Palm Beach County, Florida

Comprehensive Needs Assessment 2007-2010

Prepared by
Treasure Coast Health Council, Inc.
Promoting Access to High Quality Healthcare
600 Sandtree Drive, Ste 101, Palm Beach Gardens, FL 33403
(561) 844-4430•www.tchealthcouncil.org
Sonja@carecouncil.org
Questions? Call Sonja Swanson ext. 14
www.carecouncil.org

Funded through the Ryan White HIV/AIDS Treatment and Modernization Act of 2006
Department of Community Services, Palm Beach County, Florida

Published October 22, 2007

The Palm Beach County HIV CARE Council would like to thank all of the people who contributed their time and effort to this project. We would like to especially thank the persons living with HIV/AIDS who participated in the survey and focus groups. Your comments are included in this report and enrich our understanding of the needs in the HIV/AIDS community. This report is dedicated to you.

This report would not exist without the Data Collection Team members. They did an outstanding job, particularly in gathering data from historically hard to reach populations. Their names are included below. Thank you for all of your hard work.

There were many others who assisted in this project including the Part A and Part B service providers, Planning Committee members and Grantee staff listed here. We would like to thank you for supporting this project.

Raphael Abadia
Victor Audige
David Begley
Susan Boone
Yolette Bonnet
Ron Bratton
Sandra Chamblee
Roz Collins
Gayle Corso
Luis Cruz
Patricia Davis
Gayle Dempsey
Paula Dorhout
Annette Murzike Dunn
Mitchell Durant, Ph.D
Barbara Feeney
John Foley
Michael Greene
Ron Haberle
Caroline Hill
Sharon Hoo-Hing
Lorenza Jackson
Zunny Jackson
Barbara Jacobowitz
Rose Joseph
Mary Piper Kannel
Chris LaCharite
Francois LeConte
Larry Leed
Nicole Leidesdorf
Kymberly Lucas
Pierre Massillon
Kimberly McCall
Pedro Medina
Stephanie Milliken
Stephanie Moreau
Larry Osband
Rik Pavlesak
Pat Priola
David Rafaidus
Mary Jane Reynolds
Ed Rich
Shoshana Ringer
Jose Rodriquez
Shirley Samples
M. Chris Saslo
Barry Smith
Cecil Smith
Edgar Smith
Caraline Wedges
Sandra White
Inez Williams
Sarah Withrow

TABLE OF CONTENTS

I. EXECUTIVE SUMMARY

Overview and Purpose

Every three years the Ryan White Part A Planning Council conducts a Comprehensive Needs Assessment. The findings in the Comprehensive Needs Assessment 2007-2010 will aid the planning council in identifying the needs and service priorities of persons living with HIV/AIDS (PLWHA) residing in Palm Beach County.

Information was gathered from respondents who were in primary medical care, as well as respondents who were out of primary medical care. Health Resources and Services Administration (HRSA) has adopted the following definition for being "in primary medical care" if the patient has been in…

> "…receipt of one of the following HIV-related primary medical care services within the past 12 months:
> - Lab work for CD4 count
> - Lab work for viral load count
> - Prescription for Anti-Retroviral Therapy (ART)."

Epidemiological Profile

Highlights of HIV/AIDS trends in Palm Beach County:

- In 2005, Black, not Hispanics accounted for 62% of all new AIDS cases, 60% of all new HIV cases, and 65% of HIV/AIDS case deaths.
- From 2000-2005, HIV cases among Black, not Hispanics decreased by 30%. According to the Bureau of HIV/AIDS, this decrease may correspond, to some extent, with recent targeted prevention programs.
- From 2000-2005, HIV cases among White, not Hispanics increased by 20%. According to the Bureau of HIV/AIDS, this may be associated with recent increases in HIV transmission among White, not Hispanic MSM.
- HIV cases and AIDS cases have increased among Hispanics since 1996.
- Between 2004 and 2005 pediatric cases increased 500% from 1 case in 2004 to 6 cases in 2005.
- In 2005, among males, 60.3% of new AIDS cases and 62.5% of new HIV cases were attributed to homosexual transmission.
- In 2005, among females, heterosexual transmission was the predominant mode of HIV exposure.
- The ratio of male and female adult AIDS cases continues to decrease. In 1996, the male to female ratio was 1.8:1 compared to 1.5:1 in 2005. The male to female ratio is the number or percent of cases among males divided by the number or percent of female cases.
- The ratio of male to female adult HIV cases has slightly increased since 1996, the opposite trend of that for AIDS cases. In 1996, the male to female ratio was 1.2:1 compared to 1.3:1 in 2005. According to the Bureau of HIV/AIDS the relative

increases in male HIV cases might be attributed to proportional increases in HIV transmission among MSM, which may influence future AIDS trends.

Methodology

The Comprehensive Needs Assessment 2007-2010 utilized three data collection strategies including surveys of PLWHA, focus groups of PLWHA, and surveys of HIV service providers. The PLWHA survey and focus group script were similar to those which were used in the 2000 & 2003 Comprehensive Needs Assessments. With the guidance and approval of the Planning Committee, additional components were added regarding utilization of medical care and case management, as well as from where and from whom the respondents receive medical care and HIV information. Service categories specified in the survey were correlated to those used by the planning council and HRSA to facilitate clear and concise data analysis. In addition, questions were added to capture data regarding PLWHA who are out of care.

Summary of Findings

Characteristics of Survey Respondents

Throughout the surveying process, sampling was monitored and adjusted to ensure that the demographic characteristics of survey respondents represented the diversity of the PLWHA population in Palm Beach County. Using this stratified sampling methodology resulted in a survey sample similar to the demographic profile of PLWHA in the Palm Beach County EMA.

- 52.5% of the PLWHA respondents identified themselves as male 46.8% were female.
- 66.3% of the PLWHA respondents identified themselves as Black, 21% as White, and 11% as Hispanic.
- 6.3% of the PLWHA respondents were below 24 years of age; 8%, ages 25-29; 22.3% ages 30-39; 21.8% ages 40-44; 15.5% ages 45-49; 21.8% ages 50-59; and 4.3% are over 60 year of age.
- 81.3% of the PLWHA respondents live in the eastern area of the county, and 18.8% live in the western area of the county.
- 14.5% (58 out of 400) indicated they lived outside of Palm Beach County when they first tested positive for HIV and 41, 10.3% said they were living outside of Florida when they first tested positive. Only 85.3% of the respondents were living in Palm Beach County when they first tested positive for HIV.
- 26% (104) of respondents had less than a high school graduation level of education. High school or GED was the highest level of education for 35.6% (142) respondents.
- 40.3% (161) indicated they were not employed and 31.5% (126) indicated they were “on disability”
- 19% (76) of respondents indicated they were living in their own house, condo, apartment, or trailer. Most respondents were living in rental properties, with family or friends, in some type of temporary housing, or were homeless.

- Nearly three-fourths (73.3%, 293) of the respondents indicated they are living at or below 100% of the federal poverty level.

Findings Regarding PLWHA Survey Respondents Who Are In Care

Survey respondents who were determined to be in care were asked to describe their frequency of utilization and prioritization of the thirty service categories in the continuum of care. In addition, they were asked about their history and experience of being in care, as well as out of care. Of all 400 respondents, 63% (252) were identified as being in primary medical care.

- 43.7% (110 of 252) of respondents who are in care stated that their case manager *always* encourages and helps them get regular medical care. An additional 29% (73 of 252) said that their case manager *sometimes* encourages and helps them get regular medical care.
- Of the 167 in care respondents who indicated they have missed medical appointments, 29.3% (49 of 167) stated that someone *always* contacts them to reschedule and/or follow up with them. An additional 49.7% (83 of 167) stated that someone *sometimes* contacts them to reschedule and/or follow up with them.
- 18% (45 of 252) stated that they were having problems taking their medications. The most frequently cited reason was "side effects" (53.3%, 24 of 45).
- Female respondents in care (106) were asked if they had received a pelvic exam (pap smear) in the last 12 months. Only 78.3% (83 of 106) said they received a pelvic exam within the last 12 months. More than a fifth (21.7%, 23) said they hadn't or did not respond at all.
- Of all female respondents in care (106) who were asked if they had been pregnant in the last 12 months, 10.4% (11) said, "Yes".
- 43.7% (110 of 252) receive Ryan White funded services.
- 16.3% (41 of 252) said they had health insurance and fewer had dental or vision care insurance.
- The out-of-pocket health care expenditures for more than half (53.2%, 134 of 252) of respondents was less than $100.
- Most of the respondents who are in care indicated that they receive *most* of their medical care at either the health department (57.1%, 144 out of 252) or a private doctor's office (29.4%, 74 out of 252).
- Most of the respondents who are in care, (93%, 235 of 252), stated that they receive the majority of their HIV related medical care within Palm Beach County.
- When all in care respondents were asked *where* they get most of their information about HIV/AIDS, 52% (131) cited the Health Department, and 51.2% (129) cited Clinic/Doctor's office.
- When all in care respondents were asked to identify from *whom* they get most of their information about HIV/AIDS services, 54.4% (137) cited a case manager and 44% (111) cited a health care professional.
- 60% (151 out of 252) responded that they had problems trying to access needed services. Among the variety of problems mentioned, the most frequently mentioned included transportation (40.4%, 61), not wanting people to know they have HIV (28.5%, 43), and not knowing how to apply (27.8%, 42).

Respondents Who Are Now In Care, But Have Been Out of Care within the Past Five Years

The 252 respondents who are currently in care were asked if there had been a period during the last 5 years during which that they have been out of care for more than twelve months. Of the 252 respondents in care, 17.5% (44 out of 252) responded in the affirmative.

The 44 respondents who had been out of care for more than 12 months anytime during the past five years were asked to describe their circumstances during that time. The most frequently reported situation (by 54.4% of respondents) was "I had been receiving medical care for HIV, but I stopped for more than 12 months."

The three most commonly mentioned reasons respondents cited for being out of care included "I was using drugs and alcohol." (34.1%), "I was afraid of being identified as HIV-positive." (29.5%), "I was too embarrassed or ashamed to go." (22.7%)

The forty-four in care respondents who were out of care for more than 12 months within the past five years were asked what services, other than medical care and medications, they needed to get into primary medical care. The three most frequently identified services included financial assistance (direct emergency assistance), housing, and food.

The 44 respondents who are currently in care but had been out of care for more than 12 months over the past five years, were asked to identify the reasons for returning to primary medical care. The most frequently identified reasons were "I got sick and knew I needed care", "I was ready to deal with my illness", and "A family member or friend helped get me into care."

Findings Regarding PLWHA Survey Respondents Who Are Out of Care

Respondents were asked what best describes their situation regarding being out of care. Of the 148 out of care respondents, 35.1% (52) had never been in care, 37.2% (55) had been receiving care, but had stopped more than 12 months ago, and 21.6% (32) said they were recently diagnosed and had not entered primary care.

When asked about the reasons for not being in care, the six most frequent responses were:

- "I am afraid of being identified as HIV positive." 39.9% (59)
- "I am too embarrassed or ashamed to go." 36.5% (54)
- "I know where to go, but I do not want to go there." 36.5% (54)
- "I do not have medical insurance and couldn't afford care." 34.5% (51)
- "I have heard bad things about the medications and their side effects." 34.5% (51)
- "I am not ready to deal with my HIV status." 31.8% (47)

When asked to "check all that apply" regarding why PLWHA were not in care, service providers and respondents not in care cited a wide range of reasons. Overall, providers

cited each reason at a higher rate than PLWHA. Providers and PLWHA alike frequently identified the following reasons:

- Afraid of being identified as HIV-positive.
- Do not have medical insurance, cannot afford care.
- Heard bad things about medications and the side effects.
- Not ready to deal with HIV status.

When the respondents who are not in primary medical care were asked what services, other than medical care and medication, they need to get into primary medical care the three most frequently chosen responses were financial assistance, food and housing.

Provider respondents were asked the same question and indicated more frequently than PLWHA that mental health services were needed, 66.7% compared to 18.9% respectively. Likewise, providers indicated more frequently than PLWHA that substance abuse treatment was needed, 55.6% compared to 30.4% respectively.

PLWHA respondents who are out of care were asked what would be some reasons they would enter primary medical care. The most frequently cited reasons were:

- "When I get sick and know I need care." 64.9% (96)
- "When I am ready to deal with my illness." 33.8% (50)
- "Someone else with HIV/AIDS reaches out to me." 30.4% (45)

Provider respondents were asked to identify the reasons that would prompt PLWHA to enter primary medical care. Providers and PLWHA alike most frequently cited the following two reasons:

- "Get sick and know they need care."
- "Ready to deal with illness."

Providers were more likely than PLWHA to attribute entering primary care to the potential influence of an outreach worker, a referral, or a culturally sensitive health care provider.

Findings Regarding a Comparison of PLWHA Survey Respondents Who Are In Care with PLWHA Survey Respondents Who Are Out of Care

The data in this section highlights some socioeconomic differences between survey respondents who are in care and respondents who are out of care, for example:

- Overall, out of care respondents reported a lower level of educational achievement than in care respondents.
- Respondents who are in care were more likely to report being "on disability" than respondents who are out of care. Similar percentages of both the in care and out of care respondents are employed, 35.4% and 34.5% respectively. A higher percentage of respondents who are out of care indicated that they were not employed, 50% compared to 34.5% of the in care respondents.

- When the respondents were asked where they currently reside, out of care respondents indicated that they were homeless at a much higher rate than the in care respondents, 17.6% and 1.6% respectively. Of the 30 respondents who said they are homeless, 4 (13.3%) said they were in care and 26 (86.7%) were out of care. In addition, the out of care respondents indicated that they are "staying/living with family or friends" at a higher percentage than the in care respondents, 31.1% and 18.3% respectively.
- Respondents' 2006 annual household size and income were compared to Federal Poverty Levels (FPL). A higher percentage of the out of care respondents were living at or below 100% of the FPL than the in care respondents, 85.1% and 66.3% respectively.
- Respondents were asked if, during the past 12 months, they traded sex for money or drugs. 33.8% of the respondents who are out of care indicated that they had traded sex for money or drugs compared to only 9.5% of the respondents who are in care.

Prioritization of Service Categories

Respondents who are in care were asked to prioritize the following service categories by identifying the seven services most important to them. The following responses suggest that respondents consider support and social services more important than medical services. The seven most frequently selected service categories include the following:

- Case Management (71.8%, 181)
- Housing (64.3%, 162)
- Food Bank (59.9%, 151)
- Dental Care (53.2%, 134)
- Transportation (47.6%, 120)
- Counseling Other (34.9%, 88)
- HIV Prevention (34.9%, 88)

Case management functions as the EMA's single point of entry, providing primary access to the EMA's continuum of care. Clients' initial eligibility must be determined by case managers, necessitating high utilization and prioritization of case management services. Once eligibility is established, case managers assist clients in navigating the continuum of care, or clients may choose to access some services (e.g. primary medical care) independently.

Service Needs and Utilization

Survey respondents in care were asked to describe their level of utilization of the thirty service categories prioritized by the planning council. The 252 respondents in care described their utilization of each survey categories as one of the following:

- "need and use" if they utilize the service
- "do not need" if they do not utilize the service
- "need, can't get", suggesting possible gaps in services
- "can get, won't use", suggesting barriers to service utilization

Utilization "Need and Use"

The five most frequently utilized, "need and use", services for all respondents were:

- Case Management 74.6% (188)
- Laboratory/Diagnostic Testing 71.0% (179)
- Dental Care 57.5% (145)
- Ambulatory Primary Outpatient Medical Care 56.3% (142)
- HIV Prevention 51.6% (130)

Gaps "Need, Can't Get"

The five services most frequently described as "need, can't get", suggesting gaps in services were:

- Housing 33.7% (85)
- Direct Emergency Assistance 32.5% (82)
- Food 32.1% (81)
- Complementary Therapies 27.4% (69)
- Drug Reimbursement (prescriptions) 26.6% (67)

Data from respondents who are out of care suggests similar service gaps. When asked what supportive services the respondents who are out of care need in order to enter primary medical care, the most frequently named services included financial services (direct emergency assistance), housing, and food.

Barriers "Can Get, Won't Use"

Overall, there was a very low number of respondents who said they "can get, won't use" the services, which suggests there may be few barriers to services. The five services most frequently selected by respondents as "can get, won't use" were:

- Clinical Trials 8.7% (22)
- Peer Advocacy 6.7% (17)
- Specialty Outpatient Medical Services 6.7% (17)
- Substance Abuse Treatment-Residential 6.0% (15)
- Complementary Therapies 5.6% (14)
- Day Respite Care 4.8% (12)
- Nurse Care Coordination 4.8% (12)
- Outreach 4.8% (12)
- Substance Abuse Treatment-Outpatient 4.8% (12)
- Translation 4.8% (12)

Service Utilization, Gaps, and Barriers: Trends 2000 through 2007

Needs assessments were conducted in 2000, 2003, and 2007. In addition to data analyses for each year's needs assessment, analyses were conducted to identify trends from 2000 through 2007.

Service categories used to analyze utilization, gaps, and barriers have varied slightly in the three needs assessments. Therefore, some service categories included in past needs assessments were not included and therefore could not be compared with the service categories in the 2007 needs assessment. The list of service categories in the 2007 data collection instruments include only the services in the current continuum of care that are prioritized and funded by the CARE Council. For example Spiritual/Religious Counseling was a service that was included in past needs assessments, but was removed from the list of services used in the 2007 needs assessment. In some cases, this resulted in non consecutive ranking in the trend analysis.

Utilization Trends: "Need and Use"

- Case management, laboratory diagnostic testing, dental care, and ambulatory primary outpatient medical care services *remained highly utilized* from 2000 through 2007. Case management functions as the gateway to services
- HIV prevention, transportation, counseling, direct emergency assistance, housing, buddy companion, day respite, home health care, and vocational rehabilitation services *significantly increased in utilization* from 2000 through 2007.
- Food bank, drug reimbursement, and hospice services *significantly decreased in utilization* from 2000 through 2007. The following table lists the services from the highest to lowest rankings of utilization in 2007.

Service Gap Trends: "Need, Can't Get"

- Housing, direct emergency assistance, complementary therapy, dental care, health insurance continuation, transportation, clinical trials, mental health, peer advocacy, case management, ambulatory primary outpatient medical service gaps *remained fairly consistent* from 2000 through 2007.
- Food bank, drug reimbursement, buddy companion, day respite, counseling, home health care, hospice, translation, laboratory diagnostic testing services gaps *significantly increased* from 2000 through 2007.
- "Legal Services/Permanency" is the only service category that *significantly decreased* in the percentage of respondents who "need, can't get" that service from 2000 through 2007.

Barriers to Services Trends: "Can Get, But Won't Use"

Overall, the percentages of respondents indicating that they "can get, but won't use" specific services has *remained very low and fairly consistent* in the last three needs assessments.

Findings from Provider Surveys

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.

Providers responded to the question "What is the single most important change you would suggest to improve services for individuals or families infected with HIV?" as follows:

Increase in Support Service Capacity & Availability

- Early intervention to improve long-term adherence and identify those gaps early. (1)
- Housing (3)
- Medication and Medical Care (2)
- Case Management (1)
- Health Insurance Coverage (1)
- Medicaid that would be non-interrupted; maybe through a waiver program. (1)
- Stable funding over time in specific service categories to prevent constant changes in client eligibility and required changes based on availability of funds. (3)
- Transportation (1) "We have seen that cab vouchers are a costly solution. They do not ensure that clients will use them to go to their scheduled appointments. Bus passes do not open access to many of our clients if they are too sick/weak or have young children which need to accompany them to the appointments. The most efficient transportation service is provided by case managers. If we could make a change, it would be to fund liability insurance for service providers OR to invest in a van that would be shared by the Ryan White providers. Gas cards have been used successfully in other counties to help with cost of gas for those clients who have a car or access to a car."

Systematic Changes

- Single point of entry (1)

Cultural Sensitivity/Stigma

- Strong stigma among the Haitian community that keeps them from seeking professional help. We need to incorporate the clients' worldviews in the helping process congruent with behavior and expectations normative for a given community and adapted to suit the specific needs of the client. (1)

When providers were asked to, "List three barriers that their organization has faced when providing care to people living with HIV/AIDS," they responded as follows:

Systematic Issues

- HUD regulations and cost to maintain compliance
- Fixed hours
- Limited parking
- Lack of referrals from other agencies
- Coordination of care (planning, integrating, implementing)
- Location
- Limited daytime hours for ADAP clinic
- Lack of alcohol and drug referrals

Service Capacity & Availability

- Housing (7)
- Transportation (3) "Clients do not like the current systems which are difficult to navigate and may include long wait periods and possibly not showing up for scheduled pick-up."

- Dental
- Locating clients
- Clients' refusal to apply/follow through with required documentation
- Accessibility to Medicaid and HCD denial letters
- Insurance coverage: This is to include insurance issues (insurance authorization to treat), inpatient procedures, and income level for insurances targeting indigent is too low.

Legal Issues

- Immigration status

Cultural Sensitivity

- Level of stress related to acculturation
- Language

Education

- Level of education

Treatment Adherence

- Poor compliance with treatment (3)

Familial Issues

- Lack of family support
- Non-compliance with caregivers

Substance Use

- Drug and alcohol problems (3)

Confidentiality

- Confidentiality- laws made to protect the client are getting in the way of providing services.

Funding

- Funding cuts and shifts (4)

Mental Health

- Services for client with co-occurring psychiatric disorders

Populations of Special Concern

Previous Part A grant applications have included sections that focused on the following populations of special concern:

- Haitian
- Latin/Hispanic
- Heterosexual black males and females
- Men who have sex with men (MSM)
- Recently released from incarceration
- Women who are recovered and/or currently using substances
- Women of child-bearing age (WCBA) (15-44 years)

For this Needs Assessment, focus groups were conducted with PLWHA from each of the populations listed above. Analyses of focus group and survey data regarding these populations are included in this section.

This section highlights service delivery issues of the populations of special concern. In addition, the PLWHA survey data of the populations of special concern are compared with the aggregated PLWHA survey data.

Summary of Resource Inventory

This section includes a review of the following documents:

- Inventory of resources of HIV services
- Map of Palm Beach County with level of impact of HIV/AIDS by ZIP Code, HIV service locations, and Palm Tran (public transportation bus route)
- CADR Report

Together, these documents describe the array of HIV/AIDS services available in the EMA. Due to recent policy changes which limit Ryan White spending on support services to 25% of the total Ryan White services budget, the EMA is in the process of adjusting the system to try to fill support service gaps. Overall, this section describes the EMA's current collaborative and coordinated service delivery system.

Summary of Recommendations

- Increase and improve follow-up with recently diagnosed PLWHA by enhancing coordination between early intervention, counseling and testing and case management providers.
- Increase and improve efforts to educate recently diagnosed PLWHA on the importance of being in care.
- Increase access to housing, substance abuse residential, mental health, jobs/vocational training by:
    - Applying for grants.
    - Creating a task force of interested agencies to apply for additional funding.
- Increase access to HIV medications by:
    - Reviewing and considering revision of the eligibility process for clients to access medications.
    - Identifying and remedying the reasons that Part A monies have not been spent down in this service category.
- Require medical providers to contact patients after appointments have been missed. Include the implementation and monitoring of a tracking method as a contractual obligation for medical providers.
- Ensure continuity of care for PLWHA upon their release from incarceration.
- Identify incentive-based healthcare programs, and consider implementing a plan which increases the number of PLWHA in primary medical care.

II. INTRODUCTION

Overview and Purpose

Every three years the Ryan White Part A Planning Council conducts a Comprehensive Needs Assessment. The findings in the Comprehensive Needs Assessment 2007-2010 will aid the planning council in identifying the needs and service priorities of PLWHA residing in Palm Beach County.

Information was gathered from respondents who were in primary medical care, as well as respondents who were out of primary medical care. Health Resources and Services Administration (HRSA) has adopted the following definition for being "in primary medical care" if the patient has been in…

> "…receipt of one of the following HIV-related primary medical care services within the past 12 months:
> - Lab work for CD4 count
> - Lab work for viral load count
> - Prescription for Anti-Retroviral Therapy (ART)."

This definition, an "operational", or working definition of being 'in care', uses information likely to be available in most states and EMAs. This definition is not intended to be used to define high quality care that meets Public Health Service guidelines, and certainly does not replace standards of care.

Epidemiological Profile

Palm Beach County is located on the east coast of Florida. The land area of Palm Beach County is 2,000 square miles. The eastern portion of the county is heavily populated, while the western area is a lower density agricultural area with several more densely populated towns and residential areas. The 2006 estimated population, according to U.S. Census Bureau, was 1,274,013, a 12.6% increase from April 1. 2000 to July 1, 2006. The racial make up of the county's population includes 80.5% White, 16.0% Black and 16.1% of Hispanic or Latin origin. 10.1% are living below poverty (2004). The median household income is $44,186 (2004).

The complete report of the most recent HIV/AIDS data available from the Department of Health, Bureau of HIV/AIDS through 2005 as of April 5, 2006 (excluding Department of Corrections data) is included in Appendix D of this report.

In the *Characteristics of Survey Respondents* section of this report, a comparative analysis suggests that the sample of PLWHA survey respondents is similar to PLWHA Case Prevalence.

Highlights of HIV/AIDS trends in Palm Beach County:

- In 2005, Black not Hispanics accounted for 62% of all new AIDS cases, 60% of all new HIV cases, and 65% of HIV/AIDS case deaths.
- From 2000-2005, HIV cases among Black not Hispanics decreased by 30%. According to the Bureau of HIV/AIDS, this decrease may correspond, to some extent, with recent targeted prevention programs.
- From 2000-2005, HIV cases among White not Hispanics increased by 20%. According to the Bureau of HIV/AIDS, this may be associated with recent increases in HIV transmission among White not Hispanic MSM.
- HIV cases and AIDS cases have increased among Hispanics since 1996.
- Between 2004 and 2005 pediatric cases increased 500% from 1 case in 2004 to 6 cases in 2005.
- In 2005, among males, 60.3% of new AIDS cases and 62.5% of new HIV cases were attributed to homosexual transmission.
- In 2005, among females, heterosexual transmission was the predominant mode of HIV exposure.
- The ratio of male and female adult AIDS cases continues to decrease. In 1996, the male to female ratio was 1.8:1 compared to 1.5:1 in 2005. The male to female ratio is the number or percent of cases among males divided by the number or percent of female cases.
- The ratio of male and female adult HIV cases has slightly increased since 1996, the opposite trend of that for AIDS cases. In 1996, the male to female ratio was 1.2:1 compared to 1.3:1 in 2005. According to the Bureau of HIV/AIDS the relative increases in male HIV cases might be attributed to proportional increases in HIV transmission among MSM, which may influence future AIDS trends.

HIV cases tend to represent the most recent trends of the HIV/AIDS epidemic. While the total number of HIV cases in Palm Beach County continues to increase, the number and rate of new cases has decreased over time. The data in the table to the right summarized the decrease in the number of new cases from 552 in 1998 to 397 in 2005 as well as a decrease in the rate, from 51.2 to 31.2 per 100,000 population (Florida Department of Health, CHARTS Community Health Assessment Resource Tool Set).

Palm Beach County HIV Data

Year	New Cases	Rate per 100,000	Total Population
1998	552	51.2	1,077,422
1999	695	62.8	1,107,053
2000	468	41.1	1,137,532
2001	457	39.4	1,160,977
2002	585	49.1	1,190,653
2003	543	44.6	1,218,508
2004	457	36.6	1,249,598
2005	397	31.2	1,272,335

Because it may take many years for people infected with HIV to develop AIDS, AIDS cases tend to represent HIV transmission that may have occurred many years ago. The Bureau of HIV/AIDS suggests that individual and population disparities in the development of AIDS may include the following factors:

- late diagnosis of HIV
- access to/acceptance of care
- delayed prevention messages

- stigma
- prevalence of STDs in the community
- prevalence of injection drug use
- complex matrix of factors related to socioeconomic status

Although the total number of AIDS cases in Palm Beach County continues to increase, the number and rates of new AIDS cases has decreased over time. The data in the following table show that the number of new cases and rate per 100,000 population decreased between 1996 to 2005, from 759, 74.3 per 100,000 to 360, 28.3 per 100,000 (Florida Department of Health, CHARTS Community Health Assessment Resource Tool Set).

Palm Beach County AIDS Data

Year	New Cases	Rate per 100,000
1996	759	74.3
1997	559	53.2
1998	477	44.3
1999	432	39.0
2000	503	44.2
2001	453	39.0
2002	513	43.1
2003	444	36.4
2004	436	34.9
2005	360	28.3

As with new HIV and new AIDS cases, the number of age adjusted HIV/AIDS deaths has dramatically decreased since 1996, dropping from 306 deaths in 1996 to 149 deaths in 2005 with a concomitant decrease in rates per 100,000 population from 32.2 to 12.4.

The data in the table to the right show that while there has been a decrease in rates among all races, grave disparities still exist between racial categories. For example, the death rate among Blacks decreased from 149.5 in 1996 to 50.0 in 2005 but this rate is still 13.5 times higher than the rate for Whites and 6.6 times higher than the rate for Hispanics (Florida Department of Health, CHARTS Community Health Assessment Resource Tool Set).

Palm Beach County Age Adjusted HIV/AIDS Death Data

Year	Number of Deaths	Total Population Rate per 100,000	White Rate per 100,000	Black Rate per 100,000	Hispanic Rate per 100,000
1996	306	32.2	13.6	149.5	17.6
1997	191	19.1	6.0	106.1	15.3
1998	135	12.9	3.9	73.9	6.7
1999	138	13.2	5.6	59.7	8.3
2000	165	15.3	5.7	75.4	11.0
2001	147	13.3	3.7	73.2	5.5
2002	157	13.8	3.9	71.9	1.5
2003	156	13.4	4.2	68.0	6.5
2004	175	14.9	4.9	70.8	9.7
2005	149	12.4	3.7	50.0	7.6

III. M E T H O D O L G Y

The Comprehensive Needs Assessment 2007-2010 utilized three data collection strategies including surveys of PLWHA, focus groups of PLWHA, and surveys of HIV service providers. The PLWHA survey and focus group script were similar to those which were used in the 2000 & 2003 Comprehensive Needs Assessments. With the guidance and approval of the Planning Committee, additional components were added regarding utilization of medical care and case management, as well as from where and from whom the respondents receive medical care and HIV information. Service categories specified in the survey were correlated to those used by the planning council and HRSA to facilitate clear and concise data analysis. In addition, questions were added to capture data regarding PLWHA who are out of care.

PLWHA Survey

An 88-item survey was developed and implemented to collect information from PLWHA regarding service priorities and needs. The survey was translated into Spanish and Creole. 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 medical care services within the past 12 months?
>
> Lab work for CD4 count?
> Lab work for viral load count?
> Prescription for Anti-Retroviral Therapy (ART)?"

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 (no lab work for CD4 or viral load, and no Antiretroviral Therapy).

Trained data collectors administered four-hundred (400) surveys to PLWHA in locations including but not limited to bus stops, homeless shelters, soup kitchens, 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 $10.00 gift card.

Surveys were collected from January 6, 2007 through February 15, 2007. The Data Collection Team met weekly with the planner to discuss data collection issues and review aggregate demographic information from the collected surveys. Data were entered into the survey posted on Survey Monkey, and then extracted from Survey Monkey into an Excel database.

As noted in our 2002 study entitled "Speak Out Be Heard,"

> "[Because] The target group is known to be relatively reticent about disclosing information relevant to the topic of HIV/AIDS (Denis, Wechsbergb, McDermeita, Campbell & Raschc, 2001), clients were recruited using variants of convenience sampling (Carlson, Wang, Siegal, Falck, & Guo, 1994) combined with purposive sampling strategies."

Provider Survey

Provider surveys were completed by the following organizations:

- All Part A and B funded service agencies
- Veteran's Administration
- Children's Medical Services
- Positive Healthcare
- Glades Health Initiative
- United Deliverance

PLWHA Focus Groups

Seven focus groups were conducted with populations of special concern including:

- Haitian
- Latin/Hispanic
- Heterosexual Black
- Men who have sex with men
- Recently released from incarceration
- Women who are recovered and/or currently using substances
- Women of child-bearing age (15-44 years).

Focus group participants were recruited by focus group facilitators who were representative of or persons who work closely with the population of special concern. At the beginning of each focus group, the HRSA 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 $25 gift card.

Data Analyses

All analyses were performed using Excel and Survey Monkey. Frequencies and percentages were calculated on all scale items and cross-tabs were computed between selected variables to explore relationships between survey items. Tables and graphs were created to summarize and illustrate survey responses. As needed, data were analyzed by sub-populations including gender, race, ethnicity, geographic region and sexual orientation as well as populations of special concern.

Training Data Collectors

An in-depth training session was conducted by the health planner for the survey data collectors and the focus group facilitators. The training included strategies to locate PLWHA who are out of care. Data collectors and focus group facilitators signed a confidentiality agreement, and were given identification cards. The identification cards contained contact information of the health planner. A sample of the identification card is displayed below.

Palm Beach County CARE Council
NEEDS ASSESSMENT TEAM MEMBER

PHOTO

[DATA COLLECTOR'S NAME]
January/February 2007
Questions? Contact Sonja Swanson, Health Planner
[Cell Number] or Work Number 561-844-4430 ext. 14

IV. KEY FINDINGS

A. PLWHA AND PROVIDER SURVEY FINDINGS

1. CHARACTERISTICS OF PLWHA SURVEY RESPONDENTS

Throughout the surveying process, sampling was monitored and adjusted to ensure that the demographic characteristics of survey respondents represented the diversity of the PLWHA population in Palm Beach County. As shown in the following table, using this stratified sampling methodology resulted in a survey sample similar to the demographic profile of PLWHA in the Palm Beach County. HIV/AIDS Case Prevalence data cited in this section were provided by the Florida Department of Health Bureau of HIV/AIDS.

As shown in the following table, of the 400 survey respondents, 52.5% (210) were male compared to 60.5% (4,136) of the PLWHA in the area. Females were intentionally over-represented (46.8% (187) of survey respondents were female while only 39.5% (2,697) of the PLWHA in the area are female) to adjust for the increase in infection rates among the female population in Palm Beach County.

Comparison of HIV/AIDS Case Prevalence in Palm Beach County with Survey Respondents by Gender

Gender	HIV/AIDS Case Prevalence Through 2005*		Survey Respondents	
	number	percent	number	percent
Male	4,136	60.5%	210	52.5%
Female	2,697	39.5%	187	46.8%
Transgender	not available		3	0.8%
Total	6,833	100.0%	400	100.0%

*Source: Florida Department of Health, Bureau of HIV/AIDS, HIV/AIDS Reporting System

Black, not Hispanics were adequately represented at 66.3% (265) compared to the rate of Black, not Hispanic PLWHA in the county of 65.0% (4,442); as were the proportion of Hispanic respondents 11% (44) compared to the rate of Hispanic PLWHA in the area 10.2% (697). White, not Hispanic respondents were slightly underrepresented at

Comparison of HIV/AIDS Case Prevalence in Palm Beach County with Survey Respondents by Race and Ethnicity

Race/Ethnicity	HIV/AIDS Case Prevalence Through 2005*		Survey Respondents	
	number	percent	number	percent
Black Not Hispanic	4,442	65.0%	265	66.3%
White Not Hispanic	1,628	23.8%	84	21.0%
Hispanic	697	10.2%	44	11.0%
Other/Unknown	66	1.0%	7	1.8%
Total	6,833	100.0%	400	100.0%

*Source: Florida Department of Health, Bureau of HIV/AIDS, HIV/AIDS Reporting System

21% (84) of the respondents compared to 23.8% (1,628) of PLWHA in Palm Beach County.
As summarized in the following table, survey respondents in the age ranges below 24, 25-29, 40-44 were somewhat overrepresented, while those in the age ranges 30-39, 45-49 and over 60 were slightly underrepresented compared to PLWHA in the county.

Comparison of HIV/AIDS Case Prevalence in Palm Beach County with Survey Respondents by Age Range

Age	HIV/AIDS Case Prevalence Through 2005*		Survey Respondents	
	number	percent	number	percent
Below 24	273	4.0%	25	6.3%
25-29	336	4.9%	32	8.0%
30-39	1,591	23.3%	89	22.3%
40-44	1,325	19.4%	87	21.8%
45-49	1,221	17.9%	62	15.5%
50-59	1,431	20.9%	87	21.8%
Over 60	656	9.6%	17	4.3%
Unknown	n/a	n/a	1	0.3%
Total	6,833	100.0%	400	100.0%

*Source: Florida Department of Health, Bureau of HIV/AIDS, HIV/AIDS Reporting System

The survey sample was also similar to several special populations tracked by the Florida Department of Health, Bureau of HIV/AIDS, HIV/AIDS Reporting System. These special populations include heterosexuals, men who have sex with men (MSM), injection drug users (IDU), persons of Haitian descent, and women of child bearing age (WCBA).

Comparison of HIV/AIDS Case Prevalence in Palm Beach County with Survey Respondents by Special Population

Special Population	HIV/AIDS Case Prevalence Through 2005*		Survey Respondents	
	number	percent	number	percent
Heterosexual/Other	4,981	72.9%	295	73.8%
MSM	1,852	44.8%	75	35.7%
IDU	617	9.0%	22	5.5%
Haitian	1,218	17.8%	75	18.8%
WCBA	1,656	61.4%	116	62.0%

*Source: Florida Department of Health, Bureau of HIV/AIDS, HIV/AIDS Reporting System

The risk category "Heterosexual/Other" was slightly overrepresented with 73.8% (295) of survey respondents compared to 72.9% (4,981) of the HIV/AIDS case prevalence. MSM were underrepresented with 35.7% (75) of the survey sample compared to 44.8% (1,852) of PLWHA in the county. IDUs were also underrepresented with 5.5% (22) of the respondents compared to 9% (617) of PLWHA in the county. Persons of Haitian descent were slightly overrepresented with 18.8% (75) of respondents compared with 17.8% (1,218) of

PLWHA case prevalence in Palm Beach County. Women of childbearing age (15-44 years old) were slightly overrepresented with 62% (116) of female respondents and 61.4% (1,656) of the female PLWHA in Palm Beach County.

Surveys were administered throughout the four main geographic areas of the county to ensure a broad and representative sample. Due to the disproportionate impact of HIV/AIDS in the western area of the county, respondents in the western area were deliberately overrepresented with 18.8% (75) of respondents from the western area compared with 14% (957) of PLWHA in the county. The eastern area of the county was underrepresented with 81.3% (325) of the respondents compared to 86% (5,876) PLWHA from this area.

Comparison of HIV/AIDS Case Prevalence in Palm Beach County with Survey Respondents by Geographic Location

Geographic Location	HIV/AIDS Case Prevalence Through		Survey Respondents	
	number	percent	number	percent
East County	5,876	86.0%	325	81.3%
West County	957	14.0%	75	18.8%
Total	6,833	100.0%	400	100.0%

Source: Florida Department of Health, Bureau of HIV/AIDS, HIV/AIDS Reporting System

Respondents were asked where they were living when they first tested positive for HIV. 14.5% (58 out of 400) indicated they lived outside of Palm Beach County when they first tested positive for HIV and 41, 10.3% said they were living outside of Florida when they first tested positive. Only 85.3% of the respondents were living in Palm Beach County when they first tested positive for HIV. The table below summarizes the responses to this question.

Survey Question 18. Where were you living when you first tested positive for HIV? (check one only)

Location of Diagnosis	Survey Respondents	
	number	percent
Palm Beach County	341	85.3%
Other county in Florida	17	4.3%
Outside of Florida	36	9.0%
Outside of USA	5	1.3%
No response	1	0.3%
Total	400	100.0%

Socioeconomic Characteristics of Survey Respondents

As summarized in the following table, 26% (104) of respondents had less than a high school graduation level of education. High school or GED was the highest level of education for 35.6% (142) respondents.

Survey Question 10. What is the highest level of education that you have completed? (check only one)

Level of Education	All Respondents	
	number	percent
Less than high school graduation	104	26.0%
High school graduation	101	25.3%
Eighth grade or less	58	14.5%
GED (high school equivalency)	41	10.3%
Some college	33	8.3%
College graduate	29	7.3%
No formal schooling	22	5.5%
Technical/trade school	6	1.5%
No response	6	1.5%
Total	400	100.0%

When asked to indicate their current employment or education status, 40.3% (161) indicated they were not employed and 31.5% (126) indicated they were "on disability".

Survey Question 11. What is your current situation regarding employment, education and job training? (check all that apply)

Employment, Education, Job Training Status	All Respondents n=400	
	number	percent
Not employed	161	40.3%
On disability	126	31.5%
Work less than 40 hours/week	80	20.0%
Work 40+ hours/week	60	15.0%
Part-time student	6	1.5%
Attending job training	3	0.8%
Full-time student	2	0.5%
On temporary medical or administrative leave	2	0.5%
Retired	1	0.3%

Only 19% (76) of respondents indicated they were living in their own house, condo, apartment, or trailer. As shown in the table below, most respondents were living in rental properties, with family or friends, in some type of temporary housing, or were homeless.

Survey Question 12. Where do you currently reside? (check only one)

Housing Type	All Respondents	
	number	percent
Rented house, condo, apartment, or trailer	155	38.8%
Staying/living with family or friends	92	23.0%
My own house, condo, apartment, or trailer	76	19.0%
Homeless	30	7.5%
Transitional or temporary housing	16	4.0%
Shelter/Welfare boarding house	9	2.3%
Residential treatment program (for drugs and/or alcohol)	8	2.0%
Motel/hotel	8	2.0%
Group home	5	1.3%
No Response	1	0.3%
Total	400	100.0%

Respondents were asked the following two questions in order to determine their federal poverty level, "How many family members (including yourself) live in your household?" and "In 2006, what was your annual family household income, before taxes?" Nearly three-fourths (73.3%, 293) of the respondents indicated they are living at or below 100% of the federal poverty level. See the table below for the complete responses.

Federal Poverty Level	All Respondents	
	number	percent
Below 100%	293	73.3%
101% - 150%	39	9.8%
151% - 200%	30	7.5%
201% - 250%	7	1.8%
251% - 300%	4	1.0%
Over 300%	17	4.3%
No response	10	2.5%
Total	400	100.0%

The following section is divided into four parts as follows:

- Findings regarding PLWHA Survey Respondents Who Are Currently In Care
- Findings regarding PLWHA Survey Respondents Who Are Now In Care, But Have Been Out of Care within the Past Five Years
- Findings regarding PLWHA Survey Respondents Who Are Out of Care
- Findings regarding a Comparison of PLWHA Survey Respondents Who Are Out of Care with PLWHA Survey Respondents Who Are In Care

PLWHA are considered to be "in care" if they have received …

> "…one of the following HIV-related primary medical care services within the past 12 months:
>
> - Lab work for CD4 count
> - Lab work for viral load count
> - Prescription for Anti-Retroviral Therapy (ART)."

PLWHA who do not meet these criteria are considered to be "out of care".

2. PLWHA WHO ARE CURRENTLY IN CARE

Survey respondents who were identified as being in care were asked to describe their frequency of utilization and prioritization of the thirty service categories in the continuum of care. In addition, they were asked about their history and experience being in care, as well as out of care. Of all 400 respondents, 63% (252) were identified as being in primary medical care.

43.7% (110 of 252) of respondents who are in care stated that their case manager *always* encourages and helps them get regular medical care. An additional 29% (73 of 252) said that their case manager *sometimes* encourages and helps them get regular medical care. The table below contains the responses.

Survey Question 36. How often does your case manager encourage and help you get regular medical care (CD4 test, viral load test, ART) (check only one)?

How often?	In Care Respondents	
	number	percent
Always	110	43.7%
Sometimes	73	29.0%
Never	27	10.7%
I don't have a case manager	36	14.3%
No Response	6	2.4%
Total	252	100.0%

Of the 167 in care respondents who indicated they have missed medical appointments, 29.3% (49 of 167) stated that someone *always* contacts them to reschedule and/or follow up with them. An additional 49.7% (83 of 167) stated that someone *sometimes* contacts them to reschedule and/or follow up with them.

Survey Question 37. When you have missed a medical appointment, has someone (case manager, clinic staff) contacted you and tried to reschedule and/or find out why you did not come and if they could help you get to the next appointment? (check only one)?

How often?	In Care Respondents	
	number	percent
Always	49	29.3%
Sometimes	83	49.7%
Never	31	18.6%
No Response	4	2.4%
Total	167	100.0%

When asked to specify the clinic/organization/facility that contacts them after a missed medical appointment, 128 respondents responded as follows:

Survey Question 38. If someone has contacted you, please specify the clinic/organization/facility where they work.

Contacted by?	In Care Respondents	
	number	percent
Health Department	50	39.1%
Private Clinic	28	21.9%
Clinic Clerk/Nurse/Other Staff	20	15.6%
Case Management Organization	17	13.3%
Other	7	5.5%
Veteran's Administration	6	4.7%
Total	128	100.0%

Of all in care respondents, 18% (45 of 252) stated that they were having problems taking their medications. The table below summarizes the reasons cited; the most frequently cited reason was "side effects" (53.3%, 24 of 45).

Survey Question 40. What are the reasons you are having problems taking you medicaitons? (check any or all that apply)?

Reasons for Problems Taking HIV/AIDS Medications	In Care Respondents n=45	
	number	percent
Side effects	24	53.3%
Pills are hard to swallow	20	44.4%
Too many pills	19	42.2%
I forget	13	28.9%
I don't want anyone to know	6	13.3%
I am too busy	1	2.2%
The medications are hard to get	1	2.2%
Don't' have food to eat with medication	1	2.2%
Insurance co-pays	1	2.2%
The pills remind me that I have HIV	1	2.2%

The table to the right displays the number of problems cited by those taking HIV/AIDS medications. Less than half (44.4%, 20) of those who had problems taking medications cited only one problem and 51.1% (23) cited 2 or more problems. The responses suggest a broad range of complex problems associated with taking HIV/AIDS medications.

Number of Selected Problems Taking HIV/AIDS Medications	In Care Respondents	
	number	percent
1	20	44.4%
2 to 4	22	48.9%
More than 4	1	2.2%
No Response	2	4.4%
Total	45	100.0%

Female respondents in care (106) were asked if they had received a pelvic exam (pap smear) in the last 12 months. Annual pelvic exams ensure early detection and treatment of sexually transmitted human papilloma virus (HPV), associated with increased risk of cervical cancer. As summarized in the table to the right, only 78.3% (83 of 106) said they received a pelvic exam within the last 12 months. More than a fifth (21.7%, 23) said they hadn't or did not respond at all.

Survey Question 41. Have you received a pelvic exam (pap smear) in the last 12 months (check only one)?

Pelvic exam in the last 12 months?	In Care Respondents n=106	
	number	percent
Yes	83	78.3%
No	21	19.8%
No Response	2	1.9%
Total	106	100.0%

Of all female respondents in care who were asked if they had been pregnant in the last 12 months, 10.4% (11) said, "Yes". The table to the right summarizes all responses to this question.

Survey Question 42. Have you been pregnant in the last 12 months (check only one)?

Pregnant in the last 12 months?	In Care Respondents n=106	
	number	percent
Yes	11	10.4%
No	86	81.1%
No Response	9	8.5%
Total	106	100.0%

Access to Health Care and Information

In care respondents were asked to indicate if they were enrolled in specific programs. Of the 252 respondents who answered this question, 43.7% (110 of 252) receive Ryan White funded services. The following table summarizes the number and percentages of respondents enrolled in other programs.

Survey Question 43. Are you enrolled in any of these programs? (check any or all that apply)?

Government Program Enrollment	In Care Respondents n=252	
	number	percent
Ryan White	110	43.7%
Medicaid	91	36.1%
Food Stamps	74	29.4%
Social Security Disability	70	27.8%
Healthcare District	62	24.6%
ADAP	46	18.3%
Medicare	39	15.5%
HOPWA	29	11.5%
Veteran's Administration	7	2.8%
PAC Waiver	3	1.2%
WIC	3	1.2%
TANF	2	0.8%
Insurance Continuation	2	0.8%
SSI	1	0.4%

Respondents were asked if they have private health, dental and/or vision care insurance. Very few respondents indicated that they have any private insurance. As shown in the following table, 16.3% (41 of 252) said they had health insurance and fewer had dental or vision care insurance.

Survey Question 44, 45, 46. Do you have private health, dental, vision care insurance?

Enrolled in Private Insurance	In Care Respondents n=252	
	number	percent
Health Insurance	41	16.3%
Dental Insurance	30	11.9%
Vision Care Insurance	27	10.7%

The out-of-pocket health care expenditures for more than half (53.2%, 134 of 252) of respondents was less than $100.00.

Survey Question 48. What is the estimated amount that you have spent out of pocket (i.e. health insurance, deductibles, co-payments, premiums, etc.) on your personal healthcare needs over the past 12 months? (check only one)?

Estimated Out-of-Pocket Expenditures	In Care Respondents	
	number	percent
Under $100	134	53.2%
$101 - $500	68	27.0%
$501 - $1000	28	11.1%
$1001 - $2500	6	2.4%
More than $2500	3	1.2%
No response	13	5.2%
Total	252	100.0%

Most of the respondents who are in care indicated that they receive *most* of their medical care at either the health department (57.1%, 144 out of 252) or a private doctor's office (29.4%, 74 out of 252).

Survey Question 49. Where do you go for most of your medical care? (check only one)?

Medical Care Site	In Care Respondents	
	number	percent
Public clinic/health department	144	57.1%
Private doctor's office	74	29.4%
Walk-in clinic	17	6.7%
Veteran's Administration	10	4.0%
Hospital emergency room	0	0.0%
No response	7	2.8%
Total	252	100.0%

Most of the respondents who are in care, (93%, 235 of 252), stated that they receive the majority of their HIV related medical care within Palm Beach County.

As shown in the table to the right, the 235 respondents who said they receive the majority of the HIV related medical care within Palm Beach County, were asked if they had accessed hospital care in Palm Beach County during the previous twelve months, most said they accessed hospital care for conditions other than HIV/AIDS.

Survey Questions 51, 52, 53, 54. Have you been hospitalizied or to the Emergency Room in the last 12 months for an HIV/AIDS related or other condition?

Hospital Utilization in the last 12 months?	In Care Respondents n=235	
	number	percent
Hospitalized for an HIV/AIDS related condition	38	16.2%
Hospitalized for another condition	56	23.8%
Emergency Room for an HIV/AIDS related condition	38	16.2%
Emergency Room for another condition	54	23.0%

When all in care respondents were asked *where* they get most of their information about HIV/AIDS, 52% (131) cited the Health Department, and 51.2% (129) said Clinic/Doctor's office. As noted in the table to the right, respondents were asked to check "any or all that apply".

Survey Question 55. Where do you get most of your information about HIV/AIDS services in you area? (check any or all that apply)?

HIV/AIDS Information Site	In Care Respondents n=252	
	number	percent
Public clinic/health department	131	52.0%
Clinic/doctor's office	129	51.2%
AIDS organization	96	38.1%
Brochures/billboards	31	12.3%
Support group/network	15	6.0%
Place of worship	9	3.6%
Internet	9	3.6%
Social service organization	5	2.0%

When all in care respondents were asked to identify from *whom* they get most of their information about HIV/AIDS services, 54.4% (137) cited a case manager and 44% (111) cited a health care professional. As noted in the table to the right, respondents were asked to check "any or all that apply.

Survey Question 56. Who do you get most of your information from about HIV/AIDS services in your area? (check any or all that apply)?

Provider of HIV/AIDS Service Information	In Care Respondents n=252	
	number	percent
Case manager	137	54.4%
Healthcare professional	111	44.0%
Friends/Family/Pastor	52	20.6%
Support groups	49	19.4%
Outreach worker	33	13.1%
CARE Council meetings	10	4.0%

All respondents in care were asked to identify problems they have had trying to get needed services. 151 (60%) responded that they had problems trying to access needed services. Among the variety of problems mentioned, the most frequently mentioned included the following:

- Transportation (40.4%, 61)
- Not wanting people to know they have HIV (28.5%, 43)
- Not knowing how to apply (27.8%, 42)

The table to the right summarizes all responses to this question.

Survey Question 57. Have you had any of the following problems while trying to get needed services? (check any or all that apply)?

Problems While Trying to Get Needed Services	In Care Respondents n=151	
	number	percent
Transportation problems	61	40.4%
I don't want people to know I have HIV	43	28.5%
Didn't know how to apply	42	27.8%
Application process too complicated	38	25.2%
Didn't know where to apply	33	21.9%
Drug or alcohol addiction	25	16.6%
Turned down/not eligible	24	15.9%
Trouble communicating	22	14.6%
Had to wait too long for service	22	14.6%
Other health problems	20	13.2%
Needed evening appointment	13	8.6%
On waiting list	13	8.6%
Cost of service is too high	12	7.9%
Service sites located too far away	12	7.9%
Needed weekend appoint	8	5.3%
Too busy taking care of child	7	4.6%
Too busy taking care of partner	3	2.0%
Homeless	2	1.3%
Afraid of immigration issues	1	0.7%
Problems getting a case manager	1	0.7%

Most respondents (70.2%, 106) who cited problems, said they had more than one problem while trying to get needed services. The table to the right summarizes the number and percentage of respondents by the number of problems cited.

Number of Selected Problems While Trying to Get Needed Services	In Care Respondents	
	number	percent
1	45	29.8%
2 to 4	89	58.9%
More than 4	17	11.3%
Total	151	100.0%

3. PLWHA WHO ARE NOW IN CARE, BUT HAVE BEEN OUT OF CARE WITHIN THE PAST FIVE YEARS

The 252 respondents who are currently in care were asked if there had been a period during the last 5 years during which that they have been out of care for more than twelve months. Of the 252 respondents in care, 17.5% (44 out of 252), responded in the affirmative. The table below summarizes all responses to this question.

Survey Question 28. During the past five years has there been a period of at least 12 months when you were not receiving HIV-related primary medical care (no lab work for CD4, viral load count, and not Antiretroviral Therapy?

Out of Care within the Past 5 Years?	In Care Respondents n=252	
	number	percent
Yes	44	17.5%
No	205	81.3%
No Response	3	1.2%
Total	252	100.0%

The 44 respondents who had been out of care for more than 12 months, anytime during the past five years were asked to describe their circumstances during that time. The most frequently reported situation (by 54.4%) was "I had been receiving medical care for HIV, but I stopped for more than 12 months." The table below summarizes all responses to this question.

Survey Question 30. What best describes you situation during that period? (check one only)

Out of Care Situation	In Care Respondents Who Were Out of Care	
	number	percent
I had recently been diagnosed with HIV, and had not entered primary care.	6	13.6%
I had been receiving medical care for HIV, but I stopped more than 12 months ago.	24	54.5%
Work	2	4.5%
Outside of United States	2	4.5%
Mental Health Issue	1	2.3%
Drug Use	1	2.3%
Homeless	1	2.3%
Other	4	9.1%
No Response	3	6.8%
Total	44	100.0%

The following table lists all the reasons respondents cited for being out of care. Note that respondents were told to "check all that apply." The three most commonly mentioned reasons are as follows:

- I was using drugs and alcohol (34.1%).
- I was afraid of being identified as HIV-positive (29.5%).
- I was too embarrassed or ashamed to go (22.7%)

Survey Question 32. What were the reasons that you were not in primary medical care? (check all that apply)

Reasons for being out of primary medical care	In Care Respondents Who Were Out of Care n=44	
	number	percent
I was using drugs or alcohol.	15	34.1%
I was afraid of being identified as HIV-positive.	13	29.5%
I was too embarrassed or ashamed to go.	10	22.7%
I knew where to go but I did not want to go there.	9	20.5%
I had heard bad things about the medications and their side effects.	9	20.5%
I was not ready to deal with my HIV status.	9	20.5%
I did not have medical insurance and could not afford care.	8	18.2%
I was homeless.	7	15.9%
The wait was too long at the clinic/office/hospital.	6	13.6%
I was having a bad reaction from my medications and did not want to continue taking them.	6	13.6%
I did not have transportation.	5	11.4%
I did not want any bad news about my health.	5	11.4%
I did not know where to go to get care.	5	11.4%
I did not know that I would be eligible for free care.	4	9.1%
I was scared of immigration or other legal issues.	4	9.1%
There was not a medical facility near where I lived.	4	9.1%
I had to care for my children and/or someone else.	4	9.1%
I had to work and could not ask for time off.	4	9.1%
I did not like, trust, or believe in doctors.	3	6.8%
I was in jail or prison and did not want to ask for care.	3	6.8%
I had mental health problems.	3	6.8%
I did not think that it would help	2	4.5%
The doctor/staff did not speak my language.	1	2.3%
The doctors were cold or intimidating.	1	2.3%
I preferred to use Santeria or Voodoo.	1	2.3%
Wanted to give up.	1	2.3%
Was outside of the USA.	1	2.3%
Was not sick yet.	1	2.3%
I could not get an appointment.	0	0.0%

The table to the right summarizes the number of reasons respondents identified for being out of primary medical care. 70.5% selected more than one reason, suggesting that PLWHA who are out of care may need to overcome multiple problems in order to get into and stay in care.

Number of Selected Reasons for being Out of Care

Number of Reasons Selected	In Care Respondents Who Were Out of Care	
	number	percent
1	10	22.7%
2 to 4	20	45.5%
5 to 8	11	25.0%
No Response	3	6.8%
Total	44	100.0%

The forty-four in care respondents who were out of care for more than 12 months within the past five years were asked what services, other than medical care and medications, they needed to get into primary medical care. The three most frequently identified services included financial assistance (direct emergency assistance), housing and food. The table to the right displays all responses to this question.

Survey Question 33. While you were out of primary medical care, what services, other than medical care and medications, did you need to get into primary medical care? (check all that apply)

Services Needed When Out of Care	In Care Respondents Who Were Out of Care n=44	
	number	percent
Financial Assistance	24	54.5%
Housing	23	52.3%
Food	22	50.0%
Dental Care	18	40.9%
Substance Abuse Treatment	16	36.4%
Transportation	15	34.1%
Case Management	13	29.5%
Mental Health	9	20.5%
Legal Services	4	9.1%

The table below displays the number of services that the respondents identified. Most respondents (68.1%) said they needed more than one service to get back into care.

Number of Selected Services Needed	In Care Respondents Who Were Out of Care	
	number	percent
1	6	13.6%
2 to 4	17	38.6%
More than 4	13	29.5%
No Response	8	18.2%
Total	44	100.0%

The 44 respondents, who are currently in care but had been out of care for more than 12 months over the past five years, were asked to identify the reasons for returning to primary medical care. The most frequently identified reasons were:

- I got sick and knew I needed care.
- I was ready to deal with my illness.
- A family member or friend helped get me into care.

The table below summarizes all the responses to this question.

Survey Question 34. What are the reasons that caused you to return to primary medical care? (check any or all that apply)

Reasons for Returning to Care	In Care Respondents Who Were Out of Care n=44	
	number	percent
I got sick and knew I needed care.	26	59.1%
I was ready to deal with my illness.	13	29.5%
A family member or friend helped me get into care.	9	20.5%
Someone else with HIV/AIDS reached out to me.	7	15.9%
I found a doctor or medical facility I liked.	5	11.4%
I was able to deal with other problems in my life that were keeping me out of care.	5	11.4%
An outreach worker finds me and helped me get into care.	4	9.1%
I got a referral to get into care.	4	9.1%
I got out of jail or prison.	4	9.1%
Returned to USA/relocated to Florida	3	6.8%
I found a doctor or medical facility that ensured my confidentiality	2	4.5%
I found a doctor or clinic where I did not have to wait very long in the waiting room.	2	4.5%
Dealt with employment/insurance issues	2	4.5%
I found a doctor or clinic that was culturally sensitive and spoke my language.	1	2.3%
Someone who had been involved in my care followed up, and got me to return to care.	0	0.0%
I found a medical facility that had evening or weekend hours.	0	0.0%

Slightly more than half of the respondents selected more than one reason that they returned to care. The results in the table below suggest that PLWHA returning to care is a complex process. The table below contains all of the responses.

Number of Selected Reasons Respondents Returned to Care	In Care Respondents Who Were Out of Care	
	number	percent
1	16	36.4%
2 to 4	22	50.0%
5 to 8	3	6.8%
No Response	3	6.8%
Total	44	100.0%

When respondents were asked if someone had been involved in their care or if an outreach worker helped get them back into care, 41% (18 of the 44) responded in the affirmative and cited the following source of assistance:

- Comprehensive AIDS Program (9)
- Family and friends (3)
- Jay's Ministries (2)
- CARE Council (1)
- Legal Aid of Palm Beach County (1)
- Health Department (1)
- Regeneration Center (1)

Some focus group participants stated they were first diagnosed and/or had originally entered care in the following locations:

- Jail/prison
- Substance abuse treatment center
- Emergency room

4. PLWHA WHO ARE OUT OF CARE

Per HRSA's definition, PLWHA have not received primary medical care and are "out of care" if they have not had at least one of the following during the last 12 months:

- viral load count
- CD4 lab work
- antiretroviral therapy within the last 12 months

The following table summarizes the demographic characteristics of the 148 respondents who were not in care.

Demographics Characteristics of Respondents Out of Primary Medical Care n=148

Race/Ethnicity	number	percent
Black	114	77%
White	26	18%
Hispanic	7	5%
Skipped Question	1	1%
Total	148	100%
Gender	**number**	**percent**
Male	67	45%
Female	81	55%
Transgender	0	0%
Total	148	100%
Age	**number**	**percent**
0-24	15	10%
25-29	18	12%
30-39	40	27%
40-44	31	21%
45-49	13	9%
50-59	26	18%
60+	4	3%
Skipped Question	1	1%
Total	148	100%
Special Populations	**number**	**percent**
MSM	23	16%
IDU	17	11%
Haitian	26	18%
WCBA	58	39%
Heterosexual	111	75%
Geographic Location	**number**	**percent**
East County	114	77%
West County	34	23%
Total	148	100%

Respondents were asked what best describes their situation regarding being out of care. Of the 148 out of care respondents, 35.1% (52) had never been in care, 37.2% (55) had been receiving care, but had stopped more than 12 months ago, and 21.6% (32) said they were recently diagnosed and had not entered primary care.

Question 23. What best describes your situation?

Out of Care Situation	Out of Care Respondents n=148	
	number	percent
I have recently been diagnosed with HIV, and have not entered primary care.	32	21.6%
I had been receiving medical care for HIV, but I stopped more than 12 months ago.	55	37.2%
Never been in care	52	35.1%
No Response	9	6.1%
Total	148	100.0%

When asked about the reasons for not being in care, the six most frequent responses were:

- "I am afraid of being identified as HIV positive." 39.9% (59)
- "I am too embarrassed or ashamed to go." 36.5% (54)
- "I know where to go, but I do not want to go there." 36.5% (54)
- "I do not have medical insurance and couldn't afford care." 34.5% (51)
- "I have heard bad things about the medications and their side effects." 34.5% (51)
- "I am not ready to deal with my HIV status." 31.8% (47)

As summarized in the following table, all but 11 (88.5%, 137) identified more than one reason for being out of care.

Number of Selected Reasons	All Out Care Respondents	
	number	percent
1	11	7.4%
2 to 4	73	49.3%
5 to 8	40	27.0%
More than 8	14	9.5%
No Response	10	6.8%
Total	148	100.0%

The following table summarizes all the responses to this question.

Survey Question 24. What are the reasons that you are not in primary medical care? (check all that apply)

Out of Care Reasons	Out of Care Respondents n=148	
	number	percent
I am afraid of being identified as HIV-positive.	59	39.9%
I am too embarrassed or ashamed to go.	54	36.5%
I know where to go but I do not want to go there.	54	36.5%
I do not have medical insurance and can not afford care.	51	34.5%
I have heard bad things about the medications and their side effects.	51	34.5%
I am not ready to deal with my HIV status.	47	31.8%
I am using drugs or alcohol.	42	28.4%
I do not have transportation.	39	26.4%
I am homeless.	28	18.9%
The wait is too long at the clinic/office/hospital.	28	18.9%
I do not want any bad news about my health.	26	17.6%
I do not know that I am eligible for free care.	24	16.2%
I do not think that it would help	20	13.5%
I do not like, trust, or believe in doctors.	19	12.8%
I do not know where to go to get care.	17	11.5%
I am scared of immigration or other legal issues.	15	10.1%
The doctor/staff do not speak my language.	9	6.1%
The doctors are cold or intimidating.	9	6.1%
I am in jail or prison and do not want to ask for care.	7	4.7%
There is not a medical facility near where I live.	7	4.7%
I have mental health problems.	7	4.7%
I have to care for my children.	7	4.7%
I prefer to use Santeria or Voodoo.	6	4.1%
I am having a bad reaction from my medications and do not want to continue taking them.	6	4.1%
I have to work and can not ask for time off.	5	3.4%
I cannot get an appointment.	2	1.4%
Health is good, not sick yet.	2	1.4%
Have to apply for Healthcare District.	2	1.4%
I have a family emergency/someone else needs me.	1	0.7%
Just tested positive, not in care yet.	1	0.7%
The medication will remind me that I am sick.	1	0.7%

When asked to "check all that apply" regarding why PLWHA were not in care, service providers and respondents not in care cited a wide range of reasons. Overall, providers cited each reason at a higher rate than PLWHA. As shown in the following table, providers and PLWHA alike frequently identified the following reasons:

- Afraid of being identified as HIV-positive.
- Do not have medical insurance, cannot afford care.
- Heard bad things about medications and the side effects.
- Not ready to deal with HIV status.

Survey Question. What are the reasons that you/PLWHA are not in primary medical care? (check all that apply)

Out of Care Reasons	Out of Care Respondents n=148		Provider Respondents n=18	
	number	percent	number	percent
Afraid of being identified as HIV-positive.	59	39.9%	12	66.7%
Too embarrassed or ashamed to go.	54	36.5%	9	50.0%
Know where to go, but do not want to go there.	54	36.5%	8	44.4%
Do not have medical insurance and cannot afford care.	51	34.5%	11	61.1%
Heard bad things about the medications and their side effects.	51	34.5%	11	61.1%
Not ready to deal with HIV status.	47	31.8%	13	72.2%
Using drugs or alcohol.	42	28.4%	11	61.1%
Do not have transportation.	39	26.4%	11	61.1%
Homeless.	28	18.9%	8	44.4%
The wait is too long at the clinic/office/hospital.	28	18.9%	8	44.4%
Do not want any bad news about health.	26	17.6%	7	38.9%
Do not know that if eligible for free care.	24	16.2%	9	50.0%
Do not think that it would help.	20	13.5%	3	16.7%
Do not like, trust, or believe in doctors.	19	12.8%	9	50.0%
Do not know where to go to get care.	17	11.5%	9	50.0%
Scared of immigration or other legal issues.	15	10.1%	10	55.6%
The doctor/staff do not speak my/their language.	9	6.1%	7	38.9%
The doctors are cold or intimidating.	9	6.1%	5	27.8%
In jail or prison and do not want to ask for care.	7	4.7%	6	33.3%
There is not a medical facility near where I/they live.	7	4.7%	2	11.1%
Have mental health problems.	7	4.7%	11	61.1%
Have to care for my/their children.	7	4.7%	8	44.4%
Prefer to use Santeria or Voodoo.	6	4.1%	4	22.2%
Having a bad reaction from the medications and do not want to continue taking them.	6	4.1%	7	38.9%
Have to work and can not ask for time off.	5	3.4%	6	33.3%
Cannot get an appointment.	2	1.4%	3	16.7%
Health is good, not sick yet.	2	1.4%	0	0.0%
Have to apply for Healthcare District.	2	1.4%	0	0.0%
Have a family emergency/someone else needs me/them.	1	0.7%	5	27.8%
Just tested positive, not in care yet.	1	0.7%	0	0.0%
The medication will remind me/them that I/they am/are sick.	1	0.7%	0	0.0%
Not a priority	0	0.0%	1	5.6%
Other pressing, personal issues such as housing, financial distress, lack of food, etc.	0	0.0%	1	5.6%

Note: Data in black cells represent the seven reasons most frequently mentioned by out of care respondents and providers.

Provider respondents selected the following reasons for not being in medical care at higher rates than the PLWHA respondents did:

Reasons for not being in medical care	PLWHA Respondents n=252		Provider Respondents n=18	
	number	percent	number	percent
Using drugs and alcohol.	42	28.4%	11	61.1%
Have mental health problems.	7	4.7%	11	61.1%
Do not have transportation	39	26.4%	11	61.1%

When the respondents who are not in primary medical care were asked what services, other than medical care and medication, they need to get into primary medical care the three most frequently chosen responses were financial assistance, food and housing. The table to the right displays all responses to this question.

Survey Question 26. What services, other than medical care and medications, do you need to get into primary medical care? (check all that apply)

Services Needed for Out of Care Respondents	Out of Care Respondents n=148	
	number	percent
Financial Assistance	82	55.4%
Food	80	54.1%
Housing	78	52.7%
Case Management	76	51.4%
Transportation	73	49.3%
Dental Care	54	36.5%
Substance Abuse Treatment	45	30.4%
Legal Services	36	24.3%
Mental Health	28	18.9%

The table to the right summarizes the number of supportive services needed by out of care respondents. For example, 11.5% (17) said they needed only one service. Of all out of care respondents, 134 (90.1%) said they needed at least one service to get into care and 117 (79%) said they needed more than one.

Number of Selected Services Needed	All Out Care Respondents	
	number	percent
1	17	11.5%
2 to 4	60	40.5%
More than 4	57	38.5%
No Response	14	9.5%
Total	148	100.0%

Providers were asked the same question regarding the services, other than medical care and medications, which out of care PLWHA needed to get into primary medical care. The percentages were somewhat similar with a few notable exceptions.

Provider respondents indicated much more frequently than PLWHA that mental health services were needed, 66.7% and 18.9%, respectively. Likewise, providers indicated more frequently than PLWHA that substance abuse treatment was needed, 55.6% and 30.4%, respectively. The table below displays all the responses this question.

Survey Question. What services, other than medical care and medications, do you/PLWHA need to get into primary medical care? (check all that apply)

Services Needed for Out of Care Repsondents/PLWHA	Out of Care Respondents n=148		Provider Respondents n=18	
	number	percent	number	percent
Financial Assistance	82	55.4%	10	55.6%
Food	80	54.1%	8	44.4%
Housing	78	52.7%	11	61.1%
Case Management	76	51.4%	10	55.6%
Transportation	73	49.3%	10	55.6%
Dental Care	54	36.5%	7	38.9%
Substance Abuse Treatment	45	30.4%	10	55.6%
Legal Services	36	24.3%	7	38.9%
Mental Health	28	18.9%	12	66.7%
Home Health Care	0	0.0%	1	5.6%

Note: Data in black cells represent the services most frequently mentioned by out of care respondents and providers.

Respondents who are out of care were asked what would be some reasons they would enter primary medical care. The most frequently cited reasons were:

- "When I get sick and know I need care." 64.9% (96)
- "When I am ready to deal with my illness." 33.8% (50)
- "Someone else with HIV/AIDS reaches out to me." 30.4% (45)

The following table summarizes all responses to this question.

Survey Question 27. What would be some reasons you enter primary medical care? (check all that apply)

Reasons to Enter Primary Medical Care	Out of Care Respondents n=148	
	number	percent
I get sick and know I need care.	96	64.9%
I am ready to deal with my illness.	50	33.8%
Someone else with HIV/AIDS reaches out to me.	45	30.4%
I find a doctor or medical facility that ensures my confidentiality.	38	25.7%
I find a doctor or medical facility I like.	31	20.9%
I am able to deal with other problems in my life that are keeping me out of care.	30	20.3%
I find a doctor or clinic where I do not have to wait very long in the waiting room.	23	15.5%
A family member or friend helps me get into care.	22	14.9%
An outreach worker finds me and helps me get into care.	21	14.2%
I find a doctor or clinic that is culturally sensitive and speaks my language.	14	9.5%
Someone who has been involved in my care follows up, and gets me to return to care.	14	9.5%
I get a referral to get into care.	12	8.1%
I find a medical facility that has evening or weekend hours.	7	4.7%
I get out of jail or prison.	3	2.0%

More than two-thirds (67%, 99) of respondents not in care identified more than one reason that they would enter care. The table below summarizes the number of reasons cited by out of care respondents.

Number of Selected Reasons to Enter Primary Medical Care	All Out Care Respondents	
	number	percent
1	36	24.3%
2 to 4	76	51.4%
5 to 8	17	11.5%
More than 8	6	4.1%
No Response	13	8.8%
Total	148	100.0%

Provider respondents were asked to identify the reasons that would prompt PLWHA to enter primary medical care. Providers and PLWHA alike most frequently cited the following two reasons:

- "Get sick and know they need care."
- "Ready to deal with illness."

Providers were more likely than PLWHA to attribute entering primary care to the potential influence of an outreach worker, a referral, or a culturally sensitive health care provider. The following table summarizes all responses to this question by out of care respondents and providers.

Survey Question. What would be some reasons you/PLWHA enter primary medical care? (check all that apply)

Reasons to Enter Primary Medical Care	Out of Care Respondents n=148		Provider Respondents n=18	
	number	percent	number	percent
Get sick and know I/they need care.	96	64.9%	13	72.2%
Ready to deal with illness.	50	33.8%	12	66.7%
Someone else with HIV/AIDS reaches out to me/them.	45	30.4%	9	50.0%
Find a doctor or medical facility that ensures confidentiality.	38	25.7%	8	44.4%
Find a doctor or medical facility I/they like.	31	20.9%	9	50.0%
Able to deal with other problems in my life that are keeping me/them out of care.	30	20.3%	10	55.6%
Find a doctor or clinic where I/they do not have to wait very long in the waiting room.	23	15.5%	9	50.0%
A family member or friend helps me/them get into care.	22	14.9%	10	55.6%
An outreach worker finds me/them and helps me/them get into care.	21	14.2%	11	61.1%
Find a doctor or clinic that is culturally sensitive and speaks my/their language.	14	9.5%	11	61.1%
Someone who has been involved in my/their care follows up, and gets me/them to return to care.	14	9.5%	10	55.6%
Get a referral to get into care.	12	8.1%	10	55.6%
Find a medical facility that has evening or weekend hours.	7	4.7%	10	55.6%
Get out of jail or prison.	3	2.0%	8	44.4%
Establish rapport with provider and feel provider really cares about them.	0	0.0%	1	5.6%
Receive education in the importance of HIV care, along with referral and follow-up.	0	0.0%	1	5.6%

Note: Data in black cells represent the reasons most frequently mentioned by out of care respondents and providers.

5. Comparison of PLWHA who are In Care with PLWHA who are Out of Care

The data in this section highlight some of the socioeconomic differences between survey respondents who are in care and respondents who are out of care.

Overall, out of care respondents reported a lower level of educational achievement than in care respondents.

Survey Question 10. What is the highest level of education that you have completed? (check only one)

Level of Education	All Respondents N=400		In Care Respondents n=252		Out of Care Respondents n=148	
	number	percent	number	percent	number	percent
Less than high school graduation	104	26.0%	58	23.0%	46	31.1%
High school graduation	101	25.3%	58	23.0%	43	29.1%
Eighth grade or less	58	14.5%	33	13.1%	25	16.9%
GED (high school equivalency)	41	10.3%	26	10.3%	15	10.1%
Some college	33	8.3%	27	10.7%	6	4.1%
College graduate	29	7.3%	26	10.3%	3	2.0%
No formal schooling	22	5.5%	12	4.8%	10	6.8%
Technical/trade school	6	1.5%	6	2.4%	0	0.0%
No response	6	1.5%	6	2.4%	0	0.0%
Total	400	100.0%	252	100.0%	148	100.0%

Respondents who are in care were more likely to report being "on disability" than respondents who are out of care. Similar percentages of both the in care and out of care respondents are employed, 35.4% and 34.5%, respectively. A higher percentage of respondents who are out of care indicated that they were not employed, 50%, compared to 34.5% of the in care respondents.

Survey Question 11. What is your current situation regarding employment, education and job training? (check all that apply)

Employment, Education, Job Training Status	All Respondents N=400		In Care Respondents n=252		Out of Care Respondents n=148	
	number	percent	number	percent	number	percent
Not employed	161	40.3%	87	34.5%	74	50.0%
On disability	126	31.5%	96	38.1%	30	20.3%
Work less than 40 hours/week	80	20.0%	47	18.7%	33	22.3%
Work 40+ hours/week	60	15.0%	42	16.7%	18	12.2%
Part-time student	6	1.5%	5	2.0%	1	0.7%
Attending job training	3	0.8%	2	0.8%	1	0.7%
Full-time student	2	0.5%	2	0.8%	0	0.0%
On temporary medical or administrative leave	2	0.5%	0	0.0%	2	1.4%
Retired	1	0.3%	0	0.0%	1	0.7%

When the respondents were asked where they currently reside, out of care respondents indicated that they were homeless at a much higher rate than the in care respondents, 17.6% and 1.6% respectively. Of the 30 respondents who said they are homeless, 4 (13.3%) said they were in care and 26 (86.7%) were out of care. In addition, the out of care respondents indicated that they are "staying/living with family or friends" at a higher percentage than the in care respondents, 31.1% and 18.3%, respectively. The table below displays all of the responses to this question.

Survey Question 12. Where do you currently reside? (check only one)

Housing Type	All Respondents N=400		In Care Respondents n=252		Out of Care Respondents n=148	
	number	percent	number	percent	number	percent
Rented house, condo, apartment, or trailer	155	38.8%	111	44.0%	44	29.7%
Staying/living with family or friends	92	23.0%	46	18.3%	46	31.1%
My own house, condo, apartment, or trailer	76	19.0%	58	23.0%	18	12.2%
Homeless	30	7.5%	4	1.6%	26	17.6%
Transitional or temporary housing	16	4.0%	15	6.0%	1	0.7%
Shelter/Welfare boarding house	9	2.3%	1	0.4%	8	5.4%
Residential treatment program (for drugs and/or alcohol)	8	2.0%	6	2.4%	2	1.4%
Motel/hotel	8	2.0%	6	2.4%	2	1.4%
Group home	5	1.3%	5	2.0%	0	0.0%
No Response	1	0.3%	0	0.0%	1	0.7%
Total	400	100.0%	252	100.0%	148	100.0%

Respondents' 2006 annual household size and income were compared to Federal Poverty Levels (FPL). As shown in the table to the right, a higher percentage of the out of care respondents were living at or below 100% of the FPL than the in care respondents, 85.1% and 66.3%, respectively.

Federal Poverty Level	All Respondents N=400		In Care Respondents n=252		Out of Care Respondents n=148	
	number	percent	number	percent	number	percent
Below 100%	293	73.3%	167	66.3%	126	85.1%
101% - 150%	39	9.8%	33	13.1%	6	4.1%
151% - 200%	30	7.5%	22	8.7%	8	5.4%
201% - 250%	7	1.8%	3	1.2%	4	2.7%
251% - 300%	4	1.0%	4	1.6%	0	0.0%
Over 300%	17	4.3%	16	6.3%	1	0.7%
No response	10	2.5%	7	2.8%	3	2.0%
Total	400	100.0%	252	100.0%	148	100.0%

Respondents were asked if, during the past 12 months, they traded sex for money or drugs. 33.8% of the respondents who are out of care indicated that they had traded sex for money or drugs compared to only 9.5% of the respondents who are in care.

Traded Sex for Money or Drugs	All Respondents N=400		In Care Respondents n=252		Out of Care Respondents n=148	
	number	percent	number	percent	number	percent
Yes	74	18.5%	24	9.5%	50	33.8%
No response	326	81.5%	228	90.5%	98	66.2%
Total	400	100.0%	252	100.0%	148	100.0%

6. Prioritization of Service Categories

Respondents who are in care were asked to prioritize the following service categories by identifying the seven services most important to them. The following responses suggest that respondents thought support and social services were more important than medical services. The seven most frequently selected service categories include the following:

- Case Management (71.8%, 181)
- Housing (64.3%, 162)
- Food Bank (59.9%, 151)
- Dental Care (53.2%, 134)
- Transportation (47.6%, 120)
- Counseling Other (34.9%, 88)
- HIV Prevention (34.9%, 88)

The table to the right summarizes all responses to this question.

> Case management functions as the EMA's single point of entry, providing primary access to the EMA's continuum of care. Clients' initial eligibility must be determined by case managers, necessitating high utilization and prioritization of case management services. Once eligibility is established, case managers assist clients in navigating the continuum of care, or clients may choose to access some services (e.g. primary medical care) independently.

Survey Question 58. If we have limited funding, what are the seven (7) most important services to you.

Service Category	Prioritization by In Care Respondents n=252	
	number	percent
Case Management	181	71.8%
Housing	162	64.3%
Food Bank/Home Delivered Meals	151	59.9%
Dental Care Services	134	53.2%
Transportation	120	47.6%
Counseling Other	88	34.9%
HIV Prevention	88	34.9%
Laboratory Diagnostic Testing	79	31.3%
Health Insurance Continuation	55	21.8%
Mental Health	55	21.8%
Direct Emergency Assistance	53	21.0%
Drug Reimbursement	52	20.6%
Legal Services/Permanency	50	19.8%
Ambulatory/Primary Outpatient Medical Care	48	19.0%
Buddy Companion	41	16.3%
Outreach	40	15.9%
Home Health Care Services	33	13.1%
Clinical Trials	32	12.7%
Specialty Outpatient Medical Services	29	11.5%
Substance Abuse Outpatient	28	11.1%
Complementary Therapies	26	10.3%
Substance Abuse Residential	22	8.7%
Translation	22	8.7%
Peer Advocacy	20	7.9%
Hospice	17	6.7%
Treatment Adherence	17	6.7%
Inpatient Hospital Coordination	15	6.0%
Day and Respite Care	14	5.6%
Vocational Rehabilitation	12	4.8%
Nurse Care Coordination	11	4.4%

Providers and PLWHA identified case management and housing were the most highly prioritized service categories. Other than those two categories, providers said that medical services were more important than support or social services while PLWHA food and dental care were more important than medical care.

Another difference between providers and PLWHA is that 38.9% of providers identified substance abuse residential treatment as a priority while only 8.7% of PLWH/A did so.

The table to the right summarizes the prioritization of services by respondents in care and providers. The most frequently prioritized services are highlighted for emphasis.

Survey Question. If we have limited funding, what are the seven (7) most important services to you.

Service Category	PLWHA Prioritization n=252		Provider Prioritization n=18	
	number	percent	number	percent
Ambulatory/Primary Outpatient Medical Care	48	19.0%	8	44.4%
Buddy Companion	41	16.3%	0	0.0%
Case Management	181	71.8%	9	50.0%
Clinical Trials	32	12.7%	1	5.6%
Complementary Therapies	26	10.3%	0	0.0%
Counseling Other	88	34.9%	0	0.0%
Day and Respite Care	14	5.6%	0	0.0%
Dental Care Services	134	53.2%	4	22.2%
Direct Emergency Assistance	53	21.0%	3	16.7%
Drug Reimbursement	52	20.6%	8	44.4%
Food Bank/Home Delivered Meals	151	59.9%	2	11.1%
Health Insurance Continuation	55	21.8%	4	22.2%
HIV Prevention	88	34.9%	5	27.8%
Home Health Care Services	33	13.1%	1	5.6%
Hospice	17	6.7%	1	5.6%
Housing	162	64.3%	9	50.0%
Inpatient Hospital Coordination	15	6.0%	0	0.0%
Laboratory Diagnostic Testing	79	31.3%	8	44.4%
Legal Services/Permanency	50	19.8%	1	5.6%
Mental Health	55	21.8%	5	27.8%
Nurse Care Coordination	11	4.4%	3	16.7%
Outreach	40	15.9%	4	22.2%
Peer Advocacy	20	7.9%	0	0.0%
Specialty Outpatient Medical Services	29	11.5%	5	27.8%
Substance Abuse Outpatient	28	11.1%	1	5.6%
Substance Abuse Residential	22	8.7%	7	38.9%
Translation	22	8.7%	1	5.6%
Transportation	120	47.6%	3	16.7%
Treatment Adherence	17	6.7%	4	22.2%
Vocational Rehabilitation	12	4.8%	1	5.6%

Note: Data in black cells represent the services most frequently mentioned by providers and in care respondents.

7. Service Utilization, Gaps, and Barriers

Survey respondents in care were asked to describe their level of utilization of the thirty service categories prioritized by the planning council. The 252 respondents in care described their utilization of each survey categories as one of the following:

- "need and use" if they utilize the service
- "do not need" if they do not utilize the service
- "need, can't get" to show possible gaps in services
- "can get, won't use" to show barriers in service utilization

Utilization: "Need and Use"

The five most frequently utilized, "need and use", services for all respondents were:

- Case Management 74.6% (188)
- Laboratory/Diagnostic Testing 71.0% (179)
- Dental Care 57.5% (145)
- Ambulatory Primary Outpatient Medical Care 56.3% (142)
- HIV Prevention 51.6% (130)

Gaps: "Need, Can't Get"

The five services most frequently described as "need, can't get", suggesting gaps in services were:

- Housing 33.7% (85)
- Direct Emergency Assistance 32.5% (82)
- Food 32.1% (81)
- Complementary Therapies 27.4% (69)
- Drug Reimbursement (prescriptions) 26.6% (67)

In the Out of Care section of this report, data from respondents who are out of care suggests similar service gaps. When asked what supportive services the respondents who are out of care need in order to enter primary medical care, the most frequently named services included financial services (direct emergency assistance), housing, and food.

Barriers: "Can Get, Won't Use"

Overall, there was a very low number of respondents who said they "can get, won't use" the services, which suggests there may be few barriers to services. The five services most frequently selected by respondents as "can get, won't use", were:

- Clinical Trials 8.7% (22)
- Peer Advocacy 6.7% (17)
- Specialty Outpatient Medical Services 6.7% (17)
- Substance Abuse Treatment-Residential 6.0% (15)
- Complementary Therapies 5.6% (14)
- Day Respite Care 4.8% (12)
- Nurse Care Coordination 4.8% (12)
- Outreach 4.8% (12)
- Substance Abuse Treatment-Outpatient 4.8% (12)

- Translation 4.8% (12)

The following table summarizes all responses regarding utilization, gaps, and barriers with the top five ranked services highlighted for emphasis.

Questions 59-88. Please check off how the following services apply to you:
Need and Use, Do not Need, Need/Can't Get, Can Get/Won't Use

Service Category	Utilization (Need and Use) n=252			Gaps (Need, Can't Get) n=252			Barriers (Can Get, Won't Use) n=252		
	rank	#	percent	rank	#	percent	rank	#	percent
Ambulatory/Primary Outpatient Medical Care	4	142	56.3%	25	16	6.3%	9	7	2.8%
Buddy Companion	18	70	27.8%	6	63	25.0%	10	6	2.4%
Case Management	1	188	74.6%	21	27	10.7%	9	7	2.8%
Clinical Trials	19	65	25.8%	13	40	15.9%	1	22	8.7%
Complementary Therapies	21	41	16.3%	4	69	27.4%	4	14	5.6%
Counseling Other	7	112	44.4%	11	48	19.0%	8	8	3.2%
Day and Respite Care	20	52	20.6%	10	52	20.6%	5	12	4.8%
Dental Care Services	3	145	57.5%	7	60	23.8%	9	7	2.8%
Direct Emergency Assistance	13	89	35.3%	2	82	32.5%	11	5	2.0%
Drug Reimbursement	17	78	31.0%	5	67	26.6%	9	7	2.8%
Food Bank/Home Delivered Meals	10	95	37.7%	3	81	32.1%	9	7	2.8%
Health Insurance Continuation	14	88	34.9%	8	54	21.4%	6	10	4.0%
HIV Prevention	5	130	51.6%	20	28	11.1%	7	9	3.6%
Home Health Care Services	22	40	15.9%	12	41	16.3%	10	6	2.4%
Hospice	27	14	5.6%	18	31	12.3%	7	9	3.6%
Housing	15	84	33.3%	1	85	33.7%	12	4	1.6%
Inpatient Hospital Coordination	22	40	15.9%	17	33	13.1%	9	7	2.8%
Laboratory Diagnostic Testing	2	179	71.0%	22	23	9.1%	10	6	2.4%
Legal Services/Permanency	12	88	34.9%	17	33	13.1%	6	10	4.0%
Mental Health	9	96	38.1%	15	35	13.9%	7	9	3.6%
Nurse Care Coordination	25	33	13.1%	18	31	12.3%	5	12	4.8%
Outreach	11	91	36.1%	14	37	14.7%	5	12	4.8%
Peer Advocacy	16	79	31.3%	16	34	13.5%	2	17	6.7%
Specialty Outpatient Medical Services	8	101	40.1%	19	28	11.1%	2	17	6.7%
Substance Abuse Outpatient	23	39	15.5%	23	21	8.3%	5	12	4.8%
Substance Abuse Residential	24	38	15.1%	24	18	7.1%	3	15	6.0%
Translation	26	31	12.3%	19	29	11.5%	5	12	4.8%
Transportation	6	115	45.6%	9	54	21.4%	12	4	1.6%
Treatment Adherence	12	90	35.7%	14	36	14.3%	11	5	2.0%
Vocational Rehabilitation	22	41	16.3%	7	59	23.4%	7	9	3.6%

8. FINDINGS FROM PROVIDER SURVEYS

Provider Survey 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

Most of the organizations that participated in the Provider Survey report that they are working to address racial, gender, and geographic disparities in health outcomes for PLWHA. Ryan White funded organizations comply with the Cultural Competency and Linguistic Standards of Care implemented in 2003. The following is a list of the providers' responses to Provider Survey Question 10 "How is your organization working to address racial, gender, and geographic disparities health outcomes for PLWHA?"

- Work cooperatively with other private and public organizations, religious groups, and neighborhood leaders who are respectful of the beliefs, values and traditions of the Haitian community.
- Located in highest prevalence areas in the county. Employ a culturally and linguistically diverse staff.
- Staff is multicultural.
- Provide services in county-wide by offering home visits.
- All clients undergo assessment and develop care plans to maximize potential for positive health outcomes. At risk clients are followed closely to assure adherence.
- Follow professional, ethical standards of practices.
- Access to health care is one area needing greater emphasis as it relates to reducing disparities among population groups most at risk. Ethnicity, age, gender, and disability have been identified as major contributing factors in determining the overall health status of our population.
- The PBCHD is committed to providing an integrated, interdisciplinary approach to care and support services. In addition, the PBCHD continues to advocate for and ensure improved health and health care access in disparate populations. The health department has been able to improve the quality, capacity, service capability and coordination of HIV care by:
    - Optimizing HIV care resources;
    - Enhancing linkages among community based and AIDS service organizations;
    - Integrating Medicaid, Health Care District, general revenue, CARE act and other funding streams;
    - Offering comprehensive health care and social support services;
    - Providing one-stop shopping where feasible and
    - Exploring best practices and models from other disciplines that may lead to the development of a plan to eliminate disparities in accessing services for affected subpopulations and underserved communities.

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.

Providers responded to the question "What is the single most important change you would suggest to improve services for individuals or families infected with HIV?" as follows:

Increase in Support Service Capacity & Availability

- Early intervention to improve long-term adherence and identify those gaps early. (1)
- Housing (3)
- Medication and Medical Care (2)
- Case Management (1)
- Health Insurance Coverage (1)
- Medicaid that would be non-interrupted; maybe through a waiver program. (1)
- Stable funding over time in specific service categories to prevent constant changes in client eligibility and required changes based on availability of funds. (3)
- Transportation (1) "We have seen that cab vouchers are a costly solution. They do not ensure that clients will use them to go to their scheduled appointments. Bus passes do not open access to many of our clients if they are too sick/weak or have young children which need to accompany them to the appointments. The most efficient transportation service is provided by case managers. If we could make a change, it would be to fund liability insurance for service providers OR to invest in a van that would be shared by the Ryan White providers. Gas cards have been used successfully in other counties to help with cost of gas for those clients who have a car or access to a car."

Systematic Changes

- Single point of entry (1)

Cultural Sensitivity/Stigma

- Strong stigma among the Haitian community that keeps them from seeking professional help. We need to incorporate the clients' worldviews in the helping process congruent with behavior and expectations normative for a given community and adapted to suit the specific needs of the client. (1)

When providers were asked to, "List three barriers that their organization has faced when providing care to people living with HIV/AIDS," they responded as follows:

Systematic Issues

- HUD regulations and cost to maintain compliance
- Fixed hours
- Limited parking
- Lack of referrals from other agencies
- Coordination of care (planning, integrating, implementing)
- Location
- Limited daytime hours for ADAP clinic
- Lack of alcohol and drug referrals

Service Capacity & Availability
- Housing (7)
- Transportation (3) "Clients do not like the current systems which are difficult to navigate and may include long wait periods and possibly not showing up for scheduled pick-up."
- Dental
- Locating clients
- Clients' refusal to apply/follow through with required documentation
- Accessibility to Medicaid and HCD denial letters
- Insurance coverage: This is to include insurance issues (insurance authorization to treat), inpatient procedures, and income level for insurances targeting indigent is too low.

Legal Issues
- Immigration status

Cultural Sensitivity
- Level of stress related to acculturation
- Language

Education
- Level of education

Treatment Adherence
- Poor compliance with treatment (3)

Familial Issues
- Lack of family support
- Non-compliance with caregivers

Substance Use
- Drug and alcohol problems (3)

Confidentiality
- Confidentiality- laws made to protect the client are getting in the way of providing services.

Funding
- Funding cuts and shifts (4)

Mental Health
- Services for client with co-occurring psychiatric disorders

Sixty-one percent (11) of the organizations responded in the affirmative when asked "Does your agency have any HIV-specific verbal agreements, commitment letters, letters of collaboration, binding agreements, or signed Memoranda of Understanding (MOUs) with other agencies in the area?" The majority of the providers have MOUs with the organizations that function as the point of entry into care (i.e. case management). The following are the responses and frequencies from the providers regarding how the CARE Council could help the agencies better coordinate services with other providers in the area:

Training and Meeting Facilitation (12)
- Training in working with people from other cultures

- Training to learn other languages
- Training to gain additional experience/knowledge about providing HIV care, such as antiretroviral treatments, dealing with opportunistic infections, and monitoring and explaining a patient's health status
- Training on how to better advocate for clients/patients.
- Opportunities for networking among providers to share information and HIV/AIDS care and available resources
- Make sure providers like substance abuse, etc. are responsive and can mobilize to meet clients needs
- Coordinate interagency/inter-provider gatherings to discuss the importance of referral process
- Create coalition to include care providers to improve community services

Provide Information (2)

- Update Redbook
- Maximize available Title I (Part A) funding through the utilization of supportive facts/finding on local population (numbers, utilized needs).

Increase Planning Council Representation (1)

- Have more Glades representation on the CARE Council

Increase Funding (2)

- Should access more funding from CARE Council (easier access/areas of medication/transportation/respite care)

Improve Access to Services (3)

- Referrals
- Countywide transportation services
- Providing services in a more convenient manner (such as better office hours, quicker appointments, less waiting, in a location that is easier to get to)

A few of the organizations that participated in the Provider Survey responded that they have had to reduce the number of clients served due to funding cuts and/or are not planning to provide additional services and/or expand capacity. Three organizations are planning to provide additional services to PLWHA. The following are the responses describing the areas of expansion:

- Initiated an outreach program. Newly funded by the Part A program.
- Expanding HOPWA services to the western communities of Belle Glade and Pahokee.
- Expanding primary medical care through a new Federally Qualified Healthcare Center (FQHC).
- Planning to expand medical services for women and children and early intervention services.
- Initiated a client advocacy/peer navigation program this year.

B. TRENDS IN SERVICE UTILIZATION, GAPS, AND BARRIERS (2000-2007)

Needs assessments were conducted in 2000, 2003 and 2007. The tables below contain service utilization, gaps, and barrier data from each respective study. In addition to data analyses for each year's needs assessment, analyses were conducted to identify trends from 2000 through 2007. Service categories used to analyze utilization, gaps, and barriers have varied slightly in the three needs assessments. Therefore, some service categories included in past needs assessments were not included and could not be compared with the service categories in the 2007 needs assessment. For example Spiritual/Religious Counseling was a service that was included in past needs assessments, but was removed from the list of services used in the 2007 needs assessment. The list of service categories in the 2007 data collection instruments, include only the services in the current continuum of care that are prioritized and funded by the CARE Council. In some cases, this has resulted in non consecutive ranking in the tables below.

Utilization: "Need and Use"

The following services *remained highly utilized* from 2000 through 2007. The following table lists the services from the highest to lowest rankings of utilization in 2007.

Service Categories that Remained Highly Utilized	2007 (n=252)			2003 (n=400)		2000 (n=271)	
	rank	#	percent	rank	percent	rank	percent
Case Management	1	188	74.6%	1	73.5%	2	68.0%
Laboratory Diagnostic Testing	2	179	71.0%	2	72.0%	1	75.0%
Dental Care Services	3	145	57.5%	5	61.5%	6	58.0%
Ambulatory/Primary Outpatient Medical Care	4	142	56.3%	8	52.8%	3	59.0%

The following services *significantly increased in utilization* from 2000 through 2007. The following table lists the services from the highest to lowest rankings of utilization in 2007.

Service Categories that Significantly Increased in Utilization	2007 (n=252)			2003 (n=400)		2000 (n=271)	
	rank	#	percent	rank	percent	rank	percent
HIV Prevention	5	130	51.6%	6	58.5%	13	43.0%
Transportation	6	115	45.6%	15	44.8%	24	27.0%
Counseling	7	112	44.4%	21	29.8%	27	23.0%
Direct Emergency Assistance	13	89	35.3%	18	36.5%	25	25.0%
Housing	15	84	33.3%	19	33.5%	28	21.0%
Buddy Companion	18	70	27.8%	40	6.3%	32	14.0%
Day and Respite Care	20	52	20.6%	36	9.0%	33	12.0%
Home Health Care Services	22	40	15.9%	42	5.5%	45	6.0%
Vocational Rehabilitation	22	41	16.3%	28	18.0%	41	10.0%

The following services (listed from the highest to lowest rankings of utilization in 2007) *significantly decreased in utilization* from 2000 through 2007.

Service Categories that Significantly Decreased in Utilization	2007 (n=252)			2003 (n=400)		2000 (n=271)	
	rank	#	percent	rank	percent	rank	percent
Food Bank/Home Delivered Meals	10	95	37.7%	15	44.8%	11	43.0%
Drug Reimbursement	17	78	31.0%	7	56.3%	8	53.0%
Hospice	27	14	5.6%	41	5.8%	35	11.0%

The following table summarizes all utilization data from the past three needs assessments. The top five categories for each year are highlighted for emphasis.

Utilization of Service Categories Across the 2007, 2003, 2000 Needs Assessments

Service Category	2007 (n=252)			2003 (n=400)		2000 (n=271)	
	rank	#	percent	rank	percent	rank	percent
Ambulatory/Primary Outpatient Medical Care	4	142	56.3%	8	52.8%	3	59.0%
Buddy Companion	18	70	27.8%	40	6.3%	32	14.0%
Case Management	1	188	74.6%	1	73.5%	2	68.0%
Clinical Trials	19	65	25.8%	30	16.0%	26	24.0%
Counseling	7	112	44.4%	21	29.8%	27	23.0%
Complementary Therapy- Acupuncture	not available			35	9.3%	44	7.0%
Complementary Therapy- Massage	21	41	16.3%	33	13.0%	30	19.0%
Day and Respite Care	20	52	20.6%	36	9.0%	33	12.0%
Dental Care Services	3	145	57.5%	5	61.5%	6	58.0%
Direct Emergency Assistance	13	89	35.3%	18	36.5%	25	25.0%
Drug Reimbursement	17	78	31.0%	7	56.3%	8	53.0%
Food Bank/Home Delivered Meals	10	95	37.7%	15	44.8%	11	43.0%
Health Insurance Continuation	14	88	34.9%	25	22.3%	23	27.0%
HIV Prevention	5	130	51.6%	6	58.5%	13	43.0%
Home Health Care Services	22	40	15.9%	42	5.5%	45	6.0%
Hospice	27	14	5.6%	41	5.8%	35	11.0%
Housing	15	84	33.3%	19	33.5%	28	21.0%
Inpatient Hospital Coordination	22	40	15.9%	n/a	n/a	n/a	n/a
Laboratory Diagnostic Testing	2	179	71.0%	2	72.0%	1	75.0%
Legal Services/Permanency	12	88	34.9%	20	34.3%	17	33.0%
Mental Health	9	96	38.1%	23	27.0%	16	35.0%
Nurse Care Coordination	25	33	13.1%	43	5.0%	n/a	n/a
Outreach	11	91	36.1%	n/a	n/a	n/a	n/a
Peer Advocacy	16	79	31.3%	26	20.3%	22	28.0%
Specialty Outpatient Medical Services	8	101	40.1%	n/a	n/a	n/a	n/a
Substance Abuse Outpatient	23	39	15.5%	24	22.8%	n/a	n/a
Substance Abuse Residential	24	38	15.1%	24	22.8%	n/a	n/a
Translation	26	31	12.3%	29	17.3%	40	10.0%
Transportation	6	115	45.6%	15	44.8%	24	27.0%
Treatment Adherence	12	90	35.7%	n/a	n/a	n/a	n/a
Vocational Rehabilitation	22	41	16.3%	28	18.0%	41	10.0%

Note: Data in black cells represent the services most frequently mentioned.

Service Gaps: "Need, Can't Get"

This section includes data from the 2000, 2003 and 2007 needs assessments regarding services which respondents indicated they "need, can't get". The table below lists the service gaps that *remained fairly consistent* from 2000 through 2007. Services are listed from the highest to lowest rankings of utilization in 2007.

Service Category Gaps that Remained Fairly Consistant	2007 (n=252)			2003 (n=400)		2000 (n=271)	
	rank	#	percent	rank	percent	rank	percent
Housing	1	85	33.7%	1	33.8%	4	31.0%
Direct Emergency Assistance	2	82	32.5%	5	26.3%	2	34.0%
Complementary Therapy	4	69	27.4%	8	22.0%	6	29.0%
Dental Care Services	7	60	23.8%	9	20.0%	12	19.0%
Health Insurance Continuation	8	54	21.4%	7	23.8%	9	22.0%
Transportation	9	54	21.4%	17	13.5%	10	21.0%
Clinical Trials	13	40	15.9%	13	16.5%	16	12.0%
Mental Health	15	35	13.9%	23	10.8%	19	9.0%
Peer Advocacy	16	34	13.5%	15	14.8%	13	17.0%
Case Management	21	27	10.7%	24	10.0%	19	9.0%
Ambulatory/Primary Outpatient Medical Care	25	16	6.3%	26	9.5%	21	6.0%

The following table displays the services gaps that *significantly increased* from 2000 through 2007. Services are listed from the highest to lowest rankings of utilization in 2007.

Service Category Gaps that Significantly Increased	2007 (n=252)			2003 (n=400)		2000 (n=271)	
	rank	#	percent	rank	percent	rank	percent
Food Bank/Home Delivered Meals	3	81	32.1%	3	27.0%	12	19.0%
Drug Reimbursement	5	67	26.6%	20	11.5%	17	11.0%
Buddy Companion	6	63	25.0%	13	16.5%	18	10.0%
Day and Respite Care	10	52	20.6%	22	11.0%	20	8.0%
Counseling	11	48	19.0%	18	12.8%	18	10.0%
Home Health Care Services	12	41	16.3%	29	8.8%	23	4.0%
Hospice	18	31	12.3%	21	11.8%	23	4.0%
Translation	19	29	11.5%	33	6.8%	23	4.0%
Laboratory Diagnostic Testing	22	23	9.1%	31	7.8%	24	2.0%

"Legal Services/Permanency" is the only service category that *significantly decreased* in the percentage of respondents who "need, can't get" that service from 2000 through 2007. The following table displays the percentages of respondents who stated they "need, can't get" legal services from 2000 through 2007.

Service Category Gaps that Significantly Decreased	2007 (n=252)			2003 (n=400)		2000 (n=271)	
	rank	#	percent	rank	percent	rank	percent
Legal Services/Permanency	17	33	13.1%	19	12.3%	11	20.0%

The table below displays all service gap data across the past three needs assessments. The five most highly ranked gaps are highlighted for emphasis.

Gaps by Service Categories across the 2007, 2003, and 2000 Needs Assessments

Service Category	2007 (n=252)			2003 (n=400)		2000 (n=271)	
	rank	#	percent	rank	percent	rank	percent
Ambulatory/Primary Outpatient Medical Care	25	16	6.3%	26	9.5%	21	6.0%
Buddy Companion	6	63	25.0%	13	16.5%	18	10.0%
Case Management	21	27	10.7%	24	10.0%	19	9.0%
Clinical Trials	13	40	15.9%	13	16.5%	16	12.0%
Counseling	11	48	19.0%	18	12.8%	18	10.0%
Complementary Therapy- Acupuncture	not available			16	13.8%	11	20.0%
Complementary Therapy- Massage	4	69	27.4%	8	22.0%	6	29.0%
Day and Respite Care	10	52	20.6%	22	11.0%	20	8.0%
Dental Care Services	7	60	23.8%	9	20.0%	12	19.0%
Direct Emergency Assistance	2	82	32.5%	5	26.3%	2	34.0%
Drug Reimbursement	5	67	26.6%	20	11.5%	17	11.0%
Food Bank/Home Delivered Meals	3	81	32.1%	3	27.0%	12	19.0%
Health Insurance Continuation	8	54	21.4%	7	23.8%	9	22.0%
HIV Prevention	20	28	11.1%	n/a	n/a	22	5.0%
Home Health Care Services	12	41	16.3%	29	8.8%	23	4.0%
Hospice	18	31	12.3%	21	11.8%	23	4.0%
Housing	1	85	33.7%	1	33.8%	4	31.0%
Inpatient Hospital Coordination	17	33	13.1%	n/a	n/a	n/a	n/a
Laboratory Diagnostic Testing	22	23	9.1%	31	7.8%	24	2.0%
Legal Services/Permanency	17	33	13.1%	19	12.3%	11	20.0%
Mental Health	15	35	13.9%	23	10.8%	19	9.0%
Nurse Care Coordination	18	31	12.3%	25	9.8%	n/a	n/a
Outreach	14	37	14.7%	n/a	n/a	n/a	n/a
Peer Advocacy	16	34	13.5%	15	14.8%	13	17.0%
Specialty Outpatient Medical Services	19	28	11.1%	n/a	n/a	n/a	n/a
Substance Abuse Outpatient	23	21	8.3%	28	9.0%	n/a	n/a
Substance Abuse Residential	24	18	7.1%	28	9.0%	n/a	n/a
Translation	19	29	11.5%	33	6.8%	23	4.0%
Transportation	9	54	21.4%	17	13.5%	10	21.0%
Treatment Adherence	14	36	14.3%	n/a	n/a	n/a	n/a
Vocational Rehabilitation	7	59	23.4%	11	17.3%	n/a	n/a

Note: Data in black cells represent the services most frequently mentioned.

Barriers to Services: "Can Get, But Won't Use"

Overall, the percentages of respondents indicating that they "can get, but won't use" particular services has *remained very low and fairly consistent* in the last three needs assessments. The table below displays service barrier data across the past three needs assessments. The five most highly services with barriers are highlighted for emphasis.

Barriers by Service Categories across the 2007, 2003, and 2000 Needs Assessments

Service Category	2007 (n=252)			2003 (n=400)		2000 (n=271)	
	rank	#	percent	rank	percent	rank	percent
Ambulatory/Primary Outpatient Medical Care	9	7	2.8%	18	1.0%	13	1.0%
Buddy Companion	10	6	2.4%	16	1.5%	3	6.0%
Case Management	9	7	2.8%	15	1.8%	9	3.0%
Clinical Trials	1	22	8.7%	11	2.8%	3	6.0%
Counseling	8	8	3.2%	15	1.8%	3	6.0%
Complementary Therapy- Acupuncture	not available			7	4.0%	5	5.0%
Complementary Therapy- Massage	4	14	5.6%	5	5.0%	7	4.0%
Day and Respite Care	5	12	4.8%	19	0.8%	6	4.0%
Dental Care Services	9	7	2.8%	14	2.0%	4	6.0%
Direct Emergency Assistance	11	5	2.0%	17	1.3%	11	3.0%
Drug Reimbursement	9	7	2.8%	10	3.0%	8	4.0%
Food Bank/Home Delivered Meals	9	7	2.8%	16	1.5%	8	4.0%
Health Insurance Continuation	6	10	4.0%	17	1.3%	9	3.0%
HIV Prevention	7	9	3.6%	11	2.8%	7	4.0%
Home Health Care Services	10	6	2.4%	16	1.5%	6	4.0%
Hospice	7	9	3.6%	14	2.0%	10	3.0%
Housing	12	4	1.6%	21	0.3%	12	2.0%
Inpatient Hospital Coordination	9	7	2.8%	n/a	n/a	n/a	n/a
Laboratory Diagnostic Testing	10	6	2.4%	19	0.8%	12	2.0%
Legal Services/Permanency	6	10	4.0%	15	1.8%	10	3.0%
Mental Health	7	9	3.6%	13	2.3%	5	5.0%
Nurse Care Coordination	5	12	4.8%	11	2.8%	n/a	n/a
Outreach	5	12	4.8%	n/a	n/a	n/a	n/a
Peer Advocacy	2	17	6.7%	6	4.3%	10	3.0%
Specialty Outpatient Medical Services	2	17	6.7%	n/a	n/a	n/a	n/a
Substance Abuse Outpatient	5	12	4.8%	9	3.3%	1	7.0%
Substance Abuse Residential	3	15	6.0%	9	3.3%	1	7.0%
Translation	5	12	4.8%	18	1.0%	12	2.0%
Transportation	12	4	1.6%	20	0.5%	13	1.0%
Treatment Adherence	11	5	2.0%	n/a	n/a	n/a	n/a
Vocational Rehabilitation	7	9	3.6%	12	2.5%	7	4.0%

Note: Data in black cells represent the services most frequently mentioned.

C. Highlights Regarding Populations of Special Concern

Previous Part A grant applications have included sections that focused on the following populations of special concern:

- Haitians
- Latin/Hispanics
- Heterosexual black males and females
- Men who have sex with men (MSM)
- Recently released from incarceration
- Women with a history of substances abuse
- Women of child-bearing age (WCBA) (15-44 years)

For this Needs Assessment, focus groups were conducted with PLWHA from each of the populations listed above. Analyses of focus group and survey data regarding these populations are included in this section.

The following section highlights service delivery issues within the populations of special concern. In addition, the PLWHA survey data among the populations of special concern is compared with the aggregated PLWHA survey data.

1. HAITIANS

Findings related to Haitian survey respondents:

- 75 (18.8% of all respondents) indicated they were Haitian.
- 34.7% were out of care and 65.3% were in care.
- 64% were employed.
- 88% indicated they were heterosexual.
- 56% had either no schooling or an education level of 8th grade less.
- 88% were at or below 100% FPL.
- 3% indicated that they traded sex for money or drugs within the past 12 months.
- 3% used street drugs including marijuana, other than injection drugs within the past 12 months.
- 16% had been diagnosed with tuberculosis (TB) within the past 12 months. Of all survey respondents of all ethnicities, 20 (5%) indicated they had been diagnosed with TB; 12 (60% of 20) were of Haitian descent.

The rate of out of care respondents of Haitian descent who have recently been diagnosed with HIV was more than twice the rate of all out of care respondents in the same situation (46.2% compared to 21.6%). In contrast, the rate of out of care respondents of Haitian descent who have never been in care was less than half the rate of all out of care respondents in the same situation (15.4% compared to 35.1%). The following table summarizes a comparison of all responses to this question.

Survey Question 23. What best describes your situation?

Out of Care Situation	All Out of Care Respondents n=148		Haitian Out of Care Respondents n=26	
	number	percent	number	percent
I have recently been diagnosed with HIV, and have not entered primary care.	32	21.6%	12	46.2%
I had been receiving medical care for HIV, but I stopped more than 12 months ago.	55	37.2%	10	38.5%
Never been in care	52	35.1%	4	15.4%
No Response	9	6.1%	0	0.0%
Total	148	100.0%	26	100.0%

The reasons for not being in primary medical care among Haitian out of care respondents differed when compared to the reasons of all out of care respondents. Fear associated with immigration or other legal issues was identified by 34.6% of the respondents of Haitian descent. Not knowing that they are eligible for free care, not wanting any bad news about their health, and preferring to use Voodoo were also significant reasons among the Haitian out of care respondents, with 19.2% identifying each of these reasons.

Survey Question 24. What are the reasons that you are not in primary medical care? (check all that apply)

Out of Care Reasons	All Out of Care Respondents n=148		Haitian Out of Care Respondents n=26	
	number	percent	number	percent
I am afraid of being identified as HIV-positive.	59	39.9%	6	23.1%
I am too embarrassed or ashamed to go.	54	36.5%		
I know where to go but I do not want to go there.	54	36.5%		
I do not have medical insurance and can not afford care.	51	34.5%	14	53.8%
I have heard bad things about the medications and their side effects.	51	34.5%	6	23.1%
I do not want any bad news about my health.			5	19.2%
I do not know that I am eligible for free care.			5	19.2%
I am scared of immigration or other legal issues.			9	34.6%
I prefer to use Santeria or Voodoo.			5	19.2%

Note: The table above only displays data from the most frequently selected statements; the remaining cells are blacked out.

Overall, the services, other than medical care and medication, that Haitian out of care respondents indicated they need to get into primary medical care were very similar to all out of care respondents. Haitian out of care respondents selected legal services at nearly twice the rate of all out of care respondents (42.3% compared to 24.3%). In contrast, the rate of Haitian out of care respondents who selected financial services compared was less than half the rate of all out of care respondents who did so (55.4% compared to 26.9%). The following table summarizes a comparison of all responses to this question.

Survey Question 26. What services, other than medical care and medications, do you need to get into primary medical care? (check all that apply)

Services	All Out of Care Respondents n=148		Haitian Out of Care Respondents n=26	
	number	percent	number	percent
Financial Assistance	82	55.4%	7	26.9%
Food	80	54.1%	8	30.8%
Housing	78	52.7%	8	30.8%
Case Management	76	51.4%	13	50.0%
Transportation	73	49.3%	8	30.8%
Dental Care	54	36.5%	8	30.8%
Legal Services	36	24.3%	11	42.3%

When asked "What would be some reasons you enter primary medical care?" the most frequently cited reason among all out of care respondents was "I get sick and know I need care". The second most frequently cited reason among Haitian out of care respondents was, "I am able to deal with the other problems in my life that are keeping me out of care." The table below summarizes all the responses to this question.

Survey Question 27. What would be some reasons you enter primary medical care? (check all that apply)

Reasons to Enter Primary Medical Care	All Out of Care Respondents n=148		Haitian Out of Care Respondents n=26	
	number	percent	number	percent
I get sick and know I need care.	96	64.9%	15	57.7%
I am ready to deal with my illness.	50	33.8%	4	15.4%
Someone else with HIV/AIDS reaches out to me.	45	30.4%		
I find a doctor or medical facility that ensures my confidentiality	38	25.7%		
I find a doctor or medical facility I like.	31	20.9%		
I am able to deal with other problems in my life that are keeping me out of care.			9	34.6%

Note: The table above only displays data from the most frequently selected statements; the remaining cells are blacked out.

Prioritization of Service Categories

Haitian respondents who are in care, as well as all in care respondents selected case management as the service with the highest priority. Unlike all in care respondents, Haitian in care respondents did not identify transportation among the highest prioritized services. Haitian respondents who are in care selected legal services and drug reimbursement as high priorities. The table below contains the complete responses.

Survey Question 58. If we have limited funding, what are the seven (7) most important services to you.

Service Category Priorities	All In Care Respondents n=252		Haitian In Care Respondents n=49	
	number	percent	number	percent
Case Management	181	71.8%	37	75.5%
Housing	162	64.3%	18	36.7%
Food Bank/Home Delivered Meals	151	59.9%	19	38.8%
Dental Care Services	134	53.2%	24	49.0%
Transportation	120	47.6%		
Counseling	88	34.9%	17	34.7%
HIV Prevention	88	34.9%	23	46.9%
Drug Reimbursement			20	40.8%
Legal Services			17	34.7%

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Case management functions as the EMA's single point of entry, providing primary access to the EMA's continuum of care. Clients' initial eligibility must be determined by case managers, necessitating high utilization and prioritization of case management services. Once eligibility is established, case managers assist clients in navigating the continuum of care, or clients may choose to access some services (e.g. primary medical care) independently.

Service Needs and Utilization

Survey respondents in care were asked to describe their level of utilization of the thirty service categories prioritized by the planning council. The respondents in care described their utilization of each survey categories as one of the following:

- "need and use" if they utilize the service
- "do not need" if they do not utilize the service
- "need, can't get" to show possible gaps in services
- "can get, won't use" to show barriers in service utilization

Utilization: "Need and Use"

The most frequently utilized services among Haitian in care respondents differed from those utilized by all in care respondents. Ambulatory/primary outpatient medical care, HIV prevention, and case management were among the five most frequently utilized services by both groups of respondents. Clinical trials, health insurance continuation, legal services, peer advocacy, and specialty medical services were among the most frequently utilized services among Haitian in care respondents. The following table summarizes all responses to this question.

Survey Questions 59-88. Please check off how the following services apply to you: Need and Use, Do not Need, Need/Can't Get, Can Get/Won't Use

Utilizied Service Categories	All In Care Respondents n=252			Haitian In Care Respondents n=49		
	rank	#	percent	rank	#	percent
Ambulatory/Primary Outpatient Medical Care	4	142	56.3%	1	37	75.5%
Case Management	1	188	74.6%	3	33	67.3%
Clinical Trials				5	31	63.3%
Dental Care Services	3	145	57.5%			
Health Insurance Continuation				5	31	63.3%
HIV Prevention	5	130	51.6%	2	34	69.4%
Laboratory Diagnostic Testing	2	179	71.0%			
Legal Services/Permanency				5	31	63.3%
Peer Advocacy				3	33	67.3%
Specialty Outpatient Medical Services				4	32	65.3%

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Service Gaps: "Need, Can't Get"

Among Haitian respondents who are in care, the most frequently mentioned gaps in services were for drug reimbursement, food, and vocational rehabilitation. Unlike all in care respondents, Haitians in care identified health insurance continuation, treatment adherence, and vocational rehabilitation more frequently as services they need, but can't get.

Survey Questions 59-88. Please check off how the following services apply to you: Need and Use, Do not Need, Need/Can't Get, Can Get/Won't Use

Service Category Gaps	All In Care Respondents n=252			Haitian In Care Respondents n=49		
	rank	#	percent	rank	#	percent
Complementary Therapies	4	69	27.4%	4	10	20.4%
Direct Emergency Assistance	2	83	32.9%	3	11	22.4%
Drug Reimbursement	5	67	26.6%	1	17	34.7%
Food Bank/Home Delivered Meals	3	81	32.1%	1	17	34.7%
Health Insurance Continuation				2	12	24.5%
Housing	1	85	33.7%	4	10	20.4%
Treatment Adherence				4	10	20.4%
Vocational Rehabilitation				1	17	34.7%

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Barriers to Services: "Can Get, but Won't Use"

The most frequently mentioned services that Haitian respondents said they can get, but won't use (i.e. suggesting barriers to services) include nurse care coordination and peer advocacy while the most frequently mentioned barriers by all respondents in care were for clinical trials, peer advocacy, and specialty outpatient services. The following table summarizes all responses to this question:

Survey Questions 59-88. Please check off how the following services apply to you: Need and Use, Do not Need, Need/Can't Get, Can Get/Won't Use

Top Service Category Barriers	All In Care Respondents n=252			Haitian In Care Respondents n=49		
	rank	number	percent	rank	number	percent
Clinical Trials	1	22	8.7%			
Complementary Therapies	4	14	5.6%	2	5	10.2%
Day and Respite Care	5	12	4.8%	2	5	10.2%
Dental Care Services				2	5	10.2%
Hospice				2	5	10.2%
Mental Health				2	5	10.2%
Nurse Care Coordination	5	12	4.8%	1	6	12.2%
Outreach	5	12	4.8%			
Peer Advocacy	2	17	6.7%	1	6	12.2%
Specialty Outpatient Medical Services	2	17	6.7%			
Substance Abuse Outpatient	5	12	4.8%			
Substance Abuse Residential	3	15	6.0%			
Translation	5	12	4.8%			

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Summary of Focus Group

Responses from the focus group comprised of Haitian PLWHA in care were consistent with their responses to the questions in the PLWHA survey. The focus group was convened in Belle Glade - in the western, rural area of the county. The facilitator and the group members spoke in Creole. Excerpts of the discussion were translated into English for analysis.

The recurring themes of the mental and emotional stress, and financial insecurity associated with HIV were described by all of the participants and discussed at length.

Service gaps mentioned during the focus group included the following:

- Transportation
- Housing
- Vocational training
- Health Insurance Continuation
- Financial Assistance

Recommendations

- Increase and improve follow-up with recently diagnosed PLWHA by enhancing coordination between early intervention, counseling and testing and case management providers.
- Increase and improve efforts to educate recently diagnosed PLWHA on the importance of being in care.
- Encourage medical professionals and case managers to appropriately refer recently diagnosed PLWHA to counseling and mental health services.
- Increase access to housing by:
    - Applying for housing grants.
    - Creating a task force of interested agencies to apply for additional funding for housing for PLWHA.
- Increase access and funding to Mental Health Services by:
    - Encouraging the CARE Council and the Priorities and Allocations Committee to increase funding for Mental Health Services.
    - Identifying and remedying the reasons that Part A monies have not been spent down in this service category.
- Increase access to jobs/vocational training by:
    - Identifying and disseminating information regarding resources for small businesses, continuing education, job training, etc.
- Increase access to HIV medications by:
    - Reviewing and considering revision of the eligibility process for clients to access medications.
    - Identifying and remedying the reasons that Part A monies have not been spent down in this service category.

2. LATIN/HISPANICS

Among the 44 Latin/Hispanic survey respondents, 7 were out of care and 37 were in care. Their responses were compared to the aggregated responses of all survey respondents.

Findings related to Latin/Hispanic respondents:

- The most frequently mentioned country of origin was Puerto Rico (43.2%) followed by Mexico (25%) and USA (13.6%). Other countries of origin include Guatemala, El Salvador, Cuba, and Portugal. The table to the right displays all country of origin data.
- 50% are employed.
- 41% are not employed.
- 66% are at or below 100% of the federal poverty level.
- 41% used street drugs, other than injection drugs within the past 12 months.
- 23% traded sex for money or drugs within the past 12 months.
- 10 of the 23 (44%) Gonorrhea cases reported by all respondents were among Latin/Hispanic respondents.
- 7 of the 11 (67%) Chlamydia cases reported by all respondents were among Latin/Hispanic respondents.

Latin/Hispanic Respondents' Country of Origin		
country	number	percent
Puerto Rico	19	43.2%
Mexico	11	25.0%
USA	6	13.6%
Guatemala	2	4.5%
El Salvador	2	4.5%
Cuba	2	4.5%
Portugal	1	2.3%
Unknown	1	2.3%
Total	44	100.0%

When asked, "What best describes your situation?" only one Latin/Hispanic out of care said, "I have recently diagnosed with HIV and have not entered primary care." The following table summarizes the responses of all respondents out of care as well as Latin/Hispanics out of care.

Survey Question 23. What best describes your situation?

Out of Care Situation	All Out of Care Respondents n=148		Latin/Hispanic Out of Care Respondents n=7	
	number	percent	number	percent
I have recently been diagnosed with HIV, and have not entered primary care.	32	21.6%	1	14.3%
I had been receiving medical care for HIV, but I stopped more than 12 months ago.	55	37.2%	3	42.9%
Never been in care	52	35.1%	3	42.9%
No Response	9	6.1%	0	0.0%
Total	148	100.0%	7	100.0%

As shown in the following table, Latin/Hispanics were more likely than all out of care respondents to cite shame, financial and transportation barriers, and medication side effects as reasons for not being in care.

Survey Question 24. What are the reasons that you are not in primary medical care? (check all that apply)

Out of Care Reasons	All Out Care Respondents n=148		Latin/Hispanic Out of Care Respondents n=7	
	number	percent	number	percent
I am afraid of being identified as HIV-positive.	59	39.9%		
I am too embarrassed or ashamed to go.	54	36.5%	4	57.1%
I know where to go but I do not want to go there.	54	36.5%		
I do not have medical insurance and can not afford care.	51	34.5%	5	71.4%
I have heard bad things about the medications and their side effects.	51	34.5%	4	57.1%
I do not have transportation.			4	57.1%

Note: The table above only displays data from the most frequently selected statements; the remaining cells are blacked out.

When asked what services, other than medical services and medication, do they need to get into primary medical care Latin/Hispanic respondents who are out of care most frequently identified financial assistance, food, transportation, and dental care. The table below displays the most frequently selected services by all out of care respondents as well as the Latin/Hispanic respondents.

Survey Question 26. What services, other than medical care and medications, do you need to get into primary medical care? (check all that apply)

Services	All Out Care Respondents n=148		Latin/Hispanic Out of Care Respondents n=7	
	number	percent	number	percent
Financial Assistance	82	55.4%	4	57.1%
Food	80	54.1%	5	71.4%
Housing	78	52.7%		
Case Management	76	51.4%		
Transportation	73	49.3%	4	57.1%
Dental Care			4	57.1%

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Latin/Hispanic respondents who are out of care most frequently select the following reasons they would enter primary medical care:

- I get sick and know I need care.
- I am ready to deal with my illness.
- I find a doctor or medical facility that ensures my confidentiality.
- I find a doctor or clinic that is culturally sensitive and speaks my language.

The table below displays the most frequent responses from all out of care respondents as well as the Latin/Hispanic out of care respondents.

Survey Question 27. What would be some reasons you enter primary medical care? (check all that apply)

Reasons to Enter Primary Medical Care	All Out Care Respondents n=148		Latin/Hispanic Out of Care Respondents n=7	
	number	percent	number	percent
I get sick and know I need care.	96	64.9%	5	71.4%
I am ready to deal with my illness.	50	33.8%	6	85.7%
Someone else with HIV/AIDS reaches out to me.	45	30.4%		
I find a doctor or medical facility that ensures my confidentiality	38	25.7%	4	57.1%
I find a doctor or medical facility I like.	31	20.9%		
I find a doctor or clinic that is culturally sensitive and speaks my language.			4	57.1%

Note: The table above only displays data from the most frequently selected statements; the remaining cells are blacked out.

Prioritization of Service Categories

As summarized in the table to the right, the most highly prioritized services identified by Latin/Hispanic respondents in care were similar as all respondents in care with the exception of Health Insurance Continuation.

Survey Question 58. If we have limited funding, what are the seven (7) most important services to you.

Service Categories Priorities	All In Care Respondents n=252		Latin/Hispanic In Care Respondents n=37	
	number	percent	number	percent
Case Management	181	71.8%	16	43.2%
Housing	162	64.3%	25	67.6%
Food Bank/Home Delivered Meals	151	59.9%	18	48.6%
Dental Care Services	134	53.2%	22	59.5%
Transportation	120	47.6%	23	62.2%
Counseling	88	34.9%		
HIV Prevention	88	34.9%	13	35.1%
Health Insurance Continuation			11	29.7%

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Case management functions as the EMA's single point of entry, providing primary access to the EMA's continuum of care. Clients' initial eligibility must be determined by case managers, necessitating high utilization and prioritization of case management services. Once eligibility is established, case managers assist clients in navigating the continuum of care, or clients may choose to access some services (e.g. primary medical care) independently.

Service Needs and Utilization

Survey respondents in care were asked to describe their level of utilization of the thirty service categories prioritized by the planning council. The respondents in care described their utilization of each survey categories as one of the following:

- "need and use" if they utilize the service
- "do not need" if they do not utilize the service
- "need, can't get" to show possible gaps in services
- "can get, won't use" to show barriers in service utilization

Utilization: "Need and Use"

Among Latin/Hispanic respondents in care, the most frequently utilized services include ambulatory/primary outpatient medical care, case management, counseling other, HIV prevention, laboratory diagnostic testing. The table to the right summarizes the most frequently utilized services by all in care respondents, as well as Latin/Hispanic respondents who are in care.

Survey Questions 59-88. Please check off how the following services apply to you: Need and Use, Do not Need, Need/Can't Get, Can Get/Won't Use

Utilizied (Need and Use) Service Categories	All In Care Respondents n=252			Latin/Hispanic In Care Respondents n=37		
	rank	#	percent	rank	#	percent
Ambulatory/Primary Outpatient Medical Care	4	142	56.3%	2	30	81.1%
Case Management	1	188	74.6%	1	33	89.2%
Counseling Other				4	16	43.2%
Dental Care Services	3	145	57.5%			
HIV Prevention	5	130	51.6%	4	16	43.2%
Laboratory Diagnostic Testing	2	179	71.0%	3	18	48.6%

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Service Gaps: "Need, Can't Get"

Among the Latin/Hispanic respondents who are in care the most frequently identified service gaps include dental care, direct emergency assistance, food, home health care, housing, and transportation. The table below displays the most frequently identified service gaps by all in care respondents and the Latin/Hispanic in care respondents.

Survey Questions 59-88. Please check off how the following services apply to you: Need and Use, Do not Need, Need/Can't Get, Can Get/Won't Use

Service Category Gaps (Need, Can't Get)	All In Care Respondents n=252			Latin/Hispanic In Care Respondents n=37		
	rank	#	percent	rank	#	percent
Complementary Therapies	4	69	27.4%			
Dental Care Services				1	23	62.2%
Direct Emergency Assistance	2	82	32.5%	3	21	56.8%
Drug Reimbursement	5	67	26.6%			
Food Bank/Home Delivered Meals	3	81	32.1%	3	21	56.8%
Home Health Care Services				4	20	54.1%
Housing	1	85	33.7%	2	22	59.5%
Transportation				4	20	54.1%

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Barriers to Services: "Can Get, but Won't Use"

Clinical trials, specialty outpatient medical services, and substance abuse treatment were the most frequently selected services barriers, i.e. services that respondents "can get, but won't use". The table below displays the responses of all in care respondents and Latin/Hispanic in care respondents.

Survey Questions 59-88. Please check off how the following services apply to you: Need and Use, Do not Need, Need/Can't Get, Can Get/Won't Use

Service Category Barriers (Can Get, Won't Use)	All In Care Respondents n=252			Latin/Hispanic In Care Respondents n=37		
	rank	#	percent	rank	#	percent
Clinical Trials	1	22	8.7%	1	12	32.4%
Complementary Therapies	4	14	5.6%			
Day and Respite Care	5	12	4.8%			
Nurse Care Coordination	5	12	4.8%			
Outreach	5	12	4.8%			
Peer Advocacy	2	17	6.7%			
Specialty Outpatient Medical Services	2	17	6.7%	2	6	16.2%
Substance Abuse Outpatient	5	12	4.8%	2	6	16.2%
Substance Abuse Residential	3	15	6.0%	2	6	16.2%
Translation	5	12	4.8%			

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Summary of Focus Group

The Latin/Hispanic focus group convened in Delray Beach in the southeastern part of the county. All focus group participants are in primary medical care. The focus group was conducted in Spanish and highlights were translated into English for analysis.

- All participants said they were satisfied with their medical care and all had easy access to medications.
- All of the focus group participants came into care after having major medical issues. Before the major medical event, they had no information on services for HIV/AIDS.
- **Need for outreach.** Outreach at Latin/Hispanic Community Health Fairs was suggested as a way to reach this population. Outreach to PLWHA is considered vital to getting people into care. Some recommended that outreach should be more direct. They all agreed that a more aggressive approach in outreach is vital to get people into primary medical care prior to a major medical crisis.
- **Need for sensitivity at organizations.** All participants felt there is a lack of sensitivity by the Department of Children and Families (DCF) and the Healthcare District. One participant discussed the experience of having to look for someone who would translate for them.
- **Need for client knowledge of the eligibility process.** Concerns were raised regarding immigration issues. Legal/illegal immigrant residents are not always aware that they may be eligible for services. Participants raised the issues relating to how they may receive care without being afraid of "being reported". They know that they can receive Ryan White services, but are under the impression the eligibility process involves a letter of denial from DCF, which may adversely affect their immigrant status.
- **Need for follow up post-hospitalization.** All of the focus group participants came into care after having major medical issues. There was no follow up after leaving the hospital; they feel more attention should be given to this area. One participant said, "I kept waiting for a call from the hospital, none received". Before the major medical event they had no information on services for HIV/AIDS.
- **Need for peer educators/buddy programs.** These programs are vital to getting PLWHA into care and maintaining PLWHA in care. Group participants recommended having a buddy system/peer educator pair with them once they received their diagnoses. This would facilitate the transition into care; also it would help to speak to someone that has gone through the same transition.
- **Need for quality mental health programs.** Mental health was a major issue discussed in this focus group. Lack of quality, or of any mental health care. One participant said, "I go to see my therapist and during our session she is on the phone or working with papers". Participants recommended that mental health services should be given and offered at time of diagnosis.
- **Need for support groups.** All participants would like to have support groups, that way they can share with and meet others with HIV/AIDS. The participants do not know other PLWHA in their communities. Support groups would help them feel less isolated.

- **Need for case management.** All participants were satisfied with case management services, once they were assigned a case manager. Case management helped them receive and maintain medical care.
- **Need for legal services.** Legal Aid was another major concern among the participants. One participant did not know were to go for help with legal matters. They were not sure as to what services they can receive. The participants recommended that more information about these services be provided to clients.
- **Need for clinics.** Clinics were a concern, one participant stated, "I have a 9:00 a.m. appointment, and I have my children with me. I get seen at 12:00 noon and then have to wait almost an hour to schedule another appointment". The participants were unaware that medical services with private doctors are available through the Ryan White program.
- **Need for housing.** All participants were concerned with housing, "I would not know what to do if I did not get help with my rent. I would end up in the streets with my children".
- **Need for food pantry.** Participants were concerned about nutrition services, and recommended that these services be available through food pantries or through referrals to other agencies.

Although not conducted as part of this study, findings from the needs assessment referenced below are included to enhance our understanding of low-income Latino/Hispanics in Palm Beach County.

Needs Assessment Study of the Low-Income Foreign Born Latino/Hispanic Population of Palm Beach County

A report entitled, "Needs Assessment Study of the Low-Income Foreign Born Latino/Hispanic Population of Palm Beach County" was published by Analytics Research Group for the Latin American Immigrant and Refugee Organization, Inc. (LAIRO) earlier this year. There were 998 survey respondents. Some of the findings are relevant in planning for health services and health education programs specific for the Hispanic/Latin community.

- 73% indicated that they do not have medical insurance.
- When asked 'Where do you look for medical services when you are sick?'
    - 53% indicated that they go to the public clinic (Health Department)
    - 12% indicated that they go to the emergency room
    - 28% indicated that they go to a private doctor
    - 7% indicated that they go to another source for medical services.
- When asked to "Indicate which of these programs are most important to you or your family, or are services you need the most," health education programs ranked the highest (86%), followed by job training (84%).
- When asked to "Indicate which services and programs are most important to you or your family, or are services you need the most", affordable and accessible medical/dental services ranked the highest (92%), followed by affordable housing (88%) and job placement (87%).
    - Service delivery location preferences
    - 44% indicated that they would prefer that services and educational programs were offered in several locations in the north, central and south parts of the county
    - 40% preferred the services to be in one centrally located place in the county
    - 16% indicated said they had no preference

Recommendations

- Increase and improve follow-up with recently diagnosed PLWHA by enhancing coordination between early intervention, counseling and testing and case management providers.
- Increase and improve efforts to educate recently diagnosed PLWHA on the importance of being in care.
- Encourage medical professionals and case managers to appropriately refer recently diagnosed PLWHA to counseling and mental health services.
- Increase access to housing by:
    - Applying for housing grants.
    - Creating a task force of interested agencies to apply for additional funding for housing for PLWHA.
- Increase access and funding to Mental Health Services by:
    - Encouraging the CARE Council and the Priorities and Allocations Committee to increase funding for Mental Health Services.
    - Identifying and remedying the reasons that Part A monies have not been spent down in this service category.
- Increase access to HIV medications by:
    - Reviewing and considering revision of the eligibility process for clients to access medications.
    - Identifying and remedying the reasons that Part A monies have not been spent down in this service category.
- Expand the Peer Navigation Program.
- Require medical providers to contact patients after appointments have been missed. Include the implementation and monitoring of a tracking method as a contractual obligation for medical providers.
- Raise awareness of HIV services, including support groups and services offered by churches.
- Increase media campaign regarding available HIV medical services and their locations.
- Maintain existing and encourage new PLHWA support groups county-wide.

3 MEN WHO HAVE SEX WITH MEN (MSM)

Findings related to MSM survey respondents:

- Among the 75 MSM respondents (18.8% of all respondents), 23 are out of care and 52 are in care.
- 46.6% (35) are at or below 100% of the federal poverty level.
- 26.6% (20) traded sex for money or drugs within the past 12 months.
- 37.3% (28) utilize private doctors for most of their medical care.

When out of care MSM were asked to describe their situation, only 13% said they were recently diagnosed and had not entered primary care, compared to 21.6% among all out of care respondents. The rate of MSM who had been receiving medical care at one time was about the same as the rate among all out of care respondents (39.1% and 37.2% respectively). The rate of out of care MSM who had never been in care was higher than the rate among all out of care respondents (43.5% compared to 35.1%).

The table below displays the responses of all out of care and MSM respondents.

Survey Question 23. What best describes your situation?

Out of Care Situation	All Out of Care Respondents n=148		Men Who Have Sex with Men Out of Care Respondents n=23	
	number	percent	number	percent
I have recently been diagnosed with HIV, and have not entered primary care.	32	21.6%	3	13.0%
I had been receiving medical care for HIV, but I stopped more than 12 months ago.	55	37.2%	9	39.1%
Never been in care	52	35.1%	10	43.5%
No Response	9	6.1%	1	4.3%
Total	148	100.0%	23	100.0%

When out of care MSM were asked to identify the reasons that they are not in primary medical care, the most frequently identified reasons were the same as those most frequently mentioned by all out of care respondents. An additional reason given by MSM was, "I do not want any bad news about my health". The following table summarizes the most frequently selected responses of both groups.

Survey Question 24. What are the reasons that you are not in primary medical care? (check all that apply)

Out of Care Reasons	All Out Care Respondents n=148		Men Who Have Sex with Men Out of Care Respondents n=23	
	number	percent	number	percent
I am afraid of being identified as HIV-positive.	59	39.9%	11	47.8%
I am too embarrassed or ashamed to go.	54	36.5%	12	52.2%
I know where to go but I do not want to go there.	54	36.5%	9	39.1%
I do not want any bad news about my health.			9	39.1%

Note: The table above only displays data from the most frequently selected statements; the remaining cells are blacked out.

When out of care MSM respondents were asked to identify the services, other than medical care and medications, that they need in order to get into primary medical care, the four most frequently selected services were the same as those selected by all out of care respondents. Compared to all out of care respondents, a higher percentage of MSM selected case management, while a higher percentage of all out of care respondents said, "food".

Survey Question 26. What services, other than medical care and medications, do you need to get into primary medical care? (check all that apply)

Services	All Out Care Respondents n=148		Men Who Have Sex with Men Out of Care Respondents n=23	
	number	percent	number	percent
Financial Assistance	82	55.4%	13	56.5%
Food	80	54.1%	10	43.5%
Housing	78	52.7%	12	52.2%
Case Management	76	51.4%	14	60.9%

When out of care MSM respondents were asked to identify reasons to enter care, they indicated that someone else with HIV/AIDS reaching out to them, as well as confidentiality within the medical facility would be important factors. The table below displays the most frequently selected reasons identified by MSM and all out of care respondents.

Survey Question 27. What would be some reasons you enter primary medical care? (check all that apply)

Reasons to Enter Primary Medical Care	All Out Care Respondents n=148		Men Who Have Sex with Men Out of Care Respondents n=23	
	number	percent	number	percent
I get sick and know I need care.	96	64.9%	12	52.2%
I am ready to deal with my illness.	50	33.8%		
Someone else with HIV/AIDS reaches out to me.	45	30.4%	12	52.2%
I find a doctor or medical facility that ensures my confidentiality.			9	39.1%

Note: The table above only displays data from the most frequently selected statements; the remaining cells are blacked out.

When asked to identify the seven most important services, MSM in care gave top priority to the same four services as all respondents in care as follows: case management, housing, food bank/ home delivered meals, and dental care services. MSM in care respondents ranked counseling (other) as the fifth priority while all respondents in care ranked transportation as the fifth priority. MSM respondents did not select HIV prevention as a high priority, but did select mental health services.

The following table summarizes the most highly ranked service priorities among MSM in care and all respondents in care.

Survey Question 58. If we have limited funding, what are the seven (7) most important services to you.

Service Category Priorities	All In Care Respondents n=252			Men Who Have Sex with Men In Care Respondents n=52		
	rank	number	percent	rank	number	percent
Case Management	1	181	71.8%	1	38	73.1%
Housing	2	162	64.3%	2	29	55.8%
Food Bank/Home Delivered Meals	3	151	59.9%	3	26	50.0%
Dental Care Services	4	134	53.2%	4	24	46.2%
Transportation	5	120	47.6%	6	20	38.5%
Counseling (Other)	6	88	34.9%	5	22	42.3%
HIV Prevention	6	88	34.9%			
Mental Health Services				7	18	34.6%

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Case management functions as the EMA's single point of entry, providing primary access to the EMA's continuum of care. Clients' initial eligibility must be determined by case managers, necessitating high utilization and prioritization of case management services. Once eligibility is established, case managers assist clients in navigating the continuum of care, or clients may choose to access some services (e.g. primary medical care) independently.

Service Needs and Utilization

Survey respondents in care were asked to describe their level of utilization of the thirty service categories prioritized by the planning council. The respondents in care described their utilization of each survey categories as one of the following:

- "need and use" if they utilize the service
- "do not need" if they do not utilize the service
- "need, can't get" to show possible gaps in services
- "can get, won't use" to show barriers in service utilization

Utilization: "Need and Use"

Among MSM respondents in care, case management was identified as the most frequently utilized service, followed by laboratory diagnostic testing, ambulatory/primary outpatient medical care, counseling, and mental health therapy.

The following table summarizes the most frequently utilized service categories by in care MSM and all in care respondents.

Survey Questions 59-88. Please check off how the following services apply to you: Need and Use, Do not Need, Need/Can't Get, Can Get/Won't Use

Utilizied (Need and Use) Service Categories	All In Care Respondents n=252			Men Who Have Sex with Men In Care Respondents n=52		
	rank	#	percent	rank	#	percent
Ambulatory/Primary Outpatient Medical Care	4	142	56.3%	3	38	73.1%
Case Management	1	188	74.6%	1	44	84.6%
Dental Care Services	3	145	57.5%			
HIV Prevention	5	130	51.6%			
Laboratory Diagnostic Testing	2	179	71.0%	2	41	78.8%
Counseling (Other)				4	33	63.5%
Mental Health Therapy				5	32	61.5%

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Service Gaps: "Need, Can't Get"

MSM respondents in care, like all respondents in care, identified complementary therapies and direct emergency assistance as services they need, but cannot get. Buddy companion and dental care were also services that MSM in care respondents said they need but cannot get. The table below displays the four most frequently selected service gaps among MSM in care and all respondents in care.

Survey Questions 59-88. Please check off how the following services apply to you: Need and Use, Do not Need, Need/Can't Get, Can Get/Won't Use

Service Category Gaps (Need, Can't Get)	All In Care Respondents n=252			Men Who Have Sex with Men In Care Respondents n=52		
	rank	#	percent	rank	#	percent
Complementary Therapies	4	69	27.4%	1	25	48.1%
Direct Emergency Assistance	2	82	32.5%	2	22	42.3%
Food Bank/Home Delivered Meals	3	81	32.1%			
Housing	1	85	33.7%			
Buddy Companion				3	20	38.5%
Dental Care				4	19	36.5%

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Barriers to Services: "Can Get, but Won't Use"

Vocational rehabilitation and specialty outpatient medical care were the two most frequently mentioned services which MSM in care said they can get, but won't use. The table below displays the responses of in care MSM respondents and all in care respondents.

Survey Questions 59-88. Please check off how the following services apply to you: Need and Use, Do not Need, Need/Can't Get, Can Get/Won't Use

Service Category Barriers (Can Get, Won't Use)	All In Care Respondents n=252			Men Who Have Sex with Men In Care Respondents n=52		
	rank	number	percent	rank	number	percent
Clinical Trials	1	22	8.7%			
Peer Advocacy	2	17	6.7%			
Specialty Outpatient Medical Services	2	17	6.7%	2	4	7.7%
Vocational Rehabilitation				1	5	9.6%

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Focus Group Findings

The responses from the focus group of MSM were consistent with survey responses from this population. The focus group was held in Riviera Beach in the northeastern area of the county.

When discussing the reasons that men who have sex with men are not in primary medical care, the participants described the following reasons:

- Confidentiality
- Clients will travel from the western area of the county to receive medical care to avoid seeing people from their community in the waiting room. Others would get off the bus several stops away from the STD clinic so that people would not think they were infected with a disease.
- Don't want to disclose that they have HIV
- Make too much money to be eligible, yet cannot afford the medication
- Stigma
- Drug use
- Depression

When participants were asked, "What will get people back into care and/or help people stay in care?" one participant stated, "I don't feel bad now. If anything would happen, I would go get care. People livin' longer now. So now I just go day to day. I pray. I believe in a higher power. I'm here because of him, not because of what they do down there (referring to the clinic). I say if God wants me to be here then I'm gonna be here."

Participants discussed several changes that have been implemented at the clinics making people feel more comfortable. For example, in the waiting room nurses call out a number instead of the patients' names. There was disagreement on whether or not to integrate HIV services with other services. Some participants preferred receiving services at an AIDS organization; others want HIV integrated with other services.

The buddy companion program was supported by all participants. One participant stated, "I think when you're in this all by yourself you don't know where to go, who to turn to, you're afraid to tell your family you know? It's a very frightening aspect. So if you have someone, a friend or family member that you can trust, feel safe with, I think that would be the best thing." The participants emphasized that they would prefer the buddy assisting them be HIV positive.

When participants were asked what keeps them in care, one participant said, "I stay in care because I want to live and I want to be a positive role model to others." Others mentioned church support groups and suggested that offering incentives for going to primary medical care would get and keep a lot of PLWHA in care.

Overall, participants said they were getting the services they need and they were happy with those services. Some participants raised issues of concern, including the following:

- Clients being dropped from case management services.

- Eligibility process is difficult and time consuming. One participant stated, "I have so much running around to do and I'm not going to fault anyone, but I was sent around and around in circles for I think 7-8 months before I finally found out I am not eligible. You know you have to fight for everything. I'll tell you, they don't make it easy for you. If I was a single parent I wouldn't be able to do this."
- Medicare Part D donut-hole expenses.
- Client Educational Sessions are not well attended.
- Lack of available housing services.
- The stress of looming service cutbacks is hard on the participants' health.

Recommendations

- Increase and improve follow-up with recently diagnosed PLWHA by enhancing coordination between early intervention, counseling and testing and case management providers.
- Increase and improve efforts to educate recently diagnosed PLWHA on the importance of being in care.
- Encourage medical professionals and case managers to appropriately refer recently diagnosed PLWHA to counseling and mental health services.
- Increase access to housing by:
    - Applying for housing grants.
    - Creating a task force of interested agencies to apply for additional funding for housing for PLWHA.
- Increase access and funding to Mental Health Services by:
    - Encouraging the CARE Council and the Priorities and Allocations Committee to increase funding for Mental Health Services.
    - Identifying and remedying the reasons that Part A monies have not been spent down in this service category.
- Expand the Peer Navigation Program.
- Identify incentive-based healthcare programs, and consider implementing a plan which increases the number of PLWHA in primary medical care.
- Raise awareness of HIV services, including support groups and services offered by churches.
- Increase media campaign regarding available HIV medical services and their locations.
- Conduct client satisfaction surveys. Monitor the tabulated responses, and implement corrective action if needed.
- Maintain existing and encourage new PLHWA support groups county-wide.

4. HETEROSEXUAL BLACK/AFRICAN AMERICANS

Findings related to Black heterosexual respondents:

- Among the 216 black heterosexual respondents (54% of all respondents), 86 (39.8% of 216) are out of primary medical care and 130 (60.2% of 216) are in care.
- 37% (80) are employed.
- 41.2% (89) are not employed.
- 81.5% (176) are living at or below 100% of the federal poverty level.
- 25.9% (56) used street drugs other that injectable drugs within the past 12 months.
- 13.4% (29) traded sex for money or drugs within the past 12 months.

Black heterosexual out of care respondents were asked to describe their current situation. As among all out of care respondents, the most frequently mentioned description was that they had been in care at one time but stopped more than 12 months ago. The second most frequently described situation was never having been in care at all. The following table summarizes responses from Black heterosexual out of care respondents, as well as the responses of all respondents who are out of care.

Survey Question 23. What best describes your situation?

Out of Care Situation	All Out of Care Respondents n=148		Black Heterosexual Out of Care Respondents n=86	
	number	percent	number	percent
I have recently been diagnosed with HIV, and have not entered primary care.	32	21.6%	21	24.4%
I had been receiving medical care for HIV, but I stopped more than 12 months ago.	55	37.2%	34	39.5%
Never been in care	52	35.1%	23	26.7%
No Response	9	6.1%	8	9.3%
Total	148	100.0%	86	100.0%

Respondents were asked to identify the reasons for being out of care. In each group (all out of care respondents and black heterosexual out of care respondents), responses were fairly evenly distributed among five reasons. The most frequently cited reason in both groups was, "I am afraid of being identified as HIV-positive." The following table summarizes all responses to this question.

Survey Question 24. What are the reasons that you are not in primary medical care? (check all that apply)

Out of Care Reasons	All Out Care Respondents n=148		Black Heterosexual Out of Care Respondents n=86	
	number	percent	number	percent
I am afraid of being identified as HIV-positive.	59	39.9%	31	36.0%
I am too embarrassed or ashamed to go.	54	36.5%		
I know where to go but I do not want to go there.	54	36.5%	28	32.6%
I do not have medical insurance and can not afford care.	51	34.5%	30	34.9%
I have heard bad things about the medications and their side effects.	51	34.5%	30	34.9%
I am not ready to deal with my HIV status.			27	31.4%

Note: The table above only displays data from the most frequently selected statements; the remaining cells are blacked out.

When asked what services they need to get into primary medical care, out of care respondents as a whole and black heterosexual out of care respondents mentioned the same five service categories (with almost evenly distributed frequencies) as all out of care respondents. The table below displays all responses to this question.

Survey Question 26. What services, other than medical care and medications, do you need to get into primary medical care? (check all that apply)

Services	All Out Care Respondents n=148		Black Heterosexual Out of Care Respondents n=86	
	number	percent	number	percent
Financial Assistance	82	55.4%	45	52.3%
Food	80	54.1%	48	55.8%
Housing	78	52.7%	48	55.8%
Case Management	76	51.4%	45	52.3%
Transportation	73	49.3%	46	53.5%

The reasons cited by out of care black heterosexual respondents regarding the reasons they would enter primary medical care were similar to the reasons cited by all out of care respondents. The most frequently cited reasons were, "I get sick and know I need care," followed by "I am ready to deal with my illness." The following table summarizes all responses to this question.

Survey Question 27. What would be some reasons you enter primary medical care? (check all that apply)

Reasons to Enter Primary Medical Care	All Out Care Respondents n=148		Black Heterosexual Out of Care Respondents n=86	
	number	percent	number	percent
I get sick and know I need care.	96	64.9%	57	66.3%
I am ready to deal with my illness.	50	33.8%	25	29.1%
Someone else with HIV/AIDS reaches out to me.	45	30.4%	21	24.4%
I find a doctor or medical facility that ensures my confidentiality	38	25.7%	18	20.9%
I am able to deal with other problems in my life that are keeping me out of care.			18	20.9%

Note: The table above only displays data from the most frequently selected statements; the remaining cells are blacked out.

Prioritization of Service Categories

Black, heterosexual in care respondents and all in care respondents selected the same six service categories as the top priorities. Both groups identified case management as the highest priority followed by housing, food bank/home delivered meals, dental care services, transportation and HIV prevention. Black, heterosexual in care respondents selected laboratory/diagnostic services in the top seven prioritized services. The following table summarizes all responses to this question.

Survey Question 58. If we have limited funding, what are the seven (7) most important services to you.

Service Category Priorities	Prioritization All In Care Respondents n=252		Black Heterosexual In Care Respondents n=130	
	number	percent	number	percent
Case Management	181	71.8%	103	79.2%
Housing	162	64.3%	87	66.9%
Food Bank/Home Delivered Meals	151	59.9%	87	66.9%
Dental Care Services	134	53.2%	64	49.2%
Transportation	120	47.6%	55	42.3%
Counseling	88	34.9%		
HIV Prevention	88	34.9%	48	36.9%
Laboratory/Diagnostic			47	36.2%

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Case management functions as the EMA's single point of entry, providing primary access to the EMA's continuum of care. Clients' initial eligibility must be determined by case managers, necessitating high utilization and prioritization of case management services. Once eligibility is established, case managers assist clients in navigating the continuum of care, or clients may choose to access some services (e.g. primary medical care) independently.

Service Needs and Utilization

Survey respondents in care were asked to describe their level of utilization of the thirty service categories prioritized by the planning council. The respondents in care described their utilization of each survey categories as one of the following:

- "need and use" if they utilize the service
- "do not need" if they do not utilize the service
- "need, can't get" to show possible gaps in services
- "can get, won't use" to show barriers in service utilization

Utilization: "Need and Use"

When asked to identify the services they need and use, in care Black heterosexuals and all in care respondents identified similar services. Case management was the most frequently mentioned service, followed by laboratory diagnostic testing and dental services. The following table summarizes all responses to this question.

Survey Questions 59-88. Please check off how the following services apply to you: Need and Use, Do not Need, Need/Can't Get, Can Get/Won't Use

Utilizied (Need and Use) Service Categories	All In Care Respondents n=252			Black Heterosexual In Care Respondents n=130		
	rank	#	percent	rank	#	percent
Ambulatory/Primary Outpatient Medical Care	4	142	56.3%			
Case Management	1	188	74.6%	2	94	72.3%
Dental Care Services	3	145	57.5%	3	80	61.5%
HIV Prevention	5	130	51.6%	4	71	54.6%
Laboratory Diagnostic Testing	2	179	71.0%	1	95	73.1%
Transportation				5	70	53.8%

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Service Gaps: "Need, Can't Get"

Both Black, heterosexual in care respondents and all in care respondents most frequently identified the same leading five service gaps. The table below displays the responses.

Survey Questions 59-88. Please check off how the following services apply to you: Need and Use, Do not Need, Need/Can't Get, Can Get/Won't Use

Service Category Gaps (Need, Can't Get)	All In Care Respondents n=252			Black Heterosexual In Care Respondents n=130		
	rank	#	percent	rank	#	percent
Complementary Therapies	4	69	27.4%	5	28	21.5%
Direct Emergency Assistance	2	82	32.5%	3	30	23.1%
Drug Reimbursement	5	67	26.6%	4	29	22.3%
Food Bank/Home Delivered Meals	3	81	32.1%	1	40	30.8%
Housing	1	85	33.7%	2	34	26.2%
Vocational Rehabilitation				4	29	22.3%

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Barriers to Services: "Can Get, But Won't Use"

While the service barriers, indicated by selecting "can get, won't use" were relatively low, the table below displays the responses of all in care respondents, as well as the responses of Black, heterosexual in care respondents.

Survey Questions 59-88. Please check off how the following services apply to you: Need and Use, Do not Need, Need/Can't Get, Can Get/Won't Use

Service Category Barriers (Can Get, Won't Use)	All In Care Respondents n=252			Black Heterosexual In Care Respondents n=130		
	rank	number	percent	rank	number	percent
Clinical Trials	1	22	8.7%			
Complementary Therapies	4	14	5.6%	3	8	6.2%
Day and Respite Care	5	12	4.8%			
Health Insurance Continuation				3	8	6.2%
Nurse Care Coordination	5	12	4.8%	2	9	6.9%
Outreach	5	12	4.8%	3	8	6.2%
Peer Advocacy	2	17	6.7%	1	12	9.2%
Specialty Outpatient Medical Services	2	17	6.7%			
Substance Abuse Outpatient	5	12	4.8%			
Substance Abuse Residential	3	15	6.0%			
Translation	5	12	4.8%			

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Focus Group Findings

The responses from the focus group with heterosexual Black men and women were consistent with the survey responses from this population. The focus group was held in Riviera Beach, in the northeastern area of the county.

When Participants who were not in care were asked why they were out of care, their responses included the following:

- Pride, don't want to ask for help
- Drugs and alcohol
- Denial
- Shame and Guilt

> "It took a lot of work for me to get where I am today. You know, praying. Talking to people who are also like myself let me know I am not alone. You know and just trying to be there for the next individual 'cuz you know if you're not in care I can put myself in their shoes. I can understand the whole picture, the lying, the shame, the embarrassment. You know, I been there."

Participants discussed how and when they were diagnosed. Responses from the participants that were first diagnosed in the emergency room include the following:

- Found out when I was tested for TB. Participant was on drugs and alcohol at the time.
- Got shot in the head, found out in the ER. Kept running the streets for six years. Then got cleaned and entered into care.
- Found out in the ER after injured in a train accident. "Really hurt, really angry. Stopped using. There is a stigma attached to it that sorta had me embarrassed but its okay. I had therapist (in the treatment center) that told me, 'you need to focus on learning how to live with it, not dying, focus on learning how to live with it and maybe help somebody else' "
- "Found out in ER when I went in with night sweats."

> "You have to have a program that adapts to PLWHA and their needs because when you find out that you're HIV positive, I'm being honest with you, there's gonna be anger, there's gonna be denial, there's gonna be self-depression, all of these symptoms come. So you got to have something, sometimes it is financial, sometimes they are homeless."

Participants were asked what helps them to stay in care. Their responses include the following:

- Love my doctor at DOH
- Encouraged by case worker to stay in care
- Churches

> "Support to help you know you're not alone. I need someone else like me. I was angry, had a lot of rage- a lot of rage."

"I am very persistent, that helps me get by."

Participants made the following comments regarding HIV services:

- "Everything is good (accessible), except housing services."
- Have trouble getting medications due to unaffordable co-pays.
- "Cuts in food and other services teaches me to budget my money better."
- Need to have more compassionate case workers.
- Need to have more case workers explain how to get services other than Ryan White.
- Redbook has a lot of good information.

"Cuts in food and other services teaches me to budget my money better."

Recommendations

- Increase and improve follow-up with recently diagnosed PLWHA by enhancing coordination between early intervention, counseling and testing and case management providers.
- Increase and improve efforts to educate recently diagnosed PLWHA on the importance of being in care.
- Increase access to housing by:
    - Applying for housing grants.
    - Creating a task force of interested agencies to apply for additional funding for housing for PLWHA.
- Increase access to Substance Abuse Residential Treatment Services by:
    - Applying for SAMHSA grants.
    - Creating a task force of interested agencies to apply for additional funding for residential substance abuse treatment for PLWHA.
- Increase access to HIV medications by:
    - Reviewing and considering revision of the eligibility process for clients to access medications.
    - Identifying and remedying the reasons that Part A monies have not been spent down in this service category.
- Expand the Peer Navigation Program.
- Require medical providers to contact patients after appointments have been missed. Include the implementation and monitoring of a tracking method as a contractual obligation for medical providers.
- Identify incentive-based healthcare programs, and consider implementing a plan which increases the number of PLWHA in primary medical care.
- Raise awareness of HIV services, including support groups and services offered by churches.
- Increase media campaign regarding available HIV medical services and their locations.
- Conduct client satisfaction surveys. Monitor the tabulated responses, and implement corrective action if needed.
- Maintain existing and encourage new PLHWA support groups county-wide.

5. WOMEN OF CHILD BEARING AGE (WCBA), AGES 15-44 YEARS

Findings regarding WCBA survey respondents:

- Among the 116 WCBA (29% of all respondents), 58 are in care and 58 are out of care.
- 74% (86) are black.
- 82% (95) are heterosexual.
- 36% (42) are employed.
- 47% (54) are not employed.
- 22% (26) are on disability.
- 23% (27) traded sex for money or drugs within the past 12 months.

When WCBA who are out of care were asked what their current situation is, their responses were similar to all out of care respondents. Most said they had never been in care or had stopped more than 12 months ago. The table below displays the responses of all out of care respondents, as well as WCBA out of care respondents.

Survey Question 23. What best describes your situation?

Out of Care Situation	All Out of Care Respondents n=148		Women of Child Bearing Age Out of Care Respondents n=58	
	number	percent	number	percent
I have recently been diagnosed with HIV, and have not entered primary care.	32	21.6%	17	29.3%
I had been receiving medical care for HIV, but I stopped more than 12 months ago.	55	37.2%	19	32.8%
Never been in care	52	35.1%	19	32.8%
No Response	9	6.1%	3	5.2%
Total	148	100.0%	58	100.0%

When WCBA who are out of care were asked why they are not in primary medical care, their responses were similar to all respondents who are not in care, i.e., fear and financial barriers. The following table summarizes the top four responses to this question.

Survey Question 24. What are the reasons that you are not in primary medical care? (check all that apply)

Out of Care Reasons	All Out Care Respondents n=148		Women of Child Bearing Age Out of Care Respondents n=58	
	number	percent	number	percent
I am afraid of being identified as HIV-positive.	59	39.9%	22	37.9%
I am too embarrassed or ashamed to go.	54	36.5%		
I know where to go but I do not want to go there.	54	36.5%	22	37.9%
I do not have medical insurance and cannot afford care.	51	34.5%	21	36.2%

Note: The table above only displays data from the most frequently selected statements; the remaining cells are blacked out.

When asked to select the services, other than medical care and medications, that they needed in order to get into primary medical care WCBA as well as all respondents who are out of care identified the same top five services at similar frequencies. The most frequently mentioned services were financial assistance, transportation, food, case management, and housing. The following table summarizes the top five responses to this question.

Survey Question 26. What services, other than medical care and medications, do you need to get into primary medical care? (check all that apply)

Services	All Out Care Respondents n=148		Women of Child Bearing Age Out of Care Respondents n=58	
	number	percent	number	percent
Financial Assistance	82	55.4%	34	58.6%
Food	80	54.1%	32	55.2%
Housing	78	52.7%	29	50.0%
Case Management	76	51.4%	31	53.4%
Transportation	73	49.3%	33	56.9%

WCBA and all respondents who are out of care selected similar reasons that they would enter primary medical care. The most frequently selected responses were, "I get sick and know I need care," and "I am ready to deal with my illness." The following table summarizes the top four responses to this question.

Survey Question 27. What would be some reasons you enter primary medical care? (check all that apply)

Reasons to Enter Primary Medical Care	All Out Care Respondents n=148		Women of Child Bearing Age Out of Care Respondents n=58	
	number	percent	number	percent
I get sick and know I need care.	96	64.9%	41	70.7%
I am ready to deal with my illness.	50	33.8%	21	36.2%
Someone else with HIV/AIDS reaches out to me.	45	30.4%	15	25.9%
I am able to deal with other problems in my life that is keeping me out of care.			15	25.9%

Note: The table above only displays data from the most frequently selected statements; the remaining cells are blacked out.

Prioritization of Service Categories

WCBA and all in care respondents identified the same six services as the most important services, i.e., housing, case management, food, dental care, transportation, HIV prevention. WCBA did not select counseling as a top priority, but did select laboratory/diagnostic. The table below displays the top five responses to this question.

Survey Question 58. If we have limited funding, what are the seven (7) most important services to you.

Service Category Priorities	Prioritization All In Care Respondents n=252			Prioritization Women of Child Bearing Age In Care Respondents n=58		
	rank	number	percent	rank	number	percent
Case Management	1	181	71.8%	2	36	62.1%
Housing	2	162	64.3%	1	41	70.7%
Food Bank/Home Delivered Meals	3	151	59.9%	3	34	58.6%
Dental Care Services	4	134	53.2%	4	33	56.9%
Transportation	5	120	47.6%	5	31	53.4%
Counseling (Other)	6	88	34.9%			
HIV Prevention	6	88	34.9%	6	27	46.6%
Laboratory/Diagnostic				7	22	37.9%

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Case management functions as the EMA's single point of entry, providing primary access to the EMA's continuum of care. Clients' initial eligibility must be determined by case managers, necessitating high utilization and prioritization of case management services. Once eligibility is established, case managers assist clients in navigating the continuum of care, or clients may choose to access some services (e.g. primary medical care) independently.

Service Needs and Utilization

Survey respondents in care were asked to describe their level of utilization of the thirty service categories prioritized by the planning council. The respondents in care described their utilization of each survey categories as one of the following:

- "need and use" if they utilize the service
- "do not need" if they do not utilize the service
- "need, can't get" to show possible gaps in services
- "can get, won't use" to show barriers in service utilization

Utilization: "Need and Use"

When asked what services they need and use, WCBA in care most frequently identified the same five service categories as all in care respondents. The following table summarizes the five most frequently mentioned services.

Survey Questions 59-88. Please check off how the following services apply to you: Need and Use, Do not Need, Need/Can't Get, Can Get/Won't Use

Utilizied (Need and Use) Service Categories	All In Care Respondents n=252			Women of Child Bearing Age In Care Respondents n=58		
	rank	#	percent	rank	#	percent
Ambulatory/Primary Outpatient Medical Care	4	142	56.3%	4	32	55.2%
Case Management	1	188	74.6%	1	38	65.5%
Dental Care Services	3	145	57.5%	3	33	56.9%
HIV Prevention	5	130	51.6%	5	31	53.4%
Laboratory Diagnostic Testing	2	179	71.0%	2	35	60.3%

Service Gaps: "Need, Can't Get"

The services gaps identified by WCBA who are in care, were similar to the gaps identified by all in care respondents. The gaps most frequently identified by WCBA in care were in housing, food bank/home delivered meals, direct emergency assistance, and transportation.

Survey Questions 59-88. Please check off how the following services apply to you: Need and Use, Do not Need, Need/Can't Get, Can Get/Won't Use

Service Category Gaps (Need, Can't Get)	All In Care Respondents n=252			Women of Child Bearing Age In Care Respondents n=58		
	rank	#	percent	rank	#	percent
Complementary Therapies	4	69	27.4%			
Direct Emergency Assistance	2	82	32.5%	3	18	31.0%
Food Bank/Home Delivered Meals	3	81	32.1%	2	20	34.5%
Housing	1	85	33.7%	1	31	53.4%
Transportation				4	16	27.6%

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Barriers to Services: "Can Get, but Won't Use"

WCBA in care most frequently identified clinical trials, substance abuse residential, and substance abuse outpatient as services they can get but won't use.

Survey Questions 59-88. Please check off how the following services apply to you: Need and Use, Do not Need, Need/Can't Get, Can Get/Won't Use

Service Category Barriers (Can Get, Won't Use)	All In Care Respondents n=252			Women of Child Bearing Age In Care Respondents n=58		
	rank	number	percent	rank	number	percent
Clinical Trials	1	22	8.7%	1	7	12.1%
Peer Advocacy	2	17	6.7%			
Specialty Outpatient Medical Services	2	17	6.7%			
Substance Abuse Outpatient	5	12	4.8%	2	6	10.3%
Substance Abuse Residential	3	15	6.0%	1	7	12.1%

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Focus Group Findings

A focus group with women of childbearing age was held in Rivera Beach in the northeastern area of the county. The majority of the participants were currently in care, but a few were out of care. The discussion among focus group participants was consistent with the survey responses of women of childbearing age.

When focus group participants were asked why they are currently not in care or were not in medical care in the past, their responses included the following:

- Shame
- Guilt
- Denial
- Drugs and alcohol
- Stigma
- Scared of being identified as HIV positive
- People do not show enough compassion

Participants' Comments:

- "I said someone did this to me but I put myself at risk. I gave them the choice to use a condom. I didn't tell them I had the disease, but I gave them the choice to use a condom. And if they chose not to use a condom, I just wanted my money 'cuz I wanted to get high, then that was on them. They chose to put themselves at risk. That was the point: someone did this to me, but I gave them the choice, if they chose not to use the condom then that was their choice. My main concern was my drugs. I didn't care who I hurt, I just wanted to get high and that was the bottom line."

- "For myself, it was self-worth and because of my drug use I felt like I had put myself in a position to get it. Shame, denial, and also I was still addicted (to drugs). Then I thought about my children and that they needed a mother, and then I found my will to live and took action and went into treatment."

- "I was 17 years old and pregnant. Denial was one of my biggest things because I didn't want to believe that…how did this happen to me? I've been on and off medication, on and off the streets, in and out of rehab, all kind of stuff. I came to the realization that this is serious. This is my life. After my son's father passed away from AIDS in 2004 I said to myself, 'It's time for you to wake up.' I started going to the doctor and I haven't missed an appointment yet."

- "I had stopped doing drugs and wasn't drinking, but what made me fight was my kids. Had I not had those children, I think I would have just laid there and died, but my kids is what made me fight to live. I changed the way I lived."

Participants were asked what helps them stay in care. Their responses include the following:

- Buddy System
    - "Helps to have someone to go with you to the Health Center."
    - "When I first found out I was HIV positive I tried to kill myself. When you first find out, different thoughts come into your head like why do I even want to live, God is punishing me, but then I talked to others who were infected. That changed my desire to die to a desire to live."
- Media and publicity of services
- Support groups
- Church and spirituality
- Sickness, fear of sickness
- Children
- CARE Council training, education and advocacy

Overall, the participants said they were satisfied with the services they receive. Areas of concern mentioned include the following:

- Treatment adherence. While some participants stated that taking their medications was a lot easier now that there are a lot less pills, many of the women said they were not taking their medications.
- Eligibility, not qualifying and/or the long process at the Health Care District.
- Decline in access to services.
- Decline in case workers' compassion for their clients.
- Lack of low income housing available.

Recommendations

- Increase and improve follow-up with recently diagnosed PLWHA by enhancing coordination between early intervention, counseling and testing and case management providers.
- Increase and improve efforts to educate recently diagnosed PLWHA on the importance of being in care.
- Encourage medical professionals and case managers to appropriately refer recently diagnosed PLWHA to counseling and mental health services.
- Increase access to housing by:
    - Applying for housing grants.
    - Creating a task force of interested agencies to apply for additional funding for housing for PLWHA.
- Increase access to Substance Abuse Residential Treatment Services by:
    - Applying for SAMHSA grants.
    - Creating a task force of interested agencies to apply for additional funding for residential substance abuse treatment for PLWHA.
- Expand the Peer Navigation Program.
- Require medical providers to contact patients after appointments have been missed. Include the implementation and monitoring of a tracking method as a contractual obligation for medical providers.
- Increase access to family planning information and services.
- Increase access to pelvic exams for female patients.
- Identify incentive-based healthcare programs, and consider implementing a plan which increases the number of PLWHA in primary medical care.
- Raise awareness of HIV services, including support groups and services offered by churches.
- Increase media campaign regarding available HIV medical services and their locations.
- Conduct client satisfaction surveys. Monitor the tabulated responses, and implement corrective action if needed.
- Maintain existing and encourage new PLHWA support groups county-wide.

6. Recently Released from Incarceration

Finding regarding the 42 respondents (11% of all respondents) who indicated they had been in jail or prison within the past 12 months:

- 22 are in care and 20 are out of care.
- 93% (39) live at or below 100% of the federal poverty level.
- 23.8% (10) of the respondents that had been diagnosed with gonorrhea within the past 12 months had also been in jail or prison within the past 12 months.

The twenty respondents who are out of care were asked to describe their situation. As among all out of care respondents, out of care respondents who were recently incarcerated most frequently mentioned, "I had been receiving medical care for HIV, but I stopped more than 12 months ago." The following table summarizes all responses to this question.

Survey Question 23. What best describes your situation?

Out of Care Situation	All Out of Care Respondents n=148		Jail/Prison Past 12 Months Out of Care Respondents n=20	
	number	percent	number	percent
I have recently been diagnosed with HIV, and have not entered primary care.	32	21.6%	4	20.0%
I had been receiving medical care for HIV, but I stopped more than 12 months ago.	55	37.2%	9	45.0%
Never been in care	52	35.1%	4	20.0%
No Response	9	6.1%	3	15.0%
Total	148	100.0%	20	100.0%

The most frequently cited reasons for being out of care were lack of transportation, lack of insurance or money to pay for care, and not wanting to go for care. The following table summarizes the responses to this question.

Survey Question 24. What are the reasons that you are not in primary medical care? (check all that apply)

Out of Care Reasons	All Out Care Respondents n=148		Jail/Prison Past 12 Months Out of Care Respondents n=20	
	number	percent	number	percent
I am afraid of being identified as HIV-positive.	59	39.9%		
I am too embarrassed or ashamed to go.	54	36.5%		
I know where to go but I do not want to go there.	54	36.5%	7	35.0%
I do not have medical insurance and cannot afford care.	51	34.5%	7	35.0%
I have heard bad things about the medications and their side effects.	51	34.5%		
I do not have transportation.			8	40.0%
I am using drugs and alcohol.			6	30.0%
I am in jail or prison and do not want to ask for care.			6	30.0%

Note: The table above only displays data from the most frequently selected statements; the remaining cells are blacked out.

As all out of care respondents, recently incarcerated out of care respondents most frequently cited financial assistance, food, housing, case management and transportation as the most needed services. The following table summarizes the five most frequently mentioned responses.

Survey Question 26. What services, other than medical care and medications, do you need to get into primary medical care? (check all that apply)

Services	All Out Care Respondents n=148		Jail/Prison Past 12 Months Out of Care Respondents n=20	
	number	percent	number	percent
Financial Assistance	82	55.4%	11	55.0%
Food	80	54.1%	10	50.0%
Housing	78	52.7%	10	50.0%
Case Management	76	51.4%	9	45.0%
Transportation	73	49.3%	9	45.0%

Recently incarcerated and all out of care respondents cited the three reasons to enter primary medical care, i.e., "I get sick and know I need care", "I am ready to deal with my illness", "Someone else with HIV/AIDS reaches out to me.". The following table summarizes the four leading reasons mentioned by recently incarcerated out of care respondents.

Survey Question 27. What would be some reasons you enter primary medical care? (check all that apply)

Reasons to Enter Primary Medical Care	All Out Care Respondents n=148		Jail/Prison Past 12 Months Out of Care Respondents n=20	
	number	percent	number	percent
I get sick and know I need care.	96	64.9%	8	40.0%
I am ready to deal with my illness.	50	33.8%	5	25.0%
Someone else with HIV/AIDS reaches out to me.	45	30.4%	6	30.0%
A family member or friend helps me get into care.			5	25.0%

Note: The table above only displays data from the most frequently selected statements; the remaining cells are blacked out.

Prioritization of Service Categories

Recently incarcerated respondents who are in care and all in care respondents identified the same six services as the most important services, including case management, housing, food, dental, transportation, and counseling. Recently incarcerated respondents also selected laboratory/diagnostic and direct emergency assistance as top priorities, but did not select HIV prevention. The table below contains the seven services most frequently mentioned by both groups.

Survey Question 58. If we have limited funding, what are the seven (7) most important services to you.

Service Category Priorities	Prioritization All In Care Respondents n=252			Prioritization Jail/Prison in Past 12 mos. In Care Respondents n=22		
	rank	number	percent	rank	number	percent
Case Management	1	181	71.8%	3	12	54.5%
Housing	2	162	64.3%	1	18	81.8%
Food Bank/Home Delivered Meals	3	151	59.9%	2	17	77.3%
Dental Care Services	4	134	53.2%	4	11	50.0%
Transportation	5	120	47.6%	1	18	81.8%
Counseling (Other)	6	88	34.9%	6	7	31.8%
HIV Prevention	6	88	34.9%			
Laboratory/Diagnostic				5	8	36.4%
Direct Emergency Assistance				6	7	31.8%

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Case management functions as the EMA's single point of entry, providing primary access to the EMA's continuum of care. Clients' initial eligibility must be determined by case managers, necessitating high utilization and prioritization of case management services. Once eligibility is established, case managers assist clients in navigating the continuum of care, or clients may choose to access some services (e.g. primary medical care) independently.

Service Needs and Utilization

Survey respondents in care were asked to describe their level of utilization of the thirty service categories prioritized by the planning council. The respondents in care described their utilization of each survey categories as one of the following:

- "need and use" if they utilize the service
- "do not need" if they do not utilize the service
- "need, can't get" to show possible gaps in services
- "can get, won't use" to show barriers in service utilization

Utilization: "Need and Use"

Recently incarcerated respondents who are in care and all in care respondents identified similar services most frequently utilized. Both groups identified cases management and laboratory diagnostic testing as the most frequently utilized services. The table below summarizes the most frequently mentioned responses of each group.

Survey Questions 59-88. Please check off how the following services apply to you: Need and Use, Do not Need, Need/Can't Get, Can Get/Won't Use

Utilizied (Need and Use) Service Categories	All In Care Respondents n=252			Jail/Prison In Past 12 mos. In Care Respondents n=22		
	rank	#	percent	rank	#	percent
Ambulatory/Primary Outpatient Medical Care	4	142	56.3%	3	11	50.0%
Case Management	1	188	74.6%	1	15	68.2%
Dental Care Services	3	145	57.5%			
Laboratory Diagnostic Testing	2	179	71.0%	2	12	54.5%

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Service Gaps: "Need, Can't Get"

Both the recently incarcerated respondents who are in care and all in care respondents most frequently mentioned direct emergency assistance and housing as service gaps. The recently incarcerated respondents also selected mental health therapy and counseling as services that they need but can not get. The table below contains the responses.

Survey Questions 59-88. Please check off how the following services apply to you: Need and Use, Do not Need, Need/Can't Get, Can Get/Won't Use

Service Category Gaps (Need, Can't Get)	All In Care Respondents n=252			Jail/Prison In Past 12 mos. In Care Respondents n=22		
	rank	#	percent	rank	#	percent
Complementary Therapies	4	69	27.4%			
Direct Emergency Assistance	2	82	32.5%	1	14	63.6%
Drug Reimbursement	5	67	26.6%	2	13	59.1%
Food Bank/Home Delivered Meals	3	81	32.1%			
Housing	1	85	33.7%	2	13	59.1%
Mental Health Therapy				2	13	59.1%
Counseling (Other)				1	14	63.6%

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Barriers to Services: "Can Get, but Won't Use"

Recently incarcerated respondents who are in care and all in care respondents identified similar services that they can get, but won't use (i.e. services to which there are barriers). The services most frequently mentioned by both groups were specialty outpatient services and clinical trials. The table below summarizes the most frequently mentioned responses common to both groups.

Survey Questions 59-88. Please check off how the following services apply to you: Need and Use, Do not Need, Need/Can't Get, Can Get/Won't Use

Service Category Barriers (Can Get, Won't Use)	All In Care Respondents n=252			Jail/Prison In Past 12 mos. In Care Respondents n=22		
	rank	number	percent	rank	number	percent
Clinical Trials	1	22	8.7%	2	4	18.2%
Peer Advocacy	2	17	6.7%			
Specialty Outpatient Medical Services	2	17	6.7%	1	6	27.3%
Substance Abuse Residential	3	15	6.0%			

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Focus Group Findings

The focus group for this population met at an organization which facilitates linkage to medical services for PLWHA upon their release from jail or prison. The focus group was held in West Palm Beach in the central eastern area of the county.

The focus group facilitator recruited males who had recently been in jail/prison. The female participants had not been in jail/prison; therefore their comments were excluded. The responses cited in this section were from the male participants. Although the male respondents were reluctant or vague in disclosing that they had been in jail/prison, during the course of the focus group and a subsequent conversation with the facilitator, confirmation of their recent incarceration was confirmed. In addition, the facilitator explained that upon release from jail and prison, PLWHA should receive three-day prescription for HIV-related medications. The facilitator stated that PLWHA typically have difficulty filling that prescription, and that there can be up to a two month wait for them to see a doctor after their release.

All of the participants stated that they had been out of care at some point since diagnosis for various reasons including:

- Homelessness
- Drug use and addiction
- Denial

Participants were asked what helped get them into care. Their responses included the following:

- CARP (Comprehensive Alcohol Rehabilitation Program)
- United Deliverance (this organization provides the linkage program, assisting getting persons into care once they are released from jail/prison)

The participants expressed concern regarding the following issues:

- Confidentiality
- Stigma
- Long wait for an appointment for dental care
- Difficulty accessing housing services with a criminal record
- Stress of worrying about future services and the fear of becoming homeless again
- Resistance of clients helping themselves and clients' dependence on case managers doing things for them.

Despite these issues and concerns, all the participants are currently in care. One participant stated, "Well with me it started off wondering what other people would think about me or how they would feel if they found out, but then I realized that I was doing something for myself and what they think was not going to help me or hinder me, you know? So that's when I decided to take the initiative on myself to go and I didn't care who saw me or anything."

Overall the participants expressed that their experiences getting and receiving medical care have been positive. Participants said that the transitions involved in the HIV/AIDS clinic moving from 301 Broadway, to 45th Health Center, and finally to the Garden Road location were difficult but expressed appreciation with the new location.

Recommendations

- Increase and improve follow-up with recently diagnosed PLWHA by enhancing coordination between early intervention, counseling and testing and case management providers.
- Increase and improve efforts to educate recently diagnosed PLWHA on the importance of being in care.
- Encourage medical professionals and case managers to appropriately refer recently diagnosed PLWHA to counseling and mental health services.
- Increase access to housing by:
    - Applying for housing grants.
    - Creating a task force of interested agencies to apply for additional funding for housing for PLWHA.
- Increase access to Substance Abuse Residential Treatment Services by:
    - Applying for SAMHSA grants.
    - Creating a task force of interested agencies to apply for additional funding for residential substance abuse treatment for PLWHA.
- Increase access and funding to Mental Health Services by:
    - Encouraging the CARE Council and the Priorities and Allocations Committee to increase funding for Mental Health Services.
    - Identifying and remedying the reasons that Part A monies have not been spent down in this service category.
- Increase access to jobs/vocational training by:
    - Identifying and disseminating information regarding resources for small businesses, continuing education, job training, etc.
- Increase access to HIV medications by:
    - Reviewing and considering revision of the eligibility process for clients to access medications.
    - Identifying and remedying the reasons that Part A monies have not been spent down in this service category.
- Ensure continuity of care for PLWHA upon their release from incarceration.
- Increase media campaign regarding available HIV medical services and their locations.
- Conduct client satisfaction surveys. Monitor the tabulated responses, and implement corrective action if needed.

7. WOMEN WITH A HISTORY OF SUBSTANCE ABUSE

Note: In this section, "Substance Abuse" and the use of "drugs" refer to the use of drugs other than those properly prescribed by a health care provider and taken as prescribed. The use or abuse of alcohol was not queried in the PLWHA survey and therefore, not addressed in this section.

Question 16 of the PLWHA survey asked the following:

> "It is important that we try to meet the individual needs of all people living with HIV/AIDS. *Please check any or all of the following that have applied to you at any time in the last 12 months."*

In response:

- 6 women checked "Injection/Needle Drug Use".
- 52 women checked "Other street drug use (including marijuana)".
- Of the six women who checked IDU, five also checked "Other street drug use".

Women Respondents Who Reported Drug Use During the Past 12 Months

type of drugs used	number	percentage of all women who used drugs during past 12 months (n=53)
IDU only	1	1.9%
other street drugs only	47	88.7%
IDU and other street drugs	5	9.4%
total	53	100.0%

Findings related to women respondents who reported drug use during the past 12 months:

- Of the 187 women surveyed, 28.3% (53) had used drugs during the past 12 months.
- Of the 53 who had used drugs during the past 12 months
  - 77.4% (41) are out of care.
  - 22.6% (12) are in care.
  - 69.8% (37) are not employed.
  - 18.9% (10) are employed.
  - 20.8% (11) are on disability.
  - 90.6% (48) live at or below the federal poverty level.
  - 51% (27) have traded sex for money or drugs within the past 12 months.

Of the 41 substance abusing out of care women, 41.5% (17) had never been in care and 31.7% (13) reported, "I had been receiving medical care for HIV, but I stopped more than 12 months ago". In comparison, only 35.1% (52) of all out of care respondents had never been in care and 37.2% (55) had been in care but stopped more than 12 months ago. Among respondents in both groups, approximately 22% said they were recently diagnosed and had not entered primary care.

Survey Question 23. What best describes your situation?

Out of Care Situation	All Out of Care Respondents n=148		Substance Using Women Out of Care Respondents n=41	
	number	percent	number	percent
I have recently been diagnosed with HIV, and have not entered primary care.	32	21.6%	9	22.0%
I had been receiving medical care for HIV, but I stopped more than 12 months ago.	55	37.2%	13	31.7%
Never been in care	52	35.1%	17	41.5%
No Response	9	6.1%	2	4.9%
Total	148	100.0%	41	100.0%

Out of care female respondents who have used drugs within the past 12 months most frequently identified similar reasons for being out of care as those identified by all out of care respondents. The reasons most frequently mentioned by out of care women who had used drugs were, "I know where to go but I do not want to go there" (43.6%, 19), "I am afraid of being identified as HIV positive (39%, 16), and "I am using drugs and alcohol" (39%, 16).

Survey Question 24. What are the reasons that you are not in primary medical care? (check all that apply)

Out of Care Reasons	All Out Care Respondents n=148		Substance Using Women Out of Care Respondents n=41	
	number	percent	number	percent
I am afraid of being identified as HIV-positive.	59	39.9%	16	39.0%
I am too embarrassed or ashamed to go.	54	36.5%	13	31.7%
I know where to go but I do not want to go there.	54	36.5%	19	46.3%
I do not have medical insurance and cannot afford care.	51	34.5%		
I have heard bad things about the medications and their side effects.	51	34.5%	14	34.1%
I am using drugs or alcohol.			16	39.0%

Note: The table above only displays data from the most frequently selected statements; the remaining cells are blacked out.

The out of care female respondents who have used drugs within the past 12 months frequently selected financial assistance as a service, other than medical care and medication, that they need to get into primary medical care. The most frequently selected services were very similar to those of all out of care respondents. The table below displays the responses.

Survey Question 26. What services, other than medical care and medications, do you need to get into primary medical care? (check all that apply)

Services	All Out Care Respondents n=148		Substance Using Women Out of Care Respondents n=41	
	number	percent	number	percent
Financial Assistance	82	55.4%	28	68.3%
Food	80	54.1%	25	61.0%
Housing	78	52.7%	26	63.4%
Case Management	76	51.4%		
Transportation	73	49.3%	27	65.9%

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

All out of care respondents as well as women who have used drugs in the past 12 months cited the same three reasons they would enter primary medical care. The most frequent response among both groups was "I get sick and know I need care" (75.6% of women who had used drugs in the past 12 months and 64.9% of all out of care respondents). The following table summarizes the three most frequently mentioned responses to this question.

Survey Question 27. What would be some reasons you enter primary medical care? (check all that apply)

Reasons to Enter Primary Medical Care	All Out Care Respondents n=148		Substance Using Women Out of Care Respondents n=41	
	number	percent	number	percent
I get sick and know I need care.	96	64.9%	31	75.6%
I am ready to deal with my illness.	50	33.8%	13	31.7%
Someone else with HIV/AIDS reaches out to me.	45	30.4%	10	24.4%

Prioritization of Service Categories

In care female respondents who have used drugs within the past 12 months and all in care respondents identified similar service priorities, including food, transportation, dental, housing, and case management. Notably, substance using women in care did not select counseling and HIV prevention as one of their top seven priorities, but did select laboratory/diagnostic services. The following table summarizes the top five priorities of each group.

Survey Question 58. If we have limited funding, what are the seven (7) most important services to you.

Service Category Priorities	All In Care Respondents n=252			Substance Using Women In Care Respondents n=12		
	rank	number	percent	rank	number	percent
Case Management	1	181	71.8%	5	6	50.0%
Housing	2	162	64.3%	4	7	58.3%
Food Bank/Home Delivered Meals	3	151	59.9%	1	11	91.7%
Dental Care Services	4	134	53.2%	3	8	66.7%
Transportation	5	120	47.6%	2	9	75.0%
Counseling (Other)	6	88	34.9%			
HIV Prevention	6	88	34.9%			
Laboratory Diagnostic				3	8	66.7%

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Case management functions as the EMA's single point of entry, providing primary access to the EMA's continuum of care. Clients' initial eligibility must be determined by case managers, necessitating high utilization and prioritization of case management services. Once eligibility is established, case managers assist clients in navigating the continuum of care, or clients may choose to access some services (e.g. primary medical care) independently.

Service Needs and Utilization

Survey respondents in care were asked to describe their level of utilization of the thirty service categories prioritized by the planning council. The respondents in care described their utilization of each survey categories as one of the following:

- "need and use" if they utilize the service
- "do not need" if they do not utilize the service
- "need, can't get" to show possible gaps in services
- "can get, won't use" to show barriers in service utilization

Utilization: "Need and Use"

In care female respondents who have used drugs within the past 12 months and all in care respondents identified laboratory diagnostic testing, case management, and dental care services as the most frequently utilized services. In addition, in care female respondents who have used drugs within the past 12 months identified food and specialty medical care as highly utilized services. The following table below summarizes the most highly utilized services.

Survey Questions 59-88. Please check off how the following services apply to you: Need and Use, Do not Need, Need/Can't Get, Can Get/Won't Use

Utilizied (Need and Use) Service Categories	All In Care Respondents n=252			Substance Using Women In Care Respondents n=12		
	rank	#	percent	rank	#	percent
Ambulatory/Primary Outpatient Medical Care	4	142	56.3%			
Case Management	1	188	74.6%	2	7	58.3%
Dental Care Services	3	145	57.5%	3	6	50.0%
HIV Prevention	5	130	51.6%			
Laboratory Diagnostic Testing	2	179	71.0%	1	10	83.3%
Food Bank				3	6	50.0%
Specialty Medical				3	6	50.0%

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Service Gaps: "Need, Can't Get"

When respondents were asked to identify services they need but can't get, in care female respondents who have used drugs within the past 12 months and all in care respondents most frequently mentioned direct emergency assistance and housing. In addition, in care female respondents who have used drugs within the past 12 months identified transportation as a service gap. The following table summarizes the most frequently mentioned gaps.

Survey Questions 59-88. Please check off how the following services apply to you: Need and Use, Do not Need, Need/Can't Get, Can Get/Won't Use

Service Category Gaps (Need, Can't Get)	All In Care Respondents n=252			Substance Using Women In Care Respondents n=12		
	rank	#	percent	rank	#	percent
Complementary Therapies	4	69	27.4%			
Direct Emergency Assistance	2	82	32.5%	2	6	50.0%
Food Bank/Home Delivered Meals	3	81	32.1%			
Housing	1	85	33.7%	1	7	58.3%
Transportation				1	7	58.3%

Note: The table above only displays data from the most frequently selected services; the remaining cells are blacked out.

Barriers to Services: "Can Get, but Won't Use"

When asked about service barriers, women who have used drugs within the past 12 months had very few responses. The most frequently selected services included clinical trials and substance abuse treatment.

Focus Group Findings

While the above referenced survey responses are from women who had used substances during the previous 12 months, the focus group included women who said they were recovered from substance use or were currently in treatment for substance abuse. The focus group was held in West Palm Beach at a women's residential substance abuse treatment facility that has a program specifically for HIV positive women.

All of the focus group participants said they had been out of care in the past. The following are the reasons mentioned for being out of care:

- Eligibility process.
- They had been out of care while waiting for approval from the Healthcare District for medications.
- "The process, it's ridiculous, you call there, you can't get through, you go there, you sit for hours and don't get a doctor."
- Another woman stated, "You don't know who to talk to, where to go. It's like you're lost. You go through struggles, like a puppet on a string. All this time you are sick."
- Another woman stated, "I wasn't on medications for a while and to be honest with you it wasn't just because I relapsed, it was because I didn't want to go through the eligibility process."
- Another woman stated, "I went to the Healthcare District yesterday, was there for 10 hours, and then I went today. ADAP said I had to go to COMPASS and it was like pass-the-buck. I felt like I was playing racquetball. I just felt like saying, 'bye' you know? Just walking out, but I know like she said I have to be there, I need them (meds). I went five days before my medication ran out and I feel like, if you need your medication you should be able to get your medication. And it's hard because you're not supposed to mess up your regimen."
- Stigma
- Decrease in HIV education and awareness among PLWHA
- Fear
- Drug addiction
- Don't want to be seen in the clinic
- Shame
- Anger
- Denial

The participants were asked what services are needed to stay in medical care. Their responses include the following:

- Money to pay for medications
- Did not know about the Ryan White program
- Counseling to deal with depression
- Substance abuse treatment

The participants discussed concerns regarding the following issues:

- Housing
- ADAP
- Eligibility
- The women spoke of the scorn, discrimination and abandonment that they have experienced by family and friends due to their HIV infection.
- The women who had been recently incarcerated had received quality healthcare while in jail/prison. The issue of maintaining care once released was an issue. Most of the women did not remain in care upon release. Some were out of care for up to two months.
- The women discussed their devastation when they were told they had HIV. One tried to commit suicide. Most were afraid that they would die soon.
- One woman stated, "The first thing I thought was 'I'm gonna die, I'm gonna die', and I can't sit here and say I didn't sleep with anybody after finding out because I have, numerous times- selling my body on the streets."
- Some of the women felt that this disease has given them a purpose in their life and in a way has been a blessing.
- One woman stated, "This disease gave me a purpose and in a strange way gave me a reason to live."
- The first step for many of them getting into care was getting off drugs.
- The women feel frustrated with the changes in services.
- One woman stated, "When they first started there was no problem getting housing, medicine, nothing - but things have changed. They need to take a vote or do something, because they leaving a lot of people out there who are going to go back to the streets and drugs 'cuz they got nowhere to go and no one's gonna take them in."

Recommendations

- Increase and improve follow-up with recently diagnosed PLWHA by enhancing coordination between early intervention, counseling and testing and case management providers.
- Increase and improve efforts to educate recently diagnosed PLWHA on the importance of being in care.
- Encourage medical professionals and case managers to appropriately refer recently diagnosed PLWHA to counseling and mental health services.
- Increase access to housing by:
    - Applying for housing grants.
    - Creating a task force of interested agencies to apply for additional funding for housing for PLWHA.
- Increase access to Substance Abuse Residential Treatment Services by:
    - Applying for SAMHSA grants.
    - Creating a task force of interested agencies to apply for additional funding for residential substance abuse treatment for PLWHA.
- Increase access and funding to Mental Health Services by:
    - Encouraging the CARE Council and the Priorities and Allocations Committee to increase funding for Mental Health Services.
    - Identifying and remedying the reasons that Part A monies have not been spent down in this service category.
- Increase access to jobs/vocational training by:
    - Identifying and disseminating information regarding resources for small businesses, continuing education, job training, etc.
- Increase access to HIV medications by:
    - Reviewing and considering revision of the eligibility process for clients to access medications.
    - Identifying and remedying the reasons that Part A monies have not been spent down in this service category.
- Require medical providers to contact patients after appointments have been missed. Include the implementation and monitoring of a tracking method as a contractual obligation for medical providers.
- Increase access to family planning information and services.
- Increase access to pelvic exams for female patients.
- Ensure continuity of care for PLWHA upon their release from incarceration.
- Identify incentive-based healthcare programs, and consider implementing a plan which increases the number of PLWHA in primary medical care.
- Increase media campaign regarding available HIV medical services and their locations.
- Conduct client satisfaction surveys. Monitor the tabulated responses, and implement corrective action if needed.

R E S O U R C E S:
Inventory, Map, and CADR Report

This section includes the following documents:

- Inventory of resources of HIV services
- Map of Palm Beach County with level of impact of HIV/AIDS by ZIP Code, HIV service locations, and Palm Tran (public transportation bus route)
- CADR Report

Together, these documents describe the array of HIV/AIDS services available in the EMA. Due to recent policy changes which limit Ryan White spending on support services to 25% of the total Ryan White services budget, the EMA is in the process of adjusting the system to try to fill support service gaps. Overall, this section describes the EMA's current collaborative and coordinated service delivery system.

Resource Inventory

The Resource Inventory was compiled from responses to the Provider Survey 2007. Similar to the inventory in the Part B grant application, this inventory summarizes information about HIV-related services currently available in Palm Beach County.

Caseload capacity data regarding these services are used for planning purposes by the CARE Council. According to these data, the current system of care is functioning near full capacity. Current issues of concern related to caseload capacity include the following:

- Except for services provided by the Veterans' Administration, all service categories will require the allocation of additional funds in order to increase the number of PLWHA served.
- Case management organizations recently reported waiting lists that continue to increase each week; they informed the CARE Council and the grantee that they would need an increase in funding in order to serve additional PLWHA.
- In accord with federal guidance, additional funds were recently allocated to outreach services. It is expected that this will result in an increase in the number of persons needing services during the current fiscal year.

In addition to the information in the Resource Inventory Table, the CARE Council produces the Redbook which contains a wider array of available services to PLWHA, but does not include capacity and utilization data. The Redbook can be viewed at www.carecouncil.org under Local HIV Services.

Map of Palm Beach County

A comparison of HIV service locations with ZIP Code data of PLWHA found that most medical and support services are available in the most heavily impacted ZIP Codes. In addition, routes of the public transportation system, Palm Tran, connect residents of all ZIP Codes with all case management and public health clinic locations.

CADR Report

The CADR report provides the Chief Elected Official and HRSA with unduplicated client data from each individual service provider, but the data are duplicated across providers, i.e. the report does not specify how many different providers served a specific client. However, the report does suggest that the demographic profile of clients served (i.e. gender, race/ethnicity, and age) is similar to that of PLWHA in Palm Beach County.

Resource Inventory

Contact Information	Service Area	Funding Source	Target Population	Referral Tracking Mechanism
Ambulatory Outpatient Medical Care Capacity: 4,426				
County Health Department Riviera Beach Health Center 7289 Garden Road Riviera Beach 33404 561-803-7360 Mitchell Durant, Ph.D.	Central/North Eastern Palm Beach County	Medicaid, Healthcare District, RW Part A, Network, Patient Care, Private Insurance, Medicare	All Populations, Communities of Color, WICY	FACTORS
C.L. Brumback Health Center 38754 St Road 80 Belle Glade 33430 561-803-7360 Mitchell Durant, Ph.D.	Western Palm Beach County	Medicaid, Healthcare District, RW Part A, Network, Patient Care, Private Insurance, Medicare	All Populations, Migrant Workers, Communities of Color, WICY	FACTORS
County Health Department West Palm Beach Clinic 1150 45th Street West Palm Beach 33407 561-803-7360 Mitchell Durant, Ph.D.	Central/North Eastern Palm Beach County	Medicaid, Healthcare District, RW Part A, Network, Patient Care, Private Insurance, Medicare	All Populations, Migrant Workers, Communities of Color, WICY	FACTORS

County Health Department Delray Beach Health Center 225 South Congress Avenue Delray Beach 33444 561-803-7360 Mitchell Durant, Ph.D.	Southern Eastern Palm Beach County	Medicaid, Healthcare District, RW Part A, Network, Patient Care, Private Insurance, Medicare	All Populations, Migrant Workers, Communities of Color, WICY	FACTORS
Kenneth Ness, MD 1411 North Flagler Drive, West Palm Beach 33407 561-655-8388	Central Palm Beach County	RW Part A, Private Insurance	All Populations	Paper Referral
Infectious Disease Consultants 5150 Linton Blvd Delray Beach 33484 561-499-1442	Southern Palm Beach County	RW Part A, Private Insurance	All Populations	Paper Referral
Infectious Disease Associates 2300 South Congress Ave Boynton Beach 33426 561-735-7531	Southern Palm Beach County	RW Part A, Private Insurance	All Populations	Paper Referral
Triple O Medical Services, MD 1515 North Flagler Drive, Ste 220 West Palm Beach 33401 561-832-6770 Olayemi O. Osiyemi	Central Palm Beach County	RW Part A, Private Insurance	All Populations	Paper Referral
Children's Medical Services 5101 Greenwood Ave West Palm Beach 33401 561-881-5040 Paula Dorhout	County-wide	Medicaid, Private Insurance, Health Care District, Kidcare	WICY	not available

VA Medical Center 7305 North Military Trail West Palm Beach 33410 561-422-7522 M. Chris Saslo	County-wide	Veteran's Administration	Veterans	VA database
Comprehensive AIDS Program 2330 South Congress Ave. Palm Springs 33406 561-472-2466 Yolette Bonnet	Central Palm Beach County	RW Part A and B, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	FACTORS
Case Management Capacity: 4,130				
Comprehensive AIDS Program 2222 W. Atlantic Avenue Delray Beach 33445 561-274-6400 Yolette Bonnet	Southern Palm Beach County	RW Part A and B, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	FACTORS
Comprehensive AIDS Program 2001 West Blue Heron Blvd. Riviera Beach 33404 561-844-1266 Yolette Bonnet	Northern Palm Beach County	RW Part A and B, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	FACTORS

Comprehensive AIDS Program 25 SE MLK Jr. Blvd. Belle Glade 33430 561-996-7059 Yolette Bonnet	Western Palm Beach County	RW Part A and B, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	FACTORS
Comprehensive AIDS Program 2330 South Congress Ave. Palm Springs 33406 561-472-2466 Yolette Bonnet	Central Palm Beach County	RW Part A and B, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	FACTORS
Comprehensive AIDS Program 170 South Barfield Hwy Ste. 106 Pahokee 33476 Yolette Bonnet	Western Palm Beach County	RW Part A and B, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	FACTORS
Compass 7600 South Dixie Hwy West Palm Beach 33405 561-533-9699 Chris Lacharite	Central Palm Beach County	RW Part A	LGBT, All Populations	FACTORS
County Health Department Riviera Beach Health Center 7289 Garden Road Riviera Beach 33404 561-803-7360 Mitchell Durant, Ph.D.	Central/North Eastern Palm Beach County	Medicaid, Healthcare District, RW Part A, Network, Patient Care, Private Insurance, Medicare	All Populations, Migrant Workers, Communities of Color, WICY	FACTORS

County Health Department C.L. Brumback Health Center 38754 St Road 80 Belle Glade 33430 561-803-7360 Mitchell Durant, Ph.D.	Western Palm Beach County	Medicaid, Healthcare District, RW Part A, Network, Patient Care, Private Insurance, Medicare	All Populations, Migrant Workers, Communities of Color, WICY	FACTORS
County Health Department West Palm Beach Clinic 1150 45th Street West Palm Beach 33407 561-803-7360 Mitchell Durant, Ph.D.	Central/North Eastern Palm Beach County	Medicaid, Healthcare District, RW Part A, Network, Patient Care, Private Insurance, Medicare	All Populations, Migrant Workers, Communities of Color, WICY	FACTORS
County Health Department Delray Beach Health Center 225 South Congress Avenue Delray Beach 33444 561-803-7360 Mitchell Durant, Ph.D.	Southern Palm Beach County	Medicaid, Healthcare District, RW Part A, Network, Patient Care, Private Insurance, Medicare	All Populations, Migrant Workers, Communities of Color, WICY	FACTORS
Minority Development and Empowerment, Inc. 3175 South Congress Ave Ste. 301 Palm Springs 33461 561-296-5722 Luis Cruz	County-wide	RW Part A and B	Haitian Population	FACTORS
Positive Healthcare 14000 North Military Trail Ste 104 Delray Beach 33435 561-279-7738 Ron Haberle	County-wide	Medicaid, Medicare	Medipass Recepients	not available

Children's Medical Services 5101 Greenwood Ave West Palm Beach 33401 561-881-5040 Paula Dorhout	County-wide	Medicaid, Private Insurance, Health Care District, Kidcare	WICY	not available
Dental Care Capacity: 2,000				
County Health Department Riviera Beach Health Center 7289 Garden Road Riviera Beach 33404 561-882-3126 Alan Lasch	Central/North Eastern Palm Beach County	Medicaid, Healthcare District, RW Part A, Network, Patient Care, Private Insurance, Medicare	All Populations	FACTORS
County Health Department C.L. Brumback Health Center 38754 St Road 80 Belle Glade 33430 561-996-1625 Alan Lasch	Western Palm Beach County	Medicaid, Healthcare District, RW Part A, Network, Patient Care, Private Insurance, Medicare	All Populations	FACTORS
County Health Department Delray Beach Health Center 225 South Congress Avenue Delray Beach 33444 561-274-3111 Alan Lasch	Southern Palm Beach County	Medicaid, Healthcare District, RW Part A, Network, Patient Care, Private Insurance, Medicare	All Populations	FACTORS
County Health Department West Palm Beach Clinic 1150 45th Street West Palm Beach 33407 561-803-7360 Mitchell Durant, Ph.D.	Central Eastern Palm Beach County	Medicaid, Healthcare District, RW Part A, Network, Patient Care, Private Insurance, Medicare	All Populations	FACTORS

Pharmaceutical Capacity: 2,075				
Palm Beach County Health Care District 324 Datura Street, Suite 400 West Palm Beach 33401 561-655-8100 ext. 1202 Jose Rodriquiz	County-wide	RW Part A, Public Funding	All Populations	not available
Children's Medical Services 5101 Greenwood Ave West Palm Beach 33401 561-881-5040 Paula Dorhout	County-wide	Medicaid, Private Insurance, Health Care District, Kidcare	WICY	not available
County Health Department Riviera Beach Health Center 7289 Garden Road Riviera Beach 33404 561-803-7360 Mitchell Durant, Ph.D.	Central/North Eastern Palm Beach County	Medicaid, Healthcare District, RW Part A, Network, Patient Care, Private Insurance, Medicare	All Populations	FACTORS
County Health Department C.L. Brumback Health Center 38754 St Road 80 Belle Glade 33430 561-803-7360 Mitchell Durant, Ph.D.	Western Palm Beach County	Medicaid, Healthcare District, RW Part A, Network, Patient Care, Private Insurance, Medicare	All Populations	FACTORS
County Health Department Delray Beach Health Center 225 South Congress Avenue Delray Beach 33444 561-803-7360 Mitchell Durant, Ph.D.	Southern Palm Beach County	Medicaid, Healthcare District, RW Part A, Network, Patient Care, Private Insurance, Medicare	All Populations	FACTORS

County Health Department West Palm Beach Clinic 1150 45th Street West Palm Beach 33407 561-803-7360 Mitchell Durant, Ph.D.	Central Eastern Palm Beach County	Medicaid, Healthcare District, RW Part A, Network, Patient Care, Private Insurance, Medicare	All Populations	FACTORS
Mental Health Treatment Capacity: 624				
Comprehensive AIDS Program 2222 W. Atlantic Avenue Delray Beach 33445 561-274-6400 Yolette Bonnet	Southern Palm Beach County	RW Part A and B, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	FACTORS
Comprehensive AIDS Program 2001 West Blue Heron Blvd. Riviera Beach 33404 561-844-1266 Yolette Bonnet	Northern Palm Beach County	RW Part A and B, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	FACTORS
Comprehensive AIDS Program 25 SE MLK Jr. Blvd. Belle Glade 33430 561-996-7059 Yolette Bonnet	Western Palm Beach County	RW Part A and B, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	FACTORS

Comprehensive AIDS Program 2330 South Congress Ave. Palm Springs 33406 561-472-2466 Yolette Bonnet	Central Palm Beach County	RW Part A and B, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	FACTORS
Comprehensive AIDS Program 170 South Barfield Hwy Ste. 106 Pahokee 33476 Yolette Bonnet	Western Palm Beach County	RW Part A and B, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	FACTORS
Compass 7600 South Dixie Hwy West Palm Beach 33405 561-533-9699 Chris Lacharite	Central Palm Beach County	RW Part A	LGBT, All Populations	FACTORS
County Health Department Riviera Beach Health Center 7289 Garden Road Riviera Beach 33404 561-803-7360 Mitchell Durant, Ph.D.	Central/North Eastern Palm Beach County	Medicaid, Healthcare District, RW Part A, Network, Patient Care, Private Insurance, Medicare	All Populations	FACTORS
County Health Department C.L. Brumback Health Center 38754 St Road 80 Belle Glade 33430 561-803-7360 Mitchell Durant, Ph.D.	Western Palm Beach County	Medicaid, Healthcare District, RW Part A, Network, Patient Care, Private Insurance, Medicare	All Populations	FACTORS

County Health Department West Palm Beach Clinic 1150 45th Street West Palm Beach 33407 561-803-7360 Mitchell Durant, Ph.D.	Central Palm Beach County	Medicaid, Healthcare District, RW Part A, Network, Patient Care, Private Insurance, Medicare	All Populations	FACTORS
County Health Department Delray Beach Health Center 225 South Congress Avenue Delray Beach 33444 561-803-7360 Mitchell Durant, Ph.D.	Southern Palm Beach County	Medicaid, Healthcare District, RW Part A, Network, Patient Care, Private Insurance, Medicare	All Populations	FACTORS
Oakwood Center of the Palm Beaches, Inc 406/408 SE MLK Jr. Belle Glade 33430 561-383-5736 Pat Priola	All Palm Beach County	RW Part A, Medicaid, Private Funding	All Populations	Paper Referral
United Deliverance Community Resource Center, Inc. 821 Grant St West Palm Beach 33407 561-659-7988 Sandra White	Central Palm Beach County	CDC, Private Funding	All Populations	Paper Referral
Substance Abuse Treatment Outpatient Capacity: 30				
Gratitude House 1700 N. Dixie Highway West Palm Beach 33407 (561) 833-6826 Gail Dempsey	All Palm Beach County	RW Part A	WICY	Paper Referral

Substance Abuse Treatment Residential Capacity: 8				
Gratitude House 1700 N. Dixie Highway West Palm Beach 33407 (561) 833-6826 Gail Dempsey	All Palm Beach County	RW Part A	WICY	Paper Referral
Health Insurance Capacity: 30				
Comprehensive AIDS Program 2330 South Congress Ave. Palm Springs 33406 561-472-2466 Yolette Bonnet	Central Palm Beach County	RW Part A, Private Funding	All Populations, Haitian, Latin	FACTORS
Outreach Capacity: 945				
Positive Healthcare 14000 North Military Trail Ste 104 Delray Beach 33435 561-279-7738 Ron Haberle	County-wide	Medicaid, Medicare	Medipass Recepients	not available
Minority Development and Empowerment, Inc. 3175 South Congress Ave Ste. 301 Palm Springs 33461 561-296-5722 Luis Cruz	County-wide	RW Part A and B	Haitian Population	FACTORS
Treatment Adherance Capacity: 520				
Comprehensive AIDS Program 2330 South Congress Ave. Palm Springs 33406 561-472-2466 Yolette Bonnet	Central Palm Beach County	RW Part A	All Populations, Haitian, Latin	FACTORS

County Health Department Riviera Beach Health Center 7289 Garden Road Riviera Beach 33404 561-803-7360 Mitchell Durant, Ph.D.	Central/North Eastern Palm Beach County	Medicaid, Healthcare District, RW Part A, Network, Patient Care, Private Insurance, Medicare	All Populations, Migrant Workers, Communities of Color, WICY	FACTORS
County Health Department Delray Beach Health Center 225 South Congress Avenue Delray Beach 33444 561-803-7360 Mitchell Durant, Ph.D.	Southern Palm Beach County	Medicaid, Healthcare District, RW Part A, Network, Patient Care, Private Insurance, Medicare	All Populations	FACTORS
Emergency Financial Assistance Capacity: 374				
Comprehensive AIDS Program 2222 W. Atlantic Avenue Delray Beach 33445 561-274-6400 Yolette Bonnet	Southern Palm Beach County	RW Part A, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	FACTORS
Comprehensive AIDS Program 2001 West Blue Heron Blvd. Riviera Beach 33404 561-844-1266 Yolette Bonnet	Northern Palm Beach County	RW Part A, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	FACTORS

Comprehensive AIDS Program 25 SE MLK Jr. Blvd. Belle Glade 33430 561-996-7059 Yolette Bonnet	Western Palm Beach County	RW Part A, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	FACTORS
Comprehensive AIDS Program 2330 South Congress Ave. Palm Springs 33406 561-472-2466 Yolette Bonnet	Central Palm Beach County	RW Part A, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	FACTORS
Comprehensive AIDS Program 170 South Barfield Hwy Ste. 106 Pahokee 33476 Yolette Bonnet	Western Palm Beach County	RW Part A, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	
Compass 7600 South Dixie Hwy West Palm Beach 33405 561-533-9699 Chris Lacharite	Central Palm Beach County	RW Part A	LGBT, All Populations	FACTORS

Food Services Capacity: 1,415				
Comprehensive AIDS Program 2222 W. Atlantic Avenue Delray Beach 33445 561-274-6400 Yolette Bonnet	Southern Palm Beach County	RW Part A, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	FACTORS
Comprehensive AIDS Program 2001 West Blue Heron Blvd. Riviera Beach 33404 561-844-1266 Yolette Bonnet	Northern Palm Beach County	RW Part A, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	FACTORS
Comprehensive AIDS Program 25 SE MLK Jr. Blvd. Belle Glade 33430 561-996-7059 Yolette Bonnet	Western Palm Beach County	RW Part A, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	FACTORS
Comprehensive AIDS Program 2330 South Congress Ave. Palm Springs 33406 561-472-2466 Yolette Bonnet	Central Palm Beach County	RW Part A, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	FACTORS

Comprehensive AIDS Program 170 South Barfield Hwy Ste. 106 Pahokee 33476 Yolette Bonnet		RW Part A, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	
Compass 7600 South Dixie Hwy West Palm Beach 33405 561-533-9699 Chris Lacharite	Central Palm Beach County	RW Part A	LGBT, All Populations	FACTORS
Legal Services Capacity: 386				
Legal Aid Society of Palm Beach County 423 Fern Street Ste 200 West Palm Beach 33401 561-655-8944 David Begley	County-wide	RW Part A	All Populations	FACTORS
Transportation Capacity: 878				
Comprehensive AIDS Program 2222 W. Atlantic Avenue Delray Beach 33445 561-274-6400 Yolette Bonnet	Southern Palm Beach County	RW Part A, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	FACTORS

Comprehensive AIDS Program 2001 West Blue Heron Blvd. Riviera Beach 33404 561-844-1266 Yolette Bonnet	Northern Palm Beach County	RW Part A, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	FACTORS
Comprehensive AIDS Program 25 SE MLK Jr. Blvd. Belle Glade 33430 561-996-7059 Yolette Bonnet	Western Palm Beach County	RW Part A, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	FACTORS
Comprehensive AIDS Program 2330 South Congress Ave. Palm Springs 33406 561-472-2466 Yolette Bonnet	Central Palm Beach County	RW Part A, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	FACTORS
Comprehensive AIDS Program 170 South Barfield Hwy Ste. 106 Pahokee 33476 Yolette Bonnet	Western Palm Beach County	RW Part A, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	FACTORS

Compass 7600 South Dixie Hwy West Palm Beach 33405 561-533-9699 Chris Lacharite	Central Palm Beach County	RW Part A	LGBT, All Populations	FACTORS
Home Healthcare Capacity: 47				
Comprehensive AIDS Program 2330 South Congress Ave. Palm Springs 33406 561-472-2466 Yolette Bonnet	Central Palm Beach County	RW Part A, Medicaid, Medicaid Managed Care, Private Insurance, Health Care District, Local funding	All Populations, Haitian, Latin	FACTORS
Florida Housing Corporation 534 Datura Street West Palm Beach 33401 561-659-9330 Susan Boone	Eastern/Central Palm Beach County	RW Part A	All Populations	FACTORS

Comparison of Service Locations with ZIP Codes of PLWHA

A comparison of service locations with ZIP Codes of PLWHA demonstrates that services were available in the most heavily impacted ZIP Codes and that Palm Tran, the public transportation system, connects residents of most ZIP Codes with all service locations including all case management and public health clinics.

ZIP Code data in the table to the right and on the maps in this section were provided by the Department of Health, Bureau of HIV/AIDS with the following stipulation:

> "Department of Health (DOH) workers who release aggregate HIV/AIDS data outside the Department must comply with the policy of suppressing all non-zero tabulated cells for zip code data with <3 cases (i.e., all cells containing only 1 or 2 cases). All marginal totals shown in table form should routinely be inspected to ensure that values of internal cells expressed as <3 cannot be exactly determined. Consolidation with other data subgroups may be necessary to avoid such disclosure. ZIP Code areas are subject to geographic expansion or other changes over time. The ZIP Codes of residence at time of diagnosis may not correspond to the PLWHA's current ZIP Code."

All cells with <3, unless otherwise noted were counted as one.

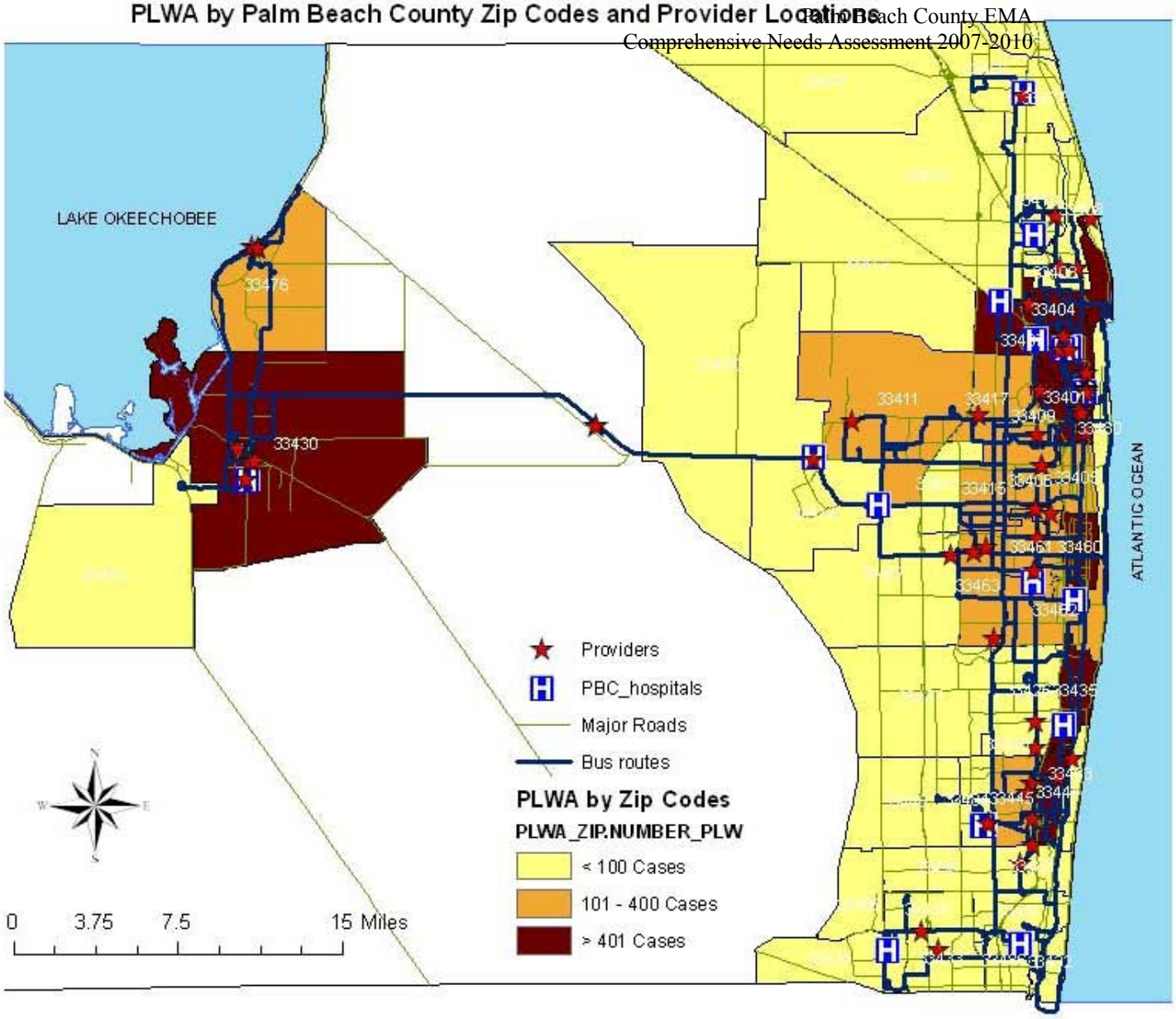
The following maps do not reflect the count of homeless PLWHA in the EMA.

Presumed Living HIV/AIDS Cases in Palm Beach County, excl Department of Corrections, through 2005

ZIP Code	Number of PLWHA	ZIP Code	Number of PLWHA
homeless	28	33440	2
33401	500	33441	1
33402	14	33442	2
33403	85	33444	732
33404	590	33445	126
33405	129	33446	11
33406	112	33447	4
33407	690	33448	1
33408	33	33449	1
33409	156	33454	1
33410	61	33455	1
33411	129	33458	66
33412	11	33459	3
33413	23	33460	472
33414	47	33461	144
33415	160	33462	143
33416	16	33463	150
33417	130	33464	2
33418	25	33465	2
33419	3	33466	3
33420	2	33467	36
33421	2	33468	4
33422	1	33469	12
33424	3	33470	38
33425	2	33476	133
33426	41	33477	8
33427	3	33478	7
33428	73	33480	23
33429	2	33481	1
33430	638	33482	3
33431	50	33483	56
33432	62	33484	18
33433	56	33486	60
33434	28	33487	35
33435	415	33489	1
33436	79	33493	51
33437	35	33496	18
33438	8	33498	2
33439	1	33784	1
		Total	6817

Note: The shaded cells in the table above indicate zip codes that are post office boxes.

PLWA by Palm Beach County Zip Codes and Provider Locations



Presumed HIV/AIDS cases excludes DOH through 2005

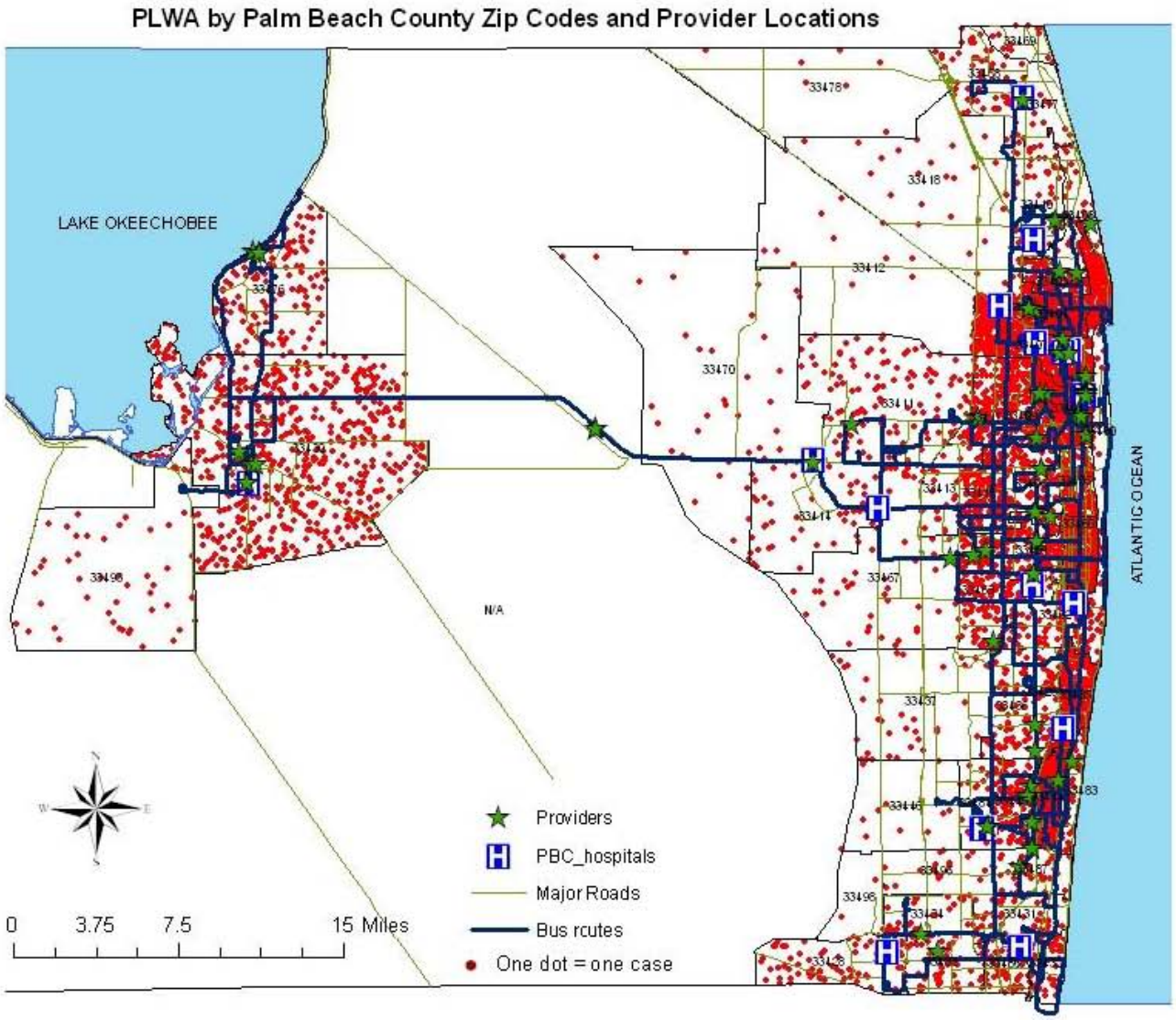
Data presented complies with Bureau of HIV/AIDS policy

Zip code of residence at time of diagnosis may not correspond to the current zip codes

Homeless count and non-palm Beach County Zip codes are not reflected on map

Metadata
PCS:NAD_1983_HARN_StatePlane_Florida_East_FIPS_0901_Feet
Source: Shape files from Palm Beach County GIS

Created by Michael B. Greene, HCD, Planning Dept., 7/31/07



Presumed HIV/AIDS cases excludes DOH through 2005

Data presented complies with Bureau of HIV/AIDS policy

Zip code of residence at time of diagnosis may not correspond to the current zip codes

Homeless count and non-palm Beach County Zip codes are not reflected on map

Metadata
PCS:NAD_1983_HARN_StatePlane_Florida_East_FIPS_0901_Feet
Source: Shape files from Palm Beach County GIS

Created by Michael B. Greene, HCD, Planning Dept., 7/31/07

The service locations marked on the map include all Part A and B funded services, as well as State General Revenue funded services. The Healthcare District provides pharmaceuticals at their four pharmacy locations, shown on the map. In addition, the Healthcare District Network includes all Walgreen, Wal-Mart, Albertson, Kmart, CVS, Publics and Winn Dixie locations which are not identified on the map. Only the most frequently utilized specialty medical service facilities are marked on the map. The list of services represented on the map is displayed below.

Organization	Location of Service Provision	Address of Service Provision	ZIP Code	Service/s Provided
COMPASS, Inc.	COMPASS, Inc.	7600 South Dixie Hwy., West Palm Beach	33405	Case Management, Transportation, Food Vouchers, Direct Emergency Assistance
COMPASS, Inc.	CHD Riviera Beach Health Center	7289 Garden Road, Riviera Beach	33404	Case Management, Transportation, Food Vouchers, Direct Emergency Assistance
COMPASS, Inc.	CHD Delray Beach Health Center	225 Congress Ave, Delray Beach	33462	Case Management, Transportation, Food Vouchers, Direct Emergency Assistance
CAP/CCCnet, Inc.	CAP/CCCnet, Inc.	25 SE Martin Luther King Blvd., Belle Glade	33430	Case Management and access to all services
CAP/CCCnet, Inc.	CAP/CCCnet, Inc.	2222 W. Atlantic Ave, Delray Beach	33445	Case Management and access to all services
CAP/CCCnet, Inc.	CAP/CCCnet, Inc.	2001 W. Blue Heron, Riviera Beach	33404	Case Management and access to all services
CAP/CCCnet, Inc.	CAP/CCCnet, Inc.	2330 South Congress Blvd. Palm Springs	33406	Case Management and access to all services
CAP/CCCnet, Inc.	CAP/CCCnet, Inc.	170 South Barfield Hwy, Ste 106, Pahokee	33476	Case Management and access to all services
CAP/CCCnet, Inc.	Lakeside Quality Home Health Care	485 W. Main Street, Pahokee	33476	Home Health
CAP/CCCnet, Inc.	Vital Home Care of Fla, Inc.	5700 Lake Worth Rd #209-6, Lake Worth	33461	Home Health
CAP/CCCnet, Inc.	Caring for Seniors	1964 S Congress Ave, West Palm Beach	33406	Home Health
CAP/CCCnet, Inc.	Eastcare Services, Inc.	268 Swain Blvd, Greenacres	33463	Home Health
CAP/CCCnet, Inc.	Multilingual Psychotherapy Centers	1609 Forum Place #7, West Palm Beach	33401	Mental Health
CAP/CCCnet, Inc.	Banyan Institute	11388 Okeechobee Blvd, Royal Palm Beach	33411	Mental Health
CAP/CCCnet, Inc.	CARE, Inc.	321 Northlake Blvd #102, North Palm Beach	33408	Residential Substance Abuse Treatment

Organization	Location of Service Provision	Address of Service Provision	ZIP Code	Service/s Provided
CAP/CCCnet, Inc.	Comprehensive Alcohol Rehabilitation Program	PO Box 2507, West Palm Beach	33402	Residential Substance Abuse Treatment
CAP/CCCnet, Inc.	Drug Abuse Foundation	400 S Swinton Ave, Delray Beach	33444	Residential Substance Abuse Treatment
Florida Housing Corporation	Florida Housing Corporation	534 Datura St. West Palm Beach	33401	Home Health Care
Gratitude Guild	Gratitude Guild	1700 North Dixie Hwy West Palm Beach	33407	Substance Abuse Residential and Outpatient
Health Care District of Palm Beach County	CHD Riviera Beach Health Center	7289 Garden Road, Riviera Beach	33404	Prescriptions/Nutritional Supplements
Health Care District of Palm Beach County	CHD West Palm Beach Clinic	1150 45th Street, West Palm Beach	33407	Prescriptions/Nutritional Supplements
Health Care District of Palm Beach County	CHD CL Brumback Health Center	38754 State Road 80, Belle Glade	33430	Prescriptions/Nutritional Supplements
Health Care District of Palm Beach County	CHD Delray Beach Center/Annex	225 South Congress Ave, Delray Beach	33462	Prescriptions/Nutritional Supplements
Legal Aid Society of Palm Beach County, Inc.	Legal Aid Society of Palm Beach County, Inc.	423 Fern St., Ste 200, West Palm Beach	33401	Permanency Planning/Legal Services
Legal Aid Society of Palm Beach County, Inc.	CAP/CCCnet, Inc.	25 SE Martin Luther King Blvd., Belle Glade	33430	Permanency Planning/Legal Services
Legal Aid Society of Palm Beach County, Inc.	CAP/CCCnet, Inc.	2222 W. Atlantic Ave, Delray Beach	33445	Permanency Planning/Legal Services
Minority Development and Empowerment, Inc.	Minority Development and Empowerment, Inc.	3175 South Congress Ave. Suite 301, Palm Springs	33461	Case Management, Outreach

Organization	Location of Service Provision	Address of Service Provision	ZIP Code	Service/s Provided	
Oakwood Center of the Palm Beaches, Inc.	PANDA	816/824 NW Ave. D, Belle Glade	33430	Substance Abuse Residential and Outpatient	
Oakwood Center of the Palm Beaches, Inc.	Oakwood Center of the Palm Beaches, Inc.	406/408 SE MLK Jr. Blvd, Belle Glade	33430	Mental Health Therapy	
Palm Beach County Health Department	CHD Riviera Beach Health Center	7289 Garden Road, Riviera Beach	33404	Primary Ambulatory Outpatient Medical Care, Nurse Care Coordination, Dental, Treatment Adherence, Mental Health, Case Management, ADAP, Nutrition Counseling, Specialty Medical (Psychiatry & OBGYN), Lab/Diagnostic	
Palm Beach County Health Department	CHD Delray Beach Health Center/Annex	225 South Congress Ave, Delray Beach	33462	Primary Ambulatory Outpatient Medical Care, Nurse Care Coordination, Dental, Treatment Adherence, Mental Health, Case Management, ADAP, Nutrition Counseling, Specialty Medical (OBGYN), Lab/Diagnostic	
Palm Beach County Health Department	CHD CL Brumback (Belle Glade) Health Center	38754 State Road 80, Belle Glade	33430	Primary Ambulatory Outpatient Medical Care, Nurse Care Coordination, Dental, Mental Health, Case Management, ADAP, Nutrition Counseling, Specialty Medical (OBGYN), Lab/Diagnostic	
Palm Beach County Health Department	West Palm Beach Health Center	1150 45th Street, West Palm Beach	33407	Primary Ambulatory Outpatient Medical Care, Nurse Care Coordination, Dental, Mental Health, Case Management, Nutrition Counseling, Specialty Medical (OBGYN), Lab/Diagnostic	
Treasure Coast Health Council	Infectious Disease Consultants	5150 Linton Blvd. Ste. 230, Delray Beach	33484	Primary Ambulatory Outpatient Medical Care, Lab/Diagnostic	
Treasure Coast Health Council	Infectious Disease Consultants	2300 Congress Ave, Boynton Beach	33426	Primary Ambulatory Outpatient Medical Care, Lab/Diagnostic	
Treasure Coast Health Council	Triple O Medical Services	1515 N. Flagler Dr. Ste 220, West Palm Beach	33401	Primary Ambulatory Outpatient Medical Care, Lab/Diagnostic	
Treasure Coast Health Council	Kenneth Ness, M.D.	1411 North Flagler Dr., West Palm Beach	33407	Primary Ambulatory Outpatient Medical Care, Lab/Diagnostic	
Treasure Coast Health Council	JFK Memorial Hospital	7301 S. Congress Avenue Atlantis	33462	Specialty Outpatient Medical Care	Hospital
Treasure Coast Health Council	Allen H Bezner, M.D.	200 Knuth Road #200 Boynton Beach	33436	Specialty Outpatient Medical Care	Neurology & Psychology

Organization	Location of Service Provision	Address of Service Provision	ZIP Code	Service/s Provided	Organization
Treasure Coast Health Council	Bethesda Memorial Hospital, INC	3800 S Congress Ave #7 Boynton Beach	33437	Specialty Outpatient Medical Care	Hospital
Treasure Coast Health Council	Mark Paris, MD	7499 San Clemente Place Boca Raton	33433	Specialty Outpatient Medical Care	Ophthalmology
Treasure Coast Health Council	Cauvin Frett Psychiatry LLC	8177 Glades Road suite #204 Boca Raton	33434	Specialty Outpatient Medical Care	Psychiatry
Treasure Coast Health Council	J David Crowell, MD	170 So Barfield Highway Pahokee	33476	Specialty Outpatient Medical Care	Ophthalmology
Treasure Coast Health Council	Dennis Feinrider, MD	6801 Lake Worth Road #219 Lake Worth	33467	Specialty Outpatient Medical Care	Neurology
Treasure Coast Health Council	Glades General Hospital	1201 S Main Street Belle Glade	33430	Specialty Outpatient Medical Care	Hospital
Treasure Coast Health Council	Glenn Englander, MD	1411 N Flagler Dr. # 8700 West Palm Beach	33407	Specialty Outpatient Medical Care	Gastroenterology
Treasure Coast Health Council	Good Samaritan Hospital	1309 Flagler Drive West Palm Beach	33407	Specialty Outpatient Medical Care	Hospital
Treasure Coast Health Council	Hematology Oncology Associates	4685 S. Congress Ave #200 Lake Worth	33461	Specialty Outpatient Medical Care	Hematology/Oncology
Treasure Coast Health Council	Palm Beach Neurology	1200 S. Main St. Belle Glade	33430	Specialty Outpatient Medical Care	Neurology
Treasure Coast Health Council	Pulmonary Specialists of Palm Beach	13005 Southern Blvd, #235 Loxahatchee	33470	Specialty Outpatient Medical Care	Pulmonary
Treasure Coast Health Council	Raymond Henderson, MD	1717 N Flagler Dr # 3 West Palm Beach	33407	Specialty Outpatient Medical Care	Surgeon – General
Treasure Coast Health Council	St Mary's Hospital	901 - 45th Street West Palm Beach	33407	Specialty Outpatient Medical Care	Hospital
Treasure Coast Health Council	Thomas E Lipin, MD	210 Jupiter Lakes Blvd Building 3000 #202 Jupiter	33458	Specialty Outpatient Medical Care	Surgeon – ENT
Treasure Coast Health Council	Urology Ctr of Florida	1325 S Congress Avenue #111 Boynton Beach	33426	Specialty Outpatient Medical Care	Urology
Treasure Coast Health Council	Visual Health Center	2889 10th Avenue North Lake Worth	33461	Specialty Outpatient Medical Care	Ophthalmology

Organization	Location of Service Provision	Address of Service Provision	ZIP Code	Service/s Provided	Organization
Treasure Coast Health Council	William Gogan, MD	701 Northlake Blvd #208 N Palm Beach	33408	Specialty Outpatient Medical Care	Orthopedic
Treasure Coast Health Council	Waters Edge Dermatology	600 Village Square Crossings Palm Beach Gardens	33410	Specialty Outpatient Medical Care	Dermatology
Treasure Coast Health Council	Cardiology Partner - BG Ste. #102	12953 Palms West Dr Ste # 102 Loxahachee	33470	Specialty Outpatient Medical Care	Cardiology
Treasure Coast Health Council	Cardiology Partner - BG	1200 S Main St Belle Glade	33430	Specialty Outpatient Medical Care	Cardiology
Treasure Coast Health Council	Berto Lopez MD, PA	1501 Presidential Way #21 West Palm Beach	33401	Specialty Outpatient Medical Care	Gynecology
Treasure Coast Health Council	Palm Beach Gastro Consultants	1157 South State Rd. #7 Wellington	33414	Specialty Outpatient Medical Care	Gastroenterology
Treasure Coast Health Council	Catherine Lowe, MD	11380 Prosperity Farms Road, # 112-C Palm Beach Gardens	33410	Specialty Outpatient Medical Care	Ophthalmology
Treasure Coast Health Council	South Florida Gastroenterology Associates	5210 Linton Blvd #102 Delray Beach	33484	Specialty Outpatient Medical Care	Gastroenterology
Treasure Coast Health Council	Essie Tarr, ARNP, MSBC,CHT	7681 1ST Terrace Lake Worth	33463	Specialty Outpatient Medical Care	Psychotherapy
Treasure Coast Health Council	Sam F Wanis, DO	2925 10TH Ave N # 204 Lake Worth	33461	Specialty Outpatient Medical Care	Gynecology

CADR Report

The CADR report provides the Chief Elected Official and HRSA with unduplicated client data from each individual service provider, but duplicated across providers, i.e. the report does not specify how many different providers served a particular client. The report does demonstrate that the demographic profile of clients served (i.e. gender, race/ethnicity, and age) which is similar to that of PLWHA in Palm Beach County.

2006 CADR REPORT

PROVIDER	Compass	CAP	Florida Housing Corr	Gratitude House	Legal Aid Society	Oakwood Center	PBC Health Dept	PBC Healthcare District	TCHC	Total	Percentage of Total
GENDER											
Male	262	1211	43	1	288		1300	645	356	4106	57.0%
Female	111	1007	14	41	198	2	944	430	349	3096	43.0%
Transgender									1	1	0.0%
Unknown/unreported										0	0.0%
Total										7203	100.0%
AGE											
Under 2 years		3		2			4	1		10	0.1%
2-12 years		21			2		31	5	19	78	1.1%
13-24 years	5	53		4	8	1	83	15	21	190	2.6%
25-44 years	196	902	29	24	187		1051	507	282	3178	44.1%
45-64 years	169	1147	28	12	273	1	990	516	369	3505	48.7%
65 years or older	3	92			16		85	31	15	242	3.4%
Unknown/unreported										0	0.0%
Total										7203	100.0%
RACE/ETHNICITY											
White (not Hispanic)	201	628	4	16	203		367	202	197	1818	25.2%
Black or African American (not Hispanic)	114	1265	42	22	260		1555	457	422	4137	57.4%
Hispanic or Latino(a)	46	267	11	4	9	2	262	24	85	710	9.9%
Asian	2	5			4		3		2	16	0.2%
Native Hawaiian or Other	1						2			3	0.0%
Pacific Islander											0.0%
American Indian or	1	4			3			1		9	0.1%
Alaska Natice											0.0%
More than one race	9	49					55	1		114	1.6%
Unknown/unreported					7			390		397	5.5%
Total										7204	100.0%

SERVICES PROVIDED/CLIENTS SERVED										
Ambulatory/outpatient medical care							1988		706	2694
Mental health services	101	115		40						256
Oral health care							898			898
Substance abuse services-outpatient				25						25
Substance abuse services-residential		23		15		2				40
Rehabilitation services										
Home health:para-professional care		25	15							40
Home health: professional care		4								4
Home health: specialized care		3								3
Case management services	362	2140		42						2544
Buddy/companion service										
Child care services				2						
Child welfare services										
Client advocacy										
Day or respite care for adults										
Developmental assessment/early intervention services										
Early intervention services for Titles I and II										
Emergency financial assistance	28	346								374
Food bank/home-delivered meals	128	1287								1415
Health education/risk reduction										
Housing services		457	57	42						556
Legal services					486					486
Nutrition counseling/medical nutrition therapy				40						40
Outreach services										
Permanency planning										0
Psychosocial support services				40						40
Referral for health care/supportive services				42						42
Referrals to clinical research										
Residential or in-home hospice care										
Transportation services	88	790		42						920
Treatment adherence counseling		97								97
Other services		147								147
	1827	12088	243	456	1944	8	9618	3225	2824	32233

V. RECOMMENDATIONS

- Increase and improve follow-up with recently diagnosed PLWHA by enhancing coordination between early intervention, counseling and testing and case management providers.
- Increase and improve efforts to educate recently diagnosed PLWHA on the importance of being in care.
- Encourage medical professionals and case managers to appropriately refer recently diagnosed PLWHA to counseling and mental health services.
- Increase access to housing by:
    - Applying for housing grants.
    - Creating a task force of interested agencies to apply for additional funding for housing for PLWHA.
- Increase access to Substance Abuse Residential Treatment Services by:
    - Applying for SAMHSA grants.
    - Creating a task force of interested agencies to apply for additional funding for residential substance abuse treatment for PLWHA.
- Increase access and funding to Mental Health Services by:
    - Encouraging the CARE Council and the Priorities and Allocations Committee to increase funding for Mental Health Services.
    - Identifying and remedying the reasons that Part A monies have not been spent down in this service category.
- Increase access to jobs/vocational training by:
    - Identifying and disseminating information regarding resources for small businesses, continuing education, job training, etc.
- Increase access to HIV medications by:
    - Reviewing and considering revision of the eligibility process for clients to access medications.
    - Identifying and remedying the reasons that Part A monies have not been spent down in this service category.
- Expand the Peer Navigation Program.
- Require medical providers to contact patients after appointments have been missed. Include the implementation and monitoring of a tracking method as a contractual obligation for medical providers.
- Increase access to family planning information and services.
- Increase access to pelvic exams for female patients.
- Ensure continuity of care for PLWHA upon their release from incarceration.
- Identify incentive-based healthcare programs, and consider implementing a plan which increases the number of PLWHA in primary medical care.
- Raise awareness of HIV services, including support groups and services offered by churches.
- Increase media campaign regarding available HIV medical services and their locations.
- Conduct client satisfaction surveys. Monitor the tabulated responses, and implement corrective action if needed.
- Maintain existing and encourage new PLHWA support groups county-wide.

VII. G L O S S A R Y

Accountability: A framework that has been created to determine how a group and its members will be responsive and responsible to itself and the community.

ACTG (AIDS Clinical Trials Group): A network of medical centers around the country in which federally-funded clinical trials are conducted to test the safety and efficacy of experimental treatments for AIDS and HIV infection. These studies are funded by the National Institute of Allergy and Infectious Diseases (NIAID).

Acute: Reaching a crisis quickly; very sharp or severe.

ADAP (AIDS Drug Assistance Program): A State-administered program authorized under Part B of the Ryan White Act that provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid.

Administrative Agent or Fiscal Agent: An organization, agent, or other entity (i.e., public health department or community based organization) which assists a grantee in carrying out administrative activities (e.g., disbursing program funds, developing reimbursement and accounting systems, developing Requests for Proposals (RFPs), monitoring contracts). Not all grantees use a separate administrative or fiscal agent.

Advocacy: Representation of the needs of a particular community. This can involve education of health and social service providers, local policy makers, elected officials and the media.

AETC: (AIDS Education and Training Center): Regional centers providing education and training for primary care professionals and other AIDS-related personnel. AETCs are authorized under Part F of the Ryan White Act and administered by HRSA's HIV/AIDS Bureau's Division of Training and Technical Assistance (DTTA).

Affected Communities: Groups of people who are either infected with the HIV virus or who are family members/significant others of infected individuals.

Aggregate Data: Combined data, composed of multiple elements, often from multiple sources; for example, combining demographic data about clients from all primary care providers in a service area generates aggregate data about client characteristics.

AIDS (Acquired Immunodeficiency Syndrome): A severe immunological disorder caused by a retrovirus and resulting in susceptibility of opportunistic infections and certain rare cancers. This disease is caused by the human immunodeficiency virus (HIV).

AIDS Network: The AIDS Network were established to plan, develop and deliver comprehensive health and support services to meet the identified needs of individuals with HIV/AIDS in a cost effective manner. The Florida Legislature funds the Network. The department is ultimately responsible and accountable to the legislature for the network's appropriate utilization of the funds as established.

Allocation: Total dollar amount that may be expended for a service category.

Antibody: A substance in the blood formed in response to invading disease agents such as viruses, bacteria, fungi and parasites. Antibodies defend the body against invading disease agents. Most HIV tests are antibody test including ELISA, Synthetic Peptide, Western Blot.

Antiretroviral: A substance that fights against a retrovirus, such as HIV.

ASO (AIDS Service Organization): An organization which provides medical or support services primarily or exclusively to populations infected with and affected by HIV disease.

At-Risk Communities: Specific groups of people in a defined area who have a greater chance of becoming HIV-infected due to behaviors of actions common to the group (i.e., injection drug users, men who have sex with men).

Attitude: A state of mind or feeling regarding a particular subject.

Average: A way of describing the typical value or central tendency among a group of numbers, such as average age or average income.

Bar Graph or Bar Chart: A visual way to show and compare scores or values for different categories of variables; for example, a bar chart might be used to show the number of reported AIDS cases who are from each major racial/ethnic group; the taller the bar, the larger the number of AIDS cases.

Behavioral Risk Factor Surveillance System (BRFSS): A telephone survey conducted by most states which provides information about a variety of health risk behaviors from smoking and alcohol use to seat belt use and knowledge of HIV transmission.

Behavioral Science: A science, such as psychology of sociology, that seeks to survey and predict responses (behaviors and actions) of individuals or groups of people to a given situation (i.e. why people do what they do).

BHRD (Bureau of Health Resources Development): Bureau within the Health Resources and Services Administration (HRSA, [her-sa]), U.S. Department of Health and Human Services, which is responsible for administering the Ryan White Part A, Part B and SPNS (Special Projects of National Significance), among other programs.

Bylaws: Standing rules written by a group to govern their internal function; address issues of voting, quorums, attendance, etc.

Capacity Development: Building the abilities and knowledge of individuals or groups so they may fully participate in a process or organization**.***

Casual Contact: Normal day-to-day contact (i.e. shaking hands among people at home, school, work or in the community).

CBO (Community Based Organization): An organization which provides services to locally-defined populations, which may or may not include populations infected with or affected by HIV disease.

CDC (Centers for Disease Control and Prevention): The Department of Health and Human Services (DHHS) agency that administers HIV/AIDS prevention programs, including the HIV Prevention Community Planning process, among other programs. The CDC is responsible for monitoring and reporting infectious diseases, administers AIDS surveillance grants and publishes epidemiologic reports such as the HIV/AIDS *Surveillance Report*.

CD4 or CD4+Cells: Also known as "helper" T-cells, these cells are responsible for coordinating much of the immune response. HIV's preferred targets are cells that have a docking molecule called "cluster designation 4" (CD4) on their surfaces. Cells with this molecule are known as CD4-positive (CD4+) cells. Destruction of CD4+ lymphocytes is the major cause of the immunodeficiency observed in AIDS, and increasing CD4 levels appear to be the best indicator for developing opportunistic infections.

CD4 Cell Count: The number of T-helper lymphocytes per cubic millimeter of blood. The CD4 count is a good predictor of immunity. As CD4 cell count declines, the risk of developing opportunistic infections increases. The normal range for CD4 cell counts is 500 to 1500 per cubic millimeter of blood. CD4 counts should be rechecked at least every 6 to 12 months if CD4 counts are greater than 500/mm3. If the count is lower, testing every 3 months is advised. A CD4 count of 200 or less indicates AIDS.

CEO: (Chief Elected Official): The official recipient of the Ryan White Part A funds within the EMA, usually a city mayor, county executive, or chair of the county board of supervisors. The CEO is ultimately responsible for administering all aspects of the Ryan White Act in the EMA and ensuring that all legal requirements are met. In EMAs with more than one political jurisdiction, the recipient of Ryan White Part A funds is the CEO of the city or urban county that administers the public health agency that provides out patient and ambulatory services to the greatest number of people with AIDS in the EMA. In Palm Beach County the CEO is the Board of County Commissioners.

Chronic: A prolonged, lingering or recurring state of disease.

Closed- Ended Questions: Questions in an interview or survey format that provide a limited set of predefined alternative responses; for example, a survey might ask PLWH/A respondents if they are receiving case management services, and if they say yes, ask "About how often have you been in contact with your case manager for services during the past six months, either in person or by telephone?" and provide the following response options: Once a week or more, 2-3 times a month, about once a month, 3-5 times, 1-2 times, not at all.

Coalesce: To grow together in order to form one whole unit.

Coalition: An alliance of community groups, organizations or individuals to meet a goal or purpose.

Coding: The process of "translating" data from one format to another, usually so the information can be entered into a computer to be tabulated and analyzed; often, coding involves assigning numbers to all the possible responses to a question, such as Yes=1, No=2, Not Sure =3, No Response=0.

Collaboration: A group of people or organizations working together to solve a problem in a process where individual views are shared and discussed and may be changed as the group progresses toward its goals.

Community: A group of people living in a defined area who share a common language, ethnicity, geographic area, behavior or belief.

Co-Morbidity: A disease or condition, such as mental illness or substance abuse, co-existing with HIV disease.

Comprehensive Planning: The process of determining the organization and delivery of HIV services. This strategy is used by planning bodies to improve decision making about services and maintain a continuum of care for PLWH/As.

Compromise: A "give and take" process where all points of view are considered and weighed in order to reach a common plan or goal.

Conflict: A disagreement among two or more parties.

Conflict of Interest: A conflict between one's obligation to the public good and one's self-interest. For example, if the board of a community-based organization is deciding whether to receive services from Company A, and one of the board members also owns stock in Company A, that person would have a *conflict of interest.*

Confidentiality: Keeping information private or secret.

Consortium/HIV Care Consortium: A regional or statewide planning entity established by many State grantees under Ryan White Part B to plan and sometimes administer Part B

services. An association of health care and support service providers that develops and delivers services for PLWH/A under Ryan White Part B.

Continuity: Having the same or a similar situation, person or group over a period of time.

Continuum of Care: An approach that helps communities plan for and provide a full range of emergency and long-term service resources to address the various needs of PLWH/A.

Cost Effective: Economical and beneficial in terms of the goods or services received for the money spent.

County Health Department AIDS Patient Care: This funding is used for patient care services. An allocation is received by 29 of the 67 County Health Departments (CHD). The CHDs send Annual Plans to the Bureau of HIV/AIDS and report regularly as to the spending by category of these funds.

Cultural Competence: The knowledge, understanding and skills to work effectively with individuals from differing cultural backgrounds.

Data: Information that is used for a particular purpose.

Data Analysis: Careful, rigorous study of data; usually involves studying various elements of information and their relationships.

DCBP (Division of Community Based Programs): The division within HRSA's HIV/AIDS Bureau that is responsible for administering Ryan White Part C and Part D, and the HIV/AIDS Dental Reimbursement Program.

Decimal Places: Number of digits to the right of the decimal point, which separates numbers with a value greater than one from numbers with a value of less than one; the more numbers or decimal places used, the more precise the number; for example, 34.03 has two decimal places.

Defined Populations: People grouped together by gender, ethnicity, age, or other social factors.*

Dementia: The loss of metal capacity that affects a person's ability to function.

Department of Health and Human Services (DHHS): The U.S. government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. DHHS includes more than 300 programs, covering a wide spectrum of activities. The Department's programs are administered by 11 operating divisions such as the Centers for Disease Control and Prevention, the Food and Drug Administration and the National Institutes of Health (see the entries for these agencies). DHHS works closely with state and local governments, and

many DHHS-funded services are provided at the local level by state or county agencies, or through private-sector grantees. **Internet address: http://www.hhs.gov/**.

DHS (Division of HIV Services): The entity within Bureau of Health Resources Development (BHRD) responsible for administering Ryan White Part A and B.

Diagnosis: Confirmation of illness based on an evaluation of a patient's medical history.

Dispute: A conflict in which the parties involved have brought an internal disagreement.

Diverse/Diversity: Made up of all kinds; a variety of people and perspectives in one organization, process, etc.

Double blind Study: A clinical trial design in which neither the participating individuals nor the study staff know which patients are receiving the experimental drug and which are receiving a placebo or another therapy. Double-blind trials are thought to produce objective results, since the expectations of the doctor and the patient about the experimental drug do not affect the outcome. See Blinded Study.

Drug Resistance: The ability of some disease-causing microorganisms, such as bacteria, viruses, and mycoplasma, to adapt themselves, to grow, and to multiply even in the presence of drugs that usually kill them. See Cross-Resistance.

DSS (Division of Service Systems): The division within HRSA's HIV/AIDS Bureau that is responsible for administering Part A and B (including the AIDS Drug Assistance Program, ADAP).

DTTA (Division of Training and Technical Assistance): The division within HRSA's HIV/AIDS Bureau that is responsible for administering the AIDS Education and Training Centers (AETC) Program and technical assistance and training activities of the HIV/AIDS Bureau.

Efficacy: Power or capacity to produce a desired effect. If a prevention program has efficacy, it has been successful in achieving what it was intended to do.

ELISA (Enzymes-Linked Immunosorbent Assay): The most common test used to detect the presence of HIV infection. A positive ELISA test result must be confirmed by another test called a Western Blot.

EMA (Eligible Metropolitan Area): The geographic area eligible to receive Ryan White Part A funds. The boundaries of the eligible metropolitan area are defined by the Census Bureau. Eligibility is determined by AIDS cases reported to the Centers for Disease Control and Prevention (CDC). Some EMAs include just one city and others are composed of several cities and/or counties. Some EMAs extend over more than one state.

Encephalitis: A brain inflammation of viral or other microbial origin. Symptoms include headaches, neck pain, fever, nausea, vomiting, and nervous system problems. Several types of opportunistic infections can cause encephalitis.

Epidemic: A disease that occurs clearly in excess of normal expectation and spreads rapidly through a demographic segment of the human population. Epidemic disease can be spread from person to person or from a contaminated source such as food or water.

Epidemiologic Profile: A description of the current status and projected future spread of an infectious disease (an epidemic) in a specified geographic area; one of the required components of a needs assessment.

Epidemiology: The branch of medical science that studies the incidence, distribution, and control of disease in a population.

Ethnicity: A group of people who share the same place or origin, language, race, behaviors, or beliefs.

Etiquette: Different groups who have certain norms for acceptable and unacceptable behavior that is important when conflict arises.

Evidence-based: In prevention planning, evidence is based on scientific data, such as AIDS cases reported to health departments and needs assessments conducted in a scientific manner.

Exposure Category: In describing HIV/AIDS cases, same as transmission categories; how an individual may have been exposed to HIV, such as injecting drug use, men who have sex with men, and heterosexual contact.

Family Centered Care: A model in which systems of care under Ryan White Title IV are designed to address the needs of PLWH/As and affected family members as a unit, providing or arranging for a full range of services. The family structures may range from the traditional, biological family unit to non-traditional family units with partners, significant others, and unrelated care givers.

Fiscal Year: A twelve-month period set up for accounting purposes. For example, the federal government's fiscal year runs from October 1st to September 30th of the following year.

FDA (Food and Drug Administration): The DHHS agency responsible for ensuring the safety and effectiveness of drugs, biologic, vaccines, and medical devices used (among others) in the diagnosis, treatment, and prevention of HIV infection, AIDS, and AIDS-related opportunistic infections. The FDA also works with the blood-banking industry to safeguard the nation's blood supply.

Financial Status Report (Form 269): A report that is required to be submitted within 90 days after the end of the budget period that serves as documentation of the financial status of grants according to the official accounting records of the grantee organization.

Focus Group: A method of information collection involving a carefully planned discussion among a small group led by a trained moderator.

Formula Grant Application: The application used by EMAs and States each year to request an amount of Ryan White funding which is determined by a formula based on the number of reported AIDS cases in their location and other factors; the application includes guidance from DHS on program requirements and expectations.

Forum: A meeting or other outlets that provides an opportunity to share ideas and concerns on a particular topic in order to resolve disputes.

Frequency Distribution: A tally of the number of times each score or response occurs in a group of scores or response; for example, if 20 women with HIV provided information about how they were infected with the virus, the frequency distribution might be 8=injection drug use, 5= heterosexual contact with an injection drug user, 3=other heterosexual contact, 1= blood transfusion, and 3=don't know.

Gender: A person's sex (i.e. male or female)

Generalizability: The extent to which findings or conclusions from a sample can be assumed to be true of the entire population from which the sample was drawn.

Genotypic Assay: A test which analyzes a sample of the HIV virus from the patient's blood to identify actual mutations in the virus that are associated with resistance to specific drugs.

Grant: The money received from an outside group for a specific program or purpose. A grant application is a competitive process that involves detailed explanations about why there is a need for the money and how it will be spent.

Grantee: The recipient of Ryan White funds responsible for administering the funds. (for a full listing of definitions of grants management terms, see the PHS Grants Policy Statement, which can be accessed at http://www.nih.gov/grants/policy/gps/.)

Guidelines: Rules and structures for creating a program.

HAART (Highly Active Antiretroviral Therapy): An aggressive anti-HIV treatment usually including a combination of two or more drugs with activity against HIV whose purpose is to reduce viral load to undetectable levels in the blood. There is a question about the virus "hiding out" in lymph glands, sperm, etc.

HCFA (Health Care Financing Administration): The DHHS agency that is responsible for administering the Medicaid, Medicare, and Child Health Insurance Programs.

Hepatitis: An inflammation of the live, which may be caused by bacterial or viral infection, parasitic infestation, alcohol, drugs, toxins, or transfusion of incompatible blood. Although many cases of hepatitis are not a serious threat to health, the disease can become chronic and can sometimes lead to liver failure and death. There are four major types of viral hepatitis: (1) hepatitis A, caused by infection with the hepatitis A virus, which is spread by fecal-oral contact; (2) hepatitis B, caused by infection with the hepatitis B virus (HBV), which is most commonly passed on to a partner during intercourse, especially during anal sex, as well as through sharing of drug needles; (3) non-A, non-B hepatitis, caused by the hepatitis C virus, which appears to be spread through sexual contact as well as through sharing of drug needles (another type of non-A, non-B hepatitis is caused by the hepatitis E virus, principally spread through contaminated water); (4) delta hepatitis, which occurs only in persons who are already infected with HBV and is caused by the HDV virus; most cases of delta hepatitis occur among people who are frequently exposed to blood and blood products such as persons with hemophilia.

HICP (Health Insurance Continuation Program): A program authorized and primarily funded under Ryan White Part B that makes premium payments, co-payments, deductibles, or risk pool payments on behalf of a client to maintain his/her health insurance coverage.

High-Risk Behavior: Actions or choices that may allow HIV to pass from one person to another, especially through activities such as sexual intercourse and injecting drug use.

HIV (Human Immunodeficiency Virus): The virus that causes AIDS.

HIV/AIDS Bureau (HAB): The bureau within the Health Resources and Service Administration (HRSA) of the DHHS that is responsible for administering the Ryan White funding. Within HAB, the Division of Service Systems administers Part A, Part B, and the AIDS Drug Assistance Program (ADAP); the Division of Community Based Programs administers Part C, Part D, and the HIV/AIDS Dental Reimbursement Program; and the Division of Training and Technical Assistance administers the AIDS Education and Training Centers (AETC) Program. The Bureau's Office of Science and Epidemiology administers the Special Projects of National Significance (SPNS) Program.

HIV/EIS (HIV Early Intervention Services/Primary Care): Applied in the outpatient setting, HIV/EIS assures a continuum of care which include: (1) identifying persons at risk for HIV infection and offering them counseling, testing, and referral services, and (2) providing lifelong comprehensive primary care for those living with HIV/AIDS.

HIV/AIDS Dental Reimbursement Program: The program within HRSA's HIV/AIDS Bureau Division of Community Based Programs that assists accredited dental schools and post-doctoral dental programs with uncompensated costs incurred in providing oral health treatment to HIV positive patients.

HIV-Related Mortality Data: Statistics that represent deaths caused by HIV infection.

Home- and Community-Based Care: A category of eligible services that States may fund under Ryan White Part B.

Homophobia: An aversion to gay, transgender or homosexual person(s).

HOPWA (Housing Opportunities for Persons With AIDS): A program administered by the U.S. Department of Housing and Urban Development (HUD) which provides funding to support housing for PLWH/A and their families.

HRSA (Health Resources and Services Administration): The DHHS agency that is responsible for administering the Ryan White Act.

HUD (Department of Housing and Urban Development): The federal agency responsible for administering community development, affordable housing, and other programs including Housing Opportunities for Persons with HIV/AIDS (HOPWA).

IDU/IVDU (Injecting Drug User/Intravenous Drug User): A term used to refer to people who inject drugs directly into their blood streams by using a needle and syringe.

IGA (Intergovernmental Agreement): A written agreement between a governmental agency and an outside agency that provides HIV services.

Immune System: An integrated body system of organs, tissues, and cells within the body that protect it from viruses, bacteria, parasites, and fungi.

Incidence: The number of new cases of a disease that occur during a specified time period.

Incidence Rate: The number of new cases of a disease or condition that occur in a defined population during a specified time period, often expressed per 100,000 population. AIDS rates are often expressed this way.

Inclusion: An assurance that all affected communities are represented in the community planning process.

Key Informant Interview: A non-survey information collection method involving in-depth interviews with a small number of individuals carefully selected because of their experiences and/or knowledge related to the topic of interest. An interview guide or checklist is used to guide the discussion. Also called a "key person interview".

KS (Kaposi's Sarcoma): A cancer that can involve the skin, mucous membranes, and lymph nodes; appears as grayish purple spots.

Lead Agency: The agency responsible for contract administration; also called a fiscal agent. An incorporated consortium sometimes serves as the lead agency. The lead agency

for HOPWA is the City of West Palm Beach, the lead agency for Part B is Treasure Coast Health Council, the lead agency for County Health Department Patient Care and AIDS Network is the Department of Health.

Leadership: The ability or skills needed to conduct, influence or guide community groups and individuals in any effort, or the process of developing these abilities and skills.

Lipodystrophy: A disturbance in the way the body produces, uses, and distributes fat. Lipodystrophy is also referred to as "buffalo hump," "protease paunch," or "Crixivan potbelly." In HIV disease, lipodystrophy has come to refer to a group of symptoms that seem to be related to the use of protease inhibitor drugs. How protease inhibitors may cause or trigger lipodystrophy is not yet known. Lipodystrophy symptoms involve the loss of the thin layer of fat under the skin, making veins seem to protrude; wasting of the face and limbs; and the accumulation of fat on the abdomen (both under the skin and within the abdominal cavity) or between the shoulder blades. Women may also experience narrowing of the hips and enlargement of the breasts.

Macrophage: A type of white blood cell that surrounds and consumes infected cells, disease agents, and dead material.

Maintenance of Effort: The Part A and Part B requirement to maintain expenditures for HIV- related services/activities at a level equal to or exceeding that of the preceding year.

Mandate: A directive or command that can be used to refer to a call for change as authorized by a government agency.

Mean: Arithmetic average calculated by adding up all the values or the responses to a particular question and dividing by the number of cases; for example, to determine the mean age of 12 children in a pediatric AIDS program, add up their individual ages and divide by 12.

Measurable Objective: An intended goal that can be proved or evaluated.

Median: A type of average which calculates the central value, the one that falls in the middle of all the values when they are listed in order from highest to lowest; for example, if the annual incomes of seven families were $37,231, $35,554, $30,896, $ 27,432, $24,334, $19,766, and $18,564, the median would be $27,432.

Minority: A racial, religious, political, national or other group regarded as different from the larger group of which it is a part.

Mode: A type of average which identifies the most frequently occurring value; for example, suppose a prevention project included 13 youth of the following ages: 16,16,15,14,14,14,14,13,13,12,12,11,10; the mode would be 14, which occurs four times.

Monogamy: The practice of being married to one person, or being in an intimate relationship with a single individual.

Mutation: In biology, a sudden change in a gene or unit of hereditary material that results in a new inheritable characteristic. In higher animals and many higher plants, a mutation may be transmitted to future generations only if it occurs in germ -- or sex cell -- tissue; body cell mutations cannot be inherited. Changes within the chemical structure of single genes may be induced by exposure to radiation, temperature extremes, and certain chemicals. The term mutation may also be used to include losses or rearrangements of segments of chromosomes, the long strands of genes. Mutation, which can establish new traits in a population, is important in evolution. As related to HIV: During the course of HIV disease, HIV strains may emerge in an infected individual that differ widely in their ability to infect and kill different cell types, as well as in their rate of replication. Of course, HIV does not mutate into another type of virus.

Myopathy: Progressive muscle weakness. Myopathy may arise as a toxic reaction to AZT or as a consequence of the HIV infection itself.

Needs Assessment: A process of obtaining and analyzing findings about the needs of the community. Needs assessments may use several methods of information and data collection to determine the type and extent of unmet needs in a particular population or community. For example studying the needs of persons with HIV (PLWH) (both those receiving care and those not in care), identifying current resources (Ryan White Act and other) available to meet those needs, and determining what gaps in care exist.

Networking: Establishing links among agencies and individuals that may not have existed previously, which strengthens links that are used infrequently. Working relationships can be established to share information and resources on HIV prevention and other areas.

NIH (National Institute of Health): The federal agency that includes 24 separate research institutes and centers, among them the National Institute of Allergy and Infectious Diseases, National Institute of Mental Health, and National Institute of Drug Abuse. Within the Office of the NIH Director is the Office of AIDS Research, which is responsible for planning, coordinating, evaluating, and funding all NIH AIDS research.

NGO (Non-Governmental Organization): A private group that is not associated with federal, state, or local agencies; however, they often have programs or services that are similar to those offered by government agencies.

NIH (National Institute of Health): A division of the federal Health and Human Services agency which conducts medical research and offers the AIDS Clinical Trials Program.

NNRTI (Non-Nucleoside Reverse Transcriptase Inhibitor): The newest class of antiretroviral agents (e.g., delavirdine, nevirapine). NNRTIs stop HIV production by binding directly onto an enzyme (reverse transcriptase) in a CD4+ cell and preventing the conversion of the HIV virus' RNA to DNA.

Nucleoside Analog: Also called NRTI (Nucleoside Reverse Transcriptase Inhibitor) is the first effective class of antiviral drugs (e.g., AZT, ddl, ddC, d4T). NRTIs act by incorporating themselves into the HIV DNA, thereby stopping the building process. The resulting HIV DNA is incomplete and unable to create new virus.

OMB (Office of Management and Budget): The office within the executive branch of the Federal government which prepares the President's annual budget, develops the Federal government's fiscal program, oversees administration of the budget, and reviews government regulations.

Open-Ended Questions: Questions in an interview or survey format that allow those responding to answer as they choose, rather than having to select one of a limited set of predefined alternative responses.

Opportunistic Infection (OI): An infection or cancer that occurs in persons with weak immune systems to fight off bacteria, viruses and microbes due to AIDS, cancer, or immunosuppressive drugs such as corticosteroids or chemotherapy. Karposi's Sarcoma (KS), pneumocystis pneumonia (PCP), toxoplasmosis, and cytomegalovirus are all examples of opportunistic infections.

OSE (Office of Science and Epidemiology): The office within HRSA's HIV/AIDS Bureau that administers the SPNS Program, HIV/AIDS evaluation studies, and the Annual Administrative Report (AAR).

Over-representation/Under-representation: Term often used to indicate that a particular sub-population makes up a larger proportion- or a smaller proportion - of a particular group than would be expected, given its representation in the total population; for example, Hispanics and African Americans are both over represented among AIDS cases, compared to their percentage in the U.S. population, while Asians/Pacific Islanders are under-represented.

Over-sampling: A procedure in stratified random sampling in which a larger number of individuals from a particular group (or stratum) are selected than would be expected given their representation in the total population being sampled; this is done in order to have enough subjects to permit separate tabulation and analysis of that group; for example, minorities are often over sampled to permit separate analyses of data by racial/ethnic group as well as comparisons among racial/ethnic groups.

Palm Beach County Board of County Commissioners: The PBC Board of County Commissioners is the CEO (grantee) of Ryan White Part A funds.

Palm Beach County Department of Community Services (DCS): The DCS acts as fiscal agent for the PBC Board of County Commissioners and is responsible for the disbursement of Ryan White Part A funds.

Pandemic: An epidemic that occurs in a large area or globally, such as with HIV and AIDS.

Parity: A situation in which all members have an equal voice, vote and input into a decision making process.

Partner Notification: The confidential process of informing the sexual and needle sharing partners of an HIV infected person that they may also be infected.

Part A: The part of the Ryan White Act that provides emergency assistance to localities (EMAs) disproportionately affected by the HIV epidemic.

Part B: The part of the Ryan White Act that enables States and Territories to improve the quality, availability, and organization of health care and support services to individuals with HIV and their families.

Part C: The part of the Ryan White Act that supports outpatient primary medical care and early intervention services to people living with HIV disease through grants to public and private non-profit organizations.

Part D: The part of the Ryan White Act that supports coordinated services and access to research for children, youth, and women with HIV disease and their families.

Part F: The part of the CARE Act that includes the AETC Program, the SPNS Project, and the HIV/AIDS Dental Reimbursement Program.

PCP (Pneumocystis Carinii Pneumonia): A form of pneumonia caused by a parasite that does not usually cause infection in people with fully functioning immune systems; the leading cause of death in people with AIDS.

Percent: Literally, per hundred; a proportion of the whole, where the whole is 100; the percent is calculated by dividing the part of interest by the whole, and then multiplying by 100; for example, if you want to know what percent of recently reported AIDS cases are women, take the number of women AIDS cases (the part of interest), divide by the number of total AIDS cases (the whole), and multiply by 100; if your community has a total of 70 recently reported AIDS cases and 14 are women, divide 14 by 70 (=.2) and multiply by 100, and you get 20%.

Percentage Point: One one-hundredth; term used to describe numerical differences between two percent without comparing relative size; for example, if 16% of AIDS cases are Hispanic and 32% are African American, the difference is 16 percentage points (32 minus 16).

Perinatal: of, involving, or occurring during the period closely surrounding the time of birth.

Phenotypic Assay: A procedure whereby a sample DNA of a patient's HIV is tested against various antiretroviral drugs to see if the virus is susceptible or resistant to these drugs.

Public Health Service (PHS): The federal agency that addresses all issues of public health in the United States (the CDC is part of the Public Health Services).

Planning Council/HIV Health Services Planning Council: A planning body appointed or established by the Chief Elected Official of an EMA whose basic function is to establish a plan for the delivery of HIV care services in the EMA and establish priorities for the use of Ryan White Part A funds.

Planning Process: Steps taken and methods used to collect information, analyze and interpret it, set priorities, and prepare a plan for rational decision-making.

Population Count: Data which describe an entire population and were obtained from that entire population without sampling; the U.S. Census conducted every ten years is a population count since it attempts to obtain information from everyone living in the United States.

Prevalence: The total number of persons living with a specific disease of condition in a defined population at a given time (compared to the incidence, which refers to the number of new cases).

Prevalence Rate: The proportion of a population living at a given time with a condition or disease (compared to the incidence rate, which refers to new cases).

Primary Source Data: Original data that you collect and analyze yourself.

Priority Setting: The process used by a planning council or consortium to establish numerical priorities among service categories, to ensure consistency with locally identified needs, and to address how best to meet each priority.

Probability: The likelihood that a particular event or relationship will occur.

Probability Value: The probability that a statistical result- an observed difference or relationship- would have occurred by chance alone, rather than reflecting a real difference or relationship; statistical results are often considered to be significant if the probability, or **p value,** is less than .05, which means that there is less than a 5 % chance - 5 out of 100- that the result would have occurred by chance alone.

Profile of Provider Capability/Capability: A description of the extent to which the various services offered by a network of providers in the service area are available, accessible, and appropriate for PLWH/A, including particular populations.

Procurement: The process of selecting and contracting with providers, often through a competitive RFP process. For Part A, a responsibility of the grantee, not the planning council; for Part B, consortia are sometimes involved.

Prophylaxis: Treatment to prevent the onset of a particular disease (primary prophylaxis) or recurrence of symptoms in an existing infection that has been brought under control (secondary prophylaxis).

Proportion: A number smaller than one, which is calculated by dividing the number of subjects having a certain characteristic by the total number of subjects; for example, if 35 new AIDS cases have been reported in the community in the past year and 7 of them are women, the proportion of female AIDS cases is 7 divided by 35 or 1/5 (.2).

Protease: An enzyme breaks apart long strands of viral protein into separate proteins constituting the viral core and the enzymes it contains. HIV protease acts as new virus particles are budding off a cell membrane.

Protease Inhibitor: A drug that binds to and blocks HIV protease from working, thus preventing the production of new functional viral particles.

Public Health Service (PHS): An administrative entity of the U.S. Department of Health and Human Services; until October 1, 1995, HRSA was a division of the PHS.

Public Health Surveillance: An ongoing, systematic process of collecting, analyzing, and using data on specific health conditions and diseases, in order to monitor these health problems, such as the Centers for Disease Control and Prevention surveillance system for AIDS cases.

QA (Quality Assurance): A system of establishing standards and measuring performance in the attainment of those standards and with feedback of results in order to better meet those standards.

QI (Quality Improvement): A system of repetitive analysis of areas of potential improvement, ever increasing standards of performance, measurement of performance, and systems change to improve performance.

Ratio: A combination of two numbers that shows their relative size; the ratio of one number to another is simply the first number divided by the other, with the relation between the two numbers expressed as a fraction (x/y) or decimal (x:y/1), or simply the two numbers separated by a colon (x:y); for example, the ratio of minority to white pediatric AIDS cases in a community with 75 total cases, 45 among Hispanic and Black children and 30 among white children, would be 45/30 (45:30), 3/2 (3:2), or 1.5:1.

Raw Data: Data that are in their original form, as collected, and have not been coded or analyzed; for example, if a woman participating in an HIV nutrition workshop is tested to determine her knowledge of nutrition need and gets a score of 11, that is her raw score; if

the score represented 11 correct answers out of 20, then the score could be converted to 11 divided by 20 times 100 or 55%, which is not a raw score.

Reliability: The consistency of a measure or question, in obtaining very similar of identical results when used repeatedly; for example, if you repeated a blood test three times of the same blood sample, it would be reliable if it generated the same results each time. For example, a positive HIV test result is reliable because there are three tests on the blood sample.

Representative: Term used to indicate that a sample is similar to the population from which it was drawn, and therefore can be used to make inferences about that population.

Resource Allocation: The legislatively mandated responsibility of planning councils to assign the Ryan White Act funding amounts or percentages to established priorities across specific service categories, geographic areas, populations, or sub-populations.

Retrovirus: A type of virus that, when not infecting a cell, stores its genetic information on a single stranded RNA molecule instead of the more usual double stranded DNA. HIV is an example of a retrovirus. After a retrovirus penetrates a cell, it constructs a DNA version of its genes using a special enzyme, reverse transcriptase. This DNA then becomes part of the cell's genetic material.

Reverse Transcriptase (RT): A uniquely viral enzyme that constructs DNA from an RNA template, which is an essential step in the life cycle of a retrovirus such as HIV. The RNA-based genes of HIV and other retro viruses must be converted to DNA if they are to integrate into the cellular genome.

RFP (Request for Proposal): An open and competitive process for selecting providers of services (sometimes called RFP or Request for Proposal).

Rounding: Presenting numbers in more convenient units; rounding is usually done so that all numbers being compared have the same level of precision (one decimal place, for example); usually numbers under 5 are rounded down while 5 and over are rounded up; for example, you would round 3.08 to 3.1 and 4.14 to 4.1.

Ryan White HIV/AIDS Treatment and Modernization Act: The Federal legislation created to address the health care and service needs of people living with HIV/AIDS (PLWH/As) disease and their families in the United States and its Territories. The Act was enacted in 1990 (Pub. L. 101-381) and reauthorized in 1996, 2001 and 2006.

Salvage Therapy: A treatment effort for people who are not responding to, or cannot tolerate the preferred, recommended treatments for a particular condition. In the context of HIV infection, drug treatments that are used or studied in individuals who have failed one or more HIV drug regimens, including protease inhibitors. In this case failed refers to the inability to achieve or sustain low viral load levels.

SAMs (Self Assessment Modules): Self-assessment tools for planning bodies.

SAMHSA (Substance Abuse and Mental Health Services Administration): The DHHS agency that administers programs in alcohol abuse, substance abuse, and mental health.

Sample: A group of subjects selected from a total population or universe with the expectation that studying the group will provide important information about the total population.

SCSN (Statewide Coordinated Statement of Need): A written statement of need for the entire State developed through a process designed to collaboratively identify significant HIV issues and maximize CARE Act program coordination. The SCSN is legislatively mandated and the process is convened by the Part B grantee, with equal responsibility and input by all programs. Representatives must include all Ryan White Part A, B, C, D and Part F managers, providers, PLWH/As, and public health agency(s).

Secondary Source Data: Information that was collected by someone else, which can be analyze or re-analyze.

Secondary Analysis: Re-analysis of data or other information collected by someone else; for example, you might obtain data on AIDS cases in your metro area from the Centers for Disease Control and Prevention, and carry out some additional analyses of those data.

Serology: The study of blood serum and its component parts; blood serum is the fluid that separates from clotted or blood plasma that is allowed to stand. HIV testing is conducted using blood serum from the person being tested.

Seroconversion: The development of detectable antibodies of HIV in the blood as a result of infection. It normally takes several weeks to several months for antibodies to the virus to develop after HIV transmission. When antibodies of HIV appear in the blood, a person will test positive in the standard ELISA test for HIV. This is also referred to as the "window period".

Seroprevalence: The number of persons in a defined population who test HIV-population based on HIV testing of blood specimens. (Seroprevalence is often presented as a percent of the total specimens tested or as a rate per 100,000 persons tested.)

Seroprevalence Report: A report that provides information about the percent or rate of people in specific testing groups and populations who have tested positive for HIV.

SPNS (Special Projects of National Significance): A health services demonstration, research, and evaluation program funded under Part F of the Ryan White Act. SPNS projects are awarded competitively.

Statistical Significance: A measure of whether an observed difference or relationship is larger or smaller than would be expected to occur by chance alone; statistical results are

often considered to be significant if there is less than a 5% chance -5 out of 100- that they would have occurred by chance alone.

Statistics: Information or data presented in numerical terms; quantitative data; often refers to numerical summaries of data obtained through surveys or analysis.

STD (Sexually Transmitted Disease): Infections spread by the transfer of organisms from person to person during sexual contact. Some examples are Chlamydia, Syphilis, Gonorrhea, Pubic Lice, Herpes, Human Papilloma virus (warts).

Stratified Random Sample: A random sample selected after dividing the population being studied into several subgroups or strata based on specific characteristics. Subsamples are then drawn separately from each of the strata. For example, the population of a community might be stratified by race/ethnicity before random sampling.

Supplemental Grant Application: An application for funding to supplement the Part A formula grant, and is awarded to EMAs on a competitive basis dependent upon demonstrated need and ability to use and manage the resources.

Surrogate Measures: Substitute measures, used to help understand a situation where adequate direct measures are not available; for example, it may be difficult to obtain good HIV surveillance data on teenagers, but incidence rates of sexually transmitted diseases (STDs) among teenagers can be used as surrogate measures of high-risk sexual behavior, since HIV is an STD, and people get STDs when they engage in unprotected sex.

Surveillance: An ongoing, systematic process of collecting, analyzing, and using data on specific health conditions and diseases (e.g. Centers for Disease Control and Prevention surveillance system for AIDS cases).

Surveillance Reports: Reports providing information on the number of reported cases of a disease such as AIDS, nationally and for specific locations and subpopulations; the Centers for Disease Control and Prevention issues such reports, providing both cumulative cases and new cases reported during a specific reporting period, such as each of the last two years.

Survey: Data collection method in which a number of individuals (often a probability sample) are asked the same set of questions, which are usually largely multiple choice or short-answer, and their responses are tabulated, analyzed, and compared to provide quantitative data about the population surveyed..

Survey Research: Research in which a sample of subjects is selected from a population and then interviewed or otherwise studied in order to gain information about the total population from which the sample was drawn.

T-cell: A type of white blood cell essential to the body's immune system; helps regulate the immune system and control B-cell and macrophage functions.

Tabulation of Data: Ordering and counting of quantitative data to determine the frequency of responses, usually the first step in data analysis; typically involves entering data into a computer for manipulation through some form of data analyses program.

Target Population: Populations to be reached through some action or intervention; may refer to groups with specific characteristics (e.g., race/ethnicity, age, gender, socioeconomic status) or to specific geographic areas.

TA (Technical Assistance): Training and skills development, which allows people and groups to perform their jobs better. This includes education and knowledge development in areas that range from leadership and communication to creating an effective needs assessment tool and understanding statistical data.

TOPWA: (Targeted Outreach for Pregnant Women Act): A Florida General Revenue funded HIV prevention intervention project.

Transmission Category: A grouping of disease exposure and infection routes; in relation to HIV disease, exposure groupings include injection drug use, men who have sex with men, heterosexual contact, perinatal transmission, etc.

Trend: Movement in a particular direction in the value of variables over times.

Trend Charts: Line charts which show changes or movement in the values of a particular variable over time; usually, values are recorded periodically as points on a graph, and then connected to show how the values are changing; often used to provide comparisons, such as separate lines showing reported AIDS cases among different population groups over time.

Tuberculosis (TB): A bacterial infection caused by *Mycobacterium tuberculosis*. TB bacteria are spread by airborne droplets expelled from the lungs when a person with active TB coughs, sneezes, or speaks. Exposure to these droplets can lead to infection in the air sacs of the lungs. The immune defenses of healthy people usually prevent TB infection from spreading beyond a very small area of the lungs. If the body's immune system is impaired because of infection with HIV, aging, malnutrition, or other factors, the TB bacterium may begin to spread more widely in the lungs or to other tissues. TB is seen with increasing frequency among persons infected with HIV. Most cases of TB occur in the lungs (pulmonary TB). However, the disease may also occur in the larynx, lymph nodes, brain, kidneys, or bones (extrapulmonary TB). Extrapulmonary TB infections are more common among persons living with HIV. See Multidrug Resistant TB.

Universe: The total population from which a sample is drawn.

Unmet Needs: Service needs of those individuals not currently in care as well as those in care whose needs are only partially met or not being met. Needs might be unmet because available services are either inappropriate for or inaccessible to the target population.

URS (Uniform Reporting System): Data collection system designed by HRSA to document the use of Title I and Title II funds.

Vaccine: A liquid made from modified or denatured viruses or bacteria that is injected in to the body and produces or increases immunity and protection against a particular disease.

Validity: The extent to which a survey question or other measurement instrument actually measures what it is supposed to measure; for example, a question which asks PLWH/A with TB whether they are taking their medication every day is valid if it accurately measures their actual level of medication use (as with directly observed therapy programs in which they are observed taking the medication), and it is not valid if they are not giving honest answers, and the question is really measuring the extent to which they realize that they should take their medication.

Value: Individual response or score; for example, if people responding to a survey are asked to state their age, each age is a value.

Variable: A characteristic or finding that can change or vary among different people or in the same person over time; for example, race/ethnicity varies among individuals, and income varies for the same individual over time.

Viral Load Test: In relation to HIV: Test that measures the quantity of HIV RNA in the blood. Results are expressed as the number of copies per milliliter of blood plasma. This test is employed as a predictor of disease progression and later remission.

Viremia: The presence of virus in blood or blood plasma. Plasma viremia is a quantitative measurement of HIV levels similar to viral load but is accomplished by seeing how much of a patient's plasma is required to spark an HIV infection in a laboratory cell culture.

Virus: Organism composed mainly of nucleic acid within a protein coat, ranging in size from 100 to 2,000 angstroms (unit of length; 1 angstrom is equal to 10-10 meters). When viruses enter a living plant, animal, or bacterial cell, they make use of the host cell's chemical energy and protein -- and nucleic acid -- synthesizing ability to replicate themselves. Nucleic acids in viruses are single stranded or double stranded, and may be DNA (deoxyribonucleic acid; see) or RNA (ribonucleic acid; see). After the infected host cell makes viral components and virus particles are released, the host cell is often dissolved. Some viruses do not kill cells but transform them into a cancerous state; some cause illness and then seem to disappear, while remaining latent and later causing another, sometimes much more severe, form of disease. In humans, viruses cause -- among others -- measles, mumps, yellow fever, poliomyelitis, influenza, and the common cold. Some viral infections can be treated with drugs.

Wasting: Severe loss of weight and muscle, or lean body mass, common among AIDS patients. Leads to muscle weakness, organ failure, tissue swelling, muscle and joint pain and contributes to fatal outcomes.

Weighting: A procedure for adjusting the values of data to reflect each group's percent in the total population; for example, race/ethnicity and over-sampled minorities so you could compare findings for each group; in order to combine your findings to describe the entire population, you would weight the data to reflect the percentage of the whole population that comes from each racial/ethnic group.

Western Blot: A test for detecting the specific antibodies to HIV in a person's blood. It is commonly used to verify positive ELISA tests. A Western Blot test is more reliable than the ELISA, but it is harder and more costly to perform. All positive HIV antibody tests should be confirmed with a Western Blot test. Synthetic Peptide test has increased the accuracy of the Western Blot test, inconclusive results are rare.

Wild Type Virus: HIV that has not been exposed to antiviral drugs and therefore has not accumulated mutations conferring drug resistance.

REFERENCES

HIV/AIDS Funding Map 2000-2002, by Treasure Coast Health Council.

Training Guide, by Health Resources & Services Administration, 1997

Webster's II New Riverside Dictionary, 1996

HIV/AIDS Treatment Information Services (ATIS) Glossary, by ATIS, 2002

A P P E N D I C E S

Appendix A
PLWHA Survey 2007

Palm Beach County EMA
COMMUNITY NEEDS ASSESSMENT

Anonymous PLWHA Survey 2OO7

INTERVIEWER READ: "We are having PLWHA fill out this survey so that you are able to tell your local HIV/AIDS Planning Group what services YOU need. Your input will help the Planning Group make important decisions about how federal and other funds are used in Palm Beach County.

Some questions are personal; however the information you provide helps us better determine how to make our services better. To ensure your privacy, we will combine all the information we receive so no one will be able to identify you as an individual.

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

If you have completed this survey within the past month, do not complete it again."

Please check the appropriate box like this ☑ when answering multiple choice questions.

SECTION A: DEMOGRAPHICS

INTERVIEWER SAY: "Let's begin by finding out some basic things about you. Please remember that you will never be identified as an individual but rather as part of the whole group of people that take this survey."
Read the following questions. Probe to clarify, if necessary.

1. Survey # _____

2. What is your Zip Code? _____

3. What is your gender? *(check one only)* ☐ Male ☐ Female ☐ Transgender

4. What is your primary language? (check one only)

☐ English ☐ Spanish ☐ Portuguese

☐ French ☐ Creole ☐ Central American Dialect (Specify: _____)

☐ Other (Specify: _____)

5. What ethnicity do you consider yourself? *(check one only)*

☐ White (not of Hispanic origin) ☐ Black or African American (not of Hispanic origin)

☐ Asian/Pacific Islander ☐ Hispanic or Latino

☐ American Indian ☐ Other: (Specify: _____)

6. If you answered "Black", what is your country of origin? *(check one only)*

☐ N/A, I did not answer "Black" ☐ Africa (Specify: _____)

☐ Haiti ☐ West Indies (Specify: _____)

☐ U.S.A. (African American) ☐ Other (Specify: _____)

7. If you answered "Hispanic or Latino", what is your country of origin? *(check one only)*

☐ N/A I did not answer "Hispanic or Latino" ☐ Mexico

☐ Puerto Rico ☐ Guatemala

☐ El Salvador ☐ U.S.A

☐ Dominican Republic ☐ Other (Specify: _____)

8. What is your age group? *(check one only)*

☐ under 18 ☐ 18-24 ☐ 25-29 ☐ 30-39 ☐ 40-44

☐ 45-49 ☐ 50-59 ☐ 60-69 ☐ over 70

9. What is your primary sexual orientation? *(check one only)*

☐ Heterosexual ☐ Homosexual/Gay/Lesbian ☐ Bisexual

10. What is the highest level of education that you have completed? *(check one only)*

☐ No formal schooling ☐ Eighth grade or less ☐ Less than high school graduation ☐ GED (high school equivalency) ☐ High school graduation

☐ Technical/trade school ☐ Some college ☐ College graduate

11. What is your current status regarding employment, education and job training? *(Check all that apply)*

☐ Work 40+ hours/week ☐ Work less than 40 hours/week ☐ Not employed

☐ Full-time student ☐ Part-time student ☐ On disability

☐ On temporary medical or administrative leave ☐ Retired

☐ Attending job training (Specify: _____)

☐ Other (Specify: _____)

12. Where do you currently reside? *(check one only)*

☐ My own house, condo, apartment, or trailer

☐ Rented house, condo, apartment, or trailer

☐ Staying/living with family or friends

☐ Residential treatment program (for drugs and/or alcohol)

☐ Group home

☐ Transitional or temporary housing

☐ Motel/hotel

☐ Shelter/Welfare boarding house

☐ Homeless

☐ Other: (Specify: _____)

13. How many family members (including yourself) live in your household? _____

14. In 2006, what was your annual family household income before taxes? $_____

15. (Leave blank, for internal use only.) _____

16. It is important that we try to meet the individual needs of ***all*** people living with HIV/AIDS. *Please check any or all of the following that have applied to you at any time in the last 12 months*:

☐ Transgender
☐ Blind or visually impaired
☐ Deaf or hearing impaired
☐ Migrant or seasonal worker
☐ In jail or prison
☐ On probation/parole
☐ Injection/Needle Drug Use
☐ Runaway/street youth
☐ Other street drug use (including marijuana)
☐ Mental illness
☐ Traded sex for money or drugs
☐ Other (Specify: _____)
☐ Woman of child bearing age (15-44 years old)

SECTION B: HIV/AIDS STATUS AND CARE

INTERVIEWER SAY, "Now, let's talk about the first time you learned you were HIV positive." Read:

17. In what year did you first test positive for HIV? _____

18. Where were you living when you first tested positive for HIV? *(check one only)*

☐ In Palm Beach County
☐ In another county in Florida (Specify: _____)
☐ In another state (Specify: _____)
☐ Outside of the United States (Specify: _____)

19. Has a doctor told you in the past 12 months that you had any of the following? *(Check any or all that apply.)*

☐ AIDS ☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C
☐ Tuberculosis ☐ Syphilis ☐ Gonorrhea ☐ Chlamydia
☐ Other STD ☐ Other condition (Specify: _____)

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

20. Lab work for CD4 count? ☐ Yes ☐ No
21. Lab work for viral load count? ☐ Yes ☐ No
22. Prescription for Anti-Retroviral Therapy (ART)? ☐ Yes ☐ No

INTERVIEWER NOTE: If participant answered YES to at least one of the last three questions please skip to Question 28.

INTERVIEWER NOTE: If participant answered NO to all of the last three questions, please answer questions 23-27.

SECTION C: OUT OF CARE

23. What best describes your situation? *(check one only)*

☐ I have recently been diagnosed with HIV, and have not entered primary care.

☐ I had been receiving medical care for HIV, but I stopped more than 12 months ago.

☐ Other (Specify: _____)

24. What are the reasons that you are not in primary medical care (not getting ART, CD4 and/or viral load lab work)? (*check any or all that apply*)

☐ I do not have medical insurance and can not afford care.

☐ I do not know that I am eligible for free care.

☐ I have heard bad things about the medications and their side effects.

☐ I am in jail or prison and do not want to ask for care.

☐ I prefer to use Santeria or Voodoo.

☐ I do not know where to go to get care.

☐ I know where to go but I do not want to go there.

☐ I am not ready to deal with my HIV status.

☐ I am afraid of being identified as HIV-positive.

☐ There is not a medical facility near where I live.

☐ I do not have transportation.

☐ I am homeless.

☐ I am using drugs or alcohol.

☐ I have mental health problems.

☐ I have a family emergency/someone else needs me.

☐ I have to work and can not ask for time off.

☐ I have to care for my children.

☐ I do not like, trust, or believe in doctors.

☐ The doctor/staff do not speak my language.

☐ The doctors are cold or intimidating.

☐ I cannot get an appointment.

☐ The wait is too long at the clinic/office/hospital.

☐ I do not think that it would help

☐ I am having a bad reaction from my medications and do not want to continue taking them.

☐ I do not want any bad news about my health.

☐ I am too embarrassed or ashamed to go.

☐ I am scared of immigration or other legal issues.

☐ Other (Specify: _____)

25. Approximately how long have you been out of primary medical care? *(check one only)*

☐ Less than one month ☐ 1-6 months

☐ 6 months to 1 year ☐ 1-5 years

☐ I have never been in care

26. What services, other than medical care and medication, do you need to get into primary medical care? (*check any or all that apply*)

☐ Substance abuse treatment ☐ Mental health services

☐ Dental care ☐ Food

☐ Case management ☐ Legal services

☐ Transportation ☐ Housing

☐ Financial assistance ☐ Other (specify) _____

27. What would be some reasons you would enter primary medical care? (*check any or all that apply*)

☐ I get sick and know I need care.

☐ I am ready to deal with my illness.

☐ I get a referral to get into care.

☐ I find a doctor or medical facility I like.

☐ A family member or friend helps me get into care.

☐ Someone else with HIV/AIDS reaches out to me.

☐ An outreach worker finds me and helps me get into care.

☐ Someone who has been involved in my care follows up, and gets me to return to care.

☐ I find a medical facility that has evening or weekend hours.

☐ I find a doctor or medical facility that ensures my confidentiality

☐ I find a doctor or clinic that is culturally sensitive and speaks my language.

☐ I find a doctor or clinic where I do not have to wait very long in the waiting room.

☐ I get out of jail or prison.

☐ I am able to deal with other problems in my life that are keeping me out of care.

☐ Other (explain) _____

INTERVIEWER: STOP survey here for respondents not in care. Offer to refer individual to appropriate provider. Thank them for taking time to provide this valuable information. Present them with a gift card. Continue for respondents in care below.

SECTION D: IN CARE

28. During the past five years has there been a period of at least 12 months when you were *not* receiving HIV-related primary medical care (no lab work for CD4 or no lab work for viral load count or no Antiretroviral Therapy)?

☐ Yes ☐ No ☐ N/A I have not been positive for 5 years

If you answered NO to the last question skip to Question 36.

29. If yes, for approximately how long were you out of primary medical care?

☐ Less than one month ☐ 1-6 months

☐ 6 months to 1 year ☐ 1-5 years

30. What best describes your situation during that period? *(check one only)*

☐ I had recently been diagnosed with HIV, and had not yet entered primary medical care.

☐ I had been receiving primary medical care for HIV, but I decided to stop.

☐ Other (Specify: _____)

31. What zip code did you live in during the period when you were out of primary medical care?

_____

32. Why were you not receiving primary medical care during that period? (*Check any or all that apply*)

☐ I did not have medical insurance and couldn't afford care.
☐ I did not know that I may have been eligible for free care.
☐ I had heard bad things about the medications and their side effects.
☐ I was in jail or prison and do not want to ask for care.
☐ I preferred to use Santeria or Voodoo.
☐ I did not know where to go to get care.
☐ I knew where to go but I do not want to go there.
☐ I was not ready to deal with my HIV status.
☐ I was afraid of being identified as HIV-positive.
☐ There was not a medical facility near where I lived.
☐ I did not have transportation.
☐ I was homeless.
☐ I was using drugs or alcohol.
☐ I had mental health problems.
☐ I had a family emergency/someone else needed me.
☐ I had to work and could not ask for time off.
☐ I had to care for my children.
☐ I did not like, trust, or believe in doctors.
☐ The doctor/staff did not speak my language.
☐ The doctors were cold or intimidating.
☐ I could not get an appointment.
☐ The wait was too long at the clinic/office/hospital.
☐ I did not think that it would help
☐ I was having a bad reaction from my medications and did not want to continue taking them.
☐ I did not want any bad news about my health.
☐ I was too embarrassed or ashamed to go.
☐ I was scared of immigration or other legal issues.
☐ Other (Specify: _____)

33. While you were out of primary medical care, what services other than medical care and medications did you need and not get? (*check any or all that apply*)

☐ Substance abuse treatment ☐ Mental health services

☐ Dental care ☐ Food

☐ Case management ☐ Legal services

☐ Transportation ☐ Housing

☐ Financial assistance ☐ Other (specify) _____

34. What are the reasons that caused you to return to primary medical care? (*check any or all that apply*)

☐ I got sick and knew I needed care.

☐ I was ready to deal with my illness.

☐ I got a referral to get into care.

☐ I found a doctor or medical facility I liked.

☐ A family member or friend helped me get into care.

☐ Someone else with HIV/AIDS reached out to me.

☐ An outreach worker found me and helped me get into care.

☐ Someone who had been involved in my care followed up, and got me to return to care.

☐ I found a medical facility that had evening or weekend hours.

☐ I found a doctor or medical facility that ensured my confidentiality

☐ I found a doctor or clinic that was culturally sensitive and spoke my language.

☐ I found a doctor or clinic where I did not have to wait very long in the waiting room.

☐ I got out of jail or prison.

☐ I was able to deal with other problems in my life that was keeping me out of care.

☐ Other (Explain: _____)

35. If someone that had been involved in your care or an outreach worker helped get you back into care, what organization were they from? *(check one only)*

☐ (Specify: _____) ☐ N/A

36. How often does your case manager encourage and help you get regular medical care (CD4 test, or viral load test, or Antiretroviral Therapy)? *(check one only)*

☐ Always ☐ Sometimes

☐ Never ☐ I don't have a case manager

37. When you have missed a medical appointment, has someone (case manager, clinic staff person, etc.) contacted you and tried to reschedule and/or find out why you did not come and if they could help you get to the next appointment? *(check one only)*

☐ I have never missed a medical appointment

☐ Always

☐ Sometimes

☐ Never

38. If someone has contacted you, please specify the clinic/organization/facility where they work.

☐ Specify: _____ ☐ N/A

39. Are you having any problems in relation to taking your medications? *(check one only)*

☐ Yes ☐ No ☐ N/A

40. If you answered yes, what are the reasons? *(check any or all that apply)*

☐ N/A I did not answer yes

☐ I am too busy

☐ The medications are hard to get

☐ I forget to take them

☐ Other (Specify: _____)

☐ Pills are hard to swallow

☐ I don't want anyone to know that I am taking medication

☐ Too many pills

☐ Side effects

Questions 41 and 42 are for women only.

41. Have you received a pelvic exam (pap smear) in the last 12 months?

☐ **Yes** ☐ **No**

42. Have you been pregnant in the last 12 months? ☐ **Yes** ☐ **No**

43. Are you enrolled in any of these programs? (*check all that apply*)

☐ TANF ☐ ADAP ☐ Insurance Continuation

☐ Medicare ☐ Medicaid ☐ Social Security Disability

☐ Veteran's Administration ☐ Food stamps ☐ Patient Assistance

☐ Compassionate Use (Medications) ☐ Healthcare District

☐ Housing Opportunities for Person with AIDS ☐ WIC

☐ Other (Specify: _____)

44. Do you have private health insurance? ☐ Yes ☐ No

45. Do you have private dental insurance? ☐ Yes ☐ No

46. Do you have private vision/eye care insurance? ☐ Yes ☐ No

47. Do you receive Ryan White services? ☐ Yes ☐ No

48. What is the estimated amount that you have spent out-of-pocket (i.e., health insurance deductibles, co-payments, premiums, etc) on your personal healthcare needs over the past 12 months? *(check one only)*

☐Under $100 ☐$101-$500

☐$501-$1000 ☐$1001-$2500

☐More than $2500 please specify $ _____

49. Where do you go for most of your medical care? *(check one only)*

☐ Walk-In Clinic (Specify: _____)

☐ Hospital Emergency Room (Specify: _____)

☐ Public Clinic/Health Department (Specify: _____)

☐ Private Doctor's Office (Specify: _____)

☐ Veteran's Administration (Specify: _____)

☐ Other (Specify: _____)

50. Are you receiving the majority of your HIV related medical care in Palm Beach County? ☐ Yes ☐ No

(IF NO SKIP TO QUESTION 55)

51. Have you been hospitalized for an HIV/AIDS related condition during the past 12 months?

☐ Yes ☐ No

52. Have you been hospitalized for any other condition during the past 12 months?

☐ Yes ☐ No

53. Have you been to the Emergency Room for an HIV/AIDS related condition during the past 12 months? ☐ Yes ☐ No

54. Have you been to the Emergency Room for any other condition during the past 12 months?

☐ Yes ☐ No

SECTION E: ACCESS AND AVAILABILITY ACCORDING TO NEEDS

55. Where do you get most of your information about HIV/AIDS services in your area? *(check any or all that apply)*

☐ Clinic/Doctor's Office ☐ Health Department

☐ AIDS organizations ☐ Place of Worship

☐ Brochures/billboards ☐ Other (Specify: _____)

56. Who do you get most of your information from about HIV/AIDS services in your area? *(check any or all that apply)*

☐ Case manager ☐ Outreach worker

☐ Friends/family ☐ CARE Council meetings

☐ Healthcare professional ☐ Support groups

☐ Other (Specify: _____)

57. Have you had any of the following problems while trying to get needed services? *(check any or all that apply)*

☐ Didn't know how to apply ☐ Didn't know where to apply

☐ Application process too complicated ☐ Cost of service is too high

☐ Service sites located too far away ☐ Transportation problems

☐ Needed evening appointment ☐ Needed weekend appointment

☐ Too busy taking care of child ☐ Too busy taking care of partner

☐ Drug or alcohol addiction ☐ Other health problems

☐ I don't want people to know I have HIV ☐ Trouble communicating

☐ On waiting list ☐ Had to wait too long for service

☐ Turned down/not eligible because: _____

☐ Did not have any problems trying to get needed services

☐ Other (Specify: _____)

58. If we have limited funding, what are the seven (7) most important services to you? Place the number 1,2,3,4,5, 6 or 7 next to the most important services to you. Please number them in order from 1 (most important) to 7 (least important). A short description of some of the services is included in the following table.

__Ambulatory/Primary Outpatient Medical Care
__Buddy/Companion
__Case Management
__Clinical Trials
__Complementary and Alternative Therapies
__Counseling (other)
__Day/Respite Care
__Dental/Oral Health
__Direct Emergency Assistance
__Drug Reimbursement Program
__Food Bank/Food Voucher
__Health Insurance Continuation
__HIV Prevention Services
__Home Health Care
__Hospice Services
__Housing Assistance
__Inpatient Hospital Coordination
__Laboratory Diagnostic Testing
__Legal/Permanency Planning Services
__Mental Health Services
__Nurse Care Coordination
__Outreach
__Peer Advocacy
__Specialty Medical Services
__Substance Abuse Treatment Outpatient
__Substance Abuse Treatment Residential
__Translation Services
__Transportation
__Treatment Adherence
__Vocational Rehabilitation
__Other (Specify: _____)

INTERVIEWER: Please review the services listed in the chart below and check the box that tells how respondent feels about his/her personal level of need for each one. There is also space available for comments.

Service	Need and Use	Do Not Need	Need/ Can't Get	Can Get/ Won't Use	*Comments*
59. Ambulatory/Primary Outpatient Medical Care (appointment with HIV doctor, General Practitioner, Family Practice)					
60. Buddy/Companion Services (a buddy/companion helping someone with HIV access HIV services)					
61. Case Management, including referral services.					
62. Clinical Trials (access to participate in HIV treatment research)					
63. Complementary and Alternative Therapies (massage therapy, acupuncture, Reiki Therapy)					
64. Counseling (with licensed professional or peer)					
65. Day and Respite Care (Drop In Center, a daytime program where you can go to talk about personal issues and get moral support)					
66. Dental Care Services					
67. Direct Emergency Assistance (help paying for utilities, appliances, etc.)					
68. Drug Reimbursement Program (Medications and Nutritional Supplements)					
69. Food Bank/Home Delivered Meals/Food Vouchers					

Service	Need and Use	Do Not Need	Need/ Can't Get	Can Get/ Won't Use	*Comments*
70. Health Insurance Continuation (payment of Healthcare Insurance Premium)					
71. HIV Prevention					
72. Home Health Care Services					
73. Hospice (Home Based, Residential)					
74. Housing Assistance					
75. Inpatient Hospital Coordination					
76. Laboratory Diagnostic Testing (labs)					
77. Legal Services (Social Security hearings, will, health care proxy)/Permanency Planning (assistance in placing children in cases where PLWHA can not care for them due to sickness or death)					
78. Mental Health Therapy/Counseling (with psychiatrist/psychologist)					
79. Nurse Care Coordination					
80. Outreach (raising community awareness about HIV services to increase the number of people in care)					
81. Peer Advocacy					

Service	Need and Use	Do Not Need	Need/ Can't Get	Can Get/ Won't Use	*Comments*
82. Specialty Outpatient Medical Care [Ophthalmology (CMV), GYN (abnormal pap), Dermatology (lesions)]					
83. Substance Abuse Treatment Outpatient					
84. Substance Abuse Treatment Residential					
85. Translation/Interpretation Services					
86. Transportation Assistance					
87. Treatment Adherence Education (education about taking medications as prescribed)					
88. Vocational Rehabilitation (Job Training)					

"THANK YOU for taking the time to provide this information.
Your responses will affect how *your* local HIV/AIDS funding is spent."
Present participant with a gift card.

Appendix B
PLWHA Focus Group Script 2007

Comprehensive Needs Assessment 2007-2010
Focus Group Script

1. Introduction:
Co-facilitator: "My name is _____ (co-facilitator) and I will be co-facilitating this focus group along with Sonja Swanson. I would like to welcome you all. Please help yourself to the food and beverages. We will be meeting for about an hour and a half. We appreciate you coming to discuss general issues about HIV care in Palm Beach County. At the end, each participant will receive a $25.00 gift card to Winn Dixie."

2. Overview of the comprehensive needs assessment purpose and process:
Sonja Swanson: "I would like to thank you all for agreeing to participate in the focus group. I work as a health planner for the Palm Beach County HIV CARE Council. Every three years we conduct a large county-wide needs assessment. This needs assessment is required for all areas that receive Ryan White CARE Act funding. The information that you provide helps the CARE Council plan to meet the needs of PLWHA in our county, by prioritizing service categories and allocating funding for each service category. We are also able to identify service gaps, and assess the overall functioning of the HIV/AIDS system of care. We are gathering data through 5-6 focus groups as well as 400 surveys."

3. Statement of confidentiality:
Co-facilitator: "We would like to have everyone here agree that whatever is said during the focus group will be strictly confidential. Your names will not be used, only the identification that you have written on your name tag. We are going to tape record the focus group session for more effective transcription of what is said, but again your names will not be used." PAUSE "Can we all agree to that?"

4. Focus Group Guidelines and Definitions:
Sonja Swanson: "We would like to hear from all of you. In order to allow that to happen let's speak one at a time. We will be talking a lot about PLWHA that are in and out of primary medical care. The federal government has adopted a definition for what is considered to be in primary medical care. This definition is written here on your handout. PLWHA are considered to be in primary medical care if they have had at least one of the following in the past 12 months 1.) a viral load test, 2). a CD4 test 3.) received anti-retro viral therapy.

5. Unmet Need:
Co-facilitator: "Now we would like to talk about PLWHA that are in and out of primary medical care. Do you know of any PLWHA in Palm Beach County who know they are positive but are not in primary medical care, as it is defined in your handout?"
Allow participants to discuss.

"Why do you think they are not in primary medical care?"
Allow participants to discuss.

"What do you think it would take to persuade them to get back into primary medical care?"
Allow participants to discuss.

"Now we are going to discuss your personal pattern of care. Since you were diagnosed with HIV/AIDS, have you been in primary medical care continuously?"
Allow participants to discuss.

"For those of you that have always been in care, what helped you to get in care and stay in care?"
Allow participants to discuss.

"For those of you that were out of care for sometime or are currently out of care, please tell us about your situation.

- If you have been in care at one point how long were you in care before you stopped receiving care, why did you stop receiving care, and how long were you (or have you been) out of care?
- Are you still out of care?
- If yes, what would help you get back into care?
- If no, what helped you get you back into care?

Do you have any other comments about the difficulties and challenges to getting and staying in care and/or what would help people to get and stay in care?"
Allow participants to discuss.

6. HIV/AIDS Services

Sonja Swanson: "For those of you that have ever received HIV/AIDS services I would like to talk to you about your service needs and the quality of those services. On your handout there is a list of services. Let's focus on your own experiences as well as what you may have heard from friends. Let's go category by category."

"For the services that you ARE using:

- Where are you currently getting these services?
- Are these services meeting your needs?
- How could these services be improved?
- Are these services easy to access and easy to use?"

Allow participants to discuss.

"For the services you are NOT using:

- Are they services that you want but can't get?
- What are the specific barriers you face in accessing these services?"

Allow participants to discuss.

"In the past 3 years do you think the services in general have improved, declined or remained the same?"
Allow participants to discuss.

"Has there been a sufficient amount of the services available (quantity)?"
Allow participants to discuss.

"Has the quality of the services been adequate?"
Allow participants to discuss.

"Have you been able to access the services that you need?"
Allow participants to discuss.

"Do you have any final thoughts or comments on HIV/AIDS services in Palm Beach County?"
Allow participants to discuss.

7. Closure:
Co-facilitator: "I would like to thank each of you for attending this focus group. Your input is very valuable. Your responses will help the CARE Council plan for a system of care that works for all PLWHA in Palm Beach County.

Definition for In Care

The federal government has adopted a definition for what is considered to be in primary medical care. PLWHA are considered to be in primary medical care if they have had at least one of the following in the past 12 months 1.) a viral load test, 2). a CD4 test 3.) received anti-retro viral therapy.

Service Category Handout

Medical Services:
Primary Outpatient Medical Care *(appointment with HIV doctor, General Practitioner, Family Practice)*
Dental Care
Drug Reimbursement *(ADAP, Nutritional Supplements, Other medications)*
Assistance paying for Health Insurance
Hospice Care
Massage Therapy and/or Acupuncture
Laboratory Diagnostic Testing *(labs)*
Specialty Medical Services Care *[Ophthalmology (CMV), GYN (abnormal pap), Dermatology (lesions)]*
Treatment Adherence *(helping PLWHA stay on their meds and take their meds correctly)*
Clinical Trials Outreach *(A range of services used to support, enhance and enable patient participation in clinical trials, such as screening of medial charts for patient eligibility for inclusion in clinical trials and research studies.)*

Support Services:
Case Management
Food bank and vouchers
Transportation Services *(bus passes or taxi provided to a client in order to access health care or psycho-social support services)*
Legal Assistance
Vocational Rehabilitation *(help finding a job)*
Buddy Companion *(a buddy/companion helping someone with HIV access HIV services)*
Emergency Assistance *(help paying for appliances, utility and other bills excluding rent)*
Housing Assistance *(assistance in finding suitable emergency, short term, or transitional housing and housing referral services)*
Substance Abuse Treatment – Inpatient and Outpatient
Mental Health Therapy
Other Counseling *(with licensed professional or peer)*
Translation/Interpretation Services
Outreach *(identifying people with HIV disease, particularly those who know their HIV status so that they shall become aware of and be linked to ongoing HIV primary care and treatment)*
Peer Advocacy *(Staff by peers, preferably living with HIV disease, who interact, both within the case management system and in the community itself, with newly diagnosed clients who are resistant to entering the HIV continuum of care. Primary goal of this program is to assure that hard to reach patients have every opportunity to enter and remain in primary medical care.)*
HIV Prevention *(educate PLWHA on safer sex practices)*
Day Respite Care *(Drop In Center, a daytime program where one can go to talk about personal issues and get moral support)*

Appendix C
Provider Survey 2007

Needs Assessment 2007-2010
Provider Survey

The Treasure Coast Health Council (TCHC) is conducting a survey to identify service needs of persons living with HIV/AIDS in Palm Beach County for the *Palm Beach County HIV CARE Council ('CARE Council').* The information collected is vital to the needs assessment process. The questions in this survey are designed to identify the geographic location, types, and coordination of HIV-related services offered in Palm Beach County. The survey will help the *CARE Council* make decisions about the services needed in Palm Beach County, and to better understand met and unmet needs for HIV-related services.

When completed, fax this survey back to Sonja Swanson of TCHC at (561) 844-3310 by March 1, 2007.

Thank you for taking the time to assist us with this project. If you have any further questions, please do not hesitate to contact Sonja Swanson (telephone 561-844-4430 ext. 14, e-mail Sonja@carecouncil.org).

Name of agency: _____

Address:_____

_____ Zip code_____

Telephone:_____ Fax:_____ E-mail:_____

Contact person and title:_____

1. Which area in Palm Beach County does your agency provide HIV/AIDS care-related services? (circle all that apply)
   a. North East
   b. East Central
   c. South Central
   d. Western

2. Which of these best describes your agency? *(Circle one response only.)*
   a. AIDS service organization
   b. Health clinic
   c. Community-based organization (not AIDS-specific)
   d. Hospital
   e. Multi-service agency that includes HIV/AIDS services
   f. Substance abuse treatment facility
   g. Public Health Department
   h. Other (specify)_____

3. For how many years has your agency provided HIV/AIDS care-related services? *(Circle one response only.)*
   a. Less than 1 year
   b. 1 to 4 years
   c. 5 to 9 years
   d. 10 years or more

4. Do you target a particular population: *(Circle all that apply)*
   a. Race/ethnicity? (Specify:_____)
   b. Gender? (Specify:_____)
   c. Age group? (Specify:_____)
   d. Special needs or status (*e.g.*, injection drug users, homeless individuals) ? (Specify:_____)

5. For the last fiscal year, please estimate:
   a. The **total** number of patients/clients infected with HIV/AIDS that you served: _____
   b. The percentage of your patients/clients who were HIV-positive but **had not** been diagnosed with AIDS: _____
   c. The percentage of your-patients/clients who were HIV-positive and **had** been diagnosed with AIDS: _____

6. Identify/estimate what percentage of your client population falls under the following categories *(e.g., 25% of your clients are African American and 50% of those African Americans are HIV positive)*:

Racial/Ethnic Background	Percent of Total	*Percent of these who are HIV-positive*
American Indian or Alaska Native	_____%	_____%
Asian	_____%	_____%
Black or African American	_____%	_____%
Hispanic or Latino	_____%	_____%
Native Hawaiian/Pacific Islander	_____%	_____%
White	_____%	_____%
Multi racial	_____%	_____%
Unknown/unreported	_____%	_____%

Age	Percent of Total	*Percent who are HIV-positive*
65+ years	_____%	_____%
45-64 years	_____%	_____%
25-44 years	_____%	_____%
13-24 years	_____%	_____%
2-12 years	_____%	_____%
Under 2 years	_____%	_____%
Unknown/unreported	_____%	_____%

Gender	Percent of Total	*Percent who are HIV-positive*
Female	_____%	_____%
Male	_____%	_____%
Transgender	_____%	_____%

7. Which of the following does your agency most often provide?
   a. Primary medical care
   b. Medications/Pharmacy
   c. Mental health services
   d. Substance abuse treatment
   e. Oral health/dental services
   f. Case management
   g. Access services (e.g., transportation)
   h. Benefits/Financial assistance
   i. Housing
   j. Family support services (e.g., respite care, kinship care, legal assistance)
   k. Other (specify)_____

8. How are the costs of client with HIV/AIDS services covered? *(Circle all that apply, then estimate percentage of clients with HIV/AIDS who fall into these categories -- the total should add up to 100%.)*

a.	CARE Act	_____	Which titles? _____
b.	Medicaid	_____	
c.	Medicaid managed care	_____	
d.	Medicare	_____	
e.	Private Insurance	_____	
f.	Fee for service	_____	
g.	No payment source	_____	
h.	Health Care District	_____	
i.	Other (specify)	_____	

Client Services

9. Does your agency <u>provide</u> the following?

Service	**Check (✓) if the service is provided to persons living with HIV/AIDS**	**Number of clients with HIV/AIDS that can be served with current staffing and funding levels. ("slots")**
MEDICAL CARE		
HIV counseling and testing		
Pelvic exams (PAP smears, etc.), pregnancy testing, prenatal care for women		
Laboratory testing (e.g., CD4, Viral load)		
Pediatric primary care		
HIV/AIDS specialty care for children/adults		
Other specialty care for children/adults		
Emergency medical care		
Home health care/durable medical equipment		
Access to clinical trials		
Pharmacy/ADAP/Emergency Drug Assistance		
Primary Outpatient Medical Care		

Service	Check (✓) if the service is provided to persons living with HIV/AIDS	Number of clients with HIV/AIDS that can be served with current staffing and funding levels. ("slots")
Health Insurance Continuation		
Alternative Therapies (massage, acupuncture)		
Treatment Adherence		
ORAL HEALTH SERVICES		
Preventive dental care (x-rays and cleaning)		
Immediate treatment (e.g., fillings, extractions)		
Intensive/long-term restorative care (e.g., dentures)		
SUBSTANCE ABUSE SERVICES		
Alcohol detox services or substance abuse detox services		
Drug/alcohol counseling		
In-patient drug treatment		
Out-patient drug treatment		
Self-help groups for substance users		
MENTAL HEALTH SERVICES		
Long-term/short-term mental health care for HIV-infected adults (18+)		
Long-term/short-term mental health care for HIV-infected youth (13-17)		
Long-term/short-term mental health care for HIV-infected children (under 13 years old)		
Mental health care for affected family members of persons living with HIV		
Professionally-facilitated support groups for adults, adolescents, children, care givers		

Service	Check (✓) if the service is provided to persons living with HIV/AIDS	Number of clients with HIV/AIDS that can be served with current staffing and funding levels. ("slots")
living with HIV		
Peer-facilitated support groups for adults, adolescents, care givers living with HIV		
FOOD SERVICES		
Nutritional supplements (vitamins, Ensure, Sustacal, etc.)		
Nutrition education and counseling		
Home delivered meals/groceries		
Food vouchers		
Food pantry services		
CASE MANAGEMENT		
Medical case management		
Community-based case management		
ACCESS SERVICES		
Babysitting at the clinic/agency		
Transportation bus/train/shuttle/taxi/van		
Interpretation/translation assistance		
HOUSING SERVICES		
Emergency housing assistance		
Subsidized housing for people with HIV/AIDS		
Housing for people with current substance use problems		
Housing for people recovering from substance use problems		
Housing for families		
Hospice care		

Service	Check (✓) if the service is provided to persons living with HIV/AIDS	Number of clients with HIV/AIDS that can be served with current staffing and funding levels. ("slots")
BENEFITS/FINANCIAL SERVICES		
Help getting financial benefits (SSI, disability, etc.)		
Emergency financial assistance		
FAMILY SUPPORT SERVICES		
Child care/day care		
Respite care		
Legal assistance/Permanency Planning (guardianship and adoption)		
Buddy Companion		
Outreach		
Peer Advocacy		
HIV Prevention		
Other - specify:		

Service Delivery

10. How is your organization working to address racial, gender, and geographic disparities health outcomes for PLWH?

11. What is the **single** most important change you would suggest to improve services for individuals or families infected with HIV?

12. List three barriers that your organization has faced when providing care to people living with HIV/AIDS.
    a.
    b.
    c.

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

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

Coordination, Collaboration, and Planning

14. Does your agency have any HIV-specific verbal agreements, commitment letters, letters of collaboration, binding agreements, or signed Memoranda of Understanding (MOUs) with other agencies in the area?
    a. No
    b. Yes *--If so, list*:

_____
_____
_____

15. What could the CARE Council do to help your agency better coordinate services with other providers in the area?

16. When you refer clients, does your agency have a way of tracking referrals?
    a. No
    b. Yes *If so how, and by whom?*
    _____
    _____

17. Does your agency have a way of tracking people put on a waiting list?
    a. No
    b. Yes *If so, please describe?*
    _____
    _____

18. Are you, or is someone from your agency, a member of any of the following?
    a. Palm Beach County CARE Council
    b. HIV Prevention Community Planning Group
    c. Other HIV Planning Group (specify)_____
    d. No

19. Is your agency planning to provide additional services and/or expanding capacity to provide current services for more clients living with HIV/AIDS? If so please describe below.

_____
_____
_____
_____
_____
_____

20. What are the most common reasons that people living with HIV/AIDS are not in primary medical care (not getting ART, CD4 and/or viral load lab work)? (*check any or all that apply*)

□ Do not have medical insurance and can not afford care.
□ Do not know that they are eligible for free care.
□ Have heard bad things about the medications and the side effects.
□ Are in jail or prison and do not want to ask for care.
□ Prefer to use Santeria or Voodoo.
□ Do not know where to go to get care.
□ Know where to go, but do not want to go there.
□ Not ready to deal with their HIV status.
□ Afraid of being identified as HIV-positive.
□ Not a medical facility near where they live.
□ Do not have transportation.
□ Homeless.
□ Using drugs or alcohol.
□ Have mental health problems.
□ Have a family emergency/someone else needs them.
□ Have to work and can not ask for time off.
□ Have to care for their children.
□ Do not like, trust, or believe in doctors.
□ The doctor/staff do not speak their language.
□ The doctors are cold or intimidating.
□ Can not get an appointment.
□ Wait is too long at the clinic/office/hospital.
□ Do not think that it would help
□ Bad reaction from medications and do not want to continue taking them.
□ Do not want any bad news about their health.
□ Too embarrassed or ashamed to go.
□ Scared of immigration or other legal issues.
□ Other (Specify: _____)

21. What services, other than medical care and medication, do people living with HIV/AIDS need to get into primary medical care? (*check any or all that apply*)

□ Substance abuse treatment
□ Dental care
□ Case management
□ Transportation
□ Financial assistance
□ Mental health services
□ Food
□ Legal services
□ Housing
□ Other (specify) _____

22. What would be some reasons people living with HIV/AIDS would enter primary medical care? (*check any or all that apply*)

□ Get sick and know they need care.
□ Ready to deal with their illness.
□ Get a referral to get into care.
□ Find a doctor or medical facility they like.
□ A family member or friend helps them get into care.
□ Someone else with HIV/AIDS reaches out to them.
□ An outreach worker finds them and helps them get into care.
□ Someone who has been involved in their care follows up, and gets them to return to care.
□ Find a medical facility that has evening or weekend hours.
□ Find a doctor or medical facility that ensures their confidentiality
□ Find a doctor or clinic that is culturally sensitive and speaks their language.
□ Find a doctor or clinic where they do not have to wait very long in the waiting room.
□ Get out of jail or prison.
□ Able to deal with other problems in their life that are keeping them out of care.
□ Other (explain) _____

23. If we have limited funding, what are the seven (7) most important services? Place the number 1,2,3,4,5, 6 or 7 next to the most important services. Please number them in order from 1 (most important) to 7 (least important).

__Ambulatory/Primary Outpatient Medical Care (appointment with HIV doctor, General Practitioner, Family Practice)

__Buddy/Companion (a buddy/companion helping someone with HIV access HIV services)

__Case Management

__Clinical Trials (access to participate in HIV treatment research)

__Complementary and Alternative Therapies (massage therapy, acupuncture, Reiki Therapy)

__Counseling (other) (with licensed professional or peer)

__Day/Respite Care (Drop In Center, a daytime program where you can go to talk about personal issues and get moral support)

__Dental/Oral Health

__Direct Emergency Assistance (help paying for utilities, appliances, etc.)

__Drug Reimbursement Program (Medications and Nutritional Supplements)

__Food Bank/Food Voucher

__Health Insurance Continuation (payment of Healthcare Insurance Premium)

__HIV Prevention Services

__Home Health Care

__Hospice Services

__Housing Assistance

__Inpatient Hospital Coordination

__Laboratory Diagnostic Testing

__Legal/Permanency Planning Services (Social Security hearings, will, health care proxy)/Permanency Planning (assistance in placing children in cases where PLWHA can not care for them due to sickness or death)

__Mental Health Services (with psychiatrist/psychologist)

__Nurse Care Coordination

__Outreach (raising community awareness about HIV services to increase the number of people in care)

__Peer Advocacy

__Specialty Medical Services [Ophthalmology (CMV), GYN (abnormal pap), Dermatology (lesions)]

__Substance Abuse Treatment Outpatient

__Substance Abuse Treatment Residential

__Translation Services

__Transportation

__Treatment Adherence (education about taking medications as prescribed)

__Vocational Rehabilitation (Job Training)

__Other (Specify: _____)

24. Is there anything else you would like to add?

_____
_____
_____
_____
_____
_____
_____
_____

Please fax this survey back to Sonja Swanson of TCHC at (561) 844-3310 by March 1, 2007 or mail to:

Treasure Coast Health Council
4152 West Blue Heron Blvd., Suite 228
Riviera Beach, FL 33404

THANK YOU FOR YOUR TIME!

Appendix D
Florida Department of Health, Bureau of HIV/AIDS, HIV/AIDS Reporting System Statistics for Area 9

Section 2 – Table 1a: HIV and AIDS Incidence, HIV/AIDS Deaths (excl DOC).

Demographic Group/ Exposure Category	AIDS Incidence in 2004 & 2005					HIV Cases (regardless of current AIDS Status) Reported in 2004 & 2005					HIV/AIDS Case Deaths in 2004 & 2005				
	AIDS incidence is defined as the number of new AIDS cases diagnosed during the period specified, data as of 01/06/06.					HIV Cases (regardless of current AIDS Status) Reported: is defined as the number of new HIV cases reported during the period specified, data as of 01/06/06.					HIV or AIDS cases that died (regardless of cause) in 2005, data as of 04/05/06.				
Race/Ethnicity	2004	% of Total	2005	% of Total	% change	2004	% of Total	2005	% of Total	% change	2004	% of Total	2005	% of Total	% change
White, not Hispanic	103	24%	67	19%	-35.0%	126	28%	99	25%	-21.4%	49	20%	52	25%	6.1%
Black, not Hispanic	264	61%	224	62%	-15.2%	248	54%	238	60%	-4.0%	157	64%	138	65%	-12.1%
Hispanic	64	15%	64	18%	0.0%	72	16%	59	15%	-18.1%	36	15%	17	8%	-52.8%
Asian/Pacific Islander	1	0%	1	0%	0.0%	7	2%	0	0%	-100.0%	0	0%	1	0%	#DIV/0!
American Indian/Alaskan Native	0	0%	0	0%	#DIV/0!	0	0%	0	0%	#DIV/0!	0	0%	1	0%	#DIV/0!
Not Specified/Other	4	1%	4	1%	0.0%	4	1%	1	0%	-75.0%	2	1%	3	1%	50.0%
Total:	436	100%	360	100%	-17.4%	457	100%	397	100%	-13.1%	244	100%	212	100%	-13.1%
Gender	2004	% of Total	2005	% of Total	% change	2004	% of Total	2005	% of Total	% change	2004	% of Total	2005	% of Total	% change
Male	283	64.9%	215	59.7%	-24.0%	275	60.2%	226	56.9%	-17.8%	162	66.4%	123	58.0%	-24.1%
Female	153	35.1%	145	40.3%	-5.2%	182	39.8%	171	43.1%	-6.0%	82	33.6%	89	42.0%	8.5%
Total:	436	100.0%	360	100.0%	-17.4%	457	100.0%	397	100.0%	-13.1%	244	100.0%	212	100.0%	-13.1%
Age at Diagnosis (Years)	2004	% of Total	2005	% of Total	% change	2004	% of Total	2005	% of Total	% change	2004	% of Total	2005	% of Total	% change
0- 2 years	0	0.0%	0	0.0%	#DIV/0!	0	0.0%	3	0.8%	#DIV/0!	2	0.8%	0	0.0%	-100.0%
3-12 years	2	0.5%	1	0.3%	-50.0%	1	0.2%	3	0.8%	200.0%	0	0.0%	0	0.0%	#DIV/0!
13-19 years	4	0.9%	4	1.1%	0.0%	14	3.1%	10	2.5%	-28.6%	3	1.2%	6	2.8%	100.0%
20-24 years	15	3.4%	13	3.6%	-13.3%	26	5.7%	34	8.6%	30.8%	15	6.1%	10	4.7%	-33.3%
25-29 years	29	6.7%	27	7.5%	-6.9%	46	10.1%	44	11.1%	-4.3%	22	9.0%	23	10.8%	4.5%
30-39 years	134	30.7%	119	33.1%	-11.2%	143	31.3%	110	27.7%	-23.1%	86	35.2%	63	29.7%	-26.7%
40-44 years	83	19.0%	71	19.7%	-14.5%	86	18.8%	67	16.9%	-22.1%	35	14.3%	39	18.4%	11.4%
45-49 years	73	16.7%	50	13.9%	-31.5%	64	14.0%	44	11.1%	-31.3%	21	8.6%	24	11.3%	14.3%
50-59 years	72	16.5%	58	16.1%	-19.4%	58	12.7%	63	15.9%	8.6%	38	15.6%	33	15.6%	-13.2%
60+ years	24	5.5%	17	4.7%	-29.2%	19	4.2%	19	4.8%	0.0%	22	9.0%	14	6.6%	-36.4%
Total:	436	100.0%	360	100.0%	-17.4%	457	100.0%	397	100.0%	-13.1%	244	100.0%	212	100.0%	-13.1%

HIV data (for 2005) includes those cases that have converted to AIDS. These HIV cases cannot be added with AIDS cases to get combined totals since the categories are not mutually

Section 2 – Table 1b: Background Data Used for the Calculations of AIDS Prevalence, and HIV (not AIDS) Prevalence (excl DOC).

Demographic Group/ Exposure Category	AIDS Case Prevalence (excl DOC) through 2005 as of 04/05/06 AIDS Case Prevalence is defined as the number of reported AIDS Cases as of the date specified.		HIV (not AIDS) Case Prevalence (excl DOC) through 2005 as of 04/05/06 HIV Case Prevalence is defined as the number of reported living HIV (not AIDS) cases as of the date specified.		HIV/AIDS Case Prevalence PLWHA (excl DOC) through 2005 as of 04/05/06 HIV/AIDS Case Prevalence is defined as the number of reported living HIV (not AIDS) and AIDS cases as of the date specified.		HIV Prevalence Estimate, 2005, as of 04/05/06 Includes PLWAH, those diagnosed but not reported. Statewide HIV prevalence estimate (excl DOC's) for 2005 is 119,000,00. (PLWAH x 1.6)		AIDS Prevalence & Aware Estimates (excl DOC) through 2005 as of 04/05/06 AIDS Prevalence is defined as the number of reported AIDS Cases plus 5% for unreported AIDS cases. (AIDS Cases / 0.95). Assumes 100% are aware.		HIV (not AIDS) Prevalence & Aware Estimates (excl DOC) through 2005 as of 04/05/06 Adjusted for underreporting PLWH (not AIDS) and includes those diagnosed but not reported. (Total PLWAH Aware (& diagnosed) minus AIDS Prevalence).		Total PLWAH & Aware Estimates (excl DOC), (diagnosed) through 2005 as of 04/05/06 Assuming 80% of all PLWAH are Aware (HIV Estimate X 0.80)		PLWA receiving primary medical services in a 12-month period via HARS (12%, ADAP or Medicaid). Matching HARS data with ADAP and Medicaid to determine which cases had the specified HIV primary medical care services in 12-month period.		PLWH receiving primary medical services in a 12-month period via HARS (12%, ADAP or Medicaid). Matching HARS data with ADAP and Medicaid to determine which cases had the specified HIV primary medical care services in 12-month period.	
Race/Ethnicity	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total
White, not Hispanic	985	23.2%	643	24.9%	1,628	23.8%	2,605	23.8%	1,037	23.2%	1,047	24.5%	2,084	23.8%	389	21.0%	101	24.0%
Black, not Hispanic	2,796	65.8%	1,646	63.7%	4,442	65.0%	7,107	65.0%	2,943	65.8%	2,743	64.2%	5,686	65.0%	1,242	67.0%	249	59.1%
Hispanic	435	10.2%	262	10.1%	697	10.2%	1,115	10.2%	458	10.2%	434	10.2%	892	10.2%	202	10.9%	62	14.7%
Asian/Pacific Islander	3	0.1%	16	0.6%	19	0.3%	30	0.3%	3	0.1%	21	0.5%	24	0.3%	2	0.1%	2	0.5%
American Indian/Alaskan Native	1	0.0%	0	0.0%	1	0.0%	2	0.0%	1	0.0%	0	0.0%	1	0.0%	1	0.1%	0	0.0%
Not Specified/Other	30	0.7%	16	0.6%	46	0.7%	74	0.7%	32	0.7%	27	0.6%	59	0.7%	18	1.0%	7	1.7%
Total:	4,250	100.0%	2,583	100.0%	6,833	100.0%	10,933	100.0%	4,474	100.0%	4,273	100.0%	8,746	100.0%	1,854	100.0%	421	100.0%
Gender	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total
Male	2,727	64.2%	1,409	54.5%	4,136	60.5%	6,618	60.5%	2,871	64.2%	2,424	56.7%	5,294	60.5%	1,107	59.7%	188	44.7%
Female	1,523	35.8%	1,174	45.5%	2,697	39.5%	4,315	39.5%	1,603	35.8%	1,849	43.3%	3,452	39.5%	747	40.3%	233	55.3%
Total:	4,250	100.0%	2,583	100.0%	6,833	100.0%	10,933	100.0%	4,474	100.0%	4,273	100.0%	8,746	100.0%	1,854	100.0%	421	100.0%
Current Age on 12/31/05 (Years)	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total
0- 2 years	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%
3-12 years	36	0.8%	9	0.3%	45	0.7%	72	0.7%	38	0.8%	20	0.5%	58	0.7%	29	1.6%	7	1.7%
13-19 years	57	1.3%	23	0.9%	80	1.2%	128	1.2%	60	1.3%	42	1.0%	102	1.2%	34	1.8%	6	1.4%
20-24 years	42	1.0%	106	4.1%	148	2.2%	237	2.2%	44	1.0%	145	3.4%	189	2.2%	24	1.3%	20	4.8%
25-29 years	118	2.8%	218	8.4%	336	4.9%	538	4.9%	124	2.8%	306	7.2%	430	4.9%	61	3.3%	32	7.6%
30-39 years	857	20.2%	734	28.4%	1,591	23.3%	2,546	23.3%	902	20.2%	1,134	26.6%	2,036	23.3%	383	20.7%	102	24.2%
40-44 years	846	19.9%	479	18.5%	1,325	19.4%	2,120	19.4%	891	19.9%	805	18.9%	1,696	19.4%	373	20.1%	74	17.6%
45-49 years	828	19.5%	393	15.2%	1,221	17.9%	1,954	17.9%	872	19.5%	691	16.2%	1,563	17.9%	343	18.5%	73	17.3%
50-59 years	1,004	23.6%	427	16.5%	1,431	20.9%	2,290	20.9%	1,057	23.6%	775	18.1%	1,832	20.9%	436	23.5%	77	18.3%
60+ years	462	10.9%	194	7.5%	656	9.6%	1,050	9.6%	486	10.9%	353	8.3%	840	9.6%	171	9.2%	29	6.9%
Total:	4,250	100.0%	2,583	100.0%	6,833	100.0%	10,933	100.0%	4,474	100.0%	4,273	100.0%	8,746	100.0%	1,854	100.0%	421	100.0%

Demographic Group/ Exposure Category	AIDS Case Prevalence (excl DOC) through 2005 as of 04/05/06 AIDS Case Prevalence is defined as the number of reported AIDS Cases as of the date specified.		HIV (not AIDS) Case Prevalence (excl DOC) through 2005 as of 04/05/06 HIV Case Prevalence is defined as the number of reported living HIV (not AIDS) cases as of the date specified.		HIV/AIDS Case Prevalence PLWHA (excl DOC) through 2005 as of 04/05/06 HIV/AIDS Case Prevalence is defined as the number of reported living HIV (not AIDS) and AIDS cases as of the date specified.		HIV Prevalence Estimate, 2005, as of 04/05/06 Includes PLWAH, those diagnosed but not reported. Statewide HIV prevalence estimate (excl DOC's) for 2005 is 119,000,00. (PLWAH x 1.6)		AIDS Prevalence & Aware Estimates (excl DOC) through 2005 as of 04/05/06 AIDS Prevalence is defined as the number of reported AIDS Cases plus 5% for unreported AIDS cases. (AIDS Cases / 0.95). Assumes 100% are aware.		HIV (not AIDS) Prevalence & Aware Estimates (excl DOC) through 2005 as of 04/05/06 Adjusted for underreporting PLWH (not AIDS) and includes those diagnosed but not reported. (Total PLWAH Aware (& diagnosed) minus AIDS Prevalence).		Total PLWAH & Aware Estimates (excl DOC), (diagnosed) through 2005 as of 04/05/06 Assuming 80% of all PLWAH are Aware (HIV Estimate X 0.80)		PLWA receiving primary medical services in a 12-month period via HARS (12%, ADAP or Medicaid). Matching HARS data with ADAP and Medicaid to determine which cases had the specified HIV primary medical care services in 12-month period.		PLWH receiving primary medical services in a 12-month period via HARS (12%, ADAP or Medicaid). Matching HARS data with ADAP and Medicaid to determine which cases had the specified HIV primary medical care services in 12-month period.	
Male Adult Exposure Category Risks Redistributed	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total
MSM	1,195	44.1%	657	46.7%	1,852	45.0%	2,963	45.0%	1,258	44.1%	1,113	46.0%	2,371	45.0%	500	45.9%	101	54.3%
IDU	221	8.1%	88	6.3%	309	7.5%	494	7.5%	232	8.1%	163	6.7%	395	7.5%	80	7.3%	12	6.6%
MSM/IDU	112	4.1%	35	2.5%	147	3.6%	235	3.6%	118	4.1%	70	2.9%	188	3.6%	52	4.7%	6	3.5%
Heterosexual	1,144	42.2%	620	44.1%	1,764	42.9%	2,823	42.9%	1,204	42.2%	1,054	43.6%	2,258	42.9%	441	40.4%	64	34.6%
Other	37	1.4%	6	0.5%	44	1.1%	70	1.1%	39	1.4%	17	0.7%	56	1.1%	18	1.7%	2	1.1%
Total:	2,709	100.0%	1,407	100.0%	4,116	100.0%	6,586	100.0%	2,852	100.0%	2,417	100.0%	5,268	100.0%	1,091	100.0%	186	100.0%
Female Adult Exposure Category Risks Redistributed	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total
IDU	195	13.0%	113	9.6%	308	11.5%	492	11.5%	206	13.0%	188	10.3%	394	11.5%	84	11.4%	29	12.9%
Heterosexual	1,264	84.0%	1,044	89.4%	2,307	86.4%	3,692	86.4%	1,330	84.0%	1,623	88.4%	2,953	86.4%	624	85.0%	195	86.1%
Other	45	3.0%	11	0.9%	56	2.1%	89	2.1%	48	3.0%	24	1.3%	72	2.1%	26	3.5%	2	1.0%
Total:	1,504	100.0%	1,167	100.0%	2,671	100.0%	4,274	100.0%	1,583	100.0%	1,836	100.0%	3,419	100.0%	734	100.0%	227	100.0%
Pediatric AIDS Exposure Categories (current ages 0-12)	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total
Mother with/at risk for HIV infection	36	97.3%	9	100.0%	45	97.8%	72	97.8%	38	97.3%	20	98.9%	58	97.8%	29	100.0%	8	100.0%
Risk not reported/Other	1	2.7%	0	0.0%	1	2.2%	2	2.2%	1	2.7%	0	1.1%	1	2.2%	0	0.0%	0	0.0%
Total:	37	100.0%	9	100.0%	46	100.0%	74	100.0%	39	100.0%	20	100.0%	59	100.0%	29	100.0%	8	100.0%

Demographic Group/ Exposure Category	AIDS Case Prevalence (excl DOC) through 2005 as of 04/05/06 AIDS Case Prevalence is defined as the number of reported AIDS Cases as of the date specified.		HIV (not AIDS) Case Prevalence (excl DOC) through 2005 as of 04/05/06 HIV Case Prevalence is defined as the number of reported living HIV (not AIDS) cases as of the date specified.		HIV/AIDS Case Prevalence PLWHA (excl DOC) through 2005 as of 04/05/06 HIV/AIDS Case Prevalence is defined as the number of reported living HIV (not AIDS) and AIDS cases as of the date specified.		HIV Prevalence Estimate, 2005, as of 04/05/06 Includes PLWAH, those diagnosed but not reported. Statewide HIV prevalence estimate (excl DOC's) for 2005 is 119,000,00. (PLWAH x 1.6)		AIDS Prevalence & Aware Estimates (excl DOC) through 2005 as of 04/05/06 AIDS Prevalence is defined as the number of reported AIDS Cases plus 5% for unreported AIDS cases. (AIDS Cases / 0.95). Assumes 100% are aware.		HIV (not AIDS) Prevalence & Aware Estimates (excl DOC) through 2005 as of 04/05/06 Adjusted for underreporting PLWH (not AIDS) and includes those diagnosed but not reported. (Total PLWAH Aware (& diagnosed) minus AIDS Prevalence).		Total PLWAH & Aware Estimates (excl DOC), (diagnosed) through 2005 as of 04/05/06 Assuming 80% of all PLWAH are Aware (HIV Estimate X 0.80)		PLWA receiving primary medical services in a 12-month period via HARS (12%, ADAP or Medicaid). Matching HARS data with ADAP and Medicaid to determine which cases had the specified HIV primary medical care services in 12-month period.		PLWH receiving primary medical services in a 12-month period via HARS (12%, ADAP or Medicaid). Matching HARS data with ADAP and Medicaid to determine which cases had the specified HIV primary medical care services in 12-month period.	
Special Populations Risks NOT Redistributed	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total
White MSM	628	N/A	329	N/A	957	N/A	1,531	N/A	661	N/A	564	N/A	1,225	N/A	243	N/A	51	N/A
Black MSM	368	N/A	165	N/A	533	N/A	853	N/A	387	N/A	295	N/A	682	N/A	191	N/A	22	N/A
Hispanic MSM	153	N/A	93	N/A	246	N/A	394	N/A	161	N/A	154	N/A	315	N/A	72	N/A	26	N/A
Whte Male IDU	80	N/A	32	N/A	112	N/A	179	N/A	84	N/A	59	N/A	143	N/A	35	N/A	5	N/A
Black Male IDU	158	N/A	49	N/A	207	N/A	331	N/A	166	N/A	99	N/A	265	N/A	70	N/A	8	N/A
Hispanic Male IDU	50	N/A	18	N/A	68	N/A	109	N/A	53	N/A	34	N/A	87	N/A	16	N/A	4	N/A
Whte Female IDU	56	N/A	42	N/A	98	N/A	157	N/A	59	N/A	66	N/A	125	N/A	29	N/A	13	N/A
Black Female IDU	94	N/A	36	N/A	130	N/A	208	N/A	99	N/A	67	N/A	166	N/A	38	N/A	10	N/A
Hispanic Female IDU	20	N/A	10	N/A	30	N/A	48	N/A	21	N/A	17	N/A	38	N/A	10	N/A	3	N/A
Whte Male Homeless	3	N/A	1	N/A	4	N/A	6	N/A	3	N/A	2	N/A	5	N/A	2	N/A	0	N/A
Black Male Homeless	10	N/A	2	N/A	12	N/A	19	N/A	11	N/A	5	N/A	15	N/A	2	N/A	0	N/A
Hispanic Male Homeless	1	N/A	0	N/A	1	N/A	2	N/A	1	N/A	0	N/A	1	N/A	0	N/A	0	N/A
Whte Female Homeless	0	N/A	1	N/A	1	N/A	2	N/A	0	N/A	1	N/A	1	N/A	0	N/A	0	N/A
Black Female Homeless	5	N/A	4	N/A	9	N/A	14	N/A	5	N/A	6	N/A	12	N/A	2	N/A	0	N/A
Hispanic Female Homeless	0	N/A	1	N/A	1	N/A	2	N/A	0	N/A	1	N/A	1	N/A	0	N/A	0	N/A
Male Haitian Born	550	N/A	178	N/A	728	N/A	1,165	N/A	579	N/A	353	N/A	932	N/A	195	N/A	19	N/A
Female Haitian Born	290	N/A	200	N/A	490	N/A	784	N/A	305	N/A	322	N/A	627	N/A	134	N/A	35	N/A
Whte Male Youth (current ages 13-24)	2	N/A	4	N/A	6	N/A	10	N/A	2	N/A	6	N/A	8	N/A	0	N/A	0	N/A
Black Male Youth (curent ages 13-24)	43	N/A	34	N/A	77	N/A	123	N/A	45	N/A	53	N/A	99	N/A	21	N/A	4	N/A
Hispanic Male Youth (current ages 13-24)	2	N/A	10	N/A	12	N/A	19	N/A	2	N/A	13	N/A	15	N/A	2	N/A	2	N/A
Whte Female Youth (current ages 13-24)	4	N/A	12	N/A	16	N/A	26	N/A	4	N/A	16	N/A	20	N/A	4	N/A	2	N/A
Black Female Youth (current ages 13-24)	47	N/A	62	N/A	109	N/A	174	N/A	49	N/A	90	N/A	140	N/A	28	N/A	14	N/A
Hispanic Female Youth (current ages 13-24)	4	N/A	12	N/A	16	N/A	26	N/A	4	N/A	16	N/A	20	N/A	2	N/A	4	N/A
White WCBA* (current ages 15-44)	113	N/A	135	N/A	248	N/A	397	N/A	119	N/A	198	N/A	317	N/A	61	N/A	20	N/A
Black WCBA* (current ages 15-44)	642	N/A	622	N/A	1,264	N/A	2,022	N/A	676	N/A	942	N/A	1,618	N/A	313	N/A	104	N/A
Hiapanic WCBA* (current ages 15-44)	78	N/A	66	N/A	144	N/A	230	N/A	82	N/A	102	N/A	184	N/A	40	N/A	18	N/A
White Ped Cases (current current ages 0-12)	1	N/A	1	N/A	2	N/A	3	N/A	1	N/A	2	N/A	3	N/A	1	N/A	1	N/A
Black Ped Cases (current ages 0-12)	34	N/A	7	N/A	41	N/A	66	N/A	36	N/A	17	N/A	52	N/A	26	N/A	6	N/A
Hispanic Ped Cases (current ages 0-12)	2	N/A	1	N/A	3	N/A	5	N/A	2	N/A	2	N/A	4	N/A	2	N/A	1	N/A
DOC Cases	37	N/A	18	N/A	55	N/A	88	N/A	39	N/A	31	N/A	70	N/A	6	N/A	2	N/A

*WCBA=Women of Child Bearing Age

MSM includes MSM & MSM/IDU and Male IDU includes IDU & MSM/IDU

Table 1: AIDS INCIDENCE, AIDS PREVALENCE AND HIV (NOT AIDS) PREVALENCE

Demographic Group/ Exposure Category RISKS REDISTRIBUTED	AIDS Incidence in 2004-2005 AIDS incidence is defined as the number of new AIDS cases diagnosed during the period specified, data as of 01/06/06.		AIDS Prevalence Estimates (excl DOC) through 2005 as of 04/05/06 AIDS Prevalence is defined as the number of reported AIDS Cases plus 5% for unreported AIDS cases.		HIV (not AIDS) Prevalence Estimate, 2005, as of 04/05/06 Adjusted for underreporting PLWH (not AIDS) and includes those diagnosed but not reported. (Total PLWAH minus AIDS Prevalence).	
Race/Ethnicity	#	% of Total	#	% of Total	#	% of Total
White, not Hispanic	170	21%	1,037	23%	1,568	24%
Black, not Hispanic	488	61%	2,943	66%	4,164	64%
Hispanic	128	16%	458	10%	657	10%
Asian/Pacific Islander	2	0%	3	0%	27	0%
American Indian/Alaskan Native	0	0%	1	0%	1	0%
Not Specified/Other	8	1%	32	1%	42	1%
Total:	796	100%	4,474	100%	6,459	100%
Gender	#	% of Total	#	% of Total	#	% of Total
Male	498	63%	2,871	64%	3,747	58%
Female	298	37%	1,603	36%	2,712	42%
Total:	796	100%	4,474	100%	6,459	100%
Age at Diagnosis (Incidence) / Current Age (Prevalence)	#	% of Total	#	% of Total	#	% of Total
0-12 years	3	0%	38	1%	34	1%
13-19 years	8	1%	60	1%	68	1%
20-44 years	491	62%	1,961	44%	3,479	54%
45+ years	294	37%	2,415	54%	2,878	45%
Total:	796	100%	4,474	100%	6,459	100%

Table 1: AIDS INCIDENCE, AIDS PREVALENCE AND HIV (NOT AIDS) PREVALENCE (CONT'D)

Demographic Group/ Exposure Category RISKS REDISTRIBUTED	AIDS Incidence in 2004-2005 AIDS incidence is defined as the number of new AIDS cases diagnosed during the period specified, data as of 01/06/06.		AIDS Prevalence Estimates (excl DOC) through 2005 as of 04/05/06 AIDS Prevalence is defined as the number of reported AIDS Cases plus 5% for unreported AIDS cases.		HIV (not AIDS) Prevalence Estimate, 2005, as of 04/05/06 Adjusted for underreporting PLWH (not AIDS) and includes those diagnosed but not reported. (Total PLWAH minus AIDS Prevalence).	
Adult/Adolescent AIDS Exposure Category	#	% of Total	#	% of Total	#	% of Total
MSM	249	31%	1,258	28%	1,706	27%
IDU	59	7%	438	10%	549	9%
MSM/IDU	11	1%	118	3%	117	2%
Heterosexual	468	59%	2,534	57%	3,980	62%
Other	6	1%	87	2%	73	1%
Total:	793	100%	4,435	100%	6,424	100%
Pediatric AIDS Exposure Categories (ages 0-12)	#	% of Total	#	% of Total	#	% of Total
Mother with/at risk for HIV infection	3	100%	38	97%	34	98%
Risk not reported/Other	0	0%	1	3%	1	2%
Total:	3	100%	39	100%	35	100%

Table 2: Unmet Need Framework Table

Demographic Group / Exposure Category	Number of persons living with AIDS (PLWA) (excl DOC) through 2005 as of 04/05/06. (Value for Row A of Unmet Need) PLWA is defined as the number of reported AIDS cases plus 5% for unreported AIDS cases. (AIDS Cases / 0.95). Assumes 100% are aware.		PLWA known to be receiving primary medical services in a 12-month period. Matching HARS data with ADAP and Medicaid to determine which cases had the specified HIV primary medical care services in 12-month period. Inflated by 1.6 to account for unreported cases who are also in care.		Number of persons living with HIV not AIDS (PLWH) AWARE (excl DOC) through 2005 as of 04/05/06. (Value for Row B of Unmet Need) Adjusted for underreporting PLWH (not AIDS) and includes those diagnosed but not reported. (Total PLWAH Aware (& diagnosed) minus AIDS Prevalence).		PLWH known to be receiving primary medical services in a 12-month period. Matching HARS data with ADAP and Medicaid to determine which cases had the specified HIV primary medical care services in 12-month period. Inflated by 1.6 to account for unreported cases who are also in care.		Total PLWHAs (excl DOC) through 2005 as of 04/05/06. (Value for Row C of Unmet Need) Calculated by adding (row A) plus (row B).		Total PLWHA known to be receiving primary medical services in a 12-month period. Calculated by adding PLWA and PLWH eceiving primary medical services in a 12-month period.	
Race/Ethnicity	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total
White, not Hispanic	1,037	23%	622	21%	1,047	25%	162	24%	2,084	24%	784	22%
Black, not Hispanic	2,943	66%	1,987	67%	2,743	64%	398	59%	5,686	65%	2,386	66%
Hispanic	458	10%	323	11%	434	10%	99	15%	892	10%	422	12%
Asian/Pacific Islander	3	0%	3	0%	21	0%	3	0%	24	0%	6	0%
American Indian/Alaskan Native	1	0%	2	0%	0	0%	0	0%	1	0%	2	0%
Not Specified/Other	32	1%	29	1%	27	1%	11	2%	59	1%	40	1%
Total:	4,474	100%	2,966	100%	4,273	100%	674	100%	8,746	100%	3,640	100%
Gender	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total
Male	2,871	64%	1,771	60%	2,424	57%	301	45%	5,294	61%	2,072	57%
Female	1,603	36%	1,195	40%	1,849	43%	373	55%	3,452	39%	1,568	43%
Total:	4,474	100%	2,966	100%	4,273	100%	674	100%	8,746	100%	3,640	100%
Current Age (Prevalence)	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total
0- 2 years	0	0%	0	0%	0	0%	2	0%	0	0%	2	0%
3-12 years	38	1%	46	2%	20	0%	11	2%	58	1%	58	2%
13-19 years	60	1%	54	2%	42	1%	10	1%	102	1%	64	2%
20-24 years	44	1%	38	1%	145	3%	32	5%	189	2%	70	2%
25-29 years	124	3%	98	3%	306	7%	51	8%	430	5%	149	4%
30-39 years	902	20%	613	21%	1,134	27%	163	24%	2,036	23%	776	21%
40-49 years	891	20%	597	20%	805	19%	118	18%	1,696	19%	715	20%
44-49 years	872	19%	549	19%	691	16%	117	17%	1,563	18%	666	18%
50-59 years	1,057	24%	698	24%	775	18%	123	18%	1,832	21%	821	23%
60+ years	486	11%	274	9%	353	8%	46	7%	840	10%	320	9%
Total:	4,474	100%	2,966	100%	4,273	100%	674	100%	8,746	100%	3,640	100%

Be sure to explain in your application that you are comparising of in- care and total HIV/AIDS population rather than an out-of-care demographic analysis since in-care data is NOT complete.

Demographic Group / Exposure Category	Number of persons living with AIDS (PLWA) (excl DOC) through 2005 as of 04/05/06. (Value for Row A of Unmet Need) PLWA is defined as the number of reported AIDS cases plus 5% for unreported AIDS cases. (AIDS Cases / 0.95). Assumes 100% are aware.		PLWA known to be receiving primary medical services in a 12-month period. Matching HARS data with ADAP and Medicaid to determine which cases had the specified HIV primary medical care services in 12-month period. Inflated by 1.6 to account for unreported cases who are also in care.		Number of persons living with HIV not AIDS (PLWH) AWARE (excl DOC) through 2005 as of 04/05/06. (Value for Row B of Unmet Need) Adjusted for underreporting PLWH (not AIDS) and includes those diagnosed but not reported. (Total PLWAH Aware (& diagnosed) minus AIDS Prevalence).		PLWH known to be receiving primary medical services in a 12-month period. Matching HARS data with ADAP and Medicaid to determine which cases had the specified HIV primary medical care services in 12-month period. Inflated by 1.6 to account for unreported cases who are also in care.		Total PLWHAs (excl DOC) through 2005 as of 04/05/06. (Value for Row C of Unmet Need) Calculated by adding (row A) plus (row B).		Total PLWHA known to be receiving primary medical services in a 12-month period. Calculated by adding PLWA and PLWH eceiving primary medical services in a 12-month period.	
Male Adult Exposure Category Risks Redistributed	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total
MSM	1,258	44%	801	46%	1,113	26%	161	54%	2,371	33%	962	47%
IDU	232	8%	128	7%	352	8%	20	7%	584	8%	147	7%
MSM/IDU	118	4%	83	5%	70	2%	10	3%	188	3%	93	5%
Heterosexual	1,204	42%	705	40%	2,677	63%	103	35%	3,882	55%	808	40%
Other	39	1%	29	2%	41	1%	3	1%	80	1%	32	2%
Total:	2,852	100%	1,746	100%	4,253	100%	298	100%	7,104	100%	2,043	100%
Female Adult Exposure Category Risks Redistributed	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total
IDU	206	13%	134	11%	188	10%	47	13%	394	12%	181	12%
Heterosexual	1,330	84%	999	85%	1,623	88%	313	86%	2,953	86%	1,311	85%
Other	48	3%	41	4%	24	1%	3	1%	72	2%	45	3%
Total:	1,583	100%	1,174	100%	1,836	100%	363	100%	3,419	100%	1,538	100%
Pediatric AIDS Exposure Categories (current ages 0-12)	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total
Mother with/at risk for HIV infection	38	97%	46	100%	20	99%	13	100%	58	98%	59	100%
Risk not reported/Other	1	3%	0	0%	0	1%	0	0%	1	2%	0	0%
Total:	39	100%	46	100%	20	100%	13	100%	59	100%	59	100%

Be sure to explain in your application that you are comparising of in- care and total HIV/AIDS population rather than an out-of-care demographic analysis since in-care data is NOT complete.

Demographic Group / Exposure Category	Number of persons living with AIDS (PLWA) (excl DOC) through 2005 as of 04/05/06. (Value for Row A of Unmet Need)		PLWA known to be receiving primary medical services in a 12-month period.		Number of persons living with HIV not AIDS (PLWH) AWARE (excl DOC) through 2005 as of 04/05/06. (Value for Row B of Unmet Need)		PLWH known to be receiving primary medical services in a 12-month period.		Total PLWHAs (excl DOC) through 2005 as of 04/05/06. (Value for Row C of Unmet Need)		Total PLWHA known to be receiving primary medical services in a 12-month period.	
	PLWA is defined as the number of reported AIDS cases plus 5% for unreported AIDS cases. (AIDS Cases / 0.95). Assumes 100% are aware.		Matching HARS data with ADAP and Medicaid to determine which cases had the specified HIV primary medical care services in 12-month period. Inflated by 1.6 to account for unreported cases who are also in care.		Adjusted for underreporting PLWH (not AIDS) and includes those diagnosed but not reported. (Total PLWAH Aware (& diagnosed) minus AIDS Prevalence).		Matching HARS data with ADAP and Medicaid to determine which cases had the specified HIV primary medical care services in 12-month period. Inflated by 1.6 to account for unreported cases who are also in care.		Calculated by adding (row A) plus (row B).		Calculated by adding PLWA and PLWH eceiving primary medical services in a 12-month period.	
Special Populations Risks NOT Redistributed	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total	# number	% of Total
White MSM	661	N/A	389	N/A	564	N/A	82	N/A	1,225	N/A	470	N/A
Black MSM	387	N/A	306	N/A	295	N/A	35	N/A	682	N/A	341	N/A
Hispanic MSM	161	N/A	115	N/A	154	N/A	42	N/A	315	N/A	157	N/A
Whte Male IDU	84	N/A	56	N/A	59	N/A	8	N/A	143	N/A	64	N/A
Black Male IDU	166	N/A	112	N/A	99	N/A	13	N/A	265	N/A	125	N/A
Hispanic Male IDU	53	N/A	26	N/A	34	N/A	6	N/A	87	N/A	32	N/A
Whte Female IDU	59	N/A	46	N/A	66	N/A	21	N/A	125	N/A	67	N/A
Black Female IDU	99	N/A	61	N/A	67	N/A	16	N/A	166	N/A	77	N/A
Hispanic Female IDU	21	N/A	16	N/A	17	N/A	5	N/A	38	N/A	21	N/A
Whte Male Homeless	3	N/A	3	N/A	2	N/A	0	N/A	5	N/A	3	N/A
Black Male Homeless	11	N/A	3	N/A	5	N/A	0	N/A	15	N/A	3	N/A
Hispanic Male Homeless	1	N/A	0	N/A	0	N/A	0	N/A	1	N/A	0	N/A
Whte Female Homeless	0	N/A	0	N/A	1	N/A	0	N/A	1	N/A	0	N/A
Black Female Homeless	5	N/A	3	N/A	6	N/A	0	N/A	12	N/A	3	N/A
Hispanic Female Homeless	0	N/A	0	N/A	1	N/A	0	N/A	1	N/A	0	N/A
Male Haitian Born	579	N/A	312	N/A	353	N/A	30	N/A	932	N/A	342	N/A
Female Haitian Born	305	N/A	214	N/A	322	N/A	56	N/A	627	N/A	270	N/A
Whte Male Youth (current ages 13-24)	2	N/A	0	N/A	6	N/A	0	N/A	8	N/A	0	N/A
Black Male Youth (curent ages 13-24)	45	N/A	34	N/A	53	N/A	6	N/A	99	N/A	40	N/A
Hispanic Male Youth (current ages 13-24)	2	N/A	3	N/A	13	N/A	3	N/A	15	N/A	6	N/A
Whte Female Youth (current ages 13-24)	4	N/A	6	N/A	16	N/A	3	N/A	20	N/A	10	N/A
Black Female Youth (current ages 13-24)	49	N/A	45	N/A	90	N/A	22	N/A	140	N/A	67	N/A
Hispanic Female Youth (current ages 13-24)	4	N/A	3	N/A	16	N/A	6	N/A	20	N/A	10	N/A
White WCBA* (current ages 15-44)	119	N/A	98	N/A	198	N/A	32	N/A	317	N/A	130	N/A
Black WCBA* (current ages 15-44)	676	N/A	501	N/A	942	N/A	166	N/A	1,618	N/A	667	N/A
Hiapanic WCBA* (current ages 15-44)	82	N/A	64	N/A	102	N/A	29	N/A	184	N/A	93	N/A
White Ped Cases (current current ages 0-12)	1	N/A	2	N/A	2	N/A	2	N/A	3	N/A	3	N/A
Black Ped Cases (current ages 0-12)	36	N/A	42	N/A	17	N/A	10	N/A	52	N/A	51	N/A
Hispanic Ped Cases (current ages 0-12)	2	N/A	3	N/A	2	N/A	2	N/A	4	N/A	5	N/A
DOC Cases	39	N/A	10	N/A	31	N/A	3	N/A	70	N/A	13	N/A

*WCBA=Women of Child Bearing Age

MSM includes MSM & MSM/IDU and Male IDU includes IDU & MSM/IDU

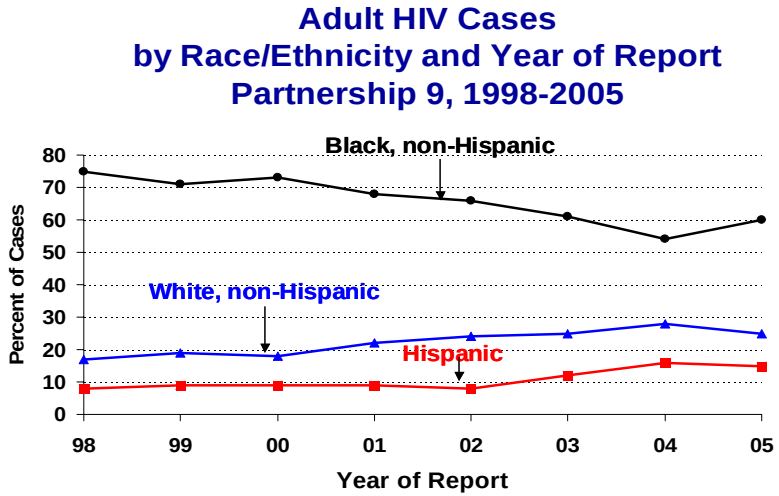
Note: Keep in mind, due to the principles of estimating, some small counties may show more than 100% in care. However, this averages out at the district level.

Be sure to explain in your application that you are comparising of in- care and total HIV/AIDS population rather than an out-of-care demographic analysis since in-care data is NOT complete.

Directions:

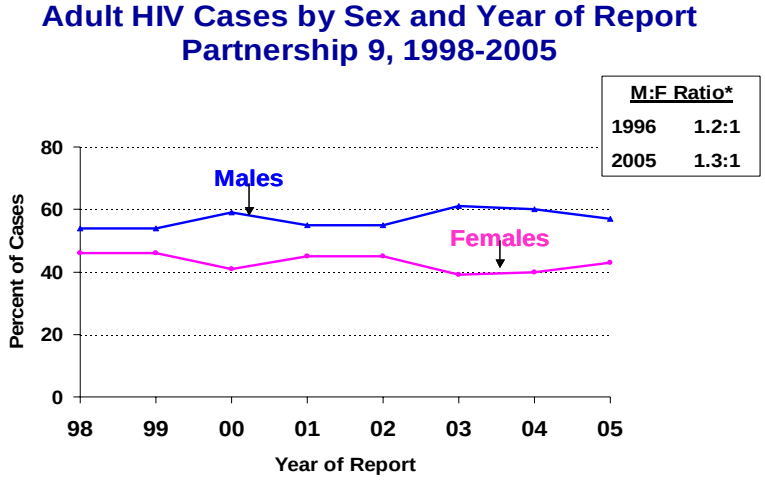
In the spaces provided (Figure 1 and Figure 2) below, insert a graph which indicates trends or changes in the HIV/AIDS data over the past five (5) years, broken down by race and gender.

Section 2: Figure 3: Trends or changes in the HIV (regardless of AIDS status) case data (RACE)



Comment: In absolute numbers, from 2000-2005, HIV cases among blacks decreased by 30%, while increasing by 20% among whites. The decreases among blacks may correspond to some extent with recent targeted prevention, while the increases among whites may be associated with recent increases in HIV transmission among white MSM.

Section 2: Figure 4: Trends or changes in the HIV (regardless of AIDS status) case data (GENDER)

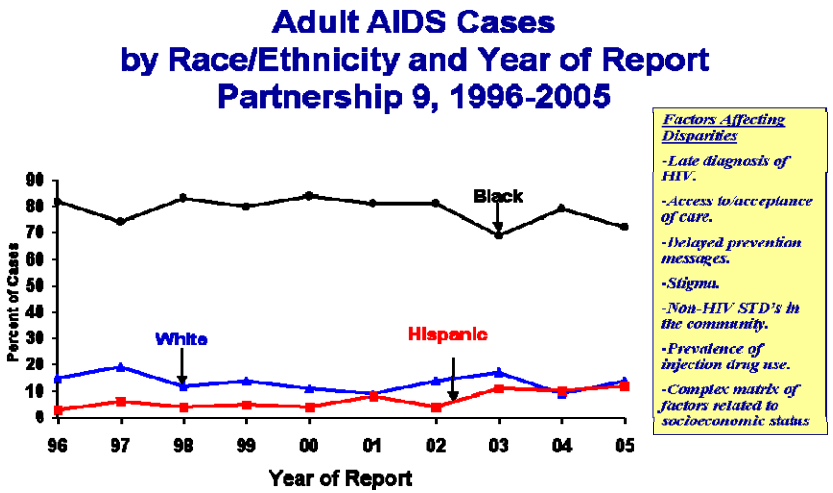


Comment: The trend for HIV cases by sex is the opposite of that for AIDS cases. Recent trends in HIV transmission are best described by the HIV case data. The relative increases in male HIV cases might be attributed to proportional increases in HIV transmission among men who have sex with men (MSM), which may influence future AIDS trends.

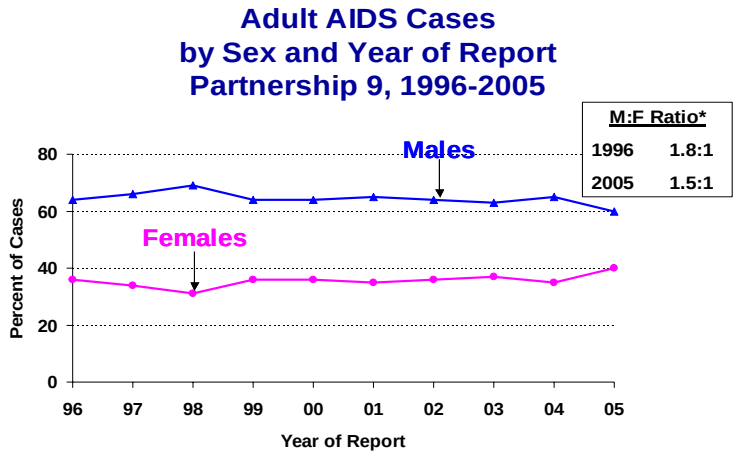
Directions:

In the spaces provided (Figure 1 and Figure 2) below, insert a graph which indicates trends or changes in the HIV/AIDS data over the past five (5) years, broken down by race and gender.

Section 2: Figure 1: Trends or changes in the AIDS case data (RACE)



Section 2: Figure 2: Trends or changes in the AIDS case data (GENDER)



Comment: AIDS cases tend to represent HIV transmission that occurred many years ago. The relative increases in female cases reflect the changing face of the AIDS epidemic over time. *The male-to-female ratio is the number or percent of cases among males divided by the number or percent of female cases.

Appendix E
Ryan White Service Category Definitions FY 2007-2008

PALM BEACH COUNTY HIV CARE COUNCIL
PART A - RYAN WHITE CARE ACT GRANT
MARCH 1, 2007 - FEBRUARY 28, 2008

SERVICE CATEGORY DEFINITIONS

1. MEDICAL CARE

a. Ambulatory/Outpatient Primary Care

Provision of comprehensive professional diagnostic and therapeutic services including comprehensive management of acute and chronic physical and mental conditions and prevention of such conditions through: initial visit and intake; complete medical history and physical examination; completion of lab tests necessary for evaluation and treatment; nutritional counseling; immunizations; referrals to other medical specialists; follow-up visits and maintenance appointments as indicated on the basis of a patients clinical status.

b. Laboratory Diagnostic Testing

HIV viral load testing, CD4/CD8, CBC with diff., blood chemistry profile, & other FDA approved routine tests for the treatment of patients with HIV disease. In addition, routine tests pertinent to the prevention of opportunistic infections (VDRL, tuberculin skin-tests, AFB, pap smear, toxoplasmosa, hepatitis B, & CMV serologies) & all other laboratory tests as clinically indicated (e.g. HCV serology) that are generally accepted to be medically necessary for the treatment of HIV disease & its complications and have an established Florida Medicaid reimbursement rate.

c. Drug Reimbursement Program/Local Supplemental Drug Program

Provision of injectable and non-injectable prescription drugs, at or below Public Health Service (PHS) price, and/or related supplies prescribed or ordered by a physician to prolong life, improve health, or prevent deterioration of health for HIV+ persons who do not have prescription drug coverage and who are not eligible for Medicaid, Health Care District, or other public sector funding, nor have any other means to pay. This service area also includes assistance for the acquisition of non-Medicaid reimbursable drugs.

ADAP Supplemental Drug Program

Program to expand Florida AIDS Drug Assistance Program (ADAP) locally by paying for FDA approved medications on the State of Florida ADAP formulary when the Florida ADAP is unable to pay for such medications for patients enrolled in the Florida ADAP program & patients are ineligible for other local health care programs which pay for these

medications. Medications purchased under this program must be purchased at Public Health Services prices or less.

Nutritional Supplements
Provision of nutritional supplement prescribed as a treatment for diagnosed wasting syndrome. Counseling linked to Primary Medical Care, Nurse Care Management or Human Services Management.

d. Specialty Outpatient Health Care
Short term treatment of specialty medical conditions and associated diagnostic procedures for HIV positive patients based upon referral from a primary care provider, physician, physician assistant, clinical nurse specialist. Specialties may include, but are not limited to, outpatient rehabilitation, dermatology, oncology, obstetrics and gynecology, urology, podiatry, pediatrics, rheumatology, physical therapy, speech therapy, occupational therapy, developmental assessment, and psychiatry.

e. Clinical Trials Outreach
A range of services used to support, enhance and enable patient participation in clinical trials, such as screening of medial charts for patient eligibility for inclusion in clinical trials and research studies.

f. Dental Care
Routine dental care examinations and prophylaxis, X-rays, treatment of gum disease, oral surgery, and medically necessary dentures.

g. Nurse Care Coordination
A range of client-centered services provided by a registered nurse specialist and coordinated with the client's primary outpatient healthcare provider, providing the Ryan White patient's main link with ongoing medical services.

h. Outreach Services
Programs which have as their principal purpose identifying people with HIV disease, particularly those who know their HIV status so that they shall become aware of and be linked to ongoing HIV primary care and treatment. Outreach activities must be planned and delivered in coordination with State and local HIV-prevention outreach activities to avoid duplication of effort and to address a specific service need category identified through State and local needs assessment processes. Activities must be conducted in such a manner as to reach those known to have delayed seeking care. Outreach services should be continually reviewed and evaluated in order to maximize the probability of reaching individuals who know their HIV status but are not actively in treatment. Broad

activities that market the availability of health-care services for PLWH are not considered appropriate Title I outreach services.

i. Treatment Adherence Services
Provision of counseling or targeted interventions to specifically address barriers to treatment adherence to ensure readiness for and adherence to complex HIV/AIDS treatments for those in ambulatory outpatient medical care.

j. Inpatient Hospital Coordination

k. Health Insurance Continuation
Financial assistance for eligible individuals with HIV disease to maintain continuation of health insurance.

l. Hospice (Home Based Resid.)

m. Complementary Therapies (Other)
Complementary therapies delivered in a cost effective manner that is prescribed as part of a treatment program for HIV related neuropathy or myopathy.

n. Substance Abuse Treatment/counseling
a. Residential Substance Abuse Treatment
Provision of residential substance abuse treatment counseling, including specific HIV counseling in secure, drug-free state licensed residential (non-hospital) substance abuse detoxification and treatment facility, not to exceed 90 days.

b. Individual, Group Outpatient Counseling
Provision for regular, ongoing substance abuse monitoring and counseling, including specific HIV counseling, on an individual and group basis in a state licensed outpatient setting.

o. Mental Health Therapy/counseling
Psychological & psychiatric counseling services, including individual counseling, group counseling, & facilitation of support groups, provided by a mental health professional licensed or authorized to practice within the State, including psychiatrists, psychologists, clinical nurse specialists, social workers & counselors.

p. Home Health Care
Therapeutic, nursing, supportive and/or compensatory health services provided by a licensed/certified home health agency in a home/residential setting in accordance with a written individualized plan of care ordered by a Physician. Provides eligible patients with durable medical equipment

(prosthetics, devices & equipment used by clients in a home/residential setting, wheelchairs, inhalation therapy equipment or hospital beds). Also, provide skilled & unskilled nursing care to eligible patients.

2. CASE MANAGEMENT

a. Case Management

A range of client-centered services that link clients with primary medical care, psychosocial and other services to insure timely, coordinated access to medically-appropriate levels of health and support services, continuity of care, ongoing assessment of the client's and other family members' needs and personal support systems, and inpatient case-management services that prevent unnecessary hospitalization or that expedite discharge, as medically appropriate, from inpatient facilities. Key activities include initial and ongoing assessment of eligibility for Ryan White and non-Ryan White services, initial comprehensive assessment of the client's needs and personal support systems; development of a comprehensive, initialized service plan; coordination of the services required to implement the plan; client monitoring to assess the efficacy of the plan; periodic reevaluation and revision of the plan as necessary over the life of the client, prevention education, and identification of barriers to medical care. May include client-specific advocacy, and/or review of utilization of services.

b. Peer Advocacy

Staff by peers, preferably living with HIV disease, who interact, both within the case management system and in the community itself, with newly diagnosed clients who are resistant to entering the HIV continuum of care. Primary goal of this program is to assure that hard to reach patients have every opportunity to enter and remain in primary medical care.

3. HOUSING SERVICES

Suitable emergency, short term, or transitional housing and housing referral services. The purpose of short-term, emergency and transitional housing is to move or maintain an individual or family into a long-term, stable living situation. Thus, such assistance cannot be permanent and must be accompanied by a strategy to identify, relocate, and/or ensure the individual or family is moved to, or capable of maintaining a long-term living situation. Transitional housing cannot exceed a twenty-four month period (2 year) in accordance with the HIV CARE Council Housing Standards of Care. Housing referral services is defined as assessment, search, placement, and advocacy services and must be provided by case managers or other professionals who possess and advocacy services and must be provided by case managers or other professionals who possess a comprehensive knowledge of local, State, and Federal housing programs and how they can be accessed.

4. FOOD BANK/HOME DELIVERED MEALS

Provision of actual food, meals or grocery vouchers to enhance the nutritional health of Ryan White eligible clients & their families.

5. TRANSPORTATION

Conveyance services provided to a client in order to access health care or psycho-social support services. May be provided routinely or on an emergency basis. Transportation services shall be appropriate to the client's level of disability & priority shall be given to transportation services that link the client with health care services.

6. OTHER SUPPORT SERVICES

Legal Services

Assessment of individual need, provision of legal advice and assistance by an individual authorized to render such advice and assistance in the State of Florida in obtaining medical, social, community, legal, financial, or other needed services.

Permanency Planning

Assistance in placing children (whose age is less than 20) because their parents are unable to care for them due to HIV related illness or death, in temporary (foster care) or permanent (adoption) homes.

7 SUPPORT SERVICES, DIRECT EMERGENCY FINANCIAL ASSISTANCE

Provision of short-term payments to agencies, or establishment of voucher programs, to assist with emergency expenses related to food, utilities, medications, insurance co-pay or other critical needs to prevent homelessness or institutionalization.

8. VOCATIONAL REHABILITATION

9. HIV PREVENTION

10. COMPLEMENTARY THERAPIES

a. Massage Therapy

Complementary massage therapy delivered in a cost effective manner that is prescribed as part of a treatment program for HIV related neuropathy or myopathy.

11. COUNSELING (OTHER) (DROP IN & PEERS)

Services provided by a licensed or authorized professional or volunteer or peer under the supervision of a licensed or authorized professional in accordance with an individualized plan of care which is intended to improve or maintain a patient's quality of life & optimal capacity for self-care

12. BUDDY/COMPANION SERVICES

Activities provided by volunteers & peers to assist the client in performing household or personal tasks & providing mental & social support. Individual & group counseling services other than mental health, nutritional, or legal which is provided to clients, family and/or friends by non-licensed peer counselors.

13. DAY OR RESPITE CARE

14. TRANSLATION/INTERPRETATION SERVICES

15. CARE COUNCIL SUPPORT

Provision of support for the planning council, including the following:

a. Cost associated with conducting a needs assessment and other methods for obtaining input on community needs and priorities, such as public meetings, focus groups, and ad hoc panels, for the purpose of assisting the planning council in setting service priorities.

b. Staff support (clerical and professional expenses required by the planning council for performance of required planning council activities, including routine planning council administrative activities.

c. Cost incurred buy planning council members as a result of their participation of the planning council and in the conduct of their required planning council activities, in accordance with Chapter 7, Generally Allowable/Unallowable Costs, pp 7-6 to 7-7 of the *Public Health Service (PHS) Grants Policy Statement*, which covers such items as reimbursement of reasonable and actual out-of-pocket costs incurred solely as a result of attending a scheduled meeting, including transportation, meals, babysitting fees, and lost wages.

d. Cost associated with the development of the comprehensive plan for the organization and delivery of HIV related services.

e. Costs associated with assessing the efficiency of the administrative mechanism in rapidly allocating funds within the EMA.

f. Cost associated with participation and coordinating with other sources of funding providing services for PLWH/As [Statewide Coordinated Statement of Need (SCNS)].

g. Marketing activities associated with publicizing the planning council's activities and programs for HIV-affected/infected populations and sub-populations, and efforts to substantively enhance community participation in planning council activities.

h. Development and implementation of planning council grievance procedures for decisions related to priorities and allocations.

16. PROGRAM SUPPORT

Activities that are not service oriented or administrative in nature but contribute to improved service delivery, including:

a. Continuous Quality Improvement & Evaluation
b. Standards of Care
c. Outcomes and Measures
d. Management Information System

e. Capacity Building

17. CAPACITY DEVELOPMENT

These funds will be utilized to fill gaps in service that were identified by the Rapid Assessment Response Evaluation Project (RARE) that was completed in Palm Beach County during FY 2001. The specific geographic areas identified in this report are 33404, 33460, 33444, and 33430. Capacity development will be used to help add new providers to the continuum of care and/or help current providers improve or expand their service delivery or management capacity in the above mentioned Palm Beach County locations.