Ryan White Consumer Satisfaction Project

Grant Year 2013-2014

Ryan White Part A Las Vegas TGA HIV/AIDS Program

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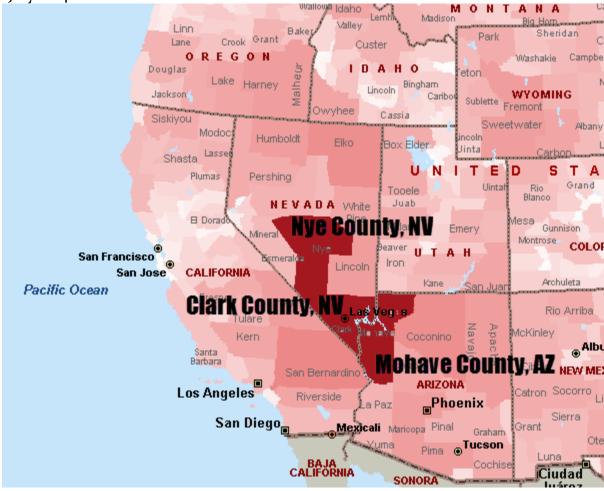
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SERVICE AREA

Description of the Las Vegas Transitional Grant Area (TGA)

The Las Vegas TGA is comprised of three counties-Clark and Nye Counties in Nevada, and Mohave County, Arizona-covering a vast area of 39,368 square miles that crosses state borders. As of December 31, 2013 there were a total of 7,885 persons living with HIV/AIDS (PLWH/A) in Clark and Nye County alone. The HIV surveillance program of the state of Nevada also reported that there were 4,091 persons living with AIDS (PLWA) in Clark and Nye County and 3,794 people living with HIV (PLWH) in Clark and Nye County as of December 31, 2013. Mohave County surveillance data for 2013 will be released

in July 2014.



EXECUTIVE SUMMARY

Introduction and Methodology

The purpose of the 2013-2014 Consumer Satisfaction Project is to measure how services provided by Ryan White meet or surpass consumer expectations. This includes collecting data on program performance measures for the Ryan White Part A HIV/AIDS program's internal quality management program. Overall program performance measures illustrate how accessible services are in the transitional grant area (TGA) in addition to how they are perceived by the general HIV/AIDS client population.

Data collected on performance indicators in this project are intended to show how well the program is doing, if the program is meeting its goals, if the consumers are satisfied, and if and where improvements are necessary. The data guides the quality management program in identifying shortfalls and creating quality improvement projects so that the program may continually monitor changes and ensure stability and sustainability. Data are also utilized in the Planning Council's annual priority setting and resource allocation process. Year over data provides a comparison and also assists in tracking trends in quality of care and access to care.

Epidemiological Profile

As of December 31, 2013 there were a total of 7,885 persons living with HIV/AIDS (PLWH/A) in Clark and Nye County alone. The HIV surveillance program of the state of Nevada also reported that there were 4,091 persons living with AIDS (PLWA) in Clark and Nye County and also 3,794 living with HIV (PLWH) during the same time period. Mohave County surveillance data for 2013 will be released in July 2014.

Consumer Survey

A survey of 185 consumers of Ryan White Part A services was conducted from January 2014 through February 2014. These self-administered surveys were distributed and collected from clients at several HIV/AIDS service locations that received Ryan White Part A funding for grant year 2013-2014 (March 1, 2013-February 28, 2014). Refer to Appendix A for the consumer survey.

Focus Groups

Focus groups were also conducted as a form of including qualitative research into this project. A total of six groups were held; four in Clark County (women's group, MSM, minority men, and Caucasian men), one group in Pahrump for consumers residing in Nye County, and one group in Kingman for clients that reside in Mohave County. Participants

were asked about their perceptions, opinions, beliefs and attitudes toward HIV/AIDS services received over the last twelve months.

Survey Findings

Analysis for Outpatient/Ambulatory Medical Care

Respondents were asked a variety of questions regarding Part A service categories. The overall goal is that clients would report "always" or "most of the time" at a rate of at least 75% to ensure client-centered services are being provided in the TGA. As Outpatient/Ambulatory Medical Care ranked as the number one most important service to the respondents, a summary of these questions are as follows with the percentage equal to those that reported "always" or "most of the time."

Question	"Always" or "Most of the Time"
Over the last 12 months have your HIV medical providers/HIV doctors taken the time to help you understand your lab results, such as CD4 and viral load, and what it means for your health?	82.3%
Over the last 12 months has your HIV medical provider/HIV doctor taken the time to explain the side effects of your HIV medication?	70.6%
Over the last 12 months has your HIV medical provider/HIV doctor taken the time to explain how important it is to take your medication as directed?	86.4%
When you have scheduled medical appointments in the last 12 months, were you able to get one soon enough for your needs?	74.3%
In the last 12 months have you felt comfortable talking to your HIV medical provider/HIV doctor about personal or intimate issues?	76.6%

Major Barriers from Consumer Survey

Respondents were asked to indicate from a provided list what prevents them from accessing medical and/or support services for their HIV/AIDS status. The major barriers, those indicated by 20% or more of respondents, to accessing medical and/or support services in the TGA areas are as follows:

Knowledge

- Not knowing that HIV/AIDS services were available to me-31.5%
- Not knowing the locations of the organizations providing HIV/AIDS services-30.7%
- Not knowing what services I needed to deal with HIV/AIDS-31.1%
- Not knowing HIV/AIDS services existed-27.8%

Attitude/Stigma

- I was worried about other people finding out I have HIV/AIDS-33.0%
- I was afraid of how I would be treated-33.3%
- I was too upset to think about getting help-20.3%

Access/Cost

- I didn't have insurance-31.3%
- I didn't have transportation to get to medical/support service appointments-27.8%
- I couldn't afford the services-27.5%
- I had to wait too long to get an appointment-25.6%
- Services aren't located near my home-24.9%
- I couldn't qualify for services because of my income-24.4%
- I had insurance but it didn't cover all of the cost of services I needed-21.9%

System Issues

- The services that were supposedly available weren't when I tried to access them-23.2%
- I couldn't get referrals for the services that I needed-21.2%
- The service I needed was not available-20.8%

The overall top five barriers for all participants were:

- 1. I was afraid of how I would be treated-33.3%
- 2. I was worried about other people finding out I have HIV/AIDS-33.0%
- 3. Not knowing that HIV/AIDS services were available to me-31.5%
- 4. I didn't have insurance-31.3%
- 5. Not knowing what services I needed to deal with HIV/AIDS-31.1%

Key Services

In the consumer survey, respondents were asked to consider the most important services that they currently need and use. They were provided a list of services and asked to select only ten that are the most important to them for their HIV/AIDS status. The chart below ranks them in order. Emergency Financial Assistance and Transportation ranked equally and tied for the number five position. Health Insurance Premium Assistance and Mental Health Care also tied for the ninth most important service.

Think about the most important services that you currently need and use. Of the
list of services below please check only 10 that are the most important to you for
your HIV/AIDS status.

Service Category	Percentage	Numerical
		Ranking
HIV/AIDS Medical Care (including doctor visits and labs- CD4 and Viral Load)	84.3%	1
Oral Health Care (Dental Care)	75.7%	2
HIV/AIDS Medication	74.6%	3
Food Bank/Food Vouchers	71.9%	4
Emergency Financial Assistance (with utilities and housing)	58.9%	5
Transportation	58.9%	5
Housing Assistance (short term assistance with housing or referrals for available housing)	55.7%	6
Case Management	49.2%	7
Medical Nutrition Therapy (nutrition supplements, Boost, meeting with a registered dietitian)	43.2%	8
Health Insurance Premium and Cost Sharing Assistance (Assistance with health insurance and insurance related issues including co-payments and premiums)	42.7%	9
Mental Health Services	42.7%	9
Legal Services (do not resuscitate orders, discrimination or breach of confidentiality)	16.2%	10
Child Care Services	12.4%	11
Substance Abuse Services	9.2%	12
Interpretation and/or language translation services	7.6%	13

INTRODUCTION

Purpose of this Project

The purpose of the 2013-2014 Consumer Satisfaction Project is to measure how services provided by Ryan White meet or surpass consumer expectations. This includes collecting data on program performance measures for the Ryan White Part A HIV/AIDS program's internal quality management program. Overall program performance measures illustrate how accessible services are in the transitional grant area (TGA) in addition to how they are perceived by the general HIV/AIDS client population.

Data collected on performance indicators in this project are intended to show how well the program is doing, if the program is meeting its goals, if the consumers are satisfied, and if and where improvements are necessary. The data guides the quality management program in identifying shortfalls and creating quality improvement projects so that the program may continually monitor changes and ensure stability and sustainability. Data are also utilized in the Planning Council's annual priority setting and resource allocation process. Year over data provides a comparison and also assists in tracking trends in quality of care and access to care.

Analysis comparing results across races/ethnicities, transmission modes, gender and age ranges was conducted to assess potential differences between groups. Comparison data focused on uncovering patterns in different groups within the population and why they might access care at lower rates than others. Service providers and quality management staff can then develop strategies to bring underrepresented populations into the care system and also break down barriers that specific populations may face.

METHODOLOGY

Consumer Survey

A survey of 185 consumers of Ryan White Part A services was conducted from January 2014 through February 2014. These self-administered surveys were distributed and collected from clients at several HIV/AIDS service locations that received Ryan White Part A funding for grant year 2013-2014 (March 1, 2013-February 28, 2014). Survey researchers were on hand to assist clients with this process. Refer to Appendix A for the consumer survey.

Survey Design

The consumer survey instrument was initially designed by the Quality Management Team in 2012. It has been modified and utilized over time and again in this project to track trends and changes from year to year. The goal during the design phase was to obtain desired information regarding demographics, barriers to care, gaps in care, unmet need, and consumer satisfaction using the shortest approach possible as it would typically be completed in the lobby of a care organization in 10 to 15 minutes. The finalized survey supplied 40 questions, some including more than one section, which were predominately multiple choice. It was intended to be completed independently with a field team member standing by for questions. The survey was also translated into Spanish.

Survey Sampling Approach

In order to acquire as many responses from PLWH/A accessing the Part A care system as possible a convenience sample approach was used. This non-probability method allowed for a large number of respondents without incurring the cost or time required for other more labor intensive methods.

Survey Administration

Surveys were conducted at Ryan White Part A funded agencies on a one-to-one basis by the field team with the assurance of complete confidentiality. All agencies were very helpful in providing specific dates and times that would yield the greatest number of respondents as well as advertising the opportunity to their clients. Stipends in the form of \$10 gift cards were provided to respondents upon completion of the survey.

Respondent Overview

Survey Language		
Language	Frequency	Valid Percent
English	145	78.3
Spanish	40	21.7
Total	185	100.0

What is your race/ethnicity?		
Response	Frequency	Valid Percent
American Indian or Alaskan Native	5	2.7

Asian	7	3.8
Black /African American, non-Hispanic	60	32.4
Hispanic	42	22.7
White/ Caucasian, non-Hispanic	57	30.8
Native Hawaiian or Other Pacific Islander	4	2.2
Multi-Racial	9	2.2
Other	1	0.5
Total	185	100.0

What is your gender?		
Response	Frequency	Valid Percent
Male	122	66.7
Female	55	30.1
Transgender (Male to Female)	5	2.7
Transgender (Female to Male)	1	0.5
Total	183	100.0

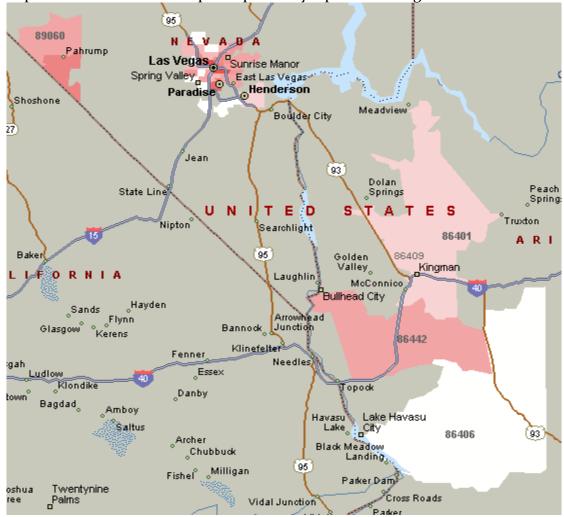
What is your age?		
Response	Frequency	Valid Percent
13-19	1	0.5
20-29	20	10.8
30-39	35	18.9
40-49	65	35.1
50-59	54	29.2
60+	10	5.4
Total	185	100.0

How do you think you became infected with HIV/AIDS?		
Response	Frequency	Valid Percent
Male to Male sexual contact	81	45.0
Heterosexual contact	67	37.2
Sharing needles	9	5.0
Blood transfusion/tissue donation	3	1.7
Acquired at birth	0	0
Other	20	11.1
Total	180	100.0

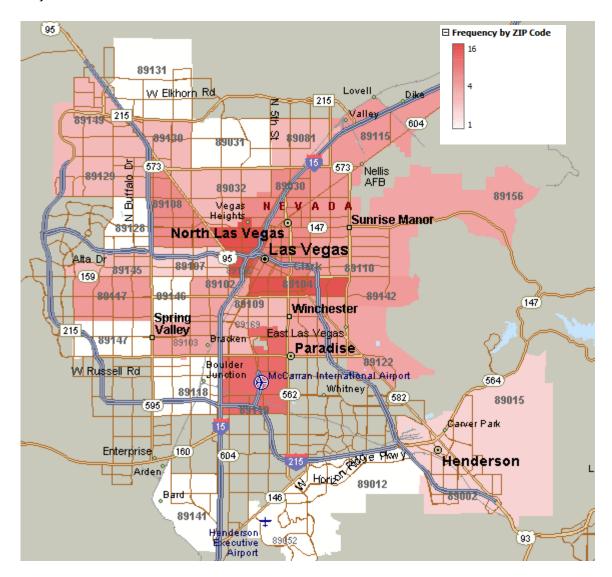
What is your zip code?		
Response	Frequency	Valid Percent
86401	2	1.2
86406	1	0.6
86409	2	1.2
86442	4	2.5
89002	2	1.2
89012	1	0.6
89015	2	1.2
89023	1	0.6
89030	6	3.7
89031	1	0.6
89032	3	1.8
89036	1	0.6
89048	7	4.3
89052	1	0.6
89060	4	2.5
89081	3	1.8
89101	7	4.3
89102	4	2.5
89103	4	2.5
89104	15	9.2
89106	16	9.8
89107	2	1.2
89108	6	3.7
89109	3	1.8
89110	4	2.5
89114	1	0.6
89115	5	3.1
89117	5	3.1
89118	1	0.6
89119	10	6.1
89121	4	2.5
89122	4	2.5
89128	1	0.6
89129	3	1.8

89130	3	0.6
89131	1	0.6
89136	1	0.6
89141	1	0.6
89142	5	3.1
89145	3	1.8
89146	1	0.6
89147	1	0.6
89149	3	1.8
89156	4	2.5
89169	3	1.8
89892	1	0.6
Total	163	100.0

The map below illustrates client participation by zip code throughout the TGA.



The map below illustrates client survey participation by zip code throughout Clark County.



The majority of participants indicated they reside in the 89104 and 89106 zip codes which are considered to be in the "medical district" of the greater Las Vegas area.

Limitations of Survey Data

Administering a survey on such a large scale produced data limitations that were somewhat minimized through the field teams' one-to-one interaction with the clients. Limitations include:

- Weekly sampling profiles were not in place to ensure adequate representation by emerging or priority populations.
- Age was not specified to age of diagnosis in addition to current age, it was just asked as current age.
- Time constraints limited survey data collection to a four week period restricting the number of respondents that had an opportunity to participate.

EPIDIMIOLOGICAL PROFILE

Current Description of the TGA

The Nevada State Health Division HIV/AIDS Surveillance Program reported that as of December 31, 2013 there were 7,808 PLWH/A in Clark County alone and an additional 77 PLWH/A in Nye County for a total of 7,885 PLWH/A in the southern Nevada region.

In 2013 there were 379 new HIV infections reported in Clark and Nye County with 328 of those being male and 51 female. New diagnosis were predominately in the White, non-Hispanic population with 140, followed by the Hispanic population with 117, Black, non-Hispanic with 93, and Asian/Hawaiian/Pacific Islander 17. Male to male sexual contact (MSM) continues to be the primary mode of transmission in Clark and Nye County representing 251 of all new infections which is an astounding 77% of all new infections for 2013. This is followed by MSM+IDU (injection drug user) at 26 and 8%, Heterosexual contact with 46 and 12%, and IDU with 13 or 3% respectively. New diagnosis were predominately in the 25-34 age range at 132 and 35%, followed by 13-24 at 86 and 23%, 35-44 at 69 and 18%, and 45-54 at 60 and 16% respectively.

New AIDS diagnosis in 2013 for Clark and Nye Counties followed somewhat of a similar trend. Total new AIDS diagnosis in the area were 220 for 2013. Males represented 85% of all new AIDS diagnosis and females just 15%. With regard to race/ethnicity the White, non-Hispanic population represented 35% of new cases, Black non-Hispanic 30%, Hispanic 28% and Asian/Hawaiian/Pacific Islander 5%. MSM also dominated new AIDS diagnosis with 76% in 2013 followed by Heterosexual contact at 11%, IDU at 6% and MSM at 5%. With regard to age the majority, 27%, are 25-34, 24% in the 35-44 age bracket, and 23% are 45-54, finally 14% 55-64 respectively.

Epidemiological data can be found in the following tables for 2013 which include gender, risk factor, age at diagnosis, and race/ethnicity.

Persons Living with HIV/AIDS in Clark and Nye Counties, 2013 Nevada State Health Division~ HIV/AIDS Surveillance Program

	All Persons L	All Persons Living with HIV/AIDS			Persons Living with HIV (not AIDS)			Persons Living with AIDS		
	N	%	Rate*	n	%	Rate*	n	96	Rate*	
County of Residence										
Clark County	7,808	99%	387.9	3,767	99%	187.1	4,041	99%	200.7	
Nye County	77	1%	163.6	27	1%	57.4	50	1%	106.2	
Total	7,885	100%	382.8	3,794	100%	184.2	4,091	100%	198.6	
Sex at Birth										
Male	6,617	84%	636.4	3,167	83%	304.6	3,450	84%	331.8	
Female	1,268	16%	124.3	627	17%	61.5	641	16%	62.8	
Total	7,885	100%	382.8	3,794	100%	184.2	4,091	100%	198.6	
Race/Ethnicity										
White, non-Hispanic	3,632	46%	326.7	1,742	46%	156.7	1,890	46%	170.0	
Black, non-Hispanic	2,066	26%	1,109.7	991	26%	532.3	1,075	26%	577.4	
Hispanic	1,783	23%	302.6	849	22%	144.1	934	23%	158.5	
Asian/Hawaiian/Pacific Islander	268	3%	172.9	143	4%	92.3	125	3%	80.6	
American Indian/Alaska Native	48	196	266.4	21	1%	116.5	27	1%	149.8	
Multi-race/Other	88	1%	N/A	48	196	N/A	40	196	N/A	
Total	7,885	100%	382.8	3,794	100%	184.2	4,091	100%	198.6	
Age at End of Year										
<13	57	196	14.6	56	1%	14.4	1	0%	0.3	
13 to 24	94	1%	28.5	10	0%	3.0	84	296	25.5	
25 to 34	629	8%	217.6	221	6%	76.5	408	10%	141.2	
35 to 44	1,719	22%	597.3	808	21%	280.8	911	22%	316.5	
45 to 54	2,573	33%	921.9	947	25%	339.3	1,626	40%	582.6	
55 to 64	1,946	25%	856.2	1,122	30%	493.6	824	20%	362.5	
65+	721	9%	280.6	486	13%	189.2	235	6%	91.9	
Missing	146	2%	N/A	144	4%	N/A	2	0%	N/A	
Total	7,885	100%	382.8	3,794	100%	184.2	4,091	100%	198.6	
Transmission Category										
Males										
Male-to-male sexual contact (MSM)	5,127	77%	N/A	2,498	79%	N/A	2,629	76%	N/A	
Injection Drug Use (IDU)	399	6%	N/A	155	5%	N/A	244	7%	N/A	
MSM+IDU	467	7%	N/A	198	6%	N/A	269	8%	N/A	
Heterosexual contact	241	496	N/A	96	3%	N/A	145	4%	N/A	
Perinatal Exposure	30	0%	N/A	14	0%	N/A	16	0%	N/A	
Transfusion/Hemophilia	7	0%	N/A	1	0%	N/A	6	0%	N/A	
NIR/NRR	346	5%	N/A	205	696	N/A	141	496	N/A	
Subtotal	6,617	100%	636.4	3,167	100%	304.6	3,450	100%	331.4	
Females	0,017	100%	030,4	3,107	100%	304.0	3,430	100%	3314	
IDU	196	15%	N/A	74	12%	N/A	122	19%	N/A	
Heterosexual contact	797 31	63% 2%	N/A	399 13	64% 2%	N/A	398 18	62% 3%	N/A N/A	
Perinatal Exposure			N/A			N/A				
Transfusion/Hemophilia	1	0%	N/A	0	0%	N/A	1	0%	N/A	
NIR/NRR	243	19%	N/A	141	22%	N/A	102	16%	N/A	
Subtotal	1,268	100%	124.3	627	100%	61.5	641	100%	62.	
Total	7,885	100%	382.8	3,794	100%	184.2	4,091	100%	198.0	

Source: Nevada State Health Division HIV/AIDS Reporting System (eHARS), (Feb 2014)

Persons living with HIV/AIDS data include data on persons living in Nevada with HIV (not yet AIDS) and AIDS based on the current address listed in the HIV/AIDS Reporting System (eHARS). These persons may or may not have been diagnosed with HIV or AIDS in Nevada.

^{*} Rates per 100,000 population were calculated using 2013 population projections from the Nevada State Demographer vintage 2012 data.

New HIV Infections and New AIDS Diagnoses in Nevada, 2013

Nevada State Health Division~ HIV/AIDS Surveillance Program

	New	HIV Infectio	ns	New A	AIDS Diagno	ses	
	N	%	Rate*	N	%	Rate*	
County of Diagnosis							
Clark + Nye County	379	89%	18.4	220	90%	10.7	
Washoe County	37	9%	8.7	22	9%	5.2	
All Other Counties**	9	2%	3.0	3	1%	1.0	
Total	425	100%	15.3	245	100%	8.8	
Sex at Birth							
Male	370	87%	26.3	209	85%	14.9	
Female	55	13%	4.0	36	15%	2.6	
Total	425	100%	15.3	245	100%	8.8	
Race/Ethnicity							
White, non-Hispanic	166	39%	10.2	88	36%	5.4	
Black, non-Hispanic	98	23%	49.2	72	29%	36.1	
Hispanic	131	31%	17.8	68	28%	9.2	
Asian/Hawaiian/Pacific Islander	17	4%	46.5	12	5%	32.8	
American Indian/Alaska Native	1	0%	2.7	0	0%	0.0	
Multi-race/Other	12	3%	N/A	5	2%	N/A	
Total	425	100%	15.3	245	100%	8.8	
Age at Diagnosis							
<13	2	0%	0.4	0	0%	0.0	
13 to 24	96	23%	21.4	25	10%	5.6	
25 to 34	153	36%	39.0	66	27%	16.8	
35 to 44	75	18%	19.8	60	24%	15.8	
45 to 54	67	16%	17.7	57	23%	15.1	
55 to 64	28	7%	8.7	32	13%	10.0	
65+	4	1%	1.1	5	2%	1.4	
Total	425	100%	15.3	245	100%	8.8	
Transmission Category							
Males							
Male-to-male sexual contact (MSM)	283	76%	N/A	158	76%	N/A	
Injection Drug Use (IDU)	12	3%	N/A	11	5%	N/A	
MSM+IDU	30	8%	N/A	6	3%	N/A	
Heterosexual contact	16	4%	N/A	13	6%	N/A	
Perinatal Exposure	0	0%	N/A	0	0%	N/A	
Transfusion/Hemophilia	0	0%	N/A	0	0%	N/A	
NIR/NRR	29	8%	N/A	21	10%	N/A	
Subtotal	370	100%	26.3	209	100%	14.9	
Females							
IDU	5	9%	N/A	6	17%	N/A	
Heterosexual contact	31	56%	N/A	14	39%	N/A	
Perinatal Exposure	3	5%	N/A	2	6%	N/A	
Transfusion/Hemophilia	0	0%	N/A	0	0%	N/A	
NIR/NRR	16	29%	N/A	14	39%	N/A	
Subtotal	55	100%	4.0	36	100%	2.6	
Total	425	100%	15.3	245	100%	8.8	

Source: Nevada State Health Division HIV/AIDS Reporting System (eHARS), (Feb 2014

New HIV Infections are counted in eHARS surveillance statistics and include HIV and AIDS cases diagnosed in Nevada, both living and deceased. The surveillance data exclude HIV/AIDS cases diagnosed in other states, but who currently live in Nevada. HIV Diagnoses and AIDS Diagnoses may duplicate case counts if the person was diagnosed with both HIV and AIDS in 2013.

^{*} Rates per 100,000 population were calculated using 2013 population projections from the Nevada State Demagrapher vintage 2012 data.

^{**}All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Pershing, Storey, & White Pine Counties.

New HIV Infections and AIDS Diagnoses in Clark and Nye Counties, 2013 Nevada State Health Division~ HIV/AIDS Surveillance Program

	New	HIV Infectio	ns	New A	AIDS Diagno	ses
	N	%	Rate*	N	%	Rate*
Sex at Birth						
Male	328	87%	31.5	187	85%	18.0
Female	51	13%	5.0	33	15%	3.2
Total	379	100%	18.4	220	100%	10.7
Race/Ethnicity						
White, non-Hispanic	140	37%	12.6	77	35%	6.9
Black, non-Hispanic	93	25%	50.0	65	30%	34.9
Hispanic	117	31%	19.9	61	28%	10.4
Asian/Hawaiian/Pacific Islander	17	4%	11.0	12	5%	7.7
American Indian/Alaska Native	0	0%	0.0	0	0%	0.0
Multi-race/Other	12	3%	N/A	5	2%	N/A
Total	379	100%	18.4	220	100%	10.7
Age at Diagnosis						
< 13	2	1%	0.5	0	0%	0.0
13 to 24	86	23%	26.1	23	10%	7.0
25 to 34	132	35%	45.7	60	27%	20.8
35 to 44	69	18%	24.0	52	24%	18.1
45 to 54	60	16%	21.5	50	23%	17.9
55 to 64	27	7%	11.9	30	14%	13.2
65 +	3	1%	1.2	5	2%	1.9
Total	379	100%	18.4	220	100%	10.7
Transmission Category						
Males						
Male-to-male sexual contact (MSM)	251	77%	N/A	142	76%	N/A
Injection Drug Use (IDU)	9	3%	N/A	9	5%	N/A
MSM+IDU	26	8%	N/A	5	3%	N/A
Heterosexual contact	15	5%	N/A	12	6%	N/A
Perinatal Exposure	0	0%	N/A	0	0%	N/A
Transfusion/Hemophilia	0	0%	N/A	0	0%	N/A
NIR/NRR	27	8%	N/A	19	10%	N/A
Subtotal	328	100%	31.5	187	100%	18.0
Females						
IDU	4	8%	N/A	6	18%	N/A
Heterosexual contact	31	61%	N/A	13	39%	N/A
Perinatal Exposure	3	6%	N/A	2	6%	N/A
Transfusion/Hemophilia	0	0%	N/A	0	0%	N/A
NIR/NRR	13	25%	N/A	12	36%	N/A
Subtotal	51	100%	5.0	33	100%	3.2
Total	379	100%	18.4	220	100%	10.7

Source: Nevada State Health Division HIV/AIDS Reporting System (eHARS), (Feb 2014)

New HIV Infections are counted in eHARS surveillance statistics and include HIV and AIDS cases diagnosed in Nevada, both living and deceased. The surveillance data exclude HIV/AIDS cases diagnosed in other states, but who currently live in Nevada. HIV Diagnoses and AIDS Diagnoses may duplicate case counts if the person was diagnosed with both HIV and AIDS in 2013.

^{*} Rates per 100,000 population were calculated using 2013 population projections from the Nevada State Demographer vintage 2012 data.

FINDINGS FROM CONSUMER SURVEYS

Respondents were asked various questions regarding their experiences accessing each service category over the last 12 months. Responses to each survey question are presented by service category in tables below. Questions 6 (explanation of lab results) through 39 (overall satisfaction with quality of care and services) were cross-tabulated with respondent race/ethnicity and/or risk factor to examine potential differences between groups within the overall population of respondents.

Outpatient/Ambulatory Medical Care

Outpatient/ambulatory medical care includes the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, nurse practitioner, or other health care professional who is certified in his or her jurisdiction to prescribe antiretroviral (ARV) therapy in an outpatient setting. These settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not considered outpatient settings. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to anti-retroviral (ARV) and other drug therapies, including prophylaxis and treatment of opportunistic infections, and combination ARV therapies.

Outpatient/Ambulatory Medical Care was ranked as the most important service clients need to deal with their HIV/AIDS status. The majority of respondents typically indicated (always or most of the time) that in the last 12 months, providers had taken time to help patients understand lab results, that side effects of medications had been explained, that importance of taking medications as directed had been explained, that appointments could be made in a timely manner, and that respondents felt comfortable talking about personal issues with providers.

Specifically 82.3% of respondents indicated that their medical provider/HIV doctor took the time to help them understand their lab results, such as CD4 and viral load, and what it means for their health either "Always" or "Most of the time".

Over the last 12 months have your HIV medical providers/HIV doctor taken the time to help you understand your lab results, such as CD4 and viral load, and what it means for your health?								
Response	Frequency	Valid Percent						
Always	119	65.7						
Most of the time	30	16.6						
Sometimes	15	8.3						
Not very often	6	3.3						
Never	3	1.7						
Doesn't Apply	8	4.4						
Total	181	100.0						

When crosstabulated with race/ethnicity we can see that the majority of racial groups indicated "Always" with this question, whereas only 42.9% of the Asian population indicated "Always" and 28.6% indicated "Most of the time". Telling us that within the Asian population there may need to be more discussion on this topic and more clear guidance by providers. High levels of interaction on this topic were indicated by 80% of the American Indian population and 76.2% of the Hispanic population and astoundingly 100% of the Native Hawaiian/Other Pacific Islander population.

What is your race/ethnicity? * Over the last 12 months have your HIV medical providers/HIV doctors taken the time to help you understand your lab results, such as CD4 and viral load, and what it means for your health? Crosstabulation

% within What is your race/ethnicity?

					oviders/HIV docto iral load, and wha			
	8	Always	Most of the time	Sometimes	Not very often	Never	Doesn't apply	Total
What is your	No. Sec. Application	100.0%						100.0%
race/ethnicity?	American Indian or Alaskan Native	80.0%	20.0%					100.0%
	Asian	42.9%	28.6%			14.3%	14.3%	100.0%
	Black or African American (non- Hispanic)	65.5%	19.0%	10.3%	1.7%		3.4%	100.0%
	Hispanic	76.2%	4.8%	9.5%	2.4%	2.4%	4.8%	100.0%
	White or Caucasian (non-Hispanic)	58.2%	23.6%	7.3%	5.5%	1.8%	3.6%	100.0%
	Native Hawaiian/Other Pacific Islander	100.0%						100.0%
	Multi-racial	55.6%	11.1%	11.1%	11.1%		11.1%	100.0%
Total		65.7%	16.6%	8.3%	3.3%	1.7%	4.4%	100.0%

Exploring this same question by risk factor we can see that the overwhelming majority of respondents indicated "Always" in each category with the exception of the blood transfusion/tissue donation group which reported 33.3% "Always" and 33.3% "Most of the time" respectively. These figures indicate that perhaps more time needs to be spent on this issue with those clients with a risk factor of blood transfusion/tissue donation. Those

that indicated "Always" the majority of the time are heterosexual contact 73.8%, MSM at 62.5%, Other at 70%, and sharing needles at 50.0%.

How do you think you became infected with HIV/AIDS? * Over the last 12 months have your HIV medical providers/HIV doctors taken the time to help you understand your lab results, such as CD4 and viral load, and what it means for your health? Crosstabulation

% within How do you think you became infected with HIV/AIDS?

			Over the last 12 months have your HIV medical providers/HIV doctors taken the time to help you understand your lab results, such as CD4 and viral load, and what it means for your health?						
	3	Always	Most of the time	Sometimes	Not very often	Never	Doesn't apply	Total	
How do you think you became infected with HIV/AIDS?	Male to male sexual contact	62.5%	20.0%	10.0%	3.8%	1.3%	2.5%	100.0%	
	Heterosexual contact	73.8%	12.3%	7.7%	3.1%		3.1%	100.0%	
	Sharing needles	50.0%	37.5%		2500.		12.5%	100.0%	
	Blood transfusion/tissue donation	33.3%	33.3%	33.3%				100.0%	
	Other	70.0%	10.0%		5.0%	5.0%	10.0%	100.0%	
Total		66.5%	17.0%	8.0%	3.4%	1.1%	4.0%	100.0%	

With regard to gender, women indicated "Always" more often than men with 72.7% and 62.7% respectively.

What is your gender? * Over the last 12 months have your HIV medical providers/HIV doctors taken the time to help you understand your lab results, such as CD4 and viral load, and what it means for your health? Crosstabulation

% within What is your gender?

		Over the last 12 months have your HIV medical providers/HIV doctors taken the time to help you understand your lab results, such as CD4 and viral load, and what it means for your health?						
		Always	Most of the time	Sometimes	Not very often	Never	Doesn't apply	Total
What is your gender?	Male	62.7%	19.5%	8.5%	4.2%	1.7%	3.4%	100.0%
	Female	72.7%	10.9%	7.3%	1.8%		7.3%	100.0%
	Transgender (Male to Female)	60.0%	20.0%	20.0%	84464152		3777.752	100.0%
	Transgender (Female to Male)	100.0%						100.0%
Total		65.9%	16.8%	8.4%	3.4%	1.1%	4.5%	100.0%

On the topic of medication explanations, 70.6% of respondents indicated "Always" or "Most of the time".

•	Over the last 12 months has your HIV medical provider/HIV doctor taken the time to explain the side effects of your HIV medication?								
Response	Frequency	Valid Percent							
Always	97	52.7							
Most of the time	33	17.9							
Sometimes	25	13.6							
Not very often	7	3.8							
Never	12	6.5							
Doesn't apply	10	5.4							
Total	184	100.0							

Again as we look at race/ethnicity only 42.9% of the Asian population indicated "Always" while 42.1% of the White non-Hispanic population indicated "Always".

What is your race/ethnicity? * Over the last 12 months has your HIV medical provider/HIV doctor taken the time to explain the side effects of your HIV medication?

Crosstabulation

% within What is your race/ethnicity?

		Over the last 1	2 months has your		rider/HIV doctor tak HIV medication?	en the time to ex	plain the side	
	3=	Always	Most of the time	Sometimes	Not very often	Never	Doesn't apply	Total
What is your	*	100.0%						100.0%
race/ethnicity?	American Indian or Alaskan Native	60.0%	20.0%	20.0%				100.0%
	Asian	42.9%	14.3%	14.3%		14.3%	14.3%	100.0%
	Black or African American (non-Hispanic)	56.7%	18.3%	10.0%	6.7%	3.3%	5.0%	100.0%
	Hispanic	58.5%	14.6%	14.6%	2.4%	2.4%	7.3%	100.0%
	White or Caucasian (non- Hispanic)	42.1%	22.8%	15.8%	3.5%	12.3%	3.5%	100.0%
	Native Hawaiian/Other Pacific Islander	75.0%	25.0%					100.0%
	Multi-racial	55.6%		22.2%		11.1%	11.1%	100.0%
Total		52.7%	17.9%	13.6%	3.8%	6.5%	5.4%	100.0%

When discussing risk factor, again sharing needles and blood transfusion/tissue donation were lower than the other risk factors each at 33.3%. Also, 33.3% of blood transfusion/tissue donation respondents indicated "Never" and an additional 33.3% indicated "Not very often". "Never" was also indicated by 7.4% of MSM respondents and 5.3% of the "Other" risk factor.

How do you think you became infected with HIV/AIDS? * Over the last 12 months has your HIV medical provider/HIV doctor taken the time to explain the side effects of your HIV medication? Crosstabulation

% within How do you think you became infected with HIV/AIDS?

		Over the last 1	2 months has your		rider/HIV doctor tak HIV medication?	en the time to ex	plain the side	
		Always	Most of the time	Sometimes	Not very often	Never	Doesn't apply	Total
How do you think you became infected with HIV/AIDS?	Male to male sexual contact	51.9%	22.2%	11.1%	49%	7.4%	2.5%	100.0%
	Heterosexual contact	56.7%	16.4%	14.9%	3.0%	4.5%	4.5%	100.0%
	Sharing needles	33.3%	33.3%	22.2%	527		11.1%	100.0%
	Blood transfusion/tissue donation	33.3%	7,254,000		33.3%	33.3%	01112140	100.0%
	Other	63.2%	5.3%	10.5%		5.3%	15.8%	100.0%
Total		53.6%	18.4%	12.8%	3.9%	6.1%	5.0%	100.0%

Women indicated "Always" 58.2% of the time while the transgender (male to female) respondents indicated "Always" only 40% of the time.

What is your gender? * Over the last 12 months has your HIV medical provider/HIV doctor taken the time to explain the side effects of your HIV medication? Crosstabulation

% within What is your gender?

		Over the last 12 months has your HIV medical provider/HIV doctor taken the time to explain the side effects of your HIV medication?							
		Always	Most of the time	Sometimes	Not very often	Never	Doesn't apply	Total	
What is your gender?	Male	50.0%	23.0%	11.5%	41%	7.4%	41%	100.0%	
	Female	58.2%	9.1%	16.4%	3.6%	3.6%	9.1%	100.0%	
	Transgender (Male to Female)	40.0%	500,605	40.0%	502 March	20.0%	0000000	100.0%	
	Transgender (Female to Male)	100.0%						100.0%	
Total		52.5%	18.0%	13.7%	3.8%	6.6%	5.5%	100.0%	

On the topic of medication importance 86.4% of respondents reported "Always" or "Most of the time".

Over the last 12 months has your HIV medical provider/HIV doctor taken the time to explain how important it is to take your medication as directed?								
Response	Frequency	Valid Percent						
Always	129	70.1						
Most of the time	30	16.3						
Sometimes	12	6.5						
Not very often	2	1.1						
Never	2	1.1						
Doesn't apply	9	4.9						
Total	184	100.0						

The Asian population also indicated "Always" the least on this question at 42.9% followed by Multi-racial at 44.4%.

What is your race/ethnicity? * Over the last 12 months has your HIV medical provider/HIV doctor taken the time to explain how important it is to take your medication as directed? Crosstabulation

% within What is your race/ethnicity?

		Over the last 12 months has your HIV medical provider/HIV doctor taken the time to explain how important it is to take your medication as directed?						
		Always	Most of the time	Sometimes	Not very often	Never	Doesn't apply	Total
What is your	5	100.0%						100.0%
race/ethnicity?	American Indian or Alaskan Native	80.0%	20.0%					100.0%
	Asian	42.9%	28.6%	14.3%			14.3%	100.0%
	Black or African American (non-Hispanic)	68.3%	15.0%	10.0%	1.7%		5.0%	100.0%
	Hispanic	78.0%	9.8%	7.3%			4.9%	100.0%
	White or Caucasian (non- Hispanic)	70.2%	19.3%	3.5%		3.5%	3.5%	100.0%
	Native Hawaiian/Other Pacific Islander	100.0%						100.0%
	Multi-racial	44.4%	33.3%		11.1%		11.1%	100.0%
Total		70.1%	16.3%	6.5%	1.1%	1.1%	4.9%	100.0%

Again the sharing needles risk factor group indicated "Always" the least with 55.6% followed by blood transfusion/tissue donation at 66.7%. Additionally, 2.5% of MSM's indicated "Not very often" and 5.3% of the Other risk factor indicated "Never".

How do you think you became infected with HIV/AIDS? * Over the last 12 months has your HIV medical provider/HIV doctor taken the time to explain how important it is to take your medication as directed? Crosstabulation

% within How do you think you became infected with HIV/AIDS?

		Over the last 12 months has your HIV medical provider/HIV doctor taken the time to explain how important it is to take your medication as directed?						
		Always	Most of the time	Sometimes	Not very often	Never	Doesn't apply	Total
How do you think you became infected with	Male to male sexual contact	69.1%	19.8%	6.2%	2.5%		2.5%	100.0%
HIV/AIDS?	Heterosexual contact	73.1%	14.9%	6.0%		1.5%	4.5%	100.0%
	Sharing needles	55.6%	22.2%	11.1%			11.1%	100.0%
	Blood transfusion/tissue donation	66. ₇ %	33.3%				0.0000000	100.0%
	Other	78.9%	5.3%			5.3%	10.5%	100.0%
Total		70.9%	16.8%	5.6%	1.1%	1.1%	4.5%	100.0%

This question crosstabulated with gender can be seen in the chart below.

What is your gender? * Over the last 12 months has your HIV medical provider/HIV doctor taken the time to explain how important it is to take your medication as directed? Crosstabulation

% within What is your gender?

		Over the last	Over the last 12 months has your HIV medical provider/HIV doctor taken the time to explain how important it is to take your medication as directed?						
		Always	Most of the time	Sometimes	Not very often	Never	Doesn't apply	Total	
What is your gender?	Male	68.9%	17.2%	7.4%	1.6%	0.8%	41%	100.0%	
	Female	70.9%	16.4%	3.6%		1.8%	7.3%	100.0%	
	Transgender (Male to Female)	80.0%	500000000	20.0%			5000000000	100.0%	
	Transgender (Female to Male)	100.0%						100.0%	
Total		69.9%	16.4%	6.6%	1.1%	1.1%	4.9%	100.0%	

The majority, 74.3% indicated that generally medical appointments are attainable soon enough for their needs.

When you have scheduled medical appointments in the last 12 months, were you able to get one soon enough for your needs?							
Response	Frequency	Valid Percent					
Always	78	42.6					
Most of the time	58	31.7					
Sometimes	25	13.7					
Not very often	13	7.1					
Never	2	1.1					
Doesn't apply	7	3.8					
Total	183	100.0					

About 14% of Asian respondents and 10% of Hispanic respondents indicated "Not very often".

What is your race/ethnicity? * When you have scheduled appointments in the last 12 months, were you able to get one soon enough for your needs? Crosstabulation % within What is your race/ethnicity?

		When you have scheduled appointments in the last 12 months, were you able to get one soon enough for your needs?						
	1	Always	Most of the time	Sometimes	Not very often	Never	Doesn't apply	Total
What is your	,	100.0%						100.0%
race/ethnicity?	American Indian or Alaskan Native	80.0%	20.0%					100.0%
	Asian	28.6%	57.1%		14.3%			100.0%
	Black or African American (non-Hispanic)	43.3%	26.7%	16.7%	8.3%	1.7%	3.3%	100.0%
	Hispanic	40.0%	32.5%	12.5%	10.0%		5.0%	100.0%
	White or Caucasian (non- Hispanic)	42.1%	35.1%	14.0%	3.5%	1.8%	3.5%	100.0%
	Native Hawaiian/Other Pacific Islander	50.0%	50.0%					100.0%
	Multi-racial	33.3%	22.2%	22.2%	11.1%		11.1%	100.0%
Total		42.6%	31.7%	13.7%	7.1%	1.1%	3.8%	100.0%

"Not very often" was indicated by 10.6% of heterosexual contact respondents and "Sometimes" was indicated by 44.4% of respondents with the risk factor of sharing needles.

How do you think you became infected with HIV/AIDS? * When you have scheduled appointments in the last 12 months, were you able to get one soon enough for your needs? Crosstabulation

% within How do you think you became infected with HIV/AIDS?

		When you have	When you have scheduled appointments in the last 12 months, were you able to get one soon enough for your needs?					
		Always	Most of the time	Sometimes	Not very often	Never	Doesn't apply	Total
How do you think you became infected with	Male to male sexual contact	44.4%	34.6%	13.6%	49%		2.5%	100.0%
HIV/AIDS?	Heterosexual contact	40.9%	34.8%	9.1%	10.6%	3.0%	1.5%	100.0%
	Sharing needles	22.2%	22.2%	44.4%			11.1%	100.0%
	Blood transfusion/tissue donation	33.3%	66.7%				0.1125020	100.0%
	Other	63.2%	10.5%	5.3%	5.3%		15.8%	100.0%
Total		43.8%	32.0%	12.4%	6.7%	1.1%	3.9%	100.0%

The table below illustrates the same question by gender.

What is your gender? * When you have scheduled appointments in the last 12 months, were you able to get one soon enough for your needs? Crosstabulation

% within What is your gender?

		When you have	When you have scheduled appointments in the last 12 months, were you able to get one soon enough for your needs?						
		Always	Most of the time	Sometimes	Not very often	Never	Doesn't apply	Total	
What is your gender?	Male	43.8%	31.4%	13.2%	7.4%	0.8%	3.3%	100.0%	
	Female	41.8%	32.7%	10.9%	7.3%	1.8%	5.5%	100.0%	
	Transgender (Male to Female)	20.0%	20.0%	60.0%				100.0%	
	Transgender (Female to Male)		100.0%					100.0%	
Total		42.3%	31.9%	13.7%	7.1%	1.1%	3.8%	100.0%	

In the last 12 months have you felt comfortable talking to your HIV medical providers/HIV doctors about personal or intimate issues? Response **Valid Percent** Frequency Always 98 53.6 Most of the time 42 23.0 Sometimes 12.6 23 Not very often 6 3.3 Never 5 2.7 Doesn't apply 9 4.9 **Total** 183 100.0

"Never" was indicated by 7.5% of Hispanic respondents while "Not very often" was indicated by 7% of White non-Hispanic respondents.

What is your race/ethnicity? * In the last 12 months have you felt comfortable talking to your HIV medical providers/HIV doctors about personal or intimate issues?

Crosstabulation

% within What is your race/ethnicity?

		In the last 12 mo	nths have you felt		ng to your HIV medic ntimate issues?	al providers/HI	V doctors about	
		Always	Most of the time	Sometimes	Not very often	Never	Doesn't apply	Total
What is your		100.0%						100.0%
race/ethnicity?	American Indian or Alaskan Native	80.0%		20.0%				100.0%
	Asian	57.1%	14.3%	14.3%			14.3%	100.0%
	Black or African American (non-Hispanic)	48.3%	21.7%	20.0%	1.7%	3.3%	5.0%	100.0%
	Hispanic	57.5%	25.0%	5.0%	2.5%	7.5%	2.5%	100.0%
	White or Caucasian (non- Hispanic)	50.9%	29.8%	7.0%	7.0%		5.3%	100.0%
	Native Hawaiian/Other Pacific Islander	75.0%		25.0%				100.0%
	Multi-racial	55.6%	11.1%	22.2%			11.1%	100.0%
Total		53.6%	23.0%	12.6%	3.3%	2.7%	4.9%	100.0%

With regard to risk factor there were very few reports of "Never" or "Not very often".

How do you think you became infected with HIV/AIDS? * In the last 12 months have you felt comfortable talking to your HIV medical providers/HIV doctors about personal or intimate issues? Crosstabulation

% within How do you think you became infected with HIV/AIDS?

		In the last 12 mo	In the last 12 months have you felt comfortable talking to your HIV medical providers/HIV doctors about personal or intimate issues?						
		Always	Most of the time	Sometimes	Not very often	Never	Doesn't apply	Total	
How do you think you became infected with	Male to male sexual contact	58.8%	23.8%	10.0%	3.8%	2.5%	1.3%	100.0%	
HIV/AIDS?	Heterosexual contact	52.2%	20.9%	17.9%	3.0%	3.0%	3.0%	100.0%	
	Sharing needles	22.2%	44.4%	22.2%	127		11.1%	100.0%	
	Blood transfusion/tissue donation	66. ₇ %	***************************************		33.3%		000000	100.0%	
	Other	57.9%	21.1%				21.1%	100.0%	
Total		54.5%	23.0%	12.4%	3.4%	2.2%	4.5%	100.0%	

In general men reported feeling more comfortable than women when talking to their provider about personal or intimate issues. The transgender (male to female) respondents reported "Never" at 40% and "Sometimes" at 20% indicating a low level of comfort when talking to their providers about personal issues which could pose as a large barrier when accessing medical treatment.

What is your gender? * In the last 12 months have you felt comfortable talking to your HIV medical providers/HIV doctors about personal or intimate issues?

Crosstabulation

% within What is your gender?

		In the last 12 mo	In the last 12 months have you felt comfortable talking to your HIV medical providers/HIV doctors about personal or intimate issues?					
		Always	Most of the time	Sometimes	Not very often	Never	Doesn't apply	Total
What is your gender?	Male	56.2%	26.4%	9.9%	3.3%	0.8%	3.3%	100.0%
	Female	47.3%	18.2%	18.2%	3.6%	3.6%	9.1%	100.0%
	Transgender (Male to Female)	40.0%	90.92.42.0-2	20.0%	100 March	40.0%	200,000	100.0%
	Transgender (Female to Male)	100.0%						100.0%
Total		53.3%	23.1%	12.6%	3.3%	2.7%	4.9%	100.0%

Clients were also asked about their level of satisfaction with the overall medical care they received and the process of accessing and/or picking-up their HIV/AIDS medication. It is the goal of the quality management program that a minimum of 75% of clients report being very satisfied or satisfied with the services they receive. This goal was exceeded in both measures, 84.7% for medical care and 83.1% for medication.

Overall, how satisfied are you with the medical care you received over the last 12 months for your HIV/AIDS status?								
Response	Frequency	Valid Percent						
Very Satisfied	92	50.3						
Satisfied	63	34.4						
Not Satisfied	17	9.3						
Very Unsatisfied	4	2.2						
Doesn't Apply	7	3.8						
Total	183	100.0						

As we've seen in the previous questions 1.3% of the Asian respondents indicated "Very Unsatisfied". Additionally, 22.2% of the multi-racial population and 20% of the American Indian population indicated "Unsatisfied".

What is your race/ethnicity? * Overall, how satisfied are you with the medical care you received over the last 12 months for your HIV/AIDS status? Crosstabulation

% within What is your race/ethnicity?

		Overall, how s	Overall, how satisfied are you with the medical care you received over the last 12 months for your HIV/AIDS status?			er the last 12	
		Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied	Doesn't Apply	Total
What is your		100.0%		7			100.0%
Ala Asi Bla	American Indian or Alaskan Native	80.0%		20.0%			100.0%
	Asian	42.9%	28.6%	143%	14.3%		100.0%
	Black or African American (non-Hispanic)	52.5%	32.2%	10.2%		51%	100.0%
	Hispanic	43.9%	39.0%	9.8%	4.9%	2.4%	100.0%
Hispanic) Native Ha	White or Caucasian (non- Hispanic)	544%	35.2%	5.3%	1.5%	3.5%	100.0%
	Native Hawaiian/Other Pacific Islander	75.0%	25.0%				100.0%
	Multi-racial	11.1%	55.6%	22.2%		11.1%	100.0%
Total		50.3%	34.4%	9.3%	2.2%	3.5%	100.0%

With regard to risk factor, no one specific group indicated a high level of dissatisfaction except for the "Other" risk factor group.

How do you think you became infected with HIV/AIDS? * Overall, how satisfied are you with the medical care you received over the last 12 months for your HIV/AIDS status? Crosstabulation

% within How do you think you became infected with HIV/AIDS?

		Overall, how satisfied are you with the medical care you received over the last 12 months for your HIV/AIDS status?					
		Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied	Doesn't Apply	Total
How do you think you became infected with HIV/AIDS?	Male to male sexual contact	48.1%	42.0%	7.4%		2.5%	100.0%
	Heterosexual contact	56.1%	28.8%	10.6%	3.0%	1.5%	100.0%
	Sharing needles	22.2%	55.6%			22.2%	100.0%
	Blood transfusion/tissue donation	66. 7 %	33.3%			400,000,000	100.0%
	Other	47.4%	15.8%	21.1%	5.3%	10.5%	100.0%
Total		50.0%	34.8%	9.6%	1.7%	3.9%	100.0%

The Transgender (male to female) population indicated a high level of dissatisfaction with 20% responding with "Very Unsatisfied". Thus indicating that this specific

What is your gender? * Overall, how satisfied are you with the medical care you received over the last 12 months for your HIV/AIDS status? Crosstabulation

% within What is your gender?

		Overall, how satisfied are you with the medical care you received over the last 12 months for your HIV/AIDS status?					
		Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied	Doesn't Apply	Total
What is your gender?	Male	46.7%	37.7%	10.7%	1.6%	3.3%	100.0%
	Female	55.6%	29.6%	7.4%	1.9%	5.6%	100.0%
	Transgender (Male to Female)	80.0%	2000000 State 2		20.0%	7707183-52	100.0%
	Transgender (Female to Male)		100.0%				100.0%
Total		50.0%	34.6%	9.3%	2.2%	3.8%	100.0%

population may need further analysis to pinpoint issues and to help select improvement projects.

Respondents report on accessing and/or picking up medication is listed in the tables below including overall, by race/ethnicity, risk factor and gender.

Overall, how satisfied are you with the process of accessing and/or picking-up your HIV/AIDS medication over the last 12 months?					
Response	Frequency	Valid Percent			
Very Satisfied	95	51.6			
Satisfied	58	31.5			
Not Satisfied	18	9.8			
Very Unsatisfied	2	1.1			
Doesn't Apply	11	6.0			
Total	184	100.0			

What is your race/ethnicity? * Overall, how satisfied are you with the process of accessing and/or picking up your HIV/AIDS medication over the last 12 months? Crosstabulation

% within What is your race/ethnicity?

		Overall, how sa	Overall, how satisfied are you with the process of accessing and/or picking up your HIV/AIDS medication over the last 12 months?				
		Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied	Doesn't Apply	Total
What is your		100.0%					100.0%
race/ethnicity?	American Indian or Alaskan Native	60.0%	20.0%	20.0%			100.0%
	Asian	14.3%	57.1%	28.6%			100.0%
	Black or African American (non-Hispanic)	50.0%	35.0%	3.3%	1.7%	10.0%	100.0%
	Hispanic	51.2%	26.8%	17.1%	2.4%	2.4%	100.0%
	White or Caucasian (non- Hispanic)	54.4%	33.3%	7.0%		5.3%	100.0%
	Native Hawaiian/Other Pacific Islander	75.0%	25.0%				100.0%
	Multi-racial	55.6%	11.1%	22.2%		11.1%	100.0%
Total		51.6%	31.5%	9.8%	1.1%	6.0%	100.0%

How do you think you became infected with HIV/AIDS?* Overall, how satisfied are you with the process of accessing and/or picking up your HIV/AIDS medication over the last 12 months? Crosstabulation

% within How do you think you became infected with HIV/AIDS?

		Overall, how sa	Overall, how satisfied are you with the process of accessing and/or picking up your HIV/AIDS medication over the last 12 months?				
		Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied	Doesn't Apply	Total
How do you think you became infected with HIV/AIDS?	Male to male sexual contact	50.6%	35.8%	9.9%		3.7%	100.0%
	Heterosexual contact	59.7%	25.4%	6.0%	3.0%	6.0%	100.0%
	Sharing needles	22.2%	33.3%	22.2%		22.2%	100.0%
	Blood transfusion/tissue donation	66. ₇ %	200000000000000000000000000000000000000	33.3%			100.0%
	Other	42.1%	36.8%	10.5%		10.5%	100.0%
Total		52.0%	31.3%	9.5%	1.1%	6.1%	100.0%

What is your gender? * Overall, how satisfied are you with the process of accessing and/or picking up your HIV/AIDS medication over the last 12 months? Crosstabulation

% within What is your gender?

		Overall, how satisfied are you with the process of accessing and/or picking up your HIV/AIDS medication over the last 12 months?					
		Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied	Doesn't Apply	Total
What is your gender?	Male	49.2%	32.8%	12.3%	0.8%	4.9%	100.0%
	Female	56.4%	27.3%	5.5%	1.8%	9.1%	100.0%
	Transgender (Male to Female)	60.0%	40.0%	5-900-14-0-2		500,845.5	100.0%
	Transgender (Female to Male)		100.0%				100.0%
Total		51.4%	31.7%	9.8%	1.1%	6.0%	100.0%

Oral Health Care

Oral health care includes diagnostic, preventive, and therapeutic services provided by a dental health care professional licensed to provide health care in the state or jurisdiction, including general dental practitioners, dental specialists, and dental hygienists, as well as licensed and trained dental assistants.

The majority of respondents, 47.9% are satisfied or very satisfied with the oral health care services they received over the last 12 month. This equates to 75.9% when you factor in the 37% that indicated doesn't apply. This group most likely accessed oral health care through another funding source, was unable to access it through Part A or didn't access it at all. Further analysis will be needed to uncover the rational for respondents indicating "Doesn't Apply" as oral health is key in the treatment of HIV/AIDS.

Overall, how satisfied are you with the Oral Health Care (dental visits) you received in the last 12 months through the Ryan White Program?					
Response	Frequency	Valid Percent			
Very Satisfied	50	27.2			
Satisfied	38	20.7			
Not Satisfied	17	9.2			
Very Unsatisfied	11	6.0			
Doesn't Apply	68	37.0			
Total	184	100.0			

Food Services

Food services generally refer to vouchers to purchase food. The provision of essential household supplies, such as hygiene items and household cleaning supplies, also should be included in this item. The provision of food and/or nutritional supplements by a non-registered dietician should be included in this item as well.

In the Las Vegas TGA food vouchers are generally the primary mode of service delivery under this category. They are generally paired with a Medical Nutrition Therapy service and disbursed by the Registered Dietitian with a meal plan. The majority of respondents are either satisfied or very satisfied with food services received, 53.8% of respondents, when factoring in "Doesn't Apply" that rate jumps to 84.7% indicating a very high level of satisfaction.

Overall, how satisfied are you with the Food Services (for food vouchers) you received in the last 12 months through the Ryan White Program?					
Response	Frequency	Valid Percent			
Very Satisfied	60	32.6			
Satisfied	39	21.2			
Not Satisfied	10	5.4			
Very Unsatisfied	8	4.3			
Doesn't Apply	67	36.5			
Total	184	100.0			

Emergency Financial Assistance

Emergency financial assistance is the provision of short-term payments to agencies or the establishment of voucher programs to help with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), and medication, when other resources are not available. Part A and Part B programs must allocate, track, and report these funds under specific service categories, as described under 2.6 in DSS Program Policy Guidance No. 2 (formerly Policy No. 97-02).

Approximately half of the respondents indicated that they are satisfied or very satisfied with emergency financial assistance, 47.8% brining that to 79.1% when eliminating the "Doesn't Apply" population.

Overall, how satisfied are you with the Emergency Financial Assistance (for utilities and housing) you received over the last 12 months through the Ryan White Program?					
Response	Frequency	Valid Percent			
Very Satisfied	49	26.9			
Satisfied	38	20.9			
Not Satisfied	15	8.2			
Very Unsatisfied	8	4.4			
Doesn't Apply	72	39.6			
Total	182	100.0			

Medical Transportation Assistance

Medical transportation services are conveyance services provided, directly or through a voucher, to a client to enable him or her to access health care services.

Approximately half of respondents are satisfied or very satisfied with the bus pass and overall medical transportation assistance, 49.5% again when eliminating the "Doesn't Apply" group that figure is 77.1%. As addressed in the focus group section, dissatisfaction with this service category was express due to the cumbersome nature of tracking and turning in bus pass verification of appropriate use information. It should be noted that this method was developed to ensure this service is linked to a medical outcome per the direction of HRSA (Health Resources and Services Administration) guidelines. These guidelines state that all services must be linked to a medical outcome, therefore bus passes, taxi vouchers, gas cards, and van transportation are strictly monitored to ensure compliance with HRSA requirements.

Overall, how satisfied are you with the Transportation Services (bus pass system) you received over the last 12 months through the Ryan White Program?					
Response	Frequency	Valid Percent			
Very Satisfied	55	29.9			
Satisfied	36	19.6			
Not Satisfied	18	9.8			
Very Unsatisfied	9	4.9			
Doesn't Apply	66	35.9			
Total	184	100.0			

Housing Needs

This assistance is limited to short-term or emergency financial assistance to support temporary and/or transitional housing to enable the individual or family to gain and/or maintain medical care. Use of funds for short-term or emergency housing must be linked to medical and/or health-care services or be certified as essential to a client's ability to gain or maintain access to HIV-related medical care or treatment.

Survey questions about housing were also asked to gain initial information about consumer needs. The majority of respondents indicated that they are able to afford housing on their own or with a spouse, family member, or partner. About one in four indicated that they had slept in a place that was not theirs in the past six months. The majority indicated that there is not enough affordable housing in the area for people living with HIV/AIDS.

Are you able to afford decent, safe, and sanitary housing on your own, or do you need a roommate to make expenses?					
Response	Frequency	Valid Percent			
Can afford on my own or with spouse/family/partner	99	57.2			
Need a roommate to make expenses	61	35.3			
Homeless	13	7.5			
Total	173	100.0			

What is your race/ethnicity? * Are you able to afford decent, safe and sanitary housing on your own, or do you need a ronnmate to make expenses? Crosstabulation

% within What is your race/ethnicity?

		Are you able to afford decent, safe and sanitary housing on your own, or do you need a rommate to make expenses?			
		Can afford my own or with spouse/family /partner	Need a rommate to make expenses	Homeless	Total
What is your race/ethnicity?	American Indian or Alaskan Native	60.0%	40.0%		100.0%
	Asian	14.3%	57.1%	28.6%	100.0%
	Black or African American (non-Hispanic)	58.6%	31.0%	10.3%	100.0%
	Hispanic	65.7%	34.3%		100.0%
	White or Caucasian (non- Hispanic)	55-4%	37.5%	7.1%	100.0%
	Native Hawaiian/Other Pacific Islander	100.0%			100.0%
	Multi-racial	37.5%	50.0%	12.5%	100.0%
Total		57.2%	35.3%	7.5%	100.0%

Homelessness was indicated by 28.6% of Asians, 10.3% of Black non-Hispanics, and 12.5% of multi-racial respondents. The majority of several groups indicated they can afford housing on their own including; American Indian/Alaskan Natives, Black non-Hispanics, Hispanics, White non-Hispanics, and Native Hawaiian/Other Pacific Islanders. The majority of Asian respondents indicated they need a roommate to make expenses.

How do you think you became infected with HIV/AIDS? * Are you able to afford decent, safe and sanitary housing on your own, or do you need a rommate to make expenses? Crosstabulation

% within How do you think you became infected with HIV/AIDS?

		Are you able to afford decent, safe and sanitary housing on your own, or do you need a rommate to make expenses?			
		Can afford my own or with spouse/family /partner	Need a rommate to make expenses	Homeless	Total
How do you think you became infected with HIV/AIDS?	Male to male sexual contact	56.4%	38.5%	5.1%	100.0%
	Heterosexual contact	54.8%	33.9%	11.3%	100.0%
	Sharing needles	55.6%	33.3%	11.1%	100.0%
	Blood transfusion/tissue donation	33.3%	66. 7 %		100.0%
	Other	82.4%	11.8%	5.9%	100.0%
Total		58.0%	34.3%	7.7%	100.0%

Nearly 30% of respondents had to sleep in a place that wasn't their own at some time during the last six months. Rates are very similar with the highest indicating in the Asian and Multi-racial groups. Almost 50% of the IDU or sharing needles population indicated they were in a shelter or home other than their own in the last six months.

In the past six months have you slept in a shelter or on a friend's couch, a place that was not yours?				
Response Frequency Valid Percent				
Yes	50	27.6		
No	131	72.4		
Total	181	100.0		

What is your race/ethnicity? * In the past 6 months have you slept in a shelter or on a friends couch, a place that was not yours? Crosstabulation

% within What is your race/ethnicity?

		In the past 6 months have you slept in a shelter or on a friends couch, a place that was not yours?		Total
		Yes No		
What is your			100.0%	100.0%
race/ethnicity?	American Indian or Alaskan Native	20.0%	80.0%	100.0%
	Asian	33.3%	66.7%	100.0%
	Black or African American (non-Hispanic)	32.2%	6 ₇ .8%	100.0%
	Hispanic	22.5%	77.5%	100.0%
	White or Caucasian (non- Hispanic)	26.3%	73.7%	100.0%
	Native Hawaiian/Other Pacific Islander	25.0%	75.0%	100.0%
	Multi-racial	33.3%	66.7%	100.0%
Total		27.6%	72.4%	100.0%

How do you think you became infected with HIV/AIDS? * In the past 6 months have you slept in a shelter or on a friends couch, a place that was not yours? Crosstabulation

% within How do you think you became infected with HIV/AIDS?

		In the past 6 months have you slept in a shelter or on a friends couch, a place that was not yours?		
		Yes	No	Total
How do you think you became infected with HIV/AIDS?	Male to male sexual contact	28.7%	71.3%	100.0%
	Heterosexual contact	28.4%	71.6%	100.0%
	Sharing needles	44.4%	55.6%	100.0%
	Blood transfusion/tissue donation	33.3%	66. ₇ %	100.0%
	Other	16.7%	83.3%	100.0%
Total		28.2%	71.8%	100.0%

Do you feel that the amount of affordable housing in Las Vegas is sufficient to meet the needs of people with HIV/AIDS?				
Response Frequency Valid Percent				
Yes	70	40.9		
No	101	59.1		
Total	171	100.0		

Case Management Services

Medical case management services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments are a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care through ongoing assessment of the client and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include: (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic reevaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and review of utilization of services. This includes all types of case management, including face-to-face, telephone, and any other forms of communication.

The majority of respondents typically indicated (always or most of the time) that in the last 12 months, a social worker had helped them to secure care and services, that a social worker had assisted with referrals, that a social worker had discussed an overall treatment plan with them, that a social worker had discussed importance of keeping appointments and taking medications as prescribed, and that a social worker had helped them to improve problems, feelings, or situations as needed.

Over the last 12 months has your case manager/social worker helped you get				
the care and services you need?				
Response Frequency Valid Percent				
Always	92	50.3		

Most of the time	43	23.5
Sometimes	15	8.2
Not very often	11	6.0
Never	8	4.4
Doesn't apply	14	7.7
Total	183	100.0

The White non-Hispanic and Black non-Hispanic indicated "Never" more often that other groups whereas the American Indian, Hispanic and Native Hawaiian populations indicated "Always" at a much higher rate than other populations.

What is your race/ethnicity? Over the last 12 months has your case manager/social worker helped you get the care and services you need? Crosstabulation % within What is your race/ethnicity?

	*	Over the last 12	months has your o		ial worker helped yo ed?	u get the care an	id services you	
		Always	Most of the time	Sometimes	Not very often	Never	Doesn't apply	Total
What is your		100.0%						100.0%
race/ethnicity?	American Indian or Alaskan Native	80.0%	20.0%					100.0%
	Asian	42.9%	14.3%	14.3%			28.6%	100.0%
	Black or African American (non-Hispanic)	45.8%	25.4%	11.9%	5.1%	6.8%	5.1%	100.0%
	Hispanic	64.3%	21.4%	4.8%	4.8%	2.4%	2.4%	100.0%
	White or Caucasian (non- Hispanic)	45.6%	21.1%	7.0%	8.8%	5.3%	12.3%	100.0%
	Native Hawaiian/Other Pacific Islander	66.7%	33.3%					100.0%
	Multi-racial	22.2%	44.4%	11.1%	11.1%		11.1%	100.0%
Total		50.3%	23.5%	8.2%	6.0%	4.4%	7.7%	100.0%

Over the last 12 months has your case manager/social worker helped you with referrals for services you were in need of?							
Response	Frequency	Valid Percent					
Always	94	51.4					
Most of the time	36	19.7					
Sometimes	25	13.7					
Not very often	9	4.9					
Never	9	4.9					
Doesn't apply	10	5.5					
Total	183	100.0					

This question varied across the board with race/ethnicity. The Asian population and multi-racial respondents reported that they didn't receive the referrals they needed at 14.3% and 11.1% respectively. Again the American Indian, Hispanic, and Native Hawaiian populations indicated "Always" the majority of the time.

What is your race/ethnicity? * Over the last 12 months has your case manager/social workder helped you with referrals for services you were in need of? Crosstabulation % within What is your race/ethnicity?

		Over the last 12 months has your case manager/social workder helped you with referrals for services you were in need of?						
	Î	Always	Most of the time	Sometimes	Not very often	Never	Doesn't apply	Total
What is your		100.0%						100.0%
race/ethnicity?	American Indian or Alaskan Native	So.0%	20.0%					100.0%
	Asian	42.9%	14.3%	14.3%		14.3%	14.3%	100.0%
	Black or African American (non-Hispanic)	40.0%	25.0%	18.3%	6.7%	6.7%	3.3%	100.0%
	Hispanic	65.9%	17.1%	7.3%	7.3%		2.4%	100.0%
	White or Caucasian (non- Hispanic)	51.8%	16.1%	14.3%	3.6%	5.4%	8.9%	100.0%
	Native Hawaiian/Other Pacific Islander	75.0%	25.0%					100.0%
	Multi-racial	33.3%	22.2%	22.2%		11.1%	11.1%	100.0%
Total		51.4%	19.7%	13.7%	4.9%	4.9%	5.5%	100.0%

Just 65% of respondents indicated that their case manager/social worker had discussed with them a plan of care. The Asian, Black non-Hispanic and White non-Hispanic populations indicated "Never" more often that other groups.

Over the last 12 months during your case management appointments has your case manager/social worker sat down with you and discussed an overall plan for your care and treatment-care plan?								
Response Frequency Valid Percent								
Always	83	45.1						
Most of the time	37	20.0						
Sometimes	27	14.7						
Not very often	16	8.7						
Never	9	4.9						
Doesn't apply	12	6.5						
Total	184	100.0						

What is your race/ethnicity? * Over the last 12 months during your case management appointments has your case manager/social worker sat down with you and discussed an overall plan for your care and treatment-care plan? Crosstabulation

% within What is your race/ethnicity?

77		Over the last 12 months during your case management appointments has your case manager/social worker sat down with you and discussed an overall plan for your care and treatment-care plan?						
		Always	Most of the time	Sometimes	Not very often	Never	Doesn't apply	Total
What is your		100.0%						100.0%
race/ethnicity?	American Indian or Alaskan Native	60.0%	20.0%		20.0%			100.0%
	Asian	28.6%	42.9%			143%	143%	100.0%
	Black or African American (non-Hispanic)	35.0%	20.0%	23.3%	8.3%	8.3%	5.0%	100.0%
	Hispanic	58.5%	32.7%	2.4%	4.9%		2.4%	100,0%
	White or Caucasian (non- Hispanic)	45.6%	10.5%	17.5%	10.5%	5.3%	10.5%	100.0%
P	Native Hawaiian/Other Pacific Islander	75.0%		25.0%				100.0%
	Multi-racial	33.3%	22.2%	11.1%	22.2%		11.1%	100.0%
Total	50.500 A 50	45.1%	20.1%	147%	8.7%	49%	6.5%	100.0%

"Always" was indicated at a very high rate on this question, staff are ensuring discussion on the very important topic of maintaining adherence to medical care which consequently can lead to an overall decrease in community viral load.

Over the last 12 months has your case manager/social worker talked to you about your HIV medical care and the importance of keeping your doctor appointments?

TI							
Response	Frequency	Valid Percent					
Always	93	53.6					
Most of the time	39	21.3					
Sometimes	18	9.8					
Not very often	10	5.5					
Never	8	4.4					
Doesn't apply	10	5.5					
Total	183	100.0					

What is your race/ethnicity? * Over the last 12 months has your case manager/social worker talked to you about your HIV medical care and the importance of keeping your doctor appointments? Crosstabulation

% within What is your race/ethnicity?

		Over the last 12 months has your case manager/social worker talked to you about your HIV medical care and the importance of keeping your doctor appointments?						
		Always	Most of the time	Sometimes	Not very often	Never	Doesn't apply	Total
What is your		100.0%						100.0%
race/ethnicity?	American Indian or Alaskan Native	So.0%			20.0%			100.0%
	Asian	28.6%	42.9%	143%		143%		100.0%
	Black or African American (non-Hispanic)	43.3%	28.3%	10.0%	8.3%	6.7%	3.3%	100.0%
	Hispanic	72.5%	12.5%	7.5%	5.0%		2.5%	100.0%
	White or Caucasian (non- Hispanic)	52.6%	19.3%	12.3%	1.5%	3.5%	10.5%	100.0%
	Native Hawaiian/Other Pacific Islander	50.0%	25.0%		25.0%			100.0%
	Multi-racial	44.4%	22.2%	11.1%		11.1%	11.1%	100.0%
Total		53.6%	21.3%	9.8%	5.5%	4.4%	5.5%	100.0%

Over 25% of the Native Hawaiian /Pacific Islander population reported their case manager/social worker "Never" discussed their HIV medication with them. The majority of medication teaching in the TGA is done through educational groups such as Club Med Box. Referrals to these classes and correlation with this question will be tracked in subsequent reports.

What is your race/ethnicity? * Over the last 12 months had your case manager/social workder talked to you about your HIV medication and the importance of taking your medications as prescribed by your doctor? Crosstabulation

% within What is your race/ethnicity?

		Over the last 12 months had your case manager/social workder talked to you about your HIV medication and the importance of taking your medications as prescribed by your doctor?						
		Always	Most of the time	Sometimes	Not very often	Never	Doesn't apply	Total
What is your		100.0%						100.0%
race/ethnicity?	American Indian or Alaskan Native	80.0%		20.0%				100.0%
	Asian	42.9%	42.9%				14.3%	100.0%
	Black or African American (non- Hispanic)	48.3%	19.0%	12.1%	8.6%	6.9%	5.2%	100.0%
	Hispanic	60.0%	27.5%	7.5%	2.5%		2.5%	100.0%
	White or Caucasian (non-Hispanic)	47-4%	21.1%	12.3%	1.8%	3.5%	14.0%	100.0%
	Native Hawaiian/Other Pacific Islander	25.0%	50.0%			25.0%		100.0%
	Multi-racial	55.6%		33.3%			11.1%	100.0%
Total		51.4%	21.5%	11.6%	3.9%	3.9%	7.7%	100.0%

Over the last 12 months has your case manager/social worker talked to you about your HIV medication and the importance of taking your medication as prescribed by your doctor?							
Response	Frequency	Valid Percent					
Always	93	51.4					
Most of the time	39	21.5					
Sometimes	21	11.6					
Not very often	7	3.9					
Never	7	3.9					
Doesn't apply	14	7.7					
Total	181	100.0					

When asked about the discussion and improvement of difficult situations answers varied greatly. The American Indian, Hispanic, and Native Hawaiian populations indicated "Always" at far higher rates than other populations.

Over the last 12 months do you feel that your case manager/social worker has helped you improve the problems, feelings, or situations that you talk to them about?

Response	Frequency	Valid Percent		
Always	75	41.0		
Most of the time	52	28.4		
Sometimes	23	12.6		
Not very often	7	3.8		
Never	10	5.5		
Doesn't apply	16	8.7		
Total	183	100.0		

What is your race/ethnicity? * Over the last 12 months do you feel that your case manager/social workder has helped you improve the problems, feelings, or situatiosn that you talk to them about? Crosstabulation

% within What is your race/ethnicity?

		Over the last 12 months do you feel that your case manager/social workder has helped you improve the problems, feelings, or situatiosn that you talk to them about?						
		Always	Most of the time	Sometimes	Not very often	Never	Doesn't apply	Total
What is your	*	100.0%						100.0%
race/ethnicity?	American Indian or Alaskan Native	60.0%	40.0%					100.0%
	Asian	28.6%	28.6%	14.3%		14.3%	14.3%	100.0%
	Black or African American (non-Hispanic)	33.3%	28.3%	18.3%	3.3%	8.3%	8.3%	100.0%
	Hispanic	52.5%	32.5%	2.5%	5.0%	5.0%	2.5%	100.0%
	White or Caucasian (non- Hispanic)	38.6%	26.3%	14.0%	5.3%	3.5%	12.3%	100.0%
	Native Hawaiian/Other Pacific Islander	75.0%	25.0%					100.0%
	Multi-racial	33.3%	22.2%	22.2%			22.2%	100.0%
Total		41.0%	28.4%	12.6%	3.8%	5.5%	8.7%	100.0%

When assessing the overall level of satisfaction with this service 80.9% indicated a very high level of satisfaction which far exceeds the goal of 75%. Further analysis by race/ethnicity follows in the chart below.

Overall, how satisfied are you with the services you received from community case managers and social workers for you HIV/AIDS status over the last 12 months? Response **Valid Percent** Frequency Very Satisfied 82 44.8 Satisfied 66 36.1 Not Satisfied 10 5.5 8 Very Unsatisfied 4.4 Doesn't Apply 17 9.3 Total 183 100.0

What is your race/ethnicity? * Overall, how satisfied are you with the services you received from community case managers and social workers for your HIV/AIDS status over the last 12 months? Crosstabulation

% within What is your race/ethnicity?

		Overall, how satisfied are you with the services you received from community case managers and social workers for your HIV/AIDS status over the last 12 months?					
		Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied	Doesn't Apply	Total
What is your	The two that the	100.0%					100.0%
race/ethnicity?	American Indian or Alaskan Native	40.0%	40.0%	20.0%			100.0%
	Asian	28.6%	28.6%	14.3%	14.3%	14.3%	100.0%
	Black or African American (non-Hispanic)	35.6%	441%	8.5%	3.4%	8.5%	100.0%
	Hispanic	58.5%	31.7%	2.4%	4.9%	2.4%	100.0%
	White or Caucasian (non- Hispanic)	45.6%	32.6%	3.5%	3.5%	15.8%	100.0%
	Native Hawaiian/Other Pacific Islander	50.0%	50.0%				100.0%
	Multi-racial	44.4%	33.3%		11.1%	11.1%	100.0%
Total		44.8%	36.1%	5.5%	4.4%	9.3%	100.0%

Medical Nutrition Therapy

Medical nutrition therapy including nutritional supplements is provided by a licensed registered dietitian outside of a primary care visit. The provision of food may be provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietician. Nutritional services and nutritional supplements not provided by a licensed, registered dietician shall be considered a support service. Food not provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietician also shall be considered a support service.

Roughly half of respondents indicated that over the last 12 months they feel their overall health has been improved by nutrition supplements received, that they felt nutrition

therapy helped to minimize symptoms, and that they were satisfied or very satisfied with medical nutrition services they had received. The majority of respondents indicated that they had received lists of food and community resources in the last 12 months.

Do you feel that the nutrition supplements you received, such as Boost or food vouchers, through Medical Nutrition Services over the last 12 months helped improve your overall health?			
Response	Frequency	Valid Percent	
Yes	85	48.0	
No	17	9.6	
Doesn't Apply	75	42.4	
Total	177	100.0	

Do you feel that the nutrition therapy (such as Boost, food vouchers, or meeting with the nutrition therapist) you received through Medical Nutrition Services over the last 12 months helped decrease any symptoms you have that				
are related to you	r HIV/AIDS status?			
Response	Frequency	Valid Percent		
Yes	71	39.2		
No	24	13.3		
Doesn't Apply	86 47.5			
Total	181	100.0		

Overall, how satisfied are you with the medical nutrition services you received over the last 12 months?			
Response	Frequency	Valid Percent	
Very Satisfied	54	29.8	
Satisfied	49	27.0	
Not Satisfied	15	8.3	
Very Unsatisfied	3	1.7	
Doesn't Apply	60	33.1	
Total	184	100.0	

The Asian and Native Hawaiian populations indicated they didn't receive a list of community food resources at a higher rate than other populations. The quality management team will ensure that these are more readily available for all populations at all service locations.

Did you receive a list of community FOOD resources at least once in the last 12 months?			
Response	Frequency	Valid Percent	
Yes	122	67.4	
No	30	16.6	
Doesn't Apply	29	16.0	
Total		100.0	

What is your race/ethnicity? * Did you receive a list of community FOOD resources at least once in the last 12 months? Crosstabulation

% within What is your race/ethnicity?

		Did you receive a list of community FOOD resources at least once in the last 12 months?			
		Yes	No	Doesn't Apply	Total
What is your				100.0%	100.0%
race/ethnicity?	American Indian or Alaskan Native	80.0%		20.0%	100.0%
	Asian	42.9%	28.6%	28.6%	100.0%
	Black or African American (non-Hispanic)	62.7%	18.6%	18.6%	100.0%
	Hispanic	65.9%	22.0%	12.2%	100.0%
	White or Caucasian (non- Hispanic)	78.6%	8.9%	12.5%	100.0%
	Native Hawaiian/Other Pacific Islander	66.7%	33.3%		100.0%
	Multi-racial	55.6%	22.2%	22.2%	100.0%
Total		67.4%	16.6%	16.0%	100.0%

Again when asked about a community resources list over half of the Asian population indicated they hadn't received one. As with the food resource list this will be more readily available at all service locations.

Did you receive a list of other COMMUNITY RESOURCES (financial assistance, housing, or food etc.) at least once in the last 12 months?			
Response Frequency Valid Percent			
Yes	118	65.2	
No	42	23.2	
Doesn't Apply	21	11.6	
Total	185	100.0	

What is your race/ethnicity? * Did you receive a list of other Community Resources (financial assistance, housing, or food, etc.) at least once in the last 12 months? Crosstabulation

% within What is your race/ethnicity?

		Did you receive a list of other Community Resources (financial assistance, housing, or food, etc.) at least once in the last 12 months?			
		Yes	No	Doesn't Apply	Total
What is your	~ ~			100.0%	100.0%
race/ethnicity?	American Indian or Alaskan Native	100.0%			100.0%
	Asian	28.6%	57.1%	14.3%	100.0%
	Black or African American (non-Hispanic)	61.0%	30.5%	8.5%	100.0%
	Hispanic	61.0%	31.7%	7.3%	100.0%
	White or Caucasian (non- Hispanic)	72.7%	12.7%	14.5%	100.0%
	Native Hawaiian/Other Pacific Islander	100.0%			100.0%
	Multi-racial	66.7%		33.3%	100.0%
Total		65.2%	23.2%	11.6%	100.0%

Health Insurance Premium and Cost Sharing Assistance

Health insurance premium and cost sharing assistance is the provision of financial assistance for eligible individuals living with HIV to maintain continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.

The majority of respondents indicated being satisfied or very satisfied with the health insurance premium assistance they received.

Overall, how satisfied are you with the assistance you received with your health insurance and insurance related issues over the last 12 months through the Ryan White Program?			
Response	Frequency	Valid Percent	
Very Satisfied	74	40.2	
Satisfied	72	39.1	
Not Satisfied	11	6.0	
Very Unsatisfied	5	2.7	
Doesn't Apply	22	12.0	
Total	185	100.0	

Mental Health Services

Mental health services are psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness. They are conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

The majority of respondents indicated being satisfied or very satisfied with mental health services.

Overall, how satisfied are you with the Mental Health Services (including group sessions) you received over the last 12 months through the Ryan White Program?			
Response	Frequency	Valid Percent	
Very Satisfied	56	30.4	
Satisfied	45	24.5	
Not Satisfied	14	7.6	
Very Unsatisfied	5	2.7	
Doesn't Apply	64	34.8	
Total	184	100.0	

Substance Abuse Outpatient Services

Substance abuse services (outpatient) are medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting by a physician or under the supervision of a physician, or by other qualified personnel.

The majority of respondents didn't utilize this service but according to those that did, over 40% were satisfied or very satisfied with the services they received.

Overall, how satisfied are you with the Substance Use Services (including group sessions) you received over the last 12 months through the Ryan White Program?			
Response	Frequency	Valid Percent	
Very Satisfied	40	22.0	
Satisfied	33	18.1	
Not Satisfied	11	6.0	

Very Unsatisfied	2	1.1
Doesn't Apply	96	52.7
Total	182	100.0

Linguistics Services

Linguistics services include interpretation and translation services, both oral and written. This isn't a specific service that was funded in the TGA during grant year 2013-2014 however all agencies are required to provide "culturally and linguistically appropriate care" per their contract. While many didn't require assistance in this area the majority was satisfied or very satisfied with the services they received.

Overall, how satisfied are you with the language and interpretation services you received in the last 12 months through the Ryan White program?				
Response	Frequency	Valid Percent		
Very Satisfied	46	25.3		
Satisfied	44	24.2		
Not Satisfied	3	1.6		
Very Unsatisfied	6	3.3		
Doesn't Apply	83	45.6		
Total	182	100.0		

Referrals

Respondents were asked, "Over the last 12 months do you feel you were able to get referrals for the services you needed when you needed them?"

The majority of respondents indicated that they were able to get referrals for needed services always or most of the time.

Over the last 12 months do you feel that you were able to get referrals for the services you needed when you needed them?					
Response Frequency Valid Percent					
Always	74	40.4			
Most of the time	50	27.3			
Sometimes	31	16.9			

Not very often	5	2.7
Never	5	2.7
Doesn't apply	18	9.8
Total	183	100.0

Overall Service Delivery System

Respondents were asked to rate their overall level of satisfaction with the quality of care and services, 85.5% indicated a very high level of satisfaction.

Overall, how satisfied are you with the quality of care and services you received for your HIV/AIDS status over the last 12 months?							
Response Frequency Valid Percent							
Very Satisfied	73	40.8					
Satisfied	80	44.7					
Not Satisfied	10	5.6					
Very Unsatisfied	8	4.5					
Doesn't Apply	8	4.5					
Total 179 100.0							

Barriers to Care

Respondents were asked a variety of questions regarding things that prevent them from accessing services in the areas of knowledge, attitude, cultural issues, access/cost, provider issues, and system issues. The following table breaks down their responses. Barriers indicating that 30% or more of respondents felt it was preventing them from care are highlighted. Those responses are concentrated in the areas of knowledge, attitude/stigma, access/cost, and system issues.

Over the last 12 months have any of the following been challenges or prevented you from accessing HIV/AIDS medical and/or services?						
Yes No						
KNOWLEDGE						
Not knowing HIV/AIDS services existed	27.8%	72.2%				
Not knowing that HIV/AIDS services were available to me	31.5%	68.5%				
Not knowing the locations of the organizations providing HIV/AIDS services	30.7%	69.3%				

Not knowing what services I needed to deal with HIV/AIDS	31.1%	68.9%
ATTITUDE/STIGMA		
I was too upset to think about getting help	20.3%	79.7%
I was in denial about my HIV/AIDS diagnosis	18.3%	81.7%
I was worried about other people finding out I have HIV/AIDS	33.0%	67.0%
I was afraid of how I would be treated	33.3%	66.7%
I am not a US citizen and was afraid I would be reported to the authorities	14.0%	86.0%
CULTURAL ISSUES		
I couldn't find someone to speak my language	8.0%	92.0%
My doctor or medical provider doesn't understand my culture	12.9%	87.1%
In my culture we don't go to the doctor	12.8%	87.2%
ACCESS/COST		
I didn't know where to go or who to ask for help	19.3%	80.7%
The hours they are open don't work with my schedule	17.5%	82.5%
I didn't have transportation to get to medical/support service appointments	27.8%	72.2%
I had to wait too long to get an appointment	25.6%	74.4%
I couldn't afford the services	27.5%	72.5%
I didn't have insurance	31.3%	68.7%
I couldn't qualify for services because of my income	24.4%	75.6%
Services aren't located near my home	24.9%	75.1%
I had insurance but it didn't cover all of the cost of services I needed	21.9%	78.1%
I didn't have child care so I couldn't attend an appointment	13.4%	86.6%
The provider said the service ran out of money	19.0%	81.0%
PROVIDER ISSUES		
No one was willing to answer my questions or explain things to me	12.4%	87.6%
That provider didn't have staff that speak my language	13.4%	86.6%
The staff providing services were not polite and not helpful	17.3%	82.7%
I didn't feel like the provider really understood what I needed	15.8%	84.2%

SYSTEM ISSUES		
The system of care was too hard to navigate	16.8%	83.2%
I couldn't get referrals for the services that I needed	21.2%	78.8%
The services that were supposedly available weren't when I tried to access them	23.2%	76.8%
The service I needed was not available	20.8%	79.2%
Each place I called for help told me to call someone else	19.1%	80.9%
They told me I don't qualify for services	22.6%	77.4%
Unable to complete eligibility application	12.4%	87.6%

The overall top five barriers for all participants were:

- 1. I was afraid of how I would be treated-33.3%
- 2. I was worried about other people finding out I have HIV/AIDS-33.0%
- 3. Not knowing that HIV/AIDS services were available to me-31.5%
- 4. I didn't have insurance-31.3%
- 5. Not knowing what services I needed to deal with HIV/AIDS-31.1%

Barriers by Population

To provide further insight into barriers by specific populations cross-tabulations were performed. They have been broken down by race/ethnicity, risk factor, and gender.

Hispanic Population

- Knowledge
 - o Not knowing what services existed
 - Not knowing what services were available to me
 - Not knowing what services I needed to deal with my HIV/AIDS status
- Attitude/Stigma
 - o I was too upset to think about getting help
 - o I was worried that other people would find out I have HIV/AIDS
 - o I was afraid of how I would be treated
 - o I'm not a US citizen and I was afraid I would be reported to the authorities
- Cultural Issues
 - My doctor or medical provider doesn't understand my culture
 - In my culture we don't go to the doctor
 - o I didn't know where to go or who to ask for help

Access/Cost

I don't have insurance

Black Population

Knowledge

- Not knowing the location of the organizations that provide HIV/AIDS services
- Not knowing what services I needed to deal with my HIV/AIDS status

Attitude/Stigma

- I was too upset to think about getting help
- o I was in denial about my diagnosis
- o I was worried that other people would find out I have HIV/AIDS
- I was afraid of how I would be treated

Access/Cost

- o I had to wait too long to get an appointment
- I couldn't afford services
- I don't have insurance

System Issues

- I couldn't get referrals for the services I needed
- The services that were supposedly available weren't when I tried to access them

Heterosexual Contact

- Knowledge
 - Not knowing HIV/AIDS services existed
 - Not know that HIV/AIDS services were available to me
 - Not knowing the locations of organizations providing HIV/AIDS services

Attitude/Stigma

- I was worried about other people finding out I have HIV/AIDS
- o I was afraid of how I would be treated
- o I didn't know where to go or who to ask for help

Access/Cost

 I didn't have transportation to go to medical/support services appointments

MSM

Access/Cost

- o I had to wait too long to get an appointment
- o I couldn't afford services

I didn't have insurance

Male

Knowledge

- Not knowing HIV/AIDS services existed
- Not knowing that HIV/AIDS services were available to me
- Not knowing the locations of the organizations providing HIV/AIDS services
- Not knowing what services I needed to deal with my HIV/AIDS status

Attitude/Stigma

- o I was worried about other people finding out I have HIV/AIDS
- o I was afraid of how I would be treated

Access/Cost

- o I had to wait too long to get an appointment
- I couldn't afford the services
- o I didn't have insurance

Female

Knowledge

- o Not knowing that HIV/AIDS services were available to me
- Not know the locations of the organizations providing HIV/AIDS services

Attitude/Stigma

- o I was worried about other people finding out I have HIV/AIDS
- o I was afraid of how I would be treated

Access/Cost

- I didn't have transportation to get to medical/support service appointments
- o I didn't have insurance

• System Issues

- The system was too hard to navigate
- I couldn't get referrals for the services I needed

Transgender

Knowledge

- Not knowing that HIV/AIDS services were available to me
- Not knowing what services I needed to deal with my HIV/AIDS status

 Not knowing the locations of the organizations providing HIV/AIDS services

Cultural Issues

- My doctor or medical provider doesn't understand my culture
- o In my culture we don't go to the doctor

Access/Cost

- I didn't have transportation to get to medical/support service appointments
- o I didn't have insurance

• Provider Issues

- o No one was willing to answer my questions or explain things to me
- o The staff providing services were not polite and not helpful

• System Issues

- The system was too hard to navigate
- They told me I don't qualify for services

Most Important Services to Clients

Clients were asked, "Think about the most important services that you currently need and use. Of the list of services below please check ONLY 10 that are the most important to you for your HIV/AIDS status?"

This is a very informative tool for the Planning Council as they each year set service priorities in the community. Client perspective data is imperative in this process.

Think about the most important services that you currently need and use. Of the
list of services below please check only 10 that are the most important to you for
your HIV/AIDS status.

Service Category	Percentage	Numerical Ranking
HIV/AIDS Medical Care (including doctor visits and labs-CD4 and Viral Load)	84.3%	1
Oral Health Care (Dental Care)	75.7%	2
HIV/AIDS Medication	74.6%	3
Food Bank/Food Vouchers	71.9%	4
Emergency Financial Assistance (with utilities and housing)	58.9%	5

Transportation	58.9%	5
Housing Assistance (short term assistance with housing or referrals for available housing)	55.7%	6
Case Management	49.2%	7
Medical Nutrition Therapy (nutrition supplements, Boost, meeting with a registered dietitian)	43.2%	8
Health Insurance Premium and Cost Sharing Assistance (Assistance with health insurance and insurance related issues including co-payments and premiums)	42.7%	9
Mental Health Services	42.7%	9
Legal Services (do not resuscitate orders, discrimination or breach of confidentiality)	16.2%	10
Child Care Services	12.4%	11
Substance Abuse Services	9.2%	12
Interpretation and/or language translation services	7.6%	13

Qualitative Comments from Surveys

Respondents were provided with a qualitative comments section at the end of the survey. Their responses are as follows:

- "Having North Country handle the case management has been so wonderful. Debra, Tammy, Inez are so wonderful and polite."
- "HOPWA funds should be applied to both rent and mortgages equally."
- "Thank you!"
- "The wait is too long to see a case worker, usually 4 weeks."
- "Antioco and AFAN are great for 13 years now."

- "I believe the particular case manager you have has a lot to do with the obstacles I'm facing and bring kept in the dark about referral services. Luckily I just received a much better one and I think this year will be a lot more satisfied with the care I receive."
- "Recently released from prison-no resources available to me as yet. Fed custody still in effect. Halfway house supposed to pay but won't."
- "I believe improvement can be made by searching the Spanish community thus preventing the spread of HIV awareness is key."
- "AFAN has been great to me, case workers Karina Ponce and Antioco."
- "Would like to help with finding a job or training."
- "I think in the Ryan White program they should offer more than they do people need help with certain thing rather than have income or not its tuff for everyone really what we living with."
- "Please don't limit the help for undocumented people."
- "It's very hard getting referrals to the right physician."
- "I have a job and medical insurance but I need help paying for bloodwork."
- "Too many ryan white update locations. Case management doesn't remind or call for updates. Too much redundant information."
- "None at the time, thank you."
- "Thank you so much for your help."
- "I thank all of you for your help.
- "Action Red (Jim is the man) and Ryan White is great."
- "Action Red (Jim is awesome) Ryan White Part A is great."
- "Without the direction and follow-up with Nye County case worker, Anita and staff. Food bank, gas vouchers, trips to Las Vegas for doctor's appointments."
- "In mental health, the Dr. Lisowski cut all medication with no care for the side effects."

- "Ryan White is great."
- "Doris and AFAN have been super helpful over the past month helping me with my current hardship."
- "Very informative and helpful, would like to have again in the future."
- "I moved to Nevada about 6 months ago and to get into the system was hard and way too long and too many appointments."
- "Since North Country has taken over Ryan White we barely hear from them at all, and I was told we could get help with gas assistance to go to support groups and have not heard back from them since October 2013 and have asked for the assistance also received no help at all with ADAP and Ryan White recertification."
- "Just that the change over with service providers here in LHC has not been a smooth transition. It is still not and had been almost a year."
- "Since changing to North Country things seem to be a little easier to talk to someone in person. Great job."
- "Need more funding for mental health."
- "I've been with you for 12 years for the most part your all A-ok- thank you from Mohave County."
- "There is no support group in Havasu, we need one."

COMPARATIVE ANALYSIS

The following is a brief comparative analysis of responses from the consumer surveys since 2009 in the Las Vegas TGA.

Most Important Services

In each consumer survey conducted since 2009 years respondents were asked to consider the most important services that they currently need and use. Medical care has been number one all five years in a row followed closely by HIV/AIDS medication, food bank/vouchers, and dental/oral health care.

Think about the most important services that you currently need and use. Of the list of services below please check only 10 that are the most important to you for your HIV/AIDS status.

Service Category	2014 Ranking	2013 Ranking	2012 Ranking	2011 Ranking	2010 Ranking	2009 Ranking
HIV/AIDS Medical Care (including doctor visits and labs-CD4 and Viral Load)	1	1	1	1	1	1
HIV/AIDS Medication	3	2	2	2	3	2
Food Bank/Food Vouchers	4	3	4	3	6	6
Dental Care/Oral Care	2	4	3	5	2	3
Emergency Financial Assistance (with utilities and housing)	5	5	5	6	4	8
Access to Medication	3	6				
Transportation	5	7	6	4	4	11
Assistance with health insurance and insurance related issues	9	8	9	7	8	5
Case Management	7	9	7	10		12
Housing Assistance (short term assistance with housing or referrals for available housing)	6	10	10	8		9
Mental Health Services	9	11	9	11	9	7
Health Insurance Co-Payments and Premiums	9	12				
Medical Nutrition Therapy (nutrition supplements, Boost, meeting with a registered dietician)	8	13	8	9	10	10
Legal Services (do not resuscitate orders, discrimination or breach of confidentiality)	10	14	11	12		14
Substance Abuse Services	12	15	13	13		13
Child Care Services	11	16	12	14		20
Interpretation and/or language translation services	13	17	14	15		19

Referrals for Health Care/ Support Services				16
HIV Testing			7	4
			/	4
Rehabilitation Services				17
Substance Abuse-Residential				18

Barriers to Care

Respondents were also asked to indicate their major barriers to accessing care from the list provided. Increased reporting of specific barriers from last year to this year can be found in all areas except knowledge. Decreased reporting of barriers was noted in the areas of knowledge, access and cost, provider issues, and system issues.

Over the last 12 months have any of the following been challenges or prevented you from accessing HIV/AIDS medical and/or services?					
	Barrier	Barrier	Barrier	Barrier	Barrier
	2014	2013	2012	2011	2010
KNOWLEDGE					
Not knowing HIV/AIDS services existed	27.8%	31.3%	32%	23%	39%
Not knowing that HIV/AIDS services were available to me	31.5%	34.8%	37%	23%	35%
Not knowing the locations of the organizations providing HIV/AIDS services	30.7%	34.2%	37%	23%	32%
Not knowing what services I needed to deal with HIV/AIDS	31.1%	32.6%	35%	24%	31%
ATTITUDE/STIGMA					
I was too upset to think about getting help	20.3%	28.8%	24%	22%	25%
I was in denial about my HIV/AIDS diagnosis	18.3%	24.8%	19%	22%	20%
I was worried about other people finding out I have HIV/AIDS	33.0%	38.3%	36%	30%	27%
I was afraid of how I would be treated	33.3%	35.7%	32%	27%	27%

I am not a US citizen and was afraid I would be reported to the authorities	14.0%	17.9%	12%	14%	27%
CULTURAL ISSUES					
I couldn't find someone to speak my language	8.0%	15.1%	10%	13%	16%
My doctor or medical provider doesn't understand my culture	12.9%	16.0%	15%	16%	14%
In my culture we don't go to the doctor	12.8%	19.6%	14%	15%	11%
ACCESS/COST					
I didn't know where to go or who to ask for help	19.3%	25.8%	21%	20%	29%
The hours they are open don't work with my schedule	17.5%	22.2%	20%	16%	18%
I didn't have transportation to get to medical/support service appointments	27.8%	28.8%	27%	25%	25%
I had to wait too long to get an appointment	25.6%	25.8%	33%	24%	22%
I couldn't afford the services	27.5%	25.9%	22%	26%	23%
I didn't have insurance	31.3%	30.7%	25%	28%	26%
I couldn't qualify for services because of my income	24.4%	27.3%	27%	22%	21%
Services aren't located near my home	24.9%	28.3%	30%	20%	20%
I had insurance but it didn't cover all of the cost of services I needed	21.9%	26.9%	25%	20%	18%
I didn't have child care so I couldn't attend an appointment	13.4%	18.1%	13%	15%	13%
The provider said the service ran out of money	19.0%	30.8%	25%	21%	22%
PROVIDER ISSUES					
No one was willing to answer my questions or explain things to me	12.4%	24.9%	19%	20%	21%
That provider didn't have staff that speak my language	13.4%	20.8%	15%	16%	14%

The staff providing services were not polite and not helpful	17.3%	25.0%	24%	20%	17%
I didn't feel like the provider really understood what I needed	15.8%	23.5%	27%	21%	20%
SYSTEM ISSUES					
The system of care was too hard to navigate	16.8%	24.8%	39%	23%	20%
I couldn't get referrals for the services that I needed	21.2%	27.2%	30%	22%	19%
The services that were supposedly available weren't when I tried to access them	23.2%	30.7%			
The service I needed was not available	20.8%	29.8%	30%	22%	23%
Each place I called for help told me to call someone else	19.1%	31.6%	29%	23%	22%
They told me I don't qualify for services	22.6%	26.3%	27%	22%	18%
Unable to complete eligibility application	12.4%	16.0%			

FOCUS GROUPS

Six focus groups were held; four in Clark County/Las Vegas Area, one in Nye County and one in Mohave County Arizona. Of the four groups held in Clark County/Las Vegas there was one women's group, one MSM group, one for minority men, and one for White men. The Nye County and Mohave County groups were for the clients residing in those respective counties.

Tuesday, February 25, 2014 11am Women's Group

- 1. What are the 5 most important services to you that help you manage your HIV/AIDS Diagnosis?
 - a. Medication
 - b. Transportation
 - c. Education (lunch and learns and other educational classes)
 - d. Rental and utility assistance
 - e. Nutrition services
 - f. Case Management

2. What services are you most satisfied and least satisfied with in the current system of care and why?

MOST

Services are good and helpful.

We can get in right away.

They provide good referrals for things we can't get at AFAN.

Can get help with bills and rent.

Thank God for services.

The social workers are great.

I want to get more women involved in doing things. Women, sisters and daughters class is so good.

Like the new director at AFAN.

Like vitamins and boost when we can get it.

Club med box, helped me to understand why I need to take my medication. I didn't think it was a big deal but I went to that class and now I take it every day.

Bus passes.

Christmas presents that AFAN gave us for our kids and grandkids. My grandkids had a beautiful Christmas because of them.

LEAST

Can't get Boost more often, would like it to be easier to get Boost.

3. Are there any barriers that you have experienced while trying to access services in your community?

None

4. If you could change one thing in the HIV/AIDS system of care what would it be?

Would like to see more medical clinics and choices for medical care.

Have to wait too long at Wellness center for medical appointments and waiting in the office. Sometimes takes 2 hours just to see the doctor.

Front desk at Wellness center is getting better. They are nice.

Wait time at UNLV is 3 months to get an appointment right now. To see the dentist it takes 5 hours.

5. Are there any services you need but can't get or aren't offered in your area?

Would like to receive Smiths vouchers like the used to. Can't get hygiene products at the food pantry and with vouchers we can buy mops, cleaning products and hygiene products.

6. Do you ever miss appointments? If so, what are the reasons you miss appointments?

Bus pass issues, we need more bus passes.

7. Do you know about the current health care law requirements for insurance and have you applied for Medicaid or purchased private insurance?

Have applied with a case manager or navigator in December but haven't heard back.

Already on Medicaid.

From another country and awaiting her green card.

Tuesday, February 25, 2014 12:30pm MSM Group

- 1. What are the 5 most important services to you that help you manage your HIV/AIDS Diagnosis?
 - a. Medical care
 - b. Support groups
 - c. Housing assistance
 - d. Transportation assistance
 - e. Food vouchers/nutritionist
- 2. What services are you most satisfied and least satisfied with in the current system of care and why?

MOST

ADAP

Nutrition but can't get Boost and feels like they need it.

LEAST

Services are complicated and it's hard to know who offers what.

AFAN has steered away from their mission statement and is no longer client focused.

Lack of communication from AFAN staff, hard to get a return phone call about dental referrals.

Don't feel that they assist clients the way they should.

Would like reminders about eligibility appointments. Can't keep them all straight.

Would like services to be more personable and less forced.

Wait times for services. Sitting in the lobby for too long when they showed up on time. To medical appointments and case management appointments.

Front desk staff should be required to take congeniality classes.

Some staff makes you feel like you have Leprosy.

The order of the phone tree at AFAN lets you know they aren't client centered.

Needs more leeway with documentation on eligibility paperwork. Couldn't provide one document within 30 days so had to restart the entire process.

Takes 15-20 minutes to complete eligibility at Access to Healthcare and 3 hours to complete it at AFAN.

Feels like some staff pick and choose who they will provide the most help to based on some sort of criteria.

Feels like a welfare culture and we want to be treated like people want to help us.

3. Are there any barriers that you have experienced while trying to access services in your community?

Scheduling, sometimes it takes weeks to get an appointment.

Weather with transportations makes it difficult.

Inequality when receiving services, some people get more than others.

Gas vouchers are only good more work, not medical appointments.

Documentation of bus passes. Turning them in is a burden and it's all done at the front desk before the next person is helped so you have to wait.

Bus passes are withheld if meetings are at an unfavorable place.

4. If you could change one thing in the HIV/AIDS system of care what would it be? Consolidation. Consolidation of paperwork, location/proximity of services, documentation.

Consistent compassion.

Remove the gate keeper so you can get in touch with your case manager.

- 5. Are there any services you need but can't get or aren't offered in your area? Dental care. UNLV is a 3 month wait.
 - 6. Do you ever miss appointments? If so, what are the reasons you miss appointments?

Hospitalization.

Full time job to keep it all straight on where you need to go for what and when. There are too many places to go to keep up with A, B and C.

7. Do you know about the current health care law requirements for insurance and have you applied for Medicaid or purchased private insurance?

On VA for medical.

Applied but haven't received an answer.

On Medicare.

Tuesday, February 25, 2014 2:00pm Minority Men Group

- 1. What are the 5 most important services to you that help you manage your HIV/AIDS Diagnosis?
 - a. Housing
 - b. Medication
 - c. Medical Care
 - d. Transportation
 - e. Food vouchers/pantry
- 2. What services are you most satisfied and least satisfied with in the current system of care and why?

MOST

ST. Therese food pantry. They have lots of good stuff and they are nice and helpful.

Help of Southern Nevada.

Access to Healthcare staff is nice and helpful.

Eligibility at Wellness is straight forward and she does a good job.

Picking up meds at Wallgreens.

LEAST

Rude and impersonal service from case managers.

It's a full time job trying to find the services you need and keep up with eligibility.

So much red tape.

Dropped out of medical care because there is so much red tape and it takes too long to get an appointment.

Preferred it when all the services were together in one spot.

3. Are there any barriers that you have experienced while trying to access services in your community?

Transportation.

Employees are mean.

Location of providers isn't convenient anymore.

Water, all agencies should offer you water.

4. If you could change one thing in the HIV/AIDS system of care what would it be?

The agencies on Almond Tree are too out in the open. People can see you walking to them and it's not private enough.

Paperwork, too much of it and too redundant.

Hard to get a call back from case managers. They should be checking on clients more often to see if we are ok or need help.

5. Are there any services you need but can't get or aren't offered in your area?

Get more housing options and availability. The housing rules are too strict.

Should have more groups for younger people on how to deal with HIV and what to do next.

Need more testing options. No one wants to go into the health district to get tested, it's too open and everyone will know why you're there.

6. Do you ever miss appointments? If so, what are the reasons you miss appointments?

Yes for transportation issues or if the weather is bad.

Sometimes we forget because there are too many of them with all the different parts.

7. Do you know about the current health care law requirements for insurance and have you applied for Medicaid or purchased private insurance?

Have applied but haven't heard back.

Tuesday, February 25, 2014 3:30pm White Men Group

- 1. What are the 5 most important services to you that help you manage your HIV/AIDS Diagnosis?
 - a. Case management
 - b. Nutrition
 - c. Food bank
 - d. Medical
- 2. What services are you most satisfied and least satisfied with in the current system of care and why?

MOST

The staff seems less stressed because there seems to be a decrease in the amount of people that need immediate help. Has lived with HIV for over 20 years and the agencies used to be swarmed with people.

Staff is calm and nice.

LEAST

Nothing.

3. Are there any barriers that you have experienced while trying to access services in your community?

Has anxiety and has several medical issues. Those with extra special needs such as this should be put to the front of the line. There should be more compassion for people that have multiple health problems.

4. If you could change one thing in the HIV/AIDS system of care what would it be?

Would like to know what options there are for clients when they can no longer care for themselves. When we are too sick and we have no one else in our lives to help us where do we go.

5. Are there any services you need but can't get or aren't offered in your area?

Rental assistance. Was over income with motorhome counted as an asset but still was in desperate need of rental assistance for the lot space and couldn't get it.

6. Do you ever miss appointments? If so, what are the reasons you miss appointments?

Medical problems such as bowel and gas issues.

7. Do you know about the current health care law requirements for insurance and have you applied for Medicaid or purchased private insurance?

Currently receives VA benefits.

Wednesday, February 26, 2014 1:00pm Nye County Clients

- What are the 5 most important services to you that help you manage your HIV/AIDS Diagnosis?
 - a. Medical
 - b. Transportation
 - c. Dental
 - d. Case Management
- 2. What services are you most satisfied and least satisfied with in the current system of care and why?

MOST

Staff at Nye County office is great. Really helpful.

LEAST

Too much red tape.

No Doctor in the area.

No services in the area at all except for Case Management.

Waste of time to do all the paperwork over and over for Part A, B, and C.

All of our appointments are scheduled too early in the morning between 9-12 so you have to get up way too early to make it on time.

Too much stigma in Pahrump about people with HIV.

3. Are there any barriers that you have experienced while trying to access services in your community?

The agencies don't communicate about the clients and the services that are available.

Staff needs to have more knowledge of what is available to clients.

Need a directory of services.

Need a list of doctors that take Medicaid.

Medications have side effects, have to eat with the medication. Can't get out of the house early in the morning.

Appointments take up your entire day.

Waste of time to go to the doctor when they could have told you over the phone to keep doing what you're doing.

Hard to keep up with all the paperwork.

Pharmacy runs out of your medication.

4. If you could change one thing in the HIV/AIDS system of care what would it be? Access to everything in Pahrump.

Ongoing prescriptions, don't want to renew and keep filling.

Less paperwork.

Hire HIV+ workers at the agencies.

Make the staff take classes and be interviewed to see if they like their jobs.

Formulary should cover all HIV meds and related medications you need.

One universal computer system will all your HIV related information so doctors across states and eligibility workers can see your information so you don't have to bring paperwork everywhere.

5. Are there any services you need but can't get or aren't offered in your area?

Doctors

Lab work

No MAS card

No HOPWA

6. Do you ever miss appointments? If so, what are the reasons you miss appointments?

Yes. Medication side effects.

Don't feel good.

Can't get from UMC to AHN in 1 hour and appointments are scheduled too close together.

7. Do you know about the current health care law requirements for insurance and have you applied for Medicaid or purchased private insurance?

Yes applied and received cards for everyone that applied with Nye County staff.

One person applied elsewhere and hasn't received word yet on coverage.

Friday, February 28th, 2014 2:00pm Mohave County Clients

- 1. What are the 5 most important services to you that help you manage your HIV/AIDS Diagnosis?
 - a. Medication
 - b. Medical care
 - c. Transportation
 - d. Mental Health
 - e. Nutrition
 - f. Dental
 - g. Eye glasses
 - h. Food cards

2. What services are you most satisfied and least satisfied with in the current system of care and why?

MOST

LEAST

Mental health care. Can't get mental health care.

No support groups in the area.

HOPWA lowered the amount of funding they will give out.

HOPWA won't help with your mortgage.

Providers play favorites. Some people get more services than other.

We don't know what services are available. We hear through our friends what services are available to us not our case managers.

Wait time to see the Nurse Practitioner is over an hour. The Nurse Practitioner is overworked and it's too hard to get an appointment with him. Needs an assistant because prescription refills can't get done fast enough.

No HIV doctor in the area. Want to see an HIV doctor not a Nurse Practitioner.

The pharmacy doesn't stock all the HIV meds that are needed. Have to come FedEx from Phoenix.

Transition from Mohave County to North Country has been very difficult.

Application or recertification packet is too big and they don't fill it out with you or give you any direction. The paperwork also needs to be in bigger print. Can't see the small print.

HOPWA will not pay electric or gas bill.

Case management staff needs more formal training they say "I think" too much.

Inconsistencies among staff as to what is available or processes.

No equality among services provided. Some get more than others.

Planning Council doesn't ever meet in Mohave County. Should have one meeting there per year so clients can address issues with them.

No home health or respite care available.

Ryan white takes too long to pay insurance bills.

They don't tell you what paperwork to bring to the office.

Staff's business cards say HIV/AIDS program on them. It's a unique identified that shouldn't be on there because we have to carry these cards around.

If Ryan White is paying for transportation they should pay for minor car repairs like a battery or new set of tires so clients can continue to access medical care.

3. Are there any barriers that you have experienced while trying to access services in your community?

Stigma. Clinic should have a separate waiting room for HIV patients because they discuss your business through the glass window where everyone can hear. If it's HIV day at the clinic then everyone knows why you're there and people will look at you in the waiting room.

Transportation. Gas cards not advertised.

Hasn't heard back about recent blood work. Doesn't know what to do about her medication regimen as the clinic hasn't returned her phone call in 3 weeks.

Confidentiality breached. HOPWA workers were provided false information about two clients through anonymous phone calls and clients were singled out and made to write letters stating they weren't running businesses or selling prescription drugs from their homes.

Can't get decent mental health care through Mohave Mental Health, still charge \$5 even with Ryan White funds and private insurance.

Has to Skype with mental health therapist in Phoenix and it's very impersonal.

4. If you could change one thing in the HIV/AIDS system of care what would it be? Move it out of the current provider's office. Move it back to the old provider.

Bring an HIV doctor to the area.

Establish a more cohesive HIV infected and affected community that gets together as friends.

More support groups to cultivate relationships. More social networking.

5. Are there any services you need but can't get or aren't offered in your area?

Acupuncture.

Ryan white should pay for gym memberships. Have a gym charge Ryan White by the hour for what clients use.

Multivitamins.

Legal services.

Ryan White should pay for medical marijuana. Can't get a prescription for medical marijuana from the current provider.

6. Do you ever miss appointments? If so, what are the reasons you miss appointments?

Being sick, side effects of medications or just the disease itself.

HOPWA appointments are mandatory so if you miss one you're off the program and that isn't always possible.

Many people just make appointments but don't keep them and it ruins it for everyone else.

7. Do you know about the current health care law requirements for insurance and have you applied for Medicaid or purchased private insurance?

Yes, have applied.

Received cards.

APPENDIX A: CONSUMER SATISFACTION SURVEY INSTRUMENT

LAS VEGAS TGA CONSUMER SATISFACTION SURVEY OF PEOPLE LIVING WITH HIV/AIDS ACCESSING RYAN WHITE SERVICES

2013-2014

Sponsored by the Ryan White Part A Las Vegas TGA HIV/AIDS Program. This project was paid for by a grant through the Health Resources and Services Administration's HIV/AIDS Bureau.



If you have HIV/AIDS, this is your chance to tell us what services YOU need. Your answers will help your local Planning Groups decide how funding is used in your area for HIV/AIDS services. <u>In return you will receive a \$10 food voucher!</u>

This survey is for all HIV/AIDS services you have received in the community over the last 12 months, anytime during 2013. Some questions are personal. We have to ask them to know how best to help you. All the answers will be combined so no one will be able to identify you.

Please tell your friends about this survey. We want to hear from as many people who are living with HIV/AIDS as we can.

If you take care of someone who cannot fill out the form alone, please help them.

If you have completed this survey in the past two weeks please don't complete another one.

Thank you for agreeing to participate in this important survey!

1. What is your race/ethnicity?				
	Hispanic			
□White or Caucasian (non-Hispanic) □Native Hawaiian/Other Pacific Islander □Multi-Racial □ Other	•			
availte of cadeasian (non mispanie) arvative nawanan, other racine islander arvatic nacial a other	CI			
2. What is your gender?				
☐ Male ☐ Female ☐ Transgender (Male to Female) ☐ Transgender (Female to Male)				
3. What is your age?				
\square_{0-12} \square_{13-19} \square_{20-29} \square_{30-39} \square_{40-49} \square_{50-59} \square_{60+}				
4. How do you think you became infected with HIV/AIDS? (please check all that apply)				
□Male to Male sexual contact □Heterosexual contact □Sharing needles □Blood transfusion/tissue do	onation			
□Hemophiliac/coagulation disorder □Acquired at birth □Other (please specify):				
5. What is your zip code?				
5. What is your zip couc.				
Questions about your HIV/AIDS medical care in the last 12 months				
6. Over the last 12 months have your HIV medical providers/HIV doctors taken the time to help you under	erstand vour lab			
results, such as CD4 and viral load, and what it means for your health?				
☐ Always ☐ Most of the time ☐ Sometimes ☐ Not very often ☐ Never ☐ Doesn't Apply				
7. Over the last 12 months has your HIV medical provider/HIV doctor taken the time to explain the side of medication?	effects of your HIV			
□ Always □ Most of the time □ Sometimes □ Not very often □ Never □ Doesn't Apply				
8. Over the last 12 months has your HIV medical provider/HIV doctor taken the time to explain how imp	ortant it is to take			
your medication as directed?				
□ Always □ Most of the time □ Sometimes □ Not very often □ Never □ Doesn't Apply				
9. When you have scheduled medical appointments in the last 12 months, were you able to get one soon needs?	enough for your			
☐ Always ☐ Most of the time ☐ Sometimes ☐ Not very often ☐ Never ☐ Doesn't Apply				
10. In the last 12 months have you felt comfortable talking to your HIV medical providers/HIV doctors ab intimate issues?	oout personal or			
□ Always □ Most of the time □ Sometimes □ Not very often □ Never □ Doesn't Apply				
	WAIDS			
11. Overall, how satisfied are you with the medical care you received over the last 12 months for your HIV	/AIDS status?			
□Very Satisfied □Satisfied □Unsatisfied □Very Unsatisfied □Doesn't Apply				
12. Overall, how satisfied are you with the process of accessing and/or picking-up your HIV/AIDS medica 12 months?	tion over the last			
□Very Satisfied □Satisfied □Unsatisfied □Very Unsatisfied □Doesn't Apply				
avery sucisfied abutisfied and avery offsucisfied abotisfier abotisfier abotisfier				
Questions about your case management/social work care over the last 12 mo	nths			
13. Over the last 12 months has your case manager/social worker helped you get the care and services you				
☐ Always ☐ Most of the time ☐ Sometimes ☐ Not very often ☐ Never ☐ Doesn't Apply				
14. Over the last 12 months has your case manager/social worker helped you with referrals for services yo of?	ou were in need			
□ Always □ Most of the time □ Sometimes □ Not very often □ Never □ Doesn't Apply				
15. Over the last 12 months during your case management appointments has your case manager/social worker sat down with you and discussed an overall plan for your care and treatment-care plan?				
□ Always □ Most of the time □ Sometimes □ Not very often □ Never □ Doesn't Apply				
16. Over the last 12 months has your case manager/social worker talked to you about your HIV medical ca importance of keeping your doctor appointments?	are and the			
☐ Always ☐ Most of the time ☐ Sometimes ☐ Not very often ☐ Never ☐ Doesn't Apply				

17. Over the last 12 months has your case manager/social worker talked to you about your HIV medication and the importance of taking your medication as prescribed by your doctor?				
□ Always □ Most of the time □ Sometimes □ Not very often □ Never □ Doesn't Apply				
18. Over the last 12 months do you feel that your case manager/social worker has helped you improve the problems, feelings, or situations that you talk to them about?				
□ Always □ Most of the time □ Sometimes □ Not very often □ Never □ Doesn't Apply				
19. Overall, how satisfied are you with the services you received from community case managers and social workers for your HIV/AIDS status over the last 12 months?				
☐ Very Satisfied ☐ Not Satisfied ☐ Very Unsatisfied ☐ Doesn't Apply				
Questions about your medical nutrition therapy visits in the last to menths				
Questions about your medical nutrition therapy visits in the last 12 months				
20. Do you feel that the nutrition supplements you received, such as Boost or food vouchers, through Medical Nutrition				
Services over the last 12 months helped improve your overall health? UYes UNO UDoesn't Apply				
□Yes □No □Doesn't Apply				
21. Do you feel that the nutrition therapy (such as Boost, food vouchers, or meeting with the nutrition therapist) you received through Medical Nutrition Services over the last 12 months helped decrease any symptoms you have that are related to your HIV/AIDS status or HIV medications?				
□Yes □No □Doesn't Apply				
22. Overall, how satisfied are you with the medical nutrition services you received over the last 12 months?				
□ Very Satisfied □ Satisfied □ Not Satisfied □ Very Unsatisfied □ Doesn't Apply				
23. Did you receive a list of community FOOD resources at least once in the last 12 months?				
□Yes □No □Doesn't Apply				
Additional questions about services you have received in the last 12 months				
24. Did you receive a list of other COMMUNITY RESOURCES (financial assistance, housing, or food, et.) at least once in				
the last 12 months?				
□Yes □No □Doesn't Apply				
25. Overall, how satisfied are you with the assistance you received with your health insurance and insurance related issues over the last 12 months through the Ryan White Program?				
□ Very Satisfied □ Not Satisfied □ Very Unsatisfied □ Doesn't Apply				
26. Overall, how satisfied are you with the Mental Health Services (including group sessions) you received over the last 12 months through the Ryan White Program?				
□ Very Satisfied □ Satisfied □ Not Satisfied □ Very Unsatisfied □ Doesn't Apply				
27. Overall, how satisfied are you with the Substance Use Services (including group sessions) you received over the last 12 months through the Ryan White Program?				
□ Very Satisfied □ Not Satisfied □ Very Unsatisfied □ Doesn't Apply				
28. Overall, how satisfied are you with the Emergency Financial Assistance (for utilities or housing) you received in the last 12 months through the Ryan White Program?				
□ Very Satisfied □ Satisfied □ Not Satisfied □ Very Unsatisfied □ Doesn't Apply				
29. Overall, how satisfied are you with the Transportation Services (bus pass system/taxi vouchers for medically fragile) you received in the last 12 months through the Ryan White Program?				
□ Very Satisfied □ Satisfied □ Not Satisfied □ Very Unsatisfied □ Doesn't Apply				
30. Overall, how satisfied are you with the Oral Health Care (Dental visits) you received in the last 12 months through the Ryan White Program?				
□ Very Satisfied □ Satisfied □ Not Satisfied □ Very Unsatisfied □ Doesn't Apply				
31. Overall, how satisfied are you with the Food Services (for food vouchers) you received in the last 12 months through the Ryan White Program?				

□ Very Satisfied □ Satisfied □ Not Satisfied □ Very Unsatisfied □ Do	esn't Apply
32. Overall, how satisfied are you with the language and interpretation services yo	ou received in the last 12 months through
the Ryan White Program?	va received in the last 12 months through
	esn't Apply
33. Overall, how satisfied are you with health education/risk reduction services (le	unch and learn classes, healthy relation
classes) you've attended for your HIV status over the past 12 months?	
□ Very Satisfied □ Satisfied □ Not Satisfied □ Very Unsatisfied □ Do	esn't Apply
34. Over the last 12 months do you feel that you were able to get referrals for the s	ervices you needed when you needed
them?	ervices four necessit when four necessit
☐ Always ☐ Most of the time ☐ Sometimes ☐ Not very often ☐ Never	□Doesn't Apply
Questions about your housing need	
35. Are you able to afford decent, safe and sanitary housing on your own, or do you	u need a roommate to make expenses?
☐ Can afford on my own or with spouse/family/partner ☐ Need a roommate to make	e expenses
= can anota on my own or with spouse, raining, partier = rece a roommate to make	
36. In the past six months have you slept in a shelter or on a friends couch, a place	that was not yours?
□ Yes □No	
37. Do you feel that the amount of affordable housing in your area is sufficient to	meet the needs of people with
HIV/AIDS?	1 1
☐ Yes ☐ No	
	C
38. Over the last 12 months have any of the following <u>challenged</u> or <u>prevented</u> you and/or support services?	from accessing HIV/AIDS medical
Not knowing HIV/AIDS services existed	☐ Yes ☐ No
Not knowing that HIV/AIDS services existed Not knowing that HIV/AIDS services were available to me	☐ Yes ☐ No
Not knowing that THV/AIDS services were available to the Not knowing the locations of the organizations providing HIV/AIDS service	Yes No
Not knowing what services I needed to deal with HIV/AIDS	Yes No
I was too upset to think about getting help	☐ Yes ☐ No
I was in denial about my HIV/AIDS diagnosis	☐ Yes ☐ No
I was worried about other people finding out I have HIV/AIDS	☐ Yes ☐ No
I was afraid of how I would be treated	☐ Yes ☐ No
I am not a US citizen and was afraid I would be reported to the authorities	☐ Yes ☐ No
I couldn't find someone who speaks my language	☐ Yes ☐ No
My doctor or medical provider doesn't understand my culture	☐ Yes ☐ No
In my culture we don't go to the doctor	☐ Yes ☐ No
I didn't know where to go or who to ask for help	☐ Yes ☐ No
The hours they are open don't work with my schedule	☐ Yes ☐ No
I didn't have transportation to get to medical/support service appointments	☐ Yes ☐ No
I had to wait too long to get an appointment	☐ Yes ☐ No
I couldn't afford the services	☐ Yes ☐ No
I didn't have insurance	☐ Yes ☐ No
I couldn't qualify for services because of my income	☐ Yes ☐ No
Services aren't located near my home	☐ Yes ☐ No
I had insurance but it didn't cover all of the cost of services I needed	☐ Yes ☐ No
I didn't have child care so I couldn't attend an appointment	☐ Yes ☐ No
The provider said the service ran out of money	☐ Yes ☐ No
No one was willing to answer my questions or explain things to me	☐ Yes ☐ No
The provider didn't have staff that speak my language	☐ Yes ☐ No
The staff providing services were not polite and not helpful	☐ Yes ☐ No
I didn't feel like the provider really understood what I needed	☐ Yes ☐ No
The system of care was too hard to navigate Levelde't get referrale for the sorriess that I needed	☐ Yes ☐ No ☐ Yes ☐ No
I couldn't get referrals for the services that I needed	☐ Yes ☐ No

The services that were supposedly available weren't when I tried to	☐ Yes	☐ No	
The service I needed was not available	☐ Yes	☐ No	
Each place I called for help told me to call someone else		☐ Yes	□ No
They told me I don't quality for services		☐ Yes	□ No
Unable to complete eligibility application		☐ Yes	□ No
39. Overall, how satisfied are you with the quality of care and	services you received for your	HIV/AIDS statu	s over the las
12 months?	, , ,	,	
□ Very Satisfied □ Satisfied □ Not Satisfied □ Very	Unsatisfied Doesn't Apply		
40. Think about the most important services that you current	tly need and use. Of the list of s	services below p	olease check
ONLY 10 that are the <u>most important to you</u> for your HIV/AI	-	•	
☐ HIV/AIDS Medical Care (including doctor visits and labs-	☐ Medical Nutrition Therapy (nu	utrition supplem	ents, Boost,
CD4 and Viral Load)	meeting with the registered diet	ician)	
□Child Care Services	☐Dental Care/Oral Care		
□Food Bank/Food Vouchers	☐Case Management		
☐ Assistance with health insurance and insurance related issues	□Substance Abuse Services		
☐Mental Health Services	□Transportation		
□HIV/AIDS Medication	☐ Interpretation and/or language translation services		
□Emergency Financial Assistance (with utilities and housing)	☐ Housing Assistance (short term assistance with housing or referrals for available housing)		
□Legal Services (do not resuscitate orders, discrimination or breach of confidentiality)	☐ Health Insurance Co-Payments and Premiums		
☐ Access to Medication			
	<u> </u>		
**If you are interested in participating in a focus and contact information below. A member of the know available times. Name:			
Phone Number:	- · · · · · · · · · · · · · · · · · · ·		
Best time for you to attend a focus group (circle o	one): morning aft	ernoon	evening
Your zip code:			
If you have any additional con	nments please list them below.		
			
Than	k vou!		