

Ryan White Consumer Satisfaction Project Grant Year 2014-2015

Ryan White Part A Las Vegas TGA HIV/AIDS Program



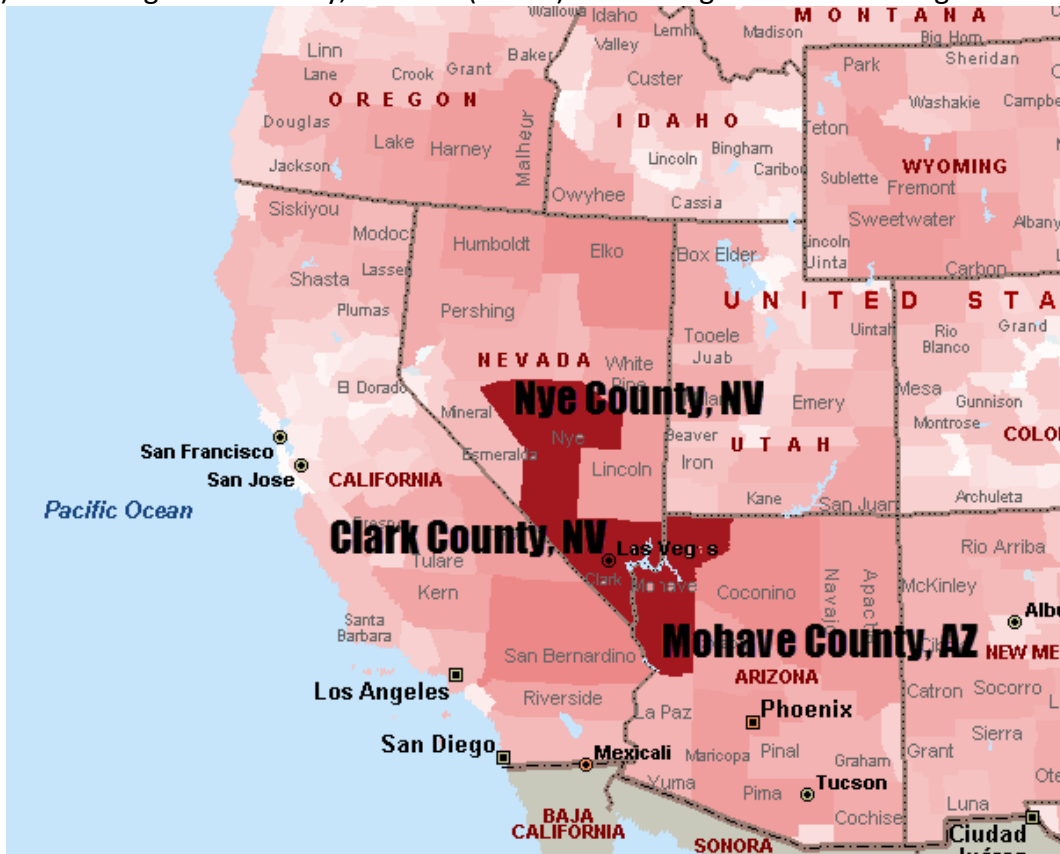
SERVICE AREA

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. This service area covers a total of 39,368 square miles across both states.

In 2014, there were a total of 8,528 persons living with HIV/AIDS (PLWH/A) in Clark and Nye counties. Of this population, 4,398 (51.6%) were living with AIDS and 4,130 (48.4%) were living with HIV (not AIDS).

In 2013, there were a total of 264 persons living with HIV/AIDS in Mohave County, AZ. 117 (44.3%) were living with HIV only, and 147 (55.7%) were living with an AIDS diagnosis.



EXECUTIVE SUMMARY

Introduction and Methodology

The purpose of the 2014-2015 Consumer Satisfaction Project is to measure how services provided by Ryan White meet, surpass, or fall below 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 the program can continually monitor changes and ensure both 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.

Consumer Survey

A survey of 132 consumers of Ryan White Part A services was conducted from January 2015 through February 2015. These self-administered surveys were distributed and collected from clients at several HIV/AIDS service locations that received Ryan White Part A funded services from January 1, 2014 to December 31, 2014. Clients were also able to complete the survey via mail and weblink.

Survey Findings

Respondents were asked a variety of questions regarding Part A service categories. The overall goal is that clients report positive health outcomes “always” or “most of the time” at a rate of 75% or more. A similar goal of 75% has been set for certain questions asking if clients were either “very satisfied” or “satisfied” in order to ensure client-centered services are being provided in the TGA.

Analysis for Outpatient/Ambulatory Medical Care

As Outpatient/Ambulatory Medical Care (or HIV 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?	85.1%
Over the last 12 months has your HIV medical provider/HIV doctor taken the time to explain the side effects of your HIV medication?	67.2%
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?	87.1%
When you have scheduled medical appointments in the last 12 months, were you able to get one soon enough for your needs?	83.1%
In the last 12 months have you felt comfortable talking to your HIV medical provider/HIV doctor about personal or intimate issues?	73.2%

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 (26.0%).
- Not knowing what services I needed to deal with HIV/AIDS (23.4%)
- Not knowing the location of the organizations providing HIV/AIDS services (20.8%).

Attitude/Stigma

- I was worried about other people finding out I have HIV/AIDS (36.4%).
- I was afraid of how I would be treated (22.1%)

Access/Cost

- I didn't have transportation to get to medical/support service appointments (20.8%).
- I didn't have insurance (20.8%).
- I had to wait too long to get an appointment (20.8%).

System Issues

- The provider said the services ran out of money (28.6%).
- The services I needed were not available (26.0%).
- Each place I called for help told me to call somewhere else (20.8%).

The overall top five barriers for all participants were:

1. 36.4% were worried about other people finding out they had HIV.
2. 28.6% indicated the provider said the services ran out of money.
3. 26.0% indicated not knowing that HIV/AIDS services were available to them.
4. 26.0% said the services they needed were not available.
5. 23.4% didn't know what services they needed to deal with HIV/AIDS.

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. Food Bank/Food Vouchers and Oral Health Care ranked equally for the second most important services clients currently need and use, after HIV/AIDS Medical Care. HIV/AIDS Medication ranked 3rd overall, followed by Emergency Financial Assistance. Mental Health and Transportation ranked equally for the 5th most important services, and Medication Access and Case Management ranked equally for the 6th most important, followed by Insurance Assistance.

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)	83.9%	1
Food Bank/Food Vouchers	77.7%	2
Oral Health Care (Dental Care)	77.7%	2
HIV/AIDS Medication	75.4%	3
Emergency Financial Assistance (with utilities and housing)	58.5%	4
Mental Health Services	52.3%	5
Transportation	52.3%	5
Medication Access	48.5%	6
Case Management	48.5%	6
Insurance Assistance	47.7%	7

INTRODUCTION

Purpose of this Project

The purpose of the 2014-2015 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 132 consumers of Ryan White Part A services was conducted from January 2015 through February 2015. These self-administered surveys were distributed and collected from clients at several HIV/AIDS service locations that received Ryan White Part A funded services from January 1, 2014 through December 31, 2014. 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 the Ryan White Part A Quality Manager on-hand to answer any questions.

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. Persons living in Nye or Mohave counties were able to complete the survey via mail or web-link.

Respondent Overview

What is your race/ethnicity?		
Response	Frequency	Percent
American Indian or Alaska Native	2	1.5
Asian	1	0.8
Black /African American, non-Hispanic	33	25.0
Hispanic	17	12.9
White/ Caucasian, non-Hispanic	70	53.0
Native Hawaiian or Other Pacific Islander	3	2.3
Multi-Racial	5	3.8

Other	1	0.8
Total	132	100

What is your gender?		
Response	Frequency	Percent
Male	92	69.7
Female	39	29.6
Transgender (Male to Female)	1	0.8
Transgender (Female to Male)	0	0.0
Total	132	100

What is your age?		
Response	Frequency	Percent
13-19	1	0.8
20-29	4	3.0
30-39	14	10.7
40-49	46	34.9
50-59	53	40.2
60+	14	10.6
Total	132	100

How do you think you became infected with HIV/AIDS?		
Response	Frequency	Percent
Male to Male sexual contact	69	52.3
Heterosexual contact	40	30.3
Sharing needles	12	9.1
Blood transfusion/tissue donation	4	3.0
Acquired at birth	1	0.8
Other	14	10.6
Total	N/A*	N/A*

**Participants were allowed to select more than one transmission risk.*

EPIDIMIOLOGICAL PROFILE

In 2014, there were a total of 375 new HIV infections reported in Clark and Nye Counties and a total of 181 new AIDS diagnoses. The majority of new HIV infections and HIV diagnoses were male (87% and 83%, respectively). 37% of new HIV infections were White, 30% were Hispanic/Latino, and 24% were Black/African American. 41% of new AIDS diagnoses were White, 26% were Black/African American, and 25% were Hispanic/Latino. The majority of new HIV infections were between the ages of 25 to 34 (35%), while the majority of new AIDS

diagnoses were between the ages of 45 to 54 (28%). Male-to-male sexual contact continues to be the primary mode of transmission in Clark and Nye Counties, accounting for 75% of new infections and 74% of new AIDS diagnoses.

In 2013, there were a total of 264 existing HIV or AIDS cases reported in Mohave County, AZ. 82.6% of these cases were male and 17.4% were female. 78.8% were White, 9.8% Hispanic, 4.9% American Indian/Alaska Native, and 3.8% black or African American. The primary mode of transmission for existing HIV or AIDS cases in Mohave County was men who have sex with men (47.3%), followed by men who have sex with men and injection drug use (18.6%), and injection drug use only (16.3%).

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, 83.3% 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	Percent
Always	94	71.8
Most of the time	15	11.5
Sometimes	12	9.2
Not very often	5	3.8
Never	2	1.5
Doesn't Apply	3	2.3
Total	131	100.0

On the topic of medication explanations, 63.6% of respondents indicated “Always” or “Most of the time”. This may indicate a need for greater explanation of HIV medication side effects on the part of HIV medical providers in our service area.

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	Percent
Always	65	49.2
Most of the time	19	14.4
Sometimes	20	15.2
Not very often	11	8.3
Never	1	7.6
Doesn't apply	7	5.3
Total	132	100

The majority, 82.4% 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	Percent
Always	62	47.3
Most of the time	46	35.1
Sometimes	15	11.5
Not very often	5	3.8
Never	2	1.5

Doesn't apply	1	0.8
Total	131	100

83.1% of respondents indicated their HIV medical provider took the time to explain the importance of taking their medication as directed 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	Percent
Always	94	72.3
Most of the time	14	10.8
Sometimes	10	7.7
Not very often	3	2.3
Never	3	3
Doesn't apply	6	4.6
Total	130	100

70.5% of survey participants indicated they felt comfortable talking to their HIV medical provider about personal or intimate issues. This fell below our target of 75% and may indicate a need for HIV medical providers to be more sensitive to the personal and intimate issues of Ryan White Part A clients receiving medical care.

In the last 12 months have you felt comfortable talking to your HIV medical providers/HIV doctors about personal or intimate issues?		
Response	Frequency	Percent
Always	71	53.8
Most of the time	22	16.7
Sometimes	18	13.6
Not very often	10	7.6
Never	6	4.6
Doesn't apply	5	3.8
Total	132	100

A total of 87.7% of persons responded being satisfied or very satisfied with the overall quality of HIV medical care received in the last 12 months, well above the 75% goal. This indicates the majority of respondents feel their overall medical needs are being met.

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	78	60.0

Satisfied	36	27.7
Not Satisfied	9	6.9
Very Unsatisfied	5	3.9
Doesn't Apply	2	1.5
Total	130	100

Clients were also asked to rate their level of satisfaction with the process of accessing and/or picking up their HIV medications. About 85% of clients surveyed reported being satisfied or very satisfied with medication access.

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	Percent
Very Satisfied	69	52.3
Satisfied	43	32.6
Not Satisfied	9	6.8
Very Unsatisfied	5	3.8
Doesn't Apply	6	4.6
Total	132	100

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 were either satisfied or very satisfied with good services received (60.6%). When you exclude those who indicated “doesn’t apply” as their response from the denominator (persons either did not receive food services or choose not to answer), the percent very satisfied or satisfied increased to 84.2%.

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	Percent
Very Satisfied	48	36.4
Satisfied	32	24.2
Not Satisfied	13	9.6

Very Unsatisfied	2	1.5
Doesn't Apply	37	28.0
Total	132	100

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.

60.8% of respondents indicated being satisfied or very satisfied with oral health care services received in 2014. When excluding the 19.2% of doesn't apply respondents from the denominator, the percentage of clients satisfied with oral health care increases to 75.2%. Future analyses should consider the rationale for survey participants who select "doesn't apply." This group may include clients who access oral health care services via non-Ryan White funding sources.

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	55	42.3
Satisfied	24	18.5
Not Satisfied	17	13.1
Very Unsatisfied	9	6.9
Doesn't Apply	25	19.2
Total	130	100

Emergency Financial Assistance (Utilities and Housing)

Emergency financial assistance (EFA) 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).

Nearly half of clients surveyed responded that emergency financial assistance didn't apply to them. This most likely indicates they did not access this service in the previous 12 months. Excluding the doesn't apply group, 72.7% of those surveyed indicated being very satisfied or satisfied with EFA-housing or utility services received.

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?
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Response	Frequency	Percent
Very Satisfied	32	24.4
Satisfied	16	12.2
Not Satisfied	14	10.7
Very Unsatisfied	4	3.1
Doesn't Apply	65	49.6
Total	131	100

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 (88.0%) respondents indicated being satisfied or very satisfied with mental health services, excluding the “doesn’t apply” group.

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	Percent
Very Satisfied	55	42.3
Satisfied	26	20.0
Not Satisfied	8	6.2
Very Unsatisfied	3	2.3
Doesn't Apply	38	29.2
Total	130	100

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.

68.6% of clients surveyed were satisfied or very satisfied with transportation services received in the last 12 months, excluding the “doesn’t apply” group. The previous year’s Consumer Survey included focus groups to gather additional qualitative data on client service experience. Focus group participants at that time voiced dissatisfaction with medical transportation services due to the cumbersome nature of tracking and turning in bus pass verification documentation.

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	Percent
Very Satisfied	40	30.8
Satisfied	19	14.6
Not Satisfied	20	15.4
Very Unsatisfied	7	5.4
Doesn't Apply	44	33.9
Total	130	100

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 initial assessment of service needs, development of a comprehensive, individualized service plan (ISP), coordination of services required to implement the plan, client monitoring to assess the efficacy of the plan, and 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 (81.1%) indicated that in the last 12 months, a social worker had typically (always or most of the time) helped them secure needed medical care and support services.

Over the last 12 months has your case manager/social worker helped you get the care and services you need?		
Response	Frequency	Percent
Always	79	59.9
Most of the time	28	21.2
Sometimes	14	10.6
Not very often	2	1.52
Never	4	3.0

Doesn't apply	5	3.8
Total	132	100

77.3% of respondents indicated their HIV case manager/social worker typically (always or most of the time) helped them get necessary referrals.

Over the last 12 months has your case manager/social worker helped you with referrals for services you were in need of?		
Response	Frequency	Percent
Always	78	59.1
Most of the time	24	18.2
Sometimes	16	12.1
Not very often	4	3.0
Never	2	1.5
Doesn't apply	8	6.1
Total	132	100

Excluding the “doesn’t apply” group, 73.0% of respondents indicated their case manager typically (always or most of the time) sat down with them to discuss their overall treatment and care plan.

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 HIV treatment and care?		
Response	Frequency	Percent
Always	55	42.0
Most of the time	29	22.1
Sometimes	9	6.9
Not very often	8	6.1
Never	14	10.7
Doesn't apply	16	12.2
Total	131	100

Excluding the “doesn’t apply” group, 77.7% of survey participants reported discussing the importance of keeping appointments and taking medications as prescribed with their case manager always or most of the time in the last 12 months.

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?		
Response	Frequency	Percent
Always	82	62.1

Most of the time	13	9.9
Sometimes	11	8.3
Not very often	4	3.0
Never	12	9.1
Doesn't apply	10	7.6
Total	132	100

Excluding the “doesn’t apply” group, 81.8% of survey participants reported having discussed the importance of taking their HIV medication as prescribed.

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	Percent
Always	80	61.1
Most of the time	19	14.5
Sometimes	9	6.9
Not very often	8	6.1
Never	5	3.9
Doesn't apply	10	7.7
Total	131	100

Excluding the “doesn’t apply” group, 79.0% of those surveyed reported that their case manager had helped them to improve problems, feelings, or situations as needed always or most of the time.

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	Percent
Always	71	53.8
Most of the time	23	17.4
Sometimes	15	11.4
Not very often	4	3.0
Never	6	4.6
Doesn't apply	13	9.9
Total	132	100

Excluding the “doesn’t apply” group, 83.6% of those surveyed reported being satisfied overall with the case management services received always or most of the time.

Overall, are you satisfied with the services you received from community case managers and social workers for you HIV/AIDS status over the last 12 months?

Response	Frequency	Percent
Always	82	62.1
Most of the time	25	18.9
Sometimes	14	10.6
Not very often	3	2.3
Never	4	3.0
Doesn't apply	4	3.0
Total	132	100

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.

Excluding the “doesn’t apply” group, 92.0% of persons surveyed reported being satisfied or very satisfied with insurance assistance received through the Ryan White Program.

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	Percent
Very Satisfied	73	55.3
Satisfied	42	31.8
Not Satisfied	9	6.8
Very Unsatisfied	1	0.8
Doesn't Apply	7	5.3
Total	132	100

Overall Service Delivery System

Respondents were asked to rate their overall level of satisfaction with the quality of care and services. 85.3% reported being very satisfied or satisfied with the overall quality of care and services received in the last 12 months.

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	Percent
Very Satisfied	65	50.4

Satisfied	45	34.9
Not Satisfied	15	11.6
Very Unsatisfied	2	1.6
Doesn't Apply	2	1.6
Total	129	100

Barriers by Subgroups

Clients were asked to identify from a list any items that challenged or prevented them from accessing HIV/AIDS medical and/or support services in the last 12 months. The barriers with the highest response rates were aggregated by gender, race/ethnicity, HIV risk factor, and age to identify any similarities or differences within subgroups. Results are shown below.

Sex/Gender

There were very few barriers in common among males and females. The most frequently reported barriers among females were being worried about other people finding out about their HIV status and being afraid of how they would be treated. These are typically categorized as stigma-related barriers. Males, on the other hand, most frequently reported the providers stating the services ran out of funds and not knowing that HIV services were available to them. These are typically categorized as systemic barriers.

Most frequently reported barriers by male participants (n=59)

- The provider said the services ran out of money.
- Not knowing that HIV/AIDS services were available to me.
- I was worried about other people finding out I have HIV/AIDS.
- I had to wait too long to get an appointment.
- Not knowing what services I needed to deal with HIV/AIDS.
- The services I needed were not available.
- Each place I called for help told me to call somewhere else.

Most frequently reported barriers by female participants (n=17)

- I was worried about other people finding out I have HIV/AIDS.
- I was afraid of how I would be treated.
- I didn't know where to go or who to ask for help.
- The services I needed were not available.
- Not knowing the locations of the organizations providing HIV/AIDS services.
- I didn't have transportation to get to medical/support service appointments.
- I didn't have insurance.
- I couldn't qualify for services because of my income.

Most frequently reported barriers by transgender participants (n=1)

- Not knowing that HIV/AIDS services were available to me.
- I didn't know where to go or ask for help.

- I couldn't afford the services.
- The staff providing services were not polite and not helpful.
- Unable to complete eligibility application.

Race/Ethnicity

The most frequently reported barrier by Black and Hispanic participants was being worried that other people would find out their HIV status. This was less frequently reported by White participants. Black and Hispanics also frequently reported not knowing what HIV services were available to them. This was not a barrier frequently reported by Whites. Black and Hispanic respondents, unlike White respondents, reported being afraid of how they would be treated when seeking care and/or services.

Most frequently reported barriers by White participants (n=40)

- The providers said the services ran out of money.
- The services I needed were not available.
- I was worried about other people finding out I have HIV/AIDS.
- I was too upset to think about getting help.
- I didn't have transportation to get to medical/support service appointments.
- I had to wait too long to get an appointment.
- Each place I called for help told me to call somewhere else.

Most frequently reported barriers by Black participants (n=19)

- I was worried about other people finding out I have HIV/AIDS.
- Not knowing that HIV/AIDS services were available to me.
- Not knowing the locations of organizations providing HIV/AIDS services.
- I was afraid of how I would be treated.
- I couldn't qualify for services because of my income.
- The provider said the services ran out of money.

Most frequently reported barriers by Hispanic participants (n=17)

- I was worried about other people finding out I have HIV/AIDS.
- Not knowing that HIV/AIDS services were available to me.
- Not knowing that services I needed to deal with HIV/AIDS.
- I was afraid of how I would be treated.
- Not knowing HIV/AIDS services existed.
- Not knowing the locations of the organizations providing HIV/AIDS services.
- I didn't have transportation to get to medical/support service appointments.
- I didn't have insurance.
- Services aren't located near my home.

HIV Risk Factor

The most frequently reported barrier among the MSM (men who have sex with men) group was having to wait too long to get an appointment. All three HIV Risk Factor groups frequently reported the provider stating the services

Most frequently reported barriers by male-to-male sexual contact group (n=44)

- I had to wait too long to get an appointment.
- The provider said the services ran out of money.
- I was worried about other people finding out I have HIV/AIDS.
- Not knowing that HIV/AIDS services were available to me.
- I was too upset to think about getting help.
- I didn't have transportation to get to medical/support service appointments.
- The staff providing services were not polite and not helpful.
- Each place I called for help to me to call somewhere else.

Most frequently reported barriers by heterosexual contact group (n=15)

- I was worried about other people finding out I have HIV/AIDS.
- I was afraid of how I would be treated.
- The provider said the services ran out of money.
- The services I needed were not available.

Most frequently reported barriers by the injection drug group (n=9)

- The services I needed were not available.
- Not knowing what services I needed to deal with HIV/AIDS.
- The provider said the services ran out of money.
- The services that were supposedly available weren't when I tried to access them.

Age

The most frequently reported barrier among respondents 30 to 39 years old was not knowing what services they need to deal with their HIV status. Transportation issues was one of the top reported barriers for participants 40 to 49 years old. Person 50 to 59 years old and 60 years and older were more likely to report insurance-related barriers.

Most frequently reported barriers by participants aged 30 to 39 years (n=10)

- Not knowing what services I needed to deal with HIV/AIDS.
- I was worried about other people finding out I have HIV/AIDS.
- I didn't have insurance.
- I couldn't get referrals for the services that I needed.

Most frequently reported barriers by participants aged 40 to 49 years (n=25)

- I was worried about other people finding out I have HIV/AIDS.
- I didn't have transportation to get to medical/support service appointments.

- Not knowing that HIV/AIDS services were available to me.
- Not knowing the locations of the organizations providing HIV/AIDS services.
- No one was willing to answer my questions or explain things to me.
- The services I needed were not available.

Most frequently reported barriers by participants aged 50 to 59 years (n=

- The provider said the services ran out of money.
- Not knowing that HIV/AIDS services were available to me.
- I was worried about other people finding out I have HIV/AIDS.
- I didn't have insurance.
- The services I needed were not available.
- Each place I called for help told me to call somewhere else.

Most frequently reported barriers by participants aged 60 years and older (n=6)

- They told me I don't qualify for services.
- I couldn't qualify for services because of my income.

Racial and Ethnic Disparities in Client Satisfaction

Cross tabulation of race/ethnicity and satisfaction with the most frequently reported important services was used to identify any potential disparities. American Indian/Alaska Native, Asian, and Native Hawaiian/Other Pacific Islander were excluded from the descriptive analysis due to the small sample size (less than ten respondents total for all subgroups).

Table 1: Lab Results

82.4% of Hispanic/Latinos surveyed reported always having their HIV medical provider explain their lab results to them. This was higher than the African Americans and Whites who indicated "always."

Race/ethnicity * Over the last 12 months, has your HIV medical provider/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? Crosstabulation

		Over the last 12 months, has your HIV medical provider/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?							Total
		Always	Doesn't apply	Most of the time	Never	Not very often	Sometimes		
Race/ethnicity	American Indian Alaska Native	Count	0	2	0	0	0	0	2
		% within Race/ethnicity	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Asian	Count	0	1	0	0	0	0	1
		% within Race/ethnicity	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Black or African American (non-Hispanic)	Count	0	24	2	5	1	1	33
		% within Race/ethnicity	0.0%	72.7%	6.1%	15.2%	3.0%	3.0%	100.0%
	Hispanic/Latino	Count	0	14	0	1	0	1	17
		% within Race/ethnicity	0.0%	82.4%	0.0%	5.9%	0.0%	5.9%	100.0%
	Mixed Race	Count	0	4	1	0	0	0	5
		% within Race/ethnicity	0.0%	80.0%	20.0%	0.0%	0.0%	0.0%	100.0%
	Native Hawaiian/Other Pacific Islander	Count	0	3	0	0	0	0	3
		% within Race/ethnicity	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Other	Count	0	0	0	0	0	1	1
		% within Race/ethnicity	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
	White or Caucasian (non-Hispanic)	Count	1	46	0	9	1	3	70
		% within Race/ethnicity	1.4%	65.7%	0.0%	12.9%	1.4%	4.3%	100.0%
Total		Count	1	94	3	15	2	5	132
		% within Race/ethnicity	0.8%	71.2%	2.3%	11.4%	1.5%	3.8%	100.0%

Table 2: Medication Education

Similar to Table 1 above, a higher percentage of Hispanic/Latinos reported their HIV medical provider *always* taking the time to explain possible HIV drug complications.

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

			Over the last 12 months, has your HIV medical provider/HIV doctor taken the time to explain the side effects of your HIV medication?						Total
			Always	Doesn't apply	Most of the time	Never	Not very often	Sometimes	
Race/ethnicity	American Indian Alaskan Native	Count	2	0	0	0	0	0	2
		% within Race/ethnicity	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Asian	Count	1	0	0	0	0	0	1
		% within Race/ethnicity	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Black or African American (non-Hispanic)	Count	15	2	8	3	2	3	33
		% within Race/ethnicity	45.5%	6.1%	24.2%	9.1%	6.1%	9.1%	100.0%
	Hispanic/Latino	Count	11	1	1	2	1	1	17
		% within Race/ethnicity	64.7%	5.9%	5.9%	11.8%	5.9%	5.9%	100.0%
	Mixed Race	Count	2	1	2	0	0	0	5
		% within Race/ethnicity	40.0%	20.0%	40.0%	0.0%	0.0%	0.0%	100.0%
	Native Hawaiian/Other Pacific Islander	Count	2	0	0	0	0	1	3
		% within Race/ethnicity	66.7%	0.0%	0.0%	0.0%	0.0%	33.3%	100.0%
	Other	Count	0	0	0	0	0	1	1
		% within Race/ethnicity	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
	White or Caucasian (non-Hispanic)	Count	32	3	8	5	8	14	70
		% within Race/ethnicity	45.7%	4.3%	11.4%	7.1%	11.4%	20.0%	100.0%
Total	Count		65	7	19	10	11	20	132
	% within Race/ethnicity		49.2%	5.3%	14.4%	7.6%	8.3%	15.2%	100.0%

Table 3: Medication Adherence

A higher percentage of African Americans reported their HIV provider *always* taking the time to explain the importance of drug adherence than both Hispanic/Latinos and Whites.

Race/ethnicity * Over the last 12 months, has your HIV medical provider/HIV doctor taken the time to explain the importance of taking your medication as directed? Crosstabulation

			Over the last 12 months, has your HIV medical provider/HIV doctor taken the time to explain the importance of taking your medication as directed?						Total
			Always	Doesn't apply	Most of the time	Never	Not very often	Sometimes	
Race/ethnicity	American Indian Alaskan Native	Count	0	2	0	0	0	0	2
		% within Race/ethnicity	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Asian	Count	0	1	0	0	0	0	1
		% within Race/ethnicity	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Black or African American (non-Hispanic)	Count	0	25	2	4	1	1	33
		% within Race/ethnicity	0.0%	75.8%	6.1%	12.1%	3.0%	3.0%	100.0%
	Hispanic/Latino	Count	1	12	1	1	0	1	17
		% within Race/ethnicity	5.9%	70.6%	5.9%	5.9%	0.0%	5.9%	100.0%
	Mixed Race	Count	0	2	1	2	0	0	5
		% within Race/ethnicity	0.0%	40.0%	20.0%	40.0%	0.0%	0.0%	100.0%
	Native Hawaiian/Other Pacific Islander	Count	0	3	0	0	0	0	3
		% within Race/ethnicity	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Other	Count	0	0	0	0	0	1	1
		% within Race/ethnicity	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
	White or Caucasian (non-Hispanic)	Count	1	49	2	7	2	7	70
		% within Race/ethnicity	1.4%	70.0%	2.9%	10.0%	2.9%	10.0%	100.0%
Total	Count		2	94	6	14	3	10	132
	% within Race/ethnicity		1.5%	71.2%	4.5%	10.6%	2.3%	7.6%	100.0%

Table 4: Medical Appointment Availability

A higher percentage of African American clients surveyed reported *always* getting a medical appointment in a timely matter compared to Hispanic/Latinos and Whites.

Race/ethnicity * When you schedule your medical appointments, were you able to get one soon enough to meet your needs? Crosstabulation

			When you schedule your medical appointments, were you able to get one soon enough to meet your needs?							Total
			Always	Doesn't apply	Most of the time	Never	Not very often	Sometimes		
Race/ethnicity	American Indian Alaskan Native	Count	0	1	0	1	0	0	0	2
		% within Race/ethnicity	0.0%	50.0%	0.0%	50.0%	0.0%	0.0%	0.0%	100.0%
	Asian	Count	0	0	0	1	0	0	0	1
		% within Race/ethnicity	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%
	Black or African American (non-Hispanic)	Count	0	19	1	9	0	1	3	33
		% within Race/ethnicity	0.0%	57.6%	3.0%	27.3%	0.0%	3.0%	9.1%	100.0%
	Hispanic/Latino	Count	0	9	0	5	0	1	2	17
		% within Race/ethnicity	0.0%	52.9%	0.0%	29.4%	0.0%	5.9%	11.8%	100.0%
	Mixed Race	Count	0	0	0	3	0	0	2	5
		% within Race/ethnicity	0.0%	0.0%	0.0%	60.0%	0.0%	0.0%	40.0%	100.0%
	Native Hawaiian/Other Pacific Islander	Count	0	2	0	1	0	0	0	3
		% within Race/ethnicity	0.0%	66.7%	0.0%	33.3%	0.0%	0.0%	0.0%	100.0%
	Other	Count	0	0	0	0	0	0	1	1
		% within Race/ethnicity	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
	White or Caucasian (non-Hispanic)	Count	1	31	0	26	2	3	7	70
		% within Race/ethnicity	1.4%	44.3%	0.0%	37.1%	2.9%	4.3%	10.0%	100.0%
Total	Count		1	62	1	46	2	5	15	132
	% within Race/ethnicity		0.8%	47.0%	0.8%	34.8%	1.5%	3.8%	11.4%	100.0%

Table 5: Personal or Intimate Issues

A higher percentage of Hispanic/Latino clients reports *always* feeling comfortable talking to their medical provider about personal or intimate issues.

Race/ethnicity * Over the last 12 months, have you felt comfortable talking to your HIV medical provider/HIV doctor about personal or intimate issues, such as sexual history, substance use, or domestic violence? Crosstabulation

			Over the last 12 months, have you felt comfortable talking to your HIV medical provider/HIV doctor about personal or intimate issues, such as sexual history, substance use, or domestic violence?						Total
			Always	Doesn't apply	Most of the time	Never	Not very often	Sometimes	
Race/ethnicity	American Indian Alaskan Native	Count	2	0	0	0	0	0	2
		% within Race/ethnicity	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Asian	Count	1	0	0	0	0	0	1
		% within Race/ethnicity	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Black or African American (non-Hispanic)	Count	18	1	6	3	1	4	33
		% within Race/ethnicity	54.5%	3.0%	18.2%	9.1%	3.0%	12.1%	100.0%
	Hispanic/Latino	Count	11	1	1	1	2	1	17
		% within Race/ethnicity	64.7%	5.9%	5.9%	5.9%	11.8%	5.9%	100.0%
	Mixed Race	Count	2	1	1	0	0	1	5
		% within Race/ethnicity	40.0%	20.0%	20.0%	0.0%	0.0%	20.0%	100.0%
	Native Hawaiian/Other Pacific Islander	Count	2	0	0	0	0	1	3
		% within Race/ethnicity	66.7%	0.0%	0.0%	0.0%	0.0%	33.3%	100.0%
	Other	Count	0	0	1	0	0	0	1
		% within Race/ethnicity	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%
	White or Caucasian (non-Hispanic)	Count	35	2	13	2	7	11	70
		% within Race/ethnicity	50.0%	2.9%	18.6%	2.9%	10.0%	15.7%	100.0%
Total	Count		71	5	22	6	10	18	132
	% within Race/ethnicity		53.8%	3.8%	16.7%	4.5%	7.6%	13.6%	100.0%

Table 6: Satisfaction with HIV/AIDS Medical Care

The racial/ethnic group with the highest percentage of respondents *very satisfied* with their overall HIV medical care were Hispanic/Latinos.

Race/ethnicity * Overall, how satisfied are you with the HIV/AIDS medical care you received over the last 12 months? Crosstabulation

			Overall, how satisfied are you with the HIV/AIDS medical care you received over the last 12 months?					Total	
			Doesn't apply	Satisfied	Unsatisfied	Very satisfied	Very unsatisfied		
Race/ethnicity	American Indian Alaskan Native	Count	0	0	0	0	2	0	2
		% within Race/ethnicity	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%
	Asian	Count	0	0	0	0	1	0	1
		% within Race/ethnicity	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%
	Black or African American (non-Hispanic)	Count	0	1	8	1	22	1	33
		% within Race/ethnicity	0.0%	3.0%	24.2%	3.0%	66.7%	3.0%	100.0%
	Hispanic/Latino	Count	0	0	4	1	12	0	17
		% within Race/ethnicity	0.0%	0.0%	23.5%	5.9%	70.6%	0.0%	100.0%
	Mixed Race	Count	0	0	1	1	2	1	5
		% within Race/ethnicity	0.0%	0.0%	20.0%	20.0%	40.0%	20.0%	100.0%
	Native Hawaiian/Other Pacific Islander	Count	0	0	1	0	2	0	3
		% within Race/ethnicity	0.0%	0.0%	33.3%	0.0%	66.7%	0.0%	100.0%
	Other	Count	0	0	1	0	0	0	1
		% within Race/ethnicity	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%
	White or Caucasian (non-Hispanic)	Count	2	1	21	6	37	3	70
		% within Race/ethnicity	2.9%	1.4%	30.0%	8.6%	52.9%	4.3%	100.0%
Total		Count	2	2	36	9	78	5	132
		% within Race/ethnicity	1.5%	1.5%	27.3%	6.8%	59.1%	3.8%	100.0%

Table 7: Medication Access

The African Americans surveyed reported the highest percentage of clients *very satisfied* with accessing and/or picking up their HIV/AIDS medication. While Whites were the highest percentage that reported being *satisfied* with medication access.

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

			Overall, how satisfied are you with the process of accessing and/or picking up your HIV/AIDS medication over the last 12 months?					Total
			Doesn't apply	Satisfied	Unsatisfied	Very satisfied	Very unsatisfied	
Race/ethnicity	American Indian Alaskan Native	Count	0	0	0	2	0	2
		% within Race/ethnicity	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%
	Asian	Count	0	0	0	1	0	1
		% within Race/ethnicity	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%
	Black or African American (non-Hispanic)	Count	1	10	2	19	1	33
		% within Race/ethnicity	3.0%	30.3%	6.1%	57.6%	3.0%	100.0%
	Hispanic/Latino	Count	2	6	2	7	0	17
		% within Race/ethnicity	11.8%	35.3%	11.8%	41.2%	0.0%	100.0%
	Mixed Race	Count	1	0	2	2	0	5
		% within Race/ethnicity	20.0%	0.0%	40.0%	40.0%	0.0%	100.0%
	Native Hawaiian/Other Pacific Islander	Count	0	1	0	2	0	3
		% within Race/ethnicity	0.0%	33.3%	0.0%	66.7%	0.0%	100.0%
	Other	Count	0	1	0	0	0	1
		% within Race/ethnicity	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%
	White or Caucasian (non-Hispanic)	Count	2	25	3	36	4	70
		% within Race/ethnicity	2.9%	35.7%	4.3%	51.4%	5.7%	100.0%
Total		Count	6	43	9	69	5	132
		% within Race/ethnicity	4.5%	32.6%	6.8%	52.3%	3.8%	100.0%

Table 8: Food Vouchers

Similar to Medication Access (Table 8), African Americans reported the highest percentage of clients *very satisfied* with the food services/food vouchers received in the last 12 months, and White represented the highest percentage *satisfied* with food services.

Race/ethnicity * Overall, how satisfied are you with the food services/food vouchers you received in the last 12 months through the Ryan White Program?
Crosstabulation

			Overall, how satisfied are you with the food services/food vouchers you received in the last 12 months through the Ryan White Program?					Total
			Doesn't apply	Not satisfied	Satisfied	Very satisfied	Very unsatisfied	
Race/ethnicity	American Indian Alaskan Native	Count	1	1	0	0	0	2
		% within Race/ethnicity	50.0%	50.0%	0.0%	0.0%	0.0%	100.0%
	Asian	Count	1	0	0	0	0	1
		% within Race/ethnicity	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Black or African American (non-Hispanic)	Count	13	1	5	14	0	33
		% within Race/ethnicity	39.4%	3.0%	15.2%	42.4%	0.0%	100.0%
	Hispanic/Latino	Count	3	4	3	6	1	17
		% within Race/ethnicity	17.6%	23.5%	17.6%	35.3%	5.9%	100.0%
	Mixed Race	Count	2	0	1	2	0	5
		% within Race/ethnicity	40.0%	0.0%	20.0%	40.0%	0.0%	100.0%
	Native Hawaiian/Other Pacific Islander	Count	1	0	0	2	0	3
		% within Race/ethnicity	33.3%	0.0%	0.0%	66.7%	0.0%	100.0%
	Other	Count	0	1	0	0	0	1
		% within Race/ethnicity	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%
	White or Caucasian (non-Hispanic)	Count	16	6	23	24	1	70
		% within Race/ethnicity	22.9%	8.6%	32.9%	34.3%	1.4%	100.0%
Total	Count		37	13	32	48	2	132
	% within Race/ethnicity		28.0%	9.8%	24.2%	36.4%	1.5%	100.0%

Table 9: Oral Health

The clients who reported the highest percentage of being *not satisfied* with oral health services were Whites (14.3%), followed by Hispanic/Latinos and African Americans. 10% of Whites also reported being *very unsatisfied* with this service category.

Race/ethnicity * Overall, how satisfied are you with the Oral Health Care (dental visits) you received in the last 12 months through the Ryan White Program? Crosstabulation

			Overall, how satisfied are you with the Oral Health Care (dental visits) you received in the last 12 months through the Ryan White Program?					Total	
			Doesn't apply	Not satisfied	Satisfied	Very satisfied	Very unsatisfied		
Race/ethnicity	American Indian Alaskan Native	Count	0	0	1	0	1	0	2
		% within Race/ethnicity	0.0%	0.0%	50.0%	0.0%	50.0%	0.0%	100.0%
	Asian	Count	0	0	1	0	0	0	1
		% within Race/ethnicity	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%
	Black or African American (non-Hispanic)	Count	0	7	3	6	16	1	33
		% within Race/ethnicity	0.0%	21.2%	9.1%	18.2%	48.5%	3.0%	100.0%
	Hispanic/Latino	Count	1	2	2	3	8	1	17
		% within Race/ethnicity	5.9%	11.8%	11.8%	17.6%	47.1%	5.9%	100.0%
	Mixed Race	Count	0	2	0	2	1	0	5
		% within Race/ethnicity	0.0%	40.0%	0.0%	40.0%	20.0%	0.0%	100.0%
	Native Hawaiian/Other Pacific Islander	Count	0	0	0	1	2	0	3
		% within Race/ethnicity	0.0%	0.0%	0.0%	33.3%	66.7%	0.0%	100.0%
	Other	Count	0	0	0	1	0	0	1
		% within Race/ethnicity	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
	White or Caucasian (non-Hispanic)	Count	1	14	10	11	27	7	70
		% within Race/ethnicity	1.4%	20.0%	14.3%	15.7%	38.6%	10.0%	100.0%
Total	Count		2	25	17	24	55	9	132
	% within Race/ethnicity		1.5%	18.9%	12.9%	18.2%	41.7%	6.8%	100.0%

Table 10: Emergency Financial Assistance

Approximately the same percentage of African Americans and Hispanic/Latinos reported being *very satisfied* with EFA (~30%). Only 17% of White reported being *very satisfied*.

Race/ethnicity * 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?
Crosstabulation

			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?					Total	
				Doesn't apply	Not satisfied	Satisfied	Very satisfied		Very unsatisfied
Race/ethnicity	American Indian Alaskan Native	Count	0	1	0	0	1	0	2
		% within Race/ethnicity	0.0%	50.0%	0.0%	0.0%	50.0%	0.0%	100.0%
	Asian	Count	0	1	0	0	0	0	1
		% within Race/ethnicity	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Black or African American (non-Hispanic)	Count	0	17	2	4	10	0	33
		% within Race/ethnicity	0.0%	51.5%	6.1%	12.1%	30.3%	0.0%	100.0%
	Hispanic/Latino	Count	0	8	2	2	5	0	17
		% within Race/ethnicity	0.0%	47.1%	11.8%	11.8%	29.4%	0.0%	100.0%
	Mixed Race	Count	0	2	0	0	3	0	5
		% within Race/ethnicity	0.0%	40.0%	0.0%	0.0%	60.0%	0.0%	100.0%
	Native Hawaiian/Other Pacific Islander	Count	0	1	0	1	1	0	3
		% within Race/ethnicity	0.0%	33.3%	0.0%	33.3%	33.3%	0.0%	100.0%
	Other	Count	0	1	0	0	0	0	1
		% within Race/ethnicity	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	White or Caucasian (non-Hispanic)	Count	1	34	10	9	12	4	70
		% within Race/ethnicity	1.4%	48.6%	14.3%	12.9%	17.1%	5.7%	100.0%
Total	Count		1	65	14	16	32	4	132
	% within Race/ethnicity		0.8%	49.2%	10.6%	12.1%	24.2%	3.0%	100.0%

Table 11: Mental Health Services

Hispanic/Latinos represented the highest proportion of clients who reported being *very satisfied* or *satisfied* with mental health services among all subgroups.

Race/ethnicity * 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?
Crosstabulation

			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?					Total	
				Doesn't apply	Not satisfied	Satisfied	Very satisfied		Very unsatisfied
Race/ethnicity	American Indian Alaskan Native	Count	0	0	0	0	2	0	2
		% within Race/ethnicity	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%
	Asian	Count	0	0	0	1	0	0	1
		% within Race/ethnicity	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
	Black or African American (non-Hispanic)	Count	0	15	2	2	14	0	33
		% within Race/ethnicity	0.0%	45.5%	6.1%	6.1%	42.4%	0.0%	100.0%
	Hispanic/Latino	Count	1	1	0	5	8	2	17
		% within Race/ethnicity	5.9%	5.9%	0.0%	29.4%	47.1%	11.8%	100.0%
	Mixed Race	Count	0	2	0	1	1	1	5
		% within Race/ethnicity	0.0%	40.0%	0.0%	20.0%	20.0%	20.0%	100.0%
	Native Hawaiian/Other Pacific Islander	Count	0	1	0	0	2	0	3
		% within Race/ethnicity	0.0%	33.3%	0.0%	0.0%	66.7%	0.0%	100.0%
	Other	Count	0	0	0	1	0	0	1
		% within Race/ethnicity	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
	White or Caucasian (non-Hispanic)	Count	1	19	6	16	28	0	70
		% within Race/ethnicity	1.4%	27.1%	8.6%	22.9%	40.0%	0.0%	100.0%
Total	Count		2	38	8	26	55	3	132
	% within Race/ethnicity		1.5%	28.8%	6.1%	19.7%	41.7%	2.3%	100.0%

Table 12: Transportation Services

Approximately the same percentage of African Americans and Hispanic/Latinos reported being either *satisfied* or *very satisfied* with transportation services, about 10% higher than the percentage of White respondents who reported being either *satisfied* or *very satisfied*.

Race/ethnicity * Overall, how satisfied are you with the Transportation Services, such as bus passes or gas vouchers, you received in the last 12 months through the Ryan White Program? Crosstabulation

			Overall, how satisfied are you with the Transportation Services, such as bus passes or gas vouchers, you received in the last 12 months through the Ryan White Program?					Total	
			Doesn't apply	Not satisfied	Satisfied	Very satisfied	Very unsatisfied		
Race/ethnicity	American Indian Alaskan Native	Count	0	1	0	0	1	0	2
		% within Race/ethnicity	0.0%	50.0%	0.0%	0.0%	50.0%	0.0%	100.0%
	Asian	Count	0	0	1	0	0	0	1
		% within Race/ethnicity	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%
	Black or African American (non-Hispanic)	Count	1	13	3	5	11	0	33
		% within Race/ethnicity	3.0%	39.4%	9.1%	15.2%	33.3%	0.0%	100.0%
	Hispanic/Latino	Count	0	5	4	2	6	0	17
		% within Race/ethnicity	0.0%	29.4%	23.5%	11.8%	35.3%	0.0%	100.0%
	Mixed Race	Count	0	1	0	2	2	0	5
		% within Race/ethnicity	0.0%	20.0%	0.0%	40.0%	40.0%	0.0%	100.0%
	Native Hawaiian/Other Pacific Islander	Count	0	0	0	1	2	0	3
		% within Race/ethnicity	0.0%	0.0%	0.0%	33.3%	66.7%	0.0%	100.0%
	Other	Count	0	1	0	0	0	0	1
		% within Race/ethnicity	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	White or Caucasian (non-Hispanic)	Count	1	23	12	9	18	7	70
		% within Race/ethnicity	1.4%	32.9%	17.1%	12.9%	25.7%	10.0%	100.0%
Total		Count	2	44	20	19	40	7	132
		% within Race/ethnicity	1.5%	33.3%	15.2%	14.4%	30.3%	5.3%	100.0%

Table 13: Case Management-Care and Support Services

The subgroup that most reported *always* getting case management for needed care and support services were Whites, followed by Hispanic/Latinos and Blacks.

Race/ethnicity * Over the last 12 months, has your community case manager/social worker helped you get the care and support services you need? Crosstabulation

			Over the last 12 months, has your community case manager/social worker helped you get the care and support services you need?					Total	
			Always	Doesn't apply	Most of the time	Never	Not very often		Sometimes
Race/ethnicity	American Indian Alaskan Native	Count	1	0	1	0	0	0	2
		% within Race/ethnicity	50.0%	0.0%	50.0%	0.0%	0.0%	0.0%	100.0%
	Asian	Count	1	0	0	0	0	0	1
		% within Race/ethnicity	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Black or African American (non-Hispanic)	Count	18	4	8	0	0	3	33
		% within Race/ethnicity	54.5%	12.1%	24.2%	0.0%	0.0%	9.1%	100.0%
	Hispanic/Latino	Count	10	1	4	0	1	1	17
		% within Race/ethnicity	58.8%	5.9%	23.5%	0.0%	5.9%	5.9%	100.0%
	Mixed Race	Count	1	0	4	0	0	0	5
		% within Race/ethnicity	20.0%	0.0%	80.0%	0.0%	0.0%	0.0%	100.0%
	Native Hawaiian/Other Pacific Islander	Count	2	0	1	0	0	0	3
		% within Race/ethnicity	66.7%	0.0%	33.3%	0.0%	0.0%	0.0%	100.0%
	Other	Count	0	0	0	1	0	0	1
		% within Race/ethnicity	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
	White or Caucasian (non-Hispanic)	Count	46	0	10	3	1	10	70
		% within Race/ethnicity	65.7%	0.0%	14.3%	4.3%	1.4%	14.3%	100.0%
Total		Count	79	5	28	4	2	14	132
		% within Race/ethnicity	59.8%	3.8%	21.2%	3.0%	1.5%	10.6%	100.0%

Table 14: Case Management-Referrals

81.8% of African American respondents reported receiving needed case management referrals *always* or *most of the time*, compared to 78.6% of Whites and 64.7% of Hispanic/Latinos.

Race/ethnicity * Over the last 12 months, has your case manager/social worker helped you with referrals for services you were in need of? Crosstabulation

			Over the last 12 months, has your case manager/social worker helped you with referrals for services you were in need of?						Total
			Always	Doesn't apply	Most of the time	Never	Not very often	Sometimes	
Race/ethnicity	American Indian Alaskan Native	Count	1	0	0	0	0	1	2
		% within Race/ethnicity	50.0%	0.0%	0.0%	0.0%	0.0%	50.0%	100.0%
	Asian	Count	1	0	0	0	0	0	1
		% within Race/ethnicity	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Black or African American (non-Hispanic)	Count	18	3	9	0	1	2	33
		% within Race/ethnicity	54.5%	9.1%	27.3%	0.0%	3.0%	6.1%	100.0%
	Hispanic/Latino	Count	9	2	2	0	1	3	17
		% within Race/ethnicity	52.9%	11.8%	11.8%	0.0%	5.9%	17.6%	100.0%
	Mixed Race	Count	1	0	3	0	0	1	5
		% within Race/ethnicity	20.0%	0.0%	60.0%	0.0%	0.0%	20.0%	100.0%
	Native Hawaiian/Other Pacific Islander	Count	3	0	0	0	0	0	3
		% within Race/ethnicity	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Other	Count	0	0	0	1	0	0	1
		% within Race/ethnicity	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
	White or Caucasian (non-Hispanic)	Count	45	3	10	1	2	9	70
		% within Race/ethnicity	64.3%	4.3%	14.3%	1.4%	2.9%	12.9%	100.0%
Total	Count	78	8	24	2	4	16	132	
	% within Race/ethnicity	59.1%	6.1%	18.2%	1.5%	3.0%	12.1%	100.0%	

Table 15: Case Management-Overall Treatment and Care Plan

70.6% of Hispanic/Latino respondents reported discussing their overall treatment plan with their case manager *always* or *most of the time*, compared to 62.9% of White and 57.5% of African Americans. This may indicate a need for increased emphasis on involving African American in their overall treatment and care plan discussions.

Race/ethnicity * Over the last 12 months, has your case manager/social worker sat down with you and discussed an overall plan for your HIV treatment and care? Crosstabulation

			Over the last 12 months, has your case manager/social worker sat down with you and discussed an overall plan for your HIV treatment and care?						Total	
			Always	Doesn't apply	Most of the time	Never	Not very often	Sometimes		
Race/ethnicity	American Indian Alaskan Native	Count	0	1	0	0	1	0	0	2
		% within Race/ethnicity	0.0%	50.0%	0.0%	0.0%	50.0%	0.0%	0.0%	100.0%
	Asian	Count	0	0	1	0	0	0	0	1
		% within Race/ethnicity	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Black or African American (non-Hispanic)	Count	0	11	8	8	2	2	2	33
		% within Race/ethnicity	0.0%	33.3%	24.2%	24.2%	6.1%	6.1%	6.1%	100.0%
	Hispanic/Latino	Count	0	11	1	1	1	2	1	17
		% within Race/ethnicity	0.0%	64.7%	5.9%	5.9%	5.9%	11.8%	5.9%	100.0%
	Mixed Race	Count	0	3	0	2	0	0	0	5
		% within Race/ethnicity	0.0%	60.0%	0.0%	40.0%	0.0%	0.0%	0.0%	100.0%
	Native Hawaiian/Other Pacific Islander	Count	0	2	0	1	0	0	0	3
		% within Race/ethnicity	0.0%	66.7%	0.0%	33.3%	0.0%	0.0%	0.0%	100.0%
	Other	Count	0	0	0	0	1	0	0	1
		% within Race/ethnicity	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
	White or Caucasian (non-Hispanic)	Count	1	27	6	17	9	4	6	70
		% within Race/ethnicity	1.4%	38.6%	8.6%	24.3%	12.9%	5.7%	8.6%	100.0%
Total	Count	1	55	16	29	14	8	9	132	
	% within Race/ethnicity	0.8%	41.7%	12.1%	22.0%	10.6%	6.1%	6.8%	100.0%	

Table 16: Case Management-Medical Appointment Adherence

72.9% of White respondents reported discussing medical appointment adherence with their case manager *always* or *most of the time*, compared to 70.6% of Hispanic/Latinos and 69.7% of African Americans.

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

			Over the last 12 months, has your case manager/social worker talked to you about you HIV medical care and the importance of keeping your doctor appointments?					Total	
			Always	Doesn't apply	Most of the time	Never	Not very often		Sometimes
Race/ethnicity	American Indian Alaskan Native	Count	1	0	0	1	0	0	2
		% within Race/ethnicity	50.0%	0.0%	0.0%	50.0%	0.0%	0.0%	100.0%
	Asian	Count	1	0	0	0	0	0	1
		% within Race/ethnicity	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Black or African American (non-Hispanic)	Count	18	5	5	1	1	3	33
		% within Race/ethnicity	54.5%	15.2%	15.2%	3.0%	3.0%	9.1%	100.0%
	Hispanic/Latino	Count	12	1	0	1	2	1	17
		% within Race/ethnicity	70.6%	5.9%	0.0%	5.9%	11.8%	5.9%	100.0%
	Mixed Race	Count	2	0	2	0	0	1	5
		% within Race/ethnicity	40.0%	0.0%	40.0%	0.0%	0.0%	20.0%	100.0%
	Native Hawaiian/Other Pacific Islander	Count	3	0	0	0	0	0	3
		% within Race/ethnicity	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Other	Count	0	0	0	1	0	0	1
		% within Race/ethnicity	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
	White or Caucasian (non-Hispanic)	Count	45	4	6	8	1	6	70
		% within Race/ethnicity	64.3%	5.7%	8.6%	11.4%	1.4%	8.6%	100.0%
Total		Count	82	10	13	12	4	11	132
		% within Race/ethnicity	62.1%	7.6%	9.8%	9.1%	3.0%	8.3%	100.0%

Table 17: Case Management-Medication Adherence

75.7% of White respondents reported discussing medication adherence with their case manager *always* or *most of the time*, compared to 78.8% of African Americans and 64.7% of Hispanic/Latinos. This may indicated that case managers working with Hispanic/Latino clients are not discussing medication adherence as often or that Hispanic/Latino clients are discussing medication adherence with other staff, e.g. their HIV medical provider.

Race/ethnicity * 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?
Crosstabulation

			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?					Total	
			Always	Doesn't apply	Most of the time	Never	Not very often		Sometimes
Race/ethnicity	American Indian Alaskan Native	Count	0	1	0	0	1	0	2
		% within Race/ethnicity	0.0%	50.0%	0.0%	0.0%	50.0%	0.0%	100.0%
	Asian	Count	0	1	0	0	0	0	1
		% within Race/ethnicity	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Black or African American (non-Hispanic)	Count	0	19	5	7	1	0	33
		% within Race/ethnicity	0.0%	57.6%	15.2%	21.2%	3.0%	0.0%	100.0%
	Hispanic/Latino	Count	0	11	2	0	3	1	17
		% within Race/ethnicity	0.0%	64.7%	11.8%	0.0%	17.6%	5.9%	100.0%
	Mixed Race	Count	0	2	0	2	0	1	5
		% within Race/ethnicity	0.0%	40.0%	0.0%	40.0%	0.0%	20.0%	100.0%
	Native Hawaiian/Other Pacific Islander	Count	0	3	0	0	0	0	3
		% within Race/ethnicity	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Other	Count	0	0	0	0	1	0	1
		% within Race/ethnicity	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%
	White or Caucasian (non-Hispanic)	Count	1	43	3	10	3	7	70
		% within Race/ethnicity	1.4%	61.4%	4.3%	14.3%	4.3%	10.0%	100.0%
Total		Count	1	80	10	19	5	8	132
		% within Race/ethnicity	0.8%	60.6%	7.6%	14.4%	3.8%	6.1%	100.0%

Table 18: Case Management-Social Behavioral Improvement

White respondents most frequently reported a social behavioral improvement via case management services (77.1%), followed by African Americans (63.6%) and Hispanic/Latinos (58.8%). This may highlight an increased stigma for Hispanic/Latino clients in discussing their personal problems, feelings, or situations with case managers.

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

			Over the last 12 months, has your case manager/social worker helped you improve the problems, feelings, or situations that you talk to them about?						Total
			Always	Doesn't apply	Most of the time	Never	Not very often	Sometimes	
Race/ethnicity	American Indian Alaskan Native	Count	1	0	0	0	1	0	2
		% within Race/ethnicity	50.0%	0.0%	0.0%	0.0%	50.0%	0.0%	100.0%
	Asian	Count	1	0	0	0	0	0	1
		% within Race/ethnicity	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Black or African American (non-Hispanic)	Count	14	5	7	1	0	6	33
		% within Race/ethnicity	42.4%	15.2%	21.2%	3.0%	0.0%	18.2%	100.0%
	Hispanic/Latino	Count	10	2	0	1	1	3	17
		% within Race/ethnicity	58.8%	11.8%	0.0%	5.9%	5.9%	17.6%	100.0%
	Mixed Race	Count	3	0	1	0	1	0	5
		% within Race/ethnicity	60.0%	0.0%	20.0%	0.0%	20.0%	0.0%	100.0%
	Native Hawaiian/Other Pacific Islander	Count	3	0	0	0	0	0	3
		% within Race/ethnicity	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Other	Count	0	0	0	1	0	0	1
		% within Race/ethnicity	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
	White or Caucasian (non-Hispanic)	Count	39	6	15	3	1	6	70
		% within Race/ethnicity	55.7%	8.6%	21.4%	4.3%	1.4%	8.6%	100.0%
Total		Count	71	13	23	6	4	15	132
		% within Race/ethnicity	53.8%	9.8%	17.4%	4.5%	3.0%	11.4%	100.0%

Table 19: Overall HIV Case Management

Nearly the same percentage of African Americans and Whites surveyed reported being satisfied with their overall HIV case management *always* or *most of the time*, which was slightly higher than that of Hispanic/Latinos.

Race/ethnicity * Overall, how satisfied are you with the services you received from your HIV case manager/social worker over the last 12 months? Crosstabulation

			Overall, how satisfied are you with the services you received from your HIV case manager/social worker over the last 12 months?						Total
			Always	Doesn't apply	Most of the time	Never	Not very often	Sometimes	
Race/ethnicity	American Indian Alaskan Native	Count	1	0	0	0	1	0	2
		% within Race/ethnicity	50.0%	0.0%	0.0%	0.0%	50.0%	0.0%	100.0%
	Asian	Count	1	0	0	0	0	0	1
		% within Race/ethnicity	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Black or African American (non-Hispanic)	Count	20	2	7	0	0	4	33
		% within Race/ethnicity	60.6%	6.1%	21.2%	0.0%	0.0%	12.1%	100.0%
	Hispanic/Latino	Count	9	1	4	1	1	1	17
		% within Race/ethnicity	52.9%	5.9%	23.5%	5.9%	5.9%	5.9%	100.0%
	Mixed Race	Count	3	0	2	0	0	0	5
		% within Race/ethnicity	60.0%	0.0%	40.0%	0.0%	0.0%	0.0%	100.0%
	Native Hawaiian/Other Pacific Islander	Count	3	0	0	0	0	0	3
		% within Race/ethnicity	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Other	Count	0	0	0	1	0	0	1
		% within Race/ethnicity	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
	White or Caucasian (non-Hispanic)	Count	45	1	12	2	1	9	70
		% within Race/ethnicity	64.3%	1.4%	17.1%	2.9%	1.4%	12.9%	100.0%
Total		Count	82	4	25	4	3	14	132
		% within Race/ethnicity	62.1%	3.0%	18.9%	3.0%	2.3%	10.6%	100.0%

Table 20: Health Insurance Assistance

Overall, most racial/ethnic subgroups reported being *satisfied* or *very satisfied* with health insurance related services. The highest among those surveyed were African Americans.

Race/ethnicity * 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? Crosstabulation

			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?					Total
			Doesn't apply	Not satisfied	Satisfied	Very satisfied	Very unsatisfied	
Race/ethnicity	American Indian Alaskan Native	Count	0	0	0	2	0	2
		% within Race/ethnicity	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%
	Asian	Count	0	0	0	1	0	1
		% within Race/ethnicity	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%
	Black or African American (non-Hispanic)	Count	2	0	8	23	0	33
		% within Race/ethnicity	6.1%	0.0%	24.2%	69.7%	0.0%	100.0%
	Hispanic/Latino	Count	0	2	6	9	0	17
		% within Race/ethnicity	0.0%	11.8%	35.3%	52.9%	0.0%	100.0%
	Mixed Race	Count	1	1	0	3	0	5
		% within Race/ethnicity	20.0%	20.0%	0.0%	60.0%	0.0%	100.0%
	Native Hawaiian/Other Pacific Islander	Count	0	0	0	3	0	3
		% within Race/ethnicity	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%
	Other	Count	0	0	1	0	0	1
		% within Race/ethnicity	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
	White or Caucasian (non-Hispanic)	Count	4	6	27	32	1	70
		% within Race/ethnicity	5.7%	8.6%	38.6%	45.7%	1.4%	100.0%
Total		Count	7	9	42	73	1	132
		% within Race/ethnicity	5.3%	6.8%	31.8%	55.3%	0.8%	100.0%

Qualitative Comments from Surveys

Survey participants were given a free-form space to list any additional comments regarding Ryan White services in the last 12 months. Their comments are shown below, with all staff and agency names removed.

- *“My [mental health counselor] is excellent. Helpful in my therapy for recovery.”*
- *“It’s not fare that some clients get services and not others, everyone is not treated equal.”*
- *“Ryan White...has changed my life for the better. I feel I have a future.”*
- *“[My mental health professional] works for me...”*
- *“[My case manager] has very sophisticated etiquette, quality communication skills and knows how to create a very comfortable setting. [They are] committed to this organization and [their] timing is superb.”*
- *“Overall I am very satisfied with the system and the support I receive.”*
- *“Good overall”*
- *“I have Ryan White! But I use my Private Insurance.”*
- *“I do enjoy participating in surveys or comments cards.”*
- *“You really have good service the only problem is I don’t know what else the RW insurance cover.”*

- *“They need to be more client friendly and more helpful.”*
- *“I would like to see the Smith’s food vouchers”*
- *“[My health education/risk reduction person] is the best. They are on the ball when it comes to assistance HIV/AIDS.”*
- *“Everyone I have had interaction with at [Agency A was] very knowledgeable, help steer me in the right direction and followed up. However, when dealing with [Agency B]. There were calls that were not returned, information given was inaccurate or incomplete. I understand that it was not their intention but after dealing with the I was left feeling very frustrated or left to believe that I was not eligible for services (which it turned out I was).”*
- *“The services in Las Vegas are abundant and helpful professional refer you with no problems.”*
- *“I have had little success at [Agency C]. The case worker at [Agency D] didn’t stay with me when I became homeless. I don’t know all of the resources available.”*
- *“great services”*
- *“Problems with Walgreens getting meds on time”*
- *“Unable to get doc apt for 8 months no med no eyeglasses no dental”*
- *“Need transportation to doctor in kingman az”*
- *“Hoping that kingman will get more meeting to get more people with HIV here”*
- *“Services are excellent”*
- *“Not enough straight HIV supportive services such as coping skills and the straight HIV community in Las Vegas is isolated!!!!!!”*
- *“Have a lot of collection agencies after me for lots and lots of co-pays”*
- *“I have never been satisfied with [Agency E’s] check in process to the case workers who are never the same. Dietician assistance has been complicated. Other services like mental health are great at [Agency F].*
- *“1. I have relied on [Agency G] for transportation assistance, i.e. passes for RTC Paratransit Services. This month I was told that there were out of passes and didn’t know when they would get any. I tried to contact my Case Manager for possible alternatives, but I could only get [their] voice mail and he never returned my calls. Paratransit is my lifeline to everything. Without passes I cannot get to my Dr. appointments, counseling, pantry, pharmacy, grocery store or*

anywhere! I cannot work due to my disability and totally rely on my family for rent, utilities, etc. There is no way that I can ask them for more help. I have contacted other agencies and they all seem to have passes for RTC fixed route services, but not for Paratransit. My opinion only, but it seems to me that disabled persons need transportation assistance more than those that are able to drive, ride fixed route buses and/or walk. 2. Last year I spent a considerable amount of time in the hospital. My mother, who I rely on for most of my financial assistance, did not assist me during this time. She was afraid that I would not receive any money that she sent. During that time I got behind on my rent and pretty much everything else. I applied, through [Agency H], for rental assistance and was denied. They did make a partial payment of \$250.00 (approximately, I can't remember the exact amount) and was then told that the reason for the denial was because I had no verifiable income. If I had an actual verifiable income, I wouldn't need assistance! Doesn't make a lot of sense to me."

- *"My social worker needs more training"*
- *"Need money for car repair. Would love to know if we can get some help."*
- *"I am very satisfied with the services I get through Ryan White. I guess the only thing that would make it easier would be that our Food Voucher be \$25.00 instead of it being lowered to \$15.00."*
- *"Service has been conflicting, inadequate & onerous requirements. Also, some of the new requirements in re food vouchers & receipts (including travel vouchers) are too punitive in nature for failure, contravention to the original intent of the RW program."*
- *"in the month of October I had three family members pass away and the tires on my car went bad all 4 of them I did not know where to turn for help with paying rent bills etc so I could be home in MI with my family I now main debt over 1500.00 and don't know how I'm going to be able to pay off the back debt."*

SUMMARY

The qualitative comments appear to give a balanced/mixed client perspective on services received in 2014. Some respondents reported being extremely satisfied with the quality of services received, especially mental health related services and staff. Others reported being dissatisfied with certain services, such as food vouchers and transportation.

Interestingly, the Hispanic/Latino clients surveyed reported most often discussing lab results, medication side effects, and personal or intimate issues with their medical provider. Language may play a factor in the building the rapport between provider and client, in this instance discussing these topics in Spanish likely makes communication clearer.

African American clients reported most often receiving the medical appointments in a timely manner and being satisfied with accessing or picking up their HIV medications. Overall, White respondents were most likely to indicate dissatisfaction with services or receiving necessary services least often. This may be an artifact of Whites representing the highest number of racial/ethnic groups surveyed.

Interpretation and generalizability of these results is limited given the small number of Hispanic/Latino (17 total) and African American (33 total) clients who participated.

CONCLUSION

The Ryan White Part A Quality Management Plan will use the results of this survey to inform the RWPA Planning Council, as well as other stakeholders. The Clinical Quality Management (CQM) Coordinator plans to revise the current survey tool, considering novel ways to capture client's awareness of services available in the TGA. Future assessments may consider methods to increase participation from minority clients.