Ryan White Planning Council of the Dallas Area

2016
Comprehensive HIV/AIDS Needs Assessment

March 2017

NEW SOLUTIONS, INC.
TRANSFORM HEALTH CARE INFORMATION TO VALUE

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Ryan White Funded Providers

- AIDS Interfaith Network
- AIDS Services of Dallas
- Bryan's House
- Callie Clinic
- Dallas County Health Division
- Dallas County Hospital District – Parkland
- Health Services of North Texas
- Prism Health of North Texas (Formerly AIDS Arms)
- Resource Center of Dallas

Additional Agencies and Individuals

- Abounding Prosperity, Inc.
- AIDS Healthcare Foundation
- AIDS Walk South Dallas
- Avita Pharmacy
- The Afiya Center
- Homeward Bound, Inc.
- The Bridge Homeless Recovery Center
- The Council on Alcohol and Drug Abuse
- UT Southwestern School of Health Professions Department of Health Care Sciences - The Community Prevention and Intervention Unit
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- Pride Pharmacy
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- The Salvation Army DFW
- Uptown Physicians Group
- Candace Moore – Parkland - LGBT Services/HIV Prevention
- Ocie Menefield – Resource Center - United Black Ellument

ACRONYMS

AA	Administrative Agency
ACA	Affordable Care Act
ADAP	AIDS Drug Assistance Program
AETC	AIDS Education and Training Center
AIDS	Acquired Immunodeficiency Syndrome
ARIES	AIDS Regional Information and Evaluation System
CBO	Community-Based Organization
CDC	Centers for Disease Control
CHIP	Children's Health Insurance Program
DPA	Dallas Planning Area
DSHS	Texas Department of State Health Services
EFA	Emergency Financial Assistance
eHARS	Enhanced HIV AIDS Reporting System
EIIHA	Early Intervention of Individuals with HIV/AIDS
EIS	Early Intervention Services
EMA	Eligible Metropolitan Area
FPL	Federal Poverty Level
HAB	HIV/AIDS Bureau
HCC	HIV/AIDS Care Continuum
HERR	Health Education Risk Reduction
HHS	Health and Human Services
HIV	Human Immunodeficiency Virus
HOPWA	Housing Opportunities for Persons Living With HIV/AIDS
HRSA	Health Resources and Services Administration
HSDA	HIV Service Delivery Area
IDU	Injecting Drug Use(r)
LPAP	Local Pharmaceutical Assistance Program
MSM	Men who have Sex with Men
NMCM	Non-Medical Case Management Services
NSI	New Solutions, Inc.
OAMC	(Outpatient) Ambulatory Medical Care
PDSA	Plan-Do-Study-Act
PLWH	Person(s) Living with HIV or AIDS
P&P	Planning and Priorities
PrEP	Pre-Exposure Prophylaxis
RWHAP	Ryan White HIV/AIDS Program
RWPC	Ryan White Planning Council of the Dallas Area
STAR	(ARIES) Statistical Analysis Report

EXECUTIVE SUMMARY

INTRODUCTION

The Ryan White Planning Council of the Dallas Area (RWPC) is responsible for planning activities to support the use of Human Immunodeficiency Virus (HIV) medical care among people living with HIV/AIDS (PLWH) in a 12-county region. While a full continuum of services is available through Ryan White HIV/AIDS Program (RWHAP) funded programs and community linkages, understanding the needs of PLWH allows the RWPC to effectively plan improvements in access, barrier reductions, service quality and satisfaction enhancements, and linkage to care for persons who know their status and are not receiving medical care. Funding allocations follow effective planning, and this comprehensive needs assessment is designed to provide essential information for that decision-making. Specific objectives include:

- Identify status and trends in the HIV/AIDS epidemic within the Dallas EMA/HSDA and Sherman Denison HSDA, focusing on recent changes and emerging affected populations;
- Evaluate the system for and rate of linking PLWH into medical care;
- Construct the HIV Care Continuum depicting the progression from HIV diagnosis to viral load suppression;
- Identify consumer service needs, needs that are not currently being fulfilled, utilization patterns, and barriers to care;
- Obtain detailed information on PLWH with unmet need for medical care, including demographics, barriers, and strategies to connect to care;
- Identify and evaluate the system of HIV/AIDS care, evaluating current capacity, gaps, and barriers (including, but not limited to eligibility barriers) in the continuum and treatment cascade. This will include both HIV/AIDS service providers and providers of services that PLWH use.
- Provide depth insights into five priority populations: Black/African-Americans, Hispanic/Latinos, MSM, Youth and Transgender.

To accomplish these objectives, the following activities were undertaken:

1. Surveillance and sociodemographic data about the population of the region and status of the epidemic obtained from the Texas Department of State Health Services (DSHS) and the U.S. Census;
2. A detailed survey of 697 PLWH of which 457 were in-care and 240 were out-of-care/returned to care;[1]
3. Four in-depth focus groups conducted with: Direct Personnel, Planning Council Members/Staff, Providers, and Consumers conducted with supplemental interviews were for each focus group to ensure adequate feedback;

[1] Consumers meeting one of the following criteria were considered Out-of-Care: (1) Not currently receiving HIV medical care, with at least 12 months since the last medical appointment. This is the HRSA definition of "out-of-care" which is "no HIV medical care, no viral load or CD4 counts and no antiretroviral medications in the last 12 months." These people may or may not be receiving other RWHAP or HIV services. (2) Diagnosed between 2013 and 2016 that failed to link to care within six months of diagnosis. They may currently be in care. (3) Diagnosed between 2013 and 2016, linked to care after diagnosis but dropped out-of-care for at least six months. They may now be back in care. (4) Dropped out-of-care for at least 12 months but are now back in care. They should have been back in care for no more than two years.

4. A survey of 13 RWHAP providers including a detailed profile of provider capacity with questions regarding the impact of healthcare reform along with an inventory of funded and non-funded RWHAP local providers offering services that could expand the RWPC defined continuum of care (HCC);
5. Key informant interviews with community leaders, healthcare leaders, and RWHAP providers.

PERSPECTIVES ON THE NATIONAL EPIDEMIC

The CDC reports 1.2 million people in the United States living with HIV, with approximately 400,000 newly diagnosed infections annually.[2] In the past decade, rates of new infection have decreased 19%; however, certain at-risk populations such as men having sex with men (MSM) and African Americans as well as certain geographies, including the South, have not seen such declines. Although MSM comprise just two percent of the U.S. population, they accounted for two-thirds of all persons diagnosed with HIV in 2014. In the last decade, MSM diagnosis increased six percent with greater increases found among Blacks and Latinos.

According the Kaiser Family Foundation, in 2015, ten states including Texas accounted for approximately two-thirds (65%) of HIV diagnoses among adults and adolescents nationwide. Texas had the third highest number of new diagnoses nationwide accounting for 11% of HIV incidence. When controlling for population variability, Texas ranked seventh with 20.1 new HIV diagnoses per 100,000 residents, 37% higher than the national rate.[3]

As a positive development, however, some states including Texas have succeeded in reducing the number of new diagnosis. According to the CDC, new infections in Texas declined 2.4% in 2014 along with seven other states.[4] Prevention, testing and timely linkage to care for newly or previously diagnosed individuals are routinely cited as the most effective way to reduce or eliminate the epidemic.

Ending the HIV/AIDS epidemic in the United States has been proclaimed within reach by the National Institute of Allergy and Infectious Diseases. In 2016, HRSA required all RWHAP jurisdictions to develop plans to integrate prevention and care with the ultimate goal of reducing new infections, optimizing linkage and retention in care and achieving sustained viral load suppression. With this as a backdrop, this needs assessment provides the baseline of information to direct provision of services for PLWH in the Dallas Planning Area.

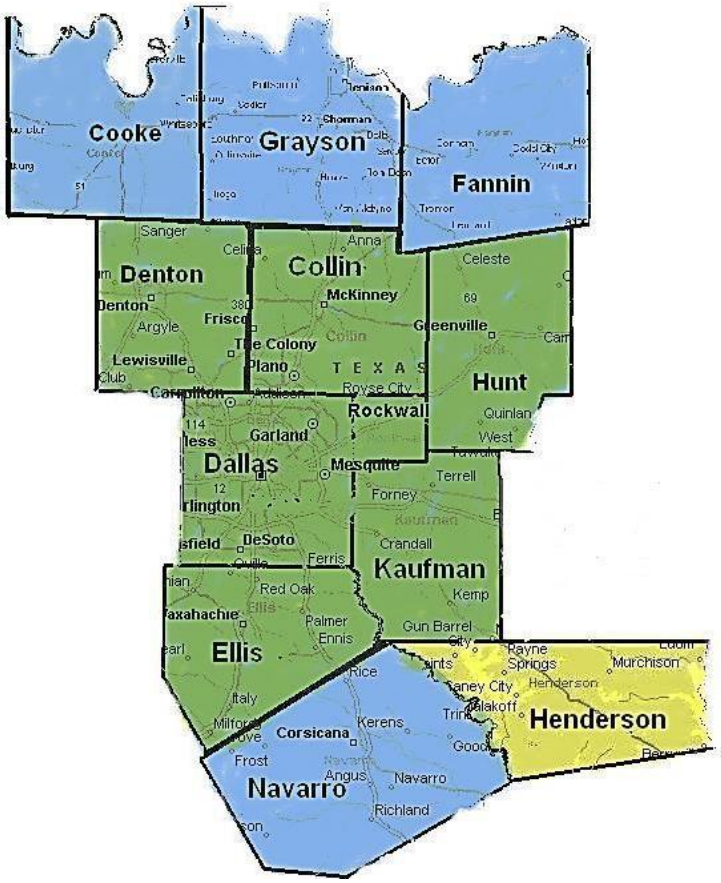
DEMOGRAPHIC AND EPIDEMIOLOGICAL PROFILE

There are 12 counties in the Dallas and Sherman-Denison HSDAs, with a total estimated population of 5,033,408 in 2015. Considering the demographics in this region:

- Dallas County is the largest with 2,553,385 persons, followed by Collin County with a total population of 914,127 and Denton with 780,612 in 2015.
- The remaining counties range in population from 163,000 to 33,700 persons.
- Between 2015 and 2015, population in the region grew by 11%.

[2] https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/hiv-data-trends-fact-sheet-508.pdf
[3] http://kff.org/hivaids/fact-sheet/the-hivaids-epidemic-in-the-united-states-the-basics/
[4] https://twitter.com/CDC_HIVAIDS

- The farther north in the region, the larger the percentage of Whites/Caucasians. This ranges from 79.7% in Fannin (Sherman-Dennison HSDA) to 31.5% in Dallas.
- Blacks/African-Americans range from 21.8% in Dallas to 2.4% in Cooke (Sherman-Denison).
- The highest concentration of Hispanic/Latinos reside in the counties of Dallas (39.0%), Ellis (24.7%), and Navarro (25.2%).
- The counties with the lowest per capita incomes tend to have the highest percentage of families living below poverty; these include Dallas, Hunt, Henderson, and Navarro.
- There are six zip codes within the city of Dallas which, when combined, contain over 25% of PLWH in the region.

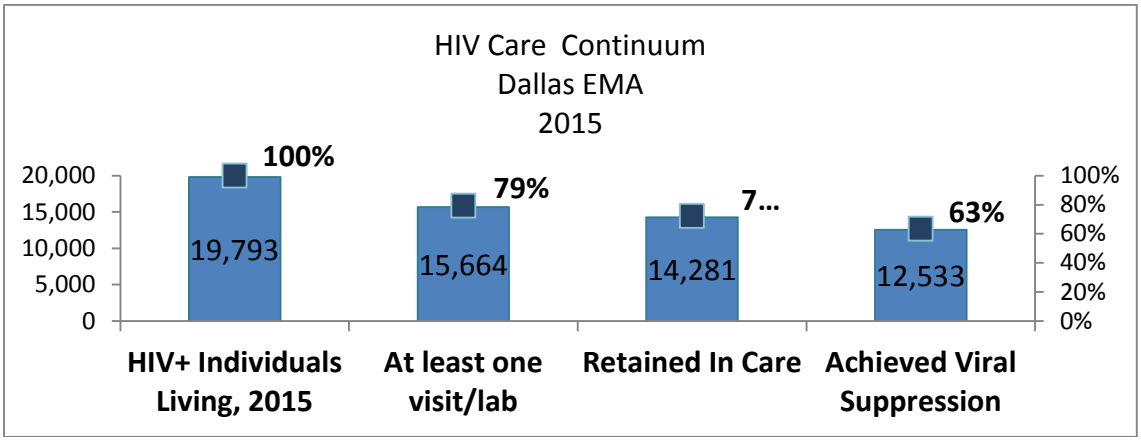


Data for this epidemiological profile were obtained from the Texas Department of State Health Services (DSHS) reflecting the number of PLWH in the Dallas Eligible Metropolitan Area (EMA), Dallas HIV Service Delivery Area (HSDA), and the Sherman-Denison HSDA[5]. Key findings:

- Prevalence increased. In 2015, 19,793 people were known to be living with HIV/AIDS in the Dallas EMA, 19,768 in the Dallas HSDA, and 226 in the Sherman-Denison HSDA. Between 2011 and 2015, the epidemic grew by 20% in the Dallas EMA, 17% in the Dallas HSDA, and 28% in Sherman-Denison. Prevalence rates increased by 15% in the Dallas EMA, 17% in the Dallas HSDA and 25% in the Sherman-Dennison HSDA.

[5] The data do not include those unaware of their HIV infection or those who tested HIV-positive solely through an anonymous HIV test.

- Incidence has varied. In the last five years, the highest number of new diagnoses in the Dallas EMA occurred in 2011, with 1,648 people diagnosed with HIV or AIDS. Incidence declined in the Dallas EMA through the five-year period.
- Mortality has declined. Mortality statistics lag behind incidence reporting and are released only through 2013. From 2009 through 2013, mortality among PLWH in the Dallas EMA declined 6% with variation during this period. The largest decline in mortality (20%) occurred in the Dallas EMA from 2011 to 2012. Statistics for the Sherman-Denison HSDA were normally less than five and more variable due to the small population size.
- HIV and AIDS cases. The increase in the overall epidemic also contributed to general increases in the number and rate of both HIV and AIDS cases. In the Dallas EMA, the proportion of PLWH with an AIDS diagnosis in 2011 was 54%. By 2015, this percentage declined slightly to 52%, indicating that individuals could have been diagnosed earlier in their disease stage.
- Epicenter has not moved. Dallas County continues to be the epicenter of the regional epidemic with 82% of PLWH residing there.
- Higher unmet need among PLWH-not AIDS. When compared to PLWH with AIDS, unmet need by disease status finds PLWH with HIV with higher unmet need in all population categories. The exceptions are Hispanics, those individuals 45 years or older, as well as the IDU and MSM/IDU transmission categories.
- HIV Continuum of Care (HCC). The 2015 Continuum of Care (HCC) provides salient performance indicators of linkage, retention and suppression comparing all PLWH. Across all regions of the DPA, results were consistent, reported on average 79% linkage to care with at least one medical visit or lab test, 72% retention with two or more medical visits and 63% viral suppression. Similar results were reported by gender, race/ethnicity, age and transmission mode.
- Linkage to Care. On average, 64% of PLWH in the Dallas EMA or HSDA were linked to care within one month of diagnosis in 2015. Sherman-Denison HSDA reported 87% linked to care.
- Retention in Care. In the Dallas EMA and HSDA, 72% of PLWH who were linked to care in 2015 were retained in care. The Dallas HSDA had the lowest percentage retained in care (69%).
- Measures of Viral Load. Viral load measures were calculated to examine the extent to which in-care and monitored PLWH achieve viral suppression when compared to those in various populations. In the Dallas EMA general population, the population of Aware and Unaware PLWH (Population Viral Load) are approximately 52% virally suppressed. Of those who are Aware but perhaps not always in care (Community Viral Load), 63% were virally suppressed in 2015. Of those in care and receiving at least two medical visits or lab tests (Monitored Viral Load), approximately 82% were virally suppressed.
- RWHAP Client In-Care Profile. In 2016, 9,609 received RWHAP services of whom 1,427 were new to the program. Gender, race/ethnicity, age and transmission mode were largely reflective of the epidemic.



CHARACTERISTICS OF THE POPULATION AND PRIORITY POPULATIONS

Combining data from all primary and secondary research study components (epi-profile, demographic profile, key informant interviews, focus groups, and consumer surveys), this section analyzes survey results of the total sample of in-care and out-of-care consumers. Five priority populations for the Comprehensive Needs Assessment were selected by the Planning & Priorities Committee: Black/African-American, Hispanic/Latino, MSM, Transgender Individuals and Youth Age 13-24.

The consumer survey sample was comprised of 697 PLWH that included 457 (66%) in-care consumers and 240 (34%) out-of-care/returned to care. Survey respondents conformed to the overall epidemic in the areas of gender and age: 75% were male respondents, 23% female, and 2% Transgender. The age profile of respondents was slightly older than those reflected in the regional epidemic. By race, Whites/Caucasians and Hispanics were under-sampled on the consumer survey relative to their presence in the regional epidemic, and Black/African-Americans were over-sampled. Eighty-three percent of the survey sample resided in Dallas County, which is comparable to the Dallas County percentage in the regional epidemic (82%). The consumer survey allowed the selection of multiple transmission modes. The most frequently identified were men having sex with men (50%), heterosexual contact (32%), IDU (6%), and Other (9%).

Table ES.1 provides an overview of the survey questions and responses by the total sample and the five priority populations. Highlighted statistics from the priority populations are notable. The results represent a population that is predominantly male, infected either by MSM or heterosexual contact, poorly educated, unemployed, and with low income. Two-thirds were in-care, the remainder either out-of-care or returned to care after a period of no care. Respondents identified various barriers to staying in care including keeping appointments, transportation, substance abuse involvement and "not feeling sick."

Table ES.1
Consumer Survey Summary Results
Total Sample

	Total Sample (n=697)	Black/African-American (n=387)	Hispanic/Latino (n=113)	MSM (n=349)	Transgender (n=15)****	Youth (n=22)****
Gender* **						
Male	75.0%	71.3%	73.5%	-	-	68.2%
Female	22.8%	27.1%	20.4%	-	-	22.7%
Other Gender Identity	2.2%	1.6%	6.2%	-	-	9.1%
Transmission Mode*						
MSM	50.1%	43.2%	49.6%	100.0%	0.0%	63.6%
IDU	6.0%	5.4%	6.2%	0.0%	13.3%	0.0%
MSM+IDU	2.4%	0.8%	3.5%	4.9%	0.0%	4.5%
Heterosexual Contact	31.9%	40.8%	26.5%	1.1%	0.0%	9.1%
Do not know	7.9%	7.0%	9.7%	2.0%	6.7%	4.5%
Other	9.6%	8.3%	12.4%	2.3%	80.0%	22.7%
Educational Attainment*						
Eighth Grade or Less	3.3%	3.4%	4.4%	1.4%	0.0%	0.0%
Some High School	12.9%	12.9%	19.5%	8.0%	13.3%	22.7%
High School Graduate/GED	34.9%	41.1%	33.6%	31.5%	33.3%	36.4%
Technical or Trade School	4.9%	4.4%	2.7%	5.2%	0.0%	0.0%
Some College	28.8%	26.6%	24.8%	35.8%	26.7%	40.9%
Completed College	10.3%	7.5%	12.4%	12.6%	26.7%	0.0%
Graduate Education	5.0%	3.9%	0.0%	4.6%	0.0%	0.0%
Other	0.9%	0.3%	2.7%	0.9%	0.0%	0.0%
Military Service**						
Yes	5.9%	6.2%	4.4%	4.6%	13.3%	0.0%
No	93.5%	93.5%	94.7%	95.1%	86.7%	100.0%
Employment Status						
Work Full-Time	13.3%	11.4%	20.4%	14.9%	20.0%	18.2%
Work Part-Time	11.0%	9.6%	12.4%	12.0%	6.7%	18.2%
Not Working	75.6%	79.1%	67.3%	73.1%	73.3%	63.6%
Unemployed Status**						
I am looking for a job	23.0%	21.9%	27.6%	27.5%	27.3%	42.9%
My health keeps me from working - I am not on disability	14.8%	16.3%	14.5%	12.2%	9.1%	0.0%
My health keeps me from working - I am on disability	44.8%	46.4%	36.8%	45.1%	45.5%	14.3%
Income**						
Less than $950	68.1%	74.2%	61.9%	62.5%	73.7%	77.3%
$950-$1,900	22.5%	18.1%	31.9%	24.6%	26.7%	9.1%
Substance Use**						
Yes	56.2%	55.3%	51.3%	63.0%	26.7%	77.3%
IV Drug Use - Injected in the Last 2 months**						
Yes	3.3%	2.6%	3.5%	4.3%	0.0%	4.5%
Substances Used in Last 6 Months**						
Alcohol	69.1%	72.4%	74.1%	74.1%	50.0%	70.6%
Marijuana	46.4%	51.9%	37.9%	48.5%	75.0%	82.4%

	Total Sample (n=697)	Black/African-American (n=387)	Hispanic/Latino (n=113)	MSM (n=349)	Transgender (n=15)****	Youth (n=22)****
Opioids and Morphine	11.2%	8.4%	10.3%	9.5%	0.0%	17.6%
Stimulants	19.9%	13.1%	24.1%	23.2%	25.0%	23.5%
Drink Alcohol More Than 3 Times a Week						
Yes	29.2%	29.0%	34.9%	34.4%	100.0%	58.3%
No	70.8%	71.0%	65.1%	65.6%	0.0%	41.7%
Considering Treatment**						
Yes	28.4%	28.3%	30.4%	27.7%	0.0%	17.6%
Depression Diagnosis**						
Yes	29.7%	24.8%	24.8%	28.7%	26.7%	9.1%
Received Care After Diagnosis**						
After more than 6 months	28.8%	29.5%	28.3%	32.1%	13.3%	9.1%
I have not received HIV medical care	3.7%	5.9%	0.9%	4.0%	13.3%	27.3%
Incarceration**						
Yes	12.5%	12.2%	11.5%	12.3%	6.7%	13.6%
HIV Care While Incarcerated**						
Yes	80.5%	76.6%	92.3%	72.1%	100.0%	66.7%
HIV Care After Incarceration**						
Afraid to tell others I am HIV+	20.7%	23.4%	30.8%	14.0%	0.0%	66.7%
Could not find a place to live	13.8%	12.8%	23.1%	18.6%	0.0%	66.7%
Did not know where to go for medical care	12.6%	17.0%	23.1%	18.6%	0.0%	33.3%
HIV Medical Care Potential Problems (in-care only)**						
Amount of time it takes at the clinic	15.1%	17.0%	14.5%	17.1%	20.0%	0.0%
Paperwork needed	12.9%	13.8%	10.5%	14.4%	20.0%	14.3%
I do not have transportation so it's hard to get there	12.0%	12.6%	10.5%	13.9%	0.0%	14.3%
HIV Medical Care Potential Problems (out-of-care only)**						
Amount of time it takes at the clinic	20.8%	20.1%	29.7%	22.6%	40.0%	20.0%
Paperwork needed	20.4%	21.6%	18.9%	18.0%	40.0%	26.7%
I do not have transportation so it's hard to get there	15.8%	15.7%	18.9%	16.5%	0.0%	6.7%
Not Getting HIV Medical Care (out-of-care only)**						
I do not feel sick	59.6%	52.6%	1.8%	35.1%	60.0%	10.5%
I do not want to think about being HIV+	29.8%	24.6%	1.8%	15.8%	20.0%	7.0%
I do not want to take medicines	28.1%	24.6%	0.0%	7.0%	0.0%	3.5%
Dropping Out-of-Care (out-of-care only)**						
It was hard to keep appointments	32.3%	38.6%	34.6%	28.4%	33.3%	50.0%
I was using drugs	28.1%	33.0%	19.2%	29.5%	0.0%	33.3%
I did not feel sick	26.9%	31.8%	19.2%	27.4%	66.7%	83.3%
Service Needs**						
Dental visits	57.8%	57.4%	65.5%	59.3%	33.3%	63.6%
Food Bank	47.9%	45.7%	48.7%	48.1%	46.7%	27.3%
HIV outpatient medical care	46.9%	50.1%	38.1%	43.3%	53.3%	18.2%

*Respondents could choose more than one answer.
**Select responses are represented; therefore, percentages do not sum to 100%
***Totals may not sum to 100% due to rounding.

****Transgender (n=15, in-care=10, out-of-care=5) and Youth (n=22, in-care=7, out-of-care=15) contain small sample sizes and do not allow for generalization.

Priority Populations

African-Americans

The consumer survey sample was completed by 387 Black/African-Americans[6] living with HIV/AIDS, comprising 56% of the total sample. The Black/African-American men included 253 (55%) in-care and 134 (56%) out-of-care consumers. Characteristics of this population more closely mirrored those of the total sample than the other four.

- Black/African-Americans in the Dallas EMA had the highest infection rate in the region; 1,036.3/100,000 in 2015.
- In 2015, the rate of new infections exceeded more than three times that of Whites/Caucasians and more than three times that of Hispanics.
- Black/African-American MSM had the highest unmet need (24%) when compared with White/Caucasian and Hispanic MSM (17% and 23%, respectively). Findings were similar for MSM/IDU, with 23% of Black/African-Americans having unmet need and 22% of Hispanic MSM with unmet need compared to 16% of White/Caucasians.
- Unmet need among those with heterosexual contact transmission found Black/African-American men with second highest unmet need (29%). Unmet need among Hispanics with heterosexual contact transmission had the highest unmet need (32%).
- Fifty-seven Black/African-Americans who were out-of-care during the last 12 months were asked to provide reasons for not being in care. The most common reasons for not being in care were; "I did not feel sick" (53%), "I do not want to think about being HIV+" (25%), and "I do not want to take medicines", which tied for second (25%).
- Black/African-Americans mirrored the overall sample in terms of service needs, making general recommendations applicable. However, there appears to be a greater need for case management and counseling services to deal with social determinants and support needs of this population.

  Key informants provided the bulk of information regarding needs of priority populations. With respect to Black/African-Americans, the general view was that culturally relevant and appropriate services were important to keeping people in care – "Ask them who do you have sex with," rather than "Are you gay, straight, etc.?" It is noted that the comments presented below represent the beliefs, opinions and experiences of those interviewed.

  <u>Recommendations</u>

  1. Require annual cultural competence training to all staff receiving RWHAP funding.
  2. Encourage medical and case management personnel to obtain training in identification of victims of domestic violence and intimate partner violence.
  3. Require agencies receiving RWHAP funding to ensure their staffs are culturally and linguistically representative of the consumers they serve.
  4. Support efforts to break down the stigma of HIV among Black/African-Americans and that normalize testing, Pre-exposure Prophylaxis (PrEP) and healthy behaviors.

[6] The consumer survey included a racial option of "Black or Black/African-American," so this discussion includes consumers who self-designate as either "Black or Black/African-American."

Hispanic/Latinos

The consumer survey sample consisted of 113 Hispanic/Latinos[7] living with HIV/AIDS, comprising 16% of the total sample. The Hispanic/Latino sample included 76 (67%) in-care consumers and 37 (33%) out-of-care consumers.

- This population is characterized by the highest increase in PLWH in the Dallas EMA from 2011-2015 of 34.8%.
- Hispanics/Latinos in the Dallas EMA had Hispanics/Latinos had the second highest DSHS unmet need in the Dallas EMA (23%).
- Considering transmission mode as self-reported in the consumer survey, 50% of Hispanics/Latinos were MSM, 27% heterosexual contact, and 6% IDU. Hispanic respondents reported "unknown" or "other" mode of transmission to a greater degree than found in the total survey, 22% vs. 18%.

Key informants spoke of the issues surrounding the undocumented status of some Hispanic/Latino consumers and the need to focus on the family dynamics.

Recommendations

1. Ensure that RWHAP providers maintain adequate numbers of bilingual direct care staff, and that all staff receive annual in-service training in cultural competence.
2. Ensure that continued education and outreach is made in Hispanic/Latino communities to reach those at high risk.
3. Encourage collaboration with CBOs that serve large numbers of Hispanic/Latino clients in outreach efforts with this community.

Men who have Sex with Men (MSM)

The consumer survey included 349 men who identify having sex with men (MSM) as their mode of HIV transmission. This is 50% of all consumer survey responses. A similar percentage of MSM were out-of-care as compared to the overall survey sample. Specifically, 38% of MSM were out-of-care compared to 34% of all respondents.

- MSM were predominantly Black, African-American as reflected in the total sample as well. White/Caucasian, Hispanic/Latino and Multi-Race comprised approximately the same proportion collectively as Black/African-American MSM.
- When asked about recent substance use, most frequent substance used among MSM was alcohol (74%) followed by marijuana (49%) and stimulants (23%). In nearly every case, MSM usage was proportionately greater than the total sample.
- Fifty-seven MSM who were out-of-care during the last 12 months were asked to provide reasons for not being in care. The most common reasons for not being in care were: "I did not feel sick", "I do not want to think about being HIV+", "I do not have money to pay", "It is hard to get there (transportation)".

[7] The consumer survey included an ethnicity question asking "Are you Hispanic/Latino?", so this discussion includes consumers who self-designate as either "Hispanic or Latino."

Recommendations

1. MSMs in the Dallas Planning Area can be stratified by age, race/ethnicity, etc. Priority populations include African-American MSMs, Hispanic MSMs, and young MSMs. Each group displays some differences by their culture.
    a. Targeted approaches should be developed for each subpopulation cited above.
    b. Provider collaboration will be necessary to expand targeted approaches to various populations and to share best practices.
    c. Support providers who successfully use cultural competency training, peer support, and patient navigation to enhance their success in linking and maintaining PLWH in care.
2. Ensure that all providers employ direct care personnel who reflect the characteristics of the target population.

Transgender Persons

The consumer survey sample consisted of 15 Transgender persons living with HIV/AIDS, comprising 2% of the survey sample. The Transgender sample included ten (77%) in-care consumers and five (33%) out-of-care consumers. The size and characteristics of Transgender PLWH are largely undetermined from available data. Because the sample size does not allow for generalizations about this population, the data are presented for informational purposes only.

- Considering transmission mode as identified on the consumer survey, 67% of Transgender reported having sex with a man, 13% reported having sex with a transman, transwoman, transperson or gender nonconforming person transmission, and 13% reported IDU.
- The most frequent substance used in the last six months by Transgender respondents was marijuana (75%) followed by alcohol (50%) and depressants (50%). The latter was significantly higher than found in the total sample.
- Fifty-seven consumers who were out-of-care for the last 12 months were asked to provide their reasons for not getting care. Respondents were given a list of reasons and an opportunity to provide additional reasons for being out-of-care. Responses included: 60% stated they didn't feel sick, 40% said, "I am afraid of being seen at the clinic", and "I do not have money to pay."

Recommendations

1. Increase support for physicians who treat Transgender patients, with priority to those with HIV or infectious disease experience. Work with the AETC to provide physician education on the care of HIV+ Transgender individuals.
2. Support provider collaboration with Transgender advocates to educate medical, dental, mental health, and substance abuse providers about the service needs of the Transgender community.
3. Work with HRSA, AETC and/or Transgender advocates to develop a program on cultural sensitivity for Dallas area service providers.
4. Encourage providers to develop innovative ways to reach, counsel, test, and link Transgender consumers to available services.

Youth (Age 13-24)

The consumer survey sample consisted of 22 respondents age 13-24 living with HIV/AIDS, comprising 3% of the survey sample. The youth ages 13-24 sample included seven (32%) in-care and 15 (68%) out-of-care consumers.

- The majority of youth respondents identified as Black/African-American (64%), which is higher than that of the total sample. The percentage of Hispanic youth (23%) was also higher than the total sample (16%). White youth (9%) were underrepresented relative to the total sample (25%).
- Considering transmission mode as identified on the consumer survey, 64% of youths reported having sex with a male, 12% report perinatal transmission, and 9% report heterosexual transmission. MSM transmission is clearly the major transmission mode of this population.
- The majority (77%) of youth survey respondents used drugs or alcohol in the past six months. In contrast to the total sample where alcohol was most frequently cited, the most frequent substance used by youth in the last six months was marijuana (82%), followed by alcohol (71%) and stimulants (24%).
- Nine percent of youth consumer survey respondents were diagnosed with depression, compared to 30% in the total sample. While the small sample size does not allow for conclusion, it is apparent that youth do not receive adequate mental health counseling.
- Fifty-seven youth respondents who were out-of-care during the last 12 months were asked to provide reasons for not being in care. The most common reasons for not being in care were: "I did not feel sick", "I do not want to think about being HIV+", "I do not need or want medical care", "I do not have money to pay" (tied for third).

Recommendations

1. HIV+ youth are difficult to find and even more difficult to link to care. Efforts to engage in common communication methods, i.e. social media, should be emphasized as an important avenue to pursue.
2. Youth represent the newest priority population in the Dallas Planning Area (DPA). Education and appropriate messaging to this group appear particularly challenging to overcome and should be given strong consideration with respect to follow-up activities.
3. The County Health Department should meet with the local school districts to discuss rates of teen pregnancies, STDs, alcohol and other substance use and HIV among youth as a continuing public health issue, to broaden the school curriculum for health education to include information and tactics on prevention and healthy behaviors. Priority should be placed on schools where high risk behaviors are known to exist.
4. Encourage RWHAP providers to increase their use of popular social media sites, apps (used by teens and young adults) to provide outreach and early intervention services.
5. Enhance prevention and outreach activities by having providers hold events on college campuses and at events where young people are likely to gather. Utilize peer outreach whenever possible.

SERVICE ANALYSIS

The consumer survey asked the following questions for 35 core and support services:

- **Do You Use This Service Now or Over the Past Year?**
  - If a service is being used, it is assumed the service is needed.
  - If the service is being used, the next question asks about ease of use.
  - If the service is not being used, the next question asks about need for the service.
- **How Easy Was It For You To Get the Service?**
  - The number and percentage of people who use the service and found it easy to get is presented as **Need Met Easily**
  - The number and percentage of people who use the service and found it hard or somewhat hard to get is presented as **Need Met Hard**.
  - Anyone with a service that was hard or somewhat hard to get was asked the reason under the barriers section.
- **Unfulfilled need for a service**.
  - If someone is not using the service but states a need for it, he/she is considered to have an unfulfilled need for the service.
  - The number and percentage of people who have an unfulfilled need is presented as **Need Not Met**.
  - Anyone with an unfulfilled need was asked the reason under the barriers section.
- **Barriers to Care**.
  - If a service fulfilled the criteria for either Need Met Hard or Somewhat Hard or Need Not Met, the respondent was asked either, **"What is the *main* reason you were not able to get this service?"** or **"What is the *main* reason this service was hard to get?"**
  - Specific barriers were identified for each service.
  - A list of "problems" with HIV medical care asked early in the survey replaced the barrier questions for Ambulatory/Outpatient Medical Care.

Detailed results for all service categories are provided in Section 5 of this report. Ten selected service categories are included here as most significant: oral health care, ambulatory outpatient medical care, OB/GYN, specialty medical care, food and nutritional services, medical case management, medical transportation, emergency financial assistance, long term housing and mental health therapy.

Oral Health Care

Oral Health Care services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants. Dental care was the highest-ranking service need. It ranked first in total need and first in unfulfilled need. Dental care was widely needed among in-care and out-of-care respondents, being their top identified service need and unfulfilled need. Both in-care and out-of-care survey respondents ranked dental care as the highest unfulfilled need.

Table ES.2
Service Category Summary Results – Oral Health Care
Total Sample, In-Care, Out-of-Care

ORAL HEALTH CARE	Total Sample		
	Total	In-Care	Out-of-Care
Service Need			
If used, need met easily	68%	67%	64%
If not used, unfulfilled need	66%	65%	68%
No need	34%	35%	32%
Ranking			
Total Need Rank	1	2	1
Unfulfilled Need Rank	1	1	1
Barriers to Care			
"Long wait to get an appointment"	32%	34%	29%
"Limited funding"	26%	21%	31%

Considering need for dental services:

- While 68% of consumer survey respondents reported their need for dental care was met easily, 66% reported their need is unfulfilled.
- Despite their small number, 100% of in-care Youth (3) and Transgender individuals (2) reported their needs not met.
- In-care Hispanic/Latino men and women (70%), and in-care Black/African-American men and women (66%) had high rates of unfulfilled needs.
- 68% of in-care MSMs also had dental needs not met.
- Oral health care has remained the top priority since 2010, the need and unfulfilled need further increased in 2016.

Ambulatory/Outpatient Medical Care

Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Table ES.3
Service Category Summary Results – HIV Outpatient Medical Care
Total Sample, In-Care, Out-of-Care

HIV OUTPATIENT MEDICAL CARE	Total Sample		
	Total	In-Care	Out-of-Care
Service Need			
If used, need met easily	77%	79%	70%
If not used, unfulfilled need	34%	28%	40%
No need	66%	72%	60%

HIV OUTPATIENT MEDICAL CARE	Total Sample		
	Total	In-Care	Out-of-Care
Ranking			
Total Need Rank	2	1	2
Unfulfilled Need Rank	18	20	12
Barriers to Care			
"The amount of time it takes at the clinic"	15%	11%	19%
"Paperwork needed"	13%	12%	15%

- Twenty-three percent reported their need for this service was met with difficulty.
- Thirty-four percent reported an unfulfilled need.
- In-care African-American men and women and in-care MSM had the largest percentages reporting no need for HIV outpatient medical care (excludes populations with small numbers of respondents).
- Among respondents that had not used this service in the past 12 months, out-of-care African American men and women and out-of-care MSM had the highest unmet need (excludes populations with small numbers of respondents).
- In-care Hispanic men and women and in-care MSM had the largest percentage with their need met easily.
- In both 2016 and 2013, HIV Outpatient Medical Care ranked second in total need.

Medical Care from a Specialist

Table ES.4
Service Category Summary Results
Medical Care from a Specialist

MEDICAL CARE FROM A SPECIALIST REFERRED BY YOUR HIV DOCTOR	Total Sample		
	Total	In-Care	Out-of-Care
Service Need			
If used, need met easily	73%	74%	69%
If not used, unfulfilled need	22%	22%	22%
No need	78%	78%	78%
Ranking			
Total Need Rank	7	6	10
Unfulfilled Need Rank	12	11	16
Barriers to Care			
"Difficult to get appointment"	42%	41%	44%
"High co-pay"	16%	23%	6%

- For the total consumer survey sample, twenty-seven percent reported their need was met with difficulty, and twenty-two percent reported an unfulfilled need.
- Out-of-care African American men and women reported the highest unmet need (excludes populations with small numbers of respondents).

(For women) Outpatient OB/GYN Care Visits

Table ES.5
Service Category Summary Results
OB/GYN Care

OB/GYN CARE	Total Sample		
	Total	In-Care	Out-of-Care
Service Need			
If used, need met easily	91%	91%	90%
If not used, unfulfilled need	42%	35%	50%
No need	58%	65%	50%
Ranking			
Total Need Rank	25	24	27
Unfulfilled Need Rank	30	33	29
Barriers to Care			
"Difficult to get appointment"	28%	25%	30%
"Want To See A Female Doctor"	11%	12%	10%

- Ten percent of female respondents reported their need for this service was met with difficulty, and forty-two percent reported an unfulfilled need.
- Out-of-care Hispanic/Latino women (75%) and out-of-care African American women (55%) had the highest unmet need.

Food Bank/Home Delivered Meals

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food as well as the provision of essential non-food items that are limited to the following: personal hygiene products, household cleaning supplies, water filtration/purification systems in communities where issues of water safety exist. Food Bank/Home Delivered Meals was ranked third in overall need among the 35 services on the consumer survey and ranked eighth in unfulfilled need.

Table ES.6
Service Category Summary Results
Food Bank

FOOD BANK/HOME DELIVERED MEALS	Total Sample		
	Total	In-Care	Out-of-Care
Service Need			
If used, need met easily	82%	82%	84%
If not used, unfulfilled need	36%	35%	37%
No need	64%	65%	63%
Ranking			
Total Need Rank	3	3	4

FOOD BANK/HOME DELIVERED MEALS	Total Sample		
	Total	In-Care	Out-of-Care
Unfulfilled Need Rank	8	9	8
Barriers to Care			
"Location/Transportation"	41%	44%	37%
"Hours it is open"	15%	21%	9%

Considering need for Food Bank/Home Delivered Meals:

- Over one-third of consumers expressed unmet need for food bank/home delivered meals including 37% out-of-care and 35% in-care
- Out-of-care Youth and out-of-care Black/African American men and women had the highest unmet need both at 46%.
- Out-of-care MSM had 39% unmet need and in-care MSM had 36% unmet need.
- 39% of in-care Hispanic/Latino men and women had an unmet need for food bank/home delivered meals.
- Total need for Food bank/home delivered meals was ranked in the top quartile of need in both 2013 and 2016.

Medical Case Management, Including Treatment Adherence Services

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

Table ES.7
Service Category Summary Results
Medical Case Management

MEDICAL CASE MANAGEMENT	Total Sample		
	Total	In-Care	Out-of-Care
Service Need			
If used, need met easily	79%	79%	78%
If not used, unfulfilled need	27%	22%	34%
No need	73%	79%	66%
Ranking			
Total Need Rank	5	5	5
Unfulfilled Need Rank	15	17	8
Barriers to Care			
"Case manager not available/hard to reach"	33%	28%	38%
"Too much paperwork"	10%	16%	5%

- 22% of in-care consumers reported an unfulfilled need; 34% of out-of-care consumers reported having an unfulfilled need.
- Out-of-care Hispanic/Latinos and Black MSMs reported the largest percentages of unfulfilled need for medical case management, 39% and 34% respectively.

- In 2016, case management ranked fifth in terms of total need, up from tenth in 2013, and the unfulfilled need decreased from fourth to fifteenth

Medical Transportation (Transportation to Medical Care Bus Pass/Van Service)

Medical Transportation is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services. Medical Transportation was the eighth ranked overall service need and the seventeenth most frequently identified unfulfilled need. In addition, in-care consumers ranked it eighth in overall need and sixteenth in unfulfilled need, while out-of-care consumers ranked it seventh in need and sixteenth in unfulfilled need.

Table ES.8
Service Category Summary Results
Medical Transportation

MEDICAL TRANSPORTATION	Total Sample		
	Total	In-Care	Out-of-Care
Service Need			
If used, need met easily	77%	79%	72%
If not used, unfulfilled need	19%	15%	27%
No need	81%	85%	73%
Ranking			
Total Need Rank	8	8	7
Unfulfilled Need Rank	17	16	16
Barriers to Care			
"Must take more than one bus to clinic"	25%	21%	28%
"Hard to take bus if ill"	17%	21%	13%

- Nineteen percent reported an unfulfilled need while 77% had their need easily met. Twenty-three percent reported a need that was met with difficulty.
- In-care Hispanic/Latino men and women and in-care MSM had the largest percentages of respondents reporting no need for medical transportation (excludes populations with small sample sizes responding).
- Among respondents that have not used this service in the past 12 months, out-of-care Youth had the highest unmet need.
- In-care MSM and in-care African-American MSM had the largest percentage with their need met easily (excludes populations with small n's responding).

Housing

Housing services provide transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment. Housing services include housing referral services and transitional, short-term, or emergency housing assistance. Transitional, short-term, or emergency housing provides temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care.

Emergency Financial Assistance for Rent and Mortgage or Utilities

Table ES.9
Service Category Summary Results
EFA for Rent/Utilities

EFA Rent/Utilities	Total Sample		
	Total	In-Care	Out-of-Care
Service Need			
If used, need met easily	54%	54%	53%
If not used, unfulfilled need	28%	28%	28%
No need	72%	72%	72%
Ranking			
Total Need Rank	15	14	15
Unfulfilled Need Rank	3	3	3
Barriers to Care			
"Limited Funding"	43%	40%	49%
"Too much paperwork"	14%	17%	10%

- Consumer survey respondents ranked the need for Emergency Assistance for Rent or Mortgage fifteenth among 35 service categories and third in unfulfilled need.
- In-care consumers ranked the need for Emergency Assistance for Rent or Mortgage fourteenth and third in unfulfilled need.
- Out-of-care respondents ranked the need fifteenth in need and the unfulfilled need was ranked third.

Long-Term Rental Assistance Voucher / Long-Term Housing

Table ES.10
Service Category Summary Results
Long-Term Housing

Long-Term Housing	Total Sample		
	Total	In-Care	Out-of-Care
Service Need			
If used, need met easily	45%	45%	44%
If not used, unfulfilled need	38%	35%	44%
No need	62%	65%	56%
Ranking			
Total Need Rank	9	10	8
Unfulfilled Need Rank	2	2	2
Barriers to Care			

Long-Term Housing	Total Sample		
	Total	In-Care	Out-of-Care
"Limited Funding"	21%	21%	20%
"Too much paperwork"	9%	9%	9%

- Consumer survey respondents ranked the need for Long-term Housing Assistance ninth among 35 service categories and second in unfulfilled need.
- In-care consumers ranked the need for Long-term Housing Assistance tenth and second in unfulfilled need.
- Out-of-care respondents ranked the need eighth in need, and the unfulfilled need was ranked second.

Mental Health Services

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV

Table ES.11
Service Category Summary Results
Mental Health Services

Mental Health Services	Total Sample		
	Total	In-Care	Out-of-Care
Service Need			
If used, need met easily	76%	79%	71%
If not used, unfulfilled need	16%	12%	22%
No need	84%	88%	78%
Ranking			
Total Need Rank	13	13	13
Unfulfilled Need Rank	16	13	14
Barriers to Care			
"Didn't know where to go"	59%	63%	55%
"Didn't want to use this service"	16%	11%	21%

- Nearly a third of consumers had been diagnosed with depression in the last 12 months.
- Out-of-care Hispanic/Latino men and women: 42% found their needs hard to meet.
- Among those in-care, MSMs had the highest percentage of consumers reporting a diagnosis of depression (31%); African-American men and women (26%) were the second highest percentage of consumers reporting this diagnosis.
- Among out-of-care consumers, 40% of Transgender respondents and 27% of Hispanic/Latinos had been diagnosed with depression.

FOCUS GROUPS AND KEY INFORMANT INTERVIEWS

The opinions and feedback expressed throughout focus group discussions and key informant interviews provided unique insight pertaining to the climate of the Dallas Planning Area. Several salient themes emerged including: an arduous enrollment process, a lack of health information exchange infrastructure across agencies including case coordination and statewide data system, a need to increase health education and availability for PrEP, and managing the disease without fundamental needs of daily living including housing, food and transportation, and delays in funding from the Administrative Agency.

Focus Group participants and Key Informant interviewees collectively reported a need to streamline the enrollment process including a reduction in paperwork. The enrollment process may be simplified with inter-agency information sharing. The repetitive process of collecting the required documentation acts as a preeminent deterrent to clients receiving needed care and services.

Participants reported frustration with a lack of health information exchange infrastructure across agencies including case coordination and the statewide AIRIES data system. Poor inter- and intra-agency communication inhibits an already difficult process. A reiterated theme was streamlining processes to resolve duplicative efforts.

Pre-Exposure Prophylaxis, or PrEP, is a way for people who do not have HIV but who are at substantial risk of getting it to prevent HIV infection by taking a pill every day. PrEP is a powerful HIV prevention tool and can be combined with condoms and other prevention methods to provide even greater protection than when used alone. People who use PrEP must commit to taking the drug every day and seeing their health care provider for follow-up every three months. Discussion of lack of funding, access and education surrounding this highly beneficial prevention tool was pervasive. Universally, participants expressed issues surrounding both stigma and culture.

Generally, PLWH are unable to manage their disease without fulfilling basic needs for housing, food and transportation. Repeatedly participants shared personal heart wrenching details of clients unable to receive care due to these instabilities. Housing was discussed as a barrier; a lack of available housing stock severely compromises the effectiveness of all other efforts to receive care.

When asked to discuss how the Planning Council can improve its effectiveness in addressing client and agency barriers, issues of transparency and timeliness of funding were raised. Gaps in communication and variability in responses across agencies from the AA were discussed as road blocks to ensuring client services. Trust and accountability taint the relationship between the AA and agencies. One participant succinctly stated “Hold the AA accountable, making sure that when they get the money, the notifications are sent out in advance, on time and when they get the money there is a system in place that has the money hit the street early, and don’t take three to four months for the contract to be signed…”

Universal themes expressed by Key Informant interview and Focus Group participants support findings identified across multiple areas of the primary research conducted. Although limited in number, the thoughts and opinions of these participants are indicative of the Dallas Planning Area’s most widespread concerns.

Recommendations

1. Create an interagency task force to increase networking, strengthen communication and establish a forum for idea sharing and concerns.
2. Implement HRSA recertification data-sharing agreements across recipient and sub-recipients to reduce the burden across all entities including and most importantly, clients.
3. Establish a subcommittee to research robust health information exchange systems nationwide.
4. Request the Planning Council Manager and staff to draft a memorandum on limitations of the ARIES data system and needs for modifications, to be reviewed by the CEO and ultimately submitted to the State for consideration.
5. Increase education, awareness and education of PrEP. Implement "out-of-the-box" ideas to reach target populations including, but not limited to social media.
6. Provide trainings to ensure sensitivity to client needs, eliminating stigma of the disease. Recognize the need for improved housing, transportation and nutrition as a foundation to successful engagement. Maintain and/or increase funding for HOPWA and RWHAP housing services.
7. Re-educate Planning Council members about the importance and role they play on the Council. Run a Planning Council retreat. Review funding and allocations process. Strategize effective means of communication for Planning Council members, grantees and sub-grantees to alleviate concerns regarding transparency of funding.

1. INTRODUCTION AND METHODOLOGY

INTRODUCTION

The Ryan White Planning Council of the Dallas Area (RWPC) is responsible for planning services that support the use of Human Immunodeficiency Virus (HIV) medical care among people living with HIV/AIDS (PLWH) in a 12-county region. Although a full continuum of services is available through Ryan White HIV/AIDS Program (RWHAP) funded programs and community linkages, understanding consumer needs allows the RWPC to effectively plan to improve access, reduce barriers, enhance service quality and satisfaction and bring consumers who know their status and are not receiving medical care into the RWHAP system. Funding allocations follow effective planning, and this comprehensive needs assessment is designed to provide essential information for decision-making. Specific objectives include:

- Identify status and trends in the HIV/AIDS epidemic within the Dallas EMA/HSDA and Sherman Denison HSDA, focusing on recent changes and emerging affected populations;
- Identify consumer service needs, needs that are not currently being fulfilled, utilization patterns, and barriers to care;
- Obtain detailed information on PLWH with unmet need for medical care, including demographics, barriers, and strategies to connect to care;
- Construct the HIV Care Continuum (HCC) depicting the progression from HIV diagnosis to viral load suppression;
- Evaluate the system for and rate of linking PLHWA into medical care;
- Identify and evaluate the system of HIV/AIDS care, evaluating current capacity, gaps, and barriers (including, but not limited to eligibility barriers) in the continuum and treatment cascade. This will include both HIV/AIDS service providers and providers of services that PLWH use; and

In order to accomplish these objectives, the following activities were undertaken:

- A detailed survey of 697 PLWH of which 457 were in-care and 240 were out-of-care/returned to care;
- Four in-depth focus groups were conducted with direct personnel, Planning Council Members/Staff, providers, and consumers. Supplemental interviews were conducted for each focus group to ensure adequate feedback;
- A survey of 13 Ryan White funded providers including a detailed profile of provider capacity with questions regarding the impact of healthcare reform;
- Surveillance and sociodemographic data about the population of the region and status of the epidemic obtained from the Texas Department of State Health Services (DSHS) and the U.S. Census;
- An inventory of funded and non-funded Ryan White local providers offering services that could expand the RWPC defined continuum of care (HCC);
- Key informant interviews with community leaders, healthcare leaders, and Ryan White funded providers.

Definition of Service Area

This needs assessment focuses on the RWPC's three planning areas—the Dallas EMA, the Dallas HSDA and the Sherman-Denison HSDA. These include 12 counties: Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Henderson, Hunt, Kaufman, Navarro, and Rockwall.

Oversight of the Needs Assessment

Direct oversight of the needs assessment was provided by RWPC's Planning and Priorities (P&P) Committee and the Needs Assessment Work Group. Others providing input and assistance included:

- RWPC Manager and staff;
- Dallas County Department of Health and Human Services Administrative Agency (AA) staff.

Priority Populations

Priority populations for the Comprehensive Needs Assessment were determined by the Planning & Priorities Committee and included:

- African-Americans;
- Hispanic/Latino;
- Men who have sex with men;
- Transgender Persons;
- Youth (13-24 years of age).

METHODOLOGY

Regional Demographic Profile

The data for the regional demographic profile and the Dallas County profile were obtained from the U.S. Census Bureau. These data include:

- Population counts from 2010 Census (American Community Survey) and estimates for the 2012 and 2015 population by county;
- Socioeconomic indicators such as income, poverty, and race/ethnicity;
- Disproportional impact.

Epidemiologic Profile

The data for this epidemiological profile were obtained from the Texas Department of State Health Services (DSHS). They reflect information on the epidemic in the Dallas EMA, the Dallas HSDA, and the Sherman-Denison HSDA collected during routine surveillance. Data include:

- HIV and AIDS morbidity and mortality data, focusing on data trends between 2011 and 2015.
  - The number of people living with HIV/AIDS (prevalence);
  - New diagnoses (incidence);
  - Mortality;
  - Disease status (HIV vs AIDS);
  - Variations by gender, age and race/ethnicity;
- Co-morbid conditions;

- Unmet need estimates which identify the number of people who are HIV/AIDS-positive and "out-of-care/returned to care";[8]
- HIV Care Continuum, linkage and retention in care.

Consumer Survey

A survey of 697 people living with HIV was conducted from December 26, 2016 through February 17, 2017. Respondents included 457 (66%) consumers receiving HIV medical care and 240 (34%) who were out-of-care/returned to care.

Survey Design

The survey was designed to obtain information about in-care, out-of-care/returned to care and special populations. It included questions in the following areas:

- Initial screening of PLWH to determine whether they were in-care or out-of-care/returned to care and met the survey sampling criteria;
- Reasons for being out-of-care, problems associated with HIV medical care and/or for dropping out of care;
- Information about diagnosis and linkage to care;
- Barriers to HIV medical care;
- Current housing situation and housing service options;
- Use of and need for 35 different services most of which can be funded by Ryan White and are included in the RWPC's Continuum of Care;
- Substance abuse treatment service needs;
- Ranking of the most important/critical service needs.

The survey drew upon questions from a variety of previously validated instruments. Sources for the 2016 consumer survey included:

- 2007, 2010 and 2013 Dallas Area Consumer Survey of the Comprehensive Needs Assessment;
- Final wording for several questions as modified by the Needs Assessment Work Group.

The final survey was translated into Spanish by an experienced translator well versed in HIV programs.

Copies of the English and Spanish versions of the consumer survey used in this study are included in Appendix 1.1.

Out-of-care Criteria. (1) Not currently receiving HIV medical care, with at least 12 months since the last medical appointment. This is the HRSA definition of "out-of-care" which is "no HIV medical care, no viral load or CD4 counts and no antiretroviral medications in the last 12 months." These people may or may not be receiving other Ryan White or HIV services. (2) Diagnosed between 2013 and 2016 that failed to link to care within six months of diagnosis. They may currently be in care. (3) Diagnosed between 2013 and 2016, linked to care after diagnosis but dropped out-of-care for at least six months. They may now be back in care. (4) Dropped out-of-care for at least 12 months but are now back in care. They should have been back in care for no more than two years.

On-Line Survey Administration

The consumer survey was implemented using eCOMPAS, a web-based on-line survey provided by RDE Systems. Following review and approval by the RWPC and the RWPC Manager, the final English and Spanish surveys were provided to RDE Systems by New Solutions, Inc. (NSI). RDE Systems engineers developed the on-line instrument with the necessary skip logic, making it as easy as possible for consumers to complete the survey via computer. eCOMPAS features included:

- Immediate tabulation of consumers completing the survey. English and Spanish versions were aggregated, and real-time results were available to "fine tune" the sample.
- Ease of administration. The RWPC consumer survey has historically had complex skip logic, requiring significant field team training and monitoring including "checking" each survey as completed. RDE programmed all skip logic to allow consumers seamless access to the questions.

In addition, the survey used Audio Computer Assisted Self Interview (ACASI) which allowed consumers to hear the questions being read. This reduced concern about low literacy consumers not appropriately completing the survey. Both English and Spanish versions of the survey were recorded by local individuals to ensure regional dialect.

- English survey reading was provided by the RWPC Manager.
- Spanish survey reading was provided by the AIDS Interfaith Network, Inc.

Agencies with Wi-Fi access were eligible for web-based survey administration. NSI provided four computers to reduce hardware barriers for administration at various survey sites. Computers were allocated to various sites by the RWPC Manager based on the number of anticipated participants and agency expressed need.

Paper Survey Administration

Despite anticipated difficulties with data validation, incentive distribution and data entry logistics, the Needs Assessment Work Group felt strongly that there was a need to offer a hard-copy survey administration supplemental to on-line administration. The Work Group expressed concerns including: consumer lack of computer access, consumer having little or no comfort level using a computer (even with assistance and translation) and an inability to administer to the out-of-care population using technology due to environmental constraints.

Paper surveys were administered at the discretion of providers at individual sites with several sites opting to administer solely hard-copy surveys. No identifiable consumer information was provided to New Solutions, Inc. Additionally, many out-of-care surveys completed "on-the-street" were administered on-paper. RWPC and NSI Staff assisted agencies with completing data entry of paper surveys. Approximately 40% (273) of respondents completed paper surveys included in the sample. There were an additional 15 paper surveys collected and not included in the final sample as they did not meet criteria for completion.

Survey Sampling Approach

A pure random sample was not feasible as it requires that every PLWH in the Dallas region has an equal probability of selection for the survey. Therefore, a stratified convenience sample was employed. The sampling plan was developed based upon demographic percentages identified in the epidemic profile.

The sample consisted of 697 valid responses stratified for gender, race, ethnicity, age and residence. As such, it represented 3.52% of PLWH population in the EMA and was generalizable at 95% confidence level and confidence interval of 1.59.[9]

Survey Administration

RWPC and NSI staff visited and engaged multiple agencies to secure survey administration outside the scope of traditional RW funded providers. Diligent efforts yielded three non-RW funded providers, an increase from the one non-RW funded provider from the 2013 administration. The RWPC Program Manager, RWPC staff, and Needs Assessment Work Group members supported survey administration at provider locations across the HSDAs. RWPC and NSI staff were also available by phone for technical assistance. All surveying opportunities were publicized with English and Spanish flyers at locations targeted to PLWH including pharmacies, food banks, shelters, and the public library.

- RWPC staff scheduled time to visit the following locations: Prism Health North Texas (formerly known as AIDS Arms), Parkland (Amelia Court and Bluitt-Flowers), AIDS Healthcare Foundation, AIDS Interfaith Network, Inc., Health Services North Texas Plano and Denton, Callie Clinic.
- Prism Health North Texas Jefferson Towers' staff administered the survey during their holiday celebration.
- Resource Center supported survey administration in their computer lab.
- Remote survey administration was publicized with flyers and take away cards specifying the website.

Consumer Stipends

Upon survey completion, in-care consumers received a $10 WalMart gift card from the provider locations. Consumers completing the survey remotely could bring the completion number to Dallas County Health and Human Services to claim their incentive card. Out-of-care/returned to care consumers received a $25 WalMart gift card for their participation and completed survey. In addition, a recruitment $25 WalMart gift card was provided to the individual who secured the out-of-care survey.

[9] The confidence level indicates the percentage at which responses represent the true population. A 95% confidence level means you can be 95% certain that responses are accurate or that a 5% change exists that the responses do not represent the entire population. The confidence interval represents the margin of error, plus-or-minus, between the recorded responses and the true value of the measurement. This sample's confidence interval is +/- 1.59 which means that if our sample selects an answer, you can be "sure" that, if you had asked the question of the entire relevant population, the same answer is within 1.59 points of the entire population picking that answer.

Data Analysis

Using on-line survey data, immediate tabulation of consumer responses was possible. During the field work period, respondent profiles were analyzed daily to ensure adequate sample composition. Profiles considered included the number surveyed by priority population, sample demographics, transmission mode, and county of residence.

After February 17, 2017, the survey close date, the database was reviewed and cleaned prior to analysis. Surveys completed through Question 44 were included in the sample as completing through Question 44 enabled a determination of the consumer's status as in-care or out-of-care. The data set was exported from eCOMPAS and manipulated into tabular and graphic results for analysis and presentation. Frequency and cross-tabulation analyses were conducted with data presented overall and for each priority population.

Respondent Overview

- The gender distribution of the surveyed sample resembled the population utilizing services. The survey sample included 75% male respondents and 23% female compared to 77% males and 22% females infected in the region. The Consumer Survey sample had a larger distribution of Transgender; however, the sample size was relatively small.
  - The epidemic included 20% female and 80% male. No transgender individuals were reflected in the epidemiology data. Those receiving services were 0.7% transgender, and those in the survey represented 2.2%.

Table 1.1
Comparison of Consumer Survey Sample with Regional Epidemic
Gender

Gender	Epidemiology n=19,793	ARIES n=9,609	Consumer Survey n=697
Female	19.8%	22.3%	22.8%
Male	80.2%	77.0%	75.0%
Transgender	NA	0.7%	2.2%

- Considering race, Whites/Caucasians were under-represented in the survey sample as compared to the epidemic, but closely resembled the in-care population. Whites/Caucasians comprised 32% of the regional epidemic, 25% of the survey sample and 25% of the population receiving services.
- Black/African-Americans made up 41% of the epidemic and 49% of those receiving services. Black/African-Americans were over-represented at 56% of the survey sample.
- Hispanics comprised 22% of the epidemic, 24% of those receiving services and were under-represented at 16% of those surveyed.

Table 1.2
Comparison of Consumer Survey Sample with Regional Epidemic
Race/Ethnicity

Race/Ethnicity	Epidemiology n=19,793	ARIES n=9,609	Consumer Survey n=697
White/Caucasian	31.6%	25.4%	24.7%
Black/African-American	41.3%	48.9%	55.5%
Hispanic/Latino	22.1%	23.9%	16.2%
*Number of PLWH with known Race/Ethnicities.			

In terms of transmission modes:

- Survey respondents' most frequently identified transmission mode was male-to-male sex (MSM) with 50% identifying this mode. This compared to 68% reported in the epidemic and 56% of those in care.
- Heterosexual transmission was identified by 32% of survey respondents compared to 20% of the epidemic and 32% in care.
- Shared needles/injecting drug use (IDU) was identified by 6% of those surveyed. This compared to 7% IDU in the regional epidemic and 3% of those in care.

Table 1.3
Comparison of Consumer Survey Sample with Regional Epidemic
Transmission Mode

Transmission Mode	Epidemiology n=19,793	ARIES n=9,609	Consumer Survey n=697
MSM	67.9%	55.9%	50.1%
IDU	6.9%	3.3%	6.0%
Heterosexual	20.3%	31.5%	31.9%

Considering age of respondents, the sample was older than the regional epidemic because, in part, the survey covered only adult PLWH.

- The sample included approximately 3% of PLWH in the 13 to 24 age range, as compared to less than 5% found in the epidemic and 4% receiving services.
- The 25 to 44 age group comprised 43% of the epidemic and 36% of the survey sample.
- The 45+ age group was 52% of the epidemic and 61% of the sample.

Table 1.4
Comparison of Consumer Survey Sample with Regional Epidemic
Age Group

Age Group	Epidemiology n=19,793	ARIES n=9,609	Consumer Survey n=697
<2	0.0%	0.1%	0.0%
2-12	0.1%	0.4%	0.0%
13-24	4.7%	4.1%	3.2%
25-44	43.4%	45.5%	36.1%
45+	51.7%	49.9%	60.7%

Note: Totals may not sum to 100% due to rounding.

Survey Limitations

As is the case with the administration of large scale surveys, data limitations must be recognized. Many were minimized by having the survey read to consumers with low literacy and by automated skip logic so that question sequencing was done seamlessly for consumers. Nevertheless, potential data limitations included:

- Misunderstanding or misinterpreting words or terms. This was minimized by previous survey validation and review of survey wording by a health literacy expert.
- Forced selection of responses without the options of "not applicable," "don't know" or "refused."
- The possibility of selecting contradictory responses which was minimized using the on-line survey skip logic.
- Large numbers of surveys completed in hard-copy, thereby increasing possibility of data entry errors and incomplete surveys that received incentive cards.

Key Informant Interviews

Nine in-depth qualitative Key Informant Interviews were conducted with community experts, to provide insight on the nature of problems and give recommendations for solutions. Interviews included community leaders, healthcare leaders, and Ryan White funded providers.

Key Informant participation was solicited by the RWPC Program Manager and Staff. New Solutions, Inc. support staff contacted and scheduled Interviews scheduled from December 12, 2016 through December 20, 2016. Key Informant Interviews were approximately 45 minutes in duration and conducted by telephone.

Key Informant Interviews enable the primary research to gain in-depth, detailed information to enhance the understanding of the client needs, including special populations, service gaps, barriers to care, reasons for consumers not receiving care, changes in the epidemic since 2013, and suggestions to improve care within the current funding environment. Refer to Appendix 1.3 for the Key Informant Interview Guide.

Key Informant Interview Analysis

For all Key Informant Interviews, verbatim transcriptions were created from voice recordings. All responses were grouped by theme and commonality of response. Results are included in this report by theme, service category, and relevant priority population.

Limitations of Key Informant Data

The key informant interview discussions may have been limited by:

- Selecting the "right" key informants may be difficult so they represent diverse backgrounds and viewpoints
- Scheduling interviews with busy and/or hard-to-reach respondents
- The potential for the interviewer to unwittingly influence the responses given by informants.
- The validity of the data can sometimes be difficult to prove.

Provider Focus Group Discussions

Four in-depth focus groups were conducted with: Direct Personnel, Planning Council Members/Staff, Providers, and Consumers.

Focus group participation was solicited and secured by the RWPC Program Manager and Staff. Focus groups were scheduled from December 19, 2016 through December 21, 2016 and conducted in the UT Southwestern Medical Center conference room and at the Dallas County Human Services offices. Due to the holiday season, attendance was not optimal and thus supplemental phone interviews were conducted for each focus group to ensure adequate feedback.

Provider focus groups were planned to gain in-depth, detailed information to enhance the understanding of the client needs, including special populations, service gaps, barriers to care, reasons for consumers not receiving care, changes in the epidemic since 2013, and suggestions to improve care within the current funding environment. Refer to Appendix 1.2 for the provider focus group guide.

Provider Focus Group Analysis

For both consumer and provider focus groups, verbatim transcriptions were created from voice recorders. All responses were grouped by theme and commonality of response. Results are included in this report by theme, service category, and relevant priority population.

Limitations of Provider Focus Group Data

The provider focus group discussion was limited by:

- All participants of the case manager focus groups worked for Ryan White funded agencies.
- Not all agencies were represented.
- Provider focus group responses represent opinions, beliefs and experiences of the participants.
- Limited attendance due to holiday season.

Profile of Provider Capacity and Capability

Survey Design and Sample

The Profile of Provider Capacity and Capability (Provider Profile) was designed to be completed by the 13 Ryan White funded providers. Its design was based on the 2013 Profile of Provider Capacity survey. Specifically, it included:

- Services offered, waiting time for first appointment, available capacity with current resources and programs targeting specific populations.
- Recommendations to improve service delivery for the organization's clients/patients.
- Barriers to care.

The survey was made available on-line, and the link was e-mailed to the 13 Ryan White funded providers. A 100% response rate was achieved. Follow-up methods included e-mails and limited telephone contact. Refer to Appendix 1.4 for a copy of the survey instrument.

Data Analysis

Survey Monkey™ was utilized for tabular and graphic analysis. An exported database was developed for further analysis of free response questions. Many of the questions were open-ended and sought opinions. These responses were compiled and analyzed to determine similarities and differences among providers.

Data Limitations

Limitations associated with the provider survey include:

- Questions were asked for an entire agency (such as hours of operation, payer mix) so responses could not be assigned to a specific service category.
- Analyses by service category were often based on a small number of respondents.

Resource Inventory

Survey Design and Sample

The 2015-2016 Source Book of the Community Council of Greater Dallas provided the foundation for the resource inventory. This directory is updated annually and included much of the detailed information about agencies needed by the RWPC.

Using the 2015-2016 Source Book, a list of providers offering services that are part of the Planning Council's continuum of care was compiled in an excel spreadsheet. It included provider name, address, contact person and service categories relevant to PLWH and the care continuum. The data from the 2015-2016 Source Book were supplemented with:

- The 2015 HIV Handbook of North Dallas developed by Parkland Health & Hospital System HIV Service Department.
- Information received from rural Ryan White funded agencies about their referral partners.
- Review of the RWPC 2013 Resource Inventory was conducted to include any service providers that were not captured in the two sources named above, but are still in operation.

Data Analysis

Data analysis was conducted using Excel. Information is presented by service category in Chapter 3 of this report.

GAP Analysis

The gap analysis utilizes the results of the consumer survey along with the provider focus groups, out-of-care consumer interviews, key informant interviews, provider survey and the provider inventory to inform the analysis. In doing so, the following issues were considered:

- How highly was the service ranked by survey respondents;
- The unfulfilled need ranking of respondents;
- The current availability and capacity as reported by the provider survey and inventory;
- The degree of difficulty consumers report when attempting to access the service;
- The percent of respondents experiencing barriers, and qualitative information obtained through interviews and provider focus groups.

Suggestions for Future Surveys

Following the final presentation of the report to the Ryan White Planning Council of the Dallas Area, suggestions will be documented and provided back to the Council members, representatives of the Administrative Agency and Dallas EMA providers, under separate cover.

2. REGIONAL DEMOGRAPHIC PROFILE

There are 12 counties in the Dallas and Sherman-Denison HSDAs, with a total estimated population of 5,033,408 in 2015. Considering the HIV Service Delivery Areas (HSDAs) in this region:

- Dallas County is the largest with 2,553,385 persons, followed by Collin County with a total population of 914,127 and Denton with 780,612 in 2015.
- The remaining counties range in population from 163,000 to 33,700 persons.

Population growth between 2010 and 2015 shows:

- The population of the region, over this 5-year span, grew by around 11%.
- The populations of Denton grew by nearly 18%, Collin County by nearly 17%, Rockwall by 16%, Kaufman by 11%, and Ellis by more than 9%.
- The population of the counties in Sherman-Denison grew, but at a much smaller rate (<10%) over the study period.
- Continued growth was noted in population estimates for 2015 in all counties in the Dallas EMA.

Figure 2.1
The Dallas Planning Area (Dallas EMA, Dallas HSDA, Sherman-Denison HSDA)

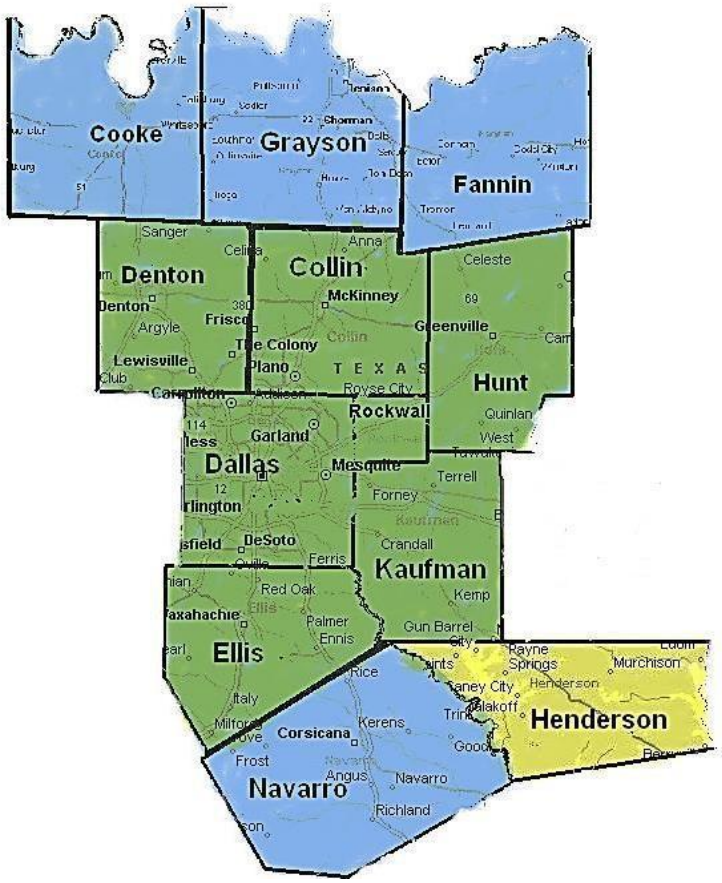
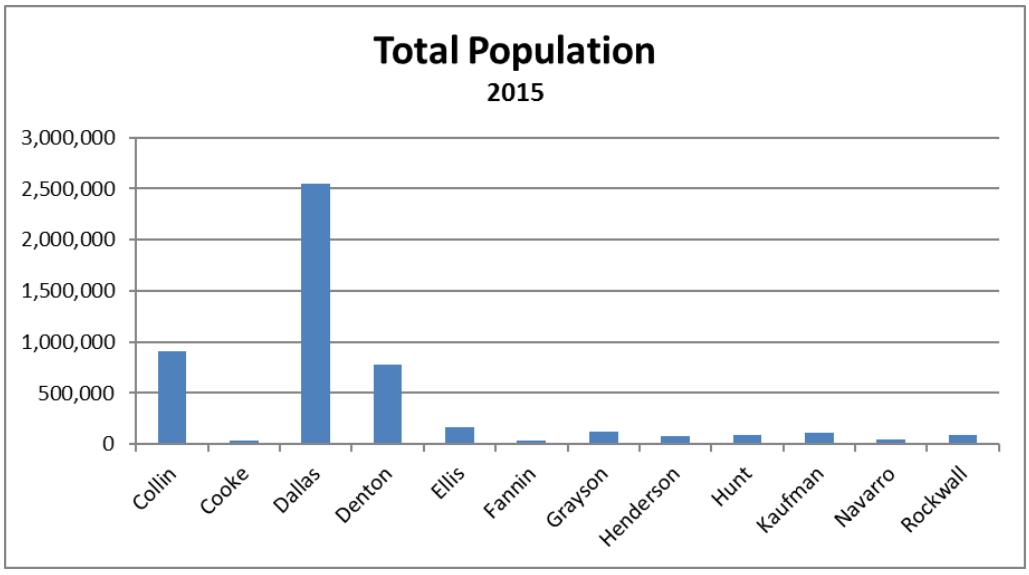


Table 2.1
Population - Dallas EMA, Sherman-Denison HSDA, Dallas HSDA
2010, 2012, 2015

County	2010 Population	2012 Population	2015 Population	2010 - 2012 Population Change	2012 - 2015 Population Change	2010 - 2015 Population Change
	#	#	#	%	%	%
Dallas EMA	**4,309,052**	**4,511,825**	**4,786,696**	**4.7**	**6.1**	**11.1**
Collin*	782,341	837,480	914,127	7.0	9.2	16.8
Dallas*	2,368,139	2,456,444	2,553,385	3.7	3.9	7.8
Denton*	662,614	708,300	780,612	6.9	10.2	17.8
Ellis*	149,610	153,779	163,632	2.8	6.4	9.4
Henderson	78,532	78,953	79,545	0.5	0.7	1.3
Hunt*	86,129	87,266	89,844	1.3	3.0	4.3
Kaufman*	103,350	106,675	114,690	3.2	7.5	11
Rockwall*	78,337	82,928	90,861	5.9	9.6	16
Dallas HSDA	**4,278,255**	**4,398,031**	**4,755,474**	**4.7**	**8.1**	**11.2**
Collin*	782,341	837,480	914,127	7.0	9.2	16.8
Dallas*	2,368,139	2,456,444	2,553,385	3.7	3.9	7.8
Denton*	662,614	708,300	780,612	6.9	10.2	17.8
Ellis*	149,610	153,779	163,632	2.8	6.4	9.4
Hunt*	86,129	87,266	89,844	1.3	3.0	4.3
Kaufman*	103,350	106,675	114,690	3.2	7.5	11
Navarro	47,735	48,087	48,323	0.7	0.5	1.2
Rockwall*	78,337	82,928	90,861	5.9	9.6	16
Sherman-Denison HSDA	**193,229**	**194,083**	**198,389**	**0.4**	**2.2**	**2.7**
Cooke	38,437	38,790	39,229	0.9	1.1	2.1
Fannin	33,915	33,692	33,693	-0.7	0.0	-0.7
Grayson	120,877	121,601	125,467	0.6	3.2	3.8
Regional Total	***4,550,016***	***4,753,995***	***5,033,408***	***4.5***	***5.9***	***2.3***

*County overlapped by Dallas EMA & Dallas HSDA coverage areas
2010 Populations from Census 2010 SF 1
2015 Populations from Census 2010 ACS, 5-year via
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2015_PEPANNRES&prodType=table
Accessed 1/5/17

Figure 2.2



INCOME AND POVERTY

The counties with the lowest per capita incomes tend to have the highest percentage of families living below poverty.

- These include Dallas, Hunt, Henderson, and Navarro.
- Conversely, those with the highest per capita income have poverty rates that are among the lowest. These include Collin and Rockwall counties.

Table 2.2
Income Per Capita & Percentage of Families
Living Below Federal Poverty Level (FPL)
By County
2015

	Income per capita ($)	% Living Below FPL
Dallas EMA		
Collin*	38,883	5.7
Dallas*	27,605	15.9
Denton*	34,914	5.8
Ellis*	26,357	9.4
Henderson	22,613	13.7
Hunt*	21,888	14.6
Kaufman*	24,944	10.7
Rockwall*	36,163	5.3

	Income per capita ($)	% Living Below FPL
Dallas HSDA		
Collin*	38,883	5.7
Dallas*	27,605	15.9
Denton*	34,914	5.8
Ellis*	26,357	9.4
Hunt*	21,888	14.6
Kaufman*	24,944	10.7
Navarro	20,697	15.9
Rockwall*	36,163	5.3
Sherman-Denison HSDA		
Cooke	26,742	11.2
Fannin	20,545	12.9
Grayson	25,033	12.3

*County overlapped by Dallas EMA & Dallas HSDA coverage areas Source: 2014 ACS 5-Year Estimates via https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_DP03&prodType=table Accessed 1/5/17

RACE AND ETHNICITY

Race and ethnicity vary across the region.

- The farther north in the region, the larger the percentage of Whites/Caucasians. This ranges from 79.7% in Fannin (Sherman-Dennison HSDA) to 31.5% in Dallas.
- Blacks/African-Americans range from 21.8% in Dallas to 2.4% in Cooke (Sherman-Denison).
- The highest concentration of Hispanic/Latinos reside in the counties of Dallas (39.0%), Ellis (24.7%), and Navarro (25.2%).
- The Sherman-Denison HSDA has a higher concentration of non-minority populations than found in the Dallas HSDA.

Table 2.3
Race/Ethnicity by County, EMA/HSDA
2015

EMA/HSDA/County	Total Population	White	Black	Hispanic	Asian
	#	%	%	%	%
Dallas EMA	**4,786,696**				
Collin*	914,127	60.8	8.9	15.0	12.4
Dallas*	2,553,385	31.5	21.8	39.0	5.6
Denton*	780,612	62.1	8.7	18.8	7.3
Ellis*	163,632	63.9	8.8	24.7	0.6
Henderson	79,545	79.5	6.5	11.7	0.6
Hunt*	89,844	73.5	8.4	14.6	1.2

EMA/HSDA/County	Total Population	White	Black	Hispanic	Asian
	#	%	%	%	%
Kaufman*	114,690	68.1	9.3	18.8	0.8
Rockwall*	90,861	72.8	5.3	16.7	2.3
Dallas HSDA	**198,389**				
Collin*	914,127	60.8	8.9	15.0	12.4
Dallas*	2,553,385	31.5	21.8	39.0	5.6
Denton*	780,612	62.1	8.7	18.8	7.3
Ellis*	163,632	63.9	8.8	24.7	0.6
Hunt*	89,844	73.5	8.4	14.6	1.2
Kaufman*	114,690	68.1	9.3	18.8	0.8
Navarro	48,323	58.4	13.3	25.2	0.7
Rockwall*	90,861	72.8	5.3	16.7	2.3
Sherman-Denison HSDA	**4,755,474**				
Cooke	39,229	77.1	2.4	16.9	0.7
Fannin	33,693	79.7	6.8	10.3	0.6
Grayson	125,467	77.1	5.9	12.3	1.1

*County overlapped by Dallas EMA & Dallas HSDA coverage areas
Source: 2015 ACS 5-year estimates via
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_DP05&prodType=table
Accessed 1/5/17

Figure 2.3

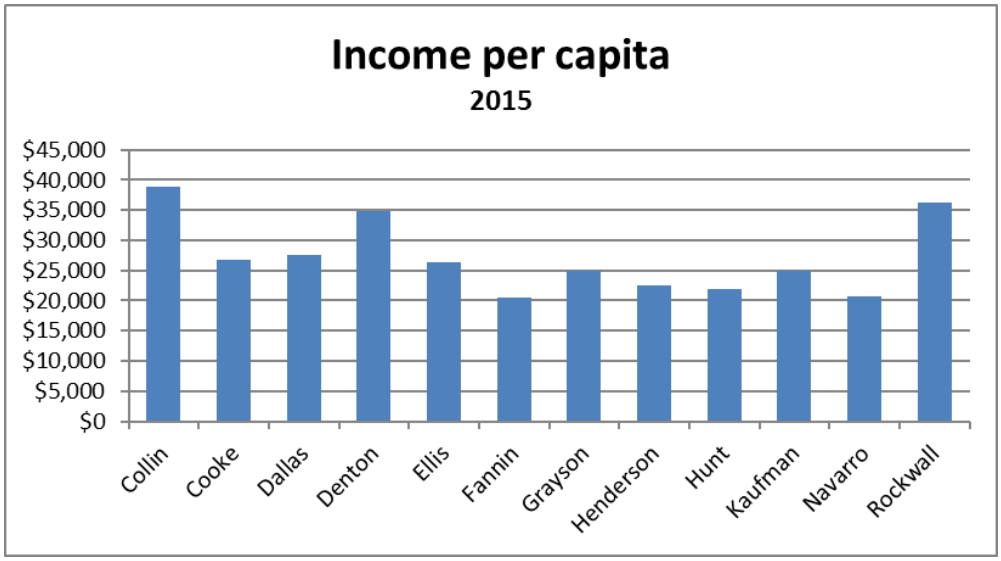


Figure 2.4

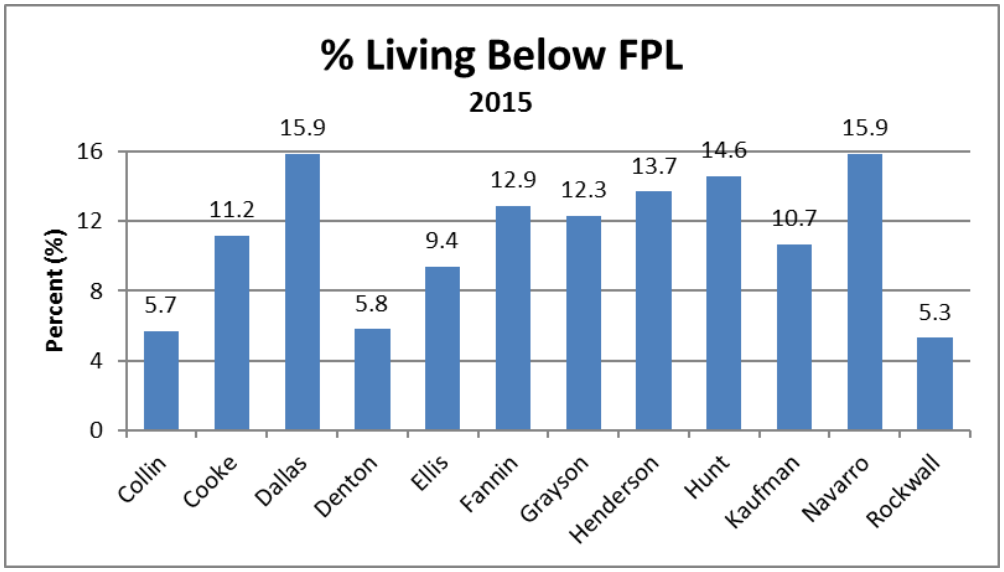
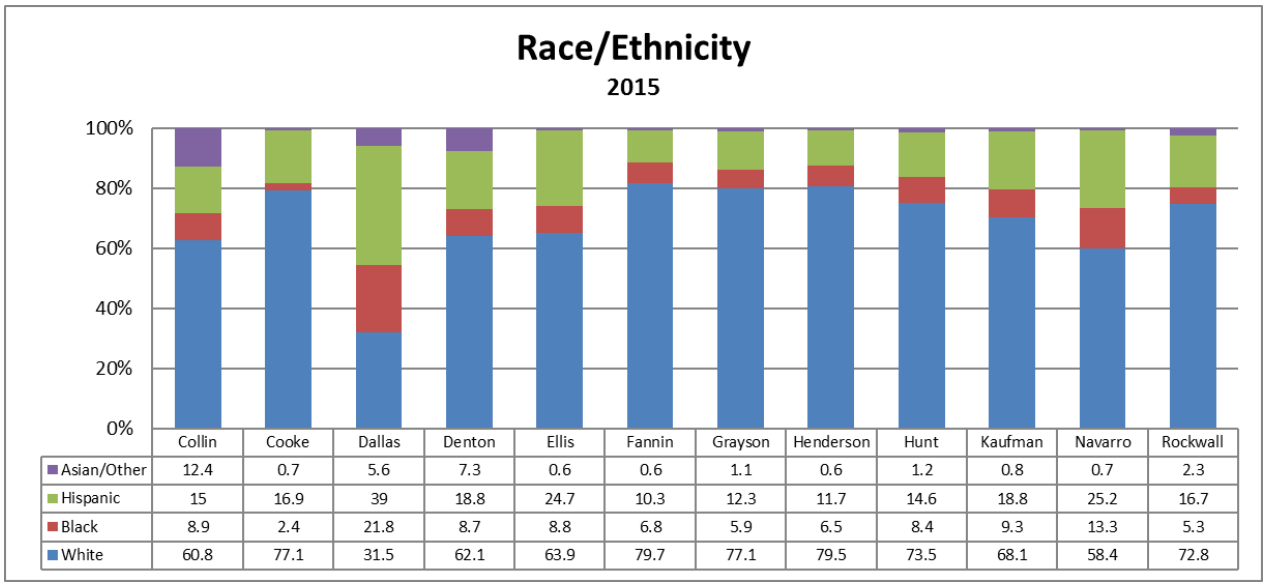


Figure 2.5



	Collin	Cooke	Dallas	Denton	Ellis	Fannin	Grayson	Henderson	Hunt	Kaufman	Navarro	Rockwall
Asian/Other	12.4	0.7	5.6	7.3	0.6	0.6	1.1	0.6	1.2	0.8	0.7	2.3
Hispanic	15	16.9	39	18.8	24.7	10.3	12.3	11.7	14.6	18.8	25.2	16.7
Black	8.9	2.4	21.8	8.7	8.8	6.8	5.9	6.5	8.4	9.3	13.3	5.3
White	60.8	77.1	31.5	62.1	63.9	79.7	77.1	79.5	73.5	68.1	58.4	72.8

HIV/AIDS PREVALENCE IN THE REGION

In 2015, there were 19,768 PLWH in the Dallas HSDA, and 226 in the Sherman-Denison HSDA.

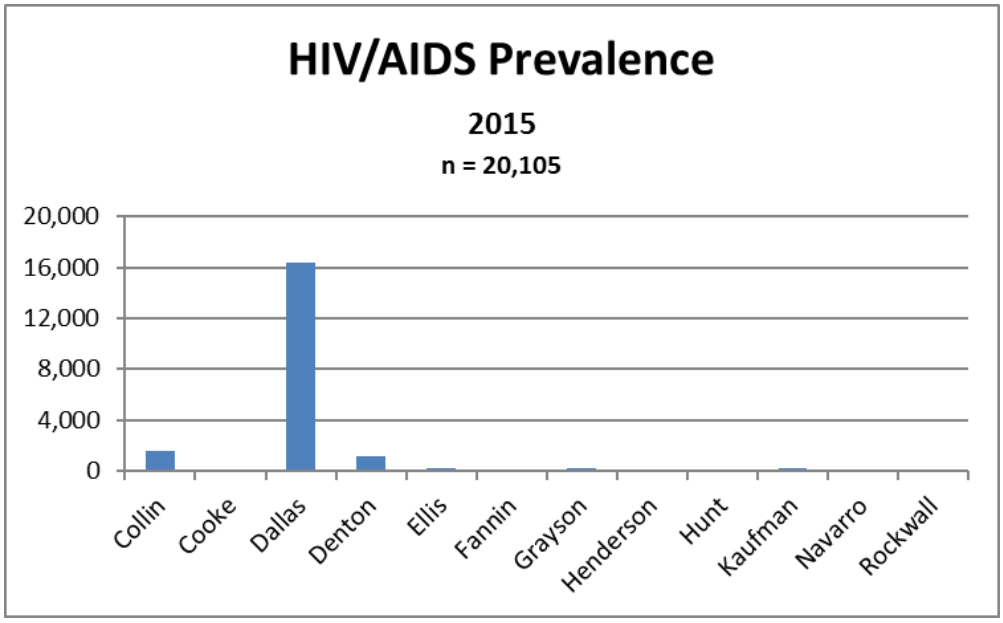
- The number of PLWH varies significantly within the HSDA and within each county in the HSDA.
- As noted in the table below, the preponderance of the epidemic is centered in Dallas County which represents nearly 82% of the PLWH in the Dallas EMA.

Table 2.4
Population and People Living with HIV/AIDS (PLWH)
EMA/HSDA, County
2015

County	2015 Population	2015 HIV/AIDS Prevalence n = 20,105	
	#	#	% of Regional Epidemic
Dallas EMA	**4,786,696**	**19,793**	**98.4**
Collin*	914,127	1,544	7.7
Dallas*	2,553,385	16,387	81.5
Denton*	780,612	1,157	5.8
Ellis*	163,632	235	1.2
Henderson	79,545	111	0.6
Hunt*	89,844	105	0.5
Kaufman*	114,690	175	0.9
Rockwall*	90,861	79	0.4
Dallas HSDA	**4,755,474**	**19,768**	**98.3**
Collin*	914,127	1,544	7.7
Dallas*	2,553,385	16,387	81.5
Denton*	780,612	1,157	5.8
Ellis*	163,632	235	1.2
Hunt*	89,844	105	0.5
Kaufman*	114,690	175	0.9
Navarro	48,323	86	0.4
Rockwall*	90,861	79	0.4
Sherman-Denison HSDA	**198,389**	**226**	**1.1**
Cooke	39,229	25	0.1
Fannin	33,693	27	0.1
Grayson	125,467	174	0.9

*County overlapped by Dallas EMA & Dallas HSDA coverage areas
2015 Populations from 2015 ACS 5-year estimates
2015 HIV/AIDS Prevalence from: Texas HIV Surveillance Report
Data Accessed 1/5/17

Figure 2.6



DALLAS COUNTY DEMOGRAPHICS AND HIV/AIDS PREVALENCE

Dallas County is the most populous county in the 12-county region and has the highest prevalence of HIV/AIDS. A detailed review of the county's demographics and HIV prevalence by geographic region follows.

Stemmons Corridor

- Stemmons Corridor (Stemmons) has the highest number of PLWH in the county.
- Stemmons Corridor has 172,865 residents, or 6.8% of the Dallas County population.
- Nearly 44% of Stemmons Corridor residents are Latino and White, while 7.7% are Black/African-Americans.
- Unemployment in 2015 was 5.9%, and per capita income was $39,800; 12.6% were living below FPL.
- 25.6% of Stemmons residents have not completed high school.

Southeast Dallas

- Southeast Dallas has the second highest number of PLWH.
- Southeast Dallas (SE Dallas) is the most populous community with 382,399 residents or 15% of Dallas County's population.
- More than half of SE Dallas residents (53.5%) are Hispanic/Latino. 23.8% are Black/African-American and 20.9% are White.
- In 2015, SE Dallas has low socioeconomic status with per capita income of $18,199, unemployment of 8.9%, 25.7% of residents living below FPL, and low educational attainment.

South Dallas

- South Dallas has 1868 PLWH and ranks third county-wide.
- South Dallas, with 159,156 residents, comprises 6.2% of Dallas County's population.
- Black/African-American is the majority racial group, 66.8%. Hispanic/Latino is 29%, White is 3.9%.
- South Dallas has the lowest economic indicators of all Dallas County communities:
  - Per capita income of $15,245
  - Unemployment of 12.5%
  - 28.7% below FPL
- Nearly 30% of South Dallas adults have not graduated from high school.

North Dallas

- North Dallas has 1,867 PLWH, similar to South Dallas, and ranks fourth county-wide.
- North Dallas is home to 252,940 people which is nearly 10% of the Dallas County total.
- North Dallas is predominantly White, 65.5%, followed by Latino, 22.7%. Black/African-American and Asian-American/others are 7.5% and 4.3% respectively.
- North Dallas had the highest 2015 per capita income of all the communities, $58,749. Despite 4.5% unemployment, 10.4% of residents were living below the FPL in 2015.

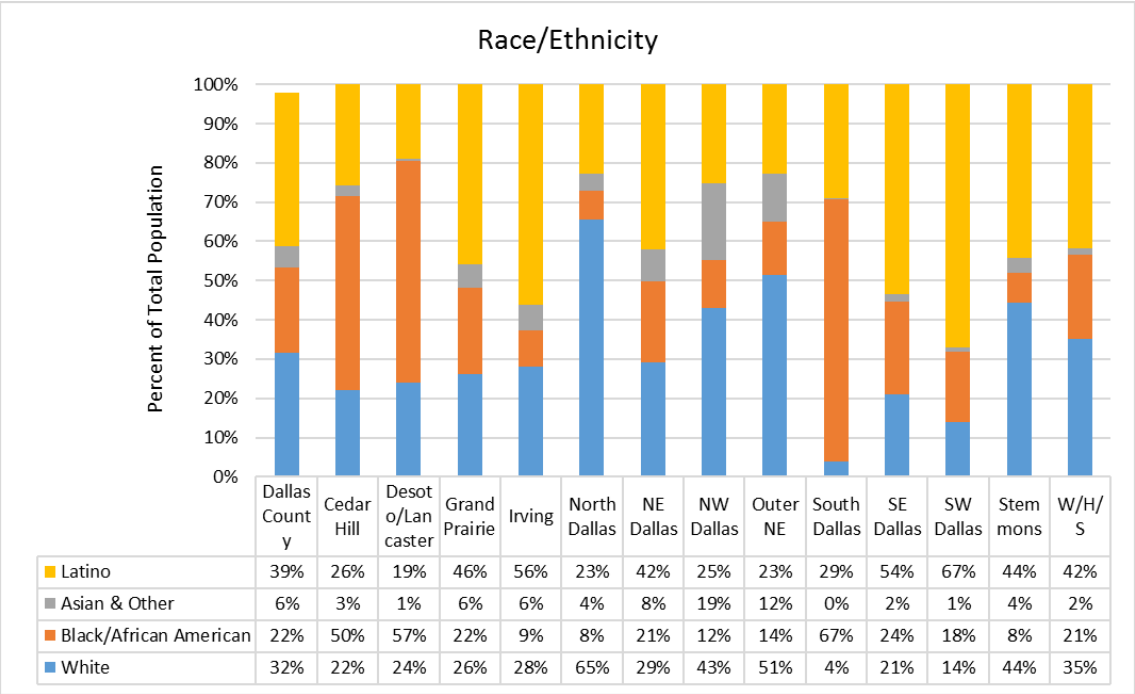
Northeast Dallas

- Northeast Dallas ranked fifth in terms of residents living with HIV/AIDS.
- Northeast Dallas (NE Dallas) has 264,057 residents, comprising 10.3% of Dallas County's population.
- Northeast Dallas closely matches the race/ethnicity of Dallas County with 42.1% Hispanic/Latino, 29.1% White, and 20.6% Black/African-American.
- In 2015, per capita income was $22,134, unemployment was 8.2%, and 21.0% were living below the FPL.

Northwest Dallas

- Northwest Dallas has 1,127 PLWH.
- Northwest Dallas has 247,569 residents, comprising 9.7% of the Dallas County population,
- Northwest Dallas has the largest Asian-American/other population in the County, 19.4%. Other racial/ethnic groups include: White 43%, Hispanic/Latino 25.3% and Black/African-American 12.3%.
- Northwest Dallas has one of the highest economic indicators of all communities.
  - Per capita 2015 income was the second highest of the communities, $41,884.
  - Unemployment was very low at 5.1%.
  - 9% of residents were living below the FPL.
- It also has the highest percentage of adults who have completed high school, 90.1%.

Figure 2.7



	Dallas County	Cedar Hill	Desoto/Lancaster	Grand Prairie	Irving	North Dallas	NE Dallas	NW Dallas	Outer NE	South Dallas	SE Dallas	SW Dallas	Stemmons	W/H/S
Latino	39%	26%	19%	46%	56%	23%	42%	25%	23%	29%	54%	67%	44%	42%
Asian & Other	6%	3%	1%	6%	6%	4%	8%	19%	12%	0%	2%	1%	4%	2%
Black/African American	22%	50%	57%	22%	9%	8%	21%	12%	14%	67%	24%	18%	8%	21%
White	32%	22%	24%	26%	28%	65%	29%	43%	51%	4%	21%	14%	44%	35%

Figure 2.8

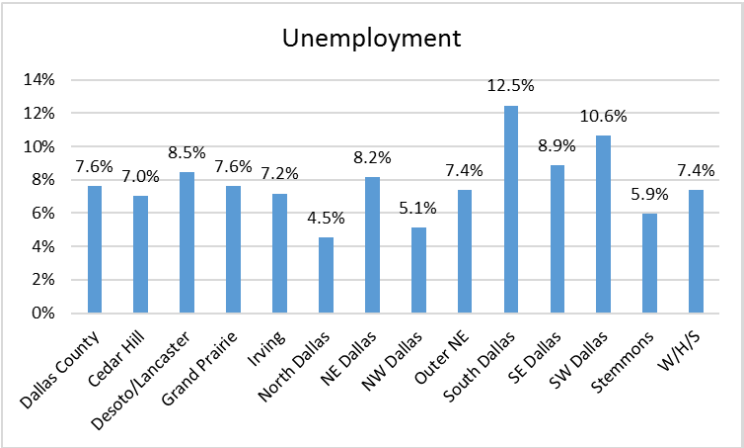


Figure 2.9

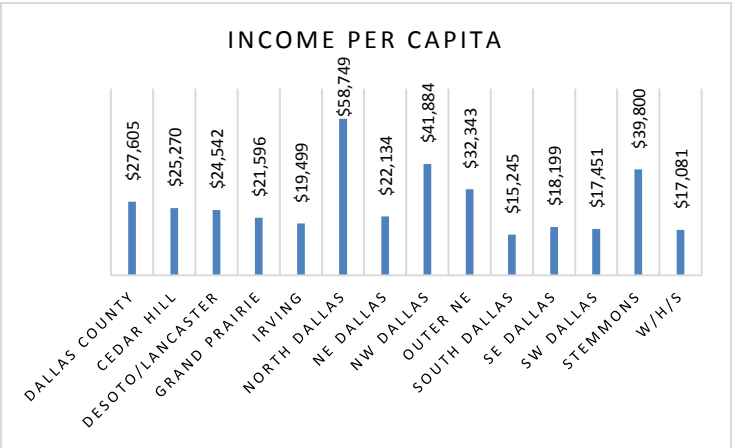


Figure 2.10

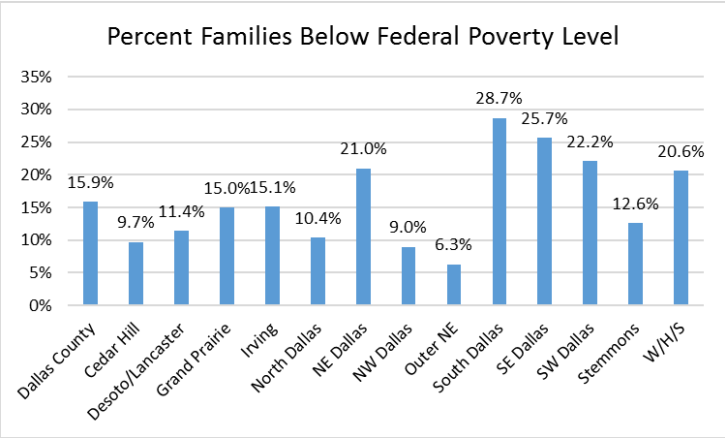
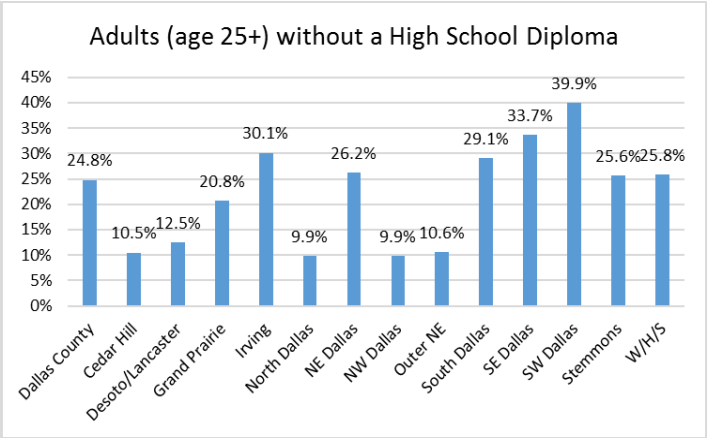


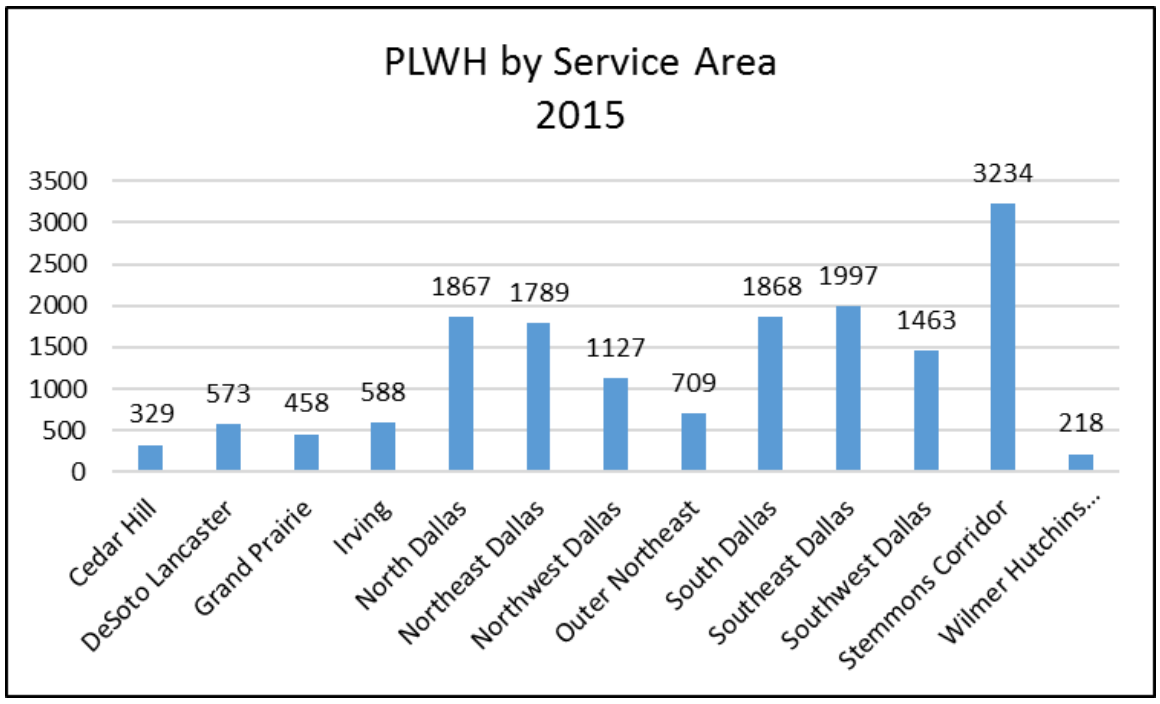
Figure 2.11



Concentrations of PLWH within Dallas County

As noted in the Figure 2.12 below, the number of PLWH varies throughout Dallas County. The preponderance of PLWH reside in areas that surround downtown Dallas – the Stemmons Corridor (3,234), Southeast Dallas (1,997), North Dallas (1,867), South Dallas (1,868), Northeast Dallas (1,789), and Northwest Dallas (1,127). See Appendix 2.1 for zip codes that make up these areas.

Figure 2.12



There are six zip codes within the city of Dallas which, when combined, contain over 25% of PLWH in the region. The largest portion of PLWH reside in Dallas zip code 75219, located in Stemmons Corridor region where 1,295 PLWH are identified; this comprises 8.0% of the total cases in that region.

- PLWH in Dallas 75219 (1,295) and 75235 (539) make up 56.7% of all PLWH in Stemmons Corridor (3,234).
- Dallas zip codes 75243 (744) and 75231 (548) comprise 72.2% of PLWH in Northeast Dallas (1,789).
- Dallas 75216 (528) comprises 28.3% of PLWH in the South Dallas region (1,868), while Dallas 75228 (488) comprises 24.4% of PLWH in Southeast Dallas.

Figure 2.13

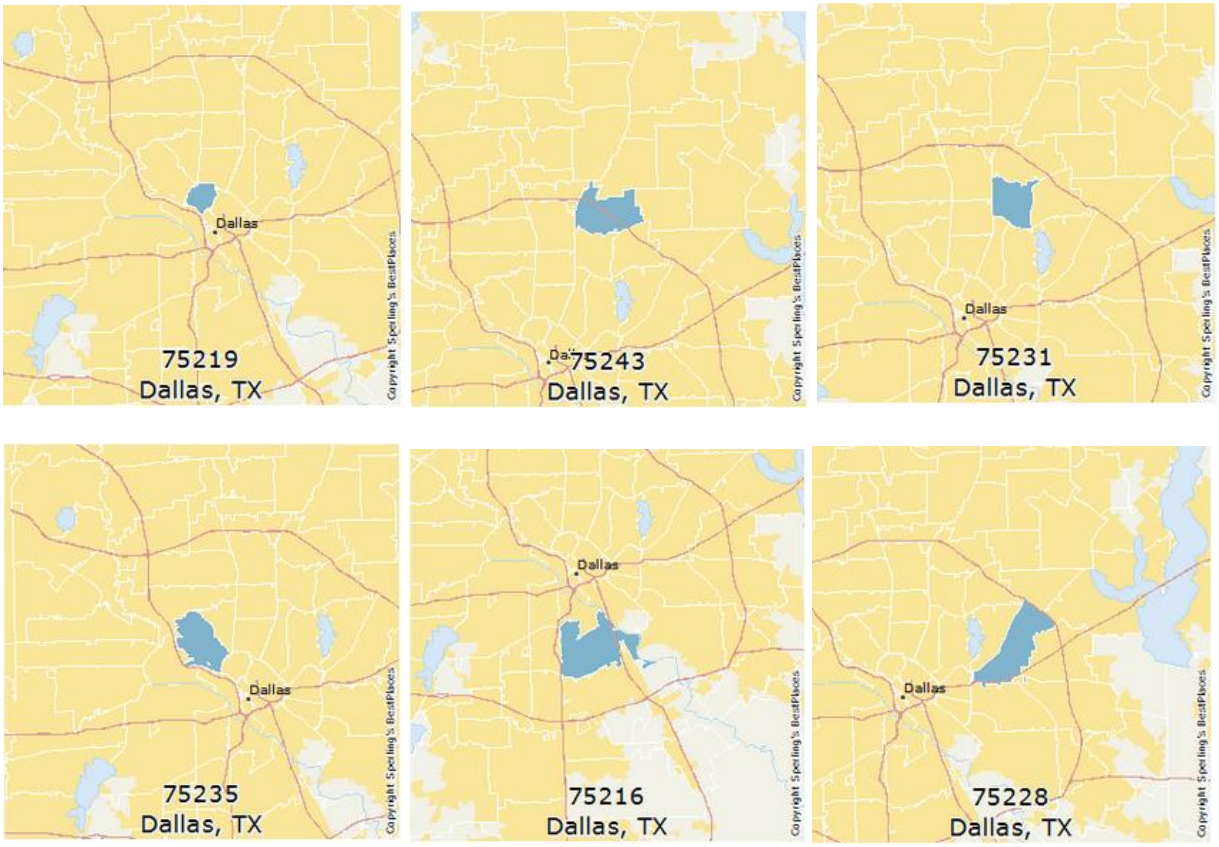


Table 2.5
Geographic Concentration of PLWH
Top Dallas Zip Codes
2015

Zip Code	PLWH	Region
75219	1,295	Stemmons Corridor
75243	744	NE Dallas
75231	548	NE Dallas
75235	539	Stemmons Corridor
75216	528	South Dallas
75228	488	Southeast Dallas

3. EPIDEMIOLOGY PROFILE SUMMARY

Data for this epidemiological profile were obtained from the Texas Department of State Health Services (DSHS). It reflects the number of people living with HIV/AIDS (PLWH) in the Dallas Eligible Metropolitan Area (EMA), Dallas HIV Service Delivery Area (HSDA), and the Sherman-Denison HSDA.

The data do not include those unaware of their HIV infection or those who tested HIV-positive solely through an anonymous HIV test.

MONITORING THE EPIDEMIC

Prevalence Increasing

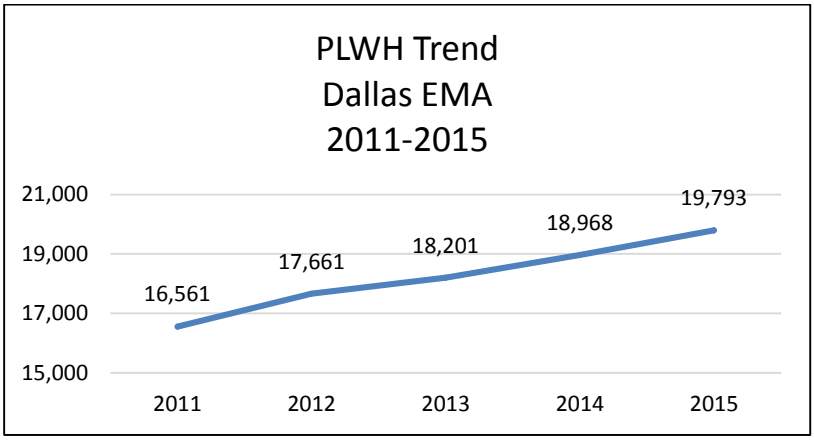
In 2015, there were 19,793 people known to be living with HIV/AIDS in the Dallas EMA, 19,768 in the Dallas HSDA, and 226 in the Sherman-Denison HSDA. Between 2011 and 2015, the epidemic grew by 20% in the Dallas EMA, 17% in the Dallas HSDA, and 28% in the Sherman-Denison HSDA. Prevalence rates increased by 15% in the Dallas EMA, 17% in the Dallas HSDA and 25% in the Sherman-Dennison HSDA. Table 3.1 presents the annual prevalence, and Figure 3.1 depicts the steady increase in the Dallas EMA during this time.

Table 3.1
PLWH
Dallas EMA, Dallas HSDA, Sherman-Denison HSDA
2011-2015

EMA/HSDA	2011		2012		2013		2014		2015		AAGR* 2011-2015	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Dallas EMA	16,561	358.2	17,661	392	18,201	396.6	18,968	404.7	19,793	413.5	4.6%	3.7%
Dallas HSDA	16,942	386.8	17,651	394.5	18,188	398.9	18,958	407.2	19,768	415.7	3.9%	1.8%
Sherman-Denison HSDA	176	90.9	179	92.1	199	102.4	215	109.7	226	113.9	6.5%	5.9%

*AAGR refers to Average Annual Growth Rate

Figure 3.1



Incidence Trends

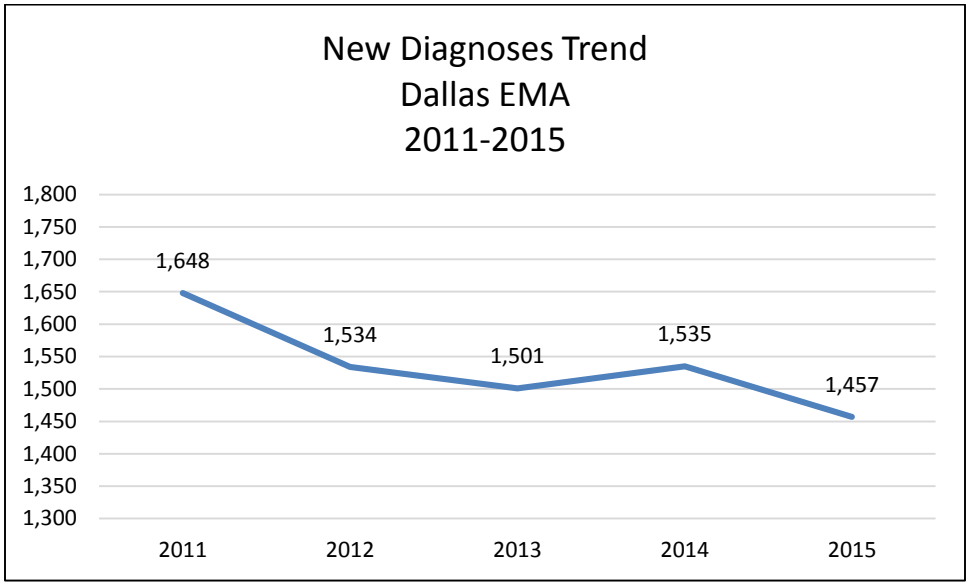
In the last five years, the highest number of new diagnoses in the Dallas EMA occurred in 2011, with 1,648 people diagnosed with HIV or AIDS. Incidence has declined in the Dallas EMA through the five-year period.

- From 2011 to 2015, incidence of HIV/AIDS decreased 11.6% in the Dallas EMA and 11.4% in the Dallas HSDA.
- During this period, the rate of new cases decreased from 37.4/100,000 to 30.5/100,000 in the Dallas EMA, while the rate decreased from 37.7/100,000 to 30.8/100,000 in the Dallas HSDA.
- Sherman-Denison HSDA experienced an increase of 6 cases (37.5%) between 2011 and 2015.

Table 3.2
New Diagnoses of HIV or AIDS
Dallas EMA, Dallas HSDA, Sherman-Denison HSDA
2011-2015

EMA/HSDA	2011		2012		2013		2014		2015	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Dallas EMA	1,648	37.4	1,534	34.0	1,501	32.7	1,535	32.8	1,457	30.5
Dallas HSDA	1,651	37.7	1,537	34.3	1,498	31.5	1,536	32.3	1,463	30.8
Sherman-Denison HSDA	16	8.3	20	10.3	18	9.1	26	13.1	22	11.1

Figure 3.2



Mortality Declining

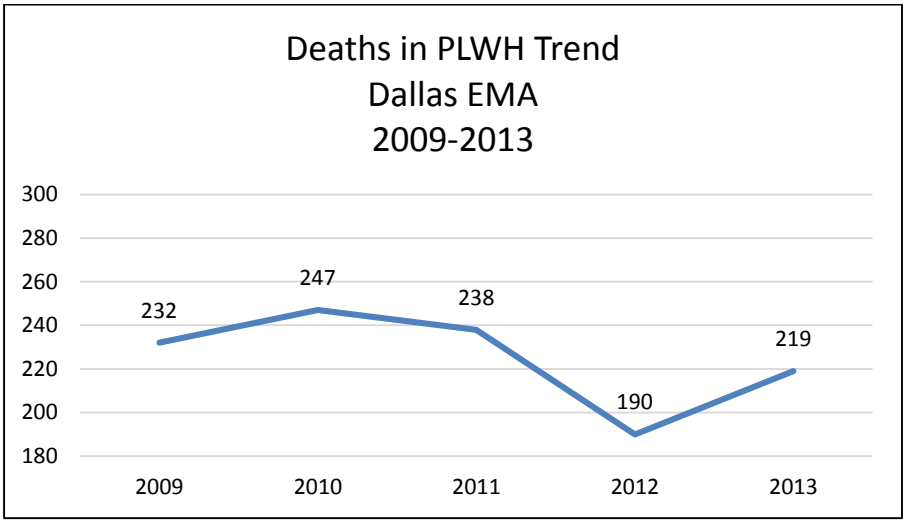
Mortality statistics lag behind incidence reporting and are released only through 2013.

- From 2009 through 2013, mortality among PLWH in the Dallas EMA declined 5.6% with variation during this period.
- The largest decrease in mortality among PLWH (20.2%) occurred in the Dallas EMA from 2011 to 2012. Statistics for the Sherman-Denison HSDA are normally less than five and more variable due to the small population size.

Table 3.3
Deaths in PLWH
Dallas EMA, Dallas HSDA, Sherman-Denison HSDA
2009-2013

EMA/HSDA	2009	2010	2011	2012	2013
Dallas EMA	232	247	238	190	219
Dallas HSDA	232	247	237	189	216
Sherman-Denison HSDA	2	6	4	4	4

Figure 3.3



HIV/AIDS Disease Status

In the Dallas EMA, the proportion of PLWH with an AIDS diagnosis in 2011 was 54.0%. By 2015, this percentage declined to 51.8%.

- The increase in the overall epidemic also contributed to general increases in the number and rate of both HIV and AIDS cases.
- Between 2011 and 2015, HIV cases increased 25.2% and AIDS cases increased by 14.6%.
- The number of AIDS cases decreased 2.2 percentage points as a percentage of total cases, indicating that individuals may be diagnosed sooner.

Table 3.4
Comparison of Disease Status
Dallas EMA
2011-2015

Disease Status	2011			2015			2011-2015
	#	Percent	Rate	#	Percent	Rate	% Change in Cases
HIV	7,612	46.0	164.6	9,534	48.2	199.2	25.2
AIDS	8,949	54.0	193.5	10,259	51.8	214.3	14.6

County Populations and Profiles

Considering the epidemic throughout the 12-county region:

- Dallas County continues to be the epicenter of the regional epidemic with 81.5% of PLWH residing there.
- Collin, Denton, and Ellis counties follow with 7.7%, 5.8%, and 1.2% of the PLWH population, respectively.

- All other counties have less than 1% of the region's PLWH, with Cook and Fannin counties having the smallest numbers at 0.1% of the regional epidemic.

Table 3.5
Population, PLWH, Percent Regional Epidemic
Counties in Dallas EMA, Dallas HSDA, Sherman-Denison HSDA
2015

County	2015 Population	2015 HIV/AIDS Prevalence	
	#	#	% of Regional Epidemic
Collin	914,127	1,544	7.7%
Cooke	39,229	25	0.1%
Dallas	2,553,385	16,387	81.5%
Denton	780,612	1,157	5.8%
Ellis	163,632	235	1.2%
Fannin	33,693	27	0.1%
Grayson	125,467	174	0.9%
Henderson	79,545	111	0.6%
Hunt	89,844	105	0.5%
Kaufman	114,690	175	0.9%
Navarro	48,323	86	0.4%
Rockwall	90,861	79	0.4%

PLWH AND NEW DIAGNOSES BY GENDER

The Texas DSHS eHARS registry currently reports gender as male or female. Transgender identification is not maintained. It is important to recognize, however, that transgender PLWH exist nationwide and by most accounts are on the rise. Alternate data sources, i.e., ARIES Statistical Analysis Report (STAR) identifies 69 transgender persons in the Dallas and Sherman-Denison HSDAs, comprising less than 1% (0.7%) of all PLWH receiving RWHAP services. This epi-profile follows TDSHS gender reporting of male or female.

The distribution of cases by gender in the Dallas EMA was stable between 2011 and 2015. Cases in Sherman-Denison increased for men and women over the same period.

- Approximately 80% of living cases are male in both the Dallas EMA and Sherman-Denison HSDA.
  - As the epidemic grew during this period, an additional 2,565 men and 667 women were living with HIV/AIDS in the Dallas EMA during the same period.
  - Sherman-Denison HSDA saw a decrease in the distribution of PLWH among males and an increase in the distribution among females of 3.5 percentage points between 2011 and 2015.
- From 2011 to 2015, annual trends in new diagnoses varied for both genders in the Dallas EMA.
  - New diagnoses decreased 3.2% for men and 11.9% for women during this period.
  - There was a slight increase in the distribution among males from this period of 1.5 percentage points. This is in line with the slight increase of 0.5 percentage points in the distribution of new diagnoses among MSM transmission category.

Table 3.6
PLWH by Gender
Dallas EMA, Sherman-Denison HSDA
2011-2015

Gender	Dallas EMA						Sherman-Denison HSDA					
	2011			2015			2011			2015		
	#	%	Rate	#	%	Rate	#	%	Rate	#	%	Rate
Male	13,311	80.4	569.7	15,876	80.2	674.1	153	82.3	159.5	178	78.8	180.4
Female	3,250	19.6	142.1	3,917	19.8	161.1	33	17.7	33.8	48	21.2	48.1

Table 3.7
New HIV Diagnoses by Gender
Dallas EMA
2011-2015

Gender	2011		2012		2013		2014		2015	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Male	837	38.5	778	35.0	777	34.4	868	37.6	810	34.4
Female	193	8.6	172	7.5	173	7.4	199	8.4	170	7.0

Race/Ethnicity

From 2011 to 2015, the number of PLWH increased in all major race/ethnicity groups except White/Caucasian, which experienced a decline of 63 persons in the Dallas EMA. Increases among all racial/ethnic groups were noted in the Sherman-Denison HSDA during this period.

- In the Dallas EMA, Black/ African-Americans have the highest prevalence rate in the region, at 1,011.2 per 100,000.
  - The rate among Black/African-Americans is more than triple the rate of every other major race/ethnicity.
  - PLWH who are Black/African-American increased by 24.7% in the Dallas HSDA and 28.1% in Sherman-Denison HSDA.
- Hispanic/Latinos had the largest percentage increase in PLWH at 34.8% in the Dallas EMA.
  - In Sherman-Denison HSDA, the percentage increase for Hispanic/Latino was 27.8% from the time period between 2011-2015.
- In the Dallas EMA, the percentage of PLWH that are White/Caucasian has declined between 2011 and 2015.
  - White/Caucasians experienced the only decrease in PLWH in the region, and the percentage of PLWH that are white decreased by 6.5 percentage points.
  - In Sherman-Denison, White/Caucasian experienced an increased in prevalence of 16.8%.

Table 3.8
PLWH by Race/Ethnicity
Dallas EMA
2011, 2015

Race/ Ethnicity	Dallas EMA						
	2011			2015			2011-2015
	#	%*	Rate	#	%*	Rate	% Change
White	6,307	38.1	277.1	6,245	31.6	282.1	-1.0
Black	6,558	39.6	1011	8,178	41.3	1036.3	24.7
Hispanic	3,243	19.6	229.4	4,372	22.1	312.0	34.8
Other	223	1.3	78.1	238	1.2	62.2	6.7

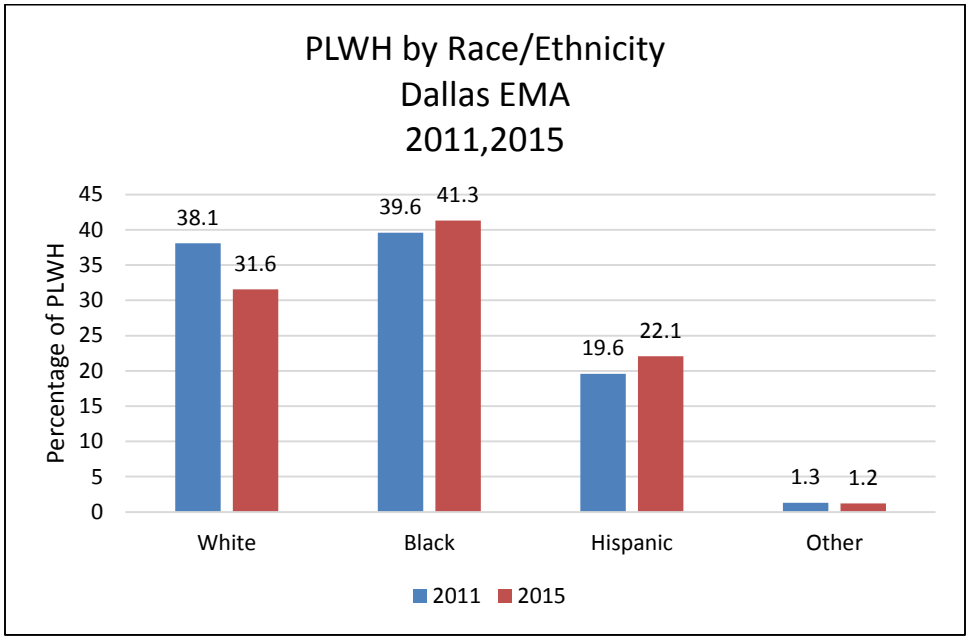
*Percentage does not equal 100% in aggregate because PLWH cases labeled unknown race/ethnicity are not included

Table 3.8 (continued)
PLWH by Race/Ethnicity
Sherman-Denison HSDA
2011, 2015

Race/Ethnicity	Sherman-Denison HSDA						
	2011			2015			2011-2015
	#	%*	Rate	#	%*	Rate	% Change
White	125	67.2	80.9	146	64.6	94.4	16.8
Black	32	17.2	288.8	41	18.1	347.0	28.1
Hispanic	18	9.7	76.3	23	10.2	85.6	27.8
Other	3	1.6	68.2	5	2.2	99.4	66.7

*Percentage does not equal 100% in aggregate because PLWH cases labeled unknown race/ethnicity are not included

Figure 3.4



New diagnoses among White/Caucasians, Black/African-Americans, and Hispanic/Latinos did not change significantly between 2011 and 2015.

- Black/African-Americans had the largest number and rate of new HIV/AIDS diagnoses every year between 2011 and 2015.
- The difference in the number of cases between White/Caucasians and Black/African-Americans ranged from 190 in 2013 to 255 in 2015.
- In 2015, the incidence rate among Blacks/African-Americans was more than six times that of White/Caucasians, and more than three times that of Hispanic/Latinos.

Table 3.9
New HIV/AIDS Diagnoses by Race/Ethnicity
Dallas EMA
2011-2015

Race/Ethnicity	2011		2012		2013		2014		2015	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
White	246	11.6	246	11.4	236	10.9	262	12.0	222	10.0
Black	447	62.9	437	59.7	426	56.8	479	62.3	477	60.4
Hispanic	278	21.9	232	17.8	245	18.4	274	20.1	236	16.8
Other	16	5.3	13	4.1	13	3.8	24	6.6	19	5.0
* Percentage does not equal 100% in aggregate because PLWH cases labeled unknown race/ethnicity are not included.										

DISPROPORTIONATE IMPACT

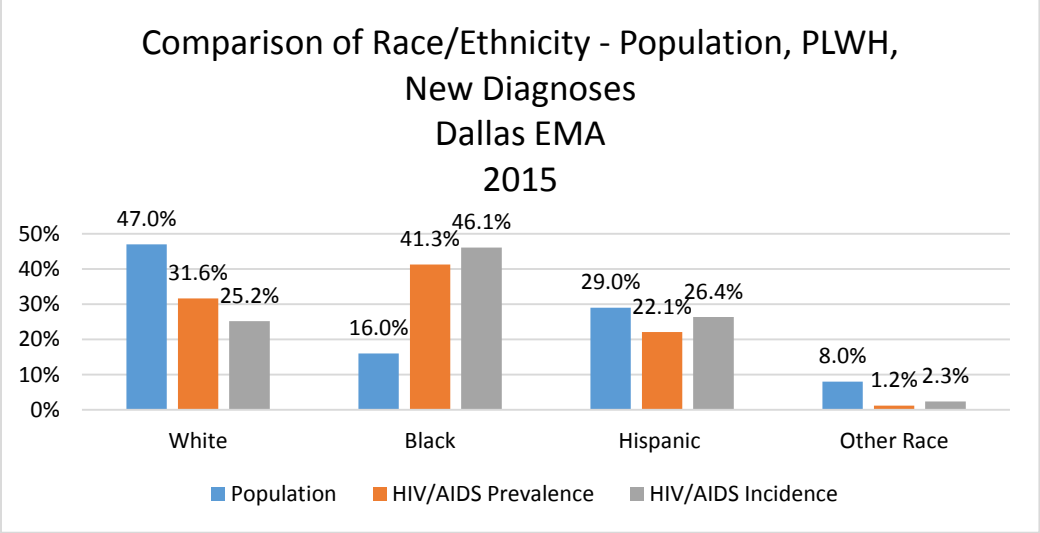
In a comparison of the general population with PLWH and new diagnoses of HIV, Black/African Americans experienced a disproportionate impact in 2015 in the Dallas EMA.

- While Blacks made up 16% of the population in the Dallas EMA, the percentage of PLWH in the EMA was disproportionally higher at 41.3%.
  - The percentage of PLWH that are Black (41.3%) exceeded that of Whites (31.6%) and Hispanics (29.0%) by 9.7 and 19.2 percentage points, respectively.
- As noted in the table below, Blacks made up 46.1% of new diagnoses in the Dallas EMA in 2015
  - The percentage of new cases among Blacks in the Dallas EMA was over 20 percentage points higher than Whites (25.2%) and 19.7 percentage points among Hispanics (26.4%).

Table 3.10
Comparison of Race – General Population, PLWH, New Diagnoses
Dallas EMA
2015

	Population	HIV/AIDS Prevalence	HIV/AIDS Incidence
White	47.0%	31.6%	25.2%
Black	16.0%	41.3%	46.1%
Hispanic	29.0%	22.1%	26.4%
Other Race	8.0%	1.2%	2.3%

Figure 3.5



Transmission Mode

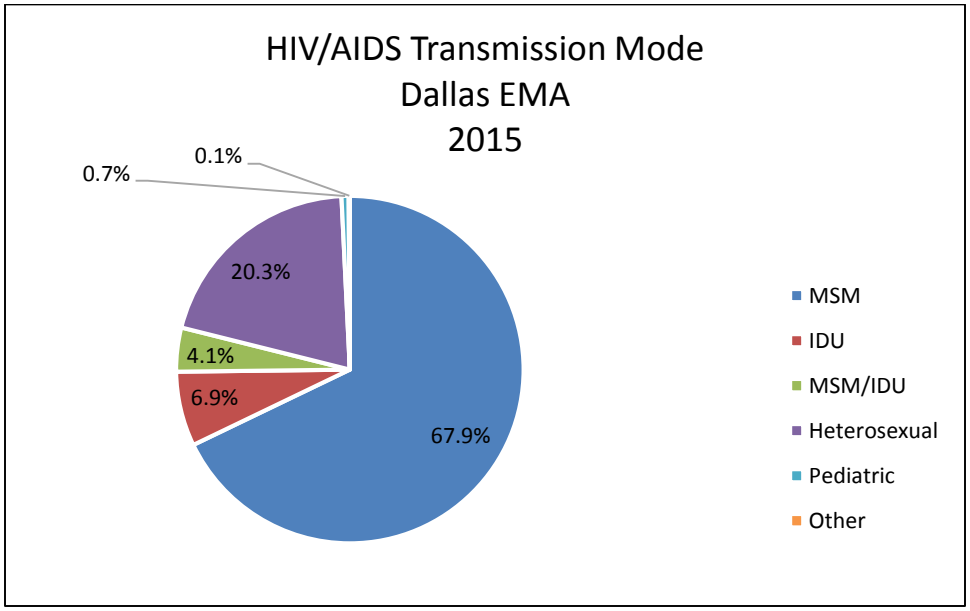
"Mode of exposure" or "transmission mode" indicates the most likely way that someone became infected with HIV.

- Male sex with men (MSM) continues to be the dominant transmission mode throughout the region.
  - In 2015, MSM represented the transmission mode of over two-thirds of PLWH in the Dallas EMA. In the Sherman-Denison HSDA, MSM was the mode of exposure for over half (51.9%) of those living with the virus.
- In the Dallas EMA, heterosexual exposure was the second most frequently identified transmission mode (20.3%).
  - From 2011 to 2015, heterosexual contact had the largest percentage increase in the Dallas EMA (21.4%).
- In the Sherman-Denison HSDA, injecting drug use (IDU) or MSM combined with IDU was the transmission mode of 23.8% of PLWH in 2015.
  - Between 2011 and 2015, heterosexual contact in the region increased PLWH by 64.5%, the highest change for any mode of transmission category.

Table 3.11
PLWH by Transmission Mode
Dallas EMA, Sherman-Denison HSDA
2011-2015

Transmission Mode	Dallas EMA					Sherman-Denison HSDA				
	2011		2015		2011-2015	2011		2015		2011-2015
	#	%	#	%	% Change	#	%	#	%	% Change
MSM	11,154	67.3	13,432	67.9	20.4	97	52.0	117	51.9	20.6
IDU	1,247	7.5	1,375	6.9	10.3	26	14.0	28	12.6	7.7
MSM/IDU	695	4.2	809	4.1	16.4	27	14.7	25	11.2	-7.4
Heterosexual	3,315	20.0	4,024	20.3	21.4	31	16.6	51	22.5	64.5
Pediatric	126	0.8	131	0.7	4.0	3	1.6	2	0.9	-33.3
Other	25	0.2	22	0.1	-12.0	2	1.1	2	0.9	0.0

Figure 3.6



Trends in new diagnoses in the Dallas EMA demonstrate:

- MSM continues to account for most new HIV/AIDS diagnoses in 2015 (73.7%), and has risen 0.5 percentage points since 2011.
- Heterosexual transmission has the next highest percentage share with 18% in 2015, which fell from 20.6% in 2011.
- The percentage change in both MSM transmission and heterosexual contact transmission reflects a slight shift to MSM incidence over the 2011-2015 period.
- The distribution of new diagnoses by transmission mode was relatively stable between 2011 and 2015, with an increase in injecting drug use transmissions over the period that did experience fluctuations and a decrease in heterosexual transmissions that also experienced year-to-year fluctuations.

Table 3.12
New HIV/AIDS Diagnoses by Transmission Mode
Dallas EMA
2011-2015

Transmission Mode	2011		2012		2013		2014		2015	
	#	%	#	%	#	%	#	%	#	%
MSM	754	73.2	701	73.8	718	75.6	785	73.6	722	73.7
IDU	43	4.2	40	4.2	27	2.9	37	3.5	52	5.3
MSM/IDU	17	1.7	17	1.8	22	2.3	30	2.9	26	2.6
Heterosexual	212	20.6	190	20.0	181	19.0	212	19.8	176	18.0
Pediatric	3	0.3	2	0.2	2	0.2	3	0.3	4	0.4

Aging PLWH

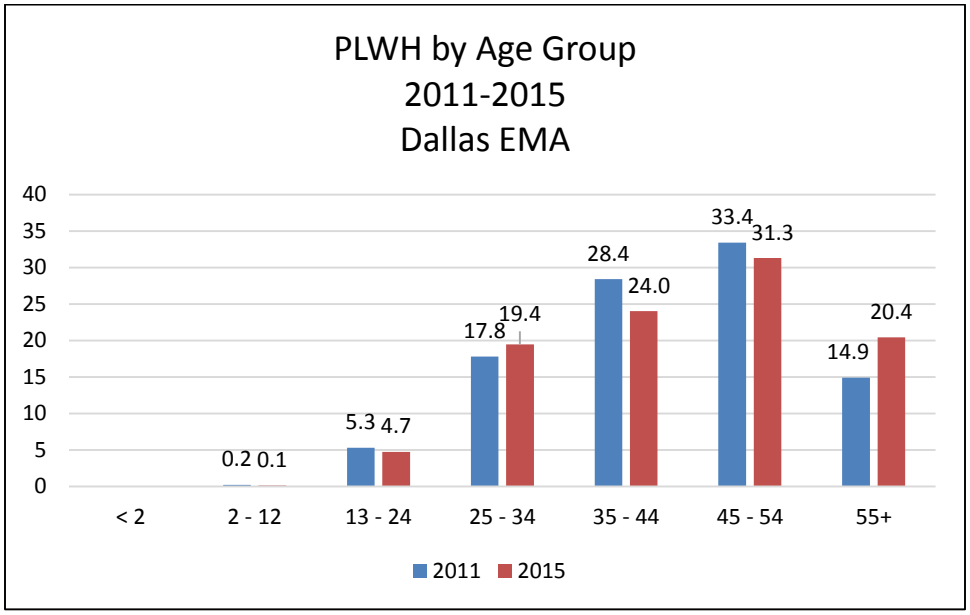
PLWH in both the Dallas EMA and Sherman-Denison HSDA are becoming older. While new infections continue among all age groups, the increase in prevalence within the older population is at least partially due to the continued effect of improved treatment therapies and survival.

- From 2011 to 2015 in the Dallas EMA, the share of PLWH that were age 55+ increased by 5.5 percentage points.
- During the same time period, the share of PLWH fell in the 35-44 and 45-54 age groups fell 4.4 and 2.1 percentage points, respectively.
- In 2015, people age 55+ accounted for 20.4% of PLWH in the Dallas EMA and 25.2% in Sherman-Denison HSDA. Between 2011 and 2015, the number of PLWH ages 55+ increased by 63.9% in the Dallas EMA and 58.3% in the Sherman-Denison HSDA.

Table 3.13
PLWH by Age Group
Dallas EMA, Sherman-Denison HSDA
2011, 2015

Age Group	Dallas EMA							Sherman-Denison HSDA						
	2011			2015			2011-2015	2011			2015			2011-2015
	#	%	Rate	#	%	Rate	% Change	#	%	Rate	#	%	Rate	% Change
Under 2	3	0.0	2.2	5	0.0	3.7	66.7	0	0.0	0	0	0.0	0	0.0
2 - 12	40	0.2	5.6	20	0.1	2.5	-50.0	1	0.5	3.6	1	0.4	3.6	0.0
13 - 24	876	5.3	118.0	933	4.7	117.1	6.5	6	3.2	19.4	9	4.0	29.1	50.0
25 - 34	2,949	17.8	432.9	3,848	19.4	543.8	30.5	28	15.1	126.6	34	15.0	144.3	21.4
35 - 44	4,696	28.4	564.2	4,757	24.0	681.1	1.3	48	25.8	210.9	52	23.0	230.1	8.3
45 - 54	5,532	33.4	791.0	6,191	31.3	940.9	11.9	67	36.0	237.9	73	32.3	277.1	9.0
55+	2,465	14.9	304.5	4,039	20.4	400.2	63.9	36	19.4	63.3	57	25.2	91.9	58.3

Figure 3.7



In considering the aging of PLWH, it is important to consider whether these are new diagnoses or are people aging with the disease due to improvements in treatment. Age at diagnosis can help answer this question.

- Over the past five years, an average of 210 older adults, ages 45 and older, were diagnosed, ranging from 196 in 2015 to 231 in 2011.
- The 25-34 age range saw the largest increase in new diagnoses between 2011 and 2015. In 2011, a total of 316 people were diagnosed in this age range; in 2015, this age range accounted for 338 new diagnoses.

Table 3.14
New HIV/AIDS Diagnoses by Age Group
Dallas EMA
2011-2015

Age Group	2011		2012		2013		2014		2015	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Under 2	3	2.3	1	0.8	1	0.8	1	0.8	3	2.2
2 - 12	0	0	1	0.1	1	0.1	2	0.3	1	0.1
13 - 24	249	33.8	247	32.8	240	31.3	271	34.6	260	32.6
25 - 34	316	47.6	274	40.6	324	47.6	366	52.7	338	47.8
35 - 44	231	34.8	226	33.5	181	26.5	209	30.3	182	26.1
45 - 54	164	26.5	128	20.4	145	22.8	149	23.1	139	21.1
55+	67	8	73	8.3	58	6.3	69	7.1	57	5.6

UNMET NEED

DSHS's calculation of unmet need (percentage of PLWH not receiving medical care) for the Dallas EMA and the State of Texas are shown below with detail by disease status, gender, race/ethnicity, age, and exposure mode. Refer to the HIV Care Continuum, below, for additional discussion.

- The Dallas EMA unmet need estimates find 21% of PLWH not receiving HIV medical care. This compares with 23% for Texas overall.
- Considering gender in the Dallas EMA, 20% of men are out-of-care, compared to 22% of women. Comparatively, the 2015 PLWH with unmet need in Texas by gender was 23% for men and 22% for women.
- In the Dallas EMA, Black/African Americans have the highest PLWH with unmet need at 24%. Races and ethnicities other than White/Caucasian, Black/African American, and Hispanic/Latino also have PLWH with an unmet need at 24%. These are followed by an unmet need of 23% for Hispanic/Latino.
- Among different age groups in the Dallas EMA, the 35-44 age group has the largest percentage with unmet need at 23%. The next highest percentage is in the 25-34 age group at 22%.
- Among mode of transmission categories, "adult other" has the highest percentage of PLWH out-of-care, 27%. This is followed by heterosexual and IDU, which both experience unmet need at 24%.

Table 3.15
PLWH with Unmet Need for Medical Care
Gender, Race/Ethnicity, Age, Mode of Transmission
Dallas EMA and Texas
2015

	Dallas EMA		Texas
	#	%	%
Total	4,129	21%	23%
Disease Status			
HIV	2,439	26%	29%
AIDS	1,690	16%	18%
Gender			
Female	879	22%	22%
Male	3,250	20%	23%
Race/Ethnicity			
White	1,040	17%	19%
Black	1,932	24%	25%
Hispanic	1,003	23%	25%
Other	58	24%	27%
Unknown	96	13%	13%
Age			
0-1	1	20%	18%
02-12	4	20%	19%

	Dallas EMA		Texas
	#	%	%
13-24	190	20%	22%
25-34	853	22%	24%
35-44	1,102	23%	25%
45-54	1,146	19%	21%
55+	833	21%	23%
Mode of Transmission			
MSM	2,640	20%	22%
IDU	334	24%	27%
MSM/IDU	158	20%	22%
Heterosexual	963	24%	24%
Pediatric	29	22%	27%
Adult Other	6	27%	25%

Unmet need by transmission mode, race/ethnicity, and gender finds:

- Excluding "Other", Black/African-Americans MSM have the highest unmet need (23%) when compared to Hispanic/Latino (22%) and White/Caucasian (16%).
- Male IDUs have a higher unmet need when compared to females. Hispanic/Latino male IDUs have the highest unmet need in this transmission category, at 38%. White women have the highest unmet need in the IDU transmission category at 23%.
- Unmet need among those with heterosexual transmission finds:
  - Hispanic/Latino men have the highest percentage of PLWH with an unmet need (32%).
  - White/Caucasian women (21%) have a higher unmet need than men (20%).
  - Black/African-American women have the highest unmet need among racial/ethnic categories (24%) of other racial or ethnic categories.

Table 3.16
PLWH with Unmet Need for Medical Care
By Gender, Transmission Mode, and Race/Ethnicity
Dallas EMA
2015

Dallas EMA		Male		Female	
		#	% Unmet Need	#	% Unmet Need
Grand Total		3,250	20	879	22
MSM	White	828	16	.	.
	Black	986	23	.	.
	Hispanic	724	22	.	.
	Other	37	24	.	.
	Unknown	64	13	.	.
	Total	2,640	20	.	.

Dallas EMA		Male		Female	
		#	% Unmet Need	#	% Unmet Need
IDU	White	45	29	31	23
	Black	99	24	83	21
	Hispanic	46	38	19	22
	Other	2	66	2	30
	Unknown	2	12	4	12
	Total	194	28	139	21
MSM/IDU	White	52	16	.	.
	Black	66	22	.	.
	Hispanic	34	23	.	.
	Other	0	14	.	.
	Unknown	6	15	.	.
	Total	158	20	.	.
Heterosexual	White	18	20	60	21
	Black	151	29	530	24
	Hispanic	57	32	117	23
	Other	5	20	8	21
	Unknown	6	18	12	9
	Total	236	28	727	23
Pediatric	White	3	33	2	17
	Black	11	30	6	15
	Hispanic	4	31	2	13
	Other	.	.	1	100
	Unknown	.	.	.	.
	Total	18	29	11	16

Unmet need by disease status finds PLWH with HIV have higher unmet need in all categories when compared to PLWH with AIDS. The exceptions are Hispanics, those individuals 45 years or older, as well as the IDU and MSM/IDU transmission categories.

Table 3.17
PLWH with Unmet Need for Medical Care
Disease Status by Gender, Race/Ethnicity, Age, Mode of Transmission
Dallas EMA
2015

	Dallas EMA			
	HIV			AIDS
	#	%	#	%
Total	2,439	26	1,690	16
Gender				
Female	558	28	321	16
Male	1,881	25	1,369	16
Race/Ethnicity				
White	574	19	466	14
Black	1,284	31	648	16
Hispanic	495	25	508	21
Other	38	28	20	20
Unknown	48	15	48	11
Age				
0-1	1	20	.	.
02-12	4	21	.	.
13-24	167	22	23	13
25-34	688	26	165	13
35-44	684	28	418	18
45-54	556	23	590	15
55+	339	25	494	18
Mode of Transmission				
MSM	1,579	24	1,060	16
IDU	157	30	177	21
MSM/IDU	76	26	82	16
Heterosexual	600	31	362	18
Pediatric	25	28	4	9
Adult Other	2	33	4	25

SEXUALLY TRANSMITTED DISEASES

Within the general population, chlamydia is the most prevalent sexually transmitted disease (STD), infecting 21,581 residents of the Dallas EMA.

- Chlamydia infections are more prevalent among women (71.1%) than men (28.7%).
- Over 60% of cases are among youth ages 13-24.
- Blacks/African-Americans represent 27.0% of those infected with Chlamydia in 2015. Both Whites/Caucasian and Hispanics/Latino represent 19.5% of those infected in the Dallas EMA.

Gonorrhea infected 6,883 Dallas EMA residents in 2015.

- 58.4% of gonorrhea infections occurred in men, 41.3% in women.
- 39.4% of gonorrhea infections occurred among Blacks/African-Americans. Whites/Caucasian and Hispanics/Latino accounted for 20.3% and 13.9%, respectively.
- Over half (53.0%) of gonorrhea infections are among youth ages 13-24.

1,013 Dallas EMA residents contracted Syphilis in 2015.

- 87.5% of syphilis infections were among men, 12.4% were among women.
- Nearly 40% of infections occurred among Blacks/African-American (39.6%).
- 22.9% of syphilis cases were among youth, 36.5% among the 25-34 age group, and 21.1% occurred in those 35-44 years.

Table 3.18
STDs by Gender, Race/Ethnicity, Age
Dallas EMA
2015

Year	Chlamydia			Gonorrhea			Syphilis (1)		
	#	%	Rate	#	%	Rate	#	%	Rate
Total	21,581	100	1337.2	6,883	100	505.6	1,013	100	87.7
Sex									
Male	6,186	28.7	262.7	4,023	58.4	170.8	886	87.5	37.6
Female	15,342	71.1	631	2,846	41.3	117	126	12.4	5.2
Unknown	53	0.2	0	14	0.2	0	1	0.1	0
Race/Ethnicity									
White	4,204	19.5	189.9	1,399	20.3	63.2	309	30.5	14
Black	5,826	27	738.2	2,712	39.4	343.7	401	39.6	50.8
Hispanic	4,198	19.5	299.5	955	13.9	68.1	244	24.1	17.4
Other	419	1.9	109.5	117	1.7	30.6	21	2.1	5.5
Unknown	6,934	32.1	0	1,700	24.7	0	38	3.8	0
Age Group									
<2	13	0.1	9.6	4	0.1	3	.	.	.
2-12	9	0	1.2	6	0.1	0.8	.	.	.
13-24	13,941	64.6	1750.2	3,650	53	458.2	232	22.9	29.1

Year	Chlamydia			Gonorrhea			Syphilis (1)		
	#	%	Rate	#	%	Rate	#	%	Rate
25-34	5,774	26.8	816	2,053	29.8	290.1	370	36.5	52.3
35-44	1,317	6.1	188.6	670	9.7	95.9	214	21.1	30.6
45-54	407	1.9	61.8	371	5.4	56.4	134	13.2	20.4
55+	100	0.5	9.9	123	1.8	12.2	63	6.2	6.2
(1) Includes Primary, Secondary, and Early Latent Syphilis									

Comparing PLWH co-infected with STDs at the time of diagnosis, in 2015, syphilis accounts for nearly half of all cases (43.9%), 8.3% of gonorrhea cases, and 2.0% of chlamydia cases in the Dallas EMA.

Table 3.19
Co-Morbidity of HIV/AIDS & STD Total Cases
Dallas EMA
2015

	Dallas EMA					
	Chlamydia		Gonorrhea		Syphilis*	
	#	%	#	%	#	%
Total	440	2.0	571	8.3	498	49.2
* Includes Primary, Secondary, and Early Latent Syphilis						

Gonorrhea is the most prevalent co-morbid sexually transmitted disease, infecting 571 Dallas EMA residents with HIV/AIDS in 2015.

- 93.9% of gonorrhea infections occurred in men, 6.1% in women.
- 44.3% of gonorrhea infections occurred among Blacks/African-Americans. Whites/Caucasian and Hispanics/Latino accounted for 25.4% and 23.3%, respectively.
- 19.4% of gonorrhea infections are among youth ages 13-24.

Four hundred ninety-eight Dallas EMA HIV/AIDS infected residents contracted Syphilis in 2015.

- 98.4% of syphilis infections were among men with HIV/AIDS, 1.6% were among women with HIV/AIDS.
- Nearly 40% of infections occurred among Blacks/African-American (36.7%).
- 10.0% of syphilis cases were among youth, 39.0% among the 25-34 age group, and 25.4% occurred in those 35-44 years.

Chlamydia is the least prevalent co-morbid sexually transmitted disease (STD), infecting 440 HIV/AIDS positive residents of the Dallas EMA.

- Chlamydia infections are more prevalent among HIV/AIDS positive men (87.7%) than women (12.3%).
- Over 40% of co-morbid cases are among those ages 25-34.

- Blacks/African-Americans represent 47.3% of those co-morbidly infected with Chlamydia in 2015. Whites/Caucasian and Hispanics/Latino represent 22.7% and 22.8% of those infected in the Dallas EMA, respectively.

Table 3.20
Co-Morbidity of HIV/AIDS and Selected STD Cases
By Gender, Race/Ethnicity, Age, Mode of Transmission
Dallas EMA
2015

	Chlamydia		Gonorrhea		Syphilis*	
	#	%	#	%	#	%
Gender						
Female	54	12.3	35	6.1	7	1.6
Male	386	87.7	536	93.9	491	98.4
Race/Ethnicity						
White	100	22.7	145	25.4	143	28.7
Black	208	47.3	253	44.3	183	36.7
Hispanic	109	24.8	133	23.3	137	27.5
Other	7	1.6	2	0.4	4	0.8
Unknown	16	3.6	38	6.7	31	6.2
Age						
13-24	81	18.4	111	19.4	50	10.0
25-34	190	43.2	256	44.8	189	38.0
35-44	91	20.7	107	18.7	127	25.5
45-54	64	14.5	76	13.3	91	18.3
55+	14	3.2	21	3.7	41	8.2
Mode of Transmission						
MSM	355	80.7	495	86.7	461	92.2
IDU	11	2.5	13	2.3	7	1.4
MSM/IDU	18	4.0	25	4.3	23	4.6
Heterosexual	53	12	38	6.6	8	1.6
Pediatric	4	0.9	1	0.2	1	0.2

Tuberculosis was a co-morbid condition among 2.0% of PLWH in the Dallas EMA.

Table 3.21
Tuberculosis Co-Morbidity
Dallas EMA
2015

	Total PLWH	TB Co-Morbidity	% TB Co-Morbidity
Dallas EMA	19,793	395	2.0

HIV CARE CONTINUUM

Texas DHSHS developed the 2015 HIV/AIDS Care Continuum (HCC) for Dallas EMA, Dallas HSDA and Sherman-Denison HSDA.[1] Along with the Continuum or "cascade," a "Healthier Community" graphical display was developed to further depict linkage and retention in care. The following presents the TDSHS information. Fact sheets compiled by TSDHS with additional graphical displays are contained in Appendix 3.1.

Definitions used in the HCC and Healthier Community calculations:

- HIV+ Individuals at end of 2015 = No. of HIV+ individuals (alive) residing in Texas, Dallas EMA, Dallas HSDA or Sherman-Dennison HSDA at the end of 2015.
- At Least One Visit in 2015 = No. of PLWH with a met need (at least one: medical visit, ART prescription, VL test, or CD-4 test) in 2015, otherwise referred to as "linked to care."
- Retained in Care = No. of PLWH with at least 2 visits or labs, at least 3 months apart or suppressed at end of 2015.
- Achieved Viral Suppression at end of 2015 = No. of PLWH whose last viral load test value of 2015 was <= 200 copies/mL.

In 2015, all three regions reported relatively consistent performance for the four indicators of the HCC.

- Dallas EMA and Dallas HSDA results were nearly identical. Sherman-Dennis reported higher linkage (84%), retention (79%) and suppression rates (68%).
- As a measure of favorable outcomes as a result of HIV care, viral suppression was achieved by 86% to 88% of patients with two or more medical visits in 2015.
- The Dallas EMA, Dallas HSDA and Sherman-Denison HSDA surpassed viral suppression rates when compared to the statewide average.

[1] Sources: Enhanced HIV AIDS Reporting System (eHARS) as of July 2, 2015, Medicaid, ARIES, ADAP, and private payers. Prepared by Program Planning and Evaluation Group, HIV/STD Branch at the Texas Department of State Health Services, August, 2016.

Table 3.22
HIV Care Continuum
Dallas EMA, Dallas HSDA and Sherman-Denison HSDA 2015

	PLWH		At Least One Visit		Retained in Care		Suppressed		% Suppressed of Those Retained
	#	%	#	%	#	%	#	%	%
Dallas EMA	19,793	100.0%	15,664	79.1%	14,281	72.2%	12,533	63.3%	87.8%
Dallas HSDA	19,768	100.0%	15,641	79.1%	14,260	72.1%	12,513	63.3%	87.8%
Sherman-Denison	226	100.0%	189	83.6%	179	79.2%	154	68.1%	86.0%
Texas	82,745	100.0%	63,706	77.0%	57,074	69.0%	48,632	59.0%	85.2%

Figure 3.8

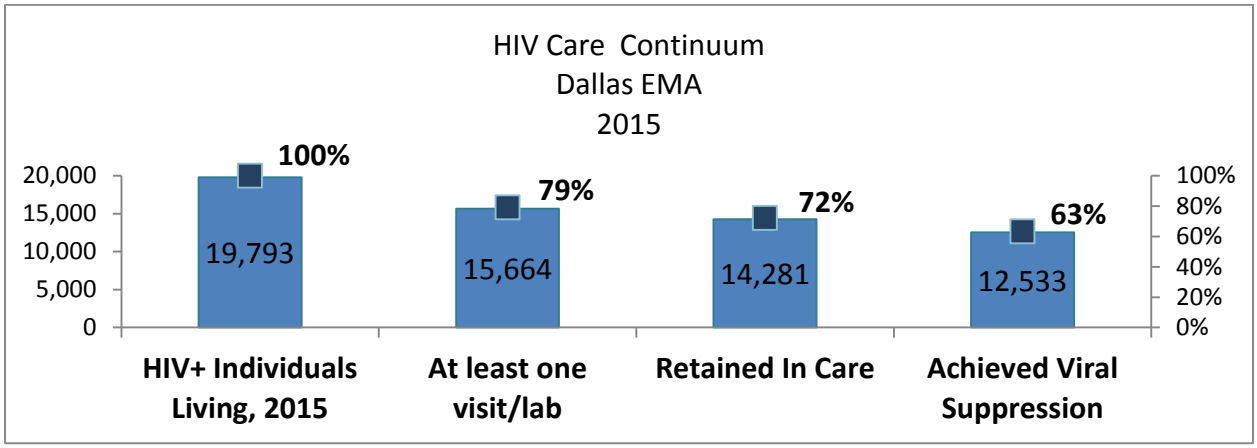


Figure 3.9

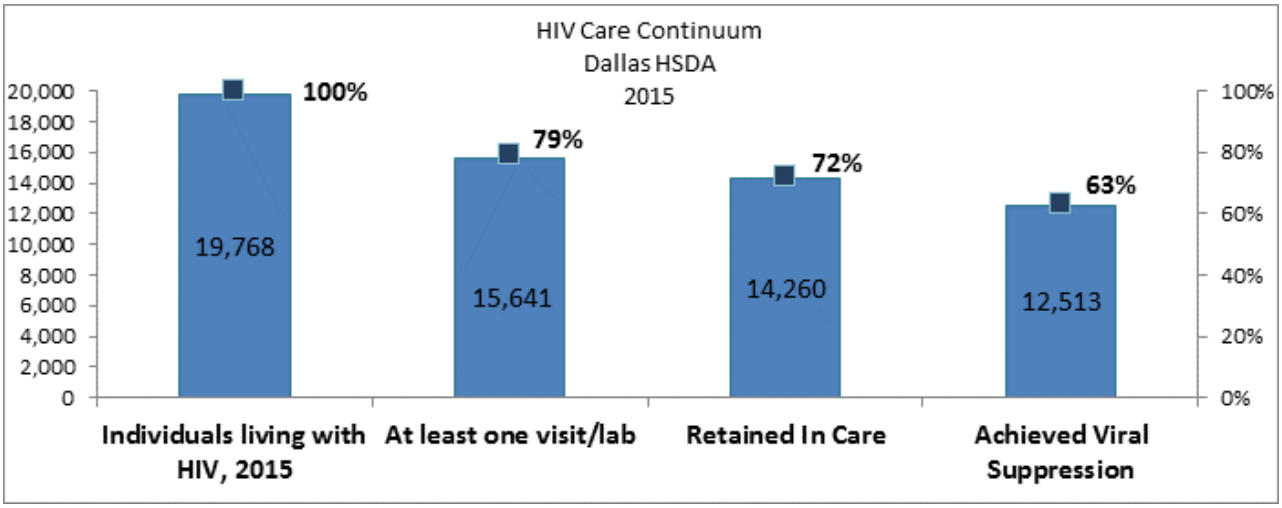
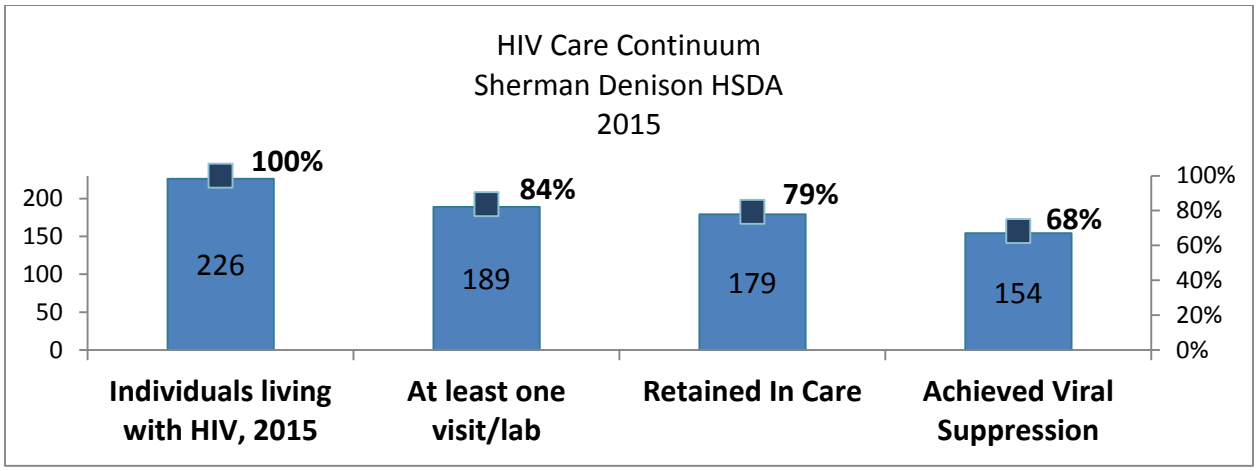


Figure 3.10



Gender

- Across the Dallas EMA, Dallas HSDA, and Sherman-Denison HSDA, similar percentages of male and female PLWH had a met need in 2015.
- 75% of women and 80% of men in the Sherman-Denison HSDA were retained in care, which is higher than 70% of women and 73% of men in both the Dallas EMA and Dallas HSDA.
- Of those retained in care in the Sherman-Denison HSDA, the percentage suppressed was highest for women at 86%; and the Dallas HSDA had the highest for men at 88%. For both genders, the percent suppressed of those retained exceeded 75% for the Dallas EMA, Dallas HSDA, and Sherman-Denison HSDA.

Race/Ethnicity

- Every race/ethnicity category reported over 75% of PLWH a met need in the Dallas EMA, Dallas HSDA, and Sherman-Denison HSDA.
- Sherman-Denison HSDA had the highest percentage of Whites (82%), Blacks (68%) and Hispanics (78%) retained in care. The Dallas EMA had 79% of Whites, 67% of Blacks, and 71% of Hispanics retained in care, which was nearly identical to the percentages in the Dallas HSDA.
- More than half (56%) of Blacks in the Dallas EMA and Dallas HSDA were virally suppressed in 2015, while only 49% of Blacks in Sherman-Denison HSDA were virally suppressed.

Age

- Approximately 80% of PLWH from each age group reported a met need in each geography.
- The percentage suppressed of those retained in care in the Dallas EMA, Dallas HSDA, and Sherman-Denison HSDA exceeded 75% in each age category.

Transmission Mode

- By transmission mode, high percentages of PLWH were identified with met need in 2015.
- In the Dallas EMA, the injection drug-use transmission mode had the lowest percentage of PLWH retained in care (68%). Injection drug-use and MSM/IDU had the lowest number retained in care in the Sherman-Denison HSDA at 72%, while heterosexual transmission was the transmission category in the Dallas HSDA with the lowest percentage retained in care (69%).

Table 3.23
HIV Care Continuum by Gender, Race/Ethnicity, Age, Transmission Mode
Dallas EMA
2015

	PLWH		At Least One Visit		Retained in Care		Suppressed		% Suppressed of those Retained
	#	%	#	%	#	%	#	%	
ALL PLWH	19,793	100.0	15,664	79.1	14,281	72.2	12,533	63.3	80.0%
Gender									
(F)Female	3,917	19.8	3,038	77.6	2,743	70.0	2,354	60.1	77.5%
(M)Male	15,876	80.2	12,626	79.5	11,538	72.7	10,179	64.1	80.6%
Race/Ethnicity									
White, not Hispanic	6,245	31.6	5,205	83.3	4,904	78.5	4,492	71.9	86.3%
Black, not Hispanic	8,178	41.3	6,246	76.4	5,492	67.2	4,596	56.2	73.6%
Hispanic	4,372	22.1	3,369	77.1	3,112	71.2	2,773	63.4	82.3%
Other	238	1.2	180	75.6	166	70.1	157	66.0	87.2%
Unknown	760	3.8	664	87.4	607	79.9	515	67.8	77.6%

	PLWH		At Least One Visit		Retained in Care		Suppressed		% Suppressed of those Retained
	#	%	#	%	#	%	#	%	
Age									
0-24	955	4.8	759	80.0	581	60.8	446	46.7	76.8%
25-34	3,848	19.4	2,995	77.8	2,563	66.6	2,093	54.4	69.9%
35-44	4,757	24.0	3,655	76.8	3,335	70.1	2,928	61.6	80.1%
45-54	6,191	31.3	5,045	81.5	4,740	76.6	4,232	68.4	83.9%
55+	4,039	20.4	3,206	79.4	3,059	75.7	2,833	70.1	88.4%
Mode of Transmission									
MSM	13,432	67.9	10,792	80.3	9,874	73.5	8,790	65.4	81.4%
IDU	1,375	6.9	1,041	75.7	939	68.3	789	57.4	75.8%
MSM/IDU	809	4.1	651	80.5	591	73.1	472	58.3	72.5%
Heterosexual	4,024	20.3	3,062	76.1	2,770	68.8	2,400	59.6	78.4%
Pediatric	131	0.7	102	77.9	93	71.0	69	52.7	67.6%
Adult Other	22	0.1	16	72.7	15	68.2	12	54.5	75.0%

Table 3.24
HIV Care Continuum by Gender, Race/Ethnicity, Age, Transmission Mode
Dallas HSDA
2015

	PLWH		At Least One Visit		Retained in Care		Suppressed		% Suppressed of those Retained
	#	%	#		#	%	#	%	%
All PLWH	19,768	100.0	15,641	79.1	14,260	72.1	12,513	63.3	87.7%
Gender									
(F)Female	3,928	19.9	3,049	77.6	2,753	70.1	2,362	60.1	85.8%
(M)Male	15,840	80.1	12,592	79.5	11,507	72.6	10,151	64.1	88.2%
Race/Ethnicity									
White Non-Hispanic	6,192	31.3	5,158	83.3	4,860	78.5	4,455	71.9	91.7%
Black Non-Hispanic	8,202	41.5	6,268	76.4	5,512	67.2	4,610	56.2	83.6%
Hispanic	4,375	22.1	3,369	77.0	3,113	71.2	2,774	63.4	89.1%
All Other/Unknown	999	5.1	846	84.7	775	77.6	674	67.5	87.0%
Age									
< 24	956	4.8	762	80.3	583	61.0	448	46.9	76.8%
25 - 44	8,609	43.6	6,654	77.3	5,902	68.6	5,023	58.3	85.1%
> 44	10,203	51.6	8,225	80.6	7,775	76.2	7,042	69.0	90.6%

	PLWH		At Least One Visit		Retained in Care		Suppressed		% Suppressed of those Retained
	#	%	#		#	%	#	%	%
Mode of Transmission									
MSM	13,398	67.8	10,765	80.3	9,849	73.5	8,770	65.5	89.0%
IDU or MSM/IDU	2,180	11.0	1,686	77.3	1,522	69.8	1,254	57.5	82.4%
Heterosexual	4,038	20.4	3,072	76.1	2,781	68.9	2,407	59.6	86.6%
All Other	153	0.8	118	77.1	108	70.6	81	52.9	75.0%

Table 3.25
HIV Care Continuum by Gender, Race/Ethnicity, Age, Transmission Mode
Sherman-Denison HSDA
2015

	PLWH		At Least One Visit		Retained in Care		Suppressed		% Suppressed of those Retained
	#	%	#	%	#	%	#	%	%
All PLWH	226	100.0	189	83.6	179	79.2	154	68.1	86.0%
Gender									
(F)Female	48	21.2	37	77.1	36	75.0	31	64.6	86.1%
(M)Male	178	78.8	152	85.4	143	81.5	123	69.1	86.0%
Race/Ethnicity									
White Non-Hispanic	146	64.6	123	84.2	119	81.5	103	70.5	86.6%
Black Non-Hispanic	41	18.1	33	80.5	28	68.3	20	48.8	71.4%
Hispanic	23	10.2	19	82.6	18	78.3	17	73.9	94.4%
All Other/Unknown	16	7.1	14	87.5	14	87.5	14	87.5	100.0%
Age									
< 24	10	4.4	10	100.0	8	80.0	7	70.0	87.5%
25 - 44	86	38.1	70	81.4	67	77.9	57	66.3	85.1%
> 44	130	57.5	109	83.8	104	80.0	90	69.2	86.5%
Mode of Transmission									
MSM	117	51.8	103	88.0	97	82.9	84	71.8	86.6%
IDU or MSM/IDU	54	23.9	41	75.9	39	72.2	31	57.4	79.5%
Heterosexual	51	22.6	43	84.3	41	80.4	37	72.5	90.2%
All Other	4	2.0	2	50.0	2	50.0	2	50.0	100.0%

LINKAGE TO CARE

Linkage to care is measured by the first medical visit following a positive test result during the measurement year (2015). Episodes are measured in one month or less, two to three months, four to twelve months and not linkage reported.

A majority of PLWH in the Dallas EMA, the Dallas HSDA, and the Sherman-Denison HSDA were linked to care within one month.

- 86.7% of PLWH in Sherman-Denison were linked to care within one month, and the rest were linked within two to three months.
- In the Dallas EMA and Dallas HSDA, just over 64% of PLWH were linked within one month. 16.8% were linked to care within two to three months, and nearly 8% were linked in four to twelve months.
- Slightly over 11% of PLWH in the Dallas EMA and Dallas HSDA were not linked to care in 2015.

Table 3.26
Linkage to Care 2015

	Within 1 month		Two to three months		Four to 12 months		Not Linked	
	#	%	#	%	#	%	#	%
Dallas EMA	622	64.5%	162	16.8%	74	7.7%	107	11.1%
Dallas HSDA	620	64.2%	162	16.8%	75	7.8%	108	11.2%
Sherman-Denison	13	86.7%	2	13.3%	0	0.0%	0	0.0%

Figure 3.11

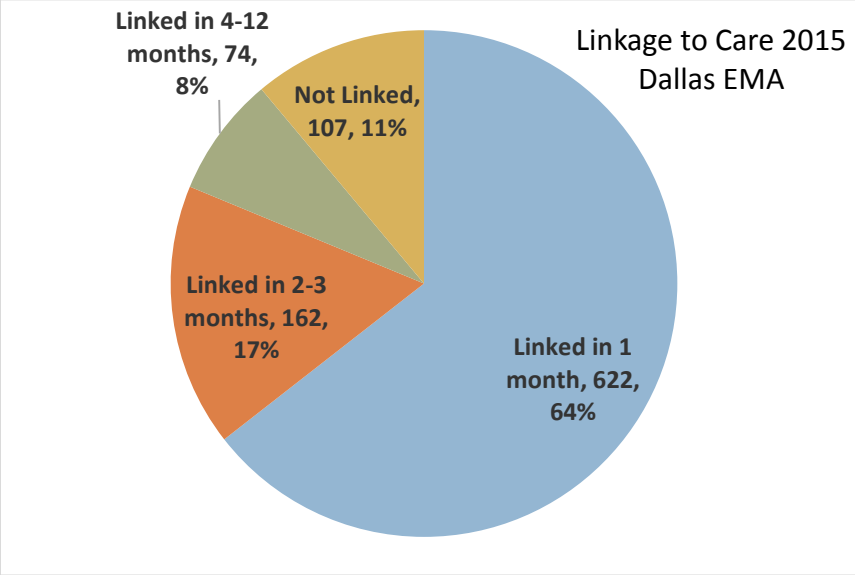


Figure 3.12

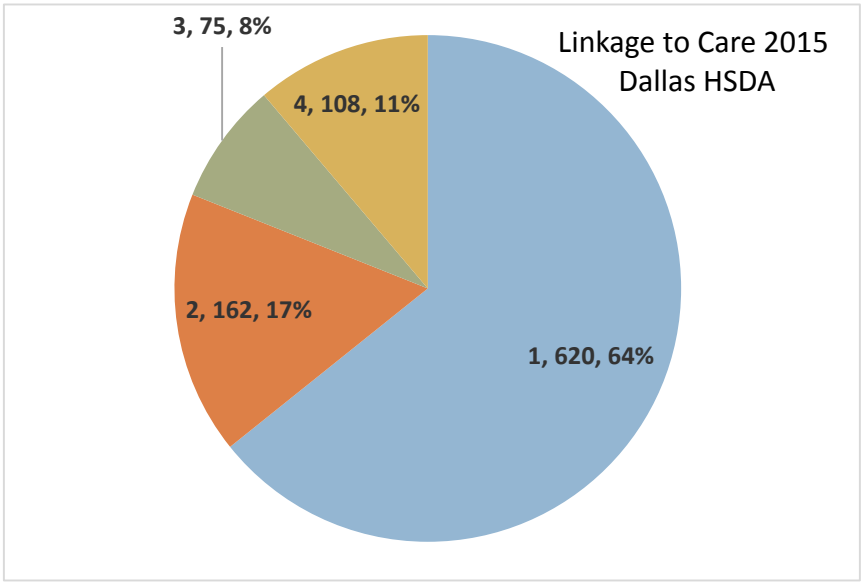
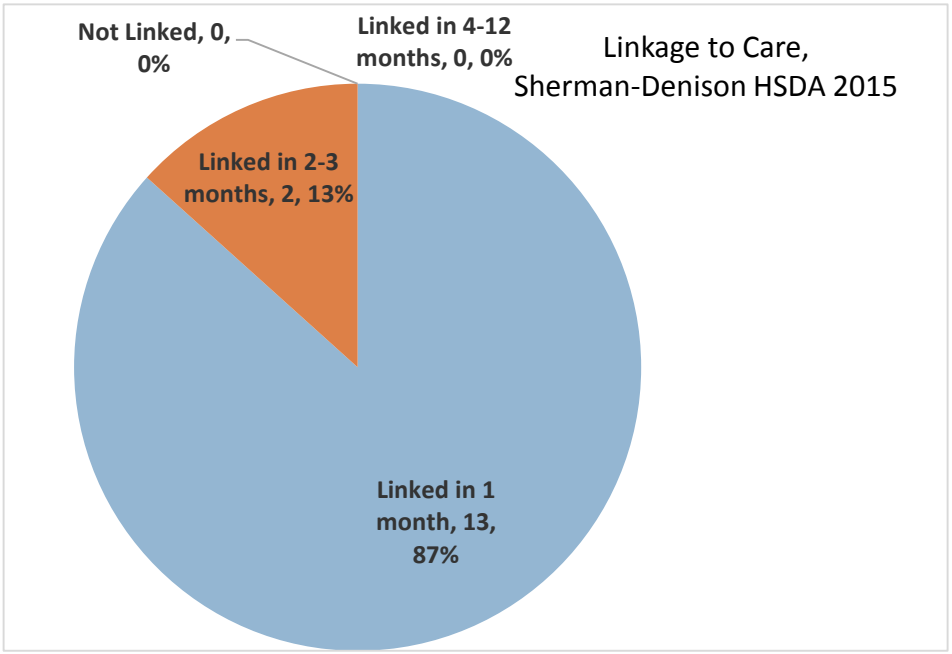


Figure 3.13



RETENTION IN CARE

In 2015, TDSHS introduced a Healthier Community initiative to further examine retention in care and to establish goals to achieve retention and viral suppression. Fact sheets developed for the Dallas and Sherman-Denison HSDAs depicting the impact of HIV care and treatment for PLWH in these jurisdictions are contained in Appendix 3.1 as well as Figure 3.14 below.

- In the Dallas EMA and Dallas HSDA, 79% of PLWH were linked to care (one or more episodes of treatment in the calendar year) in 2015 and 72% were retained in care (two or more episodes of treatment in the calendar year). Of those linked in care, 63% were virally suppressed. Of those retained in care, 88% were virally suppressed.
- In the Sherman-Denison HSDA, 84% were linked to care in 2015 and 79% were retained in care. Of those linked to care, 68% were virally suppressed, and of those retained in care, 86% were virally suppressed.

TDSHS established targets for the region at 85% of PLWH who would be retained in care and 81% of those retained would be virally suppressed.

- With an 85% retention rate, TDSHS projects 2,543 additional PLWH from the Dallas EMA or HSDA would be retained in care. At 81% suppression, 1,094 in the Dallas EMA and 1,097 additional PLWH in the Dallas HSDA would be achieve viral suppression.
- Using the same targets, 13 additional PLWH from Sherman-Denison HSDA would be retained in care, and two additional would achieve viral suppression.

Table 3.27
Retention and Viral Suppression Targets

	PLWH		Retained in Care		85% Retained Goal	Gap	Suppressed	81% Suppressed Goal	Gap
	#	%	#	%	#	#	#	#	#
Dallas EMA	19,793	100	14,281	72.2%	16,824	2,543	12,533	13,627	1,094
Dallas HSDA	19,768	100	14,260	72.1%	16,803	2,543	12,513	13,610	1,097
Sherman-Denison HSDA	226	100	179	79.2%	192	13	154	156	2

Figure 3.14
Healthier Community

A. DALLAS HSDA

79% of PLWH had at least one episode of HIV care & treatment. This means roughly 8 out of 10 PLWH were in care.

72% of PLWH were retained in care (2 episodes of HIV care & treatment across the year). This means that roughly 7 out of 10 PLWH were retained in care

63% of PLWH were virally suppressed. This means that roughly 6 out of 10 PLWH were virally suppressed

Of those 7 out of 10 PLWH who were retained in care, 88%, or roughly 6 of those 7 PLWH, were virally suppressed.

B. SHERMAN-DENISON HSDA

84% of PLWH had at least one episode of HIV care & treatment. This means roughly 8 out of 10 PLWH were in care.

79% of PLWH were retained in care (2 episodes of HIV care & treatment across the year). This means that roughly 8 out of 10 PLWH were retained in care

68% of PLWH were virally suppressed. This means that roughly 7 out of 10 PLWH were virally suppressed

Of those 8 out of 10 PLWH who were retained in care, 86%, or roughly 7 of those 8 PLWH, were virally suppressed.

MEASURES OF VIRAL LOAD

Sustained viral load suppression is the ultimate outcome for HIV treatment. Measuring suppression consists of four indicators: population viral load, community viral load, in-care viral load and monitored viral load. Definitions formulated by the CDC are as follows:[2]

- **Population Viral Load** includes viral loads of all HIV-infected persons in the population, both those unaware of their HIV status (undiagnosed) and those who are aware of their HIV status (diagnosed), whether or not linked and retained in HIV care. An estimated 18% to 21% of HIV-infected Americans are living with undiagnosed HIV infection and, their HIV viral loads are unknown but are likely detectable and elevated in the absence of antiretroviral therapy.
- **Community Viral Load** describes viral load of all HIV-infected persons diagnosed with HIV infection in a given population.
- **In-Care Viral Load** includes both the HIV viral loads of PLWH who have accessed the healthcare system, been diagnosed with HIV infection, and have viral load testing results reported to HIV surveillance.
- **Monitored Viral Load** is limited to the HIV viral loads of PLWH who have been diagnosed with HIV infection, who are receiving medical care and disease monitoring through viral load testing, and whose results are reported to HIV surveillance. This measure excludes persons that may be in care, but do not have viral load data available due to incomplete reporting or less frequent monitoring.

The viral load measures were calculated by TSDH for the State of Texas, the Austin TGA and Dallas EMA by TSDH. Results for Dallas EMA are shown in Table 3.27. It demonstrates that in-care and monitored PLWH achieve viral suppression to a greater extent than those measured by population or community viral loads. It also shows that approximately half of those with HIV in the Dallas EMA, either aware or unaware but not in care, are not virally suppressed.

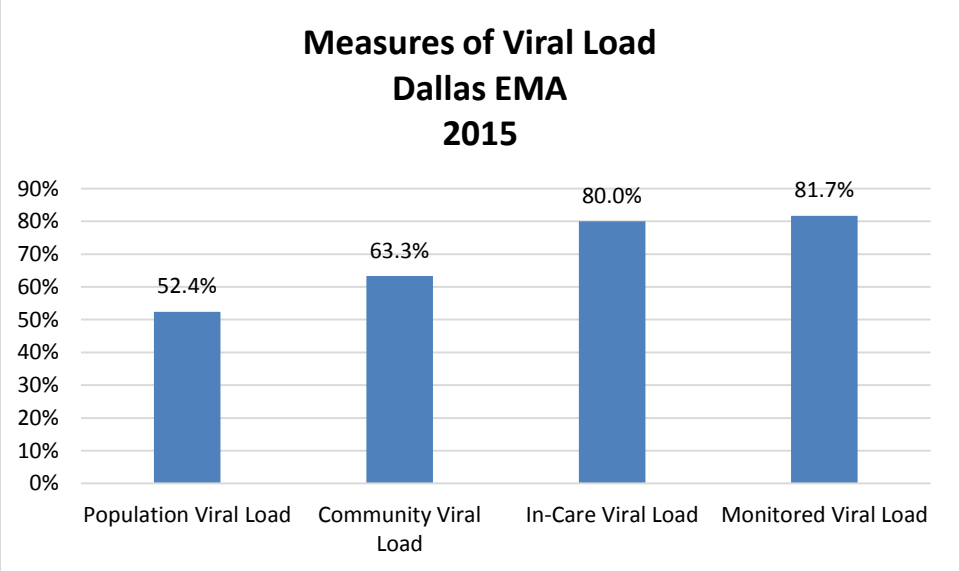
- In the Dallas EMA general population, of the 23,933 with HIV who know or do not know their status, i.e. Aware and Unaware, 52.5% are known to be virally suppressed.
- In the Dallas EMA, of those who are aware of their HIV status, 63.3% are known to be virally suppressed.
- Of PLWH with at least one medical visit, 80.0% were virally suppressed in 2015.
- Of those who received at least one viral load test in 2015, 81.7 were virally suppressed in 2015.

[2] Source: CDC (August 2011), Guidance on Community Viral Load: A Family of Measures, Definitions, and Method for Calculation.

Table 3.28
MEASURES OF VIRAL LOAD
Dallas EMA 2015

	Dallas EMA
No. of PLWH who know and do not know their HIV Status	23,933
No. of PLWH who know their status (at end of 2015)	19,793
No. of PLWH who had a Met Need in 2015	15,664
No. of PLWH with >= 1 VL test in 2015	15,333
No. of PLWH who were virally suppressed (<= 200 copies/mL) at end of 2015	12,533
% of PLWH with a suppressed viral load out of PLWH who know and do not know their status - Population Viral Load	52.4%
% of PLWH with a suppressed viral load out of PLWH who know their status (at the end of 2015) - Community Viral Load	63.3%
% of PLWH with a suppressed viral load out of PLWH who had a Met Need in 2015 - In-Care Viral Load	80.0%
% of PLWH with a suppressed viral load out of PLWH with >= 1 VL test in 2015 - Monitored Viral Load	81.7%

Figure 3.15



RYAN WHITE HIV/AIDS PROGRAM CLIENT IN-CARE PROFILE

Data reported in the following section were obtained from the 2016 ARIES Statistical Analysis Report. They reflect Ryan White HIV/AIDS Program (RWHAP) clients from the Super Dallas/Sherman provider sites. Super Dallas/Sherman refers to the aggregate of the Dallas and Sherman-Denison HSDAs. In 2016, there were 9,609 PLWH enrolled in Super Dallas/Sherman RWHAP.

- Of the total number of clients served, 14.9% were new clients in 2016.
- Most clients reside in the Dallas HSDA (93.2%) or Sherman-Denison HSDA (1.6%); 5.1% of clients from outside the Dallas and Sherman-Denison HSDA's consumed services.
- 21 clients (<1%) died in 2016.

Table 3.29
ARIES Statistical Analysis Report - Overview
Super Dallas/Sherman (Aggregating Administered Agencies)
Period: 1/1/2016 to 12/31/2016

ARIES Report Summary	2016	
	#	%
Unduplicated number of clients served	9,609	100.0%
Unduplicated number of new clients served	1,427	14.9%
Clients served who died during reporting period	21	0.2%
Clients from Dallas HSDA	8,958	93.2%
Clients from Sherman-Denison HSDA	156	1.6%
Clients outside Dallas/Sherman-Denison HSDA	495	5.1%

HIV/AIDS Disease Status

Among RWHAP clients, the majority had been diagnosed as HIV-positive (63.0%).

- There was an underrepresentation of clients with AIDS in RWHAP client base in 2016 when compared to the overall disease status of those in the Dallas EMA. In the Dallas EMA, 51.8% of PLWH had AIDS and 48.2% were HIV-positive in 2015.

Table 3.30
RWHAP Clients by Disease Status
Super Dallas/Sherman
2016

HIV/AIDS Status	2016	
	#	%
HIV-negative	55	0.0%
HIV-positive	6,058	63.0%
AIDS	3,378	35.2%
Unreported/Unknown	118	0.0%

Gender

- In 2016, more than 75% of RWHAP clients were male (77.0%).
- Women comprised 22% of the total clients, while transgender male-to-female accounted for less than 1% of all clients.
  - The proportion of women in-care and using RWHAP services (22%) was slightly higher than the proportion of all female PLWH in Dallas EMA (19.8%).
- Among all PLWH in the Dallas EMA in 2015, 80% were male and 20% female.

Table 3.31
RWHAP Clients by Gender
Super Dallas/Sherman
2016

Gender	2016	
	#	%
Male	7,394	77.0%
Female	2,146	22.3%
Transgender MTF	69	0.7%
Unknown	0	0.00%

Race/Ethnicity

- The majority of RWHAP clients were Black/African-American (49%), followed by White/Caucasian (25%), and Hispanic (24%).
- The racial/ethnic profile of PLWH in the Dallas EMA closely resembled the profile for RWHAP clients. Of the total PLWH in the Dallas EMA in 2015, 41% were Black/African American, 32% White/Caucasian, and 22% were Hispanic/Latino.

Table 3.32
RWHAP Clients by Race/Ethnicity
Super Dallas/Sherman
2016

Race/Ethnicity	2016	
	#	%
White	2,438	25.4%
Black	4,698	48.9%
Hispanic	2,292	23.9%
Asian	109	1.1%
Native Hawaiian/Pacific Islander	14	0.1%
American Indian or Alaskan Native	28	0.3%
Unknown	27	0.3%

Age

- In 2016, 95% of RWHAP clients were age 25 or older. This was reflective of the ages of PLWH in the Dallas EMA. In 2015, 95% of total PLWH in the Dallas EMA were age 25 or older.

Table 3.332
PWHAP Clients by Age
Super Dallas/Sherman
2016

Age Group	2016	
	#	%
<2	9	0.1%
2-12	41	0.4%
13-24	395	4.1%
25-44	4,371	45.5%
45-64	4,435	46.2%
65+	355	3.7%

Exposure – Transmission Mode

- Male sex with men (MSM) was the highest represented mode of transmission reported by RWHAP clients in 2016.
- 55.9% of clients were MSM, while heterosexual contact (31.5%) was the second largest group.
- In 2015, the Dallas EMA MSM population accounted for 67.9% of PLWH and heterosexual contact accounted for 20.3% of PLWH.
- MSM represent a smaller share of RWHAP clients (55.9%) than for overall PLWH (67.9%) in the Dallas EMA. This could be a result of higher percentage of unknown/other (5.9%) among clients, compared to just 0.1% for PLWH in the Dallas EMA.

Table 3.34
RWHAP Clients by Mode of Transmission
Super Dallas/Sherman
2016

Transmission Mode	2016	
	#	%
MSM	5,369	55.9%
IDU	315	3.3%
MSM & IDU	248	2.6%
Heterosexual Contact	3,031	31.5%
Blood transfusion, blood component, or tissue /Hemophilia, coagulation disorder	64	0.7%
Perinatal	14	0.1%
Unknown/Other	568	5.9%

Living Status

- Over half (55%) of clients reported having a stable or permanent living situation in 2016, while 40% had temporary housing, and 3% lived in unstable housing.
- Of those clients in a stable housing situation, nearly half resided in rental units (46%).
- Over one-third (36%) of RWHAP in a temporary living situation in 2016 were living with relatives or friends.
- The majority of clients in an unstable living condition were homeless from the streets (2% of all RWHAP clients).

Table 3.35
RWHAP Clients by Living Situation
Super Dallas/Sherman
2016

Living Situation	2016	
	#	%
Stable/Permanent	*5,286*	*55.0%*
Board care or assisted living	26	0.3%
Participant-owned housing	806	8.4%
Rental housing	4,208	43.8%
Rented room	246	2.6%
Temporary	*3,874*	*40.3%*
Hospital or other medical facility	24	0.3%
Jail/Prison	45	0.5%
Living with relatives/friends	3,510	36.5%
Psychiatric facility	3	0.0%
Substance abuse treatment facility	86	0.9%
Transitional housing	206	2.1%
Unstable	*323*	*3.4%*
Homeless from emergency shelter	102	1.0%
Homeless from the streets	221	2.3%
Unknown	*123*	*1.3%*
Other	46	0.5%
Refused to answer	0	0.0%
Unknown	32	0.3%

Insurance Status

- Nearly half (47%) of RWHAP clients reported having no insurance. The majority of those insured relied on public plans.
- Medicaid beneficiaries represented 15% of RWHAP clients, while Medicare beneficiaries represented 16%.
- 18% of RWHAP clients relied on other public insurance, other than Medicare and Medicaid, for coverage.

- Only 6% of clients had private insurance coverage, and another 38% reported unknown insurance status.

Table 3.36
RWHAP Clients by Insurance Type
Super Dallas/Sherman
2016

Insurance Type	2016	
	#	%*
Private	550	5.7%
Medicare	1,585	16.5%
Medicaid	1,460	15.2%
Other public	1,714	17.8%
No insurance	4,543	47.3%
Other	234	2.4%
Unknown	3,698	38.5%
**Sum of percents may exceed 100% because clients may have more than one insurance type.*		

CD4 Test and Viral Load Test

- The majority of RWHAP clients had an undetectable viral load off less than 50 copies per mL. Furthermore, the majority of clients had a CD4 count that exceeded 200 cells per mm.
- Excluding the 16% of clients that did not undergo tests for viral load during this reporting period, 56% were undetectable below 50 and 10% had a viral load count between 50 and 500.
- 13% of clients had a CD4 count below 200, which is an indication of disease progression.

Table 3.37
RWHAP Clients by CD4 Count and Viral Load Count
Super Dallas/Sherman
2016

CD4 & Viral Load Count	*2016*	
CD4 Count	**#**	**%**
0-49	267	2.8%
50-99	286	3.0%
100-199	675	7.0%
200-349	1,467	15.3%
350-499	1,743	18.1%
500-749	2,312	24.1%
750 and above	1,595	16.6%
No CD4 test within the reporting period	1,261	13.1%

CD4 & Viral Load Count	*2016*	
Viral Load Count	**#**	**%**
0-50	5,340	55.6%
51-100	405	4.2%
101-500	528	5.5%
501-10,000	580	6.0%
10,001-50,000	550	5.7%
50,001-100,000	252	2.6%
100,001-500,000	300	3.1%
500,001 and above	79	0.8%
No viral load test within the reporting period	1,572	16.4%

Service Summary – RSR Category

Among 19 RWHAP service categories, approximately half of RWPHA clients used several of the services available, including non-medical case management (52%), outpatient/ambulatory medical care (46%), and medical case management (44%).

- Nearly one-quarter (24%) of clients used food bank/home-delivered meals. This service is the most used if case management and ambulatory care are excluded.
- The number of RWHAP clients using housing services was 118, which is only 36% of the number of clients with an unstable living condition (323).
- Medical transport (19%), local AIDS pharmaceutical assistance (16%), oral health (13%), and outreach (12%) were all services used by more than 10% of RWHAP clients.

Table 3.38
RWHAP Clients by Service Category
Super Dallas/Sherman
2016

Service Category	2016	
	#	%
AIDS Pharmaceutical Assistance (local)	1,533	16.0%
Case Management (non-medical)	5,037	52.4%
Child Care Services	19	0.2%
Early Intervention Services	161	1.7%
Food Bank/Home-Delivered Meals	2,283	23.8%
Health Insurance Premium and Cost Sharing Assistance	465	4.8%
Housing Services	118	1.2%
Housing Subsidy Assistance	32	0.3%
Legal Services	181	1.9%
Linguistic Services	126	1.3%
Medical Case Management (including Treatment Adherence)	4,199	43.7%

Service Category	2016	
	#	%
Medical Transportation Services	1,818	18.9%
Mental Health Services	307	3.2%
Oral Health Care	1,284	13.4%
Outpatient/Ambulatory Medical Care	4,430	46.1%
Outreach Services	1,178	12.3%
Respite Care	143	1.5%
Substance Abuse Services - Outpatient	92	1.0%
Supportive Services	7	0.1%

4. CHARACTERISTICS OF THE POPULATION AND PRIORITY POPULATIONS

Combining data from all primary and secondary research study components (epi profile, demographic profile, key informant interviews, focus groups, and consumer surveys), this section analyzes the total sample of in-care and out-of-care consumers. Also presented are a comparison of priority populations including:

- Black/African-American Men and Women
- Hispanic/Latino Men and Women
- Men who have Sex with Men (MSM)
- Transgender Persons
- Youth (age 13-24)

Each priority population analysis includes:

- Population definition.
- Sample size, including both in-care and out-of-care consumers.
- Demographics.
- Barriers to care, for both in-care and out-of-care PLWH.
- Focus group results.
- Top 10 ranked service needs and unfulfilled needs for the total sample, in-care and out-of-care, if sample size allows.
  - **Total need** includes the services that are currently being used and services that are not being used but are identified as needed.
  - **Unfulfilled need** identifies services that consumers report as needed but they are not using.
- Other survey questions specifically related to that population.

TOTAL SAMPLE IN CARE AND OUT-OF-CARE

SURVEY SAMPLE

The consumer survey sample was comprised of 697 people living with HIV/AIDS (PLWH). This included 457 (66%) in-care consumers and 240 (34%) out-of-care/returned to care.

Total survey sample, in-care and out-of-care consumers are presented first followed by priority populations, in alphabetical order.

Survey results are presented for total sample, in-care and out-of-care responses.

RESPONDENT OVERVIEW

Survey respondents conformed to the overall epidemic in the areas of gender and age. [1]

- Gender of the survey sample was very close to that of that found in the population using services. The survey sample included 75% male respondents, 23% female, and 2% Transgender. This compares to 80% males and 20% females infected in the region. No Transgender individuals were reflected in the data on the epidemic; however, when adjusting for transgender, 2% of the sample compares to 1% of those receiving services.
- The age profile of respondents showed they were slightly older than those reflected in the regional epidemic.

Demographics

The consumer survey sample is similar to the epidemic in the Dallas region. The survey sample includes 75% male, 23% female, and 2% Transgender. The epidemiologic data includes 80% male and 20% female. Transgender individuals are not reported in the epidemiologic data.

- In-care and out-of-care respondents were consistent with the total sample with regard to gender.

Table 4.1
Gender

	In-Care		Out-of-Care		Total		EPI Profile
Gender Identity	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Male	343	75.1%	180	75.0%	523	75.0%	80.2%
Female	104	22.8%	55	22.9%	159	22.8%	19.8%
Transgender / Other Gender Identity	10	2.2%	5	2.1%	15	2.2%	N/A
Total	**457**	**100.0%**	**240**	**100.0%**	**697**	**100.0%**	**100.0%**

In-Care n = 457; Out-of-Care n = 240; Combined In-Care n = 697

[1] For the respondent overview, epidemiology data were obtained from Texas DSHS HIV Surveillance 2015 eHARS, and RWHAP data from ARIES STAR Report, January 1, 2016 through December 31, 2016

By race, Whites/Caucasians and Hispanics were under-sampled on the consumer survey relative to their presence in the regional epidemic, and Black/African-Americans were over-sampled.

- Whites comprise 32% of the regional epidemic and 25% of the survey sample. Whites comprised 25% of in-care respondents and 24% of those out-of-care.
- Hispanics/Latinos, represented 22% of the regional epidemic, were 16% of the sample including 17% of in-care and 15% of out-of-care respondents.
- Black/African-Americans were 56% of the sample and are 41% of the regional epidemic, including 55.4% of in-care and 55.8% of out-of-care respondents.

Table 4.2
Race/Ethnicity

	In-Care		Out-of-Care		Total		EPI Profile
Race/Ethnicity	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Black/African-American	253	55.4%	134	55.8%	387	55.5%	41.30%
White/Caucasian	114	24.9%	58	24.2%	172	24.7%	31.60%
Hispanic/Latino (of any Race)	76	16.6%	37	15.4%	113	16.2%	22.10%
Multi-Racial	5	1.1%	9	3.8%	14	2.0%	N/A
Native American	2	0.4%	1	0.4%	3	0.4%	N/A
Asian	3	0.7%	0	0.0%	3	0.4%	N/A
Other Race/Ethnicity	4	0.9%	1	0.4%	5	0.7%	1.20%
Total	**457**	**100.0%**	**240**	**100.0%**	**697**	**100.0%**	**96.2%***

In-Care n = 457; Out-of-Care n = 240; Combined In-Care n = 697
**Percentage does not sum to 100% because PLWH cases labeled unknown race/ethnicity are not included.

- Considering age of respondents, the sample was older than the those found in the regional epidemic.
  - Approximately 3% of PLWH were in the 13 to 24 age range; 13 to 24 year-olds are 5% of the epidemic.
  - 16% of respondents were in the 25 to 34 age group compared to this age cohort being 19% of the epidemic.
  - 20% of respondents were in the 35 to 44 age group compared to this age cohort being 24% of the epidemic.
  - 30% of respondents were in the 45 to 54 age group compared to this age cohort being 31% of the epidemic.
  - 28% of respondents were in the 55 and older age group compared to this age cohort being 20% of the epidemic.
  - The regional epidemic included 20% of the PLWH who are 55 and older, and 28% of the sample is in this age range.
- Out-of-care survey respondents tended to be younger than those in-care.
  - The 13 to 24 age group comprised 2% of in-care respondents, and 6% of out-of-care.
  - The 25 to 34 age group included 13% of those in-care and 23% of out-of-care.

- The 35-44 age group included 19% in-care and 23% of the out-of-care.
- The 45 to 54 age group included 30% of the in-care, and 30% of out-of-care.
- The 55+ age group included 34% in-care and 16% of those out-of-care.

Table 4.3
Age

	In-Care		Out-of-Care		Total		EPI Profile
Age Cohort	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Age 13-24	7	1.5%	15	6.3%	22	3.2%	4.9%
Age 25-34	59	12.9%	54	22.5%	113	16.2%	19.4%
Age 35-44	85	18.6%	54	22.5%	139	19.9%	24.0%
Age 45-54	139	30.4%	73	30.4%	212	30.4%	31.3%
Age 55+	157	34.4%	39	16.3%	196	28.1%	20.4%
Age Not Reported	10	2.2%	5	2.1%	15	2.2%	N/A
Total	**457**	**100.0%**	**240**	**100.0%**	**697**	**100.0%**	**100.0%**

In-Care n = 457; Out-of-Care n = 240; Combined In-Care n = 697

County of Residence

Eighty-three percent of the survey sample resided in Dallas County, which is comparable to the Dallas County percentage in the regional epidemic (82%).

- 82% of in-care respondents were from Dallas.
- In the rural/suburban counties, Denton (10%), Collin (3%) and Grayson (3%) had the number and highest percentage of survey respondents.
  - Denton County residents comprised 10% of the sample and 6% of the regional epidemic.
  - Collin County had the second highest percent of respondents at 3% compared to 8% of those diagnosed.
  - Grayson County residents were <1% of the regional epidemic but comprised 3% of the sample.

Table 4.4
County of Residence

	In-Care		Out-of-Care		Total		EPI Profile
County	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Collin	17	3.7%	7	2.9%	24	3.4%	7.7%
Cooke	3	0.7%	0	0.0%	3	0.4%	0.1%
Dallas	375	82.1%	204	85.0%	579	83.1%	81.5%
Denton	45	9.8%	21	8.8%	66	9.5%	5.8%
Ellis	0	0.0%	1	0.4%	1	0.1%	1.2%
Fannin	1	0.2%	0	0.0%	1	0.1%	0.1%
Grayson	15	3.3%	7	2.9%	22	3.2%	0.9%
Henderson	0	0.0%	0	0.0%	0	0.0%	0.5%
Hunt	1	0.2%	0	0.0%	1	0.1%	0.5%

	In-Care		Out-of-Care		Total		EPI Profile
County	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Kaufman	0	0.0%	0	0.0%	0	0.0%	0.9%
Navarro	0	0.0%	0	0.0%	0	0.0%	0.4%
Rockwall	0	0.0%	0	0.0%	0	0.0%	0.4%
Total	**457**	**100.0%**	**240**	**100.0%**	**697**	**100.0%**	**100.0%**

In-Care n = 457; Out-of-Care n = 240; Combined In-Care n = 697

Transmission Mode

The consumer survey allowed the selection of multiple transmission modes. The most frequently identified included men having sex with men (50%), heterosexual contact (32%), IDU (6%), and Other (9%). Texas DSHS surveillance data identified the following single risk categories for PLWH in the Dallas EMA and Sherman-Denison HSDA: MSM (68%), heterosexual transmission (20%), IDU (7%), IDU+MSM (4%), Other (0.1%).

- In-care consumers were less likely to identify as MSM when compared to out-of-care, with 47% of in-care compared to 55% of out-of-care identifying this mode.
- More in-care consumers (35%) identified heterosexual transmission than those in-care (25%).

Table 4.5
Transmission Mode

	In-Care		Out-of-Care		Total		EPI Profile
Transmission Mode	**#**	**%**	**#**	**%**	**#**	**%**	**%**
MSM	216	47.3%	133	55.4%	349	50.1%	67.9%
IDU	26	5.7%	16	6.7%	42	6.0%	6.9%
MSM + IDU	11	2.4%	6	2.5%	17	2.4%	4.1%
Heterosexual	161	35.2%	61	25.4%	222	31.9%	20.3%
Do Not Know	32	7.0%	23	9.6%	55	7.9%	0.7%
Other	45	9.8%	22	9.2%	67	9.6%	0.1%

In-Care n = 457; Out-of-Care n = 240; Combined In-Care n = 697. Respondents were permitted to choose more than one.

Educational Attainment and Employment

Respondents' educational attainment varied, with those not completing high school (16%), high school graduates (35%) and college attendance/graduate level (40%).

- Slight differences exist between in-care and out-of-care consumers' educational attainment.
  - 16% of in-care participants compared to 17% of out-of-care did not complete high school.
  - 36% of in-care and 33% of out-of-care were high school graduates.
  - 44% of in-care and 43% of out-of-care attended some college through graduate level.

Table 4.6
Educational Attainment

	In-Care		Out-of-Care		Total	
Educational Attainment	**#**	**%**	**#**	**%**	**#**	**%**
Eighth Grade or Less	17	3.7%	6	2.5%	23	3.3%
Some High School	56	12.3%	34	14.2%	90	12.9%
High School Graduate/GED	164	35.9%	79	32.9%	243	34.9%
Technical or Trade School	19	4.2%	15	6.3%	34	4.9%
Some College	130	28.4%	71	29.6%	201	28.8%
Completed College	49	10.7%	23	9.6%	72	10.3%
Graduate Education	20	4.4%	8	3.3%	28	4.0%
Other	2	0.4%	4	1.7%	6	0.9%
Total	**457**	**100.0%**	**240**	**100.0%**	**697**	**100.0%**

In-Care n = 457; Out-of-Care n = 240; Combined In-Care n = 697

Only a small percent of survey respondents reported military service (6%), with 7% of those in-care and 4% of those out-of-care.

Table 4.7
Military Service

	In-Care		Out-of-Care		Total	
Served in Military	**#**	**%**	**#**	**%**	**#**	**%**
Yes	32	7.0%	9	3.8%	41	5.9%
No	423	92.6%	229	95.4%	652	93.5%
Do Not Want To Say	2	0.4%	2	0.8%	4	0.6%
Total	**457**	**100.0%**	**240**	**100.0%**	**697**	**100.0%**

In-Care n = 457; Out-of-Care n = 240; Combined In-Care n = 697

Seventy-six percent of the sample were unemployed, compared to 62% in 2007, 72% in 2010, and 80% in 2013.

- 13% were working full time and 11% working part time.
- 78% of in-care respondents and 71% of out-of-care respondents were unemployed.
- 15% of out-of-care held full-time jobs, and 14% had a part-time job.

Table 4.8
Employment Status

	In-Care		Out-of-Care		Total	
Employment Status	**#**	**%**	**#**	**%**	**#**	**%**
Work Full-Time	58	12.7%	35	14.6%	93	13.3%
Work Part-Time	44	9.6%	33	13.8%	77	11.0%
Not Working	355	77.7%	172	71.7%	527	75.6%
Total	**457**	**100.0%**	**240**	**100.0%**	**697**	**100.0%**

In-Care n = 457; Out-of-Care n = 240; Combined In-Care n = 697

Of the 527 survey respondents who were not currently working, nearly half of in-care respondents were on disability compared to 35% of those out-of-care.

- An additional 14% of in-care respondents said their health keeps them from working compared to 17% of those out-of-care.
- 23% of those not working were looking for work. This included 19% of in-care and 31% of out-of-care consumers.

Table 4.9
Unemployed Status

	In-Care		Out-of-Care		Total	
If You Are Not Working, Which Best Describes You?	**#**	**%**	**#**	**%**	**#**	**%**
I am a student	11	3.1%	7	4.1%	18	3.4%
I am looking for a job	67	18.9%	54	31.4%	121	23.0%
I am retired	23	6.5%	2	1.2%	25	4.7%
I work as a volunteer	11	3.1%	6	3.5%	17	3.2%
My health keeps me from working - I am not on disability	49	13.8%	29	16.9%	78	14.8%
My health keeps me from working - I am on disability	176	49.6%	60	34.9%	236	44.8%
Other	18	5.1%	14	8.1%	32	6.1%
Total	**355**	**100.0%**	**172**	**100.0%**	**527**	**100.0%**
In-Care n = 355; Out-of-Care n = 172; Combined In-Care n = 527						

Although incomes were generally low for all respondents, out-of-care reported larger percentages earning less than $950 per month.

- 74% of out-of-care consumers earned incomes less than $950 per month compared to 65% of in-care consumers.

Table 4.10
Income

	In-Care		Out-of-Care		Total	
Monthly Income	**#**	**%**	**#**	**%**	**#**	**%**
Less than $950	298	65.2%	177	73.8%	475	68.1%
$950 - $1,900	112	24.5%	45	18.8%	157	22.5%
$1,901 - $2,800	35	7.7%	12	5.0%	47	6.7%
More than $2,800	12	2.6%	6	2.5%	18	2.6%
Total	**457**	**100.0%**	**240**	**100.0%**	**697**	**100.0%**

In-Care n = 457; Out-of-Care n = 240; Combined In-Care n = 697

Substance Use and Mental Health Diagnoses

The consumer survey asked about current drug and alcohol use, with the following results:

- The total sample included 3% injecting drug users, with 2% of these consumers being in-care and over 6% being out-of-care.
- The sample also included 60% who "gave no response," with 62% of these consumers in-care and 58% out-of-care consumers.

Consumers asked about drug use in the last six months responded as follows:

- 51% of in-care consumers responded "Yes", 48% responded "No", and 1.6% did not respond.
- 65% of out-of-care consumers responded "Yes" to using drugs in the last six months.

Table 4.11
Substance Use

	In-Care		Out-of-Care		Total	
Substance Use	**#**	**%**	**#**	**%**	**#**	**%**
Have Used Drugs or Alcohol in Past 6 Months	237	51.9%	155	64.6%	392	56.2%
No Drugs Listed Used	220	48.1%	85	35.4%	305	43.8%
Total	**457**	**100.0%**	**240**	**100.0%**	**697**	**100.0%**
	In-Care		**Out-of-Care**		**Total**	
IV Drug Use – Injected in the last two months	**#**	**%**	**#**	**%**	**#**	**%**
Yes	8	1.8%	15	6.3%	23	3.3%
No	168	36.8%	85	35.4%	253	36.3%
No Response	281	61.5%	140	58.3%	421	60.4%
Total	**457**	**100.0%**	**240**	**100.0%**	**697**	**100.0%**

In-Care n = 457; Out-of-Care n = 240; Combined In-Care n = 697

- The most frequent substance used in the last six months was alcohol (69%) followed by marijuana (46%). These were also the most frequently used substances by both in-care and out-of-care.
  - A higher percentage out-of-care substance users used marijuana (56%) compared to in-care (41%).
  - Out-of-care substance users used alcohol (74%) compared to in-care (66%).
- Stimulants were the third most frequently used substance, with 20% of the survey sample identifying this drug category; This includes 27% of those out-of-care and 16% of in-care respondents.
- Opioids/morphine was used by 10% of out-of-care substance users and 12% of in-care.
- Depressants were identified by 10% of substance users, including 13% of in-care and 7% of out-of-care.

Table 4.12
Substances Used in the Last 6 Months

	In-Care		Out-of-Care		Total	
Substance Use	**#**	**%**	**#**	**%**	**#**	**%**
Alcohol	157	66.2%	114	73.5%	271	69.1%
Marijuana	96	40.5%	86	55.5%	182	46.4%
Depressants	30	12.7%	10	6.5%	40	10.2%
Ketamine/PCP	0	0.0%	1	0.6%	1	0.3%
Hallucinogens	2	0.8%	2	1.3%	4	1.0%
Opioids and Morphine	28	11.8%	16	10.3%	44	11.2%
Stimulants	37	15.6%	41	26.5%	78	19.9%
Steroids not prescribed by your doctor	3	1.3%	0	0.0%	3	0.8%
Prescription painkillers not prescribed by your doctor	17	7.2%	7	4.5%	24	6.1%
Inhalants	4	1.7%	6	3.9%	10	2.6%

In-Care n = 237; Out-of-Care n = 155; Combined In-Care n = 392

Respondents who indicated alcohol use were asked if they used alcohol more than 3 times a week.

- Overall, out-of-care consumers were more likely to use alcohol more than 3 times a week (37%) than those who were in-care (29%).

Table 4.13
Do You Drink Alcohol More Than 3 Times A Week?

	In-Care		Out-of-Care		Total	
Do you Drink Alcohol More Than 3 Times A Week?	**#**	**%**	**#**	**%**	**#**	**%**
Yes	37	23.6%	42	36.8%	79	29.2%
No	120	76.4%	72	63.2%	192	70.8%
Total	**157**	**100.0%**	**114**	**100.0%**	**271**	**100.0%**

In-Care n = 157; Out-of-Care n = 114; Combined In-Care n = 271

Active substance users were asked if they had "thought about going to substance abuse treatment."

- 28% responded positively, and 72% negatively.
- More in-care respondents had not thought of getting treatment (78%) than those out-of-care (60%).

Table 4.14
Considering Treatment

	In-Care		Out-of-Care		Total	
Have You Thought About Seeking Substance Abuse Treatment?	**#**	**%**	**#**	**%**	**#**	**%**
Yes	51	21.5%	59	38.1%	110	28.4%
No	184	77.6%	93	60.0%	277	71.6%
No Response	2	0.8%	3	1.9%	5	1.3%
Total	**237**	**100.0%**	**155**	**100.0%**	**387**	**100.0%**

In-Care n = 237; Out-of-Care n = 155; Combined In-Care n = 387

Almost one-third of consumer survey respondents have been diagnosed with depression.

- A slightly higher percentage of in-care consumers reported depression (31%) than those out-of-care/returned to care (27%).
- 73% of the out-of-care and 69% of in-care respondents report no depression.

Table 4.15
Depression Diagnosis

	In-Care		Out-of-Care		Total	
Have You Received Medical Treatment for Depression in the Last 12 Months?	**#**	**%**	**#**	**%**	**#**	**%**
Yes	143	31.3%	64	26.7%	207	29.7%
No	314	68.7%	176	73.3%	490	70.3%
Total	**457**	**100.0%**	**240**	**100.0%**	**697**	**100.0%**

In-Care n = 457; Out-of-Care n = 240; Combined In-Care n = 697

DIAGNOSIS AND REFERRAL FOR CARE

Slight differences existed between diagnosis dates of in-care and out-of-care consumers with out-of-care being more recently diagnosed.

- More than 57% of out-of-care were diagnosed since 2005. This compared to nearly 41% of those in-care.
  - 21% of in-care consumers were diagnosed in the last five years. This compared to 35% of out-of-care/returned to care consumers.
  - Over 11% of in-care were diagnosed between 2014 and 2017, compared to 19% of out-of-care/returned to care.

- More than 43% of out-of-care consumers were diagnosed before 2005, compared to 58% in-care consumers.

Table 4.16
Year of Diagnosis

	In-Care		Out-of-Care		Total	
Year Diagnosed with HIV	**#**	**%**	**#**	**%**	**#**	**%**
Before 1990	61	13.3%	21	8.8%	82	11.8%
1990-1995	70	15.3%	20	8.3%	90	12.9%
1996-1999	56	12.3%	23	9.6%	79	11.3%
2000-2004	77	16.8%	38	15.8%	115	16.5%
2005-2007	39	8.5%	24	10.0%	63	9.0%
2008-2010	53	11.6%	29	12.1%	82	11.8%
2011-2013	43	9.4%	38	15.8%	81	11.6%
2014-2017	52	11.4%	46	19.2%	98	14.1%
No Response or Unclear Response	6	1.3%	1	0.4%	7	1.0%
Total	**457**	**100.0%**	**240**	**100.0%**	**697**	**100.0%**

In-Care n = 457; Out-of-Care n = 240; Combined In-Care n = 697

Differences exist in how quickly in-care and out-of-care consumers accessed HIV medical care.

- 27% of in-care consumers report "seeing a doctor within one month of diagnosis" compared to 20% of out-of-care consumers.
- 31% of in-care consumers report "seeing a doctor in less than three months of diagnosis." This compares to 18% of out-of-care who sought care within three months.
- Less than 1% of in-care and only 9% of out-of-care consumers have not received HIV medical care.
- 25% of in-care consumers waited more than six months to begin HIV medical care compared to 35% of out-of-care/returned to care consumers.

Table 4.17
After Diagnosis

	In-Care		Out-of-Care		Total	
How Soon After Your Diagnosis Did You Go To See a Doctor About Your HIV?	**#**	**%**	**#**	**%**	**#**	**%**
In less than 1 month	121	26.5%	47	19.6%	168	24.1%
In less than 3 months	143	31.3%	42	17.5%	185	26.5%
Within 3 to 6 months	73	16.0%	43	17.9%	116	16.6%
After more than 6 months	116	25.4%	85	35.4%	201	28.8%
I have not received HIV medical care	4	0.9%	22	9.2%	26	3.7%
No Response	0	0.0%	1	0.4%	1	0.1%
Total	**457**	**100.0%**	**240**	**100.0%**	**697**	**100.0%**

In-Care n = 457; Out-of-Care n = 240; Combined In-Care n = 697

ACCESS TO HIV CARE FOR THE INCARCERATED

Approximately 13% of the total sample were incarcerated for one month or more in the last two years. This was true for both in-care and out-of-care consumers.

Table 4.18
Incarceration

	In-Care		Out-of-Care		Total	
Have you been in Jail or Prison for more than 1 month in the last 2 years?	**#**	**%**	**#**	**%**	**#**	**%**
Yes	57	12.5%	30	12.5%	87	12.5%
No	400	87.5%	210	87.5%	610	87.5%
Total	**457**	**100.0%**	**240**	**100.0%**	**697**	**100.0%**

In-Care n = 457; Out-of-Care n = 240; Combined In-Care n = 697

Eighty percent of HIV positive respondents reported receiving care while incarcerated.

- A larger proportion of in-care (84%) consumers received care than out-of-care (73%) consumers.

Table 4.19
HIV Care While Incarcerated

	In-Care		Out-of-Care		Total	
Did you receive HIV Medical Care While in Jail or Prison?	**#**	**%**	**#**	**%**	**#**	**%**
Yes	48	84.2%	22	73.3%	70	80.5%
No	9	15.8%	8	26.7%	17	19.5%
Total	**57**	**100.0%**	**30**	**100.0%**	**87**	**100.0%**

In-Care n = 57; Out-of-Care n = 30; Combined In-Care n = 87

Previously incarcerated respondents provided a number of issues that stopped them from getting HIV care. These include:

- "Afraid to tell others I'm HIV positive" was the number one reason among in-care consumers (25%).
- Among out-of-care consumers, "Couldn't find a place to live," and "Couldn't stop using drugs or alcohol," tied for the primary reason (23%).

Table 4.20
HIV Care After Incarceration

	In-Care		Out-of-Care		Total	
After you were released, did any of the following stop you from getting HIV care? (Check all that apply)	#	%	#	%	#	%
Afraid to tell others I am HIV positive	14	24.6%	4	13.3%	18	20.7%
Could not find a place to live	5	8.8%	7	23.3%	12	13.8%
Did not know where to go for medical care	7	12.3%	4	13.3%	11	12.6%
Did not know where to go for an intake or to get case management	3	5.3%	6	20.0%	9	10.3%
Could not stop using drugs and/or alcohol	2	3.5%	7	23.3%	9	10.3%
Fear of discrimination, harassment, denial of service, or violence	1	1.8%	4	13.3%	5	5.7%
None of the above	34	59.6%	9	30.0%	43	49.4%

In-Care n = 57; Out-of-Care n = 30; Combined In-Care n = 87. Respondents were permitted to choose more than one.

BARRIERS TO CARE

In-care consumers were asked why it was hard for them to get HIV care in the last year. Multiple responses were allowed. Nearly 57% of the in-care respondents indicated that it was not hard to get medical care.

Problems that were cited include:

- Amount of time it takes at the clinic (15%).
- Paperwork required (13%).
- Lack of transportation, making it difficult to get to care (12%).
- The time it takes to get an appointment (9%).
- I cannot afford the co-pays, deductibles and other treatment costs (9%).

Table 4.21
HIV Medical Care Potential Problems
In-Care

	In-Care	
In the past year, why was it hard for you to get HIV medical care? (Check all that apply)	#	%
It was not hard to get medical care	258	56.5%
Amount of time it takes at the clinic	69	15.1%
Paperwork needed	59	12.9%
I do not have transportation so it's hard to get there	55	12.0%
The time it takes to get an appointment	43	9.4%
I cannot afford the co-pays, deductibles, and other costs of treatments and medicines	41	9.0%
No weekend hours	40	8.8%
I have to miss work to go to medical appointments	34	7.4%

	In-Care	
In the past year, why was it hard for you to get HIV medical care? (Check all that apply)	#	%
No evening hours (after 5 pm)	33	7.2%
Sometimes I do not feel well enough to go to my appointment	26	5.7%
Other	22	4.8%
I am afraid of being seen at the clinic	17	3.7%
The clinic only treats HIV and no other medical conditions	12	2.6%
I do not feel mentally able to deal with the treatment	8	1.8%
The staff does not understand my culture	5	1.1%
I am in a domestic violence/sexual assault situation	2	0.4%
It is too hard to follow the medical advice	1	0.2%
The staff does not speak my language	1	0.2%

In-Care n = 457; Out-of-Care n = 240; Combined In-Care n = 697. Respondents were permitted to choose more than one.

Thirty-five percent of out-of-care consumers also indicated it was not difficult to obtain care. However, for those who did find it difficult the biggest barriers were: The paperwork needed (21%), the amount of time it takes at the clinic (20%). "I do not have transportation to get there" and "I cannot afford the deductible and other costs of treatment", tied for third with each receiving 16% of responses.

Table 4.22
HIV Medical Care Potential Problems
Out-of-Care

	Out-of-Care	
In the past year, why was it hard for you to get HIV medical care? (Check all that apply)	#	%
It was not hard to get medical care	85	35.4%
Paperwork needed	50	20.8%
Amount of time it takes at the clinic	49	20.4%
I do not have transportation so it's hard to get there	38	15.8%
I cannot afford the co-pays, deductibles, and other costs of treatments and medicines	38	15.8%
The time it takes to get an appointment	35	14.6%
No evening hours (after 5 pm)	28	11.7%
No weekend hours	26	10.8%
I am afraid of being seen at the clinic	25	10.4%
I have to miss work to go to medical appointments	24	10.0%
Sometimes I do not feel well enough to go to my appointment	22	9.2%
I do not feel mentally able to deal with the treatment	19	7.9%
Other	19	7.9%
It is too hard to follow the medical advice	15	6.3%
The clinic only treats HIV and no other medical conditions	11	4.6%
The staff does not understand my culture	8	3.3%
I am in a domestic violence/sexual assault situation	3	1.3%
The staff does not speak my language	2	0.8%

Out-of-Care n = 240. Respondents were permitted to choose more than one.

Reasons for Not Getting Care

Fifty-seven consumers who were out-of-care for the last 12 months were asked to provide their reasons for not getting care. Respondents were given a list of reasons and an opportunity to provide additional reasons for being out-of-care. Responses included:

- Nearly 60% stated they didn't feel sick.
- 30% said, "I do not want to think about being HIV+".
- 28% did not want to take medications.
- 23% cited a lack of money to pay for care.
- 18% either didn't want to be seen at a clinic, had a hard time getting to the clinic due to transportation, or found it was too much trouble.

Table 4.23
Not Getting HIV Medical Care
Out-of-Care

	Out-of-Care	
Why are you not getting HIV medical care? (Check all that apply)	**#**	**%**
I do not feel sick	34	59.6%
I do not want to think about being HIV positive	17	29.8%
I do not want to take medicines	16	28.1%
I do not have money to pay	13	22.8%
It is too much trouble	10	17.5%
I am afraid to be seen at the clinic	10	17.5%
It is hard to get there (transportation)	10	17.5%
I use drugs or alcohol	9	15.8%
The clinic asks too many personal questions	7	12.3%
Other	7	12.3%
I do not need or want medical care	6	10.5%
I am afraid to get medical care	6	10.5%
Too much paperwork is needed	5	8.8%
Long waiting time to get an appointment	5	8.8%
The appointments cause problems with my job	2	3.5%
I do not have needed identification (ID)/my ID does not match who I am	2	3.5%
Services are not in my language	0	0.0%
I do not have legal status in the U.S.	0	0.0%
I do not like the physical exam	0	0.0%

Out-of-Care n = 57. (Answered No to Q4, Q5 AND Q6)
Respondents were permitted to choose more than one.

Reasons for Dropping Out of Care

One hundred and sixty-seven consumers who had dropped out-of-care for at least six months in the last five years were asked why they dropped out of care.

- Substance abuse (alcohol or drugs) was the most frequent reason for dropping out of care identified by 42% of respondents.
- "It was hard to keep appointments" was indicated by 32% of respondents.
- "I did not feel sick" was cited by 27% of respondents.
- "I was tired of taking medications" was mentioned by 26% of the respondents.
- "I didn't have money" was cited by nearly 25% of respondents.
- "I needed a break" was cited by 20% of respondents.

Table 24
Total Sample: Out-of-Care – Dropping Out of Care

	Out-of-Care	
In the past year, why was it hard for you to get HIV medical care? (Check all that apply)	**#**	**%**
It was hard to keep appointments	54	32.3%
I was using drugs	47	28.1%
I did not feel sick	45	26.9%
I was tired of taking medicines	44	26.3%
I did not have money	41	24.6%
I needed a break	33	19.8%
I was tired of going to the clinic	31	18.6%
Other	30	18.0%
It was hard to get to the clinic (transportation)	28	16.8%
I was using alcohol	23	13.8%
The appointments took too long	21	12.6%
I did not need or want medical care	19	11.4%
I moved and did not know where to go	19	11.4%
The staff does not understand my culture	9	5.4%
Staff does not understand my language	3	1.8%

Out-of-Care n = 167. Respondents were permitted to choose more than one.

SERVICE NEEDS

The consumer survey asked participants to identify their top five service needs. The 10 most frequently identified needed services by all consumer survey respondents include:

- Dental visits.
- Food bank.
- HIV outpatient medical care.
- Help paying for prescriptions/medication.
- Medical care from a specialist referred by their HIV medical provider.

- Primary medical care not related to HIV.
- Transportation to medical care, bus passes, van service.
- Emergency financial assistance for rent/mortgage or utilities.
- Emergency long term rental assistance voucher.
- Help paying for co-pays and deductibles.

Although the top 10 remained quite similar to the 2013 survey, transportation and emergency financial assistance for rent/mortgage and utilities was ranked 7th and 8th, respectively, in 2016; and mental health counseling and medical case management dropped out of the top 10.

In-care respondents identified one other service in their top 10:

- Medical case management.

Out-of-care respondents identified one other service in their top 10 services:

- Mental health counseling.

Table 4.25
Service Needs

	In-Care		Out-of-Care		Total	
From the list below, check the 5 services you need the most:	#	%	#	%	#	%
Dental Visits	269	58.9%	134	55.8%	403	57.8%
Food Bank	232	50.8%	102	42.5%	334	47.9%
HIV Outpatient Medical Care	224	49.0%	103	42.9%	327	46.9%
Help paying for prescription medicines	146	31.9%	78	32.5%	224	32.1%
Medical Care from a Specialist referred by your HIV medical provider	124	27.1%	52	21.7%	176	25.3%
Primary Medical Care for general medical care not related to HIV	109	23.9%	66	27.5%	175	25.1%
Transportation to Medical Care—Bus Pass/Van Service	111	24.3%	60	25.0%	171	24.5%
Emergency Financial Assistance for Rent/Mortgage or Utilities	103	22.5%	44	18.3%	147	21.1%
Emergency Long-Term Rental Assistance (Voucher)	90	19.7%	53	22.1%	143	20.5%
Help paying for co-pays and deductibles for HIV medical care visits and medications	93	20.4%	45	18.8%	138	19.8%
Medical Case Management	91	19.9%	42	17.5%	133	19.1%
Mental Health Counseling	79	17.3%	53	22.1%	132	18.9%
Employment Services	57	12.5%	44	18.3%	101	14.5%
Non-Medical Case Management	56	12.3%	29	12.1%	85	12.2%
Nutritional Counseling	60	13.1%	25	10.4%	85	12.2%
Transportation to Other Services	55	12.0%	22	9.2%	77	11.0%
Education Services	30	6.6%	36	15.0%	66	9.5%
Legal Services to help you work through a problem obtaining services/benefits, outline advance directives or establish guardianships	43	9.4%	22	9.2%	65	9.3%

	In-Care		Out-of-Care		Total	
From the list below, check the 5 services you need the most:	**#**	**%**	**#**	**%**	**#**	**%**
Job Training Services	28	6.1%	36	15.0%	64	9.2%
If you have health insurance, help with continuing this insurance	41	9.0%	14	5.8%	55	7.9%
Facility Based Housing (Assisted Living Facility)	32	7.0%	15	6.3%	47	6.7%
Outpatient Substance Abuse Treatment	11	2.4%	18	7.5%	29	4.2%
Child Care while at a medical or other	11	2.4%	6	2.5%	17	2.4%
Respite Care for Adults (Activities during day)	10	2.2%	5	2.1%	15	2.2%
Early Intervention to help you get into HIV medical care	6	1.3%	9	3.8%	15	2.2%
Translation or Interpretation	7	1.5%	3	1.3%	10	1.4%
Respite Care for HIV positive children	2	0.4%	1	0.4%	3	0.4%

In-Care n = 457; Out-of-Care n = 240; Combined In-Care n = 697

INTERVIEWS WITH KEY INFORMANTS

The comments presented below represent the beliefs, opinions and experiences of the key informants interviewed.

Key informants were asked what barriers were faced by consumers who never linked to care.

Structural Barriers

- *Housing*
- *Mental health services*
- *Language barriers*
- *Substance abuse and untreated mental health issues*
- *Structural factors keep people from coming into care such as high poverty rates, lack of access to general medical care*
- *One of the first barriers for consumers is that they've never been linked to (any) care*

Accessibility/Availability and Acceptability

- *Accessible care and the perception that providers are against them, rather than having a common goal of good health*
- *Weekend and evening hours for those who are employed*
- *Awareness that services are available*
- *Making it a positive experience for clients will help to promote its use in those not linked*

Care Coordination

- *Patient navigation – We have a very intense, close navigation piece that we do with our clients when linking them to care.*
- *Delays in linking them to care – once there – is a delay; we can lose the patient.*
- *It's going to take more funds to fund caseworkers and/or case managers to follow these individuals through care.*
- *They may give them a name and phone number, "Here call this number." But, I think the discussion needs to be more than a name and phone number – to be told, don't worry about the cost, someone will help with that.*
- *I've heard there could be a long wait at _____.*

Asked what barriers impact those who drop out-of-care, respondents indicated many of the same reasons, along with issues of stigma, acceptance and treatment fatigue.

- *(Lack of) acceptance of the diagnosis does prevent staying in or being linked long term.*
- *Some don't want to go to the doctor in their community, so they go to _____ . . . I still think it goes back to stigma and who is going to see them walking into that clinic and perhaps maybe someone saw them and they never went back.*
- *People have needs that trump their medical care; needs such as insufficient housing, food and transportation issues.*
- *Other barriers would be hours . . . The hours that these agencies provide service, especially if the person is working.*
- *Transportation is also one of the issues and having services on Saturday, Sunday and evenings would be helpful.*
- *Lack of housing.*
- *Treatment fatigue – folks are tired of following up with all of the appointments or tired of taking their medications.*
- *Fatigue around the amount of paperwork and the things that have to be done to stay in care – particularly if you are uninsured and have to access Ryan White-funded services.*
- *There's so much associated with making sure all the paperwork and stuff is filled out for you to get your medications or even care.*
- *Lack of knowledge of the importance of staying in care.*
- *Substance abuse is one of the barriers to remaining in care. But, also accepting patients who do have a substance abuse issue and understanding it's something that may continue.*

FOCUS GROUP INTERVIEWS

The responses presented below represent the beliefs, opinions and experiences of the participants, who were asked what barriers exist for consumers who know their status and are not in care.

Consumer Focus Group

- *They have no clue as to what is out there. There is no current list on what the services are.*
- *Some barriers are transportation, housing, mental health, substance abuse, homelessness are the main ones.*

- *Stability is the key, if we can stabilize a person's housing, -- when you have somewhere to eat, somewhere to keep your medicine in the refrigerator, you are more apt to comply with medications and appointments.*
- *Transportation has been limited, the housing crisis is out of whack; and we need to think about the recently incarcerated.*

Provider Focus Group

- *Denial is the most common cause I hear and they aren't ready to deal with it.*
- *I think it's just difficult to navigate wait times for case management.*
- *Stigma is always a big issue.*
- *Mental illness.*
- *Distrust of medical providers.*
- *Homeless people are a huge issue and they are so at risk. For homeless people the last thing in their minds is HIV.*
- *Stable housing.*
- *Access to crisis counseling or support.*
- *Geography; pretty much all of our services are in central Dallas.*
- *Not having the appropriate information.*
- *Having to wait 6-8-12 weeks to get an appointment.*
- *Women sometimes don't come back for care because they are busy taking care of others and put that before themselves and their health.*
- *There are so many clients that say – "Please don't tell _____."*

Planning Council Focus Group

- *The main barrier is that they don't quite understand why it's important to stay in care.*
- *Meeting eligibility requirements, transportation, access to care; those are the three biggest.*
- *Transportation, co-morbidities of mental health and substance abuse, and culture and stigma.*
- *If you have someone who needs food or housing the last thing on their mind is going to be the doctor.*
- *A lot of our clients have mental issues or depression issues, they don't remember appointments.*

RECOMMENDATIONS

Newly Diagnosed

1. Enhance early intervention services (EIS) to facilitate effective linkage of newly diagnosed patients to medical care. Consider a structured regional patient navigation program and multi-disciplinary collaborative that engages Outreach, EIS and ambulatory/outpatient medical care.
    - Establish a definition of effective linkage.
    - Monitor EIS performance with regard to linkage to care practices.

2. Work with EIS to identify structural, agency and client-based barriers to care.
    - Convene a task force to identify issues and develop recommendations to reduce barriers to care. Communicate recommendations to the multi-disciplinary collaborative and/or patient navigation program.

- Develop criteria to identify patients who are at high risk for dropping out of care, and expand retention strategies targeted to them. Follow-up after initiation of treatment for up to one year to assure retention in care.
- Invite non-Ryan White providers to participate in the collaborative effort to build communications and to develop referral linkages for patients (especially in light of funding uncertainties).

Lost to Care

3. Encourage providers via funding mechanism/criteria to strengthen programs aimed at maintaining at-risk populations in care.
    - Work with DSHS to maintain the out-of-care list, and utilize that list to target PLWH lost to care.
    - Expand lost-to-care programs at all Ryan White and HOPWA sites.
    - Develop a provider collaborative to enable networking and sharing of best practices for maintaining retention in care and rapid identification of those who would be lost to care.

Overarching Issues

4. Housing along with transportation are major risk factors for not entering or dropping out-of-care. Therefore, evaluate options to expand these services or, alternatively, increase effectiveness of existing resources.

5. Review HOPWA contracts and beneficiaries to locate potential out-of-care consumers and address barriers to receiving housing and other support services.

6. Clients should receive education and information about the importance of remaining in care at every contact with the system (EIS, medical visit, case management contact, etc.). Even though consumers are required to be in HIV medical care to receive RWHAP support services, this message needs to be repeated at every juncture.

7. Consider matching peer support personnel/patient navigators to high-risk PLWH to support them in linkage and retention in care.

BLACK/AFRICAN-AMERICAN MEN AND WOMEN

The consumer survey sample was completed by 387 Black/African-Americans[2] living with HIV/AIDS, comprising 56% of the total sample. The Black/African-American men included 253 (55%) in-care and 134 (56%) out-of-care consumers.

- Black/African-Americans in the Dallas EMA had the highest infection rate in the region; 1,036.3/100,000 in 2015.
- In 2015, the rate of new infections exceeded more than three times that of Whites/Caucasians and more than three times that of Hispanics.
- Black/African-American MSM had the highest unmet need (24%) when compared with White/Caucasian and Hispanic MSM (17% and 23%, respectively). Findings were similar for MSM/IDU, with 23% of Black/African-Americans having unmet need and 22% of Hispanic MSM with unmet need compared to 16% of White/Caucasians.
- Unmet need among those with heterosexual contact transmission found Black/African-American men with second highest unmet need (29%). Unmet need among Hispanics with heterosexual contact transmission had the highest unmet need (32%).

RESPONDENT OVERVIEW

Demographics

Gender identity among Black/African-American resembles the overall sample closely.

- Black/African-American men represented 71% of the African-American survey respondents, while the total survey was 75% male.
- Women represented 27% of the Black/African-American survey sample, while women represented 23% of the overall sample.
- A slightly higher percentage of in-care (28%) respondents were women than out-of-care (25%).

Table 4.26
Gender
Black/African-American Men & Women

	In-Care		Out-of-Care		Total		Total Sample
Gender Identity	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Male	179	70.8%	97	72.4%	276	71.3%	75.0%
Female	71	28.1%	34	25.4%	105	27.1%	22.8%
Transgender / Other Gender Identity	3	1.2%	3	2.2%	6	1.6%	2.2%
Total	**253**	**100.0%**	**134**	**100.0%**	**387**	**100.0%**	**100.0%**
In-Care n = 253; Out-of-Care n = 134; Combined In-Care/Out-of-Care n = 387							

[2] The consumer survey included a racial option of "Black or Black/African-American," so this discussion includes consumers who self-designate as either "Black or Black/African-American."

The age ranges of Black/African-American respondents were similar but slightly younger than those for the overall survey sample.

- 4% of Black/African-American respondents were youths ages 13–24 compared to 3% in the total sample.
- 18% of Black/African American respondents were 25-34 years old compared to 16% in the total sample.
- 20% of Black/African-American respondents and 20% of the total respondent sample were between 34-44 years old.

Table 4.27
Age
Black/African-American Men & Women

	In-Care		Out-of-Care		Total Black/African-American		Total Sample
Age Cohort	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Age 13-24	3	1.2%	11	8.2%	14	3.6%	3.2%
Age 25-34	35	13.8%	35	26.1%	70	18.1%	16.2%
Age 35-44	55	21.7%	22	16.4%	77	19.9%	19.9%
Age 45-54	69	27.3%	41	30.6%	110	28.4%	30.4%
Age 55+	87	34.4%	21	15.7%	108	27.9%	28.1%
Age Not Reported	4	1.6%	4	3.0%	8	2.1%	2.2%
Total	**253**	**100.0%**	**134**	**100.0%**	**387**	**100.0%**	**100.0%**

In-Care n = 253; Out-of-Care n = 134; n = 387

County of Residence

Black/African-American survey respondents were almost all from Dallas County, but Denton and Collin Counties were also represented.

Table 4.28
County of Residence
Black/African-American Men & Women

	In-Care		Out-of-Care		Total Black/AA		Total Sample
County	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Collin	8	3.2%	3	2.2%	11	2.8%	3.4%
Cooke	0	0.0%	0	0.0%	0	0.0%	0.4%
Dallas	221	87.4%	121	90.3%	342	88.4%	83.1%
Denton	22	8.7%	9	6.7%	31	8.0%	9.5%
Ellis	0	0.0%	0	0.0%	0	0.0%	0.1%
Fannin	0	0.0%	0	0.0%	0	0.0%	0.1%
Grayson	2	0.8%	1	0.7%	3	0.8%	3.2%

	In-Care		Out-of-Care		Total Black/AA		Total Sample
County	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Henderson	0	0.0%	0	0.0%	0	0.0%	0.0%
Hunt	0	0.0%	0	0.0%	0	0.0%	0.1%
Kaufman	0	0.0%	0	0.0%	0	0.0%	0.0%
Navarro	0	0.0%	0	0.0%	0	0.0%	0.0%
Rockwall	0	0.0%	0	0.0%	0	0.0%	0.0%
Total	**253**	**100.0%**	**134**	**100.0%**	**387**	**100.0%**	3.4%
In-Care n = 253; Out-of-Care n = 134; Combined In-Care n = 387							

Transmission Mode

Considering transmission mode as identified on the consumer survey, 43% of Black/African-Americans reported MSM, 41% heterosexual contact, and 5% reported IDU. Compared to the total sample, a greater percentage of Black/African-American respondents identified with heterosexual contact (41% vs. 32%).

- Comparing transmission mode of in-care and out-of-care Black/African-Americans:
  - In-care Black/African-American respondents represented a larger percentage reporting heterosexual contact transmission, 45% vs. 34% of those out-of-care.
  - In-care Black/African-American respondents have a smaller percentage of reporting MSM transmission, 39% vs. 51% of those out of care. In-care Black/African-American respondents have a higher percentage reporting sharing needles/IDU, 6% for in-care vs. 5% for out-of-care.

Table 4.29
Transmission Mode
Black/African-American Men & Women

	In-Care		Out-of-Care		Total Black/AA		Total Sample
Transmission Mode	**#**	**%**	**#**	**%**	**#**	**%**	**%**
MSM	99	39.1%	68	50.7%	167	43.2%	50.1%
IDU	15	5.9%	6	4.5%	21	5.4%	6.0%
MSM + IDU	1	0.4%	2	1.5%	3	0.8%	2.4%
Heterosexual Contact	113	44.7%	45	33.6%	158	40.8%	31.9%
Do Not Know	16	6.3%	11	8.2%	27	7.0%	7.9%
Other	23	9.1%	9	6.7%	32	8.3%	9.6%
In-Care n = 253; Out-of-Care n = 134; Combined In-Care n = 387							

Educational Attainment and Employment

Educational attainment of in-care and out-of-care Black/African-Americans was similar to the total survey sample.

Table 4.30
Educational Attainment
Black/African-American Men & Women

	In-Care		Out-of-Care		Total Black/AA		Total Sample
Educational Attainment	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Eighth Grade or Less	12	4.7%	1	0.7%	13	3.4%	3.3%
Some High School	28	11.1%	22	16.4%	50	12.9%	12.9%
High School Graduate/GED	107	42.3%	52	38.8%	159	41.1%	34.9%
Technical or Trade School	9	3.6%	8	6.0%	17	4.4%	4.9%
Some College	65	25.7%	38	28.4%	103	26.6%	28.8%
Completed College	20	7.9%	9	6.7%	29	7.5%	10.3%
Graduate Education	12	4.7%	3	2.2%	15	3.9%	4.0%
Other	0	0.0%	1	0.7%	1	0.3%	0.9%
Total	**253**	**100.0%**	**134**	**100.0%**	**387**	**100.0%**	**100.0%**

In-Care n = 253; Out-of-Care n = 134; Combined In-Care n = 387

Only 6% of Black/African-American PLWHs served in the military. This was similar to the total sample. This included nearly 9% of those in-care and <2% of those out-of-care.

Table 4.31
Military Service
Black/African-American Men & Women

	In-Care		Out-of-Care		Total Black/AA		Total Sample
Served in Military	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Yes	22	8.7%	2	1.5%	24	6.2%	5.9%
No	230	90.9%	132	98.5%	362	93.5%	93.5%
Do Not Want To Say	1	0.4%	0	0.0%	1	0.3%	0.6%
Total	**253**	**100.0%**	**134**	**100.0%**	**387**	**100.0%**	**100.0%**

In-Care n = 253; Out-of-Care n = 134; Combined In-Care n = 387

Likewise, Black/African-Americans employment status was similar to the total sample.

- 79% of Black/African-Americans were unemployed compared to 76% of the total sample.

Table 4.32
Employment Status
Black/African-American Men & Women

	In-Care		Out-of-Care		Total Black/AA		Total Sample
Employment Status	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Work Full-Time	33	13.0%	11	8.2%	44	11.4%	13.3%
Work Part-Time	20	7.9%	17	12.7%	37	9.6%	11.0%
Not Working	200	79.1%	106	79.1%	306	79.1%	75.6%
Total	**253**	**100.0%**	**134**	**100.0%**	**387**	**100.0%**	**100.0%**
In-Care n = 253; Out-of-Care n = 134; Combined In-Care n = 387							

Of the 306 Black/African-Americans who were not working:

- 46% were on disability (similar to the 45% of the total sample).
- 16% indicated their health precluded them from working even though they were not on disability.
- 22% were looking for jobs, 33% of whom were out-of-care compared to 16% of those in-care.

Table 4.33
Unemployed Status
Black/African-American Men & Women

	In-Care		Out-of-Care		Total	
If You Are Not Working, Which Best Describes You?	**#**	**%**	**#**	**%**	**#**	**%**
I am a student	9	4.5%	5	4.7%	14	4.6%
I am looking for a job	32	16.0%	35	33.0%	67	21.9%
I am retired	11	5.5%	2	1.9%	13	4.2%
I work as a volunteer	5	2.5%	1	0.9%	6	2.0%
My health keeps me from working - I am not on disability	34	17.0%	16	15.1%	50	16.3%
My health keeps me from working - I am on disability	102	51.0%	40	37.7%	142	46.4%
Other	7	3.5%	7	6.6%	14	4.6%
Total	**200**	**100.0%**	**106**	**100.0%**	**306**	**100.0%**
In-Care n = 200; Out-of-Care n = 106; Combined In-Care n = 306						

Income

Incomes for Black/African-Americans were slightly lower than the total sample. Seventy-four percent of Black/African-Americans earned less than $950 a month compared to 68% of the total sample.

Table 4.34
Income
Black/African-American Men & Women

	In-Care		Out-of-Care		Total Black/AA		Total Sample
Monthly Income	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Less than $950	177	70.0%	110	82.1%	287	74.2%	68.1%
$950 - $1,900	50	19.8%	20	14.9%	70	18.1%	22.5%
$1,901 - $2,800	20	7.9%	2	1.5%	22	5.7%	6.7%
More than $2,800	6	2.4%	2	1.5%	8	2.1%	2.6%
Total	**253**	**100.0%**	**134**	**100.0%**	**387**	**100.0%**	**100.0%**

In-Care n = 253; Out-of-Care n = 134; Combined In-Care n = 387

Housing Situation

Half of Black/African-American men and women report living "in an apartment/house/mobile home that I own or rent in my own name."

- 13% have permanent residency, relative to 14% in total sample.
  - 7% in a parent or relative's home.
  - 6% in another person's apartment or home.
- 12% have a temporary residency situation, while 10% of the total sample have a temporary situation.
  - 6% in a parent or relative's home.
  - 6% in another person's apartment or home.
- 9% report homelessness, compared to 8% in the total survey.
  - 4% on the street or in a car.
  - 5% report living in a homeless shelter.
- 9% report living in an assisted living facility, higher than 7% in the total sample.

Table 4.35
Housing Situation
Black/African-American Men & Women

	In-Care		Out-of-Care		Total		Total Sample
Where do you live now? (check only one)	**#**	**%**	**#**	**%**	**#**	**%**	**%**
In an apartment/house/mobile home that I own or rent in my name	141	55.7%	53	39.6%	194	50.1%	52.2%
At my parent's or a relative's home-permanent	18	7.1%	7	5.2%	25	6.5%	8.3%
In a "supportive living" facility (Assisted Living Facility)	19	7.5%	16	11.9%	35	9.0%	7.3%
At another person's apartment/home-permanent	9	3.6%	14	10.4%	23	5.9%	5.9%
At another person's apartment/home-temporary	12	4.7%	12	9.0%	24	6.2%	5.6%
At my parent's or a relative's home-temporary	14	5.5%	8	6.0%	22	5.7%	4.6%
Homeless (on the street or in car)	10	4.0%	5	3.7%	15	3.9%	4.0%
In a half-way house, transitional housing or treatment facility (drug or psychiatric)	8	3.2%	4	3.0%	12	3.1%	4.0%
Homeless Shelter	9	3.6%	11	8.2%	20	5.2%	3.6%
In a rooming or boarding house	5	2.0%	2	1.5%	7	1.8%	2.0%
Residential hospice facility or skilled nursing home	0	0.0%	0	0.0%	0	0.0%	0.1%
Domestic Violence Shelter	0	0.0%	0	0.0%	0	0.0%	0.0%
Other	8	3.2%	2	1.5%	10	2.6%	2.3%
Total	**253**	**100.0%**	**134**	**100.0%**	**387**	**100.0%**	**100.0%**
In-Care n = 253; Out-of-Care n = 134; Combined In-Care/Out-of-Care n = 387							

Substance Use and Mental Health Disorders

Consumers were asked about drug use in the last six months responded as follows:

- 55% of Black/African-American PLWH responded “Yes” to the use of alcohol or drugs.
- A higher percent (69%) of those using drugs or alcohol were out-of-care compared to in-care (48%).

Table 4.36
Substance Use in the Last 6 Months
Black/African-American Men & Women

	In-Care		Out-of-Care		Total Black/AA		Total Sample
Substance Use	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Have Used Drugs or Alcohol in Past 6 Months	122	48.2%	92	68.7%	214	55.3%	56.2%
No Drugs Listed Used	131	51.8%	42	31.3%	173	44.7%	43.8%
Total	**253**	**100.0%**	**134**	**100.0%**	**387**	**100.0%**	**100.0%**

In-Care n = 253; Out-of-Care n = 134; Combined In-Care n = 387

The consumer survey asked about IV drug use with the following results:

- Only 3% of Black/African-American respondents admitted to injecting drugs, with 1% being in-care and nearly 5% being out-of-care.
- Over 60% refused to respond to the question.

Table 4.37
IV Drug Use in the Last Six Months
Black/African-American Men & Women

Have you injected substances in the past two months?	In-Care		Out-of-Care		Total Black/AA		Total Sample
IV Drug Use	**#**	**%**	**#**	**%**	**#**	**%**	
Yes	4	1.6%	6	4.5%	10	2.6%	3.3%
No	88	34.8%	49	36.6%	137	35.4%	36.3%
No Response	161	63.6%	79	59.0%	240	62.0%	60.4%
Total	**253**	**100.0%**	**134**	**100.0%**	**387**	**100.0%**	**100.0%**

In-Care n = 253; Out-of-Care n = 134; Combined In-Care n = 387

The most frequent substance used in the last six months was alcohol (72%) followed by marijuana (52%) and stimulants (13%).

- A higher percentage of out-of-care respondents used stimulants (15%) compared to 11% of in-care respondents.
- 7% of out-of-care respondents compared to
- 10% of in-care respondents used opioids and morphine.
- 3% of out-of-care respondents compared to 11% of in-care respondents used depressants.

Table 4.38
Substances Used in the Last 6 Months
Black/African-American Men & Women

	In-Care		Out-of-Care		Total Black/AA		Total Sample
Substance Use	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Alcohol	85	69.7%	70	76.1%	155	72.4%	69.1%
Marijuana	57	46.7%	54	58.7%	111	51.9%	46.4%
Depressants	13	10.7%	3	3.3%	16	7.5%	10.2%
Ketamine/PCP	0	0.0%	0	0.0%	0	0.0%	0.3%
Hallucinogens	1	0.8%	0	0.0%	1	0.5%	1.0%
Opioids and Morphine	12	9.8%	6	6.5%	18	8.4%	11.2%
Stimulants	14	11.5%	14	15.2%	28	13.1%	19.9%
Steroids not prescribed by your doctor	1	0.8%	0	0.0%	1	0.5%	0.8%
Prescription painkillers not prescribed by your doctor	8	6.6%	2	2.2%	10	4.7%	6.1%
Inhalants	2	1.6%	1	1.1%	3	1.4%	2.6%

In-Care n = 122; Out-of-Care n = 92; Combined In-Care n = 214

Black/African-American respondents who indicated they used alcohol were asked if they used alcohol more than three times a week.

- Similar to the total sample, 29% responded positively.

Table 4.39
Alcohol Use
Black/African-American Men & Women

	In-Care		Out-of-Care		Total Black/AA		Total Sample
Do you Drink Alcohol More Than 3 Times A Week?	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Yes	18	21.2%	27	38.6%	45	29.0%	29.2%
No	67	78.8%	43	61.4%	110	71.0%	70.8%
Total	**85**	**100.0%**	**70**	**100.0%**	**155**	**100.0%**	**100.0%**

In-Care n = 85; Out-of-Care n = 70; Combined In-Care n = 155

Active Black/African-American substance abuse users were asked if they had thought about going to substance abuse treatment.

- 28% responded positively.
- More out-of-care respondents (34%) had thought about getting into care than in-care respondents.

Table 4.40
Considering Treatment
Black/African-American Men & Women

	In-Care		Out-of-Care		Total Black/AA		Total Sample
Have Thought About Seeking Substance Abuse Treatment	#	%	#	%	#	%	%
Yes	29	23.8%	31	33.7%	60	28.3%	28.4%
No	93	76.2%	59	64.1%	152	71.7%	71.6%
No Response	0	0.0%	2	2.2%	2	0.9%	1.3%
Total	**122**	**100.0%**	**92**	**100.0%**	**212**	**100.0%**	**100.0%**

In-Care n = 122; Out-of-Care n = 92; Combined In-Care n = 212

Free care (22%) and "admission to a program as soon as I am ready" (20%) were the most important considerations for getting into care. (Table not shown)

Almost 25% of Black/African-American consumer survey respondents were diagnosed with depression.

- A slightly higher proportion of in-care consumers reported depression (26%) than those out-of-care (22%).

Table 4.41
Depression Diagnosis
Black/African-American Men & Women

	In-Care		Out-of-Care		Total Black/AA		Total Sample
Have You Received Medical Treatment for Depression in the Last 12 Months?	#	%	#	%	#	%	%
Yes	66	26.1%	30	22.4%	96	24.8%	29.7%
No	187	73.9%	104	77.6%	291	75.2%	70.3%
Total	**253**	**100.0%**	**134**	**100.0%**	**387**	**100.0%**	**100.0%**

In-Care n = 253; Out-of-Care n = 134; Combined In-Care n = 387

DIAGNOSIS AND REFERRAL FOR CARE

Slight differences existed between diagnoses dates of Black/African-American in-care and out-of-care consumers with out-of-care consumers being more recently diagnosed.

- More than 46% of consumers were diagnosed since 2005; this includes 55% of out-of-care consumers and 42% of in-care consumers.

Table 4.42
Year of Diagnosis
Black/African-American Men & Women

	In-Care		Out-of-Care		Total Black/AA		Total Sample
Year Diagnosed with HIV	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Before 1990	32	12.6%	13	9.7%	45	11.6%	11.8%
1990-1995	39	15.4%	12	9.0%	51	13.2%	12.9%
1996-1999	33	13.0%	15	11.2%	48	12.4%	11.3%
2000-2004	44	17.4%	20	14.9%	64	16.5%	16.5%
2005-2007	20	7.9%	10	7.5%	30	7.8%	9.0%
2008-2010	36	14.2%	16	11.9%	52	13.4%	11.8%
2011-2013	23	9.1%	18	13.4%	41	10.6%	11.6%
2014-2017	22	8.7%	30	22.4%	52	13.4%	14.1%
No Response or Unclear Response	4	1.6%	0	0.0%	4	1.0%	1.0%
Total	**253**	**100.0%**	**134**	**100.0%**	**387**	**100.0%**	**100.0%**
In-Care n = 253; Out-of-Care n = 134; Combined In-Care/Out-of-Care n = 387							

Differences existed with respect to how quickly in-care and out-of-care Black/African-American consumers accessed medical care.

- 28% of in-care compared to 15% of out-of-care consumers reported seeing a doctor within one month.
- 28% of in-care Black/African-Americans compared to 19% of out-of-care Black/African-Americans reported seeing a doctor within three months.
- 17% of in-care compared to 15% of out-of-care Black/African-Americans reported seeing the doctor within 3-6 months of diagnosis.
- 26% of in-care compared to 27% of out-of-care consumers waited more than six months to see a doctor.

Table 4.43
Care After Diagnosis
Black/African-American Men & Women

	In-Care		Out-of-Care		Total Black/AA		Total Sample
How Soon After Your Diagnosis Did You Go To See a Doctor About Your HIV?	#	%	#	%	#	%	%
In less than 1 month	71	28.1%	20	14.9%	91	23.5%	24.1%
In less than 3 months	71	28.1%	25	18.7%	96	24.8%	26.5%
Within 3 to 6 months	42	16.6%	20	14.9%	62	16.0%	16.6%
After more than 6 months	65	25.7%	49	36.6%	114	29.5%	28.8%
I have not received HIV medical care	4	1.6%	19	14.2%	23	5.9%	3.7%
No Response	0	0.0%	1	0.7%	1	0.3%	0.1%
Total	**253**	**100.0%**	**134**	**100.0%**	**387**	**100.0%**	**100.0%**

In-Care n = 253; Out-of-Care n = 134; Combined In-Care n = 387

ACCESS TO HIV CARE FOR THE INCARCERATED

Approximately 12% of Black/African-American survey respondents were incarcerated for one month or more in the last 12 months.

Table 4.44
Incarceration
Black/African-American Men & Women

	In-Care		Out-of-Care		Total Black/AA		Total Sample
Have you been in Jail or Prison for more than 1 month in the last 2 years?	#	%	#	%	#	%	%
Yes	29	11.5%	18	13.4%	47	12.1%	12.5%
No	224	88.5%	116	86.6%	340	87.9%	87.5%
Total	**253**	**100.0%**	**134**	**100.0%**	**387**	**100.0%**	**100.0%**

In-Care n = 253; Out-of-Care n = 134; Combined In-Care n = 387

Eighty-six percent of in-care Black/African-American consumers received care while in prison compared to 61% of out-of-care respondents. In total, fewer Black/African-American respondents received HIV care while incarcerated (77% vs 81%).

Table 4.45
HIV Care While Incarcerated
Black/African-American Men & Women

	In-Care		Out-of-Care		Total Black/AA		Total Sample
Did you receive HIV Medical Care While in Jail or Prison?	#	%	#	%	#	%	%
Yes	25	86.2%	11	61.1%	36	76.6%	80.5%
No	4	13.8%	7	38.9%	11	23.4%	19.5%
Total	**29**	**100.0%**	**18**	**100.0%**	**47**	**100.0%**	**100.0%**

In-Care n = 29; Out-of-Care n = 18; Combined In-Care n = 47

Previously incarcerated Black/African-Americans provided several reasons for not seeking care after their release. These included:

- "Afraid to tell others, I am HIV+." (23%)
- "Did not know where to go for medical care." (17%)
- "Did not know where to go for intake or case management." (15%)

Table 4.46
HIV Care After Incarceration
Black/African-American Men & Women

	In-Care		Out-of-Care		Total Black/AA		Total Sample
After you were released, did any of the following stop you from getting HIV care? (Check all that apply)	#	%	#	%	#	%	%
Afraid to tell others I am HIV positive	9	31.0%	2	11.1%	11	23.4%	20.7%
Could not find a place to live	2	6.9%	4	22.2%	6	12.8%	13.8%
Did not know where to go for medical care	5	17.2%	3	16.7%	8	17.0%	12.6%
Did not know where to go for an intake or to get case management	3	10.3%	4	22.2%	7	14.9%	10.3%
Could not stop using drugs and/or alcohol	1	3.4%	3	16.7%	4	8.5%	10.3%
Fear of discrimination, harassment, denial of service, or violence	0	0.0%	3	16.7%	3	6.4%	5.7%
None of the above	13	44.8%	6	33.3%	19	40.4%	49.4%

In-Care n = 29; Out-of-Care n = 18; Combined In-Care n = 47. Respondents were permitted to choose more than one.

BARRIERS TO CARE

In-Care

Fifty-one percent of in-care Black/African-Americans did not find it hard to get care compared to 57% of the total sample of consumers. The amount of time it takes at the clinic, paperwork and transportation were the predominant barriers noted. The rank order of responses was similar to those provided by the total in-care sample

Table 4.47
HIV Medical Care Potential Problems
Black/African-American Men & Women
In-Care

	In-Care Black/AA		Total Sample
In the past year, why was it hard for you to get HIV medical care? (Check all that apply)	**#**	**%**	**%**
It was not hard to get medical care	130	51.4%	56.5%
Amount of time it takes at the clinic	43	17.0%	15.1%
Paperwork needed	35	13.8%	12.9%
I do not have transportation so it's hard to get there	32	12.6%	12.0%
I cannot afford the co-pays, deductibles, and other costs of treatments and medicines	26	10.3%	9.4%
The time it takes to get an appointment	27	10.7%	9.0%
No weekend hours	17	6.7%	8.8%
No evening hours (after 5 pm)	16	6.3%	7.4%
I have to miss work to go to medical appointments	17	6.7%	7.2%
Sometimes I do not feel well enough to go to my appointment	15	5.9%	5.7%
I am afraid of being seen at the clinic	16	6.3%	4.8%
I do not feel mentally able to deal with the treatment	4	1.6%	3.7%
The clinic only treats HIV and no other medical conditions	5	2.0%	2.6%
It is too hard to follow the medical advice	1	0.4%	1.8%
The staff does not understand my culture	2	0.8%	1.1%
I am in a domestic violence/sexual assault situation	0	0.0%	0.4%
The staff does not speak my language	0	0.0%	0.2%
Other	10	4.0%	0.2%

In-Care n = 253; Out-of-Care n = 134; Combined In-Care n = 387 Respondents were permitted to choose more than one.

Twenty-seven percent of out-of-care Black/African-Americans indicated it was not hard to get care. However, for those who did find it hard, the following barriers were noted:

- 22% cited the paperwork needed.
- 20% cited the amount of time it takes at the clinic.
- 17% cited the time it takes to get an appointment.

Table 4.48
HIV Medical Care Potential Problems
Black/African-American Men & Women
Out-of-Care

	Out-of-Care Black/AA		Total Out-of-Care Sample
In the past year, why was it hard for you to get HIV medical care? (Check all that apply)	**#**	**%**	**%**
It was not hard to get medical care	36	26.9%	35.4%
Amount of time it takes at the clinic	27	20.1%	20.4%
Paperwork needed	29	21.6%	20.8%
I do not have transportation so it's hard to get there	21	15.7%	15.8%
I cannot afford the co-pays, deductibles, and other costs of treatments and medicines	22	16.4%	15.8%
The time it takes to get an appointment	23	17.2%	14.6%
No weekend hours	15	11.2%	10.8%
No evening hours (after 5 pm)	16	11.9%	11.7%
I have to miss work to go to medical appointments	18	13.4%	10.0%
Sometimes I do not feel well enough to go to my appointment	12	9.0%	9.2%
I am afraid of being seen at the clinic	16	11.9%	10.4%
I do not feel mentally able to deal with the treatment	10	7.5%	7.9%
The clinic only treats HIV and no other medical conditions	9	6.7%	4.6%
It is too hard to follow the medical advice	9	6.7%	6.3%
The staff does not understand my culture	7	5.2%	3.3%
I am in a domestic violence/sexual assault situation	0	0.0%	1.3%
The staff does not speak my language	0	0.0%	0.8%
Other	13	9.7%	7.9%

In-Care n = 253; Out-of-Care n = 134; Combined In-Care n = 387 Respondents were permitted to choose more than one.

Reason for Not Getting Care

Fifty-seven Black/African-Americans who were out-of-care during the last 12 months were asked to provide reasons for not being in care. The most common reasons for not being in care were;

- "I did not feel sick" (53%)
- "I do not want to think about being HIV+" (25%)
- "I do not want to take medicines", which tied for second (25%).

Table 4.49
Why Are You Not Getting HIV Medical Care?
Black/African-American Men & Women
Out-of-Care

	Out-of-Care Black/AA		Total Out-of-Care Sample
Why are you not getting HIV medical care? (Check all that apply)	**#**	**%**	
I do not feel sick	30	52.6%	59.6%
I do not need or want medical care	4	7.0%	10.5%
I do not want to think about being HIV positive	14	24.6%	29.8%
I am afraid to get medical care	5	8.8%	10.5%
It is too much trouble	10	17.5%	17.5%
I do not want to take medicines	14	24.6%	28.1%
Too much paperwork is needed	4	7.0%	8.8%
I am afraid to be seen at the clinic	10	17.5%	17.5%
The appointments cause problems with my job	2	3.5%	3.5%
The clinic asks too many personal questions	6	10.5%	12.3%
I do not like the physical exam	0	0.0%	0.0%
I use drugs or alcohol	8	14.0%	15.8%
It is hard to get there (transportation)	7	12.3%	17.5%
Long waiting time to get an appointment	5	8.8%	8.8%
I do not have needed identification (ID)/my ID does not match who I am	2	3.5%	3.5%
Services are not in my language	0	0.0%	0.0%
I do not have legal status in the U.S.	0	0.0%	0.0%
I do not have money to pay	10	17.5%	22.8%
Other	5	8.8%	12.3%

Out-of-Care n = 57 (Answered No to Q4, Q5 AND Q6)
Respondents were permitted to choose more than one.

Reasons for Dropping Out-of-Care

Black/African-Americans who had left care at least six months in the past five years were asked why they dropped out-of-care. The three most frequent reasons given for not receiving medical care were:

- Drug or alcohol use (43% of which 27% using drugs and 16% using alcohol)
- It was hard to keep appointments (38%)
- Not feeling sick (33%).

Table 4.50
Reasons for Dropping Out-of-Care
Black/African-American Men & Women
Out-of-Care

	Out-of-Care Black/AA		Total Out-of-Care Sample
In the past year, why was it hard for you to get HIV medical care? (Check all that apply)	#	%	%
It was hard to keep appointments	34	38.6%	32.3%
I did not feel sick	29	33.0%	28.1%
I was tired of taking medicines	28	31.8%	26.9%
I was using drugs	24	27.3%	26.3%
I did not have money	23	26.1%	24.6%
I needed a break	19	21.6%	19.8%
I was tired of going to the clinic	18	20.5%	18.6%
Other	17	19.3%	18.0%
It was hard to get to the clinic (transportation)	15	17.0%	16.8%
I was using alcohol	14	15.9%	13.8%
The appointments took too long	13	14.8%	12.6%
I did not need or want medical care	12	13.6%	11.4%
I moved and did not know where to go	9	10.2%	11.4%
The staff does not understand my culture	8	9.1%	5.4%
Staff does not understand my language	2	2.3%	1.8%

Out-of-Care n = 88 Respondents were permitted to choose more than one.

SERVICE NEEDS

Black/African-Americans most frequently identified service needs range from dental care visits to medical case management. The top needs included:

- Dental visits
- HIV outpatient medical care
- Food bank
- Help paying for prescriptions/medicines
- Transportation to medical care
- Medical care from a specialist
- Primary medical care unrelated to HIV
- Emergency long-term rental assistance voucher
- Emergency financial assistance for rent/mortgage or utilities
- Medical case management

In-care Black/African-American men and women included one different service in their top 10 service needs:

- Help paying for co-pays, deductibles for HIV medical care visits and medications.

Out-of-care consumers' top 10 needs included mental health counseling and employment services.

Table 4.51
Service Needs
Black/African-American Men & Women

	In-Care		Out-of-Care		Total Black/AA		Total Sample
From the list below, check the 5 services you need the most:	#	%	#	%	#	%	%
Dental Visits	143	56.5%	79	59.0%	222	57.4%	57.8%
HIV Outpatient Medical Care	137	54.2%	57	42.5%	194	50.1%	46.9%
Food Bank	120	47.4%	57	42.5%	177	45.7%	47.9%
Help paying for prescription medicines	80	31.6%	40	29.9%	120	31.0%	32.1%
Medical Care from a Specialist referred by your HIV medical provider	73	28.9%	32	23.9%	105	27.1%	25.3%
Transportation to Medical Care—Bus Pass/Van Service	71	28.1%	38	28.4%	109	28.2%	24.5%
Primary Medical Care for general medical care not related to HIV	55	21.7%	40	29.9%	95	24.5%	25.1%
Emergency Long-Term Rental Assistance (Voucher)	52	20.6%	33	24.6%	85	22.0%	20.5%
Emergency Financial Assistance for Rent/Mortgage or Utilities	59	23.3%	25	18.7%	84	21.7%	21.1%
Medical Case Management	56	22.1%	24	17.9%	80	20.7%	19.1%
Help paying for co-pays and deductibles for HIV medical care visits and medications	54	21.3%	23	17.2%	77	19.9%	19.8%
Mental Health Counseling	41	16.2%	29	21.6%	70	18.1%	18.9%
Employment Services	25	9.9%	28	20.9%	53	13.7%	14.5%
Nutritional Counseling	33	13.0%	16	11.9%	49	12.7%	12.2%
Transportation to Other Services	37	14.6%	12	9.0%	49	12.7%	11.0%
Education Services	17	6.7%	22	16.4%	39	10.1%	9.5%
Job Training Services	15	5.9%	23	17.2%	38	9.8%	9.2%
Non-Medical Case Management	25	9.9%	12	9.0%	37	9.6%	12.2%
If you have health insurance, help with continuing this insurance	23	9.1%	10	7.5%	33	8.5%	7.9%
Facility Based Housing (Assisted Living Facility)	22	8.7%	11	8.2%	33	8.5%	6.7%
Legal Services to help you work through a problem obtaining services/benefits, outline advance directives or establish guardianships	21	8.3%	8	6.0%	29	7.5%	9.3%
Outpatient Substance Abuse Treatment	8	3.2%	11	8.2%	19	4.9%	4.2%
Child Care while at a medical or other	8	3.2%	4	3.0%	12	3.1%	2.4%
Respite Care for Adults (Activities during day)	9	3.6%	2	1.5%	11	2.8%	2.2%

	In-Care		Out-of-Care		Total Black/AA		Total Sample
From the list below, check the 5 services you need the most:	#	%	#	%	#	%	%
Early Intervention to help you get into HIV medical care	3	1.2%	5	3.7%	8	2.1%	2.2%
Respite Care for HIV positive children	2	0.8%	1	0.7%	3	0.8%	0.4%
Translation or Interpretation	0	0.0%	1	0.7%	1	0.3%	1.4%
In-Care n = 253; Out-of-Care n = 134; Combined In-Care n = 387 Respondents were permitted to choose more than one.							

KEY INFORMANT INTERVIEWS

Key informants provided the bulk of information regarding needs of priority populations. With regard to Black/African-Americans, the general view was that culturally relevant and appropriate services were important to keeping people in care – "Ask them who do you have sex with," rather than "Are you gay, straight, etc.?" It is noted that the comments presented below represent the beliefs, opinions and experiences of those interviewed.

Specific comments made about stigma and culture included:

- *Breaking down the social determinants. There are high degrees of poverty, low educational attainment and high incarceration rates; all these are fundamental in driving the epidemic.*
- *Cultural bias still exists and we need to continue our efforts to culturally educate our providers.*
- *With the Black/African-American community there is a lot of stigma.*

Women

- *Among women, domestic violence, intimate partner violence needs to be addressed.*
- *Since Black/African-American women primarily contact HIV through sex their needs are going to be on addressing sexual determinants and empowerment.*
- *Among men, how has their incarceration affected women in their relationships?*

Other Needs

- *Access to health care and to a primary care provider.*
- *Information and education, and actual on-the-ground case management.*

FOCUS GROUP

It should be noted that the comments presented below represent the beliefs, opinions and experiences of those interviewed.

- *Black/African-American men need more Black/African-American men in the field to be able to relate to someone who looks like you.*
- *If the Black churches would accept that HIV exists and would start talking about it, we could help.*

RECOMMENDATIONS

Black/African-Americans mirror the overall sample in terms of service needs, making general recommendations applicable. However, there appears to be a greater need for case management and counseling services to deal with social determinants and support needs of this population.

Specific recommendations include:

1. Require annual cultural competence training to all staff receiving Ryan White funding.

2. Encourage medical and case management personnel to obtain training in identification of victims of domestic violence and intimate partner violence.

3. Require agencies receiving Ryan White funding to ensure their staffs are culturally and linguistically representative of the consumers they serve.

4. Support efforts to break down the stigma of HIV among Black/African-Americans and that normalize testing, PrEP and healthy behaviors.

HISPANIC/LATINO MEN AND WOMEN

The consumer survey sample consisted of 113 Hispanic/Latinos[3] living with HIV/AIDS, comprising 16% of the total sample. The Hispanic/Latino sample included 76 (67%) in-care consumers and 37 (33%) out-of-care consumers. This population is characterized by the highest increase in PLWH in the Dallas EMA from 2011 2015 of 34.8%. Hispanics/Latinos in the Dallas EMA had Hispanics/Latinos had the second highest DSHS unmet need in the Dallas EMA (23%).

RESPONDENT OVERVIEW

Demographics

Hispanic/Latino respondents were 74% male, 20.4% female, and 6.2% other gender identity. The overall survey sample included 75% male, 23% female, and 2% other gender identity.

- In-care Hispanic/Latino respondents were 78% male and 16% female, and out-of-care Hispanic/Latino respondents were 65% male and 30% female.

Table 4.52
Gender
Hispanic/Latino Men & Women

	In-Care		Out-of-Care		Total Hispanic		Total Sample
Gender Identity	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Male	59	77.6%	24	64.9%	83	73.5%	75.0%
Female	12	15.8%	11	29.7%	23	20.4%	22.8%
Transgender / Other Gender Identity	5	6.6%	2	5.4%	7	6.2%	2.2%
Total	**76**	**100.0%**	**37**	**100.0%**	**113**	**100.0%**	**100.0%**
In-Care n = 76; Out-of-Care n = 37; Combined In-Care/Out-of-Care n = 113							

The age ranges of Hispanic/Latino respondents differ from those in the total sample with a larger percentage age 35-54.

- 4% are youths ages 13–24 compared to 3% in the total sample.
- 13% are 25-34 years old compared to 16% in the total sample.
- 22% of Hispanics were between 35-44 years old compared to 20% of the total sample.

[3] The consumer survey included an ethnicity question asking "Are you Hispanic/Latino?", so this discussion includes consumers who self-designate as either "Hispanic or Latino."

Table 4.53
Age
Hispanic/Latino Men & Women

	In-Care		Out-of-Care		Total Hispanic		Total Sample
Age Cohort	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Age 13-24	3	3.9%	2	5.4%	5	4.4%	3.2%
Age 25-34	8	10.5%	7	18.9%	15	13.3%	16.2%
Age 35-44	15	19.7%	10	27.0%	25	22.1%	19.9%
Age 45-54	23	30.3%	15	40.5%	38	33.6%	30.4%
Age 55+	23	30.3%	2	5.4%	25	22.1%	28.1%
Age Not Reported	4	5.3%	1	2.7%	5	4.4%	2.2%
Total	**76**	**100.0%**	**37**	**100.0%**	**113**	**100.0%**	**100.0%**

In-Care n = 76; Out-of-Care n = 37; Combined In Care/Out-of-Care n = 113

Transmission Mode

Considering transmission mode as self-reported in the consumer survey, 50% of Hispanics/Latinos were MSM, 27% heterosexual contact, and 6% IDU. Hispanic respondents reported "unknown" or other" mode of transmission to a greater degree than found in the total survey, 22% vs. 18%.

- Comparing transmission mode of in-care and out-of-care Hispanics/Latinos,
  - In-care had a larger percentage reporting heterosexual transmission, 28% vs. 24%.
  - Out-of-care had a greater percentage reporting IDU transmission, 8% vs. 5%.
  - In-care and out-of-care Hispanics reported nearly identical percentage of MSM, 50% for in-care vs. 49% for out-of-care.

County of Residence

- 82% of Hispanic/Latino survey respondents were from Dallas County (82%). Six percent were from Denton County, and Cooke and Grayson Counties each had one respondent.
- A larger percentage of Hispanic respondents resided in Collin County, 6% vs. 3%. 8% of in-care Hispanic respondents were from that county.

Table 4.54
County of Residence
Hispanic/Latino Men & Women

	In-Care		Out-of-Care		Total Hispanic		Total Sample
County	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Collin	6	7.9%	1	2.7%	7	6.2%	3.4%
Cooke	1	1.3%	0	0.0%	1	0.9%	0.4%
Dallas	61	80.3%	32	86.5%	93	82.3%	83.1%
Denton	7	9.2%	4	10.8%	11	9.7%	9.5%

	In-Care		Out-of-Care		Total Hispanic		Total Sample
County	#	%	#	%	#	%	%
Ellis	0	0.0%	0	0.0%	0	0.0%	0.1%
Fannin	0	0.0%	0	0.0%	0	0.0%	0.1%
Grayson	1	1.3%	0	0.0%	1	0.9%	3.2%
Henderson	0	0.0%	0	0.0%	0	0.0%	0.0%
Hunt	0	0.0%	0	0.0%	0	0.0%	0.1%
Kaufman	0	0.0%	0	0.0%	0	0.0%	0.0%
Navarro	0	0.0%	0	0.0%	0	0.0%	0.0%
Rockwall	0	0.0%	0	0.0%	0	0.0%	0.0%
Total	**76**	**100.0%**	**37**	**100.0%**	**113**	**100.0%**	**100.0%**

In-Care n = 76; Out-of-Care n = 37; Combined In-Care/Out-of-Care n = 113

Table 4.55
Transmission Mode
Hispanic/Latino Men & Women

	In-Care		Out-of-Care		Total Hispanic		Total Sample
Transmission Mode	#	%	#	%	#	%	%
MSM	38	50.0%	18	48.6%	56	49.6%	50.1%
IDU	4	5.3%	3	8.1%	7	6.2%	6.0%
MSM + IDU	4	5.3%	0	0.0%	4	3.5%	2.4%
Heterosexual	21	27.6%	9	24.3%	30	26.5%	31.9%
Do Not Know	6	7.9%	5	13.5%	11	9.7%	7.9%
Other	10	13.2%	4	10.8%	14	12.4%	9.6%

In-Care n = 76; Out-of-Care n = 37; Combined In-Care/Out-of-Care n = 113

Educational Attainment and Employment

Educational attainment of Hispanics/Latinos was lower than that of the total survey sample.

- 24% of Hispanic/Latinos did not complete high school, compared to 16% for the overall survey; this includes 21% of in-care and 30% of out-of-care Hispanic/Latinos.
- Hispanic/Latinos had similar percentage of high school graduates/GEDs as the total sample, 34% vs. 35%.
- 37% of Hispanic/Latinos completed some college or graduate study, lower than 43% in the overall sample.

Table 4.56
Educational Attainment
Hispanic/Latino Men & Women

	In-Care		Out-of-Care		Total Hispanic		Total Sample
Educational Attainment	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Eighth Grade or Less	2	2.6%	3	8.1%	5	4.4%	3.3%
Some High School	14	18.4%	8	21.6%	22	19.5%	12.9%
High School Graduate/GED	30	39.5%	8	21.6%	38	33.6%	34.9%
Technical or Trade School	2	2.6%	1	2.7%	3	2.7%	4.9%
Some College	18	23.7%	10	27.0%	28	24.8%	28.8%
Completed College	8	10.5%	6	16.2%	14	12.4%	10.3%
Graduate Education	0	0.0%	0	0.0%	0	0.0%	4.0%
Other	2	2.6%	1	2.7%	3	2.7%	0.9%
Total	**76**	**100.0%**	**37**	**100.0%**	**113**	**100.0%**	**100.0%**

In-Care n = 76; Out-of-Care n = 37; Combined In-Care/Out-of-Care n = 113

Only 4% of Hispanic/Latinos PLWHs served in the military, below the 6% in the total sample. A larger percentage of out-of-care Hispanics (8%) served in the military.

Table 4.57
Military Service
Hispanic/Latino Men & Women

	In-Care		Out-of-Care		Total Hispanic		Total Sample
Served in Military	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Yes	2	2.6%	3	8.1%	5	4.4%	5.9%
No	74	97.4%	33	89.2%	107	94.7%	93.5%
Do Not Want To Say	0	0.0%	1	2.7%	1	0.9%	0.6%
Total	**76**	**100.0%**	**37**	**100.0%**	**113**	**100.0%**	**100.0%**

In-Care n = 76; Out-of-Care n = 37; Combined In-Care/Out-of-Care n = 113

One-third (33%) of Hispanic/Latino are employed compared to the total sample (24%).

- 26% of Hispanic/Latino in-care respondents report full-time or part-time work, and 46% of out-of-care respondents reported full-time or part-time employment status. This compares to 22% of in-care respondents with full or part time employment and 28% of out-of-care with full or part time employment in the total survey sample.

- 67% of Hispanic/Latinos are not working compared to 76% of the total sample.
  - A higher percentage of in-care Hispanic/Latino respondents reported not working (74%) than out-of-care respondents (54%).

Table 4.58
Employment Status
Hispanic/Latino Men & Women

	In-Care		Out-of-Care		Total Hispanic		Total Sample
Employment Status	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Work Full-Time	10	13.2%	13	35.1%	23	20.4%	13.3%
Work Part-Time	10	13.2%	4	10.8%	14	12.4%	11.0%
Not Working	56	73.7%	20	54.1%	76	67.3%	75.6%
Total	**76**	**100.0%**	**37**	**100.0%**	**113**	**100.0%**	**100.0%**

In-Care n = 76; Out-of-Care n = 37; Combined In-Care/Out-of-Care n = 113

Of the 76 Hispanic/Latinos who were not working:

- 37% were on disability (below 45% of the total sample).
- 15% indicate their health precludes them from working even though they are not on disability.
- 28% were looking for jobs; 35% of whom were out-of-care compared to 25% of those in-care.

Table 4.59
Unemployed Status
Hispanic/Latino Men & Women

	In-Care		Out-of-Care		Total Hispanic		Total Sample
If You Are Not Working, Which Best Describes You?	**#**	**%**	**#**	**%**	**#**	**%**	**%**
I am a student	2	3.6%	0	0.0%	2	2.6%	3.4%
I am looking for a job	14	25.0%	7	35.0%	21	27.6%	23.0%
I am retired	6	10.7%	0	0.0%	6	7.9%	4.7%
I work as a volunteer	2	3.6%	0	0.0%	2	2.6%	3.2%
My health keeps me from working - I am not on disability	5	8.9%	6	30.0%	11	14.5%	14.8%
My health keeps me from working - I am on disability	21	37.5%	7	35.0%	28	36.8%	44.8%
Other	6	10.7%	0	0.0%	6	7.9%	6.1%
Total	**56**	**100.0%**	**20**	**100.0%**	**76**	**100.0%**	**100.0%**

In-Care n = 56; Out-of-Care n = 20; Combined In-Care/Out-of-Care n = 76

Income

Incomes for Hispanic/Latinos are lower than the total sample. Sixty-two percent of Hispanic/Latinos earn less than $950 a month compared to the total sample (68%).

- The total sample has a higher percentage earning more than $1,901 per month (9%) than Hispanic/Latinos (6%).

Table 4.60
Income
Hispanic/Latino Men & Women

	In-Care		Out-of-Care			Total Hispanic	Total Sample
Monthly Income	#	%	%	%	#	%	%
Less than $950	49	64.5%	21	56.8%	70	61.9%	68.1%
$950 - $1,900	23	30.3%	13	35.1%	36	31.9%	22.5%
$1,901 - $2,800	4	5.3%	2	5.4%	6	5.3%	6.7%
More than $2,800	0	0.0%	1	2.7%	1	0.9%	2.6%
Total	**76**	**100.0%**	**37**	**100.0%**	**113**	**100.0%**	**100.0%**

In-Care n = 76; Out-of-Care n = 37; Combined In-Care/Out-of-Care n = 113

Housing Situation

Over half (56%) of Hispanic/Latino men and women report living "in an apartment/house/mobile home that I own or rent in my own name."

- 19% have permanent residency, relative to 14% in total sample.
  - 16% in a parent or relative's home.
  - 3% in another person's apartment or home.
- 7% have a temporary residency situation, while 10% of the total sample has a temporary situation.
  - 3.5% in a parent or relative's home.
  - 3.5% in another person's apartment or home.
- Nearly 4% report homelessness, compared to 8% in the total survey.
  - 2% on the street or in a car.
  - 2% report living in a homeless shelter.
- 5% report living in an assisted living facility.

Table 4.61
Housing Situation
Hispanic/Latino Men & Women

	In-Care		Out-of-Care		Total Hispanic/Latino		Total Sample
Where do you live now? (check only one)	#	%	#	%	#	%	%
In an apartment/house/mobile home that I own or rent in my name	46	60.5%	17	45.9%	63	55.8%	52.2%
At my parent's or a relative's home-permanent	13	17.1%	5	13.5%	18	15.9%	8.3%
In a "supportive living" facility (Assisted Living Facility)	4	5.3%	2	5.4%	6	5.3%	7.3%
At another person's apartment/home-permanent	3	3.9%	0	0.0%	3	2.7%	5.9%

	In-Care		Out-of-Care		Total Hispanic/Latino		Total Sample
Where do you live now? (check only one)	**#**	**%**	**#**	**%**	**#**	**%**	**%**
At another person's apartment/home-temporary	0	0.0%	4	10.8%	4	3.5%	5.6%
At my parent's or a relative's home-temporary	1	1.3%	3	8.1%	4	3.5%	4.6%
Homeless (on the street or in car)	1	1.3%	1	2.7%	2	1.8%	4.0%
In a half-way house, transitional housing or treatment facility (drug or psychiatric)	3	3.9%	1	2.7%	4	3.5%	4.0%
Homeless Shelter	0	0.0%	2	5.4%	2	1.8%	3.6%
In a rooming or boarding house	2	2.6%	1	2.7%	3	2.7%	2.0%
Residential hospice facility or skilled nursing home	1	1.3%	0	0.0%	1	0.9%	0.1%
Domestic Violence Shelter	0	0.0%	0	0.0%	0	0.0%	0.0%
Other	2	2.6%	1	2.7%	3	2.7%	2.3%
Total	**76**	**100.0%**	**37**	**100.0%**	**113**	**100.0%**	**100.0%**
In-Care n = 76; Out-of-Care n = 37; Combined In-Care/Out-of-Care n = 113							

Substance Use and Mental Health Disorders

The consumer survey respondents were asked about current drug and alcohol use with the following results:

- Only four (4%) Hispanic respondents admitted to using IV drugs, with three being out-of-care.
- Nearly 65% refused to respond to the question compared to 60% of the total sample.

Table 4.62
Substance Abuse
Hispanic/Latino Men & Women

	In-Care		Out-of-Care		Total Hispanic		Total Sample
IV Drug Use in the Past Six Months	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Yes	1	1.3%	3	8.1%	4	3.5%	3.3%
No	25	32.9%	11	29.7%	36	31.9%	36.3%
No Response	50	65.8%	23	62.2%	73	64.6%	60.4%
Total	**76**	**100.0%**	**37**	**100.0%**	**113**	**100.0%**	**100.0%**
In-Care n = 76; Out-of-Care n = 37; Combined In-Care/Out-of-Care n = 113							

Consumers were asked about drug use in the last six months:

- 51% of Hispanic/Latino PLWH responded "Yes" to the use of alcohol or drugs compared to 56% overall.
- A higher percent (54%) of those using drugs or alcohol were out-of-care compared to in-care (50%).

Table 4.63
Substance Use in the Last 6 Months
Hispanic/Latino Men & Women

	In-Care		Out-of-Care		Total Hispanic		Total Sample
Substance Use	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Have Used Drugs or Alcohol in Past 6 Months	38	50.0%	20	54.1%	58	51.3%	56.2%
No Drugs Listed Used	38	50.0%	17	45.9%	55	48.7%	43.8%
Total	**76**	**100.0%**	**37**	**100.0%**	**113**	**100.0%**	**100.0%**
In-Care n = 76; Out-of-Care n = 37; Combined In-Care/Out-of-Care n = 113							

The most frequent substance used in the last six months was alcohol (74%) followed by marijuana (38%) and stimulants (24%).

- Alcohol use was mentioned more frequently by Hispanic/Latino respondents than by those in the total sample (74% vs 69%).
- A much higher percentage of out-of-care/returned to care respondents used stimulants (40%) compared to 16% of in-care respondents.
- Opioids and morphine were used by 15% of out-of-care respondents compared to 8% of in-care respondents.
- 13% of in-care respondents used depressants compared to only 5% of out-of-care respondents.

Table 4.64
Substance Use in the Last 6 Months
Hispanic/Latino Men & Women

	In-Care		Out-of-Care		Total Hispanic		Total Sample
Substance Use	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Alcohol	27	71.1%	16	80.0%	43	74.1%	69.1%
Marijuana	13	34.2%	9	45.0%	22	37.9%	46.4%
Depressants	5	13.2%	1	5.0%	6	10.3%	10.2%
Ketamine/PCP	0	0.0%	1	5.0%	1	1.7%	0.3%
Hallucinogens	0	0.0%	0	0.0%	0	0.0%	1.0%
Opioids and Morphine	3	7.9%	3	15.0%	6	10.3%	11.2%
Stimulants	6	15.8%	8	40.0%	14	24.1%	19.9%
Steroids not prescribed by your doctor	1	2.6%	0	0.0%	1	1.7%	0.8%
Prescription painkillers not prescribed by your doctor	2	5.3%	1	5.0%	3	5.2%	6.1%
Inhalants	1	2.6%	1	5.0%	2	3.4%	2.6%
In-Care n = 38; Out-of-Care n = 20; Combined In-Care/Out-of-Care n = 58							

Respondents who indicated they used alcohol were asked if they used alcohol more than three times a week.

- 35% responded positively, compared to 29% of the total sample.

Table 4.65
Alcohol Use
Hispanic/Latino Men & Women

	In-Care		Out-of-Care		Total Hispanic		Total Sample
Do you Drink Alcohol More Than 3 Times A Week?	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Yes	9	33.3%	6	37.5%	15	34.9%	29.2%
No	18	66.7%	10	62.5%	28	65.1%	70.8%
Total	**27**	**100.0%**	**16**	**100.0%**	**43**	**100.0%**	**100.0%**
In-Care n = 27; Out-of-Care n = 16; Combined In-Care/Out-of-Care n = 43							

Active substance abuse users were asked if they had thought about going to substance abuse treatment.

- 30% responded positively, slightly greater than the total sample (28%).
- More out-of-care respondents (50%) had thought about getting into care than in-care respondents (18%).

Table 4.66
Considering Treatment
Hispanic/Latino Men & Women

	In-Care		Out-of-Care		Total Hispanic		Total Sample
Have Thought About Seeking Substance Abuse Treatment	**#**	**%**	**%**	**%**	**#**	**%**	**%**
Yes	7	18.4%	10	50.0%	17	30.4%	28.4%
No	30	78.9%	9	45.0%	39	69.6%	71.6%
No Response	1	2.6%	1	5.0%	2	3.6%	1.3%
Total	**38**	**100.0%**	**20**	**100.0%**	**56**	**100.0%**	**100.0%**
In-Care n = 38; Out-of-Care n = 20; Combined In-Care/Out-of-Care n = 56							

Almost 25% of Hispanic/Latino consumer survey respondents were diagnosed with depression compared to 30% overall.

- A slightly higher proportion of out-of-care consumers reported depression (27%) than those in-care (24%).

Table 4.67
Depression Diagnosis
Hispanic/Latino Men & Women

	In-Care		Out-of-Care		Total Hispanic		Total Sample
Have You Received Medical Treatment for Depression in the Last 12 Months	**#**	**%**	**%**	**%**	**#**	**%**	**%**
Yes	18	23.7%	10	27.0%	28	24.8%	29.7%
No	58	76.3%	27	73.0%	85	75.2%	70.3%
Total	**76**	**100.0%**	**37**	**100.0%**	**113**	**100.0%**	**100.0%**

In-Care n = 76; Out-of-Care n = 37; Combined In-Care/Out-of-Care n = 113

DIAGNOSIS AND REFERRAL FOR CARE

Slight differences existed between diagnosis dates of Hispanic/Latino in-care and out-of-care/returned to care consumers, with out-of-care consumers being more recently diagnosed.

- More than 50% of consumers were diagnosed since 2005. This includes 65% of out-of-care consumers, and 44% of in-care consumers.
- Hispanic/Latino respondents tended to be diagnosed later than those of the total sample (50% vs. 47%).

Table 4.68
Year of Diagnosis
Hispanic/Latino Men & Women

	In-Care		Out-of-Care		Total Hispanic		Total Sample
Year Diagnosed with HIV	**#**	**%**	**%**	**%**	**#**	**%**	**%**
Before 1990	11	14.5%	2	5.4%	13	11.5%	11.8%
1990-1995	8	10.5%	4	10.8%	12	10.6%	12.9%
1996-1999	9	11.8%	3	8.1%	12	10.6%	11.3%
2000-2004	15	19.7%	4	10.8%	19	16.8%	16.5%
2005-2007	5	6.6%	3	8.1%	8	7.1%	9.0%
2008-2010	5	6.6%	6	16.2%	11	9.7%	11.8%
2011-2013	10	13.2%	9	24.3%	19	16.8%	11.6%
2014-2017	13	17.1%	5	13.5%	18	15.9%	14.1%
No Response or Unclear Response	0	0.0%	1	2.7%	1	0.9%	1.0%
Total	**76**	**100.0%**	**37**	**100.0%**	**113**	**100.0%**	**100.0%**

In-Care n = 76; Out-of-Care n = 37; Combined In-Care/Out-of-Care n = 113

Differences were found in how quickly in-care and out-of-care Hispanic/Latino consumers access medical care.

- The percentage of Hispanic/Latino respondents who reported seeing a doctor within three months exceeded the total sample (32% vs. 26%).
- 28% of in-care compared to 24% of out-of-care consumers reported seeing a doctor within one month.
- 40% of in-care Hispanic/Latinos compared to 16% of out-of-care Hispanic/Latinos reported seeing a doctor within three months.
- 16% of out-of-care compared to 11% of in-care Hispanic/Latinos reported seeing the doctor within 3-6 months of diagnosis.
- 41% of out-of-care compared to 22% of in-care consumers waited more than six months to see a doctor.

Table 4.69
Care After Diagnosis
Hispanic/Latino Men & Women

	In-Care		Out-of-Care		Total Hispanic		Total Sample
How Soon After Your Diagnosis Did You Go To See a Doctor About Your HIV?	**#**	**%**	**#**	**%**	**#**	**%**	**%**
In less than 1 month	21	27.6%	9	24.3%	30	26.5%	24.1%
In less than 3 months	30	39.5%	6	16.2%	36	31.9%	26.5%
Within 3 to 6 months	8	10.5%	6	16.2%	14	12.4%	16.6%
After more than 6 months	17	22.4%	15	40.5%	32	28.3%	28.8%
I have not received HIV medical care	0	0.0%	1	2.7%	1	0.9%	3.7%
No Response	0	0.0%	0	0.0%	0	0.0%	0.1%
Total	**76**	**100.0%**	**37**	**100.0%**	**113**	**100.0%**	**100.0%**

In-Care n = 76; Out-of-Care n = 37; Combined In-Care/Out-of-Care n = 113

ACCESS TO HIV CARE FOR THE INCARCERATED

Approximately 12% of Hispanic/Latino survey respondents were incarcerated for one month or more in the last 12 months. This was true for 12% of in-care consumers and 11% of out-of-care consumers.

Table 4.70
Incarceration
Hispanic/Latino Men & Women

	In-Care		Out-of-Care		Total Hispanic		Total Sample
Have you been In Jail or Prison for more than 1 month in the last 2 years?	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Yes	9	11.8%	4	10.8%	13	11.5%	12.5%
No	67	88.2%	33	89.2%	100	88.5%	87.5%
Total	**76**	**100.0%**	**37**	**100.0%**	**113**	**100.0%**	**100.0%**
In-Care n = 76; Out-of-Care n = 37; Combined In-Care/Out-of-Care n = 113							

- 92% of in-care Hispanic/Latino consumers received care while in prison compared to 81% in the sample.
- 100% of out-of-care respondents received HIV medical care while in jail or prison. However, the small number of responses to this question (4) precludes generalization.

Table 4.71
HIV Care While Incarcerated
Hispanic/Latino Men & Women

	In-Care		Out-of-Care		Total Hispanic		Total Sample
Did you receive HIV Medical Care While in Jail or Prison?	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Yes	8	88.9%	4	100.0%	12	92.3%	80.5%
No	1	11.1%	0	0.0%	1	7.7%	19.5%
Total	**9**	**100.0%**	**4**	**100.0%**	**13**	**100.0%**	**100.0%**
In-Care n = 9; Out-of-Care n = 4; Combined In-Care/Out-of-Care n = 13							

Previously incarcerated Hispanic/Latinos provided several reasons for not seeking care after their release. These included:

- "Afraid to tell others, I am HIV+."
- "Could not find a place to live."
- "Did not know where to go for medical care."

It should be noted that the small number of respondents preclude generalization of these responses.

Table 4.72
HIV Care After Incarceration
Hispanic/Latino Men & Women

	In-Care		Out-of-Care		Total Hispanic		Total Sample
After you were released, did any of the following stop you from getting HIV care? (Check all that apply)	**#**	**%**	**%**	**%**	**#**	**%**	**%**
Afraid to tell others I am HIV positive	3	33.3%	1	25.0%	4	30.8%	20.7%
Could not find a place to live	2	22.2%	1	25.0%	3	23.1%	13.8%
Did not know where to go for medical care	2	22.2%	1	25.0%	3	23.1%	12.6%
Did not know where to go for an intake or to get case management	0	0.0%	1	25.0%	1	7.7%	10.3%
Could not stop using drugs and/or alcohol	1	11.1%	1	25.0%	2	15.4%	10.3%
Fear of discrimination, harassment, denial of service, or violence	1	11.1%	1	25.0%	2	15.4%	5.7%
None of the above	5	55.6%	1	25.0%	6	46.2%	49.4%
In-Care n = 9; Out-of-Care n = 4; Combined In-Care/Out-of-Care n = 13							

BARRIERS TO CARE

In-Care

Fifty-nine percent of in-care Hispanic/Latinos did not find it hard to get care compared to 57% of the total sample of consumers. The predominant barriers noted were:

- The amount of time it takes at the clinic (15%).
- Paperwork needed (11%).
- Not having transportation (11%).

The rank order of responses is similar to those provided by the total in-care sample.

Table 4.73
HIV Medical Care Potential Problems
Hispanic/Latino Men & Women
In-Care

In the past year, why was it hard for you to get HIV medical care? (Check all that apply)	Hispanic In-Care		Total In-Care Sample
	%	%	%
It was not hard to get medical care	45	59.2%	56.5%
Amount of time it takes at the clinic	11	14.5%	15.1%
Paperwork needed	8	10.5%	12.9%
I do not have transportation so it's hard to get there	8	10.5%	12.0%
I cannot afford the co-pays, deductibles, and other costs of treatments and medicines	7	9.2%	9.4%
Sometimes I do not feel well enough to go to my appointment	7	9.2%	9.0%
Other	7	9.2%	8.8%
No weekend hours	6	7.9%	7.4%
I have to miss work to go to medical appointments	6	7.9%	7.2%
The time it takes to get an appointment	4	5.3%	5.7%
No evening hours (after 5 pm)	4	5.3%	4.8%
The clinic only treats HIV and no other medical conditions	3	3.9%	3.7%
The staff does not understand my culture	3	3.9%	2.6%
I do not feel mentally able to deal with the treatment	2	2.6%	1.8%
I am afraid of being seen at the clinic	1	1.3%	1.1%
The staff does not speak my language	1	1.3%	0.4%
It is too hard to follow the medical advice	0	0.0%	0.2%
I am in a domestic violence/sexual assault situation	0	0.0%	0.2%

Thirty-eight percent of out-of-care Hispanic/Latino respondents also indicated it was not hard to get care. For those who did find it hard, the following barriers were noted:

- 38% cited stated it was not hard getting medical care.
- 30% cited the paperwork needed.
- 19% cited the amount of time it takes at the clinic.
- 19% cited the unaffordability of co-pays, deductibles, and other costs of treatments and medicines.
- 19% cited transportation as a barrier.

Table 4.74
HIV Medical Care Potential Problems
Hispanic/Latino Men & Women
Out-of-Care

In the past year, why was it hard for you to get HIV medical care? (Check all that apply)	Hispanic Out-of-Care		Total Out-of-Care Sample
	#	%	%
It was not hard to get medical care	14	37.8%	35.4%
Paperwork needed	11	29.7%	20.8%
Amount of time it takes at the clinic	7	18.9%	20.4%
I do not have transportation so it's hard to get there	7	18.9%	15.8%
I cannot afford the co-pays, deductibles, and other costs of treatments and medicines	7	18.9%	15.8%
No evening hours (after 5 pm)	6	16.2%	14.6%
No weekend hours	5	13.5%	11.7%
The time it takes to get an appointment	4	10.8%	10.8%
Sometimes I do not feel well enough to go to my appointment	4	10.8%	10.4%
I am afraid of being seen at the clinic	4	10.8%	10.0%
I do not feel mentally able to deal with the treatment	4	10.8%	9.2%
It is too hard to follow the medical advice	4	10.8%	7.9%
I have to miss work to go to medical appointments	3	8.1%	7.9%
The clinic only treats HIV and no other medical conditions	2	5.4%	6.3%
The staff does not speak my language	2	5.4%	4.6%
Other	2	5.4%	3.3%
The staff does not understand my culture	1	2.7%	1.3%
I am in a domestic violence/sexual assault situation	1	2.7%	0.8%

In-Care n = 76; Out-of-Care n = 37; Combined In-Care/Out-of-Care n = 113

Twenty-six Hispanic/Latinos who were out-of-care during the last 12 months were asked to provide reasons for not being in care. Less than five respondents answered this questions, thereby precluding generalization or comparison with the total sample.

The most common reasons for not being in care were:

- "I did not feel sick".
- "I do not want to think about being HIV+".

Table 4.75
Why Are You Not Getting HIV Medical Care?
Hispanic/Latino Men & Women
Out-of-Care

Why are you not getting HIV medical care? (Check all that apply)	Hispanic Out-of-Care		Total Sample Out-of-Care
	#	%	%
I do not feel sick	1	1.8%	59.6%
I do not need or want medical care	0	0.0%	10.5%
I do not want to think about being HIV positive	1	1.8%	29.8%
I am afraid to get medical care	0	0.0%	10.5%
It is too much trouble	0	0.0%	17.5%
I do not want to take medicines	0	0.0%	28.1%
Too much paperwork is needed	0	0.0%	8.8%
I am afraid to be seen at the clinic	0	0.0%	17.5%
The appointments cause problems with my job	0	0.0%	3.5%
The clinic asks too many personal questions	0	0.0%	12.3%
I do not like the physical exam	0	0.0%	0.0%
I use drugs or alcohol	0	0.0%	15.8%
It is hard to get there (transportation)	0	0.0%	17.5%
Long waiting time to get an appointment	0	0.0%	8.8%
I do not have needed identification (ID)/my ID does not match who I am	0	0.0%	3.5%
Services are not in my language	0	0.0%	0.0%
I do not have legal status in the U.S.	0	0.0%	0.0%
I do not have money to pay	0	0.0%	22.8%
Other	1	1.8%	12.3%
Out-of-Care n = 57 (Answered No to Q4, Q5 AND Q6)			

Reasons for Dropping Out-of-Care

The most frequent reason all out-of-care Hispanic/Latinos give for not receiving medical was "It was hard to get appointments".

- A total of 31% were using drugs or alcohol (19% drugs and 12% alcohol).
- 35% found it difficult to keep appointments
- 27% were tired of taking medicine.
- 27% needed a break.

Table 4.76
Reasons for Dropping Out-of-Care
Hispanic/Latino Men & Women
Out-of-Care

In the past year, why was it hard for you to get HIV medical care? (Check all that apply)	Hispanic Out-of-Care		Total Sample Out-of-Care
	#	%	%
It was hard to keep appointments	9	34.6%	32.3%
I was tired of taking medicines	7	26.9%	26.3%
I did not have money	6	23.1%	24.6%
I needed a break	7	26.9%	19.8%
I was tired of going to the clinic	5	19.2%	18.6%
I was using drugs	5	19.2%	28.1%
I did not feel sick	5	19.2%	26.9%
It was hard to get to the clinic (transportation)	5	19.2%	16.8%
I was using alcohol	3	11.5%	13.8%
The appointments took too long	3	11.5%	12.6%
I did not need or want medical care	2	7.7%	11.4%
I moved and did not know where to go	2	7.7%	11.4%
Other	1	3.8%	18.0%
The staff does not understand my culture	1	3.8%	5.4%
Staff does not understand my language	1	3.8%	1.8%
Out-of-Care n = 26			

SERVICE NEEDS

Hispanic/Latinos' most frequently identified service needs range from dental care visits to employment services. The top needs include:

- Dental visits
- Food bank
- HIV outpatient medical care
- Help paying for prescriptions/medications
- Emergency financial assistance for rent/mortgage or utilities
- Emergency long term rental assistance
- Medical care from a specialist
- Transportation
- Primary medical care unrelated to HIV
- Employment services

In-care Hispanic/Latinos included one different service in their top 10 service needs:

- Nutritional Counseling.

Out-of-care Hispanic/Latinos included one different service in their top 10 service needs:

- Help paying for co-pays and deductibles for HIV medical care visits and medications.

Table 4.77
Service Needs
Hispanic/Latino Men & Women

	In-Care		Out-of-Care		Total	
From the list below, check the 5 services you need the most:	#	%	#	%	#	%
Dental Visits	52	68.4%	22	59.5%	74	65.5%
Food Bank	40	52.6%	15	40.5%	55	48.7%
HIV Outpatient Medical Care	29	38.2%	14	37.8%	43	38.1%
Help paying for prescription medicines	25	32.9%	10	27.0%	35	31.0%
Emergency Financial Assistance for Rent/Mortgage or Utilities	17	22.4%	13	35.1%	30	26.5%
Medical Care from a Specialist referred by your HIV medical provider	19	25.0%	7	18.9%	26	23.0%
Transportation to Medical Care—Bus Pass/Van Service	13	17.1%	13	35.1%	26	23.0%
Emergency Long-Term Rental Assistance (Voucher)	19	25.0%	7	18.9%	26	23.0%
Primary Medical Care for general medical care not related to HIV	18	23.7%	7	18.9%	25	22.1%
Employment Services	15	19.7%	4	10.8%	19	16.8%
Help paying for co-pays and deductibles for HIV medical care visits and medications	11	14.5%	7	18.9%	18	15.9%
Non-Medical Case Management	12	15.8%	6	16.2%	18	15.9%
Nutritional Counseling	14	18.4%	4	10.8%	18	15.9%
Medical Case Management	11	14.5%	4	10.8%	15	13.3%
Legal Services to help you work through a problem obtaining services/benefits, outline advance directives or establish guardianships	9	11.8%	6	16.2%	15	13.3%
Transportation to Other Services	7	9.2%	5	13.5%	12	10.6%
Mental Health Counseling	7	9.2%	3	8.1%	10	8.8%
Education Services	3	3.9%	6	16.2%	9	8.0%
Translation or Interpretation	7	9.2%	2	5.4%	9	8.0%
Job Training Services	5	6.6%	3	8.1%	8	7.1%
Facility Based Housing (Assisted Living Facility)	4	5.3%	4	10.8%	8	7.1%
If you have health insurance, help with continuing this insurance	4	5.3%	2	5.4%	6	5.3%
Early Intervention to help you get into HIV medical care	3	3.9%	1	2.7%	4	3.5%
Outpatient Substance Abuse Treatment	1	1.3%	2	5.4%	3	2.7%
Respite Care for Adults (Activities during day)	1	1.3%	2	5.4%	3	2.7%
Child Care while at a medical or other	2	2.6%	0	0.0%	2	1.8%
Respite Care for HIV positive children	0	0.0%	0	0.0%	0	0.0%
In-Care n = 76; Out-of-Care n = 37; Combined In-Care/Out-of-Care n = 113						

KEY INFORMANT INTERVIEWS

The comments presented below represent the beliefs, opinions and experiences of the participants.

Key informants spoke of the issues surrounding the undocumented status of some Hispanic/Latino consumers and the need to focus on the family dynamics. Specific issues are outlined below.

Immigration

- *Security and fear of prosecution need to be relieved . . . the creation of a safe haven if one is going in for the prevention services and they are expected to engage in the continuum of care.*
- *Immigration barriers.*

Family-Focused Care

- *They have a focus on family, and so incorporating some degree of focus on family would be a unique need for that population.*
- *Lots of myths around HIV risks and definitely a lot of stigma that builds around the dynamic of family.*
- *More emphasis on overall health, women's health, and family health, and at the same time let them know about HIV testing.*

Other Needs

- *Education and information.*
- *Cultural barriers around language and bigger barriers around familiarity with the system of health care service delivery.*
- *Language services and the locations being accessible to their neighborhoods. We must be part of the community to dissolve the stigma associated with HIV.*
- *There needs to be more lay health care workers, peer support.*

FOCUS GROUP

The comments presented below represent the beliefs, opinions and experiences of the participants.

- *The front lines are not reflective of the people who are needing services.*
- *Females often want to talk to other females so they can relate more easily.*
- *Latinos are scared to get tested because they are undocumented, and afraid if they come back positive they will be deported.*
- *We need more bilingual staff in the HIV community because there is a lot of need in Latino communities with HIV testing, treatment and awareness that is not getting through because of the language barrier.*

RECOMMENDATIONS

1. Ensure that Ryan White-funded providers maintain adequate numbers of bilingual direct care staff, and that all staff receive annual in-service training in cultural competence.

2. Ensure that continued education and outreach is made in Hispanic/Latino communities to reach those at high risk.

3. Encourage collaboration with CBOs that serve large numbers of Hispanic/Latino clients in outreach efforts with this community.

MEN WHO HAVE SEX WITH MEN (MSM)

The consumer survey included 349 men who identify having sex with men (MSM) as their mode of HIV transmission. This is 50% of all consumer survey responses.

A similar percentage of MSM were out-of-care as compared to the overall survey sample.

- Specifically, 38% of MSM were out-of-care compared to 34% of all respondents.

RESPONDENT OVERVIEW

Demographics

MSM were predominantly Black, African-American as reflected in the total sample as well. White/Caucasian, Hispanic/Latino and Multi-Race comprised approximately the same proportion collectively as Black/African-American MSM.

- 48% of MSM were Black/African-American with a larger percentage out-of-care (51%) than in-care (46%).
- White/Caucasians comprised 33% of MSM, with similar in-care (33%) and out-of-care (32%) percentages.
- Hispanics were 16% of MSM, with 18% in-care and 14% out-of-care.

Table 4.78
Race/Ethnicity
MSM

	In-Care		Out-of-Care		Total	MSM	Total Sample
Race/Ethnicity	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Black/African-American	99	45.8%	68	51.1%	167	47.9%	55.5%
White/Caucasian	72	33.3%	42	31.6%	114	32.7%	24.7%
Hispanic/Latino (of any Race)	38	17.6%	18	13.5%	56	16.0%	16.2%
Multi-Racial	2	0.9%	4	3.0%	6	1.7%	2.0%
Native American	1	0.5%	0	0.0%	1	0.3%	0.4%
Asian	2	0.9%	0	0.0%	2	0.6%	0.4%
Other Race/Ethnicity	2	0.9%	1	0.8%	3	0.9%	0.7%
Total	**216**	**100.0%**	**133**	**100.0%**	**349**	**100.0%**	**100.0%**
In-Care n = 216; Out-of-Care n = 133; Combined In-Care/Out-of-Care n = 349							

The age ranges of MSM respondents were similar but slightly younger than those for the overall survey sample.

- 4% were youths ages 13–24 compared to 3% in the total sample.
- 22% were 25-34 years old compared to 16% in the total sample.
- 18% of MSM and 20% of the total sample were between 35-44 years old.

- 28% of MSM and 29% of the total sample were between 45 and 54 years old.

Table 4.79
Age
MSM

	In-Care		Out-of-Care		Total MSM		Total Sample
Age Cohort	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Age 13-24	3	1.4%	11	8.3%	14	4.0%	3.2%
Age 25-34	37	17.1%	41	30.8%	78	22.3%	16.2%
Age 35-44	36	16.7%	27	20.3%	63	18.1%	19.9%
Age 45-54	64	29.6%	35	26.3%	99	28.4%	30.4%
Age 55+	74	34.3%	17	12.8%	91	26.1%	28.1%
Age Not Reported	2	0.9%	2	1.5%	4	1.1%	2.2%
Total	**216**	**100.0%**	**133**	**100.0%**	**349**	**100.0%**	**100.0%**
In-Care n = 216; Out-of-Care n = 133; Combined In-Care/Out-of-Care n = 349							

County of Residence

MSM survey respondents were almost entirely from Dallas County. Collin, Cooke, Denton, Ellis, Fannin, Grayson, and Hunt Collin Counties were also represented.

- Collin, Grayson, and Denton had 10 or more respondents from the MSM community.

Table 4.80
County of Residence
MSM

	In-Care		Out-of-Care		Total MSM		Total Sample
County	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Collin	6	2.8%	4	3.0%	10	2.9%	3.4%
Cooke	2	0.9%	0	0.0%	2	0.6%	0.4%
Dallas	180	83.3%	110	82.7%	290	83.1%	83.1%
Denton	19	8.8%	14	10.5%	33	9.5%	9.5%
Ellis	0	0.0%	1	0.8%	1	0.3%	0.1%
Fannin	1	0.5%	0	0.0%	1	0.3%	0.1%
Grayson	7	3.2%	4	3.0%	11	3.2%	3.2%
Henderson	0	0.0%	0	0.0%	0	0.0%	0.0%
Hunt	1	0.5%	0	0.0%	1	0.3%	0.1%
Kaufman	0	0.0%	0	0.0%	0	0.0%	0.0%
Navarro	0	0.0%	0	0.0%	0	0.0%	0.0%
Rockwall	0	0.0%	0	0.0%	0	0.0%	0.0%
Total	**216**	**100.0%**	**133**	**100.0%**	**349**	**100.0%**	**100.0%**
In-Care n = 216; Out-of-Care n = 133; Combined In-Care/Out-of-Care n = 349							

Educational Attainment

More than half of MSM respondents graduated high school, technical or trade school. In-care MSM were somewhat better educated than out-of-care MSM. Likewise, educational attainment of in-care and out-of-care MSM was slightly higher to that of the total survey sample.

- A smaller percentage of MSM did not graduate high school (9%) than the overall sample (16%).
- 17% of MSM completed college or had some graduate education, compared to 14% of the total sample have.

Table 4.81
Educational Attainment
MSM

	In-Care		Out-of-Care		Total MSM		Total Sample
Educational Attainment	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Eighth Grade or Less	4	1.9%	1	0.8%	5	1.4%	3.3%
Some High School	14	6.5%	14	10.5%	28	8.0%	12.9%
High School Graduate/GED	69	31.9%	41	30.8%	110	31.5%	34.9%
Technical or Trade School	8	3.7%	10	7.5%	18	5.2%	4.9%
Some College	78	36.1%	47	35.3%	125	35.8%	28.8%
Completed College	32	14.8%	12	9.0%	44	12.6%	10.3%
Graduate Education	10	4.6%	6	4.5%	16	4.6%	4.0%
Other	1	0.5%	2	1.5%	3	0.9%	0.9%
Total	**216**	**100.0%**	**133**	**100.0%**	**349**	**100.0%**	**100.0%**

In-Care n = 216; Out-of-Care n = 133; Combined In-Care/Out-of-Care n = 349

Military Service

Only 5% of MSM respondents served in the military, comparable to the total sample. Similar percentages were reported for in-care and out-of-care.

Table 4.82
Military Service
MSM

	In-Care		Out-of-Care		Total MSM		Total Sample
Served in Military	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Yes	10	4.6%	6	4.5%	16	4.6%	5.9%
No	205	94.9%	127	95.5%	332	95.1%	93.5%
Do Not Want To Say	1	0.5%	0	0.0%	1	0.3%	0.6%
Total	**216**	**100.0%**	**133**	**100.0%**	**349**	**100.0%**	**100.0%**

In-Care n = 216; Out-of-Care n = 133; Combined In-Care/Out-of-Care n = 349

Employment Status

MSM reported slightly higher percentages of full and part-time employment than that of the total sample.

- 73% of MSM were not working compared to 76% of the total sample.

Table 4.83
Employment Status
MSM

	In-Care		Out-of-Care		Total MSM		Total Sample
Employment Status	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Work Full-Time	29	13.4%	23	17.3%	52	14.9%	13.3%
Work Part-Time	21	9.7%	21	15.8%	42	12.0%	11.0%
Not Working	166	76.9%	89	66.9%	255	73.1%	75.6%
Total	**216**	**100.0%**	**133**	**100.0%**	**349**	**100.0%**	**100.0%**
In-Care n = 216; Out-of-Care n = 133; Combined In-Care/Out-of-Care n = 349							

Of the 255 MSM who are not working:

- 45% are on disability, similar to the 45% of the total sample.
- 12% indicate their health precludes them from working even though they are not on disability.
- 28% are looking for employment; 38% of whom are out-of-care compared to 22% of those in-care.

Table 4.84
Unemployment Status
MSM

	In-Care		Out-of-Care			Total MSM	Total Sample
If You Are Not Working, Which Best Describes You?	**#**	**%**	**#**	**%**	**#**	**%**	**%**
I am a student	4	2.4%	3	3.4%	7	2.7%	3.4%
I am looking for a job	36	21.7%	34	38.2%	70	27.5%	23.0%
I am retired	10	6.0%	1	1.1%	11	4.3%	4.7%
I work as a volunteer	4	2.4%	5	5.6%	9	3.5%	3.2%
My health keeps me from working - I am not on disability	21	12.7%	10	11.2%	31	12.2%	14.8%
My health keeps me from working - I am on disability	85	51.2%	30	33.7%	115	45.1%	44.8%
Other	6	3.6%	6	6.7%	12	4.7%	6.1%
Total	**166**	**100.0%**	**89**	**100.0%**	**255**	**100.0%**	**100.0%**
In-Care n = 166; Out-of-Care n = 89; Combined In-Care/Out-of-Care n = 255							

Income

MSM incomes were somewhat higher than those in the total sample.

- 63% of MSM earn less than $950 a month compared to the total sample (68%).
- 13% of MSM earn more than $1,901 per month compared to 9% of the all respondents.

Table 4.85
Income
MSM

	In-Care		Out-of-Care			Total MSM	Total Sample
Monthly Income	#	%	#	%	#	%	%
Less than $950	124	57.4%	94	70.7%	218	62.5%	68.1%
$950 - $1,900	61	28.2%	25	18.8%	86	24.6%	22.5%
$1,901 - $2,800	26	12.0%	10	7.5%	36	10.3%	6.7%
More than $2,800	5	2.3%	4	3.0%	9	2.6%	2.6%
Total	**216**	**100.0%**	**133**	**100.0%**	**349**	**100.0%**	**100.0%**
In-Care n = 216; Out-of-Care n = 133; Combined In-Care/Out-of-Care n = 349							

Housing Situation

While the majority of MSM (54%) report living "in an apartment/house/mobile home that I own or rent in my name", there is variation among the remainder of this population.

- 15% have permanent residency, compared to 14% of the total sample.
  - 9% in a parent or relative's home.
  - 6% in another person's apartment or home.
- 12% have a temporary residency situation, compared to 10% of the total sample.
  - 7% in a parent or relative's home.
  - 5% in another person's apartment or home.
- Nearly 7% report homelessness, similar to 8% in the total survey.
  - 5% on the street or in a car.
  - 2% report living in a homeless shelter.

Table 4.86
Housing Situation
MSM

	In-Care		Out-of-Care		Total		Total Sample
Where do you live now? (check only one)	**#**	**%**	**#**	**%**	**#**	**%**	
In an apartment/house/mobile home that I own or rent in my name	131	60.6%	56	42.1%	187	53.6%	52.2%
At my parent's or a relative's home-permanent	19	8.8%	11	8.3%	30	8.6%	8.3%
In a "supportive living" facility (Assisted Living Facility)	9	4.2%	10	7.5%	19	5.4%	7.3%
At another person's apartment/home-permanent	10	4.6%	12	9.0%	22	6.3%	5.9%
At another person's apartment/home-temporary	9	4.2%	15	11.3%	24	6.9%	5.6%
At my parent's or a relative's home-temporary	10	4.6%	8	6.0%	18	5.2%	4.6%
Homeless (on the street or in car)	8	3.7%	8	6.0%	16	4.6%	4.0%
In a half-way house, transitional housing or treatment facility (drug or psychiatric)	9	4.2%	5	3.8%	14	4.0%	4.0%
Homeless Shelter	5	2.3%	2	1.5%	7	2.0%	3.6%
In a rooming or boarding house	2	0.9%	3	2.3%	5	1.4%	2.0%
Residential hospice facility or skilled nursing home	1	0.5%	0	0.0%	1	0.3%	0.1%
Domestic Violence Shelter	0	0.0%	0	0.0%	0	0.0%	0.0%
Other	3	1.4%	3	2.3%	6	1.7%	2.3%
Total	**216**	**100.0%**	**133**	**100.0%**	**349**	**100.0%**	**100.0%**
In-Care n = 216; Out-of-Care n = 133; Combined In-Care/Out-of-Care n = 349							

Substance Use and Mental Health Disorders

Consumers were asked about drug use in the last six months and responded as follows.

- With regard to the use of alcohol or drugs, 63% of MSM responded "Yes."
  - A higher percent (70%) of those using drugs or alcohol were out-of-care compared to in-care (59%).

Table 4.87
Substance Use in the Last 6 Months
MSM

	In-Care		Out-of-Care		Total MSM		Total Sample
Substance Use	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Have Used Drugs or Alcohol in Past 6 Months	127	58.8%	93	69.9%	220	63.0%	56.2%
No Drugs Listed Used	89	41.2%	40	30.1%	129	37.0%	43.8%
Total	**216**	**100.0%**	**133**	**100.0%**	**349**	**100.0%**	**100.0%**
In-Care n = 216; Out-of-Care n = 133; Combined In-Care/Out-of-Care n = 349							

The survey asked about injecting (IV) drug use with the following results.

- Over 4% of MSM respondents admitted to injecting drugs, one percentage point above the overall survey sample results.
- Nearly 8% of out-of-care MSM reported IV drug use.
- Nearly 58% refused to respond to the question.

Table 4.88
IV Drug Use
MSM

	In-Care		Out-of-Care		Total MSM		Total Sample
IV Drug Use	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Yes	5	2.3%	10	7.5%	15	4.3%	3.3%
No	88	40.7%	45	33.8%	133	38.1%	36.3%
No Response	123	56.9%	78	58.6%	201	57.6%	60.4%
Total	**216**	**100.0%**	**133**	**100.0%**	**349**	**100.0%**	**100.0%**
In-Care n = 216; Out-of-Care n = 133; Combined In-Care/Out-of-Care n = 349							

When asked about recent substance use, most frequent substance used among MSM was alcohol (74%) followed by marijuana (49%) and stimulants (23%). In nearly every case, MSM usage was proportionately greater than the total sample.

- A higher percentage of out-of-care respondents used stimulants (26%) compared to 21% of in-care respondents.
- Opioids and morphine were used by 12% of in-care respondents compared to 7% of out-of-care respondents.
- 11% of in-care respondents used depressants compared to 9% of out-of-care respondents.

Table 4.89
Substance Use in the Last 6 Months
MSM

	In-Care		Out-of-Care			Total MSM	Total Sample
Substance Use	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Alcohol	90	70.9%	73	78.5%	163	74.1%	69.1%
Marijuana	52	40.9%	55	59.1%	107	48.6%	46.4%
Depressants	14	11.0%	8	8.6%	22	10.0%	10.2%
Ketamine/PCP	0	0.0%	0	0.0%	0	0.0%	0.3%
Hallucinogens	0	0.0%	2	2.2%	2	0.9%	1.0%
Opioids and Morphine	15	11.8%	6	6.5%	21	9.5%	11.2%
Stimulants	27	21.3%	24	25.8%	51	23.2%	19.9%
Steroids not prescribed by your doctor	0	0.0%	0	0.0%	0	0.0%	0.8%

	In-Care		Out-of-Care			Total MSM	Total Sample
Substance Use	#	%	#	%	#	%	%
Prescription painkillers not prescribed by your doctor	7	5.5%	7	7.5%	14	6.4%	6.1%
Inhalants	1	0.8%	5	5.4%	6	2.7%	2.6%
In-Care n = 127; Out-of-Care n = 93; Combined In-Care/Out-of-Care n = 220. Respondents were permitted to choose more than one.							

MSM respondents who indicated they used alcohol were asked if they used it more than three times a week.

- 34% responded positively, which is higher than the percentage reported by all sample respondents (29%).

Table 4.90
Alcohol Use
MSM

Do you Drink Alcohol More Than 3 Times A Week?	In-Care		Out-of-Care			Total MSM	Total Sample
	#	%	#	%	#	%	%
Yes	24	26.7%	32	43.8%	56	34.4%	29.2%
No	66	73.3%	41	56.2%	107	65.6%	70.8%
Total	**90**	**100.0%**	**73**	**100.0%**	**163**	**100.0%**	**100.0%**
In-Care n = 90; Out-of-Care n = 73; Combined In-Care/Out-of-Care n = 163							

Active substance abuse users were asked if they had thought about going to substance abuse treatment.

- 28% responded positively.
- More out-of-care respondents (36%) had thought about getting into care than in-care respondents (22%).

Table 4.91
Considering Treatment
MSM

	In-Care		Out-of-Care		Total MSM		Total Sample
Have Thought About Seeking Substance Abuse Treatment	#	%	#	%	#	%	%
Yes	28	22.0%	33	35.5%	61	27.7%	28.4%
No	97	76.4%	57	61.3%	154	70.0%	71.6%
No Response	2	1.6%	3	3.2%	5	2.3%	1.3%
Total	**127**	**100.0%**	**93**	**100.0%**	**220**	**100.0%**	**100.0%**
In-Care n = 127; Out-of-Care n = 93; Combined In-Care/Out-of-Care n = 220							

Almost 29% of MSM consumer survey respondents had been diagnosed with depression.

- A slightly higher proportion of in-care consumers reported depression (31%) than those out-of-care (26%).

Table 4.92
Depression Diagnosis
MSM

Have You Received Medical Treatment for Depression in the Last 12 Months	In-Care		Out-of-Care		Total MSM		Total Sample
	#	%	#	%	#	%	%
Yes	66	30.6%	34	25.6%	100	28.7%	29.7%
No	150	69.4%	99	74.4%	249	71.3%	70.3%
Total	**216**	**100.0%**	**133**	**100.0%**	**349**	**100.0%**	**100.0%**
In-Care n = 216; Out-of-Care n = 133; Combined In-Care/Out-of-Care n = 349							

DIAGNOSIS AND REFERRAL FOR CARE

MSM respondents reported slightly higher percentages of long-term survivorship and smaller percentages of recent diagnosis than the overall sample.

- 30% of MSM were diagnosed before 1995 compared to 25% for overall respondents.
- MSM diagnosed after 2010 represent 30% of respondents, while 26% of the total sample was diagnosed after 2010.

Table 4.93
Year of Diagnosis
MSM

Year Diagnosed with HIV	In-Care		Out-of-Care		Total MSM		Total Sample
	#	%	#	%	#	%	%
Before 1990	41	19.0%	11	8.3%	52	14.9%	11.8%
1990-1995	38	17.6%	13	9.8%	51	14.6%	12.9%
1996-1999	17	7.9%	9	6.8%	26	7.4%	11.3%
2000-2004	27	12.5%	16	12.0%	43	12.3%	16.5%
2005-2007	15	6.9%	17	12.8%	32	9.2%	9.0%
2008-2010	25	11.6%	14	10.5%	39	11.2%	11.8%
2011-2013	21	9.7%	23	17.3%	44	12.6%	11.6%
2014-2017	29	13.4%	30	22.6%	59	16.9%	14.1%
No Response or Unclear Response	3	1.4%	0	0.0%	3	0.9%	1.0%
Total	**216**	**100.0%**	**133**	**100.0%**	**349**	**100.0%**	**100.0%**
In-Care n = 216; Out-of-Care n = 133; Combined In-Care/Out-of-Care n = 349							

Differences existed in how quickly in-care and out-of-care MSM consumers access medical care.

- 24% of in-care compared to 19% of out-of-care consumers reported seeing a doctor within one month.
- 29% of in-care MSM compared to 18% of out-of-care MSM reported seeing a doctor within three months.
- 16% of in-care compared to 17% of out-of-care MSM reported seeing the doctor within 3-6 months of diagnosis.
- 31% of in-care compared to 35% of out-of-care consumers waited more than six months to see a doctor.

Table 4.94
Care After Diagnosis
MSM

How Soon After Your Diagnosis Did You Go to See a Doctor About Your HIV?	In-Care		Out-of-Care		Total MSM		Total Sample
	#	%	#	%	#	%	%
In less than 1 month	52	24.1%	25	18.8%	77	22.1%	24.1%
In less than 3 months	63	29.2%	24	18.0%	87	24.9%	26.5%
Within 3 to 6 months	35	16.2%	23	17.3%	58	16.6%	16.6%
After more than 6 months	66	30.6%	46	34.6%	112	32.1%	28.8%
I have not received HIV medical care	0	0.0%	14	10.5%	14	4.0%	3.7%
No Response	0	0.0%	1	0.8%	1	0.3%	0.1%
Total	**216**	**100.0%**	**133**	**100.0%**	**349**	**100.0%**	**100.0%**
In-Care n = 216; Out-of-Care n = 133; Combined In-Care/Out-of-Care n = 349							

ACCESS TO HIV CARE FOR THE INCARCERATED

Approximately 12% of MSM survey respondents were incarcerated for one month or more in the last 12 months. This was true for 14% of out-of-care consumers and 12% of in-care consumers.

Table 4.95
Incarceration
MSM

Have you been In Jail or Prison for more than 1 month in the last 2 years?	In-Care		Out-of-Care		Total MSM		Total Sample
	#	%	#	%	#	%	%
Yes	25	11.6%	18	13.5%	43	12.3%	12.5%
No	191	88.4%	115	86.5%	306	87.7%	87.5%
Total	**216**	**100.0%**	**133**	**100.0%**	**349**	**100.0%**	**100.0%**
In-Care n = 216; Out-of-Care n = 133; Combined In-Care/Out-of-Care n = 349							

Seventy-six percent of in-care MSM consumers received care while in prison compared to 67% of out-of-care respondents.

- This compares to 80% of in-care consumers in the total sample who received HIV medical care while in jail or prison, and 73% of out-of-care who received care in prison.

Table 4.96
HIV Care While Incarcerated
MSM

Did you receive HIV Medical Care While in Jail or Prison?	In-Care		Out-of-Care		Total MSM		Total Sample
	#	%	#	%	#	%	%
Yes	19	76.0%	12	66.7%	31	72.1%	80.5%
No	6	24.0%	6	33.3%	12	27.9%	19.5%
Total	**25**	**100.0%**	**18**	**100.0%**	**43**	**100.0%**	**100.0%**
In-Care n = 25; Out-of-Care n = 18; Combined In-Care/Out-of-Care n = 43							

Previously incarcerated MSM provided a number of reasons for not seeking care after their release. More than half cited at least one reason for not seeking care. They included:

- "Could not find place to live"
- "Did not know where to go for medical care."
- "Afraid to tell others, I am HIV+."
- "Did not know where to go for an intake or to get case management."

Table 4.97
HIV Care After Incarceration
MSM

After you were released, did any of the following stop you from getting HIV care? (Check all that apply)	In-Care		Out-of-Care		Total MSM		Total Sample
	#	%	#	%	#	%	%
Afraid to tell others I am HIV positive	3	12.0%	3	16.7%	6	14.0%	20.7%
Could not find a place to live	4	16.0%	4	22.2%	8	18.6%	13.8%
Did not know where to go for medical care	5	20.0%	3	16.7%	8	18.6%	12.6%
Did not know where to go for an intake or to get case management	1	4.0%	5	27.8%	6	14.0%	10.3%
Could not stop using drugs and/or alcohol	1	4.0%	4	22.2%	5	11.6%	10.3%
Fear of discrimination, harassment, denial of service, or violence	1	4.0%	2	11.1%	3	7.0%	5.7%
None of the above	17	68.0%	4	22.2%	21	48.8%	49.4%
In-Care n = 25; Out-of-Care n = 18; Combined In-Care/Out-of-Care n = 43							

BARRIERS TO CARE

In-Care

Fifty-seven percent of in-care MSM did not find it hard to get care equal to the total sample of consumers. The three highest rated problems were:

- "The amount of time it takes at the clinic."
- "Paperwork needed."
- "I do not have transportation so it's hard to get care."

Table 4.98
HIV Medical Care Potential Problems
MSM
In-Care

In the past year, why was it hard for you to get HIV medical care? (Check all that apply)	In-Care MSM		Total In-Care Sample
	#	%	%
It was not hard to get medical care	121	56.0%	56.5%
Amount of time it takes at the clinic	37	17.1%	15.1%
Paperwork needed	31	14.4%	12.9%
I do not have transportation so it's hard to get there	30	13.9%	12.0%
The time it takes to get an appointment	24	11.1%	9.4%
I cannot afford the co-pays, deductibles, and other costs of treatments and medicines	22	10.2%	9.0%
No weekend hours	21	9.7%	8.8%
No evening hours (after 5 pm)	21	9.7%	7.4%
I have to miss work to go to medical appointments	20	9.3%	7.2%
Other	11	5.1%	5.7%
Sometimes I do not feel well enough to go to my appointment	8	3.7%	4.8%
I am afraid of being seen at the clinic	7	3.2%	3.7%
I do not feel mentally able to deal with the treatment	3	1.4%	2.6%
The clinic only treats HIV and no other medical conditions	2	0.9%	1.8%
The staff does not understand my culture	2	0.9%	1.1%
I am in a domestic violence/sexual assault situation	2	0.9%	0.4%
The staff does not speak my language	1	0.5%	0.2%
It is too hard to follow the medical advice	0	0.0%	0.2%

In-Care n = 216; Out-of-Care n = 133; Combined In-Care/Out-of-Care n = 349

One-third of the out-of-care MSM also indicated it was not hard to get care. For those who did find it hard, the following barriers were noted:

- 23% cited the paperwork needed.
- 18% cited the amount of time it takes at the clinic.
- 17% do not have transportation.
- 17% cannot afford the co-pays, deductibles, and other costs of treatments and medicines.

Table 4.99
HIV Medical Care Potential Problems
MSM
Out-of-Care

In the past year, why was it hard for you to get HIV medical care? (Check all that apply)	Out-of-Care MSM		Total Out-of-Care Sample
	#	%	%
It was not hard to get medical care	44	33.1%	35.4%
Paperwork needed	30	22.6%	20.8%
Amount of time it takes at the clinic	24	18.0%	20.4%
I do not have transportation so it's hard to get there	22	16.5%	15.8%
I cannot afford the co-pays, deductibles, and other costs of treatments and medicines	22	16.5%	15.8%
The time it takes to get an appointment	15	11.3%	14.6%
No evening hours (after 5 pm)	15	11.3%	11.7%
No weekend hours	14	10.5%	10.8%
I have to miss work to go to medical appointments	13	9.8%	10.4%
I do not feel mentally able to deal with the treatment	12	9.0%	10.0%
Sometimes I do not feel well enough to go to my appointment	10	7.5%	9.2%
Other	9	6.8%	7.9%
I am afraid of being seen at the clinic	8	6.0%	7.9%
It is too hard to follow the medical advice	7	5.3%	6.3%
The clinic only treats HIV and no other medical conditions	4	3.0%	4.6%
The staff does not understand my culture	3	2.3%	3.3%
I am in a domestic violence/sexual assault situation	1	0.8%	1.3%
The staff does not speak my language	1	0.8%	0.8%
In-Care n = 216; Out-of-Care n = 133; Combined In-Care/Out-of-Care n = 349. Respondents were permitted to choose more than one.			

Reason for Not Getting Care

Fifty-seven MSM who were out-of-care during the last 12 months were asked to provide reasons for not being in care. The most common reasons for not being in care were:

- "I did not feel sick"
- "I do not want to think about being HIV+"
- "I do not have money to pay".

- "It is hard to get there (transportation)."

Table 4.100
Why Are You Not Getting HIV Medical Care?
MSM
Out-of-Care

Why are you not getting HIV medical care? (Check all that apply)	Out-of-Care MSM		Total Out-of-Care Sample
	#	%	%
I do not feel sick	20	35.1%	59.6%
I do not need or want medical care	4	7.0%	10.5%
I do not want to think about being HIV positive	9	15.8%	29.8%
I am afraid to get medical care	3	5.3%	10.5%
It is too much trouble	5	8.8%	17.5%
I do not want to take medicines	4	7.0%	28.1%
Too much paperwork is needed	2	3.5%	8.8%
I am afraid to be seen at the clinic	4	7.0%	17.5%
The appointments cause problems with my job	2	3.5%	3.5%
The clinic asks too many personal questions	4	7.0%	12.3%
I do not like the physical exam	0	0.0%	0.0%
I use drugs or alcohol	5	8.8%	15.8%
It is hard to get there (transportation)	6	10.5%	17.5%
Long waiting time to get an appointment	2	3.5%	8.8%
I do not have needed identification (ID)/my ID does not match who I am	0	0.0%	3.5%
Services are not in my language	0	0.0%	0.0%
I do not have legal status in the U.S.	0	0.0%	0.0%
I do not have money to pay	7	12.3%	22.8%
Other	4	7.0%	12.3%
Out-of-Care n = 57 (Answered No to Q4, Q5 AND Q6). Respondents were permitted to choose more than one.			

Reasons for Dropping Out-of-Care

The three most frequent reasons out-of-care MSM give for dropping out-of-care were:

- Using drugs or alcohol (45%); 30% drugs and 15% alcohol.
- Difficult to keep appointments (28%).
- Did not feel sick (27%).

Reasons largely mirrored those of the total sample.

Table 4.101
Reasons for Dropping Out-of-Care
MSM
Out-of-Care

In the past year, why was it hard for you to get HIV medical care? (Check all that apply)	Out-of-Care MSM		Total Out-of-Care Sample
	#	%	%
It was hard to keep appointments	27	28.4%	32.3%
I was using drugs	28	29.5%	28.1%
I did not feel sick	26	27.4%	26.9%
I was tired of taking medicines	25	26.3%	26.3%
I did not have money	24	25.3%	24.6%
I needed a break	17	17.9%	19.8%
I was tired of going to the clinic	14	14.7%	18.6%
Other	15	15.8%	18.0%
It was hard to get to the clinic (transportation)	13	13.7%	16.8%
I was using alcohol	14	14.7%	13.8%
The appointments took too long	8	8.4%	12.6%
I did not need or want medical care	14	14.7%	11.4%
I moved and did not know where to go	9	9.5%	11.4%
The staff does not understand my culture	3	3.2%	5.4%
Staff does not understand my language	2	2.1%	1.8%
Out-of-Care n = 95. Respondents were permitted to choose more than one.			

SERVICE NEEDS

MSM most frequently identified service needs range from dental care visits to transportation to care. The top needs include:

- Dental visits
- Food bank
- HIV outpatient medical care
- Help paying for prescriptions/medications
- Primary medical care unrelated to HIV
- Medical care from a specialist
- Transportation to medical care
- Help paying for co-pays, deductibles for HIV medical care visits and medications
- Emergency long-term rental assistance voucher
- Emergency financial assistance for rent/mortgage or utilities

Out-of-care MSM included two different services in their top 10 service needs:

- Mental health counseling
- Employment services

Table 4.102
Service Needs
MSM

From the list below, check the 5 services you need the most:	In-Care		Out-of-Care		Total MSM		Total Sample
	#	%	#	%	#	%	%
Dental Visits	130	60.2%	77	57.9%	207	59.3%	57.8%
Food Bank	116	53.7%	52	39.1%	168	48.1%	47.9%
HIV Outpatient Medical Care	95	44.0%	56	42.1%	151	43.3%	46.9%
Help paying for prescription medicines	73	33.8%	43	32.3%	116	33.2%	32.1%
Primary Medical Care for general medical care not related to HIV	49	22.7%	35	26.3%	84	24.1%	25.1%
Transportation to Medical Care—Bus Pass/Van Service	48	22.2%	35	26.3%	83	23.8%	24.5%
Medical Care from a Specialist referred by your HIV medical provider	57	26.4%	26	19.5%	83	23.8%	25.3%
Help paying for co-pays and deductibles for HIV medical care visits and medications	56	25.9%	27	20.3%	83	23.8%	19.8%
Emergency Long-Term Rental Assistance (Voucher)	45	20.8%	30	22.6%	75	21.5%	20.5%
Emergency Financial Assistance for Rent/Mortgage or Utilities	55	25.5%	19	14.3%	74	21.2%	21.1%
Mental Health Counseling	38	17.6%	31	23.3%	69	19.8%	18.9%
Employment Services	34	15.7%	29	21.8%	63	18.1%	14.5%
Medical Case Management	39	18.1%	23	17.3%	62	17.8%	19.1%
Non-Medical Case Management	28	13.0%	19	14.3%	47	13.5%	12.2%
Nutritional Counseling	30	13.9%	13	9.8%	43	12.3%	12.2%
Legal Services to help you work through a problem obtaining services/benefits, outline advance directives or establish guardianships	24	11.1%	12	9.0%	36	10.3%	9.3%
Education Services	16	7.4%	18	13.5%	34	9.7%	9.5%
Job Training Services	14	6.5%	20	15.0%	34	9.7%	9.2%
Transportation to Other Services	20	9.3%	13	9.8%	33	9.5%	11.0%
If you have health insurance, help with continuing this insurance	23	10.6%	6	4.5%	29	8.3%	7.9%
Facility Based Housing (Assisted Living Facility)	15	6.9%	9	6.8%	24	6.9%	6.7%
Outpatient Substance Abuse Treatment	6	2.8%	8	6.0%	14	4.0%	4.2%
Respite Care for Adults (Activities during day)	7	3.2%	2	1.5%	9	2.6%	2.2%
Early Intervention to help you get into HIV medical care	3	1.4%	4	3.0%	7	2.0%	2.2%
Translation or Interpretation	2	0.9%	1	0.8%	3	0.9%	1.4%
Respite Care for HIV positive children	1	0.5%	1	0.8%	2	0.6%	0.4%
Child Care while at a medical or other	1	0.5%	0	0.0%	1	0.3%	2.4%

In-Care n = 216; Out-of-Care n = 133; Combined In-Care/Out-of-Care n = 349. Respondents were permitted to choose more than one.

INTERVIEWS WITH KEY INFORMANTS

The comments presented below represent the beliefs, opinions and experiences of the key informants interviewed.

Key informants were asked what services MSMs needed. Their responses included:

- *Education regarding high risk behaviors and condom use.*
- *Create awareness. Some men don't know how they transmit the disease.*
- *Prevention and care efforts have to intersect with the media MSM use to interact with each other on a sexual level (dating apps, social media, etc.).*
- *Agencies need to nurture them and allow them the freedom to make mistakes and still be accepted.*
- *Agencies must go to all types of events.*
- *We need more cultural competency to understand this community and diversify our staff to look more like the community, because if you don't there will be no change.*

PLANNING COUNCIL FOCUS GROUP

The comments presented below represent the beliefs, opinions and experiences of the participants interviewed.

- *The front lines are not necessarily reflective of the people who need services. So, I think more diversification of staff would be a huge help in making sure target populations get linked to care.*

Also see key informant and focus group discussions in the section on African-Americans and Hispanics.

RECOMMENDATIONS

1. MSMs in the Dallas Planning Area can be stratified by age, race/ethnicity, etc. Priority populations include African-American MSMs, Hispanic MSMs, and young MSMs. Each group displays some differences by virtue of their culture.
    - Targeted approaches should be developed for each priority population cited above.
    - Provider collaboration will be necessary to expand targeted approaches to various populations and to share best practices.
    - Support providers who successfully use cultural competency training, peer support, and patient navigation to enhance their success in linking and maintaining PLWH in care.

2. Ensure that all providers employ direct care personnel who reflect the characteristics of the target population.

TRANSGENDER PERSONS

The consumer survey sample was comprised of 15 Transgender persons living with HIV/AIDS. This is 2% of the survey sample. The Transgender sample included 10 (77%) in-care consumers and 5 (33%) out-of-care consumers. The size and characteristics of Transgender PLWH is largely undetermined (Epidemiology data is recorded by sex at birth. ARIES data documented 69 (0.7%) clients identified as Transgender). Since the sample size does not allow for generalizations about this population, the data are presented for informational purposes only.

RESPONDENT OVERVIEW

Demographics

One-third of transgender respondents identified as Transfemale or Transwoman; over one-quarter identified as Trans or Transgender, and one-fifth identified as Feminine-identified male.

Table 4.103
Gender Identity
Transgender

	In-Care		Out-of-Care		Total	
Do you identify as:	**#**	**%**	**#**	**%**	**#**	**%**
Transmale or Transman	2	20.0%	0	0.0%	2	13.3%
Transfemale or Transwoman	3	30.0%	2	40.0%	5	33.3%
Trans or Transgender	2	20.0%	2	40.0%	4	26.7%
Genderqueer	1	10.0%	0	0.0%	1	6.7%
Dual or Multi-Gender	0	0.0%	0	0.0%	0	0.0%
Agender or Neutrois	0	0.0%	0	0.0%	0	0.0%
Masculine-Identified Female	0	0.0%	0	0.0%	0	0.0%
Feminine-Identified Male	2	20.0%	1	20.0%	3	20.0%
Do Not Want to Say	0	0.0%	0	0.0%	0	0.0%
Total	**10**	**100.0%**	**5**	**100.0%**	**15**	**100.0%**

In-Care n = 10; Out-of-Care n = 5; Combined In-Care/Out-of-Care n = 15

Hispanic/Latino was the racial/ethnic category with the highest number of Transgender respondents (47%), followed by Black/African-American (40%), and White/Caucasian (13%).

Table 4.104
Race/Ethnicity
Transgender

	In-Care		Out-of-Care		Total Transgender		Total Sample
Race/Ethnicity	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Black/African-American	3	30.0%	3	60.0%	6	40.0%	55.5%
White/Caucasian	2	20.0%	0	0.0%	2	13.3%	24.7%
Hispanic/Latino (of any Race)	5	50.0%	2	40.0%	7	46.7%	16.2%
Multi-Racial	0	0.0%	0	0.0%	0	0.0%	2.0%
Native American	0	0.0%	0	0.0%	0	0.0%	0.4%
Asian	0	0.0%	0	0.0%	0	0.0%	0.4%
Other Race/Ethnicity	0	0.0%	0	0.0%	0	0.0%	0.7%
Total	**10**	**100.0%**	**5**	**100.0%**	**15**	**100.0%**	**100.0%**

In-Care n = 5; Out-of-Care n = 3; Combined In-Care/Out-of-Care n = 8

Thirteen percent of Transgender respondents were 13-24, far younger than those 13-24 in the overall survey sample (3%). Twenty-seven percent were 25-34 compared to 16% in the total sample.

Table 4.105
Age
Transgender

	In-Care		Out-of-Care		Total Transgender		Total Sample
Age Cohort	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Age 13-24	1	10.0%	1	20.0%	2	13.3%	3.2%
Age 25-34	3	30.0%	1	20.0%	4	26.7%	16.2%
Age 35-44	0	0.0%	1	20.0%	1	6.7%	19.9%
Age 45-54	4	40.0%	1	20.0%	5	33.3%	30.4%
Age 55+	2	20.0%	1	20.0%	3	20.0%	28.1%
Age Not Reported	0	0.0%	0	0.0%	0	0.0%	2.2%
Total	**10**	**100.0%**	**5**	**100.0%**	**15**	**100.0%**	**100.0%**

In-Care n = 10; Out-of-Care n = 5; Combined In-Care/Out-of-Care n = 15

One respondent reported diagnosis of an intersex condition.

Table 4.106
Intersex Condition
Transgender

Has a medical provider ever diagnosed you with an intersex condition?	In-Care		Out-of-Care		Total	
	#	%	#	%	#	%
Yes	1	10.0%	0	0.0%	1	6.7%
No	9	90.0%	5	100.0%	14	93.3%
Total	**10**	**100.0%**	**5**	**100.0%**	**15**	**100.0%**

In-Care n = 10; Out-of-Care n = 5; Combined In-Care/Out-of-Care n = 15

Transgender survey respondents were almost all from Dallas County, but Denton County was also represented.

Table 4.107
County of Residence
Transgender

	In-Care		Out-of-Care		Total Transgender		Total Sample
County	#	%	#	%	#	%	%
Collin	0	0.0%	0	0.0%	0	0.0%	3.4%
Cooke	0	0.0%	0	0.0%	0	0.0%	0.4%
Dallas	7	70.0%	4	80.0%	11	73.3%	83.1%
Denton	3	30.0%	1	20.0%	4	26.7%	9.5%
Ellis	0	0.0%	0	0.0%	0	0.0%	0.1%
Fannin	0	0.0%	0	0.0%	0	0.0%	0.1%
Grayson	0	0.0%	0	0.0%	0	0.0%	3.2%
Henderson	0	0.0%	0	0.0%	0	0.0%	0.0%
Hunt	0	0.0%	0	0.0%	0	0.0%	0.1%
Kaufman	0	0.0%	0	0.0%	0	0.0%	0.0%
Navarro	0	0.0%	0	0.0%	0	0.0%	0.0%
Rockwall	0	0.0%	0	0.0%	0	0.0%	0.0%
Total	**10**	**100.0%**	**5**	**100.0%**	**15**	**100.0%**	**100.0%**

In-Care n = 10; Out-of-Care n = 5; Combined In-Care/Out-of-Care n = 15

Transmission Mode

Considering transmission mode as identified on the consumer survey, 67% of Transgender reported having sex with a man, 13% reported having sex with a transman, transwoman, transperson or gender nonconforming person transmission, and 13% reported IDU. Comparisons with the total sample are not consistent and therefore not shown.

Table 4.108
Transmission Mode
Transgender

	In-Care		Out-of-Care		Total Transgender	
Transmission Mode	**#**	**%**	**#**	**%**	**#**	**%**
Having sex with a man	7	70.0%	3	60.0%	10	66.7%
Having sex with a woman	0	0.0%	0	0.0%	0	0.0%
Sharing needles	1	10.0%	1	20.0%	2	13.3%
Blood products/Transfusion	0	0.0%	0	0.0%	0	0.0%
Perinatal transmission (born with it or infected at birth)	0	0.0%	0	0.0%	0	0.0%
Having sex with a transman, transwoman, transperson or gender nonconforming person	1	10.0%	1	20.0%	2	13.3%
Other	0	0.0%	0	0.0%	0	0.0%
Do Not Know	1	10.0%	0	0.0%	1	6.7%
Total	**10**	**100.0%**	**5**	**100.0%**	**15**	**100.0%**

In-Care n = 10; Out-of-Care n = 5; Combined In-Care/Out-of-Care n = 15

Educational Attainment and Employment

Transgender respondents reported educational attainment in-line with the overall survey.

- The majority of Transgender respondents reported having some college (27%) or a college degree (27%).
- One-third (33%) graduated high school compared to 35% for the overall survey.
- 13% of Transgender respondents did not complete high school compared to 16% overall in the survey.

Compared to the total sample, few differences were noted, except for completed college (27% vs 10%).

Table 4.109
Educational Attainment
Transgender

	In-Care		Out-of-Care			Total Transgender	Total Sample
Educational Attainment	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Eighth Grade or Less	0	0.0%	0	0.0%	0	0.0%	3.3%
Some High School	2	20.0%	0	0.0%	2	13.3%	12.9%
High School Graduate/GED	3	30.0%	2	40.0%	5	33.3%	34.9%
Technical or Trade School	0	0.0%	0	0.0%	0	0.0%	4.9%
Some College	4	40.0%	0	0.0%	4	26.7%	28.8%
Completed College	1	10.0%	3	60.0%	4	26.7%	10.3%

	In-Care		Out-of-Care			Total Transgender	Total Sample
Educational Attainment	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Graduate Education	0	0.0%	0	0.0%	0	0.0%	4.0%
Other	0	0.0%	0	0.0%	0	0.0%	0.9%
Total	**10**	**100.0%**	**5**	**100.0%**	**15**	**100.0%**	**100.0%**
In-Care n = 10; Out-of-Care n = 5; Combined In-Care/Out-of-Care n = 15							

Transgender employment status was similar that of the total sample.

- 73% of Transgender respondents were unemployed compared to 76% of the total sample.

Table 4.110
Employment Status
Transgender

	In-Care		Out-of-Care			Total Transgender	Total Sample
Employment Status	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Work Full-Time	1	10.0%	2	40.0%	3	20.0%	13.3%
Work Part-Time	1	10.0%	0	0.0%	1	6.7%	11.0%
Not Working	8	80.0%	3	60.0%	11	73.3%	75.6%
Total	**10**	**100.0%**	**5**	**100.0%**	**15**	**100.0%**	**100.0%**
In-Care n = 10; Out-of-Care n = 5; Combined In-Care/Out-of-Care n = 15							

Of the 11 Transgender who were not working,

- 46% were on disability, similar to 45% of the total sample.
- 9% indicated their health precluded them from working even though they were not on disability.
- 27% were looking for jobs; 33% of whom were out-of-care compared to 25% of those in-care.

Table 4.111
Employment Status
Transgender

If You Are Not Working, Which Best Describes You?	In-Care		Out-of-Care		Total Transgender		Total Sample
	#	%	#	%	#	%	%
I am a student	0	0.0%	0	0.0%	0	0.0%	3.4%
I am looking for a job	2	25.0%	1	33.3%	3	27.3%	23.0%
I am retired	0	0.0%	0	0.0%	0	0.0%	4.7%
I work as a volunteer	0	0.0%	0	0.0%	0	0.0%	3.2%
My health keeps me from working - I am not on disability	1	12.5%	0	0.0%	1	9.1%	14.8%
My health keeps me from working - I am on disability	3	37.5%	2	66.7%	5	45.5%	44.8%

If You Are Not Working, Which Best Describes You?	In-Care		Out-of-Care		Total Transgender		Total Sample
	#	%	#	%	#	%	%
Other	2	25.0%	0	0.0%	2	18.2%	6.1%
Total	**8**	**100.0%**	**3**	**100.0%**	**11**	**100.0%**	**100.0%**
In-Care n = 8; Out-of-Care n = 3; Combined In-Care/Out-of-Care n = 11							

Income

Incomes for Transgender respondents were lower than the total sample. Seventy-three percent of Transgender individuals earned less than $950 a month compared to the total sample (68%), and no respondents earned income greater than $1,901 while 9% of the total sample reported earnings above this amount.

Table 4.112
Income
Transgender

	In-Care		Out-of-Care		Total Transgender		Total Sample
Monthly Income	#	%	#	%	#	%	%
Less than $950	8	80.0%	3	60.0%	11	73.3%	68.1%
$950 - $1,900	2	20.0%	2	40.0%	4	26.7%	22.5%
$1,901 - $2,800	0	0.0%	0	0.0%	0	0.0%	6.7%
More than $2,800	0	0.0%	0	0.0%	0	0.0%	2.6%
Total	**10**	**100.0%**	**5**	**100.0%**	**15**	**100.0%**	**100.0%**
In-Care n = 10; Out-of-Care n = 5; Combined In-Care/Out-of-Care n = 15							

Housing Situation

Approximately half (47%) of transgender respondents resided in a home they own in or rent. Four, or 27%, lived at their parent's or a relative's home. Two lived in a rooming or boarding house, one in an assisted living facility, and one respondent reported living in a homeless shelter.

Table 4.113
Housing Situation
Transgender

	In-Care		Out-of-Care		Total Transgender		Total Sample
Where do you live now? (check only one)	**#**	**%**	**#**	**%**	**#**	**%**	**%**
In an apartment/house/mobile home that I own or rent in my name	5	50.0%	2	40.0%	7	46.7%	52.2%
At my parent's or a relative's home-permanent	3	30.0%	1	20.0%	4	26.7%	8.3%
In a "supportive living" facility (Assisted Living Facility)	1	10.0%	0	0.0%	1	6.7%	7.3%
At another person's apartment/home-permanent	0	0.0%	0	0.0%	0	0.0%	5.9%
At another person's apartment/home-temporary	0	0.0%	0	0.0%	0	0.0%	5.6%
At my parent's or a relative's home-temporary	0	0.0%	0	0.0%	0	0.0%	4.6%
Homeless (on the street or in car)	0	0.0%	0	0.0%	0	0.0%	4.0%
In a half-way house, transitional housing or treatment facility (drug or psychiatric)	0	0.0%	0	0.0%	0	0.0%	4.0%
Homeless Shelter	0	0.0%	1	20.0%	1	6.7%	3.6%
In a rooming or boarding house	1	10.0%	1	20.0%	2	13.3%	2.0%
Residential hospice facility or skilled nursing home	0	0.0%	0	0.0%	0	0.0%	0.1%
Domestic Violence Shelter	0	0.0%	0	0.0%	0	0.0%	0.0%
Other	0	0.0%	0	0.0%	0	0.0%	2.3%
Total	**10**	**100.0%**	**5**	**100.0%**	**15**	**100.0%**	**100.0%**
In-Care n = 10; Out-of-Care n = 5; Combined In-Care/Out-of-Care n = 15							

Substance Use and Mental Health Disorders

Consumers asked about drug use in the last six months responded as follows:

- 27% of Transgender responded “Yes” to the use of alcohol or drugs.

Table 4.114
Substance Use in the Last 6 Months
Transgender

	In-Care		Out-of-Care		Total Transgender		Total Sample
Substance Use	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Have Used Drugs or Alcohol in Past 6 Months	3	30.0%	1	20.0%	4	26.7%	56.2%
No Drugs Listed Used	7	70.0%	4	80.0%	11	73.3%	43.8%
Total	**10**	**100.0%**	**5**	**100.0%**	**15**	**100.0%**	**100.0%**
In-Care n = 10; Out-of-Care n = 5; Combined In-Care/Out-of-Care n = 15							

The consumer survey asked about IV drug use with the following results:

- No respondents admitted to injecting drugs.
- 80% refused to respond to the question.

Table 4.115
IV Drug Use
Transgender

	In-Care		Out-of-Care		Total Transgender		Total Sample
IV Drug Use	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Yes	0	0.0%	0	0.0%	0	0.0%	3.3%
No	2	20.0%	1	20.0%	3	20.0%	36.3%
No Response	8	80.0%	4	80.0%	12	80.0%	60.4%
Total	**10**	**100.0%**	**5**	**100.0%**	**15**	**100.0%**	**100.0%**

In-Care n = 10; Out-of-Care n = 5; Combined In-Care/Out-of-Care n = 15

The most frequent substance used in the last six months by Transgender respondents was marijuana (75%) followed by alcohol (50%) and depressants (50%). The latter was significantly higher than found in the total sample.

Table 4.116
Substance Use in the Last 6 Months
Transgender

	In-Care		Out-of-Care		Total Transgender		Total Sample
Substance Use	**#**	**%**	**#**	**%**	**#**	**%**	
Alcohol	1	33.3%	1	100.0%	2	50.0%	69.1%
Marijuana	2	66.7%	1	100.0%	3	75.0%	46.4%
Depressants	1	33.3%	1	100.0%	2	50.0%	10.2%
Ketamine/PCP	0	0.0%	0	0.0%	0	0.0%	0.3%
Hallucinogens	0	0.0%	0	0.0%	0	0.0%	1.0%
Opioids and Morphine	0	0.0%	0	0.0%	0	0.0%	11.2%
Stimulants	1	33.3%	0	0.0%	1	25.0%	19.9%
Steroids not prescribed by your doctor	0	0.0%	0	0.0%	0	0.0%	0.8%
Prescription painkillers not prescribed by your doctor	0	0.0%	0	0.0%	0	0.0%	6.1%
Inhalants	0	0.0%	0	0.0%	0	0.0%	2.6%

In-Care n = 3; Out-of-Care n = 1; Combined In-Care/Out-of-Care n = 4. Respondents were permitted to choose more than one.

Respondents who indicated they used alcohol were asked if they used alcohol more than three times a week, and both responded affirmatively. No respondents indicated they were considering substance abuse treatment.

Table 4.117
Alcohol Use
Transgender

	In-Care		Out-of-Care		Total Transgender		Total Sample
Do you Drink Alcohol More Than 3 Times A Week?	#	%	#	%	#	%	%
Yes	1	100.0%	1	100.0%	2	100.0%	29.2%
No	0	0.0%	0	0.0%	0	0.0%	70.8%
Total	**1**	**100.0%**	**1**	**100.0%**	**2**	**100.0%**	**100.0%**
In-Care n = 1; Out-of-Care n = 1; Combined In-Care/Out-of-Care n = 2							

Twenty-seven percent of Transgender survey respondents have received medical treatment for depression in the past 12 months.

Table 4.118
Depression Diagnosis
Transgender

	In-Care		Out-of-Care		Total Transgender		Total Sample
Have You Received Medical Treatment for Depression in the Last 12 Months	#	%	#	%	#	%	%
Yes	2	20.0%	2	40.0%	4	26.7%	29.7%
No	8	80.0%	3	60.0%	11	73.3%	70.3%
Total	**10**	**100.0%**	**5**	**100.0%**	**15**	**100.0%**	**100.0%**
In-Care n = 10; Out-of-Care n = 5; Combined In-Care/Out-of-Care n = 15							

DIAGNOSIS AND REFERRAL FOR CARE

Nearly half (47%) of Transgender respondents were diagnosed before 2005. Four, or 27%, were diagnosed within the last three years.

Table 4.119
Year of Diagnosis
Transgender

	In-Care		Out-of-Care		Total Transgender		Total Sample
Year Diagnosed with HIV	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Before 1990	0	0.0%	0	0.0%	0	0.0%	11.8%
1990-1995	2	20.0%	1	20.0%	3	20.0%	12.9%
1996-1999	1	10.0%	1	20.0%	2	13.3%	11.3%
2000-2004	2	20.0%	0	0.0%	2	13.3%	16.5%
2005-2007	1	10.0%	1	20.0%	2	13.3%	9.0%
2008-2010	1	10.0%	0	0.0%	1	6.7%	11.8%
2011-2013	1	10.0%	0	0.0%	1	6.7%	11.6%
2014-2017	2	20.0%	2	40.0%	4	26.7%	14.1%
No Response or Unclear Response	0	0.0%	0	0.0%	0	0.0%	1.0%
Total	**10**	**100.0%**	**5**	**100.0%**	**15**	**100.0%**	**100.0%**

In-Care n = 10; Out-of-Care n = 5; Combined In-Care/Out-of-Care n = 15

Nearly three-quarters (73%) of Transgender respondents received HIV medical care within three months after diagnosis, a larger percentage than the total sample (50%).

- Two-thirds received care within three months following diagnosis.
- 13% received care more than 6 months after their diagnosis.
- 13% never received medical care.

Table 4.120
Care After Diagnosis
Transgender

How Soon After Your Diagnosis Did You Go to See a Doctor About Your HIV?	In-Care		Out-of-Care		Total Transgender		Total Sample
	#	%	#	%	#	%	%
In less than 1 month	1	10.0%	0	0.0%	1	6.7%	24.1%
In less than 3 months	8	80.0%	2	40.0%	10	66.7%	26.5%
Within 3 to 6 months	0	0.0%	0	0.0%	0	0.0%	16.6%
After more than 6 months	1	10.0%	1	20.0%	2	13.3%	28.8%
I have not received HIV medical care	0	0.0%	2	40.0%	2	13.3%	3.7%
No Response	0	0.0%	0	0.0%	0	0.0%	0.1%
Total	**10**	**100.0%**	**5**	**100.0%**	**15**	**100.0%**	**100.0%**
In-Care n = 10; Out-of-Care n = 5; Combined In-Care/Out-of-Care n = 15							

In-Care Problems with HIV Medical Care

Fifty-three percent of Transgender respondents reported that it was not hard to get medical care compared to 57% of the total survey respondents. Primary barriers noted by Transgender individuals were:

- "Amount of time it takes at the clinic."
- "The staff does not understand my culture."
- "Paperwork needed."
- "The time it takes to get an appointment."

Table 4.121
HIV Medical Care Potential Problems
Transgender

In the past year, why was it hard for you to get HIV medical care? (Check all that apply)	Total Transgender	
	#	%
It was not hard to get medical care	8	53.3%
Amount of time it takes at the clinic	3	20.0%
Paperwork needed	3	20.0%
The time it takes to get an appointment	3	20.0%
The staff does not understand my culture	3	20.0%
I cannot afford the co-pays, deductibles, and other costs of treatments and medicines	2	13.3%
I have to miss work to go to medical appointments	2	13.3%
I am afraid of being seen at the clinic	2	13.3%
Other	2	13.3%
No weekend hours	1	6.7%
No evening hours (after 5 pm)	1	6.7%

In the past year, why was it hard for you to get HIV medical care? (Check all that apply)	Total Transgender	
	#	%
Sometimes I do not feel well enough to go to my appointment	1	6.7%
I do not feel mentally able to deal with the treatment	1	6.7%
It is too hard to follow the medical advice	1	6.7%
I do not have transportation so it's hard to get there	0	0.0%
The clinic only treats HIV and no other medical conditions	0	0.0%
I am in a domestic violence/sexual assault situation	0	0.0%
The staff does not speak my language	0	0.0%
In-Care n = 10; Out-of-Care n = 5; Combined In-Care/Out-of-Care n = 15		

Reason for Not Getting Care

Fifty-seven consumers who were out-of-care for the last 12 months were asked to provide their reasons for not getting care. Respondents were given a list of reasons and an opportunity to provide additional reasons for being out-of-care. Responses included:

- 60% stated they didn't feel sick.
- 40% said, "I am afraid of being seen at the clinic", and "I do not have money to pay."

Table 4.122
Not Getting HIV Medical Care
Transgender
Out-of-Care

	Out-of-Care Transgender		Out-of-Care Total Sample
Why are you not getting HIV medical care? (Check all that apply)	#	%	%
I do not feel sick	3	60.0%	59.6%
I do not need or want medical care	0	0.0%	10.5%
I do not want to think about being HIV positive	1	20.0%	29.8%
I am afraid to get medical care	1	20.0%	10.5%
It is too much trouble	1	20.0%	17.5%
I do not want to take medicines	0	0.0%	28.1%
Too much paperwork is needed	1	20.0%	8.8%
I am afraid to be seen at the clinic	2	40.0%	17.5%
The appointments cause problems with my job	0	0.0%	3.5%
The clinic asks too many personal questions	1	20.0%	12.3%
I do not like the physical exam	0	0.0%	0.0%
I use drugs or alcohol	0	0.0%	15.8%
It is hard to get there (transportation)	0	0.0%	17.5%
Long waiting time to get an appointment	1	20.0%	8.8%
I do not have needed identification (ID)/my ID does not match who I am	0	0.0%	3.5%
Services are not in my language	0	0.0%	0.0%
I do not have legal status in the U.S.	0	0.0%	0.0%

	Out-of-Care Transgender		Out-of-Care Total Sample
Why are you not getting HIV medical care? (Check all that apply)	#	%	%
I do not have money to pay	2	40.0%	22.8%
Other	0	0.0%	12.3%
Out-of-Care n = 5(Answered No to Q4, Q5 AND Q6)			

Reason for Dropping Out-of-Care

Out-of-care Transgender respondents indicated the following reasons for why it was hard to get HIV medical care:

- "I do not feel sick."
- "I was tired of taking medicines."
- "I did not have money."
- "I was tired of going to the clinic."
- "The staff does not understand my culture."

Table 4.123
Why Was It Hard For You to Get HIV Medical Care?
Transgender
Out-of-Care

In the past year, why was it hard for you to get HIV medical care? (Check all that apply)	Out-of-Care Transgender		Total Out-of-Care Sample
	#	%	%
It was hard to keep appointments	1	33.3%	32.3%
I was using drugs	0	0.0%	28.1%
I did not feel sick	2	66.7%	26.9%
I was tired of taking medicines	2	66.7%	26.3%
I did not have money	2	66.7%	24.6%
I needed a break	1	33.3%	19.8%
I was tired of going to the clinic	2	66.7%	18.6%
Other	1	33.3%	18.0%
It was hard to get to the clinic (transportation)	0	0.0%	16.8%
I was using alcohol	0	0.0%	13.8%
The appointments took too long	1	33.3%	12.6%
I did not need or want medical care	0	0.0%	11.4%
I moved and did not know where to go	1	33.3%	11.4%
The staff does not understand my culture	2	66.7%	5.4%
Staff does not understand my language	1	33.3%	1.8%
Out-of-Care n = 3. Respondents were permitted to choose more than one.			

SERVICE NEEDS

Top service needs for Transgender individuals include:

- HIV Outpatient Medical Care
- Food Bank
- Dental Visits
- Help Paying for prescription medicine
- Medical Care from a Specialist referred by your HIV medical provider
- Primary Medical Care for general medical care not related to HIV
- Emergency Financial Assistance for Rent/Mortgage or Utilities
- Emergency Long Term Rental Assistance
- Transportation to other services
- Employment services

Table 4.124
Top Service Needs
Transgender

From the list below, check the 5 services you need the most:	In-Care		Out-of-Care		Total Transgender		Total Sample
	#	%	#	%	#	%	%
HIV Outpatient Medical Care	6	60.0%	2	40.0%	8	53.3%	46.9%
Food Bank	5	50.0%	2	40.0%	7	46.7%	47.9%
Dental Visits	3	30.0%	2	40.0%	5	33.3%	57.8%
Help paying for prescription medicines	4	40.0%	1	20.0%	5	33.3%	32.1%
Medical Care from a Specialist referred by your HIV medical provider	3	30.0%	1	20.0%	4	26.7%	25.3%
Primary Medical Care for general medical care not related to HIV	4	40.0%	0	0.0%	4	26.7%	25.1%
Emergency Financial Assistance for Rent/Mortgage or Utilities	2	20.0%	2	40.0%	4	26.7%	21.1%
Emergency Long-Term Rental Assistance (Voucher)	1	10.0%	2	40.0%	3	20.0%	20.5%
Employment Services	0	0.0%	3	60.0%	3	20.0%	14.5%
Transportation to Other Services	3	30.0%	0	0.0%	3	20.0%	11.0%
Transportation to Medical Care—Bus Pass/Van Service	1	10.0%	1	20.0%	2	13.3%	24.5%
Help paying for co-pays and deductibles for HIV medical care visits and medications	0	0.0%	2	40.0%	2	13.3%	19.8%
Medical Case Management	2	20.0%	0	0.0%	2	13.3%	19.1%
Non-Medical Case Management	1	10.0%	1	20.0%	2	13.3%	12.2%
Nutritional Counseling	1	10.0%	1	20.0%	2	13.3%	12.2%
Education Services	0	0.0%	2	40.0%	2	13.3%	9.5%
Job Training Services	0	0.0%	2	40.0%	2	13.3%	9.2%
Mental Health Counseling	1	10.0%	0	0.0%	1	6.7%	18.9%

From the list below, check the 5 services you need the most:	In-Care		Out-of-Care		Total Transgender		Total Sample
	#	%	#	%	#	%	%
If you have health insurance, help with continuing this insurance	0	0.0%	1	20.0%	1	6.7%	7.9%
Facility Based Housing (Assisted Living Facility)	1	10.0%	0	0.0%	1	6.7%	6.7%
Early Intervention to help you get into HIV medical care	0	0.0%	1	20.0%	1	6.7%	2.2%
Legal Services to help you work through a problem obtaining services/benefits, outline advance directives or establish guardianships	0	0.0%	0	0.0%	0	0.0%	9.3%
Outpatient Substance Abuse Treatment	0	0.0%	0	0.0%	0	0.0%	4.2%
Child Care while at a medical or other	0	0.0%	0	0.0%	0	0.0%	2.4%
Respite Care for Adults (Activities during day)	0	0.0%	0	0.0%	0	0.0%	2.2%
Translation or Interpretation	0	0.0%	0	0.0%	0	0.0%	1.4%
Respite Care for HIV positive children	0	0.0%	0	0.0%	0	0.0%	0.4%

In-Care n = 10; Out-of-Care n = 5; Combined In-Care/Out-of-Care n = 15. Respondents were permitted to choose more than one.

KEY INFORMANT INTERVIEWS

It should be noted that the comments presented below represent the beliefs, opinions and experiences of those interviewed.

Availability

- *They need a provider who will see them for their HIV and their transition.*
- *Service for Transgender persons is sorely lacking. Only two doctors in the Dallas area treat Transgender persons.*

Co-Morbidity and Cultural Bias

- *They tend to have co-morbidities with HIV, most have mental illness so we need to make sure their mental health needs are addressed.*
- *There are cultural biases that are not recognized by providers, so we need more education about Transgender needs and special issues regarding job and acceptance.*
- *Transgender women (especially of color) need workforce support. Many think the only way to build financial sustainability is to do commercial sex work.*

RECOMMENDATIONS

1. Increase support for physicians who treat Transgender patients, with priority to those with HIV or infectious disease experience. Work with the AETC to provide physician education on the care of HIV+ Transgender individuals.

2. Support provider collaboration with Transgender advocates to educate medical, dental, mental health, and substance abuse providers about the service needs of the Transgender community.

3. Work with HRSA, AETC and/or Transgender advocates to develop a program on cultural sensitivity for Dallas area service providers.

4. Encourage providers to develop innovative ways to reach, counsel, test, and link Transgender consumers to available services.

YOUTH (AGE 13-24)

The consumer survey sample consisted of 22 respondents age 13-24 living with HIV/AIDS, comprising 3% of the survey sample. The youth ages 13-24 sample included seven (32%) in-care and 15 (68%) out-of-care consumers.

RESPONDENT OVERVIEW

Demographics

The gender of youth respondents was slightly more female than the overall survey sample.

- 68% of youths ages 13–24 were male compared to 75% in the total sample.
- 23% were female, equivalent of the total sample.
- Two transgender respondents were between the ages of 13-24.

Table 4.125
Gender
Youth Ages 13-24

	In-Care		Out-of-Care			Total Youth	Total Sample
Gender Identity	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Male	3	42.9%	12	80.0%	15	68.2%	75.0%
Female	3	42.9%	2	13.3%	5	22.7%	22.8%
Transgender / Other Gender Identity	1	14.3%	1	6.7%	2	9.1%	2.2%
Total	**7**	**100.0%**	**15**	**100.0%**	**22**	**100.0%**	**100.0%**
In-Care n = 7; Out-of-Care n = 15; Combined In-Care/Out-of-Care n = 22							

The majority of youth respondents identified as Black/African-American (64%), which is higher than that of the total sample. The percentage of Hispanic youth (23%) was also higher than the total sample (16%). White youth (9%) were underrepresented relative to the total sample (25%).

- 11 out of 15 youth (73%) and 14 (79%) of Black/African American youth respondents were out-of-care.
- 2 Hispanic youth respondents reported out-of-care status, while 3 were in-care.
- There were two white youth respondents, and both reported being out-of-care.

Table 4.126
Race/Ethnicity
Youth Ages 13-24

	In-Care		Out-of-Care		Total Youth		Total Sample
Race/Ethnicity	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Black/African-American	3	42.9%	11	73.3%	14	63.6%	55.5%
White/Caucasian	0	0.0%	2	13.3%	2	9.1%	24.7%
Hispanic/Latino (of any Race)	3	42.9%	2	13.3%	5	22.7%	16.2%
Multi-Racial	1	14.3%	0	0.0%	1	4.5%	2.0%
Native American	0	0.0%	0	0.0%	0	0.0%	0.4%
Asian	0	0.0%	0	0.0%	0	0.0%	0.4%
Other Race/Ethnicity	0	0.0%	0	0.0%	0	0.0%	0.7%
Total	**7**	**100.0%**	**15**	**100.0%**	**22**	**100.0%**	**100.0%**
In-Care n = 7; Out-of-Care n = 15; Combined In-Care/Out-of-Care n = 22							

County of Residence

Sixty percent of youth ages 13-24 resided in Dallas County. Denton, Collin and Grayson Counties were also represented.

Table 4.127
County of Residence
Youth Ages 13-24

	In-Care		Out-of-Care		Total Youth		Total Sample
County	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Collin	1	14.3%	1	6.7%	2	9.1%	3.4%
Cooke	0	0.0%	0	0.0%	0	0.0%	0.4%
Dallas	4	57.1%	9	60.0%	13	59.1%	83.1%
Denton	1	14.3%	5	33.3%	6	27.3%	9.5%
Ellis	0	0.0%	0	0.0%	0	0.0%	0.1%
Fannin	0	0.0%	0	0.0%	0	0.0%	0.1%
Grayson	1	14.3%	0	0.0%	1	4.5%	3.2%
Henderson	0	0.0%	0	0.0%	0	0.0%	0.0%
Hunt	0	0.0%	0	0.0%	0	0.0%	0.1%
Kaufman	0	0.0%	0	0.0%	0	0.0%	0.0%
Navarro	0	0.0%	0	0.0%	0	0.0%	0.0%
Rockwall	0	0.0%	0	0.0%	0	0.0%	0.0%
Total	**7**	**100.0%**	**15**	**100.0%**	**22**	**100.0%**	3.4%
In-Care n = 7; Out-of-Care n = 15; Combined In-Care/Out-of-Care n = 22							

Transmission Mode

Considering transmission mode as identified on the consumer survey, 64% of youths reported having sex with a male, 12% report perinatal transmission, and 9% report heterosexual transmission. MSM transmission is clearly the major transmission mode of this population.

Table 4.128
Transmission Mode
Youth Ages 13-24

	In-Care		Out-of-Care		Total Youth		Total Sample
Transmission Mode	**#**	**%**	**#**	**%**	**#**	**%**	**%**
MSM	3	42.9%	11	73.3%	14	63.6%	50.1%
IDU	0	0.0%	0	0.0%	0	0.0%	6.0%
MSM + IDU	0	0.0%	1	6.7%	1	4.5%	2.4%
Heterosexual	1	14.3%	1	6.7%	2	9.1%	31.9%
Do Not Know	0	0.0%	1	6.7%	1	4.5%	7.9%
Other	3	42.9%	2	13.3%	5	22.7%	9.6%

In-Care n = 7; Out-of-Care n = 15; Combined In-Care/Out-of-Care n = 22

Table 4.129
Transmission Mode
Youth Ages 13-24

	In-Care		Out-of-Care		Total	
Transmission Mode	**#**	**%**	**#**	**%**	**#**	**%**
Having sex with a man	5	71.4%	13	68.4%	18	69.2%
Having sex with a woman	0	0.0%	3	15.8%	3	11.5%
Sharing needles	0	0.0%	1	5.3%	1	3.8%
Blood products/Transfusion	0	0.0%	0	0.0%	0	0.0%
Perinatal transmission (born with it or infected at birth)	2	28.6%	1	5.3%	3	11.5%
Having sex with a transman, transwoman, transperson or gender nonconforming person	0	0.0%	0	0.0%	0	0.0%
Other	0	0.0%	0	0.0%	0	0.0%
Do Not Know	0	0.0%	1	5.3%	1	3.8%
Total	**7**	**100.0%**	**19**	**100.0%**	**26**	**100.0%**

In-Care n = 7; Out-of-Care n = 19; Combined In-Care/Out-of-Care n = 26
NOTE: The 22 respondents 13-24 were asked to identify all that apply.

Educational Attainment and Employment

The majority of youth respondents reported either high school graduate/GED status (36%), or some college (41%). Five respondents (23%) had not completed high school.

Table 4.130
Educational Attainment
Youth Ages 13-24

	In-Care		Out-of-Care		Total Youth		Total Sample
Educational Attainment	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Eighth Grade or Less	0	0.0%	0	0.0%	0	0.0%	3.3%
Some High School	1	14.3%	4	26.7%	5	22.7%	12.9%
High School Graduate/GED	3	42.9%	5	33.3%	8	36.4%	34.9%
Technical or Trade School	0	0.0%	0	0.0%	0	0.0%	4.9%
Some College	3	42.9%	6	40.0%	9	40.9%	28.8%
Completed College	0	0.0%	0	0.0%	0	0.0%	10.3%
Graduate Education	0	0.0%	0	0.0%	0	0.0%	4.0%
Other	0	0.0%	0	0.0%	0	0.0%	0.9%
Total	**7**	**100.0%**	**15**	**100.0%**	**22**	**100.0%**	**100.0%**
In-Care n = 7; Out-of-Care n = 15; Combined In-Care/Out-of-Care n = 22							

Sixty-four percent of the youth sample were not working compared to 76% of the total sample. Eighteen percent were working full-time and 18% part-time.

- Of those not working, 43% were looking for a job, and 21% were current students.
- Two respondents, or 14% of those not working were on disability.

Tables 4.131
Employment Status
Youth Ages 13-24

	In-Care		Out-of-Care		Total Youth		Total Sample
Employment Status	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Work Full-Time	1	14.3%	3	20.0%	4	18.2%	13.3%
Work Part-Time	1	14.3%	3	20.0%	4	18.2%	11.0%
Not Working	5	71.4%	9	60.0%	14	63.6%	75.6%
Total	**7**	**100.0%**	**15**	**100.0%**	**22**	**100.0%**	**100.0%**
In-Care n = 7; Out-of-Care n = 15; Combined In-Care/Out-of-Care n = 22							

Table 4.132
Unemployed Status
Youth Ages 13-24

If You Are Not Working, Which Best Describes You?	In-Care		Out-of-Care		Total Youth		Total Sample
	#	%	#	%	#	%	%
I am a student	1	20.0%	2	22.2%	3	21.4%	3.4%
I am looking for a job	1	20.0%	5	55.6%	6	42.9%	23.0%
I am retired	0	0.0%	0	0.0%	0	0.0%	4.7%
I work as a volunteer	0	0.0%	0	0.0%	0	0.0%	3.2%
My health keeps me from working - I am not on disability	0	0.0%	0	0.0%	0	0.0%	14.8%
My health keeps me from working - I am on disability	1	20.0%	1	11.1%	2	14.3%	44.8%
Other	2	40.0%	1	11.1%	3	21.4%	6.1%
Total	**5**	**100.0%**	**9**	**100.0%**	**14**	**100.0%**	**100.0%**

In-Care n = 5; Out-of-Care n = 9; Combined In-Care/Out-of-Care n = 14

Housing Situation

About one-third of youth respondents reported living in a place owned or rented in their name. The other two-thirds reported various living situations.

- Four (18%) reported living in a parent or relative home permanently. Two (9%) reported living in another person's home permanently.
- Four, or 18% reported living in a parent or relative home temporarily. Two (9%) reported living in another person's home temporarily.
- Two (9%) reported living in an assisted living facility, and one (5%) in a residential hospice facility or skilled nursing home.

Table 4.133
Housing
Youth Ages 13-24

Where do you live now? (check only one)	In-Care		Out-of-Care		Total Youth		Total Sample
	#	%	#	%	#	%	%
In an apartment/house/mobile home that I own or rent in my name	3	42.9%	4	26.7%	7	31.8%	52.2%
At my parent's or a relative's home-permanent	2	28.6%	2	13.3%	4	18.2%	8.3%
In a "supportive living" facility (Assisted Living Facility)	0	0.0%	2	13.3%	2	9.1%	7.3%
At another person's apartment/home-permanent	0	0.0%	2	13.3%	2	9.1%	5.9%
At another person's apartment/home-temporary	0	0.0%	4	26.7%	4	18.2%	5.6%
At my parent's or a relative's home-temporary	1	14.3%	1	6.7%	2	9.1%	4.6%

Where do you live now? (check only one)	In-Care		Out-of-Care		Total Youth		Total Sample
	#	%	#	%	#	%	%
Homeless (on the street or in car)	0	0.0%	0	0.0%	0	0.0%	4.0%
In a half-way house, transitional housing or treatment facility (drug or psychiatric)	0	0.0%	0	0.0%	0	0.0%	4.0%
Homeless Shelter	0	0.0%	0	0.0%	0	0.0%	3.6%
In a rooming or boarding house	0	0.0%	0	0.0%	0	0.0%	2.0%
Residential hospice facility or skilled nursing home	1	14.3%	0	0.0%	1	4.5%	0.1%
Domestic Violence Shelter	0	0.0%	0	0.0%	0	0.0%	0.0%
Other	0	0.0%	0	0.0%	0	0.0%	2.3%
Total	**7**	**100.0%**	**15**	**100.0%**	**22**	**100.0%**	**100.0%**
In-Care n = 7; Out-of-Care n = 15; Combined In-Care/Out-of-Care n = 22							

Income

Understandably, incomes for youth were lower than the total sample. Seventy-seven percent of youths earned less than $950 a month compared to the total sample (68%).

Table 4.134
Income
Youth Ages 13-24

	In-Care		Out-of-Care			Total Youth	Total Sample
Monthly Income	#	%	#	%	#	%	%
Less than $950	5	71.4%	12	80.0%	17	77.3%	68.1%
$950 - $1,900	0	0.0%	2	13.3%	2	9.1%	22.5%
$1,901 - $2,800	2	28.6%	1	6.7%	3	13.6%	6.7%
More than $2,800	0	0.0%	0	0.0%	0	0.0%	2.6%
Total	**7**	**100.0%**	**15**	**100.0%**	**22**	**100.0%**	**100.0%**
In-Care n = 7; Out-of-Care n = 15; Combined In-Care/Out-of-Care n = 22							

Substance Use and Mental Health Disorders

The consumer survey asked about current drug and alcohol use with the following results:

- The majority (77%) of youth survey respondents used drugs or alcohol in the past six months.
- One youth respondent admitted to injecting drugs, and that respondent was out-of-care.
- Over 54% refused to respond to the question regarding IV drug use.

Table 4.135
Substance Abuse
Youth Ages 13-24

	In-Care		Out-of-Care		Total Youth		Total Sample
Substance Use	#	%	#	%	#	%	%
Have Used Drugs or Alcohol in Past 6 Months	4	57.1%	13	86.7%	17	77.3%	56.2%
No Drugs Listed Used	3	42.9%	2	13.3%	5	22.7%	43.8%
Total	**7**	**100.0%**	**15**	**100.0%**	**22**	**100.0%**	**100.0%**
In-Care n = 7; Out-of-Care n = 15; Combined In-Care/Out-of-Care n = 22							

Table 4.136
IV Drug Use
Youth Ages 13-24

	In-Care		Out-of-Care			Total Youth	Total Sample
IV Drug Use	#	%	#	%	#	%	%
Yes	0	0.0%	1	6.7%	1	4.5%	3.3%
No	3	42.9%	6	40.0%	9	40.9%	36.3%
No Response	4	57.1%	8	53.3%	12	54.5%	60.4%
Total	**7**	**100.0%**	**15**	**100.0%**	**22**	**100.0%**	**100.0%**
In-Care n = 7; Out-of-Care n = 15; Combined In-Care/Out-of-Care n = 22							

In contrast to the total sample where alcohol was most frequently cited, the most frequent substance used by youth in the last six months was marijuana (82%), followed by alcohol (71%) and stimulants (24%).

- Marijuana use was reported by 12 out of 14, or 92% of out-of-care respondents.
- Alcohol use was reported by 85% of out-of-car respondents.
- Of the 17 youth respondents using drugs, 13 were out-of-care and 4 were in-care.

Table 4.137
Substance Use in the Last 6 Months
Youth Ages 13-24

	In-Care		Out-of-Care		Total Youth		Total Sample
Substance Use	#	%	#	%	#	%	%
Alcohol	1	25.0%	11	84.6%	12	70.6%	69.1%
Marijuana	2	50.0%	12	92.3%	14	82.4%	46.4%
Depressants	2	50.0%	1	7.7%	3	17.6%	10.2%
Ketamine/PCP	0	0.0%	1	7.7%	1	5.9%	0.3%
Hallucinogens	0	0.0%	1	7.7%	1	5.9%	1.0%
Opioids and Morphine	0	0.0%	3	23.1%	3	17.6%	11.2%
Stimulants	1	25.0%	3	23.1%	4	23.5%	19.9%

	In-Care		Out-of-Care		Total Youth		Total Sample
Substance Use	**#**	**%**	**#**	**%**	**#**	**%**	**%**
Steroids not prescribed by your doctor	0	0.0%	0	0.0%	0	0.0%	0.8%
Prescription painkillers not prescribed by your doctor	0	0.0%	1	7.7%	1	5.9%	6.1%
Inhalants	0	0.0%	0	0.0%	0	0.0%	2.6%
In-Care n = 4; Out-of-Care n = 13; Combined In-Care/Out-of-Care n = 17							

Of the 12 youth survey respondents reporting alcohol use, seven reported using alcohol more than three times per week.

- Three (18%) youth respondents reporting substance or alcohol use have thought about seeking substance abuse treatment.

Table 4.138
Alcohol Use
Youth Ages 13-24

Do you Drink Alcohol More Than 3 Times A Week?	In-Care		Out-of-Care		Total Youth		Total Sample
	#	**%**	**#**	**%**	**#**	**%**	**%**
Yes	0	0.0%	7	63.6%	7	58.3%	29.2%
No	1	100.0%	4	36.4%	5	41.7%	70.8%
Total	**1**	**100.0%**	**11**	**100.0%**	**12**	**100.0%**	**100.0%**
In-Care n = 1; Out-of-Care n = 11; Combined In-Care/Out-of-Care n = 12							

Table 4.139
Considering Treatment
Youth Ages 13-24

Have Thought About Seeking Substance Abuse Treatment	In-Care		Out-of-Care		Total Youth		Total Sample
	#	**%**	**#**	**%**	**#**	**%**	**%**
Yes	1	25.0%	2	15.4%	3	17.6%	28.4%
No	3	75.0%	11	84.6%	14	82.4%	71.6%
No Response	0	0.0%	0	0.0%	0	0.0%	1.3%
Total	**4**	**100.0%**	**13**	**100.0%**	**17**	**100.0%**	**100.0%**
In-Care n = 4; Out-of-Care n = 13; Combined In-Care/Out-of-Care n = 17							

Nine percent of youth consumer survey respondents were diagnosed with depression, compared to 30% in the total sample. While the small sample size does not allow for conclusion, it is apparent that youth do not receive adequate mental health counseling.

Table 4.140
Depression Diagnosis
Youth Ages 13-24

Have You Received Medical Treatment for Depression in the Last 12 Months	In-Care		Out-of-Care		Total Youth		Total Sample
	#	%	#	%	#	%	%
Yes	1	14.3%	1	6.7%	2	9.1%	29.7%
No	6	85.7%	14	93.3%	20	90.9%	70.3%
Total	**7**	**100.0%**	**15**	**100.0%**	**22**	**100.0%**	**100.0%**
In-Care n = 7; Out-of-Care n = 15; Combined In-Care/Out-of-Care n = 22							

DIAGNOSIS AND REFERRAL FOR CARE

The majority of youth consumer survey respondents were diagnosed in the last three years between 2014-2017.

- More than 86% of youth consumers were diagnosed in 2011 or after.

Table 4.141
Year of Diagnosis
Youth Ages 13-24

	In-Care		Out-of-Care		Total Youth		Total Sample
Year Diagnosed with HIV	#	%	#	%	#	%	%
Before 1990	0	0.0%	0	0.0%	0	0.0%	11.8%
1990-1995	1	14.3%	1	6.7%	2	9.1%	12.9%
1996-1999	0	0.0%	0	0.0%	0	0.0%	11.3%
2000-2004	1	14.3%	0	0.0%	1	4.5%	16.5%
2005-2007	0	0.0%	0	0.0%	0	0.0%	9.0%
2008-2010	0	0.0%	0	0.0%	0	0.0%	11.8%
2011-2013	1	14.3%	4	26.7%	5	22.7%	11.6%
2014-2017	4	57.1%	10	66.7%	14	63.6%	14.1%
No Response or Unclear Response	0	0.0%	0	0.0%	0	0.0%	1.0%
Total	**7**	**100.0%**	**15**	**100.0%**	**22**	**100.0%**	**100.0%**
In-Care n = 7; Out-of-Care n = 15; Combined In-Care/Out-of-Care n = 22							

Differences exist in how quickly in-care and out-of-care/returned to care youth consumers accessed medical care following diagnosis.

- 43% of in-care compared to 13% of out-of-care consumers reported seeing a doctor within three months.
- 40% of out-of-care consumers had not received HIV medical care while every in-care youth respondent reported receiving HIV medical care.

- The proportion of youth respondents who reported not receiving medical care for HIV (27%) was substantially greater than the total sample (4%).

Table 4.142
Care After Diagnosis
Youth Ages 13-24

How Soon After Your Diagnosis Did You Go To See a Doctor About Your HIV?	In-Care		Out-of-Care		Total Youth		Total Sample
	#	%	#	%	#	%	%
In less than 1 month	2	28.6%	3	20.0%	5	22.7%	24.1%
In less than 3 months	3	42.9%	2	13.3%	5	22.7%	26.5%
Within 3 to 6 months	1	14.3%	3	20.0%	4	18.2%	16.6%
After more than 6 months	1	14.3%	1	6.7%	2	9.1%	28.8%
I have not received HIV medical care	0	0.0%	6	40.0%	6	27.3%	3.7%
No Response	0	0.0%	0	0.0%	0	0.0%	0.1%
Total	**7**	**100.0%**	**15**	**100.0%**	**22**	**100.0%**	**100.0%**
In-Care n = 7; Out-of-Care n = 15; Combined In-Care/Out-of-Care n = 22							

BARRIERS TO CARE

In-Care

Seventy-one percent of in-care youth respondents did not find it hard to get care compared to 57% of the total sample of consumers. Affordability of co-pays, deductibles, and other costs of treatments and medicines, paperwork, and transportation were the predominant barriers noted.

Table 4.143
HIV Medical Care Potential Problems
Youth Ages 13-24
In-Care

In the past year, why was it hard for you to get HIV medical care? (Check all that apply)	In-Care Youth		In-Care Total Sample
	#	%	%
It was not hard to get medical care	5	71.4%	56.5%
I cannot afford the co-pays, deductibles, and other costs of treatments and medicines	2	28.6%	9.0%
Paperwork needed	1	14.3%	12.9%
I do not have transportation so it's hard to get there	1	14.3%	12.0%
The time it takes to get an appointment	1	14.3%	9.4%
No weekend hours	1	14.3%	8.8%
No evening hours (after 5 pm)	1	14.3%	7.2%
Other	1	14.3%	4.8%

In the past year, why was it hard for you to get HIV medical care? (Check all that apply)	In-Care Youth		In-Care Total Sample
	#	%	%
Amount of time it takes at the clinic	0	0.0%	15.1%
I have to miss work to go to medical appointments	0	0.0%	7.4%
Sometimes I do not feel well enough to go to my appointment	0	0.0%	5.7%
I am afraid of being seen at the clinic	0	0.0%	3.7%
I do not feel mentally able to deal with the treatment	0	0.0%	1.8%
The clinic only treats HIV and no other medical conditions	0	0.0%	2.6%
It is too hard to follow the medical advice	0	0.0%	0.2%
The staff does not understand my culture	0	0.0%	1.1%
I am in a domestic violence/sexual assault situation	0	0.0%	0.4%
The staff does not speak my language	0	0.0%	0.2%
In-Care n = 7; Out-of-Care n = 15; Combined In-Care/Out-of-Care n = 22			

Twenty percent of out-of-care youth respondents did not find it hard to get care compared to 57% of the total sample of consumers. For those who did find it hard the following barriers were noted:

- "I am afraid of being seen at the clinic."
- "Amount of time it takes at the clinic."
- "Paperwork needed."
- "The time it takes to get an appointment."

Table 4.144
HIV Medical Care Potential Problems
Youth Ages 13-24
Out-of-Care

In the past year, why was it hard for you to get HIV medical care? (Check all that apply)	Out-of-Care Youth		Out-of-Care Total Sample
	#	%	%
I am afraid of being seen at the clinic	5	33.3%	10.4%
Amount of time it takes at the clinic	4	26.7%	20.4%
It was not hard to get medical care	3	20.0%	35.4%
Paperwork needed	3	20.0%	20.8%
The time it takes to get an appointment	3	20.0%	14.6%
No weekend hours	3	20.0%	10.8%
No evening hours (after 5 pm)	3	20.0%	11.7%
It is too hard to follow the medical advice	3	20.0%	6.3%
Sometimes I do not feel well enough to go to my appointment	2	13.3%	9.2%
I do not feel mentally able to deal with the treatment	2	13.3%	7.9%
The clinic only treats HIV and no other medical conditions	2	13.3%	4.6%
I cannot afford the co-pays, deductibles, and other costs of treatments and medicines	1	6.7%	15.8%

In the past year, why was it hard for you to get HIV medical care? (Check all that apply)	Out-of-Care Youth		Out-of-Care Total Sample
	#	%	%
I have to miss work to go to medical appointments	1	6.7%	10.0%
I do not have transportation so it's hard to get there	1	6.7%	15.8%
The staff does not understand my culture	1	6.7%	3.3%
I am in a domestic violence/sexual assault situation	1	6.7%	1.3%
The staff does not speak my language	1	6.7%	0.8%
Other	0	0.0%	7.9%
In-Care n = 7; Out-of-Care n = 15; Combined In-Care/Out-of-Care n = 22			

Reason for Not Getting Care

Fifty-seven youth respondents who were out-of-care during the last 12 months were asked to provide reasons for not being in care. The most common reasons for not being in care were:

- "I did not feel sick"
- "I do not want to think about being HIV+"
- "I do not need or want medical care"
- "I do not have money to pay," (tied for third)

Table 4.145
Why Are You Not Getting HIV Medical Care?
Youth Ages 13-24
Out-of-Care

Why are you not getting HIV medical care? (Check all that apply)	Out-of-Care Youth		Out-of-Care Total Sample
	#	%	%
I do not feel sick	6	10.5%	59.6%
I do not need or want medical care	3	5.3%	10.5%
I do not want to think about being HIV positive	4	7.0%	29.8%
I am afraid to get medical care	0	0.0%	10.5%
It is too much trouble	2	3.5%	17.5%
I do not want to take medicines	2	3.5%	28.1%
Too much paperwork is needed	0	0.0%	8.8%
I am afraid to be seen at the clinic	2	3.5%	17.5%
The appointments cause problems with my job	0	0.0%	3.5%
The clinic asks too many personal questions	1	1.8%	12.3%
I do not like the physical exam	0	0.0%	0.0%
I use drugs or alcohol	2	3.5%	15.8%
It is hard to get there (transportation)	1	1.8%	17.5%
Long waiting time to get an appointment	0	0.0%	8.8%
I do not have needed identification (ID)/my ID does not match who I am	0	0.0%	3.5%

Why are you not getting HIV medical care? (Check all that apply)	Out-of-Care Youth		Out-of-Care Total Sample
	#	%	%
Services are not in my language	0	0.0%	0.0%
I do not have legal status in the U.S.	0	0.0%	0.0%
I do not have money to pay	3	5.3%	22.8%
Other	2	3.5%	12.3%

Out-of-Care n = 57 (Answered No to Q4, Q5 AND Q6). Respondents were permitted to choose more than one.

Reasons for Dropping Out-of-Care

Youth who had left care for more than six years in the last six months were asked why they dropped out-of-care. The two most frequent reasons given for not receiving medical care were that it was hard to keep appointments and not feeling sick.

- 83% did not feel sick, compared to 27% of the total sample.
- 38% found it difficult to keep appointments.

Table 4.146
Reasons for Dropping Out-of-Care
Youth Ages 13-24
Out-of-Care

In the past year, why was it hard for you to get HIV medical care? (Check all that apply)	Out-of-Care Youth		Out-of-Care Total Sample
	#	%	%
It was hard to keep appointments	3	50.0%	32.3%
I was using drugs	2	33.3%	28.1%
I did not feel sick	5	83.3%	26.9%
I was tired of taking medicines	1	16.7%	26.3%
I did not have money	2	33.3%	24.6%
I needed a break	1	16.7%	19.8%
I was tired of going to the clinic	2	33.3%	18.6%
Other	0	0.0%	18.0%
It was hard to get to the clinic (transportation)	0	0.0%	16.8%
I was using alcohol	2	33.3%	13.8%
The appointments took too long	1	16.7%	12.6%
I did not need or want medical care	2	33.3%	11.4%
I moved and did not know where to go	1	16.7%	11.4%
The staff does not understand my culture	0	0.0%	5.4%
Staff does not understand my language	0	0.0%	1.8%

Out-of-Care n = 6. Respondents were permitted to choose more than one.

SERVICE NEEDS

Youth survey respondents most frequently identified service needs ranging from dental care visits to medical case management. The top needs include:

- Dental visits
- Transportation to medical care
- Help paying for prescriptions/medications
- Help paying for co-pays, deductibles for HIV medical care visits and medications
- Employment Services
- Education services
- Food bank
- Primary medical care unrelated to HIV
- Medical care from a specialist
- Medical case management
- Nonmedical case management

Top needs among the total survey respondents included four categories that Youth did not identify in top 10:

- Food bank.
- HIV outpatient medical care.
- Emergency long-term rental assistance voucher.
- Emergency financial assistance for rent/mortgage or utilities.

Table 4.147
Service Needs
Youth Ages 13-24

From the list below, check the 5 services you need the most:	In-Care		Out-of-Care		Total Youth		Total Sample
	#	%	#	%	#	%	%
Dental Visits	3	42.9%	11	73.3%	14	63.6%	57.8%
Help paying for prescription medicines	2	28.6%	6	40.0%	8	36.4%	32.1%
Transportation to Medical Care—Bus Pass/Van Service	0	0.0%	8	53.3%	8	36.4%	24.5%
Help paying for co-pays and deductibles for HIV medical care visits and medications	1	14.3%	6	40.0%	7	31.8%	19.8%
Employment Services	1	14.3%	6	40.0%	7	31.8%	14.5%
Education Services	2	28.6%	5	33.3%	7	31.8%	9.5%
Food Bank	1	14.3%	5	33.3%	6	27.3%	47.9%
Primary Medical Care for general medical care not related to HIV	1	14.3%	5	33.3%	6	27.3%	25.1%
Medical Care from a Specialist referred by your HIV medical provider	0	0.0%	5	33.3%	5	22.7%	25.3%
Non-Medical Case Management	0	0.0%	5	33.3%	5	22.7%	12.2%

From the list below, check the 5 services you need the most:	In-Care		Out-of-Care		Total Youth		Total Sample
	#	%	#	%	#	%	%
HIV Outpatient Medical Care	1	14.3%	3	20.0%	4	18.2%	46.9%
Job Training Services	0	0.0%	3	20.0%	3	13.6%	9.2%
Medical Case Management	1	14.3%	1	6.7%	2	9.1%	
Mental Health Counseling	0	0.0%	2	13.3%	2	9.1%	18.9%
Transportation to Other Services	1	14.3%	1	6.7%	2	9.1%	11.0%
Emergency Financial Assistance for Rent/Mortgage or Utilities	0	0.0%	1	6.7%	1	4.5%	21.2%
If you have health insurance, help with continuing this insurance	0	0.0%	1	6.7%	1	4.5%	7.9%
Outpatient Substance Abuse Treatment	0	0.0%	1	6.7%	1	4.5%	4.2%
Child Care while at a medical or other appointment	0	0.0%	1	6.7%	1	4.5%	2.4%
Emergency Long-Term Rental Assistance (Voucher)	0	0.0%	0	0.0%	0	0.0%	20.5%
Nutritional Counseling	0	0.0%	0	0.0%	0	0.0%	12.2%
Legal Services to help you work through a problem obtaining services/benefits, outline advance directives or establish guardianships	0	0.0%	0	0.0%	0	0.0%	9.3%
Facility Based Housing (Assisted Living Facility)	0	0.0%	0	0.0%	0	0.0%	6.7%
Respite Care for Adults (Activities during day)	0	0.0%	0	0.0%	0	0.0%	2.2%
Early Intervention to help you get into HIV medical care	0	0.0%	0	0.0%	0	0.0%	2.2%
Translation or Interpretation	0	0.0%	0	0.0%	0	0.0%	1.4%
Respite Care for HIV positive children	0	0.0%	0	0.0%	0	0.0%	0.4%

In-Care n = 7; Out-of-Care n = 15; Combined In-Care/Out-of-Care n = 22

KEY INFORMANT INTERVIEWS

The comments presented below represent the beliefs, opinions, and experiences of the key informants interviewed.

Key informants were asked about barriers faced by youth who never linked to care.

Sex Education

- *Dallas County does tend to be progressive in addressing sexual activity among 13-24 year olds but it's not done in a comprehensive manner where students spend most of their time – in school.*
- *Comprehensive sex education, in some form, even if it can't be in the schools.*
- *Sex education is so important for youth.*
- *In Texas, it's a failure of the school system not to allow sex education. Reaching this population and is the biggest challenge and their lack of education is their biggest need.*

Prevention Messaging

- *We can't reach this group without knowing how to make the message effective.*
- *Education – they need as much HIV prevention as possible.*

FOCUS GROUPS AND INTERVIEWS

The comments presented below represent the beliefs, opinions, and experiences of Provider Focus Group participants with regard to the barriers they believe are faced by youth.

Health Coverage Issues

- *They don't know where the resources are and they don't have access to funds because Texas didn't expand Medicaid and they don't know how to use the Ryan White System.*
- *While it was a blessing that the ACA allowed children to be on their parents' health plan until they were 26, if they don't have HIV and they don't want their parents to know, then they don't get treatment.*
- *Kids who are coming off CHIP and Medicaid don't have experience with private insurance; and there is no counseling for those transitioning from CHIP to adult Medicaid.*

The following beliefs, opinions and experiences were expressed by Consumer Focus Group members.

- *There are a lot of places we can't go (e.g., school) in order to get the message out because they don't want us to.*
- *Young people don't think about the risk.*
- *Someone, a parent, needs to talk about risk to their kids and grandkids.*

Direct service and Planning Council focus group participants provided additional information regarding barriers they believe young people face, including issues related to transportation, mental health services, denial, and parental disclosure.

- *The real problem with the age group 20-26 is that they are incredibly difficult to keep engaged in care. They seem to be at some level of denial or they don't think they're sick or are going to get sicker, so it's not a priority for them to be in treatment or take their medications; and we really struggle to keep them in care.*
- *I think transportation is a big issue; physically getting around.*
- *Another top issue is stigma; they don't want to be seen at these clinics or agencies that provide these services because they don't want people to think they are HIV+.*
- *Younger people think they know everything and they feel good, they think they don't look sick and very rarely do they go to the doctor unless they feel sick.*

RECOMMENDATIONS

1. HIV+ youth are difficult to find and even more difficult to link to care. Efforts to engage in common communication methods, i.e. social media, should be emphasized as an important avenue to pursue.

2. Youth represent the newest priority population in the Dallas Planning Area. Education and appropriate messaging to this group appear particularly challenging to overcome and should be given strong consideration with regard to follow-up activities.

3. The County Health Department should meet with the local school districts to discuss rates of teen pregnancies, STDs, alcohol and other substance use and HIV among youth as a continuing public health issue, in an effort to broaden the school curriculum for health education to include information and tactics on prevention and healthy behaviors. Priority should be placed on schools where high risk behaviors are known to exist.

4. Encourage Ryan White providers to increase their use of popular social media sites, apps (used by teens and young adults) to provide outreach and early intervention services.

5. Enhance prevention and outreach activities by having providers hold events on college campuses and at events where young people are likely to gather. Utilize peer outreach whenever possible.

5. SERVICE CATEGORIES

This service category analysis integrates results of each component of the needs assessment – the consumer survey, provider Focus Group discussions, profile of provider capacity, resource inventory, and epidemiological data.

SERVICES IN THIS REPORT

The Health Resources and Services Administration (HRSA) has designated services as either "core" or "support." At least 75% of RWHAP funds must be allocated to core services, and no more than 25% on support services unless they receive an approved waiver to this requirement.

The core, support and other services evaluated by the consumer survey are presented below. The HRSA service title is followed by the description of that service used in the consumer survey.

Core Services

(Outpatient) Ambulatory Medical Care (OAMC)

- HIV Outpatient Medical Care
- (For women) Outpatient OB/GYN Care Visits
- Primary Medical Care for general medical care not related to HIV
- Medical Care from a Specialist referred by your HIV doctor (i.e., heart, skin, diabetes, other specialist)
- Child assessment and early intervention

AIDS Drug Assistance Program (ADAP) and AIDS Pharmaceutical Assistance (local)

- Help paying for prescription medications
- Help paying for medications and prescriptions/other pharmaceutical assistance

Early Intervention Services (EIS)

- Early intervention to help you get into HIV medical care

Health Insurance Premium and Cost Sharing Assistance for Low Income Individuals

- Help with your health premiums, co-pays or deductibles

Home Health Care

- Home health care

Home and Community-Based Services

- Home and community-based health services – home aides and assistants

Hospice Services

- Hospice Services

Medical Case Management, including Treatment Adherence Services
- Help with coordination of your medical care offered at medical and dental care locations
- Treatment adherence counseling

Medical Nutrition Therapy
- Medical nutrition counseling

Mental Health Services
- Mental health counseling

Oral Health Care
- Dental visits

Substance Abuse Outpatient Care
- Outpatient substance abuse treatment

Support Services

Child Care Services
- Child care while at medical or other appointment

Emergency Financial Assistance
- Financial assistance for utilities

Food Bank/Home Delivered Meals
- Food Bank

Health Education/Risk Reduction
- Education on how to prevent HIV
- Treatment adherence counseling

Housing
- Emergency assistance for rent or mortgage
- Facility-Based Housing (Assisted Living Facility)
- Long-Term Housing

Legal Services
- See Other Professional Services

Linguistics Services
- Translation or interpretation

Medical Transportation
- Transportation to medical care

Non-Medical Case Management

- Non-Medical Case Management (help accessing medical and other needed services)

Other Professional Services (including Permanency Planning)

- Legal services to help you work through a problem obtaining service benefits, outline advance directives, or establish guardianships
- Permanency planning – legal help with writing your will

Outreach Services

- Outreach to help you get HIV tested and into HIV medical care

Psychosocial Support Services

- Group or individual counseling to help cope with HIV

Referral for Health Care Support Services

- Referral for help getting health care or supportive services

Rehabilitation Services

- Rehabilitation services

Respite Care

- Respite care for adults
- Respite care for children

Substance Abuse Services (Residential)

- Substance abuse services (residential)

SERVICE NEED AND BARRIERS

The consumer survey services section asked the following questions about the 35 core and support services outlined:

- **Do You Use This Service Now or Over the Past Year?**
  - If a service is being used, it is assumed the service is needed.
  - If the service is being used, the next question asks about ease of use.
  - If the service is not being used, the next question asks about need for the service.
- **How Easy Was It For You To Get the Service?**
  - The number and percentage of people who use the service and found it easy to get is presented as **Need Met Easily**
  - The number and percentage of people who use the service and found it hard or somewhat hard to get is presented as **Need Met Hard**.
  - Anyone with a service that was hard or somewhat hard to get was asked the reason under the barriers section.

- **Unfulfilled need for a service**.
  - If someone is not using the service but states a need for it, he/she is considered to have an unfulfilled need for the service.
  - The number and percentage of people who have an unfulfilled need is presented as **Need Not Met**.
  - Anyone with an unfulfilled need was asked the reason under the barriers section.
- **Barriers to Care**.
  - If a service fulfilled the criteria for either Need Met Hard or Somewhat Hard or Need Not Met, the respondent was asked either, **"What is the *main* reason you were not able to get this service?"** or **"What is the *main* reason this service was hard to get?"**
  - Specific barriers were identified for each service.
  - A list of "problems" with HIV medical care asked early in the survey replaced the barrier questions for Ambulatory/Outpatient Medical Care.

The service need and barriers are provided for the total sample, in-care and out-of-care consumer respondents. For most services, the Priority Populations' service need and barriers are also presented. The total number of respondents for any question is displayed with "n."

GAP ANALYSIS

The gap analysis utilizes the results of the consumer survey along with the provider Focus Groups, out-of-care consumer interviews, Key Informant Interviews, provider survey and the provider inventory to inform the analysis. In doing so, the following issues are considered:

- How highly the service was ranked as needed by survey respondents.
- The unfulfilled need ranking of respondents.
- The current availability and capacity as reported by the provider survey and inventory.
- The degree of difficulty consumers report, when attempting to access the service.
- The percent of respondents experiencing barriers, and qualitative information obtained through interviews and provider Focus Groups.

Table 5.1
Service Need Ranking
Total Sample: In-Care and Out-of-Care

	Total Sample			In-Care		Out-Of-Care	
SERVICE	Total Need Rank	% Of Need Reported In The Sample	Unfulfilled Need	Total Need Rank	Unfulfilled Need Rank	Total Need	Unfulfilled Need
Dental Visits	1	67.45%	1	2	1	1	1
HIV Outpatient Medical Care	2	67.37%	18	1	20	2	12
Food Bank	3	65.26%	8	3	9	4	8
Help Paying for Prescription Medications	4	63.93%	13	4	13	3	6
Medical Case Management—help with coordination of your medical care offered at medical and dental care locations.	5	63.28%	15	5	17	*5	8
Help Paying for Prescription Medications/Other Pharmaceutical Assistance	6	61.68%	11	7	12	*5	7
Medical Care from a Specialist referred by your HIV doctor (i.e., heart, skin, diabetes, other specialist)	7	60.06%	12	6	11	10	16
Transportation to Medical Care—Bus Pass/Van Service	8	58.23%	17	8	16	7	16
Help paying for co-pays and deductibles for HIV medical care visits and medications	9	57.49%	5	9	6	9	4
Long-Term Housing	10	57.49%	2	10	2	8	2
Non-Medical Case Management—help accessing support services	11	56.29%	18	11	19	11	13
Referral help for getting health care or supportive services	12	53.19%	14	12	13	12	8
Mental Health Counseling	13	52.00%	16	13	13	13	14
Health Education and Risk Reduction information on how to prevent HIV	14	49.71%	20	16	23	14	20
Emergency Assistance for Rent, Mortgage	15	49.13%	3	14	3	15	3
Emergency Financial Assistance for utilities	16	48.54%	4	15	4	16	4
Psychosocial Support services group counseling to help cope with HIV	17	42.61%	10	17	8	18	19
Medical Nutritional Counseling	18	42.11%	8	19	9	17	8
Legal Services (to help you work through a problem obtaining services/benefits, outline advance directives or establish guardianships)	19	41.07%	7	18	6	19	14
Permanency Planning legal help with writing your will	20	40.00%	6	20	5	20	16
Home Health Care	21	35.61%	24	21	22	25	26
Treatment Adherence Counseling - help understanding your medications from someone other than a health professional	22	34.33%	22	25	24	20	21
Home and Community-based Health Services home aides and assistants	23	33.16%	22	23	20	26	25
Rehabilitation Services	24	31.96%	20	26	18	24	23
(For Women) Outpatient OB/Gyn Care visits	25	31.78%	30	24	33	27	29
Outreach to help you get HIV tested and into HIV medical care	25	31.78%	27	22	25	28	31
Outpatient Substance Abuse Treatment	27	31.07%	25	27	26	23	24
Substance Abuse Services - Residential	28	28.84%	26	28	29	22	22
Respite Care for Adults (Activities during day)	29	21.19%	27	29	27	29	28
Translation or Interpretation	30	20.48%	31	30	29	31	32
Hospice Services	31	18.52%	29	31	27	30	29
Child Care while at a medical or other appointment	32	10.51%	34	32	32	33	32
Child Assessment and Early Intervention	33	10.20%	31	33	29	33	32
(Out of Care Only) Early Intervention to help you get into HIV medical care	34	15.91%	31	n/a	n/a	31	27
Respite Care for HIV positive Children	35	3.30%	35	34	34	35	35
*Services tied for fifth place							

CORE SERVICES

(OUTPATIENT) AMBULATORY MEDICAL CARE (OAMC)

The provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

It should be noted that the following services are presented in this section:

- HIV Outpatient Medical Care
- Medical Care from a Specialist referred by your HIV doctor (i.e., heart, skin, diabetes, other specialist)
- (For women) Outpatient OB/GYN Care Visits
- Child Assessment and Early Intervention

HIV OUTPATIENT MEDICAL CARE

Consumer Survey Results

HIV Outpatient Medical Care was ranked number two in need by all survey respondents; HIV Outpatient Medical Care was ranked first in need by in-care and second in need by out-of-care consumers. It ranked eighteenth in unfulfilled need. This is an improvement from eleventh in unfulfilled need in 2013.

- In-care consumers ranked it twentieth in unfulfilled need.
- It is the twelfth ranked unfulfilled need for out-of-care.

Consumer Service Needs and Barriers

Considering the need for HIV Medical Care among the total consumer survey sample:

- 77% had a need that is easily met.
- 23% had a need for this service that is met with difficulty.
- 34% had an unfulfilled need.
- Less than 1% did not respond.

In-care consumers were using HIV Medical Care and report:

- 79% found it easy to get, while
- 20% found it hard or somewhat hard to get.

Thirty-seven percent of out-of-care consumers had not used HIV Medical Care for at least 12 months.

- While 40% identified an unfulfilled need for HIV Medical Care, 60% did not have a need for it.

Considering Priority Populations' needs for HIV Outpatient Medical Care:

- In-care Black/African-American men and women and in-care MSM had the largest percentages reporting no need for HIV Outpatient Medical Care (excludes populations with small "n"s responding).
- Among respondents that had not used this service in the past 12 months, out-of-care Black/African American men and women and out-of-care MSM had the highest unmet need (excludes populations with small "n"s responding).
- In-care Hispanic men and women and in-care MSM had the largest percentage with their need met easily.

Table 5.2
Service Need
HIV Outpatient Medical Care

2016	Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population	#	%	#	%	#	%	#	%	#	%
Total	**370**	**76.8%**	**109**	**22.6%**	**3**	**0.6%**	**63**	**34.2%**	**121**	**65.8%**
In-Care	275	79.3%	69	19.9%	3	0.9%	27	28.4%	68	71.6%
Out-Of-Care	95	70.4%	40	29.6%	-	0.0%	36	40.4%	53	59.6%
Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.										
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 482, In-Care n = 347, Out-Of-Care n = 135										
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 184, In-Care n = 95, Out-Of-Care n = 89										

Table 5.3
Service Need by Priority Population
HIV Outpatient Medical Care

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Black/African-American Men & Women	In-Care	158	76.3%	48	23.2%	1	0.5%	10	25.0%	30	75.0%
	Out-Of-Care	44	66.7%	22	33.3%	-	0.0%	23	39.7%	35	60.3%
Hispanic/Latino (of any Race) Men & Women	In-Care	40	81.6%	9	18.4%	-	0.0%	8	34.8%	15	65.2%
	Out-Of-Care	18	69.2%	8	30.8%	-	0.0%	2	28.6%	5	71.4%
MSM	In-Care	137	83.0%	27	16.4%	1	0.6%	13	27.7%	34	72.3%
	Out-Of-Care	51	71.8%	20	28.2%	-	0.0%	20	37.0%	34	63.0%
Age 13-24	In-Care	2	66.7%	1	33.3%	-	0.0%	-	0.0%	2	100.0%
	Out-Of-Care	-	0.0%	6	100.0%	-	0.0%	3	37.5%	5	62.5%
Transgender	In-Care	5	62.5%	3	37.5%	-	0.0%	1	100.0%	-	0.0%
	Out-Of-Care	-	0.0%	-	0.0%	2	100.0%	3	100.0%	-	0.0%
Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service. Need Met percentages are based on respondents who have used the service in the last 12 months. Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.											

In-Care Barriers to Care

In-care consumers were then asked to identify barriers relating to HIV Medical Care based on a list of potential problems. In-care consumers were asked, "Why was it hard for you to get HIV Medical Care?"

Four hundred fifty-seven in-care consumers responded to this question with 57% indicating it was not hard to get medical care.

Those with problems cited the following issues:

- "The amount of time it takes at the clinic" was identified by 69 consumers (15%).
- Paperwork needed was identified by 59 respondents (13%).
- Transportation was a problem for 55 respondents (12%).
- "The time it takes to get an appointment" was a potential problem for 43 consumers (9%).
- "I cannot afford the co-pays, deductibles, and other costs of treatment" was reported by 41 respondents (9%).

Table 5.4
Potential Problems
HIV Outpatient Medical Care

In the past year, why was it hard for you to get HIV Medical Care? (Check all that apply)	In-Care	
	#	%
It was not hard to get medical care	258	56.5%
Amount of time it takes at the clinic	69	15.1%
Paperwork needed	59	12.9%
I do not have transportation so it's hard to get there	55	12.0%
I cannot afford the co-pays, deductibles, and other costs of treatments and medicines	41	9.0%
The time it takes to get an appointment	43	9.4%
No weekend hours	40	8.8%
No evening hours (after 5 pm)	33	7.2%
I have to miss work to go to medical appointments	34	7.4%
Sometimes I do not feel well enough to go to my appointment	26	5.7%
I am afraid of being seen at the clinic	17	3.7%
I do not feel mentally able to deal with the treatment	8	1.8%
The clinic only treats HIV and no other medical conditions	12	2.6%
It is too hard to follow the medical advice	1	0.2%
The staff does not understand my culture	5	1.1%
I am in a domestic violence/sexual assault situation	2	0.4%
The staff does not speak my language	1	0.2%
Other	22	4.8%
In-Care n = 457; Out-of-Care n = 240; Combined In-Care/Out-of-Care n = 697		

Priority Populations' Service Needs and Barriers to Care

Comparing the problems with HIV Medical Care identified by the Priority Populations finds:

- Black/African-American men and women, Hispanic/Latinos, and MSM all consider "the amount of time it takes at the clinic" the biggest problem with HIV Medical Care.
- Youth report being seen at the clinic as the top barrier.
- Paperwork needed was cited among Black/African-American men and women, Hispanic/Latinos, MSM, and Transgender consumers as the second biggest problem.
- "The staff doesn't understand my culture" tied for the most cited barrier to receiving HIV Medical Care for Transgender respondents
- "Paperwork" ranked in the top five problems for all populations.

Table 5.5
Potential Problems by Priority Populations
HIV Outpatient Medical Care

In the past year, why was it hard for you to get HIV Medical Care? (Check all that apply)	#	%
Total Sample	**In-Care (n=457)**	
Amount of time it takes at the clinic	69	15.1%
Paperwork needed	59	12.9%
I do not have transportation so it's hard to get there	55	12.0%
The time it takes to get an appointment	43	9.4%
I cannot afford the co-pays, deductibles, and other costs of treatments and medicines	41	9.0%
African American Men & Women	**In-Care (n=253)**	
Amount of time it takes at the clinic	43	17.0%
Paperwork needed	35	13.8%
I do not have transportation so it's hard to get there	32	12.6%
The time it takes to get an appointment	27	10.7%
I cannot afford the co-pays, deductibles, and other costs of treatments and medicines	26	10.3%
Hispanic Men & Women	**In-Care (n=76)**	
Amount of time it takes at the clinic	11	14.5%
Paperwork needed	8	10.5%
I do not have transportation so it's hard to get there	8	10.5%
I cannot afford the co-pays, deductibles, and other costs of treatments and medicines	7	9.2%
Sometimes I do not feel well enough to go to my appointment	7	9.2%
MSM	**In-Care (n=216)**	
Amount of time it takes at the clinic	37	17.1%
Paperwork needed	31	14.4%
I do not have transportation so it's hard to get there	30	13.9%
The time it takes to get an appointment	24	11.1%
I cannot afford the co-pays, deductibles, and other costs of treatments and medicines	22	10.2%
Youth Age 13 to 24:	**In Care / Out of Care (n=22)**	
I am afraid of being seen at the clinic	5	22.7%
Amount of time it takes at the clinic	4	18.2%
Paperwork needed	4	18.2%

In the past year, why was it hard for you to get HIV Medical Care? (Check all that apply)	#	%
The time it takes to get an appointment	4	18.2%
No weekend hours	4	18.2%
Transgender	**In Care / Out of Care (n=15)**	
Amount of time it takes at the clinic	3	20.0%
Paperwork needed	3	20.0%
The time it takes to get an appointment	3	20.0%
The staff does not understand my culture	3	20.0%
I cannot afford the co-pays, deductibles, and other costs of treatments and medicines	2	13.3%

Focus Group and Key Informant Interviews

The comments presented below represent the beliefs, opinions and experiences of the participants.

- *The biggest problem at the hospital is access to care within 2 weeks or less; that is very difficult. It takes 2-4 weeks and we tend to lose people in the meantime.*
- *We have all of our same doctors, they are just not working as many days as they were. We're trying but it's still hard to get enough doctors to get them seen right away, especially since most of our doctors work part-time.*
- *Structural factors are keeping people from coming into care such as high rates of poverty and lack of access to general medical care.*
- *Services for transgender persons are severely lacking. Only 2 doctors in the area treat transgender persons, so they have zero resources.*
- *Those that get into care sometimes receive very good care, particularly with doctors who are HIV certified, or if they are in a huge climate where there are FQHC's (Federally Qualified Health Centers)*
- *It looks like we have isolated HIV so much that only those in the HIV field know much about HIV, but general doctors and Medical Centers, are just not that well-informed.*
- *Wait time to see the doctor and often needing to see a social worker once before seeing a doctor; anyone associated with RWHAP should be able to make a doctor's appointment at any point.*
- *When it comes to medical, it would be good to get clients an appointment even if the system is not ready to provide them with treatment medication, but its important for the client to feel engaged.*
- *I don't want to go to _____, because everyone knows _____ is for HIV. It's a big stigma.*
- *Coordination of care is an issue between specialty HIV providers, especially when those providers are doing primary care. I think in our area it's reasonably addressed because the clinic providers are willing to accept primary care as part of the realm of HIV.*
- *Sometimes, even though the prevention worker does their job and gets them an appointment, the agency they referred the patient to can't see them (within the required time frame) because they don't have an open appointment, so that's a capacity issue.*
- *For the newly diagnosed, another barrier is we need more understanding and open providers – some patients will make every effort to get to that appointment; they're 5 minutes late, the provider will not see them. Timeliness of appointments and some sort of generosity in timing. And understanding that this patient made every effort to get here on time – they took six buses to get there and their last bus was delayed and now they're late for the appointment, and the doctor will allow them point of entry.*

Provider Capacity Survey Results

Six RWHAP agencies provided HIV Outpatient Medical Care. All reported a waiting time for a first appointment of approximately 3 to 18 days. Four providers reported, collectively, an additional capacity of 1,079 annually. Three providers reported providing services to targeted populations.

Provider Resource Inventory

Seventeen agencies in the 2015-2016 Source Book[1] offered HIV Outpatient Medical Care (including PCP, OB/GYN, and/or care from a specialist).

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

Historically, the total number of HRSA core and support services varies based upon policy decisions. As such, in order to assess fluctuation of rank of importance, the rankings for 2016 and 2013 are assigned quartiles and compared in that manner.

In both 2016 and 2013 HIV Outpatient Medical Care was ranked second in total need. Among in-care respondents, HIV Outpatient Medical Care became the number one service need in 2016, an increase from second place in 2013. It has remained ranked second among out-of-care consumers in 2016. Unfulfilled need rank fell from the second quartile in 2013 into the third quartile in 2016 for all respondents.

[1] The 2015-2016 Source Book is inclusive of providers offering services that are part of the Planning Council's continuum of care as well as supplemental information from: the 2015 HIV Handbook of North Dallas (developed by the Parkland Health and Hospital System HIV Services Department), information received from rural RWHAP agencies about their referral partners, and service providers from the RWPC 2013 Resource Inventory that are not captured in the aforementioned sources but are still in operation.

Table 5.6
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
HIV Outpatient Medical Care

HIV Outpatient				Change from '07-'16
Total Sample	Total Need Rank	2016	2	(1)
		2013	2	
		2010	2	
		2007	1	
	Unfulfilled Need Rank	2016	18	(13)
		2013	11	
		2010	10	
		2007	5	
In-Care	Total Need Rank	2016	1	0
		2013	2	
		2010	1	
		2007	1	
	Unfulfilled Need Rank	2016	20	3
		2013	12	
		2010	23	
		2007	23	
Out-of-Care	Total Need Rank	2016	2	1
		2013	2	
		2010	5	
		2007	3	
	Unfulfilled Need Rank	2016	12	(11)
		2013	12	
		2010	5	
		2007	1	

Gap Analysis

The need for HIV Outpatient Medical Care was ranked second by the total sample in terms of need and eighteenth in terms of unfulfilled need. Among out-of-care respondents, HIV Outpatient Medical Care ranked second for need and twelfth in unfulfilled need. Among in-care respondents, HIV Outpatient Medical Care ranked first in terms of need, and ranked twentieth in terms of unfulfilled need.

Over one-third (34%) of consumer survey respondents reported an unmet need for HIV Outpatient Medical Care. Common barriers cited by survey respondents from each Priority Population included "the amount of time it takes at the clinic," "paperwork needed," "I do not have transportation so it's hard to get there," and "the time it takes to get an appointment."

Key Informant and Focus Group discussions focused on the wait times for appointments to access care.

MEDICAL CARE FROM A SPECIALIST

Consumer Survey Results

Medical Care from a Specialist ranked seventh in need by all survey respondents. Medical Care from a Specialist ranked sixth in need by in-care and tenth by out-of-care respondents. It ranked twelfth in unfulfilled need among all survey respondents from sixteenth in 2013.

- In-care consumers ranked it eleventh in unfulfilled need.
- Out-of-care consumers ranked it sixteenth in unfulfilled need.

Consumer Service Needs and Barriers

Considering the need for Medical Care from a Specialist among the total consumer survey sample:

- 73% had their need easily met.
- 27% had their need met with difficulty.
- 22% had an unfulfilled need.

In-care consumers were using Medical Care from a Specialist and reported:

- 74% found it easy to get, while
- 26% found it hard or somewhat hard to get.

Thirty-one percent of out-of-care consumers reported Medical Care from a Specialist as hard or somewhat hard to get.

- While 22% identified an unfulfilled need for Medical Care from a Specialist; 78% did not have a need for it.

Considering Priority Populations' needs for Medical Care from a Specialist:

- In-care MSM and out-of-care Youth had the largest percentages reporting no need for Medical Care from a Specialist (excludes populations with small "n"s responding).
- Among respondents that had not used this service in the past 12 months, out-of-care African American men and women reported the highest unmet need (excludes populations with small "n"s responding).
- In-care MSM and out-of-care African American men and women had the largest percentage with their need met easily (excludes populations with small "n"s responding).

Table 5.7
Service Need
Medical Care from a Specialist

2016	Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population	#	%	#	%	#	%	#	%	#	%
Total	**234**	**72.9%**	**87**	**27.1%**	**-**	**0.0%**	**76**	**22.4%**	**264**	**77.6%**
In-Care	178	74.2%	62	25.8%	-	0.0%	44	22.3%	153	77.7%
Out-Of-Care	56	69.1%	25	30.9%	-	0.0%	32	22.4%	111	77.6%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 321, In-Care n = 240, Out-Of-Care n = 81
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 340, In-Care n = 197, Out-Of-Care n = 143

Table 5.8
Service Need by Priority Population
Medical Care from a Specialist

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Black/African-American Men & Women	In-Care	106	74.6%	36	25.4%	-	0.0%	27	26.0%	77	74.0%
	Out-Of-Care	34	77.3%	10	22.7%	-	0.0%	17	21.3%	63	78.8%
Hispanic/Latino (of any Race) Men & Women	In-Care	24	68.6%	11	31.4%	-	0.0%	9	24.3%	28	75.7%
	Out-Of-Care	8	53.3%	7	46.7%	-	0.0%	4	22.2%	14	77.8%
MSM	In-Care	84	78.5%	23	21.5%	-	0.0%	17	16.5%	86	83.5%
	Out-Of-Care	31	68.9%	14	31.1%	-	0.0%	16	20.0%	64	80.0%
Age 13-24	In-Care	1	100.0%	-	0.0%	-	0.0%	1	25.0%	3	75.0%
	Out-Of-Care	-	0.0%	1	100.0%	-	0.0%	2	15.4%	11	84.6%
Transgender	In-Care	3	50.0%	3	50.0%	-	0.0%	3	100.0%	-	0.0%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	2	40.0%	3	60.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents you have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

Comparing the barriers to receiving Medical Care from a Specialist identified by the Priority Populations finds:

- Black/African-American men and women, Hispanic/Latinos, and MSM all considered “difficult to get appointment” the greatest barrier to Medical Care from a Specialist.
- High co-pay was cited among 20% of Transgender, 18% of MSM, 16% of Black/African-American men and women, and 8% of Hispanic/Latinos as the second biggest problem.
- All populations cited “Other” barriers.

Table 5.9
Need Barriers to Care by Priority Population
Medical Care from a Specialist

2016	Barrier 1		Barrier 2		Barrier 3		Barrier 4		Total
Population	#	%	#	%	#	%	#	%	#
Total n = 76	32	42.1%	6	7.9%	12	15.8%	26	34.2%	76
Black/African-American Men & Women (n=44)	18	40.9%	4	9.1%	7	15.9%	15	34.1%	44
Hispanic/Latino (of any Race) Men & Women (n=13)	6	46.2%	1	7.7%	1	7.7%	5	38.5%	13
MSM (n=33)	13	39.4%	4	12.1%	6	18.2%	10	30.3%	33
Age 13-24 (n=3)	1	33.3%	0	0.0%	0	0.0%	2	66.7%	3
Transgender (n=5)	0	0.0%	1	20.0%	1	20.0%	3	60.0%	5
Note: Responses are combined In-Care/Out-Of-Care									
Barrier 1: Difficult to get appointment			**Barrier 3: High co-pay**						
Barrier 2: Service Not Available			**Barrier 4: Other**						

Focus Group and Key Informant Interviews

The comments presented below represent the beliefs, opinions and experiences of the participants.

- *The population living with HIV is aging, so there are significant co-morbidities we worry about in the aging HIV community including cardiovascular health and cancer prevention – screening and surveillance are huge and that's going to require a multidisciplinary approach to a lot of different things the HIV provider can't provide.*
- *There are a lot of clinics providing primary care, but the problem is when it comes to seniors there is a lack of providers for complex care, especially if that includes HIV.*
- *Clients are afraid to speak out about what services are not being offered one-on-one with the doctor. I feel like I don't have accessibility to my doctor's time, especially because of my co-morbid conditions.*

Provider Capacity Survey Results

Three RWHAP agencies provided specialty care. One provider reported a waiting time for a first appointment of approximately 12 days. Two providers reported, collectively, an additional capacity of 850 annually. No respondents reported providing services to targeted populations.

Provider Resource Inventory

Seventeen agencies in the 2015-2016 Source Book offer HIV Outpatient Medical Care (including PCP, OB/GYN, and/or care from a specialist).

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

Historically, the total number of HRSA core and support services varies based upon policy decisions. As such, in order to assess fluctuation of rank of importance, the rankings for 2016 and 2013 are assigned quartiles and compared in that manner.

In both 2016 and 2013, Medical Care from a Specialist was ranked in the first quartile of total need. The unfulfilled need rank was 16th out of 27 services in 2013, falling in the third quartile. In 2016, unfulfilled need rank was 12th out of 35 services, falling in the second quartile.

Table 5.10
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Medical Care from a Specialist

Medical Care from a Specialist referred by your HIV doctor				Change from '07-'16
Total Sample	Total Need Rank	2016	7	(7)
		2013	6	
		2010	9	
		2007	0	
	Unfulfilled Need Rank	2016	12	(12)
		2013	16	
		2010	13	
		2007	0	
In-Care	Total Need Rank	2016	6	(6)
		2013	6	
		2010	9	
		2007	0	
	Unfulfilled Need Rank	2016	11	(11)
		2013	15	
		2010	10	
		2007	0	
Out-of-Care	Total Need Rank	2016	10	(10)
		2013	7	
		2010	17	
		2007	0	
	Unfulfilled Need Rank	2016	16	(16)
		2013	14	
		2010	16	
		2007	0	

PRIMARY MEDICAL CARE FOR GENERAL MEDICAL CARE NOT RELATED TO HIV

Primary Medical Care for General Medical Care not Related to HIV was the sixth most cited of 20 services from which consumers were asked to select "the five services they needed most". Twenty-five percent, 175 respondents, included Primary Medical Care for General Medical Care not Related to HIV in their top five service needs.

CHRONIC DISEASE ISSUES

PLWH are living longer and developing chronic diseases. Consumer survey participants were asked whether they had been diagnosed with diabetes, high blood pressure, or heart disease. The results show:

- High blood pressure was the most commonly treated illness with 26% of respondents receiving medical treatment for this condition.
  - Among Priority Populations, Transgender (47%), MSM (24%), and African-American men and women (24%) had the highest percentages receiving treatment for high blood pressure.
- Nine percent of survey respondents reported being treated for diabetes.
  - Excluding small sample size of Transgender (20%, n=3), Hispanic/Latino men and women report the highest percentage of diabetes at 12%.
- Heart disease treatment was reported by 6% of survey participants.

Table 5.11
Chronic Disease Issues
Received Medical Treatment for Diabetes, High blood pressure, or Heart disease

Total Sample	In-Care (n=457)		Out-of-Care (n=240)		Total Sample (n=697)	
Diabetes	51	11.2%	12	5.0%	63	9.0%
High Blood Pressure	135	29.5%	43	17.9%	178	25.5%
Heart Disease	34	7.4%	8	3.3%	42	6.0%
African American Men & Women	**In-Care (n=253)**		**Out-of-Care (n=134)**		**Total Sample (n=387)**	
Diabetes	22	8.7%	5	3.7%	27	7.0%
High Blood Pressure	68	26.9%	25	18.7%	93	24.0%
Heart Disease	14	5.5%	6	4.5%	20	5.2%
Hispanic Men & Women	**In-Care (n=76)**		**Out-of-Care (n=37)**		**Total Sample (n=113)**	
Diabetes	10	13.2%	4	10.8%	14	12.4%
High Blood Pressure	19	25.0%	4	10.8%	23	20.4%
Heart Disease	7	9.2%	0	0.0%	7	6.2%
MSM	**In-Care (n=216)**		**Out-of-Care (n=113)**		**Total Sample (n=349)**	
Diabetes	22	10.2%	2	1.5%	24	6.9%
High Blood Pressure	65	30.1%	19	14.3%	84	24.1%
Heart Disease	17	7.9%	3	2.3%	20	5.7%
Youth Age 13 to 24:	**In-Care (n=7)**		**Out-of-Care (n=15)**		**Total Sample (n=22)**	
Diabetes	0	0.0%	0	0.0%	0	0.0%
High Blood Pressure	0	0.0%	0	0.0%	0	0.0%
Heart Disease	0	0.0%	0	0.0%	0	0.0%
Transgender	**In-Care (n=10)**		**Out-of-Care (n=5)**		**Total Sample (n=15)**	
Diabetes	3	30.0%	0	0.0%	3	20.0%
High Blood Pressure	5	50.0%	2	40.0%	7	46.7%
Heart Disease	1	10.0%	0	0.0%	1	6.7%

Gap Analysis

Medical Care from a Specialist Referred by your HIV Doctor (i.e., heart, skin, diabetes, other specialist) ranked seventh in total need and twelfth in terms of unfulfilled need. Among out-of-care respondents, Medical Care from a Specialist Referred by your HIV Doctor (i.e., heart, skin, diabetes, other specialist) ranked tenth and sixteenth for unfulfilled need. Among in-care respondents, Medical Care from a Specialist Referred by your HIV Doctor (i.e., heart, skin, diabetes, other specialist) ranked sixth in terms of total need and eleventh in unfulfilled need.

Among those who had not used specialty care in the past 12 months, 22% of respondents reported an unmet need for the service.

OUTPATIENT OB/GYN CARE

Consumer Survey Results

Female respondents ranked Outpatient OB/GYN twenty-fifth in need; outpatient female respondents ranked OB/GYN twenty-fourth in need by in-care and twenty-seventh in need. This service ranked thirtieth in unfulfilled need among female respondents.

- In-care females ranked it thirty-third in unfulfilled need.
- It was the twenty-ninth ranked unfulfilled need for out-of-care female respondents.

Consumer Service Needs and Barriers

Considering the need for Outpatient OB/GYN care among women in the consumer survey sample:

- 91% had a need that is easily met.
- 10% had a need for this service that is met with difficulty.
- 42% had an unfulfilled need.

In-care consumers who used Outpatient OB/GYN care reported:

- 91% found it easy to get, while
- 10% found it hard or somewhat hard to get.

Ten percent of out-of-care consumers reported Outpatient OB/GYN care as hard or somewhat hard to receive.

- While 42% identified an unfulfilled need for Outpatient OB/GYN care, 58% did not have a need for it.

Considering Priority Populations' needs for Outpatient OB/GYN care:

- In-care Black/African-American women had the largest percentages reporting no need for Outpatient OB/GYN care.
- Among respondents that had not used this service in the past 12 months, out-of-care Hispanic/Latino women (75%) and out-of-care African American women (55%) had the highest unmet need.

- Among respondents that used this service in the past 12 months, out-of-care African American men and women had the largest percentage with their need met easily (excludes populations with small "n"s responding).

Table 5.12
Service Need
Outpatient OB/GYN Care

2016	Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Total	**95**	**90.5%**	**10**	**9.5%**	**-**	**0.0%**	**18**	**41.9%**	**25**	**58.1%**
In-Care	67	90.5%	7	9.5%	-	0.0%	8	34.8%	15	65.2%
Out-Of-Care	28	90.3%	3	9.7%	-	0.0%	10	50.0%	10	50.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 105, In-Care n = 74, Out-Of-Care n = 31
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 43, In-Care n = 23, Out-Of-Care n = 20

Table 5.13
Service Need by Priority Population
Outpatient OB/GYN Care

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Black/African-American Women	In-Care	53	94.6%	3	5.4%	-	0.0%	5	38.5%	8	61.5%
	Out-Of-Care	19	100.0%	-	0.0%	-	0.0%	6	54.5%	5	45.5%
Hispanic/Latino Women (of any Race)	In-Care	4	66.7%	2	33.3%	-	0.0%	1	50.0%	1	50.0%
	Out-Of-Care	6	85.7%	1	14.3%	-	0.0%	3	75.0%	1	25.0%
Age 13-24 Women	In-Care	1	100.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
	Out-Of-Care	1	100.0%	-	0.0%	-	0.0%		0.0%	-	0.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

Comparing the barriers to receiving Outpatient OB/GYN care identified by the Priority Populations finds:

- Black/African-American women and Hispanic/Latino women considered "difficult to get appointment" the biggest barrier to Outpatient OB/GYN care.
- "Want to see a female doctor" and "high co-pay" were also barriers to Outpatient OB/GYN care.
- "Other" barriers were cited.

Table 5.14
Barriers to Care
Outpatient OB/GYN Care by Priority Population

2016	Barrier 1		Barrier 2		Barrier 3		Barrier 4		Total
Population	#	%	#	%	#	%	#	%	#
Total n = 18	5	27.8%	1	5.6%	2	11.1%	10	55.6%	18
Black/African-American Women (n=11)	4	36.4%	0	0.0%	0	0.0%	7	63.6%	11
Hispanic/Latino (of any Race) Women (n=4)	1	25.0%	1	25.0%	1	25.0%	1	25.0%	4
Age 13-24 (n=0)	0	N/A	0	N/A	0	N/A	0	N/A	0
Note: Responses are combined In-Care/Out-Of-Care - Women Only									
Barrier 1: Difficult to get appointment			**Barrier 3: Want to See a Female Doctor**						
Barrier 2: High co-pay			**Barrier 4: Other**						

Focus Group and Key Informant Interviews

The comments presented below represent the belief, opinions, and experiences of the participants.

- *A lot of moms come to the clinic while they're pregnant but you may not see them again until they're pregnant again (1-2 years later); a lot has to do with stigma. A lot of time their partner doesn't know they are positive. And, if they don't live near one of our other clinics, they do not want to come to _____. I think they sometimes feel they would rather not be in care than come to (), where they will be readily identified as being HIV positive.*
- *Women sometimes do not come back for care because they are busy taking care of others and put that before themselves or their health.*
- *Hard to keep women engaged because there is nothing carved out for them because there's no money for that*
- *More emphasis on overall health, women's health and family health, and at the same time let them know about HIV testing.*

Provider Capacity Survey Results

Four RWHAP agencies provide (for women) Outpatient OB/GYN Care visits. All four providers reported a waiting time for a first appointment of approximately 3 to 12 days. All four providers reported, collectively, an additional capacity of 715 annually. No respondents reported providing services to targeted populations.

Provider Resource Inventory

Seventeen agencies in the 2015-2016 Source Book offered HIV Outpatient Medical Care (including PCP, OB/GYN, and/or care from a specialist).

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

No historical data.

Table 5.15
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Outpatient OB/GYN Care

(For Women) Outpatient OB/GYN Care visits				Change from '07-'16
Total Sample	Total Need Rank	2016	25	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	30	No Historical Data
		2013		
		2010		
		2007		
In-Care	Total Need Rank	2016	24	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	33	No Historical Data
		2013		
		2010		
		2007		
Out-of-Care	Total Need Rank	2016	27	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	29	No Historical Data
		2013		
		2010		
		2007		

Gap Analysis

Survey respondents ranked Outpatient OB/GYN Care visits twenty-fifth in need among the total sample and thirtieth in terms of unfulfilled need. Out-of-care respondents ranked Outpatient OB/GYN Care visits twenty-seventh in total need and twenty-ninth in unfulfilled need. Among in-care respondents, Outpatient OB/GYN Care visits ranked twenty-fourth in terms of total need and thirty-third in unfulfilled need.

Among women who had not used OB/GYN services within the past 12 months, 42% reported an unmet need for the service.

CHILD ASSESSMENT AND EARLY INTERVENTION

Consumer Survey Results

"Child Assessment and Early Intervention" was the thirty-third ranked overall service need, and the thirty-first most frequently identified unfulfilled need.

In addition, in-care consumers ranked it thirty-third in overall need and twenty-ninth in unfulfilled need, while out-of-care consumers ranked it thirty-third in need and thirty-second in unfulfilled need.

Consumer Service Needs and Barriers

Eighteen percent of those who had not used this service in the past 12 months reported an unmet net.

- 80% of in-care consumers reported their need for Child Assessment and Early Intervention as easily met.
- Considering service need by Priority Populations:
  - In-care African-American men and women have largest percentage (26%) with an unmet need for this service.

Table 5.16
Service Need
Child Assessment and Early Intervention

2016	Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Total	**12**	**80.0%**	**3**	**20.0%**	**-**	**0.0%**	**15**	**17.6%**	**70**	**82.4%**
In-Care	9	81.8%	2	18.2%	-	0.0%	11	19.3%	46	80.7%
Out-Of-Care	3	75.0%	1	25.0%	-	0.0%	4	14.3%	24	85.7%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 15, In-Care n = 11, Out-Of-Care n = 4
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 85, In-Care n = 57, Out-Of-Care n = 28

Table 5.17
Service Need by Priority Population
Child Assessment and Early Intervention

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Black/African-American Men & Women	In-Care	7	87.5%	1	12.5%	-	0.0%	10	25.6%	29	74.4%
	Out-Of-Care	1	100.0%	-	0.0%	-	0.0%	3	16.7%	15	83.3%
Hispanic/Latino (of any Race) Men & Women	In-Care	2	66.7%	1	33.3%	-	0.0%	1	8.3%	11	91.7%
	Out-Of-Care	1	50.0%	1	50.0%	-	0.0%	-	0.0%	5	100.0%
MSM	In-Care	2	66.7%	1	33.3%	-	0.0%	1	11.1%	8	88.9%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	7	100.0%
Age 13-24	In-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	1	100.0%
Transgender	In-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	1	100.0%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

A total of 15 consumers identified barriers to care for Child Assessment and Intervention Services.

- The most frequent barrier to accessing Child Assessment and Intervention Services is "Don't know about this service", identified by 87% of consumers that reported barriers to this service.
- 7% indicated "don't qualify" and 7% indicated an "Other" barrier.

Table 5.18
Service Need Barriers to Care by Priority Population
Child Assessment and Early Intervention

2016	Barrier 1		Barrier 2		Barrier 3		Total
Population	#	%	#	%	#	%	#
Total n = 15	13	86.7%	1	6.7%	1	6.7%	15
Black/African-American Men & Women (n=13)	11	84.6%	1	7.7%	1	7.7%	13
Hispanic/Latino (of any Race) Men & Women (n=1)	1	100.0%	0	0.0%	0	0.0%	1
MSM (n=1)	1	100.0%	0	0.0%	0	0.0%	1
Age 13-24 (n=0)	0	N/A	0	N/A	0	N/A	0
Transgender (n=0)	0	N/A	0	N/A	0	N/A	0

Note: Responses are combined In-Care/Out-Of-Care

Barrier 1: Don't know about this service
Barrier 2: Don't qualify
Barrier 3: Other

Focus Group and Key Informant Interviews

No discussion of Child Intervention and Early Assessment occurred in the Focus Groups or throughout the Key Informant Interview process.

Provider Capacity Survey Results

No RWHAP agencies reported providing Child Assessment and Early Intervention.

Provider Resource Inventory

Seven agencies in the 2015-2016 Source Book offer Child Assessment and Early Intervention.

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

There are no historical data for this service category.

Table 5.19
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Child Assessment and Early Intervention

Child Assessment and Early Intervention				Change from '07-'16
Total Sample	Total Need Rank	2016	33	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	31	No Historical Data
		2013		
		2010		
		2007		
In-Care	Total Need Rank	2016	33	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	29	No Historical Data
		2013		
		2010		
		2007		
Out-of-Care	Total Need Rank	2016	33	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	32	No Historical Data
		2013		
		2010		
		2007		

Gap Analysis

Child Assessment and Early Intervention ranked thirty-third in total need in the Total Sample, and ranked thirty-first in terms of unfulfilled need in the Total Sample. Among out-of-care respondents, Child Assessment and Early Intervention ranked thirty-third for total need and ranked thirty-second for unfulfilled need. Among in-care respondents, Child Assessment and Early Intervention ranked thirty-third in terms of total need, and was ranked twenty-ninth in terms of unfulfilled need.

Two percent of consumer survey respondents reported an unmet need for the service.

Recommendations

Wait times for appointments, access to care and paperwork burdens continue to be the barriers most often cited in the information gathered in the survey, Focus Groups and Key Informant Interviews.

1. Linkage to care should occur within two business days; clinical resources and adequate funding must be available to accommodate this goal.
    - Monitor the capacity of funded providers to accommodate the demand for services (e.g., physician and advance practitioner availability).
    - Ensure adequate level of funding is made available to support providers offering outpatient medical care.

2. Reduce the consumer paperwork burden to ensure that information regarding eligibility and updates can be accessed by all providers via ARIES, eliminating the need for multiple intakes or enrollments at each agency.
    - Make the "consent to share information" a requirement for the receipt of services, as has been used successfully elsewhere
    - Educate consumers as to the benefits they will accrue as a result of information sharing.

3. Give consideration to extending the 30-day timeframe for referrals.

4. Ensure providers offer evening and weekend hours and provide access to bilingual staff.

5. Consider the value of one-stop outpatient medical care for consumers (e.g. clinics that can provide on-site access to HIV, primary, specialty and OB/GYN care for patients) in funding services.

6. Ensure that all HIV medical clinics that do not have on-site access to the full range of medical care and maintain strong working relationships and referral ties to necessary primary and care providers.

7. Encourage providers to devote time during the clinic visit to stress the importance of remaining in care even when patients are feeling well.

Quality of care is one of HRSA's highest priorities, especially for Outpatient Ambulatory Medical Care.

8. Place sufficient importance on quality management programs, utilizing the National Quality Center's varied technical assistance programs to their fullest potential.

9. Consider a collaborative of HIV medical providers to review HAB indicators of quality, and especially those related to the HIV Care Continuum, namely viral load suppression and medical visit frequency. Establish quality improvement initiatives such as Plan-Do-Study-Act (PDSA) to add structure to the monitoring of these indicators.

10. Establish an annual quality management plan with stated goals and objectives related to retention in care and viral load suppression.

AIDS DRUG ASSISTANCE PROGRAM (ADAP) AND AIDS PHARMACEUTICAL ASSISTANCE (LOCAL)

HRSA Definition

AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under Part B of the RWHAP to provide FDA-approved medications to low-income clients with HIV disease who have no coverage or limited health care coverage. ADAPs may also use program funds to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of antiretroviral therapy. RWHAP ADAP recipients must conduct a cost effectiveness analysis to ensure that purchasing health insurance is cost effective compared to the cost of medications in the aggregate.

Eligible ADAP clients must be living with HIV and meet income and other eligibility criteria as established by the state

AIDS Pharmaceutical Assistance services fall into two categories, based on RWHAP Part A, B, C or D funding.

- *Local Pharmaceutical Assistance Program (LPAP) is operated by a RWHAP Part A or B recipient or subrecipient as a supplemental means of providing medication assistance when an ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria.*
- *Community Pharmaceutical Assistance Program is provided by a RWHAP Part C or D recipient for the provision of long-term medication assistance to eligible clients in the absence of any other resources. The medication assistance must be greater than 90 days.*

The following services are presented in this section:

- Help paying for prescription medications.
- Help paying for medications and prescriptions/other pharmaceutical assistance.

HELP PAYING FOR PRESCRIPTION MEDICATIONS

Consumer Survey Results

Help Paying for Prescription Medicine was the fourth ranked overall service need, and the thirteenth most frequently identified unfulfilled need.

In addition, in-care consumers ranked it fourth in overall need and thirteenth in unfulfilled need, while out-of-care consumers ranked it third in need and sixth in unfulfilled need.

Consumer Service Needs and Barriers

Help paying for prescription medications was used only by in-care consumers, but 36% of out-of-care respondents reported an unfulfilled need for it.

- Nearly 72% of in-care consumers reported their need for help paying for medications/prescriptions is being easily met; 28% had an unfulfilled need.
- Considering service need by Priority Populations:
  - Out-of-care African-American men and women tied with in-care Hispanic/Latino men and women for having the largest percentage (36%) with an unmet need for this service.

- 32% of out-of-care MSM reported an unmet need for this service.

A total of 74 consumers identified barriers to care for paying for prescription medicine.

- The most frequent barrier to accessing help in paying for medications and prescriptions was "I didn't know about this service," identified by over 50% of consumers.
- This was followed by "high co-pays and deductibles," "didn't qualify" identified by 15% of those with barriers.
- 19% indicated an "Other" barrier.

Table 5.20
Service Need
Help Paying for Medications/Prescriptions

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Total	**Total**	**281**	**71.3%**	**113**	**28.7%**	**-**	**0.0%**	**74**	**27.7%**	**193**	**72.3%**
	In-Care	200	71.9%	78	28.1%	-	0.0%	35	22.0%	124	78.0%
	Out-Of-Care	81	69.8%	35	30.2%	-	0.0%	39	36.1%	69	63.9%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 394, In-Care n = 278, Out-Of-Care n = 116
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 267, In-Care n = 159, Out-Of-Care n = 108

Table 5.21
Service Need by Priority Population
Help Paying for Medications/Prescriptions

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Black/African-American Men & Women	In-Care	107	70.4%	45	29.6%	-	0.0%	18	19.1%	76	80.9%
	Out-Of-Care	41	68.3%	19	31.7%	-	0.0%	23	35.9%	41	64.1%
Hispanic/Latino (of any Race) Men & Women	In-Care	34	68.0%	16	32.0%	-	0.0%	8	36.4%	14	63.6%
	Out-Of-Care	13	65.0%	7	35.0%	-	0.0%	3	23.1%	10	76.9%
MSM	In-Care	107	75.4%	35	24.6%	-	0.0%	16	23.5%	52	76.5%
	Out-Of-Care	52	75.4%	17	24.6%	-	0.0%	18	32.1%	38	67.9%
Age 13-24	In-Care	1	25.0%	3	75.0%	-	0.0%	1	100.0%	-	0.0%
	Out-Of-Care	1	25.0%	3	75.0%	-	0.0%	2	20.0%	8	80.0%
Transgender	In-Care	1	16.7%	5	83.3%	-	0.0%	1	33.3%	2	66.7%
	Out-Of-Care	-	0.0%	-	0.0%	1	100.0%	1	25.0%	3	75.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

Table 5.22
Barriers to Care
Help Paying for Prescription Medications by Priority Population

2016	Barrier 1		Barrier 2		Barrier 3		Barrier 4		Total
Population	#	%	#	%	#	%	#	%	#
Total n = 74	38	51.4%	11	14.9%	11	14.9%	14	18.9%	74
Black/African-American Men & Women (n=41)	24	58.5%	5	12.2%	5	12.2%	7	17.1%	41
Hispanic/Latino (of any Race) Men & Women (n=11)	4	36.4%	2	18.2%	4	36.4%	1	9.1%	11
MSM (n=34)	19	55.9%	4	11.8%	3	8.8%	8	23.5%	34
Age 13-24 (n=3)	0	0.0%	0	0.0%	0	0.0%	3	100.0%	3
Transgender (n=2)	1	50.0%	0	0.0%	1	50.0%	0	0.0%	2
Note: Responses are combined In-Care/Out-Of-Care									
Barrier 1: Didn't know about the service			**Barrier 3: Didn't qualify**						
Barrier 2: High co pay and deductible			**Barrier 4: Other**						

HELP PAYING FOR MEDICATIONS AND PRESCRIPTIONS/OTHER PHARMACEUTICAL ASSISTANCE

Consumer Survey Results

Help Paying for Medicines and Prescriptions/Other Pharmaceuticals was ranked sixth in overall service need and eleventh in unfulfilled need.

- In-care consumers ranked it seventh in overall need and twelfth in unfulfilled need.
- Out-of-care consumers ranked it fifth[2] in service need and seventh in unfulfilled need.

Consumer Service Needs and Barriers

Seventy-four percent of respondents reported their needs easily met, and 24% had an unmet need.

- 33% of out-of-care consumers had an unmet need for this service.
- Among Priority Populations:
  - 36% of out-of-care Hispanic/Latino men and women had an unmet need.
  - 32% of out-of-care African-American men and women reported an unfulfilled need.
  - 26% of out-of-care MSMs and 25% (1) Transgender respondents also cited an unmet need.

[2] Medical Case Management and Help Paying for Prescription Medicines/Other Pharmaceutical Assistance tied for fifth place in total need among out-of-care consumers.

Table 5.23
Service Need
Help Paying for Medications and Prescriptions/Other Pharmaceutical Assistance:

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Total	**Total**	**259**	**74.4%**	**89**	**25.6%**	**-**	**0.0%**	**77**	**24.8%**	**233**	**75.2%**
	In-Care	184	75.7%	59	24.3%	-	0.0%	39	20.2%	154	79.8%
	Out-Of-Care	75	71.4%	30	28.6%	-	0.0%	38	32.5%	79	67.5%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 348, In-Care n = 243, Out-Of-Care n = 105
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 310, In-Care n = 193, Out-Of-Care n = 117

Table 5.24
Service Need by Priority Population
Help Paying for Medications and Prescriptions/Other Pharmaceutical Assistance

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Black/African-American Men & Women	In-Care	97	72.9%	6	27.1%	-	0.0%	20	17.9%	92	82.1%
	Out-Of-Care	35	70.0%	15	30.0%	-	0.0%	23	31.5%	50	68.5%
Hispanic/Latino (of any Race) Men & Women	In-Care	29	65.9%	15	34.1%	-	0.0%	7	25.0%	21	75.0%
	Out-Of-Care	13	59.1%	9	40.9%	-	0.0%	4	36.4%	7	63.6%
MSM	In-Care	94	77.7%	27	22.3%	-	0.0%	19	21.3%	70	78.7%
	Out-Of-Care	47	83.9%	9	16.1%	-	0.0%	18	26.9%	49	73.1%
Age 13-24	In-Care	2	66.7%	1	33.3%	-	0.0%	-	0.0%	2	100.0%
	Out-Of-Care	1	33.3%	2	66.7%	-	0.0%	2	18.2%	9	81.8%
Transgender	In-Care	2	50.0%	2	50.0%	-	0.0%	1	25.0%	3	75.0%
	Out-Of-Care	-	0.0%	-	0.0%	1	100.0%	2	50.0%	2	50.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

Of a total of 77 respondents who identified a barrier for this service:

- The most frequent barrier cited was “I didn’t know about the service,” (48%).
- This was followed by “I didn’t qualify,” (25%).

Table 5.25
Barriers to Care
Help Paying for Medications and Prescriptions/Other Pharmaceutical Assistance
by Priority Populations

2016	Barrier 1		Barrier 2		Barrier 3		Barrier 4		Total
Population	#	%	#	%	#	%	#	%	#
Total n = 77	37	48.1%	10	13.0%	19	24.7%	11	14.3%	77
Black/African-American Men & Women (n=43)	20	46.5%	6	14.0%	11	25.6%	6	14.0%	43
Hispanic/Latino (of any Race) Men & Women (n=11)	5	45.5%	0	0.0%	6	54.5%	0	0.0%	11
MSM (n=37)	23	62.2%	4	10.8%	5	13.5%	5	13.5%	37
Age 13-24 (n=2)	1	50.0%	0	0.0%	0	0.0%	1	50.0%	2
Transgender (n=3)	2	66.7%	0	0.0%	1	33.3%	0	0.0%	3
Note: Responses are combined In-Care/Out-Of-Care									
Barrier 1: Didn't know about the service			**Barrier 3: Didn't qualify**						
Barrier 2: High co pay and deductible			**Barrier 4: Other**						

Provider Inventory

Six RWHAP agencies provided Pharmaceutical Assistance. Two providers reported a waiting time for a first appointment of approximately 7 to 12 days. Two providers reported, collectively, an additional capacity of 315 annually. No respondents reported providing services to targeted populations.

Resource Inventory

Twenty-two agencies in the 2015-2016 Source Book offered "Help Paying for Prescription Medications" (ADAP and/or Local).

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

The total need for Help Paying for Prescription Medications was the fourth highest ranked service in 2016 and 2013. In 2010 and 2007, the service was the fifth highest ranked. The unfulfilled need for the service was ranked thirteenth in 2016, and eighth in 2013. In 2010 the service was ranked seventh. In 2007 the service was ranked twelfth.

In 2016, Help Paying for Prescription Medications/Other Pharmaceutical Assistance ranked sixth highest. In 2013, it ranked fourth, and ranked fifth both in 2010 and 2007. The unfulfilled need for this service ranked eleventh in 2016, and eighth in 2013. In 2010 it ranked eleventh and in 2007 it was ranked twelfth.

Table 5.26
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Help Paying for Prescription Medications

			Help Paying for Prescription Medications	Change from '07-'16
Total Sample	Total Need Rank	2016	4	1
		2013	4	
		2010	5	
		2007	5	
	Unfulfilled Need Rank	2016	13	(1)
		2013	8	
		2010	7	
		2007	12	
In-Care	Total Need Rank	2016	4	(3)
		2013	2	
		2010	1	
		2007	1	
	Unfulfilled Need Rank	2016	13	10
		2013	12	
		2010	23	
		2007	23	
Out-of-Care	Total Need Rank	2016	3	7
		2013	4	
		2010	3	
		2007	10	
	Unfulfilled Need Rank	2016	6	2
		2013	9	
		2010	3	
		2007	8	

The total need for Help Paying for Medications and Prescriptions/Other Pharmaceutical Assistance was the sixth highest ranked service in 2016. In 2013 the service was the fourth highest ranked. The unfulfilled need for the service was ranked eleventh in 2016. In 2013 the service was ranked eighth.

Table 5.27
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Help Paying for Medications and Prescriptions/Other Pharmaceutical Assistance

			Help Paying for Prescription Medications/Other Pharmaceutical Assistance	Change from '07-'16
Total Sample	Total Need Rank	2016	6	(1)
		2013	4	
		2010	5	
		2007	5	
	Unfulfilled Need Rank	2016	11	1
		2013	8	
		2010	7	
		2007	12	
In-Care	Total Need Rank	2016	7	(3)
		2013	4	
		2010	5	
		2007	4	
	Unfulfilled Need Rank	2016	12	7
		2013	7	
		2010	13	
		2007	19	
Out-of-Care	Total Need Rank	2016	5	5
		2013	4	
		2010	3	
		2007	10	
	Unfulfilled Need Rank	2016	7	1
		2013	9	
		2010	3	
		2007	8	

Gap Analysis

Help Paying for Prescription Medications was the fourth ranked service, and the thirteenth ranked unfulfilled need. Help Paying for Prescription Medications ranked sixth in overall need and eleventh in unfulfilled need. Seventy-four percent of respondents had their needs easily met, and 26% had an unfulfilled need. Seventy-one percent of consumers found the service easy to access and 26% had an unfulfilled need. Respondents identified lack of knowledge of the services as the largest barrier to receiving pharmaceutical assistance. This was followed by high co-pays and deductibles and "I didn't qualify." Medication assistance is one of the most needed services, and like many of the top-rated need services, there is limited expansion capacity within the funded agencies to fulfill needs.

Recommendations

1. Access to medications is essential for reducing individual and community-wide viral loads.
    - Ensure, via regular in-service training, that medical case managers are knowledgeable about medication assistance programs and eligibility requirements.
    - Medication compliance is a significant barrier to care for the working poor and those with limited insurance coverage. Non-RWHAP programs, such as pharmaceutical company relief programs, may be available on a limited basis. Maintaining up-to-date information about such opportunities is essential and should be communicated to all clinical personnel and medical case managers.
    - Clinical personnel and medical case managers should continually educate their consumers about the importance of medication adherence, how to access medication assistance and what to do when their prescriptions run out.

EARLY INTERVENTION SERVICES (EIS)

HRSA Definition

Early Intervention Services (EIS) include counseling individuals with respect to HIV/AIDS; testing (including test to confirm the presence of the disease, tests to diagnose to the extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures.

Consumer Survey Results

Early intervention services were ranked only by out-of-care consumers. Among the out-of-care, it was ranked thirty-first in terms of overall need.

Consumer Service Needs and Barriers

Early Intervention Services were not needed by over half of out-of-care survey respondents.

- 21% of out-of-care respondents report their need for Early Intervention Services is not being met.
- Among Priority Populations, Black/African-Americans (13) had the largest percentage (27%) reporting an unfulfilled need for EIS.
- Youth 13-24 (7) had the largest percentage reporting no need for EIS (100%), followed by MSM (4) (89.5%), and Hispanic/Latinos (1) (83%).
- In terms of barriers, over 50% of the sample "didn't know about this service," and a third "were not sure they understand it," (the service).

Table 5.28
Service Need
Early Intervention to Help you Get into HIV Medical Care
Out-of-Care Only

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Total	**Total**	**3**	**50.0%**	**3**	**50.0%**	**-**	**0.0%**	**15**	**21.1%**	**56**	**78.9%**
	Out-Of-Care	3	50.0%	3	50.0%	-	0.0%	15	21.1%	56	78.9%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 6, Out-Of-Care n = 6
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 71, Out-Of-Care n = 71

Table 5.29
Service Need by Priority Population
Early Intervention to Help you Get into HIV Medical Care
Out-of-Care Only

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Black/African-American Men & Women	Out-Of-Care	1	33.3%	2	66.7%	-	0.0%	13	27.1%	35	72.9%
Hispanic/Latino (of any Race) Men & Women	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	1	16.7%	5	83.3%
MSM	Out-Of-Care	3	60.0%	2	40.0%	-	0.0%	4	10.5%	34	89.5%
Age 13-24	Out-Of-Care	2	66.7%	1	33.3%	-	0.0%	-	0.0%	7	100.0%
Transgender	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	2	50.0%	2	50.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

Table 5.30
Barriers to Care by Priority Population
Early Intervention to Help you Get into HIV Medical Care
Out-of-Care Only

2016	Barrier 1		Barrier 2		Barrier 3		Total
Population	#	%	#	%	#	%	#
Total n = 15	8	53.3%	5	33.3%	2	13.3%	15
Black/African-American Men & Women (n=13)	7	53.8%	4	30.8%	2	15.4%	13
Hispanic/Latino (of any Race) Men & Women (n=1)	1	100.0%	0	0.0%	0	0.0%	1
MSM (n=4)	2	50.0%	1	25.0%	1	25.0%	4
Age 13-24 (n=0)	0	N/A	0	N/A	0	N/A	0
Transgender (n=2)	2	100.0%	0	0.0%	0	0.0%	2

Note: Responses are Out-Of-Care Respondents Only

Barrier 1: Did not know about this service **Barrier 3: Other**
Barrier 2: Not sure I understand it

Provider Inventory

Two RWHAP agencies provided Early Intervention Service. Two reported a waiting time for a first appointment of approximately 4 to 18 days. One provider reported an additional capacity of 100 clients annually. One provider reported providing services to targeted populations.

Resource Inventory

Twenty-nine agencies in the 2015-2016 Source Book offer HIV Outreach & Early Intervention Services (including HIV Testing).

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

In 2016, the total need for Early Intervention Services among out-of-care consumers was the thirty-first highest ranked service. In 2013 the need for Early Intervention was ranked twenty-fourth, and in 2010 EIS was ranked sixth.

In 2016, the unfulfilled need for Early Intervention Services among out-of-care consumers was the twenty-seventh highest ranked service. In 2013 and 2010 the unfulfilled need ranked twenty-second and sixth, respectively.

Table 5.31
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Early Intervention to help you get into HIV medical care
Out-of-Care Only

			(Out of Care Only) Early Intervention to help you get into HIV medical care	Change from '07-'16
Out-of-Care	Total Need Rank	2016	31	(27)
		2013	24	
		2010	6	
		2007	4	
	Unfulfilled Need Rank	2016	27	(23)
		2013	22	
		2010	6	
		2007	4	

Gap Analysis

Early Intervention Services were ranked among the lowest service needs by those out-of-care (thirty-first). It was also ranked twenty-seventh in terms of unmet need. Information obtained from provider Focus Groups suggest that post-test counseling is not always provided or provided effectively. Barriers to the service include cultural differences between agency personnel and those at risk, and a lack of awareness or indifference to the impact of structural as well as cultural barriers, and the paperwork burden. Services must be delivered in a culturally competent manner to ensure the individual receives referral and linkage to essential services. Additionally, to the extent possible, serious attention needs to be given to alleviating the paperwork burden at the local level.

The current system has capacity for 75 additional patients.

Recommendations

Recommendations for 2016 are similar to those in 2013, and include:

1. Linking newly diagnosed PLWH with medical care immediately after diagnosis is the critical first step to maintaining PLWH in the care system. It was noted throughout the survey that those who linked to care within one to three months of diagnosis were more likely to be in care than those who linked to care three months or later. Effective post-test counseling, easy referral to (a) intake, (b) HIV medical care and (c) other needed services are essential.
    - Continue to fund and support this essential service.
    - Evaluate and enhance the effectiveness of current counseling and testing systems in moving newly diagnosed into care.
    - Work with counseling and testing providers to re-emphasize the importance of early intervention and counseling to keep PLWH in care.
    - Provide education for community agencies, emergency departments, and others providing HIV test results in order to improve understanding, enhance communication, and effectively link with early intervention services.

2. Establish a task force to evaluate and make recommendations to: (1) methods, including checklists, permissions to share information that would alleviate the paperwork burden and standards for providing EIS; and (2) make recommendations to the Planning Council, Recipient and Administrative Agent to implement these changes.

3. Consider a structured regional patient navigation program that coordinates outreach, EIS and medical providers to enhance effectiveness of these important components of linkage to care.

HEALTH INSURANCE PREMIUM AND COST SHARING ASSISTANCE FOR LOW INCOME INDIVIDUALS

HRSA Definition

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. To use RWHAP funds for health insurance premium and cost-sharing assistance, a RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- *RWHAP Part recipients must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each close of core antiretroviral therapeutics from the Department of Health and Human Services (HHS) treatment guidelines along with appropriate HIV outpatient/ambulatory health services.*
- *RWHAP Part recipients must assess and compare the aggregate cost of paying for the health coverage option versus paying for the aggregate full cost for medications and other appropriate HIV outpatient/ambulatory health services, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.*

The service provision consists of help with your health premiums, co-pays, or deductibles.

Consumer Survey Results

Fifty-one percent of the consumers surveyed report having insurance.

- Medicare was the most frequent type of insurance, with 38% of those enrolled in insurance plans reporting this coverage.
- 30% had Medicaid.
- 17% had private insurance.
- 11% had Parkland HealthFirst
- < 1% had COBRA.

Table 5.32
Insurance Coverage

	In-Care		Out-of-Care		Total	
Do you have health insurance that covers your HIV medical care? (Note: RWHAP is NOT insurance)	**#**	**%**	**#**	**%**	**#**	**%**
Yes	257	56.2%	95	39.6%	352	50.5%
No	200	43.8%	145	60.4%	345	49.5%
Total	**457**	**100.0%**	**240**	**100.0%**	**697**	**100.0%**
In-Care n = 457; Out-of-Care n = 240; Combined In-Care/Out-of-Care n = 697						

Table 5.33
Type of Health Insurance

	In-Care		Out-of-Care		Total	
Do you have health insurance that covers your HIV medical care? (Note: RWHAP is NOT insurance)	**#**	**%**	**#**	**%**	**#**	**%**
Medicaid	75	29.2%	32	33.7%	107	30.4%
Medicare	105	40.9%	29	30.5%	134	38.1%
Parkland HealthFirst	23	8.9%	17	17.9%	40	11.4%
Private Insurance	42	16.3%	16	16.8%	58	16.5%
COBRA	3	1.2%	0	0.0%	3	0.9%
Other	9	3.5%	1	1.1%	10	2.8%
Total	**257**	**100.0%**	**95**	**100.0%**	**352**	**100.0%**
In-Care n = 257; Out-of-Care n = 95; Combined In-Care/Out-of-Care n = 352						

Consumer Service Needs and Barriers

Responses indicate that 65% of consumers had their need for this service met easily.

A total of 24% of consumer survey respondents had an unfulfilled need for this service, and 76% had no need for this service.

- Overall, out-of-care consumers had a higher unmet need for this service.
  - This was true for all Priority Populations except Hispanic/Latino men and women. In this case, both in-care and out-of-care consumers had similar unfulfilled needs --- 20% and 19%, respectively.

Table 5.34
Service Need
Help with your Health Insurance Premium, Co-Pay or Deductible

2016 Population		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
		#	%	#	%	#	%	#	%	#	%
Total	**Total**	**171**	**65.3%**	**91**	**34.7%**	**-**	**0.0%**	**95**	**24.3%**	**296**	**75.7%**
	In-Care	125	66.5%	63	33.5%	-	0.0%	51	20.7%	195	79.3%
	Out-Of-Care	46	62.2%	28	37.8%	-	0.0%	44	30.3%	101	69.7%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 262, In-Care n = 188, Out-Of-Care n = 74
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 391, In-Care n = 246, Out-Of-Care n = 145

Table 5.35
Service Need by Priority Population
Help with Your Health Insurance Premium, Co-Pay or Deductible

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Black/African-American Men & Women	In-Care	70	59.3%	48	40.7%	-	0.0%	28	22.0%	99	78.0%
	Out-Of-Care	22	57.9%	16	42.1%	-	0.0%	30	36.1%	53	63.9%
Hispanic/Latino (of any Race) Men & Women	In-Care	15	71.4%	6	28.6%	-	0.0%	10	20.4%	39	79.6%
	Out-Of-Care	6	50.0%	6	50.0%	-	0.0%	4	19.0%	17	81.0%
MSM	In-Care	65	70.7%	27	29.3%	-	0.0%	27	23.1%	90	76.9%
	Out-Of-Care	26	68.4%	12	31.6%	-	0.0%	24	28.6%	60	71.4%
Age 13-24	In-Care	1	50.0%	1	50.0%	-	0.0%	-	0.0%	1	100.0%
	Out-Of-Care	1	33.3%	2	66.7%	-	0.0%	4	36.4%	7	63.6%
Transgender	In-Care	1	50.0%	1	50.0%	-	0.0%	1	20.0%	4	80.0%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	3	60.0%	2	40.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

The greatest barrier was, "I did not know about the service," identified by 61% of those with an unmet need. Another 22% "don't know what to do about insurance."

Table 5.36
Barriers to Care by Priority Population
Help with your Health Insurance Premium, Co-Pay or Deductible

2016	Barrier 1		Barrier 2		Barrier 3		Barrier 4		Total
Population	#	%	#	%	#	%	#	%	#
Total n = 95	58	61.1%	5	5.3%	21	22.1%	11	11.6%	95
Black/African-American Men & Women (n=58)	35	60.3%	3	5.2%	13	22.4%	7	12.1%	58
Hispanic/Latino (of any Race) Men & Women (n=14)	11	78.6%	1	7.1%	1	7.1%	1	7.1%	14
MSM (n=51)	34	66.7%	2	3.9%	10	19.6%	5	9.8%	51
Age 13-24 (n=4)	1	25.0%	1	25.0%	0	0.0%	2	50.0%	4
Transgender (n=4)	3	75.0%	0	0.0%	0	0.0%	1	25.0%	4

Note: Responses are combined In-Care/Out-Of-Care

Barrier 1: Didn't know about the service
Barrier 2: Don't want any insurance
Barrier 3: Don't know what to do about insurance
Barrier 4: Other

Provider Focus Group and Key Informant Interviews

The comments presented below represent the belief, opinions, and experiences of Key Informants and Focus Group members.

While indirectly related, the unintended consequence of the ACA provision to allow children up to the age of 26 remain on their parents' insurance and the lack of Medicaid expansion were identified as barriers. Another issue related to the effective use of resources to provide financial support for co-pays and deductibles.

- *Even though we have insurance support available, I think we could do a better job to make sure that those resources are effective . . . For example, we can do premium support to keep insurance going, but what if we can't afford co-pays or deductibles for their labs or visits?*
- *Lack of Medicaid expansion.*
- *Texas has no Welfare System so you're either disabled or you are not. The job market is tight so there's a lack of financial support.*
- *The obvious issue is health insurance; it must be an issue for closeted young people on their parents' insurance.*

Provider Inventory

Five RWHAP agencies provided Assistance with Co-Pays and Deductibles. Five providers reported a waiting time for a first appointment of approximately 4 to 12 days. Five providers reported, collectively, an additional capacity of 263 annually. No respondents reported providing services to targeted populations.

Resource Inventory

Six agencies in the 2015-2016 Source Book offered Help with Health Insurance Premiums, Co-Pays, or Deductibles.

Table 5.37
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Help with your Health Insurance Premium, Co-Pay or Deductible

			Help paying for co-pays and deductibles for HIV medical care visits and medications	Change from '07-'16
Total Sample	Total Need Rank	2016	9	(9)
		2013	8	
		2010	7	
		2007	0	
	Unfulfilled Need Rank	2016	5	(5)
		2013	10	
		2010	3	
		2007	0	
In-Care	Total Need Rank	2016	9	(9)
		2013	7	
		2010	8	
		2007	0	
	Unfulfilled Need Rank	2016	6	(6)
		2013	10	
		2010	5	
		2007	0	
Out-of-Care	Total Need Rank	2016	9	(9)
		2013	9	
		2010	4	
		2007	0	
	Unfulfilled Need Rank	2016	4	(4)
		2013	14	
		2010	2	
		2007	0	

Gap Analysis

Help in paying for continued insurance and paying for co-pays and deductibles ranked ninth in need and nineteenth in unfulfilled need. Twenty-four percent of consumers indicated an unmet need for this service.

Based on survey responses from providers, capacity exists to serve additional consumers.

According to the survey, the largest barrier to getting assistance with insurance premiums and co-pays and deductibles was the lack of consumer knowledge about the service.

Recommendations

The future of insurance coverage for many Texans, and all Americans, is uncertain due to the yet to be determined future of the ACA, and Medicaid. Regardless of the outcome, it is likely that eligibility changes will result and that education and training of case managers will be essential to ensure enrollment changes are handled in an expeditious manner. It is also expected that more individuals will lose coverage, placing additional burdens on the RWHAP Program.

1. Ensure that case managers are provided with education and training about the Affordable Care Act (ACA) replacement options, enrollment procedures, benefits (physician, medication coverage), and nuances of new insurance coverage rules.

2. Ensure that case managers receive adequate education and training on any changes that would impact consumers' access to Medicaid.

3. Continue to provide funding for insurance continuation to eligible consumers in order to maintain them in the care system and to reduce the burden of the increasing number of uninsured on the RWHAP Program.
    - Provide detailed information to consumers about health insurance program requirements and necessary documentation.
    - Ensure that case managers understand and receive education on benefits covered under this service, and any changes that may occur.
    - Provide information about the insurance continuation program to private infectious disease practices so that they can refer patients in the event of job loss.

4. Continue to provide Financial Assistance for Co-Pays and Deductibles for both medical visits and medications.

5. Ensure that insured patients are aware of funding to support often burdensome co-pays and deductibles.

HOME HEALTH CARE

HRSA Definition

Home Health Care is the provision of services in the home that are appropriate to a client's needs and are performed by licensed professionals. Services must relate to the client's HIV disease and may include:

- *Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)*
- *Preventive and specialty care*
- *Wound care*
- *Routine diagnostics testing administered in the home*
- *Other medical therapies*

Consumer Survey Results

Home Health Care was ranked twenty-first overall in terms of need and twenty-fourth in terms of unfulfilled need. Among in-care consumers, it ranked twenty-fourth in terms of need and twenty-second in unfulfilled needs. Out-of-care consumers ranked it twenty-fifth in need and twenty-sixth in unfulfilled need.

Consumer Service Needs and Barriers

Home Care Services were not needed by 93% of all survey respondents.

- Only 8% of survey respondents reported their needs not met.
- In terms of Priority Population, African-American men and women reported the highest percentage of needs not met (12%).

Table 5.38
Service Need
Home Health Care

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Total	**Total**	**73**	**69.5%**	**32**	**30.5%**	**-**	**0.0%**	**41**	**7.5%**	**507**	**92.5%**
	In-Care	53	68.8%	24	31.2%	-	0.0%	25	7.0%	332	93.0%
	Out-Of-Care	20	71.4%	8	28.6%	-	0.0%	16	8.4%	175	91.6%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 105, In-Care n = 77, Out-Of-Care n = 28
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 548, In-Care n = 357, Out-Of-Care n = 191

Table 5.39
Service Need by Priority Population
Home Health Care

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Black/African-American Men & Women	In-Care	38	70.4%	16	29.6%	-	0.0%	17	8.9%	174	91.1%
	Out-Of-Care	11	68.8%	5	31.3%	-	0.0%	13	12.4%	92	87.6%
Hispanic/Latino (of any Race) Men & Women	In-Care	9	60.0%	6	40.0%	-	0.0%	3	5.5%	52	94.5%
	Out-Of-Care	3	50.0%	3	50.0%	-	0.0%	2	7.4%	25	92.6%
MSM	In-Care	25	69.4%	11	30.6%	-	0.0%	8	4.6%	165	95.4%
	Out-Of-Care	10	76.9%	3	23.1%	-	0.0%	7	6.4%	102	93.6%
Age 13-24	In-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	3	100.0%
	Out-Of-Care	1	100.0%	-	0.0%	-	0.0%	-	0.0%	13	100.0%
Transgender	In-Care	1	50.0%	1	50.0%	-	0.0%	-	0.0%	5	100.0%
	Out-Of-Care	-	0.0%	-	0.0%	1	100.0%	-	0.0%	4	100.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

In terms of barriers, the biggest barrier cited by more than 49% of respondents was “Don’t know about this service.” “Don’t qualify” for the service was cited by 29% of respondents.

Table 5.40
Barriers to Care by Priority Population
Home Health Care

2016	Barrier 1		Barrier 2		Barrier 3		Barrier 4		Total
Population	#	%	#	%	#	%	#	%	#
Total n = 41	20	48.8%	2	4.9%	12	29.3%	7	17.1%	41
Black/African-American Men & Women (n=30)	15	50.0%	1	3.3%	9	30.0%	5	16.7%	30
Hispanic/Latino (of any Race) Men & Women (n=5)	3	60.0%	1	20.0%	1	20.0%	0	0.0%	5
MSM (n=15)	10	66.7%	1	6.7%	2	13.3%	2	13.3%	15
Age 13-24 (n=0)	0	N/A	0	N/A	0	N/A	0	N/A	0
Transgender (n=0)	0	N/A	0	N/A	0	N/A	0	N/A	0

Note: Responses are combined In-Care/Out-Of-Care

Barrier 1: Don't know about this service **Barrier 3: Don't Qualify**

Barrier 2: Found An Easier Way To Get It **Barrier 4: Other**

Provider Inventory

Two RWHAP agencies provided Home Health Care. One provider reported providing services to targeted populations.

Resource Inventory

Nine agencies in the 2015-2016 Source Book offered Home Health Care (including home aides and assistants).

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

This service is new to the list of eligible core services, and comparison data are not available for prior years.

Gap Analysis

Home Care Services were ranked among the mid to lowest service needs (21 out of 35). It was also ranked twenty-fourth in terms of unfulfilled need. Further, 93% of respondents reported no need for this service. The greatest barrier to this service cited by nearly two-thirds of all respondents was a lack of knowledge about the service.

Recommendations

1. Ensure outpatient medical care providers and case managers provide information to their patients about the availability of this service, eligibility requirements and access opportunities.

2. Monitor program and service needs over time.

HOME AND COMMUNITY-BASED HEALTH SERVICES – HOME AIDES AND ASSISTANTS

HRSA Definition

Home and Community-Based Health Services are provided to a client living with HIV in an integrated setting appropriate to a client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:

- *Appropriate mental health, developmental, and rehabilitation services*
- *Day treatment or other partial hospitalization services*
- *Durable medical equipment*
- *Home health aide services and personal care services in the home*

Consumer Survey Results

Home and Community Based Health Services was the twenty-third ranked overall service need, and the twenty-second most frequently identified unfulfilled need.

In addition, in-care consumers ranked it twenty-third in overall need and twentieth in unfulfilled need, while out-of-care ranked it twenty-sixth in need and twenty-fifth in unfulfilled need.

Consumer Service Needs and Barriers

Among respondents to this service category question, 92% indicated no need for Home and Community Based Health Services.

Considering the need for Home and Community Based Health Services among the total consumer survey sample:

- 66% had a need that was easily met.
- 35% had a need for this service that was met with difficulty.
- 8% had an unfulfilled need.

In-care consumers using Home and Community Based Health Services reported:

- 69% found it easy to get, while
- 31% found it hard or somewhat hard to get.

Eighty percent of out-of-care consumers had not used Home and Community Based Health Services for at least 12 months.

- 91% did not have a need for it, while 9% identified an unfulfilled need for Home and Community Based Health Services.

Considering Priority Populations' needs for Home and Community Based Health Services:

- Out-of-care Youth, followed by in-care and out-of-care MSM, had the largest percentages reporting no need for Home and Community -based services (excludes populations with small "n"s responding).
- Among respondents that had not used this service in the past 12 months, out-of-care Black/African-American men and women had the highest unmet need.

- In-care MSM, followed by In-care Black/African-American men and women, had the largest percentage with their need met easily.

Table 5.41
Service Need
Home and Community-Based Health Services

2016	Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population	#	%	#	%	#	%	#	%	#	%
Total	**57**	**65.5%**	**30**	**34.5%**	**-**	**0.0%**	**44**	**7.8%**	**520**	**92.2%**
In-Care	43	69.4%	19	30.6%	-	0.0%	27	7.3%	344	92.7%
Out-Of-Care	14	56.0%	11	44.0%	-	0.0%	17	8.8%	176	91.2%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 87, In-Care n = 62, Out-Of-Care n = 25
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 564, In-Care n = 371, Out-Of-Care n = 193

Table 5.42
Service Need by Priority Population
Home and Community-Based Health Services

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Black/African-American Men & Women	In-Care	31	67.4%	15	32.6%	-	0.0%	15	7.5%	184	92.5%
	Out-Of-Care	9	60.0%	6	40.0%	-	0.0%	14	13.3%	91	86.7%
Hispanic/Latino (of any Race) Men & Women	In-Care	8	66.7%	4	33.3%	-	0.0%	5	8.6%	53	91.4%
	Out-Of-Care	2	28.6%	5	71.4%	-	0.0%	2	7.7%	24	92.3%
MSM	In-Care	25	80.6%	6	19.4%	-	0.0%	11	6.2%	167	93.8%
	Out-Of-Care	5	50.0%	5	50.0%	-	0.0%	7	6.3%	105	93.8%
Age 13-24	In-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	3	100.0%
	Out-Of-Care	-	0.0%	1	100.0%	-	0.0%	-	0.0%	13	100.0%
Transgender	In-Care	-	0.0%	1	100.0%	-	0.0%	-	0.0%	6	100.0%
	Out-Of-Care	-	0.0%	-	0.0%	1	100.0%	-	0.0%	4	100.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

A total of 43 consumers identified barriers to receiving Home and Community Based Health Services.

- "Don't know about this service," identified by 65% of consumers, was the most frequent barrier to accessing Home and Community-Based Health Services.
- This was followed by "don't qualify," identified by 23% of those with barriers.
- "Found an easier way to get it" was identified by 5% of those with barriers.
- 7% indicated an "Other" barrier.

Table 5.43
Service Need Barriers to Care
Home and Community-Based Health Services

2016	Barrier 1		Barrier 2		Barrier 3		Barrier 4		Total
Population	#	%	#	%	#	%	#	%	#
Total n = 43	28	65.1%	2	4.7%	10	23.3%	3	7.0%	43
Black/African-American Men & Women (n=29)	19	65.5%	1	3.4%	8	27.6%	1	3.4%	29
Hispanic/Latino (of any Race) Men & Women (n=6)	5	83.3%	1	16.7%	0	0.0%	0	0.0%	6
MSM (n=18)	13	72.2%	1	5.6%	3	16.7%	1	5.6%	18
Age 13-24 (n=0)	0	N/A	0	N/A	0	N/A	0	N/A	0
Transgender (n=0)	0	N/A	0	N/A	0	N/A	0	N/A	0
Note: Responses are combined In-Care/Out-Of-Care									
Barrier 1: Don't know about this service			**Barrier 3: Don't Qualify**						
Barrier 2: Found an Easier Way To Get It			**Barrier 4: Other**						

Focus Group and Key Informant Interviews

No specific discussion of Home and Community-Based Services occurred throughout Focus Groups or during Key Informant Interviews.

Provider Inventory

No RWHAP agencies reported providing Home and Community Based Health Services (Home Aides and Assistants).

Resource Inventory

Nine agencies in the 2015-2016 Source Book offer Home Health Care (including home aides and assistants).

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

No historical data were available for this service.

Table 5.44
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Home and Community-Based Health Services

Home and Community-based Health Services home aides and assistants				Change from '07-'16
Total Sample	Total Need Rank	2016	23	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	22	No Historical Data
		2013		
		2010		
		2007		
In-Care	Total Need Rank	2016	23	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	20	No Historical Data
		2013		
		2010		
		2007		
Out-of-Care	Total Need Rank	2016	26	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	25	No Historical Data
		2013		
		2010		
		2007		

Gap Analysis

Home and Community-Based Health Services, including home aides and assistants, was a low priority service among respondents. This service ranked twenty-third in total need in the Total Sample, and was ranked twenty-second in terms of unfulfilled need in the Total Sample. Among Out-of-Care respondents, Home and Community-Based Health Services home aides and assistants was ranked twenty-sixth for total need and was ranked twenty-fifth for unfulfilled need. Among In-Care respondents, Home and Community-Based Health Services home aides and assistants was ranked twenty-third in terms of total need, and was ranked twentieth in terms of unfulfilled need.

Eight percent of consumer survey respondents who had not accessed Home and Community-Based services in the past 12 months reported an unmet need for the service.

Recommendations

1. Ensure that medical care providers and case managers are aware of existing Home and Community Based Health Dervices that meet the needs of PLWH.

2. Monitor the needs for this service category.

HOSPICE SERVICES

HRSA Definition

Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:

- *Mental health counseling*
- *Nursing care*
- *Palliative therapeutics*
- *Physician services*
- *Room and board*

Consumer Survey Results

Hospice Services ranked thirty-first out of 35 services, and twenty-ninth in terms of unfulfilled need.

Consumer Service Needs and Barriers

Hospice Services were not needed by 96% of survey respondents.

- Only 3% of in-care consumers and 5% of out-of-care consumers report their need for Hospice Service not met.
- Among Priority Populations, out-of-care African-American men and women had the highest unfulfilled need (6%) followed out-of-care Hispanic/Latino men and women (4%).

Table 5.45
Service Need
Hospice Services

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Total	**Total**	**27**	**71.1%**	**11**	**28.9%**	**-**	**0.0%**	**22**	**3.6%**	**589**	**96.4%**
	In-Care	19	73.1%	7	26.9%	-	0.0%	12	3.0%	394	97.0%
	Out-Of-Care	8	66.7%	4	33.3%	-	0.0%	10	4.9%	195	95.1%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 38, In-Care n = 26, Out-Of-Care n = 12
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 611, In-Care n = 406, Out-Of-Care n = 205

Table 5.46
Service Need by Priority Population
Hospice Services

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Black/African-American Men & Women	In-Care	12	92.3%	1	7.7%	-	0.0%	10	4.3%	222	95.7%
	Out-Of-Care	3	60.0%	2	40.0%	-	0.0%	7	6.1%	108	93.9%
Hispanic/Latino (of any Race) Men & Women	In-Care	5	45.5%	6	54.5%	-	0.0%	1	1.7%	56	96.6%
	Out-Of-Care	4	80.0%	1	20.0%	-	0.0%	1	3.7%	26	96.3%
MSM	In-Care	14	87.5%	2	12.5%	-	0.0%	4	2.1%	189	97.9%
	Out-Of-Care	4	100.0%	-	0.0%	-	0.0%	4	3.4%	114	96.6%
Age 13-24	In-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	3	100.0%
	Out-Of-Care	1	100.0%	-	0.0%	-	0.0%	-	0.0%	13	100.0%
Transgender	In-Care	-	0.0%	1	100.0%	-	0.0%	-	0.0%	6	100.0%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	5	100.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

In terms of barriers, 46% of those who identified a barrier cited "I didn't know about the service."

Table 5.47
Barriers To Care by Priority Population
Hospice Services

2016	Barrier 1		Barrier 2		Barrier 3		Barrier 4		Total
Population	#	%	#	%	#	%	#	%	#
Total n = 22	10	45.5%	5	22.7%	4	18.2%	3	13.6%	22
Black/African-American Men & Women (n=17)	6	35.3%	5	29.4%	3	17.6%	3	17.6%	17
Hispanic/Latino (of any Race) Men & Women (n=2)	2	100.0%	0	0.0%	0	0.0%	0	0.0%	2
MSM (n=8)	4	50.0%	4	50.0%	0	0.0%	0	0.0%	8
Age 13-24 (n=0)	0	N/A	0	N/A	0	N/A	0	N/A	0
Transgender (n=0)	0	N/A	0	N/A	0	N/A	0	N/A	0

Note: Responses are combined In-Care/Out-Of-Care

Barrier 1: Don't know about this service **Barrier 3: Don't Qualify**
Barrier 2: Found an easier way to get it **Barrier 4: Other**

Provider Inventory

One RWHAP agency provided Hospice. No respondents reported providing services to targeted populations.

Resource Inventory

Six agencies in the 2015-2016 Source Book offer Hospice Services.

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

Hospice Services were new to the survey this year, so historical data from the prior needs assessments are not available.

Gap Analysis

Hospice Services were ranked among the lowest service need by survey respondents (31 out of 35). It also ranked twenty-ninth in terms of unfulfilled need and 96% of respondents reported no need for the service. Barriers to the service are due primarily to a lack of awareness of the service.

Recommendations

1. Ensure that all outpatient medical providers, case managers and consumers are aware of available hospice services from the community.

2. Monitor program and service needs on an ongoing basis and adjust funding priorities, as needed.

MEDICAL CASE MANAGEMENT, INCLUDING TREATMENT ADHERENCE SERVICES

HRSA Definition

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:

- *Initial assessment of service needs.*
- *Development of a comprehensive, individualized care plan.*
- *Timely and coordinated access to medically appropriate levels of health and support services and continuity of care.*
- *Continuous client monitoring to assess the efficacy of the care plan.*
- *Re-evaluation of the care plan at least every 6 months with adaptations as necessary*
- *Ongoing assessment of the client's and other key family members' needs and personal support systems.*
- *Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments.*
- *Client-specific advocacy and/or review of utilization of services.*

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Consumer Survey Results

Medical Case Management ranked fifth in service need for all consumer survey respondents; fifteenth for unfulfilled need.

- In-care consumers ranked this fifth in need; seventeenth in unfulfilled need.
- Out-of-care consumers ranked it fifth in need; eighth in unfulfilled need.

Consumer Service Needs and Barriers

Over 79% of in-care consumer survey respondents reported their needs for Medical Case Management were easily met.

- 22% of in-care consumers reported an unfulfilled need; 78% reported no need for this service.
- 66% of out-of-care respondents stated they have no need for Medical Case Management; 34% reported having an unfulfilled need.

Considering Priority Populations:

- In-care Youth (1) had the largest percentage of their need for Medical Case Management easily met (100%).
- In-care Hispanics (37) had the second largest percent of their need for Medical Case Management met easily (84%).

- In-care Youth and Transgender had the largest percentages reporting no need for Medical Case Management (both 100%).
- Out-of-care Hispanic/Latinos and Black MSMs had the largest percentages of an unfulfilled need for Medical Case Management, 39% and 34%, respectively.

Table 5.48
Service Need
Medical Case Management – Help with coordination of your medical care offered at medical and dental care locations:

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Total	**Total**	**305**	**79.0%**	**81**	**21.0%**	**-**	**0.0%**	**69**	**26.8%**	**188**	**73.2%**
	In-Care	222	79.3%	58	20.7%	-	0.0%	32	21.5%	117	78.5%
	Out-Of-Care	83	78.3%	23	21.7%	-	0.0%	37	34.3%	71	65.7%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 386, In-Care n = 280, Out-Of-Care n = 106
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 257, In-Care n = 149, Out-Of-Care n = 108

Table 5.49
Service Need by Priority Population
Medical Case Management – Help with coordination of your medical care offered at medical and dental care locations

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Black/African-American Men & Women	In-Care	124	77.0%	37	23.0%	-	0.0%	20	24.4%	62	75.6%
	Out-Of-Care	42	77.8%	12	22.2%	-	0.0%	22	33.8%	43	66.2%
Hispanic/Latino (of any Race) Men & Women	In-Care	37	84.1%	7	15.9%	-	0.0%	5	20.8%	19	79.2%
	Out-Of-Care	7	58.3%	5	41.7%	-	0.0%	7	38.9%	11	61.1%
MSM	In-Care	106	79.1%	28	20.9%	-	0.0%	13	17.3%	62	82.7%
	Out-Of-Care	45	78.9%	12	21.1%	-	0.0%	21	33.3%	42	66.7%
Age 13-24	In-Care	1	100.0%	-	0.0%	-	0.0%	-	0.0%	2	100.0%
	Out-Of-Care	2	66.7%	1	33.3%	-	0.0%	3	27.3%	8	72.7%
Transgender	In-Care	3	75.0%	1	25.0%	-	0.0%	-	0.0%	3	100.0%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	1	25.0%	3	75.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

A total of 69 consumers reported at least one barrier to accessing Medical Case Management.

- The most frequent barrier was “case manager not available/hard to reach” (33%), up from 30% in 2013.
- The second ranked barrier was “case manager does not follow-up” (15%).
- The third ranked barrier was “too much paperwork” (10%), down from 8% since 2013.

- 42% of respondents indicated a barrier other than those listed.

Table 5.50
Barriers to Care by Priority Population
Medical Case Management – Help with coordination of your medical care offered at a medical or dental location

2016	Barrier 1		Barrier 2		Barrier 3		Barrier 4		Total
Population	#	%	#	%	#	%	#	%	#
Total n = 69	23	33.3%	7	10.1%	10	14.5%	29	42.0%	69
Black/African-American Men & Women (n=42)	19	45.2%	5	11.9%	5	11.9%	13	31.0%	42
Hispanic/Latino (of any Race) Men & Women (n=12)	2	16.7%	1	8.3%	3	25.0%	6	50.0%	12
MSM (n=34)	9	26.5%	5	14.7%	4	11.8%	16	47.1%	34
Age 13-24 (n=3)	0	0.0%	0	0.0%	0	0.0%	3	100.0%	3
Transgender (n=1)	0	0.0%	0	0.0%	0	0.0%	1	100.0%	1
Note: Responses are combined In-Care/Out-Of-Care									
Barrier 1: Case manager not available/hard to reach			**Barrier 3: Case manager does not follow up**						
Barrier 2: Too much paperwork			**Barrier 4: Other**						

Focus Group and Key Informant Interviews

The comments presented below represent the beliefs, opinions, and experiences of the participants.

General Issues

- *I think it's just difficult to navigate wait time for case management. That's a barrier – they may only need to talk to a therapist for a minute but they have to wait for a case manager.*
- *It's going to take more funds to fund case managers to follow them [those never linked to care] through care.*
- *We're supposed to have a Care Coordination System here in Dallas, but that's really more in name than in practice.*
- *Agencies have huge turnovers and case managers have one of the highest turnover rates at non-profit agencies, salaries and training are playing into this.*
- *In Dallas County, case management services have to be provided to everyone who needs a referral. So, if a person walked into the AIDS Interfaith Network for food or transportation they would tell them, "Well, you're a patient at Parkland and you have to go over to Parkland and get a case manager to give you a referral and come back here." I understand the reason, because those agencies don't have case management to collect the information. They do get RWHAP money and should be required to collect the same documentation . . . but in Dallas County we've set it up so case managers are like gatekeepers of all services available.*

Paperwork

- *There's just so much paperwork to be filled out to get your medications for free or for you to have access to these services . . . Sometimes you have a medical case manager or even a case manager with high caseloads and they forget to fill out the Patient Assistance Form or something, and that will be the very thing that will prevent someone from getting their medications.*
- *Less paperwork, or some sort of paperwork arrangement or sharing between organizations would minimize having to come up with this information multiple times.*
- *Processes need to be as simple as possible. Every time paperwork has to be collected it's a potential risk that it will be the last one they complete – that it's going to prevent them staying in care.*
- *In general, the paperwork is a huge barrier, and it's a barrier for people who are trying to get into care, and it's a barrier for people trying to get them into care.*

Suggestions for Improvement

- *_____ reorganized their case management in the last few months because they found a ton of their clients were receiving services through other agencies and were also in their case management services so they were in two different systems. Data sharing could fix that and they [clients] would have fewer visits, less duplicative services, and less money wasted.*
- *We have medical case management and non-medical case management and organizations getting funded for both services . . . you could use medical case management to do both functions and we could leverage our money better.*
- *I think case management plays a really big role in all of this . . . getting viral loads down. We always talk about community viral load but one of the key players in all that, I think, is case management.*
- *Streamline the intake process. Have a patient checklist and have them check off that they were made aware of the information.*
- *If we could get care coordination between case managers at different agencies to click, it would help people so much.*

Provider Inventory

Seven RWHAP agencies provided Medical Case Management. Four providers reported a waiting time for a first appointment of approximately one to 12 days. Three providers reported, collectively, an additional capacity of 565 annually. One provider reported providing services to targeted populations.

Resource Inventory

Fifteen agencies in the 2015-2016 Source Book offer Medical Case Management.

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

In 2007, the separation of Medical and Non-Medical Case Management began. Since that time, consumers have gained a greater understanding of medical case managers' roles. Despite that recognition, the need for Medical Case Management was lower in 2013 than in 2010, with an overall ranking of ten in 2013 and four in 2010. In 2007 the overall ranking was seven. The unfulfilled need for Medical Case Management increased from twelfth in 2007 to ninth in 2010 and to fourth in 2013.

In 2016, case management was ranked fifth in terms of total need, up from tenth in 2013, and the unfulfilled need decreased from fourth to fifteenth. There was a marked difference in the unfulfilled need among those in-care (17) and those out-of-care (8).

Table 5.51
Total Need and Unfulfilled Need Service Rank, 2007, 2010, 2013, 2016
Medical Case Management – Help with coordination of your medical care offered at medical and dental locations:

			Medical Case Management	Change from '07-'16
Total Sample	Total Need Rank	2016	5	2
		2013	10	
		2010	4	
		2007	7	
	Unfulfilled Need Rank	2016	15	(3)
		2013	4	
		2010	9	
		2007	12	
In-Care	Total Need Rank	2016	5	3
		2013	11	
		2010	4	
		2007	8	
	Unfulfilled Need Rank	2016	17	(4)
		2013	4	
		2010	16	
		2007	13	
Out-of-Care	Total Need Rank	2016	5	6
		2013	11	
		2010	7	
		2007	11	
	Unfulfilled Need Rank	2016	8	3
		2013	6	
		2010	7	
		2007	11	

Gap Analysis

Medical Case Management ranked fifth in need but fifteenth in unmet need. Twenty-seven percent of consumers indicate their needs for this service are unmet. The primary barrier to the receipt of Medical Case Management services were "case manager not available/hard to reach," identified by 33%, with an additional 15% indicating the case manager does not follow-up, and 10% reported too much paperwork. Since 2007, the unfulfilled need for case management services has decreased slightly for those in-care and increased for out-of-care consumers. According to provider Focus Group participants, caseloads are in some cases too high, and paperwork burden too great and an issue that creates a

burden for case managers and clients. Case coordination between agencies and among case managers was also considered a weakness.

Two-thirds of the agencies providing case management reported wait times of less than a week to four weeks for an appointment. The current system reported an additional capacity for 25 clients which is far below what is required to meet the unfulfilled need identified in the survey.

Recommendations

Issues related to the paperwork burden for patients and case managers has been a much repeated burden and more importantly a barrier to the receipt of RWHAP services since 2007. Not addressing this issue continues a system in which scarce resources are not being used effectively and it perpetuates missed opportunities to link and retain consumers in care. As a result, this year's recommendations center on these issues.

1. Develop a task force to look into ways to reduce the paperwork burdens and to make recommendations to the Council, Recipient and Administrative Agent to implement said changes. Consider expanding ARIES to facilitate sharing of demographic information across agencies.

2. Develop a task force to make recommendations to the Planning Council, Recipient and Administrative Agent to make the case coordination system more effective.

3. Work with funded agencies that have found ways to ensure that clients are not assigned more than one medical case manager, and implement these across all funded programs. Consider primary case management as a strategy to eliminate duplication of services.

4. Although case management is intended to enhance self-sufficiency, many PLWH continue to depend on this service. Support continued funding for medical case management and consider assigning peer navigators to case managers with high risk cases if additional funds cannot be provided.

5. Develop formal uniform in-service education programs for case managers.
    - Educate medical case managers about available services so that they can be effective in meeting consumers' needs. (Provide them with copies of the Resource Inventory.)
    - Educate case managers about changes in policies and procedures.

MEDICAL NUTRITION THERAPY

HRSA Definition

Medical Nutrition Therapy includes:

- *Nutrition assessment and screening*
- *Dietary/nutritional evaluation*
- *Food and/or nutritional supplements per medical provider's recommendation*
- *Nutrition education and/or counseling*

These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

Consumer Survey Results

This service was referred to as "Medical Nutritional Counseling" on the consumer survey.

In-care consumers rank Nutritional Counseling nineteenth in total need. Out-of-care consumers rank nutritional counseling eleventh in terms of need.

- Nutritional Counseling is in-care consumer's eighth unfulfilled need.
- Among out-of-care, nutritional counseling is the eighth unfulfilled need.

Consumer Service Needs and Barriers

Over 85% of consumer survey respondents reported no need for Nutritional Counseling.

- Among in-care consumers, 80% reported their need for Nutritional Counseling is easily met;
- 13% of in-care reported an unfulfilled need, and 87% reported no need for this service.
- 21% of out-of-care consumers stated their need for Nutritional Counseling is unfulfilled, while 79% of those out-of-care did not have a need for this service.

Considering the needs of Priority Populations for Nutritional Counseling:

- Two (100%) of out-of-care Youth reported their needs for Nutritional Counseling were easily met, followed by 45 (85%) of in-care African-American men and women, 30 (11%) of in-care MSM, and eight Hispanic/Latinos (11%).
- With the exception of out-of-care Youth, out-of-care consumers, among all populations, have higher unfulfilled needs than their in-care counterparts.
- In-care Youth (3) and Transgender (5) have 100% reported as having no need for Nutritional Counseling.

Table 5.52
Service Need
Medical Nutritional Counseling

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Total	**Total**	**88**	**80.0%**	**22**	**20.0%**	**-**	**0.0%**	**82**	**15.4%**	**451**	**84.6%**
	In-Care	65	86.7%	10	13.3%	-	0.0%	45	12.7%	309	87.3%
	Out-Of-Care	23	65.7%	12	34.3%	-	0.0%	37	20.7%	142	79.3%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 110, In-Care n = 75, Out-Of-Care n = 35
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 533, In-Care n = 354, Out-Of-Care n = 179

Table 5.53
Service Need by Priority Population
Medical Nutritional Counseling

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Black/African-American Men & Women	In-Care	45	84.9%	8	15.1%	-	0.0%	28	14.7%	162	85.3%
	Out-Of-Care	14	63.6%	8	36.4%	-	0.0%	21	21.6%	76	78.4%
Hispanic/Latino (of any Race) Men & Women	In-Care	8	88.9%	1	11.1%	-	0.0%	6	10.2%	53	89.8%
	Out-Of-Care	6	85.7%	1	14.3%	-	0.0%	3	13.0%	20	87.0%
MSM	In-Care	30	90.9%	3	9.1%	-	0.0%	17	9.7%	159	90.3%
	Out-Of-Care	10	76.9%	3	23.1%	-	0.0%	25	23.4%	82	76.6%
Age 13-24	In-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	3	100.0%
	Out-Of-Care	2	100.0%	-	0.0%	-	0.0%	1	8.3%	11	91.7%
Transgender	In-Care	1	50.0%	1	50.0%	-	0.0%	-	0.0%	5	100.0%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	4	100.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

- A total of 82 respondents identified barriers to accessing Nutritional Counseling.
  - Nearly three-fourths of consumers with barriers stated they didn't know about this service.
  - 10% stated the service is not available.

Table 5.54
Barriers to Care by Priority Population
Medical Nutritional Counseling

2016	Barrier 1		Barrier 2		Barrier 3		Barrier 4		Total
Population	#	%	#	%	#	%	#	%	#
Total n = 82	59	72.0%	8	9.8%	8	9.8%	7	8.5%	82
Black/African-American Men & Women (n=49)	36	73.5%	5	10.2%	2	4.1%	6	12.2%	49
Hispanic/Latino (of any Race) Men & Women (n=9)	5	55.6%	1	11.1%	3	33.3%	0	0.0%	9
MSM (n=42)	33	78.6%	3	7.1%	4	9.5%	2	4.8%	42
Age 13-24 (n=1)	0	0.0%	0	0.0%	0	0.0%	1	100.0%	1
Transgender (n=0)	0	N/A	0	N/A	0	N/A	0	N/A	0
Note: Responses are combined In-Care/Out-Of-Care									
Barrier 1: You didn't know about this service	**Barrier 3: It is not available**								
Barrier 2: Available somewhere else	**Barrier 4: Other**								

Provider Inventory

One RWHAP agency provided Medical Nutritional Therapy. One provider reported a waiting time for a first appointment of approximately seven days. No respondents reported providing services to targeted populations.

Resource Inventory

Twenty agencies in the 2015-2016 Source Book offered Nutritional Counseling.

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

The total need for Medical Nutrition Therapy was the seventeenth highest ranked service in 2016. In 2013 it ranked thirteenth. In 2010 and 2007, the service was the tenth highest ranked.

The unfulfilled need was ranked eighth in 2016. In 2013 the service was ranked thirteenth. In 2010 the service was ranked eighth, and in 2007 it ranked fourteenth.

Table 5.55
Total Need and Unfulfilled Need Service Rank, 2007, 2010, 2013, 2016
Medical Nutritional Counseling

			Medical Nutritional Counseling	Change from '07-'16
Total Sample	Total Need Rank	2016	18	(8)
		2013	13	
		2010	10	
		2007	10	
	Unfulfilled Need Rank	2016	8	6
		2013	13	
		2010	8	
		2007	14	
In-Care	Total Need Rank	2016	19	(12)
		2013	14	
		2010	10	
		2007	7	
	Unfulfilled Need Rank	2016	9	(3)
		2013	13	
		2010	6	
		2007	6	
Out-of-Care	Total Need Rank	2016	17	1
		2013	11	
		2010	10	
		2007	18	
	Unfulfilled Need Rank	2016	8	10
		2013	11	
		2010	9	
		2007	18	

Gap Analysis

Consumers gave Medical Nutritional Counseling a mid- to low-level service need ranking (eighteenth). Eighty percent of consumers report their need for this service was easily met. Fifteen percent indicated an unmet need, including 21% of those out-of-care consumers with an unmet need.

Recommendations

Medical Nutritional Counseling often provided with routine outpatient ambulatory medical care. However, as consumer interest in proper nutrition to improve health status, this service category deserves more attention.

1. Nutritional Counseling should be continued in conjunction with HIV medical care. These providers should help identify the need for more specific medical nutritional therapy which meets the HRSA definition.

2. Patients with co-morbid conditions may require additional Nutritional Counseling outside the clinic setting. In such instances, this service category may be considered for funding.

3. With many consumers indicating a need for Food Bank Services, enhanced coordination between Nutritional Counseling and Food Bank Services should be supported and encouraged.

MENTAL HEALTH SERVICES

HRSA Definition

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Consumer Survey Results

Mental Health Counseling was ranked thirteenth in service need among all consumer survey respondents. It was ranked sixteenth in unfulfilled need.

- In-care consumers ranked mental health counseling thirteenth for need and thirteenth for unfulfilled need.
- Among out-of-care, this service ranked thirteenth for need and fourteenth for unfulfilled need.

Consumer Service Needs and Barriers

Over 84% of consumer survey respondents reported no need for Mental Health Counseling; this included 88% of in-care participants and 78% of out-of-care.

Those using Mental Health Counseling were generally in care, with 117 in-care consumers and 49 out-of-care using this service.

- Among the in-care consumers using Mental Health Counseling, 76% found it easy to access.
- Nearly 16% report an unfulfilled need; 35 were in-care and 33 are out-of-care consumers.

Table 5.56
Service Need
Mental Health Counseling

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Total	**Total**	**166**	**76.1%**	**50**	**22.9%**	**2**	**0.9%**	**68**	**15.8%**	**362**	**84.2%**
	In-Care	117	78.5%	31	20.8%	1	0.7%	35	12.4%	247	87.6%
	Out-Of-Care	49	71.0%	19	27.5%	1	1.4%	33	22.3%	115	77.7%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 218, In-Care n = 149, Out-Of-Care n = 69
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 430, In-Care n = 282, Out-Of-Care n = 148

Among Priority Populations, the following issues were identified:

- Out-of-care Hispanic/Latino men and women (42%) found their needs hard to meet.
- In-care Black/African-American men and women had a high percentage (80%) and a large number of individuals (68) who indicated their needs were easily met'

- 100% of in-care Transgender individuals (2) and 100% of out-of-care Youth (1) also ranked their needs met easily.

Table 5.57
Service Need by Priority Population
Mental Health Counseling

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Black/African-American Men & Women	In-Care	68	80.0%	16	18.8%	1	1.2%	23	14.4%	137	85.6%
	Out-Of-Care	24	77.4%	7	22.6%	-	0.0%	21	23.6%	68	76.4%
Hispanic/Latino (of any Race) Men & Women	In-Care	13	76.5%	4	23.5%	-	0.0%	6	11.8%	45	88.2%
	Out-Of-Care	6	50.0%	5	41.7%	1	8.3%	2	10.0%	18	90.0%
MSM	In-Care	54	80.6%	13	19.4%	-	0.0%	22	15.5%	120	84.5%
	Out-Of-Care	28	75.7%	8	21.6%	1	2.7%	21	24.7%	64	75.3%
Age 13-24	In-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	3	100.0%
	Out-Of-Care	1	100.0%	-	0.0%	-	0.0%	3	23.1%	10	76.9%
Transgender	In-Care	2	100.0%	-	0.0%	-	0.0%	1	20.0%	4	80.0%
	Out-Of-Care	-	0.0%	-	0.0%	2	100.0%	-	0.0%	3	100.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

Sixty-eight consumers identified barriers to Mental Health Counseling.

- The most frequently identified barrier by all consumers was "I didn't know where to go." (59%)
  - In terms of Priority Populations, this reason was most frequently identified by Hispanic/Latino men and women (88%), MSM (63%), and African-American men and women (57%), and 67% of Youth
- The second most frequently identified barrier to Mental Health Counseling was "I didn't want to use this service."
  - This was most identified by 21% of African-Americans, and 14% of MSMs.
- 25% ranked "Other" as a barrier.

Table 5.58
Barriers to Care by Priority Population
Mental Health Counseling

2016	Barrier 1		Barrier 2		Barrier 3		Total
Population	#	%	#	%	#	%	#
Total n = 68	11	16.2%	40	58.8%	17	25.0%	68
Black/African-American Men & Women (n=44)	9	20.5%	25	56.8%	10	22.7%	44
Hispanic/Latino (of any Race) Men & Women (n=8)	0	0.0%	7	87.5%	1	12.5%	8
MSM (n=43)	6	14.0%	27	62.8%	10	23.3%	43
Age 13-24 (n=3)	0	0.0%	2	66.7%	1	33.3%	3
Transgender (n=1)	0	0.0%	1	100.0%	0	0.0%	1

Note: Responses are combined In-Care/Out-Of-Care

Barrier 1: Didn't want to use this service **Barrier 3: Other**
Barrier 2: Didn't know where to go

Nearly a third of consumers had been diagnosed with depression in the last 12 months.

- This included 31% of in-care and 28% of out-of-care consumers.
- Among those in-care, MSM had the highest percentage of consumers reporting a diagnosis of depression (31%); African-American men and women (26%) were the second highest percentage of consumers reporting this diagnosis.
- Among those out-of-care, 40% of Transgender respondents and 27% of Hispanic/Latinos had been diagnosed with depression.

Provider Inventory

Four RWHAP agencies provide Mental Health Counseling. Two providers reported no waiting time for a first appointment. One provider report, collectively, an additional capacity of 200 annually. No respondents reported providing services to targeted populations.

Resource Inventory

Twenty-three agencies in the 2015-2016 Source Book offered Mental Health Counseling.

Table 5.59
Diagnosis for Depression
Have You Received Medical Treatment for
Depression in the Last 12 Months?

	#		%		#	
	In-Care (n=457)		Out-of-Care (n=240)		Total (n=697)	
Total Sample: Depression Diagnosis (Yes)	143	31.3%	64	26.7%	207	29.7%
	In-Care (n=253)		Out-of-Care (n=134)		Total (n=387)	
African-American Men & Women: Depression Diagnosis (Yes)	66	26.1%	30	22.4%	96	24.8%
	In-Care (n=76)		Out-of-Care (n=37)		Total (n=113)	
Hispanic Men & Women: Depression Diagnosis (Yes)	18	23.7%	10	27.0%	28	24.8%
	In-Care (n=216)		Out-of-Care (n=133)		Total (n=349)	
MSM: Depression Diagnosis (Yes)	66	30.6%	34	25.6%	100	28.7%
	In-Care (n=7)		Out-of-Care (n=15)		Total (n=22)	
Youth Age 13 to 24: Depression Diagnosis (Yes)	1	14.3%	1	6.7%	2	9.1%
	In-Care (n=10)		Out-of-Care (n=5)		Total (n=15)	
Transgender: Depression Diagnosis (Yes)	2	20.0%	2	40.0%	4	26.7%

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

The total need for Mental Health Counseling was the thirteenth highest ranked service in 2016. In 2013, it ranked ninth. In 2010, the service was ranked eleventh, and in 2007, the service was the thirteenth highest ranked.

The unfulfilled need for the service was ranked sixteenth in 2016. In 2013, the service was ranked twenty-first. In 2007 the service was ranked fifteenth.

Table 5.60
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Mental Health Counseling

			Mental Health Counselling	Change from '07-'16
Total Sample	Total Need Rank	2016	13	0
		2013	9	
		2010	11	
		2007	13	
	Unfulfilled Need Rank	2016	16	(1)
		2013	21	
		2010	16	
		2007	15	
In-Care	Total Need Rank	2016	13	(2)
		2013	10	
		2010	11	
		2007	11	
	Unfulfilled Need Rank	2016	13	(4)
		2013	21	
		2010	11	
		2007	9	
Out-of-Care	Total Need Rank	2016	13	3
		2013	8	
		2010	12	
		2007	16	
	Unfulfilled Need Rank	2016	14	2
		2013	17	
		2010	14	
		2007	16	

Gap Analysis

Mental Health Counseling ranked thirteenth overall in need and thirteenth in unfulfilled need. Sixteen percent of consumers identified an unfulfilled need. Individuals who use mental health services tend to be in-care. Among survey respondents 76% of those using services were in-care.

Nearly two-thirds of survey respondents had been diagnosed with depression within the last 12 months. Black/African-American women (36%) followed by MSM (32%) had the highest percentage of depression. The primary barrier to receiving care as reported by survey respondents was "I didn't know

where to go." This was identified by 59% of consumers reporting barriers. The second most frequently identified barrier was "I didn't want to use the service" (16%).

According to the provider inventory an additional 55 consumers could be treated by existing providers.

The extent of unfulfilled need combined with existing capacity is consistent with the lack of awareness of available resources and the stigma attached to receiving care for a mental health issue.

Provider Focus Group Interviews

The comments presented below represent the beliefs, opinions and experiences of the participants.

Gaps in Continuum of Services

- *Access to crisis counseling and support – if your appointment is 2-6 weeks away and you're sitting in the dark, . . . we know going to that first appointment, taking that first pill is like getting diagnosed all over – so a lot just avoid it altogether.*
- *Substance abuse and untreated mental illness are barriers.*

Co-Morbidities

- *Other than mental health and substance abuse the other big co-morbidity is depression.*
- *There is a huge deficit in lack of parity in terms of mental health treatment.*
- *For mental health services, I know there is a huge lack or gap in provision of those services. Here mental health is not well funded. There needs to be more information disseminated to make clients aware.*
- *For those with HIV, I don't think they are getting the quality of mental health care they need, mainly because they don't have a doctor who can address the mental health issue.*
- *Our mental health system is worse than the HIV.*

Suggestions

- *We've put behavioral health providers on-site at our clinic for about two years and we've noticed those using the services were actually approaching the normal or average viral suppression rate for our entire patient population.*

Twenty-three agencies in the 2015-2016 Source Book offered Mental Health Counseling.

Recommendations

For many consumers, dealing with the shock and depression that initially accompanies a diagnosis of HIV makes it critically important to have Mental Health Counseling available for the newly diagnosed, and to ensure that ongoing mental health treatment is available to those at high risk.

1. HRSA identifies Mental Health Therapy providers as key points of entry for out-of-care consumers. Provide education and outreach to community mental health providers to promote appropriate linkage and referral to RWHAP medical care and other services.

2. Ensure that case managers are aware of the range of services available for consumers in need of Mental Health Counseling.

3. Ensure the availability of Mental Health Services for the dually diagnosed and Transgender individuals.

4. Identify mental health providers with proficiency in the Spanish language and, more important, sensitivity to Hispanic cultural norms.

5. Develop effective strategies to reduce the stigma associated with Mental Health Services so that these services are part of the continuum of health care services, including funding providers who can provide both medical and mental health services.

6. Work to develop ties to community mental health centers in an effort to develop additional access points for PLWH.

ORAL HEALTH CARE

HRSA Definition

Oral Health Care services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Consumer Survey Results

Dental care was the highest ranking service need. It ranked first in total need and first in unfulfilled need.

- Dental care was widely needed among in-care and out-of-care respondents, being their top identified service need and unfulfilled need.
- Both in-care and out-of-care survey respondents ranked dental care as the highest unfulfilled need.

Consumer Service Needs and Barriers

While 68% of consumer survey respondents reported their need for dental care was met easily, 66% reported their need is unfulfilled.

- Over 67% of in-care consumers were having their need for dental visits met easily, and 34% report no need for this service. The other 34% were finding it hard to meet.
- 32% of out-of-care consumers did not report a need for this service, and 68% had an unfulfilled need.

Considering Priority Populations' need for dental services:

- Despite their small number, 100% of in-care Youth (3) and Transgender individuals (2) reported their needs not met.
- In-care Hispanic/Latino men and women (70%), and in-care Black/African-American men and women (66%) had high unfulfilled needs.
- 68% of in-care MSMs also had dental needs not met.

Table 5.61
Service Need
Dental Visits

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Total	**Total**	**220**	**66.5%**	**111**	**33.5%**	**-**	**0.0%**	**216**	**66.3%**	**110**	**33.7%**
	In-Care	167	67.3%	81	32.7%	-	0.0%	122	64.9%	66	35.1%
	Out-Of-Care	53	63.9%	30	36.1%	-	0.0%	94	68.1%	44	31.9%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 331, In-Care n = 248, Out-Of-Care n = 83
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 326, In-Care n = 188, Out-Of-Care n = 138

Table 5.62
Service Need by Priority Population
Dental Visits

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Black/African-American Men & Women	In-Care	95	67.9%	45	32.1%	-	0.0%	69	65.7%	36	34.3%
	Out-Of-Care	26	61.9%	16	38.1%	-	0.0%	57	70.4%	24	29.6%
Hispanic/Latino (of any Race) Men & Women	In-Care	30	76.9%	9	23.1%	-	0.0%	23	69.7%	10	30.3%
	Out-Of-Care	4	33.3%	8	66.7%	-	0.0%	14	66.7%	7	33.3%
MSM	In-Care	90	70.3%	38	29.7%	-	0.0%	56	68.3%	26	31.7%
	Out-Of-Care	33	67.3%	16	32.7%	-	0.0%	47	64.4%	26	35.6%
Age 13-24	In-Care	2	100.0%	-	0.0%	-	0.0%	3	100.0%	-	0.0%
	Out-Of-Care	2	50.0%	2	50.0%	-	0.0%	6	60.0%	4	40.0%
Transgender	In-Care	4	66.7%	2	33.3%	-	0.0%	2	100.0%	-	0.0%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	3	60.0%	2	40.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

A large number of people (216) identified barriers to receiving dental care.

- The most frequently cited barrier to dental care was "long wait to get an appointment," with 32% identifying it.
- 26% cited "limited funding".

Table 5.63
Barriers to Care by Priority Population
Dental Visits

2016	Barrier 1		Barrier 2		Barrier 3		Barrier 4		Barrier 5		Barrier 6		Total
Population	#	%	#	%	#	%	#	%	#	%	#	%	#
Total n = 216	69	31.9%	55	25.5%	13	6.0%	16	7.4%	17	7.9%	46	21.3%	216
Black/African-American Men & Women (n=126)	40	31.7%	39	31.0%	6	4.8%	11	8.7%	7	5.6%	23	18.3%	126
Hispanic/Latino (of any Race) Men & Women (n=37)	14	37.8%	4	10.8%	4	10.8%	3	8.1%	4	10.8%	8	21.6%	37
MSM (n=103)	32	31.1%	31	30.1%	4	3.9%	7	6.8%	7	6.8%	22	21.4%	103
Age 13-24 (n=9)	2	22.2%	0	0.0%	1	11.1%	2	22.2%	2	22.2%	2	22.2%	9
Transgender (n=5)	1	20.0%	2	40.0%	0	0.0%	0	0.0%	1	20.0%	1	20.0%	5

Note: Responses are combined In-Care/Out-Of-Care

Barrier 1: Long wait to get an appointment
Barrier 2: Limited funding
Barrier 3: Documentation requirements
Barrier 4: Afraid of dentists
Barrier 5: Didn't qualify
Barrier 6: Other

Provider Focus Group

The comments presented below represent the beliefs, opinions and experiences of the participants.

Service Needs and Deficits

- *Dental services are overwhelmed.*
- *I think we have a pretty good system right now for basic services. But, with dental there is a problem with wait times and things can be tough for clients to navigate.*
- *There are few dentists in the Dallas Area working with the HIV community.*
- *We need more dental providers in the system. We can't see more people because we would have to have a huge increase in funding to hire a dentist. We need to recruit more in that area; for sure.*

Provider Inventory

Three RWHAP agencies provided Oral Health Care. Three providers reported a waiting time for a first appointment of approximately 0 to 10 days. One provider reported an additional capacity of five annually. One provider reported providing services to targeted populations.

Resource Inventory

Thirteen agencies in the 2015-2016 Source Book offered Dental Visits.

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

Oral Health Care has remained the top priority since 2010, the need and unfulfilled need further increased in 2016.

Table 5.64
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Dental Visits

			Dental Visits	Change from '07-'16
Total Sample	Total Need Rank	2016	1	1
		2013	1	
		2010	1	
		2007	2	
	Unfulfilled Need Rank	2016	1	0
		2013	3	
		2010	1	
		2007	1	
In-Care	Total Need Rank	2016	2	1
		2013	1	
		2010	2	
		2007	3	
	Unfulfilled Need Rank	2016	1	2
		2013	3	
		2010	1	
		2007	3	
Out-of-Care	Total Need Rank	2016	1	0
		2013	1	
		2010	1	
		2007	1	
	Unfulfilled Need Rank	2016	1	1
		2013	3	
		2010	1	
		2007	2	

Gap Analysis

Dental services continued to be the number one need identified by survey respondents. It was ranked first in terms of unfulfilled need. Sixty-six percent of those who didn't use the service need it. The top ranked barrier to receiving care was the long wait to get an appointment, identified by 32% of those indicating a barrier, followed by limited funding (26%).

Recommendations

Given that dental care is consumers' highest priority need as well as unfulfilled need, focus should be on expanding the regional system of dental providers over the next three years, and reducing the patient wait times to be seen. The need for dental services in the DPA has been identified as a high priority need (ranking #1 or #2 since 2007.)

1. Despite successes with availability of funded oral health providers, consumer need continues to be an issue. Consider increasing funding to existing providers that agree to expand services to treat additional consumers.

2. Evaluate the potential to develop a relationship with area dental schools to: Broaden their training sites to include RWHAP dental clinics. Encourage students to pursue opportunities to serve in community-based dental clinics.

3. Oral health screens are a routine part of outpatient HIV medical care. Monitor providers for annual oral health screening and consider this indicator for quality management purposes.

SUBSTANCE ABUSE OUTPATIENT CARE

HRSA Definition

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Services include:

- *Screening*
- *Assessment*
- *Diagnosis, and/or*
- *Treatment of substance use disorder, including:*
  - *Pretreatment/recovery readiness programs*
  - *Harm reduction*
  - *Behavioral health counseling associated with substance use disorder*
  - *Outpatient drug-free treatment and counseling*
  - *Medication assisted therapy*
  - *Neuro-psychiatric pharmaceuticals*
  - *Relapse prevention*

Consumer Survey Results

With an overall need rank of 27 and an unfulfilled need rank of 25, the need for Outpatient Substance Abuse Treatment was ranked lower by in-care than out-of-care consumers.

- In-care consumers ranked need for Outpatient Substance Abuse twenty-seventh out of 35 services, and twenty-sixth in unfulfilled need.
- Among out-of-care, this service ranked twenty-third for need and twenty-fourth for unfulfilled need.

Substance Abuse

Fifty-five percent of consumers indicated use of drugs in the last six months.

- 3% indicated injecting drugs, but 60% did not respond to this question.
- 36% reported no use of injected substances.

Table 5.65
Substance Use in Last 6 Months

	In-Care		Out-of-Care		Total	
Substance Use (Mark All That Apply)	**#**	**%**	**#**	**%**	**#**	**%**
Alcohol	157	66.2%	114	73.5%	271	69.1%
Marijuana	96	40.5%	86	55.5%	182	46.4%
Depressants	30	12.7%	10	6.5%	40	10.2%
Ketamine/PCP	0	0.0%	1	0.6%	1	0.3%
Hallucinogens	2	0.8%	2	1.3%	4	1.0%
Opioids and Morphine	28	11.8%	16	10.3%	44	11.2%
Stimulants	37	15.6%	41	26.5%	78	19.9%
Steroids not prescribed by your doctor	3	1.3%	0	0.0%	3	0.8%
Prescription painkillers not prescribed by your doctor	17	7.2%	7	4.5%	24	6.1%
Inhalants	4	1.7%	6	3.9%	10	2.6%
In-Care n = 237; Out-of-Care n = 155; Combined In-Care/Out-of-Care n = 392						

Table 5.66
IV Drug Use in Last 6 Months

	In-Care		Out-of-Care		Total	
IV Drug Use (Have you injected substances in the past two months?)	**#**	**%**	**#**	**%**	**#**	**%**
Yes	8	1.8%	15	6.3%	23	3.3%
No	168	36.8%	85	35.4%	253	36.3%
No Response	281	61.5%	140	58.3%	421	60.4%
Total	**457**	**100.0%**	**240**	**100.0%**	**697**	**100.0%**
In-Care n = 457; Out-of-Care n = 240; Combined In-Care/Out-of-Care n = 697						

Considering drug of choice:

- Consumers reported the most frequent drug used in the last 12 months was alcohol (69%) followed by marijuana (46%). These were also the most frequently used substances by both in-care and out-of-care consumers.
  - A higher percentage out-of-care substance users used marijuana (56%) compared to in-care (41%).
  - Opioids/morphine was used by 11% of survey respondents.
    Stimulants were the third most frequently used substance, with 20% of the survey sample identifying it; This included 27% of those out-of-care and 16% of in-care respondents.
- Depressants were used by 7% of out-of-care substance users and 13% of in-care.

Substance users were asked if they had "thought about going to substance abuse treatment."

- 28% responded positively, and 72% responded negatively.
- 78% of in-care and 60% of out-of-care respondents were not thinking about seeking treatment.

Table 5.67
Considering Treatment

	In-Care		Out-of-Care		Total	
Have Thought About Seeking Substance Abuse Treatment	**#**	**%**	**#**	**%**	**#**	**%**
Yes	51	21.5%	59	38.1%	110	28.4%
No	184	77.6%	93	60.0%	277	71.6%
No Response	2	0.8%	3	1.9%	5	1.3%
Total	**237**	**100.0%**	**155**	**100.0%**	**387**	**100.0%**
In-Care n = 237; Out-of-Care n = 155; Combined In-Care n = 387						

Respondents who had considered Substance Abuse Treatment were asked about services or support that would help them access it. The following were the most frequently identified:

- Free treatment was identified by more than 24% of respondents.
- "Housing after completing treatment" was identified by 19%, including 19% of out-of-care, and 20% of those in-care.
- "Admission as soon as I am ready," was identified by 16% of the sample.

Table 5.68?
Barriers to Considering Treatment

	In-Care		Out-of-Care		Total	
What Will Help You Get Into Treatment	**#**	**%**	**#**	**%**	**#**	**%**
Admission to a program as soon as I am ready	5	9.8%	12	20.3%	17	15.5%
Free treatment	16	31.4%	10	16.9%	26	23.6%
Housing after completing treatment	10	19.6%	11	18.6%	21	19.1%
Knowing where to go	7	13.7%	3	5.1%	10	9.1%
Transportation to treatment	1	2.0%	3	5.1%	4	3.6%
None of the above	4	7.8%	9	15.3%	13	11.8%
Other	8	15.7%	11	18.6%	19	17.3%
Total	**51**	**100.0%**	**59**	**100.0%**	**110**	**100.0%**
In-Care n = 51; Out-of-Care n = 59; Combined In-Care/Out-of-Care n = 110						

Consumer Service Needs and Barriers

Overall, 94% of consumer survey respondents reported no need for Outpatient Substance Abuse Treatment.

- Nearly 96% of in-care and 90% of out-of-care respondents said they did not need this service.
- 10% of out-of-care consumers were not having their need met compared to 4% of those in care.

Considering Priority Populations:

- 97% of in-care Hispanic/Latino men and women, and MSMs reported no need for Outpatient Substance Abuse Treatment.
- Out-of-care African-American men and women had the highest percentage whose need was not being met (14%), followed by out-of-care MSM (9%).

Table 5.69
Service Need
Outpatient Substance Abuse Treatment

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Total	**Total**	**71**	**81.6%**	**16**	**18.4%**	**-**	**0.0%**	**32**	**5.8%**	**524**	**94.2%**
	In-Care	46	85.2%	8	14.8%	-	0.0%	14	3.7%	361	96.3%
	Out-Of-Care	25	75.8%	8	24.2%	-	0.0%	18	9.9%	163	90.1%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 87, In-Care n = 54, Out-Of-Care n = 33
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 556, In-Care n = 375, Out-Of-Care n = 181

Table 5.70
Service Need by Priority Population
Outpatient Substance Abuse Treatment

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Black/African-American Men & Women	In-Care	36	87.8%	5	12.2%	-	0.0%	10	5.0%	192	95.0%
	Out-Of-Care	13	72.2%	5	27.8%	-	0.0%	14	13.9%	87	86.1%
Hispanic/Latino (of any Race) Men & Women	In-Care	3	75.0%	1	25.0%	-	0.0%	2	3.1%	62	96.9%
	Out-Of-Care	3	50.0%	3	50.0%	-	0.0%	2	8.3%	22	91.7%
MSM	In-Care	25	86.2%	4	13.8%	-	0.0%	5	2.8%	175	97.2%
	Out-Of-Care	13	76.5%	4	23.5%	-	0.0%	9	8.7%	94	91.3%
Age 13-24	In-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	3	100.0%
	Out-Of-Care	-	0.0%	1	100.0%	-	0.0%	1	7.7%	12	92.3%
Transgender	In-Care	2	100.0%	-	0.0%	-	0.0%	-	0.0%	5	100.0%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	4	100.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

Twenty-five consumer survey respondents identified barriers to accessing Outpatient Substance Abuse Treatment.

- The most frequently identified barrier was “transportation issues,” identified by 32% of respondents.
- “Housing problem” was the second most frequently cited barrier, identified by 7 respondents (28%).
- “It’s not available” was identified by 5 respondents (20%).
- “Other” barrier was identified by 11 respondents (44%).

Table 5.71
Barriers to Care by Priority Population
Outpatient Substance Abuse Treatment

2016	Barrier 1		Barrier 2		Barrier 3		Barrier 4		Barrier 5		Total
Population	#	%	#	%	#	%	#	%	#	%	#
Total n = 25	5	20.0%	1	4.0%	8	32.0%	7	28.0%	11	44.0%	25
Black/African-American Men & Women (n=21)	3	14.3%	0	0.0%	7	33.3%	2	9.5%	11	52.4%	21
Hispanic/Latino (of any Race) Men & Women (n=2)	2	100.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	2
MSM (n=10)	2	20.0%	0	0.0%	4	40.0%	2	20.0%	4	40.0%	10
Age 13-24 (n=1)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	1
Transgender (n=0)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
Note: Responses are combined In-Care/Out-Of-Care											
Barrier 1: It is not available						**Barrier 4: Housing problems**					
Barrier 2: Hours It Is Open						**Barrier 5: Other**					
Barrier 3: Transportation Issues											

Provider Focus Group and Key Informant Interviews

The comments presented below represent the beliefs, opinions and experiences of the participants.

Service Needs and Barriers

- *Substance abuse treatment needs much more funding because young people lose a link to care.*
- *The capacity to provide funding for substance abuse treatment is not even there.*
- *I think drug use is a big barrier; if they fall into old habits of using drugs it's harder to get them to comply and get them into care.*
- *Over the last few years we've seen an increase in clients who report a need for substance abuse or mental health treatment.*
- *Substance abuse is one of the barriers to remaining in care, and addressing that aggressively may be helpful. But, also accepting patients who do have a substance abuse issue, and understanding this is something that may continue, is important.*
- *There has been a huge increase in crystal meth.*
- *Funding for substance abuse; not a lot of money and then layer on the eligibility problems and it seems like a no win.*
- *The lack of funding for substance abuse is so bad that some of my therapists pay for their own office space.*

Provider Inventory

One RWHAP agency provided Outpatient Substance Abuse Treatment. One provider reported an additional capacity of 100 annually. No respondents reported providing services to targeted populations.

Resource Inventory

Twenty-four agencies in the 2015-2016 Source Book offer Outpatient Substance Abuse Treatment.

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

In 2016, Outpatient Substance Abuse Treatment ranked twenty-seventh in need out of 35 services, and twenty-fifth in terms of overall need. In 2013, it was ranked twenty-third. In 2010 and 2007 it was ranked twentieth.

Table 5.72
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Outpatient Substance Abuse Treatment

			Outpatient Substance Abuse Treatment	Change from '07-'16
Total Sample	Total Need Rank	2016	27	(7)
		2013	23	
		2010	20	
		2007	20	
	Unfulfilled Need Rank	2016	25	(8)
		2013	25	
		2010	20	
		2007	17	
In-Care	Total Need Rank	2016	27	(4)
		2013	23	
		2010	20	
		2007	23	
	Unfulfilled Need Rank	2016	26	(6)
		2013	26	
		2010	19	
		2007	20	
Out-of-Care	Total Need Rank	2016	23	(10)
		2013	22	
		2010	14	
		2007	13	
	Unfulfilled Need Rank	2016	24	(9)
		2013	23	
		2010	13	
		2007	15	

Gap Analysis

More than half of surveyed consumers reported having used some type of alcohol or street drugs in the past six months. Of that population, more than a quarter considered seeking substance abuse treatment and reported free treatment and ranking "After I finish treatment" as the support they believe would help them most. This sizable portion of the population believes the low ranked total need for services and unfulfilled need; a factor attributable to both the stigma of entering care and the difficulty that out-of-care consumers encounter when making decisions to enter HIV care but are restricted from doing so due to their inability to deal with substance abuse issues. In addition, Focus Group participants indicated that wait times to enter programs combined with eligibility require are problematic in keeping consumers drug-free

Recommendations

1. Continue to support Outpatient Substance Abuse Counseling, and seek ways to speed up the eligibility process to allow consumers to enter "as soon as they are ready."

2. Substance abuse patients should be considered high risk patients due to their proclivity to drop out of care and engage in risky behaviors. These patients need additional supportive services to stay in-care and seek help for their addictions.

3. Seek to involve Mental Health and Substance Abuse providers as Planning Council members or seek to involve them in a Planning Council-sponsored collaborative.

4. Advocate for a syringe exchange program if one is not in place in the region. This initiative has proven to be a significant prevention strategy for curbing IV drug abuse and HIV.

SUPPORT SERVICES

CHILD CARE SERVICES

HRSA Definition

The RWHAP supports intermittent child care services for the children living in the household of HIV-infected clients for the purpose of enabling clients to attend medical visits, related appointments, and/or RWHAP-related meetings, groups, or training sessions. Allowable use of funds includes:

- *A licensed or registered child care provider to deliver intermittent care*
- *Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)*

Consumer Survey Results

Child Care While at Medical or Other Appointment was the thirty-second ranked overall service need, and the thirty-fourth most frequently identified unfulfilled need.

- Among in-care consumers, Child Care While at Medical or Other Appointment ranked thirty-second in both overall need and in unfulfilled need.
- Out-of-care consumers ranked Child Care While at Medical or Other Appointment thirty-third in terms of need and thirty-second in unfulfilled need.

Consumer Service Needs and Barriers

Child care While at Medical or Other Appointment was reported to have an unmet need of 16%.

- Nearly 80% of in-care consumers reported their need for Child Care While at Medical or Other Appointment was being easily met, while 75% of out-of-care consumers reported it hard or somewhat hard to receive this service.
- Considering service need by Priority Populations:
  - Among Black/African-American men and women who had not used Child Care While at Medical or Other Appointment, 25% had a need not met.

Table 5.73
Service Need
Child Care While at Medical or Other Appointment

2016	Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population	#	%	#	%	#	%	#	%	#	%
Total	**12**	**66.7%**	**6**	**33.3%**	**-**	**0.0%**	**13**	**15.9%**	**69**	**84.1%**
In-Care	11	78.6%	3	21.4%	-	0.0%	9	16.7%	45	83.3%
Out-Of-Care	1	25.0%	3	75.0%	-	0.0%	4	14.3%	24	85.7%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 18, In-Care n = 14, Out-Of-Care n = 4
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 82, In-Care n = 54, Out-Of-Care n = 28

Table 5.74
Service Need by Priority Population
Child Care While at Medical or Other Appointment

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Black/African-American Men & Women	In-Care	9	81.8%	2	18.2%	-	0.0%	9	25.0%	27	75.0%
	Out-Of-Care	-	0.0%	2	100.0%	-	0.0%	2	11.8%	15	88.2%
Hispanic/Latino (of any Race) Men & Women	In-Care	2	66.7%	1	33.3%	-	0.0%	-	0.0%	12	100.0%
	Out-Of-Care	-	0.0%	1	100.0%	-	0.0%	-	0.0%	6	100.0%
MSM	In-Care	2	66.7%	1	33.3%	-	0.0%	-	0.0%	9	100.0%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	7	100.0%
Age 13-24	In-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	1	100.0%
Transgender	In-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	1	100.0%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

A total of 13 consumers identified barriers to Child Care While at Medical or Other Appointments.

- The most frequent barrier is "Did not know about this service," identified by 69% of consumers that reported barriers.
  - 64% of Black/African American men and women reporting barriers did not know about this service.

Table 5.75
Service Need Barriers to Care
Child Care While at Medical or Other Appointment

2016	Barrier 1		Barrier 2		Barrier 3		Total
Population	#	%	#	%	#	%	#
Total n = 13	9	69.2%	1	7.7%	3	23.1%	13
Black/African-American Men & Women (n=11)	7	63.6%	1	9.1%	3	27.3%	11
Hispanic/Latino (of any Race) Men & Women (n=0)	0	N/A	0	N/A	0	N/A	0
MSM (n=0)	0	N/A	0	N/A	0	N/A	0
Age 13-24 (n=0)	0	N/A	0	N/A	0	N/A	0
Transgender (n=0)	0	N/A	0	N/A	0	N/A	0

Note: Responses are combined In-Care/Out-Of-Care

Barrier 1: Did not know about this service **Barrier 3: Other**
Barrier 2: Did not qualify for this service

Focus Group and Key Informant Interviews

Service Needs and Barriers

- *It also comes right back to funding – Bryan's House lost funding last year and one of their programs got shut down or cut drastically, and it was child care. And that was a huge barrier.*

Provider Inventory

One RWHAP agency provided Child Care Services and did not report a waiting time for a first appointment. The provider reported an additional capacity of 10 children annually.

Resource Inventory

Nine agencies in the 2015-2016 Source Book offered Child Care While at a Medical or Other Appointment.

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

In both 2016 and 2013, Child Care for Medical or other Appointments has been in the bottom quartile of total need, in-care and out-of-care rankings.

Table 5.76
Child Care while at Medical or Other Appointment
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016

Child Care while at a medical or other appointment				Change from '07-'16
Total Sample	Total Need Rank	2016	32	(7)
		2013	26	
		2010	25	
		2007	25	
	Unfulfilled Need Rank	2016	34	(10)
		2013	23	
		2010	25	
		2007	24	
In-Care	Total Need Rank	2016	32	(6)
		2013	24	
		2010	25	
		2007	26	
	Unfulfilled Need Rank	2016	32	(9)
		2013	23	
		2010	24	
		2007	23	
Out-of-Care	Total Need Rank	2016	33	(14)
		2013	26	
		2010	23	

Child Care while at a medical or other appointment				Change from '07-'16
		2007	19	
	Unfulfilled Need Rank	2016	32	(13)
		2013	25	
		2010	23	
		2007	19	

Gap Analysis

Child Care While at a Medical or Other Appointment was ranked thirty-second in total need in the Total Sample, thirty-fourth in terms of unfulfilled need. Among out-of-care respondents, Child Care While at a Medical or Other Appointment ranked thirty-third for total need and thirty-second for unfulfilled need. Among in-care respondents, Child Care While at a Medical or Other Appointment was ranked thirty-second in terms of total need and ranked thirty-second in terms of unfulfilled need. Less than two percent of consumer survey respondents reported an unmet need for the service.

One RWHAP agency provided Child Care Services with some additional capacity. Nine community agencies offered Child Care While at a Medical or Other Appointment. In a Key Informant Interview, Bryan's House indicated funding for their service was cut dramatically and negatively impacted the community.

Recommendations

While many providers identify a need for child care as a barrier to retention in care, consumers generally did not agree. Therefore, we can assume that, if provided, the service may not be utilized sufficiently.

1. Ensure that case managers and consumers are aware of the services available.

2. Continue to monitor need and utilization of Child Care Services While at a Medical or Other Appointment over the next three years, and consider funding as indicated.

EMERGENCY FINANCIAL ASSISTANCE

HRSA Definition

Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.

Consumer Survey Results

Emergency financial assistance for utilities is ranked sixteenth in overall need among 35 services on the consumer survey; it is ranked fourth in unfulfilled need.

- Among in-care survey respondents, Emergency Financial Assistance for Utilities is ranked fifteenth in need and fourth in unfulfilled need.
- The need for Emergency Financial Assistance for Utilities is ranked sixteenth by out-of-care survey respondents and fourth in unfulfilled need.

Consumer Service Needs and Barriers

Nearly one-quarter of consumers expressed unmet need for Emergency Financial Assistance for Utilities including 25% out-of-care and 23% in-care.

Among Priority Populations:

- Out-of-care Hispanic/Latino men and women had the highest unmet need at 35%. In-care Hispanic/Latino men and women reported 26% with an unmet need.
- Out-of-care MSM had 29% unmet need and in-care MSM had 23% unmet need for emergency financial assistance for utilities.
- 27% of both out-of-care and in-care Black/African-American men and women had an unmet need for Emergency Financial Assistance for Utilities.

Table 5.77
Service Need
Emergency Financial Assistance for Utilities

2016	Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met			No Need
Population	#	%	#	%	#	%	#	%	#	%
Total	**72**	**57.1%**	**54**	**42.9%**	**-**	**0.0%**	**123**	**23.8%**	**394**	**76.2%**
In-Care	52	58.4%	37	41.6%	-	0.0%	79	23.2%	261	76.8%
Out-Of-Care	20	54.1%	17	45.9%	-	0.0%	44	24.9%	133	75.1%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 126, In-Care n = 89, Out-Of-Care n = 37
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 517, In-Care n = 340, Out-Of-Care n = 177

Table 5.78
Service Need by Priority Population
Emergency Financial Assistance for Utilities

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Black/African-American Men & Women	In-Care	38	58.5%	27	41.5%	-	0.0%	48	27.0%	130	73.0%
	Out-Of-Care	11	52.4%	10	47.6%	-	0.0%	26	26.5%	72	73.5%
Hispanic/Latino Men & Women (of any Race)	In-Care	6	60.0%	4	40.0%	-	0.0%	15	25.9%	43	74.1%
	Out-Of-Care	5	50.0%	5	50.0%	-	0.0%	7	35.0%	13	65.0%
MSM	In-Care	21	56.8%	16	43.2%	-	0.0%	39	22.7%	133	77.3%
	Out-Of-Care	9	52.9%	8	47.1%	-	0.0%	30	29.1%	73	70.9%
Age 13-24	In-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	3	100.0%
	Out-Of-Care	-	0.0%	1	100.0%	-	0.0%	2	15.4%	11	84.6%
Transgender	In-Care	1	50.0%	1	50.0%	-	0.0%	-	0.0%	5	100.0%
	Out-Of-Care		0.0%	-	0.0%	-	0.0%	-	0.0%	4	100.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

One-hundred twenty-three consumers identified barriers to receiving Emergency Financial Assistance for Utilities.

- "Limited funding" was identified by 29% of those with barriers.
  - 36% of Hispanic/Latino Men and Women indicated funding as a barrier.
  - 30% of MSM, and 30% of Black/African-American Men and Women indicated limited funding as a barrier.
- 19% of total indicated "Not able to get appointment in time" as the second most cited barrier.
  - 18% of Hispanics/Latino men and women, 17% of MSM, and 16% of Black/African-American men and women reported they were unable to get an appointment in time.
- 23% of respondents reported "Other" as a barrier to receiving Emergency Financial Assistance for Utilities.

Table 5.79
Barriers by Priority Population
Emergency Financial Assistance for Utilities

	Barrier 1		Barrier 2		Barrier 3		Barrier 4		Barrier 5		Barrier 6		Total
	#	%	#	%	#	%	#	%	#	%	#	%	#
Total n = 123	36	29.3%	9	7.3%	17	13.8%	23	18.7%	10	8.1%	28	22.8%	123
Black/African-American Men & Women (n=74)	22	29.7%	6	8.1%	11	14.9%	12	16.2%	8	10.8%	15	20.3%	74
Hispanic/Latino (of any Race) Men & Women (n=22)	8	36.4%	1	4.5%	4	18.2%	4	18.2%	0	0.0%	5	22.7%	22
MSM (n=69)	21	30.4%	5	7.2%	11	15.9%	12	17.4%	4	5.8%	16	23.2%	69
Age 13-24 (n=2)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	2
Transgender (n=0)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0

Note: Responses are combined In-Care/Out-Of-Care

Barrier 1: Limited funding
Barrier 2: Too Much Paperwork
Barrier 3: Don't qualify
Barrier 4: Not able to get appointment in time
Barrier 5: Utility company not accepting voucher
Barrier 6: Other

Focus Group and Key Informant Interviews

No specific discussion of Emergency Financial Assistance for Utilities occurred throughout Focus Groups or during Key Informant Interviews, however, housing was a major concern. Please see Focus Group comments in the Housing section.

Provider Inventory

Three RWHAP agencies provide EFA for Utilities. One provider reported a waiting time for a first appointment of approximately 7 days. One provider reported an additional capacity of five annually. No respondents reported providing services to targeted populations.

Resource Inventory

Forty-One agencies in the 2015-2016 Source Book offer EFA for Rent/Mortgage or Utilities.

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

Historically, the total number of HRSA core and support services varies based upon policy decisions. As such, in order to assess fluctuation of rank of importance, the rankings for 2016 and 2013 are assigned quartiles and compared in that manner.

In 2016, with 35 total service categories, Emergency Financial Assistance for Utilities ranked sixteenth and falls into the second quartile. Emergency Financial Assistance for Utilities was ranked twenty-first of 27 service categories in 2013, which ranked in the third quartile. Thereby indicating a greater need for this service in 2016 than in 2013.

Table 5.80
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Emergency Financial Assistance for Utilities

Emergency Financial Assistance for utilities				Change from '07-'16
Total Sample	Total Need Rank	2016	16	2
		2013	21	
		2010	21	
		2007	18	
	Unfulfilled Need Rank	2016	4	16
		2013	5	
		2010	21	
		2007	20	
In-Care	Total Need Rank	2016	15	2
		2013	21	
		2010	21	
		2007	17	
	Unfulfilled Need Rank	2016	4	13
		2013	7	
		2010	14	
		2007	17	
Out-of-Care	Total Need Rank	2016	16	1
		2013	20	
		2010	16	
		2007	17	
	Unfulfilled Need Rank	2016	4	13
		2013	7	
		2010	14	
		2007	17	

Gap Analysis

Emergency Financial Assistance for Utilities was ranked sixteenth in total need in the Total Sample, and ranked fourth in terms of unfulfilled need in the Total Sample. Among out-of-care respondents, Emergency Financial Assistance for utilities ranked sixteenth for total need and fourth for unfulfilled need. Among in-care respondents, Emergency Financial Assistance for utilities was ranked fifteenth in terms of total need, and was ranked fourth in terms of unfulfilled need. An unmet need for the service was reported by 17.6% of consumer survey respondents.

Three RWHAP agencies provided EFA for Utilities with one provider reporting a waiting time for a first appointment of approximately seven days. Providers report an additional capacity of five annually. Forty-One agencies in the 2015-2016 Source Book offer EFA for Rent/Mortgage or Utilities.

Recommendations

Structural issues, including income supports, housing and food were frequently mentioned barriers to the receipt of HIV Medical Care. Often, allowable services are combined with Housing and other support services. However, this service category allows for rapid payment of outstanding debts which can alleviate short term support needs and facilitate retention in care.

1. Monitor needs for this service category to ensure appropriate and adequate funding.

2. Make sure case managers and consumers are aware of agencies that offer these services, if funded, and eligibility requirements.

FOOD BANK/HOME DELIVERED MEALS

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- *Personal hygiene products*
- *Household cleaning supplies*
- *Water filtration/purification systems in communities where issues of water safety exist*

Consumer Survey Results

Food Bank/Home Delivered Meals was ranked third in overall need among the 35 services on the consumer survey; it was ranked eighth in unfulfilled need.

- Among in-care survey respondents, Food Bank/Home Delivered Meals is ranked third in need and ninth in unfulfilled need.
- The need for Food Bank/Home Delivered Meals was ranked fourth by out-of-care survey respondents and eighth in unfulfilled need.

Consumer Service Needs and Barriers

Over one-third of consumers expressed unmet need for Food Bank/Home Delivered meals including 37% out-of-care and 35% in-care.

Among Priority Populations:

- Out-of-care Youth and out-of-care Black/African American men and women had the highest unmet need both at 46%.
- Out-of-care MSM had 39% unmet need and in-care MSM had 36% unmet need.
- 39% of in-care Hispanic/Latino men and women had an unmet need for Food Bank/Home Delivered Meals.

Table 5.81
Service Need
Food Bank/Home Delivered Meals

2016	Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population	#	%	#	%	#	%	#	%	#	%
Total	**341**	**82.4%**	**73**	**17.6%**	**-**	**0.0%**	**82**	**35.8%**	**147**	**64.2%**
In-Care	246	81.7%	55	18.3%	-	0.0%	45	35.2%	83	64.8%
Out-Of-Care	95	84.1%	18	15.9%	-	0.0%	37	36.6%	64	63.4%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 414, In-Care n = 301, Out-Of-Care n = 113
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 229, In-Care n = 128, Out-Of-Care n = 101

Table 5.82
Service Need by Priority Population
Food Bank/Home Delivered Meals

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Black/African-American Men & Women	In-Care	138	80.2%	34	19.8%	-	0.0%	27	38.0%	44	62.0%
	Out-Of-Care	44	78.6%	12	21.4%	-	0.0%	29	46.0%	34	54.0%
Hispanic/Latino (of any Race) Men & Women	In-Care	38	84.4%	7	15.6%	-	0.0%	9	39.1%	14	60.9%
	Out-Of-Care	16	88.9%	2	11.1%	-	0.0%	-	0.0%	12	100.0%
MSM	In-Care	127	83.0%	26	17.0%	-	0.0%	20	35.7%	36	64.3%
	Out-Of-Care	52	85.2%	9	14.8%	-	0.0%	23	39.0%	36	61.0%
Age 13-24	In-Care	1	100.0%	-	0.0%	-	0.0%	-	0.0%	2	100.0%
	Out-Of-Care	-	0.0%	1	100.0%	-	0.0%	6	46.2%	7	53.8%
Transgender	In-Care	3	60.0%	2	40.0%	-	0.0%	-	0.0%	2	100.0%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	1	25.0%	3	75.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

Seventy-four consumers identified barriers to receiving Food Bank/Home Delivered Meals.

- "Location/transportation" was identified by 41% of those with barriers.
  - 43% of Black/African-American men and women indicated location/transportation as a barrier.
  - 33% of MSM indicated location/transportation as a potential barrier.
  - 22% of Hispanic/Latino men and women indicated location/transportation as a barrier.
- 15% of total indicated "Hours it is open" as the second most cited barrier.
  - One-third of Hispanics reported hours of accessibility as a barrier.
- 37% of respondents reported "Other" as a barrier to receiving Food Bank/Home Delivered Meals.

Table 5.83
Service Need Barriers to Care
Food Bank/Home Delivered Meals

2016	Barrier 1		Barrier 2		Barrier 3		Barrier 4		Barrier 5		Total
Population	#	%	#	%	#	%	#	%	#	%	#
Total n = 74	30	40.5%	11	14.9%	6	8.1%	8	10.8%	27	36.5%	74
Black/African-American Men & Women (n=51)	22	43.1%	6	11.8%	4	7.8%	4	7.8%	19	37.3%	51
Hispanic/Latino (of any Race) Men & Women (n=9)	2	22.2%	3	33.3%	1	11.1%	0	0.0%	3	33.3%	9
MSM (n=40)	13	32.5%	4	10.0%	5	12.5%	2	5.0%	18	45.0%	40
Age 13-24 (n=6)	1	16.7%	1	16.7%	0	0.0%	0	0.0%	4	66.7%	6
Transgender (n=1)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	1

Barrier 1: Location/transportation
Barrier 2: Hours it is open
Barrier 3: Inconsistent quality food

Focus Group and Key Informant Interviews

The comments presented below represent the beliefs, opinions and experiences of the participants.

- *If you have someone who needs food [or housing] the last thing on their mind is going to the doctor, let alone taking medicine.*
- *Having the food banks at the site where the clinical services are provided gives them a reward for coming. But, I see many of the clinical services dropping out their food programs.*
- *Getting good, healthy food to clients that are marginal in a financial standpoint is still an issue.*

Provider Inventory

Two RWHAP agencies provided Food Bank. Both reported a waiting time for a first appointment of approximately 4 to 7 days. One provider reported an additional capacity of 36 annually.

Resource Inventory

Fifty-eight agencies in the 2015-2016 Source Book offered Food Bank/Vouchers/Hot Meals.

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

Historically, the total number of HRSA core and support services varies based upon policy decisions. As such, in order to assess fluctuation of rank of importance, the rankings for 2016 and 2013 are assigned quartiles and compared in that manner.

Total need for Food Bank/Home Delivered Meals ranked third for each iteration of this assessment. Total need for Food Bank/Home Delivered Meals was ranked in the top quartile of need in both 2013 and 2016.

Table 5.84
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Food Bank/Home Delivered Meals

Food Bank				Change from '07-'16
Total Sample	Total Need Rank	2016	3	0
		2013	3	
		2010	3	
		2007	3	
	Unfulfilled Need Rank	2016	8	(4)
		2013	6	
		2010	4	
		2007	4	
In-Care	Total Need Rank	2016	3	3
		2013	3	
		2010	3	
		2007	6	
	Unfulfilled Need Rank	2016	9	5
		2013	6	
		2010	8	
		2007	14	
Out-of-Care	Total Need Rank	2016	4	(2)
		2013	3	
		2010	2	
		2007	2	
	Unfulfilled Need Rank	2016	8	(5)
		2013	4	
		2010	4	
		2007	3	

Gap Analysis

Food Bank/Home Delivered Meals was a high ranking priority. Food Bank was ranked third in total need in the Total Sample, and was ranked eighth in terms of unfulfilled need. Among out-of-care respondents, Food Bank was ranked fourth for total need and was eighth for unfulfilled need. Among in-care respondents, Food Bank ranked third in terms of total need and ninth in terms of unfulfilled need. An unmet need for the service was identified by 11.8% of consumer survey respondents.

Focus Group discussion and Key Informant Interviews indicated a need for additional Food Bank/Home Delivered Meals is an ongoing concern.

Two RWHAP agencies provided Food Bank services. Both reported a waiting time for a first appointment of approximately 4 to 7 days. One provider reported an additional capacity of 36 annually. Fifty-eight community agencies in the 2015-2016 Source Book offer Food Bank/Vouchers/Hot Meals.

Recommendations

Food Bank continues to be a highly ranked survey need again. Consider providing additional funding in support of this service.

1. Ensure that medical care providers are aware of Food Bank services to promote the nutritional health of at risk consumers.

2. Actively forge continued relationships with non-RWHAP food providers, and emphasize the need to provide nutritional meals to PLWH. If possible, negotiate special arrangements for PLWH who cannot access RWHAP subrecipient Food Bank resources.

3. Ensure that case managers and consumers are aware of the full range of Food Bank services (beyond RWHAP providers).
    - Share information resources from the provider inventory.
    - Develop a fact sheet for consumers outlining the name, location, hours of operation and eligibility requirement of area Food Banks.

HEALTH EDUCATION/RISK REDUCTION

HRSA Definition

Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:

- *Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention*
- *Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)*
- *Health literacy*
- *Treatment adherence education*

It should be noted that the following services are presented in this section:

- Education on how to prevent HIV
- Treatment Adherence Counseling (as a Support Service)

HEALTH EDUCATION/RISK REDUCTION

Consumer Survey Results

Consumer survey respondents ranked the need for Health Education/Risk Reduction fourteenth among 35 services on the consumer survey and twentieth in unfulfilled need.

- In-care survey respondents ranked the need for Health Education/Risk Reduction sixteenth and twenty-third in unfulfilled need.
- Out-of-care consumers ranked the need for fourteenth; the unfulfilled need was ranked twentieth.

Consumer Service Needs and Barriers

Nearly 90% of consumers expressed no need for Health Education/Risk Reduction services including 92% in-care and 82% out-of-care.

Among Priority Populations, out-of-care Youth age 13-24 (40%) had the highest level of unmet need followed by out-of-care Hispanic/Latinos (21%). Twenty-one percent of out-of-care African-American Men and Women reported an unmet need and 17% of out-of-care MSM had an unmet need.

Table 5.85
Service Need
Health Education - Risk Reduction

2016	Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Total	**190**	**89.6%**	**22**	**10.4%**	**-**	**0.0%**	**49**	**11.4%**	**381**	**88.6%**
In-Care	129	92.1%	11	7.9%	-	0.0%	24	8.3%	264	91.7%
Out-Of-Care	61	84.7%	11	15.3%	-	0.0%	25	17.6%	117	82.4%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 212, In-Care n = 140, Out-Of-Care n = 72
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 430, In-Care n = 288, Out-Of-Care n = 142

Table 5.86
Service Need by Priority Population
Health Education - Risk Reduction

2016		Need Met Easily		Need Met Hard		Need Met 'No Response		Need Not Met		No Need	
Population		**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Black/African-American Men & Women	In-Care	94	93.1%	7	6.9%	-	0.0%	11	7.8%	130	92.2%
	Out-Of-Care	36	87.8%	5	12.2%	-	0.0%	16	20.5%	62	79.5%
Hispanic/Latino Men & Women (of any Race)	In-Care	12	85.7%	2	14.3%	-	0.0%	9	16.7%	45	83.3%
	Out-Of-Care	7	63.6%	4	36.4%	-	0.0%	4	21.1%	15	78.9%
MSM	In-Care	60	93.8%	4	6.3%	-	0.0%	10	6.9%	134	93.1%
	Out-Of-Care	34	89.5%	4	10.5%	-	0.0%	14	17.1%	68	82.9%
Age 13-24	In-Care	1	100.0%	-	0.0%	-	0.0%	-	0.0%	2	100.0%
	Out-Of-Care	3	75.0%	1	25.0%	-	0.0%	4	40.0%	6	60.0%
Transgender	In-Care	1	100.0%	-	0.0%	-	0.0%	1	16.7%	5	83.3%
	Out-Of-Care	-	0.0%	-	0.0%	-	100.0%	-	0.0%	3	100.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

Forty-nine consumers identified barriers to accessing Health Education/Risk Reduction.

- "Didn't know about this service" was identified by 74% of those with barriers.
  - 79% of MSM with a barrier indicated they did not know about the service.
  - 70% of Black/African-American Men and Women with a barrier indicated they did not know about the service.
  - 69% of Hispanic/Latino Men and Women indicated they did not know about this service.
- 12% of total with barriers indicated they found an easier way to receive this service.

Table 5.87
Service Need Barriers to Care
Health Education - Risk Reduction

2016	Barrier 1		Barrier 2		Barrier 3		Barrier 4		Total
Population	#	%	#	%	#	%	#	%	#
Total n = 49	36	73.5%	6	12.2%	2	4.1%	5	10.2%	49
Black/African-American Men & Women (n=27)	19	70.4%	3	11.1%	0	0.0%	5	18.5%	27
Hispanic/Latino (of any Race) Men & Women (n=13)	9	69.2%	3	23.1%	1	7.7%	0	0.0%	13
MSM (n=24)	19	79.2%	3	12.5%	0	0.0%	2	8.3%	24
Age 13-24 (n=4)	3	75.0%	0	0.0%	0	0.0%	1	25.0%	4
Transgender (n=1)	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1
Note: Responses are combined In-Care/Out-Of-Care									
Barrier 1: Don't know about this service			**Barrier 3: Don't qualify**						
Barrier 2: Found an easier way to get it			**Barrier 4: Other**						

Focus Group and Key Informant Interviews

The comments presented below represent the belief, opinions, and experiences of the participants.

- *Prevention needs more funding because someone may give one area a big chunk of money for HIV clients but then when it comes to prevention they get much less funding for that.*
- *I don't think we do it very well. I'm not sure we are reaching the broader population centered around the gay community. I don't think we reach the heterosexual community very well. There remains in Texas a barrier to talking about sexuality – we don't talk about it in the schools, we don't talk about it in the churches so much. So, there is not much community talk about prevention and sexuality and how it plays into HIV.*
- *There may be some prevention activities going on but the ones we have to focus on are African-American MSMs, White MSMs, and African-American women.*
- *There is a large education and communication component that needs to be worked on. It all boils down to education, communication, and transparency.*
- *Education barrier with schools "not wanting that message" of HIV prevention.*
- *We are a big hot spot for the epidemic and therefore need much more prevention. So, the ones who do it do it good but we just need more of them in Dallas.*
- *Reaching the populations at-risk – they are not reached, so that is a heavy challenge and non-judgmental educational tools are still somewhat needed.*
- *There are resources at the Health Department as well as a prevention piece which do very good work and many of them refer to other divisions.*
- *We used to do a lot more educational outreach…that's because there is a push-back from the State, and because there is the assumption that everybody knows about HIV these days; a lot of bad information. We were on street corners preaching the word.*
- *One problem unique to Texas is the large radius of 13 counties that need prevention services. Several exist in downtown Dallas.*

- *There is quite a bit of effort going on in the Dallas area and there are extensive activities related to prevention. The challenges are often the coordination of all of these different entities doing different things.*

PrEP

- *There's not enough PrEP in the region at this point because we don't have organizations that'll get them PrEP. (2 similar comments)*
- *I think one of the biggest issues surrounding PrEP is that doctors, physicians, are not necessarily on board with prescribing PrEP because there are so many follow-ups that have to be done, labs that have to be done, things of that nature.*
- *I think if we can change the stigma and the culture around PrEP and prevention services that would make it better. So, to me the big gap seems to be the culture. (3 similar comments)*
- *It may be taking a little while to become known but ultimately doctors are latching on to it.*
- *The ability to fund PrEP. (6 similar comments)*
- *For someone who is insured there is less of a problem, for someone who is indigent, high risk negative trying to get them on PrEP is difficult unless they get into a research project at AIDS Arms or if they find some kind of indigent care.*
- *Flood the community with information on PrEP with billboards on the highways or signs on buses.*
- *I don't think PrEP is available in the jails and a lot of new meds are not available in the jails.*
- *I think it's being able to approach PrEP education and awareness from a cultural perspective, and knowing that there is not a universal message associated with PrEP education and awareness, but knowing you have to approach different populations from a different viewpoint.*
- *There is a lag in education about PrEP for some populations, more specifically, the Black population, that are at the highest risk. But, I think if you have a vehicle or a gateway that already has a rapport with those populations then the PrEP uptake will be more easily accepted. (2 similar comments)*
- *. . . As far as PrEP, I think there still needs to be a lot of discussion about that. When we compare Dallas to other cities nationwide, I think Dallas should have already had a PrEP clinic . . . there is still a lot of education that needs to happen both on the providers' side and also in the public.*
- *I think there is a positive openness from clients to participate in any information services or PrEP as long as they are given the correct information. I think the general population still needs more information.*
- *We need to have an education on discordant relationships; which are relationships where one person is positive and the other person is negative. (2 similar comments)*
- *Education out there to the general public about PrEP. I saw a commercial once and was very excited to see it, but it was very generic.*
- *Education is still the key. Young people [18-19 year olds] think PrEP is a license to just not worry any more about it – not use condoms, not practice safe sex any more.*
- *There is no education about other STDs that still are out there for you to catch if you don't use a condom. The education piece for PrEP is missing right now.*
- *PrEP is a tool that is being used and promoted now for both men and women, however, there is a clear lag when it comes to providing this service to women.*
- *Social media can get a little bit better in regards to PrEP – maybe a blog.*

Provider Inventory

Four RWHAP agencies provide Health Education Risk Reduction (HERR). One provider reported a waiting time for a first appointment of approximately 7 days. No respondents reported providing services to targeted populations.

Resource Inventory

Thirty-one agencies in the 2015-2016 Source Book offered Health Education and Risk Reduction.

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

There are no historical data from previous consumer surveys.

Table 5.88
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Health Education -Risk Reduction

Health Education and Risk Reduction information on how to prevent HIV				Change from '07-'16
Total Sample	Total Need Rank	2016	14	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	20	No Historical Data
		2013		
		2010		
		2007		
In-Care	Total Need Rank	2016	16	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	23	No Historical Data
		2013		
		2010		
		2007		
Out-of-Care	Total Need Rank	2016	14	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	20	No Historical Data
		2013		
		2010		
		2007		

Gap Analysis

Consumers ranked the need for Health Education and Risk Reduction information fourteenth and twentieth in terms of unfulfilled need. Among out-of-care respondents the need for Health Education and Risk Reduction information ranked fourteenth and twentieth for unfulfilled need. Among in-care respondents, Health Education and Risk Reduction information ranked sixteenth in terms of need, and twenty-third in terms of unfulfilled need. Seven percent of consumer survey respondents reported an unmet need for the service.

Focus Group and Key Informant participants cited a strong need for PrEP and additional education and prevention services throughout the Dallas region. Viewpoints highlighted a collective close-mindedness to discussing sexuality thereby making education difficult especially among youth.

Four RWHAP agencies provide Health Education Risk Reduction (HERR). One provider reported a waiting time for a first appointment of approximately 7 days. No respondents reported providing services to targeted populations. Thirty-one agencies in the 2015-2016 Source Book offer Health Education and Risk Reduction.

TREATMENT ADHERENCE COUNSELING

Treatment adherence is routinely provided by medical case management. This service category refers to such counseling as a support service outside the case management or clinical setting and includes help understanding HIV medications.

Consumer Survey Results

Consumers ranked the need for Treatment Adherence Counseling twenty-second in overall need among 35 services on the consumer survey and twenty-second in terms of unfulfilled need.

- In-care survey respondents ranked the need for Treatment Adherence Counseling twenty-fifth and twenty-fourth in unfulfilled need.
- Out-of-care consumers ranked the need for Treatment Adherence Counseling twentieth and twenty-first in terms of unfulfilled need.

Consumer Service Needs and Barriers

Over 90% of consumers expressed no need for Treatment Adherence including 94% in-care and 87% out-of-care.

Among Priority Populations, out-of-care Youth (15%) had the highest level of unmet need followed by out-of-care Black/African-American men and women (14%). Out-of-care MSM had 13% unmet need and in-care Hispanic/Latino men and women had 10% unmet need.

Table 5.89
Service Need
Treatment Adherence Counseling

2016	Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population	#	%	#	%	#	%	#	%	#	%
Total	**74**	**78.7%**	**19**	**20.2%**	**1**	**1.1%**	**44**	**8.1%**	**502**	**91.9%**
In-Care	47	78.3%	12	20.0%	1	1.7%	21	5.7%	346	94.3%
Out-Of-Care	27	79.4%	7	20.6%	-	0.0%	23	12.8%	156	87.2%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 94, In-Care n = 60, Out-Of-Care n = 34
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 546, In-Care n = 367, Out-Of-Care n = 179

Table 5.90
Service Need by Priority Population
Treatment Adherence Counseling

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Black/African-American Men & Women	In-Care	33	78.6%	8	19.0%	1	2.4%	7	3.5%	192	96.5%
	Out-Of-Care	17	85.0%	3	15.0%	-	0.0%	14	14.3%	84	85.7%
Hispanic/Latino Men & Women (of any Race)	In-Care	5	62.5%	3	37.5%	-	0.0%	6	10.0%	54	90.0%
	Out-Of-Care	4	50.0%	4	50.0%	-	0.0%	2	9.1%	20	90.9%
MSM	In-Care	23	76.7%	6	20.0%	1	3.3%	11	6.2%	166	93.8%
	Out-Of-Care	17	85.0%	3	15.0%	-	0.0%	13	13.0%	87	87.0%
Age 13-24	In-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	3	100.0%
	Out-Of-Care	-	0.0%	1	100.0%	-	0.0%	2	15.4%	11	84.6%
Transgender	In-Care	-	0.0%	-	0.0%	-	0.0%	1	14.3%	6	85.7%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	4	100.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

Forty-four consumers identified barriers to accessing Treatment Adherence Counseling.

- "Didn't know about this service" was identified by 80% of those with barriers.
  - 88% of Hispanic/Latino men and women did not know about this service.
  - 81% of Black/African-American men and women with a barrier indicated they did not know about the service.
  - 79% of MSM with a barrier indicated they did not know about the service.

Table 5.91
Service Need Barriers to Care
Treatment Adherence Counseling

2016	Barrier 1		Barrier 2		Barrier 3		Barrier 4		Total
Population	#	%	#	%	#	%	#	%	#
Total n = 44	35	79.5%	1	2.3%	3	6.8%	5	11.4%	44
Black/African-American Men & Women (n=21)	17	81.0%	1	4.8%	1	4.8%	2	9.5%	21
Hispanic/Latino (of any Race) Men & Women (n=8)	7	87.5%	0	0.0%	0	0.0%	1	12.5%	8
MSM (n=24)	19	79.2%	0	0.0%	2	8.3%	3	12.5%	24
Age 13-24 (n=2)	0	0.0%	0	0.0%	1	50.0%	1	50.0%	2
Transgender (n=1)	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1
Note: Responses are combined In-Care/Out-Of-Care									
Barrier 1: Don't know about this service			**Barrier 3: Don't qualify**						
Barrier 2: Found an Easier Way to get it			**Barrier 4: Other**						

Focus Group and Key Informant Interviews

The comments presented below represent the belief, opinions, and experiences of the participants.

- *We have not been good at educating patients on how to be successful at managing HIV as a disease and managing their meds.*

Provider Inventory

Four RWHAP agencies provided Health Education Risk Reduction (HERR)/Treatment Adherence. One provider reported a waiting time for a first appointment of approximately seven days. No respondents reported providing services to targeted populations.

Resource Inventory

Ten agencies in the 2015-2016 Source Book offered Treatment Adherence Counseling (help understanding your medications).

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

Prior surveys did not include this service category.

Table 5.92
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Treatment Adherence Counseling

Treatment Adherence Counseling				Change from '07-'16
Total Sample	Total Need Rank	2016	22	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	22	No Historical Data
		2013		
		2010		
		2007		
In-Care	Total Need Rank	2016	25	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	24	No Historical Data
		2013		
		2010		
		2007		
Out-of-Care	Total Need Rank	2016	20	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	21	No Historical Data
		2013		
		2010		
		2007		

Gap Analysis

Overall, consumers ranked both the need and unfulfilled need for Treatment Adherence Counseling twenty-second out of 35 services. Out-of-care respondents ranked the need for Treatment Adherence Counseling twentieth; and twenty-first in terms of unfulfilled need. In-care respondents ranked the need for Treatment Adherence Counseling twenty-fifth and twenty-fourth in terms of unfulfilled need. An unmet need for the service was reported by 6.3% of consumers.

Focus Group comments about Treatment Adherence Counseling reflected a need for improvement.

Four RWHAP agencies provide Health Education Risk Reduction (HERR)/Treatment Adherence. One provider reported a waiting time for a first appointment of approximately 7 days. No respondents reported providing services to targeted populations. Ten community agencies in the 2015-2016 Source Book offer Treatment Adherence Counseling (Help understanding your medications).

Recommendations

Health Education/Risk Reduction and Treatment Adherence Counseling services clearly need improvement. The epidemic in Dallas continues to grow, and while improvements in viral load suppression have occurred, more remains to be done. HRSA and CDC initiatives to integrate prevention and care underscore the need to work cooperatively toward reducing HIV infection.

1. Ensure that Health Education/Risk Reduction Services are linked with prevention and testing services and that high risk/high individuals receive services needed to successfully link them to care.

2. Case managers should ensure that clients are made aware of these services and that those at risk for dropping out of care are receiving these services.

3. DPA providers should continue to investigate opportunities to establish a PrEP clinic.

4. Work with CDC and Texas DSHS to develop funding mechanisms for PrEP recipients.

5. Develop a social media program to educate high risk individuals about PrEP.

6. Enhance professional education on PrEP care protocols, and encourage physicians to prescribe.

7. Seek information from HRSA on model programs that have been successful in educating youth on HIV prevention.

HOUSING

HRSA Definition

Housing services provide transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment. Housing services include housing referral services and transitional, short-term, or emergency housing assistance.

Transitional, short-term, or emergency housing provides temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Housing services must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing services also can include housing referral services: assessment, search, placement, and advocacy services; as well as fees associated with these services.

Eligible housing can include either housing that:

- *Provides some type of core medical or support services (such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services); or*
- *Does not provide direct core medical or support services, but is essential for a client or family to gain or maintain access to and compliance with HIV related outpatient/ambulatory health services and treatment. The necessity of housing services for the purposes of medical care must be documented.*

Note that this section contains the following:

- Emergency Financial Assistance for Rent/Mortgage or Utilities[3]
- Long-Term Rental Assistance Voucher/Long-Term Housing
- Facility-Based Housing (Assisted Living)

EMERGENCY ASSISTANCE FOR RENT AND MORTGAGE OR UTILITIES

Consumer Survey Results

Consumer survey respondents ranked the need for Emergency Assistance for Rent or Mortgage fifteenth among 35 service categories and third in unfulfilled need.

- In-care consumers ranked the need for Emergency Assistance for Rent or Mortgage fourteenth and third in unfulfilled need.
- Out-of-care respondents ranked the need fifteenth in need and the unfulfilled need was ranked third.

[3] HRSA currently defines Emergency Financial Assistance for Rent/Mortgage and Emergency Financial Assistance for Utilities as distinct service categories. Portions of the consumer survey combined these two services. For that reason, findings for the two services are presented in aggregate form.

Consumer survey respondents ranked the need for Emergency Assistance for Utilities sixteenth among 35 service categories and fourth in unfulfilled need.

- In-care survey respondents ranked the need for Emergency Assistance for Utilities fifteenth and fourth in terms of unfulfilled need.
- Out-of-care respondents ranked the need sixteenth and fourth in unfulfilled need.

Consumer Service Needs and Barriers

Half of consumer respondents expressed need for Emergency Assistance for Rent, Mortgage, and Utilities.

- This includes 46% of those in-care and 56% of those out-of-care.

Twenty-six percent of consumers received this assistance in the last six months.

- 69% of those who did not get the service indicated they needed it.
- 69% of both in-care and out-of-care consumers reported need.

Of the 175 respondents who needed but didn't get the service:

- 66% didn't know about this service. This included 70% of out-of-care respondents and sixty-four of in-care consumers.
- 19% of consumers who needed and asked for the service didn't get it.

Table 5.93
Service Need
Emergency Financial Assistance for Rent, Mortgage, and Utilities

Have you needed help with your housing in the last six months?	In-Care		Out-of-Care		Total	
	#	%	#	%	#	%
Yes	212	46.4%	134	55.8%	346	49.6%
No	245	53.6%	106	44.2%	351	50.4%
Total	**457**	**100.0%**	**240**	**100.0%**	**697**	**100.0%**
In-Care n = 457; Out-of-Care n = 240; Combined In-Care/Out-of-Care n = 697						

Have you received this service in the last 6 months?	In-Care		Out-of-Care		Total	
	#	%	#	%	#	%
Yes	66	31.1%	25	18.7%	91	26.3%
No	146	68.9%	109	81.3%	255	73.7%
Total	**212**	**100.0%**	**134**	**100.0%**	**346**	**100.0%**
In-Care n = 212; Out-of-Care n = 134; Combined In-Care/Out-of-Care n = 346						

Do you need this service?	In-Care		Out-of-Care		Total	
	#	%	#	%	#	%
Yes	100	68.5%	75	68.8%	175	68.6%
No	46	31.5%	34	31.2%	80	31.4%
Total	**146**	**100.0%**	**109**	**100.0%**	**255**	**100.0%**
In-Care n = 146; Out-of-Care n = 109; Combined In-Care/Out-of-Care n = 255						

Did you know about this service?	In-Care		Out-of-Care		Total	
	#	%	#	%	#	%
Yes	53	36.3%	33	30.3%	86	33.7%
No	93	63.7%	76	69.7%	169	66.3%
Total	**146**	**100.0%**	**109**	**100.0%**	**255**	**100.0%**
In-Care n = 146; Out-of-Care n = 109; Combined In-Care/Out-of-Care n = 255						

Did you ask for this service and not get it?	In-Care		Out-of-Care		Total	
	#	%	#	%	#	%
Yes	27	18.5%	21	19.3%	48	18.8%
No	119	81.5%	88	80.7%	207	81.2%
Total	**146**	**100.0%**	**109**	**100.0%**	**255**	**100.0%**
In-Care n = 146; Out-of-Care n = 109; Combined In-Care/Out-of-Care n = 255						

LONG-TERM RENTAL ASSISTANCE VOUCHER/LONG-TERM HOUSING

Consumer Survey Results

Consumer survey respondents ranked the need for Long-term Housing Assistance ninth among 35 service categories and second in unfulfilled need.

- In-care consumers ranked the need for Long-term Housing Assistance tenth and second in unfulfilled need.
- Out-of-care respondents ranked the need eighth in need, and the unfulfilled need was ranked second.

Consumer Service Needs and Barriers

Twenty-two percent of consumer survey respondents received this service in the last six months, including 25% of in-care and 17% of out-of-care.

- 79% of those who didn't receive the service needed it.
- 67% of those who needed the service didn't know about it.
- 17% of those who needed the service asked for it and didn't get it.

Table 5.94
Service Need
Long-Term Rental Assistance Voucher/Long-Term Housing

Have you received this service in the last 6 months?	In-Care		Out-of-Care		Total	
	#	%	#	%	#	%
Yes	53	25.0%	23	17.2%	76	22.0%
No	159	75.0%	111	82.8%	270	78.0%
Total	**212**	**100.0%**	**134**	**100.0%**	**346**	**100.0%**
In-Care n = 212; Out-of-Care n = 134; Combined In-Care/Out-of-Care n = 346						

Do you need this service?	In-Care		Out-of-Care		Total	
	#	%	#	%	#	%
Yes	127	79.9%	85	76.6%	212	78.5%
No	32	20.1%	26	23.4%	58	21.5%
Total	**159**	**100.0%**	**111**	**100.0%**	**270**	**100.0%**
In-Care n = 159; Out-of-Care n = 111; Combined In-Care/Out-of-Care n = 270						

Did you know about this service?	In-Care		Out-of-Care		Total	
	#	%	#	%	#	%
Yes	58	36.5%	31	27.9%	89	33.0%
No	101	63.5%	80	72.1%	181	67.0%
Total	**159**	**100.0%**	**111**	**100.0%**	**270**	**100.0%**
In-Care n = 159; Out-of-Care n = 111; Combined In-Care/Out-of-Care n = 270						

Did you ask for this service and not get it?	In-Care		Out-of-Care		Total	
	#	%	#	%	#	%
Yes	29	18.2%	17	15.3%	46	17.0%
No	130	81.8%	94	84.7%	224	83.0%
Total	**159**	**100.0%**	**111**	**100.0%**	**270**	**100.0%**
In-Care n = 159; Out-of-Care n = 111; Combined In-Care/Out-of-Care n = 270						

FACILITY BASED HOUSING (ASSISTED LIVING)

Consumer Survey Results

Facility-based housing was not ranked as a service category. When consumers were asked to "check the five services you need the most," 47 consumers, or seven percent of those who responded to the question, ranked it in the top five.

Consumer Service Needs and Barriers

Fifty-four consumer survey respondents (16%) reported receiving facility based housing, including 7% of in-care consumers, and 12% of out-of-care.

Over 100, or 38%, of consumers indicated a need for this service.

- 67% of those who need the service didn't know about the service.
- 8% of those who needed the service asked for it but didn't get it.

Table 5.95
Service Need
Facility Based Housing (Assisted Living)

Have you received this service in the last 6 months?	In-Care		Out-of-Care		Total	
	#	%	#	%	#	%
Yes	34	16.0%	20	14.9%	54	15.6%
No	178	84.0%	114	85.1%	292	84.4%
Total	**212**	**100.0%**	**134**	**100.0%**	**346**	**100.0%**
In-Care n = 212; Out-of-Care n = 134; Combined In-Care/Out-of-Care n = 346						

Did this service meet your need? (if received service=YES)	In-Care		Out-of-Care		Total	
	#	%	#	%	#	%
Yes	28	82.4%	17	85.0%	45	83.3%
No	6	17.6%	3	15.0%	9	16.7%
Total	**34**	**100.0%**	**20**	**100.0%**	**54**	**100.0%**
In-Care n = 34; Out-of-Care n = 20; Combined In-Care/Out-of-Care n = 54						

Do you need this service?	In-Care		Out-of-Care		Total	
	#	%	#	%	#	%
Yes	70	39.3%	41	36.0%	111	38.0%
No	108	60.7%	73	64.0%	181	62.0%
Total	**178**	**100.0%**	**114**	**100.0%**	**292**	**100.0%**
In-Care n = 178; Out-of-Care n = 114; Combined In-Care/Out-of-Care n = 292						

Did you know about this service?	In-Care		Out-of-Care		Total	
	#	%	#	%	#	%
Yes	65	36.5%	32	28.1%	97	33.2%
No	113	63.5%	82	71.9%	195	66.8%
Total	**178**	**100.0%**	**114**	**100.0%**	**292**	**100.0%**
In-Care n = 178; Out-of-Care n = 114; Combined In-Care/Out-of-Care n = 292						

Did you ask for this service and not get it?	In-Care		Out-of-Care		Total	
	#	%	#	%	#	%
Yes	16	9.0%	7	6.1%	23	7.9%
No	162	91.0%	107	93.9%	269	92.1%
Total	**178**	**100.0%**	**114**	**100.0%**	**292**	**100.0%**
In-Care n = 178; Out-of-Care n = 114; Combined In-Care/Out-of-Care n = 292						

Current Housing

When consumers were asked, "Where do you live now?" 52% responded that they live in an apartment/house/mobile home that they own or rent.

- This included 57% of in-care consumers and 43% of out-of-care.

Eleven percent of out-of-care reported being homelessness compared to 6% of in-care.

- 15% of out-of-care respondents reported currently living in a homeless shelter, compared to three-percent in-care.
- 6% of out-of-care respondents reported currently living on the street or in a car, compared to three percent of in-care.

Table 5.96
Current Housing Situations

Where do you live now? (check only one)	In-Care		Out-of-Care		Total	
	#	%	#	%	#	%
In an apartment/house/mobile home that I own or rent in my name	262	57.3%	102	42.5%	364	52.2%
At my parent's or a relative's home-permanent	42	9.2%	16	6.7%	58	8.3%
In a "supportive living" facility (Assisted Living Facility)	28	6.1%	23	9.6%	51	7.3%
At another person's apartment/home-permanent	22	4.8%	19	7.9%	41	5.9%
At another person's apartment/home-temporary	19	4.2%	20	8.3%	39	5.6%
At my parent's or a relative's home-temporary	20	4.4%	12	5.0%	32	4.6%
Homeless (on the street or in car)	14	3.1%	14	5.8%	28	4.0%
In a half-way house, transitional housing or treatment facility (drug or psychiatric)	18	3.9%	10	4.2%	28	4.0%
Homeless Shelter	12	2.6%	13	5.4%	25	3.6%
In a rooming or boarding house	9	2.0%	5	2.1%	14	2.0%
Residential hospice facility or skilled nursing home	1	0.2%	0	0.0%	1	0.1%
Domestic Violence Shelter	0	0.0%	0	0.0%	0	0.0%
Other	10	2.2%	6	2.5%	16	2.3%
Total	**457**	**100.0%**	**240**	**100.0%**	**697**	**100.0%**
In-Care n = 457; Out-of-Care n = 240; Combined In-Care/Out-of-Care n = 697						

More than half of consumers spent almost, or more than, 50% of their monthly income on housing expenses.

- This included 33% of in-care consumers that spent more than 75%, and 25% that spent almost 50%.
- 20% of out-of-care respondents spent more than 50% of their monthly income on housing expenses, and 26% reported spending almost half.

Table 5.97
Current Housing Expenses

What percentage or portion of your monthly income do you spend on housing expenses including rent/mortgage and utilities?	In-Care		Out-of-Care		Total	
	#	%	#	%	#	%
I do not pay any rent/mortgage or utilities right now	106	23.2%	81	33.8%	187	26.8%
More than half (75%)	150	32.8%	49	20.4%	199	28.6%
Less than half (25%)	60	13.1%	31	12.9%	91	13.1%
Almost half (50%)	116	25.4%	63	26.3%	179	25.7%
Do Not Know	25	5.5%	16	6.7%	41	5.9%
Total	**457**	**100.0%**	**240**	**100.0%**	**697**	**100.0%**
In-Care n = 457; Out-of-Care n = 240; Combined In-Care/Out-of-Care n = 697						

Housing Barriers to HIV Medical Care

- Consumers who owned or rented an apartment, house or mobile home in their own name had few housing barriers to receiving medical care. For these consumers, the most frequently identified reasons for not taking care of their HIV were "afraid of others knowing I am HIV+" (12%), and not having enough to eat (6%).
- Consumers living with parents/relatives cited "afraid of others knowing I am HIV+" (16%), and "no private place to live" (15%).
- Homeless consumers reported many housing barriers to HIV care. The most frequently identified included: no private place to live (49%), no bed to sleep in (43%), no money for rent (40%), no place to store medications (32%), and not enough food to eat, each 32%.
- Those living at someone else's place were concerned with "afraid of others knowing I am HIV+" (24%), "not having money for rent" (14%), "cannot get away from drugs or alcohol" (13%).
- Those living in supportive living were concerned with disclosure of HIV status (12%).
- Those living in a rooming or boarding home were concerned about no private place to live (36%).
- Those living in a halfway house or treatment facility reported "cannot get away from alcohol" (20%), "no place to live" (17%), and "no telephone someone can reach me" (17%) as top barriers.

Table 5.98
Housing Barriers to HIV Medical Care

	Own/Rent In My Name Total		Parent's or Relative's Place (temp/perm) Total		At Another Person's (temp/perm) Total		Homeless (Shelter, Street, Car) Total		In a "Supportive Living" Facility (Assisted Living) Total		Half-Way House, Transitional Housing, Treatment Facility (drug/ psychiatric) Total		Rooming / Boarding House Total		Other Total	
	n=365		n=93		n=80		n=53		n=51		n=30		n=14		n=11	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Afraid of others knowing I am HIV positive	45	12.3%	15	16.1%	19	23.8%	12	22.6%	6	11.8%	3	10.0%	0	0.0%	1	9.1%
Not enough food to eat	22	6.0%	7	7.5%	5	6.3%	17	32.1%	4	7.8%	4	13.3%	2	14.3%	1	9.1%
No private place to live	19	5.2%	14	15.1%	7	8.8%	26	49.1%	5	9.8%	5	16.7%	5	35.7%	1	9.1%
No money for rent	19	5.2%	10	10.8%	11	13.8%	21	39.6%	5	9.8%	3	10.0%	2	14.3%	1	9.1%
No bed to sleep in	16	4.4%	6	6.5%	2	2.5%	23	43.4%	3	5.9%	2	6.7%	1	7.1%	1	9.1%
No place to store my medicines	11	3.0%	7	7.5%	5	6.3%	17	32.1%	3	5.9%	1	3.3%	0	0.0%	0	0.0%
Cannot get away from drugs/alcohol	11	3.0%	4	4.3%	10	12.5%	5	9.4%	4	7.8%	6	20.0%	1	7.1%	1	9.1%
No telephone where someone can reach me	9	2.5%	5	5.4%	6	7.5%	7	13.2%	5	9.8%	5	16.7%	1	7.1%	1	9.1%
No heating and/or cooling (air conditioning)	4	1.1%	2	2.2%	2	2.5%	13	24.5%	3	5.9%	1	3.3%	0	0.0%	1	9.1%

Housing Assistance Barriers

When asked what factors made it hard for them to get housing assistance, "I didn't have enough money," was the most common response; this was followed by "I did not know where to get help."

- "I didn't have enough money," ranked first by those who own or rent, (18%) and for those who reside at another person's home (34%).
- Among those living with family or relatives, the greatest barrier was "I didn't know where to get help." This was reported as a barrier by 36% of homeless consumers.
- "Not enough money" and "I could not find housing that I could afford" ranked first in a tie among homeless consumers.
- "I was put on a waiting list" ranked first among those living in a supportive living facility, those living in a halfway house, transitional housing, or treatment facility, and for those living in a rooming or boarding house

Table 5.99
Housing Assistance Barriers

	Own/Rent In My Name Total		Parent's or Relative's Place (temp/perm) Total		At Another Person's (temp/perm) Total		Homeless (Shelter, Street, Car) Total		In a "Supportive Living" Facility (Assisted Living) Total		Half-Way House, Transitional Housing, Treatment Facility (drug/psychiatric) Total		Rooming / Boarding House Total		Other Total	
	n=365		n=93		n=80		n=53		n=51		n=30		n=14		n=11	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
I did not have enough money	64	17.5%	11	11.8%	27	33.8%	23	43.4%	8	15.7%	5	16.7%	2	14.3%	2	18.2%
I did not know where to get help	51	14.0%	19	20.4%	17	21.3%	19	35.8%	5	9.8%	5	16.7%	3	21.4%	2	18.2%
I was put on a waiting list	49	13.4%	8	8.6%	6	7.5%	21	39.6%	10	19.6%	7	23.3%	5	35.7%	3	27.3%
I did not have transportation	39	10.7%	11	11.8%	11	13.8%	20	37.7%	5	9.8%	3	10.0%	4	28.6%	5	45.5%
I could not find housing that I could afford	38	10.4%	15	16.1%	12	15.0%	23	43.4%	6	11.8%	1	3.3%	2	14.3%	3	27.3%
I had bad credit	37	10.1%	8	8.6%	10	12.5%	16	30.2%	3	5.9%	1	3.3%	3	21.4%	4	36.4%
I did not qualify for housing assistance	25	6.8%	6	6.5%	8	10.0%	6	11.3%	2	3.9%	2	6.7%	0	0.0%	3	27.3%
I had a criminal record	23	6.3%	7	7.5%	14	17.5%	16	30.2%	2	3.9%	5	16.7%	1	7.1%	1	9.1%
Other	20	5.5%	1	1.1%	3	3.8%	8	15.1%	1	2.0%	3	10.0%	0	0.0%	1	9.1%
I didn't want anyone to know I am HIV positive	20	5.5%	8	8.6%	10	12.5%	5	9.4%	2	3.9%	2	6.7%	1	7.1%	0	0.0%
I have a mental/physical disability	18	4.9%	8	8.6%	5	6.3%	12	22.6%	1	2.0%	3	10.0%	0	0.0%	1	9.1%
I had drug/alcohol issues	11	3.0%	5	5.4%	4	5.0%	8	15.1%	2	3.9%	4	13.3%	2	14.3%	2	18.2%
My landlord, mortgage company, or utility company refused to accept payment	11	3.0%	0	0.0%	1	1.3%	1	1.9%	1	2.0%	0	0.0%	0	0.0%	1	9.1%
I was discriminated against	10	2.7%	1	1.1%	2	2.5%	3	5.7%	1	2.0%	0	0.0%	3	21.4%	1	9.1%
Services were not in my language	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	9.1%

Focus Group and Key Informant Interviews

The comments presented below represent the belief, opinions, and experiences of the participants.

- *We don't have enough housing.*
- *Housing is tough, even people that have doctors can't find someone to rent to them.*
- *Stability is the key, if we can stabilize a person's housing when you have somewhere to eat, somewhere to keep your medicines in the refrigerator, you are more apt to comply with medications and appointments.*
- *Rent is high and vouchers don't pay the rent because people don't want them to be rented to.*
- *Housing is a huge issue, 2 year waiting list.*
- *There are so many clients who say, "Please don't tell . . . my emergency contact doesn't know my status, I don't want anyone to know." "My Mom just found out and I'm not allowed to use the bathroom; so I'm just leaving," or "They'll eat off paper plates, if I'm there." We try to lean them towards the shelters, but the shelters are always full – housing is a big thing.*
- *Housing is the toughest problem in this town.*
- *Homeless people are a huge issue and they are so at risk. For people who are homeless – the last thing on their mind is HIV.*
- *I just spoke with someone today who is homeless and he's trying to get housing but he needs help with first month's rent [rental assistance]; so, yes, I think that is also an issue.*
- *We treat a lot of homeless people, people whose phones are shut off because they can't afford to pay the bill; you may have on number this Thursday and by next Thursday he's living somewhere else with a different phone number or no phone number. It's hard sometimes to keep up with people in the Dallas Metroplex because housing is hard to come by.*
- *People have needs that trump their medical care; needs such as insufficient housing, food and transportation issues. If these issues need to be met more immediately, they will put medical care on the back burner.*
- *Housing programs are definitely something that keep patients in care.*
- *Housing for some populations. Having availability of housing a homeless person temporarily would be a helpful funding category that is not addressed by the services that are currently available.*

Provider Inventory

Emergency Assistance for Rent, Mortgage, and Utilities

Three RWHAP agencies provided Emergency Financial Assistance for Rent, Mortgage, and Utilities. One provider reported a waiting time for a first appointment of approximately 7 days. One provider reported an additional capacity of five annually. No respondents reported providing services to targeted populations.

Long-Term Rental Assistance Voucher/Long Term Housing

Three RWHAP agencies provide Long Term Rental Assistance Vouchers. Two providers reported a waiting time for a first appointment of approximately 7 to 30 days. Two providers report, collectively, an additional capacity of 177 annually. No respondents reported providing services to targeted populations.

Facility Based Housing (Assisted Living)

No RWHAP agencies provided Facility Based Housing (Assisted Living).

Resource Inventory

Emergency Assistance for Rent, Mortgage, and Utilities

Forty-one agencies in the 2015-2016 Source Book offered EFA for Rent/Mortgage or Utilities.

Long-Term Rental Assistance Voucher/Long Term Housing

Six agencies in the 2015-2016 Source Book offered Emergency Long-Term Rental Assistance.

Facility Based Housing (Assisted Living)

Thirteen agencies in the 2015-2016 Source Book offered Long-Term Housing (including Assisted Living).

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

Emergency Assistance for Rent, Mortgage, and Utilities

Historically, the total number of HRSA core and support services varies based upon policy decisions. As such, in order to assess fluctuation of rank of importance, the rankings for 2016 and 2013 are assigned quartiles and compared in that manner.

Total need for Emergency Assistance with Rent or Mortgage ranked in the second quartile in 2016, which indicates a higher need than that reported in the third quartile in 2013. The unfulfilled need rank has remained in the first quartile in 2013 and 2016.

Total need for Emergency Assistance for Utilities ranked in the second quartile in 2016, which indicates a higher need than that reported in the third quartile in 2013. The unfulfilled need rank has remained in the first quartile for 2013 and 2016.

Table 5.100
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Emergency Assistance for Rent or Mortgage / Utilities

			Emergency Assistance for Rent, Mortgage	Change from '07-'16	Emergency Assistance for Utilities	Change from '07-'16
Total Sample	Total Need Rank	2016	15	3	16	2
		2013	21		21	
		2010	21		21	
		2007	18		18	
	Unfulfilled Need Rank	2016	3	17	4	16
		2013	5		5	
		2010	21		21	
		2007	20		20	
In-Care	Total Need Rank	2016	14	3	15	2
		2013	21		21	
		2010	21		21	
		2007	17		17	
	Unfulfilled Need Rank	2016	3	14	4	13
		2013	7		7	
		2010	14		14	
		2007	17		17	
Out-of-Care	Total Need Rank	2016	15	2	16	1
		2013	20		20	
		2010	16		16	
		2007	17		17	
	Unfulfilled Need Rank	2016	3	14	4	13
		2013	7		7	
		2010	14		14	
		2007	17		7	

Long-Term Rental Assistance Voucher/Long Term Housing

In both 2013 and 2016, long-term housing remained in the top ten services provided among in-care and out-of-care respondents. Furthermore, long-term housing dropped from the top ranking in unfulfilled need in 2013 to second in 2016.

Table 5.101
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Comparison of Long-Term Rental Assistance Voucher/Long Term Housing

Long-Term Housing				Change from '07-'16
Total Sample	Total Need Rank	2016	9	6
		2013	7	
		2010	12	
		2007	15	
	Unfulfilled Need Rank	2016	2	5
		2013	1	
		2010	2	
		2007	7	
In-Care	Total Need Rank	2016	10	5
		2013	8	
		2010	12	
		2007	15	
	Unfulfilled Need Rank	2016	2	2
		2013	1	
		2010	2	
		2007	4	
Out-of-Care	Total Need Rank	2016	8	7
		2013	5	
		2010	8	
		2007	15	
	Unfulfilled Need Rank	2016	2	2
		2013	1	
		2010	2	
		2007	4	

Gap Analysis

Emergency Assistance for Rent, Mortgage, and Utilities

Consumer survey respondents ranked the need for Emergency Assistance for Rent or Mortgage fifteenth among 35 service categories and third in unfulfilled need. In-care consumers ranked the need for Emergency Assistance for Rent or Mortgage fourteenth and third in unfulfilled need. Out-of-care respondents ranked the need fifteenth in need and the unfulfilled need was ranked third.

Consumer survey respondents ranked the need for Emergency Assistance for Utilities sixteenth among 35 service categories and fourth in unfulfilled need. In-care survey respondents ranked the need for

Emergency Assistance for Utilities fifteenth and fourth in terms of unfulfilled need. Out-of-care respondents ranked the need sixteenth and fourth in unfulfilled need.

Focus Group and Key Informant Interviews noted that Emergency Financial Assistance for Housing and Utilities were not as available as needed and detrimental to ensuring that those with housing difficulties can receive and remain in-care.

Three RWHAP agencies provided Emergency Financial Assistance for Rent, Mortgage, and Utilities. One provider reported a waiting time for a first appointment of approximately 7 days. One provider reported an additional capacity of 5 annually. No respondents reported providing services to targeted populations. Forty-one community agencies in the 2015-2016 Source Book offer EFA for Rent/Mortgage or Utilities.

Facility-Based Housing (Assisted-Living Facility)

Facility-Based Housing was not ranked as a service category. When consumers were asked to "check the five services you need the most," 47 consumers, or seven percent of those who responded to the question, indicated that it ranked in the top five.

No comments were included in Focus Group discussions or Key Informant Interviews surrounding this service.

Three RWHAP agencies provided Long Term Rental Assistance Vouchers. Two providers reported a waiting time for a first appointment of approximately seven to thirty days. Two providers reported, collectively, an additional capacity of 177 annually. No respondents reported providing services to targeted populations. Six community-based agencies in the 2015-2016 Source Book offered Emergency Long-Term Rental Assistance.

Long-Term Rental Assistance Voucher/Long Term Housing

Consumer survey respondents ranked the need for Long-term Housing ninth among 35 service categories and second in unfulfilled need. In-care consumers ranked the need for Long-term Housing tenth and second in unfulfilled need. Out-of-care respondents ranked the need eighth in need and second in unfulfilled need.

Barriers to long-term housing mentioned in the Key Informant and Focus Group Interviews included a resistance to rent to PLWH and the waiting list to receive assistance.

No RWHAP agencies provided Facility Based Housing (Assisted Living). Thirteen community agencies in the 2015-2016 Source Book offered Long-Term Housing (including Assisted Living).

Current Housing

Forty-eight percent of consumers resided in a location other than an apartment/house or mobile home that they rent or own in their own name, and more than 50%rcent of consumers spent almost half or half their income on rent/mortgage and utilities. The barriers to care were predictably found among

consumers living in homeless shelters or on the street/in a car. Barriers to obtaining housing assistance were highly variable by residence type.

Recommendations

Basic service needs including medical/dental care, food, and housing perpetually continue to be among the top service needs of PLWH. Housing is particularly precarious. The cost of housing in the DPA continues to rise, and most PLWH are paying more than half of their monthly income to get a roof over their head. People living in shelters and the homeless are most vulnerable to dropping out of care.

1. Monitor HOPWA resources for sufficiency of available assistance. Use RWHAP funds wisely as not to duplicate the HOPWA program. Consider merging RWHAP and HOPWA databases to increase efficiency and non-duplication.

2. Continue to work collaboratively with providers of housing services to ensure that this basic service is supported.

3. Convene a group of appropriate agencies to work on the finding solutions that will support the development of stable housing options for PLWH in need of housing services. Include HOPWA recipients as essential members of the task force.

LINGUISTICS SERVICES

HRSA Definition

Linguistic Services provide interpretation and translation services, both oral and written, to eligible clients. These services must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of RWHAP-eligible services.

Consumer Survey Results

Linguistic Services was thirtieth ranked overall service need, and thirty-first most frequently identified unfulfilled need.

In-care consumers ranked Linguistic Services thirtieth in overall need and twenty-ninth in unfulfilled need, while out-of-care ranked it thirty-first in need and thirty-second in unfulfilled need.

Consumer Service Needs and Barriers

Ninety-seven percent of consumer survey respondents indicated no need for Translation or Interpretation Services.

Considering the need for Translation or Interpretation Services among the total consumer survey sample:

- 74% stated their need was easily met.
- 26% had a need for this service that was met with difficulty.
- 3% had an unfulfilled need.

In-care consumers using Translation and Interpretation Services reported:

- 78% found it easy to get, while
- 22% found it hard or somewhat hard to get.

Over 80% percent of out-of-care consumers had not used Translation or Interpretation Services for at least 12 months.

- 98% did not have a need for it.

Considering Priority Populations' needs for Linguistic Services:

- Over 95% of each Priority Population identified no need for Translation or Interpretation Services.
- 4% of in-care and out-of-care consumers reported a need not met.

Table 5.102
Service Need
Linguistic Services

2016	Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Total	**39**	**73.6%**	**14**	**26.4%**	**-**	**0.0%**	**15**	**2.6%**	**572**	**97.4%**
In-Care	28	77.8%	8	22.2%	-	0.0%	11	2.8%	380	97.2%
Out-Of-Care	11	64.7%	6	35.3%	-	0.0%	4	2.0%	192	98.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 53, In-Care n = 36, Out-Of-Care n = 17
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 587, In-Care n = 391, Out-Of-Care n = 196

Table 5.103
Service Need by Priority Population
Linguistic Services

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Black/African-American Men & Women	In-Care	12	70.6%	5	29.4%	-	0.0%	6	2.7%	218	97.3%
	Out-Of-Care	5	62.5%	3	37.5%	-	0.0%	3	2.7%	107	97.3%
Hispanic/Latino (of any Race) Men & Women	In-Care	13	86.7%	2	13.3%	-	0.0%	2	3.8%	51	96.2%
	Out-Of-Care	3	50.0%	3	50.0%	-	0.0%	1	4.2%	23	95.8%
MSM	In-Care	11	73.3%	4	26.7%	-	0.0%	3	1.6%	189	98.4%
	Out-Of-Care	6	66.7%	3	33.3%	-	0.0%	2	1.8%	109	98.2%
Age 13-24	In-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	3	100.0%
	Out-Of-Care	-	0.0%	1	100.0%	-	0.0%	-	0.0%	13	100.0%
Transgender	In-Care	-	0.0%	-	0.0%	-	0.0%	2	28.6%	5	71.4%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	4	100.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

Fifteen consumers identified barriers to receiving Translation or Interpretation Services.

- "Didn't know about this service," identified by 33% of consumers, was the most frequent barrier to accessing Linguistic Services.
- This was followed by "use a family member or friend for help," identified by 13% of those with barriers.
- 47% indicated an "Other" barrier.

Table 5.104
Service Need Barriers to Care by Priority Population
Linguistic Services

2016	Barrier 1		Barrier 2		Barrier 3		Barrier 4		Total
Population	#	%	#	%	#	%	#	%	#
Total n = 15	5	33.3%	1	6.7%	2	13.3%	7	46.7%	15
Black/African-American Men & Women (n=9)	3	33.3%	1	11.1%	0	0.0%	5	55.6%	9
Hispanic/Latino (of any Race) Men & Women (n=3)	2	66.7%	0	0.0%	0	0.0%	1	33.3%	3
MSM (n=5)	2	40.0%	0	0.0%	0	0.0%	3	60.0%	5
Age 13-24 (n=0)	0	N/A	0	N/A	0	N/A	0	N/A	0
Transgender (n=2)	1	50.0%	0	0.0%	1	50.0%	0	0.0%	2
Note: Responses are combined In-Care/Out-Of-Care									
Barrier 1: Didn't know about the service			**Barrier 3: Use a friend or family member for help**						
Barrier 2: Service not available when I need it			**Barrier 4: Other**						

Focus Group and Key Informant Interviews

The comments presented below represent the belief, opinions, and experiences of the participants.

- *The front lines are not necessarily reflective of the people who are needing the services. So, I think more diversification of staff would be a huge help in making sure that those specific populations that you are talking about get linked to care.*
- *The Latino population is increasing in the United States, and for Dallas and Texas it is more; more bilingual staff is needed.*
- *Overall need more bilingual staff/people in the HIV community because there is a lot of need in the Latino community with HIV testing, treatment and awareness that is not getting through with the language barrier.*
- *Language; we have a large Hispanic population and we don't have many Spanish speakers in our Plano clinic.*
- *Language is a barrier at least in Dallas – we have one program to support people who are Spanish speakers.*
- *I think one of them [barrier to PrEP] . . . the information isn't being made available in Spanish, so language is definitely at barrier.*
- *Language barriers.*
- *Language services and the location being easily accessible to their neighborhoods is a unique need. We must be part of the community to dissolve the stigma associated with HIV.*

Provider Inventory

Four RWHAP agencies provided Linguistic Services. One provider reported a waiting time for a first appointment of approximately seven days. Two providers report, collectively, an additional capacity of 113 annually.

Resource Inventory

One hundred twenty-six agencies in the 2015-2016 Source Book offered Translation or Interpretation (Bilingual at minimum).

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

Historically, the total number of HRSA core and support services varies based upon policy decisions. As such, in order to assess fluctuation of rank of importance, the rankings for 2016 and 2013 are assigned quartiles and compared in that manner.

Linguistic services, in both 2016 and 2013, fell in the bottom quartile of total need ranking. This was also true for unmet need ranking.

Table 5.105
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Linguistic Services – Translation or Interpretation

Translation or Interpretation				Change from '07-'16
Total Sample	Total Need Rank	2016	30	(6)
		2013	25	
		2010	24	
		2007	24	
	Unfulfilled Need Rank	2016	31	(6)
		2013	26	
		2010	23	
		2007	25	
In-Care	Total Need Rank	2016	30	(6)
		2013	26	
		2010	22	
		2007	24	
	Unfulfilled Need Rank	2016	29	(8)
		2013	25	
		2010	20	
		2007	21	
Out-of-Care	Total Need Rank	2016	31	(8)
		2013	25	
		2010	22	
		2007	23	
	Unfulfilled Need Rank	2016	32	(9)
		2013	27	
		2010	22	
		2007	23	

Gap Analysis

Translation or Interpretation was ranked low in need, thirtieth in total need in the Total Sample, and thirty-first in terms of unfulfilled need in the Total Sample. Among out-of-care respondents, Translation or Interpretation was ranked thirty-first for total need and thirty-second for unfulfilled need. Among in-care respondents, Translation or Interpretation was ranked thirtieth in terms of total need, and twenty-ninth in terms of unfulfilled need. Only 2.2% of consumer survey respondents reported an unmet need for the service.

Opinions of the Focus Group participants and Key Informant Interviewees suggested a greater need for this service than found in consumer survey results. However, this seems to be due to provider and consumer perceptions that the use of that bilingual staff would be culturally more appropriate in front line positions.

Four RWHAP agencies provide Linguistic Services. One provider reported a waiting time for a first appointment of approximately seven days. Two providers report, collectively, an additional capacity of 113 annually. One hundred twenty-six community agencies in the 2015-2016 Source Book offer Translation or Interpretation (Bilingual at minimum).

Recommendations

1. Continue to require RWHAP agencies to employ bilingual staff. Ensure that these policies regarding bilingual staff are monitored and that services are provided in linguistically appropriate and culturally sensitive manner.

2. Educational materials, flyers, etc. should be translated into Spanish and made available to clients.

3. Advocate for informational materials on PrEP in Spanish.

4. Even though consumers to not indicate a need for translation services, continue to monitor the need as additional language barriers surface.

MEDICAL TRANSPORTATION

HRSA Definition

Medical Transportation is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.

Consumer Survey Results

Medical Transportation was the eighth ranked overall service need and the seventeenth most frequently identified unfulfilled need.

In addition, in-care consumers ranked it eighth in overall need and sixteenth in unfulfilled need, while out-of-care consumers ranked it seventh in need and sixteenth in unfulfilled need.

Consumer Service Needs and Barriers

Considering the need for Transportation to Medical Care among the total consumer survey sample:

- 19% had an unfulfilled need.
- 77% had a need that is easily met.
- 23% had a need for this service that is met with difficulty.

In-care consumers using Transportation to Medical Care reported:

- 79% found it easy to get, while
- 21% found it hard or somewhat hard to get.

Forty-nine percent of out-of-care consumers had not used Medical Transportation services for at least 12 months.

- 27% identified an unfulfilled need for Transportation to Medical Care.

Considering Priority Populations' needs for Transportation to Medical Care:

- In-care Hispanic/Latino men and women and in-care MSM had the largest percentages reporting no need for Medical Transportation (excludes populations with small n's responding).
- Among respondents that have not used this service in the past 12 months, out-of-care Youth had the highest unmet need.
- In-care MSM and in-care African-American MSM had the largest percentage with their need met easily (excludes populations with small n's responding).

Table 5.106
Service Need
Transportation to Medical Care—Bus Pass/Van Service:

2016	Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population	#	%	#	%	#	%	#	%	#	%
Total	**233**	**76.9%**	**70**	**23.1%**	**-**	**0.0%**	**65**	**19.3%**	**272**	**80.7%**
In-Care	165	79.3%	43	20.7%	-	0.0%	33	15.1%	186	84.9%
Out-Of-Care	68	71.6%	27	28.4%	-	0.0%	32	27.1%	86	72.9%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 303, In-Care n = 208, Out-Of-Care n = 95
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 337, In-Care n = 219, Out-Of-Care n = 118

Table 5.107
Service Need by Priority Population
Transportation to Medical Care—Bus Pass/Van Service

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Black/African-American Men & Women	In-Care	123	80.9%	29	19.1%	-	0.0%	18	20.2%	71	79.8%
	Out-Of-Care	43	71.7%	17	28.3%	-	0.0%	21	36.2%	37	63.8%
Hispanic/Latino (of any Race) Men & Women	In-Care	14	66.7%	7	33.3%	-	0.0%	7	14.9%	40	85.1%
	Out-Of-Care	6	54.5%	5	45.5%	-	0.0%	5	26.3%	14	73.7%
MSM	In-Care	77	81.9%	17	18.1%	-	0.0%	21	18.6%	92	81.4%
	Out-Of-Care	35	74.5%	12	25.5%	-	0.0%	24	32.9%	49	67.1%
Age 13-24	In-Care	1	100.0%	-	0.0%	-	0.0%	-	0.0%	2	100.0%
	Out-Of-Care	1	25.0%	3	75.0%	-	0.0%	7	70.0%	3	30.0%
Transgender	In-Care	3	100.0%	-	0.0%	-	0.0%	1	25.0%	3	75.0%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	1	25.0%	3	75.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

A total of 65 consumers identified barriers to receiving Transportation to Medical Care.

- "Must take more than one bus to clinic," identified by 25% of consumers, was the most frequent barrier to accessing Transportation to Medical Care.
- This was followed by "hard to take bus if ill," identified by 17% of those with barriers.
- "Do not live near public transportation" was identified by 12% of those with barriers.
- 46% indicated an "Other" barrier.

Table 5.108 shows both the number of respondents by town in the total sample and the number and percent of respondents citing lack of transportation as a reason for making it difficult to receive medical care. An overwhelming majority of respondents who found it hard to receive medical care in the last year and who stated they did not have transportation to get there were from Dallas County (96%).

Table 5.108
Respondents Without Transportation to Medical Care by County & ZIP Code

Respondent County	Respondent ZIP Code	# Respondents in Total Sample From:	%* Respondents in Total Sample From:	Why was it hard for you to get Medical Care in The Last Year? RESPONSE: I do not have transportation so it's hard to get there.**	
ALL RESPONSES		**697**	**100.0%**	**93**	**100.0%**
Dallas		579	83.1%	89	96%
Denton		66	9.5%	2	2%
Grayson		22	3.2%	1	1%
Hunt		1	0.1%	1	1%
Collin		24	3.4%	0	0%
Cooke		3	0.4%	0	0%
Ellis		1	0.1%	0	0%
Fannin		1	0.1%	0	0%
Henderson		0	0.0%	0	0%
Kaufman		0	0.0%	0	0%
Navarro		0	0.0%	0	0%
Rockwall		0	0.0%	0	0%
Dallas	Not Reported	53	7.6%	15	16%
Dallas	75219	41	5.9%	8	9%
Dallas	75203	73	10.5%	7	8%
Dallas	75216	27	3.9%	5	5%
Dallas	75231	26	3.7%	5	5%
Dallas	75228	22	3.2%	5	5%
Dallas	75215	22	3.2%	4	4%
Dallas	75237	13	1.9%	4	4%
Dallas	75208	36	5.2%	3	3%
Dallas	75235	17	2.4%	2	2%
Dallas	75201	9	1.3%	2	2%
Dallas	75206	8	1.1%	2	2%
Dallas	75223	3	0.4%	2	2%
Dallas	76205	2	0.3%	2	2%
Dallas	75243	14	2.0%	1	1%
Dallas	75227	12	1.7%	1	1%
Dallas	75214	11	1.6%	1	1%
Dallas	75204	10	1.4%	1	1%
Dallas	75224	10	1.4%	1	1%

Respondent County	Respondent ZIP Code	# Respondents in Total Sample From:	%* Respondents in Total Sample From:		Why was it hard for you to get Medical Care in The Last Year? RESPONSE: I do not have transportation so it's hard to get there.**	
Dallas	75212	9	1.3%		1	1%
Dallas	75210	8	1.1%		1	1%
Dallas	75232	8	1.1%		1	1%
Denton	76205	7	1.0%		1	1%
Dallas	75240	6	0.9%		1	1%
Dallas	75241	6	0.9%		1	1%
ALL OTHER ZIP CODES		**244**	**35.0%**		**16**	**17.2%**
**** Percent Calculation based on total response #: 697***						
***** Percent Calculation based on # of responses to individual question.***						

Table 5.109
Bus Pass/Van Service: Service Need Barriers to Care
Transportation to Medical Care

2016	Barrier 1		Barrier 2		Barrier 3		Barrier 4		Total
Population	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**
Total n = 65	8	12.3%	16	24.6%	11	16.9%	30	46.2%	65
Black/African-American Men & Women (n=39)	6	15.4%	9	23.1%	5	12.8%	19	48.7%	39
Hispanic/Latino (of any Race) Men & Women (n=12)	1	8.3%	3	25.0%	2	16.7%	6	50.0%	12
MSM (n=45)	3	6.7%	11	24.4%	7	15.6%	24	53.3%	45
Age 13-24 (n=7)	0	0.0%	1	14.3%	0	0.0%	6	85.7%	7
Transgender (n=2)	0	0.0%	0	0.0%	0	0.0%	2	100.0%	2
Note: Responses are combined In-Care/Out-Of-Care									
Barrier 1: Do not live near public transportation			**Barrier 3: Hard to take bus if ill**						
Barrier 2: Must take more than one bus to clinic			**Barrier 4: Other**						

Focus Groups and Key Informant Interviews

The comments presented below represent the beliefs, opinions and experiences of the participants.

- *I think transportation is a big issue; physically getting around . . . we don't have that much public transportation to get around in the first place.*
- *I know that transportation is a barrier.*
- *If you have an African-American community who oftentimes doesn't have the ability to access care because they don't have health insurance, they don't have transportation, they don't have the ability to get across the river to the Health Department or to Parkland, just to name a few, those are huge disparities.*
- *Transportation is a big problem because if the appointments are spread out over, three or four appointments a day, or three or four appointments a week and we used to provide monthly bus*

passes for individuals, now ten trip pass only which may not be enough for every trip required for care.

- *Even with the bus pass, the bus is difficult.*
- *. . . cabs easily solve the transportation problem to bring clients to their primary medical care, managed through case managers.*
- *We need to do a better job of figuring out what mechanisms could we put into place so that the bus passes the individual is using are being utilized, where the different agencies can pull up this person's system and say, okay John Doe had an appointment with this doctor at eight o'clock in the morning, well let me make this appointment for like twelve o'clock and another like three o'clock so like we can . . . This person has one bus pass, he can use three different appointments but make the appointments, make the wait time whenever they can get there not be three or four hours.*
- *Many people, especially minorities and women, are diagnosed at a very late stage of AIDS and are not well enough to take a bus.*
- *Transportation funding has been limited.*
- *Our aging population is dedicated to taking their medications, but they still have some of the same issues that the younger people have which is transportation and money.*
- *Transportation is fairly okay because for the most part the provider knows where to go, everyone works together.*
- *Transportation – some of them don't have transportation and some of them don't know they can get bus passes and it's a pretty easy process.*
- *Another thing we provide is transportation – we will transport them in our van from our office to their appointments to make the appointment and that they do connect to care or other services they need.*
- *Transportation services are very critical for some populations that don't have their own transportation. In the rural area, that is a critical issue.*

Provider Inventory

Four RWHAP agencies provided Medical Transportation-Bus Pass. Three providers reported a waiting time for a first appointment of approximately 1 to 7 days. Collectively, two providers reported an additional capacity of 23 annually. No respondents reported providing services to targeted populations.

Resource Inventory

Twenty-three agencies in the 2015-2016 Source Book offer Transportation to Medical Care.

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

Historical data were not available from prior surveys.

Table 5.110
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Transportation to Medical Care Bus Pass/Van Service

Transportation to Medical Care—Bus Pass/Van Service				Change from '07-'16
Total Sample	Total Need Rank	2016	8	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	17	No Historical Data
		2013		
		2010		
		2007		
In-Care	Total Need Rank	2016	8	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	16	No Historical Data
		2013		
		2010		
		2007		
Out-of-Care	Total Need Rank	2016	7	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	16	No Historical Data
		2013		
		2010		
		2007		

Gap Analysis

Consumer survey respondents ranked the need for Transportation to Medical Care eighth and seventeenth in unfulfilled need. Among out-of-care respondents, respondents ranked Transportation to Medical Care seventh in need and sixteenth in unfulfilled need. Among in-care respondents, Transportation to Medical Care ranked eighth in total need and sixteenth in unfulfilled need. An unmet need for the service was reported by 9.3% of consumer survey respondents.

Multiple discussions among Focus Group participants and Key Informants noted funding and difficulty with medical transportation.

Four RWHAP agencies provided Medical Transportation-Bus Pass. Three providers reported a waiting time for a first appointment of approximately one to seven days. Two providers reported, collectively, an additional capacity of 23 annually. Twenty-three community agencies in the 2015-2016 Source Book offered Transportation to Medical Care.

Recommendations

Providers frequently identify transportation as a barrier to care.

1. In light of this, consider increasing funding for this service especially for patients requiring multiple bus transfers or medical appointments.

Medical van services are provided by a number of agencies.

2. Ensure that these are used effectively in regions without public transportation and for patients in the Dallas Metro area that require multiple bus transfers.

3. Develop a directory of transportation providers as a reference for case managers arranging for transportation assistance outside of RWHAP.

NON-MEDICAL CASE MANAGEMENT

HRSA Definition

Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include:

- *Initial assessment of service needs*
- *Development of a comprehensive, individualized care plan*
- *Continuous client monitoring to assess the efficacy of the care plan*
- *Re-evaluation of the care plan at least every 6 months with adaptations as necessary*
- *Ongoing assessment of the client's and other key family members' needs and personal support systems*

Consumer Survey Results

Non-Medical Case Management was the eleventh ranked overall in service need and eighteenth most frequently identified as an unfulfilled need.

In addition, in-care consumers ranked it eleventh in overall need and nineteenth in unfulfilled need, while out-of-care ranked it eleventh in need and thirteenth in unfulfilled need.

Consumer Service Needs and Barriers

Seventy-six percent of consumer survey respondents reported their need for Non-Medical Case Management was easily met. Eighty-three percent reported no need for this service.

Considering the need for Non-Medical Case Management among the total consumer survey sample: Seventy-six percent had a need that was easily met.

- 25% had a need for this service that was met with difficulty.
- 17% had an unfulfilled need.

In-care consumers who used Non-Medical Case Management reported:

- 75% found it easy to get.
- 25% found it hard or somewhat hard to get.

Fifty-eight percent of out-of-care consumers had not used Non-Medical Case Management for at least 12 months.

- While 25% identified an unfulfilled need for HIV medical care, 75% had no need for it.

Considering Priority Populations' needs for Non-Medical Case Management:

- In-care Hispanic/Latino men and women and in-care MSM had the largest percentages reporting no need for Non-Medical Case Management (excludes populations with small "n"s responding).
- Among respondents that had not used this service in the past 12 months, out-of-care African American men and women and out-of-care MSM had the highest unmet need (excludes populations with small "n"s responding).
- Out-of-care Hispanic men and women and in-care MSM had the largest percentage with their need met easily (excludes populations with small "n"s responding).

Table 5.111
Service Need
Non-Medical Case Management

2016	Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Total	**209**	**75.5%**	**68**	**24.5%**	**-**	**0.0%**	**63**	**17.2%**	**303**	**82.8%**
In-Care	151	74.8%	51	25.2%	-	0.0%	28	12.3%	199	87.7%
Out-Of-Care	58	77.3%	17	22.7%	-	0.0%	35	25.2%	104	74.8%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 277, In-Care n = 202, Out-Of-Care n = 75
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 366, In-Care n = 227, Out-Of-Care n = 139

Table 5.112
Service Need by Priority Population
Non-Medical Case Management

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Black/African-American Men & Women	In-Care	96	73.3%	35	26.7%	-	0.0%	18	16.1%	94	83.9%
	Out-Of-Care	25	69.4%	11	30.6%	-	0.0%	22	26.5%	61	73.5%
Hispanic/Latino (of any Race) Men & Women	In-Care	19	82.6%	4	17.4%	-	0.0%	4	8.9%	41	91.1%
	Out-Of-Care	11	91.7%	1	8.3%	-	0.0%	3	16.7%	15	83.3%
MSM	In-Care	70	73.7%	25	26.3%	-	0.0%	13	11.4%	101	88.6%
	Out-Of-Care	29	72.5%	11	27.5%	-	0.0%	21	26.3%	59	73.8%
Age 13-24	In-Care	1	100.0%	-	0.0%	-	0.0%	-	0.0%	2	100.0%
	Out-Of-Care	3	100.0%	-	0.0%	-	0.0%	7	63.6%	4	36.4%
Transgender	In-Care	2	100.0%	-	0.0%	-	0.0%	-	0.0%	5	100.0%
	Out-Of-Care	-	0.0%	-	0.0%	1	100.0%	-	0.0%	3	100.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

A total of 63 consumers identified barriers to receiving Non-Medical Case Management.

- "Case manager was unavailable/hard to reach," identified by 32% of consumers, was the most frequent barrier to accessing non-medical case management.
- This was followed by "too much paperwork," identified by 24% of those with barriers.
- "Case manager does not follow up" was identified by 13% of those with barriers.
- 32% indicated an "Other" barrier.

Table 5.113
Service Need Barriers to Care
Non-Medical Case Management

2016	Barrier 1		Barrier 2		Barrier 3		Barrier 4		Total
Population	#	%	#	%	#	%	#	%	#
Total n = 63	20	31.7%	15	23.8%	8	12.7%	20	31.7%	63
Black/African-American Men & Women (n=40)	15	37.5%	8	20.0%	6	15.0%	11	27.5%	40
Hispanic/Latino (of any Race) Men & Women (n=7)	2	28.6%	4	57.1%	0	0.0%	1	14.3%	7
MSM (n=34)	10	29.4%	8	23.5%	5	14.7%	11	32.4%	34
Age 13-24 (n=7)	0	0.0%	4	57.1%	0	0.0%	3	42.9%	7
Transgender (n=0)	0	N/A	0	N/A	0	N/A	0	N/A	0
Note: Responses are combined In-Care/Out-Of-Care									
Barrier 1: Case manager not available/hard to reach			**Barrier 3: Case manager does not follow up**						
Barrier 2: Too Much Paperwork			**Barrier 4: Other**						

Focus Group and Key Informant Interviews

The comments presented below represent the beliefs, opinions and experiences of the participants.

- *There is no reward for working with the toughest cases. So, rather than work together to handle a tough case we just handle the easy cases.*
- *We have medical case management and non-medical case management, and organizations getting funded for both HRSA has paid, you could use medical case management to do both functions and we could leverage our money a little better.*
- *We set people up for failure – we want them to be physically healthy, we want them to get undetectable, we want them to get on meds as fast as possible, we want them to do all this; but if we're not also addressing the barriers in their personal life that are going to prevent them from getting their treatment, perhaps missing one bus was enough to set him off to doing drugs that day. We have a lot of fragile people in that situation. Maybe they need more hand-holding, but that's not going to happen because it is incredibly expensive.*

Provider Inventory

Ten RWHAP agencies provide Non-Medical Case Management. Three providers reported a waiting time for a first appointment of approximately 1 to 7 days. Five providers reported, collectively, an additional capacity of 867 annually. Four providers reported providing services to targeted populations.

Resource Inventory

Thirty-eight agencies in the 2015-2016 Source Book offer Non-Medical Case Management.

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

Historically, the total number of HRSA core and support services varies based upon policy decisions. As such, in order to assess fluctuation of rank of importance, the rankings for 2016 and 2013 are assigned quartiles and compared in that manner.

In 2016, consumers ranked Non-Medical Case Management in the second quartile of need, while this service was previously ranked in the third quartile of need in 2013. The ranking of unfulfilled need has gone from the second quartile in 2013 to the third quartile in 2016.

Table 5.114
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Non-Medical Case Management

Non-Medical Case Management—help accessing support services				Change from '07-'16
Total Sample	Total Need Rank	2016	11	(5)
		2013	20	
		2010	8	
		2007	6	
	Unfulfilled Need Rank	2016	18	(8)
		2013	9	
		2010	11	
		2007	10	
In-Care	Total Need Rank	2016	11	(6)
		2013	20	
		2010	7	
		2007	5	
	Unfulfilled Need Rank	2016	19	(8)
		2013	8	
		2010	9	
		2007	11	
Out-of-Care	Total Need Rank	2016	11	1
		2013	17	
		2010	10	
		2007	12	
	Unfulfilled Need Rank	2016	13	(3)
		2013	10	
		2010	10	
		2007	10	

Gap Analysis

Non-Medical Case Management was ranked eleventh in total need by the all consumer respondents and eighteenth in terms of unfulfilled need. Among out-of-care respondents, Non-Medical Case Management ranked eleventh for total need and was ranked thirteenth for unfulfilled need. Among in-care respondents, Non-Medical Case Management—help accessing support services was ranked eleventh in need and nineteenth in unfulfilled need. Nine percent of consumer survey respondents reported an unmet need for the service.

Focus Group and Key Informant discussions centered on funding of Non-Medical Case management.

Ten RWHAP agencies provide Non-Medical Case Management. Three providers reported a waiting time for a first appointment of approximately 1 to 7 days. Five providers report, collectively, an additional capacity of 867 annually. Four providers reported providing services to targeted populations. Thirty-eight community agencies in the 2015-2016 Source Book offer Non-Medical Case Management.

Recommendations

The recommendations for Non-Medical Case Management are the same as those for Medical Case Management. Issues related to the paperwork burden for patients and case managers has been a much repeated theme since 2007 and, more importantly, a barrier to the receipt of RWHAP services. Not addressing this issue continues a system where scarce resources are not being used effectively, and it perpetuates missed opportunities to link and retain consumers in care. As a result, this year's recommendations center on these issues.

1. Develop a task force to examine ways to reduce the paperwork burdens and to make recommendations to the Council, Recipient and Administrative Agent to implement said changes. Consider expanding ARIES to facilitate sharing of demographic information across agencies.

2. Develop a task force to make recommendations to the Planning Council, Recipient and Administrative Agent to make the case coordination system more effective.

3. Work with funded agencies that have found ways to ensure that clients are not assigned more than one medical case manager, and implement these across all funded programs. Consider primary case management as a strategy to eliminate duplication of services.

4. Although case management is intended to enhance self-sufficiency, many PLWH continue to depend on this service. Support continued funding for medical case management and consider assigning peer navigators to case managers with high risk cases if additional funds cannot be provided.

5. Develop formal uniform in-service education programs for case managers.
    - Educate medical case managers about available services so that they can be effective in meeting consumers' needs. (Provide them with copies of the Resource Inventory.)
    - Educate case managers about changes in policies and procedures.

OTHER PROFESSIONAL SERVICES (INCLUDING LEGAL SERVICES AND PERMANENCY PLANNING)

HRSA Definition

Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:

- *Legal services provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, including:*
  - *Assistance with public benefits such as Social Security Disability Insurance (SSDI)*
  - *Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP*
  - *Preparation of:*
    Healthcare power of attorney
    Durable powers of attorney
    Living wills
- *Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:*
  - *Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney*
  - *Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption*

It should be noted that the following are presented in this section:

- Legal service to help you work through a problem obtaining service benefits, outline advance directives or establish legal guardianship
- Permanency Planning

LEGAL SERVICES TO HELP YOU WORK THROUGH A PROBLEM OBTAINING SERVICE BENEFITS, OUTLINE ADVANCE DIRECTIVES OR ESTABLISH GUARDIANSHIPS

Consumer Survey Results

Consumer respondents ranked Legal Services nineteenth in overall need among 35 services and seventh in unfulfilled need.

- In-care consumers ranked Legal Services eighteenth in need and sixth in unfulfilled need.
- Out-of-care consumers ranked Legal Services nineteenth in need and fourteenth in unfulfilled need.

Consumer Service Needs and Barriers

Eighty-four percent of consumers expressed no need for Legal Services. This included 86% of those in-care and 82% of those out-of-care.

Among Priority Populations, (3) in-care Transgender (50%) had the highest level of unmet need followed by out-of-care MSM (19%).

In-care Hispanic/Latino men and women had an 18% unmet need and out-of-care Hispanic/Latino men and women had 16% unmet need.

Table 5.115
Service Need
Legal Services

2016	Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population	#	%	#	%	#	%	#	%	#	%
Total	**70**	**70.0%**	**30**	**30.0%**	**-**	**0.0%**	**84**	**15.6%**	**456**	**84.4%**
In-Care	45	61.6%	28	38.4%	-	0.0%	51	14.4%	303	85.6%
Out-Of-Care	25	92.6%	2	7.4%	-	0.0%	33	17.7%	153	82.3%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 100, In-Care n = 73, Out-Of-Care n = 27
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 540, In-Care n = 354, Out-Of-Care n = 186

Table 5.116
Service Need by Priority Population
Legal Services

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Black/African-American Men & Women	In-Care	29	60.4%	19	39.6%	-	0.0%	28	14.5%	165	85.5%
	Out-Of-Care	13	92.9%	1	7.1%	-	0.0%	20	19.2%	84	80.8%
Hispanic/Latino (of any Race) Men & Women	In-Care	5	62.5%	3	37.5%	-	0.0%	11	18.3%	49	81.7%
	Out-Of-Care	4	80.0%	1	20.0%	-	0.0%	4	16.0%	21	84.0%
MSM	In-Care	24	75.0%	8	25.0%	-	0.0%	25	14.3%	150	85.7%
	Out-Of-Care	12	100.0%	-	0.0%	-	0.0%	21	19.4%	87	80.6%
Age 13-24	In-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	3	100.0%
	Out-Of-Care	-	0.0%	1	100.0%	-	0.0%	1	7.7%	12	92.3%
Transgender	In-Care	1	100.0%	-	0.0%	-	0.0%	3	50.0%	3	50.0%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	1	25.0%	3	75.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

Eighty-four consumers identified barriers to accessing Legal Services.

- "Didn't know about this service" was identified by 69% of those with barriers.
  - 73% of Hispanic/Latino men and women with a barrier indicated they did not know about the service.
  - 71% of Black/African-American men and women with a barrier indicated they did not know about the service.
  - 63% of MSM with a barrier indicated they did not know about the service.
- 23% of total with barriers indicated they need legal services for other things.

Table 5.117
Service Need Barriers to Care by Priority Population
Legal Services

2016	Barrier 1		Barrier 2		Barrier 3		Total
Population	#	%	#	%	#	%	#
Total n = 84	58	69.0%	19	22.6%	7	8.3%	84
Black/African-American Men & Women (n=48)	34	70.8%	9	18.8%	5	10.4%	48
Hispanic/Latino (of any Race) Men & Women (n=15)	11	73.3%	4	26.7%	0	0.0%	15
MSM (n=46)	29	63.0%	12	26.1%	5	10.9%	46
Age 13-24 (n=1)	0	0.0%	1	100.0%	0	0.0%	1
Transgender (n=4)	4	100.0%	0	0.0%	0	0.0%	4
Note: Responses are combined In-Care/Out-Of-Care							
Barrier 1: Did not know about this service **Barrier 3: Other** **Barrier 2: Limited services-need lawyer for other things**							

Focus Group and Key Informant Interviews

No specific discussion of Legal Services occurred throughout Focus Groups or during Key Informant Interviews.

Provider Inventory

One RWHAP agency provided Legal Services-Help with Accessing Care, with an approximate wait for a first appointment of ten days. The provider did not cite additional annual capacity or targeting of specific populations.

Resource Inventory

Nine agencies in the 2015-2016 Source Book offer Legal Services.

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

Historically, the total number of HRSA core and support services varies based upon policy decisions. As such, in order to assess fluctuation of rank of importance, the rankings for 2016 and 2013 are assigned quartiles and compared in that manner.

In 2016, total need for Legal Services fell in the third quartile at nineteenth among 35 total categories. Legal Services fell in the second quartile for total need among 27 categories in 2013.

Table 5.118
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Legal Services

Legal Services				Change from '07-'16
Total Sample	Total Need Rank	2016	19	(5)
		2013	19	
		2010	15	
		2007	14	
	Unfulfilled Need Rank	2016	7	4
		2013	17	
		2010	17	
		2007	11	
In-Care	Total Need Rank	2016	18	(4)
		2013	19	
		2010	14	
		2007	14	
	Unfulfilled Need Rank	2016	6	(2)
		2013	19	
		2010	7	
		2007	4	
Out-of-Care	Total Need Rank	2016	19	2
		2013	21	
		2010	24	
		2007	21	
	Unfulfilled Need Rank	2016	14	8
		2013	15	
		2010	24	
		2007	22	

Gap Analysis

The unfulfilled need for Legal Services fell in the top quartile but a lower priority. Legal Services (to help you work through a problem obtaining services/benefits, outline advance directives or establish guardianships) ranked nineteenth in total need among all consumers and seventh in terms of unfulfilled need. Among out-of-care respondents, Legal Services ranked nineteenth in need and fourteenth in unfulfilled need. Among in-care respondents, Legal Services ranked eighteenth in need and sixth in unfulfilled need.

Only 12% of consumer survey respondents reported an unmet need for the service.

Additionally, the one RWHAP agency appears to have a reasonable wait time, and there are nine other agencies providing these services.

PERMANENCY PLANNING

Consumer Survey Results

Permanency Planning ranked twentieth in overall service need among 35 services on the consumer survey and sixth in unfulfilled need.

- In-care survey respondents ranked Permanency Planning twentieth in need and fifth in unfulfilled need.
- Out-of-care consumers ranked the need for Permanency Planning twentieth and sixteenth in unfulfilled need.

Consumer Service Needs and Barriers

Sixteen percent of consumers have an unmet need for Permanency Planning. This includes 15% of in-care respondents and 17% of out-of-care respondents.

- Nearly 80% of the total sample, in-care consumers, and out-of-care consumers report that their need for Permanency Planning is being easily met.
- Considering service need by Priority Populations:
  - In-care Transgender (33%) and out-of-care Transgender (25%) respondents had the highest unmet need although sample sizes were.
  - 20% of out-of-care African-American men and women had an unmet need for this service, and 18% of in-care African-American men and women had an unmet need for this service.

Table 5.119
Service Need
Permanency Planning

2016	Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population	#	%	#	%	#	%	#	%	#	%
Total	**70**	**79.5%**	**18**	**20.5%**	**-**	**0.0%**	**88**	**15.9%**	**464**	**84.1%**
In-Care	50	79.4%	13	20.6%	-	0.0%	56	15.4%	308	84.6%
Out-Of-Care	20	80.0%	5	20.0%	-	0.0%	32	17.0%	156	83.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 88, In-Care n = 63, Out-Of-Care n = 25
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 552, In-Care n = 364, Out-Of-Care n = 188

Table 5.120
Service Need by Priority Population
Permanency Planning

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Black/African-American Men & Women	In-Care	33	78.6%	9	21.4%	-	0.0%	35	17.6%	164	82.4%
	Out-Of-Care	10	76.9%	3	23.1%	-	0.0%	21	20.0%	84	80.0%
Hispanic/Latino (of any Race) Men & Women	In-Care	8	88.9%	1	11.1%	-	0.0%	6	10.2%	53	89.8%
	Out-Of-Care	3	75.0%	1	25.0%	-	0.0%	3	11.5%	23	88.5%
MSM	In-Care	27	84.4%	5	15.6%	-	0.0%	23	13.1%	152	86.9%
	Out-Of-Care	12	85.7%	2	14.3%	-	0.0%	14	13.2%	92	86.8%
Age 13-24	In-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	3	100.0%
	Out-Of-Care	1	100.0%	-	0.0%	-	0.0%	2	15.4%	11	84.6%
Transgender	In-Care	1	100.0%	-	0.0%	-	0.0%	2	33.3%	4	66.7%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	1	25.0%	3	75.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

A total of 88 consumers identified barriers to care for Permanency Planning.

- The most frequent barrier to accessing Permanency Planning was "I didn't know about this service," identified by 66% of consumers.
- This was followed by "Limited services – need lawyer for other things," reported by 19% of those with barriers.
- 15% indicated an "Other" barrier.

Table 5.121
Service Need Barriers to Care by Priority Population
Permanency Planning

2016	Barrier 1		Barrier 2		Barrier 3		Total
Population	#	%	#	%	#	%	#
Total n = 88	58	65.9%	17	19.3%	13	14.8%	88
Black/African-American Men & Women (n=56)	33	58.9%	11	19.6%	12	21.4%	56
Hispanic/Latino (of any Race) Men & Women (n=9)	7	77.8%	2	22.2%	0	0.0%	9
MSM (n=37)	27	73.0%	7	18.9%	3	8.1%	37
Age 13-24 (n=2)	1	50.0%	1	50.0%	0	0.0%	2
Transgender (n=3)	3	100.0%	0	0.0%	0	0.0%	3

Note: Responses are combined In-Care/Out-Of-Care

Barrier 1: Don't know about this service **Barrier 3: Other**
Barrier 2: Limited services-need lawyer for other things

Focus Group and Key Informant Interviews

No specific discussion of Legal Services occurred throughout Focus Groups or during Key Informant Interviews.

Provider Inventory

One RWHAP agency provided Permanency Planning. Wait for services varied, and the provider did not cite additional annual capacity or targeting of specific populations.

Resource Inventory

The Source Book did not provide the number of agencies offering Permanency Planning services.

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

No historical data.

Table 5.122
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Permanency Planning

Permanency Planning legal help with writing your will				Change from '07-'16
Total Sample	Total Need Rank	2016	20	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	6	No Historical Data
		2013		
		2010		
		2007		
In-Care	Total Need Rank	2016	20	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	5	No Historical Data
		2013		
		2010		
		2007		
Out-of-Care	Total Need Rank	2016	20	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	16	No Historical Data
		2013		
		2010		
		2007		

Gap Analysis

Although the need for Permanency Planning was a low priority (twentieth out of 35 services), it was a high priority (sixth) among those with unfulfilled need. Out-of-care respondents ranked the need for Permanency Planning (legal help with writing your will) twentieth and sixteenth in unfulfilled need. In-care respondents ranked Permanency Planning twentieth in need and fifth in unfulfilled need. Nearly 13% of consumer respondents reported an unmet need for the service.

Recommendations

The issues rated to the high unfulfilled need ranking for Other Professional Services may be due to several factors including lack of awareness of service availability and a need for legal services beyond those funded by the RWHAP Program. As new immigration policies will likely affect many foreign-born PLWH, legal services may become more important in the year to come. RWHAP does not deny services based on legal residence or immigrant status; however, consumers may find the need for legal supports to their benefit.

1. Continue funding for Other Professional Services.

2. Enhance consumer awareness of legal services funded by non-RWHAP agencies that may be available to PLWH.

3. Case managers should be knowledgeable about referral sources for legal services and understand services provided and eligibility requirements.

4. Case managers should educate their clients about the importance of Permanency Planning, even though HIV is no longer a “death sentence.”

OUTREACH SERVICES

HRSA Definition

Outreach Services include the provision of the following three activities:

- *Identification of people who do not know their HIV status and linkage into Outpatient/ Ambulatory Health Services*
- *Provision of additional information and education on health care coverage options*
- *Reengagement of people who know their status into Outpatient/Ambulatory Health Services*

Consumer Survey Results

Consumer Survey respondents ranked the need for Outreach Services twenty-fifth and the twenty-seventh in terms of unfulfilled need.

In addition, in-care consumers ranked it twenty-second in overall need and twenty-fifth in unfulfilled need, while out-of-care ranked it twenty-eighth in need and thirty-first in unfulfilled need.

Consumer Service Needs and Barriers

Ninety-five percent of survey respondents indicated no need for outreach services.

- 84% of consumers reported their need for outreach services is being easily met, while 5% had an unfulfilled need.
- Considering service need by Priority Populations:
  - In-care Transgender (33%) had the highest percentage of unmet need but with a sample size of less than five respondents.
  - 9% of out-of-care Black/African-American men and women and 5% of in-care Black/African-American men and women reported an unmet need for outreach services.

Table 5.123
Service Need
Outreach to Help You Get Tested and Into HIV Medical Care

2016	Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population	#	%	#	%	#	%	#	%	#	%
Total	**84**	**84.0%**	**16**	**16.0%**	**-**	**0.0%**	**23**	**5.2%**	**418**	**94.8%**
In-Care	61	81.3%	14	18.7%	-	0.0%	17	4.9%	329	95.1%
Out-Of-Care	23	92.0%	2	8.0%	-	0.0%	6	6.3%	89	93.7%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 100, In-Care n = 75, Out-Of-Care n = 25
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 441, In-Care n = 346, Out-Of-Care n = 95

Table 5.124
Service Need by Priority Population
Outreach to Help You Get Tested and Into HIV Medical Care

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Black/African-American Men & Women	In-Care	41	80.4%	10	19.6%	-	0.0%	10	5.3%	177	94.7%
	Out-Of-Care	15	88.2%	2	11.8%	-	0.0%	4	9.3%	39	90.7%
Hispanic/Latino (of any Race) Men & Women	In-Care	8	72.7%	3	27.3%	-	0.0%	5	8.8%	52	91.2%
	Out-Of-Care	2	100.0%	-	0.0%	-	0.0%	1	6.3%	15	93.8%
MSM	In-Care	29	90.6%	3	9.4%	-	0.0%	6	3.5%	166	96.5%
	Out-Of-Care	12	92.3%	1	7.7%	-	0.0%	4	7.1%	52	92.9%
Age 13-24	In-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	3	100.0%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	3	100.0%
Transgender	In-Care	1	100.0%	-	0.0%	-	0.0%	2	33.3%	4	66.7%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

A total of six consumers identified barriers to care for Outreach Services.

- The most frequent barrier to accessing outreach services was “don’t know about this service,” identified by over 50% of consumers.
- This was followed by “don’t trust the outreach worker,” identified by 33% of those with barriers.
- 17% indicated an “Other” barrier.

Table 5.125
Service Need Barriers to Care by Priority Population
Outreach to Help You Get Tested and Into HIV Medical Care

2016	Barrier 1		Barrier 2		Barrier 3		Total
Population	#	%	#	%	#	%	#
Total n = 6	3	50.0%	2	33.3%	1	16.7%	6
Black/African-American Men & Women (n=4)	3	75.0%	1	25.0%	0	0.0%	4
Hispanic/Latino (of any Race) Men & Women (n=1)	0	0.0%	1	100.0%	0	0.0%	1
MSM (n=4)	1	25.0%	2	50.0%	1	25.0%	4
Age 13-24 (n=0)	0	N/A	0	N/A	0	N/A	0
Transgender (n=0)	0	N/A	0	N/A	0	N/A	0

Note: Responses are combined In-Care/Out-Of-Care

Barrier 1: Don't know about this service **Barrier 3: Other**
Barrier 2: Don't trust the outreach worker

Focus Groups and Key Informant Interviews

Funding

- *Funding for Outreach Services, peer navigators, going to events, creating ad campaigns, and legislation that provides funding for what needs to be addressed.*
- *What I've heard is that outreach is running over each other.*
- *I don't necessarily think there is an overabundance of funding and services in the Dallas area. Yes, people may be stepping over each other but that's because they are reaching the same population, but it's not accessible in the jails, schools or churches. So, there is a whole Priority Population of people even in the inner city who are not educated. I do agree that in the rural areas it's not accessible.*
- *I would describe efforts as accessible and pleasant, but would also say fragmented. I don't see a lot of collaboration, which may be because of the different focuses, or target populations that efforts address, and then because of the miniscule amount of funding people are vying for the same funds to sustain their own HIV efforts.*

Testing

- *We get no funding, yet due to the need that we see we do it at our own expense. Sometimes we refer people to testing but for some reason they never get there, so to close that gap we have to do testing out of our own means.*
- *We do a really good job in this EMA on testing.*
- *There is a lot of testing done; a lot of information being given . . .*
- *The Dallas County Mobile Testing Unit used to be all over Dallas County for anywhere from 10-25 days a month and now there is less than 5 days a month. You have to hope it is somewhere near you, or that there will be transportation available.*
- *We test at our facilities twice a week and soon it will be every day.*
- *Access is a little lower than is should be for certain people, especially those out in the suburbs. There is not a lot of funded testing options out there.*
- *We do testing all over the city, some places we don't have as much access; some places won't let us park the van because they don't want to be associated with anything that has to do with HIV or AIDS.*
- *We can test on the weekend but we won't know until Monday and then we have to link them.*
- *Testing in the non-traditional sense, meaning instead of waiting on people to come to our offices and get testing really garnishing the resources around, mobile testing units and the ability to go to people's homes to do testing.*
- *The CDC is pushing targeted testing and the services available right now are targeted to testing MSMs and Black MSMs and young Latino MSMs. In the City there are a lot of services but go out 60 miles north and I don't see that happening and that's where I see a need – Denton and Collin.*
- *I don't think teens are encouraged to address these issues [sexuality] but we could be doing HIV testing all those school-based health centers.*

Need

- *Dallas has one of the better accessibilities because we have the organizations that actually go out and do outreach, appropriate outreach to the community and areas that are difficult, and most highly needed.*
- *There is never enough outreach because people are still uneducated about prevention for HIV still to this day, but workers that they have for outreach are very efficient.*
- *The small bit of outreach that is being done is not reaching people who are really in desperate need of getting into care.*
- *There's great access to African-American male community and to the African-American MSM community, but I don't' feel there's a good deal of outreach for women, youth and White MSMs.*
- *The northern counties also had an influx of immigrants from Africa, some from Asia, and those people are not traditionally reached by some street outreach.*
- *Not enough outreach to the uneducated and low income.*
- *Outreach needs to be addressed to risk behaviors of young millennials and older adults returning to the sexual market due to divorce or loss of spouse.*

Linkage

- *The shortening of the waiting times and higher rates for responsiveness to make the connection/linkage to care.*
- *. . . more funding is necessary because more funding means there are more people working in linkage to care.*
- *Successful linkage for me is, if this person, when they're diagnosed is connected with someone to help navigate them through the system and they begin to, within a week they can get a doctor's appointment.*
- *From my perspective, if we get a person tested positive, and they get a confirmatory test, and they get linked into a doctor and start medication we've successfully linked that person into medical care; I would like to have it done within the first 30 days.*
- *When a person tests positive at the Health Department they have a case manager from an agency there and they'll drive them down to the appointment, and they'll make sure they are linked to mental health and substance abuse services.*
- *We have a two week wait to get people in for eligibility because we have so many people who are trying to keep eligible . . . just so we can refer them to a medical provider.*
- *Shorten the timeframe from 2 weeks to immediate linkage.*
- *We have a really good linkage program, but it's new. We have a real young, go-getter woman. She answers her phone 24/7, literally. People will call her from a testing van or a testing center at 3:00 am and she will get them linked up. But, it's new and eventually she will be overwhelmed. She makes sure that every single person she hears about gets an appointment.*
- *Delays in linking them to care. Once there is a delay we can lose the patient.*
- *Incorporate social workers when linking patients to care. People who understand the needs and emotions of those diagnosed with the disease could make the process more appealing.*

Provider Inventory

No RWHAP agencies reported providing Outreach to help you get HIV tested and into HIV medical care.

Resource Inventory

Twenty-nine agencies in the 2015-2016 Source Book offer HIV Outreach & Early Intervention Services (including HIV Testing).

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

No historical data.

Table 5.126
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Outreach

Outreach to help you get HIV tested and into HIV medical care				Change from '07-'16
Total Sample	Total Need Rank	2016	25	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	27	No Historical Data
		2013		
		2010		
		2007		
In-Care	Total Need Rank	2016	22	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	25	No Historical Data
		2013		
		2010		
		2007		
Out-of-Care	Total Need Rank	2016	28	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	31	No Historical Data
		2013		
		2010		
		2007		

Gap Analysis

Consumer Survey respondents ranked the need for Outreach to Help You Get HIV Tested and Into HIV Medical Care twenty-fifth and twenty-seventh in terms of unfulfilled need. Out-of-care respondents ranked the need for Outreach Services twenty-eighth and thirty-first in terms of unfulfilled need. In-care respondents ranked the need for Outreach twenty-second and twenty-fifth in terms of unfulfilled need. Less than 4% of consumer survey respondents reported an unmet need for the service.

Extensive Focus Group and Key Informant Interview discussion highlighted a need for funded outreach services with an emphasis on targeted populations. Generally, testing is perceived to be adequate or good with duplicate effort made due to poor coordination across agencies. Linkage times need to be shortened or the patient is lost to care.

No RWHAP agencies reported providing Outreach to Help You Get HIV Tested and Into HIV Medical Care. Twenty-nine agencies in the 2015-2016 Source Book offered HIV Outreach & Early Intervention Services (including HIV Testing).

Recommendations

An effective and efficient Outreach Service requires greater coordination and collaboration than currently exists in the Dallas EMA. The lack of funded providers may be the issue preventing coordination, but more likely it has to do with the informal nature through which services have been developed and function.

1. Consider funding Outreach Services with a clear understanding of standards, expectations, target population and target outcomes.

2. Bring together agencies that are providing Outreach Services in an effort to:
    - Ensure that the needs of high risks high acuity patients are targeted.
    - Ensure that services are coordinated and offered throughout the Dallas Planning Area.

EIIHA (Early Intervention of Individuals with HIV/AIDS) Plans require a minimum of three target populations for outreach and early intervention.

3. Ensure that the target populations identified in the EIIHA Plan are sufficiently communicated to subrecipients and that planned outcomes are met.

PSYCHOSOCIAL SUPPORT SERVICES

HRSA Definition

Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include:

- *Bereavement counseling*
- *Caregiver/respite support (RWHAP Part D)*
- *Child abuse and neglect counseling*
- *HIV support groups*
- *Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services)*
- *Pastoral care/counseling services*

Consumer Survey Results

Psychosocial Support Services was the seventeenth ranked overall in service need and the tenth most frequently identified unfulfilled need.

In addition, in-care consumers ranked it seventeenth in overall need and eighth in unfulfilled need, while out-of-care ranked it eighteenth in need and nineteenth in unfulfilled need.

Consumer Service Needs and Barriers

Nearly 80% of consumers reported their need for Psychosocial Support Services were easily met and 85% indicated no need for Psychosocial Support.

Considering service need by Priority Populations:

- Out-of-care Black/African-American men and women (20%) have the highest unmet need for this service, while in-care Black/African-American men and women reported an unmet need at 15%.
- In-care Transgender (33%), out-of-care Transgender (25%), and out-of-care Youth (23%) had higher percentages of unmet need but with sample sizes of less than five respondents.
- 18% of out-of-care MSM and 14% of in-care MSM reported an unmet need for Psychosocial Support Services.

Table 5.127
Service Need
Psychosocial Support Services

2016	Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Total	**94**	**79.7%**	**24**	**20.3%**	**-**	**0.0%**	**78**	**14.9%**	**444**	**85.1%**
In-Care	70	81.4%	16	18.6%	-	0.0%	48	14.1%	293	85.9%
Out-Of-Care	24	75.0%	8	25.0%	-	0.0%	30	16.6%	151	83.4%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 118, In-Care n = 86, Out-Of-Care n = 32
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 522, In-Care n = 341, Out-Of-Care n = 181

Table 5.128
Service Need by Priority Population
Psychosocial Support Services

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Black/African-American Men & Women	In-Care	55	85.9%	9	14.1%	-	0.0%	27	15.3%	150	84.7%
	Out-Of-Care	13	76.5%	4	23.5%	-	0.0%	20	19.8%	81	80.2%
Hispanic/Latino (of any Race) Men & Women	In-Care	6	66.7%	3	33.3%	-	0.0%	9	15.3%	50	84.7%
	Out-Of-Care	5	71.4%	2	28.6%	-	0.0%	2	8.7%	21	91.3%
MSM	In-Care	34	81.0%	8	19.0%	-	0.0%	23	13.9%	142	86.1%
	Out-Of-Care	15	88.2%	2	11.8%	-	0.0%	18	17.5%	85	82.5%
Age 13-24	In-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	3	100.0%
	Out-Of-Care	1	100.0%	-	0.0%	-	0.0%	3	23.1%	10	76.9%
Transgender	In-Care	1	100.0%	-	0.0%	-	0.0%	2	33.3%	4	66.7%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	1	25.0%	3	75.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

A total of 78 consumers identified barriers to care for Psychosocial Support Services.

- The most frequent barrier to accessing Psychosocial Support Services was "I didn't know about this service," identified by over 60% of consumers.
- This was followed by "inconvenient for my schedule," identified by 15% of those with barriers.
- "Didn't think it would help" was identified by 12% of those with barriers.
- 12% indicated an "Other" barrier.

Table 5.129
Service Need Barriers to Care by Priority Population
Psychosocial Support Services

2016	Barrier 1		Barrier 2		Barrier 3		Barrier 4		Total
Population	#	%	#	%	#	%	#	%	#
Total n = 78	48	61.5%	12	15.4%	9	11.5%	9	11.5%	78
Black/African-American Men & Women (n=47)	27	57.4%	7	14.9%	8	17.0%	5	10.6%	47
Hispanic/Latino (of any Race) Men & Women (n=11)	10	90.9%	0	0.0%	0	0.0%	1	9.1%	11
MSM (n=41)	26	63.4%	8	19.5%	4	9.8%	3	7.3%	41
Age 13-24 (n=3)	0	0.0%	0	0.0%	0	0.0%	3	100.0%	3
Transgender (n=3)	1	33.3%	1	33.3%	0	0.0%	1	33.3%	3
Note: Responses are combined In-Care/Out-Of-Care									
Barrier 1: Don't know about this service			**Barrier 3: Didn't think it would help**						
Barrier 2: Inconvenient for my schedule			**Barrier 4: Other**						

Focus Group and Key Informant Interviews

- *. . . peer support has been improving . . . but needs more work in the Dallas EMA/HSDA.*
- *When you think of a support group that a person can go to and sit around and talk about these issues that they're faced with from being HIV positive, we don't have that.*
- *Some women are doing peer support on their own, they've started their own ministries, they have spoken on TV, written books, and one wrote a play about HIV.*
- *I'm part of Facebook groups [for the HIV+] with many members around the world that serve as virtual support groups.*
- *A lot of our patients are looking for people to share their stories with; or have been through the same thing they have been through. A lot of younger patients don't want to take their medications, but sometimes if they can connect with someone more in their age group, or interested in the same things that they are, dealing with the same thing, it can help them.*
- *A lot of those groups have failed historically. It's not the '80s or '90s, so overall, the support that those groups might have received is not there anymore. And no one has been able to identify why these groups aren't working, because we've been running around like crazy, we know some of it is availability, some of it is stigma, some of it is that "it's not a safe place for me to use drugs," there are a lot of reasons that could be contributing to the failures.*

Provider Inventory

One RWHAP agency provided PLWH Support Groups with an additional capacity of 50 annually.

Resource Inventory

Forty-Four agencies in the 2015-2016 Source Book offered Psychosocial Support Services (including Group Counseling).

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

This service is new to the list of eligible support services and comparison data are not available.

Table 5.130
Total Need and Unfulfilled Need Rank 2007, 2010, 2013 2016
Psychosocial Support Services

Psychosocial Support services group counseling to help cope with HIV				Change from '07-'16
Total Sample	Total Need Rank	2016	17	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	10	No Historical Data
		2013		
		2010		
		2007		
In-Care	Total Need Rank	2016	17	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	8	No Historical Data
		2013		
		2010		
		2007		
Out-of-Care	Total Need Rank	2016	18	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	19	No Historical Data
		2013		
		2010		
		2007		

Gap Analysis

Psychosocial Support Services group counseling to help cope with HIV was ranked seventeenth in total need among survey respondents and tenth in terms of unfulfilled need by the total sample. Psychosocial Support Services were among the mid-level priorities. Among out-of-care respondents, Psychosocial Support Services ranked eighteenth for total need and nineteenth for unfulfilled need. Among in-care respondents, Psychosocial Support Services ranked seventeenth in terms of total need and eighth in unfulfilled need. An unmet need for the service was identified by eleven percent of consumer survey respondents.

Focus Group discussions and Key Informant Interviews indicated a shortage in support groups but that need still remains for an outlet.

One RWHAP agency provided PLWH Support Groups with an additional capacity of 50 annually. Forty-Four community agencies in the 2015-2016 Source Book offer Psychosocial Support Services (including Group Counseling).

Recommendations

Focus Group and Key Informant Interview participants believe that patients receiving Psychosocial Support Services may be more apt to be retained in-care. The unfulfilled need for this service among all participants and those in-care (10) is somewhat significant given the lack of success that support groups have met with. While these services seem to be needed, the looming question seems to be how best to offer these services.

1. Consider funding at least one provider who can demonstrate an innovative plan or concept for delivering these services.
    - Monitor potential to increase rural supports among those receiving services.
    - If successful, roll out the concept to other agencies as a best practice.

2. Investigate how to make support groups and services more successful vis-a-vis others' experience. Find best practices described in the HAB Target site, or request technical assistance on maintaining successful psychosocial support groups.

REFERRAL FOR HEALTH CARE SUPPORT SERVICES
(*REFERRAL FOR HELP GETTING HEALTH CARE OR SUPPORTIVE SERVICES)*

HRSA Definition

Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. This service may include referrals to assist eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Consumer Survey Results

Referral for Health Care and Support Services ranked twelfth in overall need among 35 services on the consumer survey; it also ranked fourteenth in unfulfilled need.

- Among in-care survey respondents, Referral for Health Care and Support Services ranked twelfth in need and thirteenth in unfulfilled need.
- The need for Referral for Health Care and Support Services ranked twelfth by out-of-care survey respondents and eighth in unfulfilled need.

Consumer Service Needs and Barriers

Eighty-three percent of consumers expressed no need for Referral for Health Care and Support Services, including 87% in-care and 75% out-of-care.

Among Priority Populations, 67% out-of-care Transgender individuals (2) had an unmet need, the highest level.

Thirty-six percent of out-of-care Youth (age 13-24), and 28% out-of-care Black/African-American men and women also had unmet need.

Table 5.131
Service Need
Referral for Health Care Support Services

2016	Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population	#	%	#	%	#	%	#	%	#	%
Total	**169**	**74.1%**	**59**	**25.9%**	**-**	**0.0%**	**72**	**17.5%**	**340**	**82.5%**
In-Care	120	74.1%	42	25.9%	-	0.0%	35	13.2%	230	86.8%
Out-Of-Care	49	74.2%	17	25.8%	-	0.0%	37	25.2%	110	74.8%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 228, In-Care n = 162, Out-Of-Care n = 66
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 412, In-Care n = 265, Out-Of-Care n = 147

Table 5.132
Service Need by Priority Population
Referral for Health Care Support Services

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Black/African-American Men & Women	In-Care	83	74.8%	28	25.2%	-	0.0%	18	13.8%	112	86.2%
	Out-Of-Care	24	75.0%	8	25.0%	-	0.0%	24	27.9%	62	72.1%
Hispanic/Latino (of any Race) Men & Women	In-Care	16	76.2%	5	23.8%	-	0.0%	8	17.0%	39	83.0%
	Out-Of-Care	6	50.0%	6	50.0%	-	0.0%	2	11.1%	16	88.9%
MSM	In-Care	61	80.3%	15	19.7%	-	0.0%	22	16.8%	109	83.2%
	Out-Of-Care	27	79.4%	7	20.6%	-	0.0%	22	25.6%	64	74.4%
Age 13-24	In-Care	1	100.0%	-	0.0%	-	0.0%	-	0.0%	2	100.0%
	Out-Of-Care	-	0.0%	3	100.0%	-	0.0%	4	36.4%	7	63.6%
Transgender	In-Care	1	50.0%	1	50.0%	-	0.0%	1	20.0%	4	80.0%
	Out-Of-Care	-	0.0%	-	0.0%	-	100.0%	2	66.7%	1	33.3%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

Seventy-two consumers identified barriers to accessing Referral for Health Care and Support Services.

- "Didn't know about this service" was identified by 75%, and 19% identified "other" barriers to care.
  - 80% of MSM with a barrier indicated they did not know about the service, and 18% indicated "other" barriers.
  - 71% of Black/African-American men and women with a barrier indicated they did not know about the service and 24% identified "other" barriers.

Table 5.133
Service Need Barriers to Care by Priority Population
Referral for Health Care Support Services

2016	Barrier 1		Barrier 2		Barrier 3		Total
Population	#	%	#	%	#	%	#
Total n = 72	54	75.0%	4	5.6%	14	19.4%	72
Black/African-American Men & Women (n=42)	30	71.4%	2	4.8%	10	23.8%	42
Hispanic/Latino (of any Race) Men & Women (n=10)	8	80.0%	1	10.0%	1	10.0%	10
MSM (n=44)	35	79.5%	1	2.3%	8	18.2%	44
Age 13-24 (n=4)	3	75.0%	0	0.0%	1	25.0%	4
Transgender (n=3)	2	66.7%	0	0.0%	1	33.3%	3

Note: Responses are combined In-Care/Out-Of-Care

Barrier 1: Don't know about this service **Barrier 3: Other**
Barrier 2: Don't qualify

Focus Group and Key Informant Interviews

No relevant Focus Group or Key Informant Interview discussions occurred regarding this service.

Provider Capacity Survey Results

Four RWHAP agencies provided Referral Help for Getting Health Care or Supportive Services. All four providers reported a waiting time for a first appointment of approximately one to six days. Collectively, two providers reported an additional capacity of 275 annually. Two providers reported providing services to targeted populations.

Resource Inventory

Sixty-five agencies in the 2015-2016 Source Book offered Referral Help for Getting Health Care or Supportive Services.

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

There is no historical data available.

Table 5.134
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Referral for Health Care Support Services

Referral help for getting health care or supportive services				Change from '07-'16
Total Sample	Total Need Rank	2016	12	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	14	No Historical Data
		2013		
		2010		
		2007		
In-Care	Total Need Rank	2016	12	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	13	No Historical Data
		2013		
		2010		
		2007		
Out-of-Care	Total Need Rank	2016	12	No Historical Data
		2013		
		2010		
		2007		

Referral help for getting health care or supportive services				Change from '07-'16
	Unfulfilled Need Rank	2016	8	No Historical Data
		2013		
		2010		
		2007		

Gap Analysis

Consumer survey respondents ranked the need for referral help for getting health care or supportive services twelfth and fourteenth in terms of unfulfilled need. Out-of-care respondents ranked the need for the service twelfth and eighth in unfulfilled need. Among in-care respondents, referral help for getting health care or supportive services ranked twelfth in terms of total need and thirteenth in unfulfilled need. More than 10% of survey respondents reported an unmet need for this service.

Recommendations

RWHAP clinical and case management staff routinely refer to other providers for services needed by their clients. However, given more than 25% of survey respondents identified a difficult time receiving the service and that the number one barrier to receiving most services was a lack of awareness of the services, separate funding for referral services could be given more attention.

1. A social worker dedicated to referral initiation and follow-up might ease the burden of the case managers.

2. Consider funding this service if consumers continue to lack appropriate referral resources.

REHABILITATION SERVICES

HRSA Definition

Rehabilitation Services are provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care.

Consumer Survey Results

Consumer survey respondents ranked the need for Rehabilitation Services twenty-fourth among 35 services on the consumer survey and twentieth in unfulfilled need.

- In-care survey respondents ranked the need for Rehabilitation Services twenty-sixth and eighteenth in unfulfilled need.
- Out-of-care respondents ranked the need for Rehabilitation Services twenty-fourth and the unfulfilled need twenty-third.

Consumer Service Needs and Barriers

Over 90% of consumers expressed no need for Rehabilitation Services including 92% in-care and 90% out-of-care.

Among Priority Populations, out-of-care Transgender consumers (25%) had the highest level of unmet need followed by in-care Transgender (14%); however, sample size was too small to draw conclusions.

Out-of-care Black/African-American men and women had 12% unmet need and in-care Black/African-American men and women had 11% unmet need.

Table 5.135
Service Need
Rehabilitation Services

2016	Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population	#	%	#	%	#	%	#	%	#	%
Total	**52**	**69.3%**	**23**	**30.7%**	**-**	**0.0%**	**49**	**8.7%**	**516**	**91.3%**
In-Care	33	75.0%	11	25.0%	-	0.0%	30	7.8%	353	92.2%
Out-Of-Care	19	61.3%	12	38.7%	-	0.0%	19	10.4%	163	89.6%

Need Met "Hard" include respondents who said it was hard or somewhat hard to obtain services.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 75, In-Care n = 44, Out-Of-Care n = 31
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 565, In-Care n = 383, Out-Of-Care n = 182

Table 5.136
Service Need by Priority Population
Rehabilitation Services

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Black/African-American Men & Women	In-Care	23	76.7%	7	23.3%	-	0.0%	23	10.9%	188	89.1%
	Out-Of-Care	11	68.8%	5	31.3%	-	0.0%	12	11.8%	90	88.2%
Hispanic/Latino (of any Race) Men & Women	In-Care	6	75.0%	2	25.0%	-	0.0%	1	1.7%	59	98.3%
	Out-Of-Care	2	25.0%	6	75.0%	-	0.0%	1	4.5%	21	95.5%
MSM	In-Care	17	65.4%	9	34.6%	-	0.0%	15	8.3%	166	91.7%
	Out-Of-Care	11	84.6%	2	15.4%	-	0.0%	10	9.3%	97	90.7%
Age 13-24	In-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	3	100.0%
	Out-Of-Care	-	0.0%	1	100.0%	-	0.0%	1	7.7%	12	92.3%
Transgender	In-Care	-	0.0%	-	0.0%	-	0.0%	1	14.3%	6	85.7%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	1	25.0%	3	75.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

Forty-nine consumers identified barriers to accessing Rehabilitation Services.

- "Didn't know about this service" was identified by 69% of those with barriers.
  - 74% of Black/African-American men and women with a barrier indicated they did not know about the service.
  - 68% of MSM with a barrier indicated they did not know about the service.
- 10% of total with barriers indicated too much paperwork.

Table 5.137
Service Need Barriers to Care by Priority Population
Rehabilitation Services

2016	Barrier 1		Barrier 2		Barrier 3		Barrier 4		Total
Population	#	%	#	%	#	%	#	%	#
Total n = 49	34	69.4%	4	8.2%	5	10.2%	6	12.2%	49
Black/African-American Men & Women (n=35)	26	74.3%	3	8.6%	3	8.6%	3	8.6%	35
Hispanic/Latino (of any Race) Men & Women (n=2)	1	50.0%	1	50.0%	0	0.0%	0	0.0%	2
MSM (n=25)	17	68.0%	3	12.0%	2	8.0%	3	12.0%	25
Age 13-24 (n=1)	0	0.0%	0	0.0%	0	0.0%	1	100.0%	1
Transgender (n=2)	1	50.0%	0	0.0%	0	0.0%	1	50.0%	2

Note: Responses are combined In-Care/Out-Of-Care

Barrier 1: Don't know about this service **Barrier 3: Too much paperwork**
Barrier 2: Don't qualify **Barrier 4: Other**

Focus Group and Key Informant Interviews

No discussion of Rehab Services occurred in the Focus Groups or throughout the Key Informant Interview process.

Provider Capacity Survey Results

There are no RWHAP agencies providing this service. When needed, consumers are referred to other community providers.

Resource Inventory

Twenty agencies in the 2015-2016 Source Book offered Rehabilitation Services.

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

No data are available from prior surveys.

Table 5.138
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Rehabilitation Services

Rehabilitation Services				Change from '07- '16
Total Sample	Total Need Rank	2016	24	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	20	No Historical Data
		2013		
		2010		
		2007		
In-Care	Total Need Rank	2016	26	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	18	No Historical Data
		2013		
		2010		
		2007		
Out-of-Care	Total Need Rank	2016	24	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	23	No Historical Data
		2013		
		2010		

Rehabilitation Services				Change from '07- '16
		2007		

Gap Analysis

Survey respondents gave Rehabilitation Services a low priority, twenty-fourth out of 35, and twentieth in terms of unfulfilled need. Out-of-care respondents ranked the need for Rehabilitation Services twenty-fourth and twenty-third in terms of unfulfilled need. In-care respondents ranked the need for Rehabilitation Services twenty-sixth and eighteenth in terms of unfulfilled need. Seven percent of consumer survey respondents reported an unmet need for the service.

Recommendations

This is a relatively underutilized category, and consumers and providers may have limited knowledge of the availability of services.

1. Ensure that case managers and consumers are aware of the availability of Rehabilitation Services and any pertinent eligibility requirements.

2. Monitor the need for this service.

RESPITE CARE

HRSA Definition

Respite Care is the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HIV-infected client to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV.

It should be noted that the following services are presented in this section:

- Respite Care for Adults
- Respite Care for Children

RESPITE CARE FOR ADULTS

Consumer Survey Results

Respite Care for Adults ranked twenty-ninth in overall need among 35 services on the consumer survey; it also ranked twenty-seventh in unfulfilled need.

- Among in-care survey respondents, Respite Care for Adults ranked twenty-ninth in need and twenty-seventh in unfulfilled need.
- Respite Care for Adults ranked twenty-ninth by out-of-care survey respondents and twenty-eighth in unfulfilled need for out-of-care respondents.

Consumer Service Needs and Barriers

Over 95% of consumers expressed no need for Adult Respite Care including 97% in-care and 95% out-of-care.

- Considering service need by Priority Populations:
  - Among Priority Populations, out-of-care Black/African-American men and women (6%) had the highest level of unmet need.
  - Each Priority Population had an easily met need of 75% or higher for Adult Respite Care.

Table 5.139
Service Need
Respite Care for Adults

2016	Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population	#	%	#	%	#	%	#	%	#	%
Total	**43**	**89.6%**	**5**	**10.4%**	**-**	**0.0%**	**23**	**3.9%**	**569**	**96.1%**
In-Care	33	91.7%	3	8.3%	-	0.0%	12	3.1%	379	96.9%
Out-Of-Care	10	83.3%	2	16.7%	-	0.0%	11	5.5%	190	94.5%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 48, In-Care n = 36, Out-Of-Care n = 12

Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 592, In-Care n = 391, Out-Of-Care n = 201

Table 5.140
Service Need by Priority Population
Respite Care for Adults

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Black/African-American Men & Women	In-Care	29	90.6%	3	9.4%	-	0.0%	9	4.3%	200	95.7%
	Out-Of-Care	6	85.7%	1	14.3%	-	0.0%	7	6.3%	104	93.7%
Hispanic/Latino (of any Race) Men & Women	In-Care	1	100.0%	-	0.0%	-	0.0%	1	1.5%	66	98.5%
	Out-Of-Care	3	75.0%	1	25.0%	-	0.0%	1	3.8%	25	96.2%
MSM	In-Care	23	95.8%	1	4.2%	-	0.0%	4	2.2%	179	97.8%
	Out-Of-Care	5	83.3%	1	16.7%	-	0.0%	5	4.4%	109	95.6%
Age 13-24	In-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	3	100.0%
	Out-Of-Care	-	0.0%	1	100.0%	-	0.0%	-	0.0%	13	100.0%
Transgender	In-Care	-	0.0%	-	0.0%	-	0.0%	1	14.3%	6	85.7%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	4	100.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

Twenty-three consumers identified barriers to accessing Respite Care for Adults including:

- "Didn't know about this service" was identified by over 90% of those with barriers.
  - All Black/African-American men and women with a barrier indicated they did not know about the service.
  - 89% of MSMs identified being unaware of the service as the greatest barrier faced.

Table 5.141
Service Need Barriers to Care by Priority Population
Respite Care for Adults

2016	Barrier 1		Barrier 2		Barrier 3		Total
Population	#	%	#	%	#	%	#
Total n = 23	21	91.3%	2	8.7%	0	0.0%	23
Black/African-American Men & Women (n=16)	16	100.0%	0	0.0%	0	0.0%	16
Hispanic/Latino (of any Race) Men & Women (n=2)	0	0.0%	2	100.0%	0	0.0%	2
MSM (n=9)	8	88.9%	1	11.1%	0	0.0%	9
Age 13-24 (n=0)	0	N/A	0	N/A	0	N/A	0
Transgender (n=1)	1	100.0%	0	0.0%	0	0.0%	1

Note: Responses are combined In-Care/Out-Of-Care

Barrier 1: Don't know about this service **Barrier 3: Other**
Barrier 2: Don't qualify

Focus Group and Key Informant Interviews

No discussion of Respite Care for Adults occurred in the Focus Groups or throughout the Key Informant Interview process.

Provider Capacity Survey Results

One RWHAP agency provides Adult Respite Care. The wait for services is variable and the provider did not cite additional annual capacity or targeting of specific populations.

Resource Inventory

Seven agencies in the 2015-2016 Source Book offer Respite Care for Adults.

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

Historically, the total number of HRSA core and support services varies based upon policy decisions. As such, in order to assess fluctuation of rank of importance, the rankings for 2016 and 2013 are assigned quartiles and compared in that manner.

In both 2016 and 2013, total Respite Care for Adults fell in the bottom quartile of need. In 2016, Respite Care for Adults was ranked twenty-ninth of 35 categories and in 2013 was ranked twenty-second of 27.

Table 5.142
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Respite Care for Adults

Respite Care for Adults (Activities during day)				Change from '07- '16
Total Sample	Total Need Rank	2016	29	(7)
		2013	22	
		2010	17	
		2007	22	
	Unfulfilled Need Rank	2016	27	(9)
		2013	24	
		2010	24	
		2007	18	
In-Care	Total Need Rank	2016	29	(9)
		2013	22	
		2010	16	
		2007	20	
	Unfulfilled Need Rank	2016	27	(19)
		2013	24	
		2010	18	
		2007	8	
Out-of-Care	Total Need Rank	2016	29	(5)
		2013	23	
		2010	25	
		2007	24	
	Unfulfilled Need Rank	2016	28	(4)
		2013	24	
		2010	25	
		2007	24	

Gap Analysis

Respite Care for Adults received a low priority rank, twenty-ninth in total need by survey respondents, and twenty-seventh in terms of unfulfilled need. Among out-of-care respondents, Respite Care for Adults was ranked twenty-ninth for total need and was ranked twenty-eighth for unfulfilled need. Among in-care respondents, Respite Care for Adults ranked twenty-ninth in terms of total need and twenty-seventh in terms of unfulfilled need. Only 33% of consumers identified an unmet need for this service.

Only 3.3% of consumers identified an unmet need for the service.

RESPITE CARE FOR CHILDREN

Consumer Survey Results

Respite Care for Children ranked last in overall service need among 35 services on the consumer survey; it also ranked last in total unfulfilled need.

- Among in-care survey respondents, Respite Care for Children ranked thirty-fourth in both need and unfulfilled need.
- Respite Care for Children ranked last by out-of-care survey respondents for both need and unfulfilled need.

Consumer Service Needs and Barriers

Ninety-seven percent of consumers reported no need for Child Respite Care including 98% in-care and 94% out-of-care.

Four respondents reported a need for respite care children was met easily, and three reported an unfulfilled need. Ninety respondents had no need for this service.

Among Priority Populations, out-of-care Hispanic/Latino men and women (14%) and out-of-care MSM had the highest levels of unmet need, but with small sample size (1).

Table 5.143
Service Need
Respite Care for Children

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Total	**Total**	**4**	**66.7%**	**2**	**33.3%**	**-**	**0.0%**	**3**	**3.2%**	**90**	**96.8%**
	In-Care	4	66.7%	2	33.3%	-	0.0%	1	1.6%	60	98.4%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	2	6.3%	30	93.8%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months. Total n = 6, In-Care n = 6, Out-Of-Care n = 0
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 93, In-Care n = 61, Out-Of-Care n = 32

Table 5.144
Service Need by Priority Population
Respite Care for Children

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Black/African-American Men & Women	In-Care	4	80.0%	1	20.0%	-	0.0%	1	2.4%	40	97.6%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	1	5.3%	18	94.7%
Hispanic/Latino (of any Race) Men & Women	In-Care	-	0.0%	1	100.0%	-	0.0%	-	0.0%	14	100.0%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	1	14.3%	6	85.7%
MSM	In-Care	2	66.7%	1	33.3%	-	0.0%	-	0.0%	8	100.0%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	1	14.3%	6	85.7%
Age 13-24	In-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	1	100.0%
Transgender	In-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	1	100.0%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

Three consumers identified barriers to accessing Respite Care for Children. They included:

- "Did not know about this service."
- "Did not qualify for this service."
- "Other."

Table 5.145
Service Need Barriers to Care by Priority Population
Respite Care for Children

2016	Barrier 1		Barrier 2		Barrier 3		Total
Population	**#**	**%**	**#**	**%**	**#**	**%**	**#**
Total n = 3	1	33.3%	1	33.3%	1	33.3%	3
Black/African-American Men & Women (n=2)	1	50.0%	1	50.0%	0	0.0%	2
Hispanic/Latino (of any Race) Men & Women (n=1)	0	0.0%	0	0.0%	1	100.0%	1
MSM (n=1)	1	100.0%	0	0.0%	0	0.0%	1
Age 13-24 (n=0)	0	N/A	0	N/A	0	N/A	0
Transgender (n=0)	0	N/A	0	N/A	0	N/A	0

Note: Responses are combined In-Care/Out-Of-Care

Barrier 1: Did not know about this service **Barrier 3: Other**
Barrier 2: Did not qualify for this service

Focus Group and Key Informant Interviews

No discussion of Respite Care for Children occurred in the Focus Groups or throughout the Key Informant Interview process.

Provider Capacity Survey Results

One RWHAP agency provided Day/Respite Care for Children. One provider reported an additional capacity for 10 children annually. No respondents reported providing services to targeted populations.

Provider Resource Inventory

Six agencies in the 2015-2016 Source Book offer Respite Care for HIV+ Children.

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

Historically, the total number of HRSA core and support services varies based upon policy decisions. As such, in order to assess fluctuation of rank of importance, the rankings for 2016 and 2013 are assigned quartiles and compared in that manner.

In both 2016 and 2013, total Respite Care for Children fell in the bottom quartile of need. In 2016 and in 2013 Respite Care for Children was ranked last in service need.

Table 5.146
Total Need and Unfulfilled Need Service Rank 2007, 2010, 2013, 2016
Respite Care for Children

Respite Care for HIV positive Children				Change from '07-'16
Total Sample	Total Need Rank	2016	35	(8)
		2013	27	
		2010	23	
		2007	27	
	Unfulfilled Need Rank	2016	35	(9)
		2013	27	
		2010	19	
		2007	26	
In-Care	Total Need Rank	2016	34	(7)
		2013	27	
		2010	23	
		2007	27	
	Unfulfilled Need Rank	2016	34	(11)
		2013	27	
		2010	17	
		2007	23	
Out-of-Care	Total Need Rank	2016	35	(8)
		2013	26	
		2010	18	
		2007	27	
	Unfulfilled Need Rank	2016	35	(9)
		2013	26	
		2010	17	
		2007	26	

Gap Analysis

Respite Care for Children was ranked thirty-fifth in total need in the total sample, and was ranked thirty-fifth in terms of unfulfilled need. This was the lowest priority among all services provided. Among out-of-care respondents, Respite Care for Children ranked thirty-fifth in total need and thirty-fifth in unfulfilled need. Among in-care respondents, Respite Care for HIV Positive Children was ranked thirty-fourth in terms of total need and thirty-fourth in terms of unfulfilled need. An unmet need for this service was reported by less than one percent of survey respondents.

Recommendations

Monitor the need for Respite Care for Adults and Children even though, at this time, both the need for and the awareness of this service continues to be extremely low.

- Ensure case managers and consumers are made aware of the availability of this service.

SUBSTANCE ABUSE SERVICES (RESIDENTIAL)

HRSA Definition

Substance Abuse Services (residential) is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes:

- *Pretreatment/recovery readiness programs*
- *Harm reduction*
- *Behavioral health counseling associated with substance use disorder*
- *Medication assisted therapy*
- *Neuro-psychiatric pharmaceuticals*
- *Relapse prevention*
- *Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)*

Consumer Survey Results

Substance Abuse Services (Residential) was ranked twenty-eighth in overall need among 35 services on the consumer survey; it was also ranked twenty-sixth in unfulfilled need.

- Among in-care survey respondents, Residential Substance Abuse Services was ranked twenty-eighth in need and twenty-ninth in unfulfilled need.
- Out-of-care respondents ranked Residential Substance Abuse Services twenty-second in terms of need and in terms of unfulfilled need.

Consumer Service Needs and Barriers

Ninety-five percent of consumers expressed no need for Residential Substance Abuse Services including 97% in-care and 89% out-of-care.

Among Priority Populations, out-of-care Youth (age 13-24 and out-of-care MSM tied for the highest level of unmet need at 15% closely followed by in-care Transgender and out-of-care Black/African-American men and women at 14%.

Table 5.147
Service Need
Substance Abuse Services (Residential)

2016	Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population	#	%	#	%	#	%	#	%	#	%
Total	**51**	**67.1%**	**25**	**32.9%**	**-**	**0.0%**	**31**	**5.5%**	**533**	**94.5%**
In-Care	30	73.2%	11	26.8%	-	0.0%	11	2.8%	375	97.2%
Out-Of-Care	21	60.0%	14	40.0%	-	0.0%	20	11.2%	158	88.8%

Need Met "Hard" include respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Total n = 76, In-Care n = 41, Out-Of-Care n = 35
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months. Total n = 564, In-Care n = 386, Out-Of-Care n = 178

Table 5.148
Service Need by Priority Population
Substance Abuse Services (Residential)

2016		Need Met Easily		Need Met Hard		Need Met No Response		Need Not Met		No Need	
Population		#	%	#	%	#	%	#	%	#	%
Black/African-American Men & Women	In-Care	23	71.9%	9	28.1%	-	0.0%	8	3.8%	201	96.2%
	Out-Of-Care	11	64.7%	6	35.3%	-	0.0%	14	13.9%	87	86.1%
Hispanic/Latino (of any Race) Men & Women	In-Care	4	66.7%	2	33.3%	-	0.0%	1	1.6%	61	98.4%
	Out-Of-Care	3	33.3%	6	66.7%	-	0.0%	2	9.5%	19	90.5%
MSM	In-Care	15	68.2%	7	31.8%	-	0.0%	6	3.2%	179	96.8%
	Out-Of-Care	14	77.8%	4	22.2%	-	0.0%	15	14.7%	87	85.3%
Age 13-24	In-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	3	100.0%
	Out-Of-Care	-	0.0%	1	100.0%	-	0.0%	2	15.4%	11	84.6%
Transgender	In-Care	-	0.0%	-	0.0%	-	0.0%	1	14.3%	6	85.7%
	Out-Of-Care	-	0.0%	-	0.0%	-	0.0%	-	0.0%	4	100.0%

Need Met "Hard" includes respondents who said it was hard or somewhat hard to obtain the service.
Need Met percentages are based on respondents who have used the service in the last 12 months.
Need Not Met Percentages are based on respondents who have NOT used the service in the last 12 months.

Thirty-one consumers identified barriers to accessing Residential Substance Abuse Services.

- "Didn't know about this service" was identified by 45% of respondents, 23% identified other barriers, and 20% indicated too much paperwork thwarted care.
  - 36% of Black/African-American men and women with a barrier indicated they did not know about the service, 27% identified other barriers and 23% indicated too much paperwork was an impediment to care.
  - 43% of MSM with a barrier indicated they did not know about the service and 24% cited too much paperwork.

Table 5.149
Service Need Barriers to Care
Substance Abuse Services (Residential)

2016	Barrier 1		Barrier 2		Barrier 3		Barrier 4		Total
Population	#	%	#	%	#	%	#	%	#
Total n = 31	14	45.2%	4	12.9%	6	19.4%	7	22.6%	31
Black/African-American Men & Women (n=22)	8	36.4%	3	13.6%	5	22.7%	6	27.3%	22
Hispanic/Latino (of any Race) Men & Women (n=3)	3	100.0%	0	0.0%	0	0.0%	0	0.0%	3
MSM (n=21)	9	42.9%	3	14.3%	5	23.8%	4	19.0%	21
Age 13-24 (n=2)	1	50.0%	0	0.0%	0	0.0%	1	50.0%	2
Transgender (n=1)	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1
Note: Responses are combined In-Care/Out-Of-Care									
Barrier 1: Don't know about this service			**Barrier 3: Too much paperwork**						
Barrier 2: Don't qualify			**Barrier 4: Other**						

Focus Group and Key Informant Interviews

Although no direct discussion of Residential Substance Abuse Services occurred in the Focus Groups or throughout the Key Informant Interview process, relevant comments from Outpatient Substance Abuse are included here.

The comments presented below represent the beliefs, opinions, and experiences of the participants.

Service Needs and Barriers

- *Substance abuse treatment needs much more funding because young people lose a link to care.*
- *The capacity to provide funding for substance abuse treatment is not even there.*
- *I think drug use is a big barrier; if they fall into old habits of using drugs it's harder to get them to comply and get them into care.*
- *Over the last few years we've seen an increase in clients who report a need for substance abuse or mental health treatment.*
- *Substance abuse is one of the barriers to remaining in care, and addressing that aggressively may be helpful. But, also accepting patients who do have a substance abuse issue, and understanding this is something that may continue, is important.*
- *There has been a huge increase in crystal meth.*
- *Funding for substance abuse; not a lot of money and then layer on the eligibility problems and it seems like a no win.*
- *The lack of funding for substance abuse is so bad that some of my therapists pay for their own office space.*

Provider Capacity Survey Results

There are no RWHAP agencies providing this service. When needed, consumers are referred to other community providers.

Provider Resource Inventory

Ten agencies in the 2015-2016 Source Book offered Substance Abuse Services - Residential.

Comparison between 2016, 2013, 2010, and 2007 Comprehensive Needs Assessments

This service is new to the list of eligible support services and historical data are not available.

Table 5.150
Total Need and Unfulfilled Need Service Rank 2016 Only
Substance Abuse Services (Residential)

Substance Abuse Services - Residential				Change from '07-'16
Total Sample	Total Need Rank	2016	28	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	26	No Historical Data
		2013		
		2010		
		2007		
In-Care	Total Need Rank	2016	28	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	29	No Historical Data
		2013		
		2010		
		2007		
Out-of-Care	Total Need Rank	2016	22	No Historical Data
		2013		
		2010		
		2007		
	Unfulfilled Need Rank	2016	22	No Historical Data
		2013		
		2010		
		2007		

Gap Analysis

Substance Abuse Services - Residential was ranked twenty-eighth in total need in the Total Sample, and twenty-sixth in terms of unfulfilled need in the Total Sample. Among out-of-care respondents, Substance Abuse Services - Residential was ranked twenty-second for total need and twenty-second for unfulfilled need. Among in-care respondents, Substance Abuse Services - Residential was ranked twenty-eighth in terms of total need, and was ranked twenty-ninth in terms of unfulfilled need. Less than five percent of consumer survey respondents reported an unmet need for the service.

Focus Group participants and Key Informant Interviewees perceived an increase in need for additional substance abuse funding.

No RWHAP providers offered this service; all refer out. Ten community agencies offered Residential Substance Abuse Services.

Recommendations

Funding for Residential Substance Abuse Services is generally prohibitive for RWHAP programs. In addition, IV drug use as an HIV transmission mode appears to be declining. Nevertheless, substance abuse is a serious risk factor for HIV and oftentimes a significant barrier to care. Residential substance abuse treatment would greatly assist PLWH by addressing relapse more effectively than outpatient treatment/counseling.

1. Ensure that case managers and consumers are aware of the availability of outpatient substance abuse services, and refer candidates in need of more intensive rehabilitation. Follow-up with those who enter and/or complete residential treatment.

2. Encourage providers of Medical Services, Mental Health and Outpatient Substance Abuse to develop strong referral relationships with Residential Substance Abuse providers. Offer technical assistance for facilities that do not routinely treat PLWH.

6. PROVIDER CAPACITY AND CAPABILITY

PROVIDER OVERVIEW

Thirty-four services were included in a provider capacity and capability survey sent to 13 providers. One hundred percent of the providers completed the survey.

- 29 services were provided by at least one provider.
- 5 providers reported offering expanded service hours, either during evenings or on weekends with one provider indicating they were open 24/7/365.
- 8 of the 13 providers had multiple locations.
- 10 providers may be considered AIDS service organizations, with 76% to 100% of their clients HIV positive. The remaining providers included one with 0-5% HIV positive clients, one with 11-25% and one serving 26% to 50% PLWH.

SERVICE CAPACITY

- PLWH have some choices when deciding where to receive care and services. Five services were offered by five or more providers; fifteen offered by two to four providers; and nine services offered by one provider only.
- 22 services reported having wait times. Most wait times were under two weeks. Longest reported wait time was for HIV Outpatient Medical Care.
- 21 services had additional capacity.
- Targeted programs were found for seven services offered.

Table 6.1 provides a summary by service category of the number of providers offering the service, the number with a wait time, the range of days for wait time, the number of providers with additional capacity and additional capacity available, and if the services are targeted to PLWHs.

Table 6.1
Service Category Inventory Summary Results

Service	# of Providers Offering Service	# of Providers With Wait Time	Range of Wait Time (Days)*	# Providers with Additional Capacity Available	Additional Capacity	Offers Targeted Programs**
HIV Outpatient Medical Care	6	6	3 To 18 Days	4	1,079	3
Outpatient OB/Gyn Care visits	4	4	3 To 12 Days	4	715	-
Other Specialty Care	3	1	12 To 12 Days	2	850	-
Oral Healthcare	3	3	0 To 10 Days	1	5	1
Early Intervention Service	2	2	4 To 18 Days	1	100	1
Pharmaceutical Assistance	6	2	7 To 12 Days	2	315	-
Medical Case Management	7	4	1 To 12 Days	3	565	1
Non-Medical Case Management	10	3	1 To 7 Days	5	867	4
Assistance with Co-Pays and Deductibles	5	5	4 To 12 Days	5	263	-
Home Health Care	2	-	No Response	-	-	1
Hospice	1	-	No Response	-	-	-
Medical Nutritional Therapy	1	1	7 Days	-	-	-
Mental Health Counseling	4	2	0 Days	1	200	-
PLWH Support Groups	1	-	No Response	1	50	-
Outpatient Substance Abuse Treatment	1	-	No Response	1	100	-
Residential Substance Abuse Treatment	Need for Service is Referred Out					
Food Bank	2	2	4 to 7 Days	1	36	-
Rehab Services--PT, OT, Speech	Need for Service is Referred Out					
Health Education Risk Reduction (HERR)	4	1	7 Days	-	-	-
EFA for Utilities	3	1	7 Days	1	5	-
EFA for Rent/Mortgage	3	1	7 Days	1	5	-
Long Term Rental Assistance Voucher	3	2	7 to 30 Days	2	177	-
Medical Transportation--Bus Pass	4	3	1 to 7 Days	2	23	-
Linguistic Services	4	1	7 Days	2	113	-
Legal Services-Help with Accessing Care	1	1	10 Days	-	-	-
Child Care Services	1	-	No Response	1	10	-
Day/Respite Care for Children	1	-	No Response	1	10	-
Adult Respite Care	1	-	No Response	-	-	-
Education Services	2	1	4 Days	-	-	-
Permanency Planning – legal help with writing your will	1	1	No Response	-	-	-
Referral Help for Getting Health Care or Supportive Services	4	4	1 to 6 Days	2	275	2
Home and Community Based Health Services (Home Aides and Assistants)	-	-	No Response	-	-	-
(If have children in K-12) Child Assessment and Early Intervention	-	-	No Response	-	-	-
Outreach to help you get HIV tested and into HIV medical care	-	-	No Response	-	-	-

**No Response: Provider's responses were non-numeric, "variable", or left blank.*
*** Includes only responses that represented specific segments of PLWH population. i.e., Excludes responses of "All PLWH"*

SYSTEM-WIDE CHANGE TO IMPROVE SERVICES FOR PLWH

When asked to comment on system-wide changes to improve access, similar to 2013, providers focused on improving the intake process and administrative burdens.

- Various suggestions for a modified intake system included:
  - A state-wide intake system alleviating the duplication of effort across agencies, reduction in paperwork and resources required to complete an intake;
  - Change from a medical gate-keeper model to a multiple-point-of-entry service system model (2x);
- Better collaboration across providers and with the Administrative Agency, including timely funding and more transparency;
- The ARIES data system needs improvement from both a capacity and functionality standpoint.

Additional suggestions for system-wide improvement included:

- Additional medical providers and case managers;
- More affordable housing;
- Health care education;
- Access to Medicare;
- Assessment and treatment of non-HIV illness, especially as the population ages.

BARRIERS TO CARE

Services That Are Needed But Not Available

Providers were asked to identify services that are not available to PLWH. While several providers indicated that no barriers to care exist as all services are both available and accessible, others noted the following deficiencies.

- Transportation;
- Specialty care in rural counties, including dental and vision;
- Housing, including for those PLWH with criminal records;
- Better services for the homeless population;
- Employment;
- Anal pap exams;
- Substance abuse counseling;
- PrEP;
- Outreach and Early Intervention.

Services That Should Be Increased

Providers identified the following services that should be increased for PLWH:

- Transportation, including rural/suburban areas
- Affordable Housing;
- Medical Specialty/sub-specialty care;
- Mental Health Therapy;
- Substance Abuse Counseling;

- Early Intervention;
- Outreach (including homeless);
- Dental;
- Insurance subsidies;
- Health Education;
- Job training and employment opportunities;
- Eye exams and corrective lenses;
- Food Pantry.

Services That Should Be Delivered Differently

Providers indicated a wide range of services should be delivered differently including system issues such as intake to basic daily needs such as housing and transportation. Specifically, providers identified:

- Medical link to Social Services;
- Intake system – timeliness of access;
- Case management;
- Meals programs not solely connected to housing programs;
- Transportation - beyond medical including employment;
- Location of health clinics needs to be available to all – including suburban and rural communities;
- Job fairs/employment training;
- Affordable housing;
- Mental health/behavioral health services at all agencies providing case management;
- Substance abuse;
- Health insurance assistance.

7. FOCUS GROUP AND KEY INFORMANT INTERVIEW DISCUSSIONS

Four focus group discussions were conducted with direct personnel, Planning Council Members/Staff, providers, and consumers. Following each focus group, supplemental interviews were conducted to ensure adequate feedback. Nine key informant interviews were conducted with community leaders, healthcare leaders, and Ryan White funded providers. The opinions and feedback expressed throughout focus group discussions and key informant interviews provided unique insight pertaining to the climate of the Dallas Planning Area. Several salient themes emerged including: an arduous enrollment process, a lack of health information exchange infrastructure across agencies including case coordination and statewide data system, a need to increase health education and access to PrEP, managing the disease without meeting fundamental needs of daily living including housing, food and transportation, and delays in funding from the Administrative Agency.

ENROLLMENT PROCESS

According to HRSA, RWHAP funds may not be used for any item or service "for which payment has been made or can reasonably be expected to be made" by another payment source. RWHAP funds may be used to complete coverage that maintains PLWH in care when the individual is either underinsured or uninsured for specific allowable services. As such, the client enrollment procedure must meet HRSA requirements of initial eligibility and recertification. RWHAP initial eligibility requirements must have a diagnosis of HIV/AIDS and be low-income (defined by the grantee). Client eligibility recertification occurs at least every six months ensures an individual's residency, income, and insurance statuses continue to meet requirements and to verify that the RWHAP is the payer of last resort.

Dallas County Health and Human Services eligibility requirements comply with HRSA regulations. All service agencies must assist clients in verifying the documentation necessary to obtain and maintain eligibility for Ryan White funded services. It is the responsibility of all intake providers to assure appropriate verification and subsequent documentation is obtained at the time of intake for all new clients. In order to receive services funded by Ryan White, State Services, or HOPWA grants, all clients are required to meet the following three (3) eligibility requirements:

1. Have a verified diagnosis of HIV/AIDS
   - A lab report of detectable HIV "viral load" that includes the name of the client and testing facility.
   - A signed statement from a physician, physician's assistant, an advanced practice nurse or a registered nurse (RN) attesting to the HIV positive status of the person.
   - A hospital discharge summary that documents HIV positive status and includes name of the client.
   - A confirmatory HIV+ laboratory result (Western Blot, IFA, NAAT, Multispot HIV-1/HIV-2 Rapid Test (Bio-Rad) or a detectable HIV RNA) that includes the name of the client and testing facility.

2. Be a Texas resident in one of the following service delivery areas: Dallas EMA/HSDA and/or Sherman/Denison HSDA verified by one of the following:
   - A valid Texas driver's license or Texas state identification card, with an address within a specified service delivery area.
   - A current Voter Registration Card.

- Mortgage or lease agreement with a Texas address within a specified service delivery area, as it relates to the standard Texas Apartment Association (TAA) lease. The first and last page of an executed lease is acceptable, provided all required information is included within these two pages. As for non-TAA leases, the lease must be reviewed thoroughly to determine if the first and last pages have sufficient information to satisfy eligibility requirements.
- A receipt or documentation from the landlord, dated within the last thirty (30) days, indicating residence or month to month lease.
- One household bill with the client's name and address (including residential or cell phone bill) delivered within the last thirty (30) days.
- A signed statement, dated within the last thirty (30) days, from the client indicating homelessness or non-traditional habitation outside the boundaries of a physical address, institution or homeless shelter.
- Release paperwork from a correctional facility documenting a local address within the Dallas EMA/HSDA and/or Sherman/Denison HSDA.
- One article of personal mail with the client's name and address postmarked within the last thirty (30) days.
- One article of business or bulk mail, with the client's name and address, delivered in the last thirty (30) days; a postmarked envelope is not required if the correspondence includes the business name, date sent and the clients name and address.
- Paystubs dated within the last thirty (30) days.
- A signed statement from a person in the household, dated within the last thirty (30) days verifying that the client lives at a specific address.

3. Have an adjusted annual gross income no greater than 300% of the Federal Poverty Level (as applicable to service category, excluding HOPWA Grant, see HUD Income Limits).
    - Award letter (including but not limited to: SSI, RSDI, VA and Pension) granting benefits for the current calendar year.
    - Payroll check stubs to verify last thirty (30) days of income.
    - Most recent bank statement that shows deposit and source within last thirty (30) days; this may include electronic bank statements obtained online from the banking institution.
    - "No Income Certification" form signed by the client within thirty (30) days of intake.
    - Financial support within the last thirty (30) days including cash payment and assistance from family must be documented with the benefactor, verbally or in writing.
    - Letter or verbal communication within the last thirty (30) days from an employer verifying frequency of payment and amount of wages or salary.
    - Child support statements.
    - Alimony statements.
    - Signed statement from the client indicating that they receive cash payments for labor performed.
    - Most recent W-2 Form or U.S. Tax return.

All service agencies must make reasonable effort to assist the client to obtain necessary documentation. Agency must clearly state in progress notes every effort that is being made to obtain documentation.

The following comments were expressed by focus group and key informant participants:

- *"Processes need to be as simple as possible. Every time paperwork has to be collected it's a potential risk that it will be the last one they complete – that it's going to prevent them staying in care."*
- *"In general, the paperwork is a huge barrier, and it's a barrier for people who are trying to get into care, and it's a barrier for people trying to get them into care."*

HRSA indicates that RWHAP grantees may utilize recertification data-sharing agreements with other grantees and/or sub-grantees in order to reduce burden on grantees, sub-grantees, and clients. This should be carefully evaluated and implemented as a means to address this ongoing and burdensome issue.

HEALTH INFORMATION EXCHANGE INFRASTRUCTURE / IMPROVE CASE COORDINATION / ARIES

Once enrolled, the case management process is central to ensuring receipt of appropriate and needed services. The sharing of health information via electronic infrastructure and/or scheduled inter-agency meetings will only be successful after alleviating distrust across agencies and historical practice patterns.

AIDS Regional Information and Evaluation System (ARIES) is a web-based, client-level software developed in 2005 that Ryan White and/or State Services HIV Providers use to report all Ryan White and State services provided to Ryan White eligible clients. ARIES provides a single point of entry for clients and supports coordination of client services among providers. It meets both Health Resources and Services Administration (HRSA) and state care and treatment reporting requirements and provides comprehensive data for program monitoring and scientific evaluations. End users emphasized the need for updates to the ARIES system in terms of both efficiency and infrastructure.

- *"_____ reorganized their case management in the last few months because they found a ton of their clients were receiving services through other agencies and were also in their case management services so they were in two different systems. Data sharing could fix that and they [clients] would have fewer visits, less duplicative services, and less money wasted."*
- *"If we could get care coordination between case managers at different agencies to click, it would help people so much."*
- *"We're supposed to have a Care Coordination System here in Dallas, but that's really more in name than in practice."*
- *"Agencies have huge turnovers and case managers have one of the highest turnover rates at non-profit agencies, salaries and training are playing into this."*
- *"In Dallas County, case management services have to be provided to everyone who needs a referral. So, if a person walked into the AIDS Interfaith Network for food or transportation they would tell them, "Well, you're a patient at Parkland and you have to go over to Parkland and get a case manager to give you a referral and come back here." I understand the reason, because those agencies don't have case management to collect the information. They do get RWHAP money and should be required to collect the same documentation . . . but in Dallas County we've set it up so case managers are like gatekeepers of all services available."*
- *"Streamlining the intake process."*

- *"Streamline and coordinate services between agencies. Have agencies work together to obtain needed services "*
- *"Less paperwork, or some sort of paperwork agreement or sharing between organizations would minimize having to come up with the information multiple times."*

PrEP

The CDC indicates that pre-exposure prophylaxis, or PrEP, is a way for people who do not have HIV but who are at substantial risk of getting it to prevent HIV infection by taking a pill every day. The pill (brand name Truvada) contains two medicines (tenofovir and emtricitabine) that are used in combination with other medicines to treat HIV. When someone is exposed to HIV through sex or injection drug use, these medicines can work to keep the virus from establishing a permanent infection. When taken consistently, PrEP has been shown to reduce the risk of HIV infection in people who are at high risk by up to 92%. PrEP is much less effective if it is not taken consistently. PrEP is a powerful HIV prevention tool and can be combined with condoms and other prevention methods to provide even greater protection than when used alone. But people who use PrEP must commit to taking the drug every day and seeing their health care provider for follow-up every 3 months.

Discussion of lack of funding, access and education surrounding this highly beneficial prevention tool was pervasive. Universally, participants expressed issues surrounding both stigma and culture.

- *"There's not enough PrEP in the region at this point because we don't have organizations that'll get them PrEP." (2 similar comments)*
- *"I think one of the biggest issues surrounding PrEP is that doctors, physicians, are not necessarily on board with prescribing PrEP because there are so many follow-ups that have to be done, labs that have to be done, things of that nature."*
- *"I think if we can change the stigma and the culture around PrEP and prevention services that would make it better. So, to me the big gap seems to be the culture." (3 similar comments)*
- *"It may be taking a little while to become known but ultimately doctors are latching on to it."*
- *"The ability to fund PrEP." (6 similar comments)*
- *"For someone who is insured there is less of a problem, for someone who is indigent, high risk negative trying to get them on PrEP is difficult unless they get into a research project at AIDS Arms or if they find some kind of indigent care."*
- *"Flood the community with information on PrEP with billboards on the highways or signs on buses."*
- *"I don't think PrEP is available in the jails and a lot of new meds are not available in the jails."*

PHYSIOLOGICAL NEEDS

Based upon Maslow's motivational theory hierarchy of needs, people are motivated to achieve certain needs, and some needs take precedence over others. Our most basic need is for physical survival, and this will be the first thing that motivates our behavior. Once that level is fulfilled the next level up is what motivates us, and so on. Generally, PLWH are unable to manage their disease without fulfilling their needs for basic housing, food and transportation.

- *"We set people up for failure – we want them to be physically healthy, we want them to get undetectable, we want them to get on meds as fast as possible, we want them to do all this; but*

if we're not also addressing the barriers in their personal life that are going to prevent them from getting their treatment, perhaps missing one bus was enough to set him off to doing drugs that day. We have a lot of fragile people in that situation. Maybe they need more hand-holding, but that's not going to happen because it is incredibly expensive."

- *"If you have someone who needs food [or housing] the last thing on their mind is going to the doctor, let alone taking medicine."*
- *"Getting good, healthy food to clients that are marginal in a financial standpoint is still an issue."*
- *"Stability is the key, if we can stabilize a person's housing when you have somewhere to eat, somewhere to keep your medicines in the refrigerator, you are more apt to comply with medications and appointments."*
- *"Housing is a huge issue, 2 year waiting list."*
- *"Homeless people are a huge issue and they are so at risk. For people who are homeless – the last thing on their mind is HIV."*
- *"People have needs that trump their medical care; needs such as insufficient housing, food and transportation issues. If these issues need to be met more immediately, they will put medical care on the back burner."*

FUNDING

The three key participants with unique responsibilities in dispersing Ryan White funds are: Judge Clay Jenkins, *Chief Elected Official* (CEO) of the Dallas Planning Area; the *Recipient*[1] (Administrative Agency); and the *Ryan White Planning Council* (RWPC). The CEO establishes and monitors Planning Council activities, administrative mechanisms and appoints members; ensures appropriate use of Part A funds; assures all legal requirements and oversees administration of Treatment Extension Act requirements as well as select the Dallas County Health and Human Services to manage Part A grants. The Recipient/AA (Dallas County Health and Human Services) is responsible to develop reimbursement and accounting systems, RFPs and monitor contracts. The RSPC is a body of volunteers, appointed by the CEO, that must reflect the local epidemic and include members who have specific expertise in certain health service areas. At least one-third of members must be PLWH who are RWHAP consumers. The RWPC is responsible to develop an Integrated HIV Prevention and Care Plan, annual priority setting, resource allocations plan, how best to meet the priority, and evaluation of the administrative mechanism in addition to a triannual needs assessment for service delivery.

Officially, the CEO is the grantee. However, in the Dallas EMA the CEO assigns responsibility to administer the Ryan White Funds to the local government agency DCHHS (Dallas County Health and Human Services) that reports to the CEO. Prior to 2013, the DCHHS employed an Assistant Director (AD), among other things, responsible for overseeing the Grants Division. The Recipient/AA employed a Grants Management Officer (GMO) who directly reported to the Assistant Director. The RWPC Manager also directly reported to the AD. Thus, the Recipient/AA and the RWPC Manager both reported to the same individual allowing for a system of checks and balances. As of 2013, DSHHS no longer employed an Assistant Director and thereby reporting structures shifted. The RWPC Manager now reports directly to the Recipient/AA, creating an inherent conflict of interest in duties as one of the RWPC tasks is to assess the Recipient/AA.

[1] Also referred to as the Grantee.

When asked to discuss how the Planning Council can improve its effectiveness in addressing client and agency barriers, issues of transparency and timeliness of funding were raised.

- *"There is an obvious lack of transparency that would help the organizations that are receiving money – information needed about delays and why."*
- *"We've got huge gaps in communication and that slows things down. Providers don't get an answer or everybody gets a different answer."*
- *"I've seen the AA get mad at questions that are being asked about Administrative issues…"*
- *"Hold the AA accountable, making sure that when they get the money, the notifications are sent out in advance, on time and when they get the money there is a system in place that has the money hit the street early, and don't take three to four months for the contract to be signed…"*

RECOMMENDATIONS

1. Create an interagency task force to increase networking, strengthen communication and establish a forum for idea sharing and concerns.
2. Implement HRSA recertification data-sharing agreements across recipient and sub-recipients to reduce the burden across all entities including and most importantly, clients.
3. Establish a subcommittee to research robust health information exchange systems nationwide.
4. Request the Planning Council Manager and staff to draft a memorandum on limitations of the ARIES data system and needs for modifications, to be reviewed by the CEO and ultimately submitted to the State for consideration.
5. Increase education, awareness and education of PrEP. Implement "out-of-the-box" ideas to reach target populations including, but not limited to social media.
6. Provide trainings to ensure sensitivity to client needs, eliminating stigma of the disease. Recognize the need for improved housing, transportation and nutrition as a foundation to successful engagement. Maintain and/or increase funding for HOPWA and RWHAP housing services.
7. Re-educate Planning Council members about the importance and role they play on the Council. Run a Planning Council retreat. Review funding and allocations process. Strategize effective means of communication for Planning Council members, grantees and sub-grantees to alleviate concerns regarding transparency of funding.

Ryan White Planning Council of the Dallas Area

2016 Comprehensive HIV/AIDS Needs Assessment

Appendices

March 2017

NEW SOLUTIONS, INC.
TRANSFORM HEALTH CARE INFORMATION TO VALUE

APPENDIX 1.1
Consumer Survey – English Version

Thank you for your help in completing this survey. Your answers will help the Ryan White Planning Council of the Dallas Area decide how to use the money they get from the Federal government to meet the needs of people living with HIV/AIDS in the region.

This survey is confidential. Your answers will be combined with those from many other people, so no one will be able to identify you.

- If you are taking the survey at your provider and have questions , please ask for help.
- If you are taking the survey at another place, call Naomi at 800-917-5399 or email nsavitz@newsolutionsinc.com.
- If you stop the survey, you need to make a note of your survey number. You will need it to start again where you left off.

After you complete the survey we would like to thank you with a $10 Wal Mart gift card. To get your gift card, write down the number that appears at the end of the survey. This number lets the people giving out the cards know you have completed the survey.

- If you are taking the survey with a group of people at your provider, the people helping with the survey can give you the gift card.
- If you are taking the survey by yourself at a provider, they will tell you which staff member can give you the gift card.
- If you are taking the survey by yourself at home or somewhere else (not at a provider), you can bring the number to your provider OR to the Dallas County Department of Health and Human Services to get your gift card.

  Dallas County Department of Health and Human Services
  2377 North Stemmons Freeway
  Suite 200 (Second Floor)
  Dallas, TX 75207

THANK YOU FOR YOUR HELP!!

1. Are you HIV positive?
   ____Yes
   ____No
   ____Do not know
   ____I do not want to say

IF THE ANSWER IS "YES", GO TO QUESTION 2. IF THE ANSWER IS "NO", "DO NOT KNOW" OR "I DON'T WANT TO SAY", THE RESPONDENT NEEDS TO SEE OR CALL THE SURVEY ADMINISTRATOR BEFORE CONTINUING.

2. Has anyone interviewed you or have you taken an online survey about your HIV service needs in return for a gift card in the last two (2) months?
   ____Yes
   ____No
   ____Do not know
   ____I do not want to say

IF THE ANSWER IS "NO", GO TO QUESTION 3. IF "YES," "DO NOT KNOW," OR "I DO NOT WANT TO SAY", *STOP*. THIS PERSON DOES NOT QUALIFY. THE RESPONDENT NEEDS TO SEE OR CALL THE SURVEY ADMINISTRATOR BEFORE CONTINUING.

3. What county do you live in?
   ____Collin
   ____Cooke
   ____Dallas
   ____Denton
   ____Ellis
   ____Fannin
   ____Grayson
   ____Henderson
   ____Hunt
   ____Kaufman
   ____Navarro
   ____Rockwall
   ____**None of the above**

IF ANY COUNTY IS IDENTIFIED, GO TO QUESTION 4. IF ANSWER IS "NONE OF THE ABOVE" THIS PERSON DOES NOT QUALIFY. THE RESPONDENT NEEDS TO SEE OR CALL THE SURVEY ADMINISTRATOR BEFORE CONTINUING.

4. Have you had a CD4 test or a viral load test within the last 12 months?
   ____Yes ____No ____Do Not Know

5. Have you taken HIV medicines (antiretroviral) in the last 12 months?
   ____Yes ____No ____Do Not Know

6. Have you received HIV medical care in the last 12 months?
   ____Yes ____No ____Do Not Know

IF ANSWER IS "YES" TO QUESTIONS 4, 5, <u>OR</u> 6, PERSON IS "IN CARE", CONTINUE WITH QUESTION 10.
IF ANSWER IS "NO" TO ALL, THIS PERSON IS OUT-OF-CARE, CONTINUE WITH QUESTION 7.
IF THE ANSWER IS "DO NOT KNOW" TO QUESTIONS 4, 5 <u>AND</u> 6, THE RESPONDENT NEEDS TO SEE OR CALL THE SURVEY ADMINISTRATOR BEFORE CONTINUING.

7. Why are you not getting HIV medical care? **(Check all that apply)**
_____I do not feel sick
_____I do not need or want medical care
_____I do not want to think about being HIV positive
_____I am afraid to get medical care
_____It is too much trouble
_____I do not want to take medicines
_____Too much paperwork is needed
_____I am afraid to be seen at the clinic
_____The appointments cause problems with my job
_____The clinic asks too many personal questions
_____I do not like the physical exam
_____I use drugs or alcohol
_____It is hard to get there (transportation)
_____Long waiting time to get an appointment
_____I do not have needed identification (ID)/my ID does not match who I am
_____Services are not in my language
_____I do not have legal status in the U.S.
_____I do not have money to pay
_____Other: _____ (specify)

8. Have you ***ever*** been in HIV medical care? _____Yes _____No

IF "NO", GO TO QUESTION 14. IF "YES, ANSWER QUESTION 9.

9. When was the last time you received HIV medical care? _____ (year)

GO TO QUESTION 12.

10. Why was it hard for you to get HIV medical care in the last year? **(Check all that apply)**
_____Amount of time it takes at the clinic
_____Paperwork needed
_____The time it takes to get an appointment
_____I have to miss work to go to medical appointments
_____I am afraid of being seen at the clinic.
_____No evening hours (after 5PM)
_____No weekend hours
_____The clinic only treats HIV and no other medical conditions
_____I cannot afford the co-pays, deductibles and other costs of treatment and medicines
_____I do not have transportation so it is hard to get there
_____I do not feel mentally able to deal with the treatment
_____Sometimes I do not feel well enough to go to my appointment
_____It is too hard to follow the medical advice
_____The staff does not speak my language
_____The staff does not understand my culture
_____I am in a domestic violence/sexual assault situation

_____Other: _____ (specify)
_____ It was not hard to get medical care

11. In the last five years (since 2011), did you ever drop out of care for more than six months at a time?
_____Yes _____No ____Do Not Know

IF "YES", CONTINUE WITH QUESTION 12. IF "NO" OR "DO NOT KNOW", GO TO QUESTION 13.

12. Why did you drop out of care? **(Check all that apply)**
_____I did not feel sick
_____I did not need or want medical care
_____I was tired of taking medicines
_____I was tired of going to the clinic
_____I needed a break
_____It was hard to keep appointments
_____The appointments took too long
_____I was using drugs
_____I was using alcohol
_____I did not have money
_____I moved and did not know where to go
_____It was hard to get to the clinic (transportation)
_____Staff does not understand my culture
_____Staff does not understand my language
_____Other: _____ (specify)

13. Would support from an HIV positive peer have helped you to stay in care?
_____ Yes _____ No _____ Do Not Know

14. Has your t-cell count ever been less than 200 or is your viral load undetectable?
_____Yes _____No _____Do Not Know

15. What is your gender?
_____Male _____Female _____ Other Gender Identity

IF "OTHER GENDER", ASK QUESTIONS 16 AND 17. IF "MALE" OR "FEMALE", GO TO QUESTION 18.

16. Please tell us more about your current gender. Do you identify as:
_____Transmale or transman
_____Transfemale or transwoman
_____Trans or transgender
_____Genderqueer
_____Dual or multi-gender
_____Agender or neutrois
_____Masculine-identified female
_____Feminine-identified male
_____Do not want to say

17. Has a medical provider ever diagnosed you with an intersex condition?
_____Yes
_____No
_____Do not want to say

18. What year were you born? _____

19. What is your racial background?
_____Black/African-American
_____White/Caucasian
_____Asian
_____Multi-racial
_____Other: _____ (specify)

20. Are you Hispanic/Latino?
_____Yes
_____No
_____Do not want to say

21. Have you ever served in the United States military?
_____Yes
_____No
_____Do not want to say

22. How far did you go in school?
_____Eighth grade or less
_____Some high school
_____High school graduate/GED
_____Technical or trade School
_____Some college
_____Completed college
_____Graduate education
_____Other: _____ (specify)

23. How many children under the age of 18 live in your household?
_____None
_____One _____Two _____Three
_____Four or more

24. Where do you live now? **(Check only one response)**
_____In an apartment/house/mobile home that I own or rent in my name
_____At my parent's or relative's home—permanent
_____At my parent's or relative's home—temporary
_____At another person's apartment/home—permanent
_____At another person's apartment/home—temporary
_____In a rooming or boarding house

_____In a "supportive living" facility (Assisted Living Facility)
_____In a half-way house, transitional housing or treatment facility (drug or psychiatric)
_____Homeless (on the street or in car)
_____Homeless shelter
_____Domestic Violence shelter
_____Residential hospice facility or skilled nursing home
_____Other: _____ (specify)

FOR ALL ANSWERS EXCEPT "HOMELESS", "HOMELESS SHELTER" OR "DOMESTIC VIOLENCE SHELTER", ASK QUESTION 25. FOR THOSE ANSWERS GO TO QUESTION 26.

25. What is the zip code where you live? _____

26. What percentage or portion of your *monthly income* do you spend on housing expenses including rent/mortgage and utilities?
_____I do not pay any rent/mortgage or utilities right now
_____Less than half (25%)
_____Almost half (50%)
_____More than half (75%)
_____Do Not Know

27. Have you needed help with your housing in the last six months?
_____Yes _____No

IF "YES", ANSWER QUESTIONS 28 THROUGH 31. IF "NO", GO TO QUESTION 32.

28. EMERGENCY FINANCIAL ASSISTANCE for RENT/MORTGAGE or UTILITIES helps you pay past due rent/mortgage or utility bills you owe. Thinking about your housing situation NOW:

Have you received this service in the last 6 months? _____Yes _____No

IF "NO" ASK QUESTIONS 28A-C. IF "YES", GO TO QUESTION 28D.

28A. Do you need this service? _____Yes _____No

28B. Did you know about this service? _____Yes _____No

28C. Did you ask for this service and not get it? _____Yes _____No

28D. Did this service meet your need? _____Yes _____No

29. EMERGENCY LONG-TERM RENTAL ASSISTANCE (VOUCHER) provides ongoing monthly housing subsidy to rent an apartment/house/trailer in your name, but it does not help with mortgages. Thinking about your housing situation NOW:

Have you received this service in the last 6 months? _____Yes _____No

IF "NO" ASK QUESTIONS 29A-C. IF "YES", GO TO QUESTION 29D.

29A. Do you need this service? _____Yes _____No

29B. Did you know about this service? _____Yes _____No

29C. Did you ask for this service and not get it? _____Yes _____No

29D. Did this service meet your need? _____Yes _____No

30. FACILITY BASED HOUSING (ASSISTED LIVING FACILITY) provides assisted living, usually with on-site services, at a housing facility designed to meet resident needs. Thinking about your housing situation NOW:

Have you received this service in the last 6 months? _____Yes _____No

IF "NO" ASK QUESTIONS 30A-C. IF "YES", GO TO QUESTION 30D.

30A. Do you need this service? _____Yes _____No

30B. Did you know about this service? _____Yes _____No

30C. Did you ask for this service and not get it? _____Yes _____No

30D. Did this service meet your need? _____Yes ____ No

31. In trying to get help with your housing, did any of the following make it hard to get the service or keep you from getting what you need? **(Check all that apply)**

_____I did not have enough money
_____I did not have transportation
_____I could not find housing that I could afford
_____I did not know where to get help
_____I did not qualify for housing assistance
_____I had bad credit
_____I had a criminal record
_____I was put on a waiting list
_____I had drug/alcohol use issues
_____I have a mental/physical disability
_____I didn't want anyone to know I am HIV positive
_____I was discriminated against
_____ Services were not in my language
_____My landlord, mortgage company, or utility company refused to accept payment
_____Other: _____ (specify)

32. Do any of the following stop you from taking care of your HIV?
_____No private place to live
_____Afraid of others knowing I am HIV positive
_____No money for rent
_____No bed to sleep in
_____No place to store my medicines
_____No telephone where someone can reach me
_____No heating and/or cooling (air conditioning)
_____Not enough food to eat
_____Cannot get away from drugs/alcohol
_____None of the above

33. Have you been in jail or prison for more than one month during the past two years?
_____Yes _____No

IF "YES", <u>CONTINUE</u> WITH QUESTION 34. IF "NO", GO TO QUESTION 36.

34. Did you receive HIV medical care while in jail or prison? _____Yes _____No

35. After you were released, did any of the following stop you from getting HIV care?
_____Did not know where to go for medical care
_____Did not know where to go for an intake or to get case management
_____Afraid to tell others I am HIV positive
_____Could not find a place to live
_____Could not stop using drugs and/or alcohol
_____Fear of discrimination, harassment, denial of service, or violence

36. What is your current job situation?
_____Work full-time
_____Work part-time
_____Not working

IF "WORKING FULL" OR "PART TIME", GO TO QUESTION 38. IF "NOT WORKING", CONTINUE WITH QUESTION 37.

37. If you are <u>not</u> working, which best describes you?
_____I am a student
_____I am looking for a job
_____I am retired
_____My health keeps me from working – I am on disability
_____My health keeps me from working – I am not on disability
_____I work as a volunteer
_____Other: _____ (specify)

38. Which of the following best describes your current monthly income?
_____Less than $950
_____$950 - $1,900
_____$1,901 - $2,800
_____More than $2,800

39. Do you have health insurance that covers your HIV medical care? **Note: Ryan White is NOT insurance**.
_____Yes _____No

IF "YES", CONTINUE WITH QUESTION 40. IF "NO", GO TO QUESTION 41.

40. What kind of health insurance do you have? **(Check only one. If more than one, check the one that pays first.)**
_____Private Insurance
_____COBRA (continuation of insurance that you had with your last employer)
_____Medicare
_____Medicaid
_____Parkland HealthFirst
_____Other: _____ (specify)

41. How do you think you got HIV? **(Mark all that apply)**
_____Having sex with a man
_____Having sex with a woman
_____Sharing needles
_____Blood products/Transfusion
_____Perinatal transmission (born with it or infected at birth)
_____Having sex with a transman, transwoman, trans person or gender nonconforming person
_____Other: _____ (specify)
_____Do Not Know

42. How do you identify yourself? **(Choose one)**
_____Straight/Heterosexual
_____Homosexual Male/Gay
_____Homosexual Female/Lesbian
_____Bisexual

43. What year were you first diagnosed with HIV? _____

44. How soon after your diagnosis did you start HIV medical care?
_____In less than 3 months
_____Within 3 to 6 months
_____After more than 6 months
_____I have not received HIV medical care

IF DIAGNOSED BETWEEN 2011 AND 2016 ASK QUESTION 45. IF NOT, GO TO QUESTION 47.

45. When you were diagnosed, would help from an HIV positive peer have made it easier to get HIV medical care and other needed services?
_____Yes _____No _____Do not know

IF DIAGNOSED BETWEEN 2011 AND 2016 AND THE ANSWER TO QUESTION 44 IS "AFTER MORE THAN 6 MONTHS" OR "I HAVE NOT RECEIVED HIV MEDICAL CARE," CONTINUE WITH QUESTION 46. OTHERWISE, GO TO 47.

46. Why did you not get HIV medical care after diagnosis? **(Check all that apply)**
_____I did not feel sick
_____I did not want to think about being HIV positive
_____I did not want to take medicines
_____Too much paperwork
_____I was afraid to be seen at the clinic
_____The appointments cause problems with my job
_____The clinic asks too many personal questions
_____I use or was using drugs or alcohol
_____Hard to get there (transportation)
_____Long waiting time to get an appointment
_____I do not have needed identification (ID)/my ID does not match who I am
_____Services are not in my language
_____I do not have legal status in the U.S.
_____I do not have money to pay
_____Other: _____ (specify)

If the person is transgender, add these options
_____Discomfort with physical exams
_____Discomfort with letting someone see my body
_____Past experience with denial, harassment, threats or violence in healthcare settings
_____Past experience with providers who did not understand my identity

47. Are you currently enrolled in the Affordable Care Act ("ObamaCare") private health insurance program?
_____Yes _____No _____I don't know

IF "YES", CONTINUE WITH QUESTION 48. IF "NO" OR "I DON'T KNOW", GO TO QUESTION 50.

48. Can you afford to pay for the Affordable Care Act ("ObamaCare") private health insurance or do you need assistance?
_____Yes, I can afford to pay
_____No, I can't afford to pay and I need assistance
_____I don't know

49. If you received new health insurance because of the Affordable Care Act ("ObamaCare") did you expect that your medical provider would change?
_____Yes _____No _____I don't know

50. Have you used any of the following in the past six months? **(Check all that apply)**
_____Alcohol
_____Marijuana
_____Depressants (barbiturates, benzodiazepines i.e. Valium, Quaalude)
_____Ketamine/PCP
_____Hallucinogens (LSD, mushrooms)
_____Opioids and Morphine (Codeine, Fentanyl, Heroin, Opium, oxycodone, hydrocodone)
_____Stimulants (amphetamine, Cocaine-crack, MDMA-ecstasy, Methamphetamine-meth crystal ice speed)
_____Steroids
_____Prescription painkillers not prescribed by your doctor
_____Inhalants (paint etc.)
_____None of the above

IF "YES" TO ALCOHOL, ASK QUESTION 51.

IF "YES" TO ANYTHING BESIDES ALCOHOL, MARIJUANA, GO TO QUESTION 52.

IF "NONE OF THE ABOVE", GO TO QUESTION 56.

51. Do you drink alcohol three or more times a week? _____Yes _____No

If "YES" AND NO OTHER SUBSTANCES IN QUESTION 50 EXCEPT MARIJUANA, CONTINUE WITH QUESTION 54.

IF MORE SUBSTANCES, QUESTION ASK 52.

52. Have you injected substances in the past two months? _____Yes _____No

IF "YES", CONTINUE WITH QUESTION 53. IF "NO" GO TO QUESTION 54.

53. If a needle exchange program were available to provide clean needles/works/syringes, would you use it?
_____Yes _____No _____Do Not Know

54. Have you thought about getting to substance abuse treatment in the last year?
_____Yes _____No

IF "YES", ANSWER 55. IF "NO", GO TO QUESTION 56.

55. What will help you get into treatment?
____Admission to a program as soon as I am ready
____Knowing where to go
____Free treatment
____Transportation to treatment
____Housing after completing treatment
____Other: _____ (specify)

____None of the above

56. In the past 12 months, have you received medical treatment for any of the following? **(Check all that apply)**
_____Syphilis
_____Gonorrhea
_____Chlamydia
_____Hepatitis A or B
_____Hepatitis C
_____TB (tuberculosis)
_____Diabetes
_____High Blood Pressure
_____Heart Disease
_____Depression
_____None of the above

In the following questions:
- ✓ Sex refers to anal, vaginal or oral sex (someone putting their penis into your body)
- ✓ Protection refers to using a female condom, a male condom or a dental dam

57. In the past 12 months, have you had sex?
_____Yes _____No

IF "YES", CONTINUE WITH QUESTION 58. IF "NO", GO TO QUESTION 61.

58. When you have sex, how often do you use protection?
_____Never
_____Some of the time
_____Most of the time
_____Always

59. Do you tell your partner or potential partners about your HIV status?
_____Yes _____No _____Sometimes

IF "NO" OR "SOMETIMES" CONTINUE WITH QUESTION 60. IF "YES", GO TO QUESTION 61.

60. Why not?
_____I am afraid of how they will react
_____I do not want to tell others I am HIV positive
_____I do not think they care
_____They do not want to talk about it
_____Other: _____ (specify)

61. Here is a list of services. You are asked about each one, and whether or not you use it. If you use it, was it easy or hard to get? If you don't use it, do you need it, and are there barriers to getting it? Check the box that answers the question best.

Services	Do you use this service now or over the past year?		**If YES** How easy was it for you to get this service?			**If NO** Do you need this service?		**IF YES; THAT IS, YOU NEED THIS SERVICE** What is the ***main*** reason you do not get this service? Check only one.
	Yes	**No**	**Easy**	***Somewhat Hard***	**Hard**	**Yes**	**No**	**Barrier**
a. HIV Outpatient Medical Care								_____Difficult to get appointment _____Not sure how to get this service _____High co-pay or deductible _____Other (specify) _____
b. (For Women) Outpatient OB/Gyn Care visits								_____Difficult to get appointment _____High co-pay or deductible _____Want to see a female doctor _____Other (specify) _____
c. Medical Care from a Specialist referred by your HIV doctor (i.e., heart, skin, diabetes, other specialist)								_____Difficult to get appointment _____Service not available _____High co-pay or deductible _____Other (specify) _____
d. Help Paying for Medications and Prescriptions								_____Don't know about the service _____High co pay and deductible _____Don't qualify _____Other (specify) _____
e. Help Paying for Medications and Prescriptions/Other Pharmaceutical Assistance								_____Didn't know about the service _____High co-pay and deductible _____Don't qualify _____Other (specify) _____
f. Dental Visits								_____Waiting list for appointment _____Limited funding available _____Documentation requirements

Services	Do you use this service now or over the past year?		**If YES** How easy was it for you to get this service?			**If NO** Do you need this service?		**IF YES; THAT IS, YOU NEED THIS SERVICE** What is the ***main*** reason you do not get this service? Check only one.
	Yes	**No**	**Easy**	***Somewhat Hard***	**Hard**	**Yes**	**No**	**Barrier**
								_____Afraid of the dentist _____Don't qualify _____Other (specify) _____
g. (Out of Care Only) Early Intervention to help you get into HIV medical care								____Don't know about this service ____Not sure I understand it _____Other (specify) _____
h. Help with your health insurance premium, co-pay or deductible								_____ Don't know about this service _____Don't want any insurance _____Don't know what to do about insurance _____Other (specify) _____
i. Home Health Care								_____Don't know about the service _____Found an easier way to get it _____Don't qualify _____Other (specify) _____
j. Home and Community-based Health Services – home aides and assistants								_____Don't know about the service _____Found an easier way to get it _____Don't qualify _____Other (specify) _____
k. Hospice Services								_____Don't know about the service _____Found an easier way to get it _____Don't qualify _____Other (specify) _____
l. Mental Health Counseling								____Don't want to use this service ____Don't know where to go ____Other (specify)_____

Services	Do you use this service now or over the past year?		**If YES** How easy was it for you to get this service?			**If NO** Do you need this service?		**IF YES; THAT IS, YOU NEED THIS SERVICE** What is the ***main*** reason you do not get this service? Check only one.
	Yes	**No**	**Easy**	***Somewhat Hard***	**Hard**	**Yes**	**No**	**Barrier**
m. Medical Nutritional Counseling								____Don't know about this service ____Available somewhere else ____It is not available _____Other (specify) _____
n. Medical Case Management—help with coordination of your medical care offered at medical and dental care locations.								____Case manager not available/hard to reach ____Too much paperwork ____Case manager does not follow up _____Other (specify) _____
o. Outpatient Substance Abuse Treatment								____Not available ____Hours it is open ____Transportation issues ____Housing problems ____Other (specify) _____
p. Non-Medical Case Management—help accessing support services								____Case manager not available/hard to reach ____Too much paperwork ____Case manager does not follow up ____Other (specify) _____
q. (If have children in K-12) Child Care while at a medical or other appointment								____Don't know about this service ____Don't qualify for this service ____Other (specify) _____
r. (If have children in K-12) Child Assessment and Early Intervention								____Don't know about this service ____Don't qualify for this service ____Other (specify) _____

Services	Do you use this service now or over the past year?		**If YES** How easy was it for you to get this service?			**If NO** Do you need this service?		**IF YES; THAT IS, YOU NEED THIS SERVICE** What is the ***main*** reason you do not get this service? Check only one.
	Yes	**No**	**Easy**	***Somewhat Hard***	**Hard**	**Yes**	**No**	**Barrier**
s. Emergency Financial Assistance for utilities								_____Limited funding _____Too much paperwork _____Don't qualify _____Not able to get appointment in time _____Utility company not accepting voucher _____Other (specify) _____
t. Food Bank								_____Location/transportation _____Hours it is open _____Inconsistent quality food _____Inconsistent amount of food _____Other (specify) _____
u. Health Education and Risk Reduction – information on how to prevent HIV								_____Don't know about the service _____Found an easier way to get it _____Don't qualify _____Other (specify) _____
v. Long-Term Housing								_____Limited funding _____Paperwork _____Don't qualify _____Waiting list _____Landlord refusal to accept voucher _____Other (specify) _____
w. Emergency Assistance for Rent, Mortgage								_____Limited funding _____Paperwork _____Didn't qualify _____Landlord refusal to accept voucher _____Other (specify) _____

Services	Do you use this service now or over the past year?		**If YES** How easy was it for you to get this service?			**If NO** Do you need this service?		**IF YES; THAT IS, YOU NEED THIS SERVICE** What is the ***main*** reason you do not get this service? Check only one.
	Yes	**No**	**Easy**	***Somewhat Hard***	**Hard**	**Yes**	**No**	**Barrier**
x. Legal Services to help you work through a problem obtaining services/benefits, outline advance directives or establish guardianships								____Don't know about this service ____Limited services—need lawyer for other things ____Other (specify) _____
y. Translation or Interpretation								____Don't know about the service ____Service not available when I need it ____Use a friend or family member for help ____Other (specify) _____
z. Transportation to Medical Care								____Don't live near public transportation ____Must take more than one bus to clinic ____Hard to take bus if ill ____Other (specify) _____
aa. (Out of Care Only) Outreach to help you get HIV tested and into HIV medical care								____Don't know about this service ____Don't trust the outreach worker ____Other (specify) _____
bb. Permanency Planning – legal help with writing your will								____Don't know about this service ____Need lawyer for other things ____Other (specify) _____
cc. Psychosocial Support services – group counseling to help cope with HIV								____Don't know about this service ____Inconvenient for my schedule ____Didn't think it would help ____Other (specify) _____

Services	Do you use this service now or over the past year?		**If YES** How easy was it for you to get this service?			**If NO** Do you need this service?		**IF YES; THAT IS, YOU NEED THIS SERVICE** What is the ***main*** reason you do not get this service? Check only one.
	Yes	**No**	**Easy**	***Somewhat Hard***	**Hard**	**Yes**	**No**	**Barrier**
dd. Referral help for getting health care or supportive services								_____Didn't know about the service _____Didn't qualify _____Other (specify) _____
ee. Rehabilitation Services								_____Didn't know about the service _____Didn't qualify _____Too much paperwork _____Other (specify) _____
ff. (If have children in K-12) Respite Care for HIV+ Children								_____Didn't know about the service _____Didn't qualify _____Other (specify) _____
gg. Respite Care for Adults (activities during day)								____Didn't know about service ____Didn't qualify for service ____Other (specify) _____
hh. Substance Abuse Services - Residential								_____Didn't know about the service _____Didn't qualify _____Too much paperwork _____Other (specify) _____
ii. Treatment Adherence Counseling – help understanding your medications from someone other than a health professional								_____Didn't know about the service _____Found an easier way to get it _____Didn't qualify _____Other (specify) _____

62. From the list below, **check the 5 services** you need the most:

_____HIV Outpatient Medical Care
_____Medical Care from a Specialist referred by your HIV medical provider
_____Primary Medical Care for general medical care not related to HIV
_____Help paying for prescription medicines
_____(For those with insurance) Help with continuing Health Insurance
_____Help paying for co-pays and deductibles for HIV medical care visits and medications
_____Dental Visits
_____Medical Case Management
_____Non-Medical Case Management
_____Mental Health Counseling
_____Nutritional Counseling
_____Outpatient Substance Abuse Treatment
_____Respite Care for Adults (Activities during day)
_____Food Bank
_____Emergency Financial Assistance for Rent/Mortgage or Utilities
_____Emergency Long-Term Rental Assistance (Voucher)
_____Facility Based Housing (Assisted Living Facility)
_____Legal Services to help you work through a problem obtaining services/benefits, outline advance directives or establish guardianships
_____Child Care while at a medical or other appointment
_____Respite Care for HIV positive Children
_____Transportation to Medical Care—Bus Pass/Van Service
_____Transportation to Other Services
_____Translation or Interpretation
_____Early Intervention to help you get into HIV medical care
_____Education Services
_____Job Training Services
_____Employment Services

63. Please list or describe any **service** you need that is not available.

_____
_____

64. Where are you taking this survey:
___Parkland-Amelia Court
___Parkland-Southeast Dallas Health Center (SDHC)
___Parkland-Bluitt-Flowers Health Center
___Resource Center
___AIDS Arms—Peabody Health Center
___AIDS Arms—Trinity Health and Wellness Center
___AIDS Arms—Jefferson site
___AIDS Healthcare Foundation (AHF)
___Health Services of North Texas (HSNT)
___Your Health Clinic/Callie Clinic
___AIDS Interfaith Network (AIN)
___The Council on Alcohol and Drug Abuse
___Another place_____

65. Where would you like to pick up your gift card?
___Parkland-Amelia Court
___Parkland-Southeast Dallas Health Center (SDHC)
___Parkland-Bluitt-Flowers Health Center
___Resource Center
___AIDS Arms—Peabody Health Center
___AIDS Arms—Trinity Health and Wellness Center
___AIDS Arms—Jefferson site
___AIDS Healthcare Foundation (AHF)
___Health Services of North Texas (HSNT)
___Your Health Clinic/Callie Clinic
___AIDS Interfaith Network (AIN)
___The Council on Alcohol and Drug Abuse
___Dallas County Health and Human Services (Suite 200)

PLEASE WRITE DOWN THE NUMBER BELOW AND TAKE IT TO YOUR PROVIDER TO RECEIVE YOUR GIFT CARD.

THANK YOU FOR YOUR HELP WITH THIS SURVEY

Consumer Survey – Spanish Version

Gracias por su apoyo en completar este estudio. Sus respuestas ayudarán al Consejo de Planificación Ryan White del área de Dallas decidir cómo utilizar el dinero que adquieren del Gobierno federal para cumplir con las necesidades de las personas que viven con el VIH/SIDA en esta región.

Esta encuesta es confidencial. Sus respuestas se combinarán con aquellas de muchas otras personas, por lo tanto, nadie podrá ser identificado.

- Si usted esta contestando esta encuesta en la oficina de su proveedor, y tiene preguntas, por favor pida ayuda.
- Si usted esta contestando esta encuesta en otro lugar, llame al 800-917-5399 y pida por Naomi o puede mandar un correo electronico con sus preguntas a: nsavitz@newsolutionsinc.com
- Si usted tiene que abandonar la encuesta, por favor anote el numero de encuesta. Este numero sera necesario para que usted pueda empezar con la ultima pregunta que completo.

Después de completar la encuesta nos gustaría darle las gracias con una tarjeta de regalo de Walmart de $10. Para obtener su tarjeta de regalo, escriba el número que aparece al final de la encuesta. Este número le avisa a la gente repartiendo las tarjetas que usted ha completado la encuesta.

- Si usted está tomando la encuesta con un grupo de personas, con su proveedor, los asistentes le entregaran la tarjeta de regalo.
- Si usted está tomando la encuesta en privado o individual, con su proveedor, ellos le indicaran como obtener su tarjeta de regalo.
- Si usted está tomando la encuesta por usted mismo en su hogar o en otro lugar (no con un proveedor), anote el número de encuesta y presente este número a su proveedor O al Departamento de Salud y Servicios Humanos del Condado de Dallas para obtener su tarjeta de regalo.

Dallas County Department of Health and Human Services
2377 North Stemmons Freeway
Suite 200 (Second Floor)
Dallas, TX 75207

GRACIAS POR SU AYUDA!!

1. ¿Es usted VIH positivo?
   ____ Sí
   ____ No
   ____ No sé
   ____ No quiero decir

SI LA RESPUESTA ES "SÍ", VAYA A LA PREGUNTA 2. SI LA RESPUESTA ES "NO", "NO SE" O "NO QUIERO DECIR", PARE.
ESTA PERSONA NO CALIFICA.
EL RESPONDENTE NECESITA VER O LLAMAR AL ADMINISTRADOR DE LA ENCUESTA ANTES DE CONTINUAR.

2. ¿Ha sido entrevistado o ha tomado una encuesta sobre sus necesidades de servicios de VIH a cambio de una tarjeta de regalo en los últimos dos (2) meses?
   ____ Sí
   ____ No
   ____ No sé
   ____ No quiero decir

SI LA RESPUESTA ES "NO", VAYA A LA PREGUNTA 3.
SI LA RESPUESTA ES "SÍ", "NO SE", O "NO QUIERO DECIR", PARE. ESTA PERSONA NO CALIFICA.
EL RESPONDENTE NECESITA VER O LLAMAR AL ADMINISTRADOR DE LA ENCUESTA ANTES DE CONTINUAR.

3. ¿En cuál condado vive usted?
   ____Collin
   ____Cooke
   ____Dallas
   ____Denton
   ____Ellis
   ____Fannin
   ____Grayson
   ____Henderson
   ____Hunt
   ____Kaufman
   ____Navarro
   ____Rockwall
   ____ **Ninguno de estos**

SI ALGÚN CONDADO ES IDENTIFICADO, VAYA A LA PREGUNTA 4.
SI LA RESPUESTA ES "NINGUNO DE ESTOS" ESTA PERSONA NO CALIFICA.
EL RESPONDENTE NECESITA VER O LLAMAR AL ADMINISTRADOR DE LA ENCUESTA ANTES DE CONTINUAR.

4. ¿Ha recibido un análisis de CD4 o análisis de carga viral dentro de los últimos 12 meses?
   ____ Sí ____No____ No sé

5. ¿Ha tomado medicamentos para el VIH (antirretrovirales) en los últimos 12 meses?
   ____ Sí ____No ____ No sé

6. ¿Ha recibido atención médica para el VIH en los últimos 12 meses?
   ____ Sí ____No ____ No sé

SI LA RESPUESTA ES "SÍ" A LAS PREGUNTAS 4, 5, O 6, LA PERSONA ESTÁ "EN CUIDADO", CONTINÚE CON LA PREGUNTA 10.
SI LA RESPUESTA ES "NO" A TODOS, ESTA PERSONA ESTÁ "FUERA DE CUIDADO" CONTINÚE CON LA PREGUNTA 7.
SI LA RESPUESTA ES "NO SE" A LAS PREGUNTAS 4, 5 Y 6, EL RESPONDENTE NECESITA VER O LLAMAR AL ADMINISTRADOR DE LA ENCUESTA ANTES DE CONTINUAR.

7. ¿Porqué no esta recibiendo cuidado médica para el VIH? **(Marque todas las respuestas que corresponden)**
   _____ No me siento enfermo
   _____ No necesito, ni quiero atención médica
   _____ No quiero pensar que soy VIH positivo
   _____ Tengo miedo de recibir atención médica
   _____ Es muy problematico
   _____ No quiero tomar medicamentos
   _____ Demasiado papeleo es necesario
   _____ Tengo miedo de ser visto en la clínica
   _____ Las citas causan problemas con mi trabajo
   _____ La clínica hace demasiadas preguntas personales
   _____ No me gusta el examen físico
   _____ Estoy usando drogas o alcohol
   _____ Es difícil llegar — problemas de transportacion
   _____ El tiempo de espera para recibir una cita es muy larga
   _____ No tengo la identificación (ID) necesaria/mi identificación no coincide con quién yo soy
   _____ Los servicios no estan disponibles en mi idioma
   _____ No tengo estatus legal en los EE.UU.
   _____ No tengo dinero para pagar
   _____ Otra razón: _____(especifique)

8. ¿Alguna vez a recibido atención médica para el VIH?
   _____ Sí _____No

SI LA RESPUESTA ES "NO" VAYA A LA PREGUNTA 14. SI LA RESPUESTA ES "SÍ" RESPONDA LA PREGUNTA 9.

9. ¿Cuándo fue la última vez que usted recibió atención médica para el VIH?_____ (año)
VAYA A LA PREGUNTA 12.

10. Este último año, ¿por qué fue difícil para usted recibir atención médica para el VIH? **(Marque todas las respuestas que corresponden)**
   _____ La cantidad de tiempo que se demora en la clínica
   _____ El papeleo necesario
   _____ El tiempo que toma para obtener una cita
   _____ Tengo que faltar al trabajo para ir a las citas médicas
   _____ Tengo miedo de ser visto en la clínica

_____ No hay horas hábiles nocturnas (después de las 5PM)
_____ No estan abiertos los fines de semana
_____ La clínica sólo atiende el VIH y no otras condiciones médicas
_____ No puedo pagar los co-pagos, deducibles y/o otros costos de tratamiento y medicamentos
_____ No tengo transportacion, por lo tanto es difícil llegar
_____ No me siento capaz mentalmente de lidiar con el tratamiento
_____ A veces no me siento lo suficiente bien para ir
_____ Es demasiado difícil seguir el consejo médico
_____ El personal no habla mi idioma
_____ El personal no entiende mi cultura
_____ Estoy en una situación de violencia doméstica/asalto sexual
_____ Otra razón: _____(especifique)
_____ No fue difícil obtener atención médica

11. En los últimos cinco años (desde el 2011), ¿alguna vez abandonó atención medica por más de seis meses a la vez?
____ Sí ____No____ No sé

SI LA RESPUESTA ES "SÍ", CONTINUE CON LA PREGUNTA 12.
SI ES "NO" O "NO SE" VAYA A LA PREGUNTA 13.

12. Por que se salio del cuidado medico? **(Marque todas las respuestas que corresponden)**
_____ No me sentía enfermo
_____ No necesitaba o no quería atención médica
_____ Estaba cansado de tomar medicamentos
_____ Estaba cansado de ir a la clínica
_____ Necesitaba un descanso
_____ Fue difícil mantener las citas
_____ Las citas tardaron demasiado
_____ Yo estaba usando drogas
_____ Yo estaba usando alcohol
_____ Yo no tenia dinero
_____ Me mudé y no sabía adónde ir
_____ Fue difícil llegar — problemas de transportacion
_____ El personal no entiende mi cultura
_____ El personal no entiende mi idioma
_____ Otra razón: _____(especifique)

13. ¿Le hubiera ayudado seguir el cuidado médico si hubiera tenido apoyo de un compañero que también es VIH positivo?

____ Sí ____No____ No sé

14. ¿Su recuento de células-T ha sido menor de 200 o ha sido su carga viral indetectable?
____ Sí ____No____ No sé

15. ¿Cuál es su género?:
_____ Masculino _____ Femenino _____ Otro identidad de género

SI ES "OTRO GÉNERO" HAGA LAS PREGUNTAS 16 Y 17.
SI ES "MASCULINO" O "FEMENINO" VAYA A LA PREGUNTA 18.

16. De lo siguiente, ¿cuál describe como usted se identifica?
_____Trans masculino
_____Trans femenino
_____Trans o Transgénero
_____Genero-maricon
_____Dual o Multi-genero
_____Genero-neutro
_____Masculino-identificado femenino
_____Femenino-identificado masculino
_____No deseo responder

17. ¿Un médico le ha diagnosticado alguna vez con una condición intersexual?
_____Sí
_____No
_____No quiero decir

18. ¿En qué año nacio usted? _____

19. ¿Cuál es su raza?
_____ Negra, Africana Americana
_____ Blanca/Caucásico
_____ Asiático
_____ Más de una raza
_____ Otra raza:_____(especifique)

20. ¿Es usted Hispano o Latino?
_____ Sí
_____No
_____ No quiero decir

21. ¿Alguna vez ha servido en el ejército de los Estados Unidos?
_____ Sí
_____No
_____ No quiero decir

22. ¿Hasta qué grado escolar llego?
_____8vo grado o menor
_____ Empezó escuela secundaria
_____ Graduado de escuela secundaria/GED
_____ Escuela técnica o escuela vocacional

_____ Empezó la universidad
_____ Completo la universidad
_____ Maestría universitaria
_____ Otro: _____ (especifique)

23. Por favor indique el número de niños menores de 18 que viven en su hogar.
_____Ninguno
_____Uno _____Dos_____Tres
_____Cuatro o más

24. ¿Donde vive ahora? **(Marque solo una respuesta)**
_____ En un apartamento/casa/o casa móvil, la cual soy dueño o rento bajo mi nombre
_____ En casa de mis padres o casa de un pariente - permanente
_____ En casa de mis padres o casa de un pariente —temporal
_____ En apartamento o casa de otra persona(s) – permanente
_____ En apartamento o casa o de otra persona(s) - temporal
_____ En una pensión o cuarto de alojamiento
_____ En una facilidad “de vivienda de apoyo” (Facilidad de Vivienda con Asistencia)
_____ Vivienda transitoria o de tratamiento de dependencia (de drogas o psiquiátrica)
_____ Sin hogar (en la calle / en el auto)
_____ Albergue / Refugio para los que no tienen vivienda
_____ Refugio de violencia domestica
_____ Hospicio / Vivienda con asistencia de enfermería
_____ Otro: _____ (especifique)

PARA TODAS LAS RESPUESTAS EXCEPTO "SIN HOGAR", "ALBERGUE" O "REFUGIO DE VIOLENCIA DOMESTICA" HAGA LA PREGUNTA 25.
PARA ESAS RESPUESTAS, VAYA A LA PREGUNTA 26.

25. ¿Cuál es el código postal dónde vive? _____

26. ¿Qué porcentaje de sus ingresos mensuales usa para gastos de vivienda incluyendo el alquiler (renta), hipoteca y servicios públicos?
_____ Hoy no pago alquiler (renta), hipoteca o servicios públicos
_____ Menos de la mitad (25%)
_____ Casi la mitad (50%)
_____ Mas de la mitad (75%)
_____No se

27. ¿Ha necesitado ayuda de vivienda en los últimos 6 meses?
_____ Sí _____No

SI ES "SÍ", RESPONDA A LAS PREGUNTAS 28 A 31. SI ES “NO” VAYA A LA PREGUNTA 32.

28. LA ASISTENCIA DE EMERGENCIA FINANCIERA para ALQUILER (Renta) / HIPOTECA o UTILIDADES le ayuda a pagar el alquiler o hipoteca atrasado o facturas de servicios pendientes. Pensando sobre su situación de alojamiento AHORA MISMO:

¿Ha recibido este tipo de servicio en los últimos 6 meses? _____ Sí _____No

SI ES "NO" HAGA LAS PREGUNTAS 28A-C. SI ES "SÍ", VAYA A LA PREGUNTA 28D.

28A. ¿Usted necesita este servicio? _____ Sí _____No
28B. ¿Tenía conocimiento sobre este servicio? _____ Sí _____No
28C. ¿Solicito el servicio y se lo negaron? _____ Sí _____No
28D. ¿Este servicio satisfizo su necesidad? _____ Sí _____No

29. LA AYUDA DE ARRENDAMIENTO DE EMERGENCIA A LARGO PLAZO (VALE) presta ayuda de alojamiento mensual en curso para rentar un apartamento/casa o remolque a su nombre, pero no ayuda con hipotecas. Pensando sobre su situación de alojamiento AHORA MISMO:

¿Ha recibido este tipo de servicio dentro los últimos 6 meses? _____Sí _____No

SI ES "NO" HAGA LAS PREGUNTAS 29A-C. SI ES "SÍ", VAYA A LA PREGUNTA 29D.

29A. ¿Usted necesita este servicio? _____Sí _____No
29B. ¿Tenía conocimiento sobre este servicio? _____Sí _____No
29C. ¿Solicito el servicio y se lo negaron? _____Sí _____No
29D. ¿Este servicio satisfizo su necesidad? _____Sí _____No

30. FACILIDAD DE VIDA ASISTIDA proporciona asistencia en el hogar, generalmente con servicios a domicilio, en un establecimiento destinado a satisfacer las necesidades de los residentes. Pensando sobre su situación de alojamiento AHORA MISMO:

¿Ha recibido este tipo de servicio en los últimos 6 meses? _____Sí _____No

SI ES "NO" HAGA LAS PREGUNTAS 30A-C. SI ES "SÍ", VAYA A LA PREGUNTA 30D.

30A. ¿Usted necesita este servicio? _____Sí _____No
30B. ¿Tenía conocimiento sobre este servicio? _____Sí _____No
30C. ¿Solicito el servicio y se lo negaron? _____Sí _____No
30D. ¿Este servicio satisfizo su necesidad? _____Sí ____ No

31. ¿Al intentar obtener ayuda con su vivienda, cuál de las siguientes razones le impidió obtener el servicio o conseguir lo que usted necesitaba? **(Marque todas las que apliquen)**

_____ No tenía suficiente dinero
_____ No tenía transportación
_____ No podía encontrar una vivienda que yo pudiera pagar
_____ No sabía dónde podía buscar asistencia
_____ Yo no califiqué para la asistencia de vivienda

_____ Tenia mal crédito
_____ Tenía antecedentes penales
_____ Estaba inscrito en una lista de espera
_____ Tenía problemas con el uso de drogas/alcohol
_____ Tengo una discapacidad física/mental
_____ No quería que nadie se diera cuenta que soy VIH Positivo
_____ Fui discriminado
_____ Los servicios no estaban disponibles en mi idioma
_____ Mi propietario, compañía de hipoteca o compañía de servicios públicos rechazaron aceptar el pago
_____ Otra razón: _____(especifique)

32. ¿Alguno de los siguientes le impide atenderse su VIH?
_____ No tengo un lugar privado para vivir
_____ Tengo miedo que otros se den cuenta que soy VIH positivo
_____ No tengo dinero para la renta
_____ No tengo cama para dormir
_____ No tengo donde guardar mis medicamentos
_____ No tengo teléfono donde me puedan llamar
_____ No tengo calefacción o aire acondicionado
_____ No tengo suficiente comida
_____ No puedo dejar las drogas/alcohol
_____ Ninguna de las anteriores

33. ¿Ha estado encarcelado o en prisión por más de un mes durante los últimos dos años?
_____Sí _____No

SI ES "SÍ", <u>CONTINUE</u> CON LA PREGUNTA 34. SI ES "NO" VAYA A LA PREGUNTA 36.

34. ¿Recibió cuidado médico para el VIH mientras que estuvo encarcelado o en prisión? _____Sí _____No

35. ¿Después de que fue liberado de la cárcel/prisión, algunas de las siguientes razones le impidieron recibir cuidado médico para su VIH?
_____ No sabía a donde ir para mi cuidado medico
_____ No sabía a donde ir para inscribirme o ver un administrador de casos
_____ Tenía miedo decirle a otros que soy VIH Positivo
_____ No podía encontrar donde vivir
_____ No podía dejar de consumir drogas y/o alcohol
_____ Tenia temor a ser discriminado, acosado, ser rechazo de servicios o enfrentar la violencia

36. ¿Cuál es su posición actual de empleo?
_____ Trabajo tiempo completo
_____Trabajo medio tiempo
_____ No estoy trabajando

SI TIENE "TRABAJO TIEMPO COMPLETO" O "TRABAJO MEDIO TIEMPO", VAYA A LA PREGUNTA 38. SI ES "NO ESTOY TRABAJANDO" CONTINÚE CON LA PREGUNTA 37.

37. ¿Si usted no trabaja, cuál de los siguientes lo representa mejor?
_____ Soy estudiante
_____ Estoy buscando trabajo
_____ Estoy jubilado
_____ Mi estado de salud me impide trabajar – estoy discapacitado
_____ Mi estado de salud me impide trabajar – No recibo discapacidad
_____ Trabajo como voluntario
_____Otro: _____ (especifique)

38. ¿Cuál de las siguientes opciones representa mejor su ingreso mensual actual?
_____Menos de $950
_____$950 - $1,900
_____$1,901 - $2,800
_____ Más de $2,800

39. ¿Tiene usted seguro médico que cubra su cuidado de VIH? **Nota: Ryan White NO es un seguro.**
_____Sí_____No

SI ES "SÍ", CONTINUE CON LA PREGUNTA 40. SI ES "NO" VAYA A LA PREGUNTA 41.

40. ¿Qué tipo de seguro médico tiene? **(Marque solo uno. Si tiene más de un seguro, marque el que paga primero.)**
_____ Seguro Privado
_____ COBRA (la continuación de seguro que tuvo con su último empleador)
_____Medicare
_____Medicaid
_____Parkland HealthFirst
_____Otro: _____ (especifique)

41. ¿Como piensa usted que adquirió el VIH? **(Marque todos los que apliquen)**
_____ Teniendo sexo con un hombre
_____ Teniendo sexo con una mujer
_____ Compartiendo agujas
_____ Productos sanguíneos / Transfusión sanguínea
_____ Transmisión Perinatal (de nacimiento o infectado al nacer)
_____ Teniendo sexo con un trans-hombre, trans-mujer, trans persona o persona de género no conforme
_____ Otro: _____ (especifique)
_____ No se

42. ¿Como se identifica usted? **(Escoja uno)**
_____ Heterosexual
_____ Homosexual Masculino/Gay
_____ Homosexual Femenino/Lesbiana
_____Bisexual

43. ¿En qué año fue usted diagnosticado con el VIH por primera vez? _____

44. ¿Después de ser diagnosticado, cuanto tiempo tardo en recibir atención médica para el VIH?
_____ Menos de un mes
_____ Dentre el primer mes a 3 meses
_____ Dentro de los primeros 3 a 6 meses
_____ Después de más de 6 meses
_____ No he recibido atención médica para el VIH

SI FUE DIAGNOSTICADO ENTRE 2011 Y 2016 HAGA LA PREGUNTA 45. SI NO, VAYA A LA PREGUNTA 47.

45. ¿Cuando fue diagnosticado, le hubiera ayudado solicitar cuidado médico y otros servicios con un compañero(a) al igual que usted, con VIH?
_____Sí_____No _____No se

SI FUE DIAGNOSTICADO ENTRE 2011 Y 2016 Y LA RESPUESTA A LA PREGUNTA 44 ES "DESPUÉS DE MÁS DE 6 MESES" O "NO HE RECIBIDO ATENCION MÉDICA PARA EL VIH", CONTINÚE CON LA PREGUNTA 46. DE OTRA MANERA, VAYA A LA PREGUNTA 47.

46. ¿Porque no solicito atención medica después que fue diagnosticado con VIH? **(Marque todos los apliquen)**
_____ No me sentía enfermo_____ No quería ni pensar que era VIH positivo
_____ No quería tomar medicamentos
_____ Demasiado papeleo
_____ Tenía miedo de que me vieran en la clínica
_____ Las citas causan problemas con mi trabajo
_____ La clínica hace muchas preguntas personales
_____ Yo consumo o estaba consumiendo drogas o alcohol
_____ Era difícil llegar (transportación)
_____ El plazo para obtener una cita era larga
_____ No tengo la identificación necesaria / la identificación que tengo no es mía
_____ Los servicios no se ofrecen en mi idioma
_____ No tengo estatus legal en los EE.UU.
_____ No tengo dinero para pagar
_____ Otra razón: _____(especifique)

Si la persona es transgénero, agregue estas opciones

_____ Incomodidad con los exámenes físicos
_____ Incomodidad de que alguien vea mi cuerpo
_____ Experiencia pasada con rechazos, acosos, amenazas o violencia en el ambiente de salud medico
_____ Experiencia pasada con los proveedores de salud que no entienden mi identidad

47. ¿Está usted actualmente inscrito en el programa de seguro médico privado de la Ley de Cuidado de Salud a Bajo Precio ("ObamaCare")?
_____Sí _____No _____No se

SI ES "SÍ", CONTINUE CON LA PREGUNTA 48. SI ES "NO" O "NO SE", VAYA A LA PREGUNTA 50.

48. ¿Puede usted pagar el seguro médico privado de la Ley de Cuidado de Salud a Bajo Precio ("ObamaCare") o necesita asistencia?
_____Sí puedo pagar
_____No puedo pagar y necesito ayuda
_____No se

49. Si recibió un nuevo seguro médico debido a la Ley de Cuidado de Salud a Bajo Precio ("ObamaCare"), ¿esperaba que su proveedor médico cambiara?
_____Sí _____No _____No se

50. ¿Ha usado alguno de los siguientes en los últimos seis meses? **(Marque todos los apliquen)**
_____ Alcohol
_____ Marihuana
_____ Depressantes (barbitúricos, benzodiacepinas, es decir, Valium, Quaalude)
_____ Ketamina/PCP
_____ Alucinógenos (LSD, setas)
_____ Los opiáceos y la morfina (codeína, fentanilo, heroína, opio, oxicodona, hidrocodona)
_____ Estimulantes (anfetaminas, cocaína crack, MDMA-éxtasis, velocidad de metanfetamina-metanfetamina cristal hielo)
_____ Esteroides
_____ Analgésicos recetados no prescritos por su médico
_____ Inhalantes (pintura etc.)
_____ Ninguno de estos

SI ES "SÍ" AL ALCOHOL, HAGA LA PREGUNTA 51.
SI ES "SÍ" A CUALQUIER OTRA COSA APARTE DE ALCOHOL OR MARIJUANA, VAYA A LA PREGUNTA 52.
SI ES "NINGUNO DE ESTOS", VAYA A LA PREGUNTA 56.

51. ¿Consume alcohol más de tres veces por semana? _____Sí_____No

SI ES "SÍ" Y NINGUNA OTRA SUSTANCIAS EN LA PREGUNTA 50, EXCEPTO MARIJUANA, CONTINÚE CON LA PREGUNTA 54.

SI SON MÁS SUSTANCIAS, SIGA A LA PREGUNTA 52.

52. ¿Se ha inyectado substancias en los últimos dos meses? _____Sí _____No

SI ES "SÍ", CONTINUE CON LA PREGUNTA 53.
SI ES "NO" VAYA A LA PREGUNTA 54.

53. ¿Si un programa de intercambio de agujas fuera disponible para proveer agujas/obras/jeringas limpias, lo usarías?
_____Sí _____No _____No se

54. ¿ En este último año, ha pensado obtener un tratamiento de abuso de sustancias?
_____Sí _____No

SI ES "SÍ", CONTESTE NUMERO 55. SI ES "NO" VAYA A LA PREGUNTA 56.

55. ¿Qué le ayudaría acudir a un tratamiento?
____ La admisión a algún programa, en cuanto este listo
____ Sabiendo adónde ir
____ Un tratamiento gratis
____ Transportación al tratamiento
____ Tener una vivienda al completar el tratamiento
____Otro: _____ (especifique)
____ Ninguno de estos

56. ¿En los últimos 12 meses, ha recibido tratamiento médico para cualquiera de las siguientes? **(Marque todos los que apliquen)**
_____ Sífilis
_____ Gonorrea
_____ Clamidia
_____ La hepatitis A o B
_____Hepatitis C
_____TB (tuberculosis)
_____Diabetes
_____ Presión arterial alta
_____ Enfermedades del corazón
_____ Depresión
_____ Ninguna de las anteriores

En las siguientes preguntas:
- ✓ Sexo se refiere a sexo anal, vaginal o a sexo oral (otra persona que coloca su pene dentro de su cuerpo)
- ✓ Protección se refiere a usar condón femenino, un condón masculino o presa dental

57. ¿En los últimos 12 meses, ¿ha tenido relaciones sexuales?
_____Sí _____No

SI ES "SÍ", CONTINÚE CON LA PREGUNTA 58. SI ES "NO", VAYA A LA PREGUNTA 61.

58. ¿Cuándo tiene relaciones sexuales, ¿qué tan seguido usa protección?
_____ Nunca
_____ Algunas veces
_____ Casi siempre
_____ Siempre

59. ¿Le dice a su pareja o possible pareja acerca de su estado de VIH?
_____Sí _____No _____ Algunas veces

SI ES "NO" O "ALGUNAS VECES" CONTINÚE CON LA PREGUNTA 60.
SI ES "SÍ", VAYA A LA PREGUNTA 61.

60. ¿Por qué NO?
_____ Temo de como reaccionen
_____ No deseo divulgar que soy VIH Positivo
_____ No creo que les interese
_____ No quieren hablar de eso
_____ Otra razón: _____(especifique)

61. Aquí hay una lista de servicios. Le preguntaremos acerca de cada uno y si lo usa o no. Si lo usa, ¿fue fácil o difícil de conseguir? Si no lo usa, ¿lo necesita, y hay barreras para conseguirlo? Marque la respuesta que corresponde mejor.

Servicios	Usted usa este servicio ahora o lo uso en el año pasado?		**Si contesta SÍ** ¿Qué tan fácil fue utilizar el servicio?			**Si contesta NO** ¿Necesita el servicio?		**SI; NECESITA ESTE SERVICIO** Cuál es la razón ***principal*** porque usted no recibe este servicio? Escoja uno
	Sí	**No**	**Fácil**	***Algo Difícil***	**Difícil**	**Sí**	**No**	**Barrera**
a. Cuidado médico ambulatorio para VIH								_____ Difícil conseguir una cita _____ No estaba seguro como obtener este servicio _____ Altos co-pagos o deducibles _____ Otro (especifique)
b. (Para Mujeres) Cuidado Ambulatoria Ginecológica								_____ Difícil conseguir una cita _____ Altos co-pagos o deducibles _____ Quiero ver un doctor que sea mujer _____ Otro (especifique)
c. Asistencia de un médico especialista que le fue referido por su médico de VIH (es decir, el corazón, la piel, diabetes, otro especialista)								_____ Difícil conseguir una cita _____ Los servicios no están disponibles _____ Altos co-pagos o deducibles _____ Otro (especifique)
d. Ayuda para pagar las recetas (medicina)								_____ No sabía acerca del servicio _____ Altos co-pagos o deducibles _____ No califico _____ Otro (especifique)
e. Ayuda para pagar medicinas y recetas/otra asistencia farmacéutica								_____ No sabía acerca del servicio _____ Altos co-pagos o deducibles _____ No califico _____ Otro (especifique)
f. Consultas Dentales								_____ Larga lista de espera para conseguir una cita

Servicios	Usted usa este servicio ahora o lo uso en el año pasado?		**Si contesta SÍ** ¿Qué tan fácil fue utilizar el servicio?			**Si contesta NO** ¿Necesita el servicio?		**SI; NECESITA ESTE SERVICIO** Cuál es la razón ***principal*** porque usted no recibe este servicio? Escoja uno
	Sí	**No**	**Fácil**	***Algo Difícil***	**Difícil**	**Sí**	**No**	**Barrera**
								_____ Subsidios limitados _____ Requerimientos de documentación _____ Temor a dentista _____ No califico _____ Otro (especifique)
g. (No En Cuidado) Intervencion Temprana para ayudarle entrar a Cuídado Médico de VIH								____ No sabía acerca del servicio ____ No estoy seguro que lo entiendo _____ Otro (especifique)
h. Ayuda para co-pagos y deducibles de su seguro								_____ No sabía acerca del servicio _____ No quiero seguro _____ No se qué acer acerca del seguro _____ Otro (especifique)
i. Ayuda de salud domiciliaria/servicios de homemaker								_____ No sabía acerca del servicio _____ Encontre una manera mas facil de obtenerlo _____ No califico _____ Otro (especifique)
j. Servicios de salud de hogar y comunitarios --- asistentes y auxiliares de hogar								_____ No sabía acerca del servicio _____ Encontre una manera mas facil de obtenerlo _____ No califico _____ Otro (especifique)
k. Servicios de Hospicio								_____ No sabía acerca del servicio _____ Encontre una manera mas facil de obtenerlo _____ No califico

Servicios	Usted usa este servicio ahora o lo uso en el año pasado?		**Si contesta SÍ** ¿Qué tan fácil fue utilizar el servicio?			**Si contesta NO** ¿Necesita el servicio?		**SI; NECESITA ESTE SERVICIO** Cuál es la razón ***principal*** porque usted no recibe este servicio? Escoja uno
	Sí	**No**	**Fácil**	***Algo Difícil***	**Difícil**	**Sí**	**No**	**Barrera**
								_____ Otro (especifique)
l. Consejería de Salud Mental								____ No quiero usar este servicio ____ No sé adonde ir ____ Otro (especifique)
m. Consejería de Nutrición								____ No sabía acerca del servicio ____ Disponible en otro lugar ____ No esta disponible _____ Otro (especifique)
n. Manejo de Caso Medico – el ofrecimiento de asistencia con la coordinación de su cuidado médico y dental								____ Administrador de caso no está disponible/difícil de conseguir ____ Demasiado papeleo ____ Administrador de caso no realiza lo acordado _____ Otro (especifique)
o. Programa ambulatorio de tratamiento por abuso de sustancias								____ No esta disponible ____ Las horas que esta abierto ____ Problemas de transporte ____ Problemas de vivienda ____ Otro (especifique)
p. Administración de manejo de caso no-médico – asistencia para servicios de apoyo								____ Administrador de caso no está disponible/difícil de conseguir ____ Demasiado papeleo ____ Administrador de caso no realiza lo acordado ____ Otro (especifique)
q. (Si tiene niños en K-12) Cuidado de Niños mientras esta en una cita médica o otra cita								____ No sabía acerca del servicio ____ Demasiado papeleo ____ Otro (especifique)_____

Servicios	Usted usa este servicio ahora o lo uso en el año pasado?		**Si contesta SÍ** ¿Qué tan fácil fue utilizar el servicio?			**Si contesta NO** ¿Necesita el servicio?		**SI; NECESITA ESTE SERVICIO** Cuál es la razón ***principal*** porque usted no recibe este servicio? Escoja uno
	Sí	**No**	**Fácil**	***Algo Difícil***	**Difícil**	**Sí**	**No**	**Barrera**
r. (Si tiene niños en K-12) Evaluación de Niños y Intervencion Temprana								____ No sabía acerca del servicio ____ No califico ____ Otro (especifique)
s. Asistencia Financiera de Emergencia para Utilidades								_____ Subsidios limitados _____ Demasiado papeleo _____ Demasiado papeleo _____ No puedo obtener cita a tiempo _____ Compañia de utilidades no acepta cupón _____ Otro (especifique)
t. Banco de Alimentos								_____ Ubicación / Transporte _____ Las horas hábiles _____ Inconsistencia con la calidad de alimentos _____ Inconsistencia con la cantidad de alimentos _____ Otro (especifique)
u. Educación acerca de VIH y como reducir los riesgos – informacion para prevenir el VIH								_____ No sabía acerca del servicio _____ Encontre una manera mas facil de obtenerlo _____ No califico _____ Otro (especifique)
v. Vivienda de largo plazo								_____ Subsidios limitados _____ Papeleo _____ No califico _____ Lista de espera _____ Propietario no acepta cupón _____ Otro (especifique)

Servicios	Usted usa este servicio ahora o lo uso en el año pasado?		**Si contesta SÍ** ¿Qué tan fácil fue utilizar el servicio?			**Si contesta NO** ¿Necesita el servicio?		**SI; NECESITA ESTE SERVICIO** Cuál es la razón ***principal*** porque usted no recibe este servicio? Escoja uno
	Sí	**No**	**Fácil**	***Algo Difícil***	**Difícil**	**Sí**	**No**	**Barrera**
w. Asistencia de emergencia para renta o hipoteca								_____ Subsidios limitados _____ Papeleo _____ No califico _____ Propietario no acepta cupón _____ Otro (especifique)
x. Servicios legales - asistencia legal para resolver problemas de servicios y beneficios, delinear directivas anticipadas, o establecer tutela								____ No sabía acerca del servicio ____ Servicios son limitados—necesito abogado para otras cosas ____ Otro (especifique)
y. Traducción o Interpretación								____ No sabía acerca del servicio ____ El servicio no esta disponible cuando lo necesito ____ Me ayuda un familiar o amistad ____ Otro (especifique)
z. Transporte al Cuidado Médico								____ No vivo cerca de transportacion publica ____ Tengo que tomar mas de un bus a la clinica ____ Dificil tomar el bus si estoy enfermo ____ Otro (especifique)
aa. (No en Cuidado) Divulgacion para ayudarle tomar el examen de VIH y entrar a cuidado médico de VIH								____ No sabía acerca del servicio ____ No confio en el trabajador de alcance ____ Otro (especifique)
bb. Planificación de permanencia– ayuda legal para escribir su testamento								____ No sabía acerca del servicio ____ necesito abogado para otras cosas ____ Otro (especifique)

Servicios	Usted usa este servicio ahora o lo uso en el año pasado?		**Si contesta SÍ** ¿Qué tan fácil fue utilizar el servicio?			**Si contesta NO** ¿Necesita el servicio?		**SI; NECESITA ESTE SERVICIO** Cuál es la razón ***principal*** porque usted no recibe este servicio? Escoja uno
	Sí	**No**	**Fácil**	***Algo Difícil***	**Difícil**	**Sí**	**No**	**Barrera**
cc. Servicios de apoyo psicosociales – terapia de grupo para ayudar lidiar con el VIH								____ No sabía acerca del servicio ____ Inconveniente para mi horario ____ No pienso que me ayude ____ Otro (especifique)
dd. Ayuda de referencias para obtener servicios de salud o de apoyo								_____ No sabía acerca del servicio _____ No califico _____ Otro (especifique)
ee. Servicios de Rehabilitación								_____ No sabía acerca del servicio _____ No califico _____ Demasiado papeleo _____ Otro (especifique)
ff. (Si tiene niños en K-12) Relevo para Niños VIH+								_____ No sabía acerca del servicio _____ No califico _____ Otro (especifique)
gg. Relevo para Adultos (actividades durante el día)								____ No sabía acerca del servicio ____ No califico ____ Otro (especifique)
hh. Servicios de abuso de sustancias - Residencial								_____ No sabía acerca del servicio _____ No califico _____ Demasiado papeleo _____ Otro (especifique)
ii. Asesoramiento de Adherencia de Tratamiento – ayuda para entender sus medicamentos de alguien que no sea un professional de salud								_____ No sabía acerca del servicio _____ Encontre una manera mas facil de obtenerlo _____ No califico _____ Otro (especifique)

62. De lo siguiente, **marque los 5 servicios** que más necesita:
_____ Cuidado Ambulatorio Medico de VIH
_____ Atención Médica de un Especialista referido por su médico de VIH
_____ Atención Médica General no relacionados con el VIH
_____ Ayuda para pagar por los medicamentos recetados
_____(Para aquellos con seguro) Ayudar para continuar el seguro de salud
_____ Ayuda para pagar los co-pagos y deducibles para el cuidado de VIH y los medicamentos
_____ Visitas dentales
_____ Administración de casos médicos
_____ Administración de casos no-médicos
_____ Asesoría de Salud Mental
_____ Asesoría nutricional
_____ Tratamiento de Abuso de Sustancias para Pacientes Ambulatorios (no internados)
_____ Cuidado de relevo para Adultos (actividades durante el día)
_____ Banco de Alimentos
_____ Asistencia financiera de emergencia para el alquiler/hipoteca o utilidades
_____ Asistencia de Emergencia a Largo Plazo para el alquiler (vale)
_____ Facilidad de Vivienda con Asistencia (asilo)
_____ Servicios Legales que le ayudarán a resolver problemas de servicios/beneficios, directivas anticipadas o establecer tutelas
_____Guardería para niños mientras que atiende sus citas médicas u otras citas
_____ Cuidado de relevo para los niños VIH positivos
_____ Transporte a citas médica- Vales de Camión / Transporte Publico
_____ Transporte a Otros Servicios
_____ Traducción o Interpretación
_____ Intervención Temprana para ayudarle a obtener atención médica de VIH
_____ Servicios de Educación
_____ Servicios de Capacitación Laboral
_____ Servicios de Empleo

63. Por favor anote o defina cualquier **servicio** que usted necesita pero que no está disponible.
_____
_____

64. ¿En que lugar esta tomando esta encuesta?:
___Parkland-Amelia Court
___Parkland-Southeast Dallas Health Center (SDHC)
___Parkland-Bluitt-Flowers Health Center
___Resource Center
___AIDS Arms—Peabody Health Center
___AIDS Arms—Trinity Health and Wellness Center
___AIDS Arms—Jefferson site
___AIDS Healthcare Foundation (AHF)
___Health Services of North Texas (HSNT)
___Your Health Clinic/Callie Clinic

___The Council on Alcohol and Drug Abuse
___Otro lugar_____

65. ¿En dónde le gustaría recoger su tarjeta de regalo?
___Amelia Court
___Parkland-Southeast Dallas Health Center (SDHC)
___Parkland-Bluitt-Flowers Health Center
___Parkland-Resource Center
___AIDS Arms—Peabody Health Center
___AIDS Arms—Trinity Health and Wellness Center
___AIDS Arms—Jefferson site
___AIDS Healthcare Foundation (AHF)
___Health Services of North Texas (HSNT)
___Su Clinica/Callie Clinic
___Resource Center
___ The Council on Alcohol and Drug Abuse
___ Dallas County Health and Human Services (Suite 200)

POR FAVOR ESCRIBA EL NÚMERO MOSTRADO ABAJO Y LLÉVELO A SU PROVEEDOR PARA RECIBIR SU TARJETA DE REGALO.

GRACIAS POR SU AYUDA CON ESTA ENCUESTA.

APPENDIX 1.2
Focus Group Guide

TESTING, PREVENTION AND EARLY INTERVENTION

1. Please provide your view of HIV prevention service in the Dallas EMA/HSDA based on:
   - Availability
   - Accessibility
   - Appropriateness
   - Other (probe):

2. What are gaps in HIV prevention services in the region?
   Probe:
   - PrEP
   - Outreach
   - Peer support

3. What existing prevention and/or early intervention services need improvements?
   Probe:
   - Partner elicitation and notification
   - Patient navigation from testing to linkage sites
   - PrEP, outreach, peer support

4. What kind of social media tools are being used to access persons at high-risk for HIV in the EMA/HSDA?

5. What kind of social media tools could be used better, or in addition to the ones currently in use, to access persons at high-risk for HIV in the EMA/HSDA?

6. Linkage to care in the Dallas EMA/HSDA in 2015 was 89%. This indicates that 107 persons diagnosed in 2015 did not enter care. What needs to change in current linkage efforts to improve the linkage to care for persons testing positive for HIV?
   Probe: Different approaches for:
   - Race/ethnicity
   - Risk factor
   - Age

7. What are specific barriers that young people face in linking to care?
   Probe:
   - Parental consent for treatment
   - Closeted young people who are on their parent's insurance

BARRIERS AND ACCESS TO PREVENTION AND CARE SERVICES

8. **Agency Barriers**: What issues or barriers do prevention/testing agencies experience in getting newly identified linked to care?
   Probe:
   - Patients tested after hours – how long does it take to link these patients to care versus those who are tested during business hours?
   - How or what would you consider successful linkage?
   - Federal, State or local legislative policy barriers (insurance coverage, policies on testing or reporting, other agency policies or procedures) that are burdensome.
   - Infrastructure barriers such as agency capacity, access to and sharing of data, adequacy of health information systems, funding.

9. **Client Barriers**: What issues or barriers do newly diagnosed people living with HIV (PLWH) experience in getting linked to care?
   Probe:
   - PLWH who know their status but are not in care
   - Disparities in access for certain populations or underserved groups
   - Persons at higher risk for HIV infection
   - Access to transportation, housing, or living in impoverished conditions
   - Inability to navigate the HIV care system
   - Culture and stigma
   - Comorbidities
   - Coordination among HIV prevention, care and treatment that slows access to services

HIV TREATMENT AND SUPPORT SERVICES

10. How would you assess the present state of treatment and support services?

11. What are strengths and weaknesses of health and support services?

12. What services need to be improved or expanded?

COLLABORATION

13. Let's discuss the contributions of stakeholders and key partners.
    PROBE:
    - How can this planning council improve its effectiveness in addressing agency and client barriers?
    - Are there stakeholders presently not involved with HIV care that would be helpful in addressing agency and client barriers?
    - What could be done to improve coordination between clients, direct care personnel, the planning council, and funded and non-funded providers?

14. What other suggestions do you have to improve the prevention, treatment, and care system in your Region?

APPENDIX 1.3
Key Informant Interview Guide

1. How would you describe HIV prevention efforts in the Dallas Region? How available and accessible are services? How appropriate are services to specific at risk populations?

2. How would you describe the prevailing public and client attitudes toward prevention steps such as counseling, consistent condom use, and use of PrEP?

3. What challenges exist to educate those at high risk for HIV infections about preventing infection and getting tested and about the use of PrEP?

4. For each of the following groups, what barriers prevent successful linkage to care and what can be done to get them successfully linked to care?
    - Consumers never linked to care
    - Consumers who have dropped out of care after a few initial appointments
    - Consumers who have dropped out of a care after being in care for a long period of time

5. Which programs and/or services are you aware of have been successful in linking people to care and keeping them in the care system?

6. How would you assess the present state of HIV health care in your area (including mental health, primary and specialty care, dental health and vision care)? Discuss emerging health issues including comorbidities and the extent to which they complicate HIV care. What comorbidities pose the most serious concerns to treatment providers?

7. Thinking about your clients, what changes have you seen since 2013? Think of emerging populations, population characteristics, size and location, comorbidities, quality of life and productivity.

8. With this in mind, what are the most significant client care and prevention needs that are not being met? For each need, what needs to be done to address these needs (funding, collaboration, peer supports, outreach)?

9. Now I'd like to turn to special populations that are the focus of this needs assessment. What do you consider the most unique need of the following populations and what needs to be done to better meet their needs?
    - Hispanic men and women
    - African-American men and women
    - Men who have sex with men
    - Transgender persons
    - Youth (ages 13-24)

10. Do you have any suggestions for improving the system or processes the client goes through to achieve rapid linkage to care, engagement in care, retention in care and medical adherence, and viral load suppression?

APPENDIX 1.4
Provider Capacity Survey

PLANNING COUNCIL OF THE DALLAS AREA
2016 COMPREHENSIVE NEEDS ASSESSMENT
PROFILE OF RYAN WHITE FUNDED PROVIDER CAPACITY

As part of the 2016 Comprehensive Needs Assessment, we appreciate your help in completing this survey. Please email it back to nsavitz@newsolutionsinc.com or fax it to 732-418-9140. For questions, please call Naomi Savitz at 908-307-6110.

AGENCY NAME: _____

PERSON COMPLETING THIS SURVEY_____

PRIMARY STREET ADDRESS (Please provide other addresses with the services provided at these locations on pg. 5.)

_____

_____

CITY STATE ZIP CODE

_____

TELEPHONE FAX EMAIL

1. Service delivery hours:

☐ Weekdays ☐ Evenings ☐ Weekend ☐ Other (specify) _____

2. Percentage of total clients with HIV/AIDS:

☐ 0 to 5% ☐ 6 to 10% ☐ 11 to 25% ☐ 26 to 50% ☐ 51 to 75% ☐ 76 to 100%

3. What is the expected impact to your agency and clients from the Affordable Care Act in 2017?

_____

_____

_____

_____

4. What additional changes do you anticipate to your agency and clients from the Affordable Care Act in 2017 through 2019?

5. What is your organization doing/planning to do to educate and support clients relative to the ACA?

6. Briefly describe the single most important system-wide change (other than funding) that would **improve** services for all people living with or affected by HIV/AIDS.

7. What services do people living with HIV/AIDS need that are not available or are not accessible to specific populations?

8. What services should be increased to improve the health and/or access for PLWHA?

9. Are there services that are available but that should be delivered with a different approach or in different location(s)?

10. Identify the following information for all services provided, regardless of funding source:

Service	Check if Service is Offered	Wait for 1st Appoint-ment	# of additional clients that can be treated with current overhead/resources/ staff	Describe programs targeted to specific populations
	X	# of Days	# of Clients	Describe Program & Populations
Outpatient HIV Medical Care				
Outpatient OB/Gyn Care for HIV+ Women				
Outpatient Hepatitis C (HCV) Treatment				
Other Outpatient Specialty Care (Specify):				
Oral Healthcare				
Early Intervention Services				
Local Pharmaceutical Assistance				
Medical Case Management				
Non-Medical Case Management (including Housing-Based)				
Health Insurance Continuation Assistance				
Assistance with Co-Pays and Deductibles				
Home Health Care				
Hospice				
Medical Nutritional Therapy				
Mental Health Counseling				
PLWHA Support Groups				
Outpatient Substance Abuse Treatment				
Residential Substance Abuse Treatment				
Food Bank				
Home Delivered Meals				
Congregate Meals				
Rehab. Services—PT, OT, Speech, etc.				

Service	Check if Service is Offered	Wait for 1st Appoint-ment	# of additional clients that can be treated with current overhead/resources/ staff	Describe programs targeted to specific populations
	X	**# of Days**	**# of Clients**	**Describe Program & Populations**
Health Education/Risk Reduction				
Emergency Financial Assistance for Utilities				
Emergency Assistance for Rent, Mortgage				
Long Term Rental Assistance (Voucher)				
Facility Based Housing (Assisted Living Facility)				
Medical Transportation —Bus Pass				
Medical Transportation —Van Service				
Non-Medical Transportation				
Linguistics Services				
Legal Services—Help with accessing services				
Child Care Services				
Day/Respite Care for Children				
Adult Respite Care				
Education Services				
Job Training Services				
Employment Services				

HIV PREVENTION SERVICES

11. Does your agency offer HIV prevention services? ☐ Yes ☐ No

If no, answer A and B. If yes, answer C.

A. What percentage of your HIV+ clients do you refer for prevention services? _____

B. Where do you refer clients for prevention services? _____

_____

C. Does your agency provide prevention services for HIV+ individuals? ☐ Yes ☐ No

If yes, please describe the type of prevention services offered for HIV+ individuals?

Service Description	# Clients Served in 2015

12. Addresses of Other Agency Locations and Services Provided:
Location 2:

_____
Street City Zip

Services: _____

Location 3:

_____
Street City Zip

Services: _____

Location 4:

_____
Street City Zip

Services: _____

APPENDIX 2.1
Dallas Area Zip Codes

Stemmons Corridor
75201
75202
75207
75219
72220
75229
75234
75235
75247

Southeast Dallas
75149
75150
75180
75210
75217
75223
75226
75227
75228
75246

North Dallas
75204
75205
75206
75209
75214
75218
75225
75230
75240
75244
75251

South Dallas
75203
75215
75216
75232
75237
75241

Northeast Dallas
75040
75041
75042
75231
75238
75243

Northwest Dallas
75001
75006
75019
75038
75039
75063
75248
75254

APPENDIX 3.1
Fact Sheets Compiled by TSDHA
With Additional Graphical Displays

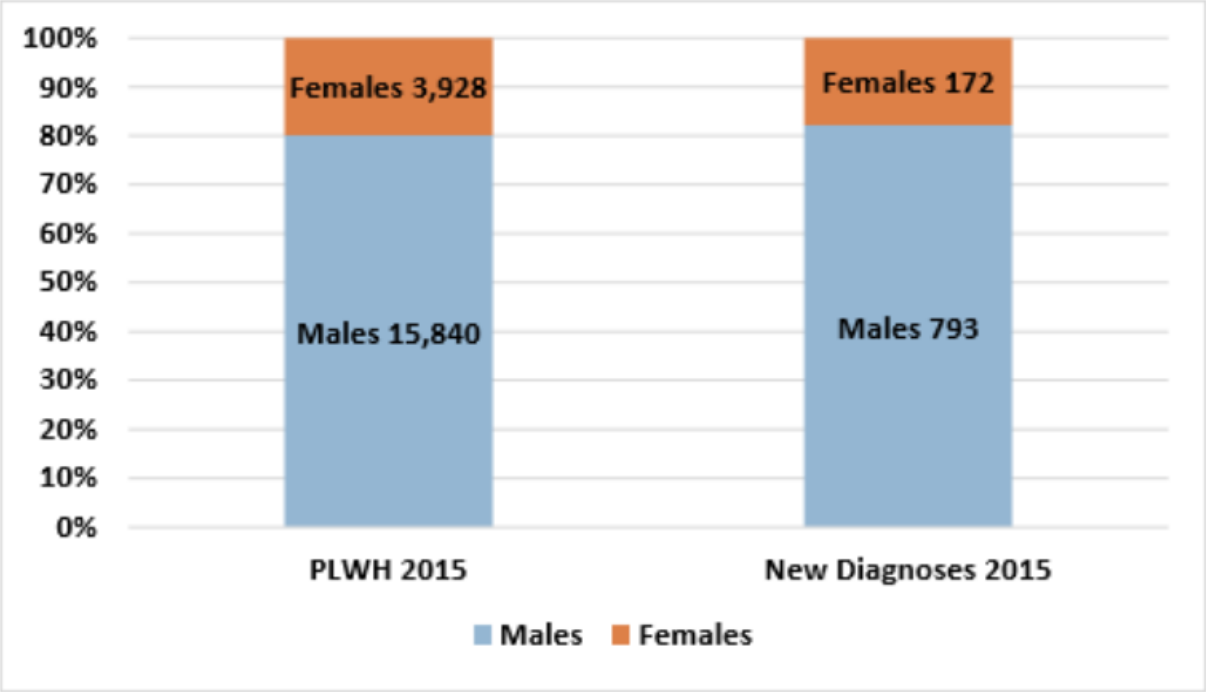
Dallas HSDA

Dallas HSDA Counties: Collin, Dallas, Denton, Ellis, Hunt, Kaufman, Navarro, and Rockwall

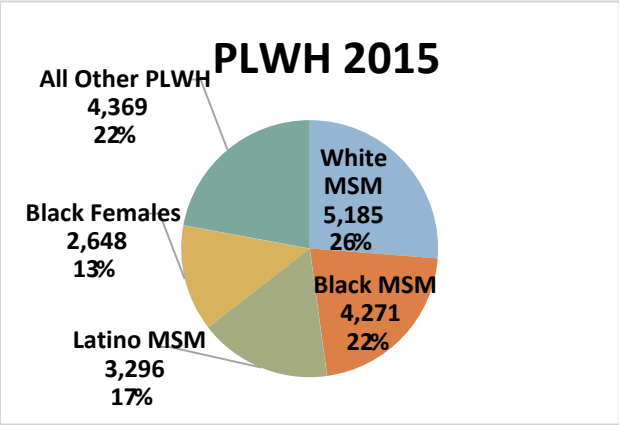
Epi Profile

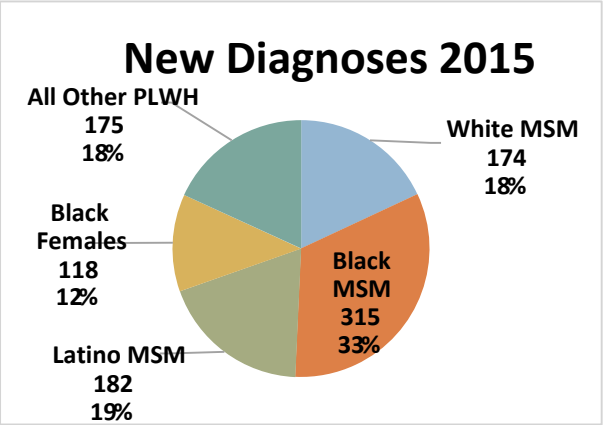
There were **19,768 people living with HIV (PLWH)** in this area as of the end of 2015. This includes only people with diagnosed infections with a current address in this area. People with undiagnosed HIV are not included. In 2015**, 965 people were newly diagnosed with HIV**. This does not mean they became infected in 2015, because people can live with HIV for a long time before they are diagnosed. This information comes from routine HIV disease surveillance.

Gender

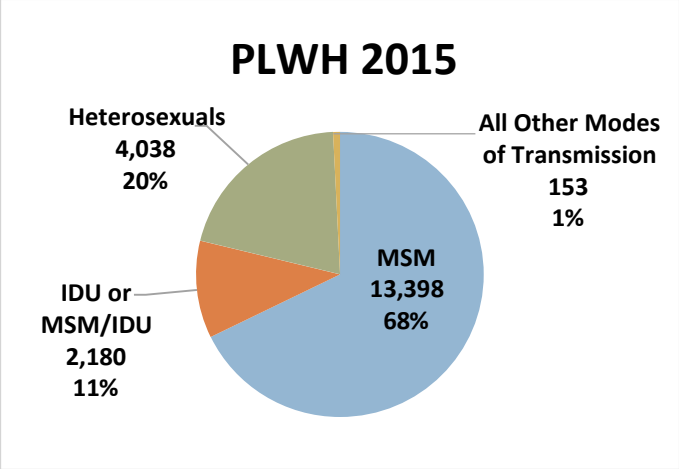


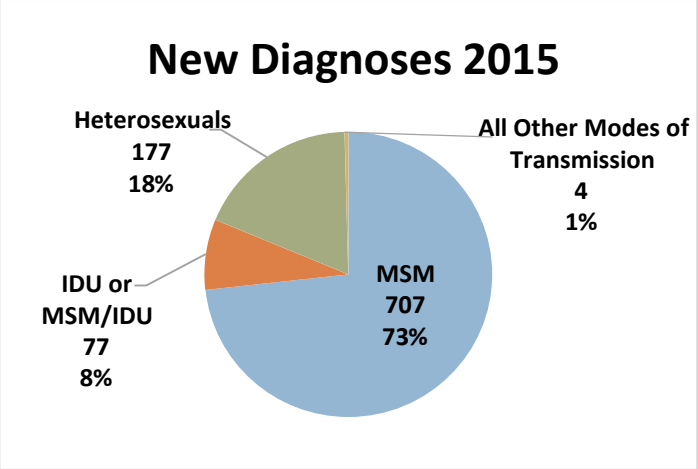
Priority Populations (78% of total PLWH, 82% of new diagnoses)



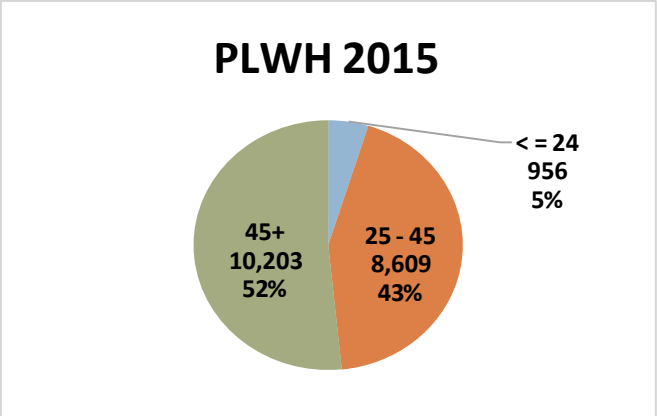


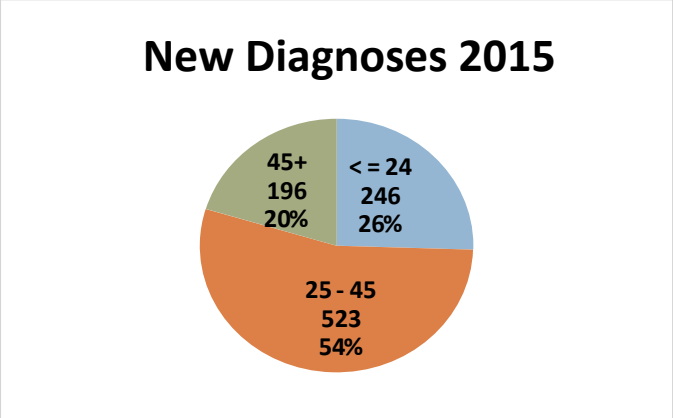
Mode of Exposure



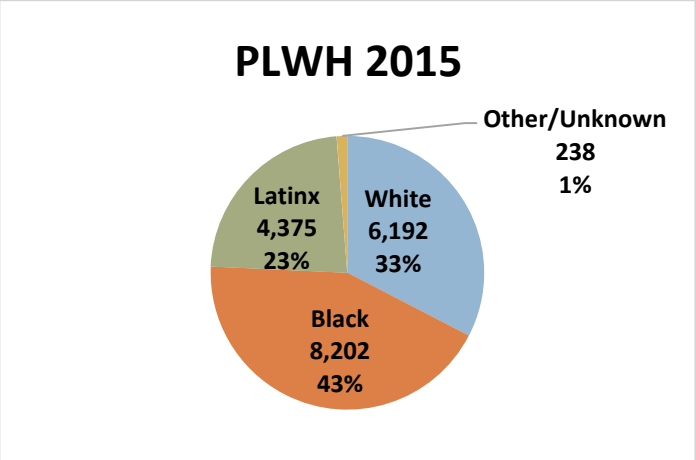


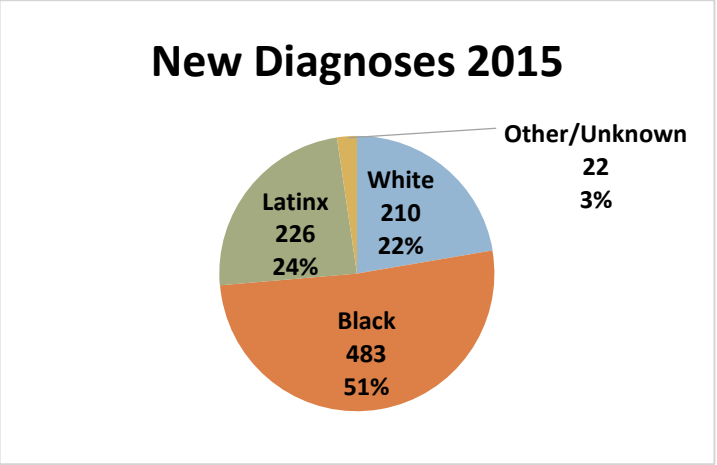
Age



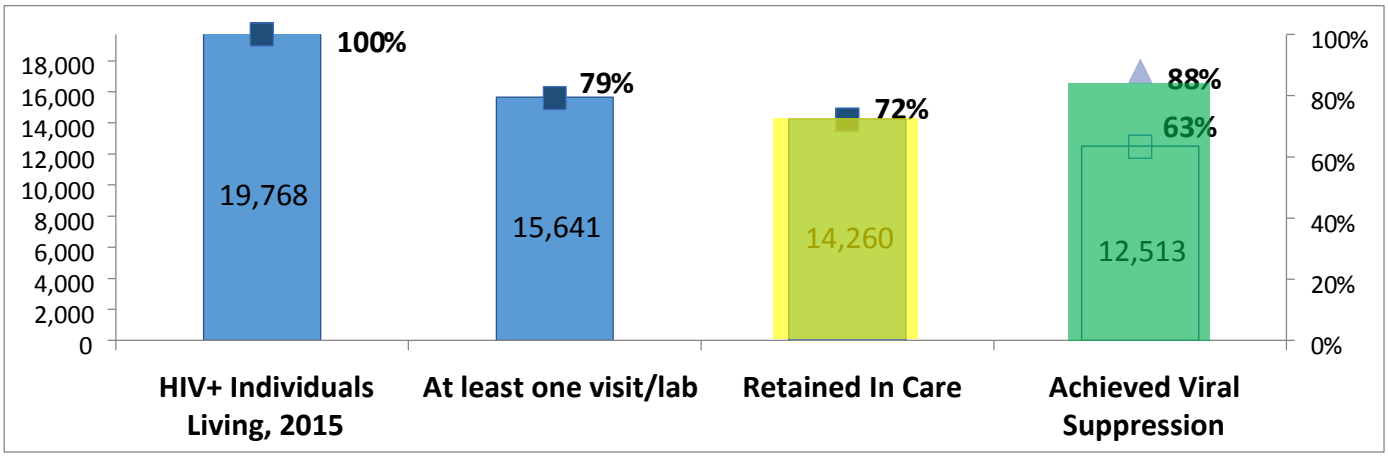


Race/Ethnicity





2015 Care Continuum



79% of PLWH had at least one episode of HIV care & treatment. This means roughly 8 out of 10 PLWH were in care.

63% of PLWH were virally suppressed. This means that roughly 6 out of 10 PLWH were virally suppressed

72% of PLWH were retained in care (2 episodes of HIV care & treatment across the year). This means that roughly 7 out of 10 PLWH were retained in care

Of those 7 out of 10 PLWH who were retained in care, 88%, or roughly 6 of those 7 PLWH, were virally suppressed.

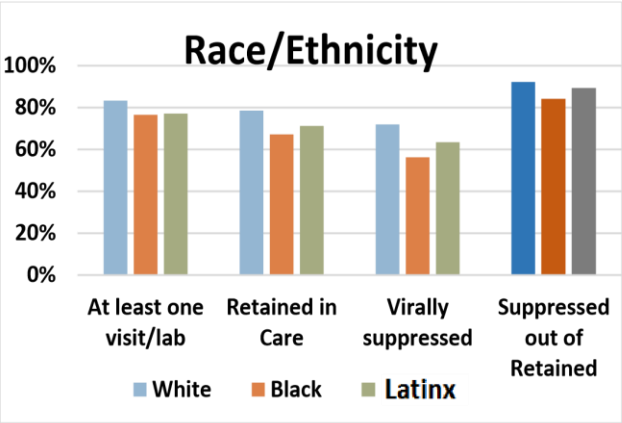
Texas Department of State Health Services, HIV/STD Prevention and Care Branch December 2016

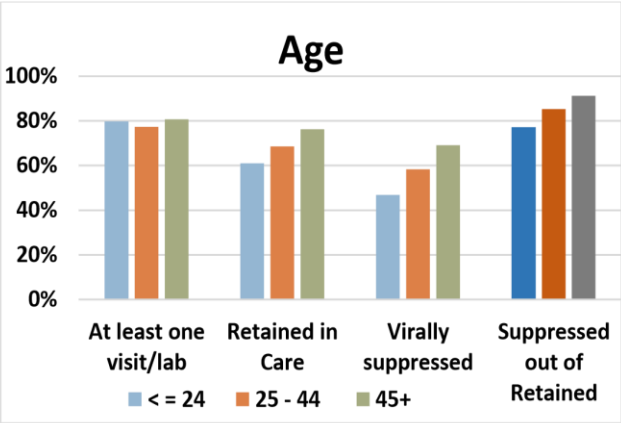
2015 Continuum of Care, Parity Table

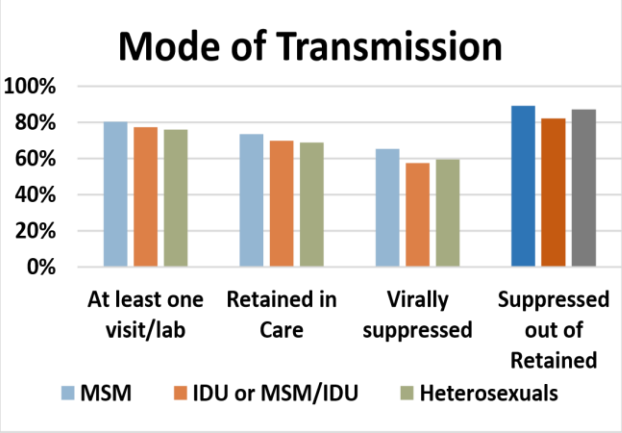
	PLWH		At least one visit		Retained in Care		% retained if any care	Suppressed		% suppressed of those retained
	#	%	#	%	#	%	%	#	%	%
All PLWH	**19,768**	**100%**	**15,641**	**79%**	**14,260**	**72%**	**91%**	**12,513**	**635**	**88%**
Female	3,928	20%	3,049	78%	2,753	70%	90%	2,362	60%	86%
Male	15,840	80%	12,592	79%	11,507	73%	91%	10,151	64%	885
White	6,192	31%	5,158	83%	4,860	78%	94%	4,455	72%	92%
Black	8,202	41%	6,268	76%	5,512	67%	88%	4,610	56%	84%
Latinx	4,375	22%	3,369	77%	3,113	71%	92%	2,774	63%	89%
<=24	956	5%	762	80%	583	61%	77%	448	47%	77%
25 – 44	8,609	44%	6,654	77%	5,902	69%	89%	5,023	58%	85%
>= 45	10,203	52%	8,225	81%	7,775	76%	95%	7,042	69%	91%
MSM	13,398	68%	10,765	80%	9,849	74%	91%	8,770	65%	89%
IDU	2,180	11%	1,686	77%	1,522	70%	90%	1,254	58%	82%
Heterosexual	4,038	20%	3,072	76%	2,781	69%	91%	2,407	60%	87%
White MSM	5,185	26%	4,360	84%	4,115	79%	94%	3,807	73%	93%
Black MSM	4,271	22%	3,288	77%	2,854	67%	87%	2,390	56%	84%
Latino MSM	3,296	17%	2,570	78%	2,376	72%	92%	2,132	65%	90%
Black Females	2,648	13%	2,027	77%	1,810	68%	89%	1,543	58%	85%

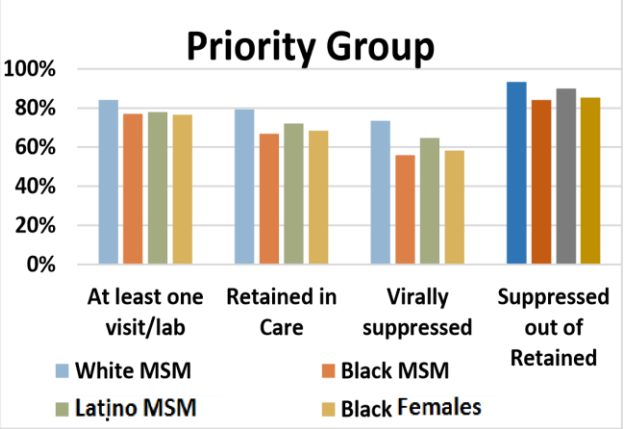
Texas Department of State Health Services, HIV/STD Prevention and Care Branch December 2016

2015 Continuum of Care, Parity Bar Charts









Texas Department of State Health Services, HIV/STD Prevention and Care Branch December 2016

Targets

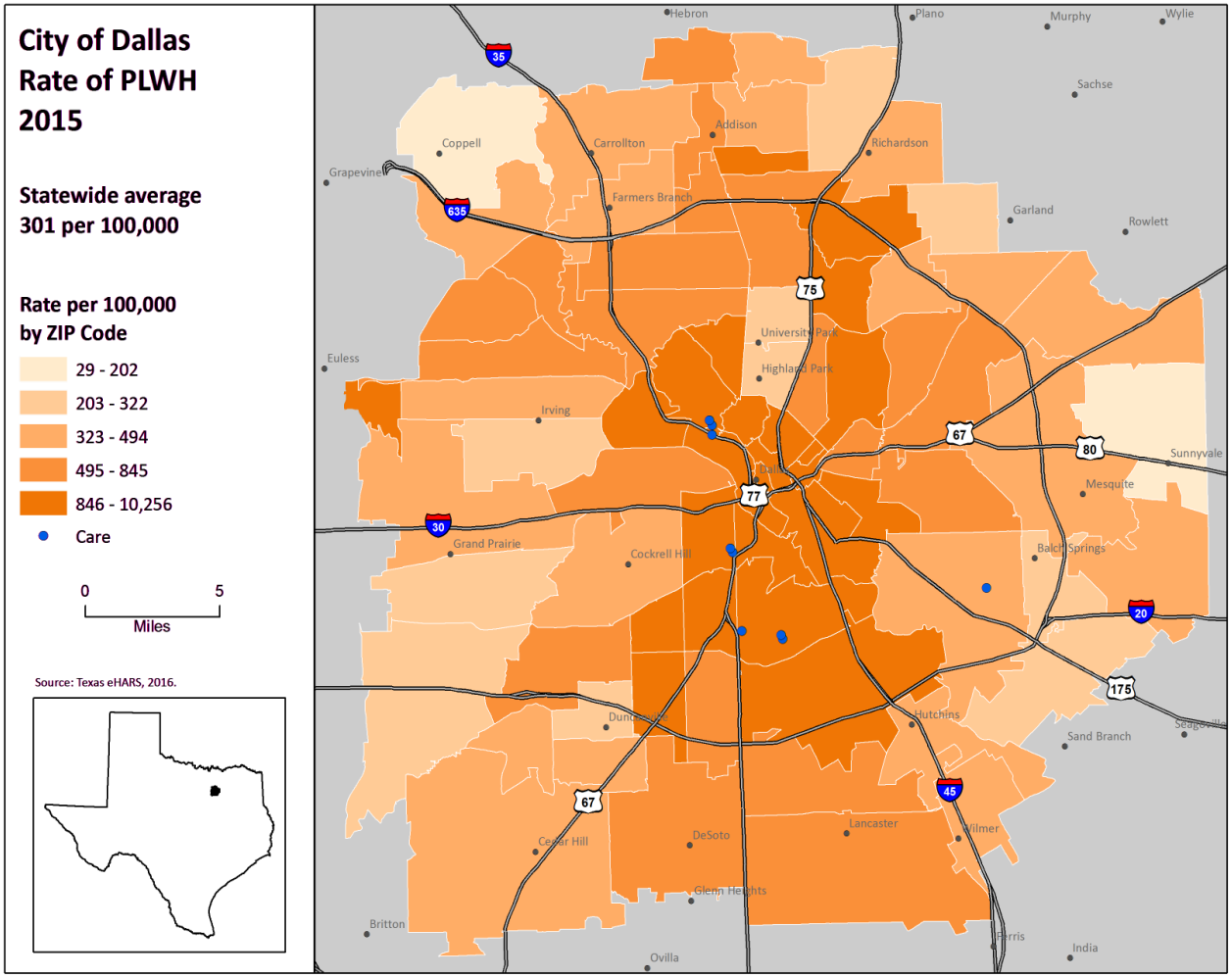
85% PLWH retained in HIV care & treatment

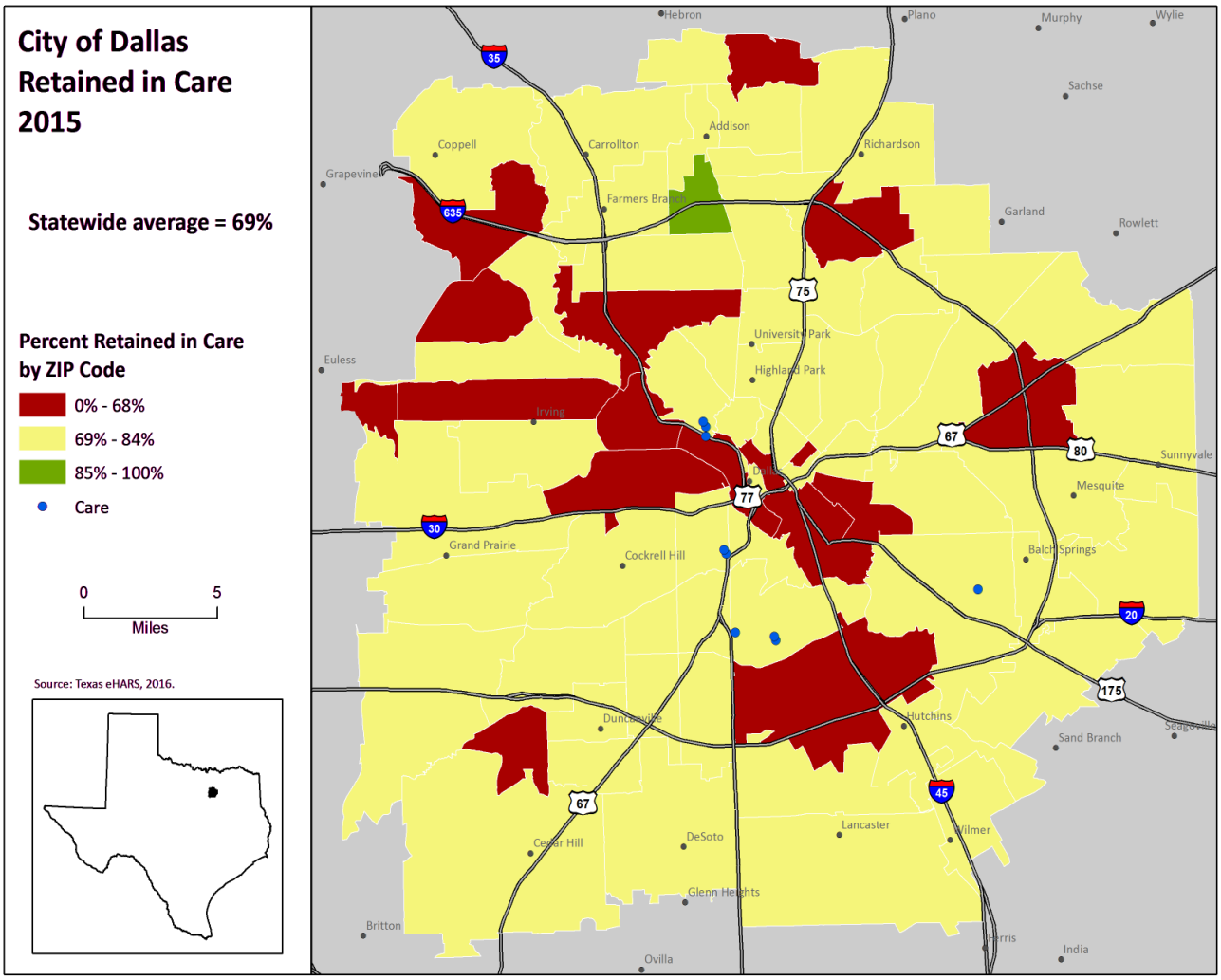
81% of those retained are virally suppressed

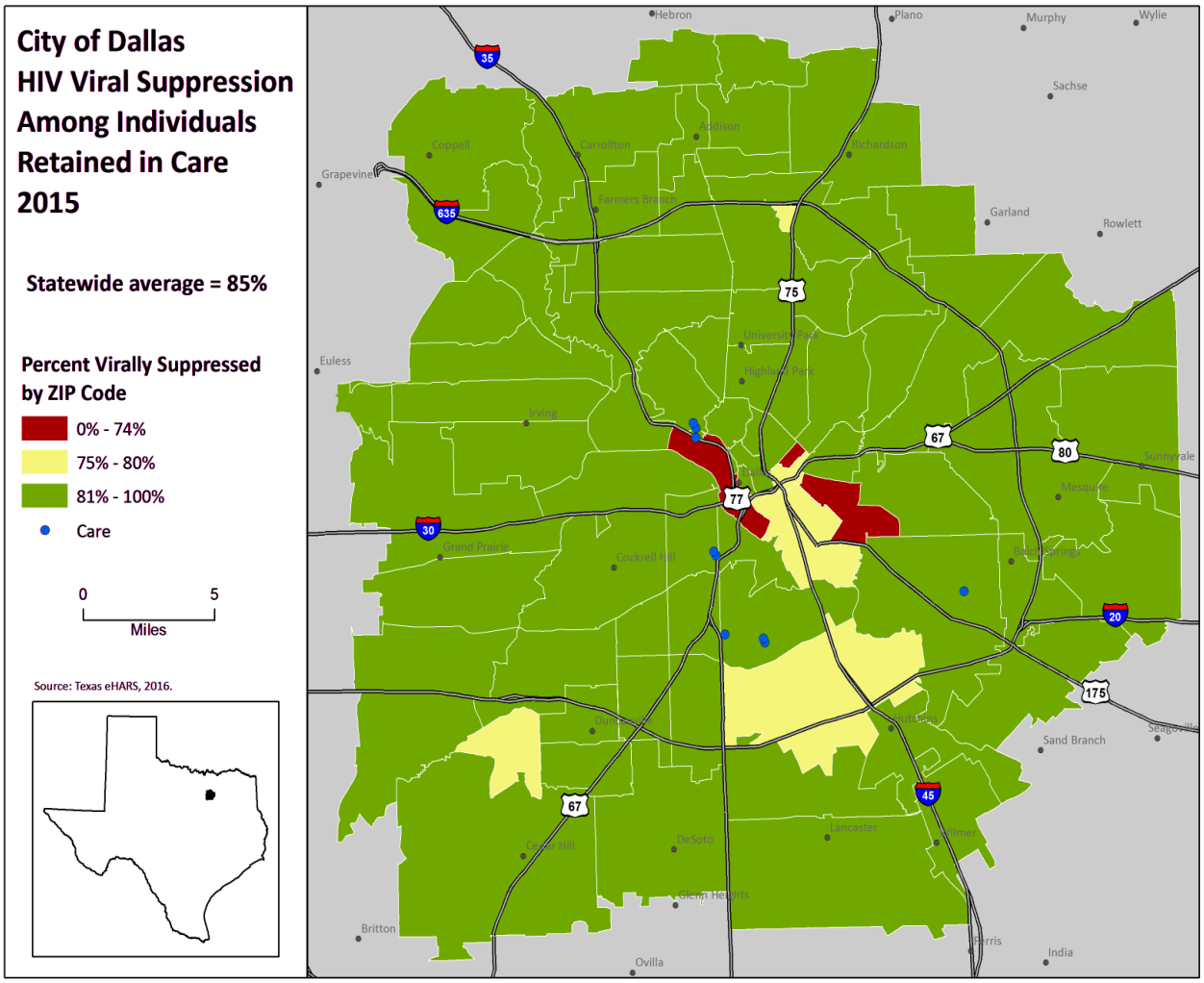
	PLWH		Retained in Care		*85% retained goal*	Gap	Suppressed	*81% suppressed goal*	Gap
	#	%	#	%	#	#	#	#	#
All PLWH	**19,768**	**100%**	**14,260**	**72%**	***16,803***	***2,543***	**12,513**	***13,610***	***1,097***
Female	3,928	20%	2,753	70%	*3,339*	*586*	2,362	*2,705*	*343*
Male	15,840	80%	11,507	73%	*13,464*	*1,957*	10,151	*10,906*	*755*
White	6,192	31%	4,860	78%	*5,263*	*403*	4,455	*4,263*	*-192*
Black	8,202	41%	5,512	67%	*6,972*	*1,460*	4,610	*5,647*	*1,037*
Latinx	4,375	22%	3,113	71%	*3,719*	*606*	2,774	*3,012*	*238*
<=24	956	5%	583	61%	*813*	*230*	448	*659*	*211*
25 - 44	8,609	44%	5,902	69%	*7,318*	*1,416*	5,023	*5,928*	*905*
>= 45	10,203	52%	7,775	76%	*8,673*	*898*	7,042	*7,025*	*-17*
MSM	13,398	68%	9,849	74%	*11,388*	*1,539*	8,770	*9,224*	*454*
IDU	2,180	11%	1,522	70%	*1,853*	*331*	1,254	*1,501*	*247*
Heterosexual	4,038	20%	2,781	69%	*3,432*	*651*	2,407	*2,780*	*373*
White MSM	5,185	26%	4,115	79%	*4,407*	*292*	3,807	*3,570*	*-237*
Black MSM	4,271	22%	2,854	67%	*3,630*	*776*	2,390	*2,940*	*550*
Latino MSM	3,296	17%	2,376	72%	*2,801*	*425*	2,132	*2,269*	*137*
Black Females	2,648	13%	1,810	68%	*2,251*	*441*	1,543	*1,823*	*280*

Texas Department of State Health Services, HIV/STD Prevention and Care Branch December 2016

Heat Maps (Zip-Code based)




City of Dallas
Retained in Care
2015
Statewide average = 69%
Percent Retained in Care by ZIP Code
0% - 68%
69% - 84%
85% - 100%
Care
0
5
Miles
Source: Texas eHARS, 2016.
Hebron
Plano
Murphy
Wylie
Sachse
Coppell
Carrollton
Addison
Richardson
Grapevine
Farmers Branch
Garland
Rowlett
Euless
University Park
Highland Park
Irving
Dallas
Mesquite
Sunnyvale
Grand Prairie
Cockrell Hill
Balch Springs
Hutchins
Sand Branch
Lancaster
Wilmer
DeSoto
Cedar Hill
Glenn Heights
Britton
Ovilla
India
35
635
75
67
80
77
30
20
175
45



Texas Department of State Health Services, HIV/STD Prevention and Care Branch December 2016

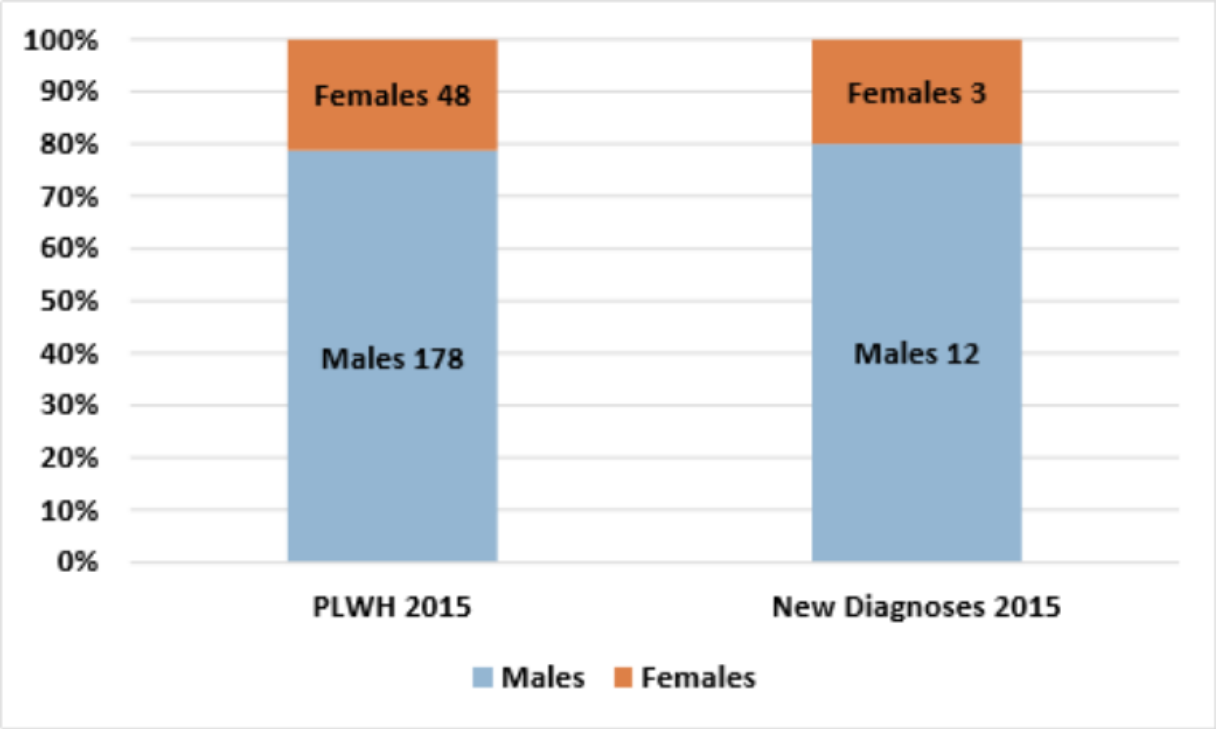
Sherman-Dennison HSDA

Sherman-Dennison HSDA Counties: Cooke, Fannin, and Grayson

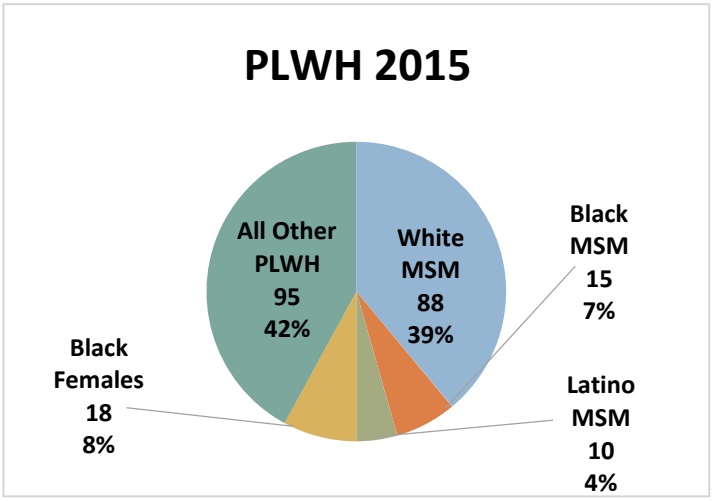
Epi Profile

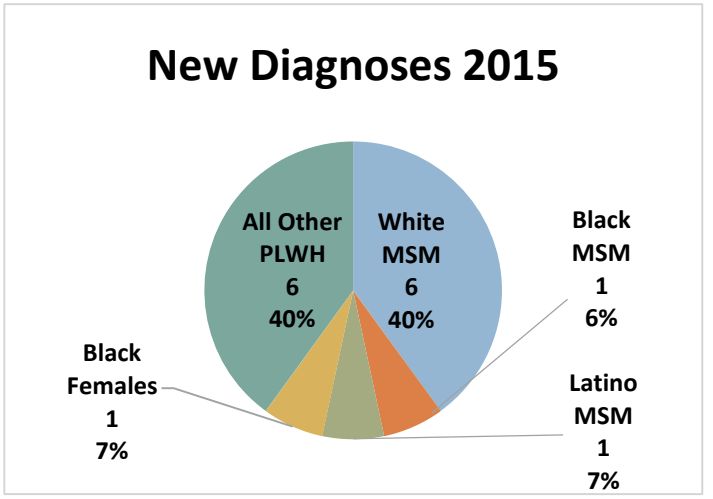
There were **226 people living with HIV (PLWH)** in this area as of the end of 2015. This includes only people with diagnosed infections with a current address in this area. People with undiagnosed HIV are not included. In 2015**, 15 people were newly diagnosed with HIV**. This does not mean they became infected in 2015, because people can live with HIV for a long time before they are diagnosed. This information comes from routine HIV disease surveillance.

Gender

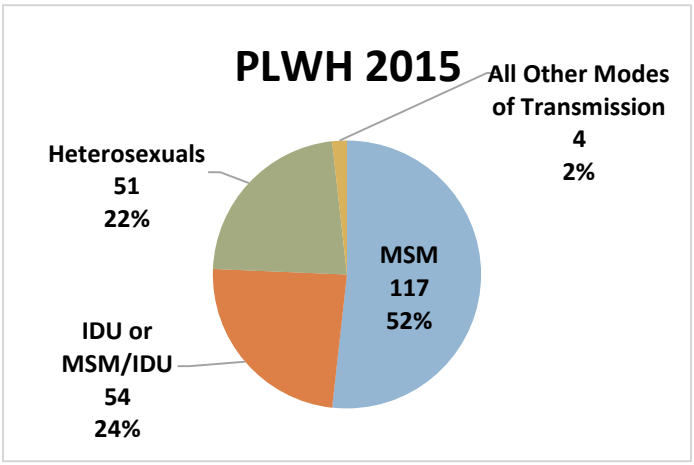


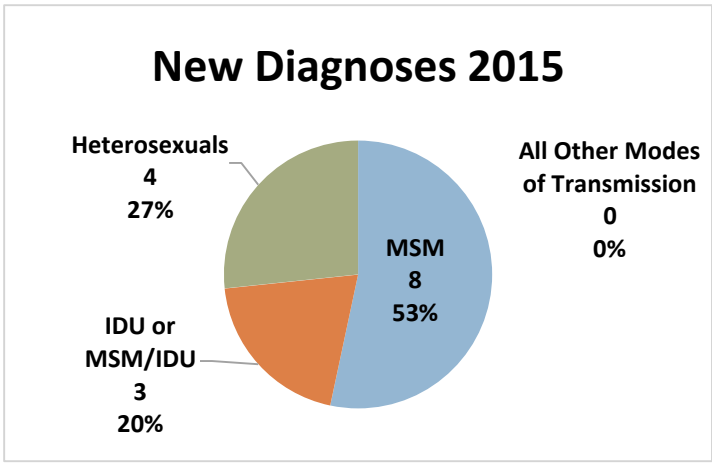
Priority Populations (58% of total PLWH, 60% of new diagnoses)



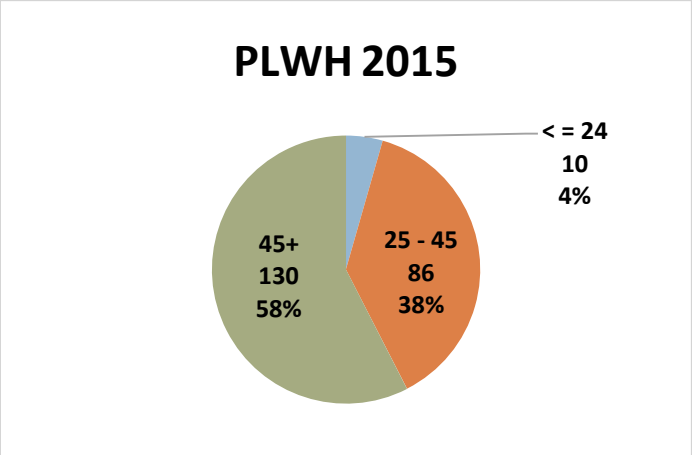


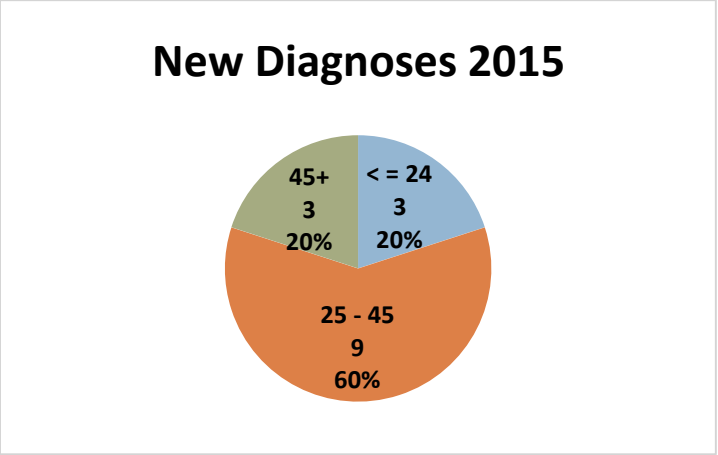
Mode of Exposure



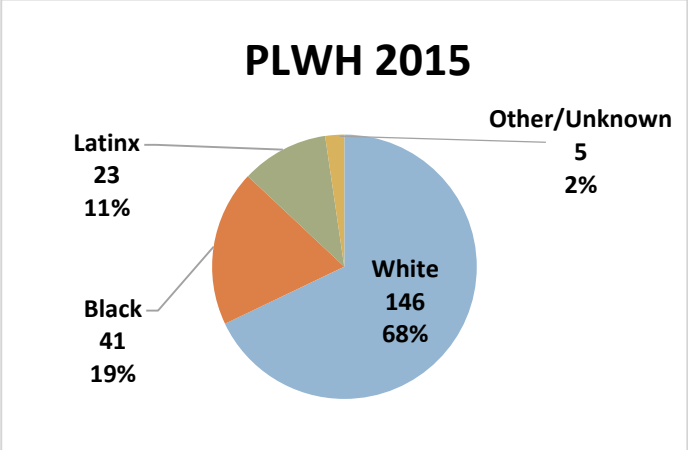


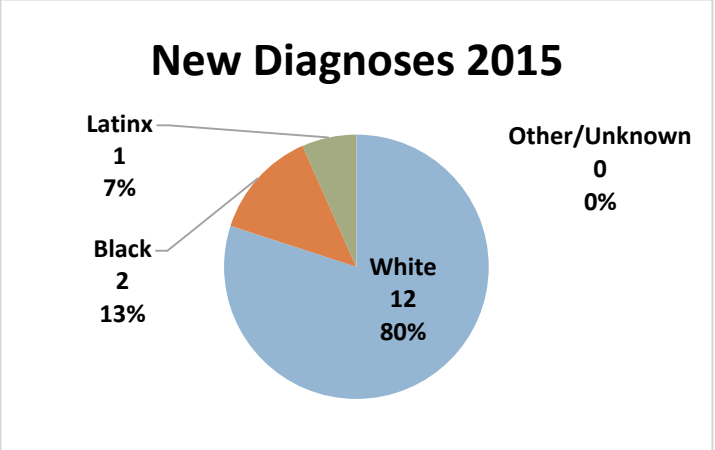
Age



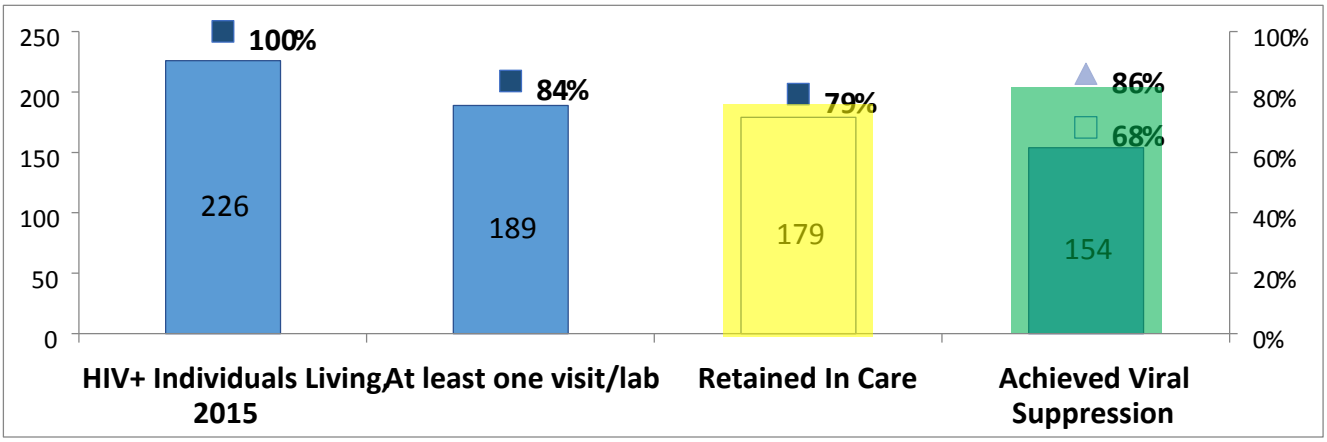


Race/Ethnicity





2015 Care Continuum



84% of PLWH had at least one episode of HIV care & treatment. This means roughly 8 out of 10 PLWH were in care.

79% of PLWH were retained in care (2 episodes of HIV care & treatment across the year). This means that roughly 8 out of 10 PLWH were retained in care

68% of PLWH were virally suppressed. This means that roughly 7 out of 10 PLWH were virally suppressed

Of those 8 out of 10 PLWH who were retained in care, 86%, or roughly 7 of those 8 PLWH, were virally suppressed.

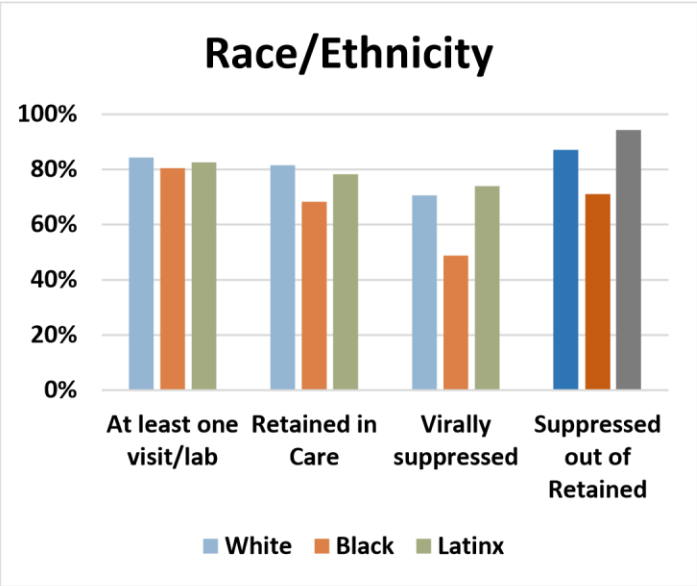
Texas Department of State Health Services, HIV/STD Prevention and Care Branch December 2016

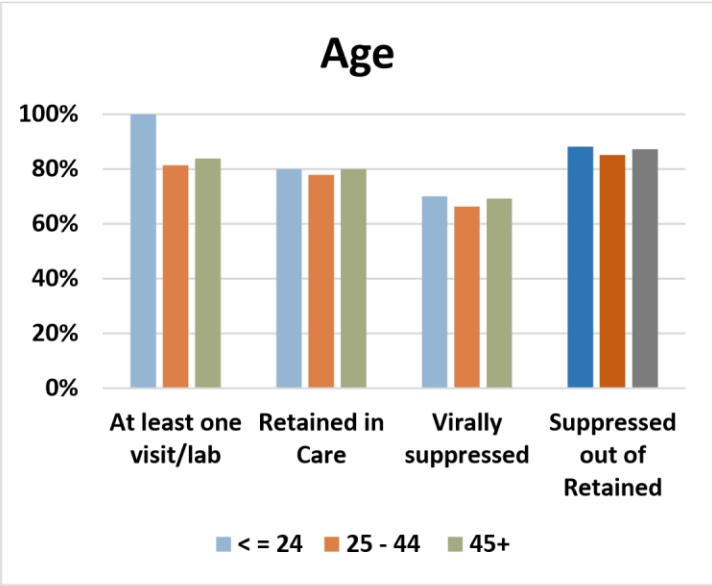
2015 Continuum of Care, Parity Table

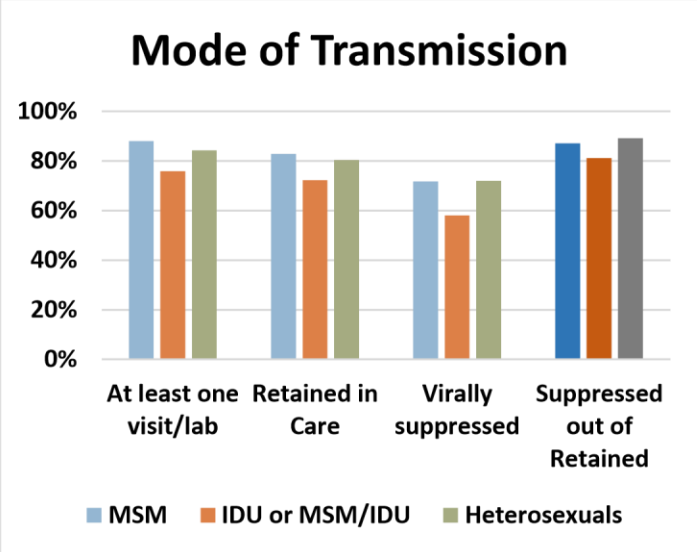
	PLWH		At least one visit		Retained in Care		% retained if any care	Suppressed		% suppressed of those retained
	#	%	#	%	#	%	%	#	%	%
All PLWH	**226**	**100%**	**189**	**84%**	**179**	**79%**	**95%**	**154**	**68%**	**86%**
Female	48	21%	37	77%	36	75%	97%	31	65%	86%
Male	178	79%	152	85%	143	80%	94%	123	69%	86%
White	146	65%	123	84%	119	82%	97%	103	71%	87%
Black	41	18%	33	80%	28	68%	85%	20	49%	71%
Latinx	23	10%	19	83%	18	78%	95%	17	74%	94%
<=24	10	4%	10	100%	8	80%	80%	7	70%	88%
25 - 44	86	38%	70	81%	67	78%	96%	57	66%	85%
>= 45	130	58%	109	84%	104	80%	95%	90	69%	87%
MSM	117	52%	103	88%	97	83%	94%	84	72%	87%
IDU	54	24%	41	76%	39	72%	95%	31	58%	81%
Heterosexual	51	23%	43	85%	41	81%	95%	37	72%	89%
White MSM	88	39%	77	87%	76	86%	99%	67	76%	88%
Black MSM	15	7%	14	93%	11	70%	79%	8	50%	72%
Latino MSM	10	4%	9	90%	8	80%	89%	7	70%	88%
Black Females	18	8%	12	67%	12	67%	100%	8	44%	67%

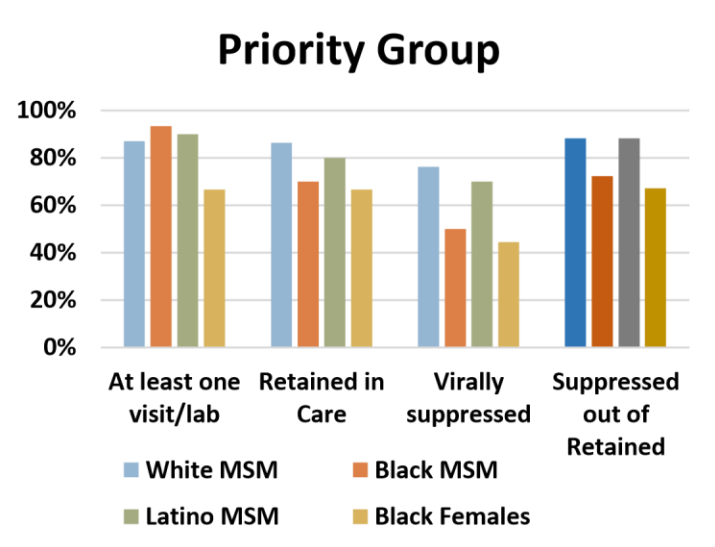
Texas Department of State Health Services, HIV/STD Prevention and Care Branch December 2016

2015 Continuum of Care, Parity Bar Charts









Targets

85% PLWH retained in HIV care & treatment

81% of those retained are virally suppressed

	PLWH		Retained in Care		*85% retained goal*	Gap	Suppressed	*81% suppressed goal*	Gap
	#	%	#	%	#	#	#	#	#
All PLWH	**226**	**100%**	**179**	**79%**	***192***	***13***	**154**	***156***	***2***
Female	48	21%	36	75%	*41*	*5*	31	*33*	*2*
Male	178	79%	143	80%	*151*	*8*	123	*122*	*-1*
White	146	65%	119	82%	*124*	*5*	103	*100*	*-3*
Black	41	18%	28	68%	*35*	*7*	20	*28*	*8*
Latinx	23	10%	18	78%	*20*	*2*	17	*16*	*-1*
<=24	10	4%	8	80%	*9*	*1*	7	*7*	*0*
25 - 44	86	38%	67	78%	*73*	*6*	57	*59*	*2*
>= 45	130	58%	104	80%	*111*	*7*	90	*90*	*0*
MSM	117	52%	97	83%	*100*	*3*	84	*81*	*-3*
IDU	54	24%	39	72%	*46*	*7*	31	*37*	*6*
Heterosexual	51	23%	41	81%	*43*	*2*	37	*35*	*-2*
White MSM	88	39%	76	86%	*75*	*-1*	67	*61*	*-6*
Black MSM	15	7%	11	70%	*13*	*2*	8	*11*	*3*
Latino MSM	10	4%	8	80%	*9*	*1*	7	*7*	*0*
Black Females	18	8%	12	67%	*15*	*3*	8	*12*	*4*

Texas Department of State Health Services, HIV/STD Prevention and Care Branch December 2016