



2018

2018 UPDATED NEEDS ASSESSMENT REPORT



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Funded through the Ryan White
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The Palm Beach County (Area 9) jurisdictional HIV Needs Assessment is the product of input and perspective from a broad spectrum of stakeholders in the community including people living with HIV/AIDS (PLWHA), agencies providing HIV patient care and prevention services, and other community stakeholders in Palm Beach County. Their participation brought tremendous value to the process of identifying the unmet needs of PLWHA.

The Palm Beach County Community Services Department, Ryan White Part A Program, wishes to extend their appreciation and thanks to all of the individuals and organizations that participated and contributed to this process. The commitment and collective efforts of these individuals, agencies and organizations will help move Palm Beach County forward in assuring that the needs of our most vulnerable citizens are met, and that new HIV infection is reduced.

There were numerous individuals who assisted in this project including the Ryan White Part A and Part B service providers, Grantee staff, consumers, volunteers, and other Community Based Organizations.

Note:

This needs assessment was originally conducted in 2016 by Berthline Isma, PhD. It is an amalgamation of the work conducted by Dr. Isma (2016), the HIV/AIDS Integrated Needs Assessment prepared by the Health Council of Southeast Florida (2017), and most recent data and assessments conducted by the current Health Planner of the Ryan White Program (2018). All statistical epidemiological data included in this document, is the most recent data from the Florida Department of Health and the Center for Disease Control.

I. Introduction

A community needs assessment is a process for obtaining and analyzing information to determine the status and service needs of a defined population or geographic area. ¹The Ryan White HIV/AIDS Program needs assessment is a process of collecting information about the needs of People Living with HIV/AIDS (PLWHA)-both those receiving care and those not in care. Steps involve gathering data from multiple sources on the number of HIV and AIDS cases, the needs and service barriers of PLWHA, and current resources (Ryan White HIV/AIDS Program and other) available to meet those needs. This information is then analyzed to identify what services are needed, what services are being provided, and what service gaps remain, overall and for particular groups of PLWAs.

Needs assessments are expected to generate information about the size and demographics of the HIV/AIDS population within the services area and the needs of PLWA who know their status and are not receiving services. Additionally, the needs assessment is conducted to reveal and address the disparities in access and services among infected and affected subpopulations and historically underserved communities.

The needs assessment data tells the Ryan White Program what the community needs and to better serve those with HIV/AIDS in Palm Beach County. The information is also used to help guide decisions in the Palm Beach County Integrated Prevention and Care Plan 2017-2021, which is the County's component of the Statewide Integrated Plan and a component of the National HIV Strategy.

Layout of the Report

This report presents the characteristics of survey respondents in the West Palm Beach Eligible Metropolitan Area (WPB-EMA), focus group respondents in specific geographic areas, and basic aggregate results of responses provided to survey questions and other interview/focus group questions and responses. A description of the methods used to conduct the 2016-2019 Integrated Needs Assessment and analyze the data, as well as a copy of the survey instruments, are included as appendices to this report.

¹Ryan White HIV/AIDS Program Part A Manual-Revised 2013

II. Executive Summary

Overview and Purpose

The 2016 (2018 updated) Palm Beach County HIV/AIDS Needs Assessment includes information and findings as it relates to medical and support service needs, barriers to care, and other factors influencing health disparities and inequities for people living with HIV/AIDS (PLWHA) in the Palm Beach County. The needs assessment is essentially conducted through the Planning Council. The information gathered in this process is used to set priorities for the allocation of HIV patient care funds, in the development of the Local Integrated Plan, and in the design of annual service implementation plans.

According to Ryan White HIV/AIDS Program Part A Manual, Section 2602(b)(4) of Title XXVI of the Public Health Service (PHS) Act requires the planning council to:

- A. “determine the size and demographics of the population of individuals with HIV/AIDS, as well as the size and demographics of the estimated population of individuals with HIV/AIDS who are unaware of their HIV status;
- B. “determine the needs of such population, with particular attention to:
 - i. individuals with HIV/AIDS who know their HIV status and are not receiving HIV-related services;
 - ii. disparities in access and services among affected subpopulations and historically underserved communities, and
 - iii. individuals with HIV/AIDS who do not know their HIV status.”

Also, 2602(b)(4)(G) of the PHS Act requires planning councils to “establish methods for obtaining input on community needs and priorities which may include public meetings, (in accordance with paragraph (7)), conducting focus groups, and convening ad-hoc panels.”

Methodology

The integrated Needs Assessment 2016-2019 utilized three data collection strategies including surveys of PLWHA, provider interviews, focus group sessions of PLWHA, and One-on-One interviews with Consumers. The Needs Assessment was a collaborative process between HIV prevention and care stakeholders, the Palm Beach County CARE Council, the Health Council of Southeast Florida, the Community Prevention Partnership, and individual providers of HIV services.

Inclusion criteria were an HIV or AIDS diagnosis and residency in Palm Beach County. Participants were self-selected and self-identified according to these criteria. Surveys were administered in English and Creole, with staff and bilingual interpreters available. Participation was voluntary, anonymous, and monetarily incentivized; and respondents were advised of these conditions verbally and in writing. Most surveys were completed in 20 to 40 minutes. 357 consumer surveys were collected from September to January 2017 during 10 survey sessions at 9 survey sites and focus groups were conducted in 2017 and 2018.

Summary

This (updated) needs assessment includes the latest HIV/AIDS statistics for Palm Beach County, focus groups and one-on-one interviews with consumers, and highlights of health disparities in access and services among historically underserved communities.

III. Epidemiology

The data source group for the following sections are Florida Department of Health, HIV/AIDS & Hepatitis Program (2017), AIDS Incidence, AIDS Prevalence, and HIV (Not AIDS) Prevalence.

Palm Beach County Demographics

Palm Beach County is located along Florida’s Atlantic coast, with an area of 1,970 square miles¹. It is the largest and third most populated county in Florida with a 2017 estimated population of 1,411,054. In 2017, 323 people were newly diagnosed with HIV, 151 were newly diagnosed with AIDS, and the total population of people living with HIV/AIDS (PLWHA) reached a high of 8,488, producing a prevalence rate of 601 per 100,000 population. Of the 323 people that were newly diagnosed with HIV (not AIDS) in Palm Beach County over one-half (59.5%) were Black; slightly less than one-fourth (23.9%) were White; one-fifth (14.9%) were Hispanic. The MSM population (with 167 newly diagnosed) accounted for over half, 52% of those individuals that tested positive in 2017.

People Living with HIV (HIV Not AIDS) Prevalence

²As of June 30, 2018, the number of people living with HIV (Not AIDS) in Palm Beach County was 8,488. This translates to an HIV prevalence rate of 601.5 per 100,000.

Persons Living with HIV (PLWH), Per 100,000 Population, Single Year								
	Palm Beach	Palm Beach	Palm Beach	Palm Beach	Florida	Florida	Florida	Florida
Year	Count	Denom	Rate	MOV (+/-)	Count	Denom	Rate	MOV (+/-)
2017	8,488	1,411,054	601.5	12.8	116,944	20,555,728	568.9	3.3

(Table 1, Persons Living with HIV, FLDOH)

People Living with AIDS Prevalence

As of June 30, 2018, the number of people living with AIDS (PLWA) in Palm Beach County was 151, representing an AIDS prevalence rate of 10.7 per 100,000.

AIDS Cases, Per 100,000 Population, Single Year								
	Palm Beach	Palm Beach	Palm Beach	Palm Beach	Florida	Florida	Florida	Florida
Year	Count	Denom	Rate	MOV (+/-)	Count	Denom	Rate	MOV (+/-)
2017	151	1,411,054	10.7	1.7	2,044	20,555,728	9.9	0.4

(Table 2, AIDS Cases, FLDOH)

¹ U.S. Census Bureau, Quick Facts, 2017-2018.

² Data Source: Florida Department of Health, HIV/AIDS Section

Disproportionate Impact on Historically Underserved Communities
 HIV/AIDS has a significant disproportionate impact on Palm Beach County's minority communities, as indicated in the following table:

HIV/AIDS EPIDEMIOLOGICAL PROFILE
Persons Living with HIV/AIDS in Palm Beach County, 2017

Demographic Group	2017	% of Total
Race/Ethnicity		
White	2,025	23.9%
Black	5,051	59.5%
Hispanic	1,264	14.9%
Asian/Pacific Islander	39	0.5%
American Indian/Alaska Native	4	0.0%
Other	105	1.2%
Totals	8,488	100.0%

(Table 3, EPI Profile, FLDOH)

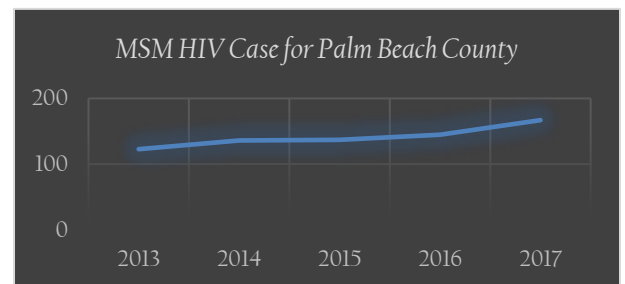
Based on the data above table, the HIV/AIDS rate among African American is significantly higher than any other ethnic group. The Black and Hispanic population in Palm Beach County, geographically the most underserved communities, account for almost 75% of those living with HIV/AIDS in the County.

Another underserved community is the LGBTQ community in Palm Beach County. Although Palm Beach County has a significant LGBTQ community, there is no official record of the exact number. However, nationally, "According to the Williams Institute, there are more than 1 million LGBTQ African Americans currently living in the United States, with approximately 3.7 percent of all African American people identifying as LGBTQ. LGBTQ African Americans are disproportionately young and disproportionately female, and nearly one-third of all African American same-sex couples are raising children."

In Palm Beach County, the rate of infection among MSMs (MSM-Men who have sex with men or male-to-male sexual contact. The term MSM indicates a behavior that allows for HIV transmission, it does not indicate how individuals self-identify in terms of sexuality or gender), has significantly increased over the past five years. The chart below illustrates the increase in infection rates among MSMs.

Palm Beach County					
HIV Cases, MSM					
	2017	2016	2015	2014	2013
County	Count	Count	Count	Count	Count
Florida	3,046	2,866	2,861	2,720	2,505
Palm Beach	167	137	145	136	123

(Table 4, MSM Cases for PBC, PBCDOH)



(Figure 1, HIV MSM Cases, FLDOH)

HIV and AIDS Data Trends

The total number of new HIV cases in Palm Beach County has fluctuated over the past five years. The raw data indicates that the number of new cases among whites has increased from 79 in 2013 to 86 in 2017. Additionally, the number of new cases among African Americans has decreased from 185 in 2013 to 167 in 2017. These numbers do not paint a full picture of the epidemic in Palm Beach County. The percentage of African Americans within the total population in Palm Beach County (1,411,054) is only 18%, which indicates although the actual numbers appear to be decreasing, the prevalence rate for African American is actually higher (See Chart w/Prevalence Rates).

HIV/AIDS EPIDEMIOLOGICAL PROFILE, Palm Beach County HIV Diagnoses from 2013 to 2017

Demographic Group/Exposure Category	2013		2014		2015		2016		2017		2013–2017
	N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total	% Change
Race/Ethnicity											
White	79	24.4%	80	25.2%	70	24.7%	68	22.8%	86	26.6%	8.9%
Black	185	57.1%	167	52.7%	150	53.0%	167	56.0%	167	51.7%	-9.7%
Hispanic	56	17.3%	63	19.9%	54	19.1%	57	19.1%	63	19.5%	12.5%
Asian/Pacific Islander	1	0.3%	2	0.6%	7	2.5%	3	1.0%	5	1.5%	400.0%
American Indian/Alaska Native	1	0.3%	0	0.0%	0	0.0%	1	0.3%	0	0.0%	-0.3%
Other	2	0.6%	5	1.6%	2	0.7%	2	0.7%	2	0.6%	0.0%
Sex											
Male	209	64.5%	213	67.2%	201	71.0%	210	70.5%	241	74.6%	15.3%
Female	115	35.5%	104	32.8%	82	29.0%	88	29.5%	82	25.4%	-28.7%

(Table 5, HIV Diagnosis, FLDOH)

HIV/AIDS EPIDEMIOLOGICAL PROFILE, Palm Beach County

Persons Living with HIV/AIDS in 2015, 2016 and 2017, Prevalence Rates

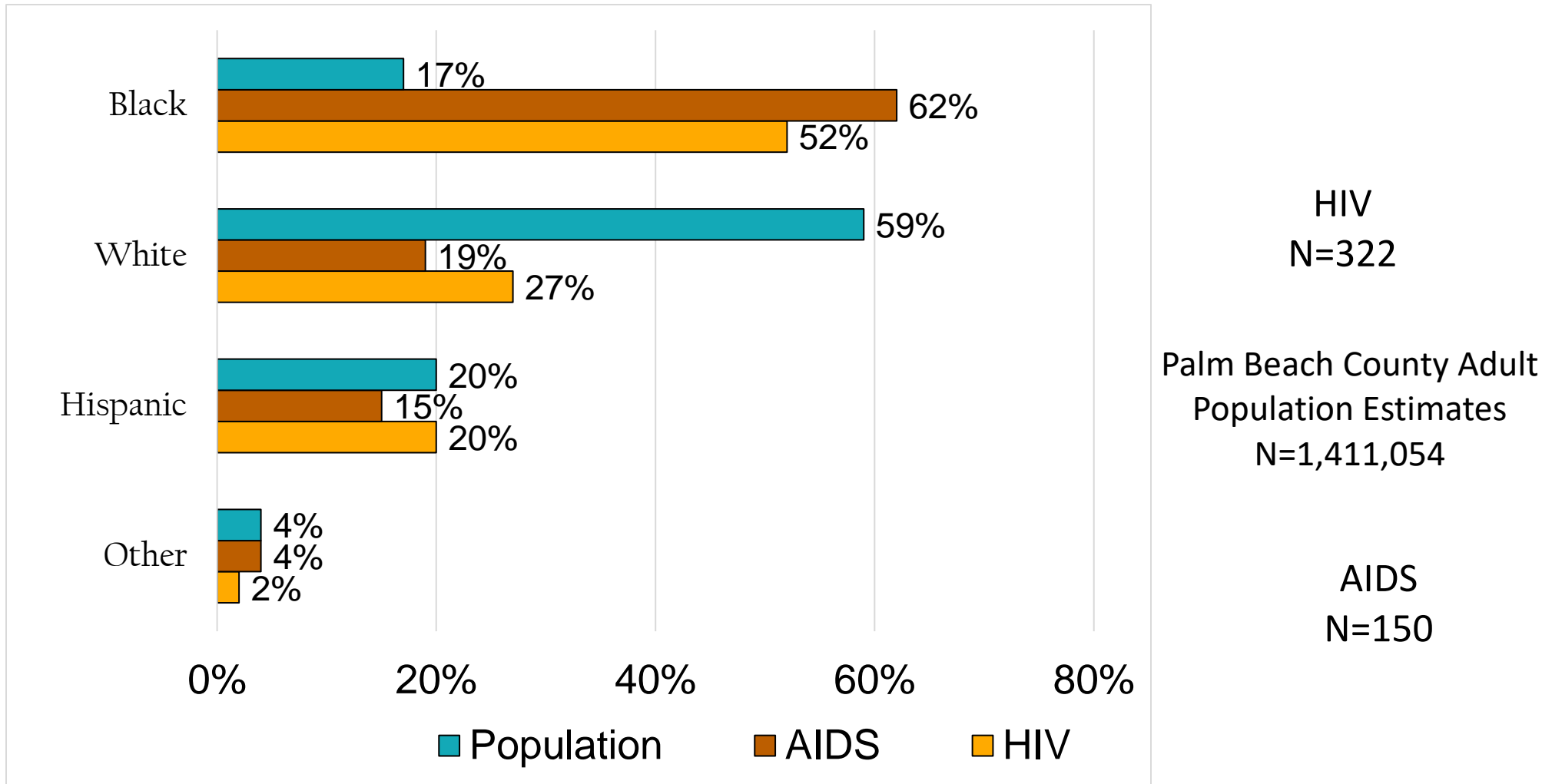
Demographic Group/Exposure Category	Persons Living with HIV/AIDS (PLWHA)									
	2015	% of Total	Rate	2016	% of Total	Rate	2017	% of Total	Rate	% Change
Race/Ethnicity										
White	1,992	24.0%	251.7	2,006	23.9%	253.9	2,025	23.9%	256.3	1.7%
Black	4,974	59.9%	1997.1	5,009	59.8%	1976.8	5,051	59.5%	1955.1	1.5%
Hispanic	1,197	14.4%	419.3	1,219	14.5%	414.7	1,264	14.9%	417.3	5.6%
Asian/Pacific Islander	33	0.4%	-	35	0.4%	-	39	0.5%	-	18.2%
American Indian/Alaska Native	4	0.0%	-	5	0.1%	-	4	0.0%	-	0.0%
Other	109	1.3%	-	109	1.3%	-	105	1.2%	-	-3.7%

(Table 6, HIV Demographics for Palm Beach County, FLDOH)

Nationally (44%) and locally (51%), African American make up all new HIV diagnoses. African Americans make up 12% of the US population, but 44% of the new HIV diagnosis. African Americans make up 18% of the population in Palm Beach County, but 51% of all new diagnoses. There are many factors, but mostly historical socioeconomic factors, from lack of insurance to limited health literacy to lack of employment and education to systemic disenfranchisement and institutional inequality in Black communities. Other factors include:

- A higher percentage of African Americans are living with HIV compared to other races/ethnicities. Because African Americans tend to have sex partners of the same race, they have a greater chance of coming in contact with HIV.
- Some African American communities continue to experience higher rates of other sexually transmitted diseases (STDs) when compared to other races/ ethnicities. Having another STD can significantly increase a person's chance of getting or transmitting HIV.
- In the US, around 74,000 African Americans do not know their HIV status. People who do not know they have HIV cannot get the treatment they need and may pass the infection to others without knowing it.
- Limited access to quality health care, lower income and educational levels, and higher rates of unemployment may place some African Americans at higher risk for HIV.
- Stigma, fear, discrimination, and homophobia may also place many African Americans at higher risk for HIV.

Percentage of Adult (Age 13+) HIV and AIDS Cases Diagnosed in 2017 and Population, by Race/Ethnicity, Palm Beach County



(Figure 2, Diagnosed Cases, FLDOH)

*The Epidemic in Palm Beach County

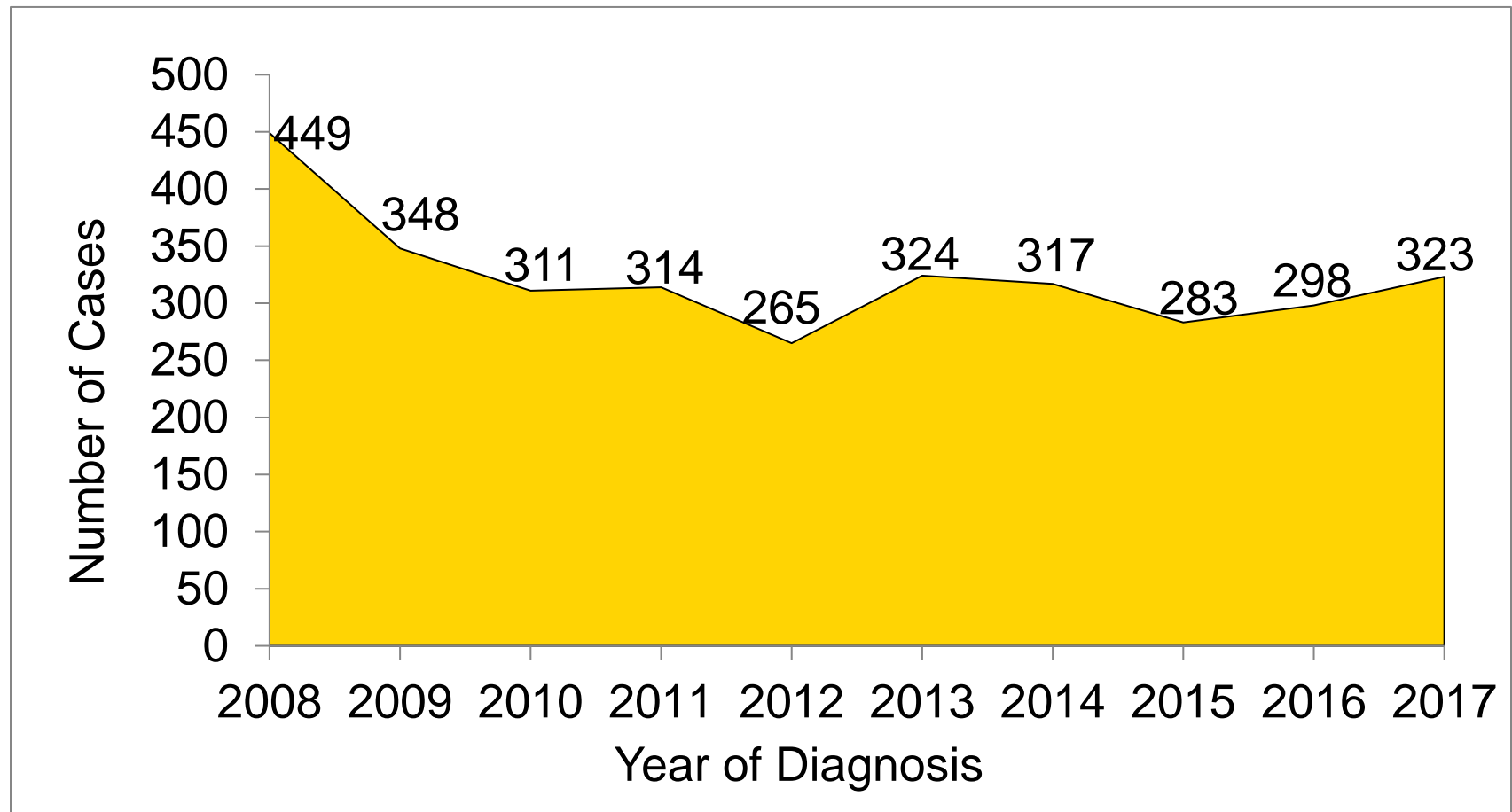
	2016	2017	Trend
Population	1,395,117	1,411,054	1.1% increase
Diagnosed HIV cases	298	323	8.4% increase
Diagnosed AIDS cases	144	151	4.9% increase
Pediatric AIDS cases diagnosed	1	1	
Perinatal HIV cases	0	0	
People diagnosed living with HIV (Prevalence)	8,383	8,488	1.3% increase
HIV-related deaths	54	62	14.8% increase

(Table 7, Epidemic in PBC, FLDOH)

*Information retrieved from the Florida Department of Health, Division of Disease Control and Health Protection, December 2018

HIV Cases by Year of Diagnosis, Palm Beach County, 2008–2017

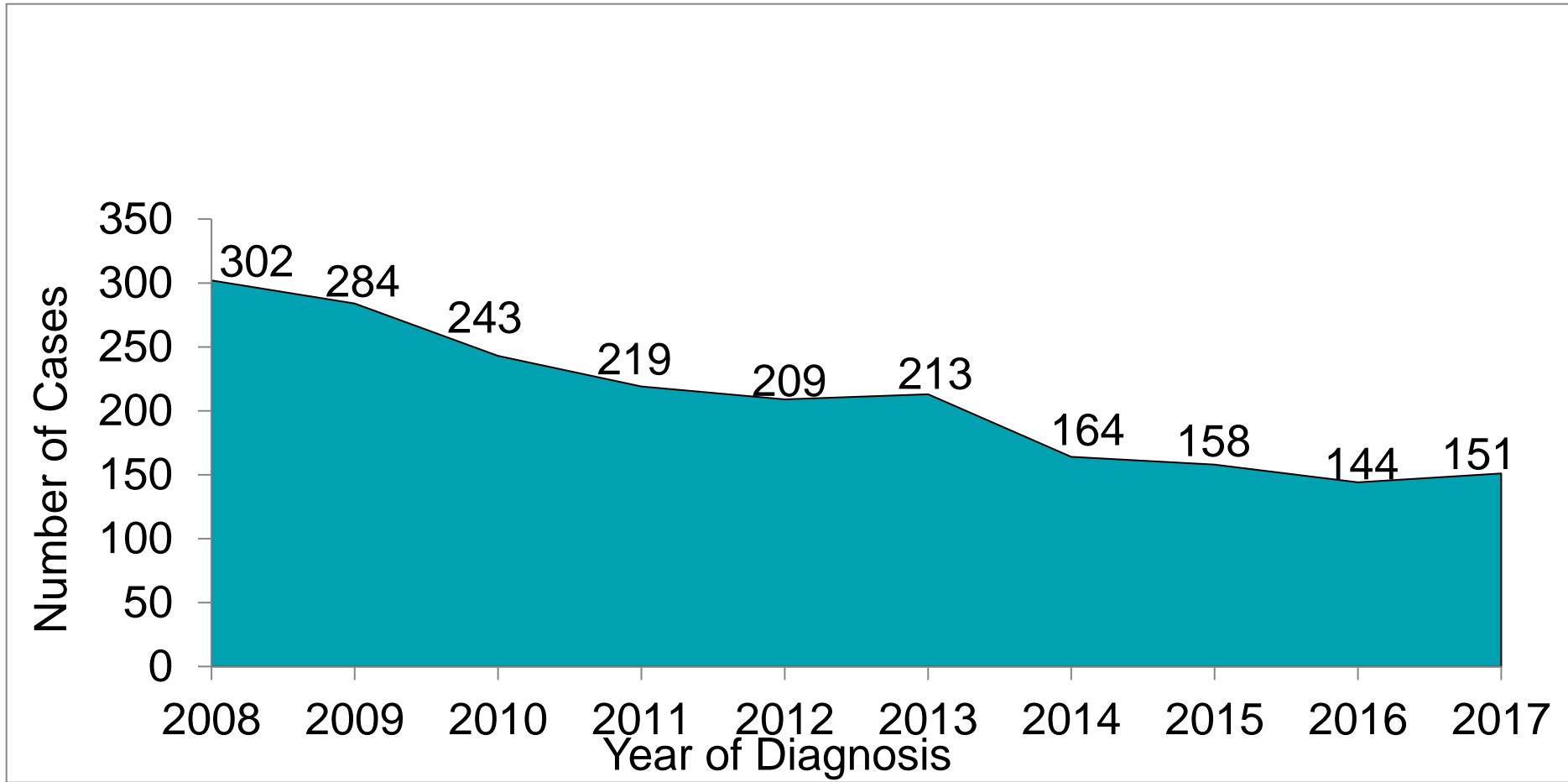
10 Year % Change (2008 to 2017) = 28% Decrease



(Figure 3, HIV Cases, FLDOH)

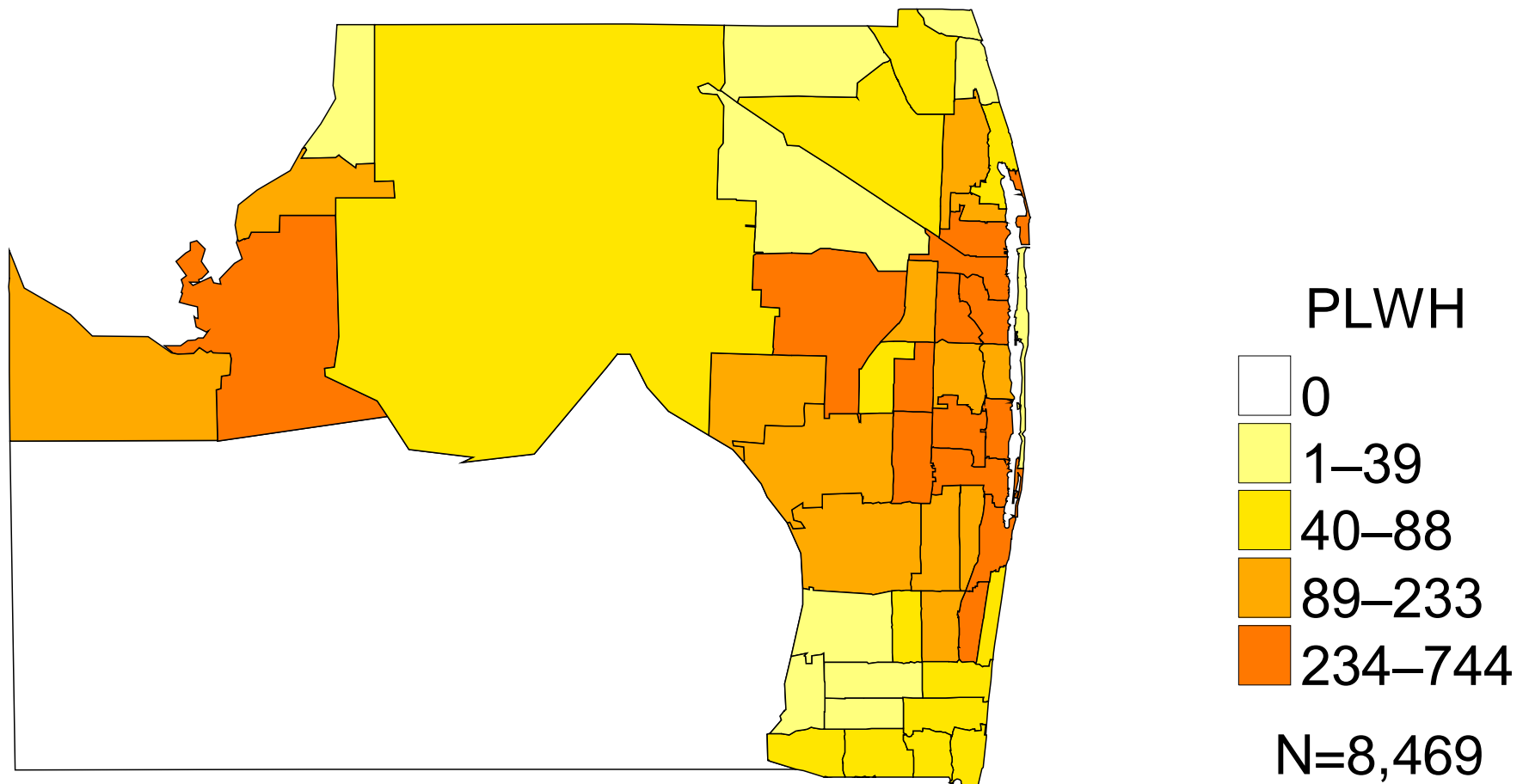
AIDS Cases by Year of Diagnosis, Palm Beach County, 2008–2017

10 Year % Change (2008 to 2017) = 50% Decrease



(Figure 4, AIDS Cases, FLDOH)

Adults (Age 13+) Living with HIV by ZIP, Palm Beach County, Year-end 2017



(Figure 5, Adult HIV Map, FLDOH)

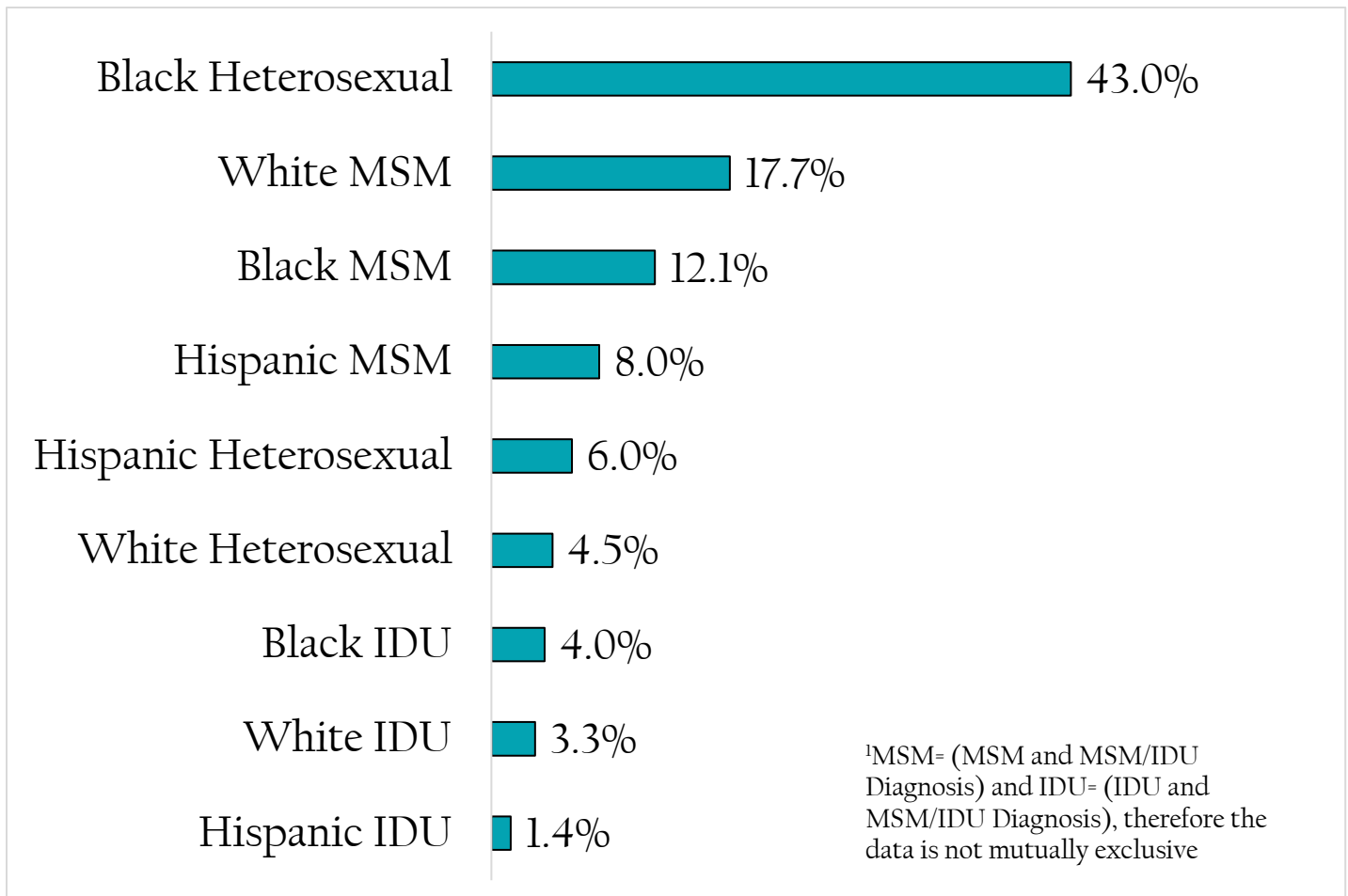
Information from the Florida Department of Health, Division of Disease Control and Health Protection. Excludes DOC, homeless, and cases with unknown zips (See N=8,488). Data as of 6/30/2018.

One-In-Statements for Adults (Age 13+)

Living with HIV on Palm Beach County, Year-end 2017

- One in 144 adults in Palm Beach County were known to be living with HIV
 - One in 355 Whites were living with HIV
 - One in 41 Blacks were living with HIV
 - One in 192 Hispanics were living with HIV

Palm Beach County's Top-Nine Priority Populations¹ Prevention for Positives, 2017



IV. FOCUS GROUPS

PLWHA FOCUS GROUPS (2017)

In 2017, several focus groups were conducted with “special populations”. An overview of those groups are analyzed below. As part of the 2018 Needs Assessment Update, a series of focus groups was held throughout Palm Beach County. These focus groups, which involved a cross section of PLWHAs, were conducted to get feedback on services provided by the Ryan White Program, issues affecting those individuals not in care, and solutions to concerns regarding health disparities and inequities.

The main purpose of Focus Group research is to draw upon respondents' attitudes, feelings, beliefs, experiences and reactions in a way in which would not be feasible using other methods, for example, one-to-one interviewing or questionnaire surveys. Well-run focus groups uncover real feelings and issues and provide richer and more profound information because the dynamics of a group lead to more developed answers than any individual consumer might supply on her/his own

The main advantages of focus groups are:

- they are useful to obtain detailed information about personal and group feelings, perceptions and opinions
- they can provide a broader range of information
- they offer the opportunity to seek clarification
- they provide useful material e.g. quotes for public relations publication and presentations

These focus groups were not held in isolation. For this needs assessment, one-one-interviews, the written survey, and epidemiological data was used an integral part of gauging consumer perceptions. Focus groups were used as a part of the needs assessments to:

- Better interact with consumers, pose follow-up questions or ask questions that probe more deeply,
- Enhance the human side of concerns and needs which is sometimes easier to understand than complicated statistical data, and
- Provide information more quickly than if people were interviewed separately.

These focus groups have been vital, as they help the Ryan Program gain feedback for services and help to further the discussions regarding unmet need and identifying strategies for capacity development.

African-American Heterosexual Focus Group Respondents (2017)

Focus groups respondents reported that barriers to getting medical care were the fear, denial, shame and stigma, not knowing where to go, and long waits with providers.

Factors that would help PLWHA get into care were reported to be assurance of confidentiality, money, and insurance.

Respondents in care reported that funding, case management, insurance helped them get into and stay in care. Respondents felt that over the past 3 years' services have declined due to reduced funding. They felt services have been inadequate in quantity and quality.

When asked these questions in a focus group, "what has helped to get in care and stay in care?" PLWHA representation from this population indicated:

- Family support and,
- Insurance provided by Ryan White.

During the focus group, when participants were asked "why they or others they knew were out of care", the respondents answered that it can be various factors such as:

- Fear,
- Lack of knowledge about the disease and available treatment,
- Denial,
- Addiction, and
- Barriers to accessing care due to lack of education or financial resources.

In addition to issues related to access, participants also discussed:

- Complications with medications and problems with side effects and mentioned the relationship with their providers.
- Participants also expressed frustration on high turnover rates of direct service staff at provider agencies and transportation as issues. They stated that it is difficult to build trust repeatedly when they keep changing case managers.
- Black PLWH identified negative experiences with provider personnel as their most important barriers to care, as well as lack of information about services, and stigma. They often felt that services were not respectful.
- To overcome barriers, they recommended improved communication, more investment in patient education, and respect for them. They also mentioned the housing crisis.

MSM Focus Group Respondents (2017)

When asked in a focus group, “In the past 3 years, have services improved, decline, or remain the same?” members of this population indicated services have improved. Also, when asked in a focus group about the quality of HIV services in Palm Beach County, representation from this population indicated:

- Services have been adequate and they have been able to access the services they need.
- The unique challenges of serving the MSM population include stigma and denial, including fear of learning one’s HIV status or disclosing one’s HIV-positive status, including fear of disclosure of being a MSM and rejection by family.
- During the focus group, the respondents identified the reasons for someone not being in care are lack of knowledge about appropriate care and treatment services, depression and stress, lack of information about treatment and availability of services, having to take time off from work to pick up medications, and bad customer service at provider agencies.
- When asked about what would help MSM get back into care or stay in care, respondents identified facing life or death priority, and reducing or eliminating alcohol and drugs.
- Some identified service gaps and barriers were difficult and time-consuming eligibility process, needs for food bank; some provider’s customer service is terrible; and unmet needs or difficulty accessing emergency financial assistance; dental health care, and transportation.

Haitian Men and Women Focus Group Respondents (2017)

When asked in a focus group, “what will it take to persuade individuals to go back to the doctor for HIV/AIDS medical care?” individuals from this population talked about various issues.

- Counseling, moral support, and knowing where to go is a factor in getting back in care.
- A persistence of stigma about HIV/AIDS in this population, a sense of vulnerability to deportation and a complex non-western system of beliefs about health behavior all make treatment of HIV/AIDS difficult.
- Further complication factors include lack of educational level and illiteracy in either Creole or English.
- Most Haitians are diagnosed in the public hospital inpatient or emergency room units where they present serious illness.
- A significant number of older persons of this population use herbalists and spiritual healers before seeking western medical care, and only when their symptoms have become seriously progressed.

- During the focus group, participants also expressed their ongoing fears and anxieties regarding immigration status and financial and housing insecurities.
- When asked about what it would take to persuade PLWHA who are not in care to get back into care, respondents cited the need to help people overcome fear.
- When asked about what services they need but cannot get, the participant's respondents cited their need for help with financial assistance for housing and an increase on the food voucher.

Youth Focus Group Respondents (2017)

- Respondents stated that healthcare providers at times do not always have all the information regarding medications that may be needed.
- Respondents cited a need for greater education in high schools, including comprehensive sex education.
- They stated that parents do not want the kids to know about sex, and that youth are not comfortable communicating with their parents.
- When asked about HIV prevention, respondents stated that many people do not have access to HIV education, and that overall it was considered a very awkward topic.
- Youth reported that they obtain information mainly from social media, such as YouTube and Facebook.

PLWHA FOCUS GROUPS (2018)

The 2018 focus groups had a solution driven approach and were conducted to gather information and solutions not already known by the Ryan White Program and its providers.

Solution Driven Approach

The focus groups initiated had a “solution driven” approach. In addition to asking participants what is wrong with Ryan White services, we also ask for solutions to their issues. Questions that steer participants towards solutions for their issues rather than focusing on their stated problems or needs. Respondents were asked how they see the problems being solved rather than just stating problems faced accessing services.

Participant Recruitment

Our focus groups, with the help of providers and other CBOs, targeted participants in and out of care and those who are willing to verbalize their concerns and their solutions. We asked providers for recommendations in addition to asking CARE Council members to make recommendations for participation.

Targeted Marketing for Participation

Two flyers were generated-one to providers and CBO's and another targeted to consumers in and out of care. The focus groups were held in (4) geographically diverse areas in addition to consumers who are culturally and ethnically diverse. The targeted population attempted to reflect the epidemiology and demographics of those most affected. Areas included Belle Glade/Pahokee (West), Delray/Boynton (South), Riviera Beach/West Palm Beach (Central), and one focus group dedicated to our most vulnerable population (MSM's of Color).

Provider agency staff who were representatives of or persons who work closely with the population of special concerns recruited focus group participants. At the beginning of each focus group, the definition of being “in primary medical care” was reviewed, as were the HIV services that would be discussed during the focus group. Focus group participants maintained anonymity and agreed to maintain confidentiality. At the end of each focus group session, each participant was given a gift card for their participation in the process.

Focus Group #1 (Riviera Beach) (2018)

Riviera Beach is predominately African American and is on the list of U.S. cities with African American majority populations. The population estimates through July 2018 was 34,674 people living in the City. Riviera Beach has a significant number of PLWHAs. There were four consumers present in addition to Ryan White Staff. The demographics were all African-American, with three males and one female.

Most significant findings for this group included the issues of stigma.

- The group spoke at length about how individuals at social service agencies many times would disclose their status to people in the community. The facilitator interjected that this a violation of HIPPA regulations and anyone they know to violate this law, should be reported.
- The group also discussed the fact that housing was an issue. That specifically affordable housing was scarce and “decent” housing was out of their financial reach.

When asked what were some solutions to the issues of stigma, confidentiality, and housing they suggested:

- “You should market to Black communities with culturally focused materials and ideas surrounding stigma and Black people”
- “Individuals that work in these social service agencies and doctor’s offices should have training in confidentiality and they should be taught that to disclose somebody’s status is a violation of the law”
- “There should be some movement for the waiting list for HOPWA. Cities need to start building affordable housing for their residents.”

Focus Group #2 (Belle Glade) (2018)

Belle Glade plays a prominent role as a source of migrant agricultural labor. According to the U.S. Census estimates of 2018, the City had a population of 19,666. For a time during the early to mid-1980s, the city had the highest AIDS infection rate per capita in the United States. Although the City still has high HIV/AIDS infection rate, they numbers have significantly decreased.

There were eight consumers present in addition to Ryan White staff. The demographics were all African-American, with six females and two males. Most significant findings for this group were:

- Transportation-The issues of not having adequate transportation for doctor appointments without having to be on the road all day. “Because of the lack of door-to-door transportation services, I have to wait mostly all day for one doctor’s appointment because of the length of time riding the bus”
- Confusion of new Health Care District procedures regarding pharmacy and referrals.
- When asked why do they think people are not in care and how do you get them in care they stated that there were two issues: Stigma and Drugs. That people did not come into care for “fear of someone recognizing them” and the other reason included substance abuse issues and “being too high to care.”

Focus Group #3 (Lake Worth) (2018)

Lake Worth is a city in Palm Beach County, which takes its name from the body of water along its eastern border known as the Lake Worth Lagoon. The city's first settlers were Samuel and Fannie James, an African American couple and reported to be ex-slaves, known as the Black Diamonds, who settled on the shores of the Lake Worth Lagoon in 1885.

The focus group held in Lake Worth was for LGBTQ men of color-mainly African-American and Hispanic. There were three consumers present, 1 African-American and 2 Hispanic.

Most significant findings for this group included the issues of how to target gay men of color for the purpose of testing and bringing them into care.

- The group talked about how to target (for marketing) gay men. Areas like clubs, theaters (the art scene) and where they congregate. Media advertisement in art magazines, professional magazines, “off the beaten path” areas and “scenes”.
- The group discussed mental health services once a person is tested positive and access to those services once in care.
- “I do not need a case manager all the time. Sometimes I just want a bus pass or a food voucher. Why do I need to see one every month?”
-

When asked what were some solutions to the issues facing LGBTQ men of color they suggested:

- “Housing is an issue that we need but cannot access due to waiting lists and lack of funding. There should be a creation of a program that considers income guidelines and affordable housing.
- “People making over a certain income should not be totally dropped from the Ryan White program or denied services. There should be a way to phase them and pair them with other individuals to help mentor them and to help them navigate the care system.”
-

Focus Groups (2018) Demographic Data (Self-Reported)

	Zip Code	Age	Gender	Identification	Race	School	Employment	Health Coverage	HIV Positive?	Income	"If you could have three services that would make your life easier, what would they be?"
Riviera Beach	33401	45-54	Male	Straight	Black	Graduate Degree	Full-time	Molina	Yes	\$40,000-\$60,000	Transportation, Food, Dental
	33404	55+	Male	Straight	Black	High School	Less than 35 hours	HCD	Yes	\$0-\$20,000	Housing, Bus Pass, Food
	33404	45-54	Female	Straight	Black	Less than High School	Unemployed	None	Yes	\$0-\$20,000	Housing, Food
Belle Glade	33430	35-44	Female	Straight	Black	Less than High School	Unemployed	None	Yes	\$0-\$20,000	Transportation, Pharmacy, Pantry
	33476	45-54	Male	Gay	Black	High School	Unemployed	None	Yes	\$0-\$20,000	No answer
	33493	55+	Male	Straight	Black	Less than High School	Unemployed	HCD	Yes	\$0-\$20,000	No answer
	33493	55+	Female	Straight	Black	High School	Less than 35 hours	HCD	Yes	\$0-\$20,000	No answer
	33476	45-54	Male	Gay	Black	High School	Unemployed	HCD	Yes	\$0-\$20,000	No answer
	33430	55+	Female	Straight	Black	High School	Homemaker	Medicaid	Yes	\$0-\$20,000	Transportation
	33430	55+	Female	Straight	Black	High School	Unemployed	Medicare	Yes	\$40,000-\$60,000	No answer
	33430	55+	Female	Straight	Black	High School	Unemployed	Medicaid	Yes	\$0-\$20,000	Laughter, Love, Happiness
Lake Worth	33415	55+	Male	Gay	Hispanic	Associates Degree	Unemployed	Private Insurance	Yes	\$0-\$20,000	Injectable Medication
	33463	25-34	Male	Gay	Hispanic	Graduate Degree	Unemployed	None	Yes	\$0-\$20,000	Food, Housing, Transportation
	33409	45-54	Male	Gay	Black	Associates Degree	Less than 35 hours	Private Insurance	Yes	\$0-\$20,000	Eye Care, Employment, Housing

(Table 8, Demographics 2018 Focus Groups, PBCRWP)

V. PROVIDER INTERVIEW FINDINGS

Provider interviews were conducted with Ryan White Part A funded organizations. Provider interview responses included information about providers' efforts to:

- Address racial, gender, and geographic disparities
- Improve services
- Mitigate barriers to delivering services to PLWHA
- Enhance efforts to collaborate and coordinate with other organizations
- Plan for expansion of service delivery

In analyzing providers' responses, several main categories or themes emerged. These categories or themes, as well as more specific responses, are listed in the following sections.

Capacity Building Opportunities:

- Conducting workshops for power of attorney for children if parents are deported; held in Lantana
- Food security: RW is not taking full advantage of food bank networks; agencies should be working with United Way, who is the collective impact backbone organization; agencies need to be involved in this process; food vouchers should be a supplement to the food bank network
- Develop EIS quality markers for all agencies
- Clarify expectations of MCM: level of knowledge of staff; communication with clinical providers; in-house vs. out-of-house MCM
- For MAI, develop a model of (1) Patient-Centered Medical Home; (2) Behavioral health integration; (3) Integrated care coordination as a model program and extension of SPNS project

Administrative Functions:

- Identify ways to incorporate feedback from quality management projects back into the system of care
- Inefficiencies in Specialty Medical referrals: require language matching; coordination with case managers; coordination with transportation and providers site selection; might consider allowing agencies receiving OAMC to do their own specialty medical referrals, or move it entirely into OAMC
- Clarify budget submission requirements for services that are reimbursed based on CPT-codes
- List specific required elements for service category proposal narratives; review Part A RFP for specific elements in local RFP
- Require agencies to document and map referral relationships for medical and support services
- Clarify three-year contracting process at bidder's conference
- Document referral relationships in agency proposals
- Clarify legal aide procedure: would eliminating it be a problem for agencies outside the county
- Consider extending the submittal deadline for RFPs

Programmatic Functions:

- Food security: RW is not taking full advantage of food bank networks; agencies should be working with United Way, who is the collective impact backbone organization; agencies need to be involved in this process; food vouchers should be a supplement to the food bank network
- Citizens for Improved Transit are using Uber/Lyft for Medical Transportation; CSC contracts with them for medical appointments...RW should consider working with CIT
- EIS should be evaluated on the speed at which people are linked to care
- Develop EIS quality markers for all agencies
- Sliding fee scale: how is payment collected and managed across network
- Open Peer Mentoring to multiple agencies to allow sharing of clients
- Clients requesting Emergency Housing should be screened for substance abuse services and referred appropriately-nor deny services just add the referral

VI. HIV CARE CONTINUUM

The HIV Care Continuum for the EMA illustrates the HIV epidemic in West Palm Beach, and reflects both the number and percentage of HIV-infected persons engaged in each stage of the continuum. The West Palm Beach EMA is currently using the data from the HIV Care Continuum for two specific purposes: (1) planning and resource allocation, and (2) improving health outcomes across care continuum stages. In planning and resource allocation, the EMA in collaboration with the Florida Department of Health has developed Geographic Information System (GIS) density maps to locate hot spots of disease throughout Palm Beach County. The use of GIS and spatial data analysis has allowed the EMA to document changes in both the geographical concentration and the distribution of HIV disease in Palm Beach County. The result of the GIS density maps revealed three areas of HIV concentration within the county. The identification of these areas has allowed the EMA to determine existing disparities within the HIV-infected population. Moreover, the detection of the hot spot areas has encouraged the EMA to target dollars for culturally appropriate care, HIV prevention strategies, and testing events. As the EMA develops overlays for HIV testing sites, Ryan White providers, and hospitals, HIV viral density maps will provide further insight regarding the distribution of risk factors among various demographic groups. The goal is to continue the development of novel prevention strategies, encourage more testing, and create targeted social marketing and community outreach, with a focus on condom distribution sites for the Florida Department of Health. The use of GIS will continue to guide planning, resource allocation and the delivery of HIV/AIDS medical and support services in Palm Beach County.

To address health outcomes at each care continuum stage, data from the care continuum has allowed the EMA to decipher which stage of the continuum impacts the most number of HIV-infected persons. The tracking of stages has encouraged the EMA to support programs that will increase the number of HIV-Infected persons in each stage of the continuum; ultimately increasing the number of individuals with suppressed viral loads. For example, with the EMA noting the number of individuals linked to care in the HIV Care Continuum, in 2016, funding allocations went to support an additional three Early Intervention Services (EIS) programs in West Palm Beach in an effort to identify, educate, and link more people living with HIV into care for the area. In addition, the EMA has compared the HIV Care Continuum data from funded agencies to encourage better treatment adherence for the HIV-Infected persons of West Palm Beach. Constant monitoring and observations of both medical and support service utilization has highlighted areas of improvement within the HIV Care Continuum. In supporting HIV-infected persons as they move from one stage in the continuum to the next, the West Palm Beach EMA has made a number of improvements within the area to address emerging gaps along the continuum:

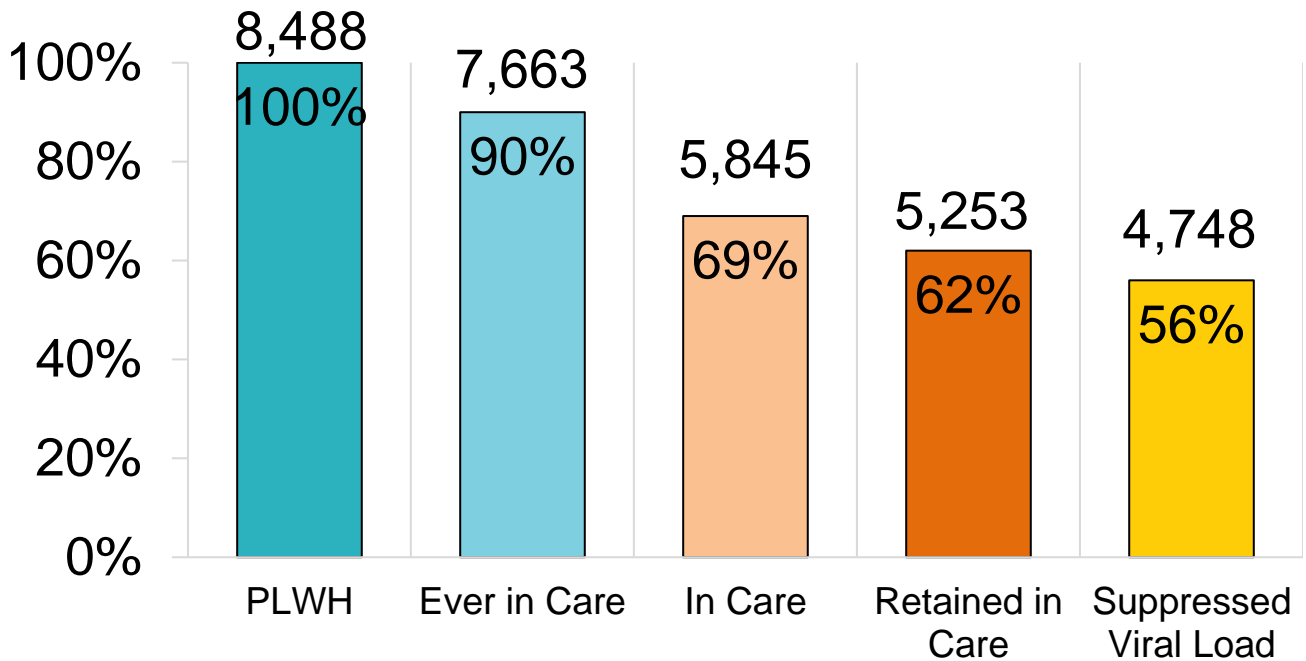
The West Palm Beach EMA has recognized the need for additional data in order to measure health disparities in relation to race, gender, sexual orientation, and age along the HIV Care Continuum. In addition the EMA has increased its efforts ensure all data from all Ryan White clients is accurate and timely placed in the PE system (Provide Enterprise). This will provide better data to determine viral load suppression percentages and to use the data for to analyze causal relationships among services accessed. As reporting in PE is further developed, the EMA will have an increased capacity to use care continuum data in health planning, prioritization of services and monitoring of health outcomes. Care Continuum data, stratified by agency, provider, risk category, and sub-population type will be the key information source for monitoring the program in addition to finding better solutions for health outcomes.

Palm Beach County HIV Care Continuum 2017

Persons Diagnosed and Living with HIV (PLWH)

As well as understanding the number of new HIV cases in Florida, it is also important to be aware of the overall prevalence, or number of people living with HIV in the state. This data is tracked because it informs decisions related to resource allocation and to ensure all people with HIV in Florida have access to the care they need. Figure 3 presents the stages of HIV Care of the people living with HIV in Florida. This model is updated annually.

Persons Living with HIV (PLWH) in Palm Beach County along the HIV Care Continuum in 2017



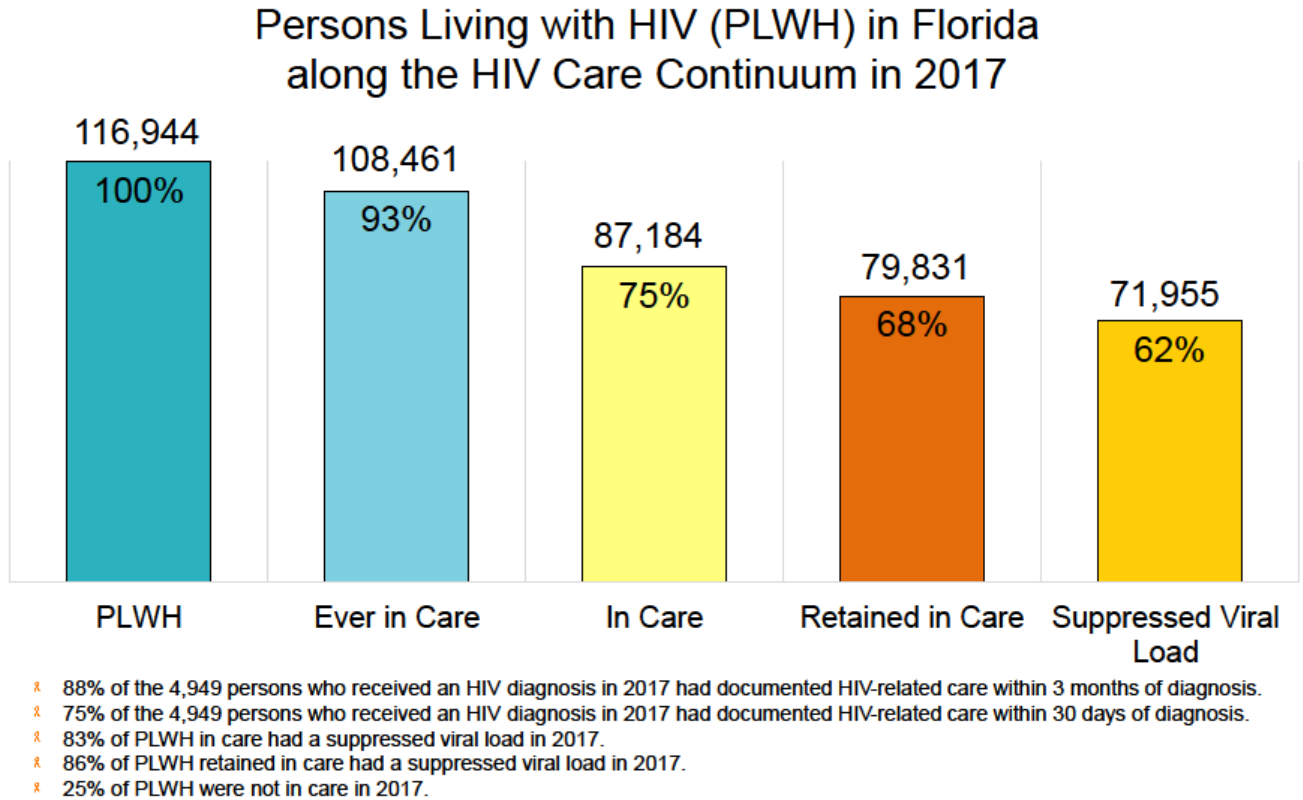
Definitions

- **HIV Diagnosed:** The number of persons known to be diagnosed and living in Florida with HIV (PLWH) at the end of 2017, from data as of 6/30/2018
- **Ever in Care:** PLWH with at least one documented Viral Load (VL) or CD4 lab, medical visit, or prescription from HIV diagnosis through 3/31/2018
- **Currently in Care:** PLWH with at least one documented VL or CD4 lab, medical visit, or prescription from 1/1/2017 through 3/31/2018
- **Retained in Care:** PLWH with two or more documented VL or CD4 labs, medical visits, or prescriptions at least three months apart from 1/1/2017 through 6/30/2018
- **Suppressed Viral Load:** PLWH with a suppressed VL (<200 copies/mL) on the last VL from 1/1/2017 through 3/31/2018

Source: HIV Continuum of Care Slide Set, Florida Department of Health, 2018

State of Florida HIV Care Continuum 2017

The statewide number and percentages of persons living with HIV in each phase of the HIV Care Continuum is presented in the Figure below. These do not include Department of Correction (DOC) cases. There is a decrease in percentage following each phase, with greatest difference occurring between the “Ever in Care” and “In/Retained in Care” phases.



Definitions

- The Diagnosis-Based Model of the HIV care continuum shows each step of the continuum as a percentage of the number of people diagnosed and living with HIV as of the end of 2017.
- Persons Living with HIV: The number of persons known to be living with an HIV diagnosis (PLWH) at the end of 2017, from data as of 6/30/2018.
- Ever in Care: PLWH with at least one documented Viral Load (VL) or CD4 lab, medical visit, or prescription from HIV diagnosis through 3/31/2018.
- In Care: PLWH with at least one documented VL or CD4 lab, medical visit, or prescription from 1/1/2017 through 3/31/2018.
- Retained in Care: PLWH with two or more documented VL or CD4 labs, medical visits, or prescriptions at least three months apart from 1/1/2017 through 6/30/2018.
- Suppressed Viral Load: PLWH with a suppressed VL (<200 copies/mL) on the last VL from 1/1/2017 through 3/31/2018.

Source: HIV Continuum of Care Slide Set, Florida Department of Health, 2015

VII. SPECIAL POPULATIONS: UNIQUE CHALLENGES

Heterosexual African Americans

Unique Challenges

African American heterosexuals face many barriers to care and experience many factors that complicate their care. Poverty, limited education, lack of health insurance, and lack of transportation continue to be a significant problem for this population. Many African-American heterosexual PLWHA are not well informed about HIV/AIDS or do not feel the need to be tested until they become symptomatic. Additionally, there are high rates of reported stigma attached to HIV/AIDS. These factors create a culture of denial that results in late testing and diagnosis. Many of that population struggle with family rejection and the stigma of HIV, which affects adherence to medical regimens as well as their ability to disclose their HIV status to family, friends, or sexual partners. Further, some of them subscribe to HIV/AIDS conspiracy beliefs, reflecting mistrust of the health care system.

African-American women may feel disempowered in their relationships with men. African-American women who are of childbearing age are also at high risk for dropping out of care despite the high need for pre- and post-natal care, preventive care, screening, and other services, as well as HIV-related adherence counseling. Women may also prioritize their family's need before their own health care needs. Finally, for women, additional factors such as partner domestic violence compound safety, security, and preventive health behaviors.

Service Gaps

The Needs Assessment 2016-2019 survey included:

- Two hundred forty two (242) African-American heterosexual respondents.
- Sixty four percent (64%) reported they were in care.
- Twenty three percent (23%) had either no schooling or an education level less than High School,
- Sixty four percent (64%) were unemployed during the prior 12 months, and
- Eighty seven percent (87%) were living at the poverty level.

Data Highlights Related to African-American Heterosexuals Survey Respondents

- Seventy three (73) or (37.5%) are out of care
- One hundred twenty three (123) or (63%) are in care.
- Seventy five (75) or (38.7%) are male
- One hundred twenty (120) or (61%) are female.
- Thirty-nine (39) or (19.9%) had either no schooling or an education level less than high school.
- One hundred twenty five (125) or (64%) had been unemployed during the past 12 months.
- One hundred sixty nine or (169) (87.3%) are at or below the poverty level.

Men Who Have Sex with Men (MSMs)

Unique Challenges

The unique challenges of serving the MSM population include stigma and denial, including fear of learning the HIV status or disclosing HIV-positive status; discrimination and homophobia, including fear of disclosure of being a MSM; and the rejection by family, community, or partner. Psychological health issues, such as depression, partner violence, and low self-esteem can contribute to neglect of HIV care.

Service Gaps

The Needs Assessment 2016-2019 included:

- 57 respondents who identified themselves as MSM
- 50% of these were in care.
- 20% were high school graduates.

Out of Care MSM Respondents

- 83% said they had been receiving medical care for HIV, but had stopped more than 12 months previously.
- Their most frequently identified reasons for being out of care were “I was depressed and “I did not feel sick” (50% each).
- When out of care MSM respondents were asked to identify the services that they need in order to get into primary care, the four most selected services were
 - Financial assistance,
 - Substance abuse treatment,
 - Food, and housing and,
 - Treatment adherence services.

In Care MSM Respondents

Among MSM in care respondents, the frequently reported service gaps (“I needed service but was unable to get it”) were:

- Transportation and housing (10% each).
- The most frequently cited barriers to services (“I needed this service but was unaware if it was offered”) were peer mentoring, and early intervention services.

Data Highlights Relate to MSM Survey Respondents

- 17.3% (57) of all respondents identified themselves as MSM.
- 23 (51%) are out of care and 22 (48%) are in care.
- 7 (2.0%) identified as Transgender (male to female)
- 1 (1.2%) reported being a migrant or seasonal worker.

Haitian Men and Women Unique Challenges

Providing services to PLWHA of Haitian descent can be extremely difficult, given the community mistrust of government activities and apprehension accessing the medical care system. A feeling of stigma about HIV/AIDS in this population, a fear of deportation and/or incarceration, and a complex non-western system of beliefs about health behavior all make treatment of HIV/AIDS difficult. Other factors include a low educational level, a low level of English ability, and illiteracy in either Creole or English. Most Haitians are diagnosed in the public hospital inpatient or emergency room units where they present with serious illness. A significant number of older persons of this population use non-traditional healing methods such as Haitian herbalists and spiritual healers before seeking western medical care, and then only when their symptoms have seriously progressed¹³.

Additional challenges arise from immigration status. In Florida, only people with an AIDS-defining diagnosis plus a documented disability are eligible for Medicaid. This policy excludes a significant number of legal immigrants living with AIDS who are not disabled and thousands of HIV positive client. Many immigrants are not connected to care due to lack of basic knowledge of the American health care system. Undocumented immigrants are ineligible for most public assistance programs. This places additional pressure on the Ryan White program and creates challenges for getting people tested and into treatment. In addition, undocumented immigrant is often reluctant to seek care largely because they fear deportation. When they do seek care, they are likely to be late presenters who are sicker and thus cost more to treat.¹⁴

Service Gaps

The Needs Assessment 2016-2019 survey included thirty-three (33) Haitian respondents.

- 82% of the respondents were in care.
- Half were unemployed during the prior 12 months,
- One-half or (47%) had less than high school degree, and
- 86% lived at the poverty

Data highlights related to Haitian survey respondents:

- Thirty-three (33) or (10.9%) of all respondents indicated they were Haitian.
- Twenty-eight (28) or (97.0%) said they are straight (heterosexual)
- Twenty-three (23) or (82.1%) reported being a migrant or seasonal worker.
- Twenty-four (24) or (85.7%) were living at a poverty level.

Youths, Young Adults

Unique Challenges

Unique challenges of serving Youth PLWHA include:

- Concerns regarding confidentiality,
- Stigma,
- Long waits for appointments for dental care,
- Stress of worrying about future services, and
- Fear of society as a whole.

Service Gaps

The Needs Assessment 2016-2019 survey include 16 respondents. 60% of the respondents were in care. Half were unemployed during the prior 12 months.

Out of Care Youth Respondents

When out of care Youth were asked to describe their situation,

- 60% said they had been receiving medical care for HIV, but had stopped more than 12 months previously.
- Their most frequently identified reasons for being out of care were “I did not want the society to judge me” (40%). “I could not pay for services” and “I was not ready to deal with having HIV” (50%).
- When out of care Youth respondents were asked to identify the services that they need in order to get into primary care, the most frequently selected services were counseling or mental health services (60%) and case management (40%).

In care Youth Respondents

Among Youth in care respondents, the most frequently reported service gaps, (“I needed this service but was unable to get it”) were:

- Counseling (18%),
- Emergency financial assistance (39%), and
- Transportation (40%).
- The most frequently cited barriers to services (“I needed this service but was unaware if it was offered”) were food bank or food vouchers (39%); emergency financial assistance, transportation (19%), and legal support (9%).

VIII. SURVEY METHODOLOGY

The Integrated Needs Assessment 2016-2019 utilized three data collection strategies including surveys of PLWHA, focus groups of PLWHA, and provider interviews. The PLWHA survey and focus group script were similar to those, which were used in the 2012 Comprehensive Needs Assessments. With the guidance and approval of the Planning Committee, additional components were added regarding utilization of medical care and case management. Service categories specified in the survey were correlated to those used by the planning council and HRSA to facilitate clear analysis. The questions were added to capture data regarding PLWHA who are out of care.

PLWHA Survey

A 77-item survey was developed and implemented to collect information from PLWHA regarding service priorities and needs. Demographic data elements included gender, sexual orientation, race, ethnicity, age, and geographic area of residence. The data collector determined if the respondent was in or out of primary medical care by asking the following questions:

“Have you received one of the following HIV-related primary care services within the past 12 months?”

- HIV/AIDS medical care
- Lab work for CD4 T-cell co count
- Lab work for a viral load test

Respondents identified as “out of care” were asked five additional questions relating to being out of primary medical care. Respondents identified as being “in care” were asked additional questions regarding access to and availability of services. In addition, the respondents in care were asked if during the past five years there had been a period of at least 12 months when they were not receiving HIV-related primary medical care (not HIV/AIDS medical care, no lab work for CD4 T-cell count or no lab work for a viral load test).

The Health Council of Southeast Florida administered three hundred fifty-seven (357) surveys to PLWHA in locations, including clinics and high-risk neighborhoods. Surveys were also promoted and distributed at community forums and other appropriate venues. After completing the survey, each respondent received a \$15 gift card.

Surveys were collected during September 22, 2016 through January 5, 2017. Data was entered into the survey posted on Survey Monkey, and then exported from Survey Monkey into an Excel database for further analysis.

PLWHA SURVEY FINDING HIGHLIGHTS

- 357 survey respondents participated in the Integrated Needs Assessment 2016-2019. Of these, 287 (83.4%) indicated they were currently in primary medical care. When asked where they received HIV/AIDS medical care, 330 of the 357 (100%) indicated a response. Of the 330 in care correspondent who indicated one source, 45.8% said doctor's office and 28.8% said public clinic/health department.
- Out of the total 357 respondents that indicated, they were currently on antiretroviral (HIV medication) therapy, 69 (20.8%) respondents that they missed the HIV medications over the past month. When asked about the reasons why they missed taking the medication, the three most frequently mentioned reasons were: they forgot (48.4%, 49), needed to get my prescription renewed (17.2%, 21), and changed insurance plan (10.7%, 13).
- 57 out of 357 (100%) survey respondents indicated they were out of care. When asked about the reasons for not being in care, the three most frequently mentioned reasons included transportation (34.6%, 18), Treatment by staff in the clinic or doctor's (26.9%, 14), and long wait times to get to see the doctor (23.1%, 12).

Highlights Regarding Populations of Special Concern

In addition to focusing on PLWHA who are in care and those who are out of care, this Needs Assessment focused on populations of special concern. Four PLWHA populations were examined through survey and focus group responses: African- American heterosexuals, Men who Have Sex with Men (MSM), Haitian-Americans and Youths.

African-American Heterosexual Survey Respondents

Out of the total 357 Needs Assessment survey respondents:

- Two hundred forty two (242) respondents indicated they were African-American heterosexuals.
- Two hundred eighty seven (287) or (83.4%) indicated they were in HIV/AIDS medical care and,
- Fifty seven (57) or (16.6%) were out of care.

MSM Survey Respondents

- Seventeen point three percent (17.3%) or (57) of all survey respondents identified themselves as MSM.
- Only seven individuals of this population identified as Transgender (male to female).

Haitian Men and Women Survey Respondents

- Thirty-three (33) or (10.9%) of all survey respondents indicated they were Haitian.

Hispanic Men and Women Survey Respondents

- Out of the total 357 Needs Assessment survey respondents, forty-eight (48) or (15.8%) indicated they were Hispanic.

Youth Survey Respondents

- When asked if they knew of any PLWHA not in HIV/AIDS medical care, and the reasons for them not being in care respondents cited fear, stigma from the community, and a lack of understanding of how to access services as barriers to being in care.

HIV/AIDS INTEGRATED NEEDS ASSESSMENT 2017

SURVEY RESULTS



PALM BEACH COUNTY

SURVEY QUESTIONS AND RESPONSES

HCSEF Contracted Results

HARD COPY QUESTIONNAIRE

Respondents were Provided Incentives

357 RESPONDENTS

Included peer-to-peer data collection

RESPONDENT DEMOGRAPHICS

The following section includes data regarding client demographics for the 357 respondents.

Resident Zip Codes

The first question on the survey asked, “What is your Zip Code?” Three hundred forty-eight respondents answered this question.

The most frequently reported zip codes were 33407 (79 or 22.1%), which is northern West Palm Beach, 33401 (39 or 10.9%), which is West Palm Beach, 33435 (33 or 9.2%), and 33430 (31 or 8.7%) which is Boynton Beach. Nine individuals (2.5%) did not respond to this question.

Table 1: Respondents by Zip Code, Palm Beach County Client Survey, 2016

Zip Code	Number	Percentage
33407	79	22.1%
33401	39	10.9%
33435	33	9.2%
33430	31	8.7%
33444	28	7.8%
33404	18	5.0%
33460	16	4.5%
33436	9	2.5%
33415	8	2.2%
33405	7	2.0%
Other	80	22.4%
No Answer	9	2.5%
Total	357	100.0%

Gender

The third question on the survey asked respondents, “What is your gender?”

Three hundred fifty-three respondents answered this question. More than half (51.5% or 184) of the respondents were ‘Female’ and 45.4% (162) were ‘Male.’ Seven (2.0%) respondents identified as ‘Transgender (Male to Female)’ and 4 (1.1%) did not respond to the question.

Table 2: Respondents by Gender, Palm Beach County Client Survey, 2016

Gender	Number	Percentage
Male	162	45.4%
Female	184	51.5%
Transgender (Male to Female)	7	2.0%
Transgender (Female to Male)	0	0.0%
No Response	4	1.1%
Total	357	100.0%

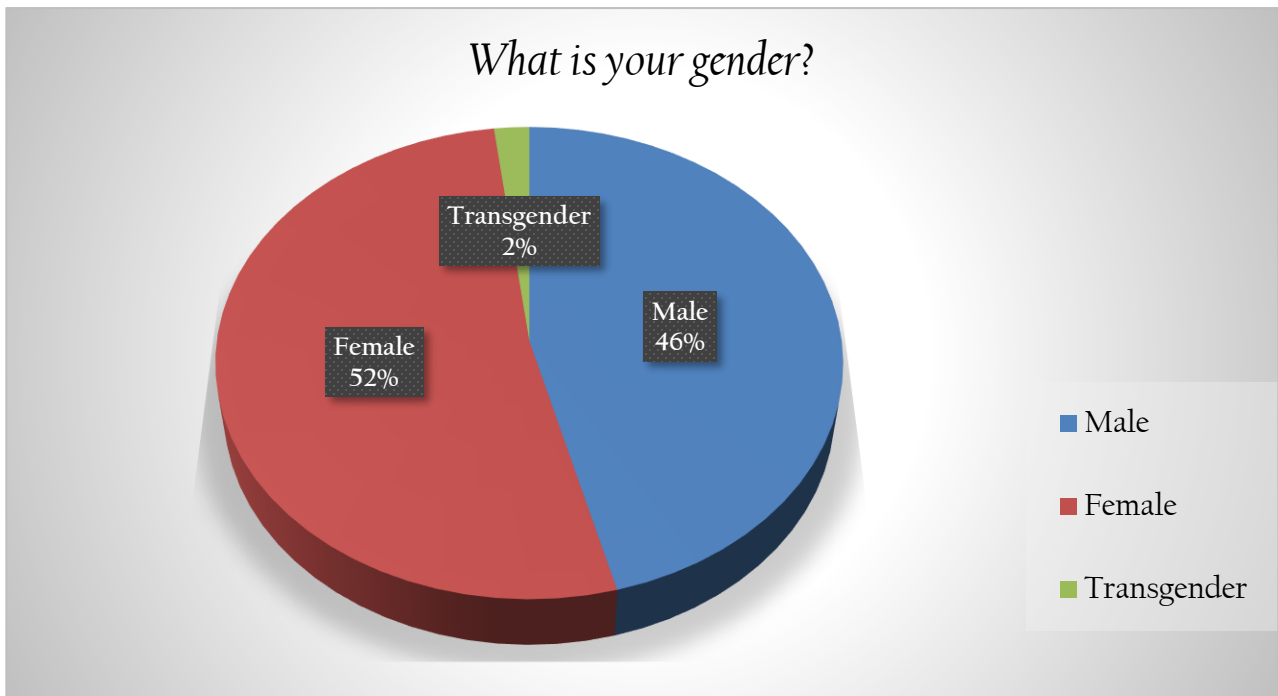


Figure 1: Respondents by Gender, Palm Beach County Client Survey, 2016

Sexual Orientation

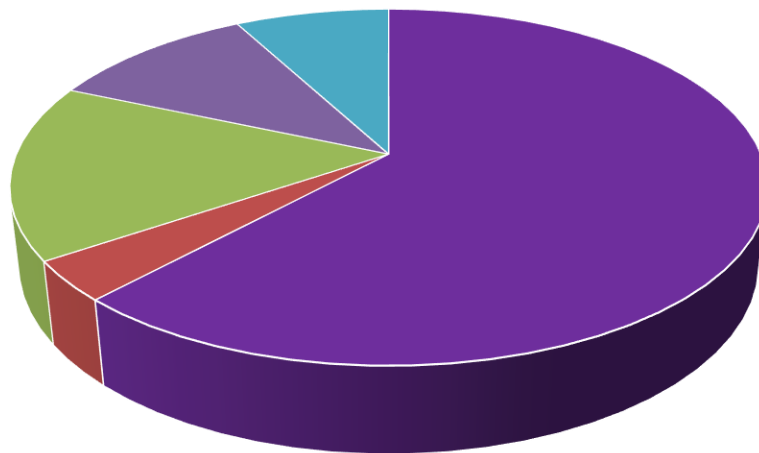
The next question asked respondents, "How do you identify yourself?"

Three hundred twenty-nine respondents answered the question. The majority (221 or 61.9%) identified as 'Heterosexual', followed by fifty-seven (16.0%) respondents that identified as 'MSM (Men who have sex with men)', thirty-eight (10.6%) identified as 'Bi-Sexual,' and thirteen (3.6%) of the respondents identified as 'Lesbian.' There were 28 individuals who did not respond to this question.

Table 2: Respondents by Sexual Orientation. Palm Beach County Client Survey, 2016

Sexual Orientation	Number	Percentage
Heterosexual	221	61.9%
Lesbian	13	3.6%
MSM (Men who have sex with men)	57	16.0%
Bi-Sexual	38	10.6%
No response	28	7.8%
Total	357	100.0%

How do you identify yourself (sexual orientation)?



■ Hetero ■ Lesbian ■ MSM ■ Bi-Sexual ■ No Response

Figure 2: Respondents by Sexual Orientation. Palm Beach County Client Survey, 2016

Race

The survey also included a question on race, with the following response options:

- 'White/Caucasian'
- 'Black or African-American'
- 'Asian', 'Native Hawaiian or Pacific Islander'
- 'American Indian or Alaskan Native'
- 'Mixed/more than one race'

Three hundred forty-two respondents answered this question.

The majority (242 or 67.8%) of respondents identified as 'Black or African American,' followed by 'White/Caucasian' (68 or 19.0%), twenty-nine (8.1%) that reported as 'Mixed/more than one race,' two (0.6%) reported as 'American Indian or Alaskan Native,' and one (0.3%) respondent identified as 'Asian.'

Table 3: Respondents by Race, Palm Beach County Client Survey, 2016

Race	Number	Percentage
American Indian or Alaskan Native	2	0.6%
Asian	1	0.3%
Black or African American	242	67.8%
Mixed/more than one race	29	8.1%
White/Caucasian	68	19.0%
No Response	15	4.2%
Total	357	100%

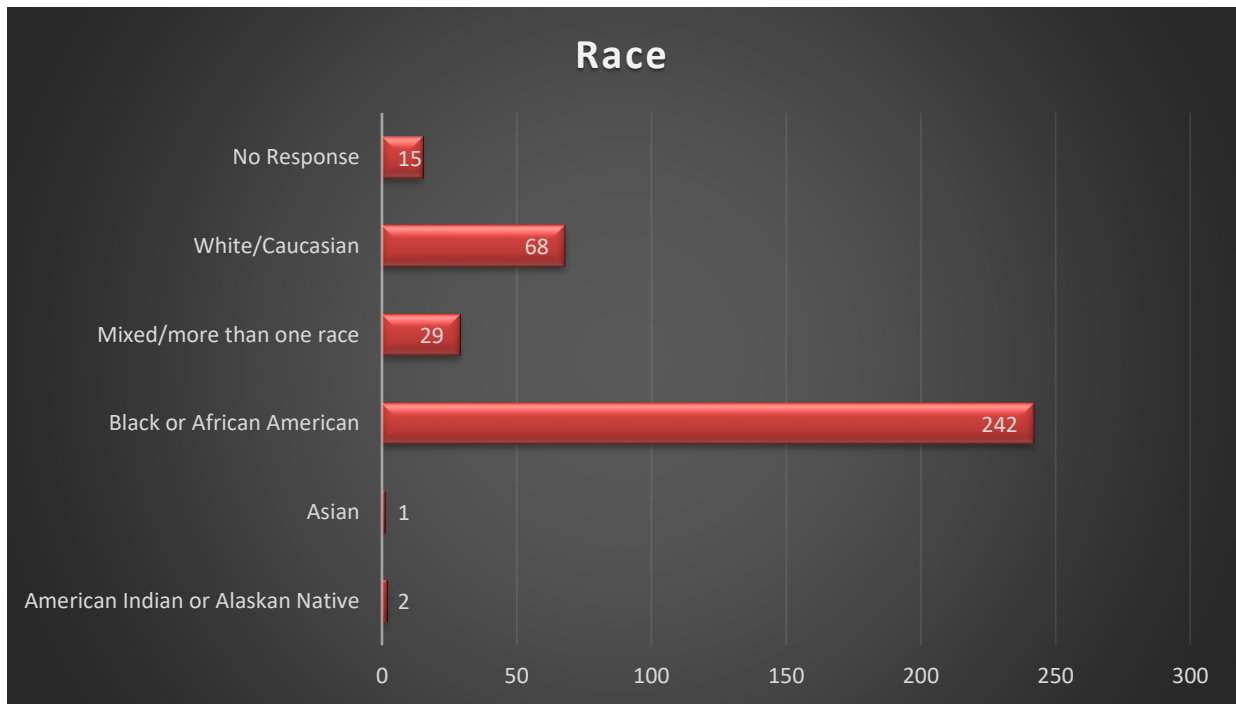


Figure 3: Respondents by Race, Palm Beach County Client Survey, 2016

Ethnicity

The survey also included a question on ethnicity. Three hundred three individuals responded to the question, “What is your Ethnicity?”

Most (222 or 62.2%) identified as ‘Non-Hispanic or Latino,’ forty-eight (13.4%) reported as Hispanic/Latino. Thirty-three (9.2%) of participants identified as ‘Haitian’ and fifty-four (15.1%) of participants did not answer the question.

Table 4: Respondents by Ethnicity, Palm Beach County Client Survey, 2016

Ethnicity	Number	Percentage
Haitian	33	9.2%
Hispanic/Latina/o	48	13.4%
Non-Hispanic/Latina/o	222	62.2%
No Response	54	15.1%
Total	357	100%

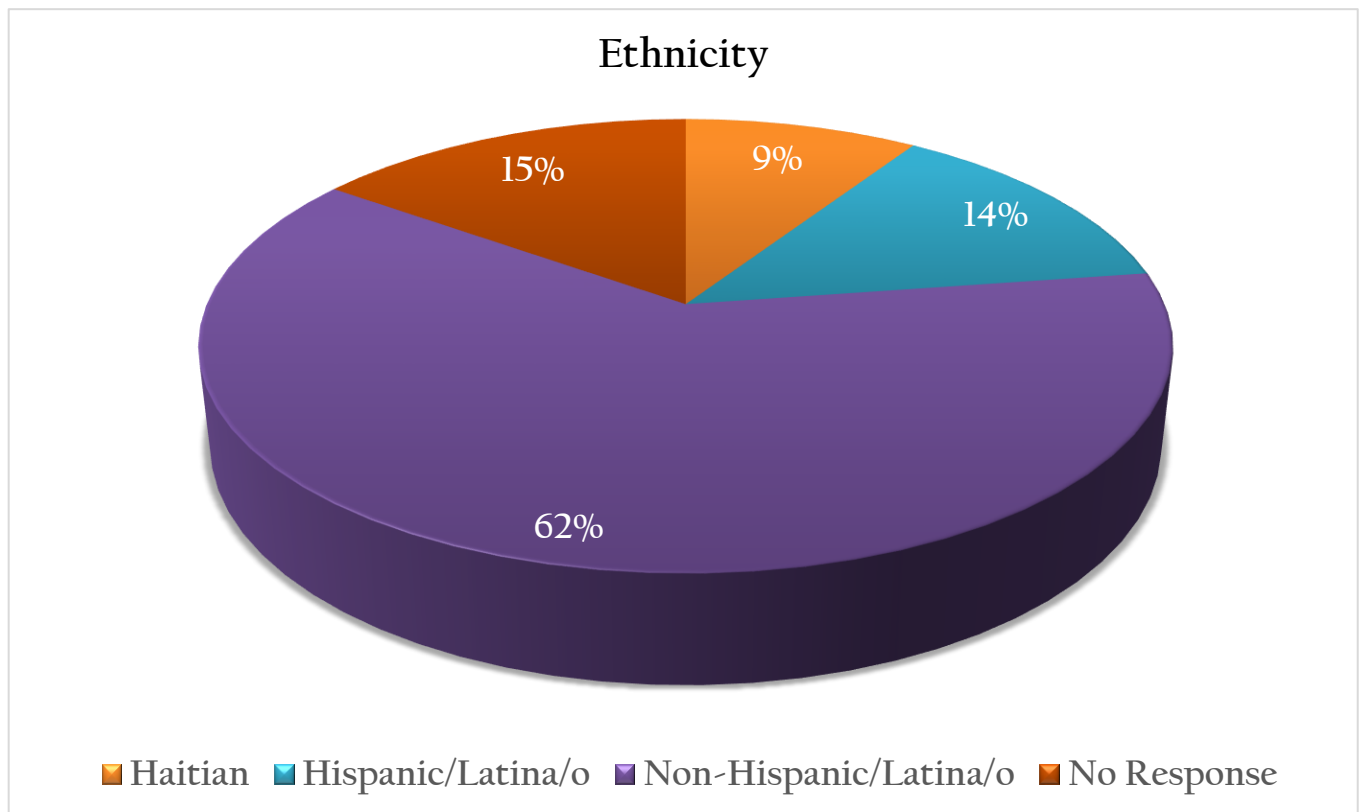


Figure 4: Respondents by Ethnicity, Palm Beach County Client Survey, 2016

Age

Three hundred seven respondents answered the question “*What year were you born?*” This was an open-ended question.

Responses for year of birth ranged from 1943 to 1998 and the most common age group was 45-64 (199 or 55.7%), which coincides with current prevalence rates by age group in Palm Beach County.

Table 5: Respondents by Age, Palm Beach County Client Survey, 2016

Age	Number	Percentage
13-24	6	1.7%
25-44	80	22.4%
45-64	199	55.7%
65+	22	6.2%
No Response	50	14.0%
Total	357	100.0%

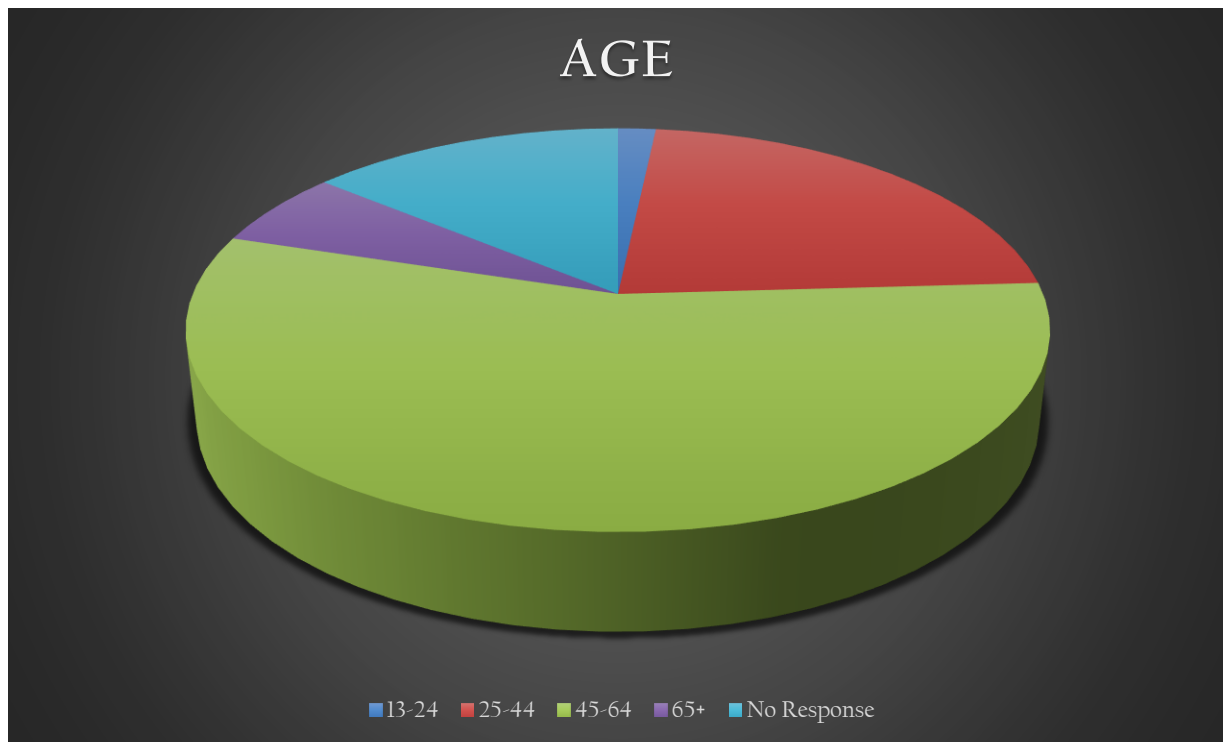


Figure 5: Respondents by Age, Palm Beach County Client Survey, 2016

Education Level

Three hundred forty-five individuals responded to the question, “What is your education level?”

Most participants (64.5%) reported having a high school education or less. Nearly 20% reported having some college and just over 12% reported having completed college or post graduate studies. Twelve individuals did not respond to this question.

Table 6: Respondents by Education Level, Palm Beach County Client Survey, 2016

Education	Number	Percentage
Less than high school graduate	98	27.5%
High school diploma/GED	132	37.0%
Some college	71	19.9%
Completed College	35	9.8%
Post graduate	9	2.5%
No Response	12	3.4%
Total	357	100.0%

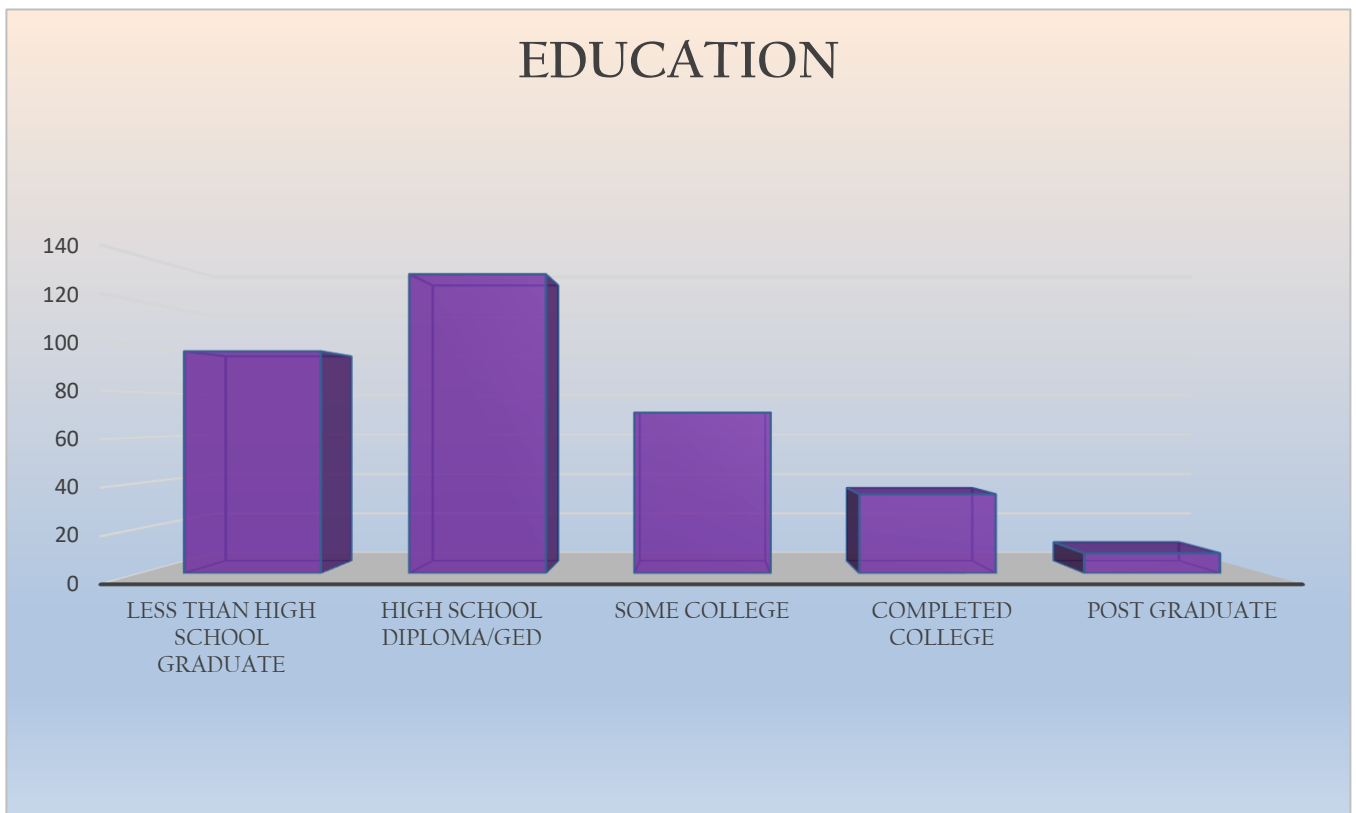


Figure 6: Respondents by Education Level, Palm Beach County Client Survey, 2016

Employment

Three hundred fifty individuals responded to the question “What best describes your current work situation?” This question also allowed multiple responses, as respondents were asked to mark all that applied to them, so the percentages will exceed 100.

Nearly half the respondents reported that they were ‘Not currently working.’ Approximately one-quarter reported that they were working, either full-time (10.9%) or part-time (14.6%). Another 10.6% said they were ‘Looking for a job/unable to find employment.’ Fourteen percent were ‘Retired,’ while 18% (63) reported ‘[having] been unemployed over a year.’ There were 7 individuals that did not respond to the question.

Table 7: Respondents by Employment Status, Palm Beach County Client Survey, 2016

Employment	Number	Percentage
Working full-time job	38	10.9%
Working part-time job	51	14.6%
Student	10	2.9%
Looking for a job/unable to find employment	37	10.6%
Retired	49	14.0%
Not currently working	172	49.1%
I have been unemployed for over a year	63	18.0%
No Response	7	1.90%

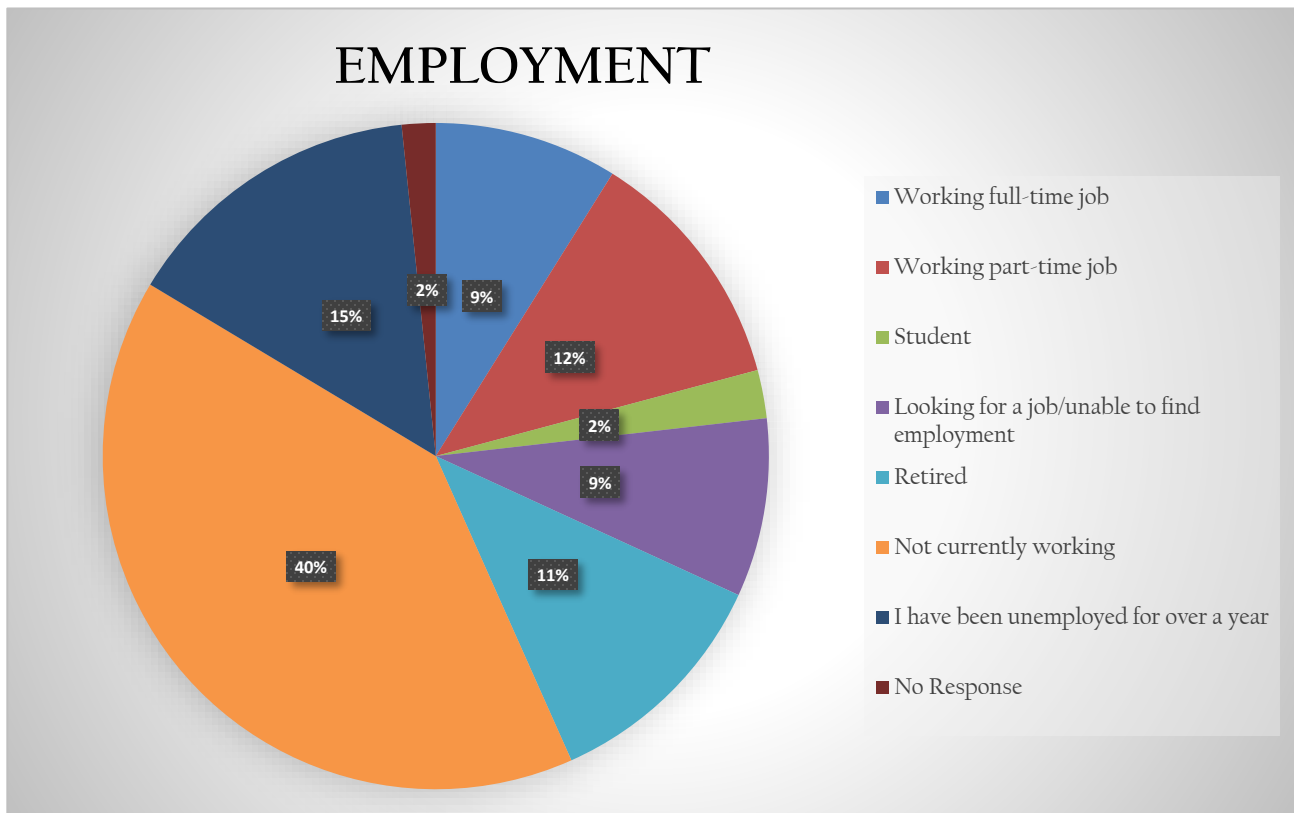


Figure 7, Employment Status, Survey 2016

County of Residence

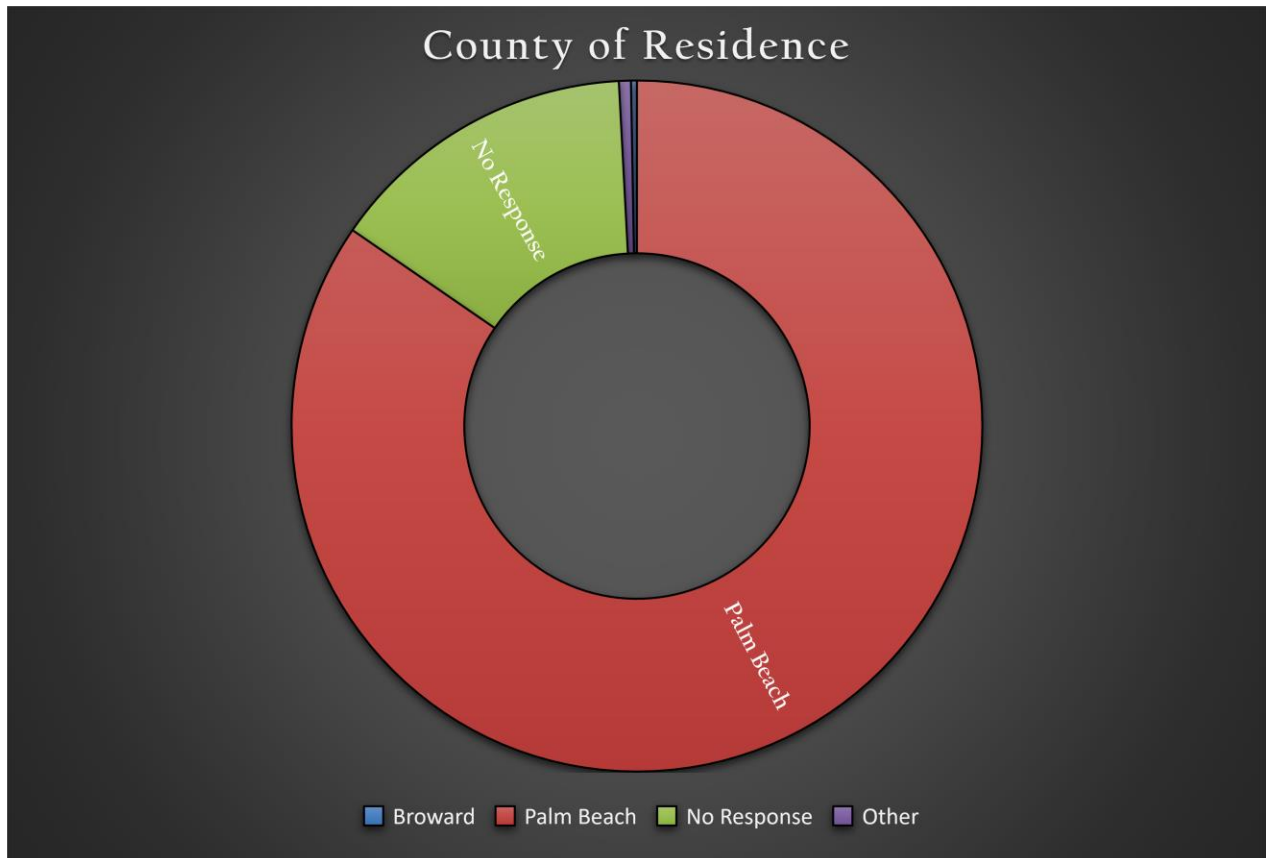
Three hundred fifty-five responded to the next open-ended question, “What county do you live in currently?”

Most of the respondents (302 or 84.6%) reported to reside in Palm Beach County and one (0.3%) person reporting Broward as their county of residence. Just over 15% either did not respond or listed ‘other.’

Table 8: Participants by County of Residence, Palm Beach County Client Survey, 2016

County of Residence	Number	Percentage
Broward	1	0.3%
Palm Beach	302	84.6%
No Response	52	14.6%
Other	2	0.6%
Total	357	100.0%

Figure 8: Respondents by County of Residence, Palm Beach County Client Survey, 2016



RESULTS AND THEMES

HIV Diagnosis

The next question asked, "How old were you when you tested positive?"

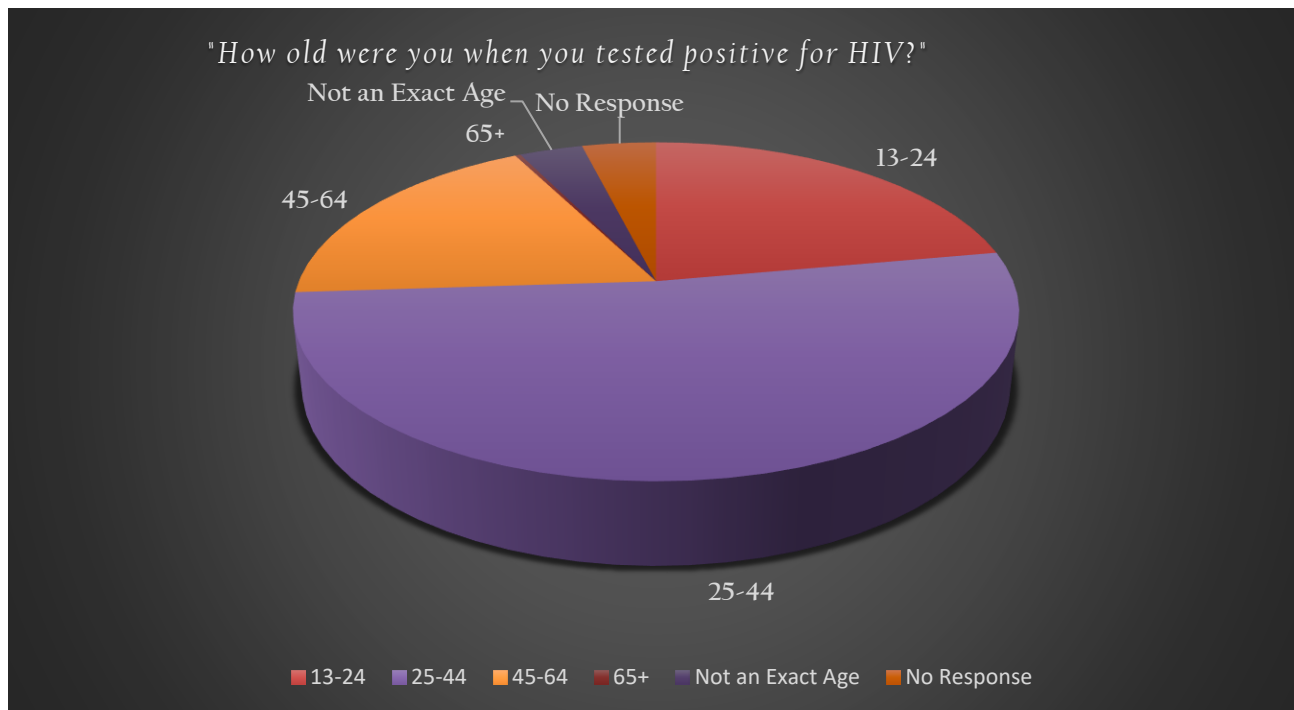
This was an open-ended question, 331 respondents answered this question with a number or an exact age, while a small number of respondents (3.4%) provided an estimated age, a range, a year, or other response. Fourteen individuals did not respond to this question.

Answers were grouped into the following age groups, '13-24,' '25-44,' '45-64,' and '65+.' More than half of respondents (51.8%) reported being between '25 – 44' when they tested positive. Twenty-two percent reported being between 13 and 24, 18.5% said they were between 45 and 64. One individual reported being over the age of 65.

Table 9: Respondents by Age at Time of First Positive HIV Test, Palm Beach County Client Survey, 2016

Age	Number	Percentage
13-24	79	22.1%
25-44	185	51.8%
45-64	66	18.5%
65+	1	0.3%
Not an Exact Age	12	3.4%
No Response	14	3.9%
Total	357	100.0%

Figure 9: Respondents by Age at Time of First Positive HIV Test, Palm Beach County Client Survey, 2016



HIV Diagnosis

Three hundred fifty individuals responded to the question, “Where were you living when you first tested positive for HIV?” The responses were:

- ‘In the same county I live in now’
- ‘In another county in Florida’
- ‘In another state’
- ‘Outside of the United States’

The majority (259 or 72.5%) of respondents reported ‘In the same county I live in now’ (which would be Palm Beach County), 12.0% (43) reported, ‘In another state’, 10.9% (39) reported, ‘In another county in Florida’, and 2.5% (9) of respondents reported ‘Outside of the United States’.

For the respondents who reported somewhere else other than Palm Beach County, places of residence included:

Florida Counties

- Broward
- Dade
- Duval
- Hillsborough
- Hollywood
- Lee
- Leesburg
- Miami-Dade
- Orange
- Orlando
- Perry

States outside of Florida

- Arizona
- Massachusetts
- California
- Connecticut
- Washington DC
- Georgia
- North Carolina
- New Jersey
- New York
- Ohio
- Pennsylvania
- South Carolina
- Virginia
- Wisconsin
- West Virginia

Countries outside of the U.S.

- Bahamas
- Cuba
- Haiti
- Italy
- Korea
- Puerto Rico

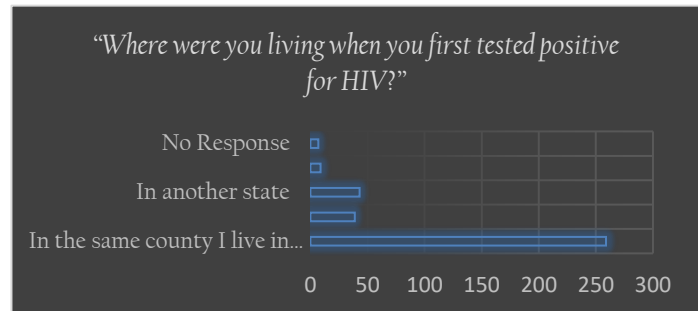


Figure 10, Residence 1st Time Tested, Survey 2016

Table 10: Respondents by Residence at Time of First Positive HIV Test, Palm Beach County Client Survey, 2016

Residence	Number	Percentage
In the same county I live in now	259	72.5%
In another county in Florida. County	39	10.9%
In another state	43	12.0%
Outside of the United States. Country	9	2.5%
No Response	7	2.0%
Total	357	100.0%

HIV Medical Care

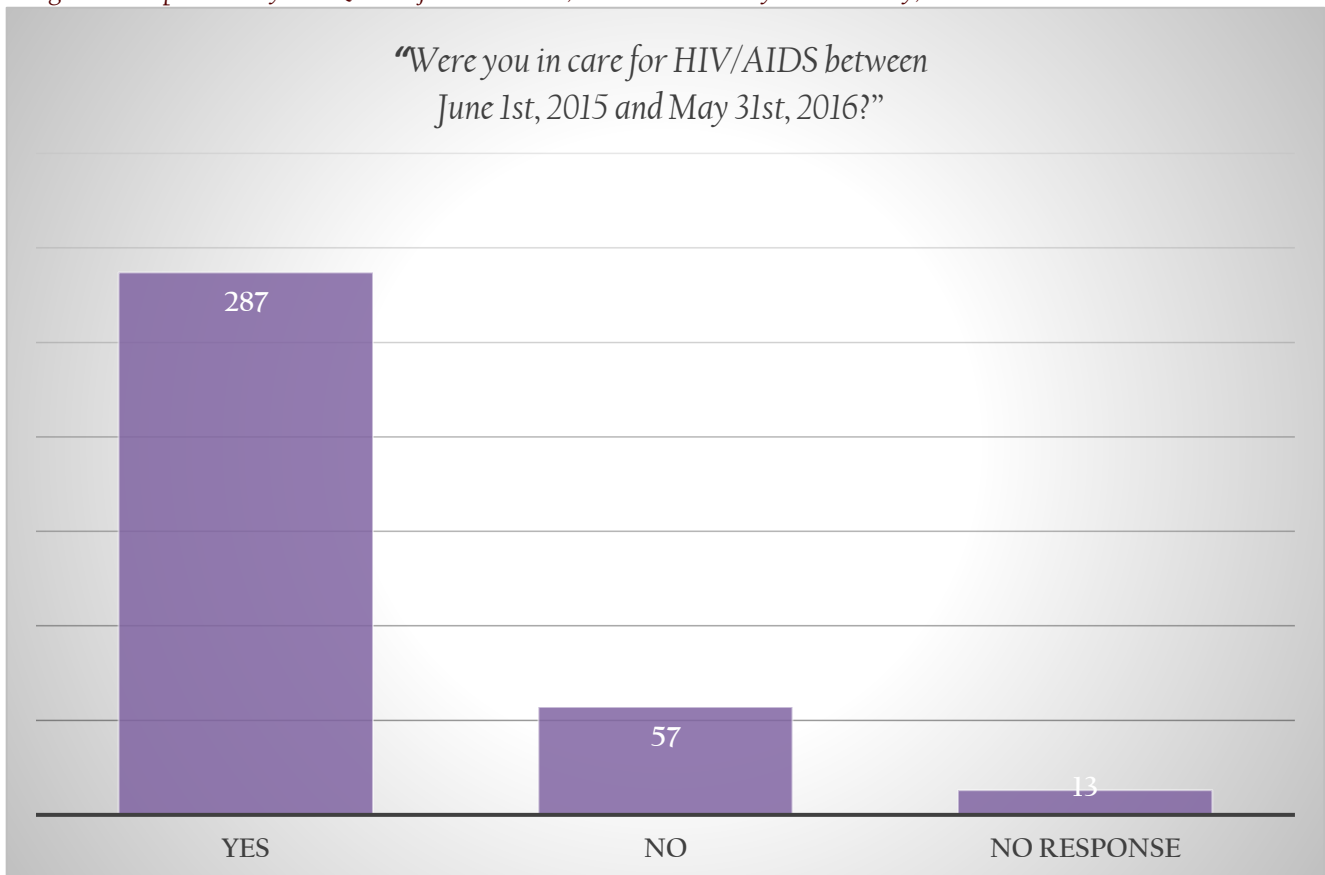
The next set of questions asked respondents about medical care and medication adherence.

Question 13 asked, “Were you in care for HIV/AIDS between June 1st, 2015 and May 31st, 2016?” Three hundred forty-four respondents answered this question. Fifty-seven (16.0%) of respondents reported not being in care between June 1, 2015 and May 31, 2016.

Table 11: Respondents by Utilization of Medical Care, Palm Beach County Client Survey, 2016

Utilization of Medical Care	Number	Percentage
Yes	287	80.4%
No	57	16.0%
No Response	13	3.6%
Total	357	100.0%

Figure 11: Respondents by Utilization of Medical Care, Palm Beach County Client Survey, 2016



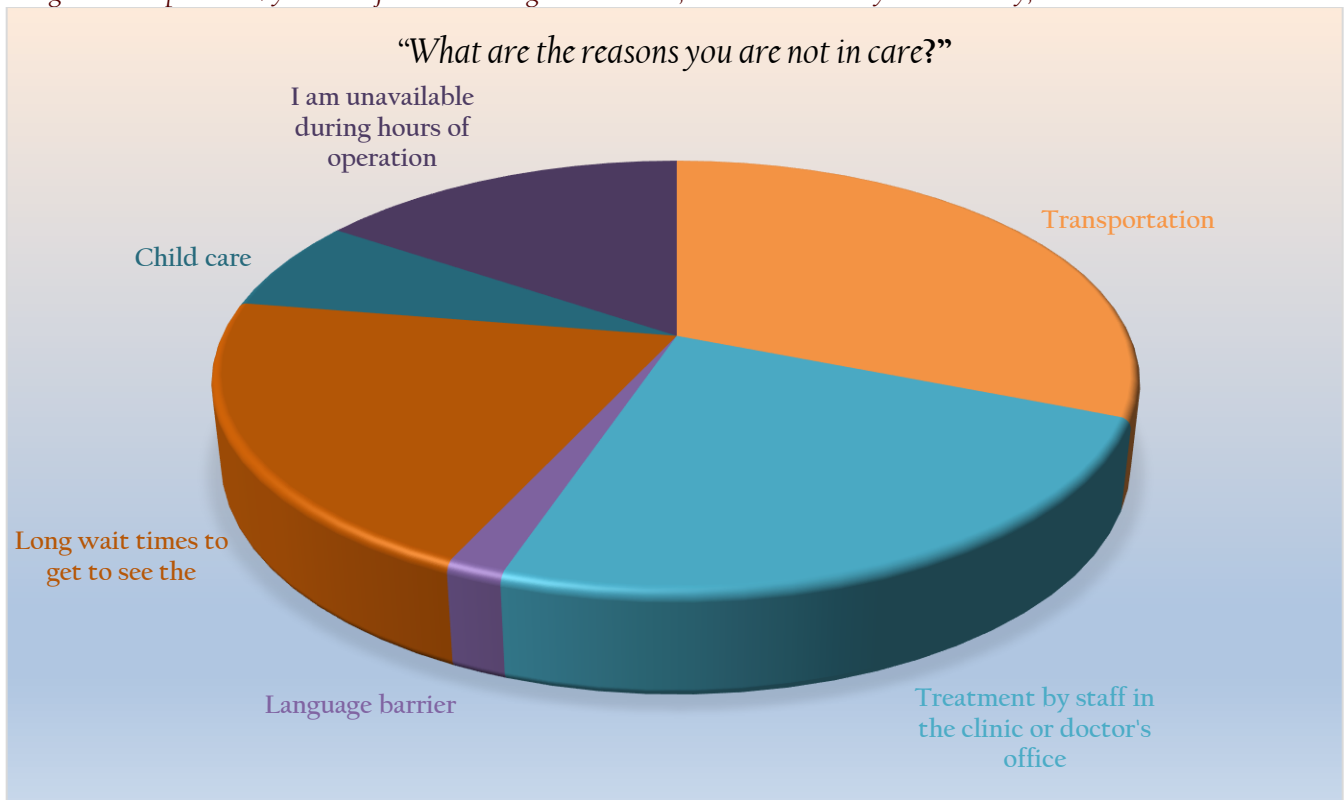
HIV Medical Care

The subsequent question gleans further insight, with the question, “What are the reasons you are not in care?” and 52 of the 57 participants responded. The table below displays the reasons why medical care was received. Within the 52 respondents, eighteen (34.6%) reported ‘Transportation,’ fourteen (26.9%) reported ‘Treatment by staff in the clinic or doctor’s office,’ twelve (23.1%) reported ‘Long wait times to get to see the doctor,’ four (7.7%) reported ‘child care,’ and one (1.9%) respondent reported ‘Language barrier’ as their reason not in care.

Table 12: Respondents by Reasons why not receiving Medical Care, Palm Beach County Client Survey, 2016

Reason not in care	Number	Percentage
Transportation	18	34.6%
Treatment by staff in the clinic or doctor's office	14	26.9%
Language barrier	1	1.9%
Long wait times to get to see the	12	23.1%
Child care	4	7.7%
I am unavailable during hours of operation	9	17.3%

Figure 12: Respondents by Reasons for not receiving Medical Care, Palm Beach County Client Survey, 2016



HIV Medical Care

Three hundred two responded to the next question, “In which Florida county or counties did you get your HIV/AIDS medical care between June 1st, 2015 and May 31st, 2016?” This was an open-ended question. Most (259 or 72.5%) reported that Palm Beach was where they received medical care. The table below displays locations where medical care was received.

Table 13: Respondents by Location of Medical Care Received, Palm Beach County Client Survey, 2016

Location	Number	Percentage
Palm Beach	259	72.5%
Broward	7	2.0%
No Response	55	15.4%
Other	36	10.1%
Total	357	100.0%

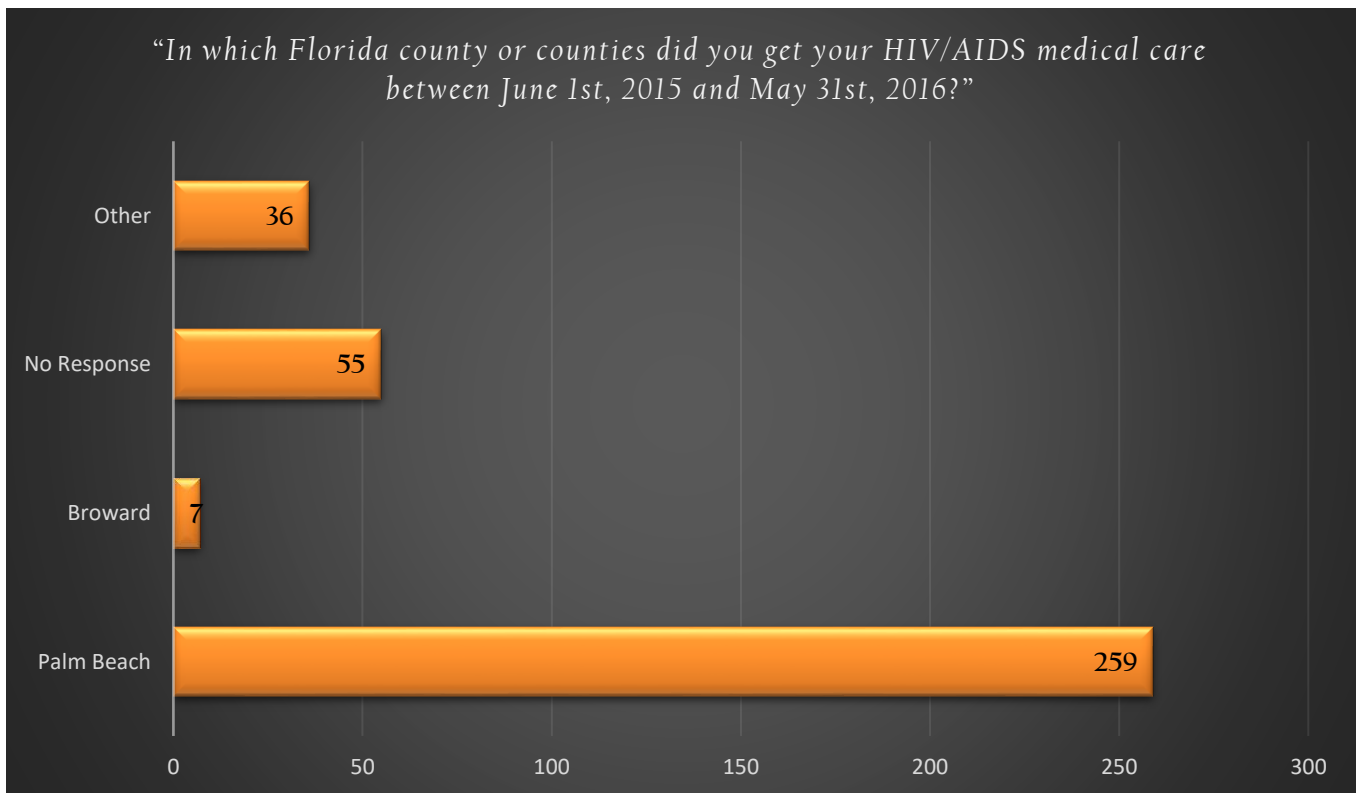


Figure 13, Location of Medical Care, PBC Survey, 2016

HIV Medical Care

The next question asked, "If you get your HIV/AIDS medical care in a different county than you live, please indicate why. Please mark only one answer."

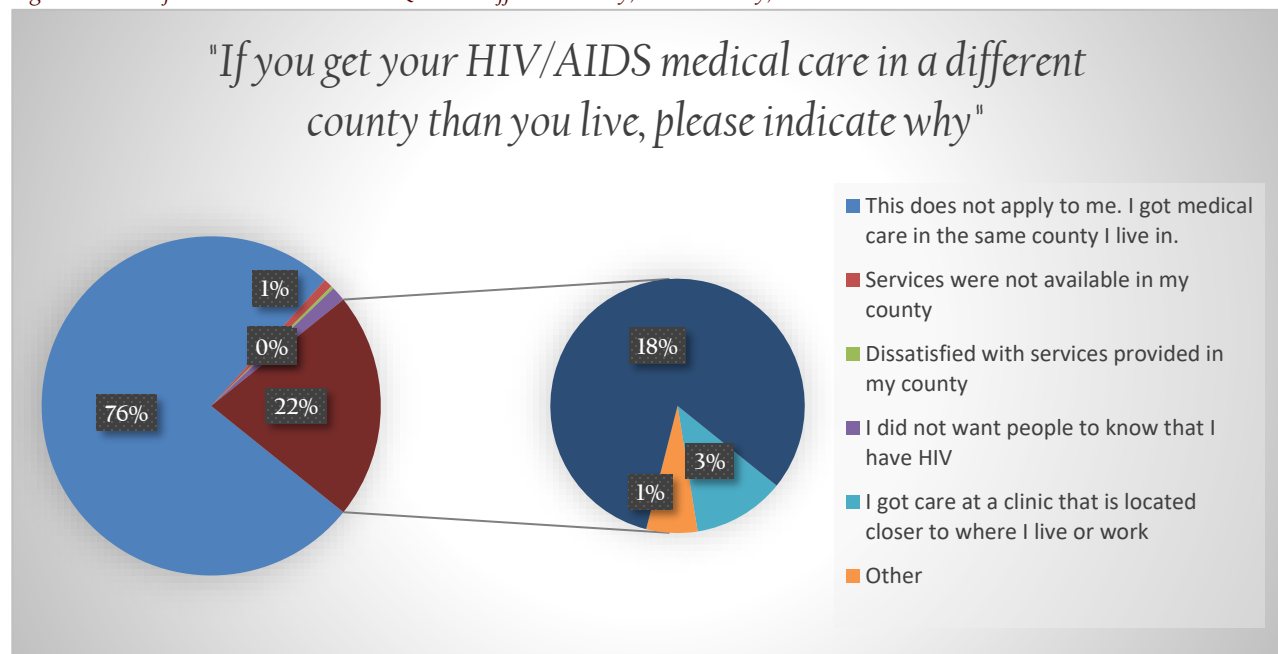
A total of two hundred ninety-four participants answered this question. Two hundred seventy-one (75.9%) participants reported, 'This does not apply to me, I get medical care in the same county I live in,' while a small number (2.5%) said 'I got care at a clinic that is located closer to where I live or work', and five (1.4%) reported 'Other.'

For the participants who reported 'Other,' a few noted that they were not currently 'in care.'

Table 14: Respondents by Cause for Services that were utilized in a Different County, Palm Beach County Client Survey, 2016

Cause	Responses	Percentage
This does not apply to me. I got medical care in the same county I live in.	271	75.9%
Services were not available in my county	3	0.8%
Dissatisfied with services provided in my county	1	0.3%
I did not want people to know that I have HIV	5	1.4%
I got care at a clinic that is located closer to where I live or work	9	2.5%
Other	5	1.4%
No Response	63	17.6%
Total	357	100.0%

Figure 14: Cause for Services that were utilized in a Different County, Client Survey, 2016



HIV Medical Care

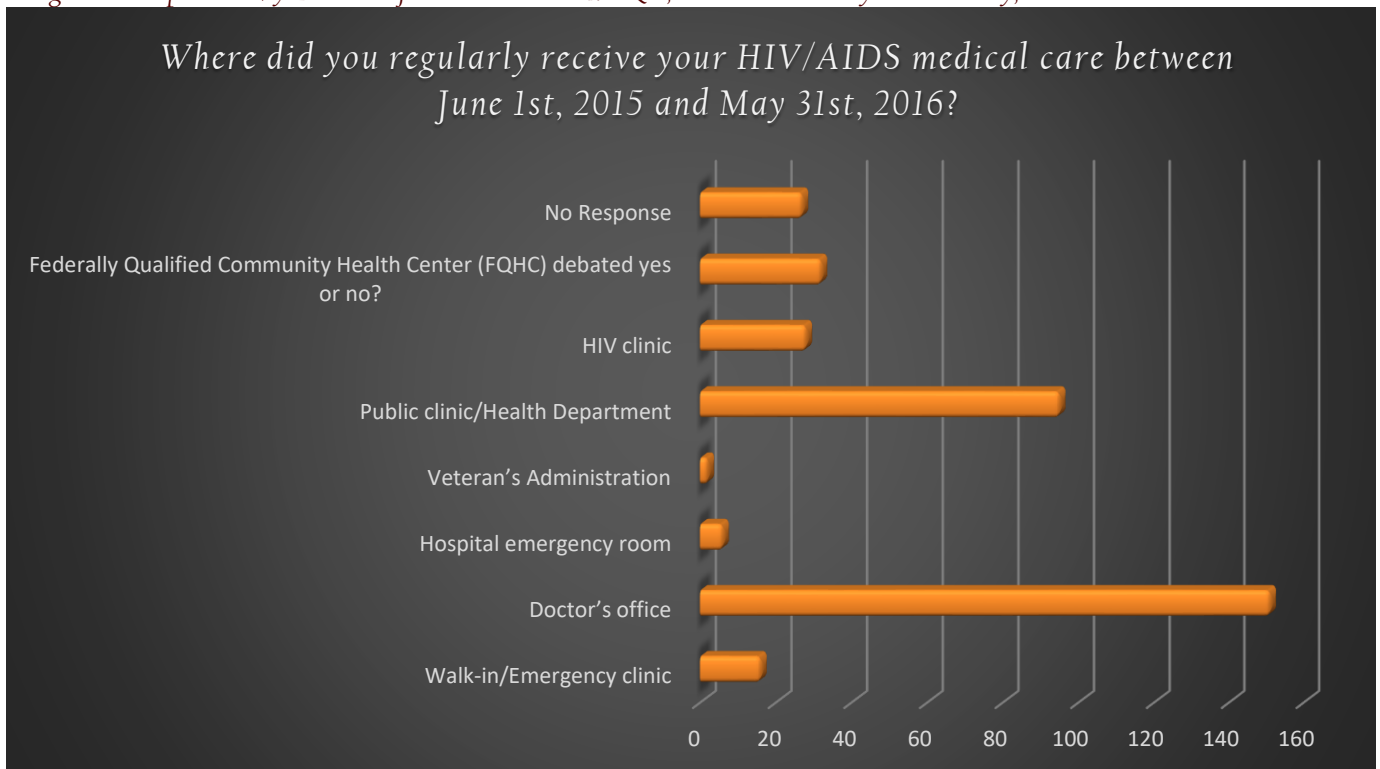
A total of three hundred thirty participants answered the next question, “Where did you regularly receive your HIV/AIDS medical care between June 1st, 2015 and May 31st, 2016? Please mark only one answer.”

One hundred fifty-one (42.3%) respondents reported ‘Doctor’s Office,’ ninety-five (26.6%) respondents reported, ‘Public clinic/health department,’ thirty-two (9.0%) respondents reported ‘Federally Qualified Community Health Center (FQHC),’ and twenty-eight (7.8%) reported ‘HIV Clinic.’

Table 15: Respondents by Location of Medical Services Utilized, Palm Beach County Client Survey, 2016

Location of Medical Services	Number	Percentage
Walk-in/Emergency clinic	16	4.5%
Doctor’s office	151	42.3%
Hospital emergency room	6	1.7%
Veteran’s Administration	2	0.6%
Public clinic/Health Department	95	26.6%
HIV clinic	28	7.8%
Federally Qualified Community Health Center (FQHC) debated yes or no?	32	9.0%
No Response	27	7.6%
Total	357	100.0%

Figure 15: Respondents by Location of Medical Services Utilized, Palm Beach County Client Survey, 2016



Anti-retroviral Therapy & Adherence

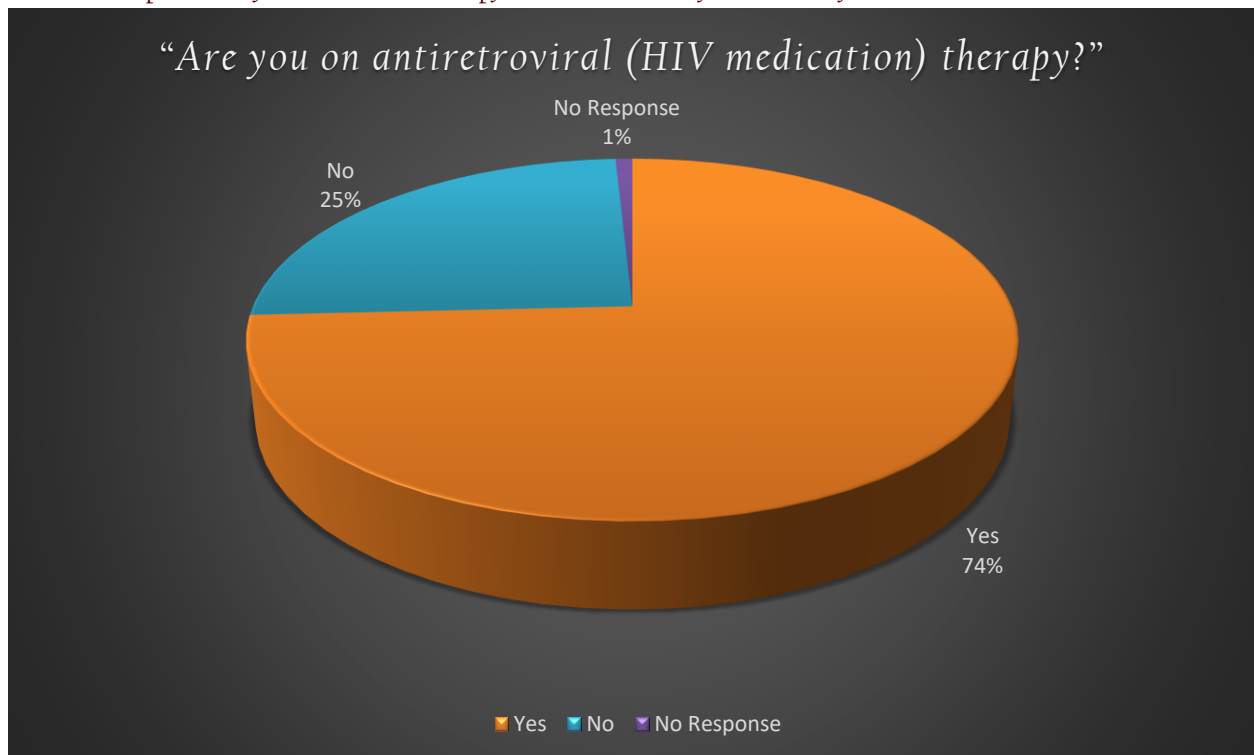
Medication Adherence

For the question regarding HIV medication, the survey asked participants “Are you on antiretroviral (HIV medication) therapy?” Only three participants did not answer this question, and 74.2% (265) of respondents reported ‘Yes.’ Antiretroviral therapy continues to be the most effective form of treatment for HIV/AIDS and is the key component to viral suppression.

Table 16: Respondents by Antiretroviral Therapy, Palm Beach County Client Survey, 2016

Antiretroviral Therapy	Number	Percentage
Yes	265	74.2%
No	89	24.9%
No Response	3	0.8%
Total	357	100.0%

Table 16: Respondents by Antiretroviral Therapy, Palm Beach County Client Survey, 2016



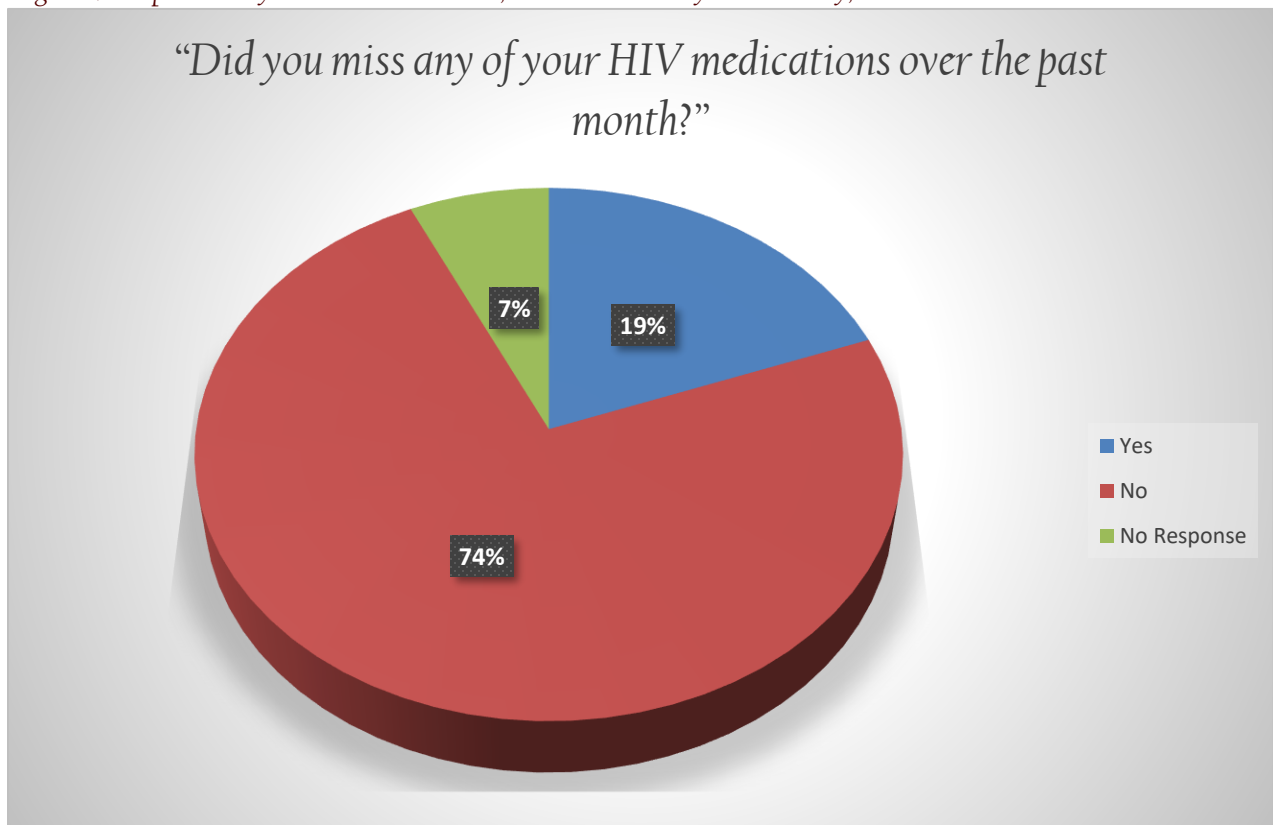
Medication Adherence

A total of three hundred thirty-two individuals responded to the question, “Did you miss any of your HIV medications over the past month?” The majority (263 or 73.7%) of respondents reported that they did not miss taking their medication in the past month, and just under 20% or 69 of respondents reported that they had missed taking their medication during the previous month.

Table 17: Respondents by Medication Adherence, Palm Beach County Client Survey, 2016

Medication Adherence	Number	Percentage
Yes	69	19.3%
No	263	73.7%
No Response	25	7.0%
Total	357	100.0%

Figure 17: Respondents by Medication Adherence, Palm Beach County Client Survey, 2016



Medication Adherence

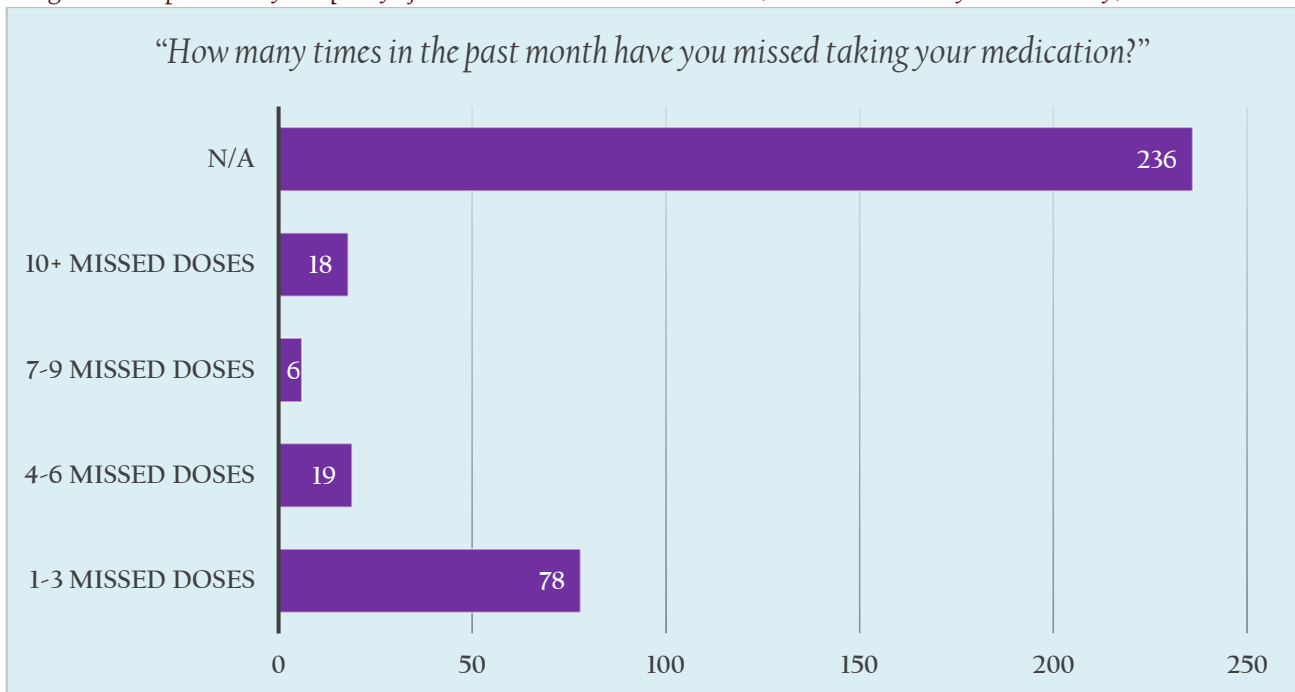
The survey asked another question regarding medication adherence, “How many times in the past month have you missed taking your medication?” and yielded more respondents acknowledging missed doses.

Table 18: Respondents by Frequency of Missed Medication, Palm Beach County Client Survey, 2016

Frequency	Number	Percentage
1-3 missed doses	78	21.8%
4-6 missed doses	19	5.3%
7-9 missed doses	6	1.7%
10+ missed doses	18	5.0%
N/A	236	66.1%
Total	357	100.0%

From the 121 respondents that reported lack of adherence, over 20% reported ‘1-3 missed doses,’ about 5% reported ‘4-6 missed doses,’ 1.7% reported ‘7-9 missed doses,’ and eighteen reported ‘10 or more times.’

Figure 18: Respondents by Frequency of Missed Antiretroviral Medication, Palm Beach County Client Survey, 2016



Medication Adherence

The following question inquired further asking, “If yes, what are some of the reasons why you missed taking your HIV medication?” Of the respondents, fifty-nine (15.8%) respondents stated, ‘I Forgot,’ twenty-one (5.6%) said ‘Needed to get my prescription renewed,’ thirteen (3.5%) reported ‘Change insurance plan.’ In addition, ‘Cost’ and ‘Side-effects’ were each reported by a small number of the respondents. Twenty-four respondents cited ‘Other’ reasons, including:

- No insurance, no medication
- Insurance dropped
- Fell asleep
- Timing and schedule
- No food to take medication
- Living arrangements
- No documents
- Did not go to the doctor
- Bad taste and hard to swallow
- Out of pills
- Drug use
- Transportation
- Not in care
- Life issues
- Lost medicine
- ADAP claims fell through cracks. Could not get in touch with ADAP
- I was in the ER
- Did not want to take them
- Daughter messed with medication
- Homeless and misplaced medication

Table 19: Respondents by Cause for Missed Medication, Palm Beach County Client Survey, 2016

Cause for Missed Medication	Number	Percentage
Cost	5	1.3%
Change insurance plan	13	3.5%
Needed to get my prescription renewed	21	5.6%
Forgot	59	15.8%
I had side effects	5	1.3%
My Eligibility documentation for ADAP was not completed timely	11	2.9%
Other	24	6.4%
N/A	235	63.0%

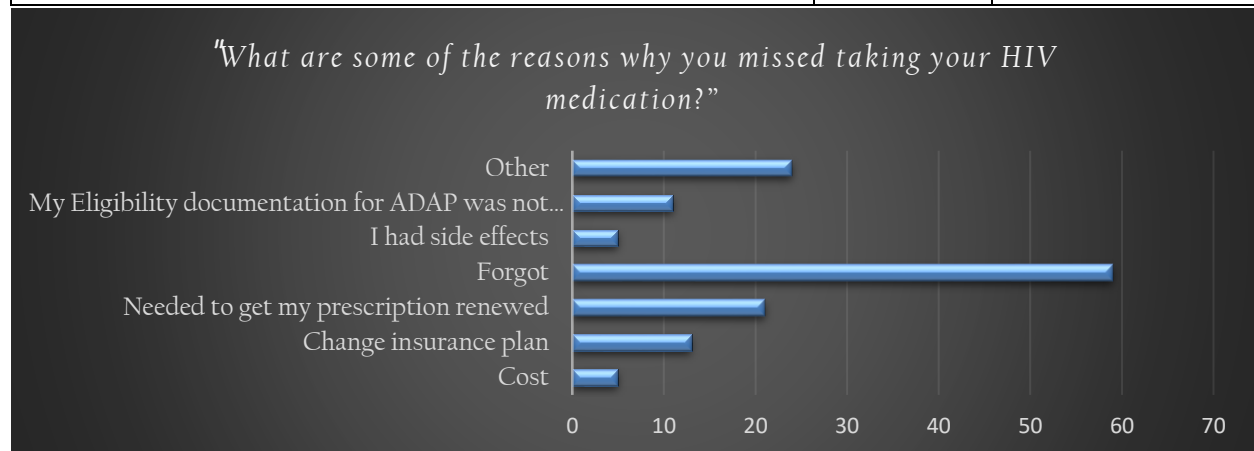


Figure 19: Respondents by Cause for Missed Medication, Palm Beach County Client Survey, 2016

Viral Suppression

The following question, “*In your last blood test was your viral load greater than 1000?*” was answered by most (353) of the respondents. Just over a quarter of the respondents reported ‘Yes,’ 42.6% said ‘No,’ and nearly a third said, ‘I don’t know.’

Table 20: Respondents by Viral Load Greater than 1,000, Palm Beach County Client Survey, 2016

Viral Load Greater than 1,000	Number	Percentage
Yes	92	25.8%
No	152	42.6%
I don't know	109	30.5%
No Response	4	1.1%
Total	357	100.0%

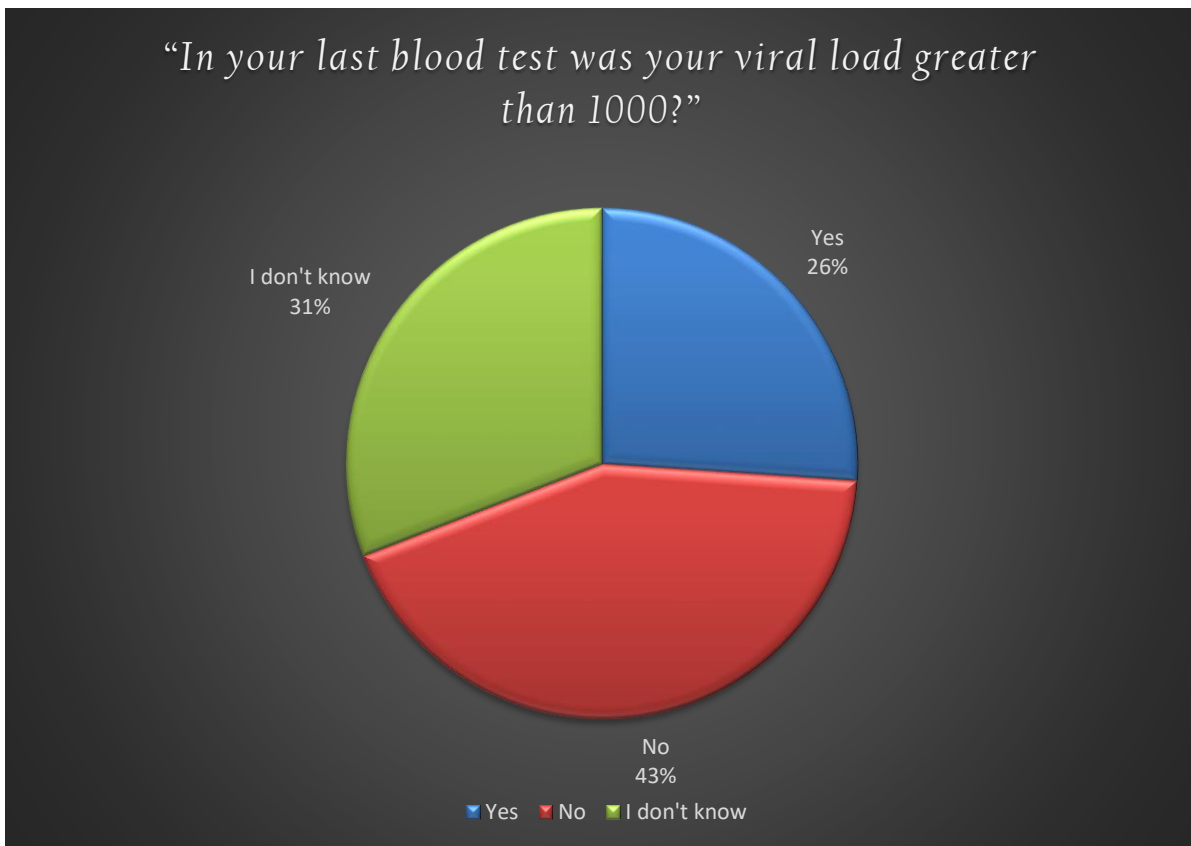


Figure 20: Respondents by Viral Load Greater than 1,000, Palm Beach County Client Survey, 2016

Viral Suppression

A total of 355 respondents answer the question, “In your last blood test, was your viral load below 200?” Just over one-third of the participants reported, ‘Yes,’ nearly another third reported ‘No,’ and nearly another third said, ‘I don’t know. And nearly 6% of the respondents reported ‘No, but it has been going down.’

Table 21: Respondents by Viral Load below 200, Palm Beach County Client Survey, 2016

Viral Load Below 200	Number	Percentage
Yes	122	34.2%
No	106	29.7%
No, but it has been going down	20	5.6%
I don't know	107	30.0%
No Response	2	0.6%
Total	357	100.0%

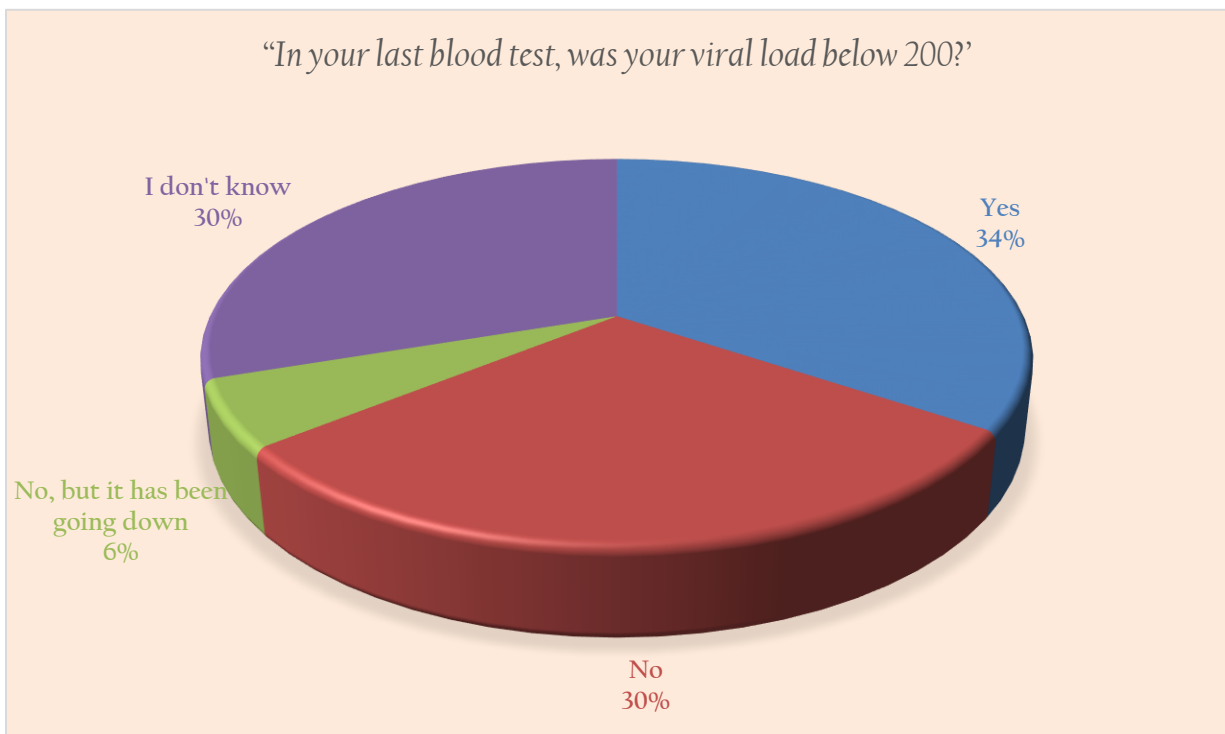


Figure 21: Respondents by Viral Load below 200, Palm Beach County Client Survey, 2016

Substance Use

The succeeding question asked, “*In the past month, how often did you smoke cigarettes?*” A total of three hundred fifty-one respondents answered this question. Two hundred four (57.1%) respondents reported ‘*Not at all,*’ 102 (28.6%) reported ‘*Every day,*’ and forty-five (12.6%) reported ‘*Some days.*’

Table 22: Respondents by Cigarette Use, Palm Beach County Client Survey, 2016

Cigarette Use	Number	Percentage
Every day	102	28.6%
Some days	45	12.6%
Not at all	204	57.1%
No Response	6	1.7%
Total	357	100.0%



Figure 22: Respondents by Cigarette Use, Palm Beach County Client Survey, 2016

Substance Use

Most participants (352) answered the next question, “In the past month, how often have you used marijuana?” Many participants (274 or 76.8%) reported ‘Not at all,’ 13.7% (49) of participants reported ‘Some days,’ and 8.1% (29) of participants reported, ‘Every day.’

Table 23: Respondents by Marijuana Use, Palm Beach County Client Survey, 2016

Marijuana Use	Number	Percentage
Every day	29	8.1%
Some days	49	13.7%
Not at all	274	76.8%
No Response	5	1.4%
Total	357	100.0%

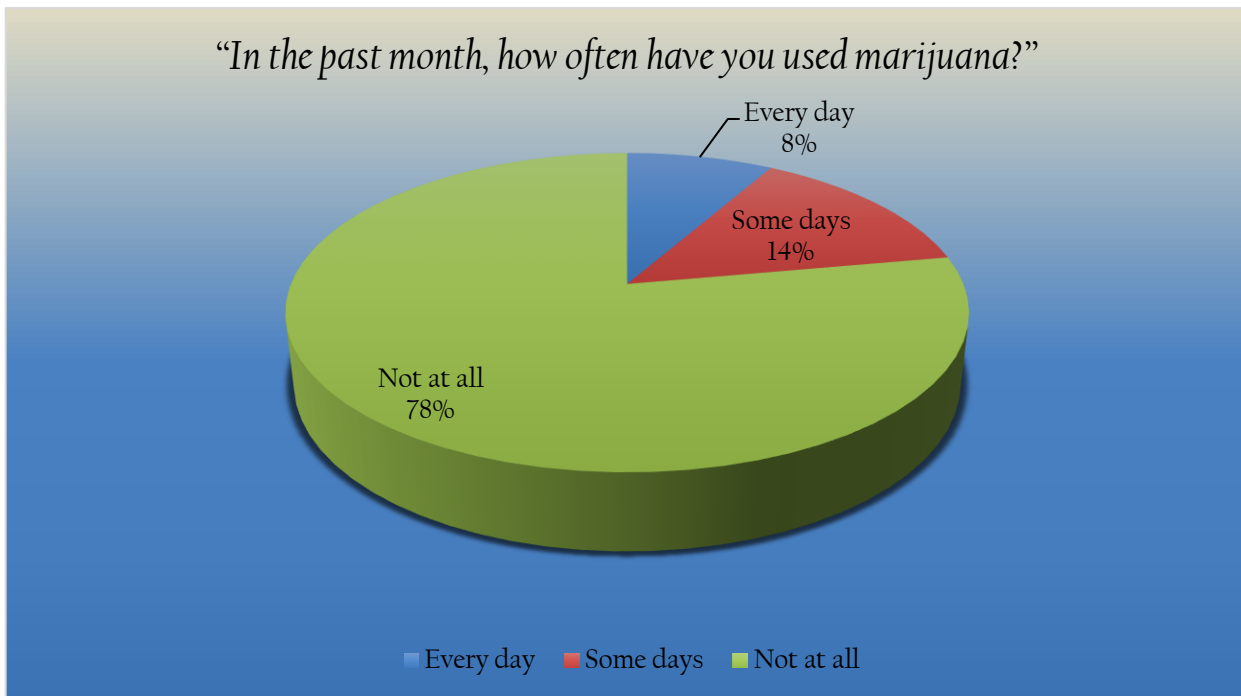


Figure Table 23: Respondents by Marijuana Use, Palm Beach County Client Survey, 2016

Substance Use

A total of three hundred fifty-four individuals responded to the following question, “*In the past month how often did you consume illegal drugs other than marijuana (cocaine, crack, meth, heroin, etc.)?*” While most (83.8% or 299) reported ‘*Not at all,*’ 43 respondents or 12.0% reported using illegal drugs ‘*Some days*’ and 12 (3.4%) respondents reported using illegal drugs ‘*Every day.*’

Table 24: Respondents by Illegal Drug Use, Palm Beach County Client Survey, 2016

Illegal Drug Use	Number	Percentage
Every day	12	3.4%
Some days	43	12.0%
Not at all	299	83.8%
No Response	3	0.8%
Total	357	100.0%

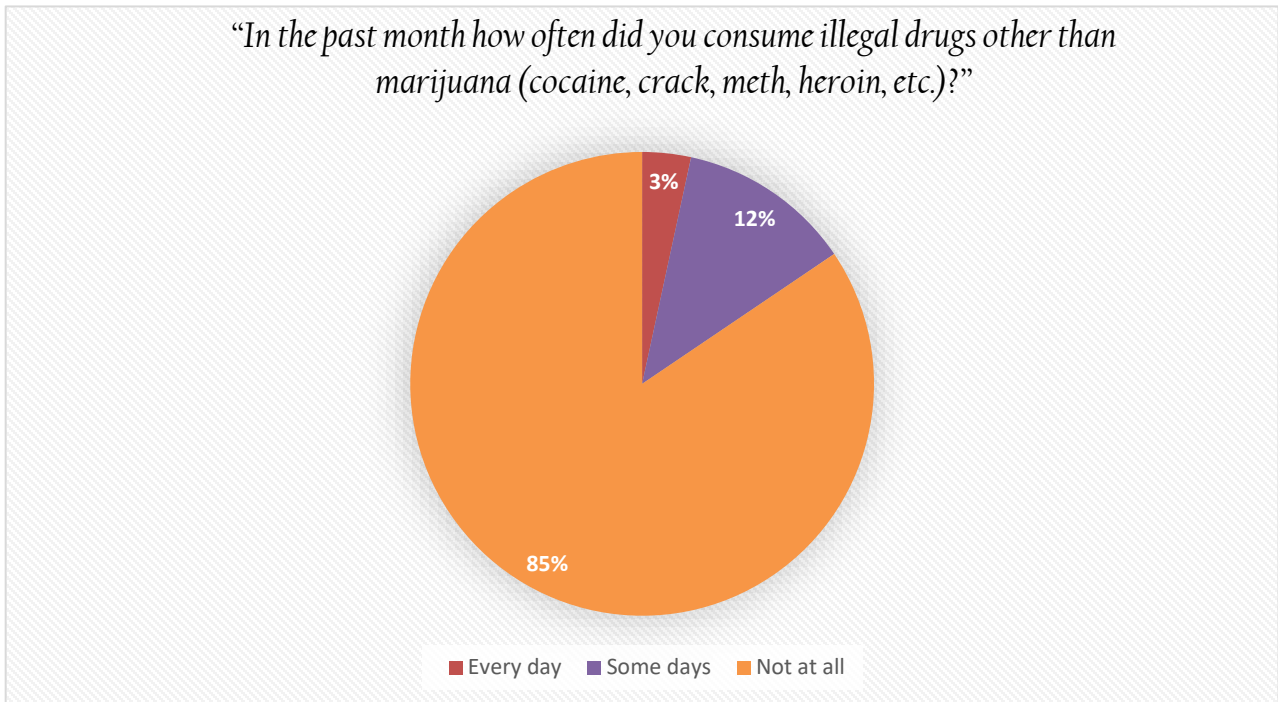


Figure 24: Respondents by Illegal Drug Use, Palm Beach County Client Survey, 2016

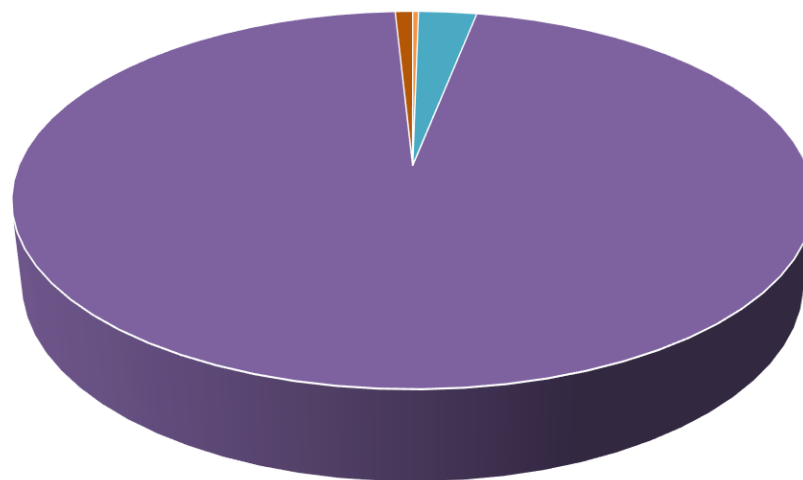
Substance Use

The next question asked, “*In the past month, how often did you share needles?*” Most participants (354) answered this question, with one respondent reporting ‘*Every day*’ and 10 respondents reported ‘*Some days*.’ However, most (96.1%) reported ‘*Not at all*’ to sharing needles.

Table 25: Respondents by Sharing of Needles, Palm Beach County Client Survey, 2016

Sharing of Needles	Number	Percentage
Every day	1	0.3%
Some days	10	2.8%
Not at all	343	96.1%
No Response	3	0.8%
Total	357	100.0%

“*In the past month, how often did you share needles?*”



■ Every day ■ Some days ■ Not at all ■ No Response

Figure 25: Respondents by Sharing of Needles, Palm Beach County Client Survey, 2016

Sexual Health

In the next question, most participants (352) answered to, “In the past month, how often did you have unprotected sex?” Two hundred ninety-three (82.1%) participants reported ‘Not at all,’ 49 (13.7%) reported ‘Some days’ and ten (2.8%) participants reported ‘Every day.’

Table 26: Respondents by Unprotected Sex Activity, Palm Beach County Client Survey, 2016

Unprotected Sex Activity	Number	Percentage
Every day	10	2.8%
Some days	49	13.7%
Not at all	293	82.1%
No Response	5	1.4%
Total	357	100.0%

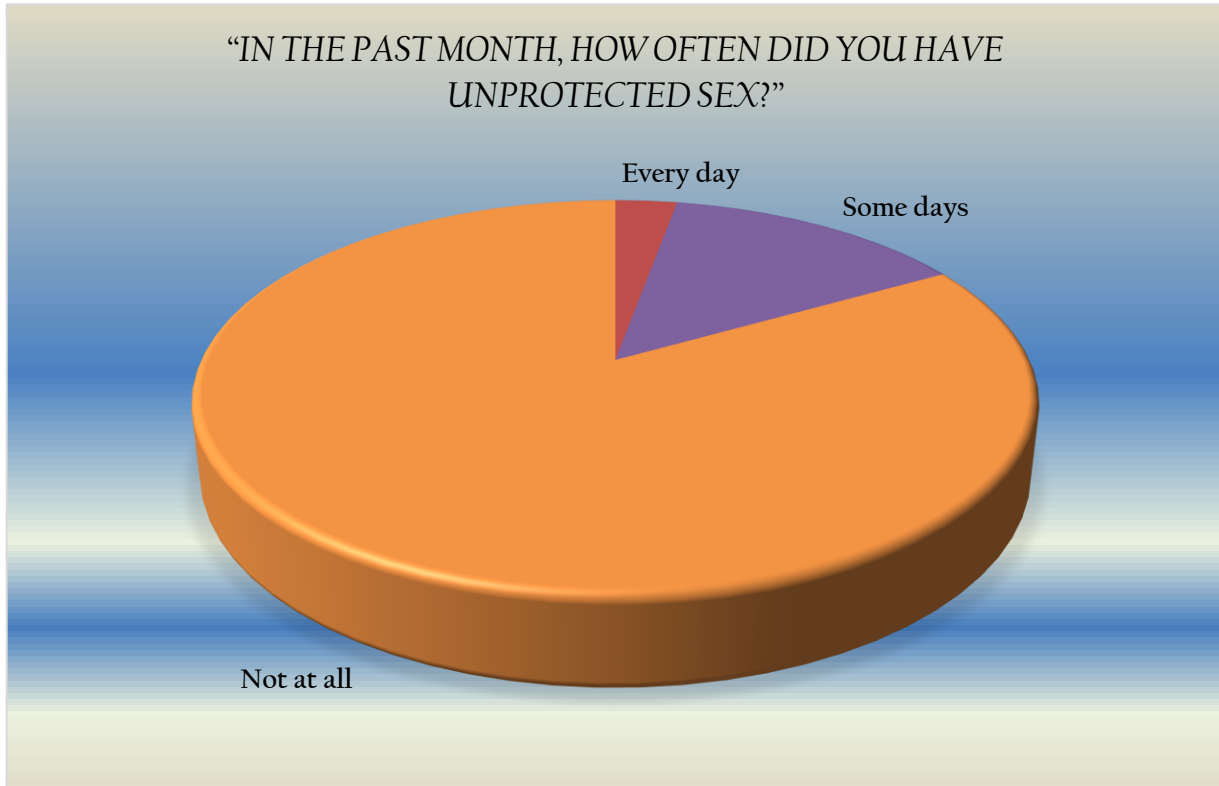


Figure 26: Respondents by Unprotected Sex Activity, Palm Beach County Client Survey, 2016

Hospitalization

Most (355) participants answered the question, “Have you been hospitalized for an HIV/AIDS related condition between June 1st, 2015 and May 31st, 2016? If so what was it for?” Three hundred twenty-three (90.5%) participants responded ‘No’ and thirty-two (9.0%) respondents reported ‘Yes.’

Of the thirty-two who reported ‘Yes,’ the listed the following as causes for their hospitalization.

- Bronchitis
- Pneumonia
- Tuberculosis
- Excessive weight loss and fatigue
- Cold
- HPV
- Hernia
- Dizziness from ear infection
- Enlargement of the spleen and lymph nodes
- Low viral load
- Gallbladder
- Fever

It is important to note that the term “HIV-related” may be interpreted differently, possibly affecting the responses to this question.

Table 27: Respondents by Hospitalization, Palm Beach County Client Survey, 2016

Hospitalization	Number	Percentage
Yes	32	9.0%
No	323	90.5%
No Response	2	0.6%
Total	357	100.0%

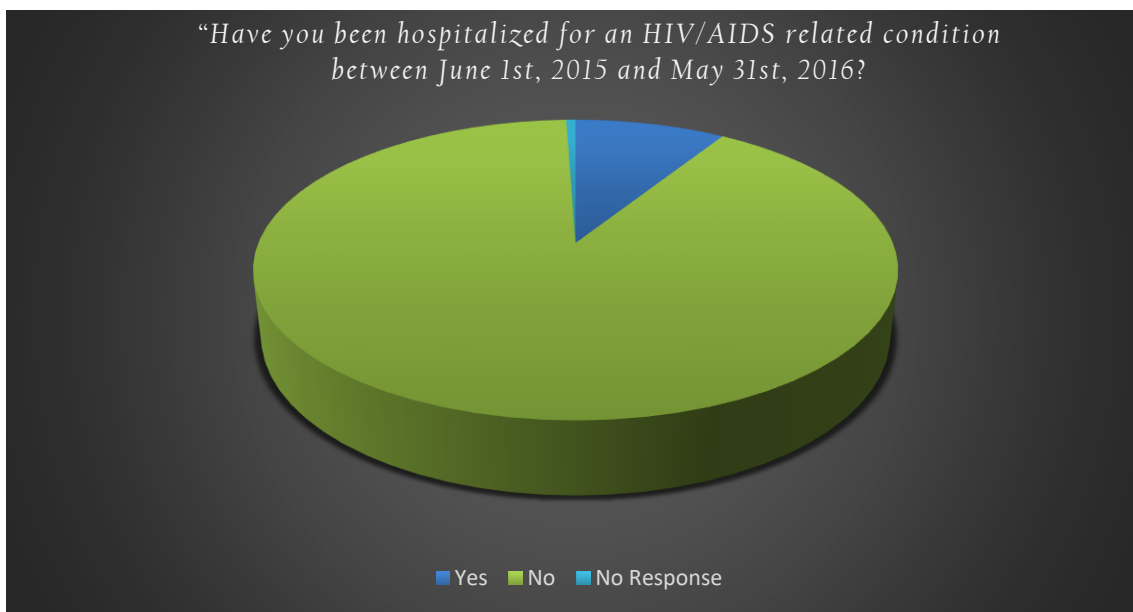


Figure 27: Respondents by Hospitalization, Palm

Medical and Support Services

The next set of questions was related to the various services provided to persons living with HIV/AIDS in Palm Beach County. The Survey asked respondents to “Please fill in the boxes next to the services that you have used or needed in the past 12 months.”

The survey listed the following services:

- Outpatient Medical Care
- Case Management
- Medications
- Dental/Oral Health
- Mental Health Services
- Substance Abuse Treatment
- Nutritional Counseling
- Early Intervention Services
- Home Health Care
- Hospice Services
- Food Bank or Food Vouchers
- Transportation
- Outreach
- Health Education/Risk Reduction
- Treatment Adherence
- Legal Support
- Rehabilitation
- Peer Mentoring
- Housing
- Other

The following were answer options:

- *I received this service without difficulty*
- *I received this service but it was difficult to get*
- *I needed this service but was unable to get it*
- *I did not need this service*

The table on the next page presents the responses. It is important to note that most respondents indicate that they have been able to access many services they needed, even when they had challenges or difficulty doing so. That said, there were a few services that participants said they had been unable to access: dental/oral health, housing, transportation, food bank vouchers, nutritional counseling, and health insurance.

Table 28: Utilization of Medical and Support Services, Palm Beach County Client Survey, 2016

Medical/Support Service	Received Service Without Difficulty		Received Service but with Difficulty		Unable to Receive Service		Service Not Needed	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Outpatient Medical Care	267	74.8%	21	5.9%	22	6.2%	35	9.8%
Case Management	262	73.4%	23	6.4%	34	9.5%	32	9.0%
Medications	269	75.4%	26	7.3%	31	8.7%	19	5.3%
Dental/Oral Health	203	56.9%	29	8.1%	59	16.5%	53	14.8%
Health Insurance	206	57.7%	28	7.8%	44	12.3%	66	18.5%
Mental Health Services	148	41.5%	21	5.9%	34	9.5%	144	40.3%
Substance Abuse Treatments	68	19.0%	9	2.5%	29	8.1%	239	66.9%
Nutritional Counseling	158	44.3%	18	5.0%	39	10.9%	126	35.3%
Early Intervention Services	149	41.7%	16	4.5%	28	7.8%	152	42.6%
Home Health Care	60	16.8%	11	3.1%	28	7.8%	246	68.9%
Hospice Services	41	11.5%	10	2.8%	21	5.9%	271	75.9%
Food Bank/Food Vouchers	190	53.2%	20	5.6%	50	14.0%	89	24.9%
Transportation	185	51.8%	14	3.9%	44	12.3%	104	29.1%
Outreach	113	31.7%	16	4.5%	25	7.0%	188	52.7%
Health Education/risk Reduction	211	59.1%	10	2.8%	27	7.6%	99	27.7%
Treatment Adherence	215	60.2%	14	3.9%	28	7.8%	86	24.1%
Legal Support	140	39.2%	13	3.6%	29	8.1%	161	45.1%
Rehabilitation	79	22.1%	9	2.5%	29	8.1%	225	63.0%
Peer Mentoring	152	42.6%	18	5.0%	34	9.5%	138	38.7%
Housing	118	33.1%	25	7.0%	70	19.6%	133	37.3%

Barriers to Accessing Services

The subsequent question was a follow-up question regarding difficulty-receiving services. The question asked, “If you had problems receiving services between June 1st, 2015 and May 31st, 2016, what were some of the reasons? Mark all that apply.”

The following were answer options:

- ‘This does not apply to me. I had no problems receiving services’
- ‘I did not know where to get services’
- ‘I could not get an appointment’
- ‘I could not get transportation’
- ‘I could not get childcare’
- ‘I could not pay for services’
- ‘I did not want people to know that I have HIV’
- ‘I could not get time off work’
- ‘I was depressed’
- ‘I had a bad experience with the staff’
- ‘Services were not in my language’
- ‘I did not qualify for services’
- ‘Other’

A total of three hundred thirty-one participants answered this question. Two hundred twenty-nine (64.1%) (229) reported, “This does not apply to me. I had no problems receiving services”, twenty-six (7.3%) of respondents reported ‘I did not want people to know I was HIV positive’, twenty-two (6.2%) listed ‘I did not know where to get services’, fifteen (4.2%) reported ‘I could not get transportation’, fourteen (3.9%) reported ‘I could not pay for services’, eight (2.2%) reported ‘I could not get time off work’, six (1.7%) reported ‘I could not get an appointment’, and one (0.3%) respondent reported ‘I could not get childcare’.

The respondents specified the following for ‘Other’:

- Did not use services
- The process was long
- Lack of communication
- Housing not available
- Process was invasive
- Difficulty finding documents for services
- Services were not covered by insurance
- Lack of follow up
- Eligibility
- Difficulty with prescriptions
- Homeless

Barriers to Accessing Services

This data suggests that most of the sample population could obtain and utilize the services they needed. However, transportation and insurance eligibility processes influence the ability to obtain services and therefore affecting overall health and wellness.

Table 29: Respondents by Barriers to Accessing Medical/Support Services, Palm Beach County Client Survey, 2016

Barriers to Medical/Support Services	Number	Percentage
This does not apply to me. I had no problems receiving services.	229	64.1%
I did not know where to get services	22	6.2%
I could not get an appointment	6	1.7%
I could not get transportation	15	4.2%
I could not get childcare	1	0.3%
I could not pay for services	14	3.9%
I did not want people to know I have HIV	26	7.3%
I could not get time off work	8	2.2%
I was depressed	22	6.2%
I had a bad experience with the staff	21	5.9%
Services were not in my language	3	0.8%
I did not qualify for services	13	3.6%
Other (please specify)	18	5.0%
No Response	26	7.3%

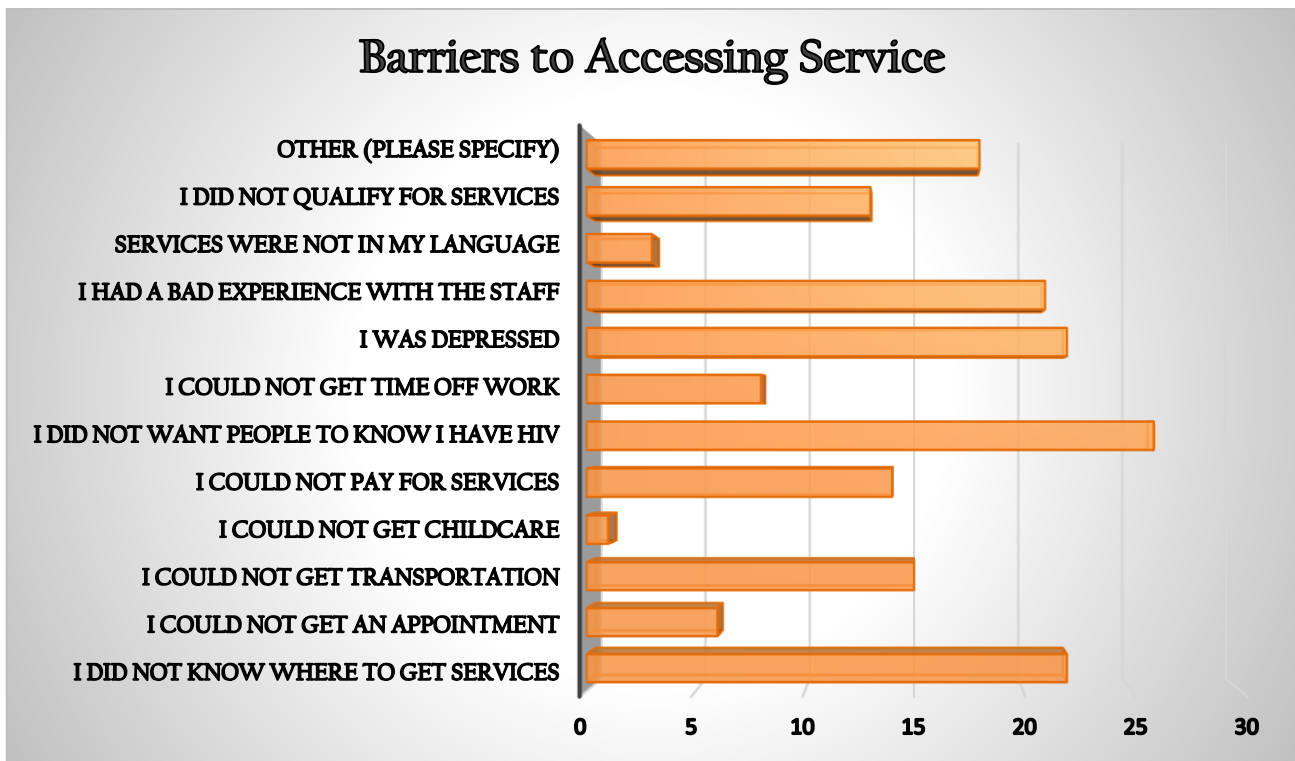


Figure 29: Respondents by Barriers to Accessing Medical/Support Services, Palm Beach County Client Survey, 2016

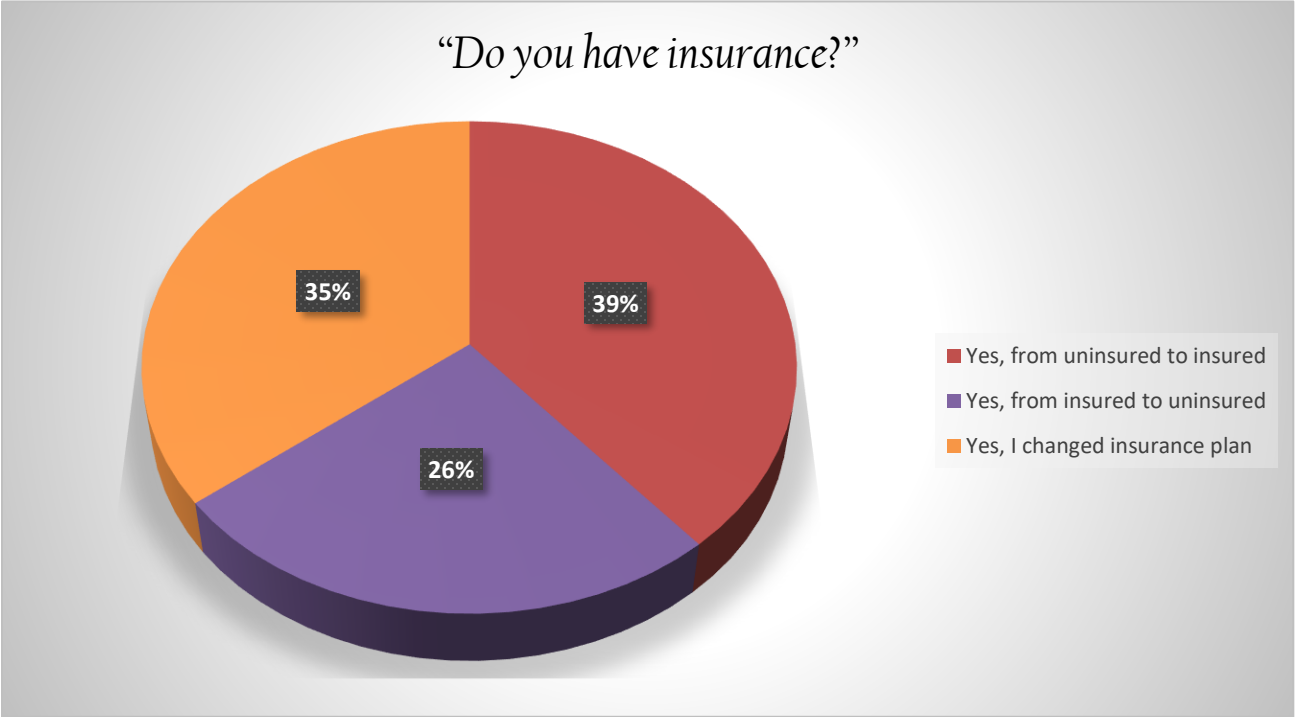
Health Insurance

The question regarding health insurance asked, “Do you have insurance?” Most participants (354) answered this question, with 76.5% (273) reporting ‘Yes’ and 22.7% (81) reporting ‘No’. This data suggests that clients experience differing challenges accessing healthcare services and likely poorer health outcomes. Respondents may have varied interpretations of what they consider “insurance” (Ryan White, Medicaid, Marketplace, Healthcare District).

Table 30: Respondents by Health Insurance Status, Palm Beach County Client Survey, 2016

Health Insurance Status	Number	Percentage
Yes	273	76.5%
No	81	22.7%
No Response	3	0.8%
Total	357	100.0%

Figure 30: Respondents by Health Insurance Status, Palm Beach County Client Survey, 2016



Health Insurance

The next question asked, “Has your health insurance status or plan changed between June 1st, 2015 and May 31st, 2016?” The following were answer options:

- ‘Yes, from uninsured to insured’
- ‘Yes, from insured to uninsured’
- ‘Yes, I changed insurance plan’
- ‘No, I have been insured for all that period’
- ‘No, I have been uninsured for all that period’

Three hundred forty-seven participants answered this question. Of the two hundred seventy-three respondents who reported having health insurance, 55.2% (197) also reported ‘No I have been insured for all that period’, 16.0% (57) reported ‘No I have been uninsured for all that period’, which speaks to the importance of healthcare coverage for all individuals of greatest need.

Table 31: Respondents by Change in Health Insurance Status, Palm Beach County Client Survey, 2016

Change in Health Insurance Status	Number	Percentage
Yes, from uninsured to insured	36	10.1%
Yes, from insured to uninsured	24	6.7%
Yes, I changed insurance plan	33	9.2%
No, I have been insured for all that period	197	55.2%
No, I have been uninsured for all that period	57	16.0%
No response	10	2.8%
Total	357	100.0%

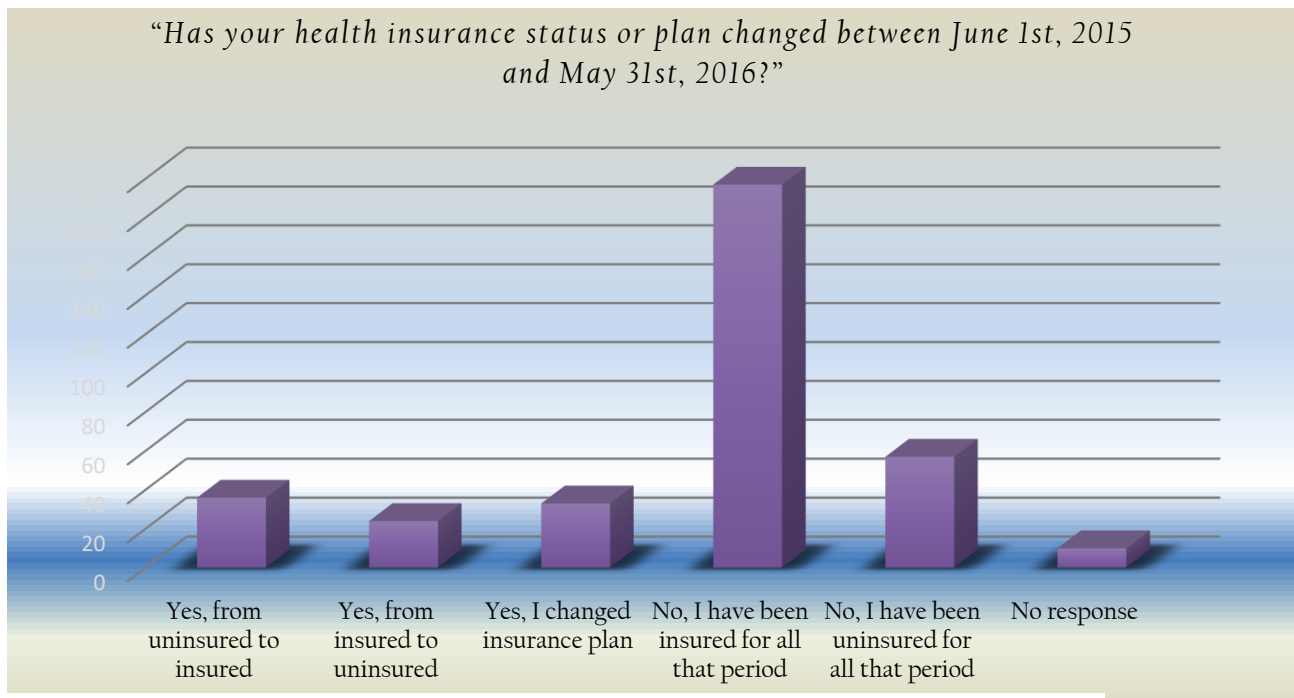


Figure 31: Respondents by Change in Health Insurance Status, Palm Beach County Client Survey, 2016

Health Insurance

The next question asked, “What are some of the reasons why you do not have health insurance? Mark all that apply.” Three hundred fifteen participants answered this question. The following were answer options:

- ‘This does not apply to me. I have health insurance’
- ‘I have not looked into it’
- ‘My employer does not offer insurance’
- ‘I am not eligible for Medicaid or Obama Care Also known as Marketplace’
- ‘I find the premiums too expensive’
- ‘I didn’t look into it’
- ‘Other’

About two-thirds (66.7% or 238) of participants reported, ‘This does not apply to me. I have health insurance’, twenty-three (6.4%) reported ‘I have not looked into it’, eighteen (5.0%) reported ‘I find the premiums too expensive’, sixteen (4.5%) reported ‘I am not eligible for Medicaid or Obama Care (also known as Marketplace)’, nine (2.5%) reported ‘My employer does not offer insurance’ and 4.5% reported ‘Other’. Of those respondents who reported ‘Other’, the following reasons for not having health insurance were:

- Did not receive services/Not in care
- Housing not available
- Long process
- Lack of communication
- Process seemed invasive
- Difficulty getting documents for services
- Services not covered by insurance
- Did not return phone calls
- Eligibility problems
- Difficulty with prescriptions
- Homeless

Table 32: Respondents by Barriers to Health Insurance, Palm Beach County Client Survey, 2016

Barriers to Health Insurance	Number	Percentage
This does not apply to me. I have health insurance	238	66.7%
I have not looked into it	23	6.4%
My employer does not offer insurance	9	2.5%
I am not eligible for Medicaid or Obama Care (also known as Marketplace)	16	4.5%
I find the premiums too expensive	18	5.0%
I didn’t look into it	4	1.1%
Other	16	4.5%
No Response	42	11.8%

Health Insurance

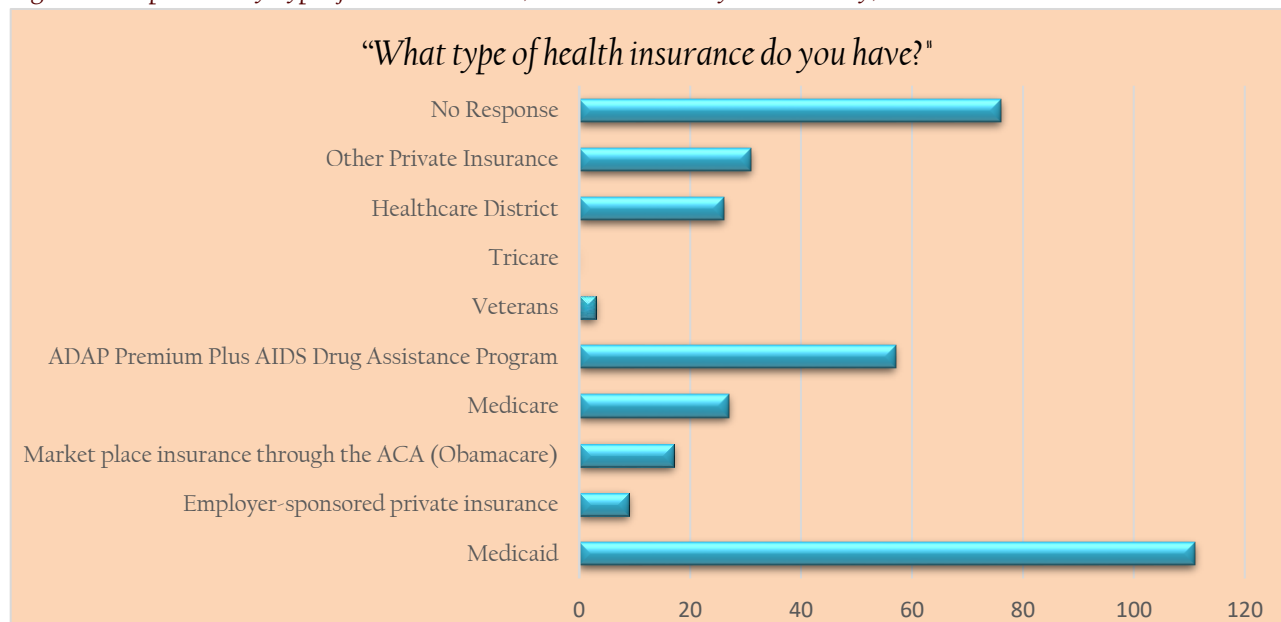
Two hundred eight-one individuals responded to the question, “What type of health insurance do you have?” 111 (31.1%) participants reported ‘Medicaid’, fifty-seven (16.0%) reported ‘ADAP Premium Plus AIDS Drug Assistance Program’, thirty-one (8.7%) reported ‘Other Private Insurance’, twenty-seven (7.6%) of participants reported ‘Medicare’, twenty-six (7.3%) reported ‘Healthcare District’, seventeen of (4.8%) participants reported ‘Market place insurance through the ACA’, nine (2.5%) participants reported ‘Employer-sponsored private insurance’ and three (0.8%) reported ‘Veterans’ insurance. Of the 281 participants that answered this question, it should be noted that zero respondents reported having ‘Tricare’ as health insurance.

As more clients enroll in health insurance, they will be able to access other services outside of the Ryan White network and therefore improve overall health and wellness.

Table 33: Respondents by Type of Health Insurance, Palm Beach County Client Survey, 2016

Type of Health Insurance	Number	Percentage
Medicaid	111	31.1%
Employer-sponsored private insurance	9	2.5%
Market place insurance through the ACA (Obamacare)	17	4.8%
Medicare	27	7.6%
ADAP Premium Plus AIDS Drug Assistance Program	57	16.0%
Veterans	3	0.8%
Tricare	0	0.0%
Healthcare District	26	7.3%
Other Private Insurance	31	8.7%
No Response	76	21.3%
Total	357	100.0%

Figure 33: Respondents by Type of Health Insurance, Palm Beach County Client Survey, 2016



Patient Satisfaction

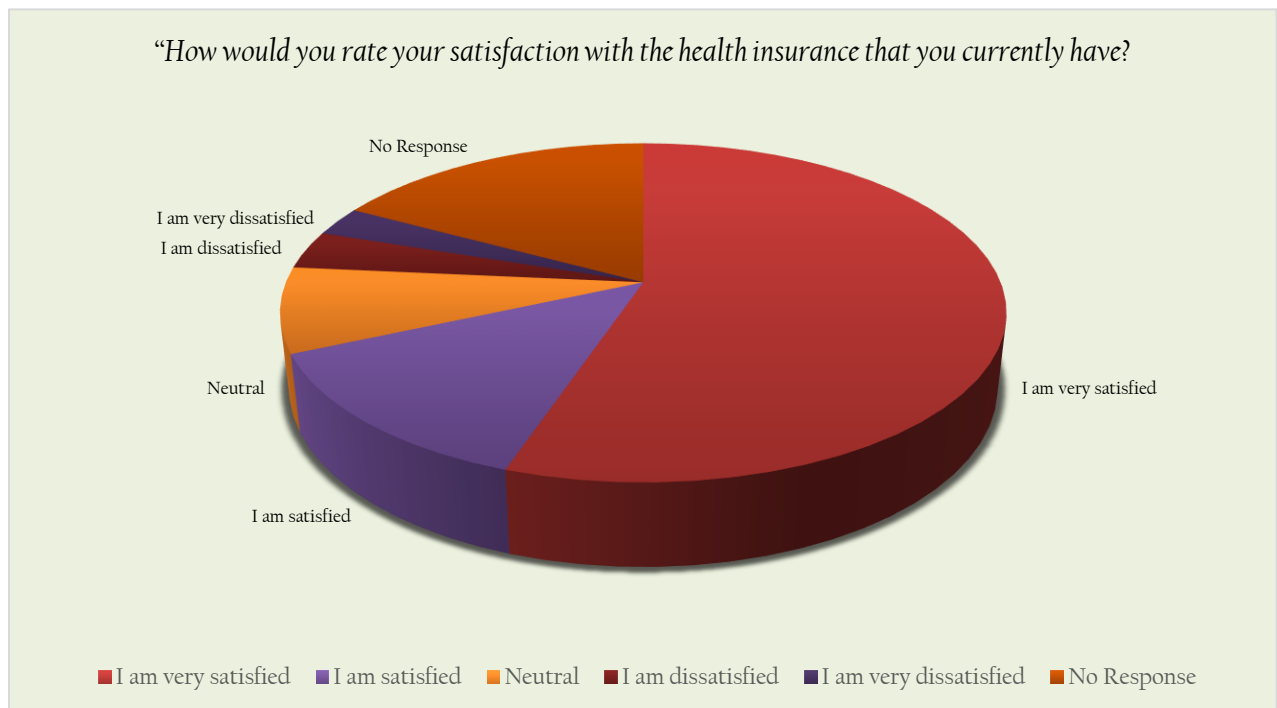
A total of two hundred ninety-six participants answered the question, “How would you rate your satisfaction with the health insurance that you currently have”? The responses available were:

- ‘I am very satisfied’
- ‘I am satisfied’
- ‘Neutral’
- ‘I am dissatisfied’
- I am very dissatisfied’

One hundred ninety-seven (55.2%) participants responded, ‘I am very satisfied’, forty-seven (13.2%) participants responded, ‘I am satisfied’, twenty-nine (8.1%) participants responded ‘Neutral’, thirteen (3.6%) reported ‘I am dissatisfied’, and ten (2.8%) responded ‘I am very dissatisfied’. This evidence suggests that most of the sample population is satisfied with their health insurance and therefore the health insurance coverage is meeting their needs.

Table 35: Respondents by Level of Satisfaction with Health Insurance, Palm Beach County Client Survey, 2016

Level of Satisfaction with Health	Number	Percentage
I am very satisfied	197	55.2%
I am satisfied	47	13.2%
Neutral	29	8.1%
I am dissatisfied	13	3.6%
I am very dissatisfied	10	2.8%
No Response	61	17.1%
Total	357	100.0%



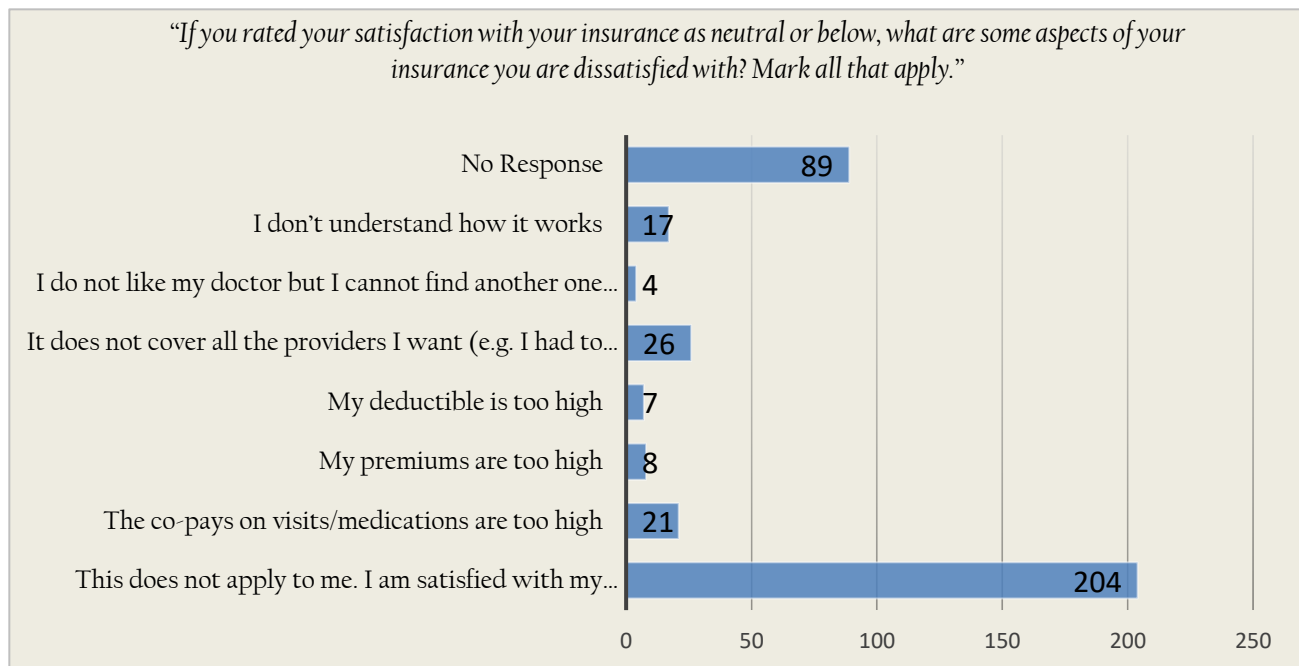
Patient Satisfaction

The follow-up question to the previous asked, “If you rated your satisfaction with your insurance as neutral or below, what are some aspects of your insurance you are dissatisfied with? Mark all that apply.” Two hundred sixty-eight participants answered this question, and 89 participants skipped the question. More than half (57.1% or 204) respondents reported satisfaction with their health insurance. Twenty-one (5.9%) listed ‘The co-pays on visits/medications are too high’, twenty-six (7.3%) reported, ‘It does not cover all the providers I want (e.g. I had to change doctors)’, eight (2.2%) reported ‘My premiums are too high’, seven (2.0%) reported ‘My deductible is too high’, and four (1.1%) respondents reported ‘I do not like my doctor but I cannot find another one in my area that my insurance will cover’.

It is important to note that costs and lack of coverage influence clients’ satisfaction with health insurance, which also affects their ability to obtain services such as doctor’s visits and medications.

Table 36: Respondents by Cause for Dissatisfaction with Health Insurance, Palm Beach County Client Survey, 2016

Cause for Dissatisfaction with Health Insurance	Number	Percentage
This does not apply to me. I am satisfied with my health insurance	204	57.1%
The co-pays on visits/medications are too high	21	5.9%
My premiums are too high	8	2.2%
My deductible is too high	7	2.0%
It does not cover all the providers I want (e.g. I had to change doctors)	26	7.3%
I do not like my doctor but I cannot find another one in my area that my insurance will cover	4	1.1%
I don’t understand how it works	17	4.8%
No Response	89	24.9%

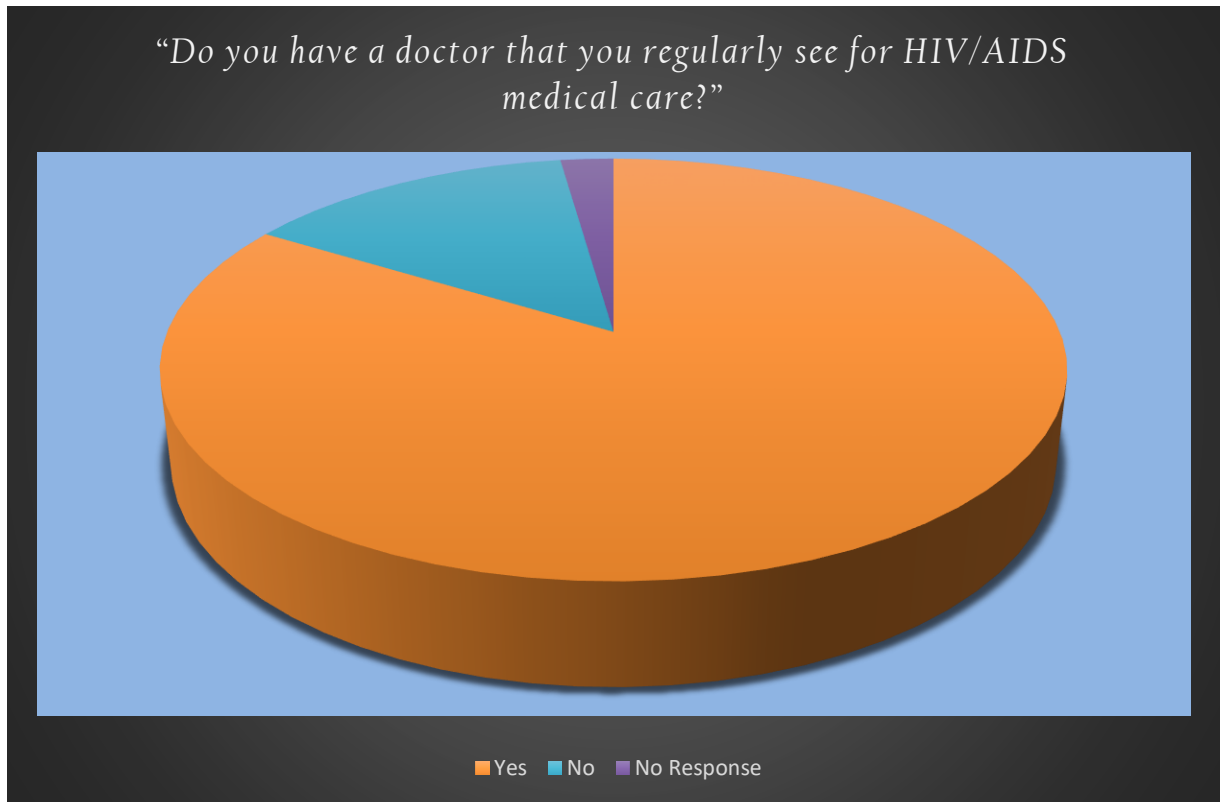


Doctor-Patient Alliance

Three hundred forty-nine participants answered the next question, “Do you have a doctor that you regularly see for HIV/AIDS medical care?” Most (83.8% or 299) respondents reported ‘Yes’ and fifty (14.0%) respondents reported ‘No’. This data suggests that most clients regularly seek medical care and treatment, however the term “regularly” is subjective and while 100% indicated consistent care, this does not align with the “Linkage Gap” observed in Palm Beach County’s HIV Continuum of Care for retention in care.

Table 37: Respondents by Use of Regular Doctor for Medical Care, Palm Beach County Client Survey, 2016

Use of Regular Doctor for Medical	Number	Percentage
Yes	299	83.8%
No	50	14.0%
No Response	8	2.2%
Total	357	100.0%

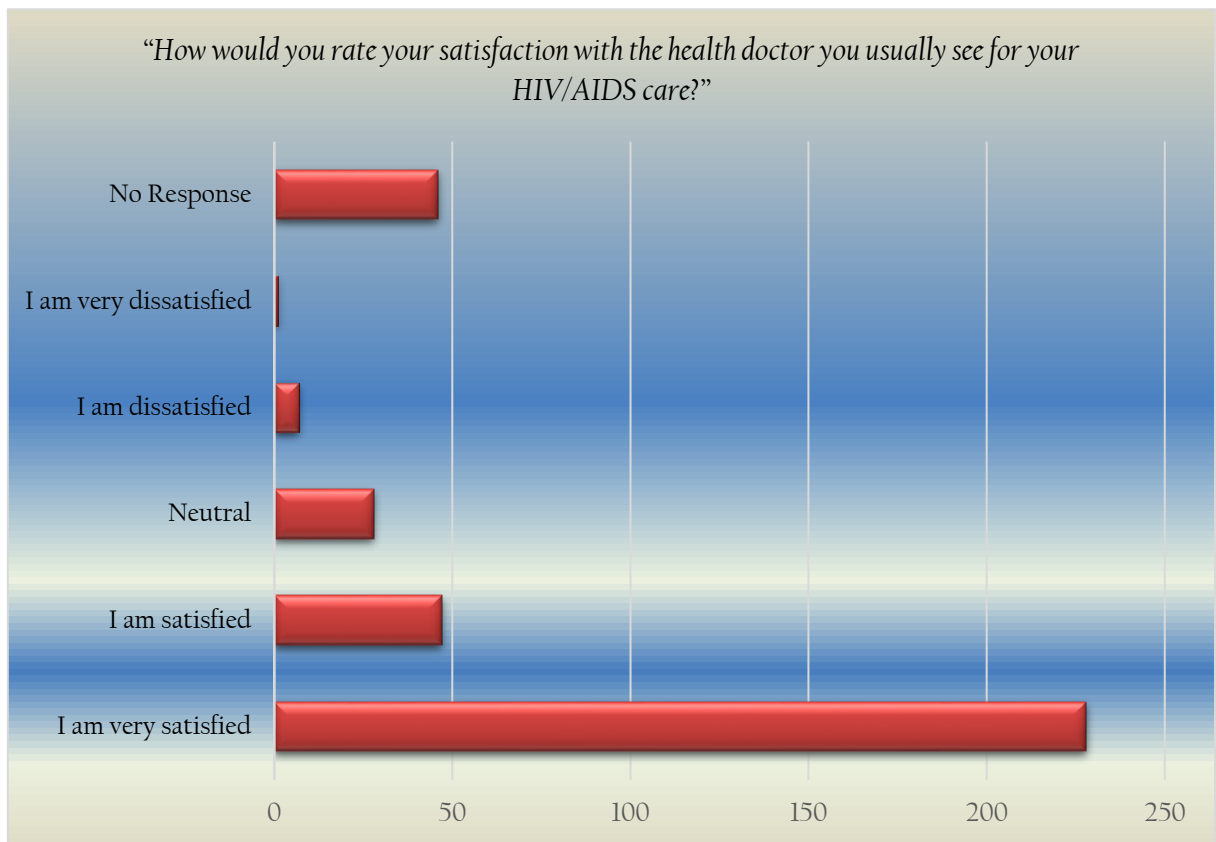


Patient Satisfaction

The following question asked, “How would you rate your satisfaction with the health doctor you usually see for your HIV/AIDS care?” Over half (63.9% or 228) of respondents reported, ‘I am very satisfied,’ forty-seven (13.2%) reported, ‘I am satisfied,’ twenty-eight (7.8%) of participants reported, ‘I am dissatisfied’ and one (0.3%) participant reported ‘I am very dissatisfied’. This evidence suggests that clients typically have positive experiences with their medical doctor, which is an important factor in retention to care.

Table 38: Respondents by Level of Satisfaction with Medical Doctor, Palm Beach County Client Survey, 2016

Level of Satisfaction with Medical	Number	Percentage
I am very satisfied	228	63.9%
I am satisfied	47	13.2%
Neutral	28	7.8%
I am dissatisfied	7	2.0%
I am very dissatisfied	1	0.3%
No Response	46	12.9%
Total	357	100.0%



Patient Satisfaction

The next question asked, “If you rated your satisfaction with your provider as neutral or below, what are some reasons why you are dissatisfied? Mark all that apply.”

The following were the response options:

- ‘This does not apply to me. I am satisfied with my health care provider.’
- ‘I feel like my health care provider judges me’
- ‘I feel like my health care provider doesn’t know enough about HIV/AIDS’
- ‘I feel like I cannot trust my health care provider’
- ‘I feel like my health care provider doesn’t care about me’
- ‘The duration of the visit is too short and rushed’
- ‘It takes a long time to get an appointment’
- ‘It is far to go for the appointment’
- ‘Other (please specify)’

Two hundred sixty-seven individuals responded to the question. 227 or 59.3% of participants reported, ‘This does not apply to me. I am satisfied with my health care provider’, thirteen (3.4%) participants reported, ‘It takes a long time to get an appointment’, twelve (3.1%) reported, ‘I feel like my health care provider doesn’t really listen to me’, nine (2.3%) reported ‘The duration of the visit is too short and rushed’, six (1.6%) reported ‘I feel like my health care provider judges me’, five (1.3%) reported ‘I feel like my health care provider doesn’t know enough about HIV/AIDS’, four (1.0%) reported ‘I feel like I cannot trust my health care provider’, four (1.0%) reported ‘I feel like my health care provider doesn’t care about me’ and three (0.8%) reported ‘It is far to go for the appointment’.

This data is important to note because doctors and other medical providers can have a direct impact on helping to retain clients in medical care.

Table 39: Respondents by Cause for Dissatisfaction with Medical Doctor, Palm Beach County Client Survey, 2016

Cause for Dissatisfaction with Medical Doctor	Number	Percentage
This does not apply to me. I am satisfied with my health care provider	227	59.3%
I feel like my health care provider judges me	6	1.6%
I feel like my health care provider doesn't know enough about HIV/AIDS	5	1.3%
I feel like I cannot trust my health care provider	4	1.0%
I feel like my health care provider doesn't really listen to me	12	3.1%
I feel like my health care provider doesn't care about me	4	1.0%
The duration of the visit is too short and rushed	9	2.3%
It takes a long time to get an appointment	13	3.4%
It is far to go for the appointment	3	0.8%
Other	10	2.6%
No Response	90	23.5%

AIDS Drug Assistance Program (ADAP)

The following questions asked about the Aids Drugs Assistance Program (ADAP) application process as well as the services. The survey asked, “Between June 1st, 2015 and May 31st, 2016, have you had difficulty getting HIV medications for any of the following reasons?” About half of participants reported ‘No’ to all the ADAP related questions. This data suggests a need to assist individuals in the eligibility and application process.

Table 40: Respondents by Difficulty with ADAP, Palm Beach County Client Survey, 2016

Type of ADAP Difficulty	Yes		No		N/A	
	Number	Percent	Number	Percent	Number	Percent
Long wait to get an appointment with case worker or doctor	55	15.4%	213	59.7%	75	21.0%
Difficulty with the ADAP application process	46	12.9%	178	49.9%	115	32.2%
Unenrolled from ADAP without an explanation	32	9.0%	167	46.8%	139	38.9%
Difficulty seeing case worker or doctor at least twice a year to remain enrolled in ADAP	46	12.9%	177	49.6%	113	31.7%

The table below shows responses regarding ADAP funds that can cover health insurance costs and hardship exemptions. One hundred fifty-three (2.9%) of participants reported that they were not aware that ‘ADAP can cover “hardship exemptions” and 123 (34.5%) of participants reported that they were not aware that ADAP can cover costs associated with health insurance. This data shows the need for improved awareness and education about ADAP and its benefits that can reduce financial burdens for clients who have a financial need.

Table 41: Respondents by Knowledge of ADAP Coverage, Palm Beach County Client Survey, 2016

Knowledge of ADAP Coverage	Yes		No		Not Applicable	
	Number	Percent	Number	Percent	Number	Percent
ADAP can cover health insurance costs	106	29.7%	123	34.5%	112	31.4%
ADAP can cover “hardship exemptions”	93	26.1%	153	42.9%	95	26.6%

Disclosure of Status

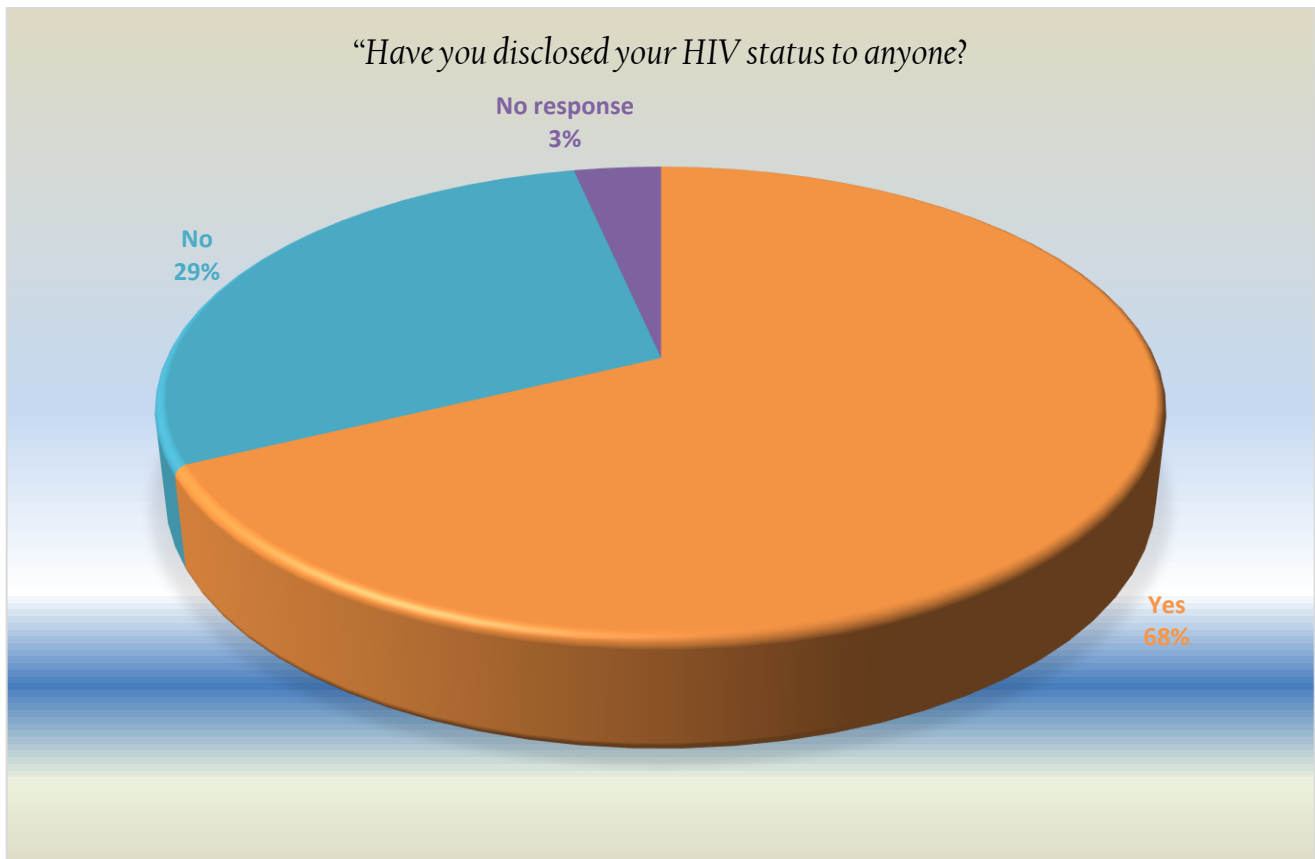
The next questions asked participants, “Have you disclosed your HIV status to anyone? (If no skip to question 46)”.

Three hundred forty-five participants answered this question. More than two-thirds (67.8%) of participants responded ‘Yes’. This suggests reduction in stigma and other factors that affect clients’ willingness and likeliness of disclosing their status, which contributes to isolation, lack of support and stress.

Table 42: Respondents by HIV Status Disclosure, Palm Beach County Client Survey, 2016

HIV Status Disclosure	Number	Percentage
Yes	242	67.8%
No	103	28.9%
No response	12	3.4%
Total	357	100.0%

Figure 19: Respondents by HIV Status Disclosure, Palm Beach County Client Survey, 2016

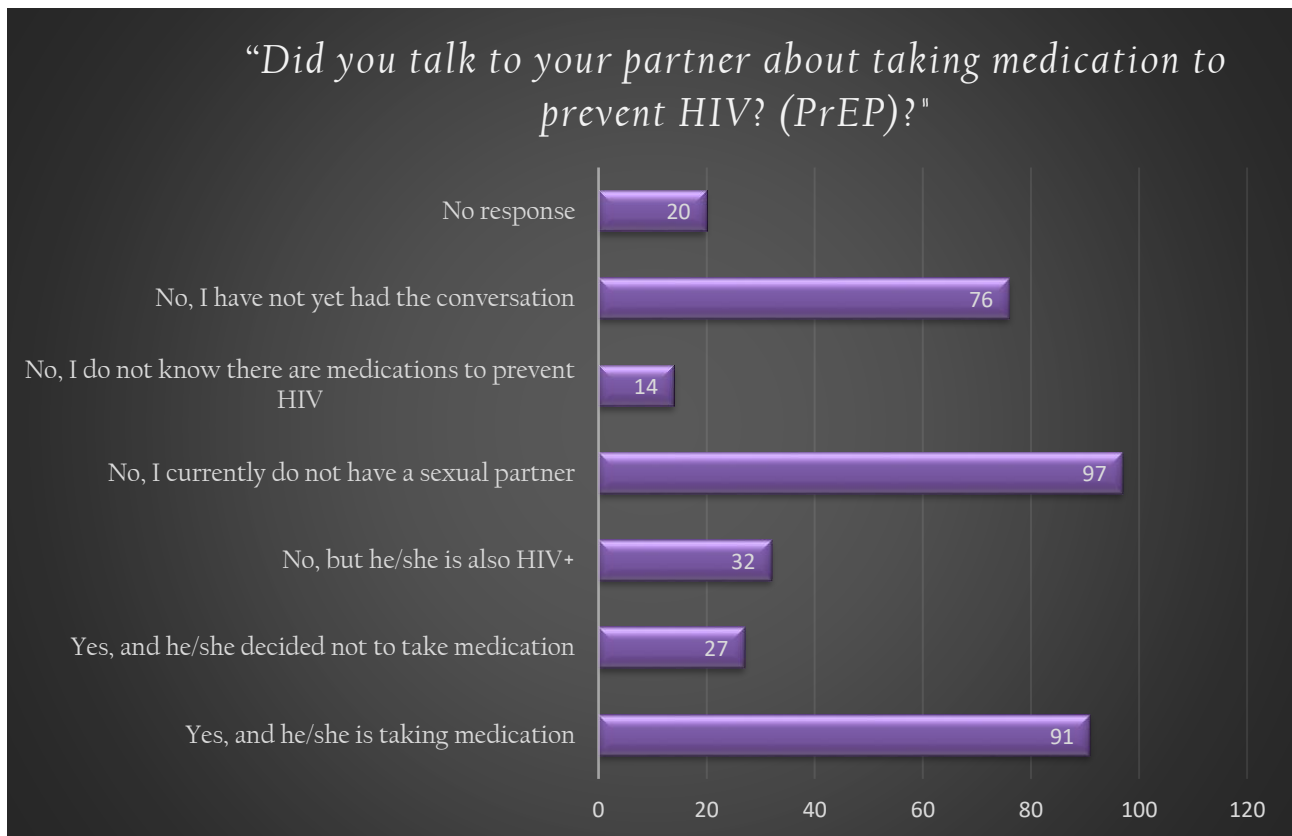


HIV & Prevention

Most (337) participants answered the next question, “Did you talk to your partner about taking medication to prevent HIV? (PrEP).” Ninety-seven (27.2%) of respondents reported, ‘No, I currently do not have a sexual partner,’ ninety-one (25.5%) reported ‘Yes and he/she is taking medication,’ seventy-six (21.3%) reported, ‘No, I have not yet had the conversation,’ thirty-two, (9.0%) reported, ‘No, but he/she is also HIV+,’ twenty-seven (7.6%) reported ‘Yes but he/she decided not to take the medication,’ and fourteen respondents reported, ‘No, I do not know there are medications to prevent HIV.’

Table 44: Respondents by Conversation with partner about taking Medication to Prevent HIV, Palm Beach County Client Survey, 2016

Conversation with Partner about Medication to Prevent HIV	Number	Percentage
Yes, and he/she is taking medication	91	25.5%
Yes, and he/she decided not to take medication	27	7.6%
No, but he/she is also HIV+	32	9.0%
No, I currently do not have a sexual partner	97	27.2%
No, I do not know there are medications to prevent HIV	14	3.9%
No, I have not yet had the conversation	76	21.3%
No response	20	5.6%
Total	357	100.0%



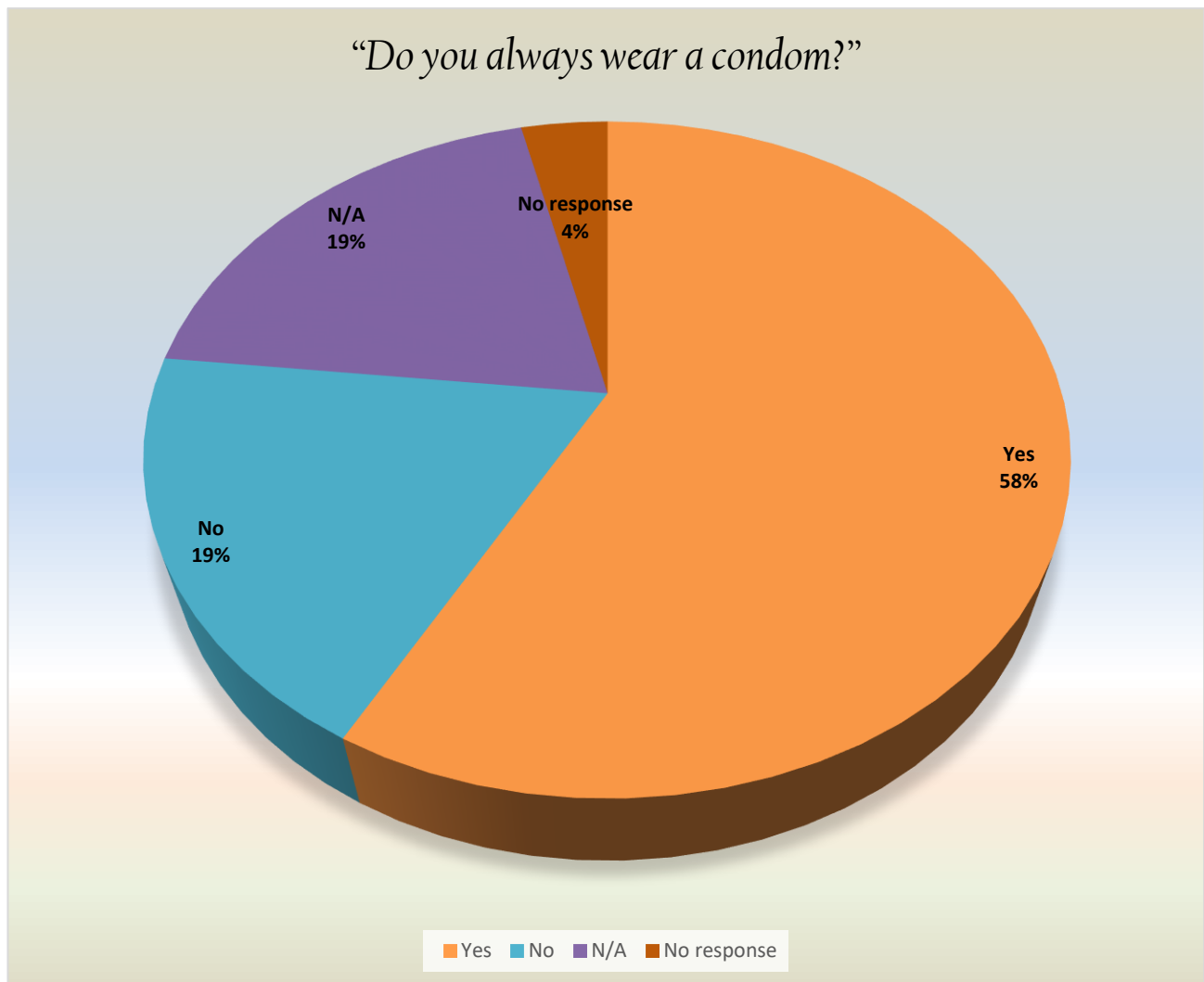
Condom Usage

The next question asked, “Do you always wear a condom?” Most (344) respondents answered this question, with 58.0% (207) of participants responding ‘Yes’, 19.6% responded ‘N/A,’ and 18.8% responded ‘No.’

Table 45: Respondents by Condom Usage, Palm Beach County Client Survey, 2016

Condom Usage	Number	Percentage
Yes	207	58.0%
No	67	18.8%
N/A	70	19.6%
No response	13	3.6%
Total	357	100.0%

Figure 21: Respondents by Condom Usage, Palm Beach County Client Survey, 2016



Condom Usage

The next question was a follow-up question regarding the reasons for not using condoms. The question asked, “If no, what are the reasons you do not?” Eighty participants answered this question and ‘I don’t like the way condoms feel’ was the reason reported most frequently (31.3% or 25).

The responses listed for ‘Other’ were:

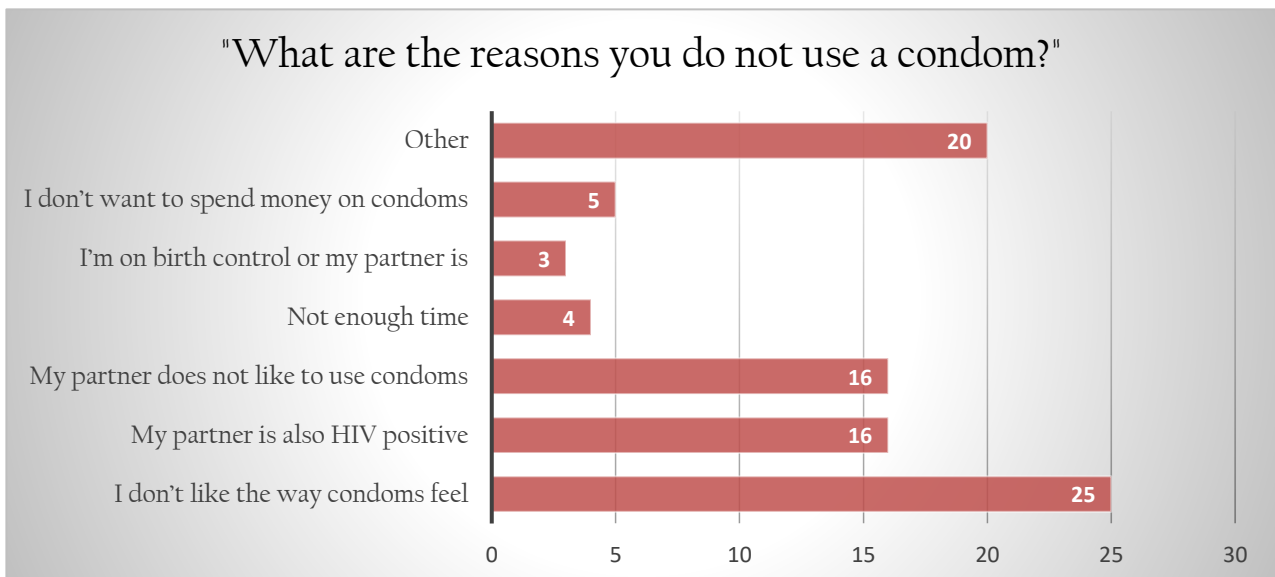
- Not sexually involved
- Abstinent
- In a monogamous relationship
- Don’t like using condoms

It is important to note that the response, “My partner does not like to use condoms” points to the power dynamics in sexual relationships. In addition, the responses, “My partner is also HIV positive,” “I don’t like the way condoms feel,” “I’m on birth control, or my partner is,” suggests a lack of awareness about re-infection and virus resistance, which can hinder the ability to treat the disease effectively.

Lastly, a few (5) respondents mentioned, “[they] don’t want to spend money on condoms.

Table 46: Respondents by Barriers to Condom Use, Palm Beach County Client Survey, 2016

Barriers to Condom Use	Number	Percentage
I don’t like the way condoms feel	25	31.3%
My partner is also HIV positive	16	20.0%
My partner does not like to use condoms	16	20.0%
Not enough time	4	5.0%
I’m on birth control or my partner is	3	3.8%
I don’t want to spend money on condoms	5	6.3%
Other	20	25.0%
No response	277	346.3%



Prevention Information

The next set of questions asked participants about prevention related information if, “*In the last six months have you received information on:*”

- ‘How to prevent HIV transmission’
- ‘How to protect one’s-self from reinfection’
- ‘How to use a condom or other barrier’
- ‘How viral load is linked to HIV prevention’
- ‘How to talk to partners about condom use’
- ‘How to disclose HIV status to partners’
- ‘How to clean needles or other items that cause infection’

Over seventy percent of participants reported ‘Yes’ for ‘How to prevent HIV transmission’, ‘How to protect one’s-self from reinfection’, ‘How to use a condom or other barrier’, ‘How Viral Load is linked to HIV prevention’, ‘How to talk to partners about condom use’ and ‘How to disclose HIV status to partners’.

Almost fifty percent (177) of participants reported ‘Yes’ for ‘How to clean needles or other items that can cause infection’.

Table 47: Respondents by Prevention Information Type of Prevention Information Received, Palm Beach County Client Survey, 2016

HIV Prevention Information	Yes		No	
	Number	Percent	Number	Percent
How to prevent HIV transmission	284	79.6%	64	17.9%
How to protect one’s-self from reinfection	281	78.7%	68	19.0%
How to use a condom or other barrier	283	79.3%	65	18.2%
How Viral Load is linked to HIV prevention	282	79.0%	65	18.2%
How to talk to partners about condom use	275	77.0%	72	20.2%
How to disclose HIV status to partners	267	74.8%	79	22.1%
How to clean needles or other items that can cause infection	177	49.6%	159	44.5%

Prevention Information

The next question asked, “Where do you generally receive health-related information.” Three hundred thirty-eight respondents answered this question and were asked to select all answers that applied to them. The category with the most responses, 73.1% (247) was ‘Medical provider’, ‘Case Manager’ was selected by 46.2% (156) of respondents, ‘Internet Search’ was selected by 15.7% (53) of respondents, ‘Family member or friend’ was selected by 12.1% (41), and ‘Social Media’ was selected by 4.4% (15) respondents.

For “Other”, participants listed:

- Community Organizations
- Word of mouth
- Walk in Clinic
- Health Fairs
- Cell phone
- AA Meetings/Support Groups
- Outreach
- YouTube
- Employer
- Jail/Prison
- Books/Literature
- Hospital
- Radio/TV
- Health Department

Source of General Health Information	Number	Percent
Medical Provider	247	73.1%
Case Manager	156	46.2%
Internet Search	53	15.7%
Social Media	15	4.4%
Family member or friend	41	12.1%
Other	56	16.6%

Table 49: Respondents by Where General Health Information is Received, Palm Beach County Client Survey, 2016

Prevention Information

Three hundred twenty-five participants answered the next question, which asked, “Where do you receive general non-health related information?” One hundred twenty-four participants reported, ‘Internet Search,’ ninety-one (28.0%) participants reported, ‘Family member or friend,’ fifty-nine (18.2%) reported ‘Library/Community Center,’ forty-eight (14.8%) reported ‘Faith based organizations’ and forty-seven (14.5%) reported ‘Social media.’ Just under 17% noted ‘Other.’ Respondents were asked to select as many of the choices that applied

For those selecting ‘Other,’ they noted the following:

- Doctor
- Walk in Clinic
- Newspaper
- Television
- Books/Magazines
- Radio
- Health Center
- Case Manager
- Community Organizations
- Health Center
- Word of Mouth/Peers
- Groups

Table 50: Respondents by Where Non-Health Related Information is Received, Palm Beach County Client Survey, 2016

Source of Non-Health Information	Number	Percent
Internet Search	124	38.2%
Social Media	47	14.5%
Faith-based Organization	48	14.8%
Library/Community Center	59	18.2%
Family member or friend	91	28.0%
Other	105	32.3%

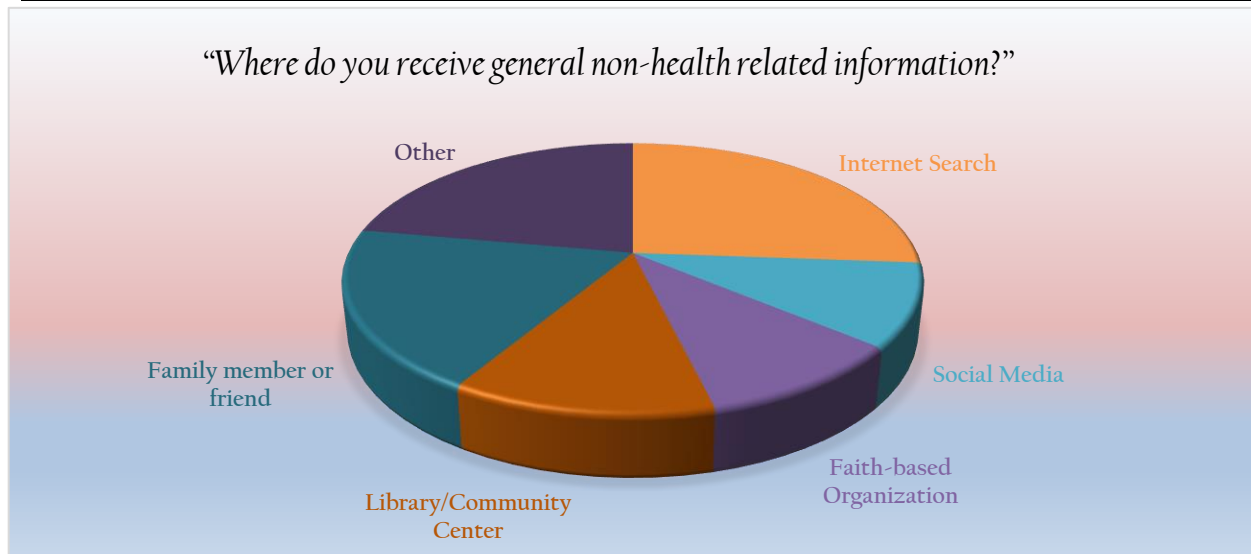


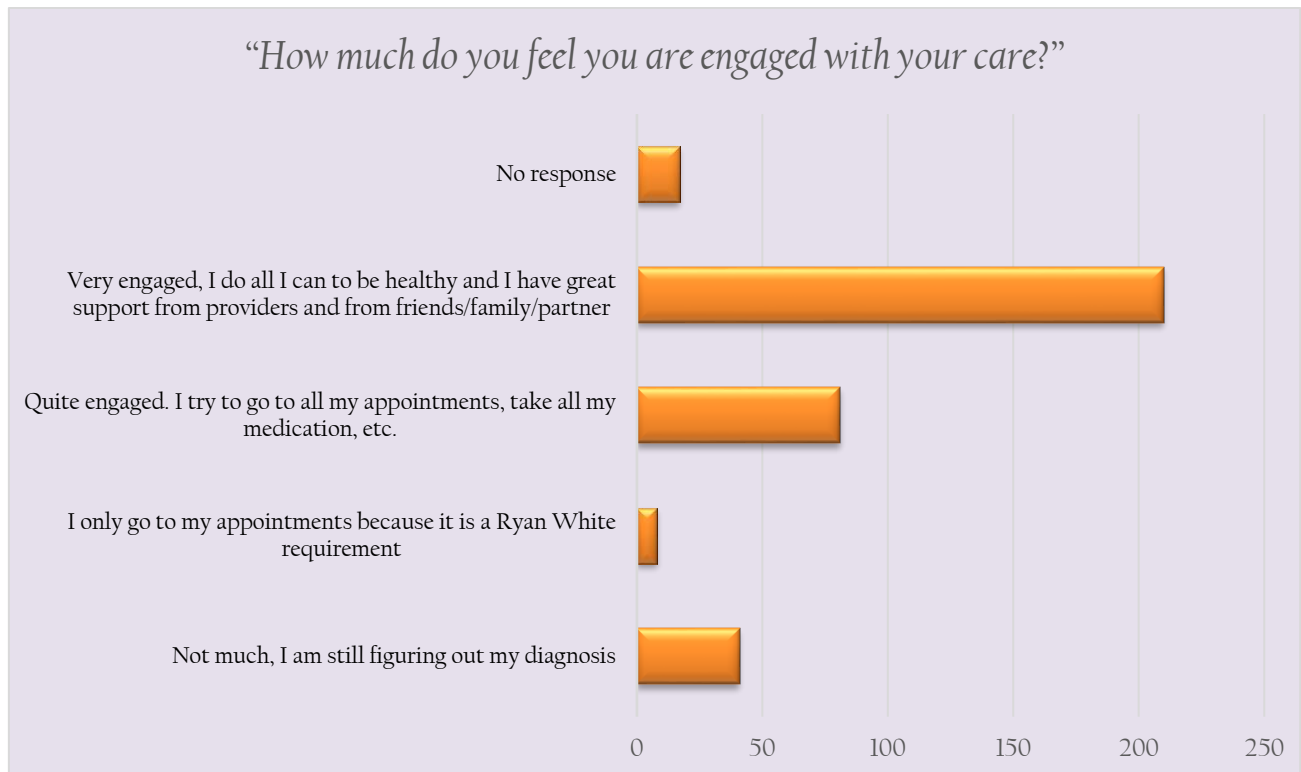
Figure 22: Respondents by Where Non-Health Related Information is received, Palm Beach County Client Survey, 2016

Care Engagement

The next question asked, “How much do you feel you are engaged with your care?” Three hundred forty participants answered this question. The majority, 58.8% (210) of participants responded, ‘Very engaged, I do all I can to be healthy and I have a great support from providers and from friends/family/partner’, eighty-one (22.7%) participants responded, ‘Quite engaged. I try to go to all my appointments, take all my medications, etc.’, forty-one (11.5%) participants responded, ‘Not much, I am still figuring out my diagnoses,’ and eight (2.2%) participants responded, ‘I only go to my appointments because it is a Ryan White requirement.’

Table 51: Respondents by Level of Engagement in Care, Palm Beach County Client Survey, 2016

Level of Engagement in Medical Care	Number	Percent
Not much, I am still figuring out my diagnosis	41	11.5%
I only go to my appointments because it is a Ryan White requirement	8	2.2%
Quite engaged. I try to go to all my appointments, take all my medication, etc.	81	22.7%
Very engaged, I do all I can to be healthy and I have great support from providers and from friends/family/partner	210	58.8%
No response	17	4.8%
Total	357	100.0%



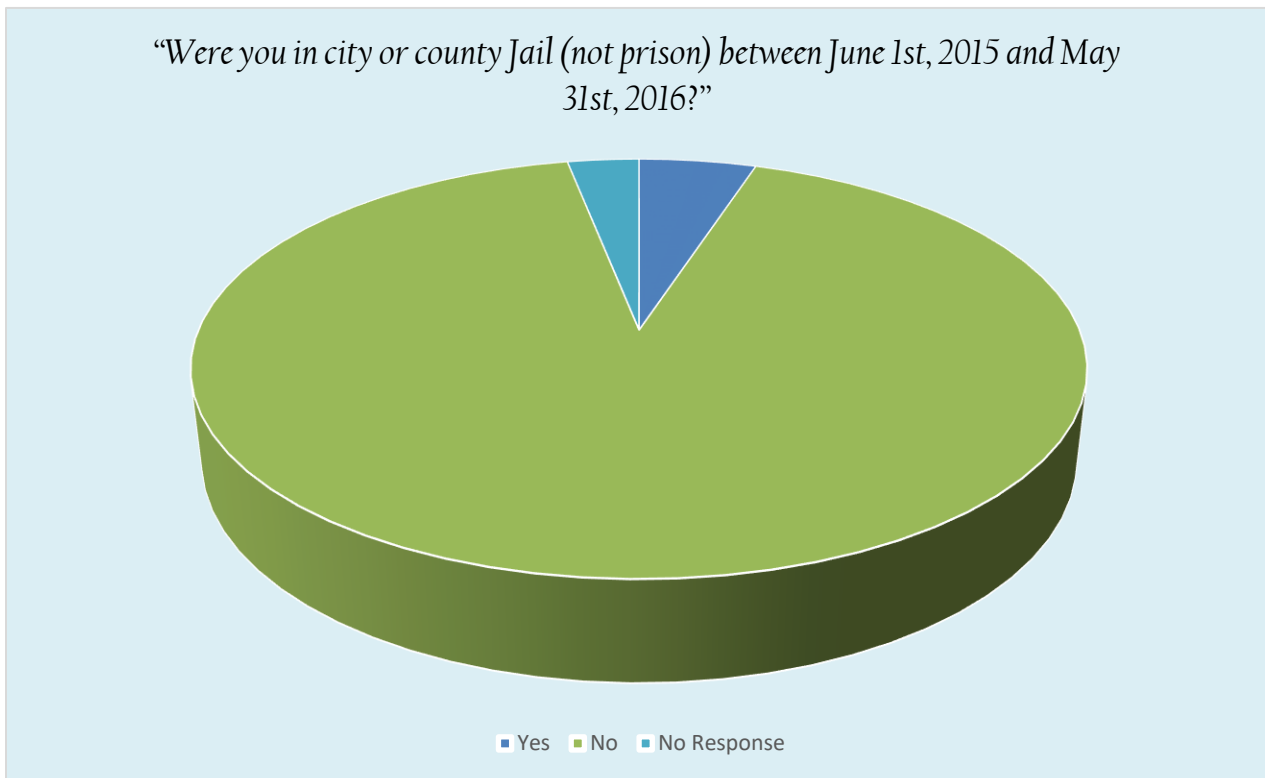
Incarceration

Three hundred forty-six participants answered the next question, which asked, “Were you in city or county Jail (not prison) between June 1st, 2015 and May 31st, 2016?” Eighteen (5.0%) respondents reported ‘Yes,’ and 328 (91.9%) reported ‘No.’

Table 52: Respondents by Incarceration in city or county jail, Palm Beach County Client Survey, 2016

Incarceration in Jail	Number	Percent
Yes	18	5.0%
No	328	91.9%
No Response	11	3.1%
Total	357	100.0%

Figure 23: Respondents by Incarceration in city or county jail, Palm Beach County Client Survey, 2016



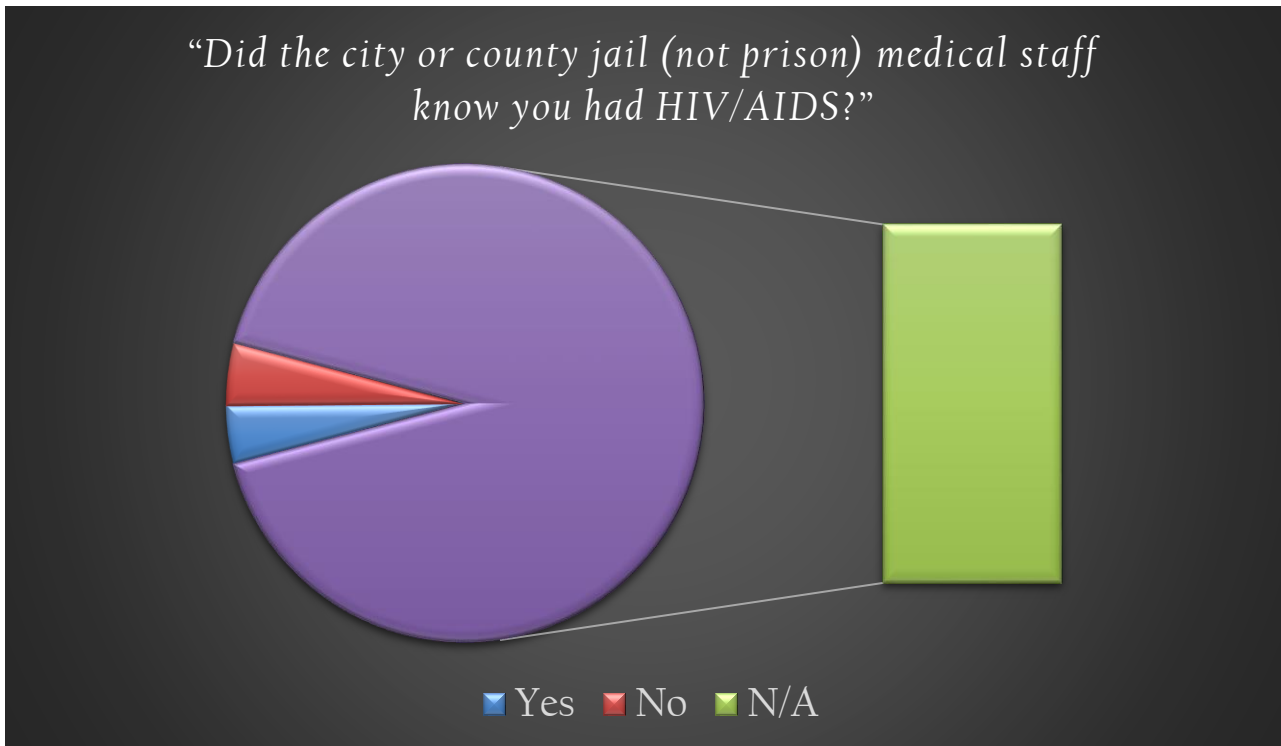
Incarceration

The following question asked, “Did the city or county jail (not prison) medical staff know you had HIV/AIDS?” Not directly correlated with responses to the preceding question, there were 29 participants responding to this question. Fourteen (3.9%) participants reported ‘Yes,’ and fifteen (4.2%) participants reported ‘No.’

Table 53: Respondents by Knowledge of Jail Medical Staff of HIV/AIDS Status, Palm Beach County Client Survey, 2016

Knowledge of Jail Staff of HIV/AIDS Status	Number	Percent
Yes	14	3.9%
No	15	4.2%
N/A	328	91.9%
Total	357	100.0%

Figure 24: Respondents by Knowledge of Jail Medical Staff of HIV/AIDS Status, Palm Beach County Client Survey, 2016



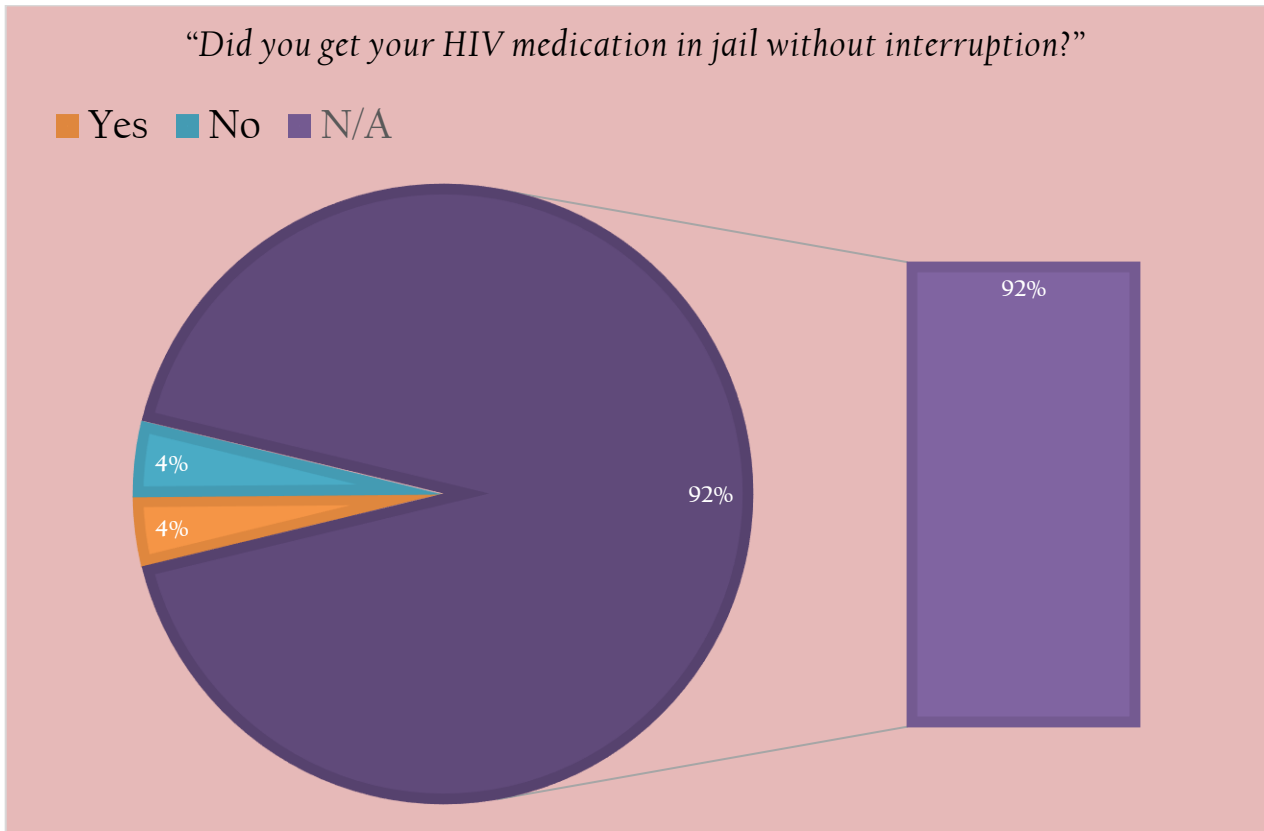
Incarceration

Twenty-seven participants answered the next question, “Did you get your HIV medication in jail without interruption?” Fourteen (3.9%) reported ‘No’ and thirteen (3.6%) reported ‘Yes.’

Table 54: Respondents by HIV Medication received without Interruption, Palm Beach County Client Survey, 2016

HIV Medication Received without	Number	Percent
Yes	13	3.6%
No	14	3.9%
N/A	330	92.4%
Total	357	100.0%

Figure 25: Respondents by HIV Medication Received without Interruption in Jail, Palm Beach County Client Survey, 2016



Incarceration

The next question asked about services received when released from jail. The question asked, “When you were released from city or county jail (not prison), which of the following did you receive? Mark all that apply.”

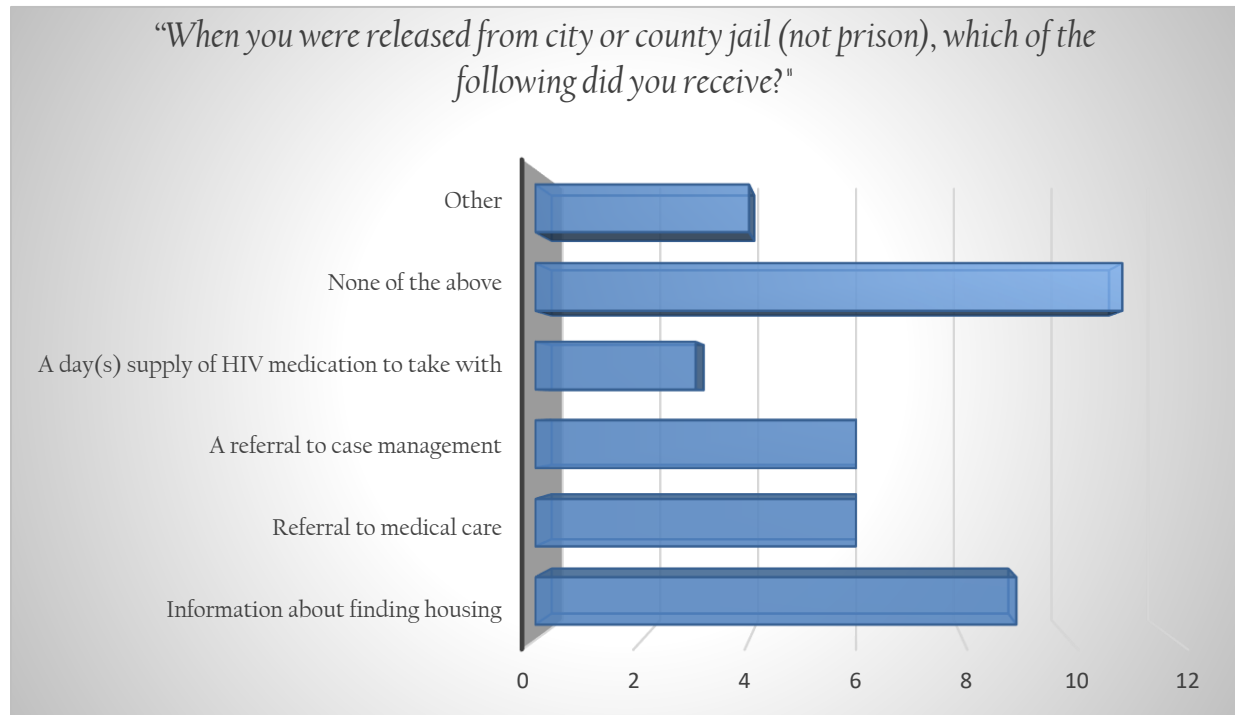
Twenty-three participants answered this question. Eleven (47.8%) participants reported, ‘None of the above,’ nine (39.1%) participants reported, ‘Information about finding housing,’ six participants reported ‘Referral to medical care,’ six (26.1%) reported ‘A referral to case management,’ and three (13.0%) reported ‘A day(s) supply of HIV medication to take with.’

The responses for ‘Other’ were:

- 30-day supply of medication
- 4-day supply of medication
- Left over medication

Table 55: Respondents by Services Received When Released from Jail, Palm Beach County Client Survey, 2016

Services offered at Release from Jail	Number	Percent
Information about finding housing	9	39.1%
Referral to medical care	6	26.1%
A referral to case management	6	26.1%
A _____ day(s) supply of HIV medication to take with	3	13.0%
None of the above	11	47.8%
Other	4	17.4%



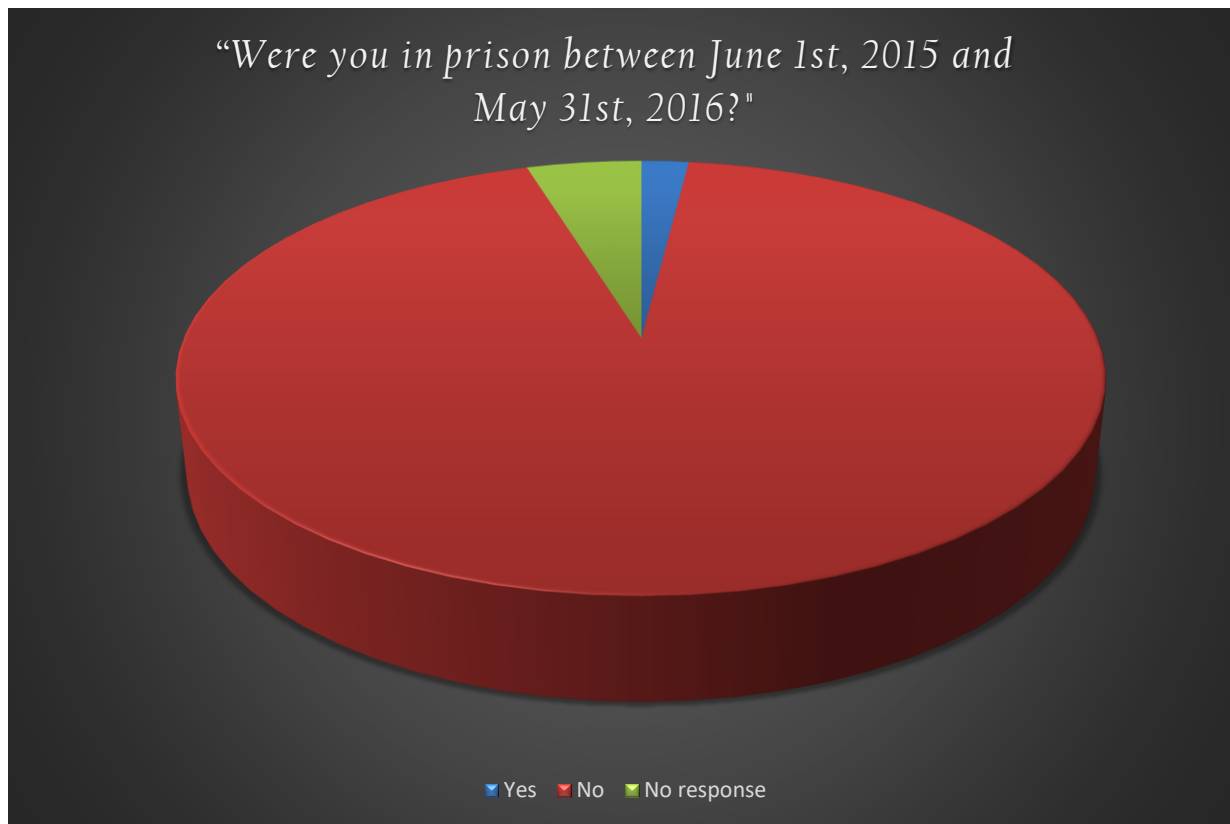
Incarceration

The following question asked, “Were you in prison between June 1st, 2015 and May 31st, 2016? (If no, skip to question 61).” Most (333) participants reported, ‘No’ and seven reported ‘Yes’. This data suggests the need for coordination among prisons, staff, and the local Ryan White system of care. This will ensure that individuals living with HIV/AIDS receive the care they need while incarcerated.

Table 56: Respondents by Prison Incarceration, Palm Beach County Client Survey, 2016

Prison Incarceration	Number	Percent
Yes	7	2.0%
No	333	93.3%
No response	17	4.8%
Total	357	100.0%

Figure 26: Respondents by Prison Incarceration, Palm Beach County Client Survey, 2016



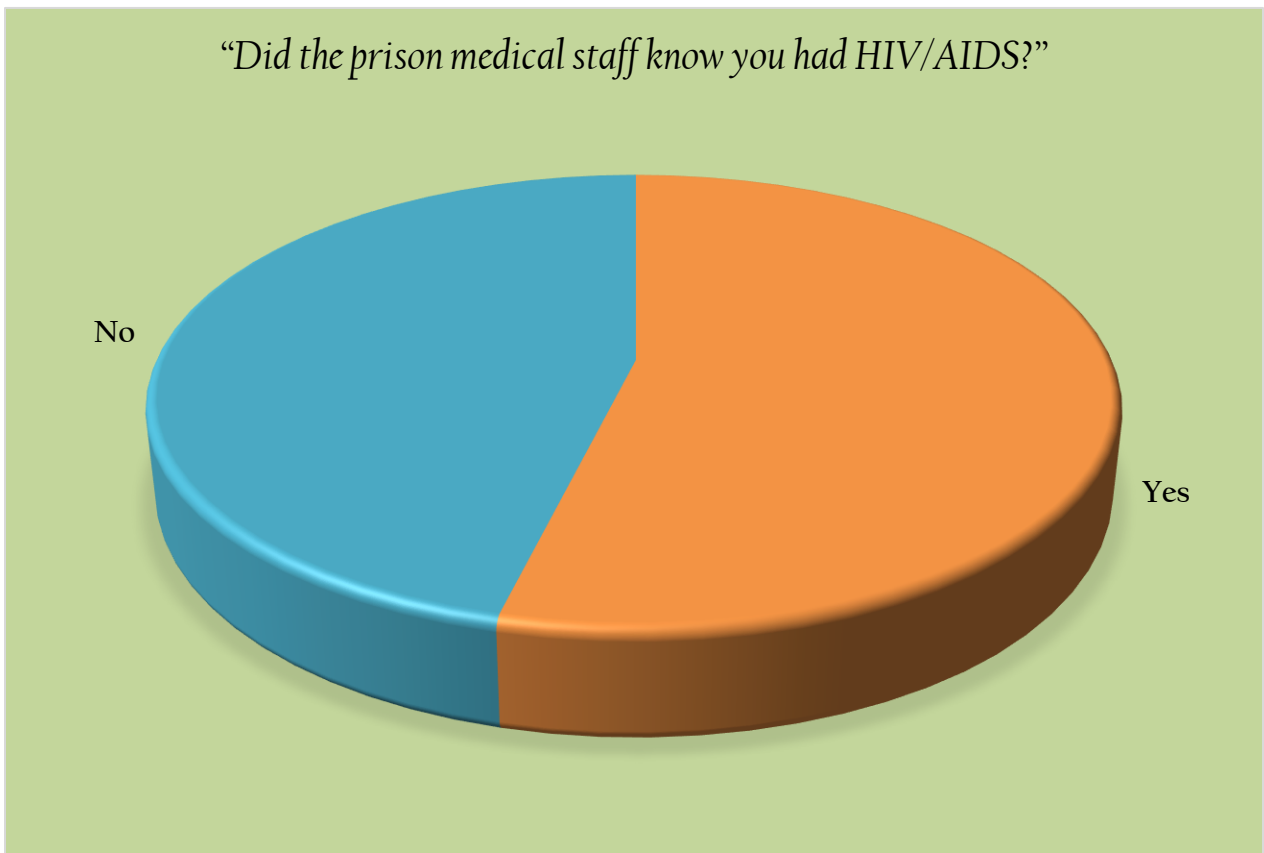
Incarceration

Question 59 asked, “Did the prison medical staff know you had HIV/AIDS?” Of the thirteen that responded to this question seven reported ‘Yes’ and six reported ‘No’.

Table 57: Respondents by Knowledge of HIV Status by Prison Staff, Palm Beach County Client Survey, 2016

Prison Staff Knowledge of HIV Status	Number	Percent
Yes	7	2.0%
No	6	1.7%
Not Applicable	344	96.4%
Total	357	100.0%

Figure 27: Respondents by Knowledge of HIV Status by Prison Staff, Palm Beach County Client Survey, 2016

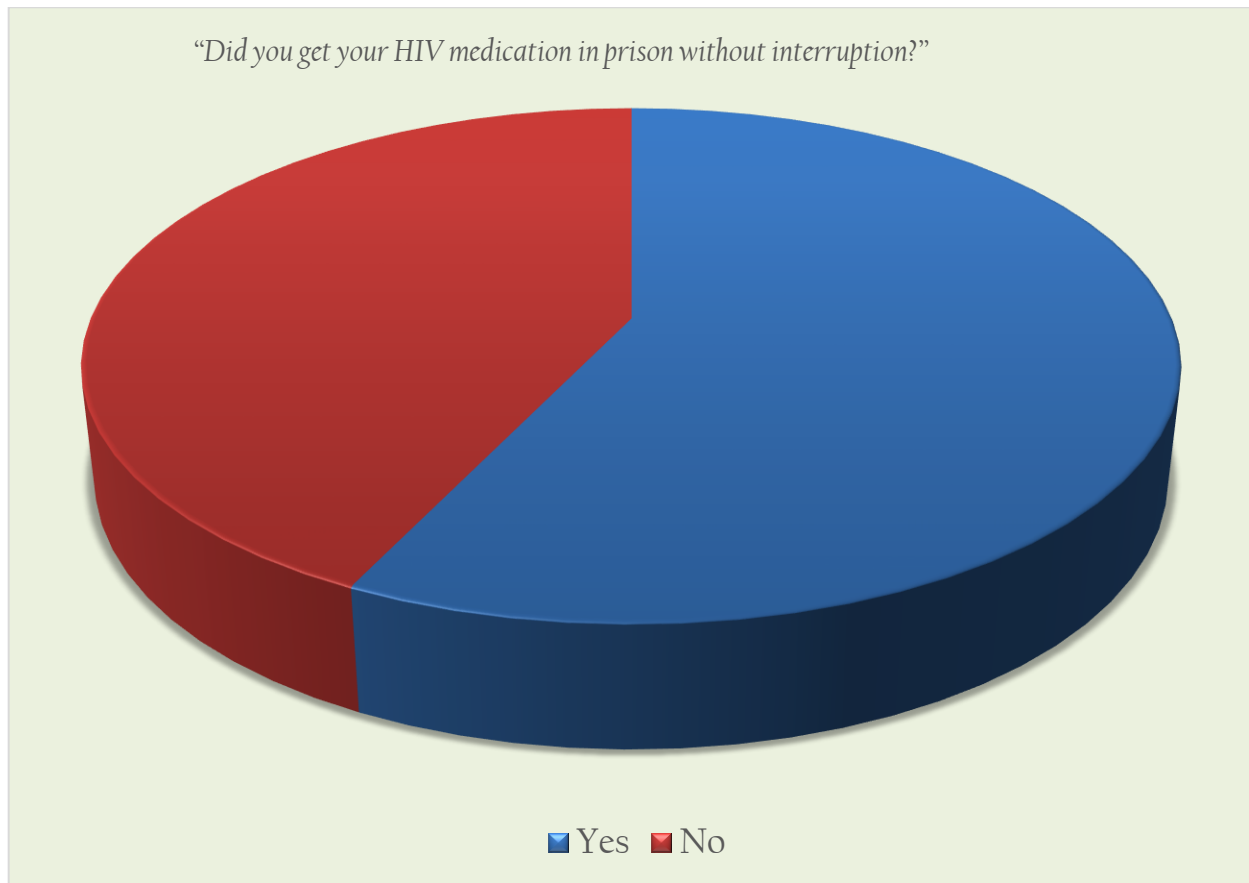


Incarceration

Question 60 asked, “Did you get your HIV medication in prison without interruption?” Of the fourteen that responded to this question, eight (2.2%) participants reported ‘Yes’ and six (1.7%) reported ‘No’.

HIV Medication Received in Prison	Number	Percent
Yes	8	2.2%
No	6	1.7%
Not applicable	343	96.1%
Total	357	100.0%

Figure 28 : Respondents by HIV Medication Received in Prison, Palm Beach County Client Survey, 2016



Housing/ Living Arrangements

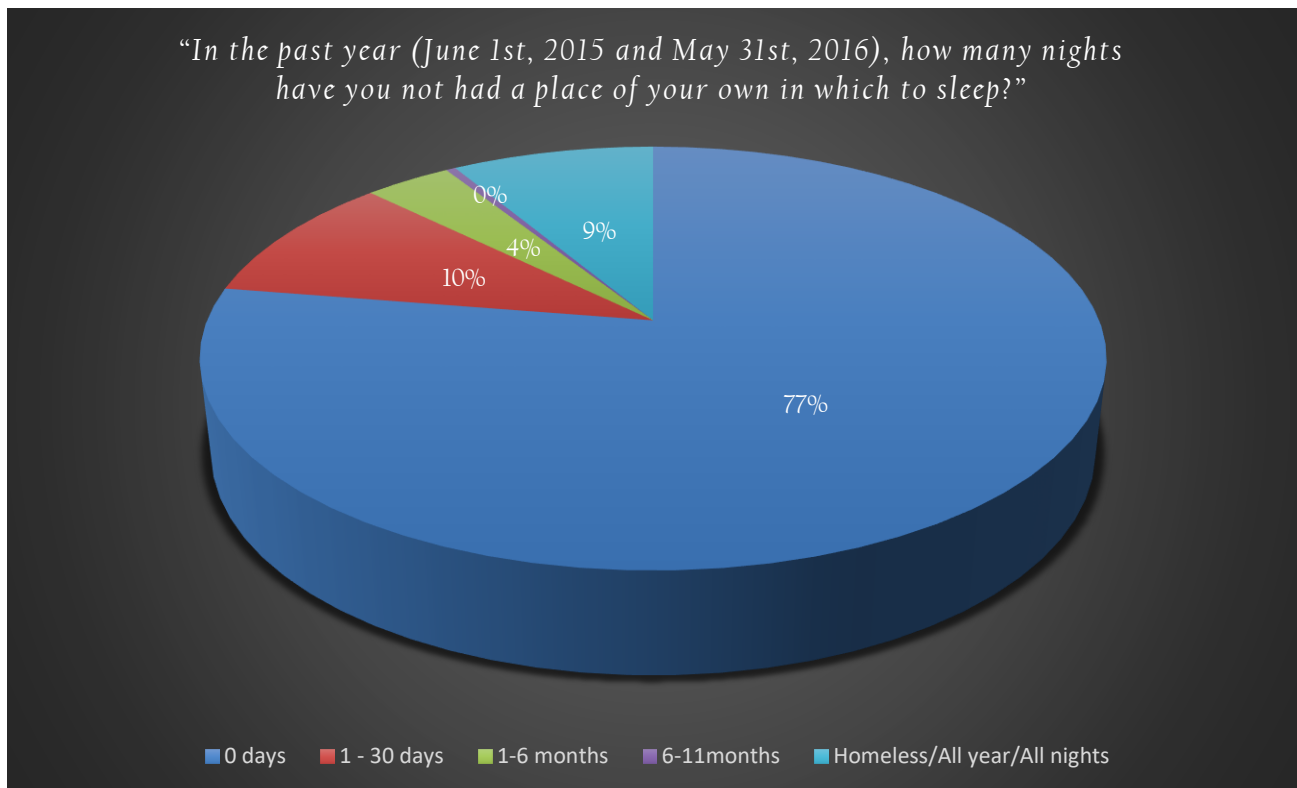
A total of 282 participants answered the next question, “In the past year (June 1st, 2015 and May 31st, 2016), how many nights have you not had a place of your own in which to sleep?”. This was an open-ended question. The majority (67.4%) reported ‘0’ and sixty (21.3%) respondents reported not having anywhere to sleep in the past year, ranging from few days, to 6 months to an entire year.

The following were the responses listed:

- 2-6 days/A few days
- 10+ days
- 30+ days
- 2-5 months
- 6+ months
- Homeless/All year/All nights

Table 59: Respondents by Number of Nights not having a place to sleep, Palm Beach County Client Survey, 2016

Number of Nights	Number	Percent
0 days	190	67.4%
1 - 30 days	24	8.5%
1-6 months	9	3.2%
6-11months	1	0.4%
Homeless/All year/All nights	21	7.4%



Homelessness

Three hundred forty respondents answered the next question, “Have you been continually homeless for a year or more?” Two hundred seventy-eight (77.9%) participants reported ‘No’ and sixty-two (17.4%) participants reported ‘Yes’. Further investigation regarding the homelessness among individuals living with HIV/AIDS should take place.

Table 60: Respondents by Continuous Homelessness for more than a year, Palm Beach County Client Survey, 2016

Continuous Homelessness for more than a Year	Number	Percent
Yes	62	17.4%
No	278	77.9%
No response	17	4.8%
Total	357	100.0%

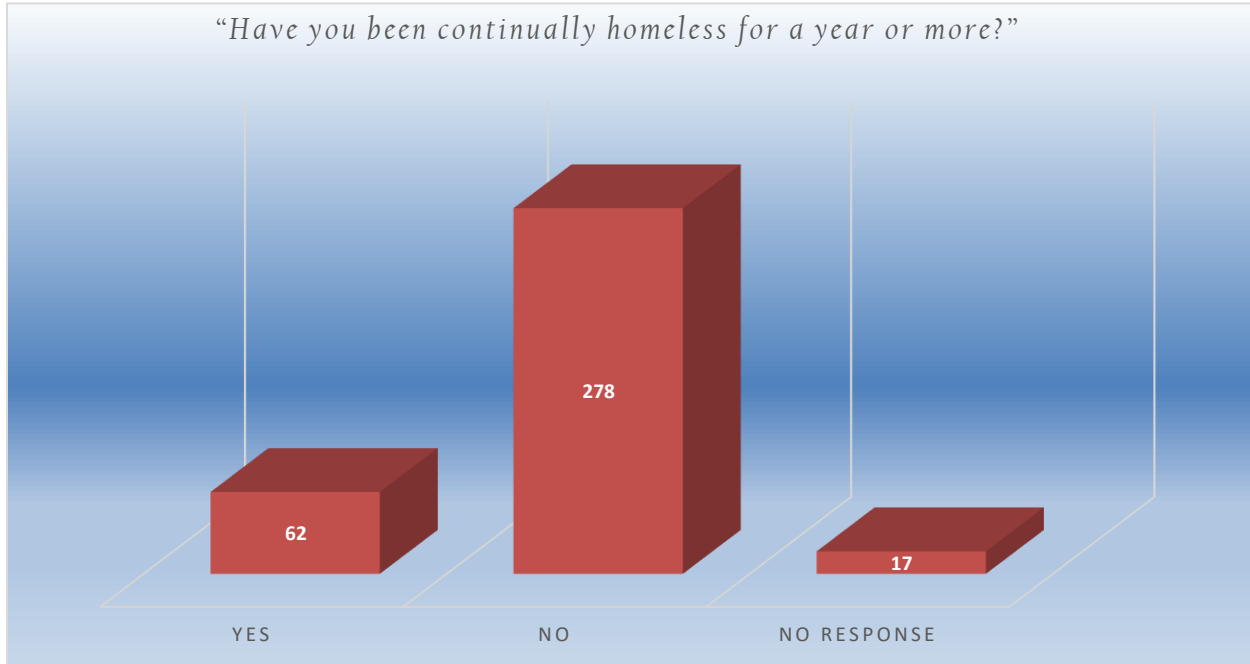


Figure 29: Respondents by Continuous Homelessness for more than a year, Palm Beach County Client Survey, 2016

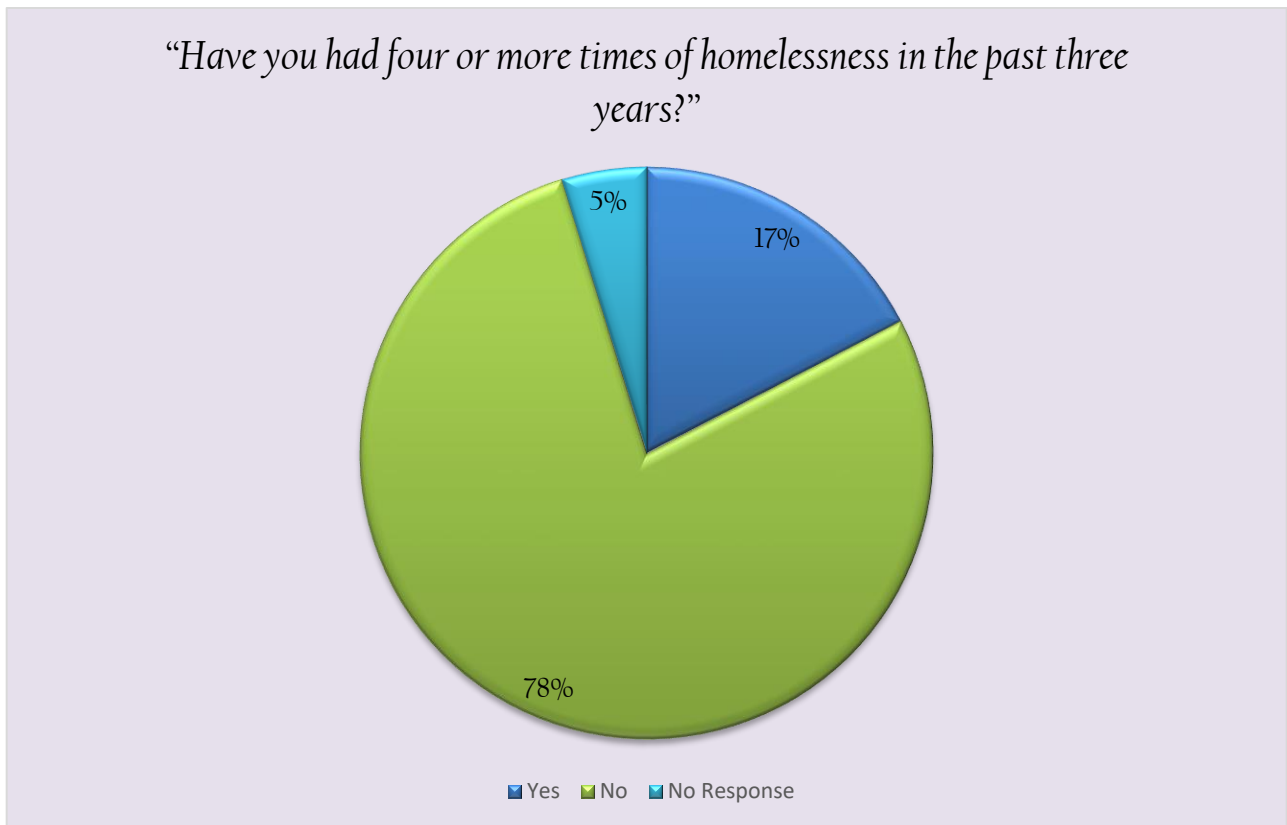
Homelessness

Three hundred forty participants answered the next question, “Have you had four or more times of homelessness in the past three years?” Two hundred seventy-eight (77.9%) participants reported, ‘No’ and sixty-two (17.4%) reported ‘Yes’. It is important to note that further investigation regarding continuous homelessness among individuals living with HIV/AIDS should take place, acknowledging that those who are homeless may be less likely to be respondents.

Table 61: Respondents by Four or more times of Homelessness, Palm Beach County Client Survey, 2016

Four or more times of Homelessness	Number	Percent
Yes	62	17.4%
No	278	77.9%
No Response	17	4.8%
Total	357	100.0%

Figure 30: Respondents by Four or more times of Homelessness, Palm Beach County Client Survey, 2016



Housing/ Living Arrangements

The next question asked, “Which of the following best describes your current living situation? If multiple answers apply to you, select the answer that refers to where you stayed last night.” Three hundred seventy-six participants answered this question.

Most (129 or 36.1%) of participants reported, ‘Apartment/house/trailer that I rent’, sixty-four (17.9%) respondents reported ‘Apartment/house/trailer that I own’, twenty-six (7.3%) respondents reported ‘Homeless (on the street/in car/abandoned building)’, twenty-six (7.3%) respondents reported ‘Other housing provided by the state’, twenty-five (7.0%) respondents reported ‘Someone else’s apartment/house/trailer-Temporary Situation’.

In addition, the respondents that reported “Other” listed the following:

- HOPWA
- Jerome Golden Center
- Long-term transitional housing drug/alcohol abuse treatment
- Supportive Housing
- Lewis Center

Over half of participants reported having stable housing however, 12.6% reported “Temporary situation”, which points to the issue of how unstable housing can affect treatment adherence and continuity of care.

Table 62: Respondents by Current Living Situation, Palm Beach County Client Survey, 2016

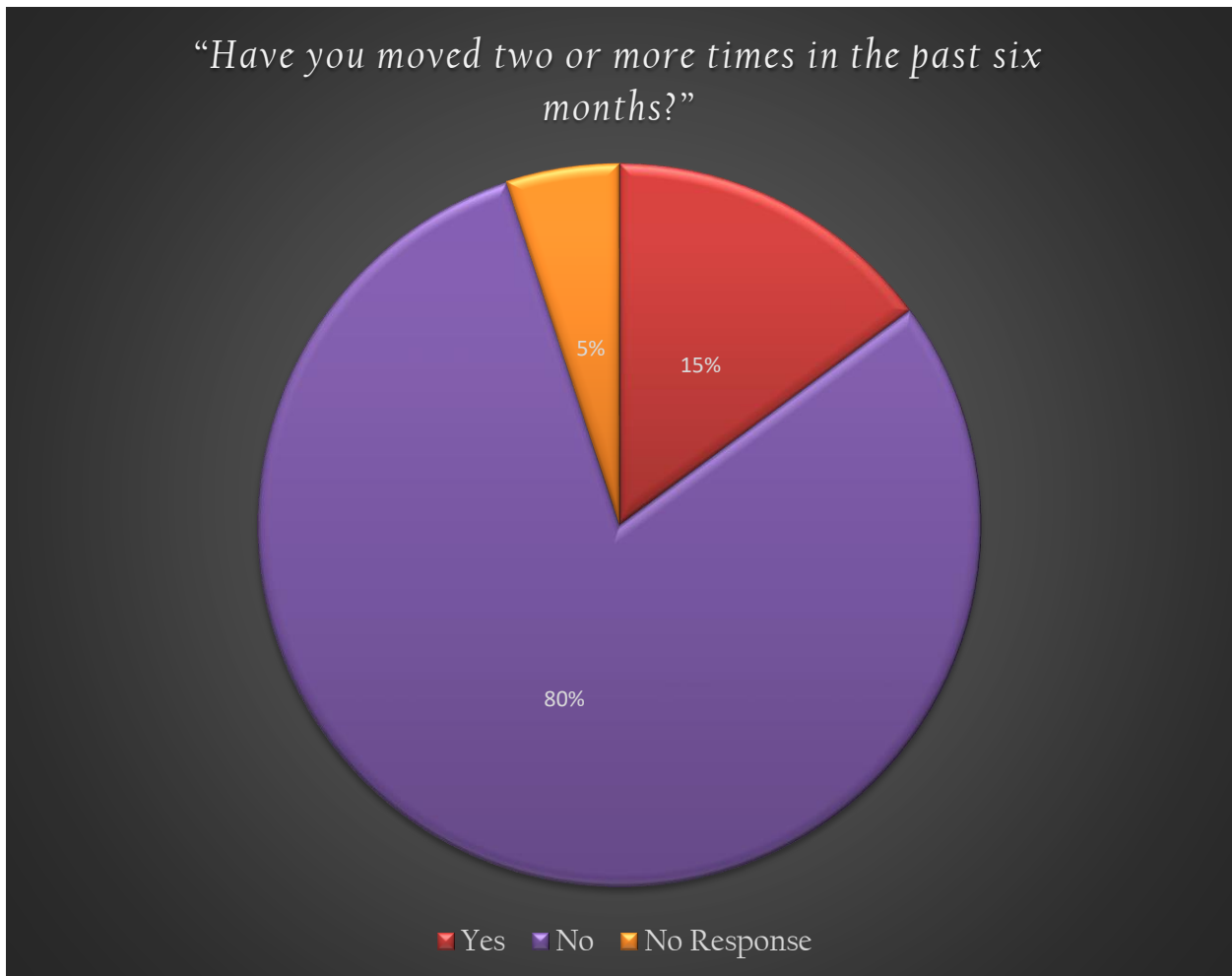
Current Living Situation	Number	Percent
Apartment/house/trailer that I own	64	17.9%
Apartment/house/trailer that I rent	129	36.1%
At my parent’s/relative’s apartment/house/trailer-Permanent Situation	19	5.3%
At my parent’s/relative’s apartment/house/trailer-Temporary Situation	20	5.6%
Someone else’s apartment/house/trailer-Permanent Situation	14	3.9%
Someone else’s apartment/house/trailer-Temporary Situation	25	7.0%
In a rooming or boarding house	11	3.1%
In a “supportive living” facility (assisted Living Facility)	8	2.2%
Transitional housing such as a half-way house or hotel or motel room	15	4.2%
Nursing home	0	0.0%
Homeless (on the street/in car/abandoned building)	26	7.3%
Homeless shelter	10	2.8%
Domestic violence shelter	0	0.0%
Other housing provided by the city or state	26	7.3%
Hospice	0	0.0%
In Jail/prison	1	0.3%
Other (please specify)	13	3.6%

Housing/ Living Arrangements

Three hundred thirty-nine participants answered the next question, “Have you moved two or more times in the past six months?” Fifty-three (14.3%) of participants reported, ‘Yes’ and 286 (80.1%) reported ‘No’.

Table 63: Respondents by Relocation more than twice in six months, Palm Beach County Client Survey, 2016

Relocation more than twice in six months	Number	Percent
Yes	53	14.8%
No	286	80.1%
No Response	18	5.0%
Total	357	100.0%



Housing/ Living Arrangements

The follow up to the previous question, asked, “If you moved two or more times in the past six months, why did you have to move? Mark all that apply.” Two hundred thirty-three (65.3%) participants reported, ‘This does not apply to me. I did not move twice or more’, twenty-one (5.9%) participants reported, ‘I didn’t have enough money for the deposit’, thirteen (3.6%) participants reported ‘I had bad credit’.

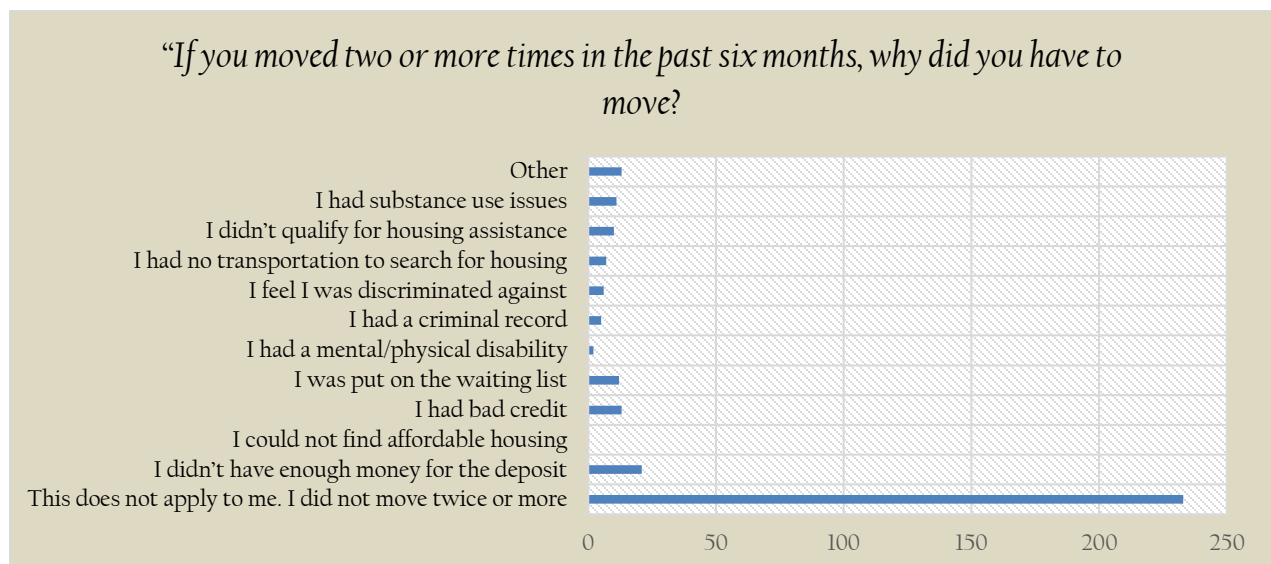
Thirteen (3.6%) listed the following are responses for ‘Other’:

- Costs
- Homeless
- Moved from in-patient halfway home
- Moved from another state
- Not comfortable

It is important to note that these responses suggest socio-economic challenges and barriers, and stability of housing affects continuity of care.

Table 64: Respondents by Reason for Relocation more than twice in six months, Palm Beach County Client Survey, 2016

Reason for Relocation more than twice in six months	Number	Percent
This does not apply to me. I did not move twice or more	233	65.3%
I didn’t have enough money for the deposit	21	5.9%
I could not find affordable housing	0	0.0%
I had bad credit	13	3.6%
I was put on the waiting list	12	3.4%
I had a mental/physical disability	2	0.6%
I had a criminal record	5	1.4%
I feel I was discriminated against	6	1.7%
I had no transportation to search for housing	7	2.0%
I didn’t qualify for housing assistance	10	2.8%
I had substance use issues	11	3.1%
Other	13	3.6%

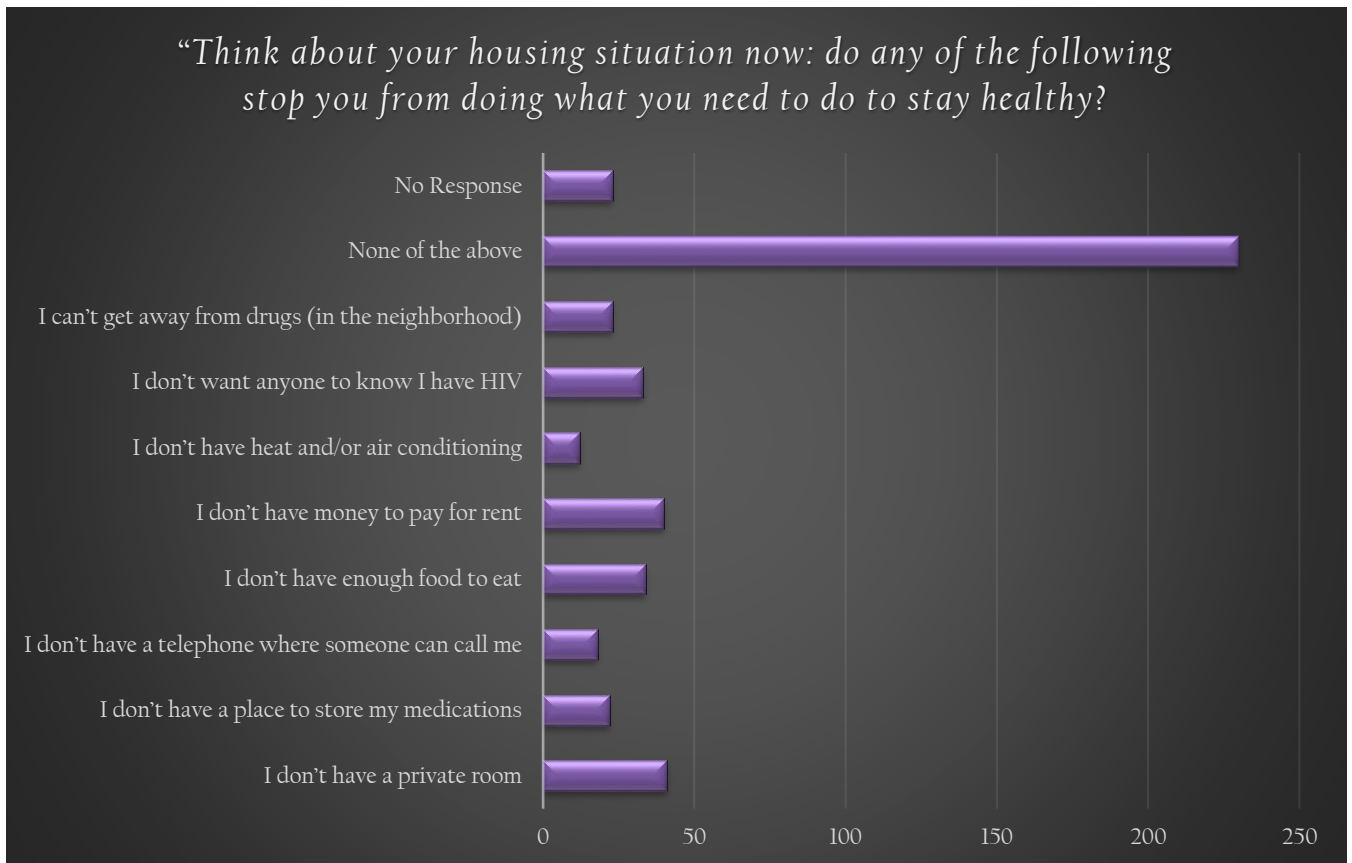


Housing/ Living Arrangements

Three hundred thirty-four respondents answered the next question, “Think about your housing situation now: do any of the following stop you from doing what you need to do to stay healthy? Mark all that apply.” Around 11% (41) of participants reported, ‘I don’t have a private room’ and ‘I don’t have money to pay rent’. Thirty-three (9.2%) reported ‘I don’t want anyone to know I have HIV’, which points to the issue of privacy, accessibility, and affordability, which can affect the ability to take medications and therefore remain virally suppressed.

Table 65: Respondents by Barriers to Staying Healthy, Palm Beach County Client Survey, 2016

Barriers	Number	Percent
I don’t have a private room	41	11.5%
I don’t have a place to store my medications	22	6.2%
I don’t have a telephone where someone can call me	18	5.0%
I don’t have enough food to eat	34	9.5%
I don’t have money to pay for rent	40	11.2%
I don’t have heat and/or air conditioning	12	3.4%
I don’t want anyone to know I have HIV	33	9.2%
I can’t get away from drugs (in the neighborhood)	23	6.4%
None of the above	230	64.4%
No Response	23	6.4%

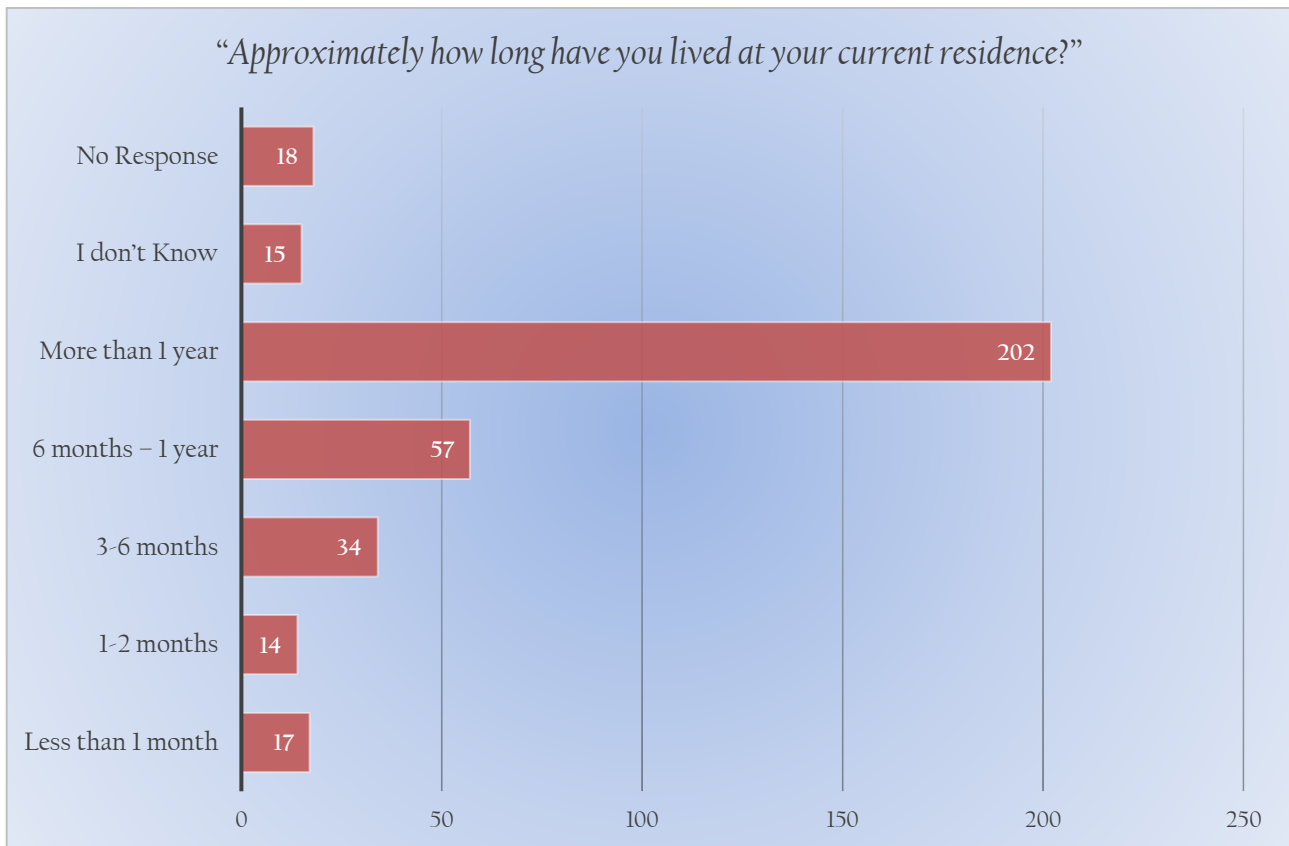


Housing/ Living Arrangements

Three hundred thirty-nine individuals responded to the following question, “Approximately how long have you lived at your current residence?” Most respondents (56.6% or 202) reported ‘More than a year’, 16.0% (57) reported ‘6 months – year’, 9.5% (34) reported ‘3-6 months’, 4.8% (17) reported, ‘Less than 1 month’, and 3.9% (14) reported ‘1-2 months’. Respondents who have lived a shorter time in one location may have fewer community ties and supports.

Table 66: Respondents by Length of Residence at Current Home, Palm Beach County Client Survey, 2016

Length of Residence at Current Home	Number	Percent
Less than 1 month	17	4.8%
1-2 months	14	3.9%
3-6 months	34	9.5%
6 months – 1 year	57	16.0%
More than 1 year	202	56.6%
I don't Know	15	4.2%
No Response	18	5.0%
Total	357	100.0%



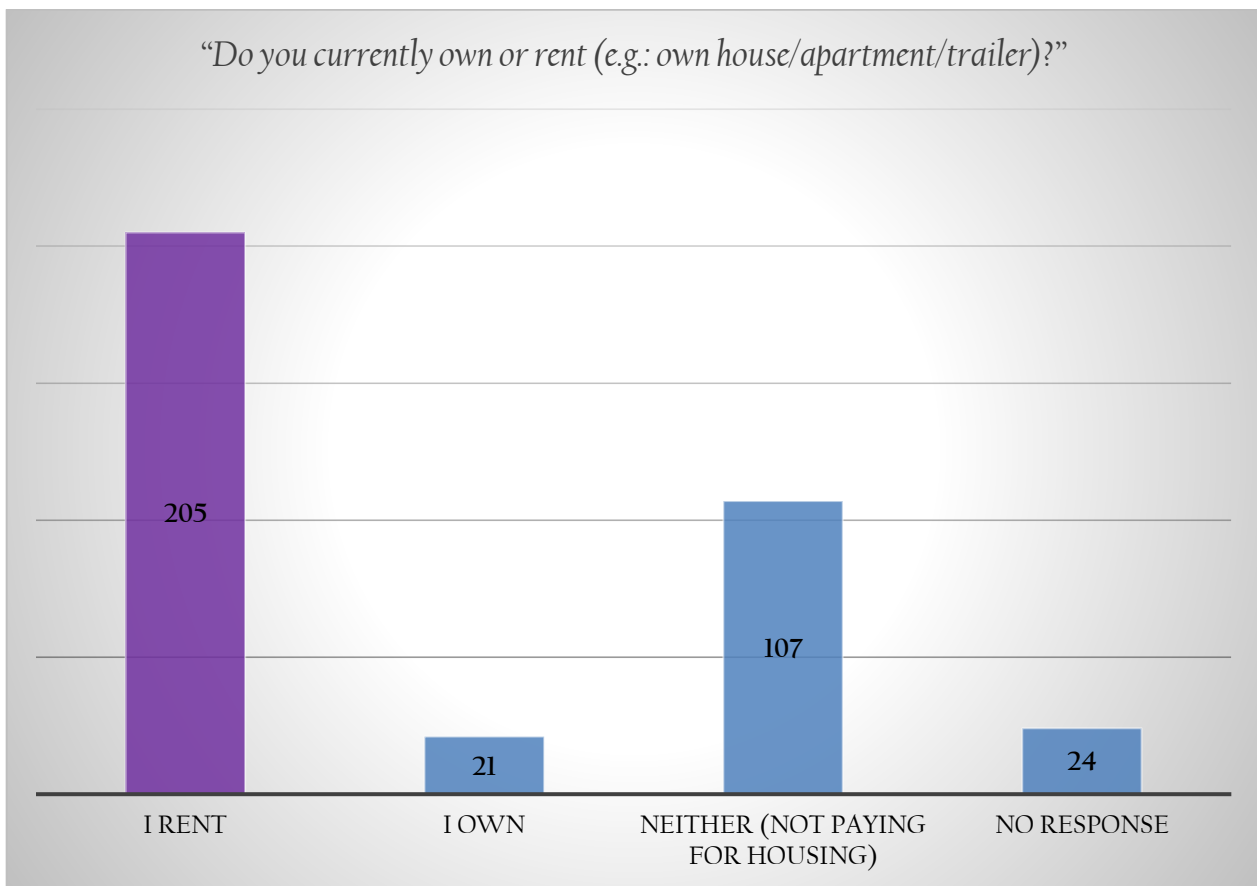
Housing/ Living Arrangements

The next question asked respondents, “Do you currently own or rent (e.g.: own house/apartment/trailer)?” Three hundred thirty-three responded to this question. Well over half, 57.4% of respondents reported, ‘I rent’, 30.0% (107) reported ‘Neither (Not paying for housing)’ and 5.9% (21) reported, ‘I own’.

Table 67: Respondents by Own or Rent Living Arrangement, Palm Beach County Client Survey, 2016

Own/Rent Status	Number	Percent
I rent	205	57.4%
I own	21	5.9%
Neither (Not paying for housing)	107	30.0%
No response	24	6.7%
Total	357	100.0%

Figure 31: Respondents by Own or Rent Living Arrangement, Palm Beach County Client Survey, 2016

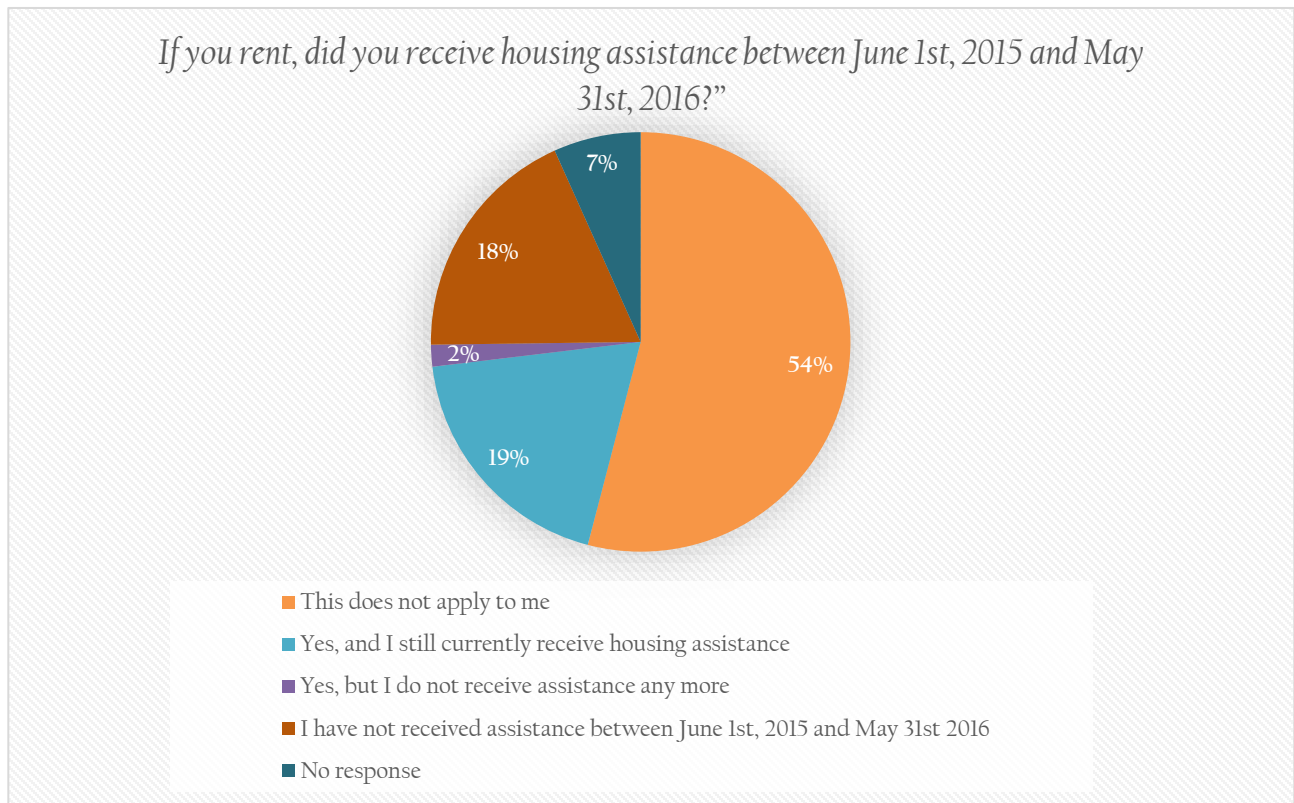


Housing/ Living Arrangements

Three hundred thirty three individuals responded to the next question, “If you rent, did you receive housing assistance between June 1st, 2015 and May 31st, 2016?” The majority or 54.1% of participants reported, ‘This does not apply to me,’ sixty-eight individuals (19.0%) reported, ‘Yes and I still currently receive housing assistance,’ sixty-six (18.5%) reported, ‘I have not received assistance between June 1st, 2015 and May 31st, 2016,’ and six (1.7%) participant reported, ‘Yes, but I do not receive assistance anymore.’

Table 68: Respondents by Housing Assistance Received, Palm Beach County Client Survey, 2016

Housing Assistance Received	Number	Percent
This does not apply to me	193	54.1%
Yes, and I still currently receive housing assistance	68	19.0%
Yes, but I do not receive assistance any more	6	1.7%
I have not received assistance between June 1st, 2015 and May 31st 2016	66	18.5%
No response	24	6.7%
Total	357	100.0%



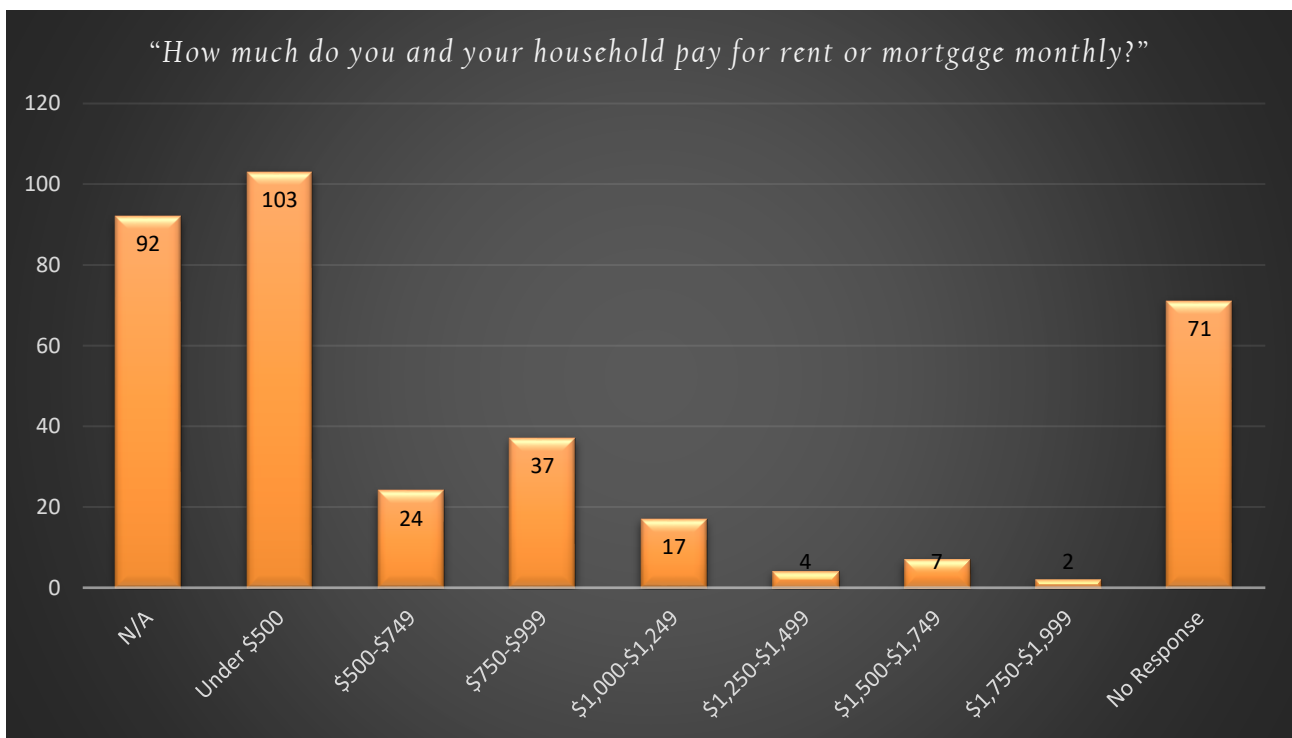
Housing/ Living Arrangements

The following question asked, “How much do you and your household pay for rent or mortgage monthly?” Two hundred eighty-six individuals answered this open-ended question; however, responses were tabulated into price ranges for comparison. About a quarter reported, ‘N/A,’ nearly a third of the respondents said, ‘Under \$500,’ just under 7% reported ‘\$500-\$749,’ and about 10% reported ‘\$750-\$999.’ Less than 10% reported rent/mortgage payments over \$1,000.

Table 69: Respondents by Monthly Rent/Mortgage Payment, Palm Beach County Client Survey, 2016

Rent/Mortgage Payment	Number	Percent
N/A	92	25.8%
Under \$500	103	28.9%
\$500-\$749	24	6.7%
\$750-\$999	37	10.4%
\$1,000-\$1,249	17	4.8%
\$1,250-\$1,499	4	1.1%
\$1,500-\$1,749	7	2.0%
\$1,750-\$1,999	2	0.6%
\$2,000-\$2,249	0	0.0%
\$2,250-\$2,499	0	0.0%
\$3,000 or more	0	0.0%
No Response	71	19.9%
Total	357	100.0%

Figure 32: Respondents by Monthly Rent/Mortgage Payment, Palm Beach County Client Survey, 2016



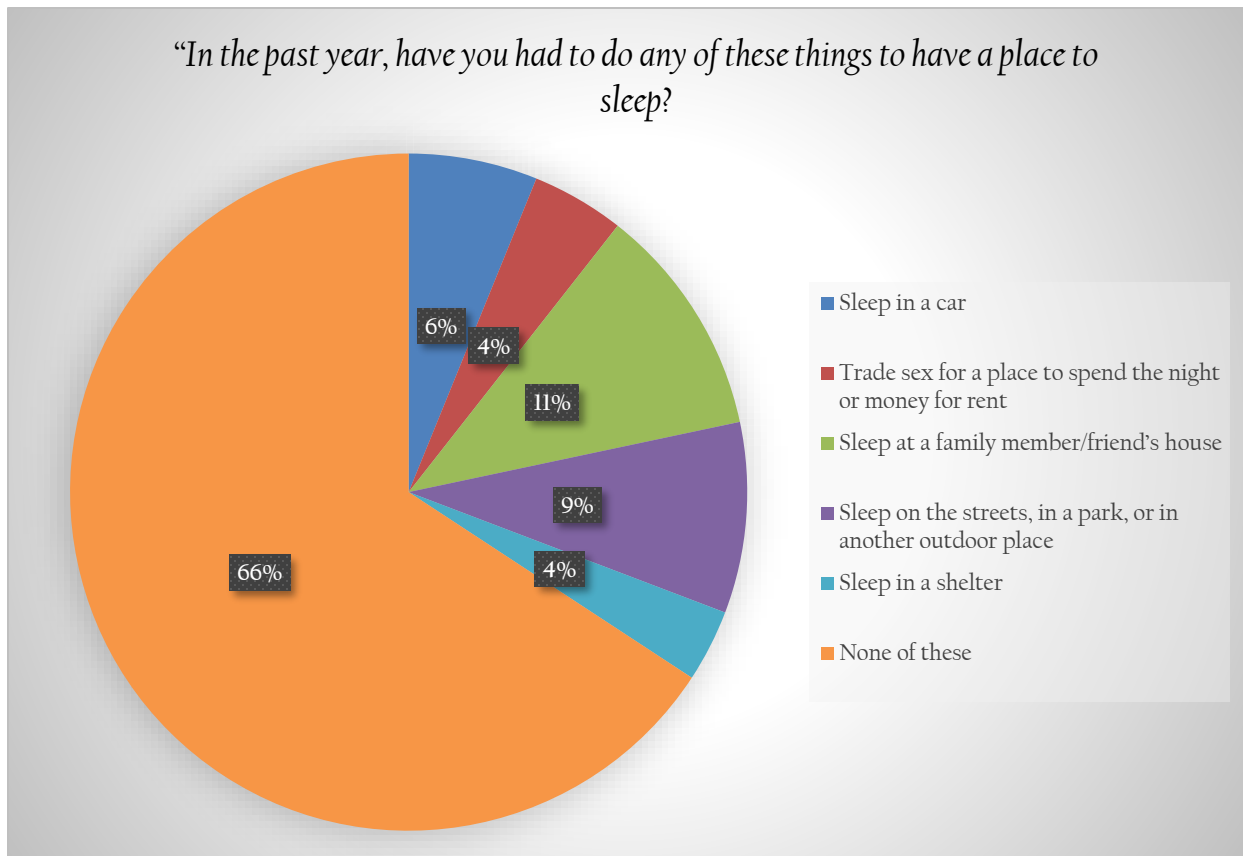
Housing/ Living Arrangements

Three hundred forty-one participants answered this question, which asked, *Mark all that apply.*”

Forty-five (12.6%) participants reported, *Sleep at a family member/friend’s house,* thirty-seven (10.4%) reported *‘Sleep on the streets, in a park, or in another outdoor place,’* twenty-five (7.0%) reported *‘Sleep in car,’* eighteen (5.0%) reported *‘Trade sex for a place to spend the night or money for rent,’* and fourteen (3.9%) reported *‘Sleep in shelter.’*

Table 70: Respondents by Alternative Living Arrangements, Palm Beach County Client Survey, 2016

Alternative Living Arrangements	Number	Percent
Sleep in a car	25	7.0%
Trade sex for a place to spend the night or money for rent	18	5.0%
Sleep at a family member/friend’s house	45	12.6%
Sleep on the streets, in a park, or in another outdoor place	37	10.4%
Sleep in a shelter	14	3.9%
None of these	267	74.8%
No Response	16	4.5%



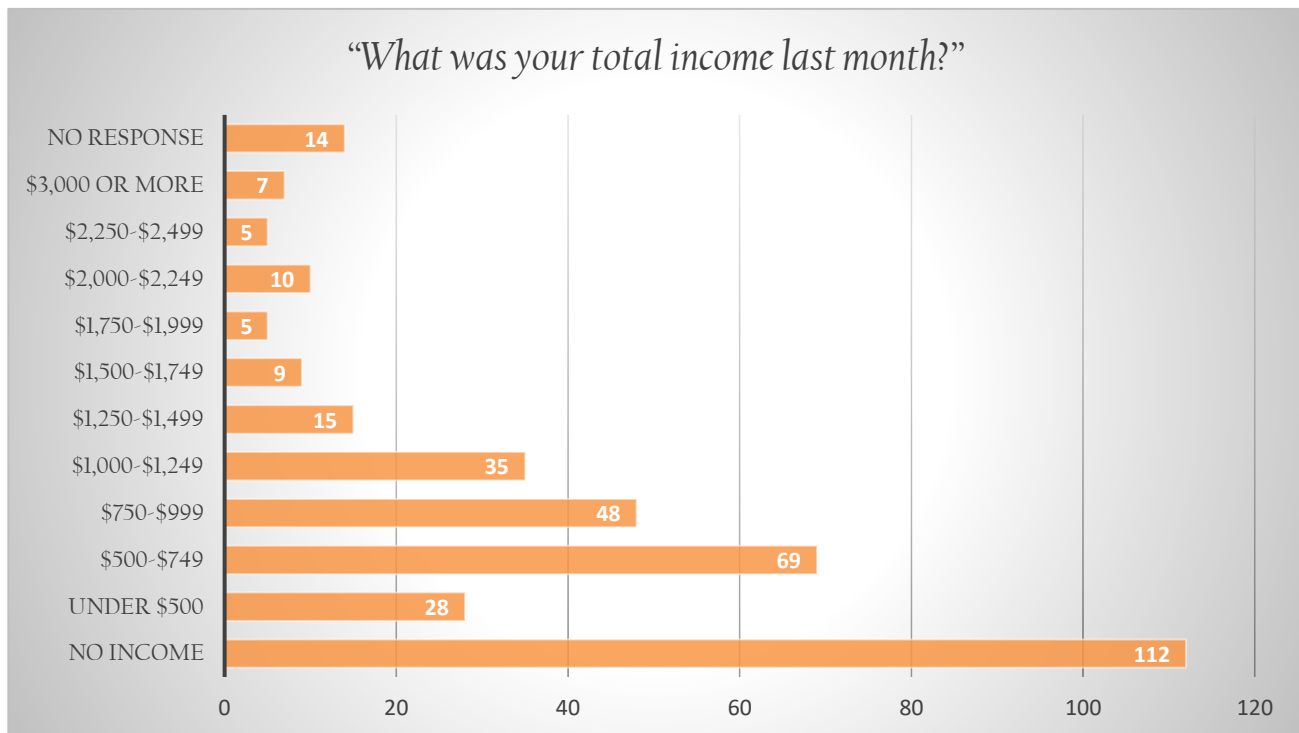
Household Income

The following question inquires about the financial status of the individuals' household and specifically asked, "What was your total income last month?" A few less than a third of the participants reported 'No income,' and nearly 20% reported '\$500-\$749.' But, just over 4% had monthly incomes between \$2,000 – \$2,499, and 2% reported monthly incomes exceeding \$3,000.

Table 71: Respondents by Monthly Income, Palm Beach County Client Survey, 2016

Monthly Income	Number	Percent
No income	112	31.4%
Under \$500	28	7.8%
\$500-\$749	69	19.3%
\$750-\$999	48	13.4%
\$1,000-\$1,249	35	9.8%
\$1,250-\$1,499	15	4.2%
\$1,500-\$1,749	9	2.5%
\$1,750-\$1,999	5	1.4%
\$2,000-\$2,249	10	2.8%
\$2,250-\$2,499	5	1.4%
\$3,000 or more	7	2.0%
No Response	14	3.9%
Total	357	100.0%

Figure 33: Respondents by Monthly Income, Palm Beach County Client Survey, 2016



Housing/ Living Arrangements

Three hundred twenty-one participants answered the question, “How many people are supported by this income? (Total number of household members including yourself).” Two-thirds participants reported supporting only one person with the income.

Table 72: Respondents by Number of Individuals Supported by Monthly Income, Palm Beach County Client Survey, 2016

Number of Individuals Supported by Income	Number	Percent
1	225	63.0%
2	59	16.5%
3	18	5.0%
4	10	2.8%
5 or more	9	2.5%
No Response	36	10.1%
Total	357	100.0%

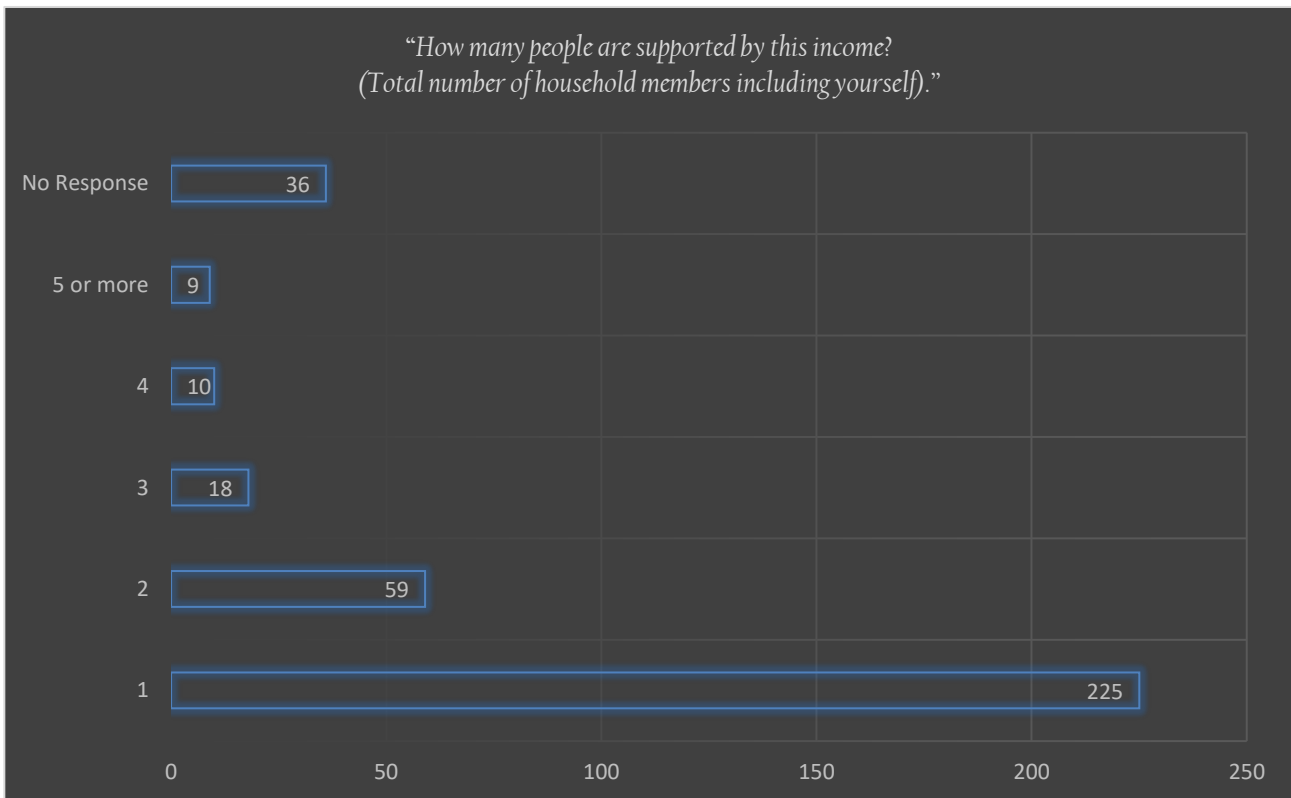


Figure 34: Respondents by Number of Individuals Supported by Monthly Income, Palm Beach County Client Survey, 2016

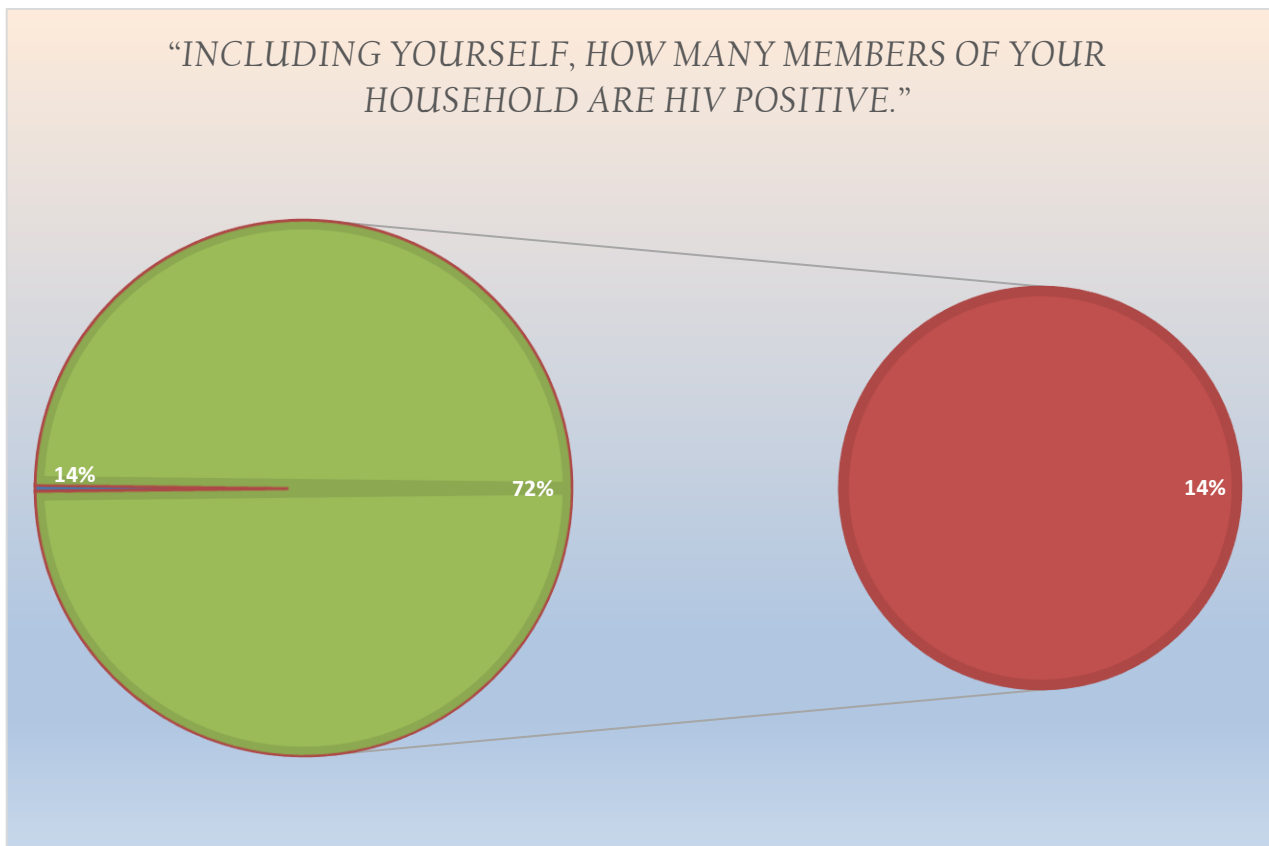
Housing/ Living Arrangements and HIV

The following question asked, “Including yourself, how many members of your household are HIV positive.”

Three hundred thirty participants answered this question. About 14% of participants responded that two or more members in the household were HIV positive.

Table 73: Respondents by Number of Individuals in Household who are HIV Positive, Palm Beach County Client Survey, 2016

Number of Individuals who are HIV Positive	Number	Percent
1	279	78.2%
2	49	13.7%
3	2	0.6%
4	0	0.0%
5 or more	0	0.0%
No Response	27	7.6%
Total	357	100.0%



Housing/ Living Arrangements

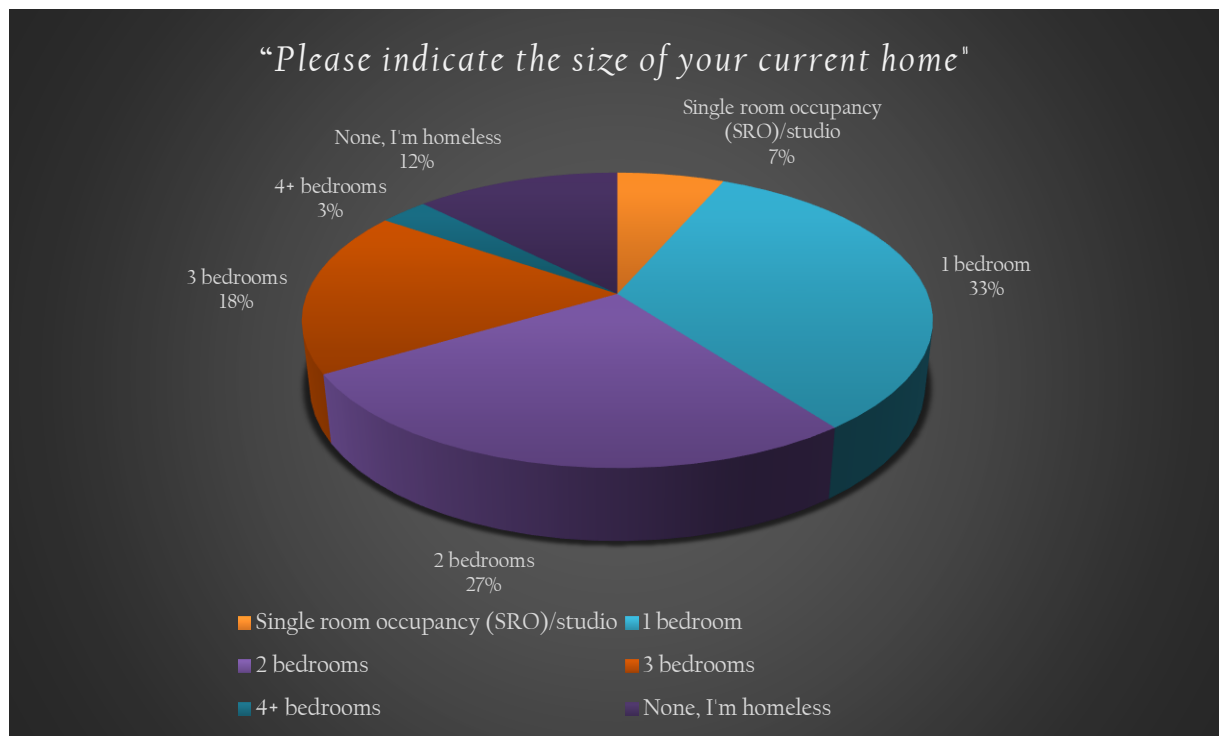
The subsequent question asked, “Please indicate the size of your current home: (Mark one).”

Three hundred thirty seven participants answered this question. Nearly a third of the participants reported ‘1 bedroom’ about a 25.2% reported ‘2 bedrooms,’ sixty-one (17.1%) respondents reported ‘3 bedrooms,’ twenty-two (6.2%) reported ‘Single room occupancy (SRO)/studio,’ and twenty (5.6%) participants reported ‘None, I am homeless.’

Table 74: Respondents by Size of Current Home, Palm Beach County Client Survey, 2016

Size of Current Home	Number	Percent
Single room occupancy (SRO)/studio	22	6.2%
1 bedroom	112	31.4%
2 bedrooms	90	25.2%
3 bedrooms	61	17.1%
4+ bedrooms	10	2.8%
None, I'm homeless	42	11.8%
No Response	20	5.6%
Total	357	100.0%

Figure 35: Respondents by Size of Current Home, Palm Beach County Client Survey, 2016



Housing/ Living Arrangements

The last question asked, “*Is there anything else you would like to tell us about your housing situation or healthcare services that was not covered in the survey?*” This was an open-ended question and responses were grouped together based on area of feedback. One hundred ninety-one participants answered this question, but over 46% responded ‘No.’

Below are responses from participants:

- Long waiting list
- Issues with health insurance accessibility
- Issues with doctors
- Additional assistance needed for services
- Need more affordable housing
- Need assistance finding employment, housing and transportation
- Need to improve care for people
- Co-pays are too high
- Need better communication, i.e. health department, doctors, agencies, and primary care providers
- Eligibility process takes too long
- Food accessibility/Don't get enough food stamps or food vouchers
- Help going down stairs because of wheelchair
- Help with transportation, food vouchers. I was never told why the services stopped
- Need youth groups and support groups
- I need a better place to stay that is clean
- Need Mental health services/psychiatric care
- Need help educating people on HIV
- Need legal advice
- Need more Spanish speaking assistance

Next Steps

The 2016-2019 Ryan White Part A HIV Needs Assessment Client Survey provides valuable insight into the experiences of individuals living with HIV in Palm Beach County. Recognizing that this data set represents only a sample of HIV-related need, The Ryan White Part A Program recommends the following next steps:

- Present these findings to policy makers, local partners, providers, consumers, and affected residents.
- Develop a simplified, abbreviated document of key findings, utilizing infographics to appeal to a wider audience.
- Conduct additional qualitative data collection (including focus groups and informant interviews) to glean more insight into the underlying social determinants of health and other factors that contribute to HIV-related health outcomes across the continuum of care.
- Develop a comprehensive Integrated Needs Assessment based on qualitative data collected through Ryan White Part A and Ryan White Part B.
- Explore ways to reduce case management among consumers who are self-sufficient and can self-manage.
- Focus case management services more on those consumers with medical, mental health and self-sufficiency issues.

Appendices

1. PLWHA 2016 Survey
2. Focus Group Script, 2017, 2018
3. Ryan White Service Category Definitions 2018
- 4.

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