Sacramento Transitional Grant Area
2022

RYAN WHITE (RW) PROGRAM

HIV NEEDS ASSESSMENT
Improving services through direct input from People Living With HIV.

Prepared for:
The Sacramento HIV Health Services Planning Council

Prepared By:
Lili Carbone Joy, MPH
Community Health Impact (CHI)
3621 Loma Drive
Shingle Springs, CA 95682
Phone: 530.306.9861
Fax: 530.677.2194
E-mail: lcjcs@sbcglobal.net

Submitted To:
Sacramento Ryan White CARE Program
HIV Health Services Planning Council
9616 Micron Ave., Suite 930
Sacramento, CA 95827
Phone: (916) 876-5548
Fax: (916) 875-5888
Email: HIV-HSPC@SacCounty.net
Website: www.sacramento-tga.com

SACRAMENTO REGION RYAN WHITE PROGRAM
2022 HIV NEEDS ASSESSMENT

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APPENDIX

Attachment 1: Sacramento TGA RW Program 2022 HIV Needs Assessment Survey Tool

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- Harm Reduction Services
- One Community Health
- Sacramento Sexual Health Clinic
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- Danielle Caravella, MPH, Health Educator, Sacramento County DHS
- Paula Gammell, MPA, RW Program Planner, Sacramento County DHS
- Chelle Gossett, RW CARE Program Coordinator/AIDS Director, Sacramento County DHS

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SACRAMENTO REGION RYAN WHITE PROGRAM
2022 HIV NEEDS ASSESSMENT

EXECUTIVE SUMMARY

A. BACKGROUND

The Ryan White (RW) HIV Health Services Planning Council (HHSPC) is required by the federal Health Services Resource Administration (HRSA) to conduct a tri-annual survey of PLWH served by the RW Program as part of its RW Part A funding for the Sacramento Transitional Grant Area (TGA) of Sacramento, El Dorado, and Placer Counties. The goal of the HIV Needs Assessment is to collect and analyze input provided directly by RW clients through a standardized survey tool. The detailed analysis of RW client input assists the Council to strategically allocate funding resources to meet the service needs of clients across all demographic groups, and to reduce barriers to care through tailored delivery methods.

In 2020, due to the challenges of COVID-19, HRSA allowed each TGA to conduct a smaller survey process targeting a specific subpopulation once it could safely do so according to CDC guidelines. Given the trends of the HIV epidemic over time, the Council voted to survey young adults ages 19-29 in 2020-21. Of the 190 youth and young adult RW clients served in FY20, 18 PLWH completed the survey, which was 9.5% of the target population.

Thankfully, the Council was able to return to a full RW Client Needs Assessment in 2022. Of the 2,408 RW clients served in FY2021/22, 7.9% (191) completed the survey. This response rate is higher than the 7.3% of RW clients who completed the most recent comprehensive survey of all ages of RW clients which was conducted in 2018, prior to the COVID-19 pandemic. The current 2022 HIV Needs Assessment of RW clients uses the 2018 Needs Assessment survey as the baseline for comparative analysis, along with findings from the 2020 Youth and Young Adult HIV Needs Assessment as applicable.

B. DEMOGRAPHICS, HIV EPIDEMIOLOGY AND CO-OCCURRING CONDITIONS

B-1. Demographics of Need Assessment Respondents

The 2022 survey respondents were representative of the TGA's HIV/AIDS epidemiology and 2021 RW client caseload in terms of race, gender, mode of HIV transmission, county of residence, housing status and poverty level with few exceptions.

Race. Racial representation among Latinx increased between the 2018 and 2022 Needs Assessment, from 18% to 24%. African Americans, whose representation among RW clients in 2021 was close to 4 times greater than their representation in the TGA's general population (26% vs. 7%), were 28% of the 2022-23 Needs Assessment survey respondents. Whites were underrepresented among 2022 survey respondents compared to their representation among 2021 RW clients (37% vs. 43%).

Gender. Males were underrepresented among 2022 survey respondents as compared to their representation among 2021 RW clients (68% vs. 79%), while female RW clients were overrepresented among survey respondents (24% vs. 19%). Transgender Male to Female and Non-Binary were each 2% of 2022 survey respondents and 4% did not specify gender.

Age. RW clients ages 20-44 were underrepresented among survey respondents (25% vs. 37%) while RW clients ages 45 and older were overrepresented (72% vs. 63%).

Mode of HIV transmission. Men who have Sex with Men (MSM) were underrepresented among 2022 survey respondents compared to their representation among 2021 RW clients (47% vs. 58%) while those who did not specify were overrepresented (14% vs. 4%).

Housing Status. The 2022 survey asked RW clients which places they had lived over the prior 12-months. A large percentage (26.2%) reported they had been homeless (car, camping, street), or in temporary housing (shelter, motel). This extreme rate of homelessness/temporary housing among RW clients continues to be disproportionately high when compared to the TGA's general population, which was 0.48% based on the 2022 Point-in-Time homeless count coordinated by the US Department of Housing and Urban Development (HUD). It must be noted that HUD's count includes those who report being unsheltered, in emergency shelter or in temporary shelter on the day of being surveyed, rather than anytime during the prior 12-months as in the RW survey.

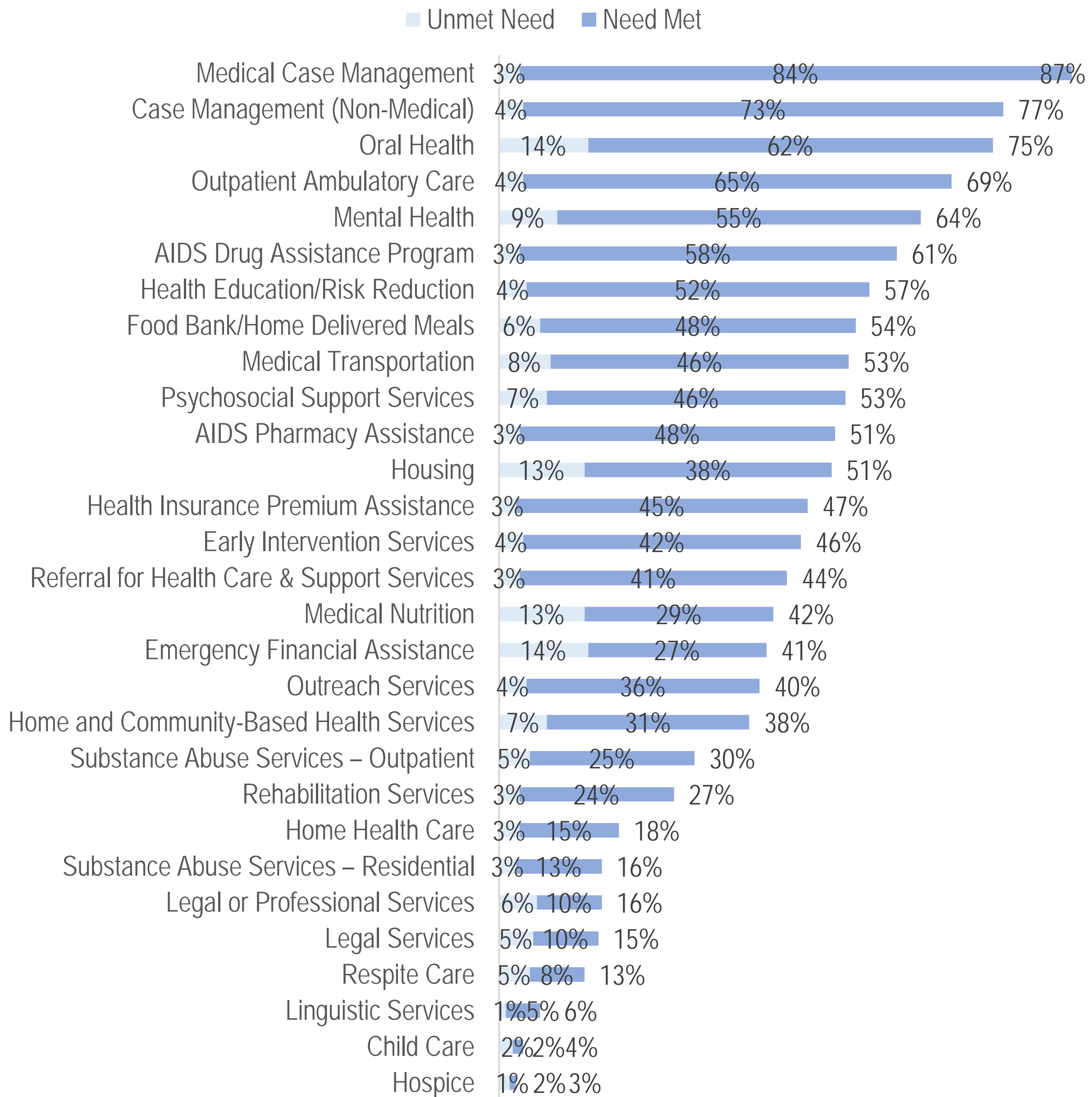
County of residence. 85% of 2022 survey respondents were from Sacramento County, 8% from Placer, 1% from El Dorado, 9% from Yolo and 2% unspecified. RW clients from all counties in the TGA were well represented in the 2022 survey with the exception of El Dorado, which were 4% of 2021 RW clients.

Poverty level. RW funded services are used as "payer of last resort" and each RW client must have no other means of paying for services. 70.2% of 2021 RW clients and 60.7% of 2022 survey respondents and were living below the Federal Poverty Level (e.g., <$13,590 for an individual) as compared to 11.1% of the TGA general population in 2021.

C: SERVICE DEMAND AND UNMET NEED

C-1. Service Demand: Need Met plus Unmet Need

Service Demand (Total Need) includes the percent of survey respondents who reported that they needed and received the service (Need Met) ***plus*** the percent who needed the service but could not receive it due to at least one barrier to care (Unmet Need). For example, as shown in the following bar graph, Medical Case Management has the highest Total Need (87%) which is a sum of Unmet Need (3%) + Need Met (84%). Non-Medical Case Management had the second highest service demand (77%) with 73% need met and 4% unmet need.



a. Service Demand: Demographic Disparities

Demographic Disparities in service demand are provided in this section with overall demand noted for each service category in parentheses. Highlighted disparities are those that have a difference of more than 10% between one demographic group and the next highest group among the demographic categories.

Gender

- Women reported at least 10% greater need than men for the following services: Mental Health, Medical Transportation, Housing, Medical Nutrition, Emergency Financial Assistance, and Home/Community Based Health Services.
- Men reported at least 20% greater need than women for ADAP and Health Insurance Premium Assistance.

Race

- Whites reported at least 10% greater need for Ambulatory Care than Blacks and Hispanics.
- Blacks reported at least 10% greater need for Home/Community-Based Health Services and Housing than Whites and Hispanics.

Mode of HIV Transmission

- Compared to Heterosexuals and MSMs, IDUs reported at least 10% greater need for Medical Case Management, ADAP, Psychosocial Support Services, AIDS Pharmacy Assistance, Housing, Early Intervention Services, Referral for Health Care and Support Services, Home/Community-Based Health Services, Substance Abuse Services (both Outpatient and Residential), and Legal or Professional Services
- Heterosexuals reported at least 10% greater need for Medical Nutrition than IDUs or MSMs.

Age

- Compared to those aged 45+, respondents ages 20-44 reported at least 10% greater need for Health Insurance Premium Assistance, Early Intervention Services, Referral for Health Care and Support Services, Emergency Financial Assistance, Outreach Services, and Legal or Professional Services.
- Respondents aged 45+ reported at least 10% greater need for Medical Case Management, Medical Nutrition, and Home/Community Based Health Services compared to those aged 20-44.

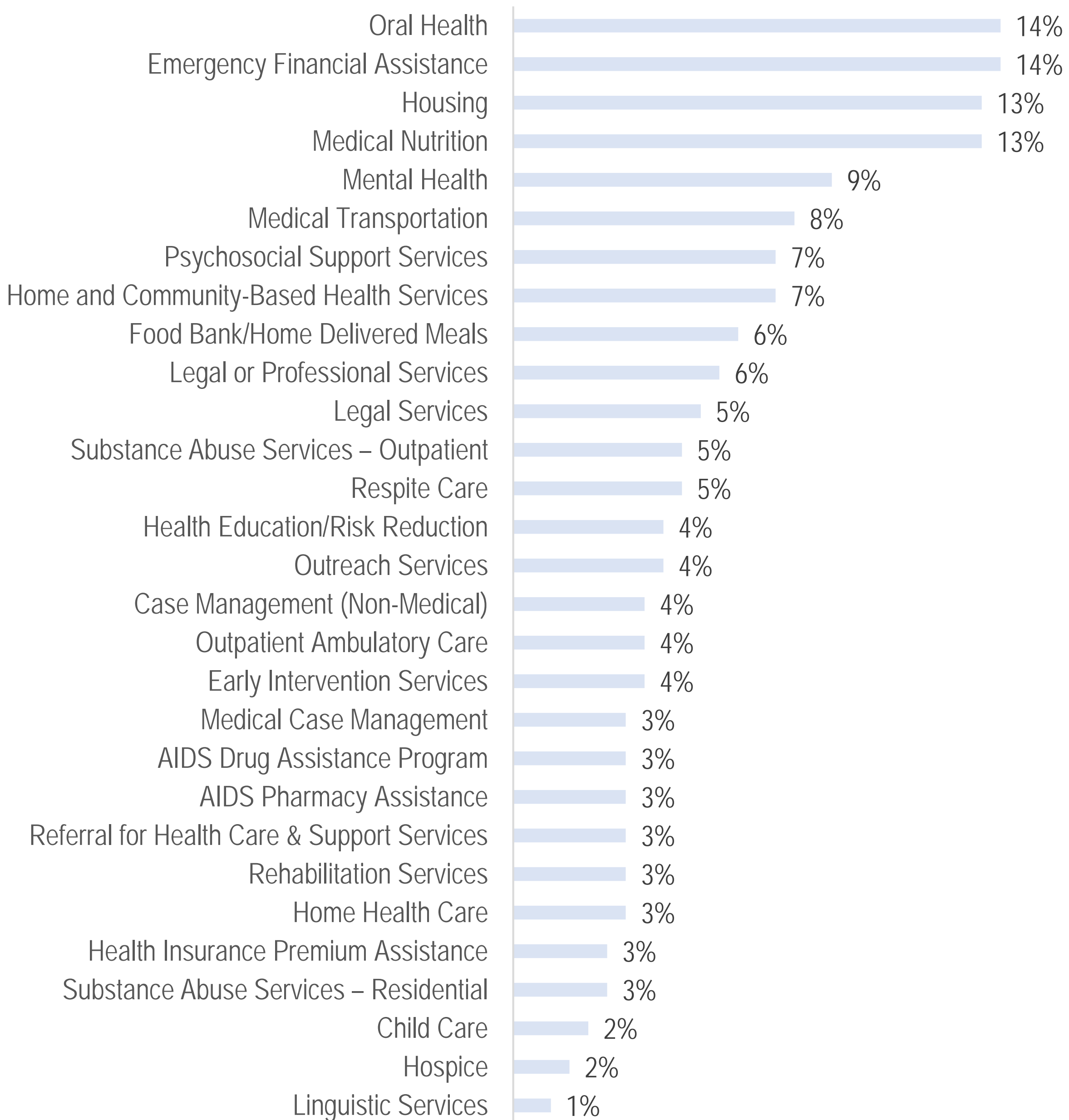
Housing Status

- Respondents with stable housing reported at least 10% greater need for Ambulatory Care and Home/Community Based Health Services than those with unstable housing.
- Compared to respondents with stable housing, those with unstable housing reported at least 10% higher need in many categories, with 20% greater need for Food Bank / Home Delivered Meals, Housing, Referral for Health Care and Support Services, Emergency Financial Assistance, Outpatient Substance Abuse Treatment, and Legal or Professional Services.

C-2. Unmet Need by Service Category

Unmet Need by service category is the percentage of respondents who needed but did not receive the service due to at least one Barrier to Care for that service. As can be noted from the definition above, Unmet Need is a subset of Service Demand. Unmet Need is a critical factor to analyze in determining which services RW clients are having the greatest difficulty obtaining due to barriers to care.

The following bar graph ranks the services with unmet need from highest to lowest. The five services with the highest unmet need include: Oral Health, Emergency Financial Assistance, Housing, Medical Nutrition and Mental Health Services.



a. <u>Unmet Need: Demographic Disparities</u>

Demographic Disparities in unmet need are provided in this section and highlight disparities that have a difference of more than 10% between one demographic group and the next highest group among the demographic categories.

Gender

- Women reported at least 10% greater unmet need than men for Medical Transportation and Medical Nutrition.

Race

- African Americans have at least a 10% higher unmet need for Medical Nutrition than Whites and Hispanics

Mode of HIV Transmission

- IDU's have at least a 10% greater unmet need for Psychosocial Support Services and Legal or Professional Services compared to Heterosexuals or MSMs.

Age

- Compared to those aged 45+, respondents ages 20-44 reported a 10% greater unmet need for Emergency Financial Assistance.

Housing Status

- Respondents experiencing unstable housing report a 12% greater unmet need for Emergency Financial Assistance compared to those in stable housing.

D. BARRIERS TO CARE

D-1. Barriers to Care

The primary goal of the Needs Assessment survey process is to identify strategies to reduce barriers to care so that service demand and unmet need can be met for the majority of service categories across all demographic groups. As described above, Barriers to Care assessed in the survey are organized under five types of barriers: Knowledge, Access, Financial, Personal and Health.

a. Barriers to Care Categories

In the 2021 Young Adult HIV Needs Assessment survey tool, the barriers to care section was improved by specifying that the section only needed to be completed for those services that had an unmet need (client checked box that they needed the service but did not receive it due to a barrier to care). To add further depth to the survey tool in 2022, barriers to care were asked separately by each service category to learn what barriers were more likely to decrease access to which services.

To help the TGA gain a better understanding about which level of the service system the barriers to care exist, they were classified into five categories of "Knowledge", "Access," "Financial," "Personal" and "Health". The barrier to care categories go from examining broad-based TGA-wide "Access" and "Knowledge" issues to more specific client-based "Financial", "Health" and "Personal" issues. The following provides a description of barriers to care categories covered in the 2022 Needs Assessment:

- **Knowledge Barriers** include facts not known by the client that limit access to services, such as: "Didn't know service was available", "Didn't know I was eligible for service", "Didn't know how to get service", "Didn't know where to receive service".

- **Access Barriers** include factors that limit a client's ability to access a service when they need it and include barriers such as: "Appointments not soon enough", "Times not convenient,", "No childcare", "Language barriers" and "No cell phone".

- **Financial Barriers** include issues such as: "Co-pay was too high", "Service costs too much" and "No insurance coverage".

- **Personal Barriers** include issues that create challenges to accessing services, such as: "Treated with disrespect," "Jail/Prison history": and "Wanted privacy of HIV status, mental health or substance use".

- **Health Barriers** include medical issues such as: "Didn't want to take medications"; "Hard to navigate system due to physical, mental or substance use issues"; "Thought viral load was undetectable".

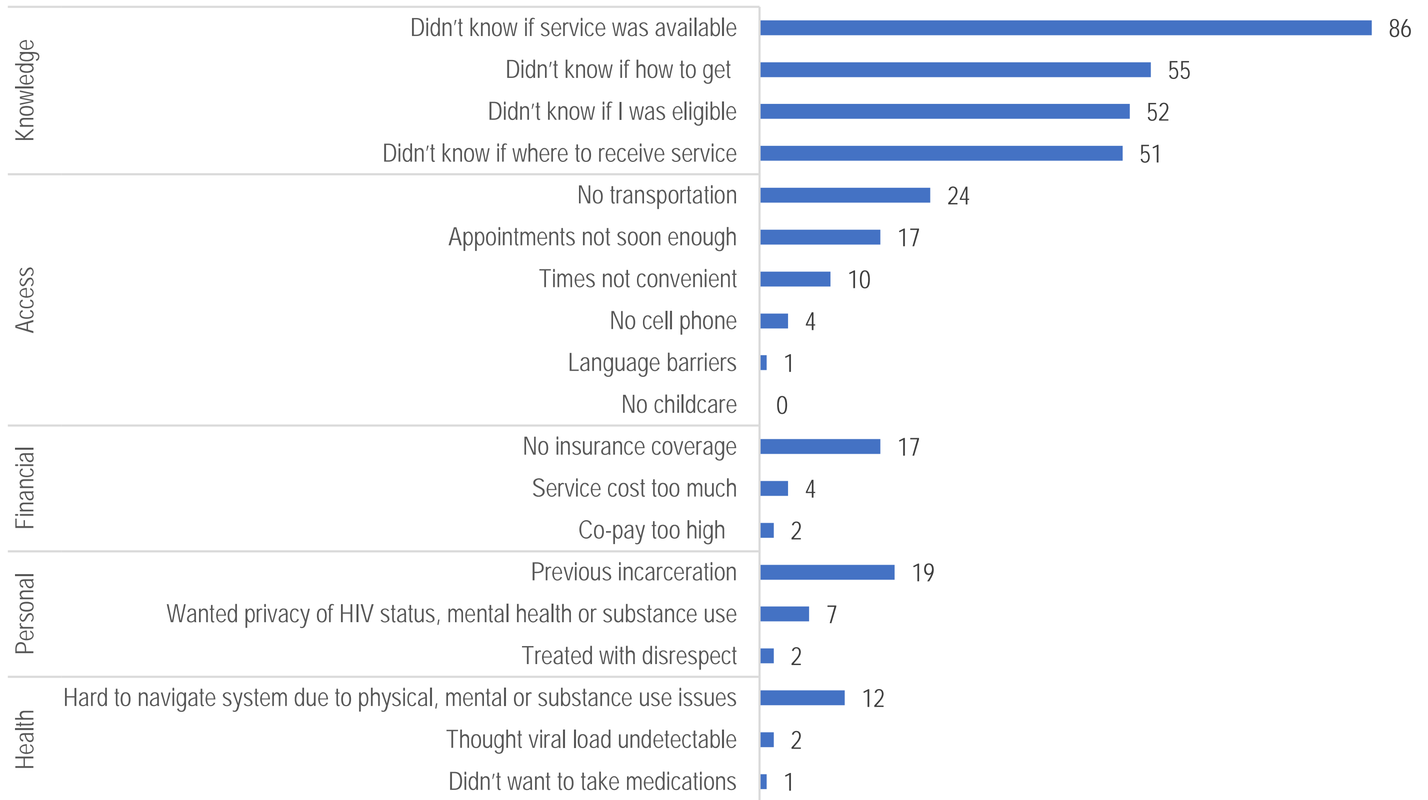
b. Barriers to Care Category Rankings

The primary goal of the Needs Assessment survey process is to identify strategies to reduce barriers to care so that service demand and unmet need can be met for the majority of service categories across all demographic groups. As described above, Barriers to Care assessed in the survey are organized under five types of barriers: Knowledge, Access, Financial, Personal and Health.

Respondents with unmet needs most commonly reported barriers to care in the following two areas: Knowledge Barriers (31%) and Access Barriers (15%). The least commonly reported barriers to care for respondents with unmet need were related to the respondents' Health (4%).

At Least One Knowledge Barrier	At Least One Access Barrier	At Least One Financial Barrier	At Least One Personal Barrier	At Least One Health Barrier
31%	15%	8%	6%	4%

Several respondents that indicated at least one barrier to care in a barrier category (e.g., Knowledge Barrier) may not have selected a specific sub-barrier to care (e.g., didn't know how to get).



c. Barriers to Care by Service Category

Follows is a graphical display of the barriers to care reported by service category by 2022 survey respondents. This table shows the type and frequency of barriers to care by service category, with services having the highest unmet need at the top. For example, 14% of respondents indicated an unmet need for Emergency Financial Assistance. Of these respondents, 77% indicated they had a knowledge barrier to receiving that service.

BARRIERS TO CARE BY SERVICE CATEGORY AND BARRIER CATEGORY
Ranked by Unmet Need

Category	% with Unmet Need	% with Knowledge Barrier	% with Access Barrier	% with Financial Barrier	% with Personal Barrier	% with Health Barrier
Emergency Financial Assistance	14%	77%	8%	8%	8%	4%
Oral Health	14%	42%	31%	19%	0%	4%
Housing	13%	56%	20%	8%	20%	8%
Medical Nutrition	13%	76%	20%	4%	12%	0%
Mental Health	9%	35%	18%	6%	12%	6%
Medical Transportation	8%	80%	27%	13%	7%	13%
Home and Community-based Health Services	7%	79%	14%	7%	7%	7%
Psychosocial Support Services	7%	50%	36%	21%	7%	14%
Food Bank/Home Delivered Meals	6%	92%	17%	0%	17%	0%
Legal or Professional Services	6%	91%	9%	9%	9%	9%
Legal Services	5%	100%	10%	10%	10%	0%
Respite Care	5%	78%	11%	11%	0%	0%
Substance Abuse Services – Outpatient	5%	44%	33%	0%	22%	11%
Health Education/Risk Reduction	4%	63%	13%	0%	13%	0%
Outreach Services	4%	75%	13%	13%	13%	13%
Case Management (Non-Medical)	4%	57%	14%	0%	29%	0%
Early Intervention Services	4%	71%	14%	14%	14%	0%
Outpatient Ambulatory Care	4%	43%	43%	14%	14%	0%
AIDS Drug Assistance Program	3%	83%	0%	0%	0%	0%
AIDS Pharmacy Assistance	3%	100%	0%	0%	0%	0%
Home Health Care	3%	83%	0%	0%	0%	0%
Medical Case Management	3%	50%	0%	0%	17%	17%
Referral for Health Care & Support Services	3%	83%	17%	17%	17%	17%
Rehabilitation Services	3%	100%	33%	0%	17%	17%
Health Insurance Premium Assistance	3%	20%	20%	80%	0%	0%
Substance Abuse Services – Residential	3%	60%	0%	0%	0%	0%
Child Care	2%	25%	25%	0%	25%	0%
Hospice	2%	33%	0%	0%	33%	33%
Linguistic Services	1%	50%	0%	0%	0%	0%

d. Sub-Barrier Categories by Service Category

Knowledge Barriers

- Emergency Financial Assistance, Medical Nutrition and Housing were among the services with the most respondents indicating at least one knowledge barrier to care.

- Among the more commonly reported knowledge barriers to services were respondents a) not knowing Emergency Financial Assistance and Medical Nutrition were available and b) not knowing how to get Housing services.

Access Barriers

- Oral Health, Housing, Medical Nutrition and Psychosocial Support Services were among the categories with the most respondents indicating at least one access barrier to care.
- Among the more commonly reported access barriers to services were respondents indicating oral health appointments were not soon enough.

Financial Barriers

- Oral Health, Health Insurance Assistance and Psychosocial Support Services were among the categories with the most respondents indicating at least one financial barrier to care.
- Among the more commonly reported financial barriers to services were respondents indicating they did not have insurance coverage for Oral Health, Health Insurance Assistance and Psychosocial Support Services.

Personal Barriers

- Housing and Medical Nutrition were among the categories with the most respondents indicating at least one personal barrier to care.
- Among the more commonly reported personal barriers to services were respondents indicating previous incarceration contributed to unmet Housing needs.

Health Barriers

- Housing and Medical Transportation were among the categories with the most respondents indicating at least one health barrier to care.
- Among the more commonly reported health barriers to services were respondents indicating their own health issues made it hard to navigate the system, resulting in unmet Housing needs.

e. Barriers to Care: Demographic Disparities

This following table shows the percentage of respondents in each demographic group indicating at least one barrier resulting in an unmet need in one or more service categories.

- IDUs were at least 10% more likely to report at least one access or personal barrier to care than Heterosexuals or MSMs.
- Respondents experiencing unstable housing were 13% more likely to report at least one knowledge barrier compared to respondents in stable housing.

BARRIERS TO CARE
CLIENT DEMOGRAPHICS

Demographic		At Least One Knowledge Barrier	At Least One Access Barrier	At Least One Financial Barrier	At Least One Personal Barrier	At Least One Health Barrier
Overall		31%	15%	8%	6%	4%
Gender	Female	36%	16%	7%	4%	7%
	Male	28%	16%	8%	6%	3%
Race	African American	31%	15%	6%	7%	6%
	Hispanic / Latinx	26%	13%	9%	9%	2%
	White	32%	17%	10%	3%	3%
Transmission	Heterosexual	35%	13%	6%	2%	4%
	IDU	39%	***33%***	11%	*17%*	11%
	MSM	26%	13%	9%	7%	3%
Age	20-44	29%	10%	8%	6%	6%
	45+	31%	17%	8%	6%	4%
Housing	Stable Housing	27%	15%	8%	4%	2%
	Unstable Housing	***40%***	15%	8%	10%	8%

Note: RW survey asked "over last 12-months, have you lived in any of following places: stable (housed); unstable (homeless, car, camping, street, shelter, motel couch surfing).

E. HIV PREVENTION PRACTICES AND PARTNER SERVICES

E-1. HIV Prevention Practices

Pre-Exposure Prophylaxis (PrEP)

The last two HIV Needs Assessments, the 2021 survey of young adults ages 19-29, as well as the current 2022 survey of all ages of RW clients, have included questions about HIV prevention practices, including PrEP. PrEP is the use of anti-retroviral medications (ART) to help keep HIV negative people from becoming infected with HIV. 2022 RW clients living with HIV reported that only 23% of them had ever heard of PrEP prior to completing the Needs Assessment Survey. This finding is concerning given the effort that has been made in the Sacramento TGA over the last several years to increase the use of PrEP.

- 23% of all ages of survey respondents had never heard of PrEP.
- Of those who had heard about PrEP, 11% of young adults and 9% of all ages were not sure how PrEP would affect their sex life.
- Only 33% of 2021 young adults and 23% of 2022 all ages of respondents reported that they feel comfortable talking to their HIV negative partner(s) about PrEP.
- Less than half of survey respondents (44% of young adults and 37% of all ages) reported they would disclose that they are HIV positive if their partner was on PrEP.

Condom Use

- 15% of RW clients surveyed in the 2022 Needs Assessment reported use of a condom when they have vaginal or anal sex
- 12% of RW clients living with HIV reported they don't use condoms because their viral load is undetectable

HIV Disclosure

RW clients' disclosure of their HIV status to sexual partners needs improvement to effectively decrease the spread of HIV and other STIs and to decrease stigma associated with HIV/STIs. Overall, young adult RW clients ages 19-29 surveyed in 2021 disclosed their HIV status at higher rates than all ages of RW clients surveyed in 2022, as follows:

- 58% of RW clients surveyed in 2022 reported they always disclose their HIV status to every sex partner.
- 6% reported that they sometimes disclose their HIV status with some partners.
- 36% reported they never report their HIV status because they don't have sex (21%); viral load is undetectable (5%); always use condoms (3%); partners are HIV+ (3%), don't feel comfortable disclosing (3%); or most of partners are on PrEP (1%).

E-2. Partner Services

The last two Needs Assessments of PLWH in the TGA's RW Program, the 2021 survey of young adults ages 19-29, as well as the current 2022 survey of all ages of RW clients, have included questions about Partner Services. These services, which are free to all RW clients, assist HIV positive persons in notifying their sexual and/or needle sharing partners of possible exposure to HIV. As can be seen below, there clearly is more work that needs to be done to educate all RW clients and PLWH in the TGA about Partner Services and to facilitate their use of these important services to prevent new HIV transmissions.

- Less than half of RW clients surveyed in 2022 (41%) reported that they had been informed of Partner Services before completing the Needs Assessment survey tool.
- Only 12% of RW clients surveyed in 2022 had ever used Partner Services, which was only slightly higher than the 6% of young adult clients surveyed in 2021.
- Although prior use of Partner Services is extremely low, it's encouraging that 43% of all RW clients surveyed in 2022 reported that they would be willing to use Partner Services.

F. IMPLICATIONS OF NEEDS ASSESSMENT FINDINGS

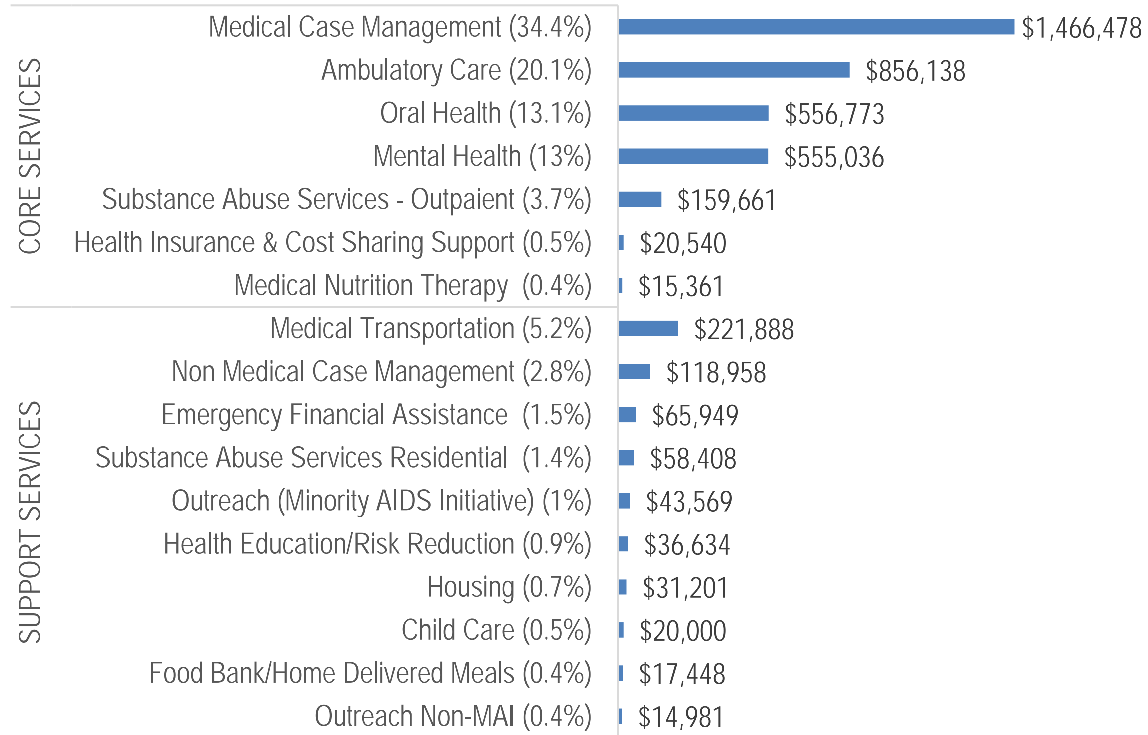
F-1. Implications for RW Priority Setting and Allocations

a. FY22 RW Program Direct Service Allocations

To use the data from the Needs Assessment Survey to assist the Planning Council in Setting Priorities and Allocations, it is important to understand Ryan White funding in the context of other TGA funding sources for PLWH. The RW CARE Act strives for 100% access to care for all persons living with HIV/AIDS, regardless of their ability to pay, and is required to use its funds as a "payer of last resort" by maximizing resources from other funding sources prior to using RW CARE Act funds.

Within the Sacramento TGA, FY22 expenditures for each direct service category of the Ryan White Part A, RW Part A Minority AIDS Initiative (MAI), and California State RW Part B and Part B MAI programs, for each service category, are shown in the following bar graph. Medical Case Management was the largest direct service

expenditure at 34.4%; Ambulatory/Outpatient Medical Care was the second largest expenditure at 20.1% and Oral Health Services was the third highest expenditure at 13.1%.



a. Direct Service Allocations 2020 Compared to 2022

The following table displays allocations by service category for FY20 compared to FY22, including absolute and percentage changes. Overall funding increased by $633,635, a 17% change. Medical Case Management and Oral Health had the largest absolute increases, $278,419 and $202,855 respectively. Also, Health Insurance Cost Sharing and Residential Substance Use Treatment increased by 162% and 402% respectively. There were some categories with significantly reduced allocations, notably Non-Minority AIDS Initiative (MAI) outreach (-77%), Medical Nutrition Therapy (-69%), Child Care, (-21%), and Outpatient Substance Use Treatment (-21%).

CHANGE IN RW DIRECT SERVICE ALLOCATIONS
FY2020 AND FY2022

Core/Support	Service Category	2020	2022	Δ	%Δ
CORE SERVICES	Medical Case Management	$1,188,059	$1,466,478	+$278,419	+23%
	Ambulatory Care	$854,758	$856,138	+$1,380	+0%
	Oral Health	$353,918	$556,773	+$202,855	+57%
	Mental Health	$452,030	$555,036	+$103,006	+23%
	Substance Abuse Services - Outpatient	$200,981	$159,661	-$41,320	-21%
	Health Insurance & Cost Sharing Support	$7,803	$20,540	+$12,737	+163%
	Medical Nutrition Therapy	$48,865	$15,361	-$33,504	-69%
SUPPORT SERVICES	Medical Transportation	$155,382	$221,888	+$66,506	+43%
	Non-Medical Case Management	$85,412	$118,958	+$33,546	+39%
	Emergency Financial Assistance	$78,457	$65,949	-$12,508	-16%
	Substance Abuse Services Residential	$11,642	$58,408	+$46,766	+402%
	Outreach (Minority AIDS Initiative)	$35,169	$43,569	+$8,400	+24%
	Health Education/Risk Reduction	$29,048	$36,634	+$7,586	+26%
	Housing	$16,296	$31,201	+$14,905	+91%
	Child Care	$25,200	$20,000	-$5,200	-21%
	Food Bank/Home Delivered Meals	$18,178	$17,448	-$730	-4%
	Outreach Non-MAI	$64,192	$14,981	-$49,211	-77%
	TOTAL	$3,627,410	$4,261,045	+$633,635	+17%

b. Implications for Priority Setting

The 2022 HIV Needs Assessment provides input from RW clients who are living with HIV. The analysis of client input regarding service demand, unmet need and barriers to care for treatment services, as well as prevention and support services, provides the HIV Planning Council with important information for making priority setting decisions for the Sacramento TGA.

There were several services that were ranked with both a high service demand *and* a high unmet need by survey respondents. These services are particularly important to improve access to because clients need them at a high rate, but they have not been able to receive them due to high rates of barriers to care.

The following 7 services - out of 29 services - ranked the highest for combined service demand and unmet need in the 2022 HIV Needs Assessment with "High" defined as a ranking in the top half of service categories for both demand and unmet need. These disparities are imperative to address while establishing priorities for the RW Program.

HIGHEST RANKED SERVICES
TOP HALF FOR BOTH SERVICE DEMAND AND UNMET NEED
2022 Needs Assessment

Service Category	2022 Unmet Need	2022 Unmet Need Rank	2022 Total Demand	2022 Total Demand Rank
Oral Health	14%	1	75%	3
Mental Health	13%	3	51%	12
Food Bank / Home Delivered Meals	9%	5	64%	5
Housing	8%	6	53%	9
Medical Transportation	7%	7	53%	10
Psychosocial Support Services	6%	9	54%	8
Health Education/Risk Reduction	4%	14	57%	7

- ***Oral Health.*** Despite a recent increase in funding between FY20 and FY22. Oral Health has the highest unmet need and is the third highest in overall demand. This input clarifies that additional funding for and access to Oral Health continues to be of primary importance to RW clients.

- ***Mental Health.*** There was a lower percent increase in funding for Mental Health than Oral Health over the last two years; but Mental Health still ranks highly in both unmet need (#3) and service demand (#12).

  Food Bank and Home Delivered Meals receive the second lowest RW FY22 funding level, however, this category has the fifth highest overall demand and fifth highest unmet need compared to other service categories.

-

- ***Housing Services.*** FY22 funding for Housing services is among the lowest levels compared to other service categories, however, it is the ninth highest in service demand and is the sixth highest in unmet need.

- ***Medical Transportation.*** Despite a recent increase in funding for FY22, Medical Transportation is among those services with the highest unmet need and service demand.

- ***Psychosocial Support Services*** are among those services with the highest unmet need and service demand; however, these services are not part of the FY22 budget.

- ***Health Education and Risk Reduction.*** FY22 funding is among the lowest levels compared to other service categories, however, it is among the highest in demand and unmet need.

- ***Partner Services***, which assist PLWH in notifying sexual and/or needle sharing partners of possible HIV exposure, was significantly underutilized by 2022 respondents. 59% reported they hadn't been informed of Partner Services before this survey. 56% reported they would use Partner Services but only 12% had used them before. There is more funding needed to educate PLWH about Partner Services and to facilitate their use.

- ***Pre-Exposure Prophylaxis (PrEP)***, the use of medications to reduce HIV transmission was significantly underutilized by 2022 survey respondents. 23% had never heard of PrEP. Of those who had heard about PrEP, 9% were not sure how PrEP would affect their sex life; 77% reported that they don't feel comfortable

talking to their HIV negative partner(s) about PrEP; and 83% reported they wouldn't use condoms for sex if their partner was on PrEP. Education about PrEP and referrals to PrEP navigation services need to be an integral part of the HIV Continuum of Care.

- 23% of all ages of survey respondents had never heard of PrEP.
- Of those who had heard about PrEP, 11% of young adults and 9% of all ages were not sure how PrEP would affect their sex life.
- Only 33% of 2021 young adults and 23% of 2022 all ages of respondents reported that they feel comfortable talking to their HIV negative partner(s) about PrEP.
- Less than half of survey respondents (44% of young adults and 37% of all ages) reported they would disclose that they are HIV positive if their partner was on PrEP.

a. **Implications for Allocations**

- ***Oral Health, Housing, Emergency Financial Assistance, and Medical Nutrition*** had much higher unmet needs than other categories: 13-14% of respondents had unmet needs in these four categories vs 9% or fewer for all other categories. Of these, Oral Health and Housing also were in the top half in total demand, with more than half of respondents indicating a need for these two services, a large proportion of which went unmet.

- ***Oral Health and Housing.*** These gaps between supply and demand for Oral Health and Housing persist despite recent significant increases in allocations (+57% and +91% respectively between 2020 and 2022). Given these persistent gaps, allocations for these services should be revisited.

- ***Oral Health, Outpatient Medical Care and Mental Health.*** The FY22 allocation for Oral Health of $556,773 was similar to or less than the allocations for Outpatient Care and Mental Health, although client demand and unmet need for the latter two were lower than for Oral Health. These three categories comprised 56% of the total FY22 allocations, and because of their magnitude, they demand extra scrutiny to ensure client needs are being appropriately prioritized. The primary barrier unique to Oral Health that should be addressed when revisiting allocations is appointment availability.

- ***Housing.*** The $31,201 RW allocation in FY22 for Housing was among the lowest for all service categories and was less than 1% of total allocated for the fiscal year. 2022 COVID funds also were used for housing to supplement RW funding. The magnitude of funding for Housing services should be revisited given the high demand and unmet need. Greater attention and outreach also should be afforded to communities for which housing needs appear to be greater, including women, IDUs, and clients who have a history of experiencing unstable housing.

- ***Emergency Financial Assistance and Medical Nutrition.*** While demand may not be high, unmet needs for these services are among the most prominent. Despite this gap, the cumulative allocations for these two services are less than 2% of the $4.3 million total for FY22. In addition to revisiting the magnitude of allocations for these services, special attention should be paid to communities in greatest need, including women and blacks for Medical Nutrition; and clients experiencing unstable housing along with those age 20-44 for Emergency Financial Assistance.

- ***Food- and Meal-related Services*** were the fifth highest in overall demand and unmet need, however the category is the second lowest among all allocations at $17,448, or 0.4% of total. Notably, allocations in this

category were reduced since FY20 even though the allocations increased overall by 17%. Considering the level of demand and unmet need for food and meals, the magnitude of funding for these services should likely continue to be revisited in future years. In 2023, for example, the Council allocated an additional $32,500 to this service category.

F-2. IMPLICATIONS FOR SERVICE SYSTEM IMPROVEMENTS

Although not meant to be an exhaustive list of strategies, follows are examples of improvements for the HIV Health Services Planning Council to consider by focusing on services with the highest reported unmet need and barriers to care among survey respondents. In addition, these systemic improvements should be targeted to subpopulations with disproportionate unmet need and barriers to care.

- Knowledge barriers for RW clients were the top four most commonly reported barriers to care, as follows: 1) didn't know service was available, 2) didn't know how to get the service, 3) didn't know if I was eligible and 4) didn't know where to receive the service. Improved outreach and case management for PLWH should continue to be prioritized and models of care should continue to be enhanced. Service providers should work to improve awareness of available services through direct client contact at all levels of care, including targeted outreach, case management and educational campaigns.

- The RW Program should continue to use its sophisticated database, Sacramento HIV/AIDS Reporting Engine (SHARE), to keep RW service providers informed about clients who are not retained in outpatient medical care. For example, SHARE generates a monthly laboratory report which tracks the date of each client's most recent CD4 and HIV viral load tests and distributes analysis to each RW service provider. This report, among others, should continue to be distributed to RW service providers to assist them in identifying clients who are out of HIV medical care; to resolve data issues; to track progress of CQI projects; to identify areas for program improvement; and to assist with retaining clients in all aspects of medical care.

- To support retention in ongoing medical care, Case Managers and other support staff could increase efforts to contact patients directly to inquire about needs and encourage re-entry into medical care. All RW service agencies should continue making appointment reminder calls, facilitating transportation assistance; and implementing/maintaining "no-show" tracking and follow up protocols including contacting patients within 24 hours of any missed appointment.

- RW service agencies should be encouraged to increase use of peer advocates to provide outreach to specific populations and locations to get and retain PLWH in ongoing medical care.

- The Council could consider increased technical assistance, capacity building and networking with current RW service organizations throughout the TGA to educate them about findings and implications of the Needs Assessments to work towards a collaborative approach to improving the overall HIV system of care in the TGA.

- The Council should continue to network with other organizations throughout the Sacramento Region to maximize additional funding opportunities and services for PLWH.

- The Planning Council's Quality Advisory Committee should continue to involve RW consumers in quality improvement efforts by collecting feedback through the annual postcard survey to evaluate services. Expanded efforts to solicit input from PLWH and service providers should be explored as part of the RW Program's

Continuous Quality Improvement (CQI) efforts. For example, facilitated focus groups should be conducted to evaluate the RW program delivery system, including coordination of care and collaboration between service providers.

F-3. IMPLICATIONS FOR FUTURE NEEDS ASSESSMENTS

The HIV Needs Assessment Survey Tool was revised for 2022 to streamline the questions of Service Need, Need Met, and Unmet Need by RW service category. In addition, the survey collected data on Barriers to Care, and Sub-Barriers by service category. This format resulted in more consistent answers from survey respondents as compared to the TGA's past needs assessments. The survey was able to be completed in less time and with less confusion among survey respondents than in previous surveys.

Based on the responses from the new survey format in 2022, there are several potential improvements to both the survey format and content that could help improve the reliability and utility of survey responses for the next survey. There are several questions that the Council, through its Needs Assessment Committee (NAC), may consider making adjustments to for future Needs Assessment Survey Tool and survey process. These recommendations are made at the conclusion of this report (see Section F-4).

SECTION A: METHODOLOGY

A-1. BACKGROUND

The Sacramento HIV Health Services Planning Council (Council) is responsible for the prioritization and allocation of funding under the Ryan White (RW) Treatment Extension Act of 2009 - formerly the RW Comprehensive AIDS Resources Emergency (CARE) Act. A unique characteristic of the RW CARE Act is its inclusion of local control of funding decisions and, very importantly, input from People Living with HIV (PLWH) into those decisions.

The RW HIV Health Services Planning Council (HHSPC) is required by the federal Health Services Resource Administration (HRSA) to conduct a tri-annual survey of PLWH as part of its RW Part A funding for the Sacramento Transitional Grant Area (TGA) of Sacramento, El Dorado, and Placer Counties. The goal of the RW Client HIV PLWH Needs Assessment is to collect and analyze client input on Service Needs, Unmet Needs, and Barriers to Care to assist the Planning Council (the Council) with effective planning for service funding and delivery.

In 2020, due to the challenges of COVID-19, HRSA allowed each TGA to conduct a smaller survey process targeting a specific subpopulation once it could be safely conducted according to CDC guidelines. Given the trends of the HIV epidemic over time, the Council voted to survey young adults ages 19-29 in 2020-21. Of the 190 youth and young adult RW clients served in FY20, 18 PLWH completed the survey, which was 9.5% of the target population.

The most recent comprehensive HIV Needs Assessment of all ages of RW clients was conducted in 2018 and is used as the basis for the comparative analysis of this 2022 Needs Assessment which also targeted all ages of RW clients. Of the 2,408 FY21 RW clients, 7.9% completed the 2022 PLWH Needs Assessment survey. This reflects a higher response rate than the 7.3% of RW clients who completed the 2018 HIV Needs Assessment survey.

A-2. NEEDS ASSESSMENT PROCESS

a. Consumer Survey Process

RW Planning Council and RW service provider agency staff conducted survey sessions, both in group and one-on-one settings. The 2022 PLWH Needs Assessment survey tool was created in English but was administered in Spanish during survey sessions as needed. All surveys were completed anonymously.

In total, of the 2,408 clients in the target population of clients served by the RW Program in FY21, 191 PLWH completed the needs assessment survey. Surveys were conducted at several RW Service Providers in the TGA, including the following: CommuniCare Health Centers, Golden Rule Services, Harm Reduction Services, One Community Health, RX Healthcare, Sacramento Sexual Health Clinic, Sierra Foothills AIDS Foundation, Sunburst Projects, UC Davis Pediatric Infectious Disease, and Volunteers of America.

Participants of the time-consuming survey process received a $20 grocery food voucher. Surveys with incentives are vulnerable to duplicate respondents seeking an additional incentive. To address the issue of potential duplicative surveys, staff maintained a list of each unique confidential identifier created for each survey participant to ensure that it was not used twice. Those several duplicate surveys that did occur were caught during the data entry phase of the survey process and those duplicate entries were not considered in the analyzed data set.

Additional quality control issues include the accuracy of information provided by survey respondents and the consistency of respondents' interpretation of the survey questions. While every effort was made to ensure that individuals completing the surveys fully understood the intent of each question, responses are ultimately based on each respondent's individual interpretation of each question.

Data for all survey respondents have been analyzed and are presented in the charts and graphs throughout this narrative report. In addition, to provide as complete a data set as needed for readers of this HIV Needs Assessment, the complete anonymous data set can be requested by contacting Danielle Caravella, MPH, Health Educator, RW CARE Program, at (916) 875-6021.

b. Revised Needs Assessment Survey Tool

The original HIV Needs Assessment survey instrument for the Sacramento TGA was designed and approved in 2003. The survey tool has been periodically modified over the years to clarify questions without changing the overall intent and structure of the original survey. In 2016, the Planning Council, through its Needs Assessment Committee, conducted a more extensive revision to address survey participant feedback that the tool was lengthy with several duplicative and extraneous questions that were sometimes confusing to PLWH.

The survey tool was revised and streamlined further for the 2020 Young Adult Targeted Survey Tool to increase the clarity of the Service Need / Service Received section. These improvements decreased the length of the survey tool while increasing usability. Questions were revised to get a specific understanding of which RW services had an "Unmet Need", which means that the client needed the service but was not able to receive it due to Barriers to Care. Survey respondents were asked to check one of the following boxes for each RW service:

- I did not need the service (Not Needed)
- I needed the service and received it (Need Met)
- I needed the service but did not receive it (Unmet Need)

Analysis of Total Service Demand and Unmet Need for each service category allows for a clear picture of what services are needed most by RW clients, and which services they are having the most difficulty obtaining due to confronting Barriers to Care. Total Service Demand includes Need Met (the percent of respondents who needed and received the service) plus Unmet Need (the percent who needed but did not receive the service).

The 2022 Needs Assessment Survey Tool was improved further based on feedback from the Planning Council and Needs Assessment Committee. The Barriers to Care section was improved by noting it only needed to be completed for those services that had an Unmet Need (client checked box that they needed the service but did not receive it due to a Barrier to Care). In addition, to help assess which levels of the service system the Barriers to Care exist, they were classified into five barrier categories spanning from broad-based TGA-wide "Access" issues to more specific client-based "Financial", "Personal", Knowledge" and "Health" issues.

The Barriers to Care section was further improved by expanding it to assess barriers to care by each Service Category. Although this added a couple of pages to the survey, it was determined it would allow for more complete information that could assist with improving access to care across all service categories.

To allow for trending of findings over time, survey tool questions have remained consistent for demographics (i.e., age, race, gender, mode of HIV transmission, health insurance, and educational level); co-morbidities (i.e.,

substance use, other medical diagnoses, homelessness); and medical care history (i.e., stage of HIV infection, level of care, viral load, medication adherence, other STIs, mental health care, and other co-occurring conditions).

c. Data Analysis

2022 Needs Assessment data from each completed survey was entered by staff of the HIV Health Services Planning Council using Microsoft Excel. All open-ended questions and survey comments were compiled. Data were checked for consistency and skip patterns. Survey data were analyzed by Lili Carbone Joy, MPH, Community Health Impact, using Microsoft Excel. Data were analyzed to identify meaningful findings in distributions of PLWH demographics, co-morbidities, services needed, services with unmet need, and barriers to care (including personal, access, and financial barriers).

The 2022 PLWH Needs Assessment respondents are a sample of RW clients within the target population of all RW clients in the Sacramento TGA. The data are analyzed to find disparities both within the 2022 Needs Assessment respondents and, to the extent possible, between the 2022 and 2018 survey respondents. The 2018 Needs Assessment surveyed 177 RW clients of all ages (7.3% of RW clients). Because the focus of the most recent 2021 Needs Assessment was targeted to young adults and the sample size was 18 (9.5% of RW clients ages 19-29), the comparative analysis between the current 2022 survey of all ages of RW clients with the young adult findings was limited and is not included in this report.

The data and analytic findings are presented throughout this report through graphs and tables, as well as in narrative form. Numbers are rounded to the nearest integer (e.g., 16.7% is rounded to 17%). In cases where multiple rounded numbers are added together, the total may not appear to equal the sum of the parts.

SECTION B: DEMOGRAPHICS, HIV EPIDEMIOLOGY, AND CO-OCCURING CONDITIONS

B-1. DEMOGRAPHICS AND HIV EPIDEMIOLOGY

a. TGA Geography and HIV Epidemiology

The Sacramento Transitional Grant Area (TGA) is a large three-county area of 4,287 square miles, with a geography that includes the primarily urban and suburban County of Sacramento, and the primarily rural El Dorado and Placer Counties. Sacramento County is geographically the smallest of the three counties, but the most populous, accounting for 72% of the TGA's population in 2021 and 88.2% of the PLWH in the TGA as of 12/31/21. El Dorado County accounted for 9.0% of the TGA's population and 4.2% of the PLWH, while Placer accounted for 19% of the population and 7.1% of the PLWH.

The impact of the HIV epidemic on the Sacramento TGA continues to grow. Just over the last seven years, between 12/31/14 and 12/31/21, the number of Persons Living with HIV/AIDS (PLWH) in the TGA grew 26.9%, from 4,299 to 5,457. The growth in HIV/AIDS cases in the TGA was 3 times the growth of the TGA's general population during the same time period, from 2,025,283 to 2,194,442, or 8.7%.

This growth in the region's HIV epidemic continues to impact the RW Part A Comprehensive AIDS Resources Emergency (CARE) Act Program. During FY2021, the RW Program saw 195 new clients in the Part A TGA (164 in Sacramento County, 21 in Placer County, and 10 in El Dorado County). In addition, there were 15 new RW clients in Yolo County, a non-TGA RW Part B-funded county in the Sacramento Region.

Although Yolo County is not part of the RW Part A TGA, it receives RW Part B funds and many of its recipients receive medical care and other services from providers that receive RW Part A and Part B funding in Sacramento County. Therefore, the inclusion of RW clients from Yolo County is relevant to the HIV Needs Assessment process. The increase in new clients to the RW system of care in the TGA and Yolo County reflects a 22% increase in new RW clients over FY 2021.

b. Demographic Analysis

The 2022 HIV Needs Assessment Survey was completed by 191 PLWH, which represents 7.9% of the 2,408 RW clients in FY2021. This number of survey respondents reflects a slightly higher response rate than the 7.3% of RW clients who completed the 2018 PLWH Needs Assessment survey.

It is important to the HIV Health Services Planning Council (HHSPC or "the Council") that the needs assessment survey respondents are representative of RW Program clients living with HIV in terms of race, age, gender and mode of HIV/AIDS transmission. In addition, efforts are made to survey RW clients from all areas of the TGA. In the 2022 Needs Assessment, 85% of survey respondents were from Sacramento County, 8% from Placer, 1% from El Dorado, 9% from Yolo and 2% unspecified. RW clients from all counties in the TGA were well represented in the 2022 survey with the exception of El Dorado, which were 4% of 2021 RW clients.

The following table provides detailed demographic data across various entities as comparative benchmarks for the 2022 PLWH Needs Assessment survey respondents:

- 2021 TGA Census: General population data
- 2021 TGA: People Living with HIV in the TGA, including RW clients and PLWH not in RW care (5,457)
- 2021 RW: Ryan White clients (2,408)
- 2018 Needs Assessment: RW client survey respondents (177)

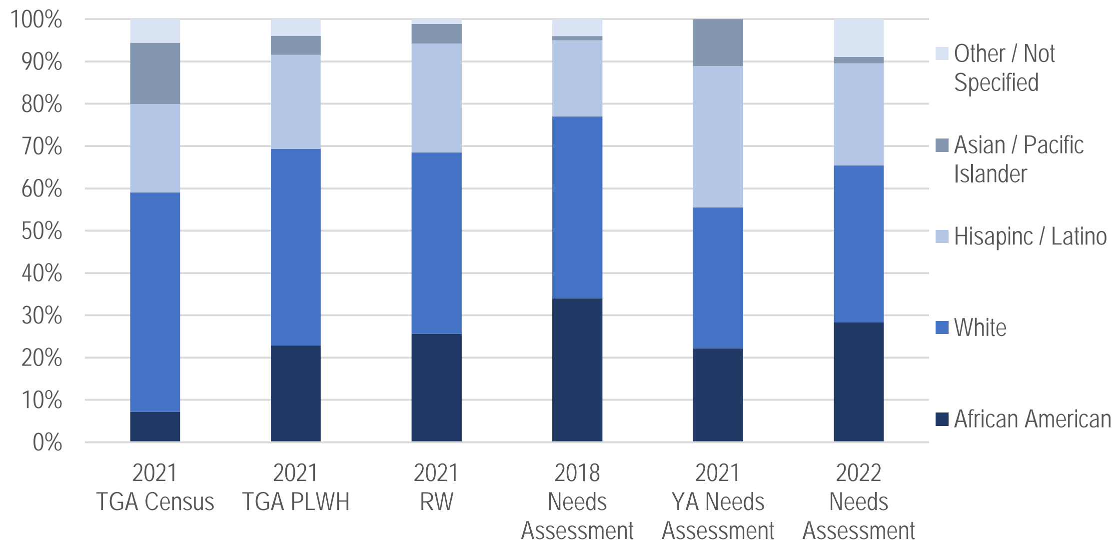
- 2022 Needs Assessment: RW client survey respondents (191)

As can be seen in the table below, the 2022 PLWH Needs Assessment survey respondents were representative of the TGA's HIV/AIDS epidemiology, RW client caseload, and 2018 Needs Assessment in terms of race, gender, and mode of HIV transmission, with several exceptions.

DEMOGRAPHICS		2021 TGA Census	2021 TGA PLWH 5,457	2021 RW 2,408	2018 Needs Assessment 171	2022 Needs Assessment 191
Race	African American	7%	23%	26%	34%	28%
	White	52%	46%	43%	43%	37%
	Asian / Pacific Islander	14%	5%	5%	1%	2%
	Hispanic / Latinx	21%	22%	26%	18%	24%
	Other / Not Specified	6%	4%	1%	4%	9%
Gender	Male	51%	82%	79%	71%	68%
	Female	49%	16%	19%	26%	24%
	Transgender / Nonbinary / Unspecified	0%	1%	2%	3%	8%
Age	≤19	25%	4%	1%	2%	2%
	20-44	34%	77%	37%	26%	25%
	45+	41%	20%	63%	66%	72%
	Not specified	0%	0%	0%	7%	1%
Mode of Transmission	MSM	NA	56%	58%	51%	47%
	IDU	NA	8%	10%	10%	9%
	MSM/IDU	NA	8%	0%	1%	1%
	Heterosexual	NA	23%	28%	16%	28%
	Other / Undetermined	NA	5%	4%	22%	14%

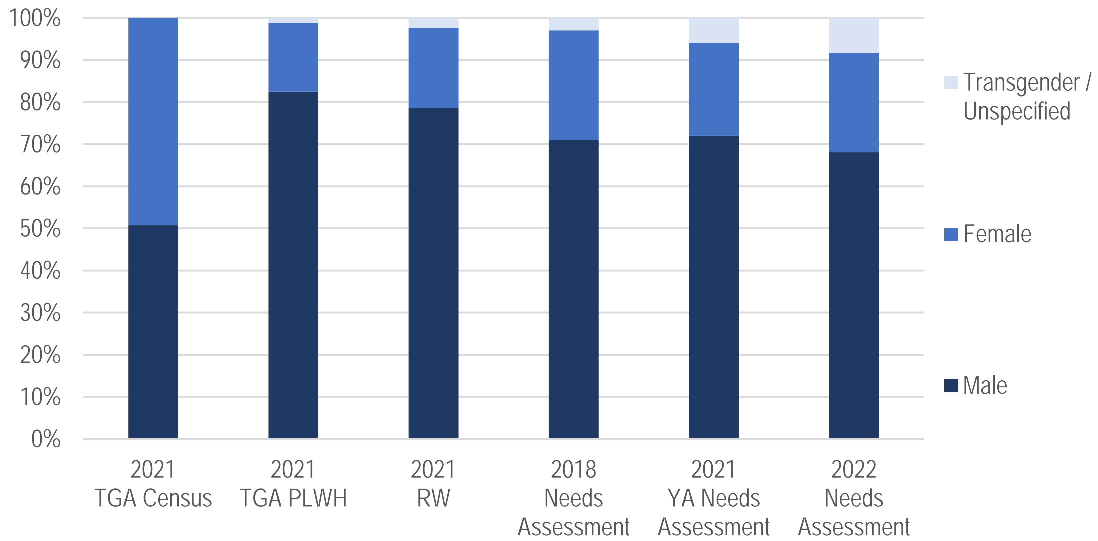
Racial Disparities in Representation

- Latinx increased between the 2018 and 2022 Needs Assessments, from 18% to 24%, which is more closely aligned with the percentage of Latinx RW clients in 2021 (26%).
- African Americans, whose representation among RW clients in 2021 was close to 4 times greater than their representation in the TGA's general population (26% vs. 7%), were overrepresented among 2021 RW clients (23%) and well represented among 2022 Needs Assessment survey respondents (28%).
- Whites were underrepresented among 2022 survey respondents compared to their representation among 2021 RW clients (37% vs. 43%).



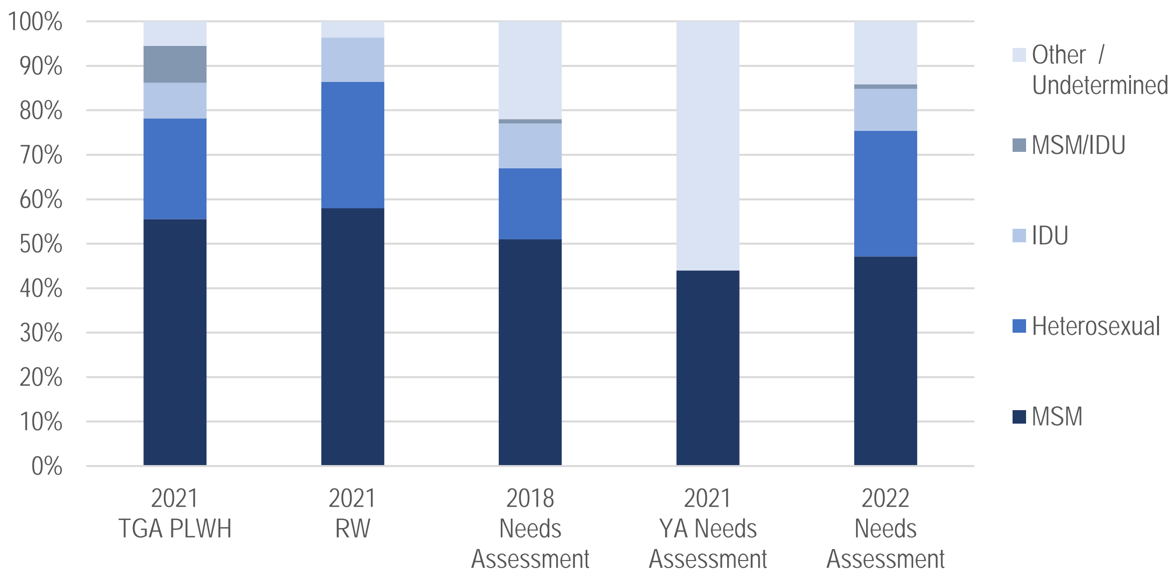
Gender Disparities in Representation

- Males were underrepresented among 2022 survey respondents as compared to their representation among 2021 RW clients (68% vs. 79%)
- Female RW clients were overrepresented among survey respondents (24% vs. 19%).
- Transgender Male to Female and Non-Binary were each 2% of 2022 survey respondents and 4% did not specify gender.



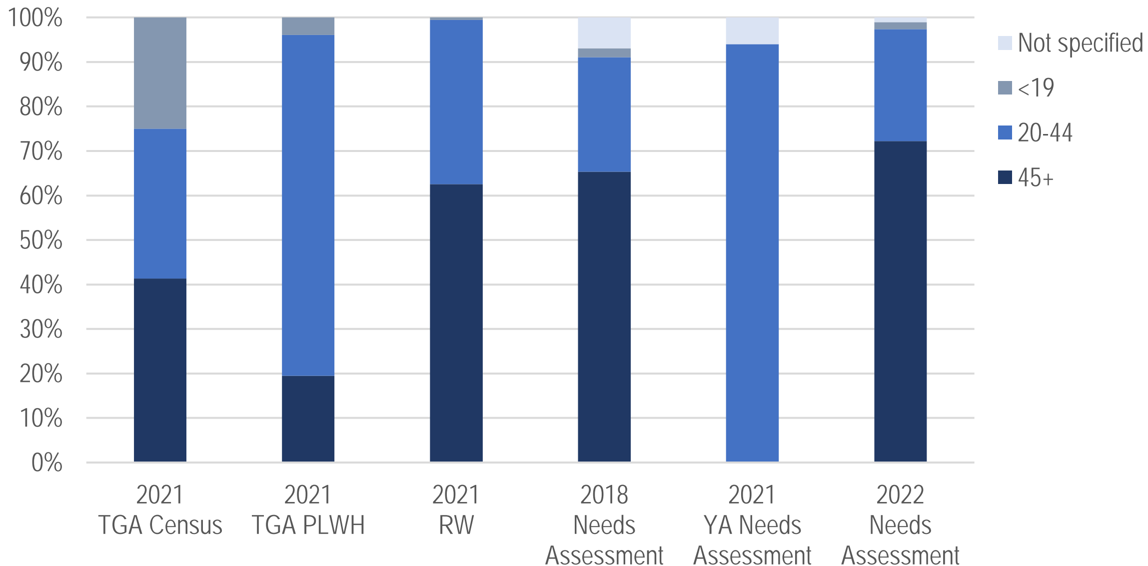
Mode of HIV Transmission Disparities in Representation

- Men who have Sex with Men (MSM) were underrepresented among 2022 survey respondents compared to their representation among 2021 RW clients (47% vs. 58%)
- "Other/Undetermined" were overrepresented (14%) among 2022 survey respondents compared to their representation among 2021 RW clients (4%)



Age Disparities in Representation

- RW clients ages 20-44 were underrepresented among survey respondents (25% vs. 37%)
- RW clients ages 45 years and older were overrepresented (72% vs. 63%)



B-2. HIV HEALTHCARE STATUS

a. Knowledge of HIV Status

2022 PLWH Needs Assessment survey respondents were asked how long they had known they were HIV positive. The highest percentage of PLWH had known their status for over 20 years (36%) and only 5% reported they had known for less than a year.

Knowledge of HIV+ Status	
Less than 1 year	5%
1-5 years	13%
6-10 years	14%
11-15 years	16%
15-20 years	16%
20+ years	36%

b. HIV Medical Care Engagement

2022 survey respondents were asked what HIV medical care they had received over the last 12 months. They reported high levels of engagement in meeting their HIV medical care needs as noted in the following table.

HIV Medical Care Engagement	
Seen a doctor	97%
Taken HIV medication (HAART)	96%
Had a test for Viral Load	93%
Had a test for CD4	93%

- 47% reported seeing their HIV doctor every 3 months; 40% every 6 months; and 6% saw them only once in the last year.
- 79% reported that they had never stopped seeing an HIV doctor for 12 months or more.
- 21% noted that had previously stopped seeing their HIV doctor for 12 months or more for the following reasons: felt fine / wasn't sick (2%); wanted a break (4%); didn't want to take medications (4%), viral load was undetectable (4%) couldn't afford it (2%); lost health insurance (1%); lost RW support services (1%); drinking/doing drugs (4%), had a mental health issue (4%); no transportation (3%), bad experience at clinic (3%), overwhelmed / forgetful (10%), inconvenient appointment times (1%), and other priorities (2%).

c. Factors Affecting HIV Medical Care Engagement

The most highly reported factor that helps to keep PLWH in care was wanting to stay healthy and live longer (70%); reducing the risk of transmission to others (61%); and being afraid of getting sick (56%). Additional factors reported to keep PLWH in care included the following:

Factors Increasing HIV Medical Care Engagement					
What kinds of things help you keep up with your HIV medical care?					
I want to stay healthy and live longer	70%	My HIV case manager or social worker	59%	The support of my family and friends	47%
My HIV doctor, nurse or clinician	54%	Seeing the benefits of treatment	39%	To reduce the risk of transmission to others	35%
I'm afraid of getting sick	34%	My faith, religion, or spirituality	28%	Staying sober	24%
A mentor at my clinic/agency	21%	An HIV group or program	18%	Other: advocate and self determination	4%

d. Health Status Self Rating

Although the goal is to see the RW clients rate their health status even higher, 62% of 2022 survey respondents reported that their physical health was either "much better" (47%) or "a little better" (15%) now than when they first sought treatment for their HIV infection. 20% reported it was about the same. 15% reported that their physical health was either "a little worse" (9%) or "much worse" (6%). These 2022 findings are very similar to the 2018 health status self ratings as noted below.

Health Status Self Rating		
How do you rate your physical health now as compared to when you first sought treatment for your HIV infection?		
	2018	**2022**
Much Better	54%	47%
About the Same	12%%	20%
A Little Better	15%	15%
A little Worse	9%	9%
Much Worse	7%	6%

B-3. CO-OCCURING CONDITIONS

The table below provides data on a range of issues and comorbidities that add to the complexity of care for PLWH across the TGA. Complicating factors such as homelessness, incarceration, STIs, other HIV-related comorbidities, poverty, insurance status, and income level are analyzed to determine where young adult PLWH surveyed in 2021 were over or underrepresented compared to all ages of PLWH in 2018.

Condition	2021 TGA Census	2019 RW	2018 Needs Assessment	2022 Needs Assessment	Notes / Sources for General Population Numerator
HCV	0.7%	1.9%	16.9%	19.9%	2016 CDC National Prevalence Estimate
Homeless /Temporary Housing	0.5%*	8.5%	18.7%	Total 26.2%** Homeless Temporary	2022 Placer, 2019 El Dorado and 2019 Sacramento County Homeless Point in Time Counts**
Uninsured	5.4%	6.0%	4.0%	3.7%	2019 U.S. Census Bureau American Community Survey 1-Year Estimates
Recently Incarcerated	0.6%	4.0%	8.5%	2.6%	2019 California Board of State and Community Corrections
Under 100% FPL	11.1%	70.2%	68.5%	60.7%	2019 U.S. Census Bureau American Community Survey 1-Year Estimates

*"Homeless / Temporary Housing" for 2022 NA is defined as the percentage of respondents indicating any of the following in the prior 12 months: Homeless / car / camping / street; or Temporary housing / shelter / motel.
**2022 point-in-time homeless counts include those who are unsheltered or in emergency or temporary shelter on the day of survey.

a. Hepatitis C

The Hepatitis C (HCV) infection rate among 2022 RW Needs Assessment survey respondents was reported at over 20 times the HCV infection rate in the TGA's general population (20% vs. 0.7%). The 2022 Needs Assessment reported HCV rate also was higher than the 2018 Needs Assessment (16.9%).

b. Uninsured

The percent of Needs Assessment respondents without health insurance was the same in both the 2022 and 2018 RW Needs Assessment (4.0%). This percentage is lower than among 2021 RW clients (6.0%) as well as the TGA's 2021 general population (5.4%).

As seen in the table below, of the 2022 survey respondents who reported a known source of health insurance coverage, only a small minority (7%) had insurance through work or a private source, and the vast majority were on Medi-Cal (66%) and/or Medicare (43%).

Health Insurance Coverage 2022 Needs Assessment Respondents	
Health Insurance Type	**Percent***
Medi-Cal	66%
Covered California / ACA	5%
Employer-Based	4%
No Insurance	4%
Medicare	43%
Veterans Administration	2%
COBRA or OBRA	0%
Private Insurance	3%
Other	5%

** Each respondent may have multiple insurance sources.*

c. Under 100% Federal Poverty Level

Ryan White funded services are to be used as a "payer of last resort" and the client must have no other means of paying for RW services. Results from the 2018 and 2022 Needs Assessments, as well as 2021 RW clients, show increased rates of living below the Federal Poverty Level (FPL) than the TGA's general population as follows:

INCOME STATUS	2021 TGA Census	2021 RW Clients	2018 Needs Assessment	2022 Needs Assessment
Under 100% of FPL ($13,590 for an individual in 2022	11.1%	70.2%	68.5%	60.7%

d. Income Sources

Employment Income. A greater percentage of 2022 RW survey respondents were employed, both full and part time, as compared to 2018 respondents. 12% of 2022 respondents were employed full-time (33-40 hours per week) as compared to 5.1% of 2018 respondents. 11% were employed part time in 2022 vs. 10.2% in 2018.

Supplementary Income. Income sources other than through employment were reported by 2018 and 2022 Needs Assessment respondents at similar rates, although more respondents were not eligible for benefits in 2022 (12%) compared to 2018 (7%). As noted in the table below, the following supplementary income sources were reported at higher levels for 2022 respondents as compared to 2018: Food Stamps (28% vs. 60%); and Rent Supplement / Subsidized Housing (21% vs. 13%).

SUPPLEMENTARY INCOME*	2018	2022
Social Security Income (SSI)	40%	28%
Social Security Disability Income (SSDI)	31%	27%
CalFresh (Food Stamps)	28%	60%
Long Term Disability	16%	4%
Rent Supplement or Subsidized Housing	13%	21%
Not Eligible for Benefits	7%	12%
Short Term Disability	.6%	1%
State Disability Insurance (SDI)	11%	7%

SUPPLEMENTARY INCOME*	2018	2022
Veteran's Benefits (VA)	2%	2%
Worker's Compensation	0.6%	1%
Annuity/Life Insurance	0.6%	0%
Retirement	6%	4%
General Assistance	5%	4%
Women's Infants and Children (WIC)	3%	0%
TANF/Cal WORKS	1%	2%
RW Emergency Financial Assistance (EFA)**	1%	1%
Other (food/gas vouchers and other Social Security)	1.1%	6%

**Respondents report all supplementary income sources therefore total is greater than 100%.*
*** In Sac Co., EFA paid by RW doesn't cover rental assistance, utilities, and food but provides medication reimbursements. In rural counties, EFA may be used for all these needs when there are no other sources.*

e. Homeless / Unstable / Temporary Housing

The 2022 survey asked PLWH which places they had lived over the prior 12-months. A large percentage, 26.2%, reported that they had been homeless (car, camping, street), or temporarily housed (shelter or motel).

This extreme rate of homelessness/temporary housing among PLWH continues to be disproportionately high when compared to the TGA's general population, which was 0.48% based on the 20122Point-In-Time homeless count coordinated by the US Department of Housing and Urban Development (HUD). It must be noted that HUD's count includes those who report being unsheltered, in emergency shelter or in temporary shelter on the day of being surveyed, rather than anytime during the prior 12-months as in the RW survey.

Trying to adhere to a complex medical regimen is made even more challenging by the lack of stable housing many RW clients are faced with. Living in shelters, cars, motels and being homeless with inconsistent access to food and proper nutrition compounds the difficulties of adhering to medications, getting adequate sleep, and accessing healthcare.

f. Recently Incarcerated

The recently incarcerated rate among Needs Assessment survey respondents dropped significantly between 2018 and 2022, from 8.5% to 2.6%. Even with this improvement, however, the percent of PLWH surveyed in the Needs Assessments who were recently incarcerated is much higher than the 4% of 2019 RW clients and 0.6% of the TGA's 2021 general population who were recently incarcerated.

SECTION C: SERVICE DEMAND AND UNMET NEED

C-1. SERVICE DEMAND

a. Service Demand by Service Category

Service Demand (Total Need) is defined by the total number of survey respondents who needed each Ryan White service category. This includes both those who needed the service and received it (Need Met) plus those who needed the service but did not receive it due to Barriers to Care (Unmet Need).

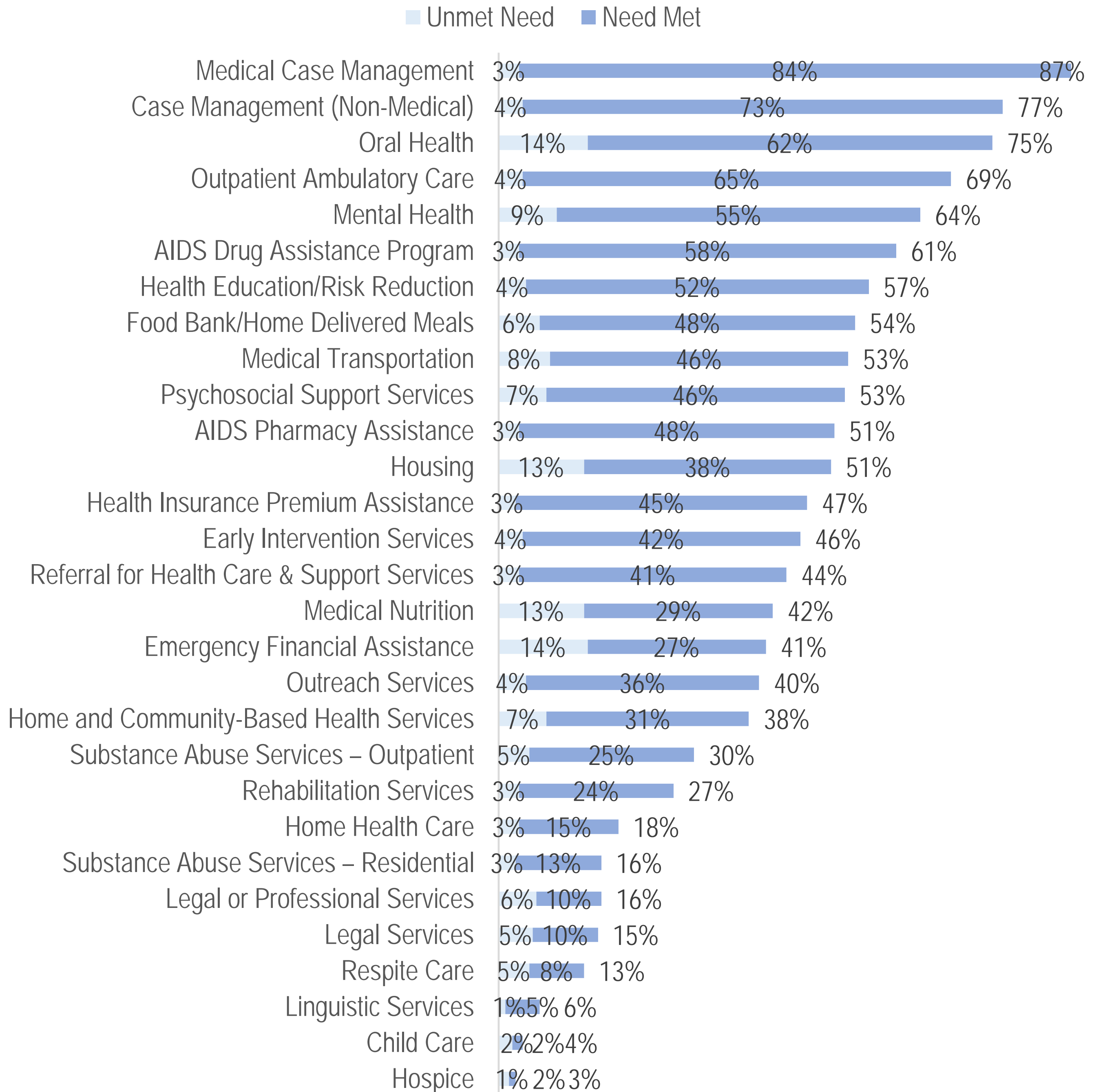
Total Service Demand (Total Need) = Need Met + Unmet Need

To gather data for each of these components of service demand, survey respondents were asked to check one of the following three boxes for each RW service:

- I did not need the service.
- I needed the service and received it (Need Met).
- I needed the service but did not receive it due to Barriers to Care (Unmet Need).

Given these improvements in the survey tool over time, a deeper analysis of Service Demand and Unmet Need for each service category allows for a clearer picture of what services are needed most by RW clients, and which services they are having the most difficulty obtaining due to barriers to care that they confront.

As can be seen in the graph below, Medical Case Management had the highest Service Demand (Total Need) at 87%. This total consists of the 84% that reported they needed and received Medical Case Management (Need Met) plus the 3% of who reported they needed the service but did not receive it due to barriers to care (Unmet Need). Non-Medical Case Management had the second highest service demand (77%) with 73% need met and 4% unmet need.



A further analysis of Service Demand is provided in the next section through a comparative analysis of 2022 and 2018 Needs Assessment Findings across service categories included in both surveys.

b. Trends in Service Demand

A notable finding overall is that the 2022 Needs Assessment of all ages of RW clients and 2021 Needs Assessment of young adult RW clients both reported service demands at a lower average percentage than the 2018 survey respondents of all ages (84% in 2018 and 41% in 2022). Only one service category, Medical Case Management, had a service demand that was higher among 2022 survey respondents (87%) than 2018 (82%).

The finding that service demand, which includes unmet need plus need met, was reported, on average, at lower rates in 2022 and 2021 compared to the 2018 Needs Assessment is likely due to a combination of factors, including but not limited to:

- ***Changes in the survey format.*** After the 2018 Needs Assessment, the survey tool was revamped to increase the clarity of the service demand, need met, and unmet need section of the survey by asking specific questions about each component. These improvements resulted in a significant decrease in the length of the survey tool and increased the usability and clarity of questions for the survey respondents.
- ***Covid-19 Pandemic.*** It is uncertain what role the pandemic has had on decreasing overall service demand, but it is likely that PLWH, due to their immunocompromised condition, often were more cautious over the last couple of years to reach out for and participate in services due to fear of exposure to Covid-19.

The following services had a decline in service demand of more than 30 percentage points between 2018 and 2022 survey respondents: Linguistic Services (-47%); Residential Substance Abuse Services (-40%); Emergency Financial Assistance (-40%); Medical Nutrition, Early Intervention Services, and AIDS Pharmacy Assistance (-36%); Home / Community-Based Health Services (-34%); Health Insurance Premium Assistance (-32%) and Referral for Health Care and Support Services (-31%).

A comparison of findings between the 2022 and 2018 PLWH Needs Assessments provides valuable input for program planning, implementation, and allocation of resources for the Sacramento Region's RW Program. The following table is ranked by 2022 service demand, which includes need met plus unmet need. The service categories with the highest service demand require a corresponding allocation of resources to meet client needs and address barriers to care which can limit clients' abilities to get their needs met.

Service Demand (Total Need)
Need Met + Unmet Need
2018 and 2022 Needs Assessment

Category	2018 Service Demand	2018 Rank	2022 Service Demand	2022 Rank	%Δ
Medical Case Management	82%	7	87%	1	6%
Non-Medical Case Management	90%	2	77%	2	-13%
Oral Health	82%	5	75%	3	-7%
Outpatient Medical Care	92%	1	69%	4	-22%
Mental Health	81%	8	64%	5	-17%
AIDS Drug Assistance Program	88%	3	61%	6	-27%
Health Education/Risk Reduction	78%	12	57%	7	-21%
Food Bank / Home Delivered Meals*	75%	15	54%	8	-20%

Service Demand (Total Need) Need Met + Unmet Need 2018 and 2022 Needs Assessment					
Category	**2018 Service Demand**	**2018 Rank**	**2022 Service Demand**	**2022 Rank**	**%Δ**
Medical Transportation	73%	16	53%	9	-19%
Psychosocial Support Services	73%	16	53%	10	-20%
AIDS Pharmacy Assistance	88%	4	51%	11	-36%
Housing	80%	10	51%	12	-29%
Health Insurance Premium Assistance	79%	11	47%	13	-32%
Early Intervention Services	82%	5	46%	14	-36%
Referral for Health Care & Support Services	75%	14	44%	15	-31%
Medical Nutrition	78%	12	42%	16	-36%
Emergency Financial Assistance	81%	9	41%	17	-40%
Outreach Services	NA		40%	18	
Home and Community-Based Health Services	72%	18	38%	19	-34%
Substance Abuse Services – Outpatient	58%	19	30%	20	-28%
Rehabilitation Services	NA		27%	21	
Home Health Care	NA		18%	22	
Substance Abuse Services – Residential	56%	20	16%	23	-40%
Legal or Professional Services	NA		16%	23	
Legal Services	NA		15%	25	
Respite Care	NA		13%	26	
Linguistic Services	53%	21	6%	27	-47%
Child Care	NA		4%	28	
Hospice	NA		3%	29	
Average Service Demand	84%		41%		-43%

As can be noted below, the following services were among the top ten services with the highest service demand in both the 2018 and 2022 Needs Assessments. Notably, the top six services with the highest service demand in 2022 were all in the top ten in 2018, as follows: 1) Medical Case Management, 2) Non-Medical Case Management, 3) Oral Health, 4) Outpatient Medical Care, 5) Mental Health, and 6) AIDS Drug Assistance Program.

SERVICE DEMAND (NEED MET + UNMET NEED) TOP TEN SERVICES 2018 AND 2022 NEEDS ASSESSMENT			
2018 All Ages		**2022 All Ages**	
1	Outpatient Medical Care	1	Medical Case Management
2	Non-medical Case Management	2	Non-Medical Case Management
3	AIDS Drug Assistance Program	3	Oral Health
4	AIDS Pharmacy Assistance	4	Outpatient Medical Care
5	Oral Health	5	Mental Health

SERVICE DEMAND (NEED MET + UNMET NEED) TOP TEN SERVICES 2018 AND 2022 NEEDS ASSESSMENT			
2018 All Ages		**2022 All Ages**	
6	Early Intervention Services	6	AIDS Drug Assistance Program
7	Medical Case Management	7	Health Education/Risk Reduction
8	Mental Health	8	Food Bank / Home Delivered Meals
9	Emergency Financial Assistance	9	Medical Transportation
10	Housing	10	Psychosocial Support Services

c. Service Demand: Demographic Disparities

Demographic Disparities in service demand are provided in this section with the overall demand noted for each service category in parentheses. Demographic disparities by service category are highlighted by ***bold italic*** and thick borders. Highlighted disparities are those that have a difference of more than 10% between one demographic group and the next highest group among the demographic categories.

GENDER
SERVICE DEMAND DEMOGRAPHIC DISPARITIES 2022

- Women reported at least 10% greater need than men for the following services: Mental Health, Medical Transportation, Housing, Medical Nutrition, Emergency Financial Assistance, and Home/Community Based Health Services.
- Men reported at least 10% greater need than women for ADAP and Health Insurance Premium Assistance.

Category	Female	Male
Medical Case Management (87%)	87%	88%
Case Management (Non-Medical) (77%)	78%	75%
Oral Health (75%)	71%	76%
Outpatient Ambulatory Care (69%)	69%	72%
Mental Health (64%)	***73%***	61%
AIDS Drug Assistance Program (61%)	51%	***62%***
Health Education/Risk Reduction (57%)	56%	56%
Food Bank/Home Delivered Meals (54%)	51%	54%
Medical Transportation (53%)	***62%***	49%
Psychosocial Support Services (53%)	51%	52%
AIDS Pharmacy Assistance (51%)	49%	50%
Housing (51%)	***58%***	47%
Health Insurance Premium Assistance (47%)	31%	***52%***
Early Intervention Services (46%)	49%	42%
Referral for Health Care & Support Services (44%)	40%	44%
Medical Nutrition (42%)	***53%***	36%
Emergency Financial Assistance (41%)	***47%***	35%
Outreach Services (40%)	36%	38%
Home/Community-Based Health Services (38%)	***51%***	35%
Substance Abuse Services – Outpatient (30%)	33%	28%
Rehabilitation Services (27%)	27%	25%
Home Health Care (18%)	18%	18%
Legal or Professional Services (16%)	13%	14%
Substance Abuse Services – Residential (16%)	9%	17%
Legal Services (15%)	11%	15%
Respite Care (13%)	9%	15%
Linguistic Services (6%)	7%	5%
Child Care (4%)	4%	3%
Hospice (3%)	2%	2%

RACE
SERVICE DEMAND DEMOGRAPHIC DISPARITIES 2022

- Whites reported at least a 10% greater need for Ambulatory Care than Blacks and Hispanics.
- Blacks reported at least a 10% greater need for Home/Community-Based Health Services and Housing than Whites and Hispanics.

Category	African American	White	Hispanic / Latinx
Medical Case Management (87%)	89%	94%	78%
Case Management (Non-Medical) (77%)	76%	73%	85%
Oral Health (75%)	78%	79%	72%
Outpatient Ambulatory Care (69%)	67%	***82%***	59%
Mental Health (64%)	63%	69%	54%
AIDS Drug Assistance Program (61%)	59%	61%	63%
Health Education/Risk Reduction (57%)	57%	54%	61%
Food Bank/Home Delivered Meals (54%)	56%	52%	57%
Medical Transportation (53%)	57%	56%	41%
Psychosocial Support Services (53%)	52%	56%	50%
AIDS Pharmacy Assistance (51%)	52%	48%	57%
Housing (51%)	***61%***	48%	41%
Health Insurance Premium Assistance (47%)	39%	46%	54%
Early Intervention Services (46%)	44%	45%	48%
Referral for Health Care & Support Services (44%)	43%	44%	46%
Medical Nutrition (42%)	44%	46%	30%
Emergency Financial Assistance (41%)	41%	39%	39%
Outreach Services (40%)	37%	39%	46%
Home/Community-Based Health Services (38%)	***52%***	38%	26%
Substance Abuse Services – Outpatient (30%)	26%	30%	35%
Rehabilitation Services (27%)	30%	31%	17%
Home Health Care (18%)	17%	18%	15%
Legal or Professional Services (16%)	15%	15%	15%
Substance Abuse Services – Residential (16%)	20%	18%	11%
Legal Services (15%)	19%	17%	11%
Respite Care (13%)	17%	11%	13%
Linguistic Services (6%)	2%	4%	13%
Child Care (4%)	4%	1%	4%
Hospice (3%)	4%	1%	2%

MODE OF HIV TRANSMISSION
SERVICE DEMAND DEMOGRAPHIC DISPARITIES 2022

- Compared to Heterosexuals and MSMs, IDUs reported at least a 10% greater need for Medical Case Management, ADAP, Psychosocial Support Services, AIDS Pharmacy Assistance, Housing, Early Intervention Services, Referral for Health Care and Support Services, Home/Community-Based Health Services, Substance Abuse Services (both Outpatient and Residential), and Legal or Professional Services
- Heterosexuals reported at least a 10% greater need for Medical Nutrition than IDUs or MSMs.

Category	Heterosexual	IDU	MSM
Medical Case Management (87%)	89%	***100%***	83%
Case Management (Non-Medical) (77%)	78%	72%	79%
Oral Health (75%)	76%	83%	77%
Outpatient Ambulatory Care (69%)	72%	78%	64%
Mental Health (64%)	69%	67%	67%
AIDS Drug Assistance Program (61%)	54%	***78%***	67%
Health Education/Risk Reduction (57%)	57%	67%	58%
Food Bank/Home Delivered Meals (54%)	63%	67%	48%
Medical Transportation (53%)	63%	72%	48%
Psychosocial Support Services (53%)	56%	***67%***	54%
AIDS Pharmacy Assistance (51%)	48%	***67%***	51%
Housing (51%)	54%	***72%***	43%
Health Insurance Premium Assistance (47%)	39%	50%	52%
Early Intervention Services (46%)	56%	***72%***	38%
Referral for Health Care & Support Services (44%)	41%	***67%***	44%
Medical Nutrition (42%)	***54%***	39%	38%
Emergency Financial Assistance (41%)	44%	50%	39%
Outreach Services (40%)	33%	39%	43%
Home/Community-Based Health Services (38%)	46%	***67%***	36%
Substance Abuse Services – Outpatient (30%)	31%	***56%***	29%
Rehabilitation Services (27%)	28%	33%	27%
Home Health Care (18%)	20%	28%	18%
Legal or Professional Services (16%)	19%	***33%***	13%
Substance Abuse Services – Residential (16%)	15%	***33%***	14%
Legal Services (15%)	11%	22%	18%
Respite Care (13%)	17%	22%	11%
Linguistic Services (6%)	11%	6%	3%
Child Care (4%)	6%	6%	2%
Hospice (3%)	6%	0%	2%

AGE
SERVICE DEMAND DEMOGRAPHIC DISPARITIES 2022

- Compared to those aged 45+, respondents aged 20-44 reported at least a 10% greater need for Health Insurance Premium Assistance, Early Intervention Services, Referral for Health Care and Support Services, Emergency Financial Assistance, Outreach Services, and Legal or Professional Services.
- Respondents aged 45+ reported at least a 10% greater need for Medical Case Management, Medical Nutrition, and Home/Community Based Health Services compared to those aged 20-44.

Category	20-44	45+
Medical Case Management (87%)	79%	***90%***
Case Management (Non-Medical) (77%)	77%	77%
Oral Health (75%)	73%	78%
Outpatient Ambulatory Care (69%)	65%	72%
Mental Health (64%)	58%	67%
AIDS Drug Assistance Program (61%)	60%	62%
Health Education/Risk Reduction (57%)	58%	56%
Food Bank/Home Delivered Meals (54%)	54%	55%
Medical Transportation (53%)	50%	56%
Psychosocial Support Services (53%)	56%	53%
AIDS Pharmacy Assistance (51%)	56%	49%
Housing (51%)	56%	49%
Health Insurance Premium Assistance (47%)	***58%***	44%
Early Intervention Services (46%)	***56%***	43%
Referral for Health Care & Support Services (44%)	***54%***	42%
Medical Nutrition (42%)	31%	***44%***
Emergency Financial Assistance (41%)	***54%***	37%
Outreach Services (40%)	***48%***	38%
Home/Community-Based Health Services (38%)	23%	***44%***
Substance Abuse Services – Outpatient (30%)	35%	29%
Rehabilitation Services (27%)	25%	28%
Home Health Care (18%)	19%	18%
Legal or Professional Services (16%)	***23%***	13%
Substance Abuse Services – Residential (16%)	15%	17%
Legal Services (15%)	13%	16%
Respite Care (13%)	13%	14%
Linguistic Services (6%)	8%	5%
Child Care (4%)	6%	3%
Hospice (3%)	6%	1%

HOUSING STATUS
SERVICE DEMAND DEMOGRAPHIC DISPARITIES 2022

- Respondents reporting stable housing during the prior 12-months of survey reported at least a 10% greater need for Ambulatory Care and Home/Community Based Health Services than those reporting unstable housing (homelessness, unstable/couch surfing, or temporary housing/shelter/motel.

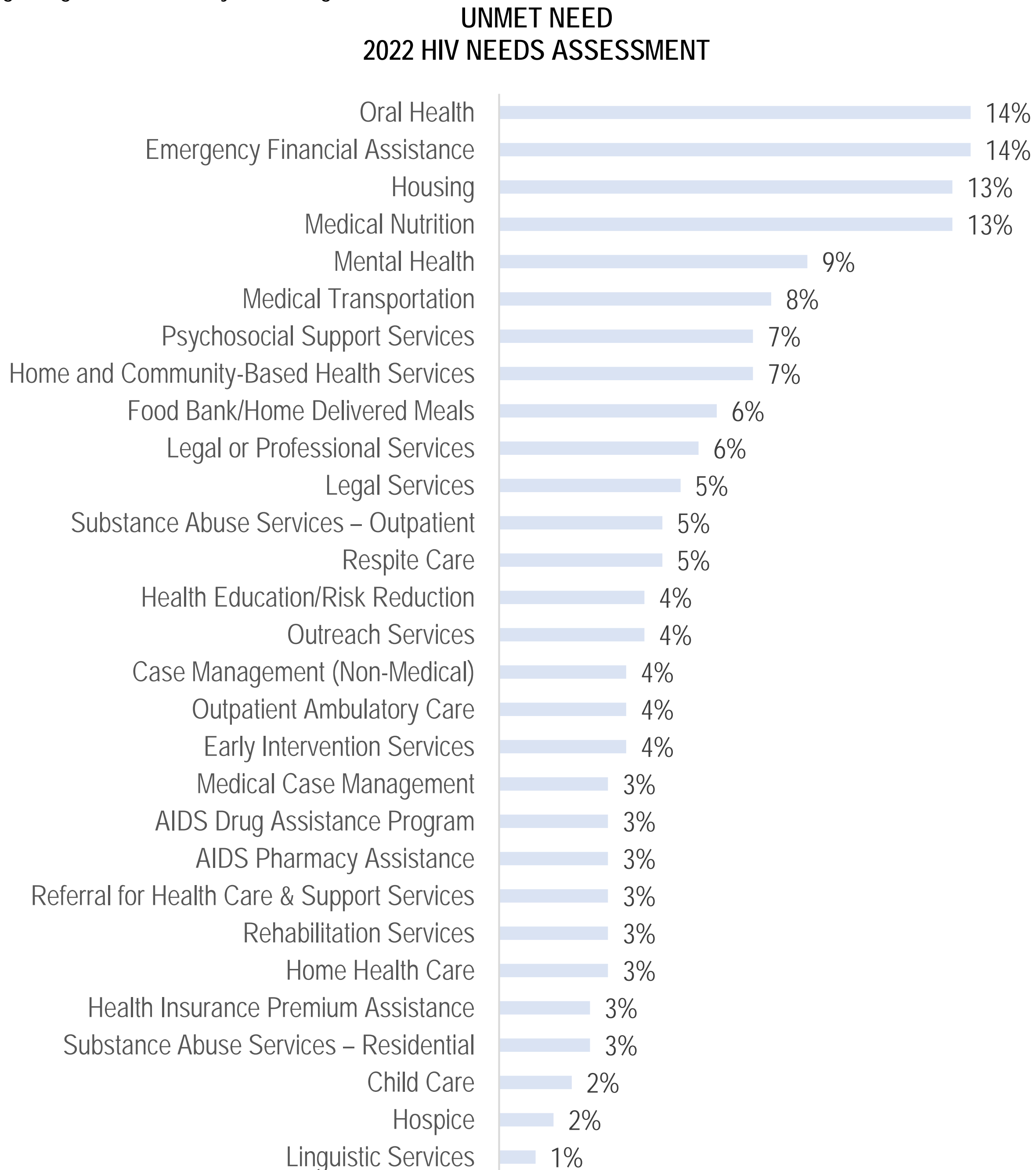
- Compared to respondents with stable housing, those with unstable housing reported at least a 10% greater need in many categories, with a 20% greater need for Food Bank / Home Delivered Meals, Housing, Referral for Health Care and Support Services, Emergency Financial Assistance, Outpatient Substance Abuse Treatment, and Legal or Professional Services.

Category	Stable Housing	Unstable Housing
Medical Case Management (87%)	88%	87%
Case Management (Non-Medical) (77%)	77%	77%
Oral Health (75%)	74%	78%
Outpatient Ambulatory Care (69%)	***73%***	60%
Mental Health (64%)	63%	67%
AIDS Drug Assistance Program (61%)	59%	65%
Health Education/Risk Reduction (57%)	53%	***65%***
Food Bank/Home Delivered Meals (54%)	48%	***68%***
Medical Transportation (53%)	49%	***63%***
Psychosocial Support Services (53%)	50%	***60%***
AIDS Pharmacy Assistance (51%)	47%	***60%***
Housing (51%)	37%	***82%***
Health Insurance Premium Assistance (47%)	44%	***55%***
Early Intervention Services (46%)	42%	***55%***
Referral for Health Care & Support Services (44%)	37%	***60%***
Medical Nutrition (42%)	42%	42%
Emergency Financial Assistance (41%)	34%	***55%***
Outreach Services (40%)	35%	***50%***
Home/Community-Based Health Services (38%)	***43%***	28%
Substance Abuse Services – Outpatient (30%)	21%	***50%***
Rehabilitation Services (27%)	24%	33%
Home Health Care (18%)	20%	15%
Legal or Professional Services (16%)	9%	***30%***
Substance Abuse Services – Residential (16%)	11%	***25%***
Legal Services (15%)	15%	15%
Respite Care (13%)	10%	***20%***
Linguistic Services (6%)	8%	3%
Child Care (4%)	3%	5%
Hospice (3%)	2%	3%

C-2. UNMET NEED

a. Unmet Need by Service Category

Unmet Need is the percentage of clients who needed a service but were unable to receive it due to confronting one or more Barriers to Care. Unmet Need is a critical factor to analyze to determine the services RW clients are having the greatest difficulty obtaining.



As shown in the graph above, 2022 survey respondents reported the following services categories in the top 10 services they needed but were unable to receive: Oral Health and Emergency Financial Assistance (14%); Housing

and Medical Nutrition (13%); Mental Health (9%); Medical Transportation (8%); Psychosocial Support and Home/Community-Based Health Services (7%); Food Bank / Home-Delivered Meals and Legal Services (6%).

b. Trends in Unmet Need

The most notable finding is that the 2022 HIV Needs Assessment respondents reported unmet needs at a much lower percentage, on average, than 2018 respondents (5.5% in 2022 and 30% in 2018).

The following services had a decline in unmet need of more than 30% between 2018 and 2022 surveys: Home and Community-Based Services (-42%); Linguistic Services (-40%); Housing (-35%); Food Bank / Home Delivered Meals (-34%); and AIDS Pharmacy Assistance (-32%) (see shaded rows below). These findings demonstrate that there have been decreases in barriers to care and improvements in access to these services over the last several years.

Unmet Need
2018 and 2022 Needs Assessment Surveys
Comparative Analysis

Category	2018 Unmet Need	2018 Rank	2022 Unmet Need	2022 Rank	%Δ
Oral Health	27%	12	14%	1	-14%
Emergency Financial Assistance	42%	3	14%	1	-28%
Housing	48%	2	13%	3	-35%
Medical Nutrition	41%	4	13%	3	-28%
Mental Health	18%	18	9%	5	-9%
Medical Transportation	37%	7	8%	6	-29%
Psychosocial Support Services	24%	14	7%	7	-17%
Home and Community-Based Health Services	50%	1	7%	7	-42%
Food Bank / Home Delivered Meals*	40%	6	6%	9	-34%
Legal or Professional Services	NA		6%	10	
Legal Services	NA		5%	11	
Substance Abuse Services – Outpatient	31%	9	5%	12	-26%
Respite Care	NA		5%	12	
Health Education/Risk Reduction	18%	18	4%	14	-13%
Outreach Services	NA		4%	14	
Case Management (Non-Medical)	16%	20	4%	16	-13%
Outpatient Ambulatory Care	15%	21	4%	16	-12%
Early Intervention Services	24%	15	4%	16	-20%
Medical Case Management	29%	11	3%	19	-26%
AIDS Drug Assistance Program	21%	17	3%	19	-18%
AIDS Pharmacy Assistance	36%	8	3%	19	-32%
Referral for Health Care & Support Services	21%	16	3%	19	-18%
Rehabilitation Services	NA		3%	19	
Home Health Care	NA		3%	19	

Unmet Need 2018 and 2022 Needs Assessment Surveys Comparative Analysis					
Category	2018 Unmet Need	2018 Rank	2022 Unmet Need	2022 Rank	%Δ
Health Insurance Premium Assistance	30%	10	3%	25	-27%
Substance Abuse Services – Residential	27%	12	3%	25	-25%
Child Care	NA		2%	27	
Hospice	NA		2%	28	
Linguistic Services	41%	4	1%	29	-40%
Average Unmet Need	30%		5.6%		

* Shaded rows had 30% or greater decline in Unmet Need between 2018 and 2022 surveys.

Further analysis of unmet need trends between 2018 and 2022 shows that, of the service categories that ranked in the top ten for highest unmet needs, half (50%) were in the top rankings both years. This shows that clients were having the most difficulty obtaining these services in both 2018 and 2022: Emergency Financial Assistance, Housing, Medical Nutrition, Medical Transportation, and Home and Community-Based Services.

UNMET NEED TOP TEN SERVICES 2018 AND 2022 NEEDS ASSESSMENTS			
2018 All Ages		2022 All Ages	
1	Home and Community-Based Health Services	1	Oral Health
2	Housing	1	Emergency Financial Assistance
3	Emergency Financial Assistance	3	Housing
4	Medical Nutrition	3	Medical Nutrition
5	Linguistic Services	5	Mental Health
6	Food Bank / Home Delivered Meals	6	Medical Transportation
7	Medical Transportation	7	Psychosocial Support Services
8	AIDS Pharmacy Assistance	7	Home and Community-Based Health Services
9	Substance Abuse Services – Outpatient	9	Food Bank / Home Delivered Meals*
10	Health Insurance Premium Assistance	10	Legal or Professional Services

c. **Unmet Need: Demographic Disparities**

Demographic Disparities in unmet need are provided below and highlight disparities that have a difference of more than 10% between one demographic group and the next highest group among the demographic categories.

GENDER
UNMET NEED DEMOGRAPHIC DISPARITIES 2022

- Women reported at least a 10% greater unmet need than men for Medical Transportation and Medical Nutrition.

Category	Female	Male
Oral Health (14%)	11%	12%
Emergency Financial Assistance (14%)	18%	11%
Housing (13%)	13%	12%
Medical Nutrition (13%)	***20%***	9%
Mental Health (9%)	7%	8%
Medical Transportation (8%)	***16%***	4%
Home and Community-Based Health Services (7%)	11%	5%
Psychosocial Support Services (7%)	7%	6%
Food Bank/Home Delivered Meals (6%)	4%	5%
Legal or Professional Services (6%)	7%	5%
Legal Services (5%)	2%	6%
Substance Abuse Services – Outpatient (5%)	9%	4%
Respite Care (5%)	2%	5%
Health Education/Risk Reduction (4%)	4%	3%
Outreach Services (4%)	2%	3%
Outpatient Ambulatory Care (4%)	0%	5%
Case Management (Non-Medical) (4%)	2%	3%
Early Intervention Services (4%)	2%	2%
Medical Case Management (3%)	2%	3%
AIDS Drug Assistance Program (3%)	2%	2%
AIDS Pharmacy Assistance (3%)	4%	2%
Home Health Care (3%)	2%	2%
Referral for Health Care & Support Services (3%)	2%	4%
Rehabilitation Services (3%)	4%	3%
Health Insurance Premium Assistance (3%)	2%	2%
Substance Abuse Services – Residential (3%)	4%	2%
Child Care (2%)	4%	1%
Hospice (2%)	2%	1%
Linguistic Services (1%)	0%	1%

RACE
UNMET NEED DEMOGRAPHIC DISPARITIES 2022

- African Americans have at least a 10% higher unmet need for Medical Nutrition than Whites and Hispanics

Category	African American	White	Hispanic / Latinx
Oral Health (14%)	6%	14%	15%
Emergency Financial Assistance (14%)	19%	10%	11%
Housing (13%)	15%	14%	9%
Medical Nutrition (13%)	***19%***	8%	9%
Mental Health (9%)	6%	6%	13%
Medical Transportation (8%)	9%	7%	2%
Home and Community-Based Health Services (7%)	7%	6%	7%
Psychosocial Support Services (7%)	6%	7%	9%
Food Bank/Home Delivered Meals (6%)	7%	6%	7%
Legal or Professional Services (6%)	4%	8%	4%
Legal Services (5%)	2%	8%	4%
Substance Abuse Services – Outpatient (5%)	7%	3%	7%
Respite Care (5%)	9%	1%	2%
Health Education/Risk Reduction (4%)	2%	3%	7%
Outreach Services (4%)	2%	4%	4%
Outpatient Ambulatory Care (4%)	2%	3%	7%
Case Management (Non-Medical) (4%)	2%	1%	7%
Early Intervention Services (4%)	4%	1%	4%
Medical Case Management (3%)	2%	3%	2%
AIDS Drug Assistance Program (3%)	4%	0%	4%
AIDS Pharmacy Assistance (3%)	6%	1%	2%
Home Health Care (3%)	2%	3%	0%
Referral for Health Care & Support Services (3%)	6%	3%	2%
Rehabilitation Services (3%)	4%	4%	2%
Health Insurance Premium Assistance (3%)	0%	3%	7%
Substance Abuse Services – Residential (3%)	2%	1%	2%
Child Care (2%)	2%	1%	2%
Hospice (2%)	2%	1%	0%
Linguistic Services (1%)	0%	1%	0%

MODE OF TRANSMISSION
UNMET NEED DEMOGRAPHIC DISPARITIES 2022

- IDU's have at least a 10% greater unmet need for Psychosocial Support Services and Legal or Professional Services compared to Heterosexuals or MSMs.

Category	Heterosexual	IDU	MSM
Oral Health (14%)	11%	11%	13%
Emergency Financial Assistance (14%)	17%	17%	11%
Housing (13%)	20%	22%	8%
Medical Nutrition (13%)	22%	17%	9%
Mental Health (9%)	7%	6%	10%
Medical Transportation (8%)	13%	11%	6%
Home and Community-Based Health Services (7%)	13%	11%	4%
Psychosocial Support Services (7%)	6%	***17%***	7%
Food Bank/Home Delivered Meals (6%)	6%	6%	8%
Legal or Professional Services (6%)	7%	***17%***	3%
Legal Services (5%)	2%	11%	7%
Substance Abuse Services – Outpatient (5%)	6%	11%	3%
Respite Care (5%)	9%	0%	4%
Health Education/Risk Reduction (4%)	9%	6%	1%
Outreach Services (4%)	6%	6%	4%
Outpatient Ambulatory Care (4%)	2%	6%	4%
Case Management (Non-Medical) (4%)	4%	6%	3%
Early Intervention Services (4%)	6%	6%	2%
Medical Case Management (3%)	4%	6%	3%
AIDS Drug Assistance Program (3%)	4%	0%	3%
AIDS Pharmacy Assistance (3%)	6%	0%	2%
Home Health Care (3%)	6%	0%	2%
Referral for Health Care & Support Services (3%)	6%	6%	2%
Rehabilitation Services (3%)	6%	6%	1%
Health Insurance Premium Assistance (3%)	0%	0%	4%
Substance Abuse Services – Residential (3%)	6%	0%	1%
Child Care (2%)	4%	6%	0%
Hospice (2%)	6%	0%	0%
Linguistic Services (1%)	4%	0%	0%

AGE
UNMET NEED DEMOGRAPHIC DISPARITIES 2022

- Compared to those aged 45+, respondents aged 20-44 reported a 10% greater unmet need for Emergency Financial Assistance.
- Compared to those aged 20-44, respondents aged 45+ reported a 6% greater need for Medical Nutrition and Mental Health.

Category	20-44	45+
Oral Health (14%)	17%	12%
Emergency Financial Assistance (14%)	*21%*	11%
Housing (13%)	13%	13%
Medical Nutrition (13%)	8%	14%
Mental Health (9%)	4%	10%
Medical Transportation (8%)	4%	9%
Home and Community-Based Health Services (7%)	6%	7%
Psychosocial Support Services (7%)	6%	8%
Food Bank/Home Delivered Meals (6%)	8%	5%
Legal or Professional Services (6%)	6%	6%
Legal Services (5%)	4%	5%
Substance Abuse Services – Outpatient (5%)	4%	5%
Respite Care (5%)	6%	4%
Health Education/Risk Reduction (4%)	4%	4%
Outreach Services (4%)	8%	3%
Outpatient Ambulatory Care (4%)	6%	3%
Case Management (Non-Medical) (4%)	8%	1%
Early Intervention Services (4%)	2%	4%
Medical Case Management (3%)	6%	2%
AIDS Drug Assistance Program (3%)	0%	4%
AIDS Pharmacy Assistance (3%)	2%	3%
Home Health Care (3%)	2%	3%
Referral for Health Care & Support Services (3%)	4%	3%
Rehabilitation Services (3%)	4%	3%
Health Insurance Premium Assistance (3%)	4%	2%
Substance Abuse Services – Residential (3%)	6%	1%
Child Care (2%)	2%	2%
Hospice (2%)	4%	1%
Linguistic Services (1%)	2%	1%

HOUSING STATUS
UNMET NEED DEMOGRAPHIC DISPARITIES 2022

- Respondents experiencing homelessness/unstable/temporary housing within the prior 12-months reported a 12% greater unmet need for Emergency Financial Assistance compared to those in stable housing.

Category	Stable Housing	Unstable Housing
Oral Health (14%)	14%	13%
Emergency Financial Assistance (14%)	10%	***22%***
Housing (13%)	11%	18%
Medical Nutrition (13%)	11%	17%
Mental Health (9%)	8%	10%
Medical Transportation (8%)	8%	8%
Home and Community-Based Health Services (7%)	6%	10%
Psychosocial Support Services (7%)	8%	7%
Food Bank/Home Delivered Meals (6%)	4%	12%
Legal or Professional Services (6%)	4%	10%
Legal Services (5%)	5%	7%
Substance Abuse Services – Outpatient (5%)	4%	7%
Respite Care (5%)	5%	5%
Health Education/Risk Reduction (4%)	2%	8%
Outreach Services (4%)	3%	7%
Outpatient Ambulatory Care (4%)	4%	3%
Case Management (Non-Medical) (4%)	3%	5%
Early Intervention Services (4%)	3%	5%
Medical Case Management (3%)	2%	5%
AIDS Drug Assistance Program (3%)	3%	3%
AIDS Pharmacy Assistance (3%)	2%	5%
Home Health Care (3%)	4%	2%
Referral for Health Care & Support Services (3%)	3%	3%
Rehabilitation Services (3%)	2%	5%
Health Insurance Premium Assistance (3%)	4%	0%
Substance Abuse Services – Residential (3%)	1%	7%
Child Care (2%)	2%	3%
Hospice (2%)	1%	3%
Linguistic Services (1%)	1%	2%

C-3. HIGHEST RANKED SERVICES: SERVICE DEMAND AND UNMET NEED

There were several services that were ranked with both a high service demand *and* a high unmet need by survey respondents. These services are particularly important to improve access to because clients need them at a high rate, but they have not been able to receive them due to high rates of barriers to care.

The following seven services ranked the highest for combined service demand and unmet need in the 2022 HIV Needs Assessment with "High" defined as a ranking in the top half of service categories for both service demand and unmet need.

HIGHEST RANKED SERVICES
TOP HALF OF SERVICE DEMAND AND UNMET NEED
2022 Needs Assessment

Service Category	2022 Unmet Need	2022 Unmet Need Rank	2022 Total Demand	2022 Total Demand Rank
Oral Health	14%	1	75%	3
Mental Health	13%	3	51%	12
Food Bank / Home Delivered Meals	9%	5	64%	5
Housing	8%	6	53%	9
Medical Transportation	7%	7	53%	10
Psychosocial Support Services	6%	9	54%	8
Health Education/Risk Reduction	4%	14	57%	7

SECTION D: BARRIERS TO CARE

D-1. BARRIERS TO CARE OVERVIEW

a. Barriers to Care Categories

In the 2021 Young Adult Needs Assessment survey tool, the barriers to care section was improved by specifying that the section only needed to be completed for those services that had an unmet need (client checked box that they needed the service but did not receive it due to a barrier to care). To add further depth to the survey tool in 2022, barriers to care were asked separately by each service category to learn what barriers were more likely to decrease access to which services.

To help the TGA gain a better understanding about which level of the service system the barriers to care exist, they were classified into five categories of "Knowledge", "Access," "Financial," "Personal", and "Health". The barrier to care categories go from examining broad-based TGA-wide "Access" and "Knowledge" issues to more specific client-based "Financial", "Health", and "Personal" issues. The following provides a description of barriers to care categories covered in the 2022 Needs Assessment:

- **Knowledge Barriers** include facts not known by the client that limit access to services, such as: "Didn't know service was available", "Didn't know I was eligible for service", "Didn't know how to get service", and "Didn't know where to receive service".

- **Access Barriers** include factors that limit a client's ability to access a service when they need it and include barriers such as: "Appointments not soon enough", "Times not convenient", "No childcare", "Language barriers", and "No cell phone".

- **Financial Barriers** include issues such as: "Co-pay was too high", "Service costs too much", and "No insurance coverage".

- **Personal Barriers** include issues that create challenges to accessing services, such as: "Treated with disrespect", "Jail/Prison history", and "Wanted privacy of HIV status, mental health or substance use".

- **Health Barriers** include medical issues such as: "Didn't want to take medications"; "Hard to navigate system due to physical, mental or substance use issues", and "Thought viral load was undetectable".

b. Barriers to Care Category Rankings

The primary goal of the Needs Assessment survey process is to identify strategies to reduce barriers to care so that service demand and unmet need can be met for the majority of service categories across all demographic groups. As described above, Barriers to Care assessed in the survey are organized under five types of barriers: Knowledge, Access, Financial, Personal, and Health.

Respondents with unmet needs most commonly reported barriers to care in the following two areas: Knowledge Barriers (31%) and Access Barriers (15%). The least commonly reported barriers to care for respondents with unmet need were related to the respondents' Health (4%).

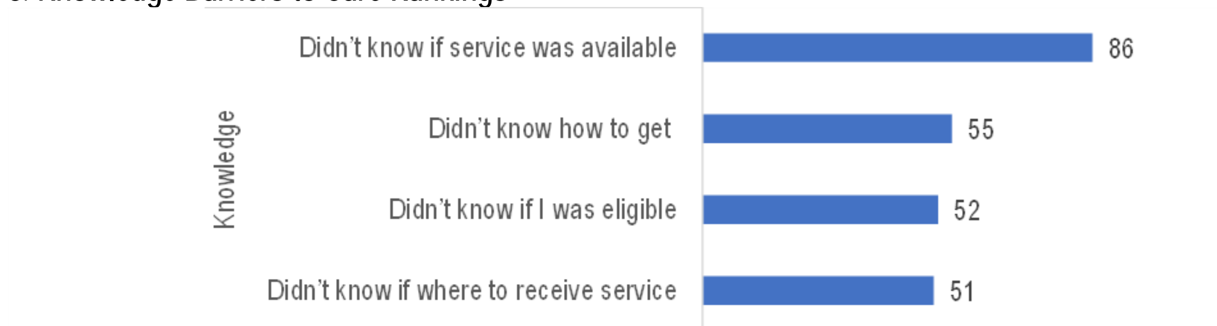
At Least One Knowledge Barrier	At Least One Access Barrier	At Least One Financial Barrier	At Least One Personal Barrier	At Least One Health Barrier
31%	15%	8%	6%	4%

Among the detailed sub-barriers, the four most commonly reported were each of the four included in the Knowledge category (51-86 respondents), i.e., didn't know the service was available, didn't know how to get it, didn't know whether they were eligible, and didn't know where to receive the service. The next most common sub-barriers were a combination of access, personal, and financial barriers: lack of transportation (24), previous incarceration (19), appointments not soon enough (17), and no insurance coverage (17).

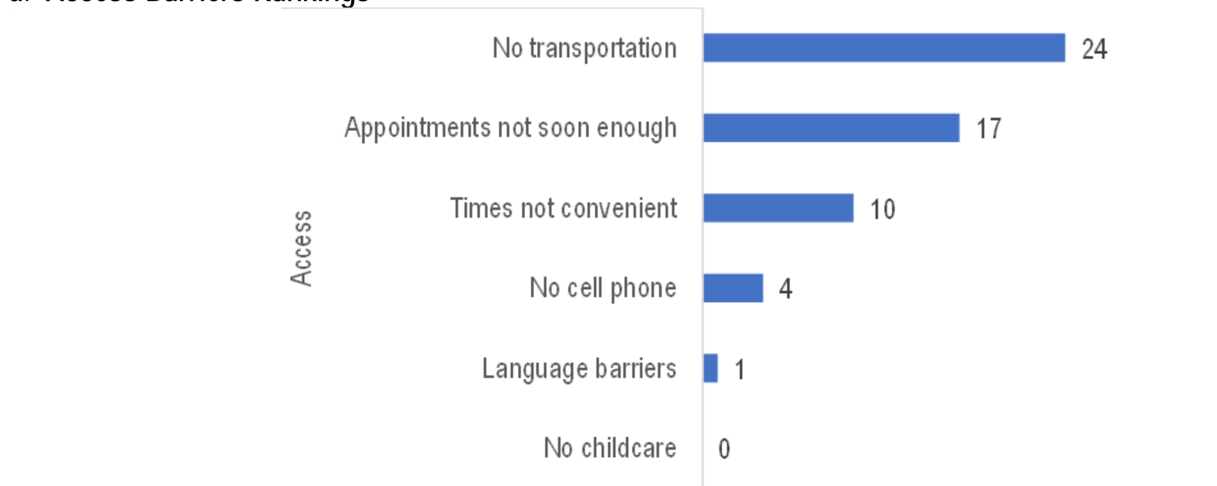
Notably, several respondents who indicated at least one barrier to care in a barrier category (e.g., Knowledge Barrier) may not have selected a specific sub-barrier to care (e.g., didn't know how to get).

2022 BARRIERS TO CARE RANKINGS			
RANK	BARRIER TO CARE	CATEGORY	# Reported
1	Didn't know if service was available	Knowledge	86
2	Didn't know how to get	Knowledge	55
3	Didn't know if I was eligible	Knowledge	52
4	Didn't know if where to receive service	Knowledge	51
5	No transportation	Access	24
6	Previous incarceration	Personal	19
7	Appointments not soon enough	Access	17
7	No insurance coverage	Financial	17
9	Hard to navigate system due to physical, mental or substance use issues	Health	12
10	Times not convenient	Access	10
11	Wanted privacy of HIV status, mental health or substance use	Personal	7
12	No cell phone	Access	4
12	Service cost too much	Financial	4
14	Co-pay too high	Financial	2
14	Treated with disrespect	Personal	2
14	Thought viral load undetectable	Health	2
17	Language barriers	Access	1
17	Didn't want to take medications	Health	1
19	No childcare	Access	0

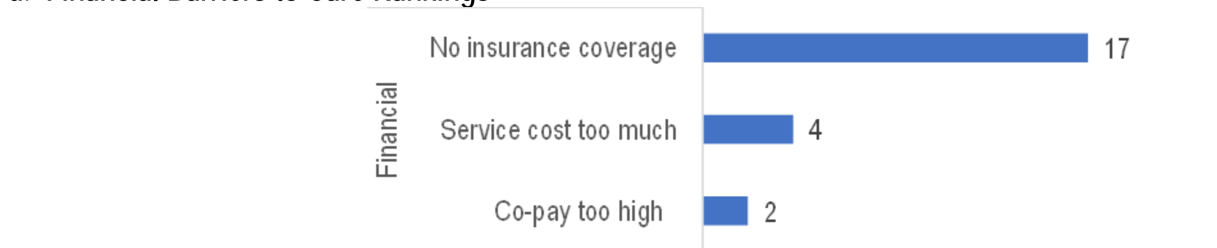
c. Knowledge Barriers to Care Rankings



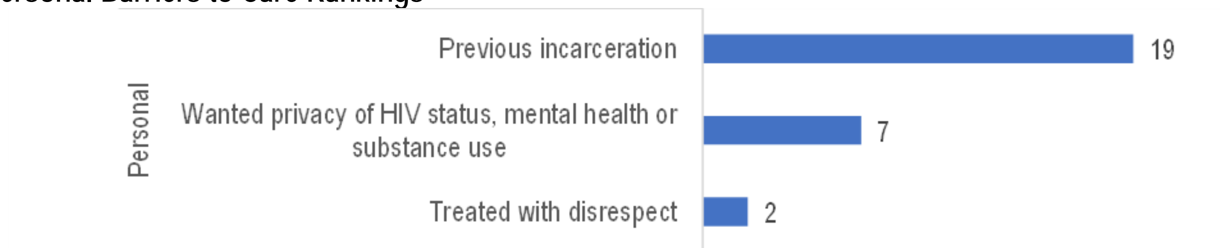
d. Access Barriers Rankings



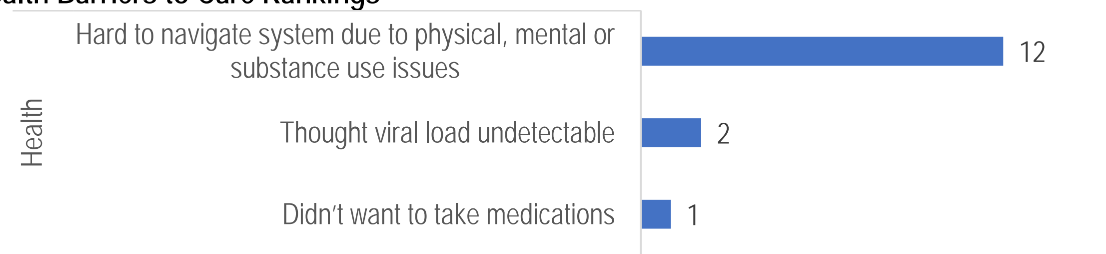
d. Financial Barriers to Care Rankings



e. Personal Barriers to Care Rankings



f. Health Barriers to Care Rankings



D-2. BARRIERS TO CARE BY SERVICE CATEGORY

Follows is a graphical display of the barriers to care reported by service category by 2022 survey respondents. This table shows the type and frequency of barriers to care by service category, with services having the highest

unmet need at the top. For example, 14% of respondents indicated an unmet need for Emergency Financial Assistance. Of these respondents, 77% indicated they had a knowledge barrier to receiving that service.

With few exceptions, Knowledge barriers were the greatest contributors to unmet need for most service categories. Further in this section are graphs that analyze client's reporting of sub-barriers in each barrier to care category.

BARRIERS TO CARE BY SERVICE CATEGORY AND BARRIER CATEGORY
Ranked by Unmet Need

Category	% with Unmet Need	% with Knowledge Barrier	% with Access Barrier	% with Financial Barrier	% with Personal Barrier	% with Health Barrier
Emergency Financial Assistance	14%	77%	8%	8%	8%	4%
Oral Health	14%	42%	31%	19%	0%	4%
Housing	13%	56%	20%	8%	20%	8%
Medical Nutrition	13%	76%	20%	4%	12%	0%
Mental Health	9%	35%	18%	6%	12%	6%
Medical Transportation	8%	80%	27%	13%	7%	13%
Home and Community-based Health Services	7%	79%	14%	7%	7%	7%
Psychosocial Support Services	7%	50%	36%	21%	7%	14%
Food Bank/Home Delivered Meals	6%	92%	17%	0%	17%	0%
Legal or Professional Services	6%	91%	9%	9%	9%	9%
Legal Services	5%	100%	10%	10%	10%	0%
Respite Care	5%	78%	11%	11%	0%	0%
Substance Abuse Services – Outpatient	5%	44%	33%	0%	22%	11%
Health Education/Risk Reduction	4%	63%	13%	0%	13%	0%
Outreach Services	4%	75%	13%	13%	13%	13%
Case Management (Non-Medical)	4%	57%	14%	0%	29%	0%
Early Intervention Services	4%	71%	14%	14%	14%	0%
Outpatient Ambulatory Care	4%	43%	43%	14%	14%	0%
AIDS Drug Assistance Program	3%	83%	0%	0%	0%	0%
AIDS Pharmacy Assistance	3%	100%	0%	0%	0%	0%
Home Health Care	3%	83%	0%	0%	0%	0%
Medical Case Management	3%	50%	0%	0%	17%	17%
Referral for Health Care & Support Services	3%	83%	17%	17%	17%	17%
Rehabilitation Services	3%	100%	33%	0%	17%	17%
Health Insurance Premium Assistance	3%	20%	20%	80%	0%	0%
Substance Abuse Services – Residential	3%	60%	0%	0%	0%	0%
Child Care	2%	25%	25%	0%	25%	0%
Hospice	2%	33%	0%	0%	33%	33%
Linguistic Services	1%	50%	0%	0%	0%	0%

Knowledge Barriers

- Emergency Financial Assistance, Medical Nutrition, and Housing were among the services with the most respondents indicating at least one knowledge barrier to care.
- Among the more commonly reported knowledge barriers to services were respondents a) not knowing Emergency Financial Assistance and Medical Nutrition were available and b) not knowing how to get Housing services.

KNOWLEDGE BARRIERS					
Service Category	Didn't know if service was available	Didn't know if I was eligible	Didn't know how to get	where to receive service	At least one barrier
Emergency Financial Assistance	9	6	3	4	20
Medical Nutrition	7	4	6	5	19
Housing	4	4	7	5	14
Medical Transportation	3	1	4	1	12
Food Bank/Home Delivered Meals	3	1	1	5	11
Home/Community-Based Care	5	3	3	4	11
Oral Health	6	5	2	3	11
Legal or Professional Services	6	1	2	4	10
Legal Services	5	2	3	3	10
Psychosocial Support Services	3	1	2	2	7
Respite Care	5	4	4	3	7
AIDS Pharmacy Assistance	3	2	1	1	6
Mental Health	3	3	3	1	6
Outreach Services	3	1	0	1	6
Rehabilitation Services	2	0	3	3	6
AIDS Drug Assistance Program	3	3	2	2	5
Early Intervention Services	2	1	0	1	5
Health Education/Risk Reduction	2	1	2	0	5
Home Health Care	3	2	1	1	5
Referral for Health & Support Svcs	0	0	2	1	5
Case Management (Non-Medical)	2	1	0	0	4
Substance Use Svcs - Outpatient	2	2	2	0	4
Medical Case Management	2	1	0	0	3
Outpatient Ambulatory Care	1	2	0	0	3
Substance Use Svcs- Residential	1	0	1	0	3
Child Care	0	0	0	0	1
Health Insurance Assistance	1	1	1	1	1
Hospice	0	0	0	0	1
Linguistic Services	0	0	0	0	1

Access Barriers

- Oral Health, Housing, Medical Nutrition, and Psychosocial Support Services were among the categories with the most respondents indicating at least one access barrier to care.
- Among the more commonly reported access barriers to services were respondents indicating oral health appointments were not soon enough.

ACCESS BARRIERS							
Service Category	Appoint-ments not soon	Times not conven-ient	No transpor-tation	No childcare	Language barriers	No cell phone	At least one barrier
Oral Health	6	1	1	0	0	0	8
Housing	0	0	2	0	0	1	5
Medical Nutrition	1	3	2	0	0	0	5
Psychosocial Support Services	1	2	2	0	0	1	5
Medical Transportation	0	1	2	0	0	1	4
Mental Health	2	0	0	0	1	0	3
Outpatient Ambulatory Care	4	1	0	0	0	0	3
Substance Use Svcs - Outpatient	0	1	2	0	0	0	3
Emergency Financial Assistance	0	0	2	0	0	0	2
Food Bank/Home Delivered Meals	0	1	1	0	0	0	2
Home/Community-Based Care	0	0	1	0	0	1	2
Rehabilitation Services	1	0	1	0	0	0	2
Case Management (Non-Medical)	1	0	1	0	0	0	1
Child Care	0	0	1	0	0	0	1
Early Intervention Services	0	0	1	0	0	0	1
Health Education/Risk Reduction	0	0	1	0	0	0	1
Health Insurance Assistance	0	0	0	0	0	0	1
Legal or Professional Services	0	0	1	0	0	0	1
Legal Services	0	0	1	0	0	0	1
Outreach Services	0	0	1	0	0	0	1
Referral for Health & Support Svcs	0	0	1	0	0	0	1
Respite Care	1	0	0	0	0	0	1

Financial Barriers

- Oral Health, Health Insurance Assistance, and Psychosocial Support Services were among the categories with the most respondents indicating at least one financial barrier to care.
- Among the more commonly reported financial barriers to services were respondents indicating they did not have insurance coverage for Oral Health, Health Insurance Assistance, and Psychosocial Support Services.

FINANCIAL BARRIERS				
Service Category	Co-pay too high	Service cost too much	No insurance coverage	At least one barrier
Oral Health	0	0	3	5
Health Insurance Assistance	1	0	3	4
Psychosocial Support Services	0	0	3	3
Emergency Financial Assistance	0	0	0	2
Housing	0	2	0	2
Medical Transportation	0	0	1	2
Early Intervention Services	0	0	1	1
Home/Community-Based Care	0	0	1	1
Legal or Professional Services	0	0	1	1
Legal Services	0	1	0	1
Medical Nutrition	0	0	0	1
Mental Health	0	0	1	1
Outpatient Ambulatory Care	0	0	1	1
Outreach Services	0	0	1	1
Referral for Health & Support Svcs	0	1	1	1
Respite Care	1	0	0	1

Personal Barriers

- Housing and Medical Nutrition were among the categories with the most respondents indicating at least one personal barrier to care.
- Among the more commonly reported personal barriers to services were respondents indicating previous incarceration contributed to unmet Housing needs.

PERSONAL BARRIERS				
Service Category	Treated with disrespect	Previous incarceration	Wanted privacy of health status	At least one barrier
Housing	1	3	2	5
Medical Nutrition	0	1	0	3
Case Management (Non-Medical)	1	1	0	2
Emergency Financial Assistance	0	1	0	2
Food Bank/Home Delivered Meals	0	1	0	2
Mental Health	0	1	1	2
Substance Use Svcs - Outpatient	0	0	2	2
Child Care	0	1	0	1
Early Intervention Services	0	1	0	1
Health Education/Risk Reduction	0	1	0	1
Home/Community-Based Care	0	1	0	1
Hospice	0	0	1	1
Legal or Professional Services	0	1	0	1
Legal Services	0	1	0	1
Medical Case Management	0	1	0	1
Medical Transportation	0	0	0	1
Outpatient Ambulatory Care	0	0	0	1
Outreach Services	0	1	0	1
Psychosocial Support Services	0	1	0	1
Referral for Health & Support Svcs	0	1	0	1
Rehabilitation Services	0	1	0	1

Health Barriers

- Housing and Medical Transportation were among the categories with the most respondents indicating at least one health barrier to care.
- Among the more commonly reported health barriers to services were respondents indicating their own health issues made it hard to navigate the system, resulting in unmet Housing needs.

HEALTH BARRIERS				
Service Category	Didn't want to take medications	Hard to navigate system due to health issues	Thought viral load undetectable	At least one barrier
Housing	0	2	0	2
Medical Transportation	0	1	0	2
Psychosocial Support Services	0	1	1	2
Emergency Financial Assistance	0	1	0	1
Home/Community-Based Care	0	1	0	1
Hospice	0	1	0	1
Legal or Professional Services	0	0	1	1
Medical Case Management	0	1	0	1
Mental Health	0	1	0	1
Oral Health	0	0	0	1
Outreach Services	1	0	0	1
Referral for Health & Support Svcs	0	1	0	1
Rehabilitation Services	0	1	0	1
Substance Use Svcs - Outpatient	0	1	0	1

D-3. BARRIERS TO CARE: DEMOGRAPHIC DISPARITIES

This table shows the percentage of respondents in each demographic group indicating at least one barrier resulting in an unmet need in one or more service categories.

- IDUs were at least 10% more likely to report at least one access or personal barrier to care than Heterosexuals or MSMs.
- Respondents experiencing unstable housing were 13% more likely to report at least one knowledge barrier compared to respondents in stable housing.

BARRIERS TO CARE
CLIENT DEMOGRAPHICS

Demographic		At Least One Knowledge Barrier	At Least One Access Barrier	At Least One Financial Barrier	At Least One Personal Barrier	At Least One Health Barrier
Overall		31%	15%	8%	6%	4%
Gender	Female	36%	16%	7%	4%	7%
	Male	28%	16%	8%	6%	3%
Race	African American	31%	15%	6%	7%	6%
	Hispanic / Latinx	26%	13%	9%	9%	2%
	White	32%	17%	10%	3%	3%
Transmission	Heterosexual	35%	13%	6%	2%	4%
	IDU	39%	***33%***	11%	***17%***	11%
	MSM	26%	13%	9%	7%	3%
Age	20-44	29%	10%	8%	6%	6%
	45+	31%	17%	8%	6%	4%
Housing	Stable Housing	27%	15%	8%	4%	2%
	Unstable Housing	***40%***	15%	8%	10%	8%

Note: RW survey asked "over last 12-months, have you lived in any of following places: stable (housed); unstable (homeless, car, camping, street, shelter, motel couch surfing).

SECTION E: HIV PREVENTION PRACTICES AND PARTNER SERVICES

E-1 HIV PREVENTION PRACTICES

The 2021 Young Adult Needs Assessment of RW clients ages 19-29 was the first RW Needs Assessment to include a series of questions regarding HIV prevention practices and partner services. Although these services are not directly funded by the RW Part A Program, client input about their knowledge and use of HIV prevention strategies is imperative to improving outcomes along the full HIV Continuum of Care. Due to the usefulness of gathering feedback from RW clients about these HIV prevention issues, the 2022 HIV Needs Assessment included questions about HIV Prevention and Partner Services and are compared to the 2021 Young Adult Needs Assessment findings throughout.

a. Pre-Exposure Prophylaxis (PrEP)

PrEP is the use of anti-retroviral medications (ART) to keep HIV negative people from becoming infected with HIV. The table below shows the percentage of Needs Assessment respondents in 2021 (RW clients ages 19-29 only) and 2022 (RW clients of all ages) answering either yes or no to whether each of the following statements about PrEP was true for them:

Pre-Exposure Prophylaxis (PrEP) 2021 Young Adult and 2022 All Ages Needs Assessments		
Which of the following statements about PrEP are true for you?	**2021 Ages 19-29 % Yes**	**2022 All Ages % Yes**
I have never heard of PrEP.	22%	23%
I have heard of PrEP, but I am not sure how it will affect my sex life.	11%	9%
If my partner is on PrEP, I do not need to disclose that I am HIV positive.	6%	3%
If my partner is on PrEP, I would be less likely to use a condom.	22%	10%
Even with partner(s) on PrEP, I would disclose that I am HIV positive.	44%	37%
Even with partner(s) on PrEP, I would use condoms for anal or vaginal sex.	17%	20%
I feel comfortable talking to my HIV negative partner(s) about PrEP.	33%	23%

There is much more work to do in the Sacramento TGA regarding PrEP education and navigation based on both the 2021 Needs Assessment responses from young adults, as well as the 2022 Needs Assessment of all ages of RW clients. For example,

- 22% of Young Adults and 23% of all ages of survey respondents had never heard of PrEP.
- Of those who had heard about PrEP, 11% of young adults and 9% of all ages were not sure how PrEP would affect their sex life.
- Only 33% of 2021 young adults and 23% of 2022 all ages of respondents reported that they feel comfortable talking to their HIV negative partner(s) about PrEP.
- Less than half of survey respondents (44% of young adults and 37% of all ages) reported they would disclose that they are HIV positive if their partner was on PrEP.
- 17% of young adults and 20% of all ages reported that they would use condoms for anal or vaginal sex if their partner was on PrEP. This decreased use of condoms increases the risk for additional STIs such as Chlamydia, Gonorrhea, and Syphilis.

b. Condom Use and Sexual Health Practices

There is much more education and advocacy work to be done regarding low reported condom use in the TGA based on responses from both the young adult RW clients surveyed in the 2021 HIV Needs Assessment and all ages of RW clients surveyed in 2022. Overall, young adult RW clients surveyed in 2021 reported using condoms at a higher rate than all ages of RW clients surveyed in 2022. However, only 44% of young adults and 18% of all ages of clients surveyed reported the use of a condom when they have anal sex; and only 24% and 13% reported condom use when they have vaginal sex. 22% of young adults and 12% of all ages reported they don't use condoms because their viral load is undetectable.

Condom Use and Sexual Health Practices 2021 Young Adult Needs Assessment		
Which of the following statements about condom use are true for you?	**2021 Ages 19-29 % Yes**	**2022 All Ages % Yes**
I use a condom when I have anal sex.	44%	18%
I use a condom when I have vaginal sex.	24%	13%
I only have sex with one person, and we choose not to use condoms.	11%	10%
My sex partner is HIV+ so we don't use condoms.	0%	5%
My partner is on PrEP so condoms aren't needed.	0%	3%
My viral load is undetectable, so condoms aren't needed anymore.	22%	12%
I don't use condoms because my partner doesn't like them.	0%	1%
I don't use condoms because they cost too much.	0%	0%
I don't use condoms because I don't like them.	11%	7%
Other Sexual Health Practices:		
I have had sex to get money, drugs, housing, etc.	17%	5%

c. HIV Disclosure

RW clients' disclosure of their HIV status to sexual partners needs improvement to effectively decrease the spread of HIV and other STIs and to decrease the stigma associated with HIV/STIs. Overall, RW clients surveyed in the 2022 Needs Assessment reported disclosing their HIV status as follows:

- 58% of RW clients surveyed in 2022 reported they always disclose their HIV status to every sex partner.
- 6% reported that they sometimes disclose their HIV status with some partners.
- 36% reported they never report their HIV status because they don't have sex (21%); viral load is undetectable (5%); always use condoms (3%); partners are HIV+ (3%); don't feel comfortable disclosing (3%); or most of partners are on PrEP (1%).

HIV Disclosure 2021 Young Adult and 2022 All Ages Needs Assessments		
When do you disclose your HIV status to sex partners?	**2021 Ages 19-29 % Yes**	**2022 All Ages % Yes**
Always, with every partner.	61%	58%
Sometimes with some partners.	11%	6%
Never, I always use condoms.	0%	3%
Never. My viral load is undetectable.	6%	5%
Never. Most of my partners are HIV+.	0%	3%

HIV Disclosure 2021 Young Adult and 2022 All Ages Needs Assessments		
When do you disclose your HIV status to sex partners?	**2021 Ages 19-29 % Yes**	**2022 All Ages % Yes**
Never. I don't feel comfortable disclosing my HIV status.	6%	3%
Never. Most of my partners are on PrEP.	0%	1%
Never. I do not have sex.	11%	21%

d. Syringe Use and Practices

In terms of risk of HIV transmission due to syringe use, 17% of 2021 young adult respondents reported the use of syringes to inject non-prescription substances, and 11% reported sharing syringes or injection equipment. A larger percentage, 27% of 2022 all ages of respondents, reported the use of syringes to inject non-prescription substances, and 12% reported sharing needles or injection equipment. 6% of young adults and 4% of all ages of RW clients reported sharing needles for piercings and/or tattooing.

Syringe Use and Practices 2021 Young Adult and 2022 All Ages Needs Assessments		
Which of the following statements about syringe use practices are true for you?	**2021 Ages 19-29 % Yes**	**2022 All Ages % Yes**
I have used syringes to inject non-prescription substances.	17%	27%
I have shared syringes or injection equipment.	11%	12%
I have used someone else's syringes to inject myself.	6%	2%
I have had sex with someone who shares syringes.	0%	4%
I have shared needles for piercings and/or tattoos.	6%	4%

E-2 PARTNER SERVICES

The last two Needs Assessments of PLWH in the TGA's RW Program, the 2021 survey of young adults ages 19-29, as well as the current 2022 survey of all ages of RW clients, have included questions about Partner Services. These services, which are free to all RW clients, assist HIV positive persons in notifying their sexual and/or needle sharing partners of possible exposure to HIV. As can be seen below, there clearly is more work that needs to be done to educate all RW clients and PLWH in the TGA about Partner Services and to facilitate their use of these important services to prevent new HIV transmissions.

Partner Services 2021 Young Adult and 2022 All Ages Needs Assessments		
Which of the following statements about Partner Services are true for you?	**2021 Ages 19-29 % Yes**	**2022 All Ages % Yes**
Have you been informed of Partner Services before this survey?	39%	41%
Have you used Partner Services before?	6%	12%
Would you be willing to use Partner Services?	56%	43%

As can be seen in the table above, less than half of RW clients surveyed in both 2021 (39% of young adults) and 2022 (41% of all ages of clients) reported that they had been informed of Partner Services before completing the Needs Assessment survey tool. Only 12% of all ages of RW clients surveyed in 2022 had ever used Partner Services, which was only slightly higher than the 6% of young adult clients surveyed in 2021.

Although prior use of Partner Services is extremely low, it's encouraging that 56% of young adult RW clients surveyed in 2021, and 43% of all RW clients surveyed in 2022, reported that they would be willing to use Partner Services. There clearly is a need to put RW resources and programming efforts into improving awareness about Partner Services and to increase access and use of these services among RW clients, as well as partners at increased risk of contracting HIV, to reduce the number of new HIV cases in the TGA.

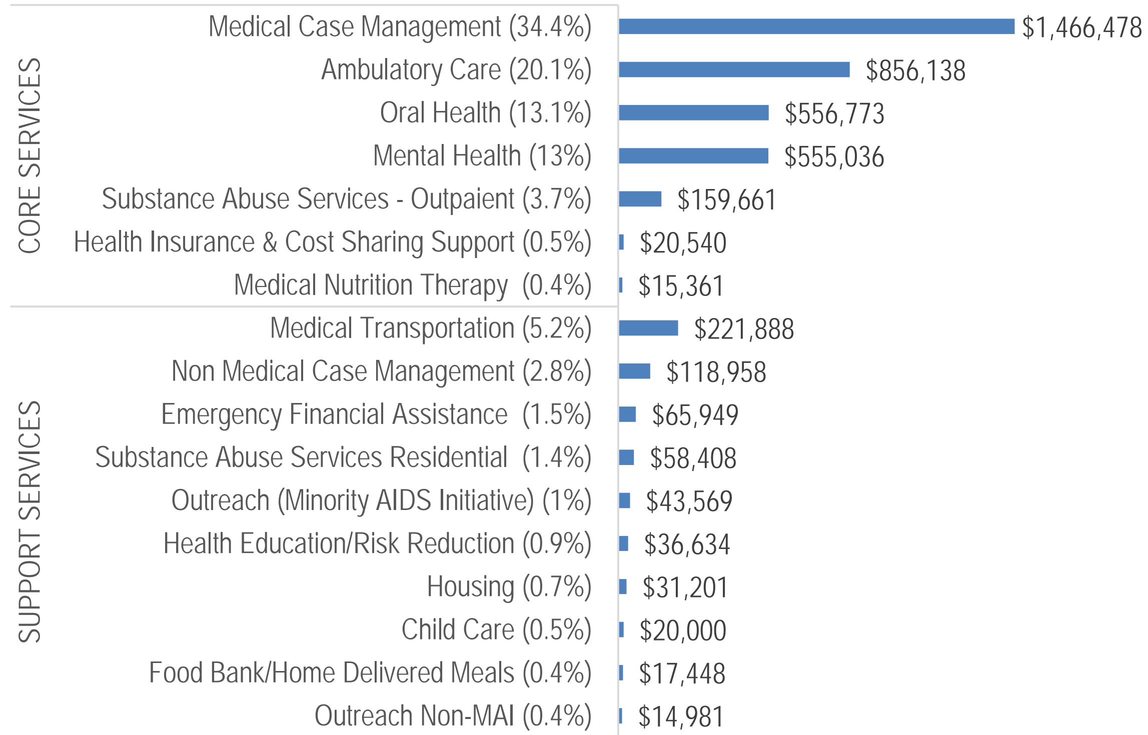
SECTION F: IMPLICATIONS OF NEEDS ASSESSMENT FINDINGS

F-1. IMPLICATIONS FOR RW PRIORITY SETTING AND ALLOCATIONS

a. FY22 RW Program Direct Service Allocations

To use the data from the Needs Assessment Survey to assist the Planning Council in Setting Priorities and Allocations, it is important to understand Ryan White funding in the context of other TGA funding sources for PLWH. The RW CARE Act strives for 100% access to care for all persons living with HIV/AIDS, regardless of ability to pay, and is required to use its funds as a "payer of last resort" by maximizing resources from other funding sources prior to using RW CARE Act funds.

Within the Sacramento TGA, FY22 expenditures for each direct service category of the Ryan White Part A, RW Part A Minority AIDS Initiative (MAI), and California State RW Part B and Part B MAI programs, for each service category, are shown in the following bar graph. Medical Case Management was the largest direct service expenditure at 34.4%; Ambulatory/Outpatient Medical Care was the second largest expenditure at 20.1% and Oral Health Services was the third highest expenditure at 13.1%.



b. Direct Service Allocations 2020 Compared to 2022

The following table displays allocations by service category for FY20 compared to FY22, including absolute and percentage changes. Overall funding increased by $633,635, a 17% change. Medical Case Management and Oral Health had the largest absolute increases, $278,419 and $202,855 respectively. Also, Health Insurance Cost Sharing and Residential Substance Use Treatment increased by 162% and 402% respectively. There were some categories with significantly reduced allocations, notably Non-Minority AIDS Initiative (MAI) outreach (-77%), Medical Nutrition Therapy, (-69%) Child Care, (-21%), and Outpatient Substance Use Treatment (-21%).

CHANGE IN RW DIRECT SERVICE ALLOCATIONS
FY2020 AND FY2022

Core/Support	Service Category	2020	2022	Δ	%Δ
CORE SERVICES	Medical Case Management	$1,188,059	$1,466,478	+$278,419	+23%
	Ambulatory Care	$854,758	$856,138	+$1,380	+0%
	Oral Health	$353,918	$556,773	+$202,855	+57%
	Mental Health	$452,030	$555,036	+$103,006	+23%
	Substance Abuse Services - Outpatient	$200,981	$159,661	-$41,320	-21%
	Health Insurance & Cost Sharing Support	$7,803	$20,540	+$12,737	+163%
	Medical Nutrition Therapy	$48,865	$15,361	-$33,504	-69%
SUPPORT SERVICES	Medical Transportation	$155,382	$221,888	+$66,506	+43%
	Non-Medical Case Management	$85,412	$118,958	+$33,546	+39%
	Emergency Financial Assistance	$78,457	$65,949	-$12,508	-16%
	Substance Abuse Services Residential	$11,642	$58,408	+$46,766	+402%
	Outreach (Minority AIDS Initiative)	$35,169	$43,569	+$8,400	+24%
	Health Education/Risk Reduction	$29,048	$36,634	+$7,586	+26%
	Housing	$16,296	$31,201	+$14,905	+91%
	Child Care	$25,200	$20,000	-$5,200	-21%
	Food Bank/Home Delivered Meals	$18,178	$17,448	-$730	-4%
	Outreach Non-MAI	$64,192	$14,981	-$49,211	-77%
	TOTAL	$3,627,410	$4,261,045	+$633,635	+17%

c. Implications for Priority Setting

The 2022 RW HIV Needs Assessment provides input from RW clients who are living with HIV. The analysis of client input regarding service demand, unmet need, and barriers to care for treatment services, as well as prevention and support services, provides the HIV Planning Council with important information for making priority setting decisions for the Sacramento TGA.

There were several services that were ranked with both a high service demand *and* a high unmet need by survey respondents. These services are particularly important to improve access to because clients need them at a high rate, but they have not been able to receive them due to high rates of barriers to care.

The following 7 services - out of 29 services - ranked the highest for combined service demand and unmet need in the 2022 HIV Needs Assessment with "High" defined as a ranking in the top half of service categories for both demand and unmet need. These disparities are imperative to address while establishing priorities for the RW Program.

HIGHEST RANKED SERVICES
TOP HALF FOR BOTH SERVICE DEMAND AND UNMET NEED
2022 Needs Assessment

Service Category	2022 Unmet Need	2022 Unmet Need Rank	2022 Total Demand	2022 Total Demand Rank
Oral Health	14%	1	75%	3
Mental Health	13%	3	51%	12
Food Bank / Home Delivered Meals	9%	5	64%	5
Housing	8%	6	53%	9
Medical Transportation	7%	7	53%	10
Psychosocial Support Services	6%	9	54%	8
Health Education/Risk Reduction	4%	14	57%	7

- ***Oral Health.*** Despite a recent increase in funding between FY20 and FY22, Oral Health has the highest unmet need and is the third highest in overall demand. This input clarifies that additional funding for, and access to, Oral Health continues to be of primary importance to RW clients.

- ***Mental Health.*** There was a lower percentage increase in funding for Mental Health than Oral Health over the last two years, but Mental Health still ranks highly in both unmet need (#3) and service demand (#12).

- ***Food Bank and Home Delivered Meals*** receive the second lowest FY22 funding level, however, this category has the fifth highest overall demand and fifth highest unmet need compared to other service categories.

- ***Housing Services.*** FY22 funding for Housing services is among the lowest levels compared to other service categories, however, it is the ninth highest in service demand and is the sixth highest in unmet need.

- ***Medical Transportation.*** Despite a recent increase in funding for FY22, Medical Transportation is among those services with the highest unmet need and service demand.

- ***Psychosocial Support Services*** are among those services with the highest unmet need and service demand; however, these services are not part of the FY22 budget.

- ***Health Education and Risk Reduction.*** FY22 funding is among the lowest levels compared to other service categories, however, it is among the highest in demand and unmet need.

- ***Partner Services***, which assist PLWH in notifying sexual and/or needle sharing partners of possible HIV exposure, was significantly underutilized by 2022 respondents. 59% reported they hadn't been informed of Partner Services before this survey. 56% reported they would use Partner Services but only 12% had used them before. There is more funding needed to educate PLWH about Partner Services and to facilitate their use.

- ***Pre-Exposure Prophylaxis (PrEP),*** the use of medications to reduce HIV transmission was significantly underutilized by 2022 survey respondents. 23% had never heard of PrEP. Of those who had heard about PrEP, 9% were not sure how PrEP would affect their sex life; 77% reported that they don't feel comfortable talking to their HIV negative partner(s) about PrEP; and 83% reported they wouldn't use condoms for sex if their

partner was on PrEP. Education about PrEP and referrals to PrEP navigation services need to be an integral part of the HIV Continuum of Care.

- 23% of all ages of survey respondents had never heard of PrEP.
- Of those who had heard about PrEP, 11% of young adults and 9% of all ages were not sure how PrEP would affect their sex life.
- Only 33% of 2021 young adults and 23% of 2022 all ages of respondents reported that they feel comfortable talking to their HIV negative partner(s) about PrEP.
- Less than half of survey respondents (44% of young adults and 37% of all ages) reported they would disclose that they are HIV positive if their partner was on PrEP.

d. Implications for Allocations

- ***Oral Health, Housing, Emergency Financial Assistance, and Medical Nutrition*** had much higher unmet needs than other categories: 13-14% of respondents had unmet needs in these four categories vs 9% or fewer for all other categories. Of these, Oral Health and Housing also were in the top half in total demand, with more than half of respondents indicating a need for these two services, a large proportion of which went unmet.

- ***Oral Health and Housing.*** These gaps between supply and demand for Oral Health and Housing persist despite recent significant increases in allocations (+57% and +91% respectively between 2020 and 2022). Given these persistent gaps, allocations for these services should be revisited.

- ***Oral Health, Outpatient Medical Care and Mental Health.*** The FY22 allocation for Oral Health of $556,773 was similar to or less the allocations for Outpatient Care and Mental Health, although client demand and unmet need for the latter two were lower than for Oral Health. These three categories comprised 56% of the total FY22 allocations, and because of their magnitude, they demand extra scrutiny to ensure client needs are being appropriately prioritized. The primary barrier unique to Oral Health that should be addressed when revisiting allocations includes appointment availability.

- ***Housing.*** The $31,201 allocation in FY22 for Housing was among the lowest for all service categories and was less than 1% of the total allocated for the fiscal year. 2022 COVID funds also were used for housing to supplement RW funding. The magnitude of funding for Housing services should be revisited given the high demand and unmet need. Greater attention and outreach also should be afforded to communities for which housing needs appear to be greater, including women, IDUs, and clients who have a history of experiencing unstable housing.

- ***Emergency Financial Assistance and Medical Nutrition.*** While demand may not be high, unmet needs for these services are among the most prominent. Despite this gap, the cumulative allocations for these two services are less than 2% of the $4.3 million total for FY22. In addition to revisiting the magnitude of allocations for these services, special attention should be paid to communities in greatest need, including women and blacks for Medical Nutrition; and clients experiencing unstable housing along with those aged 20-44 for Emergency Financial Assistance.

- ***Food- and Meal-related Services*** were the fifth highest in overall demand and unmet need, however, the category is the second lowest among all allocations at $17,448, or 0.4% of the total. Notably, allocations in this category were reduced since FY20 even though the total allocations increased overall by 17% between 2020

and 2022. Considering the level of demand and unmet need for food and meals, the magnitude of funding for these services should likely continue to be revisited in future years. In 2023, for example, an additional $32,500 has been allocated to this service category.

F-3. IMPLICATIONS FOR SERVICE SYSTEM IMPROVEMENTS

Although not meant to be an exhaustive list of strategies, follows are examples of improvements for the HIV Health Services Planning Council to consider by focusing on services with the highest reported unmet need and barriers to care among survey respondents. In addition, these systemic improvements should be targeted to subpopulations with disproportionate unmet need and barriers to care.

- Knowledge barriers were the top four most commonly reported barriers to care, as follows: 1) didn't know service was available, 2) didn't know how to get the service, 3) didn't know if I was eligible, and 4) didn't know where to receive the service. Improved outreach and case management for PLWH should continue to be prioritized and models of care should continue to be enhanced. Service providers should work to improve awareness of available services through direct client contact at all levels of care, including targeted outreach, case management, and educational campaigns.

- The RW Program should continue to use its sophisticated database, Sacramento HIV/AIDS Reporting Engine (SHARE) to keep RW service providers informed about clients who are not retained in outpatient medical care. For example, SHARE generates a monthly laboratory report that tracks the date of each client's most recent CD4 and HIV viral load tests and distributes analysis to each RW service provider.

- This report, among others, should continue to be distributed monthly to assist providers in identifying clients who are out of HIV medical care; to resolve data issues; to track progress of CQI projects; to identify areas for program improvement; and to assist with retaining clients in all aspects of medical care.

- To support retention in ongoing medical care, Case Managers and other support staff could increase efforts to contact patients directly to inquire about needs and encourage re-entry into medical care. All RW service agencies should continue making appointment reminder calls, facilitating transportation assistance; and implementing/maintaining "no-show" tracking and follow up protocols, including contacting patients within 24 hours of any missed appointments.

- RW service agencies should be encouraged to increase the use of peer advocates to provide outreach to specific populations and locations to get and retain PLWH in ongoing medical care.

- The Council could consider increased technical assistance, capacity building, and networking with current RW service organizations throughout the TGA to educate them about findings and implications of the Needs Assessments to work towards a collaborative approach to improving the overall HIV system of care in the TGA.

- The Council should continue to network with other organizations throughout the Sacramento Region to maximize additional funding opportunities and services for PLWH.

- The Planning Council's Quality Advisory Committee should continue to involve RW consumers in quality improvement efforts by collecting feedback through the annual postcard survey to evaluate services. Expanded

efforts to solicit input from PLWH and service providers should be explored as part of the RW Program's Continuous Quality Improvement (CQI) efforts. For example, facilitated focus groups should be conducted to evaluate the RW program delivery system, including coordination of care and collaboration between service providers.

F-4. IMPLICATIONS FOR FUTURE NEEDS ASSESSMENTS

The HIV Needs Assessment Survey Tool was revised for 2022 to streamline the questions of Service Need, Need Met, and Unmet Need by RW service category. In addition, the survey collected data on Barriers to Care, and Sub-Barriers by service category. This format resulted in more consistent answers from survey respondents as compared to the TGA's past needs assessments. The survey was able to be completed in less time and with less confusion among survey respondents than in previous surveys.

Based on the responses from the new survey format in 2022, there are several potential improvements to both the survey format and content that could help improve the reliability and utility of survey responses for the next survey. There are several questions that the Council, through its Needs Assessment Committee (NAC), may consider making adjustments to for future Needs Assessment Survey Tool, as follows:

- Federal Poverty Level calculations and comparisons require information on the number of people living in one's household. In addition to Needs Assessment Survey Tool's income question (Section 2, #2), the survey should ask "How many people are in your household?" The number of dependents and children is not required to determine FPL percent.

- The question about whether a respondent has used a syringe to inject substances in the past 12 months (Section 2, #11a) should be restricted to substances not prescribed by a medical provider.

- The Hepatitis C Virus (HCV) Needs Assessment survey question (Section 2, #12) asks "Has a medical or service provider ever told you that you have hepatitis C?" HCV comparisons become problematic if each entity (Census, RW Program, Needs Assessment, etc.) ask the question differently. The HCV question should be narrowed to whether a person is currently HCV positive and whether they have been newly infected in the last 12 months (i.e., incidence).

- The 2022 Needs Assessment housing question (Section 3, #13) asks "Over the last 12 months, have you lived in any of the following places? Check all that apply". Homeless, unstable and temporary housing counts for the 2022 Needs Assessment respondents include anyone with those housing types in the last 12 months, are which may not be comparable to other point-in-time housing figures for other populations (e.g., TGA, RW). TGA housing questions were based on current point-in time housing status. The Council should consider revising the survey to ask about current point-in-time housing status and require a single choice response.

- In reviewing the answers to the question "What is the most likely way that you contracted HIV" (Section 4, #22), the response to which is intended to be a single selection of listed choices, at least 4 respondents indicated "Heterosexual" and "IDU" either a) through comments in the "Other" box or b) by multi-selecting two boxes. This suggests that there may be an unmet epidemiological need to track "Heterosexual/IDU" transmission which would be similar to the current "MSM/IDU" category. Alternately, the MSM/IDU category could be removed from the list of options and respondents may be prompted to select only one box. Either of

these changes to the survey tool would require changes to the RW and TGA data collection processes, which may complicate historical trending.

- Some questions requiring a "Y" or "N" response were sometimes entered as "X". Some single-select or multi-select responses were sometimes entered as something other than "X". These responses were adjusted on a case-by-case basis to conform with the intended survey response format in an effort to standardize the accounting of question responses during data entry process. In the future, it would be beneficial if the survey administration process includes a careful quality assurance review of the written survey responses to verify that the form was properly filled out prior to completion of the survey session and prior to providing the survey respondent with a gift card.

- Survey formatting related to barriers to care for unmet needs sometimes resulted in inconsistent responses and data input in the "sub-barriers" section, which made analysis of response data for this section of the survey challenging. The example below provides a suggested update to the survey format that would more clearly prompt respondents to select specific sub-barriers. Survey data input also would need to be updated to accommodate the increased specificity, including nineteen options/rows for each sub-barrier, indicating whether the respondent selected the specific sub-barrier or not.

<table>
<tr><th colspan="5"><u>BARRIERS TO CARE</u></th></tr>
<tr><th>D</th><th>E</th><th>F</th><th>G</th><th>H</th></tr>
<tr><td>Knowledge
Didn't know:
1) if service was available
2) if I was eligible
3) how to get
4) where to receive service</td><td>Access
1) Appointments not soon enough
2) times not convenient
3) no transportation
4) no childcare
5)language barriers
6) no cell phone</td><td>Financial
1) co-pay too high
2) service cost too much
3) no insurance coverage</td><td>Personal
1) treated with disrespect
2) previous incarceration
3) wanted privacy of HIV status, mental health or substance use</td><td>Health
1) didn't want to take medications
2) hard to navigate system due to physical, mental or substance use issues
3) thought viral load undetectable</td></tr>
<tr><td colspan="5">Check all that apply:</td></tr>
<tr><td>① ② ③ ④</td><td>①②③④⑤⑥</td><td>① ② ③</td><td>① ② ③</td><td>① ② ③</td></tr>
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