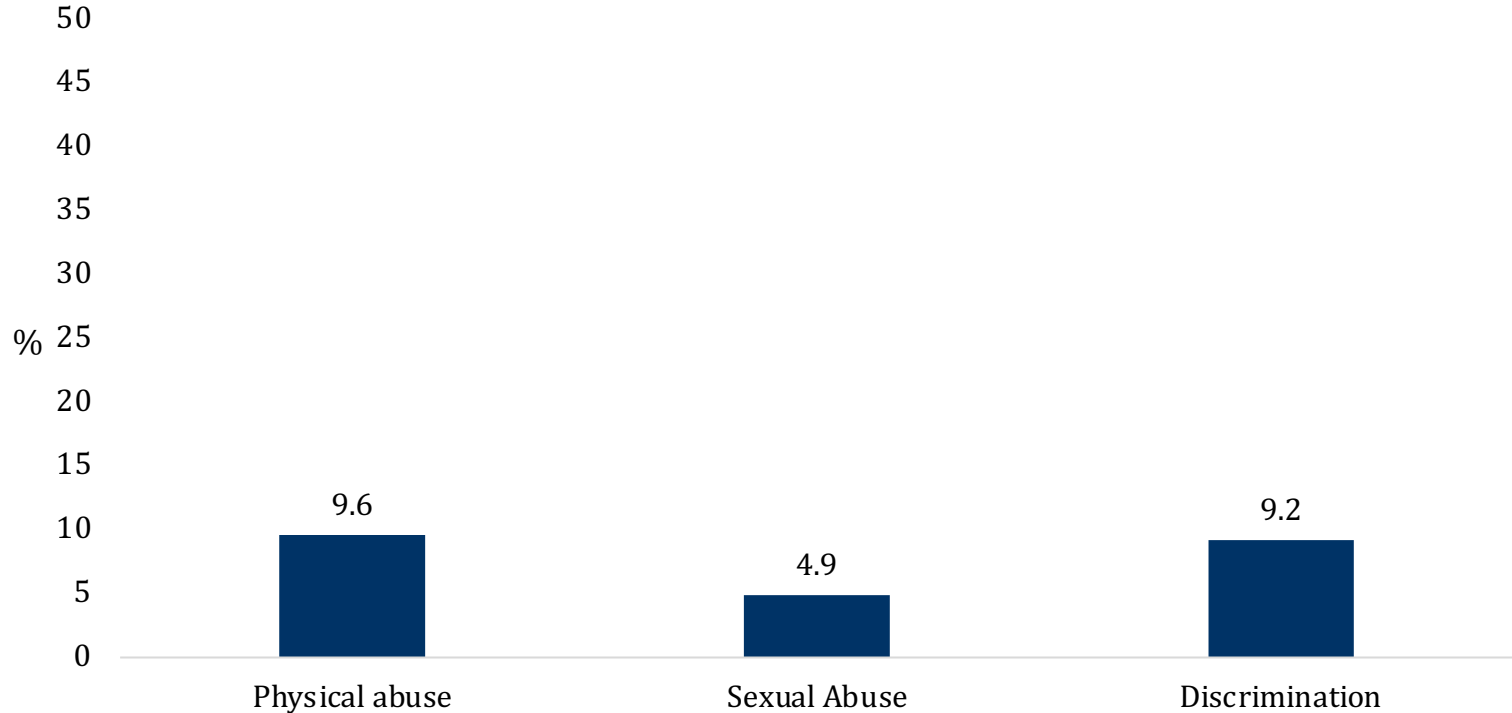
Expand syringe vending machine services



Exposure to Violence and Discrimination Community Survey

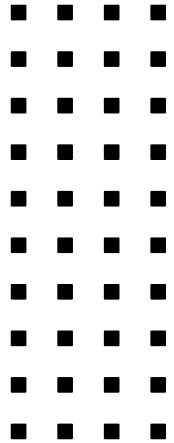


Prevalence Physical Abuse, Sexual Abuse, and Discrimination, in the Past 12 Months



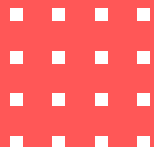
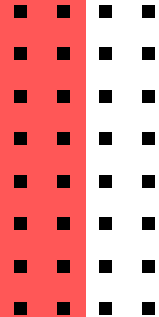


Healthcare: Community Survey

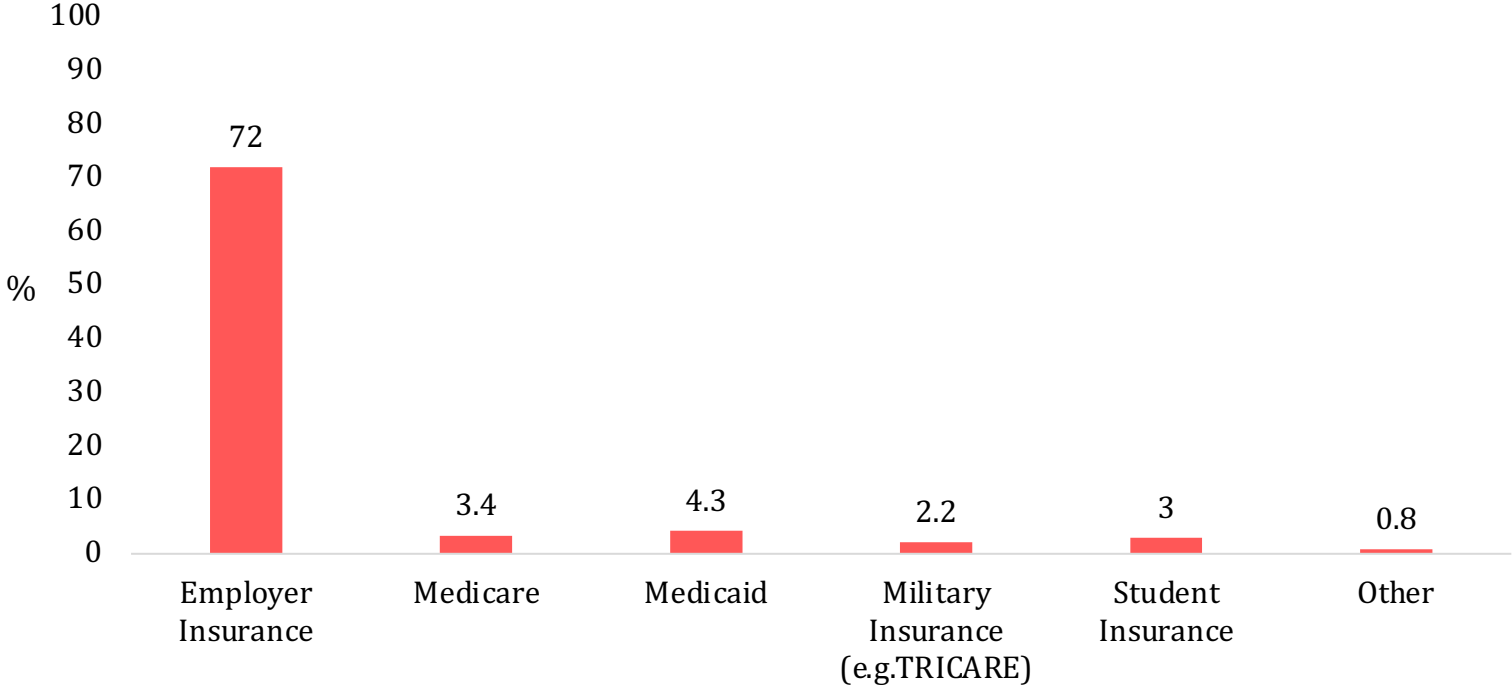




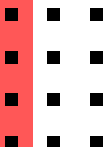
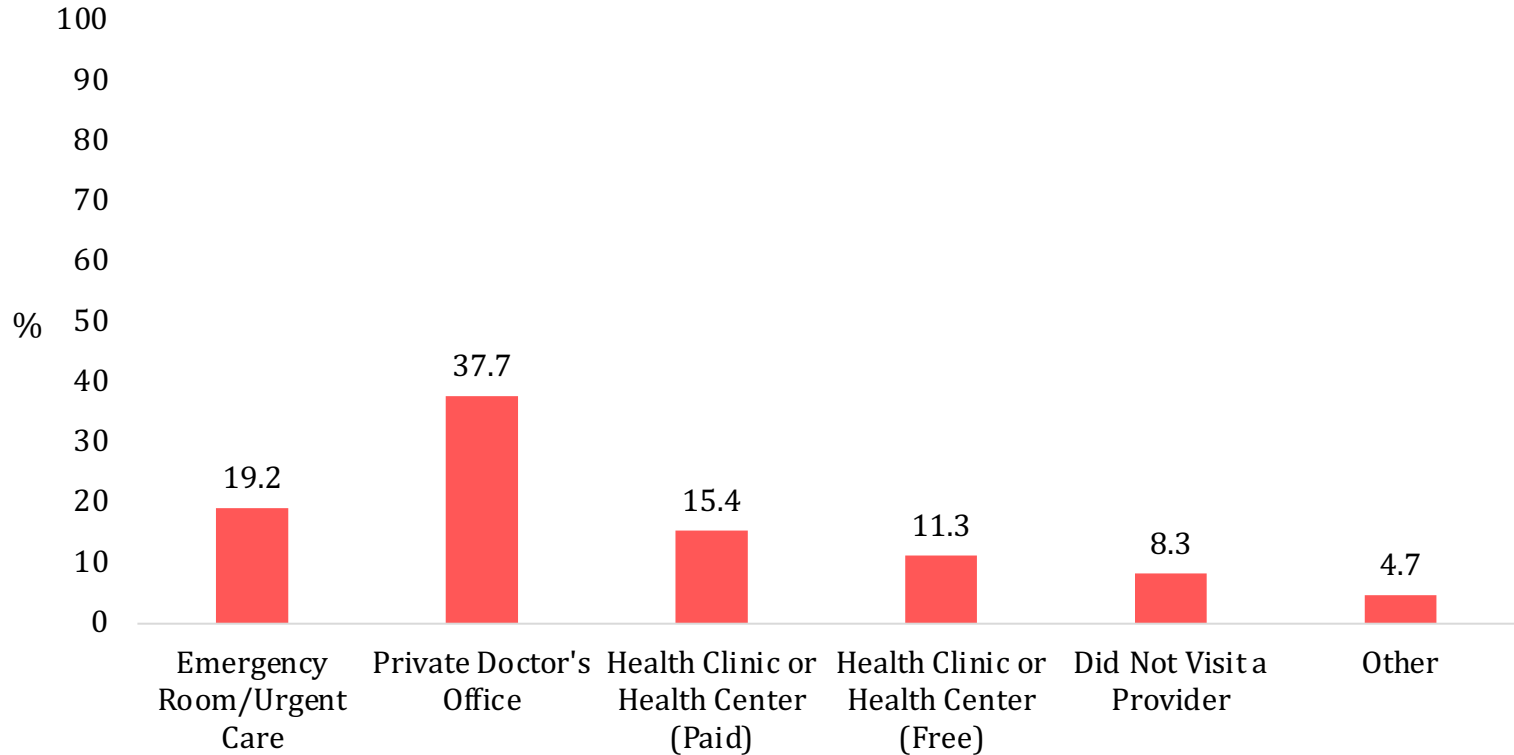
**93% of participants had
some form of health
insurance coverage.**

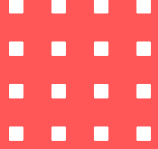


Health Insurance Coverage Type

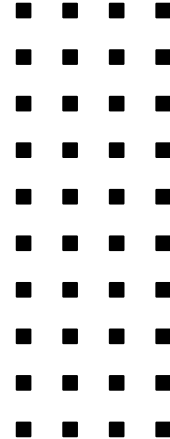


Where Participants Primarily Went for Care, in the Past 12 Months





Healthcare: Focus Groups



Key Themes

Education:

Participants expressed a lack of education about HIV prevention from healthcare providers and clinics.

Access:

Issues regarding health care access and insurance coverage came up in nearly all focus groups as a significant barrier to prevention.

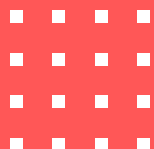
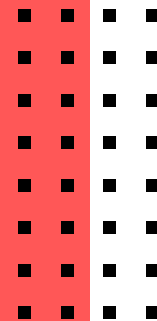
Stigma and Culture:

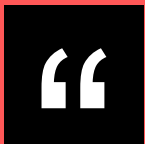
Cultural beliefs, values, and norms influence healthcare behaviors. Stigma also impacts utilization of services.



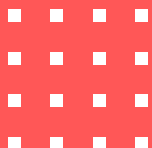
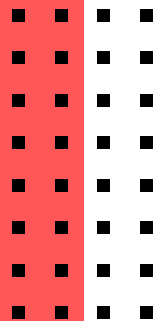
“Education too. It's gotta be one of the bigger ones. Also...primary care doctors not addressing [education] as much. You know, even thinking of like how could we?”

“Even if you go to a regular clinic, family clinic, you don't really see ads or posters or flyers for HIV. You see more for pregnant people, diabetes, or stuff like that.”





“You know with poverty you also have like kind of like the lack of coverage...a lot of times when you think of like going to see a doctor without insurance, the first thing you're thinking is I'm probably going to be walking out with a \$1000 bill in my hand.”



Recommendations

Education:

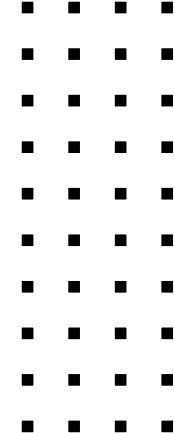


Improve educational resources at healthcare practices and clinics

Access


Train navigators to help care access and utilization


Stigma and culture

Provide focused education that is culturally competent



Information and Services: Community Survey

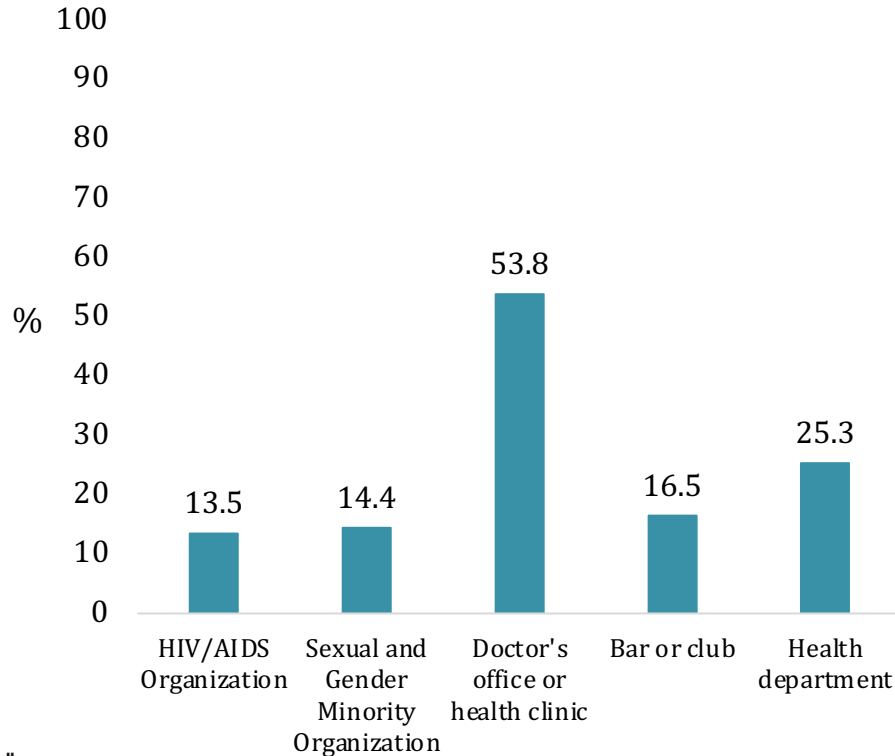




About one-third of participants (31%) have gotten free condoms in the past year.



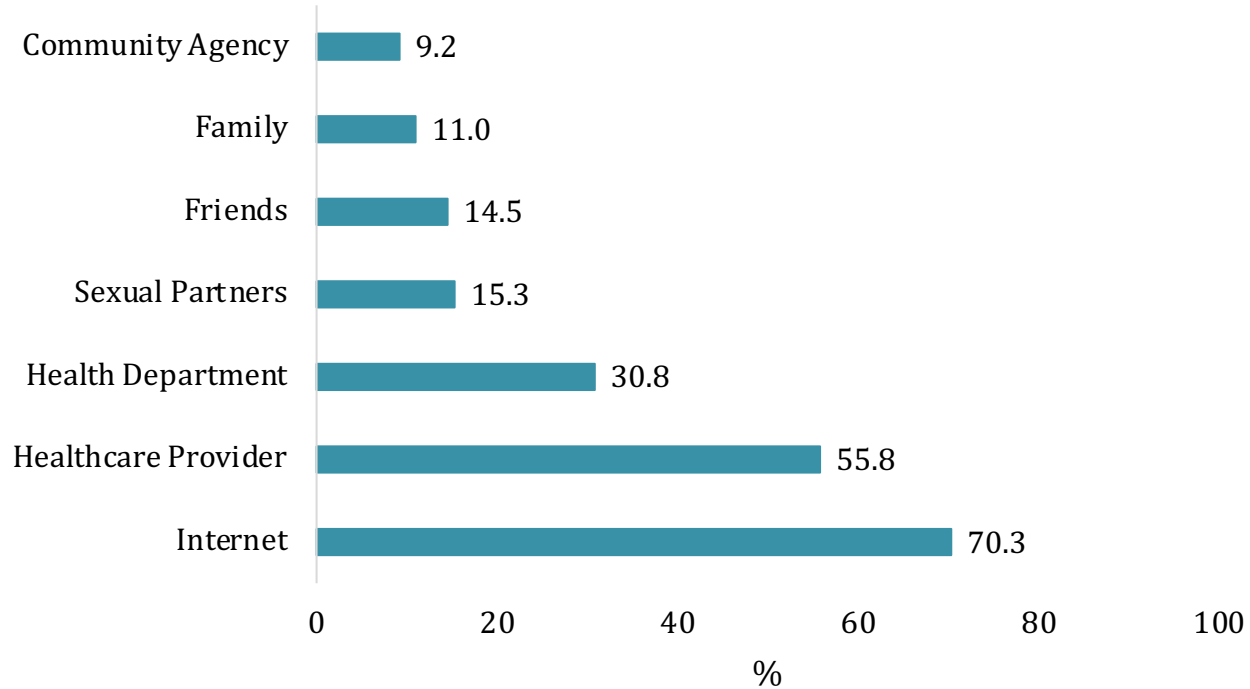
Locations Where Participants Have Gotten Free Condoms



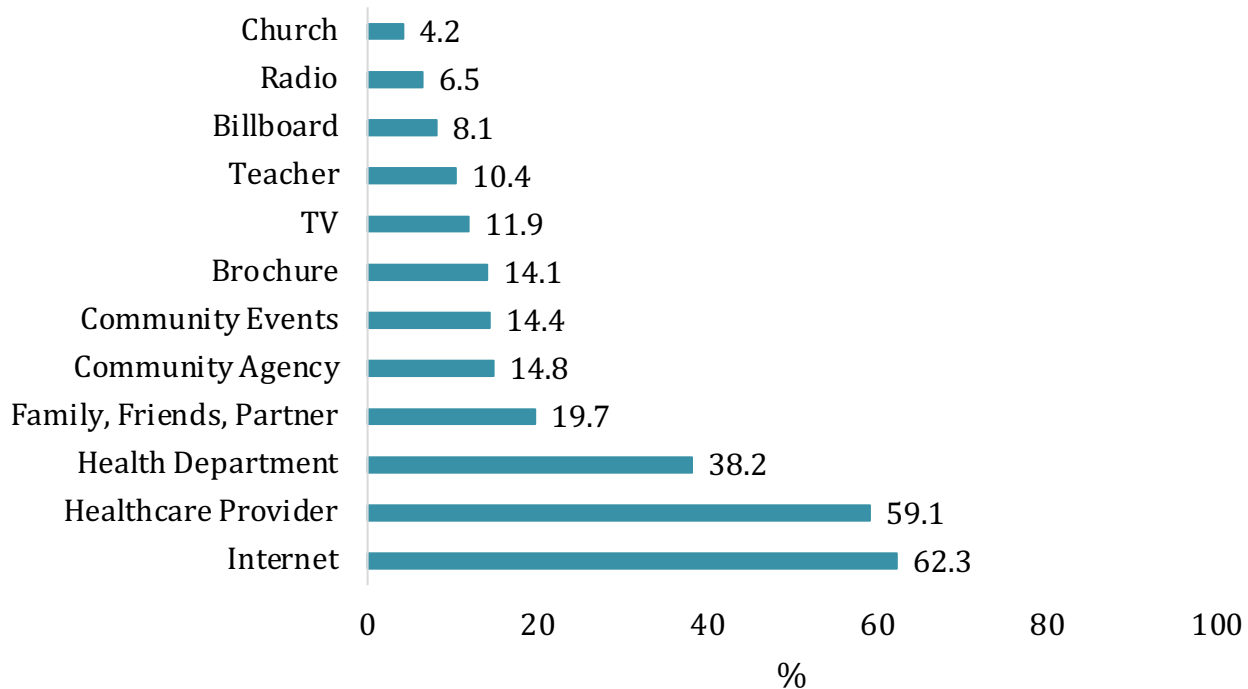
Other locations where people received condoms less frequently include:

- Syringe exchange programs
- Drug or alcohol treatment center
- On college campuses
- Student health centers

Places Participants Would Go If They Had a Question About HIV



Ways Participants Would Like to Get Information About HIV





Information and Services: Focus Groups

Key Themes

Resource awareness:

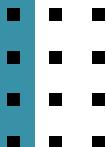
Across many domains, including testing, prevention, and PrEP, participants reported knowledge of resources, but expressed a need to improve awareness of these resources in their communities

Improved outreach and education:

Participants expressed a need for improved outreach and education through various media outlets (e.g. TikTok, Instagram, television).

Public figures:

Participants felt that utilizing celebrities and public figures to promote education and awareness could increase uptake of educational materials and campaigns.

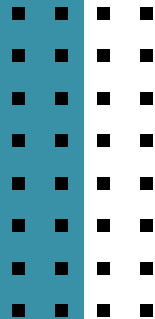


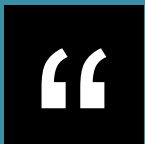


“The resources are out there people just don’t know they are out there.”

“So, there are resources out there, a lot of people just don’t know about it.”

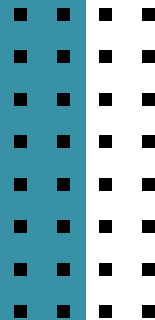
“They should be putting stuff about HIV on TikTok. Because a lot of people look at TikTok.”





“More people like celebrity figures, someone to come out, you know someone that's relatable to like a younger generation, you know to come out and you know, disclose that there are, that they have HIV and they're managing it.”

“...you have celebrities saying make sure you wear your mask with recordings. You can do the same thing with HIV.”



Recommendations

Resource awareness

Develop strategies to raise awareness about existing resources that are underutilized

Outreach and education

Utilize social media (e.g. TikTok and Instrgram)

Public figures:

Leverage public figures to provide quick messages on social media, when possible



Limitations



Limitations – Community Survey

Since the community survey was only completed electronically and targeted outreach was primarily done through email listservs and social media, the sample consisted primarily of younger adults.

Since survey participants were not randomly sampled, the results of the survey are not be generalizable to the entire adult population in Nevada.

All study data were self-reported by participants. Thus, there is potential for social desirability bias – particularly for the questions that addressed sensitive topics such as sexual behaviors and exposure to violence and discrimination.

However, participants completed the survey online without a researcher present and no personal identifying information was collected.

Despite the potential limitations of the community survey and focus groups, results from this assessment provide important information that will be used to guide the development of the 2022 – 2026 Nevada Integrated HIV Prevention and Care Plan.

Limitations – Focus Groups

Due to the COVID-19 pandemic, the Larson Institute team experience difficulties in scheduling, hosting, and recruiting participants for the HIV prevention focus groups

Only one virtual focus group was conducted due to concerns about bias in excluding participants who only had access to internet or cellular service

However, vulnerable and immunocompromised participants may have been unwilling to meet for in-person groups

Despite the potential limitations of the community survey and focus groups, results from this assessment provide important information that will be used to guide the development of the 2022 – 2026 Nevada Integrated HIV Prevention and Care Plan



Conclusions



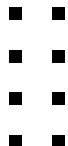
Conclusions

HIV is an important public health issues that affects the lives of tens of thousands of Nevadans

Significant improvements have been made in HIV prevention, treatment, and care

However, there is a continued need to improve our public health prevention and response efforts to meet the Ending the HIV Epidemic goals and move our state toward HIV elimination

It is our hope that the findings from this assessment can be used to inform the development of the 2022 – 2026 Nevada HIV Integrated Prevention and Care Plan



Thank you!

The Larson Institute for Health Impact and Equity truly appreciates the community participation in the HIV Prevention Community Survey and HIV Prevention Focus Groups and the support of our partners, most notably, the Nevada Office of HIV.

Should you have questions about this report, please feel free to reach out to Taylor Lensch, Associate Director of the Center for Community Engaged Research in Practice at the Larson Institute, via email at tlensch@unr.edu.

