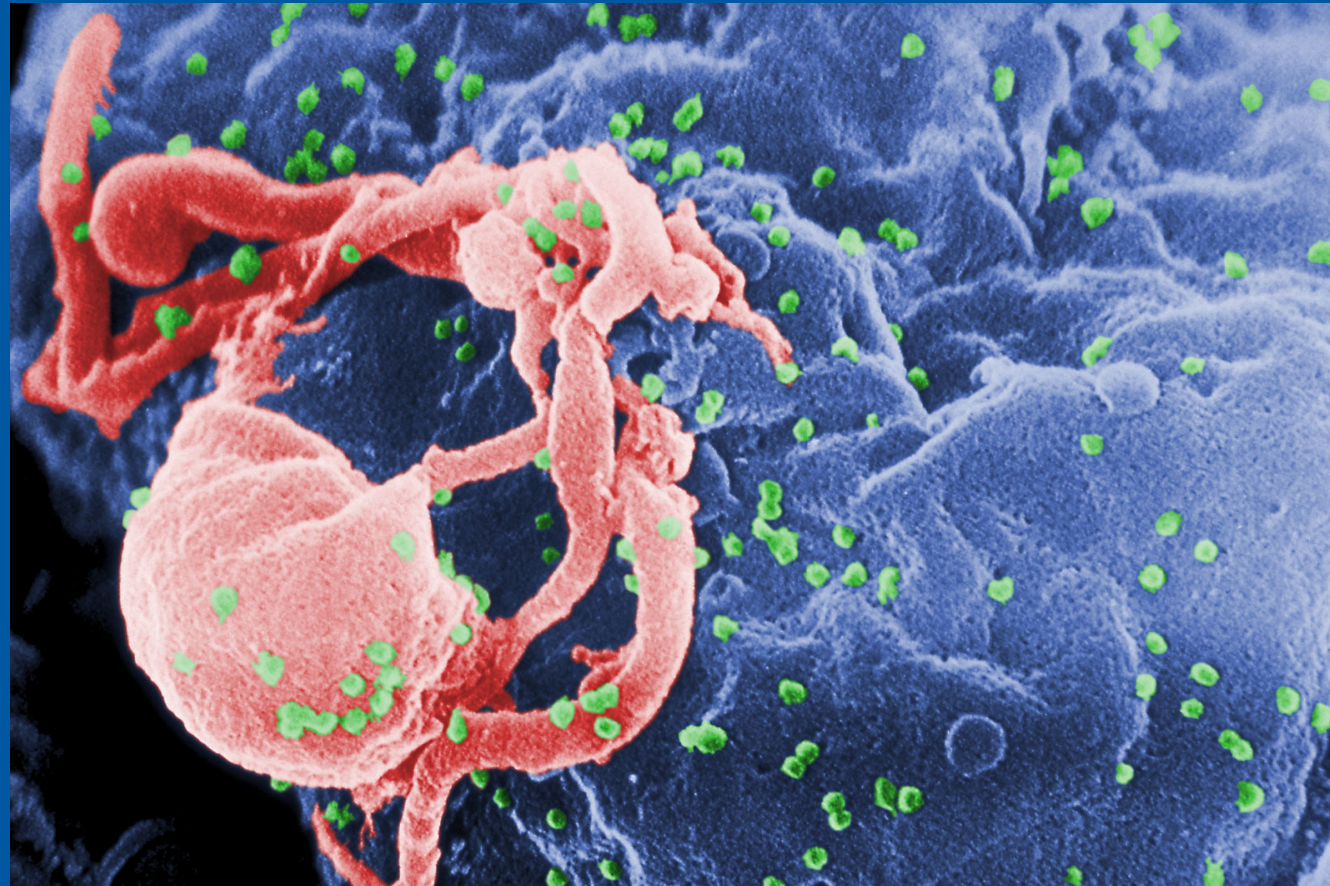




HENNEPIN COUNTY

MINNESOTA

Public Health



## 2020 HIV/AIDS Comprehensive Needs Assessment Survey: highlighted findings

Minnesota Ryan White HIV/AIDS Program | February 2022

# Introduction

- Project overview and acknowledgements
- Using the databook

# Project overview and acknowledgements

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The 2020 HIV/AIDS Comprehensive Needs Assessment Survey (NA2020) was a collaborative effort



# Thank you to people with HIV that shared their experience and knowledge through the survey

- Ryan White HIV/AIDS Program service providers were instrumental to reaching these people with HIV during the COVID-19 pandemic
- Community stakeholders, including the council, promoted the survey in their networks



# The survey assessed six broad areas

- Sociodemographic, geographic, and epidemiological characteristics
- Social determinants of health
- Injection drug use
- HIV care continuum outcomes
- Barriers to advancement along the HIV care continuum
- Need and accessibility of Ryan White HIV/AIDS Program (RWHAP) fundable services

We needed to meet participants where they were in 2020; \$25 incentive for all modes





# Using the databook

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# The databooks empower the community to leverage the NA2020 data

- Democratization of data
- Community decision making
- Sharing community data back with the community
- Direct link:

## Social determinants of health

### Housing

#### 21. Ability to pay housing or utility bills

Online/paper: 21. During the past 12 months, was there a time when you were not able to pay your mortgage, rent, or utility bills? Yes, No

Seven respondents skipped the question or preferred not to respond.

Ability to pay housing or utility bills	Sample size	Yes	No
Overall	807	46.0%	54.0%
Race/ethnicity			
Hispanic, any race(s)	83	54.2%	45.8%
Not Hispanic (NH), American Indian (alone or in combination)	48	62.5%	37.5%
NH, Asian/Pacific Islander	12	33.3%	66.7%
NH, Black/African American	183	53.6%	46.4%
NH, Black/African-born	75	46.7%	53.3%
NH, multiple races	19	63.2%	36.8%
NH, White	377	37.4%	62.6%
Other/unknown	10	-	-



# Today's data is found in the NA2020 main databook

- Sociodemographic, geographic, and epidemiological characteristics
- Social determinants of health
- Injection drug use
- HIV care continuum outcomes
- Barriers to HIV medical care and medication adherence

# Recurring themes

- Racial disparities are persistent across the areas assessed
- Transgender respondents consistently reported worse outcomes
- Health outcomes often improved with age or length of HIV diagnosis
- Without stable housing, health outcomes are not consistently achieved
- Respondents lacked basic needs to advance along the HIV care continuum and achieve their best health

# Respondent characteristics

- Sociodemographic, geographic, and epidemiological characteristics compared to HIV prevalence
- Sociodemographic characteristics that relate to social determinants of health

# The NA2020 sample is representative of the HIV epidemic in Minnesota and MSP-TGA

- Race/ethnicity
- Geography
  - All state regions and Wisconsin counties of the Minneapolis-St. Paul Transitional Grant Area (MSP-TGA)
- Gender identity
- Age

Sociodemographic, geographic, and epidemiological characteristics; pages 11-14, 16



# Questions are stratified by these variables

- Housing status
- Federal poverty level
- Health insurance status
- Education



# NA2020 was inclusive of people with HIV experiencing homelessness

Housing status	Respondent count	Respondent percentage
Stable housing	677	83.2%
Temporary/transitional housing	38	4.7%
Doubled up	53	6.5%
Homeless, shelter, or other unstable housing	40	4.9%
Unknown	6	0.7%
Total	814	-



30/34. Housing status; page 16



# Most respondents would be eligible for Ryan White services ( $\leq 400\%$ FPL)

Federal poverty level	Respondent count	Respondent percentage
100% or less	333	40.9%
101% - 200%	228	28.0%
201% - 400%	147	18.1%
Greater than 400%	59	7.2%
Unknown	47	5.8%
Total	814	-



19-20. Federal poverty level (housing income and size); page 19

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Most respondents reported being insured; later questions still found healthcare costs being a barrier to care

Health insurance status	Respondent count	Respondent percentage
Insured	790	97.1%
Uninsured	20	2.5%
Unknown	4	0.5%
Total	814	-



# Educational attainment data had not been collected by the Ryan White HIV/AIDS Program before

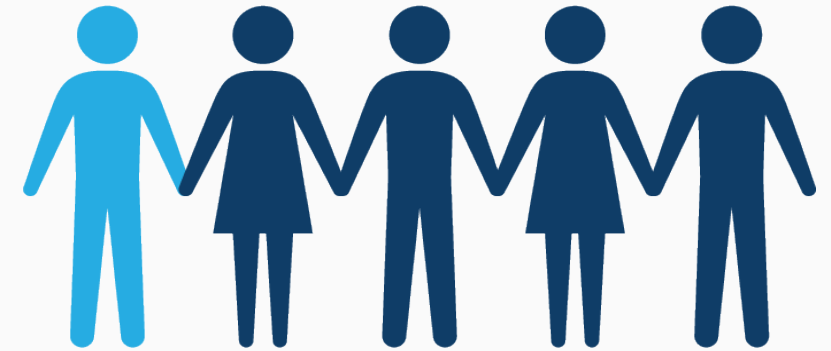
Educational attainment	Respondent count	Respondent percentage
Less than high school	108	13.3%
Grade 12 or GED	206	25.3%
Some college	235	28.9%
Associate's degree or technical degree	104	12.8%
Bachelor's degree	100	12.3%
Any post graduate studies	58	7.1%
Unknown	3	0.4%
<b>Total</b>	<b>814</b>	<b>-</b>



## 17. Educational attainment; page 24

# More than 1 in 5 respondents reported being unemployed

Employment status	Respondent count	Respondent percentage
Employed/self-employed	298	26.6%
Student	16	2.0%
Homemaker	18	2.2%
Unemployed	172	21.1%
Unable to work	187	23.0%
Retired	95	11.7%
Unknown	28	3.4%
<b>Total</b>	<b>814</b>	<b>-</b>



## 18. Employment; page 30

# Social determinants of health

- Housing
- Food
- Additional social determinants of health

# Housing

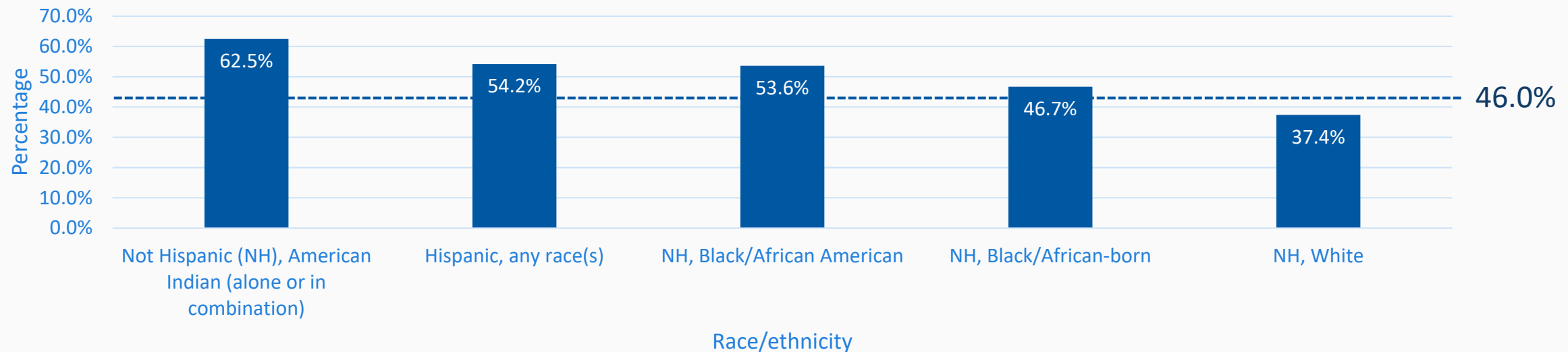
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# Nearly half of respondents indicated not being able to pay their housing or utility bills

Respondents who were not able to pay housing or utility bill in the past 12 months for select race/ethnicities

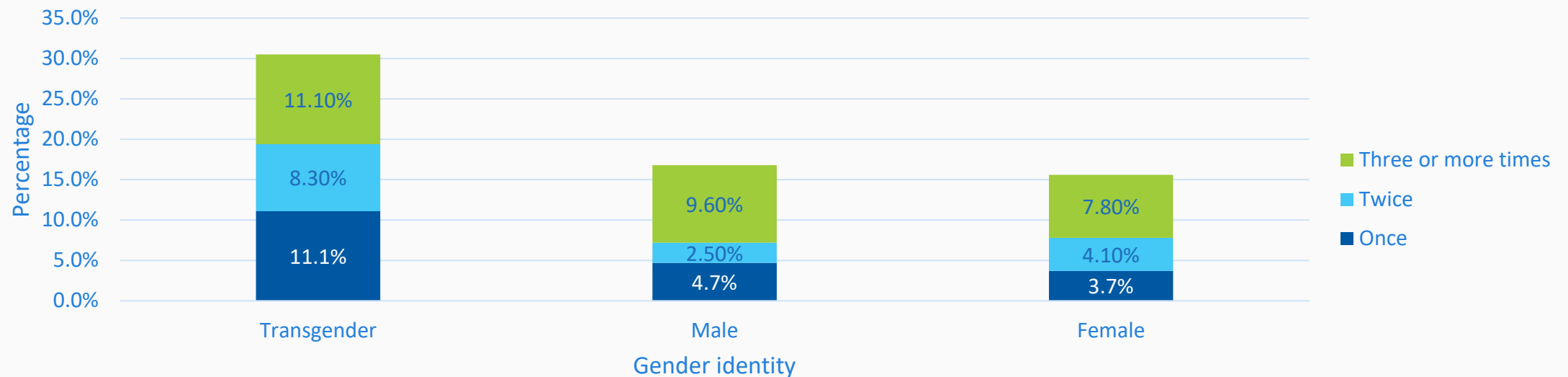


## 21. Ability to pay housing or utility bills; page 33



# Transgender respondents were more likely to stay in a shelter, somewhere not intended as a place to live, or someone else's home

Respondents who stayed in a shelter, somewhere not intended as a place to live, or someone else's home in the past 12 months by gender



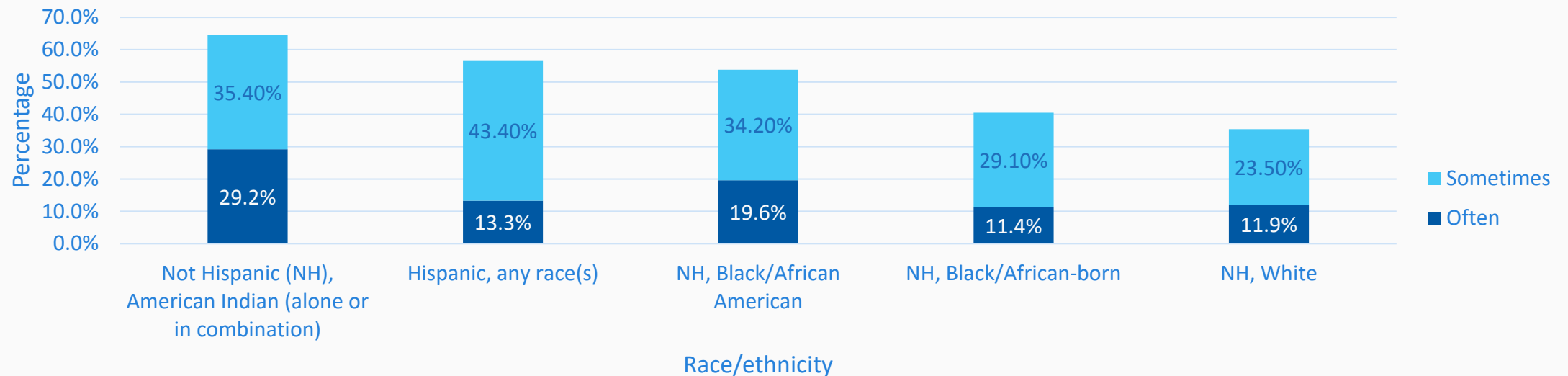
33/37. Stays in a shelter, somewhere not intended as a place to live, or someone else's home; page 37



# Food

# Food security among respondents highlighted racial disparities

Respondents who often or sometimes who run out of food in the past 12 months by race/ethnicity

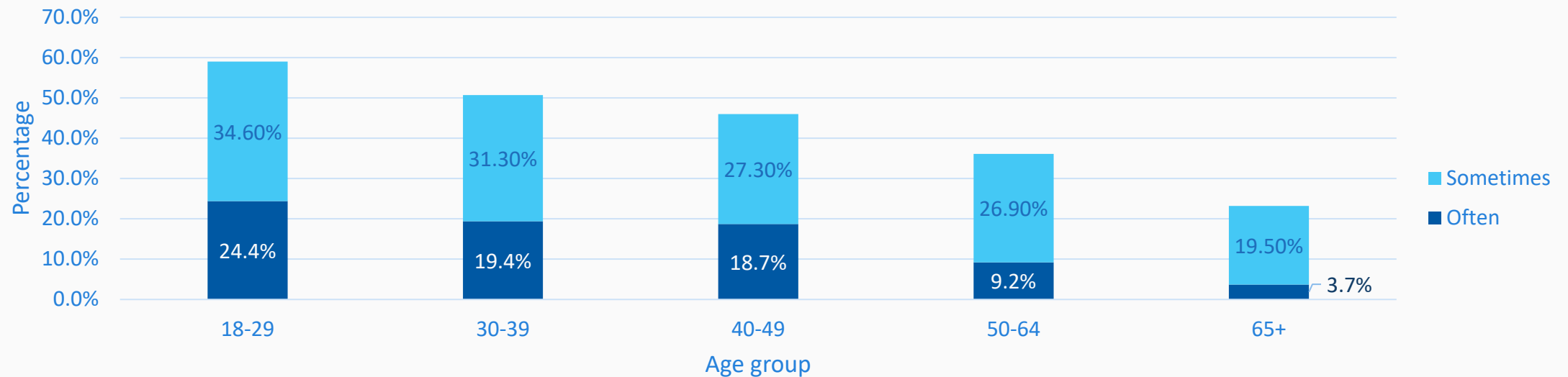


## 24. How often respondents ran out of food by race/ethnicity; page 45



# Food insecurity decreases with age but does not disappear

Respondents who often or sometimes cut or skipped meals in the past 12 months by age



## 25. How often respondents cut or skipped meals; page 47



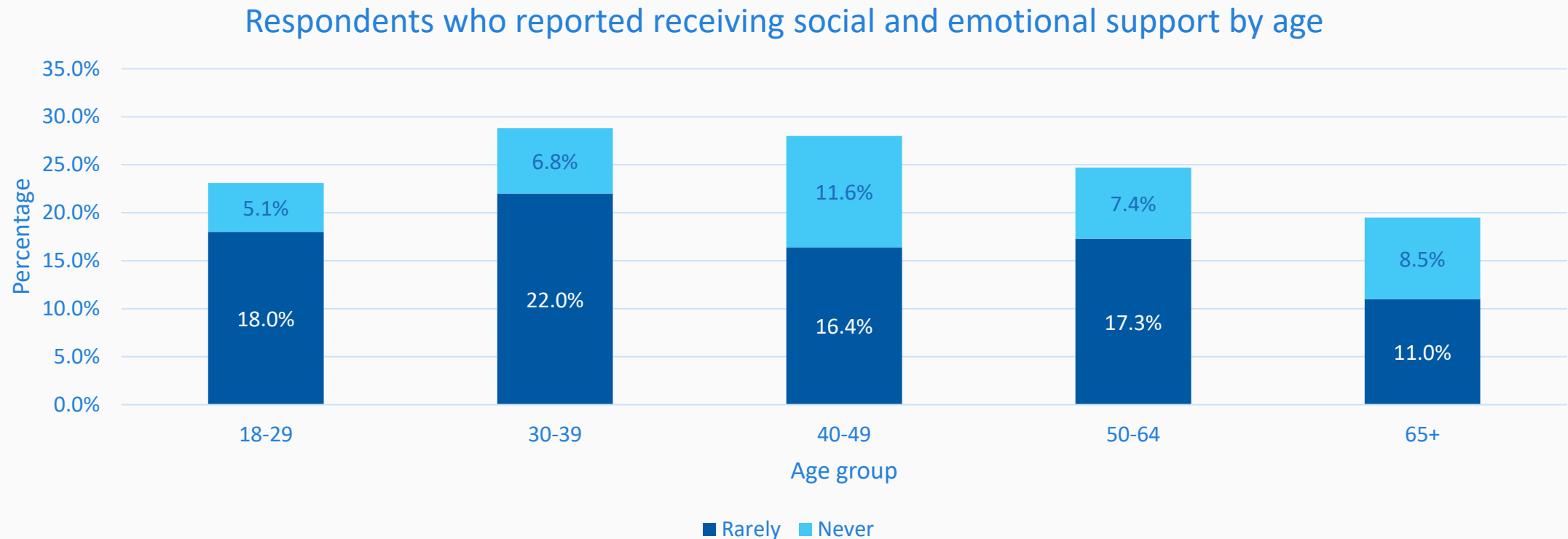
# Additional social determinants of health

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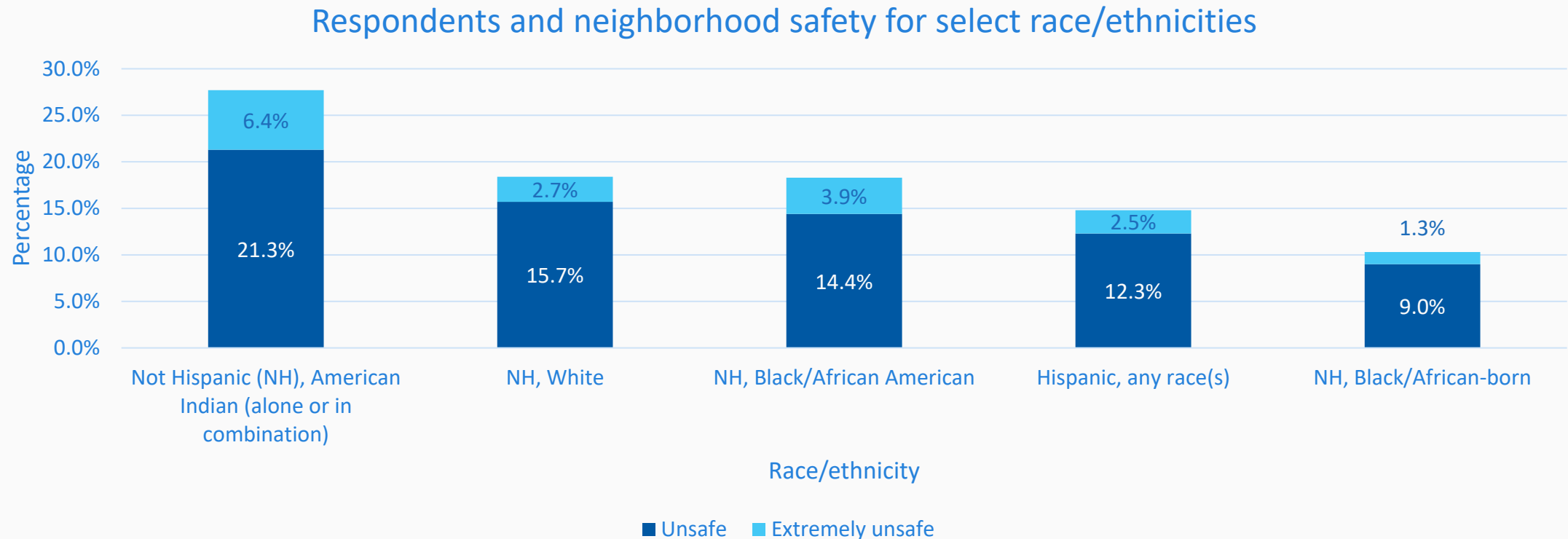
# Respondents 30-39 were most likely to report not receiving social and emotional support



## 37/41. Social and emotional support, page 49



# American Indian respondents were most likely to report unsafe or extremely unsafe neighborhoods



## 38/42.Neighborhood safety, page 52

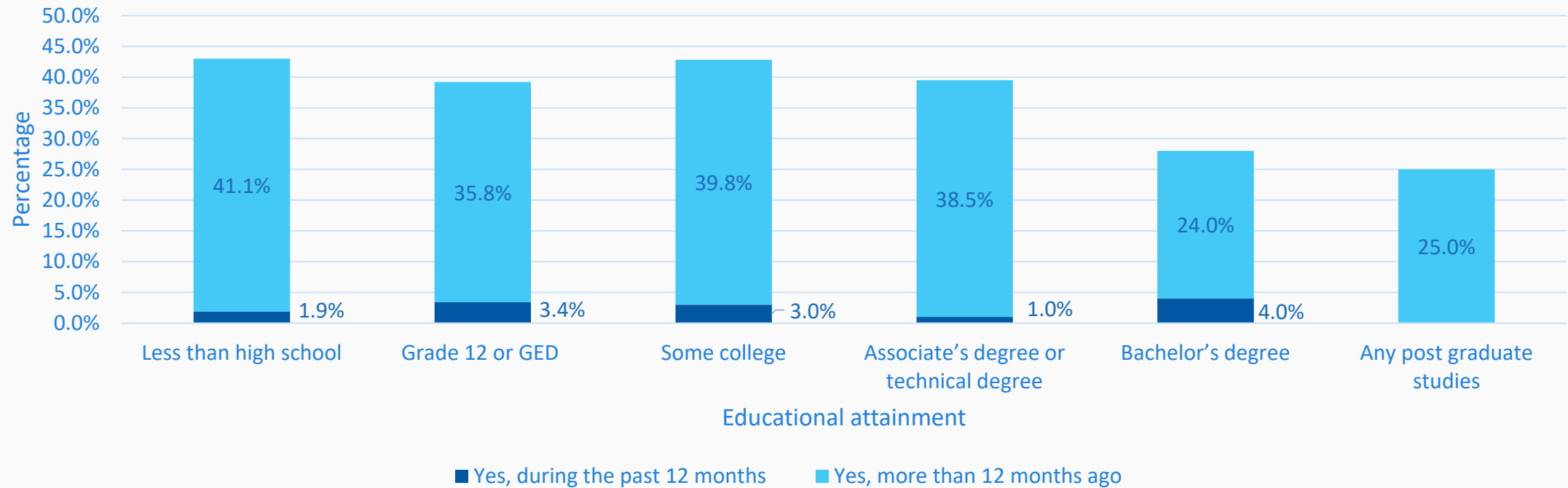
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# Past criminal justice involvement was high among respondents; declining with educational attainment

Respondents and criminal justice involvement by educational attainment



## 39/43. Criminal justice involvement, page 54



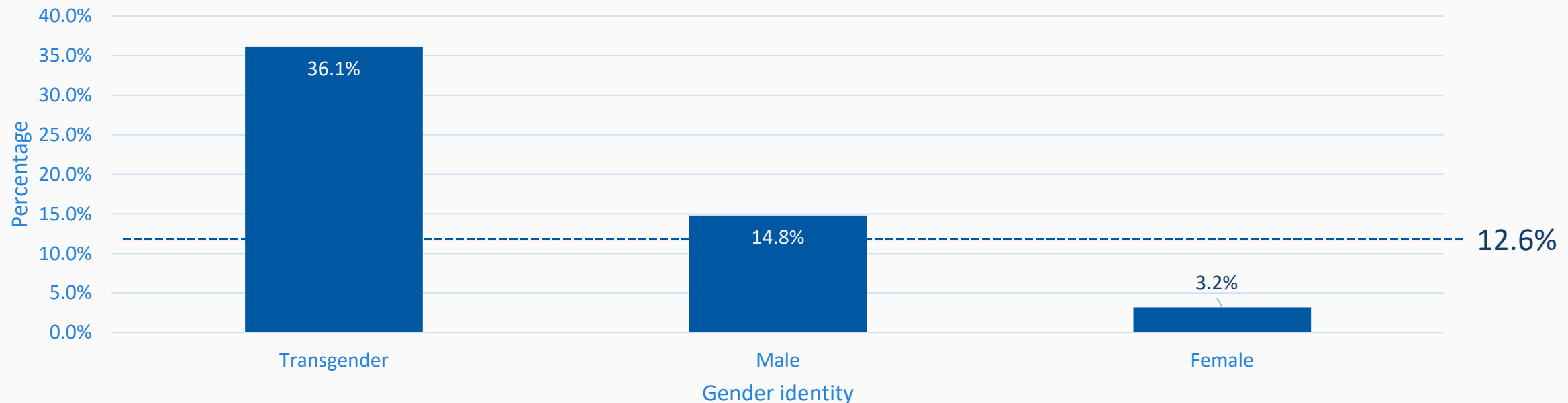
# Injection drug use





# Transgender respondents reported higher levels of injection drug use

Respondents who reported injecting illegal or legal drugs in the past 12 months by gender identity



## 44. Ever inject illegal or legal drugs; page 56



# A third (34/102) of respondents who injected drugs reported sharing needles

Reported needle sharing	Count of respondents	Percentage of respondents
Reported using a needle after someone else and someone using a needle after them	16	15.7%
Reported using a needle after someone else only	12	11.8%
Reported someone using a needle after them only	6	5.9%
Did not report any needle sharing	68	66.7%
<b>All respondents who indicated injecting illegal or legal drugs</b>	<b>102</b>	<b>-</b>



## Needle sharing, page 58

# HIV care continuum

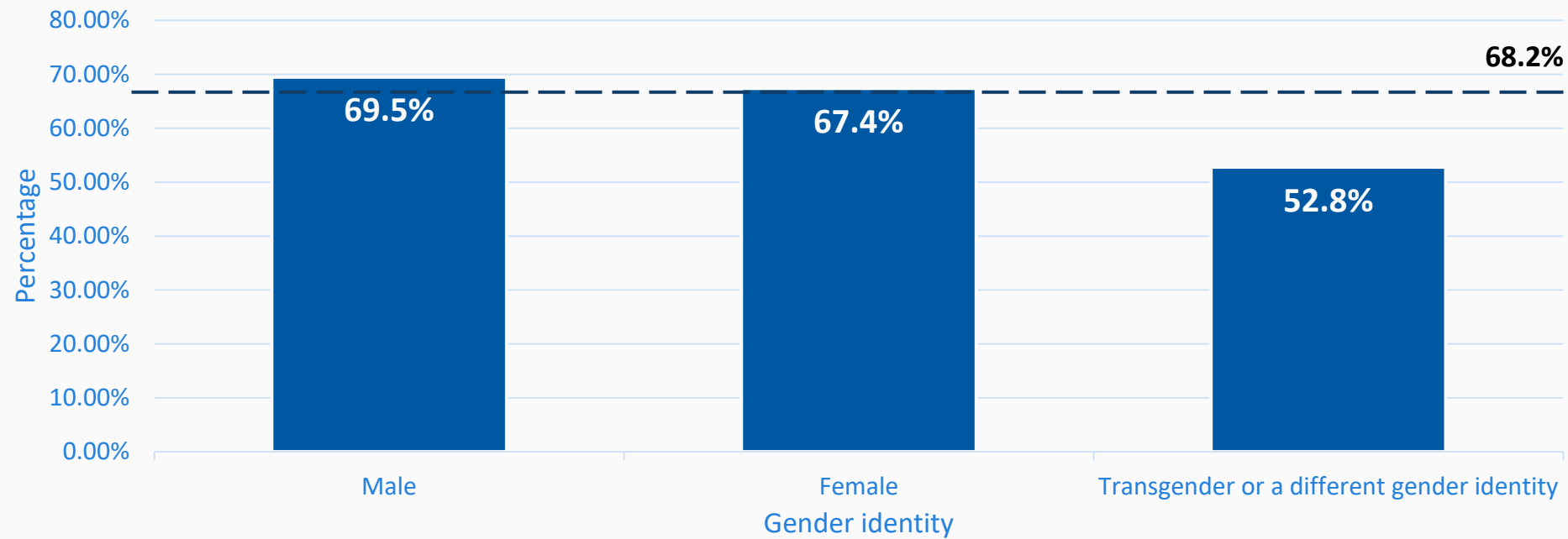
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# Respondents who identified as transgender were less likely to “Always” take HIV medication as prescribed

Always taking HIV medication as prescribed



41/30. HIV medication adherence. Page 65.



# Barriers to care

# 1 in 5 respondents delayed or did not receive HIV medical care

- 22.9% delayed or did not get the HIV medical care needed
- Reasons (online/paper survey)
  - Lack of transportation (32.0%)
  - Could not get an appointment soon enough (29.3%)
  - Worry about cost (28.7%)
- Reasons (phone)
  - No insurance (28.6%)
  - COVID-19 concerns (25.7%)



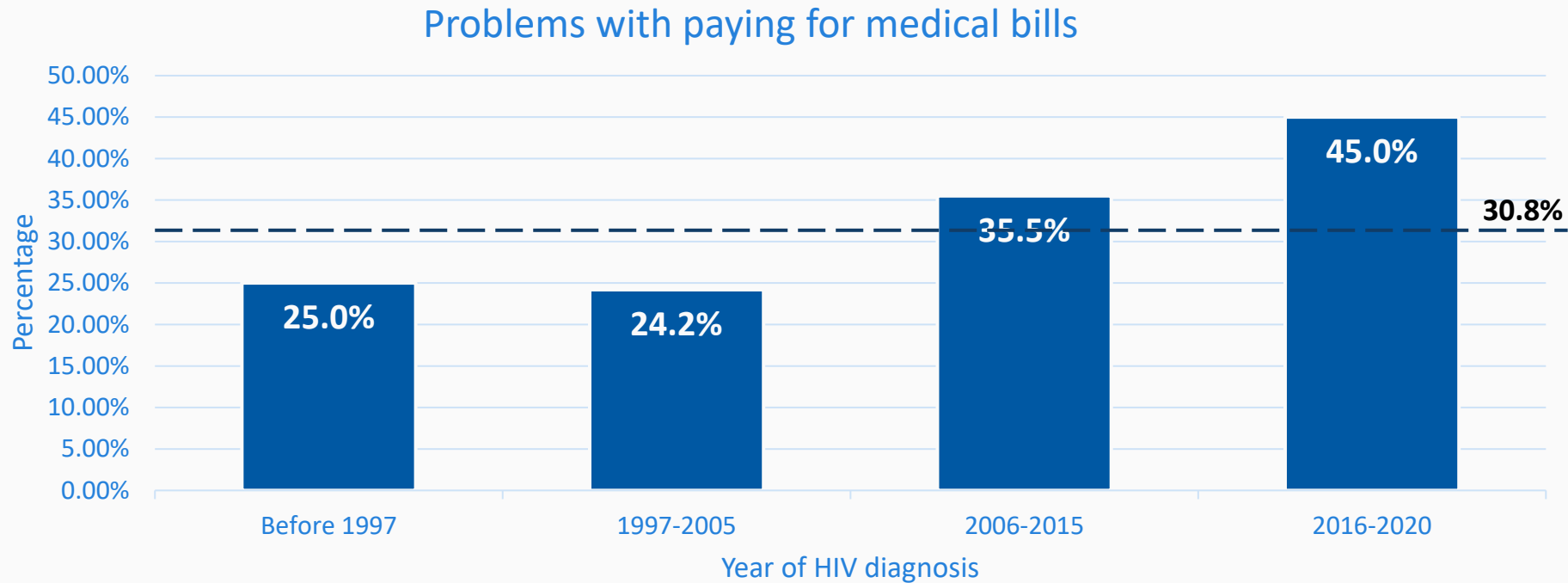
# Paying for healthcare

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# Respondents more recently diagnosed with HIV were more likely to have problems paying for medical bills

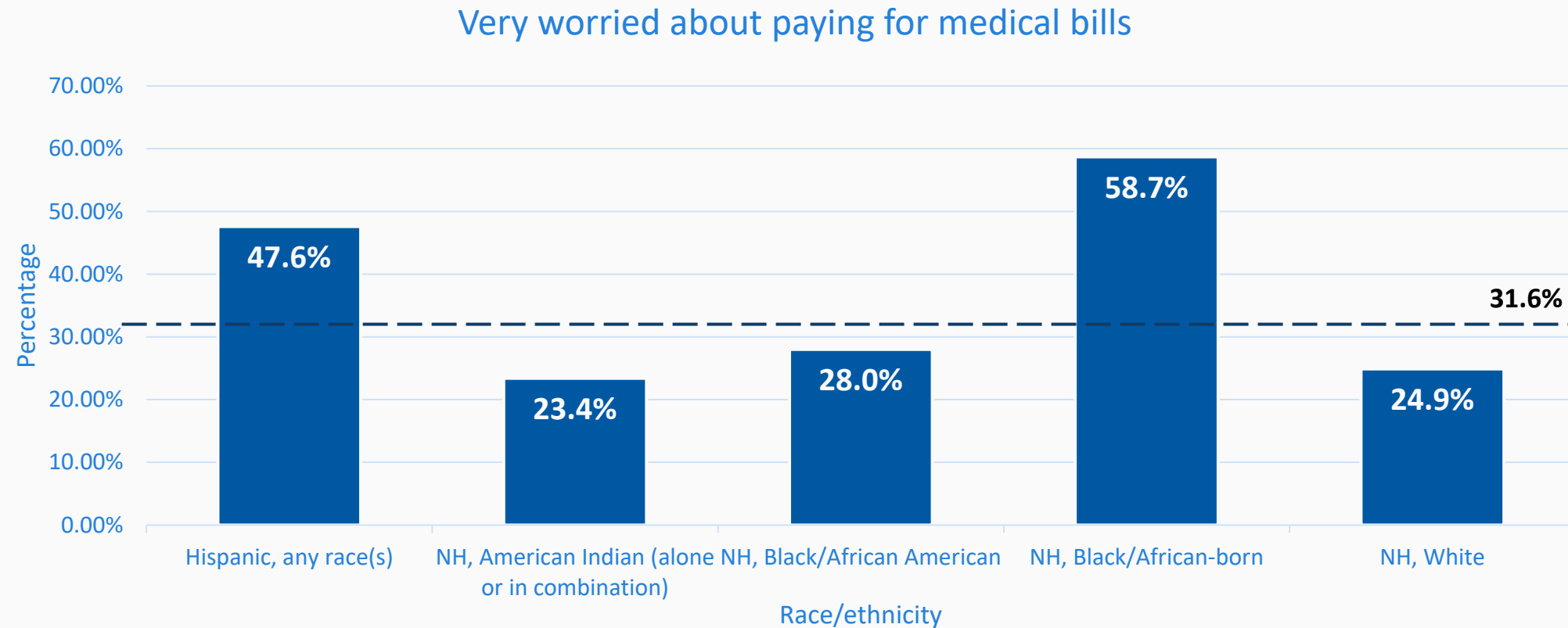


22. Trouble paying medical bills in the past. Page 77.





# Respondents who identified as Hispanic or Black/African-born worried most about paying medical bills



23. Worried about paying for medical bills in the future. Page 79.



# Transportation

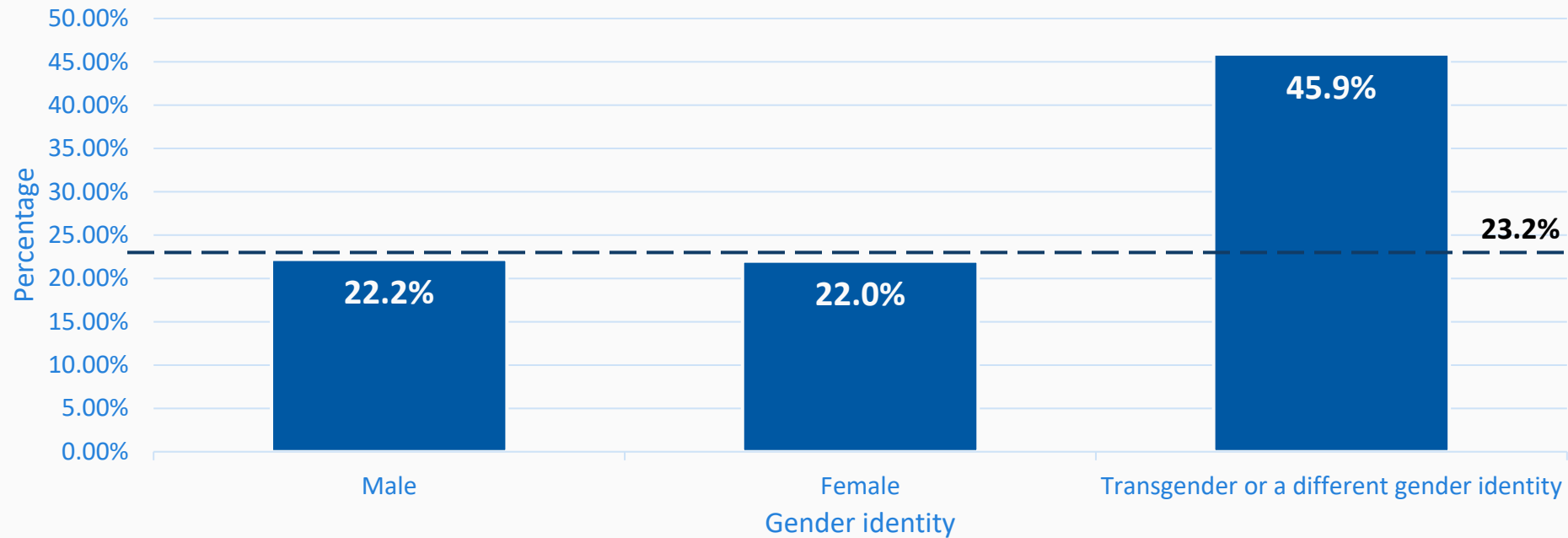
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# Respondents who identified as transgender were two times more likely to experience HIV medical appointment transportation problems

HIV medical appointment transportation problems



27. Transportation as a barrier to HIV medical care. Page 81.



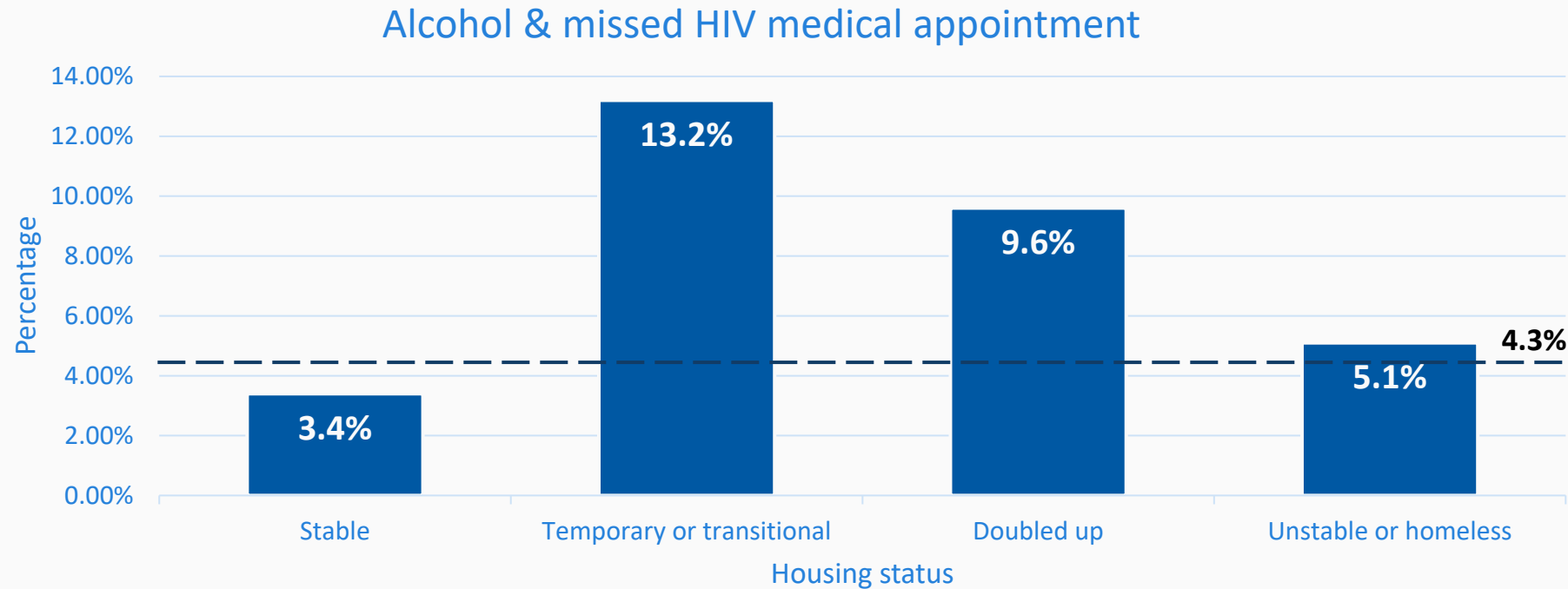
# Behavioral health & HIV care continuum

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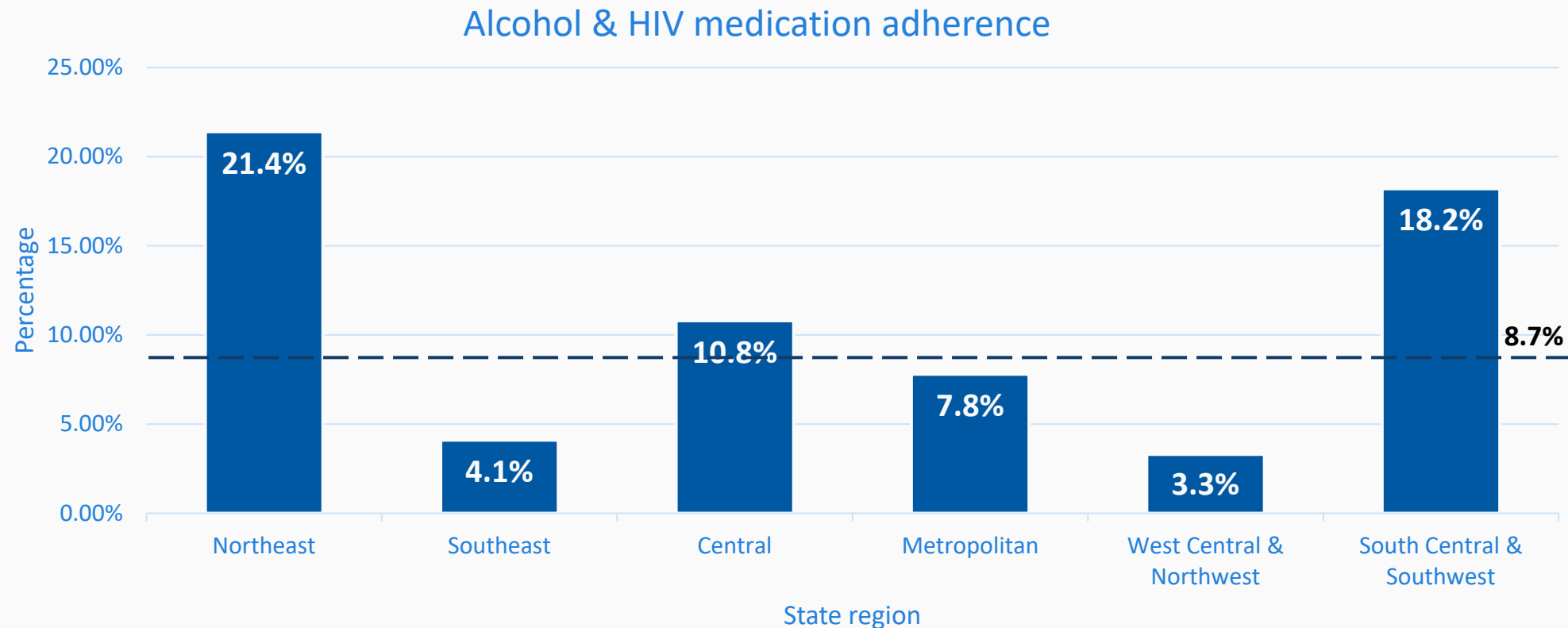
Due to alcohol, respondents in transitional housing or temporarily housed were three times more likely to miss an HIV medical appointment



45. Alcohol & HIV medical appointment. Page 87.



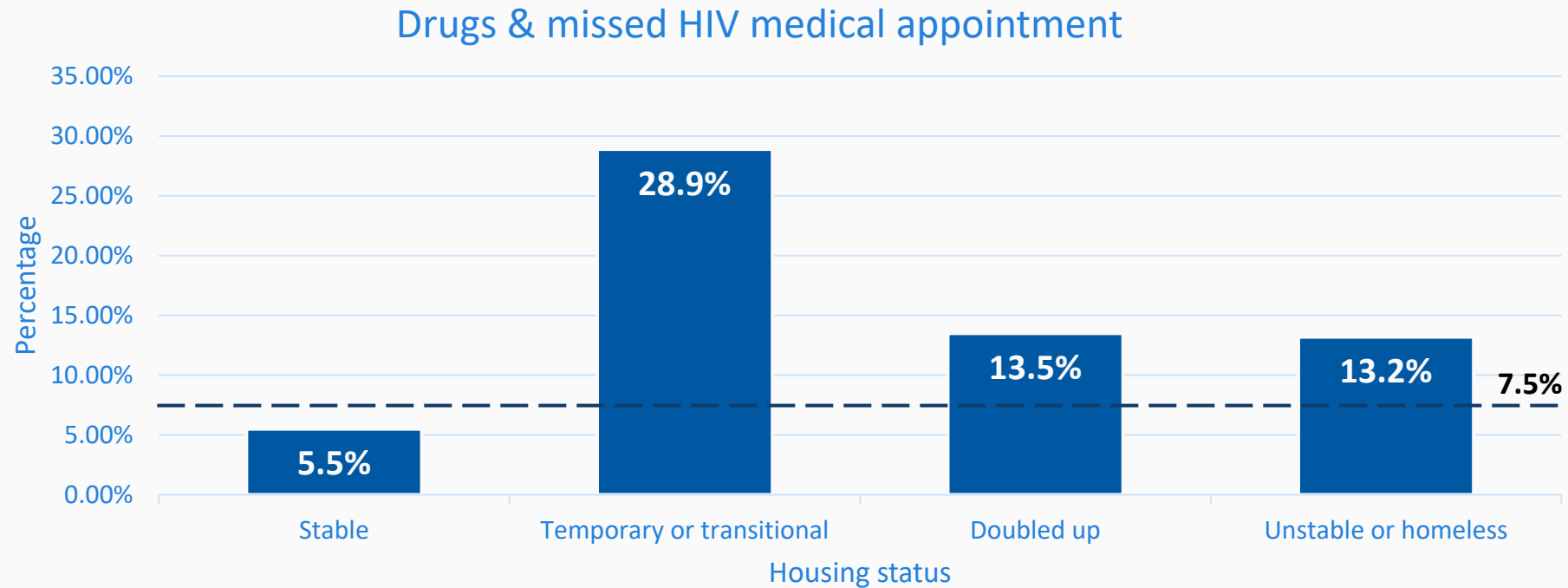
Due to alcohol, respondents in Northeast, South Central, and Southwest regions were two times more likely to have HIV medication adherence problems



46. Alcohol & HIV medication adherence. Page 89.



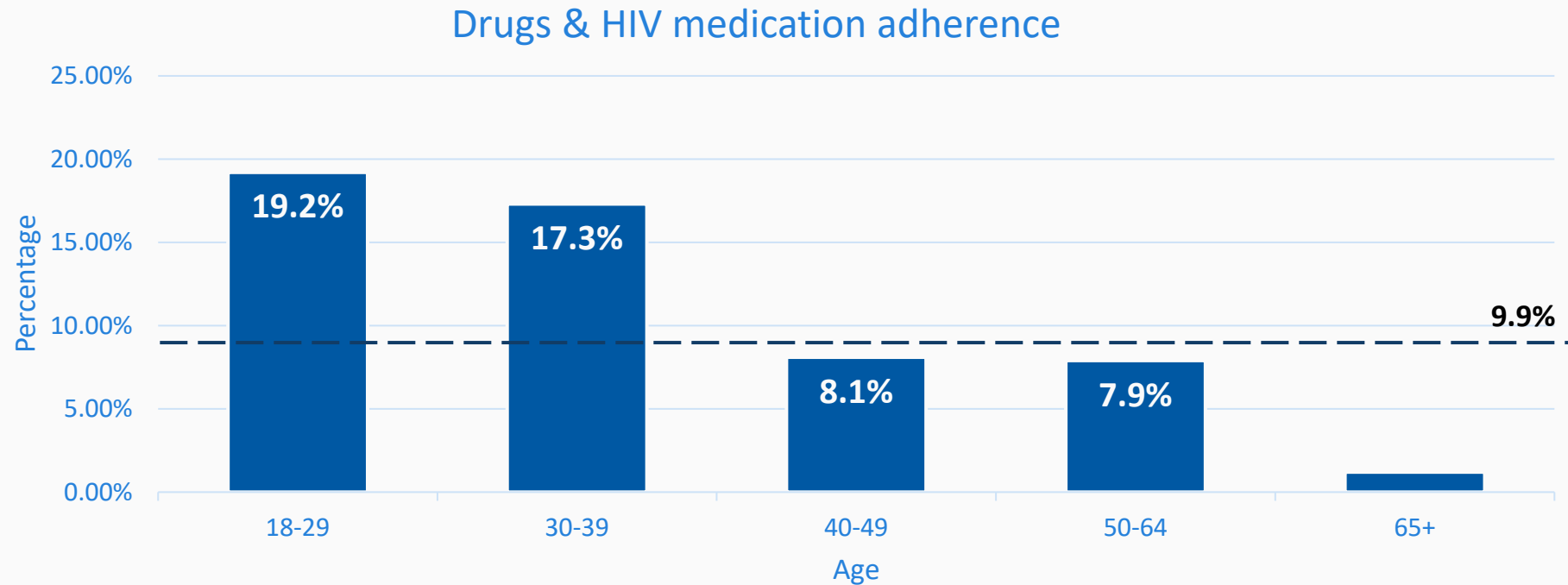
Due to drugs, respondents in transitional housing or temporarily housed were three times more likely to miss an HIV medical appointment



47. Drugs (other than alcohol) & HIV medical appointment. Page 91.



# Due to drugs, younger respondents were most likely to have HIV medication adherence problems



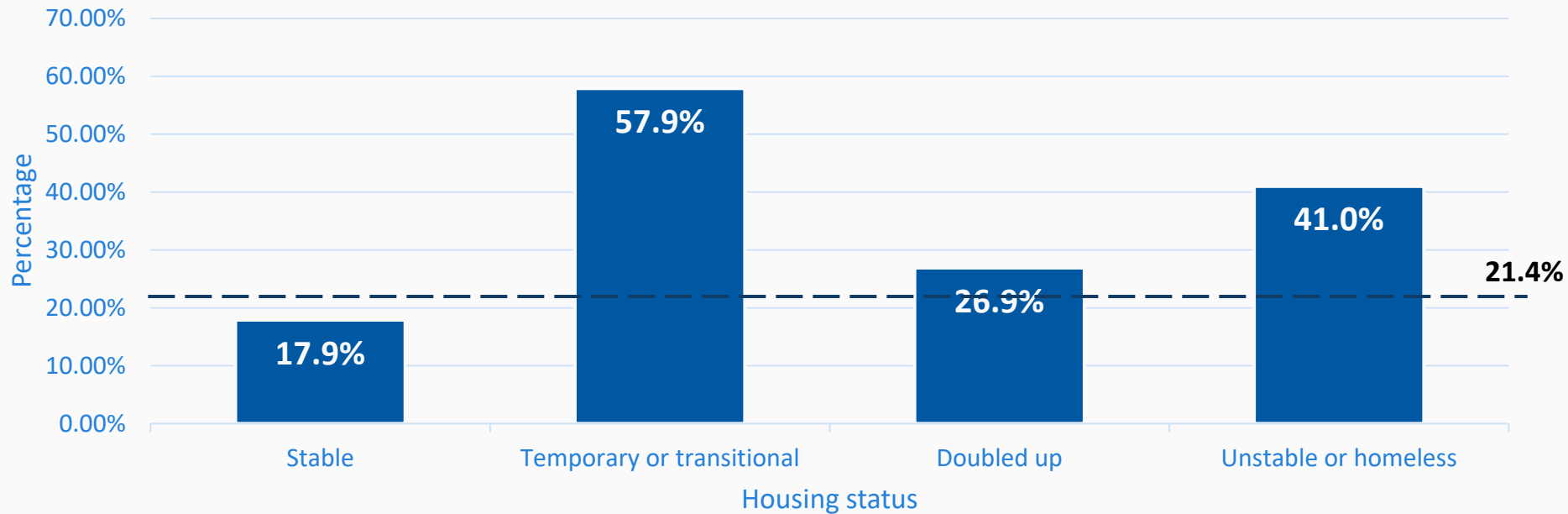
48. Drugs (other than alcohol) & HIV medication adherence. Page 93.





# Due to mental health, respondents in transitional housing or temporarily housed were two times more likely to miss an HIV medical appointment

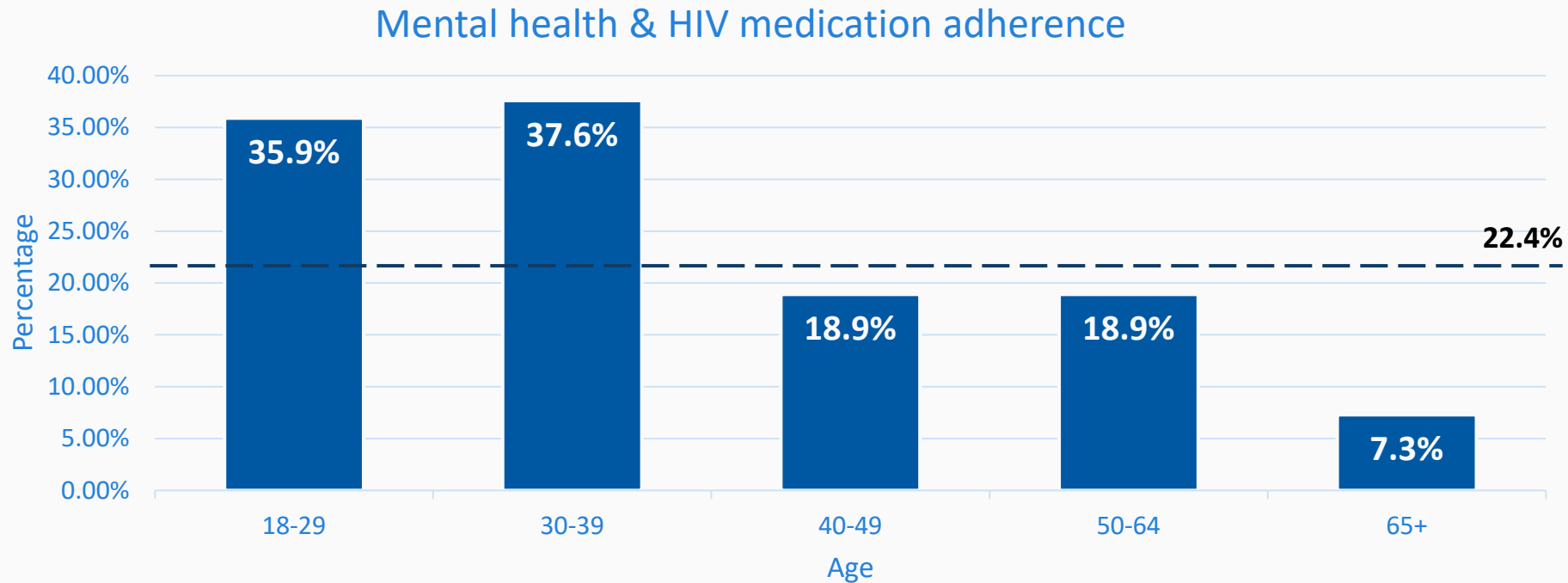
Mental health & missed HIV medical appointment



49. Mental health & HIV medical appointment. Page 95.



# Due to mental health, younger respondents were more likely to have problems with HIV medication adherence



50. Mental health & HIV medication adherence. Page 97.



# The Ryan White HIV/AIDS Program will use this data to advance health and racial equity

- Social service delivery that addresses disparities
- Services and policy advocacy that ensures basic needs are met, food, transportation, financial assistance
- Housing
- Addressing structural barriers to advancement along the HIV care continuum



# Questions?



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