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Appendix A  
**Sample Weighting**

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## SAMPLE WEIGHTING

Despite high respondent turnout and a broad effort to attract individuals representative of the PLWH/A community at large, the raw demographic and exposure profiles of actual respondents did not precisely match the desired or target sample frame based on then available epidemiologic data. This was particularly problematic for the cells containing White MSM (which were under-represented relative to demographic expectations) and African American MSM (which were over-represented relative to demographic expectations). While the reasons for this disparity were unclear, it has been seen in other EMA client surveys (most recently in West Palm Beach, FL and Austin, TX). This may have been due to a number of factors, possibly including:

- The changing incidence profile of the epidemic itself (favoring active response by newer HIV positive constituencies with different demographic profiles); and/or
- The differential impact of the \$35 incentive relative to socio-economic status; and/or
- The focus of survey administration on more publicly accessible sites of care or service delivery rather than on private sites of care; and/or
- An hypothesized sociologic phenomenon – relative lack of interest, enthusiasm, or commitment to participation on the part of white MSM. This is worthy of study in itself.

In order to provide population-representative inputs into the planning process Stroudwater NHG in collaboration with the Joint Needs Assessment Committee decided to weight “outlier” response cells to achieve a demographic and exposure profile more reflective of the PLWH/A population and thus provide more appropriate balance for analytic purposes.

The methodology used for cell weighting conforms to commonly accepted statistical techniques<sup>1,2</sup> and permits the responses to questions to be represented from an appropriately balanced population despite initial sampling limitations. A similar approach was used to achieve balance for analysis in the 1999 Needs Assessment. Weighting resulted in decreasing the “apparent” number of individuals surveyed from 640 (actual individuals) to 561.73 (weighted individuals).

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<sup>1</sup> Rubin, A. & Babbie, E. Research Methods for Source Work (3rd Ed.), Brooks, Cote Publishing Co., Pacific Grove, A (1999)

<sup>2</sup> SPSS Base 10.0 User's Guide, 1999 ( p. 124) SPSS Inc. (233 S. Wacker Drive, 11th floor, Chicago, IL 60606).  
www.spsss.com

Weight assignments are summarized in Table A-1 (below). Because confusing fractional results would otherwise appear for individual counts, all analytic data other than these core demographics are presented as percentages of the appropriate denominators.

**Table A-1: TABLE OF WEIGHT ASSIGNMENTS**

<b>Weight Assignments</b>				
<b>Cell</b>	AA MSM > age 20	Anglo MSM > age 20	AA Male Hetero > age 20	AA Female Hetero > age 20
<b>Weight Factor Applied</b>	0.75	1.93	0.28	0.46

**Table A-2: SUGGESTED CELL SIZES**

		MALES					FEMALES				
		MSM	IDU	MSM-IDU	OTH/UNK	HETERO	SUB MALES	IDU	OTH/UNK	HETERO	SUB FEMALES
<b>AGE 0 - 12</b>	<b>SUBTOTAL</b>										
<b>AGE 13 - 19</b>	<b>SUBTOTAL</b>	6	1	1	2	1	11	2	6	16	24
<b>AGE 20+</b>	<b>WHITE</b>	112	8	17	9	5	151	6	3	7	16
	<b>BLACK</b>	55	24	12	18	21	130	18	12	36	66
	<b>HISPANIC</b>	39	5	2	7	8	61	1	2	10	13
	<b>OTHER/UNK</b>	1	0	0	1	1	3	0	0	0	0
	<b>SUBTOTAL</b>	207	37	31	35	35	345	25	17	53	95
	<b>TOTAL</b>	213	38	32	37	36	356	27	23	69	119

**Table A-3: SUGGESTED CELL PERCENTAGES**

		MALES					FEMALES				
		MSM	IDU	MSM-IDU	OTH/UNK	HETERO	SUB MALES	IDU	OTH/UNK	HETERO	SUB FEMALES
<b>AGE 0 - 12</b>	<b>SUBTOTAL</b>										
<b>AGE 13 - 19</b>	<b>SUBTOTAL</b>	1.2%	0.2%	0.2%	0.4%	0.2%	2.2%	0.4%	1.2%	3.2%	4.8%
<b>AGE 20+</b>	<b>WHITE</b>	22.4%	1.6%	3.4%	1.8%	1.0%	30.2%	1.2%	0.6%	1.4%	3.2%
	<b>BLACK</b>	11.0%	4.8%	2.4%	3.6%	4.2%	26.0%	3.6%	2.4%	7.2%	13.2%
	<b>HISPANIC</b>	7.8%	1.0%	0.4%	1.4%	1.6%	12.2%	0.2%	0.4%	2.0%	206%
	<b>OTHER/UNK</b>	0.2%	0.0%	0.0%	0.2%	0.2%	0.6%	0.0%	0.0%	0.0%	0.0%
	<b>SUBTOTAL</b>	41.4%	7.4%	6.2%	7.0%	7.0%	69.0%	5.0%	3.4%	10.6%	19.0%
	<b>TOTAL</b>	<b>42.6%</b>	<b>7.6%</b>	<b>6.4%</b>	<b>7.4%</b>	<b>7.2%</b>	<b>71.2%</b>	<b>5.4%</b>	<b>4.6%</b>	<b>13.8%</b>	<b>23.8%</b>

**Table A-4: WEIGHTED RESPONSE LEVELS (Q34: EXPOSURE METHODOLOGY)**

		MALES					FEMALES				
		MSM	IDU	MSM-IDU	OTH/UNK	HETERO	SUB MALES	IDU	OTH/UNK	HETERO	SUB FEMALES
AGE 0 - 12	<b>SUBTOTAL</b>										
AGE 13 - 19	<b>SUBTOTAL</b>	1	0	0	1	0	2	0	2	6	8
AGE 20+	<b>WHITE</b>	<b>143</b>	25	15	25	20	228	5	6	20	31
	<b>BLACK</b>	<b>66</b>	24	5	37	<b>27</b>	159	20	21	<b>46</b>	86
	<b>HISPANIC</b>	44	14	7	20	21	106	2	7	29	38
	<b>OTHER/UNK</b>	3	2	1	5	2	13	3	1	3	7
	<b>SUBTOTAL</b>	256	65	28	87	70	506	30	35	98	163
	<b>TOTAL</b>	<b>257</b>	<b>65</b>	<b>28</b>	<b>88</b>	<b>70</b>	<b>508</b>	<b>30</b>	<b>37</b>	<b>104</b>	<b>171</b>

\* Weights were added to records for four cohorts: 1- Male, Black MSM over 20 years; 2- Male, White MSM over 20 years; 3- Male, Black Heterosexuals over 20 years; and 4- Female, Black Heterosexuals over 20 years.

**Table A-5: WEIGHTED CELL PERCENTAGES**

		MALES					FEMALES				
		MSM	IDU	MSM-IDU	OTH/UNK	HETERO	SUB MALES	IDU	OTH/UNK	HETERO	SUB FEMALES
<b>AGE 0 - 12</b>	<b>SUBTOTAL</b>										
<b>AGE 13 - 19</b>	<b>SUBTOTAL</b>	0.1%	0.0%	0.0%	0.1%	0.0%	0.3%	0.0%	0.3%	0.9%	1.1%
<b>AGE 20+</b>	<b>WHITE</b>	20.4%	3.6%	2.2%	3.5%	2.8%	32.6%	0.7%	0.9%	2.9%	4.4%
	<b>BLACK</b>	9.5%	3.4%	0.7%	5.3%	3.9%	22.7%	2.8%	2.9%	6.6%	12.3%
	<b>HISPANIC</b>	6.3%	2.0%	1.0%	2.9%	3.0%	15.2%	0.3%	1.0%	4.2%	5.5%
	<b>OTHER/UNK</b>	0.4%	0.3%	0.1%	0.7%	0.3%	1.9%	0.4%	0.1%	0.4%	1.0
	<b>SUBTOTAL</b>	36.6%	9.3%	4.0%	12.5%	10.0%	72.3%	4.2%	5.0%	14.0%	23.2%
	<b>TOTAL</b>	<b>36.8%</b>	<b>9.3%</b>	<b>4.0%</b>	<b>12.6%</b>	<b>10.0%</b>	<b>72.6%</b>	<b>4.2%</b>	<b>5.2%</b>	<b>14.9%</b>	<b>24.4%</b>

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# **Appendix B**

# **Data Tables**



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## USE RANKING:

Use statistics represent the percentage of respondents who indicated on the client survey that they have used the service.

**Table B-1: USE RANKING - ALL RESPONDENTS**

SERVICE	PERCENT	RANK
Ambulatory/Outpatient Medical Care	83.6	1
Support Services	81.5	2
Emergency Medical Services	78.5	3
Dental Care	67.1	4
Social Case Management	64.8	5
Drug Reimbursement	62.6	6
Inpatient Services	62.1	7
Mental Health Therapy/Counseling	61.9	8
Nutritional Services	52.3	9
Rehabilitation*	38.3	10
Patient Education	37.5	11
Research*	36.8	12
Substance Abuse Treatment/Counseling	36.7	13
Long Term Care*	28.2	14
Prevention Education Services	27.9	15
Home Health Care*	27.0	16
Hospice*	9.8	17

*\*NOTE: Interpretation of data for Hospice, Home Health Care and Adult Day Care is limited by 2 factors: 1- the population surveyed was primarily ambulatory and relatively healthy; 2- the questions on the survey were inadequate to accurately assess the need for these services.*

*Rehabilitation was a term that survey respondents may have found confusing, which may have influenced their response. During the validation process, several told facilitators that they interpreted rehabilitation to refer to such services as substance abuse treatment or post-incarceration services, such as employment training.*

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## NEED RANKING:

Need statistics represent the percentage of respondents who indicated on the client survey that they need the service.

**Table B-2: NEED RANKING - ALL RESPONDENTS**

SERVICE	PERCENT	RANK
Support Services	74.9	1
Ambulatory/Outpatient Medical Care	69.6	2
Dental Care	58.1	3
Emergency Medical Services	52.6	4
Drug Reimbursement Program	50.1	5
Social Case Management	46.8	6
Mental Health Therapy/Counseling	45.4	7
Nutritional Services	42.5	8
Inpatient Services	36.2	9
Rehabilitation*	27.2	10
Patient Education Services	26.7	11
Prevention Education	22.7	12
Substance Abuse Treatment/Counseling	22.2	13
Home Health Care*	19.9	14
Research*	19.4	15
Long Term Care*	19.3	16
Hospice*	5.9	17

*\*NOTE: Interpretation of data for Hospice, Home Health Care and Adult Day Care is limited by 2 factors: 1- the population surveyed was primarily ambulatory and relatively healthy; 2- the questions on the survey were inadequate to accurately assess the need for these services.*

*Rehabilitation, Research and Long-Term Care were terms that survey respondents may have found confusing, which may have influenced their response. During the validation process, several told facilitators that they interpreted rehabilitation to refer to such services as substance abuse treatment or post-incarceration services, such as employment training.*

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## BARRIER RANKING:

Barrier statistics represent the percentage of respondents who indicated on the client survey that they perceived the service as “hard to get.”

**Table B-3: BARRIER RANKING - ALL RESPONDENTS**

SERVICE	PERCENT	RANK
Support Services	33.7	1
Ambulatory/Outpatient Medical Care	18.4	2
Emergency Medical Services	12.3	3
Rehabilitation Care*	11.3	4
Long Term Care*	10.4	5
Inpatient Services	9.4	6
Social Case Management	9.3	7
Patient Education Services	9.2	8
Home Health Care*	8.4	9
Mental Health Therapy/Counseling	8.2	10
Research*	8	11
Prevention Education Services	7.9	12
Drug Reimbursement Program	7.6	13
Hospice*	7.2	14
Dental Care	6.8	15
Substance Abuse Treatment/Counseling	5.8	16
Nutritional Services	5.7	17

**\*\*NOTE:** Interpretation of data for Hospice, Home Health Care and Adult Day Care is limited by 2 factors: 1- the population surveyed was primarily ambulatory and relatively healthy; 2- the questions on the survey were inadequate to accurately assess the need for these services.

Rehabilitation was a term that survey respondents may have found confusing, which may have influenced their response. During the validation process, several told facilitators that they interpreted rehabilitation to refer to such services as substance abuse treatment or post-incarceration services, such as employment training.

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## GAP RANKING:

Perceived service gaps were determined based on a respondent indicating on the client survey that the service was “needed” but “not available”.

**Table B-4: GAP RANKING - ALL RESPONDENTS**

SERVICE	PERCENT	RANK
Support Services	42.7	1
Ambulatory/Outpatient Medical Care	31.9	2
Emergency Medical Services	24.9	3
Inpatient Services	16.4	4
Rehabilitation*	11.6	5
Mental Health Therapy/Counseling	10.2	6
Home Health Care	9.7	7
Long Term Care*	9.2	8
Patient Education Services	8.9	9
Prevention Education Services	8.3	10
Nutritional Services	6.2	11
Drug Reimbursement Program	5.9	12
Research*	4.7	13
Dental Care	3.4	14
Social Case Management	3.3	15
Substance Abuse Treatment/Counseling	2.4	16
Hospice*	2.1	17

**\*\*NOTE:** Interpretation of data for Hospice, Home Health Care and Adult Day Care is limited by 2 factors: 1- the population surveyed was primarily ambulatory and relatively healthy; 2- the questions on the survey were inadequate to accurately assess the need for these services.

Rehabilitation was a term that survey respondents may have found confusing, which may have influenced their response. During the validation process, several told facilitators that they interpreted rehabilitation to refer to such services as substance abuse treatment or post-incarceration services, such as employment training.

**Table B-4: SERVICES ANALYSIS FOR AFRICAN-AMERICAN MSM**

% = Percentage of survey respondents who indicated a use, need, or barrier

Rank for Service Category = Order of importance among 17 service categories; indicated in **bold**.

Rank for Individual Services = Order of importance WITHIN service category. 1 is most important

SERVICE	Use %	Use Rank	Need %	Need Rank	Barrier %	Barrier Rank
<b>Ambulatory/Outpatient Medical Care</b>	<b>80.0</b>	<b>3</b>	<b>28.0</b>	<b>12</b>	<b>17.0</b>	<b>2</b>
Primary Medical Care	62.8	1	36.1	2	6.6	5
Vision Care	56.7	2	46.1	1	11.8	1
Obstetrics/Gynecology	12	5	6.4	5	10.3	2
Pediatric Care	9.5	6	5.6	6	6.3	6
Specialty Care	25.1	4	15.0	4	7.9	3
Infectious Disease	52.3	3	32.7	3	6.9	4
<b>Case Management</b>						
<b>Social Case Management</b>	<b>63.0</b>	<b>9</b>	<b>64.0</b>	<b>3</b>	<b>9.0</b>	<b>9</b>
Medical Case Management	51.0		36.2		7.8	
<b>Nutritional Service</b>	<b>63.0</b>	<b>8</b>	<b>47.0</b>	<b>4</b>	<b>6.0</b>	<b>17</b>
Nutritional Education, Counseling, etc	35.9		37.5		3.9	
<b>Support Services</b>	<b>84.0</b>	<b>1</b>	<b>57.0</b>	<b>3</b>	<b>37.0</b>	<b>1</b>
Adult Day Care*	10.2	11	6.3	11	7.1	6
Buddy/Companion Services	14.8	10	15.3	10	5.6	10
Child Care	8.6	12	5.2	12	4.7	11
Client Advocacy/Legal Services	20.2	8	19.2	8	7.0	7
Emergency Financial Assistance	26.8	5	45.1	2	14.1	3
Food Bank/Home-delivered Meals	49.4	1	52.2	1	3.8	12
Health Education/Risk Reduction	20.9	7	19.4	7	6.3	8
Health Insurance Payments	19.2	9	27.0	6	12.6	4
Housing Assistance	27.7	4	36.1	3	16.1	2
Housing	28.3	3	35.0	4	19.5	1
Outreach Services	24.2	6	18.2	9	6.1	9
Referral	Not Available					
Transportation	30.0	2	31.9	5	8.6	5
Translation	9.0	13	5.1	13	6.3	8
<b>Dental Care</b>	<b>73.0</b>	<b>4</b>	<b>82.0</b>	<b>1</b>	<b>10.0</b>	<b>5</b>
<b>Substance Abuse Treatment/Counseling</b>	<b>54.0</b>	<b>11</b>	<b>29.0</b>	<b>11</b>	<b>8.0</b>	<b>15</b>
Substance Abuse Counseling	28.4	1	23.1	1	4.7	2
Substance Abuse Treatment	24.5	2	22.0	2	5.5	1
<b>Drug Reimbursement Program</b>	<b>57.0</b>	<b>10</b>	<b>47.0</b>	<b>5</b>	<b>7.0</b>	<b>16</b>
Medications/Pharmacy	58.3		45.9		6.1	
<b>Mental Health Services</b>	<b>70.0</b>	<b>6</b>	<b>29.0</b>	<b>10</b>	<b>9.0</b>	<b>12</b>
Psychological/Psychiatric Treatment, Counseling	42.7	2	32.9	2	5.4	1
Support Groups	43.3	1	37.4	1	4.7	2
Mental Health Services, Licensed, Clinical	30.2	3	30.3	3	3.9	3
<b>Hospice*</b>	<b>13.0</b>	<b>17</b>	<b>6.0</b>	<b>16</b>	<b>10.0</b>	<b>7</b>
Home-Based Hospice	9.2	1	4.7	1	4.7	1
Residential Hospice	9.2	1	5.1	1	4.7	1
<b>Home Health Care*</b>	<b>71.0</b>	<b>5</b>	<b>13.0</b>	<b>16</b>	<b>13.0</b>	<b>3</b>
Paraprofessional Care	11.5	3	7.5	4	9.5	1
Professional Care	15.3	1	13.4	1	7.1	2
Specialized Care	13.2	2	10.6	2	7.1	2
Durable Medical Care	11.5	3	8.3	3	7.1	2
<b>Rehabilitation*</b>	<b>50.0</b>	<b>12</b>	<b>20.0</b>		<b>11.0</b>	<b>4</b>
Physical Therapy	20.4	1	20.5	1	6.3	3
Speech Pathology	8.9	3	5.9	3	7.1	2
Low Vision Training Services	13.7	2	12.2	2	8.7	1
Early Intervention	Not Available					

\*See note on page 335 regarding these service categories.

**Table B-5: SERVICES ANALYSIS FOR INCARCERATED/RECENTLY RELEASED INDIVIDUALS**

% = Percentage of survey respondents who indicated a use, need, or barrier

Rank for Service Category = Order of importance among 17 service categories; indicated in **bold**.

Rank for Individual Services = Order of importance WITHIN service category. 1 is most important

SERVICE	Use %	Use Rank	Need %	Need Rank	Barrier %	Barrier Rank
<b>Ambulatory/Outpatient Medical Care</b>	<b>79.0</b>	<b>2</b>	<b>30.0</b>	<b>9</b>	<b>20.0</b>	<b>2</b>
Primary Medical Care	59.3	1	38.6	2	7.0	5
Vision Care	54.1	2	39.3	1	12.3	1
Obstetrics/Gynecology	23.4	4	9.6	5	8.8	2
Pediatric Care	10.0	6	4.4	6	7.9	3
Specialty Care	20.9	5	20.2	4	7.9	3
Infectious Disease	35.5	3	34.2	3	1.8	6
<b>Case Management</b>						
<b>Social Case Management</b>	<b>63.0</b>	<b>6</b>	<b>63.0</b>	<b>2</b>	<b>7.0</b>	<b>12</b>
Medical Case Management	49.5		48.2		7.9	
<b>Nutritional Service</b>	<b>57.0</b>	<b>8</b>	<b>41.0</b>	<b>5</b>	<b>6.0</b>	<b>16</b>
Nutritional Education, Counseling, etc	39.9		33.3		5.3	1
<b>Support Services</b>	<b>81.0</b>	<b>1</b>	<b>67.0</b>	<b>2</b>	<b>41.0</b>	<b>1</b>
Adult Day Care	11.8	10	9.6	10	7.9	7
Buddy/Companion Services	14.5	9	17.5	8	7.0	8
Child Care	11.8	10	7.0	11	7.9	7
Client Advocacy/Legal Services	20.9	7	21.9	7	10.5	5
Emergency Financial Assistance	31.8	4	43.9	3	14.0	3
Food Bank/Home-delivered Meals	50.9	1	52.6	1	4.4	10
Health Education/Risk Reduction	15.5	8	16.7	9	7.0	8
Health Insurance Payments	22.7	6	27.2	5	12.3	4
Housing Assistance	29.4	5	38.6	4	19.3	2
Housing	37.3	2	45.6	2	21.1	1
Outreach Services	22.7	6	21.9	7	6.1	9
Referral			Not Available			
Transportation	35.5	3	38.6	4	9.6	6
Translation	11.8	10	7.0	11	7.9	7
<b>Dental Care</b>	<b>59.0</b>	<b>7</b>	<b>67.0</b>	<b>1</b>	<b>6.0</b>	<b>15</b>
<b>Substance Abuse Treatment/Counseling</b>	<b>66.0</b>	<b>4</b>	<b>32.0</b>	<b>7</b>	<b>8.0</b>	<b>8</b>
Substance Abuse Counseling	50.5	1	36.0	1	7.9	1
Substance Abuse Treatment	45.0	2	31.6	2	7.9	1
<b>Drug Reimbursement Program</b>	<b>54.0</b>	<b>10</b>	<b>50.0</b>	<b>3</b>	<b>5.0</b>	<b>17</b>
Medications/Pharmacy	50.9		43.9		6.1	
<b>Mental Health Services</b>	<b>64.0</b>	<b>5</b>	<b>35.0</b>	<b>6</b>	<b>9.0</b>	<b>7</b>
Psychological/Psychiatric Treatment, Counseling	39.1	2	33.3	2	6.1	1
Support Groups	49.5	1	34.2	1	6.1	1
Mental Health Svcs, Licensed, Clinical	34.2	3	31.6	3	5.3	2
<b>Hospice</b>	<b>7.0</b>	<b>17</b>	<b>2.0</b>	<b>2</b>	<b>8.0</b>	<b>11</b>
Home-Based Hospice	10.9	2	4.4	1	7.0	2
Residential Hospice	11.9	1	4.4	1	7.9	1
<b>Home Health Care</b>	<b>19.0</b>	<b>16</b>	<b>15.0</b>	<b>15</b>	<b>8.0</b>	<b>10</b>
Paraprofessional Care	14.7	2	6.1	3	7.0	4
Professional Care	18.3	1	7.5	2	8.8	1
Specialized Care	11.0	3	7.9	1	8.0	2
Durable Medical Care	10.9	4	4.4	4	7.9	3
<b>Rehabilitation</b>	<b>40.0</b>	<b>12</b>	<b>19.0</b>		<b>13.0</b>	<b>3</b>
Physical Therapy	21.8	1	19.3	1	8.8	1
Speech Pathology	13.6	3	5.3	3	8.8	1
Low Vision Training Services	14.5	2	14.0	2	7.9	2
Early Intervention			Not Available			

\*See note on page 335 regarding these service categories.

**Table B-6: SERVICES ANALYSIS FOR WOMEN OF CHILDBEARING AGE**

% = Percentage of survey respondents who indicated a use, need, or barrier  
 Rank for Service Category = Order of importance among 17 service categories; indicated in **bold**.  
 Rank for Individual Services = Order of importance WITHIN service category. 1 is most important

SERVICE	Use %	Use Rank	Need %	Need Rank	Barrier %	Barrier Rank
<b>Ambulatory/Outpatient Medical Care</b>	<b>81.0</b>	<b>2</b>	<b>37.0</b>	<b>6</b>	<b>23.0</b>	<b>2</b>
Primary Medical Care	68.4	1	41.1	2	7.9	2
Vision Care	59.5	2	45.4	1	12.8	1
Obstetrics/Gynecology	58.0	3	37.6	3	5.9	5
Pediatric Care	23.1	6	11.7	6	5.6	6
Specialty Care	25.0	5	19.8	5	7.5	3
Infectious Disease	47.3	4	28.5	4	6.4	4
<b>Case Management</b>						
<b>Social Case Management</b>	<b>66.0</b>	<b>5</b>	<b>54.0</b>	<b>2</b>	<b>11.0</b>	<b>4</b>
Medical Case Management	56.3		43.4		6.6	
<b>Nutritional Service</b>	<b>43.0</b>	<b>9</b>	<b>42.0</b>	<b>4</b>	<b>6.0</b>	<b>16</b>
Nutritional Education, Counseling, etc	28.8		24.5		4.6	
<b>Support Services</b>	<b>82.0</b>	<b>1</b>	<b>50.0</b>	<b>3</b>	<b>38.0</b>	<b>1</b>
Adult Day Care	11.3	12	7.7	13	7.0	11
Buddy/Companion Services	11.4	11	12.1	11	6.1	13
Child Care	19.7	6	11.1	12	6.5	12
Client Advocacy/Legal Services	24.5	5	19.3	7	9.0	7
Emergency Financial Assistance	31.5	3	39.6	4	14.6	4
Food Bank/Home-delivered Meals	47.5	1	50.2	1	7.9	10
Health Education/Risk Reduction	12.9	9	17.0	8	8.2	9
Health Insurance Payments	17.2	7	24.2	5	16.2	3
Housing Assistance	30.9	4	41.1	2	16.9	2
Housing	30.9	4	40.3	3	18.9	1
Outreach Services	15.8	8	22.2	6	8.7	8
Referral			Not Available			
Transportation	39.0	2	14.6	9	11.4	5
Translation	12.8	10	12.6	10	9.5	6
<b>Dental Care</b>	<b>64.0</b>	<b>6</b>	<b>71.0</b>	<b>1</b>	<b>9.0</b>	<b>11</b>
<b>Substance Abuse Treatment/Counseling</b>	<b>39.0</b>	<b>11</b>	<b>7.0</b>	<b>13</b>	<b>4.0</b>	<b>17</b>
Substance Abuse Counseling	31.2	1	18.4	1	5.0	1
Substance Abuse Treatment	28.7	2	16.4	2	4.5	2
<b>Drug Reimbursement Program</b>	<b>62.0</b>	<b>7</b>	<b>40.0</b>	<b>5</b>	<b>7.0</b>	<b>14</b>
Medications/Pharmacy	59.5		41.1		5.4	
<b>Mental Health Services</b>	<b>57.0</b>	<b>8</b>	<b>27.0</b>	<b>9</b>	<b>9.0</b>	<b>10</b>
Psychological/Psychiatric Treatment, Counseling	33.0	2	24.2	3	5.0	2
Support Groups	44.3	1	32.5	1	3.9	3
Mental Health Services, Licensed, Clinical	29.7	3	25.6	2	7.6	1
<b>Hospice</b>	<b>10.0</b>	<b>17</b>	<b>2.0</b>	<b>17</b>	<b>8.0</b>	<b>17</b>
Home-Based Hospice	13.5	2	5.3	2	9.6	1
Residential Hospice	14.6	1	6.8	1	9.1	2
<b>Home Health Care</b>	<b>31.0</b>	<b>14</b>	<b>16.0</b>	<b>14</b>	<b>8.0</b>	<b>7</b>
Paraprofessional Care	15.5	4	7.7	3	6.5	1
Professional Care	21.7	1	8.7	2	6.0	2
Specialized Care	19.7	2	7.2	4	6.0	2
Durable Medical Care	16.1	3	12.6	1	6.0	2
<b>Rehabilitation</b>	<b>35.0</b>	<b>12</b>	<b>12.0</b>		<b>11.0</b>	<b>6</b>
Physical Therapy	16.6	1	17.4	1	8.5	2
Speech Pathology	10.9	3	5.8	3	9.7	1
Low Vision Training Services	12.5	2	9.7	2	8.5	2
Early Intervention			Not Available			

\*See note on page 335 regarding these service categories.

**Table B-7: SERVICES ANALYSIS FOR YOUTH 13-24**

% = Percentage of survey respondents who indicated a use, need, or barrier  
 Rank for Service Category = Order of importance among 17 service categories; indicated in **bold**.  
 Rank for Individual Services = Order of importance WITHIN service category. 1 is most important

SERVICE	Use %	Use Rank	Need %	Need Rank	Barrier %	Barrier Rank
<b>Ambulatory/Outpatient Medical Care</b>	<b>68.0</b>	<b>1</b>	<b>40.0</b>	<b>2</b>	<b>29.0</b>	<b>1</b>
Primary Medical Care	58.3	1	45.8	1	4.2	3
Vision Care	50.0	2	33.3	2	12.5	1
Obstetrics/Gynecology	37.5	4	25.0	3	8.3	2
Pediatric Care	33.3	5	25.0	3	4.2	3
Specialty Care	22.7	6	20.8	5	12.5	1
Infectious Disease	39.1	3	20.8	5	12.5	1
<b>Case Management</b>						
<b>Social Case Management</b>	<b>14.0</b>	<b>5</b>	<b>26.0</b>	<b>2</b>	<b>9.0</b>	<b>4</b>
Medical Case Management	36.4		33.3		12.5	
<b>Nutritional Service</b>	<b>13.0</b>	<b>11</b>	<b>10.0</b>	<b>10</b>	<b>5.0</b>	<b>17</b>
Nutritional Education, Counseling, etc	17.4		4.2		4.2	
<b>Support Services</b>	<b>48.0</b>	<b>4</b>	<b>17.0</b>	<b>6</b>	<b>19.0</b>	<b>3</b>
Adult Day Care	4.3	6	4.2	6	8.3	4
Buddy/Companion Services	4.3	6	8.3	5	8.3	4
Child Care	13.6	3	20.8	1	8.3	4
Client Advocacy/Legal Services	4.3	6	8.3	5	12.5	2
Emergency Financial Assistance	12.5	4	20.5	2	4.2	5
Food Bank/Home-delivered Meals	25.0	1	20.8	1	8.3	4
Health Education/Risk Reduction	25.0	1	12.5	4	12.5	2
Health Insurance Payments	4.2	7	16.7	3	8.3	4
Housing Assistance	8.3	5	20.8	1	12.5	2
Housing	12.5	4	16.7	3	8.3	4
Outreach Services						
Referral						
Transportation	16.7	2	25.0	1	16.7	1
Translation	8.3	5	4.2	6	12.4	3
<b>Dental Care</b>	<b>38.0</b>	<b>7</b>	<b>38.0</b>	<b>1</b>	<b>9.0</b>	<b>6</b>
<b>Substance Abuse Treatment/Counseling</b>	<b>7.0</b>	<b>13</b>	<b>10.0</b>	<b>9</b>	<b>9.0</b>	<b>7</b>
Substance Abuse Counseling	8.7	1	4.2	2	8.3	1
Substance Abuse Treatment	4.3	2	4.3	1	8.3	1
<b>Drug Reimbursement Program</b>	<b>49.0</b>	<b>3</b>	<b>0.0</b>	<b>0</b>	<b>5.0</b>	<b>16</b>
Medications/Pharmacy	41.7		29.2		8.3	
<b>Mental Health Services</b>	<b>40.0</b>	<b>6</b>	<b>14.0</b>	<b>9</b>	<b>9.0</b>	<b>8</b>
Psychological/Psychiatric Treatment, Counseling	21.7	2	8.3	2	8.3	2
Support Groups	37.5	1	16.7	1	4.2	3
Mental Health Services, Licensed, Clinical	4.2	3	4.2	3	12.5	1
<b>Hospice</b>	<b>0.0</b>	<b>17</b>	<b>0.0</b>	<b>0</b>	<b>9.0</b>	<b>15</b>
Home-Based Hospice	8.7	1	4.2	1	13.6	1
Residential Hospice	8.7	1	4.2	1	13.6	1
<b>Home Health Care</b>	<b>18.0</b>	<b>9</b>	<b>3.0</b>	<b>14</b>	<b>9.0</b>	<b>11</b>
Paraprofessional Care	13.0	1	0.0	2	8.3	1
Professional Care	13.0	1	0.0	2	8.3	1
Specialized Care	8.7	2	0.0	2	8.3	1
Durable Medical Care	8.7	2	4.2	1	8.3	1
<b>Rehabilitation</b>	<b>0.0</b>	<b>16</b>	<b>0.0</b>		<b>9.0</b>	<b>14</b>
Physical Therapy	16.6	1	17.4	1	8.5	1
Speech Pathology	4.3	2	0.0	2	8.3	2
Low Vision Training Services	4.3	2	0.0	2	8.3	2
Early Intervention						

\*See note on page 335 regarding these service categories.



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Appendix C  
**Provider Survey**

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Name of Agency: \_\_\_\_\_

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ADDRESS

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ZIP CODE

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TELEPHONE

FAX

EMAIL

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CONTACT PERSON AND TITLE

1. For which communities does your agency provide HIV/AIDS care-related services?
  - a. Inner City/Urban
  - b. Suburban
  - c. Rural
  - d. Other \_\_\_\_\_  
Specify
  
2. Which of these best describes your agency? (Circle one response only)
  - a. AIDS service organization
  - b. Health clinic
  - c. Community based organization (not AIDS-specific)
  - d. Hospital
  - e. Hospital District
  - f. Physician/Private Doctor
  - g. Multi-service agency that includes HIV/AIDS services
  - h. Substance abuse treatment facility
  - i. Other \_\_\_\_\_  
Specify
  
3. How many years has your agency provided HIV/AIDS care-related services? (Circle one response only)
  - a. Less than 1 year
  - b. 1 to 4 years
  - c. 5 to 9 years
  - d. 10 years or more
  - e. Never/None

---

4. Do you target a particular population? (Circle all that apply)

a. Race/Ethnicity \_\_\_\_\_  
Specify

b. Gender/Identity \_\_\_\_\_  
Specify

c. Age Group \_\_\_\_\_  
Specify

d. Other \_\_\_\_\_  
Specify

e. No

5. In the 12 months prior to this survey, please estimate:

a. The total **number** of **unduplicated** patients/clients you served over this time period: \_\_\_\_\_

b. The **number** of your patients/clients who are HIV positive: \_\_\_\_\_

6. As of **November 20, 2001**, identify/estimate the **number** of your client population that falls under the following categories:

<b>Ethnic Background</b>	<b>Number of clients</b>	<b>Number who are HIV+</b>
Hispanic or Latino	_____	_____
Not Hispanic or Latino	_____	_____

<b>Racial Background</b>	<b>Number of clients</b>	<b>Number who are HIV+</b>
American Indian or Alaska Native	_____	_____
Asian	_____	_____
Black or African-American	_____	_____
Native Hawaiian or Pacific Islander	_____	_____
White	_____	_____

<b>Gender/Identity</b>	<b>Number of clients</b>	<b>Number who are HIV+</b>
Female	_____	_____
Male	_____	_____
Bisexual	_____	_____
Transgender	_____	_____

- 
7. How are the costs of HIV client services covered? (Circle all that apply)
- a. Ryan White CARE Act (all Titles)
  - b. Other Federal
  - c. State (other than CARE Act)
  - d. City
  - e. US Dept. of Housing and Urban Development (HUD)/  
Housing Opportunities for People With AIDS (HOPWA)
  - f. Centers for Disease Control (CDC)
  - g. Texas Commission on Alcohol and Drug Abuse (TCADA)
  - h. Special Projects of National Significance (SPNS)
  - i. Substance Abuse and Mental Health Services Administration (SAMHSA)
  - j. Medicare/Medicaid
  - k. Private Insurance
  - l. Client Fees
  - m. Foundations
  - n. Corporate/Individual Contributions
  - o. Other: \_\_\_\_\_  
Specify

8. Does your agency provide the following?

<b>Service</b>	Check if the service is provided to persons living with HIV	Amount of your total budget
<b>AMBULATORY/OUTPATIENT MEDICAL CARE</b>	<input type="checkbox"/>	\$
Primary Care	<input type="checkbox"/>	\$
Vision Care	<input type="checkbox"/>	\$
OB/GYN	<input type="checkbox"/>	\$
Pediatric	<input type="checkbox"/>	\$
Specialty	<input type="checkbox"/>	\$
Psychiatric Treatment	<input type="checkbox"/>	\$
Infectious Diseases	<input type="checkbox"/>	\$
Medical Case Management	<input type="checkbox"/>	\$
<b>SOCIAL CASE MANAGEMENT</b>	<input type="checkbox"/>	\$
<b>DENTAL CARE</b>	<input type="checkbox"/>	\$
<b>HOME HEALTH CARE</b>	<input type="checkbox"/>	\$
Para-professional Care	<input type="checkbox"/>	\$
Professional Care	<input type="checkbox"/>	\$
Specialized Care	<input type="checkbox"/>	\$
Durable Medical Equipment	<input type="checkbox"/>	\$
<b>HOSPICE</b>	<input type="checkbox"/>	\$
Home-Based Hospice Care	<input type="checkbox"/>	\$
Residential Hospice Care	<input type="checkbox"/>	\$
<b>INPATIENT SERVICES</b>	<input type="checkbox"/>	\$
Primary Care	<input type="checkbox"/>	\$
OB/GYN	<input type="checkbox"/>	\$
Pediatric	<input type="checkbox"/>	\$
Infectious Disease	<input type="checkbox"/>	\$
Medications/Pharmacy	<input type="checkbox"/>	\$
Specialty Care	<input type="checkbox"/>	\$

Service	Check if the service is provided to persons living with HIV	Amount of your total budget
<b>LONG TERM CARE</b>	<input type="checkbox"/>	\$
Nursing Homes	<input type="checkbox"/>	\$
Assisted Living Facilities	<input type="checkbox"/>	\$
Hospice Care	<input type="checkbox"/>	\$
Transitional Facility	<input type="checkbox"/>	\$
<b>MEDICATION AND THERAPEUTIC</b>	<input type="checkbox"/>	\$
Medications/Pharmacy		
<b>RESEARCH</b>	<input type="checkbox"/>	\$
Clinical Trials	<input type="checkbox"/>	\$
<b>MENTAL HEALTH THERAPY/COUNSELING</b>	<input type="checkbox"/>	\$
Psychological and counseling services	<input type="checkbox"/>	\$
Support Groups	<input type="checkbox"/>	\$
Education, counseling and/or direct therapeutic nutritional/supplemental food products and/or services	<input type="checkbox"/>	\$
Physical Therapy	<input type="checkbox"/>	\$
Speech Pathology	<input type="checkbox"/>	\$
Low Vision Training Services	<input type="checkbox"/>	\$
Substance Abuse Counseling	<input type="checkbox"/>	\$
Substance Abuse Treatment	<input type="checkbox"/>	\$

Service	Check if the service is provided to persons living with HIV	Amount of your total budget
<b>SUPPORT SERVICES</b>	<input type="checkbox"/>	\$
Adoption/Foster Care Assistance	<input type="checkbox"/>	\$
Adult Day or Respite Care	<input type="checkbox"/>	\$
Alternative Treatment/Therapies	<input type="checkbox"/>	\$
Buddy/Companion Services	<input type="checkbox"/>	\$
Child care	<input type="checkbox"/>	\$
Client Advocacy/Legal Services	<input type="checkbox"/>	\$
Counseling (Other)	<input type="checkbox"/>	\$
Direct Emergency Financial Assistance	<input type="checkbox"/>	\$
Food Bank/Home-Delivered Meals	<input type="checkbox"/>	\$
Health Insurance Premium Payments	<input type="checkbox"/>	\$
Mental Health Services (licensed, clinical)	<input type="checkbox"/>	\$
Transportation (to required services)	<input type="checkbox"/>	\$
Translation/Interpretation	<input type="checkbox"/>	\$
Exercise/Fitness/Strength Training	<input type="checkbox"/>	\$
<b>HOUSING SERVICES</b>	<input type="checkbox"/>	\$
Short Term Housing	<input type="checkbox"/>	\$
Long Term Housing	<input type="checkbox"/>	\$
Emergency Shelter	<input type="checkbox"/>	\$
Housing Payment/Rental Assistance	<input type="checkbox"/>	\$
<b>PATIENT EDUCATION</b>	<input type="checkbox"/>	\$
HAART (Highly Active Antiretroviral Therapy)	<input type="checkbox"/>	\$
Health Education	<input type="checkbox"/>	\$
Information Clearinghouse/Library	<input type="checkbox"/>	\$
Patient Education Center	<input type="checkbox"/>	\$
<b>PREVENTION EDUCATION</b>	<input type="checkbox"/>	\$
Street Outreach	<input type="checkbox"/>	\$
Information Clearinghouse/Library	<input type="checkbox"/>	\$
Prevention/Health Education Services	<input type="checkbox"/>	\$



**SERVICE DELIVERY**

**9. Does your organization target these special populations?**  
 (Check all that apply on the left and list specific services on the right)

Population	Service(s) Provided
<input type="checkbox"/> Men of Color who have sex with men	
<input type="checkbox"/> White/Anglo Men who have sex with men	
<input type="checkbox"/> Women of child-bearing age (over the age of 13)	
<input type="checkbox"/> Children (under the age of 13)	
<input type="checkbox"/> Youth (13-24 years old)	
<input type="checkbox"/> Injection Drug Users (IDU's)	
<input type="checkbox"/> Substance Users other than IDU's	
<input type="checkbox"/> Incarcerated/Recently Released	
<input type="checkbox"/> Undocumented	
<input type="checkbox"/> Rural	
<input type="checkbox"/> Homeless	
<input type="checkbox"/> Deaf/Hard of hearing	
<input type="checkbox"/> Monolingual (non-English speaking)	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	

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10. **Briefly describe** the single most important change you would suggest to improve services for individuals or families infected with HIV:

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11. List five (5) barriers, *other than funding*, that your organization has faced when providing care to people living with HIV/AIDS:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

12. Which of the following services would help you to better serve your clients/patients living with HIV? (Circle all that apply)

- a. Training in working with people from other cultures
  - b. Training to learn other languages
  - c. Opportunities for networking among providers to share information and HIV/AIDS care and available resources
  - d. Training to gain additional experience/knowledge about providing HIV care, such as antiretroviral treatments, dealing with opportunistic infections, and monitoring and explaining a patients health status.
  - e. Training to gain experience/knowledge in order to provide testing, early intervention and secondary prevention education to patients
  - f. Providing services in a more convenient manner (such as better office hours, quicker appointments, less waiting, in a location that is easier to get to)
  - g. Training on how to better advocate for clients/patients
  - h. Other: \_\_\_\_\_
-

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**COORDINATION, COLLABORATION AND PLANNING**

13. Does your agency have any HIV-specific verbal agreements, commitment letters, letters of collaboration, binding agreements, or signed Memoranda of Understanding (MOU's) with other agencies in the area?

a. No

b. Yes (If so, what types of organizations? Check all that apply)

- Non HIV Social Service Provider
- Civic Organization
- Church
- Substance Abuse Treatment Facility
- Daycare
- Homeless Shelter
- Prison/Jail
- Refugee/Immigrant Service Provider
- Other \_\_\_\_\_  
Specify

14. What could the local HIV Planning bodies do to help your agency better coordinate services with other providers in the area?

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15. When you refer clients, does your agency have a way of tracking referrals?

a. No

b. Yes - If so, how and by whom?

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16. Do you have a computerized system for tracking referrals of clients?

- a. CPCDMS
- b. COMPIS
- c. Progress notes
- d. Other \_\_\_\_\_  
Specify
- e. No

17. Are you or someone from your agency a member of any of the following?

- a. Title I Ryan White Planning Council
- b. Title II State Services LNATF
- c. Title II State Services STAGE
- d. Title III Rural Community Advisory Board
- e. Title IV Advisory Board
- f. East Texas HIV Prevention Community Planning Group
- g. City of Houston HIV Prevention Community Planning Group
- h. Joint Comprehensive Planning Committee
- i. Other \_\_\_\_\_  
Specify
- j. No

18. Is there another provider of HIV services that may not be known to the local HIV Planning bodies, which you recommend that we contact? Please provide name and contact information.

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19. Is there anything else you would like to add that might be helpful to local HIV services planning bodies?

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***If you are involved in the planning/delivery of PREVENTION SERVICES,  
please complete the following section of the survey.***

**HIV PREVENTION SERVICES**

1. Please check only ONE:

- a. No, we don't offer HIV prevention services.
- b. Yes, we offer HIV prevention services

*[If yes, please complete the rest of this section]*

2. To whom do you provide HIV prevention services? (Check all that apply)

	<u>Men</u>	<u>Women</u>	<u>Transgender</u>
<b><u>Men Who Have Sex With Men (MSM)</u></b>			
African American			
Hispanic			
White			
Asian American			
American Indian			
<b><u>Women</u></b>			
African American			
Hispanic			
White			
Asian American			
American Indian			
<b><u>Intravenous Drug Users</u></b>			
African American			
Hispanic			
White			
Asian American			
American Indian			
<b><u>Substance Users</u></b>			
African American			

	Men	Women	Transgender
Hispanic			
White			
Asian American			
American Indian			
<b><i>Youth/Adolescents (age 13-24)</i></b>			
African American			
Hispanic			
White			
Asian American			
American Indian			
<b><i>Incarcerated/Recently Released</i></b>			
African American			
Hispanic			
White			
Asian American			
American Indian			
<b><i>Sex Workers</i></b>			
African American			
Hispanic			
White			
Asian American			
American Indian			

		<u>Men</u>	<u>Women</u>	<u>Transgender</u>
<b><i>HIV Positive</i></b>				
	African American			
	Hispanic			
	White			
	Asian American			
	American Indian			

3. Where are these HIV prevention services provided? (Check all that apply)

- a. Schools
- b. Colleges
- c. Workplaces
- d. Churches/Religious sites
- e. Street outreach
- f. Barber shops/Beauty parlors
- g. Homes
- h. Housing projects
- i. Prisons/Jails
- j. Drug rehabilitation centers
- k. Shelters (ex. For people who are homeless; women’s shelter)
- l. Hospitals/Clinics
- m. Bars/Clubs
- n. Urban sites
- o. Rural sites
- p. Public sex environments
- q. Other \_\_\_\_\_  
Specify

4. Who funds your HIV prevention programs?

- a. Federal
- b. State
- c. County
- d. City
- e. Non-government sources

5. What HIV prevention services do you provide to the following? (Check all that apply)

\*Please refer to the last page for a description of the Prevention service categories.

	Individual Level Intervention (ILI)*	Small Group Level Intervention (GLI)*	Community Level Intervention (CLI)*	Prevention Counseling & Partner Elicitation*	Outreach*	Condom Distribution	Posters/ Brochures
<b>MEN WHO HAVE SEX WITH MEN</b>							
African American							
Hispanic							
White							
Asian American							
American Indian							
<b>WOMEN</b>							
African American							
Hispanic							
White							
Asian American							
American Indian							
<b>INTRAVENOUS DRUG USERS</b>							
<i>African American males</i>							
<i>African American females</i>							
Hispanic males							
Hispanic females							
<i>White males</i>							
<i>White females</i>							
Asian American males							
Asian American females							
<i>American Indian males</i>							
<i>American Indian females</i>							
<b>SUBSTANCE USERS</b>							
<i>African American males</i>							
<i>African American females</i>							
Hispanic males							
Hispanic females							
<i>White males</i>							
<i>White females</i>							
Asian American males							
Asian American females							
<i>American Indian males</i>							
<i>American Indian females</i>							



	Individual Level Intervention (ILI)*	Small Group Level Intervention (GLI)*	Community Level Intervention (CLI)*	Prevention Counseling & Partner Elicitation*	Outreach*	Condom Distribution	Posters/ Brochures
<b>YOUTH/ADOLESCENTS (AGE 13-24)</b>							
<i>African American males</i>							
<i>African American females</i>							
Hispanic males							
Hispanic females							
<i>White males</i>							
<i>White females</i>							
Asian American males							
Asian American females							
<i>American Indian males</i>							
<i>American Indian females</i>							
<b>INCARCERATED/RECENTLY RELEASED</b>							
<i>African American males</i>							
<i>African American females</i>							
Hispanic males							
Hispanic females							
<i>White males</i>							
<i>White females</i>							
Asian American males							
Asian American females							
<i>American Indian males</i>							
<i>American Indian females</i>							
<b>SEX WORKERS</b>							
<i>African American males</i>							
<i>African American females</i>							
Hispanic males							
Hispanic females							
<i>White males</i>							
<i>White females</i>							
Asian American males							
Asian American females							
<i>American Indian males</i>							
<i>American Indian females</i>							
<b>HIV POSITIVE</b>							
<i>African American males</i>							
<i>African American females</i>							

	Individual Level Intervention (ILI)*	Small Group Level Intervention (GLI)*	Community Level Intervention (CLI)*	Prevention Counseling & Partner Elicitation*	Outreach*	Condom Distribution	Posters/ Brochures
<b>HIV POSITIVE (continued)</b>							
Hispanic males							
Hispanic females							
<i>White males</i>							
<i>White females</i>							
Asian American males							
Asian American females							
<i>American Indian males</i>							
<i>American Indian females</i>							
<b>TRANSGENDER</b>							
<i>African American</i>							
Hispanic							
<i>White</i>							
Asian American							
<i>American Indian</i>							

<b>INTERVENTION</b>	<b>*DESCRIPTION</b>
<b>Individual-level Intervention (ILI)</b>	This intervention involves client-entered health education, risk-reduction counseling, and skills-building activities that are provided to one individual at a time. ILI assists clients in making plans for individual behavior change and with ongoing appraisals of their own behavior. ILI also facilitates linkages to other services that support behaviors and practices that prevent transmission of HIV. It is designed to help clients make plans to obtain these services. Condoms, bleach kits, and other educational materials must be distributed as part of an ILI.
<b>Small Group-level Intervention (GLI)</b>	This intervention involves multiple health education, risk-reduction counseling, and skills-building sessions that shift the delivery of services from the individual to groups of varying sizes. It uses peer and non-peer models involving a range of skills, such as negotiation, condom use, education, and support. (Ideally, groups have between three and fifteen of the same participants at each session.)
<b>Community-level Intervention (CLI)</b>	This intervention is designed to target specific populations that are identified by shared risk behaviors for HIV infection. It can also and may be defined by race, ethnicity, gender, sexual orientation, and/or location. Its purpose is to provide health education to reduce risk behavior, increase skills building, and influence community norms. A CLI must include outreach and health communication/public information. It may also include aspects of other interventions, such as ILI and GLI, but any combination of these various interventions must be aimed explicitly at targeting the community as a whole. (Examples of CLI include community mobilizations, social marketing campaigns, and community events. Examples of communities include gay men in Montrose, African Americans in southwest Houston, and sex workers in north Houston.)
<b>Prevention Counseling &amp; Partner Elicitation</b>	This client-centered HIV prevention intervention involves single or multiple counseling sessions that can be clinic- or community-based. It is combined with HIV risk reduction education centered around an HIV test. The client may or may not be tested for HIV. IF the client is tested for HIV, counseling will occur <i>before</i> as well as <i>after</i> the test and will also include voluntary partner elicitation.
<b>Outreach</b>	This intervention involves HIV/AIDS educational sessions that are usually provided by a peer or paraprofessional educators. It is usually conducted face-to-face with high-risk individuals in the clients' neighborhoods or in other places where the clients congregate. The primary features of outreach include condom distribution and demonstration, distribution of bleach and sexual responsibility kits, educational materials, and referrals and linkages to services.

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Appendix D  
**Client Survey**

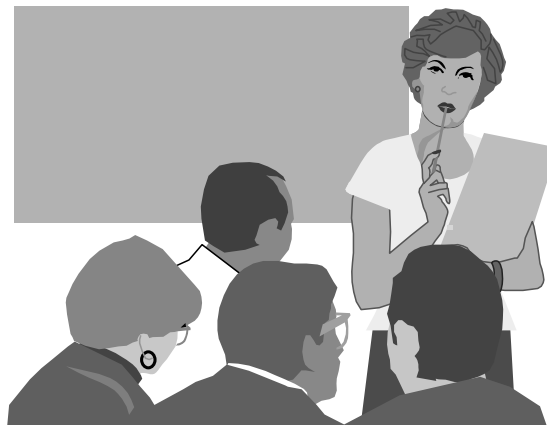
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Questionnaire # \_\_\_\_\_ Site \_\_\_\_\_

Surveyor \_\_\_\_\_

## Houston Area Comprehensive Needs Assessment *Client Survey*

- "I understand that my completion of this needs assessment client survey is strictly voluntary. If I choose not to complete the survey, it will not affect the services that I receive."
- All information collected through this survey is completely **confidential** and **anonymous**. **Do not put your name on this survey.**
- The survey asks for some personal background information (to help in planning services that respond to your needs). **This personal information will never be used to identify you as an individual.**
- For each question, check or write in an answer. There are no right or wrong answers. Please take as much time as you need to answer the question based on your experiences. If you need help filling out the survey, please ask the survey facilitator.
- Filling out this survey should take about 45 minutes of your time.



PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS BY PUTTING A CHECK ON THE LINE OR PROVIDING THE INFORMATION ASKED FOR. You may need to check more than one box to answer a question.

	YES	NO	DON'T KNOW
1. Are you <b>currently</b>			
HIV negative	_____	_____	_____
HIV positive with no symptoms	_____	_____	_____
HIV positive with symptoms	_____	_____	_____
Living with AIDS	_____	_____	_____
2. Are you <b>currently</b>			
HIV positive and receiving services	_____	_____	_____
HIV positive and not receiving services	_____	_____	_____
A caregiver of a person living with HIV/AIDS	_____	_____	_____
3. Are you			
_____ Male			
_____ Female			
_____ Transgender			
_____ Other (specify): _____			
3a. If you are transgender, are you			
_____ Male to female			
_____ Female to male			
3b. Do you consider yourself			
_____ Heterosexual/straight			
_____ Homosexual – Gay man			
_____ Homosexual – Lesbian			
_____ Bisexual			
_____ Other (specify): _____			

**If you are female, please answer questions 4 and 5.** If not, please go on to question 6.

	YES	NO	DON'T KNOW
4. Are you <b>currently</b> pregnant/have you been pregnant within the past 12 months?	_____	_____	_____
5. If you answered yes to question 4, are you currently receiving/ did you receive AZT treatment during your pregnancy?	_____	_____	_____

6. What is your date of birth? \_\_\_\_\_  
Month Day Year

Please answer both questions 7 **AND** 8 no matter what your racial/ethnic background.

7. What do you consider your ethnic background?

- \_\_\_\_\_ Hispanic or Latino
- \_\_\_\_\_ Not Hispanic or Latino

8. What do you consider your racial background?

- \_\_\_\_\_ American Indian or Alaska Native
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Black or African-American
- \_\_\_\_\_ Native Hawaiian or other Pacific Islander
- \_\_\_\_\_ White
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

9. Which language do you prefer to speak?

- \_\_\_\_\_ English
- \_\_\_\_\_ Spanish
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

10. What is the highest level of education you completed?

- \_\_\_\_\_ Grade school or less
- \_\_\_\_\_ Some high school
- \_\_\_\_\_ High school graduate/GED
- \_\_\_\_\_ Technical or Trade School
- \_\_\_\_\_ Some college
- \_\_\_\_\_ Completed college
- \_\_\_\_\_ Graduate level
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

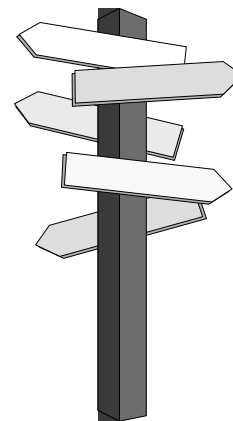
11. What is the name of the city/town in which you live? \_\_\_\_\_

12. What is the zip code where you live? \_\_\_\_\_

13. What best describes your current relationship status? (**Please check only one.**)

- \_\_\_\_\_ Single (Never Married)
- \_\_\_\_\_ Legally Married
- \_\_\_\_\_ Common Law
- \_\_\_\_\_ Partnered
- \_\_\_\_\_ Separated
- \_\_\_\_\_ Divorced
- \_\_\_\_\_ Widowed or partner died
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

- 
14. Where do you currently live?
- In my own apartment/house
  - At my parent's/relative's apartment/house
  - Someone else's apartment/house
  - In a rooming or boarding house
  - In a "supportive living" facility (Assisted Living Facility)
  - In a group home or residence
  - In a half-way house, transitional housing or treatment facility (drug or psychiatric)
  - Skilled Nursing Home
  - Homeless (on the street/in car)
  - Homeless shelter
  - Living in battered women's shelter
  - Living in battered men's shelter
  - Jail or correctional facility
  - Other housing provided by the city or state
  - Residential Hospice Facility
  - Other (specify): \_\_\_\_\_



- 14a. If you live in your own apartment/house, do you
- Not applicable, I don't live in my own apartment/house
  - Own
  - Rent/lease

15. With whom do you live? **(Please check all that apply.)**
- Partner/wife/husband
  - Adult family member or relative
  - Adult friend/roommate
  - Children (minor)
  - Other (specify): \_\_\_\_\_
  - I live alone

16. Is anyone other than yourself currently living with HIV in your household?
- Yes
  - No

17. Please indicate the number of children in your household.
- None
  - One child
  - Two children
  - Three children
  - Four or more children

18. Do any of the children have HIV?
- Yes
  - No

Please answer the following question by placing a check in each box that describes your situation.

19. Over the last two (2) years, how long (total time) have you lived in one of the following places/situations?

	Never	Less than a month	1-3 months	4 months to a year	More than a year
In my own apartment/house					
At my parent's/relative's apartment/house					
Someone else's apartment/house					
In a rooming or boarding house					
In a "supportive living" facility (Assisted Living Facility)					
In a group home or residence					
In a half-way house, transitional housing or treatment facility (drug or psychiatric)					
Skilled nursing home					
Homeless (on the street/in car)					
Homeless shelter					
Living in battered women's shelter					
Living in battered men's shelter					
Jail or correctional facility					
Other housing provided by the city or state					
Residential hospice facility					
Other: _____ (Specify)					



19a. Over the last two (2) years, if you have lived in any of the following places, please indicate how long you had to wait between the time you applied for the housing and the time you actually were able to move in.

	Not applicable	Less than 4 months	4-6 months	7-12 months	13-18 months	More than 18 months
In a rooming or boarding house						
In a "supportive living" facility (Assisted Living Facility)						
In a group home or residence						
In a half-way house, transitional housing or treatment facility (drug or psychiatric)						
Skilled nursing home						
Homeless shelter						
Battered women's shelter						
Battered men's shelter						
Jail or correctional facility						
Other housing provided by the city or state						
Residential hospice facility						
Other: _____ (Specify)						

19b. Please indicate how much your **total** rent or mortgage payment is each month. Only include rent or mortgage payments; do not include utilities or other expenses.

- \_\_\_\_\_ Less than \$100
- \_\_\_\_\_ \$101-200
- \_\_\_\_\_ \$201-300
- \_\_\_\_\_ \$301-400
- \_\_\_\_\_ \$401-500
- \_\_\_\_\_ \$501-600
- \_\_\_\_\_ More than \$600

19c. If you share housing costs or get financial assistance, what is the amount that **you** pay out of pocket each month for rent or mortgage payments? Again, please only include rent or mortgage payments and not utilities or expenses.

- \_\_\_\_\_ Not applicable, I do not share housing costs
- \_\_\_\_\_ Less than \$100
- \_\_\_\_\_ \$101-200
- \_\_\_\_\_ \$201-300
- \_\_\_\_\_ \$301-400
- \_\_\_\_\_ \$401-500
- \_\_\_\_\_ \$501-600
- \_\_\_\_\_ More than \$600

19d. How often is paying for your housing a problem for you?

- Constantly
- Often
- Sometimes
- Rarely
- Never

19e. Please indicate if you think it's easy to get from your house to each of the following services:

	Not applicable	YES	NO
Medical services			
Social services like case managers, etc.			
Basic services like food pantry, etc.			
Transportation			
Child care			

19f. Please indicate the condition of the following parts of your housing:

	Excellent condition	Good condition	Fair condition	Poor condition	Don't know
Air conditioning					
Doors					
Electrical system					
Heating system					
Kitchen appliances					
Plumbing					
Safety features					
Windows					

19g. Please indicate if you think you were ever turned down for a house or apartment because of any of the following reasons. **(Please check all that apply to you.)**

- Not applicable, I do not believe that this has happened to me
- HIV status
- Race/ethnicity
- Disability
- Income
- Your children
- Other (specify): \_\_\_\_\_

19h. If you think you were turned down for housing for any of these reasons, did you try to follow up with a complaint to the Fair Housing Authority or any other agency that helps in these cases?

- Not applicable, I was not turned down for housing for any of these reasons
- Yes
- No, because I did not know where to go to follow up
- No, because I did not want to follow up
- No, because of some other reason (specify): \_\_\_\_\_

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19i. If you have a disability, is there anything that should be done to make your apartment or house safer and more accessible to you?

Not applicable, I do not have a disability

No

Yes, I need the following changes:

Ramps

Lower cabinets and counters

Shower/bath handles

Other (specify) \_\_\_\_\_

Wider doorways

Other (specify) \_\_\_\_\_

Wider hallways

Other (specify) \_\_\_\_\_

20. What describes your **current job** (work) situation? (**Check all that apply to you.**)

Full-time job

Part-time job

Working part time on disability

Not working - on full disability

Not working - student

Not working - looking

Not working

Retired

Other (specify): \_\_\_\_\_

21. Which of the following best describes your current yearly income?

\$0 - \$9,999

\$10,000 - \$19,999

\$20,000 - \$29,999

\$30,000 - \$39,999

\$40,000 - \$49,999

Greater than \$50,000

22. What kind of health insurance do you have? (**Check all that apply to you.**)

None, I have no health insurance

Insurance through work

COBRA (insurance paid through your last employer)

Private insurance, not through work

Medicare

**If yes, is it managed by an HMO?**

YES

NO

Medicaid

**If yes, is it managed by an HMO?**

YES

NO

Veterans

Public Health Assistance

Other (specify): \_\_\_\_\_

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22a. How satisfied are you with the health insurance program that you have?

- Not applicable, I do not have health insurance
- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

23. If you receive HIV/AIDS drugs, what program pays for your HIV/AIDS drugs?

**Please check Yes, No, or Don't Know for each choice.**

	YES	NO	DON'T KNOW
TDH HIV Medication Program or AIDS Drug Assistance Program (ADAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Insurance or HMO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid HMO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____			

23a. Have you ever used the local medication assistance program?

- Yes
- No
- Don't know

24. Which of the following benefits do you receive? **(Please check all that apply to you.)**

- Food Stamps
- Long term disability
- Rent supplement
- Short term disability
- Supplemental Security Income SSI
- Social Security Disability Income (SSDI)
- Veterans assistance
- Worker's compensation
- Annuity/Life insurance payments
- Retirement
- HIV/AIDS drugs
- WIC
- TANF (AFDC)
- Not eligible for benefits
- Other public assistance (specify): \_\_\_\_\_

25. Where do you receive your medical care? **(Please check all that apply to you.)**

- Hospital/Hospital Clinic
- Community Health Clinic/Center (HIV specialty clinic, provides limited focus services)
- Private Physician's Office/Clinic
- HMO/Managed Care Clinic
- Public Health Clinic (provides diverse clinical services)
- Other (specify): \_\_\_\_\_

- 
26. Do you have any disabilities? (Not including HIV/AIDS)  
 Yes      What type? \_\_\_\_\_  
 No
27. If YES to any disabilities other than HIV/AIDS: How often do you need assistance related to your disability in obtaining HIV or AIDS related service?  
 Never  
 Rarely (no more than once a week)  
 Some of the time (one to four times a week)  
 Often (five or more times a week)
28. Have you been unable to get needed services because of the following circumstances or disabilities? **(Please check all that apply to you.)**  
 Wheelchair bound  
 Hard of hearing  
 Legally deaf  
 Visually impaired (not correctable by eyeglasses)  
 Blind  
 Mentally impaired  
 Chemical dependency (alcohol, illicit drugs)  
 Other (specify): \_\_\_\_\_
29. How many times have you been tested for HIV infection (during the past two years) in each of the sites below? **(WRITE "0" IF NEVER TESTED AT THAT SITE.)**
- # OF TIMES
- Counseling & testing center  
 Clinic in your community/HIV specialty clinic  
 Health department  
 Health fair, bar, or other place of entertainment  
 Home test  
 Hospital clinic  
 Hospital emergency room  
 Military  
 Jail or correctional facility  
 Private physician's office  
 Other (specify): \_\_\_\_\_
30. When did you first test positive for HIV? Please indicate the month and year.
- Mo.    Yr.
- 30a. How did you find out you were HIV positive?  
 When you were tested for HIV  
 When you donated blood  
 When you went to the hospital or emergency room for something else  
 As part of a physical examination  
 For women – as part of care while pregnant

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30b. When you found out you were HIV positive, were you referred for any of the following services? **(Please check all that apply.)**

- Not applicable, I was not referred for services
- Medical care related to being HIV positive
- Medical care for a condition other than HIV
- Substance use counseling/treatment
- Mental health services (other than substance use)
- Case management services
- Other (specify): \_\_\_\_\_

30c. How soon after finding out you were HIV positive did you get medical care for your HIV?

- Not applicable, I have not gotten medical care for HIV
- Within 3 months
- Within 6 months
- Within 1 year
- Longer than 1 year
- Other (specify): \_\_\_\_\_

30d. If you did not seek medical care within one (1) year of finding out you were HIV positive, please indicate why. **(Please check all that apply.)**

- Not applicable, I got medical care within one year
- No one told me that I needed to get medical care for HIV
- My doctor or nurse told me that I did not need medical care at that time
- I did not think that I needed medical care then because I wasn't sick
- I did not think that medical care would do me any good
- I did not find a doctor or nurse who I wanted to treat me
- I did not know where to go for medical care
- I did not want to receive medical care
- I used alternative treatments
- I couldn't afford medical care at that time
- Other (specify): \_\_\_\_\_

30e. How recently have you received medical care related to your HIV?

- I have never had medical care related to HIV
- Within the last 3 months
- 4-6 months ago
- 7-12 months ago
- More than 1 year ago
- Other (specify): \_\_\_\_\_

30f. If it has been more than 6 months since you received medical care related to HIV from a doctor or nurse, please indicate why. **(Please check all that apply.)**

- Not applicable, I got medical care within the past 6 months
- My doctor or nurse told me that I do not need medical care right now
- I do not think that I need medical care now because I am not sick
- I do not think that medical care would do me any good
- I have not found a doctor or nurse who I want to treat me
- I do not know where to go for medical care
- I do not want to receive medical care
- I use alternative treatments
- I can't afford medical care now
- Other (specify): \_\_\_\_\_

31. Have you been told by the doctor, nurse, or other health care team member that you have AIDS?

- Yes
- No
- Prefer not to answer

32. If yes, when were you told that you had AIDS?

- Year
- Don't Remember
- Prefer not to answer

33. **Place a check in the box for your lowest viral load, a check for your highest viral load, and also a check for your current viral load.**

	Lowest	Highest	Current
Undetectable			
Detectable but less than 1,000			
1,001 - 5,000			
5,001 - 10,000			
10,001 - 50,000			
50,001 - 100,000			
100,001 - 500,000			
500,001 - 1 million			
> 1 million			
Don't Know			

33a. In the past year, how have you gotten to most of your medical or other HIV service appointments?

- My own car (or motorcycle or truck)
- Rode with a friend or family member or borrowed their car (or motorcycle or truck)
- City bus
- Taxi
- Metro Lift
- Transportation service
- Walked or rode a bike
- Other (specify): \_\_\_\_\_

- 
- 33b. In the past year, how many medical appointments have you missed because of transportation problems?
- None
  - 1 – 5
  - More than 5
- 33c. In the past year, how many other HIV service appointments have you missed because of transportation problems?
- None
  - 1 – 5
  - More than 5
- 33d. In the past year, if you have used a transportation service, how much ahead of time did the service require you to make a reservation?
- Not applicable, I did not use a transportation service
  - Less than 1 week
  - 2 weeks
  - 3 weeks
  - 4 weeks
  - More than 4 weeks
- 33e. In the past year, if you have used a transportation service to get to medical or other HIV service appointments, please indicate your reasons. **(Please check all that apply.)**
- Not applicable, I did not use a transportation service
  - I do not own a car (or other vehicle) or I do not know how to drive
  - I share a car, but cannot use it for going to appointments
  - I cannot afford to have my car fixed
  - I cannot afford to drive to my appointments
  - I am too sick to drive
  - I do not know anyone who could give me a ride to the appointments
  - I do not know how to get around in the area where my providers are located
  - Other (specify): \_\_\_\_\_



33f. In the past year, if you NEEDED a transportation service to get to medical or other HIV service appointments, please rate the service you used by completing the following chart:

\_\_\_\_\_ Not applicable, I did not use a transportation service.

	Always	Often	Sometimes	Rarely	Never
Easy to reserve a ride					
Arrives on time to take me to my appointments					
Arrives on time to take me home from my appointment					
Easy to get in and out of vehicle					
Vehicles have seatbelts					
Drivers are polite					
Drivers know where to go					
Drivers drive safely					
I am satisfied with the transportation service that I use					

34. How do you think you were infected by HIV? (Check all that you think may apply.)

- \_\_\_\_\_ Having sex with a man
- \_\_\_\_\_ Having sex with a woman
- \_\_\_\_\_ Sharing needles
- \_\_\_\_\_ Trading sex for drugs/money
- \_\_\_\_\_ Blood products/Transfusion
- \_\_\_\_\_ Other (specify): \_\_\_\_\_
- \_\_\_\_\_ Don't know
- \_\_\_\_\_ I prefer not to answer

35. Since you were infected with HIV, have you been treated/are you receiving mental health counseling (including psychiatric or emotional) for a psychiatric or emotional problem?

- \_\_\_\_\_ Yes
- \_\_\_\_\_ No

35a. Since you were infected with HIV, have you received any of the following:

	YES	NO	DON'T KNOW
Individual therapy with a psychiatrist?	_____	_____	_____
Medication prescribed by a psychiatrist?	_____	_____	_____
Individual therapy with a psychologist, social worker, licensed professional counselor, nurse clinician, or licensed chemical dependency counselor?	_____	_____	_____
Group therapy with a psychologist, social worker, licensed professional counselor, nurse clinician, or licensed chemical dependency counselor?	_____	_____	_____

36. If you received treatment, was it  
 Outpatient (by a doctor or counselor)  
 Inpatient (in a hospital at least overnight)

- 36a. Since you were infected with HIV, have you received any treatment for alcohol or drug use?  
 Yes  
 No

37. Please indicated if you have ever been diagnosed with any of the sexually transmitted diseases (STD) or hepatitis listed below by completing the following table:

	YES	NO	DON'T KNOW	PREFER NOT TO ANSWER
Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herpes (genital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genital warts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (A, B, or C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yeast infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____				

38. Have you ever been diagnosed with Tuberculosis (TB)?  
 No  
 Had positive skin test, but never got active TB  
 Yes, have inactive TB  
 Have Active TB, in treatment  
 Have Active TB, not in treatment  
 Don't know  
 Prefer not to answer

- 38a. Have you ever been diagnosed with any of the following? (Please check all that apply)  
 Cancer (lymphoma, sarcoma, etc.)  
 Diabetes  
 Heart Problems  
 High Blood Pressure  
 High Cholesterol  
 Kidney Problems  
 Liver Problems  
 Lung/Breathing Problems  
 Neuropathy (Trouble with tingling or numbness in hands or feet)  
 PCP Pneumonia  
 Problems with Thought or Memory  
 Don't Know/None

39. Are you currently taking any medicines to treat your HIV infection?  
 Yes  
 No

- 39a. If you are NOT currently taking any medicines to treat your HIV infection, why not?
- Not applicable, I take HIV medications
  - They have never been prescribed for me
  - My health care provider told me to stop taking them
  - I decided to stop taking them

- 39b. Are you currently having side effects related to your HIV treatment medicines?
- Yes
  - No

40. (IF TAKING PRESCRIBED MEDICATION FOR HIV OR RELATED CONDITIONS), are you taking any of the following? **Place a check in YES, NO, or DON'T KNOW for each of the following medications.**

	YES	NO	DON'T KNOW
Antiretrovirals and/or protease inhibitors that work against the virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antibiotics (such as Bactrim) that fight off infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antifungal (such as Diflucan) that are for body rashes or thrush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steroids which help you with your appetite or build weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antidepressants for depression or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Prescription, Non-Prescription, Herbal, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. (IF TAKING PRESCRIBED MEDICATION FOR HIV TREATMENT) Do you take three or more medications to treat HIV? (Are you on a three or more drug cocktail?)
- Yes
  - No
  - Don't know
  - Prefer not to answer

42. How often do you miss a dose of your HIV treatment medication?
- Never
  - Rarely (no more than once a week)
  - Some of the time (one to four times a week)
  - Often (five or more times a week)

43. If you do not take your HIV medication treatment as directed, which of the following are the reasons for not taking your medication? **(Check all that may apply.)**
- Side effects
  - Difficult schedule
  - Medication didn't work
  - Could not afford it
  - Just did not want to take it
  - Forgot to take it
  - Other (specify): \_\_\_\_\_

43a. Have your doctors, nurses, or other health care providers talked to you about participating in clinical trials for HIV/AIDS medicines?

- Yes
- No
- Don't know

44. During the past 6 months, how often have you used any of the following substances?

	NOT USED			
	AT ALL	DAILY	WEEKLY	MONTHLY
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana or hash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crystal Meth/Methamphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speedball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other drug: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other drug: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other drug: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer not to answer _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. Have you ever injected any of the above substances?

- Yes
- No

45a. Do you CURRENTLY inject substances that are not prescribed to you by a medical provider?

- Yes
- No

45b. If you are currently injecting substances, how often do you share needles or works?

- Not applicable, I am not currently injecting
- All the time
- Usually, but not always
- Sometimes
- Never

45c. If you share needles or works, how often do you clean or disinfect the needles or works (with bleach, alcohol, etc)?

- Not applicable, I do not share needles or works
- All the time
- Usually, but not always
- Sometimes
- Never

45d. Please indicate how often in the past 2 years you have had oral, vaginal, or anal sex with:  
(Please check all that apply.)

	<u>Regularly</u> (once a month or more)	<u>Infrequently</u> (less than once a month)	<u>Almost never</u> (a few times a year or less)	<u>Never</u>
A man who is a regular partner				
A man who is a casual partner				
A woman who is a regular partner				
A woman who is a casual partner				

45e. If you have had sex with a regular partner, how often do you and your partner use a condom or barrier when having sex?

- Not applicable, I have not had sex with a regular partner in the last 2 years  
 All the time or almost every time  
 Frequently—more than half the time  
 Sometimes—about half the time  
 Rarely—less than half the time  
 Never

45f. If you have had sex with a casual partner, how often do you and your partner use a condom or other barrier when having sex?

- Not applicable, I have not had sex with a casual partner in the last 2 years  
 All the time or almost every time  
 Frequently—more than half the time  
 Sometimes—about half the time  
 Rarely—less than half the time  
 Never

45g. If you do not always use a condom or other barriers when having sex, please indicate why.  
Please check “Yes” or “No” for each item.

	<b>Yes</b>	<b>No</b>
You don't like using condoms or barriers		
Condoms or barriers are not always available		
You are in an exclusive/monogamous relationship		
Your partner does not like using condoms or barriers		
You want to have a baby		
You are sometimes high or buzzed on drugs or alcohol during sex		
You really don't know how to talk about condoms or barriers		
It's not really sex with condoms or barriers		
You thought that you were HIV negative		
You thought that your partner was HIV negative		
You don't care		
Other (Specify):		

46. Please list the organizations/agencies that have provided services, support and/or assistance to you in living with HIV/AIDS by writing the names of up to three organizations/agencies for each service that you use.

	<b>AGENCY 1</b>	<b>AGENCY 2</b>	<b>AGENCY 3</b>
Case Management			
Chemical Dependency Treatment			
Clothing/ Household Items			
Education/ Prevention/ Testing			
Financial & Public Assistance			
Food & Nutrition			
Housing & Shelters			
Hospice & Nursing Homes			
Medical Services			
Mental Health Support/ Treatment			
Miscellaneous			
Transportation			
Spanish			
Volunteer Opportunities			
OTHER Please specify _____			
OTHER Please specify _____			

**PLEASE TURN THE PAGE**

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46a. Where do you get information about HIV? **(Please check all that apply.)**

- Don't know
- My doctor or other health care provider
- Friends or family
- Support group
- Community outreach
- Books, magazines, newspapers or other reading materials
- TV or radio
- Internet
- HIV service providers (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

46b. Where do you get information about services for people with HIV?  
**(Please check all that apply.)**

- Don't know
- My doctor or other health care provider
- Friends or family
- Support group
- Community outreach
- Books, magazines, newspapers or other reading materials
- TV or radio
- Internet
- HIV service providers (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

46. Please fill out the following tables relating to HIV/AIDS services. Additional explanations will be given if needed.

Check the Yes (Y) or No (N) box to indicate if you believe that this service is **available to you**, whether or not you have used it.

Services	Y		Don't Know	Services	Y	N	Know
<b>Ambulatory / Outpatient Medical Care</b>				<b>Research</b>			
Primary Care				Clinical Trials			
Vision Care				<b>Mental Health Therapy / Counseling</b>			
OB / GYN				Psychological and psychiatric treatment and counseling services			
Pediatric				Support Groups			
Specialty				<b>Nutritional Services</b>			
Infectious Diseases				Education, counseling and/or direct therapeutic nutritional / supplemental food products and/or services			
Medical Case Management				<b>Rehabilitation Care</b>			
<b>Social Case Management</b>				Physical Therapy			
<b>Dental Care</b>				Speech Pathology			
<b>Emergency Medical Services</b>				Low Vision Training Services			
Primary Care				<b>Substance Abuse Treatment / Counseling</b>			
OB / GYN				Substance Abuse Counseling			
Pediatrics				Substance Abuse Treatment			
Specialty				<b>Support Services</b>			
Infectious Diseases				Adoption / Foster Care Assistance			
Medications / Pharmacy				Adult Day or Respite Care			
Psychiatric				Alternative Treatment / Therapies (acupuncture, massage therapy, natural meds)			
<b>Home Health Care</b>				Buddy / Companion Services			

**CONTINUED ON NEXT PAGE**



Services	Y	N	Don't Know			Y	N	Don't Know
Para-Professional Care					Child Care			
Professional Care					Client Advocacy / Legal Services			
Specialized Care					Counseling (Other)			
Durable Medical Equipment					Direct Emergency Financial Assistance			
<b>Hospice</b>					Food Bank / Home-Delivered Meals			
Home-Based Hospice Care					Health Insurance Payments			
Residential Hospice Care					Housing			
<b>Inpatient Services</b>					Housing Payment			
Primary Care					Mental Health Services (licensed, clinical)			
OB / GYN					Transportation (to Required Services)			
Pediatrics					Translation / Interpretation			
Infectious Diseases					Exercise/Fitness/Strength Training			
Medications / Pharmacy					<b>Patient Education Services</b>			
Specialty Care					HAART			
<b>Long Term Care</b>					Health Education			
Nursing Homes					Information Clearinghouse/Library			
Assisted Living Facility					Patient Education Center			
Hospice Care					<b>Prevention Education Services</b>			
Transitional Facility					Street Outreach			
<b>Medications and Therapeutic</b>					Information Clearinghouse/Library			
Medications / Pharmacy					Prevention/Health Education Services			

Check the box that indicates whether you **have ever used** the service.

Services	Y	N	Don't Know	Services	Y	N	Don't Know
<b>Ambulatory / Outpatient Medical Care</b>				<b>Research</b>			
Primary Care				Clinical Trials			
Vision Care				<b>Mental Health Therapy / Counseling</b>			
OB / GYN				Psychological and psychiatric treatment and counseling services			
Pediatric				Support Groups			
Specialty				<b>Nutritional Services</b>			
Infectious Diseases				Education, counseling and/or direct therapeutic nutritional / supplemental food products and/or services			
Medical Case Management				<b>Rehabilitation Care</b>			
<b>Social Case Management</b>				Physical Therapy			
<b>Dental Care</b>				Speech Pathology			
<b>Emergency Medical Services</b>				Low Vision Training Services			
Primary Care				<b>Substance Abuse Treatment / Counseling</b>			
OB / GYN				Substance Abuse Counseling			
Pediatrics				Substance Abuse Treatment			
Specialty				<b>Support Services</b>			
Infectious Diseases				Adoption / Foster Care Assistance			
Medications / Pharmacy				Adult Day or Respite Care			
Psychiatric				Alternative Treatment / Therapies (acupuncture, massage therapy, natural meds)			
<b>Home Health Care</b>				Buddy / Companion Services			
Para-Professional Care				Child Care			
Professional Care				Client Advocacy / Legal Services			
Specialized Care				Counseling (Other)			
Durable Medical Equipment				Direct Emergency Financial Assistance			

Services	Y	N	Don't Know	Services	Y	N	Don't
<b>Hospice</b>				Food Bank / Home-Delivered Meals			
Home-Based Hospice Care				Health Insurance Payments			
Residential Hospice Care				Housing			
<b>Inpatient Services</b>				Housing Payment			
Primary Care				Mental Health Services (licensed, clinical)			
OB / GYN				Transportation (to Required Services)			
Pediatrics				Translation / Interpretation			
Infectious Diseases				Exercise/Fitness/Strength Training			
Medications / Pharmacy				<b>Patient Education Services</b>			
Specialty Care				HAART			
<b>Long Term Care</b>				Health Education			
Nursing Homes				Information Clearinghouse/Library			
Assisted Living Facility				Patient Education Center			
Hospice Care				<b>Prevention Education Services</b>			
Transitional Facility				Street Outreach			
<b>Medications and Therapeutic</b>				Information Clearinghouse/Library			
Medications / Pharmacy				Prevention/Health Education Services			

If you did receive the service, check the box that best describes **your use of the service** in the past year.

<b>Services</b>	Daily	Weekly	Monthly	Yearly
<b>Ambulatory / Outpatient Medical Care</b>				
Primary Care				
Vision Care				
OB / GYN				
Pediatric				
Specialty				
Infectious Diseases				
Medical Case Management				
<b>Social Case Management</b>				
<b>Dental Care</b>				
<b>Emergency Medical Services</b>				
Primary Care				
OB / GYN				
Pediatrics				
Specialty				
Infectious Diseases				
Medications / Pharmacy				
Psychiatric				
<b>Home Health Care</b>				
Para-Professional Care				
Professional Care				
Specialized Care				
Durable Medical Equipment				
<b>Hospice</b>				
Home-Based Hospice Care				
Residential Hospice Care				
<b>Inpatient Services</b>				
Primary Care				
OB / GYN				
Pediatrics				
Infectious Diseases				
Medications / Pharmacy				
Specialty Care				
<b>Long Term Care</b>				
Nursing Homes				
Assisted Living Facility				
Hospice Care				
Transitional Facility				
<b>Medications and Therapeutic</b>				
Medications / Pharmacy				

(Table continues on the next page.)

<b>SERVICES</b>	Daily	Weekly	Monthly	Yearly
<b>Research</b>				
Clinical Trials				
<b>Mental Health Therapy / Counseling</b>				
Psychological and psychiatric treatment and counseling services				
Support Groups				
<b>Nutritional Services</b>				
Education, counseling and/or direct therapeutic nutritional / supplemental food products and/or services				
<b>Rehabilitation Care</b>				
Physical Therapy				
Speech Pathology				
Low Vision Training Services				
<b>Substance Abuse Treatment / Counseling</b>				
Substance Abuse Counseling				
Substance Abuse Treatment				
<b>Support Services</b>				
Adoption / Foster Care Assistance				
Adult Day or Respite Care				
Alternative Treatment / Therapies (acupuncture, massage therapy, natural meds)				
Buddy / Companion Services				
Child Care				
Client Advocacy / Legal Services				
Counseling (Other)				
Direct Emergency Financial Assistance				
Food Bank / Home-Delivered Meals				
Health Insurance Payments				
Housing				
Housing Payment				
Mental Health Services (licensed, clinical)				
Transportation (to Required Services)				
Translation / Interpretation				
Exercise/Fitness/Strength Training				
<b>Patient Education Services</b>				
HAART				
Health Education				
Information Clearinghouse/Library				
Patient Education Center				
<b>Prevention Education Services</b>				
Street Outreach				
Information Clearinghouse/Library				
Prevention/Health Education Services				

Check the box that describes **how easy it was for you to get the service (access)**

Services	Very easy to get	Some-what easy to get	to get	Services	easy to get	Some-what easy to get	Hard to get
<b>Ambulatory / Outpatient Medical Care</b>				<b>Research</b>			
Primary Care				Clinical Trials			
Vision Care				<b>Mental Health Therapy / Counseling</b>			
OB / GYN				Psychological and psychiatric treatment and counseling services			
Pediatric				Support Groups			
Specialty				<b>Nutritional Services</b>			
Infectious Diseases				Education, counseling and/or direct therapeutic nutritional / supplemental food products and/or services			
Medical Case Management				<b>Rehabilitation Care</b>			
<b>Social Case Management</b>				Physical Therapy			
<b>Dental Care</b>				Speech Pathology			
<b>Emergency Medical Services</b>				Low Vision Training Services			
Primary Care				<b>Substance Abuse Treatment / Counseling</b>			
OB / GYN				Substance Abuse Counseling			
Pediatrics				Substance Abuse Treatment			
Specialty				<b>Support Services</b>			
Infectious Diseases				Adoption / Foster Care Assistance			
Medications / Pharmacy				Adult Day or Respite Care			
Psychiatric				Alternative Treatment / Therapies (acupuncture, massage therapy, natural meds)			
<b>Home Health Care</b>				Buddy / Companion Services			
Para-Professional Care				Child Care			
Professional Care				Client Advocacy / Legal Services			
Specialized Care				Counseling (Other)			
Durable Medical Equipment				Direct Emergency Financial Assistance			

<b>Services</b>	Very easy to get	Some-what easy to get	Hard to get	<b>Services</b>	Very easy to get	Some-what easy to get	to get
<b>Hospice</b>				Food Bank / Home-Delivered Meals			
Home-Based Hospice Care				Health Insurance Payments			
Residential Hospice Care				Housing			
<b>Inpatient Services</b>				Housing Payment			
Primary Care				Mental Health Services (licensed, clinical)			
OB / GYN				Transportation (to Required Services)			
Pediatrics				Translation / Interpretation			
Infectious Diseases				Exercise/Fitness/Strength Training			
Medications / Pharmacy				<b>Patient Education Services</b>			
Specialty Care				HAART			
<b>Long Term Care</b>				Health Education			
Nursing Homes				Information Clearinghouse/Library			
Assisted Living Facility				Patient Education Center			
Hospice Care				<b>Prevention Education Services</b>			
Transitional Facility				Street Outreach			
<b>Medications and Therapeutic</b>				Information Clearinghouse/Library			
Medications / Pharmacy				Prevention/Health Education Services			

Check the box that indicates **if you currently need the service**.

Services	Y	N	Don't Know	Services	Y	N	Don't Know
<b>Ambulatory / Outpatient Medical Care</b>				<b>Research</b>			
Primary Care				Clinical Trials			
Vision Care				<b>Mental Health Therapy / Counseling</b>			
OB / GYN				Psychological and psychiatric treatment and counseling services			
Pediatric				Support Groups			
Specialty				<b>Nutritional Services</b>			
Infectious Diseases				Education, counseling and/or direct therapeutic nutritional / supplemental food products and/or services			
Medical Case Management				<b>Rehabilitation Care</b>			
<b>Social Case Management</b>				Physical Therapy			
<b>Dental Care</b>				Speech Pathology			
<b>Emergency Medical Services</b>				Low Vision Training Services			
Primary Care				<b>Substance Abuse Treatment / Counseling</b>			
OB / GYN				Substance Abuse Counseling			
Pediatrics				Substance Abuse Treatment			
Specialty				<b>Support Services</b>			
Infectious Diseases				Adoption / Foster Care Assistance			
Medications / Pharmacy				Adult Day or Respite Care			
Psychiatric				Alternative Treatment / Therapies (acupuncture, massage therapy, natural meds)			
<b>Home Health Care</b>				Buddy / Companion Services			
Para-Professional Care				Child Care			
Professional Care				Client Advocacy / Legal Services			
Specialized Care				Counseling (Other)			



Services	Y	N	Don't Know	Services	Y	N	Know
Durable Medical Equipment				Direct Emergency Financial Assistance			
<b>Hospice</b>				Food Bank / Home-Delivered Meals			
Home-Based Hospice Care				Health Insurance Payments			
Residential Hospice Care				Housing			
<b>Inpatient Services</b>				Housing Payment			
Primary Care				Mental Health Services (licensed, clinical)			
OB / GYN				Transportation (to Required Services)			
Pediatrics				Translation / Interpretation			
Infectious Diseases				Exercise/Fitness/Strength Training			
Medications / Pharmacy				<b>Patient Education Services</b>			
Specialty Care				HAART			
<b>Long Term Care</b>				Health Education			
Nursing Homes				Information Clearinghouse/Library			
Assisted Living Facility				Patient Education Center			
Hospice Care				<b>Prevention Education Services</b>			
Transitional Facility				Street Outreach			
<b>Medications and Therapeutic</b>				Information Clearinghouse/Library			
Medications / Pharmacy				Prevention/Health Education Services			

47. Please select the 10 services related to HIV/AIDS that **YOU need** the most from the following list and write them in the space provided below. Then indicate: 1) if the services are currently being used, and 2) how well your service provider is currently meeting the need.

**Services to choose from:**

- Ambulatory/Outpatient Medical Care
- Social Case Management
- Dental Care
- Emergency Medical Services
- Home Health Care
- Hospice
- Inpatient Services
- Long Term Care
- Medications & Therapeutics
- Research
- Mental Health Therapy/Counseling
- Nutritional Services
- Rehabilitation Care
- Substance Abuse Treatment
- Support Services
- Patient Education Services
- Prevention Education Services

**Services needed by YOU**

**How well met**

LIST TOP TEN	<u>How well met</u>				
	<u>Currently being used</u>	<u>Very well</u>	<u>Adequately</u>	<u>Poorly</u>	<u>Not at All</u>
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____

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48. Please list or describe any **service** you need that is not available.\*

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**\*Note:** Your concerns will be considered, however funding restrictions or legal restrictions may prevent your providers from responding to needs, concerns, and/or requests as identified in this survey.

49. Tell me about any problems or trouble that you may have experienced getting needed services. (**Check all that apply to you.**)

**Knowledge**

- I did not know that the treatment/service was available to me.
- I did not know the location of the organization providing services.
- I did not know the organization/center was available to provide services.
- I did not know what services I needed for treating HIV infection.
- I did not know that services/treatment existed.

**Provider Characteristics**

- The person providing services to me did not know what he/she was doing.
- The person providing services to me did not speak my language.
- The people providing the services didn't understand what I needed.
- There was too much paper work and/or red tape.
- I was worried that someone would find out I am HIV positive.
- I needed childcare and it was not available.
- The service I needed was simply not available.

---

### **Client Characteristics**

- I was too upset to think about treatment.
- I was not physically healthy enough to get to the place where the service was provided.
- I do not believe HIV is really a problem for me.
- I do not get along with the people providing the service.
- I do not understand the instructions about treatment.
- My children were not welcome at the service center.
- I did not feel valued as a person.

### **System Problems**

- I could not find my way through the system.
- The organization providing the service made me feel like a number.
- Safe housing for battered persons was not available.
- There was no housing available that allowed children.
- The provider/service center did not answer my questions.
- The atmosphere at the service center was cold and unfriendly.
- People working at the service center were not helpful.

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### Access and Availability; Cost

- I had no way to get from my home to the place where the service was provided.
- I did not know where to go or who to ask for help.
- I had to wait too long to get an appointment or see someone.
- People providing the service discriminated against me.
- I could not afford the service.
- I did not have insurance.
- I had insurance but it did not cover the service I needed.
- The service provider was not sensitive to my beliefs and spiritual concerns.
- Funding was not available to offer the service.

### Client Beliefs/Perceptions

- I could not get referrals for the services that I needed.
- I could not qualify for services because of all the rules and regulations.
- There were too many rules and regulations regarding payment for services.
- I was afraid of being reported to the authorities.
- The case manager did not understand why I have trouble taking my medications.
- I could not get information about treatment options from people providing the services.
- I am afraid of retaliation or discrimination.
- Others (please describe): \_\_\_\_\_

**Thank you for the time that you have taken to complete the survey. Your answers will provide valuable information for the planning and delivery of services to your community. Please place your completed survey in the survey box or return it to the survey facilitator, who will be able to answer any questions you may have.**



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Appendix E  
**List of Survey Sites**

**Table E-1: LIST OF SURVEY SITES AND NUMBER OF PARTICIPANTS AT EACH**

<b>SURVEY SITE</b>	<b>PARTICIPANT COUNT</b>
Amigos Volunteers in Education and Services	9
Baylor College of Medicine International Pediatric AIDS Initiative	6
Corder Place Apartments	40
Covenant House Texas	6
Donald R. Watkins Memorial Foundation	19
Fort Bend County Jail	3
Fort Bend Family Health Center	21
HACS: Joseph-Hines Clinic	40
Harris County Community Development Department	24
Harris County Hospital District: Northwest Clinic	12
Harris County Hospital District: Thomas Street Clinic	29
Harris County Jail	11
Houston Area Community Services (HACS)	8
Houston Recovery Campus - Riverside	17
Individual Contact	1
Memorial Hermann Pediatrics	3
Montrose Clinic	23
Montrose Counseling Center	33
Northwoods AIDS Coalition	22
Over the Hill, Inc.	45
People With AIDS Coalition, Houston	218
Plane State Jail	8
River Oaks Health Association	20
Texas Children's Hospital	8
The Assistance Fund	16
University of Texas Pediatric HIV/AIDS Clinic	2
<b>Total Number Surveyed</b>	<b>644</b>

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**Appendix F**  
**Focus Group**  
**Recruitment Packet**



## FOCUS GROUP PARTICIPANT APPLICATION

*In order to be eligible, you will need to answer all questions.*

### CLIENT DEMOGRAPHICS

NAME: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Age: \_\_\_\_\_ Gender \_\_\_\_\_

### RACE/Ethnicity (Please check all that apply)

African American \_\_\_\_\_ Anglo \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_  
Native American \_\_\_\_\_ Pacific Islander \_\_\_\_\_ Other \_\_\_\_\_ (please specify) \_\_\_\_\_

Are you HIV positive? yes \_\_\_\_\_ no \_\_\_\_\_ What year were you diagnosed with HIV? \_\_\_\_\_

Have you been to see your doctor for HIV care in the last 6 months? yes \_\_\_\_\_ no \_\_\_\_\_

Are you available to participate in a group during the week of January 28, 2002? yes \_\_\_\_\_ no \_\_\_\_\_

### GROUPS

#### For which groups would you be eligible? (Please check all that apply)

Man who has sex with men \_\_\_\_\_ Substance User \_\_\_\_\_ Older Adult (older than 45) \_\_\_\_\_  
Currently pregnant woman \_\_\_\_\_ Woman over 18 (not pregnant) \_\_\_\_\_ Youth (age: 13-19) \_\_\_\_\_  
Youth (age: 20-24) \_\_\_\_\_ Disabled \_\_\_\_\_ (please specify) \_\_\_\_\_

Will you need child care? yes \_\_\_\_\_ no \_\_\_\_\_

Will you need transportation? yes \_\_\_\_\_ no \_\_\_\_\_

Please specify any special needs: \_\_\_\_\_

**REMINDER:** In order to assure that everyone has an equal chance to participate in the study, the names of all applicants will be sorted by the groups for which they are eligible and 9 names will be drawn at random for each group. *NOT EVERYONE WILL BE SELECTED.* Individuals who are selected and who participate in a group will be given a **\$25 gift certificate** in appreciation for their involvement. If you are selected for a group, you will be notified by phone by **Saturday, January 26, 2002.**

**THANK YOU FOR YOUR INTEREST!**

**WHEN YOU HAVE COMPLETED THE FORM, PLEASE RETURN IT TO YOUR PROVIDER**

*This study is part of the Comprehensive HIV/AIDS Assessment, which is a collaborative project of the Ryan White Planning Council, the Local Needs Assessment Task Force (LNATF), The Houston Regional HIV/AIDS Resource Group, the City of Houston Prevention Community Group (CPG) and Housing Opportunities for Persons with AIDS (HOPWA).*

# ***SPEAK OUT AND BE HEARD***



Participate in the Houston Area HIV Planning  
Council Consumer Survey

## **CONFIDENTIALLY**

- Inform us about your needs and the services you use
- Tell us how care and services could be improved
- Help us understand how to serve the community better
- Help us get the funding we need to support YOU

and

***EARN AN INCENTIVE VOUCHER FOR YOUR TIME***

Survey Completion Sessions at this Agency on:

\_\_\_\_\_ at

\_\_\_\_\_ (AM/PM)

Please ask Agency Staff about scheduling

Additional questions can be directed to: \_\_\_\_\_

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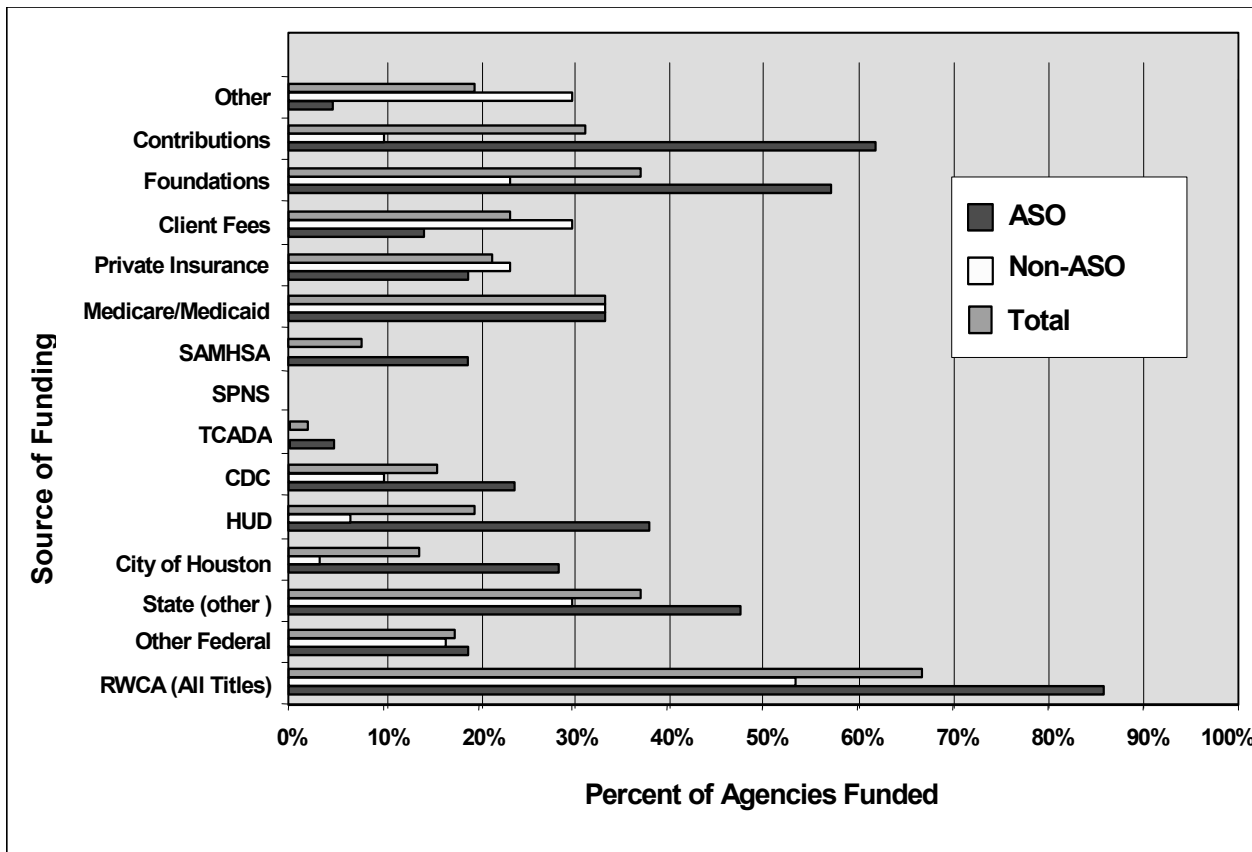
## **Appendix G**

# **Sources of Funding**

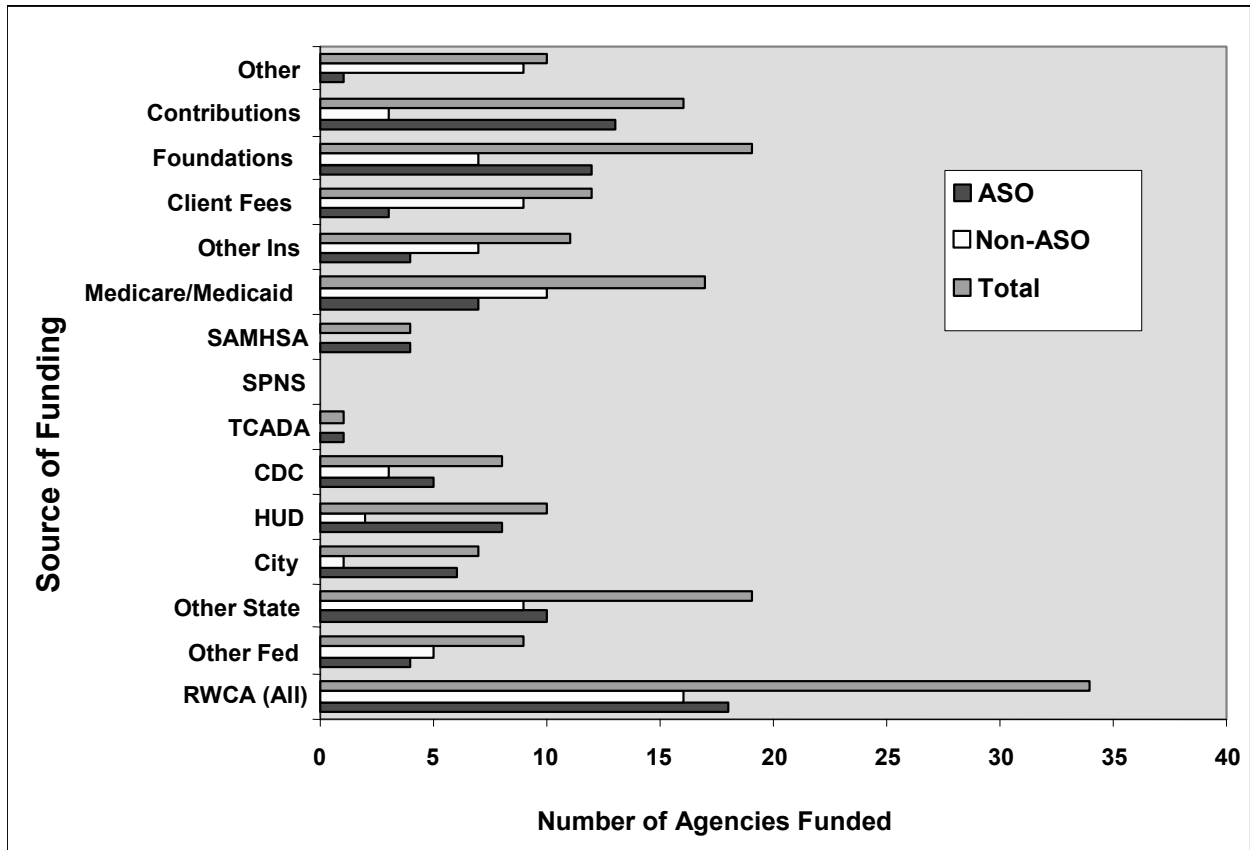
**Table G-1: SOURCES OF FUNDING – ALL RESPONDENTS**

Q #7. How are the costs of HIV client services covered?						
Source of Funding	# ASO	# Non-ASO	Total	% ASO	% Non-ASO	Total
Ryan White CARE Act (All Titles)	18		34	86%	53%	67%
Other Federal	4	5	9	19%	17%	18%
State (Other than CARE Act)	10	9	19	48%	30%	37%
City of Houston	6	1	7	29%	3%	14%
HUD	8	2	10	38%	7%	20%
CDC	5	3	8	24%	10%	16%
TCADA	1	0	1	5%	0%	2%
SPNS	0	0	0	0%	0%	0%
SAMHSA	4	0	4	19%	0%	8%
Medicare/Medicaid	7	10	17	33%	33%	33%
Private Insurance	4	7	11	19%	23%	22%
Client Fees	3	9	12	14%	30%	24%
Foundations	12	7	19	57%	23%	37%
Contributions	13		16	62%	10%	31%
Other	1	9	10	5%	30%	20%
<i>Total</i>	<i>96</i>	<i>81</i>	<i>177</i>			

**Figure G-1: SOURCES OF FUNDING – PERCENT OF AGENCIES BY FUNDING SOURCE**  
 (Agencies reporting funding sources ONLY. Percent of reporting agencies shown after source)



**Figure G-1: SOURCES OF FUNDING – NUMBER OF AGENCIES BY FUNDING SOURCE**  
 (Agencies reporting funding sources ONLY. Number of reporting agencies shown after source)



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# Appendix H

# Question Topics

**Figure G-1: SOURCES OF FUNDING – PERCENT OF AGENCIES BY FUNDING SOURCE**

<b>TOPIC AREA</b>	<b>SURVEY QUESTIONS</b>
Care Status	30 (e-f)
Co-morbidities	28a, 37-38
Demographics	3,4,7,8,9
Disability profile	26-28
Education	10
Employment and Income	20-21
Exposure	34
Health insurance profile	22
HIV information sources	46 (a-b)
HIV status	1
HIV testing experience	29-32
Housing profiles	11,12, 14-19 (a-i)
Medication assistance use	23, 23 (a)
Medication profile	39-43 (a)
Mental health profile and service use	35-36
Other benefits use	24
Pregnancy status/prenatal care	4-5
Prevention behaviors	45 (d-g)
Relationship status	13
Service status	2
Service use, needs, barriers, gaps, priorities	47-50
Services use by agencies	46
Substance use/abuse	44-45 (a-c)
Transportation profile	33 (a-f)
Viral load	33

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# Appendix J

# Participating Providers



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## Participating Providers

AIDS Foundation Houston  
Alternatives  
American Red Cross - Greater Houston Area Chapter  
Amigos Volunteers in Education and Services (AVES), Inc.  
The Assistance Fund  
Baylor College of Medicine at Thomas Street Clinic  
Baylor International Pediatric AIDS Initiative  
Bering Omega Community Services  
The B.L.O.C.K.  
Bread of Life, Inc  
Brentwood Community Foundation  
Covenant House Texas  
Donald R. Watkins Memorial Foundation  
Families Under Urban and Social Attack  
Family Service Center  
Fort Bend County Health Department  
Fort Bend Family Health Center, Inc.  
Good Neighbor Healthcare Center  
Harris County Hospital District  
Harris County Public Health & Environmental Services  
Harris County Social Services Department  
Houston Area Community Services, Inc. (HACS)  
Houston Challenge Foundation  
Houston Department of Health and Human Services, Bureau of HIV/STD Prevention  
Houston Veterans Affairs Medical Center  
Houston Volunteer Lawyers Program, Inc.  
Interfaith Care Partners  
The Life Center, Inc.  
Metropolitan Multi-Service Center  
MHMRA of Harris County  
Montrose Clinic  
Montrose Counseling Center, Inc.  
NAACP  
New Hope Counseling Center, Inc.  
Nightingale Adult Day Center  
Nonprofit Consulting Services, LLC  
Northwoods AIDS Coalition  
Nuclear Imaging of Texas  
People With Aids Coalition-Houston, Inc.  
Planned Parenthood of Houston & Southeast Texas  
Riverside General Hospital's New Dawnings Peer Counseling Program  
Sage Associates, Inc.  
Southeast Texas Legal Clinic  
St. Hope Foundation, Inc.  
Steven's House  
Sweeny Community Hospital  
Texas Children's Hospital - Allergy and Immunology  
University of Texas Health Science Center  
University of Texas Medical Branch  
VA Medical Center  
Visiting Nurse Association of Houston, Inc.