



Nevada Statewide HIV Needs Assessment



LAS VEGAS TGA
PART A HIV/AIDS PROGRAM
CLARK | MOHAVE | NYE COUNTIES

2022



COLLABORATIVE
RESEARCH

Acknowledgments

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- Access To Healthcare Network (AHN)
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- Community Counseling Center (CCC)
- Community Outreach Medical Center (COMC)
- Dignity Health St. Rose Dominican
- Golden Rainbow
- Help Of Southern Nevada
- Horizon Ridge Clinic
- Huntridge Family Clinic
- Nevada Aids Research and Education Society (NARES)
- North Country Healthcare
- Northern Nevada HOPES
- Planned Parenthood of the Rocky Mountains
- Nye County Health and Human Services
- Southern Nevada Health District (SNHD)
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Table of Contents

Acknowledgments	2
Introduction.....	6
Statewide Initiatives	6
PrEP Academic Detailing	6
Harm Reduction Programs.....	7
Trac-B Exchange	7
Substance Abuse HIV Testing.....	7
The Las Vegas Transitional Grant Area (TGA)	7
Ending the HIV Epidemic.....	8
Executive Summary	9
Demographics of Survey Respondents.....	10
Zip Codes of Survey Respondents.....	10
Respondents diagnosed with HIV in Nevada.....	11
Time since HIV diagnosis.....	11
Country of Birth for Survey Respondents.....	12
Race of Survey Respondents.....	14
Hispanic, LatinX, or Spanish Origin of Survey Respondents.....	15
Age of Survey Respondents.....	15
Gender of Survey Respondents.....	16
County of Residence in Nevada.....	17
Insurance Status.....	19
Total Monthly Household Income.....	20
Positive STI and COVID-19 Testing.....	21
Viral Suppression Rates.....	22
Length of Time of Viral Suppression.....	22
COVID-19 Test Results.....	23
COVID-19 Vaccine.....	24
Survey Data for Clark County (EHE).....	26
EHE Respondents by Zip Code.....	26
EHE Respondents Last HIV Medical Appointment.....	27
EHE Respondents Medical Providers.....	28
EHE Respondents Interaction with Medical Providers.....	28
EHE Respondents Rate their HIV Care Provider.....	29
EHE Respondents Describe Experiences with HIV care providers.....	29
EHE Respondents Interaction with Ryan White Case Managers.....	30
EHE Respondents Rate their Ryan White Case Manager.....	31
EHE Respondents Describe Experiences with Ryan White Case Managers.....	31

EHE Respondents Current Housing Status.....	32
EHE Respondents Barriers to Accessing/Maintaining Stable Housing.....	33
EHE Respondents Report Time in Current Residence.....	34
EHE Respondents Use of Ryan White and HOPWA.	34
EHE Respondents Effect of Housing on HIV Care.....	35
Service Needs for EHE Respondents.....	36
Importance of Services to Achieve/Maintain Viral Suppression.	37
Importance of Services to End the HIV Epidemic.	38
Survey Data for the Las Vegas Transitional Grant Area (TGA).....	41
TGA Respondents by Zip Code.....	41
TGA Respondents Last HIV Medical Appointment.	42
TGA Respondents Medical Providers.....	42
TGA Respondents Interaction with Medical Providers.....	43
TGA Respondents Rate their HIV Care Provider.	43
TGA Respondents Describe Experiences with HIV care providers.....	44
TGA Respondents Interaction with Ryan White Case Managers.....	44
TGA Respondents Rate their Ryan White Case Manager.	45
TGA Respondents Describe Experiences with Ryan White Case Managers.	46
TGA Respondents Current Housing Status.	46
TGA Respondents Barriers to Accessing/Maintaining Stable Housing.	47
TGA Respondents Report Time in Current Residence.	48
TGA Respondents Use of Ryan White and HOPWA.....	49
TGA Respondents Effect of Housing on HIV Care.	49
Service Needs for TGA Respondents.	50
Importance of Services to Achieve/Maintain Viral Suppression.	51
Importance of Services to End the HIV Epidemic.	53
Survey Data for the State of Nevada	55
Statewide Respondents by Zip Code.	55
Statewide Respondents Last HIV Medical Appointment.	56
Statewide Respondents Medical Providers.	57
Statewide Respondents Interaction with Medical Providers.....	57
Statewide Respondents Rate their HIV Care Provider.....	57
Statewide Respondents Describe Experiences with HIV care providers.	58
Statewide Respondents Interaction with Ryan White Case Managers.	59
Statewide Respondents Rate their Ryan White Case Manager.....	60
Statewide Respondents Describe Experiences with Ryan White Case Managers.	60
Statewide Respondents Current Housing Status.....	61
Statewide Respondents Barriers to Accessing/Maintaining Stable Housing.....	62

Statewide Respondents Report Time in Current Residence	63
Statewide Respondent’s Use of Ryan White and HOPWA.....	63
Statewide Respondents Effects of Housing on HIV Care.	64
Service Needs for Statewide Respondents.	65
Importance of Services to Achieve/Maintain Viral Suppression.	67
Importance of Services to End the HIV Epidemic.	68
Recommendations.....	70
Recommendation 1: Conduct follow-up focus groups	70
The rank of Services Needed and Could Not Get.	70
Recommendation 2: Subrecipients/Service Providers	71
The rank of Services Most Important to Achieve/Maintain Viral Suppression	71
Recommendation 3: Foodbank/Home Delivered Meals	71
The rank of Services Harder to get due to COVID-19.....	72
Recommendation 4: Strengthen patient support navigation services	72
Recommendation 5: Strengthen the support system to address housing.	72
Recommendation 6: Intensive Medical Case Management	73
Recommendation 7: Service Delivery	73
Appendix A: Survey Instrument.....	75

Introduction

During the State of the Union Address, the President reported that the HIV epidemic in the United States would be eliminated within ten years. For the first time, we have evidence-based tools in HIV treatment and prevention that are so effective that we can end the epidemic. By focusing on the biomedical, social, and psychological models, we can eliminate new HIV infections, eliminate HIV-related deaths, and eliminate HIV-related stigma. The HIV Prevention Program and the Ryan White HIV/AIDS Programs are guided by the principles of public health and social equity. They are driven by the mission to promote health and reduce the impact and incidence of HIV/AIDS by working in partnership with other agencies and diverse community groups. Together we can get to zero –

ZERO NEW INFECTIONS, ZERO NEW DEATHS, ZERO HIV RELATED STIGMA.

Currently, Nevada ranks 18th in the nation for the number of individuals diagnosed with HIV. In addition, Nevada's HIV profile is unique in that HIV diagnosis span all age groups. Youth between the age of 13 to 24 account for 16% of new HIV diagnoses and the burden of new diagnoses is highest among those between the age of 25 to 34 (40%).

There are people with HIV (PWH) in all 17 counties of Nevada. Clark County has the highest rate of new HIV diagnoses (20.0 per 100,000 population) and the highest rate of people living with HIV and AIDS (460.1 per 100,000 people). Washoe County, the next populous county in Nevada, has the second-highest rate of new HIV diagnoses (7.3 per 100,000 people) and the rate of persons with HIV and AIDS (282.6 per 100,000 people).¹

Statewide Initiatives

Multiple agencies and community groups throughout the state of Nevada have come together to offer different initiatives with the goal of reducing the number of new HIV diagnoses. These initiatives include Pre-Exposure Prophylaxis (PrEP) academic detailing, harm reduction programs, and substance abuse HIV testing.

PrEP Academic Detailing

In conjunction with local health departments, the Nevada Department of Public and Behavioral Health is implementing an academic detailing project to increase availability and access to HIV pre-exposure prophylaxis (PrEP) clinical services throughout the state. Academic Detailing (AD) is an innovative 1-on-1 outreach education technique that helps clinicians provide evidence-based care to their patients. Using an accurate, up-to-date synthesis of the best clinical evidence in an engaging format, academic detailers ignite clinician behavior change, ultimately improving patient health.

¹ Nevada initiatives and progress. (2019, May 1). End HIV Nevada. https://endhivnevada.org/initiatives_and_progress/. Accessed 5/2/2022.

Harm Reduction Programs

Change Point is a program of Northern Nevada HOPES and is Nevada's first legal syringe services program. Change Point provides syringe services, testing and outreach services, and community building services. Change Point embraces diversity and advocates for medically underserved groups in the community.

Trac-B Exchange

Las Vegas is focused on ensuring the health of everyone in Southern Nevada. Trac-B Exchange is the storefront site committed to providing consultation to the community for infectious disease prevention and harm reduction surrounding syringe use and disposal. Trac-B Impact Exchange currently has three harm reduction vending machines in Las Vegas. These vending machines are the first and only of their kind in the United States. Anyone 18+ with some form of ID can come into Trac-B Exchange and sign up for a vending machine card.

Substance Abuse HIV Testing

The Substance Abuse Prevention & Treatment Agency (SAPTA) HIV Testing Program assists SAPTA State-certified residential and transitional treatment facilities in offering rapid HIV testing at treatment locations. This supports the goals of the National HIV/AIDS Strategy (NHAS) by reducing HIV incidence, increasing access to care and optimizing health outcomes, and reducing HIV-related health disparities. It also supports the Substance Abuse and Mental Health Services Administration's (SAMHSA) initiative to expand early intervention services for HIV by funding certified residential and transitional treatment facilities to offer rapid HIV testing (including confirmatory and diagnostic testing), HIV risk reduction education, linkages to care, and other ancillary services.

The Las Vegas Transitional Grant Area (TGA)

The severity of the HIV epidemic in the Las Vegas TGA is evidenced by the persistently high number of new HIV prevalence rates, especially in communities of color. The TGA's subpopulations of focus are 1) Hispanics, 2) MSM, and 3) African Americans. These three populations account for most of the TGA's Unmet Need, ***In Care but not Virally Suppressed, and late-diagnosed HIV infections***. Additionally, these populations have lower health outcomes along the TGA's HIV Care Continuum compared to other populations in the TGA's HIV epidemic.

As of December 31, 2020, there were 11,122 People with HIV (PWH) residing in the TGA, a 5% (n=589) increase from 2019. In 2020, the TGA had 337 new HIV infections, of which 119 (36%) were late diagnoses (AIDS). According to Southern Nevada Health District (SNHD) data, the TGA has seen 307 new HIV cases from 1/1/21 to 9/27/21. Since 2016, the TGA has averaged 435 new HIV cases annually, of which 35% (n=154) were late diagnoses (AIDS). Since 2016, the LVTGA has seen a 10% increase (n=1,156) in PWH prevalence. Results from the TGA's 2021 PWH Needs Assessment, 25.47% (n=81) reported their HIV diagnosis was outside of the TGA. Based on the TGA's 2020 Epidemiological Profile, Youth (ages 13-19) have been identified as a new and emerging population. Youth HIV infections have increased 43% (n=6) since 2016 including a 21% (n=3) increase from 2019 to 2020. Youth were the only age group to report an increase in new HIV infections from 2019 to 2020. Since 2016, 56 new Youth HIV cases, of which 25% (n=14) of which were late diagnosed. Youth HIV prevalence has increased by 38% (n=11) from 2016 to

2020. Unique challenges for the Youth population include 1) Lower Viral Suppression rate (84%) than the In Care Virally Suppressed populations (93%); 2) Treatment adherence, both primary medical and medications; 3) HIV stigma; and 4) Communication strategies (social media). The estimated costs of the Youth population to RWHAP Part A are minimal. As most Youth have Medicaid, the LVTGA's Ryan White Part D program is an additional payor source. The LVTGA funds a Youth support group through the Psychosocial Support Services category.

Ending the HIV Epidemic

Ending the HIV Epidemic (EHE): A Plan for America acts boldly on this unprecedented opportunity by providing the hardest-hit communities with the additional expertise, technology, and resources required to address the HIV epidemic in their communities. Efforts will focus on four key strategies that can end the HIV epidemic in the U.S.: 1) Diagnose, 2) Treat, 3) Protect, and 4) Respond.



Home to Las Vegas, Clark County has been identified as one of the 48 counties in the Ending the HIV Epidemic: A Plan for America's Phase I plan. Ninety-six percent (n=10,694) of PWH reside in Clark County. As of December 31st, 2020, MSM comprised 63% (n=213) of new HIV infections, of which 31% (n=67) were late diagnoses (AIDS). MSM account for 66% (n=7,288) of the LVTGA's total HIV prevalence. HIV disproportionately impacts African Americans in the LVTGA. While representing only 12% of the general population, African Americans account for 31% (n=106) of all 2020 new HIV infections, of which 33% (n=35) were late diagnoses (AIDS). African Americans account for 30% (n=3,319) of total HIV prevalence. Hispanics are also disproportionately impacted by HIV, representing 30% of LVTGA's general population, yet 32% (n=108) of all 2020 new HIV infections, of which 33% (n=39) were late diagnoses (AIDS). Youth (ages 13-19) HIV infections have increased 43% (n=6) since 2016 including a 21% (n=3) increase from 2019 to 2020. Youth were the only age group to report an increase from 2019 to 2020. Youth HIV prevalence has increased by 38% (n=11) from 2016 to 2020.

Executive Summary

The purpose of the 2022 Nevada Statewide HIV Needs Assessment is to understand better the current care and service needs of people with HIV (PWH) across Nevada and within the Las Vegas TGA. This survey assesses HIV-related care and service needs, experiences in using services, and perceived barriers to those services. The survey was distributed through multiple facets to reach as many individuals as possible, which included:

- Palm Cards
- Flyers
- LVTGA Planning Council Website
- Email Distribution

The online survey was sent via email to clients who indicated consent to receive emails from the Ryan White Parts A/B Recipients and individual subrecipient (service providers) of the Ryan White Parts A/B programs. Also, 4x6 postcards were distributed to Ryan White Part A Subrecipients and community partners in the Las Vegas TGA Ryan White Part A to solicit participation in the HIV and Aging needs assessment. The needs assessments target population is people with HIV living in the State of Nevada and Mojave County, Arizona (the Las Vegas TGA).

The Nevada HIV Needs Assessment Survey collected 386 responses from people with HIV. This is approximately 3% of the population of PWH in the state of Nevada. This survey considers current needs, barriers, and gaps in Ryan White core and support services, the impact to services from COVID-19, and the impact on specific subpopulations of focus. *Subpopulations of focus can be thought of as populations disproportionately affected by HIV.*

Viral suppression rates vary between populations. There were no direct correlations between how often a participant reported seeing their medical provider and viral suppression. Still, other data found in this report could aid itself in new initiatives to help close any service gaps and increase viral suppression.

This data can be utilized to make informed decisions to help increase efforts to provide services to PWH so that they may achieve viral suppression, drive down the rates of new infections, and ultimately end the epidemic.

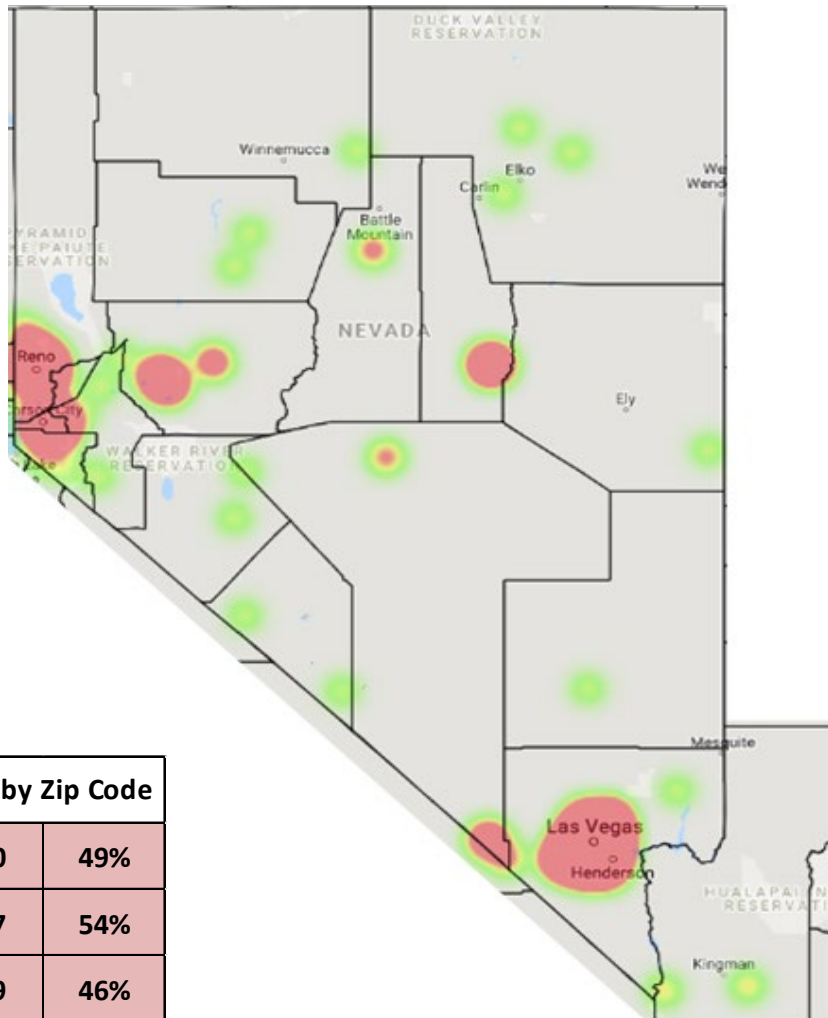
To ensure that responses were accurate, definitions of services were provided. This self-reported data aids itself in ensuring that providers and consumers are on the same page in terms of what services are provided.

Demographics of Survey Respondents

The survey respondent demographics will be exhibited in four categories: 1.) Nevada Statewide; 2.) Las Vegas TGA; 3.) Clark County EHE; and 4.) All Survey Respondents. The following results are of participants who identified as HIV-positive. Respondents who did not identify as HIV-positive were immediately disqualified from participation in the survey.

Zip Codes of Survey Respondents

Survey participants were asked to provide the zip code in which they reside. A qualifying question early in the survey is to determine if the participant lives in the geographic location for one of the following programs: 1.) Nevada Ryan White Part B program; 2.) Las Vegas TGA Ryan White Part A Program; 3.) Ending the HIV Epidemic program for Clark County. Using the data provided, a geo-map has been created to represent the location of survey participants.

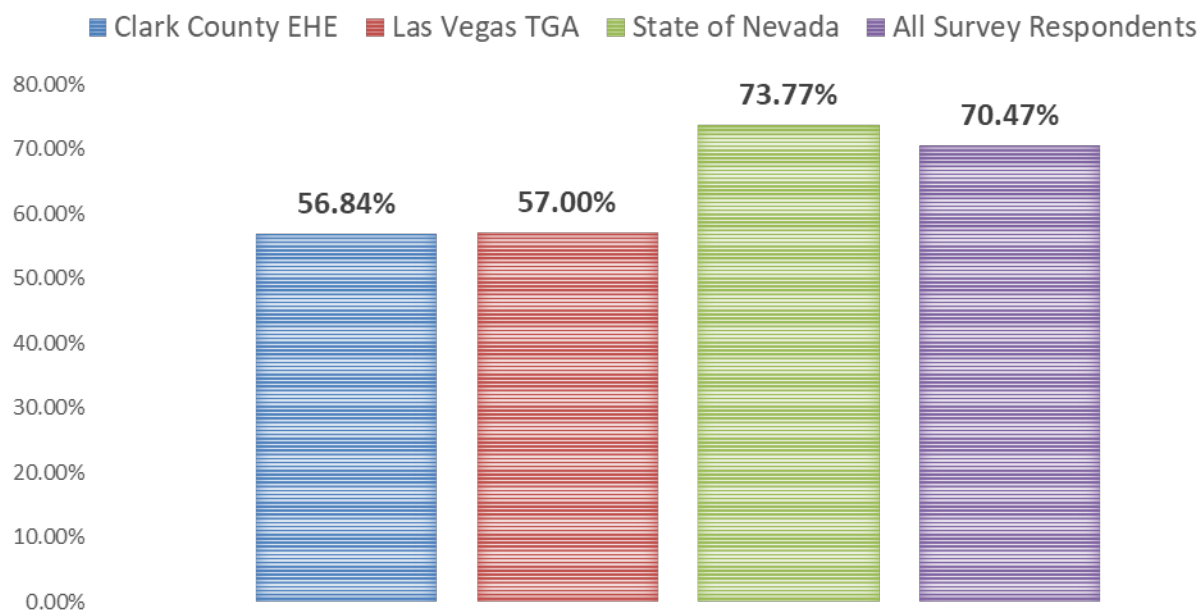


Geomapping of Survey Respondent by Zip Code		
Clark County	190	49%
Clark, Nye, and Mohave, AZ	207	54%
All other Counties in Nevada	179	46%

Respondents diagnosed with HIV in Nevada.

More than 70% of all survey respondents reported having been diagnosed in the State of Nevada. While only 57% of respondents living in the Las Vegas TGA reported being diagnosed in Nevada, 56.84% in Clark County, and 73.77% for the State of Nevada respondents.

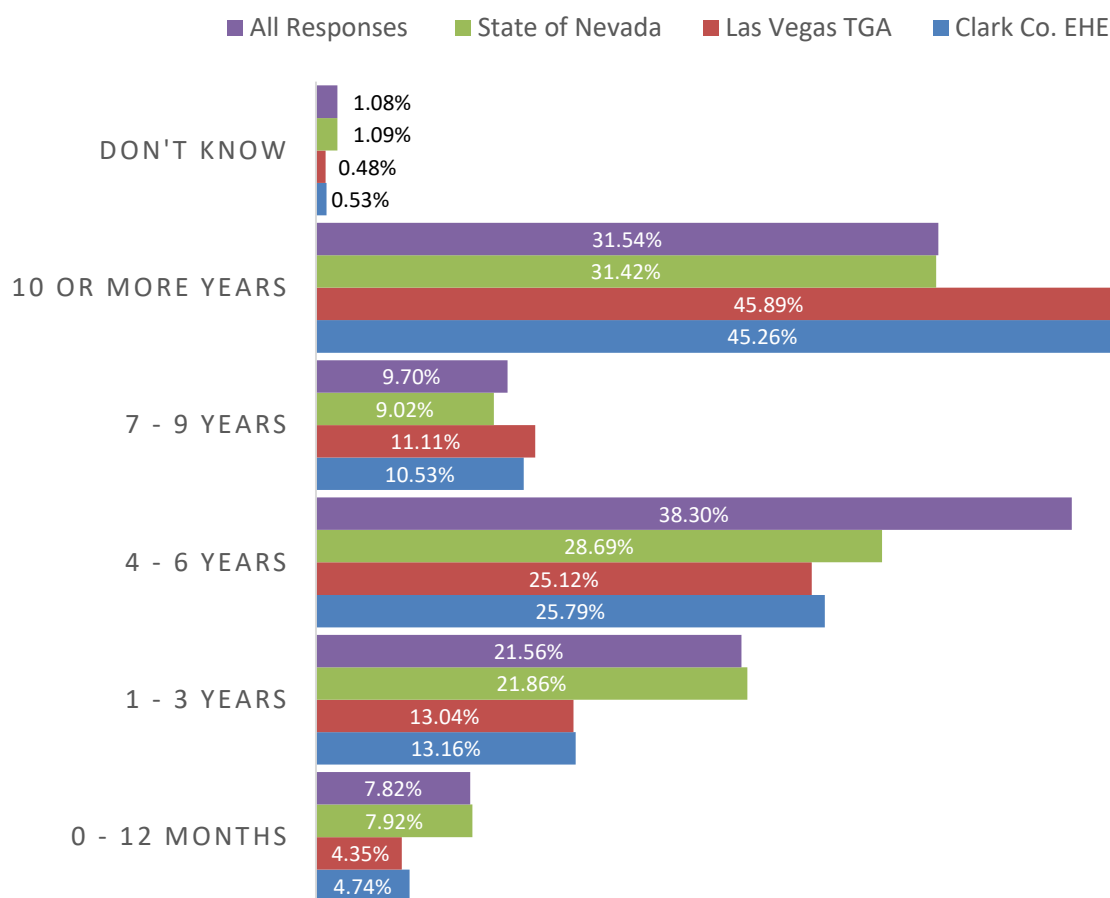
Dx with HIV in Nevada?	Yes	Survey Responses	%
Clark County EHE	108	190	56.84%
Las Vegas TGA	118	207	57.00%
State of Nevada	270	366	73.77%
All Survey Respondents	272	386	70.47%



Time since HIV diagnosis.

More than 38% of all survey respondents reported being diagnosed with HIV between 4 to 6 years ago; 31.54% more than 10-years ago; 9.70%, 7-9 years; and 7.82% diagnosed with HIV in the last 12-months. Data remains similar with a difference in Clark Co and the Las Vegas TGA; less than 5% of survey respondents had been diagnosed in the last 12-months.

Time since HIV Diagnosis	Clark Co. EHE	Las Vegas TGA	State of Nevada	All Responses
0 - 12 months	4.74%	4.35%	7.92%	7.82%
1 - 3 years	13.16%	13.04%	21.86%	21.56%
4 - 6 years	25.79%	25.12%	28.69%	38.30%
7 - 9 years	10.53%	11.11%	9.02%	9.70%
10 or more years	45.26%	45.89%	31.42%	31.54%
Don't know	0.53%	0.48%	1.09%	1.08%



Country of Birth for Survey Respondents.

Twenty-four countries of origin are represented among the survey respondents. More than 82% of all survey respondents report their country of origin as the United States, 3.53% from Mexico, and 1.55% from Vietnam. All other counties of origin are represented as less than 1%.

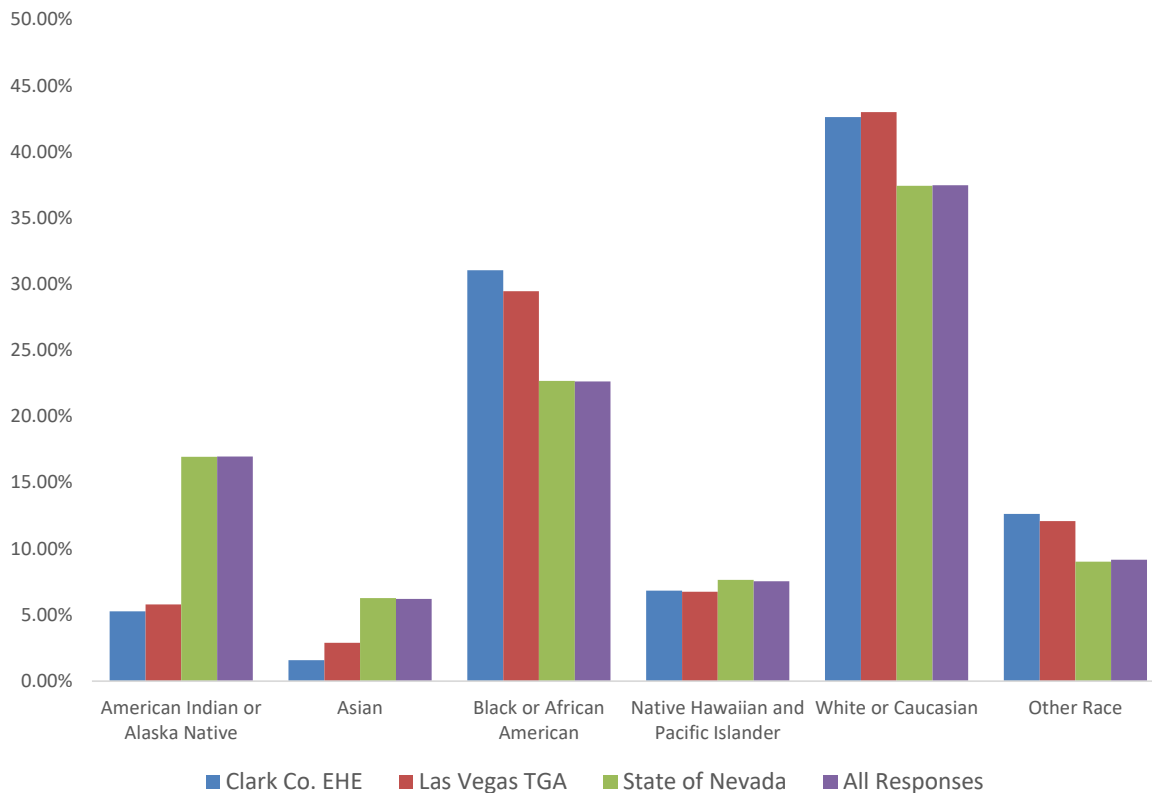
Country of Origin	%	Country of Origin	%
Anguilla	0.26%	Malawi	0.52%
California	0.26%	Mexico	3.63%
Cameroon	0.26%	Panama	0.26%
Canada	0.26%	Philippines	0.26%
Colombia	0.52%	Puerto Rico	0.26%
Cuba	0.26%	South Africa	0.26%
El Salvador	0.26%	South Korea	0.52%
France	0.78%	Suriname	0.26%
Germany	0.26%	Thailand	0.26%
Guatemala	0.26%	Ukraine	0.26%
Honduras	0.26%	United States	82.64%
Japan	0.52%	Vietnam	1.55%



Race of Survey Respondents.

More than 37% of all survey respondents reported their race to be White or Caucasian; 22.64% Black or African American; 16.98% American Indian or Alaska Native; 9.16% of other race; 7.55% Native Hawaiian and Pacific Islander; and 6.20% Asian. There is approximately an 11% decrease in representation of American Indian or Alaska Native of survey respondents in Clark County and Las Vegas TGA compared to the average representation of Nevada Statewide survey respondents. At the same time, Black or African American respondents increased by approximately 7% representation in Clark County and Las Vegas TGA compared to the average representation of Nevada Statewide survey respondents.

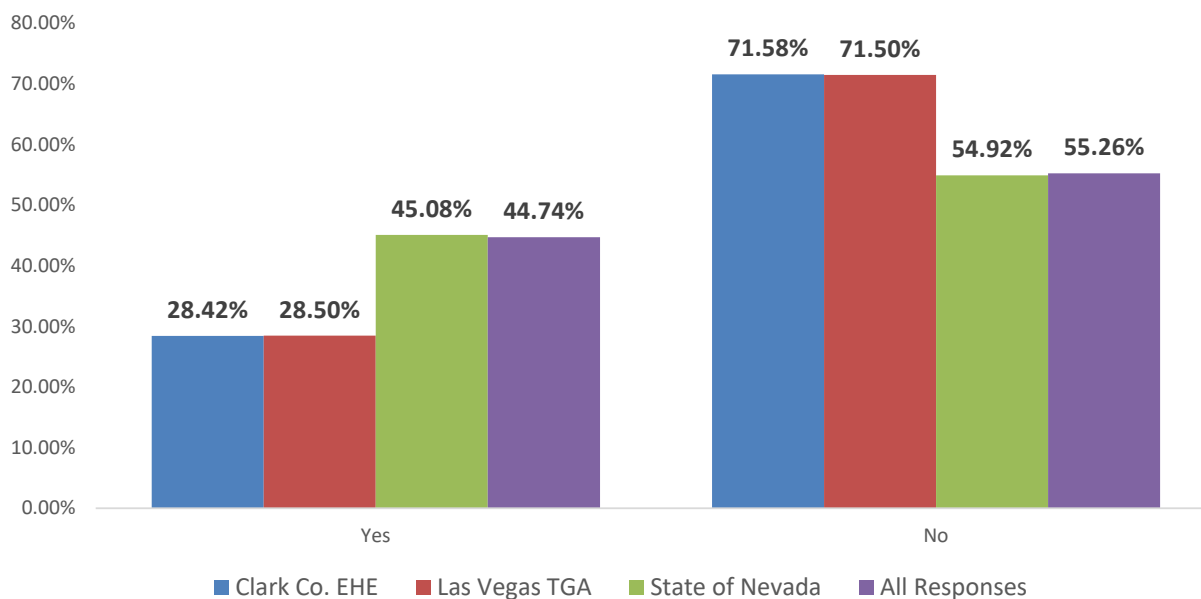
Race of Survey Respondents	Clark Co. EHE	Las Vegas TGA	State of Nevada	All Responses
American Indian or Alaska Native	5.26%	5.80%	16.94%	16.98%
Asian	1.58%	2.90%	6.28%	6.20%
Black or African American	31.05%	29.47%	22.68%	22.64%
Native Hawaiian and Pacific Islander	6.84%	6.76%	7.65%	7.55%
White or Caucasian	42.63%	43.00%	37.43%	37.47%
Other Race	12.63%	12.08%	9.02%	9.16%



Hispanic, LatinX, or Spanish Origin of Survey Respondents.

More than 44% of all respondents identified as being Hispanic, LatinX, or Spanish in origin. Significant differences in survey responses from Clark County and the Las Vegas TGA respondents indicate approximately a 16% difference in Hispanic, LatinX, or Spanish origin of survey respondents.

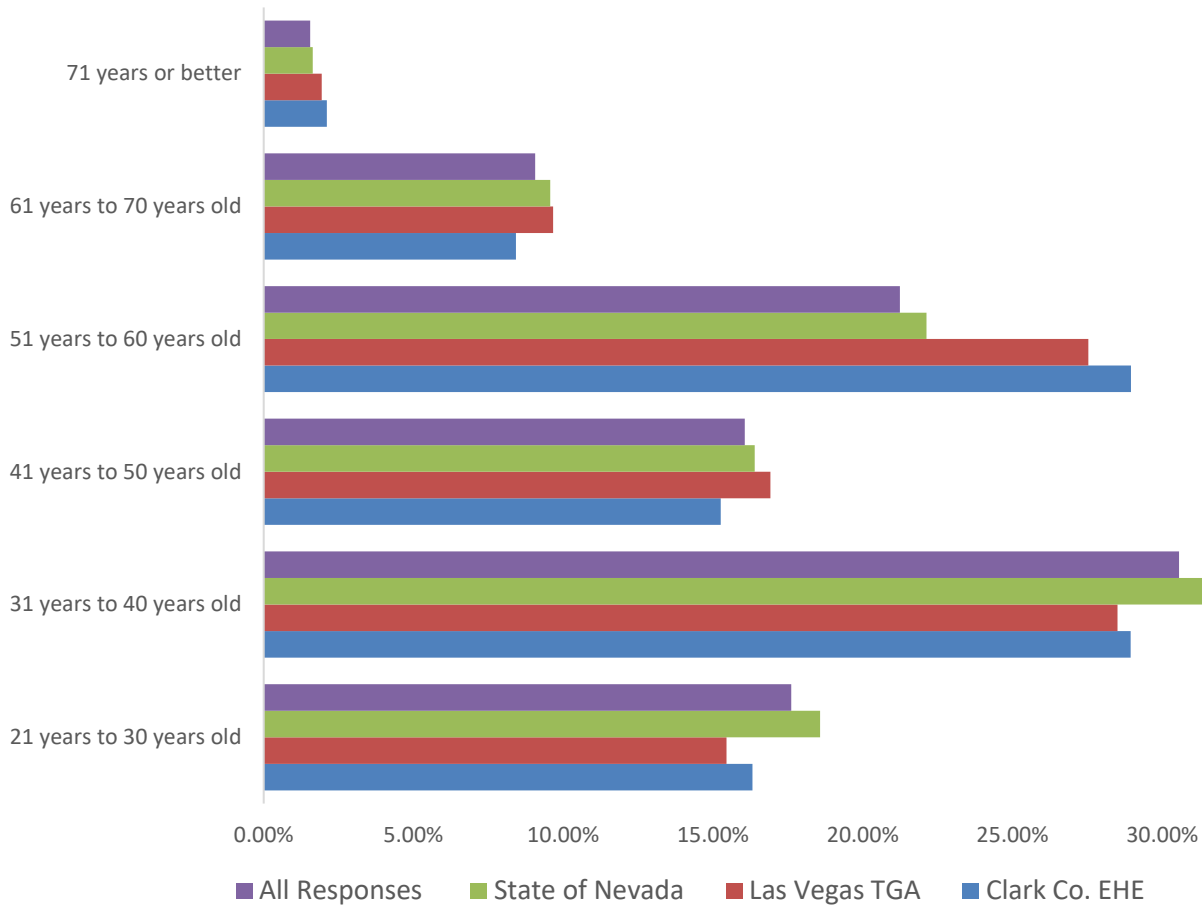
Hispanic, Latinx, or Spanish origin	Clark Co. EHE	Las Vegas TGA	State of Nevada	All Responses
Yes	28.42%	28.50%	45.08%	44.74%
No	71.58%	71.50%	54.92%	55.26%



Age of Survey Respondents.

More than 30% of all survey respondents are between the ages of 31 and 40 years old; 21.24% are between 51 and 60 years; 17.61% are between 21 and 30 years; 16.06% between 41 and 50 years; 9.06% are 61 and 70 years; and 1.55% are 71 or better. These percentages are consistent with respondents from Clark County EHE, the Las Vegas TGA, and the State of Nevada.

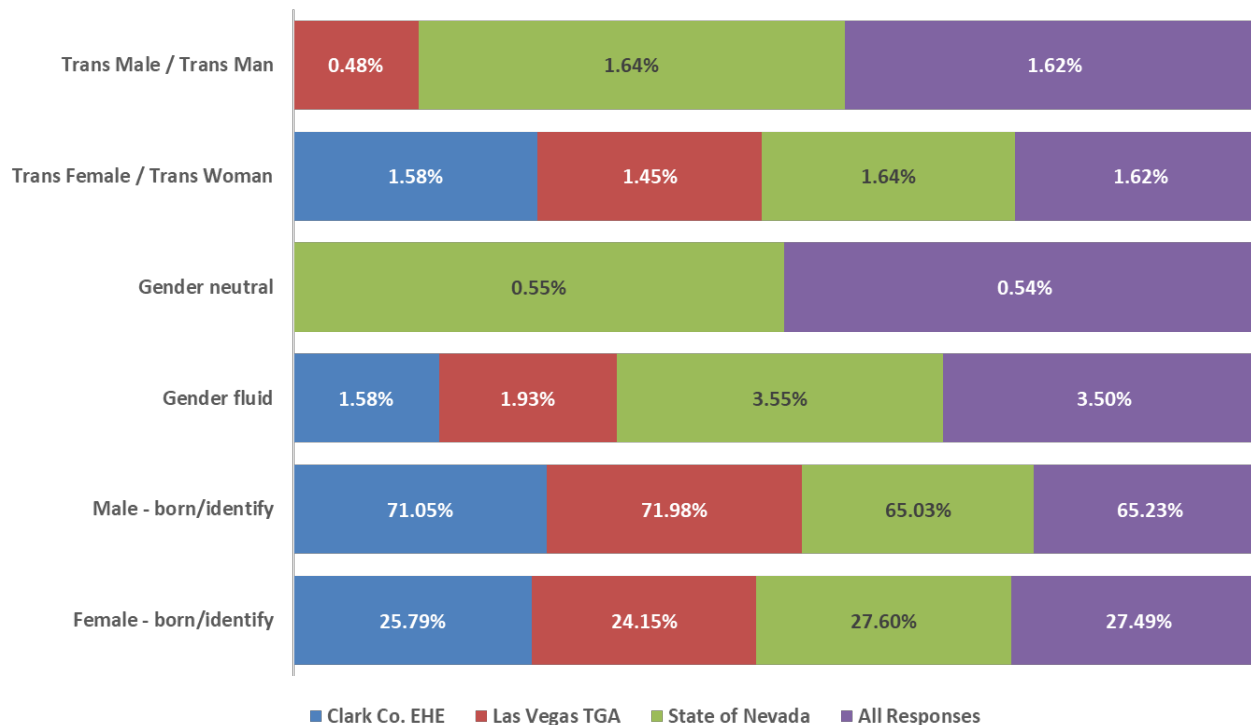
Age of Survey Respondents	Clark Co. EHE	Las Vegas TGA	State of Nevada	All Responses
21 years to 30 years old	16.31%	15.45%	18.57%	17.61%
31 years to 40 years old	28.94%	28.50%	31.69%	30.56%
41 years to 50 years old	15.26%	16.91%	16.39%	16.06%
51 years to 60 years old	28.95%	27.53%	22.13%	21.24%
61 years to 70 years old	8.42%	9.66%	9.56%	9.06%
71 years or better	2.11%	1.93%	1.64%	1.55%



Gender of Survey Respondents.

More than 65% of all survey respondents reported male as their gender at birth; 27.49% as female; 3.5% as gender-fluid; 3.24% as transgender; and less than 1% as gender-neutral. The representation of gender is relatively consistent across Clark County EHE, the Las Vegas TGA, and the State of Nevada.

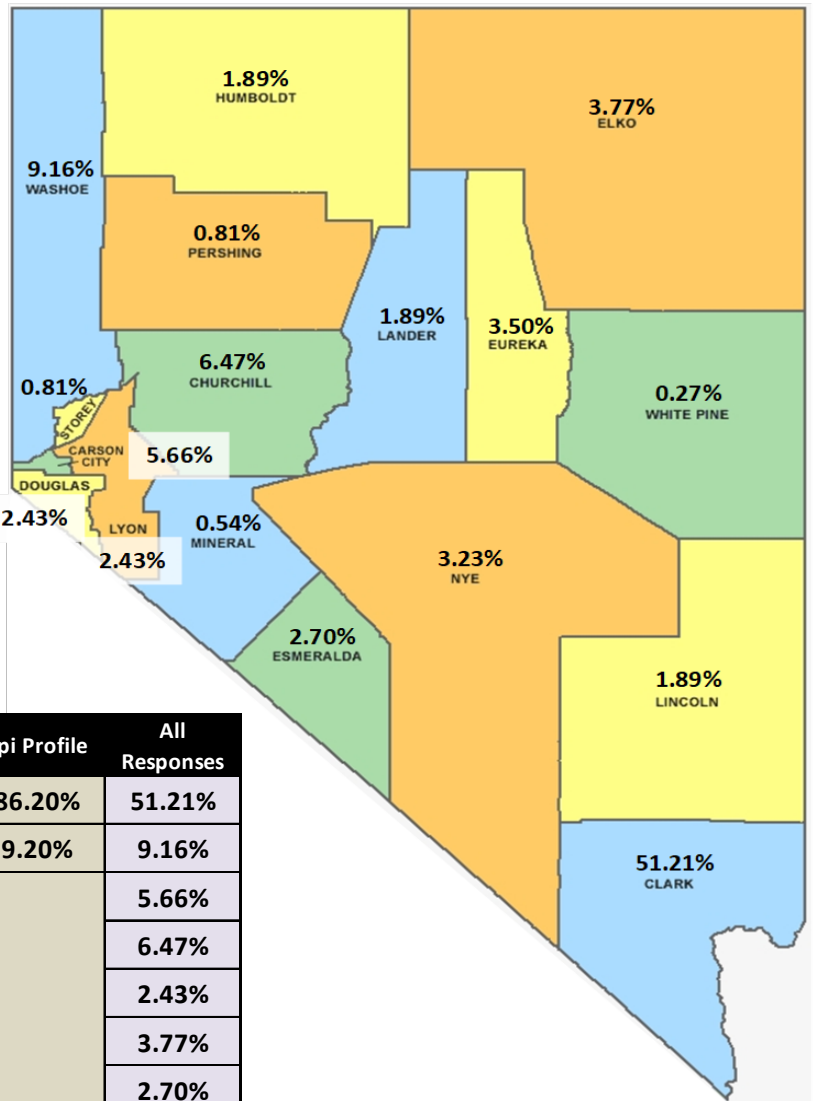
Gender of Survey Respondents	Clark Co. EHE	Las Vegas TGA	State of Nevada	All Responses
Female - born/identify	25.79%	24.15%	27.60%	27.49%
Male - born/identify	71.05%	71.98%	65.03%	65.23%
Gender fluid	1.58%	1.93%	3.55%	3.50%
Gender neutral	0.00%	0.00%	0.55%	0.54%
Trans Female / Trans Woman	1.58%	1.45%	1.64%	1.62%
Trans Male / Trans Man	0.00%	0.48%	1.64%	1.62%



County of Residence in Nevada.

While the Statewide Needs Assessment included the Las Vegas TGA, which provides for Mohave County, Arizona, the following data only includes residents of Nevada. A comparison of the Statewide HIV epidemiological data with the percentage of survey respondents by County in Nevada.²

² Sisolak, S., Whitley, R., Sherych, L., & Azzam, I. (n.d.). Nevada 2020 HIV Fast Facts. Dpbh.Nv.Gov. Retrieved May 10, 2022, from <https://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/HIV-OPHIE/dta/Publications/Nevada%202020%20HIV%20Fast%20Facts.pdf>

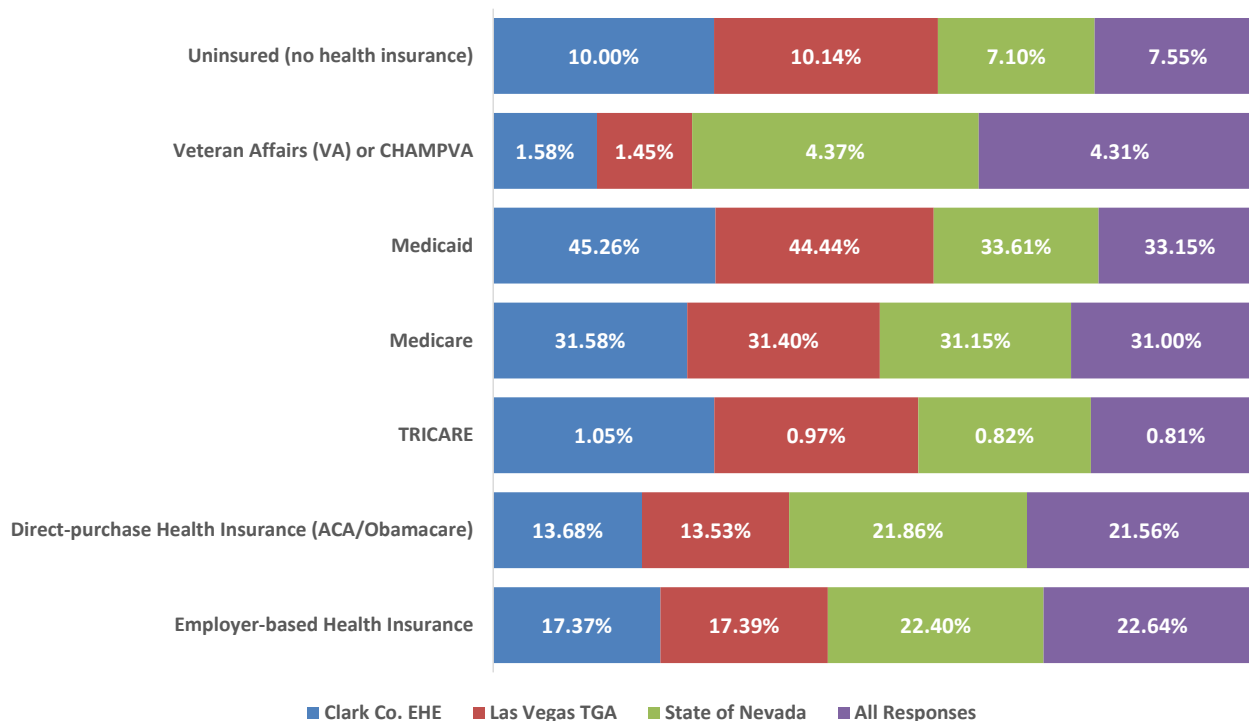


County of Residence in Nevada of Survey Respondents	Epi Profile	All Responses
Clark County, NV	86.20%	51.21%
Washoe County, NV	9.20%	9.16%
Carson City, NV	*4.60%	5.66%
Churchill County, NV		6.47%
Douglas County, NV		2.43%
Elko County, NV		3.77%
Esmeralda County, NV		2.70%
Eureka County, NV		3.50%
Humboldt County, NV		1.89%
Lander County, NV		1.89%
Lincoln County, NV		1.89%
Lyon County, NV		2.43%
Mineral County, NV		0.54%
Mojave, AZ		1.35%
Nye County, NV		3.23%
Pershing County, NV		0.81%
Storey County, NV		0.81%
White Pine County, NV		0.27%

Insurance Status.

More than 93% of all survey respondents report having health insurance coverage. Respondents reported having Medicaid (33.15%), Medicare (31%), Employer-based health insurance (22.64%), Direct-purchase health insurance (21.56%), Veteran Affairs, or CHAMPVA benefits (4.31%), or Tricare (0.81%). Overall, 7.55% of survey respondents reported being uninsured with no health insurance.

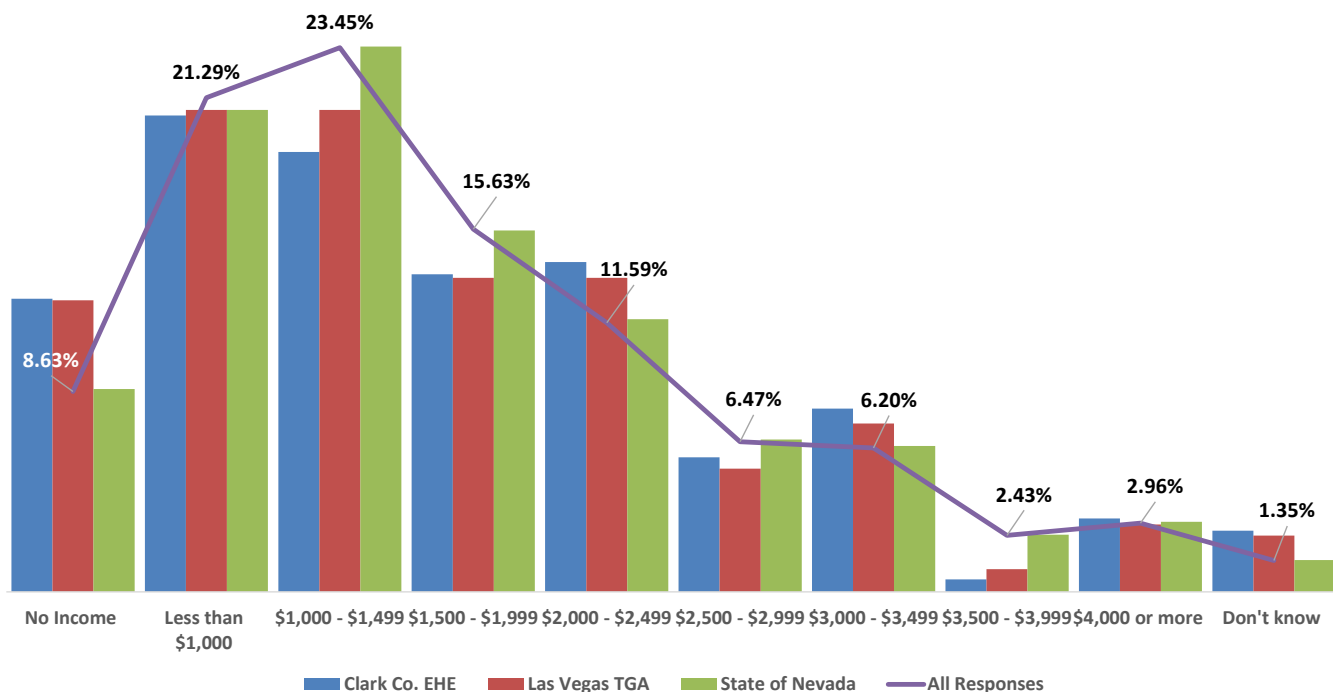
Insurance Status of Survey Respondents	Clark Co. EHE	Las Vegas TGA	State of Nevada	All Responses
Employer-based Health Insurance	17.37%	17.39%	22.40%	22.64%
Direct-purchase Health Insurance (ACA/Obamacare)	13.68%	13.53%	21.86%	21.56%
TRICARE	1.05%	0.97%	0.82%	0.81%
Medicare	31.58%	31.40%	31.15%	31.00%
Medicaid	45.26%	44.44%	33.61%	33.15%
Veteran Affairs (VA) or CHAMPVA	1.58%	1.45%	4.37%	4.31%
Uninsured (no health insurance)	10.00%	10.14%	7.10%	7.55%



Total Monthly Household Income.

More than 30% of all survey respondents report having a total household income at or below 100% federal poverty level (FPL). More than 53% of survey respondents report a total household income at or below 150% FPL, while almost 82% of respondents report a total household income at or below 250% FPL.

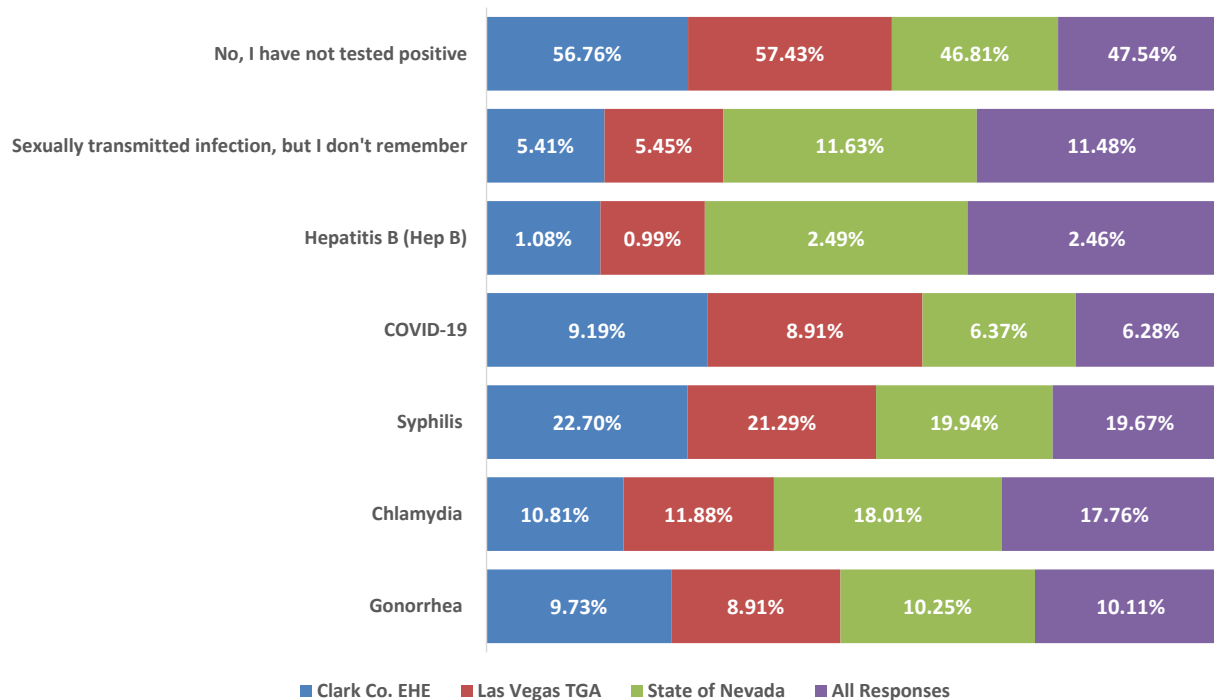
Total Monthly Household Income of Survey Respondents	Clark Co. EHE	Las Vegas TGA	State of Nevada	All Responses	% FPL
No Income	12.63%	12.56%	8.74%	8.63%	
Less than \$1,000	20.53%	20.77%	20.77%	21.29%	88.30%
\$1,000 - \$1,499	18.95%	20.77%	23.50%	23.45%	132.36%
\$1,500 - \$1,999	13.68%	13.53%	15.57%	15.63%	176.51%
\$2,000 - \$2,499	14.21%	13.53%	11.75%	11.59%	220.66%
\$2,500 - \$2,999	5.79%	5.31%	6.56%	6.47%	264.81%
\$3,000 - \$3,499	7.89%	7.25%	6.28%	6.20%	308.96%
\$3,500 - \$3,999	0.53%	0.97%	2.46%	2.43%	353.11%
\$4,000 or more	3.16%	2.90%	3.01%	2.96%	
Don't know	2.63%	2.42%	1.37%	1.35%	



Positive STI and COVID-19 Testing.

More than 50% of all survey respondents tested positive in 2021/22 for a sexually transmitted infection and COVID-19. More than 19% tested positive for syphilis; 17.76% for chlamydia; 11.48% for STI but cannot recall the STI; 10.11% for gonorrhea, 6.28% for COVID-19; 4.37% for Hepatitis-C; and 2.46% for Hepatitis-B.

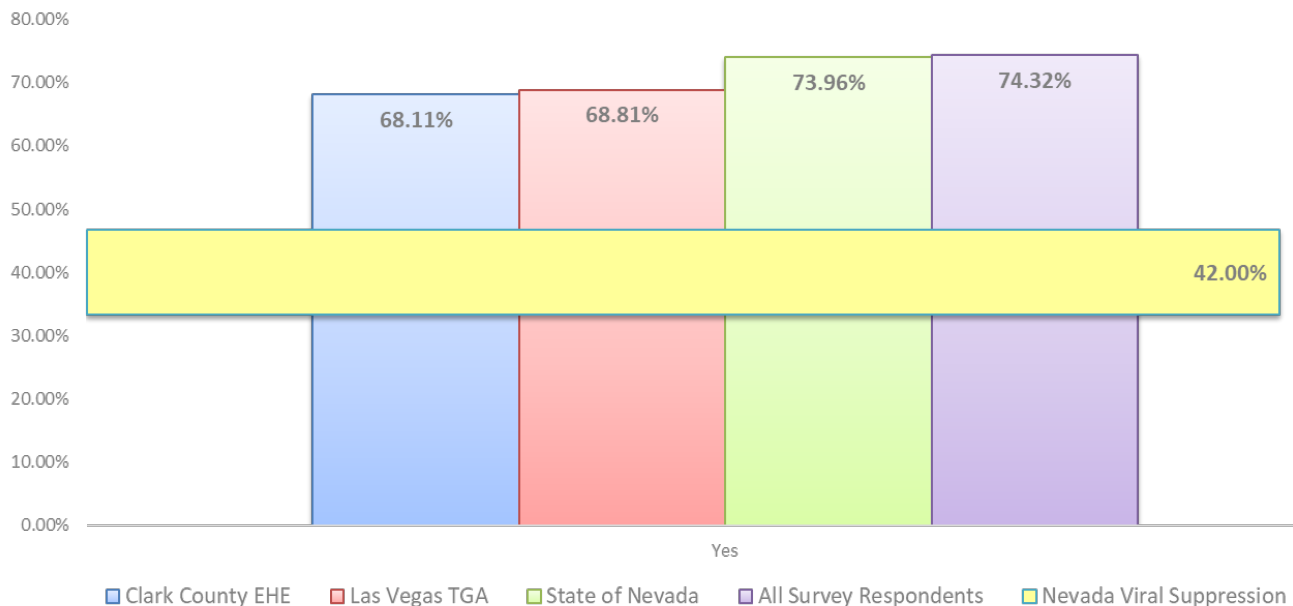
Positive STI Testing of Survey Respondents	Clark Co. EHE	Las Vegas TGA	State of Nevada	All Responses
Gonorrhea	9.73%	8.91%	10.25%	10.11%
Chlamydia	10.81%	11.88%	18.01%	17.76%
Syphilis	22.70%	21.29%	19.94%	19.67%
COVID-19	9.19%	8.91%	6.37%	6.28%
Hepatitis B (Hep B)	1.08%	0.99%	2.49%	2.46%
Hepatitis C (Hep C)	1.62%	1.98%	4.43%	4.37%
Sexually transmitted infection, but I don't remember	5.41%	5.45%	11.63%	11.48%
No, I have not tested positive	56.76%	57.43%	46.81%	47.54%



Viral Suppression Rates.

The Nevada Statewide Viral Suppression rate is approximately 42%, as reported by the Fast-Track-Cities website.³ Self-reported viral suppression rates remain more significant than the state-wide report. More than 68% of all survey respondents say being virally suppressed (at or below 200 mL).

Viral Suppression Rates of Survey Respondents	Yes	No
Clark County EHE	68.11%	27.03%
Las Vegas TGA	68.81%	26.73%
State of Nevada	73.96%	21.05%
All Survey Respondents	74.32%	20.77%
Nevada Viral Suppression	42.00%	58.00%



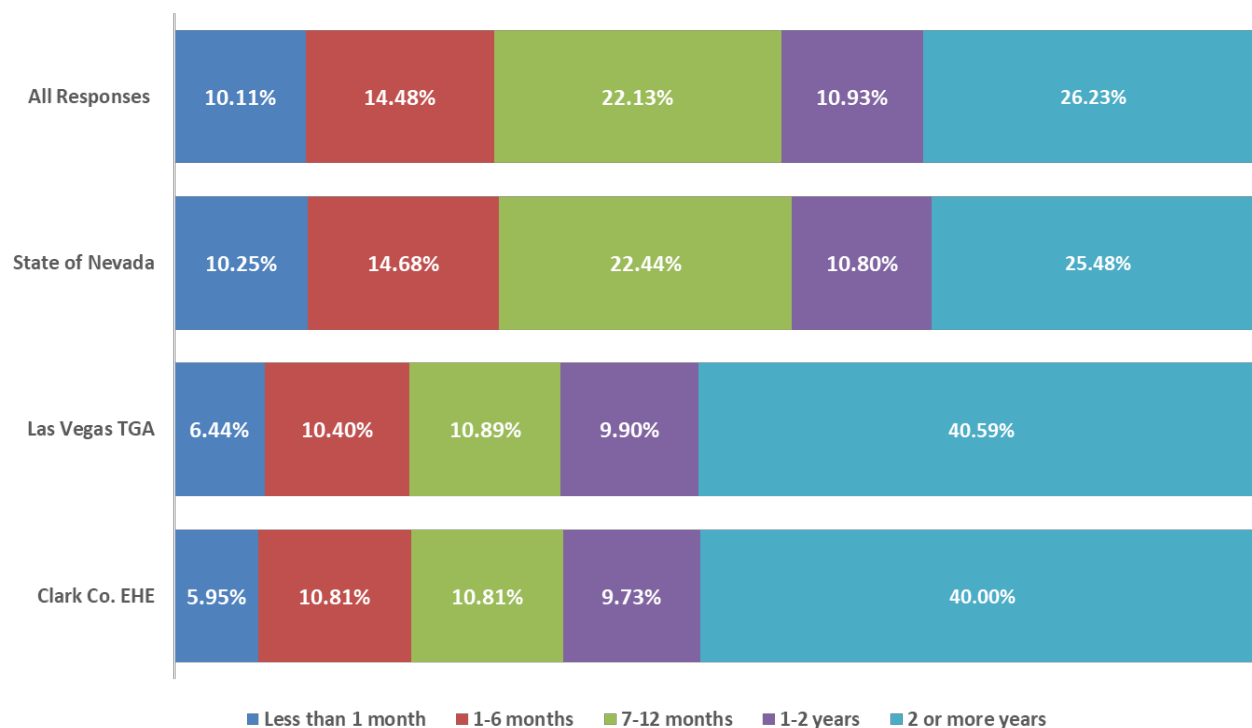
Length of Time of Viral Suppression.

Approximately 60% of all survey respondents report being virally suppressed for 6-months or longer; 26.23% for two years or more; 22.13% for 7-12 months; 14.48% for 1-6 months; 10.93%

³ "Las Vegas." n.d. Fast-Trackcities.Org. Accessed May 11, 2022. <https://www.fast-trackcities.org/cities/las-vegas>. Accessed 5/2/2022.

for 1-2 years; and 10.11% for less than one month. Overall, more than 83% of survey respondents report being virally suppressed.

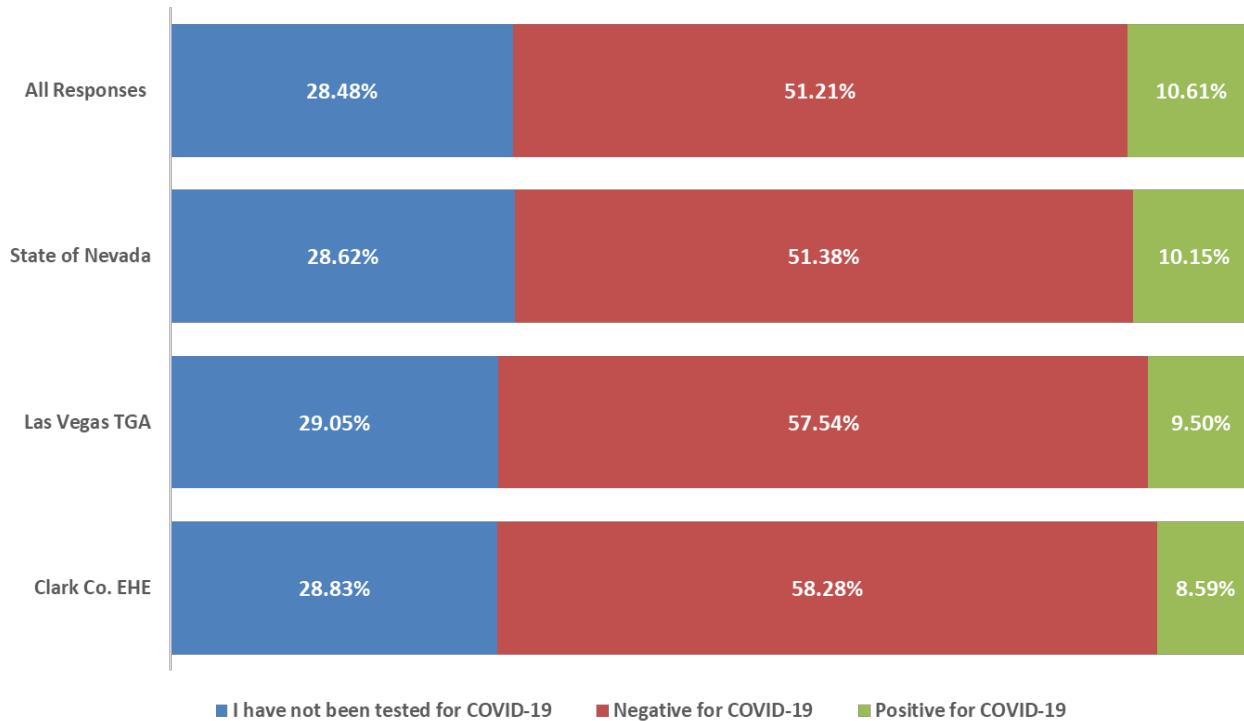
Length of Time of Viral Suppression for Survey Respondents	Clark Co. EHE	Las Vegas TGA	State of Nevada	All Responses
Less than 1 month	5.95%	6.44%	10.25%	10.11%
1-6 months	10.81%	10.40%	14.68%	14.48%
7-12 months	10.81%	10.89%	22.44%	22.13%
1-2 years	9.73%	9.90%	10.80%	10.93%
2 or more years	40.00%	40.59%	25.48%	26.23%
Don't know	22.70%	21.78%	16.34%	16.12%



COVID-19 Test Results.

More than 51% of respondents report having a negative COVID-19 test result; 28.48% report not being tested for COVID-19; 10.61% report a positive COVID-19 test; 6.67% are awaiting COVID-19 results, and 3.03% are unsure of their COVID-19 results.

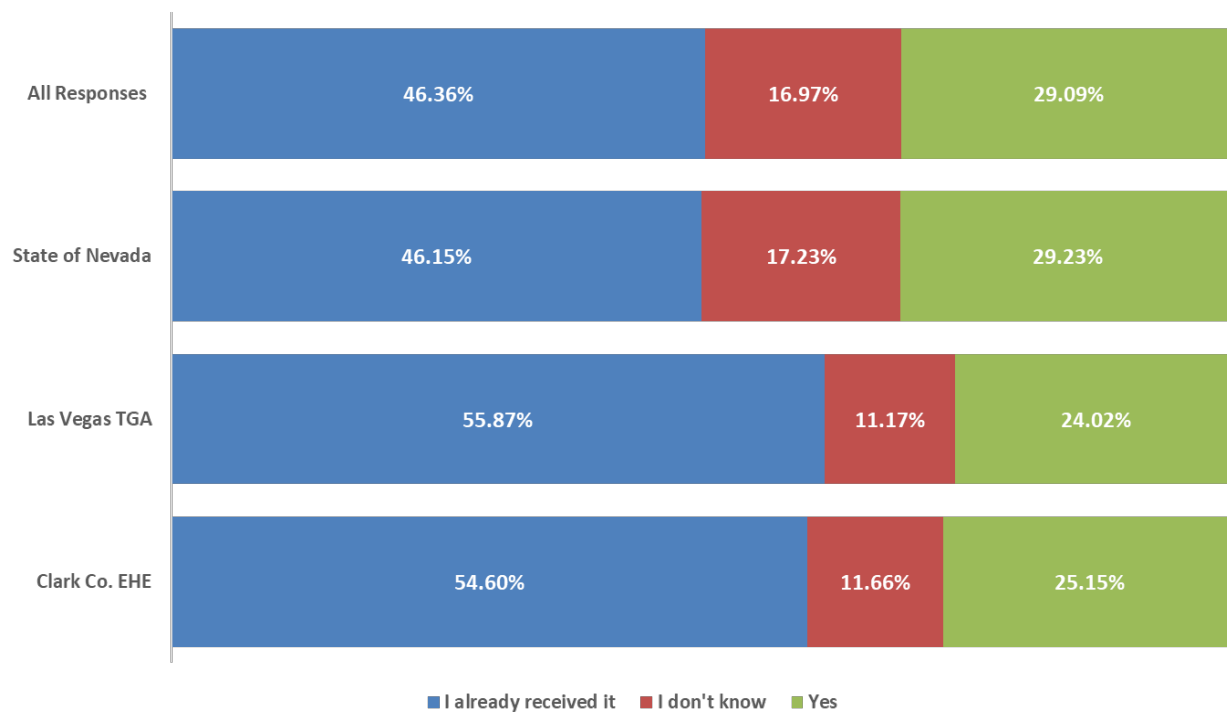
COVID-19 Testing	Clark Co. EHE	Las Vegas TGA	State of Nevada	All Responses
I have not been tested for COVID-19	28.83%	29.05%	28.62%	28.48%
Negative for COVID-19	58.28%	57.54%	51.38%	51.21%
Positive for COVID-19	8.59%	9.50%	10.15%	10.61%
I'm waiting for my test results	3.68%	3.35%	6.77%	6.67%
I don't know	0.61%	0.56%	3.08%	3.03%



COVID-19 Vaccine.

More than 46% of survey respondents report receiving the COVID-19 vaccine; 29.09% report they will get the vaccine; 16.97% are not sure, and 6.36% will not get the vaccine.

COVID-19 Testing	Clark Co. EHE	Las Vegas TGA	State of Nevada	All Responses
I already received it	54.60%	55.87%	46.15%	46.36%
I don't know	11.66%	11.17%	17.23%	16.97%
Yes	25.15%	24.02%	29.23%	29.09%
No	6.75%	7.26%	6.15%	6.36%
If no, why not? <i>Health Concerns, Religious Beliefs, COVID-19 Positive</i>				



Survey Data for Clark County (EHE)

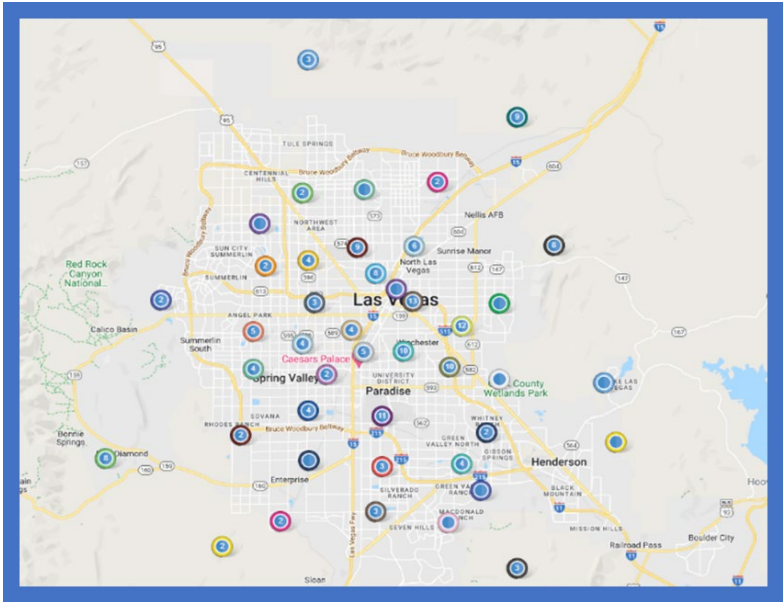
The data presented in this section of the report will focus primarily on the 190 survey respondents living in Clark County, Nevada. This data will help expand access to services for the Ending the HIV Epidemic program in Clark County, Nevada.

The Clark County Ending the HIV Epidemic (EHE) Plan acts boldly on this unprecedented opportunity by providing the hardest-hit communities with the additional expertise, technology, and resources required to address the HIV epidemic in their communities. Efforts will focus on four key strategies that can end the HIV epidemic in the U.S.: 1) Diagnose, 2) Treat, 3) Protect, and 4) Respond.



EHE Respondents by Zip Code.

The following graphic demonstrates where survey respondents reported their current residential zip code using geo-mapping software.

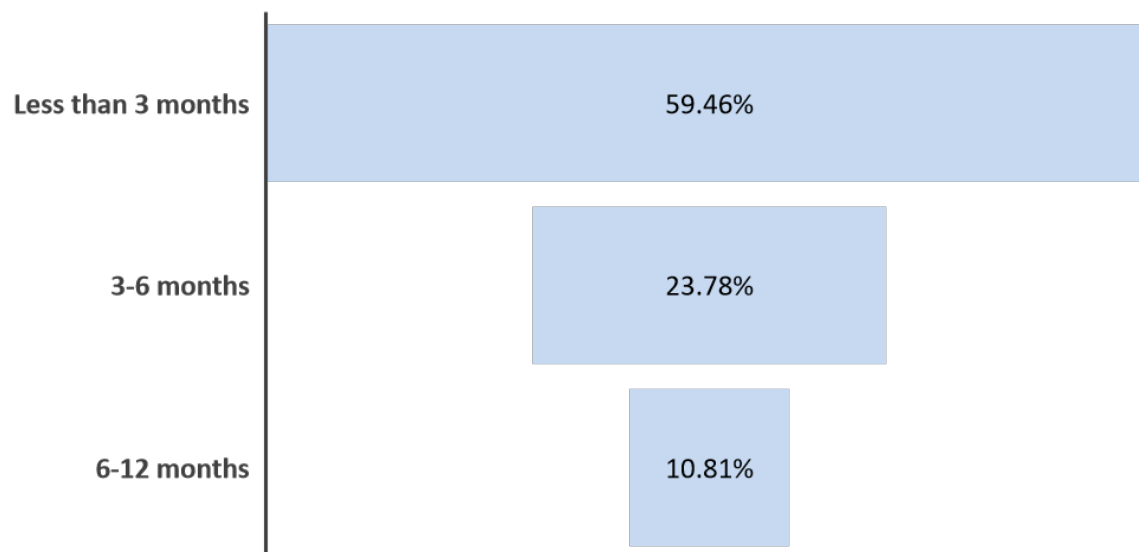


Geomapping of Survey Respondent by Zip Code		
Clark County	190	49%

EHE Respondents Last HIV Medical Appointment.

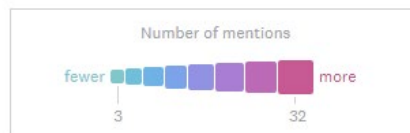
More than 94% of EHE respondents reported having a medical visit in the last 12-months. This suggests that retention in HIV medical care for the EHE jurisdiction could be similar for PWH.

Last HIV Medical Visit of EHE Survey Respondents	Yes
Less than 3 months	59.46%
3-6 months	23.78%
6-12 months	10.81%
1-2 years	3.24%
More than 2 years	0.54%
I do not know	1.62%



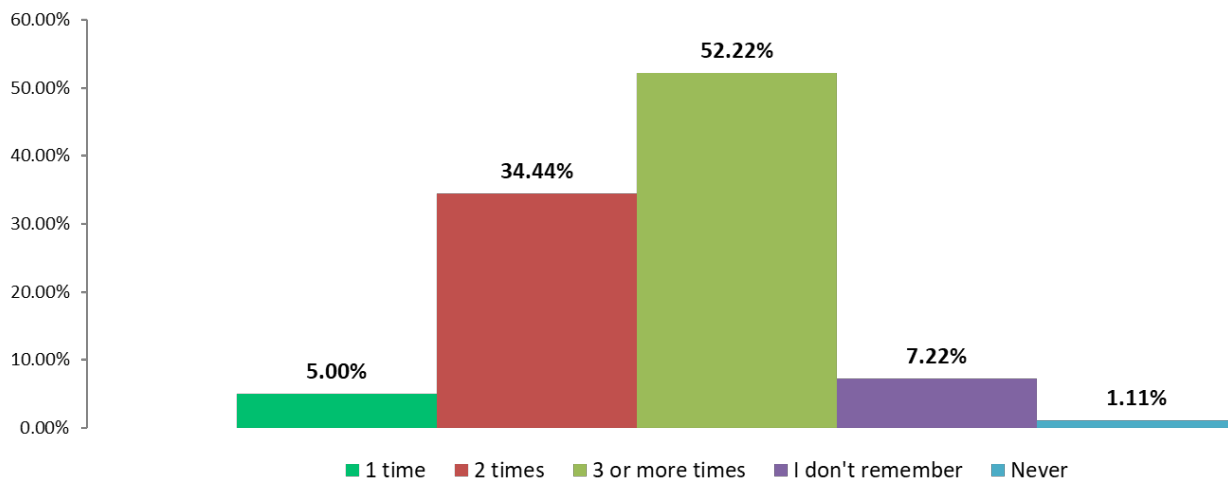
EHE Respondents Medical Providers.

A word cloud demonstrates the medical providers that EHE respondents reported as their primary HIV medical providers.



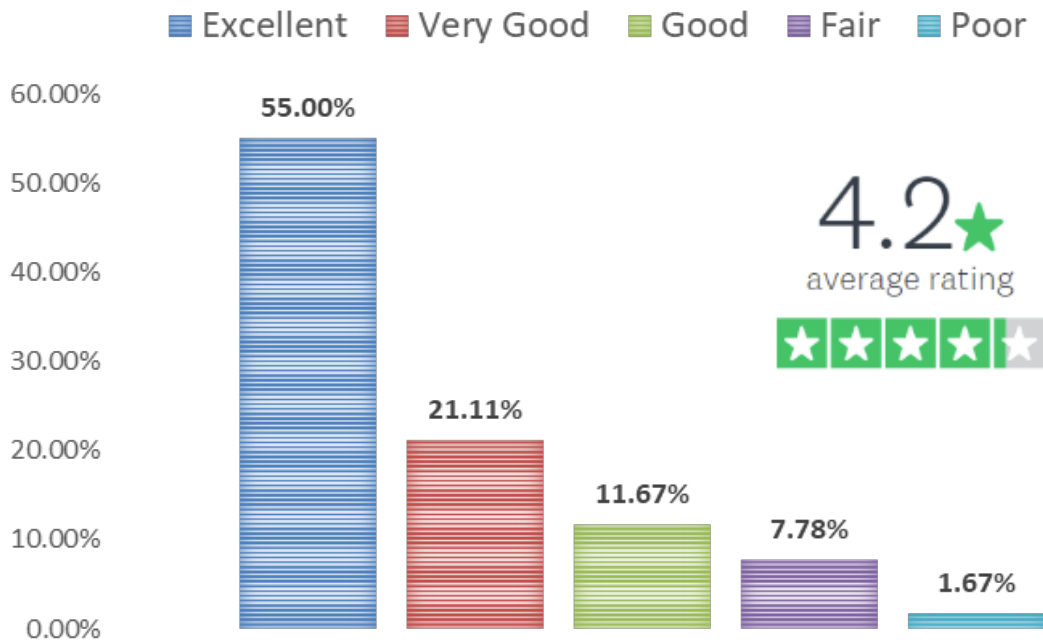
EHE Respondents Interaction with Medical Providers.

More than 91% of EHE survey respondents reported having at least one interaction with their HIV medical provider in the last 12-months; 34.44% reported two contacts; 52.22% had three or more contacts in the previous 12-months.



EHE Respondents Rate their HIV Care Provider.

The EHE respondents reported the average rating of services provided by the medical provider to be 4.2 stars out of 5. More than 76% of respondents reported a very good or excellent encounter; 11.67% a good encounter; 7.78% fair; and 1.67% reported a poor encounter with their medical provider.



EHE Respondents Describe Experiences with HIV care providers.

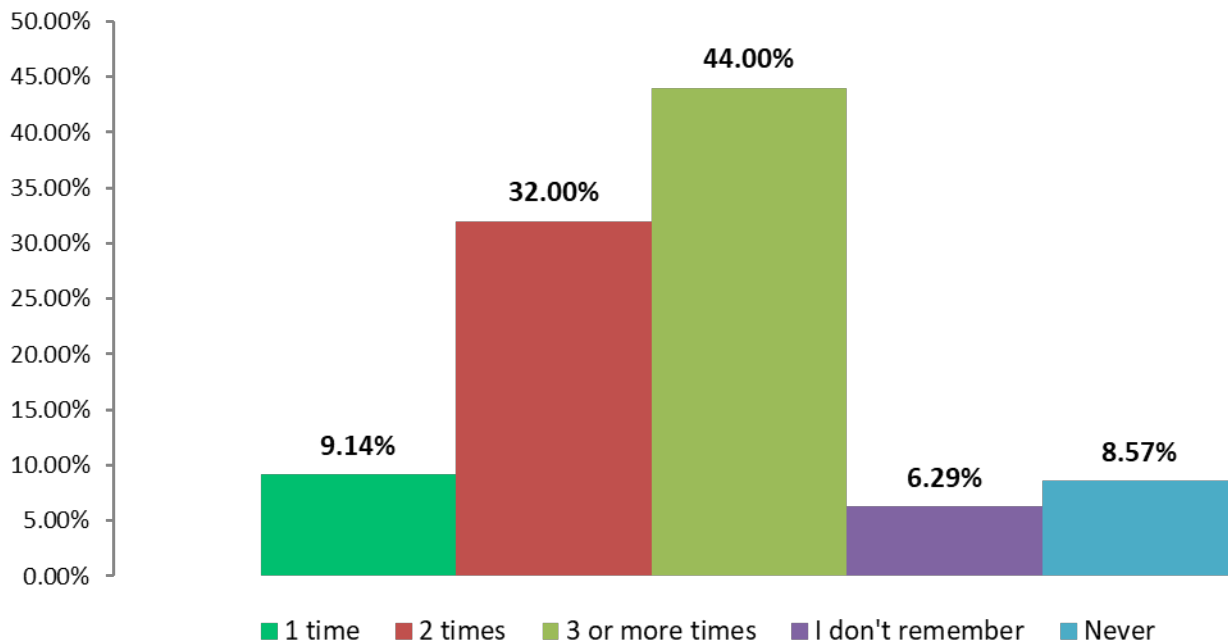
Survey respondents were asked to describe their experiences with the HIV care provider on a rating scale. Specific experiences were described. Survey respondents replied always using, sometimes, never, or not applicable. The table below demonstrates respondents' responses to particular experiences with their HIV care provider.

Description of Experiences	Always	Sometimes	Never	N/A
Do you ever leave your HIV medical visit with unanswered questions, or questions you didn't ask?	8.89%	28.33%	60.56%	2.22%
My HIV care provider spends enough time with me during visits.	69.44%	20.56%	8.89%	1.11%
My HIV care provider listens to me during my visits.	73.74%	22.35%	3.35%	0.56%
If my HIV care provider doesn't speak my language, they use an interpreter to talk with me.	21.11%	10.00%	15.56%	53.33%
My HIV care provider is easy to reach when needed.	55.56%	36.67%	3.89%	3.89%
It is easy to schedule an appointment with my HIV care provider.	70.39%	21.79%	6.70%	1.12%

Description of Experiences	Always	Sometimes	Never	N/A
My HIV care provider is able to help me deal with other health issues besides HIV/AIDS.	62.78%	28.89%	6.67%	1.67%
My HIV care provider asks me about my sexual health and relationship health.	52.51%	30.73%	12.85%	3.91%
I feel comfortable discussing sexual risk with my HIV care provider.	63.13%	29.61%	2.79%	4.47%
I feel comfortable discussing mental health issues with my HIV care provider.	61.45%	28.49%	7.26%	2.79%
I feel comfortable discussing substance use with my HIV care provider.	50.00%	17.42%	5.62%	26.97%
My HIV care provider has discussed with me Undetectable = Untransmittable.	66.11%	17.22%	8.89%	7.78%

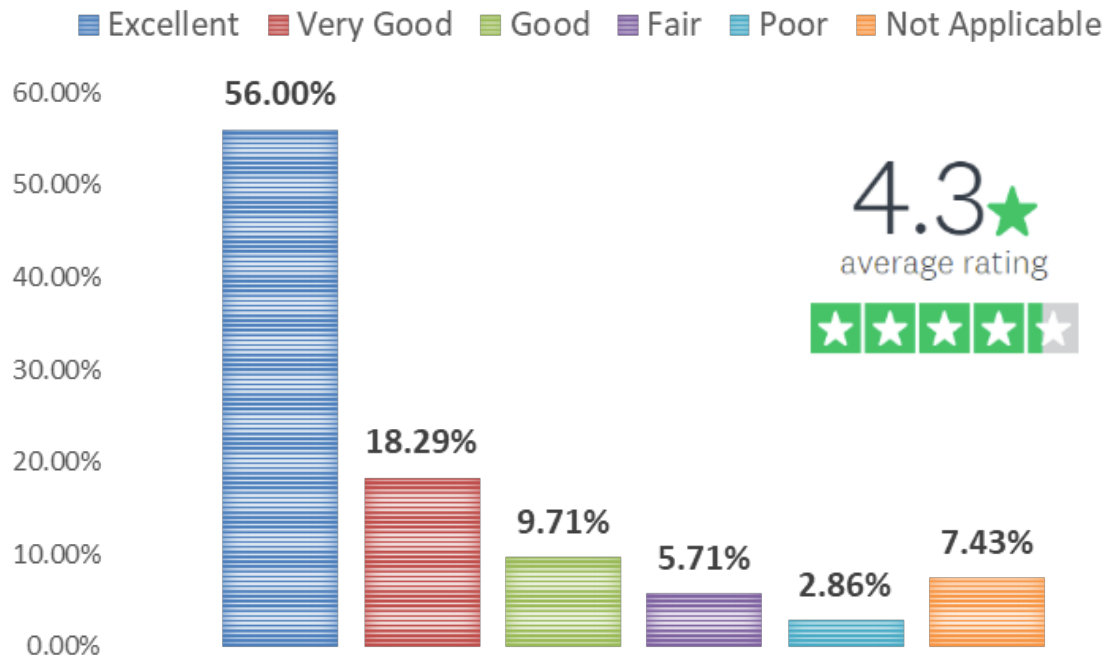
EHE Respondents Interaction with Ryan White Case Managers.

More than 85% of EHE survey respondents reported having at least one interaction with their Ryan White Case Manager in the last 12-months; 32% reported two contacts; 44% had three or more contacts in the previous 12-months.



EHE Respondents Rate their Ryan White Case Manager.

The EHE respondents reported the average rating of services provided by Ryan White to be 4.3 stars out of 5. More than 74% of respondents reported a very good or excellent encounter; 9.71% a good encounter; 5.71% fair; and 2.86% reported a poor encounter with their Ryan White Case Manager.



EHE Respondents Describe Experiences with Ryan White Case Managers.

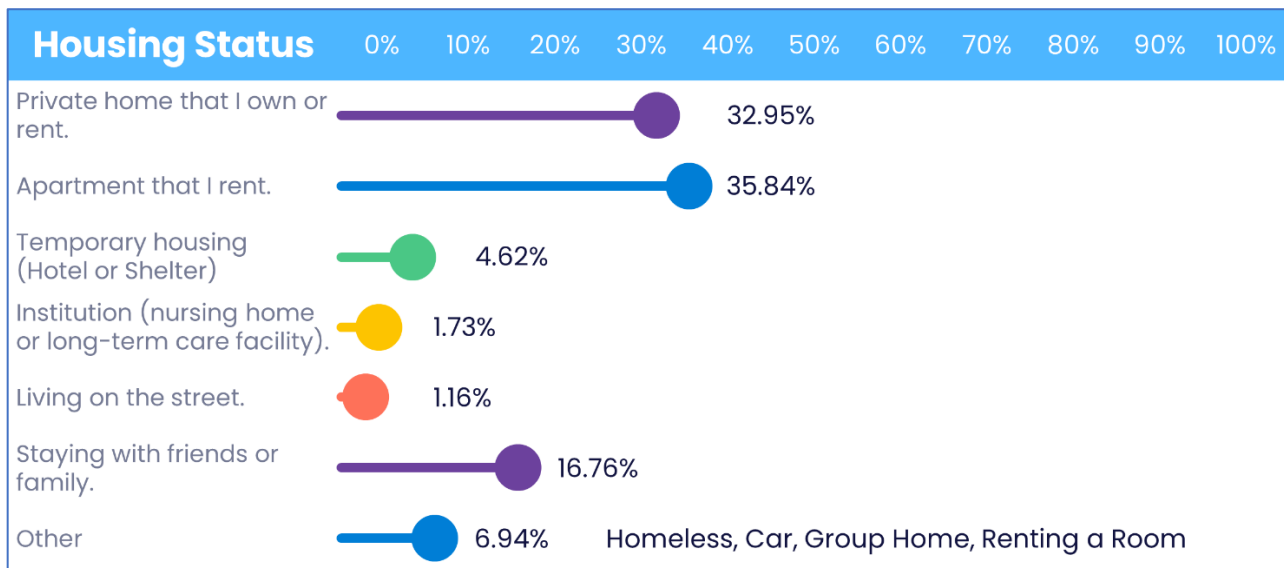
Survey respondents were asked to describe their experiences with the Ryan White Case Manager on a rating scale. Specific experiences were described. Survey respondents replied always using, sometimes, never, or not applicable. The table below demonstrates respondents' responses to particular experiences at their Ryan White Case Manager.

Description of Experiences	Always	Sometimes	Never	N/A
Do you ever leave your HIV case manager with unanswered questions or questions you didn't ask?	13.14%	22.86%	53.14%	10.86%
My HIV case manager spends enough time with me during visits.	68.97%	16.09%	5.17%	9.77%
My HIV case manager listens to me during my visits.	70.29%	16.00%	4.57%	9.14%
If my HIV case manager doesn't speak my language, they use an interpreter to talk with me.	25.14%	10.29%	9.14%	55.43%
My HIV case manager is easy to reach when needed.	56.32%	29.31%	4.60%	9.77%

Description of Experiences	Always	Sometimes	Never	N/A
It is easy to schedule an appointment with my HIV case manager.	60.00%	27.43%	2.86%	9.71%
My case manager makes sure I get the things I need, including referrals to specialty care.	63.22%	24.71%	4.02%	8.05%
My HIV case manager asks me about my sexual health and relationship health.	46.29%	19.43%	18.29%	16.00%
I feel comfortable discussing sexual risk with my HIV case manager.	55.43%	18.86%	9.14%	16.57%
I feel comfortable discussing mental health issues with my HIV case manager.	58.29%	21.14%	5.14%	15.43%
I feel comfortable discussing substance use with my HIV case manager.	46.86%	17.71%	5.71%	29.71%
My HIV case manager has discussed with me Undetectable = Untransmittable.	50.00%	16.28%	16.86%	16.86%
My case manager provides me with the support I need.	67.24%	19.54%	4.60%	8.62%

EHE Respondents Current Housing Status.

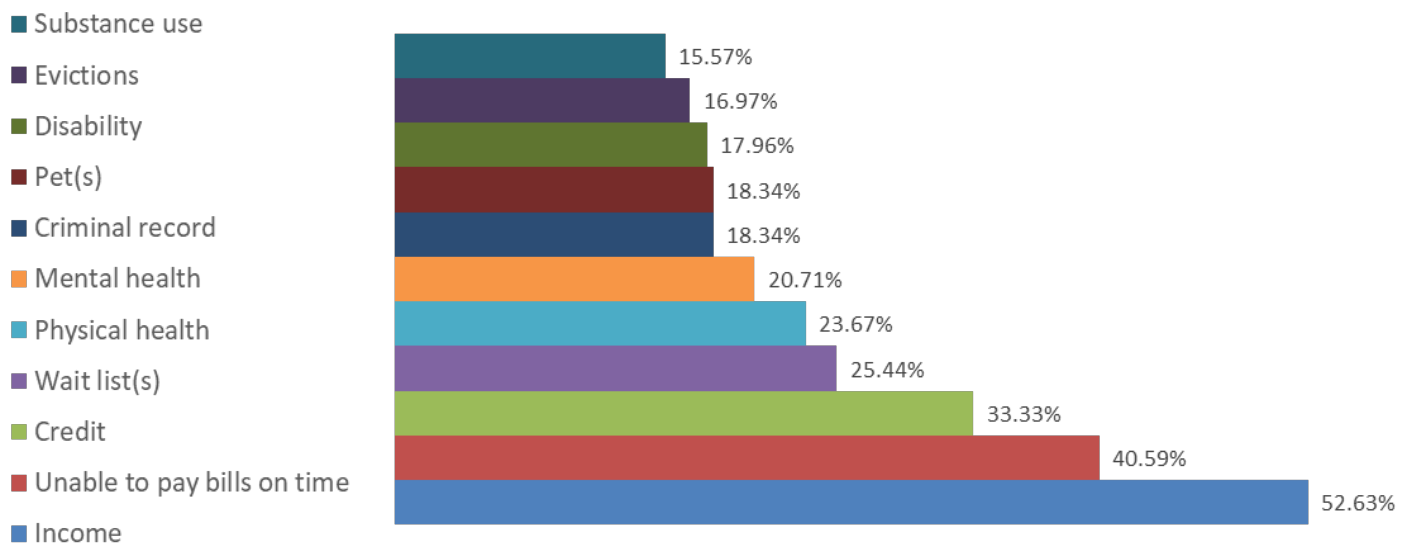
More than 91% of EHE respondents reported being stably or temporarily housed. Below is a graphic indicating how respondents identified their current housing situation. Less than 3% said being homeless or not stably housed.



EHE Respondents Barriers to Accessing/Maintaining Stable Housing.

More than 52% of EHE respondents identified income as the most common barrier to accessing and maintaining stable housing, followed by unable to pay bills, credit, waitlist(s), physical health, mental health, criminal history, pet(s), disabilities, evictions and substance use.

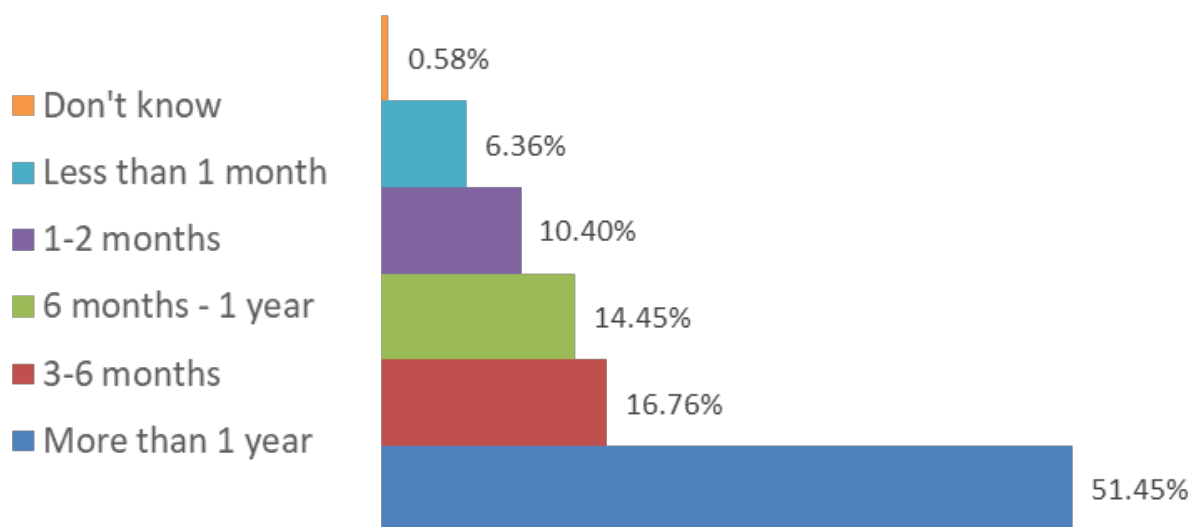
Barrier(s) to Access/Maintaining Stable Housing	Yes	No	N/A
Income	52.63%	36.84%	10.53%
Unable to pay bills on time	40.59%	47.65%	11.76%
Credit	33.33%	52.63%	14.04%
Wait list(s)	25.44%	55.03%	19.53%
Physical health	23.67%	63.91%	12.43%
Mental health	20.71%	63.31%	15.98%
Criminal record	18.34%	62.72%	18.93%
Pet(s)	18.34%	62.13%	19.53%
Disability	17.96%	68.26%	13.77%
Evictions	16.97%	66.67%	16.36%
Substance use	15.57%	64.07%	20.36%
Other (please specify): <i>Deposits, Employment, Past Debt, Credit Check, Not Affordable</i>			



EHE Respondents Report Time in Current Residence.

More than 51% of EHE respondents reported having lived at the current residence for more than one year, followed by 16.76% for 3-6 months, 14.45% for six months to 1 year, 10.40% for 1-2 months, and 6.35% for less than one month.

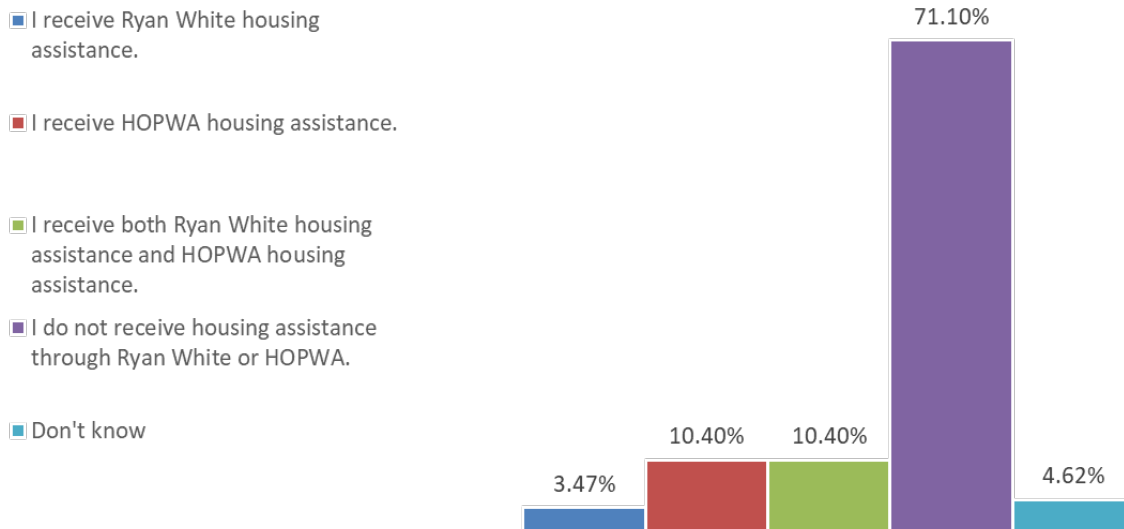
Time in Current Residence	Responses
More than 1 year	51.45%
3-6 months	16.76%
6 months - 1 year	14.45%
1-2 months	10.40%
Less than 1 month	6.36%
Don't know	0.58%



EHE Respondents Use of Ryan White and HOPWA.

More than 71% of EHE respondents reported not receiving Ryan White or HOPWA housing assistance. More than 29% of EHE respondents utilize a Ryan white and HOPWA program for housing assistance.

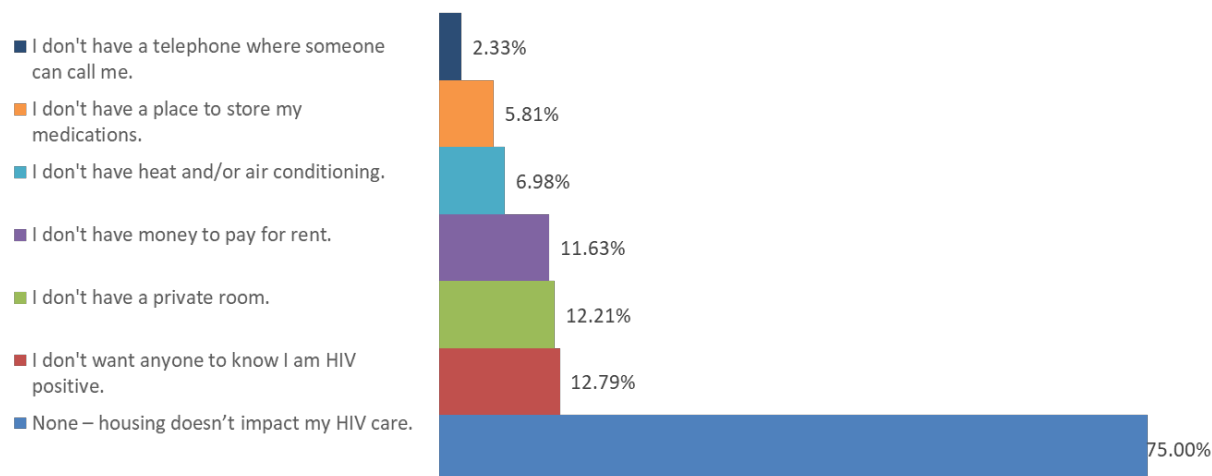
Ryan White / HOPWA Assistance	Responses
I receive Ryan White housing assistance.	3.47%
I receive HOPWA housing assistance.	10.40%
I receive both Ryan White housing assistance and HOPWA housing assistance.	10.40%
I do not receive housing assistance through Ryan White or HOPWA.	71.10%
Don't know	4.62%



EHE Respondents Effect of Housing on HIV Care.

More than 25% of EHE respondents reported that their housing situation had some effect on their HIV care. More than 75% said that not having a private room affected their HIV care; 5.81% reported they did not have a place to store their medications; 2.33% did not have a telephone; 11.63% did not have money to pay rent; 6.98% did not have heat and air conditioning; 5.81% did not want a cohabitant to know about their HIV status.

Effects of Housing on HIV Care	Yes
None – housing doesn't impact my HIV care.	75.00%
I don't want anyone to know I am HIV positive.	12.79%
I don't have a private room.	12.21%
I don't have money to pay for rent.	11.63%
I don't have heat and/or air conditioning.	6.98%
I don't have a place to store my medications.	5.81%
I don't have a telephone where someone can call me.	2.33%
Other (please specify): <i>Housing Conditions, Evictions, Less than equitable conditions</i>	



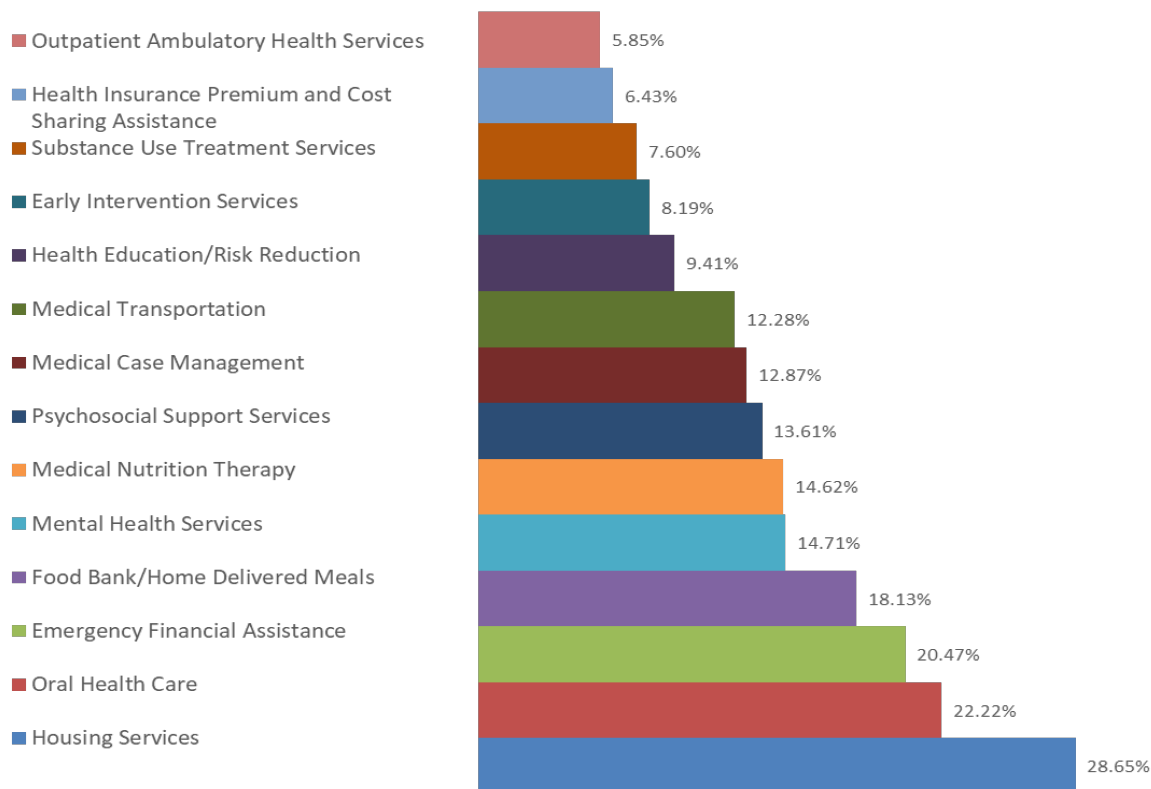
Service Needs for EHE Respondents.

EHE respondents were asked to identify service needs in the past 12-months. The survey provided a brief description of each service category to assist respondents with selection. Respondents were asked to rank their level of need using the following scale:

1. Yes, and I used this service.
2. Yes, but I couldn't access this service.
3. No, I didn't need this service.
4. Not Applicable.

The following are representations of EHE respondents' responses to needed services in the last 12-months. An emphasis should be placed on the answer ***Yes, but I couldn't access this service.*** Respondents who selected this option are likely to have experienced a barrier to receiving that service.

Service Category	Yes, and I used this service	Yes, but I couldn't access this service	No, I didn't need this service	Not Applicable
Housing Services	21.05%	28.65%	38.01%	12.28%
Oral Health Care	43.27%	22.22%	26.32%	8.19%
Emergency Financial Assistance	19.88%	20.47%	46.78%	12.87%
Food Bank/Home Delivered Meals	42.69%	18.13%	31.58%	7.60%
Mental Health Services	41.76%	14.71%	31.18%	12.35%
Medical Nutrition Therapy	53.80%	14.62%	20.47%	11.11%
Psychosocial Support Services	42.01%	13.61%	28.40%	15.98%
Medical Case Management	46.78%	12.87%	29.24%	11.11%
Medical Transportation	30.99%	12.28%	40.94%	15.79%
Health Education/Risk Reduction	39.41%	9.41%	37.06%	14.12%
Early Intervention Services	38.60%	8.19%	35.67%	17.54%
Substance Use Treatment Services	15.20%	7.60%	52.63%	24.56%
Health Insurance Premium and Cost Sharing Assistance	50.29%	6.43%	28.07%	15.20%
Outpatient Ambulatory Health Services	56.14%	5.85%	29.82%	8.19%



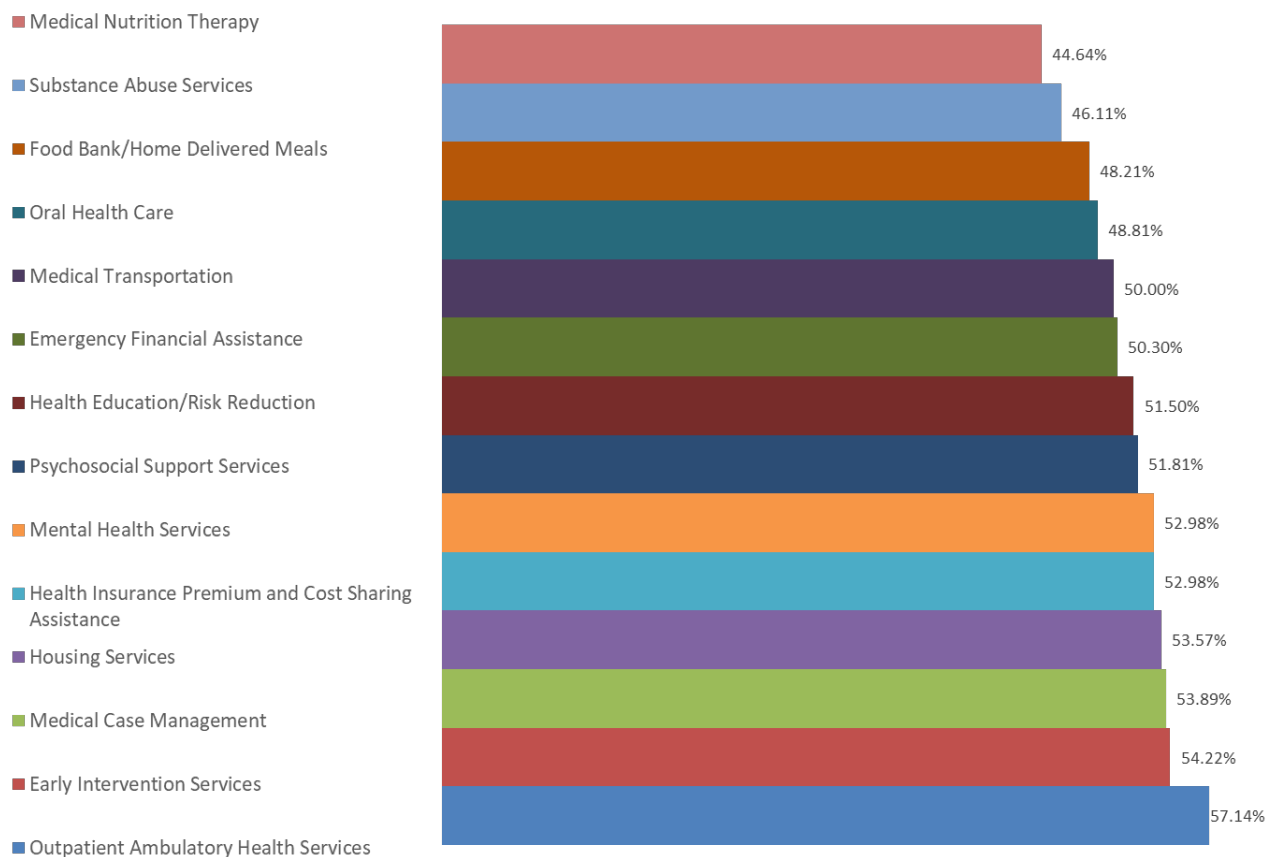
Importance of Services to Achieve/Maintain Viral Suppression.

EHE respondents were asked to rank the importance of services related to one's ability to achieve and maintain HIV viral load suppression (≤ 200 mL). The survey provided a brief description of each service category to assist respondents with selection. Respondents were asked to rank the importance of services as it relates to one's ability to achieve and maintain HIV viral load suppression using the following scale:

1. Not at all important.
2. Slightly important.
3. Moderately important.
4. Very important.
5. Extremely important.

The following are representations of EHE respondents' responses to the ranking of services related to one's ability to achieve and maintain HIV viral load suppression (≤ 200 mL). An emphasis should be placed on the response '**Extremely Important**'. Respondents who selected this option are likely to use this service to achieve and maintain HIV viral load suppression.

Service Category	Not at all important	Slightly important	Moderately important	Very important	Extremely important
Outpatient Ambulatory Health Services	3.57%	3.57%	10.71%	25.00%	57.14%
Early Intervention Services	6.02%	7.23%	10.84%	21.69%	54.22%
Medical Case Management	4.79%	6.59%	9.58%	25.15%	53.89%
Housing Services	5.36%	2.38%	13.69%	25.00%	53.57%
Health Insurance Premium and Cost Sharing Assistance	4.17%	4.17%	8.33%	30.36%	52.98%
Mental Health Services	3.57%	3.57%	11.90%	27.98%	52.98%
Psychosocial Support Services	4.22%	6.63%	12.05%	25.30%	51.81%
Health Education/Risk Reduction	5.39%	3.59%	11.98%	27.54%	51.50%
Emergency Financial Assistance	5.99%	4.19%	16.17%	23.35%	50.30%
Medical Transportation	6.02%	6.02%	13.86%	24.10%	50.00%
Oral Health Care	3.57%	9.52%	10.12%	27.98%	48.81%
Food Bank/Home Delivered Meals	5.36%	10.12%	11.90%	24.40%	48.21%
Substance Abuse Services	8.98%	7.78%	10.18%	26.95%	46.11%
Medical Nutrition Therapy	3.57%	7.14%	16.07%	28.57%	44.64%



Importance of Services to End the HIV Epidemic.

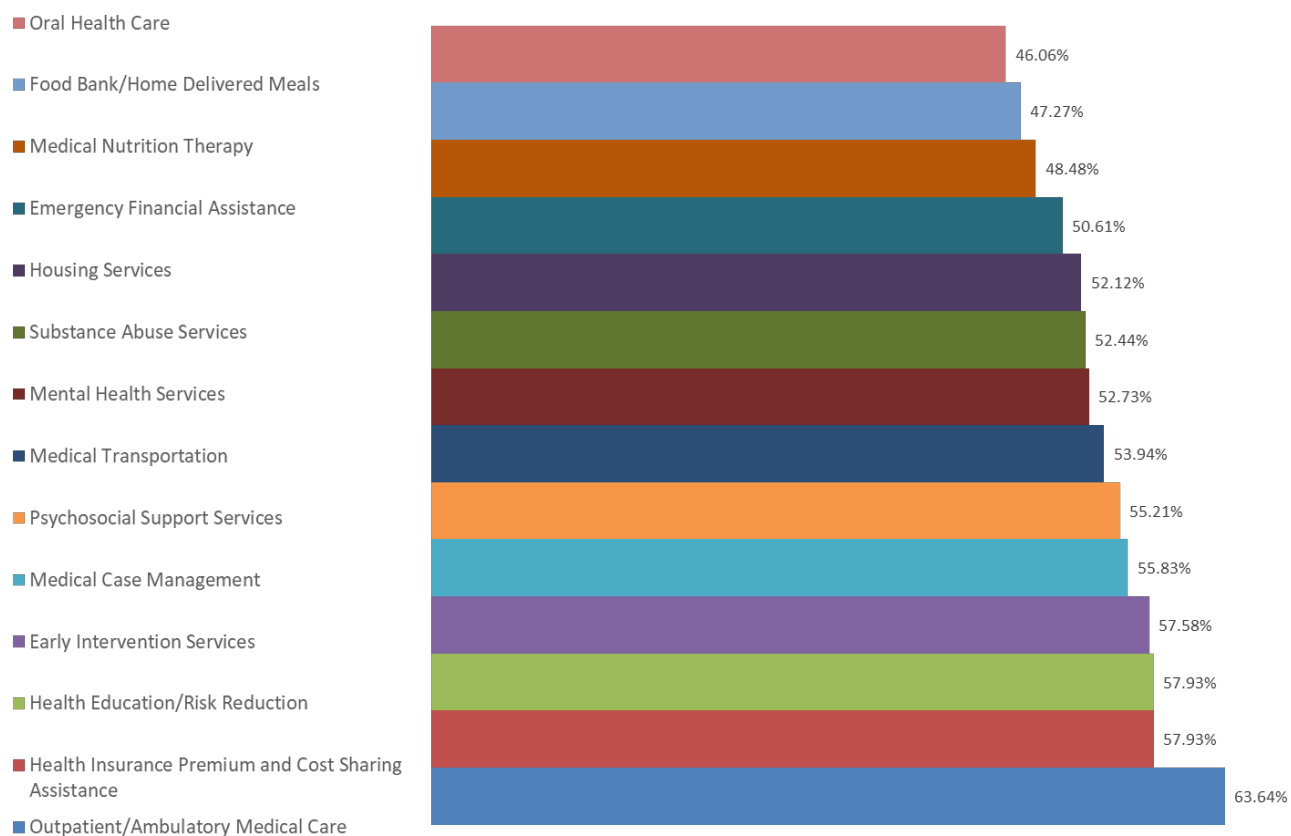
EHE respondents were asked to rank the importance of services related to Ending the HIV Epidemic (EHE). The survey provided a brief description of each service category to assist

respondents with selection. Respondents were asked to rank the importance of services as it relates to Ending the HIV Epidemic using the following scale:

1. Not at all important.
2. Slightly important.
3. Moderately important.
4. Very important.
5. Extremely important.

The following are representations of EHE respondents' responses to the ranking of services related to Ending the HIV Epidemic (EHE). An emphasis should be placed on the response '**Extremely Important**'. Respondents who selected this option are likely to use this service to achieve and maintain HIV viral load suppression and thus promote **Undetectable = Untransmittable**.

Service Category	Not at all important	Slightly important	Moderately important	Very important	Extremely important
Outpatient/Ambulatory Medical Care	2.42%	3.03%	10.91%	20.00%	63.64%
Health Insurance Premium and Cost Sharing Assistance	2.44%	5.49%	10.98%	23.17%	57.93%
Health Education/Risk Reduction	4.27%	4.88%	8.54%	24.39%	57.93%
Early Intervention Services	4.24%	4.24%	7.88%	26.06%	57.58%
Medical Case Management	3.07%	5.52%	6.13%	29.45%	55.83%
Psychosocial Support Services	2.45%	4.91%	13.50%	23.93%	55.21%
Medical Transportation	2.42%	4.85%	12.12%	26.67%	53.94%
Mental Health Services	2.42%	5.45%	13.33%	26.06%	52.73%
Substance Abuse Services	6.71%	7.93%	8.54%	24.39%	52.44%
Housing Services	4.85%	3.03%	14.55%	25.45%	52.12%
Emergency Financial Assistance	6.10%	4.27%	13.41%	25.61%	50.61%
Medical Nutrition Therapy	3.03%	4.85%	20.61%	23.03%	48.48%
Food Bank/Home Delivered Meals	2.42%	10.91%	13.33%	26.06%	47.27%
Oral Health Care	2.42%	11.52%	11.52%	28.48%	46.06%



Survey Data for the Las Vegas Transitional Grant Area (TGA)

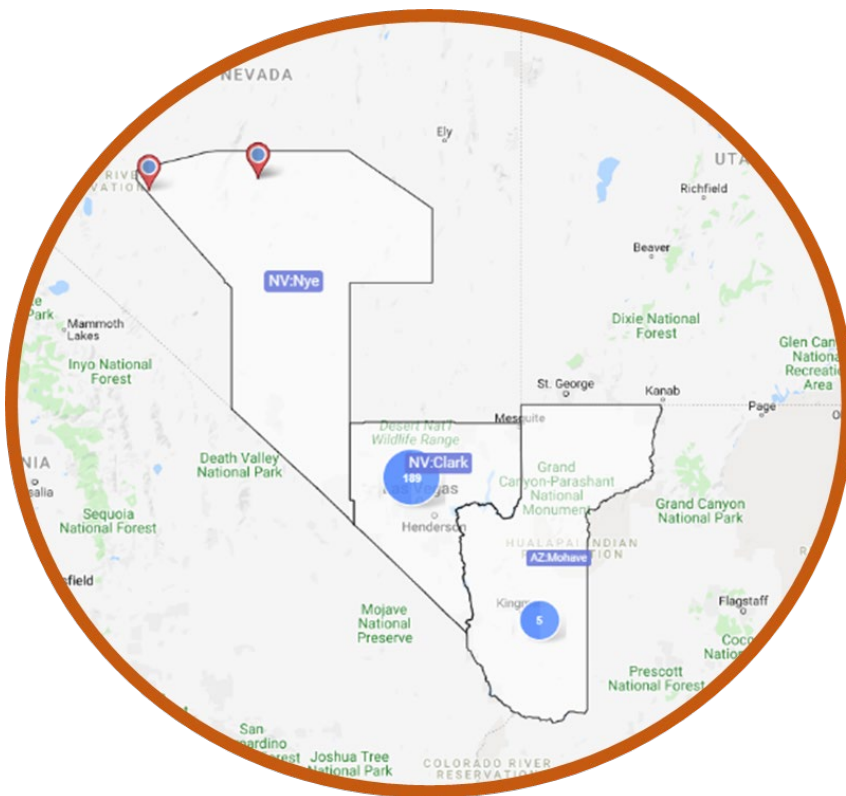
The data presented in this section of the report will focus primarily on the 207 survey respondents that identified as living in one of the three County grant areas (Clark County, Nevada; Nye County, Nevada; and Mohave County, Arizona). This data will help expand access to services for the Ryan White Part A Program in the TGA.

The Las Vegas TGA Ryan White Program is committed to serving individuals who have been infected/affected with an HIV diagnosis. This data will assist the Clark County Ryan White HIV/AIDS Program Planning Council during its annual Priority Setting and Resource Allocations process.



TGA Respondents by Zip Code.

The following graphic demonstrates where survey respondents reported their current residential zip code using geo-mapping software.

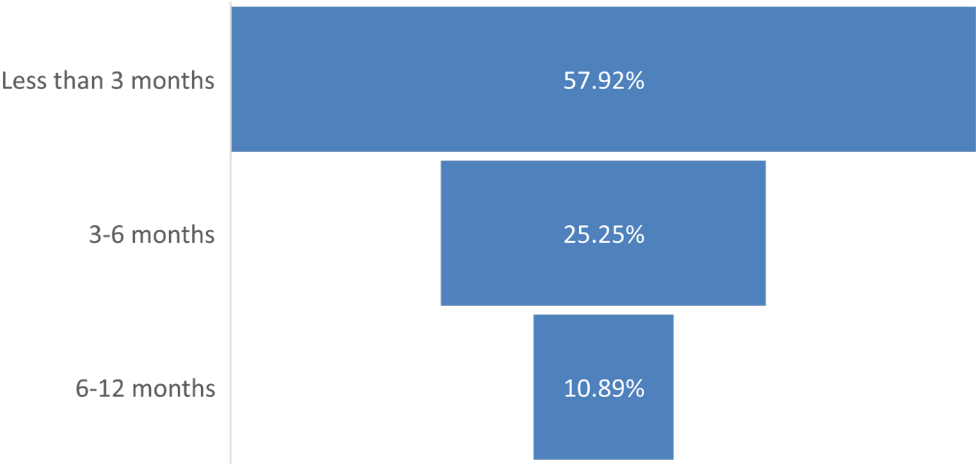


Geomapping of Survey Respondent by Zip Code		
Clark County, Nevada	190	92%
Nye County, Nevada	12	6%
Mohave County, Arizona	5	2%

TGA Respondents Last HIV Medical Appointment.

More than 94% of TGA respondents reported having a medical visit in the last 12-months. This suggests that retention in HIV medical care for the TGA jurisdiction could be similar for PWH.

Last HIV Medical Visit of EHE Survey Respondents	Yes
Less than 3 months	57.92%
3-6 months	25.25%
6-12 months	10.89%
1-2 years	3.47%
More than 2 years	0.50%
I do not know	1.49%



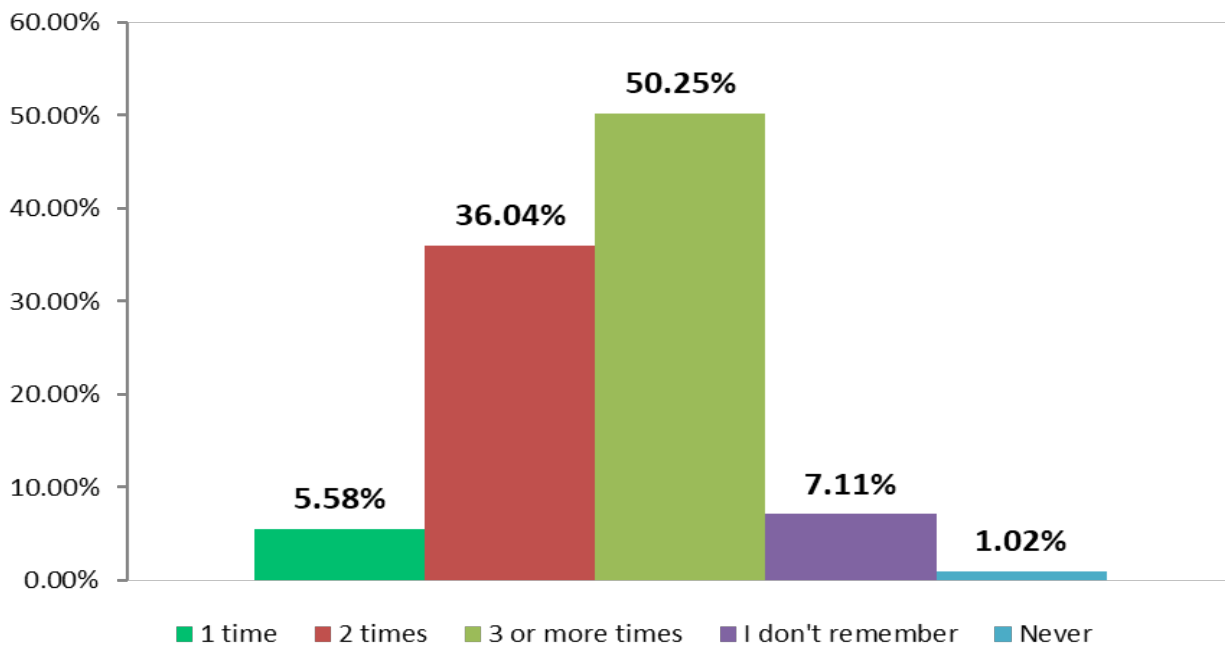
TGA Respondents Medical Providers.

A word cloud demonstrates the medical providers that TGA respondents reported as their primary HIV medical providers.



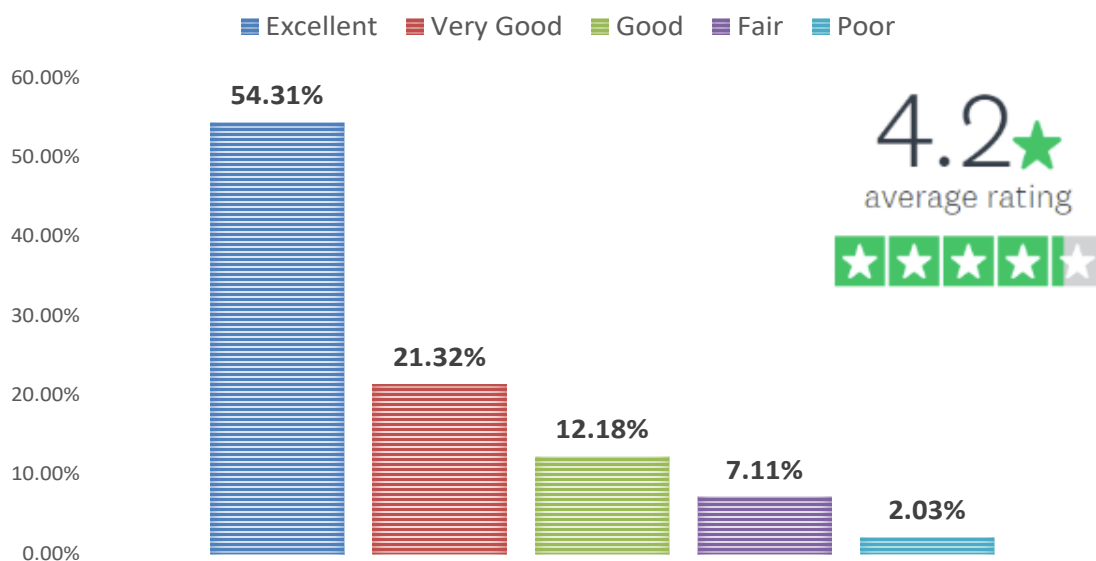
TGA Respondents Interaction with Medical Providers.

More than 91% of EHE survey respondents reported having at least one interaction with their HIV medical provider in the last 12-months; 36.04% reported two contacts; 50.25% had three or more contacts in the previous 12-months.



TGA Respondents Rate their HIV Care Provider.

The TGA respondents reported the average rating of services provided by the medical provider to be 4.2 stars out of 5. More than 75% of respondents reported a very good or excellent encounter; 12.18% a good encounter; 7.11% fair; and 2.03% reported a poor encounter with their medical provider.



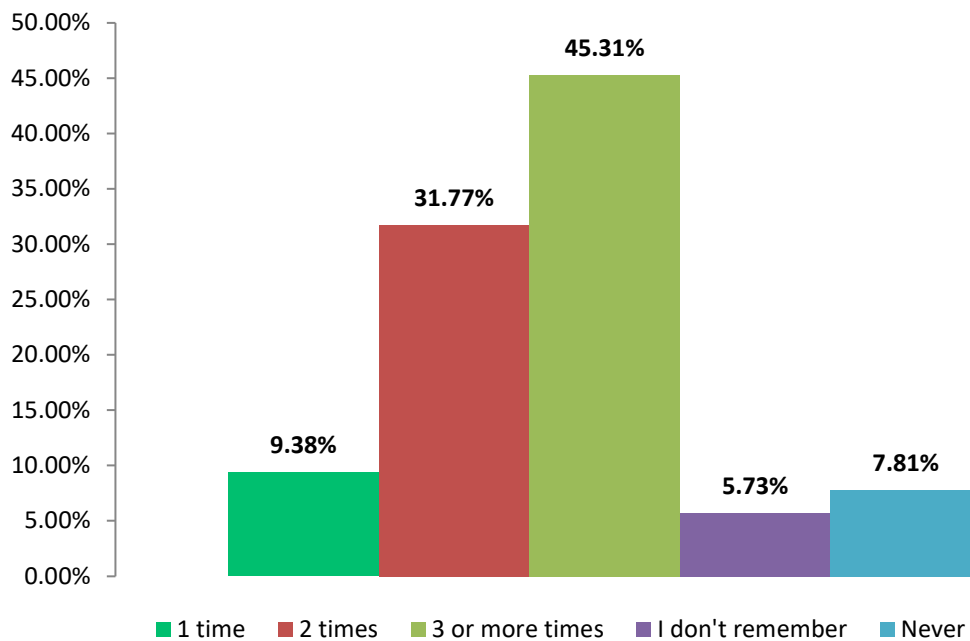
TGA Respondents Describe Experiences with HIV care providers.

Survey respondents were asked to describe their experiences with the HIV care provider on a rating scale. Specific experiences were described. Survey respondents replied always using, sometimes, never, or not applicable. The table below demonstrates respondents' responses to particular experiences with their HIV care provider.

Description of Experiences	Always	Sometimes	Never	N/A
Do you ever leave your HIV medical visit with unanswered questions, or questions you didn't ask?	8.12%	29.95%	59.90%	2.03%
My HIV care provider spends enough time with me during visits.	68.02%	21.32%	9.64%	1.02%
My HIV care provider listens to me during my visits.	72.96%	22.45%	4.08%	0.51%
If my HIV care provider doesn't speak my language, they use an interpreter to talk with me.	20.81%	10.15%	14.72%	54.31%
My HIV care provider is easy to reach when needed.	55.84%	36.04%	4.57%	3.55%
It is easy to schedule an appointment with my HIV care provider.	68.88%	22.45%	7.14%	1.53%
My HIV care provider is able to help me deal with other health issues besides HIV/AIDS.	61.42%	28.43%	8.12%	2.03%
My HIV care provider asks me about my sexual health and relationship health.	51.53%	31.63%	12.76%	4.08%
I feel comfortable discussing sexual risk with my HIV care provider.	63.78%	28.57%	3.57%	4.08%
I feel comfortable discussing mental health issues with my HIV care provider.	60.20%	28.57%	8.16%	3.06%
I feel comfortable discussing substance use with my HIV care provider.	49.48%	18.04%	5.15%	27.32%
My HIV care provider has discussed with me Undetectable = Untransmittable.	65.48%	18.27%	9.14%	7.11%

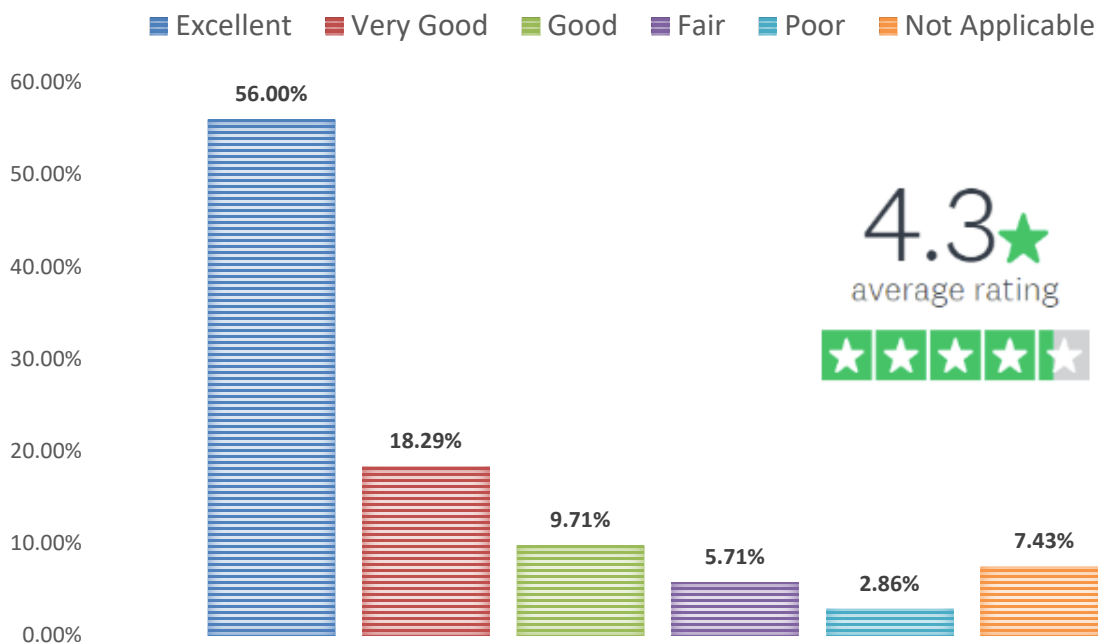
TGA Respondents Interaction with Ryan White Case Managers.

More than 86% of TGA respondents reported having at least one interaction with their Ryan White Case Manager in the last 12-months; 31.77% reported two contacts; 45.31% had three or more contacts in the previous 12-months.



TGA Respondents Rate their Ryan White Case Manager.

The TGA respondents reported the average rating of services provided by Ryan White to be 4.3 stars out of 5. More than 74% of respondents reported a very good or excellent encounter; 9.71% a good encounter; 5.71% fair; and 2.86% reported a poor encounter with their Ryan White Case Manager.



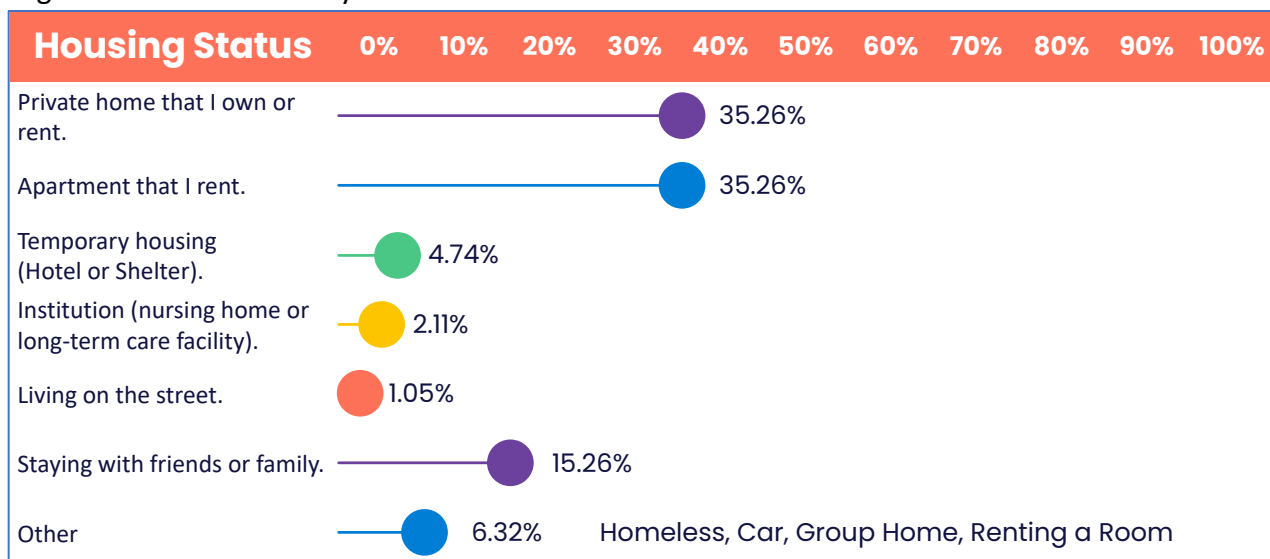
TGA Respondents Describe Experiences with Ryan White Case Managers.

Survey respondents were asked to describe their experiences with the Ryan White Case Manager on a rating scale. Specific experiences were described. Survey respondents replied always using, sometimes, never, or not applicable. The table below demonstrates respondents' responses to particular experiences at their Ryan White Case Manager.

Description of Experiences	Always	Sometimes	Never	N/A
Do you ever leave your HIV case manager with unanswered questions or questions you didn't ask?	11.98%	23.44%	54.17%	10.42%
My HIV case manager spends enough time with me during visits.	68.06%	16.75%	5.76%	9.42%
My HIV case manager listens to me during my visits.	69.79%	16.67%	5.21%	8.33%
If my HIV case manager doesn't speak my language, they use an interpreter to talk with me.	23.96%	10.94%	9.38%	55.73%
My HIV case manager is easy to reach when needed.	57.59%	27.75%	5.76%	8.90%
It is easy to schedule an appointment with my HIV case manager.	60.94%	26.04%	3.65%	9.38%
My case manager makes sure I get the things I need, including referrals to specialty care.	62.83%	24.61%	5.24%	7.33%
My HIV case manager asks me about my sexual health and relationship health.	45.83%	20.83%	17.71%	15.63%
I feel comfortable discussing sexual risk with my HIV case manager.	56.25%	17.71%	10.42%	15.63%
I feel comfortable discussing mental health issues with my HIV case manager.	58.85%	20.31%	6.25%	14.58%
I feel comfortable discussing substance use with my HIV case manager.	46.35%	17.19%	6.77%	29.69%
My HIV case manager has discussed with me Undetectable = Untransmittable.	49.74%	19.58%	15.34%	15.34%
My case manager provides me with the support I need.	67.54%	18.85%	5.76%	7.85%

TGA Respondents Current Housing Status.

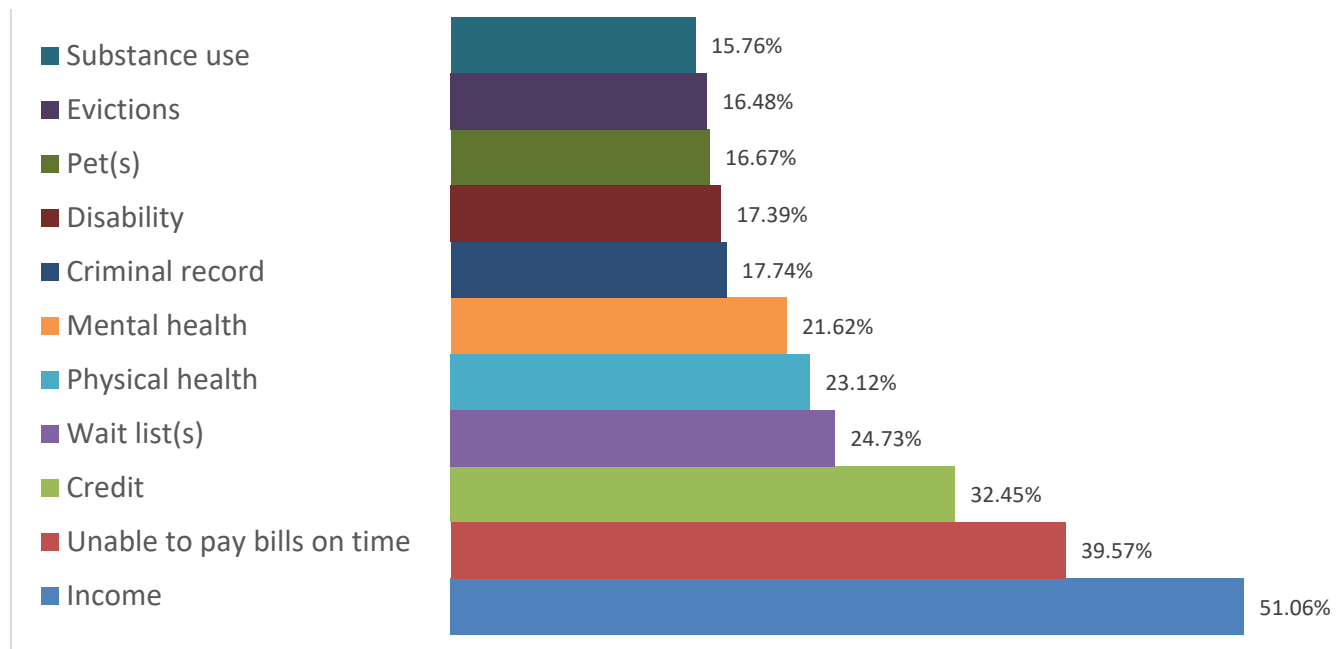
More than 92% of TGA respondents reported being stably or temporarily housed. Below is a graphic indicating how respondents identified their current housing situation. Less than 3% said being homeless or not stably housed.



TGA Respondents Barriers to Accessing/Maintaining Stable Housing.

More than 52% of TGA respondents identified income as the most common barrier to accessing and maintaining stable housing, followed by unable to pay bills, credit, waitlist(s), physical health, mental health, criminal history, pet(s), disabilities, evictions, and substance use.

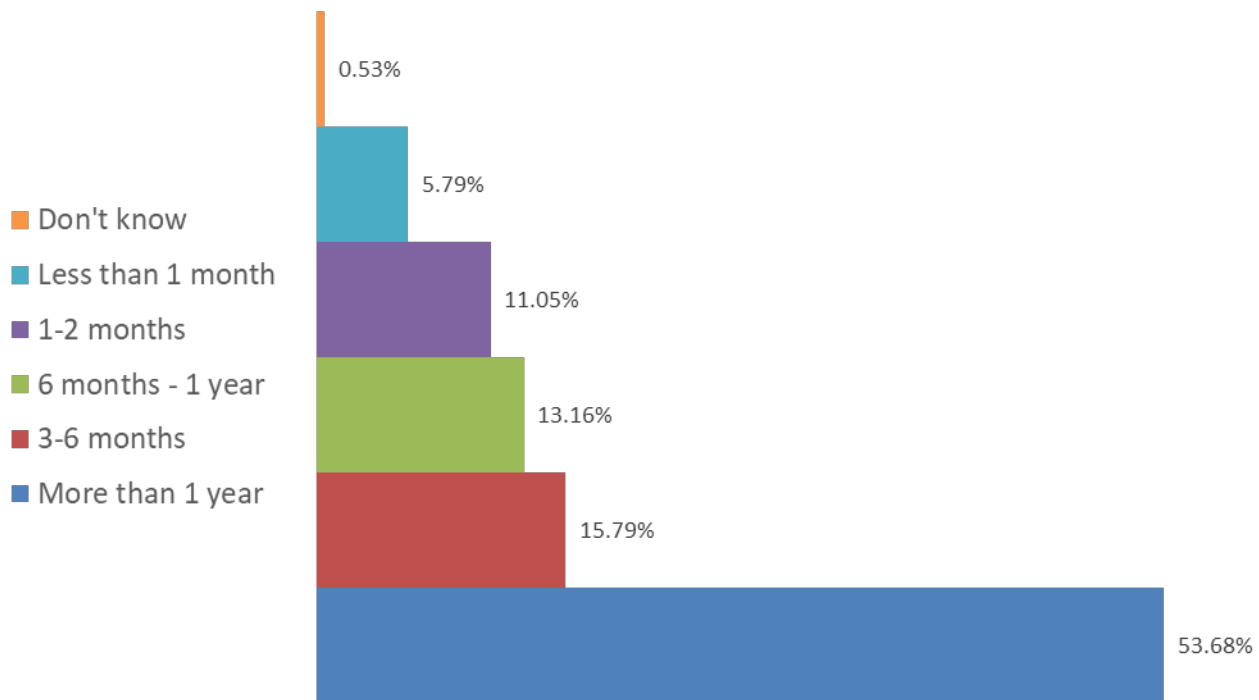
Barrier(s) to Access/Maintaining Stable Housing	Yes	No	N/A
Income	51.06%	36.17%	12.77%
Unable to pay bills on time	39.57%	45.99%	14.44%
Credit	32.45%	52.13%	15.43%
Wait list(s)	24.73%	52.15%	23.12%
Physical health	23.12%	61.83%	15.05%
Mental health	21.62%	60.00%	18.38%
Criminal record	17.74%	60.75%	21.51%
Disability	17.39%	66.30%	16.30%
Pet(s)	16.67%	61.83%	21.51%
Evictions	16.48%	64.29%	19.23%
Substance use	15.76%	60.87%	23.37%
Other (please specify): <i>Deposits, Employment, Past Debt, Credit Check, Not Affordable</i>			



TGA Respondents Report Time in Current Residence.

More than 53% of TGA respondents reported having lived at the current residence for more than one year. Followed by 15.79% for 3-6 months, 13.16% for six months – to 1 year, 11.05% for 1-2 months, and 5.79% for less than one month.

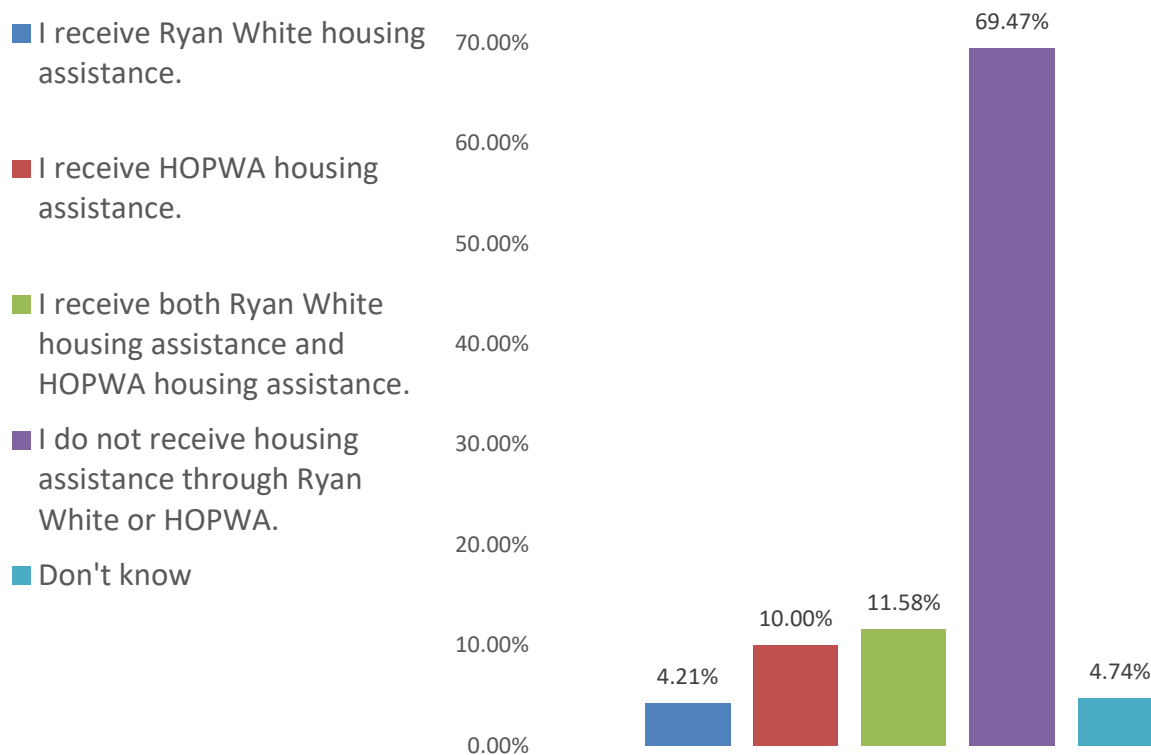
Time in Current Residence	Responses
More than 1 year	53.68%
3-6 months	15.79%
6 months - 1 year	13.16%
1-2 months	11.05%
Less than 1 month	5.79%
Don't know	0.53%



TGA Respondents Use of Ryan White and HOPWA.

More than 69% of TGA respondents reported not receiving Ryan White or HOPWA housing assistance. More than 25% of TGA respondents utilize a Ryan white and HOPWA program for housing assistance.

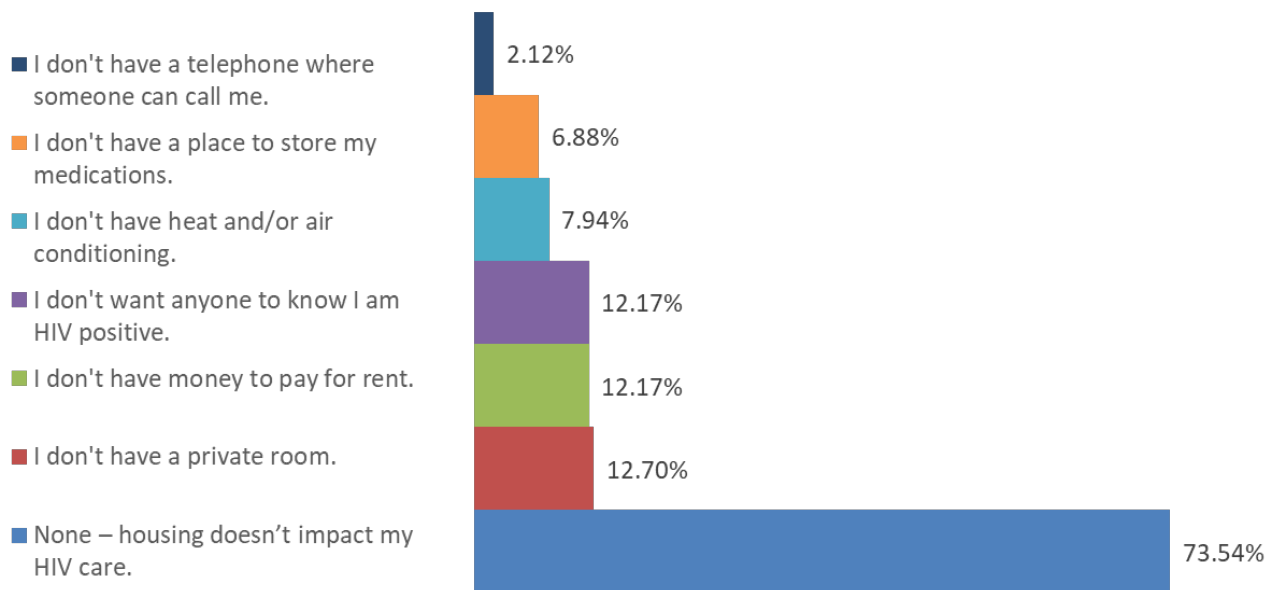
Ryan White / HOPWA Assistance	Responses
I receive Ryan White housing assistance.	4.21%
I receive HOPWA housing assistance.	10.00%
I receive both Ryan White housing assistance and HOPWA housing assistance.	11.58%
I do not receive housing assistance through Ryan White or HOPWA.	69.47%
Don't know	4.74%



TGA Respondents Effect of Housing on HIV Care.

More than 47% of TGA respondents reported that their housing situation had some effect on their HIV care. More than 40% said that not having a private room affected their HIV care; 33.33% reported they did not have a place to store their medications; 25.44% did not have a telephone; 23.67% did not have money to pay rent; 20.71% did not have heat and air conditioning; 18.34% did not want a cohabitant to know about their HIV status.

Effects of Housing on HIV Care	Yes
None – housing doesn't impact my HIV care.	73.54%
I don't have a private room.	12.70%
I don't have money to pay for rent.	12.17%
I don't want anyone to know I am HIV positive.	12.17%
I don't have heat and/or air conditioning.	7.94%
I don't have a place to store my medications.	6.88%
I don't have a telephone where someone can call me.	2.12%
Other (please specify): <i>Housing Conditions, Evictions, Less than equitable conditions</i>	



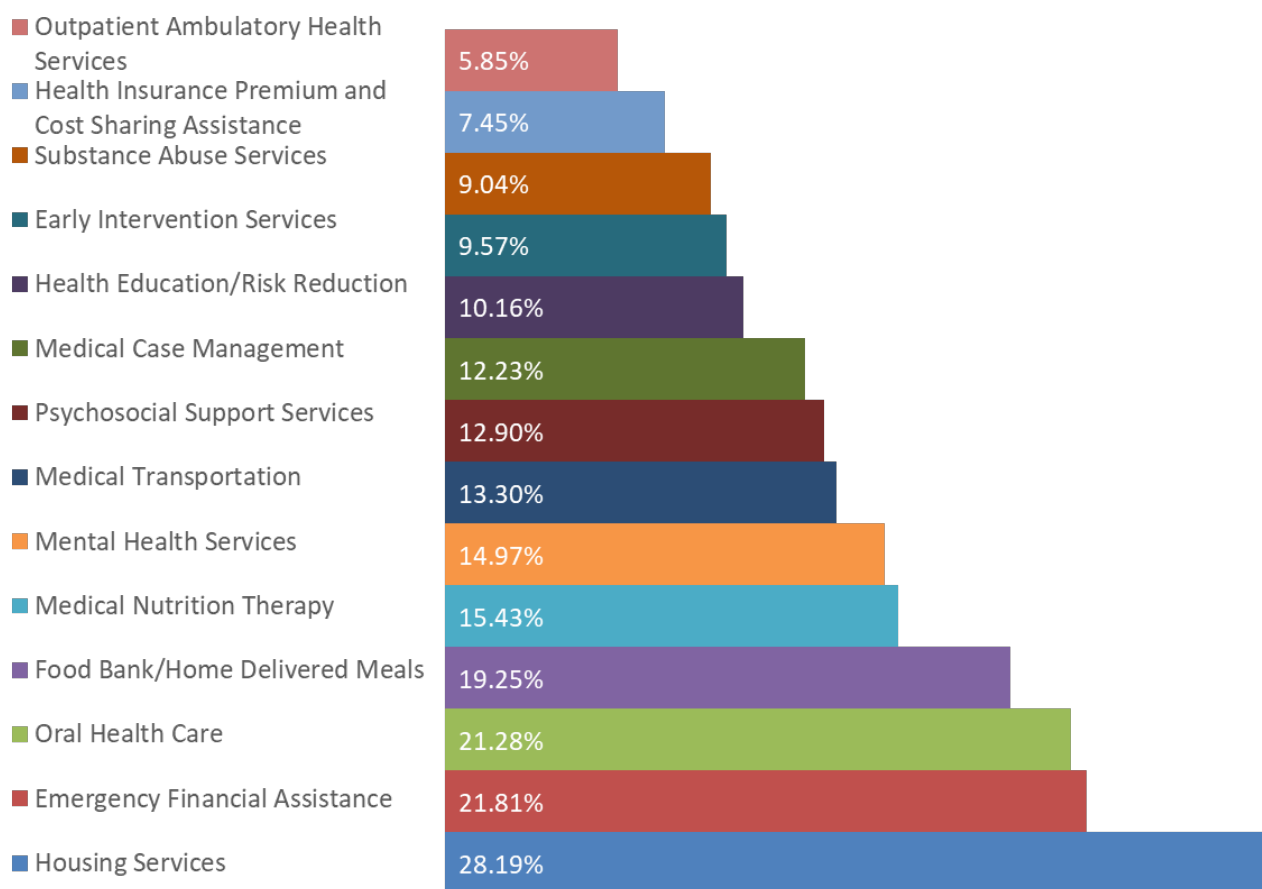
Service Needs for TGA Respondents.

TGA respondents were asked to identify service needs in the past 12-months. The survey provided a brief description of each service category to assist respondents with selection. Respondents were asked to rank their level of need using the following scale:

1. Yes, and I used this service.
2. Yes, but I couldn't access this service.
3. No, I didn't need this service.
4. Not Applicable.

The following represent TGA respondents' responses to needed services in the last 12-months. An emphasis should be placed on the answer '**Yes, but I couldn't access this service.**' Respondents who selected this option are likely to have experienced a barrier to receiving that service.

Service Category	Yes, and I used this service	Yes, but I couldn't access this service	No, I didn't need this service	Not Applicable
Housing Services	20.74%	28.19%	37.23%	13.83%
Emergency Financial Assistance	21.28%	21.81%	43.62%	13.30%
Oral Health Care	43.62%	21.28%	25.00%	10.11%
Food Bank/Home Delivered Meals	43.32%	19.25%	29.41%	8.02%
Medical Nutrition Therapy	50.00%	15.43%	21.81%	12.77%
Mental Health Services	39.57%	14.97%	31.55%	13.90%
Medical Transportation	31.38%	13.30%	38.30%	17.02%
Psychosocial Support Services	39.78%	12.90%	29.57%	17.74%
Medical Case Management	46.81%	12.23%	29.26%	11.70%
Health Education/Risk Reduction	36.36%	10.16%	37.43%	16.04%
Early Intervention Services	36.70%	9.57%	35.11%	18.62%
Substance Abuse Services	13.83%	9.04%	50.00%	27.13%
Health Insurance Premium and Cost Sharing Assistance	48.40%	7.45%	28.19%	15.96%
Outpatient Ambulatory Health Services	55.85%	5.85%	30.85%	7.45%



Importance of Services to Achieve/Maintain Viral Suppression.

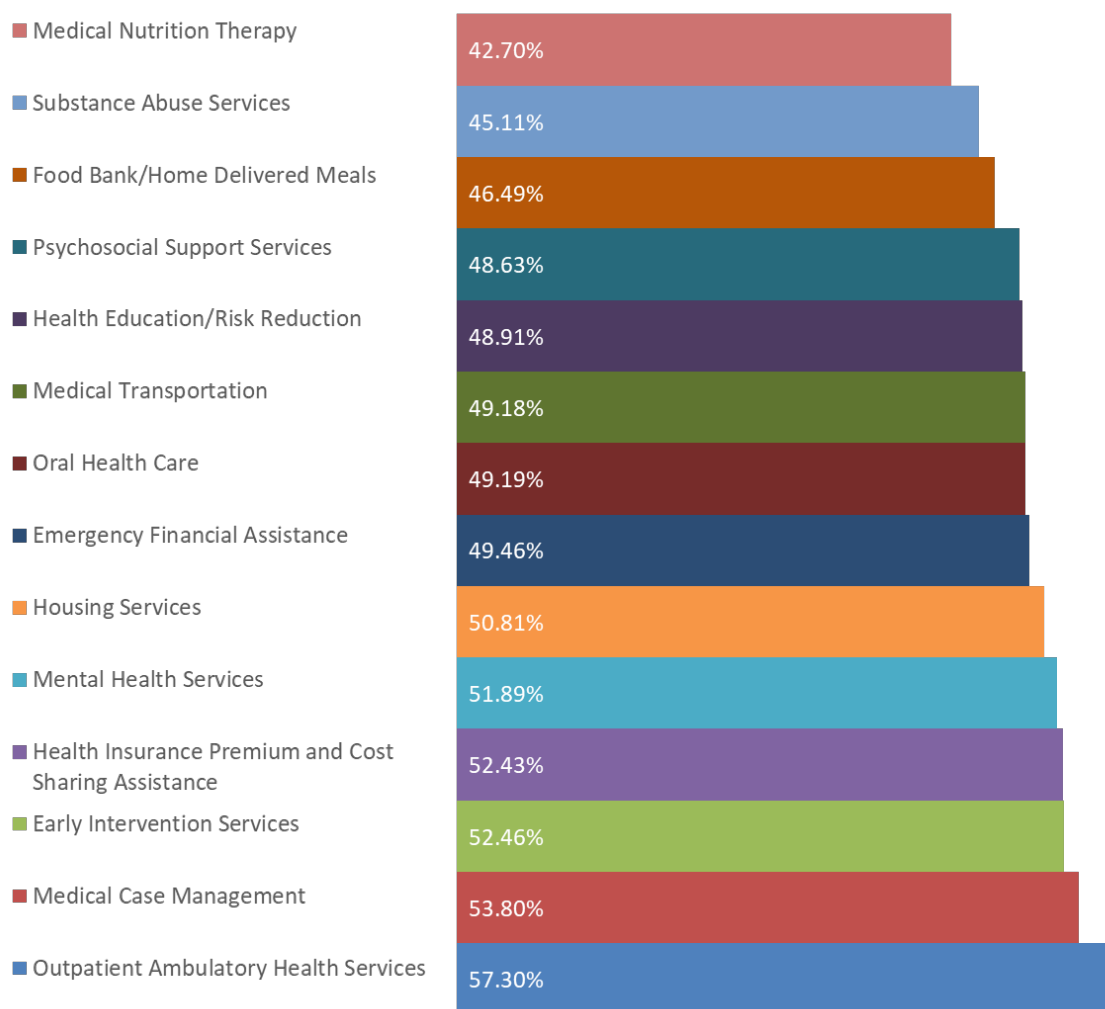
TGA respondents were asked to rank the importance of services related to one's ability to achieve and maintain HIV viral load suppression (≤ 200 mL). The survey provided a brief

description of each service category to assist respondents with selection. Respondents were asked to rank the importance of services as it relates to one's ability to achieve and maintain HIV viral load suppression using the following scale:

1. Not at all important.
2. Slightly important.
3. Moderately important.
4. Very important.
5. Extremely important.

The following are representations of TGA respondents' responses to the ranking of services related to one's ability to achieve and maintain HIV viral load suppression (≤ 200 mL). An emphasis should be placed on the response '**Extremely Important**'. Respondents who selected this option are likely to use this service to achieve and maintain HIV viral load suppression.

Service Category	Not at all important	Slightly important	Moderately important	Very important	Extremely important
Outpatient Ambulatory Health Services	3.24%	3.78%	10.81%	24.86%	57.30%
Medical Case Management	5.43%	7.61%	8.70%	24.46%	53.80%
Early Intervention Services	6.01%	7.10%	11.48%	22.95%	52.46%
Health Insurance Premium and Cost Sharing Assistance	4.32%	5.41%	9.19%	28.65%	52.43%
Mental Health Services	4.32%	4.32%	12.43%	27.03%	51.89%
Housing Services	5.41%	3.24%	14.05%	26.49%	50.81%
Emergency Financial Assistance	5.43%	4.89%	17.39%	22.83%	49.46%
Oral Health Care	4.32%	9.19%	9.73%	27.57%	49.19%
Medical Transportation	6.01%	7.65%	13.11%	24.04%	49.18%
Health Education/Risk Reduction	5.43%	4.35%	13.04%	28.26%	48.91%
Psychosocial Support Services	4.37%	6.01%	14.21%	26.78%	48.63%
Food Bank/Home Delivered Meals	5.41%	9.73%	12.43%	25.95%	46.49%
Substance Abuse Services	9.24%	8.70%	10.33%	26.63%	45.11%
Medical Nutrition Therapy	3.78%	7.03%	18.38%	28.11%	42.70%



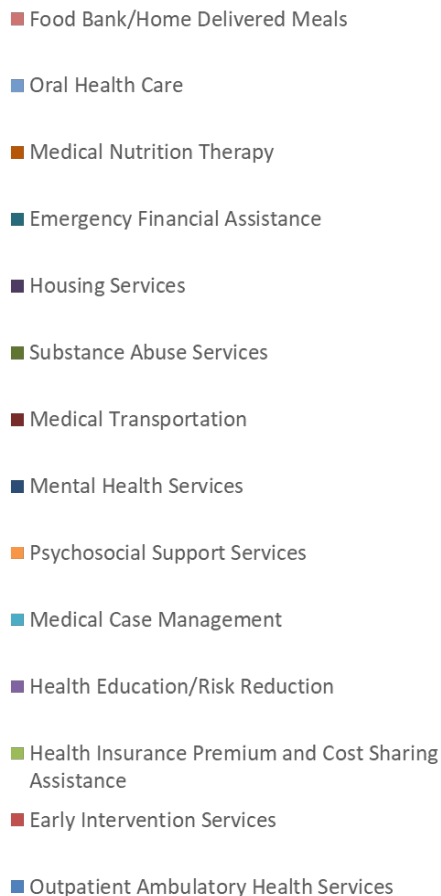
Importance of Services to End the HIV Epidemic.

TGA respondents were asked to rank the importance of services related to Ending the HIV Epidemic (EHE). The survey provided a brief description of each service category to assist respondents with selection. Respondents were asked to rank the importance of services as it relates to Ending the HIV Epidemic using the following scale:

1. Not at all important.
2. Slightly important.
3. Moderately important.
4. Very important.
5. Extremely important.

The following are representations of TGA respondents' responses to the ranking of services related to Ending the HIV Epidemic (EHE). An emphasis should be placed on the response '**Extremely Important**'. Respondents who selected this option are likely to use this service to achieve and maintain HIV viral load suppression and thus promote **Undetectable = Untransmittable**.

Service Category	Not at all important	Slightly important	Moderately important	Very important	Extremely important
Outpatient Ambulatory Health Services	3.31%	4.42%	9.94%	18.78%	63.54%
Early Intervention Services	4.97%	4.42%	8.29%	25.41%	56.91%
Health Insurance Premium and Cost Sharing Assistance	2.78%	6.11%	11.67%	22.78%	56.67%
Health Education/Risk Reduction	3.89%	5.56%	8.89%	25.56%	56.11%
Medical Case Management	3.35%	5.03%	6.70%	29.61%	55.31%
Psychosocial Support Services	2.81%	4.49%	13.48%	25.84%	53.37%
Mental Health Services	2.21%	6.63%	13.26%	25.97%	51.93%
Medical Transportation	2.21%	6.63%	11.60%	27.62%	51.93%
Substance Abuse Services	6.67%	8.33%	8.33%	25.00%	51.67%
Housing Services	4.42%	3.87%	15.47%	25.97%	50.28%
Emergency Financial Assistance	6.11%	4.44%	14.44%	26.11%	48.89%
Medical Nutrition Therapy	2.76%	6.08%	20.99%	22.65%	47.51%
Oral Health Care	3.31%	12.15%	11.60%	26.52%	46.41%
Food Bank/Home Delivered Meals	2.21%	11.60%	13.81%	25.97%	46.41%



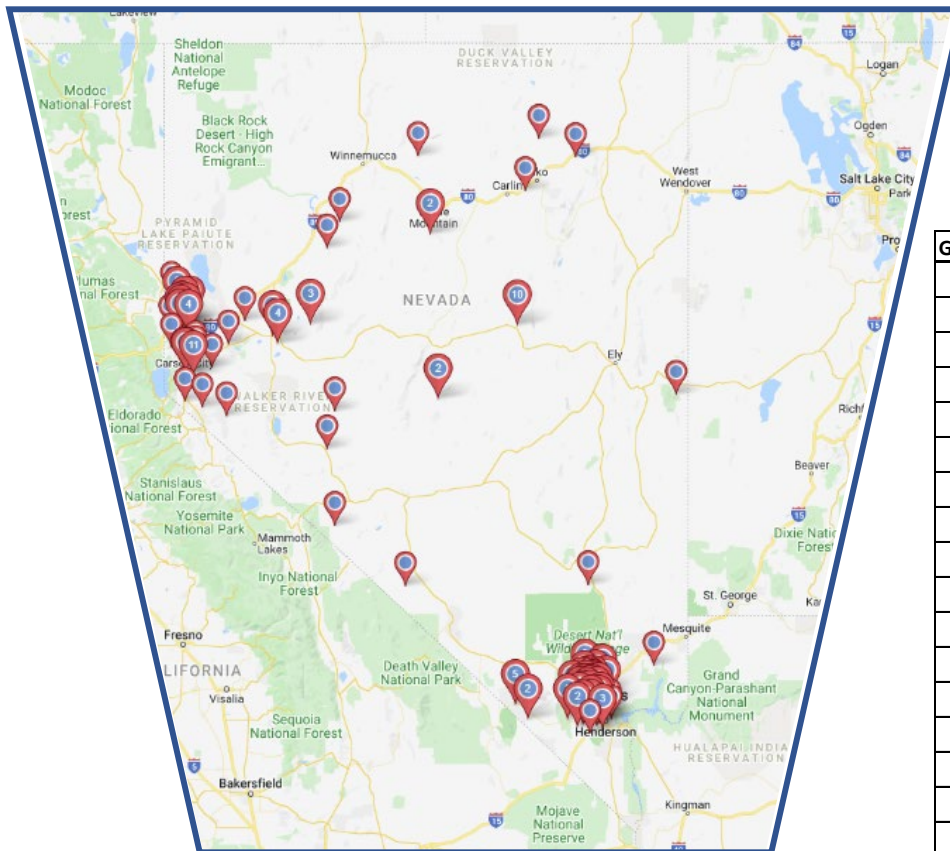
Survey Data for the State of Nevada

The data presented in this section of the report will focus primarily on the 366 survey respondents that identified as living in one of the 17 counties of Nevada (Carson City, Churchill, Clark, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, Washoe, White Pine). This data will help expand access to services for the Ryan White Part A Program in the TGA.

The State of Nevada Division of Public and Behavioral Health **oversees** the Ryan White HIV/AIDS Part B Program. The Part B Program provides medications and services to eligible Nevadans with HIV/AIDS. Nevada's AIDS Drug Assistance Program (ADAP)/**Medication Assistance Program (MAP)** Formulary is geared toward optimum patient care; medications are maintained in coordination with and by recommendation of the Medical Advisory Committee (MAC).

Statewide Respondents by Zip Code.

The following graphic demonstrates where survey respondents reported their current residential zip code using geo-mapping software.

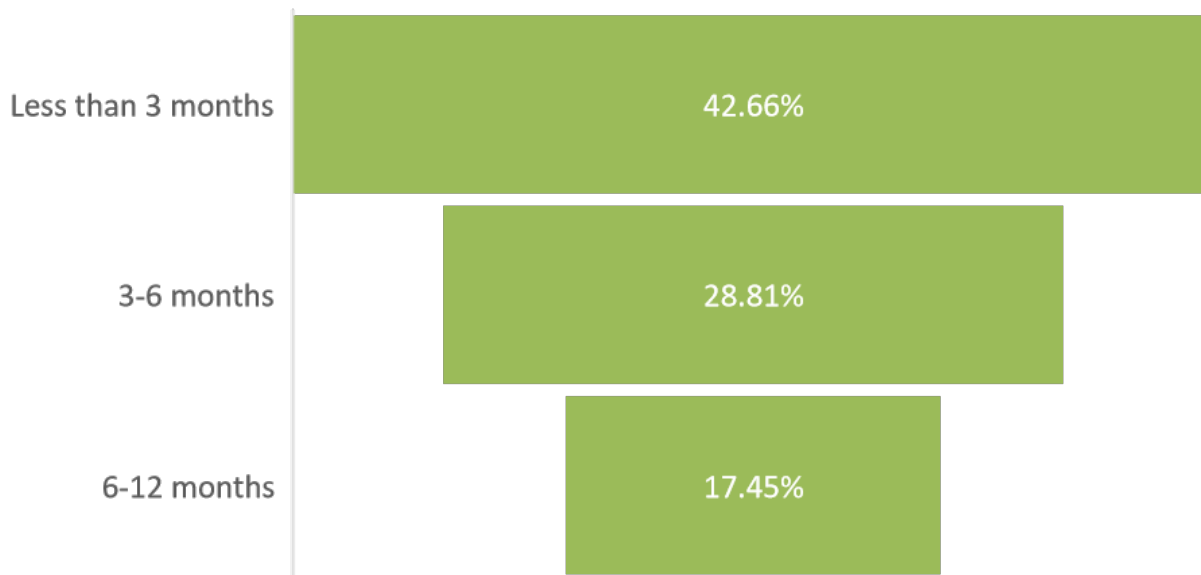


Geomapping of Survey Respondent by Zip Code		
Carson City	21	5.74%
Churchill County	24	6.56%
Clark County	190	51.91%
Douglas County	9	2.46%
Elko County	14	3.83%
Esmeralda County	10	2.73%
Eureka County	13	3.55%
Humboldt County	7	1.91%
Lander County	7	1.91%
Lincoln County	7	1.91%
Lyon County	9	2.46%
Mineral County	2	0.55%
Nye County	12	3.28%
Pershing County	3	0.82%
Storey County	3	0.82%
Washoe County	34	9.29%
White Pine County	1	0.27%

Statewide Respondents Last HIV Medical Appointment.

More than 88% of TGA respondents reported having a medical visit in the last 12-months. This suggests that retention in HIV medical care for the State of Nevada could be similar to PWH.

Last HIV Medical Visit of Satewide Survey Respondents	Yes
Less than 3 months	42.66%
3-6 months	28.81%
6-12 months	17.45%
1-2 years	6.09%
More than 2 years	1.94%
I do not know	2.49%



Statewide Respondents Medical Providers.

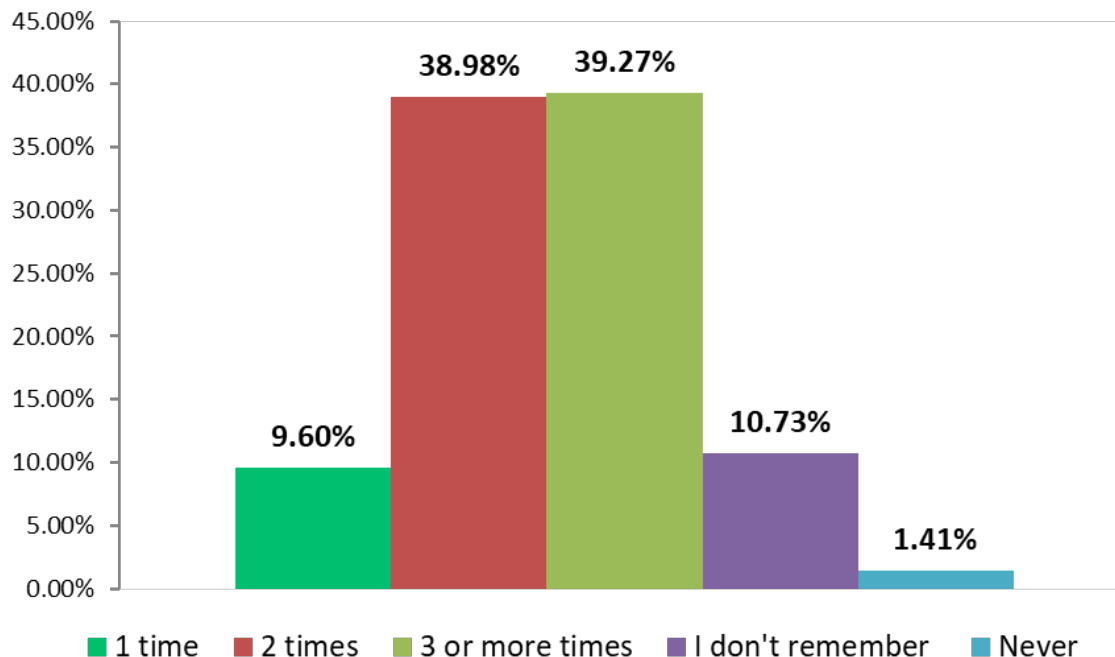
A word cloud demonstrates the medical providers those Statewide respondents reported as their primary HIV medical providers.

Maria O Spaulding^{SNHD} Dr Cade John phoenix
Veteran Affairs - Dr. Krasner Linda
Huntridge Family Ginger Howard
UMC Wellness Ctr Dr Jerry Cade Dr. Sugay Dr Zell
AHF^{Center} Dr. Farabi Warren Magnus
Northern Nevada Hopes Clinic Jeffery D Jones



Statewide Respondents Interaction with Medical Providers.

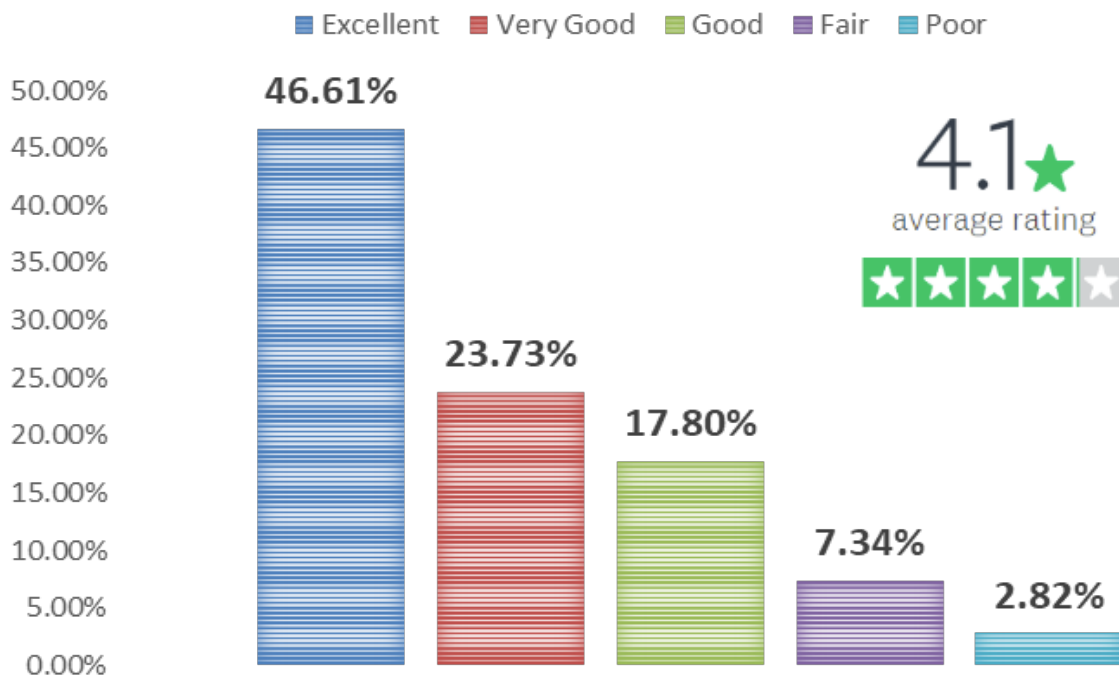
More than 87% of Statewide survey respondents reported having at least one interaction with their HIV medical provider in the last 12-months; 38.98% reported two contacts; 39.27% had three or more contacts in the previous 12-months.



Statewide Respondents Rate their HIV Care Provider.

The Statewide respondents reported the average rating of services provided by the medical provider to be 4.1 stars out of 5. More than 70% of respondents reported a very good or

excellent encounter; 17.80% a good encounter; 7.34% fair; and 2.83% reported a poor encounter with their medical provider.



Statewide Respondents Describe Experiences with HIV care providers.

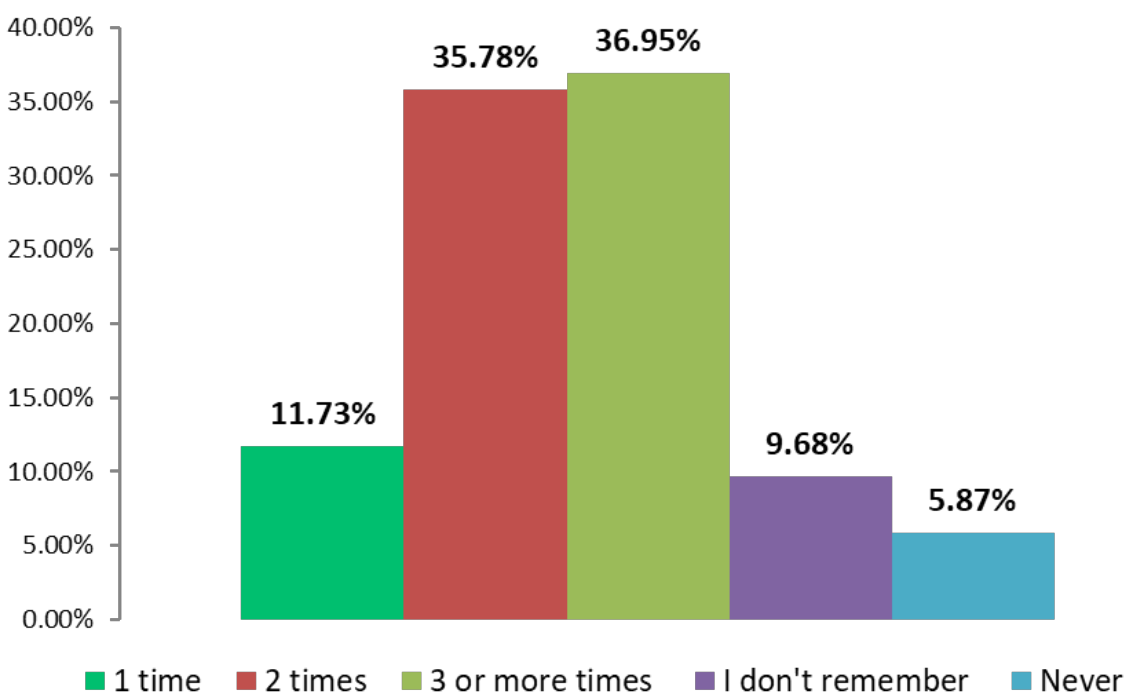
Survey respondents were asked to describe their experiences with the HIV care provider on a rating scale. Specific experiences were described. Survey respondents replied always using, sometimes, never, or not applicable. The table below demonstrates respondents' responses to particular experiences with their HIV care provider.

Description of Experiences	Always	Sometimes	Never	N/A
Do you ever leave your HIV medical visit with unanswered questions, or questions you didn't ask?	17.23%	37.85%	42.94%	1.98%
My HIV care provider spends enough time with me during visits.	55.81%	27.20%	15.30%	1.70%
My HIV care provider listens to me during my visits.	61.65%	29.83%	6.82%	1.70%
If my HIV care provider doesn't speak my language, they use an interpreter to talk with me.	25.36%	21.37%	15.38%	37.89%
My HIV care provider is easy to reach when needed.	46.33%	38.98%	8.47%	6.21%
It is easy to schedule an appointment with my HIV care provider.	54.44%	30.37%	11.17%	4.01%

Description of Experiences	Always	Sometimes	Never	N/A
My HIV care provider is able to help me deal with other health issues besides HIV/AIDS.	51.27%	33.43%	11.61%	3.68%
My HIV care provider asks me about my sexual health and relationship health.	44.44%	34.19%	15.67%	5.70%
I feel comfortable discussing sexual risk with my HIV care provider.	54.26%	31.25%	9.66%	4.83%
I feel comfortable discussing mental health issues with my HIV care provider.	49.43%	31.82%	14.49%	4.26%
I feel comfortable discussing substance use with my HIV care provider.	43.84%	26.93%	10.89%	18.34%
My HIV care provider has discussed with me Undetectable = Untransmittable.	47.44%	24.43%	16.19%	11.93%

Statewide Respondents Interaction with Ryan White Case Managers.

More than 84% of TGA respondents reported having at least one interaction with their Ryan White Case Manager in the last 12-months; 35.78% reported two contacts; 36.95% had three or more contacts in the previous 12-months.



Statewide Respondents Rate their Ryan White Case Manager.

The Statewide respondents reported the average rating of services provided by Ryan White to be 4.1 stars out of 5. More than 68% of respondents said a very good or excellent encounter; 17.30% a good encounter; 6.74% fair; and 2.64% reported a poor encounter with their Ryan White Case Manager.



Statewide Respondents Describe Experiences with Ryan White Case Managers.

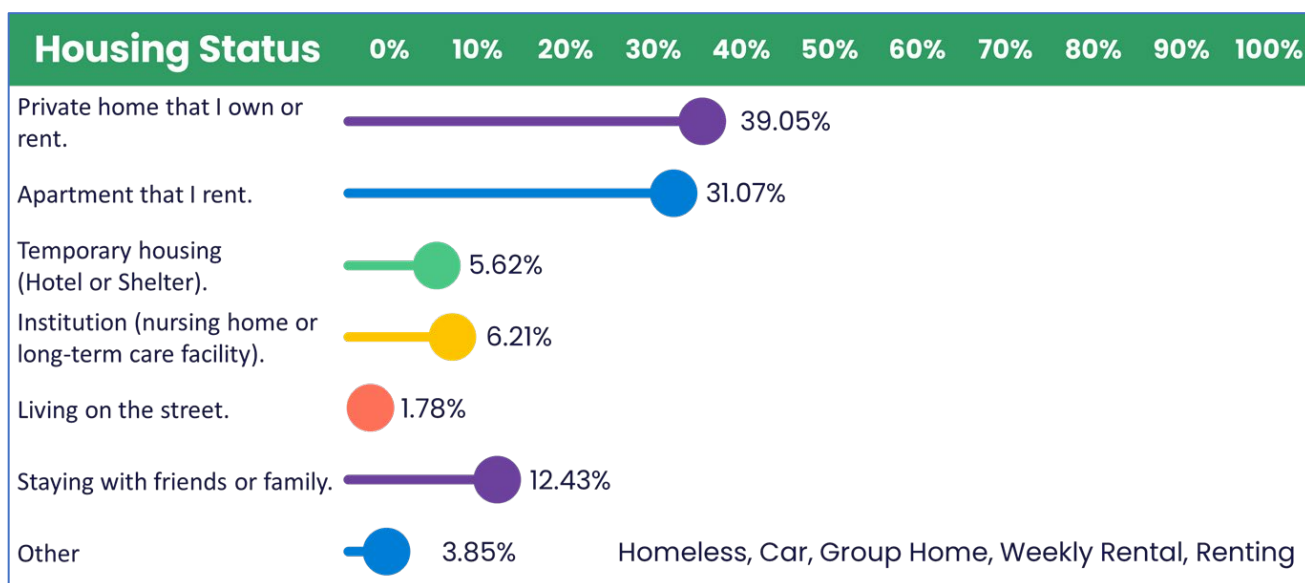
Survey respondents were asked to describe their experiences with the Ryan White Case Manager on a rating scale. Specific experiences were described. Survey respondents replied always using, sometimes, never, or not applicable. The table below demonstrates respondents' responses to particular experiences at their Ryan White Case Manager.

Description of Experiences	Always	Sometimes	Never	N/A
Do you ever leave your HIV case manager with unanswered questions or questions you didn't ask?	18.18%	35.19%	38.42%	8.21%
My HIV case manager spends enough time with me during visits.	56.64%	24.78%	10.91%	7.67%
My HIV case manager listens to me during my visits.	56.76%	26.76%	8.82%	7.65%
If my HIV case manager doesn't speak my language, they use an interpreter to talk with me.	26.47%	20.59%	13.82%	39.12%
My HIV case manager is easy to reach when needed.	49.71%	32.65%	8.82%	8.82%

Description of Experiences	Always	Sometimes	Never	N/A
It is easy to schedule an appointment with my HIV case manager.	52.21%	29.20%	9.44%	9.14%
My case manager makes sure I get the things I need, including referrals to specialty care.	52.94%	30.29%	9.41%	7.35%
My HIV case manager asks me about my sexual health and relationship health.	40.53%	29.29%	17.16%	13.02%
I feel comfortable discussing sexual risk with my HIV case manager.	46.33%	29.33%	12.32%	12.02%
I feel comfortable discussing mental health issues with my HIV case manager.	51.76%	25.29%	11.18%	11.76%
I feel comfortable discussing substance use with my HIV case manager.	41.64%	25.51%	10.85%	21.99%
My HIV case manager has discussed with me Undetectable = Untransmittable.	37.69%	25.82%	17.80%	18.69%
My case manager provides me with the support I need.	55.16%	28.02%	9.73%	7.08%

Statewide Respondents Current Housing Status.

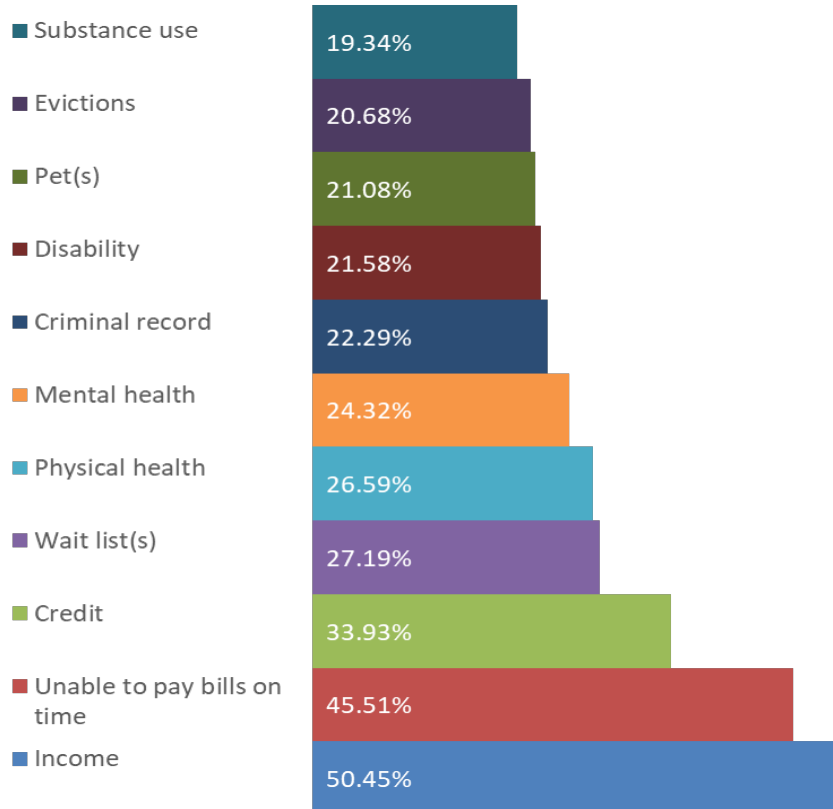
More than 96% of Statewide respondents reported being stably or temporarily housed. Below is a graphic indicating how respondents identified their current housing situation. Less than 4% said being homeless or not stably housed.



Statewide Respondents Barriers to Accessing/Maintaining Stable Housing.

More than 50% of Statewide respondents identified income as the most common barrier to accessing and maintaining stable housing, followed by unable to pay bills, credit, waitlist(s), physical health, mental health, criminal history, pet(s), disabilities, evictions, and substance use.

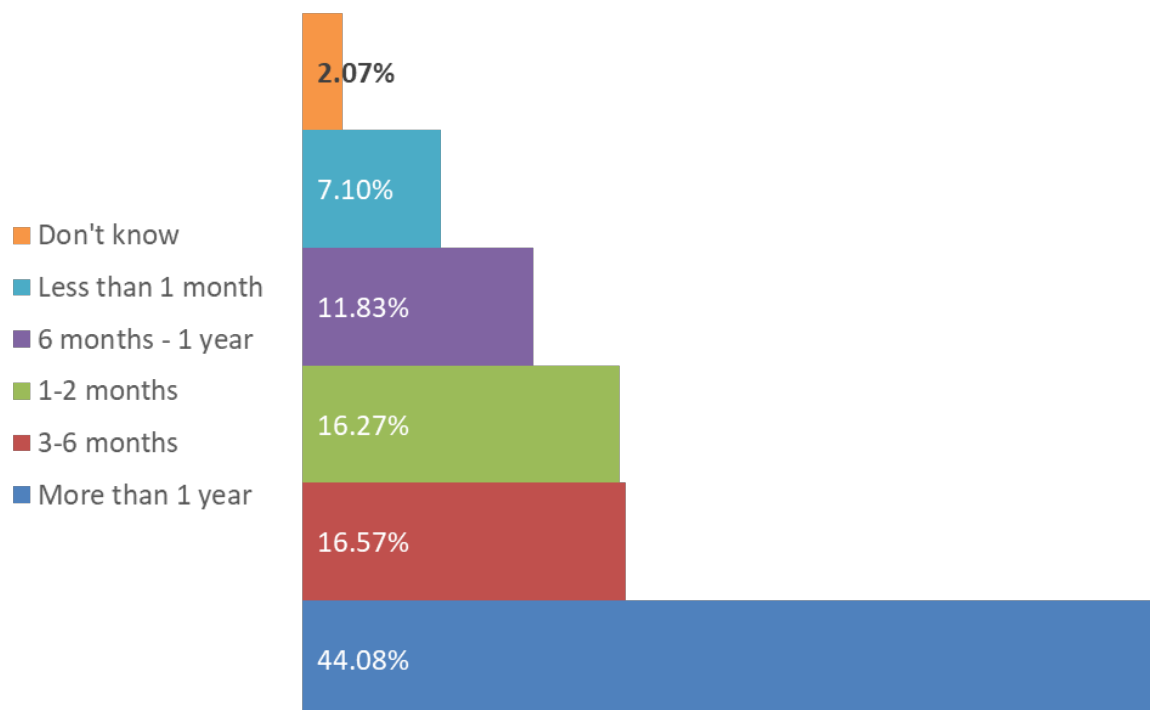
Barrier(s) to Access/Maintaining Stable Housing	Yes	No	N/A
Income	50.45%	39.10%	10.45%
Unable to pay bills on time	45.51%	44.31%	10.18%
Credit	33.93%	56.76%	9.31%
Wait list(s)	27.19%	55.29%	17.52%
Physical health	26.59%	62.24%	11.18%
Mental health	24.32%	62.92%	12.77%
Criminal record	22.29%	63.55%	14.16%
Disability	21.58%	65.65%	12.77%
Pet(s)	21.08%	63.86%	15.06%
Evictions	20.68%	66.36%	12.96%
Substance use	19.34%	63.44%	17.22%
Other (please specify): <i>Deposits, Employment, Past Debt, Credit Check, Not Affordable</i>			



Statewide Respondents Report Time in Current Residence.

More than 44% of TGA respondents reported having lived at the current residence for more than one year. Followed by 16.57% for 3-6 months, 16.27% for 1-2 months, 11.83% for six months – 1 year, and 7.10% for less than one month.

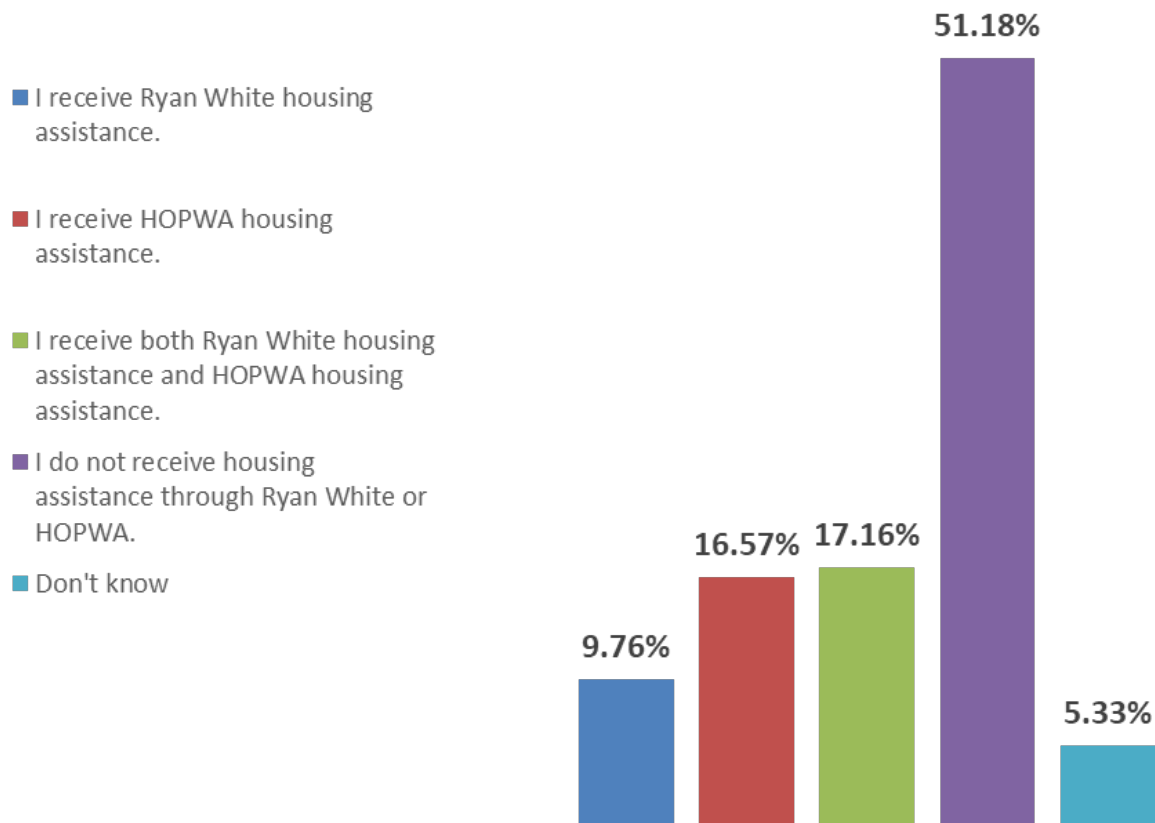
Time in Current Residence	Responses
More than 1 year	44.08%
3-6 months	16.57%
1-2 months	16.27%
6 months - 1 year	11.83%
Less than 1 month	7.10%
Don't know	2.07%



Statewide Respondent's Use of Ryan White and HOPWA.

More than 51% of Statewide respondents reported not receiving Ryan White or HOPWA housing assistance. More than 43% of Statewide respondents utilize a Ryan white and HOPWA program for housing assistance.

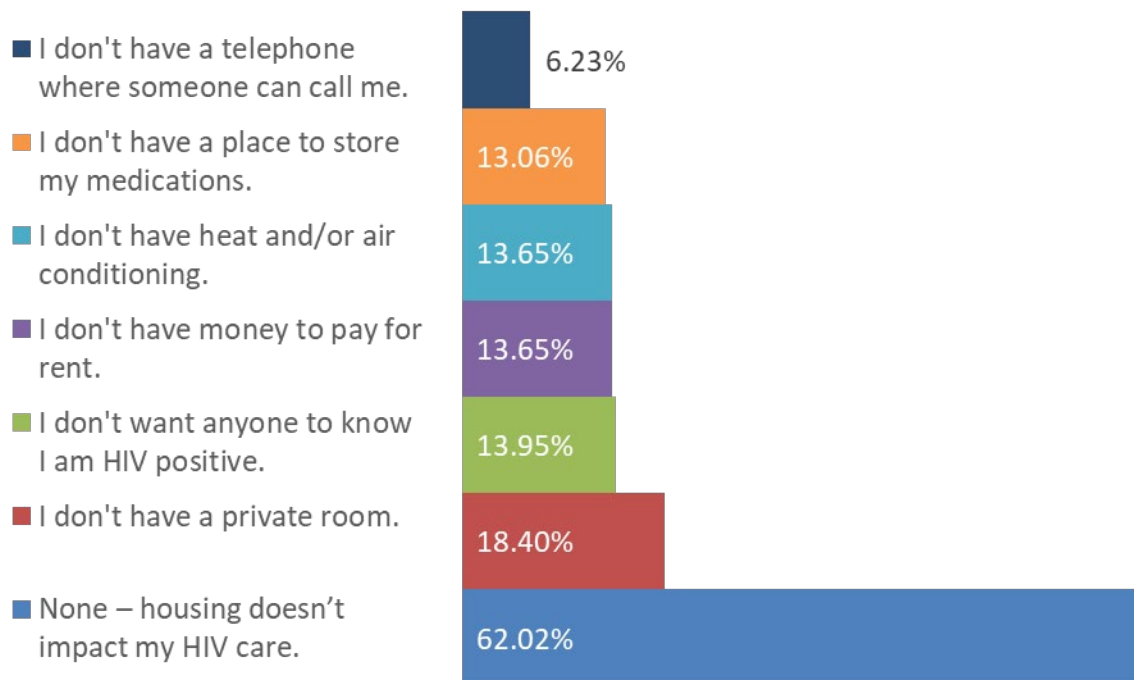
Ryan White / HOPWA Assistance	Responses
I receive Ryan White housing assistance.	9.76%
I receive HOPWA housing assistance.	16.57%
I receive both Ryan White housing assistance and HOPWA housing assistance.	17.16%
I do not receive housing assistance through Ryan White or HOPWA.	51.18%
Don't know	5.33%



Statewide Respondents Effects of Housing on HIV Care.

More than 37% of Statewide respondents reported that their housing situation had some effect on their HIV care. More than 18.40% said that not having a private room affected their HIV care; 13.95% did not want a cohabitant to know about their HIV status; 13.65% reported they didn't have enough money to pay rent, or they did not have heat and air conditioning; 13.06% said they didn't have a place to store their medications, and 6.23% reported not having a telephone where someone can call them.

Effects of Housing on HIV Care	Yes
None – housing doesn't impact my HIV care.	62.02%
I don't have a private room.	18.40%
I don't want anyone to know I am HIV positive.	13.95%
I don't have money to pay for rent.	13.65%
I don't have heat and/or air conditioning.	13.65%
I don't have a place to store my medications.	13.06%
I don't have a telephone where someone can call me.	6.23%
Other (please specify): <i>Housing Conditions, Evictions, Less than equitable conditions</i>	



Service Needs for Statewide Respondents.

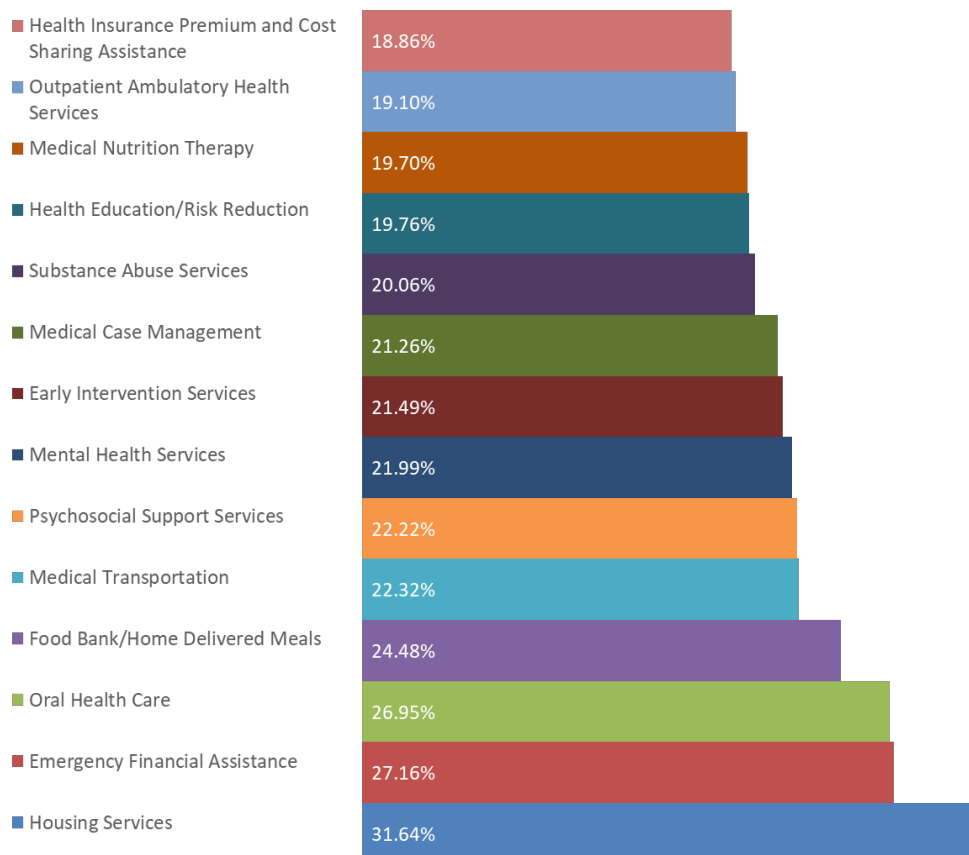
Statewide respondents were asked to identify service needs in the past 12-months. The survey provided a brief description of each service category to assist respondents with selection.

Respondents were asked to rank their level of need using the following scale:

1. Yes, and I used this service.
2. Yes, but I couldn't access this service.
3. No, I didn't need this service.
4. Not Applicable.

The following are representations of Statewide respondents' responses to needed services in the last 12-months. An emphasis should be placed on the answer '**Yes, but I couldn't access this service.**' Respondents who selected this option are likely to have experienced a barrier to receiving that service.

Service Category	Yes, and I used this service	Yes, but I couldn't access this service	No, I didn't need this service	Not Applicable
Housing Services	27.76%	31.64%	31.04%	9.55%
Emergency Financial Assistance	29.25%	27.16%	35.22%	8.36%
Oral Health Care	35.03%	26.95%	31.14%	6.89%
Food Bank/Home Delivered Meals	37.61%	24.48%	30.75%	7.16%
Medical Transportation	36.31%	22.32%	30.36%	11.01%
Psychosocial Support Services	41.14%	22.22%	25.23%	11.41%
Mental Health Services	33.43%	21.99%	35.54%	9.04%
Early Intervention Services	37.61%	21.49%	28.66%	12.24%
Medical Case Management	46.11%	21.26%	22.46%	10.18%
Substance Abuse Services	13.47%	20.06%	47.60%	18.86%
Health Education/Risk Reduction	38.02%	19.76%	31.74%	10.48%
Medical Nutrition Therapy	48.06%	19.70%	21.49%	10.75%
Outpatient Ambulatory Health Services	52.84%	19.10%	22.99%	5.07%
Health Insurance Premium and Cost Sharing Assistance	46.41%	18.86%	25.15%	9.58%



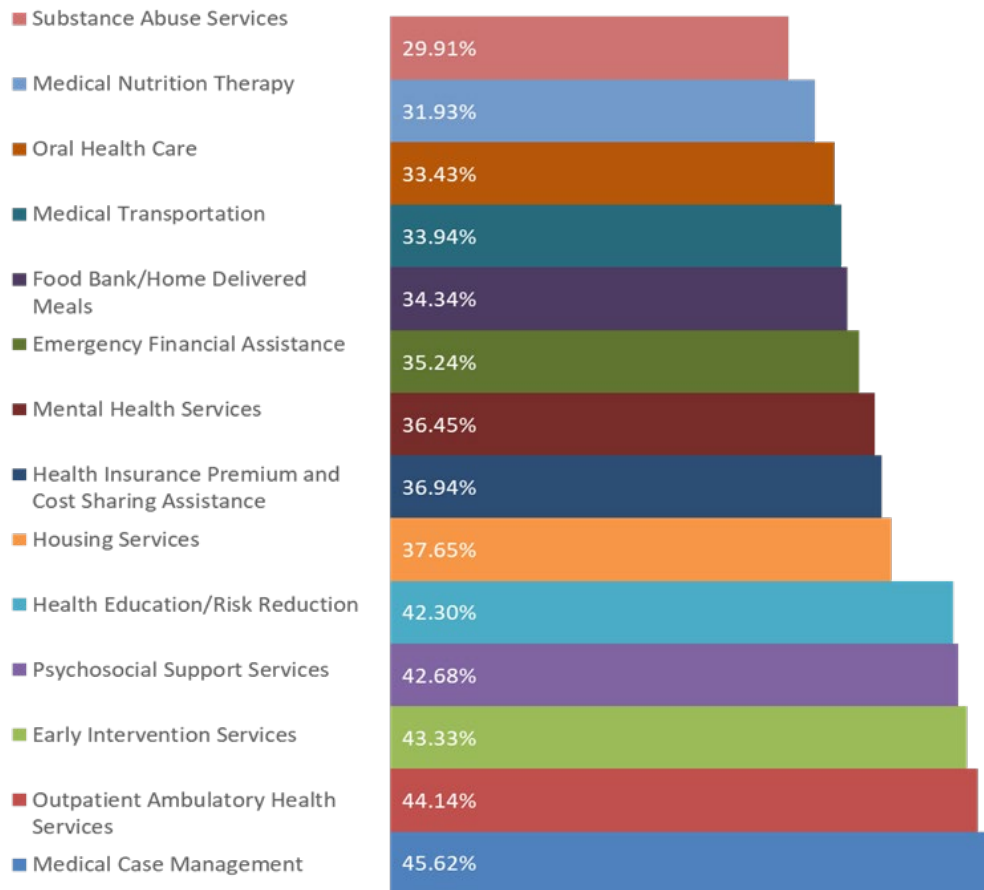
Importance of Services to Achieve/Maintain Viral Suppression.

Statewide, respondents were asked to rank the importance of services related to one's ability to achieve and maintain HIV viral load suppression (≤ 200 mL). The survey provided a brief description of each service category to assist respondents with selection. Respondents were asked to rank the importance of services as it relates to one's ability to achieve and maintain HIV viral load suppression using the following scale:

1. Not at all important.
2. Slightly important.
3. Moderately important.
4. Very important.
5. Extremely important.

The following are Statewide respondents' responses to the ranking of services related to one's ability to achieve and maintain HIV viral load suppression (≤ 200 mL). An emphasis should be placed on the response '**Extremely Important**'. Respondents who selected this option are likely to use this service to achieve and maintain HIV viral load suppression.

Service Category	Not at all important	Slightly important	Moderately important	Very important	Extremely important
Medical Case Management	5.44%	15.41%	11.18%	22.36%	45.62%
Outpatient Ambulatory Health Services	5.71%	15.02%	14.11%	21.02%	44.14%
Early Intervention Services	5.76%	15.45%	15.15%	20.30%	43.33%
Psychosocial Support Services	5.79%	13.41%	15.55%	22.56%	42.68%
Health Education/Risk Reduction	6.04%	13.60%	16.01%	22.05%	42.30%
Housing Services	6.63%	13.86%	23.49%	18.37%	37.65%
Health Insurance Premium and Cost Sharing Assistance	5.71%	12.31%	14.41%	30.63%	36.94%
Mental Health Services	6.33%	11.45%	24.70%	21.08%	36.45%
Emergency Financial Assistance	6.63%	11.75%	25.90%	20.48%	35.24%
Food Bank/Home Delivered Meals	6.02%	25.00%	15.06%	19.58%	34.34%
Medical Transportation	6.97%	12.73%	19.09%	27.27%	33.94%
Oral Health Care	5.42%	26.20%	11.45%	23.49%	33.43%
Medical Nutrition Therapy	6.33%	14.46%	25.90%	21.39%	31.93%
Substance Abuse Services	11.78%	22.05%	13.90%	22.36%	29.91%



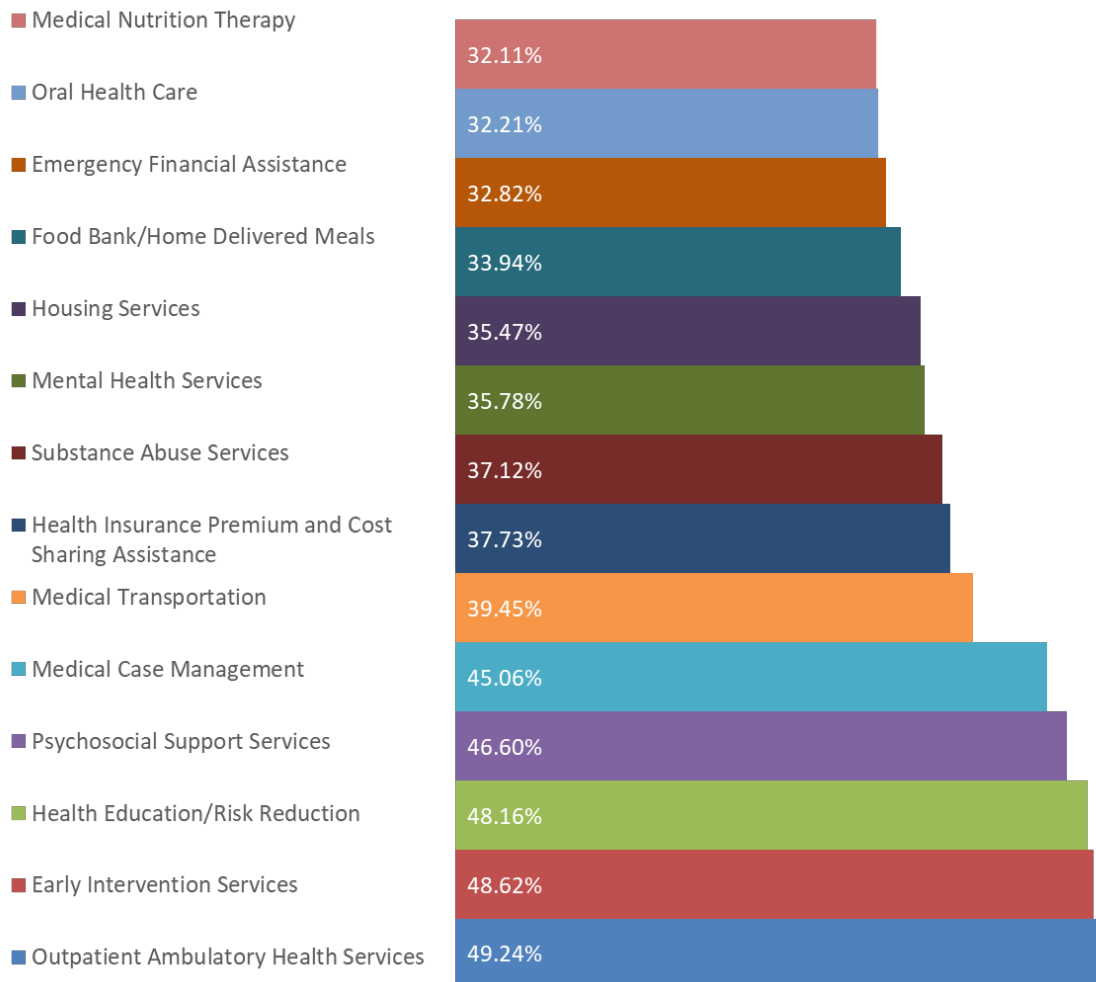
Importance of Services to End the HIV Epidemic.

Statewide, respondents were asked to rank the importance of services related to Ending the HIV Epidemic (EHE). The survey provided a brief description of each service category to assist respondents with selection. Respondents were asked to rank the importance of services as it relates to Ending the HIV Epidemic using the following scale:

1. Not at all important.
2. Slightly important.
3. Moderately important.
4. Very important.
5. Extremely important.

The following are representations of Statewide respondents' responses to the ranking of services related to Ending the HIV Epidemic (EHE). An emphasis should be placed on the response '**Extremely Important**'. Respondents who selected this option are likely to use this service to achieve and maintain HIV viral load suppression and thus promote **Undetectable = Untransmittable**.

Service Category	Not at all important	Slightly important	Moderately important	Very important	Extremely important
Outpatient Ambulatory Health Services	4.89%	14.98%	14.98%	15.90%	49.24%
Early Intervention Services	6.46%	11.69%	13.54%	19.69%	48.62%
Health Education/Risk Reduction	5.52%	13.19%	12.88%	20.25%	48.16%
Psychosocial Support Services	4.94%	12.35%	15.74%	20.37%	46.60%
Medical Case Management	3.09%	16.05%	11.73%	24.07%	45.06%
Medical Transportation	4.59%	15.60%	15.60%	24.77%	39.45%
Health Insurance Premium and Cost Sharing Assistance	4.91%	14.11%	16.26%	26.99%	37.73%
Substance Abuse Services	9.51%	22.39%	12.88%	18.10%	37.12%
Mental Health Services	5.81%	12.54%	25.69%	20.18%	35.78%
Housing Services	5.20%	12.84%	26.91%	19.57%	35.47%
Food Bank/Home Delivered Meals	4.59%	26.61%	15.29%	19.57%	33.94%
Emergency Financial Assistance	6.44%	15.34%	23.62%	21.78%	32.82%
Oral Health Care	3.99%	27.61%	15.03%	21.17%	32.21%
Medical Nutrition Therapy	3.36%	16.51%	28.44%	19.57%	32.11%



Recommendations

Several preliminary recommendations can be made based on the results of this needs assessment. Recommendations are grouped in categories with the understanding that several recommendations can fit in more than one category. The recommendations contained in this report do not constitute final recommendations. Final recommendations based on this needs assessment will be made by the various planning bodies, Ryan White HIV/AIDS Program Recipients, and during the planning processes for subsequent grant years.

All services provided to people with HIV have a common goal: to provide quality care to people with HIV to achieve and maintain viral suppression, prevent new HIV infections, and ultimately end the HIV epidemic.

In the RWHAP, “subpopulations of focus are specific groups of people with HIV within RWHAP jurisdictions that are disproportionately affected by HIV due to specific needs.” While HIV does not discriminate based on the demographics of a population, the virus still impacts specific subpopulations disproportionately. By identifying those populations and focusing initiatives to aid those disproportionately affected by HIV, steps can be made toward ending the epidemic.

Recommendation 1: Conduct follow-up focus groups

It is highly recommended for the Clark County EHE, RWHAP Part A, and RWHAP Part B to conduct focus groups for the top 5 service needs identified by survey respondents for services needed but were unable to get. The chart below lists the services respondents needed for each program.

The rank of Services Needed and Could Not Get.

Service Need Rank	EHE	TGA	Statewide
Rank 1	Housing Services	Housing Services	Housing Services
Rank 2	Oral Health Care	Emergency Financial Assistance	Emergency Financial Assistance
Rank 3	Emergency Financial Assistance	Oral Health Care	Oral Health Care
Rank 4	Food Bank/Home Delivered Meals	Food Bank/Home Delivered Meals	Food Bank/Home Delivered Meals
Rank 5	Mental Health Services	Medical Nutrition Therapy	Medical Transportation Services

Recommendation 2: Subrecipients/Service Providers

Overall, it was reported that 73% of participants interacted with their case managers at least twice during the year. Case managers are often referred to as the gatekeepers to services. All clients should meet with their case managers at least twice per year or every six months. A statewide acuity scoring system for case management should be developed to ensure continuity of services across the entire state of Nevada. An acuity scoring system would also ensure that parity of services remains consistent across all case management providers.

An increase in client/case manager relationships would reduce barriers to care and bridge gaps in services. This would also allow for a more data-driven service delivery model and allow for further analysis of data collected to ensure service needs are being met. Case Management was also ranked as an essential service to achieve and maintain viral suppression.

The rank of Services Most Important to Achieve/Maintain Viral Suppression

Service Need Rank	EHE	TGA	Statewide
Rank 1	Outpatient/Ambulatory Health Services	Outpatient/Ambulatory Health Services	Case Management
Rank 2	Early Intervention Services	Case Management	Outpatient/Ambulatory Health Services
Rank 3	Case Management	Early Intervention Services	Early Intervention Services
Rank 4	Housing Services	Health Insurance Premium CSA	Psychosocial Support Services
Rank 5	Health Insurance Premium CSA	Mental Health Services	Health Education / Risk Reduction

Recommendation 3: Foodbank/Home Delivered Meals

One of the hardest-hit services nationwide since the COVID-19 pandemic has been food services/access to food. Food was also identified as the most challenging service to access during the pandemic. Initiatives that ensure food is readily available to consumers would alleviate this issue. In funding decisions moving forward, it would be imperative to look at the current service delivery model for the Food Bank service and analyze its current ability to provide food for PWH.

The rank of Services Harder to get due to COVID-19

Service Need Rank	EHE	TGA	Statewide
Rank 1	Food Bank/Assistance	Food Bank/Assistance	Food Bank/Assistance
Rank 2	Housing	Healthcare and related services	Healthcare and related services
Rank 3	Healthcare and related services	Housing	Housing
Rank 4	Childcare	Oral Health Care	Transportation
Rank 5	Education	Transportation	Childcare

Recommendation 4: Strengthen patient support navigation services

PWH needs help to navigate systems of care, including core and support services. It is essential to ensure PWH can access core medical and support services, mental health counseling, stress reduction counseling, social support groups that provide contact with people they can relate to, and case management. Increased access to service navigation ensures PWH are receiving the best care that is right for them, how to access needed services, and where services are located.

While the overall rating for survey participant's last interaction with their medical provider was a 4.1 out of 5, there were low points when asked about individual aspects, such as ***did my HIV care provider listened to me during my visit*** and if ***my HIV care provider doesn't speak my language, they use an interpreter to talk with me***. If mitigated, these are barriers that could help improve the quality of services for a large community in need.

Recommendation 5: Strengthen the support system to address housing.

Among African Americans and individuals of Hispanic/LatinX/Spanish origin, housing remains one of the top needed services but is difficult to access. When asked about their housing situation, only 62.28% of survey participants responded that housing does not impact their HIV Care. Income and the inability to pay bills on time were the most common barriers to accessing/maintaining stable housing. Working with municipalities and health care providers to develop more robust subsidized housing policies could support more people in accessing housing.

Recommendation 6: Intensive Medical Case Management

74% of survey respondents reported that they are virally suppressed, which is considerably less than the reported 93% of those retained in care in the State of Nevada in 2020. Several data points throughout the survey suggest the need for an intensive Medical Case Management service model.

-
- *70% of survey participants reported that they had a medical appointment between 1-6 months. The remaining 30% were longer than six months, with 8% reporting that it had been more than two years since their last medical appointment.*
 - *72% of survey participants reported that they had interacted with their case manager two or more times in the past 12 months, while 12% reported that they had only interacted with their case manager once in the past 12 months.*
-

Intensive case management assists patients in making their medical appointments and interacting with patients more frequently to monitor barriers. The model consists of meeting with patients monthly and checking medication adherence to achieve and maintain viral suppression.

Recommendation 7: Service Delivery

RWHAP Recipients need to ensure the continuity of services and parity across the entire service delivery system. This includes working with other State and Federal programs to provide consistent services. Subrecipients/service providers need to maintain constant communication with testing locations to ensure that newly diagnosed persons are quickly linked to care.

Healthcare systems should reevaluate the efficiency of their operations to ensure that they will be able to meet the needs of their increased client load due to EHE efforts. Healthcare systems in areas of high unmet need should reevaluate their strategies for outreach or work closely with outreach and EIS services to ensure that everyone who needs care can receive it.

Service delivery for direct client care should ensure a system is in place to reach out to individuals who miss appointments to ensure that they do not fall out of care. Collaborations with EIS and Case Management agencies will assist in ensuring clients are linked and retained in care and achieve and maintain viral suppression.

Transportation and transportation assistance has been reported as a service needed to ensure that PWH can make it to their appointments. When necessary, coordination with Case Management agencies will ensure that clients' needs are identified and referred to core and support services. Stable housing was a reported service that clients needed but could not get. Housing significantly impacts a client's ability to navigate support services and medical care.

When able, subrecipients/service providers should include a housing screening tool to assess a client's housing stability and to anticipate future needs that may affect retention in care.

Finally, subrecipients/service providers need to employ dedicated staff members to assist patients with service needs. When able to, staff should be reflective of the demographics of the epidemic to ensure culturally, and linguistically appropriate services are available to the diverse populations they serve.

Appendix A: Survey Instrument

Nevada HIV Assessment Survey
Evaluación / Encuesta de Atención y Servicios de VIH en Nevada

Welcome Introduction / Bienvenida Introducción

Thank you for participating in our assessment/survey. Your feedback is important.

Gracias por participar en nuestra evaluación / encuesta. Tus comentarios son importantes.

The purpose of the 2021 Nevada HIV Care and Services Assessment is to gain a better understanding of the current care and service needs of people living with HIV across the state of Nevada.

El propósito de la Evaluación de atención y servicios de VIH de Nevada 2021 es obtener una mejor comprensión de las necesidades actuales de atención y servicios de las personas que viven con el VIH en todo el estado de Nevada.

This survey will assess HIV-related care and service needs, experiences in using services, and barriers to those services.

Esta encuesta evaluará las necesidades de atención y servicios relacionados con el VIH, experiencias en el uso de servicios y barreras para esos servicios.

It will take 15-20 minutes to complete the survey. Once you have started, you can pause and restart again later if you are using the same device and browser. All answers are confidential.

Le tomará de 15 a 20 minutos completar la encuesta. Una vez que haya comenzado, puede pausar y reiniciar más tarde si está utilizando el mismo dispositivo y navegador. Todas las respuestas son confidenciales.

Your time is greatly appreciated. At the end of the survey, you can enter your contact information to get a \$25 electronic gift card. So be sure to provide your correct contact information.

Agradecemos mucho su tiempo. Al final de la encuesta, puede ingresar su información de contacto para obtener una tarjeta de regalo electrónica de \$ 25. Así que asegúrese de proporcionar su información de contacto correcta.

Nevada HIV Assessment Survey
Evaluación / Encuesta de Atención y Servicios de VIH en Nevada

Survey qualifying question / Pregunta de calificación de la encuesta

*** 1. Have you tested positive for HIV?**

¿Ha dado positivo en la prueba del VIH?

☐ Yes / Si ☐ No

Consent to Participate / Consentimiento para participar

This survey is intended to collect information about the experiences and opinions of individuals who have tested positive for HIV. Esta encuesta tiene como objetivo recopilar información sobre las experiencias y opiniones de las personas que han dado positivo en la prueba del VIH.

Note: If you have arrived at this page in error, please click PREV to return to the previous screen and select a different response. Nota: Si ha llegado a esta página por error, haga clic en PREV para volver a la pantalla anterior y seleccione un respuesta diferente.

*** 2. Would you like to continue taking this survey?**

¿Le gustaría continuar realizando esta encuesta?

☐ Yes / Si ☐ No

Demographics / Demografía

*** 3. Were you diagnosed with HIV in Nevada?**

¿Le diagnosticaron VIH en Nevada?

☐ Yes / Si ☐ No ☐ Don't Know / No se

*** 4. How long have you been diagnosed with HIV?**

¿Cuánto tiempo hace que le diagnosticaron el VIH?

☐ 0 - 12 months
0 - 12 meses ☐ 4 - 6 years
4 - 6 años ☐ 10 or more years
10 o más años

☐ 1 - 3 years
1 - 3 años ☐ 7 - 9 years
7 - 9 años ☐ Don't know
No se

*** 5. What is your county of birth?**

¿Cuál es su condado de nacimiento?

* 6. What best describes your race? (select one)
¿Qué describe mejor tu carrera? (seleccione uno)

☐ American Indian or Alaska Native.
Indio americano o nativo de Alaska.

☐ Native Hawaiian and Pacific Islander.
Nativo de Hawái y de las islas del Pacífico.

☐ Asian.
Asiático.

☐ White or Caucasian.
Blanco o caucásico.

☐ Black or African American.
Negro o afroamericano.

☐ Other Race.
Otra raza.

* 7. Are you of Hispanic, Latinx, or Spanish origin? (select one)
¿Eres de origen hispano, latino o español? (seleccione uno)

☐ **YES / SI** - The category "Hispanic, Latino, or Spanish origin" includes all individuals who identify with one or more nationalities or ethnic groups originating in Mexico, Puerto Rico, Cuba, Central and South America, and other Spanish cultures. Examples of these groups include, but are not limited to, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, and Colombian. "Hispanic, Latino or Spanish origin" also includes groups such as Guatemalan, Honduran, Spaniard, Ecuadorian, Peruvian, Venezuelan, etc. If a person is not of Hispanic, Latino, or Spanish origin, answer "No, not of Hispanic, Latino, or Spanish origin".

La categoría "origen hispano, latino o español" incluye a todas las personas que se identifican con una o más nacionalidades o grupos étnicos originarios de México, Puerto Rico, Cuba, América Central y del Sur, y otras culturas españolas. Ejemplos de estos grupos incluyen, pero no se limitan a mexicanos o mexicoamericanos, puertorriqueños, cubanos, salvadoreños, dominicanos y colombianos. "Origen hispano, latino o español" también incluye grupos como guatemaltecos, hondureños, españoles, ecuatorianos, peruanos, venezolanos, etc. una persona que no es de origen hispano, latino o español, responda "No, no es de origen hispano, latino o español".

☐ **NO** - I am not of Hispanic, Latino, or Spanish origin.
NO - No soy de origen hispano, latino o español.

8. What is your age?
¿Cuál es tu edad?

*** 9. What best describes your current gender identity? (select one)**

¿Qué describe mejor su identidad de género actual? (seleccione uno)

☐ Female - born/identify as
Mujer - nacida / identificarse como

☐ Non-binary
No binario

☐ Male - born/identify as
Hombre - nacido / identificarse como

☐ Trans Female / Trans Woman
Mujer trans

☐ Gender fluid
Fluido de género

☐ Trans Male / Trans Man
Hombre trans

☐ Gender neutral
Genero neutral

☐ Two-Spirit
Dos espíritus

☐ Other (please specify)
Otro (por favor especifique)

*** 10. Select the County where you currently live in Nevada.**

Seleccione el condado donde vive actualmente en Nevada.

*** 11. What is your zip code?**

¿Cuál es su código postal?

*** 12. What best describes your insurance status? (please check all that apply)**

¿Qué describe mejor el estado de su seguro? (por favor marque todos los que apliquen)

☐ Employer-based Health Insurance
Seguro médico basado en el empleador

☐ Medicaid
Seguro de enfermedad

☐ Direct-purchase Health Insurance (ACA/Obamacare)
Seguro médico de compra directa (ACA / Obamacare)

☐ Veteran Affairs (VA) or CHAMPVA
Asuntos de Veteranos (VA) o CHAMPVA

☐ TRICARE

☐ Uninsured (no health insurance)
Sin seguro (sin seguro médico)

☐ Medicare
Seguro médico del estado

*** 13. What was your total household income last month?**

¿Cuál fue el ingreso total de su hogar el mes pasado?

- | | |
|---|--|
| <input type="radio"/> No Income / Sin ingresos | <input type="radio"/> \$2,500 - \$2,999 |
| <input type="radio"/> Less than \$1,000 / Menos de \$ 1,000 | <input type="radio"/> \$3,000 - \$3,499 |
| <input type="radio"/> \$1,000 - \$1,499 | <input type="radio"/> \$3,500 - \$3,999 |
| <input type="radio"/> \$1,500 - \$1,999 | <input type="radio"/> \$4,000 or more / \$ 4,000 o más |
| <input type="radio"/> \$2,000 - \$2,499 | <input type="radio"/> Don't know / No se |

*** 14. How many people in your household are supported by this income?**

¿Cuántas personas de su hogar se benefician de estos ingresos?

- | | |
|-------------------------|---|
| <input type="radio"/> 1 | <input type="radio"/> 4 |
| <input type="radio"/> 2 | <input type="radio"/> 5 or more / 5 o más |
| <input type="radio"/> 3 | <input type="radio"/> Don't know / No se |

Nevada HIV Assessment Survey

Evaluación / Encuesta de Atención y Servicios de VIH en Nevada

Viral Suppression / Supresión viral

*** 15. In the past 12 months, have you tested positive for any of the following: (Select all that apply)**

En los últimos 12 meses, ¿ha dado positivo en alguna de las siguientes pruebas? (Seleccione todas las opciones que correspondan)

- | | |
|---|--|
| <input type="checkbox"/> Gonorrhea / Gonorrea | <input type="checkbox"/> Hepatitis B (Hep B) |
| <input type="checkbox"/> Chlamydia / Clamidia | <input type="checkbox"/> Hepatitis C (Hep C) |
| <input type="checkbox"/> Syphilis / Sífilis | <input type="checkbox"/> Sexually transmitted infection, but I don't remember
Infección de transmisión sexual, pero no recuerdo |
| <input type="checkbox"/> COVID-19 | <input type="checkbox"/> No, I have not tested positive
No, no he dado positivo |

☐ Other (please specify)

*** 16. Are you virally suppressed (viral load at or below 200)?**

¿Tiene supresión viral (carga viral igual o inferior a 200)?

- | | | |
|--------------------------------|--------------------------|--|
| <input type="radio"/> Yes / Si | <input type="radio"/> No | <input type="radio"/> Don't know / No se |
|--------------------------------|--------------------------|--|

*** 17. How long have you been virally suppressed (viral load at or below 200)?**

¿Cuánto tiempo ha estado con supresión viral (carga viral igual o inferior a 200)?

- | | | |
|---|---|---|
| <input type="radio"/> Less than 1 month
Menos de 1 mes | <input type="radio"/> 7-12 months
7-12 meses | <input type="radio"/> 2 or more years
2 o más años |
| <input type="radio"/> 1-6 months
1-6 meses | <input type="radio"/> 1-2 years
1-2 años | <input type="radio"/> Don't know / No se |

*** 18. Are you undetectable (viral load at or below 50)?**

¿Eres indetectable (carga viral igual o inferior a 50)?

- | | | |
|--------------------------------|--------------------------|--|
| <input type="radio"/> Yes / Si | <input type="radio"/> No | <input type="radio"/> Don't know / No se |
|--------------------------------|--------------------------|--|

*** 19. How long have you been undetectable (viral load at or below 50)?**

¿Cuánto tiempo ha sido indetectable (carga viral de 50 o menos)?

- | | | |
|---|---|---|
| <input type="radio"/> Less than 1 month
Menos de 1 mes | <input type="radio"/> 7-12 months
7-12 meses | <input type="radio"/> 2 or more years
2 o más años |
| <input type="radio"/> 1-6 months
1-6 meses | <input type="radio"/> 1-2 years
1-2 años | <input type="radio"/> Don't know / No se |

Nevada HIV Assessment Survey

Evaluación / Encuesta de Atención y Servicios de VIH en Nevada

HIV Medical Care / Atención médica para el VIH

*** 20. Who is your HIV care provider?**

¿Quién es su proveedor de atención médica para el VIH?

*** 21. In the past 12 months, how often did you interact with your HIV care provider? (select one)**

En los últimos 12 meses, ¿con qué frecuencia interactuó con su proveedor de atención médica para el VIH? (seleccione uno)

- | | |
|---|--|
| <input type="radio"/> 1 time / 1 vez | <input type="radio"/> I don't remember / No recuerdo |
| <input type="radio"/> 2 times / 2 veces | <input type="radio"/> Never / Nunca |
| <input type="radio"/> 3 or more times / 3 o más veces | |

* 22. How would you rate the service your HIV care provider gave during your most recent interaction? (select one)

¿Cómo calificaría el servicio que le brindó su proveedor de atención del VIH durante su interacción más reciente? (Seleccione unos)

Poor / Pobre	Fair / Regular	Good / Bueno	Very Good / Muy Bueno	Excellent / Excelente	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 23. Please select the response that best describes your experience with your primary HIV care provider.

Seleccione la respuesta que mejor describa su experiencia con su proveedor de atención primaria para el VIH.

	Always	Sometimes	Never	N/A
Do you ever leave your HIV medical visit with unanswered questions, or questions you didn't ask? ¿Alguna vez abandona su visita médica para el VIH con preguntas sin respuesta o preguntas que no hizo?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My HIV care provider spends enough time with me during visits. Mi proveedor de atención médica para el VIH pasa suficiente tiempo conmigo durante las visitas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My HIV care provider listens to me during my visits. Mi proveedor de atención médica para el VIH me escucha durante mis visitas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If my HIV care provider doesn't speak my language, they use an interpreter to talk with me. Si mi proveedor de atención médica para el VIH no habla mi idioma, usa un intérprete para hablar conmigo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Always	Sometimes	Never	N/A
<p>My HIV care provider is easy to reach when needed.</p> <p>Mi proveedor de atención médica para el VIH es de fácil acceso cuando es necesario.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>It is easy to schedule an appointment with my HIV care provider.</p> <p>Es fácil programar una cita con mi proveedor de atención médica para el VIH.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>My HIV care provider is able to help me deal with other health issues besides HIV/AIDS.</p> <p>Mi proveedor de atención médica para el VIH puede ayudarme a lidiar con otros problemas de salud además del VIH/SIDA.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>My HIV care provider asks me about my sexual health and relationship health.</p> <p>Mi proveedor de atención médica para el VIH me pregunta sobre mi salud sexual y la salud de mi relación.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>I feel comfortable discussing sexual risk with my HIV care provider.</p> <p>Me siento cómoda hablando del riesgo sexual con mi proveedor de atención médica para el VIH.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>I feel comfortable discussing mental health issues with my HIV care provider.</p> <p>Me siento cómodo hablando de problemas de salud mental con mi proveedor de atención médica para el VIH.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Always	Sometimes	Never	N/A
I feel comfortable discussing substance use with my HIV care provider. Me siento cómodo hablando del consumo de sustancias con mi proveedor de atención médica para el VIH.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My HIV care provider has discussed with me Undetectable = Untransmittable. Mi proveedor de atención para el VIH ha hablado conmigo Indetectable = Intransmisible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Nevada HIV Assessment Survey

Evaluación / Encuesta de Atención y Servicios de VIH en Nevada

Case Management / Gestión de casos

* 24. **Who is your Ryan White HIV case manager?**

¿Quién es tu administrador de casos de VIH Ryan White?

* 25. **In the past 12 months, how often did you interact with your Ryan White case manager? (select one)**

En los últimos 12 meses, ¿con qué frecuencia interactuó con su administrador de casos Ryan White? (seleccione uno)

- | | |
|---|--|
| <input type="radio"/> 1 time / 1 vez | <input type="radio"/> I don't remember / No recuerdo |
| <input type="radio"/> 2 times / 2 veces | <input type="radio"/> Never / Nunca |
| <input type="radio"/> 3 or more times / 3 o más veces | |

* 26. How would you rate the service your Ryan White case manager provided during your most recent interaction? *(select one)*

¿Cómo calificaría el servicio que brindó su administrador de casos de Ryan White durante su interacción más reciente? *(Seleccione unos)*

Poor / Pobre	Fair / Regular	Good / Bueno	Very Good / Muy Bueno	Excellent / Excelente	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 27. Please select the response that best describes your experience with your Ryan White case manager.

Seleccione la respuesta que mejor describa su experiencia con su administrador de casos de Ryan White.

	Always	Sometimes	Never	N/A
Do you ever leave your HIV case manager with unanswered questions or questions you didn't ask? ¿Alguna vez deja a su administrador de casos de VIH con preguntas sin respuesta o preguntas que no hizo?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My HIV case manager spends enough time with me during visits. Mi administrador de casos de VIH pasa suficiente tiempo conmigo durante las visitas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My HIV case manager listens to me during my visits. Mi administrador de casos de VIH me escucha durante mis visitas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If my HIV case manager doesn't speak my language, they use an interpreter to talk with me. Si mi administrador de casos de VIH no habla mi idioma, usa un intérprete para hablar conmigo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Always	Sometimes	Never	N/A
<p>My HIV case manager is easy to reach when needed.</p> <p>Mi administrador de casos de VIH es de fácil acceso cuando es necesario.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>It is easy to schedule an appointment with my HIV case manager.</p> <p>Es fácil programar una cita con mi administrador de casos de VIH.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>My case manager makes sure I get the things I need, including referrals to specialty care.</p> <p>Mi administrador de casos se asegura de que obtenga lo que necesito, incluidas las derivaciones a atención especializada.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>My HIV case manager asks me about my sexual health and relationship health.</p> <p>Mi administrador de casos de VIH me pregunta sobre mi salud sexual y la salud de mi relación.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>I feel comfortable discussing sexual risk with my HIV case manager.</p> <p>Me siento cómoda hablando del riesgo sexual con mi administrador de casos de VIH.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>I feel comfortable discussing mental health issues with my HIV case manager.</p> <p>Me siento cómodo hablando de problemas de salud mental con mi administrador de casos de VIH.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Always	Sometimes	Never	N/A
I feel comfortable discussing substance use with my HIV case manager. Me siento cómodo hablando del uso de sustancias con mi administrador de casos de VIH.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My HIV case manager has discussed with me Undetectable = Untransmittable. MMi administrador de casos de VIH ha hablado conmigo Indetectable = Intransmisible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My case manager provides me with the support I need. Mi administrador de casos me brinda el apoyo que necesito.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Nevada HIV Assessment Survey

Evaluación / Encuesta de Atención y Servicios de VIH en Nevada

Housing / Viviendas

* 28. What best describes your current living situation?

¿Qué describe mejor su situación de vida actual?

- ☐ Private home that I own or rent.
Vivienda particular que poseo o alquilo.
- ☐ Apartment that I rent.
Apartamento que alquilo.
- ☐ Temporary housing (hotel or shelter).
Vivienda temporal (hotel o refugio).
- ☐ Other (please specify)
- ☐ Institution (nursing home or long-term care facility).
Institución (hogar de ancianos o centro de cuidados a largo plazo).
- ☐ Living on the street.
Viviendo en la calle.
- ☐ Staying with friends or family.
Quedarse con amigos o familiares.

*** 29. In the last 12 months, have any of the following barriers kept you from accessing or maintaining stable housing?**

En los últimos 12 meses, ¿alguna de las siguientes barreras le ha impedido acceder o mantener una vivienda estable?

	Yes	No	N/A
Credit / Crédito	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evictions / Desalojos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criminal record / Antecedentes penales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income / Ingreso	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability / Discapacidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wait list(s) / Listas de espera	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pet(s) / Mascotas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health / Salud mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use / Uso de sustancias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical health / Salud física	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unable to pay bills on time / Incapaz de pagar facturas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

*** 30. How long have you lived where you currently sleep?**

¿Cuánto tiempo ha vivido donde duerme actualmente?

- | | |
|---|--|
| <input type="radio"/> Less than 1 month / Menos de 1 mes | <input type="radio"/> More than 1 year / Más de 1 año |
| <input type="radio"/> 1-2 months / 1-2 meses | <input type="radio"/> Don't know / No se |
| <input type="radio"/> 3-6 months / 3-6 meses | <input type="radio"/> None of the above (I am homeless)
No aplica (soy una persona sin hogar) |
| <input type="radio"/> 6 months - 1 year / 6 meses - 1 año | |

*** 31. Are you currently living in public housing or receiving an ongoing monthly housing subsidy (such as Section 8, Housing Choice Voucher, Permanent Supportive Housing (PSH), Shelter+Care, Ryan White housing, HOPWA)?**

¿Vive actualmente en una vivienda pública o recibe un subsidio de vivienda mensual continuo (como la Sección 8, Vales de elección de vivienda, Vivienda de apoyo permanente (PSH), Refugio + Cuidado, vivienda Ryan White, HOPWA)?

☐ Yes / Si

☐ No

☐ Don't know / No se

*** 32. Do you receive housing assistance through Ryan White or HOPWA?**

¿Recibe asistencia de vivienda a través de Ryan White o HOPWA?

☐ I receive Ryan White housing assistance
Recibo asistencia de vivienda Ryan White

☐ I receive HOPWA housing assistance
Recibo asistencia de vivienda de HOPWA

☐ I receive both Ryan White housing assistance and HOPWA housing assistance
Recibo asistencia de vivienda Ryan White y asistencia de vivienda HOPWA

☐ I do not receive housing assistance through Ryan White or HOPWA
No recibo asistencia de vivienda a través de Ryan White o HOPWA

☐ Don't know
No se

33. Think about your housing situation. Do any of the following prevent you from fully participating in your HIV care, including taking your HIV medications? (Select all that apply)

Piense en su situación de vivienda. ¿Alguno de los siguientes factores le impide participar plenamente en su atención contra el VIH, incluida la toma de sus medicamentos contra el VIH? (Seleccione todas las que correspondan)

☐ None – housing doesn't impact my HIV care
Ninguno: la vivienda no afecta mi atención del VIH

☐ I don't have money to pay for rent
No tengo dinero para pagar el alquiler

☐ I don't have a private room
No tengo una habitación privada

☐ I don't have heat and/or air conditioning
No tengo calefacción y / o aire acondicionado

☐ I don't have a place to store my medications
No tengo un lugar para guardar mis medicamentos

☐ I don't want anyone to know I am HIV positive
No quiero que nadie sepa que soy VIH positivo

☐ I don't have a telephone where someone can call me
No tengo un teléfono donde alguien me pueda llamar

☐ Other (please specify)
Otros (especificar)

Needs, Barriers, and Gaps / Necesidades, barreras y brechas**34. In the past 12 months, have you needed the following services?****En los últimos 12 meses, ¿ha necesitado los siguientes servicios?**

	Yes, and I used this service Sí, y usé este servicio	Yes, but I couldn't access this service Sí, pero no pude acceder a este servicio.	No, I didn't need this service No, no necesitaba este servicio	N/A
Outpatient/Ambulatory Medical Care: Seeing a doctor for your HIV medical care including your lab work. Does not include care from Emergency Room or if you stay in the hospital. Atención médica ambulatoria / ambulatoria: consultar a un médico para recibir atención médica para el VIH, incluido el análisis de laboratorio. No incluye atención en la sala de emergencias o si permanece en el hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Insurance Premium and Cost Sharing Assistance: will pay for medication or doctor visits if you receive a bill. Asistencia para la prima del seguro médico y los costos compartidos: pagará los medicamentos o las visitas al médico si recibe una factura.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral Health Care: Going to a dentist for care of your teeth and gums. Cuidado de la salud bucal: acudir a un dentista para el cuidado de sus dientes y encías.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes, and I used this service Sí, y usé este servicio	Yes, but I couldn't access this service Sí, pero no pude acceder a este servicio.	No, I didn't need this service No, no necesitaba este servicio	N/A
<p>Mental Health Services: Going to a counselor or therapist to talk about your emotional issues in a private visit. Servicios de salud mental: acudir a un consejero o terapeuta para hablar sobre sus problemas emocionales en una visita privada.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Medical Nutrition Therapy: Must be provided by a licensed, registered dietician and can include nutritional supplements and food. Terapia de nutrición médica: debe ser proporcionada por un dietista registrado con licencia y puede incluir suplementos nutricionales y alimentos.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Substance Abuse Services: Outpatient care to help you quite using drugs. This includes Methadone. Servicios por abuso de sustancias: atención ambulatoria para ayudarlo a consumir drogas. Esto incluye metadona.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Medical Case Management: Seeing your case manager for help making appointments, developing a care plan, setting up medical appointments, etc. Administración de casos médicos: ver a su administrador de casos para que lo ayude a programar citas, desarrollar un plan de atención, programar citas médicas, etc.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes, and I used this service Sí, y usé este servicio	Yes, but I couldn't access this service Sí, pero no pude acceder a este servicio.	No, I didn't need this service No, no necesitaba este servicio	N/A
<p>Housing Services: Help paying your rent. This service is limited to back rent. This service does not allow monthly subsidies to help you pay your rent. Servicios de vivienda: ayuda para pagar el alquiler. Este servicio se limita al alquiler atrasado. Este servicio no permite subsidios mensuales para ayudarlo a pagar su alquiler.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Emergency Financial Assistance: Help paying your electric bill, water bill, etc. Asistencia financiera de emergencia: ayuda para pagar su factura de luz, agua, etc.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Medical Transportation: Help getting you to any services on this list. If you have Medicaid, you must use Medicaid transportation and not Ryan White transportation. Transporte médico: ayuda para llevarlo a cualquier servicio de esta lista. Si tiene Medicaid, debe usar el transporte de Medicaid y no el transporte Ryan White.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Health Education/Risk Reduction: Helps clients with HIV learn how to stay healthy and not give the virus to others. Educación para la salud / Reducción de riesgos: ayuda a los clientes con VIH a aprender cómo mantenerse saludables y no contagiar el virus a otras personas.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes, and I used this service Sí, y usé este servicio	Yes, but I couldn't access this service Sí, pero no pude acceder a este servicio.	No, I didn't need this service No, no necesitaba este servicio	N/A
Food Bank/Home Delivered Meals- The provision of actual food items or a voucher program to purchase food. Banco de alimentos / comidas entregadas a domicilio: la provisión de alimentos reales o un programa de cupones para comprar alimentos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Intervention Services- the identification of individuals at points of entry and access to HIV services and includes: 1) HIV Testing and Targeted counseling; 2) Referral services; 3) Linkage to care; 4) Health education and literacy training that enables clients to navigate the HIV system of care. Servicios de intervención temprana: la identificación de las personas en los puntos de entrada y acceso a los servicios de VIH e incluye: 1) Pruebas de VIH y asesoramiento específico; 2) Servicios de referencia; 3) Vinculación con el cuidado; 4) Educación para la salud y capacitación en alfabetización que permita a los clientes navegar por el sistema de atención del VIH.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosocial Support Services – Helps clients with support groups for people living with HIV. Servicios de apoyo psicosocial: ayuda a los clientes con grupos de apoyo para personas que viven con el VIH.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Nevada HIV Assessment Survey
Evaluación / Encuesta de Atención y Servicios de VIH en Nevada

Maintain Viral Suppression / Mantener la supresión viral

35. How important do you think the following services are to achieve and maintain viral suppression (viral load at or below 200)?

¿Qué importancia cree que tienen los siguientes servicios para lograr y mantener la supresión viral (carga viral igual o inferior a 200)?

	Not at all important No tan importante	Slightly Important Ligeramente importante	Moderately Important Moderadamente importante	Very Important Muy importante	Extremely Important Extremadamente importante
Outpatient/Ambulatory Medical Care: Seeing a doctor for your HIV medical care including your lab work. Does not include care from Emergency Room or if you stay in the hospital. Atención médica ambulatoria / ambulatoria: consultar a un médico para recibir atención médica para el VIH, incluido el análisis de laboratorio. No incluye atención en la sala de emergencias o si permanece en el hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Insurance Premium and Cost Sharing Assistance: will pay for medication or doctor visits if you receive a bill. Asistencia para la prima del seguro médico y los costos compartidos: pagará los medicamentos o las visitas al médico si recibe una factura.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral Health Care: Going to a dentist for care of your teeth and gums. Cuidado de la salud bucal: acudir a un dentista para el cuidado de sus dientes y encías.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all important No tan importante	Slightly Important Ligeramente importante	Moderately Important Moderadamente importante	Very Important Muy importante	Extremely Important Extremadamente importante
<p>Mental Health Services: Going to a counselor or therapist to talk about your emotional issues in a private visit. Servicios de salud mental: acudir a un consejero o terapeuta para hablar sobre sus problemas emocionales en una visita privada.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Medical Nutrition Therapy: Must be provided by a licensed, registered dietician and can include nutritional supplements and food. Terapia de nutrición médica: debe ser proporcionada por un dietista registrado con licencia y puede incluir suplementos nutricionales y alimentos.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Substance Abuse Services: Outpatient care to help you quite using drugs. This includes Methadone. Servicios por abuso de sustancias: atención ambulatoria para ayudarlo a consumir drogas. Esto incluye metadona.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Medical Case Management: Seeing your case manager for help making appointments, developing a care plan, setting up medical appointments, etc. Administración de casos médicos: ver a su administrador de casos para que lo ayude a programar citas, desarrollar un plan de atención, programar citas médicas, etc.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all important No tan importante	Slightly Important Ligeramente importante	Moderately Important Moderadamente importante	Very Important Muy importante	Extremely Important Extremadamente importante
<p>Housing Services: Help paying your rent. This service is limited to back rent. This service does not allow monthly subsidies to help you pay your rent. Servicios de vivienda: ayuda para pagar el alquiler. Este servicio se limita al alquiler atrasado. Este servicio no permite subsidios mensuales para ayudarlo a pagar su alquiler.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Emergency Financial Assistance: Help paying your electric bill, water bill, etc. Asistencia financiera de emergencia: ayuda para pagar su factura de luz, agua, etc.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Medical Transportation: Help getting you to any services on this list. If you have Medicaid, you must use Medicaid transportation and not Ryan White transportation. Transporte médico: ayuda para llevarlo a cualquier servicio de esta lista. Si tiene Medicaid, debe usar el transporte de Medicaid y no el transporte Ryan White.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Health Education/Risk Reduction: Helps clients with HIV learn how to stay healthy and not give the virus to others. Educación para la salud / Reducción de riesgos: ayuda a los clientes con VIH a aprender cómo mantenerse saludables y no contagiar el virus a otras personas.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all important No tan importante	Slightly Important Ligeramente importante	Moderately Important Moderadamente importante	Very Important Muy importante	Extremely Important Extremadamente importante
Food Bank/Home Delivered Meals- The provision of actual food items or a voucher program to purchase food. Banco de alimentos / comidas entregadas a domicilio: la provisión de alimentos reales o un programa de cupones para comprar alimentos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Intervention Services- the identification of individuals at points of entry and access to HIV services and includes: 1) HIV Testing and Targeted counseling; 2) Referral services; 3) Linkage to care; 4) Health education and literacy training that enables clients to navigate the HIV system of care. Servicios de intervención temprana: la identificación de las personas en los puntos de entrada y acceso a los servicios de VIH e incluye: 1) Pruebas de VIH y asesoramiento específico; 2) Servicios de referencia; 3) Vinculación con el cuidado; 4) Educación para la salud y capacitación en alfabetización que permita a los clientes navegar por el sistema de atención del VIH.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosocial Support Services – Helps clients with support groups for people living with HIV. Servicios de apoyo psicosocial: ayuda a los clientes con grupos de apoyo para personas que viven con el VIH.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Ending the HIV Epidemic / Poner fin a la epidemia del VIH

36. How important do you think the following services are to End the HIV Epidemic (zero new HIV infections)?

¿Qué importancia cree que tienen los siguientes servicios para poner fin a la epidemia del VIH (cero nuevas infecciones por el VIH)?

	Not at all important No tan importante	Slightly Important Ligeramente importante	Moderately Important Moderadamente importante	Very Important Muy importante	Extremely Important Extremadamente importante
Outpatient/Ambulatory Medical Care: Seeing a doctor for your HIV medical care including your lab work. Does not include care from Emergency Room or if you stay in the hospital. Atención médica ambulatoria / ambulatoria: consultar a un médico para recibir atención médica para el VIH, incluido el análisis de laboratorio. No incluye atención en la sala de emergencias o si permanece en el hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Insurance Premium and Cost Sharing Assistance: will pay for medication or doctor visits if you receive a bill. Asistencia para la prima del seguro médico y los costos compartidos: pagará los medicamentos o las visitas al médico si recibe una factura.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral Health Care: Going to a dentist for care of your teeth and gums. Cuidado de la salud bucal: acudir a un dentista para el cuidado de sus dientes y encías.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all important No tan importante	Slightly Important Ligeramente importante	Moderately Important Moderadamente importante	Very Important Muy importante	Extremely Important Extremadamente importante
<p>Mental Health Services: Going to a counselor or therapist to talk about your emotional issues in a private visit. Servicios de salud mental: acudir a un consejero o terapeuta para hablar sobre sus problemas emocionales en una visita privada.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Medical Nutrition Therapy: Must be provided by a licensed, registered dietician and can include nutritional supplements and food. Terapia de nutrición médica: debe ser proporcionada por un dietista registrado con licencia y puede incluir suplementos nutricionales y alimentos.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Substance Abuse Services: Outpatient care to help you quite using drugs. This includes Methadone. Servicios por abuso de sustancias: atención ambulatoria para ayudarlo a consumir drogas. Esto incluye metadona.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Medical Case Management: Seeing your case manager for help making appointments, developing a care plan, setting up medical appointments, etc. Administración de casos médicos: ver a su administrador de casos para que lo ayude a programar citas, desarrollar un plan de atención, programar citas médicas, etc.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all important No tan importante	Slightly Important Ligeramente importante	Moderately Important Moderadamente importante	Very Important Muy importante	Extremely Important Extremadamente importante
<p>Housing Services: Help paying your rent. This service is limited to back rent. This service does not allow monthly subsidies to help you pay your rent. Servicios de vivienda: ayuda para pagar el alquiler. Este servicio se limita al alquiler atrasado. Este servicio no permite subsidios mensuales para ayudarlo a pagar su alquiler.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Emergency Financial Assistance: Help paying your electric bill, water bill, etc. Asistencia financiera de emergencia: ayuda para pagar su factura de luz, agua, etc.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Medical Transportation: Help getting you to any services on this list. If you have Medicaid, you must use Medicaid transportation and not Ryan White transportation. Transporte médico: ayuda para llevarlo a cualquier servicio de esta lista. Si tiene Medicaid, debe usar el transporte de Medicaid y no el transporte Ryan White.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Health Education/Risk Reduction: Helps clients with HIV learn how to stay healthy and not give the virus to others. Educación para la salud / Reducción de riesgos: ayuda a los clientes con VIH a aprender cómo mantenerse saludables y no contagiar el virus a otras personas.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all important No tan importante	Slightly Important Ligeramente importante	Moderately Important Moderadamente importante	Very Important Muy importante	Extremely Important Extremadamente importante
Food Bank/Home Delivered Meals- The provision of actual food items or a voucher program to purchase food. Banco de alimentos / comidas entregadas a domicilio: la provisión de alimentos reales o un programa de cupones para comprar alimentos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Intervention Services- the identification of individuals at points of entry and access to HIV services and includes: 1) HIV Testing and Targeted counseling; 2) Referral services; 3) Linkage to care; 4) Health education and literacy training that enables clients to navigate the HIV system of care. Servicios de intervención temprana: la identificación de las personas en los puntos de entrada y acceso a los servicios de VIH e incluye: 1) Pruebas de VIH y asesoramiento específico; 2) Servicios de referencia; 3) Vinculación con el cuidado; 4) Educación para la salud y capacitación en alfabetización que permita a los clientes navegar por el sistema de atención del VIH.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosocial Support Services – Helps clients with support groups for people living with HIV. Servicios de apoyo psicosocial: ayuda a los clientes con grupos de apoyo para personas que viven con el VIH.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COVID-19

*** 37. If you have been tested for COVID-19, what were your most recent test results?**

Si le hicieron la prueba de COVID-19, ¿cuáles fueron los resultados de sus pruebas más recientes?

- ☐ I have not been tested for COVID-19 / No me han hecho la prueba de COVID-19
- ☐ Negative for COVID-19 / Negativo para COVID-19
- ☐ Positive for COVID-19 / Positivo para COVID-19
- ☐ I don't know / No sé
- ☐ I'm waiting for my test results / Estoy esperando los resultados de mi prueba

*** 38. Do you plan to get the Covid-19 vaccine?**

Estoy esperando los resultados de mi prueba?

- ☐ I already received it / Ya lo recibí
- ☐ I don't know / No sé
- ☐ Yes / Si
- ☐ No
- ☐ If no, why not?

*** 39. Do you know where to go to get your COVID-19 vaccine?**

¿Sabe adónde ir para obtener su vacuna COVID-19?

- ☐ Yes / Si
- ☐ No

*** 40. How do you receive information about COVID-19? (Select all that apply.)**

¿Cómo recibe información sobre COVID-19? (Seleccione todas las que correspondan.)

- | | |
|--|---|
| <input type="checkbox"/> Radio | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Social media (Facebook, Twitter, etc.) / Redes sociales (Facebook, Twitter, etc.) | <input type="checkbox"/> Medical care provider / Proveedor de atención médica |
| <input type="checkbox"/> TV | <input type="checkbox"/> Case manager / Administrador de casos |
| <input type="checkbox"/> Newspaper / Periódico | <input type="checkbox"/> Friends and family / Amigos y familia |

*** 41. Which of the following service needs has been harder to get due to the COVID-19 pandemic?**

(Select all that apply.)

¿Cuál de las siguientes necesidades de servicio ha sido más difícil de conseguir debido a la pandemia de COVID-19? (Seleccione todas las que correspondan.)

- | | |
|---|---|
| <input type="checkbox"/> Food / Comida | <input type="checkbox"/> Substance use services / Servicios de uso de sustancias |
| <input type="checkbox"/> Housing / Alojamiento | <input type="checkbox"/> Oral health / Salud bucal |
| <input type="checkbox"/> Healthcare or health-related services / Servicios sanitarios o relacionados con la salud | <input type="checkbox"/> Case management / Manejo de casos |
| <input type="checkbox"/> Childcare / Cuidado de niños | <input type="checkbox"/> Transportation / Transporte |
| <input type="checkbox"/> Education / Educación | <input type="checkbox"/> Peer or support groups / Grupos de compañeros o de apoyo |
| <input type="checkbox"/> Mental health services / Servicios de salud mental | <input type="checkbox"/> Medications Assistance Programs / Programas de asistencia con medicamentos |
| <input type="checkbox"/> Other (please specify)
Otro (por favor especifique) | |

*** 42. What is helping you stay in HIV medical care during the COVID-19 pandemic? (Select all that apply.)**

¿Qué le ayuda a permanecer en la atención médica para el VIH durante la pandemia de COVID-19? (Seleccione todas las que correspondan.)

- | | |
|---|---|
| <input type="checkbox"/> Food / Comida | <input type="checkbox"/> Substance use services / Servicios de uso de sustancias |
| <input type="checkbox"/> Housing / Alojamiento | <input type="checkbox"/> Oral health / Salud bucal |
| <input type="checkbox"/> Healthcare or health-related services / Servicios sanitarios o relacionados con la salud | <input type="checkbox"/> Case management / Manejo de casos |
| <input type="checkbox"/> Childcare / Cuidado de niños | <input type="checkbox"/> Transportation / Transporte |
| <input type="checkbox"/> Education / Educación | <input type="checkbox"/> Peer or support groups / Grupos de compañeros o de apoyo |
| <input type="checkbox"/> Mental health services / Servicios de salud mental | <input type="checkbox"/> Medications Assistance Programs / Programas de asistencia con medicamentos |
| <input type="checkbox"/> Other (please specify)
Otro (por favor especifique) | |

*** 43. During COVID-19, I can use the following electronic devices to stay connected to Ryan White services: (Select all that apply.)**

Durante COVID-19, puedo usar los siguientes dispositivos electrónicos para permanecer conectado a los servicios Ryan White: (Seleccione todas las opciones que correspondan).

- | | |
|---|--|
| <input type="checkbox"/> Cell Phone / Teléfono móvil | <input type="checkbox"/> Tablet (iPad, Microsoft Surface, etc.) / Tableta (iPad, Surface Pro, Tab) |
| <input type="checkbox"/> Smartphone or device with data / Smartphone o dispositivo con datos | <input type="checkbox"/> Internet (3g, 4g, 5g, WiFi) |
| <input type="checkbox"/> Computer (laptop, desktop) / Computadora (computadora portátil, computadora de escritorio) | |
| <input type="checkbox"/> Other (please specify)
Otro (por favor especifique) | |

☐ None of the above

Nevada HIV Assessment Survey

Evaluación / Encuesta de Atención y Servicios de VIH en Nevada


Gift Card Registration / Registro de tarjeta de regalo

Thank you for participating in the Nevada HIV Assessment Survey. There is a \$25 Smith's Food Voucher card available for completing this survey. You can use the gift card as money at Smith's or Fry's Grocery Stores to buy anything except alcohol or tobacco. Please provide your name, address, and a valid email address to receive the Food Voucher card. **ALL FOOD VOUCHER CARDS WILL BE DISTRIBUTED VIA EMAIL.** Failure to provide a valid email address could result in your voucher card being lost. If you do not wish to receive the gift card, please leave the field blank. **Limit one gift card per person.**

Gracias por participar en la Encuesta de evaluación del VIH de Nevada. Hay una tarjeta Smith's Food Voucher de \$ 25 disponible para completar esta encuesta. Puede usar la tarjeta de regalo como dinero en Smith's o Fry's Grocery Stores para comprar cualquier cosa, excepto alcohol o tabaco. Proporcione su nombre, dirección y una dirección de correo electrónico válida para recibir la tarjeta de cupón de alimentos. **TODAS LAS TARJETAS DE VALES DE COMIDA SERÁN DISTRIBUIDAS POR CORREO ELECTRÓNICO.** Si no proporciona una dirección de correo electrónico válida, podría perder su tarjeta de cupón. Si no desea recibir la tarjeta de regalo, deje el campo en blanco. **Límite de una tarjeta de regalo por persona.**

44. Food Voucher Card Registration

Registro de tarjeta de cupón de alimentos

Name / Nombre	<input type="text"/>
Address / dirección línea 1 calle	<input type="text"/>
Apartment, Unit, Suite / Apartamento, Unidad, Suite	<input type="text"/>
City/Town Ciudad	<input type="text"/>
State/Province	-- select state -- 
ZIP/Postal Code	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>