

**LAS VEGAS TRANSITIONAL GRANT AREA  
RYAN WHITE PART A HIV/AIDS PROGRAM**



**Targeted Needs  
Assessment/Consumer Satisfaction  
Project  
2011**

**This needs assessment was funded by the  
Health Resources Services Administration, HIV/AIDS Bureau**



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## ACKNOWLEDGEMENTS

Conducting a Needs Assessment/Consumer Satisfaction project involves numerous people within a community lending their time and talents to fight for one common cause. This project was no exception; it came together in just eight months as a result of hard work from the diverse and dedicated individuals throughout the Las Vegas TGA. These include:

### **Ryan White Part A Funded Service Providers:**

- Aid for AIDS of Nevada
- Community Outreach Medical Center
- Community Counseling Center
- Golden Rainbow
- Mohave County Department of Public Health
- Nye County Health and Human Services
- Southern Nevada Health District
- UMC Wellness Center

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### **Our Professional Service Contractors**

- The University of Nevada Las Vegas Cannon Survey Center

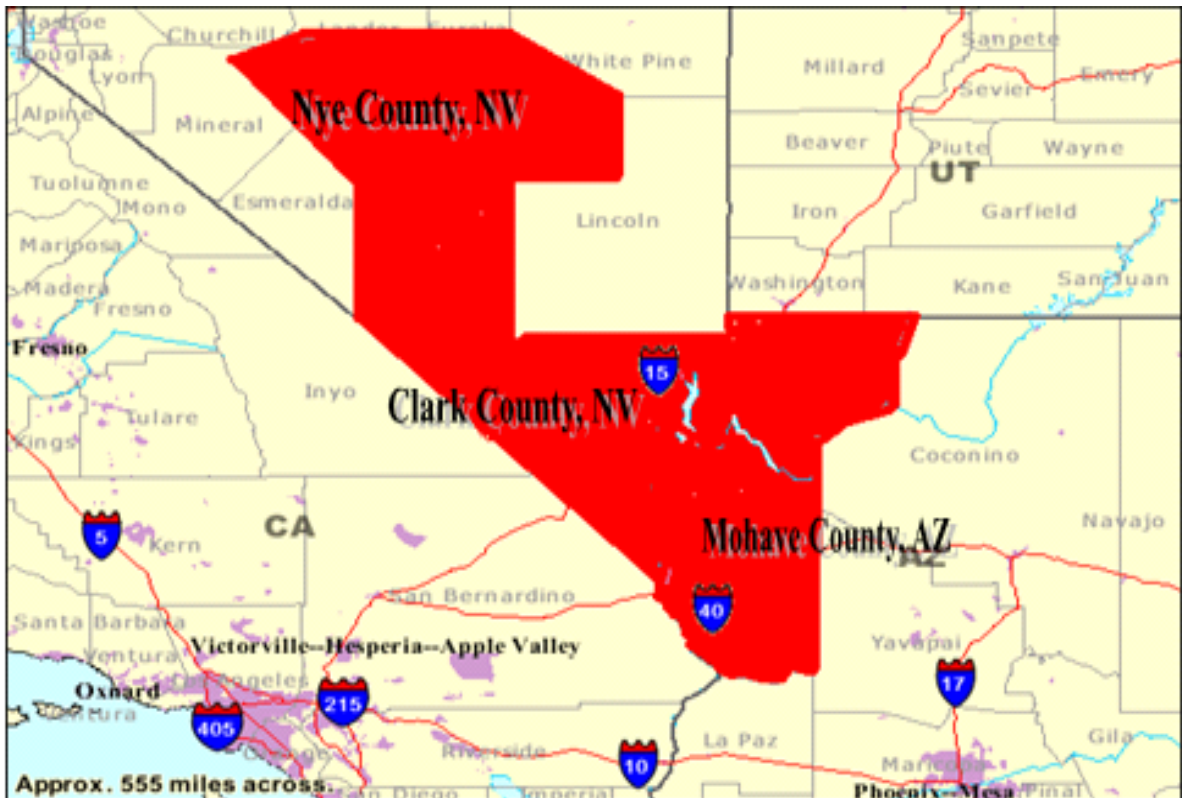
### **The Affected and Infected Community:**

The individuals who completed the surveys or participated in our focus groups made this undertaking possible. Respondents welcomed surveyors into their lives and embraced the opportunity to improve the service delivery system of care for the entire HIV/AIDS community. We thank all participants for their open truthful responses to difficult questions.

## THE AREA WE SERVE

### Description of the Las Vegas TGA

The Las Vegas TGA is comprised of three counties; Clark and Nye Counties in Nevada, and Mohave County, Arizona, covering a vast area of 39,368 square miles that crosses state borders.



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# EXECUTIVE SUMMARY

## **Introduction and Methodology**

The Ryan White Part A Las Vegas TGA's Planning Council is entrusted each year with prioritizing resources and allocating Ryan White dollars by service category, unrelated to who provides these services, to help meet the needs of those living with HIV/AIDS. In order to effectively plan for services and set funding priorities the Planning Council must base decisions on data provided by an annual needs assessment regarding service utilization, gaps in care, barriers to care, and the needs and availability of services to PLWH/A (persons living with HIV/AIDS). This needs assessment focused on minority populations (specifically African Americans and Hispanics) with the goal of uncovering why these populations access care at lower rates than other populations and strategies on how to bring them into the care system. It was also designed to collect vital quality management data in the form of consumer satisfaction responses by service category.

This needs assessment is comprised of consumer survey data, consumer focus group discussions, and epidemiological data. Project oversight was provided by grantee staff in conjunction with the UNLV Cannon Survey Center under the supervision of the Planning Council and Quality Management Team. All input was critical and all contributions are recognized and appreciated.

## **Epidemiological Profile**

The current estimated HIV/AIDS prevalence in the Las Vegas TGA for 2010 is 7,359. This is significantly higher than the 2008 prevalence of 6,867 and 2009 at 7,154. The majority of new cases of HIV and AIDS were recorded in Clark County with 339 new cases of HIV and 212 new cases of AIDS in 2010 alone. These numbers include Nye County incidence and prevalence as they are too low to report as an individual county. Overall TGA prevalence is highest in the White, not Hispanic population at 50% followed by Black, not Hispanic at 25% and Hispanic at 21%. Regarding gender, men represent 83% of the TGA's prevalence and women 17%. The age group of 20-29 represent 36%, followed by the 30-39 age group at 33%. Regarding risk factor 63% is represented by MSM (men that have sex with men) and Heterosexual at 13% followed by IDU (injection drug user) at 9% and MSM/IDU at 6%.

Demographic Group/ Exposure Category <b>RISKS REDISTRIBUTED</b>	HIV Incidence in 2010. HIV (not yet AIDS) Incidence is defined as the number of new HIV cases diagnosed during the period specified, data as of 2/2011, Las Vegas TGA.		AIDS Incidence in 2010. AIDS incidence defined as the number of new AIDS cases diagnosed during the period specified, data as of 2/2011, Las Vegas TGA.		HIV/AIDS Prevalence Estimate through December 31, 2010, as of 02/2011. Prevalence is defined as the number of reported living HIV/AIDS cases, Las Vegas TGA.	
	#	% of Total	#	% of Total	#	% of Total
Source: Nevada State Health Divisions HIV/AIDS Reporting System (eHARS), Arizona Department of Health Services Office of HIV/AIDS						
<b>Race/Ethnicity</b>	<b>#</b>	<b>% of Total</b>	<b>#</b>	<b>% of Total</b>	<b>#</b>	<b>% of Total</b>
White, not Hispanic	199	45%	183	55%	3,666	50%
Black, not Hispanic	103	23%	56	17%	1,852	25%
Hispanic	108	24%	73	22%	1,543	21%
Asian/Pacific Islander	20	4%	12	4%	196	3%
American Indian/Alaskan Native	5	1%	6	2%	59	1%
Multi-Racial	10	2%	5	1%	43	0%
Not Specified/Other	0	0%	0	0%	0	0%
<b>Total</b>	<b>445</b>	<b>100%</b>	<b>335</b>	<b>100%</b>	<b>7,359</b>	<b>99%</b>
<b>Gender</b>	<b>#</b>	<b>% of Total</b>	<b>#</b>	<b>% of Total</b>	<b>#</b>	<b>% of Total</b>
Male	364	82%	283	84%	6,117	83%
Female	81	18%	52	16%	1,242	17%
<b>Total</b>	<b>445</b>	<b>100%</b>	<b>335</b>	<b>100%</b>	<b>7,359</b>	<b>100%</b>
<b>Age at Diagnosis (Incidence) / Current Age (Prevalence)</b>	<b>#</b>	<b>% of Total</b>	<b>#</b>	<b>% of Total</b>	<b>#</b>	<b>% of Total</b>
<13	1	0%	0	0%	53	1%
13-19	75	17%	17	5%	832	11%
20-29	104	23%	45	13%	2,614	36%
30-39	105	24%	77	23%	2,413	33%
40-49	93	21%	111	33%	1,065	14%
50+	61	14%	79	24%	341	5%
Missing Data	6	1%	6	2%	41	0%
<b>Total</b>	<b>445</b>	<b>100%</b>	<b>335</b>	<b>100%</b>	<b>7,359</b>	<b>100%</b>
<b>Adult/Adolescent AIDS Exposure Category</b>	<b>#</b>	<b>% of Total</b>	<b>#</b>	<b>% of Total</b>	<b>#</b>	<b>% of Total</b>
MSM	287	65%	202	60%	4,643	63%
IDU	41	9%	31	9%	665	9%
MSM/IDU	26	6%	34	10%	452	6%
Heterosexual	61	14%	51	15%	990	13%
NRR	14	3%	16	5%	546	7%
Adult Hemophilia/Transplant	13	3%	1	0%	12	0%
Perinatal Exposure	1	0%	0	0%	51	1%
<b>Total</b>	<b>443</b>	<b>100%</b>	<b>335</b>	<b>100%</b>	<b>7,359</b>	<b>100%</b>

Our major population of concern in the Las Vegas TGA is the Black, not Hispanic population as they represent on 7% of the population in the TGA but 25% of the overall HIV/AIDS prevalence indicating a significantly high rate of prevalence per 100,000 at 1,058. It was this alarming rate that initially sparked the concern of the planning council to focus the majority of this needs assessment in that particular demographic.

## **Findings**

### ***Consumer Survey***

A survey of 654 consumers in the infected and affected community was conducted throughout November 2010 to January 2011. The respondents profile closely mirrors the regional epidemic and the total Ryan White consumer base in the care system during calendar year 2010.

### ***Analysis by Service Category***

Respondents were asked a variety of questions on specific service categories. The overall goal is that clients would report “always” or “most of the time” at a rate of at least 65% to ensure client centered services are being provided in the TGA. A summary of these questions by service category are as follows with the percentage equal to those that reported “always” or “most of the time”.

#### **Outpatient/Ambulatory Medical Care**

<b>Question</b>	<b>“always” or “most of the time”</b>
Over the last 12 months have your HIV medical providers/HIV doctors taken the time to help you understand your lab results, such as CD4 and viral load, and what it means for your health?	73%
Over the last 12 months has your HIV medical provider/HIV doctor taken the time to explain the side effects of your HIV medication?	69%
Over the last 12 months has your HIV medical provider/HIV doctor taken the time to explain how important it is to take your medication as directed?	76%
When you have scheduled medical appointments in the last 12 months, were you able to get one soon enough for your needs?	74%
In the last 12 months have you felt comfortable talking to your HIV medical provider/HIV doctors about personal or intimate issues?	71%

### Case Management Services (Medical and non-Medical)

Question	“always” or “most of the time”
Over the last 12 months has your case manager/social worker helped you get the care and services you need?	69%
Over the last 12 months has your case manager/social worker helped you with referrals for services you were in need of?	68%
Over the last 12 months during your case management appointments has your case manager/social worker sat down with you and discussed an overall plan for your care and treatment (care plan)?	62%
Over the last 12 months has your case manager/social worker talked to you about your HIV medical care and the importance of keeping your doctor’s appointments?	68%
Over the last 12 months has your case manager/social worker talked to you about your HIV medication and the importance of taking your medication as prescribed by your doctor?	69%
Over the last 12 months do you feel that your case manager/social worker has helped you improve the problems, feelings, or situations that you talk to them about?	65%

Clients were also asked a variety of questions regarding medical nutrition therapy visits and other community resources.

### Medical Nutrition Therapy

Question	“Yes”
Do you feel that the nutrition supplements you received, such as Boost or food vouchers, through Medical Nutrition Services over the last 12 months helped improve your overall health?	75%
Do you feel that the nutrition therapy (such as Boost, food vouchers, or meeting with the nutrition therapist) you received through Medical Nutrition Services over the last 12 months helped decrease any symptoms you have that are related to your HIV/AIDS status or HIV medications?	70%
Did you receive a list of community Food resources at least once in the last 12 months?	72%

### Community Resources

Question	“Yes”
Did you receive a list of other community resources (financial assistance, housing, or food, ect.) at least once in the last 12 months?	74%

## ***Major Barriers from Consumer Survey***

Respondents were asked to indicate from a provided list what prevents them from accessing medical and/or support services for their HIV/AIDS status. The major barriers to accessing medical and/or support services are as follows:

### **Attitude/Stigma**

- I was worried about other people finding out I have HIV/AIDS-30%
- I was afraid of how I would be treated-27%

### **Access/Cost**

- I couldn't qualify for services because of my income-28%
- I couldn't afford the services-26%
- I didn't have transportation to get to medical/support service appointments-25%
- I had to wait too long to get an appointment-24%

### **Knowledge**

- Not knowing what services I needed to deal with HIV/AIDS-24%

Major barriers were also broken down by race/ethnicity in relation to the number/percentage of respondents in that category.

### **Black or African American**

- Afraid of how they would be treated
- Worried about people finding out they have HIV/AIDS

### **Hispanic**

- Didn't know what services were needed
- Worried about people finding out they have HIV/AIDS
- No transportation
- Couldn't afford services
- Afraid of how I would be treated
- No insurance

### **Multi-Racial**

- Wait time too long for appointments
- No transportation
- No insurance

Those in all other racial/ethnic groups were relatively level in terms of respondents and the percentage reporting that item as a major barrier.

## ***Key Services***

In the consumer survey, respondents were asked to consider the most important services that they currently need and use. They were provided a list of services and

asked to select only 10 that are the most important to them for their HIV/AIDS status.

<i>Service Category</i>	<i>Percentage Ranking</i>	<i>Numerical Ranking</i>
HIV/AIDS Medical Care (including doctor visits and labs-CD4 and Viral Load)	80%	1
HIV/AIDS Medication	67%	2
Food Bank/Food Vouchers	60%	3
Transportation	52%	4
Dental Care/Oral Health Care	51%	5
Emergency Financial Assistance (utilities and housing)	49%	6
Assistance with health insurance and health insurance related issues	47%	7
Housing Assistance (short term assistance with housing or referrals for available housing)	45%	8
Medical Nutrition Therapy (nutrition supplements, Boost, meeting with the registered dietitian)	44.3%	9
Case Management	44.0%	10
Mental Health Services	35%	11
Legal Services (do not resuscitate orders, discrimination or breach of confidentiality)	26%	12
Substance Abuse Services	15%	13
Child Care Services	14%	14
Interpretation and/or language translation services	9%	15

### ***Quality Indicators***

Quality management data was collected in order to identify shortfalls, create quality improvement plans, and continually monitor changes to ensure stability and sustainability. This was gathered in terms of client satisfaction with each service category. The overall goal is that each service category will meet or exceed a 75% satisfaction rate, meaning the clients report being satisfied or very satisfied with the services they received. Satisfaction rates are as follows:

- Medical Care 88%
- HIV/AIDS Medication Assistance 89%
- Community Case Managers and Social Workers 84%
- Medical Nutrition Services 86%
- Health Insurance 88%
- Mental Health Services 88%
- Substance Abuse Services 86%
- Emergency Financial Assistance 83%
- Medical Transportation Services 85%
- Overall quality of care in the Las Vegas TGA 87%

## ***Focus Groups***

Seven different consumer focus groups were conducted from January 2011 through February 2011. Two African American male groups, two African American female groups, one Hispanic male groups, and two unspecified groups for our clients residing in Mohave County Arizona. Due to the small number of only three Hispanic females that signed up to participate in our focus groups they were assigned to the African American female groups.

## ***Focus Groups Summary***

Overall focus groups reported a high level of satisfaction with:

- Educational classes including lunch and learns
- Groups to discuss issues and network/counseling
- Medical care, specifically the doctors

Overall focus groups reported dissatisfaction with:

- The inability to receive dental services when needed
- The inability to receive vision services when needed
- The inability to acquire food vouchers
- The process to obtain and maintain a bus pass (too much red tape)

Items that clients would like to see change in the HIV/AIDS care system:

- More compassion when delivering services
- A program where clients new to the system are paired with clients who are familiar with the system for an easier transition into the system of care/A system that is easier to navigate or more help navigating the system
- The ability to have one case manger so they feel more comfortable sharing their issues and so they don't have to continually repeat their situation
- For more communication from their case managers on what services are available
- More communication among HIV/AIDS service providers and clients
- Less paperwork
- More opportunities to get together and talk about their issues

# INTRODUCTION

## **Purpose of this Project**

The purpose of the 2011 Targeted Needs Assessment/Consumer Satisfaction Project is to fulfill the requirements of the Las Vegas TGA Planning Council and the Quality Management Program in one unified project.

The Planning Council's Needs Assessment portion provides data that identifies consumers barriers to care, gaps in care, and the needs and availability of services for persons living with HIV/AIDS (PLWH/A). This data is required in order to effectively plan for services and set funding priorities for the Las Vegas TGA on an annual basis.

The Quality Management Consumer Satisfaction portion provides data on performance indicators that tell us; how well we are doing, if we are meeting our goals, if our customers are satisfied, if and where improvements are necessary. It also guides the Quality Management Program in identifying shortfalls, creating quality improvement plans so that they may continually monitor changes and ensure stability and sustainability.

Both of these segments are important tools to help us understand, manage, and improve what our organizations do. Therefore, the Planning Council and Quality Management Program have joined forces with the overall goal of ensuring a high quality, client centered, service system designed to address barriers to access and adherence to care.

## **Oversight of the Project**

Direct oversight and management of this project was provided by the Planning Council/Quality Management Coordinator under the supervision of the Planning Council and Quality Management Team.

## **Priority Populations**

The Health Resources and Services Administration (HRSA) places great emphasis on identifying emerging populations and the importance of bringing PLWH/A who know their HIV status and are currently not receiving care into the care system. Therefore, after reviewing current epidemiological data, the Planning Council decided that this Targeted Needs Assessment will be minority based specifically focusing on the African American and Hispanic populations.

Supporting Quality Management data on indicator results will be provided focusing on the minority population, the overall goal of the Consumer Satisfaction Project is to identify the overall satisfaction percentage of each service category among all clients in the TGA.

# METHODOLOGY

## **Consumer Survey**

A survey of 654 consumers of the infected or affected community, were conducted from November 2010 through January 2011. Refer to Appendix A for the Consumer Survey.

## ***Survey Design***

The consumer survey was designed by the Planning Council in conjunction with the Quality Management Team. The goal during the design phase was to obtain desired information regarding demographics, barriers to care, gaps in care, unmet need, and consumer satisfaction using the shortest approach possible as it would typically be completed in the lobbies of care organizations in 10 to 15 minutes. The finalized survey supplied 36 questions, some including more than one section, which were predominately multiple choice questions. It was intended to be completed independently with a field team member standing by for questions. The survey was also translated into Spanish by the UNLV Cannon Survey Center.

## ***Survey Sampling Approach***

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

## ***Survey Administration***

Surveys were conducted at Ryan White Part A funded agencies on a one-to-one basis by the field team with the assurance of complete confidentiality. All agencies were very helpful in providing specific dates and times that would yield the greatest number of respondents as well as advertising the opportunity to their clients. Upon completion of the survey, all respondents received a \$15 Wal-Mart gift card.

## ***Respondent Overview***

<b>Race/Ethnicity</b>	<b>Frequency</b>	<b>Percent</b>
American Indian/Alaskan Native	24	4%
Asian	39	6%
Black/African American	258	39%
Hispanic	87	13%
White or Caucasian (non-Hispanic)	167	26%
Native Hawaiian/ Other Pacific Islander	14	2%
Multi-Racial	54	8%
Other	3	1%
Missing	8	1%
<b>Total</b>	<b>654</b>	<b>100%</b>
<b>Gender</b>		
<b>Gender</b>	<b>Frequency</b>	<b>Percent</b>
Male	407	62%
Female	202	31%
Transgender (Male to Female)	23	4%
Transgender (Female to Male)	8	1%
Missing	14	1%
<b>Total</b>	<b>654</b>	<b>100%</b>
<b>Current Age</b>		
<b>Current Age</b>	<b>Frequency</b>	<b>Percent</b>
0-12	1	0%
13-19	18	3%
20-29	82	13%
30-39	144	22%
40-49	224	34%
50-59	146	22%
60+	34	5%
Missing	5	1%
<b>Total</b>	<b>654</b>	<b>100%</b>
<b>Risk Factor</b>		
<b>Risk Factor</b>	<b>Frequency</b>	<b>Percent</b>
MSM (Male to Male Sexual Contact)	255	39%
Heterosexual Contact	199	30%
IDU	72	11%
Blood Transfusion/Tissue Donation	34	5%
Hemophiliac/Coagulation Disorder	6	1%
Acquired at Birth	22	3%
Other	49	8%
Missing	17	3%
<b>Total</b>	<b>654</b>	<b>100%</b>

### ***Limitations of Survey Data***

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

- Weekly sampling profiles were not in place to ensure adequate representation by emerging or priority populations.
- Age was not specified to age of diagnosis, it was asked as current age.

### **Focus Groups Discussions**

During the period of January and February 2011 seven consumer focus groups were conducted with respondents in our priority populations; African American's and Hispanics. Refer to Appendix B for a detailed outline of the Focus Group design.

### ***Focus Group Design***

These focus groups were designed to uncover in-depth qualitative data. During each of the focus group participants were asked a series of questions regarding their initial diagnosis, what motivated them to begin care and stay in care, reasons behind any lapse in care and any service barriers, gaps in care, or service needs related to the HIV/AIDS service system in the Las Vegas TGA. A two hour allotment was provided

### ***Focus Group Recruitment***

Recruitment was conducted utilizing survey respondents that volunteered to attend. These were broken out into; two groups for African American Females, two for African American males, one for Hispanic Males and two unspecified groups conducted in Mohave County. Due to the excessive number of African American Males and Females two groups were held to accommodate the participants requesting to attend. Only enough Hispanic Males for one group requested to participate and only three Hispanic Females volunteered to participate, therefore the Hispanic females were invited to attend the groups for African American females.

### ***Focus Group Administration***

Focus group administration was provided by the UNLV Cannon Survey Center. Facilitation was provided by a knowledgeable un-bias moderator. Each group discussion was recorded and note takers were present to capture all information. Upon completion of the focus groups participants received a \$30 Wal-Mart gift card.

### ***Limitations of Focus Group Data***

The focus group discussions were limited by:

- Difficulties recruiting Hispanic women.
- African American male groups were too large for everyone to have enough time to speak to every question in detail.

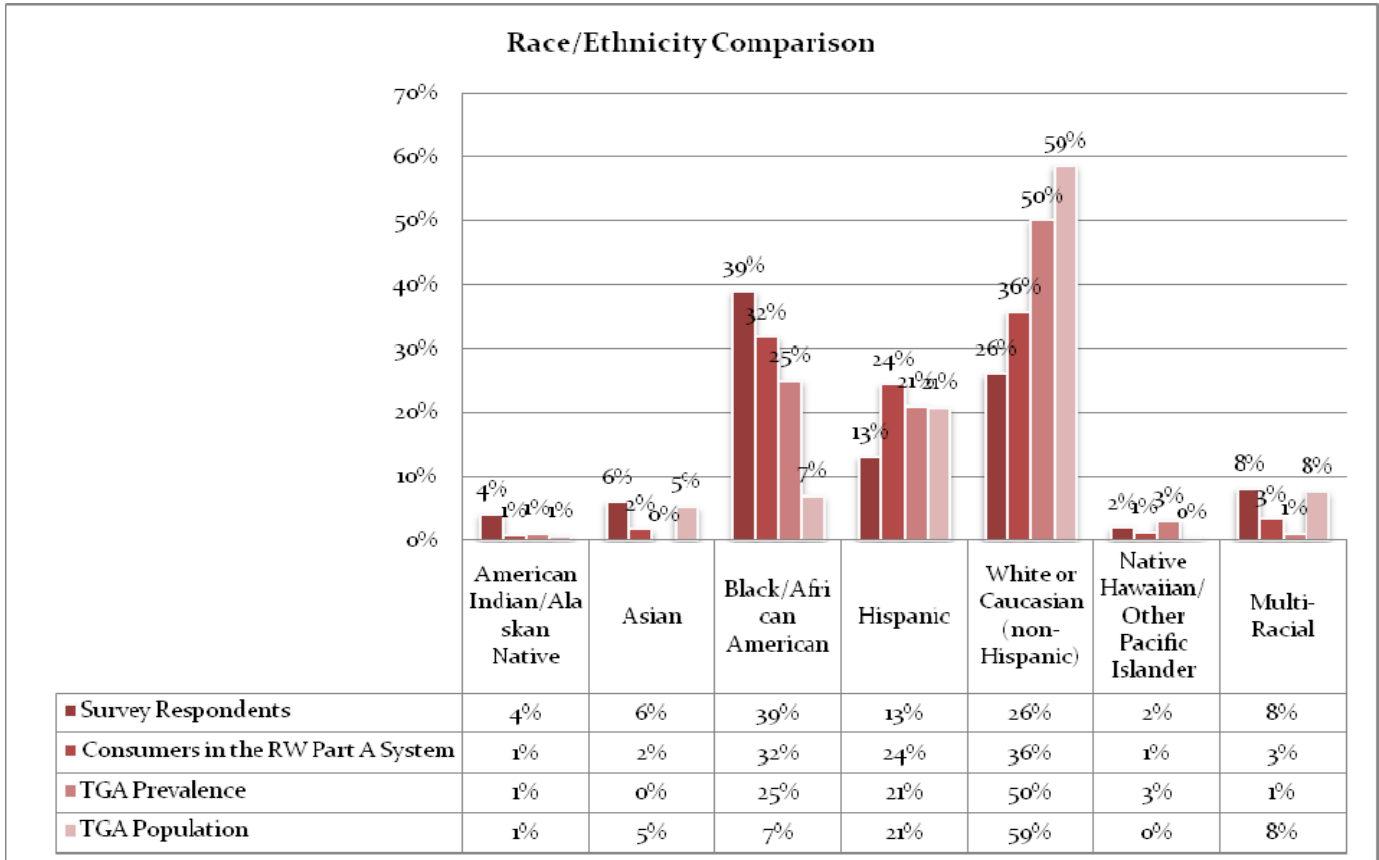
# EPIDEMIOLOGICAL PROFILE

## Current Description of the TGA

At the end of 2010 there were an estimated 7,359 known living cases of HIV/AIDS in the Las Vegas TGA. With a current population of 2,596,684 residents in 2009, HIV/AIDS prevalence is at a rate of 283 per 100,000 in the TGA. New infections of HIV are at a rate of 20 per 100,000 in the Las Vegas TGA per year.

Demographic Group/ Exposure Category RISKS REDISTRIBUTED	HIV Incidence in 2010. HIV (not yet AIDS) Incidence is defined as the number of new HIV cases diagnosed during the period specified, data as of 2/2011, Las Vegas TGA.		AIDS Incidence in 2010. AIDS incidence defined as the number of new AIDS cases diagnosed during the period specified, data as of 2/2011, Las Vegas TGA.		HIV/AIDS Prevalence Estimate through December 31, 2010, as of 02/2011. Prevalence is defined as the number of reported living HIV/AIDS cases, Las Vegas TGA.	
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IDU	41	9%	31	9%	665	9%
MSM/IDU	26	6%	34	10%	452	6%
Heterosexual	61	14%	51	15%	990	13%
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<b>Total</b>	<b>443</b>	<b>100%</b>	<b>335</b>	<b>100%</b>	<b>7,359</b>	<b>100%</b>

The White, not Hispanic population was infected with HIV at nearly twice the rate that the Black, not Hispanic and Hispanic populations were. The White, not Hispanic population represents 45% of all new HIV infections for 2010 and 50% of the overall prevalence in the TGA. Men are infected at four times the rate of women which accounts for the risk factor of MSM representing 65% of the new cases of HIV and 63% of the overall prevalence.



When looking at the comparison of survey respondents, consumers in the Ryan White Part A system for FY 2010-2011, TGA HIV/AIDS prevalence for calendar year 2010 and the overall population of the TGA in 2009 we can see that the Black, not Hispanic population represented the highest number of respondents in relation to the number of consumers in the Part A system of care. What is alarming is that the Black, not Hispanic population represents only 7% of the TGA's population but 25% of the HIV/AIDS prevalence and 32% of the Part A consumer population indicating not only an extremely high rate of infection but also a very high rate of poverty. Because this racial/ethnic group is so severely disproportionately affected by HIV/AIDS the planning council chose to focus much of this needs assessment on that population which includes four focus groups.

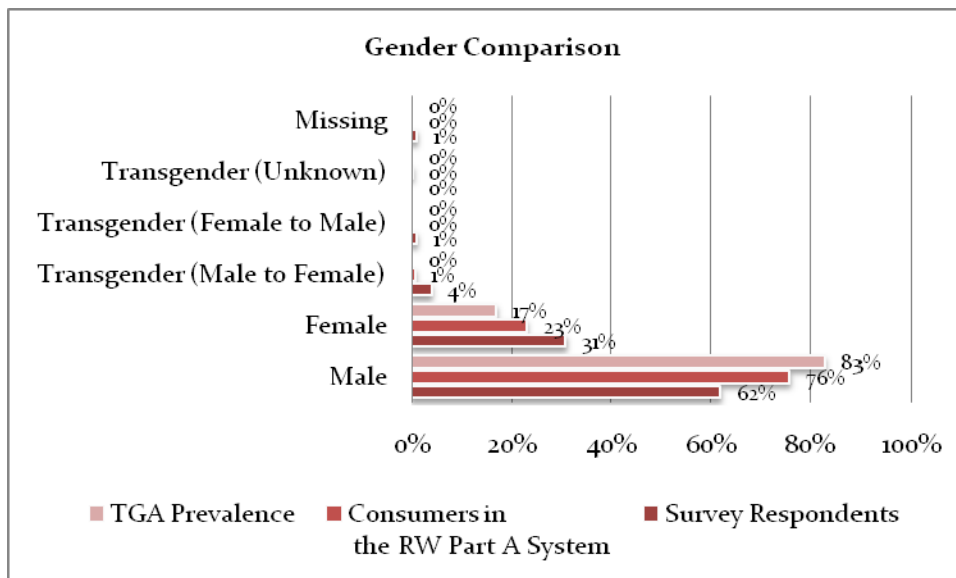
All other populations are relatively in line with the TGA population and HIV/AIDS prevalence with the Hispanic population representing 21% of the population and 21% of the HIV/AIDS prevalence but 24% of the Part A consumer population. Additionally the White, not Hispanic population represents 59% of the population and 50% of the TGA's prevalence with a much lower rate of 36% in the Part A consumer category.

The following table breaks down the survey respondents, Part A consumers and overall TGA HIV/AIDS prevalence further by race/ethnicity, gender, age and risk factor.

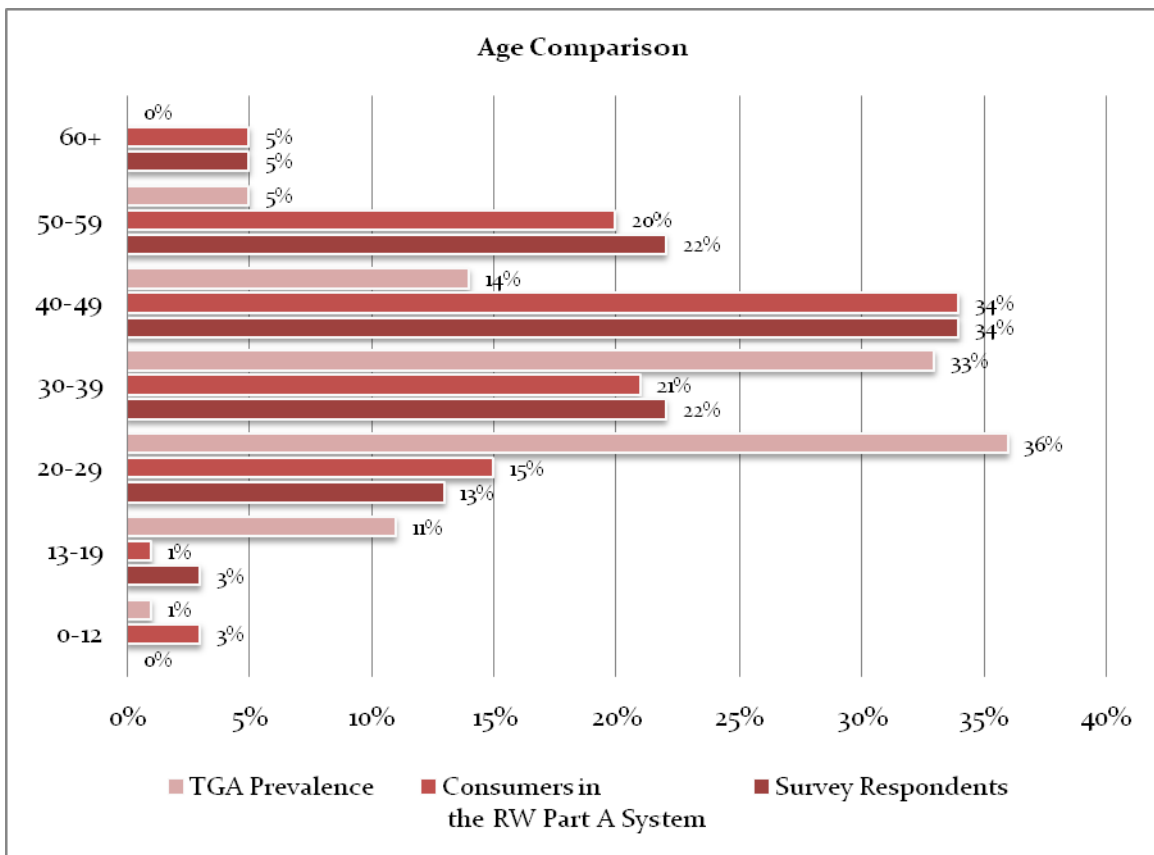
Race/Ethnicity	Survey Respondents	Survey Respondents Percentage	Consumers in the RW Part A System	Consumers in the RW Part A System Percentage	TGA Prevalence HIV/AIDS 2010	TGA Prevalence HIV/AIDS 2010 Percentage
American Indian/Alaskan Native	24	4%	16	1%	59	1%
Asian	39	6%	40	2%	Included in pacific islander	
Black/African American	258	39%	718	32%	1852	25%
Hispanic	87	13%	552	24%	1543	21%
White or Caucasian (non-Hispanic)	167	26%	807	36%	3666	50%
Native Hawaiian/ Other Pacific Islander	14	2%	29	1%	196	3%
Multi-Racial	54	8%	74	3%	43	0%
Other	3	1%	23	1%	0	0%
Missing	8	1%	0	0%	0	0%
<b>Total</b>	<b>654</b>	<b>100%</b>	<b>2260</b>	<b>100%</b>	<b>7359</b>	<b>100%</b>
Gender	Survey Respondents	Survey Respondents Percentage	Consumers in the RW Part A System	Consumers in the RW Part A System Percentage	TGA Prevalence HIV/AIDS 2010	TGA Prevalence HIV/AIDS 2010 Percentage
Male	407	62%	1716	76%	6117	83%
Female	202	31%	522	23%	1242	17%
Transgender (Male to Female)	23	4%	16	1%	0	0%
Transgender (Female to Male)	8	1%	0	0%	0	0%
Transgender (Unknown)	0	0%	5	0%	0	0%
Missing	14	1%	0	0%	0	0%
<b>Total</b>	<b>654</b>	<b>100%</b>	<b>2260</b>	<b>100%</b>	<b>7359</b>	<b>100%</b>
Current Age	Survey Respondents	Survey Respondents Percentage	Consumers in the RW Part A System	Consumers in the RW Part A System Percentage	TGA Prevalence HIV/AIDS 2010	TGA Prevalence HIV/AIDS 2010 Percentage
0-12	1	0%	63	3%	53	1%
13-19	18	3%	20	1%	832	11%
20-29	82	13%	344	15%	2614	36%
30-39	144	22%	483	21%	2413	33%

40-49	224	34%	764	34%	1065	14%
50-59	146	22%	463	20%	341	5%
60+	34	5%	122	5%	41	0%
Missing	5	1%	0	0%	0	0%
<b>Total</b>	<b>654</b>	<b>100%</b>	<b>2260</b>	<b>100%</b>	<b>7359</b>	<b>100%</b>
<b>Risk Factor</b>						
	<b>Survey Respondents</b>	<b>Survey Respondents Percentage</b>	<b>Consumers in the RW Part A System</b>	<b>Consumers in the RW Part A System Percentage</b>	<b>TGA HIV/AIDS Prevalence 2010</b>	<b>TGA Prevalence HIV/AIDS 2010 Percentage</b>
MSM (Male to Male Sexual Contact)	255	39%	1190	53%	4643	63%
MSM/IDU	0	0%	43	2%	452	6%
Heterosexual Contact	199	30%	692	31%	990	13%
IDU (Injection Drug Use)	72	11%	155	7%	665	9%
Blood Transfusion/Tissue Donation	34	5%	20	1%	0	0%
Hemophiliac/Coagulation Disorder	6	1%	1	0%	12	0%
Acquired at Birth	22	3%	79	3%	51	1%
Risk Not Reported/Not Specified	0	0%	46	2%	546	7%
Other	49	8%	33	1%	0	0%
Missing	17	3%	0	0%	0	0%
<b>Total</b>	<b>654</b>	<b>100%</b>	<b>2260</b>	<b>100%</b>	<b>7359</b>	<b>100%</b>
Data provided by the Nevada State Health Divisions HIV/AIDS Reporting System (eHARS), Arizona Department of Health Services Office of HIV/AIDS and the US Census Bureau.						

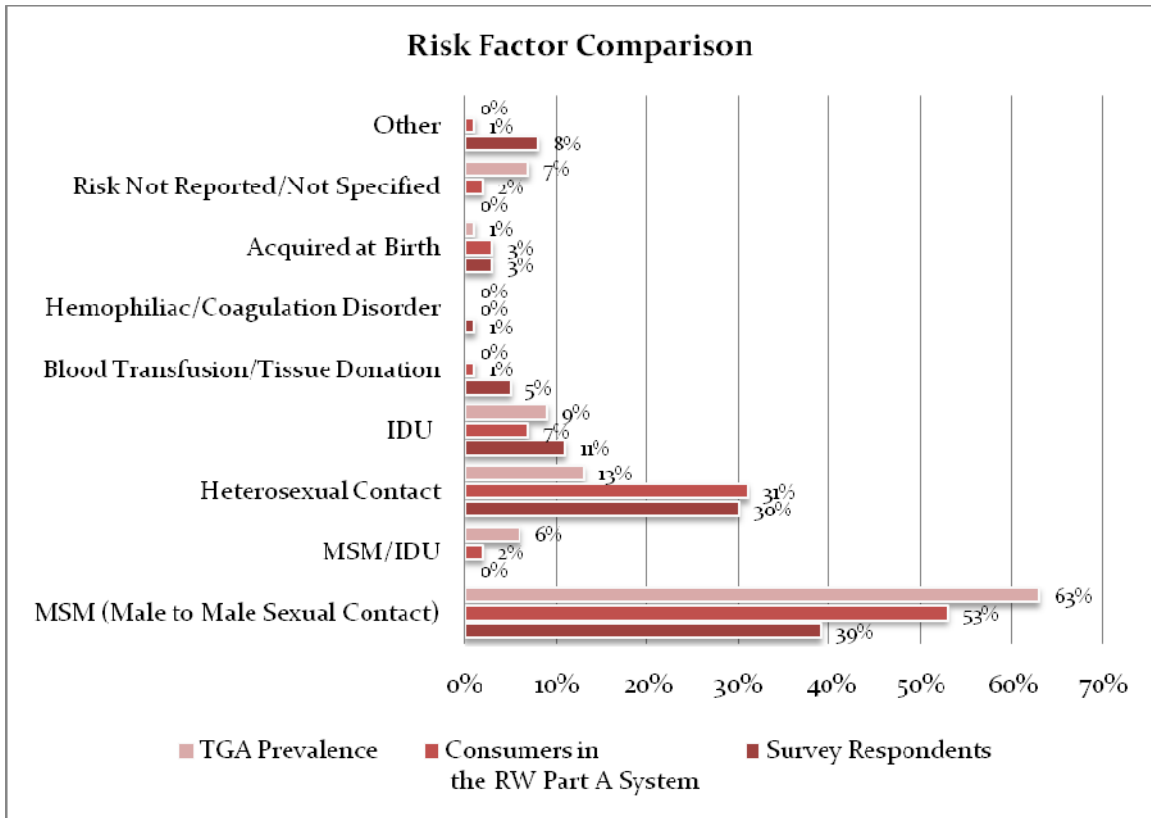
Regarding gender, men represent 83% of the overall HIV/AIDS prevalence in the TGA while representing 76% of consumers in the Part A system and 62% of survey respondents. Women, while representing only 17% of the TGA's HIV/AIDS prevalence represent 23% of consumers in the Part A system indicating significant poverty levels among women with HIV/AIDS in the TGA. The transgender population is currently not tracked as a separate category among the state epidemiology reporting program and represents a relatively low number of consumers in the Part A system.



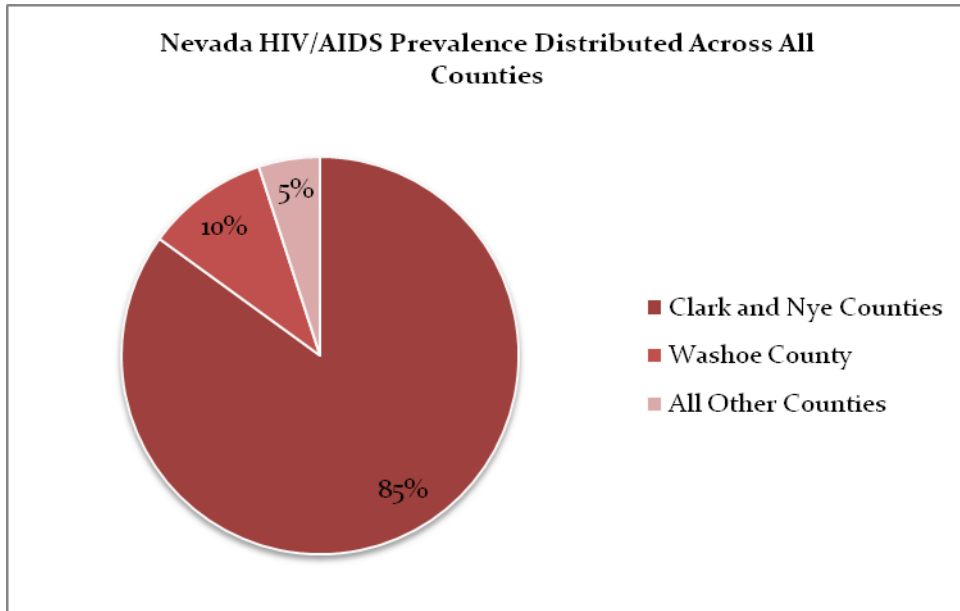
The 20-29 age group has an overwhelming presence in the TGA's prevalence representing 36% followed closely by the 30-39 age group at 33%. While the age group of 40-49 represents only 14% of the HIV/AIDS prevalence but 34% of the consumers in the Part A system. These obscure ratios could indicate that while many young people ages 20-39 are being tested they are not becoming ill until they reach 40-49 and therefore aren't entering the care system until later in life. It could also mean that many of these younger clients currently have insurance and therefore are accessing care through private means.



A risk factor comparison reveals that those infected through heterosexual contact are in care at much higher rates than any other risk factor representing 13% of HIV/AIDS prevalence and 31% of the Part A care system. The MSM population represents 63% of the overall prevalence but 53% of the Part A system. The IDU population represents 9% of HIV/AIDS prevalence and 7% of the Part A care system. These rates indicate that the MSM and IDU populations are out of care at much higher rates than any other risk factor.

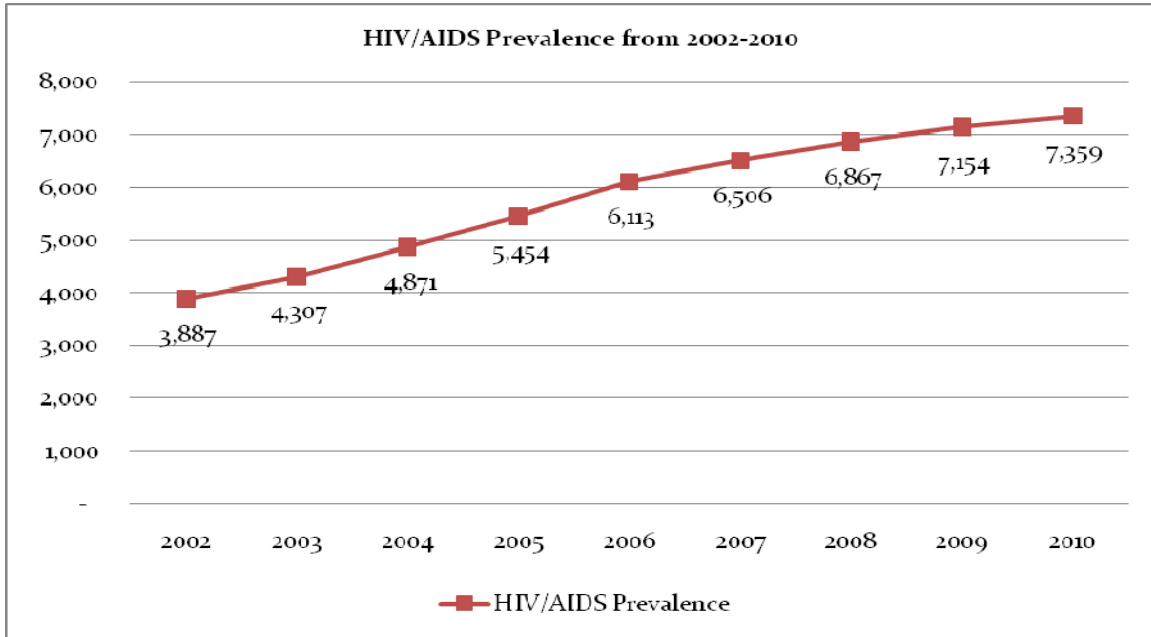


Clark County represents 85% of the overall HIV/AIDS prevalence in the entire state of Nevada with Washoe County representing 10% and all other counties combined in the state representing 5%.

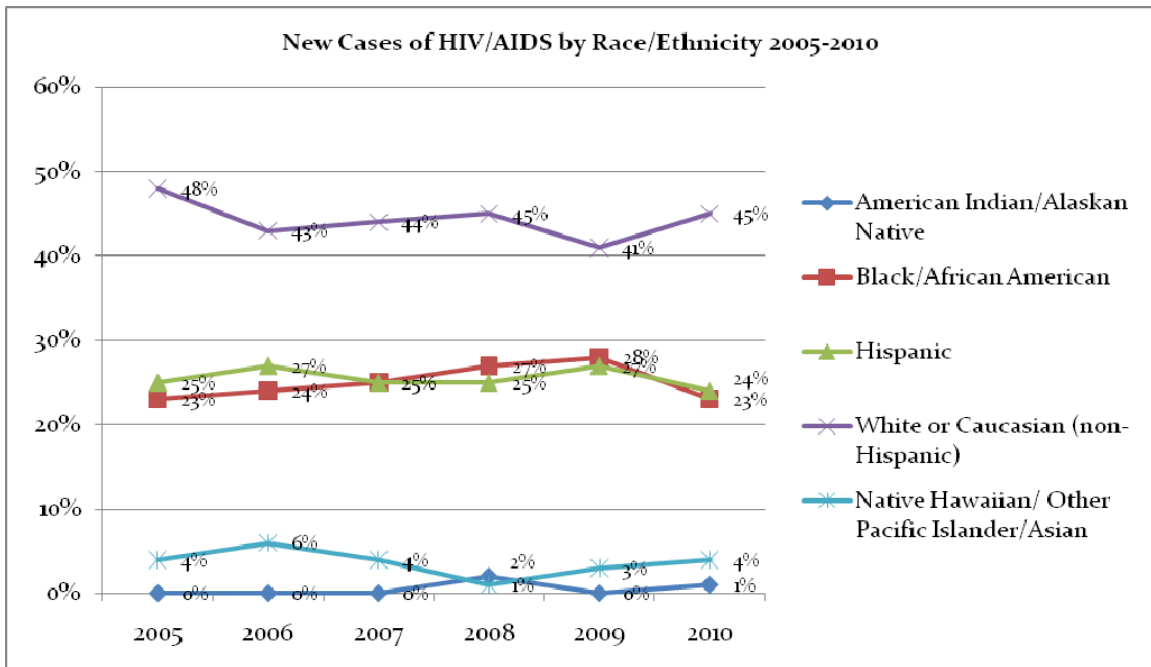


# Historical Description of the TGA

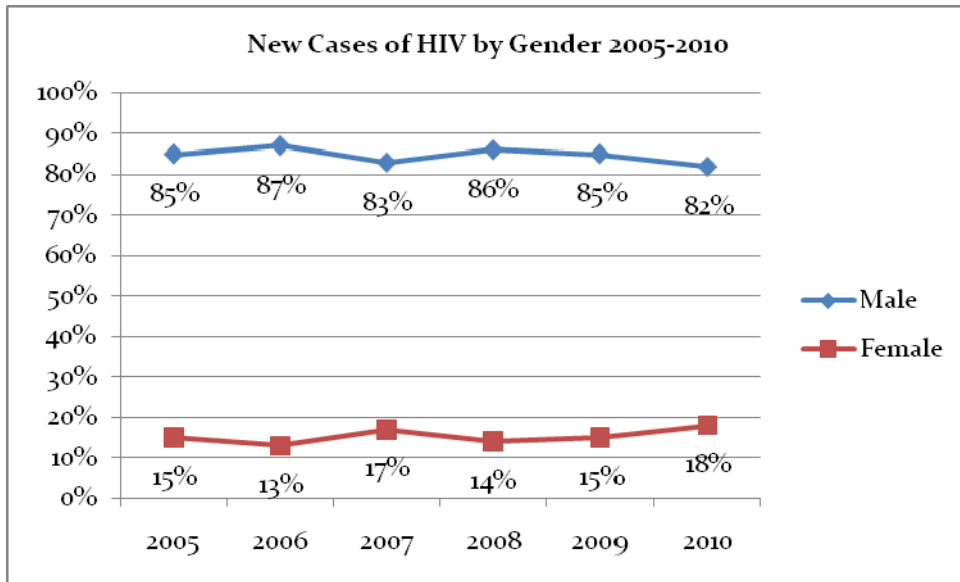
Combined HIV/AIDS prevalence from 2002-2010 has been on a steady incline of 3% to 8% every year over the past five years.



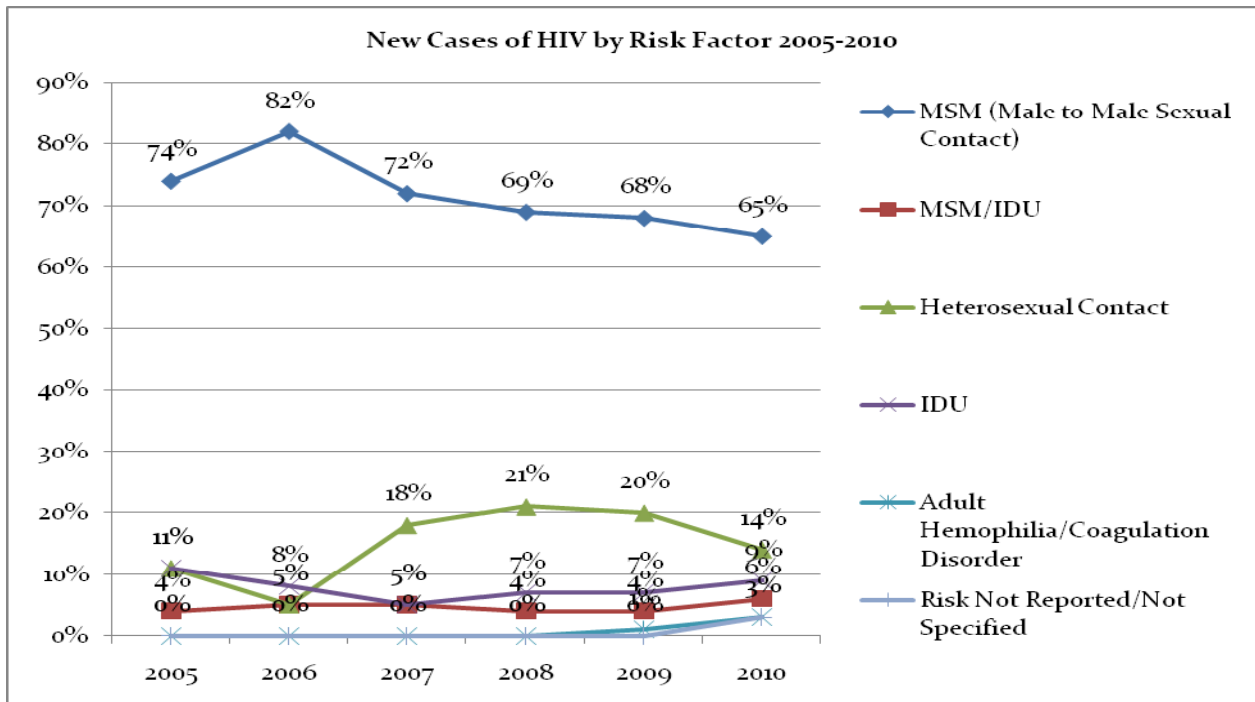
New cases of HIV have primarily been in the White, not Hispanic population over the last five years. The Black and Hispanic populations come in very close to one another fluctuating up or down just 1%-3% each year.



Over the last five years men have been infected at much higher rates than women. The majority of male infections occur in the MSM community which leads to that population representing 63% of the overall HIV/AIDS prevalence in the TGA.



The MSM population has always been in the lead for the highest rate of new infections followed by Heterosexual contact and in recent years IDU.



## FINDINGS FROM CONSUMER SURVEYS

Respondents were asked various questions regarding their experiences accessing each service category over the last 12 months. Therefore, responses are broken down by service category. Because the main focus of this project is the African American and Hispanic populations, questions were cross-tabulated with race/ethnicity in addition to the overall responses for a comparative analysis. African Americans represented 39% of overall respondents, Hispanics 13% and Caucasian (non-Hispanic) 26%

### Outpatient/Ambulatory Medical Care

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

Responses are outlined by the questions below. Percentages that fell more than 10% above or below the average of all respondents are highlighted as they are considered to be significant.

<b>7. Over the last 12 months has your HIV medical providers/HIV doctors taken the time to help you understand your lab results, such as CD4 and viral load, and what it means for your health?</b>							
RACE/ETHNICITY	ALWAYS	MOST OF THE TIME	SOMETIMES	NOT VERY OFTEN	NEVER	DOESN'T APPLY	TOTAL %/#
African American	55%	21%	16%	2%	3%	3%	100%/258
Hispanic	63%	14%	14%	7%	1%	1%	100%/86
Caucasian (non-Hispanic)	56%	19%	14%	7%	2%	1%	100%/167
*Other Races Combined	38%	28%	21%	9%	4%	0%	100%/133
<b>All Respondents</b>	<b>53%</b>	<b>20%</b>	<b>16%</b>	<b>6%</b>	<b>3%</b>	<b>2%</b>	<b>100%/644</b>

**8. Over the last 12 months has your HIV medical provider/HIV doctor taken the time to explain the side effects of your HIV medication?**

RACE/ETHNICITY	ALWAYS	MOST OF THE TIME	SOMETIMES	NOT VERY OFTEN	NEVER	DOESN'T APPLY	TOTAL %/#
African American	48%	23%	10%	6%	4%	8%	100%/257
Hispanic	64%	15%	11%	4%	2%	4%	100%/81
Caucasian (non-Hispanic)	46%	20%	16%	5%	9%	4%	100%/167
*Other Races Combined	42%	23%	17%	10%	3%	5%	100%/133
<b>All Respondents</b>	<b>48%</b>	<b>21%</b>	<b>13%</b>	<b>6%</b>	<b>5%</b>	<b>6%</b>	<b>100%/638</b>

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

RACE/ETHNICITY	ALWAYS	MOST OF THE TIME	SOMETIMES	NOT VERY OFTEN	NEVER	DOESN'T APPLY	TOTAL %/#
African American	58%	20%	9%	3%	3%	7%	100%/256
Hispanic	67%	12%	13%	3%	1%	3%	100%/86
Caucasian (non-Hispanic)	62%	19%	9%	1%	5%	4%	100%/167
*Other Races Combined	45%	23%	15%	7%	6%	4%	100%/134
<b>All Respondents</b>	<b>57%</b>	<b>19%</b>	<b>11%</b>	<b>3%</b>	<b>4%</b>	<b>5%</b>	<b>100%/643</b>

**10. When you have scheduled medical appointments in the last 12 months, were you able to get one soon enough for your needs?**

RACE/ETHNICITY	ALWAYS	MOST OF THE TIME	SOMETIMES	NOT VERY OFTEN	NEVER	DOESN'T APPLY	TOTAL %/#
African American	47%	29%	13%	5%	2%	3%	100%/258
Hispanic	57%	23%	13%	3%	2%	1%	100%/86
Caucasian (non-Hispanic)	48%	28%	15%	5%	2%	2%	100%/167
*Other Races Combined	30%	34%	22%	10%	4%	0%	100%/134
<b>All Respondents</b>	<b>45%</b>	<b>29%</b>	<b>16%</b>	<b>6%</b>	<b>3%</b>	<b>2%</b>	<b>100%/645</b>

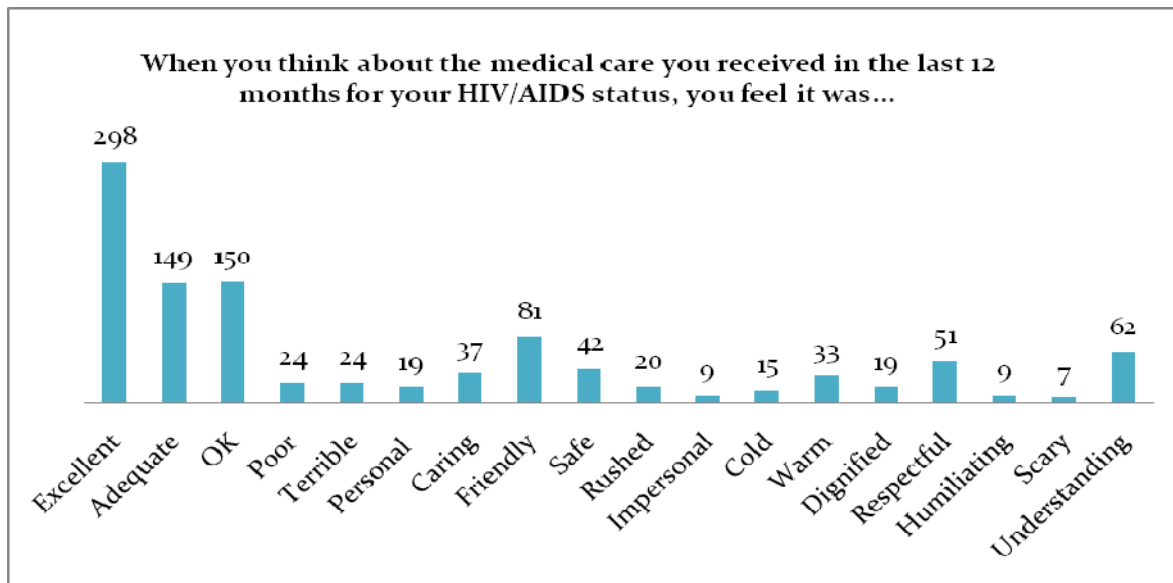
**11. In the last 12 months have you felt comfortable taking to your HIV medical providers/HIV doctors about personal or intimate issues?**

RACE/ETHNICITY	ALWAYS	MOST OF THE TIME	SOMETIMES	NOT VERY OFTEN	NEVER	DOESN'T APPLY	TOTAL %/#
African American	46%	27%	15%	6%	2%	4%	100%/256
Hispanic	63%	12%	17%	4%	2%	2%	100%/84
Caucasian (non-Hispanic)	48%	26%	13%	8%	2%	2%	100%/166
*Other Races Combined	33%	28%	19%	11%	8%	2%	100%/132
<b>All Respondents</b>	<b>46%</b>	<b>25%</b>	<b>15%</b>	<b>7%</b>	<b>3%</b>	<b>3%</b>	<b>100%/644</b>

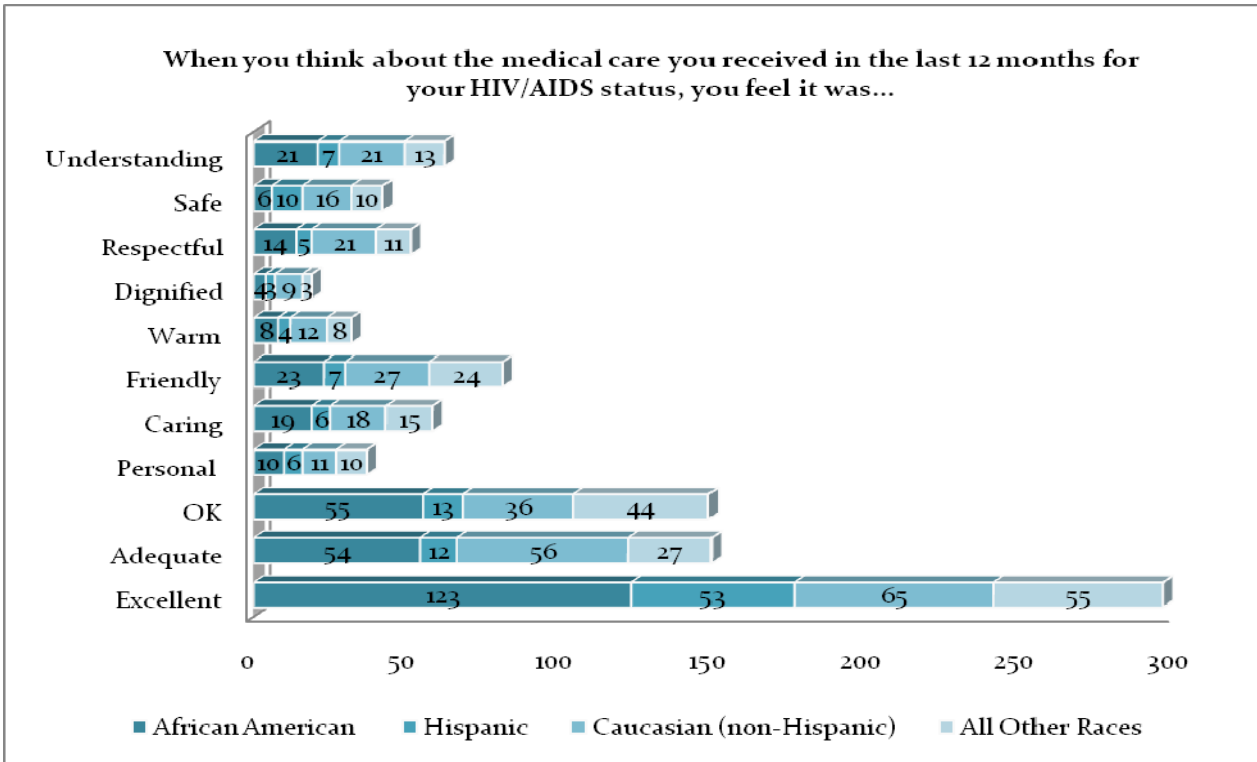
\*Other Races Combined refers to the populations that represented only a small portion of our respondents including; American Indian or Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, Multi-Racial, and Other.

Hispanics reported “Always” significantly more (10% or higher) than the average of all respondents on all five questions. All races combined reported “Always” significantly lower (10% or less) than the average on issues regarding availability of appointments and ability to discuss personal issues with their providers.

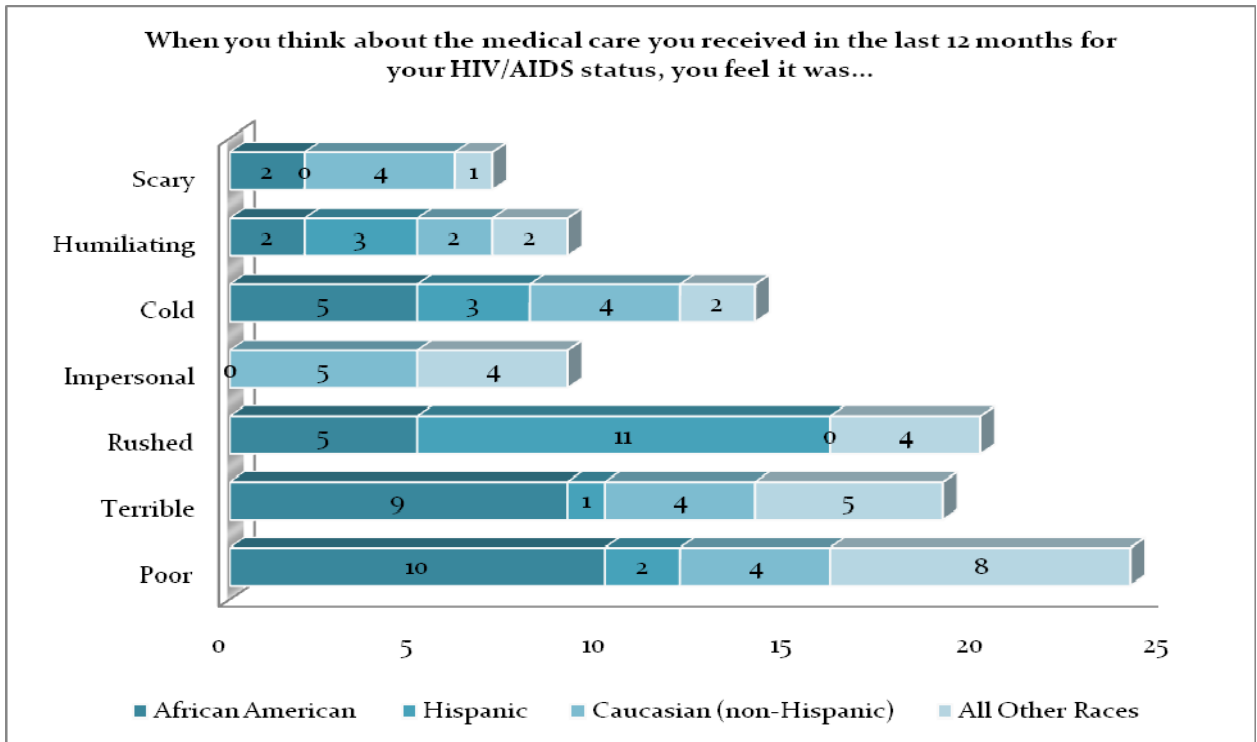
Respondents were given a list of words and were asked; “When you think about the medical care you received in the last 12 months for your HIV/AIDS status, you feel it was...” Respondents were also asked to check all that apply. This table represents all respondents. Those reporting “Impersonal” were nearly all MSM (78%). Of those stating “Humiliating” 56% was also MSM. MSM’s were the largest number of respondents in each category, except for one, due to the fact that they were the majority of our respondents overall at 39% it was not an unusual find. The exception was the category of “Terrible,” 32% were IDU, 21% heterosexual contact, and 16% MSM.



Positive and negative responses were broken down by race/ethnicity. The African American respondents, although they represented the largest population of respondents had the lowest number indicate that they felt their medical care experience was “Safe”. Additionally, African Americans responded low in the category of “Dignified” while the Caucasian (non-Hispanic) population chose “Dignified” significantly more than any other race/ethnicity.

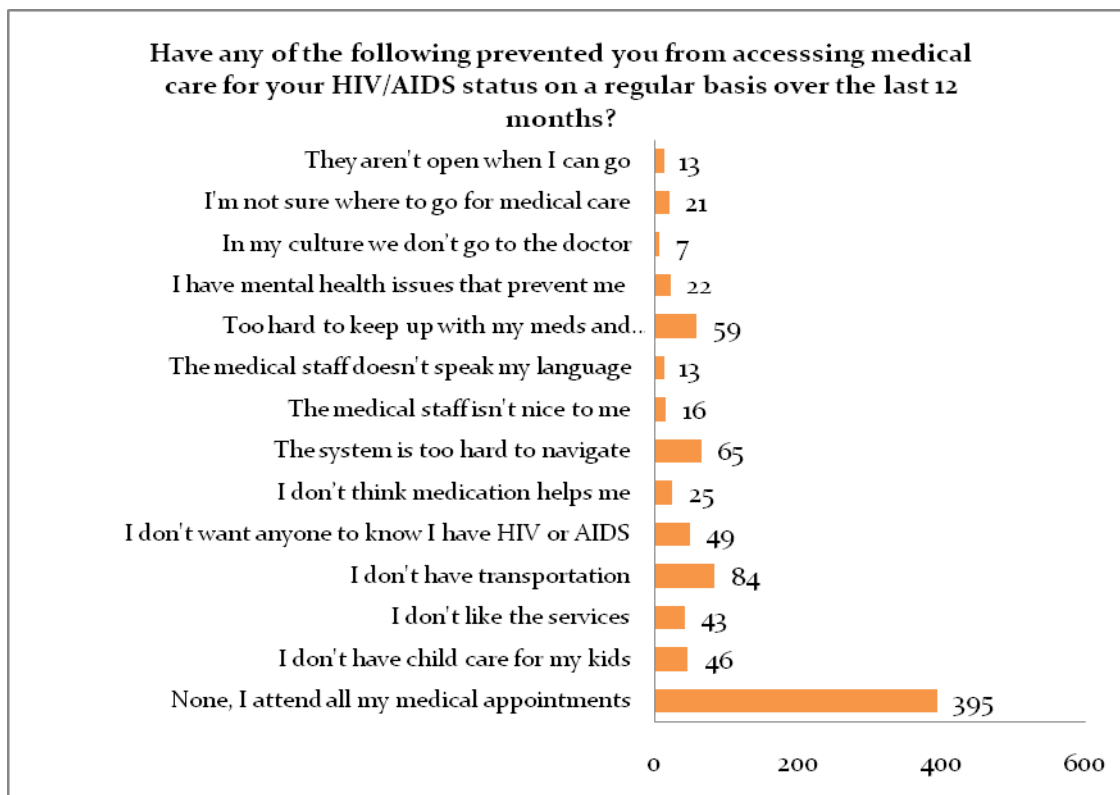


A significant amount of Hispanics responded that their care was “Rushed” and “Scary” while the largest portions of “Terrible” and “Poor” were reported by the African American population.



Respondents were also asked about the barriers they face while trying to access medical care. A list of several barriers was provided and clients were asked; “Have any of the following prevented you from accessing medical care for your HIV/AIDS status on a regular basis over the last 12 months?” Clients were also asked to check all that apply.

The majority, 395 or 60% of all respondents, checked “None, I attend all of my medical appointments”. The major barriers to care were; transportation indicated by 84 respondents, a system that is too hard to navigate indicated by 65 respondents, followed by “It’s too hard to keep up with my meds and appointments” by 59 respondents, fear of stigma by 49 respondents, lack of childcare by 46, and “I don’t like the services” by 43.



Again, because the majority of our respondents were African American it could be inferred that they would represent the largest number in each barrier category followed by Caucasian (non-Hispanic) and Hispanic. However, the barrier of “I don’t like the services” was primarily the Caucasian (non-Hispanic) population at 28% followed by the African American population at 23% and Asian at 14%. The barrier of “I don’t think medication helps me” was 28% Caucasian (non-Hispanic), 24% African American, and 20% Multi-Racial. “The system is too hard to navigate” was primarily Caucasian (non-Hispanic) with 29%, followed by African American

at 26%, and Hispanic at 17%. Additionally, the barrier of language, “The medical staff doesn’t speak my language” was 46% Hispanic, 31% African American, and 15% Caucasian (non-Hispanic).

Top 5 Barriers to Medical Care by Race/Ethnicity			
African American	Hispanic	Caucasian (non-Hispanic)	*All Other Races
Cultural Barriers	Language Barriers	Lack of Transportation	“Medication doesn’t help me”
Stigma	Lack of Child Care	Hard to Navigate System	“I don’t like the services”
Hours of Operation	Mental Health	“Medication doesn’t help me”	“Don’t know where to go”
Mental Health	Hard to Navigate System	Mental Health	Hours of operation
Unfriendly Medical Staff	Difficulties Keeping Up	Language Barriers	Hard to Navigate System

\*Other Races Combined refers to the populations that represented only a small portion of our respondents including; American Indian or Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, Multi-Racial, and Other.

Qualitative comments were also recorded on this question.

**13. Have any of the following prevented you from accessing medical care for your HIV/AIDS status on a regular basis over the last 12 months?**

**Comments:**

- “Medical Assistance is slow”
- “I have no problem with my medical care”
- “Sometimes co-pay is too much for some patients”
- “Can’t afford”
- “I am OK with it”
- “Insurance was cancelled”
- “It effects everything, not having medical card”
- “Mental Health & Financial issues”
- “Everybody is great”
- “Addiction Issues”
- “Sometimes I have been without a phone to make appointments”
- “Clark County Health Card – If I don’t have it no labs. I don’t have & can’t get Dr appointments, labs or my meds”
- “To many places to go for assistance and to many case workers”
- “AFAN staff is not very friendly”
- “A Co-pay for my income is unacceptable”
- “The meds are working but I have no appetite and am losing weight”

- “They seem to not communicate well at all between clinics and Drs.”

Clients were also asked about their level of satisfaction with the medical care they received and the process of accessing and/or picking-up their HIV/AIDS medication. It is the goal of the Quality Management Program that a minimum of 75% of clients report being very satisfied or satisfied with the services they receive. All races scored at 80% or higher on their overall satisfaction with medical care with the overall respondent satisfaction at 88%. Percentages were somewhat lower with regard to the process of accessing and/or picking-up HIV/AIDS medication at 83% however; it is still well above the 75% expectation.

**14. Overall, how satisfied are you with the medical care you received over the last 12 months for your HIV/AIDS status?**

RACE/ETHNICITY	VERY UNSATISFIED	SATISFIED	UNSATISFIED	VERY UNSATISFIED	TOTAL %/#
African American	47%	47%	3%	3%	100%/232
	94%				
Hispanic	62%	32%	1%	4%	100%/77
	94%				
Caucasian (non-Hispanic)	50%	46%	2%	1%	100%/149
	96%				
All Other Races Combined	41%	49%	3%	8%	100%/106
	90%				
<b>All Respondents</b>	<b>49%</b>	<b>45%</b>	<b>2%</b>	<b>4%</b>	<b>100%/564</b>
	<b>94%</b>				

\*Other Races Combined refers to the populations that represented only a small portion of our respondents including; American Indian or Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, Multi-Racial, and Other.

**15. Overall, how satisfied are you with the process of accessing and/or picking-up your HIV/AIDS medication over the last 12 months?**

RACE/ETHNICITY	VERY UNSATISFIED	SATISFIED	UNSATISFIED	VERY UNSATISFIED	TOTAL %/#
African American	47%	47%	4%	2%	100%/227
	94%				
Hispanic	52%	37%	9%	2%	100%/82
	89%				
Caucasian (non-Hispanic)	47%	44%	7%	2%	100%/160
	91%				
All Other Races Combined	34%	45%	14%	8%	100%/125
	79%				
<b>All Respondents</b>	<b>45%</b>	<b>44%</b>	<b>8%</b>	<b>3%</b>	<b>100%/594</b>
	<b>89%</b>				

\*Other Races Combined refers to the populations that represented only a small portion of our respondents including; American Indian or Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, Multi-Racial, and Other.

Qualitative comments were also recorded on this question.

**15. Overall, how satisfied are you with the process of accessing and/or picking-up your HIV/AIDS medication over the last 12 months?**

**Comments:**

- “Meds are never there”
- “It would facilitate to pick up meds at the wellness center, having meds housed within the same facility 701 Shadow Lane.”
- “Wish there were more places to pick up meds”
- “Having problem getting my prescription paid”
- “They should put the UMC pharmacy back in the Wellness Center”
- “It can be delivered to our home to make it easier on us”.
- “UMC Lead Pharmacy (Not to friendly) made me feel uncomfortable at times.”
- “Sometimes they make mistakes”
- “Too Much Red Tape”
- “Sometimes they deliver it”
- “Very nice people”
- “Very Good Service”
- “Lied Pharmacy is very slow”
- “Keep changing meds”
- “Mail Delivery”
- “Takes too long to get to me when I call for them”

## **Case Management Services**

**Medical case management services (including treatment adherence)** are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments are a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care through ongoing assessment of the client and other key family members’ needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include: (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client

monitoring to assess the efficacy of the plan; and (5) periodic reevaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and review of utilization of services. This includes all types of case management, including face-to-face, telephone, and any other forms of communication.

**Case management services (non-medical)** include advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments.

For the purpose of this survey case management services were not broken down into medical and non-medical as it could pose confusion.

Responses are outlined by the questions below. Percentages that fell more than 10% above or below the average of all respondents are highlighted as they are considered to be significant.

<b>16. Over the last 12 months has your case manager/social worker helped you get the care and services you need?</b>							
RACE/ETHNICITY	ALWAYS	MOST OF THE TIME	SOMETIMES	NOT VERY OFTEN	NEVER	DOESN'T APPLY	TOTAL %/#
African American	40%	31%	14%	6%	2%	7%	100%/252
Hispanic	62%	12%	16%	2%	5%	3%	100%/86
Caucasian (non-Hispanic)	49%	25%	12%	6%	4%	4%	100%/164
Other Races Combined*	37%	22%	26%	7%	4%	4%	100%/134
<b>All Respondents</b>	<b>44%</b>	<b>25%</b>	<b>16%</b>	<b>6%</b>	<b>4%</b>	<b>5%</b>	<b>100%/636</b>
<b>17. Over the last 12 months has your case manager/social worker helped you with referrals for services you were in need of?</b>							
RACE/ETHNICITY	ALWAYS	MOST OF THE TIME	SOMETIMES	NOT VERY OFTEN	NEVER	DOESN'T APPLY	TOTAL %/#
African American	41%	28%	15%	5%	3%	8%	100%/250
Hispanic	59%	16%	11%	7%	3%	4%	100%/85
Caucasian (non-Hispanic)	47%	21%	17%	7%	1%	7%	100%/135
Other Races Combined*	31%	30%	21%	11%	6%	2%	100%/133
<b>All Respondents</b>	<b>43%</b>	<b>25%</b>	<b>16%</b>	<b>7%</b>	<b>3%</b>	<b>6%</b>	<b>100%/633</b>

**18. Over the last 12 months during your case management appointments has your case manager/social worker sat down with you and discussed an overall plan for your care and treatment (care plan)?**

RACE/ETHNICITY	ALWAYS	MOST OF THE TIME	SOMETIMES	NOT VERY OFTEN	NEVER	DOESN'T APPLY	TOTAL %/#
African American	39%	22%	19%	5%	6%	8%	100%/252
Hispanic	50%	20%	11%	5%	7%	7%	100%/82
Caucasian (non-Hispanic)	45%	18%	17%	5%	7%	8%	100%/165
Other Races Combined*	36%	26%	23%	6%	8%	1%	100%/134
<b>All Respondents</b>	<b>41%</b>	<b>21%</b>	<b>18%</b>	<b>6%</b>	<b>7%</b>	<b>7%</b>	<b>100%/633</b>

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

RACE/ETHNICITY	ALWAYS	MOST OF THE TIME	SOMETIMES	NOT VERY OFTEN	NEVER	DOESN'T APPLY	TOTAL %/#
African American	45%	21%	17%	4%	5%	8%	100%/252
Hispanic	64%	12%	14%	1%	6%	2%	100%/83
Caucasian (non-Hispanic)	49%	21%	13%	4%	5%	8%	100%/164
Other Races Combined*	37%	24%	21%	5%	10%	3%	100%/134
<b>All Respondents</b>	<b>47%</b>	<b>21%</b>	<b>17%</b>	<b>4%</b>	<b>6%</b>	<b>5%</b>	<b>100%/633</b>

**20. Over the last 12 months has your case manager/social worker talked to you about your HIV medication and the importance of taking your medication as prescribed by your doctor?**

RACE/ETHNICITY	ALWAYS	MOST OF THE TIME	SOMETIMES	NOT VERY OFTEN	NEVER	DOESN'T APPLY	TOTAL %/#
African American	43%	25%	12%	5%	4%	11%	100%/251
Hispanic	66%	13%	9%	4%	5%	4%	100%/85
Caucasian (non-Hispanic)	49%	24%	10%	4%	5%	7%	100%/165
Other Races Combined*	32%	25%	22%	10%	9%	3%	100%/134
<b>All Respondents</b>	<b>46%</b>	<b>23%</b>	<b>12%</b>	<b>6%</b>	<b>5%</b>	<b>8%</b>	<b>100%/635</b>

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

RACE/ETHNICITY	ALWAYS	MOST OF THE TIME	SOMETIMES	NOT VERY OFTEN	NEVER	DOESN'T APPLY	TOTAL %/#
African American	39%	27%	16%	6%	4%	8%	100%/251
Hispanic	53%	19%	13%	4%	7%	4%	100%/83
Caucasian (non-Hispanic)	42%	26%	15%	6%	4%	7%	100%/163
Other Races Combined*	31%	25%	21%	10%	10%	3%	100%/134
<b>All Respondents</b>	<b>40%</b>	<b>25%</b>	<b>16%</b>	<b>6%</b>	<b>6%</b>	<b>7%</b>	<b>100%/631</b>

\*Other Races Combined refers to the populations that represented only a small portion of our respondents including; American Indian or Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, Multi-Racial, and Other.

Again, as with medical care questions, Hispanics reported “Always” significantly more (10% or higher) in the areas of receiving the services they need, receiving needed referrals, discussions regarding doctors appoints and the importance of medication, and the ability of case mangers to improve problems, situations, and feelings. With regard to referrals the All Other Races category responded 12% lower than the average of all respondents in the “Always” category with regard to referrals.

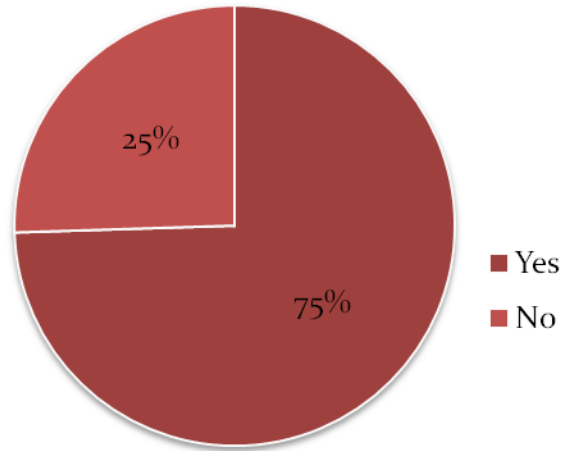
<b>22. Overall, how satisfied are you with the services you received from community case managers and social workers for your HIV/AIDS status over the last 12 months?</b>					
<b>RACE/ETHNICITY</b>	<b>VERY UNSATISFIED</b>	<b>SATISFIED</b>	<b>UNSATISFIED</b>	<b>VERY UNSATISFIED</b>	<b>TOTAL %/#</b>
African American	47%	39%	10%	3%	100%/229
	86%				
Hispanic	56%	37%	6%	1%	100%/81
	93%				
Caucasian (non-Hispanic)	51%	35%	9%	5%	100%/154
	86%				
All Other Races Combined	38%	36%	17%	9%	100%/128
	74%				
<b>All Respondents</b>	<b>47%</b>	<b>37%</b>	<b>11%</b>	<b>5%</b>	<b>100%/592</b>
	<b>84%</b>				
*Other Races Combined refers to the populations that represented only a small portion of our respondents including; American Indian or Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, Multi-Racial, and Other.					

## **Medical Nutrition Therapy**

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

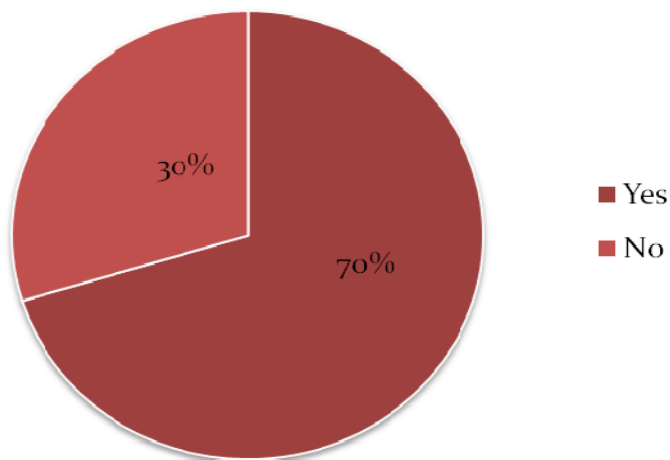
Respondents were asked; “Do you feel that the nutrition supplements you received, such as Boost or food vouchers, through Medical Nutrition Services over the last 12 months helped improve your overall health?” Of the 404 respondents, 75% indicated yes, while 25% indicated no.

**Do you feel that the nutrition supplements you received, such as Boost or food vouchers, through Medical Nutrition Services over the last 12 months helped improve your overall health?**

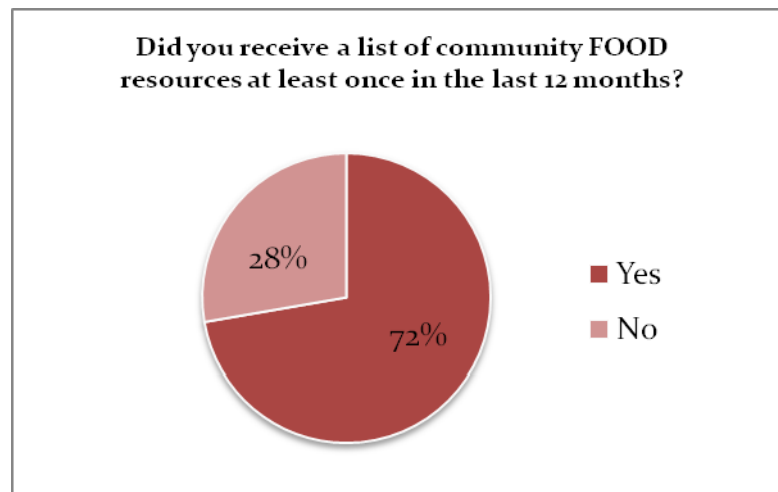


Respondents were asked; “Do you feel that the nutrition therapy (such as Boost, food vouchers, or meeting with the Registered Dietitian) you received through Medical Nutrition Services over the last 12 months helped decrease any symptoms you have that are related to your HIV/AIDS status or HIV/AIDS medications?” Of the 404 respondents 70% indicated yes while 30% indicated no.

**Do you feel that the nutrition therapy (such as Boost, food vouchers, or meeting with the Registered Dietitian) you received through Medical Nutrition Services over the last 12 months helped decrease any symptoms you have that are related to your HIV/AIDS**



Respondents were asked if they; “received a list of community FOOD resources at least once in the last 12 months? Of the 505 respondents 72% indicated yes, and 28% indicated no.



**25. Overall, how satisfied are you with the medical nutrition services you received over the last 12 months?**

RACE/ETHNICITY	VERY UNSATISFIED	SATISFIED	UNSATISFIED	VERY UNSATISFIED	TOTAL %/#
African American	50%	38%	9%	3%	100%/195
	88%				
Hispanic	57%	25%	10%	8%	100%/63
	82%				
Caucasian (non-Hispanic)	48%	36%	9%	7%	100%/114
	84%				
All Other Races Combined	45%	40%	11%	4%	100%/105
	85%				
<b>All Respondents</b>	<b>49%</b>	<b>36%</b>	<b>9%</b>	<b>5%</b>	<b>100%/477</b>
	<b>95%</b>				

\*Other Races Combined refers to the populations that represented only a small portion of our respondents including; American Indian or Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, Multi-Racial, and Other.

## Health Insurance Premium and Cost Sharing Assistance

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

**28. Overall, how satisfied are you with the assistance you received with your health insurance and insurance related issues over the last 12 months through the Ryan White program?**

RACE/ETHNICITY	VERY UNSATISFIED	SATISFIED	UNSATISFIED	VERY UNSATISFIED	TOTAL %/#
African American	50%	40%	7%	3%	100%/230
	90%				
Hispanic	66%	29%	3%	3%	100%/73
	95%				
Caucasian (non-Hispanic)	53%	36%	8%	3%	100%/144
	89%				
All Other Races Combined	46%	33%	13%	7%	100%/121
	79%				
<b>All Respondents</b>	<b>52%</b>	<b>36%</b>	<b>8%</b>	<b>4%</b>	<b>100%/568</b>
	<b>88%</b>				

\*Other Races Combined refers to the populations that represented only a small portion of our respondents including; American Indian or Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, Multi-Racial, and Other.

## Mental Health Services

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

**29. Overall, how satisfied are you with the Mental Health Services (including group sessions) you received over the last 12 months through the Ryan White Program?**

RACE/ETHNICITY	VERY UNSATISFIED	SATISFIED	UNSATISFIED	VERY UNSATISFIED	TOTAL %/#
African American	48%	43%	7%	2%	100%/191
	91%				
Hispanic	47%	46%	3%	3%	100%/59
	93%				
Caucasian (non-Hispanic)	43%	41%	10%	6%	100%/105
	84%				
All Other Races Combined	44%	40%	13%	3%	100%/108
	84%				
<b>All Respondents</b>	<b>46%</b>	<b>42%</b>	<b>9%</b>	<b>3%</b>	<b>100%/463</b>
	<b>88%</b>				

\*Other Races Combined refers to the populations that represented only a small portion of our respondents including; American Indian or Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, Multi-Racial, and Other.

## Substance Abuse Outpatient Services

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

### 30. Overall, how satisfied are you with the Substance Use Services (including group sessions) you received over the last 12 months through the Ryan White Program?

RACE/ETHNICITY	VERY UNSATISFIED	SATISFIED	UNSATISFIED	VERY UNSATISFIED	TOTAL %/#
African American	44%	45%	8%	3%	100%/176
	89%				
Hispanic	56%	33%	12%	0%	100%/52
	89%				
Caucasian (non-Hispanic)	42%	43%	15%	0%	100%/79
	85%				
All Other Races Combined	38%	43%	13%	7%	100%/88
	81%				
<b>All Respondents</b>	<b>44%</b>	<b>43%</b>	<b>11%</b>	<b>3%</b>	<b>100%/395</b>
	<b>87%</b>				

\*Other Races Combined refers to the populations that represented only a small portion of our respondents including; American Indian or Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, Multi-Racial, and Other.

## Emergency Financial Assistance

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

### 31. Overall, how satisfied are you with the Emergency Financial Assistance (for utilities or housing) you received in the last 12 months through the Ryan White Program?

RACE/ETHNICITY	VERY UNSATISFIED	SATISFIED	UNSATISFIED	VERY UNSATISFIED	TOTAL %/#
African American	39%	46%	11%	4%	100%/202
	85%				
Hispanic	55%	31%	13%	2%	100%/64
	86%				
Caucasian (non-Hispanic)	45%	37%	10%	9%	100%/105

	82%				
All Other Races Combined	35%	47%	10%	9%	100%/105
	82%				
<b>All Respondents</b>	<b>42%</b>	<b>42%</b>	<b>11%</b>	<b>6%</b>	<b>100%/6%</b>
	84%				
*Other Races Combined refers to the populations that represented only a small portion of our respondents including; American Indian or Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, Multi-Racial, and Other.					

## Medical Transportation Assistance

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

**32. Overall, how satisfied are you with the Transportation Services (bus pass system) you received in the last 12 months through the Ryan White Program?**

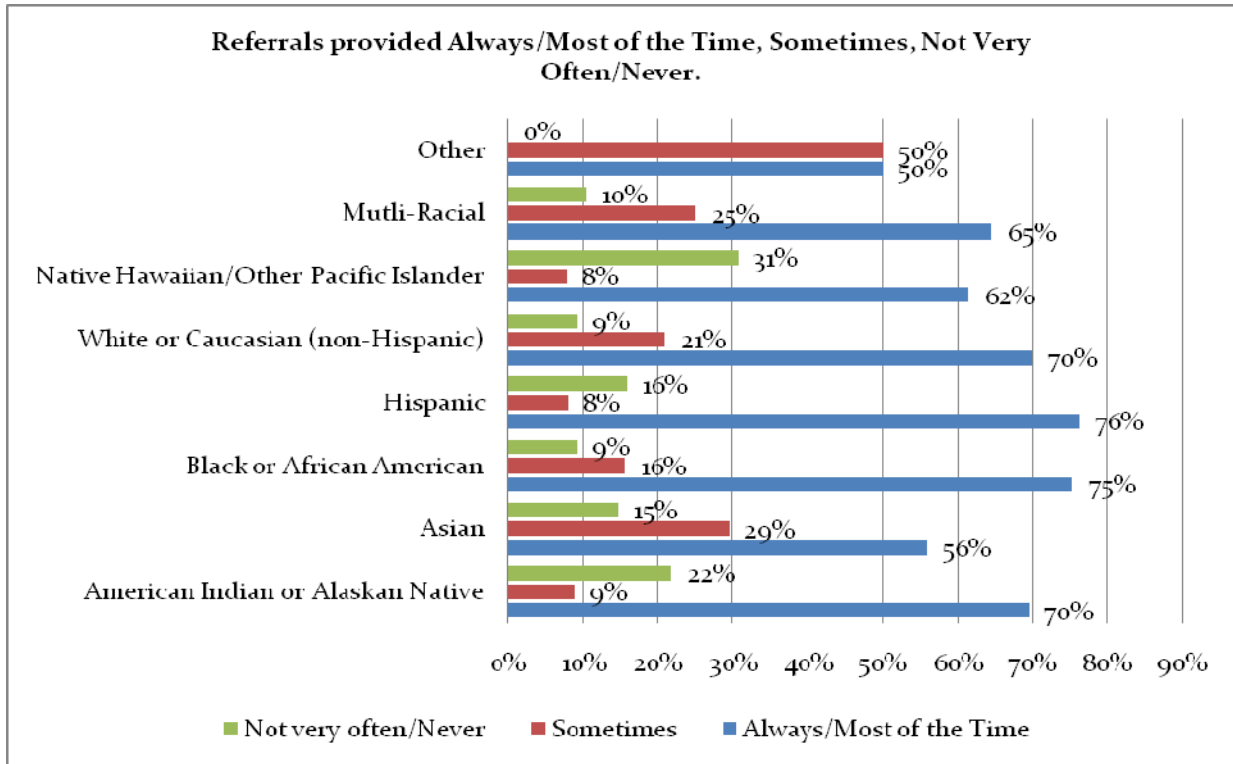
RACE/ETHNICITY	VERY UNSATISFIED	SATISFIED	UNSATISFIED	VERY UNSATISFIED	TOTAL %/#
African American	48%	40%	9%	3%	100%/213
	88%				
Hispanic	61%	30%	5%	4%	100%/57
	91%				
Caucasian (non-Hispanic)	51%	28%	15%	6%	100%/108
	79%				
All Other Races Combined	38%	46%	10%	7%	100%/105
	84%				
<b>All Respondents</b>	<b>48%</b>	<b>37%</b>	<b>10%</b>	<b>5%</b>	<b>100%/483</b>
	85%				
*Other Races Combined refers to the populations that represented only a small portion of our respondents including; American Indian or Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, Multi-Racial, and Other.					

## Referrals

Respondents were asked; “Over the last 12 months do you feel you were able to get referrals for the services you needed when you needed them?” The majority, 36%, indicated “Always” while 27% indicated “Most of the time” and 16% indicated “Sometimes”. “Not very often” was indicated by 7%, “Never” by 4% and 9% indicated that the question “Doesn’t Apply”.

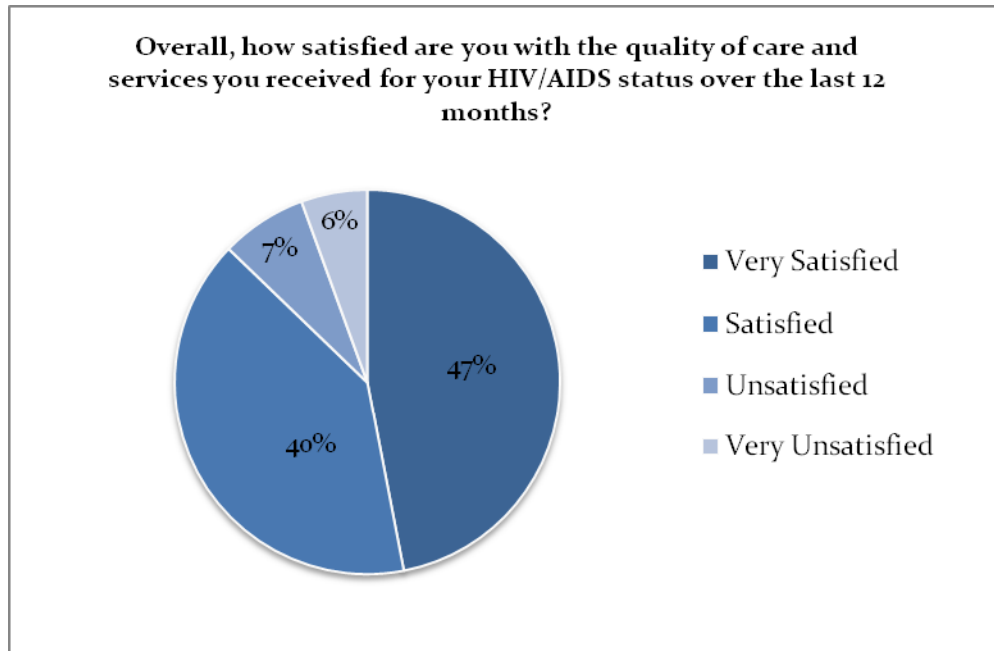
Broken down by race/ethnicity for how often referrals are reportedly received the Hispanic population indicated the highest percentage of 76% receiving referrals always/most of the time. Followed by Black at 75% and the White (non-Hispanic) population and American Indian or Alaskan Native population were both at 70%. The Native Hawaiian/Other Pacific Islander population was the highest at not very

often/never at 31% followed by the American Indian or Alaskan Native population at 22%. These groups also indicated the highest level of dissatisfaction with the overall care received in the system.

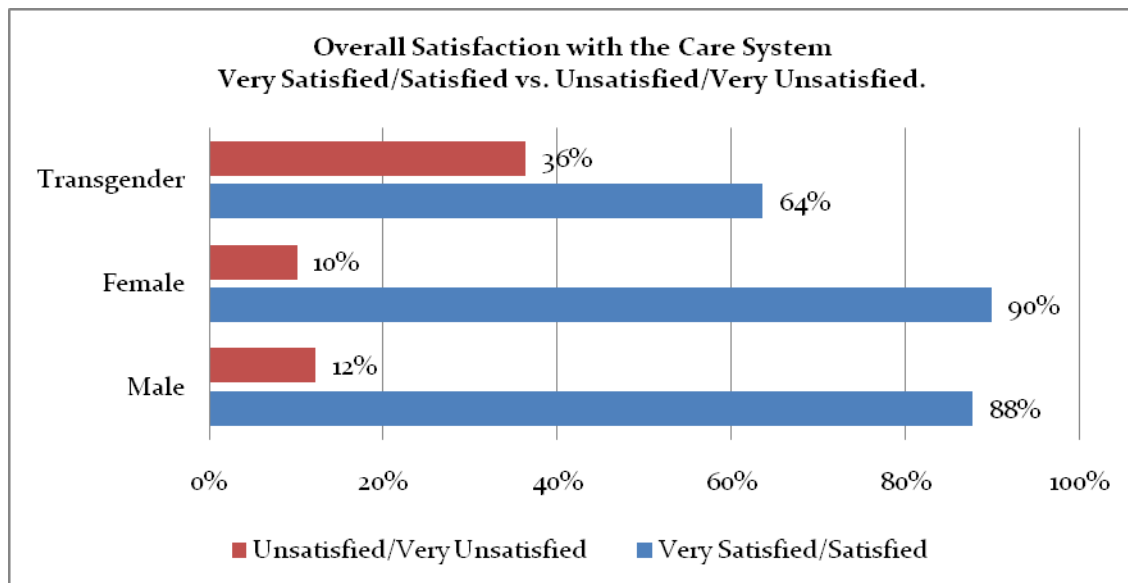


## Overall Satisfaction with the Care System

Clients were asked; “Overall, how satisfied are you with the quality of care and services you received for your HIV/AIDS status over the last 12 months?” Response categories provided were “Very Satisfied” “Satisfied” “Unsatisfied” and “Very Unsatisfied”. Overall, 87% of clients indicated being very satisfied or satisfied with the overall quality of care they received, this exceeds our goal of at least 75% by 12%.

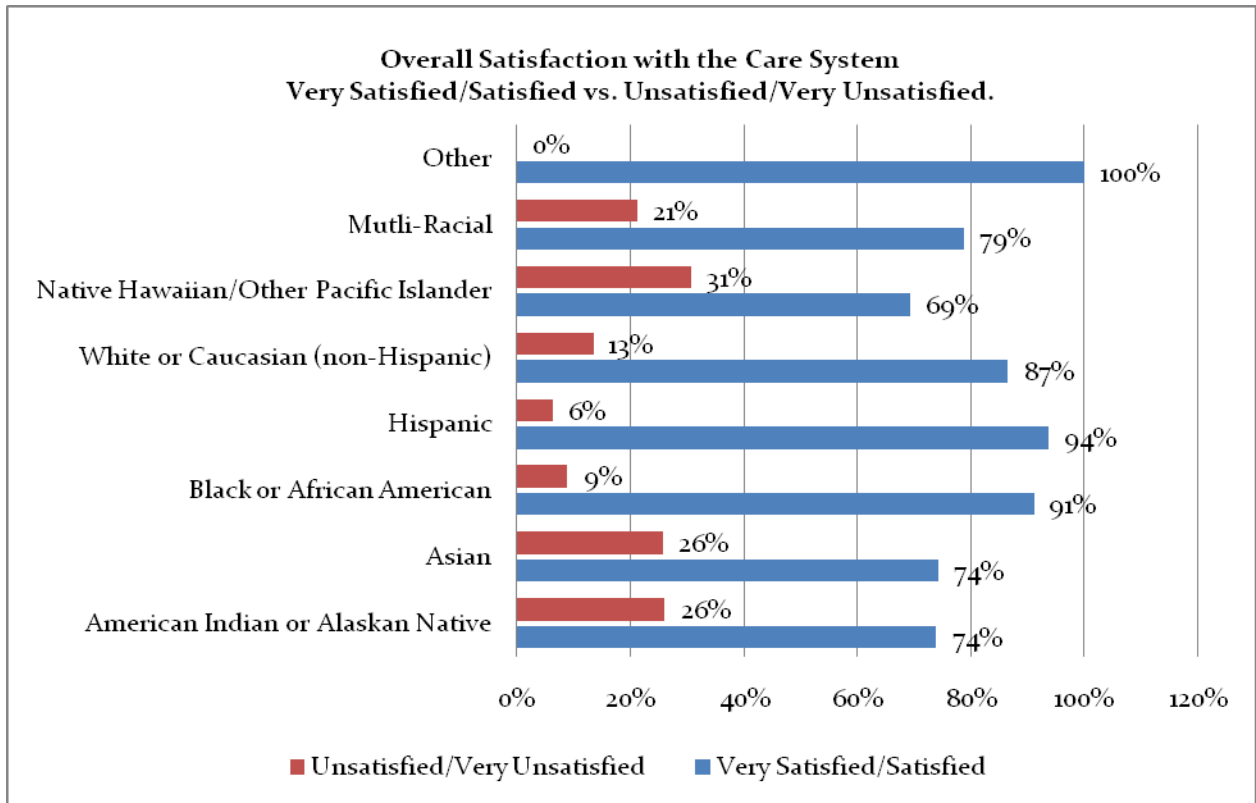


When broken down by gender, the female population indicated a very high level of satisfaction with 90% of respondents indicated being very satisfied/satisfied with the services received. Males followed at 88% and transgender at 64%.

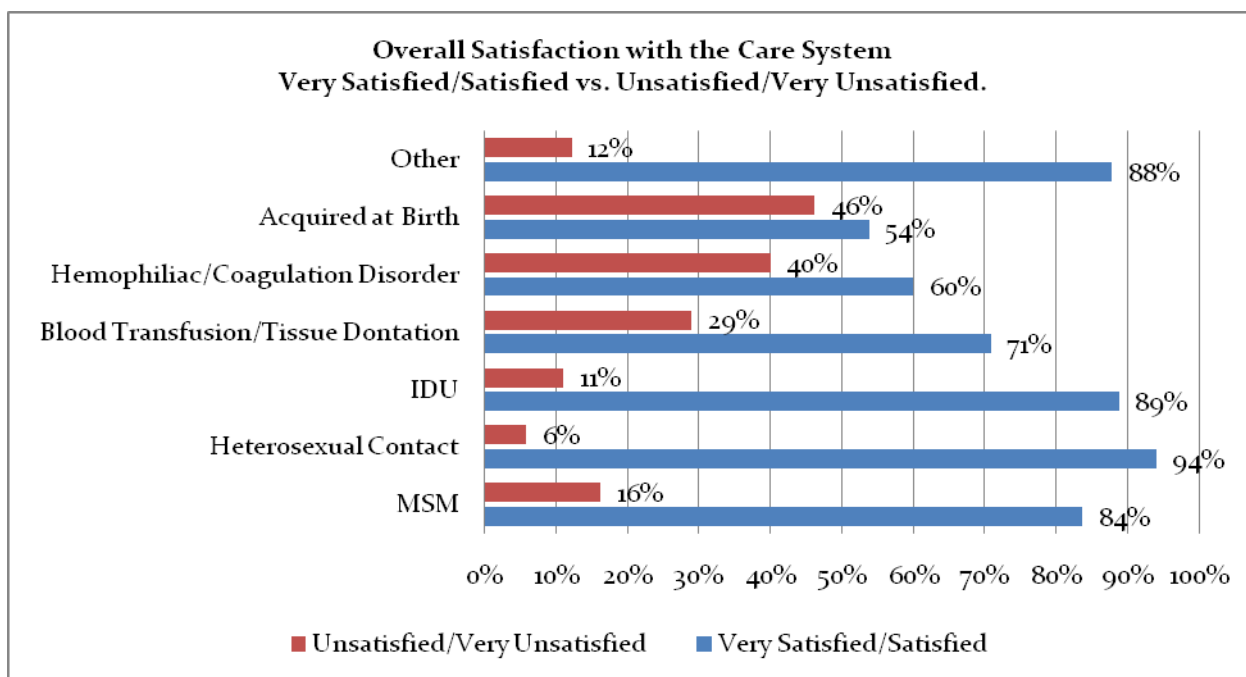


When broken down by Race/Ethnicity, the Hispanic population had an overwhelming level of satisfaction at 94% indicating very satisfied/satisfied, followed by the African American population at 91%, the White (non-Hispanic) population at 87%, Multi-Racial at 79% and Other at 100% (which consisted of only 3 respondents). Three populations fell under the 75% goal indicating

unsatisfied/very unsatisfied, those are; Asian at 74% (35 respondents), American Indian or Alaskan Native at 74% (23 respondents) and the lowest in the Native Hawaiian/Pacific Islander population at 69% (13 respondents).



With regard to the overall level of satisfaction broken down by transmission mode, those in the heterosexual contact category had the highest level of satisfaction with 94% indicating very satisfied/satisfied, followed by IDU at 89%, and Other at 88%. Those categories falling below our 75% goal were blood transfusion/tissue donation at 71%, hemophiliac/coagulation disorder at 60%, and those that acquired at birth with only 54% indicating satisfaction and 46% indicating dissatisfaction.



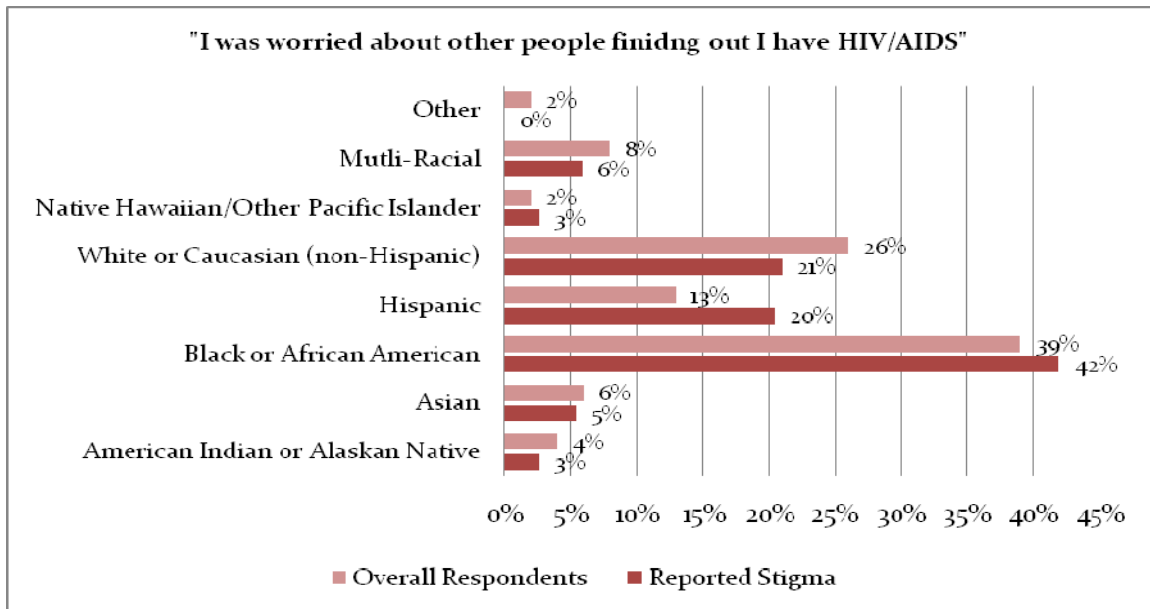
## Barriers to Care

Respondents were asked a variety of questions regarding things that prevent them from accessing services in the areas of knowledge, attitude, cultural issues, access/cost, provider issues, and system issues. The following table breaks down their responses. Barriers indicating that 24% or more of respondents felt it was preventing them from care are highlighted, those are in the areas of; knowledge, attitude, access/cost.

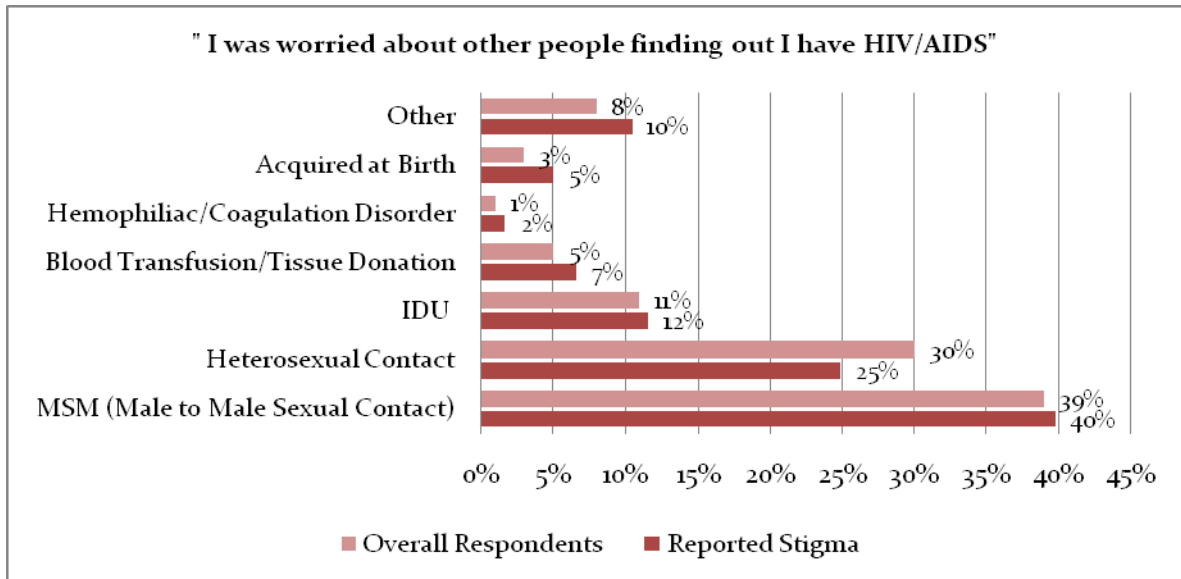
<b>34. Over the last 12 months have any of the following prevented you from accessing HIV/AIDS medical and/or support services?</b>		
	Yes	No
<b>KNOWLEDGE</b>		
Not knowing HIV/AIDS services existed	23%	77%
Not knowing that HIV/AIDS services were available to me	23%	77%
Not knowing the locations of the organizations providing HIV/AIDS services	23%	77%
Not knowing what services I needed to deal with HIV/AIDS	24%	76%
<b>ATTITUDE/STIGMA</b>		
I was too upset to think about getting help	22%	78%
I was in denial about my HIV/AIDS diagnosis	22%	78%
I was worried about other people finding out I have HIV/AIDS	30%	70%
I was afraid of how I would be treated	27%	73%
I am not a US citizen and was afraid I would be reported to the authorities	14%	86%
<b>CULTURAL ISSUES</b>		

I couldn't find someone who speaks my language	13%	87%
My doctor or medical provider doesn't understand my culture	16%	84%
In my culture we don't go to the doctor	15%	85%
<b><i>ACCESS/COST</i></b>		
I didn't know where to go or who to ask for help	20%	80%
The hours they are open don't work with my schedule	16%	84%
I didn't have transportation to get to medical/support service appointments	25%	75%
I had to wait too long to get an appointment	24%	76%
I couldn't afford the services	26%	74%
I didn't have insurance	28%	72%
I couldn't qualify for services because of my income	22%	78%
Services aren't located near my home	20%	80%
I had insurance but it didn't cover all of the cost of service I needed	20%	80%
I didn't have child care so I couldn't attend an appointment	15%	85%
The provider said the service ran out of money	21%	79%
<b><i>PROVIDER ISSUES</i></b>		
No one was willing to answer my questions or explain things to me	20%	80%
The provider didn't have staff that speak my language	16%	84%
The staff providing services were not polite and not helpful	20%	80%
I didn't feel like the provider really understood what I needed	21%	79%
<b><i>SYSTEM ISSUES</i></b>		
The system of care was too hard to navigate	23%	77%
I couldn't get referrals for the services that I needed	22%	78%
The service I needed was not available	22%	78%
Each place I called for help told me to call someone else	23%	77%
They told me I don't qualify for services	22%	78%

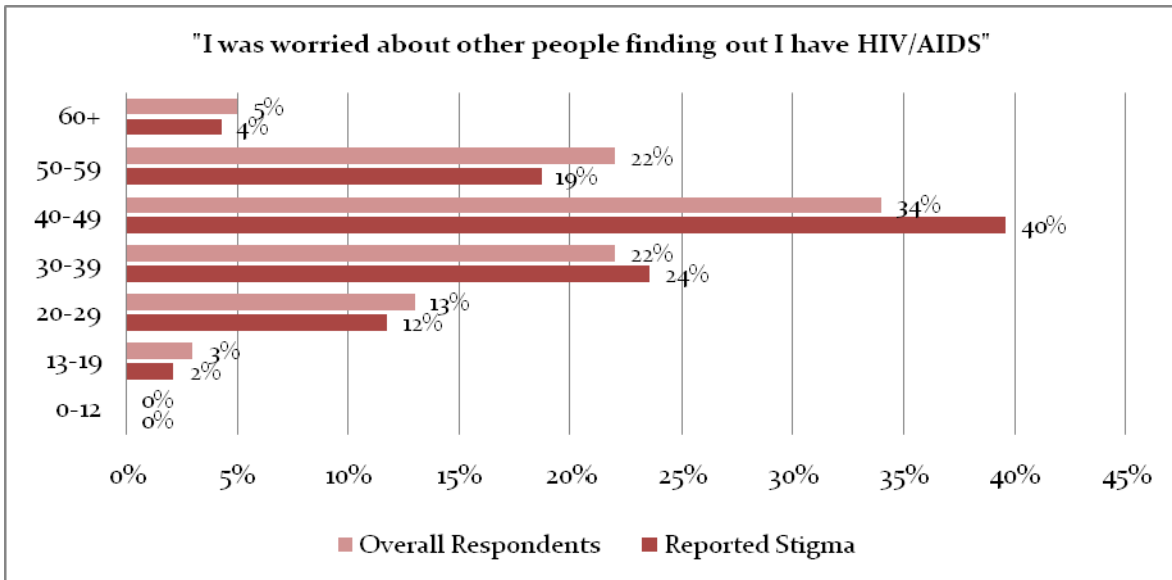
The number one barriers indicated was, “I was worried about other people finding out I have HIV/AIDS”. This response is broken down by race/ethnicity, transmission mode, and age in the following graphs.



Further analysis shows that the race/ethnicities that reported stigma as a major barrier to care were African American, Hispanic, and Native Hawaiian, Pacific Islander.

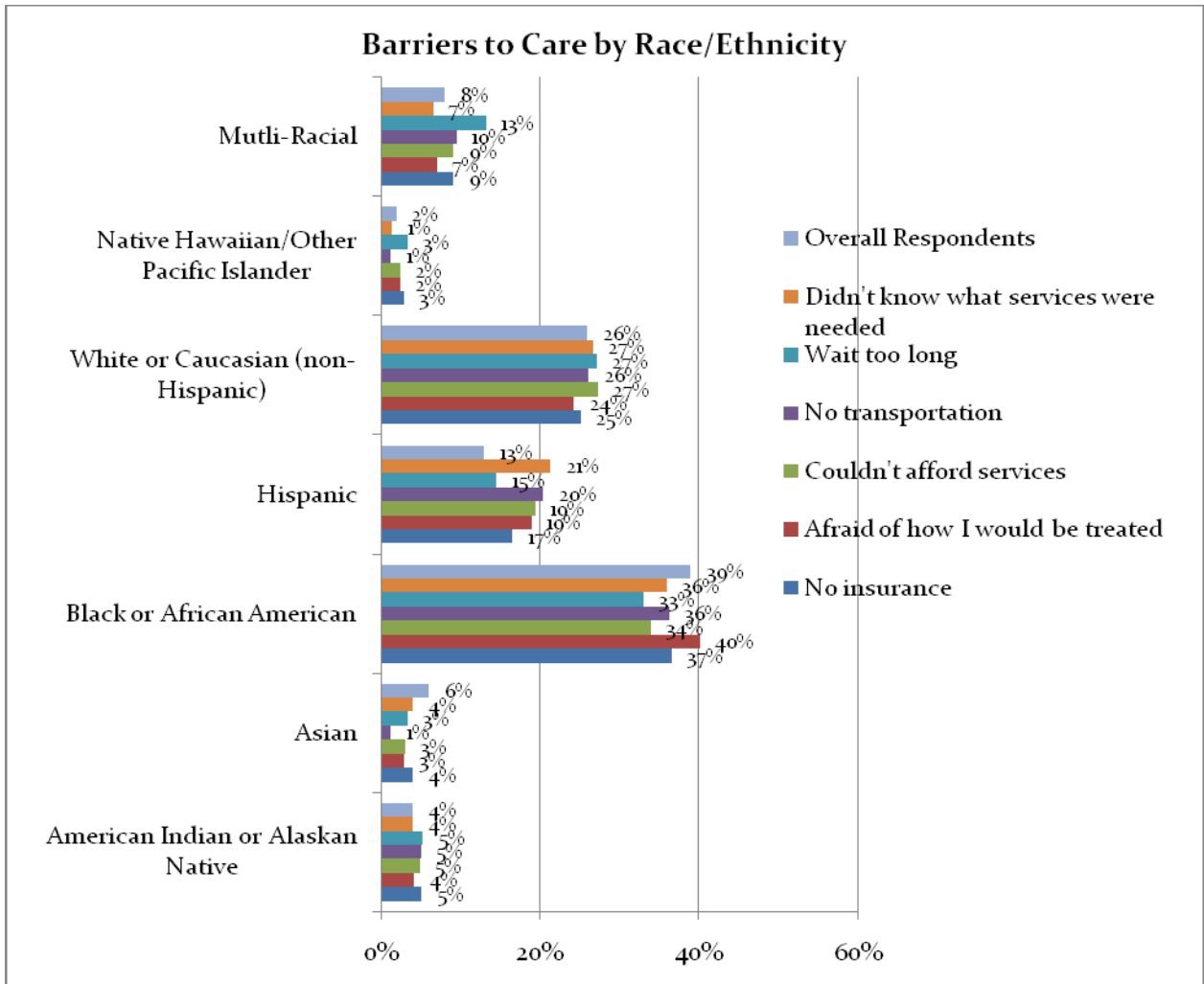


Stigma was also a major barrier among those that acquired it at birth, Hemophiliac/Coagulation disorder, and blood transfusion/tissue donation. Those in the age groups of 40-49 and 30-39 also reported stigma as a major barrier to care.



All other barriers aside from stigma can be seen in the graph below. The White or Caucasian population and American Indian or Alaskan Native populations were relatively in line with the number of overall respondents in each barrier. The Native Hawaiian/Other Pacific Islander and Asian populations reported a relatively low number in each barrier.

The Hispanic population reported a high level of not knowing what services were needed, lack of transportation, inability to pay for services and lack of insurance. The African American population reported a high level of fear for how they might be treated. The Multi-Racial population reported the wait time for appointments as a major barrier in addition to a lack of transportation.



## Most Important Services to Clients

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

<i>Service Category</i>	<i>Percentage Ranking</i>	<i>Numerical Ranking</i>
HIV/AIDS Medical Care (including doctor visits and labs-CD4 and Viral Load)	80%	1
HIV/AIDS Medication	67%	2
Food Bank/Food Vouchers	60%	3
Transportation	52%	4
Dental Care/Oral Health Care	51%	5
Emergency Financial Assistance (utilities and housing)	49%	6

Assistance with health insurance and health insurance related issues	47%	7
Housing Assistance (short term assistance with housing or referrals for available housing)	45%	8
Medical Nutrition Therapy (nutrition supplements, Boost, meeting with the registered dietitian)	44.3%	9
Case Management	44.0%	10
Mental Health Services	35%	11
Legal Services (do not resuscitate orders, discrimination or breach of confidentiality)	26%	12
Substance Abuse Services	15%	13
Child Care Services	14%	14
Interpretation and/or language translation services	9%	15

## HIV/AIDS Care Outside Of the TGA

Respondents were asked if they had accessed Ryan White services anywhere other than Clark County Nevada, Nye County Nevada, or Mohave County Arizona in the last 12 months, 156 of our 654 respondents answered yes. Respondents were then

State	Frequency	Percent
Alabama	1	1%
Alaska	11	14%
Arizona	4	5%
Arkansas	2	3%
California	18	23%
Colorado	2	3%
Florida	2	3%
Georgia	3	4%
Hawaii	2	3%
Illinois	5	6%
Indiana	2	3%
Kentucky	1	1%
Louisiana	1	1%
Maryland	1	1%
Minnesota	1	1%
Mississippi	2	3%
Missouri	4	5%
Montana	1	1%
New York	3	4%
North Carolina	2	3%
North Dakota	1	1%
Ohio	1	1%
Oklahoma	1	1%
Oregon	1	1%
Texas	2	3%
Washington	2	3%
Wyoming	1	1%
<b>Total</b>	<b>77</b>	<b>100%</b>

asked specifically what state they accessed care in. Of the 77 who responded to the question, the majority (23%) reported California followed by Alaska (14%), Illinois (6%), and Arizona and Missouri both at 5%.

Those respondents were asked if they had received a list of community food resources at least once in the last 12 months, 68% reported yes. They were also asked if they received a list of other community resources (financial assistance, housing or food, ect.) at least once in the last 12 months, 72% reported yes. On a scale of satisfaction with the overall quality of the HIV/AIDS services they received over the last 12 months, 85% of these respondents reported being very satisfied or satisfied while 10%

reported being unsatisfied and 5% very unsatisfied.

## **Qualitative Comments from Survey's**

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

### ***Positive Comments:***

- “Would like to create and run a class to help people with HIV physically. Therapy/Emotional problem alternative to help people kick habits.”
- “I am very thankful for the services and help that I get from all the healthcare services.”
- “I am very pleased with the services from Ryan White”
- “To me all the services is a blessing to everyone that needs them God bless everyone that make it possible.”
- “I really appreciate the services provided here.”
- “Case Management and referrals are great”
- “Excellent Services Now – Thank You”
- “Awesome”
- “Everything is very good! Thank you!”
- “Just want to say Thanks for Ryan White”
- “I would like to thank you for what you all have done for me. Thank You”
- “Thank you, have a good day”
- “Thanks for your service”
- “Everybody has helped very well and I give thanks that they are here for me.”
- “I wish everyone could be checked yearly for HIV for the sake of others, Thank You”
- “I ‘m very happy with my medical care”
- “The last focus group was very educational”
- “Have a Bless Day and love you”
- “My case managers at AFAN really are great with everything they even go out of the way of explaining not only the here and now, but also the future of coverage. Plus it's always with a smile. I feel they are my friends as well. I think it's time for their raises.”
- “The folks at Wellness and AFAN are doing great things for me! Especially Sunnie”

- “Karina is great from AFAN”
- “Get Better”
- “Thanks so much but AFAN has been very helpful to me”
- “Thank you for Caring”
- “Everything else is Ok”
- “Thank you have a good day”
- “I thank you very much’
- “The assistance that’s been given is great!! Keep up the good work”
- “Thank you AFAN 4 all your help”
- “Thank you for caring about what is good are bad”
- “Overall the Wellness Center staff are always great!
- “Very grateful 4 all your assistance”
- “Thank you for all your help “God Bless”
- “Gay Pride!”
- “Very pleased with the Ryan White program it has helped me immensely”
- “Thank you for the services at Wellness Center and Dr. Dino Gonzalez”
- “I love everyone at the Wellness Center. They have changed my life!”
- “My daughter’s case worker is doing an excellent job with her together with me. I need to just single-out that and register my heartfelt appreciation. Her tel. number is: 702-249-4528 (Cathy). She is a star to me. I only wish we could have more like her. The entire team of Ryan White headed by Denyse Byrne deserves a standing ovation. Doris Pedone is another person that I wish to appreciate. Jim & Michael @ the resource center (doing a marvelous job). God Bless Ryan White Foundation.”
- “Wellness Center is a great place, all employees are very, very loving and helpful”
- “Thanks for the kindness and help and thanks for having someone who cares.”

***Needs/Suggestions:***

- “They need food vouchers back a lot of people need the help”
- “I feel that HIV services are not thinking about the convenience of its clients. They send people on run arounds for the services. They discourage people by making it so difficult to get the things you need. They are

- constantly getting robbed from within the organizations which consequently affect the clients.”
- “Dental care has an extremely long wait list, when it should be more accessible to the HIV/AIDS community. Many of us, myself included will endure the pain for as long as we can and try to get the help of a dentist but the waiting list is at the future.”
  - “Dental Work Incomplete”
  - “I feel as though the services I receive at AFAN are greatly appreciated, but it seems like it takes forever when there is something important that I need when I come to AFAN, or the Wellness Center. Appointment takes all day, and you can never plan on anything else when you come to receive services. Services are never prompt or on time even when I am on time! Other than having to wait all day for service I am satisfied and appreciate AFAN and the Wellness Center. Lastly, the doctors that I see never listen to me as their patient, and all the advice that I have goes overlooked. I don’t think the doctors at the Wellness Center take enough time out for their patients.”
  - “The AFAN programs have been getting less and less. The workers are getting less helpful and it’s no longer a community like it was. This is very sad.”
  - “Not given important information in a timely manner. Can’t get an appointment with the nutritionist. Can’t talk with my counselor on the phone anymore.”
  - “I think the services are not for the best interest of the HIV clients. They put us on a run-around to discourage people. They run out of bus passes which is ridiculous and they run out of food vendors which is ludicrous! These incidents need to stop! People who work for these organizations are stealing from the HIV community! You need to create an HIV Consumer Board to oversee these organizations as soon as possible!”
  - “I desperately need dental services and I am always told that there are no funds available or there is a stop on the dental service program”
  - “Too much paper work to have to get qualified, 2 many times – Social services etc. ( 2 days when it used to take one) makes fighting illness harder”
  - “I’ve been busting my butt to be re-qualified or to keep qualification, by Nov.30 I haven’t been able to even be allowed to see my doctor or to do my labs, I think since I’m already in the system they should allow me to see my doctor and get my labs while I’m waiting all things for re-certification. Labs

- & Doctors to keep you going when \_\_\_ are full blown HIV and of course the meds.”
- “It took me quite an effort to find free testing. Should have a simple listing in phone book”
  - “Services need to be simplified – all unnecessary and redundant paperwork visits are stressful, time consuming and conflict with work. Clark County Social Services now requires a client to wait hours in order to get an appointment for medical insurance card. This is insanity and must change, a phone call to set appointment should be adequate.”
  - “Having only one supportive services provider is ridiculous”
  - “I need dental services. I am always told they are closed or ran out of funds”
  - “Please help patients such as myself create a no co-pay policy in Clark County/ Find someone who can help. We appreciate all who work here at UMC, but we all need to be re-focused on the fact that a paycheck is just a benefit as well as saving lives.”

***Comments from Clients in Mohave County:***

- “Thank You”
- “Staff are always available and helpful and value my time.”
- “I appreciate all of the help from the Ryan White Program – also the kindness of Marlo, Toni and Ron.”
- “Would like to discuss rumor of “pool Insurance” for medical pre-existing.”
- “We need more money 4 utilities. Not threw the housing unit!!”
- “I’m extremely dissatisfied with HIV Medical care and attitudes of medical care providers in Lake Havasu!! the money thing and attitude to HIV care are sometimes reprehensive!!”
- “No Questions personally, didn’t ask how Ron does, he’s excellent very informative and personal to your needs.”

# FINDINGS FROM CONSUMER FOCUS GROUPS

## Focus Group Transcriptions

### Group #1 African American Female Session (Morning Session)

*What led you to your decision to get diagnosed?*

- Found out by accident as she was donating plasma and they tested her for it.
- Was pregnant and found out at her doctor's office.
- Was tested at a methadone clinic as she was a recovering heroine addict.
- Was sick all the time and finally went to the ER where they tested her.

*After your diagnosis, when did you seek treatment?*

- Waited years, wasn't ready to accept it yet.
- 2-3 weeks. Couldn't seek treatment immediately as "I was dumbfounded and didn't know what to do".
- 2 months. "I was really sick so I finally went to the doctor".
- Straight out of the hospital she went into treatment mainly because she was really sick and wanted help.
- 8 years before she sought treatment due to drug use. "I was using so meds/docs weren't important to me".
- Sought treatment right away because she was pregnant and had other kids she needed to care for. Her kids have been her major motivator for staying in care.
- Sought care immediately with no support system which was "really hard to deal with".

*Are there any services you are impressed with or any issues you have faced while trying to access care?*

- "I've been on the Ryan White dental list for 3 years with no help".
- "If it wasn't for AFAN I'd be really depressed".
- "AFAN retreats support us and care for us".
- No complaints "you've got to take what you can get cuz their helping and it's free".
- A great deal of emphasis was placed on bus passes and the importance of getting one every month. A great deal of dissatisfaction was discussed with the new bus pass procedure.
- Doesn't feel like they provide enough. "Not all options are told to you, if they like you they tell you what you can get".
- "We hear stuff by word of mouth not from the agencies".

- There are no compassionate people working at the agencies.

*What kind of counseling have you sought for your HIV/AIDS status and who is your support system?*

- Community Counseling HIV groups are great
- Lunch and learns at AFAN, healthy relations class/family and friends are important for survival.
- Would like more women's groups for support, many women expressed disinterest in attending a group where men would be present.
- "Sherry Burch is a real inspiration in my life, I feel very comfortable in her presence. She is a compassionate person".

### *Summary*

This group was very spiritual/faith based, emotional, and used this group as a session to connect with one another and talk about their feelings dealing with their diagnosis as opposed to much discussion on the actual questions. Many of them talked about their past activities such as prostitution, drug use, and unprotected sex. However, the main theme of spirituality has become the foundation for their lives. Comments were made such as; "when you first get diagnosed our world drops", "but faith keeps us goin", "God brings us together", "AFAN is a blessing, I don't know what I would do without them". There was a great deal of dissatisfaction with the new bus pass procedure and the dental program.

### **Group #2 African American Female Session (Afternoon Session)**

*What led you to your decision to get tested for HIV/AIDS?*

- "I went to the health district but I already knew it would be positive".
- Donating plasma, they tested her there.
- Was working as a tester for drug companies and they tester her there.
- Tested positive in jail.
- Decided to get tested because of her lifestyle.
- Was getting life insurance and was required to have blood work done which required an HIV test.

*At what point did you access medical care after your diagnosis?*

- It took her 2 years to get into medical care because of finances.
- A few months, finally got into care because she thought she was going to die.
- Got into care right away because she had a great support system.
- Right away because she was pregnant.
- Stayed in care right after she tested positive.

*Has there ever been a period of time when you fell out of care and why?*

- Hated taking pills so she stopped.
- Didn't care so she didn't seek help.
- "I know better but I still do it" referring to taking her medication.
- Her children are her motivation for staying in care.

*What is working in the current system of HIV/AIDS care and what is not?*

- "AFAN is not doing their job because they won't help you unless it's an emergency".
- Transportation isn't working. "They need to pick people up, the bus takes too long, you can't wait for a bus when you're sick".
- "I want taxis to pick us up with door to door service".
- "They [the agencies] make you feel like crap when asking for services".
- "Nothing, the system is corrupt".
- Everyone should be treated the same and currently they are not.
- "We can't sit in lobby's all day to get vouchers".
- "We can't get no help".
- "AFAN didn't agree with where I spent my money so they wouldn't pay my utility assistance".

*If there is one thing you could change about the system of care, what would it be?*

- Access to medical care in America. All agreed and discussed their dissatisfaction with their inability to access doctors for whatever reason.

*Are there any services you need but are unable to get?*

- Food vouchers
- Less of a burden with paperwork
- "We're already HIV and should get a bus pass anyway".
- "Dental care, it used to be really good but now we can't get it."
- Make services easier to access, tell them what services are offered to them when they are diagnosed.
- "We are blessed to get the services we do get".

### *Summary*

This group was dissatisfied with the entire medical care system in America. They were extremely unhappy that they are unable to receive all the services that they are entitled to and that the agencies don't tell them what they can get. They were most dissatisfied with transportation, emergency financial assistance, and dental care.

### **Group #3 African American Males Session (Morning Session)**

*What led you to your decision to get tested for HIV?*

- Car accident, had a blood transfusion, was tested in the hospital.
- Veteran, was automatically tested every 6 months.
- Was in prison for 20 years and tested positive in prison.
- Was using drug heavily, in and out of jail, is a minister now, tested positive while incarcerated.
- His partner was diagnosed so he decided to get tested too.
- Was part of an HIV vaccine study and they tested him prior to starting the trial.
- Was dating a prostitute and got tested.
- Felt really sick so he went to the ER.
- Had back surgery and was tested in the hospital.
- His partner was positive and finally told him to get tested.
- Found out while incarcerated. Expected it as he had a 12 year run with meth and a lot of unprotected sex.
- Had a lot of women and drugs, didn't have a clear head, was tested after leaving jail.
- Went in to get a flu shot and decided to get tested for HIV.

*What services are most important to you for your HIV/AIDS treatment?*

- "I'm grateful for AFAN's help with bus passes".
- St. Theresa is very helpful, the food pantry is great, we need all the help we can get.
- There are too many stipulations to get help.
- "Everything I've asked for I've been able to get".
- "All the groups at AFAN have been really helpful".
- There was a lot of discussion regarding the healthy relationships classes and the benefits received from attending.

*What issues have you faced while accessing care?*

- "It takes too much time to wait for an appointment".
- Requested more sessions like these focus groups just to talk.
- "Thanks for having this discussion; it's nice to know I'm not the only one".
- The regulations are too stringent for getting help.

### *Summary*

This group was very spiritually based. There was a great deal of discussion on religion, spirituality, and brotherhood. Great emphasis was placed on the need for more discussion groups and a high level of satisfaction with the healthy relationships class. Additionally, there was discussion on the difficulty of accessing services due to regulations and paperwork.

## **Group #4 African American Males (Afternoon Session)**

*What led you to your decision to get tested for HIV?*

- Was sick and went to the doctor, initially they thought it was TB and then he was tested for HIV.
- Was in the hospital with what he thought was the flu.
- Felt sick and went to the health department.
- Got sick with a high fever and didn't and didn't know what it was until his girlfriend told him she had HIV.
- Felt sick and went to the hospital.
- Immigration asked him if he was sick and he and his girlfriend went to the hospital for testing.
- In and out of prison, got tattoos in prison and was tested positive in jail.
- Was getting the chills, felt sick and finally went to the doctor. "I'm thankful for my life".

*When did you seek treatment after your diagnosis?*

- Sold his HIV medication to buy drugs and kept using for many years after he was released from prison.
- When he moved he got off his medication but since diagnosis has been good about taking them.
- Many years, was off medication for 2 months but is now on the right track.
- Takes meds, has never been off them. "God has always provided a way for me to get my meds".

*What are the programs that help you, or issues you have had?*

- Trouble getting bus passes, doesn't like how you have to collect receipts.
- Loves the AFAN family. Gets the services he needs. Most satisfied with the medication assistance. "We'd be dead without Ryan White services, it's awesome".
- Has Medicaid and his church pays for everything else.
- AFAN has been so helpful, without Ryan White he'd be dead.
- We need more help getting jobs.
- AFAN has been a great help even though many services have been cut.
- Has had issues getting his bus pass and would like the workers to be more compassionate.
- "They need to give bus passes to everyone".
- Newly diagnosed people need more direction to get into care.
- A great deal of discussion was placed on the number of case workers they have seen throughout accessing care. They would like to be able to build a relationship with one and see them all the time.

### *Summary*

This group was very spiritual discussing the need for God in their lives to keep them going. They discussed issues with transportation and staff turnover at the agencies. There was a great deal of discussion on the importance of building a relationship with their case manager and having consistent case management.

### **Group #5 Hispanic Males**

*Why did you decide to have an HIV test?*

- Felt sick went to the hospital, was tested and confirmed at the ER
- Diagnosed with bells-palsy and found out he had HIV while in the hospital
- Woke up in a sweat one night with a high temperature, went to the doctor, had pneumonia, then was diagnosed
- Cousin needed to get an HIV test so he went too for support. When the doctor called them back for the results he was positive and his cousin was not.
- Tested positive in jail
- Got sick, went to doctor, was tested there

*What are the most important services you access that help you manage your disease?*

- Medical care
- Bus passes
- Counseling from Community Counseling Center

*What services are you most satisfied with or least satisfied with?*

- Least satisfied with vision and dental because “we can’t get it”

*Are there any services you need but can’t get?*

- Vision and Dental

*If you could change one thing about the HIV/AIDS services provided what would be?*

- More transportation options (taxi, para transit like system)
- Extend MAS cards for more than 3 months
- Bring back the HIV program at Social Services
- Create a client advocacy program where clients who know the system can help other newly to the system navigate the system.
- Give out a checklist of the process for accessing services along with the documents you need.
- Allow blood work to be done every 3 months instead of every 4 because health status can change so quickly.
- A program for people that don’t have proper documentation to get services

- Food vouchers, food pantry are too far out of the way and many of the other pantries require too much documentation to get food.

## **Group #6 Mohave County**

*What led you to your decision to get tested for HIV?*

- Got sick
- Was in the hospital and they tested me there

*What is the most important service that you utilize to help with your diagnosis?*

- Medication but it's a really slow process
- Medical Care

*What services do you need that are most successful and least successful currently?*

- Grateful for dental care when it's available
- Case management services are very efficient
- Access to medication is successful when it's working properly
- Vision program works well

*What about the services that you are not satisfied with?*

- Redetermination of eligibility every 6 months
- Change income restrictions

*What services do you need that are currently lacking?*

- Coordination among agencies
- Food vouchers
- More funding

*If you could change one thing about the HIV/AIDS services provided, what would that be?*

- Legal help that correlates your expenses/legal and financial advice
- Someone to explain insurance coverage
- Stronger mediation and counseling system

## **Group #7 Mohave County**

*What led you to your decision to get tested for HIV?*

- Was hospitalized with pneumonia and was tested there
- Irregularities when I went to the doctor
- Was tested because I was pregnant
- Was checked with my partner in the 80's

*What are the services that you are utilizing to help with your diagnosis that are most successful and least successful?*

- It's inconvenient to travel to Las Vegas for medical care
- Drug assistance programs are hard to follow and use
- Communication among agencies and to clients on where and how to use services
- The medical community to be more educated on HIV/AIDS

*If you could change one thing about the services that are currently being provided to you, what would it be?*

- Dental care
- Vision, no more cheap plastic lenses

*What message would you like me to take back to the Ryan White Program?*

- Take Dental back to UNLV they take good care of us
- We need good doctors that can work efficiently with us
- Better communication
- More funding to help these services

## **General Focus Group Summary**

Overall focus groups reported a high level of satisfaction with:

- Educational classes including lunch and learns
- Groups to discuss issues and network/counseling
- Medical care, specifically the doctors

Overall focus groups reported dissatisfaction with:

- The inability to receive dental services when needed
- The inability to receive vision services when needed
- The inability to acquire food vouchers
- The process to obtain and maintain a bus pass (too much red tape)
- The eligibility process

Items that clients would like to see change in the HIV/AIDS care system:

- More compassion when delivering services
- A program where clients new to the system are paired with clients who are familiar with the system for an easier transition into the system of care/A system that is easier to navigate or more help navigating the system

- The ability to have one case manager so they feel more comfortable sharing their issues and so they don't have to continually repeat their situation
- For more communication from their case managers on what services are available
- More communication among HIV/AIDS service providers and clients
- Less paperwork
- More opportunities to get together and talk about their issues

## COMPARATIVE ANALYSIS

The following is a brief comparative analysis of responses from the consumer surveys over the last three to six years in the Las Vegas TGA.

### Most Important Services

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

Service Category	Consumer Survey Numerical Ranking 2011	Consumer Survey Numerical Ranking 2010	Consumer Survey Numerical Ranking 2009
HIV/AIDS Medical Care (including doctor visits and labs-CD4 and Viral Load)	1	1	1
HIV/AIDS Medication	2	3	2
Food Bank/Food Vouchers	3	6	6
Transportation	4	4	11
Dental Care/Oral Health Care	5	2	3
Emergency Financial Assistance (utilities and housing)	6	4	8
Assistance with health insurance and health insurance related issues	7	8	5
Housing Assistance (short term assistance with housing or referrals for available housing)	8		9
Medical Nutrition Therapy (nutrition supplements, Boost, meeting with the registered dietitian)	9	10	10
Case Management	10		12
Mental Health Services	11	9	7
Legal Services (do not resuscitate orders, discrimination or breach of confidentiality)	12		14
Substance Abuse Services	13		13
Child Care Services	14		20
Interpretation and/or language translation services	15		19
Referrals for Health Care/Support Services			16
HIV Testing		7	4
Rehabilitation Services			17
Substance Abuse-Residential			18

### Barriers to Care

Respondents were also asked to indicate their major barriers to accessing care over the past two years from the list provided. The top five highest percentages are

highlighted below. Responses from 2010 were dramatically different from 2011. In 2010 the major barrier to care and theme was knowledge, including; not knowing what services existed, the locations, what was available, and what was needed in addition to not knowing where to go or who to ask for help. In 2011 the focus was primarily stigma, lack of funding, and lack of transportation. This dramatic shift could indicate that the large number (600+) of resource directories printed by the Part A Grantee’s office and distributed by providers in 2010 led to more knowledge about the availability of services in the community. The current issues of stigma and lack of transportation may need to be addressed through the Planning Council in their 2012-2013 priority setting and resource allocation process.

<i>Over the last 12 months have any of the following prevented you from accessing HIV/AIDS medical and/or support services?</i>		
	<b>Barrier 2011</b>	<b>Barrier 2010</b>
<b><i>KNOWLEDGE</i></b>		
Not knowing HIV/AIDS services existed	23%	39%
Not knowing that HIV/AIDS services were available to me	23%	35%
Not knowing the locations of the organizations providing HIV/AIDS services	23%	32%
Not knowing what services I needed to deal with HIV/AIDS	24%	31%
<b><i>ATTITUDE/STIGMA</i></b>		
I was too upset to think about getting help	22%	25%
I was in denial about my HIV/AIDS diagnosis	22%	20%
I was worried about other people finding out I have HIV/AIDS	30%	27%
I was afraid of how I would be treated	27%	27%
I am not a US citizen and was afraid I would be reported to the authorities	14%	26%
<b><i>CULTURAL ISSUES</i></b>		
I couldn’t find someone who speaks my language	13%	16%
My doctor or medical provider doesn’t understand my culture	16%	14%
In my culture we don’t go to the doctor	15%	11%
<b><i>ACCESS/COST</i></b>		
I didn’t know where to go or who to ask for help	20%	29%
The hours they are open don’t work with my schedule	16%	18%
I didn’t have transportation to get to medical/support service appointments	25%	25%
I had to wait too long to get an appointment	24%	22%
I couldn’t afford the services	26%	23%
I didn’t have insurance	28%	26%
I couldn’t qualify for services because of my income	22%	21%
Services aren’t located near my home	20%	20%

I had insurance but it didn't cover all of the cost of service I needed	20%	18%
I didn't have child care so I couldn't attend an appointment	15%	13%
The provider said the service ran out of money	21%	22%
<b>PROVIDER ISSUES</b>		
No one was willing to answer my questions or explain things to me	20%	21%
The provider didn't have staff that speak my language	16%	14%
The staff providing services were not polite and not helpful	20%	17%
I didn't feel like the provider really understood what I needed	21%	20%
<b>SYSTEM ISSUES</b>		
The system of care was too hard to navigate	23%	20%
I couldn't get referrals for the services that I needed	22%	19%
The service I needed was not available	22%	23%
Each place I called for help told me to call someone else	23%	22%
They told me I don't qualify for services	22%	18%

A comparison of barriers to care from a consumer's perspective from 2005, 2009, 2010, and 2011 can be found below. This is a combination of consumer survey responses and focus group responses.

<b>Consumer Reported Barriers to Care</b>			
<b>2011</b>	<b>2010</b>	<b>2009</b>	<b>2005</b>
<ul style="list-style-type: none"> <li>• Attitude/Stigma</li> <li>• Access-transportation, limited office hours</li> <li>• Cost-lack of insurance</li> <li>• Knowledge of what is needed and where to go</li> </ul>	<ul style="list-style-type: none"> <li>• Negative Stereotypes</li> <li>• Transportation</li> <li>• Complex system to navigate</li> <li>• Lack of a support system</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation</li> <li>• Stigma</li> <li>• Depression or other mental health issues</li> <li>• Process is cumbersome/too long/hard to navigate system</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation</li> <li>• Lack of housing opportunities</li> </ul>
<b>Consumer Reported Needs in the Care System</b>			
<b>2011</b>	<b>2010</b>	<b>2009</b>	<b>2005</b>
<ul style="list-style-type: none"> <li>• More compassionate staff</li> <li>• Consistent case managers</li> <li>• Dental</li> <li>• Vision</li> <li>• Less red tape</li> </ul>	<ul style="list-style-type: none"> <li>• Dental</li> <li>• Vision</li> <li>• Food assistance</li> <li>• Housing</li> </ul>	<ul style="list-style-type: none"> <li>• More compassionate staff</li> <li>• More client centered system</li> <li>• Transportation</li> <li>• Exercise classes/gym memberships</li> </ul>	<ul style="list-style-type: none"> <li>• Caring and compassionate staff with cultural Sensitivity</li> <li>• Expanded hours of operations</li> <li>• Reduced bureaucracy</li> <li>• Support groups for</li> </ul>

		<ul style="list-style-type: none"><li>• Housing Assistance</li><li>• Job Assistance</li><li>• Hot meals program</li><li>• Hygiene products/ household products</li></ul>	select/special populations for support
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## QUALITY MANAGEMENT DATA

Performance indicators quantitatively tell us something important about our services, and the processes that deliver them. They are a tool to help us understand, manage, and improve what our organizations do.

Performance indicators let us know:

- How well we are doing
- If we are meeting our goals
- If our customers are satisfied
- If and where improvements are necessary
- If our processes are in statistical control

Consumer surveys are utilized for Quality Management purposes to gather data on consumer satisfaction indicators. It is the goal of the Quality Management program that consumers indicate being very satisfied or satisfied with the services they receive, therefore in addition to important needs assessment data our survey was designed to also gather information on quality indicators. Data collected will be used to identify shortfalls, create quality improvement plans, and continually monitor changes to ensure stability and sustainability. Our goal is that each service category meet or exceed a 75% satisfaction rate, meaning are the clients report being satisfied or very satisfied with the services they received. Overall, all of our service categories exceeded the 75% goal.

Questions and reported percentages are as follows:

88% of clients reported being very satisfied or satisfied with the overall **medical care** they received over the last 12 months for their HIV/AIDS status.

89% of clients reported being very satisfied or satisfied with the process of accessing and/or **picking up their HIV/AIDS medication** over the last 12 months.

84% of clients reported being very satisfied or satisfied with the services they received from **community case managers and social workers** for their HIV/AIDS status over the last 12 months.

86% of clients reported being very satisfied or satisfied with the **medical nutrition services** they received over the last 12 months.

88% of clients report being very satisfied or satisfied with the assistance they received with their **health insurance** related issues over the last 12 months through the Ryan White Program.

88% of clients reported being very satisfied or satisfied with the **mental health services** (including group session) they received over the last 12 months through the Ryan White Program.

86% of clients reported being very satisfied or satisfied with the **substance abuse services** they received over the last 12 months through the Ryan White Program.

83% of clients reported being very satisfied or satisfied with the **emergency financial assistance** (for utilities or housing) you received over the last 12 months through the Ryan White Program.

85% of clients reported being very satisfied or satisfied with the **transportation services** (bus pass system) they received over the last 12 months through the Ryan White Program.

87% of clients reported being very satisfied or satisfied with the **overall quality of care** and services they received for their HIV/AIDS status over the last 12 months.

## LAS VEGAS TGA NEEDS ASSESSMENT/CONSUMER SATISFACTION SURVEY OF PEOPLE LIVING WITH HIV/AIDS



2010-2011

The Las Vegas TGA Ryan White Part A Program is conducting a needs assessment/consumer satisfaction survey of HIV and AIDS services in your community. As a major source of funding for HIV/AIDS services in the Clark, Nye and Mohave County areas, the Ryan White Program is asking you to share your challenges and experiences about service needs, barriers and the quality of HIV/AIDS services provided to you over the last 12 months. You have been invited to participate and contribute your experiences, knowledge and opinions about the service needs for people like yourself, living with HIV/AIDS. Your input is essential for the ongoing development of an effective system that provides high quality services for people living with HIV/AIDS in the Las Vegas region. The data gathered through this survey and additional focus groups will be used by the Planning Council in making important funding decisions to service categories for the coming year. It will also be used to assess the quality of services provided and make improvements where necessary.

This questionnaire is entirely confidential. No information about your participation can be obtained by anyone outside of this project. No information you provide can be identified with you. Your name will never be linked to your answers. We are asking you questions about your background only because we need this information for analysis. However, this information, just like all information gathered today will NEVER be associated with your name.

Your consent is entirely voluntary and your decision to participate or not will have no effect on the care you are receiving or the relationship you have with providers and/or caregivers at any agency.

Please check the box or boxes that best describes each of your answers based upon your experiences accessing HIV/AIDS services through the Ryan White Program over the last 12 months. There is no right or wrong answers. If you didn't access that service in the last 12 months, just check the "doesn't apply" box. If you have any questions please ask for assistance. This survey and any conversation you have with the interviewer are **completely confidential**. Once you have completed the entire survey you will receive a **Wal-Mart gift card for \$15**.

Thank you for agreeing to participate in this important survey!

**1. What is your race/ethnicity?**  
 American Indian or Alaskan Native     Asian     Black or African American (non-Hispanic)     Hispanic  
 White or Caucasian (non-Hispanic)     Native Hawaiian/Other Pacific Islander     Multi-Racial     Other: \_\_\_\_\_

**2. What is your gender?**  
 Male     Female     Transgender (Male to Female)     Transgender (Female to Male)

**3. What is your age?**  
 0-12     13-19     20-29     30-39     40-49     50-59     60+

**4. How do you think you became infected with HIV/AIDS? (please check all that apply)**  
 Male to Male sexual contact     Heterosexual contact     Sharing needles     Blood transfusion/tissue donation  
 Hemophiliac/coagulation disorder     Acquired at birth     Other (please specify): \_\_\_\_\_

**5. Have you accessed care for your HIV/AIDS status anywhere other than Clark County Nevada, Nye County Nevada or Mohave County Arizona in the last 12 months?**  
 Yes     No

**6. If you have accessed care outside of Clark County, Nye County or Mohave County in the last 12 months in what state did you access care?**  
 State: \_\_\_\_\_     Doesn't Apply

*Questions about your HIV/AIDS medical care in the last 12 months...*

**7. Over the last 12 months have your HIV medical providers/HIV doctors taken the time to help you understand your lab results, such as CD4 and viral load, and what it means for your health?**  
 Always     Most of the time     Sometimes     Not very often     Never     Doesn't Apply

**8. Over the last 12 months has your HIV medical provider/HIV doctor taken the time to explain the side effects of your HIV medication?**  
 Always     Most of the time     Sometimes     Not very often     Never     Doesn't Apply

**9. Over the last 12 months has your HIV medical provider/HIV doctor taken the time to explain how important it is to take your medication as directed?**  
 Always     Most of the time     Sometimes     Not very often     Never     Doesn't Apply

**10. When you have scheduled medical appointments in the last 12 months, were you able to get one soon enough for your needs?**  
 Always     Most of the time     Sometimes     Not very often     Never     Doesn't Apply

**11. In the last 12 months have you felt comfortable talking to your HIV medical providers/HIV doctors about personal or intimate issues?**  
 Always     Most of the time     Sometimes     Not very often     Never     Doesn't Apply

**12. When you think about the medical care you received in the last 12 months for your HIV/AIDS status, you feel it was... (please check all that apply)**  
 Excellent     Adequate     OK     Poor     Terrible     Personal     Caring     Friendly     Safe  
 Rushed     Impersonal     Cold     Warm     Dignified     Respectful     Humiliating     Scary  
 Understanding     Other (please specify) \_\_\_\_\_

**13. Have any of the following prevented you from accessing medical care for your HIV/AIDS status on a regular basis over the last 12 months? (at least every 6 months) please check all that apply**  
 No, I attend all my medical appointments     I don't have child care for my kids     I don't like the services  
 I don't have transportation     I don't want anyone to know I have HIV or AIDS     I don't think medication helps me  
 The system is too hard to navigate     The medical staff isn't nice to me     The medical staff doesn't speak my language  
 Keeping up with medication and appointments is too hard     I have mental health issues that prevent me from accessing care  
 In my culture we don't go to the doctor     I'm not sure where to go for medical care     They aren't open when I can go  
 Other (please specify): \_\_\_\_\_

**14. Overall, how satisfied are you with the medical care you received over the last 12 months for your HIV/AIDS status?**

Very Satisfied     Satisfied     Unsatisfied     Very Unsatisfied     Doesn't Apply

**15. Overall, how satisfied are you with the process of accessing and/or picking-up your HIV/AIDS medication over the last 12 months?**

Very Satisfied     Satisfied     Unsatisfied     Very Unsatisfied     Doesn't Apply

Comments:

*Questions about your case management/social work care over the last 12 months...*

**16. Over the last 12 months has your case manager/social worker helped you get the care and services you need?**

Always     Most of the time     Sometimes     Not very often     Never     Doesn't Apply

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

Always     Most of the time     Sometimes     Not very often     Never     Doesn't Apply

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

Always     Most of the time     Sometimes     Not very often     Never     Doesn't Apply

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

Always     Most of the time     Sometimes     Not very often     Never     Doesn't Apply

**20. Over the last 12 months has your case manager/social worker talked to you about your HIV medication and the importance of taking your medication as prescribed by your doctor?**

Always     Most of the time     Sometimes     Not very often     Never     Doesn't Apply

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

Always     Most of the time     Sometimes     Not very often     Never     Doesn't Apply

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

Very Satisfied     Satisfied     Not Satisfied     Very Unsatisfied     Doesn't Apply

*Questions about your medical nutrition therapy visits in the last 12 months...*

**23. Do you feel that the nutrition supplements you received, such as Boost or food vouchers, through Medical Nutrition Services over the last 12 months helped improve your overall health?**

Yes     No     Doesn't Apply

**24. Do you feel that the nutrition therapy (such as Boost, food vouchers, or meeting with the nutrition therapist) you received through Medical Nutrition Services over the last 12 months helped decrease any symptoms you have that are related to your HIV/AIDS status or HIV medications?**

Yes     No     Doesn't Apply

**25. Overall, how satisfied are you with the medical nutrition services you received over the last 12 months?**

Very Satisfied     Satisfied     Not Satisfied     Very Unsatisfied     Doesn't Apply

**26. Did you receive a list of community FOOD resources at least once in the last 12 months?**

Yes     No     Doesn't Apply

*Additional questions about services you have received in the last 12 months...*

**27. Did you receive a list of other COMMUNITY RESOURCES (financial assistance, housing, or food, ect.) at least once in the last 12 months?**

Yes     No     Doesn't Apply

**28. Overall, how satisfied are you with the assistance you received with your health insurance and insurance related issues**

<b>over the last 12 months through the Ryan White Program?</b>		
<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Not Satisfied <input type="checkbox"/> Very Unsatisfied <input type="checkbox"/> Doesn't Apply
<b>29. Overall, how satisfied are you with the Mental Health Services (including group sessions) you received over the last 12 months through the Ryan White Program?</b>		
<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Not Satisfied <input type="checkbox"/> Very Unsatisfied <input type="checkbox"/> Doesn't Apply
<b>30. Overall, how satisfied are you with the Substance Use Services (including group sessions) you received over the last 12 months through the Ryan White Program?</b>		
<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Not Satisfied <input type="checkbox"/> Very Unsatisfied <input type="checkbox"/> Doesn't Apply
<b>31. Overall, how satisfied are you with the Emergency Financial Assistance (for utilities or housing) you received in the last 12 months through the Ryan White Program?</b>		
<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Not Satisfied <input type="checkbox"/> Very Unsatisfied <input type="checkbox"/> Doesn't Apply
<b>32. Overall, how satisfied are you with the Transportation Services (buss pass system) you received in the last 12 months through the Ryan White Program?</b>		
<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Not Satisfied <input type="checkbox"/> Very Unsatisfied <input type="checkbox"/> Doesn't Apply
<b>33. Over the last 12 months do you feel that you were able to get referrals for the services you needed when you needed them?</b>		
<input type="checkbox"/> Always	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Sometimes <input type="checkbox"/> Not very often <input type="checkbox"/> Never <input type="checkbox"/> Doesn't Apply
<b>34. Over the last 12 months have any of the following <u>prevented</u> you from accessing HIV/AIDS medical and/or support services?</b>		
Not knowing HIV/AIDS services existed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Not knowing that HIV/AIDS services were available to me	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Not knowing the locations of the organizations providing HIV/AIDS service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
No knowing what services I needed to deal with HIV/AIDS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I was too upset to think about getting help	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I was in denial about my HIV/AIDS diagnosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I was worried about other people finding out I have HIV/AIDS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I was afraid of how I would be treated	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am not a US citizen and was afraid I would be reported to the authorities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I couldn't find someone who speaks my language	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My doctor or medical provider doesn't understand my culture	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In my culture we don't go to the doctor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I didn't know where to go or who to ask for help	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The hours they are open don't work with my schedule	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I didn't have transportation to get to medical/support service appointments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I had to wait too long to get an appointment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I couldn't afford the services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I didn't have insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I couldn't qualify for services because of my income	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services aren't located near my home	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I had insurance but it didn't cover all of the cost of services I needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I didn't have child care so I couldn't attend an appointment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The provider said the service ran out of money	<input type="checkbox"/> Yes	<input type="checkbox"/> No
No one was willing to answer my questions or explain things to me	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The provider didn't have staff that speak my language	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The staff providing services were not polite and not helpful	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I didn't feel like the provider really understood what I needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The system of care was too hard to navigate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I couldn't get referrals for the services that I needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The services that were supposedly available weren't when I tried to access them	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The service I needed was not available	<input type="checkbox"/> Yes	<input type="checkbox"/> No



**CONSENT FORM**

**2010-2011 Ryan White Part A Las Vegas TGA Comprehensive HIV/AIDS Needs Assessment/Consumer Satisfaction Project**

The Ryan White Part A HIV/AIDS program serving the three county Las Vegas TGA, in collaboration with the UNLV Cannon Survey Center is conducting a needs assessment of HIV/AIDS services.

You have been invited to participate and contribute your experiences, knowledge, and opinions about the service needs for people like yourself living with HIV/AIDS. Participating in this focus group gives you a voice in the planning for HIV and AIDS treatment services throughout the Las Vegas TGA. You will receive a \$30 Wal-Mart gift card for your participation today.

Everything you share in this focus group is entirely confidential. This assurance of confidentiality means that no information about your participation can be obtained by anyone outside of the needs assessment researchers. While we ask some questions about your background for the purposes of analysis, your name will never be linked to your answers. The results of this needs assessment may be published, but your name will never be used in any report or publication.

Your consent is entirely voluntary and your decision to participate or not will have no effect on the care you are receiving or the relationships you have with providers and caregivers at any agency.

By signing below, you consent to complete this focus group.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_

PARTICIPANT'S NAME: \_\_\_\_\_

TODAY'S DATE: \_\_ \_\_/ \_\_ \_\_/20\_\_ \_\_

# **LAS VEGAS TGA NEEDS ASSESSMENT/CLIENT SATISFACTION FOCUS GROUP PROTOCOL FOR PEOPLE LIVING WITH HIV/AIDS**

## **INTRODUCTION OF FACILITATOR AND NOTE TAKER**

Welcome and thank you for coming today. My name is \_\_\_\_\_, we have been asked by the Ryan White HIV/AIDS advisory board to identify the service needs of people living with HIV/AIDS and their families in this community. We have asked you to be here today to share your experiences seeking and receiving services-both about the things you like and the problems you may have encountered. We also want to hear about other services or help you may need that you are not currently receiving.

I will be leading today's discussion; it will only take about two hours. My role is to make sure we get through a few questions and that you each get a chance to talk. \_\_\_\_\_ will be helping me by taking notes, we will also be recording this session to make sure our notes are accurate, is it alright with each of you if this session is recorded?

To thank you for your participation we have a **\$30 Wal-Mart gift card** for you at the end of our discussion.

## **CONFIDENTIALITY**

All information we collect here today is confidential. We will not identify any of the participants in our notes. We will not use your name, address, or any other identifying information in reports or other materials related to the study. *(Make sure they read and sign the consent form at this time).*

## **INSTRUCTION**

If it is ok with everyone here, we would like to go around the room have everyone introduce themselves with just their first name and any other information you would like to share.

We would like all of you to express your opinions about the discussion topics. We are interested in multiple points of view about them. There is no right or wrong answers. We ask that you please refrain from holding side conversations, so that we are all able to hear what everyone has to say.

Before we get started; do you have any questions for us?

## **ICE BREAKER**

Let's begin by going around the room and introducing ourselves. Please tell us your first name and one thing you like about living here.

## QUESTIONS

### Diagnosis Questions

1. What led you to your decision to get tested for HIV?
2. How long after you were tested did you seek medical care for your diagnosis and was there anything holding you back from accessing care?
3. How has your HIV/AIDS diagnosis affected your emotional health and mental stability? Have you sought support groups or counselors since your diagnosis?

### Service Questions

1. What are the 5 most important services to you that help you manage your HIV/AIDS diagnosis?
2. What services are you most satisfied with and least satisfied with in the current system of care and why?
3. Are there any barriers that you have experienced while trying to access services in your community?
4. If you could change one thing in the HIV/AIDS system of care what would it be?
5. Are there any services you need but can't get or aren't offered in your area?
6. Do you ever miss appointments? What are the reasons you miss appointments?
7. Do you feel you have a support system, and if so who is your support system?

### Out-of-Care Questions

1. Have you ever ***not*** accessed care for a period of 12 months or more?
2. What caused you to stop accessing care?
3. What could have kept you in care?
4. What made you want to access care again?

## CLOSING STATEMENT

Is there anything else regarding HIV/AIDS care you would like to share with us today? Thank you for taking the time to share your thoughts with us today. We appreciate all of your comments. Please don't forget to pick up your gift card on your way out.