2011 Houston Area HIV/AIDS Needs Assessment

A COLLABORATIVE PROJECT OF THE:

Houston Ryan White Planning Council

Houston Regional HIV/AIDS Resource Group

Harris County Hospital District

Harris County Public Health and Environmental Services
Ryan White Grant Administration

Houston Department of Health and Human Services (HDHHS)

City of Houston HIV Prevention
Community Planning Group (HHPCPG)

Housing Opportunities for Persons with AIDS (HOPWA)

Coalition for the Homeless of Houston/Harris County

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Collaboration is the key to effective planning, especially around an illness as complex as HIV/AIDS. This report could not have been written without the collaborative efforts of the following partners:

- Houston Ryan White Planning Council
- Houston Regional HIV/AIDS Resource Group
- Harris County Hospital District
- Harris County Public Health & Environmental Services
  Ryan White Grant Administration
- Houston Department of Health and Human Services (HDHHS)
- City of Houston HIV Prevention Community Planning Group (CPG)
- Housing Opportunities for Persons with AIDS (HOPWA)
- Coalition for the Homeless of Houston/Harris County

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The 2011 HIV/AIDS Needs Assessment is dedicated to you.

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Executive Summary

Introduction

A needs assessment produces detailed information about service usage for a defined population and, as a result, is an essential tool for planning for service-delivery in a community. Every three years, a needs assessment of People Living with HIV/AIDS (PLWHA) in the Houston Area is conducted. Its purpose is to gather information on the health and human services that PLWHA in Houston use, their potential barriers to services and their continued areas of service need. The information gathered is then used by Houston Area HIV/AIDS service providers and planning bodies as they make programmatic decisions on how to best meet the needs of PLWHA.

For the 2011 Houston Area HIV/AIDS Needs Assessment, 924 PLWHA were surveyed from the local Health Services Designation Area (HSDA), a 10-county area that includes the counties of Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller and Wharton. Survey participants were queried on 11 topics related to HIV services, including service usage history for both medical and social services, barriers to seeking or receiving services and co-occurring health conditions. Their responses were analyzed in light of demographic characteristics, risk factors for HIV/AIDS and other conditions that can impact access to care, such as being homeless, living in a rural setting, or being recently released from the criminal justice system. Focus groups with HIV service providers and an analysis of current HIV/AIDS epidemiological data were also conducted.

Of PLWHA who participated in the needs assessment survey, almost all (95%) resided in Harris County. The majority were also male (67%), Black/African-American (55%), heterosexual (52%) and had at least a high school diploma or GED (80%). Their average age was 45. Nine percent (9%) of participants were homeless, 19% were recently released from jail or prison, 24% had no annual income and 35% were unemployed. The average length of time being HIV positive was 11 years and the majority (93%) was currently *in care* for HIV/AIDS.

The Scope: HIV/AIDS in the Houston Area

According to the Centers for Disease Control and Prevention, the Houston Area ranks 13th in the nation among all metropolitan statistical areas for rate of new HIV cases (2009). In Texas, Harris County ranks 11th among all counties for rate of new HIV, but is first in the state for the *number* of new people diagnosed with HIV/AIDS as well as for the number of PLWHA (2010).

In 2008 (the last year for which verified local data is available), 1,903 new cases of HIV/AIDS were diagnosed in the Houston Area HSDA, and, of which, over half (54%) were new HIV cases (not yet progressed to AIDS). Men and Blacks/African-Americans had the highest rates of new infection. Men Who Have Sex with Men (MSM) and heterosexual contact accounted for the majority of attributed risk among new cases. Overall,

the rate of new HIV cases in the Houston Area is on the rise, while the rate of new AIDS cases is declining.

Also in 2008, there were 20,190 PLWHA in the Houston HSDA, and, of which, over half (58%) had progressed to AIDS. Trends among PLWHA mirror those among the newly-diagnosed: men and Blacks/African-Americans had the highest rates and MSM and heterosexual contact accounted for the majority of attributed risk. However, there were some notable differences: statistical comparison suggests a possible increase in PLWHA who are women and youth (aged 13 to 24 years).

The mortality rate associated with HIV/AIDS in the Houston Area HSDA has remained relatively stable. Most recent estimates place the rate of HIV/AIDS death at 10.5 per 100,000 cases, or 540 deaths annually (2007). Rates of death among PLWHA were highest among men, Blacks/ African-Americans, MSM and heterosexual contact.

The vast majority of and highest rates for new HIV/AIDS cases as well as PLWHA were in Harris County.

The Response: HIV/AIDS Programs in the Houston Area

In the Houston Area, there are four main federally-funded programs dedicated to HIV/AIDS services; together, they represent the continuum of HIV service needs, from diagnosis to end-stage disease:

- The Ryan White HIV/AIDS Program Part A provides federally-defined core HIV/AIDS services in the Houston Eligible Metropolitan Area (EMA). Examples of core services include primary outpatient medical care, case management and medication assistance. According to recent estimates, 8,262 PLWHA receive services through Part A. Part A is administered by the Harris County Public Health and Environmental Services, Ryan White Grant Administration.
- The Ryan White HIV/AIDS Program Part B provides core HIV/AIDS medical services throughout the HSDA, which includes the EMA. Part B also includes the AIDS Drug Assistance Program (ADAP) and services specifically targeted to the region's rural counties. According to recent estimates, approximately 4,700 PLWHA receive Part B services. Part B is administered by the Texas Department of State Health Services and, locally, by the Houston Regional HIV/AIDS Resource Group.
- The Houston Area HIV Prevention Program provides HIV testing, diagnosis and linkage to care. They also provide community-wide risk-reduction education and school-based prevention programs. All new cases of HIV/AIDS are reported to the program as part of mandated disease surveillance and are followed by partner identification/notification efforts. Prevention programs are operated by the Houston Department of Health and Human Services.
- Housing Opportunities for Persons with AIDS (HOPWA) provides grants to community organizations to help meet the housing needs of low-

income PLWHA. Examples of services include rent, mortgage and utility assistance, permanency planning and community-based residences for PLWHA. HOPWA is administered by the City of Houston Housing and Community Development.

The Need: Key Findings about PLWHA's Experiences with HIV/AIDS Services in the Houston Area

Diagnosis

The 2011 Houston Area HIV/AIDS Needs Assessment aimed to gather information about the entire continuum of HIV services, which begins at the time of HIV/AIDS diagnosis. Therefore, needs assessment participants were asked about their experience with HIV testing. Overall, "feeling sick" was the most commonly cited reason for seeking an HIV test (25% of respondents), followed by having sex with someone with HIV (19%), testing as part of a routine check-up (19%) and engaging in risky behavior (18%). The most commonly reported location for the HIV test was a public or community clinic (40%), followed by jail/prison (16%). Less than half of survey respondents (48%) said they received information about HIV medical services at the time of their diagnosis and 19% stated they received no information at all.

First Medical Visit

Needs assessment participants were also asked about the time between their HIV/AIDS diagnosis and their first HIV medical visit. Half (50%) reported seeing a doctor for HIV within 1 month of diagnosis, while 14% waited more than 12 months and 2% said they had never seen a doctor for HIV. PLWHA who more often reported waiting longer than 12 months to see a doctor for HIV were those with a history of being out-of-care (35% of respondents) or who were still out-of-care (21%) as well as White MSM (19%). The most commonly-cited reason for delaying care was fear (42%), followed by denial (35%) and not feeling sick (34%). As with testing, the most commonly-reported location for the first HIV medical visit was a public or community clinic (54%).

Core Medical Services

There are nine types of services defined as "core services" for PLWHA available through the Houston Area Ryan White HIV/AIDS Programs. Needs assessment participants were asked about their experience seeking each core service. Some participants stated that they did not need the service, but, of those that did, services overall were reportedly "very east to get." The top three accessible and non-accessible core services were ranked as follows:

Top Three "Very Easy to Get" Core Services

1. Medical Services
2. HIV Medications
3. Case Management

Top Three "Had Some Difficulty Getting" Core Services

1. Dentist Visits
2. HIV Medications
3. Case management

Though certain core services ranked at the top of both lists, certain subgroups of PLWHA reported divergent experiences. In general, PLWHA who were not in regular HIV care or who were homeless had difficulty accessing services that others perceived as "easy to get."

When assessment participants reported having "some difficulty" accessing a service, they were also asked to identify why, using a list of potential barriers. The three most commonly reported barriers to accessing core services were as follows:

Top Three Barriers to Core HIV Services in the Houston Area

1. Difficulty making or keeping appointments
2. Long wait times
3. Problems with paperwork

In addition, the majority of participants (63%) reported having a case manager or a specific person at a clinic, hospital, or community organization who is responsible for helping them access HIV services.

HIV Medications

A majority of needs assessment participants (78%) reported being on HIV medications at the time of the survey. Hispanics reported HIV medication usage the most while those that were homeless reported it the least. Overall, the most commonly-cited reason for not taking HIV medications was a T-cell count being too high. About one-quarter (26%) of participants reported stopping their HIV medications at some point in time due to side effects. Fifteen percent (15%) reported difficulty paying for medications.

Supportive Services

In addition to the nine core medical services for PLWHA referenced above, there are 14 services designated as "supportive services" available through the Houston Area Ryan White HIV/AIDS Programs. Needs assessment participants were asked to rank up to five of the 14 "supportive services" as the most useful or important. The top three supportive services were as follows:

Top Three Most Useful/Important Supportive Services for PLWHA in the Houston Area

1. Emergency Financial Assistance (EFA), or short-term payments for transportation, food, utilities or medication
2. Food bank services for food, meals, or nutritional supplements
3. Transportation services to access primary medical care or psychosocial support

Though ranked first in importance for PLWHA, Emergency Financial Assistance was cited as the most difficult-to-access of the supportive services. The top three most difficult-to-access supportive services were as follows:

Top Three Supportive HIV Services That PLWHA "Had Some Difficulty Getting" in the Houston Area

1. Emergency Financial Assistance (EFA), or short-term payments for transportation, food, utilities, or medication
2. Food bank services for food, meals, or nutritional supplements
3. Rental assistance and/or shelter vouchers, or short-term assistance to support temporary and/or transitional housing to access medical care

When assessment participants reported having "some difficulty" accessing a supportive service, they were also asked to identify why, using a list of potential barriers. The three most commonly reported barriers to accessing supportive services were as follows:

Top Three Barriers to Supportive HIV Services in the Houston Area

1. Not knowing where to get services
2. Not knowing how to get services
3. Was told they were not eligible for the service

Participants were also asked about sources for social support. The most commonly-cited source was family (35% of respondents), followed by other PLWHA (34%) and doctors, nurses, or agency staff (33%).

Co-Occurring Conditions

Needs assessment participants were also asked about the presence of certain other health conditions that could impact their ability to seek HIV care. One quarter (25%) of participants reported Hepatitis C co-infection, 11% reported a history of active TB and 31% reported taking high blood pressure medication. In addition, a majority of participants (63%) reported having at least one mental health condition during the previous month, with "serious anxiety/tension" reported most often (52%). Participants were also asked about drug and alcohol use. Overall, about one-third (36%) showed an indication of alcohol abuse, 25% reported using marijuana, 21% reported using cocaine and 5% reported using amphetamines.

Characteristics of People Who Are Out-Of-Care

Though the Houston Area Ryan White HIV/AIDS Programs serve a large proportion of PLWHA, there are still some PLWHA who are not receiving care. Each year, the programs estimate the number of diagnosed PLWHA who are out-of-care using a federal formula and definition and the best available data. This number is commonly referred to as the "unmet need estimate." The current Houston Area unmet need estimate is

39% (or 8,101) of diagnosed PLWHA.

In the 2011 Houston Area HIV/AIDS Needs Assessment, 7% (or 66) participants were out-of-care per federal definitions. Those who fell into this category tended to be male, 45 years of age or older, Black/African-American and heterosexual. Some notable findings about the out-of-care subgroup are as follows:

- The out-of-care were least likely to have received information about HIV medical services at the time of diagnosis. They were also more likely to delay entry into care for more than 12 months. The most common reason for not being in care was that they "felt fine."
- Those who were out-of-care were more likely to report not having a case manager or to be unsure if they had a case manager.
- Half of those who were out-of-care (50%) reported having no source of social support compared to 19% of all participants.
- Those who were out-of-care were more likely to report emergency assistance (financial, rental assistance, employment) as an important supportive service. They also more frequently reported not knowing where or how to get supportive services as a barrier.

Overall, about one quarter of all needs assessment participants reported stopping their HIV care for one year or more at some point in their history. The most common reason for falling out of care was drug use (50%) followed by losing stable housing (37%) and not wanting to take HIV medications (36%).

A Note on Data and Data Sources

Data produced by the 2011 Houston Area HIV/AIDS Needs Assessment are unique because they reflect the first-hand perspectives of PLWHA in the Houston Area. However, the results were not corroborated with the service-utilization patterns of participants. Therefore, they cannot be used as empirical evidence of actual services sought or received. In addition, needs assessment data reflect only those PLWHA who self-selected to participate in the survey process. According to current estimates, the needs assessment sample is approximately 4% of diagnosed PLWHA in the Houston Area. As a result, it is impossible to ascertain if the results are representative of the Houston Area PLWHA population as a whole. With these caveats in mind, however, the 2011 Houston Area HIV/AIDS Needs Assessment is the most current repository of primary data on the HIV services experiences of PLWHA in the Houston Area. Its results can be used to describe PLWHA's experiences with HIV services and to draw conclusions about ways to potentially increase service access.

The following sources for data were used in this report: Office of the Texas Comptroller, Texas Department of State Health Services, Texas Workforce Commission, U.S. Census Bureau and the Michael E. DeBakey VA Medical Center.

Overview of the Needs Assessment

A needs assessment is an essential tool for planning. It is a systematic process of determining the service needs of a defined population, and tells us what kinds of services different types of people need and when and where they need them. It should explore the perspectives of people living with HIV and their service providers. Information is typically collected through surveys, focus groups, interviews and/or public forums.

The purpose of the 2011 Houston Area HIV/AIDS Comprehensive Needs Assessment is to gather information on:

- Levels of access to core and supportive services;
- Experience of barriers;
- HIV testing histories;
- Entry to care;
- In-care and out-of-care status;
- Perceptions of health status;
- Mental health symptoms;
- Substance use and abuse;
- Housing status;
- Financial information; and
- Basic demographics of a sample of people living with HIV/AIDS (PLWHA) in the 10-county Houston HSDA.

This information is used by community-based planning bodies in order to:

- Prioritize fundable services from a consumer point-of-view, including needed services not currently offered;
- Determine funding allocations for those services based upon money available within the various partner organizations, and to inform other funding sources which pay for similar services;
- Make programmatic recommendations on how to best meet the needs of clients;
- Support efforts to plan a comprehensive system of HIV/AIDS care; and
- Provide the supporting documentation for annual Health Resources and Services Administration (HRSA) and Department of State Health Services (DSHS) grant applications.

Houston Eligible Metropolitan Area & Health Services Delivery Area

The 2011 Houston Area HIV/AIDS Needs Assessment encompasses a 10-county planning area which includes both the Houston Eligible Metropolitan Area (EMA) and Health Services Delivery Area (HSDA).

An Eligible Metropolitan Area (EMA) is an area designated by the Health Resources and Services Administration (HRSA) – a division of the United States Department of Health and Human Services – as eligible to receive Ryan White CARE Act Part A funds. An EMA must have a population of at least 500,000 persons and a total of at least 2,000 cumulative AIDS cases (as reported by the Centers for Disease Control for the most recent 5-year period). The geographic boundaries of EMAs are defined by the US Census Bureau; some EMAs include just one city, some are composed of several cities and/or counties and others extend over more than one state. The Houston EMA is a 6-County area that consists of Chambers, Fort Bend, Harris, Liberty, Montgomery and Waller counties in southeast Texas.

The purpose of Part A funds is to provide emergency relief to metropolitan areas disproportionately affected by HV/AIDS. In Houston, Part A funds are awarded to the Harris County Judge's Office and administered by the HIV Services Division of the Harris County Public Health and Environmental Services Department. Each year, the EMA subcontracts approximately $17 million in Part A funds to local agencies providing medical and supportive services to PLWHA.

The Houston HIV Service Delivery Area (HSDA) is a 10-county area designated by the state to receive Ryan White Part B and DSHS State Services funds. The counties within the HSDA encompass the entire EMA with the addition of Austin, Colorado, Walker and Wharton counties. Part B and DSHS State Services funds are intended to improve the quality, availability and organization of health care and support services for PLWHA (with an emphasis on rural populations), and are administered by the Houston Regional HIV/AIDS Resource Group. In addition to Part B and State Services funds, the Resource Group administers other local HIV/AIDS funding streams such as Part C (funding to community-based organizations for outpatient early intervention services) and Part D (services for children, youth, women, and families).

The Houston HSDA, including the entire EMA, contains more than 4.3 million people across 9,415 square miles (population density = 459.3 people/square mile), with 98% of the population residing in Harris County (population density = 1,630 people/square mile). Harris County is the most populous county in Texas, the third most populous in the nation, and the home of approximately 95% of the HSDAs reported HIV/AIDS cases.

By population, Harris County is the largest county in Texas and the third largest in the United States. Houston is the fourth largest city in the United States, and is the least densely populated major metropolitan area in the nation; Philadelphia (135 sq miles), Chicago (227.1 sq miles), and Boston (49 sq miles) combined would fit within the city limits of Houston (539.6 sq miles) with room to spare.

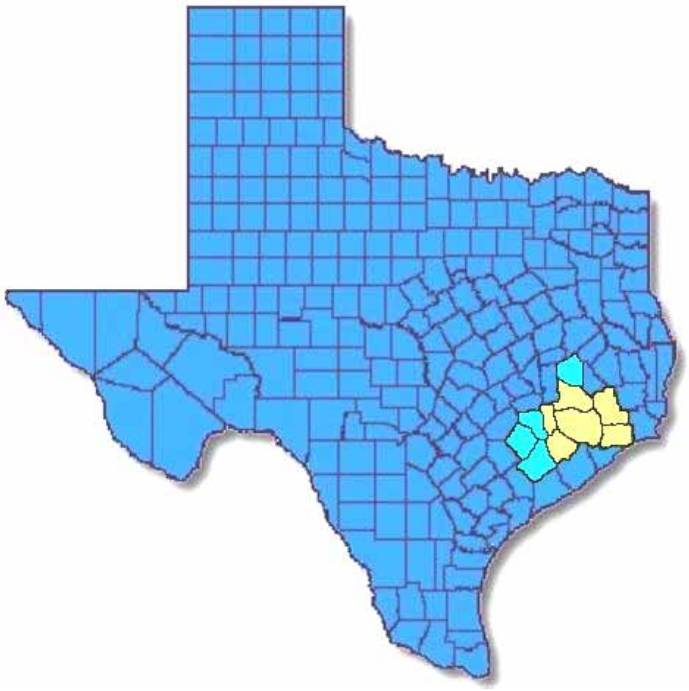
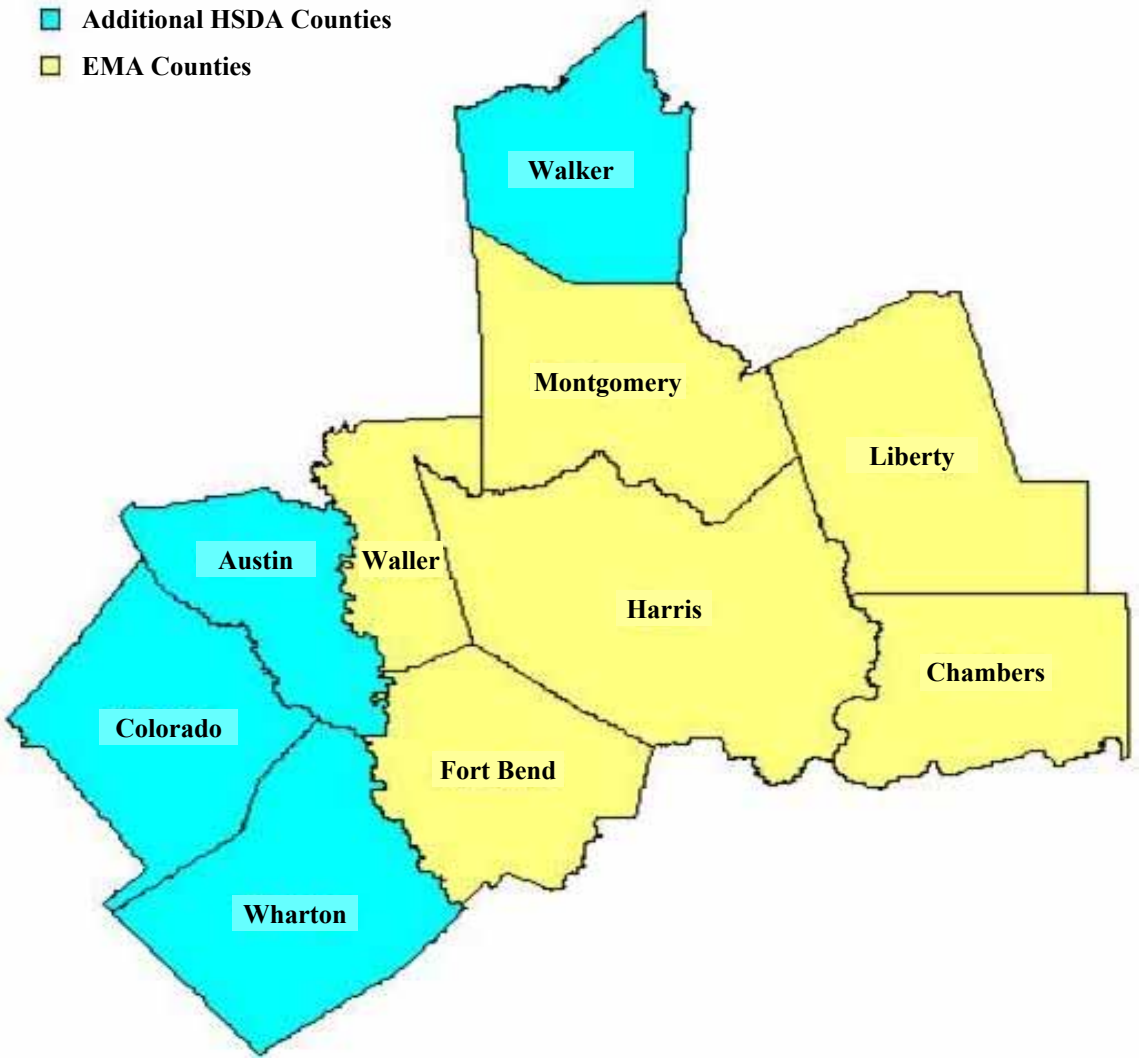


Figure 1: HSDA and EMA Counties



Demographics of the Houston HSDA

According to the 2000 U.S. Census report, there are 4,324,572 persons residing in the 10-county HSDA area.

- This is 20% of the population of Texas in the EMA and 21% in the HSDA.
- Over 81% of the people living in the EMA live in Harris County and nearly 79% of those in the HSDA live in Harris County.
- The second largest county is Fort Bend (9%) followed by Montgomery County (7%).
- The smallest counties by population include Colorado, Austin, and Chambers, each with less than 30,000 residents.

Table 1: Total Urban vs. Rural Areas and Population Density, Houston EMA/HSDA, 2000

County	Total Population	Urban Population	Rural Population	Land Area in square miles	Population Density per square mile of land area
Chambers	26,031	36%	64%	599.31	43.4
Fort Bend	354,452	90%	10%	874.64	405.3
Harris	3,400,578	98%	2%	1,728.83	1967.0
Liberty	70,154	36%	64%	1,159.68	60.5
Montgomery	293,768	64%	36%	1,044.03	281.4
Waller	32,663	37%	63%	513.63	63.6
EMA TOTAL	**4,177,646**	**93%**	**7%**	**5,920.12**	**470.2**
Austin	23,590	37%	63%	652.59	36.1
Colorado	20,390	40%	60%	962.95	21.2
Walker	61,758	64%	36%	787.45	78.4
Wharton	41,188	50%	50%	1,090.13	37.8
HSDA TOTAL	**4,324,572**	**92%**	**8%**	**9,413.24**	**299.47**
TEXAS TOTAL	**20,851,820**	**83%**	**17%**	**261,797.12**	**79.6**

Source: U.S. Census Bureau, 2000 (www.census.gov). Retrieved on March 25, 2004

Both the EMA and the HSDA populations are projected to grow approximately 18% between 2000 and 2010. This is faster growth than the 16% that is projected for Texas overall.

- The fastest growing counties include Montgomery (29%), Fort Bend (27%) and Waller (26%).
- The slowest growing counties are the four outside the EMA, Colorado (4%), Wharton (6%), Austin (8%) and Walker (10%).
- The 45 to 64 age group is projecting the greatest growth in the EMA, HSDA and state, between 41% and 45%.
- This is followed by the 65+ group, but the EMA and HSDA are projected to grow at a faster rate than the state, 37% for the EMA, 35% for the HSDA compared to 22% for Texas.
- Youth, those 13 to 24 years, are projected to increase 15% in the EMA and 14% in the HSDA compared to 12% for the state.
- Relatively slow growth, 6.5%, is projected for the 25 to 44 year age group.

Table 2: Current and Projected Population Numbers, Houston EMA/HSDA 2000 and 2010

County	Population 2000		Population 2010		Percent Change 2000-2010
	Number	Percent*	Number	Percent*	
Chambers	26,031	0.6%	31,375	0.6%	21%
Fort Bend	354,452	8%	449,811	9%	27%
Harris	3,400,578	79%	3,951,682	78%	16%
Liberty	70,154	2%	81,930	2%	17%
Montgomery	293,768	7%	379,363	8%	29%
Waller	32,663	0.8%	41,137	0.8%	26%
EMA Total	**4,177,646**	**97%**	**4,935,298**	**97%**	**18%**
Austin	23,590	0.6%.	25,582	0.5%	8%
Colorado	20,390	0.5%	21,101	0.4%	4%
Walker	61,758	1%	67,664	1%	10%
Wharton	41,188	1%	43,560	0.9%	6%
HSDA Total	**4,324,572**	**100%**	**5,093,205**	**100%**	**18%**
Texas Total Population	**20,851,820**	**100%**	**24,178,507**	**100%**	**16%**

Source: Texas comptroller's winter 2001-2002 county forecast (www.window.state.tx.us). Retrieved on March 25, 2004.

*Reflects percent of total HSDA population

Table 3: Houston EMA, HSDA and Texas Projected Population Change by Age, 2000 – 2010

County	Population 2000 Number	Population 2000 Percent	Population 2010 Number	Population 2010 Percent	Percent Change 2000-2010
EMA COUNTIES					
Under 2 years	137,130	3%	149,476	3%	9%
2-12 years	755,031	18%	798,633	16%	6%
13-24 years	744,824	18%	857,075	17%	15%
25-44 years	1,379,256	33%	1,468,249	30%	7%
45-64 years	850,192	20%	1,236,403	25%	45%
65 and older	311,213	7%	425,462	9%	37%
EMA TOTAL	**4,177,646**	**100.0%**	**4,935,298**	**100.0%**	**18%**
HSDA COUNTIES					
Under 2 years	140,638	3%	153,444	3%	9%
2-12 years	775,471	18%	819,610	16%	6%
13-24 years	777,164	18%	889,303	18%	14%
25-44 years	1,420,468	33%	1,512,477	30%	7%
45-64 years	881,084	20%	1,273,478	25%	45%
65 and older	329,747	8%	444,893	9%	35%
HSDA TOTAL	**4,324,572**	**100%**	**5,093,205**	**100%**	**18%**
TEXAS					
Under 2 years	652,970	3%	730,538	3%	12%
2-12 years	3,608,917	17%	3,868,799	16%	7%
13-24 years	3,799,040	18%	4,256,960	18%	12%
25-44 years	6,537,409	31%	6,915,579	29%	6%
45-64 years	4,186,017	20%	5,892,533	24%	41%
65 and older	2,067,467	10%	2,514,098	10%	22%
TEXAS TOTAL	**20,851,820**	**100%**	**24,178,507**	**100%**	**16%**

Source: Texas comptroller's winter 2001-2002 county forecast. Retrieved on March 25, 2004.

Race and Ethnicity

While the EMA and the HSDA have similar racial and ethnic make ups, they differ from Texas overall.

- White, non-Latinos are the largest population group in the HSDA, comprising 46% of overall HSDA population.
- Latinos/Latinas are a somewhat smaller percentage in the EMA and HSDA than the state, 30% in the region and 32% in the state.
- Non-Latino Black/African-Americans are a larger percentage of the population in the EMA and HSDA than in the state, making up over 17% of the people in the region compared to 11% in Texas.
- Larger percentages of Asians also live in the EMA and HSDA than in the state overall. Asians are 5% of the regional population and less than 3% of those living in the state.

In Harris and Fort Bend Counties, minorities make up the "majority" of residents. White/Anglo are the majority in all other counties.

- By county, Harris County has the most racially and ethnically diverse population with 33% Latino/Latino, 18% Black/African-American and 5% Asian.
- The counties with the largest percentages of Black/African-American residents are Waller (29%), Walker (24%), and Fort Bend (20%).
- The counties with the largest percentage of Latino residents are Harris (33%), Wharton (31%) and Fort Bend (21%).
- Fort Bend County has the largest percentage of Asian residents with over 11%.
- In the EMA and HSDA, women make up a larger percentage of the Black/African-American population than men, and men are a larger percentage of the Latino population than women.
- Of the Latino population, the largest percentage is of Mexican heritage. Mexicans comprise 24% of Harris County residents and 22% of Wharton County residents.
- Twenty percent of EMA and HSDA residents were born outside the U.S. This compares to 14% in the state of Texas. In both the region and the state, these foreign born residents most frequently come from North, Central and South America. Mexico is the most frequent place of foreign birth, accounting for about half of those born outside the U.S.
- Approximately 4% of the EMA and HSDA populations were born in Asia.

Table 4: Total Population by Race, Ethnicity and Gender, Houston EMA/HSDA, 2000

County	Total Population	White, Non-Latino	Black/African-American, Non-Latino	Latino	Asian, Non-Latino	Other, Non-Latino
	N	%	%	%	%	%
Chambers	26,031	77.6%	9.7%	10.8%	0.7%	1.2%
Fort Bend	354,355	46.2%	19.6%	21.1%	11.2%	1.9%
Harris	3,399,186	42.1%	18.2%	32.9%	5.1%	1.6%
Liberty	70,136	74.6%	12.8%	10.9%	0.3%	1.5%
Montgomery	293,688	81.4%	3.4%	12.6%	1.1%	1.4%
Waller	32,660	49.9%	29.1%	19.4%	0.4%	1.3%
EMA - Female	2,098,020	46.5%	18.3%	28.5%	5.2%	1.6%
EMA - Male	2,079,626	45.6%	16.2%	31.3%	5.2%	1.7%
EMA TOTAL	**4,176,056**	**46.1%**	**17.2%**	**29.9%**	**5.2%**	**1.6%**
Austin	23,589	71.9%	10.5%	16.1%	0.3%	1.2%
Colorado	20,387	64.6%	14.5%	19.7%	0.2%	1.0%
Walker	61,733	60.1%	23.8%	14.1%	0.8%	1.3%
Wharton	41,170	53.0%	14.7%	31.3%	0.3%	0.7%
HSDA - Female	2,165,988	47.0%	18.2%	28.2%	5.0%	1.6%
HSDA - Male	2,158,584	46.1%	16.3%	31.0%	5.0%	1.7%
HSDA TOTAL	**4,322,935**	**46.6%**	**17.3%**	**29.6%**	**5.0%**	**1.6%**
TEXAS TOTAL	**20,851,820**	**52.4%**	**11.3%**	**32.0%**	**2.7%**	**1.6%**

Source: U.S. Census Bureau, 2000 (www.census.gov). Retrieved on March 25, 2004.
Percentage calculations are based on the total population of each gender

Linguistic Isolation

Approximately one-third of EMA and HSDA residents are "linguistically isolated," meaning they speak English less than "very well."

- More than one third of the people living in Harris County and 30% of those living in Fort Bend speak English less than "very well."
- The largest percentages of linguistically isolated people are Spanish speaking.
- More than one quarter of those who speak Indo-European languages (i.e., Spanish, Italian, Portuguese, Russian, German, Bengali, etc) are linguistically isolated.
- Very few of those speaking Asian and Pacific Islander languages report being linguistically isolated.

Table 5: Total Linguistic Isolation, Houston EMA/HSDA, 2000

County	Total Pop	English Only Pop	Speak other than English						
			Total Pop	Spanish		Indo-European		Asian/Pacific Island	
				Total Pop	LI	Total Pop	LI	Total Pop	LI
Chambers	24,205	88.3%	2,834	2,265	43.9%	460	29.1%	87	8.0%
Fort Bend	327,666	69.3%	100,596	57,612	40.0%	16,603	24.8%	22,409	4.4%
Harris	3,121,999	63.8%	1,129,856	898,885	52.9%	87,470	28.2%	116,285	4.5%
Liberty	65,425	87.7%	8,030	7,042	44.4%	733	13.4%	129	0.0%
Montgomery	271,298	86.2%	37,552	31,077	49.4%	4,258	18.3%	1,854	6.0%
Waller	30,397	81.9%	5,513	4,994	52.9%	364	25.0%	74	13.5%
EMA TOTAL	**3,840,990**	**66.6%**	**1,284,381**	**1,001,875**	**52.0%**	**109,888**	**27.2%**	**140,838**	**4.5%**
Austin	22,056	82.9%	3,770	2,967	46.6%	795	29.1%	87	8.0%
Colorado	19,150	80.1%	3,818	3,130	49.1%	626	26.0%	24	54.2%
Walker	58,854	85.7%	8,390	7,586	44.4%	455	18.2%	285	1.1%
Wharton	38,401	73.3%	10,239	9,145	35.7%	989	19.3%	74	5.4%
HSDA TOTAL	**3,979,451**	**67.1%**	**1,310,598**	**1,024,703**	**51.8%**	**112,753**	**27.1%**	**141,308**	**4.5%**
TEXAS TOTAL	**19,241,518**	**68.8%**	**6,010,753**	**5,195,182**	**45.6%**	**358,019**	**25.8%**	**374,330**	**4.6%**

Source: U.S. Census Bureau, 2000 (www.census.gov). Retrieved on March 25, 2004.
Linguistic Isolation = speaks English less than "very well." Total Pop reflects all speaking that language.
LI = Percentage of those speaking the language who are linguistically isolated/speak English less than "very well."

Socioeconomic Status

Median household income helps explain how much money people in the region earn. Since it is for "household," it is the combined amount of money earned by everyone living in a household. The "median income" means that half the people living in the region/county earn less than that amount and half earn more. While the higher median income is better for the region, it has to be considered against the cost of living in the area and the number of people in each household. Typically, the cost of living in urban areas is higher than in rural areas.

People living in the EMA and HSDA have higher median household incomes than people throughout the entire state of Texas. Within the EMA, the median income is nearly $47,000 per year which is $5,000 higher than in the HSDA and $7,000 higher than is found in the state.

- Fort Bend County residents have the highest median household income of all the counties in the HSDA with nearly $64,000 per year.
- The area with the second highest median income is Montgomery County with over $50,000 per year.
- Counties with the lowest median household income are three of the four HSDA counties outside the EMA—Colorado, Wharton and Walker.

Table 6: Total Median Household Income, Houston EMA/HSDA, 2000

County	Median Household Income
Chambers	$47,964
Fort Bend	$63,831
Harris	$42,598
Liberty	$38,361
Montgomery	$50,864
Waller	$38,136
EMA TOTAL	**$46,959**
Austin	$38,615
Colorado	$32,425
Walker	$31,468
Wharton	$32,208
HSDA TOTAL	**$41,647**
TEXAS TOTAL	**$39,927**

Source: U.S. Census Bureau, 2000

Employment Status

In 2009, the unemployment percentage for Texas was 7.63%. In the EMA, the unemployment percentage was 7.5% and in the four additional HSDA counties it was 7.10%.

- Liberty County had the highest unemployment rate at 10.1%.
- Colorado (6.5%), Walker (7.0%) and Waller (7.0%) had the lowest unemployment rates.

Table 7: Employment Status, Houston EMA/HSDA

County	Labor Force Population	Unemployed	Unemployed %
Chambers	14,771	1,385	9.4%
Fort Bend	272,021	19,706	7.2%
Harris	1,982,288	150,347	7.6%
Liberty	32,089	3,228	10.1%
Montgomery	217,384	15,157	7.0%
Waller	16,636	1,368	8.2%
EMA TOTAL	**2,535,189**	**191,191**	**7.5%**
Austin	13,382	985	7.4%
Colorado	10,832	700	6.5%
Walker	27,935	1,962	7.0%
Wharton	21,376	1,507	7.05%
HSDA TOTAL	**73,525**	**5,154**	**7.01%**
TEXAS TOTAL	**11,930,847**	**910,621**	**7.63%**

Source: Texas Workforce Commission's Labor Market Information Department (www.tracer2.com). Retrieved on 01/27/11.
Unemployed % is based on the number of in labor force.

Educational Attainment

Educational attainment reflects each person in an area's highest grade in school. The EMA, HSDA and state are similar with 11% going through eighth grade or less, 13% going to high school, but not graduating, approximately half graduating from high school and possibly attending some college and roughly one quarter receiving a bachelor's degree in college or higher.

- Counties with the highest percentage getting their high school diploma or more include Fort Bend (84.3%), Montgomery (81.6%), Chambers (77.0%), Harris (74.6%) and Waller (73.9%).
- Counties with the highest percentage of residents who did not go beyond the eighth grade include Colorado, Wharton, Austin and Harris.

Table 8: Educational Attainment, Houston EMA/HSDA

County	Total Pop >25	Less than 9th grade	9th-12th grade, no diploma	High School Graduate, Some College, Associate	Bachelor or higher
Chambers	16,348	8.5%	14.5%	64.9%	12.1%
Fort Bend	214,461	7.2%	8.5%	47.4%	36.9%
Harris	2,067,399	12.1%	13.3%	47.7%	26.9%
Liberty	44,206	10.5%	19.9%	61.5%	8.1%
Montgomery	183,743	6.3%	12.1%	56.3%	25.3%
Waller	18,395	11.1%	15.1%	57.1%	16.8%
EMA TOTAL	**2,544,552**	**11.2%**	**12.9%**	**48.7%**	**27.2%**
Austin	15,280	12.2%	13.2%	57.2%	17.3%
Colorado	13,383	15.6%	15.3%	54.6%	14.4%
Walker	36,678	10.4%	16.6%	54.7%	18.3%
Wharton	25,567	15.5%	14.7%	55.4%	14.3%
HSDA TOTAL	**2,635,460**	**11.3%**	**13.0%**	**48.9%**	**26.8%**
TEXAS TOTAL	**12,790,893**	**11.5%**	**12.9%**	**52.4%**	**23.2%**

Source: U.S. Census Bureau, 2000 (www.census.gov). Retrieved on March 25, 2004.

Poverty Status

Both the EMA and the HSDA have lower rates of poverty than in Texas overall, with 13.9% and 14%, respectively, living in poverty compared to 15.4% for the state. Both the local and statewide percentages are larger than the 12.4% nationally who are living in poverty.

- Counties with the highest levels of poverty include Walker, Colorado and Wharton which are three of the four HSDA counties, and Waller and Harris in the EMA.
- Blacks/African-Americans in the EMA and HSDA make up a higher percentage of those living in poverty than is found throughout the state. Whites and Latinos in the EMA and HSDA represent smaller percentages when compared with the state overall.
- Children and others under 25 years of age are a large percentage of those living in poverty throughout the EMA, HSDA and state.
- Families with single females as head of household comprise a large percentage of families in poverty.

Table 9: Poverty Status by Race/Ethnicity, Houston EMA/HSDA, 2000

County	Total	Population below poverty level		White	Black/African-American	Other*	Latino*
	N	N	%	%**	%**	%**	%**
Chambers	25,719	2,833	11.0%	6.5%	2.5%	2.1%	2.6%
Fort Bend	349,010	24,953	7.1%	2.9%	1.7%	2.6%	3.3%
Harris	3,360,536	503,234	15.0%	6.0%	4.2%	4.8%	7.5%
Liberty	64,878	9,296	14.3%	9.5%	3.0%	1.8%	2.8%
Montgomery	291,519	27,376	9.4%	7.0%	0.9%	1.5%	2.4%
Waller	29,487	4,718	16.0%	6.0%	6.5%	3.5%	5.4%
EMA TOTAL	**4,121,149**	572,410	**13.9%**	**5.9%**	**3.7%**	**4.3%**	**6.7%**
Austin	23,345	2,814	12.1%	6.5%	2.6%	3.0%	4.7%
Colorado	19,543	3,171	16.2%	8.0%	4.9%	3.3%	5.0%
Walker	44,904	8,253	18.4%	10.6%	6.1%	1.6%	2.6%
Wharton	40,519	6,703	16.5%	8.1%	4.4%	4.0%	7.9%
HSDA TOTAL	**4,249,460**	**593,351**	**14.0%**	**6.0%**	**3.8%**	**4.2%**	**6.6%**
TEXAS TOTAL	**20,287,300**	**3,117,609**	**15.4%**	**8.9%**	**2.6%**	**3.9%**	**8.2%**

Source: U.S. Census Bureau, 2000 (www.Census.gov). Retrieved on March 25, 2004.
*Latino and other races are not mutually exclusive. **All of the percentages are based on total population of whom population status is determined.

Health Insurance Status

In 2007, Texas had the highest percentage of uninsured residents (26.8%) and the second highest number of uninsured residents (5,765,132) of all U.S. states. The percent uninsured for the EMA was 29.7% and 28.7% for the overall HSDA.

- Of all the EMA/HSDA counties, Chambers and Fort Bend counties had the lowest percentage of uninsured residents (22.8% each).
- Harris County (31.3%) and Waller County (31.0%) had the highest percentage of uninsured residents.

Table 10: Uninsured Residents, Houston EMA/HSDA, 2007

County	Population	Uninsured #	Uninsured %
Chambers	26,546	6,064	22.8%
Fort Bend	494,674	112,590	22.8%
Harris	3,650,262	1,141,903	31.3%
Liberty	62,700	16,102	25.7%
Montgomery	389,585	97,892	25.1%
Waller	29,550	9,167	31.0%
EMA Total	4,653,317	1,383,718	29.7%
Austin	22,985	6,248	27.2%
Colorado	16,276	4,709	28.9%
Walker	40,402	11,969	29.6%
Wharton	35,014	9,937	28.4%
HSDA Total	114,677	32,863	28.7%
Texas Total	21,504,681	5,765,132	26.8%

Source: SAHIE/State and County by Demographic and Income Characteristics/2007, released July 2010.

HIV/AIDS in the Houston EMA and HSDA

The HIV/AIDS epidemic has affected people of all gender, age and racial/ethnic groups in the Houston EMA and HSDA. This effect, however, has not been the same for all groups. In the beginning of the epidemic, HIV disease was most often found among white men who have sex with men (MSM) – today, Blacks/African-Americans by far represent the majority of cases and recent trends also identify an increase among Hispanic/Latino men and women.

This section provides detailed information about the reported demographic and risk characteristics of HIV-infected people through December 31, 2008. Due to reporting lags for mortality (death) statistics, the most recent year for complete mortality data is 2007.

This report uses Texas Department of State Health Services (DSHS) HIV/AIDS Reporting System (HARS) surveillance data through December 31, 2008. Although this is the most current data available for the purposes of this report, newly diagnosed cases and prevalence (people living with HIV/AIDS, or PLWHA) data may be incomplete due to delays in data reporting and processing. In general, however, the data presented here provides an accurate picture of the overall epidemic and its current trends.

This analysis will compare newly diagnosed cases with living cases to identify trends in the epidemic in the Houston EMA and HSDA. Although various tables may appear similar because differences between the two regions are relatively small, please be aware that EMA-specific tables follow HSDA tables. For special populations, new cases are identified for the HSDA only, as the differences are so small that the proportions are virtually identical to new cases among the EMA.

Data Sources

Unless otherwise noted, all surveillance data are from the Texas DSHS HARS. The data represents cases through December 31, 2008, extracted as of September 2009. Please note that the data has not been adjusted for reporting delay nor redistributed for unreported risk exposure. The category of NIR/NRR (No Indicated Risk or No Reported Risk) represents cases of HIV or AIDS whose associated transmission modes remain unclassified. Rates are calculated as cases per 100,000 based upon 2007 and 2008 population estimates from the DSHS Center for Health Statistics.

HIV and AIDS 2008 Incidence (New Diagnoses)

Incidence is a term commonly used in epidemiology to refer to newly diagnosed cases. Incidence may be defined over a period of time that the new cases were diagnosed. *For the purposes of this report, incidence reflects cases diagnosed throughout 2008, and newly diagnosed AIDS cases include both previously diagnosed HIV cases that have progressed to AIDS as well as newly identified AIDS cases that have not been previously identified as HIV positive.*

In 2008, the HSDA had a total of 1,903 newly diagnosed HIV/AIDS cases while the EMA had 1,872 HIV/AIDS cases.

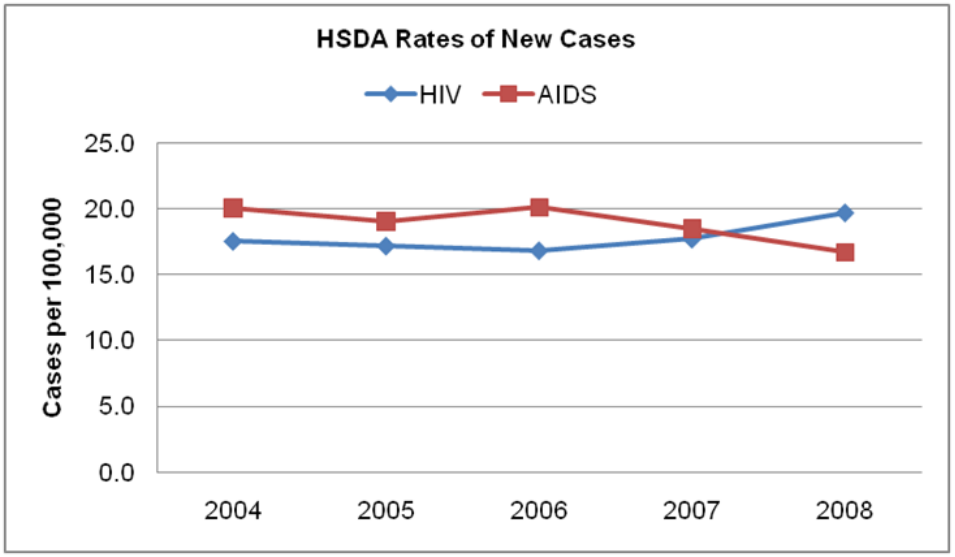
- There were 1,029 newly diagnosed HIV cases that had not progressed to AIDS in the HSDA, and 874 new AIDS diagnoses. In the EMA, these numbers were 1,016 for HIV and 856 for AIDS. Since the numbers are similar, the 2008 HIV infection rate is approximately 20 per 100,000 for both the HSDA and EMA. The demographic proportions of those newly diagnosed with HIV/AIDS are almost identical in the EMA and HSDA.
- Blacks/African-Americans had the highest rate of new HIV infections (65 per 100,000 in the HSDA, up from 59 in 2007). This is almost six times greater than the rate for Hispanics/Latinos (12 per 100,000) and seven times that of Whites (9 per 100,000).
- Generalizing about transmission mode is difficult since unreported risk is very high among the newly diagnosed. Unreported risk among those with new HIV diagnoses accounts for approximately 33%, while 24% of new AIDS diagnoses have unreported risk behavior.
    - Forty-four percent (44%) of new HIV infections were attributed to MSM, and 20% were attributed to heterosexual contact. These two transmission modes accounted for the highest proportion of newly diagnosed HIV infections during 2008 compared to intravenous drugs users (3%) and MSM/IDU (1%).
- Harris County clearly remains the epicenter of the epidemic with 92% and 93% of 2008 newly diagnosed HIV and AIDS cases in the HSDA and EMA, respectively.
- From 2004 to 2006, the rate of HIV diagnoses appeared to remain relatively stable at around 17 per 100,000. Since 2006, it has demonstrated an increase, to approximately 20 per 100,000 (15% increase). For AIDS diagnoses, the rate has remained around 20 per 100,000 from 2004 to 2006. Since 2006, the rate has declined, to around 17 per 100,000 in 2008 (15% decrease).

Table 11: HIV, AIDS and Total Diagnoses, Houston HSDA, 2008

HSDA	New HIV			New AIDS			New HIV/AIDS		
	#	%	Rate	#	%	Rate	#	%	Rate
Total	1,029	100.0	19.7	874	100.0	16.7	1,903	100.0	36.4
Gender									
Male	771	74.9	29.3	621	71.1	23.6	1,392	73.1	52.9
Female	258	25.1	9.9	253	28.9	9.7	511	26.9	19.6
Race/Ethnicity									
White	187	18.2	9.2	160	18.3	7.9	347	18.2	17.2
Black/African-American	598	58.1	65.2	484	55.4	52.8	1,082	56.9	118.0
Hispanic/Latino	221	21.5	11.5	214	24.5	11.1	435	22.9	22.6
Other	23	2.2	6.2	16	1.8	4.3	39	2.0	10.5
Age (yrs)									
0-12	3	0.3	1.2	0	0.0	0.0	3	.2	1.2
13-24	239	23.2	25.3	61	7.0	6.5	300	15.8	31.8
25-34	324	31.5	38.9	259	29.6	31.1	583	30.6	69.9
35-44	264	25.7	33.4	288	33.0	36.4	552	29.0	69.8
45-54	147	14.3	20.1	183	20.9	25.0	330	17.3	45.1
55+	52	5.1	5.7	83	9.5	9.1	135	7.1	14.8
Transmission Mode									
MSM	450	43.7	*	310	35.5	*	760	39.9	*
IDU	28	2.7	*	86	9.8	*	114	6.0	*
MSM & IDU	8	0.8	*	36	4.1	*	44	2.3	*
Heterosexual	197	19.1	*	231	26.4	*	428	22.5	*
Perinatal Exposure	2	0.2	*	4	0.5	*	6	0.3	*
NIR/NRR	344	33.4	*	207	23.7	*	551	29.0	*
Location									
Harris County	953	92.6	24.0	794	90.8	20.0	1,747	91.8	44.1
Non-Harris County	76	7.4	6.0	80	9.2	6.3	156	8.2	12.3

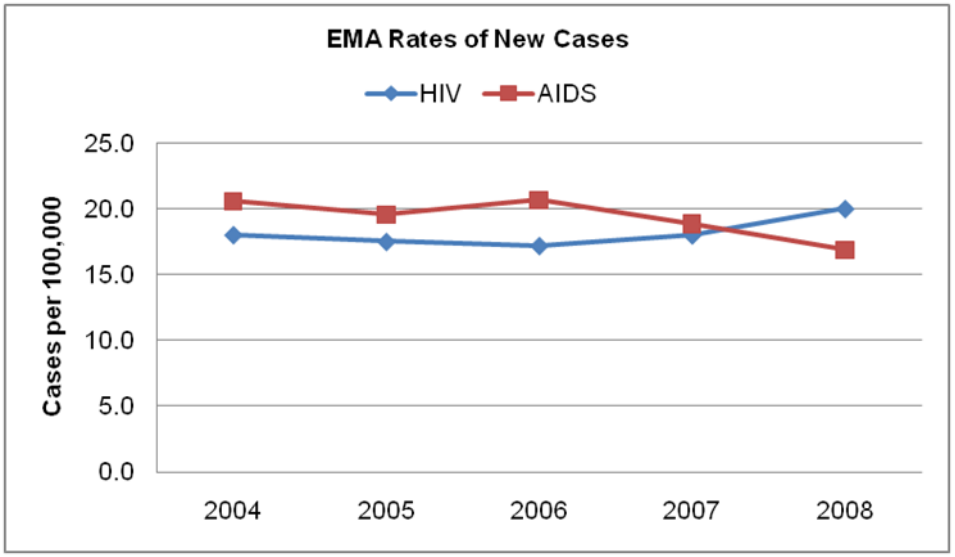
Data source: Texas DSHS HARS Data

Figure 2: Rates of New HIV/AIDS Cases, Houston HSDA, 2004–2008



Data source: Texas DSHS HARS Data

Figure 3: Rates of new HIV/AIDS cases, Houston EMA, 2004–2008



Data source: Texas DSHS HARS Data

HIV and AIDS Prevalence (People Living with HIV and AIDS)

While incidence looks at newly diagnosed cases of HIV and AIDS, prevalence identifies the total number of people living with the disease. The data presented here includes all reported cases of living people diagnosed with HIV and AIDS through the end of 2008.

- The difference in the number of PLWHA does not vary significantly between the EMA and HSDA. In 2008, a total of 20,190 people were living with either HIV or AIDS in the HSDA. This compares to 20,024 in the EMA. The EMA includes 99% of people with HIV or AIDS in the HSDA. All demographic proportions reported are the same in the EMA and the HSDA.
- Comparing PLWH to PLWA reveals an increase in HIV disease among women.
  - Women accounted for approximately 31% of people living with HIV, but only 24% of people living with AIDS. This suggests that there may be an increase in new infections among women.
  - In 2005, the prevalence rate of AIDS among men was about four times that of women's; now in 2008, the rate has declined to

three times that of women.

- Notably, data is showing a possible increase in HIV disease among youth aged 13 to 24: 8% among PLWH are youth while only 2% among PLWA are youth, and the HIV prevalence rate for youth is 74 per 100,000 while the AIDS prevalence rate for youth is only 27 per 100,000.
- Blacks/African-Americans are disproportionately affected by HIV and AIDS with the prevalence rates and proportions both significantly higher than other racial or ethnic groups.
  - Blacks/African-Americans have an overall HIV/AIDS prevalence rate (1078 per 100,000) that is five times higher than that of Hispanics/Latinos.
  - The overall rate is almost four times higher among Black/African-American PLWHA than White PLWHA.
- Blacks/African-Americans account for 53% of PLWH while among PLWA, they account for 46% - this may indicate an increase in HIV infection among the Black/African-American population.
- Cases associated with the No Identified Risk (NIR)/Other risk category could indicate two things: that these were newer cases which have not yet had a full surveillance investigation, or that these were older cases that are lost to follow-up with no risk established. However, CDC believes that heterosexual contact may be the main transmission mode for persons in this category because women may be unaware of how they were infected if they did not know of their partner's HIV status.
  - The most frequently reported mode of HIV transmission is the category of MSM, with 40% of PLWH and 44% of PLWA reporting this as their mode of infection.
- Approximately 25% of PLWHA reported their risk behavior as heterosexual transmission. For unreported risk, HIV cases accounted for 22% while AIDS cases accounted for only 12%.

The five-year trend in the rates of living cases, from 2004 and 2008, shows the following:

- Prevalence data show an overall steady, increasing trend in the rates of living AIDS cases, at 386 per 100,000 in the HSDA and 394 per 100,000 in the EMA. Since 2008, the AIDS prevalence rate has increased about 13%.
- For HIV prevalence rates, data show a slight increase of approximately 5% from 2004 to 2008. The current HIV prevalence rates for the HSDA and EMA are 166 and 162 per 100,000, respectively.

Table 12: Prevalence of HIV and AIDS, Houston HSDA, 2008

HSDA	Living w/ HIV			Living w/ AIDS			Living w/ HIV/AIDS		
	#	%	Rate	#	%	Rate	#	%	Rate
TOTAL	8,481	100.0	162.1	11,709	100.0	223.8	20,190	100.0	385.8
Gender									
Male	5,897	69.5	224.2	8,921	76.2	339.2	14,818	73.4	563.4
Female	2,584	30.5	99.3	2,788	23.8	107.1	5,372	26.6	206.4
Race/Ethnicity									
White	2,228	26.3	110.2	3,540	30.2	175.1	5,768	28.6	285.2
Black	4,500	53.1	490.7	5,381	46.0	586.8	9,881	48.9	1,077.5
Hispanic	1,627	19.2	84.7	2,657	22.7	138.3	4,284	21.2	223.0
Other	126	1.5	33.9	131	1.1	35.2	257	1.3	69.0
Age (yrs)									
0-1	5	0.1	2.9	1	0.0	0.6	6	0.0	3.4
2-12	87	1.0	10.3	10	0.1	1.2	97	0.5	11.4
13-24	701	8.3	74.3	253	2.2	26.8	954	4.7	101.1
25-34	2,226	26.2	267.0	1,508	12.9	180.9	3,734	18.5	447.8
35-44	2,690	31.7	340.0	3,797	32.4	479.9	6,487	32.1	820.0
45-54	1,974	23.3	269.9	4,105	35.1	561.3	6,079	30.1	831.2
55+	798	9.4	87.5	2,035	17.4	223.2	2,833	14.0	310.8
Transmission Mode									
MSM	3,422	40.3	*	5,169	44.1	*	8,591	42.6	*
IDU	643	7.6	*	1,380	11.8	*	2,023	10.0	*
MSM & IDU	288	3.4	*	739	6.3	*	1,027	5.1	*
Heterosexual	2,076	24.5	*	2,867	24.5	*	4,943	24.5	*
Perinatal Exposure	149	1.8	*	81	0.7	*	230	1.1	*
NIR/NRR	1,890	22.3	*	1,445	12.3	*	3,335	16.5	*
Other	13	0.2	*	28	0.2	*	41	0.2	*
Location									
Harris County	7,962	93.9	200.8	10,996	93.9	277.3	18,958	93.9	478.0
Non-Harris County	519	6.1	41.0	713	6.1	56.3	1,232	6.1	97.2

Data source: Texas DSHS HARS Data

Unmet Need Estimate and Assessment

In 2000, Congress wrote into the Ryan White Care Act a mandate for grantees to respond to "unmet need." Simply, unmet need is defined as "HIV positive individuals that are aware of their status and not receiving regular medical care." According to HRSA, unmet need is determined by identifying the number of people who know their HIV status but are not receiving primary medical care. An individual is considered not in primary medical care when there is no evidence that he or she received any of the following in a defined 12-month period: viral load testing, CD4 cell count or provision of anti-retroviral therapy.

The unmet need estimate equips planning bodies with data to develop strategies for bringing HIV+ people into medical care, and prioritize/allocate services targeted to the populations in need. Some of these strategies include:

- Conducting analyses of HIV prevalence and incidence data;
- Reviewing service utilization data on a regular basis;
- Continuing to identify not-in-care communities through the unmet need framework, needs assessment activities, community focus group and public input forums;
- Placing service providers at community based organizations and agencies with a documented capability to identify out-of-care PLWHA, or at HIV testing sites;
- Supporting services that encourage adherence to medication and treatment.

Unmet need is made up of two parts: estimation of unmet need and assessment of unmet need. Estimation of unmet need is determining the approximate number of people in the EMA who are HIV positive, know their status, and aren't receiving primary medical care. Assessment of unmet need is determining the service needs, gaps, and barriers of the individuals who are not in care. The Houston EMA's updated unmet need estimate for 2009 is provided in the following section, using the HRSA/HAB Unmet Need Framework.

Population Estimates - As of December 31, 2009, the number of PLWA was 12,075 and the number of PLWH (non-AIDS) was 8,870. The total number of PLWHA in the Houston EMA was 20,945.

Estimates of People in Care - The number of PLWA in care was 7,935, or 66% of the total number of PLWA in the EMA. The number of PLWH (non-AIDS) in care was 4,909 (55%) among all PLWH in the EMA. The total number of PLWHA who received HIV primary medical services as of the end of 2009 was 12,844 (61%).

Estimates of Unmet Need - The Houston EMA estimates that 4,140 (34%) of the diagnosed PLWA were not receiving HIV primary medical care as of end of 2009. For PLWH, 3,961 (45%) were found to be out-of-care. Thus, the HIV/AIDS unmet need estimate for the Houston EMA through the end of 2009 was 39% among PLWHA, with approximately 8,101 diagnosed individuals out of care.

Estimation Methods - Unmet need for medical care is defined following the HRSA definition such that a PLWHA is said to have unmet need for medical care if there is no evidence of either a CD4 count, a viral load (VL) test or antiretroviral therapy (ART) during the 12 months of interest. If there is evidence of one of these three things being present, the person is considered to have their medical needs met. The EMA used data supplied by TDSHS as part of a cross-title collaboration to provide an updated unmet need estimate based on data through 2009. The mid-year 2009 eHARS dataset was used for the unmet need analysis. Diagnosed HIV/AIDS cases that had been entered and were living on 12/31/2009 were included for the total population for unmet need in 2009. The following datasets were matched against HIV/AIDS cases in eHARS to determine whether a client had a met medical need:

Texas AIDS Drug Assistance Program (ADAP) - If ART was provided for a client, then that person was considered to have met medical need for the year the medication was provided. Name-based matching was performed to determine persons with a met medical need during 2009.

Electronic Lab Reporting System - The largest providers of laboratory services throughout the state report CD4 and VL measurements to the TDSHS. Name-based matching of these reports was used to determine if individuals received these measurements during 2009.

AIDS Regional Information and Evaluation System (ARIES) - Services provided to RW-eligible clients (all Parts) by funded service providers are reported in ARIES. If a client received a VL lab test, CD4 count, ART, laboratory service or ambulatory/outpatient medical care during 2009, the client was classified as having a met medical need that year. When available, name-based matching was used to detect persons with a met medical need. When client names were not available, matching was based on a unique number generated in the ARIES and eHARS.

Veterans Affairs Program - The EMA also obtained HIV and AIDS patient counts from the local VA Hospital to further refine the estimate of unmet need.

Data Limitations - Please note that the estimates provided may present an overestimation of unmet need due to the following data

limitations:

1) Cases diagnosed in the TDCJ are excluded from this analysis, although some diagnosed within the prison system have since been released and are living in Texas. A systematic source of information on those receiving care within the prison system is not yet available and those who remain incarcerated cannot be distinguished from those who have been released.
2) The updated data for the care provided by private insurance providers and Medicaid is not yet available. Further, Medicare data is not available - it is difficult to obtain client-level Medicare utilization data, since Medicare is a federal benefit that is not administered by state agencies. One potential effect may be found in the 55+ age group showing the highest proportion of unmet medical need. Much of this group is eligible for Medicare benefits, so it is possible that this group is receiving HIV-related care through Medicare.
3) Matches conducted between eHARS and some of the cases in ARIES and between eHARS and private payer data were based on limited data elements and may underestimate the true number of clients with met need.
4) There are persons reported in eHARS who have since moved away (out-migrated cases). A systematic way of identifying and removing these out-migrated cases is not yet in place; these cases remain in the base population and inflate the unmet need estimate.
5) Finally, matching for death data is still pending for 2009.

The Houston EMA is continuing its collaboration with TDSHS and the other four Texas Part A EMAs in a combined effort to update the data annually and to extract data from public and private payers. The partnership works to maintain sound methods of estimating unmet need and implement the adjustments necessary to refine unmet need estimates for PLWHA in Texas.

Table 13: Houston Unmet Need Trends for 2007, 2008 and 2009

Year	PLWH		PLWA	
	#	%	#	%
2007	3,160	40%	3,538	33%
2008	3,472	42%	3,602	32%
2009	3,961	45%	4,140	34%
% Change	25%		17%	

Data Source: Texas DSHS unmet need analysis through 2009, based on matching eHARS with care data from ADAP, ELR and ARIES.

Demographic Analysis of PLWHA with Unmet Need

A demographic analysis of PLWHA with unmet need was performed and the findings are provided in the following table. The percentages represent the proportions of all persons in the corresponding group who had an unmet need in the Houston EMA for 2009. *Please note that the demographic analysis does not include data from the VA Hospital, since the aggregate data obtained could not be further broken down into demographic categories.*

For the Houston EMA, it is estimated that approximately 92% of those with unmet need are in the more urban Harris County, similar to the proportions seen among PLWHA. Males have slightly higher proportions of PLWHA and a greater number with unmet need. Black/African American PLWH have the highest proportion of clients with unmet need at 56%. Interestingly, among PLWA, Whites have a slightly higher proportion (38%) when compared to the other races/ethnicities; this may be related to White PLWA having more access to private providers, whose data is limited at this time. Among the age groups, those 55+ appear to have the greatest proportion of their population out of care for PLWA at 41%; however, Medicare data was not available for this analysis and may explain this greater proportion. When looking at unmet need by exposure category, the risk of IDU had high proportions of their population out of care, yet MSM and the category of heterosexual contact had greater numbers out of care.

In separating HIV cases from AIDS cases, it is evident that unmet need is substantially higher for PLWH when compared to PLWA across all demographic categories; some of these differences may be attributable to the interaction of the case definition for AIDS and the definition of met need. A large proportion of AIDS cases meet the case criteria for AIDS because of CD4 testing, which is also an indicator of met need. Thus, the larger proportion of AIDS cases with met need may be a result of the fact that infected individuals receiving medical care are more likely to have an AIDS diagnosis because they are receiving diagnostic tests. Almost all demographic and exposure categories show significantly greater proportions of unmet need among PLWHs versus PLWHAs; however, these differences between HIV and AIDS are greater among Hispanics/Latinos and Blacks/African-Americans than Whites.

Table 14: Demographic Analysis of PLWHA with Unmet Need

2009	PLWHA		PLWH		PLWA	
	#	%	#	%	#	%
Total	8,885	42	4,548	51	4,337	36
Gender						
Male	6,585	43	3,227	52	3,358	37
Female	2,300	42	1,321	50	979	34
Race/Ethnicity						
White	2,349	40	984	44	1,365	38
Black/African-Am.	4,513	44	2,625	56	1,888	34
Hispanic/Latino	1,899	42	871	49	1,028	37
Other/Unknown	124	44	68	50	56	38
Age						
<2 years	1	14	1	14	*	*
2 – 12 years	31	37	29	36	2	50
13 – 24 years	455	44	397	52	58	22
25 – 34 years	1,663	44	1,236	53	427	29
35 – 44 years	2,606	41	1,387	52	1,219	33
45 – 54 years	2,653	41	1,065	50	1,588	36
55+ years	1,476	46	433	48	1,043	46
Exposure Category						
MSM	4,300	41	2,147	48	2,154	36
IDU	1,218	48	564	60	654	41
MSM/IDU	487	42	184	53	302	38
Heterosexual	2,759	42	1,570	53	1,189	33
Perinatal	93	40	67	44	26	33
Other	28	46	16	57	12	36

Data Source: Texas DSHS 2009 unmet need analysis, based on matching eHARS with care data from ADAP, ELR and ARIES.

Mortality

Since reporting of deaths (mortality reports) of PLWHA is often delayed due to the confirmation and checking that is required, 2007 mortality data is the most recent year that is considered complete and will be presented in this report. It should be noted that deaths may be due to HIV disease as well as other causes. Since mortality data is almost identical in the EMA and HSDA, only the mortality data for the HSDA will be presented for the purposes of this report.

- In the HSDA, 73 deaths were among those with HIV, and 467 were among those with AIDS, giving a total of 540 deaths of PLWHA. For the EMA, the total number of deaths was four fewer, at 536.
- The rate of death among men with HIV (not AIDS) was almost five times as high as the death rate among women with HIV (not AIDS). Overall, the death rate of Male PLWHA was three times as high as Female PLWHA.
- The rates of death among PLWHA were highest among Blacks/African-Americans compared to all other racial/ethnic groups.
- The overall HIV/AIDS mortality rate among Black/African-American PLWHA (34 per 100,000) was nine times that of Hispanics/Latinos and almost five times that of White PLWHA.
- Black/African-American females living with HIV/AIDS had a striking mortality rate (20 per 100,000) of 12 times that of Hispanic/Latino females and 9 times that of White females living with HIV/AIDS.
- HIV/AIDS mortality data showed that adults aged 45 to 54 had the highest rate of death, at 29/100,000 when compared to the other age groups.
- For transmission mode, the highest proportion of HIV/AIDS mortality was among MSM at 33%. Deaths among those with AIDS were highest among MSM cases (34%) followed by cases related to heterosexual contact (29%). For deaths among PLWH, the highest proportion was also among MSM at 26%.
    - The relatively high percentage of NIR/NRR could indicate two things: that these were newer cases which have not yet had a full surveillance investigation, or that these were older cases that are lost to follow-up with no risk established. However, CDC believes that heterosexual contact may be the main transmission mode for persons in this category because women may be unaware of how they were infected if they did not know of their partner's HIV status.
- From 2003 to 2007, the HIV death rate for PLWHA has remained relatively stable, at approximately 11 deaths per 100,000 cases. Future releases of this data should be monitored for any continuing trends in HIV/AIDS mortality.

Table 15: Deaths among HIV and AIDS Cases, Houston HSDA, 2007

HSDA	HIV Deaths			AIDS Deaths			HIV/AIDS Deaths		
	#	%	Rate	#	%	Rate	#	%	Rate
Total	73	100.0	1.4	467	100.0	9.1	540	100.0	10.5
Gender									
Male	59	80.8	2.3	343	73.4	13.3	402	74.4	15.6
Female	14	19.2	0.5	124	26.6	4.9	138	25.6	5.4
Race/Ethnicity									
White	26	35.6	1.3	126	27.0	6.2	152	28.1	7.5
Black/African American	40	54.8	4.4	272	58.2	30.0	312	57.8	34.4
Hispanic/Latino	7	9.6	0.4	65	13.9	3.6	72	13.3	3.9
Other	0	0.0	0.0	4	0.9	1.1	4	0.7	1.1
Age (yrs)									
13-24	3	4.1	0.3	6	1.3	0.6	9	1.7	1.0
25-34	6	8.2	0.7	54	11.6	6.7	60	11.1	7.4
35-44	15	20.5	1.9	150	32.1	19.3	165	30.6	21.2
45-54	27	37.0	3.7	180	38.5	25.0	207	38.3	28.7
55+	22	30.1	2.5	77	16.5	8.8	99	18.3	11.3
Transmission Mode									
MSM	19	26.0	*	158	33.8	*	177	32.8	*
IDU	11	15.1	*	73	15.6	*	84	15.6	*
MSM & IDU	4	5.5	*	37	7.9	*	41	7.6	*
Heterosexual	13	17.8	*	133	28.5	*	146	27.0	*
Perinatal	0	0.0	*	0	0.0	*	0	0.0	*
NIR/NRR	25	34.2	*	66	14.1	*	91	16.9	*
Other	1	1.4	*	0	0.0	*	1	0.2	*
Location									
Harris County	67	91.8	1.7	444	95.1	11.4	511	94.6	13.1
Non-Harris County	6	8.2	0.5	23	4.9	1.9	29	5.4	2.4
Data Source: Texas DSHS HARS Data									

Table 16: Deaths of Persons with HIV/AIDS, Houston HSDA, 2007

HSDA	Male			Female			Total		
Race/Ethnicity	**#**	**%**	**Rate**	**#**	**%**	**Rate**	**#**	**%**	**Rate**
White	129	23.9	12.8	23	4.3	2.2	152	28.1	7.5
Black/African-American	213	39.4	49.5	99	18.3	20.8	312	57.8	34.4
Hispanic/Latino	57	10.6	6.0	15	2.8	1.7	72	13.3	3.9
Other	3	0.6	1.7	1	0.2	0.6	4	0.7	1.1
Total	402	74.4	15.6	138	25.6	5.4	540	100.0	10.5
Data Source: Texas DSHS HARS Data									

Care and Supportive Services in the EMA

Ryan White Part A

HRSA-defined Core Services in the EMA:

Ambulatory/Outpatient Medical Care	Oral Health	Mental Health Services
Case Management (Medical and Clinical)	Substance Abuse	Local Drug Reimbursement Program
Health Insurance Premium/Co-Pay Assistance	Hospice Services	Home Health Care

The Houston EMA has a continuum of care that addresses HIV service needs from diagnosis to end-stage disease. Central to this continuum is primary outpatient medical care. Harris County operates two HIV clinics, one which focuses on early intervention and another which is located in northeast Houston and is the nation's largest freestanding HIV clinic. Community-based options for HIV care include an agency in the Montrose area, which has historically served the gay/MSM community and operates a second site in the heavily African-American Fifth Ward area in northeast Houston; another agency located on Houston's near north side targeting Hispanic and African-American PLWHA; and a third agency, which is located in southwest Houston and focuses on African-American PLWHA. This third agency also targets rural PLWHA through satellite clinics located in far southwest Harris and Montgomery Counties, respectively. A Federally Qualified Health Center in Fort Bend County also targets rural PLWHA. In addition, two local hospitals operate clinics which provide primary medical care services to HIV-positive children. Complementing these primary care providers is a long-standing coordinated case management system including medical case management services embedded in all primary medical care programs, clinical case management co-located at mental health and substance abuse treatment sites and non-medical case management programs located at HIV testing sites.

According to the CPCDMS, during 2006 the Houston EMA served 8,262 unduplicated PLWHA through Part A services, of which 79% of the clients (6,626 individuals) received primary medical care services, up from 73% in FY 2005. Among those receiving primary medical care services, approximately 52% were Blacks/African-Americans, 25% were Hispanics/Latinos and 30% were women. These service utilization data mirror the epidemiological data for the HSDA, indicating that efforts to reach PLWHAs reflect those most affected by the epidemic. To date, 7,204 PLWHA have been served in FY 2007, of which 81% (5,814 individuals) have received primary medical care. The demographics of those receiving primary care are very similar to the proportions from FY 2006, substantiating Houston's con-

tinued success in targeting RW Part A-funded services to historically underserved populations.

The Houston EMA's Continuum of Care (COC), a framework that guides stakeholders in establishing priorities and funding for HIV/AIDS services, has been in place since FY 2000. Representatives from the Ryan White Planning Council, consumers, service providers, and the Houston Department of Health & Human Services prevention community planning group collaborated to create this universal COC. It is conceptualized as a "rail system" that identifies and tracks the HIV-related services deemed necessary for the public and PLWHA in the Houston EMA. This concept theoretically allows people to transition in or out of the system depending on their general knowledge of the HIV virus and its transmission, their serostatus, health and individual desire to stay in the system.

The Houston EMA strives to meet HRSA's goal of increasing access and decreasing disparity in its funded programs. Each year, strategies for ensuring access and minimizing disparity are reviewed and revised during the RWPC's *How to Best Meet the Need* (HTBMTN), priority setting and allocation processes. Five attributes summarize the EMA's goals and objectives for the COC, particularly concerning access to primary care:

- **Availability** - In addition to the local public indigent care hospital system that provides three clinic sites where Harris County residents can receive HIV primary care, the RWPC allocates funding for HIV primary care through three community-based providers that operate a total of six (6) clinics accessible to PLWHA within the entire EMA. In addition, two clinics affiliated with local medical schools provide primary medical care services to pediatric patients.
- **Accessibility** - The RWPC prioritizes and allocates a large sum of money towards transportation services, including vans, bus passes and gas vouchers, to ensure that clients are able to access core medical services.
- **Affordability** - The RWPC has set eligibility requirements for primary medical care at 300% of the FPL and for HIV medications at 500%. These relatively high eligibility criteria were determined to be necessary because of the importance and expense of medical care as well as the small but increasing number of PLWHA who may have returned to work but lack health insurance. Based on FY 2006 data for clients served in the EMA, 89% of PLWHA earn less than $20,000 annually, and approximately 64% earn less than $10,000.
- **Appropriateness** - To accommodate the needs of different populations, three community based primary care providers were awarded primary medical care contracts for FY 2007. These clinics specialize in care to African Americans and Latinos, gay and/or White PLWHA and rural PLWHA. In addition, all Part A-funded primary care facilities are required to have bilingual clinical staff

and medical translators available to accommodate monolingual clients.

- **Accountability** - Clients who receive high quality services are more likely to continue to access those services. Since FY 2000, Part A primary medical care providers and other service providers have been contractually required to provide high quality services according to approved SOC. Clinical Quality Management (CM) initiatives such as clinical chart review ensure that care is provided according to HHS guidelines. In addition, automation of service utilization and billing data in the CPCDMS has further improved programmatic and fiscal accountability.

Ryan White Part B

The Part B Administrative Agency (AA) collaborates with the RWPC to develop the following planning products for Part B and State Services funding received from the Texas Department of State Health Services (DSHS): area service priorities, recommendations for Part B and State Services funding allocations, Standard of Care, Chart Review reporting and Outcome Measures. In addition, both parties collaborate on the production of, and updates to, the Needs Assessment and Comprehensive HIV Services Plan.

The purpose of this collaboration is to improve the quality, availability and organization of primary medical services and essential support services for HIV+ individuals and families in the ten county Houston HIV Service Delivery Area. Similar to the EMA, Core medical services are the central focus of the Houston HSDA.

- As of 2010 Ryan White Part B or State Service grant funded services that are targeted to rural based clients are Legal Assistance Services, Food Pantry, Ambulatory/Outpatient Primary Care and Medical Case Management.
- In FY 2010, the Houston HSDA served 4,700 unduplicated PLWHA through Part B and State Services funding, of 20% (969) Received Ambulatory/Outpatient Primary Care. Among these receiving services under these recourses, approximately 25% were Hispanic, 49% were African American and 26% were Female.
- Representatives from Part B participate in the RWPC's How to Best Meet the Needs Process as outline previously to meet both HRSA's and the DSHS goals of increasing access and decreasing disparities in its funded programs.

Prevention Services

On July 13, 2010, the White House released the National HIV/AIDS Strategy (NHAS). This ambitious plan is the nation's first-ever comprehensive coordinated HIV/AIDS roadmap with and measurable targets to be achieved by 2015. The NHAS is intended to refocus

our existing efforts and deliver better results within current funding levels, as well as demonstrate the need for new investments. It is also a new attempt to set clear priorities and provide leadership for all public and private stake-holders to align their efforts toward a common purpose. There are three primary goals outlined in the strategy:

1. Reducing the number of people who become infected with HIV;
2. Increasing access to care and optimizing health outcomes; and,
3. Reducing HIV-related health disparities.

The Houston Department of Health and Human Services (HDHHS) is directly-funded by the Centers for Disease Control and Prevention (CDC) and the Texas Department of State Health Services (DSHS) to provide HIV and STD prevention and intervention activities for the Houston Area. The HDHHS is also directly-funded by the CDC for a three-year demonstration project entitled Enhanced Comprehensive HIV Prevention Planning (ECHPP) designed to outline local strategies to achieve the goals outlined in the National HIV/AIDS Strategy. The HDHHS is also responsible for the implementation of proven HIV prevention interventions in the Metropolitan Statistical Areas (MSAs) with the highest number of people living with HIV/AIDS. The Houston MSA includes the cities of Houston, Baytown and Sugarland.

Core Houston Area HIV prevention activities include the following:

- **HIV Counseling and Testing**. The HDHHS provides voluntary, client-centered HIV counseling, testing, and referral (CTR) services through its public STD clinics, at the Harris County Jail and juvenile detention facility, through a mobile testing unit, and at the annual mass testing event, *Hip Hop for HIV Awareness*. The HDHHS also supports routine, opt-out HIV testing in local emergency departments and Federally-Qualified Health Centers (FQHCs). Direct service community-based organizations (CBOs) are also funded to provide targeted CTR to high-risk populations. In 2010, the HDHHS provided over 187,000 HIV tests in the Houston Area.
- **Partner Services**. As the local health jurisdiction for Harris County, it is mandated that all laboratory evidence of HIV or AIDS is reported to the HDHHS. The HDHHS then investigates all newly-reported cases of HIV or AIDS. This includes notification to and comprehensive risk counseling with the newly-diagnosed ("prevention with positives") as well as partner identification, notification, and services, including HIV testing and STD testing and treatment.
- **Health Education and Risk Reduction (HE/RR)**. The HDHHS funds direct service CBOs to conduct evidence-based behavioral

interventions (EBIs) at the individual-, group-, and community-levels that target high-risk HIV-negative individuals and PLWHA and their partners. This also includes implementation of a school-based HIV/STD prevention curriculum for grades 7 – 8.

- **Social Marketing**. The HDHHS conducts community-wide social marketing and media campaigns designed to alter HIV testing and risk reduction behaviors, correct misperceptions and misinformation about HIV in the community, and reduce stigma and discrimination against PLWHA. The HDHHS also conducts mass condom distribution efforts, sponsors HIV awareness events and commemorations such as World AIDS Day, and participates in various community events and health fairs.
- **Condom Distribution.** The HDHHS conducts condom distribution targeting HIV-positive persons and persons at highest risk of acquiring HIV infection by coordinating with community-based organizations, local health departments, tribal organizations, community health centers, federally-qualified health centers, LGBT health centers, STD clinics, hospitals, specialty clinics, bars, clubs, local business partners, etc.
- **Service Linkage**. The HDHHS is funded by Ryan White Part A to employ Service Linkage Workers (SLW) in the public STD clinic setting who link newly-diagnosed and out-of-care PLWHA into Ryan White primary care and/or case management. SLWs at the HDHHS are also cross-trained in disease investigation and can provide partner services for the newly-diagnosed. SLWs also emphasize referrals to services for co-occurring concerns such as mental health, substance abuse, housing, and other health issues.
- **Jurisdictional HIV Prevention Planning.** Recipients of federal HIV prevention funding are required to have in place a prevention planning process that includes the development of a jurisdictional HIV prevention plan and the establishment of an HIV prevention planning group (PPG, formerly HIV Community Planning Group or CPG). The HDHHS coordinates the PPG for the Houston Area. The Houston Area PPG also maintains a series of Task Forces focused on HIV awareness in specific high-risk populations, such as MSM and youth.

The HDHHS will be scaling-up several specific HIV prevention activities in the Houston Area over the course of the three-year demonstration project. These include routine and targeted HIV testing, linkages to care, retention and re-engagement in care, health communications and social marketing, treatment as prevention, and community mobilization. The HDHHS also recently implemented a combination of activities to intensify HIV and STD prevention efforts in the five geographic neighborhoods within the MSA with the highest HIV and STD morbidity. The Strategic AIDS/HIV Focused Emergency Response (SAFER) Initiative will focus HIV/STD prevention activities to the Sunnyside/South Park, Greater Fifth Ward, Acres Homes, Sharpstown/Southwest, and Montrose areas of Houston.

The 2011 Needs Assessment Planning Process

2011 Needs Assessment Planning Process

The planning process for the 2011 Houston Area HIV/AIDS Needs Assessment was intended to be a collaborative process between Ryan White Parts A and B, as well as Prevention Services at the Houston Department of Health and Human Services. A description of the process, including the workgroup bodies involved throughout, follows.

Structure of the 2008 Houston Area HIV/AIDS Needs Assessment

The overall process for the 2011 Houston Area HIV/AIDS Needs Assessment was guided by the Joint Needs Assessment Group (NAG). The Needs Assessment Group consisted of representatives from partner organizations, consumers, service providers and other community members. In addition to overall guidance, a major role of the NAG was to review all work products generated by the following workgroups:

Epidemiology Workgroup:	Reviewed epidemiological data and unmet need estimates for determining subpopulation sample sizes for the Needs Assessment. These sample sizes helped to develop a strategy for data collection. The workgroup also reviewed final products before they were forwarded to external planning bodies for approval.
Survey Workgroup:	Reviewed and updated the participant survey. This workgroup also ensured that the survey addressed important data elements and measures. The workgroup reviewed final products before they were forwarded to the NAG for approval.
Data Collection Workgroup:	Focused on the development and administration of the client survey and subsequent focus groups; identified locations for survey administration; developed effective strategies for participant recruitment, and; focused on reaching out-of-care survey respondents. The workgroup also reviewed final products before they were forwarded to external planning bodies for approval.
Analysis Workgroup:	Assessed service gaps based on participant and provider survey responses, and; identified barriers to care using data on service utilization and provider capacity. The workgroup also reviewed the gaps analysis report and other final products before they were forwarded to external planning bodies for approval.

Structure of the 2011 Needs Assessment

Structure of the 2011 Needs Assessment

The 2011 Houston Area HIV/AIDS Needs Assessment is comprised of the following elements:

- Client Survey
- Risk Behavior Items
- Focus Groups

Methodology

A total of 924 consumer surveys were collected from March 2010 to September 2010. Criteria for inclusion were a minimum age of 18, HIV or AIDS diagnosis, and residency in the Houston HSDA planning area.

Survey locations included clinics, agencies and outreach vans targeting the homeless population. Spanish surveys were administered with the help of a bilingual survey administrator or interpreter. Data collection activities were staffed by the Ryan White Planning Council Health Planner, Council Coordinator, Ryan White Part B Health Planner, one graduate student and two interpreters.

Recruitment involved provider referrals and print materials (fliers, newspaper ads) at hospitals and clinics, organizations, substance abuse treatment centers, shelters, community centers and street outreach. A $20 gift card was provided upon completion of each survey. Surveys were self-administered and available in English and Spanish. Assistance was provided to those with reading or cognitive difficulties. Most surveys were completed between 20 to 45 minutes. Questionnaires consisted of multiple choice and Likert scale* items. Domains included access to medical and supportive services, HIV testing experiences, entry to care, HIV medications, health status, mental health, substance use, housing status and demographic characteristics.

Prevention items included on the Needs Assessment survey were recommended by the Houston Department of Health and Human Services staff, according to the definition of risk for HIV transmission developed by the Centers for Disease Control and Prevention (CDC). These questions focused on behaviors that might lead a person living with HIV to transmit their infection or to be re-infected with HIV, which can complicate treatment options and therefore the well-being of that person.

*A Likert scale measures the extent to which a person agrees or disagrees with the question. The most common scale is 1 to 5. Often the scale will be 1=strongly disagree, 2=disagree, 3=not sure,4=agree, and 5=strongly agree.

Survey Limitations

The following limitations should be considered when interpreting the results from the client survey:

- Sampling Method: Survey data were based on a convenience sample, and therefore may not accurately reflect the general population of PLWHAs in the Houston HSDA. A convenience sample is a group of people under study who have been assembled based on the ease of interviewing them or on accessibility to their records, etc. While this type of sampling can help produce good information about a topic, its major disadvantage is that there is no way of knowing if the group is representative of the population as a whole.
- Although methods were used to encourage a random sample (fliers posted throughout the community, newspaper ads, etc), the respondents were generally referred to the survey through a convenience sampling method.
- Literacy: There may have been differences in understanding survey items based on the literacy levels of respondents. Although survey administrators routinely offered to discretely assist respondents with literacy problems, some respondents may not have asked for assistance due to embarrassment.

Survey Sites

The following table shows survey administration sites for all 942 client surveys, by type of venue and in-care status. The types of venues will show where surveys were administered and where out-of-care PLWHA were most often identified.

Table 17: Type of Survey Venue by Care Status

Venue	In Care	Out of Care	Total
Ryan White Agency	512	8	520
Non-Ryan White Agency	105	48	153
Harris County Hospital District	241	8	249
Other	0	2	2
TOTAL	**858**	**66**	**924**

Survey Respondents

There were 924 total PLWHA respondents to the 2011 Needs Assessment consumer survey.

- The majority of consumer survey respondents were men (67%). Women represented 31% of all respondents, transgender male-to-females represented 2% and transgender female-to-males represented less than 1%. Among women, 4% said they were pregnant at the time of the survey, and 1% said they did not know their pregnancy status.
- The average age of respondents was 44.69 years (sd=10.08). Virtually all respondents were above the age of 25; 44% of all respondents were between the ages of 25-44, and another 54% were above the age of 45. Only 3% were youth between the ages of 18 and 24.
- More than half of all respondents identified as Black/African American (55%), and 21% identified as White, 22% as Hispanic/Latino, and 2% as Asian, Native American or multi-racial.
- Just over half (52%) of all respondents were identified as straight or heterosexual and 46% were identified as gay or bisexual. None of the female respondents were identified as gay, bi or lesbian. Two percent of respondents were undecided or preferred not to disclose their orientation.
- More than half (57%) of respondents had a high school degree/GED or less. Thirty-two percent had some college or had a college degree, 4% had a graduate/professional degree and 6% had some technical training. One percent of respondents reported receiving no education.
- Nineteen percent of all survey respondents reported being released from jail or prison during the previous year.

Table 18: Client Survey Respondent Demographics, 2011 Needs Assessment

Demographics					
Rural vs. Urban		**Pregnant?**		**Sexual Orientation**	
Urban	95%	Yes	4%	Straight/Het	52%
Rural	4%	Don't Know	1%	Gay/Les/Bi	46%
				Undecided/Prefer not to say	2%
County of Residence		**Age**			
Harris	95%	18-24	3%	**Education**	
Ft. Bend	2%	25-44	44%	Less than high school	19%
Montgomery	2%	45+	54%	High school degree/GED	38%
Walker	0%			Some technical training	6%
Other	1%	**Race/Ethnicity**		Some College	24%
		White	21%	College degree	8%
Gender		Black/African American	55%	Grad/Prof Degree	4%
Male	67%	Latino	22%	None	1%
Female	31%	Other	2%		
Transgender – MtF	2%			**Recently Released?**	
Transgender - FtM	0%			No	81%
				Yes	19%

Subgroup Chart Labels and Definitions

All: All survey respondents.

InCare (no hist): Respondents who were in care at the time of the survey with no self-reported history of being out of care for 12 or more months.

OOC: Respondents who were out of care at the time of the survey, per HRSA definition. The HRSA definition is no evidence of HIV medications, viral load test or CD4 test in 12 consecutive months.

InCare (hist): Respondents who were in care at the time of the survey with a self-reported history of being out of care for 12 or more months.

MSM-Wh: White male respondents who identified as gay or bisexual. Males who identified as heterosexual but reported having sex with men were also included in this subgroup.

MSM-Bl: Black male respondents who identified as gay or bisexual. Males who identified as heterosexual but reported having sex with men were also included in this subgroup.

MSM-Hisp: Hispanic male respondents who identified as gay or bisexual. Males who identified as heterosexual but reported having sex with men were also included in this subgroup.

RR: Respondents who had been released from jail or prison in the previous 12 months.

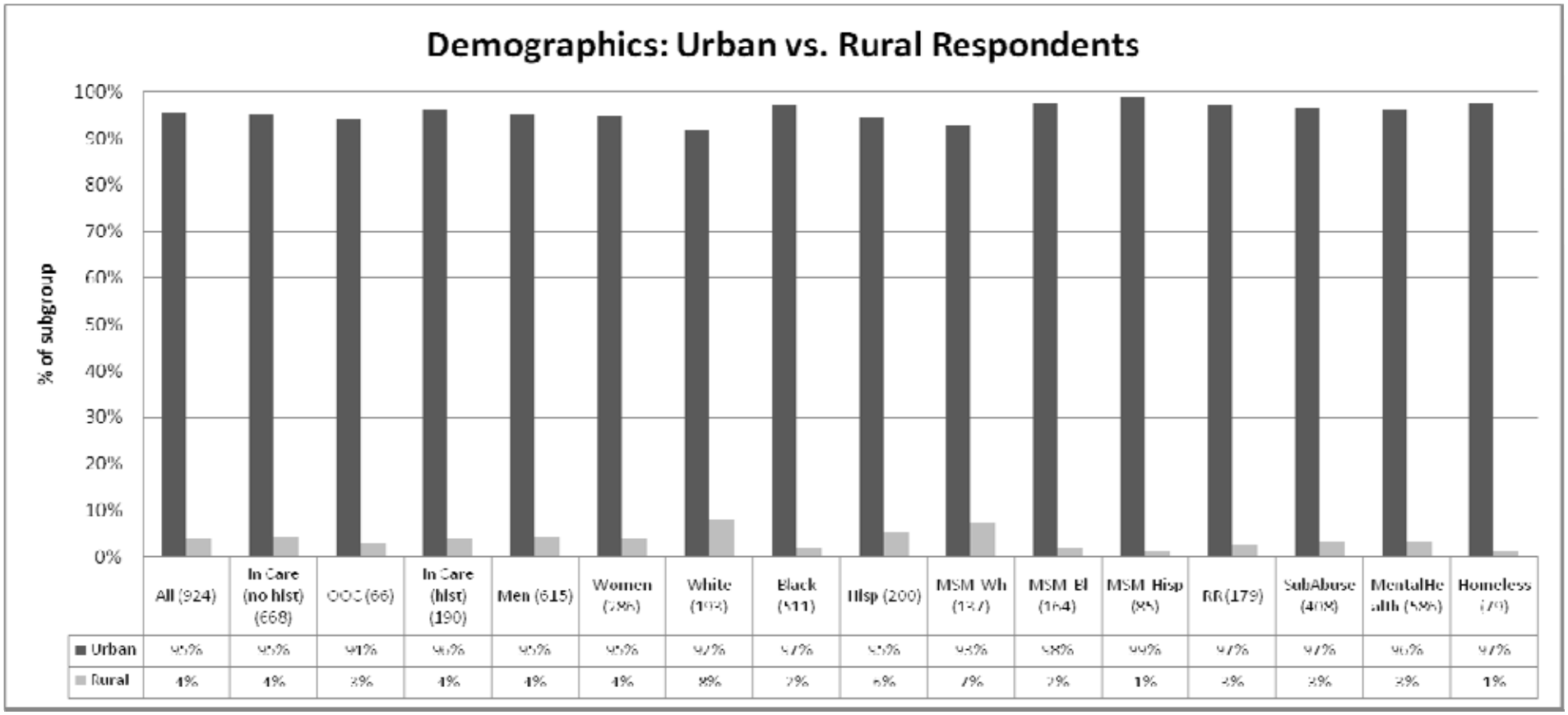
SubAbuse: Respondents with an indication of either alcohol or drug abuse, as measured by the Two-item Conjoint Screen (TICS) tool. The TICS tools was used to screen for alcohol or other substance abuse (*Brown RL et al. J Am Bd Fam Prac 2001;14:95-106.)*. The two items were “In the last year, have you ever used [alcohol or substance] more than you meant to?” and “In the last year, have you felt you wanted or needed to cut down on your [alcohol or substance] use?” A positive response to either item detects abuse with 80% sensitivity.

MentalHealth: Respondents who reported being troubled by at least one of the following within the previous month; anxiety or tension, hallucinations, wanting to do self-harm, trouble controlling his/her anger or psychiatric or emotional problems requiring medication.

Homeless: Respondents who reported sleeping most often in a shelter or on the street.

Rural: Respondents that resided in a rural area in the HSDA, defined as any county outside of Harris County.

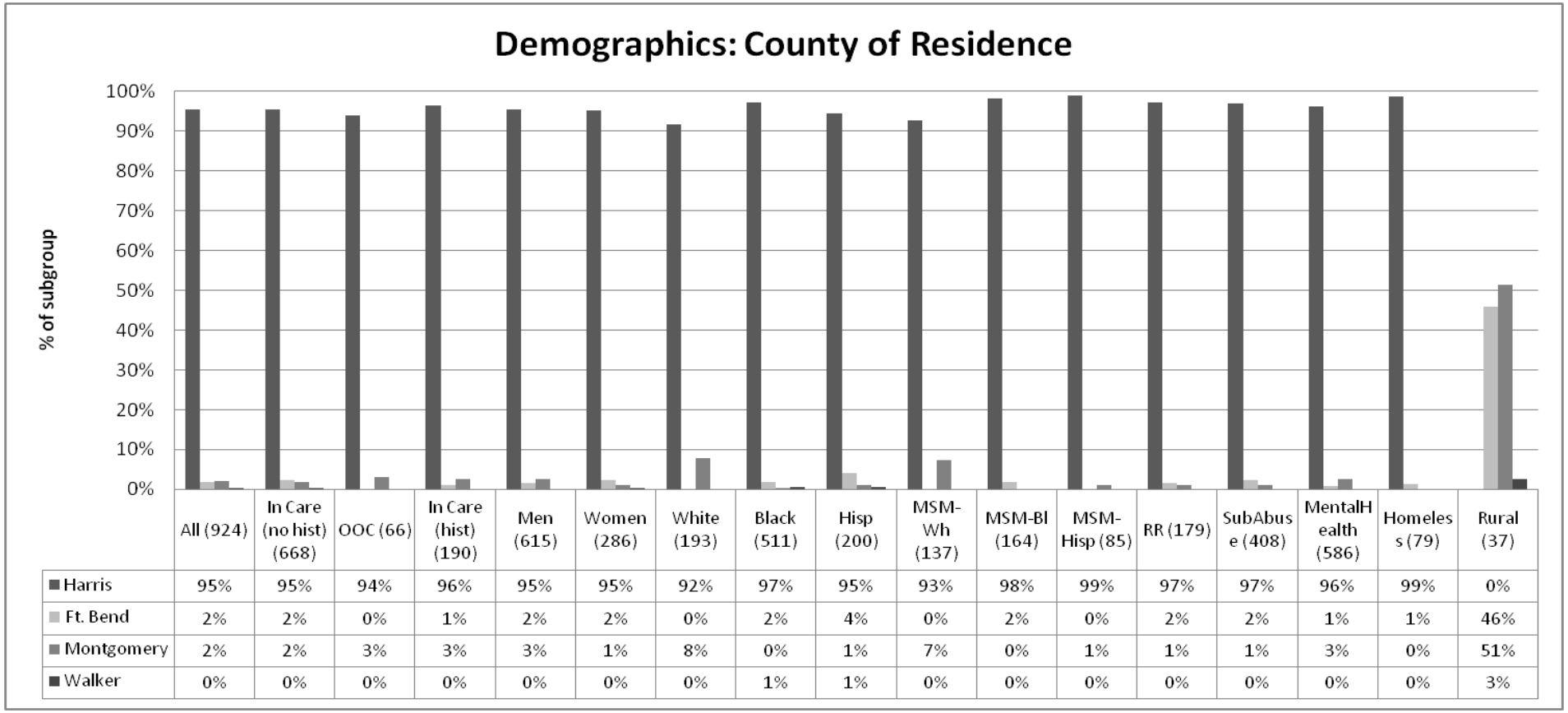
Survey Respondents



~ Subgroups not shown: Rural

The chart above shows the proportions of urban and rural residents for each subgroup.

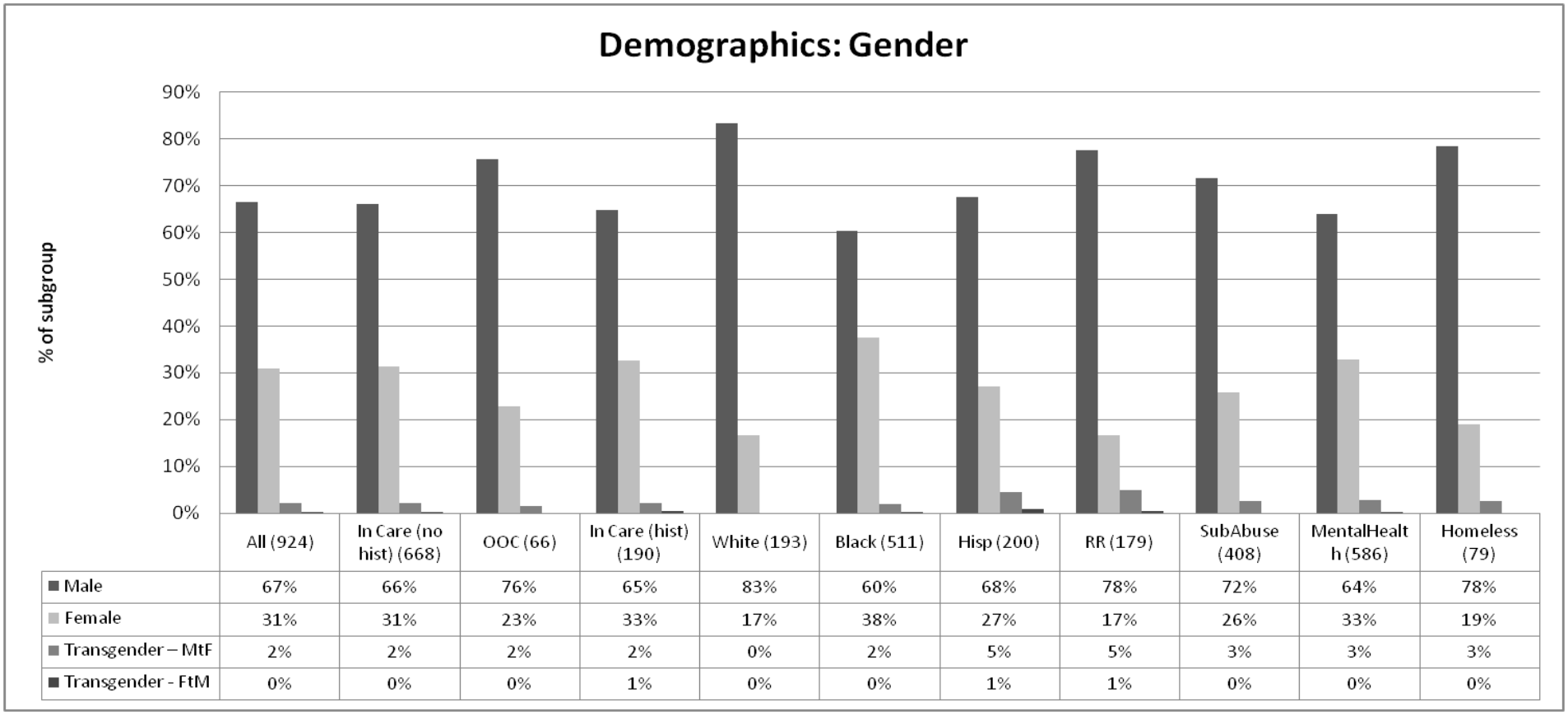
- The borders of Harris County serve as the boundary between “urban” and “rural” areas in terms of Houston Ryan White Parts A and B planning purposes. “Rural” is defined as any portion of the 10-county HSDA located outside of Harris County. The following counties are considered rural: Fort Bend, Waller, Montgomery, Liberty, Chambers, Wharton, Colorado, Austin and Walker.
- The vast majority of the overall 924 survey respondents lived in an urban area (Harris County) at the time of the survey.



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
Harris	95%	95%	94%	96%	95%	95%	92%	97%	95%	93%	98%	99%	97%	97%	96%	99%	0%
Ft. Bend	2%	2%	0%	1%	2%	2%	0%	2%	4%	0%	2%	0%	2%	2%	1%	1%	46%
Montgomery	2%	2%	3%	3%	3%	1%	8%	0%	1%	7%	0%	1%	1%	1%	3%	0%	51%
Walker	0%	0%	0%	0%	0%	0%	0%	1%	1%	0%	0%	0%	0%	0%	0%	0%	3%

The chart above shows the county of residence for the total survey sample and subgroups.

- By far, Harris County was the county of residence for the majority of respondents across all subgroups; 92% or more of the respondents in each subgroup were residents of Harris County.
- Montgomery County had the highest number of rural respondents, followed by Fort Bend.
- 8% of Whites and 7% of MSM-Whites were residents of Montgomery County.

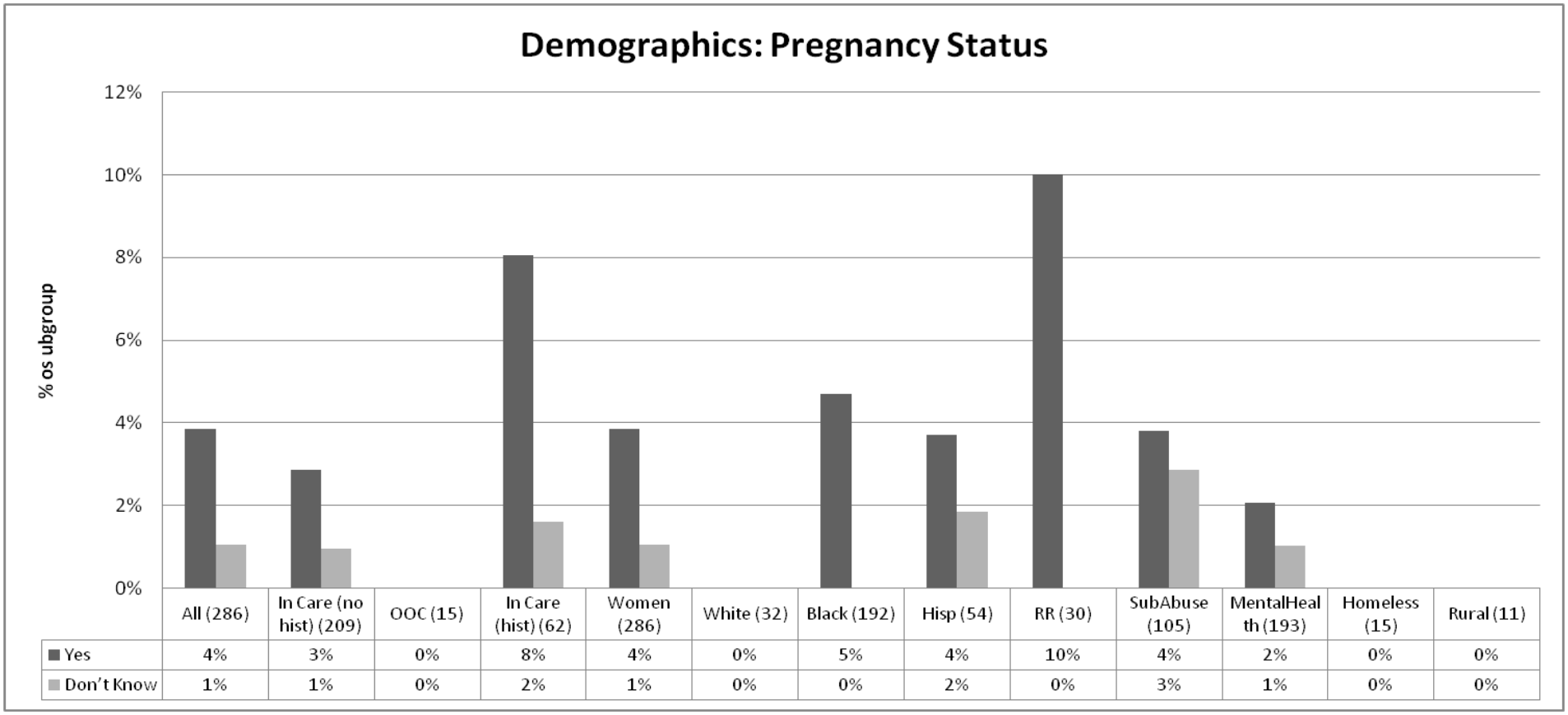


	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	White (193)	Black (511)	Hisp (200)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)
Male	67%	66%	76%	65%	83%	60%	68%	78%	72%	64%	78%
Female	31%	31%	23%	33%	17%	38%	27%	17%	26%	33%	19%
Transgender – MtF	2%	2%	2%	2%	0%	2%	5%	5%	3%	3%	3%
Transgender - FtM	0%	0%	0%	1%	0%	0%	1%	1%	0%	0%	0%

~ Subgroups not shown: Men, Women, MSM-White, MSM-Black, MSM-Hispanic, Rural.

The chart above shows the gender breakdown across selected subgroups.

- Of the total 924 survey respondents, 67% were male, 31% female, 2% transgender MTF (male to female) and <1% transgender FTM (female to male).

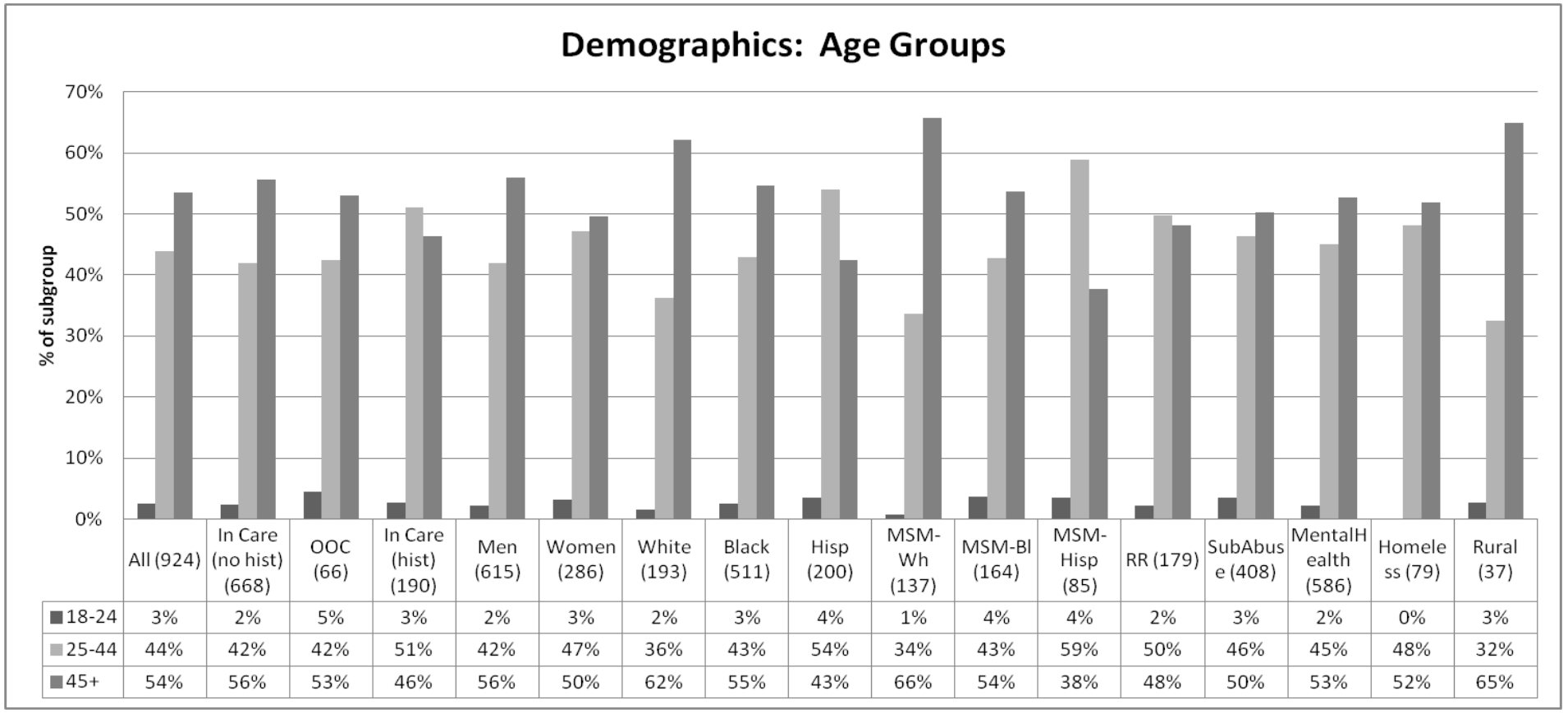


	All (286)	In Care (no hist) (209)	OOC (15)	In Care (hist) (62)	Women (286)	White (32)	Black (192)	Hisp (54)	RR (30)	SubAbuse (105)	MentalHealth (193)	Homeless (15)	Rural (11)
Yes	4%	3%	0%	8%	4%	0%	5%	4%	10%	4%	2%	0%	0%
Don't Know	1%	1%	0%	2%	1%	0%	0%	2%	0%	3%	1%	0%	0%

~ Subgroups not shown: Men, MSM-White, MSM-Black, MSM-Hispanic.

The chart above shows the self-reported pregnancy status of female respondents in selected subgroups.

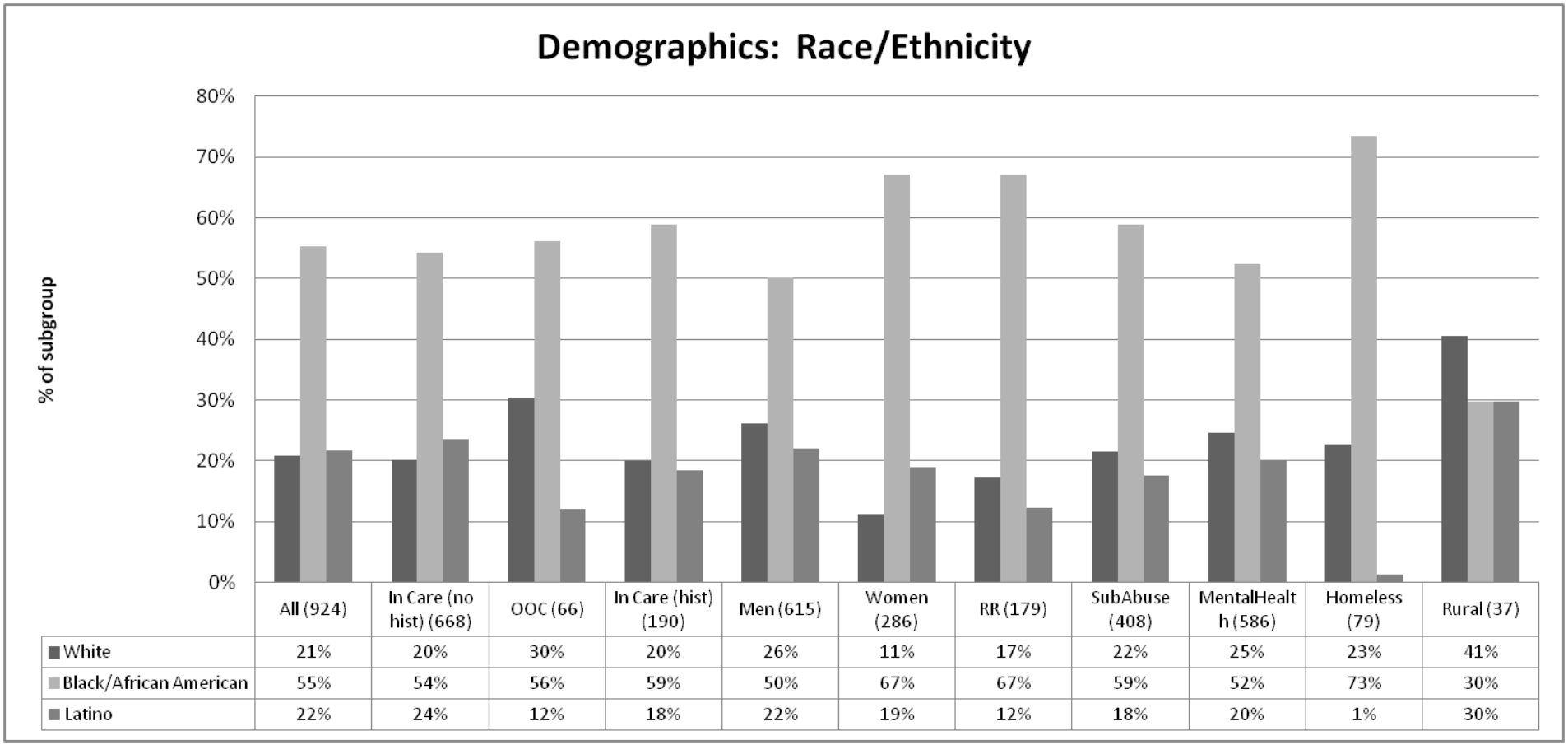
- Overall, relatively few respondents were pregnant; 4% (n=11) reported being pregnant at the time of the survey.
- The subgroups with the highest proportions of pregnant women were the in-care with a history of being out of care (8%) and the recently released (10%).



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
18-24	3%	2%	5%	3%	2%	3%	2%	3%	4%	1%	4%	4%	2%	3%	2%	0%	3%
25-44	44%	42%	42%	51%	42%	47%	36%	43%	54%	34%	43%	59%	50%	46%	45%	48%	32%
45+	54%	56%	53%	46%	56%	50%	62%	55%	43%	66%	54%	38%	48%	50%	53%	52%	65%

The chart above shows respondent age groups for each subgroup.

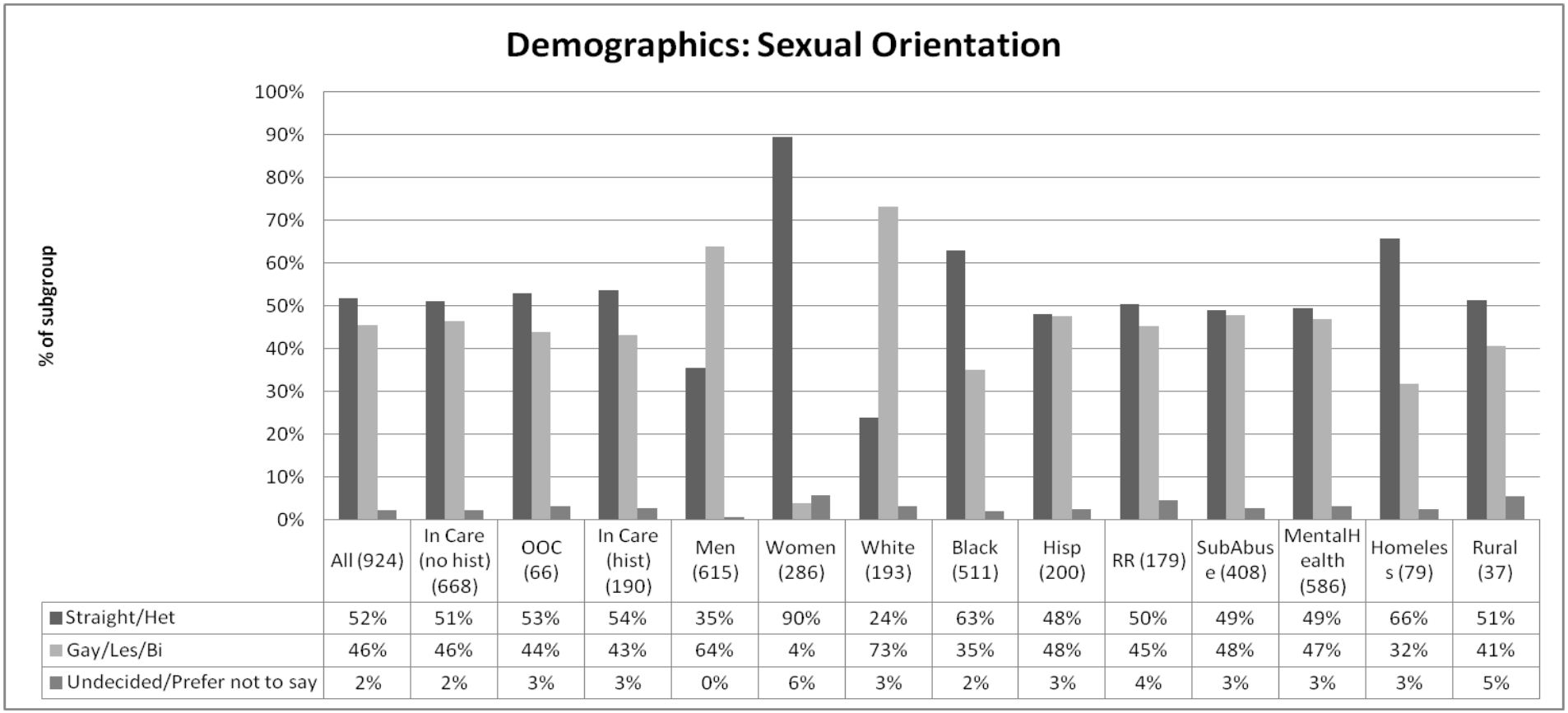
- The average age of respondents was 44.69 years, ranging from 17-75. Ninety-eight percent of respondents were above the age of 25; 44% were between the ages of 25-44, and 54% were above the age of 45. Three percent were youth between the ages of 18 and 24.
- Overall, a little more than half (54%) of all respondents were 45 years or older.
- Rural respondents (65%), Men (56%), Whites (50%) and MSM-Whites (66%) had more respondents above 45 than other sub-groups.



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
White	21%	20%	30%	20%	26%	11%	17%	22%	25%	23%	41%
Black/African American	55%	54%	56%	59%	50%	67%	67%	59%	52%	73%	30%
Latino	22%	24%	12%	18%	22%	19%	12%	18%	20%	1%	30%

The above chart shows the racial breakdown for selected subgroups.

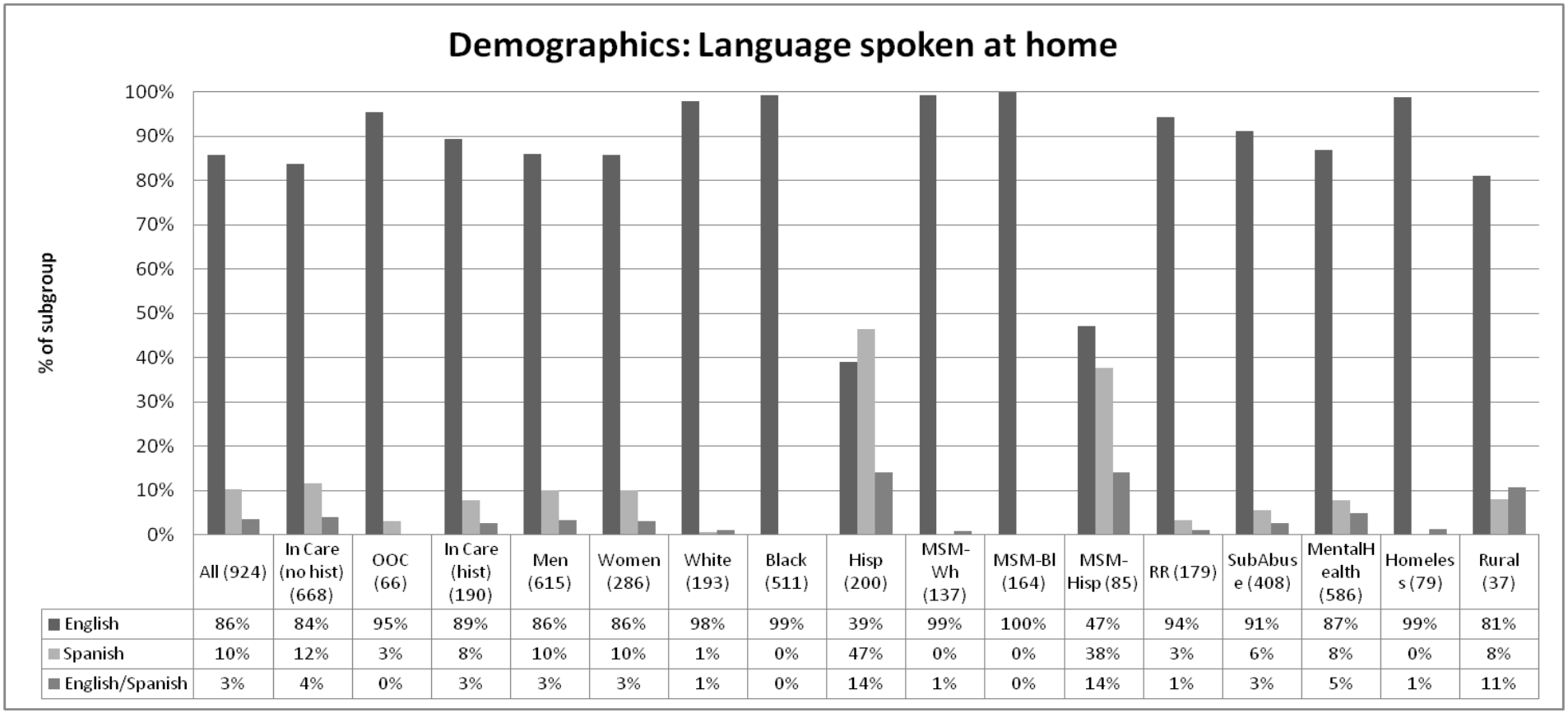
- 21% of respondents identified as White, 55% as Black, 22% as Latino and 2% as Other (Asian, Native American or multi-racial).
- Blacks were represented the most among the Homeless (73%), the Recently Released (67%) and Women (67%).
- Whites were represented the most among the Rural respondents (41%), Out of Care (30%), Men (26%) and those with Mental Health problems (25%).
- Latinos were represented the most among Rural respondents (30%), the In Care with no history of being out of care (24%), Men (22%) and those with Mental Health problems (20%).



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
Straight/Het	52%	51%	53%	54%	35%	90%	24%	63%	48%	50%	49%	49%	66%	51%
Gay/Les/Bi	46%	46%	44%	43%	64%	4%	73%	35%	48%	45%	48%	47%	32%	41%
Undecided/Prefer not to say	2%	2%	3%	3%	0%	6%	3%	2%	3%	4%	3%	3%	3%	5%

The chart above shows the sexual orientation breakdown for selected subgroups.

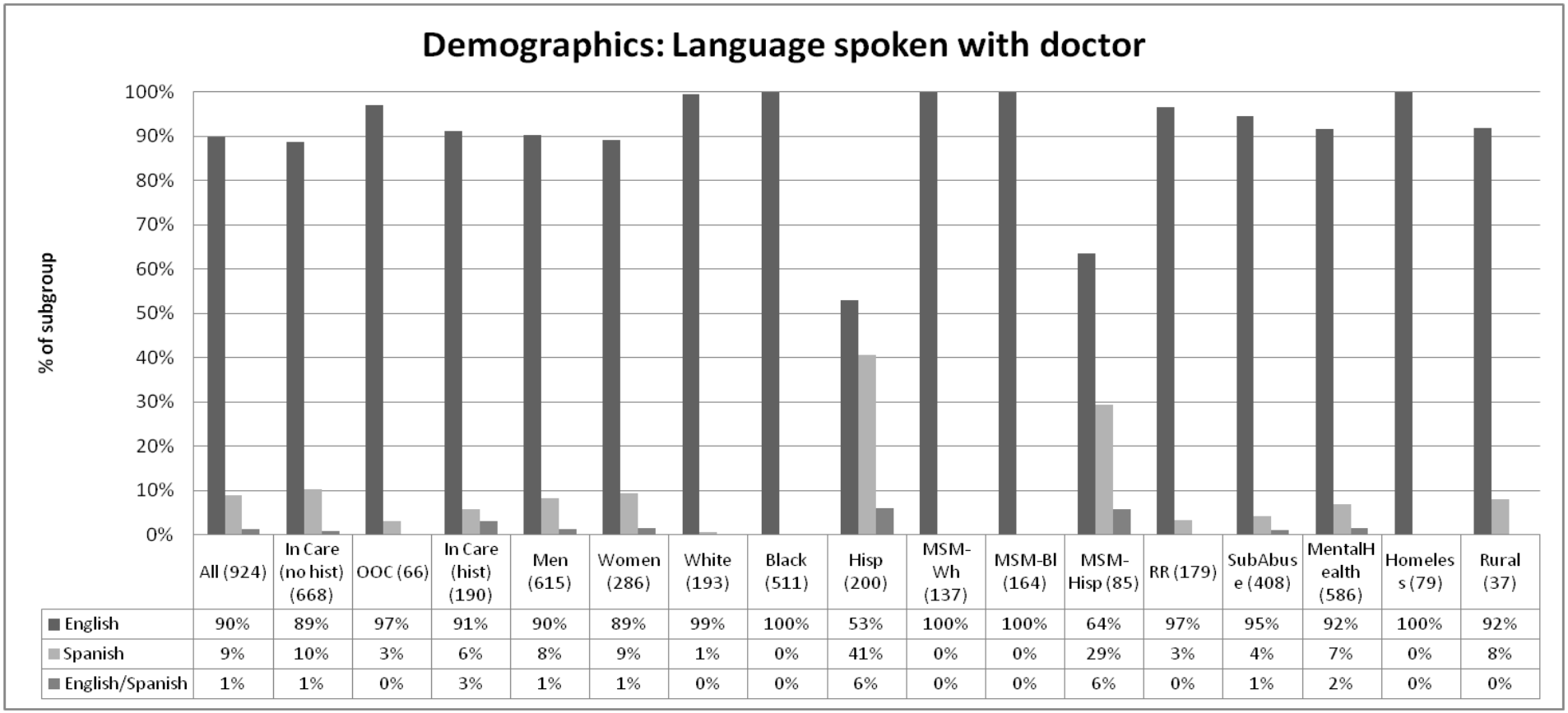
- Respondents were defined as straight or heterosexual if they self-identified as such and did not report any same sex behavior. Respondents were defined as gay or bisexual if they self-identified as such or reported same sex behavior.
- Heterosexuals were most represented among Women (90%), the Homeless (66%) and Blacks (63%).
- The White (73%) and male (64%) subgroups had the highest proportion of gay/bisexual respondents.



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
English	86%	84%	95%	89%	86%	86%	98%	99%	39%	99%	100%	47%	94%	91%	87%	99%	81%
Spanish	10%	12%	3%	8%	10%	10%	1%	0%	47%	0%	0%	38%	3%	6%	8%	0%	8%
English/Spanish	3%	4%	0%	3%	3%	3%	1%	0%	14%	1%	0%	14%	1%	3%	5%	1%	11%

The chart above shows the primary language spoken at home for each subgroup.

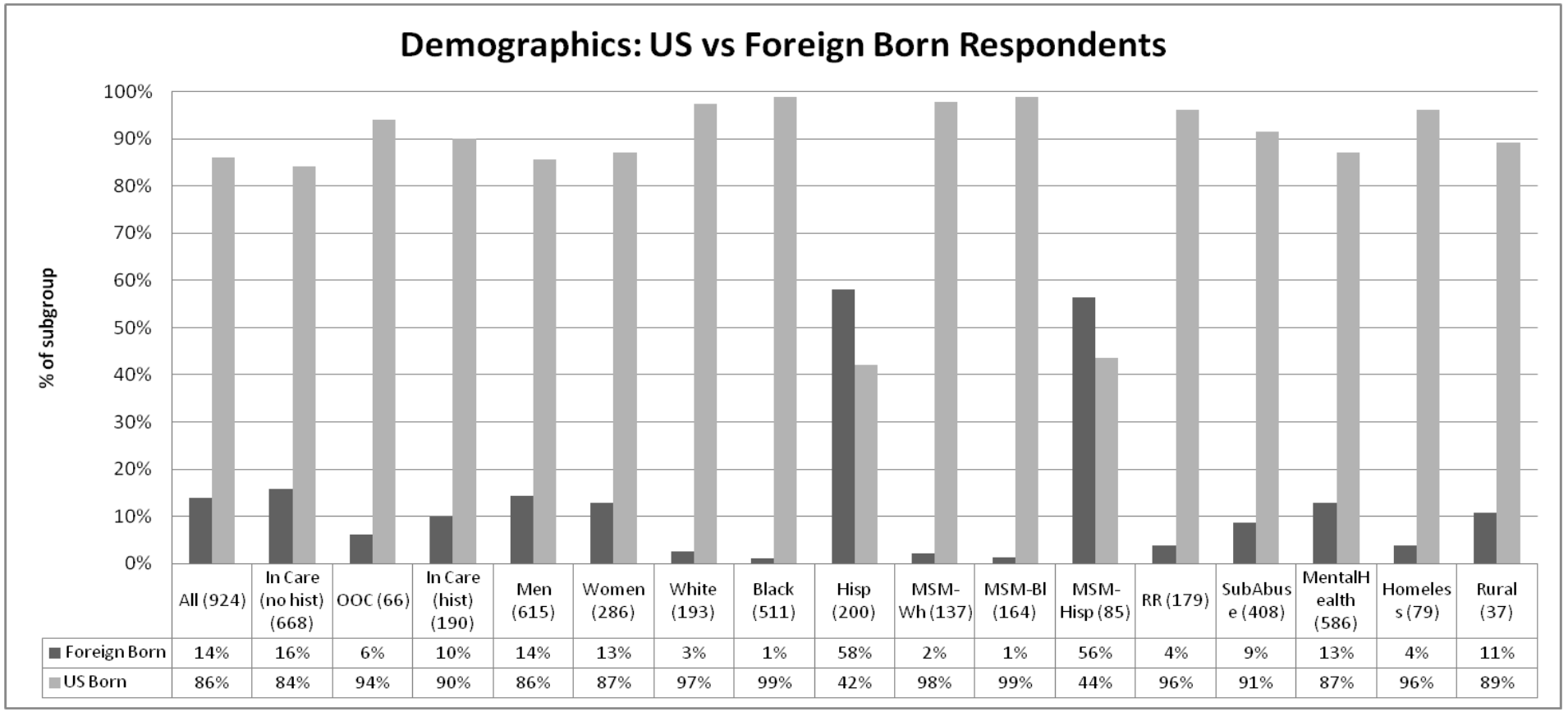
- Overall, English was the most common primary language for all respondents (86%). Ten percent of respondents primarily spoke Spanish at home and 3% spoke both English and Spanish equally.



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
English	90%	89%	97%	91%	90%	89%	99%	100%	53%	100%	100%	64%	97%	95%	92%	100%	92%
Spanish	9%	10%	3%	6%	8%	9%	1%	0%	41%	0%	0%	29%	3%	4%	7%	0%	8%
English/Spanish	1%	1%	0%	3%	1%	1%	0%	0%	6%	0%	0%	6%	0%	1%	2%	0%	0%

The chart above shows the primary language spoken with a doctor for each subgroup.

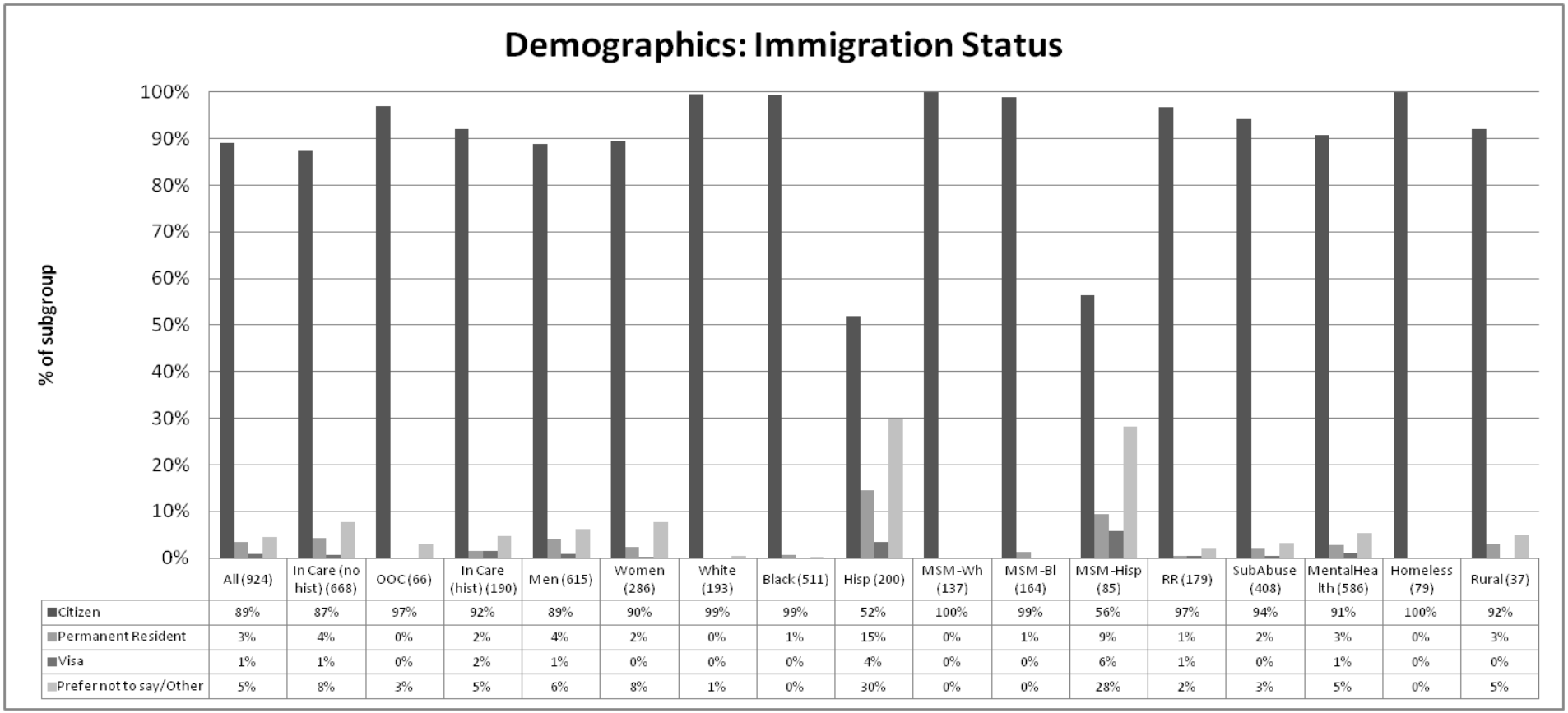
- By far, English was the most common language spoken with a doctor (90%). Nine percent of respondents spoke Spanish primarily and 1% spoke a combination of English and Spanish with their doctor.



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
Foreign Born	14%	16%	6%	10%	14%	13%	3%	1%	58%	2%	1%	56%	4%	9%	13%	4%	11%
US Born	86%	84%	94%	90%	86%	87%	97%	99%	42%	98%	99%	44%	96%	91%	87%	96%	89%

The chart above shows US-born and foreign-born respondents for each of the subgroups.

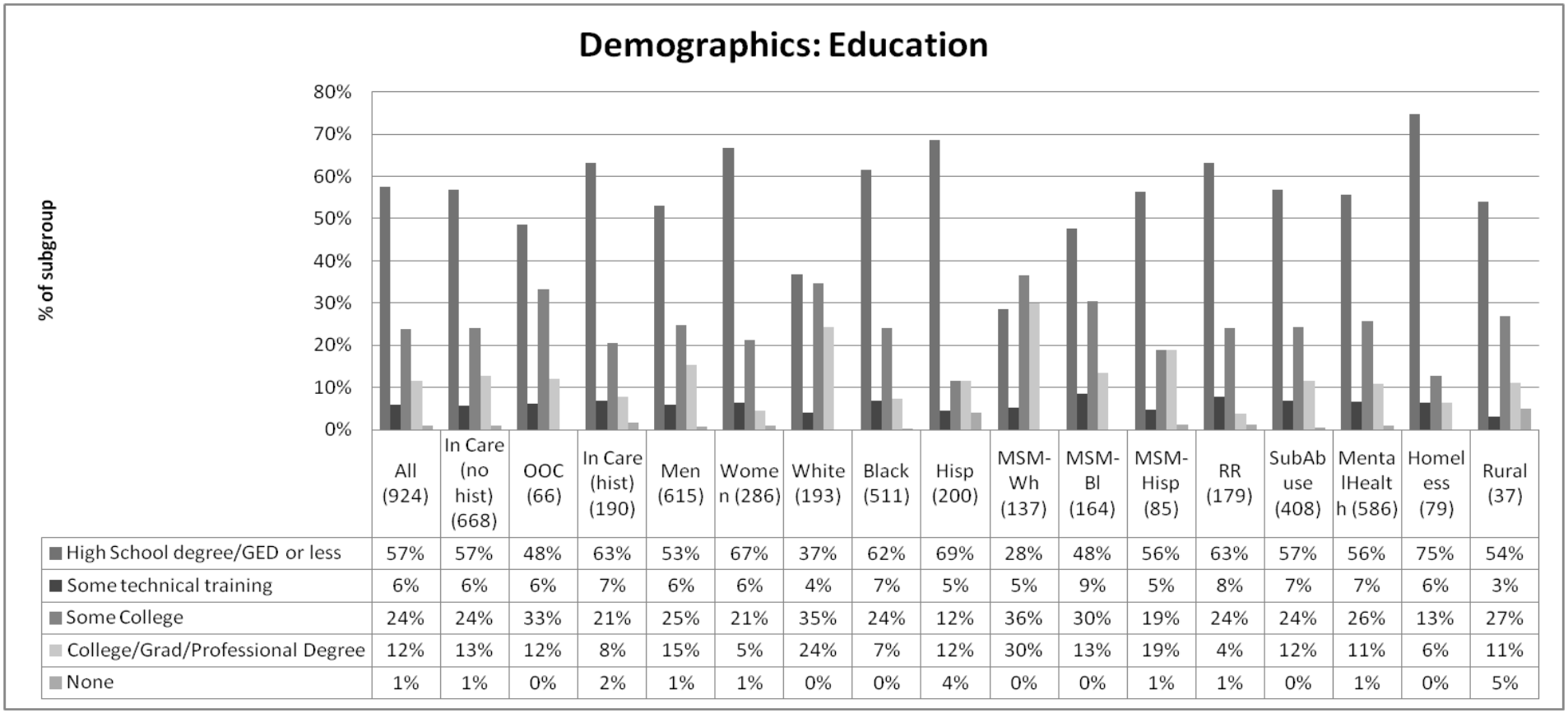
- US-born respondents represented 86% of all respondents and foreign-born represented 14%.
- Foreign-born respondents were most represented among Hispanics (58%) and MSM-Hispanics (56%).



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
Citizen	89%	87%	97%	92%	89%	90%	99%	99%	52%	100%	99%	56%	97%	94%	91%	100%	92%
Permanent Resident	3%	4%	0%	2%	4%	2%	0%	1%	15%	0%	1%	9%	1%	2%	3%	0%	3%
Visa	1%	1%	0%	2%	1%	0%	0%	0%	4%	0%	0%	6%	1%	0%	1%	0%	0%
Prefer not to say/Other	5%	8%	3%	5%	6%	8%	1%	0%	30%	0%	0%	28%	2%	3%	5%	0%	5%

The above chart shows the immigration status distribution for each subgroup.

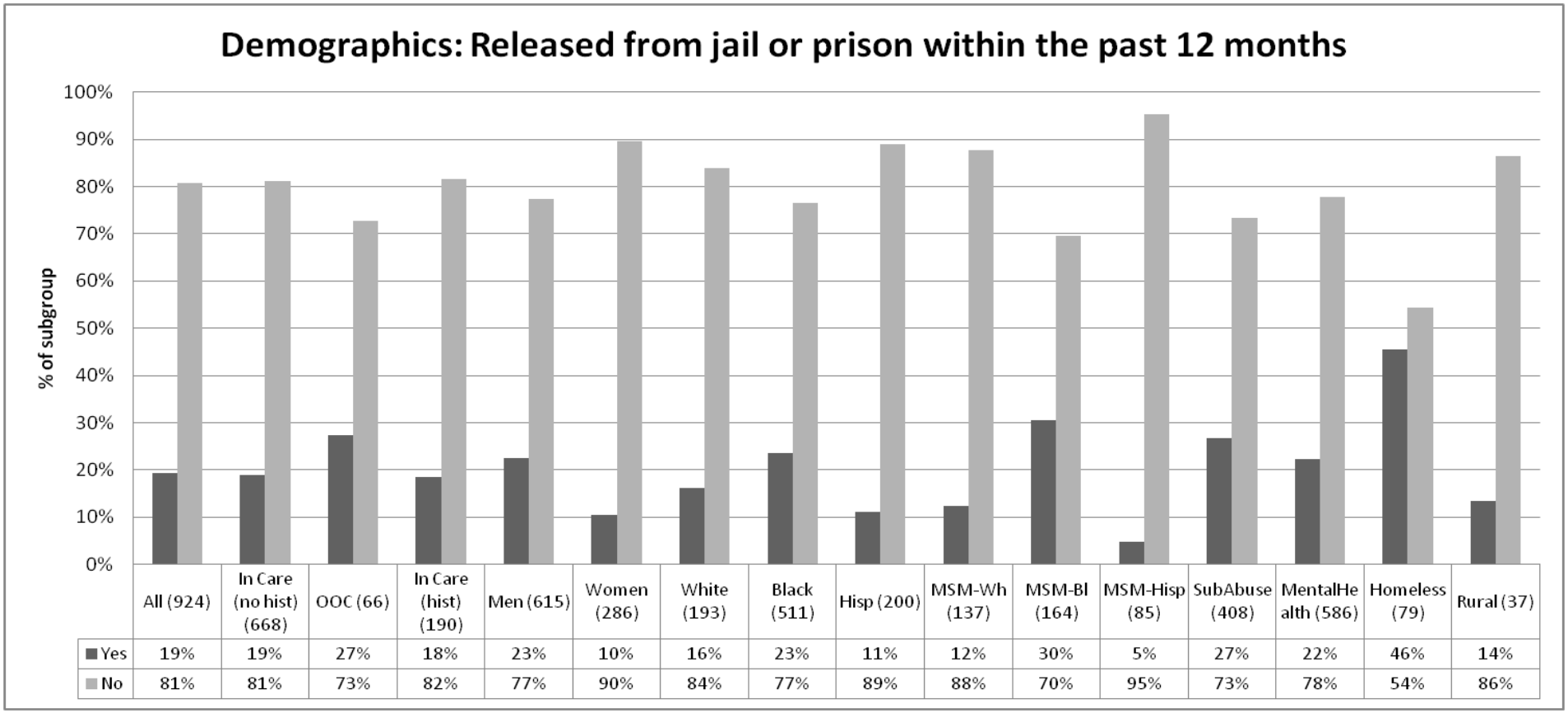
- The vast majority of respondents were U.S. citizens (89%). Three percent were permanent residents and 1% visa holders.
- Five percent of respondents preferred not to report their immigration status, and <1% described their immigration status as “other.” Respondents that identified as such are assumed to be undocumented.



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
High School degree/GED or less	57%	57%	48%	63%	53%	67%	37%	62%	69%	28%	48%	56%	63%	57%	56%	75%	54%
Some technical training	6%	6%	6%	7%	6%	6%	4%	7%	5%	5%	9%	5%	8%	7%	7%	6%	3%
Some College	24%	24%	33%	21%	25%	21%	35%	24%	12%	36%	30%	19%	24%	24%	26%	13%	27%
College/Grad/Professional Degree	12%	13%	12%	8%	15%	5%	24%	7%	12%	30%	13%	19%	4%	12%	11%	6%	11%
None	1%	1%	0%	2%	1%	1%	0%	0%	4%	0%	0%	1%	1%	0%	1%	0%	5%

The chart above shows the levels of education for each subgroup.

- Fifty seven percent of all respondents had a high school degree/GED or less. Twenty-four percents had a college degree, 12% had a graduate/professional degree and 6% had some technical training. One percent reported receiving no education.
- White MSMs were more educated than other subgroups; 30% reported a college or graduate degree.
- The Homeless (75%) and Women (67%) reported having a high school degree/GED or less.

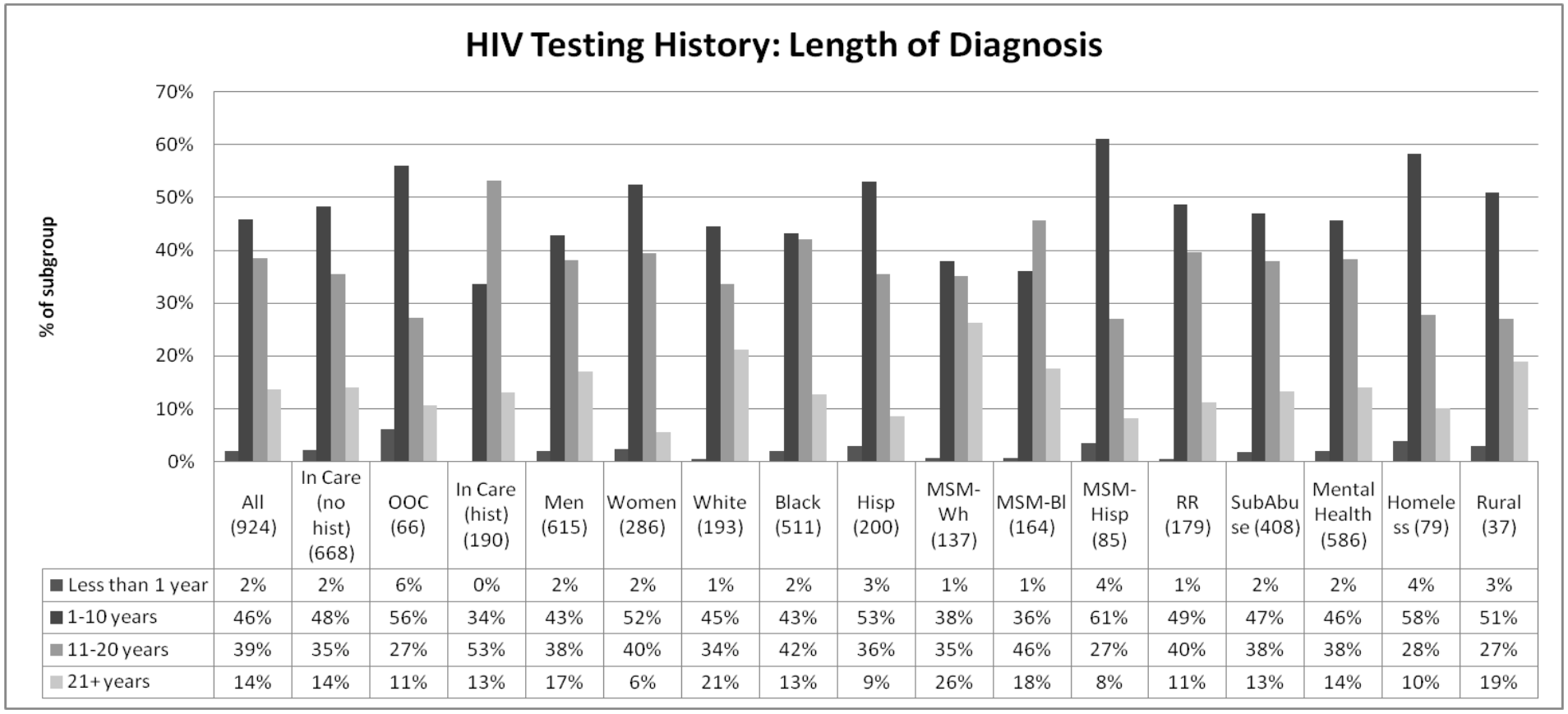


	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
Yes	19%	19%	27%	18%	23%	10%	16%	23%	11%	12%	30%	5%	27%	22%	46%	14%
No	81%	81%	73%	82%	77%	90%	84%	77%	89%	88%	70%	95%	73%	78%	54%	86%

The chart above shows, for each subgroup, those released from jail or prison within the previous year.

- The Recently Released were represented most often among the Homeless (46%) and MSM-Blacks (30%).

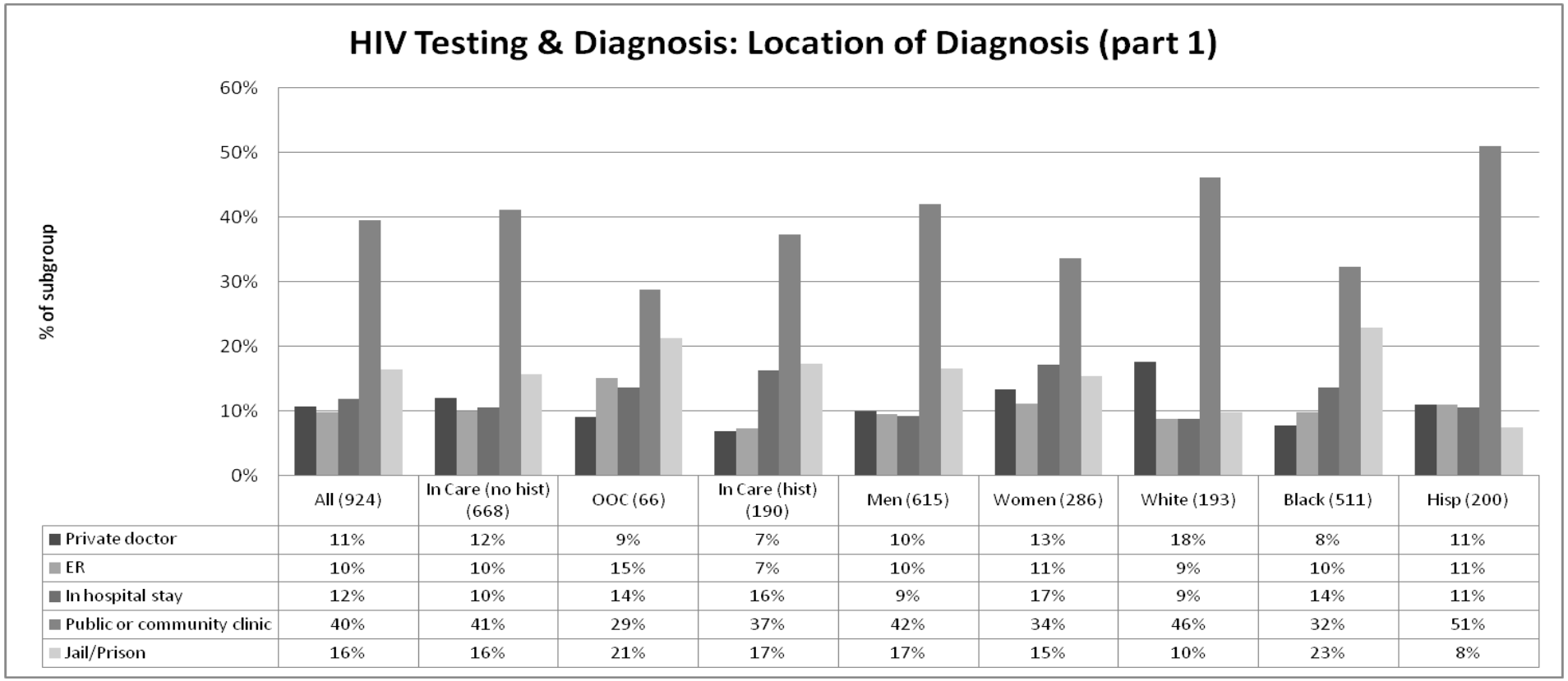
Survey Respondent HIV Testing History



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	Mental Health (586)	Homeless (79)	Rural (37)
Less than 1 year	2%	2%	6%	0%	2%	2%	1%	2%	3%	1%	1%	4%	1%	2%	2%	4%	3%
1-10 years	46%	48%	56%	34%	43%	52%	45%	43%	53%	38%	36%	61%	49%	47%	46%	58%	51%
11-20 years	39%	35%	27%	53%	38%	40%	34%	42%	36%	35%	46%	27%	40%	38%	38%	28%	27%
21+ years	14%	14%	11%	13%	17%	6%	21%	13%	9%	26%	18%	8%	11%	13%	14%	10%	19%

The chart above shows the length of diagnosis for each of the subgroups.

- All respondents reported being diagnosed as HIV positive an average of 11.15 years (sd=7.31), ranging from 0-26 years.
- Overall, 69% of respondents reported being HIV positive between 1-15 years.

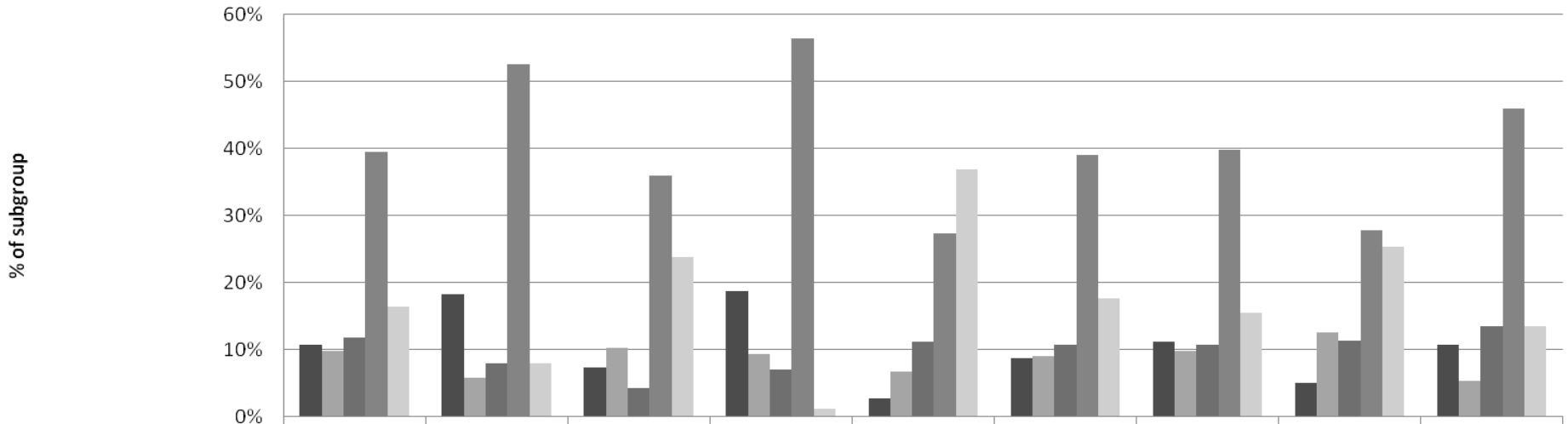


	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)
Private doctor	11%	12%	9%	7%	10%	13%	18%	8%	11%
ER	10%	10%	15%	7%	10%	11%	9%	10%	11%
In hospital stay	12%	10%	14%	16%	9%	17%	9%	14%	11%
Public or community clinic	40%	41%	29%	37%	42%	34%	46%	32%	51%
Jail/Prison	16%	16%	21%	17%	17%	15%	10%	23%	8%

The chart above shows the most common locations of HIV diagnosis for half of the subgroups. Other less commonly reported locations were HIV-specific testing site, community testing location, alcohol or drug treatment facility, blood/plasma donation site or workplace.

- Overall, most respondents were diagnosed most often at a public or community clinic (40%).
- The Out of Care (15%) and the Homeless (13%) were diagnosed most often at an emergency room.
- Women (17%) and the In Care with a history of being out of care (16%) were diagnosed most often during an inpatient hospital stay.

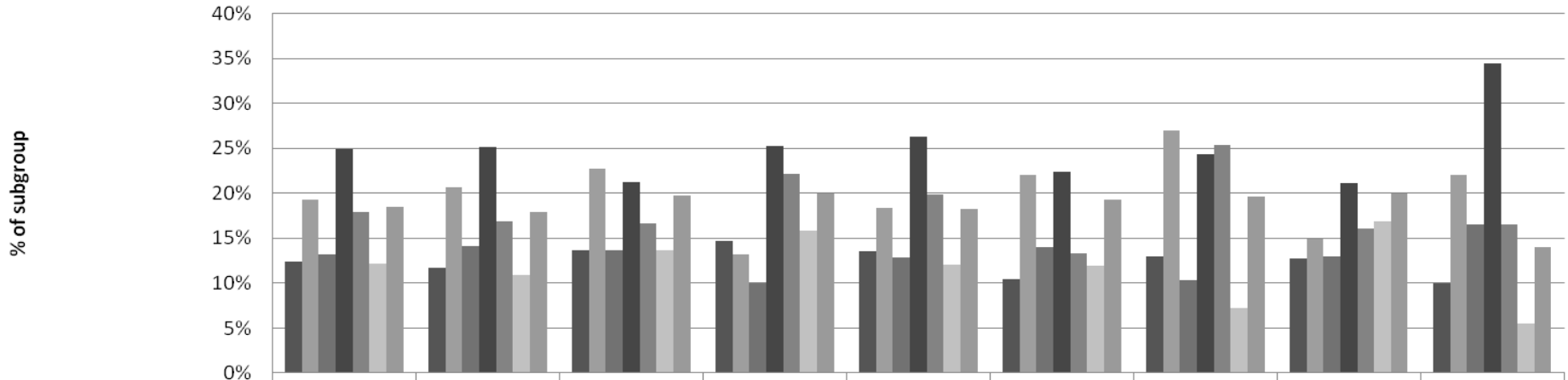
HIV Testing & Diagnosis: Location of Diagnosis (part 2)



	All (924)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
Private doctor	11%	18%	7%	19%	3%	9%	11%	5%	11%
ER	10%	6%	10%	9%	7%	9%	10%	13%	5%
In hospital stay	12%	8%	4%	7%	11%	11%	11%	11%	14%
Public or community clinic	40%	53%	36%	56%	27%	39%	40%	28%	46%
Jail/Prison	16%	8%	24%	1%	37%	18%	16%	25%	14%

- MSM-Whites (18%) and MSM-Hispanics (19%) were diagnosed most often at a private doctor.
- The Out of Care (15%) and the Homeless (13%) were diagnosed most often at an emergency room.
- Jail/prison was the most common diagnosis location for the Recently Released (37%), the Homeless (25%) and MSM-Blacks (24%).

HIV Testing & Diagnosis: Reasons for HIV Testing (part 1)

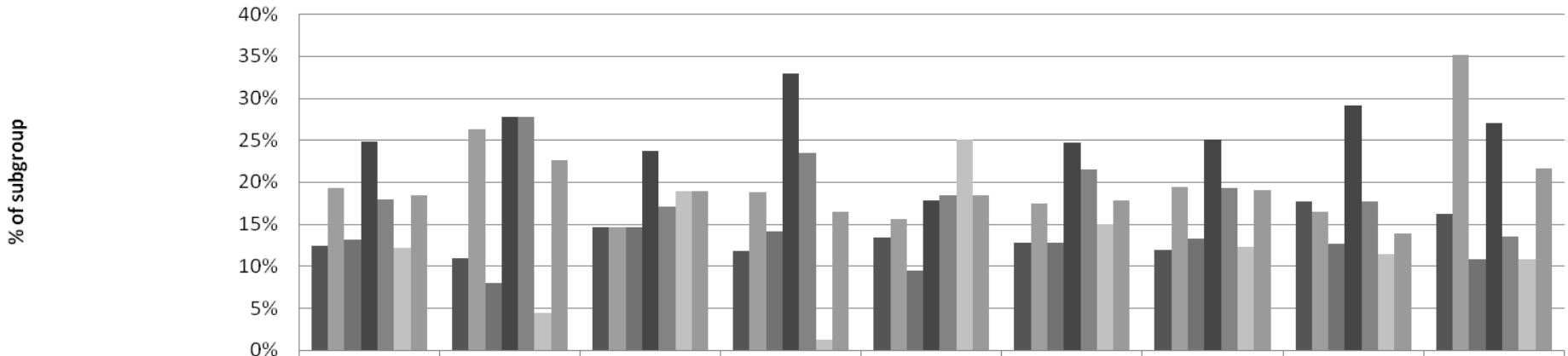


	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)
Recommended by provider	12%	12%	14%	15%	13%	10%	13%	13%	10%
Had sex with someone HIV+	19%	21%	23%	13%	18%	22%	27%	15%	22%
ER/Hospital stay	13%	14%	14%	10%	13%	14%	10%	13%	17%
Felt sick	25%	25%	21%	25%	26%	22%	24%	21%	35%
Engaged in risky behavior	18%	17%	17%	22%	20%	13%	25%	16%	17%
Was in prison/jail	12%	11%	14%	16%	12%	12%	7%	17%	6%
Routine check up/testing	19%	18%	20%	20%	18%	19%	20%	20%	14%

The chart above shows the most common reasons for being tested for HIV for half of the subgroups. Other less commonly reported reasons were prenatal care, blood/plasma donation and required by work, health insurance or immigration application.

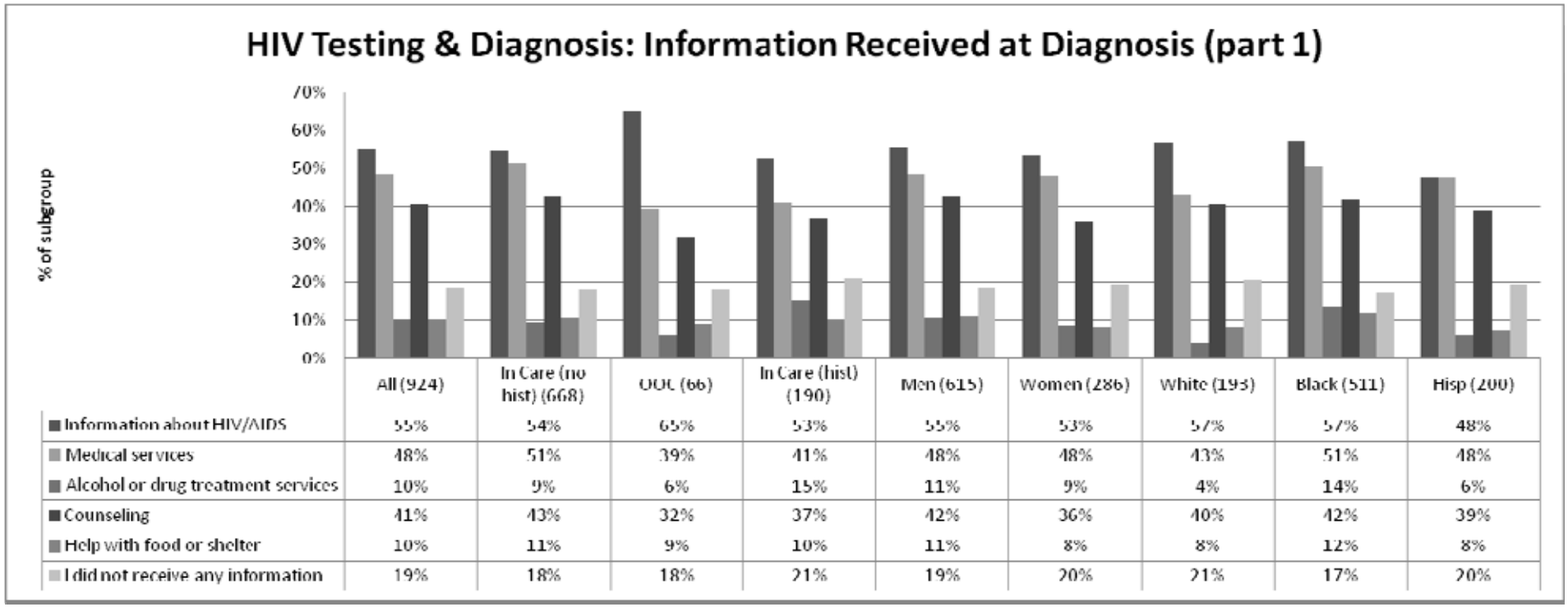
- 'Feeling sick' was the most common reason for being tested for HIV (25%), followed by having sex with someone with HIV (19%), routine check-up (19%) and engaging in risky behavior (18%).
- Being in jail or prison was the most common reason for being tested for HIV for the Recently Released (25%), MSM-Blacks (19%) *[see next chart for data on the Recently Released and MSM-Blacks],* Blacks (17%) and Substance Abusers (18%).
- Hispanics reported "felt sick" as the reason for being tested for HIV more frequently than other subgroups (35%).

HIV Testing & Diagnosis: Reasons for HIV Testing (part 2)



	All (924)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
Recommended by provider	12%	11%	15%	12%	13%	13%	12%	18%	16%
Had sex with someone HIV+	19%	26%	15%	19%	16%	17%	19%	16%	35%
ER/Hospital stay	13%	8%	15%	14%	9%	13%	13%	13%	11%
Felt sick	25%	28%	24%	33%	18%	25%	25%	29%	27%
Engaged in risky behavior	18%	28%	17%	24%	18%	22%	19%	18%	14%
Was in prison/jail	12%	4%	19%	1%	25%	15%	12%	11%	11%
Routine check up/testing	19%	23%	19%	16%	18%	18%	19%	14%	22%

- Similar to the Hispanic subgroup, MSM-Hispanics reported “felt sick” as the reason for receiving an HIV test more frequently than other subgroups (33%).
- Rural respondents were most likely to report sex with an HIV+ person as the reason for being tested for HIV (35%).

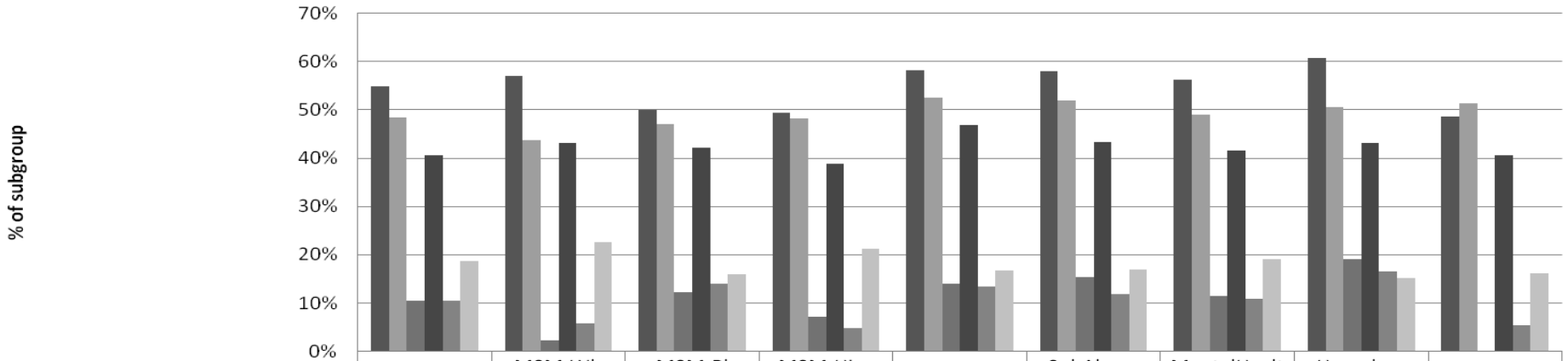


	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)
Information about HIV/AIDS	55%	54%	65%	53%	55%	53%	57%	57%	48%
Medical services	48%	51%	39%	41%	48%	48%	43%	51%	48%
Alcohol or drug treatment services	10%	9%	6%	15%	11%	9%	4%	14%	6%
Counseling	41%	43%	32%	37%	42%	36%	40%	42%	39%
Help with food or shelter	10%	11%	9%	10%	11%	8%	8%	12%	8%
I did not receive any information	19%	18%	18%	21%	19%	20%	21%	17%	20%

The chart above shows the types of information received at time of HIV diagnosis for 9 subgroups.

- The most common types of assistance provided at time of diagnosis to all respondents were information about HIV/AIDS (55%), medical services (48%) and counseling (41%). Less frequently reported were alcohol or drug treatment services (10%) and help with food or shelter (10%). Nineteen percent of respondents reported not receiving any information at the time of their HIV diagnosis, and 7% did not remember or refused to receive any information.
- Given the requirements associated with Protocol Based Counseling methods, the 41% reporting Counseling information is lower than expected. Although this finding could be explained by respondents not remembering the information they received, or misunderstanding terminologies (i.e., respondent interpreted Counseling as Information about HIV/AIDS), it also suggests a need to improve post-test follow-up activities.
- It is interesting to note that the out-of-care subgroup reported receiving information about HIV/AIDS more often than any other subgroup (65%). The out-of-care were also the least likely to receive information about medical services (39%). These numbers suggest that simply providing basic HIV/AIDS information may not be enough to help an individual enter into, or remain in, HIV-related care; instead, information about where and how to find medical services may be more useful for the newly diagnosed.

HIV Testing & Diagnosis: Information Received at Diagnosis (part 2)

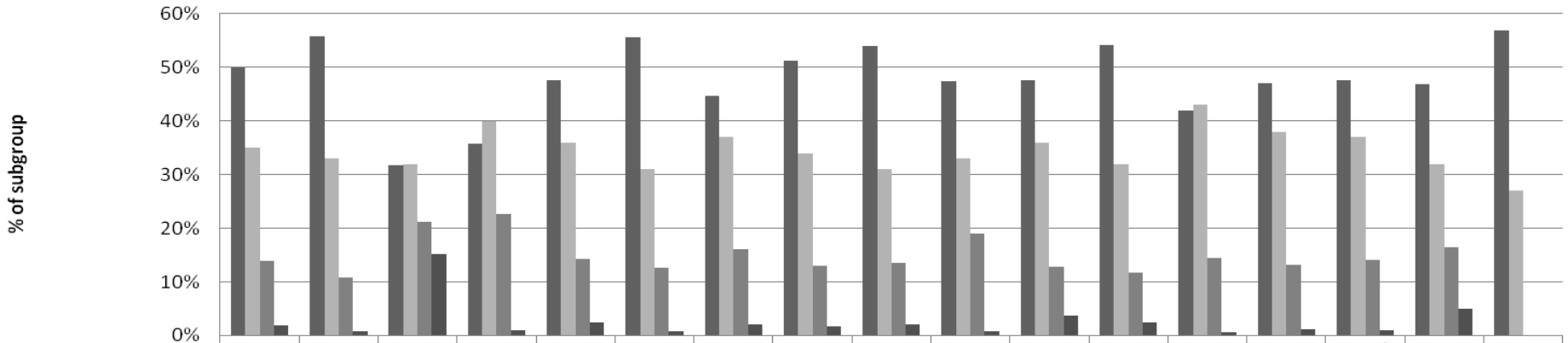


	All (924)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
Information about HIV/AIDS	55%	57%	50%	49%	58%	58%	56%	61%	49%
Medical services	48%	44%	47%	48%	53%	52%	49%	51%	51%
Alcohol or drug treatment services	10%	2%	12%	7%	14%	15%	11%	19%	0%
Counseling	41%	43%	42%	39%	47%	43%	42%	43%	41%
Help with food or shelter	10%	6%	14%	5%	13%	12%	11%	16%	5%
I did not receive any information	19%	23%	16%	21%	17%	17%	19%	15%	16%

- The most common types of assistance provided at time of diagnosis to all respondents were information about HIV/AIDS (55%), medical services (48%) and counseling (41%). Less frequently reported were alcohol or drug treatment services (10%) and help with food or shelter (10%). Nineteen percent of respondents reported not receiving any information at the time of their HIV diagnosis, and 7% did not remember or refused to receive any information.
- MSM-Whites (23%), Whites (21%) and those In Care with a history of being out of care (21%) *[see previous chart for data on Whites and In Care with a history of being out of care]* were more likely to report not receiving any information at time of diagnosis.
  - MSM-Whites tended to report being diagnosed much earlier in the HIV epidemic when there was less knowledge about and information on HIV. This may explain the high proportion of MSM-Whites who said they did not receive any information at the time of their diagnosis.

Survey Respondent Services

Services: Time between Diagnosis and 1st Doctor Visit

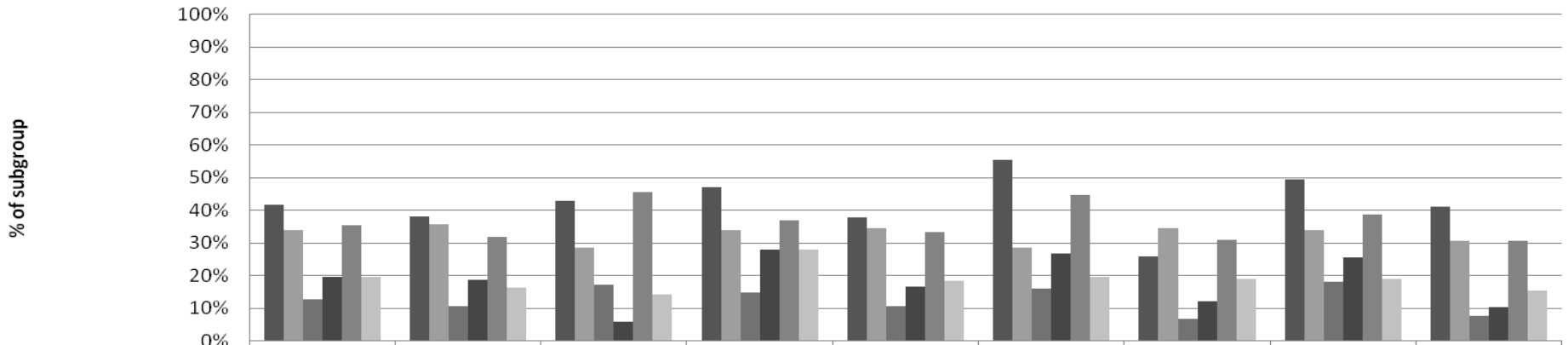


	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
Less than 1 month	50%	56%	32%	36%	47%	56%	45%	51%	54%	47%	48%	54%	42%	47%	48%	47%	57%
1-12 months	35%	33%	32%	40%	36%	31%	37%	34%	31%	33%	36%	32%	43%	38%	37%	32%	27%
More than 12 months	14%	11%	21%	23%	14%	13%	16%	13%	14%	19%	13%	12%	15%	13%	14%	16%	0%
Never	2%	1%	15%	1%	2%	1%	2%	2%	2%	1%	4%	2%	1%	1%	1%	5%	0%

The chart above shows the length of time between HIV diagnosis and the first visit to a doctor, for each of the subgroups.

- Half of all respondents reported seeing a doctor for HIV within one month of diagnosis; 35% of respondents entered care between 1 and 12 months and 14% waited more than a year. 2% of all respondents said they had never seen a doctor for HIV.
- The subgroups more likely to enter care within a month of diagnosis were Rural (57%), the In Care no history of being out of care (56%), Women (56%), Hispanics (54%) and MSM-Hispanics (54%).
- Those more likely to wait more than a year to enter care were the In Care with a history of being out of care (23%), the Out of Care (21%) and MSM-Whites (19%). However, MSM-Whites were more likely to be diagnosed during the early years of the epidemic, when HIV care was not as available as today.
- More than half (56%) of the In Care (no history) entered HIV care within 1 month of diagnosis compared to only 32% of the Out of Care. The Out of Care were almost two times more likely to delay care for more than a year, compared to the In Care (no history) (21% and 11%, respectively). In Care respondents (with history) were also twice as likely to delay care than In Care respondents (no history). These data suggest that early entry to care is associated with maintenance in care.

Services: Reasons for delaying entry to care > 12 months (Part 1)

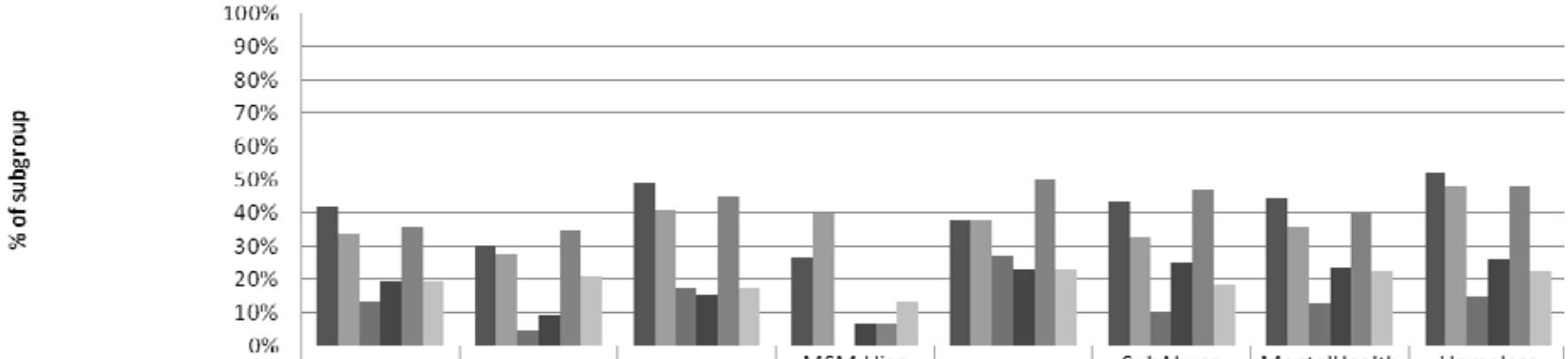


	All (129)	In Care (no hist) (72)	OOC (14)	In Care (hist) (43)	Men (88)	Women (36)	White (31)	Black (66)	Hisp (27)
Afraid	42%	38%	43%	47%	38%	55%	26%	50%	41%
Didn't feel sick	34%	36%	29%	34%	35%	29%	34%	34%	31%
Jail/prison	13%	11%	17%	15%	10%	16%	7%	18%	8%
Doing drugs	19%	19%	6%	28%	17%	27%	12%	26%	10%
Denial	35%	32%	46%	37%	33%	45%	31%	39%	31%
Didn't want to take meds	19%	16%	14%	28%	19%	20%	19%	19%	15%

The chart above shows, for the first 9 subgroups, the most common reasons for delaying entry to care for more than 12 months. Other less commonly reported reasons were having no money, didn't know where or how to get services, depression and having no stable housing. All Rural respondents entered care within 6 months of diagnosis, so that subgroup is not shown on the chart.

- Overall, the most common reasons were afraid (42%), denial (35%) and didn't feel sick (34%).
- The In Care with a history of being out of care (28%), Women (27%), Blacks (26%) and the Homeless (26%) *[see next chart for Homeless data]* reported drug use more frequently than other subgroups.
- The Recently Released (50%), Homeless (48%), Substance Abusers (47%) Women (45%) and MSM-Blacks (45%) *[see next chart for data on the Recently Released, Homeless, Substance Abusers and MSM-Blacks]* were most likely to report denial as the reason for delaying entry to care.

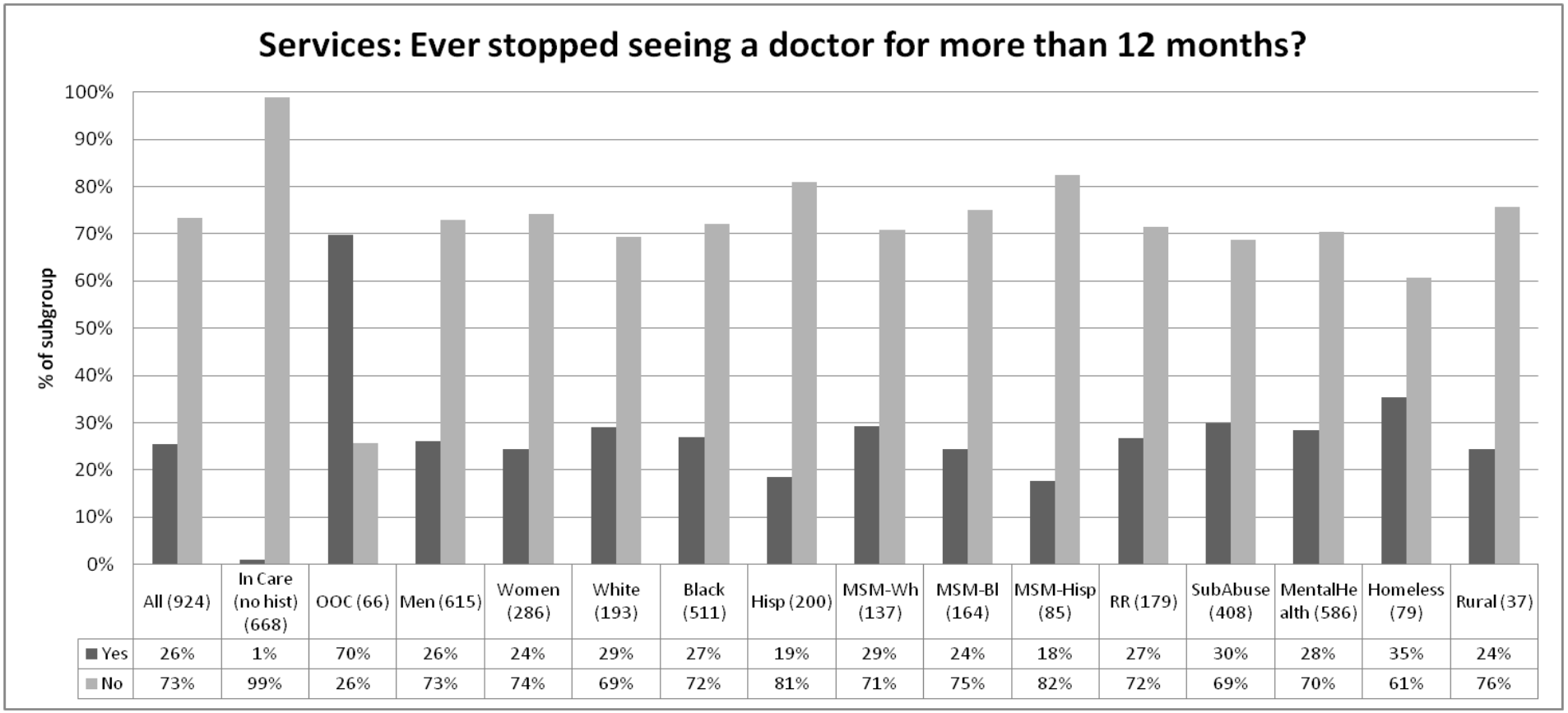
Services: Reasons for delaying entry to care > 12 months (Part 2)



	All (129)	MSM-Wh (26)	MSM-Bl (21)	MSM-Hisp (10)	RR (26)	SubAbuse (54)	MentalHealth (83)	Homeless (13)
Afraid	42%	30%	49%	27%	38%	43%	44%	52%
Didn't feel sick	34%	28%	40%	40%	38%	33%	36%	48%
Jail/prison	13%	5%	17%	0%	27%	11%	13%	15%
Doing drugs	19%	9%	15%	7%	23%	25%	23%	26%
Denial	35%	35%	45%	7%	50%	47%	39%	48%
Didn't want to take meds	19%	21%	17%	13%	23%	18%	23%	22%

The chart above shows, for the second half of the subgroups.

- Overall, the most common reasons were afraid (42%), denial (35%) and didn't feel sick (34%).
- The In Care with a history of being out of care (28%), Women (27%), Blacks (26%) and the Homeless (26%) *[see previous chart for data on In Care with a history of being out of care, Women, and Blacks]* reported drug use more frequently than other sub-groups.
- The Recently Released (50%), Homeless (48%), Substance Abusers (47%) Women (45%) and MSM-Blacks (45%) *[see previous chart for data on Women]* were most likely to report denial as the reason for delaying entry to care.

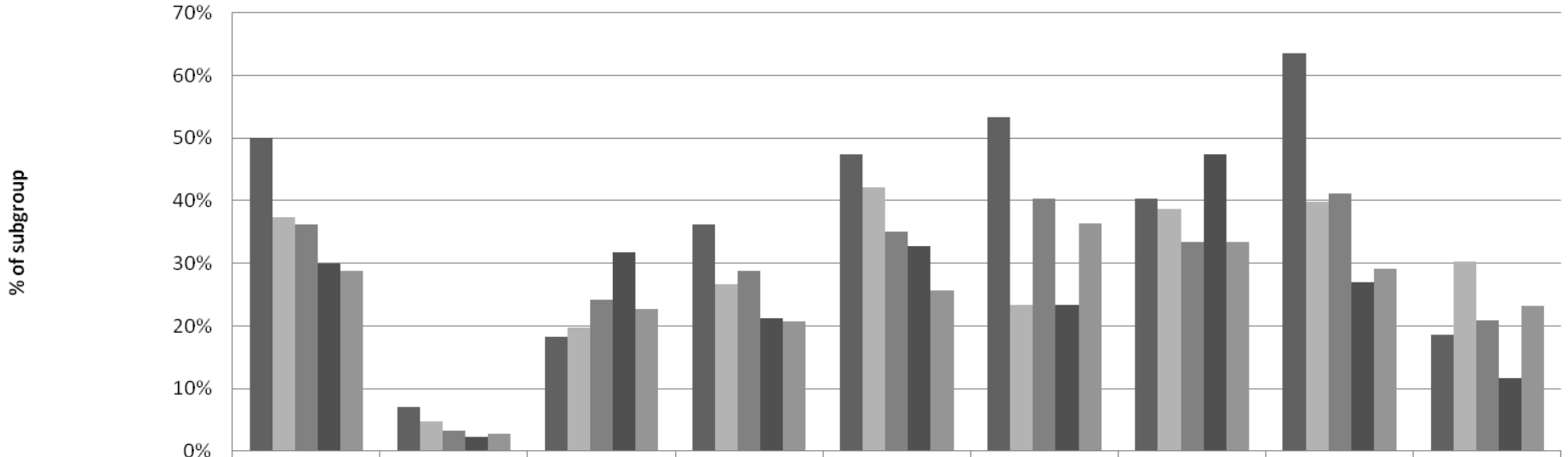


	All (924)	In Care (no hist) (668)	OOC (66)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
Yes	26%	1%	70%	26%	24%	29%	27%	19%	29%	24%	18%	27%	30%	28%	35%	24%
No	73%	99%	26%	73%	74%	69%	72%	81%	71%	75%	82%	72%	69%	70%	61%	76%

The chart above shows, for each subgroup, the proportion of respondents that reported not seeing a doctor for more than 12 months after entering care for HIV.

- Overall, 26% of all respondents reported stopping care for 12 months or more after entering care.
- The Out of Care (70%) and the Homeless (35%) were more likely to report disconnecting from care.

Services: Reasons for Falling out of Care (part 1)

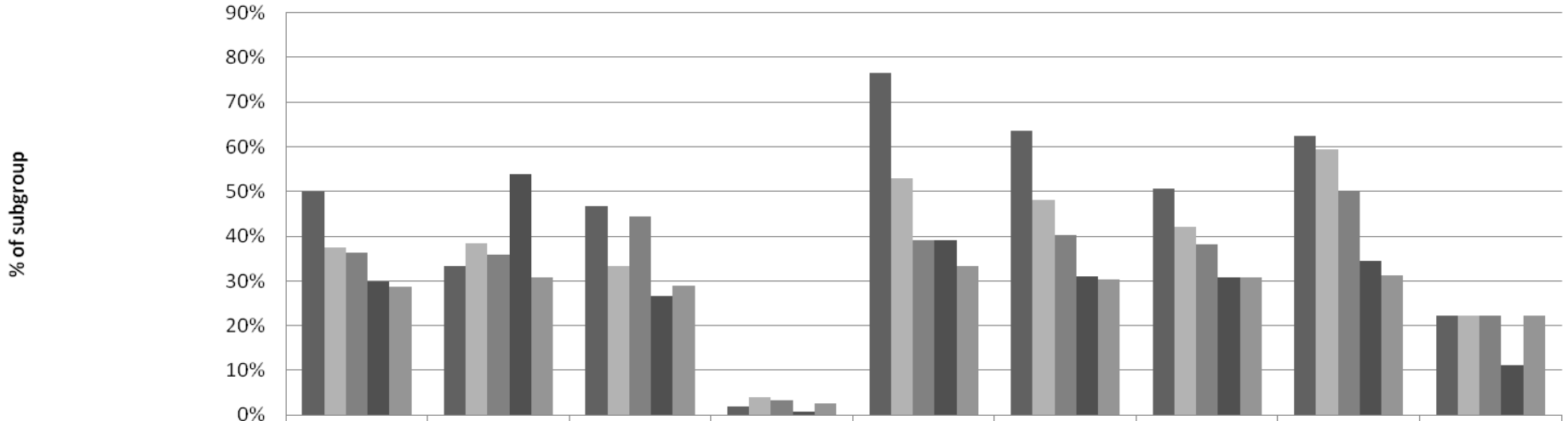


	All (236)	In Care (no hist) (7)	OOC (46)	In Care (hist) (190)	Men (160)	Women (70)	White (56)	Black (138	Hisp (37)
Doing drugs	50%	7%	18%	36%	47%	53%	40%	64%	19%
Lost stable housing	37%	5%	20%	27%	42%	23%	39%	40%	30%
Did not want to take meds	36%	3%	24%	29%	35%	40%	33%	41%	21%
Felt fine	30%	2%	32%	21%	33%	23%	47%	27%	12%
Denial	29%	3%	23%	21%	26%	36%	33%	29%	23%

The chart above shows the top five most common reasons for falling out of care for the first half of the subgroups. Other less commonly reported reasons were case manager or doctor left, could not take time off work, program closed down, bad experience with provider, job loss, loss of health insurance, tired of regimen, worried about side effects, child/family care, depression and being in jail/prison.

- For all respondents, the most common reasons for falling out of care were drug use (50%), losing stable housing (37%) and not wanting to take HIV medications (36%).
- The Recently Released (76%), Substance Abusers (64%), Blacks (64%) and the Homeless (63%) were most likely to report drug use as a reason for falling out of care for more than 12 months. *[see next chart for data on the Recently Released, Substance Abusers and the Homeless]*

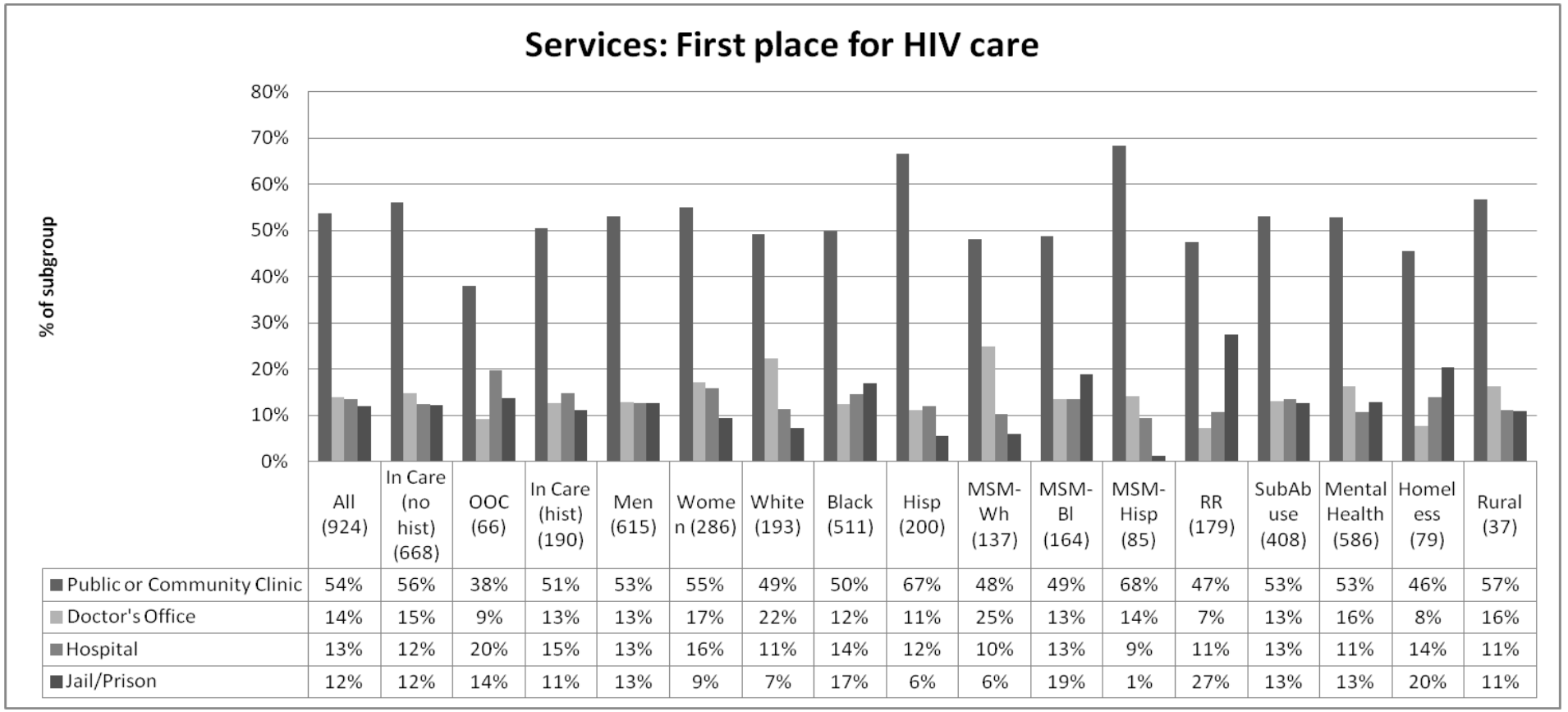
Services: Reasons for Falling out of Care (part 2)



	All (236)	MSM-Wh (40)	MSM-Bl (40)	MSM-Hisp (15)	RR (48)	SubAbuse (122)	MentalHealth (167)	Homeless (28)	Rural (37)
Doing drugs	50%	33%	47%	2%	76%	64%	51%	63%	22%
Lost stable housing	37%	38%	33%	4%	53%	48%	42%	59%	22%
Did not want to take meds	36%	36%	44%	3%	39%	40%	38%	50%	22%
Felt fine	30%	54%	27%	1%	39%	31%	31%	34%	11%
Denial	29%	31%	29%	3%	33%	30%	31%	31%	22%

The chart above shows the top five most common reasons for falling out of care for the second half of the subgroups.

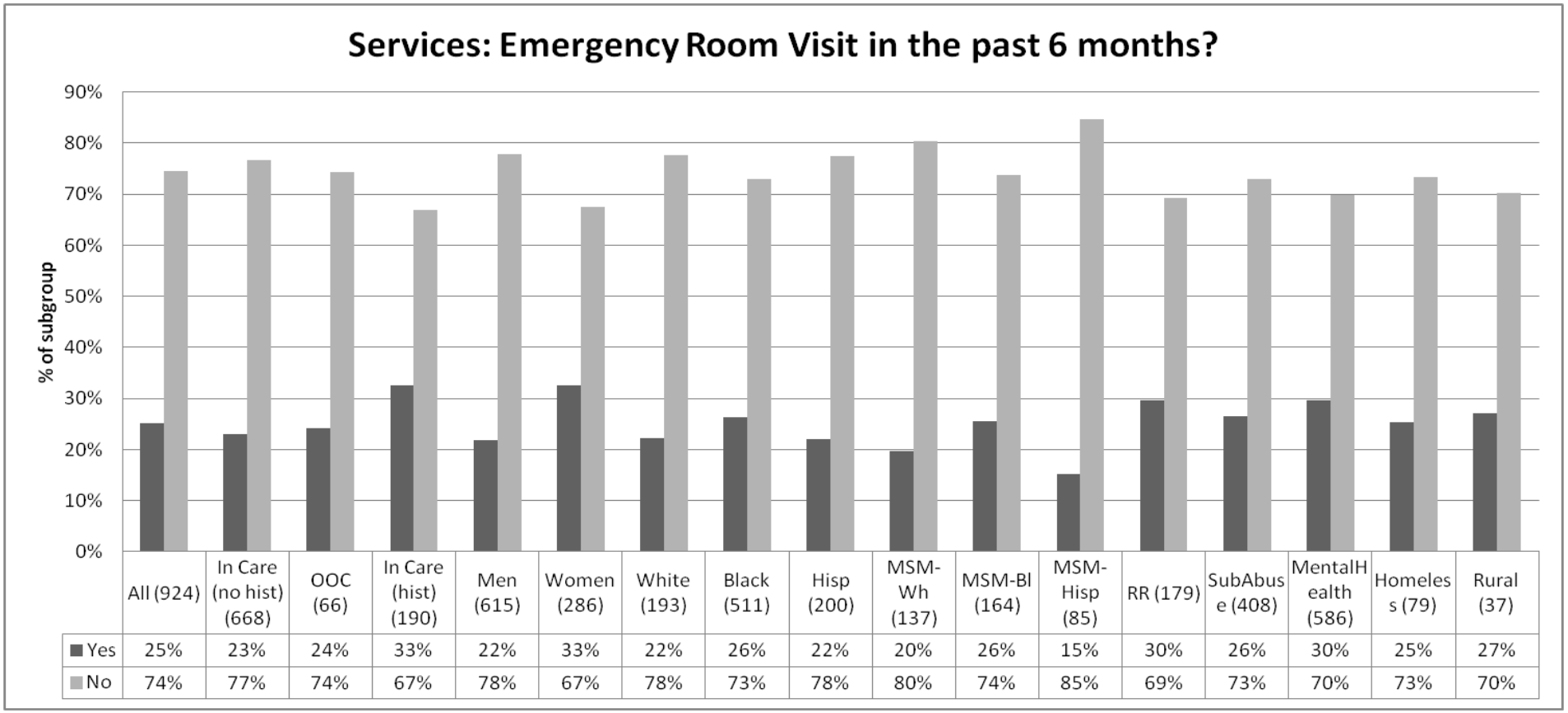
- For all respondents, the most common reasons for falling out of care were drug use (50%), losing stable housing (37%) and not wanting to take HIV medications (36%).
- The Recently Released (76%), Substance Abusers (64%), Blacks (64%) and the Homeless (63%) were most likely to report drug use as a reason for falling out of care for more than 12 months. *[see previous chart for data on Blacks].*
- Loss of stable housing was reported most often by the Homeless (59%), the Recently Released (53%) and Substance Abusers (48%).
- Not wanting to take HIV medications was reported most often by the Homeless (50%) and MSM-Blacks (44%).



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	Mental Health (586)	Homeless (79)	Rural (37)
Public or Community Clinic	54%	56%	38%	51%	53%	55%	49%	50%	67%	48%	49%	68%	47%	53%	53%	46%	57%
Doctor's Office	14%	15%	9%	13%	13%	17%	22%	12%	11%	25%	13%	14%	7%	13%	16%	8%	16%
Hospital	13%	12%	20%	15%	13%	16%	11%	14%	12%	10%	13%	9%	11%	13%	11%	14%	11%
Jail/Prison	12%	12%	14%	11%	13%	9%	7%	17%	6%	6%	19%	1%	27%	13%	13%	20%	11%

The chart above shows the top four most common first places of HIV care for each subgroup. Other less commonly reported places were an HIV agency, substance abuse treatment program, social service agency and VA hospital.

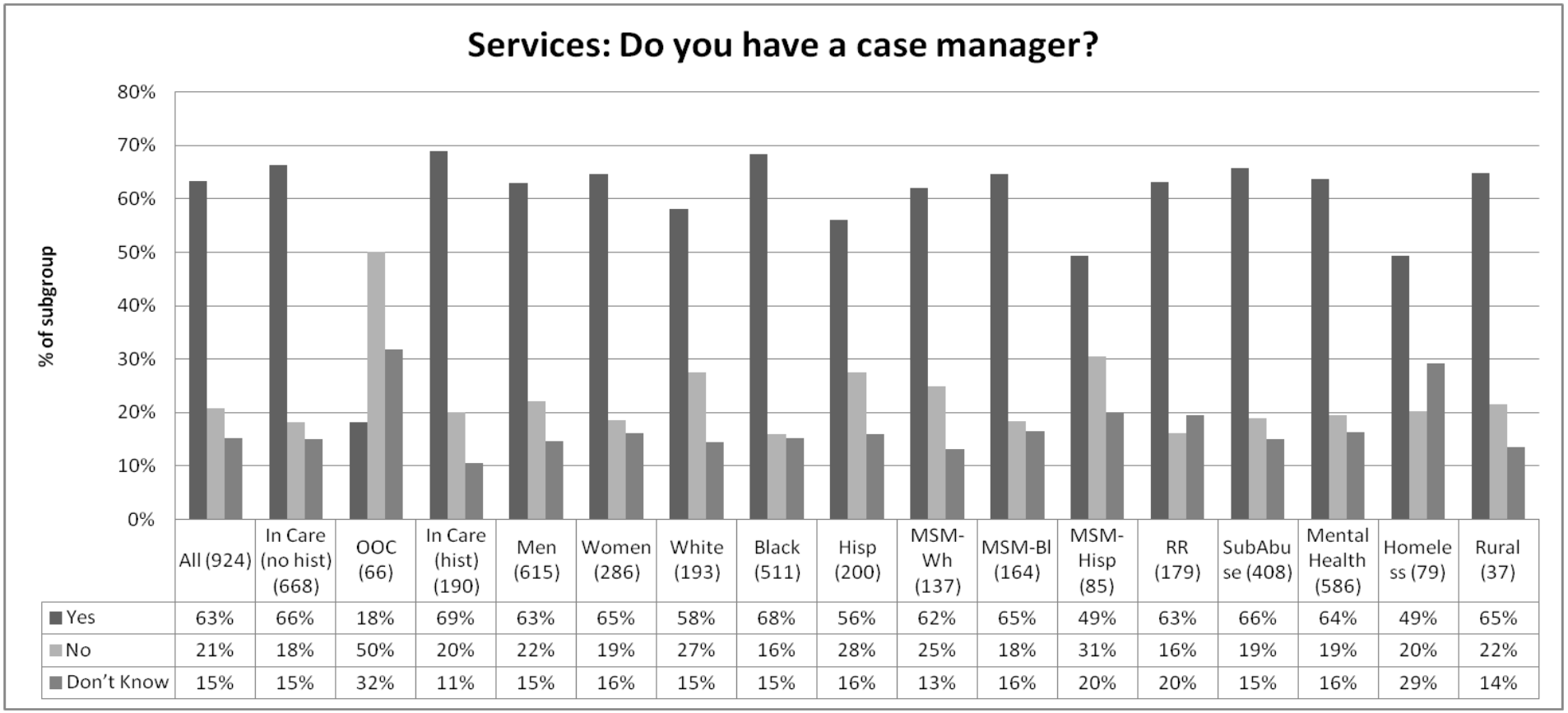
- A public or community clinic was the most common place respondents went to first for HIV care (54%).
- The Out of Care were least likely to report being a patient at a public or community clinic as the first place they received HIV care (38%).
- Other than the Recently Released respondents, the Homeless (20%) and MSM-Blacks (19%) were more likely to receive their first HIV care in a jail or prison.



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
Yes	25%	23%	24%	33%	22%	33%	22%	26%	22%	20%	26%	15%	30%	26%	30%	25%	27%
No	74%	77%	74%	67%	78%	67%	78%	73%	78%	80%	74%	85%	69%	73%	70%	73%	70%

The chart above shows the proportion of respondents from each subgroup that visited an emergency room for medical care during the previous 6 months.

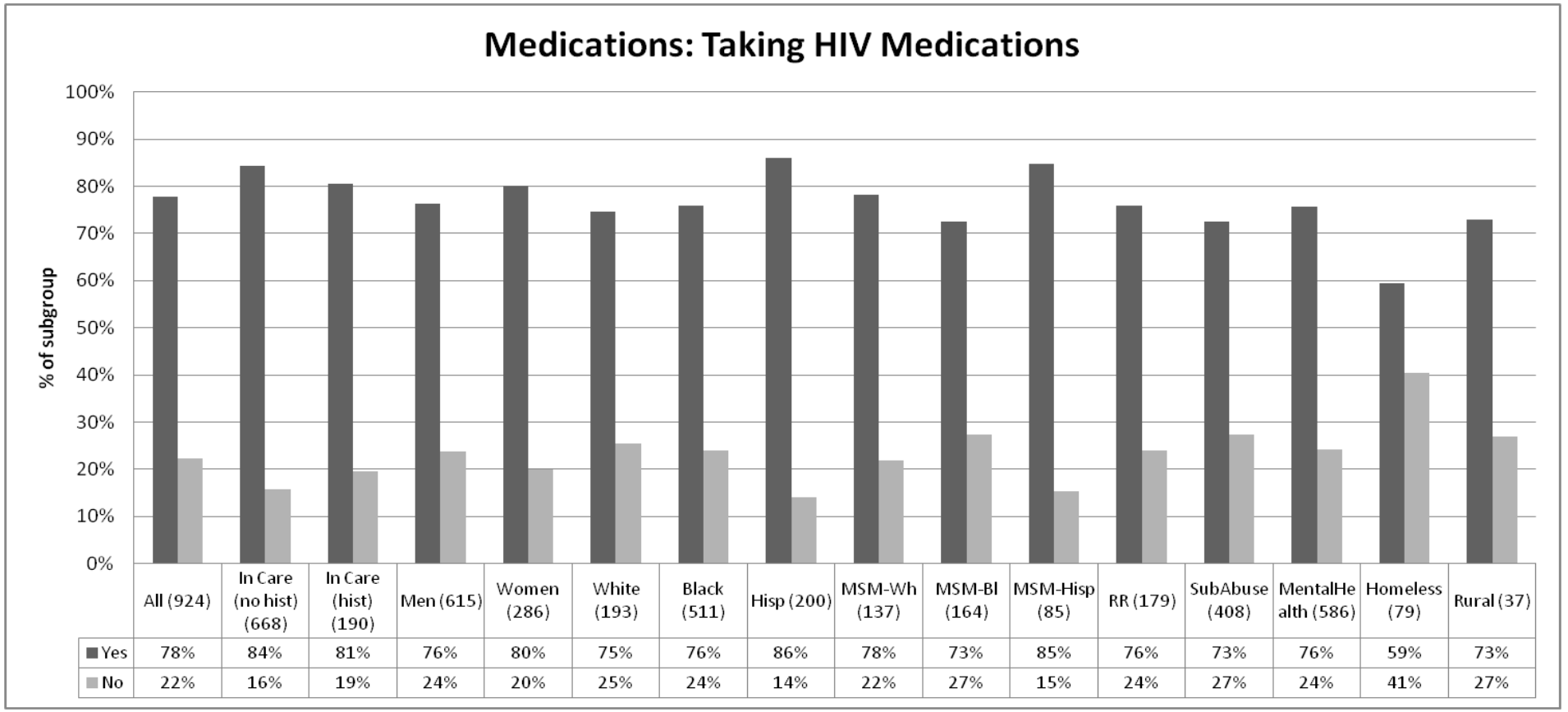
- Overall, most respondents did not visit an emergency room in the previous 6 months (74%).
- The In Care with a history of being out of care (33%), Women (33%), the Recently Released (30%) and respondents with Mental Health conditions (30%) most frequently reported visiting an emergency room during the previous 6 months.



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	Mental Health (586)	Homeless (79)	Rural (37)
Yes	63%	66%	18%	69%	63%	65%	58%	68%	56%	62%	65%	49%	63%	66%	64%	49%	65%
No	21%	18%	50%	20%	22%	19%	27%	16%	28%	25%	18%	31%	16%	19%	19%	20%	22%
Don't Know	15%	15%	32%	11%	15%	16%	15%	15%	16%	13%	16%	20%	20%	15%	16%	29%	14%

The chart above shows the proportion of each subgroup that reported having a case manager, social worker or counselor (specific person at a clinic, hospital or community organization) whose job it is to help them get services.

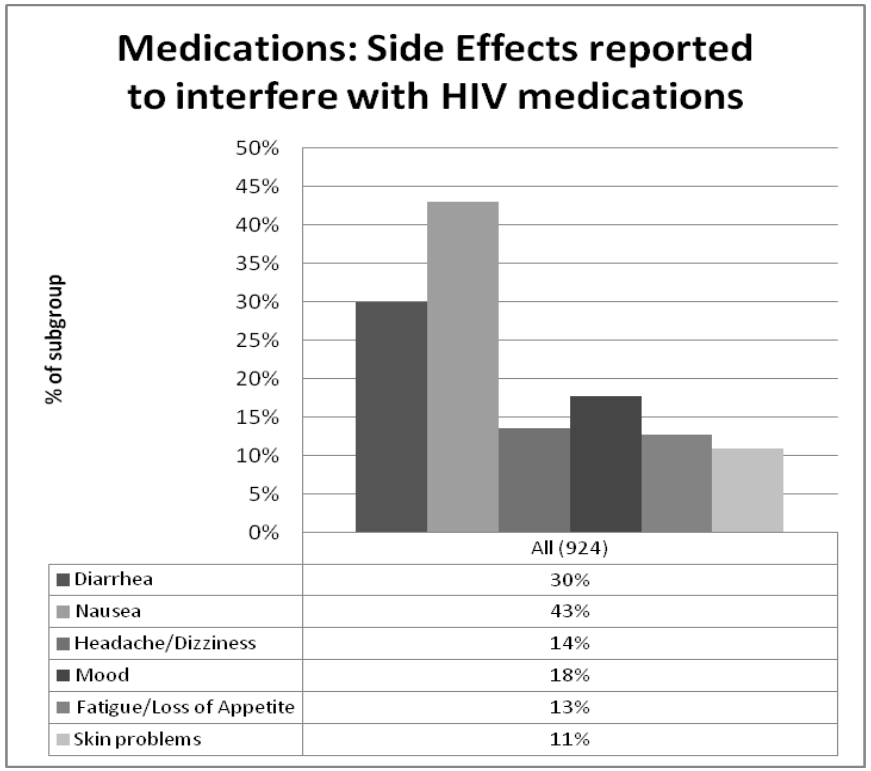
- Overall, most (63%) respondents reported having a case manager.
- 15% of all respondents did not know whether they had a case manager.
- The Out of Care (50%) and MSM-Hispanics (31%) were more likely to report not having a case manager.
- The Out of Care (32%) and the Homeless (29%) were more likely to be unsure if they had a case manager.

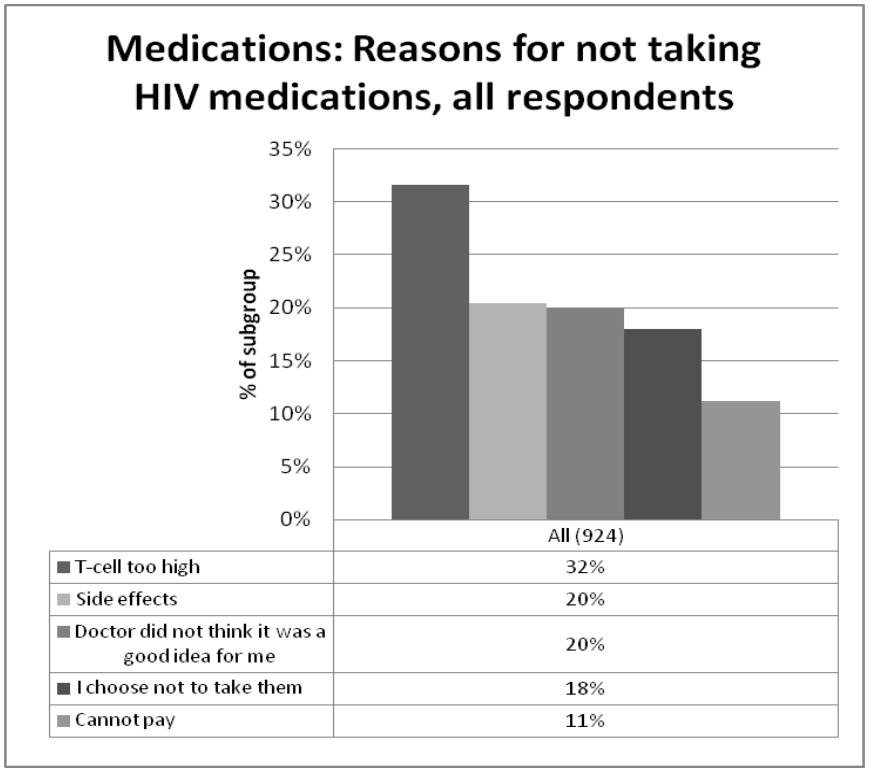


	All (924)	In Care (no hist) (668)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
Yes	78%	84%	81%	76%	80%	75%	76%	86%	78%	73%	85%	76%	73%	76%	59%	73%
No	22%	16%	19%	24%	20%	25%	24%	14%	22%	27%	15%	24%	27%	24%	41%	27%

The chart above shows, for each subgroup, the proportion of respondents taking HIV medications at the time of the survey.

- Hispanics (86%), MSM-Hispanics (85%), the In Care with no history of out of care (84%), the In Care with a history of being out of care (81%) and Women (80%) were more likely to report taking HIV medications.
- The Homeless (41%) were more likely to report not taking HIV medications compared to other subgroups.



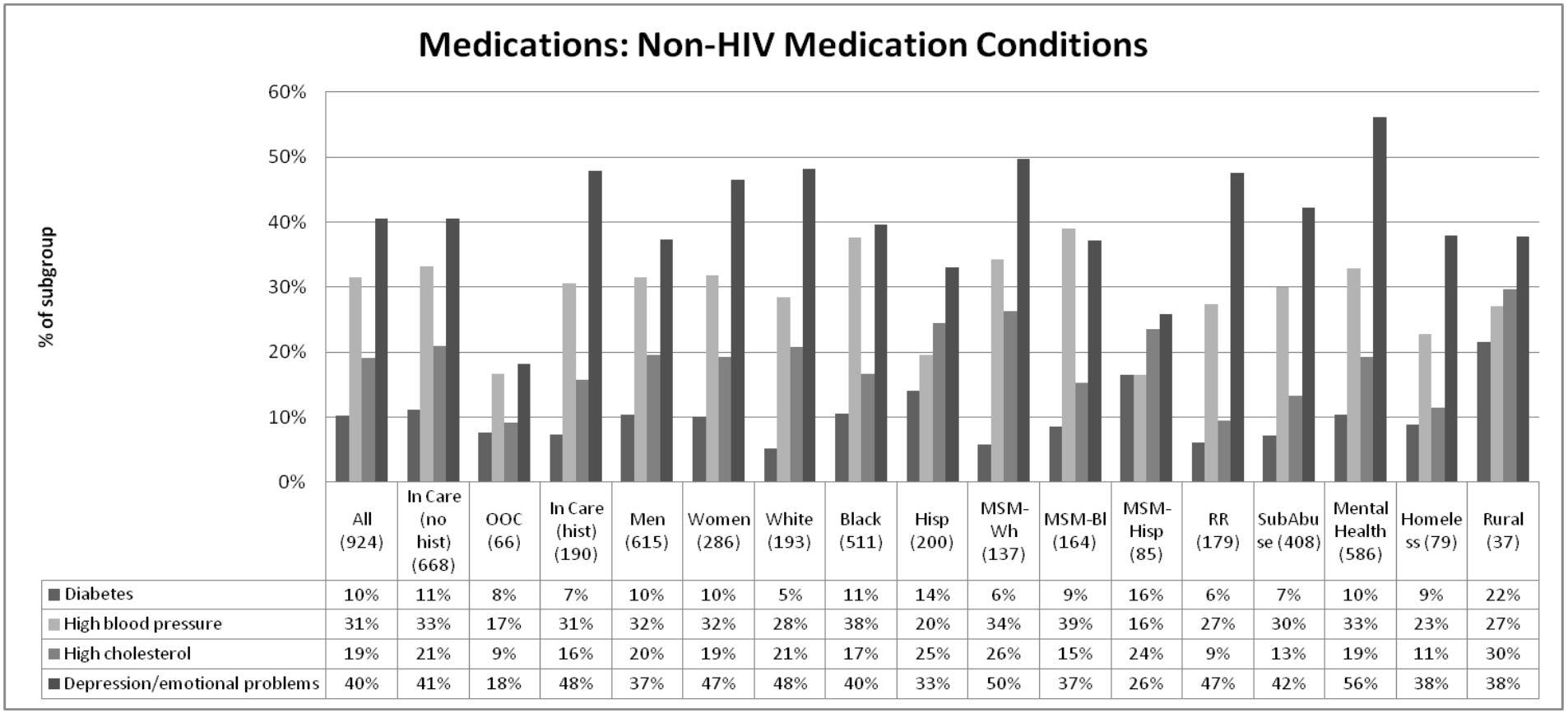


The chart on the left shows the most commonly reported side effects that interfered with HIV medications for all respondents.

The chart on the right shows the five most common reasons for not taking HIV medications, as reported by respondents not taking HIV medications at the time of the survey.

Other less common reasons for not taking medications were they were not effective, too difficult to take as prescribed, no doctor has offered them, not having the correct food, confidentiality concerns and paperwork.

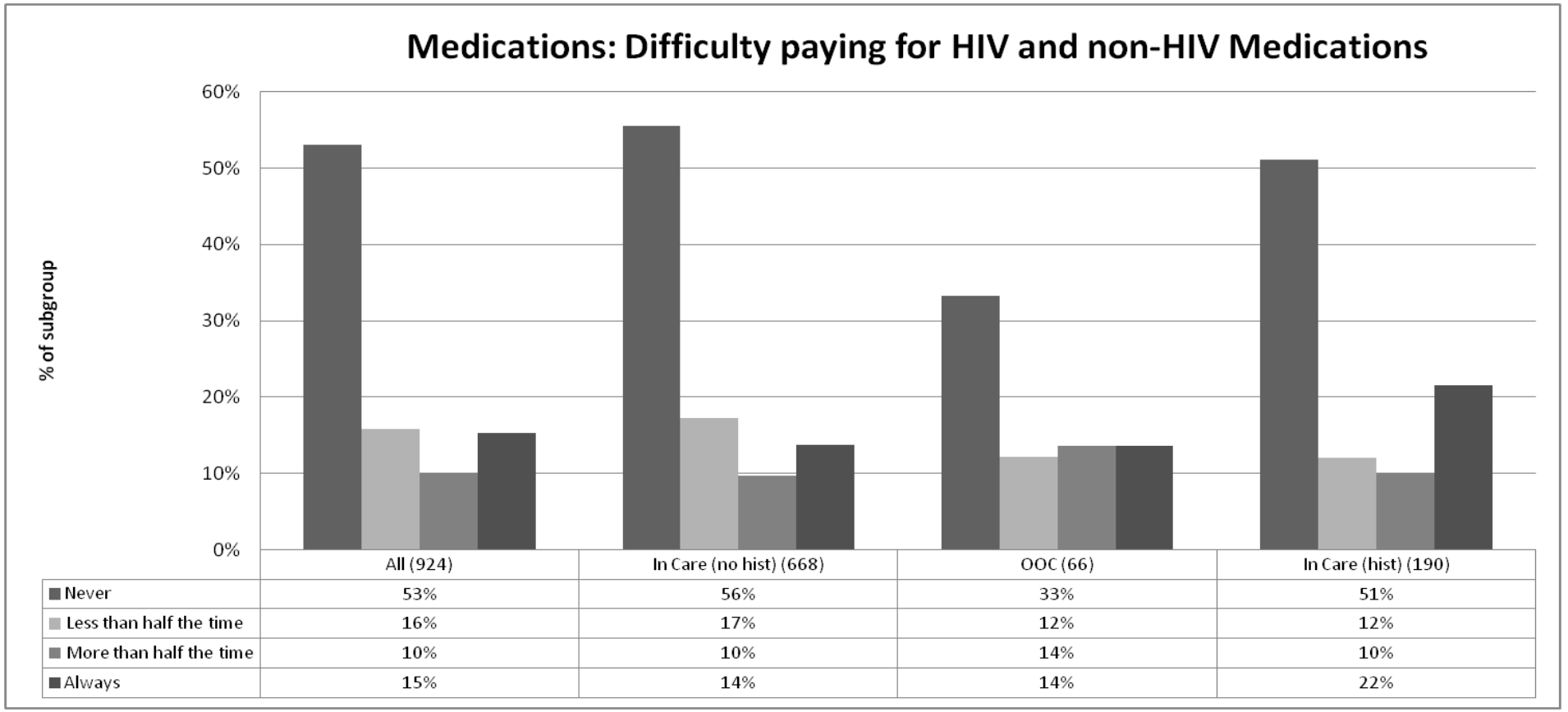
- Based on additional survey data (not shown), 26% of all respondents reported that at some point in time, they had stopped taking HIV medications because of side effects.
- The most commonly reported side effects were nausea (43%) and diarrhea (30%).
- The most common reasons for not taking HIV medications were high T-cell levels (32%), side effects (20%) and doctor did not think HIV medications were a good idea (20%).



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	Mental Health (586)	Homeless (79)	Rural (37)
Diabetes	10%	11%	8%	7%	10%	10%	5%	11%	14%	6%	9%	16%	6%	7%	10%	9%	22%
High blood pressure	31%	33%	17%	31%	32%	32%	28%	38%	20%	34%	39%	16%	27%	30%	33%	23%	27%
High cholesterol	19%	21%	9%	16%	20%	19%	21%	17%	25%	26%	15%	24%	9%	13%	19%	11%	30%
Depression/emotional problems	40%	41%	18%	48%	37%	47%	48%	40%	33%	50%	37%	26%	47%	42%	56%	38%	38%

The chart above shows the four most common conditions for which respondents were taking non-HIV medications. Other less commonly reported conditions were allergies/asthma, vitamins, STDs and joint problems, pain and headaches.

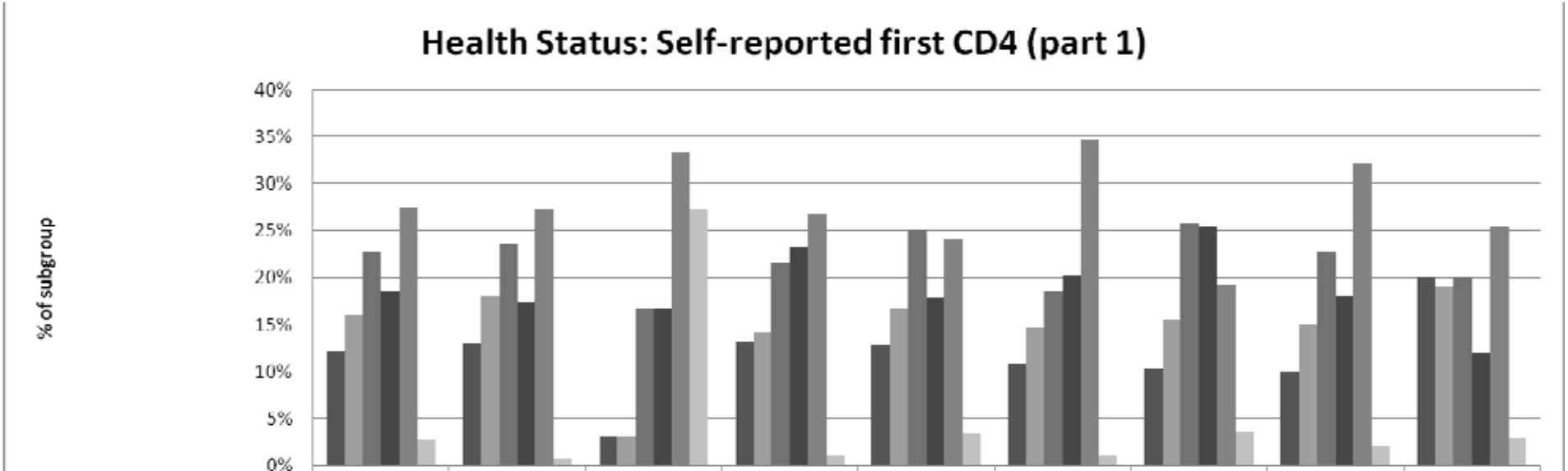
- Overall, depression/emotional problems (40%) and high blood pressure (31%) were the most common conditions requiring medications.
- Respondents with Mental Health problems (56%) and MSM-Whites (50%) were more likely to report depression and emotional problems.
- Rural respondents were most likely to take medications for diabetes (22%) and high cholesterol (30%).



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)
Never	53%	56%	33%	51%
Less than half the time	16%	17%	12%	12%
More than half the time	10%	10%	14%	10%
Always	15%	14%	14%	22%

The chart above shows whether respondents experienced difficulties paying for their HIV and non-HIV medications.

- A little more than half (53%) of respondents reported never having any difficulties paying for medications.
- The In Care with a history of being out of care (32%), the Homeless (35%) and the Recently Released (30%) reported having trouble paying for their HIV and non-HIV medications always or more than half the time.

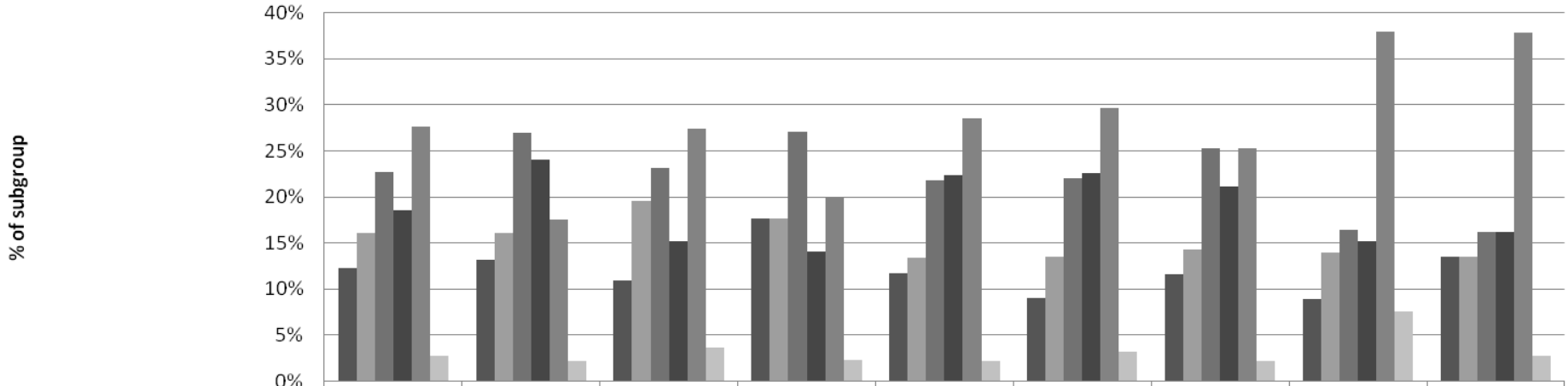


	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)
Less than 50	12%	13%	3%	13%	13%	11%	10%	10%	20%
50-199	16%	18%	3%	14%	17%	15%	16%	15%	19%
200 499	23%	24%	17%	22%	25%	19%	26%	23%	20%
500	19%	17%	17%	23%	18%	20%	25%	18%	12%
I can't remember	28%	27%	33%	27%	24%	35%	19%	32%	26%
I've never received care for HIV	3%	1%	27%	1%	3%	1%	4%	2%	3%

The chart above shows the respondents' first CD4 count for the first half of the subgroups.

- The Out of Care (33%), Women (35%), Blacks (32%), Homeless (38%) and Rural respondents (38%) were most likely to report that they could not remember their first CD4 counts. *[see next chart for data on the Homeless and Rural respondents].*

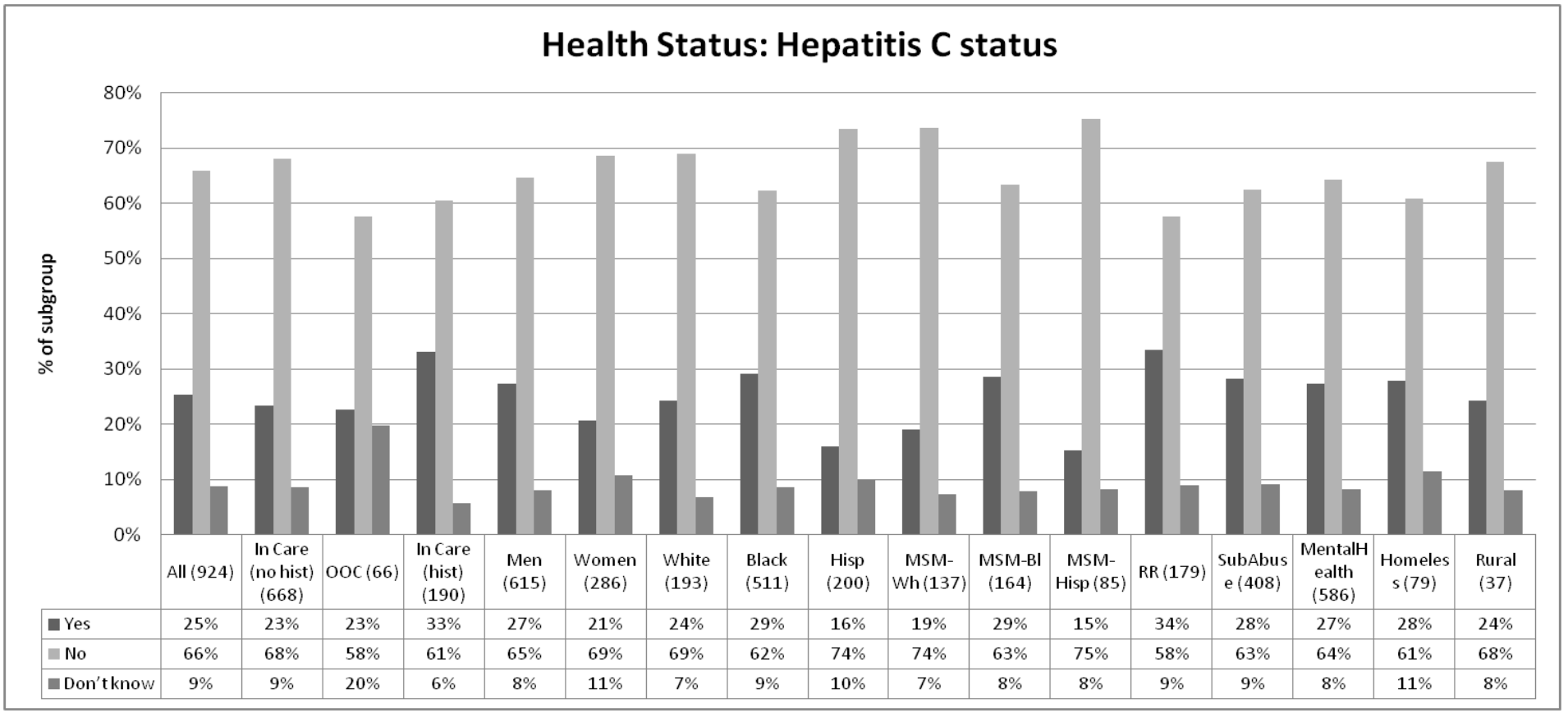
Health Status: Self-reported first CD4 (part 2)



	All (924)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
Less than 50	12%	13%	11%	18%	12%	9%	12%	9%	14%
50-199	16%	16%	20%	18%	13%	13%	14%	14%	14%
200-499	23%	27%	23%	27%	22%	22%	25%	16%	16%
500+	19%	24%	15%	14%	22%	23%	21%	15%	16%
I can't remember	28%	18%	27%	20%	28%	30%	25%	38%	38%
Ive never received care for HIV	3%	2%	4%	2%	2%	3%	2%	8%	3%

The chart above shows the respondents' first CD4 count for the second half of the subgroups.

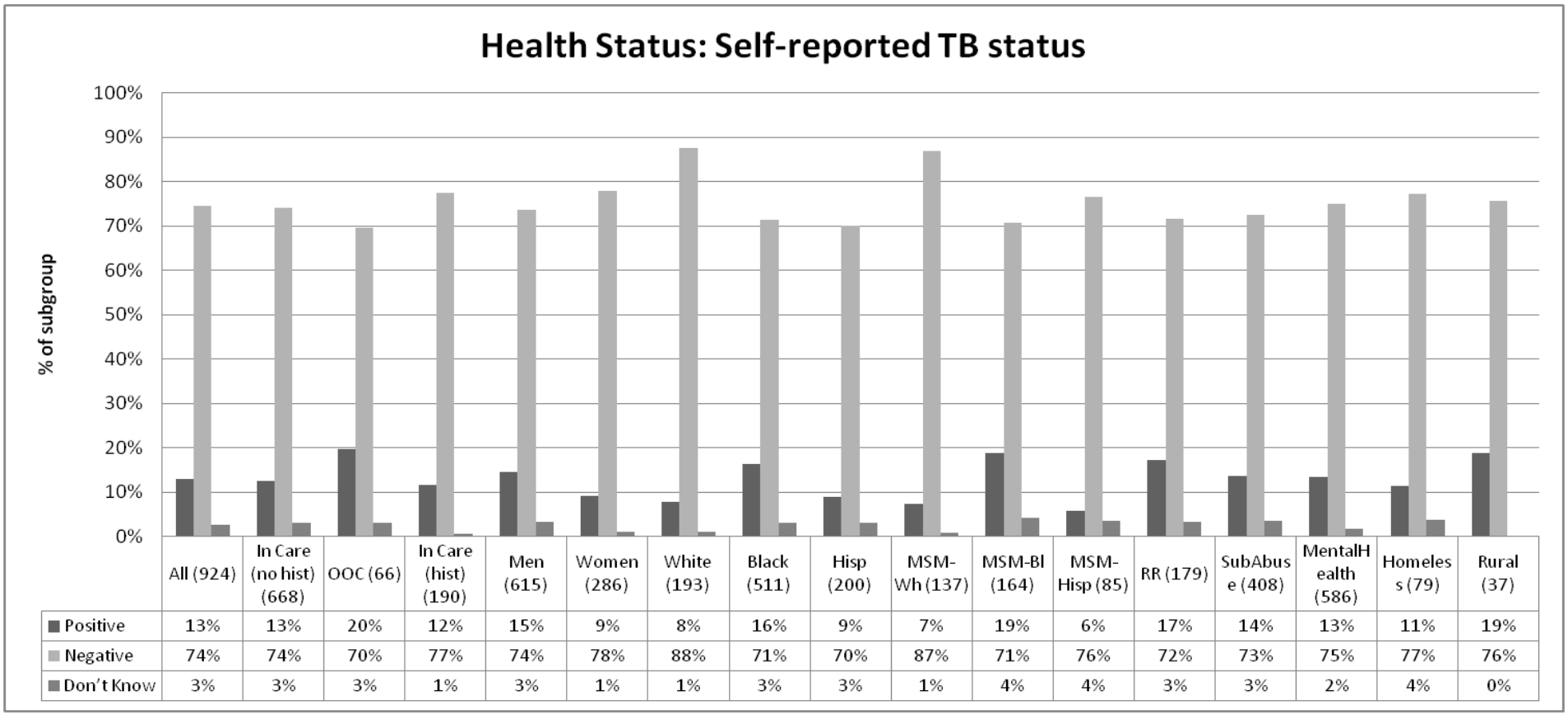
- The Out of Care (33%), Women (35%), Blacks (32%), Homeless (38%) and Rural respondents (38%) were most likely to report that they could not remember their first CD4 counts. *[see previous chart for data on the Out of Care, Women and Blacks].*



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
Yes	25%	23%	23%	33%	27%	21%	24%	29%	16%	19%	29%	15%	34%	28%	27%	28%	24%
No	66%	68%	58%	61%	65%	69%	69%	62%	74%	74%	63%	75%	58%	63%	64%	61%	68%
Don't know	9%	9%	20%	6%	8%	11%	7%	9%	10%	7%	8%	8%	9%	9%	8%	11%	8%

The chart above shows the hepatitis C status for each subgroup.

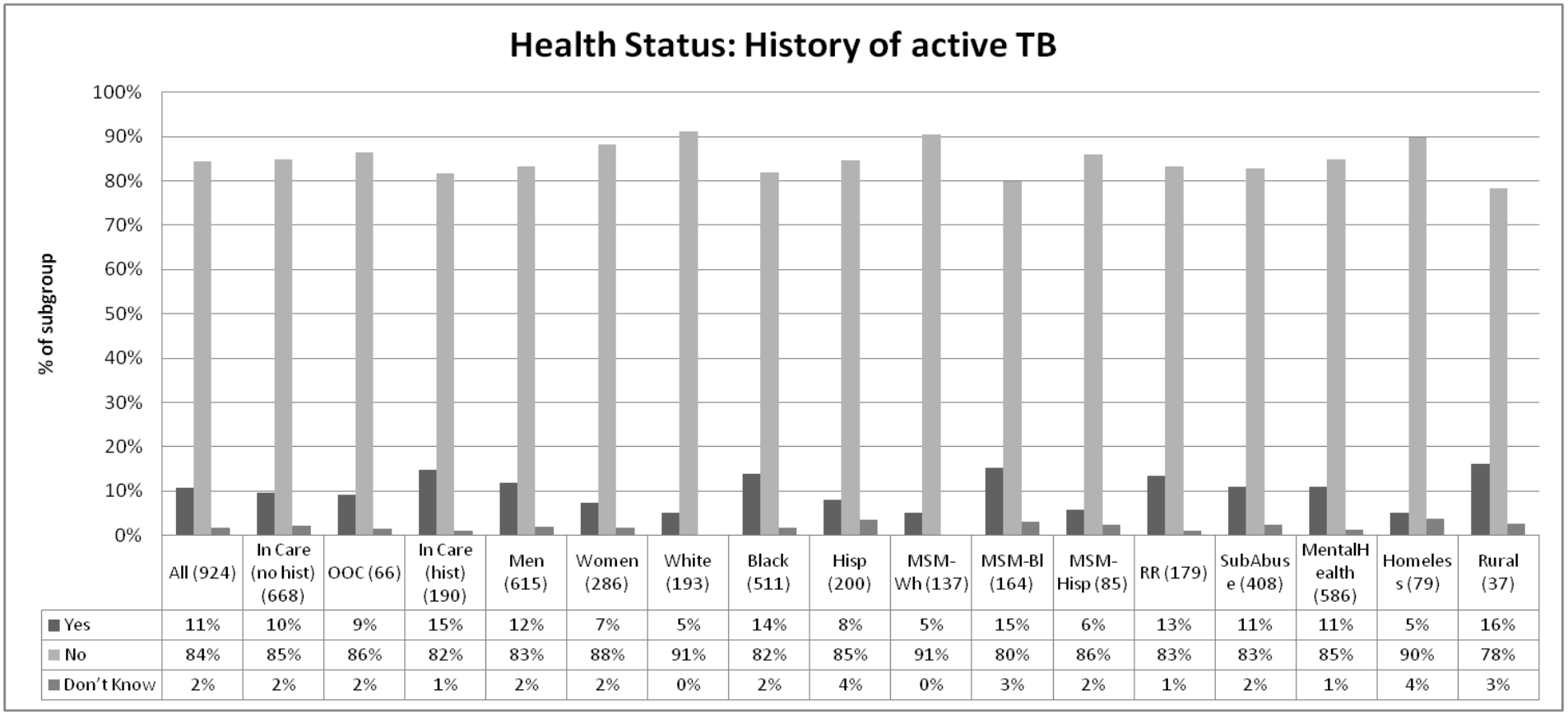
- 25% of all respondents reported being positive for hepatitis C.
- The Recently Released (34%) and the In Care with a history of being out of care (33%) more often reported having hepatitis C than other subgroups.



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
Positive	13%	13%	20%	12%	15%	9%	8%	16%	9%	7%	19%	6%	17%	14%	13%	11%	19%
Negative	74%	74%	70%	77%	74%	78%	88%	71%	70%	87%	71%	76%	72%	73%	75%	77%	76%
Don't Know	3%	3%	3%	1%	3%	1%	1%	3%	3%	1%	4%	4%	3%	3%	2%	4%	0%

The chart above shows the self-reported tuberculosis (TB) status for each subgroup.

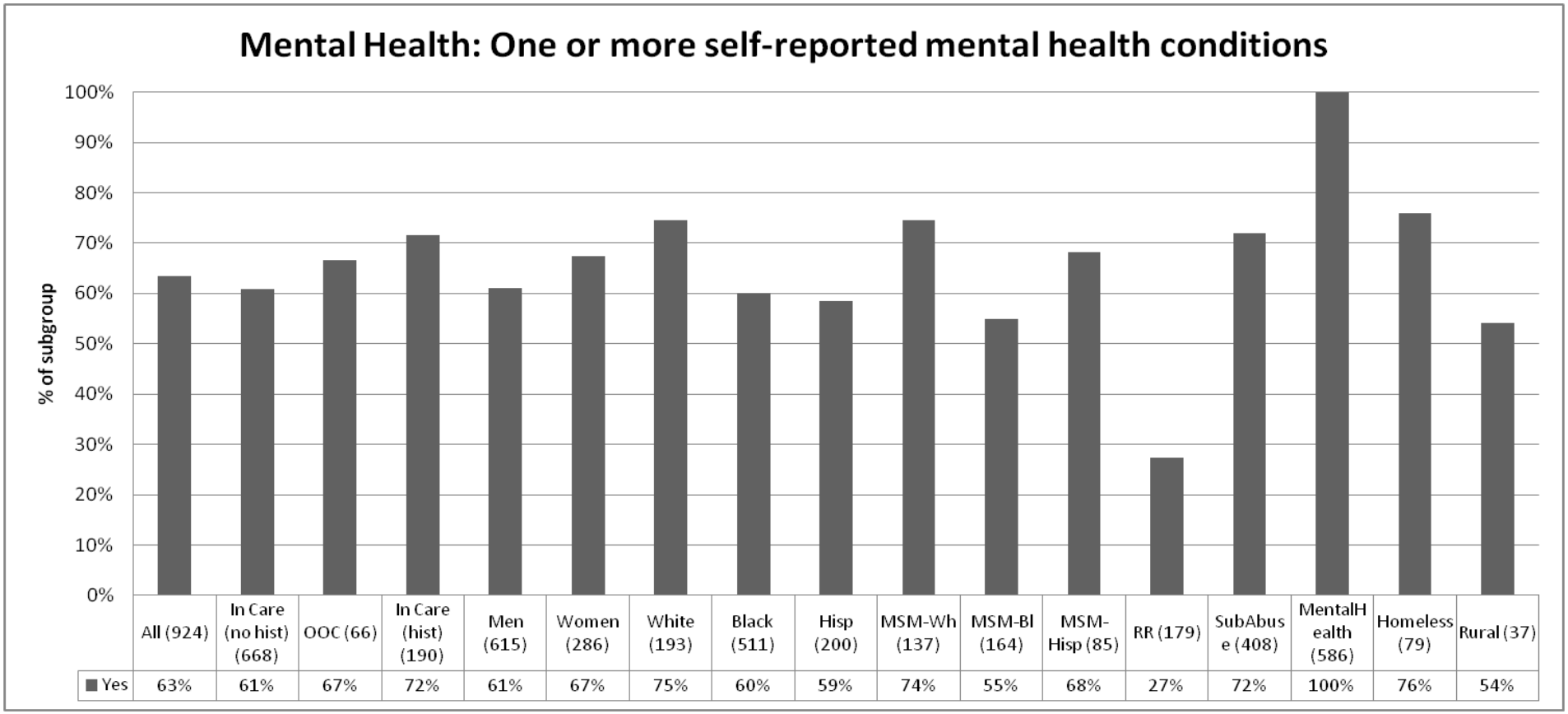
- Overall, 13% of respondents reported being positive for TB.
- The Out of Care (20%), Rural residents (19%) and MSM-Blacks (19%) were more likely to report having TB than other subgroups.



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
Yes	11%	10%	9%	15%	12%	7%	5%	14%	8%	5%	15%	6%	13%	11%	11%	5%	16%
No	84%	85%	86%	82%	83%	88%	91%	82%	85%	91%	80%	86%	83%	83%	85%	90%	78%
Don't Know	2%	2%	2%	1%	2%	2%	0%	2%	4%	0%	3%	2%	1%	2%	1%	4%	3%

The chart above shows, for each subgroup, the proportion of respondents with a history of active TB.

- Overall, 11% of respondents reported having a history of active TB.
- The In Care with a history of being out of care (15%), MSM-Blacks (15%), Rural respondents (16%) and Blacks (14%) were more likely to report having a history of active TB, compared to other subgroups.

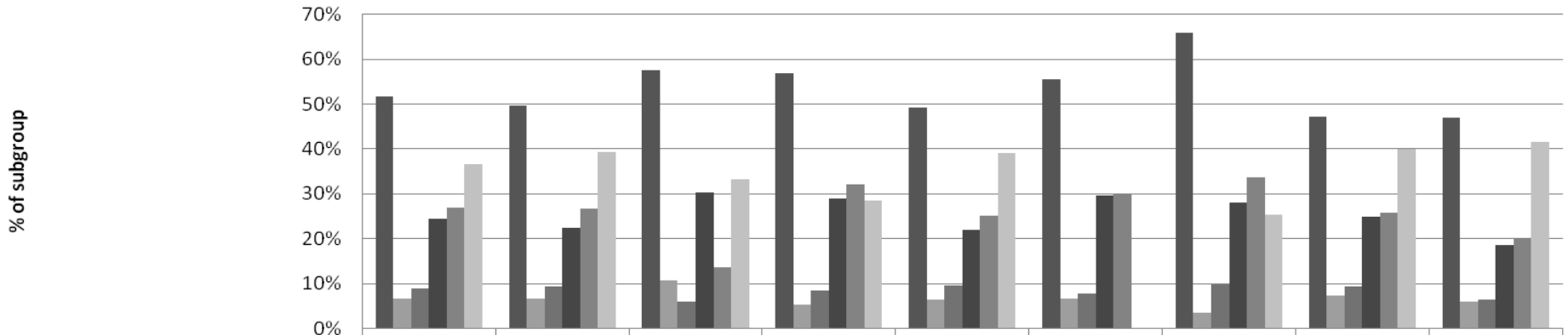


~ Subgroups not shown: Respondents with mental health conditions.

The chart above shows the proportion of each subgroup that reported having at least one of the following mental health conditions during the previous month: anxiety or tension, hallucinations, wanting to do self-harm, trouble controlling his/her anger or psychiatric or emotional problems requiring medication.

- Overall, 63% of respondents reported having one of the listed mental health conditions during the previous month.
- More than half of all subgroups, except the Recently Released, reported having one or more mental health symptoms.
- The Homeless (76%), Whites (75%) MSM-Whites (74%), the In Care with a history of being out of care (72%) and Substance Abusers (72%) reported having at least one of the listed mental health conditions most often.

Mental Health: Self-reported mental health symptoms (part 1)

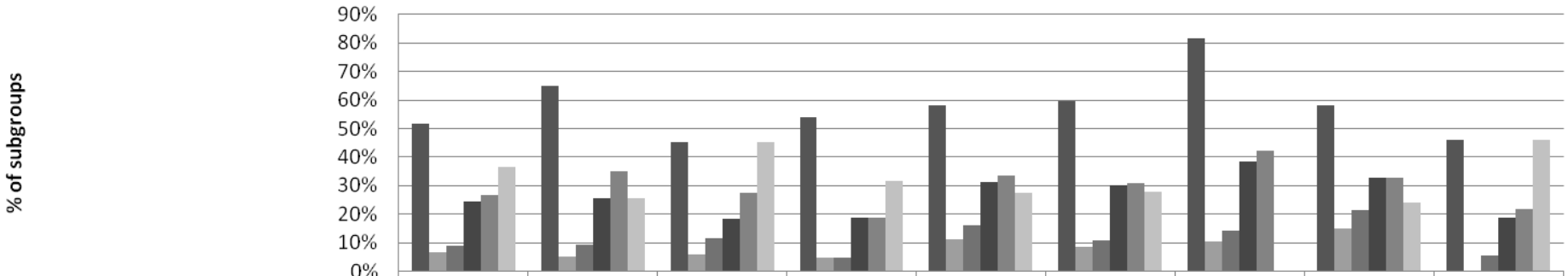


	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)
Serious anxiety/tension	52%	50%	58%	57%	49%	56%	66%	47%	47%
Hallucinations	7%	7%	11%	5%	6%	7%	4%	7%	6%
Wanting to hurt yourself	9%	9%	6%	8%	10%	8%	10%	9%	7%
Trouble controlling your anger	24%	22%	30%	29%	22%	30%	28%	25%	19%
Psych or emotional problems req meds	27%	27%	14%	32%	25%	30%	34%	26%	20%
None	37%	39%	33%	28%	39%	0%	25%	40%	42%

The chart above shows the reported mental health symptoms for the first half of the subgroups during the previous month.

- Serious anxiety/tension was the most commonly reported mental health condition for all respondents (52%).
- Whites (66%), and MSM-Whites (65%) and Substance Abusers (60%) reported having serious anxiety/tension more often than other subgroups. *[see next chart for data on MSM-Whites and Substance Abusers].*
- The Out of Care (11%), Recently Released (11%), respondents with Mental Health symptoms (10%) and the Homeless (15%) reported experiencing hallucinations more often than other subgroups. *[see next chart for data on the Recently Released, respondents with Mental Health symptoms and the Homeless].*
- In addition to respondents with Mental Health symptoms (42%), MSM-Whites (35%), Whites (34%) the Recently Released (34%) and the Homeless (33%) were more likely to report having psychological or emotional problems requiring medications than other subgroups. *[see next chart for data on MSM-Whites, Recently Released and the Homeless].*

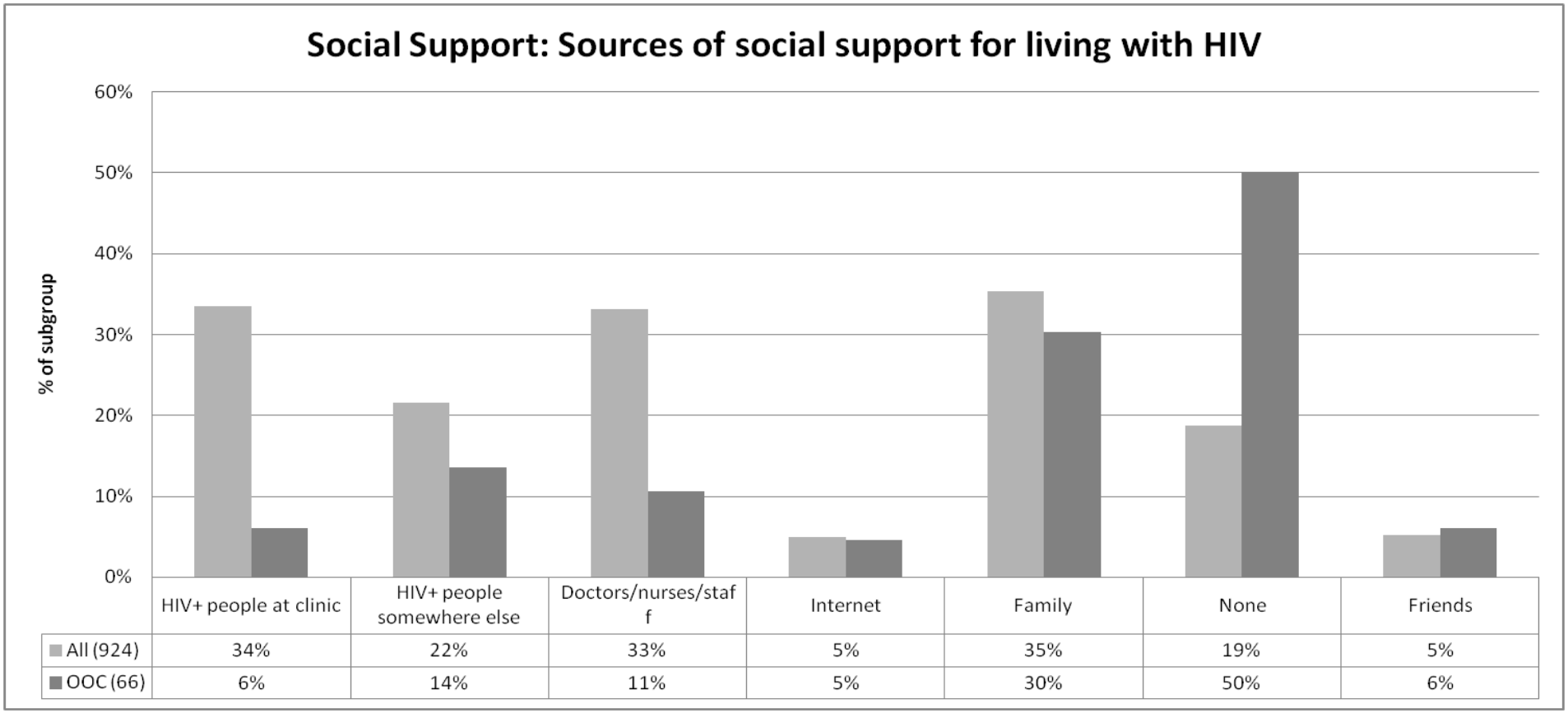
Mental Health: Self-reported mental health symptoms (part 2)



	All (924)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
Serious anxiety/tension	52%	65%	45%	54%	58%	60%	82%	58%	46%
Hallucinations	7%	5%	6%	5%	11%	9%	10%	15%	0%
Wanting to hurt yourself	9%	9%	12%	5%	16%	11%	14%	22%	5%
Trouble controlling your anger	24%	26%	18%	19%	31%	30%	38%	33%	19%
Psych or emotional problems req meds	27%	35%	27%	19%	34%	31%	42%	33%	22%
None	37%	26%	45%	32%	27%	28%	0%	24%	46%

The chart above shows the following mental health symptoms for the second half of the subgroups during the previous month.

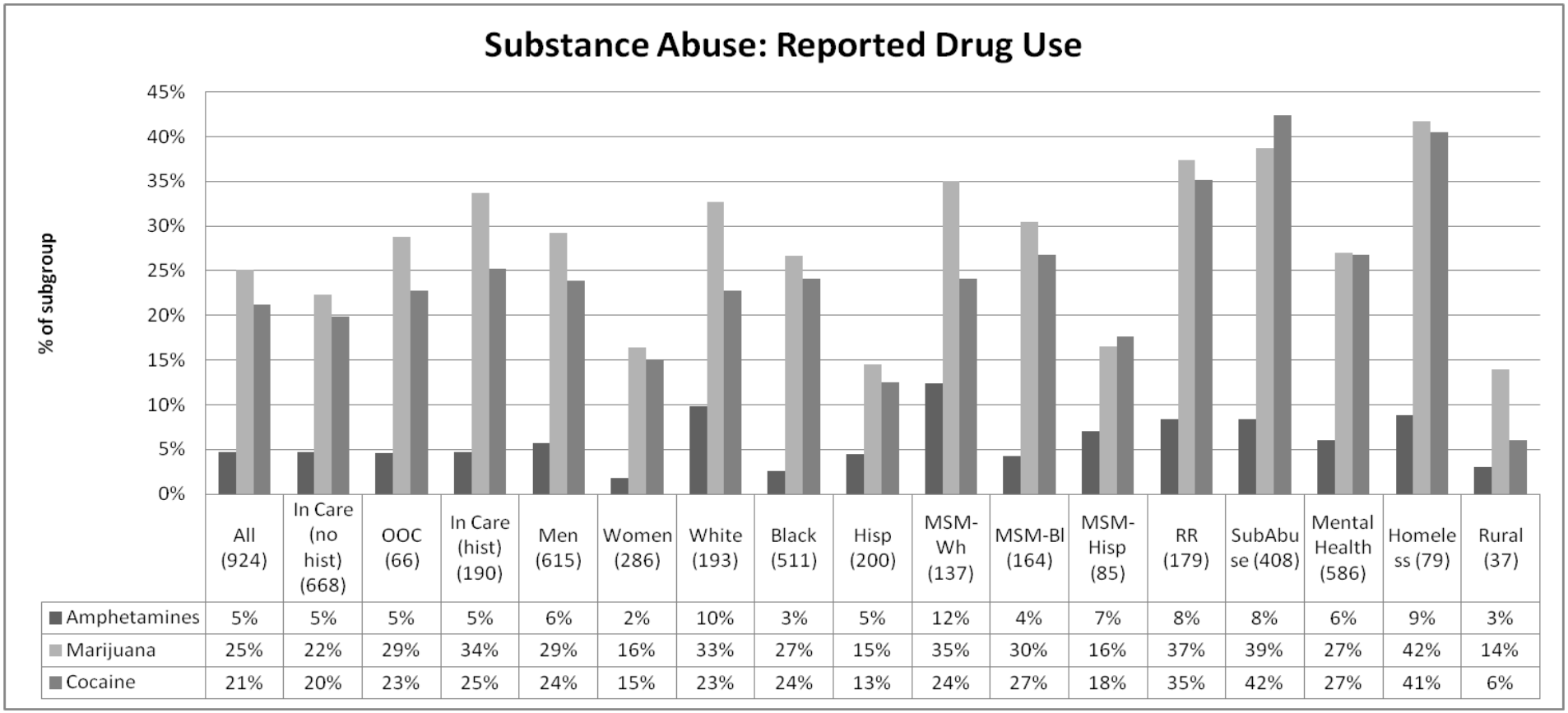
- Serious anxiety/tension was the most commonly reported mental health condition for all respondents (52%).
- Whites (66%), and MSM-Whites (65%) and Substance Abusers (60%) reported having serious anxiety/tension more often than other subgroups. *[see previous chart for data on Whites].*
- MSM-Blacks (12%), the Recently Released (16%), respondents with Mental Health symptoms (14%) and the Homeless (22%) reported experiencing wanting to hurt themselves more often than other subgroups.
- The Recently Released (31%), respondents with Mental Health symptoms (38%) and the Homeless (33%) reported having trouble controlling their anger more often than other subgroups.
- In addition to respondents with Mental Health symptoms (42%), MSM-Whites (35%), Whites (34%) the Recently Released (34%) and the Homeless (33%) were more likely to report having psychological or emotional problems requiring medications than other subgroups. *[see previous chart for data on Whites]*



	HIV+ people at clinic	HIV+ people somewhere else	Doctors/nurses/staff	Internet	Family	None	Friends
All (924)	34%	22%	33%	5%	35%	19%	5%
OOC (66)	6%	14%	11%	5%	30%	50%	6%

The chart above shows the sources of support for HIV as reported by all respondents and the Out of Care.

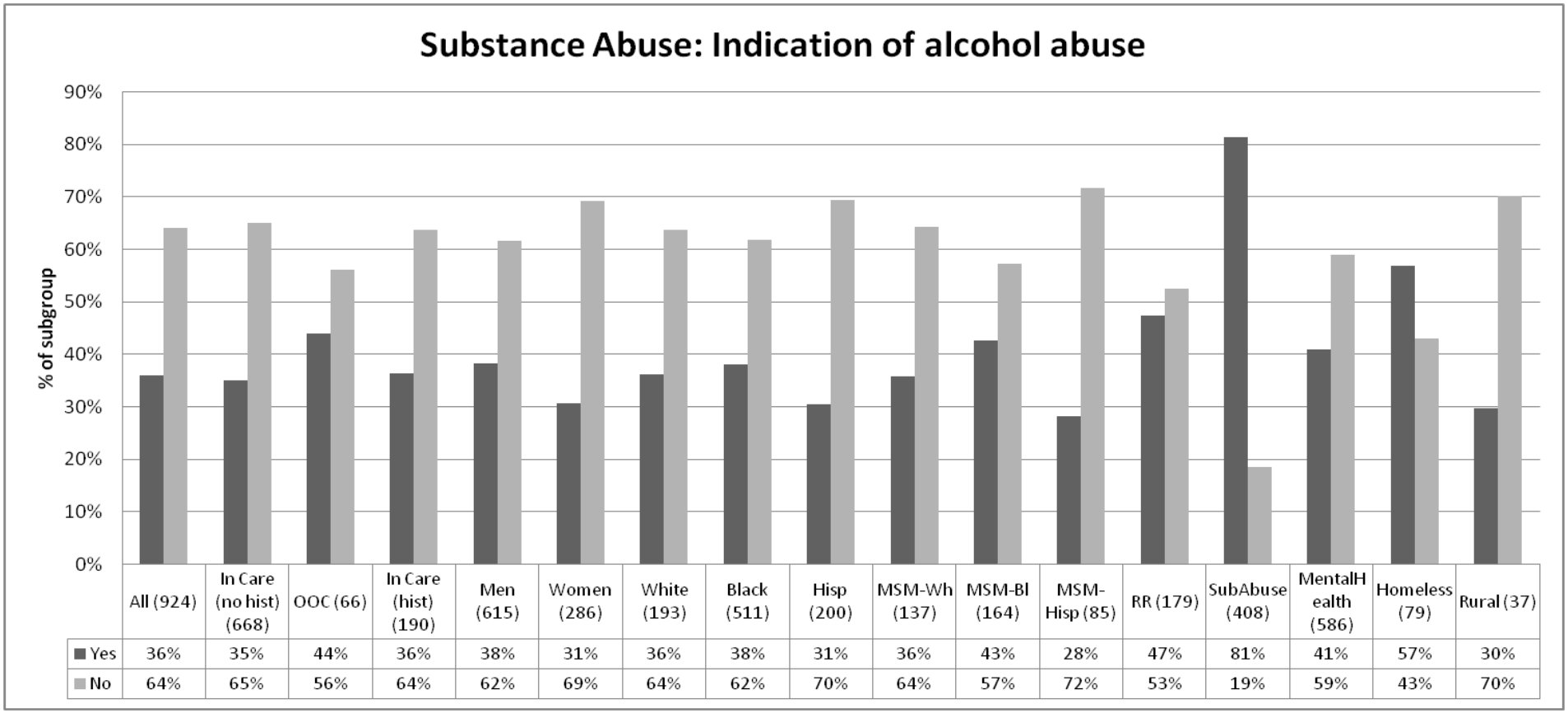
- For all respondents, the most common sources of social support for HIV were family (35%), other HIV+ persons at a clinic (34%) and doctors/nurses/agency staff (33%).
- For the Out of Care, the most common source of support for HIV was family (30%).
- Half (50%) of the Out of Care reported having no source of support compared to 19% of all survey respondents.



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	Mental Health (586)	Homeless (79)	Rural (37)
Amphetamines	5%	5%	5%	5%	6%	2%	10%	3%	5%	12%	4%	7%	8%	8%	6%	9%	3%
Marijuana	25%	22%	29%	34%	29%	16%	33%	27%	15%	35%	30%	16%	37%	39%	27%	42%	14%
Cocaine	21%	20%	23%	25%	24%	15%	23%	24%	13%	24%	27%	18%	35%	42%	27%	41%	6%

The chart above shows the self-reported use of amphetamines, marijuana and cocaine for each subgroup.

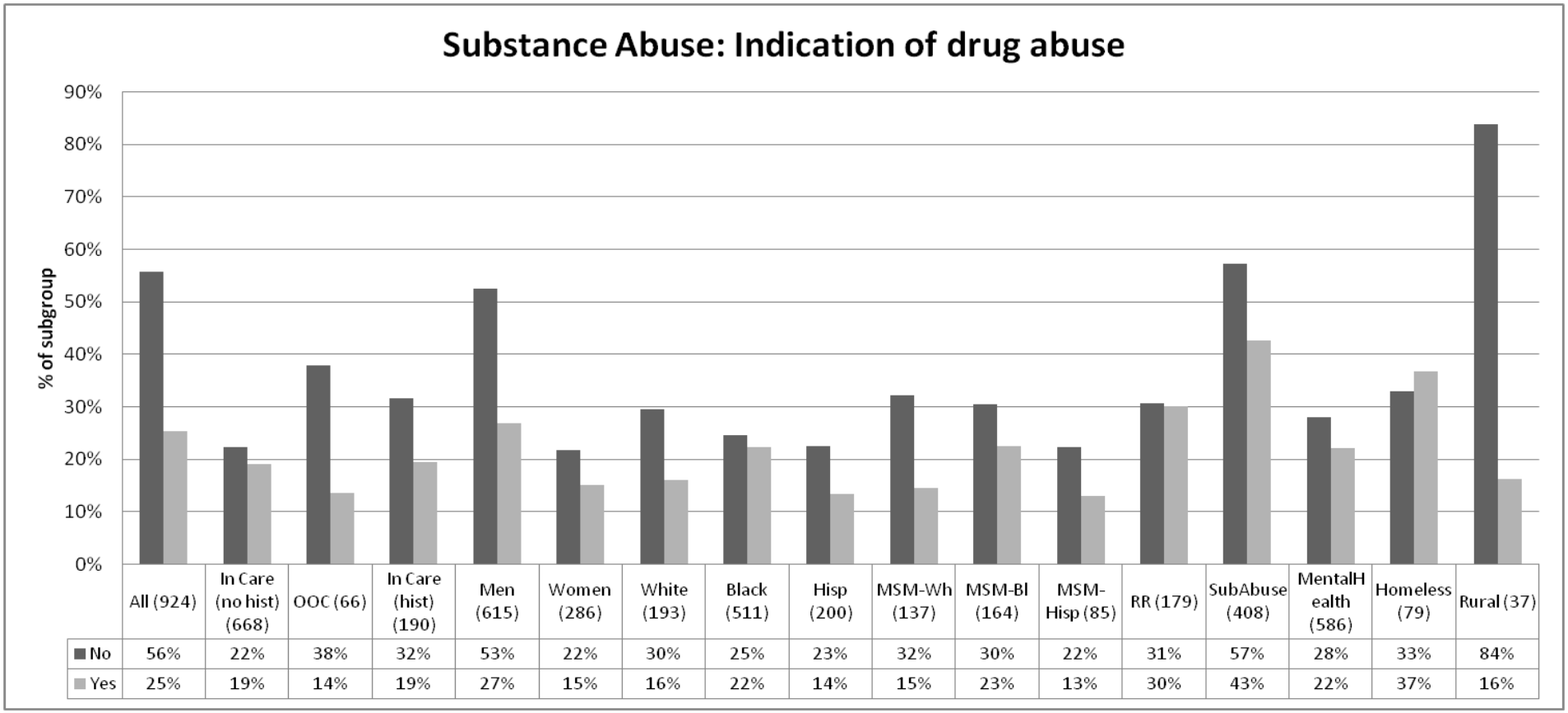
- Overall, 25% of respondents reported using marijuana, 21% cocaine and 5% amphetamines.
- MSM-Whites (12%) and Whites (10%) reported using amphetamines more often than other subgroups.
- The Homeless (42%), Substance Abusers (39%) and the Recently Released (37%) reported using marijuana more often.
- Substance Abusers (42%) and the Homeless (41%) reported using cocaine more often.



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
Yes	36%	35%	44%	36%	38%	31%	36%	38%	31%	36%	43%	28%	47%	81%	41%	57%	30%
No	64%	65%	56%	64%	62%	69%	64%	62%	70%	64%	57%	72%	53%	19%	59%	43%	70%

The chart above shows the proportion of each subgroup with an indication of alcohol abuse, as measured by the Two-item Conjoint Screen (TICS) tool. The TICS tools was used to screen for alcohol or other Substance Abuse (*Brown RL et al. J Am Bd Fam Prac 2001;14:95-106.)*. The two items were "In the last year, have you ever used [alcohol or substance] more than you meant to?" and "In the last year, have you felt you wanted or needed to cut down on your [alcohol or substance] use?" A positive response to either item detects abuse with 80% sensitivity.

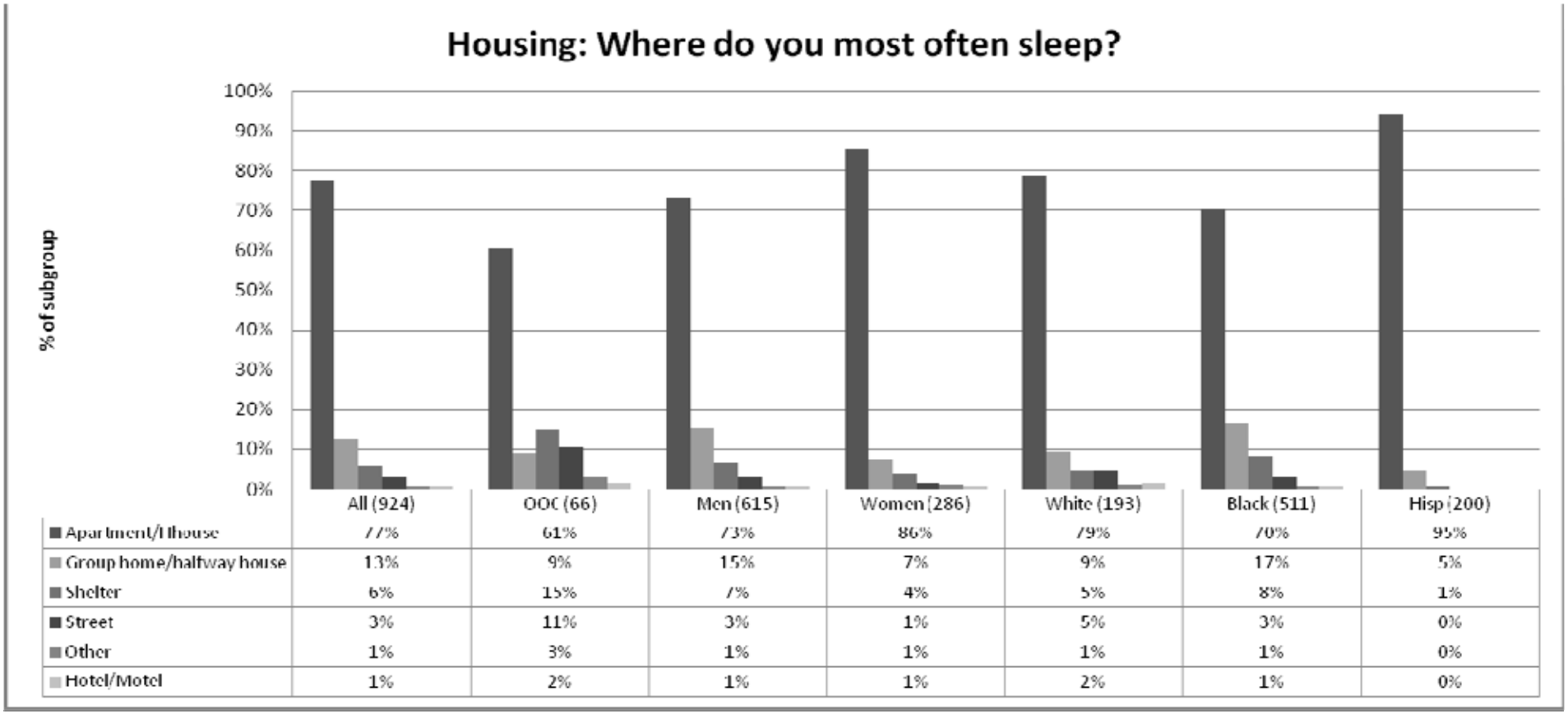
- Overall, 36% of all respondents showed an indication of alcohol abuse.
- Alcohol abuse was reported most often by the Homeless (57%), the Recently Released (47%) and the Out of Care (44%) and MSM-Blacks (43%).



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
No	56%	22%	38%	32%	53%	22%	30%	25%	23%	32%	30%	22%	31%	57%	28%	33%	84%
Yes	25%	19%	14%	19%	27%	15%	16%	22%	14%	15%	23%	13%	30%	43%	22%	37%	16%

The chart above shows the proportion of each subgroup with an indication of drug abuse, as measured by the Two-item Conjoint Screen (TICS) tool. The TICS tools was used to screen for alcohol or other substance abuse (*Brown RL et al. J Am Bd Fam Prac 2001;14:95-106.)*. The two items were "In the last year, have you ever used [alcohol or substance] more than you meant to?" and "In the last year, have you felt you wanted or needed to cut down on your [alcohol or substance] use?" A positive response to either item detects abuse with 80% sensitivity.

- Overall, 25% of all respondents showed an indication of drug abuse.
- Drug abuse was reported most often by the Homeless (37%) and the Recently Released (30%) and Men (27%).

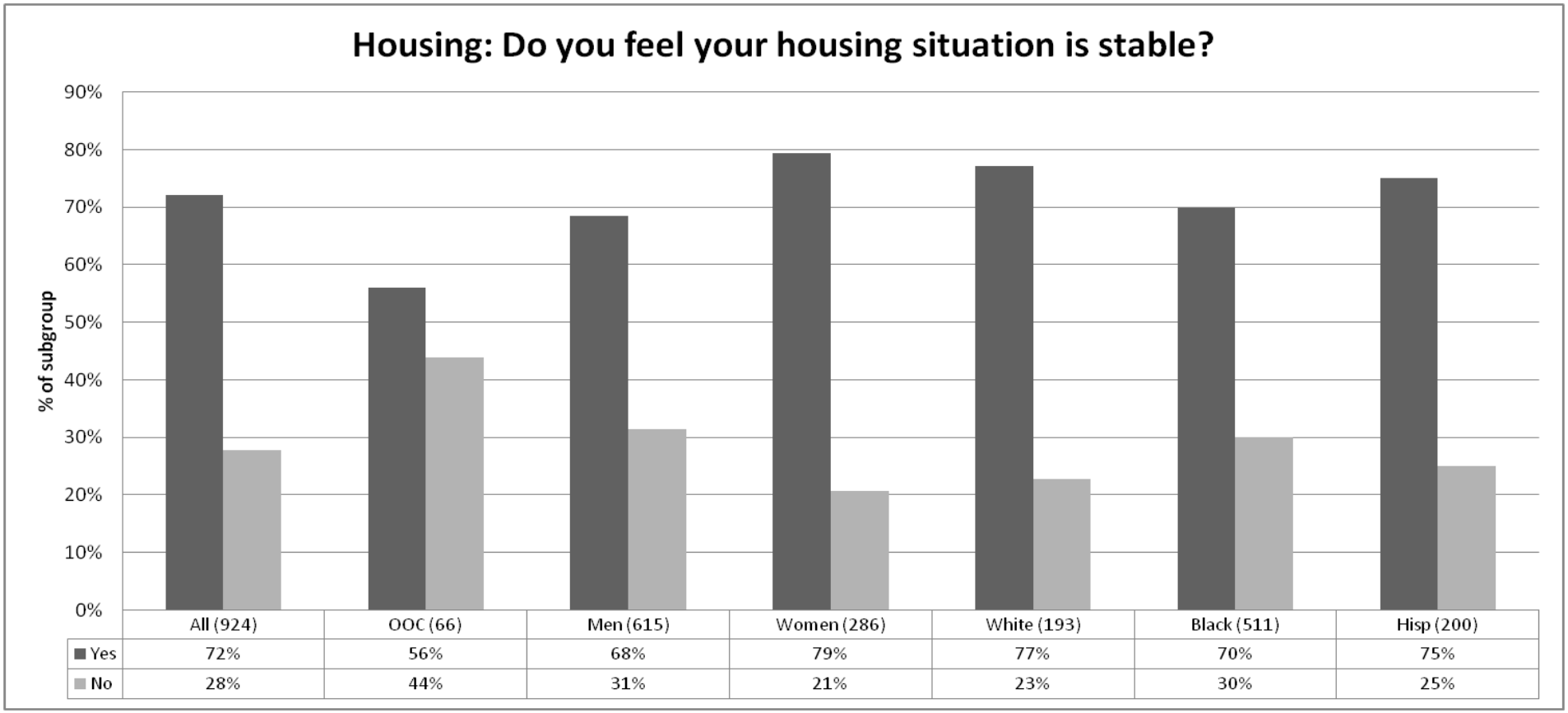


	All (924)	OOC (66)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)
Apartment/House	77%	61%	73%	86%	79%	70%	95%
Group home/halfway house	13%	9%	15%	7%	9%	17%	5%
Shelter	6%	15%	7%	4%	5%	8%	1%
Street	3%	11%	3%	1%	5%	3%	0%
Other	1%	3%	1%	1%	1%	1%	0%
Hotel/Motel	1%	2%	1%	1%	2%	1%	0%

~ Subgroups not shown: In-care with no history of being out of care, In Care with history of being out of care, MSM-White, MSM-Black, MSM-Latino, Recently Released, Substance Abusers, respondents with Mental Health symptoms, Rural respondents .

The chart above shows the most common place to sleep for selected subgroups.

- Overall, most respondents (77%) reported sleeping most often in an apartment or house. Thirteen percent of respondents slept most often in a group home/halfway house and 9% slept most often in a shelter or on the street.
- Among Homeless respondents (sleeping most often in a shelter or on the street), 67% slept most often in a shelter and 33% slept most often on the street.

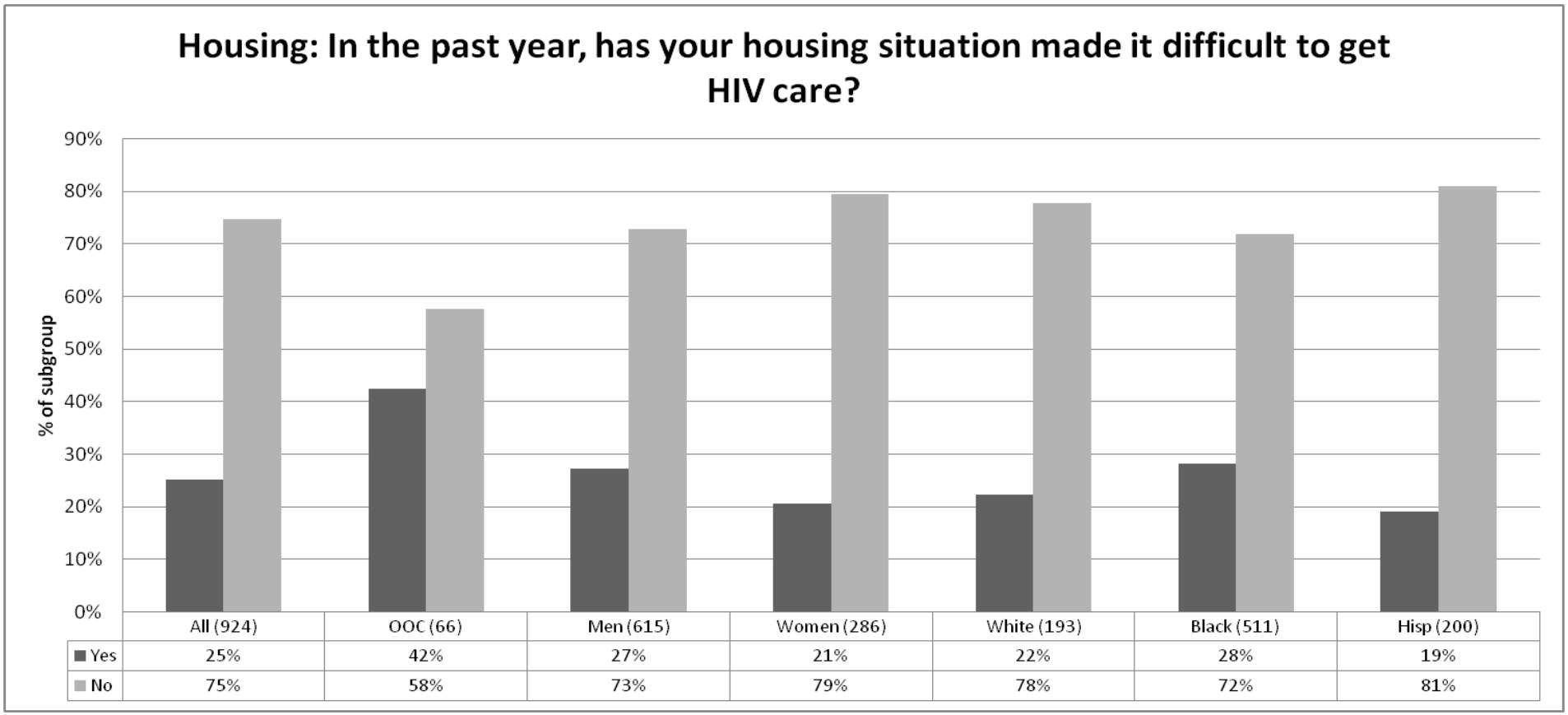


	All (924)	OOC (66)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)
Yes	72%	56%	68%	79%	77%	70%	75%
No	28%	44%	31%	21%	23%	30%	25%

~ Subgroups not shown: In-care with no history of being out of care, In Care with history of being out of care, MSM-White, MSM-Black, MSM-Latino, Recently Released, Substance Abusers, respondents with Mental Health symptoms, Rural respondents .

The chart above shows how selected subgroups felt about the stability of their housing situation.

- Overall, most respondents (72%) felt their housing situation was stable.

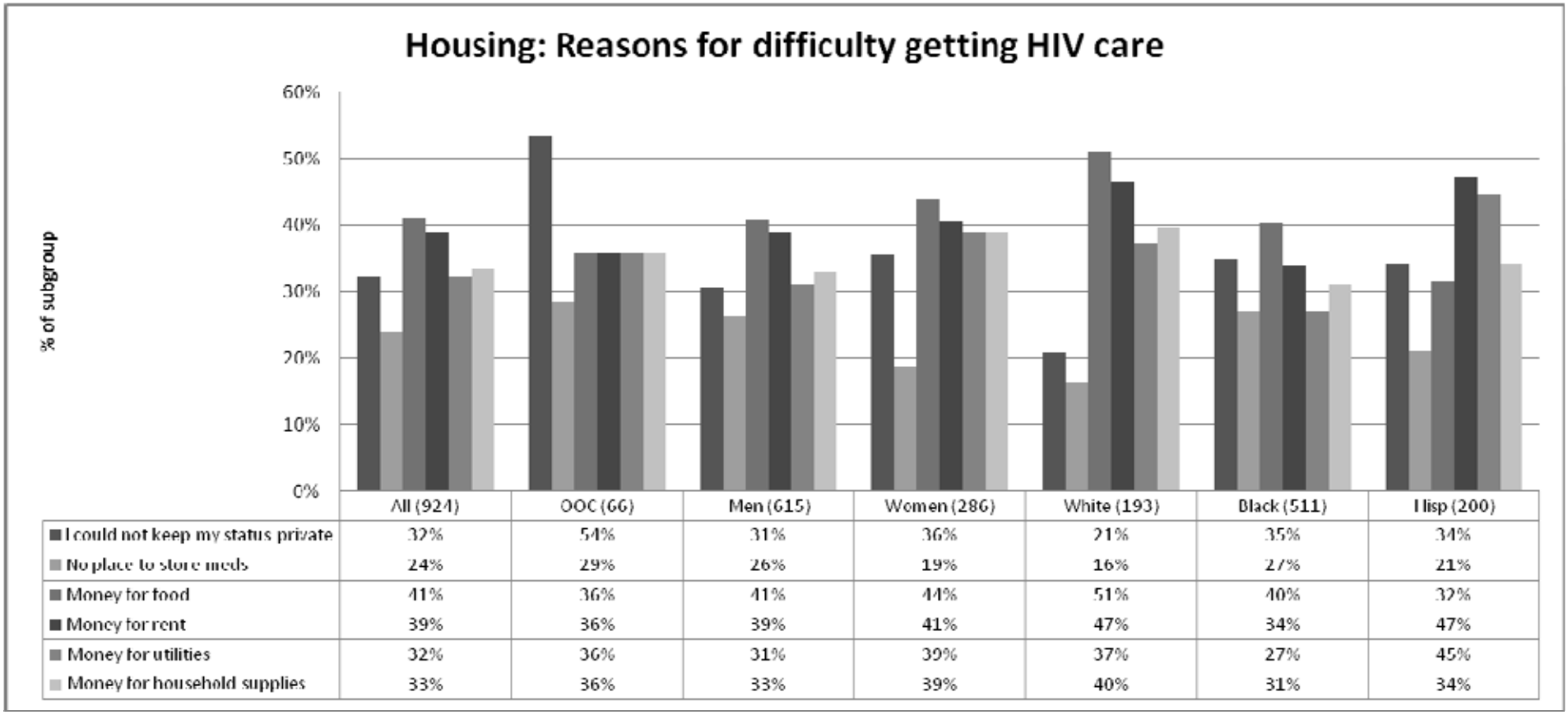


	All (924)	OOC (66)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)
Yes	25%	42%	27%	21%	22%	28%	19%
No	75%	58%	73%	79%	78%	72%	81%

~ Subgroups not shown: In-care with no history of being out of care, In Care with history of being out of care, MSM-White, MSM-Black, MSM-Latino, Recently Released, Substance Abusers, respondents with Mental Health symptoms, Rural respondents .

The chart above shows whether selected subgroups felt their housing situation made it difficult to get care for HIV.

- Overall, 75% of respondents did not feel their housing situation made it difficult to get HIV care.



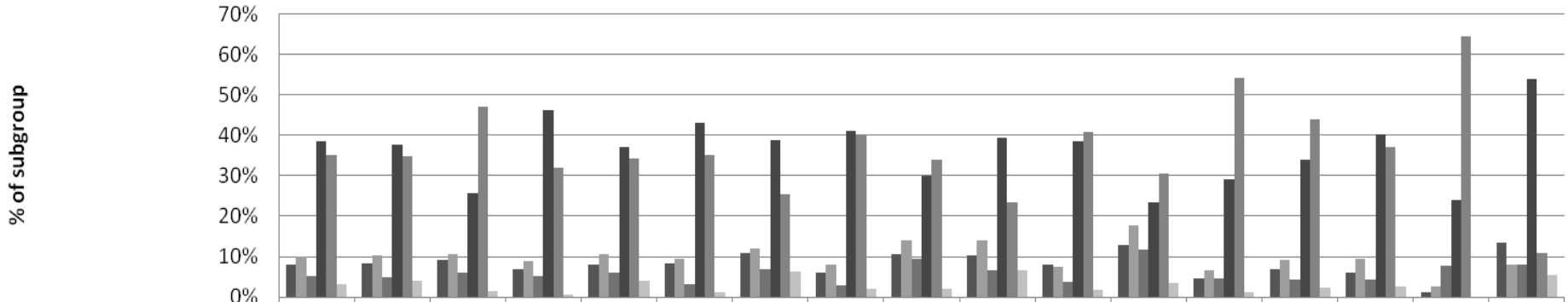
	All (924)	OOC (66)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)
I could not keep my status private	32%	54%	31%	36%	21%	35%	34%
No place to store meds	24%	29%	26%	19%	16%	27%	21%
Money for food	41%	36%	41%	44%	51%	40%	32%
Money for rent	39%	36%	39%	41%	47%	34%	47%
Money for utilities	32%	36%	31%	39%	37%	27%	45%
Money for household supplies	33%	36%	33%	39%	40%	31%	34%

~ Subgroups not shown: In-care with no history of being out of care, In Care with history of being out of care, MSM-White, MSM-Black, MSM-Latino, Recently Released, Substance Abusers, respondents with Mental Health symptoms, Rural respondents .

The chart above shows, for selected subgroups, the reasons why HIV care may have been difficult to get due to their housing status.

- Needing money for food (41%) and needing money for rent (39%) were the top two reasons respondents felt their housing situation made HIV care difficult.

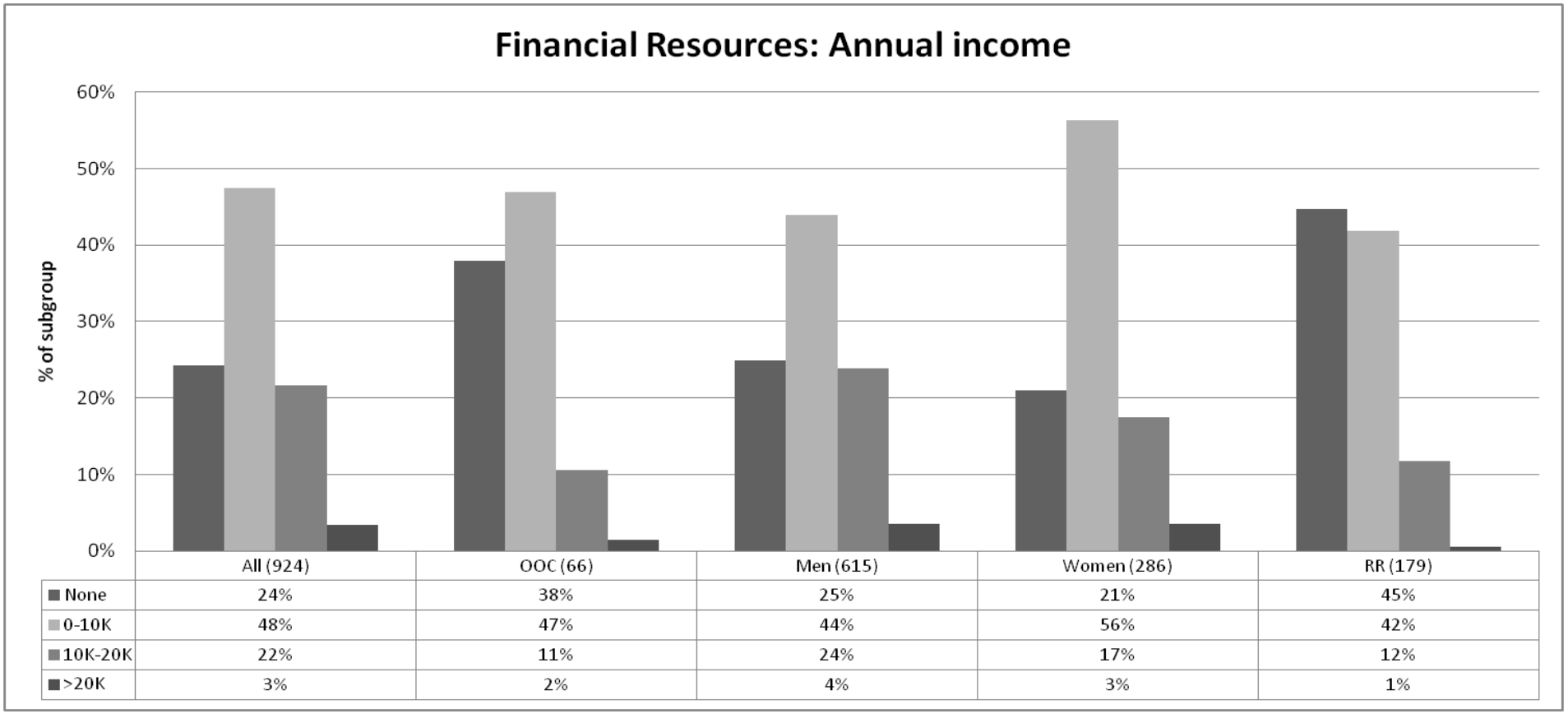
Financial Resources: Job status



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	Mental Health (586)	Homeless (79)	Rural (37)
Full time	8%	8%	9%	7%	8%	8%	11%	6%	11%	10%	8%	13%	4%	7%	6%	1%	14%
Part time	10%	10%	11%	9%	11%	9%	12%	8%	14%	14%	7%	18%	7%	9%	10%	3%	8%
Temp/contract/odd jobs	5%	5%	6%	5%	6%	3%	7%	3%	10%	7%	4%	12%	4%	4%	4%	8%	8%
Not working due to disability	39%	38%	26%	46%	37%	43%	39%	41%	30%	39%	38%	24%	29%	34%	40%	24%	54%
Unemployed	35%	35%	47%	32%	34%	35%	25%	40%	34%	23%	41%	31%	54%	44%	37%	65%	11%
Retired	3%	4%	2%	1%	4%	1%	6%	2%	2%	7%	2%	4%	1%	2%	3%	0%	5%

The chart above shows the job status for each subgroup.

- Most respondents (77%) were not working at the time of the survey; 39% were not working due to disability, 35% were unemployed and 3% were retired. Of the respondents that were working, 10% were working part-time, 8% full-time and 5% worked temp/contract/odd jobs.
- The Homeless (65%) and the Recently Released (54%) were more likely to report being unemployed than other subgroups.
- Rural respondents (54%) were most likely to report not working due to disability.

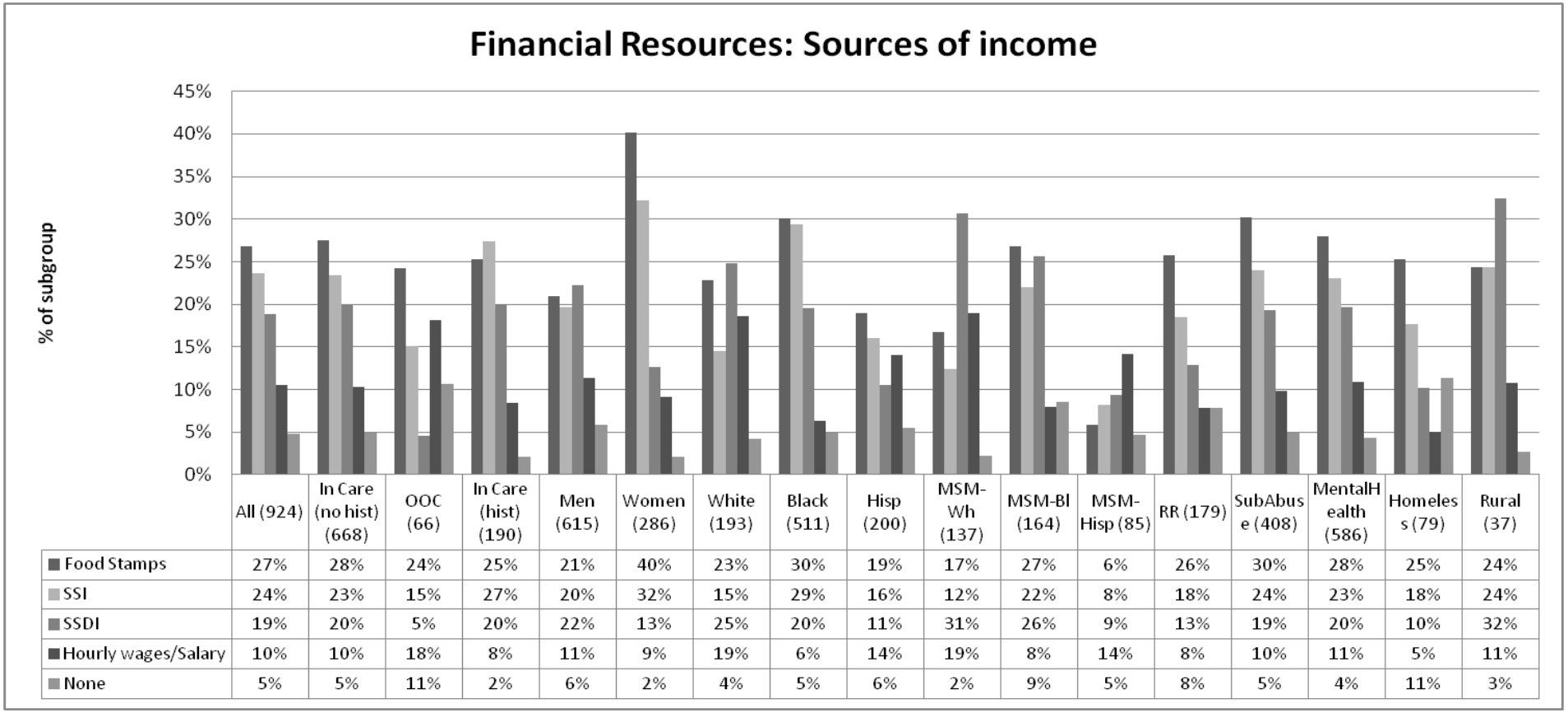


	All (924)	OOC (66)	Men (615)	Women (286)	RR (179)
None	24%	38%	25%	21%	45%
0-10K	48%	47%	44%	56%	42%
10K-20K	22%	11%	24%	17%	12%
>20K	3%	2%	4%	3%	1%

~ Subgroups not shown: In Care with no history of being out of care, In Care with history of being out of care, Whites, Blacks, Hispanics, MSM-White, MSM-Black, MSM-Latino, Substance Abusers, Respondents with Mental Health Symptoms, Homeless and Rural respondents .

The chart above shows the annual income category for all respondents, as well as the Out of Care, Men, Women and the Recently Released.

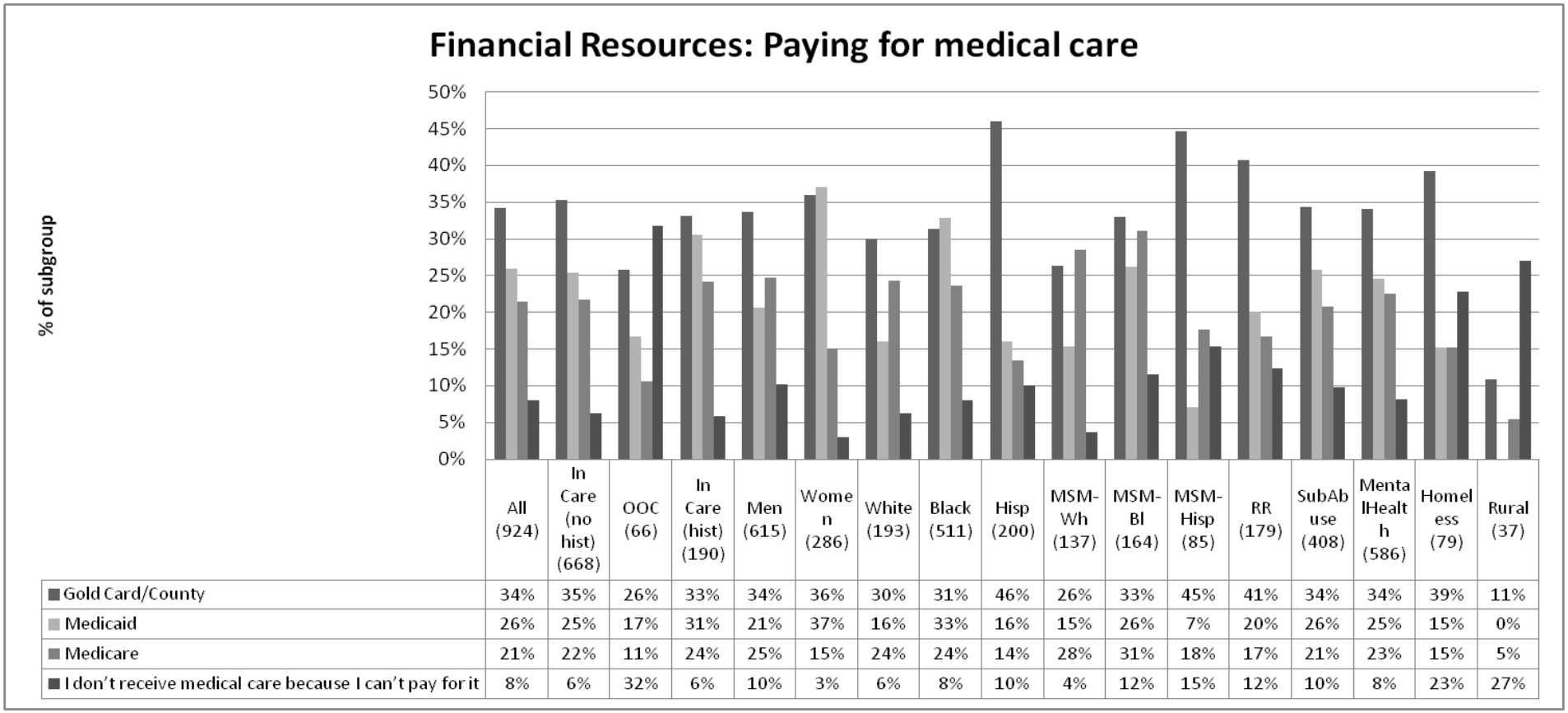
- Overall, 48% of respondents reported an annual income of less than $10,000.
- Forty-five percent of the Recently Released reported having no annual income, compared to 24% of all respondents.



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
Food Stamps	27%	28%	24%	25%	21%	40%	23%	30%	19%	17%	27%	6%	26%	30%	28%	25%	24%
SSI	24%	23%	15%	27%	20%	32%	15%	29%	16%	12%	22%	8%	18%	24%	23%	18%	24%
SSDI	19%	20%	5%	20%	22%	13%	25%	20%	11%	31%	26%	9%	13%	19%	20%	10%	32%
Hourly wages/Salary	10%	10%	18%	8%	11%	9%	19%	6%	14%	19%	8%	14%	8%	10%	11%	5%	11%
None	5%	5%	11%	2%	6%	2%	4%	5%	6%	2%	9%	5%	8%	5%	4%	11%	3%

The chart above shows the most commonly reported sources of income for each subgroup. Other less commonly reported sources were Social Security, TANF/AFDC, rental subsidy/Section 8, Workers Compensation, unemployment, private disability and VA benefits.

- Overall, food stamps (27%) and SSI (24%) were the most commonly reported sources of income for all respondents.
- Women reported food stamps (40%) and SSI (32%) as sources of income more often than other subgroups.
- Rural respondents (32%) and MSM-Whites (31%) were more likely to report SSDI as a source of income than other subgroups.
- The Homeless (11%) and the Out of Care (11%) reported no annual income more often than other subgroups.



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
Gold Card/County	34%	35%	26%	33%	34%	36%	30%	31%	46%	26%	33%	45%	41%	34%	34%	39%	11%
Medicaid	26%	25%	17%	31%	21%	37%	16%	33%	16%	15%	26%	7%	20%	26%	25%	15%	0%
Medicare	21%	22%	11%	24%	25%	15%	24%	24%	14%	28%	31%	18%	17%	21%	23%	15%	5%
I don't receive medical care because I can't pay for it	8%	6%	32%	6%	10%	3%	6%	8%	10%	4%	12%	15%	12%	10%	8%	23%	27%

The chart above shows the four most commonly reported methods of paying for medical care for each subgroup. The other less reported methods were private insurance/COBRA, Veteran's Administration (VA) and self-pay.

- Overall, 34% of all respondents paid for medical care with the Gold Card, 26% used Medicaid and 21% used Medicare.
- The Out of Care (32%), Rural respondents (27%) and the Homeless (23%) were more likely than other subgroups to report not receiving medical care because of cost.

Access to Core Services

Introduction

Service category data were collected in the context of their local definitions, rather than the official HRSA definitions. Although the differences between the local and HRSA definitions are minimal, the Data Collection Workgroup felt the local definition approach would promote a realistic assessment of the Houston HSDA Ryan White care system.

At the beginning of the client survey, respondents were given a list of core services arranged in table format (see Appendix B for copy of client survey). The purpose of the core service table was to collect information on access and barriers to the listed services. For each HRSA-defined core service, respondents indicated whether they had "some difficulty" getting the service, if it was "very easy" to get the service, or if they "did not need" the service within the past year.

The following charts and tables show the level of access to core services reported by respondents. It is important to remember that the subgroups are not mutually exclusive – in other words, the numbers across the subgroups do not represent unduplicated respondents. For example, an African-American female reporting a mental health symptom is included in the Women, African-Americans and Mental Health subgroups.

Care should also be taken when making comparisons between subgroups of very small size. The smaller the subgroup, the more sensitive percentages become to changes in the numbers. For example, for very small subgroups, shifting just one response can change percentages by as much as 5 points. It is important not to rely solely on such percentages when planning for services – considering both the proportions and raw numbers will help ensure a more comprehensive understanding of the results.

Lastly, it should be emphasized that reports of access to a service does not necessarily mean the respondent received the service. In the client survey, respondents were asked to report whether they had difficulty getting a service, but the survey did not ask as a follow-up whether the respondent ultimately received the service despite the difficulties. So, care should be taken not to equate reports of "very easy" or reports of "some difficulty" as proxies of service utilization.

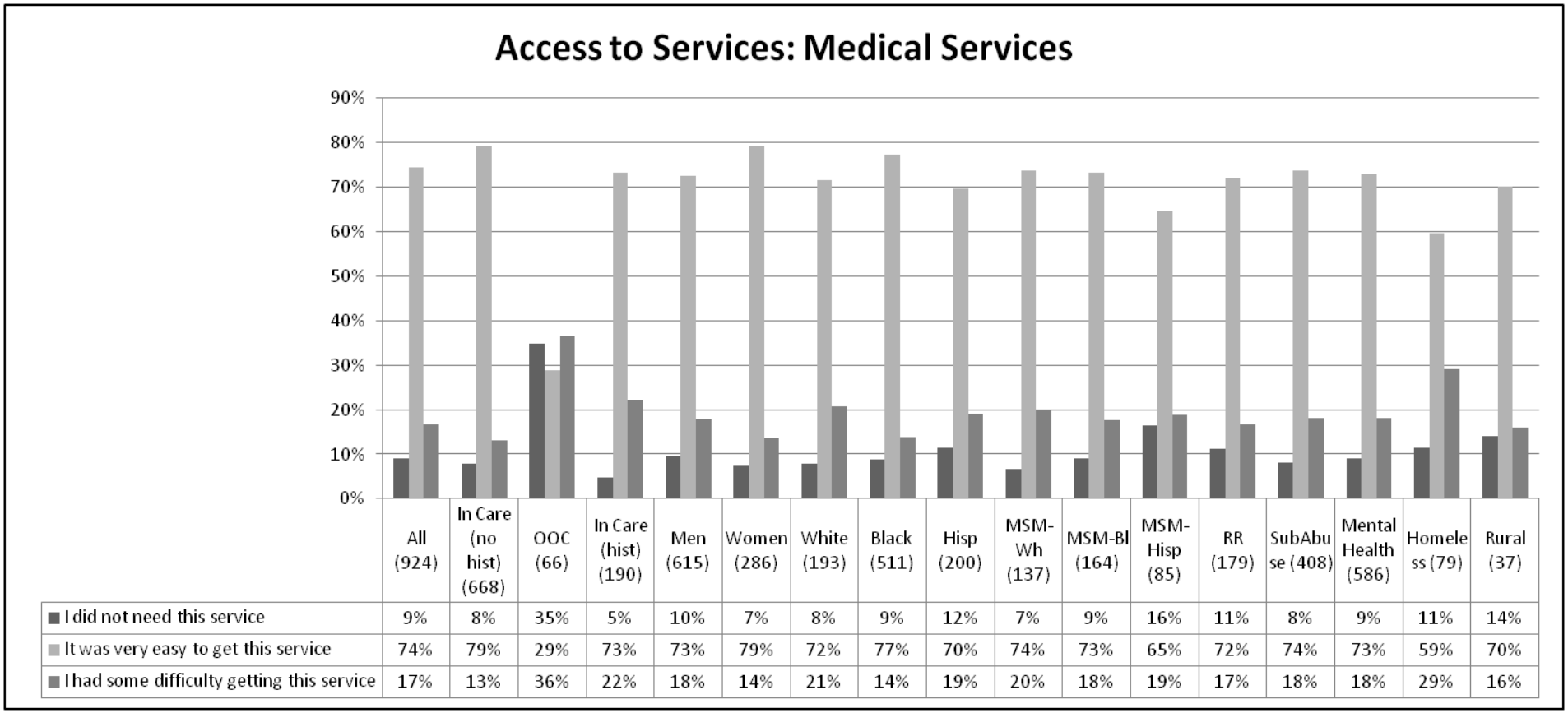
Access to Core Services

For each HRSA-defined core service, respondents were asked to indicate if they had some difficulty getting the service, if it was very easy to get the service, or if they did not need the service within the past year.

+For all respondents, the top three "easy to get" core services were Medical services (74%), HIV Medications (68%) and Case Management (63%). The top three core services that respondents reported "some difficulty getting" were dentist visits (29%), HIV medications (20%) and case management (18%).

"It was very easy to get this service":	***"I had some difficulty getting this service":***
1. Medical services (74%)	1. Dentist Visits (29%)
2. HIV Medications (68%)	2. HIV Medications (20%)
3. Case Management (63%)	3. Case Management (18%)
4. Dentist Visits (51%)	4. Medical services (17%)
5. Medical Nutritional Therapy/Nutritional Counseling (48%)	5. Medical Nutritional Therapy/Nutritional Counseling (14%)
6. Professional Mental Health Counseling (43%)	6. Professional Mental Health Counseling (9%)
7. Outpatient alcohol or drug abuse treatment (28%)	7. Outpatient Alcohol or Drug Abuse Treatment (5%)
8. Hospice Services (9%)	8. Home Health Care (5%)
9. Home Health Care (9%)	9. Hospice Services (2%)

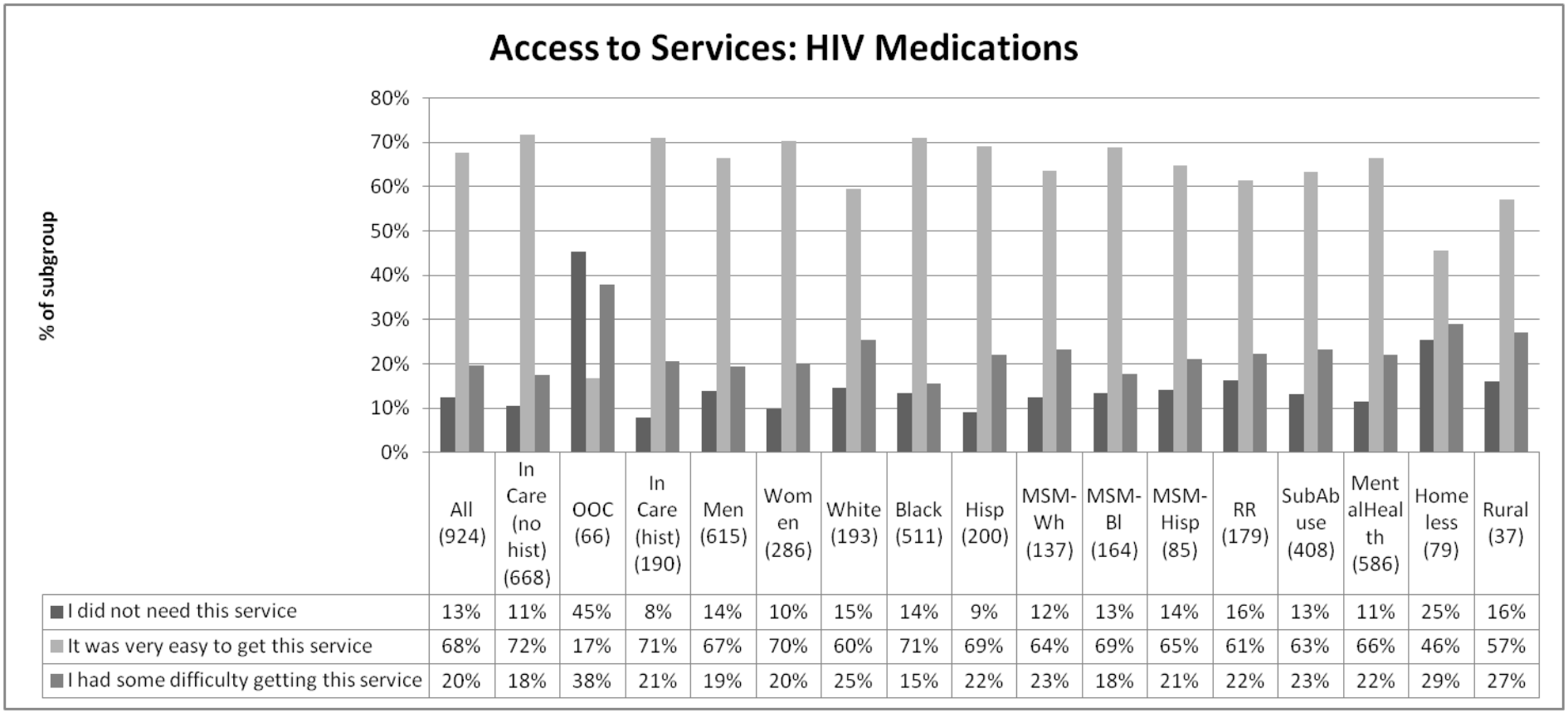
The following charts show, for each subgroup, the reported access levels for each of the nine HRSA-defined core services.



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	Mental Health (586)	Homeless (79)	Rural (37)
I did not need this service	9%	8%	35%	5%	10%	7%	8%	9%	12%	7%	9%	16%	11%	8%	9%	11%	14%
It was very easy to get this service	74%	79%	29%	73%	73%	79%	72%	77%	70%	74%	73%	65%	72%	74%	73%	59%	70%
I had some difficulty getting this service	17%	13%	36%	22%	18%	14%	21%	14%	19%	20%	18%	19%	17%	18%	18%	29%	16%

The chart above shows each subgroup's reported level of access for medical services.

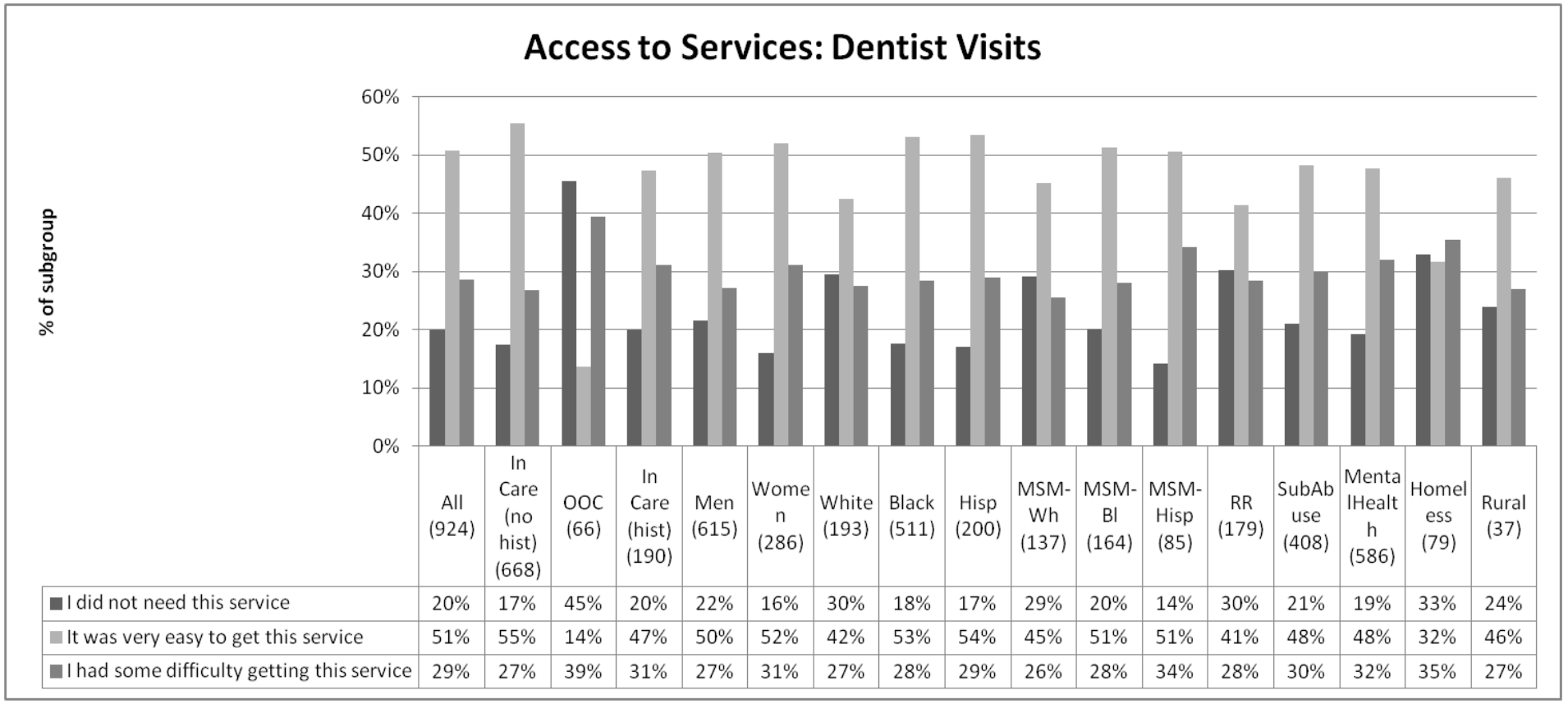
- Overall, 74% of respondents said it was easy to get medical services and 17% said they had some difficulty.
- The Out of Care (36%) and the Homeless (29%) reported having difficulties accessing medical care more often than other sub-groups.



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
I did not need this service	13%	11%	45%	8%	14%	10%	15%	14%	9%	12%	13%	14%	16%	13%	11%	25%	16%
It was very easy to get this service	68%	72%	17%	71%	67%	70%	60%	71%	69%	64%	69%	65%	61%	63%	66%	46%	57%
I had some difficulty getting this service	20%	18%	38%	21%	19%	20%	25%	15%	22%	23%	18%	21%	22%	23%	22%	29%	27%

The chart above shows each subgroup's reported level of access for HIV medications.

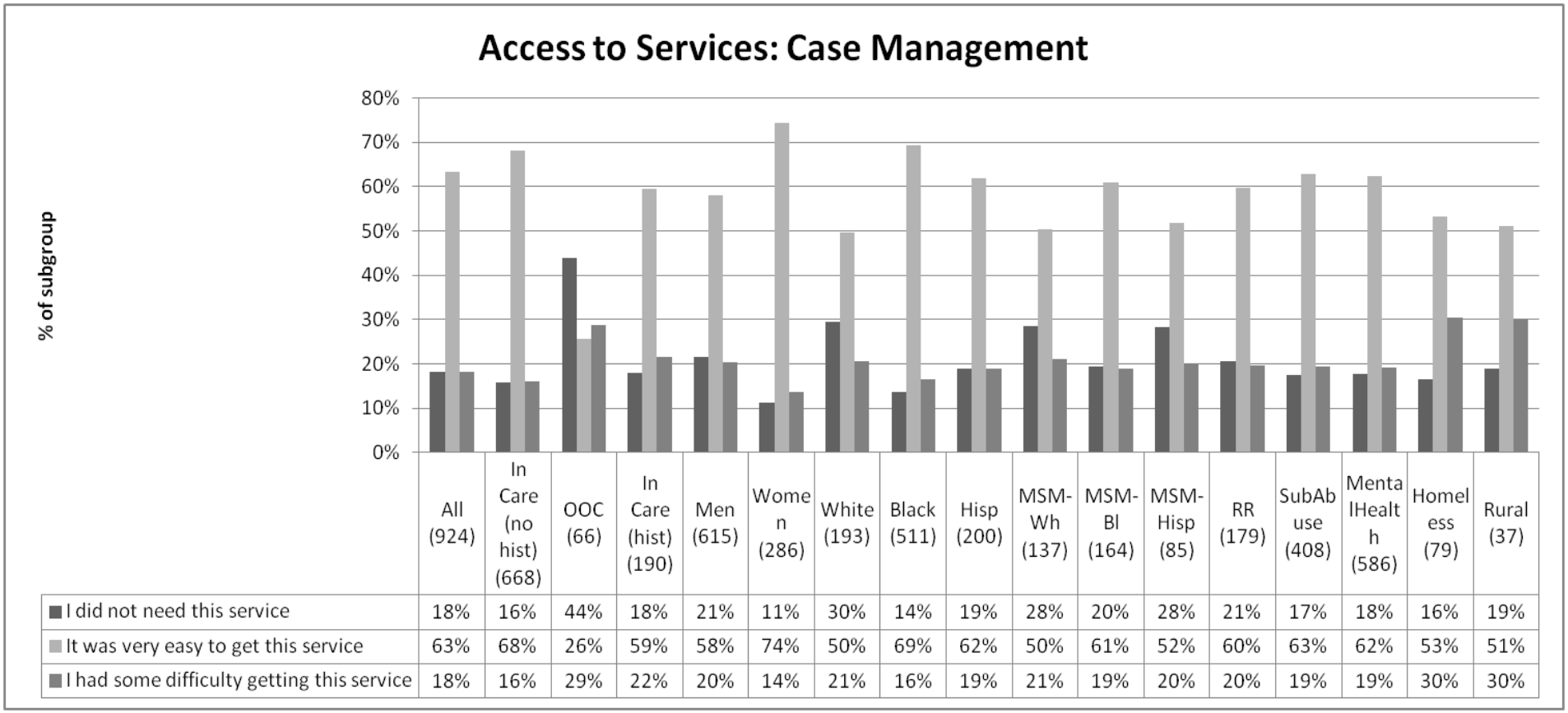
- Overall, 68% of respondents said it was easy to get HIV medications and 20% said they had some difficulty.
- The Out of Care (38%) and the Homeless (29%) reported having difficulties accessing medical care more often than other sub-groups.



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
I did not need this service	20%	17%	45%	20%	22%	16%	30%	18%	17%	29%	20%	14%	30%	21%	19%	33%	24%
It was very easy to get this service	51%	55%	14%	47%	50%	52%	42%	53%	54%	45%	51%	51%	41%	48%	48%	32%	46%
I had some difficulty getting this service	29%	27%	39%	31%	27%	31%	27%	28%	29%	26%	28%	34%	28%	30%	32%	35%	27%

The chart above shows each subgroup's reported level of access for dentist visits.

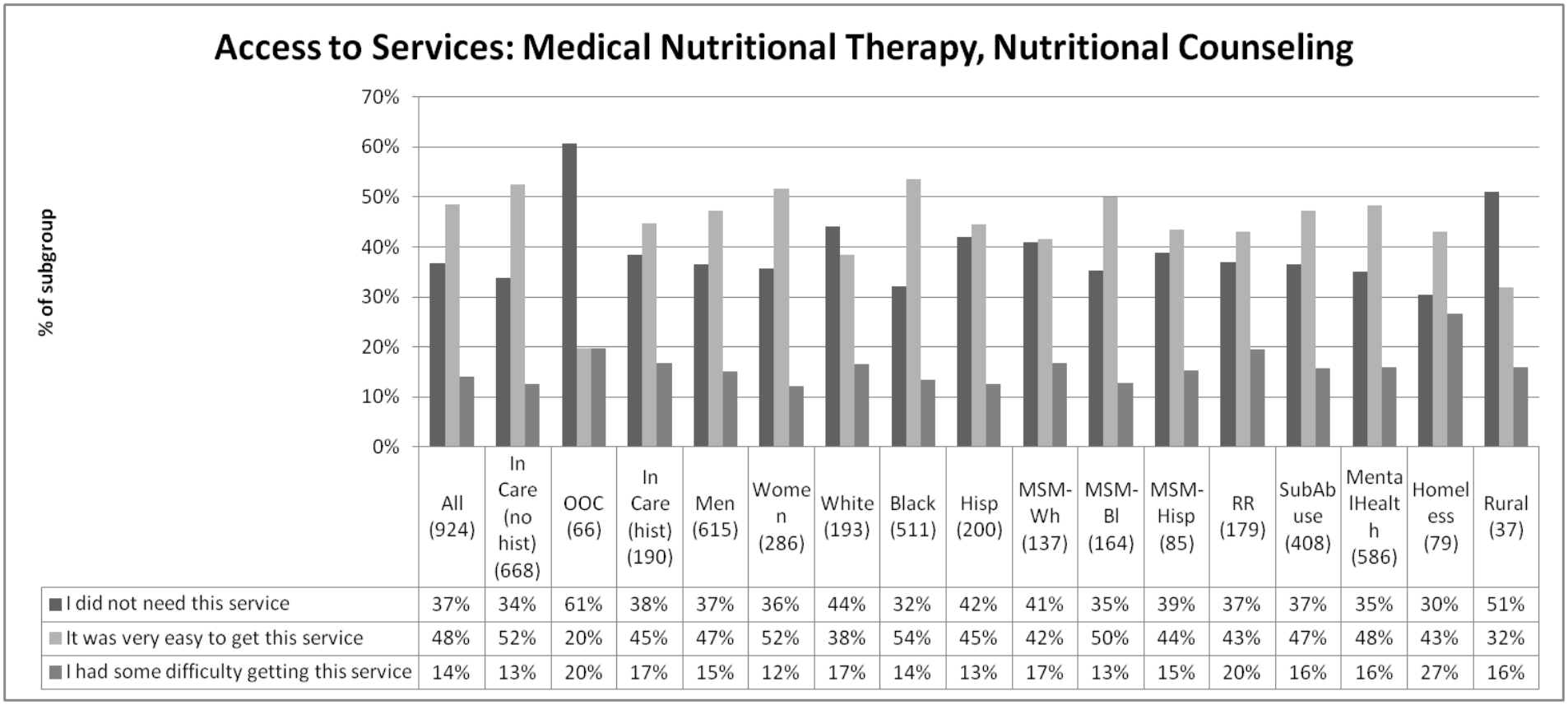
- Overall, 51% of respondents said it was easy to get dentist visits and 29% said they had some difficulty.
- The Out of Care (39%), the Homeless (35%) and MSM-Hispanics (34%) reported having difficulties accessing dentist visits more often than other subgroups.



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
I did not need this service	18%	16%	44%	18%	21%	11%	30%	14%	19%	28%	20%	28%	21%	17%	18%	16%	19%
It was very easy to get this service	63%	68%	26%	59%	58%	74%	50%	69%	62%	50%	61%	52%	60%	63%	62%	53%	51%
I had some difficulty getting this service	18%	16%	29%	22%	20%	14%	21%	16%	19%	21%	19%	20%	20%	19%	19%	30%	30%

The chart above shows each subgroup's reported level of access for case management.

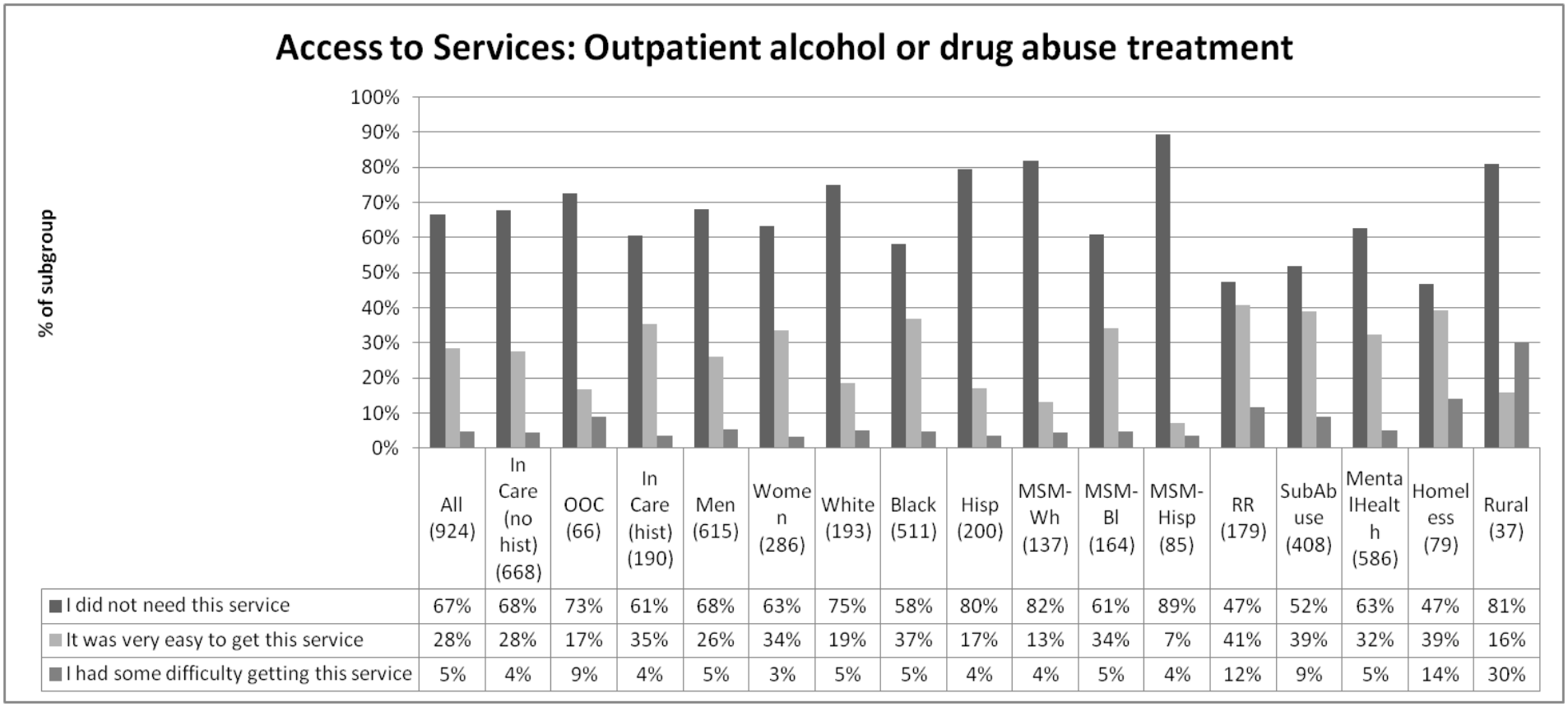
- Overall, 63% of respondents said it was easy to get case management and 18% said they had some difficulty.
- The Homeless (30%) and the Out of Care (29%) reported having difficulties accessing case management more often than other subgroups.



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
I did not need this service	37%	34%	61%	38%	37%	36%	44%	32%	42%	41%	35%	39%	37%	37%	35%	30%	51%
It was very easy to get this service	48%	52%	20%	45%	47%	52%	38%	54%	45%	42%	50%	44%	43%	47%	48%	43%	32%
I had some difficulty getting this service	14%	13%	20%	17%	15%	12%	17%	14%	13%	17%	13%	15%	20%	16%	16%	27%	16%

The chart above shows each subgroup's reported level of access for medical nutritional therapy/nutritional counseling.

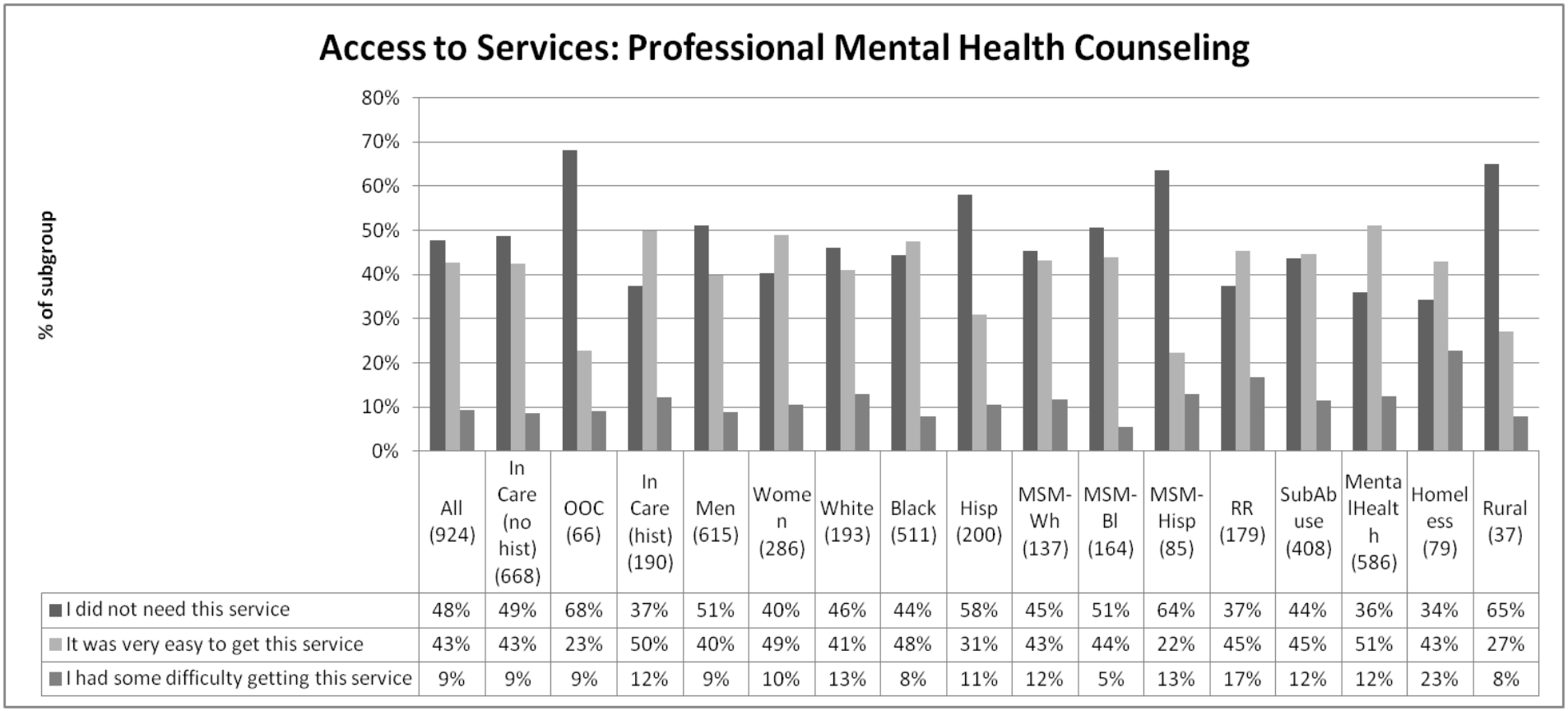
- Overall, 48% of respondents said it was easy to get medical nutritional therapy/nutritional counseling and 14% said they had some difficulty.
- The Homeless (27%), the Out of Care (20%) and the Recently Released (20%) reported having difficulties accessing medical nutritional therapy/nutritional counseling more often than other subgroups.



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
I did not need this service	67%	68%	73%	61%	68%	63%	75%	58%	80%	82%	61%	89%	47%	52%	63%	47%	81%
It was very easy to get this service	28%	28%	17%	35%	26%	34%	19%	37%	17%	13%	34%	7%	41%	39%	32%	39%	16%
I had some difficulty getting this service	5%	4%	9%	4%	5%	3%	5%	5%	4%	4%	5%	4%	12%	9%	5%	14%	30%

The chart above shows each subgroup's reported level of access for outpatient alcohol or drug abuse treatment.

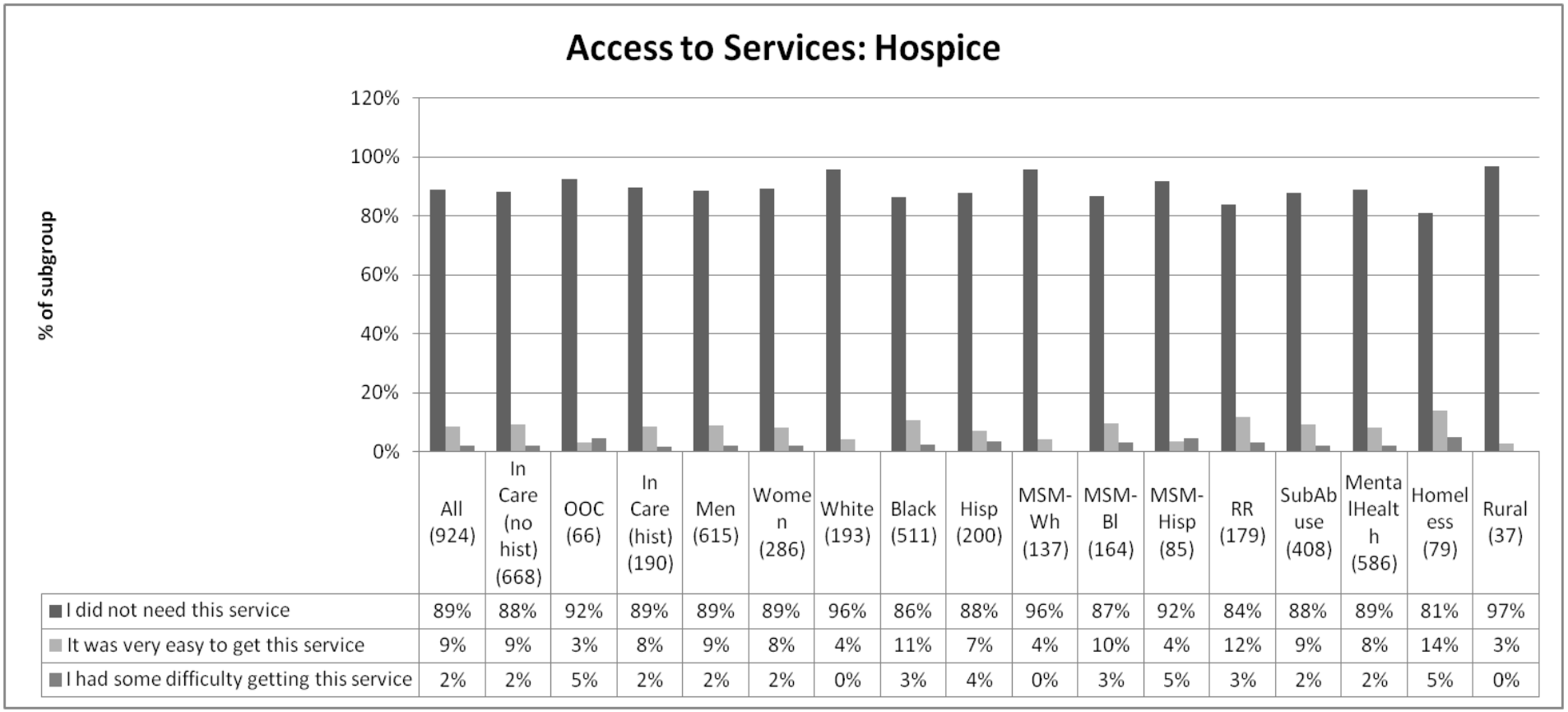
- Overall, 28% of respondents said it was easy to get outpatient alcohol or drug treatment services, and 5% said they had some difficulty.
- The Homeless (14%) and the Recently Released (12%) reported having difficulties accessing outpatient alcohol or drug abuse treatment more often than other subgroups.



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
I did not need this service	48%	49%	68%	37%	51%	40%	46%	44%	58%	45%	51%	64%	37%	44%	36%	34%	65%
It was very easy to get this service	43%	43%	23%	50%	40%	49%	41%	48%	31%	43%	44%	22%	45%	45%	51%	43%	27%
I had some difficulty getting this service	9%	9%	9%	12%	9%	10%	13%	8%	11%	12%	5%	13%	17%	12%	12%	23%	8%

The chart above shows each subgroup's reported level of access for professional mental health counseling.

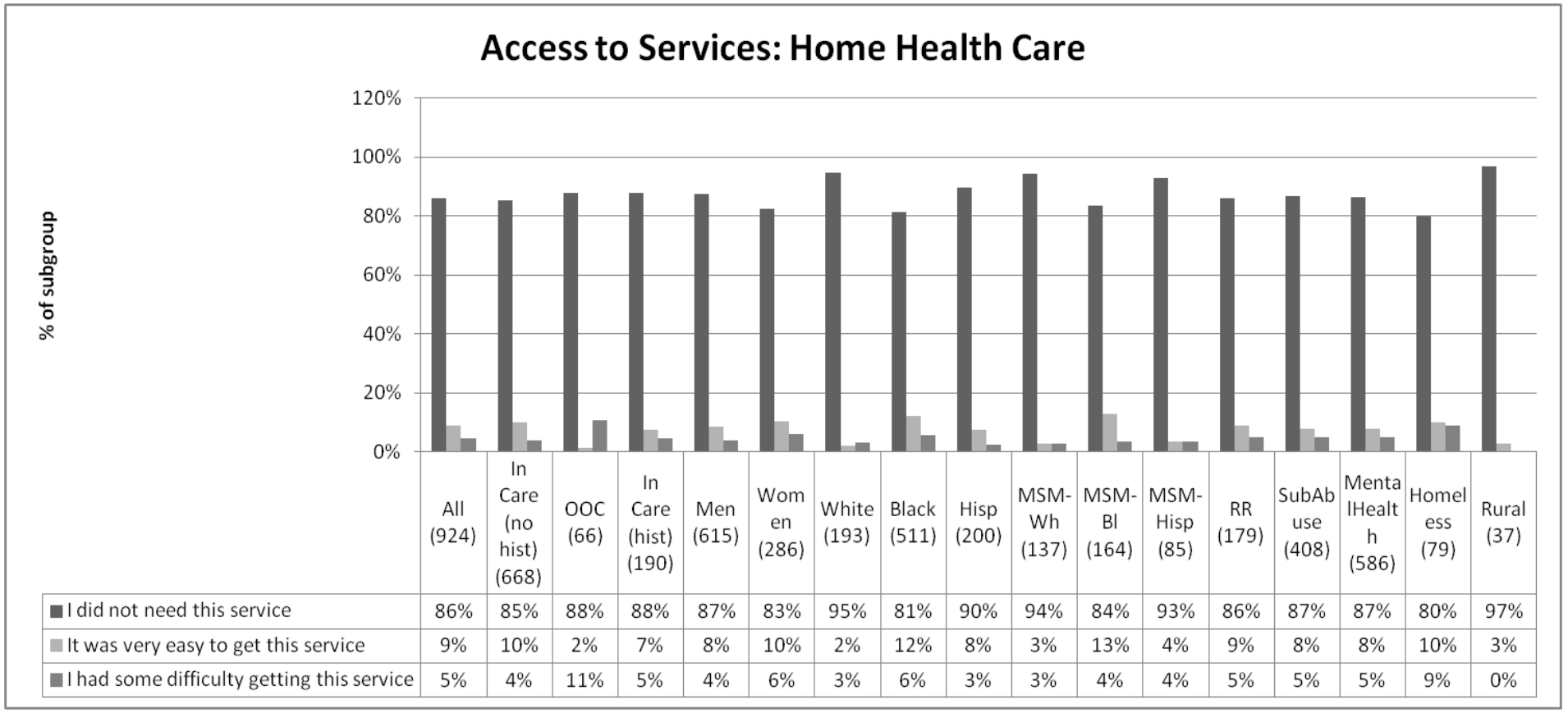
- Overall, 43% of respondents said it was easy to get professional mental health counseling and 9% said they had some difficulty.
- The Homeless (23%) and the Recently Released (17%) reported having difficulties accessing professional mental health counseling more often than other subgroups.



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
I did not need this service	89%	88%	92%	89%	89%	89%	96%	86%	88%	96%	87%	92%	84%	88%	89%	81%	97%
It was very easy to get this service	9%	9%	3%	8%	9%	8%	4%	11%	7%	4%	10%	4%	12%	9%	8%	14%	3%
I had some difficulty getting this service	2%	2%	5%	2%	2%	2%	0%	3%	4%	0%	3%	5%	3%	2%	2%	5%	0%

The chart above shows each subgroup's reported level of access for hospice services.

- Overall, 9% of respondents said it was easy to get hospice services and 2% said they had some difficulty.
- The Homeless (5%) MSM-Hispanics (5%) and the Out of Care (5%) reported having difficulties accessing hospice services more often than other subgroups.



	All (924)	In Care (no hist) (668)	OOC (66)	In Care (hist) (190)	Men (615)	Women (286)	White (193)	Black (511)	Hisp (200)	MSM-Wh (137)	MSM-Bl (164)	MSM-Hisp (85)	RR (179)	SubAbuse (408)	MentalHealth (586)	Homeless (79)	Rural (37)
I did not need this service	86%	85%	88%	88%	87%	83%	95%	81%	90%	94%	84%	93%	86%	87%	87%	80%	97%
It was very easy to get this service	9%	10%	2%	7%	8%	10%	2%	12%	8%	3%	13%	4%	9%	8%	8%	10%	3%
I had some difficulty getting this service	5%	4%	11%	5%	4%	6%	3%	6%	3%	3%	4%	4%	5%	5%	5%	9%	0%

The chart above shows each subgroup's reported level of access for home health care.

- Overall, 9% of respondents said it was easy to get home health care and 5% said they had some difficulty.
- The Out of Care (11%) and the Homeless (9%) reported having difficulties accessing home health care more often than other sub-groups.

Barriers to Core Services

Introduction

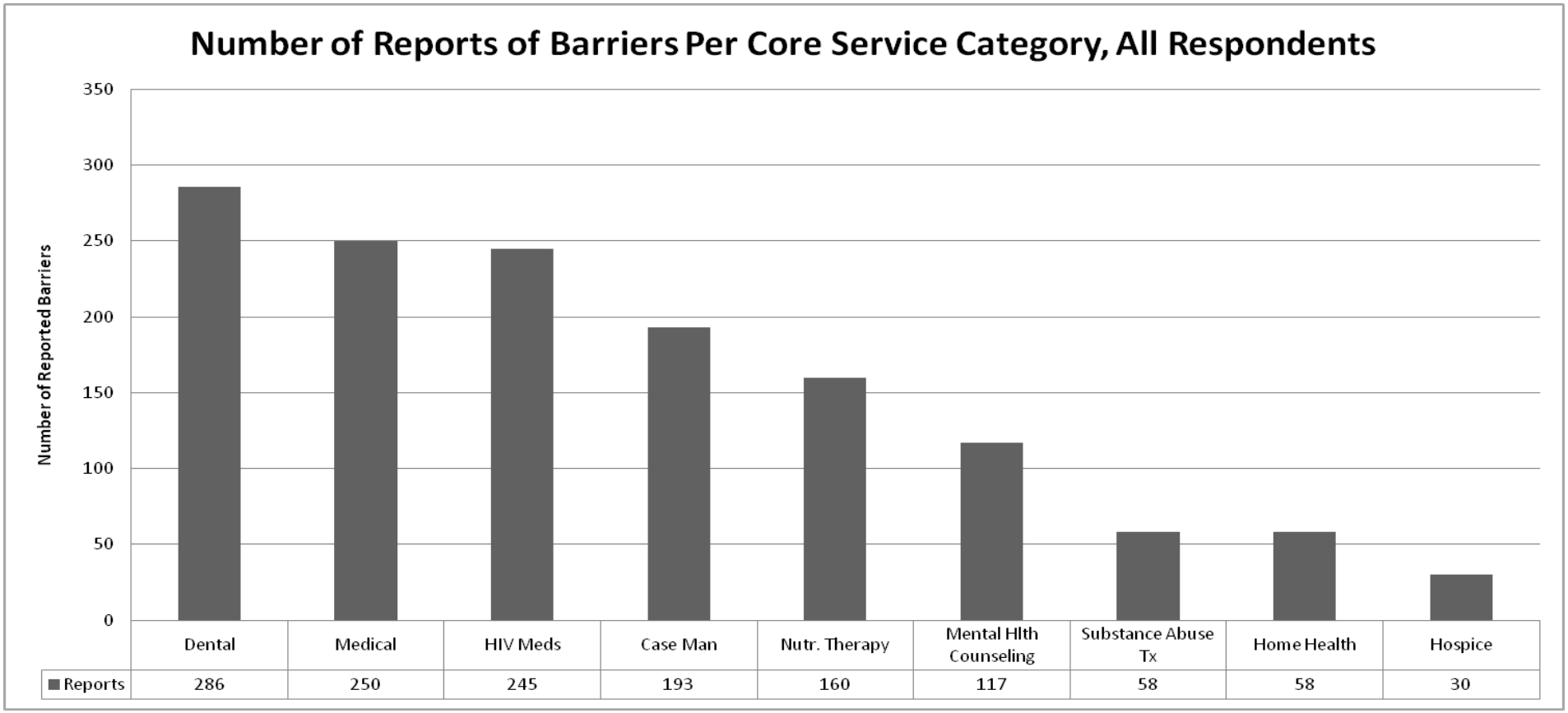
Survey respondents that reported "some difficulty" getting a service were asked to describe the barriers they experienced. Respondents could choose from a list of common barriers, or write their own. The number of possible reported barriers was unlimited, so respondents were encouraged to list every barrier they encountered when getting a service. It should also be noted that the number of reported barriers does not indicate whether the respondent did, or did not, ultimately receive the service – survey respondents described the barriers they experienced in the process of getting a service.

Barriers to Services

Survey respondents that reported "some difficulty" accessing a service were asked to identify the barriers. Respondents chose from a prepared list of 16 common barriers. The 4 most commonly reported barriers for core services were difficulty making or keeping appointments, long wait times, problems with paperwork and difficult getting to the services. The following table ranks the barriers reported for all core services.

Barrier	Number of respondents
It's hard to make or keep appointments.	183
I would have to wait too long to get the services	163
I had problems with paperwork	146
It's hard for me to get there	146
I don't know where to get the services	130
I don't know how to get the services	129
The services are not in my area	92
The people who run the services are not friendly	89
I was told I am not eligible for this service	82
The services cost too much	81
I don't think I'm eligible to get the services	52
I'm afraid someone will find out about my HIV	40
People at the agency don't speak my language	22
I'm not ready to face my HIV status	20
My Jail/prison history makes it hard to get services	16
There is no one to watch my kids if I go there	6

Respondents could also describe barriers not included on the list. There was no limit to the number of barriers allowed, so respondents were encouraged to list all barriers experienced when accessing a service.



The chart above shows the number of barriers reported for each core service.

- Among all respondents, the three core services with the highest number of reported barriers were dentist visits (n=286), medical care services (n=250) and HIV medications (n=245).

The following table lists the specific barriers reported for each core service.

Barriers	Core Services									
	Medical	HIV Meds	Dental	Case Man	Nutr. Therapy	Substance Abuse Tx	Mental Hlth Counseling	Hospice	Home Health	**Total Count per Barrier**
It's hard to make or keep appointments.	**36**	17	**71**	**23**	15	4	15	0	2	**183**
I would have to wait too long to get the services	**48**	**31**	1	**27**	**23**	6	**21**	2	4	**163**
It's hard for me to get there	**37**	18	**36**	15	16	10	11	1	2	**146**
I had problems with paperwork	**23**	**45**	**38**	17	7	3	5	3	5	**146**
I don't know where to get the services	13	18	**22**	19	**22**	9	14	3	10	**130**
I don't know how to get the services	10	12	**25**	**24**	**20**	5	17	6	10	**129**
The services are not in my area	13	11	**25**	8	16	5	7	4	3	**92**
The people who run the services are not friendly	16	6	17	18	9	4	11	4	4	**89**
I was told I am not eligible for this service	11	18	17	12	8	3	2	2	9	**82**
The services cost too much	11	**44**	7	5	7	0	5	0	2	**81**
I don't think I'm eligible to get the services	3	7	10	12	9	2	3	2	4	**52**
I'm afraid someone will find out about my HIV	11	6	6	6	2	3	3	2	1	**40**
People at the agency don't speak my language	11	4	1	2	2	0	1	1	0	**22**
I'm not ready to face my HIV status	4	5	5	1	1	3	0	0	1	**20**
My Jail/prison history makes it hard to get services	3	2	2	4	3	0	1	0	1	**16**
There is no one to watch my kids if I go there	0	1	3	0	0	1	1	0	0	**6**
Total Barriers per Core Service	**250**	**245**	**286**	**193**	**160**	**58**	**117**	**30**	**58**	**1,397**

Access to Supportive Services

Introduction

Survey respondents could select up to five of the 14 HRSA-defined supportive services they felt were useful or important for themselves or for PLWHAs in general.

Access to Services

The selected supportive services are ranked as follows, in descending order by number of respondents:

The following charts show, for each subgroup, the supportive services reported for each of the 14 HRSA-defined supportive services.

Service	# of Respondents	% of total Respondents
1. Emergency Financial Asst	463	50%
2. Food Bank	460	50%
3. Transportation	399	43%
4. Housing-related Services	271	29%
5. Support Group	264	29%
6. Rental Assistance	253	27%
7. Referral to Services	243	26%
8. Employment Assistance	238	26%
9. Legal Services	212	23%
10. HIV Education	181	20%
11. Household Items	156	17%
12. Referrals to Clinical Research	79	9%
13. Child Care	61	7%
14. Permanency Planning	54	6%
15. Day/Respite Care	40	4%
16. Translation	38	4%
17. Child Welfare	32	3%
18. Developmental Assessment	27	3%

Supportive Services Chart Labels & Definitions

EFA: Emergency Financial Assistance. Provision of short-term payments for transportation, food, essential utilities, or medication assistance, which planning councils, Title II grantees, and consortia may allocate. These short-term payments must be carefully monitored to assure limited amounts, limited use, and for limited periods of time. Expenditures must be reported under the relevant service category.

Food Bank: Food Bank Services. Provision of food, meals, or nutritional supplements.

Transport.: Transportation Services. Conveyance services provided to a client in order to access primary medical care or psychosocial support services. May be provided routinely or on an emergency basis.

Housing-rel.: Housing-Related Services. Includes assessment, search, placement, and advocacy services provided by professionals who possess an extensive knowledge of local, State and Federal housing programs and how they can be accessed.

Suppt Grps: Support Groups. Individual and/or group counseling, other than mental-health counseling, provided to clients, family, and/or friends by non-licensed counselors. May include psychosocial providers, peer counseling/support group services, caregiver support/bereavement counseling, drop-in counseling, benefits counseling, and/or nutritional counseling, or education.

Rent Assist.: Rental Assistance/Shelter Vouchers. Formally recognized as a subcategory of Housing Services (Housing-Related Services), this category includes short-term assistance to support temporary and/or transitional housing to enable the individual or family to gain and/or maintain medical care. Use of Ryan White Program funds for short-term or emergency housing must be linked to medical and/or healthcare or be certified as essential to a client's ability to gain or maintain access to HIV-related medical care or treatment.

Ref to Svcs: Referral to Services. The act of directing a person to a service in-person or through telephone, written, or other forms of communication. Referral may be made formally from one clinical provider to another, within a case-management system by professional case managers, informally through support staff or as part of an outreach services program.

Employment Assist.: Employment Assistance. According to the Department of State Health Services, employment assistance is a subcategory of the "other support services". Traditionally, this service category has involved the facilitation of entry or re-entry into the workplace in a way that is appropriate to one's health status, work experience, disability benefit status, needs and desires. The services include, but are not limited to, GED training and other education programs, resume writing training, work history evaluations, skills assessments, and job search training.

Legal: Legal Services. Legal services directly necessitated by a person's HIV status including: preparation of Powers of Attorney, Do Not Resuscitate Orders, wills, trusts, bankruptcy proceedings, and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the CARE Act.

HIV Edu: HIV Education for HIV+ Individuals. The local definition of HIV Education for HIV+ Individuals (aka, "Health Education/Risk Reduction") un-

der Ryan White Part B is the provision of services that educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information; including information dissemination about medical and psychosocial support services and counseling to help clients with HIV improve their health status.

Household Items: Household Items. Formally defined as a subcategory of the "other support services" category, household items services have traditionally included the pickup, delivery, and storage of donated items that include, but are not limited to, the following: furniture, small appliances, kitchen utensils, bathroom accessories, and linens.

Ref to Clinical Res.: Referral to Clinical Research. Referral to clinical research includes the provision of education about and linkages to clinical research services through academic research institutions or other research service providers. Clinical research are studies in which new treatments - drugs, diagnostics, procedures, vaccines, and other therapies - are tested in people to see if they are safe and effective. All institutions that conduct or support biomedical research involving people must, by Federal regulation, have an institutional review board that initially approves and periodically reviews the research.

Child Care: Child Care Services. The provision of care for the children of HIV positive clients while the clients are attending medical or other appointments. This does not include daycare while the client is at work.

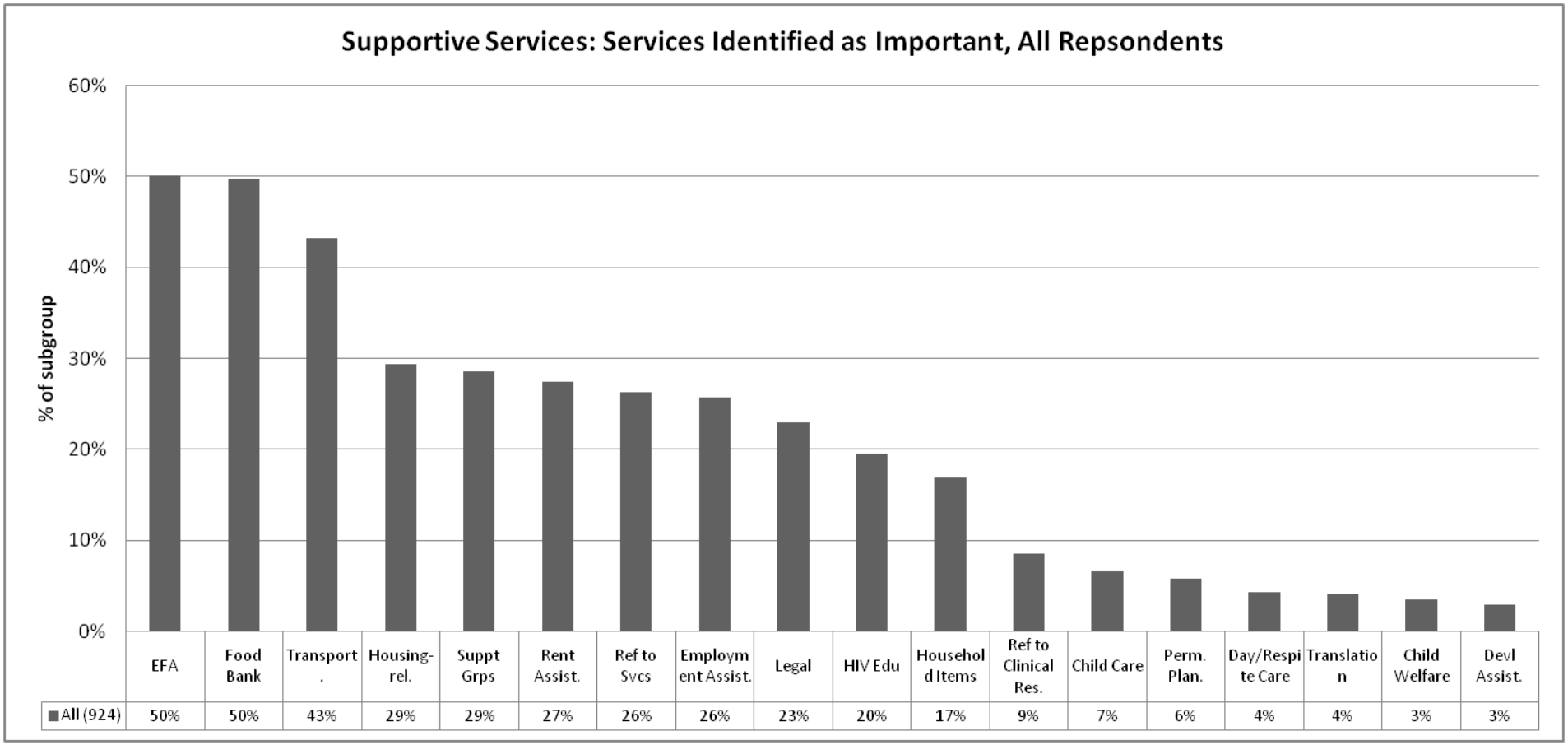
Perm. Plan.: Permanency Planning. Permanency planning involves the provision of services to help clients or families make decisions about placement and care of minor children after the parents/caregivers are deceased or are no longer able to care for them.

Day/Respite Care: Adult Day/Respite Care. Home- or community-based non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of client or client's child.

Translation: Translation/Interpretation Services. Formally identified as Linguistics Services, this category involves the provision of interpretation and translation services. These services include interpreter services including but not limited to sign language for deaf and /or hard of hearing and native language interpretation for monolingual HIV positive clients.

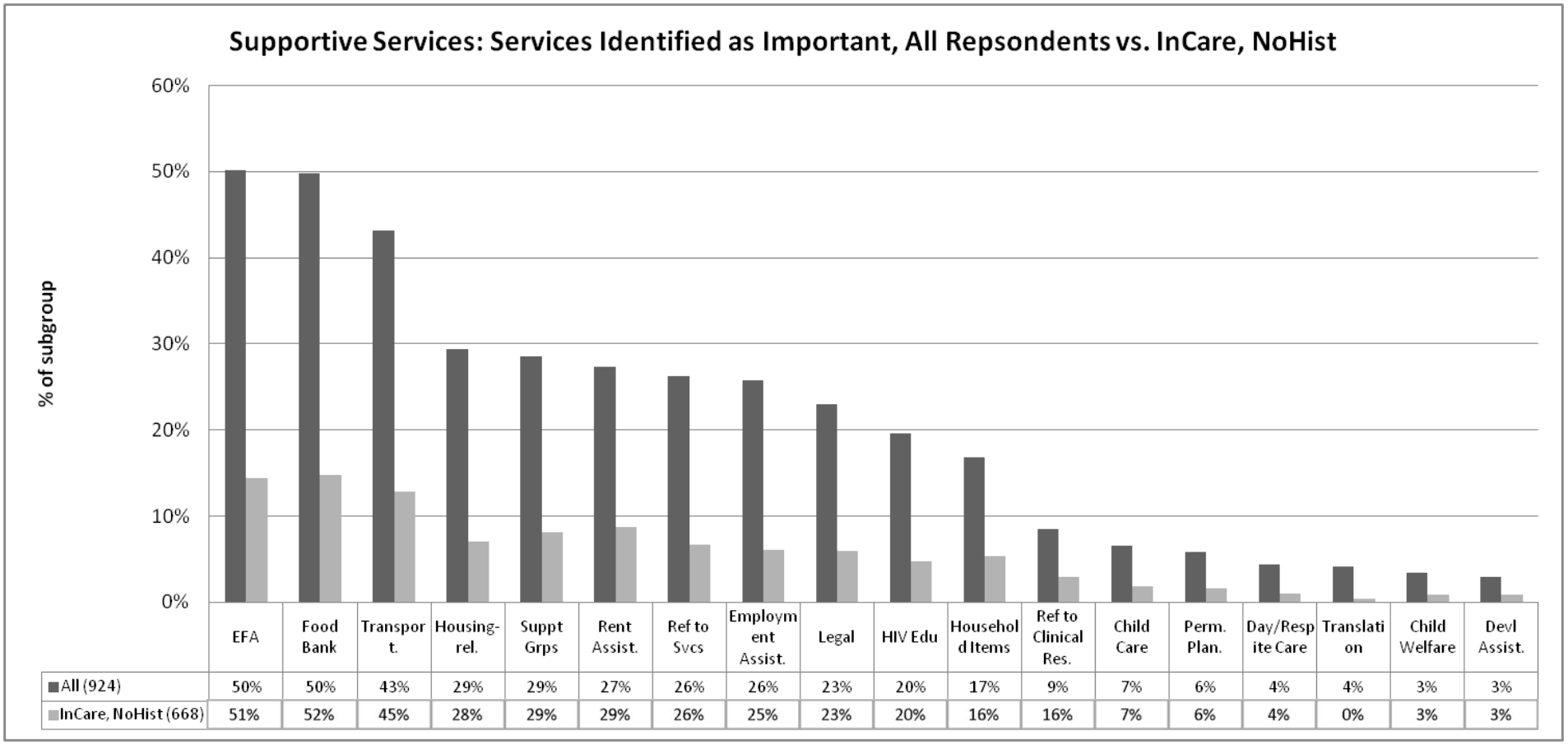
Child Welfare: Child Welfare Services. Assistance in placing children younger than 20 in temporary (foster care) or permanent (adoption) homes because their parents have died or are unable to care for them due to HIV-related illness.

Devl Assess.: Developmental Assessment. Formally identified as Pediatric Developmental Assessment and Early Intervention Services, this category involves the provision of professional early interventions by physicians, developmental psychologists, educators, and others in the psychosocial and intellectual development of infants and children. These services involve assessment of an infant's or child's developmental status and needs in relation to the involvement with the education system, including assessment of educational early intervention services. It includes comprehensive assessment of infants and children, taking into account the effects of chronic conditions associated with HIV, drug exposure, and other factors. Provision of information about access to Head Start services, appropriate educational settings for HIV affected clients, and education/assistance to schools should also be reported in this category.



The chart above shows the proportion of all respondents that reported each supportive service as useful or helpful. The services are ordered based on the ranking for the full sample of 924 PLWHA respondents.

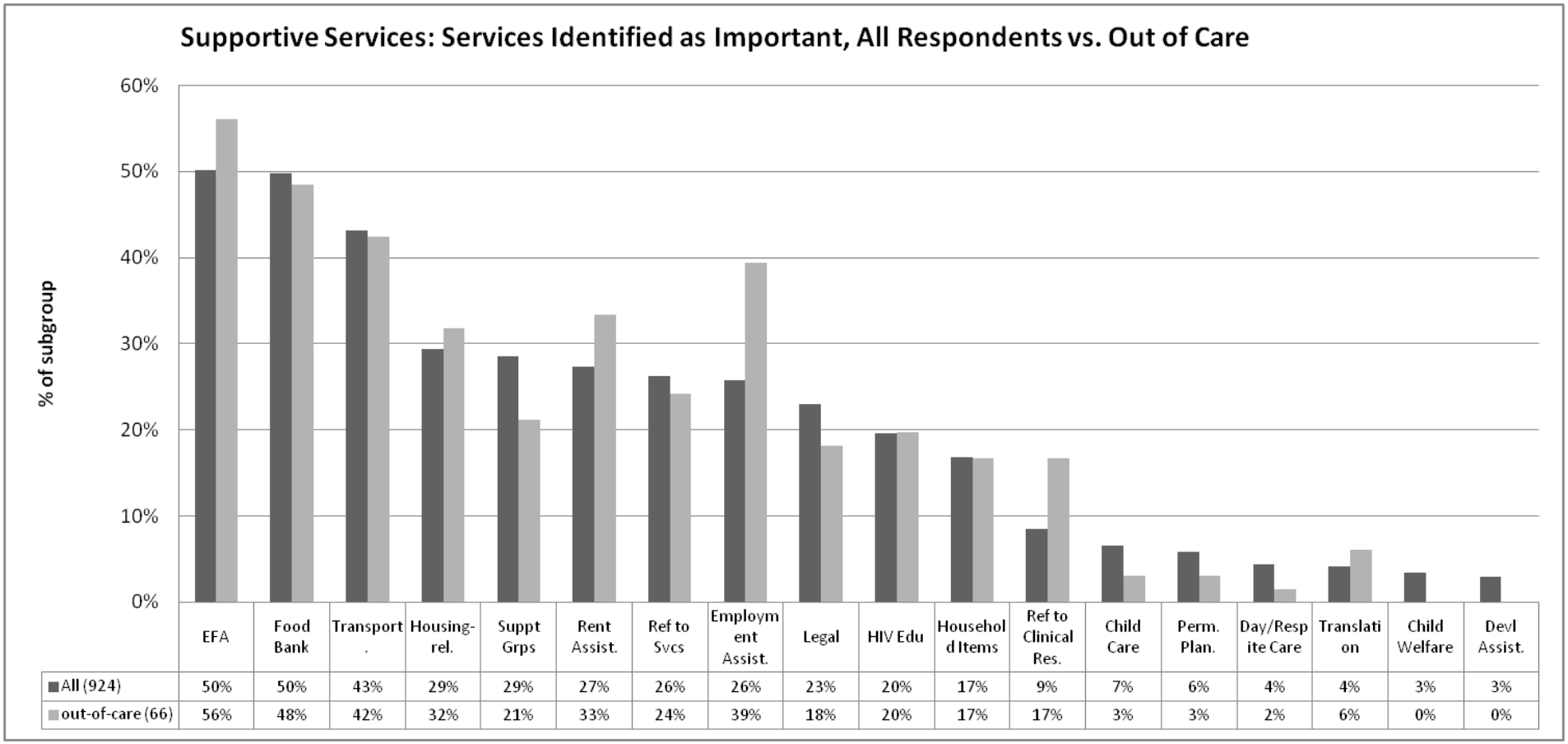
- The top three services identified by all respondents were Emergency Financial Assistance (EFA), food bank and transportation.



	EFA	Food Bank	Transport.	Housing-rel.	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist.	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All (924)	50%	50%	43%	29%	29%	27%	26%	26%	23%	20%	17%	9%	7%	6%	4%	4%	3%	3%
InCare, NoHist (668)	51%	52%	45%	28%	29%	29%	26%	25%	23%	20%	16%	16%	7%	6%	4%	0%	3%	3%

The chart above shows the supportive services reported as useful or helpful by In Care respondents with no history of being out of care, compared to the overall sample of 924 respondents.

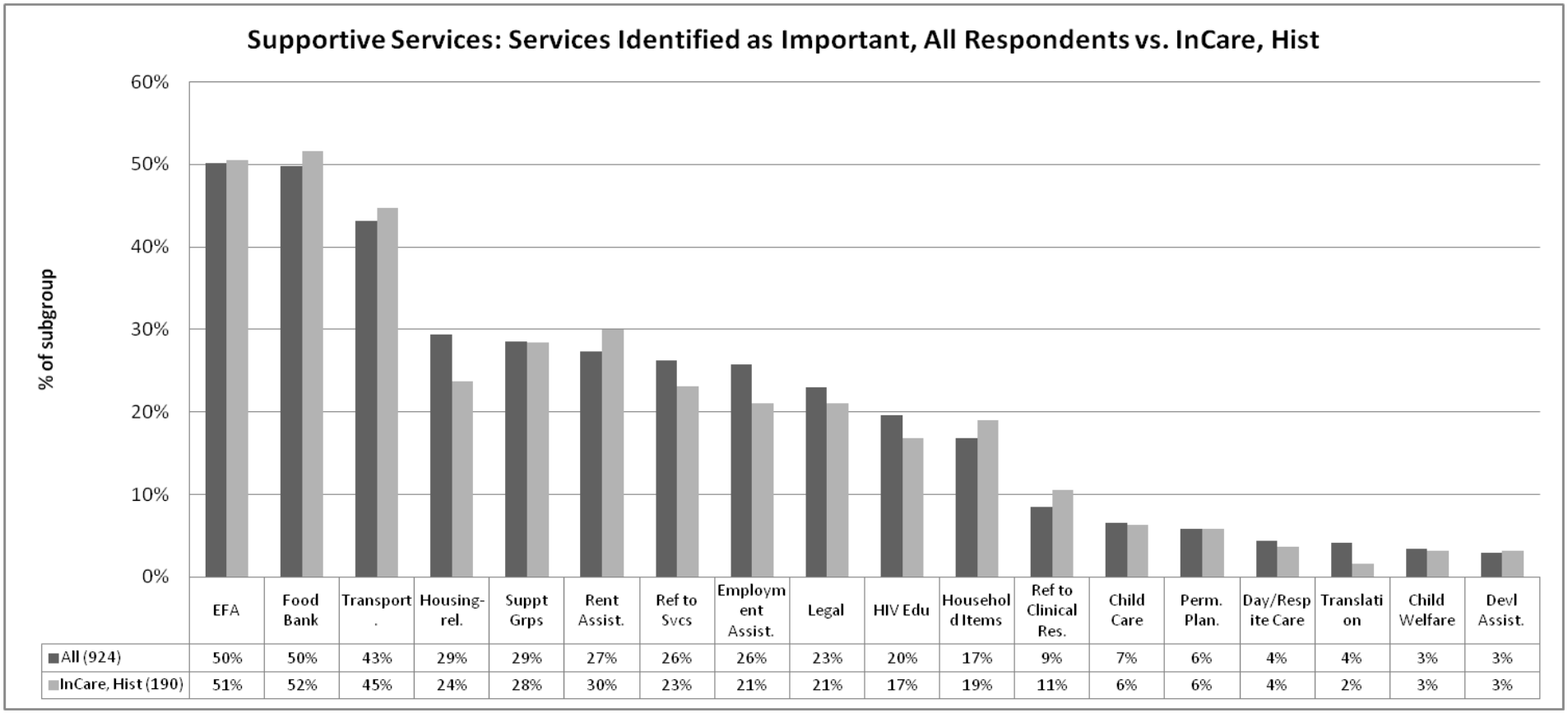
- Compared to the overall sample, this subgroup was more likely to report emergency financial assistance, food bank, transportation, rental assistance and referrals to clinical research as important services.



	EFA	Food Bank	Transport.	Housing-rel.	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist.	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All (924)	50%	50%	43%	29%	29%	27%	26%	26%	23%	20%	17%	9%	7%	6%	4%	4%	3%	3%
out-of-care (66)	56%	48%	42%	32%	21%	33%	24%	39%	18%	20%	17%	17%	3%	3%	2%	6%	0%	0%

The chart above shows the supportive services reported as useful or helpful by Out of Care respondents compared to the overall sample of 924 respondents.

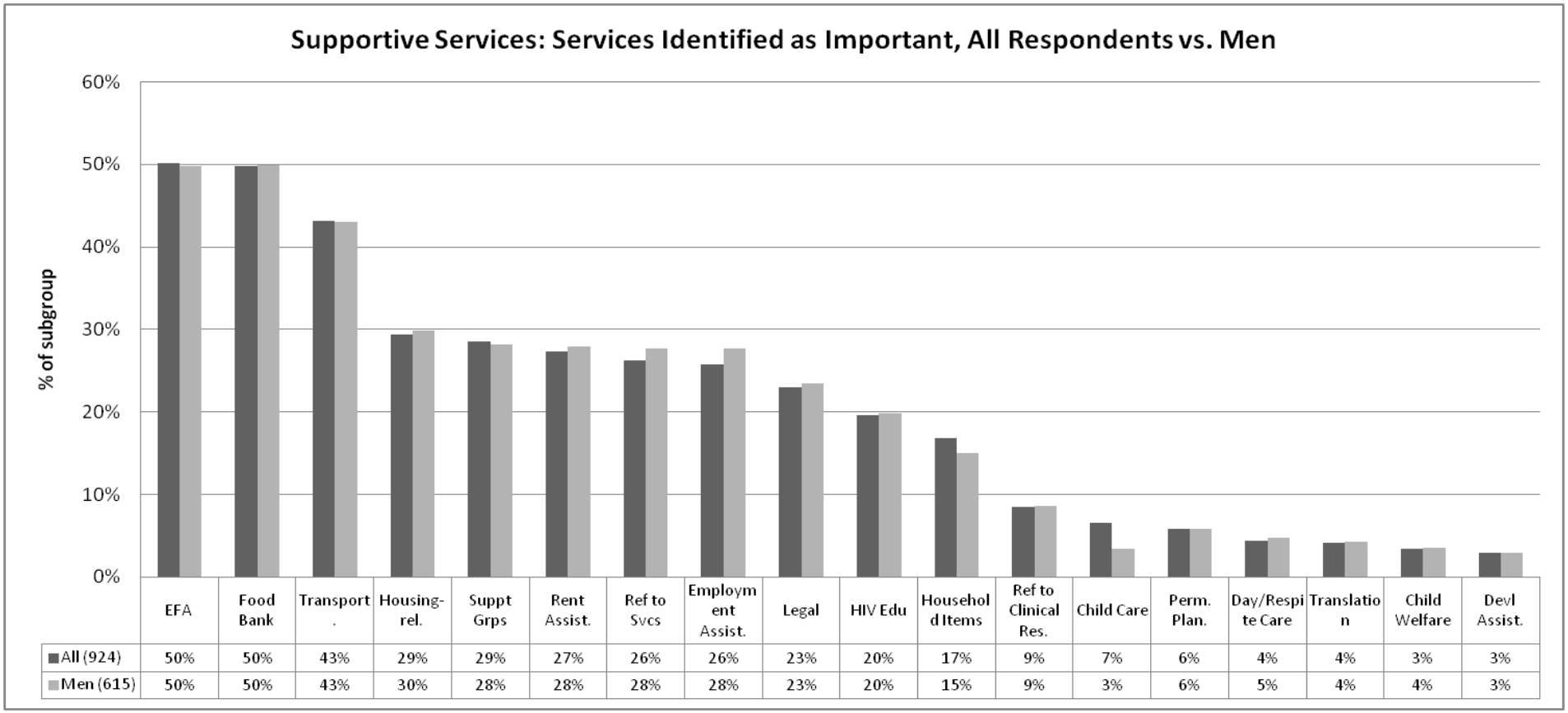
- Compared to the overall sample, this subgroup was more likely to report emergency financial assistance, housing-related services, rental assistance, employment assistance, referral to clinical research and translation as important supportive services.



	EFA	Food Bank	Transport.	Housing-rel.	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist.	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All (924)	50%	50%	43%	29%	29%	27%	26%	26%	23%	20%	17%	9%	7%	6%	4%	4%	3%	3%
InCare, Hist (190)	51%	52%	45%	24%	28%	30%	23%	21%	21%	17%	19%	11%	6%	6%	4%	2%	3%	3%

The chart above shows the supportive services reported as useful or helpful by In Care respondents with a history of being out of care compared to the overall sample of 924 respondents.

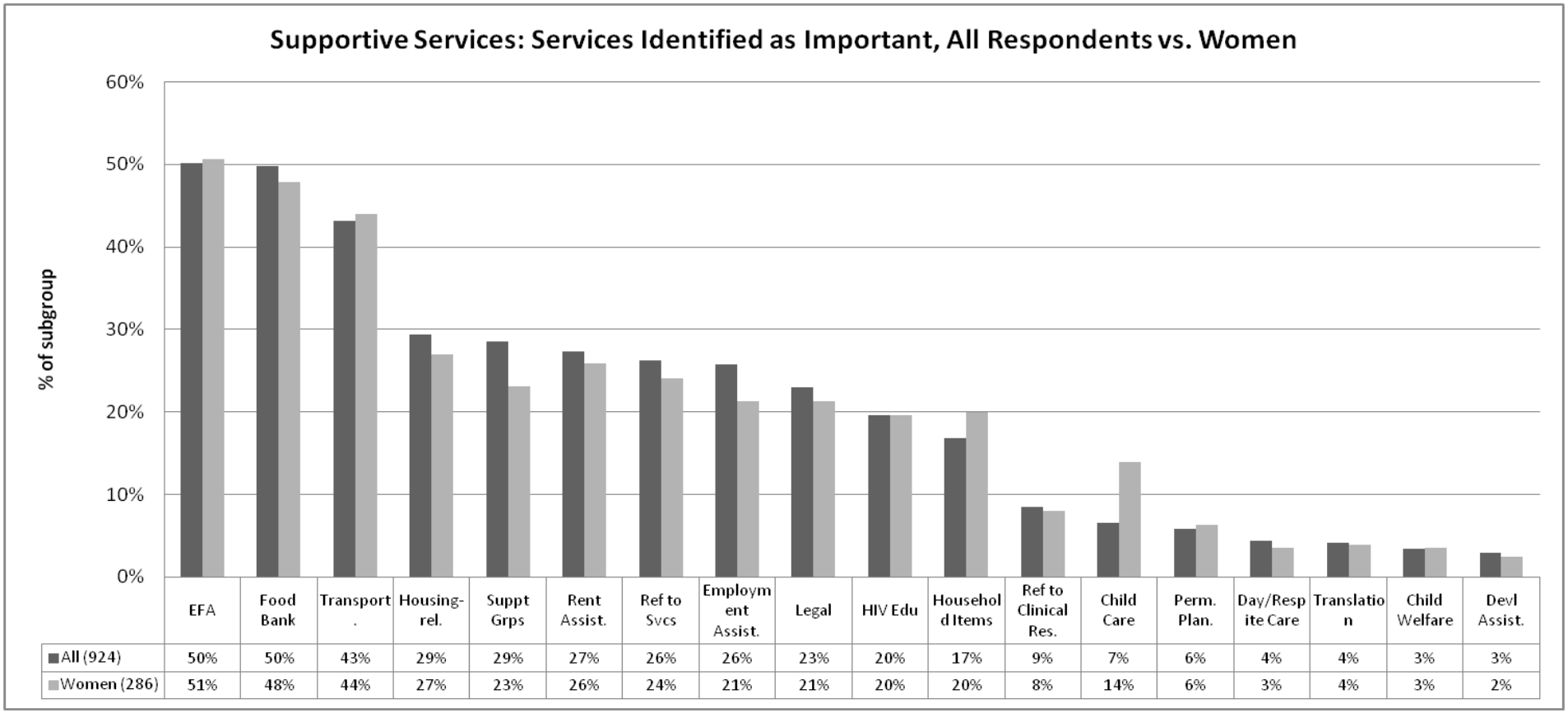
- Compared to the overall sample, this subgroup reported roughly the same supportive services as important or helpful.



	EFA	Food Bank	Transport.	Housing-rel.	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist.	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All (924)	50%	50%	43%	29%	29%	27%	26%	26%	23%	20%	17%	9%	7%	6%	4%	4%	3%	3%
Men (615)	50%	50%	43%	30%	28%	28%	28%	28%	23%	20%	15%	9%	3%	6%	5%	4%	4%	3%

The chart above shows the supportive services reported as useful or helpful by male respondents compared to the overall sample of 924 respondents.

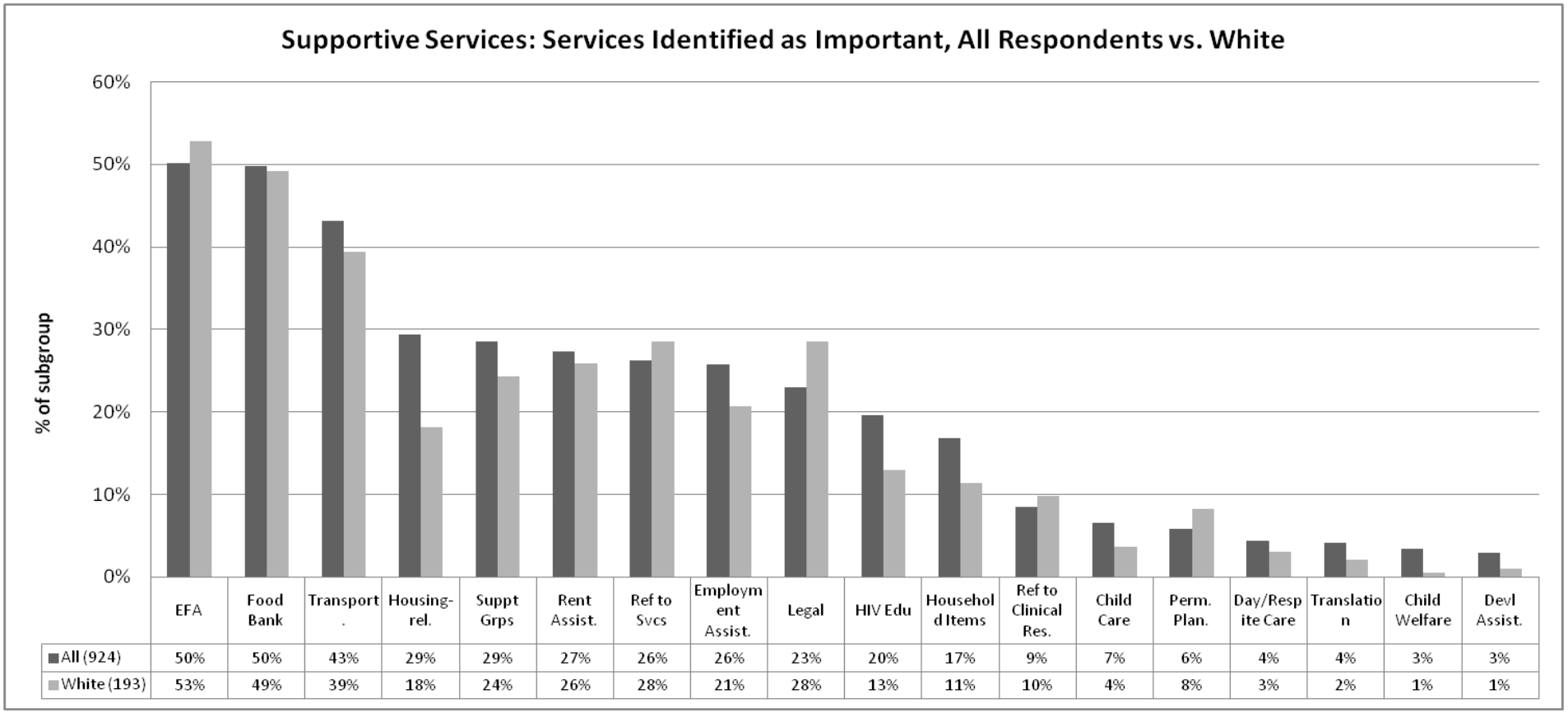
- Compared to the overall sample, this subgroup was more likely to report referrals to services and employment assistance as important supportive services.



	EFA	Food Bank	Transport.	Housing-rel.	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist.	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All (924)	50%	50%	43%	29%	29%	27%	26%	26%	23%	20%	17%	9%	7%	6%	4%	4%	3%	3%
Women (286)	51%	48%	44%	27%	23%	26%	24%	21%	21%	20%	20%	8%	14%	6%	3%	4%	3%	2%

The chart above shows the supportive services reported as useful or helpful by female respondents compared to the overall sample of 924 respondents.

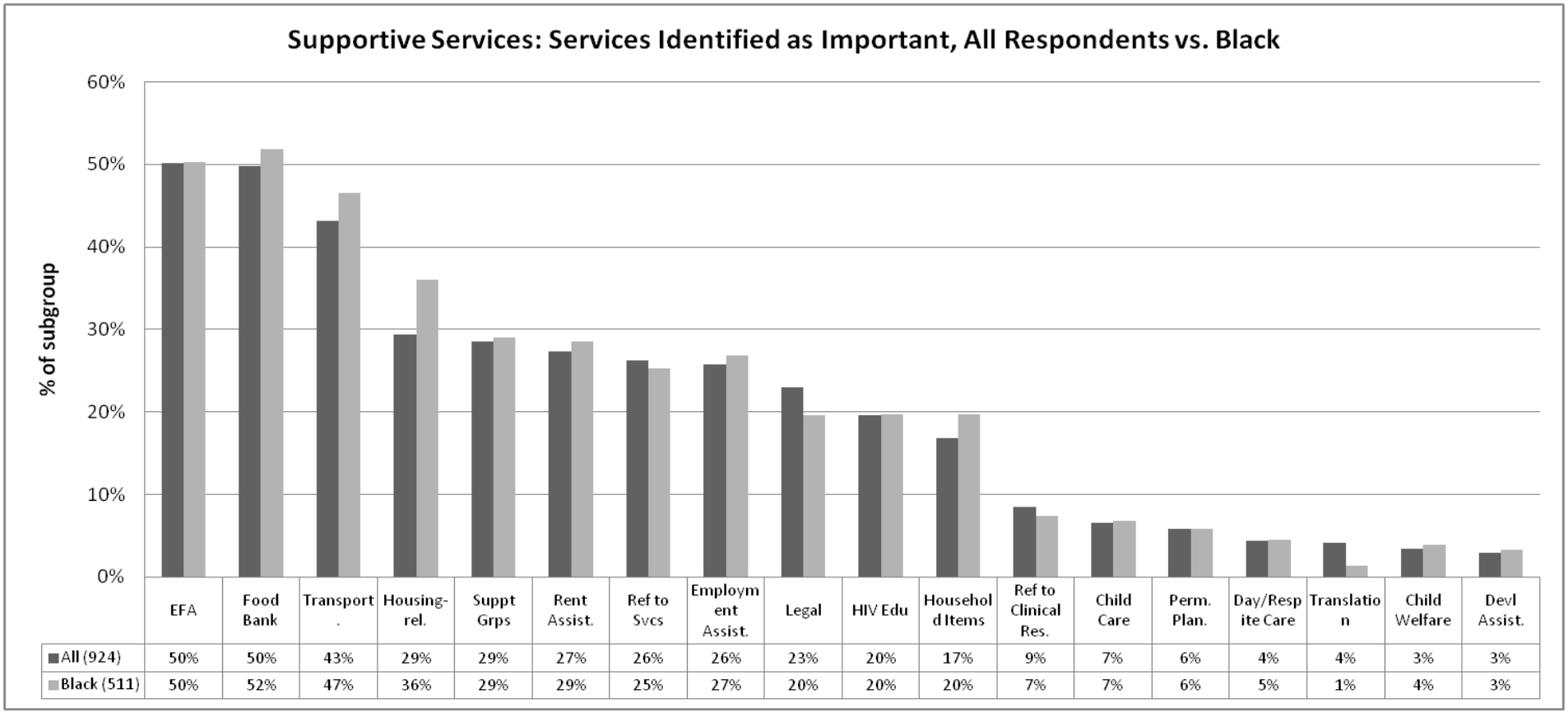
- Compared to the overall sample, this subgroup was more likely to report emergency financial assistance, transportation, household items and child care as important supportive services.



	EFA	Food Bank	Transport.	Housing-rel.	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist.	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All (924)	50%	50%	43%	29%	29%	27%	26%	26%	23%	20%	17%	9%	7%	6%	4%	4%	3%	3%
White (193)	53%	49%	39%	18%	24%	26%	28%	21%	28%	13%	11%	10%	4%	8%	3%	2%	1%	1%

The chart above shows the supportive services reported as useful or helpful by White respondents compared to the overall sample of 924 respondents.

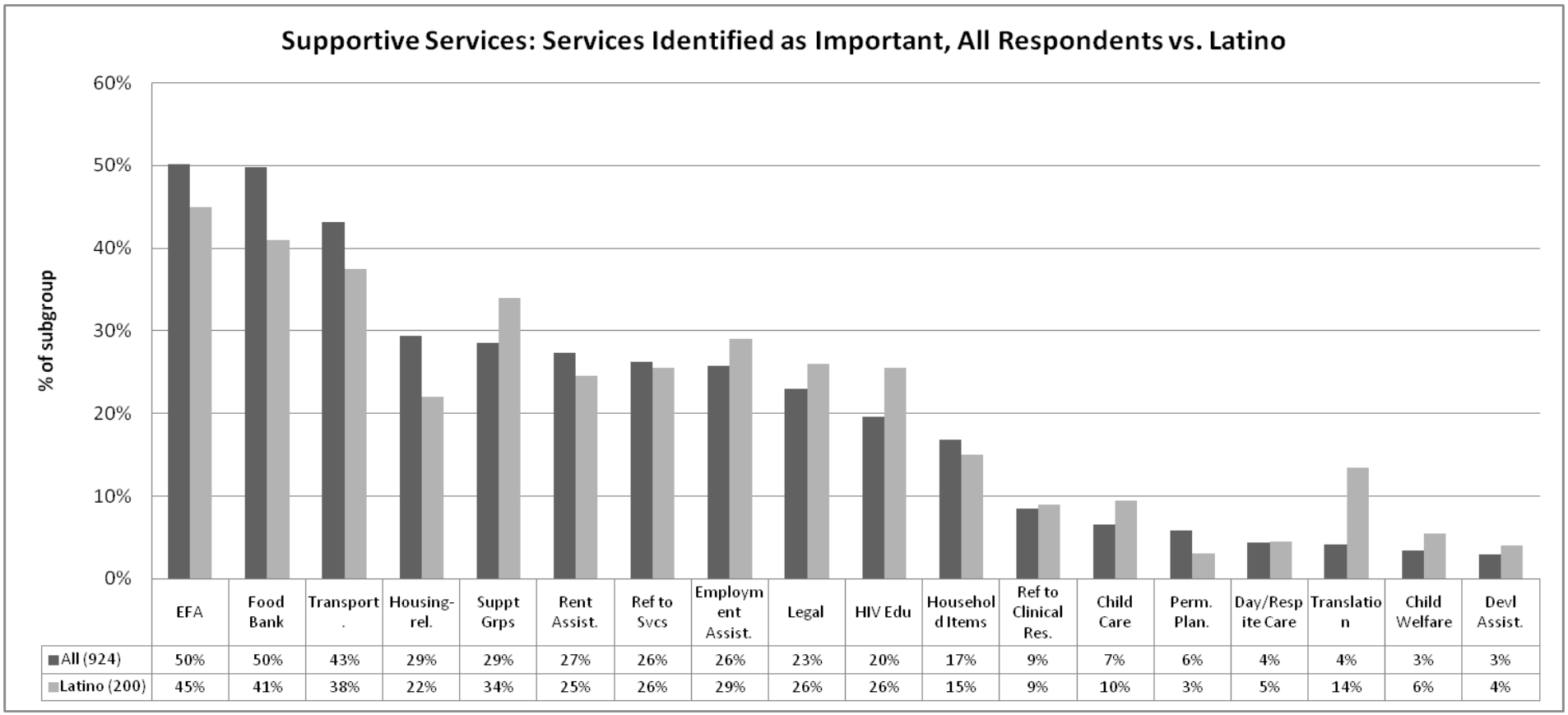
- Compared to the overall sample, this subgroup was more likely to report emergency financial assistance, referrals to services, legal services and permanency planning as important supportive services.



	EFA	Food Bank	Transport.	Housing-rel.	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist.	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All (924)	50%	50%	43%	29%	29%	27%	26%	26%	23%	20%	17%	9%	7%	6%	4%	4%	3%	3%
Black (511)	50%	52%	47%	36%	29%	29%	25%	27%	20%	20%	20%	7%	7%	6%	5%	1%	4%	3%

The chart above shows the supportive services reported as useful or helpful by Black respondents compared to the overall sample of 924 respondents.

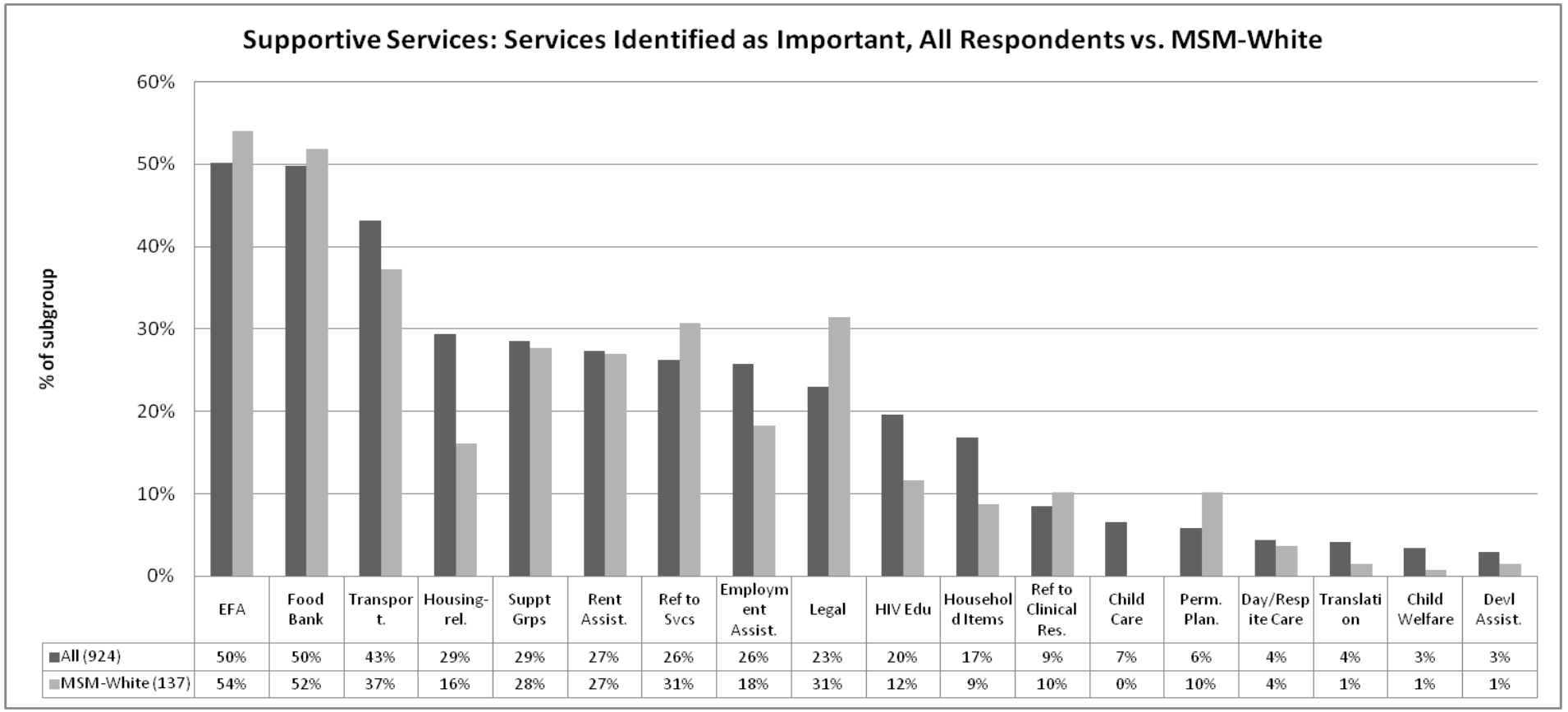
- Compared to the overall sample, this subgroup was more likely to report transportation, housing-related services and household items as important supportive services.



	EFA	Food Bank	Transport.	Housing-rel.	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist.	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All (924)	50%	50%	43%	29%	29%	27%	26%	26%	23%	20%	17%	9%	7%	6%	4%	4%	3%	3%
Latino (200)	45%	41%	38%	22%	34%	25%	26%	29%	26%	26%	15%	9%	10%	3%	5%	14%	6%	4%

The chart above shows the supportive services reported as useful or helpful by Latino respondents compared to the overall sample of 924 respondents.

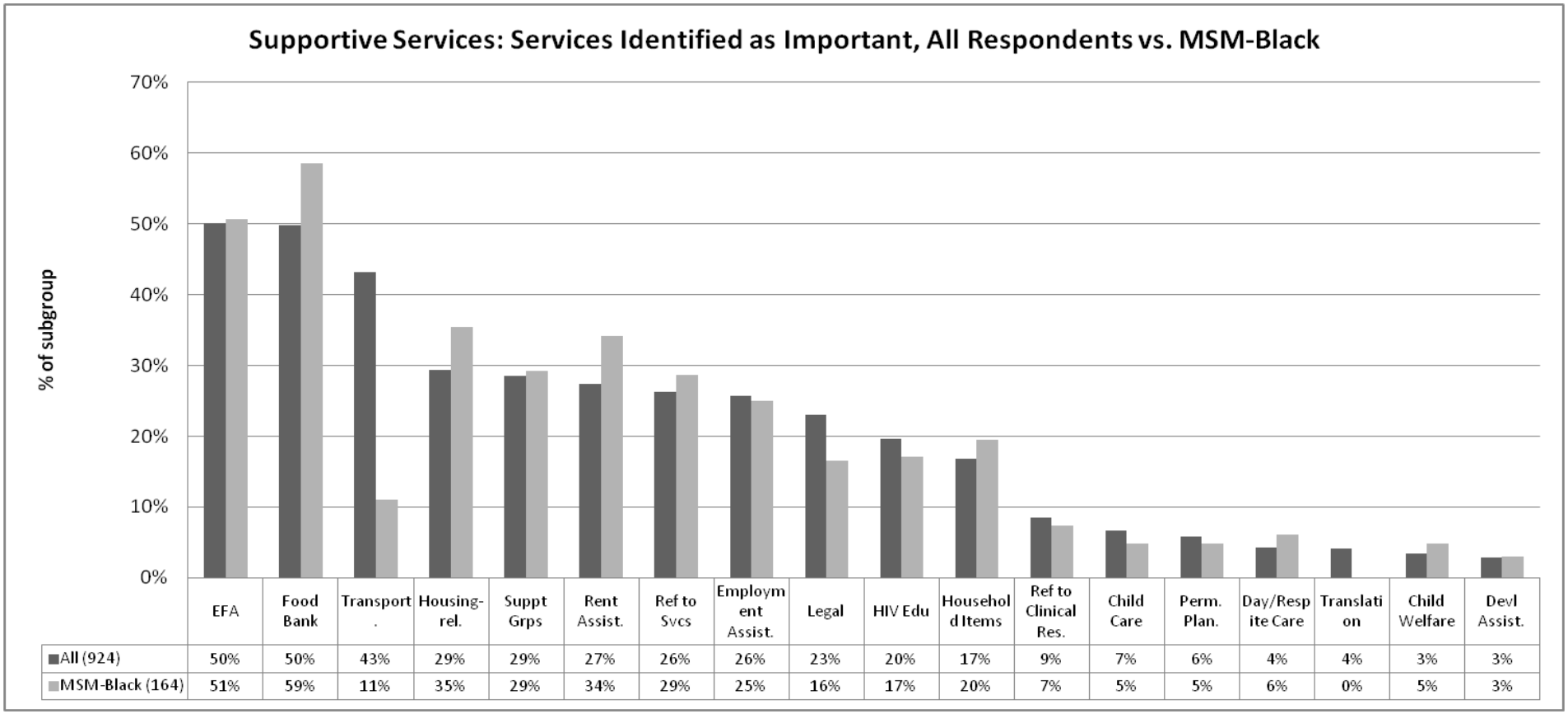
- Compared to the overall sample, this subgroup was more likely to report support groups, employment assistance, legal services, HIV education for HIV+ individuals, child care, child welfare and translation as important supportive services.



	EFA	Food Bank	Transport.	Housing-rel.	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist.	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All (924)	50%	50%	43%	29%	29%	27%	26%	26%	23%	20%	17%	9%	7%	6%	4%	4%	3%	3%
MSM-White (137)	54%	52%	37%	16%	28%	27%	31%	18%	31%	12%	9%	10%	0%	10%	4%	1%	1%	1%

The chart above shows the supportive services reported as useful or helpful by MSM-White respondents compared to the overall sample of 924 respondents.

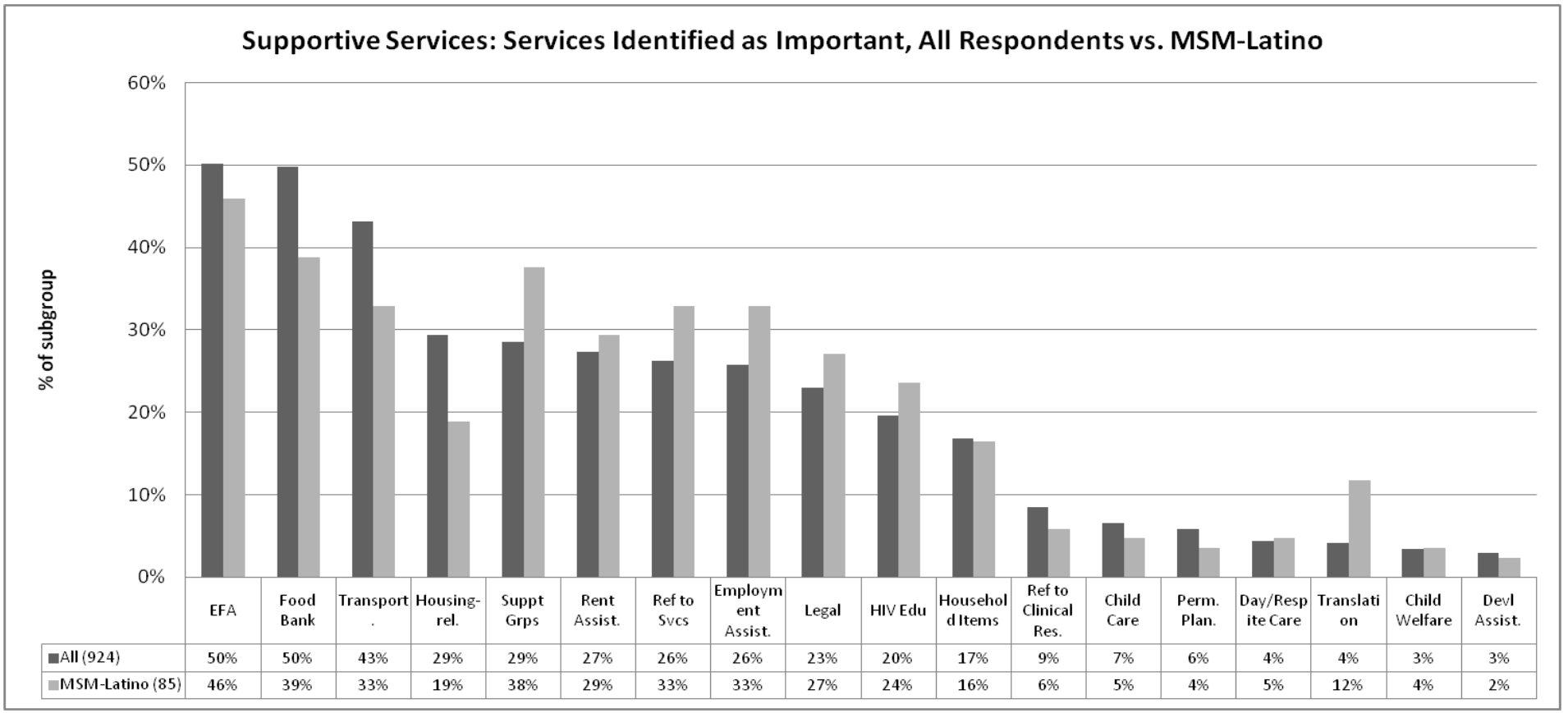
- Compared to the overall sample, this subgroup was more likely to report emergency financial assistance, food bank, referrals to services, legal services, referral to clinical research and permanency planning as important supportive services.



	EFA	Food Bank	Transport.	Housing-rel.	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist.	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All (924)	50%	50%	43%	29%	29%	27%	26%	26%	23%	20%	17%	9%	7%	6%	4%	4%	3%	3%
MSM-Black (164)	51%	59%	11%	35%	29%	34%	29%	25%	16%	17%	20%	7%	5%	5%	6%	0%	5%	3%

The chart above shows the supportive services reported as useful or helpful by MSM-Black respondents compared to the overall sample of 924 respondents.

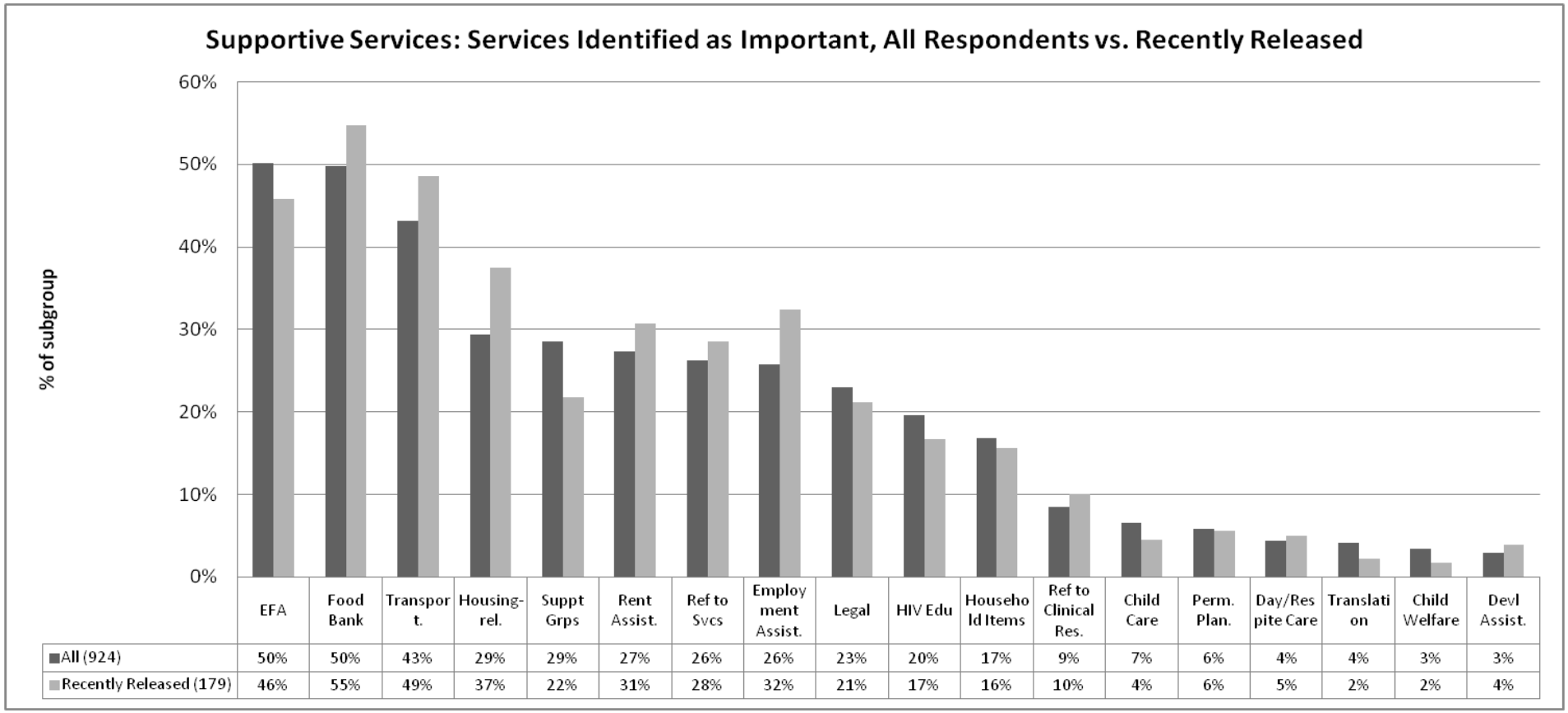
- Compared to the overall sample, this subgroup was more likely to emergency financial assistance, food bank, housing-related services, rental assistance, referrals to services, household items, day respite care and child welfare as important supportive services.



	EFA	Food Bank	Transport.	Housing-rel.	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist.	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All (924)	50%	50%	43%	29%	29%	27%	26%	26%	23%	20%	17%	9%	7%	6%	4%	4%	3%	3%
MSM-Latino (85)	46%	39%	33%	19%	38%	29%	33%	33%	27%	24%	16%	6%	5%	4%	5%	12%	4%	2%

The chart above shows the supportive services reported as useful or helpful by MSM-Latino respondents compared to the overall sample of 924 respondents.

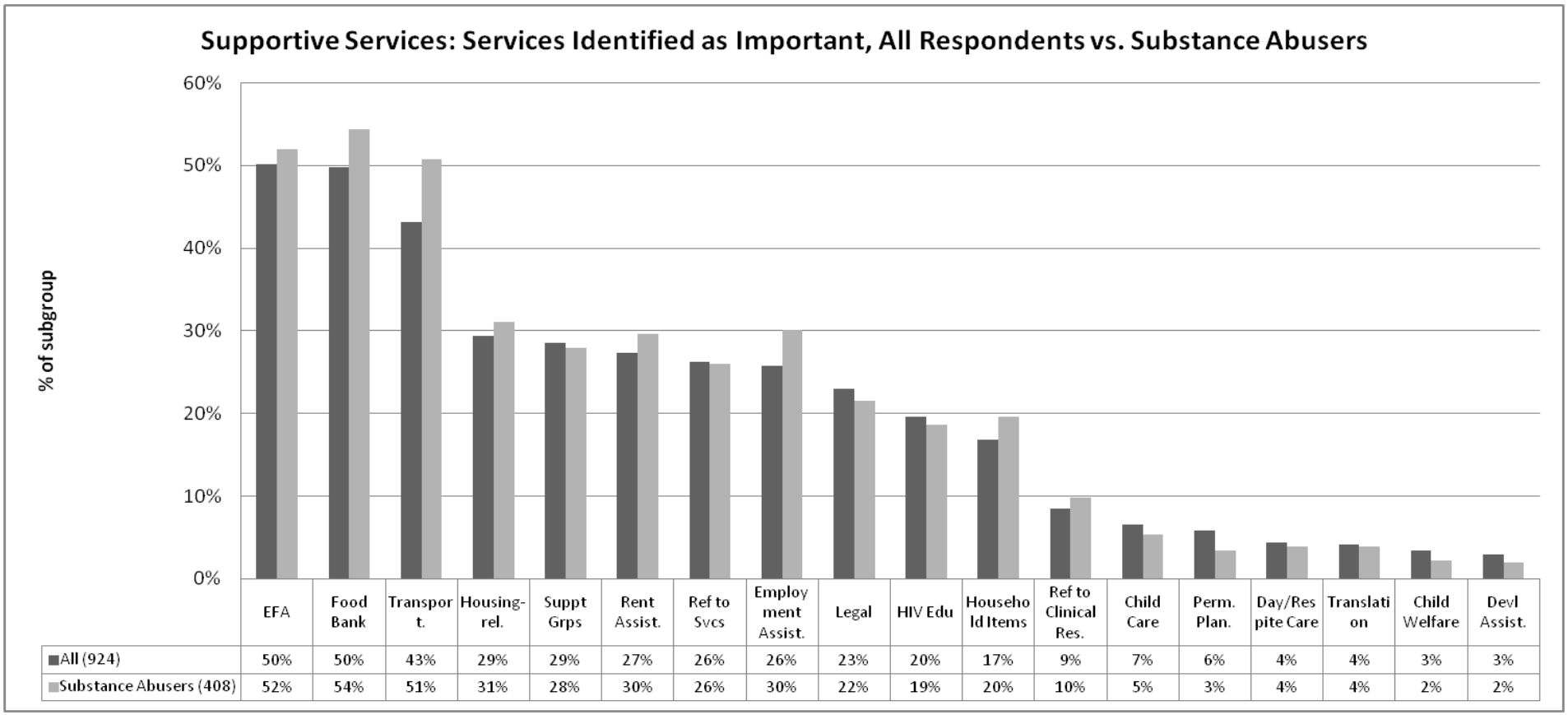
- Compared to the overall sample, this subgroup was more likely to report support groups, rental assistance, referrals to services, employment assistance, legal services, HIV education for HIV+ individuals and translation as important supportive services.



	EFA	Food Bank	Transport.	Housing-rel.	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist.	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All (924)	50%	50%	43%	29%	29%	27%	26%	26%	23%	20%	17%	9%	7%	6%	4%	4%	3%	3%
Recently Released (179)	46%	55%	49%	37%	22%	31%	28%	32%	21%	17%	16%	10%	4%	6%	5%	2%	2%	4%

The chart above shows the supportive services reported as useful or helpful by Recently Released respondents compared to the overall sample of 924 respondents.

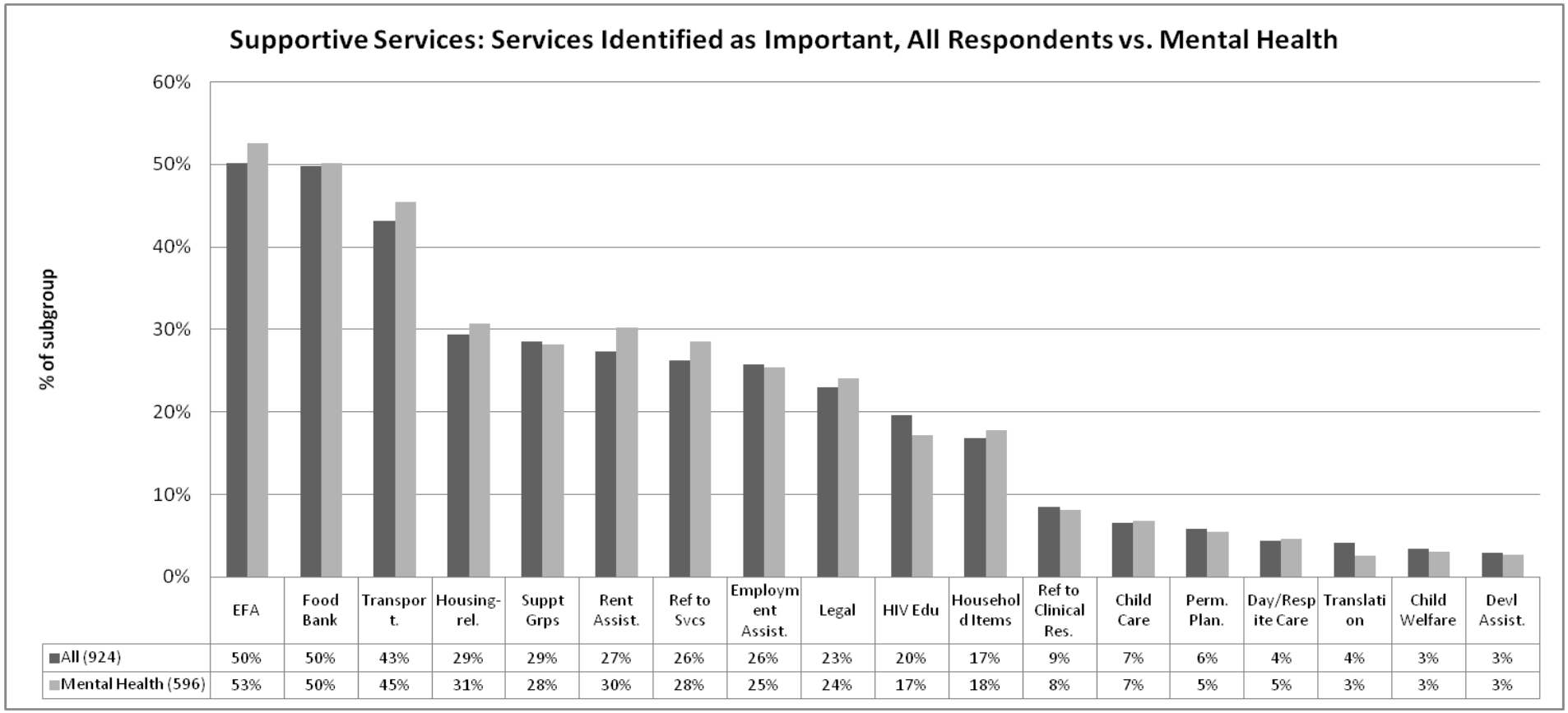
- Compared to the overall sample, this subgroup was more likely to report food bank, transportation, housing-related services, rental assistance, referrals to services, employment assistance, referrals to clinical research as important supportive services.



	EFA	Food Bank	Transport.	Housing-rel.	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist.	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All (924)	50%	50%	43%	29%	29%	27%	26%	26%	23%	20%	17%	9%	7%	6%	4%	4%	3%	3%
Substance Abusers (408)	52%	54%	51%	31%	28%	30%	26%	30%	22%	19%	20%	10%	5%	3%	4%	4%	2%	2%

The chart above shows the supportive services reported as useful or helpful by Substance Abusing respondents compared to the overall sample of 924 respondents.

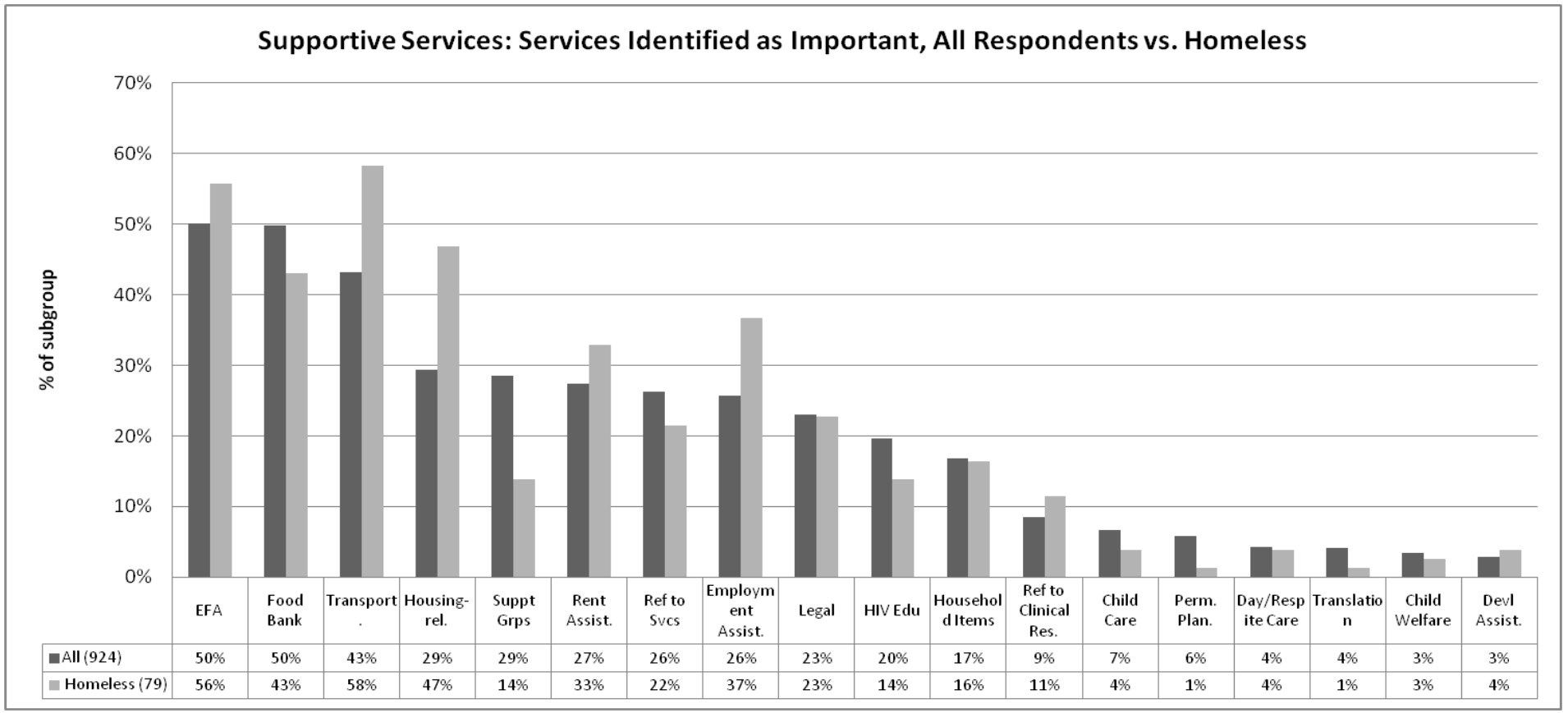
- Compared to the overall sample, this subgroup was more likely to report food bank, transportation, employment assistance and household items as important supportive services.



	EFA	Food Bank	Transport.	Housing-rel.	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist.	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All (924)	50%	50%	43%	29%	29%	27%	26%	26%	23%	20%	17%	9%	7%	6%	4%	4%	3%	3%
Mental Health (596)	53%	50%	45%	31%	28%	30%	28%	25%	24%	17%	18%	8%	7%	5%	5%	3%	3%	3%

The chart above shows the supportive services reported as useful or helpful by respondents with Mental Health symptoms compared to the overall sample of 924 respondents.

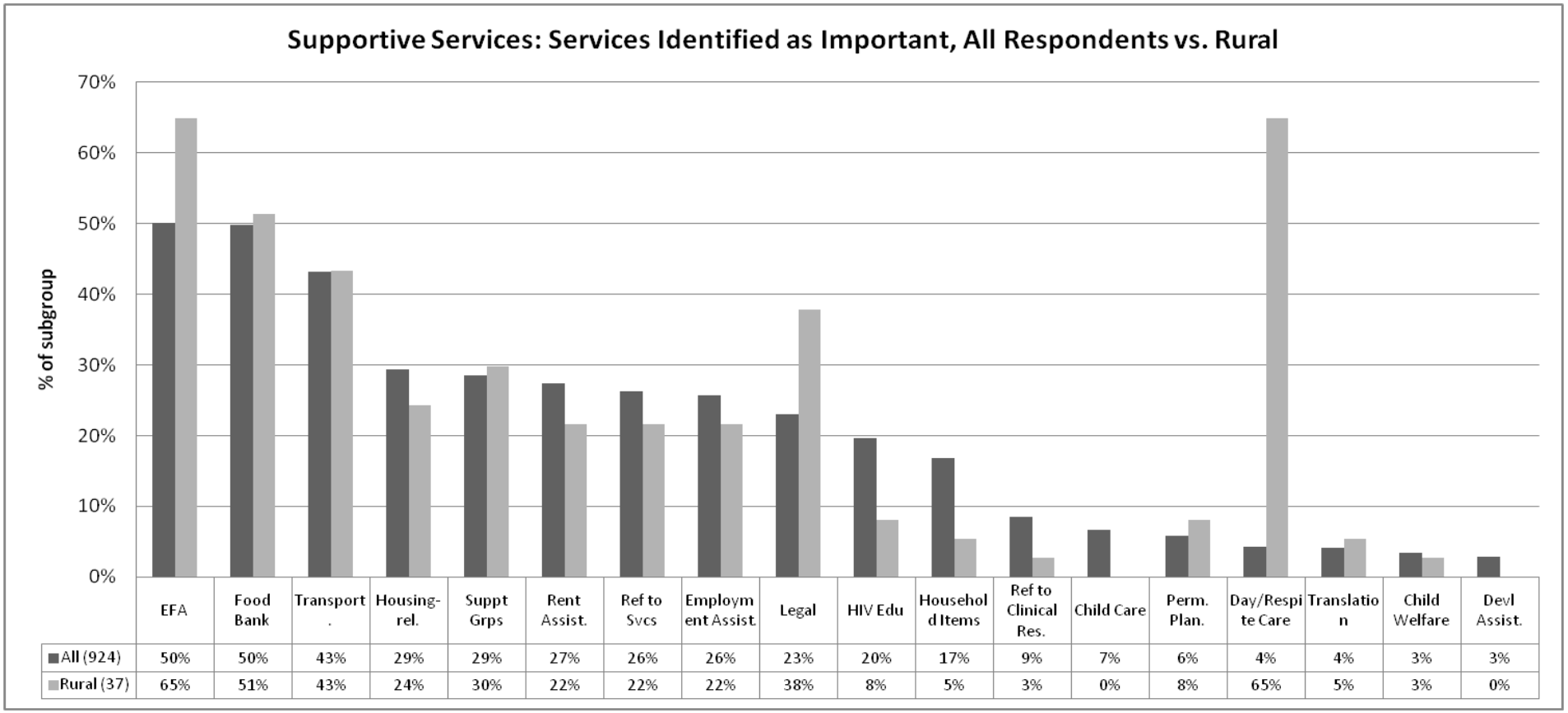
- Compared to the overall sample, this subgroup was more likely to report emergency financial assistance, transportation, housing-related services, rental assistance and referrals to services as important supportive services.



	EFA	Food Bank	Transport.	Housing-rel.	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist.	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All (924)	50%	50%	43%	29%	29%	27%	26%	26%	23%	20%	17%	9%	7%	6%	4%	4%	3%	3%
Homeless (79)	56%	43%	58%	47%	14%	33%	22%	37%	23%	14%	16%	11%	4%	1%	4%	1%	3%	4%

The chart above shows the supportive services reported as useful or helpful by Homeless respondents compared to the overall sample of 924 respondents.

- Compared to the overall sample, this subgroup was more likely to report emergency financial assistance, transportation, housing-related services, rental assistance, employment assistance and referral to clinical research as important supportive services.



	EFA	Food Bank	Transport.	Housing-rel.	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist.	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All (924)	50%	50%	43%	29%	29%	27%	26%	26%	23%	20%	17%	9%	7%	6%	4%	4%	3%	3%
Rural (37)	65%	51%	43%	24%	30%	22%	22%	22%	38%	8%	5%	3%	0%	8%	65%	5%	3%	0%

The chart above shows the supportive services reported as useful or helpful by Rural respondents compared to the overall sample of 924 respondents.

- Compared to the overall sample, this subgroup was more likely to report emergency financial assistance, legal services, permanency planning and adult day/respite care as important supportive services.

Barriers to Supportive Services

Introduction

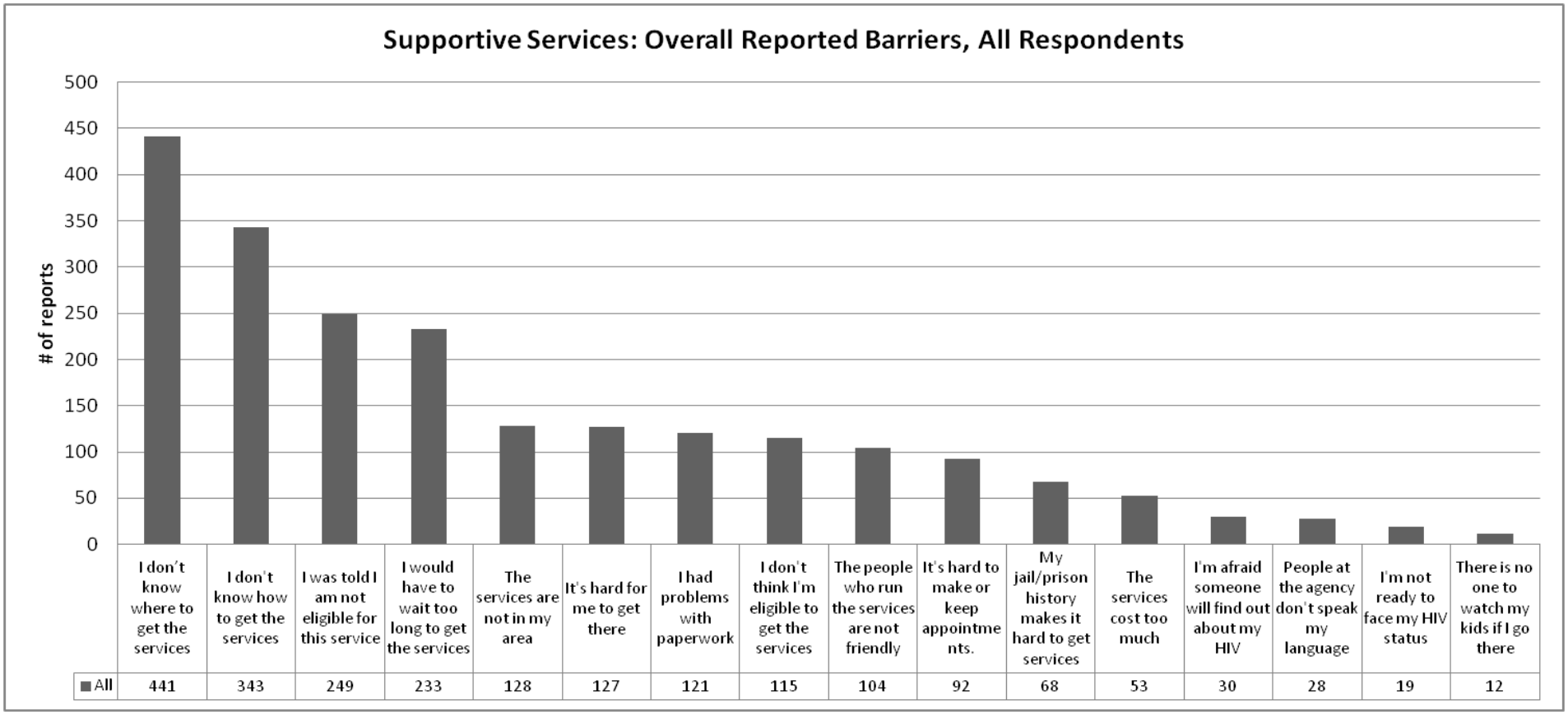
Survey respondents that reported "some difficulty" getting a supportive service were asked to describe the barriers they experienced. Respondents could choose from a list of common barriers, or write their own. The number of possible reported barriers was unlimited, so respondents were encouraged to list every barrier they encountered when getting a service, including barriers not included on the list. It should also be noted that the number of reported barriers does not indicate whether the respondent did, or did not, ultimately receive the service – survey respondents described the barriers they experienced in the process of getting a service.

Barriers to Services

Respondents chose from a prepared list of 16 common barriers. The 4 most commonly reported barriers for supportive services were difficulty not knowing where to get services, not knowing how to get services, being told of ineligibility for services and long wait times. The following table ranks the barriers reported for all supportive services.

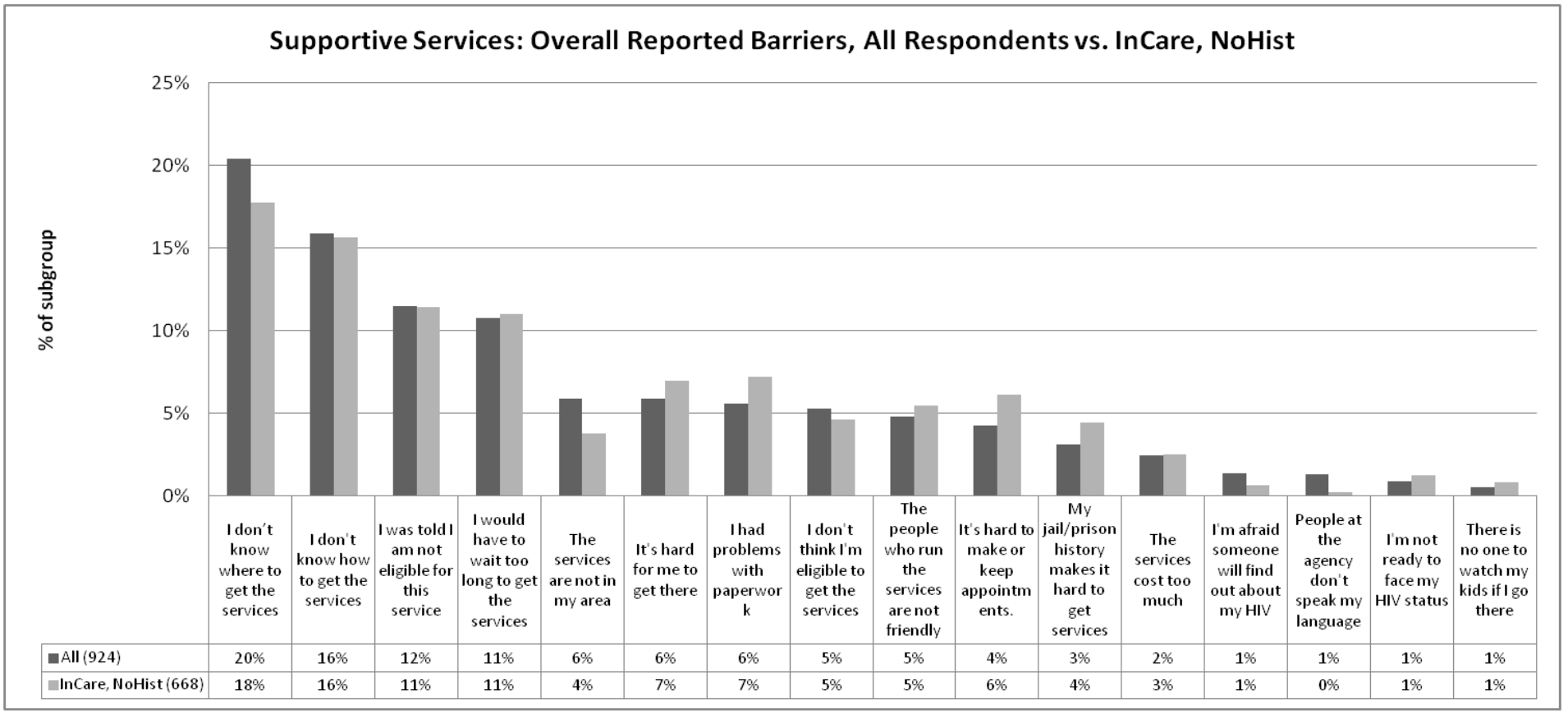
Barrier	# of Reports	% of total Reports
I don't know where to get the services	441	20%
I don't know how to get the services	343	16%
I was told I am not eligible for this service	249	11%
I would have to wait too long to get the services	233	11%
The services are not in my area	128	6%
It's hard for me to get there	127	6%
I had problems with paperwork	121	5%
I don't think I'm eligible to get the services	115	5%
The people who run the services are not friendly	104	5%
It's hard to make or keep appointments.	92	4%
My jail/prison history makes it hard to get services	68	3%
The services cost too much	53	2%
I'm afraid someone will find out about my HIV	30	2%
People at the agency don't speak my language	28	1%
I'm not ready to face my HIV status	19	1%

The following charts show the proportion of each subgroup that reported a particular barrier, as compared to the overall sample of respondents.



The chart above shows the number of reports of barriers for all supportive services. The barriers are ranked based on the full sample of 924 PLWHA respondents.

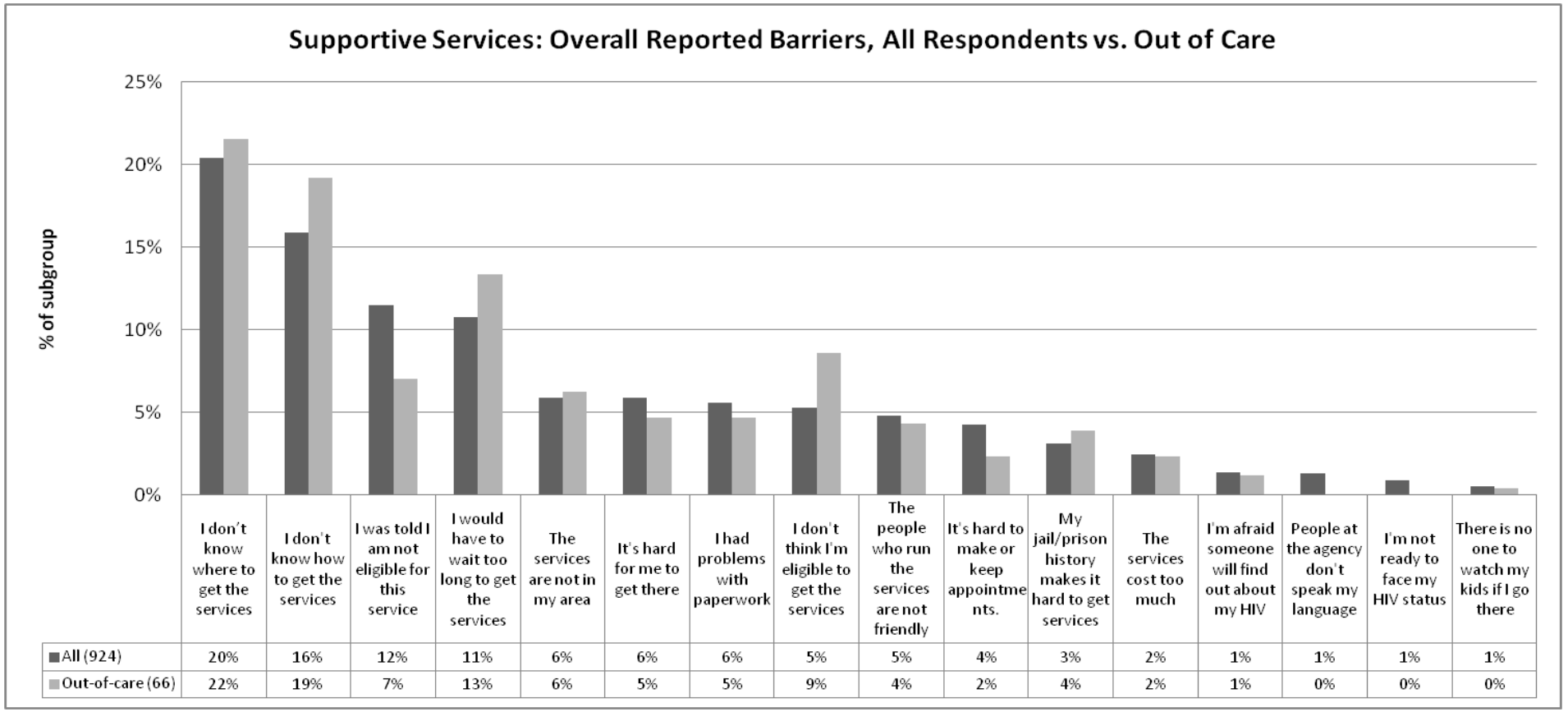
- The top three barriers reported by all respondents were I don't know where to get the services, I don't know how to get the services and I was told I am not eligible for this service.



	I don't know where to get the services	I don't know how to get the services	I was told I am not eligible for this service	I would have to wait too long to get the services	The services are not in my area	It's hard for me to get there	I had problems with paperwork	I don't think I'm eligible to get the services	The people who run the services are not friendly	It's hard to make or keep appointments.	My jail/prison history makes it hard to get services	The services cost too much	I'm afraid someone will find out about my HIV	People at the agency don't speak my language	I'm not ready to face my HIV status	There is no one to watch my kids if I go there
All (924)	20%	16%	12%	11%	6%	6%	6%	5%	5%	4%	3%	2%	1%	1%	1%	1%
InCare, NoHist (668)	18%	16%	11%	11%	4%	7%	7%	5%	5%	6%	4%	3%	1%	0%	1%	1%

The chart above shows the proportion of barriers reported by In Care respondents with no history of being out of care compared to the overall sample of 924 respondents.

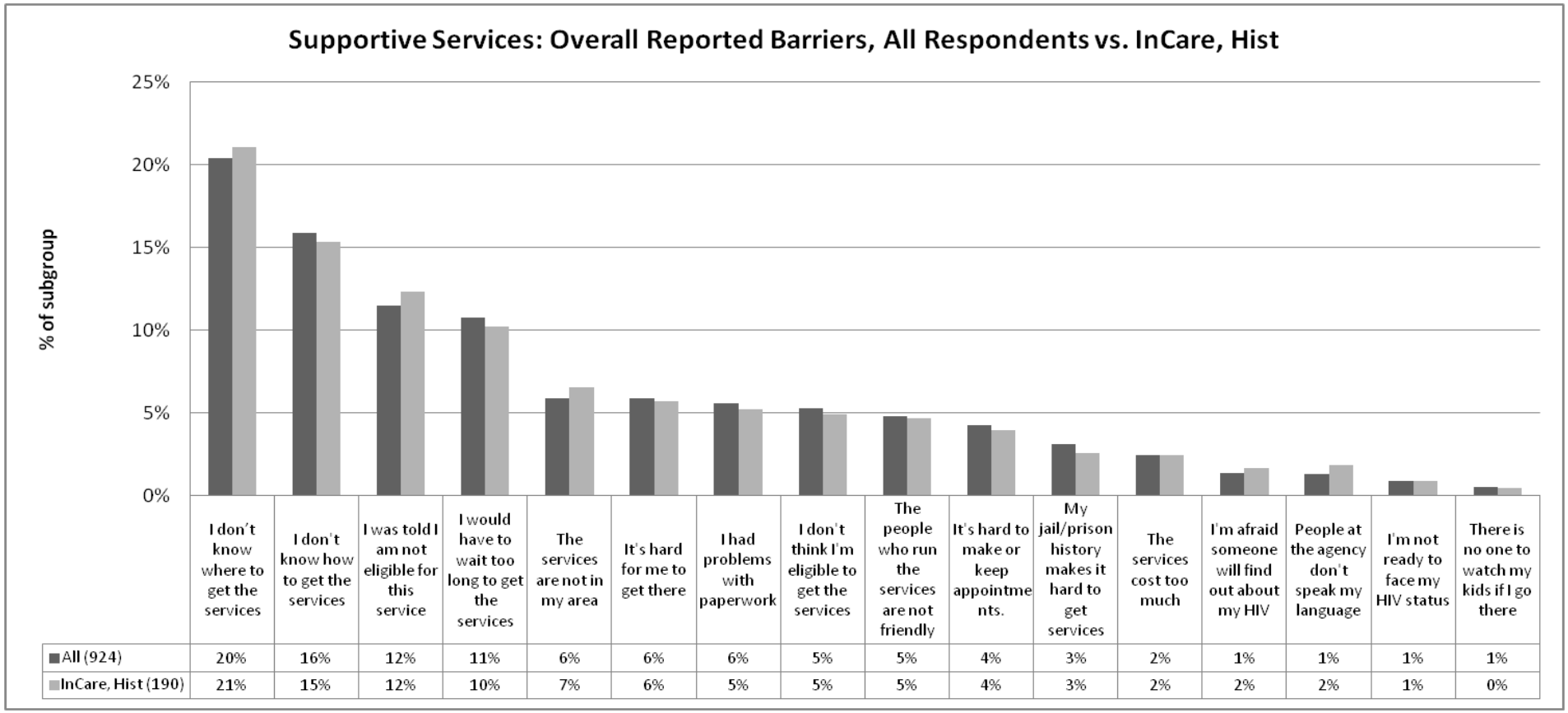
- Compared to the overall sample, this subgroup reported having difficulty getting to services, problems with paperwork and difficulty making or keeping appointments more frequently.



	I don't know where to get the services	I don't know how to get the services	I was told I am not eligible for this service	I would have to wait too long to get the services	The services are not in my area	It's hard for me to get there	I had problems with paperwork	I don't think I'm eligible to get the services	The people who run the services are not friendly	It's hard to make or keep appointments.	My jail/prison history makes it hard to get services	The services cost too much	I'm afraid someone will find out about my HIV	People at the agency don't speak my language	I'm not ready to face my HIV status	There is no one to watch my kids if I go there
All (924)	20%	16%	12%	11%	6%	6%	6%	5%	5%	4%	3%	2%	1%	1%	1%	1%
Out-of-care (66)	22%	19%	7%	13%	6%	5%	5%	9%	4%	2%	4%	2%	1%	0%	0%	0%

The chart above shows the proportion of barriers reported by Out of Care respondents with no history of being out of care compared to the overall sample of 924 respondents.

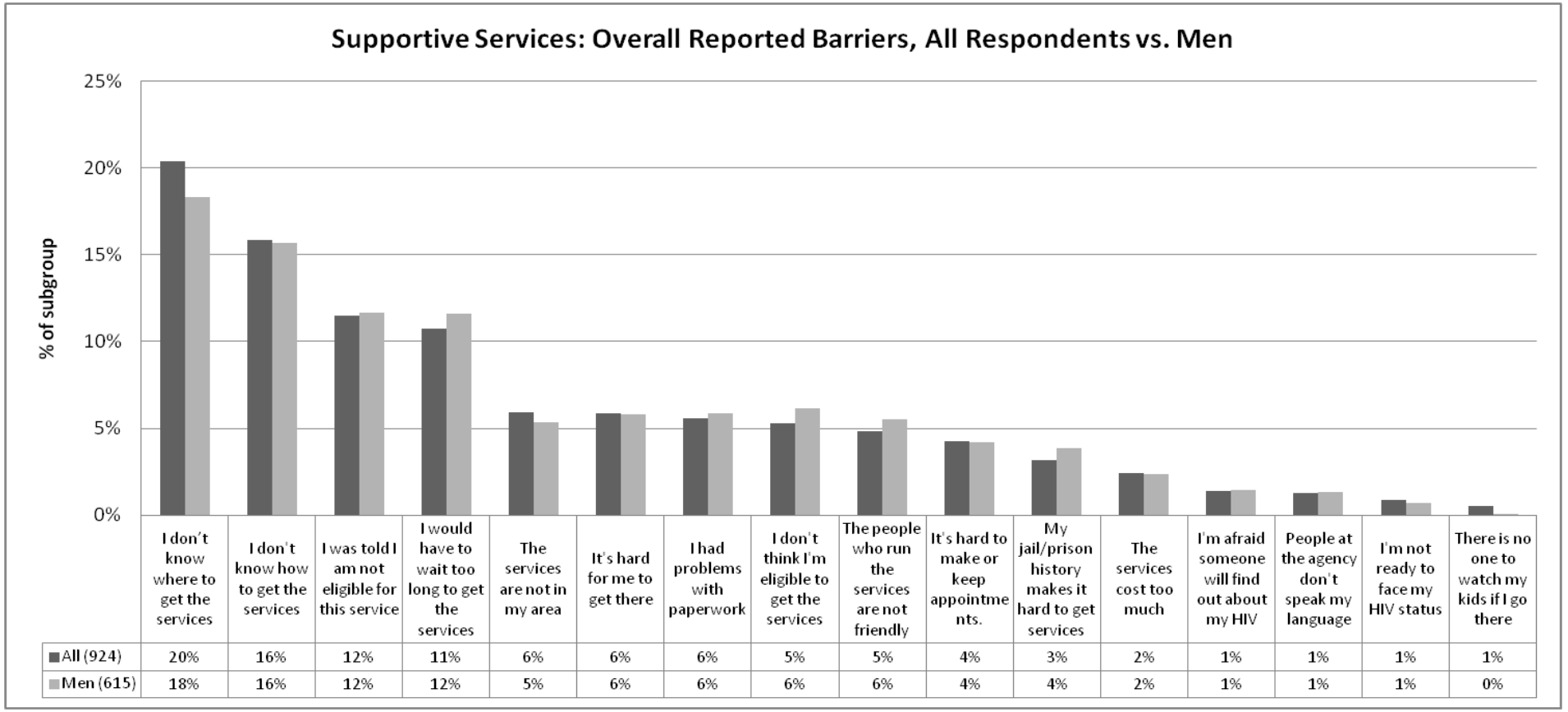
- Compared to the overall sample, this subgroup more frequently reported not knowing where or how to get services, long wait times and being unsure about their eligibility for services.



	I don't know where to get the services	I don't know how to get the services	I was told I am not eligible for this service	I would have to wait too long to get the services	The services are not in my area	It's hard for me to get there	I had problems with paperwork	I don't think I'm eligible to get the services	The people who run the services are not friendly	It's hard to make or keep appointments.	My jail/prison history makes it hard to get services	The services cost too much	I'm afraid someone will find out about my HIV	People at the agency don't speak my language	I'm not ready to face my HIV status	There is no one to watch my kids if I go there
All (924)	20%	16%	12%	11%	6%	6%	6%	5%	5%	4%	3%	2%	1%	1%	1%	1%
InCare, Hist (190)	21%	15%	12%	10%	7%	6%	5%	5%	5%	4%	3%	2%	2%	2%	1%	0%

The chart above shows the proportion of barriers reported by In Care respondents with a history of being out of care compared to the overall sample of 924 respondents.

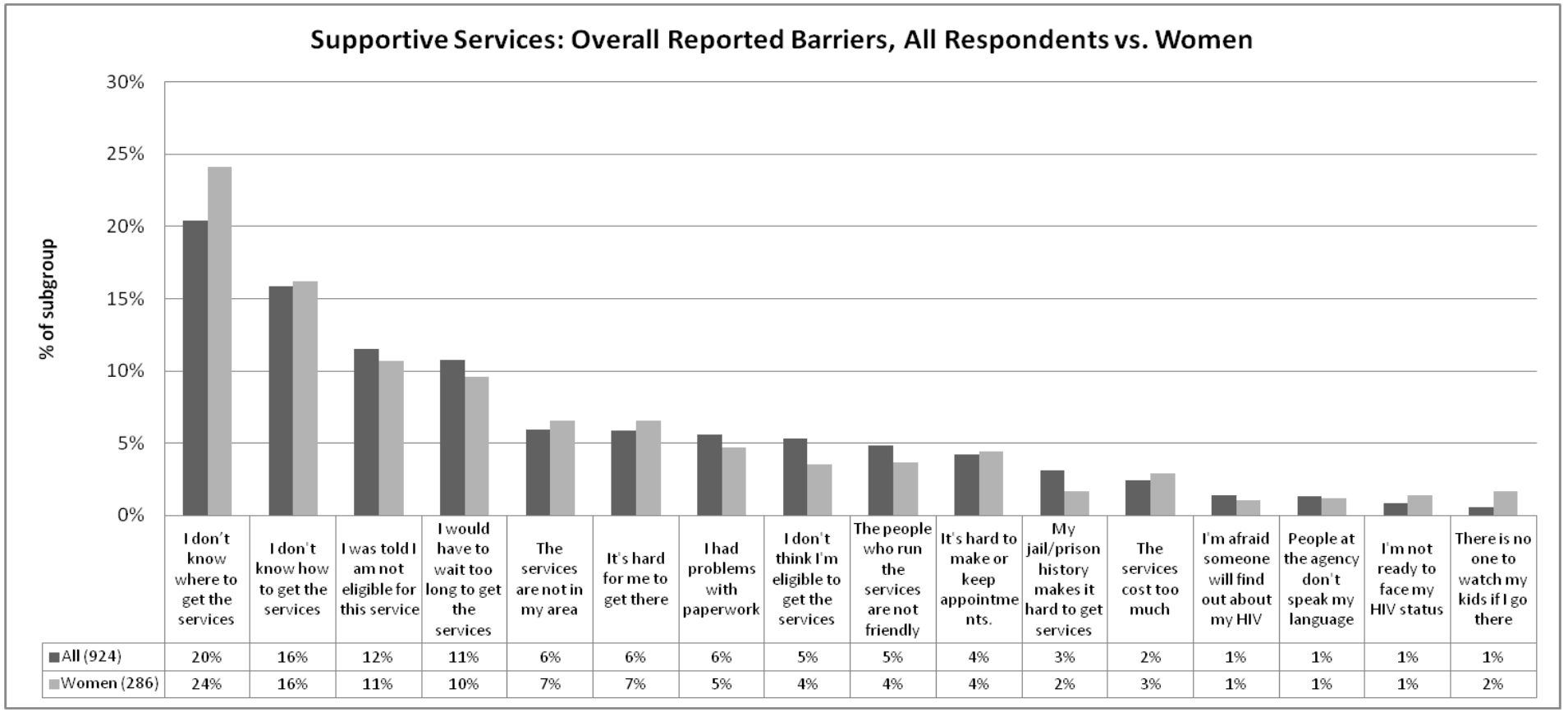
- Compared to the overall sample, this subgroup did not report any barriers that were significantly different than the overall sample.



	I don't know where to get the services	I don't know how to get the services	I was told I am not eligible for this service	I would have to wait too long to get the services	The services are not in my area	It's hard for me to get there	I had problems with paperwork	I don't think I'm eligible to get the services	The people who run the services are not friendly	It's hard to make or keep appointments.	My jail/prison history makes it hard to get services	The services cost too much	I'm afraid someone will find out about my HIV	People at the agency don't speak my language	I'm not ready to face my HIV status	There is no one to watch my kids if I go there
All (924)	20%	16%	12%	11%	6%	6%	6%	5%	5%	4%	3%	2%	1%	1%	1%	1%
Men (615)	18%	16%	12%	12%	5%	6%	6%	6%	6%	4%	4%	2%	1%	1%	1%	0%

The chart above shows the proportion of barriers reported by male respondents compared to the overall sample of 924 respondents.

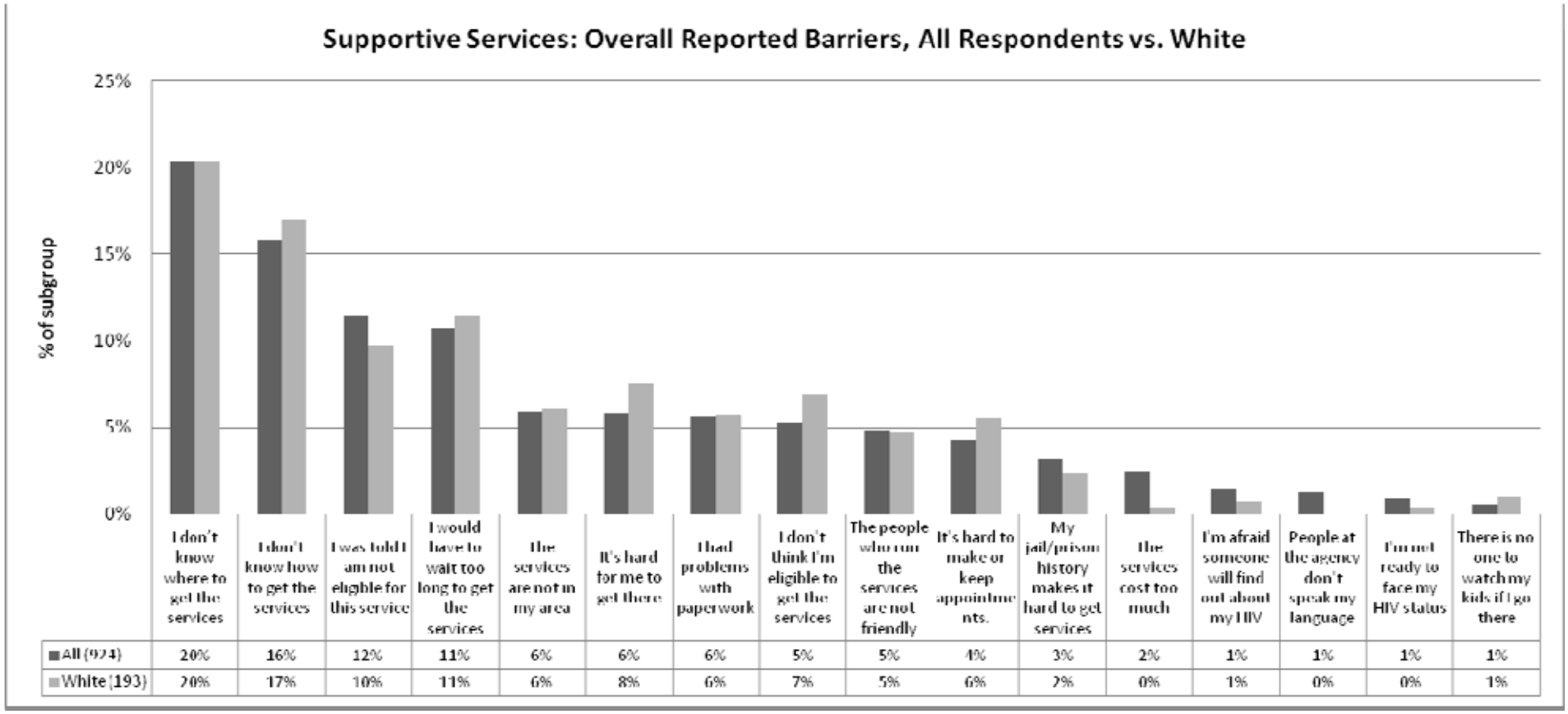
- This subgroup reported long wait times, being unsure about eligibility and jail/prison histories only slightly more frequently than the overall sample.



	I don't know where to get the services	I don't know how to get the services	I was told I am not eligible for this service	I would have to wait too long to get the services	The services are not in my area	It's hard for me to get there	I had problems with paperwork	I don't think I'm eligible to get the services	The people who run the services are not friendly	It's hard to make or keep appointments.	My jail/prison history makes it hard to get services	The services cost too much	I'm afraid someone will find out about my HIV	People at the agency don't speak my language	I'm not ready to face my HIV status	There is no one to watch my kids if I go there
All (924)	20%	16%	12%	11%	6%	6%	6%	5%	5%	4%	3%	2%	1%	1%	1%	1%
Women (286)	24%	16%	11%	10%	7%	7%	5%	4%	4%	4%	2%	3%	1%	1%	1%	2%

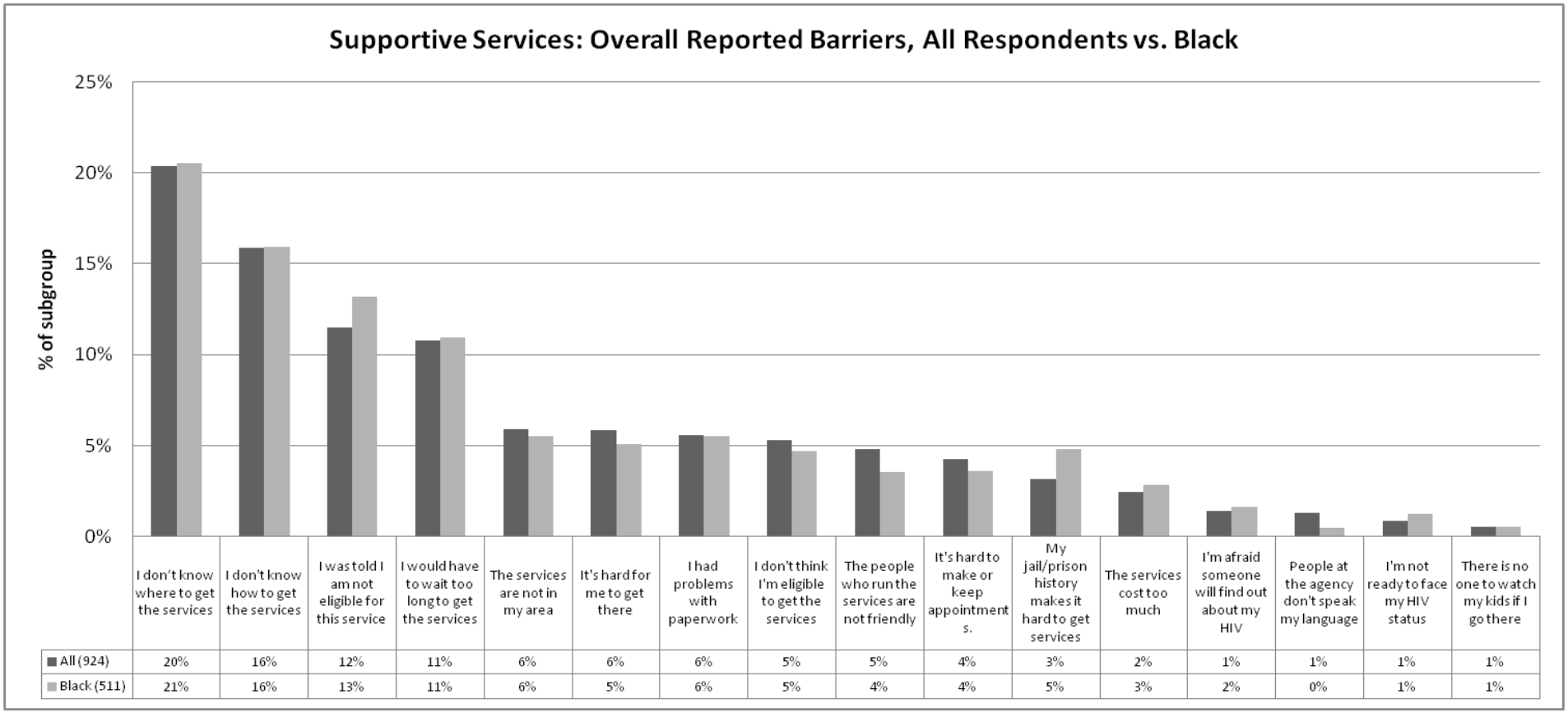
The chart above shows the proportion of barriers reported by female respondents compared to the overall sample of 924 respondents.

- Compared to the overall sample, this subgroup more frequently reported not knowing where to get services and having no child care as barriers to supportive services.



The chart above shows the proportion of barriers reported by White respondents compared to the overall sample of 924 respondents.

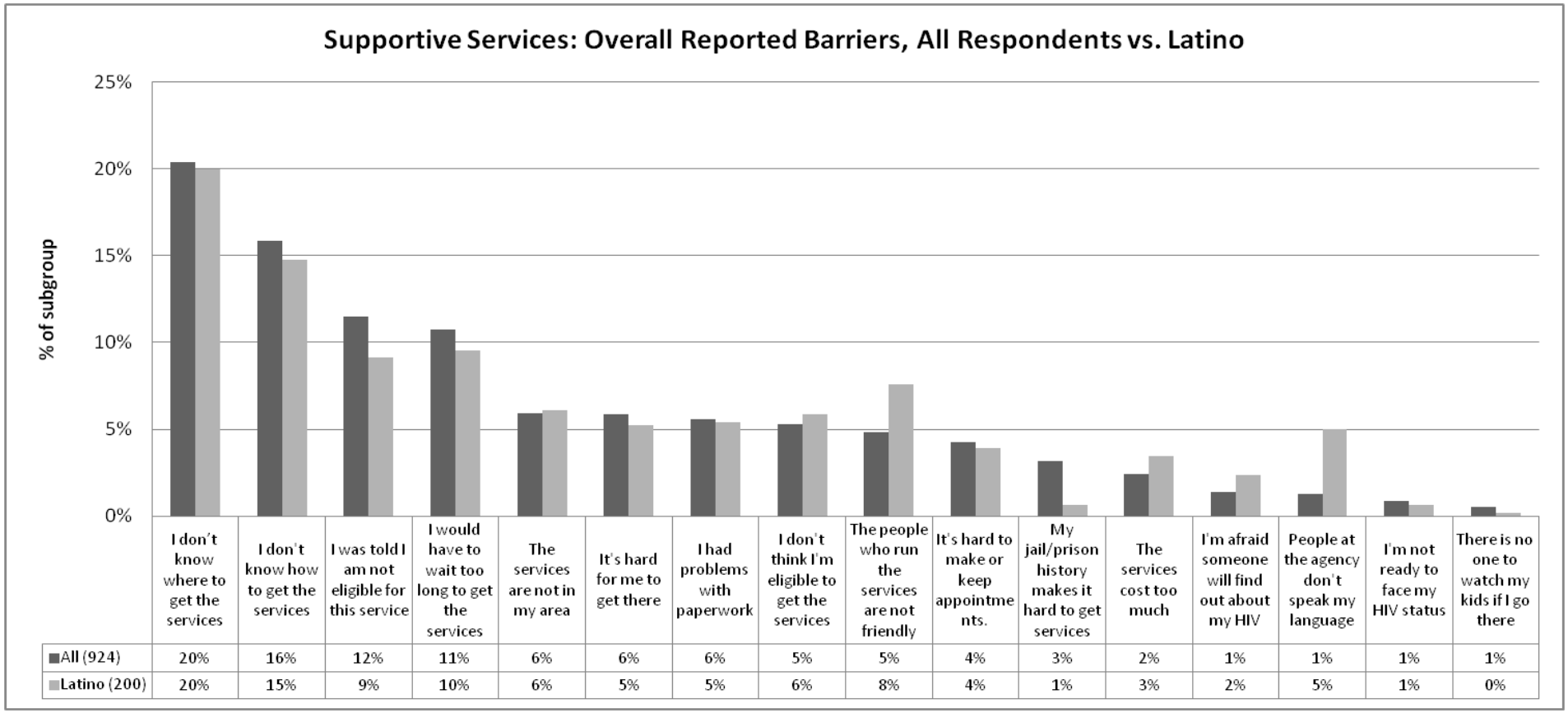
- Compared to the overall sample, this subgroup was more likely to report not knowing how to get services, long wait times, difficulty getting to services, unsure about eligibility and difficulty making or keeping appointments.



	I don't know where to get the services	I don't know how to get the services	I was told I am not eligible for this service	I would have to wait too long to get the services	The services are not in my area	It's hard for me to get there	I had problems with paperwork	I don't think I'm eligible to get the services	The people who run the services are not friendly	It's hard to make or keep appointments.	My jail/prison history makes it hard to get services	The services cost too much	I'm afraid someone will find out about my HIV	People at the agency don't speak my language	I'm not ready to face my HIV status	There is no one to watch my kids if I go there
All (924)	20%	16%	12%	11%	6%	6%	6%	5%	5%	4%	3%	2%	1%	1%	1%	1%
Black (511)	21%	16%	13%	11%	6%	5%	6%	5%	4%	4%	5%	3%	2%	0%	1%	1%

The chart above shows the proportion of barriers reported by Black respondents compared to the overall sample of 924 respondents.

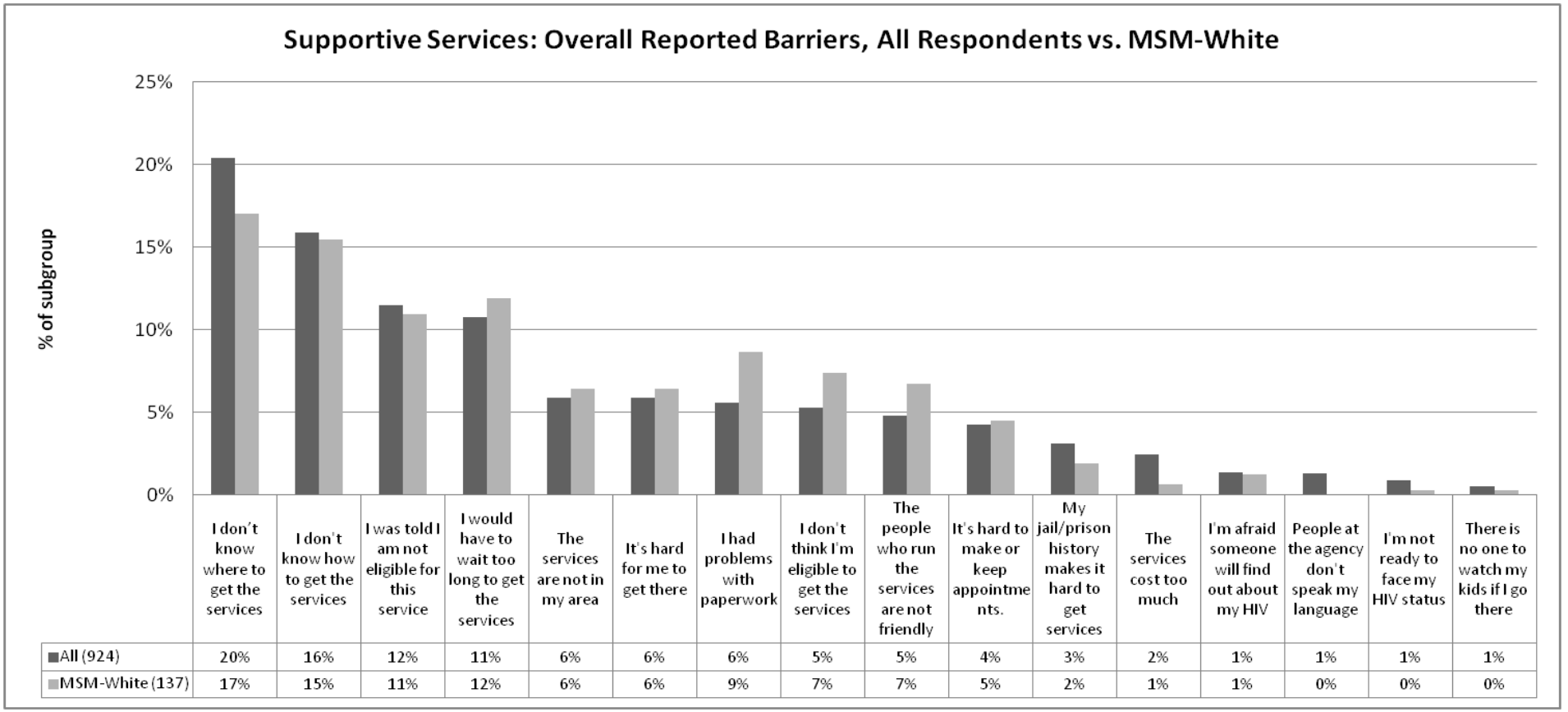
- Compared to the overall sample, this subgroup was more likely to report being told they were ineligible for services and jail/prison histories as barriers to supportive services.



	I don't know where to get the services	I don't know how to get the services	I was told I am not eligible for this service	I would have to wait too long to get the services	The services are not in my area	It's hard for me to get there	I had problems with paperwork	I don't think I'm eligible to get the services	The people who run the services are not friendly	It's hard to make or keep appointments.	My jail/prison history makes it hard to get services	The services cost too much	I'm afraid someone will find out about my HIV	People at the agency don't speak my language	I'm not ready to face my HIV status	There is no one to watch my kids if I go there
All (924)	20%	16%	12%	11%	6%	6%	6%	5%	5%	4%	3%	2%	1%	1%	1%	1%
Latino (200)	20%	15%	9%	10%	6%	5%	5%	6%	8%	4%	1%	3%	2%	5%	1%	0%

The chart above shows the proportion of barriers reported by Latino respondents compared to the overall sample of 924 respondents.

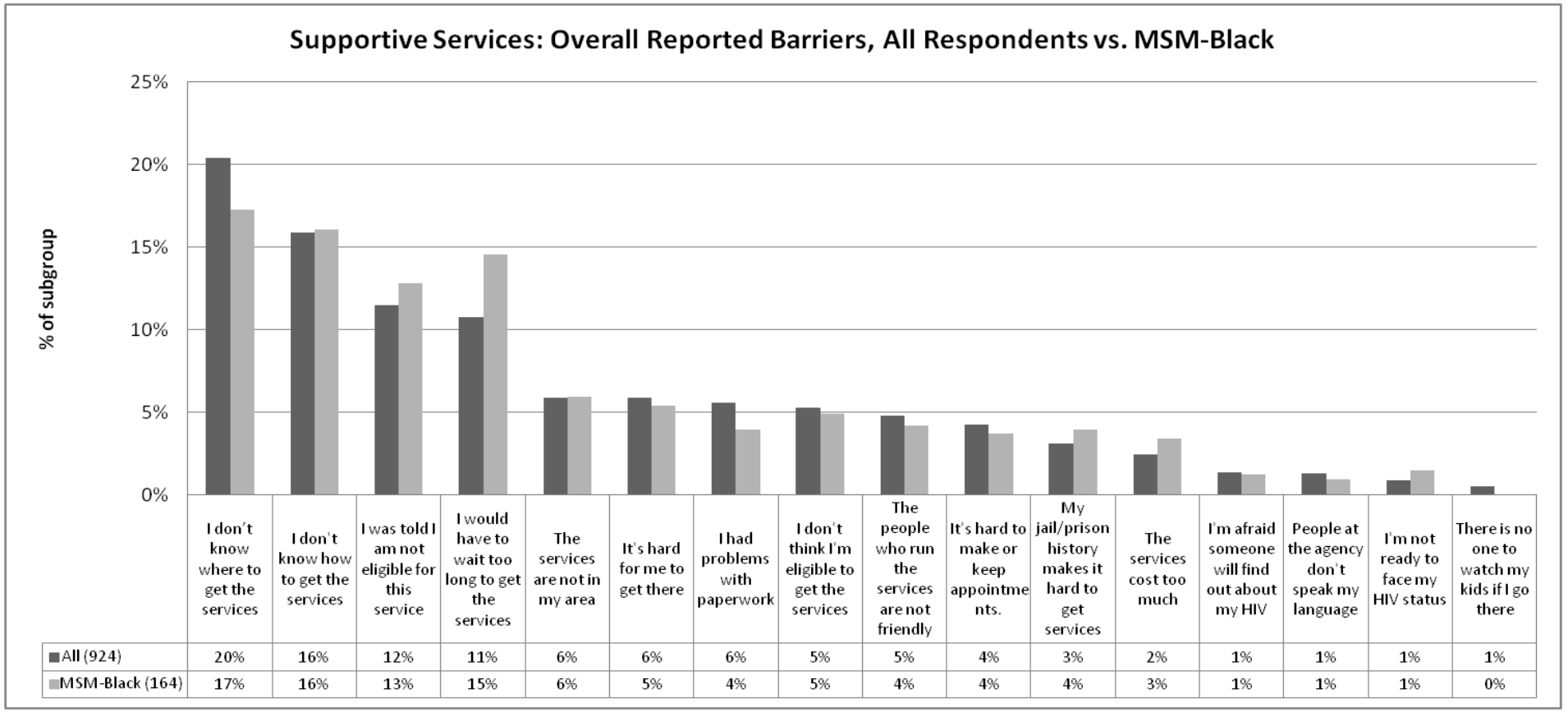
- Compared to the overall sample, this subgroup was more likely to report unfriendly staff, cost of services, fear of disclosure and language barriers as barriers to supportive services.



	I don't know where to get the services	I don't know how to get the services	I was told I am not eligible for this service	I would have to wait too long to get the services	The services are not in my area	It's hard for me to get there	I had problems with paperwork	I don't think I'm eligible to get the services	The people who run the services are not friendly	It's hard to make or keep appointments.	My jail/prison history makes it hard to get services	The services cost too much	I'm afraid someone will find out about my HIV	People at the agency don't speak my language	I'm not ready to face my HIV status	There is no one to watch my kids if I go there
All (924)	20%	16%	12%	11%	6%	6%	6%	5%	5%	4%	3%	2%	1%	1%	1%	1%
MSM-White (137)	17%	15%	11%	12%	6%	6%	9%	7%	7%	5%	2%	1%	1%	0%	0%	0%

The chart above shows the proportion of barriers reported by MSM-White respondents compared to the overall sample of 924 respondents.

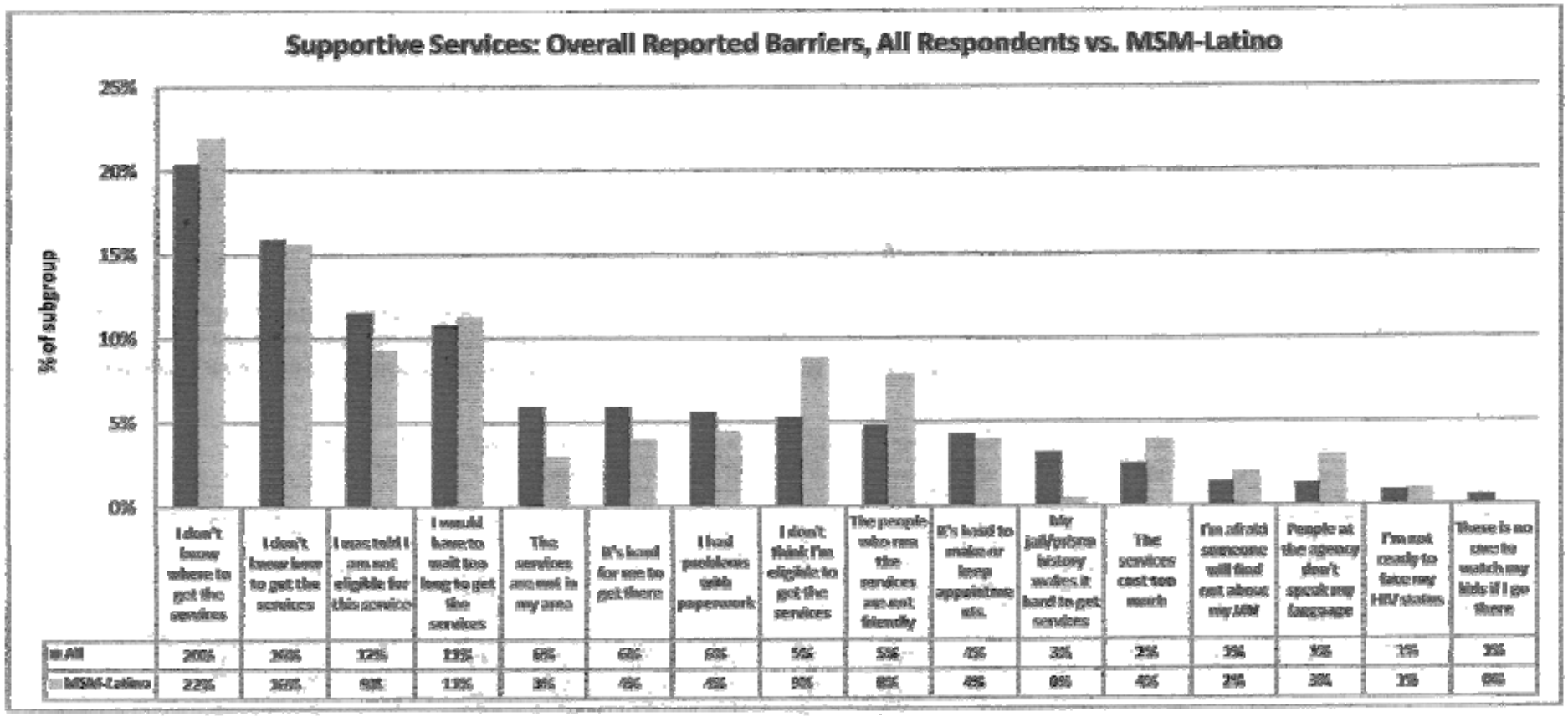
- Compared to the overall sample, this subgroup was more likely to report long wait times, problems with paperwork, being unsure about eligibility and unfriendly staff as barriers to supportive services.



	I don't know where to get the services	I don't know how to get the services	I was told I am not eligible for this service	I would have to wait too long to get the services	The services are not in my area	It's hard for me to get there	I had problems with paperwork	I don't think I'm eligible to get the services	The people who run the services are not friendly	It's hard to make or keep appointments.	My jail/prison history makes it hard to get services	The services cost too much	I'm afraid someone will find out about my HIV	People at the agency don't speak my language	I'm not ready to face my HIV status	There is no one to watch my kids if I go there
All (924)	20%	16%	12%	11%	6%	6%	6%	5%	5%	4%	3%	2%	1%	1%	1%	1%
MSM-Black (164)	17%	16%	13%	15%	6%	5%	4%	5%	4%	4%	4%	3%	1%	1%	1%	0%

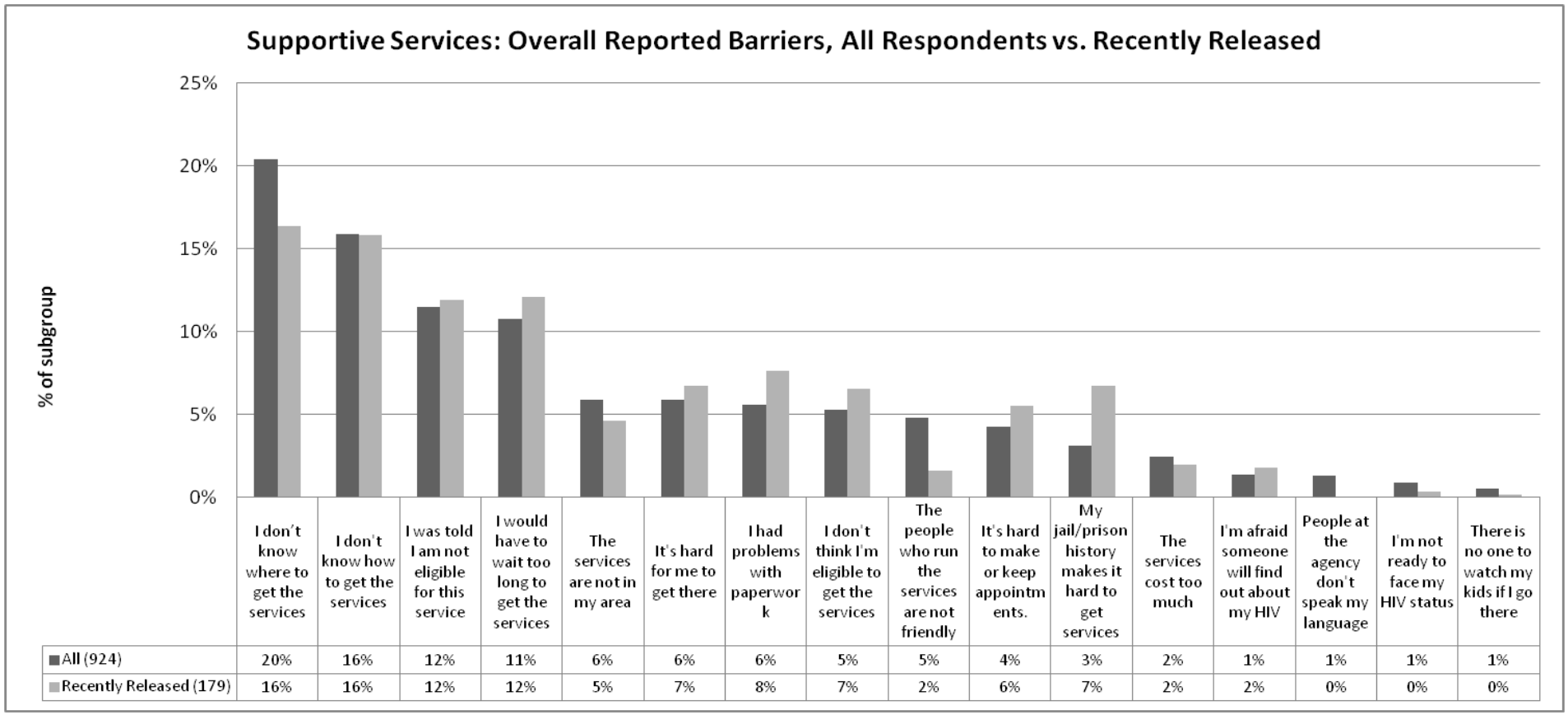
The chart above shows the proportion of barriers reported by MSM-Black respondents compared to the overall sample of 924 respondents.

- Compared to the overall sample, this subgroup was more likely to report long wait times, being ineligible for services, jail/prison histories and cost of services as barriers to supportive services.



The chart above shows the proportion of barriers reported by MSM-Latino respondents compared to the overall sample of 924 respondents.

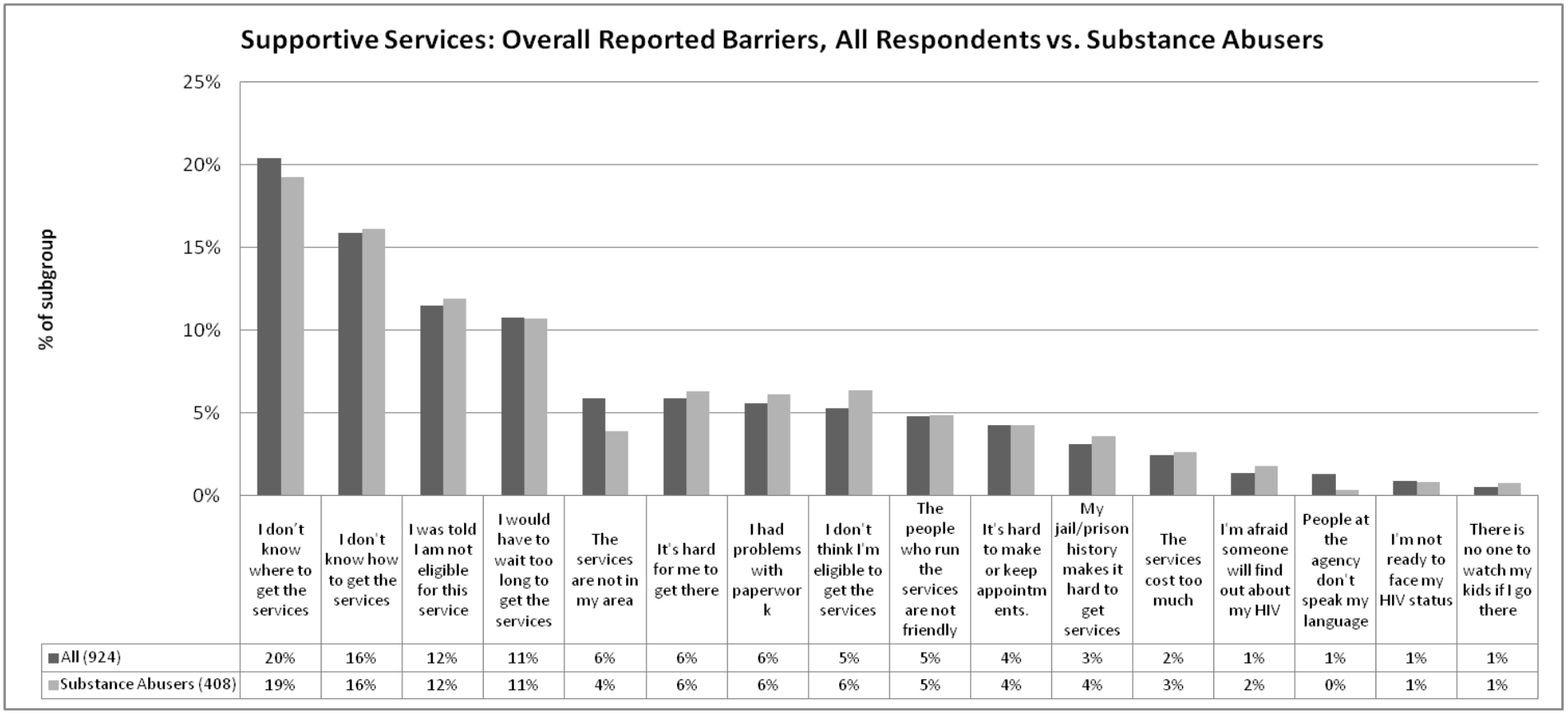
- Compared to the overall sample, this subgroup was more likely to report not knowing where to get services, being unsure about eligibility, unfriendly staff, cost of services and language as barriers to supportive services.



	I don't know where to get the services	I don't know how to get the services	I was told I am not eligible for this service	I would have to wait too long to get the services	The services are not in my area	It's hard for me to get there	I had problems with paperwork	I don't think I'm eligible to get the services	The people who run the services are not friendly	It's hard to make or keep appointments.	My jail/prison history makes it hard to get services	The services cost too much	I'm afraid someone will find out about my HIV	People at the agency don't speak my language	I'm not ready to face my HIV status	There is no one to watch my kids if I go there
All (924)	20%	16%	12%	11%	6%	6%	6%	5%	5%	4%	3%	2%	1%	1%	1%	1%
Recently Released (179)	16%	16%	12%	12%	5%	7%	8%	7%	2%	6%	7%	2%	2%	0%	0%	0%

The chart above shows the proportion of barriers reported by White respondents compared to the overall sample of 924 respondents.

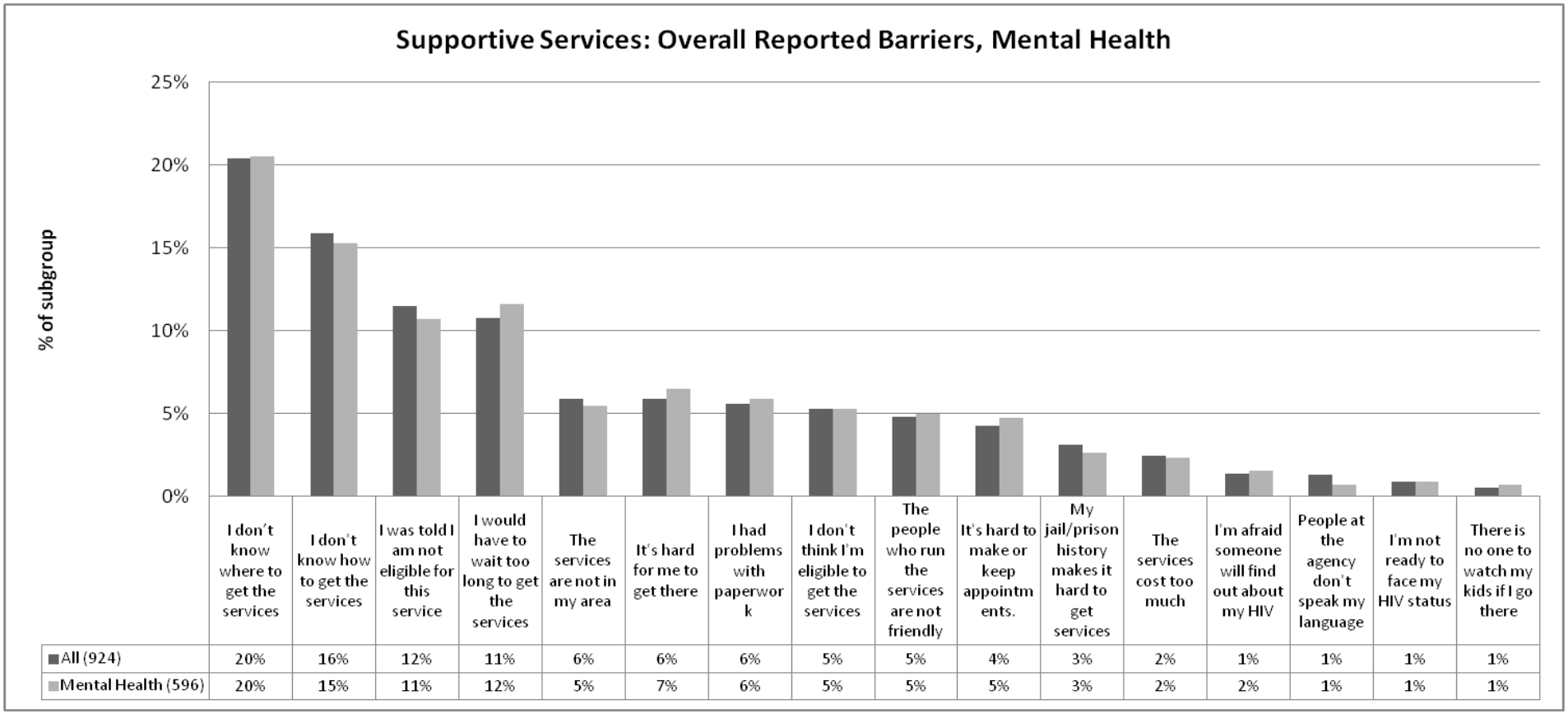
- Compared to the overall sample, this subgroup was more likely to report long wait times, difficulty getting to services, problems with paperwork, being unsure about eligibility, difficulty making/keeping appointments and jail/prison histories as barriers to supportive services.



	I don't know where to get the services	I don't know how to get the services	I was told I am not eligible for this service	I would have to wait too long to get the services	The services are not in my area	It's hard for me to get there	I had problems with paperwork	I don't think I'm eligible to get the services	The people who run the services are not friendly	It's hard to make or keep appointments.	My jail/prison history makes it hard to get services	The services cost too much	I'm afraid someone will find out about my HIV	People at the agency don't speak my language	I'm not ready to face my HIV status	There is no one to watch my kids if I go there
All (924)	20%	16%	12%	11%	6%	6%	6%	5%	5%	4%	3%	2%	1%	1%	1%	1%
Substance Abusers (408)	19%	16%	12%	11%	4%	6%	6%	6%	5%	4%	4%	3%	2%	0%	1%	1%

The chart above shows the proportion of barriers reported by Substance Abusing respondents compared to the overall sample of 924 respondents.

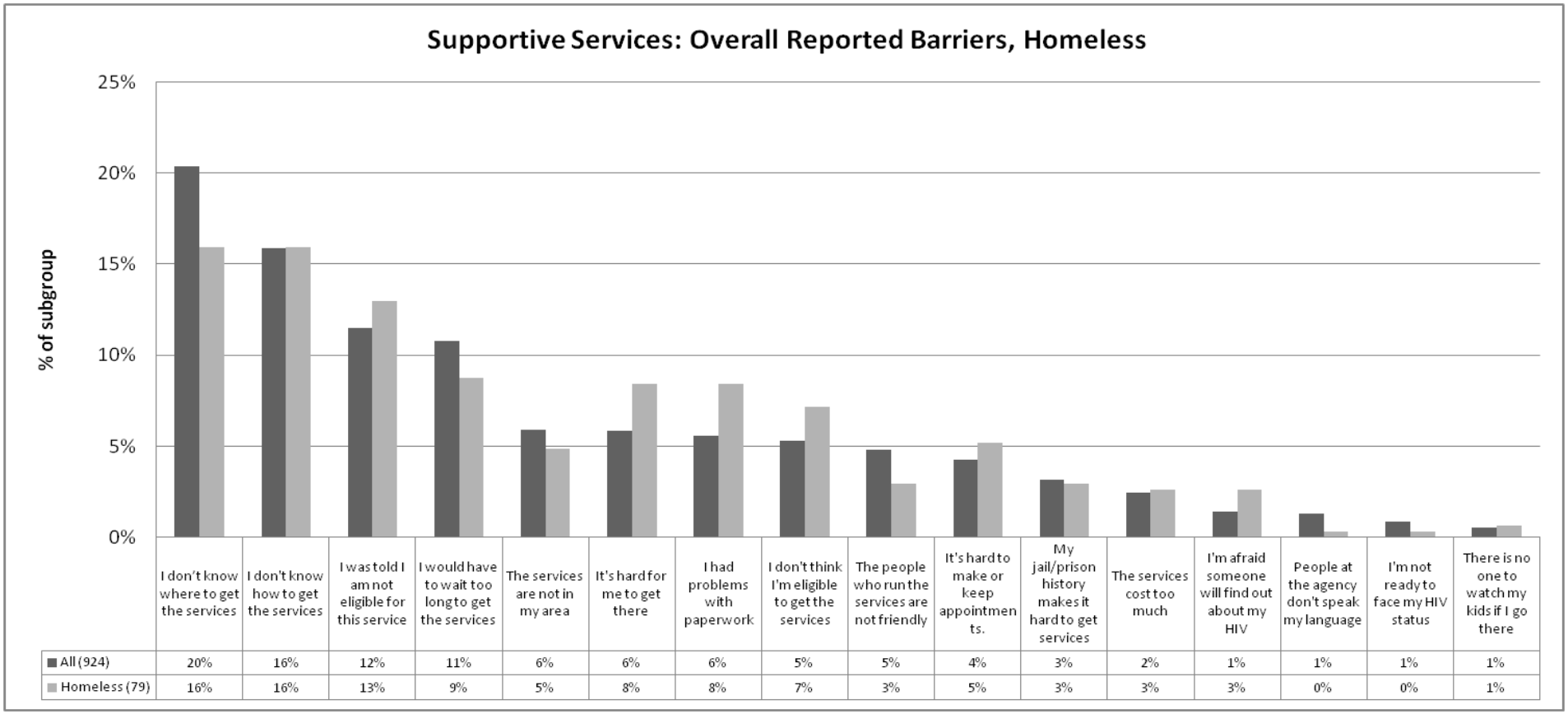
- Compared to the overall sample, this subgroup was more likely to report being unsure about eligibility, jail/prison histories and cost of services as barriers to supportive services.



	I don't know where to get the services	I don't know how to get the services	I was told I am not eligible for this service	I would have to wait too long to get the services	The services are not in my area	It's hard for me to get there	I had problems with paperwork	I don't think I'm eligible to get the services	The people who run the services are not friendly	It's hard to make or keep appointments.	My jail/prison history makes it hard to get services	The services cost too much	I'm afraid someone will find out about my HIV	People at the agency don't speak my language	I'm not ready to face my HIV status	There is no one to watch my kids if I go there
All (924)	20%	16%	12%	11%	6%	6%	6%	5%	5%	4%	3%	2%	1%	1%	1%	1%
Mental Health (596)	20%	15%	11%	12%	5%	7%	6%	5%	5%	5%	3%	2%	2%	1%	1%	1%

The chart above shows the proportion of barriers reported by respondents with Mental Health symptoms compared to the overall sample of 924 respondents.

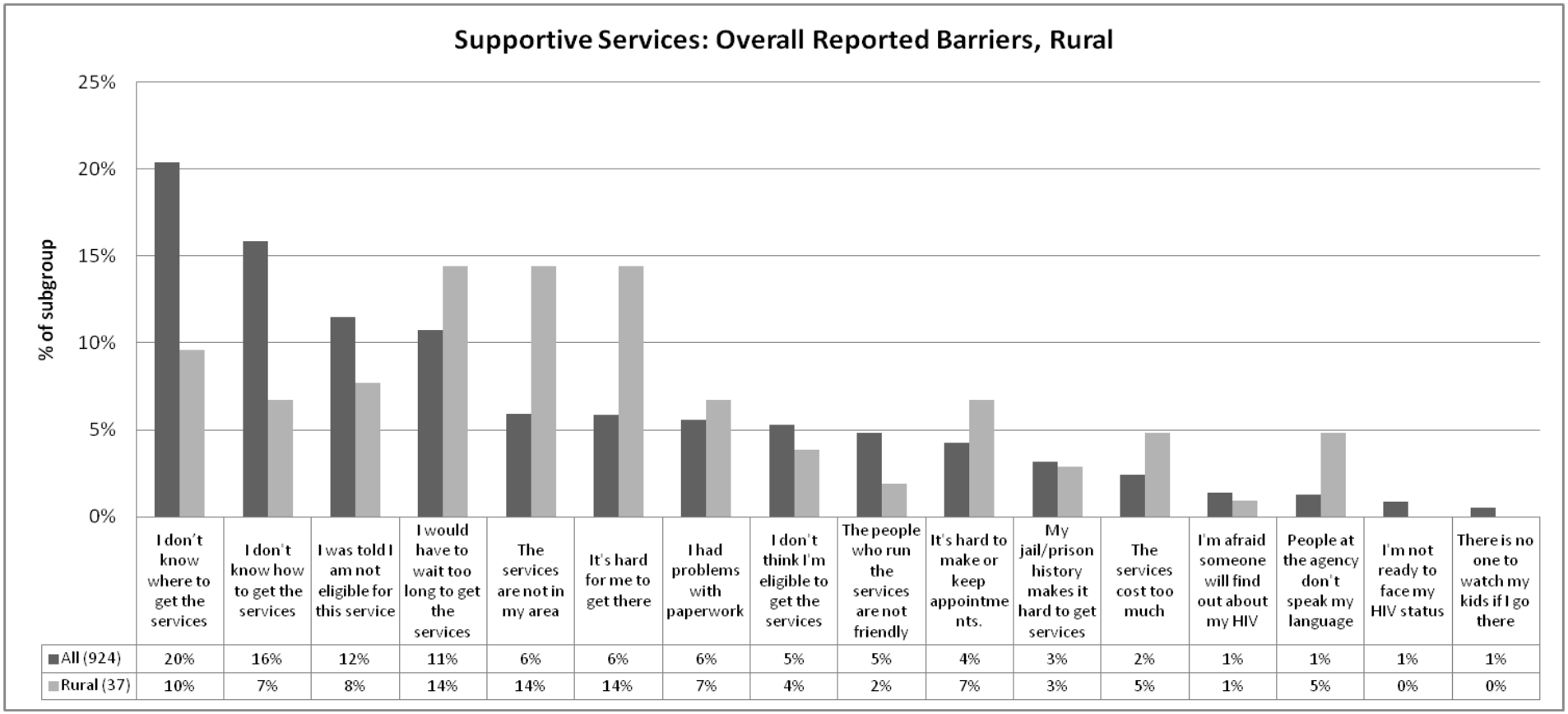
- Compared to the overall sample, this subgroup was more likely to report long wait times and difficulty getting to services as barriers to supportive services.



	I don't know where to get the services	I don't know how to get the services	I was told I am not eligible for this service	I would have to wait too long to get the services	The services are not in my area	It's hard for me to get there	I had problems with paperwork	I don't think I'm eligible to get the services	The people who run the services are not friendly	It's hard to make or keep appointments.	My jail/prison history makes it hard to get services	The services cost too much	I'm afraid someone will find out about my HIV	People at the agency don't speak my language	I'm not ready to face my HIV status	There is no one to watch my kids if I go there
All (924)	20%	16%	12%	11%	6%	6%	6%	5%	5%	4%	3%	2%	1%	1%	1%	1%
Homeless (79)	16%	16%	13%	9%	5%	8%	8%	7%	3%	5%	3%	3%	3%	0%	0%	1%

The chart above shows the proportion of barriers reported by Homeless respondents compared to the overall sample of 924 respondents.

- Compared to the overall sample, this subgroup was more likely to report being ineligible for services, difficulty getting to services, having problems with paperwork, being unsure about eligibility, difficulty making or keeping appointments and fearing HIV disclosure as barriers to supportive services.



	I don't know where to get the services	I don't know how to get the services	I was told I am not eligible for this service	I would have to wait too long to get the services	The services are not in my area	It's hard for me to get there	I had problems with paperwork	I don't think I'm eligible to get the services	The people who run the services are not friendly	It's hard to make or keep appointments.	My jail/prison history makes it hard to get services	The services cost too much	I'm afraid someone will find out about my HIV	People at the agency don't speak my language	I'm not ready to face my HIV status	There is no one to watch my kids if I go there
All (924)	20%	16%	12%	11%	6%	6%	6%	5%	5%	4%	3%	2%	1%	1%	1%	1%
Rural (37)	10%	7%	8%	14%	14%	14%	7%	4%	2%	7%	3%	5%	1%	5%	0%	0%

The chart above shows the proportion of barriers reported by Rural respondents compared to the overall sample of 924 respondents.

- Compared to the overall sample, this subgroup was more likely to report long wait times, services not being in their area, difficulty getting to services, difficulty making/keeping appointments, cost of services and language barriers as barriers to supportive services.

Difficulty Accessing Supportive Services

Introduction

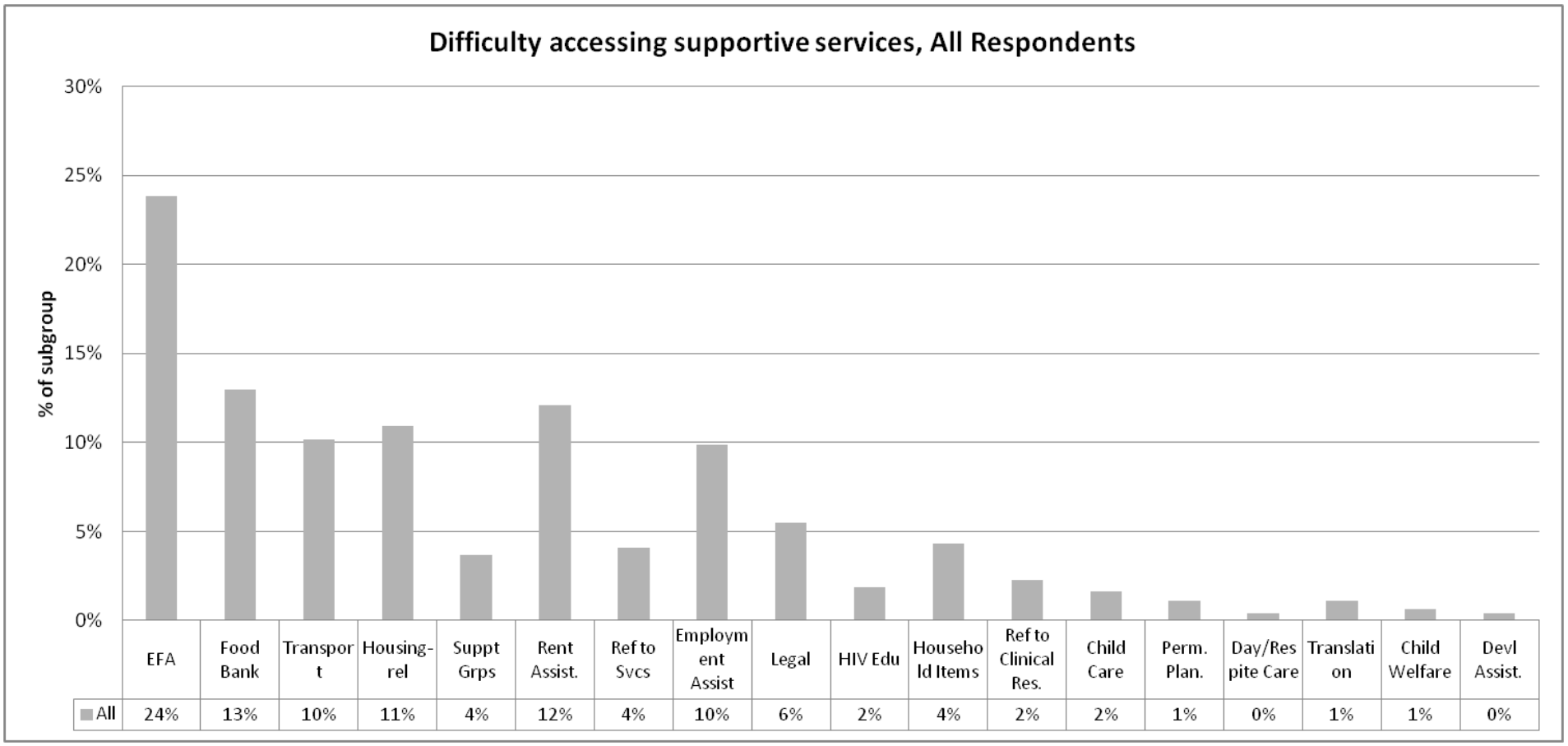
Survey respondents could select up to five of the 14 HRSA-defined supportive services they felt were useful or important for themselves or for PLWHAs in general. If a respondent listed a supportive service, they also indicated whether the service was easy or difficult to access.

Difficulty Accessing Services

Services are listed in the same order as previous supportive services sections for consistency.

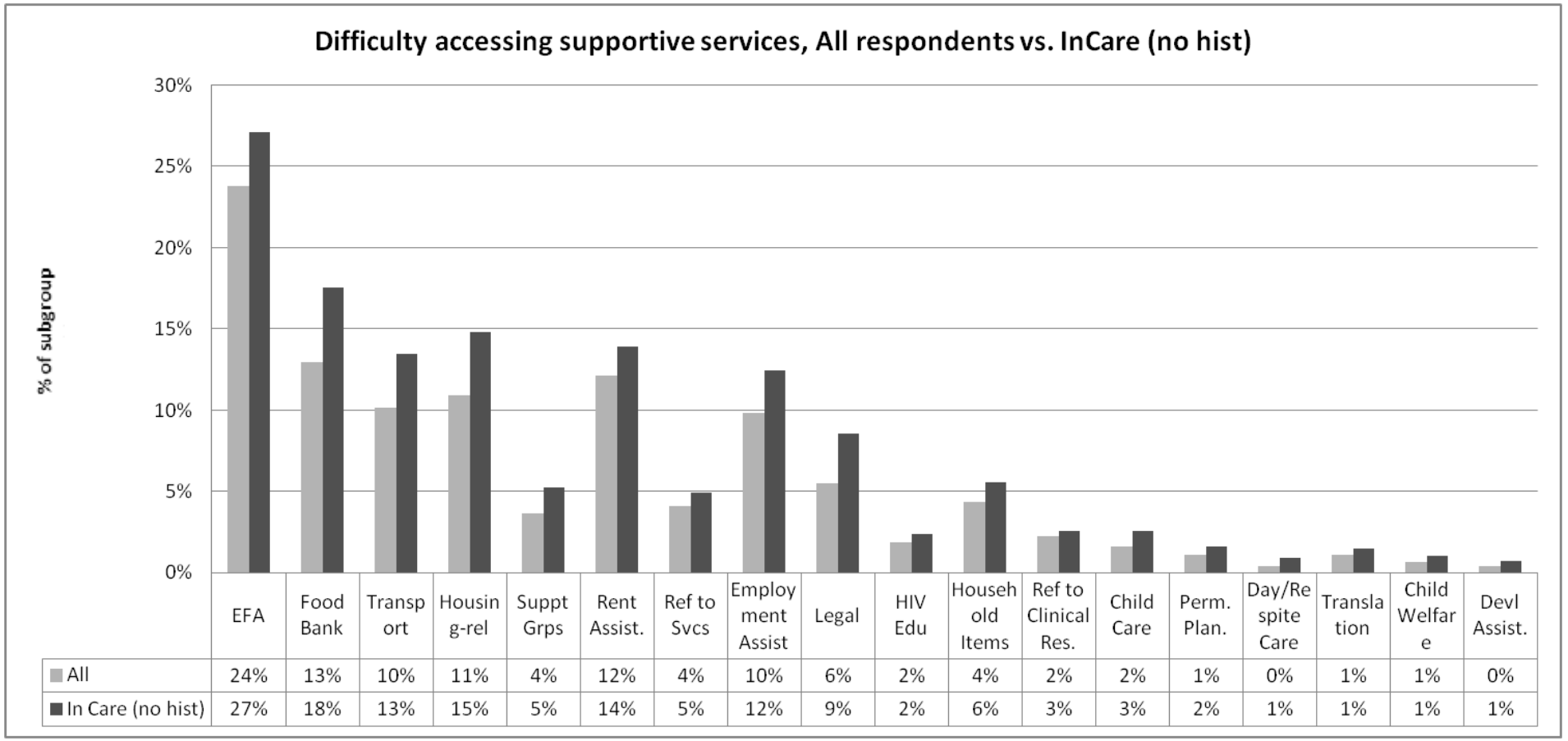
The following charts show the percentage of each subgroup that reported at least some difficulties accessing supportive services.

Service	% of total Respondents
1. Emergency Financial Asst	24%
2. Food Bank	13%
3. Transportation	10%
4. Housing-related Services	11%
5. Support Group	4%
6. Rental Assistance	12%
7. Referral to Services	4%
8. Employment Assistance	10%
9. Legal Services	6%
10. HIV Education	2%
11. Household Items	4%
12. Referrals to Clinical Research	2%
13. Child Care	2%
14. Permanency Planning	1%
15. Day/Respite Care	0%
16. Translation	1%
17. Child Welfare	1%
18. Developmental Assessment	0%



The chart above shows the proportion of all respondents that reported experiencing some difficulty accessing each listed supportive service.

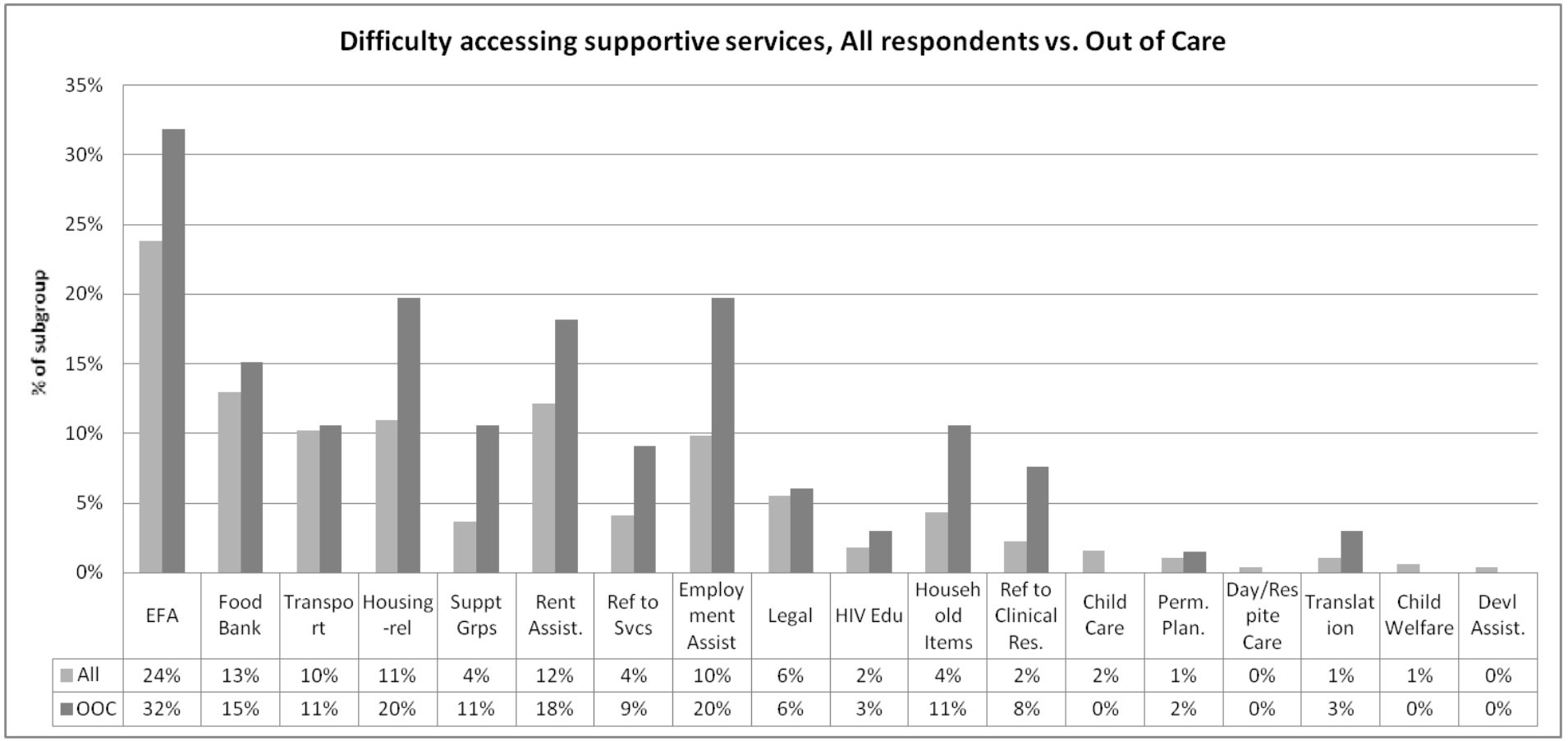
- Respondents overall reported experiencing the most difficulties accessing emergency financial assistance services. In fact, emergency financial assistance remains the most difficult-to-access service across all the subgroups.



	EFA	Food Bank	Transport	Housing-rel	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All	24%	13%	10%	11%	4%	12%	4%	10%	6%	2%	4%	2%	2%	1%	0%	1%	1%	0%
In Care (no hist)	27%	18%	13%	15%	5%	14%	5%	12%	9%	2%	6%	3%	3%	2%	1%	1%	1%	1%

The chart above shows the proportion of In Care respondents with no history of being out-of-care that experienced difficulties accessing each supportive service, compared to the overall sample of respondents.

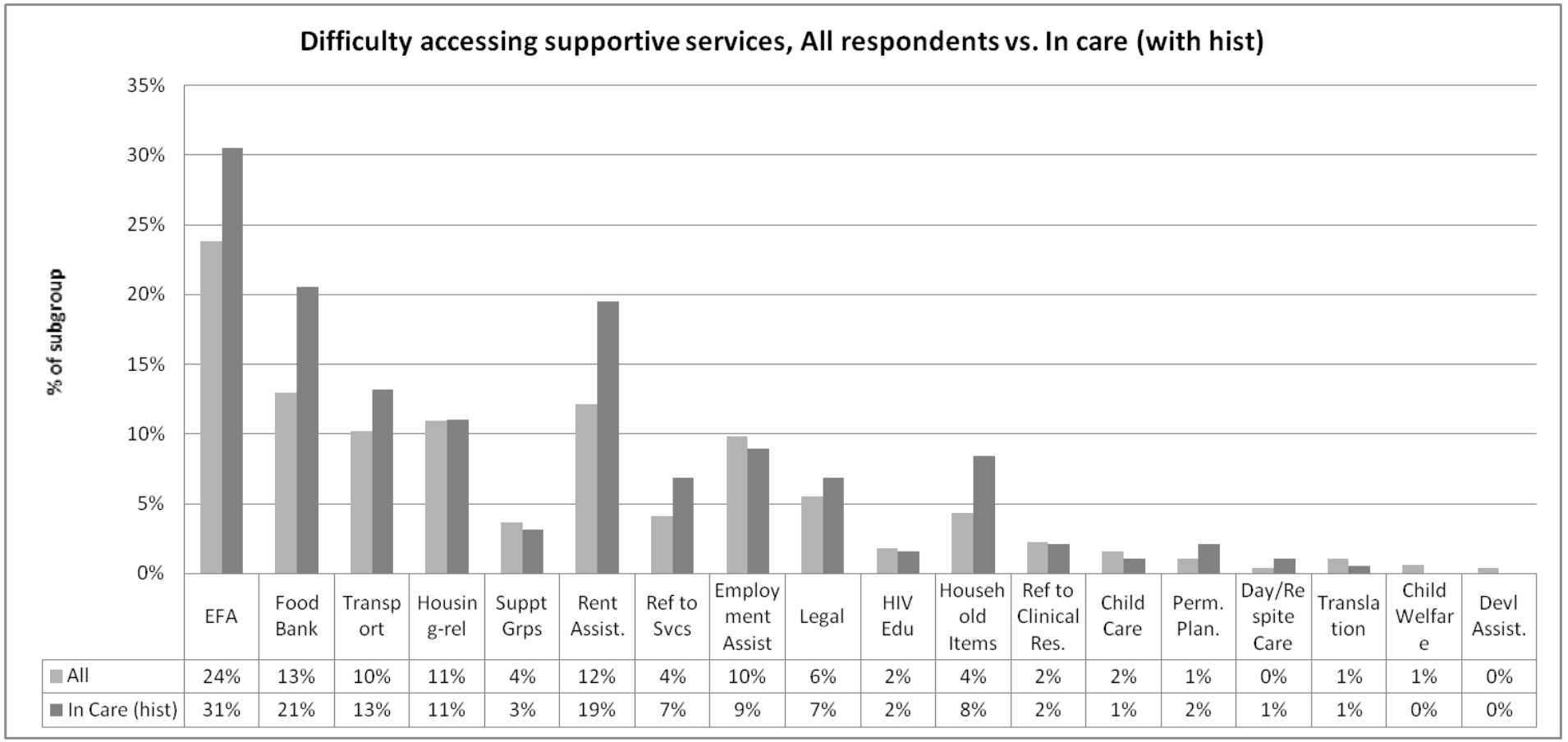
- Similar to the overall sample of respondents, the In Care with no history of being out-of-care subgroup had the most difficulties accessing emergency financial assistance.



	EFA	Food Bank	Transport	Housing-rel	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All	24%	13%	10%	11%	4%	12%	4%	10%	6%	2%	4%	2%	2%	1%	0%	1%	1%	0%
OOC	32%	15%	11%	20%	11%	18%	9%	20%	6%	3%	11%	8%	0%	2%	0%	3%	0%	0%

The chart above shows the proportion of Out of Care respondents that experienced difficulties accessing each supportive service, compared to the overall sample of respondents.

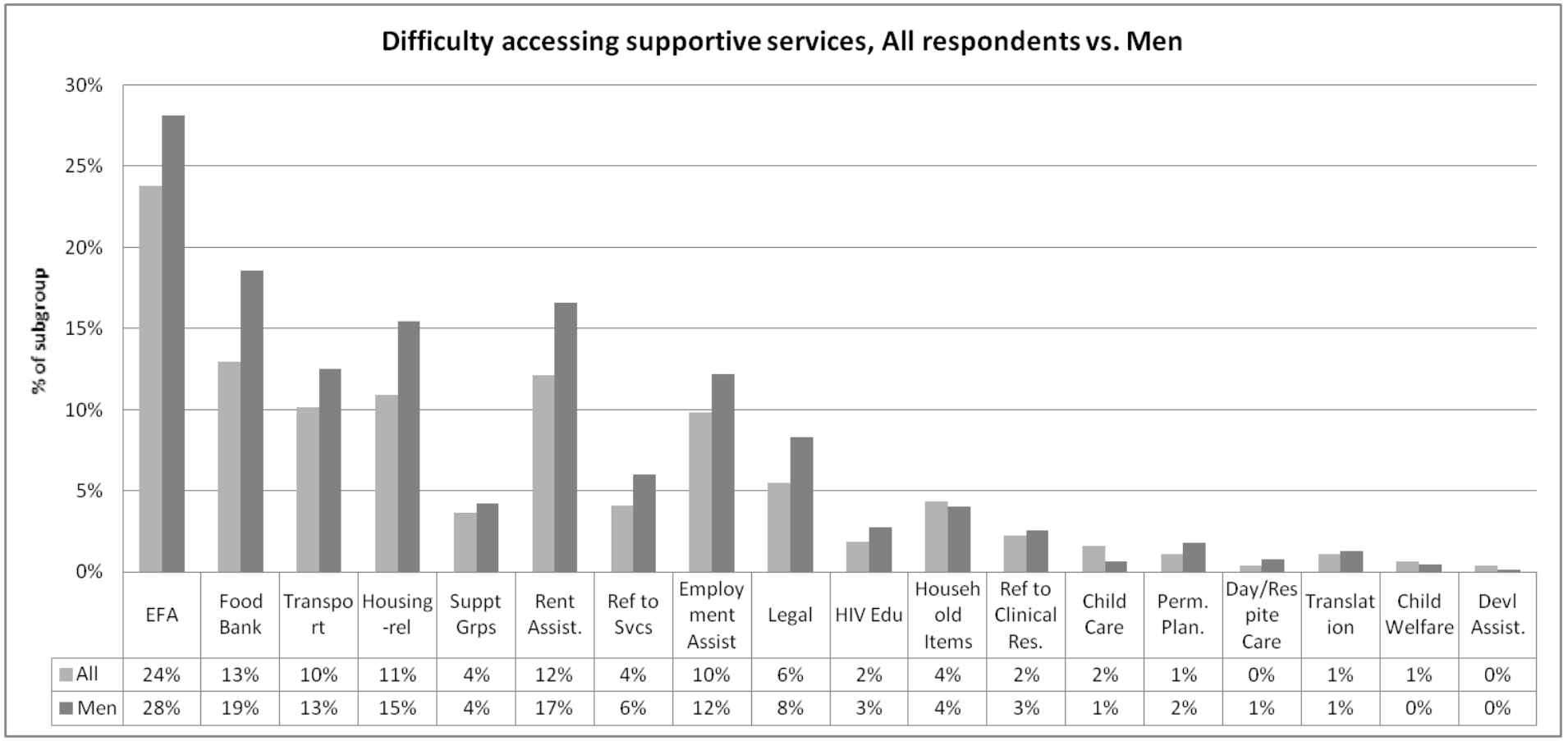
- Similar to the overall sample of respondents, this subgroup had the most difficulties accessing emergency financial assistance.
- Other difficult to access services included housing-related services, rental assistance and employment assistance.



	EFA	Food Bank	Transport	Housing-rel	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All	24%	13%	10%	11%	4%	12%	4%	10%	6%	2%	4%	2%	2%	1%	0%	1%	1%	0%
In Care (hist)	31%	21%	13%	11%	3%	19%	7%	9%	7%	2%	8%	2%	1%	2%	1%	1%	0%	0%

The chart above shows the proportion of In Care respondents with a history of being out of care that experienced difficulties accessing each supportive service, compared to the overall sample of respondents.

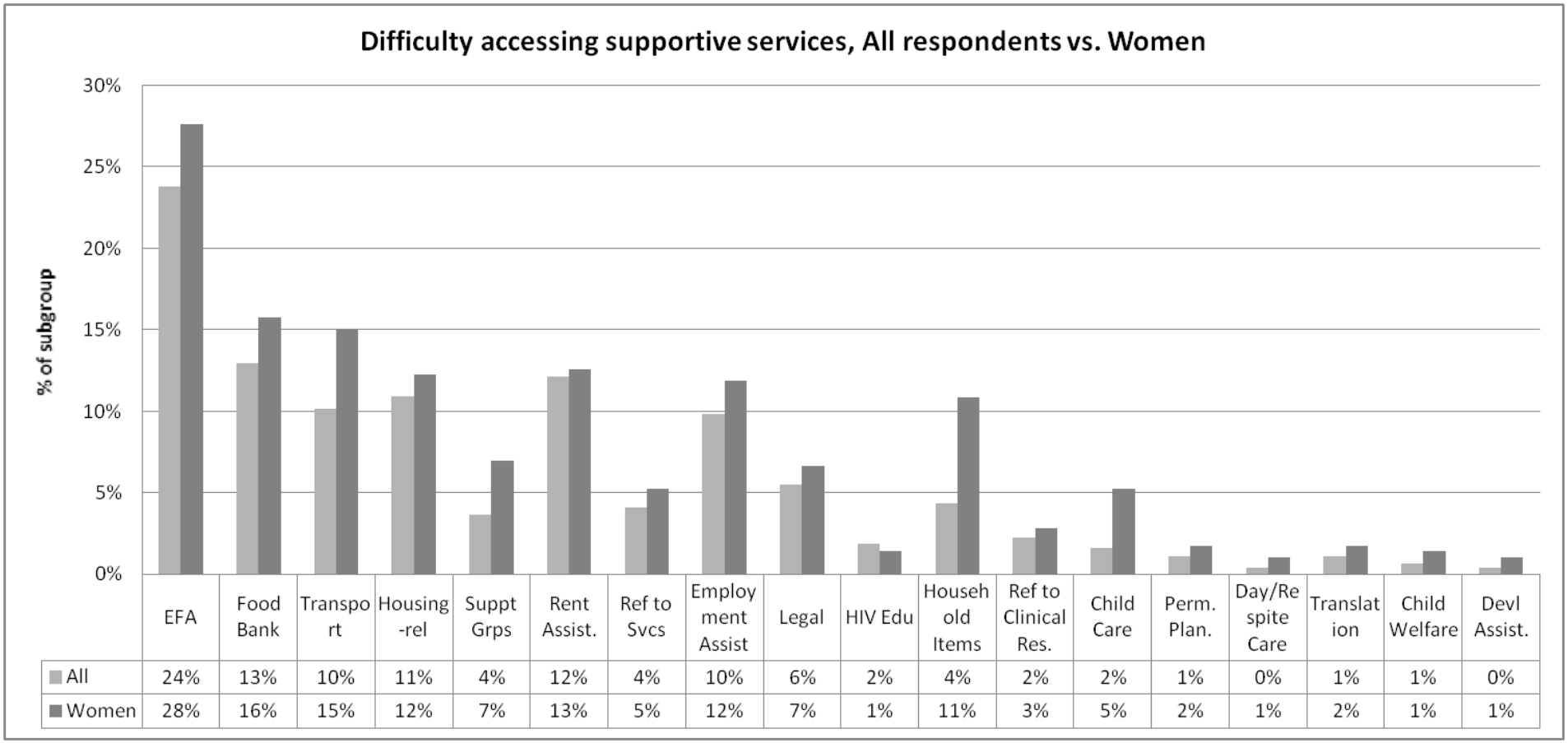
- Similar to the overall sample of respondents, this subgroup had the most difficulties accessing emergency financial assistance.
- Other difficult to access services included food bank and rental assistance.



	EFA	Food Bank	Transport	Housing-rel	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All	24%	13%	10%	11%	4%	12%	4%	10%	6%	2%	4%	2%	2%	1%	0%	1%	1%	0%
Men	28%	19%	13%	15%	4%	17%	6%	12%	8%	3%	4%	3%	1%	2%	1%	1%	0%	0%

The chart above shows the proportion of male respondents that experienced difficulties accessing each supportive service, compared to the overall sample of respondents.

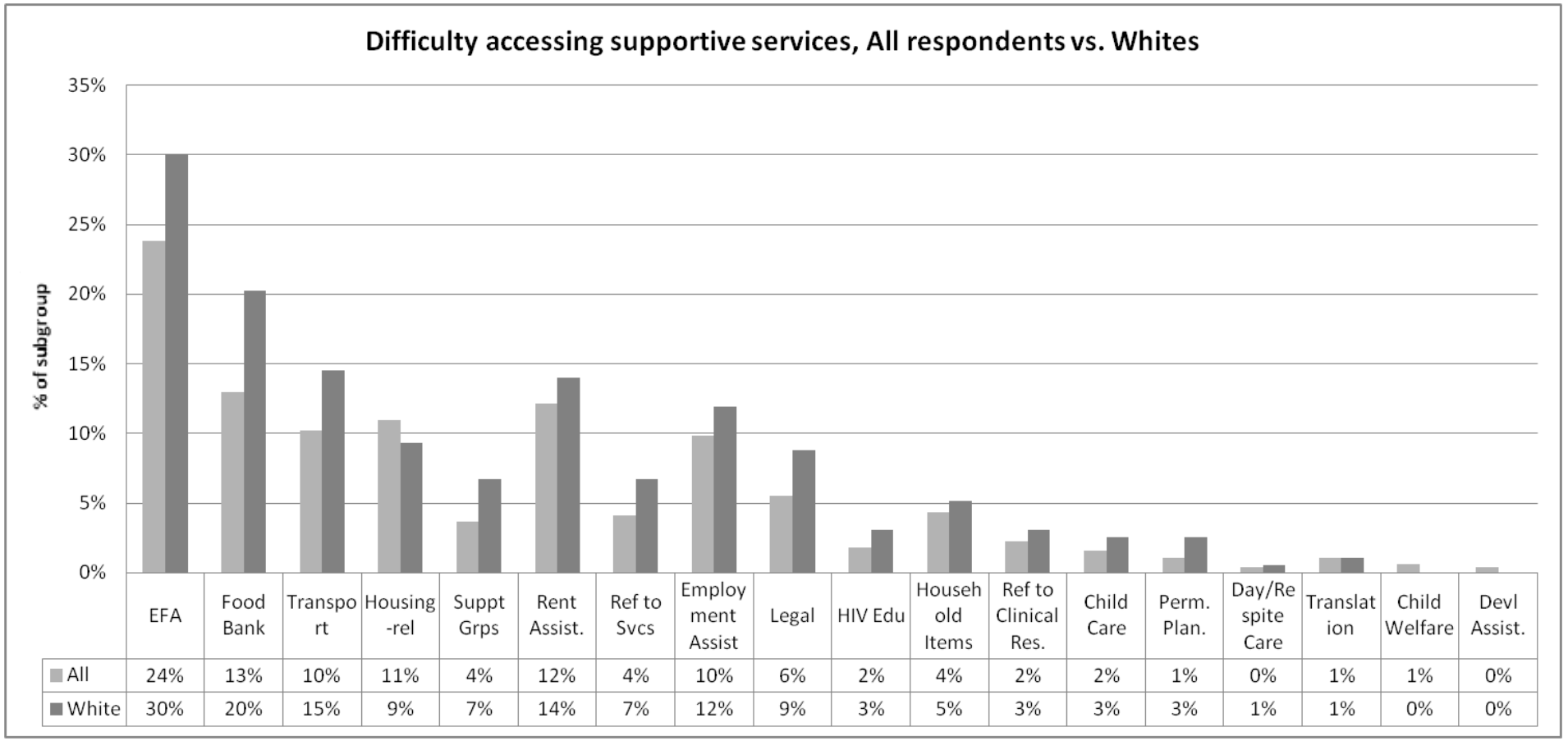
- Similar to the overall sample of respondents, this subgroup had the most difficulties accessing emergency financial assistance.
- Other difficult to access services included food bank, housing-related services and rental assistance.



	EFA	Food Bank	Transport	Housing-rel	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All	24%	13%	10%	11%	4%	12%	4%	10%	6%	2%	4%	2%	2%	1%	0%	1%	1%	0%
Women	28%	16%	15%	12%	7%	13%	5%	12%	7%	1%	11%	3%	5%	2%	1%	2%	1%	1%

The chart above shows the proportion of female respondents that experienced difficulties accessing each supportive service, compared to the overall sample of respondents.

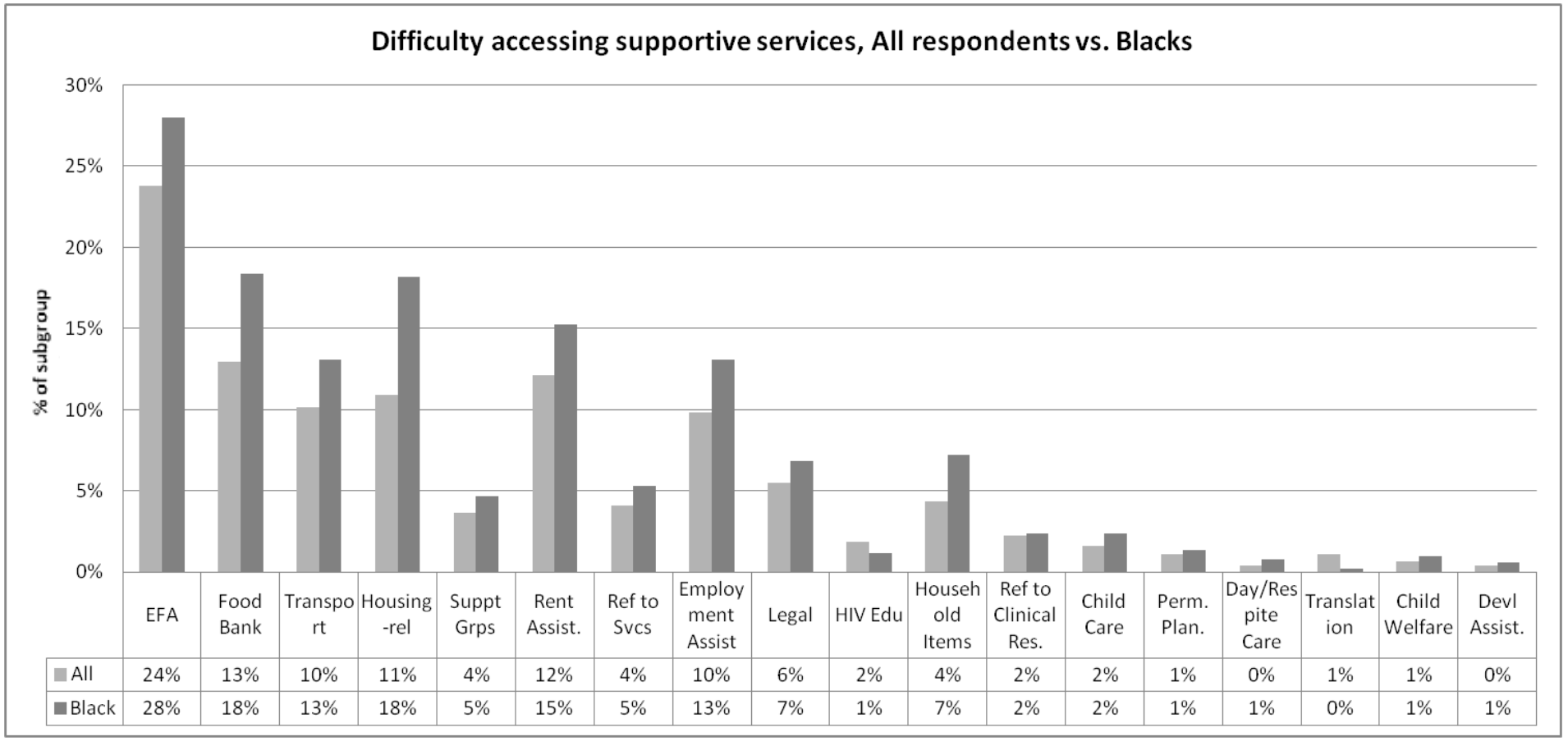
- Similar to the overall sample of respondents, this subgroup had the most difficulties accessing emergency financial assistance.
- Other difficult to access services included food bank and transportation.



	EFA	Food Bank	Transport	Housing-rel	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All	24%	13%	10%	11%	4%	12%	4%	10%	6%	2%	4%	2%	2%	1%	0%	1%	1%	0%
White	30%	20%	15%	9%	7%	14%	7%	12%	9%	3%	5%	3%	3%	3%	1%	1%	0%	0%

The chart above shows the proportion of White respondents that experienced difficulties accessing each supportive service, compared to the overall sample of respondents.

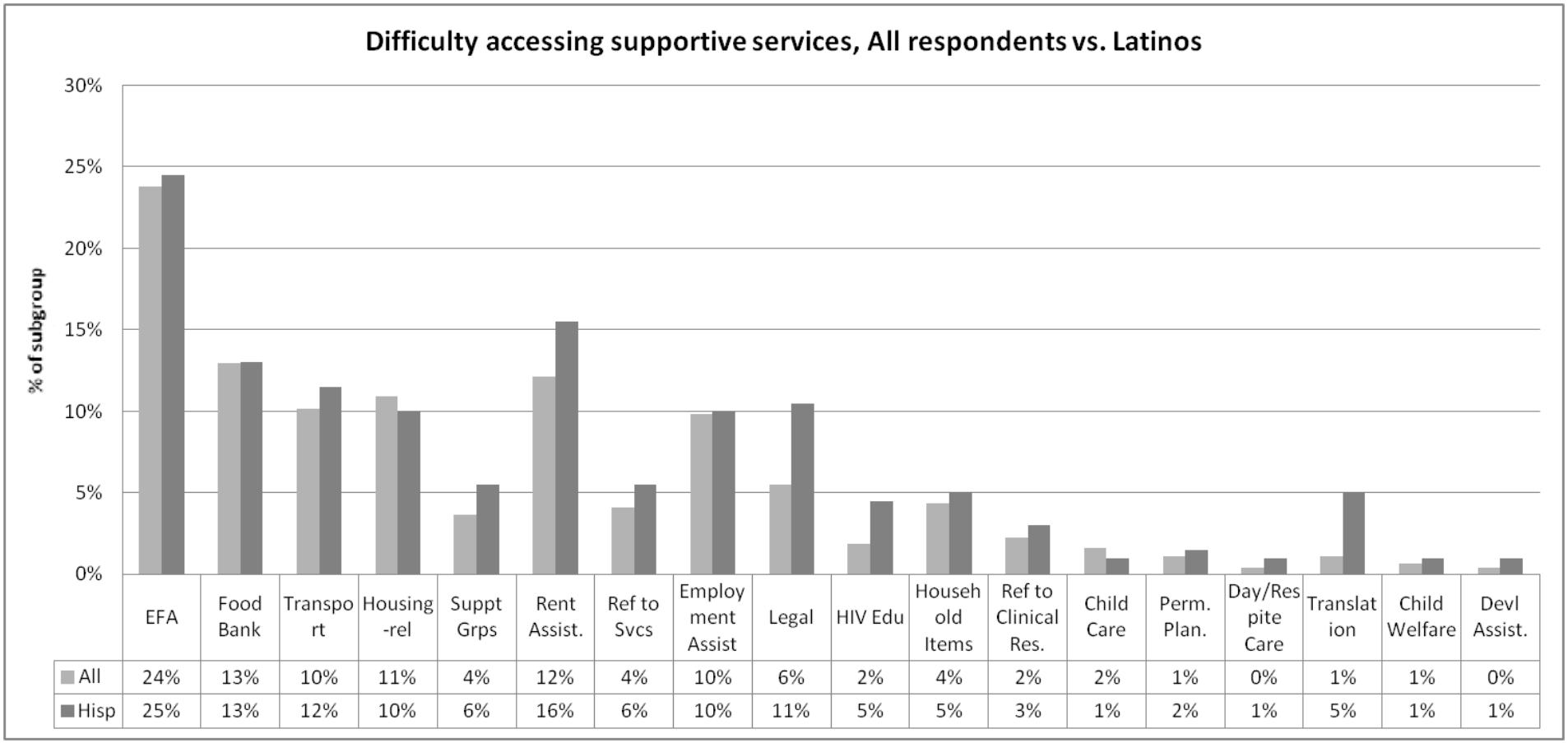
- Similar to the overall sample of respondents, this subgroup had the most difficulties accessing emergency financial assistance.
- Other difficult to access services included food bank, transportation and rental assistance.



	EFA	Food Bank	Transport	Housing-rel	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All	24%	13%	10%	11%	4%	12%	4%	10%	6%	2%	4%	2%	2%	1%	0%	1%	1%	0%
Black	28%	18%	13%	18%	5%	15%	5%	13%	7%	1%	7%	2%	2%	1%	1%	0%	1%	1%

The chart above shows the proportion of Black respondents that experienced difficulties accessing each supportive service, compared to the overall sample of respondents.

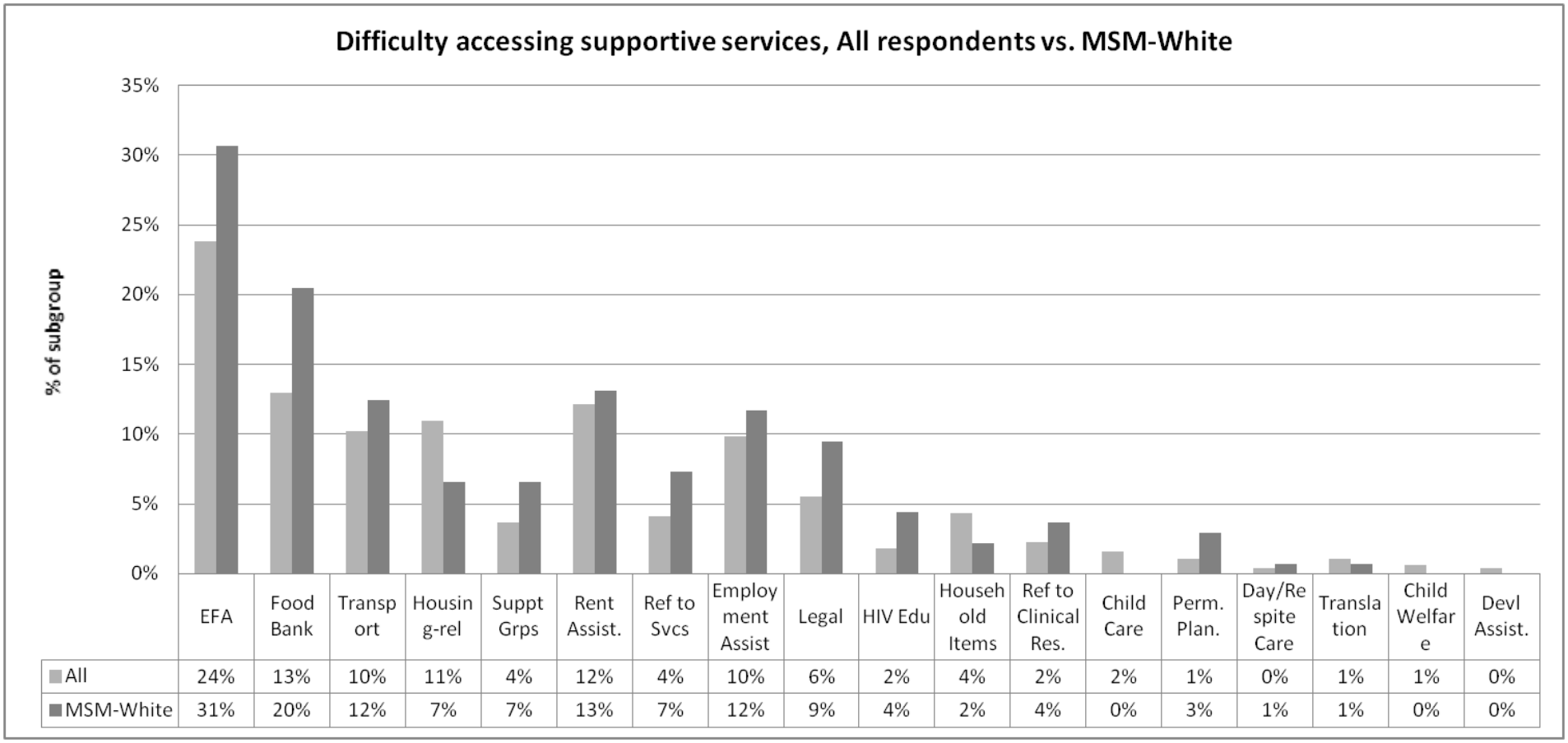
- Similar to the overall sample of respondents, this subgroup had the most difficulties accessing emergency financial assistance.
- Other difficult to access services included food bank and housing-related services.



	EFA	Food Bank	Transport	Housing-rel	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All	24%	13%	10%	11%	4%	12%	4%	10%	6%	2%	4%	2%	2%	1%	0%	1%	1%	0%
Hisp	25%	13%	12%	10%	6%	16%	6%	10%	11%	5%	5%	3%	1%	2%	1%	5%	1%	1%

The chart above shows the proportion of Latino respondents that experienced difficulties accessing each supportive service, compared to the overall sample of respondents.

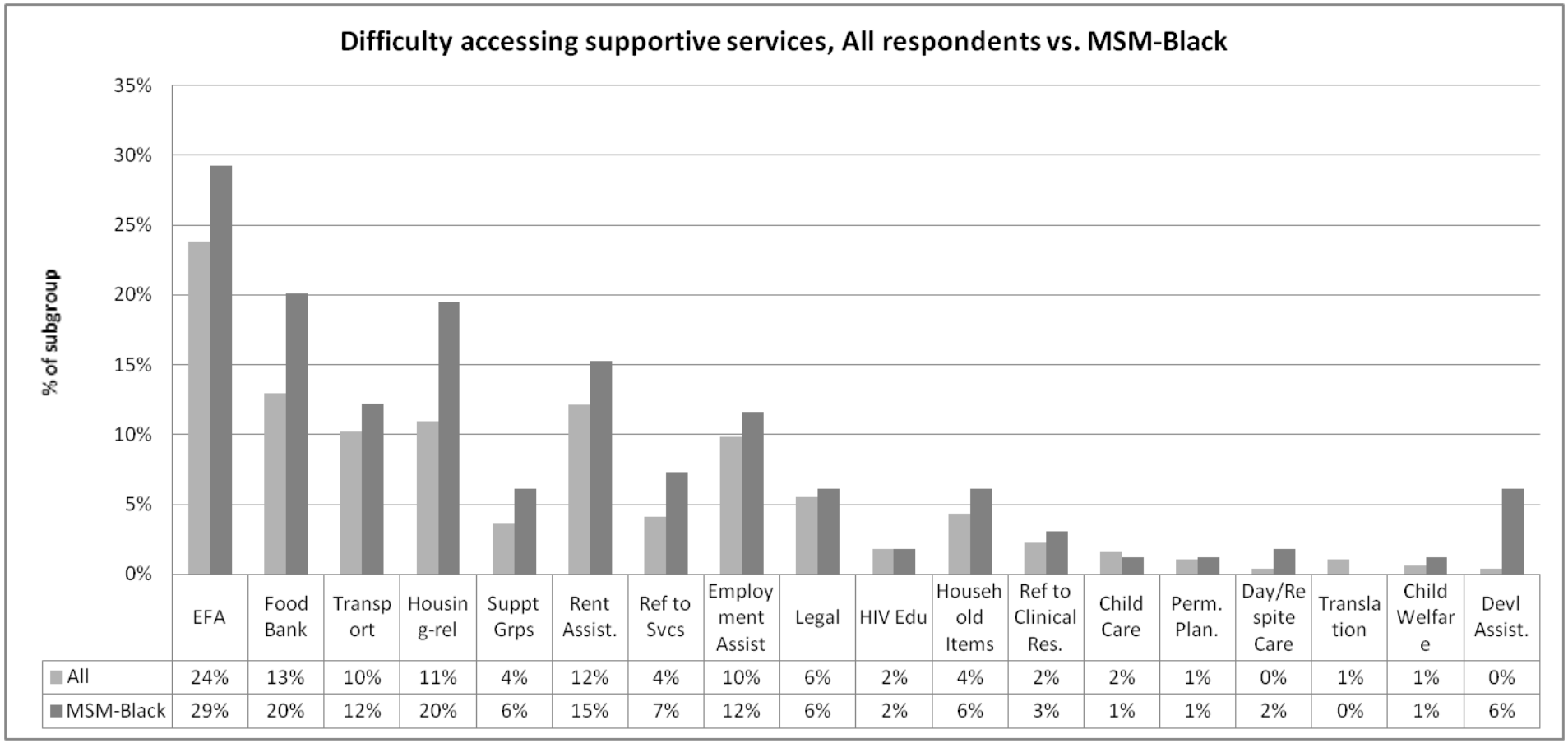
- Similar to the overall sample of respondents, this subgroup had the most difficulties accessing emergency financial assistance.
- In addition to emergency financial assistance, another difficult to access service was rental assistance.
- Latinos reported more difficulties accessing translation services than other subgroups.



	EFA	Food Bank	Transport	Housing-rel	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All	24%	13%	10%	11%	4%	12%	4%	10%	6%	2%	4%	2%	2%	1%	0%	1%	1%	0%
MSM-White	31%	20%	12%	7%	7%	13%	7%	12%	9%	4%	2%	4%	0%	3%	1%	1%	0%	0%

The chart above shows the proportion of MSM-White respondents that experienced difficulties accessing each supportive service, compared to the overall sample of respondents.

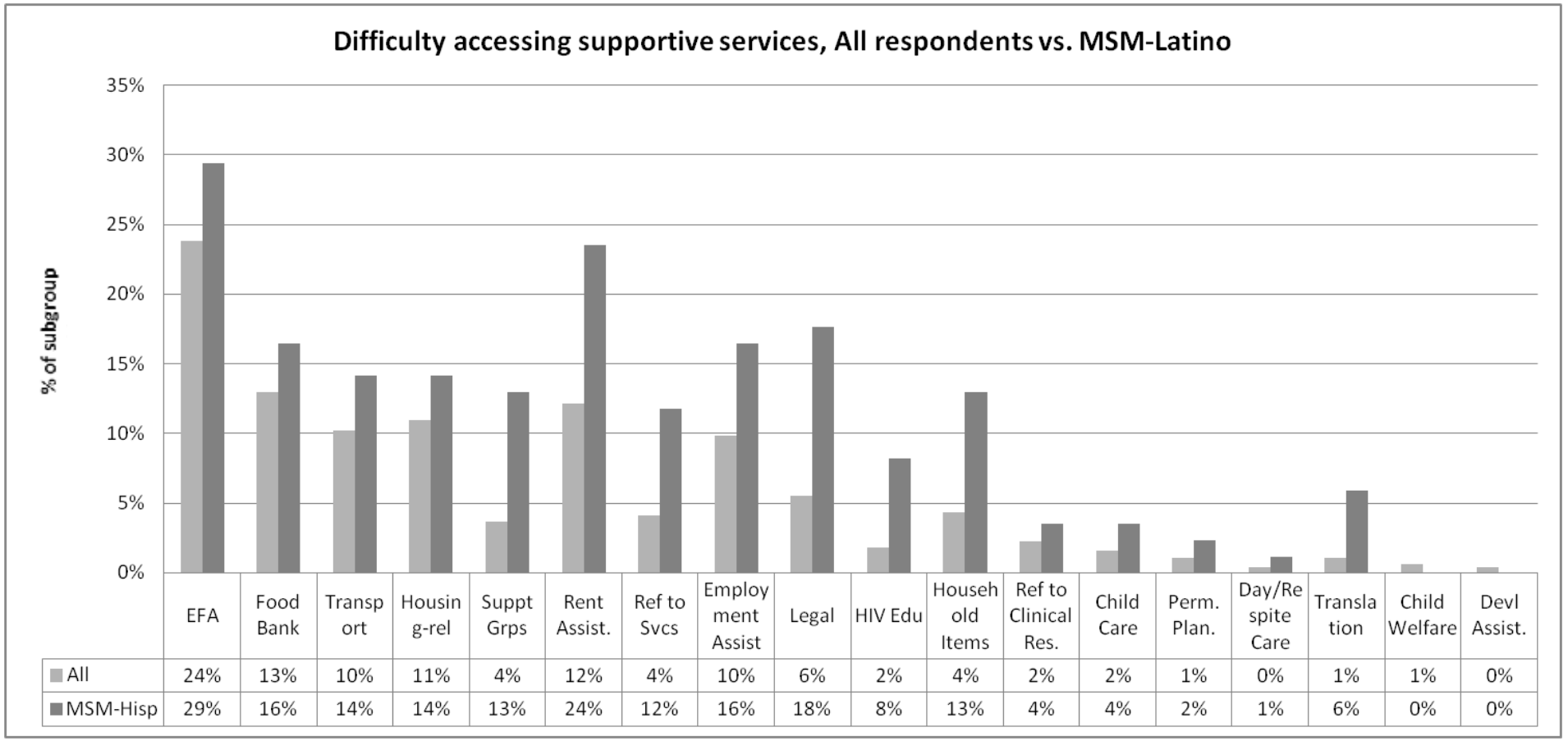
- Similar to the overall sample of respondents, this subgroup had the most difficulties accessing emergency financial assistance.
- In addition to emergency financial assistance, another difficult to access service included food bank services.



	EFA	Food Bank	Transport	Housing-rel	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All	24%	13%	10%	11%	4%	12%	4%	10%	6%	2%	4%	2%	2%	1%	0%	1%	1%	0%
MSM-Black	29%	20%	12%	20%	6%	15%	7%	12%	6%	2%	6%	3%	1%	1%	2%	0%	1%	6%

The chart above shows the proportion of MSM-Black respondents that experienced difficulties accessing each supportive service, compared to the overall sample of respondents.

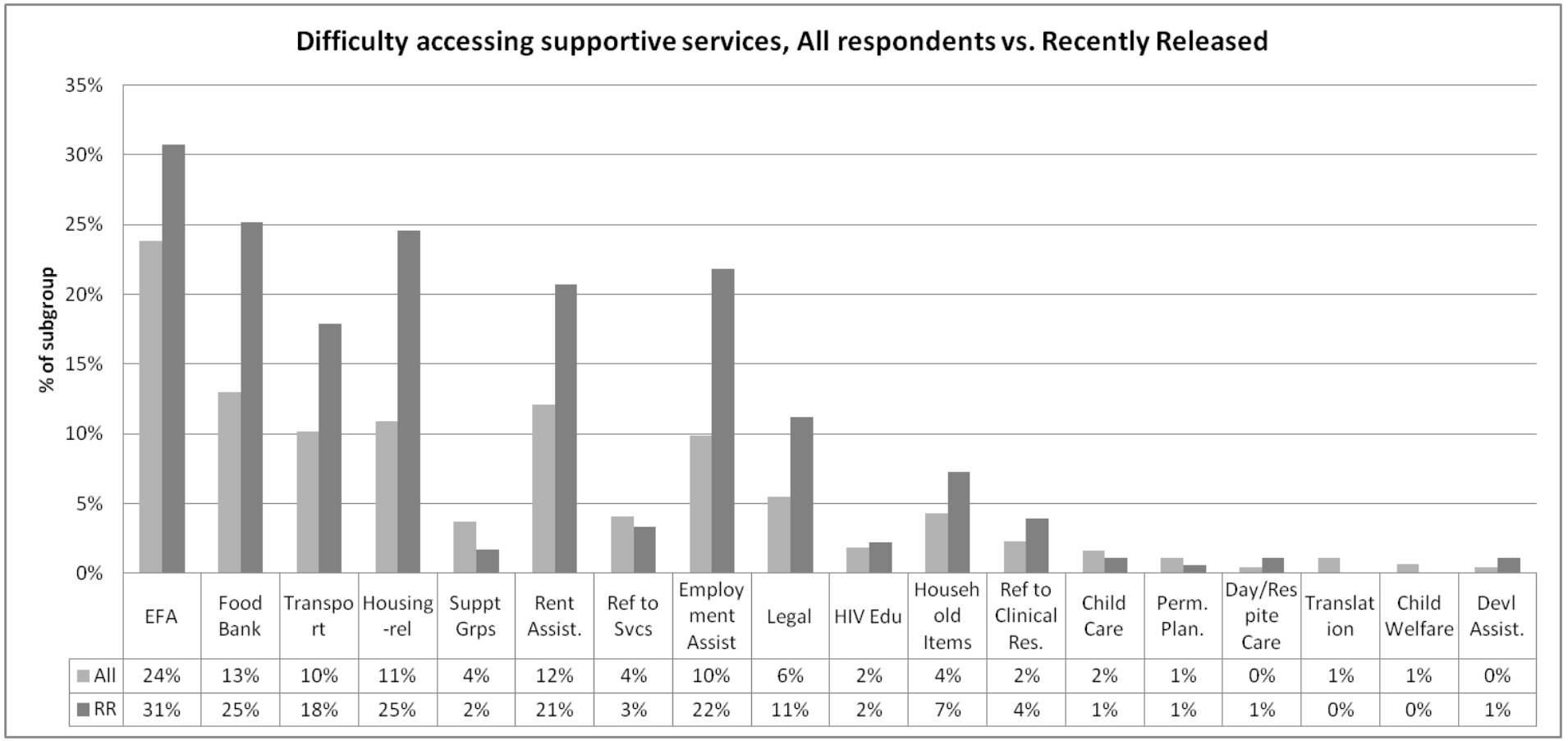
- Similar to the overall sample of respondents, this subgroup had the most difficulties accessing emergency financial assistance.
- Other difficult to access services include food bank and housing-related services.
- A higher proportion of MSM-Blacks reported difficulty accessing development assistance compared to other subgroups.



	EFA	Food Bank	Transport	Housing-rel	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All	24%	13%	10%	11%	4%	12%	4%	10%	6%	2%	4%	2%	2%	1%	0%	1%	1%	0%
MSM-Hisp	29%	16%	14%	14%	13%	24%	12%	16%	18%	8%	13%	4%	4%	2%	1%	6%	0%	0%

The chart above shows the proportion of MSM-Latino respondents that experienced difficulties accessing each supportive service, compared to the overall sample of respondents.

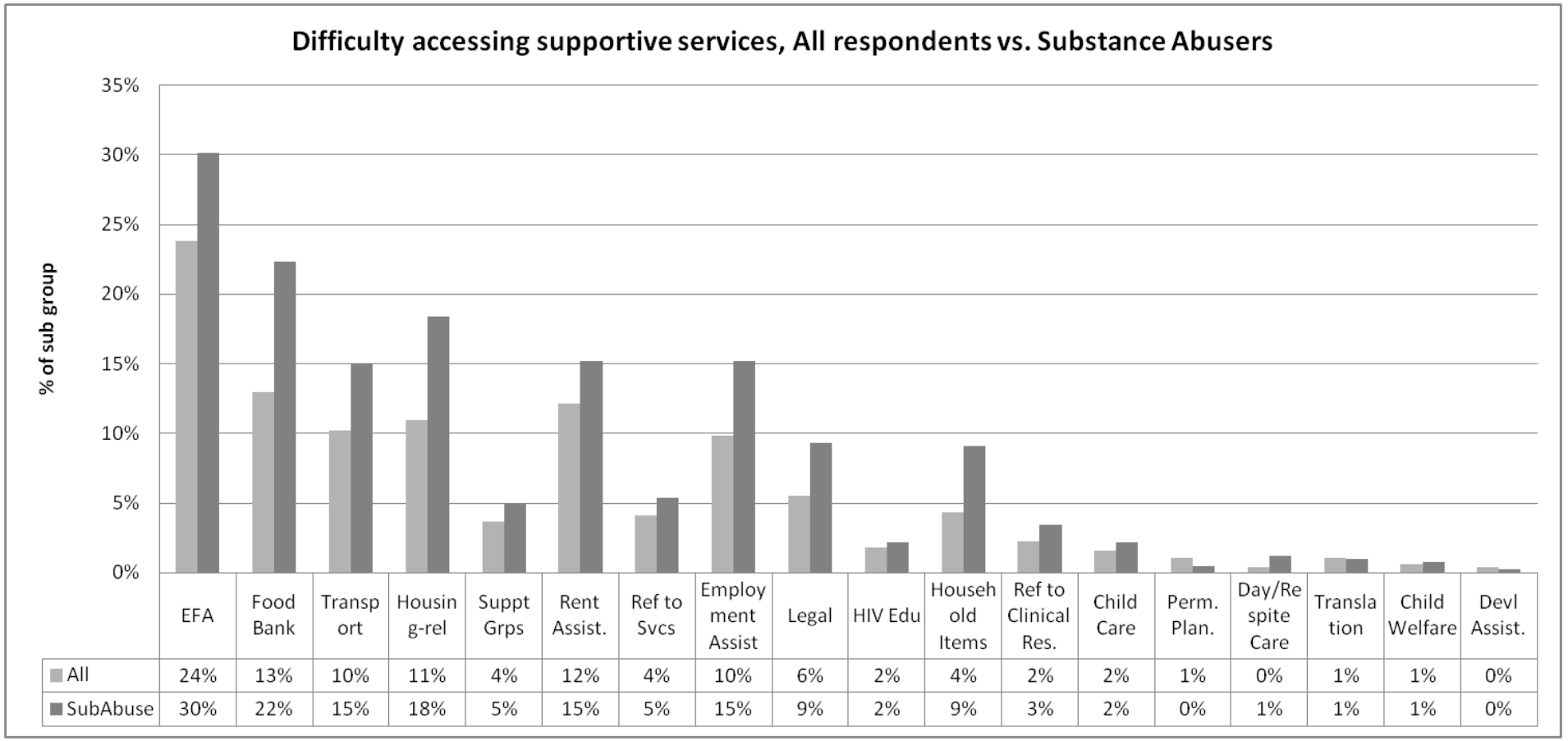
- Similar to the overall sample of respondents, this subgroup had the most difficulties accessing emergency financial assistance.
- Other difficult to access services include transportation, support groups, rental assistance, referrals to services, employment assistance, legal services and household items.
- Like the Latino subgroup, MSM-Latinos reported more difficulties accessing translation services than other subgroups.



	EFA	Food Bank	Transport	Housing-rel	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All	24%	13%	10%	11%	4%	12%	4%	10%	6%	2%	4%	2%	2%	1%	0%	1%	1%	0%
RR	31%	25%	18%	25%	2%	21%	3%	22%	11%	2%	7%	4%	1%	1%	1%	0%	0%	1%

The chart above shows the proportion of Recently Released respondents that experienced difficulties accessing each supportive service, compared to the overall sample of respondents.

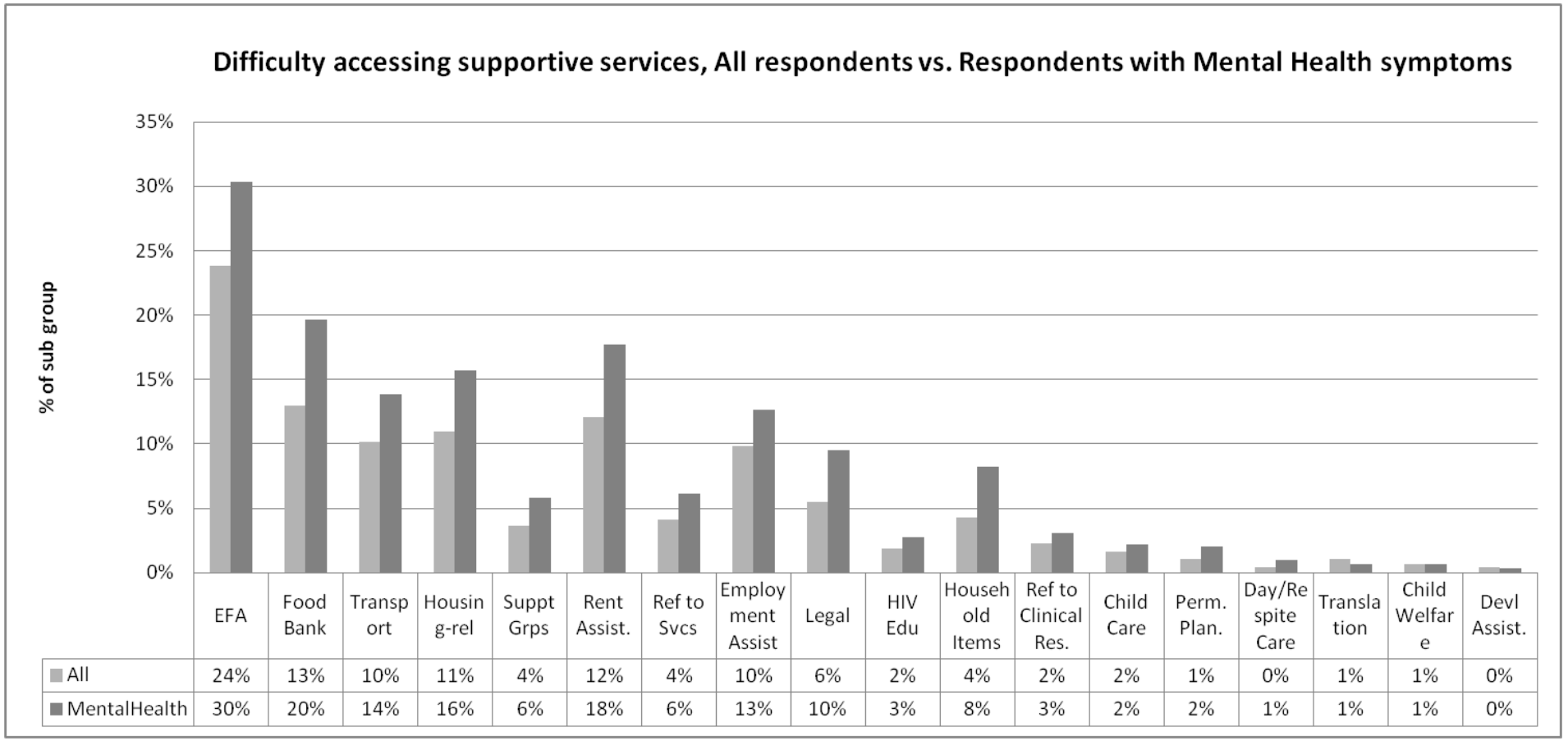
- Similar to the overall sample of respondents, this subgroup had the most difficulties accessing emergency financial assistance.
- In addition to emergency financial assistance, other difficult to access services were food bank, transportation, housing-related services, rental assistance and employment assistance.



	EFA	Food Bank	Transport	Housing-rel	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All	24%	13%	10%	11%	4%	12%	4%	10%	6%	2%	4%	2%	2%	1%	0%	1%	1%	0%
SubAbuse	30%	22%	15%	18%	5%	15%	5%	15%	9%	2%	9%	3%	2%	0%	1%	1%	1%	0%

The chart above shows the proportion of Substance Abusers that experienced difficulties accessing each supportive service, compared to the overall sample of respondents.

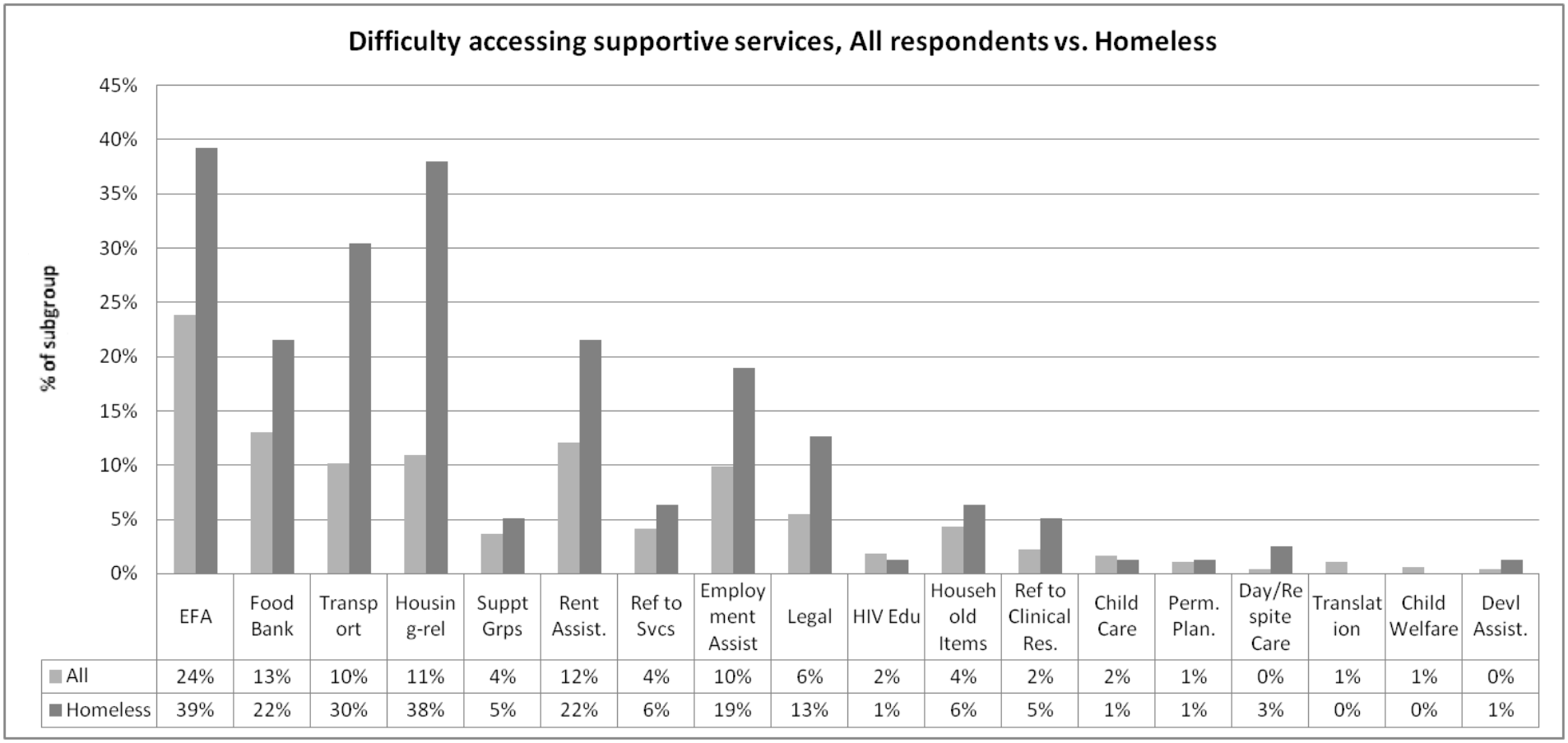
- Similar to the overall sample of respondents, this subgroup had the most difficulties accessing emergency financial assistance.
- In addition to emergency financial assistance, other difficult to access services were food bank and housing-related services.



	EFA	Food Bank	Transport	Housing-rel	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All	24%	13%	10%	11%	4%	12%	4%	10%	6%	2%	4%	2%	2%	1%	0%	1%	1%	0%
MentalHealth	30%	20%	14%	16%	6%	18%	6%	13%	10%	3%	8%	3%	2%	2%	1%	1%	1%	0%

The chart above shows the proportion of respondents with Mental Health symptoms that experienced difficulties accessing each supportive service, compared to the overall sample of respondents.

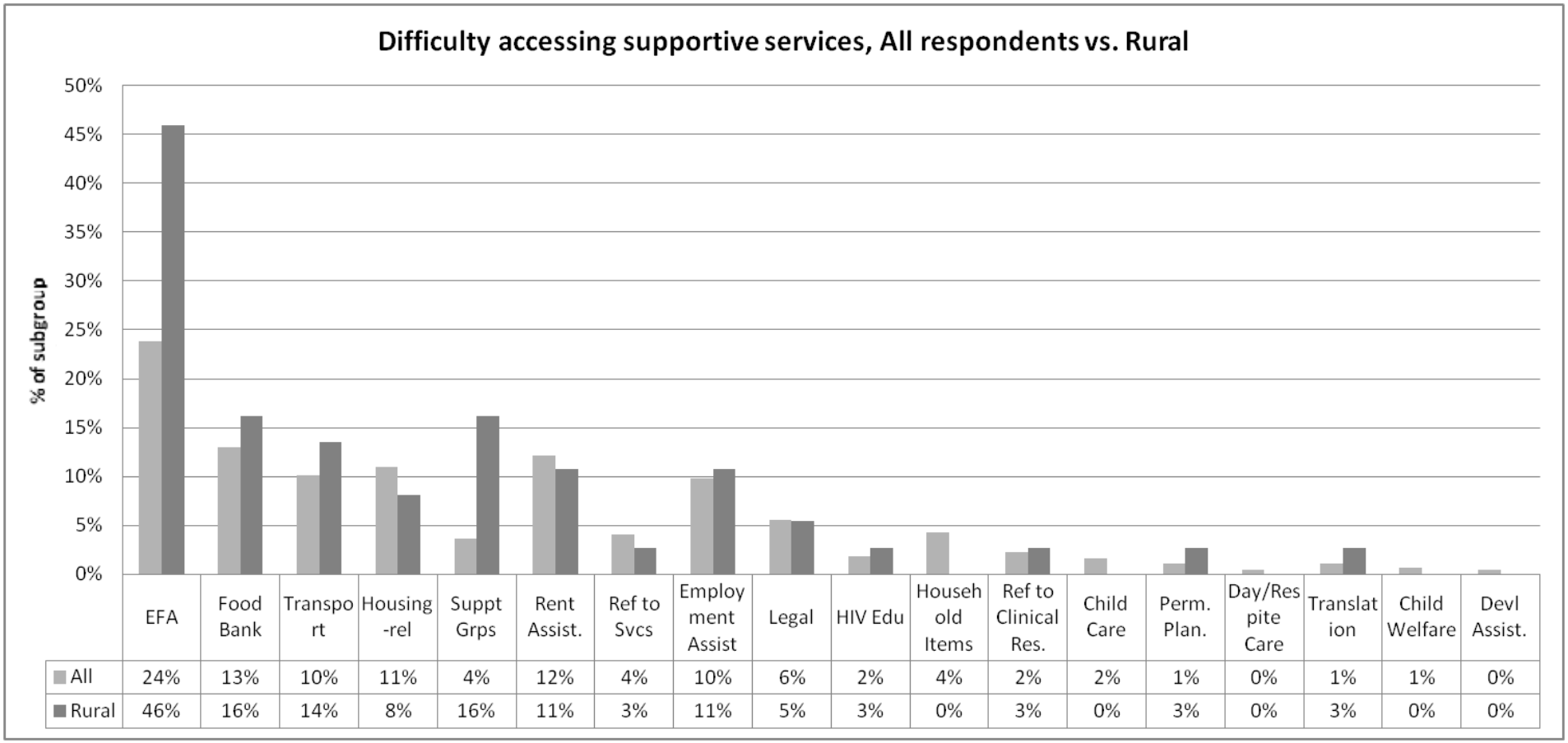
- Similar to the overall sample of respondents, this subgroup had the most difficulties accessing emergency financial assistance.
- In addition to emergency financial assistance, other difficult to access services were food bank and rental assistance.



	EFA	Food Bank	Transport	Housing-rel	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All	24%	13%	10%	11%	4%	12%	4%	10%	6%	2%	4%	2%	2%	1%	0%	1%	1%	0%
Homeless	39%	22%	30%	38%	5%	22%	6%	19%	13%	1%	6%	5%	1%	1%	3%	0%	0%	1%

The chart above shows the proportion of Homeless respondents that experienced difficulties accessing each supportive service, compared to the overall sample of respondents.

- Similar to the overall sample of respondents, this subgroup had the most difficulties accessing emergency financial assistance.
- In addition to emergency financial assistance, other difficult to access services were transportation and housing-related services.



	EFA	Food Bank	Transport	Housing-rel	Suppt Grps	Rent Assist.	Ref to Svcs	Employment Assist	Legal	HIV Edu	Household Items	Ref to Clinical Res.	Child Care	Perm. Plan.	Day/Respite Care	Translation	Child Welfare	Devl Assist.
All	24%	13%	10%	11%	4%	12%	4%	10%	6%	2%	4%	2%	2%	1%	0%	1%	1%	0%
Rural	46%	16%	14%	8%	16%	11%	3%	11%	5%	3%	0%	3%	0%	3%	0%	3%	0%	0%

The chart above shows the proportion of Rural respondents that experienced difficulties accessing each supportive service, compared to the overall sample of respondents.

- Similar to the overall sample of respondents, this subgroup had the most difficulties accessing emergency financial assistance.
- In addition to emergency financial assistance, other difficult to access services food bank, transportation and support groups.

Core & Support Services - Local Service Category Definitions

CORE SERVICES

Ambulatory Outpatient Primary Care: Services include on-site physician, physician extender, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication education, and patient care coordination. The Provider must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral to appropriate medical provider upon primary care Physician's order).

Case Management-Clinical: Identifying and screening clients who are accessing HIV-related services from a clinical delivery system that provides Mental Health treatment/counseling and/or Substance Abuse treatment services; assessing each client's medical and psychosocial history and current service needs; developing and regularly updating a clinical service plan based upon the client's needs and choices; implementing the plan in a timely manner; providing information, referrals and assistance with linkage to medical and psychosocial services as needed; monitoring the efficacy and quality of services through periodic reevaluation; advocating on behalf of clients to decrease service gaps and remove barriers to services helping clients develop and utilize independent living skills and strategies. Assist clients in obtaining needed resources, including bus pass vouchers and gas cards.

Case Management-Medical: Services include screening all primary medical care patients to determine each patient's level of need for Medical Case Management services, performing a comprehensive assessment and developing a medical service plan for each client that demonstrates a documented need for such services, monitoring medical service plan to ensure its implementation, and educating client regarding wellness, medication and health care compliance. The Medical Case Manager serves as an advocate for the client and as a liaison with medical providers on behalf of the client. The Medical Case Manager ensures linkage to mental health, substance abuse and other client services as indicated by the medical service plan. The Medical Case Manager will perform, or contribute to, Readiness Assessments in order to assess a patient's readiness for HAART.

Home Health Care: The provision of services in the home by licensed health care workers, such as nurses, and the administration of intravenous and aerosolized treatment, parenteral feeding, diagnostic testing and other medical therapies.

Hospice Services: Hospice services, including services provided by unlicensed personnel under the delegation of a registered nurse or physical therapist, provided to a client or client's family as part of a coordinated program consistent with the standards and rules adopted under this chapter. These services include palliative care for terminally ill clients and support services for clients and their families.

Local Medication Assistance Program (LPAP): LPAP provides pharmaceuticals to patients otherwise ineligible for medications through private insurance, Medicaid/Medicare, State ADAP, SPAP or other sources. Allowable medications are those on the current Texas ADAP formulary and Houston EMA Ryan White Part A Formulary. Eligible clients may be provided Fuzeon™ on a case-by-case basis. The cost of Fuzeon™ does not count against a client's annual maximum. Does not include drugs available free of charge (such as birth control and TB medications) or medications available over the counter (OTC) without prescription.

Medical Nutritional Therapy and Nutritional Supplements: ***Nutritional Therapy*** is provision of professional (licensed registered dietician) education/counseling concerning the therapeutic importance of foods and nutritional supplements that are beneficial to the wellness and improved health conditions of clients. Medically, it is expected that symptomatic or mildly symptomatic clients will be seen once every 12 weeks while clients with higher acuity will be seen once every 6 weeks. Services must be provided under written order from a state licensed medical provider (MD, DO or PA) with prescribing privileges and must be based on a written nutrition plan developed by a licensed registered dietician. ***Nutritional Supplements*** provides up to a 90-day supply at any given time, per client. There are no restrictions on the type of supplements that can be provided, so long as the supplement is prescribed by a State licensed physician or physician assistant (PA). Nutritional counseling must be provided for each disbursement of nutritional supplements.

Mental Health Services: The provision of 1:1 or family-based crisis intervention and/or mental health therapy provided by a licensed mental health practitioner to an eligible HIV positive or HIV/AIDS affected individual.

Oral Health: Restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for HIV patients 15 years old or older must be based on a comprehensive individual treatment plan. Prosthodontics services to HIV-infected individuals including, but not limited to examinations and diagnosis of need for dentures, diagnostic measurements, laboratory services, tooth extractions, relines and denture repairs.

Substance Abuse Treatment: Treatment and/or counseling of HIV-infected individuals with substance abuse disorders delivered in accordance with State licensing guidelines.

SEE NEXT PAGE FOR SUPPORT SERVICES

SUPPORT SERVICES

Child Care: The provision of care for the children of clients who are HIV+ while the clients are attending medical or other appointments or attending Ryan White HIV/AIDS Program-related meetings, groups or training. This does not include child care while the client is at work.

Child Welfare Services: The provision of family preservation/unification, foster care, parenting education, and other child welfare services. Services may be designed to prevent break-up of a family and to reunite family members. Also includes foster care assistance to place children under the age of 21 years, whose parents are unable to care for them, in temporary or permanent homes and to sponsor programs for foster families. This category includes other services related to juvenile court proceedings, liaison to child protective services, involvement with child abuse and neglect investigations and proceedings, or actions to terminate parents' rights.

Developmental Assessment: The provision of professional early intervention services by physicians, developmental psychologists, educators and others in the psychosocial and intellectual development of infants and children. These services involve the assessment of an infant or a child's developmental status and needs in relation to the education system, including early assessment of educational intervention services. They include comprehensive assessment, taking into account the effects of chronic conditions associated with HIV, drug exposure and other factors. Provision of information about access to Head Start services, appropriate educational settings for HIV-affected clients and education/assistance to schools.

Emergency Financial Assistance: The provision of short-term payments to agencies or the establishment of voucher programs to assist with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers and food stamps), and medication, when other resources are not available.

Employment Assistance: The facilitation of entry or re-entry into the workplace in a way that is appropriate to one's health status, work experience, disability benefit status, needs and desires. It includes the provision of GED training and other educational programs, resume writing training, work history evaluations, skills assessments, and job search training.

Day/Respite Care for Adults (Home Community Based Health Services-Facility-Based)**:** A day treatment program that includes Physician ordered therapeutic nursing, supportive and/or compensatory health services based on a written plan of care established by an interdisciplinary care team that includes appropriate healthcare professionals and paraprofessionals. Services include skilled nursing, nutritional counseling, evaluations and education, and additional therapeutic services and activities. Inpatient hospitals services, nursing

home and other long-term care facilities are NOT included.

Food Bank: The provision of food and related grocery items through a vouchering program. Items may include personal hygiene, paper products, cleaning supplies and diapers. This service does not provide food to affected persons and individuals who are caregivers for HIV/AIDS infected persons in the household. Tobacco, liquor and pet food or pet products may not be purchased with funds.

HIV Education for HIV+ Individuals: The provision of services that educate clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information about medical and psychosocial support services and counseling to help clients living with HIV improve their health status.

Household Items: The pickup, delivery and storage of donated items that include, but are not limited to, furniture, small appliances, kitchen utensils, bathroom accessories and linens, to be distributed to clients.

Housing-Related Services: Housing-related referral services include assessment, search, placement, advocacy and the fees associated with them.

Legal Services: Comprehensive legal and permanency planning services provided to HIV-infected individuals and/or their legal representatives by an Attorney licensed to practice in Texas.

Referral to Clinical Research: The provision of education about and linkages to clinical research services through academic research institutions or other research service providers. Clinical research refers to studies in which new treatments—drugs, diagnostics, procedures, vaccines, and other therapies—are tested in people to see if they are safe and effective. All institutions that conduct or support biomedical research involving people must, by Federal regulation, have an institutional review board that initially approves and periodically reviews the research.

Referrals to Services: The act of directing a client to a service in person or through telephone, written, or other type of communication. Referrals may be made within the non-medical case management system by professional case managers, informally through support staff, or as part of an outreach program.

Rental Assistance/Shelter Vouchers: The provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care.

Support Groups: Professionally led (licensed therapists or counselor) groups that comprise HIV positive individuals, family members, or

significant others for the purpose of providing emotional support directly related to the stress of caring for an HIV positive person.

Translation/Interpretation (Linguistics Services)**:** The provision of interpreter services including, but not limited to, sign language for deaf and/or hard of hearing and native language interpretation for monolingual HIV positive clients. Services exclude Spanish translation services.

Medical Transportation: Provides essential transportation services to HRSA-defined Core Services through the use of individual employee or contract drivers with vehicles/vans to Ryan White Program eligible individuals residing in Houston EMA/HSDA counties. Essential transportation is defined as transportation to public and private outpatient medical care and physician services, substance abuse and mental health services, pharmacies and other services where eligible clients receive Ryan White-defined Core Services and/or medical and health-related care services, including clinical trials, essential to their well-being. The program provides taxi vouchers to eligible clients only in the following cases: to access emergency shelter vouchers or to attend social security disability hearings; van service is unavailable due to breakdown or inclement weather; client's medical need requires immediate transport; scheduling conflicts.

Staff Only:

Administrator: _____

Venue:_____

Card #:_____

Date:_____

2011 Needs Assessment Consumer Survey

BARRIERS

1. The services are not in my area.
2. I don't know where to get the services.
3. I don't know how to get the services.
4. I would have to wait too long to get the services.
5. The services cost too much.
6. I was told I am not eligible for this service.
7. I don't think I'm eligible to get the services.
8. The people who run the services are not friendly.
9. It's hard to make or keep appointments.
10. It's hard for me to get there.
11. I had problems with paperwork.
12. There is no one to watch my kids if I go there.
13. I'm not ready to face my HIV status.
14. I'm afraid someone will find out about my HIV.
15. People at the agency don't speak my language.
16. My jail/prison history makes it hard to get services.
17. Other:_____

First, we'll ask you about services that are related to HIV/AIDS medical care

Service	In the past 12 months, did you have any difficulty getting this service?	If you had difficulty getting this service, please tell us why *(Use the list on the yellow sheet to write in the appropriate response number. If your difficulty is not listed, then please describe it below)*
Medical care visits with a doctor, nurse or physician assistant (PA) for HIV	☐ I did not need this service ☐ It was very easy to get this service ☐ I had some difficulty getting this service	Barrier(s): _____ _____ _____ _____ _____ Other: _____
Help getting HIV/AIDS or other medications (other than those you get through the State ADAP program)	☐ I did not need this service ☐ It was very easy to get this service ☐ I had some difficulty getting this service	Barrier(s): _____ _____ _____ _____ _____ Other: _____
Dentist visits	☐ I did not need this service ☐ It was very easy to get this service ☐ I had some difficulty getting this service	Barrier(s): _____ _____ _____ _____ _____ Other: _____
Case Management services at your clinic that help you with medical care and other treatment needs	☐ I did not need this service ☐ It was very easy to get this service ☐ I had some difficulty getting this service	Barrier(s): _____ _____ _____ _____ _____ Other: _____
Medical Nutritional Therapy, Nutritional Counseling (nutrition-related services ordered by a doctor)	☐ I did not need this service ☐ It was very easy to get this service ☐ I had some difficulty getting this service	Barrier(s): _____ _____ _____ _____ _____ Other: _____
Outpatient alcohol or drug abuse treatment services	☐ I did not need this service ☐ It was very easy to get this service ☐ I had some difficulty getting this service	Barrier(s): _____ _____ _____ _____ _____ Other: _____
Professional Mental Health Counseling	☐ I did not need this service ☐ It was very easy to get this service ☐ I had some difficulty getting this service	Barrier(s): _____ _____ _____ _____ _____ Other: _____
Hospice Services	☐ I did not need this service ☐ It was very easy to get this service ☐ I had some difficulty getting this service	Barrier(s): _____ _____ _____ _____ _____ Other: _____
Home Health Care (a Nurse or licensed Home Health Aide who gives you IV therapy or other medical services in your home)	☐ I did not need this service ☐ It was very easy to get this service ☐ I had some difficulty getting this service	Barrier(s): _____ _____ _____ _____ _____ Other: _____

SERVICES

1. **Child Care Services**
2. **Child Welfare Services** (parenting education, foster care, child placement assistance, parental rights, juvenile court, CPS)
3. **Day/Respite Care for Adults**
4. **Developmental Assessment** (assistance for affected infants and children in relation to the educational system)
5. **Emergency Financial Assistance** (short term assistance with utilities, food, housing)
6. **Employment Assistance** (i.e., finding or keeping a job)
7. **Food Bank**
8. **HIV Education for HIV Positive Individuals**
9. **Rental Assistance, Shelter Vouchers**
10. **Housing-Related Services** (help with finding housing and housing information)
11. **Legal Services** (non-criminal services)
12. **Permanency Planning** (wills)
13. **Referrals to Services**
14. **Referral to Clinical Research**
15. **Support Groups**
16. **Translation/Interpretation**
17. **Transportation** (van transportation, bus passes, gas vouchers, taxi vouchers)
18. **Household Items**
19. **Other:**_____

From the list on the yellow sheet, what are the FIVE (5) services that you think are most important in helping you cope with HIV/AIDS-related health issues?

Service	**In the past 12 months, did you have any difficulty getting this service?**	**If you had difficulty getting this service, please tell us why** ***(Use the list on the yellow sheet to write in the appropriate response number. If your difficulty is not listed, then please describe it below)***
	☐ I did not need this service ☐ It was very easy to get this service ☐ I had some difficulty getting this service	Barrier(s): ________ ________ ________ ________ ________ Other: ____
	☐ I did not need this service ☐ It was very easy to get this service ☐ I had some difficulty getting this service	Barrier(s): ________ ________ ________ ________ ________ Other: ____
	☐ I did not need this service ☐ It was very easy to get this service ☐ I had some difficulty getting this service	Barrier(s): ________ ________ ________ ________ ________ Other: ____
	☐ I did not need this service ☐ It was very easy to get this service ☐ I had some difficulty getting this service	Barrier(s): ________ ________ ________ ________ ________ Other: ____
	☐ I did not need this service ☐ It was very easy to get this service ☐ I had some difficulty getting this service	Barrier(s): ________ ________ ________ ________ ________ Other: ____

HIV Testing & Diagnosis History

1. **When were you diagnosed with HIV?** (month/year) _____

2. **Where did you receive your HIV diagnosis?** Please give the name or type of agency *(for example, The Green Clinic, Jones Hospital, doctor's office, jail/prison, etc).* _____

3. **Why were you tested for HIV?** (Choose all that apply)
   - ☐ A doctor or nurse recommended it
   - ☐ I felt sick
   - ☐ Part of a routine check-up
   - ☐ I had sex with someone who was HIV+
   - ☐ I engaged in risky behavior
   - ☐ During pregnancy care
   - ☐ I was in the emergency room/hospital
   - ☐ I was in prison or jail
   - ☐ Other:_____

4. **When you received your diagnosis, did someone at the testing site help you get any of the following services?** (Choose all that apply)
   - ☐ Information about HIV/AIDS
   - ☐ Counseling
   - ☐ I don't know/don't remember
   - ☐ Medical services
   - ☐ Help with food or shelter
   - ☐ Other: _____
   - ☐ Alcohol or drug treatment services
   - ☐ I did not receive any information

Services

5. **After you were diagnosed with HIV, how much time passed before you saw a doctor for HIV?**
   - ☐ Less than 1 month
   - ☐ Between 6-12 months
   - ☐ I have never seen a doctor for HIV
   - ☐ Between 1-6 months
   - ☐ More than 12 months

6. **If you waited more than 6 months before seeing a doctor for HIV, what were the reasons?** (Choose all that apply)
   - ☐ I was afraid
   - ☐ I didn't want to believe I was infected
   - ☐ I didn't know how to get the services
   - ☐ I didn't feel sick
   - ☐ I didn't want to take any medications
   - ☐ I was depressed or had emotional problems
   - ☐ I was in jail/prison
   - ☐ I didn't have the money
   - ☐ I didn't have a stable place to live
   - ☐ I was doing drugs
   - ☐ I didn't know where to get the services
   - ☐ Other:_____

7. **After you were diagnosed with HIV, how much time passed before you had a CD4 or viral load test?**
   - ☐ Less than 1 month
   - ☐ Between 6-12 months
   - ☐ I have never had a CD4 or viral load test
   - ☐ Between 1-6 months
   - ☐ More than 12 months
   - ☐ I don't know/don't remember

8. **If you waited more than 6 months before having a CD4 or viral load test, what were the reasons?** (Choose all that apply)
   - ☐ I was afraid
   - ☐ I didn't want to believe I was infected
   - ☐ I didn't know how to get the services
   - ☐ I didn't feel sick
   - ☐ I didn't want to take any medications
   - ☐ I was depressed or had emotional problems
   - ☐ I was in jail/prison
   - ☐ I didn't have the money
   - ☐ I didn't have a stable place to live
   - ☐ I was doing drugs
   - ☐ I didn't know where to get the services
   - ☐ Other:_____

9. **After you first saw a medical provider for HIV, was there ever a time that you stopped going to the doctor for more than <u>6 months</u>?** ☐ Yes ☐ No

   If YES, was there ever a time you stopped going to a doctor for more than <u>12 months</u>? ☐ Yes ☐ No

   If you ever stopped seeing a doctor for more than 6 or 12 months, what were the reasons? (Check all that apply)
   - ☐ Case manager left
   - ☐ Did not want to take medications
   - ☐ Tired of regimen, wanted to take a break
   - ☐ Doctor left
   - ☐ Bad experience with provider
   - ☐ Felt fine, wasn't sick, no symptoms
   - ☐ I could not take time off work
   - ☐ Lost stable housing
   - ☐ Worried about side effects from medications
   - ☐ Doing drugs, relapsed
   - ☐ Lost my job
   - ☐ Denial – didn't want to believe I was infected
   - ☐ Program closed down
   - ☐ Lost health insurance
   - ☐ Other:_____

10. **Where was the first place you received care from a doctor for HIV?** Please give the name or type of agency *(for example, The Green Clinic, hospital, doctor's office, jail/prison, etc).* _____

11. **Where do you receive medical care most often?** Please give the name or type of agency *(for example, The Green Clinic, hospital, doctor's office, jail/prison, etc).* _____

12. **In the past 6 months, have you gone to an emergency room because you felt sick?** ☐ Yes ☐ No

13. **Is there a Case Manager, social worker or counselor (a specific person at a clinic, hospital or community organization) whose job it is to help you get services?** ☐ Yes ☐ No ☐ Don't Know

HIV/AIDS Medications

14. **Are you currently taking anti-retroviral medicine for HIV?** ☐No ☐Yes
    a. **If Yes, how many pills do you take in one day for HIV?_____**

15. **If you are currently taking meds, which of the following best describes you during the past month?** (Choose all that apply)
    - ☐ I have not missed any doses in the past month
    - ☐ I have missed a few doses in the last month, but took nearly all my doses
    - ☐ I took more than half of my doses, but not nearly all
    - ☐ I took about half of my doses
    - ☐ I took some of my doses, but not half
    - ☐ Other: _____

16. **If you have taken HIV medications, did you ever stop taking them because you felt bad side effects? (**i.e., problems that happen to your body or mind because of a treatment). ☐ Yes ☐ No

    16a. If Yes, what did you think were the side effects that made you stop taking HIV medications? _____
    _____

17. **Has a nurse, doctor or case manager talked to you about staying on schedule with your HIV medicine?** ☐ Yes ☐ No

18. **If you are not currently taking HIV medications, what are the reasons?** (Choose all that apply)
    - ☐ I don't want unpleasant side effects
    - ☐ They were not effective for me
    - ☐ They were too difficult to take as prescribed
    - ☐ No doctor has ever offered them to me
    - ☐ I choose not to take them
    - ☐ I didn't have the correct food to take with the medications. ☐
    - ☐ My doctor did not think it was a good idea for me
    - ☐ T-cell count too high / still too healthy
    - ☐ Cannot pay for meds / don't have insurance for them
    - ☐ I don't want anyone to know I'm taking HIV medications
    - ☐ Other: _____

Non-HIV/AIDS Medications

19. **How many non-HIV pills do you take in one day for conditions other than HIV?** _____

20. **Are you taking medicine for any of the following non-HIV conditions?** (Choose all that apply)
    ☐ Diabetes ☐ High blood pressure ☐ High cholesterol ☐ Depression, emotional problems ☐ Other:_____

21. **How often do you have trouble paying for these or other non-HIV medications?**
    ☐ Never ☐ Less than half the time ☐ More than half the time ☐ Always

Health Status

22. **How would you describe your health overall?** ☐ Excellent ☐ Good ☐ Fair ☐ Poor

23. During the past month, has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors or groups? ☐No ☐Yes, some of the time ☐Yes, all of the time

24. In the past 3 days, how many meals did you miss because you didn't have enough food? _____

25. Are you aware of services that will help you get food? *(i.e., food pantry, church, etc)* ☐ Yes ☐ No

26. Is it difficult for you to get assistance with food? ☐ It is difficult ☐ It is easy ☐ I don't need assistance with food

27. When was the last time you saw a doctor, nurse, nurse practitioner or physician assistant (PA) for HIV?
☐ Within the last 6 months ☐ Between 6-12 months ☐ More than 1 year ☐ Never/Don't Know

28. When was the last time you were prescribed medicine for HIV?
☐ Within the last 6 months ☐ Between 6-12 months ☐ More than 1 year ☐ Never/Don't Know

29. When was the last time you had a viral load test?
☐ Within the last 6 months ☐ Between 6-12 months ☐ More than 1 year ☐ Never/Don't Know

30. What is your viral load <u>now</u>?
☐ Detectable ☐ Undetectable ☐ Don't know/can't remember

31. When was the last time you had a CD4 or T-Cell test?
☐ Within the last 6 months ☐ Between 6-12 months ☐ More than 1 year ☐ Never/Don't Know

32. What is your CD4 or t-cell count <u>now</u>?
☐ Less than 50 ☐ 50-199 ☐ 200-499 ☐ More than 500 ☐ I can't remember ☐ I've never received care for HIV

33. When you first started getting care for HIV, what was your CD4 or t-cell count?
☐ Less than 50 ☐ 50-199 ☐ 200-499 ☐ More than 500 ☐ I can't remember ☐ I've never received care for HIV

34. Since you were diagnosed with HIV, have you been tested for Hepatitis C? ☐Yes ☐No ☐Don't Know

35. Are you currently positive for Hepatitis C? ☐ Yes ☐ No ☐ Don't Know

36. Have you had a skin test for TB? ☐No ☐Yes → **If Yes, what was the result?** ☐Positive ☐Negative ☐Don't Know

37. Have you ever been told that you have active TB? ☐Yes ☐No ☐Don't Know
(If you had active TB, you would have been treated with 4 or 5 different TB medicines for a couple months (about 10 pills per day) and 2 or 3 medicines for another 4 months).

Mental Health

38. In the past month, have you been troubled by any of the following? (Choose all that apply)
☐ Anxiety or tension ☐ Wanting to hurt yourself ☐ Psychiatric or emotional problems requiring medication
☐ Hallucinations ☐ Trouble controlling your anger ☐ None of the above

39. Since being diagnosed with HIV, have you talked to a counselor, therapist or psychologist for help with depression, anxiety or emotional problems? ☐ Yes ☐ No

40. Since being diagnosed with HIV, have you talked to a doctor or psychiatrist for medications to treat depression, anxiety or emotional problems? ☐ Yes ☐ No

41. Since being diagnosed with HIV, have you participated in a structured therapy group for your mental health?
☐ Yes ☐ No

Social Support

42. Where do you get social support for living with HIV? (Choose all that apply)
☐ HIV+ people that I meet at a clinic ☐ Doctors, nurses, clinic staff ☐ Internet ☐ None / I don't have any social support
☐ HIV+ people that I meet someplace other than a clinic ☐ Family ☐ Other:_____

Substance Use

43. Within the past year, have you used any of the following substances? (Choose all that apply)

Amphetamines *(crystal meth, speed)*	☐ Never	☐ Every day or almost every day	☐ Once a week	☐ Once a month	☐ Few times a year
Marijuana *(pot, grass, weed)*	☐ Never	☐ Every day or almost every day	☐ Once a week	☐ Once a month	☐ Few times a year
Cocaine (*powder*), Crack	☐ Never	☐ Every day or almost every day	☐ Once a week	☐ Once a month	☐ Few times a year
Prescription drugs that were **not** prescribed to you *(Xanax, vicodin, hydrocodone, oxycontin)*	☐ Never	☐ Every day or almost every day	☐ Once a week	☐ Once a month	☐ Few times a year
Prescription drugs that **were** prescribed to you, but you used differently than intended *(Xanax, vicodin, hydrocodone, oxycontin)*	☐ Never	☐ Every day or almost every day	☐ Once a week	☐ Once a month	☐ Few times a year
Other: _____	☐ Never	☐ Every day or almost every day	☐ Once a week	☐ Once a month	☐ Few times a year
☐ None of the above					

44. In the last year, did you ever drink alcohol more than you meant to? ☐ Yes ☐ No

45. In the last year, did you ever feel you wanted or needed to cut down on your alcohol drinking? ☐ Yes ☐ No

46. In the last year, did you ever use drugs more than you meant to? ☐ Yes ☐ No

47. In the last year, did you ever feel you wanted or needed to cut down on your drug use? ☐ Yes ☐ No

Housing

48. Where do you most often sleep? ☐Apartment/House ☐Group home/halfway house ☐Shelter ☐Street ☐Other:_____

49. Do you feel your housing situation is stable? ☐ Yes ☐ No

50. In the past year, has your housing situation made it difficult for you to get HIV care? ☐Yes ☐No
a. If yes, what were those difficulties? (Choose all that apply)
☐ I could not keep my HIV status private ☐ I had to use my money for rent
☐ I didn't have a place to store my medications ☐ I had to use my money for utilities ☐ Other:_____
☐ I had to use my money for food ☐ I had to use my money for household supplies

Financial Resources

51. What is your job status?
☐ Full time job, more than 30 hrs/week ☐ Temp/contract/odd jobs ☐ Unemployed
☐ Part time job ☐ Not working due to disability ☐ Retired

52. During the past 6 months, what has been your individual average monthly income? _____

53. How many people, including you, depend on this income? _____Of these, how many are children under 18? _____

54. During the past 6 months, what income or assistance have you been receiving? (Choose all that apply)

☐ None ☐ SSDI ☐ Food stamps ☐ Unemployment
☐ Hourly wages/Salary ☐ Social Security ☐ Rental subsidy/Section 8 ☐ Private disability ☐ Other:_____
☐ SSI ☐ TANF/AFDC ☐ Workers Comp ☐ VA benefits

55. Do you have private insurance? ☐ Yes ☐ No

56. How do you pay for your medical care?

☐ I don't receive medical care because I can't pay for it ☐ VA ☐ Medicare ☐ Gold Card/County
☐ Private insurance or COBRA ☐ Medicaid ☐ Self-pay ☐ Other: _____

57. If you had private health insurance during the past year, did you know that assistance with copays, deductibles and premiums was available? ☐ Yes ☐ No

58. Have you had any difficulty getting assistance paying for health insurance costs? (Choose all that apply)

☐ Case manager left ☐ Did not want to take medications ☐ Tired of regimen, wanted to take a break
☐ Doctor left ☐ Bad experience with provider ☐ Felt fine, wasn't sick, no symptoms
☐ I could not take time off work ☐ Lost stable housing ☐ Worried about side effects from medications
☐ Doing drugs, relapsed ☐ Lost my job ☐ Denial – didn't want to believe I was infected
☐ Program closed down ☐ Lost health insurance ☐ Other:_____

Demographics

59. What zip code do you live in? _____

60. What is your gender? ☐ Male ☐ Female ☐ Transgender – Male to Female ☐ Transgender – Female to Male ☐ Intersex

61. If you are female, are you currently pregnant? ☐ Yes ☐ No ☐ Don't Know

62. How old are you? _____

63. Are you of Hispanic origin? ☐ Yes ☐ No

64. What is your race/ethnicity?

☐ White ☐ Asian ☐ American Indian or Alaska Native ☐ Other:_____
☐ Black/African American ☐ Multi racial ☐ Native Hawaiian or Other Pacific Islander

65. How do you identify yourself? ☐ Straight/Heterosexual ☐ Gay/Lesbian ☐ Bisexual ☐ Undecided ☐ Prefer not to say

66. What language are you most comfortable speaking at home, or with family and friends? _____

67. What language are you most comfortable speaking when you see a doctor? _____

68. Were you born in the United States? ☐ Yes ☐ No → What year did you come to the US? _____

69. What is your immigration status?

☐ Citizen ☐ Permanent Resident ☐ Visa (student, work, tourist, etc) ☐ Prefer not to say ☐ Other: _____

70. What is the highest level of education you have completed?

☐ Less than high school ☐ High school degree/GED ☐ Some technical training ☐ Some College ☐ College degree ☐ Graduate/ professional degree ☐ None

71. During the past year, have you been released from jail or prison? ☐ Yes ☐ No

Risk Behaviors

72. What is the gender of your sex partners? (Choose all that apply)

☐ Male ☐ Female ☐ Transgender (Male to Female) ☐ Transgender (Female to Male) ☐ Intersex

73. What is the HIV status of your main sex partner?

☐ I do not have a main sex partner ☐ HIV positive ☐ HIV negative ☐ I don't know ☐ Prefer not to say

74. When was the last time you had sex with another person?

☐ This week ☐ This month ☐ Within the past 6 months ☐ Within the past year ☐ More than 1 year ago

75. Has anyone talked to you about how to protect yourself from being re-infected with another strain of HIV? ☐Yes ☐No

76. Do you think it's likely you could be infected with another strain of HIV? ☐Yes ☐No

77. In the last 6 months, with about how many people did you have sex? _____ (if none, skip to #81)

78. In the past 6 months, did you exchange sex for drugs or money? ☐ Yes ☐ No ☐ Prefer not to say

79. In the last 6 months, how many times did you have sex with people whose names you didn't know?_____

80. In the last 30 days, have you had sex with someone whose HIV status you didn't know? ☐ Yes ☐ No

81. What kind of sex did you have the last time you had sex? (Check all that apply)

☐ Insertive Anal (top) ☐ Receptive Anal (bottom) ☐ Versatile (Both top & bottom)
☐ Receiving Oral Sex ☐ Giving Oral Sex ☐ Vaginal

82. Who was your last sexual partner?

☐ Friend ☐ Partner/Husband/Wife ☐ Internet hook-up
☐ Boyfriend/Girlfriend ☐ Bar hook-up ☐ Other:_____

83. Did you use a condom or protective barrier the last time you had sex? ☐ Yes ☐ No ☐ I don't know
If you didn't use a condom or barrier, why not?_____

84. How often do you use condoms or other protective barriers during sex? (Check all that apply)

☐ Always ☐ Most of the time ☐ Rarely ☐ Never
If you never use a condom or barrier, why not?_____

85. In the last 6 months, did you use a needle to inject any substance, including steroids, hormones, silicone, tattoos or ink under your skin or into a vein?

☐ No ☐ Yes (please specify substances)_____ ☐ I prefer not to answer

86. In the last 6 months, how often did you use a needle to inject any substance?

☐ Less than two times a month ☐ 2 to 8 times a month ☐ 2 to 7 times a week ☐ More than once a day
☐ I did not inject any substances

87. In the last 6 months, how often did you use needles or works that somebody else may have used?

☐ Never ☐ Less than half the time ☐ About half the time ☐ More than half the time ☐ Always
☐ I did not inject any substances

88. In the last 6 months, how often did you clean your needles or works with bleach?

☐ Never ☐ Less than half the time ☐ About half the time ☐ More than half the time ☐ Always
☐ I did not inject any substances

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89. In the past year, have you received services from any of the following agencies? (Check all that apply)

☐ AIDS Foundation Houston (AFH)
☐ Bering Omega Community Services
☐ Covenant House
☐ Fort Bend Family Health Center
☐ Harris County Sheriff's Office
☐ Houston Area Community Services (HACS)
☐ Houston Buyers Club
☐ Houston Volunteer Lawyers Program
☐ Joseph Hines Clinic
☐ Legacy Community Health Services
☐ Montrose Counseling Center
☐ NAACP
☐ Southeast Texas Legal Clinic
☐ St. Hope Clinic
☐ Thomas Street Clinic
☐ VA Hospital

90. In the past year, have you registered or updated your CPCDMS number? (CPCDMS is a computer database that agencies use to keep your records and provide you services) ☐ Yes ☐ No ☐ I don't know

YOU'RE DONE ☺
Thanks for completing the Houston HIV/AIDS Needs Assessment Survey!

Staff Only:

Administrator: _____

Venue: _____

Card #: _____

Date: _____

Encuesta 2011 al Consumidor de una Evaluación de las Necesidades

OBSTACULOS

1. Los servicios no se encuentran en mi área.
2. No sé dónde obtener los servicios.
3. No sé cómo obtener los servicios.
4. Tendría que esperar mucho tiempo a obtener servicios.
5. Los servicios cuestan mucho dinero.
6. Me dijeron que no soy elegible para este servicio.
7. Creo que no soy elegible para obtener los servicios.
8. La gente que maneja los servicios no son amigables.
9. Es difícil hacer o mantener citas.
10. Es difícil para mí llegar a los sitios.
11. Tuve problemas con los papeles/formularios.
12. No tengo quien cuide mis hijos si voy a las citas.
13. No estoy preparado/a a enfrentar mi estado del VIH.
14. Tengo temor que alguien averigue sobre mí VIH.
15. El personal en la agencia no habla mi idioma.
16. Mi pasado (en cárcel/prisión) hace difícil obtener servicios.
17. Otro:_____

Primeramente, quisiéramos preguntarle sobre los servicios relacionados al cuidado médico del VIH/SIDA

Servicio	En los últimos 12 meses, ¿tuvo Ud. alguna dificultad en obtener este servicio?	Si tuvo dificultad en obtener este servicio, favor díganos la razón *(Use la lista en la hoja azul para llenar el número apropiado en su respuesta. Si su respuesta no está en la lista, descríbala debajo)*
Visitas de cuidado médico con un médico, enfermera o asistante de médico (PA) para el VIH	☐ No necesité de este servicio ☐ Fue fácil obtener este servicio ☐ Tuve alguna dificultad en obtener este servicio	**Obstáculo(s):** _____ _____ _____ _____ _____ **Otro:** _____
Ayuda en obtener medicamentos incluyendo para el VIH/SIDA (excluyendo aquellos obtenidos através del programa estatal ADAP)	☐ No necesité de este servicio ☐ Fue fácil obtener este servicio ☐ Tuve alguna dificultad en obtener este servicio	**Obstáculo(s):** _____ _____ _____ _____ _____ **Otro:** _____
Visitas al dentista	☐ No necesité de este servicio ☐ Fue fácil obtener este servicio ☐ Tuve alguna dificultad en obtener este servicio	**Obstáculo(s):** _____ _____ _____ _____ _____ **Otro:** _____
Administración de casos en su clínica (ayuda con el cuidado médico y otras necesidades de tratamiento)	☐ No necesité de este servicio ☐ Fue fácil obtener este servicio ☐ Tuve alguna dificultad en obtener este servicio	**Obstáculo(s):** _____ _____ _____ _____ _____ **Otro:** _____
Terapia de nutrición médica, consejo nutricional (servicios relacionados a la nutrición por orden médica)	☐ No necesité de este servicio ☐ Fue fácil obtener este servicio ☐ Tuve alguna dificultad en obtener este servicio	**Obstáculo(s):** _____ _____ _____ _____ _____ **Otro:** _____
Servicios de tratamiento externo para el abuso del alcohol o drogas	☐ No necesité de este servicio ☐ Fue fácil obtener este servicio ☐ Tuve alguna dificultad en obtener este servicio	**Obstáculo(s):** _____ _____ _____ _____ _____ **Otro:** _____
Consejería professional para la salud mental	☐ No necesité de este servicio ☐ Fue fácil obtener este servicio ☐ Tuve alguna dificultad en obtener este servicio	**Obstáculo(s):** _____ _____ _____ _____ _____ **Otro:** _____
Servicios de hospicio	☐ No necesité de este servicio ☐ Fue fácil obtener este servicio ☐ Tuve alguna dificultad en obtener este servicio	**Obstáculo(s):** _____ _____ _____ _____ _____ **Otro:** _____
Cuidado de salud en el domicilio (una enfermera o asistente licensiada quien provee terapia intervenosa u otros servicios en su casa)	☐ No necesité de este servicio ☐ Fue fácil obtener este servicio ☐ Tuve alguna dificultad en obtener este servicio	**Obstáculo(s):** _____ _____ _____ _____ _____ **Otro:** _____

SERVICIOS

1. **Cuidado de niños/niñas**
2. **Servicio para el bienestar del niño/niña** (educación para los padres, cuidado y asistencia en la crianza juvenil, derechos de padres, tribunal de menores, CPS)
3. **Programa Diurno para adultos/Asistencia a los cuidadores**
4. **Evaluación del desarrollo** (asistencia relacionado con el sistema educacional para infantes y niños/niñas)
5. **Asistencia financiera de emergencia** (ayuda a corto plazo para utilidades, comida, vivienda)
6. **Asistencia laboral** (búsqueda y mantenimiento de empleo)
7. **Tienda de comida**
8. **Educación sobre el VIH para personas VIH+**
9. **Asistencia para el alquier, bonos para el refugio**
10. **Servicios relacionados a la vivienda** (ayuda en la búsqueda de vivienda)
11. **Servicio legal** (casos no criminal)
12. **Planeamiento sobre la permanencia** (testamentos)
13. **Referencia a servicios**
14. **Referencia a investigación clínica**
15. **Grupos de apoyo**
16. **Traducción/Interpretación**
17. **Transportación** (camioneta de carga cubierto, pase para el bus público, bono para gasolina y taxi)
18. **Artículos para la casa**
19. **Otro:_____**

Utilizando la lista en la hoja amarilla, ¿Cuáles son los CINCO (5) servicios que Ud. considera los más importante en ayudarlo/a a enfrentar los problemas del VIH/SIDA relacionados a la salud?

Servicio	**En los últimos 12 meses, ¿tuvo Ud. alguna dificultad en obtener este servicio?**	**Si tuvo dificultad en obtener este servicio, favor díganos la razón** *(Use la lista en la hoja azul para llenar el número apropiado de su respuesta. Si su respuesta no está en la lista, descríbala debajo)*
	☐ No necesité de este servicio ☐ Fue fácil obtener este servicio ☐ Tuve alguna dificultad en obtener este servicio	Obstáculo(s): _______ _______ _______ _______ _______ Otro: ____
	☐ No necesité de este servicio ☐ Fue fácil obtener este servicio ☐ Tuve alguna dificultad en obtener este servicio	Obstáculo(s): _______ _______ _______ _______ _______ Otro: ____
	☐ No necesité de este servicio ☐ Fue fácil obtener este servicio ☐ Tuve alguna dificultad en obtener este servicio	Obstáculo(s): _______ _______ _______ _______ _______ Otro: ____
	☐ No necesité de este servicio ☐ Fue fácil obtener este servicio ☐ Tuve alguna dificultad en obtener este servicio	Obstáculo(s): _______ _______ _______ _______ _______ Otro: ____
	☐ No necesité de este servicio ☐ Fue fácil obtener este servicio ☐ Tuve alguna dificultad en obtener este servicio	Obstáculo(s): _______ _______ _______ _______ _______ Otro: ____

Examen del VIH e historial diagnóstico

1. **¿Cuándo fue diagnosticado/a con el VIH?** (mes/año) _____

2. **¿Dónde recibió su diagnosis del VIH?** Favor de dar el nombre o tipo de agencia *(por ejemplo, La clínica Verde, El hospital Jones, consultorio médico, cárcel/prisión, etc).* _____

3. **¿Por qué razón se hizo el examen del VIH?** (Marque todas las que apliquen)

☐ Médico o enfermera me recomendó ☐ Me sentí enfermo/a ☐ Parte de mi evaluación médica
☐ Tuve sexo con una persona con VIH ☐ Participé en acto con riesgo ☐ Durante mi cuidado prenatal
☐ Estuve en sala de emergencia/hospital ☐ Estuve en la cárcel/prisión ☐ Otro:_____

4. **En el momento que recibió su diagnóstico, ¿hubo alguien que lo asistiera en obtener algún servicio mencionado a continuación?** (Marque todas las que apliquen)

☐ Información sobre el VIH/SIDA ☐ Consejería ☐ No sé/ no recuerdo
☐ Servicio médico ☐ Ayuda con comida o refugio ☐ No recibí ninguna información
☐ Servicio de tratamiento para el uso del alcohol/drogas ☐ Otro:_____

Servicios

5. **Después de ser diagnosticado/a con el VIH, ¿cuánto tiempo transcurrió paso antes de que viera a un médico del VIH?**

☐ Menos de 1 mes ☐ Entre 6-12 meses ☐ Nunca vi a un médico del VIH
☐ Entre 1-6 meses ☐ Más de 12 meses

6. **Si usted esperó más de 6 meses antes de ver a un médico, ¿cuál(es) fue(ron) la(s) razón(es)?** (Marque las que apliquen)

☐ Tuve miedo ☐ No quise creer que estaba infectado/a ☐ No supe cómo obtener los servicios
☐ No me sení enfermo/a ☐ No quise tomar mis medicamentos ☐ Estuve deprimido/a y con problemas emocionales
☐ Estuve en la cárcel/prison ☐ No tuve el dinero
☐ Estuve usando drogas ☐ No supe dónde obtener los servicios ☐ No tuve un domicilio estable
☐ Otro:_____

7. **Después de ser diagnosticado/a con el VIH, ¿cuánto tiempo transcurrió antes de obtener el examen de CD4 o carga viral?**

☐ Menos de 1 mes ☐ Entre 6-12 meses ☐ Nunca he obtenido el examen del CD4 o carga viral
☐ Entre 1-6 meses ☐ Más de 12 meses ☐ No sé/no recuerdo

8. **Si Ud. esperó más de 6 meses en hacerse el examen de CD4 o carga viral, ¿cuáles fueron las razones?** (Marque todas las que aplicquen)

☐ Tuve miedo ☐ No quise creer que estuve infectado/a ☐ No supe cómo obtener los servicios
☐ No me sentí enfermo ☐ No quise tomar medicamentos ☐ Estuve deprimido/a y con problemas emocionales
☐ Estuve en la cárcel/prisión ☐ No tuve el dinero ☐ No tuve un domicilio estable
☐ Estuve usando drogas ☐ No supe dónde obtener los servicios ☐ Otro:_____

9. **Después de ver a un proveedor médico o especialista del VIH, ¿hubo un tiempo en el cual dejó de ir al médico por más de 6 meses?** ☐ Sí ☐ No

Si contestó SÍ, hubo un tiempo en el cual dejó de ir al médico por más de 12 meses? ☐ Sí ☐ No

Si Ud. dejó de ver al médico por más de 6 ó 12 meses, ¿cuales fueron las razones? (Marque todas las que apliquen)

☐ Adm. de casos se retiró ☐ No quise tomar medicinas ☐ Cansado/a del régimen, quise un descanso
☐ El médico se retiró ☐ Tuve una mala experiencia con el proveedor médico ☐ Estuve preocupado por los efectos secundarios que la medicina causaría
☐ No pude pedir tiempo libre en el trabajo ☐ Perdí domicilio estable ☐ Negación- no quise creer que estuve infectado/a
☐ Estuve usando drogas, tuve una recaída ☐ Perdí mi empleo ☐ Otro:_____
☐ Se terminó el programa ☐ Perdí mi seguro médico

10. ¿Dónde fue el primer lugar que recibió cuidado por un médico del VIH? Por favor dé el nombre o el tipo de agencia *(por ejemplo, La Clínica Verde, hospital, consultorio médico, cárcel/prisón, etc).* _____

11. ¿Dónde recibe el cuidado médico con más frecuencia? Por favor dé el nombre o el tipo de agencia *(por ejemplo, La Clínica Verde, hospital, consultorio médico, cárcel/prisón, etc).* _____

12. En los últimos 6 meses, ¿ha ido Ud. a una sala de emergencia porque se sintió enfermo/a? ☐ Sí ☐ No

13. Existe un administrador/a de casos, trabajador/a social o consejero (una persona específica en una clínica, hospital u organización comunitaria) quien le ayuda a obtener servicios? ☐ Sí ☐ No ☐ No sé

Medicamentos para el VIH/SIDA

14. ¿Está Ud. actualmente tomando medicamento antiretroviral para el VIH? ☐No ☐Sí

Si contestó SI, ¿cuántas píldoras toma por día para el VIH?_____

15. Si Ud. está tomando medicinas actualmente, ¿cómo describiría su situación? (Marque todas las que apliquen)

- ☐ No he perdido ninguna dosis durante el mes pasado
- ☐ Dejé unas cuantas en el mes pasado, pero tomé casi todas
- ☐ Tomé más de la mitad de lo requerido, pero no todas
- ☐ Tomé aproximadamente la mitad de mi dosis
- ☐ Tomé algunas de la dosis requerida
- ☐ Otro:_____

16. Si Ud. ha tomado medicinas para el VIH, ¿alguna vez dejó de tomar porque se sintió mal por los efectos secundarios? (por ejemplo, problemas ocurridos en el cuerpo o mente debido al tratamiento). ☐ Sí ☐ No

16a. Si contestó SI, ¿cuáles cree Ud. que fueron los efectos secundarios que le hizo dejar sus medicamentos? _____

_____

17. ¿Le ha hablado a Ud. alguna enfermera, médico o administrador/a de casos sobre la importancia de no faltar los medicamentos para el VIH? ☐ Sí ☐ No

18. Si Ud. no está tomando medicinas para el VIH actualmente, ¿cuáles son las razones? (Marque todas las que apliquen)

- ☐ No quiero sentir los efectos secundarios desagradables
- ☐ No me fueron efectivos
- ☐ Me fue muy dificil mantener el horario requerido
- ☐ Ningun médico me las ofreció
- ☐ Elijo no tomarlas
- ☐ No tuve el alimento adecuado requerido por ellos
- ☐ Mi médico recomendó que no los tomara
- ☐ Conteo de células T muy alto / todavía estoy muy sano
- ☐ No puedo pagar por ellos/no tengo aseguranza médica
- ☐ No quiero que nadie sepa que tomo medicamentos para el VIH
- ☐ Otro: _____

Medicamentos no relacionados al VIH

19. ¿Cuántas píldoras no relacionadas al VIH toma Ud. diariamente? _____

20. ¿Toma medicina relacionada a alguna de las siguientes condiciones? (Marque todas las que apliquen)

- ☐ Diabetes
- ☐ Presión sanguin alta
- ☐ Colesterol alto
- ☐ Depresión, problema emocional
- ☐ Otro:_____

21. ¿Con qué frecuencia tiene Ud. problemas en pagar por éstas y otras medicinas no relacionadas al VIH?

☐ Nunca ☐ Menos de la mitad de la veces ☐ Más de la mitad de las veces ☐ Siempre

Estado de salud

22. ¿Cómo describiría su salud en general? ☐ Excelente ☐ Buena ☐ Regular ☐ Pobre

23. Durante el mes pasado, ¿interfirió su salud física o condición emocional con su actividad normal social con su familia, amistades, vecinos o grupos? ☐No ☐Sí, algunas veces ☐Sí, todo el tiempo

24. En los últimos tres días, ¿cuántas veces dejo de comer por no tener suficiente comida? _____

25. ¿Sabe Ud. de programas que asisten para obtener comida? (por *ejemplo, despensa, iglesia, etc.)* ☐ Sí ☐ No

26. ¿Es difícil para Ud. recibir asistencia de comida? ☐ Es difícil ☐ Es fácil ☐ No necesito asistencia con comida

27. ¿Cuándo fue la última vez que Ud. vio a un médico, enfermera, o asistente médico (PA) para el VIH?
☐ Hace menos de 6 meses ☐ Entre 6-12 meses ☐ Más de 1 año ☐ Nunca/No sé

28. ¿Cuándo fue la última vez que Ud. fue recetarón medicamento para el VIH?
☐ Hace menos de 6 meses ☐ Entre 6-12 meses ☐ Hace más de 1 año ☐ Nunca/No sé

29. ¿Cuándo fue la última vez que se hizo el examen de la carga viral?
☐ Hace menos de 6 meses ☐ Entre 6-12 meses ☐ Hace más de 1 año ☐ Nunca/No sé

30. ¿Cuál es su carga viral actualmente?
☐ Detectable ☐ Indetectable ☐ No sé/No recuerdo

31. ¿Cuándo fue la última vez que se hizo el examen del CD4 o Células T?
☐ Hace menos de 6 meses ☐ Entre 6-12 meses ☐ Hace más de 1 año ☐ Nunca/No sé

32. ¿Cuál es su recuento del CD4 o células T actualmente?
☐ Menos de 50 ☐ 50-199 ☐ 200-499 ☐ Más de 500 ☐ No recuerdo ☐ Nunca recibí cuidado para VIH

33. Cuando recién empezó a recibir cuidado para el VIH, ¿cuál fue su recuento del CD4 o células T?
☐ Menos de 50 ☐ 50-199 ☐ 200-499 ☐ Más de 500 ☐ No recuerdo ☐ Nunca recibí cuidado para VIH

34. Desde que fue diagnosticado con el VIH, ¿recibió una prueba que detecte la hepatitis C? ☐Sí ☐No ☐No sé

35. Actualmente, ¿es Ud. positivo con el virus de la hepatitis C? ☐ Sí ☐ No ☐ No sé

36. ¿Recibió el examen cutáneo de la tuberculosis? ☐No ☐Sí → **Si contest SI, ¿cuál fue el resultado?** ☐Positivo ☐Negativo ☐No sé

37. ¿Le han dicho alguna vez que Ud. tiene tuberculosis activa? ☐Sí ☐No ☐No sé
(si tuvo TB activa, hubiera recibido 4 ó 5 diferentes medicinas para tomarla por 2 meses (como 10 píldoras por día) y 2 ó 3 medicinas por otros 4 meses).

Salud mental

38. Durante el mes pasado, ¿ha tenido problemas con los siguientes? (Marque todas las que apliquen)
☐ Ansiedad o tensión ☐ Deseo de dañarse ☐ Problema psiquiátrico o emocional requiriendo medicina
☐ Alucinación ☐ Dificultad en controlar su ira ☐ Ninguna condición mencionada aquí

39. Desde que fue diagnosticado/a con el VIH, ¿ha hablado con un consejero, terapeuta o psicólogo para recibir ayuda con la depresión, ansiedad o problema emocional? ☐ Sí ☐ No

40. Desde que fue diagnosticado/a con el VIH, ¿ha hablado con un médico o psiquiátra sobre medicinas para la depresión, ansiedad o problema emocional? ☐ Sí ☐ No

41. Desde que fue diagnosticado/a con el VIH, ¿ha participado en grupo terapéutico estructurado para su salud mental?
☐ Sí ☐ No

Apoyo social

42. ¿Dónde recibe apoyo social relacionado a su estado VIH+? (Marque todas las que apliquen)
☐ Personas VIH+ que veo en la clínica ☐ Médico, enfermera, personal de clínica ☐ Ninguno/No tengo apoyo social
☐ Personas VIH+ que veo fuera de la clínica ☐ Familia ☐ Internet ☐ Otro:_____

Uso de drogas

43. Durante el pasado año, ¿ha usado alguna de las siguientes? (Marque todas las que apliquen)

Anfetamina *(crystal meth, speed)*	☐ Nunca	☐ Todos los días o casi todos los días	☐ Una vez por semana	☐ Una vez por mes	☐ Algunas veces por año
Marijuana *(pot, grass, weed)*	☐ Nunca	☐ Todos los días o casi todos los días	☐ Una vez por semana	☐ Una vez por mes	☐ Algunas veces por año
Cocaína (*polvo*), Crack	☐ Nunca	☐ Todos los días o casi todos los días	☐ Una vez por semana	☐ Una vez por mes	☐ Algunas veces por año
Medicina recetada pero no para Ud. *(Xanax, vicodin, hydrocodone, oxycontin)*	☐ Nunca	☐ Todos los días o casi todos los días	☐ Una vez por semana	☐ Una vez por mes	☐ Algunas veces por año
Medicina recetada para Ud. pero utilizada en modo diferente a la intención médica *(Xanax, vicodin, hydrocodone, oxycontin)*	☐ Nunca	☐ Todos los días o casi todos los días	☐ Una vez por semana	☐ Una vez por mes	☐ Algunas veces por año
Otro: _____	☐ Nunca	☐ Todos los días o casi todos los días	☐ Una vez por semana	☐ Una vez por mes	☐ Algunas veces por año
☐ Ninguna mencionada arriba					

44. En el pasado año, ¿consumió Ud. una mayor cantidad de alcohol de lo planeado? ☐ Sí ☐ No

45. En el pasado año, ¿alguna vez pensó Ud. que quería o necesitaba reducir su consumo del alcohol? ☐ Sí ☐ No

46. En el pasado año, ¿usó Ud. una mayor cantidad de drogas de lo planeado? ☐ Sí ☐ No

47. En el pasado año, ¿alguna vez pensó Ud. que quería o necesitaba reducir el uso de las drogas? ☐ Sí ☐ No

Vivienda

48. ¿Dónde duerme con más frecuencia?

☐ Departamento/casa ☐ Residencia en grupo/vivienda transitoria ☐ Refugio
☐ Calle ☐ Otro:_____

49. ¿Piensa Ud. que su situación residencial es estable? ☐ Sí ☐ No

50. En el año pasado, ¿le fue difícil obtener cuidado para el VIH debido a su situación de domicilio? ☐Sí ☐No

a. Si contestó SI, ¿cuáles fueron esas dificultades? (Marque todas las que apliquen)

☐ No pude mantener privado mi estado VIH+ ☐ Tuve que usar mi dinero para el alquiler
☐ No tuve un lugar donde guardar mis medicinas ☐ Tuve que usar mi dinero para las utilidades
☐ Tuve que usar mi dinero para comprar comida ☐ Tuve que usar mi dinero para artículos caseros
☐ Otro:_____

Recursos financieros

51. ¿Cuál es su situación laboral?

☐ Tiempo completo, más de 30 horas semanal ☐ Temporal/contrato/no fijo ☐ Desempleado
☐ Tiempo medio ☐ No trabajo debido a mi descapacidad ☐ Retirado/jubilado

52. Durante los 6 meses pasados, ¿cuál fue el promedio de su propio ingreso mensual? _____

53. ¿Cuántas personas dependen de dicho ingreso? _____De ellos, ¿cuántos son menores de 18? _____

54. Durante los 6 meses pasados, ¿qué tipo de ingreso o asistencia ha estado recibiendo? (Marque todas las que apliquen)

☐ Ninguno ☐ SSDI ☐ Bono de comida ☐ Desempleado
☐ Pago por hora/Salario ☐ Seguro Social ☐ Subsidio/Section 8 ☐ Discapacidad privada
☐ SSI ☐ TANF/AFDC ☐ Compensación al trabajador ☐ Beneficio al veterano
☐ Otro:_____

55. ¿Tiene Ud. seguro médico privado? ☐ Sí ☐ No

56. ¿Cómo paga Ud. su cuidado médico?

☐ No recibo cuidado médico porque no puedo pagarlo ☐ VA ☐ Medicare ☐ Tarjeta dorada/Condado
☐ Tengo aseguranza médica privada o COBRA ☐ Medicaid ☐ Pago yo ☐ Otro: _____

57. Si tuvo seguro médica privada, ¿supo Ud. que hubo asistencia financiera disponible para los copagos, deducibles y primas? ☐ Sí ☐ No

58. ¿Tuvo alguna dificultad en obtener asistencia financiera para el pago de seguro médico? (Marque todas las que apliquen)

☐ Se retiró el adm. de casos
☐ Se retiró el médico
☐ No pude dejar mi trabajo
☐ Estuve usando drogas, tuve una recaída
☐ Se finalizó el programa
☐ Otro:_____
☐ No quise tomar medicamentos
☐ Tuve una mala experiencia con el proveedor
☐ Perdí mi vivienda estable
☐ Perdí mi trabajo
☐ Perdí mi aseguranza médica
☐ Cansado/a del régimen, quise un descanso
☐ Me sentí bien, sin síntomas
☐ Preocupado/a por efectos secundarios de los medicamentos
☐ Negación- No quise creer que estoy infectado/a

Demografía

59. ¿Cuál es el código postal donde Ud. vive? _____

60. ¿Cuál es su sexo?

☐ Masculino ☐ Transgénero – Masculino a Femenino ☐ Intersexo
☐ Femenino ☐ Transgénero – Femenino a masculino

61. Si Ud. es de sexo femenino, ¿está embarazada? ☐ Sí ☐ No ☐ No sé

62. ¿Cuántos años tiene Ud.? _____

63. ¿Es Ud. de origen hispano? ☐ Sí ☐ No

64. ¿Cuál es su raza/étnia?

☐ Caucásico ☐ Asiático ☐ Indígena americano o Nativo de Alaska
☐ Negro/afroamericano ☐ Multiracial ☐ Nativo de Hawaii u otro isleño del Pacífico
☐ Otro:_____

65. ¿Cómo se identifica Ud.?

☐ Heterosexual ☐ Bisexual ☐ Prefiero no decir
☐ Gay/Lesbiana ☐ Indeciso/a

66. ¿ Cuál idioma prefiere hablar en su casa o con su familia y amistades? _____

67. ¿Con cuál idioma se siente más cómodo/a al hablar con su médico? _____

68. ¿Nació Ud. en los EEUU? ☐ Sí ☐ No → ¿En qué año vino a los EEUU? _____

69. ¿Cuál es su estado migratorio?

☐ Ciudadano ☐ Visa (estudiante, empleo, turista, etc) ☐ Otro: _____
☐ Residente permanente ☐ Prefiero no decir

70. ¿Cuál es el mayor nivel de educación recibido?

☐ Menor de secundaria ☐ Secundaria/GED ☐ Algún entrenamiento técnico ☐ Algún universitario
☐ Diploma universitario ☐ Graduado/diploma profesional ☐ Ningún

71. En el pasado año, ¿fue Ud. liberado de la cárcel o prisión? ☐ Sí ☐ No

Comportamiento en riesgo

72. ¿Cuál es el sexo de su pareja? (Marque todas las que apliquen)

☐ Masculino ☐ Femenino ☐ Transgénero (Masc a Femen) ☐ Transgénero (Fem a Masc) ☐ Intersexo

73. ¿Cuál es el estado de VIH de su principal pareja sexual

☐ No tengo pareja principal ☐ VIH positivo ☐ VIH negativo ☐ No sé ☐ Prefiero no decir

74. ¿Cuándo fue la última vez que tuvo contacto sexual con otra persona?

☐ Esta semana ☐ Este mes ☐ En los últimos 6 meses ☐ En los últimos 12 meses ☐ Hace más de un año

75. ¿Le habló alguien acerca de cómo protejerse para no reinfectarse con otra cepa del VIH? ☐Sí ☐No

76. ¿Cree Ud. que es probable que esté infectado con otra cepa del VIH? ☐Sí ☐No

77. En los últimos 6 meses, ¿aproximadamente con cuántas personas tuvo sexo? _____ (si con ninguno, ir al #81)

78. En los últimos 6 meses, ¿intercambió sexo por drogas o dinero? ☐ Sí ☐ No ☐ Prefiero no decir

79. En los últimos 6 meses, ¿cuántas veces tuvo sexo con personas cuyos nombres Ud. no sabía?_____

80. En los últimos 30 días, ¿tuvo sexo con alguien donde no supo el estado del VIH de la persona? ☐ Sí ☐ No

81. ¿Qué tipo de sexo tuvo Ud. la última vez que tuvo contacto sexual? (Marque todas las que apliquen)

☐ Inserción anal (arriba) ☐ Recepción anal (trasero) ☐ Versátil (ambos: arriba y trasero)
☐ Sexo oral recibido ☐ Di sexo oral ☐ Vaginal

82. ¿Quién fue su última pareja sexual?

☐ Una amistad ☐ Pareja/Esposo/Esposa ☐ Un conocido/a del Internet
☐ Novio/novia ☐ Un conocido/a del bar ☐ Otro:_____

83. ¿Usó un condón u otra barrera protectiva la última vez que tuvo sexo? ☐ Sí ☐ No ☐ No sé

Si no usó un condón o barrera, ¿por qué no?_____

84. ¿Cada cuánto usa condones u otra barrera protectiva durante el contacto sexual? (Marque todas las que apliquen)

☐ Siempre ☐ Mayoría del tiempo ☐ Rara vez ☐ Nunca

Si nunca usa condones, ¿por qué no?_____

85. En the últimos 6 meses, ¿usó jeringas (agujas) para inyectarse alguna sustancia, incluyendo esteroides, hormonas, silicón, tatuaje o tinta debajo de la piel o en las venas?

☐ No ☐ Sí (especifique la/s sustancia/s)_____ ☐ Prefiero no contestar

86. En los últimos 6 meses, ¿cuántas veces usó jeringa para inyectarse alguna sustancia?

☐ Menos de 2 veces por mes ☐ 2 a 8 veces por mes ☐ 2 a 7 veces a la semana
☐ Más de una vez al día ☐ No me inyecté sustancias

87. En los últimos 6 meses, ¿cuándo usó jeringas u otras piezas compartidas por otra persona?

☐ Nunca ☐ Menos de la mitad ☐ Mitad del tiempo
☐ Más de mitad del tiempo ☐ Siempre ☐ No me inyecté nunguna sustancia

88. En los últimos 6 meses, ¿cuántas veces limpió su jeringa u otras piezas con blanqueador?

☐ Nunca ☐ Menos de la mitad de las veces ☐ Aproximadamente la mitad de veces
☐ Más de mitad de veces ☐ Siempre ☐ No me inyecté ninguna sustancia

89. En el año pasado, recibió servicios de algunas de las siguientes agencias? (Marque todas las que apliquen)

- ☐ AIDS Foundation Houston (AFH)
- ☐ Bering Omega Community Services
- ☐ Covenant House
- ☐ Fort Bend Family Health Center
- ☐ Harris County Sheriff's Office
- ☐ Houston Area Community Services (HACS)
- ☐ Houston Buyers Club
- ☐ Houston Volunteer Lawyers Program
- ☐ Joseph Hines Clinic
- ☐ Legacy Community Health Services
- ☐ Montrose Counseling Center
- ☐ NAACP
- ☐ Southeast Texas Legal Clinic
- ☐ St. Hope Clinic
- ☐ Thomas Street Clinic
- ☐ VA Hospital

90. En el año pasado, ¿se registró o actualizo su número del CPCDMS? (CPCDMS es una fuente de datos por computadora que las agencias usan para mantener su archivo y proveerlo/a asistencia) ☐ Sí ☐ No ☐ No sé

Aquí terminó ☺

¡Gracias por completar esta encuesta sobre una evaluación de las necesidades del VIH/SIDA de Houston!

Glossary of Terms

ADAP: AIDS Drug Assistance Program funded through Part B. Congress "earmarks" funds that must be used for ADAP, an important distinction since other Part B spending decisions are made locally.

AIDS: Acquired Immunodeficiency Syndrome. A clinical definition of illnesses caused by HIV: a CD4 count less than or equal to 200 or one of more diagnosed opportunistic infections.

Allocations: Refers to the distribution of dollar amounts or percentages of funding to established priorities – service categories, geographic areas, populations, or subpopulations. It does NOT involve contracting with or giving money to specific service providers.

ART: Antiretroviral therapy medication for treatment of HIV disease.

Centers for Disease Control and Prevention (CDC): The CDC is a Federal agency of the Department of Health and Human Services. Their mission is to promote health and quality of life by preventing and controlling disease, injury, and disability. The CDC is the Federal agency responsible for tracking diseases that endanger public health, such as HIV.

CDC: See Centers for Disease Control and Prevention

CMV: Cytomegalovirus.

COBRA: The federal Consolidated Omnibus Budget Reconciliation Act gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events.

Commercial Sex Worker: Self-reported as having received money, drugs or favors in exchange for sex.

Community Planning: Steps taken and methods used by a community to gather information, interpret it, and produce a plan for rational decision-making.

Comorbid Condition: Non-HIV related health problem. A disease/condition, such as mental illness, substance abuse or hepatitis, co-existing with HIV.

DSHS: Texas Department of State Health Services, formerly the Texas Department of Health (TDH).

EIS: Early Intervention Services.

EFA: Emergency Financial Assistance.
Eligible Metropolitan Area (EMA): A designation used by the Ryan White CARE Act to identify an area eligible for funds under Part A. It is aid to metropolitan areas hardest hit by HIV. The Houston EMA consists of the following six counties: Chambers, Fort Bend, Harris, Liberty, Montgomery, and Waller.

EMA: See Eligible Metropolitan Area

Epidemic: A disease that has spread rapidly among a large number of people within a short period of time.

Epidemiological Profile: A description of the status, distribution, and impact of an infectious disease or other health-related condition in a specific geographic area.

Epidemiology: The study of the distribution and determinants of health-related states or events in specified populations and the application of this study to the control of health problems.

Ethnicity: A group of people who share the same place of origin, language or cultural ties.

GED: General Educational Development: high school equivalency diploma.

HCV: Hepatitis-C virus.

Health Resources and Services Administration (HRSA): HRSA directs national health programs that improve the nation's health by assuring equitable access to comprehensive, quality healthcare for all. HRSA works to improve and extend life for people living with HIV, provide primary health care to medically underserved people, serve women and children through state programs, and train a healthy

workforce that is diverse and motivated to work in underserved communities. HRSA is responsible for administering the Ryan White CARE Act.

HIPAA: Health Insurance Portability and Accountability Act of 1996.

HIV: Human Immunodeficiency Virus, the virus that damages the immune system and causes AIDS.

HIV Services Delivery Area: A designation used by the Ryan White CARE Act to identify an area eligible for funds under Part B (formula funding to states and territories). There are six HSDAs in the East Texas Planning Area: Beaumont-Port Arthur (covering 3 counties), Galveston (covering 3 counties), Houston (covering 10 counties), Lufkin (covering 12 counties), Texarkana (covering 9 counties), and Tyler (covering 14 counties).

Homeless: Not having a stable residence in one's name. The term homeless applies equally to a person who has a temporary hotel room paid by a city program for indigents, a person sleeping in a shelter or in a car, and a person who is staying with a relative because she or he cannot afford to pay rent. It also refers to someone in temporary or transitional housing for substance abuse or other types of treatment.

HOPWA: Housing Opportunities for Persons with AIDS.

HRSA: See Health Resources and Services Administration.

HSDA: See HIV Service Delivery Area.
IDU: Injection drug use(r), the term used to refer to the people who or the act of injecting drugs using a needle or syringe.

In-Care: Self-reported as having had a CD4 test, viral load test or antiretroviral medication during the last 12 months.

Indigenous: A person currently living or working in the EMA and similar to the population studied.

Latino: Self-reported as Latino or Hispanic.

Mental Health Condition: Self-reported as having been treated for a mental disorder (such as depression, dementia or anxiety) in the

past 12 months or unable to get needed services due to being “mentally impaired”.

MCSM: Men of color who have sex with men exposure category.

MSM: Men who have sex with men exposure category.

NA: Narcotics Anonymous.

Needs Assessment: A process of collecting information about the needs of people and families at risk for or living with HIV (both receiving care and not in care), identifying current resources available to meet those needs and determining what gaps in care exist.

OB/GYN: Obstetrical/Gynecological services for women.

Out-of-Care: Self-reported as not having had a CD4 test, viral load test or antiretroviral medication during the last 12 months.

Part A: Under the Ryan White CARE Act, funding is given to eligible metropolitan areas hardest hit by the HIV epidemic. In the Houston EMA, Part A funding is given to the Harris County Judge, administered by the Harris County Health Department (HIV Services). The planning body for these funds is the Houston Area HIV Services Ryan White Planning Council.

Part B: Under the Ryan White CARE Act, funding is given by formula to States and territories to improve the quality, availability, and organization of health care and support services for people and families living with HIV/AIDS. There is an emphasis on rural populations. In Texas, funding is given to the Department of State Health Services.

Part C: Under the Ryan White CARE Act, funding is given to community-based organizations for outpatient early intervention services.

Part D: Under the Ryan White CARE Act, funding is given to public and non-profit entities to coordinate services to, and improve access to research for, children, youth, women, and families.

PLWHA: Person(s) Living with HIV or AIDS.

Prevalence: The rate or percentage of people living with an illness.

Primary Medical Care: Medical evaluation and clinical care that is consistent with U.S. Public Health Service guidelines for the treatment of HIV/AIDS.

Priorities: Refers to the formation of numerical priorities among various categories of services, such as primary care, case management, transportation, and among geographic areas, populations, or subpopulations if needed. The number one priority should reflect the service category or community considered the most critical for the use of funds.

Recently Released: Self-reported as having been released from jail/prison after being incarcerated during the past year.

Ryan White CARE Act: On August 18, 1990, Congress enacted the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. Reauthorized in 1996 and 2000, the CARE Act is designed to improve the quality and availability of care for individuals and families affected by HIV/AIDS. The CARE Act includes the following major programs: Part A, Part B, Part C, Part AV, and Part F. The CARE Act is now the largest sole source of HIV funding in the Nation.

SAMHSA: Substance Abuse and Mental Health Services Administration.

SCSN: Statewide Coordinated Statement of Need.

Section 8: Federal housing assistance program.

Service Gap: All service needs not currently being met for all PLWHA, except for the need for primary health care, for individuals who know their status but are not in care. Service gaps include additional need for primary health care for those already receiving primary medical care ("in care"). They also include the need for supportive services for individuals not receiving primary medical care ("not in care").

Sexually Transmitted Infection (STI): Also known as Sexually Transmitted Disease (STD). An infection that is spread through intimate sexual contact. HIV, herpes, syphilis, and gonorrhea are commonly known STIs.

State Services: Formula funding from the State to support the care of people with HIV/AIDS. State-appropriated funds are used as partial matching for Ryan White Part B grants and are used for the same purposes.

STD: Sexually Transmitted Disease; see Sexually Transmitted Infection.

STI: See Sexually Transmitted Infection.
Substance Abuser: Self-reported as ever having a drug or alcohol problem.

Support Services: Those services that enable PLWHA to access and/or remain in primary medical care.

TB: Tuberculosis.

TDH: Texas Department of Health. See DSHS.

Unmet need: HRSA/HAB defines unmet need as the need for HIV-related health services by individuals with HIV who know their HIV status and are not receiving regular primary health care. Note: This definition differs from HRSA's definition of only primary medical care, defined as CD4 count, viral load test/HAART for those who know their HIV status.
VA: Department of Veterans Affairs.

WICY: Women, Infants, Children and Youth.

This document is available for download at www.rwpcHouston.org.

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