

ETE Focus Group Findings

Prepared by Hutchins Consulting LLC

Settings

June 5, 2020-August 13, 2020

Virtual: The meetings were scheduled by JGA's Gina Dacy using GOTO MEETING online conferencing service or by Malinda Boehler using Eskenazi's WEBEX secure online conferencing service. Before participants began to log on, JGA (Gina) and Hutchins Consulting LLC offered some pointers and suggestions to the facilitator. Engagement techniques suggested by Hutchins Consulting LLC included how to keep the participants engaged during the interview session, the use of probing questions and how to communicate to participants the importance of recording (audio only) the interviews. Audio recordings, in addition to observer notes, ensures voices of the participants are heard and increases the validity and integrity of the data being collected. JGA and Hutchins Consulting LLC agree from this point forward to record the audio of all focus groups for analysis purposes only.

In-Person Location I (4012 N. Rural): In-person meetings were scheduled by JGA's Gina Dacy. The room is located inside a small office building used by the administration of the Marion County Health Department. Michael Butler of MCHD has graciously allowed the use of the facility to conduct our focus groups. There is one main entrance. The room where the focus groups were held is quite large and can accommodate upwards to 60 people. We placed several 4x6 ft tables in a circle in the middle of the room to allow for the interview to feel more like a conversation or discussion while following social distancing mandates (safety precautions cause by the outbreak of COVID19). Each table has bottled water, a bag of vegetable chips, a Nutra-grain bar and hand wipes. Disposable face masks were provided for participants who needed one.

In-Person Location II (1650 N. College): In-person meetings were scheduled by JGA's Gina Dacy. The room is located inside a small office building that serves as an Eskenazi Center. Michael Butler has again, allowed us to use this building to host the final phases of our focus groups. The room is small and has a capacity of 20 people. Each participant can sit at a 4X6 table and still practice following the city mandate. Each table has bottled water, a bag of vegetable chips, a Nutra-grain bar and hand wipes. Disposable face masks were provided for participants who needed one.

CHART 1

Participant Description

<i>Focus Group Type</i>	<i># of Participants</i>	<i>Type of Meeting</i>	<i>Protocol Type</i>
<i>Front Line Workers</i>	9	Virtual	TYPE 1
<i>Subject Matter Experts (English)</i>	3	Virtual	
<i>Subject Matter Experts (Spanish)</i>	6	Virtual	TYPE 1
<i>Julian Center</i>	1	Virtual	TYPE 1
<i>HIV Treaters</i>	8	Virtual	TYPE 1
<i>Providers</i>	7	Virtual	TYPE 1
<i>Community Centers</i>	8	Virtual	TYPE 1
<i>Homeless Centers</i>	5	Virtual	TYPE 1
<i>STD Providers</i>	5	Virtual	TYPE 1
<i>Hospitals</i>	6	Virtual	TYPE 1
<i>Nutrition</i>	3	Virtual	TYPE 1
<i>Marion County Trustees</i>	1	Virtual	TYPE 1
<i>Mental Health</i>	2	Virtual	TYPE 1
<i>Re-Entry</i>	6	Virtual	TYPE 1
<i>White MSM</i>	3	In Person	TYPE 2
<i>Black MSM</i>	19	In Person	TYPE 2
<i>LatinX</i>	3	In Person	TYPE 2
<i>Youth</i>	3	In Person	TYPE 2
<i>Substance Abuse Workers</i>	6	Virtual	TYPE 1
<i>People Over 55</i>	4	In Person	TYPE 2
<i>Transgender</i>	3	In Person	TYPE 2
<i>Faith Based</i>	5	In Person	TYPE 2
<i>Parents</i>	5	In Person	TYPE 2
<i>Foreign Born</i>	1	In Person	TYPE 2
<i>Black Women</i>	3	In Person	TYPE 2
<i>Parents</i>	5	In Person	TYPE 2
<i>Total</i>	130		

Protocol Type 1

Q1: Tell me about your organization/HIV services and what you believe are your most powerful tools that you bring to the table to end the HIV epidemic in Marion County?

- Q2: What programs are working well to end the HIV epidemic in Marion County?
- Q3: When people share they are out of care – why?
- Q4: What are the three biggest barriers to ending the HIV epidemic in Marion County?
- Q5: What are the some of the biggest challenges you see in ending Marion County?
- Q6: What partnerships/collaborations are working well in Marion County? What might need improvement?
- Q7: Where would you invest funds to make the most impact on ending the HIV epidemic in Marion County? Where are we under-resourced now?
- Q8: What’s the current status of HIV in Marion County?
- Q9: What are the three most important things that need to change about service delivery in Marion County?
- Q10: Do you know about Telehealth? How has it changed your service delivery?
- Q11: Who is the population most in need and why are we missing them?
- Q12: Final Thoughts?

Protocol Type 2

- Q1: What do you know about HIV and how is it transmitted? How is HIV perceived in your community? How often do conversations about HIV come up?
- Q2: What’s working well in the areas of education, prevention and testing for HIV and what needs to change?
- Q3: What do you know about PrEP and how often do you talk to your friends, family and/or partner about PrEP?
- Q4: What do you know about ant-retroviral medications used to treat HIV and have you had any conversations about HIV treatments?
- Q5: Describe why you or individuals you know do not go to the doctor’s office. Why do they (or yourself) miss appointments?
- Q6: How often do you talk to your doctor about sex and sexual health?
- Q7: What are some ways to motivate others (or yourself) to get back into care (go see a doctor)?
- Q8: What would you improve about the care you receive to help you manage your health better?
- Q9: What challenges, problems and barriers do you currently see in HIV care and prevention?
- Q10: What is the biggest challenge we face in ending the HIV epidemic in Marion County?
- Q11: When you need health help of any kind, who do you turn to and where do you go? Describe how you would choose your health providers and locations?

Q12: If you were in control of the health care system, what changes or improvements would you make?

Q13: If you ever used a dating app, which ones did you frequent? Which ones are most popular among the people you know?

Q14: What else would you like to share? Final thoughts on ending the HIV epidemic in Marion County?

Findings

Currently, each focus group named three (3) of the biggest barriers/challenges in ending HIV in Marion County. Every focus group listed the same 3 barriers as the biggest challenges we face ending the epidemic. These barriers/challenges were discussed in detail by each group and continued to emerge as main topics of discussion throughout the interviews. Participants feel the lack of education (sexual health and HIV), agency and community collaboration and open communication at all levels contributes to the prevalence of HIV in Marion County especially among Black, Latinx and youth populations. Below is a list of themes from discussions with all focus groups listed above (CHART 1).

Education: Education for all and more of it has been the most common theme among all focus groups interviewed so far. It is interesting to note all groups including the Faith-based felt the current sexual health education available within K-12 schools is inadequate. The youth stated many have not received sexual health education while in school. Instead, participants stated abstinence was the only sexual health education available at their schools. Both the Faith-Based and Parent groups felt sexual health education should begin as early as the 3rd grade in order to prevent the development of risky behaviors that lead to HIV.

Current HIV prevention and treatment marketing and advertising is geared towards the gay community. Participants suggested ads become more inclusive to increase awareness among other populations affected by HIV. The same can be applied to current HIV and sexual health education available on the K-12 level. All groups agreed the current sexual health education curriculum focuses on heterosexual relationships and pregnancy prevention. The acceptance of different sexual orientations is on the rise and therefore sexual health education curriculum should be more inclusive.

All participants (except youth) mentioned HIV education among health providers (doctors) is lacking. Participants stated many doctors are old, white and straight and have very little knowledge about HIV and HIV care. This lack of knowledge creates challenges and barriers to care for patients and providers. There aren't many clinics or doctors' offices with staff who are knowledgeable about infectious diseases. This lack of knowledge leads to a disruption in care and engagement among the providers and patients.

Collaboration: The second most common theme among focus group participants is the need to start and increase interagency collaboration. Increasing social outcomes through collective impact is not a new approach. Collective impact is focusing on a shared goal and a common agenda to eliminate social issue. COVID19 has forced agencies to use collective impact strategies like open communication and shared resources. Participants mentioned Indianapolis does a great job with providing resources to agencies. However, many agencies are using precious resources targeting the same populations while making little strides in ending the epidemic. Very few agencies are sharing ideas and resources. The funding climate in Indianapolis is said to contribute to the silo'ing and competitiveness seen among agencies. Interagency collaboration and collective impact strategies can help create safety net organizations that can stand in the gaps of care and help eliminate some barriers to ending HIV in Marion County. For example, Substance abuse workers and law enforcement can work together eliminate the practice of

arresting substance abusers for carrying syringes, and mental health providers can work with Damien Center to fulfill their mental health services needs.

Communication: The third theme that emerged during the focus group discussions was the lack of opportunities to come together and have real conversations about HIV care, prevention and treatments. Society is more accepting of the LGBTQ community than it once was; however, conversations about HIV are not taking place. Participants mentioned no one is having real conversations about HIV because there is still stigma attached to HIV and anyone who has it. **Coffee and Conversations:** All focus group participants (except Youth) stated participating in this activity as a focus group participant was an activity they would like to see increase outside of the study. During these focus groups, they were able to come to the table and talk about real issues and uncomfortable topics that needed to be addressed. They mentioned there was a level of openness and support during the focus groups they are lacking and feel frequent opportunities to have a seat at the table and converse about issues effecting them as a group is what's needed to adapt and adjust to societies needs in order to end HIV in Marion County for good. Dismantle the Silo:

Cultural Competency: All participants discussed how a lack of cultural competency among care coordinators, providers, service workers and the doctors and nurses within the hospitals serving the community. Many doctors and care coordinators are White, older and straight. It is believed the current makeup of HIV clinics, hospitals and outreach programs do not mirror the community most at need. Each group identified Blacks, Latinx and the youth as populations currently most in need, yet there are very few people of color and Blacks employed at these organizations. Many participants feel current doctors and care coordinators cannot relate to the target population. Staffing practices are also highlighted as a cause to the lack of cultural competency among providers and workers.

Systemic Inequities: COVID19 and the current racial unrest seen across the country has highlighted the role systemic racial discrimination and inequities in systems including health care, education, work force development and criminal justice have in creating more barriers to treatment and care. Blacks and other minorities are at a disadvantage in the healthcare system simply because of their ethnicity. Blacks and POC have been disproportionately affected by COVID19 and HIV. Discriminatory practices, policies and procedures perpetuate and promote systemic racial discrimination and inequities while creating disparities and gaps in service. The intersectionality of race in healthcare is important to recognize and discuss. Racial discrimination effects the prevalence of HIV among Blacks and POC and plays a role in the challenges and barriers faced in ending HIV in Marion County.

Awareness: The face of HIV has changed since 1980, and marketing and advertisement for HIV prevention and treatments have remained the same. Most marketing for HIV targets men who have sex with men (MSM). Many focus group participants (except Providers and MSMs) were unaware HIV was an epidemic in Marion County. All groups stated awareness should increase and the target audience of PSAs and other advertisements should be more inclusive. Most HIV awareness advertisement focus on gay men and gay relationships. Participants shared the gay community is not the only group who can contract HIV therefore the message should include those who can contract it. All participants mentioned advertisements and marketing should be more inclusive and show other sexual orientations. The message can influence the level the stigma associated with HIV testing and treatment. Participants stated messaging for HIV awareness should include actual data and statics for the county and state instead of focusing on treatments available.

Social Determinates of Health: COVID19 has caused many providers to revisit their approach to service delivery and patient care. COVID19 has wreaked havoc on the health care, education, workforce, child welfare and criminal justice systems. Many systems have been turned upside down and traditional

approaches to providing resources to those in need are no longer as effective. Many service providers have been forced to pay more attention to social determinates of health like housing, transportation, mental health and food insecurity that effect overall health management and keep people out of care. Housing, food and economic insecurities create additional barriers when seeking and maintaining the proper health related care. Participants believe Indianapolis has plenty of resources available to address HIV in Marion County, but there are things patients must manage first that create barriers to care. Providers are now having conversations centered around social determinates of health and how to eliminate additional barriers these determinates create for their patients.

Mental Health:: Each group discussed the importance of mental health and how it plays a major role in ending HIV in Marion County. There is a severe lack of mental health services available in HIV care services and outreach programs. Providers are working overtime trying to address client/patient needs that are outside the scope of services provided. This puts a strain and stress on staff and resources, negatively effects engagement (patient and provider) and decreases overall outcomes for ending the epidemic in Marion County. Mental health intersects every facet of social services our city provides. Other groups mentioned the importance of having mental health services available for a myriad of reasons from increasing overall confidence in seeking help and treatment and improving healthy sexual behaviors to managing overall health. Participants discussed the intersectionality of mental health and how all HIV care and treatment centers, clinics and general hospitals should have concrete resources and connections available at every juncture of treatment. There is a lack of trained staff at these organizations to administer mental health services throughout the city. For example, the Damien Center has one (1) mental health worker and the entire program has been out of service since before COVID19. In Indianapolis, the Damien Center is perceived as the main HIV hub to go to for resources by providers, subject matter experts and the community at large. Mental health and HIV are interconnected. Access to mental health services by those newly diagnosed with HIV is crucial in slowing and eventual stopping the spread of HIV within Marion County. Participants mentioned having mental health services at this stage makes the difference between life and death. Increasing access to mental health services helps increase the health management abilities of the patient and overall engagement.

Stigma: The stigma of having HIV is still ever present. All groups believe stigma plays a major role in perpetuating HIV. Commercials and advertisements contributed to the stigma associated with HIV. Today, HIV is still seen as a gay disease or something you catch from kissing. HIV was considered a death wish during the early days of HIV advertisement. It was believed if you contracted HIV you were going to die. Stigma leads to people falling out of care or from seeking help at all. Stigma is also correlated to mental health and a lack of education and communication. For many groups, culture and religion influenced perceptions of HIV and those inflicted with it. External stigma and mental health issues (mainly depression) may keep people out of care and push others away from seeking care. Stigma associated with HIV is not just in the community, but within the healthcare system itself. Providers mentioned how stigmas against HIV held by doctors and care providers effect the level of care and engagement they provide.

Group Summaries

Hospitals: Increased collaboration, autonomy (top-down communication and collaboration issues) and coordination from the top down was the theme and focus of this conversation. Participants feel strongly about racial barriers being systemic. Women were brought up as a population often missed by all facets of the epidemic. An increase in overall awareness and sexual health education were mentioned as tools for prevention and not intervention.

HIV Treaters: Group seems to be overwhelmed by COVID19 and are very aware the issue has taken focus off HIV. Poverty plays a major role in access across all other demographics and the group feels more collaboration is needed to tackle issue. They feel organizations are doing a good job on an individual level, but more collaboration and partnerships and innovations in delivery of care is needed to reach emerging population who communicate differently. The group agreed increased engagement and outreach with patients and universal health care would solve a lot of their problems, but they are aware of the political forces behind such a dream becoming reality. They question the idea of what are they are measuring in terms of effectiveness and why? How do you get at effectiveness and efficiency using data? The group understands the importance of having good metrics that answer the research questions posed when reviewing data on issues involving HIV awareness and prevention.

Frontline Workers: Group repeated the importance of diversity training and getting workers and providers who come from the communities and cultures hardest hit by HIV in Marion County to staff these agencies. This group serves on the frontlines of HIV and deal with the patients/clients at all stages of the epidemic. They are bonded together by harrowing experiences and a strong belief in helping others. This group takes HIV in Marion County home every day and every night. They seem extremely dedicated to the cause and speak from a perspective of the bottom looking up, but they have perspective of knowing the best approach because they have “boots on the ground”. It was an emotional, raw, real, intense focus group where each participant bore all their heart and frustrations.

Subject Matter (English): It is important to note everyone in this group was undetectable which influenced responses. Each participant stated they were extremely depressed when they found out they were HIV positive and their mental health was severely suffering. Society has put out a negative message about HIV. PSAs and research back then made it seem like if you contracted the disease, it was a death sentence and your life was over. Science and research put a “scared straight” message out in front of HIV education. This could contribute to depression among the newly diagnosed and may directly impact the level of motivation patients have to manage their health. Mental health services and easy access to them become crucial at this juncture in their lives. People feel defeated from the start with such abysmal messaging. However, something CLICKED for this group. They all wanted to live! So, they took the necessary steps and their health in their own hands to get back on track and Marion County had the resources in place when they were ready and able to help themselves. Not all people will have the same resiliency.

How is this behavior replicated? What is the framework for motivation? Does it start at the beginning of diagnosis with the messages they are receiving from the providers, frontline workers, society and their sub communities? How do we approach their treatment when they first hear they’re HIV positive? Does this approach differ for the younger population now that we have PREP? More research with Subject Matter Experts is needed to answer these questions. It would be interesting to look at and talk to larger cities that have managed their epidemic well.

Subject Matter (Spanish): The group needs more sexual health education in the Hispanic community. “We are ashamed to talk about sex. It’s cultural; especially for the older people.” There is a need for interpreters, but not just anyone who is bilingual. The problem is people claim to speak Spanish, but it’s broken Spanish and it make it hard to explain everything to people who speak broken Spanish. At first, it seemed like a good thing because the community thought these people were there to help, but they soon got discouraged. One not only has to be bilingual; they must be culturally competent. The Spanish language is different culturally among Spanish speaking countries; we...are culturally different.

“WE need more resources for housing the very ill. Policies and bureaucracies hold things up. The undocumented don’t have resources.” Other Eskenazi locations need qualified bilingual and culturally competent staff. These places need to be more culturally responsive. They should have certified medical interpreters and not just someone who lists they can speak Spanish on their resume. Certified medical interpreters must go through cultural competency training on an on-going basis. They must do cultural competency training every five (5) years. It’s a profession, not just a skill. Having staff with this type of credential will help with patients and improve relationships. It will increase trust on all levels.

Homeless Centers: The theme centered on looking at homelessness as a part of healthcare (social determinate of health) especially when talking about populations inflicted with HIV. Many of the same barriers that create homelessness put the same population at risk for HIV. Many HIV health care providers do not look at homelessness as a factor. There are very few partnerships involving homeless centers and HIV providers, but with COVID19 a new approach/perspective is beginning to emerge. Homeless is linked to poverty which is linked to many social determinate factors including HIV infections. A collaborative approach from the top down (meaning give the providers and frontline workers a seat at the table) with the administering and allocation of services and funding from a myriad of systems will be the key to ending the HIV epidemic in Marion County.

Providers: HIV and sexual health education among high risk populations and health care providers themselves was a reoccurring theme to this discussion. The stigma associated with HIV keeps health care workers from fully doing their jobs. Involving more frontline workers at the table when decisions on service delivery and outreach are being made is important. The group also had a lengthy discussion on the socialization process that is inherent in the HIV care community. Newer workers to the field are pushed away or turned away by veteran workers who don’t want to be welcoming or share their knowledge. Motivation of service and community representation (a lack thereof) among staffing in the field was also a theme. Women, Blacks and Latinx were populations being missed in the efforts of ending the HIV epidemic. Although it was a small group, each participant had a lot to add to the discussion. The conversation could be continued with more participants, however the themes among the groups of providers interviewed are similar.

Nutrition: Of the groups in representation, Meals on Wheels has strategically focused on the HIV population and made a connection with food insecurity and health. They have program components in place to address their clients who are infected with HIV. Other organizations are just now focusing on the interconnectedness of food insecurity and overall health outcomes. Understanding this interconnectedness will increase the motivations and impact of organizations that are not directly focused on HIV outreach. This understanding provides safety nets in the gaps of outreach and care for those infected with HIV. Not all will go to a center specifically focused on HIV care...but all will encounter issues with food insecurity, housing, jobs, mental health and other facets of societal needs. This interview highlighted the need to seamlessly incorporate HIV awareness in agency efforts and service delivery. HIV intersects with every facet of our hierarchy of needs as a society. The HIV community of care would do well with more collaboration; for education and service purposes.

Re-Entry: Although many agencies associated with the DOC do not directly deal with HIV patients there is a seamless referral system given the connection with state agencies and departments. Group participants saw housing, organization policies and procedures, a lack of cultural competency, stigma and homophobia, silo’ing, the allocation of current funds and the lack of adequate staff as huge barriers

to HIV care. This group focused a lot on internal policies, procedures and SOPs as being areas in need of major change.

Mental Health: Although there were only two in this focus group, what they had to contribute was robust. Issues surrounding cultural competency and more diverse hiring practices were major themes among this group. Systemic racial discrimination and inequalities were noted as major contributing factors to ending the epidemic. Staffing and funding allocation issues were also major themes. Peer mentoring is a subject that has not been expounded upon by too many groups, but this group stressed the importance of it. Telehealth and delivering services virtually was a major part of the conversation; it has yielded great benefits for increase engagement.

MC Township Trustees: This participant offered a very different perspective of how our community and state agencies interact and intersect with the HIV community. As a Trustee, the office encounters those the HIV care community and hospitals may miss. Just like community centers, all sorts of people in need come to the Trustees office for help. In a sense, the Trustees Office can act as another safety net put in place to stand in the gaps of care and service for the HIV population.

Many in the focus groups we have talked to have commented on how legislation is needed to address some of the systemic issues surrounding ending HIV in Marion County. Some policies and procedures currently in place create more barriers to care and service delivery for many infected with HIV and at high risk for contracting the disease. Annette Johnson (participant) presented a viable and doable option which can happen in real time and create change on the county level. She laid out a solid plan for how the Trustees' Office can increase their role in ending the HIV epidemic through enactment of legislation. Her plan offers assistance to HIV patients through the Trustees' Office; something not discussed among focus groups we have talked to so far.

I wholeheartedly support Ms. Johnson's idea and I've steered this type of community led action research work several times over. I feel her perspective was very impactful because she offered a view of the epidemic from the perspective of the Township Trustees and even more uniquely; her perspective as a boots-on-the-ground community leader. The Trustees' office without a doubt interacts with the HIV population and those most at risk; given the nature of their work (providing rental, utility and some medical coverage assistance). An effective way to help end HIV in MC is to have a collaborative approach to efforts. Enacting legislation that allots funding to all 9 Trustee Offices in the county to cover some HIV costs for residents is an effective way to help end HIV in MC from the perspective of the county Township Trustees. It also provides avenues for increased collaboration, partnerships and data sharing.

I encourage this group to begin working on enacting this legislation immediately (while conducting this study) and I am willing and available to work with JGA and/or the group on this community led initiative to invoke change!

Black MSMs1: This was a very small group that started with 1 participant for nearly half of the interview. Although it was a small group, both participants provided good information. It is important to note sessions with Black MSMs lasted longer than any other focus groups because these men felt took the opportunity to use the platform to talk about general and personal issues that affect them as Black gay men in Indianapolis. They mentioned not having a platform to just talk to someone who isn't judging them. The participants and facilitator mentioned there is a desperate need for safe spaces to have conversations about being a Black man, about being gay and about being a Black gay man. There were

times the conversation did not pertain to the questions being asked, however; it was very important to allow the men to use the space and time to communicate.

In allowing the participants and facilitator to converse freely, mental health became the main topic of our discussion. As Black men in America, they already feel like they live in a country that doesn't value them or their voice. They feel the country, the world...society could care less if they were dead. In a society that feels like Black lives don't matter, they feel like Black gay lives matter even less. This feeling of hopelessness is exhibited in risk behaviors, albeit criminal, deviant or sexual. The urgent need for access to mental health services and safe spaces for conversations and the need to be seen, accepted and valued in our society for Blacks sets precedent over all other issues. Unfortunately, these issues are systemic and require more than just a quick fix; society must shift its perception of Blacks in this county, state and city. The participants mentioned these issues contribute to Black MSM falling out of care. The participants also mentioned other social determinates of health not being met that contribute to a lack of engagement in managing their personal health. Stigma associated with homosexuality in the Black community and community at large also contribute to poorly managed health; HIV clinics are not private.

Black MSM2: Mental health and safe spaces for conversations was the theme among this group. Resources for HIV are there and available, but mental health services are severely lacking. Racial discrimination play major roles in access to resources while stigma from the Black community and subcommunity (other Black gays) keep people out of care. Having staff at clinics and centers who are culturally competent will help. There is very little to no data on Black MSMs with HIV; larger organizations with ample funding continue to lag on providing this much needed data. Black MSMs do not have opportunities to come together and have real conversations about HIV. This focus group allowed for participants to network and discuss and share very uncomfortable information. The group expressed an urgent need for more opportunities to come together (with incentives provided) to have uncomfortable conversations about HIV. It is believed having someone to talk to in a judgement free safe space will help relieve depression. Participants also stressed the importance of a mentor program.

The mentor program will help connect younger Black MSMs with older Black MSMs to provide guidance and support. The facilitator Dr. D Johnson's organization is the only one in the city who specifically targets the black community and provides them with HIV care and resources and mentorship. The participants stated the mentorship program should be collaborative across cities and states. They also stated it should be more than one program (BEUWellness) in Indianapolis given the city has the highest population of Black MSMs within the state.

Faith-Based: This group feels HIV is a problem and providers and care coordinators are not targeting women, Blacks and the youth. The lack of sexual health education within the K-12 schools was cited as a reason for the increase in HIV within the city. Clergy feel the current sex education students are receiving is not focused on current sexual orientation relationships and is more geared towards abstinence which is just not idea for today's society. The faith-based community feels sexual health education should begin in the schools as early as possible in order to get ahead of risky sexual behaviors.

Stigma still plays a major role in the religious community, however; COVID19 conversations around viral diseases, protections and preventions are taking place and so, conversations about HIV can take on a new look. The Catholic church as also helped with lessening stigma and becoming more accepting of

alternative sexual orientations. This has helped open more conversations about HIV and may lead to more churches feeling comfortable having in depth discussions with their congregations.

Parents: Many in this group were unaware of an HIV epidemic in Marion County and have not heard or had any conversations about HIV. Some parents admitted they were clueless on how HIV was spread and that it had been since Magic Johnson was diagnosed since hearing anything about it. The parents all agreed HIV and sexual health education is lacking in the school and should be a course their students take in order to graduate. Many schools have sex education for one day or a couple of hours in a day; for the entire year. Parents feel this is not nearly enough sexual health education and suggested the State School Board make it a regular class given throughout the semester or school year. Just like the Faith-based group, parents believe HIV and sexual health education should start as early as possible.

Black Women: This group feels they are being forgotten by everyone and aren't being seen or heard. Going to the doctor for anything is scary for this group because of the abysmal outcomes on many health-related stats. Participants feel racial discrimination have a major influence on their health outcomes. Participants admitted talking very candid to their kids about sex but feel early education and reiteration from the school systems would help. Like Black men, Black women from this group stressed the importance of having easy access to mental health resources and support groups. Support groups for Black women allow them to come together to foster and promote self-love, self-care and sisterhood as they often feel alone in the world. Incentives that include childcare, gas cards and food would encourage Black women to get tested and get back into care. Cultural Competency and understanding from doctors and nurses is a challenge to care for Black women. Many doctors feel Black women don't feel pain or are exaggerating their issues when they do go to the doctor. Many doctors prescribe aspirin or have stereotypes about Black women and won't prescribe them the proper medications; racial discriminatory medial biases create barriers to care for Black women. Listening and having more empathy towards Black female patients would go a long way in increasing engagement.

Foreign Born: There was only one participant for this group, so it has been rescheduled. The participant present has not had conversations about HIV and does not know anyone who is infected with the disease. In his work, he helps refugees from other countries and has only encountered one person with HIV. He served as an interpreter during their first few days in Indiana before being transferred to a host family. Participant who is Arabic did mention sex before marriage is not only considered taboo but is also illegal. It will be interesting to hear about HIV from other perspectives where religion and cultural norms influence behavior more than society.

White MSMs: Care coordination is not good. Mental health is already fragile and there is little to no focus on mental health when providing HIV care. Care coordination turnover is high, or internal processes need to change to limit the number of CCs patients see in a given month. Interagency communication needs to improve to prevent the # of CCs one patient sees in a given month. A wrap-around team will help provide support when CCs and doctors can't. Team can also improve patient trust and expediate paperwork. Insurance (not having, process of filing, switching) and all associated processes are extremely frustrating. Insurance has a strong influence on patient health and care. One of the major issues among White MSM.

Transgender: The education of doctors about transgender sex and body parts is needed. Issues with insurance and informed consent when you are young transitioning genders becomes a barrier. Trans feel like their lives don't matter because they don't have a voice in this fight. Other issues take

precedence over HIV care like hormone therapy and surgery; fix issues and barriers associated with that first.

Safe housing is a major issue and Trans need safe spaces to take their medications. Doctors and clinics increase danger for transgenders by not being culturally sensitive to using preferred names in public. There is still a major stigma attached to being transgender in society. Trans have to hide their identity from doctors and the general public to feel and stay safe. There are little to no resources specifically targeting Black Trans and very little data being collected on the subgroup. Trans workers are not valued and paid for outreach work and this must change. Sexual health education in schools needs to include transgender so they feel like they matter and can grow up to contribute in industries like health and education. Currently transgender do not feel safe talking to their doctors or going to clinics here in Indianapolis; those feelings are compounded when black and trans.

LatinX: Among the LatinX community, cultural norms, language and translation issues were highlighted as major issues contributing to the lack of HIV education and knowledge among the group. Cultural norms involve religious, patriarchal and borderline misogynistic ideologies keep Latix from engaging in care and seeking medical attention when sick; they are too macho to get sick. Also, family dynamics and income inequities have many LatinX to believe they aren't allowed to become sick; no one will take care of their families. Communication issues surrounding translation and language keep LatinX people out of care. Inconsistency in providers makes it difficult to build trust and understanding which is important to LatinX community due to issues with ICE and immigration.

Youth: The current sex education youth receive is (considered to be) non-existent. Conversations about HIV in school is watered down and only talk about it on the surface. The youth express a need to have more in-depth conversations in school about HIV and sexual health in general. Many schools have elected to focus sexual health education on abstinence and most don't outright discuss sexual health or HIV. The youth feel health care providers are not educated enough to know about infectious diseases to help them without going to a specialist, and they feel like they are not being heard. The youth feel belittled by doctors when they visit. They reported doctors treat youth like they are babies and even use baby talk to describe sex organs. Youth do not feel comfortable talking with their doctors about sex and would rather talk to a friend or do the research themselves.

55 and Over: This group had responses very similar to the Youth group. There is still a stigma around having extra marital sex even though they admit many in their age group engage in sex often. They also admit many in this age group engage in unprotected sex more because they are uneducated about HIV and other STIs and are coming from an era where getting pregnant before marriage was the only thing they were told to worry about and discussed in terms of sexual health education. As one participant stated, "you can't teach an old dog new tricks". Getting the older population to practice healthy sexual behaviors will be difficult; especially if they feel the time they have left on this earth is borrowed. Just like the Youth group, this group feels like they are not being heard by their doctors and their doctors are uneducated about senior needs in addition to infectious diseases. They also are unaware of any treatments for HIV and still look at HIV as a gay disease.