

**NORTHWEST FLORIDA**

**AIDS CONSORTIUM**

**COMPREHENSIVE HIV/AIDS**

**NEEDS ASSESSMENT**

**2010**



**FLORIDA AREA I**

**ESCAMBIA, SANTA ROSA, OKALOOSA, WALTON  
COUNTIES**

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## Table of Contents

		<i>page</i>
I.	Overview of the Comprehensive Needs Assessment Report	4
II.	Description of HIV/AIDS in Area I	5
	A. Map of Area I	5
	B. Epidemiological Profile	6
	1. Cumulative HIV/AIDS Cases	7
	2. HIV/AIDS Prevalence	8
	3. HIV/AIDS Incidence	8
	4. HIV/AIDS Comorbidity	10
	C. HIV/AIDS Funding Information	11
III.	Summary of 2010 Comprehensive Needs Assessment	13
	A. Description of Data Sources and Collection Methods	13
	B. Summary of Data from PLWH/A Clients	13
	1. Anonymous Client Survey Findings	13
	2. Client Focus Group Findings	27
	C. Summary of Data from Providers	30
	1. Case Manager Focus Group Findings	30
	2. Provider Interview and Survey Findings	31
IV.	HIV/AIDS Service Priorities	32
	A. Service Needs and Met Needs	32
	B. Unmet Needs and Gaps in Service	32
	C. Changes in Service Needs and Utilization Over Time	33
V.	Appendices	34
	A. Epidemiological Data for Area I	35
	B. Needs Assessment Tools	47
	1. Anonymous Client Survey Forms (English Language Version)	48
	2. Client Focus Group Guide, Consent Form, and Background Form	56
	3. Case Manager Focus Group Guide, Consent Form, and Background Form	61
	4. Provider Interview Forms	66
	5. Provider Survey Forms	70

## **SECTION I**

### **OVERVIEW OF THE COMPREHENSIVE NEEDS ASSESSMENT REPORT**

A comprehensive assessment of health care and social service needs of people living with HIV/AIDS (PLWH/A) in Northwest Florida, also known as Florida Area I, was conducted in 2010. The following report provides background on HIV/AIDS in Area I and describes the process and findings of the comprehensive needs assessment for PLWH/A in several sections.

Section II provides a brief description of Florida Area I and its population as well as information on cumulative HIV/AIDS cases, HIV/AIDS incidence, prevalence, and comorbidity. It concludes with an overview of current funding levels for HIV/AIDS care (from public sources).

Section III describes the processes and procedures used to collect the primary source data for the needs assessment, including an anonymous survey of PLWH/A and multiple focus group interviews with PLWH/A as well as a focus group interview with case managers, individual interviews with a variety of health care service providers, and brief surveys of providers.

Section IV provides an executive summary of major findings regarding HIV/AIDS service priorities, including service needs and met needs as well as unmet needs and service gaps. Comparisons with prior needs assessment reports are also provided.

Section V provides supporting materials, including epidemiological reports. Copies of the needs assessment survey, focus group, and interview instruments and related documents are also provided.

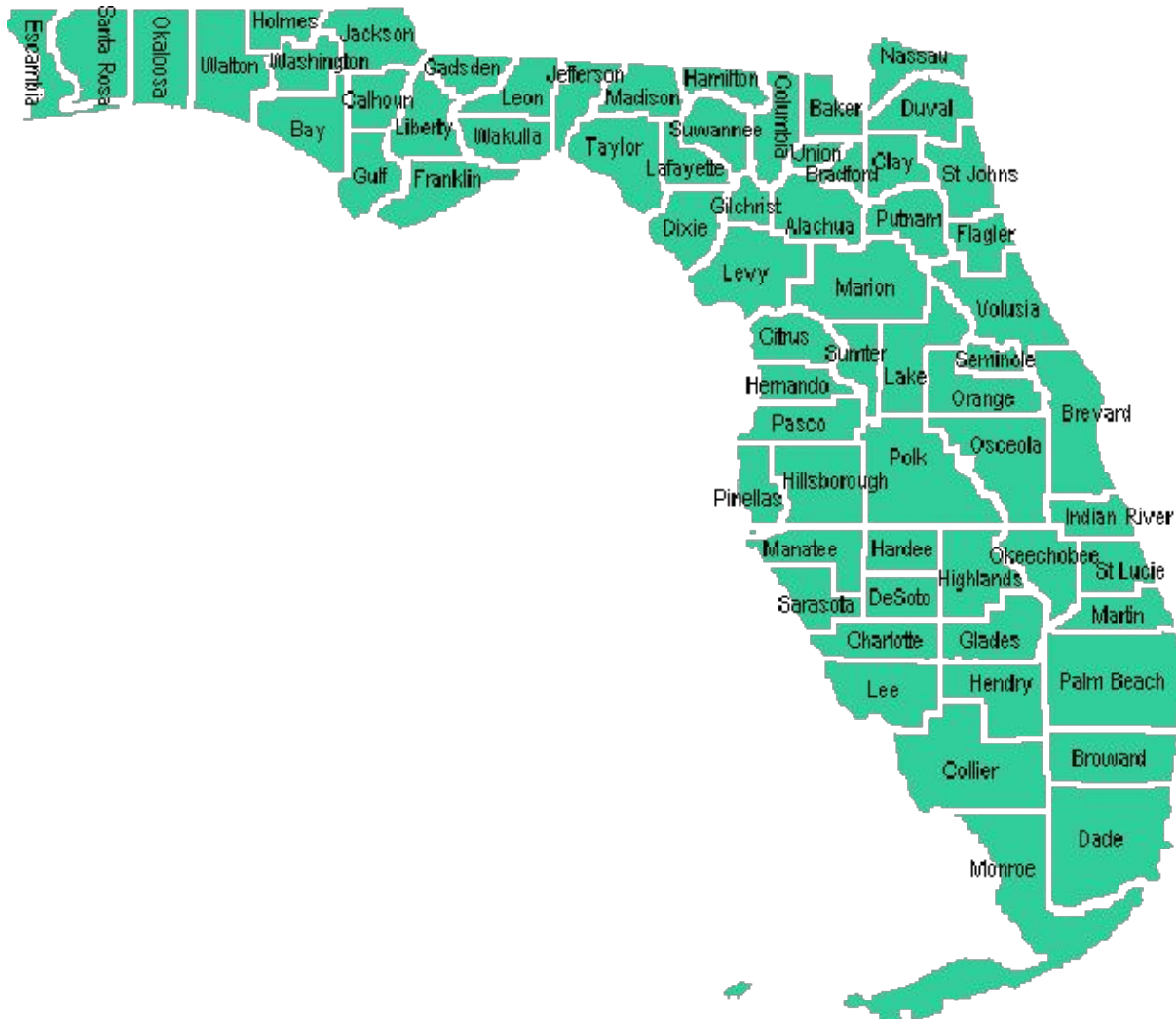
## SECTION II

### DESCRIPTION OF HIV/AIDS IN AREA I

#### A. Map of Area I

The needs assessment covered Northwest Florida or Florida Area I. Florida Area I includes the four westernmost counties of Northwest Florida's panhandle: Escambia, Santa Rosa, Okaloosa, and Walton Counties, as shown on the map below.

Florida Counties



Source: <http://esetappsdo2.doh.state.fl.us/DconAids/ClinicSearch.aspx>

Mid-year population estimates for Florida Area I in 2009 provided by the Florida Department of Health, Bureau of HIV/AIDS indicate that there are more than 700,000 residents in the region. The table below describes the gender, race/ethnicity, and age breakdown of Area I residents.

Table 1. Gender, Race/Ethnicity, and Age of Area I Residents, 2009

	#	%
<b>Total</b>	714,945	100.0
<b>Gender</b>		
Male	355,726	49.8
Female	359,219	50.2
<b>Race/Ethnicity</b>		
White, non-Hispanic	551,203	77.1
Black, non-Hispanic	101,175	14.1
Hispanic	36,805	5.1
Other	25,762	3.6
<b>Age</b>		
0 – 12 years	116,324	16.3
13 – 19 years	68,042	9.5
20 – 24 years	54,429	7.6
25 – 29 years	49,263	6.9
30 – 39 years	88,893	12.4
40 – 49 years	98,949	13.8
50 – 59 years	95,806	13.4
60+ years	143,239	20.0

## B. Epidemiological Profile

The epidemiological profile that follows reports on cumulative cases of HIV/AIDS, HIV/AIDS prevalence (number of cases of HIV/AIDS at the present time), annual HIV/AIDS incidence (number of new HIV/AIDS cases reported in past year and prior year), and rates of comorbidity between HIV/AIDS, hepatitis C, STD, and tuberculosis as well as homelessness, substance abuse, and mental illness in the four counties of Area I combined. Data reported below were obtained from the Florida Department of Health, Bureau of HIV/AIDS (cases reported from within the Florida Department of Corrections and Federal Correctional Institutions were excluded).

Adult HIV/AIDS case rates vary as a function of gender, race/ethnicity, and mode of exposure. Comparisons between HIV cases and AIDS cases indicate trends over time, with HIV cases representing more recent epidemiological patterns. Comparisons to the general population indicate groups possessing a disproportionate burden of infection.

### 1. Cumulative HIV/AIDS Cases

Cumulative HIV and AIDS cases represent the number of AIDS cases that have been diagnosed since the beginning of the epidemic and the number of HIV cases (not AIDS) that have been reported since reporting began in July, 1997. The table below summarizes the cumulative number of cases of HIV and AIDS among adults in Area I through 2010. There have been 2735 adult cases of HIV/AIDS (combined) reported in Area I. An additional 15 pediatric AIDS cases and 19 HIV cases have been reported in Area I.

Table 2. Cumulative Adult HIV and AIDS Cases in Area I Through 2010

	AIDS		HIV (not AIDS)		HIV/AIDS	
	# of cases	% of AIDS	# of cases	% of HIV	# of cases	% of total
<b>Total</b>	2010	<b>100.0</b>	725	<b>100.0</b>	2735	<b>100.0</b>
<b>Gender</b>						
Male	1573	<b>78.3</b>	497	<b>68.6</b>	2070	<b>75.7</b>
Female	437	<b>21.7</b>	228	<b>31.4</b>	665	<b>24.3</b>
<b>Race/Ethnicity</b>						
White	1079	<b>53.7</b>	373	<b>51.4</b>	1452	<b>53.1</b>
Black	836	<b>41.6</b>	314	<b>43.3</b>	1150	<b>42.0</b>
Hispanic	55	<b>2.7</b>	27	<b>3.7</b>	82	<b>3.0</b>
Other	40	<b>2.0</b>	11	<b>1.5</b>	51	<b>1.9</b>
<b>Exposure</b>						
MSM	970	<b>48.3</b>	304	<b>41.9</b>	1274	<b>46.6</b>
Heterosexual	474	<b>23.6</b>	233	<b>32.1</b>	707	<b>25.9</b>
IDU	266	<b>13.2</b>	49	<b>6.8</b>	315	<b>11.5</b>
MSM/IDU	106	<b>5.3</b>	20	<b>2.8</b>	126	<b>4.6</b>
Other	194	<b>9.6</b>	119	<b>16.4</b>	313	<b>11.4</b>

Note: A total of 1181 adult HIV/AIDS deaths have been reported, representing 43% of cumulative adult cases. In addition, 10 pediatric HIV/AIDS deaths have been reported, representing 29% of cumulative pediatric cases.

Although men account for only half of the population of Area I, more than ¾ of adult AIDS cases and 2/3 of adult HIV cases are among men. HIV case data indicate that infections have been increasing among women, however. Non-Hispanic Black adults are overrepresented among HIV and AIDS cases. Although non-Hispanic Blacks account for only 14% of the population of Area I, more than 40% of HIV and AIDS cases are among non-Hispanic Blacks. Similarly, men who have sex with men (MSM) continue to share a disproportionate burden of the epidemic, with more than half of all HIV and AIDS cases attributed to MSM exposure even though MSM are estimated to account for only 6.5% of the male population<sup>1</sup> or approximately 3.2% of the adult population. One third of AIDS cases and 40% of HIV cases were attributed to heterosexual exposure, suggesting a trend of increased heterosexual transmission. In summary, non-Hispanic Blacks and MSM are disproportionately affected by HIV/AIDS in Area I while increasing rates of infection were noted among women and heterosexual adults.

1. Lieb, S., Fallon, S. J., Friedman, S. R., Thompson, D. R., Gates, G. J., Liberti, T. M., & Malow, R. M. (2011). Statewide estimation of racial/ethnic populations of men who have sex with men in the U.S. *Public Health Reports*, 126, 60-72.

## 2. HIV/AIDS Prevalence

Combined, the reported HIV/AIDS prevalence as of April, 2009 was 1498 people living with HIV/AIDS in Area I (57.5% AIDS cases, 42.5% HIV cases). The table below displays HIV and AIDS prevalence as a function of gender, race/ethnicity, and exposure.

Table 3: HIV and AIDS Prevalence by Gender, Race/Ethnicity, and Exposure, as of April, 2009

	AIDS		HIV (not AIDS)		HIV/AIDS	
	# of cases	% of AIDS	# of cases	% of HIV	# of cases	% of total
<b>Total</b>	862	<b>100.0</b>	636	<b>100.0</b>	1498	<b>100.0</b>
<b>Gender</b>						
Male	653	<b>75.8</b>	427	<b>67.1</b>	1080	<b>72.1</b>
Female	209	<b>24.2</b>	209	<b>32.9</b>	418	<b>27.9</b>
<b>Race/Ethnicity</b>						
White	461	<b>53.5</b>	329	<b>51.7</b>	790	<b>52.7</b>
Black	360	<b>41.8</b>	274	<b>43.1</b>	634	<b>42.3</b>
Hispanic	23	<b>2.7</b>	23	<b>3.6</b>	46	<b>3.1</b>
Other	18	<b>2.0</b>	10	<b>1.6</b>	28	<b>1.9</b>
<b>Exposure</b>						
MSM	432	<b>50.1</b>	302	<b>47.5</b>	734	<b>49.0</b>
Heterosexual	284	<b>32.9</b>	256	<b>40.3</b>	540	<b>36.0</b>
IDU	84	<b>9.7</b>	39	<b>6.1</b>	123	<b>8.2</b>
MSM/IDU	45	<b>5.2</b>	18	<b>2.8</b>	63	<b>4.2</b>
Other	17	<b>2.0</b>	21	<b>3.3</b>	38	<b>2.5</b>

HIV and AIDS prevalence data demonstrate the same overall pattern of overrepresentation of non-Hispanic Blacks and MSM, with trends toward increasing prevalence for women and heterosexual exposure, as demonstrated in HIV and AIDS cumulative case data.

## 3. HIV/AIDS Incidence

In 2009, 78 cases of AIDS and 93 cases of HIV (regardless of AIDS) were reported. These figures are somewhat lower than the number of cases reported in 2008, with 100 cases of AIDS and 104 cases of HIV (regardless of AIDS) reported in 2008. The following tables display the annual incidence of HIV and AIDS cases in 2009 and 2008, respectively, with breakdowns of cases by gender, race/ethnicity, and exposure and rates per 100,000 (higher rates per 100,000 represent greater burden of infection). Patterns of overrepresentation among non-Hispanic Blacks (rates of HIV and AIDS were roughly six times higher for Blacks than they were for Whites) and MSM were found in incidence data, similar to those found in cumulative case data and prevalence data.

Table 4: HIV and AIDS Incidence by Gender, Race/Ethnicity, and Exposure, 2009

	AIDS			HIV (regardless of AIDS)		
	# of cases	% of total	Rate/100,000	# of cases	% of total	Rate/100,000
<b>Total</b>	78	<b>100.0</b>	10.9	93	<b>100.0</b>	13.0
<b>Gender</b>						
Male	59	<b>75.6</b>	16.6	77	<b>82.8</b>	21.6
Female	19	<b>24.4</b>	5.3	16	<b>17.2</b>	4.5
<b>Race/Ethnicity</b>						
White	33	<b>42.3</b>	6.0	38	<b>40.9</b>	6.9
Black	41	<b>52.6</b>	40.5	45	<b>48.4</b>	44.5
Hispanic	3	<b>3.8</b>	8.2	5	<b>5.4</b>	13.6
Other	1	<b>1.3</b>	N/A	5	<b>5.4</b>	N/A
<b>Exposure</b>						
MSM	41	<b>52.6</b>	N/A	60	<b>64.5</b>	N/A
Heterosexual	30	<b>38.5</b>	N/A	29	<b>31.2</b>	N/A
IDU	3	<b>3.8</b>	N/A	2	<b>2.1</b>	N/A
MSM/IDU	3	<b>3.8</b>	N/A	1	<b>1.1</b>	N/A
Other	0	<b>0.0</b>	N/A	1	<b>1.1</b>	N/A

Table 5: HIV and AIDS Incidence by Gender, Race/Ethnicity, and Exposure, 2008

	AIDS			HIV (regardless of AIDS)		
	# of cases	% of total	Rate/100,000	# of cases	% of total	Rate/100,000
<b>Total</b>	100	<b>100.0</b>	14.0	104	<b>100.0</b>	14.6
<b>Gender</b>						
Male	74	<b>74.0</b>	20.9	72	<b>69.2</b>	20.3
Female	26	<b>26.0</b>	7.3	32	<b>30.8</b>	8.9
<b>Race/Ethnicity</b>						
White	41	<b>41.0</b>	7.4	49	<b>47.1</b>	8.9
Black	47	<b>47.0</b>	45.3	47	<b>45.2</b>	46.3
Hispanic	9	<b>9.0</b>	27.5	8	<b>7.7</b>	24.5
Other	3	<b>3.0</b>	N/A	0	<b>0.0</b>	N/A
<b>Exposure</b>						
MSM	38	<b>38.0</b>	N/A	56	<b>53.8</b>	N/A
Heterosexual	38	<b>38.0</b>	N/A	38	<b>36.5</b>	N/A
IDU	21	<b>21.0</b>	N/A	7	<b>6.7</b>	N/A
MSM/IDU	3	<b>3.0</b>	N/A	2	<b>1.9</b>	N/A
Other	0	<b>0.0</b>	N/A	1	<b>1.0</b>	N/A

#### 4. HIV/AIDS Comorbidity

HIV and AIDS may be comorbid or co-occur with other infectious diseases, especially those with similar transmission routes, such as hepatitis C and other sexually transmitted infections or STI (i.e., chlamydia, gonorrhea, syphilis), as well as tuberculosis (TB). The table below displays the number of cases of these infectious diseases reported in Area I in 2009 and their rate per 100,000 as well as the number of cases of comorbid infections reported among the 1498 PLWH/A residing in Area I. Hepatitis C represents a significant comorbid infectious disease, with 11.5% of Area I PLWH/A diagnosed with hepatitis C in 2009.

Table 6: HIV/AIDS Comorbidity with Hepatitis C, STI, and TB

Comorbidity	# of cases reported in 2009	Rate/100,000	# of cases reported in 2009 among 1498 Area I PLWH/A
<b>Hepatitis C</b>	<b>1,167</b>	163.2	<b>172</b>
<b>Chlamydia</b>	<b>2,748</b>	384.4	<b>8</b>
<b>Gonorrhea</b>	<b>969</b>	135.5	<b>9</b>
<b>Syphilis</b>	<b>11</b>	1.5	<b>4</b>
<b>Tuberculosis</b>	<b>16</b>	2.2	<b>0</b>

HIV and AIDS often co-occurs with a number of psychological and social conditions of interest, including substance abuse, mental illness, and homelessness. The table below displays the number and percent of 1498 PLWH/A in Area I with comorbid homelessness at diagnosis, substance abuse history, and chronic mental illness history as well as the number and percent of PLWH/A in Area I with MSM and IDU risk factors in their history. Again, MSM are disproportionately impacted by HIV/AIDS. Substance abuse history and IDU history represent significant comorbidities among PLWH/A in Area I, with 17.2% and 12.4%, respectively, of PLWH/A with these histories.

Table 7: HIV/AIDS Comorbidity with Homelessness, Substance Abuse, Mental Illness, MSM, and IDU Risk

Comorbidity	cases reported in 2009 among 1498 Area I PLWH/A	
	#	%
<b>Homeless at diagnosis of HIV or AIDS</b>	20	<b>1.3</b>
<b>Substance abuse history</b>	257	<b>17.2</b>
<b>Chronic mental illness history</b>	35	<b>2.3</b>
<b>MSM or MSM/IDU risk</b>	797	<b>53.2</b>
<b>IDU risk</b>	186	<b>12.4</b>

Additional epidemiological data are available in Appendix A. All data reported above and in Appendix A were obtained from the Florida Department of Health, Bureau of HIV/AIDS with the generous assistance of the Escambia County Health Department.

### C. HIV/AIDS Funding Information

Area I receives several sources of public funding to support HIV and AIDS services in the region. Area I receives federal funding through the State of Florida through the Ryan White HIV/AIDS Program (Part B and Part C), AIDS Drug Assistance Program (ADAP), Housing Opportunities for People with AIDS (HOPWA), and through the State of Florida General Revenue providing funding for the Escambia County Health Department and the Okaloosa County Health Department.

The Ryan White HIV/AIDS Program was originally authorized by legislation in 1990 under the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act and reauthorized in 1996 under the Ryan White HIV/AIDS Treatment Modernization Act. Part A funds major metropolitan areas; Part B funds States and supports the ADAP in states; Part C funds early intervention programs and capacity building grants; Part D funds programs for women, infants, children, and youth; and Part F funds special projects of national significance, AIDS education and training centers, and dental reimbursement programs.

The ADAP Program assists PLWH/A with coverage for HIV-related medication. The program is administered statewide, rather than locally. Funding in the amount of \$131,937 for Area I (plus \$16,477 for Okaloosa County) provides for personnel expenses to ensure access to the ADAP for Area I PLWH/A.

Administered by the Health Resources and Services Administration (HRSA) through the State of Florida with the Northwest Florida AIDS Consortium (NoFLAC) serving as an advisory board for the administration of funding, Area I receives federal funding through Part B and Part C for core medical services (e.g., outpatient/ambulatory medical care, medical case management, oral health care, mental health care, outpatient substance abuse treatment, etc.) and support services (e.g., transportation, outreach, non-medical case management, etc.) for people living with HIV/AIDS who are uninsured or underinsured. Area I received just over \$1.2 million for 2009-2010 for Part B and \$292,500 for Part C to support the HIV/AIDS clinic at the Okaloosa County Health Department. The table below describes the allocation of Ryan White Part B funding for Area I for 2009-2010.

Table 8: Ryan White HIV/AIDS Program Part B Funding for Florida Area I (April 1, 2009 – March 31, 2010)

Service	Amount Funded	% of Total
<b>Ambulatory Outpatient Medical Care</b>	\$607,582	<b>50.4%</b>
<b>Case Management (medical)</b>	\$325,000	<b>27.0%</b>
<b>Case Management (non-medical)</b>	\$70,000	<b>5.8%</b>
<b>Mental Health Services</b>	\$50,000	<b>4.1%</b>
<b>Drug Reimbursement</b>	\$41,300	<b>3.4%</b>
<b>Oral Health Care</b>	\$37,300	<b>3.1%</b>
<b>Outreach</b>	\$21,750	<b>1.8%</b>
<b>Food Bank</b>	\$20,006	<b>1.7%</b>
<b>Transportation</b>	\$16,000	<b>1.3%</b>
<b>Health Insurance</b>	\$10,000	<b>0.8%</b>
<b>Health Education/Risk Reduction</b>	\$5,000	<b>0.4%</b>
<b>Substance Abuse</b>	\$1,000	<b>0.1%</b>
<b>Total</b>	<b>\$1,204,938</b>	<b>99.9%</b>

Administered by U.S. Department of Housing and Urban Development through the State of Florida, HOPWA funding is administered locally to assist PLWH/A in meeting housing needs, providing assistance with rent/mortgage and utility payments for eligible PLWH/A. Area I received \$383,056 for FY 2009-2010. The table below describes the allocation of HOPWA funds for Area I.

Table 9: Housing Opportunities For People With AIDS (HOPWA) Funding for Florida Area I (FY09-10)

Service	Amount Funded	% of Total
<b>Rent</b>	\$176,000	<b>45.9%</b>
<b>Utilities</b>	\$94,445	<b>24.6%</b>
<b>Case Management</b>	\$76,611	<b>20.0%</b>
<b>Mortgage</b>	\$36,000	<b>9.4%</b>
<b>Total</b>	<b>\$383,056</b>	<b>100.0%</b>

State of Florida General Revenue funding provides \$200,000 annually to support HIV/AIDS programs in Area I, with \$100,000 administered through the Escambia County Health Department and \$100,000 administered through the Okaloosa County Health Department. Funds are used to supplement Ryan White and ADAP program gaps.

In summary, just over \$2.25 million in public HIV/AIDS care funding is designated specifically for Area I PLWH/A. In addition to this designated funding, PLWH/A have access to the statewide ADAP.

Table 10: Area I Florida HIV/AIDS Funding Summary, 2009-2010

	Escambia County	Okaloosa County	Area I
<b>Ryan White Part B</b>			<b>\$1,204,938</b>
<b>HOPWA</b>			<b>\$383,056</b>
<b>Ryan White Part C</b>		\$292,500	<b>\$292,500</b>
<b>ADAP</b>	\$131,937	\$16,477	<b>\$148,414</b>
<b>Florida General Revenue</b>	\$100,000	\$100,000	<b>\$200,000</b>
			<b>\$2,228,908</b>

The remaining sections of this report describe the needs assessment process and findings that are intended to inform funding allocation decisions.

## SECTION III

### SUMMARY OF 2010 COMPREHENSIVE NEEDS ASSESSMENT

#### A. Description of Data Sources and Collection Methods

Data for the comprehensive needs assessment were collected from multiple sources (including both PLWH/A clients/consumers of services and service providers) using multiple methods (including surveys and focus groups/ interviews). Findings are summarized separately for client/consumer data and provider data. Survey, focus group, and interview tools are appended to the report in Appendix B.

Client/consumer data collection methods included an anonymous online survey of client needs and a series of focus groups scheduled at different times and locations to ensure inclusion of rural participants. The standardized survey developed by the Florida Department of Health, Bureau of HIV/AIDS and the Institute for Health, Policy, and Evaluation Research between 2004 and 2009 was used. Focus group methods and materials were developed locally. Clients and consumers were informed of the survey and focus groups and invited to participate by case managers and other care providers in the area. The survey was anonymous in order to ensure patient confidentiality. The focus groups included an informed consent form in order to facilitate client safety and privacy. Focus groups were audiotaped (with participant permission) to ensure accuracy of transcription and analysis. Audiotapes were converted to electronic files with password protection for security purposes. A total of 377 clients/consumers participated in the survey between January 1, 2010 and September 30, 2010. A total of 34 clients/consumers participated in the focus groups in November, 2010.

Provider data collection methods included a focus group interview involving 12 HIV/AIDS case managers from different case management agencies and individual interviews with 8 other health care providers active in HIV/AIDS care provision. A brief provider survey was mailed to another 6 health care providers who are involved in HIV/AIDS care in the area. Focus groups included written informed consent to ensure patient and provider safety and privacy. Interviews and surveys included statements of purpose, risks/benefits, and use of data to obtain informed, voluntary participation. Focus groups and interviews were audiotaped (with participant permission) to ensure accuracy of transcription and analysis. Audiotapes were converted to electronic files with password protection for security purposes.

The following sections provide a detailed report of findings from PLWH/A client/consumer and provider data obtained via surveys, focus groups, and interviews in Section II as well as an executive summary of HIV/AIDS service priorities determined from the needs assessment in Section III.

#### B. Summary of Data from PLWH/A Clients

##### *1. Anonymous Client Survey Findings*

Survey participants included 377 PLWH/A from Area I. The gender, race/ethnicity, sexual orientation, age, employment status, and county of residence of survey participants are summarized and compared to Area I HIV/AIDS cases in the table below. Gender, race/ethnicity, and county distributions of survey participants were comparable to the epidemiological profile of Area I HIV/AIDS cases.

Table 11: Characteristics of Anonymous PLWH/A Client Survey Participants

Client survey participant characteristics	#	% of total (377)	HIV/AIDS Cases in Area I
<b>Gender</b>			
Male	270	71.6	76
Female	101	26.8	24
Transgender	5	1.3	--
Missing	1	0.3	--
<b>Race/ethnicity</b>			
Caucasian/White, non-Hispanic	197	52.2	53
African American/Black, non-Hispanic	132	35.0	42
Hispanic/Latino/Latina	24	6.4	3
Multiracial	15	4.0	--
American Indian/Alaskan Native	7	1.8	--
Asian American/Pacific Islander	1	0.3	--
Missing	1	0.3	--
<b>Sexual orientation</b>			
Straight	184	48.8	27
Gay	164	43.5	47
Bisexual	22	5.8	--
Lesbian	3	0.8	--
Missing	4	1.1	--
<b>Age</b>			
12 or under	1	0.3	--
13 – 24 years	10	2.7	--
25 – 44 years	150	39.8	--
45 – 64 years	197	52.2	--
65 or older	3	0.8	--
Missing	16	4.2	--
<b>Employment status</b>			
Not working: disabled	104	27.6	--
Working full-time	70	18.6	--
Not working-seeking work	51	13.5	--
Not working: due to illness/not disabled	42	11.1	--
Working off and on	34	9.0	--
Not working: other	27	7.2	--
Working part-time	24	6.4	--
Self-employed	12	3.2	--
Missing	13	3.4	--
<b>County of residence</b>			
Escambia	235	62.3	73
Okaloosa	85	22.5	15
Santa Rosa	33	8.8	9
Walton	24	6.4	3

Data were also collected regarding the current housing situation of anonymous client survey participants. Over 2/3 of survey participants indicated living in independent housing (rent or own) while 18% reported living in the home of someone else. These data are summarized in the table below.

Table 12: Current Housing Situation of Anonymous Client Survey Participants

Current housing situation	#	% of total (377)
Living in apartment/house rented by self	164	43.5
Living in home owned by self	92	24.4
Living in home of parent/relative/someone else	68	18.0
Living in room or boarding house	4	1.1
Homeless	4	1.1
Living in transitional housing (halfway house/treatment facility)	3	0.8
Living in nursing home	2	0.5
Other	3	0.8
Missing	37	9.8

Most of the anonymous client survey participants were originally diagnosed in the same county in which they currently live or in another county in Florida, with fewer than ¼ diagnosed out of state, as shown.

Table 13: Residence Location at Time of First Positive HIV Test Result

Location at time of HIV diagnosis	#	% of total (377)
Same county I live in now	204	54.1
Another state	82	21.8
Another county in Florida	60	15.9
Outside of the U.S.	5	1.3
Missing	26	6.9

A total of 340 out of 377 survey participants indicated that they had received HIV-related medical care or a CD4 T-cell count or a viral load lab test during the prior 12 months. This represents 90% of all participants and 93% of the 365 participants who responded to the question. Only 84 (22.3%) reported that they had private health insurance during the prior 12 months. A total of 36 (9.5%) of survey participants indicated that they had been hospitalized for an HIV-related condition and 51 (13.5%) reported an emergency room visit for an HIV-related condition during the prior 12 months. Most participants report that they receive care in one of two Area I counties, in a doctor’s office or clinic.

Table 14: County in which Medical Care is Received

Location of health care provider	#	% of total (377)
Escambia	229	60.7
Okaloosa	100	26.5
Santa Rosa	5	1.3
Walton	3	0.8
Other	16	4.2
Missing	24	6.4

Table 15: Medical Care Setting Most Frequently Used

Care setting	#	% of total (377)
Doctor's office	155	41.1
Public clinic/health department	99	26.3
HIV specialty clinic	42	11.1
Veteran's Administration	3	0.8
Walk-in/emergency clinic	2	0.5
Hospital/emergency room	2	0.5
Other	9	2.4
Missing or did not receive care	65	17.2

Ninety percent of survey participants indicated that they had been prescribed HIV medication and the majority (73.2%) reported that they always take it as prescribed. However, 1 in 6 indicated they did not.

Table 16: Frequency of HIV Medication Taken as Prescribed

Medication taken as prescribed	#	% of total (377)
Always	276	73.2
Most of the time	45	11.9
Some of the time	11	2.9
Never	5	1.3
Directions unknown	2	0.5
No medication prescribed	21	5.6
Missing	17	4.5

Of the 63 survey participants who reported that they did not always take their HIV medication as prescribed, 57 (90%) responded to an item regarding reasons for missing their HIV medication.

Table 17: Reasons for Missing Medication Doses

Reason for missing HIV medication doses (57 responding)	#	% of participants reporting missed medication (57)
I have trouble remembering to take my medication.	19	33.3
They make me feel really bad.	19	33.3
I do not like taking medications.	14	24.6
I cannot afford the cost.	8	14.0
I feel healthy.	8	14.0
These medications are not a priority for me.	4	7.0
I have trouble understanding how to take my medications.	3	5.3
I am on a "drug holiday" decided by myself.	3	5.3
I do not know where to get them.	3	5.3
Religious/cultural beliefs.	1	1.8
My doctor wanted to treat another medical problem first.	1	1.8
I have an abusive spouse or partner.	1	1.8
Other	6	10.5

Survey participants were asked to report on their need for and utilization of 11 core service and 7 support services for HIV-related concerns. The table below lists the service categories and descriptions of each service.

Table 18: Service Types and Descriptions

Service type	Description
<b>Outpatient Medical Care</b>	Regular doctor visits to doctor's office or clinic for HIV medical care
<b>Case Management</b>	Case managers help clients receive services and then follow-up on their care
<b>Medications</b>	Pills for HIV and related issues
<b>Dental/Oral Health</b>	General teeth and mouth care, dentures, oral surgery, etc.
<b>Health Insurance</b>	Helps pay insurance cost or co-pays if client has private insurance
<b>Mental Health Services</b>	Professional counseling, therapy, or support groups
<b>Substance Abuse Treatment</b>	Professional counseling for drug or alcohol addiction
<b>Nutritional Counseling</b>	Professional counseling for healthy eating habits
<b>Early Intervention Services</b>	Assistance getting a doctor appointment and other needed services
<b>Home Health Care</b>	Professional health care services in a client's home by a licensed/certified home-health agency
<b>Hospice Services</b>	Nursing and counseling services for the terminally ill and their family
<b>Food Bank/Vouchers</b>	Food bags, grocery certificates, home-delivered meals, and nutritional supplements
<b>Transportation</b>	Help getting to the doctor's office and other HIV related appointments
<b>Outreach</b>	Someone who finds people with HIV not in care and helps them visit their doctor and get services they might need
<b>Health Educ/Risk Reduction</b>	Someone who tells clients about HIV, how it's spread, current medications, and how to live with HIV
<b>Treatment Adherence</b>	Instructions on how to take HIV medications properly
<b>Legal Support</b>	Help clients with HIV related legal issues (will, living will, etc.)
<b>Rehabilitation</b>	Physical therapy, occupational therapy, speech therapy, low vision training, etc.
<b>Other</b>	A service that is not listed above

The table below displays the distribution of responses to items assessing need for, utilization of, and gaps in services for 18 core and support services (plus “other”). Percentages represent the percent of all 377 participants in the survey.

Table 19: Services Needed, Needed and Received, and Needed but not Received (% of All Participants)

Service (377 participants)	Did not need service (unneeded)		Needed and received service (met need)		Needed but could not get service (unmet need)		Needed but did not know about service (unmet need)		Missing or not applicable	
	#	%	#	%	#	%	#	%	#	%
<b>Outpatient Medical Care</b>	26	6.9	320	84.9	8	2.1	4	1.1	19	5.0
<b>Case Management</b>	27	7.2	309	82.0	14	3.7	7	1.9	20	5.3
<b>Medications</b>	23	6.9	312	82.8	15	4.0	4	1.1	23	6.1
<b>Dental/Oral Health</b>	74	19.6	163	43.2	77	20.4	35	9.3	28	7.4
<b>Health Insurance</b>	125	33.2	110	29.2	70	18.6	23	6.1	49	13.0
<b>Mental Health Services</b>	191	50.7	124	32.9	15	4.0	13	3.4	34	9.0
<b>Substance Abuse Treatment</b>	296	78.5	29	7.7	5	1.3	3	0.8	44	11.7
<b>Nutritional Counseling</b>	243	64.5	64	17.0	6	1.6	18	4.8	46	12.2
<b>Early Intervention Services</b>	208	55.2	101	26.8	12	3.2	12	3.2	44	11.7
<b>Home Health Care</b>	288	76.4	20	5.3	7	1.9	11	2.9	51	13.5
<b>Hospice Services</b>	301	79.8	11	2.9	3	0.8	8	2.1	54	14.3
<b>Food Bank/Vouchers</b>	141	37.4	166	44.0	19	5.0	22	5.8	29	7.7
<b>Transportation</b>	228	60.5	85	22.5	19	5.0	18	4.8	27	7.2
<b>Outreach</b>	287	76.1	27	7.2	7	1.9	13	3.4	43	11.4
<b>Health Educ/Risk Reduction</b>	230	61.0	92	24.4	6	1.6	10	2.7	39	10.3
<b>Treatment Adherence</b>	217	57.6	109	28.9	5	1.3	7	1.9	39	10.3
<b>Legal Support</b>	246	65.3	29	7.7	22	5.8	37	9.8	43	11.4
<b>Rehabilitation</b>	270	71.6	26	6.9	10	2.7	22	5.8	49	13.0
<b>Other</b>	180	47.7	18	4.8	10	2.7	9	2.4	160	42.4

The table below displays the distribution of met and unmet service needs. Percentages reflect the percent of participants responding to each item.

Table 20: Met and Unmet Service Needs (% of Participants Responding to Service Item)

Service (# responding)	Did not need service (unneeded)		Needed and received service (met need)		Needed but not received (unmet need)	
	#	%	#	%	#	%
<b>Outpatient Medical Care (358)</b>	26	<b>7.3</b>	320	<b>89.4</b>	12	<b>3.3</b>
<b>Case Management (357)</b>	27	<b>7.6</b>	309	<b>86.5</b>	21	<b>5.9</b>
<b>Medications (354)</b>	23	<b>6.5</b>	312	<b>88.1</b>	19	<b>5.4</b>
<b>Dental/Oral Health (349)</b>	74	<b>21.2</b>	163	<b>46.7</b>	112	<b>32.1</b>
<b>Health Insurance (328)</b>	125	<b>38.1</b>	110	<b>33.5</b>	93	<b>28.4</b>
<b>Mental Health Services (343)</b>	191	<b>55.7</b>	124	<b>36.1</b>	28	<b>8.2</b>
<b>Substance Abuse Treatment (333)</b>	296	<b>88.9</b>	29	<b>8.7</b>	8	<b>2.4</b>
<b>Nutritional Counseling (331)</b>	243	<b>73.4</b>	64	<b>19.3</b>	24	<b>7.3</b>
<b>Early Intervention Services (333)</b>	208	<b>62.5</b>	101	<b>30.3</b>	24	<b>7.2</b>
<b>Home Health Care (326)</b>	288	<b>88.3</b>	20	<b>6.1</b>	18	<b>5.5</b>
<b>Hospice Services (323)</b>	301	<b>93.2</b>	11	<b>3.4</b>	11	<b>3.4</b>
<b>Food Bank/Vouchers (348)</b>	141	<b>40.5</b>	166	<b>47.7</b>	41	<b>11.8</b>
<b>Transportation (350)</b>	228	<b>65.1</b>	85	<b>24.3</b>	37	<b>10.6</b>
<b>Outreach (334)</b>	287	<b>85.9</b>	27	<b>8.1</b>	20	<b>6.0</b>
<b>Health Educ/Risk Reduction (338)</b>	230	<b>68.0</b>	92	<b>27.2</b>	16	<b>4.7</b>
<b>Treatment Adherence (338)</b>	217	<b>64.2</b>	109	<b>32.2</b>	12	<b>3.6</b>
<b>Legal Support (334)</b>	246	<b>73.6</b>	29	<b>8.7</b>	59	<b>17.7</b>
<b>Rehabilitation (328)</b>	270	<b>82.3</b>	26	<b>7.9</b>	32	<b>9.8</b>
<b>Other (217)</b>	180	<b>82.9</b>	18	<b>8.3</b>	19	<b>8.7</b>

The table below displays the distribution of met and unmet service needs. Percentages reflect the percent of all participants responding who reported a need for each service.

Table 21: Met and Unmet Service Needs (% of Participants Reporting Need for Service)

Service (# responding)	Needed service		Needed and received service (met need)		Needed but not received (unmet need)	
	#	%	#	%	#	%
<b>Outpatient Medical Care (358)</b>	332	92.7	320	96.4	12	3.6
<b>Case Management (357)</b>	330	92.4	309	93.6	21	6.4
<b>Medications (354)</b>	331	93.5	312	94.3	19	5.7
<b>Dental/Oral Health (349)</b>	275	78.8	163	59.3	112	40.7
<b>Health Insurance (328)</b>	203	61.9	110	54.2	93	45.8
<b>Mental Health Services (343)</b>	152	44.3	124	81.6	28	18.4
<b>Substance Abuse Treatment (333)</b>	37	11.1	29	78.4	8	21.6
<b>Nutritional Counseling (331)</b>	88	26.6	64	72.7	24	27.3
<b>Early Intervention Services (333)</b>	125	37.5	101	80.8	24	19.2
<b>Home Health Care (326)</b>	38	11.7	20	52.6	18	47.3
<b>Hospice Services (323)</b>	22	6.8	11	50.0	11	50.0
<b>Food Bank/Vouchers (348)</b>	207	59.5	166	80.2	41	19.8
<b>Transportation (350)</b>	122	34.9	85	69.7	37	30.3
<b>Outreach (334)</b>	47	14.1	27	57.4	20	42.6
<b>Health Educ/Risk Reduction (338)</b>	108	32.0	92	85.2	16	14.8
<b>Treatment Adherence (338)</b>	121	35.8	109	90.1	12	9.9
<b>Legal Support (334)</b>	88	26.3	29	33.0	59	67.0
<b>Rehabilitation (328)</b>	58	17.7	26	44.8	32	55.2
<b>Other (217)</b>	37	17.1	18	48.6	19	51.4

The table below ranks service needs from the most frequently needed service to the least frequently needed service, as reported by participants on the anonymous client survey. Participants who did not respond to an item were not included in percentages.

Table 22: Ranking of Service Needs (% of Participants Responding to Service Item)

Service (# responding)	# reporting need	% reporting need
1. Medications (354)	331	93.5
2. Outpatient Medical Care (358)	332	92.7
3. Case Management (357)	330	92.4
4. Dental/Oral Health (349)	275	78.8
5. Health Insurance (328)	203	61.9
6. Food Bank/Vouchers (348)	207	59.5
7. Mental Health Services (343)	152	44.3
8. Early Intervention Services (333)	125	37.5
9. Treatment Adherence (338)	121	35.8
10. Transportation (350)	122	34.9
11. Health Educ/Risk Reduction (338)	108	32.0
12. Nutritional Counseling (331)	88	26.6
13. Legal Support (334)	88	26.3
14. Rehabilitation (328)	58	17.7
15. Other (217)	37	17.1
16. Outreach (334)	47	14.1
17. Home Health Care (326)	38	11.7
18. Substance Abuse Treatment (333)	37	11.1
19. Hospice Services (323)	22	6.8

One way to examine the level of unmet need is to examine the percent of participants who reported that they did not receive a needed service. The table below provides the percent of participants with an unmet service need, ranked from those with the most participants reporting unmet need to the least participants reporting unmet need. Frequently needed services with frequent unmet need rise to the top of the list.

Table 23: Ranking of Unmet Need (% of Respondents Responding to Service Item)

<b>Service (# responding)</b>	<b># reporting unmet need</b>	<b>% reporting unmet need</b>
<b>1. Dental/Oral Health (349)</b>	112	<b>32.1</b>
<b>2. Health Insurance (328)</b>	93	<b>28.4</b>
<b>3. Legal Support (334)</b>	59	<b>17.7</b>
<b>4. Food Bank/Vouchers (348)</b>	41	<b>11.8</b>
<b>5. Transportation (350)</b>	37	<b>10.6</b>
<b>6. Rehabilitation (328)</b>	32	<b>9.8</b>
<b>7. Other (217)</b>	19	<b>8.7</b>
<b>8. Mental Health Services (343)</b>	28	<b>8.2</b>
<b>9. Nutritional Counseling (331)</b>	24	<b>7.3</b>
<b>10. Early Intervention Services (333)</b>	24	<b>7.2</b>
<b>11. Outreach (334)</b>	20	<b>6.0</b>
<b>12. Case Management (357)</b>	21	<b>5.9</b>
<b>13. Home Health Care (326)</b>	18	<b>5.5</b>
<b>14. Medications (354)</b>	19	<b>5.4</b>
<b>15. Health Educ/Risk Reduction (338)</b>	16	<b>4.7</b>
<b>16. Treatment Adherence (338)</b>	12	<b>3.6</b>
<b>17. Hospice Services (323)</b>	11	<b>3.4</b>
<b>18. Outpatient Medical Care (358)</b>	12	<b>3.3</b>
<b>19. Substance Abuse Treatment (333)</b>	8	<b>2.4</b>

Another way to examine unmet service needs is to consider the percent of participants reporting unmet need from among only those participants reporting a need for the service. The table below provides the percent of participants who did not get a service that they needed from among only those who needed the service. Infrequently needed services that are very rarely met rise to the top of the list.

Table 24: Ranking of Unmet Need (% of Participants Reporting Need for Service)

Service (# reporting need)	# reporting unmet need	% reporting unmet need
	#	%
1. Legal Support (88)	59	67.0
2. Rehabilitation (58)	32	55.2
3. Other (37)	19	51.4
4. Hospice Services (22)	11	50.0
5. Home Health Care (38)	18	47.3
6. Health Insurance (203)	93	45.8
7. Outreach (47)	20	42.6
8. Dental/Oral Health (275)	112	40.7
9. Transportation (122)	37	30.3
10. Nutritional Counseling (88)	24	27.3
11. Substance Abuse Treatment (37)	8	21.6
12. Food Bank/Vouchers (207)	41	19.8
13. Early Intervention Services (125)	24	19.2
14. Mental Health Services (152)	28	18.4
15. Health Educ/Risk Reduction (108)	16	14.8
16. Treatment Adherence (121)	12	9.9
17. Case Management (330)	21	6.4
18. Medications (331)	19	5.7
19. Outpatient Medical Care (332)	12	3.6

The figure below graphically displays need, met need, and unmet need. The gray areas reflect the level of need for a service across participants, with the darker gray areas reflecting met need and the lighter gray areas reflecting unmet need. The white areas of the bars indicate the proportion of participants reporting that the service is not needed.

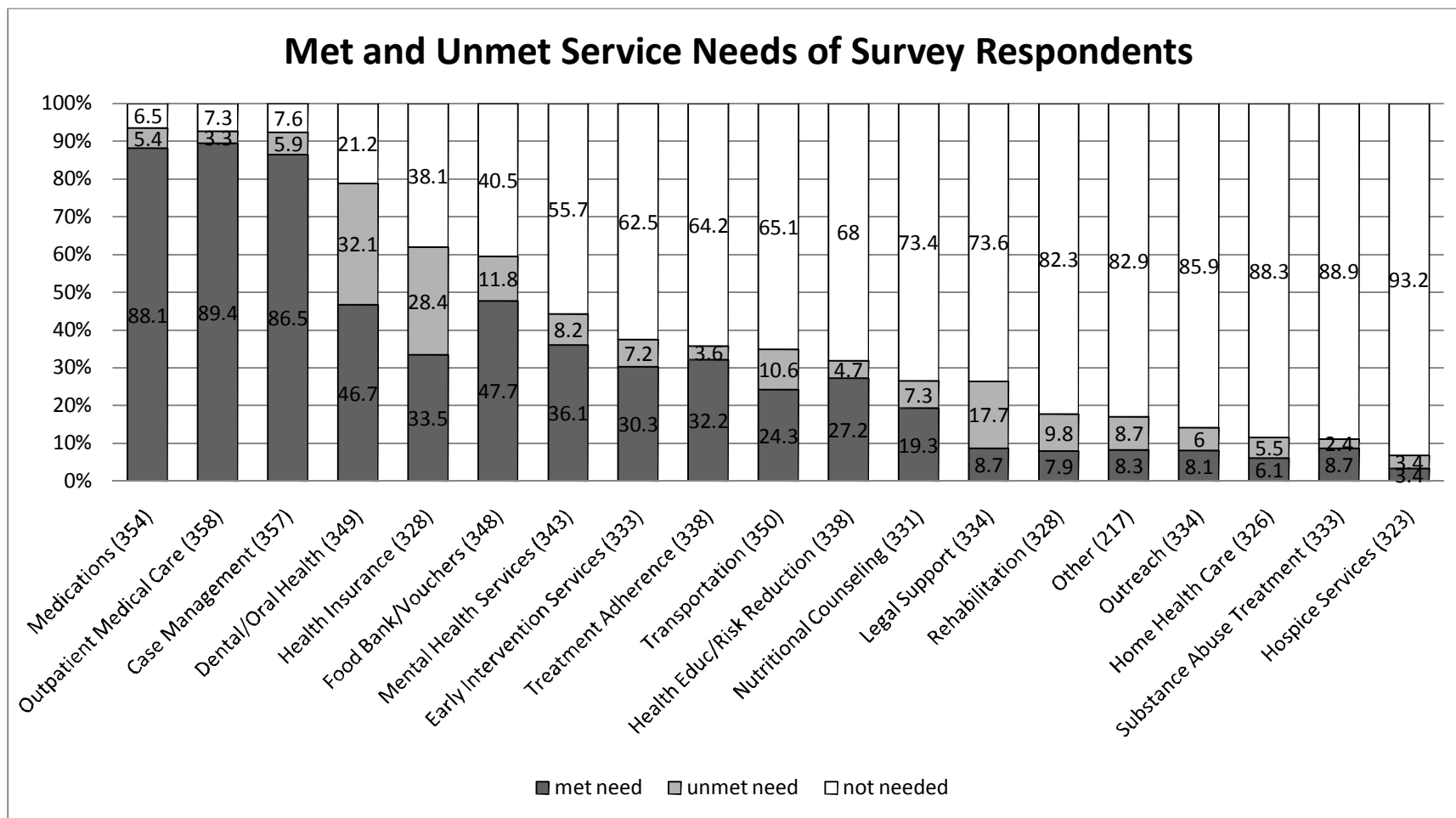


Figure 1: Met and Unmet Service Needs of Survey Participants (377)

Overall, 239 (63.3% of all survey participants) reported that they received the services that they needed in the prior year. While 37 survey participants (9.8%) did not provide any response, the remaining 101 participants (26.8% of all survey participants) indicated one or more barriers to access and utilization of needed services, as described in the table below.

Table 25: Barriers to Needed Services (% Responding to Barrier Items)

Barrier (101 responding)	#	% reporting any reason for service gap (101)
I did not know where to get services.	28	27.7
I could not pay for services.	24	23.8
I could not get transportation.	17	16.8
I did not want people to know that I have HIV.	13	12.9
I did not qualify for services.	10	9.9
I was depressed.	9	8.9
I missed my appointment(s).	9	8.9
I could not get an appointment.	6	5.9
I could not get time off work.	6	5.9
I had a bad experience with the staff.	5	4.9
I was put on the waiting list.	3	2.9
I could not get childcare.	3	2.9
Services were not in my language.	0	0.0
I was too busy taking care of my partner.	0	0.0
Other	18	17.8

Finally, participants reported receipt of HIV/AIDS services information from a variety of sources, most notably from their health care providers, case managers, or the health department.

Table 26: Sources of Information about HIV/AIDS Services (% Responding to Information Item)

Source of information (351 responding)	#	% reporting any info source (351)
Clinic/doctor's office	140	39.9
Case manager	116	33.0
Health department	81	23.1
AIDS organization/advocacy group	24	6.8
Internet	17	4.8
Friends/family	9	2.6
Community-based organizations	4	1.1
Newspaper/radio/TV	2	0.6
Community health fair	1	0.3
Place of worship	1	0.3
Other	7	2.0

Survey participants were asked to identify the five most important services to provide for people living with HIV/AIDS. The table below displays the number of participants who identified each service in the top five.

Table 27: Most Important Services as Identified by Clients (% Responding to Ranking Item)

Service	#	% of participants providing rankings (291)
Medications	243	83.5
Outpatient Medical Care	204	70.1
Case Management	199	68.4
Dental/Oral Health	161	55.3
Health Insurance	136	46.9
Food Bank/Vouchers	105	36.1
Mental Health Services	80	27.5
Transportation	40	13.7
Early Intervention Services	32	11.0
Legal Support	28	9.6
Health Educ/Risk Reduction	25	8.6
Substance Abuse Treatment	24	8.2
Home Health Care	20	6.9
Hospice Services	18	6.2
Nutritional Counseling	17	5.9
Other	15	5.2
Treatment Adherence	13	4.5
Rehabilitation	13	4.5
Outreach	12	4.1

## 2. Client Focus Group Findings

Eight client focus groups were scheduled, including 4 groups (15 participants) at the ECHD in Pensacola on 11/15/2010, 2 groups (16 participants) at OASIS in FWB on 11/16/2020, and 2 groups (3 participants) at Carver Hill in Crestview on 11/18/2010. Participants ranged in age from 28-66 years (average = 46.9) and most were uninsured or covered by Medicaid, Medicare, or Ryan White.

Table 28: Client Focus Group Participant Characteristics

Client focus group participant characteristics		#	% of total (34)
<b>Race</b>			
Black		10	29.4
White		21	61.7
Other		3	8.8
<b>Sex/Gender</b>			
Male		25	73.5
Female		9	26.5
<b>Sexual orientation</b>			
Homosexual/gay/bisexual		18	52.9
Heterosexual straight		16	47.1
<b>Education level</b>			
Less than 12 years		1	2.9
HS diploma/GED		9	26.5
Some college		11	32.4
2 year degree		4	11.8
4 year degree		6	17.6
More than 4 year degree		2	5.9
Missing		1	2.9
<b>Employment</b>			
Employed full time		3	8.8
Employed part time		6	17.6
Not employed - disabled		11	32.4
Not employed –seeking/retired/student/homemaker		13	38.2
Missing		1	2.9
<b>Income</b>			
Less than \$1,000 per month		19	55.9
\$1,000 - \$1,999 per month		11	32.4
\$2,000 or more per month		3	8.8
Missing		1	2.9
<b>HIV status known</b>			
Less than one year		1	2.9
1-5 years		3	8.8
5-10 years		12	35.3
More than 10 years		17	50.0
Missing		1	2.9

Findings of the client focus group discussions are summarized by theme below.

Medical Care: Focus group participants described a strong consensus that HIV-related medical care and medications were the highest priority needs for people living with HIV/AIDS in Area I. Although few providers accept Ryan White or Medicare/Medicaid, resulting in a limited choice of health care providers with HIV-related expertise in Area I, it was clearly noted across focus groups that the need for HIV-related medical care was largely met. However, there is also a need for medical care for other health concerns that may interact with HIV/AIDS and these medical care needs are less often met.

Medication: Focus group participants were in agreement that access to prescription medications was an essential service. Like medical care, participants indicated that the need for antiviral medications was a top priority and largely met but access to other needed medications was less than fully met due to ADAP formulary restrictions. Access to these other medications clearly varied as a function of coverage. For example, clients with Medicare/Medicaid reported more access to medication than those clients on Ryan White only. The level of out-of-pocket expense also varied widely as a function of coverage and choice of pharmacy, resulting in financial obstacles for some clients.

Specialty Medical Care: As noted above, participants reported needs for HIV-related medical care as well as medical care for other conditions that might interact with their HIV/AIDS conditions. Some of these specialty medical care services were directly related to HIV/AIDS, such as needs for pain management services for problems like HIV-related neuropathy. Participants also reported other medical care needs that may or may not impinge upon HIV/AIDS conditions, including needs for screening and diagnostic services such as pap smears, mammography, colonoscopy, and radiology services. All of the focus groups raised the topic of vision care, noting that there is no coverage available for routine eye exams or corrective lenses (although specialty medical care is available for serious HIV-related eye diseases such as CMV retinitis). One focus group discussion noted an absence of coverage for holistic medicine treatments. In summary, although there are numerous needs for other types of medical care, these needs are often unmet unless they are a direct consequence of HIV disease.

Case Management: Across focus groups, participants noted that case management services were a top priority. Geographic differences in case management services emerged across focus groups, with participants in Escambia county reporting greater confusion and dissatisfaction with case management than participants from Okaloosa county (and other counties). Participants accessing case management services in Okaloosa County uniformly reported that their case management needs were well-met by the only case management agency in the county, OASIS. Although there are several case management options in Pensacola, participants reported a lack of knowledge about case management options and difficulty accessing case management services in Escambia county, frequently attributed to turnover of case management staff. In spite of these challenges, overall, Escambia county focus group participants judged their case management needs to be largely met.

Oral Health Care: Dental care was routinely noted by focus group participants as a very important need that is largely unmet. Across focus groups, it was apparent that oral health needs are common among people living with HIV/AIDS in Area I. However, participants reported substantial gaps in service, as only

extractions and dentures are available from the health department dental clinic. Root canals, fillings, crowns, and gum care are not provided through the dental clinic/covered under Ryan White and other forms of public insurance commonly received by focus group participants. The few options for routine cleaning and prophylaxis (e.g., Pensacola State College's dental clinic) involve long waits, lots of paperwork, limited schedules, and multiple visits.

Mental Health Care and Substance Abuse Treatment: Although not as universal as the need for medical care, medication, or case management, and less common than the need for dental care, mental health care needs were reported in the majority of focus groups. Across focus groups, there was consensus that there were relatively few providers of mental health care services available (particularly psychiatric providers capable of prescribing and monitoring psychoactive medication) and that mental health needs were often not met. There was recognition, however, that these unmet needs were not due solely to limited provider availability; rather, there was a consensus that the resources that are available are not being utilized by those in need. Substance abuse treatment needs were brought up in only one focus group and described as adequately met in that instance.

Housing: Focus group participants reported housing assistance needs in the majority of focus groups. Although HOPWA and Section 8 services assist clients in meeting their needs for stable, safe, affordable housing, housing needs have not been fully met and there are a number of obstacles to overcome. The paperwork and administrative burdens of both HOPWA and Section 8 are substantial and there are conflicting eligibility standards (e.g., Section 8 recipients are precluded from receiving HOPWA utility assistance in Area I but not in other areas). Focus group participants reported difficulties with the administrative burden for eligibility and frequently changing service limits for these services as well as problems with late payments of rent and utilities threatening housing stability.

Food: Focus group participants receiving services in Okaloosa county reported more options for food than those in Escambia county. Okaloosa county has several food pantries (e.g., OASIS, Caring and Sharing, Trinity Church, Angel Food, and Catholic Charities) that can be accessed and the OASIS food pantry is reportedly well-stocked (e.g., meat is available). Some noted that Ensure is tough to get.

Other Needs for Service: Transportation needs were raised by focus group participants from outside of Escambia county. Miscellaneous needs arose in one or more focus groups, including: clothing, furniture, support group, employment services, patient education/peer education, legal assistance (e.g., Social Security Disability/Medicaid/Food Stamp applications, living wills, etc.)

Barriers to Care: The issue of transportation was raised by all of the focus groups outside of Escambia county. Participants living outside of Escambia county often have to travel to Pensacola for one or more services and transportation is quite difficult (e.g., no buses). Stigma, financial challenges, limited provider choice, limited providers accepting relevant insurance coverage, limited scheduling options, long waits, and paperwork were repeatedly noted as barriers to service utilization.

Clients reported an overall need for increased awareness of planning activities, a real voice in their care, and representation on planning committees. A patient resource guide/list/directory was suggested in several focus group discussions.

## **C. Summary of Data from Providers**

### *1. Case Manager Focus Group Findings*

A case manager focus group was conducted with 12 case managers representing all case management provider agencies in Area I (Lutheran Services Florida, Sacred Heart Hospital, Dr. Wade's office, OASIS, and CIN) on October 28, 2010 at Sacred Heart Hospital. As a group, the case managers reported the provision of case management services for each of the following programs: Ryan White, AIDS Drug Assistance Program (ADAP), Housing Opportunities for People with AIDS (HOPWA) Project AIDS Care (PAC), AIDS Insurance Continuation Program (AICP), Medicaid, Medicare, and VA benefits. Length of experience in HIV/AIDS case management ranged from 2 months to as long as 10 years.

Consistent with the major findings of the anonymous client survey, case managers reiterated that the most important needs of people living with HIV/AIDS in Area I included medical care and medication, oral health care and mental health care, and assistance with insurance, transportation, and food. The consensus among case managers was that medical care and medication needs were largely met for clients but that oral health care, mental health care, and assistance with insurance and transportation needs were only partially met. It was noted that oral health care services are limited to extractions and dentures, leaving routine and preventive dental care needs (e.g., cleanings and fillings, etc.) largely unmet. Similarly, some services are available to meet mental health care needs but services are limited in scope and often involve long waiting lists and other barriers. Assistance with insurance copays, prescription copays, and transportation were described as important but only partially met needs as well. Unfortunately, it was noted that some other health care needs were left largely unmet (e.g., needs for pap smears, mammography, and similar services). It was noted that there is great difficulty finding providers of these services who accept Ryan White/Medicare/Medicaid rates. On a positive note, the case managers felt that the high priority need for food and nutrition assistance was largely met through the services of Appetite for Life and the food pantry at OASIS, although it was also noted that this service was not without obstacles such as funding limitations and distance.

The case managers also provided some valuable insight into some special needs of some people living with HIV/AIDS in Area I, such as substance abuse treatment, domestic violence, transitional housing, childcare, and assistance with household items. Although these may not be needed by the majority of people living with HIV/AIDS in the area, when they are needed, they pose challenges for case managers. Case managers noted that substance abusing clients are often in denial about the issue and clients rarely utilize substance abuse treatment offerings when made available. For those clients with domestic violence concerns, challenges include shelter and transitional housing availability, particularly for women with children and abused men. Factors such as poverty and criminal histories were noted as substantial obstacles for stable housing and employment for some clients. Childcare needs pose a barrier to service utilization for some clients.

The case manager focus group findings were highly consistent with the data obtained in the anonymous client survey, lending support to conclusions regarding service needs, gaps, and priorities; however, the focus group findings also point to a need to examine special needs that may arise for only some clients.

## *2. Provider Interview and Survey Findings*

Individual interviews were conducted on various dates in November and December of 2010, with 8 health care providers active in HIV/AIDS care in Area I, including 2 physicians, 1 dentist, 3 licensed mental health counselors, and 2 DIS workers. Providers reported a minimum of four years of service provision to HIV/AIDS patients, with two providers reporting that they had been involved in HIV/AIDS service provision since the 1980s. All providers reported experience with vulnerable populations, such as racial/ethnic minorities, women, MSM, transgender, formerly incarcerated, substance abusing, and mentally ill clients. All but one provider reported that they received Ryan White funding to support care provision. Six brief surveys were mailed to other health care providers active in HIV/AIDS care in Area I but only one survey was returned.

Although the emphasis varied from provider to provider based on their professional expertise (medical providers focused on medical needs, mental health care providers focused on mental health needs, and dental providers emphasized dental needs, etc.), the information provided by the various health care providers was consistent with the information provided by clients via focus groups and survey approaches. Across various providers, there was significant recognition of the primacy of the need for medical care and medications for HIV-related concerns as well as consensus that these needs were largely met in Area I. There was also significant recognition of needs for other types of medical care services for conditions that may impact HIV disease, including need for specialty medical care services (e.g., pain management, pulmonary medicine, cardiology, and general, orthopedic, vascular, and oral surgery) and other, general medical services (e.g., mammography, pap smear, etc.). Dental care providers reiterated the restrictions on preventive (e.g., routine cleaning) and restorative dental care (e.g., fillings, crowns, root canals, etc.). Mental health providers reinforced the notion that a variety of mental health counseling options were available but psychiatric assessment and psychiatric medication management were limited by funding limitations, administrative burdens in the system, and scheduling challenges. Health care providers of various backgrounds noted the critical importance of case management in the coordination of care and linkage to services for people living with HIV/AIDS.

Health care providers were more likely to identify substance abuse concerns, mental health concerns, adherence issues, concurrent STDs, and denial as important issues than were people living with HIV/AIDS in Area I. Health care providers echoed concerns about system barriers expressed by people living with HIV/AIDS, including the obstacles posed by low reimbursement rates limiting provider availability, low salary rates contributing to staff turnover, and the administrative burdens (e.g., Careware) placed upon them by Ryan White requirements. Providers also indicated that factors such as stigma and difficulty meeting basic, daily needs (e.g., food, housing, transportation, child care, etc.) due to financial difficulties were significant obstacles to comprehensive HIV care.

In summary, the input of health care providers mirrored that of people living with HIV/AIDS in Area I. Both consumers and providers emphasize medical care/medication, case management, and oral health care as top priorities, with oral health care and insurance coverage assistance not far behind. Although less universally needed, other health care concerns (e.g., mental health care, specialty medical care, etc.) were also considered to be very important among both consumers and providers.

## SECTION IV

### HIV/AIDS SERVICE PRIORITIES

#### A. Service Needs and Met Needs

Quantitative and qualitative data from both people living with HIV/AIDS in Area I and health care providers in Area I were overwhelmingly consistent regarding the most frequent and most important service needs for Area. Continued funding emphasis should be placed on these services.

##### Most Frequently Needed Services:

1. Medications
2. Outpatient Medical Care
3. Case Management
4. Dental/Oral Health
5. Health Insurance

##### Most Important Services:

1. Medications
2. Outpatient Medical Care
3. Case Management
4. Dental/Oral Health
5. Health Insurance

It should be noted that housing assistance and specialty medical care or care for other medical conditions that may impact HIV disease did not emerge as a priority from the quantitative survey of people living with HIV/AIDS in Area I (because housing and specialty medical care or other medical care were not among this list of services surveyed). However, qualitative data from both consumers and providers clearly indicated that there is substantial need for housing assistance and specialty medical care or care for other medical conditions.

#### B. Unmet Needs and Gaps in Service

Quantitative and qualitative data from both people living with HIV/AIDS in Area I and health care providers in Area I were also overwhelmingly consistent regarding the greatest met and unmet needs for service or service gaps for Area I. Additional funding emphasis may be warranted for these services (particularly the top two unmet needs, as these also represent services that are most needed).

##### Met Needs:

1. Outpatient Medical Care
2. Medications
3. Case Management

##### Unmet Needs:

1. Dental/Oral Health
2. Health Insurance
3. Legal Support
4. Food Bank/Vouchers
5. Transportation

Again, specialty medical care/medical care for other conditions did not emerge as an unmet need in the anonymous client survey; however, qualitative data from both consumers and providers strongly suggest that there is substantial unmet need for this type of service. Funding decisions should consider the various specialty care and other medical care needs of clients and future quantitative assessments should specifically include this type of service so that more precise estimates of need and unmet need can be determined.

### **C. Changes in Service Needs and Utilization Over Time**

Examination of the most frequently needed services, most important services, met needs, and unmet needs reveal few changes from prior needs assessments. Most of the changes that did emerge appear to be artifacts of measurement rather than substantial shifts in service needs and utilization.

The top five most frequently needed and top five most important services were identical this year (medications, outpatient medical care, case management, dental/oral health care, and health insurance) and four out of the five services are fully consistent with prior needs assessment. Health insurance assistance rose to the top five most needed and most important services this year, replacing food bank among the most frequently needed category and housing among the most important category in prior needs assessments. It should be noted that food bank needs were only marginally lower than health insurance assistance needs in terms of frequently reported needs, suggesting that this difference is artifactual. Furthermore, the absence of an item for housing assistance in the statewide needs assessment survey prohibited the ranking of this service among the most important, which is clearly an artifact of measurement. Qualitative data support the notion that housing assistance is comparable in importance to health insurance assistance.

The top five met needs from prior needs assessments align with top five met needs of the current needs assessment. On the other hand, there are some differences in the top five unmet needs from prior needs assessments. Although three of the top five unmet needs remain consistent (dental/oral health, health insurance, and transportation), prior needs assessments ranked mental health care and early intervention services among the top five unmet needs while the current needs assessment includes food bank and legal services among the top five unmet needs. These findings suggest an actual shift in addressing prior unmet needs, as mental health care and early intervention services needs were unmet for less than 10% of all participants and fewer than 20% of those who needed these services reported that their needs were unmet. Slightly greater percentages of participants reported unmet needs for food bank and legal services (11.8% and 17.7% of participants, respectively) and although more than 80% of participants who reported a need for food bank assistance received it, only one third of participants who needed legal services received them. Although the magnitude is small, these data suggest that improvements have been made in meeting mental health care and early intervention service needs while unmet food bank needs have remained more static and legal needs continue to go largely unmet.

Overall, there appears to be success at meeting the top three greatest needs (medications, outpatient medical care, and case management) and improvement in meeting some earlier unmet needs (mental health care and early intervention services). However, some substantial unmet needs remain, most notably in the areas of dental/oral health care and health insurance as well as specialty medical care and possibly housing assistance. Less frequent needs, such as legal assistance, transportation, and food bank also remain only partially met.

**SECTION V**  
**APPENDICES**

## Appendix A

### Epidemiological Data for Area I

**EPIDEMIOLOGICAL PROFILE**

**Target Area**

**Partnership 01**

Escambia, Okaloosa, Santa Rosa and Walton Counties

**Mid-Year Population Estimates**

**2008**

<b>Sex</b>	<b>Total Pop</b>		<b>Age Groups</b>	<b>Total Pop</b>	
Males	354,128	50%	0 - 12	115,955	16%
Females	357,935	50%	13 - 19	68,706	10%
Total	712,063	100%	20 - 24	54,397	8%
			25 - 29	48,223	7%
			30 - 39	89,576	13%
			40 - 49	101,208	14%
			50 - 59	94,653	13%
			60+	139,345	20%
			Total	712,063	100%

<b>Race/Ethnicity</b>		<b>Total Pop</b>	
White, non-Hispanic	552,113	78%	
Black, non-Hispanic	101,482	14%	
Hispanic	32,717	5%	
Other*	25,751	4%	
Total	712,063	100%	

**2009**

<b>Sex</b>	<b>Total Pop</b>		<b>Age Groups</b>	<b>Total Pop</b>	
Males	355,726	49.8%	0 - 12	116,324	16%
Females	359,219	50.2%	13 - 19	68,042	10%
Total	714,945	100.0%	20 - 24	54,429	8%
			25 - 29	49,263	7%
			30 - 39	88,893	12%
			40 - 49	98,949	14%
			50 - 59	95,806	13%
			60+	143,239	20%
			Total	714,945	100%

<b>Race/Ethnicity</b>		<b>Total Pop</b>	
White, non-Hispanic	551,203	77%	
Black, non-Hispanic	101,175	14%	
Hispanic	36,805	5%	
Other*	25,762	4%	
Total	714,945	100%	

Note: Other includes American Indian/Alaskan Native, Asian Pacific Islander, and all other race groups

**FLORIDA Department of Health, Bureau of HIV/AIDS**

**HIV/AIDS Surveillance Data Summary for Area 1 Florida  
Cumulative Data through December 31, 2010**

**Reported AIDS Cases**

**Reported AIDS Cases by County of Residence at Diagnosis**

County	Adults		County	<13yrs		County	DOC/FCI*		Total	
	#	%		#	%		#	%	#	%
Escambia	1488	74%	Escambia	12	80%	Escambia	42	29%	1542	71%
Okaloosa	291	14%	Okaloosa	2	13%	Okaloosa	47	32%	340	16%
Santa Rosa	163	8%	Santa Rosa	0	0%	Santa Rosa	25	17%	188	9%
Walton	68	3%	Walton	1	7%	Walton	32	22%	101	5%
<b>Total</b>	<b>2010</b>	<b>100%</b>	<b>Total</b>	<b>15</b>	<b>100%</b>	<b>Total</b>	<b>146</b>	<b>100%</b>	<b>2171</b>	<b>100%</b>

\*DOC - Cases reported from within the Florida Department of Corrections and Federal Correctional Institutions

**AIDS Case Rank**

County	Rank
Escambia	12
Okaloosa	43
Santa Rosa	44
Walton	40

Out of 67 Florida counties.

**Vital Status of AIDS Cases**

Adults	Alive	Dead	Total	% Dead
Escambia	640	848	1488	57%
Okaloosa	142	149	291	51%
Santa Rosa	77	86	163	53%
Walton	28	40	68	59%
<b>Total</b>	<b>887</b>	<b>1123</b>	<b>2010</b>	<b>56%</b>
<13 Yrs	Alive	Dead	Total	% Dead
Escambia	3	9	12	75%
Okaloosa	1	1	2	50%
Santa Rosa	0	0	0	0%
Walton	1	0	1	0%
<b>Total</b>	<b>5</b>	<b>10</b>	<b>15</b>	<b>67%</b>

**Gender - Reported Adult AIDS Cases**

County	Females	Males	Total
Escambia	351	1137	1488
Okaloosa	44	247	291
Santa Rosa	29	134	163
Walton	13	55	68
<b>Total</b>	<b>437</b>	<b>1573</b>	<b>2010</b>

**Race/Ethnicity - Reported Adult AIDS Cases**

County	Hispanic, All Races		Black, Not Hispanic		White, Not Hispanic		Other/Multi-Race		Total
	#	%	#	%	#	%	#	%	
Escambia	22	1%	736	49%	698	47%	32	2%	1488
Okaloosa	22	8%	63	22%	201	69%	5	2%	291
Santa Rosa	8	5%	29	18%	124	76%	2	1%	163
Walton	3	4%	8	12%	56	82%	1	1%	68
<b>Total</b>	<b>55</b>	<b>3%</b>	<b>836</b>	<b>42%</b>	<b>1079</b>	<b>54%</b>	<b>40</b>	<b>2%</b>	<b>2010</b>

**Age at Diagnosis - Reported AIDS Cases**

Age at Dx	Escambia		Okaloosa		Santa Rosa		Walton		Total	
	#	%	#	%	#	%	#	%	#	%
Birth-12	12	1%	2	1%	0	0%	1	1%	15	1%
13-19	7	0%	3	1%	0	0%	0	0%	10	0%
20-29	248	17%	53	18%	20	12%	10	14%	331	16%
30-39	583	39%	131	45%	62	38%	27	39%	803	40%
40-49	440	29%	75	26%	61	37%	20	29%	596	29%
50-59	141	9%	24	8%	15	9%	9	13%	189	9%
60-64	32	2%	3	1%	2	1%	1	1%	38	2%
65-69	19	1%	2	1%	2	1%	1	1%	24	1%
70+ years	18	1%	0	0%	1	1%	0	0%	19	1%
<b>Total</b>	<b>1500</b>	<b>100%</b>	<b>293</b>	<b>100%</b>	<b>163</b>	<b>100%</b>	<b>69</b>	<b>100%</b>	<b>2025</b>	<b>100%</b>

**Mode of Exposure - Reported Adult AIDS Cases**

Mode of Exposure	Escambia		Okaloosa		Santa Rosa		Walton		Total	
	#	%	#	%	#	%	#	%	#	%
MSM	702	47%	150	52%	82	50%	36	53%	970	48%
IDU	197	13%	33	11%	23	14%	13	19%	266	13%
MSM/IDU	73	5%	21	7%	6	4%	6	9%	106	5%
Blood Exp	20	1%	8	3%	0	0%	2	3%	30	1%
Hetero	379	25%	51	18%	36	22%	8	12%	474	24%
Other	5	0%	2	1%	0	0%	0	0%	7	0%
NIR	112	8%	26	9%	16	10%	3	4%	157	8%
<b>Total</b>	<b>1488</b>	<b>100%</b>	<b>291</b>	<b>100%</b>	<b>163</b>	<b>100%</b>	<b>68</b>	<b>100%</b>	<b>2010</b>	<b>100%</b>

Acronyms: MSM=men who have sex with men, IDU= injection drug use/needle-sharing, Blood Exp=received HIV-contaminated blood products or tissue, Hetero=sex with HIV+ person of opposite sex, Other=persons with a blood exposure as a child or perinatal transmission, NIR= no identified risk.

**HIV/AIDS Surveillance Data Summary for Area 1 Florida  
Cumulative Data through December 31, 2010**

**Reported HIV Cases**

**Reported HIV Cases by County of Residence at Diagnosis**

County	Adults		County	<13yrs		County	DOC/FCI*		Total	
	#	%		#	%		#	%	#	%
Escambia	501	69%	Escambia	15	79%	Escambia	26	25%	542	64%
Okaloosa	132	18%	Okaloosa	1	5%	Okaloosa	37	35%	170	20%
Santa Rosa	71	10%	Santa Rosa	3	0%	Santa Rosa	30	28%	104	12%
Walton	21	3%	Walton	0	0%	Walton	13	12%	34	4%
<b>Total</b>	<b>725</b>	<b>100%</b>	<b>Total</b>	<b>19</b>	<b>84%</b>	<b>Total</b>	<b>106</b>	<b>100%</b>	<b>850</b>	<b>100%</b>

\*DOC/FCI - Cases reported from within the Florida Department of Corrections and Federal Corrections Institutions

**HIV Case Rank**

County	Rank
Escambia	13
Okaloosa	32
Santa Rosa	38
Walton	47

Out of 67 Florida counties.

**Vital Status of HIV Cases**

Adults	Alive	Dead	Total	% Dead
Escambia	456	45	501	9%
Okaloosa	127	5	132	4%
Santa Rosa	64	7	71	10%
Walton	20	1	21	5%
<b>Total</b>	<b>667</b>	<b>58</b>	<b>725</b>	<b>8%</b>
<13 Yrs	Alive	Dead	Total	% Dead
Escambia	15	0	15	0%
Okaloosa	1	0	1	0%
Santa Rosa	3	0	3	0%
Walton	0	0	0	0%
<b>Total</b>	<b>19</b>	<b>0</b>	<b>19</b>	<b>0%</b>

**Gender - Reported Adult HIV Cases**

County	Females	Males	Total
Escambia	163	338	501
Okaloosa	47	85	132
Santa Rosa	11	60	71
Walton	7	14	21
<b>Total</b>	<b>228</b>	<b>497</b>	<b>725</b>

**Race/Ethnicity - Reported Adult HIV Cases**

County	Hispanic, All Races		Black, Not Hispanic		White, Not Hispanic		Other/Multi-Race		Total
	#	%	#	%	#	%	#	%	
Escambia	10	2%	264	53%	224	45%	3	1%	501
Okaloosa	16	12%	41	31%	73	55%	2	2%	132
Santa Rosa	1	1%	6	8%	60	85%	4	6%	71
Walton	0	0%	3	14%	16	76%	2	10%	21
<b>Total</b>	<b>27</b>	<b>4%</b>	<b>314</b>	<b>43%</b>	<b>373</b>	<b>51%</b>	<b>11</b>	<b>2%</b>	<b>725</b>

**Age at Diagnosis - Reported HIV Cases**

Age at Dx	Escambia		Okaloosa		Santa Rosa		Walton		Total	
	#	%	#	%	#	%	#	%	#	%
Birth-12	15	3%	1	1%	3	4%	0	0%	19	3%
13-19	21	4%	5	4%	2	3%	0	0%	28	4%
20-29	149	29%	39	29%	14	19%	4	19%	206	28%
30-39	139	27%	38	29%	29	39%	9	43%	215	29%
40-49	132	26%	39	29%	18	24%	4	19%	193	26%
50-59	46	9%	8	6%	6	8%	4	19%	64	9%
60-64	9	2%	2	2%	1	1%	0	0%	12	2%
65-69	5	1%	1	1%	0	0%	0	0%	6	1%
70+ years	0	0%	0	0%	1	1%	0	0%	1	0%
<b>Total</b>	<b>516</b>	<b>100%</b>	<b>133</b>	<b>100%</b>	<b>74</b>	<b>100%</b>	<b>21</b>	<b>100%</b>	<b>744</b>	<b>100%</b>

**Mode of Exposure - Reported Adult HIV Cases**

Mode of Exposure	Escambia		Okaloosa		Santa Rosa		Walton		Total	
	#	%	#	%	#	%	#	%	#	%
MSM	210	42%	44	33%	39	55%	11	52%	304	42%
IDU	33	7%	12	9%	3	4%	1	5%	49	7%
MSM/IDU	15	3%	3	2%	2	3%	0	0%	20	3%
Blood Exp	1	0%	1	1%	0	0%	0	0%	2	0%
Hetero	167	33%	48	36%	13	18%	5	24%	233	32%
Other	0	0%	0	0%	0	0%	0	0%	0	0%
NIR	75	15%	24	18%	14	20%	4	19%	117	16%
<b>Total</b>	<b>501</b>	<b>100%</b>	<b>132</b>	<b>100%</b>	<b>71</b>	<b>100%</b>	<b>21</b>	<b>100%</b>	<b>725</b>	<b>100%</b>

Acronyms: MSM=men who have sex with men, IDU= injection drug use/needle-sharing, Blood Exp=received HIV-contaminated blood products or tissue, Hetero=sex with HIV+ person of opposite sex, Other=persons with a blood exposure as a child or perinatal transmission, NIR= no identified risk.

HIV reporting began 07/01/1997 in Florida. Data is adjusted from one reporting period to the next to account for HIV cases that become AIDS cases and cases that are deleted when found to have been previously reported in another state or other Florida county.

Report prepared by Scott Mickley, Area 1 HIV/AIDS Surveillance Coordinator - Escambia County Health Department (850)595-6337

AIDS cases and rates per 100,000 population, and percent of total, by race/ethnicity, gender and age group at diagnosis and year of report. Rates are based on 2008 & 2009 Partnership 01 population estimates, by race/ethnicity, gender and age, respectively.

DOC cases are excluded.

**THESE PAGES ARE LINKED TO NEW CASES-DEATHS, DO NOT EDIT THIS PAGE**

2008							
Gender	Cases	% Total	Rate	Age Groups	Cases	% Total	Rate
Male	74	74.0%	20.9	0 - 12	0	0.0%	0.0
Female	26	26.0%	7.3	13 - 19	0	0.0%	0.0
Other/Unknown	0	0.0%	N/A	20 - 24	6	6.0%	11.0
Total	100	100.0%	14.0	25 - 29	4	4.0%	8.3
				30 - 39	23	23.0%	25.7
				40 - 49	38	38.0%	37.5
				50 - 59	22	22.0%	23.2
				60+	7	7.0%	5.0
				Total	100	100.0%	14.0
Race/Ethnicity	Cases	% Total	Rate				
White, Non-Hispanic	41	41.0%	7.4				
Black, Non-Hispanic	47	47.0%	46.3				
Hispanic	9	9.0%	27.5				
Asian/Pacific Islander	1	1.0%	N/A				
Amer. Indian/Alaskan	0	0.0%	N/A				
Other/Unknown	2	2.0%	N/A				
Total	100	100.0%	14.0				
2009							
Gender	Cases	% Total	Rate	Age Groups	Cases	% Total	Rate
Male	59	75.6%	16.6	0 - 12	0	0.0%	0.0
Female	19	24.4%	5.3	13 - 19	1	1.3%	1.5
Other/Unknown	0	0.0%	N/A	20 - 24	5	6.4%	9.2
Total	78	100.0%	10.9	25 - 29	9	11.5%	18.3
				30 - 39	19	24.4%	21.4
				40 - 49	25	32.1%	25.3
				50 - 59	13	16.7%	13.6
				60+	6	7.7%	4.2
				Total	78	100.0%	10.9
Race/Ethnicity	Cases	% Total	Rate				
White, Non-Hispanic	33	42.3%	6.0				
Black, Non-Hispanic	41	52.6%	40.5				
Hispanic	3	3.8%	8.2				
Asian/Pacific Islander	0	0.0%	N/A				
Amer. Indian/Alaskan	1	1.3%	N/A				
Other/Unknown	0	0.0%	N/A				
Total	78	100.0%	10.9				

Note: Mid-year population estimates are not available for other race/ethnicity groups.

HIV (regardless of AIDS) cases and rates per 100,000 population, and percent of total, by race/ethnicity, gender and age group at diagnosis and year of report. Rates are based on 2008 & 2009 Partnership 01 population estimates, by race/ethnicity, gender and age, respectively.

DOC cases are excluded.

**THESE PAGES ARE LINKED TO NEW CASES-DEATHS, DO NOT EDIT THIS PAGE**

2008							
Gender	Cases	% Total	Rate	Age Groups	Cases	% Total	Rate
Male	72	69.2%	20.3	0 - 12	1	1.0%	0.9
Female	32	30.8%	8.9	13 - 19	5	4.8%	7.3
Other/Unknown	0	0.0%	N/A	20 - 24	19	18.3%	34.9
Total	104	100.0%	14.6	25 - 29	15	14.4%	31.1
				30 - 39	20	19.2%	22.3
				40 - 49	34	32.7%	33.6
Race/Ethnicity	Cases	% Total	Rate	50 - 59	6	5.8%	6.3
White, Non-Hispanic	49	47.1%	8.9	60+	4	3.8%	2.9
Black, Non-Hispanic	47	45.2%	46.3	Total	104	100.0%	14.6
Hispanic	8	7.7%	24.5				
Asian/Pacific Islander	0	0.0%	N/A				
Amer. Indian/Alaskan	0	0.0%	N/A				
Other/Unknown	0	0.0%	N/A				
Total	104	100.0%	14.6				

2009							
Gender	Cases	% Total	Rate	Age Groups	Cases	% Total	Rate
Male	77	82.8%	21.6	0 - 12	1	1.1%	0.9
Female	16	17.2%	4.5	13 - 19	5	5.4%	7.3
Other/Unknown	0	0.0%	N/A	20 - 24	16	17.2%	29.4
Total	93	100.0%	13.0	25 - 29	10	10.8%	20.3
				30 - 39	14	15.1%	15.7
				40 - 49	27	29.0%	27.3
Race/Ethnicity	Cases	% Total	Rate	50 - 59	14	15.1%	14.6
White, Non-Hispanic	38	40.9%	6.9	60+	6	6.5%	4.2
Black, Non-Hispanic	45	48.4%	44.5	Total	93	100.0%	13.0
Hispanic	5	5.4%	13.6				
Asian/Pacific Islander	3	3.2%	N/A				
Amer. Indian/Alaskan	2	2.2%	N/A				
Other/Unknown	0	0.0%	N/A				
Total	93	100.0%	13.0				

Note: Mid-year population estimates are not available for other race/ethnicity groups.

**BACKGROUND DATA FOR THE NEXT WORKSHEET. DO NOT DELETE THIS PAGE, AS THE NEXT WORKSHEET LINKS WITH THIS PAGE.**

*“Section 2617 (B)(2) states that the application for Title II funds shall contain a determination of the size and demographics of the population of people living with HIV in the State.”*  
 [CARE Act]

**Section 2 – Table 1b: Background Data Used for the Calculations of AIDS Prevalence, and HIV (not AIDS) Prevalence (excl DOC), Partnership 01.**

Demographic Group/ Exposure Category RISKS REDISTRIBUTED	AIDS Case Prevalence (excl DOC) through 2009 as of 04/2010		HIV (not AIDS) Case Prevalence (excl DOC) through 2009 as of 04/2010		HIV/AIDS Case Prevalence PLWHA (excl DOC) through 2009 as of 04/2010	
	AIDS Case Prevalence is defined as the number of reported AIDS Cases as of the date specified.		HIV Case Prevalence is defined as the number of reported living HIV (not AIDS) cases as of the date specified.		HIV/AIDS Case Prevalence is defined as the number of reported living HIV (not AIDS) and AIDS cases as of the date specified.	
<b>Race/Ethnicity</b>	<b># number</b>	<b>% of Total</b>	<b># number</b>	<b>% of Total</b>	<b># number</b>	<b>% of Total</b>
White, not Hispanic	461	53.5%	329	51.7%	790	52.7%
Black, not Hispanic	360	41.8%	274	43.1%	634	42.3%
Hispanic	23	2.7%	23	3.6%	46	3.1%
Asian/Pacific Islander	6	0.7%	7	1.1%	13	0.9%
American Indian/Alaskan Native	3	0.3%	1	0.2%	4	0.3%
Not Specified/Other	9	1.0%	2	0.3%	11	0.7%
<b>Total:</b>	862	100.0%	636	100.0%	1,498	100.0%
<b>Gender</b>	<b># number</b>	<b>% of Total</b>	<b># number</b>	<b>% of Total</b>	<b># number</b>	<b>% of Total</b>
Male	653	75.8%	427	67.1%	1,080	72.1%
Female	209	24.2%	209	32.9%	418	27.9%
<b>Total:</b>	862	100.0%	636	100.0%	1,498	100.0%

Demographic Group/ Exposure Category RISKS REDISTRIBUTED	AIDS Case Prevalence (excl DOC) through 2009 as of 04/2010		HIV (not AIDS) Case Prevalence (excl DOC) through 2009 as of 04/2010		HIV/AIDS Case Prevalence PLWHA (excl DOC) through 2009 as of 04/2010	
	AIDS Case Prevalence is defined as the number of reported AIDS Cases as of the date specified.		HIV Case Prevalence is defined as the number of reported living HIV (not AIDS) cases as of the date specified.		HIV/AIDS Case Prevalence is defined as the number of reported living HIV (not AIDS) and AIDS cases as of the date specified.	
Current Age on 12/31/2009 (Years)	# number	% of Total	# number	% of Total	# number	% of Total
0- 2 years	0	0.0%	1	0.2%	1	0.1%
3-12 years	0	0.0%	6	0.9%	6	0.4%
13-19 years	7	0.8%	19	3.0%	26	1.7%
20-24 years	9	1.0%	36	5.7%	45	3.0%
25-29 years	33	3.8%	58	9.1%	91	6.1%
30-39 years	154	17.9%	139	21.9%	293	19.6%
40-44 years	140	16.2%	115	18.1%	255	17.0%
45-49 years	228	26.5%	116	18.2%	344	23.0%
50-59 years	232	26.9%	116	18.2%	348	23.2%
60+ years	59	6.8%	30	4.7%	89	5.9%
<b>Total:</b>	862	100.0%	636	100.0%	1,498	100.0%

Demographic Group/ Exposure Category RISKS REDISTRIBUTED	AIDS Case Prevalence (excl DOC) through 2009 as of 04/2010		HIV (not AIDS) Case Prevalence (excl DOC) through 2009 as of 04/2010		HIV/AIDS Case Prevalence PLWHA (excl DOC) through 2009 as of 04/2010	
	AIDS Case Prevalence is defined as the number of reported AIDS Cases as of the date specified.		HIV Case Prevalence is defined as the number of reported living HIV (not AIDS) cases as of the date specified.		HIV/AIDS Case Prevalence is defined as the number of reported living HIV (not AIDS) and AIDS cases as of the date specified.	
Male Adult/Adolescent AIDS Exposure Category	# number	% of Total	# number	% of Total	# number	% of Total
MSM	433	66.3%	302	70.9%	734	68.1%
IDU	61	9.3%	20	4.7%	81	7.5%
MSM/IDU	45	6.8%	18	4.3%	63	5.8%
Heterosexual	104	15.9%	77	18.1%	181	16.8%
Other	11	1.6%	9	2.0%	19	1.8%
<b>Total:</b>	653	100.0%	425	100.0%	1,078	100.0%
Female Adult/Adolescent AIDS Exposure Category	# number	% of Total	# number	% of Total	# number	% of Total
IDU	23	10.8%	19	9.5%	42	10.2%
Heterosexual	180	86.1%	179	87.6%	359	86.9%
Other	6	3.0%	6	2.9%	12	3.0%
<b>Total:</b>	209	100.0%	204	100.0%	413	100.0%
Pediatric AIDS Exposure Categories (current ages 0-12)	# number	% of Total	# number	% of Total	# number	% of Total
Mother with/at risk for HIV infection	0	#DIV/0!	7	100.0%	7	100.0%
Risk not reported/Other	0	#DIV/0!	0	0.0%	0	0.0%
<b>Total:</b>	0	#DIV/0!	7	100.0%	7	100.0%

Demographic Group/ Exposure Category	AIDS Case Prevalence (excl DOC) through 2009 as of 04/2010		HIV (not AIDS) Case Prevalence (excl DOC) through 2009 as of 04/2010		HIV/AIDS Case Prevalence PLWHA (excl DOC) through 2009 as of 04/2010	
	AIDS Case Prevalence is defined as the number of reported AIDS Cases as of the date specified.		HIV Case Prevalence is defined as the number of reported living HIV (not AIDS) cases as of the date specified.		HIV/AIDS Case Prevalence is defined as the number of reported living HIV (not AIDS) and AIDS cases as of the date specified.	
Special Populations	# number	% of Total	# number	% of Total	# number	% of Total
White MSM	324	N/A	206	N/A	530	N/A
Black MSM	104	N/A	63	N/A	167	N/A
Hispanic MSM	10	N/A	6	N/A	16	N/A
white Male IDU	57	N/A	21	N/A	78	N/A
Black Male IDU	36	N/A	9	N/A	45	N/A
Hispanic Male IDU	3	N/A	2	N/A	5	N/A
white Female IDU	7	N/A	11	N/A	18	N/A
Black Female IDU	13	N/A	5	N/A	18	N/A
Hispanic Female IDU	0	N/A	1	N/A	1	N/A
white Male Homeless	3	N/A	2	N/A	5	N/A
Black Male Homeless	6	N/A	4	N/A	10	N/A
Hispanic Male Homeless	0	N/A	0	N/A	0	N/A
white Female Homeless	1	N/A	1	N/A	2	N/A
Black Female Homeless	1	N/A	2	N/A	3	N/A
Hispanic Female Homeless	0	N/A	0	N/A	0	N/A
Male Haitian Born	0	N/A	0	N/A	0	N/A
Female Haitian Born	0	N/A	0	N/A	0	N/A
white Male Youth (current ages 13-24)	1	N/A	15	N/A	16	N/A
Black Male Youth (current ages 13-24)	11	N/A	17	N/A	28	N/A
Hispanic Male Youth (current ages 13-24)	0	N/A	3	N/A	3	N/A
white Female Youth (current ages 13-24)	1	N/A	6	N/A	7	N/A
Black Female Youth (current ages 13-24)	3	N/A	12	N/A	15	N/A

Demographic Group/ Exposure Category	AIDS Case Prevalence (excl DOC) through 2009 as of 04/2010		HIV (not AIDS) Case Prevalence (excl DOC) through 2009 as of 04/2010		HIV/AIDS Case Prevalence PLWHA (excl DOC) through 2009 as of 04/2010	
	AIDS Case Prevalence is defined as the number of reported AIDS Cases as of the date specified.		HIV Case Prevalence is defined as the number of reported living HIV (not AIDS) cases as of the date specified.		HIV/AIDS Case Prevalence is defined as the number of reported living HIV (not AIDS) and AIDS cases as of the date specified.	
Special Populations (continued)	# number	% of Total	# number	% of Total	# number	% of Total
Hispanic Female Youth (current ages 13-24)	0	N/A	1	N/A	1	N/A
White WCBA* (current ages 15-44)	28	N/A	55	N/A	83	N/A
Black WCBA* (current ages 15-44)	73	N/A	66	N/A	139	N/A
Hiapanic WCBA* (current ages 15-44)	1	N/A	2	N/A	3	N/A
White Ped Cases (current current ages 0-12)	0	N/A	1	N/A	1	N/A
Black Ped Cases (current ages 0-12)	0	N/A	6	N/A	6	N/A
Hispanic Ped Cases (current ages 0-12)	0	N/A	0	N/A	0	N/A
DOC Cases	79	N/A	96	N/A	175	N/A

\*WCBA=Women of Child Bearing Age

MSM includes MSM & MSM/IDU

Male IDU includes IDU & MSM/IDU

**Attachment 6 Co-Morbidities / Other Factors / Surrogate Markers**

**Partnership 01**

Documented Co-morbidity cases in 2009	Prevalence of the HIV/AIDS Population in this Area	Prevalence Rate of this Indicator per 100,000 living HIV/AIDS Cases from this Area	Data Source	Date of Data	Prevalence Rate of this Co-morbidity within the general population of this Disease in this Area
	<b>N= 1,498</b>				
AIDS Cases diagnosed through 2009 with Tuberculosis diagnosed in 2009	0	0.0	HARS	Data through 2009 (data as of 04/2010)	0.0
Infectious Syphilis reported in 2009 among HIV/AIDS patients by the County Health Department (minimal estimate, based on STD client data only)	4	267.0	PRISM	Data through 2009 (data as of 04/2010)	36363.6
Gonorrhea reported in 2009 among HIV/AIDS patients by the County Health Department (minimal estimate, based on STD client data only)	9	600.8	PRISM	Data through 2009 (data as of 04/2010)	928.8
Chlamydia reported in 2009 among HIV/AIDS patients by the County Health Department (minimal estimate, based on STD client data only)	8	534.0	PRISM	Data through 2009 (data as of 04/2010)	291.1
Hepatitis C (defined as <u>any</u> HIV/AIDS case noted with a history of acute and/or chronic viral Hepatitis C and documented in HARS and/or MERLIN )	172	11482.0	HARS (local use variable) and/or matched with reported cases in the Hepatitis database	Data through 2009 (data as of 04/2010)	N/A

Other Factors / Surrogate Markers Documented in 2009	Prevalence of the HIV/AIDS Population in this Area	Prevalence Rate of this Indicator per 100,000 living HIV/AIDS Cases from this Area	Data Source	Date of Data
<b>Homelessness</b> (defined as any living HIV/AIDS case who was homeless at diagnosis of HIV or AIDS and documented in HARS)	20	1,335.1	HARS (address variable)	Data through 2009 (data as of 04/2010)
<b>Substance Abuse</b> (defined as any living HIV/AIDS case noted with a history of substance abuse, e.g., alcohol, methamphetamine, cocaine, inhalants, etc, and documented in HARS)	257	17,156.2	HARS (local use variable)	Data through 2009 (data as of 04/2010)
<b>Chronic Mental Illness</b> (defined as any living HIV/AIDS case noted with a history of mental illness and documented in HARS)	35	2,336.4	HARS (local use variable)	Data through 2009 (data as of 04/2010)
<b>MSM</b> (estimated seroprevalance of males with HIV/AIDS who have an MSM or MSM/IDU risk)	797	53,209.4	(Determined by PLWHA data)	Data through 2009 (data as of 04/2010)
<b>IDU</b> (estimated seroprevalance of persons with HIV/AIDS who have and IDU or MSM/IDU risk)	186	12,395.2	(Determined by PLWHA data)	Data through 2009 (data as of 04/2010)

**Appendix B**  
**Needs Assessment Tools**

*Appendix B1*

*Anonymous Client Survey Forms (English Language Version)*

## 2010 Florida Ryan White Anonymous Needs Survey

### Introduction

If you have HIV/AIDS, this is your chance to tell us what services YOU need. Your answers will help your local Planning Group decide how funding is used in your area for HIV services.

Some questions are personal. We have to ask them to know how best to help you. All the answers will be combined so no one will be able to identify you.

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

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

**If you have completed this survey in the past 12 months, do not turn one in again.**

**Please completely fill in the circles ● when answering this survey.**

### General Information

1. What is your gender?  
 Male  
 Female  
 Transgender (Male to Female)  
 Transgender (Female to Male)
2. Have you been pregnant in the **past 12 months**?  
 This does not apply to me. I am not female.  
 Yes  
 No
3. How do you identify yourself?  
 Straight  
 Gay  
 Lesbian  
 Bisexual
4. What is your ethnicity?  
 Hispanic/Latina/o  
 Non - Hispanic/Latina/o  
 Haitian
5. What is your race?  
 White/Caucasian  
 Black or African American  
 Asian  
 American Indian or Alaskan Native  
 Native Hawaiian or Pacific Islander  
 Mixed/more than one race
6. What year were you born?
7. What best describes your work situation in the **past 12 months**?  
**(Please mark only one answer)**  
 Working full-time job  
 Working part-time job  
 Self employed  
 Working off and on  
 Not working
8. Why were you not working during the **past 12 months**? **(Please mark only one answer)**  
 This does not apply to me. I worked during the past 12 months.  
 Student  
 Looking for a job  
 Attending job training  
 Retired  
 For health reasons, on disability  
 For health reasons, NOT on disability  
 Other: \_\_\_\_\_
9. Where do you live? County: \_\_\_\_\_
10. Where were you living when you first tested positive for HIV?  
 In the same county I live now  
 In another county in Florida  
 In another state  
 Outside of the United States

### **HIV/AIDS Medical Care**

1. Did you get HIV/AIDS related medical care OR a CD4 T-Cell count OR a viral load lab test during the **past 12 months**?
  - Yes
  - No
  
2. Why did you not get HIV/AIDS related medical care during the **past 12 months**?  
**(Mark all that apply)**
  - This does not apply to me. I got HIV/AIDS related medical care in the past 12 months.
  - I did not know where to go
  - I could not get an appointment
  - I could not get transportation
  - I could not get childcare
  - I was too busy taking care of my partner
  - I could not pay for services
  - I did not want people to know that I have HIV
  - I was not ready to deal with having HIV
  - I did not feel sick
  - There are not enough doctors in my area
  - I could not get time off work
  - I was depressed
  - I missed my appointment(s)
  - I had a bad experience with the medical staff
  - Other: \_\_\_\_\_
  
3. Where did you regularly receive your HIV/AIDS medical care during the **past 12 months**?  
**(Please mark only one answer)**
  - This does not apply to me. I did not receive HIV/AIDS-related medical care in the past 12 months.
  - Walk-In / Emergency Clinic
  - Doctor's Office
  - Hospital Emergency Room
  - Veteran's Administration
  - Public Clinic/Health Department
  - HIV Specialty Clinic
  - Other: \_\_\_\_\_
  
4. In which county did you get your HIV/AIDS related medical care during the **past 12 months**? County:  
\_\_\_\_\_
  
5. Why did you get your HIV/AIDS related medical care in a different county than you live?  
**(Please mark only one answer)**
  - This does not apply to me. I got medical care in the same county I live.
  - Services were not available in my county
  - I did not want people to know that I have HIV
  - I got care closer to where I live or work
  - Other: \_\_\_\_\_
  
6. Have you been hospitalized for an HIV/AIDS related condition during the **past 12 months**?
  - Yes
  - No
  
7. Have you been to the Emergency Room for an HIV/AIDS related condition during the **past 12 months**?

## Ryan White Services

The services below <b>MAY</b> or <b>MAY NOT</b> be available in your area. Please fill in the circles next to the services that you have used or needed in the past 12 months.	Needed Service & Got Service	Needed Service, But Could Not Get Service	Needed Service, But Did Not Know About Service	Did Not Need Service
<b>CORE SERVICES</b>				
1. <b>Outpatient Medical Care:</b> Regular doctor visits to doctor's office or clinic for HIV medical care	○	○	○	○
2. <b>Case Management:</b> Case managers help clients receive services and then follow-up on their care	○	○	○	○
3. <b>Medications:</b> Pills for HIV and related issues	○	○	○	○
4. <b>Dental/Oral Health:</b> General teeth and mouth care, dentures, oral surgery, etc.	○	○	○	○
5. <b>Health Insurance:</b> Helps pay insurance costs or co-pays if client has private insurance	○	○	○	○
6. <b>Mental Health Services:</b> Professional counseling, therapy, or support groups	○	○	○	○
7. <b>Substance Abuse Treatment:</b> Professional counseling for drug or alcohol addiction	○	○	○	○
8. <b>Nutritional Counseling:</b> Professional counseling for healthy eating habits	○	○	○	○
9. <b>Early Intervention Services:</b> Assistance getting a doctor appointment and other needed services	○	○	○	○
10. <b>Home Health Care:</b> Professional healthcare services in client's home by a licensed/certified home-health agency	○	○	○	○
11. <b>Hospice Services:</b> Nursing and counseling services for the terminally ill and their family	○	○	○	○
<b>SUPPORT SERVICES</b>				
12. <b>Food Bank or Food Vouchers:</b> Food bags, grocery certificates, home-delivered meals, and nutritional supplements	○	○	○	○
13. <b>Transportation:</b> Help getting to the doctor's office and other HIV related appointments	○	○	○	○
14. <b>Outreach:</b> Someone who finds people with HIV not in care and helps them to visit their doctor and get services they may need	○	○	○	○
15. <b>Health Education/Risk Reduction:</b> Someone who tells clients about HIV, how it's spread, current medications, and how to live with HIV	○	○	○	○
16. <b>Treatment Adherence:</b> Instructions on how to take HIV medications properly	○	○	○	○
17. <b>Legal Support:</b> Help clients with HIV related legal issues (will, living will, etc.)	○	○	○	○
18. <b>Rehabilitation:</b> Physical therapy, occupational therapy, speech therapy, low vision training, etc.	○	○	○	○
19. <b>Other:</b> A service that is not listed above	○	○	○	○

## **Ryan White Services (continued)**

1. What kept you from getting the services you needed during the **past 12 months**?

**(Mark all that apply)**

- This does not apply to me. I did get the services I needed during the past 12 months.
- I did not know where to get services
- I could not get an appointment
- I could not get transportation
- I could not get childcare
- I was too busy taking care of my partner
- I could not pay for services
- I did not want people to know that I have HIV
- I could not get time off work
- I was depressed
- I missed my appointment(s)
- I had a bad experience with the staff
- Services were not in my language
- I was put on the waiting list
- I did not qualify for services
- Other: \_\_\_\_\_

2. Where do you get most of your information about HIV/AIDS services in your area?

**(Please mark only one answer)**

- Clinic/doctor's office
- Health Department
- Case manager
- Community health fair
- Community based organizations
- AIDS organization/advocacy group
- Place of worship
- Friends/family
- Internet
- Newspaper/radio/TV
- Other: \_\_\_\_\_

3. Which five services do you think are most important for the state to provide for people with HIV/AIDS?

**(Select ONLY 5)**

*See description of each service below in questions 21-39.*

- Outpatient Medical Care
- Case Management
- Medications
- Dental/Oral Health
- Health Insurance
- Mental Health Services
- Substance Abuse Treatment
- Nutritional Counseling
- Early Intervention Services
- Home Health Care
- Hospice Services
- Food Bank/Food Voucher
- Transportation
- Outreach
- Health Education/Risk Reduction
- Treatment Adherence
- Legal Support
- Rehabilitation
- Other: A service not listed here  
\_\_\_\_\_

## **Jail/Prison Release Services**

4. Were you in jail and/or prison during the **past 12 months**?

- Yes, I was in jail
- Yes, I was in prison
- Yes, I was in jail and prison
- No (If you answered No, you can skip to Question #48)

## **Jail/Prison Release Services (continued)**

**ONLY answer the next four questions if you answered yes, you were in jail and/or prison during the past 12 months.**

1. Did the jail/prison medical staff know you had HIV?  
 Yes  
 No
2. Did you receive HIV/AIDS-related medical care while in jail/prison?  
 Yes  
 No
3. When you were released from jail/prison, which of the following did you receive?  
**(Mark all that apply)**  
 Information about finding housing  
 Referral to medical care  
 Referral to case management  
 A supply of HIV medication to take with you  
 Other: \_\_\_\_\_
4. What prevented you from getting the HIV/AIDS services you needed after you were released?  
**(Mark all that apply)**  
 This does not apply to me. I was able to get HIV services after my release.  
 No insurance – financial reasons  
 I did not know where to go  
 I did not want anyone to know I have HIV  
 I could not get away from drugs  
 I was having trouble finding friends I could trust  
 I did not want to take off from work  
 I did not have transportation to get services  
 I did not have ID or documentation to qualify  
 Other: \_\_\_\_\_

## **Housing**

**For the questions in the housing section you will be asked to think back over the past six months**

5. Mark both of the columns that tell us where you live **now** and where you lived **6 months ago**, even if it is the same.

	<b>Now</b>	<b>6 months ago</b>
In an apartment/house that I own	<input type="radio"/>	<input type="radio"/>
In an apartment/house that I rent	<input type="radio"/>	<input type="radio"/>
At my parent's /relative's/ someone else's apartment/house	<input type="radio"/>	<input type="radio"/>
In a room or boarding house	<input type="radio"/>	<input type="radio"/>
In a "supportive living" facility (Assisted Living Facility)	<input type="radio"/>	<input type="radio"/>
In a half-way house, transitional housing, or treatment facility (drug or mental health)	<input type="radio"/>	<input type="radio"/>
Nursing home	<input type="radio"/>	<input type="radio"/>
Homeless (on street/in car/abandoned building)	<input type="radio"/>	<input type="radio"/>
Homeless shelter	<input type="radio"/>	<input type="radio"/>
Domestic violence shelter	<input type="radio"/>	<input type="radio"/>
Other housing provided by the city, county, or state (such as Section 8 voucher or Shelter+care)	<input type="radio"/>	<input type="radio"/>
In jail/prison	<input type="radio"/>	<input type="radio"/>

**Housing**  
**(continued)**

1. Think about where you live now: which of the following stop you from taking care of your HIV/AIDS?  
***(Mark all that apply)***

- This does not apply to me. Nothing where I live now stops me from taking care of my HIV/AIDS.
- I do not have a safe and private room
- I do not have a bed to sleep in
- I do not have a place to store my medications
- I do not have a telephone where someone can call me
- I do not have enough food to eat
- I do not have money to pay for rent
- I do not have heat and/or air conditioning
- I am afraid of others knowing I have HIV
- I cannot get away from drugs and/or alcohol in the neighborhood
- I do not feel safe in the neighborhood
- I have an abusive spouse or partner
- Other: \_\_\_\_\_

2. In the **past 6 months**, how many nights have you NOT had a place of your own to sleep?

--	--	--

3. How much do you and/or your household contribute monthly to the rent or mortgage? (How much you and your household members **actually pay**.)

\$ 

--	--	--	--

, 

--	--	--	--

4. Now we're interested in the HIV/AIDS housing services you needed and what HIV/AIDS housing services you got in the **past 6 months**.

The services below <b>MAY</b> or <b>MAY NOT</b> be available in your area. Please fill in the circles next to the housing services that you have used or needed in the past year. <b>HOUSING</b>	Needed Service & Got Service	Needed Service, But Could Not Get Service	Needed Service, But Did Not Know About Service	Did Not Need Service
Help finding a place to live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permanent, independent housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporary short-term housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing where my child(ren) can live with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Money to pay utilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Money to pay rent/mortgage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
House for persons living with HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assisted Living facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**(If you did not need any of the housing services listed in the table above, you can skip to Question #54.)**

**Housing (continued)**

- 1. What kept you from getting the housing services you needed? *(Mark all that apply)*
  - This does not apply to me. I did get the housing services I needed.
  - I did not know where to get services
  - Services were not in my language
  - I could not get there when the agency was open
  - I did not want anyone to know I have HIV
  - I did not qualify for housing services
  - I have not been treated with respect at the agency
  - I was put on the waiting list
  - Other: \_\_\_\_\_
  
- 2. Now we are interested in general problems you had getting housing, in the **past 6 months**, did you have trouble getting housing?
  - Yes
  - No
  
- 3. What problems did you have getting housing? *(Mark all that apply)*
  - This does not apply to me. I did not have any problems getting housing.
  - I did not have enough money for the deposit
  - I had no transportation to search for housing
  - I had bad credit
  - I had a criminal record
  - I had a mental/physical disability
  - I had substance use issues
  - I was put on a waiting list
  - I did not qualify for housing assistance
  - I could not find affordable housing
  - I feel I was discriminated against
  - Other: \_\_\_\_\_

**Additional Comments**

- 4. Are you aware of any HIV Planning or Advisory Committees in your area?
  - Yes
  - No (If you answered No, you can skip to Question #58)
  
- 5. If yes, do you currently participate on any of these bodies or their committees?
  - Yes
  - No
  
- 6. Overall, did you think this survey was:
  - Too long, but covered all the information
  - Too long, and I did not want to finish it
  - Too short, there were more things you could have asked
  - Just right
  
- 7. Is there anything else you would like to tell us?

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*Appendix B2*

*Client Focus Group Guide, Consent Form, and Background Form*

## Area I 2010 HIV/AIDS Client Needs Assessment Client Focus Group Guide

### Introduction (a brief, general description of the focus group)

Thank you for joining us for this focus group. Today, we are here to have a discussion about your experience living with HIV and your needs for care and services. There are no right or wrong answers or opinions, only different points of view. Please share your point of view, even if it differs from what others have said. We are just as interested in negative comments as positive comments. Please remember that we will keep everyone's personal information confidential and it is expected that you will also respect the privacy of others in the room.

### Ground Rules (a few simple rules for participants in the focus group)

In order to keep this focus group running smoothly, I would like to suggest that we follow a few simple rules. It will be very helpful if we can:

- treat each other with respect,
- have only one person talking at a time,
- try not to have any side conversations,
- make sure that everyone gets a chance to talk, and
- make sure that no one dominates the discussion.

### Goals (a brief statement of what the researchers would like to accomplish)

One of the goals of this focus group is to learn about your experience living with HIV. Another goal of this focus group is to get a better understanding your needs for care and services. We are interested in hearing about your experiences and perspectives so that we can learn more and so that we can inform and improve care in NWFL.

### Discussion Starter (a set of brief questions that serve as opening statements/introductions)

Everyone here has been invited because they are living with HIV or AIDS. So that we can get to know each other a little bit, let's go around the room and share our names. In addition to your name, please tell us how long you have been living with HIV or AIDS.

#### Question 1

As a person living with HIV/AIDS, what kinds of health care or other service needs have you had? What are the most pressing or important of these needs?

#### Question 2

Have all of your health care and other service needs been met? Which of your health care and service needs have been fully met? Which of your health care and service needs have not been met?

#### Question 3

For those health care and service needs that have not been fully met, please describe the barriers or obstacles you have encountered when trying to meet those needs.

### Conclusion and Expression of Appreciation (a wrap-up of the focus group discussion)

We are nearing the end of our discussion time. Let's take a moment to go around the room to answer this: Of all the topics that were discussed, which one is most important to you? (allow participants to respond) Before we finish, is there anything important that we haven't covered but should?

(Pause for response. If something arises, allow time for each person to make a brief comment about the issue. If the group concludes that they are finished, proceed to thanking them for participation.)

Thank you for sharing your experience and perspectives. We will do our best to honor and respect what you have related to us.

Prompts/Probes (questions that the moderator may ask when the discussion is limited)

When participants make only cursory statements:

Can you tell me more about that?

Can you give me an example?

Think back to the last time this happened to you.

When the discussion has started but is halting or participants are disagreeing a lot:

Has anyone had a similar experience?

When the discussion has started but is halting or everyone is nodding agreement:

Has anyone had a different experience?

When there is one or more quiet participants:

Would you like to say anything about this issue?

When discussion goes off track to an unrelated topic:

Remember, we are here to discuss your experiences with HIV and your needs for care and services. How does this relate to these topics?

When one participant begins to dominate the discussion:

Let's hear from some of the quieter members of our group.

When side conversations are occurring:

Please remember to let one person speak at a time. We want to hear from everybody but it is difficult to hear everyone if we talk over each other.

Other acceptable prompts/probes include:

(The moderator may repeat Question 1, 2, or 3.)

As a last resort only, the moderator may provide direction to a group that cannot get onto the topic after other attempts have failed.

Often, people living with HIV or AIDS report that they need special kinds of care and services in addition to basic medical care. We would like to know what these needs are. Sometimes, they are able to get these needs met and other times they experience difficulties accessing needed care and services. What has your experience been like?

**Area I 2010 HIV/AIDS Client Needs Assessment Client Focus Group  
Informed Consent Form**

Thank you for your interest in this focus group being sponsored by NoFLAC and conducted by Josh Menge. Dr. Susan Walch of The University of West Florida will be reviewing the information provided in the focus groups and summarizing the findings in a report. Individual participants' confidentiality will be maintained by NoFLAC, Josh Menge, and Susan Walch. The focus group will require approximately one hour of your time. Your participation in this focus group is voluntary and you may decline or discontinue participation at any time without any negative consequences.

This focus group will be used to gain an understanding of your experience living with HIV and your needs for care and services. In this focus group, you will be asked to discuss your experiences and perceptions with the moderators and other participants of the focus group. Other participants in the focus group will also discuss their experiences and perceptions. Any information you provide to us will be kept strictly confidential; we will not disclose any information about individual participants. You will be expected to keep the identity of and information about other participants of the focus group in confidence. Everyone in the focus group is asked not discuss the personal information of other participants of the group at any time after the group. Other participants of the focus group will be required to sign a consent form requiring them to respect your privacy as well.

Some participants may feel uncomfortable discussing their experiences and perceptions in front of others. These uncomfortable reactions are infrequent, and when they do occur, they are usually temporary and brief. You do not have to disclose any information that you do not want share. We appreciate the opportunity to hear what you have to say and will use the information that you give us to inform future care and service provision.

The focus group conversation will be tape-recorded so that the information may be recorded accurately. After the information is recorded and summarized, the tape-recording will be destroyed. No names will be used on any written records or reports of the focus group discussion. Only group information and non-identifying summary data will be released.

**Your signature below indicates that you were informed about the focus group as described above and that your** permission to participate in this focus group was given voluntarily and without coercion or undue influence. It also indicates that you understand the need to respect the privacy of other focus group participants.

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Participant's Signature

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Date

**Area I 2010 HIV/AIDS Client Needs Assessment Client Background Questionnaire**

Please answer the following questions to the best of your ability. Do not put your name on this form.

What is your current age? \_\_\_\_\_ years

Which of the following best describes your race or ethnicity?

- |   |  |
|---|--|
| <input type="checkbox"/> African American/Black, not Hispanic | <input type="checkbox"/> Asian American/Pacific Islander |
| <input type="checkbox"/> Caucasian/White, not Hispanic        | <input type="checkbox"/> Multiracial                     |
| <input type="checkbox"/> Hispanic/Latino/Latina               | <input type="checkbox"/> Other                           |
| <input type="checkbox"/> Native American/Alaskan Native       | _____  |

Which of the following best describes your sex or gender?

- |                               |                                 |                                      |
|-------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> male | <input type="checkbox"/> female | <input type="checkbox"/> transgender |
|-------------------------------|---------------------------------|--------------------------------------|

Which of the following best describes your sexual orientation or gender?

- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> heterosexual/straight | <input type="checkbox"/> homosexual/gay | <input type="checkbox"/> bisexual |
|--|---|-----------------------------------|

Which of the following best describes your current marital or relationship status?

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> single/never married                   | <input type="checkbox"/> separated |
| <input type="checkbox"/> married/living as married/cohabitating | <input type="checkbox"/> widowed   |
| <input type="checkbox"/> divorced                               |                                    |

What is the highest level of education you have completed?

- |  |  |
|--|--|
| <input type="checkbox"/> less than 8 <sup>th</sup> grade/8 <sup>th</sup> grade | <input type="checkbox"/> 2 year college degree       |
| <input type="checkbox"/> 9 <sup>th</sup> grade through 11 <sup>th</sup> grade  | <input type="checkbox"/> 4 year college degree       |
| <input type="checkbox"/> 12 <sup>th</sup> grade/high school graduate/GED       | <input type="checkbox"/> some post-college education |
| <input type="checkbox"/> some college  | <input type="checkbox"/> advanced degree             |

Which of the following best describes your current employment status?

- |   |   |
|---|---|
| <input type="checkbox"/> working full time, paid      | <input type="checkbox"/> unemployed, seeking work     |
| <input type="checkbox"/> working part time, paid      | <input type="checkbox"/> unemployed, not seeking work |
| <input type="checkbox"/> volunteer, full or part time | <input type="checkbox"/> disabled                     |
| <input type="checkbox"/> homemaker                    | <input type="checkbox"/> retired                      |
| <input type="checkbox"/> student                      |   |

How many people currently live in your household? \_\_\_\_\_ (list 1 if living by yourself)

What is your current monthly income?

- |  |  |
|--|--|
| <input type="checkbox"/> less than \$500.00      | <input type="checkbox"/> \$2,500.00 - \$2,999.00 |
| <input type="checkbox"/> \$500.00 - \$999.00     | <input type="checkbox"/> \$3,000.00 - \$3,499.00 |
| <input type="checkbox"/> \$1,000.00 - \$1,499.00 | <input type="checkbox"/> \$3,500.00 - \$3,999.00 |
| <input type="checkbox"/> \$1,500.00 - \$1,999.00 | <input type="checkbox"/> \$4,000.00 - \$4,999.00 |
| <input type="checkbox"/> \$2,000.00 - \$2,499.00 | <input type="checkbox"/> \$5,000.00 or more      |

When did you first find out about your HIV infection or AIDS diagnosis?

- |   |   |
|---|---|
| <input type="checkbox"/> less than one year ago | <input type="checkbox"/> five to ten years ago  |
| <input type="checkbox"/> one to five years ago  | <input type="checkbox"/> more than 10 years ago |

What is your primary source of health insurance? \_\_\_\_\_

*Appendix B3*

*Case Manager Focus Group Guide, Consent Form, and Background Form*

## **Area I 2010 HIV/AIDS Client Needs Assessment Case Manager Focus Group Guide**

### Introduction (a brief, general description of the focus group)

Thank you for joining us for this focus group. Today, we are here to have a discussion about the HIV/AIDS-related care and service needs of the clients you serve. There are no right or wrong answers or opinions, only different points of view. Please share your point of view, even if it differs from what others have said. We are just as interested in negative comments as positive comments. Please remember that we will keep everyone's personal and professional information confidential and it is expected that you will also respect the privacy of others in the room.

### Ground Rules (a few simple rules for participants in the focus group)

In order to keep this focus group running smoothly, I would like to suggest that we follow a few simple rules. It will be very helpful if we can:

- treat each other with respect,
- have only one person talking at a time,
- try not to have any side conversations,
- make sure that everyone gets a chance to talk, and
- make sure that no one dominates the discussion.

### Goals (a brief statement of what the researchers would like to accomplish)

One of the goals of this focus group is to get a better understanding your clients' needs for HIV/AIDS-related care and services. We are interested in hearing about your professional perspectives so that we can learn more and so that we can inform and improve care in NWFL.

### Discussion Starter (a set of brief questions that serve as opening statements/introductions)

Everyone here has been invited because they are case managers working with clients living with HIV or AIDS. So that we can get to know each other a little bit, let's go around the room and share our names. In addition to your name, please tell us how long you have been working in the field of HIV/AIDS.

### Question 1

What kinds of health care or other service needs have your clients presented to you? What are the most pressing or important of these needs? Some clients may have needs that they do not identify themselves, such as substance abuse or mental health treatment needs. What "unidentified" needs have you observed?

### Question 2

Have all of your clients' health care and other service needs been met? Which of their health care and service needs have been fully met? Which of their health care and service needs have not been met?

### Question 3

For those health care and service needs that have not been fully met, please describe the barriers or obstacles they have encountered when trying to meet those needs.

### Conclusion and Expression of Appreciation (a wrap-up of the focus group discussion)

We are nearing the end of our discussion time. Let's take a moment to go around the room to answer this: Of all the topics that were discussed, which one is most important to you? (allow participants to respond) Before we finish, is there anything important that we haven't covered but should?

(Pause for response. If something arises, allow time for each person to make a brief comment about the issue. If the group concludes that they are finished, proceed to thanking them for participation.)

Thank you for sharing your experience and perspectives. We will do our best to honor and respect what you have related to us.

Prompts/Probes (questions that the moderator may ask when the discussion is limited)

When participants make only cursory statements:

Can you tell me more about that?

Can you give me an example?

Think back to the last time this happened.

When the discussion has started but is halting or participants are disagreeing a lot:

Has anyone had a similar experience?

When the discussion has started but is halting or everyone is nodding agreement:

Has anyone had a different experience?

When there is one or more quiet participants:

Would you like to say anything about this issue?

When discussion goes off track to an unrelated topic:

Remember, we are here to discuss your clients' experiences with HIV and their needs for care and services. How does this relate to these topics?

When one participant begins to dominate the discussion:

Let's hear from some of the quieter members of our group.

When side conversations are occurring:

Please remember to let one person speak at a time. We want to hear from everybody but it is difficult to hear everyone if we talk over each other.

Other acceptable prompts/probes include:

(The moderator may repeat Question 1, 2, or 3.)

As a last resort only, the moderator may provide direction to a group that cannot get onto the topic after other attempts have failed.

Often, people living with HIV or AIDS report that they need special kinds of care and services in addition to basic medical care. We would like to know what these needs are. Sometimes, they are able to get these needs met and other times they experience difficulties accessing needed care and services. What has your clients' experience been like?

**Area I 2010 HIV/AIDS Client Needs Assessment Case Manager Focus Group  
Informed Consent Form**

Thank you for your interest in this focus group being sponsored by NoFLAC and conducted by Josh Menge. Dr. Susan Walch of The University of West Florida will be reviewing the information provided in the focus groups and summarizing the findings in a report. Individual participants' confidentiality will be maintained by NoFLAC, Josh Menge, and Susan Walch. The focus group will require approximately one hour of your time. Your participation in this focus group is voluntary and you may decline or discontinue participation at any time without any negative consequences.

This focus group will be used to gain an understanding of your clients' experience living with HIV and their needs for care and services. In this focus group, you will be asked to discuss your observations and perceptions with the moderators and other participants of the focus group. Other participants in the focus group will also discuss their observations and perceptions. Any information you provide to us will be kept strictly confidential; we will not disclose any information about individual participants. You will be expected to keep the identity of and information about your individual clients and other participants of the focus group in confidence. Everyone in the focus group is asked not discuss the personal information of other participants or their individual clients at any time after the group. Other participants of the focus group will be required to sign a consent form requiring them to respect your privacy as well.

Some participants may feel uncomfortable discussing their observations and perceptions in front of others. These uncomfortable reactions are infrequent, and when they do occur, they are usually temporary and brief. You do not have to disclose any information that you do not want share. We appreciate the opportunity to hear what you have to say and will use the information that you give us to inform future care and service provision.

The focus group conversation will be tape-recorded so that the information may be recorded accurately. After the information is recorded and summarized, the tape-recording will be destroyed. No names will be used on any written records or reports of the focus group discussion. Only group information and non-identifying summary data will be released.

**Your signature below indicates that you were informed about the focus group as described above and that your** permission to participate in this focus group was given voluntarily and without coercion or undue influence. It also indicates that you understand the need to respect the privacy of other focus group participants and their clients.

---

Participant's Signature

---

Date

**Area I 2010 HIV/AIDS Client Needs Assessment Client Background Questionnaire**

Please answer the following questions to the best of your ability. Do not put your name on this form.

For which agency do you currently provide HIV/AIDS case management services?  
\_\_\_\_\_

How long have you been working as a case manager for HIV/AIDS? \_\_\_\_\_ years

Please estimate the total number of clients on your current caseload? \_\_\_\_\_ clients

For which of the following programs do you provide case management services (check all that apply)?

- |                                     |                                   |                                   |
|-------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Ryan White | <input type="checkbox"/> ADAP     | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> HOPWA      | <input type="checkbox"/> AICP     | <input type="checkbox"/> VA       |
| <input type="checkbox"/> PAC        | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Other    |

Please indicate the how much each of the following client characteristics is present in your caseload:

Characteristic	None	A few	More than a few but less than half	More than half
Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
African American/Black	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caucasian/White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic/Latino/Latina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heterosexual/straight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homosexual/gay/bisexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injection drug user – current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injection drug user - former	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth (under age 18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older (over age 55)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Appendix B4*

*Provider Interview Forms*

**NoFLAC Needs Assessment Detailed Provider Interview (ROUGH DRAFT)**

You have been identified as an important provider of health care services for people living with HIV infection or AIDS in NW Florida. The Northwest Florida AIDS Consortium (NoFLAC) is conducting a routine assessment of the health care and social service needs of people living with HIV/AIDS in Escambia, Santa Rosa, Okaloosa, and Walton counties and requests your time and assistance in this matter. We realize that you are very busy but we hope that you will participate in a one-time interview to help us accomplish our goals. It should not take more than an hour to complete and requires no individual or confidential patient information. In addition, provider responses will not be identified by individual provider; results will be reported only in aggregate form across providers in an effort to maintain strict patient confidentiality and provider privacy. If you have any questions about the nature of this project or how the data you provide will be used, please feel free to contact Susan E. Walch, Ph.D. at the University of West Florida at 850-473-2273 or [swalch@uwf.edu](mailto:swalch@uwf.edu) to request a copy of the report or more information.

Interview date: \_\_\_\_\_ Interview location: \_\_\_\_\_

Agency/Program Name: \_\_\_\_\_

Provider Name \_\_\_\_\_ Title \_\_\_\_\_

Agency Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Fax \_\_\_\_\_

1. Please check the category that best describes your agency: **(Check only one)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Community Health Center      | <input type="checkbox"/> HMO/Managed Care Practice | <input type="checkbox"/> Private Group or Individual Practice |
| <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Hospital/Clinic           | <input type="checkbox"/> State/Local Health Department        |
| <input type="checkbox"/> Correctional Facility        | <input type="checkbox"/> Mental Health Program     | <input type="checkbox"/> Substance Abuse Treatment            |
| <input type="checkbox"/> Dental Care Provider         | <input type="checkbox"/> Pharmacy                  | <input type="checkbox"/> Other (specify):                     |

2. Does your agency receive Ryan White funding?  Yes  No  Don't know

If yes, what title(s)?  Title I  Title II  Title III  Title IV  Don't know

3. What year did your agency begin offering HIV/AIDS care? \_\_\_\_\_

4. Which of the following populations receive care at your agency? (Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Children/Teens           | <input type="checkbox"/> Gay/Lesbian           | <input type="checkbox"/> Mentally Ill      |
| <input type="checkbox"/> Young Adults             | <input type="checkbox"/> Transgender           | <input type="checkbox"/> Substance Abusers |
| <input type="checkbox"/> Older Adults             | <input type="checkbox"/> Homeless              | <input type="checkbox"/> Other (specify):  |
| <input type="checkbox"/> Racial/Ethnic Minorities | <input type="checkbox"/> Incarcerated/Parolees |  |
| <input type="checkbox"/> Women                    |  |  |

5. Approximately how many patients are enrolled in care at your agency? \_\_\_\_\_

5a. Approximately how many HIV/AIDS patients are enrolled in care at your agency? \_\_\_\_\_

5b. Approximately how many HIV-positive patients did you newly enroll in care during the past year? \_\_\_\_\_

6. Which of the following care and/or support services does your agency offer to HIV+ patients? (Check all that apply)

- Adherence counseling
- Case management
- Mental health counseling
- Peer education
- Prevention counseling
- Primary medical care
- Oral health care

7. Please rate the level of HIV expertise of your staff:

very high       high       adequate       fair       poor

8. Please note the number of HIV care providers at your agency (use full-time equivalents if you have part-time staff):

_____ Physicians	_____ Dentists
_____ Physician Assistants	_____ Dental Hygienists
_____ Nurse Practitioners/APNs	_____ Nutritionist/Dietician:
_____ Nurses	_____ Peer Educators:
_____ Case Managers/Social Workers	_____ Substance Abuse Counselors
_____ Mental Health Counselors	_____ Other:
_____ Pharmacists	

1. What types of services do you routinely provide for your patients/clients with HIV/AIDS?
2. For what types of services do you routinely refer your patients/clients with HIV/AIDS?
3. What do you consider to be the greatest needs of your patients/clients with HIV/AIDS?
4. Of these, which would you say are the most readily met needs for your patients/clients with HIV/AIDS?
5. Of these, which would you say are the most difficult to meet needs for your patients/clients with HIV/AIDS?
6. What do you consider the greatest unrecognized needs by your patients/clients with HIV/AIDS?
7. What challenges/obstacles/barriers to care are faced by your patients/clients with HIV/AIDS?
8. What resources/supports/resiliencies assist your patients/clients with HIV/AIDS?
9. What needs do you have as a provider of HIV/AIDS care?
10. Is there anything else you would like to add?

On the following page, please describe the degree to which each of the following types of HIV-related care needs are met for the population of persons living with HIV/AIDS in NW Florida overall.

HIV-RELATED NEED AREA	Needed and Met	Needed but Unmet	Not Needed	Unable to Rate
<b>Basic HIV Science &amp; Epidemiology</b>				
Identification of HIV /HIV Testing and Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic Testing (CD4, viral load, resistance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Interventions for HIV Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Care for Clinical Manifestations of HIV Disease</b>				
Dermatological Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV-related Malignancies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metabolic Complications/Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuropsychiatric Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical Management of HIV Disease</b>				
Opportunistic Infection Prophylaxis/Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immune Reconstitution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative/Holistic Therapies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Therapies/Clinical Trials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-exposure Prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management of Pediatric HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women with HIV/Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perinatal Transmission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Antiretroviral Treatment</b>				
Adherence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adverse Reactions/Side Effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug-drug Interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiating HAART	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salvage Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment Sequencing/Strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Treatment for Co-Morbidities</b>				
Hepatitis A, B, C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Psychosocial Issues</b>				
Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Concerns/Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use/Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harm Reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV Prevention for Positives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Bank/Meal Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER:</b>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Appendix B5*  
*Provider Survey Forms*

Dear Provider:

You have been identified as an important provider of health care services for people living with HIV infection or AIDS in NW Florida. The Northwest Florida AIDS Consortium (NoFLAC) is conducting a routine assessment of the health care and social service needs of people living with HIV/AIDS in Escambia, Santa Rosa, Okaloosa, and Walton counties and requests a few minutes of your time and assistance. We realize that you are very busy but we hope that you or a clinical staff member directly involved in care provision for patients with HIV/AIDS will complete the following brief survey. It should not take more than five minutes to complete and requires no individual or confidential patient information. In addition, provider responses to the survey will not be identified by individual provider; results will be reported only in aggregate form across providers in an effort to maintain strict patient confidentiality and provider privacy. If you have any questions about the nature of this project or how the data you provide will be used, please feel free to contact Susan E. Walch, Ph.D. at the University of West Florida at 850-473-2273 or [swalch@uwf.edu](mailto:swalch@uwf.edu) to request a copy of the report or more information.

Provider name: \_\_\_\_\_

Person completing this form: \_\_\_\_\_

Date: \_\_\_\_\_

What is your medical practice specialty? \_\_\_\_\_

How many years have you been practicing in your medical specialty, including residency? \_\_\_\_\_

Over the course of your practice, how many patients with HIV or AIDS have you treated? \_\_\_\_\_

At the present time, how many patients with HIV or AIDS are under your care? \_\_\_\_\_

What do you consider to be the most important health care needs of your patients with HIV/AIDS?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What do you consider to be the biggest obstacles to health care service delivery for your patients with HIV/AIDS?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Thank you for taking the time to complete this survey. Please use the self-addressed, stamped envelope provided with this survey to return it to NoFLAC via Susan Walch at the University of West Florida.