An HIV/STI Needs Assessment of Out-Wayne County

August 2024

PSC

PUBLIC SECTOR
CONSULTANTS

Prepared by

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Prepared for

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Acknowledgments

The Michigan Department of Health and Human Services and Public Sector Consultants would like to thank the community members who participated in the project survey and contributed valuable insights that enhanced our understanding of the Out-Wayne County community. Additionally, we would like to thank the service providers who attended our focus group and interview. This project would not have been possible without the input of those who live and work in the Out-Wayne County communities.

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Introduction

HIV and sexually transmitted infections (STIs) remain a persistent health issue across Michigan. In 2023, about 52,000 Michiganders were diagnosed with one or more reportable STIs, and 17,970 were living with HIV (Michigan Department of Health and Human Services 2024; Miller 2023). Some areas of the state experience higher rates than others; the communities in Wayne County that do not include Detroit, known as Out-Wayne, have the highest prevalence of HIV in the state only after Detroit.

The Michigan Department of Health and Human Services (MDHHS) seeks to understand the sexual health needs and resources in Out-Wayne County communities to determine what actions can be taken to prevent HIV and STI transmission. MDHHS engaged Public Sector Consultants (PSC) to conduct an environmental scan of four communities in Out-Wayne County: Inkster, Romulus, Garden City, and Westland. Nearly one-third of all new HIV diagnoses in Out-Wayne County occur across these communities.

With guidance and input from an 11-person advisory group, PSC and MDHHS carried out the following data-collection activities:

- Distributed an online survey to community members to ask about their perceptions of the importance of sexual health, where they receive information and services, barriers related to accessing sexual and other health care services, and demographic information.
- Surveyed providers to learn more about what services are offered related to sexual health in the priority communities, referral networks, and patient and client barriers to accessing services.
- Facilitated a focus group with community providers to gain a more in-depth understanding of their services in the priority communities, referral relationships, and the nuances of providing services and addressing social determinants of health.

A list of advisory committee members is in Appendix A.

Key Findings

- The overwhelming majority of community survey respondents view taking care of their sexual health as very important.
- Despite their perceived level of importance of sexual health, most community members believe they have a low risk of getting HIV.
- While community survey respondents largely indicated that they do not face barriers to obtaining sexual health care services, they said they do experience challenges related to finding and maintaining other types of healthcare such as behavioral and dental health, among others.
- Service providers indicated that their clients and patients experience more barriers than those noted by community members, including lack of transportation, lack of safe and affordable housing, and difficulty navigating services.
- Most providers said they have strong referral networks with other providers in the community. However, many acknowledge that even more can be done to strengthen these relationships.

- The project advisory group, consisting of experts in areas related to HIV and STI prevention and care, recommended using HIV and STI prevalence data to increase testing, treatment and prevention, strengthening community outreach, and leveraging partnerships with providers to meet MDHHS's ongoing goals related to this work.

The following sections contain detailed findings from the surveys and focus group, as well as additional information about the recommended next steps.

Community Survey Findings

PSC developed and distributed an online survey via Qualtrics to residents in priority communities and worked with the MDHHS project team and advisory group members to recruit survey respondents. PSC created promotional materials, including flyers and take-home cards with QR codes, for distribution to local service providers and community spaces, such as libraries. Survey respondents were offered a $20 Visa gift card for their participation. The community survey is available in Appendix B.

Community members were asked about their perception of the importance of sexual health, where they receive information and services related to sexual health, what barriers they face in obtaining sexual health services, and about their demographic information.

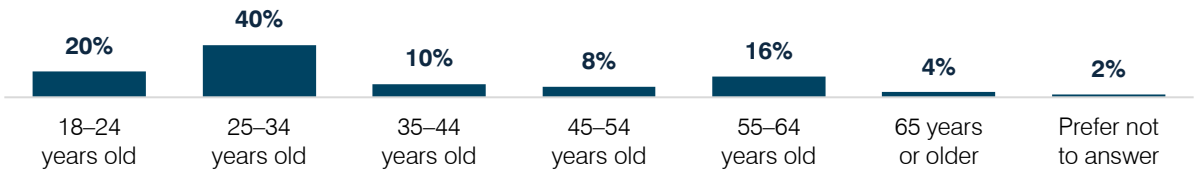
Despite continued outreach efforts, the community survey received a low response rate and had 57 valid respondents, not all of whom answered every question. As such, limited conclusions should be drawn from the survey results. Additionally, cross tabulations of data and demographics could not be completed as the low number of survey responses could allow for identification of respondents by demographic and other information.

Fewer than five people reported having HIV on the community survey, and not all of those respondents answered questions about their HIV care. Their responses have been included in this report where applicable, but some questions have been excluded because they were not answered at all or only had four or fewer responses.

Survey Respondents

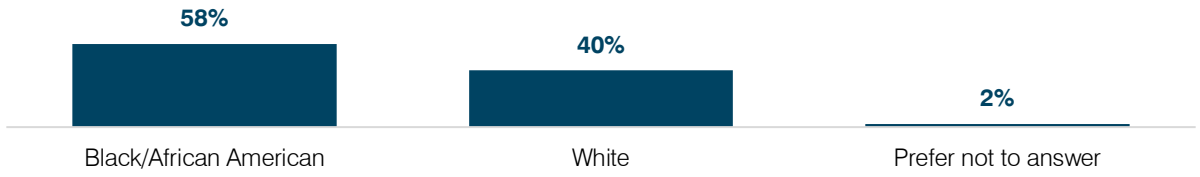
The survey received 57 responses representing all four priority communities. The majority of respondents (40 percent) were aged 25–34 years old (Exhibit 1). The majority of respondents (58 percent) were Black or African American and 40 percent were white (Exhibit 2).

EXHIBIT 1. Community Survey Respondents by Age



N = 50

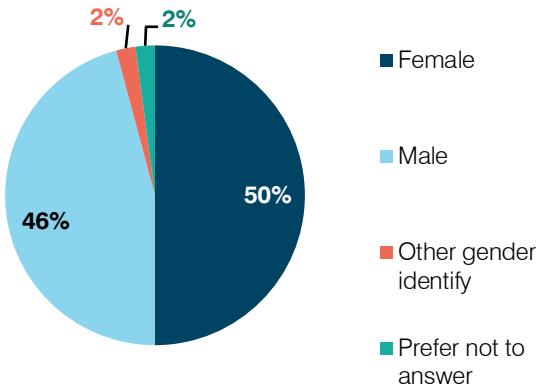
EXHIBIT 2. Community Survey Respondents by Race and Ethnicity



N = 48

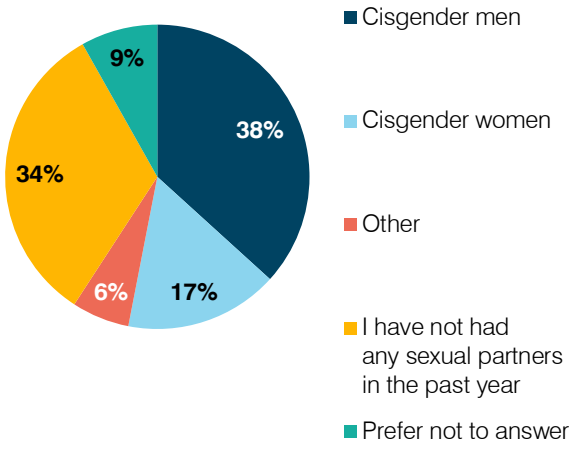
The survey had a nearly equal representation of people who identified as male and female, with 2 percent identifying with another gender identity and 2 percent choosing not to answer (Exhibit 3). When asked about their past-year sexual partners, 38 percent said their partners have been cisgender men, 17 percent said their partners were cisgender women, and 6 percent said their partners' gender identity was something other than cisgender men or women. About one-third (34 percent) said they have not had any sexual partners in the past year and 9 percent preferred not to answer (Exhibit 4).

EXHIBIT 3. Community Survey Respondents by Gender Identity



N = 48

EXHIBIT 4. Community Survey Respondents' Sexual Partner Choices in the Past Year



N = 47

Perceived Importance of Sexual Health

The vast majority (93 percent) of community survey respondents rated taking care of their sexual health as important or very important (Exhibit 5).

EXHIBIT 5. Survey Respondents' Rating of the Importance of Taking Care of Sexual Health

N = 57

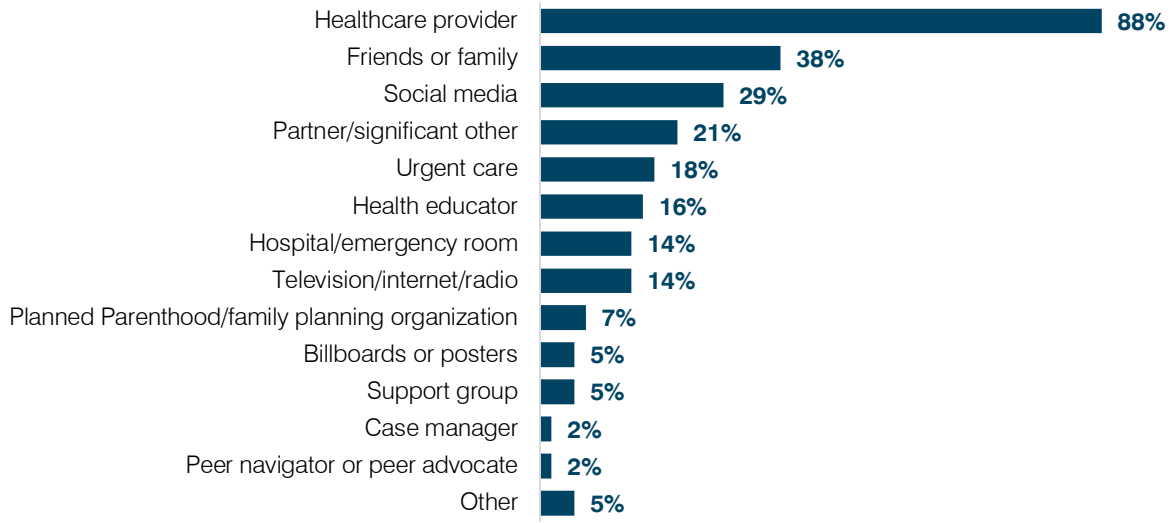
However, only about two-thirds reported feeling either very comfortable (25 percent) or comfortable (40 percent) talking about their sexual health with a healthcare provider. About one-third said they either feel slightly comfortable or not at all comfortable (Exhibit 6).

EXHIBIT 6. Survey Respondents' Level of Comfort Talking to a Healthcare Provider about Sexual Health

N = 52
Note: Percentages do not equal 100 due to rounding.

Regardless of their level of comfort, nearly 90 percent of survey respondents reported that they receive information about sexual health care services from a healthcare provider. Thirty-eight percent of people said that they receive information from friends or family, and 29 percent receive information from social media (Exhibit 7).

EXHIBIT 7. Survey Respondents' Sources of Sexual Health Information

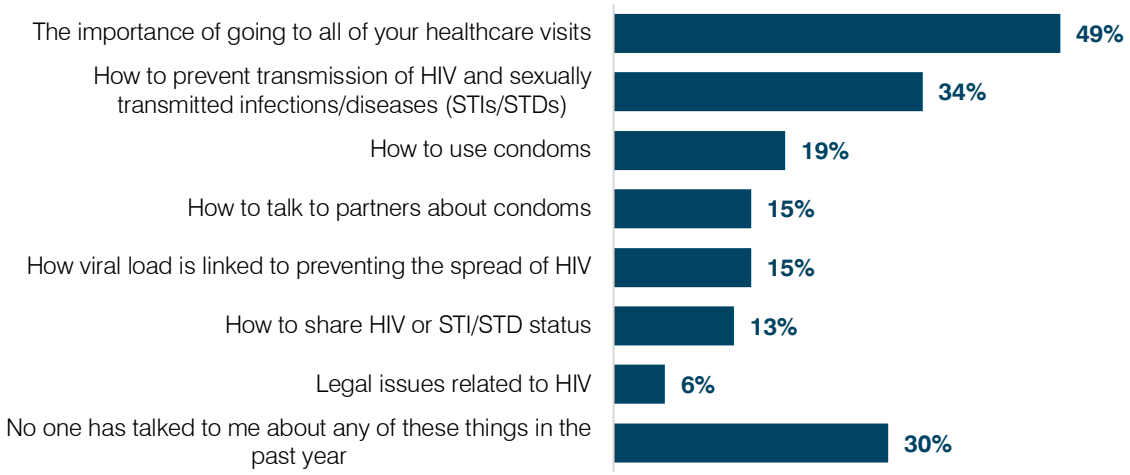


N = 56

Notes: Percentages do not equal 100 because respondents could select more than one answer.

The types of information that people received from these trusted sources include the importance of going to healthcare visits, how to prevent the transmission of HIV and STIs, and how to use condoms, among others. Thirty percent of people reported that they had not talked to anyone about any sexual health care–related topics in the past year (Exhibit 8).

EXHIBIT 8. Topics That Survey Respondents Have Spoken About with a Trusted Person in the Past Year



N = 53
Notes: Percentages do not equal 100 because respondents could select more than one answer.

HIV Testing

Over two-thirds of survey respondents reported that they have been tested for HIV at some point in their lives (Exhibit 9), and the majority who chose to share their status have not been diagnosed with HIV (Exhibit 10).

EXHIBIT 9. Survey Respondents Who Have Ever Been Tested for HIV

N = 54

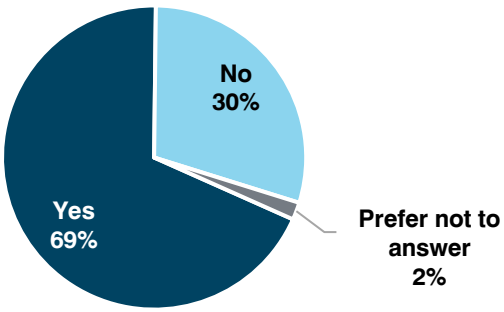
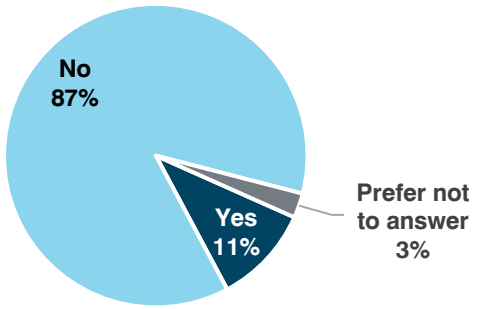


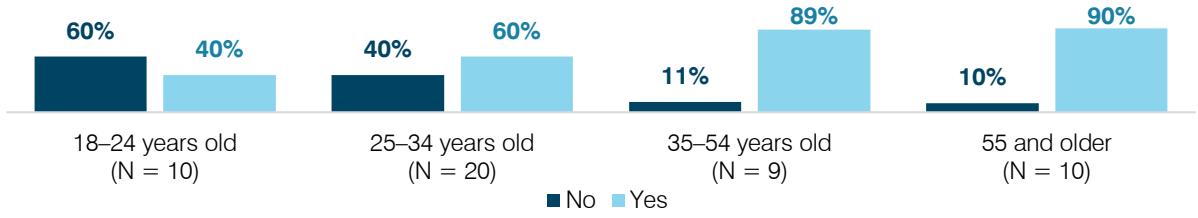
EXHIBIT 10. Survey Respondents Who Have Ever Been Diagnosed with HIV

N = 38



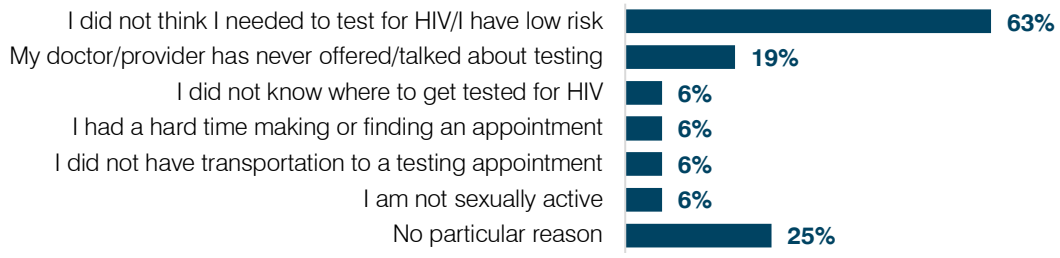
The likelihood that a respondent had been tested for HIV increased with age. The majority of people ages 18 to 24 (60 percent) had not been tested, while 90 percent of people 55 years and older had been tested (Exhibit 11).

EXHIBIT 11. HIV Testing by Age



Of those who reported that they have not been tested for HIV, nearly two-thirds believed that they have a low risk for HIV (Exhibit 12).

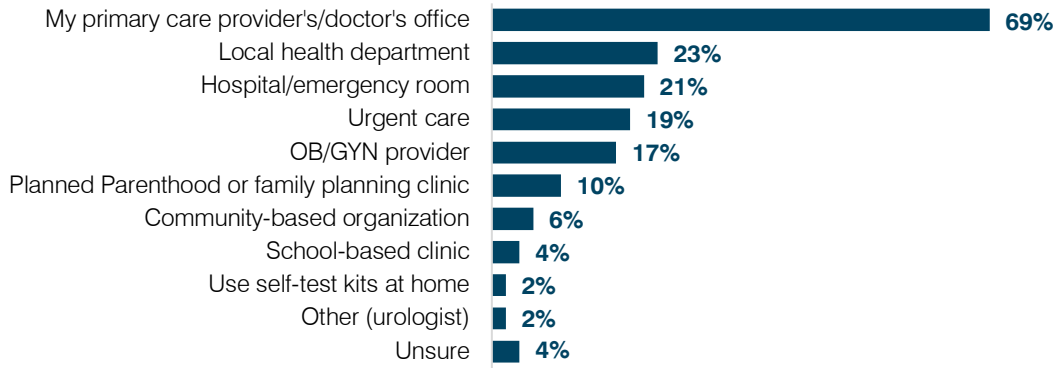
EXHIBIT 12. Survey Respondents' Reasons for Not Being Tested for HIV



N = 16
Note: Percentages do not equal 100 due to rounding.

However, most respondents shared that if they were to be tested for HIV, they would choose to do so at their primary care provider (Exhibit 13).

EXHIBIT 13. Where Survey Respondents Would Choose to Receive HIV Testing

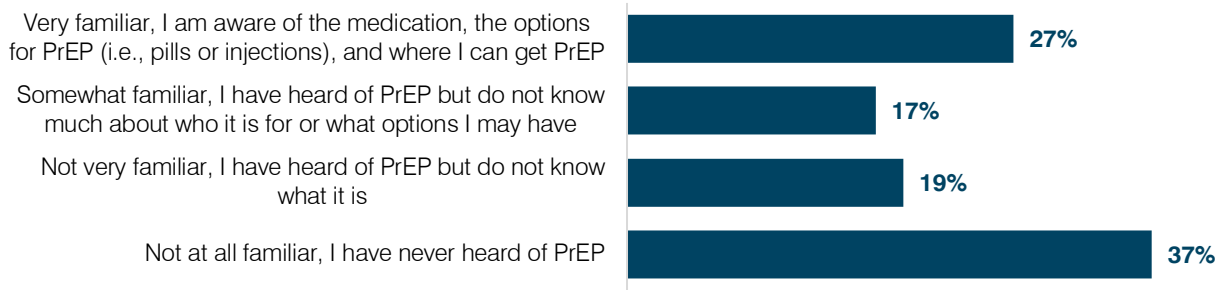


N = 52
Note: Percentages do not equal 100 due to rounding.

Prevention with PrEP

Respondents were asked about their familiarity with Pre-exposure prophylaxis (PrEP) as a preventive measure for HIV. Over one-third had never heard of PrEP, while just over a quarter said they were very familiar. The remainder of the respondents reported that they have heard of PrEP, but varied in their knowledge of what it was and who it was for (Exhibit 14).

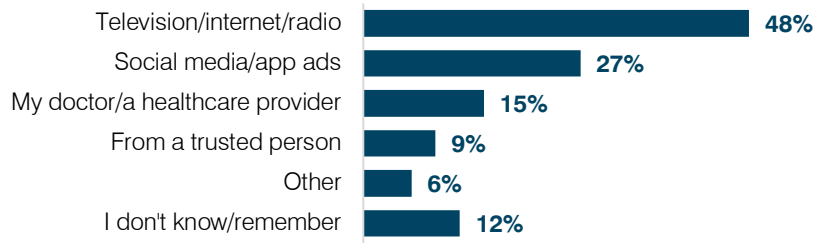
EXHIBIT 14. Survey Respondents' Familiarity with PrEP



N = 52

The majority of respondents (75 percent) who were familiar with PrEP said they most often hear about it on television, radio, the internet, and social media (Exhibit 15).

EXHIBIT 15. Where Survey Respondents Most Often Hear About PrEP



N = 33

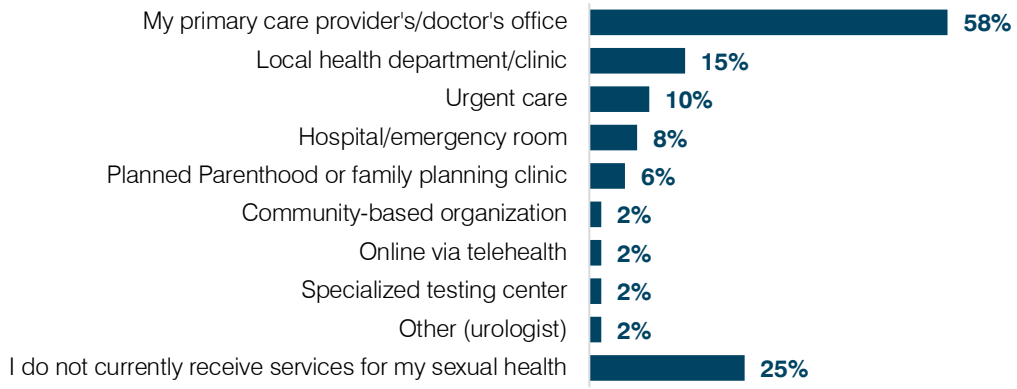
Accessing Sexual Health Care Services

Respondents were asked about where they have received sexual health care services, where they currently receive services, or where they would go in their community if they were seeking sexual health care services.

Source of Care/Provider Type

People who have either not been diagnosed with HIV or did not report their status said that they generally receive sexual health care services from their primary healthcare provider and are less likely to receive care at other places such as a local health department, urgent care, or hospital. Notably, one-quarter said they do not receive sexual health care services at all (Exhibit 16).

EXHIBIT 16. Places Where Survey Respondents Receive Sexual Health Care Services

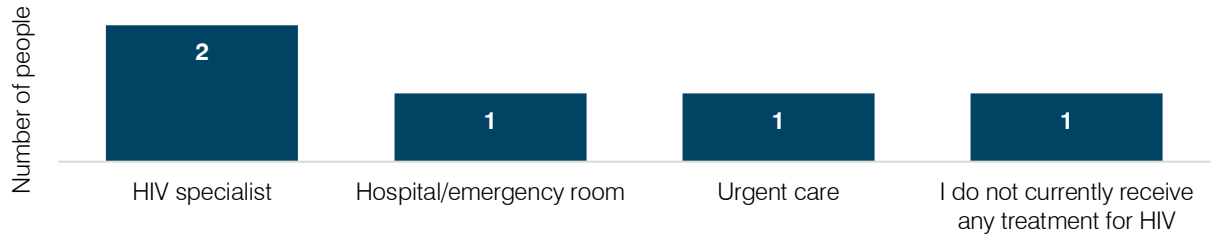


N = 52
Note: Percentages do not equal 100 because respondents could select more than one answer.

Of those who were diagnosed with HIV and chose to share where they were diagnosed, two people responded that they were diagnosed at a hospital or emergency room, one was diagnosed at an urgent care, and one selected "other."

When asked about where they receive ongoing care, people who reported being diagnosed with HIV said they receive care from an HIV specialist, a hospital, urgent care, or a combination of those places. One person said they do not receive any treatment for HIV (Exhibit 17).

EXHIBIT 17. Where Survey Respondents Receive Care for HIV

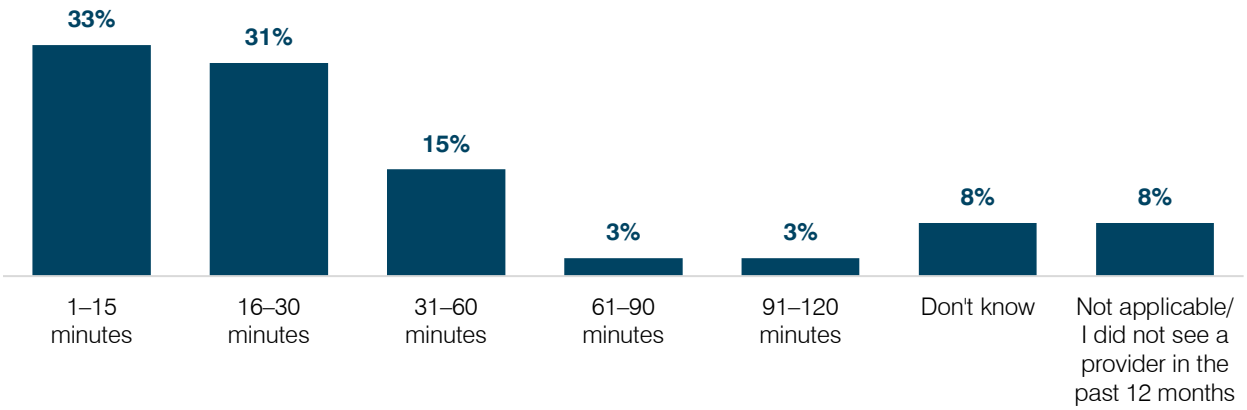


N = 4
Note: Total does not equal 4 because people could select more than one answer.

Across respondents with and without an HIV diagnosis, the majority (62 percent) reported traveling an average of 30 minutes or less to receive sexual health care services, including HIV care. Nineteen percent indicated travel times of up to an hour, and 4 percent spent up to two hours (Exhibit 18).

Travel Time and Transportation

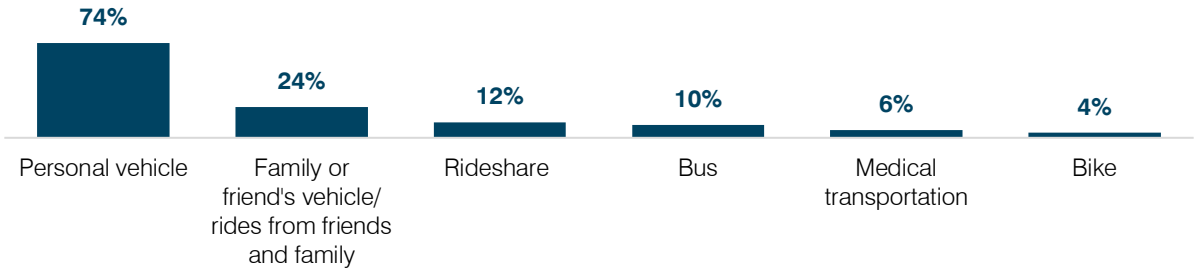
EXHIBIT 18. Average Travel Time to Receive HIV or Sexual Health Care Services



N = 42
Note: Only three respondents who reported a diagnosis of HIV responded to a question about how long it took them to travel to receive HIV care. Their responses have been combined with those of the respondents who answered a question about how long they traveled to receive sexual health care services.

About three-quarters of survey respondents have access to a personal vehicle to get to appointments, and all survey respondents reported having access to at least one type of transportation (Exhibit 19).

EXHIBIT 19. Community Members' Transportation Type

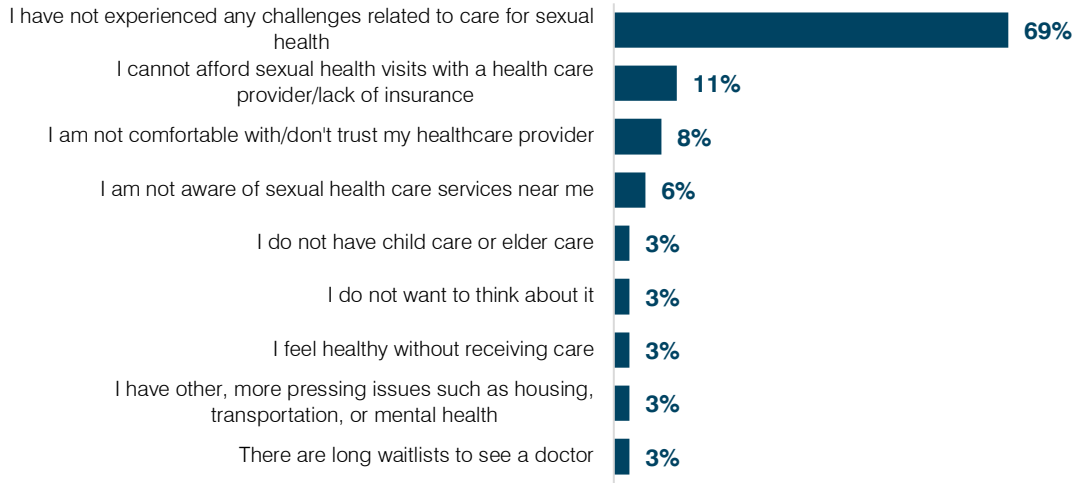


N = 50
Note: Percentages do not equal 100 because people could select more than one answer.

Barriers to Accessing Sexual Health Care Services

Community members were asked about the barriers they have experienced when trying to obtain sexual health care services. Nearly 70 percent reported that they do not experience any barriers (Exhibit 20). Of note, only two people with an HIV diagnosis responded to the same question about barriers to receiving care for HIV, neither of which reported any barriers.

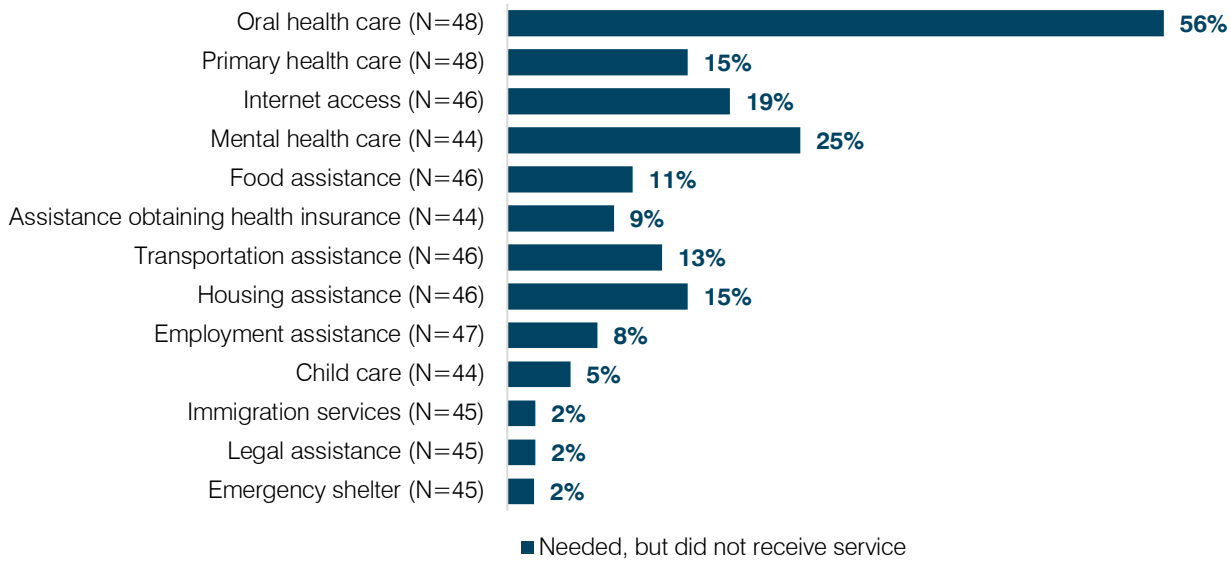
EXHIBIT 20. Community Members' Barriers to Receiving Sexual Health Care Services



N = 36
Note: Percentages do not equal 100 because participants could select more than one answer.

Community members were also asked about their ability to access other health-related services, such as primary healthcare, oral health care, and services to address social determinants of health (e.g., housing, employment, and food access). Of all the services, community members were most likely to indicate needing, but not receiving, oral health care services. Approximately two-thirds (67 percent) of respondents said they needed oral health care services in the past year, while 56 percent said they did not receive these services. In addition, while 46 percent of respondents said they needed mental health care services, 25 percent said they needed but did not receive these services (Exhibit 21).

EXHIBIT 21. Services That Community Members Needed but Did Not Receive



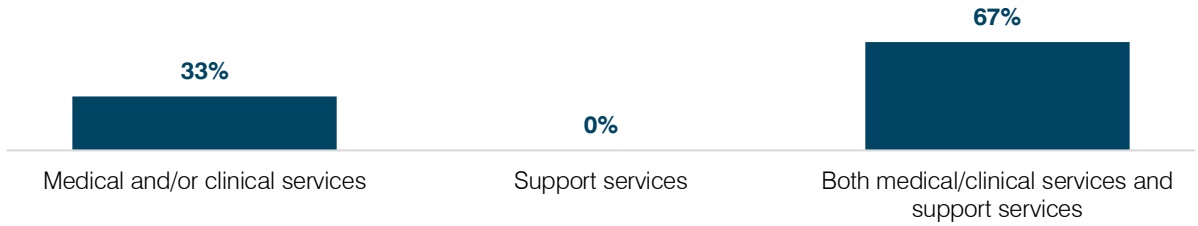
Note: Respondents were also asked about translation services, access to sterile syringes, and substance use treatment. Those were left out of the table because either no respondents said they needed the service, or all of the respondents who needed the service reported that they received it.

Provider Survey and Focus Group Findings

PSC also developed an online survey via Qualtrics for community service providers, and the MDHHS team shared it with providers. The survey instrument can be found in Appendix C. To better understand some of the insights gleaned from the survey, PSC facilitated a focus group with community providers. Nine people attended the discussion and shared more about barriers their clients face in accessing services, their referral networks, and their outreach strategies. PSC also conducted one 30-minute interview with a provider who was unable to attend the focus group. The discussion guide for both of these conversations can be found in Appendix D.

The survey received a total of six responses. Of these six, four respondents said their organizations offered both clinical and support services, while the other two only offer clinical services (Exhibit 22).

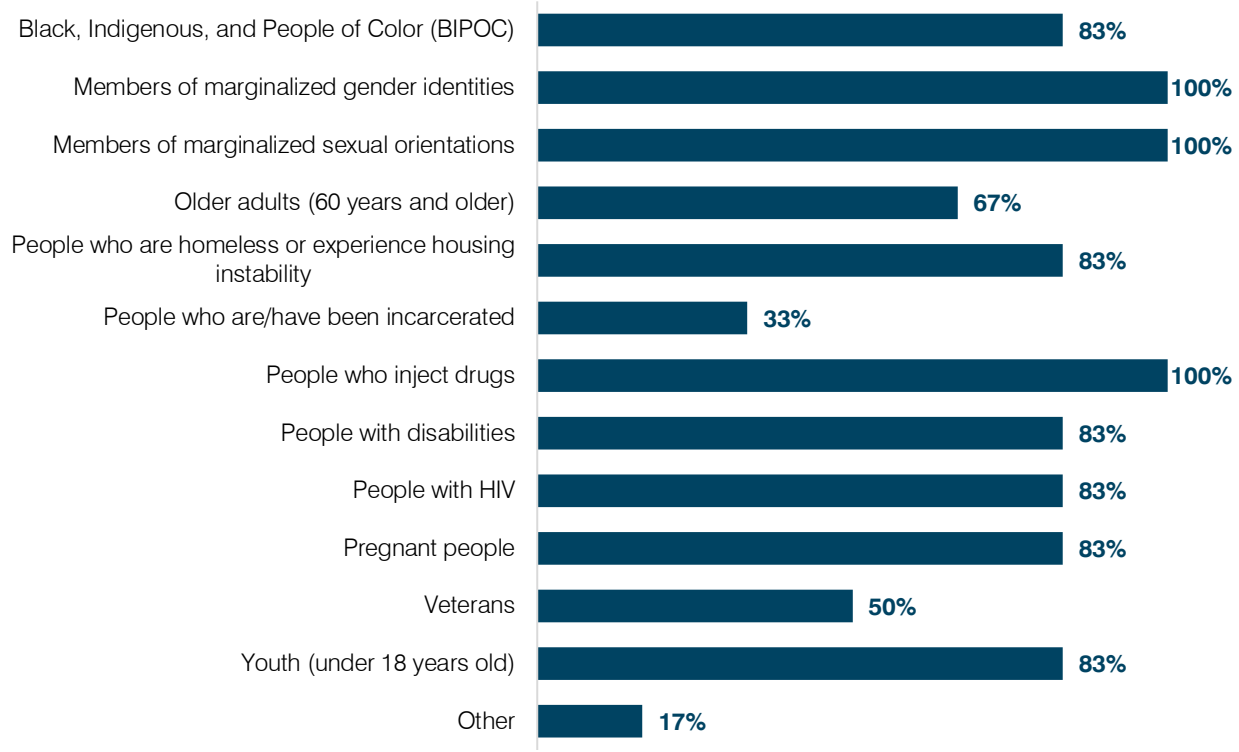
EXHIBIT 22. Services Offered by Provider Survey Respondent Organizations



N = 6

All providers said they offered services that were tailored to specific populations. Every organization represented offers services for members of communities marginalized due to gender identities and sexual orientations as well as people who inject drugs. Eighty-three percent of respondents offer services tailored for people with HIV (Exhibit 23).

EXHIBIT 23. Percent of Providers that Offer Specialized Services by Population

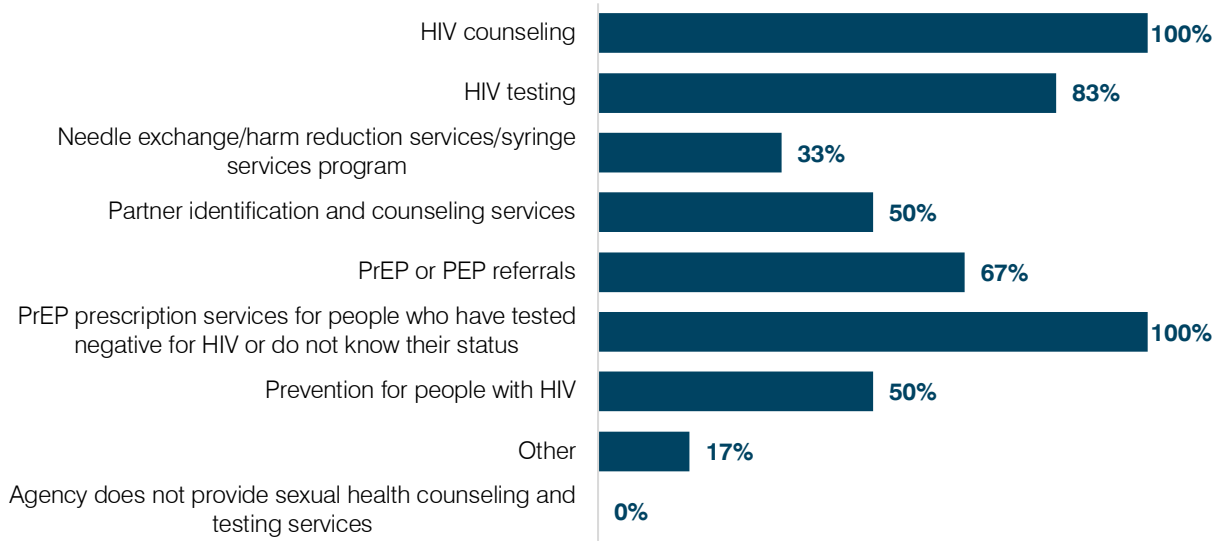


N = 6

Notes: Percentages may total to more than 100 because more than one response was selected. The responses described in "other" include people with a substance use disorder and youth involved with foster care, CPS, and kinship programs. Marginalized gender identities refers to gender identities including transgender and nonconforming. Marginalized sexual orientations includes identities such as gay, lesbian, and bisexual.

All six survey respondents said their organizations offer HIV counseling and PrEP prescription services. Eighty-three percent offer HIV testing, while fewer offer PrEP or PEP referrals, prevention services, or harm reduction resources (Exhibit 24).

EXHIBIT 24. HIV-Related Services Offered by Survey Respondents

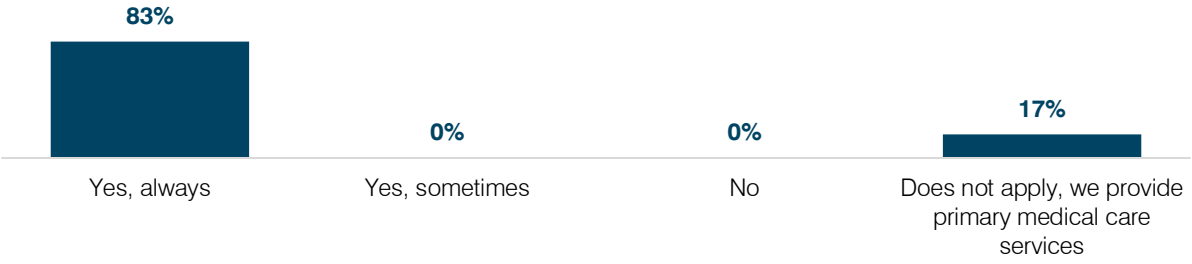


N = 6
Note: Percentages may total to more than 100 because more than one response was selected. "Other" response included sexual health education to youth and young adults.

Offering Care

Providers who took the survey, as well as those who participated in the focus group and interview, said that if they do not directly provide primary healthcare for people with HIV, they always ask patients about their access to primary care. One hundred percent of survey respondents say that they always try to address primary care with their clients (Exhibit 25). Additionally, every provider said they always encourage people to enter care if they are not in care already.

EXHIBIT 25. Percent of Providers Who Ask Patients If They Are Receiving HIV-Related Primary Care

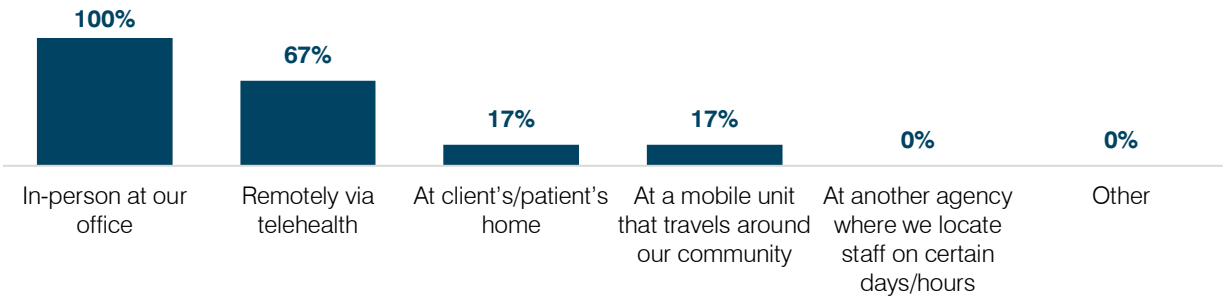


N = 6

Focus group and interview participants highlighted that there are many services available in Detroit, but they do not generally send clients from the Out-Wayne County communities to Detroit. While there were issues with the availability and wait times for Detroit-based services, the main issue cited was that it is not realistic to expect clients to have reliable transportation to travel that far.

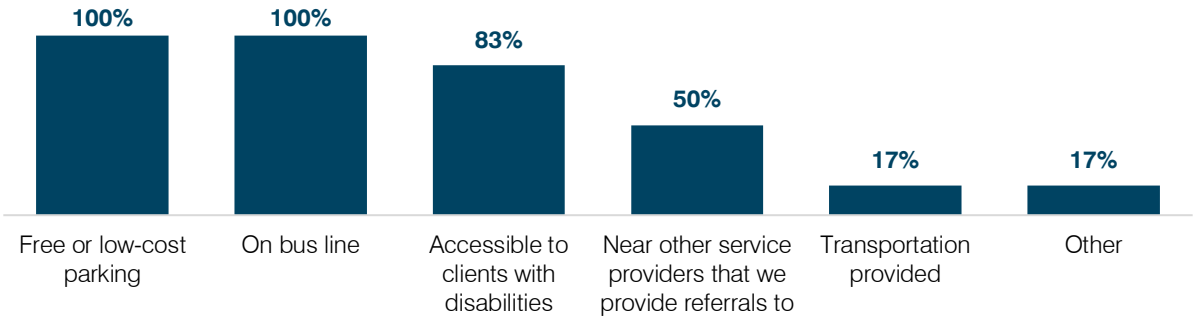
To address this issue, many providers offer help through coordination of medical transportation, telehealth, or other solutions. One hundred percent of survey respondents said their offices offer in-person services (Exhibit 26), are on a bus route, and offer free or low-cost parking (Exhibit 27).

EXHIBIT 26. Types of Locations Where Providers Offer Services



N = 6
Note: Percentages may total to more than 100 because more than one response was selected.

EXHIBIT 27. Provider Location Accessibility

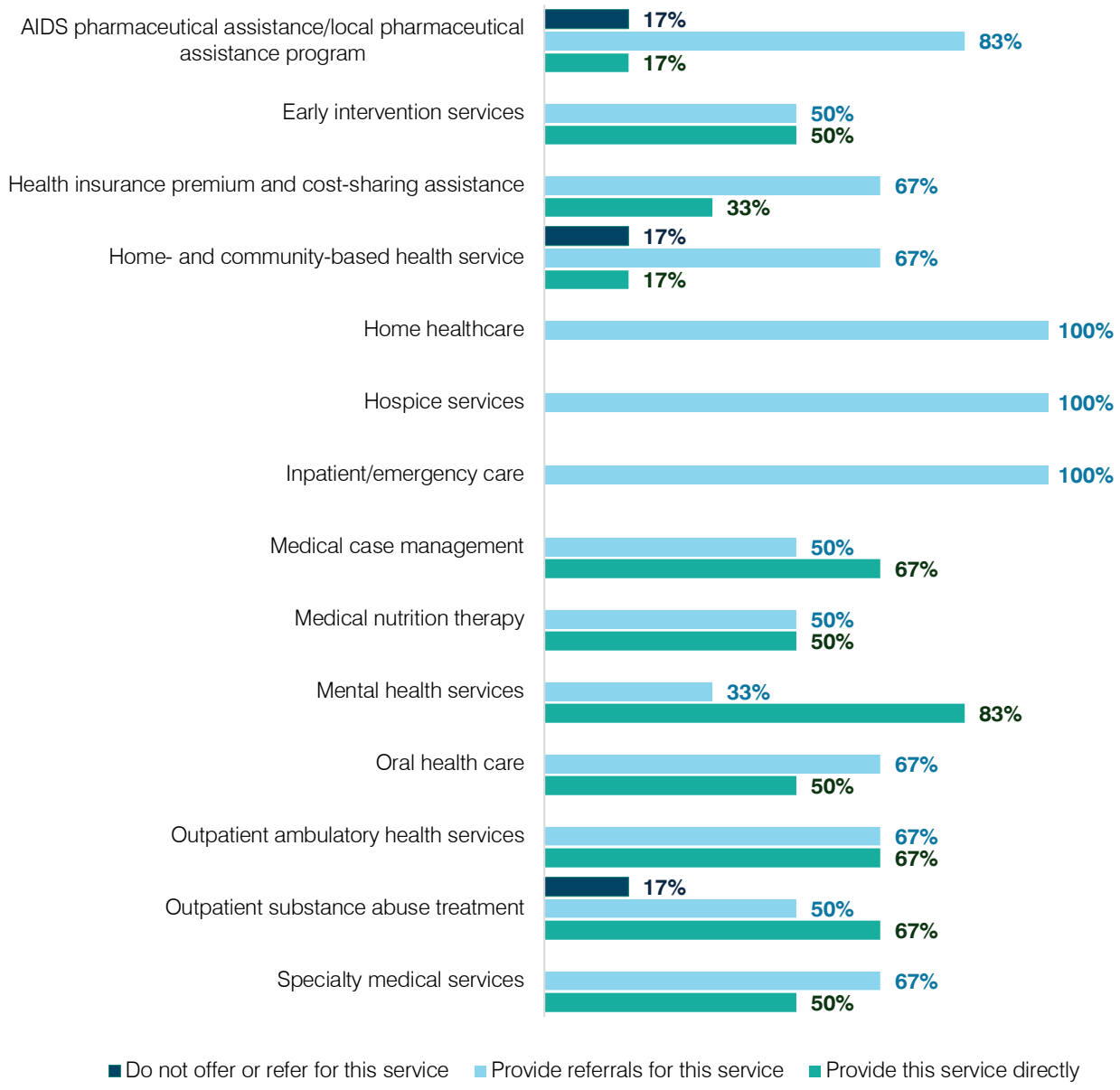


N = 6
Note: Percentages may total to more than 100 because more than one response was selected.

Referral Networks

To assess whether referral networks were working efficiently, the provider survey and focus group included information about their relationships with other partners in their community. Other than AIDS pharmaceutical assistance/local pharmaceutical assistance, home- and community-based health services, and outpatient substance abuse treatment, every provider either directly provides or offers referrals for all the healthcare services included in the survey (Exhibit 28).

EXHIBIT 28. Health Services That Providers Offer Directly and/or Make Referrals For

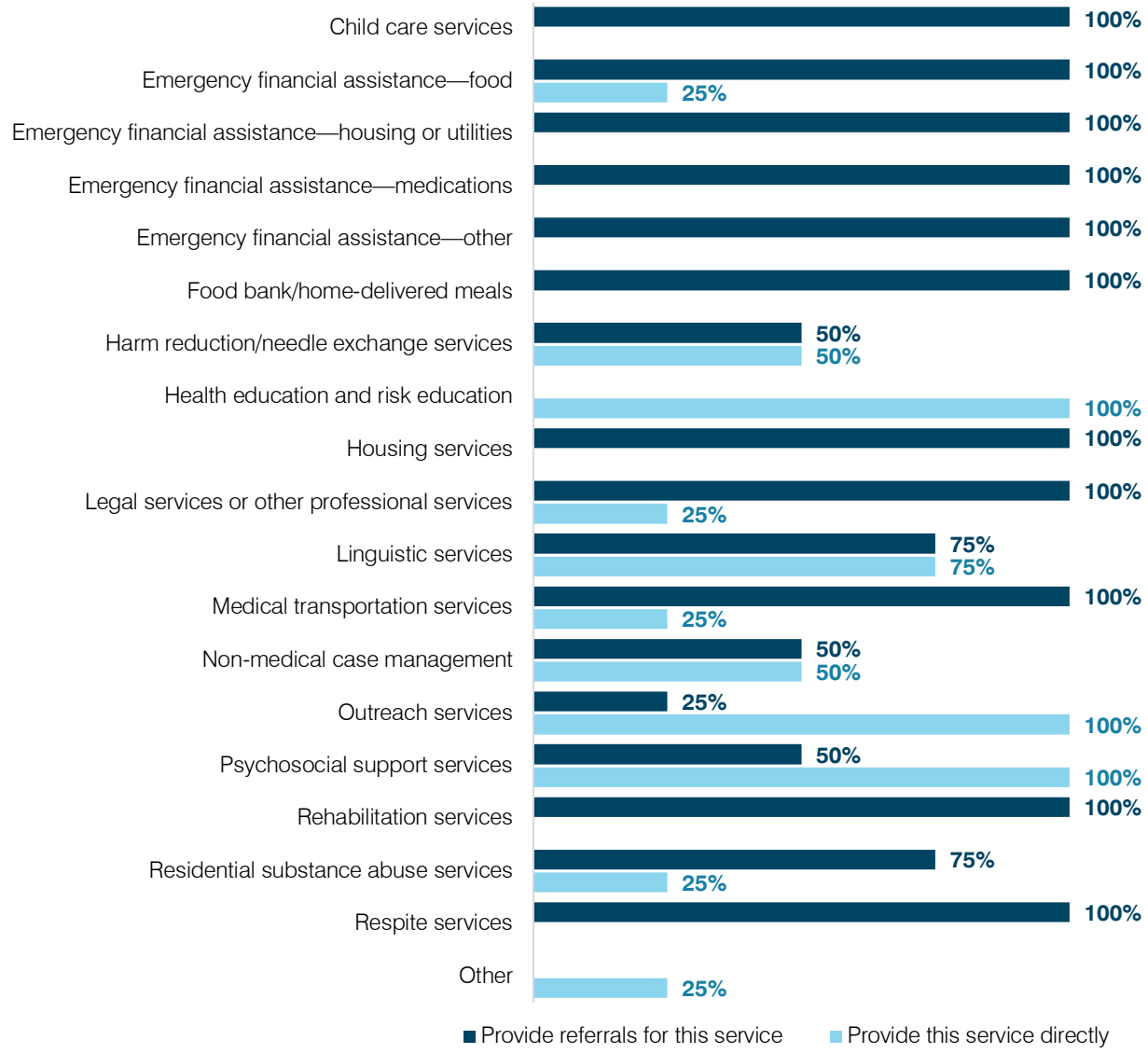


N = 6
Note: Percentages may total to more than 100 because more than one response was selected.

When asked about provision of and referrals for supportive/human services, every provider either directly offers or makes referrals for all the services included in the survey. All providers said they directly offer health education and education about HIV transmission, outreach services, and psychosocial support services. In addition, 75 percent provide linguistic services; 50 percent offer harm reduction/needle exchange services and nonmedical case management; and 25 percent offer emergency financial assistance for food, medical transportation services, residential substance abuse services, or legal services or other professional services.

All survey respondents reported offering referrals for—but not directly providing—child care services; emergency financial assistance for housing or utilities, medications, or other services; food bank/home-delivered meals; housing services; rehabilitation services; and respite services. Similarly, most support services had at least one respondent reporting that their organization referred for that service (Exhibit 29).

EXHIBIT 29. Support Services That Provider Survey Respondents Provide or Refer For



N = 4

Note: Percentages may total to more than 100 because more than one response was selected. "Other" responses are medication for opioid use disorder (MOUD) services and quick response teams.

Focus group and interview participants emphasized the strength of their referral networks and said they have effective relationships with other providers. However, many expressed that there are a number of services that are not available in the community, making referrals either nonexistent or ineffective.

Transportation and housing were the two most frequently cited services as those that are lacking in the Out-Wayne area.

> "When you refer [a client] and they don't get the help they need, they no longer trust you. Housing is a big [issue]."

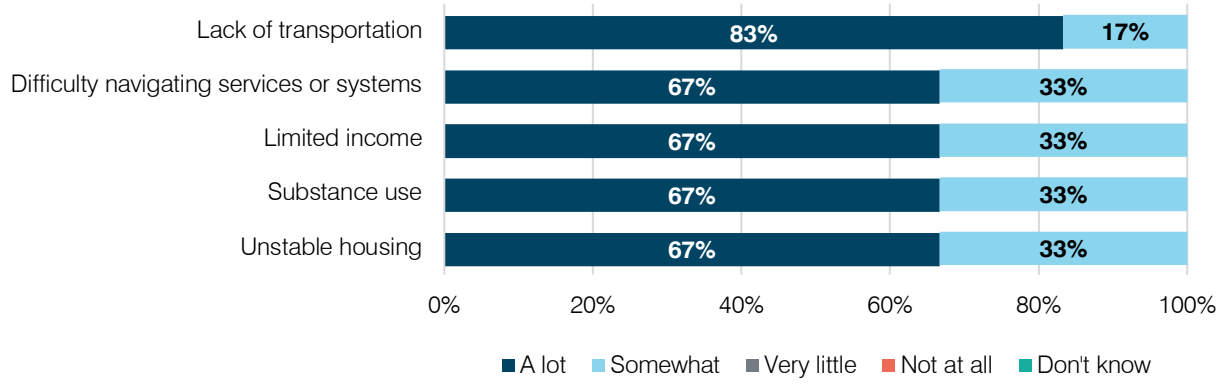
Some providers offered ideas on how to further strengthen referral networks. One person said a data-sharing system would allow providers to both establish trust and offer more streamlined services to the community. They noted that such a system would prevent community members from having to repeat testing or other intake processes if they recently had it done with another provider.

One person recommended that providers be given more opportunities and spaces to gather, connect, and form relationships. They said that while this had previously been done by Detroit-Wayne Integrated Health Network, the majority of the providers who attended worked in mental health care. Offering space, both in person and virtual, would be useful to better understand who is in the area and what services are available.

Barriers to Accessing Care

Service providers identified more barriers to accessing care than those identified in the community survey. Barriers related to social determinants of health, specifically transportation and housing, were routinely identified as the top barriers across the survey, focus group, and interview. Provider survey respondents noted that the top five barriers faced by their clients were transportation, difficulty navigating the services or systems, limited income, substance use, and housing (Exhibit 30). Given the disparity between community and provider responses regarding access barriers, it is possible that people who responded to the community survey face fewer barriers than people who did not respond to the survey.

EXHIBIT 30. Top Five Most Pressing Challenges Faced by Clients According to Provider Survey Respondents



N = 6

Note: Other barriers not shown include fears of others learning of HIV status, inadequate insurance coverage, mental health conditions, lack of child care, incarceration, and costs of care, among others.

"You cannot ask a family of five with children to walk a long way to a bus stop and try to use the bus to get to and from appointments. That's not realistic."

"How can [clients] follow up on services, like getting a sequence of shots, when they don't know where they'll be [living]?"

Recommendations

The advisory group met on July 17, 2024, to review findings from the data-gathering activities and recommend ideas to MDHHS that would improve awareness of, and access to, sexual health services in Out-Wayne County. In addition, the MDHHS project team, which includes many advisory group members, offered additional recommendations for consideration. The recommendations generally fell into three categories: using data to increase testing, treatment and prevention; strengthening community outreach; and leveraging partnerships with providers to meet the ongoing goals of MDHHS.

Data Sharing

Advisory Group members and project staff emphasized the value of using data to share information with providers and the community:

- Share data and findings from this project and others with agencies that operate in Inkster, Romulus, Westland, Garden City, and other priority communities as they emerge. A presentation setting would be beneficial for providers to network with one another. Possible partners include the Michigan HIV/AIDS Council (MHAC) and the Southeast Michigan HIV/AIDS Council (SEMHAC).
- Review data on negative HIV tests and positive STI tests to do more public health detailing and determine where more care is needed. More care can include offering fact sheets to providers on factors that increase the risk of, and susceptibility to, HIV and STIs, similar to Pride palm cards, to encourage more testing and prevention. Possible partners include facilities and/or providers that diagnose HIV and STIs infrequently.
- Collect data at regular intervals to determine the changing needs of the community. For example, the creation of a regularly scheduled community survey could allow MDHHS to determine whether new barriers emerge within the community.

Community Outreach

The advisory group and project team said engaging with community members directly in person or online could both increase awareness of services and educate the community about factors that increase the chance of HIV and STIs. Suggestions include:

- Increase campaign efforts to share services, including those that address social determinants of health, with community members and providers. These campaigns could be used to promote the importance of different types of care (e.g., the importance of oral health as it relates to overall health).
- Tailor outreach and marketing related to HIV and STI prevention to reach younger populations, such as those ages 18–24. This can include leveraging social media including TikTok or other platforms as

they emerge. Possible partners include primary care providers or other offices where people may receive referrals.
- Use place-based interventions to implement evidence-based services that are appropriate for priority communities.
- Increase tabling and attendance at community events and/or host community listening sessions to talk about HIV and STI prevention, including factors that increase the risk of and susceptibility to HIV and STIs. Community leaders or well-known people could be invited as speakers and panelists to help reduce stigma associated with HIV.

Partnerships

The MDHHS advisory group and project team identified several potential partnerships for increasing awareness of and access to sexual health care services in the Out-Wayne County priority communities:

- Work with the Michigan Primary Care Association to establish more routine testing in primary care settings.
- Bring providers together across sectors to network and strengthen referral relationships. Possible partners include the Midwest AIDS Training and Education Center (MATEC).
- Facilitate conversations with local health departments to determine where partnerships can be made to do outreach and awareness campaigns. Possible partners include the Wayne County Health Department.
- Partner with other state departments or divisions within MDHHS to address barriers related to social determinants of health. For example, this could include working with the Medicaid program to strengthen stable and reliable access to medical transportation.

The recommendations laid out above provide a foundation for future decisions regarding how best to invest resources in Out-Wayne County to increase access to, and awareness of, sexual health care and to reduce the transmission of HIV and other STIs.

References

Michigan Department of Health and Human Services. April 2024. *STI Awareness Month–April 2024.* Lansing: Michigan Department of Health and Human Services. https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/HIVSTI/Data-and-Statistics/2023/2023-STIs-in-Michigan-Fact-Sheet.pdf?rev=9ee025c0e3d3430d818d33b4eb492e2f&hash=940826A06E05287F7B7658C72BCE9F2B.

Miller, Jennifer. July 2023. "HIV Prevalence December 31, 2022." Presentation, Michigan Department of Health and Human Services, Lansing, MI.

Appendix A: Advisory Committee Roster

- Christiane Arnold, Unit Manager, Michigan Department of Health and Human Services
- Erica Bills, Section Manager, Michigan Department of Health and Human Services
- Alijah Brown, Disease Intervention Specialist, Michigan Department of Health and Human Services
- Erica Brown, Disease Intervention Specialist, Michigan Department of Health and Human Services
- Robin Deyarmond, Ryan White Coordinator, Michigan Department of Health and Human Services
- Lynn Foucrier, Unit Manager, Michigan Department of Health and Human Services
- Johnnie Green II, Special Population Coordinator, Michigan Department of Health and Human Services
- Cathy Hollis, Disease Intervention Specialist, Michigan Department of Health and Human Services
- Teodora Jiga, EHE Coordinator, Michigan Department of Health and Human Services
- Jennifer Miller, HIV Epidemiologist, Michigan Department of Health and Human Services
- Kate Stevens, HIV Surveillance Associate, Michigan Department of Health and Human Services
- Kylie Szymanski, Program Assistant, Michigan Department of Health and Human Services
- Tyffanie Walton, Ending the HIV Epidemic Health Educator, Michigan Department of Health and Human Services

Appendix B: Community Survey

Introduction

The Michigan Department of Health and Human Services (MDHHS) is conducting a survey in Out-Wayne County in the communities of Inkster, Romulus, Garden City, and Westland regarding residents' need for, and use of, sexual health services, including HIV testing. Outside of Detroit, nearly one-third of all new HIV cases in the county are diagnosed in these communities. Results from this survey will be used to help MDHHS better allocate resources and identify topics for future work.

Participation in this survey is voluntary. Anything you share in the survey will remain anonymous and not associated with your name or other personal information. Your answers will be combined with answers from other individuals taking the survey to identify common needs in your community. The survey should take about 10 minutes to complete.

The first 150 participants who complete the survey will receive a $20 Visa gift card as a token of our appreciation. Once you complete the survey, you can enter your name and email address to receive your gift card. Your survey will remain anonymous; names and email addresses are not associated with your survey responses

Thank you for your time.

Screening

1. The Out-Wayne HIV needs assessment focuses on the Inkster, Romulus, Garden City, and Westland area, with the survey explicitly tailored for residents of these communities. Please indicate the 5-digit zip code in which you live [drop down option]

2. Are you 18 years of age or older?
    a. Yes
    b. No

if Q1= “Other” and/or Q2= “No” then:

Thank you for your interest in our survey. Please note that this survey is intended for residents aged 18 or older in Inkster, Romulus, Garden City, and Westland. We appreciate your understanding.

[close survey]

[if participant lives in zip codes included in the dropdown list, and is 18 years of older, continue with Q3]

General Information

This survey will ask questions about sexual health care and services. For the purposes of this survey, sexual health refers to the testing, prevention, and treatment care practices related to sexual well-being.

3. How important is taking care of your sexual health to you? [Not at all important, Slightly important, Important, Very important]

4. Where do you get information about sexual health care and sexual health services available to you? Select all that apply.
    a. Healthcare provider (e.g., doctor, local health department)
    b. Hospital/emergency room
    c. Urgent care
    d. Case manager
    e. Planned Parenthood/family planning organization
    f. Health educator
    g. Peer navigator or peer advocate
    h. Support group
    i. Friends or family
    j. Partner/significant other
    k. TV/internet/radio
    l. Billboards or posters
    m. Faith-based groups
    n. Social media (e.g., TikTok, Facebook)
    o. Other, please describe: [text box]

5. Which of the following have you discussed with a trusted person in the past year? Select all that apply.
    How to prevent transmission of HIV and sexually transmitted infections/diseases (STIs/STDs) (e.g., chlamydia, herpes, gonorrhea)
    b. How to use condoms
    c. The importance of going to all of your healthcare visits
    d. How viral load is linked to preventing the spread of HIV
    e. How to talk to partners about condoms
    f. How to share HIV or STI/STD status
    g. Legal issues related to HIV
    h. No one has talked to me about any of these things in the past year

6. Have you ever been tested for HIV?
    a. Yes
    b. No [skip to Q14]
    c. Unsure
    d. Prefer not to answer

7. Have you ever been diagnosed with HIV or AIDS?
    a. Yes
    b. No [skip to Q16]
    c. Unsure [skip to Q16]
    d. Prefer not to answer [skip to Q16]

HIV Care

8. Where were you diagnosed with HIV/AIDS?
    a. Hospital/emergency room

b. Urgent care
c. Local health department
d. Private doctor's office/primary care provider
e. Community-based organization
f. Jail or prison
g. Mobile testing unit
h. Community outreach event
i. Unsure/can't remember
j. Other, please describe: [text box]

9. Where do you receive care for HIV/AIDS *most* often? Select up to two.
   a. Hospital/emergency room
   b. Urgent care
   c. Local health department
   d. Primary care provider or doctor's office
   e. HIV specialist
   f. Community-based organization or community health agency
   g. I do not currently receive any treatment for HIV [skip to Q13]
   h. Some other place, please describe: [text box]

10. In the last 12 months, how long did it usually take you to get to the provider that you saw for most of your HIV care?
    a. 1–15 minutes
    b. 16–30 minutes
    c. 31–60 minutes
    d. 61–90 minutes
    e. 91–120 minutes
    f. More than 120 minutes (more than 2 hours)
    g. Don't know
    h. Not applicable/I did not see a provider in the past 12 months

11. Are you currently prescribed antiretroviral therapy (ART) medications to manage HIV?
    a. Yes, and I take them as prescribed [skip toQ13]
    b. Yes, but I do not take them as prescribed
    c. No [skip to Q13]
    d. Unsure [skip to Q13]

12. Which factors contribute to why you are not taking your ART medications as prescribed? Select all that apply.
    a. I cannot afford my prescriptions on a regular basis
    b. I do not have a healthcare provider that can prescribe medication to me on a regular basis
    c. I do not have transportation to a pharmacy
    d. I do not want to experience side effects
    e. I forget to take my HIV/AIDS medication regularly
    f. I feel healthy without medications
    g. I experienced difficulties navigating insurance

h. My insurance does not cover the medications I need/no insurance coverage
i. I do not want to think about it
j. I prefer alternative therapies
k. I have experienced hospitalization or other illness
l. Changes in my routine
m. Other, more pressing issues, such as housing, transportation, and mental health
n. Personal reasons not listed
o. Other, please describe: [text box]

13. Which of the following challenges, if any, have you experienced related to obtaining care for HIV? Select all that apply.
    a. I have other, more pressing issues, such as housing, transportation, or mental health
    b. I do not have transportation to appointments for HIV care
    c. The clinic/healthcare location is too far away
    d. I do not have child care or elder care
    e. I cannot afford HIV-related visits with a healthcare provider
    f. My insurance does not cover HIV care/no insurance coverage
    g. I am not comfortable with/do not trust my healthcare provider
    h. I am not aware of what services I need for HIV
    i. The services I want/need (e.g., peer support groups) are not available
    j. I am not aware of HIV-related care near me
    k. I have experienced hospitalization or other illness
    l. There is a long wait list to see a doctor
    m. I forget appointments
    n. I have experienced discrimination in my HIV care
    o. I cannot find a healthcare provider that meets my language or cultural needs
    p. I prefer alternative therapies
    q. I do not want to think about it
    r. I feel healthy without receiving care
    s. Other, please describe: [text box]
    t. I have not experienced any challenges related to HIV care

14. Based on your experience and the experiences of people you know, what are the top three barriers that people newly diagnosed with HIV face when finding care? Select up to three.
    a. No reliable transportation
    b. Lack of stable housing/unhoused
    c. Mental health issues
    d. Substance use disorder
    e. Language barriers
    f. Incarceration
    g. Employment/lack of time off
    h. Financial issues
    i. No phone, computer, or other device to contact service providers
    j. No health insurance
    k. Insufficient insurance/costs too high
    l. Lack of access to care or location of medical services

m. Lack of family or social support
n. Day-to-day responsibilities/busy schedules
o. Forgetting appointments
p. Other, please describe

15. Please select the answer that best describes your need for the following HIV services over the past six months.

	In the Past Six Months	
Service	**Did you need the service? [Y/N]**	**Did you receive the service? [Y/N]**
Medical case management		
Antiretroviral therapy/medications		
Payment assistance for HIV appointments		
Payment assistance for medications		
Support groups		
Peer programs		
Syringe exchange or other harm reduction programs		
Patient navigation services		
Ryan White enrollment		
Insurance enrollment or navigation		
HIV doctor/provider		
Other, please describe		

Sexual Health Care

16. [If Q6 = "No"] What factors impacted your decision not to be tested for HIV? Select all that apply.
    a. I did not think I needed to test for HIV/I have low risk
    b. I did not know where to get tested for HIV
    c. I was fearful or anxious about the result
    d. The testing site was too far away
    e. I did not have time
    f. I was unsure about the costs of HIV testing
    g. I was afraid to be judged or ask for testing
    h. I had a hard time making or finding an appointment
    i. I did not have transportation to a testing appointment
    j. My doctor/provider has never offered or talked about testing
    k. No particular reason
    l. Other, please describe: [text box]

17. Where do you receive sexual health care services (e.g., STI/STD tests, birth control, etc.)? Select all that apply.
    a. Hospital/emergency room
    b. Urgent care

c. Local health department/clinic
d. My primary care provider/doctor's office
e. Community-based organization
f. Online via telehealth
g. Planned Parenthood or family planning clinic
h. Specialized testing center
i. I do not currently receive services for my sexual health [skip to Q20]
j. Other, please describe: [text box]

18. In the last 12 months, how long did it usually take you to get to the provider that you saw for most of your sexual health care services?
    a. 1–15 minutes
    b. 16–30 minutes
    c. 31–60 minutes
    d. 61–90 minutes
    e. 91–120 minutes
    f. More than 120 minutes (more than 2 hours)
    g. Don't know
    h. Not applicable/I did not see a provider in the past 12 months

19. What challenges, if any, have you experienced related to seeking sexual health care services? Select all that apply.
    a. I cannot afford sexual health visits with a healthcare provider
    b. My insurance does not cover care/no insurance coverage
    c. I am not comfortable with/don't trust my healthcare provider
    d. I am not aware of sexual health care services near me
    e. I do not have transportation/the clinic healthcare location is too far away
    f. I have other, more pressing issues, such as housing, transportation, or mental health
    g. I am not aware of what services I need for sexual health
    h. The services I want/need (e.g., peer support groups) are not available
    i. Another mental or physical health condition prevents me from accessing care
    j. There are long waitlists to see a doctor
    k. I have experienced discrimination in my care
    l. I do not have child care or elder care
    m. I cannot find a healthcare provider that meets my language or cultural needs
    n. I prefer alternative therapies
    o. I do not want to think about it
    p. I feel healthy without receiving care
    q. I forget appointments
    r. I have experienced hospitalization or other illness
    s. Personal reasons not listed
    t. Other, please describe: [text box]
    u. I have not experienced any challenges related to care for sexual health

20. If you wanted to be tested for HIV and/or STIs/STDs today, where could you go? Select all that apply.
    a. Hospital/emergency room
    b. Local health department
    c. Urgent care
    d. My primary care provider/doctor's office
    e. OB/GYN provider
    f. Community-based organization
    g. Planned Parenthood or family planning clinic
    h. Use self-test kits at home
    i. Plasma center
    j. School-based clinic
    k. Unsure
    l. Other, please describe: [text box]

21. How familiar are you with pre-exposure prophylaxis, or PrEP, which is a medication that can help prevent the transmission of HIV?
    a. Very familiar, I am aware of the medication, the options for PrEP (i.e., pills or injections), and where I can get PrEP
    b. Somewhat familiar, I have heard of PrEP but do not know much about who it is for or what options I may have
    c. Not very familiar, I have heard of PrEP but do not know what it is
    d. Not at all familiar, I have never heard of PrEP [Skip to Q23]

22. Where did you first hear about PrEP? Select all that apply.
    a. TV/internet/radio
    b. My doctor/a healthcare provider
    c. Social media/app ads
    d. From a trusted person (e.g., friend, family, partner)
    e. I don't know/remember
    f. Other, please describe: [text box]

23. How comfortable would you feel talking to a healthcare provider about PrEP? [Not at all comfortable, Slightly comfortable, Comfortable, Very comfortable]

Social Determinants of Health

24. Please select the answer that best describes your need for the following services over the past six months.

	In the Past Six Months	
Service	**Did you need the service? [Y/N]**	**Did you receive the service? [Y/N]**
Primary healthcare (doctor/provider)		
Oral health care (dentist)		
Mental health care (therapist, counselor, etc.)		
Transportation assistance and/or services		
Insurance navigation		
Housing assistance (e.g., rent or utility payment assistance)		
Emergency shelter		
Legal assistance		
Assistance obtaining health insurance		
Food assistance (e.g., food pantries, SNAP)		
Internet access		
Employment assistance (e.g., help creating a resume, applying for jobs)		
Substance use treatment		
Child care		
Translation services		
Access to clean syringes and injection equipment		
Immigration services		
Other, please describe:		

Demographics

25. Which of the following best describes your current housing situation?
    a. I rent an apartment/housing unit
    b. I own a home/housing unit
    c. I live with a friend or family member
    d. I reside in a temporary shelter
    e. I do not have a place that I stay regularly
    f. Other, please describe

26. How do you typically get to your appointments and other commitments? Select all that apply.
    a. Personal vehicle
    b. Family or friend's vehicle/rides from friends and family
    c. Bus
    d. Bike
    e. Rideshare (e.g., Uber, Lyft)
    f. Medical transportation (e.g., van service, metro lift)
    g. Mobility or disability scooter
    h. Rental e-scooter
    i. Other, please describe: [text box]

27. What is your age?
    a. 18–24 years old
    b. 25–34 years old
    c. 35–44 years old
    d. 45–54 years old
    e. 55–64 years old
    f. 65 years or older
    g. Prefer not to answer

28. What is your gender identity?
    a. Female
    b. Male
    c. Transgender female
    d. Transgender male
    e. Other gender identify (not listed)
    f. Prefer not to answer

29. Which of the following best represents your race or ethnicity? Select all that apply.
    a. American Indian/Alaska Native
    b. Asian
    c. Black/African American
    d. Native Hawaiian/other Pacific Islander
    e. Hispanic or Latino/a/x
    f. Middle Eastern or North African
    g. White
    h. Some other race
    i. Prefer not to answer

30. Please select the gender of your sexual partners over the past year. Select all that apply. For reference, "cisgender" refers to a person whose gender identity corresponds with their sex at birth (e.g., someone born as male and identifies as male).
    a. Cisgender men
    b. Cisgender women
    c. Transgender men
    d. Transgender women
    e. Other, please describe: [text box]
    f. I have not had any sexual partners in the past year
    g. Prefer not to answer

31. What is the highest level of education you have completed?
    a. Less than high school
    b. High school diploma/GED
    c. Some college
    d. Associate's degree
    e. Bachelor's degree
    f. Advanced degree (e.g., PhD, master's degree)

32. How many people are in your household? [text box]

33. What was your annual combined household income (before taxes)?
    a. Less than $25,000
    b. $25,001–$50,000
    c. $50,001–$100,000
    d. $100,001–$150,000
    e. $150,001–$200,000
    f. More than $200,000
    g. Prefer not to answer

Closing

Thank you for taking this survey! Your feedback has been successfully submitted. All answers will remain anonymous.

To receive a $20 Visa gift card, please check this box. **Your entry to receive a gift card is not associated with your responses to this survey. You will receive your gift card in seven to ten business days from eGifter.**

Please check this box to indicate your interest in participating in future conversations on this topic. **Your contact information will not be associated with responses to this survey.**

If you are interested in learning more about HIV, its prevention, or about HIV providers in your area, please visit the following sources:

- Michigan PrEP Directory
- HIV Care Resource Guide (Michigan.gov)
- PrEP Services Locator—Please Prep Me
- HIV testing sites and care services locator

[Links in closing page will bring respondents to these]

To receive a digital $20 Visa gift card, please provide the requested information below.
First and last name
Email address
Please confirm email address

Would you like to be contacted to participate in future conversations on this topic?

- Yes
- No

Appendix C: Provider Survey

Introduction

The Michigan Department of Health and Human Services (MDHHS) has engaged Public Sector Consultants (PSC) to complete an HIV Needs Assessment in Out-Wayne County, specifically targeting the communities of Inkster, Romulus, Garden City, and Westland. Outside of Detroit, nearly one-third of all new HIV cases in the county are diagnosed in these communities. This survey aims to understand what services exist for people with HIV and those at increased risk for HIV in these Out-Wayne County communities and what barriers they may experience in accessing services.

MDHHS will use your responses to develop a resource inventory of Out-Wayne County and the barriers that your clients/patients may face to better understand service gaps. The survey should take about ten minutes to complete.

Thank you for your time.

Your Organization

1. Name of agency: [text box]
2. Street address: [text box]
3. City: [text box]
4. Zip code: [text box]
5. Name of person completing survey: [text box]
6. Position or title of person completing the survey: [text box]

Services

7. Which of the following best describes the services your organization provides?
    a. Medical and/or clinical services [Go to Q8, skip Q9]
    b. Support services (nonmedical and/or nonclinical services) [Go to Q9]
    c. Both medical/clinical services and support services

8. Which of the following core medical services does your organization provide directly or provide referrals for?

Service	Provide this service directly	Provide referrals for this service	Do not offer or refer for this service
AIDS pharmaceutical assistance/local pharmaceutical assistance program			
Early intervention services			
Health insurance premium and cost-sharing assistance			
Home and community-based health service			
Home healthcare			
Hospice services			
Inpatient/emergency care			
Medical case management (including treatment adherence services)			
Medical nutrition therapy			
Mental health services			
Oral health care			
Outpatient ambulatory health services			
Outpatient substance abuse treatment			
Specialty medical services			

9. Which of the following support services do you provide directly or provide referrals for?

Service	Provide this service directly	Provide referrals for this service	Do not offer or refer for this service
Child care services			
Emergency financial assistance—food			
Emergency financial assistance—housing or utilities			
Emergency financial assistance—medications			
Emergency financial assistance—other			
Food bank/home-delivered meals			
Health education and risk education			
Housing services			
Linguistic services (translation and interpretation)			
Medical transportation services (transportation to and from service providers)			
Harm reduction/needle exchange services			
Nonmedical case management			
Legal services or other professional services (e.g., income tax preparation)			
Outreach services (to bring people into care)			
Psychosocial support services (support groups, counseling, etc.)			
Rehabilitation services			
Residential substance abuse services			
Respite care			
Other services (please list)			

10. How do clients/patients obtain the services you provide? Select all that apply.
    a. Request services online or by phone
    b. Walk-in
    c. Referrals from a healthcare provider, case manager, or other service provider
    d. Other, please describe

11. How long does it typically take a new client to have their first appointment after they request services?
    a. 3 business days or fewer
    b. 4–5 business days
    c. 1–2 weeks
    d. 3–4 weeks
    e. More than 4 weeks

12. Does your organization have established protocols or a referral process designed specifically for clients/patients presenting with a new diagnosis of HIV/AIDS (e.g., intake, referral, start of services)?
    a. Yes, please describe
    b. No

13. When you refer clients/patients to another agency for services, do you have a system in place to follow up/communicate with that agency to find out whether a client received services (i.e., a "closed-loop referral" process)?
    a. Yes
    b. No
    c. Unsure

Your Service Population

14. Do you provide services to meet the unique needs of any of the following populations? Select all that apply.
    a. People with HIV
    b. People with disabilities
    c. People who are/have been incarcerated
    d. Members of marginalized sexual orientations (e.g., gay, lesbian, bisexual, etc.)
    e. Members of marginalized gender identities (e.g., transgender, gender nonconforming, etc.)
    f. Older adults (60 years and older)
    g. Youth (Under 18 years old)
    h. People who are homeless or experience housing instability
    i. Veterans
    j. Black, Indigenous, and People of Color (BIPOC)
    k. People who inject drugs
    l. Pregnant people
    m. Other, please describe

15. Please select the languages in which you are able to provide services.
    a. English
    b. Spanish
    c. French
    d. Chinese (Mandarin)
    e. Chinese (Cantonese)
    f. Arabic
    g. Bengali
    h. American Sign Language
    i. Other languages (please list)

16. Is there an income eligibility threshold to receive any of the services your organization provides?
    a. Yes
    b. No [skip to Q18]
    c. Unsure [skip to Q18]

17. Please select the income eligibility threshold for your services, based on the federal poverty level (FPL). If you need to review the FPL, please visit this link.
    a. Below 100% FPL
    b. 100–200% FPL
    c. 201–300% FPL
    d. 301–400% FPL
    e. Above 400% FPL
    f. Don't know

HIV Support Services

18. Approximately, what proportion of your clients are people with HIV?
    a. Less than 10%
    b. 10–25%
    c. 26–50%
    d. 51–75%
    e. 76–90%
    f. More than 90%
    g. Not sure

19. For how many years has your organization provided HIV care–related services?
    a. Less than 1 year
    b. 1 to 5 years
    c. 6 to 10 years
    d. 11 to 19 years
    e. 20 years or more
    f. Not applicable

20. Do you ask clients with HIV whether they are receiving HIV-related primary medical care?
    a. Yes, always
    b. Yes, sometimes
    c. No
    d. Does not apply, we provide primary medical care services

21. Do you encourage clients with HIV to enter care?
    a. Yes, always
    b. Yes, sometimes
    c. No
    d. Does not apply, we provide primary medical care services

22. What, if any, prevention or sexual health counseling and testing services does your agency provide? Select all that apply.
    a. PrEP prescription services for people who have tested negative for HIV or do not know their status
    b. HIV counseling
    c. PrEP or PEP referrals
    a. HIV testing
    b. Prevention for people with HIV
    c. Partner identification and counseling services
    d. Needle exchange/harm reduction services/syringe service program
    e. Other (specify) [text box]
    f. Agency does not provide sexual health counseling and testing services

Assessment of Service Needs

23. In your experience, to what extent do the following barriers impact access to services and/or treatment for clients/patients living with HIV?

Barrier	Not at all	Very little	Somewhat	A lot	Don't know
Mental health conditions					
Substance use					
Fears of others learning of HIV status					
Denial of HIV status					
Not ready to engage in care					
Not feeling sick					
Preference for alternative, religious, or spiritual approaches					
Unstable housing					
Limited income					

Barrier	Not at all	Very little	Somewhat	A lot	Don't know
Cost of HIV care and medications					
Lack of health insurance					
Inadequate insurance coverage					
Lack of child care					
Difficulty navigating services or systems					
Don't know where to get needed treatment or services					
Lack of transportation					
Lack of support from family/friends					
Incarceration					
Insufficient food and/or nutrition					
Lack of language or translation services					
Lack of culturally appropriate or culturally sensitive services					
Other, please describe					

Operations

24. Where do you provide services? Select all that apply.
    a. In-person at our office
    b. Remotely via telehealth
    c. At client's/patient's home
    d. At another agency where we locate staff on certain days/hours
    e. At a mobile unit that travels around our community
    f. Other, please describe

25. [Only if options A and/or D was selected on Q24] Tell us about your service site accessibility. Select all that apply.
    a. On bus line
    b. Near other service providers that we provide referrals to
    c. Free or low-cost parking
    d. Transportation provided
    e. Accessible to clients with disabilities
    f. Other: [text box]

26. On average, how far do your clients travel to receive services at your organization?
    a. 0–15 minutes
    b. 16–30 minutes
    c. 31–60 minutes
    d. 61–90 minutes
    e. 91–120 minutes
    f. More than 120 minutes (more than 2 hours)
    g. Don't know

27. What is the current capacity of your organization to serve clients? Please provide an estimate of the maximum number of clients your organization can accommodate at any given time.

28. Please indicate your days and hours of operation (text box options for each day and open/closing).
    a. Monday _____ to _____
    b. Tuesday _____ to _____
    c. Wednesday _____ to _____
    d. Thursday _____ to _____
    e. Friday _____ to _____
    f. Saturday _____ to _____
    g. Sunday _____ to _____

29. Which of the following funding sources do you use to support your programming? Select all that apply.
    a. Ryan White (Parts A, B, C, D, or F)
    b. Other federal funding
    c. State-funding
    d. Local government funding
    e. Private funding (i.e., donors, foundations, etc.)
    f. Volunteer-based services
    g. Private insurance payments
    h. Medicaid or Medicare payments
    i. Fee-for-service payments from clients/patients
    j. Other, please describe
    k. Unsure

Closing

Thank you for taking the time to complete this survey! Your feedback has been successfully submitted. If you work with any organizations or service providers in the Out-Wayne County area that would like to submit feedback, please share this survey with them.

Appendix D: Focus Group Guide

Introduction

The information you share today will not be attributed to you and we will not use any information that identifies you or anyone you mention specifically. We will be reviewing what we learn today for general themes. Do you have any questions before we get started today?

Please introduce yourself. Please share your name, your organization, and how you learned about this group.

Questions

Services and Referrals

1. What are the services you provide? Are there any specific populations you try to reach with your services?
2. What types of services do you refer your patients/clients to? What specific organizations or providers do you refer people to?
3. Does your organization receive referrals from other service providers? For which types of services? From what types of providers?

Service Barriers and Gaps

4. What do you think are some of your patients'/clients' biggest challenges in seeking or receiving the services you offer or refer for?
    a. Prompt: Are services accessible for their transportation or mobility needs?
    b. Prompt: Are services affordable and/or covered by insurance?
    c. Prompt: Do they feel comfortable with the providers who offer the services?
    d. Prompt: Do they feel like there is judgment or stigma in the community surrounding these topics?
5. What recommendations do you have to reduce the patient/client or provider barriers that you described?
6. Are there any types of services that your clients/patients need that are unavailable in this community as far as you are aware? If so, which types of services are these? Why do you think these gaps exist?
    a. Probe: Funding, staffing, adapting to evolving community needs

7. Thinking about these services gaps in your community, how, if at all, do you support clients/patients who need these services?
    a. Prompt: Which of these gaps should be prioritized?

Relationships, Outreach, and Marketing

8. How would you describe your organization's relationship with other organizations and partners in the community?
    a. Prompt: Are there any differences in your relationships with organizations based on the types of services they provide? [Such as between two medical/clinical organizations, between two social service organizations, and between medical/clinical and social service.]
9. What would strengthen your relationship with other service providers in your community?
10. How do you share information with your community about the services and resources that your organization offers?
    a. Prompt: Does your organization attend community events?
    b. Prompt: Does your organization rely on word of mouth?
    c. Prompt: Does your organization use advertisements for services on TV/social media/radio?
11. Do you feel like your organization's outreach approaches are effective in reaching the right audiences? Why or why not?
12. What communication methods would be most effective for the clients/patients you serve to promote the services you all provide?
    a. Prompt: What resources would need to be made available to support these efforts?

Close

13. Thinking about everything you've shared today, what is one thing that would encourage more people in your community to get tested and/or seek treatment for HIV and other sexual health needs, as well as services to address their social determinants of health needs?
14. Is there anything else you would like to share that we haven't already discussed?

Those are the questions we have for you today. Our next steps are to summarize your feedback and present it to MDHHS to inform its work in Out-Wayne County.

Thank you again for your participation.

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