

## Quick Reference Handout 4.2: Example of a Multi-Year Needs Assessment Plan Prepared by a PC/PB Needs Assessment Committee

**Bold items** are the planning council's most intensive needs assessment activity each year.

**Red items** are prevention-oriented needs assessment components for integrated prevention/care planning bodies.

| Component  | Year 1  | Year 2  | Year 3   |
|--|---|---|--|
| 1b. Epidemiologic Profile with HIV Care Continuum                      | <ul style="list-style-type: none"> <li>Epi profile PowerPoint presentation to be provided by state surveillance staff based on written epi profile prepared using CD's 2014 Guidance <ul style="list-style-type: none"> <li>Provided in time for spring data presentation using prior calendar year data</li> <li>Format and scope of presentation to PC/PB jointly determined</li> <li>Special data/analysis to be agreed upon by December 31</li> </ul> </li> <li>Inclusion of HIV care continuum data for all living HIV cases in the Part A jurisdiction</li> </ul> | <ul style="list-style-type: none"> <li>New epi profile as in Year 1</li> <li>HIV care continuum data for RWHAP clients to be provided along with HIV care continuum for all living HIV cases</li> </ul> | <ul style="list-style-type: none"> <li>Epi profile as in Year 1</li> <li>HIV care continuum data for all living HIV cases, all RWHAP clients, and RWHAP clients by agreed-upon subpopulations</li> </ul> |
| 2a. Estimate of the Number and Characteristics of PLWH with Unmet Need | <ul style="list-style-type: none"> <li>Estimate of number of PLWH who know their status and are not in care used for prior year Part A application to be included in PSRA data presentation</li> </ul>  | <ul style="list-style-type: none"> <li>Unmet need estimate to be provided and presented as in Year 1</li> <li>Profile of PLWH with unmet need to be provided and presented as in Year 1</li> </ul>      | <ul style="list-style-type: none"> <li>Unmet need estimate to be provided and presented as in Year 1</li> <li>Profile of PLWH with unmet need to be provided and presented as in Year 1</li> </ul>       |

| Component   | Year 1   | Year 2   | Year 3   |
|---|--|--|--|
| 2a. Estimate of the Number and Characteristics of PLWH with Unmet Need<br><b>CONTINUED</b>                    | <ul style="list-style-type: none"> <li>• New estimate to be provided for inclusion in Part A application, using estimation method specified by HRSA/HAB—presentation to be made at Needs Assessment Committee and then at PC meeting in the fall</li> <li>• Profile of PLWH with unmet need including available demographics and county of residence to be provided and presented by surveillance staff in the fall along with the estimate of unmet need</li> </ul> |  |  |
| 2b. Estimate of the Number and Characteristics of Individuals with HIV Who Do Not Know Their Status (Unaware) | <ul style="list-style-type: none"> <li>• Surveillance staff to provide an estimate of the number of HIV+/unaware in the jurisdiction and include it in the data presentation along with HIV care continuum data</li> </ul>   | <ul style="list-style-type: none"> <li>• Surveillance staff to provide an estimate of the number of HIV+/unaware in the jurisdiction as in Year 1</li> <li>• Surveillance staff to identify groups of PLWH most likely to be unaware based on analysis of data on:               <ul style="list-style-type: none"> <li>— Number and characteristics of late testers</li> <li>— Number and characteristics of recently diagnosed PLWH</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Surveillance staff to provide an estimate of the number of HIV+/unaware in the jurisdiction as in Year 1</li> </ul>   |
| 3a. Assessment of Service Needs and Barriers: PLWH in Care  | <ul style="list-style-type: none"> <li>• <b>PC to conduct a PLWH Survey to reach at least 500 individuals (or x percentage, depending on number in jurisdiction) representative of all PLWH in the jurisdiction and prepare report</b> <ul style="list-style-type: none"> <li>— Use sampling that generates a representative sample</li> <li>— Include questions on other health conditions</li> </ul> </li> </ul>   | <ul style="list-style-type: none"> <li>• Conduct additional analysis of survey data along with service utilization and client characteristics data, to further explore key identified issues</li> </ul>  | <ul style="list-style-type: none"> <li>• Conduct focus groups as special studies to reach 12-20 PLWH from each of at least 5 targeted PLWH populations and from HIV-negative individuals with identified risk</li> </ul> |

| Component   | Year 1   | Year 2   | Year 3   |
|---|--|--|--|
| 3a. Assessment of Service Needs and Barriers: PLWH in Care<br>CONTINUED | <ul style="list-style-type: none"> <li>— Put survey on tablets and laptops and use peers to help with survey administration</li> <li>— <b>For integrated planning bodies, include questions about need for and access to prevention for positives and include questions on HIV education and prevention experiences for PLWH diagnosed in the past 3 years</b></li> <li>• PC to do targeted studies using the PLWH survey questions or special tools               <ul style="list-style-type: none"> <li>— With help from providers and PLWH groups, target and include at least 25 PLWH from each of 5-8 identified target populations [e.g., immigrants, young African American MSM, transgender PLWH, Latinas, Homeless PLWH, recently incarcerated PLWH, youth transitioning to adult care, individuals from low-incidence counties in the service area)</li> </ul> </li> </ul> |  |  |
| 3b. Assessment of Service Needs and Barriers: PLWH Out of Care          | <ul style="list-style-type: none"> <li>• Include questions on PLWH survey for individuals who entered or returned to care in the past 6 months</li> </ul>  | <ul style="list-style-type: none"> <li>• Include questions about past or current out-of-care status as part of special studies assessing service needs and barriers</li> </ul> | <ul style="list-style-type: none"> <li>• <b>PC to carry out a special study to identify and survey at least 150 PLWH who know their status and are not in care or who re-entered care within the past 6 months to determine their service experiences, needs, barriers, reasons for being out of care, and factors that would help them return to care, tabulate and analyze data, and prepare a report and summary presentation for PSRA</b></li> </ul> |

| Component                                      | Year 1  | Year 2  | Year 3   |
|--|---|---|--|
| 4. Resource Inventory                          | <ul style="list-style-type: none"> <li>• Develop an updated resource inventory <ul style="list-style-type: none"> <li>– Review resource inventory data from HRSA/CDC Integrated HIV Prevention and Care Plan</li> <li>– Use existing resource guide for consumers if one exists</li> <li>– Work with PC support staff to obtain updated information from identified service providers with and without RWHAP funding</li> <li>– Add full addresses and telephone numbers of providers along with services provided and other basic information</li> <li>– Format resource inventory for easy use</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Update resource inventory</li> <li>• Work with recipient to make resource inventory user friendly, searchable, and available online for use by providers and clients</li> </ul>  | <ul style="list-style-type: none"> <li>• Update resource inventory</li> </ul>  |
| 5. Profile of Provider Capacity and Capability | <ul style="list-style-type: none"> <li>• Review PLWH survey findings to identify accessibility and appropriateness issues that should be addressed in the tool used to develop the profile of provider capacity and capability</li> </ul>   | <ul style="list-style-type: none"> <li>• <b>PC to implement a survey to generate a profile of provider capacity and capability</b> <ul style="list-style-type: none"> <li>– Begin with list from resource inventory</li> <li>– Include RWHAP-funded and non-funded providers of HIV-related core medical and support services</li> <li>– Obtain, review and use questions from profile tools developed by other jurisdictions</li> <li>– <b>Include questions about prevention as well as care services</b></li> <li>– Do follow-up interviews to ensure responses from RWHAP subrecipients and other major provider</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Work with recipient to update information</li> <li>• Do follow up with providers to identify changes in services provided or populations targeted and update profile</li> </ul> |

| Component   | Year 1   | Year 2   | Year 3  |
|---|--|--|---|
| 5. Profile of Provider Capacity and Capability<br><b>CONTINUED</b>                        |  | <ul style="list-style-type: none"> <li>• Develop an aggregate profile of provider capability and capacity and identify issues related to the availability, accessibility, and appropriateness of services</li> <li>• Use data from survey to add information on service hours, languages spoken, and other detail to the resource inventory</li> </ul> |   |
| 6. Assessment of Service Needs and Gaps: Analysis and Review of All Needs Assessment Data | <ul style="list-style-type: none"> <li>• Needs Assessment Committee to review data, identify key findings, and prepare a summary matrix of findings, a written needs assessment findings summary, and a PowerPoint summary for use in the data presentation for PSRA <ul style="list-style-type: none"> <li>— Include information on service utilization and client characteristics from the recipient in the review and analysis</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Analysis and documents preparation as in Year 1</li> </ul>  | <ul style="list-style-type: none"> <li>• Analysis and documents preparation as in Year 1</li> </ul> |

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## Needs Assessment Report – Quick Reference Sheet

### Epidemiological Profile of Austin Transitional Grant Area

- Latest estimate of undiagnosed People Living with HIV created in 2019 by Texas Department of State Health Services (DSHS).
  - Texas DSHS HIV Surveillance estimated 8,000 total PLWH and recorded 6756 diagnosed PLWH in 2019.
    - Therefore, there was ~ 1250 living without a diagnosis.
    - From 2019 to 2022, there was growth in the number of diagnosed PLWH from 6756 to 7568, which is an ~15% growth.
  - A 15% increase of ~1250 is approximately ~1440 living without a diagnosis. *Please keep in mind that this is an estimate and assumes that the growth rate remained constant from 2019 to 2022. The Office of Support is asking for an updated estimate of undiagnosed PLWH in the FY25 Data Request to Texas DSHS.*

The Table below provides an overview of the demographics of Diagnosed PLWH in Austin TGA:

#### People living with Diagnosed HIV by Specified Demographics in Austin TGA

|  | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|--|------|------|------|------|------|------|------|------|------|------|
| <b>Total</b>                           | 5488 | 5663 | 5857 | 6120 | 6346 | 6529 | 6756 | 6938 | 7175 | 7568 |
| <b>Sex at birth</b>                    |      |      |      |      |      |      |      |      |      |      |
| <b>Female</b>                          | 803  | 823  | 842  | 877  | 901  | 927  | 970  | 980  | 1002 | 1028 |
| <b>Male</b>                            | 4685 | 4840 | 5015 | 5243 | 5445 | 5602 | 5786 | 5958 | 6173 | 6540 |
| <b>Gender identity</b>                 |      |      |      |      |      |      |      |      |      |      |
| <b>Transgender Women</b>               | 68   | 71   | 72   | 76   | 86   | 80   | 87   | 97   | 105  | 103  |
| <b>Transgender Men</b>                 | 0    | 0    | 1    | 1    | 1    | 1    | 1    | 1    | 2    | 2    |
| <b>Cisgender Women</b>                 | 803  | 823  | 841  | 876  | 900  | 926  | 969  | 979  | 1000 | 1026 |
| <b>Cisgender Men</b>                   | 4617 | 4769 | 4943 | 5167 | 5359 | 5522 | 5699 | 5861 | 6068 | 6433 |
| <b>Additional Gender Identity</b>      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 4    |
| <b>Current Age</b>                     |      |      |      |      |      |      |      |      |      |      |
| <b>0-14</b>                            | 19   | 17   | 18   | 18   | 15   | 13   | 13   | 12   | 11   | 5    |
| <b>15-24</b>                           | 227  | 248  | 247  | 268  | 260  | 238  | 231  | 225  | 228  | 243  |
| <b>25-34</b>                           | 970  | 1073 | 1141 | 1182 | 1270 | 1322 | 1386 | 1455 | 1485 | 1593 |
| <b>35-44</b>                           | 1421 | 1345 | 1287 | 1367 | 1380 | 1445 | 1519 | 1555 | 1651 | 1751 |
| <b>45-54</b>                           | 1809 | 1820 | 1873 | 1848 | 1836 | 1760 | 1691 | 1642 | 1621 | 1651 |
| <b>55-64</b>                           | 828  | 911  | 1001 | 1117 | 1205 | 1333 | 1434 | 1512 | 1580 | 1640 |
| <b>65+</b>                             | 214  | 249  | 290  | 320  | 380  | 418  | 482  | 537  | 599  | 685  |
| <b>Race/Ethnicity</b>                  |      |      |      |      |      |      |      |      |      |      |
| <b>American Indian/Native American</b> | 2    | 2    | 2    | 2    | 2    | 3    | 5    | 5    | 6    | 6    |

[illegible]

|                      |      |      |      |      |      |      |      |      |      |      |
|----------------------|------|------|------|------|------|------|------|------|------|------|
| <b>Missing/Other</b> | 1226 | 1216 | 1237 | 1289 | 1332 | 1336 | 1357 | 1353 | 1383 | 1414 |
|----------------------|------|------|------|------|------|------|------|------|------|------|

Table 1. People Living With HIV by Specified Demographics in Austin, TGA from 2013-2022. Ann Robbins, Texas Department of State Health Services. 2023.

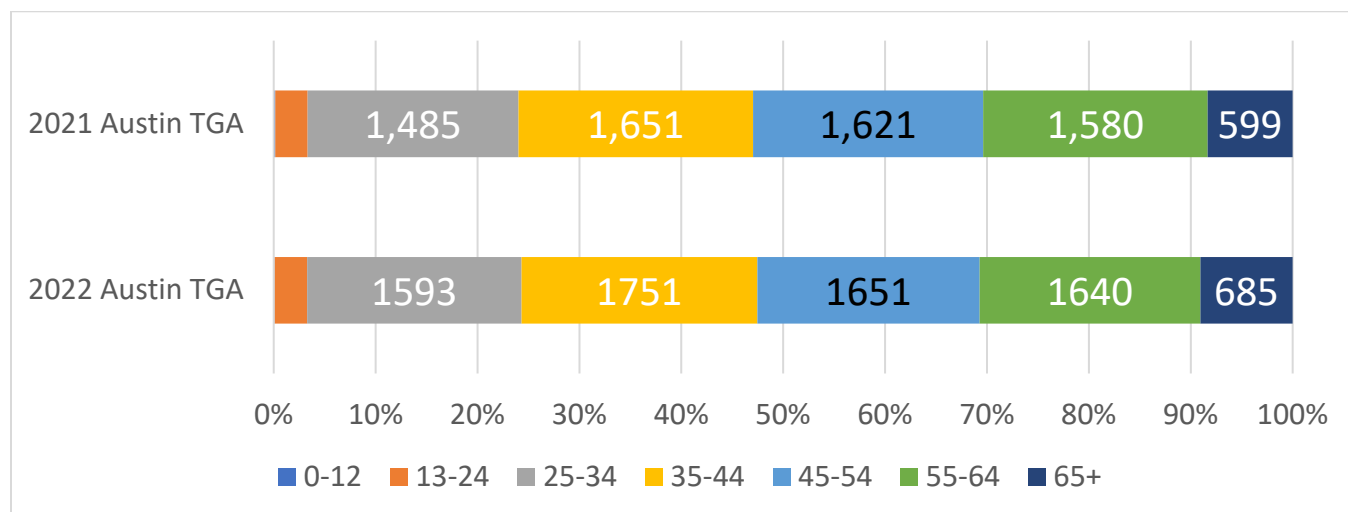


Figure 1. Comparison of 2021 and 2022 HIV Diagnosis data by age categories from Texas DSHS HIV/STI surveillance data.

In 2021, Ann Robbins, HIV/STI Section of Texas DSHS reported that about 50% of diagnosed PLWH are between the ages of 35 and 54. In 2022, according to the provided surveillance data this statistic has dropped to about 45%.

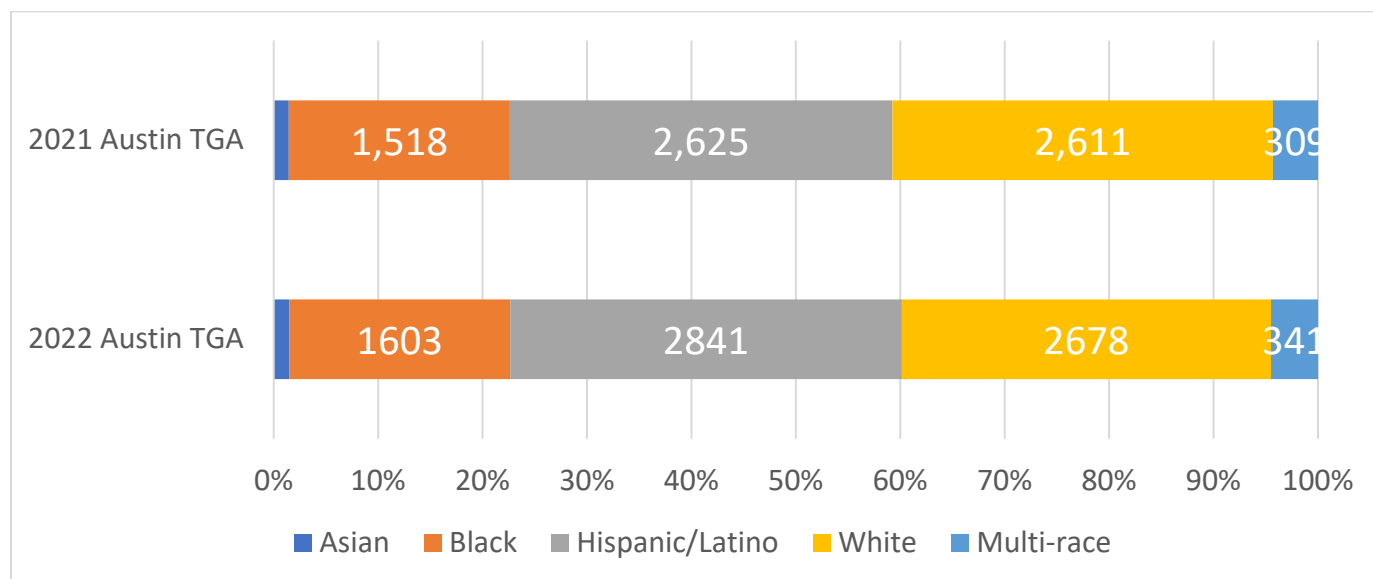


Figure 2. Comparison of 2021 and 2022 HIV Diagnosis data by race/ethnicity categories from Texas DSHS HIV/STI surveillance.



Texas Department of State Health Services also provided a table of specified demographics for Newly Diagnosed PLWH only in the Austin TGA

### New Diagnosis by Specified Demographics in Austin TGA

|   | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|------|------|------|------|------|------|------|------|------|------|
| <b>Total</b>                            | 276  | 301  | 338  | 311  | 289  | 262  | 255  | 218  | 295  | 337  |
| <b>Sex at birth</b>                     |      |      |      |      |      |      |      |      |      |      |
| <b>Female</b>                           | 38   | 28   | 36   | 35   | 34   | 38   | 38   | 22   | 33   | 35   |
| <b>Male</b>                             | 238  | 273  | 302  | 276  | 255  | 224  | 217  | 196  | 262  | 302  |
| <b>Gender identity</b>                  |      |      |      |      |      |      |      |      |      |      |
| <b>Transgender Women</b>                | 4    | 3    | 5    | 5    | 6    | 1    | 2    | 6    | 6    | 9    |
| <b>Transgender Men</b>                  | 0    | 0    | 1    | 0    | 0    | 0    | 0    | 1    | 1    | 0    |
| <b>Cisgender Women</b>                  | 38   | 28   | 35   | 35   | 34   | 38   | 38   | 21   | 32   | 35   |
| <b>Cisgender Men</b>                    | 234  | 270  | 297  | 271  | 249  | 223  | 215  | 190  | 256  | 291  |
| <b>Additional Gender Identity</b>       | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 2    |
| <b>Age at Diagnosis</b>                 |      |      |      |      |      |      |      |      |      |      |
| <b>0-14</b>                             | 1    | 1    | 0    | 0    | 0    | 1    | 0    | 0    | 0    | 0    |
| <b>15-24</b>                            | 48   | 78   | 79   | 72   | 76   | 58   | 57   | 50   | 54   | 66   |
| <b>25-34</b>                            | 99   | 106  | 134  | 117  | 114  | 102  | 101  | 101  | 125  | 152  |
| <b>35-44</b>                            | 65   | 53   | 59   | 64   | 46   | 53   | 56   | 38   | 69   | 66   |
| <b>45-54</b>                            | 46   | 44   | 51   | 31   | 32   | 27   | 23   | 23   | 29   | 27   |
| <b>55-64</b>                            | 12   | 17   | 13   | 22   | 17   | 16   | 12   | 4    | 15   | 21   |
| <b>65+</b>                              | 5    | 2    | 2    | 5    | 4    | 5    | 6    | 2    | 3    | 5    |
| <b>Race/Ethnicity</b>                   |      |      |      |      |      |      |      |      |      |      |
| <b>American Indian/Native American</b>  | 0    | 0    | 1    | 0    | 0    | 0    | 1    | 0    | 0    | 0    |
| <b>Asian</b>                            | 6    | 5    | 8    | 3    | 6    | 5    | 7    | 3    | 6    | 8    |
| <b>Black</b>                            | 49   | 48   | 55   | 57   | 61   | 49   | 50   | 42   | 57   | 67   |
| <b>Hispanic/Latino</b>                  | 109  | 124  | 151  | 132  | 118  | 100  | 115  | 110  | 151  | 169  |
| <b>Native Hawaiian/Pacific Islander</b> | 0    | 0    | 1    | 1    | 0    | 0    | 0    | 0    | 0    | 0    |
| <b>White</b>                            | 100  | 110  | 106  | 102  | 90   | 101  | 78   | 51   | 73   | 83   |
| <b>Multi-race</b>                       | 12   | 14   | 16   | 16   | 14   | 7    | 4    | 12   | 8    | 10   |
| <b>Unknown/Other</b>                    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    |
| <b>Mode of Transmission Groups</b>      | 208  | 233  | 263  | 239  | 218  | 190  | 184  | 173  | 224  | 268  |

|  |    |     |     |     |    |    |    |    |     |     |
|--|----|-----|-----|-----|----|----|----|----|-----|-----|
| <b>MSM</b>                               |    |     |     |     |    |    |    |    |     |     |
| <b>MSM/PWID</b>                          | 19 | 23  | 23  | 17  | 23 | 12 | 21 | 10 | 20  | 14  |
| <b>Male PWID</b>                         | 5  | 8   | 7   | 6   | 6  | 10 | 5  | 10 | 9   | 11  |
| <b>Female PWID</b>                       | 6  | 4   | 6   | 8   | 4  | 9  | 5  | 4  | 5   | 6   |
| <b>Men who have sex with women</b>       | 6  | 9   | 9   | 13  | 9  | 13 | 6  | 4  | 8   | 8   |
| <b>Women who have sex with men</b>       | 31 | 23  | 30  | 27  | 30 | 28 | 33 | 18 | 28  | 30  |
| <b>Missing/Other</b>                     | 1  | 1   | 0   | 0   | 0  | 1  | 0  | 0  | 0   | 0   |
| <b>Priority/Special Populations</b>      |    |     |     |     |    |    |    |    |     |     |
| <b>Hispanic/Latino MSM</b>               | 88 | 102 | 122 | 104 | 93 | 78 | 95 | 93 | 119 | 135 |
| <b>Black MSM</b>                         | 23 | 29  | 31  | 40  | 38 | 33 | 27 | 35 | 40  | 48  |
| <b>White MSM</b>                         | 78 | 85  | 85  | 78  | 66 | 72 | 51 | 29 | 50  | 62  |
| <b>Hispanic/Latino WSM</b>               | 6  | 8   | 8   | 9   | 10 | 11 | 9  | 8  | 12  | 11  |
| <b>Black WSM</b>                         | 20 | 12  | 17  | 9   | 12 | 8  | 15 | 3  | 10  | 13  |
| <b>White WSM</b>                         | 5  | 1   | 2   | 7   | 6  | 7  | 8  | 4  | 3   | 5   |
| <b>Hispanic/Latino MSW</b>               | 3  | 3   | 6   | 5   | 3  | 3  | 3  | 3  | 5   | 6   |
| <b>Black MSW</b>                         | 2  | 4   | 2   | 4   | 3  | 5  | 3  | 1  | 3   | 1   |
| <b>White MSW</b>                         | 1  | 2   | 1   | 3   | 3  | 3  | 0  | 1  | 1   | 1   |
| <b>Hispanic/Latino Transgender Women</b> | 2  | 1   | 3   | 4   | 2  | 1  | 0  | 4  | 4   | 5   |
| <b>Black Transgender Women</b>           | 1  | 1   | 1   | 1   | 4  | 0  | 1  | 2  | 1   | 4   |
| <b>White Transgender Women</b>           | 1  | 1   | 0   | 0   | 0  | 0  | 1  | 0  | 1   | 0   |
| <b>Other Race Transgender Women</b>      | 0  | 0   | 1   | 0   | 0  | 0  | 0  | 0  | 0   | 0   |
| <b>Hispanic/Latino Transgender Men</b>   | 0  | 0   | 0   | 0   | 0  | 0  | 0  | 0  | 0   | 0   |
| <b>Black Transgender Men</b>             | 0  | 0   | 0   | 0   | 0  | 0  | 0  | 0  | 0   | 0   |
| <b>White Transgender Men</b>             | 0  | 0   | 1   | 0   | 0  | 0  | 0  | 1  | 1   | 0   |
| <b>Other Race Transgender Men</b>        | 0  | 0   | 0   | 0   | 0  | 0  | 0  | 0  | 0   | 0   |
| <b>Missing/Other</b>                     | 46 | 53  | 58  | 47  | 51 | 41 | 42 | 37 | 46  | 47  |

Table 2. New Diagnoses of HIV by Specified Demographics in Austin, TGA from 2013-2022. Ann Robbins, Texas Department of State Health Services. 2023.

Texas Department of State Health Services, Ann Robbins provided recommendations to disrupt transmission in the summer of 2023. When looking at the ~8,000 PLWH in 2019, 58% have achieved a suppressed viral load. The Figure below provides a breakdown of non-virally suppressed persons.

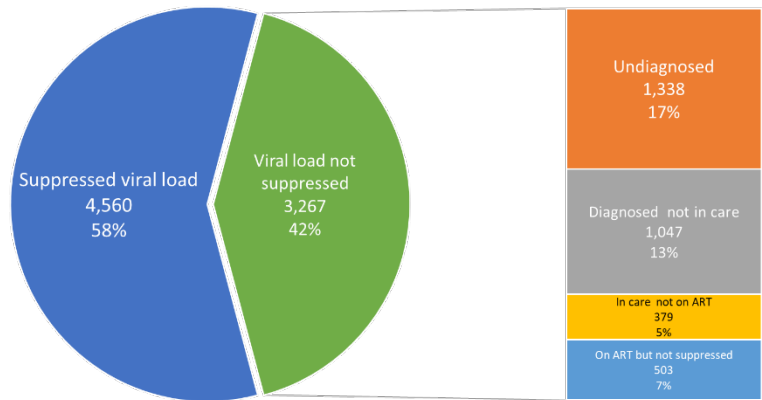


Figure 3. Recommendations to Disrupt HIV Transmission using 2019 data. 2023. Ann Robins, Texas DSHS.

There is a need to assist PLWH in achieving a suppressed viral load, as 42% of the ~8,000, or 2 out of every 5 persons are unable to attain viral suppression. When looking into those who are not able to achieve viral suppression, 17% of 3267 persons w/o viral suppression are living without a diagnosis and 13% have a diagnosis but are not in care.

An analysis of 2019 Austin TGA data, combined with transmission likelihood rates from national Centers for Disease Control and Prevention (CDC) studies on the HIV Continuum, revealed that 80% of new HIV acquisitions (cases) in Austin TGA were associated with individuals who were either undiagnosed with HIV or diagnosed but not receiving care.

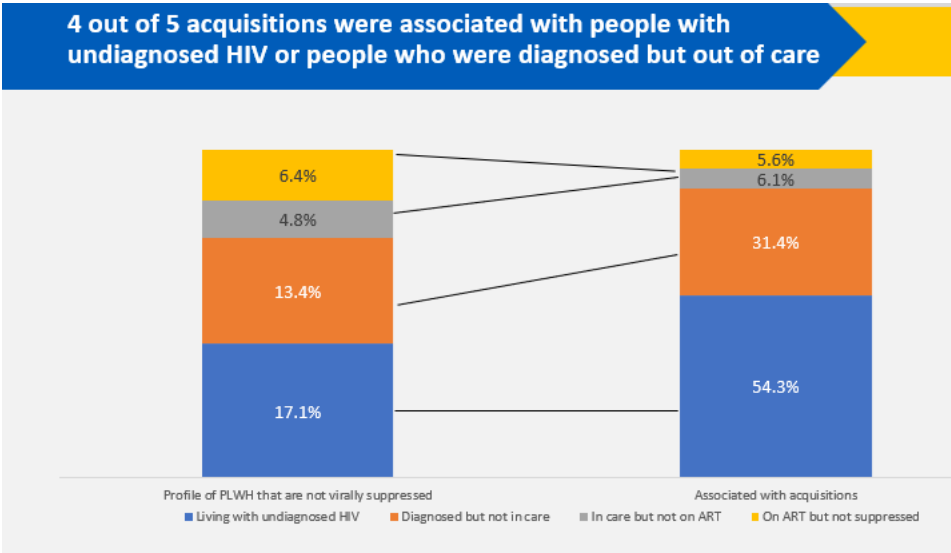


Figure 4. Relationship between profile of PLWH who are not virally suppressed that is associated with new HIV acquisitions.

In 2019, the proportion of PLWH who have a diagnosis was in the 80's for most priority populations. MSMs, Males at Birth, Latinx persons, and those who are 13-24 years old had the lowest proportions of diagnosis overall.

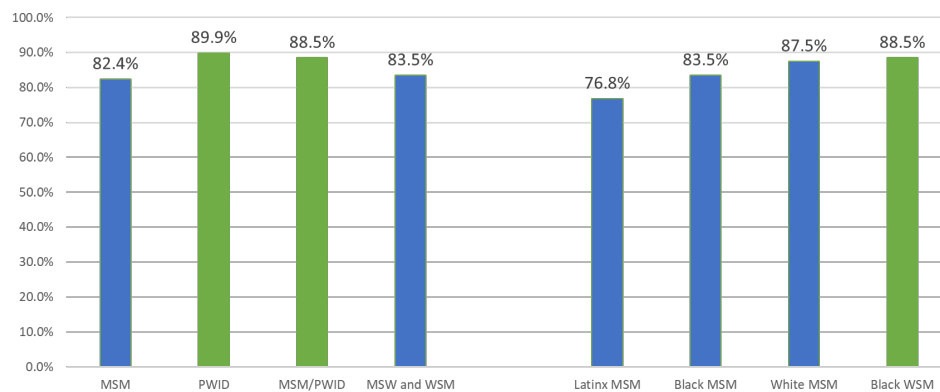


Figure 5. Rates of Diagnosis by Priority Population using 2019 data. Ann Robbins, Texas DSHS. 2023.

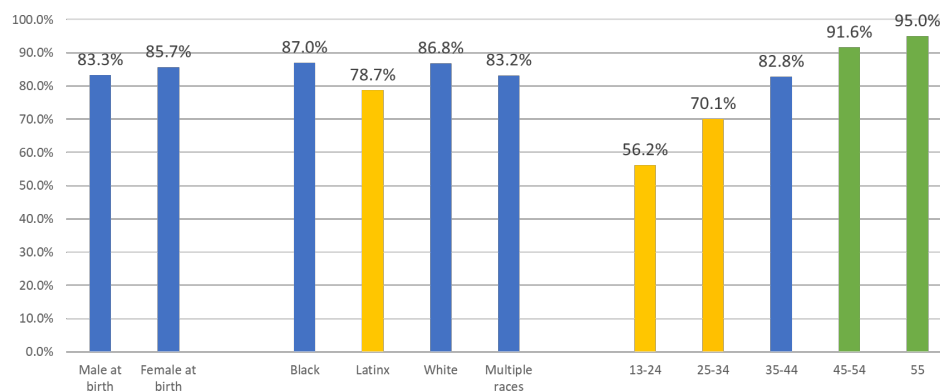


Figure 6. Rates of Diagnosis by Key Demographics using 2019 data. Ann Robbins, Texas DSHS. 2023.

## 2022 Assessment of Service Needs and Barriers for those in and out of care

The Needs Assessment Survey of 2022 aimed to provide an assessment of service needs and barriers for PLWH in the Austin TGA, including those who do not know their status, and those who know their status and are not in care.

In the 2022 Needs Assessment survey for service needs and barriers, people were asked to record their needed services regardless of if they received it within 13 listed categories related to the RWHAP.

|  | Field (Out of Care)<br>English % (n) | Field Spanish % (n) | Agency (In care)<br>English % (n) | Overall (total<br>%/3) |
|--|--------------------------------------|---------------------|-----------------------------------|------------------------|
| HIV Medical<br>Appointments<br>/Medical<br>Appointments/Citas<br>Medicas | 60.0 (160)                           | 65.0 (36)           | 75.0 (60)                         | 67.0                   |
| Dental<br>Care/Cuidado<br>dental   | 52.0 (130)                           | 62.0 (34)           | 70.0 (47)                         | 61.0                   |
| Free to low cost<br>medications/<br>Medicinas gratis o a<br>bajo costo   | 45.0 (114)                           | 60.0 (33)           | 67.0 (45)                         | 58.0                   |
| Total Respondents  | 251                                  | 55                  | 67                                |                        |

Table 3. The top three service categories based on highest percentage of Survey Respondents who indicated that they needed this service in the past 12 months regardless of whether it was received by Survey Used.

**The top three needs overall from all three survey sources were 1. Medical Appointments/HIV Medical Appointments, 2. Dental Care, and 3. Free-to-low-cost medications.** The table above depicts the counts of Needs Assessment participants, by survey used, who indicated that this service was needed regardless of whether the service was received.

The top three needs were the same reported needs the 2017 Needs assessment. The order of needs changed slightly with dental care moving up to the second highest needed service, and medication assistance moving to third.

Needs assessment survey participants were later asked to select their 5 most needed services. The results of the selections are seen in Table 4.

|   | Field English<br>% (n) | Field Spanish % (n) | Agency English<br>% (n) | Average |
|---|------------------------|---------------------|-------------------------|---------|
| HIV Medical<br>Appointments /Medical<br>Appointments/Citas<br>Medicas | 54.0 (134)             | 66.0 (38)           | 58.0 (39)               | 61.0    |
| Dental Care/Cuidado<br>dental   | 57.0 (141)             | 66.0 (38)           | 61.0 (41)               | 60.0    |
| Free to low cost<br>medications/ Medicinas<br>gratis o a bajo costo   | 46.0(115)              | 57.0 (33)           | 55.0 (35)               | 53.0    |
| Food bank/banco<br>alimento   | 29.0 (72)              | 45.0 (26)           | 52.0 (35)               | 43.0    |
| Help with Housing/ayuda<br>para viviendo                              | 37.0 (93)              | 36.0 (21)           | 49.0 (33)               | 38.0    |

Table 4. Average top five percentages regarding to the question “Think about the most important services you currently need. Check the 5 services you need the most. (Select only 5)”. 2022

Overall, the order of service needs indicated by the 2022 survey participants are:

- 1. HIV Medical Appointments/Medical Appointments
- 2. Dental Care
- 3. Free to low-cost medications
- 4. Food bank
- 5. Help with Housing

The patterns of needs among the three survey locations are similar with slight differences in the top needed service of being either Dental Care or Medical Appointment.

Participants of the Needs Assessment were asked to report their most common reasons for missing medications and appointments from a compiled list. There was also an option to write in additional barriers faced. For all participants in the field regardless of language spoken, the top three barriers faced are:

1. ability to pay for services
2. lack of access to health insurance
3. Not knowing where to go

Agency: If you did not see a doctor for your HIV or get a prescription for HIV medication, why not? Select all that apply

Answered: 22 Skipped: 46

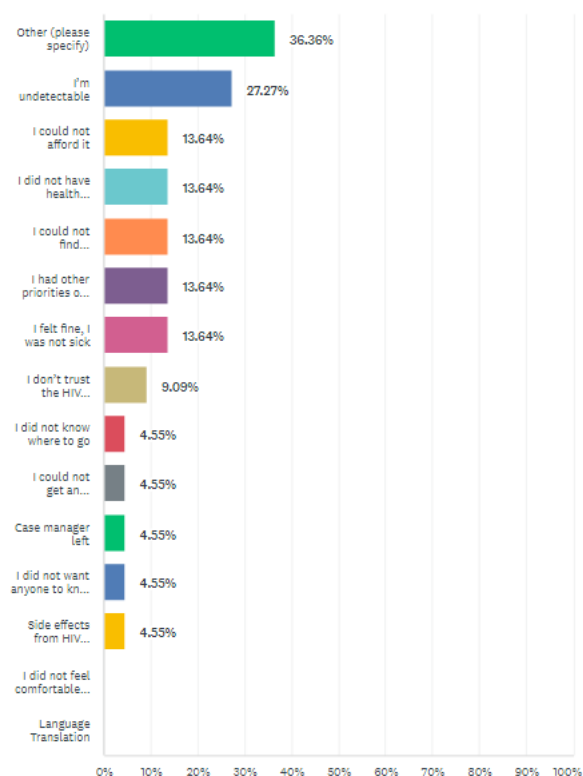


Figure 7, which focuses on the barriers faced for persons who are already be connected to care were unique in that “other” was the most selected barrier.

The barriers discussed by agency (in-care) participants included:

- Seeing [another doctor]
- New diagnosis
- None/didn't have it/I didn't know I was positive/I am HIV-negative/I do not have an HIV diagnosis.
- Legal issues and housing

Figure 7. Percentage of Agency responses for English Speakers to the question “If you did not see a doctor for your health or receive a medication, why not? Select all that apply”. Denominator 22. 2022

Pulled from Previous Minutes, in February 2023 and June 2023 HIVPC FASPNA decided:

- Topics that Council members would like more information on: childcare, dental care, transportation, education on resources (“I did not know where to go”), affordability, insurance education, access to lab work, PrEP and PEP education, housing, verbal abuse and harassment (online vs. in-person), data on Native American and Pacific Islander populations, data on trans community.
- Young Adult Latinx and Black MSM, Black WSM, Black MSW were priority populations.