2022 Integrated HIV Prevention & Care Needs Assessment Report

Wisconsin Department of Health Services| Division of Public Health
Bureau of Communicable Diseases| HIV Program
P-03516E (07/2024)

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Introduction and Background

In 2022, the Wisconsin Department of Health Services (DHS) HIV Program worked with staff at Diverse & Resilient to conduct a needs assessment focused on people living with HIV and people impacted by HIV in Wisconsin. Needs assessments are tools used to find out what services and support are needed and by whom. They typically include collecting and analyzing information about a specific population to improve service delivery and access to services.

The goal of this needs assessment was to find out:

- What people living with HIV in Wisconsin need to enter, return to, or stay in HIV care, and reach viral suppression.
- The extent to which available services and systems of care are meeting those needs.

Diverse & Resilient, a community-based organization in Milwaukee, has previous experience in developing and disseminating surveys and facilitating focus group sessions with people of trans experience and people living with HIV in Milwaukee. Staff used their experience and lessons learned to plan for this needs assessment.

An initial survey tool was developed and shared with partners and the Wisconsin HIV Program for critical feedback and recommendations for improvement. Once finalized, the survey was translated into Spanish, and developed using an online survey platform so that participants could use their computer or smartphone to complete their survey.

The survey link was then distributed to organizations and programs throughout Wisconsin, including local and Tribal health programs, syringe service and harm reduction programs, and Federally Qualified Health Centers, hospitals, clinics, and community-based organizations funded by the Wisconsin HIV Program. Additionally, the survey link was distributed to current and former members of the Statewide Action Planning Group (SAPG), HIV care and prevention providers, and community members across Wisconsin. Participants received $75 incentives for completing the survey.

In total, 184 surveys were completed. After excluding participants who were not living with HIV or impacted by HIV, 126 surveys were used to conduct analyses and extract themes.

Themes were further analyzed and discussed using virtual and in-person focus groups across Wisconsin. In total, 26 individuals participated in focus groups, and each received a $50 gift card for their participation.

Survey Overview

The survey collected demographic information about participants, including:

- Age
- County of residence/zip code
- Race and ethnicity
- Sex at birth
- Current gender identity
- Sexual orientation
- Education
- Previous HIV diagnosis

The survey included questions that assessed needs and experiences, including:

- HIV testing
- Condom use
- Needle use
- Employment
- Housing
- Health care, including dental and telemedicine
- Transportation
- Stress and emotional well-being
- Social support
- Experiences of oppression
- HIV-related services

Participants who had previously or were currently working in an HIV-related field were asked additional questions, including:

- County/zip code where they provide services
- Role in HIV prevention and care
- Telehealth
- Populations served and knowledge of their barriers to service
- Training

In total, 83 participants completed the provider survey questions.

Demographics of Survey Participants

The average age of community survey participants was 48, ranging from 20–67 years. Most survey participants were non-Hispanic/non-Latino males with almost half reporting being white. Two-thirds of participants had some higher education. And while almost half of participants lived in Milwaukee County, there was participation from across greater Wisconsin areas.

FIGURE 1

Almost half of community survey participants lived in Milwaukee County.

Geographic distribution of community survey participants, Wisconsin Needs Assessment, 2022

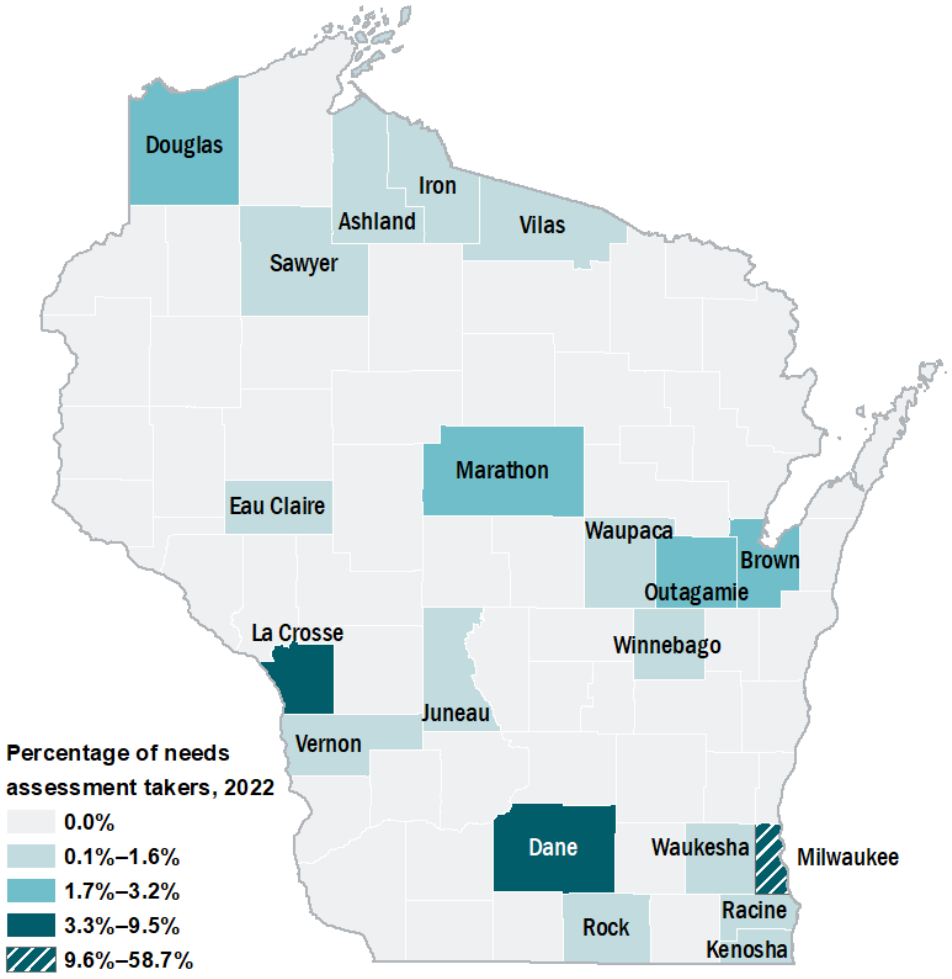


TABLE 1

Comparison of community survey respondents and provider survey respondents, Wisconsin Needs Assessment, 2022

	Community survey	Provider survey
Survey respondents	126	83
Race		
White	48%	72%
Black/African American	35%	13%
Native American/Alaska Native	2%	2%
Indicated more than one race	6%	4%
Additional races not listed here	6%	6%
Not specified/don't know	3%	1%
Ethnicity		
Hispanic or Latino	20%	7%
Sex at birth		
Male	78%	28%
Female	19%	69%
Gender identity		
Male	70%	23%
Female	19%	64%
Transgender	9%	2%
Nonbinary	6%	4%
Gender non-conforming	2%	2%
Gender fluid	1%	1%
Two Spirit	2%	0%
Sexual orientation		
Heterosexual/straight	22%	57%
Gay	54%	18%
Lesbian	2%	8%
Bisexual	16%	5%
Pansexual	3%	4%
Asexual (Ace)	0%	1%
Queer	4%	4%
Self-describe	2%	5%

Educational attainment		
Less than high school graduate	12%	17%
High school graduate or GED	22%	0%
Some college, no degree	40%	0%
Associate's degree	7%	4%
Bachelor's degree or higher	19%	77%
Ever worked in HIV-related field		
Yes	31%	100%
No	69%	0%
HIV status		
I am HIV positive/I am living with HIV	47%	6%
I am HIV negative/I am not living with HIV	50%	94%
HIV care status for people living with HIV (PLWH)		
Engaged in care	92%	100%
Previously engaged in care but not currently	3%	0%
Never engaged in care	2%	0%
Stage 3 (AIDS) diagnosis for PLWH		
Yes	42%	0%
No	58%	100%
HIV testing frequency (for those not living with HIV)		
Once a year	28%	
Every 3 to 6 months	34%	
Every month	1%	Not asked of providers
After sexual activity with new partner	6%	
When a partner asks	3%	
Never	6%	

Participant Subgroup Descriptions

Throughout this report, survey responses are divided into the following subgroups where "N" indicates the number of survey participants in the subgroup:

- **All participants (N=126)** – All survey participants.
- **People living with HIV (N=59)** – People living with HIV (PLWH).
- **People of trans experience (N=23)** – We use trans as an umbrella term to encompass gender variants that are not cisgender yet recognize there are also gender variant people who don't fit within transgender identifiers or language.

Participants under the trans umbrella identified as trans, gender non-conforming, gender fluid, nonbinary, and Two Spirit.

- **Trans women of color (N=10)** – Participants who were assigned male at birth and identify as female or transgender, and are members of Black, Indigenous, and other People of Color (BIPOC) communities.
- **People who inject drugs (N=35)** – People who inject drugs (PWID).
- **Hispanic/Latino gay/bi men (N=15)** – Gay and bisexual cisgender men who identify as Hispanic/Latino.
- **Black gay/bi men (N=30)** – Gay and bisexual cisgender men who identify as Black/African American, including two respondents who identify as Black/African American and one other race.
- **White gay/bi men (N=20)** – Gay and bisexual cisgender men who identify as white.

For a more in-depth breakdown of demographics within Table 1 and each of the subgroups listed above, please see the Appendix (page 25).

Summary of Findings

For more detailed results from each survey question, please see the Appendix at the end of this report.

At-home HIV tests

While at-home HIV tests are not currently widely used, most community survey respondents are open to using them.

86% of respondents who have never taken a test indicated they were **interested** or **potentially interested** in using one.

The primary interest in an at-home test was due to its **privacy** and **discreteness**, thereby avoiding any potential **shame or stigma** from a health care provider.

Recommendations from the focus group participants to increase at-home HIV testing:

A YouTube video link that could demonstrate how to use the test with different videos for different populations.

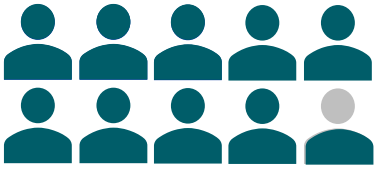
Videos made by providers who are known in the community or other community partners or subject matter experts.

The instructions can be intimidating, therefore talking the process through over the phone would be welcomed.

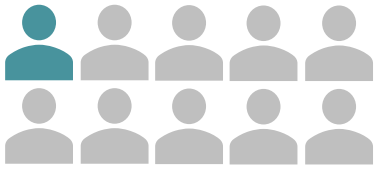
A positive result could have an initial telehealth follow-up prior to an in-person visit.

Condom use

95% of all survey respondents indicated they had **easy access to condoms,**



but only **12%** said they **use them every time** they have anal or vaginal sex.



59%

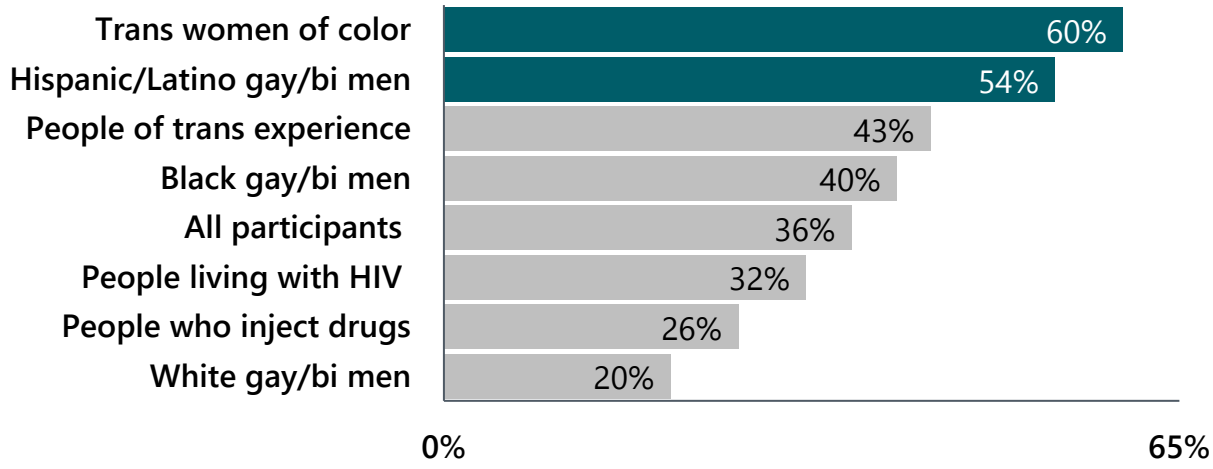
of respondents stated they get **condoms** from an **HIV related program or agency**.

The responses across all groups indicating no condom use during anal or vaginal sex provides an opportunity for programs to conduct subgroup specific focus groups to better understand an appropriate program level response. Specifically, focus groups are needed with PLWH, people who inject drugs, and white gay and bisexual men. Trans women of color have the most consistent condom use for anal and vaginal sex.

FIGURE 1

Trans women of color and Hispanic/Latino gay and bisexual men have the most consistent use of condoms across all groups.

Condom use most of the time to every time by subgroup, Wisconsin Needs Assessment, 2022

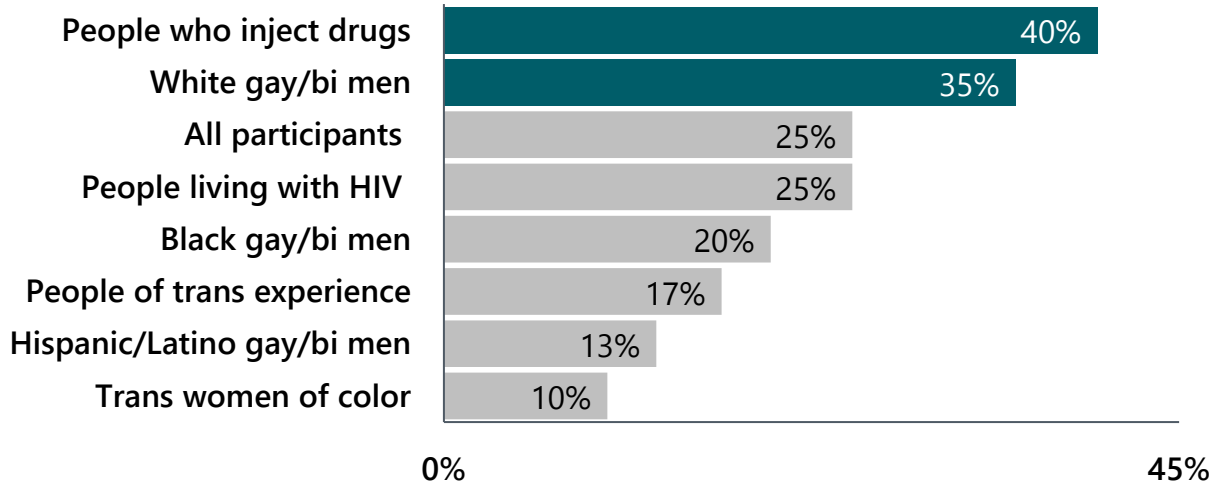


25% of participants indicated they **never use condoms for anal or vaginal sex.** This differs across subgroups.

FIGURE 2

People who inject drugs and white gay and bisexual men are the subgroups who had the most responses that they never use condoms for anal or vaginal sex.

Condom use "never" by subgroup, Wisconsin Needs Assessment, 2022



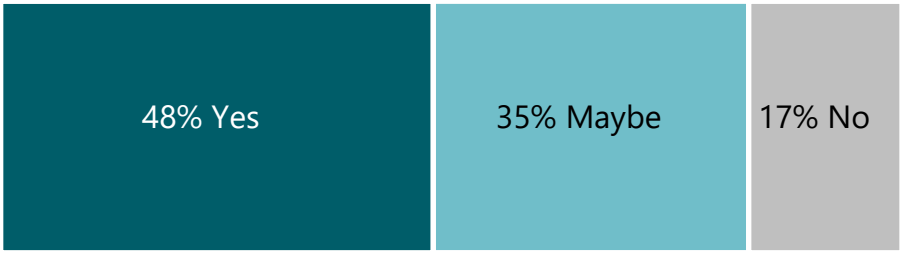
Telehealth

Telehealth/telemedicine was widely used and accepted when available. Focus group participants appreciated the telehealth option during the pandemic, and many indicated hope that telehealth options would continue to be offered and expanded.

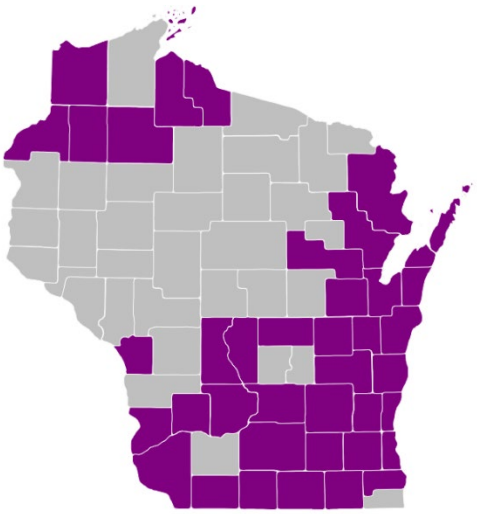
FIGURE 3

83% of survey respondents would see or potentially see a doctor virtually.

"If you were able to see a doctor virtually via an appointment on a smart phone or computer, would this be a good option for you?", Wisconsin Needs Assessment, 2022

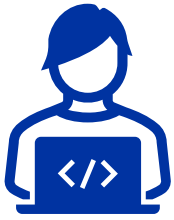


73% of providers across 39 Wisconsin counties (right in purple) and one Native Tribe stated their programs offer telehealth options. Counties not colored does not mean that telehealth isn't offered there—there just weren't HIV provider responses from those counties.



Takeaways from the focus group participants to expand telehealth:

Theme	Takeaways
Increased access to care 	Opened avenues for participants with no childcare or transportation. They maintained appointments that they might not have been able to otherwise. While telehealth appointments might not be for everyone, or available for every type of appointment, they were good and increased the general likelihood of keeping their appointments. If a participant needed to miss an in-person appointment, fewer individuals experienced rescheduling problems when telehealth was available.
Talking early and often about telehealth 	If a patient calls to cancel an appointment, telehealth should be offered to potentially maintain the appointment. When calling to remind patients of an upcoming appointment, telehealth should be offered as an alternative to canceling if a patient is expressing difficulty in keeping the appointment. Telehealth options should be discussed at every in-person appointment to increase patient awareness.

	Provider offices and waiting areas should include posters, stickers, brochures, and other materials saying, "ask your provider about telehealth."
Issues to consider for expanding telehealth 	Confidentiality becomes critical when using telehealth. Treatment and recovery groups may not be well suited for virtual sessions, unless there are guidelines in place that protect client confidentiality. The host of any meeting can use session settings so that cameras aren't turned on, for example. Internet service costs money making telehealth tricky for people without sufficient income. Having private spaces for virtual visits for those who use shelters can present challenges that need to be resolved through community partnerships with the organizations providing shelter services, and a system that coordinates care.

PrEP and PEP

PrEP vs. PEP		
PrEP stands for pre-exposure prophylaxis.	**What's it called?**	**PEP** stands for post-exposure prophylaxis.
Before HIV exposure. PrEP is taken every day, before possible exposure.	**When is it taken?**	**After HIV exposure.** In emergency situations, PEP is taken within 72 hours after possible exposure.
PrEP is for people who don't have HIV and: • Have a sex partner with HIV. • Have sex with people whose HIV status is unknown. • Share injection drug equipment.	**Who's it for?**	**PEP** is for people who don't have HIV but may have been exposed: • During sex. • At work through a needlestick or other injury. • By sharing injection drug equipment. • During nonconsensual sex.

FIGURE 4

There is a high awareness of both PrEP and PEP although it does vary across various subgroups.

Heard of PrEP and Heard of PEP, all participants, Wisconsin Needs Assessment, 2022

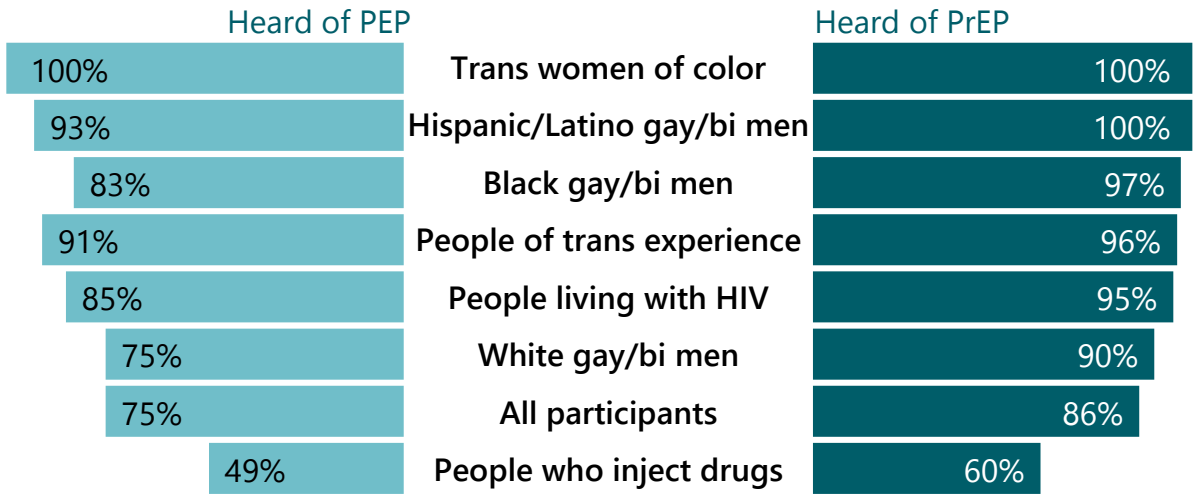
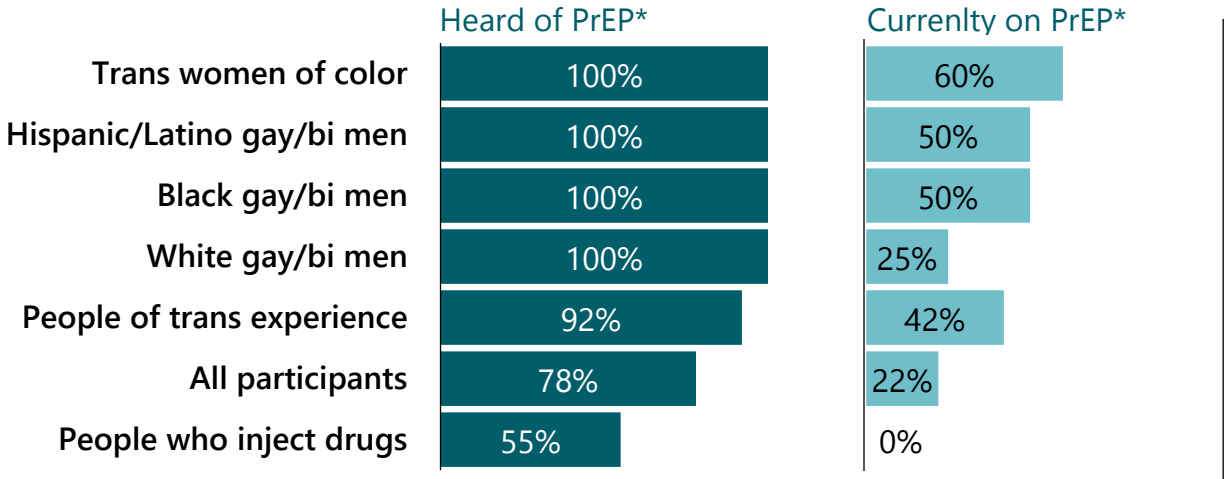


FIGURE 5

While there is a high awareness of PrEP, only 22% of participants not living with HIV were taking PrEP and varies greatly among subgroups.

Heard of PrEP and Heard of PEP, Wisconsin Needs Assessment, 2022



*Results exclude people living with HIV.

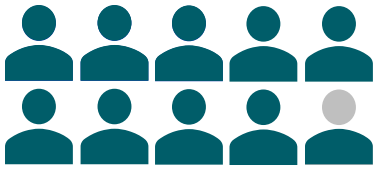
Focus groups cited opportunities for improvement of PrEP uptake include developing **group-specific programming** to **address fears** and **barriers to medication access and acceptance**.

Use of needles and syringe services

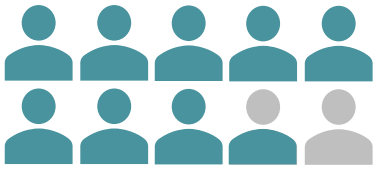
66% of **PWID** respondents said they have **ever shared needles**. **11%** of PWID respondents are **living with HIV**, 25% of whom are not currently in care. 9% did not know their HIV status.

While there are high levels of needle sharing among PWID, there are also high levels of community knowledge of and comfort level with safe syringe services in Wisconsin.

94% of PWID knew **where to get sterile or new supplies** (such as needles and syringes) in their area,



and **85%** of respondents felt **moderately to extremely comfortable** utilizing safe syringe services.



Community participants indicated that there is a need for programs to provide **sterile equipment services for hormone injections,** but these programs **should not be confused with programs providing services for PWID**.

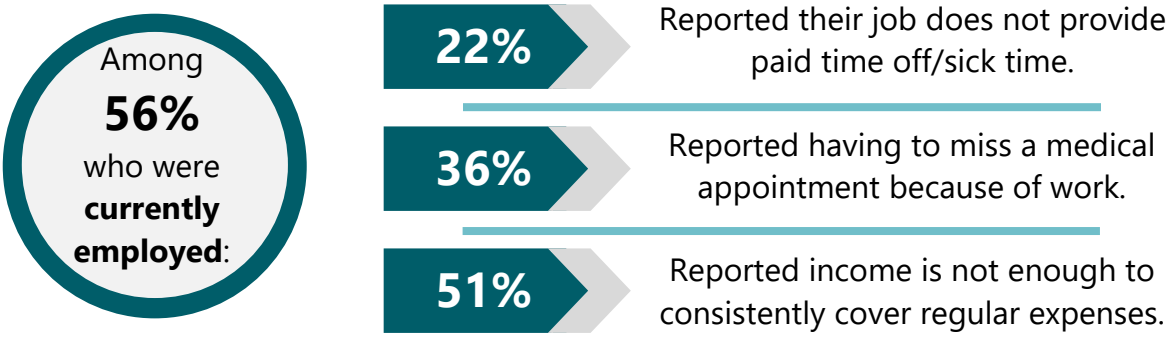
Barriers to care

Many barriers to HIV care, including social determinants of health, were discussed across the community survey, provider survey, and the focus groups.

Social determinants of health are conditions in the environments where people live, learn, work, play, and age that impact health and quality-of-life, such as employment, housing, transportation, and stigma. These conditions are shaped by economics, social policies, and politics that enhance or impede access to opportunities for health based on social hierarchies like race/ethnicity, class, and gender.

Employment

Across participant groups, there were high levels of unemployment and underemployment reported. Employment instability contributes to missed appointments and inconsistent care, due to the impact on other social determinants of health, particularly housing, transportation, and mental well-being.



In the **provider survey**, respondents indicated that clinic hours can be a barrier for clients who are employed and can't get time off to make their appointments. For PLWH, this can include physician appointments twice a year (in addition to any specialty or other health related appointments) and lab appointments. One missed appointment can result in an individual waiting months for the rescheduled appointment, and prescriptions can go unfilled in the meantime.

Focus group participants were asked about *housing* barriers, and in those discussions, issues regarding the link between employment barriers and housing barriers was made many times.

> "Work time missed often means missed pay, which can mean missed rent payments. This should not be viewed as a **lack of care for their health**. A **missed appointment** can often mean the patients had to **choose between multiple basic needs** and **rent money** will be **prioritized** over a medical appointment most of the time."

Housing instability and safety

66% of survey respondents **met the federal definition of homelessness** either due to **couch hopping** or **currently residing in a shelter**.

FIGURE 6

Only 29% of respondents said they have a lease or are able to stay at their current place as long as they need to.

Housing Stability Indicators, Wisconsin Needs Assessment, 2022

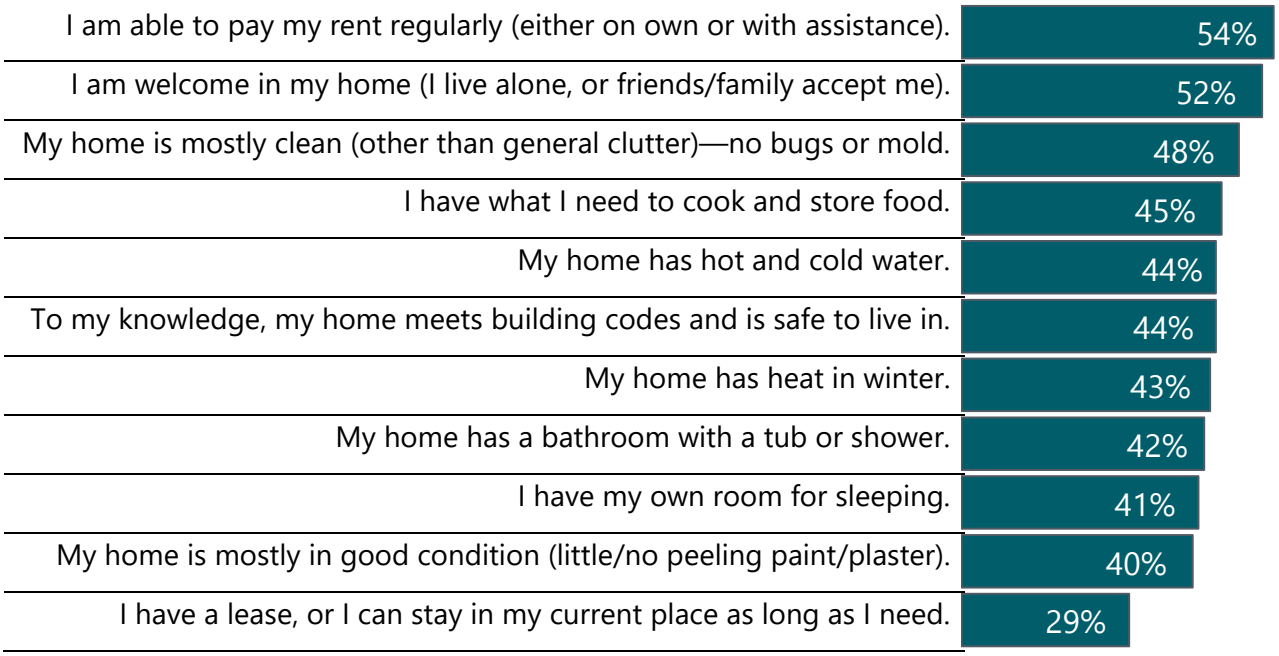
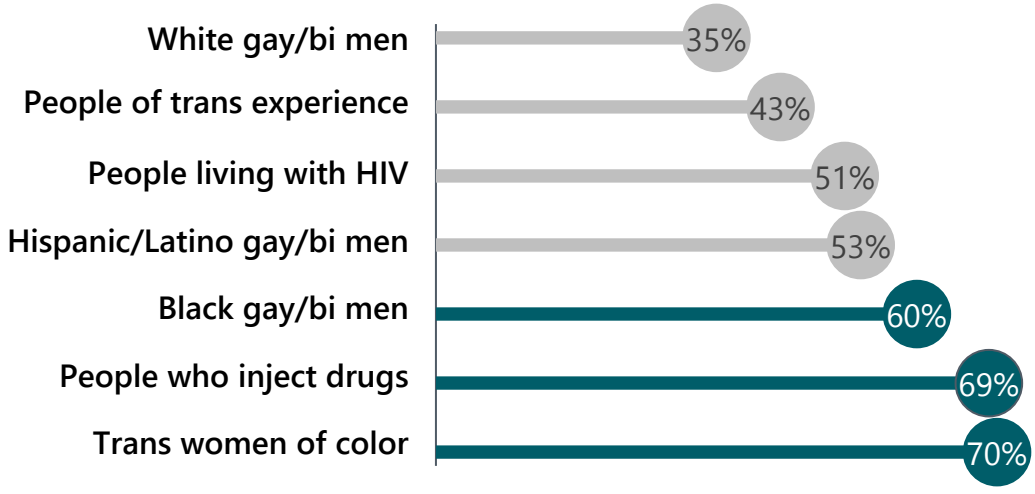


FIGURE 7

The highest levels of housing instability were among trans women of color (70%), PWID (69%) and Black gay and bisexual men (60%).

Housing Stability Indicators, Wisconsin Needs Assessment, 2022



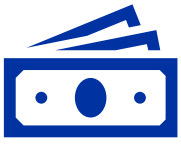
Among **36%** who said their housing situation caused them stress or anxiety, a lack of sleep, or other things that sometimes resulted in not being able to go to work or keep appointments:

- **16%** Reported **always** feeling like that about their housing situation.
- **9%** Reported **quite often** feeling like that about their housing situation.
- **28%** Reported **frequently** feeling like that about their housing situation.
- **37%** Reported **occasionally** feeling like that about their housing situation.
- **9%** Reported **rarely** feeling like that about their housing situation.

90% of providers recognized housing instability as a barrier to health care for their patients/clients.

Takeaways and recommendations from the focus group participants for housing related barriers

In focus groups, participants were asked what providers could do to address housing issues so fewer people missed health-related appointments.

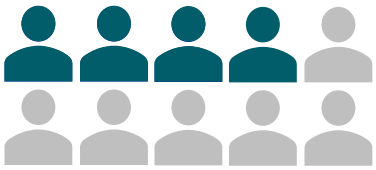
Theme	Takeaways
Additional resources 	Housing barriers should not be seen as siloed from other areas of the clients' lives. Issues with employment and financial resources, mental health, and transportation, among others, all impact a client's housing situation. Resources are needed that provide legal support to participants regarding prior evictions, legal histories that are a barrier to housing eligibility, outstanding energy payments, and more. Programs need funds available to assist individuals with other housing needs such as the purchase of appliances, energy bills, cleaning products, and other items not available through food pantries. Too many individuals try to make do without these things, impacting their overall well-being and health behaviors.

Appointment flexibility	After-hour appointments can also be helpful. Many individuals experiencing housing instability also have financial and other related barriers such as transportation. The ability to see a provider outside of what are considered "normal" clinic hours is needed.

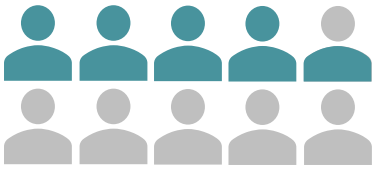
Transportation

Inconsistent or unreliable transportation is a barrier to regular and consistent health care for participants. In survey responses and throughout focus group conversations, transportation was the most mentioned barrier to health-related activities.

39% of survey respondents said **transportation is an issue** in getting to work or meeting other needs,



and **46%** of respondents said a **lack of reliable transportation** caused them to **miss work or appointments**.



94% of providers indicated that transportation is a barrier to health care for their clients and patients.

Findings and recommendations from the focus group participants related to transportation barriers:

Theme	Takeaways
Relying on family and friends	Participants who rely on others for transportation are vulnerable to their friend/family member's schedule changing. Medical rides are often unreliable, can be late, and need to be scheduled in advance, so are not a last-minute solution. Asking friends or family for a ride can strain relationships if that person also has to make sacrifices. In addition, depending on the location of the provider, the client may be outing themselves, and they may not be out as a person living with HIV to friends or family.

Public transportation 	Bus tickets given in advance are sometimes needed for other things, then when the appointment comes around that ticket is gone. Late public transportation can lead to missed appointments, and a refusal to see the patient. Weather considerations are necessary for people who take public transportation. Excessive heat in summer and cold, snow, and freezing conditions in winter can prevent participants from keeping appointments. Public transportation, in general, isn't safe for trans people due to harassment, discrimination, and violence that are based in systems of oppression.
Use of transportation beyond bus tickets 	In communities where it makes sense to do so, funds should be allocated for Uber and Lyft in the form of gift cards, or contracts for services. Where relevant, taxi vouchers can also be utilized. One participant stated, "After an accident when I was actively using, the hospital gave me a taxi voucher to get home, and to return the next day. That was an example of help. I was homeless at the time and didn't have anyone in my life I could depend on. That cab voucher really helped me." Peer specialists/navigators/case managers can pick up participants for appointments and serve as their advocates throughout the process. This can be extremely supportive for our most marginalized clients and is a relationship that can impact other areas of their lives. Gas cards are needed. Many participants have cars, but no funds for gas. Participants may have their own vehicle, but due to other issues related to employment and housing, they may not always have the resources to keep gas in their car.

Rural areas	Many participants noted that in rural parts of the state, they are traveling sometimes over 40 miles to get to their provider. This raises issues related to cost and time away from employment.
Telehealth and other options	Telehealth was widely agreed upon to be a proactive measure for many participants in accessing appointments that don't require lab work or tests. When labs are required, participants across all groups discussed the use of mobile medical units/vans that could offer in person medical exams, blood draws or other specimen collection, and medication delivery. Vans would need to be "unmarked" to not inadvertently "out" the person using it. This would be helpful in rural areas. In-home appointments would be useful for individuals with other barriers that make it difficult for them to leave their homes. Providers could offer rotated in-home care that allows for patients with transportation issues to schedule medical visits in their homes. Pharmacies already utilize home delivery services, with staff who are trained in packaging and explaining medications to patients.
Providers can help more	Providers should be proactive regarding transportation to appointments with questions specific to transportation asked when the appointment is scheduled and again when calling to remind the patient of the appointment. Participants indicated that transportation services are sometimes covered by insurance, but providers need to assist with the process.

Stigma and experiences of oppression

Fear of discrimination to the following prevented **40%** of participants from seeking health care when they need it:

- **44%** Due to their drug or alcohol use
- **34%** Due to their sexual orientation
- **30%** Due to "previous bad experiences"
- **18%** Due to their race or ethnicity

88% of providers understood a fear of stigma as a barrier to health care for their clients/patients.

80% of providers understood barriers to health care could be attributed to experiences of oppression (racist, homophobic, or transphobic harm from a provider or health care staff).

Findings and recommendations from the focus group participants and providers related to stigma and oppression barriers to health care:

Theme	Takeaways
Cultural competency is a must 	Cultural competency trainings should include "peripheral" providers like receptionists, maintenance staff, assistants, or technical staff. All members of an organization interact with the community and should receive the same trainings that primary providers do. A bad experience with a receptionist can prevent an individual from returning for care that is critical to their well-being. Black focus group participants indicated that it can still be difficult to discuss their pain levels with a provider due to medical bias regarding opioid addiction. One participant said, "They treat people like they're bad, when you're the one that started this by overprescribing to white people. But when Black people are in pain, it's too bad. They treat you like you're bad, when they're the drug pusher, they're the one that created the issue in the first place."
Empathy goes a long way 	Providers who are non-judgmental, empathetic, and unbiased can greatly increase a patient's engagement in care. A participant stated, "My primary was very kind and welcoming. On our first visit he said, 'Thank you for choosing me to help you get healthy.' He was nonbiased, non-judgmental. And it was because of that that I stayed with him and got my health under control." When a patient identifies a barrier to care, the provider needs to accept that barrier as real. One participant stated, "My barriers shouldn't have to be seen as barriers by the provider in order for them to be acknowledged. If a person says it is a barrier, it is a barrier to them. Period. You don't walk in my shoes. How would you even know?"

Providers need to be well informed 	Participants indicated that having a provider who shares their identity and experience would be helpful in increasing their comfort with the provider, but identity can't be seen as equivalent to training and education. One participant said, "You may be a professional, but it doesn't mean you can relate to my experience, but you should try, and make that effort visible." Participants need to know their providers know more than they do, and they often find themselves in the position of having to educate their doctors about their health, identity, and the barriers they face. One participant said, "I feel most comfortable with a doctor that is educated about me, my needs, my issues. You want your doctor to know more than you." And another said, "I feel more comfortable when I don't have to educate my doctor."

Appendices

The goal of the needs assessment was to find out: 1) what people living with HIV in Wisconsin need to enter, return to, or stay in HIV care, and reach viral suppression, and 2) the extent to which available services and systems of care are meeting those needs. The responses to the needs assessment survey questions and focus groups can be found in more detail here.

Demographics

Race (Check all that apply)

	Community	Provider
Native American/Alaska Native	2%	2%
Asian	0%	2%
East Asian/South Asian	0%	1%
Black/African American	35%	13%
Native Hawaiian/Pacific Islander	0%	1%
White	48%	72%
Indicated more than one race	6%	4%
Not specified	2%	0%
Don't know	1%	1%
Prefer to self-describe:	6%	2%

Puerto Rican, Latino, Hispanic, Latino, Hispano, Middle Eastern, Serbian, Native of Mexican descent

Ethnicity

	Community	Provider
Hispanic or Latino	20%	7%
Not Hispanic or Latino	79%	90%
Decline to answer	1%	2%

Sex at Birth

	Community	Provider
Male	78%	28%
Female	19%	69%
Decline to answer	3%	4%

Gender Identity (Check all that apply)

	Community	Provider
Male	70%	23%
Female	19%	64%
Transgender	9%	2%
Nonbinary	6%	4%
Gender non-conforming	2%	2%
Gender fluid	<1%	1%
Two Spirit	2%	0%
Decline to answer	0%	0%

Sexual Orientation

	Community	Provider
Heterosexual/straight	22%	57%
Gay	54%	18%
Lesbian	2%	8%
Bisexual	16%	5%
Pansexual	3%	4%
Asexual (Ace)	0%	1%
Queer	4%	4%
Prefer to self-describe:	2%	5%

As a woman of trans experience, I would identify as heterosexual because I am a woman attracted to men; non-practicing panromantic; bi-curious; sexual partners are male; like men more than women

Highest Level of Education Completed

	Community	Provider
Middle school, no high school	2%	0%
Some high school, but did not graduate	10%	17%
High school diploma or GED	22%	0%
Some college, but did not graduate	40%	0%
Associate's degree	7%	4%
Bachelor's degree	14%	40%
Master's degree	5%	31%
PhD or Doctorate	0%	6%

Have you ever been diagnosed with HIV?

	Community	Provider
No, I am not living with HIV	50%	94%
Yes, I am living with HIV	47%	6%
I don't know my HIV status	3%	0%

If you are a person living with HIV, how would you describe your engagement in care?

	Community	Provider
Engaged in care	92%	100%
Previously engaged in care but not now	3%	0%
Never engaged in care	2%	0%
Does not apply to me	3%	0%

If you are a person living with HIV, have you ever had an AIDS diagnosis (been told by a medical professional that lab results indicate symptoms of AIDS)?

	Community	Provider
Yes	42%	0%
No	58%	100%

If you are not living with HIV, how often do you get tested for HIV?

	Community	Provider*
Once a year	28%	
Every 3 to 6 months	34%	
Every month	1%	
After sexual activity-new partner	6%	
When a partner asks me to	3%	
Never	6%	
Unknown/does not apply	15%	
Other (below):	6%	

Not often enough but was not sexually active for like 6 years; 2–5 years; last tested 25 years ago; I've been tested, just not regularly

* Question not asked of providers

Have you currently or ever worked in an HIV-related field?

	Community	Provider
Yes	31%	100%
No	69%	0%

Roles for community respondents included: Volunteer, Harm Reduction Navigator, PrEP Navigator, Peer Navigator, Prevention, CTR, Mentor, Advocate, Case Manager, Counselor, Home Health Care, Facilitator, Educator, Outreach, Director, Coordinator

Community survey subgroup demographics

	PLWH	People of trans exp.	Trans women of color	PWID	His/Lat gay/bi men	Black gay/bi men	White gay/bi men
Survey respondents	59	23	10	35	15	30	20
Age							
Age range (years)	20–67	21–53	21–50	23–61	27–54	20–65	24–67
Average age (years)	43	35	36.4	39.7	40	43	43
Race							
White	34%	26%	0%	71%	0%	0%	100%
Black/African American	49%	43%	70%	6%	0%	100%	0%
Hispanic/Latino	10%	22%	10%	14%	100%	0%	0%
Indicated more than one race	3%	9%	20%	3%	0%	0%	0%
LGBQ+							
Part of LGBQ+ community	92%	91%	80%	40%	100%	100%	100%
Gender identity							
Cisgender	88%	0%	0%	94%	100%	100%	100%
Nonbinary	3%	0%	0%	3%	0%	0%	0%
Transgender	8%	100%	100%	3%	0%	0%	0%
HIV status							
Living with HIV	100%	48%	50%	11%	33%	80%	60%
Received an AIDS diagnosis	42%	36%	40%	75%	80%	29%	50%
Don't know HIV status	0%	0%	0%	9%	0%	0%	5%
HIV care status for PLWH							
Engaged in care	92%	100%	100%	75%	100%	83%	100%
Previously engaged but not now	3%	0%	0%	25%	0%	4%	0%
Never engaged in care	2%	0%	0%		0%	4%	0%

At-home HIV tests

Have you ever used an at-home HIV or STI test?	Yes, at-home HIV test	Yes, at-home STI test	Yes, at-home HIV & STI test	No
All participants	11%	2%	<1%	87%
People living with HIV	5%	3%	0%	92%
People of trans experience	13%	0%	0%	87%
Trans women of color	10%	0%	0%	90%
People who inject drugs	6%	0%	0%	94%
Hispanic/Latino gay/bi men	20%	0%	0%	80%
Black gay/bi men	10%	0%	3%	87%
White gay/bi men	10%	10%	0%	80%

*If you answered "No", would you be interested in using one?	Yes	No	Maybe
All participants	53%	14%	33%
People of trans experience	33%	33%	33%
Trans women of color	50%	25%	25%
People who inject drugs	41%	14%	45%
Hispanic/Latino gay/bi men	83%	0%	17%
Black gay/bi men	50%	0%	50%
White gay/bi men	100%	0%	0%

*The responses of people who are living with HIV were not included.

Reasons at-home test would be a good option (answered yes or maybe):

- *Privacy/discreteness*
- *No shame or stigma*
- *Convenience/fewer barriers*

Reasons at-home test would <u>not</u> be a good option (answered no):

- *Prefer to test in a clinic setting with professionals*

Reasons on the fence about at-home testing (answered maybe):

- *Accuracy, with concerns for inaccurate results due to collection error*

If you answered "Yes" or "Maybe", would it be helpful to have someone walk through the process with you over the phone?	Yes	No	Maybe
All participants	44%	14%	42%
People of trans experience	50%	0%	50%
Trans women of color	67%	0%	33%
People who inject drugs	32%	26%	42%
Hispanic/Latino gay/bi men	100%	0%	0%
Black gay/bi men	50%	0%	50%
White gay/bi men	33%	0%	67%

If you answered "Yes" or "Maybe", would you be comfortable taking the test by yourself (reading instructions, collecting sample, etc.)?	Yes	No	Maybe
All participants	94%	3%	3%
People of trans experience	100%	0%	0%
Trans women of color	100%	0%	0%
People who inject drugs	94%	0%	6%
Hispanic/Latino gay/bi men	100%	0%	0%
Black gay/bi men	50%	50%	0%
White gay/bi men	100%	0%	0%

Focus group recommendations

Focus group participants explored what would increase their comfort in taking an at-home HIV and/or STI test. Suggestions included:

A YouTube video link that could demonstrate how to use the test including different videos for different populations.

The language of the instructions needs to be clear, non-scientific language.

Having someone talk through the process over the phone because the instructions can be intimidating.

A professional who could come to the house and conduct the test in the comfort and privacy of the person's house.

> "**I prefer an at home test**, I don't like the stomach twisting nervous feeling right before you get the results, and I would rather go through that on my own rather than in front of other people. I would feel comfortable calling in the results if it's to someone I know."

Condom use

How often do you use condoms for oral sex?

	Every time	Most of the time	When I remember	Only when asked	With new partners only	Never	Not sexually active
All participants	5%	14%	2%	8%	8%	52%	10%
People living with HIV	2%	15%	3%	12%	7%	46%	15%
People of trans experience	4%	22%	4%	17%	13%	35%	4%
Trans women of color	10%	40%	10%	0%	30%	10%	0%
People who inject drugs	0%	9%	3%	3%	9%	66%	9%
Hispanic/Latino gay/bi men	7%	13%	0%	7%	13%	53%	7%
Black gay/bi men	7%	23%	3%	10%	7%	37%	13%
White gay/bi men	5%	5%	0%	0%	0%	80%	10%

How often do you use condoms for anal or vaginal sex?

	Every time	Most of the time	When I remember	Only when asked	With new partners only	Never	Not sexually active
All participants	12%	24%	2%	9%	13%	25%	14%
People living with HIV	10%	22%	2%	8%	14%	25%	19%
People of trans experience	13%	30%	4%	13%	9%	17%	13%
Trans women of color	10%	50%	10%	0%	10%	10%	10%
People who inject drugs	3%	23%	6%	11%	9%	40%	9%
Hispanic/Latino gay/bi men	27%	27%	0%	0%	27%	13%	7%
Black gay/bi men	10%	30%	0%	10%	20%	20%	10%
White gay/bi men	15%	5%	0%	15%	5%	35%	25%

Do you have easy access to condoms when you need them?	
Yes	95%
No	5%

Where do you usually get condoms? (Check all that apply)	
HIV prevention agency or testing service	59%
Another community/nonprofit agency	52%
Grocery store	17%
Somewhere else	13%
Gas station	10%
Online	4%

For those who checked they got condoms somewhere else, those places include:

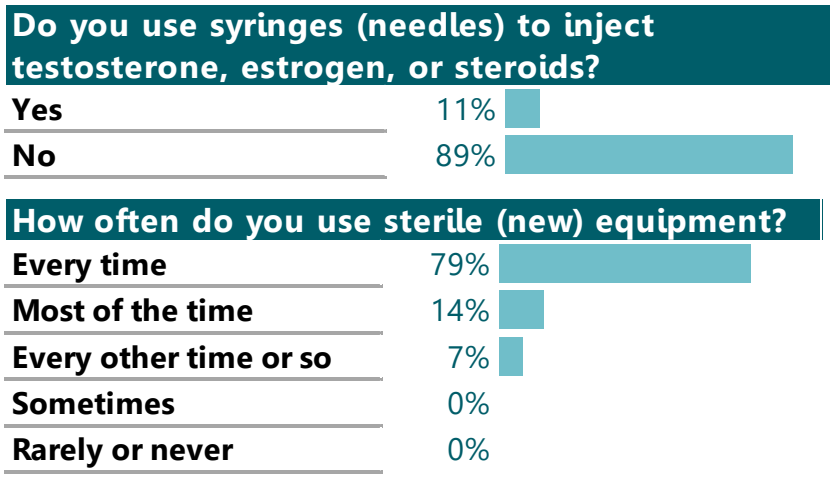
- *Local bars or clubs*
- *Pharmacy*
- *My doctor's office*
- *Friends or family*
- *An adult store*

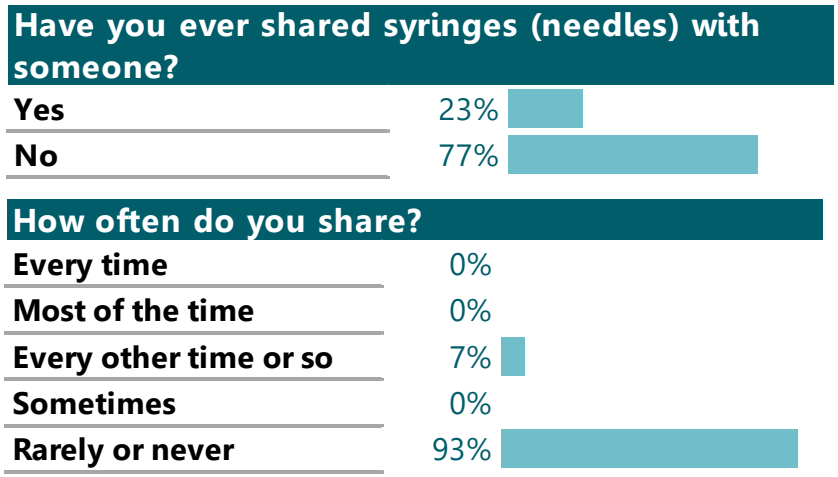
How comfortable are you in telling your partner/s you want to use a condom before or during sex (oral, anal, and/or vaginal)?

	Not at all	A little	Somewhat	Quite	Extremely
All participants	8%	12%	10%	27%	44%
People living with HIV	14%	12%	8%	29%	37%
People of trans experience	0%	9%	4%	30%	57%
Trans women of color	0%	20%	10%	20%	50%
People who inject drugs	11%	11%	14%	23%	40%
Hispanic/Latino gay/bi men	13%	13%	0%	40%	33%
Black gay/bi men	7%	13%	13%	27%	40%
White gay/bi men	20%	5%	15%	20%	40%

Needle use

Use of needles for hormones





In open field survey responses, participants indicated that there is a need for programs to provide sterile equipment services to participants who use needles for hormone injections, but these programs should not be confused with programs providing services to PWID. Because 23% of respondents who use syringes to inject hormones indicate they share needles sometimes, having sterile equipment available through programs and other services would reduce risk of HIV transmission in this subgroup, particularly for those participants who would otherwise purchase their equipment but struggle with having enough income to pay for their regular expenses.

Use of needles to inject drugs

Do you use syringes (needles) for injecting drugs?	
Yes	28%
No	72%

Have you ever shared syringes (needles) with someone?	
Yes	66%
No	34%

How often do you use sterile (new) equipment?	
Every time	44%
Most of the time	47%
Every other time or so	6%
Sometimes	3%
Rarely or never	0%

How often do you share?	
Every time	0%
Most of the time	14%
Every other time or so	0%
Sometimes	43%
Rarely or never	43%

Employment

Do you have a job right now?	Yes	No
All participants	56%	44%
People living with HIV	51%	49%
People of trans experience	52%	48%
Trans women of color	50%	50%
People who inject drugs	43%	57%
Hispanic/Latino gay/bi men	73%	27%
Black gay/bi men	53%	47%
White gay/bi men	80%	20%

Those who do not have a job currently, 68% are receiving other sources of income or benefits. The most listed sources of income are:

- *SSI or SSDI*
- *Unemployment*
- *SNAP/Foodshare*
- *Undocumented work or housing assistance*
- *Side gigs/under the table jobs*
- *VA educational benefits*
- *Friends/partner*
- *Student loans/family assistance*

If yes, how many jobs do you have?

	1	2	3	More than 3
All participants	73%	21%	4%	1%
People living with HIV	77%	23%	0%	0%
People of trans experience	67%	25%	8%	0%
Trans women of color	80%	0%	20%	0%
People who inject drugs	87%	7%	0%	7%
Hispanic/Latino gay/bi men	64%	27%	9%	0%
Black gay/bi men	81%	19%	0%	0%
White gay/bi men	75%	9%	6%	0%

Does your job provide you with time off/sick time?

	Yes	No
All participants	78%	22%
People living with HIV	85%	15%
People of trans experience	100%	0%
Trans women of color	100%	0%
People who inject drugs	47%	53%
Hispanic/Latino gay/bi men	100%	0%
Black gay/bi men	62%	38%
White gay/bi men	87%	13%

If your job provides you with time off/sick time, is it paid time off?

	Yes	No
All participants	71%	29%
People living with HIV	65%	35%
People of trans experience	83%	17%
Trans women of color	100%	0%
People who inject drugs	43%	57%
Hispanic/Latino gay/bi men	64%	36%
Black gay/bi men	88%	13%
White gay/bi men	54%	46%

Does your job provide you with paid holidays?

	Yes	No
All participants	63%	37%
People living with HIV	54%	46%
People of trans experience	67%	33%
Trans women of color	60%	40%
People who inject drugs	33%	67%
Hispanic/Latino gay/bi men	82%	18%
Black gay/bi men	67%	33%
White gay/bi men	56%	44%

Are you able to get time off when needed to make appointments or take care of personal needs?

	Yes	No
All participants	85%	15%
People living with HIV	85%	15%
People of trans experience	83%	17%
Trans women of color	100%	0%
People who inject drugs	80%	20%
Hispanic/Latino gay/bi men	91%	9%
Black gay/bi men	77%	23%
White gay/bi men	94%	6%

Have you ever had to miss a medical appointment because you were unable to get off of work?

	Yes	No
All participants	36%	64%
People living with HIV	25%	75%
People of trans experience	17%	83%
Trans women of color	20%	80%
People who inject drugs	64%	36%
Hispanic/Latino gay/bi men	25%	75%
Black gay/bi men	36%	64%
White gay/bi men	40%	60%

Is your pay enough to cover your regular expenses? (Housing, utilities, phone, food, transportation, etc.)

	Yes	No	Sometimes
All participants	49%	26%	25%
People living with HIV	32%	39%	29%
People of trans experience	33%	25%	42%
Trans women of color	20%	40%	40%
People who inject drugs	27%	53%	20%
Hispanic/Latino gay/bi men	73%	0%	27%
Black gay/bi men	43%	29%	29%
White gay/bi men	53%	33%	13%

Are you now, or have you ever been a sex worker?

	Yes	No
All participants	19%	81%
People living with HIV	25%	75%
People of trans experience	52%	48%
Trans women of color	70%	30%
People who inject drugs	11%	89%
Hispanic/Latino gay/bi men	7%	93%
Black gay/bi men	10%	90%
White gay/bi men	15%	85%

Is your income or other benefits you receive stable and consistent?

Yes	70%
No	30%

Do you currently have health insurance?

Yes	92%
No	8%

If you answered "yes" I have insurance, can you afford your co-pays for office visits, medications, lab work or tests?

Yes	80%
No	20%

If you answered "yes" I have insurance, is your insurance through your job/employer?

Yes	34%
No	66%

Provider responses to employment barriers

87% of providers indicated that employment instability is a barrier to health care for the consumers served by their programs. Providers indicated an understanding that many of the barriers to service are economic in nature. Many providers indicated that they observe other providers forgetting about the impact of social determinants of health, and if barriers to care are addressed, they are often addressed in separate parts, not comprehensively, resulting in disjointed efforts that do not ultimately improve access to care for patients. One provider stated the following:

> "**Our clients lead chaotic lives**. The existing health care system is very rigid—there is very **little flexibility** to **meet people where they're at** or when they're available. Many times, **clients get penalized** for missing appointments, and they miss appointments because of a) mental health challenges; b) transportation issues; c) emergencies; d) other things outside of their control."

However, providers do not always agree. One provider stated:

> "We are looking for a **commitment to care** in the form of **keeping appointments** from patients. Too often, **time and/or materials are wasted** when they could have been valuable to others."

The comment above indicates a potential lack of understanding regarding the nature of clients' lives, if a missed appointment is presumed to be an indicator of a lack of care about their health, and blame is cast on participants for wasting resources.

Focus group recommendations included late night appointments after 5 p.m. and weekend appointments.

Housing stability

90% of providers indicated that housing instability is a barrier to health care. Specifically:

> "Many of the clients I see have **limited housing**, transportation, or phone/internet services. This **impacts their ability to make and keep appointments**, particularly when they can't foresee what each day will bring and what they will have to do to cover their most basic needs."
>
> "Many clients I see **do not have consistent access to safe housing**. They **do not prioritize health care** or seeing a doctor when they don't know where they'll be staying or if they'll be safe that night."

What best describes your current housing?

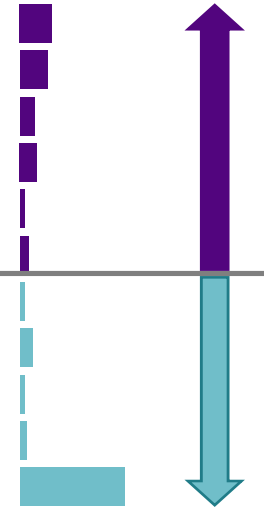
	I own my own home	I pay rent for my place	I live in government subsidized housing	I live with friends or family and *do not* pay rent	I live with friends or family and pay rent	I am couch hopping right now	I am in a shelter, in my car, or on the street
All participants	10%	48%	4%	10%	10%	6%	11%
People living with HIV	5%	63%	7%	5%	5%	8%	7%
People of trans experience	9%	57%	0%	9%	17%	0%	9%
Trans women of color	10%	40%	0%	10%	20%	0%	20%
People who inject drugs	0%	20%	6%	17%	17%	9%	31%
Hispanic/Latino gay/bi men	13%	80%	0%	0%	0%	7%	0%
Black gay/bi men	10%	60%	0%	7%	13%	10%	0%
White gay/bi men	25%	45%	10%	10%	0%	5%	5%

Housing stability indicators: How would you describe the stability of your housing? (Check all that apply)

I have a lease or I am able to stay in my current place as long as I need to	29%
My home is mostly in good condition (little to no peeling paint or loose plaster)	40%
I have my own room for sleeping	41%
My home has a bathroom with a tub or shower	42%
My home has heat in winter	43%
To my knowledge, my home meets all building codes and is safe for me to live in	44%
My home has hot and cold water	44%
I have what I need to cook and store food	45%
My home is mostly clean (other than general clutter) with no bugs or mold	48%
I am welcome in my home (either because I live alone or my friends and family are accepting of me)	52%
I am able to pay my rent regularly (either on my own or with assistance)	54%

Community survey respondents were asked about the 11 housing stability indicators from the table above. It also included "I am currently in a shelter" and "I am currently homeless or couch surfing." If respondents answered "yes" to either of those, they were included in the "1" of the number of housing stability indicators in the tables below.

Number of housing stability indicators	Percent of individuals meeting indicators
11	13%
10	12%
9	6%
8	7%
7	2%
6	4%
5	2%
4	5%
3	2%
2	3%
1	44%



Indicator Rule: Answering 'yes' to at least 6 out of the 11 stability questions from the table above indicates ***moderately stable housing***.

Indicator Rule: Answering 'yes' to 5 or less out of the 11 stability questions from the table above indicates ***housing instability***.

Number of Indicators by Subgroup

	PLWH	People of trans exp.	Trans women of color	PWID	His/Lat gay/bi men	Black gay/bi men	White gay/bi men
11	12%	13%	0%	3%	27%	7%	25%
10	12%	9%	0%	11%	20%	7%	25%
9	8%	4%	10%	9%	0%	3%	5%
8	10%	9%	0%	6%	0%	17%	5%
7	2%	9%	10%	0%	0%	3%	0%
6	5%	13%	10%	3%	0%	3%	5%
5	0%	0%	0%	3%	7%	0%	0%
4	8%	9%	10%	0%	0%	0%	5%
3	0%	0%	0%	0%	0%	3%	0%
2	0%	0%	0%	11%	0%	0%	0%
1	42%	35%	60%	54%	47%	57%	30%
% Unstably Housed	51%	43%	70%	69%	53%	60%	35%

Indicator Rule: Answering 'yes' to at least 6 out of the 11 stability questions from the table above indicates ***moderately stable housing***.

Indicator Rule: Answering 'yes' to 5 or less out of the 11 stability questions from the table above indicates ***housing instability***.

The cost of my housing is about this percentage of my income: (Check one)

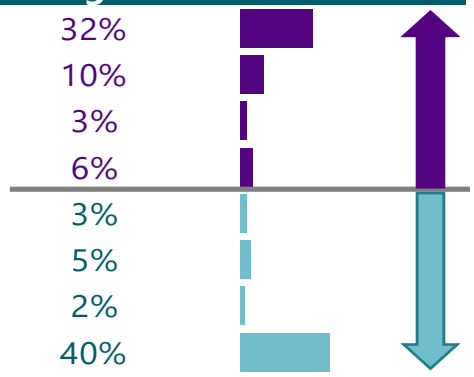
I don't currently pay for my housing	21%
Less than 30%	13%
30%	21%
50%	12%
70%	6%
More than 70%	5%
I don't know/not sure	21%

Housing safety

Housing safety indicators: How would you describe the safety of your housing? (Check all that apply)	
I am able to walk around freely in my home	78%
I am able to have friends over	52%
I am treated with respect by other tenants or neighbors	49%
I don't have to worry about being harmed by people I live with or who live near me	55%
I am able to be myself in my home	57%
I am not asked to do things I don't want to do in return for living there	44%
When I'm home, I can let my guard down	49%
When I'm home I feel relaxed	45%
*I am currently homeless or couch hopping	12%
*I am living in a shelter	2%

*Not part of the housing safety indicators but was a response to the question.

Number of housing safety indicators	Percent of individuals meeting indicators
8	32%
7	10%
6	3%
5	6%
4	3%
3	5%
2	2%
1	40%



Indicator Rule: Answering 'yes' to at least 5 out of the 8 safety questions from the table above indicates ***moderate to complete housing safety***.

Indicator Rule: Answering 'yes' to 4 or less out of the 8 safety questions from the table above indicates ***unsafe housing***.

Number of indicators by subgroup

	PLWH	People of trans exp.	Trans women of color	PWID	His/Lat gay/bi men	Black gay/bi men	White gay/bi men
8	32%	26%	0%	26%	40%	23%	40%
7	12%	22%	20%	6%	7%	10%	15%
6	5%	0%	0%	3%	0%	0%	10%
5	10%	4%	0%	3%	0%	17%	5%
4	2%	4%	10%	0%	7%	7%	0%
3	5%	9%	0%	3%	7%	3%	5%
2	2%	9%	20%	0%	0%	0%	0%
1	32%	26%	50%	60%	40%	40%	25%
% Unsafe in their housing	41%	48%	80%	63%	53%	50%	30%

Indicator Rule: Answering 'yes' to at least 5 out of the 8 safety questions from the table above indicates ***moderate to complete housing safety***.

Indicator Rule: Answering 'yes' to 4 or less out of the 8 safety questions from the table above indicates ***unsafe housing***.

Focus group themes about a provider's need to understand the community they're serving and recommendations to combat housing barriers at the program/provider level:

Theme	Takeaways
Impacts all aspects of life	Unsafe and unstable housing situations contribute to a decline in an individual's mental health and a lack of motivation to prioritize higher level needs. "When I'm actively using, I don't care about appointments. There's zero chance that I will go to that physical. If I'm not using, then I want to focus on my health and I will follow through. You have to be patient, understanding, and non-judgmental to work with people in my situation, but they're (providers) not usually like that."

More than just a roof over your head 	There is more to housing than having a roof over your head. Your home may be unsafe, violent, or unstable. Housing can also impact whether a person has access to other things such as a place to refrigerate their meds, store food, and destress.
Resources 	Providers should assess for eligibility before making any referral to avoid participants attempting to access a referral only to be told they don't meet eligibility requirements. This contributes to the breakdown of trust with the provider. Information regarding resources should always be available, client friendly, and eligibility requirements clear. Programs often offer supportive resources specific to housing related barriers, but these services are often siloed, and patients may not be aware of them. All provider offices should have housing navigators at hand that can be pulled in to offer support to patients "in the moment" without there having to be a need to call at another time or schedule an appointment to meet with someone when the client is there right now.
Lack of empathy 	There is stigma associated with HIV and active addiction, and when you share with your provider that you're also homeless it would be helpful for them to be able to connect you with resources instead of sending you on your way. They don't ask "what do you need" or "what would work for you". "If you're not completely upfront with your provider, you can come across as shady. But if you disclose what's happening in your life you often get judgment. If you don't have that trust in your provider, the empathy and non-judgment, then you can't be forthcoming about your health behaviors and the barriers you face, and they can't really help you."

Care for the person 	When providers reach out to the individual who has dropped out of care, it matters. "When they reached out to say, 'We miss you, are you okay?', that helped me stay connected."

Health care

General health care

Do you have a primary care doctor?	
Yes	73%
No	22%
Don't know/Not sure	5%

How often do you go to the doctor?	
Every few weeks	6%
Every few months	37%
Twice a year	18%
Once a year	10%
Only when I'm sick	9%
Rarely	15%
Other (please explain below)	6%

For those who answered "Other," reasons included:

- *Yearly physical when I had insurance, have not had insurance a year and a half so have not gone.*
- *I only go when I'm sick or when I have an ailment that isn't bad enough to warrant a trip to the ER. However, when I see my Infectious Disease specialist semi-annually, she mostly fills the role of a PCP.*
- *I haven't been to a Dr in 7yrs due to having issues with drs in general.*
- *When not feeling well or the conditions of streets would push me to get checked out.*

Barriers to health care

How would you describe your experiences in health care settings? (Service, how people treat you, easy to make appointments, etc.)	
Great	27%
Generally good	47%
Okay, not bad but not great	21%
Generally bad	5%
Terrible	<1%

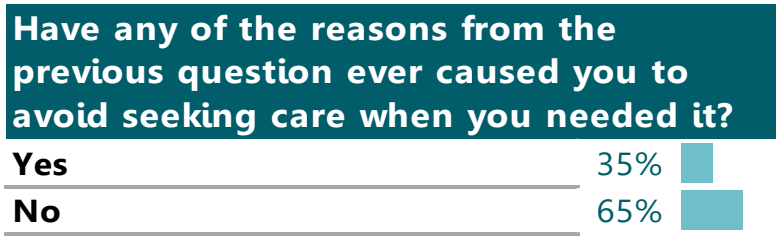
Have you ever avoided seeing a doctor due to fear of stigma around your HIV status?	
Yes	19%
No	81%

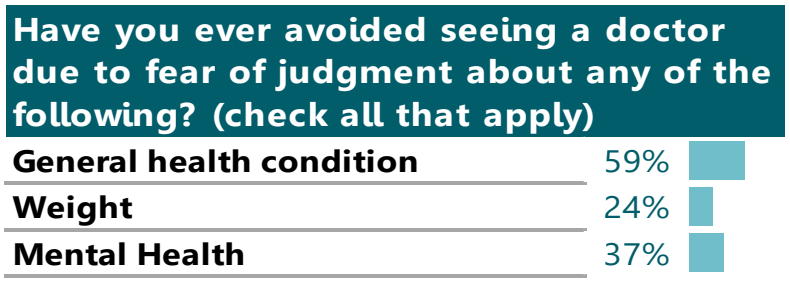
Have you ever avoided seeing a doctor due to fear of discrimination in general?	
Yes	41%
No	59%

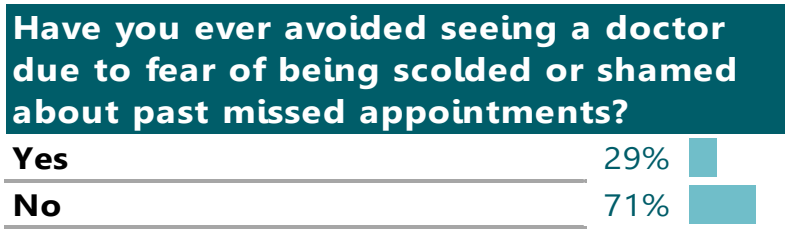
If yes, was the fear about being discriminated against due to any of the following? (Check all that apply)	
Sexual orientation	34%
Gender identity	20%
Race or ethnicity	18%
Age	12%
Physical or mental ability	20%
Sexual behavior questions	22%
Drug or alcohol-related questions	44%
HIV stigma	20%
Previous bad experiences	30%
Other	2%

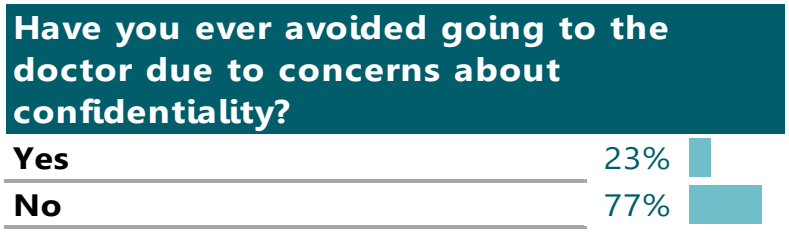
For those who answered "Other," reasons included:

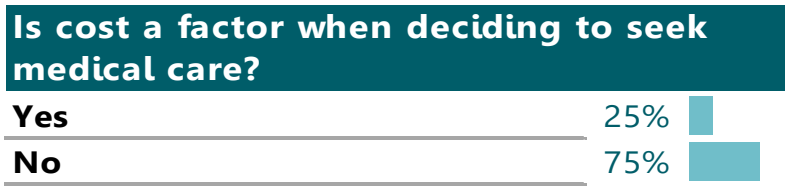
- *My skin condition or my weight*
- *Patronizing treatment/microaggressions*
- *Immigrant status*
- *Because of being an addict*

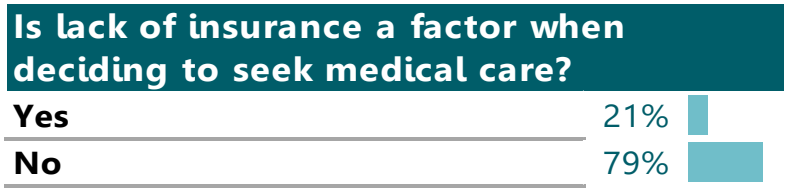












72% of providers believed lack of insurance was a barrier faced by their clients, while 88% believed fear of stigma was a barrier to health care. 80% believed barriers could be attributed to experiences of oppression. It should be noted that the greatest barrier to health care that providers observe is mental health, with 95% of providers indicating their clients experience this.

Based on your knowledge of the population your program serves, what barriers to health care do your clients/patients experience? (Check all that apply)	
Employment instability	86%
Housing instability	90%
Lack of insurance	72%
No primary care provider	60%
Transportation issues	94%
Inconsistent phone service	83%
Child care issues	53%
Mental health (stress, depression and anxiety, other general mental health issues)	95%
Substance use disorder	88%
Genderal lack of support	82%
Fear of stigma	88%
Experiences of oppression (racist, homophobic or transphobic harm from a provider or health care staff)	80%
Other barrier(s): 13	16%

In addition to their response to the survey question, in open fields providers stated:

Theme	Takeaway
Immigration and culture	"Barriers related to immigration status." "Environments can be culturally insensitive." "Stigma is still big when it comes to disclosing HIV status, sexual orientation, gender identity and even civil status for those who are married to or in a relationship with same sex partners."

Drug use stigma 	"Stigma is a large barrier to health care in the PWID population. Clients are often reluctant to seek medical help because of the looks, comments, and judgement they have received in the past. My clients are generally reluctant to be open and honest regarding their risk factors until they have gained trust and dependability with a service provider, which is harder to achieve when they do not have a regular supportive provider already established and are reluctant to seek out health services due to past experiences." "I work with People Who Inject Drugs (PWID). Stigma and transportation are two huge barriers along with mental health that almost all my clients express." "People who use drugs continue to be stigmatized. I wouldn't say many have an "active fear" of being stigmatized, rather they know they will not be taken seriously, or asked to become sober before doctors will treat any of their health concerns." "Drug use also carries a lot of stigma, and it is often correlated to crime and other illegal activities. In many cases this may not be true but eventually due to systemic and societal stigma and isolation, PWIDs end up with no support therefore with no access to resources to survive or deal with their addictions. The individuals we serve in prevention and PLWH who live and socialize in our service areas live in poverty and face other social determinants of health that hinger their ability to thrive."
Trust and trauma 	"Trauma history, developmental and cognitive delays, criminal history, eviction history, credit history, classism, and ableism." "Trust (lack of) in health systems also impacts engagement." "Contacting clients via phone can be a challenge as sometimes their phone is off, or their numbers often change. We need to explore other options."

Insurance related barriers 	"Many of the patients receiving services at our agency do not have insurance or are underinsured, they also face isolation, lack of knowledge about their rights and benefits." "Patients have insurance but the cost of using their insurance is prohibitively high. Folks are still getting huge bills for PrEP despite federal changes. Whether it's our health care system's problem to fix or insurance companies' problem to fix, I'm not sure. But it's driving people away from care." "Health care in this country is extremely expensive, even those who are adequately insured will avoid care due to copays." "Need more clinics to serve the undocumented population without insurance."
Mental health barriers 	"Many of my clients have mental health issues and have experienced trauma. Many are distrustful of institutions such as the medical system due to feelings of powerlessness and negative past experiences. Many of my clients struggle to navigate health care due to mental health (e.g. anxiety about seeing doctors or inability to effectively communicate needs due to fear). I serve many rural clients who struggle with transportation. We do not have an adequate public transportation system so unless clients are lucky enough to have their own car and license, transportation is a huge barrier. Homelessness and the general instability that comes along with it is a growing issue for many of my clients given the current lack of affordable housing. Clients are often unable to make and keep appointments when they are just trying to survive." "Mental health and substance use challenges interfere with time management and attendance."

***It is important to note that one provider stated they do not see any barriers to clients accessing health care.**

Focus group findings and recommendations for health care related barriers:

Theme	Takeaway
Provider stigma 	Across all groups, participants indicated they downplay their substance use to providers due to stigma associated with addiction and alcohol or drug use. One participant said, "When I was in active addiction and ended up in the hospital, they weren't the nicest people to me, because I have the label of "addict" associated with all my paperwork and that impacted how people saw me and treated me." Individuals often won't go back to a provider after one visit if that provider showed any indication of judgment. There was a consensus that this happens more with newer or less experienced providers. PAs were consistently identified by many participants as being judgmental and/or less experienced. One participant said, "When I found out I had Hep C I didn't know where to go. I ended up having to go back to my old primary because I knew he wouldn't judge me. The last time I went to a new primary I felt judged and couldn't open up to them and never went back." PWID participants were particularly vulnerable to provider judgment and bias and often felt a lack of empathy from their provider. One participant said, "I have heard providers say, 'can't you figure it out?' or 'why can't you do this?'. Instead of saying, 'How can we work on this together? Let's problem solve.' We have to stop saying stand up on your own two feet, because some people just can't in that moment. And never will if they are shamed about it." "Doctors should do role plays so they have the opportunity to experience what we experience. We can't mandate that doctors do anything, they have to want to be better, and make effort." "It's the environment, too, not just the doctor. I can go to a clinic that only has Black folks, but I will still feel discrimination based on which doctor I'm seeing because the stigma within the community about HIV is deep."

Navigating health systems with self-advocation 	Too often patients are discriminated against by providers and denied access to care when they miss appointments due to barriers they are experiencing including substance use, housing, transportation, employment, mental health, and others. One provider and focus group participant noted in working with a client who is PWID: "Met with a client today, good person, really working hard. Concerns about his liver function, Hep C, and the need to get tested, to see a primary. He told me he was booted from his primary because he missed two appointments and they won't see him anymore. People have to jump from provider to provider. At the policy level, people shouldn't be booted from a provider. That provider should say "what are we doing wrong here?", "how can we help you keep your appointments?", "what do you need?", "what could help?". "Navigating systems is exhausting, and every barrier requires navigation of another system to address. It burns people out, even when they have a case manager." "We have to be our own advocates and sometimes with multiple doctors. So, if one doctor doesn't work for you but you have transportation issues, and you have housing issues, you stay with the doctor you don't like because it's too hard to try to change providers." "Physicians can exert power through withholding meds and prescriptions when you don't do what they want you to do. They also overstep and comment on areas of your life that aren't any of their business." "I complained to the nurse, and she said, 'you are not the only person who has complained'. But at no point did she tell me how to file an actual complaint, and at the time I thought it wouldn't matter anyway since they apparently, already know he was a problem. My question became, then why is no one doing anything about it? All I came to was it was because we are the ones suffering. And ultimately it just feels like no one cares."

Transgender discrimination	Trans participants expressed frustration and anger that they continue to be outed in waiting room areas, though they have advocated and spoken out about this for years.

Telehealth

If you were able to see a doctor virtually via an appointment on a smart phone or computer, would this be a good option for you?

Reasons telehealth would work:

- *Transportation*
- *Saves time*
- *Easier*
- *Convenience*
- *Disability*
- *COVID*

Reasons telehealth would <u>not</u> work:

- *Prefer in-person*
- *Unstable internet or phone service*
- *Trouble with technology*
- *Need to go in for labs/other tests anyway*
- *Lack of trust*

Does your program offer any form of telehealth?

Providers who indicated their program offers telehealth are in the following counties and Tribal Nation:

Adams, Ashland, Brown, Burnett, Calumet, Columbia, Crawford, Dane, Dodge, Door, Douglas, Fond du Lac, Grant, Green, Iron, Jefferson, Juneau, Kewaunee, La Crosse, Lafayette, Manitowoc, Marinette, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, Richland, Rock, Sauk, Sawyer, Shawano, Sheboygan, Stockbridge Munsee Community, Walworth, Washburn, Washington, Waukesha, Waushara, and Winnebago.

In focus group discussions, telehealth had wide consensus as being a game changer when there are health care related barriers that limit access to care. Experiences with telehealth were generally good.

Theme	Takeaways
Increased access to care 	"When I thought I had COVID I called my doctor, and they got me into a virtual visit within an hour. I loved it. It was immediate and a time saver on both sides." A provider noted: "Once COVID happened I just told everyone this is an option now. Now that we're coming out of the pandemic, I have folks asking me if they can still be virtual if they have transportation or childcare issues. This helps us continue to work with clients 'where they're at'. Just because we've historically prioritized in person, doesn't mean that we have to continue to do that." Another provider stated: "I've become a better listener because of telehealth. It breaks barriers, and I have more patients these days that call and ask for a 15-minute virtual visit, and that is possible in ways now that weren't before." "For me it was not the same as in person but much better than missing appointments and the repercussions."
Confidentiality and access issues 	"The treatment center that I recently graduated from was virtual, and I didn't like it for that, but it was better than nothing. Other people keep coming into other people's spaces while we were in session, so it didn't feel private like it was supposed to be." Programs should have computer labs that clients can use who don't have computers at home. One participant said, "There is an assumption that everyone has computers now, but that's not the case."

Dental care

Do you have a dentist?	
Yes	61%
No	37%
Don't know/not sure	2%

How often do you go to the dentist?	
Every six months	33%
Once a year	21%
Every other year or so	10%
Only if I have tooth pain or other issues	23%
Never	14%

If you do not see a dentist, what best describes the reason? (Check all that apply)	
Cost	48%
dental care in the past	20%
Fear of the procedures	17%
No provider I like in my area	15%
Transportation	20%
Other (please explain below)	20%

For those who answered "Other," reasons included:

- *Insurance issues*
- *BadgerCare rarely accepted/when they do the waitlist is long*
- *Because honestly, I don't like pain and I'm just really scared*
- *No teeth/dentures*
- *I have dentures that don't really fit and still haven't went and got them fixed*
- *No money and because of drugs*

Transportation

Is transportation an issue in getting to work or meeting other needs?

Yes	39%
No	61%

Do you have your own car, or do you have a car available to you when you need it?

Yes	60%
No	40%

Do you rely frequently on public transportation (bus, train, van pool)?

Yes	33%
No	67%

Do you rely frequently on ride shares such as Uber or Lyft for transportation?

Yes	32%
No	68%

Do you have friends or family who can help get you places when you need to?

Yes	65%
No	35%

Has a lack of reliable transportation ever caused you to miss work or appointments (health care or any other type of appointment)?

Yes	46%
No	54%

Provider survey responses specific to transportation included the following themes:

Theme	Response
Reliability of rides	Some patients rely on friends and family for rides and have no control over what that looks like. Patients sometimes arrive 1-2 hours early for an appointment and stay late before someone is able to pick them up.

	Transportation is a major barrier for those who do not have a car/funds to take the bus. The medical transportation service offered through BC+ is terribly inconsistent and unreliable. Medical rides are not reliable.
Rural transportation 	Rural Wisconsin does not have public transportation. Our clients with low incomes do not have reliable transportation of their own and don't have friends or family they can reliably count on for rides. There is a fear of being outed in small towns which can make people reluctant to get health care. Proximity to care is an issue in rural areas, especially when clients don't have reliable transportation. This is a systemic issue rather than an individual issue, yet we expect the individual to solve the problem.

Focus group findings and recommendations:

Theme	Findings and recommendations
Relying on family and friends 	"Sometimes appointments have to be scheduled around friends and family members schedules and we rely on them to keep the appointment. If something changes for the person who is driving me, I have no control over that, but I suffer the consequences with the provider as if I am somehow bad or at fault for missing the appointment." Participants often have to pay friends/family for gas when they rely on them for transportation. "Getting places depends on whether I have money to give friends or family so they can drive me."

Bus tickets 	Bus tickets should have enough transfers to completely cover the ride to and from the provider and wherever the client needs to go.
Health care can be burdensome 	"Health care should look different now. You do not have to leave your home to speak to a provider. Your meds can be mailed to you. The patient shouldn't have to do so much work." Medical transports are not always reliable, can be late, etc. which can lead to rescheduling issues outside of an individual's control. Even when medical transportation is available, needing to book it far in advance can be a barrier to accessing the service, making it available but not accessible given the unpredictability of many clients' lives and is an indicator that the system of medical transportation was not set up with the most vulnerable in mind.

Stress and avoidant coping

How often do you experience feelings of stress or anxiety?	
Every day	36%
Every couple of days	14%
Weekly	13%
Every couple of weeks	10%
Monthly	5%
A couple of times a year	6%
Rarely	16%

Have you ever used alcohol to help you cope with stress or feelings of anxiety?	
Yes	51%
No	49%

Do you currently use alcohol to help you cope with stress or feelings of anxiety?	
Yes	45%
No	55%

How frequently do you use alcohol to cope with stress or anxiety?	
Every day	5%
Every couple of days	2%
A couple of times a week	11%
Once a week	2%
Only on weekends	2%
Every couple of weeks	5%
Once or twice a month	7%
Almost never	23%
Never	43%

Have you ever used drugs or medication (that was not prescribed to you) to help you cope with stress or feelings of anxiety?	
Yes	59%
No	41%

If yes, please check the one you use/used the most.	
Synthetic opioids (fentanyl, methadone, meperidine, tramadol)	22%
Heroin	34%
Prescription opioids (codeine, oxycontin, morphine, Percocet, Vicodin)	24%
Cocaine	27%
Methamphetamine	32%
Prescription stimulants (Adderall, Vyvanse)	11%
Marijuana	66%
Something else	4%

For those who answered "Something else," this included:

- *CBD*
- *Benzies (mushrooms)*

Have you used drugs (including medications not prescribed to you) in the last 7 days to help you cope with stress or feelings of anxiety?	
Yes	40%
No	60%

Has your alcohol or drug use ever impacted your ability to complete your daily activities (work, childcare, family, or social responsibilities)?	
Yes	32%
No	68%

If alochol or drug use has impacted your ability to complete daily activities, how often?	
Every day	35%
Every couple of days	5%
Once a week	0%
Only on weekends	0%
A couple of times a week	15%
Every couple of weeks	5%
Once or twice a month	15%
Almost never	25%

How often do you use drugs (including meds not prescribed to you) to cope with stress or anxiety?	
Every day	33%
Every couple of days	8%
A couple of times a week	2%
Once a week	<1%
Only on weekends	2%
Every couple of weeks	2%
Once or twice a month	5%
Almost never	11%
Never	37%

Do you currently have a prescription for medication to help you with feelings of stress, anxiety, or depression?	
Yes	37%
No	63%

If yes, have you ever taken more than the prescribed dose to help you cope with those feelings? (Stress, anxiety, depression)	
Yes	36%
No	64%

Have you ever felt down, depressed, or hopeless for more than two weeks in a row?	
Yes	53%
No	47%

Have you ever had thoughts of suicide or self-harm?	
Yes	37%
No	63%

If yes, did you have a plan for how you would hurt yourself?	
Yes	62%
No	38%

Have you ever attempted suicide?	
Yes	25%
No	75%

Were you ever hospitalized because of a suicide attempt?	
Yes	56%
No	44%

Have you ever been hospitalized due to depression or other mental health concerns?	
Yes	20%
No	80%

If you experience feelings of depression or self-harm do you know someone you can go to for support?	
Yes	65%
No	35%

Do you have people in your life who support you? (Check as many as apply)	
I have friends who support me	76%
I have family who support me	58%
I have people in community organizations	33%
I don't have anyone in my life who supports me	9%

Experiences of oppression

Have you experienced harm directed at you personally due to your race?	
Yes	25%
No	75%

Have you experienced harm directed at you personally due to your gender identity/expression?	
Yes	32%
No	68%

Have you experienced harm directed at you personally due to your sexual orientation?	
Yes	40%
No	60%

Have you experienced harm directed at you personally due to your HIV status, or perceived HIV status?	
Yes	21%
No	79%

If you answered "yes" to any of the questions regarding experiences of oppression, who harmed you? (Check all that apply)	
Friend or acquaintance	38%
Family member	38%
Employer/supervisor	22%
Coworker	26%
Landlord	9%
Another tenant or neighbor	10%
Health care provider (doctor, nurse, assistant)	14%
Stranger	78%
Someone else	7%

For those who answered "Someone else," this included:

- *Classmates*
- *Internet trolls*
- *Sex partners*
- *Men*

PrEP

Have you heard of PrEP? (PrEP or pre-exposure prophylaxis: A medication prescribed to individuals at higher risk of acquiring HIV which prevents the transmission of the virus.)

	Yes	No
All participants	86%	14%
People living with HIV	95%	5%
People of trans experience	96%	4%
Trans women of color	100%	0%
People who inject drugs	60%	40%
Hispanic/Latino gay/bi men	100%	0%
Black gay/bi men	97%	3%
White gay/bi men	90%	10%

Are you currently taking PrEP?

	Yes	No	Does not apply to me
All participants	12%	61%	27%
People living with HIV	0%	0%	100%
People of trans experience	22%	52%	26%
Trans women of color	30%	50%	20%
People who inject drugs	0%	77%	23%
Hispanic/Latino gay/bi men	33%	33%	33%
Black gay/bi men	10%	70%	20%
White gay/bi men	10%	55%	35%

If you are not living with HIV, has anyone ever talked to you about HIV, what it is, and how it is transmitted?

	Yes	No
All participants	87%	13%
People living with HIV	NA	NA
People of trans experience	100%	0%
Trans women of color	100%	0%
People who inject drugs	81%	19%
Hispanic/Latino gay/bi men	80%	20%
Black gay/bi men	83%	17%
White gay/bi men	100%	0%

If you are not living with HIV, and feel that you are at risk of getting HIV, would you be interested in taking PrEP?

	Yes	No
All participants	66%	34%
People living with HIV	NA	NA
People of trans experience	70%	30%
Trans women of color	60%	40%
People who inject drugs	54%	46%
Hispanic/Latino gay/bi men	86%	14%
Black gay/bi men	50%	50%
White gay/bi men	67%	33%

If you answered "yes" I am interested in taking PrEP, please tell us what motivates you to want this medication?	*If you answered "no" I am not interested in taking PrEP, please let us know why this isn't something you're interested in.*
People of trans experience	
• Recently, my partner and I want to explore sexual partners outside our relationship. • Safety	• I guess I wouldn't because I don't know really how effective it would be. I don't share needles when I get high, and don't have many sexual partners so far. Sometimes I think I should tell them to use condom, but then I push that thought out of my head.
Trans women of color	
• More safety and prevention	• I'm with one person • I practice safe sex/having low sex
PWID	
• Because I'm high-risk due to sex work and needles • Because I want to not get it and be as safe as possible • If I had to take it, I know it would help • Personal safety • Because I want to stay HIV negative and if I'm single then it would keep me safe	• I don't need it • I don't have the virus • The only way I could be exposed to HIV is IV drug use and my friends don't have HIV and I use new tools every time or I use a tool that I know (marked) as mine • I don't trust it • I'm not sexually active at this time and I'm negative • The most part I've been absent from sex so I should be good • I don't believe I need this • Because I'm with the same person and use extreme clean self-care and condoms
Hispanic/Latino gay/bi men	
• For more protection • Extra protection in general	No responses

Black gay/bi men	
• To prevent the potential of contracting HIV	No responses
White gay/bi men	
• I generally don't use condoms but would like the extra layer of protection • It is another means of prevention and has been proven safe and effective • As a precaution • Because I want to stay HIV negative	• It's been over 2,162 days since I have had any type of sex • I don't want to take a pill to be careful – I prefer my judgement and/or abstaining from sex

PEP

Have you heard of PEP?

	Yes	No
All participants	75%	25%
People living with HIV	85%	15%
People of trans experience	91%	9%
Trans women of color	100%	0%
People who inject drugs	49%	51%
Hispanic/Latino gay/bi men	93%	7%
Black gay/bi men	83%	17%
White gay/bi men	75%	25%

If you were exposed to HIV, would you know how to obtain a dose of PEP?

	Yes	No
All participants	62%	38%
People living with HIV	NA	NA
People of trans experience	67%	33%
Trans women of color	80%	20%
People who inject drugs	37%	63%
Hispanic/Latino gay/bi men	89%	11%
Black gay/bi men	75%	25%
White gay/bi men	75%	25%

If exposed to HIV, how likely would you be to ask for PEP in an emergency room or health care facility?	Not at all	Somewhat	Moderately	Strongly	Extremely
All participants	13%	13%	13%	13%	48%
People living with HIV	NA	NA	NA	NA	NA
People of trans experience	18%	18%	18%	9%	36%
Trans women of color	20%	20%	20%	0%	40%
People who inject drugs	13%	22%	4%	13%	48%
Hispanic/Latino gay/bi men	13%	0%	38%	13%	38%
Black gay/bi men	25%	0%	25%	0%	50%
White gay/bi men	10%	10%	15%	20%	45%

Syringe services

For individuals who use syringes (needles) to inject drugs, do you know where to get sterile (new) equipment or supplies in your area?	
Yes	94%
No/Doesn't apply	6%

For individuals who use syringes to inject hormones (testosterone, steroids, estrogen), do you know where to get sterile (new) equipment or supplies in your area?	
Yes	79%
No/Doesn't apply	21%

Are you comfortable going to a syringe services program (needle exchange) if one is available?	
Not comfortable	2%
A little comfortable	5%
Moderately comfortable	12%
Quite comfortable	12%
Extremely comfortable	68%

What helps you feel comfortable:

- *Non-judgmental staff, an affirming, friendly environment*
- *I feel like I'm helping others*
- *Confidentiality/anonymity*
- *Staying safe*
- *These services are needed for folks who use needles for their hormones also*

What would help you feel comfortable:

- *A drive thru service*
- *Privacy issues*
- *Home delivery or mobile services*

Provider responses to trainings

How would you describe your training on the populations you serve?	
Formal (part of a certificate or degree program)	35%
Conference or workshops	84%
Internal trainings offered at my workplace	87%
On-the-job experience	87%
Personal knowledge and experience (family, social networks, personal knowledge due to shared identity)	61%
I have received no training on the population I serve	1%

In your experience, is the kind of training you have received sufficient for you to appropriately serve the population you work with?	
Yes	76%
No	24%

Based on the responses we received to the follow-up question "*What else should we know about population-focused trainings in the field of HIV Prevention & Care based on your experience?*" the providers "yes" in response to the training question was an "in general, yes, but…". Their contributions to the open field question provide valuable insight into existing gaps and future training opportunities. In total 67% of survey respondents contributed their thoughts on what was lacking or needed to better serve the population(s) they work with.

Theme	Takeaways
Subgroup focused trainings 	Specific knowledge and competency trainings are needed for working with immigrant communities, both documented and undocumented, since they each present with unique issues and barriers. Information is needed regarding working with both currently and formerly incarcerated individuals. More is needed on the Trans community in general including nonbinary terminology and competencies, in addition to increasing understanding of gender expression and identity as separate from sexual orientation which are too frequently confused or conflated. Topics related to issues faced by BIPOC women. Topics specific to homelessness. Sex workers, their unique barriers, risks, and specific skills for providers in working with this population. Burmese and Hmong cultures. Specific subgroup trainings for working with men who have sex with men who are also PWID.

Training frequency, scheduling, and modalities 	Trainings should be immediate upon hire, ongoing, and regular. Regular trainings that allow for going deeper on topics as you progress are critical for actually increasing competency in core areas. Trainings should include real case examples, with a focus on the consumer/participant experience. Trainings need to be offered at times that make it possible for staff to attend them. One provider stated, "Trainings are offered by my company; however, they are right in the middle of my work day and no options to help cover are offered. It makes it difficult for someone working in patient care to attend. Always makes me feel like they are for management so they can "check a box" that they had training, but will never actually care for the populations discussed, so the training is wasted." There is a need for trainings for those first entering the field and then those who have been in the field for some time. Trainings need to be offered in-person statewide, (not just virtual or in Madison). One provider stated, "Do a training multiple times in multiple locations so there isn't as much pressure on an agency to send staff long distances, which limits the number of staff who can take advantage." Continuing education that is mandatory for all staff would be useful and would ensure everyone has up-to-date knowledge and education. One provider stated, "I had most of my HIV-specific training while I was being onboarded for my position and have not had as much later on."

Real lived experience 	"It would be helpful if trainings had trainers that have lived experience. For example, I think PWID voices are commonly forgot about and would be helpful for them to lead some trainings." "Lived experience has been invaluable to me. I think that more voices need to be included from the populations we work with/for in what THEY need, would like to see, and how they think they could best be supported. I see a huge disconnect in what program and policy creators envision with what our populations actually see and deal with on a day-to-day basis." "The most beneficial trainings I have had, have included live voices of the specific populations and how service delivery can improve, direct from their experiences."
Trauma 	A deeper understanding of how experiences of trauma impacts client health behaviors. Providers indicated a need to understand trauma histories to support a practice of empathy and non-judgment.
Social determinants of health 	There is a need expressed by providers to better understand the holistic impact of social determinants of health, specifically as it relates to alcohol and other drug abuse (AODA) issues, housing, transportation barriers, food and nutrition, and mental health. The trainings should include specific strategies and resources that providers can use or offer when needed. Therefore, trainings should also include local resources and staff from other agencies or community-based organizations in the areas served.
Empathy 	Providers desire more trainings on empathic care and de-escalation.

Cultural competency 	Cultural intelligence and unlearning of socially or systemic imposed knowledge should be included in all trainings regarding services to all systemically oppressed communities. Continued trainings on how to effectively communicate with systemically oppressed groups without being offensive. One provider stated, "Words matter and the way in which we say things matter and can directly affect patient care and outcomes." Another said, "I am aware that I need to be culturally sensitive, but I have to admit, I don't always know exactly how to be culturally sensitive." Providers acknowledged that too often community-based organizations are treated like on-the-job training programs. There is an observation by providers that many organizations believe if they hire individuals with lived experience, they do not need additional training. Members of the LGBTQ+ community, for example, by nature of their membership are not experts on issues that don't impact them directly. Being LGBQ does not mean you understand Trans issues. Providers also believed that administrators need more policy and administrative practice level training. Not just front-line staff. Administrators need to examine their hiring, training, and promotion practices to better understand changes that need to occur in order to recruit and promote more members of the communities the program serves. There was a desire to have more leadership that is reflective of the community served, but the practices that will lead us there are often left out of what is widely considered to be necessary training.
Harm reduction 	Providers stated that harm reduction is key to HIV Prevention, and they need a comprehensive understanding of what that means in order be effective in their roles. One provider stated, "Harm reduction is more than naloxone."

Mental health 	"Mental illness often impacts every single area of their life and can be a barrier to receiving care and ART adherence. It's also often coupled with homelessness, drug use, legal issues, and other challenges our clients face." "Some of the people we treat are mentally ill and I've heard of some concerning experiences other employees have had where they weren't sure how to respond to a distressed client. In this way, I feel ill-prepared."
HIV topics 	Providers indicated that ongoing trainings on HIV specific topics are needed beyond onboarding and annual one-off trainings. Those trainings may also need to include non-funded providers or be open to the community. Barriers and cultural issues specific to rural HIV care. One provider stated, "Besides the usual transportation issues, we have medical professionals who don't have a basic understanding of HIV—my staff have been asked by their own doctors if they want an HIV test because they work with PLWH, doctors who ask case managers how to prescribe PrEP. Our rural clients often lack a community of people where they can be fully open— whether that is about their HIV status, gender identity, sexuality, or culture. Our case managers may be the only people who clients feel comfortable being their authentic self around". Specific training on medications, labs, and co-occurring opportunistic diseases. Annual refresher trainings on various aspects of care providing the latest updates as care and our understanding of HIV care continues to evolve.

Job/role specific 	Providers indicated that there is often a lack of understanding within agencies or organizations. Often, providers in one department don't know what providers in other departments do or the actual services they provide. Having in-house learning days where departments/teams lead trainings about what they do would decrease silo-ing and increase the impact of service provision internally. Outreach teams need to learn with other outreach teams, nurses need to learn with other nurses, etc. Their comments reflected a need to learn with other people in their role due to the oftentimes unique nature of those roles.