

HIV CARE AND ACCESS IN THE UNITED STATES: Methodology and Tables

1. Methodology

A. Data

Data were collected online from September 29 to October 27, 2025, among U.S. adults aged 18 and older. The analyses are based on data from nearly 2,000 transgender and gender-expansive respondents. Non-LGBTQ+ respondents (approximately N = 5,000) were collected by [PSB Insights](#) during the same period. To ensure demographic representativeness, PSB used quotas for respondents' race, age, geography, education, and gender.

See the [complete ALCS methodology and data quality report here](#), including detailed documentation for sampling, quality control, benchmarking, weight construction, and scaling.

B. Estimation Strategy

Predicted probabilities and odds-ratios were derived from design-based estimates. Two sets of weighted analyses were performed:

1. National estimates were calculated using the scaled weight (*allwt_scaled*) to produce estimates representative of the U.S. workforce, balancing LGBTQ+ and non-LGBTQ+ respondents according to population shares.
2. Parallel subgroup analyses were calculated using the unscaled weight (*allwt*) within LGBTQ+ and non-LGBTQ+ samples to maximize precision and preserve subgroup sample size while maintaining demographic alignment with external benchmarks.

C. Variables

All variables were constructed from self-reported responses to items included in the 2025 Annual LGBTQ+ Community Survey (ALCS) and non-LGBTQ+ supplemental. A binary indicator was created for each outcome to represent the policy impact on HIV care access. Defined as:

- Policy Impact on HIV Care Access:** “Compared to 12 months ago, would you say these policies have made it more difficult or easier for you to acquire any of the following?” (Response options: A lot more difficult / Somewhat more difficult / About the same / Somewhat easier / A lot easier) This item refers specifically to “*HIV prevention and treatment services*” Responses were coded **1 = More difficult** if the respondent selected “A lot more difficult” or “Somewhat more difficult,” and **0 = Otherwise** (“About the same,” “Somewhat easier,” or “A lot easier”). “Don’t know,” “Prefer not to answer,” and “Doesn’t apply to me” responses were set to missing.

C. Limitations

Due to the nonprobability design, design-based statistics are to be interpreted with caution. The results are not causal.

2. Data Tables

Table 1: Estimated Odds-Ratios and Predicted Probabilities from Models of Policy Impact on Accessing HIV Care (September-October 2025)				
	All U.S. Adults 18+ (Full Sample)	Predicted Probability	LGBTQ+ Sample	Predicted Probability
	Odds-Ratio [95% CI]	Pr(Y=1)	Odds-Ratio [95% CI]	Pr(Y=1)
<i>No Medicare/Medicaid</i>	baseline	20.6%***	baseline	32.6%***
<i>Medicare/Medicaid</i>	1.04 [0.82, 1.30]	21.2%***	2.18** [1.31, 3.64]	51.3%***
<i>\$75,000 or more</i>	baseline	18.6%***	baseline	33.0%***
<i>Less than \$75,000</i>	1.26 [0.99, 1.60]	22.3%***	1.44* [1.04, 1.99]	41.5%***
<i>Single/Dual Adult</i>	baseline	20.4%***	baseline	33.5%***
<i>Household with kids</i>	0.88 [0.69, 1.12]	22.6%***	1.33 [0.88, 2.01]	40.3%***
<i>Conservative</i>	baseline	13.2%***	baseline	19.2%***



<i>Moderate</i>	1.85*** [1.40, 2.45]	21.9%***	1.26 [0.42, 3.74]	23.1%***
<i>Liberal</i>	2.84*** [2.14, 3.78]	30.2%***	3.62** [1.43, 9.19]	46.3%***
<i>DK/Other</i>	1.79 [0.95, 3.37]	21.4%***	3.11 [0.92, 10.43]	42.5%***
<i>A little/not policy aware</i>	baseline	17.3%***	baseline	36.1%***
<i>Policy aware</i>	1.53*** [1.24, 1.89]	24.2%***	1.13 [0.67, 1.93]	39.0%***
<i>Non-SGM</i>	baseline	20.3%***	--	--
<i>SGM</i>	1.69*** [1.27, 2.24]	30.0%***		
0.11				
Constant	0.11***	20.9%***	--	--
Note: Sample sizes for models are N = 5,470 for all U.S. adults and N = 3,306 for LGBTQ+ adults. U.S. adult estimates are weighted using <i>allwt_scaled</i> and LGBTQ+ adult estimates using <i>allwt</i> . Statistical significance: * p < .05; ** p < .01; *** p < .001				