



2013 Women's Needs Assessment

Objective of Study: To determine the specific needs of women living with HIV in the 3-county Las Vegas EMA (Clark, Mohave and Nye Counties) with determination of barriers to access to services and reasons or gaps for those barriers.

Methodology: Collaborative Research, LLC, a public health consulting firm, conducted a quantitative survey in May, June and July of 2013. The objective was to survey as many women as possible in the EMA using a 43-question quantitative survey instrument. These surveys were conducted both on-site, with facilitation by a Collaborative Research staff person, and over the telephone, using a toll-free number. This survey queried existing female PLWHA in the Ryan White system of care about their HIV diagnosis, details of their HIV testing and diagnosis, linkage to care and entry into services. Definition of HIV medical care entry included one visit to a HIV medical doctor and receipt of a viral load laboratory test to confirm this medical visit (self-reported).

- ❖ Stratification of the 48 responses was conducted by severe need group ('SNG') or special population with primary attributes of race/ethnic background of survey respondents and exposure or transmission group.
- ❖ Responses were collected on-site at provider agencies and via toll-free telephone lines.
- ❖ A \$10 food card incentive was provided in the form of a shopping card for respondents completing the survey in recognition of their participation.
- ❖ Responses were confidential, with no names provided, although unique identifiers of the first 2 initials of the first name and the first 2 initials of the last name and Date of Birth were used to ensure that no duplicate responses were provided.

Response Rate: Forty-eight (48) women responded to the survey, which represents 3.7% of the total female PLWH/A in the Las Vegas EMA or 1,300 women as of December 31, 2011.

DEMOGRAPHICS OF RESPONDENTS

Age Group

The age group of respondents shows that almost 40% (39%) are aged 50 and above. Only 1 individual was in the adolescent age group (19 years) with two respondents in the youth or 20-24 age group. The age grouping of respondents reflects that of the Epidemiologic Profile, with slight over-representation of Youth (6% vs. 4%), equivalent percentages of the 25-44 age group and slight over-representation of the 45-64 age groups. The only age group that is not represented among survey respondents is the 65 and over age group, with 4% of the entire PLWHA in the EMA consisting of that elderly group. This could be attributed to the history of the epidemic, with conjecture that this age group would be more constituted by male PLWHA.

AGE GROUP	WOMENS NA RESPONDENTS		2011 EPI	
	#	%	#	%
less than 13	0	0%	11	0.1%
13-24	3	6%	276	4%
25-34	7	15%	1,120	15%
35-44	11	23%	2,048	27%
45-54	20	42%	2,713	36%
55-64	7	15%	1,084	14%
65+	0	0%	279	4%
Missing Data			58	8%
TOTAL	48	100%	7,589	100.0%

Race/Ethnicity

RACE/ETHNIC	WOMENS NA RESPONDENTS		2011 EPI	
	#	%	#	%
Black or African American	20	42%	1,927	25%
White or Caucasian	12	25%	3,695	49%
Hispanic or Latina	12	25%	1,620	21%
Asian/Pacific Islander	2	4%	231	3%
Native American			62	1%
Multi-Racial	2	4%	54	1%
TOTAL	48	100%	7,589	100.0%

The respondents are equivalent to the Epidemiologic Profile with the notable transposition of African American responses and Caucasian responses.

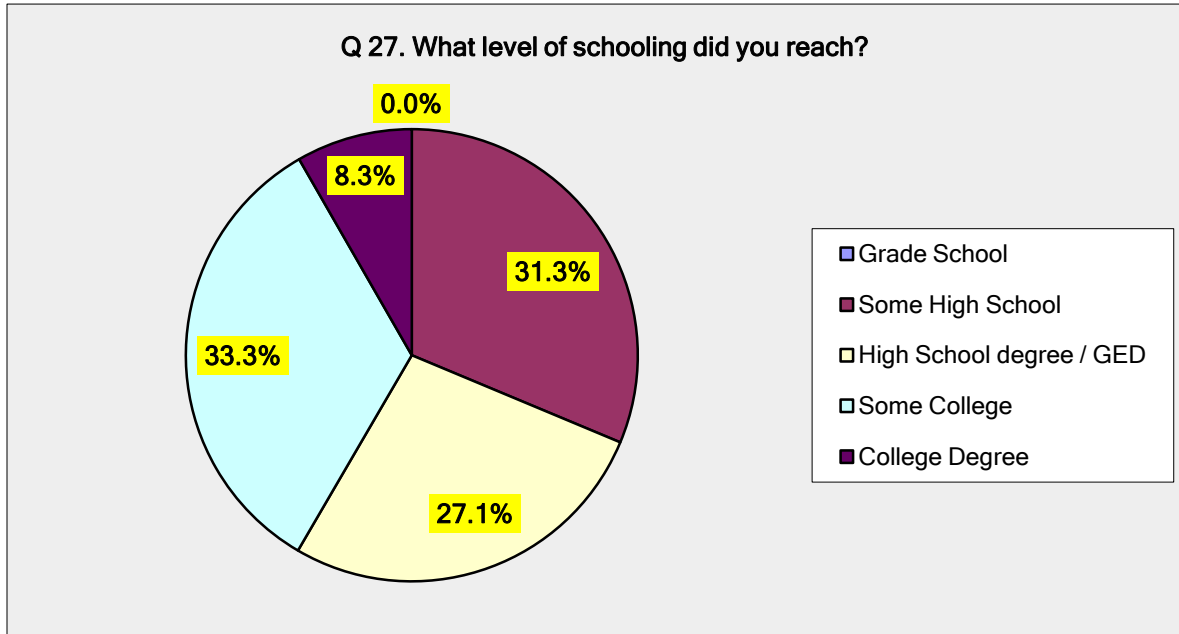
Zip Code of Residence



ZIP	TOWN	COUNTY	STATE	#	ZIP	TOWN	COUNTY	STATE	#
89104	Las Vegas	Clark	NV	6	89141	Las Vegas	Clark	NV	1
89115	Las Vegas	Clark	NV	4	89139	Las Vegas	Clark	NV	1
89106	Las Vegas	Clark	NV	4	89110	Las Vegas	Clark	NV	1
89102	Las Vegas	Clark	NV	4	89109	Las Vegas	Clark	NV	1
89108	Las Vegas	Clark	NV	3	89103	Las Vegas	Clark	NV	1
89031	No. Las Vegas	Clark	NV	3	89101	Las Vegas	Clark	NV	1
89121	Las Vegas	Clark	NV	2	89074	Henderson	Clark	NV	1
89119	Las Vega	Clark	NV	2	89052	Henderson	Clark	NV	1
89118	Las Vegas	Clark	NV	2	89048	Pahrump	Nye	NV	1
86442	Bullhead City	Mohave	AZ	2	89032	No. Las Vegas	Clark	NV	1
89169	Las Vegas	Clark	NV	1	89030	No. Las Vegas	Clark	NV	1
89149	Las Vegas	Clark	NV	1	86429	Bullhead City	Mohave	AZ	1
89142	Las Vegas	Clark	NV	1	86406	Lake Havasu City	Mohave	AZ	1

The majority of respondents (43/48 or 90%) reside in Nevada, in Clark County with 4/48 or 8% residing in Mohave County and 1 respondent (2%) located in Nye County. This distribution mirrors that of the three-county EMA.

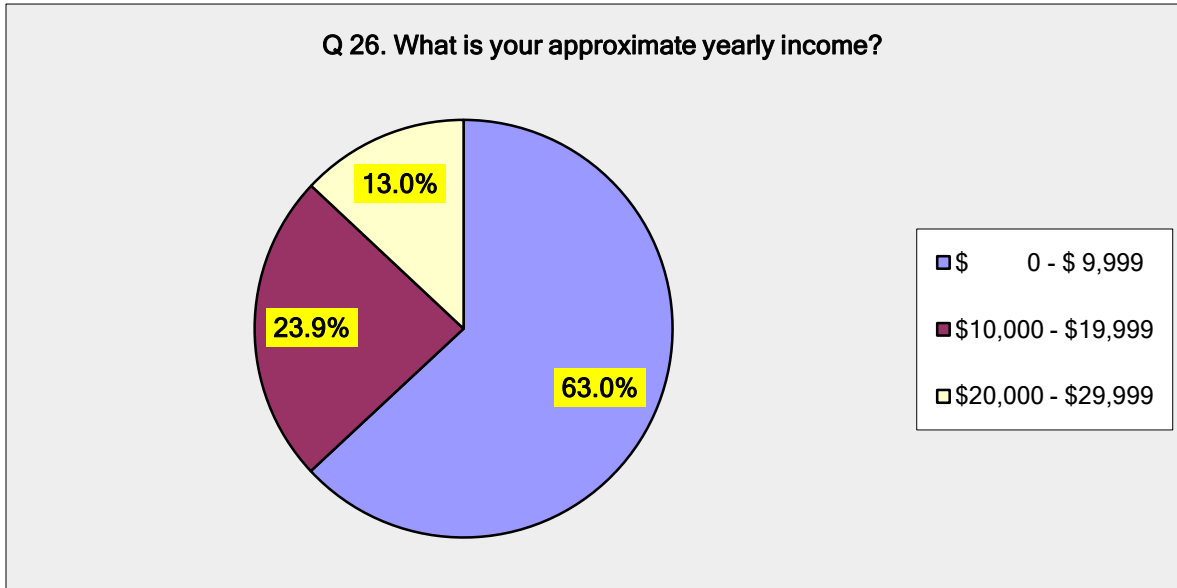
Educational Level



What level of schooling did you reach?		
Answer Options	Response Percent	Response Count
Grade School	0.0%	0
Some High School	31.3%	15
High School degree / GED	27.1%	13
Some College	33.3%	16
College Degree	8.3%	4
Some Graduate School	0.0%	0
Graduate School Degree	0.0%	0
answered question		48
skipped question		0

The education level of respondents was low with the majority (58.4%) possessing a high school degree or lower. A notable third of respondents, however, had attended ‘some college’ although only 8% possessed a college degree. No respondents had attended graduate school nor had a graduate degree.

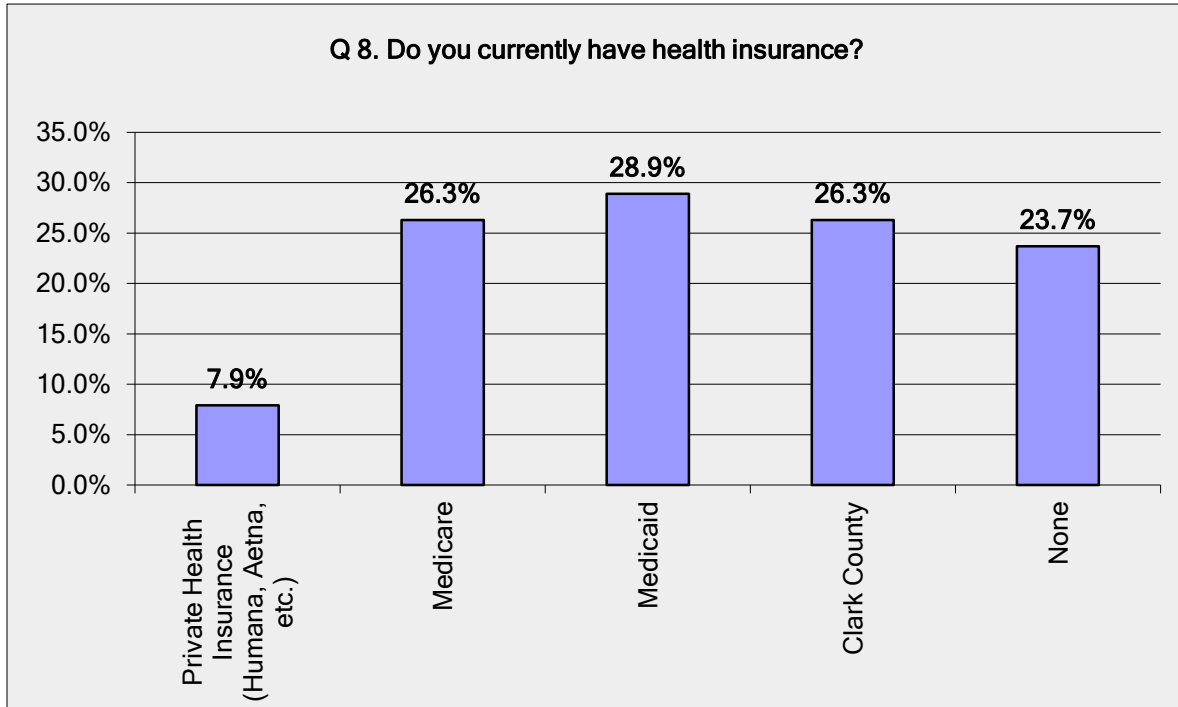
Socioeconomic Status



What is your approximate yearly income?		
Answer Options	Response Percent	Response Count
\$ 0 - \$ 9,999	63.0%	29
\$10,000 - \$19,999	23.9%	11
\$20,000 - \$29,999	13.0%	6
\$30,000 - \$39,999	0.0%	0
\$40,000 - \$49,999	0.0%	0
\$ Over \$50,000	0.0%	0
<i>answered question</i>		46
<i>skipped question</i>		2

The majority of respondents fell into the impoverished categories, with 86.9% disclosing less than \$20,000 per year annual incomes. Thirteen percent stated they had annual incomes between \$20,000-\$29,000 with two respondents refusing to disclose this data.

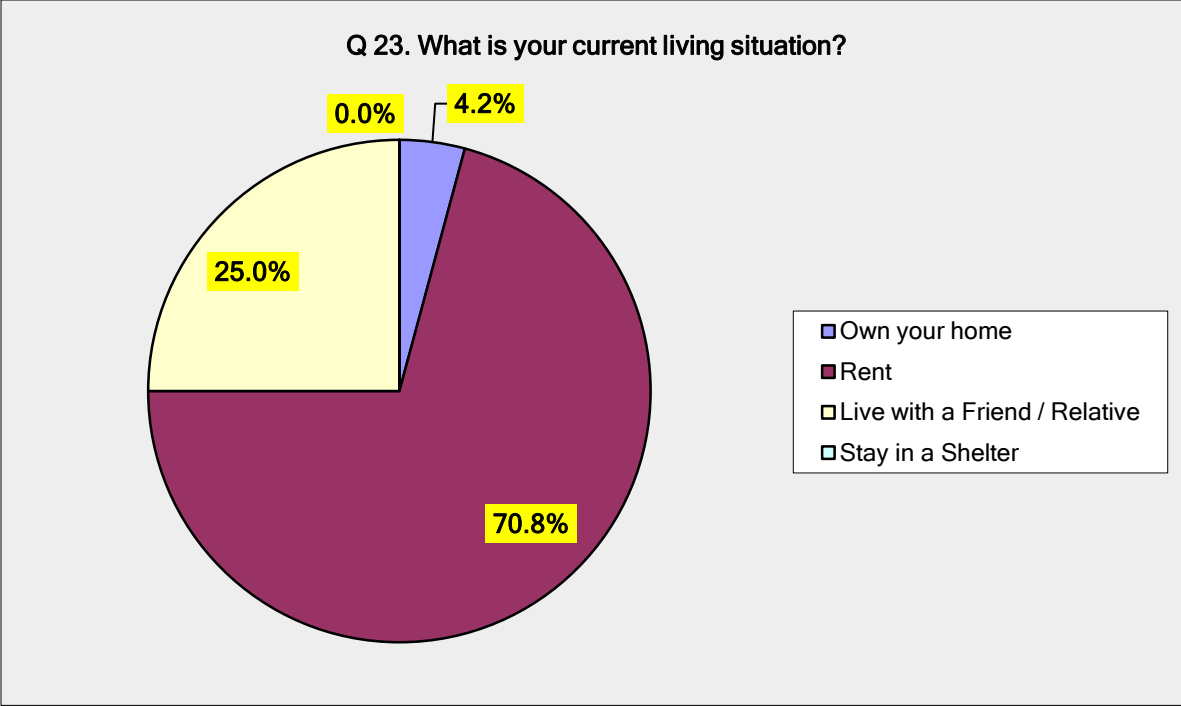
Health Insurance



Do you currently have health insurance?		
Answer Options	Response Percent	Response Count
Private Health Insurance (Humana, Aetna, etc.)	7.9%	3
Medicare	26.3%	10
Medicaid	28.9%	11
Veteran's Administration	0.0%	0
Clark County	26.3%	10
None	23.7%	9
Other (please specify)		13
	answered question	38
	skipped question	10

The majority of respondents were covered by Medicaid (29%) followed by Medicare (26%), then ‘no insurance’ (24%). Nine (9 or 24%) responded that they are covered by Ryan White with no reported health insurance. Only 8% are covered by employer-based or individual private insurance.

The County offers to pay medical bills through access to a safety net program for Clark County residents only (10 respondents or 26%). **Housing Status**



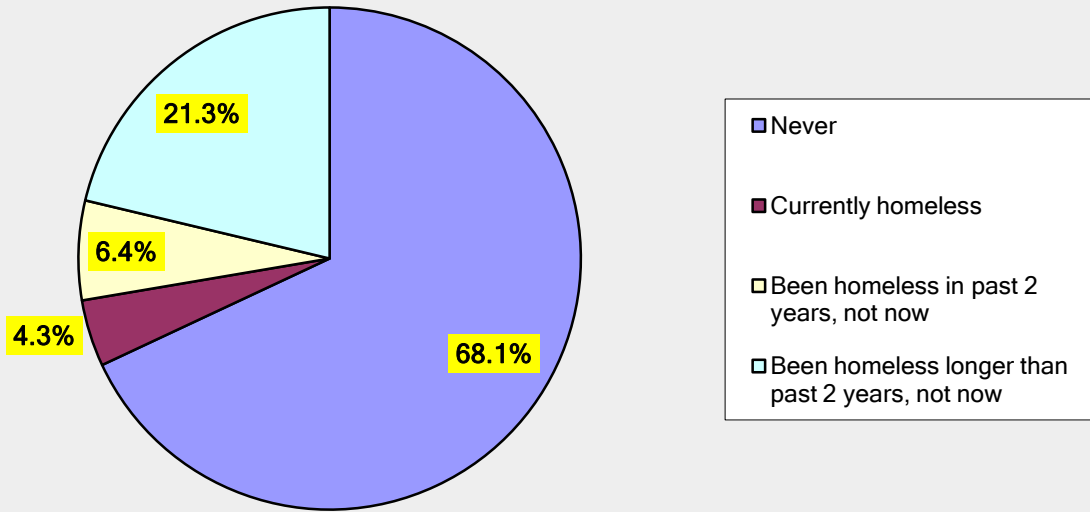
What is your current living situation?		
Answer Options	Response Percent	Response Count
Own your home	4.2%	2
Rent	70.8%	34
Live with a Friend / Relative	25.0%	12
Stay in a Shelter	0.0%	0
Other (please specify)		0
answered question		48

Housing status was dominantly through rentals (71%), followed by living with friends or relatives (25%). Only 4% owned their own home, with two respondents claiming current homelessness (4%). Thirteen individuals reported past homelessness (28%).

Are you now or have you ever been homeless?		
Answer Options	Response Percent	Response Count
Never	68.1%	32
Currently homeless	4.3%	2
Been homeless in past 2 years, not now	6.4%	3
Been homeless longer than past 2 years, not now	21.3%	10
Other (please specify)		1
answered question		47
skipped question		1

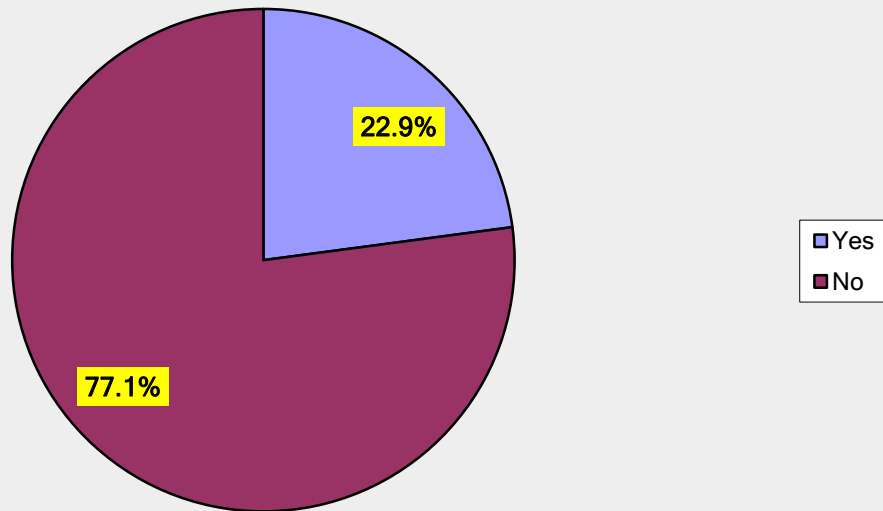
Homelessness

Q 22. Are you now or have you ever been homeless?



Employment Status

Q 25. Are you currently working?



Are you currently working?		
Answer Options	Response Percent	Response Count
Yes	22.9%	11
No	77.1%	37
<i>answered question</i>		48

The majority of respondents are not currently employed (77%) with 23% working.

Incarceration History

Have you been in jail or prison in the past 6 months?		
Answer Options	Response Percent	Response Count
Yes	6.3%	3
No	93.8%	45
<i>answered question</i>		48

Only three respondents have been incarcerated within the past 6 months, with all commenting that this was associated with drug use or sale.

FINDINGS:

HIV Status

Forty (40) women or 83% of respondents were HIV-positive with 8 women or 17% reporting an AIDS diagnosis. This does not compare to the overall epidemiologic profile in which 52% or 3,968 individuals report an AIDS diagnosis with 48% or 3,621 reporting that they are HIV-positive. This variance can be attributed to the different dynamic of females with HIV infection disease, for whom nationally the majority of whom are HIV-positive.

YEAR HIV+ DX	#	%	YEAR AIDS DX	LAG	%
1986	1	2%			
1990	2	6%	1 in 2008	18	2%
1991	1	2%			
1992	1	2%			
1993	2	4%			
1994	1	4%	1 in 1995	1	2%
1996	2	4%			
1997	2	4%			
1998	2	4%			
2000			1 in 2001	0	2%
2001	2	4%			
2002	1	2%			
2003			1 in 2003	0	2%
2004	2	4%			
2005	1	2%			
2006	2	4%	1 in 2006	0	2%
2007	2	4%			
2008	1	2%			
2009	1	2%	1 in 2009	0	2%
2010	2	4%			
2011	1	2%			
2012	8	17%	1 in 2012	0	2%
2013	3	6%	1 in 2013	0	2%
TOTAL	40	83%	8	17%	

Of those currently reporting an AIDS diagnosis (8/48 = 17%), 6 of those 8 or 67% were initially diagnosed with AIDS, with 1 reporting a concurrent AIDS diagnosis (seroconverted within one year) and 1 seroconverting to AIDS eighteen years after their initial HIV diagnosis. The majority of respondents are HIV+ (83%) with the highest reported years of diagnosis reported in the last two years (11/40 or 28%).

Exposure or Transmission

Only 3 (6%) reported injection drug use although 2 additional respondents (4%) reported transmission through sex with a drug user. The remaining 43 (90%) reported exposure through heterosexual sex.

Location of Initial HIV/AIDS Diagnosis

In what city and state were you FIRST diagnosed with HIV or AIDS?	#	%
LAS VEGAS, NEVADA	20	42%
CHICAGO, IL	5	10%
BATON ROUGE, LA	2	4%
BULLHEAD CITY, AZ	2	4%
LAKE HAVASU, AZ	2	4%
LOS ANGELES, CA	2	4%
NEW ORLEANS, LA	2	4%
SANTA BARBARA, CALIFORNIA	2	4%
ANAHEIM, CALIFORNIA	1	2%
ETHIOPIA	1	2%
HONDURAS	1	2%
INGLEWOOD, CA	1	2%
NEW YORK, NEW YORK	1	2%
NUTLEY, NJ	1	2%
OKLAHOMA CITY, OK	1	2%
PORTLAND, OR	1	2%
RANCHO CUCAMORGA, CA	1	2%
SACRAMENTO, CA	1	2%
YUMA, AZ	1	2%
TOTAL	48	100%

The majority of female respondents (42%) were diagnosed in the TGA, in Las Vegas, Nevada. The second location most reported at 10% was Chicago, Illinois. A variety of cities reported at 4% and then single respondents. Two individuals reported their initial diagnosis abroad, with one from Ethiopia and the other from Honduras. The conclusion is that 58% of respondents are not 'credited' to the Las Vegas EMA since they were reported in other jurisdictions. This transient nature of Las Vegas hurts Ryan White funding since only those cases reported as diagnosed in the Las Vegas TGA are credited to the funding formula.

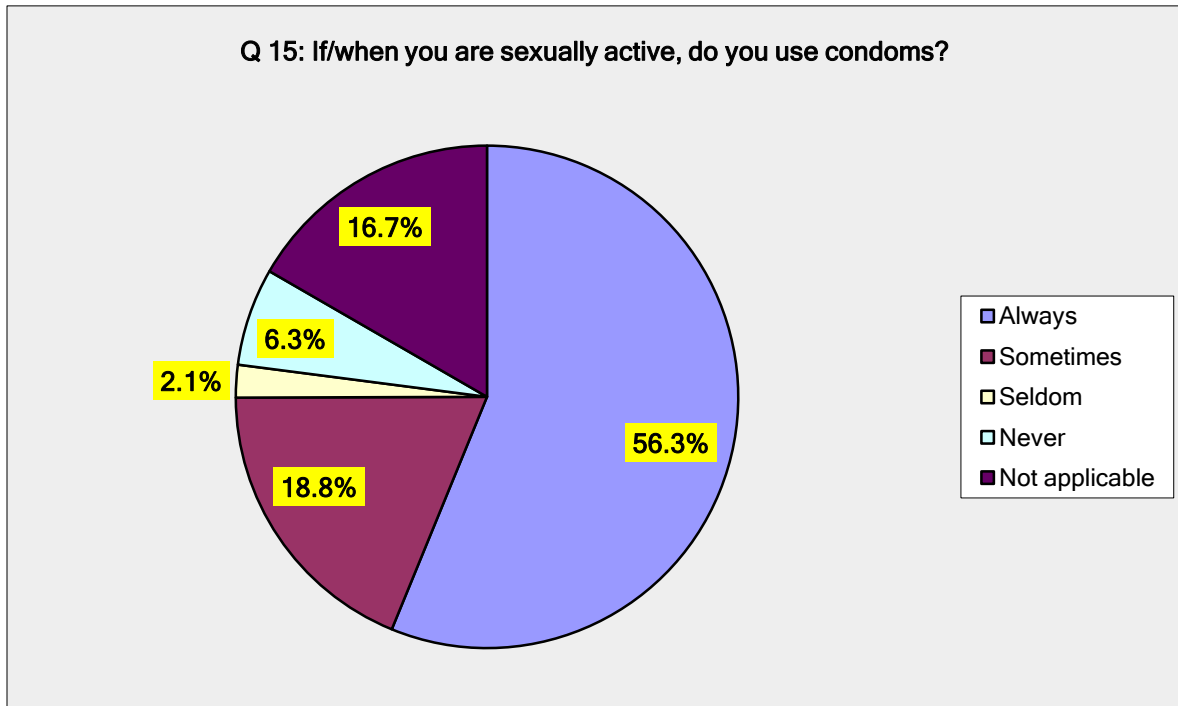
Risk Factors

Sexual activity

Only two individuals reported over 2 sexual partners in the past year (one=5 and one=3). Three respondents or 6% reported 3 partners and 24 or 50% reported 1 partner and 18 (38%) reported no partners in the past 12 months.

Fifteen or 31% reported current or prior domestic violence, indicating the strong correlation between psychological trauma and predisposition to HIV.

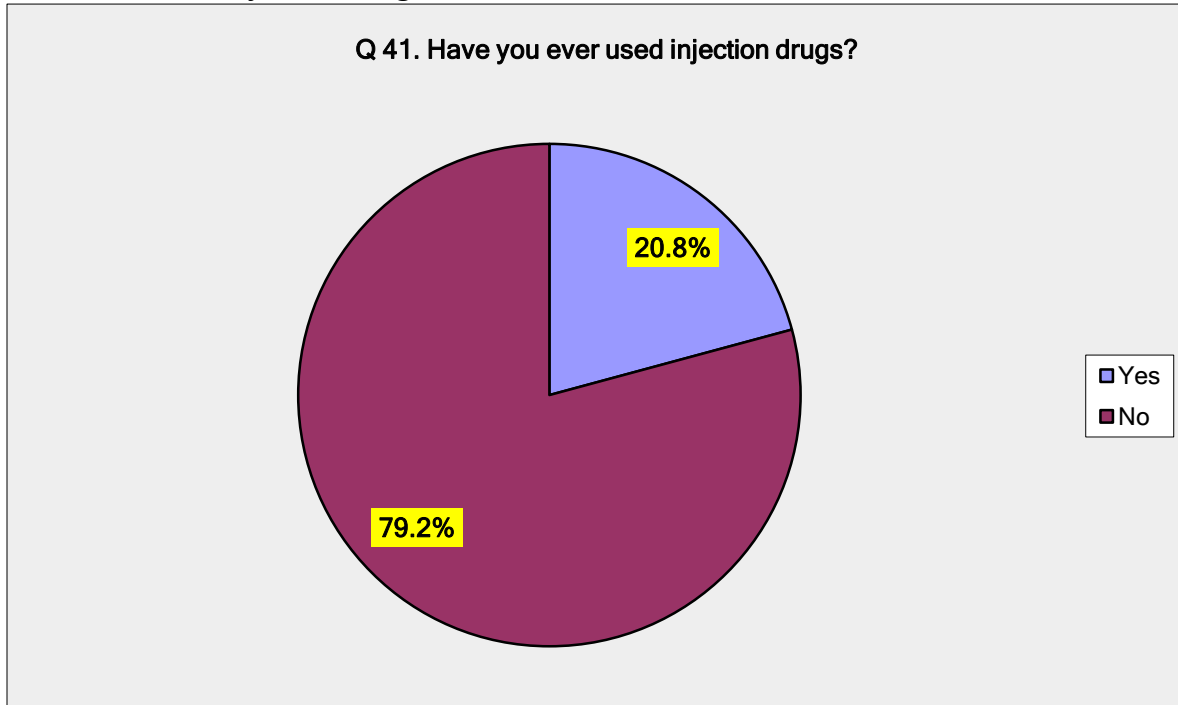
Condom Use



If/when you are sexually active, do you use condoms?		
Answer Options	Response Percent	Response Count
Always	56.3%	27
Sometimes	18.8%	9
Seldom	2.1%	1
Never	6.3%	3
Not applicable	16.7%	8
<i>answered question</i>		48

Slightly over one-fifth (21%) reported prior injection drug use, with no respondents citing current injection drug use. This compares to actual HIV transmission status of 5 individuals reporting IDU exposure (3 IDU, 2 sex with IDU). This risk is double that of the actual HIV self-disclosed exposure.

Current or Prior Injection Drug Use



Have you ever used injection drugs?		
Answer Options	Response Percent	Response Count
Yes	20.8%	10
No	79.2%	38
<i>answered question</i>		48

Current or Diagnosed Behavioral Health Issues

Mental Health

Have you ever been diagnosed with or treated for a mental illness ?		
Answer Options	Response Percent	Response Count
Yes	41.7%	20
No	58.3%	28
<i>answered question</i>		48

Substance Use

Have you ever been diagnosed with or treated for substance abuse?		
Answer Options	Response Percent	Response Count
Yes	14.6%	7
No	85.4%	41
<i>answered question</i>		48

Care Status

Doctor's Office

When was the most recent time you received medical care (from a doctor or a nurse) related to your HIV ? (Please check only one)		
Answer Options	Response Percent	Response Count
I have never received medical care (from a doctor or nurse) related to HIV	2.1%	1
I most recently received medical care (from a doctor or nurse) within the last 3 months.	85.1%	40
I most recently received medical care (from a doctor or nurse) 4 to 6 months ago.	12.8%	6
<i>answered question</i>		47
<i>skipped question</i>		1

One individual, a multi-racial female, was just diagnosed and has yet to receive HIV medical care. The majority of respondents (40 or 85%) received HIV medical care in the past 3 months, with 6 or 13% visiting their HIV medical doctor in the past 4 to 6 months.

HIV medication

Are you currently taking HIV medications ?		
Answer Options	Response Percent	Response Count
Yes	85.4%	41
No	14.6%	7
<i>answered question</i>		48

The majority (85%) are currently taking HIV medications with 7 or 15% not currently on an HIV medication regimen.

Biological Markers

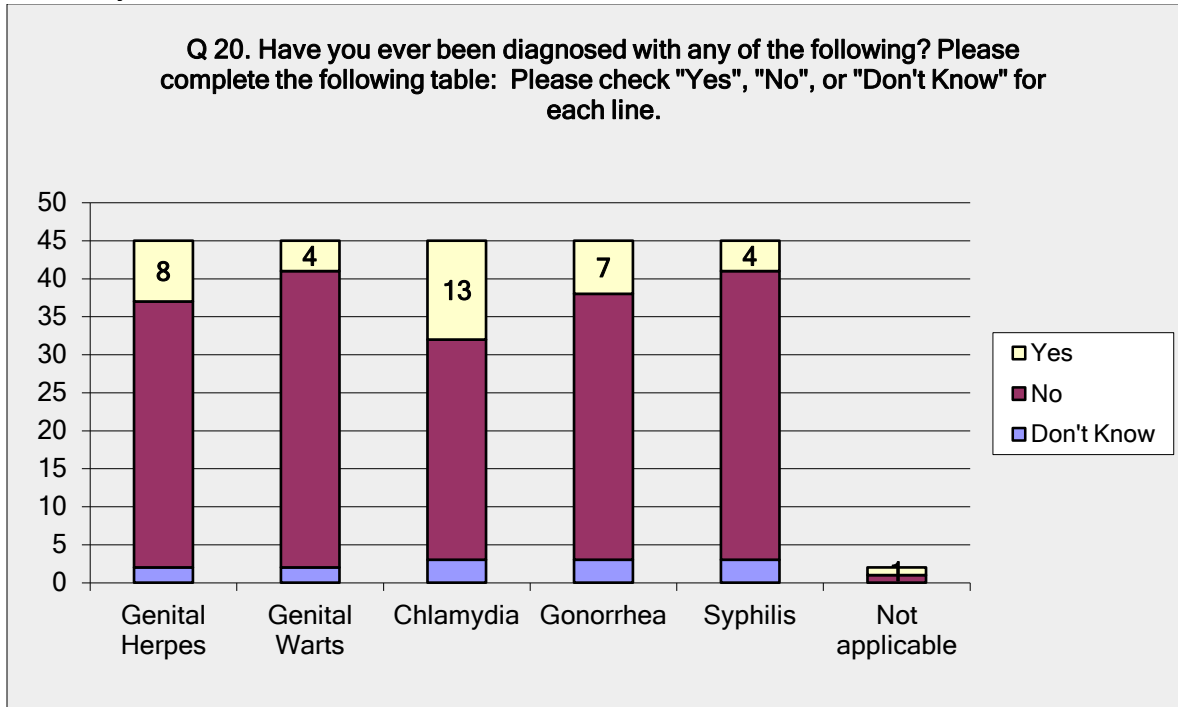
When was the most recent time you had lab work/blood drawn to monitor your HIV? (Please check only one)		
Answer Options	Response Percent	Response Count
Within the last 3 months	83.3%	40
4 to 6 months ago	14.6%	7
I don't know or don't remember	2.1%	1
<i>answered question</i>		48

The majority have had their labs taken in the last 3 months, correlating with the 85% that visiting their HIV medical doctor in that timeframe. The remainder (7 or 15%) visited their HIV medical doctor and had labs drawn in the 4 to 6 month timeframe, with 1 individual (the newly diagnosed multiracial respondent) unsure as she is adjusting to her recent diagnosis and care entry.

Co-Morbidities

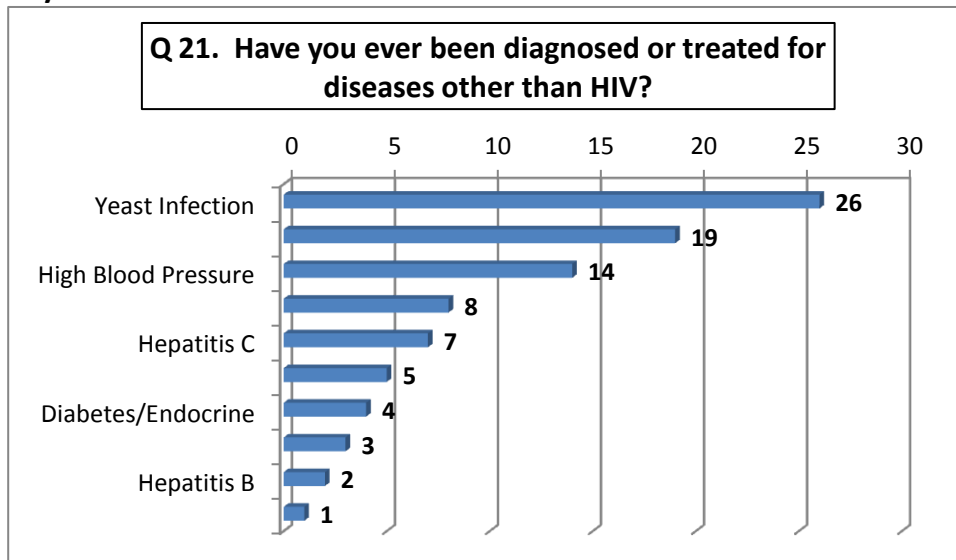
Co-morbidities or diseases other than HIV infection disease are reported by Sexually Transmitted Infections, Physical co-morbidities and Behavioral Health co-morbidities.

Sexually Transmitted Infections



The most common STI reported was chlamydia (27%) which is most frequently occurring in women, followed by genital herpes, gonorrhea, then genital warts and syphilis.

Physical



Thirty-five respondents completed this question and 13 chose not to respond. The highest percentage (74%) was ‘yeast infections’ followed by ‘nerve issues’ including neuropathies, neuralgia, dementia and related Central Nervous System disorders at 54%. Hypertension or high blood pressure was third most referenced, by 40% of respondents. Oral thrush, an opportunistic infection was stated by 8 or 23% of respondents. Hepatitis C, linked to injection drug use, was reported by 7 or 20% of respondents. Cardiac problems were cited by 14% and diabetes and other metabolic disorders by 12% of the group. Cancer was noted by 3 or 9%, Hepatitis B by 2 or 6% and Tuberculosis was mentioned by only one respondent or 3%.

Service Needs

SERVICE NEED	All (48)	AA (20)	WH (12)	HIS (12)	API (2)	MR (2)
Dental	1	1	1	2	1	1
Financial Assistance	2	2	2	2	2	1
Housing Options	3	3	3	1	2	1
Case Management	4	2	5	6		1
Medications	5	5	6	3	2	2
Health Insurance	6	4	7	5		2
Transportation	6	4	6	6	2	2
Primary Medical Care	7	6	6	6	2	2
Education about HIV/AIDS	8	8	6	5		2
Mental Health Counseling	8	7	4	7		2
Legal	9	9	8	6		
Other	10		8 (vision)	4		
Substance Use Counseling	11	10	8	6		2

Dental care was referenced as the #1 ranking service need with the only exception being Hispanic/Latinas who referenced Housing Options as first, followed by dental. Second in Service Need rank was Financial Assistance, with consensus from all groups except multi-racial female respondents (#1 ranking).

Third was housing options by All respondents with consensus from African American and Caucasian females. Hispanics and Multi-racial respondents ranked this service first, with 2nd ranking by Asian-Pacific Islander. Medications ranked 5th by All Respondents, but 3rd by Hispanic/Latinas.

The only ‘other services’ referenced was Vision Care (White) and a mixture of co-payment assistance, help attending Alcoholics Anonymous and other Support Groups, and food (by Hispanics/Latina).

Service Barriers

SERVICE BARRIERS	All (48)	AA (20)	WH (12)	HIS (12)	API (2)	MR (2)
Financial Assistance (for utilities, food, etc.)	1	3	1	1		1
Transportation	2	1		2		
Dental	3	2	2			
Housing options	4	6	1	2		
Health Insurance	5	4		2		
Co-Payments for Doctor appointments	6	6		2	1	
Medications	6	5	3			
Case Management	7	5	3			
Co-Payments for medication (from a pharmacy)	7	5	4			
Primary Medical Care	7	6	3			
Education about HIV / AIDS	8	7				
Mental Health counseling	8	7				
Substance Abuse counseling	8	6				

Financial Assistance was most referenced as a barrier to care access except by African Americans, who registered Transportation as the #1 barrier, and financial assistance as third. Asian/Pacific Islander respondents ranked co-payments for doctor’s appointment as their #1 barrier. Second ranking varied, with transportation and dental vying for this slot, although Latinas registered housing options, health insurance and co-payments for doctor’s appointments in equal ranking.

Anecdotal Comments: Q 35. “In your opinion, why are these services hard to get?”

“Make too much money to receive help.”

“Don’t qualify because I make too much—disincentive to work.”

“Too much income to qualify for help, but it’s not enough to cover everything that I need.”

“Takes too long to get appointment for approval for services.”

“I don’t think they (agency) have the resources.”

“There are different client qualifications for Medicaid.”

“Because of the hoops that you have to go through.”

“Vision-no funding, insurance doesn’t cover it, get the run around, don’t know where to go.”

“I get bus passes due to poor health, I need this service to both pick me up to deliver me to doctor’s appointments and return me back home but funding is a problem to do both—might as well not go at all.”

Gaps

SERVICE GAPS	All (48)	AA (20)	WH (12)	HIS (12)	API (2)	MR (2)
Financial Assistance (for utilities, food)	1	3		1		1
Transportation	2					
Dental	3	2	2			
Housing options	3	2	1	2		
Case Management	4	1	2			
Other (please specify)	4					
Help with my Co-Payments for Doctor appointments	5	2		3	1	
Health Insurance	5					
Medications	5					
Education about HIV / AIDS	6					
Primary Medical Care	6					
Help with my Co-Payments for medication (from a pharmacy)	7	2				
Mental Health counseling	7	3				
Substance Abuse counseling	7					
Legal	7					

Service gaps were mixed, with Financial Assistance leading, but Case Management ranked as first for African Americans, Housing Options first for Whites, and Help with Co-Payments for doctor’s appointments first for Asian/Pacific Islanders.

Narrative comments were added for Other Services: Vision (4 references), Surgery (2) and Help with Utilities (1).

Anecdotal Comments: Q 37. “In your opinion, why can’t you get help with these services?”

“Make too much money to receive help.”

“Make too much money on disability but can’t work (due to disability).”

“Denied because I have a car, and make too much on disability.”

“Not enough funding.”

“The paperwork to document need is hard to get.”

“Submitted application for help but haven’t heard back.”

“My insurance doesn’t cover it.”

PROVIDER RESOURCE INVENTORY

Aid for AIDS of Nevada (AFAN)

1120 Almond Tree Lane, Las Vegas, NV 89104

Phone: 702-382-2326

www.afanlv.org

This agency does Ryan White Part A Eligibility

Core Medical Services: Medical Case Management, Medical Nutrition Therapy

Support Services: Utility/Housing Assistance, Medical Transportation Assistance, Education on HIV/AIDS

Community Counseling Center

714 E. Sahara Ave, Suite 101 Las Vegas, NV 89104

Phone: 702-369-8700

Core Medical Services: Substance Abuse Services, Mental Health Services

Support Services: HIV/AIDS Support Groups

Community Outreach Medical Center (COMC)

1140 Almond Tree Lane suite 306 Las Vegas, NV 89101

Phone: 702-657-3873

www.nvcomc.org

This agency does Ryan White Part A Eligibility

Core Medical Services: Ambulatory/Outpatient Health Services, Assistance with Medication, OB/GYN Services, Medical Case Management. COMC also offers a Medication Adherence Program through Ryan White Part B-facilitated by ActionRED 1110 Fremont Street Las Vegas NV, 89101 Phone: 702-366-0175-fax: 702-366-0239. Please note that in order to access the Medication Adherence Program through ActionRED you must be Ryan White Part B eligible. Eligibility for Ryan White Part B can be completed only through Access to Healthcare Network.

Golden Rainbow

801 S. Rancho Dr. suite B-1B Las Vegas, NV 89106

Phone: 702-384-2899

www.goldenrainbow.org

Support Services: Utility/Housing Assistance

North Country Health Care

Mohave County Arizona

Phone: 928-526-7740

This agency does Ryan White Part A Eligibility

Core Services: Health Insurance Assistance, Medical Case Management, Mental Health Services, Medical Nutrition Therapy, Oral Health Care, Medical Care

Support Services: Medical Transportation, Food Bank/Food Voucher Assistance, Housing/Utility Assistance, Support Groups

Nye County Health and Human Services

1981 E. Calvada Blvd. North, suite #120 Pahrump, NV 89048

Phone: 775-751-7094

This agency does Ryan White Part A Eligibility

Core Services: Medical Case Management

Support Services: Medical Transportation Services

Southern Nevada Health District

Ravenholt Public Health Center

400 Shadow Lane, Las Vegas, NV 89106

www.southernnevadahealthdistrict.org

This agency does Ryan White Part A Eligibility

Core Medical Services: Ambulatory/Outpatient Medical Care, Substance Abuse Outpatient Services, HIV/AIDS Testing Services, Medical Case Management

Support Services: Referrals for Support Services

UNLV School of Dental Medicine

1001 Shadow Lane, Las Vegas NV 89106

Phone:(702) 774-2451

Core Medical Services: Oral Health Care

UMC-Wellness Clinic

701 Shadow Lane Suite 200, Las Vegas, NV 89106

Phone: 702-383-2691

http://www.umcsn.com/med_serv/hiv/index.asp

Core Medical Services: Ambulatory/Outpatient Medical Care, Mental Health Services, OB/GYN Services, Oral Health Care