

FY 2007 RYAN WHITE NEEDS ASSESSMENT: ANONYMOUS NEEDS SURVEY REPORT

Prepared By



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I. BACKGROUND

The Ryan White Care Council conducts a needs assessment for the purpose of gathering service need data. The results are utilized in conjunction with other information to prioritize and allocate Ryan White funding throughout an eight county (Hardee, Hernando, Highlands, Hillsborough, Manatee, Pasco, Pinellas and Polk) service area. One component of the FY 2007 needs assessment involved surveying HIV+ clients throughout the Total Service Area (TSA) to determine overall needs and service gaps.

II. METHODOLOGY

The 2007 questionnaire was developed in 2006 by the State of Florida HIV/AIDS Bureau in conjunction with the Patient Care Planning Group for Part B consortias. Input was sought from local planning areas in January of 2007. The Minority Advocacy Committee and Planning and Evaluation Committee carefully reviewed the draft survey and suggested changes, of which most were graciously incorporated into the survey. The survey instrument was pilot tested in a focus group format with clients of various ages, genders, races and reading abilities. Recommendations from the pilot test offered further refinement to the instrument, prior to its distribution.

The survey was required for all Part B consortia areas, but since our local area is a combined Part A planning body and a Part B consortia, permission was granted to make some minor local adjustments to the survey to make it fit the purposes of both. Now a single survey could be used locally for both Part A and B without creating survey fatigue for clients.

The survey was intended to provide quantitative (measurable) data, and was used in conjunction with other qualitative data such as focus groups to assure client input into the needs assessment process.

The instrument was composed of check boxes and fill-in-the-blank questions. The content of the questions included demographic information, participation in medical care, co-morbidities, payment sources, and service needs and barriers. (See Attachment 1) To facilitate the participation of Spanish and Creole-speaking people living with HIV/AIDS (PLWH), the questionnaire was translated into Spanish and Creole, and was made available at all survey sites.

A survey link was posted online at the Care Council website as well as with several partner websites. Surveys were distributed to a total of 69 sites selected to ensure diversity and representativeness in the sample. The sites consisted of primary care providers (public and private), AIDS Drug Assistance Program offices, food banks, drug treatment providers, PLWH housing providers, homeless shelters, PLWH support groups and special events. The number of survey sites by county was as follows:

Hardee County	1	Manatee County	4
Hernando County	5	Pasco County	7
Highlands County	4	Pinellas County	24
Hillsborough County	21	Polk County	3

Surveys were available at each site for multiple weeks except for support groups and special events. The length of time varied depending on the site's schedule and the number of PLWH projected to seek services. The survey remained available at most sites from April 2007 through November 2007.

The surveys were placed at locations where they were highly visible to clients, when appropriate. In some cases, confidentiality concerns led sites to find less obvious means of distributing the surveys including attaching the survey to a client file when an appointment was scheduled during the survey period. Each survey contained a cover sheet explaining the purpose of the survey and contact information for the Care Council. A postage paid return envelope was provided with all surveys at sites without a collection box. Key staff at several of the sites collaborated in the distribution by asking clients to complete the survey and by providing assistance with completing the survey as needed.

Local pharmacies who provide mail-order prescriptions agreed to include a survey and return envelope with all mail-outs. Several agencies also distributed the survey by mailing copies with return envelopes to each client of record. Several Ryan White and partner agencies posted a link to the survey on their website as well.

A. Representativeness of the Sample

A total of 1772 surveys were returned. Of these, 25 were incomplete to the point of not being useable. The 2004 Client Survey consisted of 901 usable responses, 846 less than the current survey representing a 94% increase in completed surveys.

To assess the representativeness of the 1747 completed responses, a comparison of their demographic characteristics was made against those of each county's cumulative HIV and AIDS reported cases through December 2006. Hispanic is an ethnicity and can be of any race. Totals may not equal 100% due to a respondent's choice to not answer a specific question. No target was set for transgender since the specific data set for cumulative cases only reports males and females. (See Table 1).

Table 1
Representativeness of the Sample by TSA and by County:
Percent of HIV/AIDS Cases, Gender, Race/Ethnicity

Total Service Area (n= 1747)		
Characteristic	Target	% Received
% of cases in TSA	20%	16.4%
Male	70%	65.8%
Female	30%	33.7%
Transgender		0.5%
White	47%	55%
Black	39%	29%
Other/More than one	1%	1%
Hispanic – any race	13%	15%
HARDEE COUNTY (n=7)		
Characteristic	Target	% Received
Overall % of cases in TSA	<1%	<1%
% of cases in county	20%	12%
Male	59%	50%
Female	41%	50%
White	12%	33%
Black	43%	17%
Other/More than one	7%	0%
Hispanic – any race	38%	50%
HERNANDO COUNTY (n=37)		
Characteristic	Target	% Received
Overall % of cases in TSA	1.7%	2%
% of cases in county	20%	26%
Male	71%	86%
Female	29%	14%
White	66%	76%
Black	15%	8%
Other/More than one	2%	0%
Hispanic – any race	17%	16%
HIGHLANDS COUNTY (n=16)		
Characteristic	Target	% Received
Overall % of cases in TSA	1.5%	1%
% of cases in county	20%	10%
Male	62%	64%
Female	38%	36%
White	27%	38%

Black	50%	25%
Other/More than one	0%	6%
Hispanic – any race	23%	31%
HILLSBOROUGH COUNTY (n=688)		
Characteristic	Target	% Received
Overall % of cases in TSA	46%	39%
% of cases in county	20%	14%
Male	69%	55%
Female	31%	45%
Transgender		<1%
White	39%	40%
Black	44%	39%
Other/More than one	1%	3%
Hispanic – any race	16%	18%
MANATEE COUNTY (n=56)		
Characteristic	Target	% Received
Overall % of cases in TSA	7.5%	3%
% of cases in county	20%	7%
Male	67%	47%
Female	33%	47%
Transgender		6%
White	40%	42%
Black	44%	40%
Other/More than one	1%	3%
Hispanic – any race	15%	15%
PASCO COUNTY (n=83)		
Characteristic	Target	% Received
Overall % of cases in TSA	4.5%	5%
% of cases in county	20%	15%
Male	71%	70%
Female	29%	30%
White	77%	69%
Black	10%	11%
Other/More than one	3%	3%
Hispanic – any race	10%	17%
PINELLAS COUNTY (n=726)		
Characteristic	Target	% Received
Overall % of cases in TSA	28%	42%
% of cases in county	20%	25%
Male	77%	77%

Female	23%	23%
Transgender		<1%
White	61%	66%
Black	31%	25%
Other/More than one	2%	2%
Hispanic – any race	6%	7%
POLK COUNTY (n=148)		
Characteristic	Target	% Received
Overall % of cases in TSA	11.5%	8%
% of cases in county	20%	11%
Male	60%	61%
Female	40%	39%
White	39%	44%
Black	49%	43%
Other/More than one	2%	2%
Hispanic – any race	10%	11%

Representativeness of data was monitored as surveys were returned, and attempts were made to gather more responses in areas where under sampling occurred. In spite of these efforts, there were issues with under and over sampling as described below:

The state encouraged an overall return rate of 20%. Overall results indicated an under sampling by 3.6% or 396 surveys. For return rates by county, Pinellas and Hernando had a sample size appropriate to the HIV/AIDS data while Hardee, Highlands, Hillsborough, Manatee, Pasco and Polk counties were under represented.

Gender analysis showed females over represented in Hardee, Hillsborough and Manatee counties and very slightly in Pasco County. Males were over represented in Hernando and Highlands counties and very slightly in Polk County. Pinellas County had sample sizes appropriate to the HIV/AIDS data. Females were over represented in the TSA by 3.7% leaving males under represented by 4.2 percent.

Race and ethnicity data indicated an over sampling of whites in every county except for Pasco. Hispanics were over represented in every county except Hernando which was slightly under and Manatee where the sample size corresponded to HIV/AIDS data. In the TSA, Hispanics were over sampled by 2% and blacks were under sampled by 10 percent.

B. Other Limitations of the Data

As was previously stated, 25 surveys could not be utilized due to incompleteness of responses. Completing the survey was dependent to a large degree on the respondent's ability to read. While every attempt was made to make the terminology as simple as possible, there may still have been misunderstandings. In some cases staff was available to assist individuals with literacy problems, but there were concerns expressed during the process that reading ability may have prevented certain individuals from participating in the survey.

The length of the survey may also have prevented some individuals from participating in the process. The length of time required to complete the survey was estimated to average 20 minutes, however this may have been longer for those with low reading ability. In addition, self reporting, particularly on issues surrounding mental health, substance use and sexual behavior can be unreliable.

III. RESULTS

A. Demographics

Demographic information including gender, race/ethnicity, age and orientation for the Total Service Area (TSA), Eligible Metropolitan Area (EMA), and the non-EMA are included in Table 2. The EMA consists of Hernando, Hillsborough, Pasco, and Pinellas counties. The non-EMA area includes Hardee, Highlands, Manatee and Polk counties.

Note that in all Table calculations, totals (EMA + Non-EMA) may not equal TSA responses due to non-response to particular questions regarding county of residence.

Table 2
Demographics of Survey Respondents

Characteristic	TSA% (n=1747)	EMA% (n=1525)	Non-EMA% (n=222)
Gender			
Male	65.8	67.0	57.7
Female	33.7	32.7	41.0
Transgender	0.5	0.3	1.4
Females pregnant in last 12 months	2.3	2.4	1.6
Race			
White/Caucasian	59.9	61.4	49.2
Black or African American	34.9	33.3	46.5

Asian	0.5	0.6	0.5
American Indian/Alaska Native	1.0	1.4	0.5
Native Hawaiian/Pacific Islander	0.2	0.1	0
Mixed/More Than One Race	3.5	3.2	3.3
Ethnicity			
Hispanic	15.5	15.2	16.7
Age			
Under 24	5.8	6.1	3.6
25-44	43.9	43.6	44.5
45-64	47.8	48.0	47.3
65 or older	2.5	2.3	4.5
Orientation			
Straight	49.1	47.0	63.9
Gay	43.3	45.5	28.2
Lesbian	0.8	0.7	1.9
Bisexual	5.3	5.3	5.6
Transgender	0.6	0.5	0.9
Other	1.3	1.4	0.5

Table 3 provides a summary of the education level of respondents for the EMA, Non-EMA and the TSA. Many of the responses included in the 'other' category included a specific training program or military while some were still in grade school and others had never attended any school.

Table 3
Education level

	TSA% (n =1751)	EMA% (n =1519)	Non-EMA% (n =224)
Grade school	5.0	4.8	6.3
Some high school	17.0	16.3	22.8
Completed high school/GED	25.7	25.0	30.4
Technical/trade school	9.1	9.4	7.6
Some college	25.5	26.3	20.5
Completed college	16.1	17.0	10.8
Other	1.6	1.2	1.6

Respondents were asked about their living situation. Overall, most respondents lived in an owned or rented house, condo, apartment or trailer. Many others reported living with family or friends. The non-EMA had a higher percentage of respondents staying with family or friends and those that were homeless or in a shelter. HIV/AIDS housing is not readily available in the non-EMA area, accounting for the lack of responses in that category. Table 4 describes place of residence.

**Table 4
Housing**

Type of Housing	TSA % (n =1636)	EMA % (n =1420)	Non-EMA % (n =209)
Type of Housing			
Own or rent house, condo, apartment, or trailer	72.6	73.3	67.9
Staying/living with family or friends	17.8	16.7	24.9
Housing for persons living with HIV	3.4	3.9	0
Residential treatment program (for drugs and/or alcohol)	0.7	0.8	0
Group home	0.5	0.5	0.5
Transitional or temporary housing	2.4	2.5	1.4
Homeless or in a shelter	2.0	1.6	4.8
Other	2.1	2.3	1.4
People in Household			
Live alone	33.4	34.0	30.2
2	38.2	39.4	29.8
3	13.8	13.4	16.3
4	7.3	6.2	14.4
5	4.1	3.6	6.5
other	3.3	3.4	2.8

Employment status and household income information was collected to help ascertain information on the economic status and possible public benefit eligibility of respondents. More than one-third of the respondents reported being on disability, but may be disabled for reasons unrelated to HIV infection. Table 5 provides the results of employment status information and household income information. Totals will not equal 100% as more than one category could be checked (for example, student and employed part time).

**Table 5
Employment Status**

	TSA% (n =1746)	EMA% (n =1518)	Non-EMA% (n =209)
Employment Status			
Employed full time	25.1	25.0	25.3
Employed part time	10.8	10.6	12.2
Student full time	2.7	3.0	0.9
Student part time	1.4	1.4	1.4
Retired	3.8	3.7	5.0
Job training program	0.9	0.8	1.8

On temporary medical leave	1.0	1.0	1.4
On disability	37.3	38.5	29.4
Not employed	25.0	24.6	27.1
Household Yearly Income			
\$0 - \$10,311	37.3	37.4	34.8
\$10,312 - \$15,416	17.7	17.3	20.7
\$15,417 - \$20,520	11.9	11.9	12.1
\$20,521 - \$25,626	11.7	11.8	11.1
\$25,627 - \$30,630	7.5	7.5	8.1
More than \$30,630	13.9	14.1	13.1

Respondents were asked to identify whether or not any of the listed characteristics applied to them within the last 12 months. The non-EMA area had a higher percentage of migrant workers than the EMA, which was expected due to the role of agriculture in the economy of the more rural counties. The non-EMA also had a much higher percentage of runaway/street youth than the EMA while the EMA had a much higher percentage of respondents who had used other street drugs. Table 6 provides the results.

Table 6
Other Population Characteristics

Characteristic	TSA% (n =1669)	EMA% (n =1451)	Non-EMA% (n =212)
Blind or visually impaired	5.8	5.4	8.0
Deaf or hearing impaired	3.4	3.7	1.4
Currently in jail/prison	2.0	2.1	1.9
On probation/parole	3.5	3.6	0
Migrant or seasonal worker	0.4	0.3	9.0
Runaway/street youth	0.3	0.3	6.1
Trade sex for money or drugs	3.1	2.7	0.9
Injection/needle drug use	2.0	2.7	3.3
Other street drugs	10.7	10.8	0.5
None of these apply to me	76.6	76.8	76.4

Respondents were asked to identify sources of financial assistance. Table 7 describes the payor sources identified and insurance status of respondents. Ryan White was the most common payor source followed by Social Security Disability and then Medicaid. Nearly one-fourth of survey respondents indicate having private health insurance. Totals do not equal 100% as more than one answer was permitted.

**Table 7
Sources of Assistance**

Payor Source	TSA% (n =1483)	EMA% (n =1280)	Non-EMA% (n =196)
Ryan White	57.7	59.7	46.9
Social Security Disability	43.6	44.9	35.7
Medicaid	40.4	41.4	36.2
Food stamps	33.9	33.8	34.2
ADAP (AIDS Drug Assistance Program)	30.7	29.2	40.8
Medicare	30.6	31.3	25.5
TANF (Temporary Assistance to Needy Families)	3.9	4.1	2.0
Insurance Continuation	3.8	3.8	4.6
VA (Veterans Administration)	2.2	2.4	1.0
Compassionate Use (Medications)	1.7	1.7	1.5
Private health insurance	24.2	24.4	23.9
Private dental insurance	14.3	15.0	10.2
Private vision/eye care insurance	12.8	12.8	12.7

B. Health, Access and Treatment Indicators

1. Diagnosis and Care

Questions were asked to get a better understanding of the respondents including current care, where services are accessed, how information about care is passed along, and co-morbidities.

Place of diagnosis was explored to identify how many persons were diagnosed outside of the TSA and the State of Florida to begin understanding the impact in-migration plays in service needs. Funding is based upon cases diagnosed in the state and individuals diagnosed elsewhere are not included in calculations for the funding received through a variety of sources in the TSA. A total of 72.4% of respondents were diagnosed in Florida. A summary of place of diagnosis appears in Table 8.

Table 8
Place of Initial Diagnosis
(n= 1730)

Place of Diagnosis	Percent
Within the county of current residence	55.8
Elsewhere in Florida	16.6
In another state	25.7
Out of the United States	1.8

Table 9
Currently in Care

	TSA% (n = 1726)	EMA% (n =1499)	Non-EMA% (n =220)
Yes	96.8	96.7	97.7
No	3.2	3.3	2.3

Table 10
Where Care is Received

	TSA% (n = 1552)	EMA% (n =1344)	Non-EMA% (n =202)
Walk-in/emergency clinic	4.6	4.6	3.5
Hospital emergency room	4.8	4.9	3.5
Public clinic/health department	41.9	38.6	64.4
Doctor's office	51.0	54.6	28.2
Veteran's administration	2.1	2.3	0.5
Other	4.5	4.6	4.0

2. Accessing Care Outside County of Residence

When asked if they were currently receiving care in the same county in which they live, 84% in the TSA said "yes". In the EMA 84.7% indicated that they received care in the same county of residence, as did 81.3% in the non-EMA. Cross-over occurs throughout the TSA as clients must travel to obtain particular services, specialty care or access VA facilities. Of those who receive care in a county outside their county of residence, 19% do so because services are not available in their county and 8% do so because it is closer to where they live. 15% of EMA residents don't want others to know they have HIV while 30% of non-EMA residents cite this as their reason for seeking care outside their county of residence. 55% of those who access care outside of their county of residence do so for doctor or clinic preference or perceived quality of care/service.

3. Co-Morbidities

Respondents were asked to report on co-morbidities during the past year for Tuberculosis (TB), Gonorrhea, Syphilis, Chlamydia and other sexually transmitted diseases (STDs). Totals may not equal 100% as multiple answers were permitted. Table 11 lists co-morbidities identified by respondents as well as the percentage of respondents that had been told they had AIDS in the past 12 months.

**Table 11
Co-Morbidities**

Co-Morbidity	TSA% (n=548)	EMA% (n=468)	Non-EMA% (n=76)
Tuberculosis in past year	4.0	3.6	6.6
Syphilis in past year	9.5	10.3	5.3
Gonorrhea in past year	2.9	3.4	0
Chlamydia in past year	3.1	2.8	5.3
Other Sexually Transmitted Disease in the past year	4.9	4.3	9.2
Other	25.7	27.4	17.1
AIDS	67.3	66.9	68.4

Of those who chose 'other' as their co-morbidity, almost half indicated that they had been diagnosed with HIV within the last 12 months. Other co-morbidities included mostly hepatitis, cancer, diabetes and high blood pressure.

Those who had been diagnosed with hepatitis were asked to identify which kind. Table 12 details those responses.

**Table 12
Hepatitis Co-Morbidities**

	TSA% (n=212)	EMA% (n=186)	Non-EMA% (n=25)
Hepatitis A	3.3	2.2	12.0
Hepatitis B	27.8	26.9	36.0
Hepatitis C	56.1	58.1	40.0
Don't know	12.7	12.9	12.0

4. Information Dissemination

Respondents were also asked to identify where they get most of their information about HIV/AIDS services in their local area. The most commonly preferred source for information was from the clinic/doctor's office. The health department was the second highest preferred method of receiving information, followed closely by the case manager, internet, and then an AIDS organization. Table 13 provides a summary of those responses. Totals may exceed 100% as more than one answer was permitted.

Table 13
Dissemination of HIV/AIDS Information about Local Services

Method	TSA % (n=1618)	EMA % (n=1403)	Non-EMA% (n=209)
Clinic/doctor's office	58.3	61.3	39.7
Health department	22.5	18.9	46.9
Case manager	21.4	21.5	21.5
Internet	14.8	14.6	15.3
AIDS organization/advocacy group	12.4	13.1	6.2
Friends/family	6.4	6.6	4.8
Newspaper/radio/TV	5.6	5.6	5.7
Community based organizations	4.1	4.3	2.4
Place of worship	1.7	1.6	2.4
Community health fair	1.6	1.9	0

C. Service Utilization

Respondents were asked to indicate which services they had needed and received in the past year. Tables 14 and 15 provide a summary of the most frequently utilized services by geographic area and by sub-populations including Blacks, Hispanics, and women.

Table 14
Service Utilization from Highest to Lowest by TSA, EMA and Non-EMA

#	TSA Rankings (n =1677)	EMA Rankings (n = 1460)	Non-EMA Rankings (n =217)
1	Medications	Medications	Case Management
2	Case Management	Case Management	Medications
3	Outpatient Medical Care	Outpatient Medical Care	Outpatient Medical Care
4	Health Insurance	Health Insurance	Nutritional Counseling
5	Dental/Oral Health	Dental/Oral Health	Health Education
6	Health Education	Health Education	Mental Health
7	Mental health	Mental health	Dental/Oral Health
8	Nutritional Counseling	Food Bank	Health Insurance
9	Food Bank	Nutritional Counseling	Emergency Financial Assistance
10	Emergency Financial Assistance	Client Advocacy	Treatment Adherence
11	Client Advocacy	Early Intervention	Food Bank
12	Early Intervention	Emergency Financial Assistance	Transportation
13	Transportation	Transportation	Client Advocacy
14	Treatment Adherence	Treatment Adherence	Early Intervention
15	Housing Assistance	Legal Support	Housing Assistance
16	Legal Support	Housing Assistance	Substance Abuse
17	Substance Abuse	Outreach	Other Support Services
18	Outreach	Substance Abuse	Outreach
19	Home Health Care	Home Health Care	Home Health Care
20	Rehabilitation	Rehabilitation	Legal Support
21	Other Support Services	Other Support Services	Buddy/Companion
22	Buddy/Companion	Buddy/Companion	Rehabilitation
23	Hospice	Hospice	Adult Day or Respite Care
24	Adult Day or Respite Care	Adult Day or Respite Care	Hospice
25	Child Welfare	Child Welfare	Child Day Care
26	Child Daycare	Child Daycare	Child Welfare

Table 15
Service Utilization from Highest to Lowest by Black, Hispanic and Women in TSA

#	Black (n = 567)	Hispanic (n =231)	Women (n =589)
1	Case Management	Medications	Case Management
2	Medications	Case Management	Medications
3	Outpatient Medical Care	Outpatient Medical Care	Outpatient Medical Care
4	Health Insurance	Health Insurance	Health Insurance
5	Health Education	Dental/Oral Health	Health Education
6	Dental/Oral Health	Health Education	Dental/Oral Health
7	Food Bank	Mental Health	Food Bank
8	Nutritional Counseling	Food Bank	Nutritional Counseling
9	Early Intervention	Emergency Financial Assistance	Early Intervention
10	Mental Health	Early Intervention	Mental Health
11	Emergency Financial Assistance	Nutritional Counseling	Emergency Financial Assistance
12	Treatment Adherence	Client Advocacy	Treatment Adherence
13	Transportation	Treatment Adherence	Transportation
14	Client Advocacy	Transportation	Client Advocacy
15	Housing Assistance	Housing Assistance	Housing Assistance
16	Legal Support	Outreach	Legal Support
17	Outreach	Other Support Services	Outreach
18	Substance Abuse	Legal Support	Substance Abuse
19	Other Support Services	Substance Abuse	Other Support Services
20	Rehabilitation	Rehabilitation	Rehabilitation
21	Home Health Care	Home Health Care	Home Health Care
22	Adult Day or Respite Care	Buddy/Companion	Adult Day or Respite Care
23	Buddy/Companion	Hospice	Buddy/Companion
24	Hospice	Adult Day or Respite Care	Hospice
25	Child Welfare	Child Day Care	Child Welfare
26	Child Day Care	Child Welfare	Child Day Care

D. Service Gaps

Service gaps were determined by respondents indicating which services they needed over the past year but did not receive. Gaps have been analyzed by geographic area, Blacks, Hispanics, and women.

Services needed but not received in the TSA (from highest to lowest %) include:

- Dental/Oral Health (33.5%)
- Emergency Financial Assistance (25.3%)
- Health Insurance (19.7%)
- Food Bank or Food Vouchers (19.2%)
- Client Advocacy (18.4%)
- Housing Assistance (17.7%)
- Transportation (14.5%)
- Legal Support (13.7%)
- Nutritional Counseling (12.4%)
- Mental Health (12%)
- Buddy/Companion Services (11.6%)
- Case Management (11.5%)
- Rehabilitation (10.4%)
- Early Intervention Services (10.1%)
- Outreach (9.5%)
- Medications (8.8%)
- Treatment Adherence (7.3%)
- Outpatient Medical Care (6.7%)
- Home Health Care (6.5%)
- Other Support Services (6.1%)
- Health Education/Risk Reduction (5.9%)
- Adult Day or Respite Care (5.4%)
- Child Daycare (3.4%)
- Substance Abuse (3.1%)
- Hospice Services (3.0%)
- Child Welfare (2.3%)

Services needed but not received in the EMA (from highest to lowest %) include:

- Dental/Oral Health (33.0%)
- Emergency Financial Assistance (26.4%)
- Health Insurance (20.0%)
- Food Bank or Food Vouchers (19.4%)
- Client Advocacy (18.6%)
- Housing Assistance (17.5%)
- Transportation (14.2%)
- Legal Support (14.3%)
- Nutritional Counseling (13.1%)
- Mental Health (12.7%)
- Case Management (11.9%)
- Buddy/Companion Services (11.7%)
- Rehabilitation (10.5%)

Early Intervention Services (9.9%)
Outreach (9.7%)
Medications (8.9%)
Treatment Adherence (7.3%)
Home Health Care (6.6%)
Other Support Services (6.5%)
Outpatient Medical Care (6.3%)
Health Education/Risk Reduction (5.9%)
Adult Day or Respite Care (5.5%)
Child Daycare (3.2%)
Substance Abuse (3.2%)
Hospice Services (3.1%)
Child Welfare (2.3%)

Services needed but not received in the non-EMA area (from highest to lowest %) include:

Dental/Oral Health (37.6%)
Housing Assistance (19%)
Food Bank or Food Vouchers (17.5%)
Emergency Financial Assistance (17.1%)
Health Insurance (16.7%)
Client Advocacy (16.3%)
Transportation (16.3%)
Buddy/Companion Services (11.4%)
Early Intervention Services (10.6%)
Legal Support (9.7%)
Rehabilitation (9.2%)
Case Management (8.4%)
Medications (7.8%)
Outreach (7.8%)
Outpatient Medical Care (7.6%)
Nutritional Counseling (7.2%)
Treatment Adherence (6.8%)
Mental Health (6.7%)
Health Education/Risk Reduction (6.2%)
Home Health Care (5.7%)
Adult Day or Respite Care (4.4%)
Child Daycare (4.4%)
Other Support Services (3.9%)
Child Welfare (2.5%)
Substance Abuse (2.0%)
Hospice Services (1.5%)

Services needed but not received for Blacks (from highest to lowest %) include:

- Dental/Oral Health (32.2%)
- Emergency Financial Assistance (28.5%)
- Housing Assistance (24%)
- Food Bank or Food Vouchers (20.3%)
- Transportation (18.8%)
- Client Advocacy (18.7%)
- Health Insurance (17.8%)
- Legal Support (12.5%)
- Case Management (12.4%)
- Nutritional Counseling (12.4%)
- Buddy/Companion Services (11.6%)
- Rehabilitation (11.4%)
- Mental Health (10.6%)
- Early Intervention Services (9.8%)
- Medications (9.6%)
- Outreach (9.1%)
- Treatment Adherence (9.0%)
- Other Support Services (7.6%)
- Outpatient Medical Care (7.6%)
- Health Education/Risk Reduction (7.5%)
- Home Health Care (6.7%)
- Adult Day or Respite Care (5.6%)
- Child Daycare (5.4%)
- Child Welfare (4.1%)
- Substance Abuse (3.8%)
- Hospice Services (3.2%)

Services needed but not received for Hispanics (from highest to lowest %) include:

- Dental/Oral Health (35.3%)
- Food Bank or Food Vouchers (24.5%)
- Emergency Financial Assistance (23.4%)
- Client Advocacy (18.1%)
- Health Insurance (17.8%)
- Nutritional Counseling (17.8%)
- Housing Assistance (16.3%)
- Buddy/Companion Services (14.5%)
- Transportation (14.1%)
- Early Intervention Services (12.7%)
- Legal Support (12.6%)
- Rehabilitation (12.2%)

Outreach (11.6%)
Other Support Services (11.3%)
Mental Health (11.2%)
Case Management (11.1%)
Home Health Care (10.6%)
Treatment Adherence (9.0%)
Medications (8.9%)
Outpatient Medical Care (8.7%)
Adult Day or Respite Care (8.2%)
Health Education/Risk Reduction (7.4%)
Hospice Services (5.0%)
Substance Abuse (4.5%)
Child Daycare (3.0%)
Child Welfare (2.5%)

Services needed but not received for women (from highest to lowest %) include:

Dental/Oral Health (34.1%)
Emergency Financial Assistance (25.9%)
Food Bank or Food Vouchers (19.7%)
Housing Assistance (18.8%)
Client Advocacy (18.3%)
Transportation (17.4%)
Health Insurance (17.2%)
Buddy/Companion Services (13.1%)
Case Management (13%)
Rehabilitation (12%)
Legal Support (12%)
Nutritional Counseling (11.4%)
Outreach (10.7%)
Mental Health (10.5%)
Early Intervention Services (9.2%)
Treatment Adherence (8.6%)
Medications (8.5%)
Other Support Services (7.0%)
Outpatient Medical Care (6.9%)
Child Daycare (6.2%)
Health Education/Risk Reduction (6.1%)
Home Health Care (6.0%)
Adult Day or Respite Care (5.7%)
Substance Abuse (3.7%)
Hospice Services (3.5%)
Child Welfare (3.3%)

Service gap information is used to guide the comprehensive planning process to assist in determining where new funding should be allocated if it becomes available, information for Minority AIDS Initiative (MAI) services and where additional cooperative agreements or service linkages should be developed.

E. Barriers to Service

Respondents were asked to describe the reasons they did not receive a service they needed. Totals do not equal 100% as more than one response was permitted. Table 18 provides a summary of data by TSA, EMA and non-EMA areas.

Table 16
Barriers to Care by TSA, EMA and Non-EMA

Reason	TSA % (n=966)	EMA% (n=841)	Non-EMA% (n=119)
I don't want people to know I have HIV	33.9	32.8	42.0
Transportation problems	33.3	33.4	31.1
Had to wait too long for service	26.1	26.3	24.4
Service sites located too far away	25.6	25.8	24.4
Didn't know where to apply	21.3	22.0	16.0
Other health problems	20.9	21.5	15.1
Didn't know how to apply	18.8	19.9	11.8
Needed evening appointment	15.2	15.7	12.6
Application process too complicated	14.7	14.7	13.4
Cost of service is too high	14.3	15.1	7.6
Turned down/not eligible	14.0	14.6	8.4
On waiting list	13.9	14.4	10.9
Trouble communicating	8.8	9.2	5.9
Drug or alcohol addiction	7.1	7.5	5.0
Too busy taking care of partner	3.9	4.0	2.5
Too busy taking care of child	3.8	3.8	4.2
Other	15.0	15.8	8.4

“Other” reasons cited included specific reasons the client was determined ineligible, length of time they had been on a waiting list, Medicare donut hole and various complications of getting through the process to receive assistance.

F. Perceived Needs for PLWH/A

Previous questions regarding service needs and gaps were specific to the respondent. In the survey, respondents were also asked to rank the five services they felt were most important. Responses are listed in order of how frequently they were selected.

Although brief definitions were provided for each service earlier in the survey, it is important to remember that not all respondents may understand what each service encompasses or the terminology that may be used to describe a certain service, i.e. outpatient medical care versus the more familiar, primary care. It is important to note that the HRSA (Health Resources and Services Administration) service definitions for several categories have changed since this survey was disseminated and other service categories have been eliminated as fundable services.

Table 17
Most Important Services by TSA, EMA and Non-EMA

#	TSA Ranking	EMA Ranking	Non- EMA ranking
1	Dental/Oral health	Dental/Oral health	Dental/Oral health
2	Case Management	Case Management	Medications
3	Medications	Medications	Case Management
4	Health Insurance	Health Insurance	Housing Assistance
5	Housing Assistance	Housing Assistance	Health Insurance

#	TSA Ranking	EMA Ranking	Non- EMA ranking
6	Food Bank/Food Voucher	Food Bank/Food Voucher	Food Bank/Food Voucher
7	Emergency Financial Assistance	Emergency Financial Assistance	Emergency Financial Assistance
8	Transportation	Mental Health services	Outpatient Medical Care
9	Mental Health services	Transportation	Transportation
10	Legal Support	Legal Support	Nutritional Counseling
11	Outpatient Medical Care	Outpatient Medical Care	Mental Health services
12	Nutritional Counseling	Nutritional Counseling	Client Advocacy
13	Client Advocacy	Buddy/Companion services	Legal Support
14	Buddy/Companion services	Client Advocacy	Treatment Adherence
15	Health Education/Risk Reduction	Health Education/Risk Reduction	Health Education/Risk Reduction
16	Hospice services	Hospice services	Buddy/Companion services

17	Substance Abuse Treatment	Substance Abuse Treatment	Early Intervention services
18	Child Day Care	Child Day Care	Hospice services
19	Treatment Adherence	Outreach	Child Day Care
20	Outreach	Treatment Adherence	Substance Abuse Treatment
21	Early Intervention services	Early Intervention services	Outreach
22	Respite Care	Respite Care	Child Welfare
23	Child Welfare	Child Welfare	Respite Care
24	Rehabilitation	Rehabilitation	Rehabilitation

Respondents were given the opportunity to enter ‘a service that is not listed here.’ Twelve (12) people indicating that assistance with co-pays of various kinds were important, ten (10) people listed vision coverage, nine (9) people listed support groups, five (5) people listed acupuncture/massage services, four (4) people listed life insurance and three (3) people listed specialist care.

G. County Specific Results

The summary results presented in earlier tables have been re-aligned to provide the results for each individual county in the Total Service Area. County specific results include service utilization, service gaps and the ranking of the most important services.

Some services were not selected by any respondents as a service that was utilized, needed but not received or one of the most important resulting in empty cells in the tables. Caution should be used when considering some data due to the small sample size. Refer to Table 1 to determine how the number of respondents in each county relates to the total HIV positive population reported for that county.

Table 18
Service Utilization, Service Gaps, and Important Services for Hardee County

#	Service Utilization (n=6)	Service Gaps (n=6)	Most Important (n=6)
1	Health Education	Emergency Financial Assistance	Medication
2	Case Management	Buddy/Companion Services	Housing Assistance

3	Medication	Dental/Oral Health	Case Management
4	Dental/Oral Health	Food Bank/Food Voucher	Dental/Oral Health
5	Outpatient Medical Care	Health Insurance	Food Bank/Food Voucher
6	Food Bank/Food Voucher	Housing Assistance	Outpatient Medical Care
7	Nutritional Counseling	Legal Services	Transportation
8	Treatment Adherence	Transportation	Emergency Financial Assistance
9	Early Intervention services		Health Insurance
10	Other Support Services		Legal Services
11	Emergency Financial Assistance		Mental Health Services
12	Home Health Services		Treatment Adherence
13	Housing Assistance		
14	Mental Health Services		

Table 19
Service Utilization, Service Gaps, and Important Services for
Hernando County

#	Service Utilization (n=33)	Service Gaps (n=33)	Most Important (n=31)
1	Medications	Emergency Financial Assistance	Medications
2	Outpatient Medical Care	Food Bank/Food Voucher	Dental/Oral Health
3	Case Management	Dental/Oral Health	Case Management
4	Dental/Oral Health	Client Advocacy	Health Insurance
5	Health Insurance	Legal Support	Food Bank/Food Voucher
6	Early Intervention services	Health Insurance	Housing Assistance
7	Health Education/Risk Reduction	Outreach	Outpatient Medical Care
8	Mental Health Services	Mental Health Services	Nutritional Counseling
9	Nutritional Counseling	Buddy/Companion Services	Emergency Financial Assistance
10	Client Advocacy	Case Management	Client Advocacy
11	Emergency Financial Assistance	Housing Assistance	Buddy/Companion Services
12	Food Bank/Food Voucher	Early Intervention services	Mental Health Services
13	Housing Assistance	Nutritional Counseling	Transportation
14	Substance Abuse	Transportation	Early Intervention

	Treatment		services
15	Transportation		Legal Support
16	Treatment Adherence	Home Health Care	Rehabilitation
17	Home Health Care	Rehabilitation	Substance Abuse Treatment
18	Legal Support	Hospice services	Treatment Adherence
19	Respite Care	Other Support Services	
20	Outreach	Outpatient Medical Care	
21	Buddy/Companion Services	Respite Care	
22	Child Welfare	Child Day Care	
23	Hospice services	Child Welfare	
24	Rehabilitation	Health Education/Risk Reduction	
25	Child Day Care	Substance Abuse Treatment	
26	Other Support Services	Treatment Adherence	

Table 20
Service Utilization, Service Gaps, and Important Services for Highlands County

#	Service Utilization (n=15)	Service Gaps (n=15)	Most Important (n=14)
1	Medications	Dental/Oral Health	Medications
2	Case Management	Legal Support	Case Management
3	Outpatient Medical Care	Housing Assistance	Dental/Oral Health
4	Emergency Financial Assistance	Client Advocacy	Health Insurance
5	Health Education/Risk Reduction	Emergency Financial Assistance	Emergency Financial Assistance
6	Food Bank/Food Voucher	Health Insurance	Food Bank/Food Voucher
7	Dental/Oral Health	Food Bank/Food Voucher	Housing Assistance
8	Nutritional Counseling	Nutritional Counseling	Mental Health Services
9	Health Insurance	Transportation	Transportation
10	Early Intervention services	Rehabilitation	Early Intervention services
11	Client Advocacy	Case Management	Legal Support
12	Mental Health Services	Child Day Care	Nutritional Counseling
13	Treatment Adherence	Mental Health Services	Buddy/Companion Services
14	Transportation	Other Support Services	Child Day Care
15	Respite Care	Outreach	Client Advocacy

16		Early Intervention services	Health Education/Risk Reduction
17		Buddy/Companion Services	Outreach
18		Health Education/Risk Reduction	Rehabilitation
19		Outpatient Medical Care	Treatment Adherence
20		Home Health Care	

Table 21
Service Utilization, Service Gaps, and Important Services for Hillsborough County

#	Service Utilization (n=646)	Service Gaps (n=646)	Most Important (n=602)
1	Medications	Dental/Oral Health	Dental/Oral Health
2	Case Management	Emergency Financial Assistance	Case Management
3	Outpatient Medical Care	Client Advocacy	Medications
4	Health Insurance	Health Insurance	Health Insurance
5	Dental/Oral Health	Food Bank/Food Voucher	Housing Assistance
6	Health Education/Risk Reduction	Housing Assistance	Food Bank/Food Voucher
7	Food Bank/Food Voucher	Transportation	Emergency Financial Assistance
8	Mental Health Services	Nutritional Counseling	Transportation
9	Nutritional Counseling	Buddy/Companion Services	Mental Health Services
10	Early Intervention services	Legal Support	Legal Support
11	Client Advocacy	Case Management	Nutritional Counseling
12	Emergency Financial Assistance	Mental Health Services	Outpatient Medical Care
13	Treatment Adherence	Rehabilitation	Buddy/Companion Services
14	Transportation	Outreach	Client Advocacy
15	Housing Assistance	Medications	Child Day Care
16	Legal Support	Early Intervention services	Health Education/Risk Reduction
17	Outreach	Treatment Adherence	Outreach
18	Substance Abuse Treatment	Home Health Care	Substance Abuse Treatment
19	Rehabilitation	Health Education/Risk	Hospice services

		Reduction	
20	Other Support Services	Respite Care	Treatment Adherence
21	Home Health Care	Other Support Services	Respite Care
22	Respite Care	Outpatient Medical Care	Child Welfare
23	Buddy/Companion Services	Child Day Care	Early Intervention services
24	Hospice services	Substance Abuse Treatment	Rehabilitation
25	Child Welfare	Child Welfare	
26	Child Day Care	Hospice services	

Table 22
Service Utilization, Service Gaps, and Important Services for Manatee County

#	Service Utilization (n=54)	Service Gaps (n=54)	Most Important (n=52)
1	Case Management	Dental/Oral Health	Dental/Oral Health
2	Medications	Housing Assistance	Case Management
3	Mental Health Services	Client Advocacy	Food Bank/Food Voucher
4	Nutritional Counseling	Emergency Financial Assistance	Housing Assistance
5	Outpatient Medical Care	Legal Support	Medications
6	Dental/Oral Health	Health Insurance	Health Insurance
7	Food Bank/Food Voucher	Transportation	Nutritional Counseling
8	Health Education/Risk Reduction	Early Intervention services	Outpatient Medical Care
9	Health Insurance	Food Bank/Food Voucher	Emergency Financial Assistance
10	Treatment Adherence	Medications	Mental Health Services
11	Emergency Financial Assistance	Case Management	Transportation
12	Substance Abuse Treatment	Buddy/Companion Services	Legal Support
13	Transportation	Health Education/Risk Reduction	Client Advocacy
14	Housing Assistance	Outpatient Medical Care	Buddy/Companion Services
15	Early Intervention services	Treatment Adherence	Substance Abuse Treatment
16	Outreach Legal Support	Outreach	Treatment Adherence
17	Other Support Services	Home Health Care	Respite Care

18	Client Advocacy	Mental Health Services	Hospice services
19	Rehabilitation	Other Support Services	Health Education/Risk Reduction
20	Home Health Care	Nutritional Counseling	Child Day Care
21		Rehabilitation	Early Intervention services
22		Child Day Care	Rehabilitation
23		Child Welfare	
24		Respite Care	

Table 23
Service Utilization, Service Gaps, and Important Services for Pasco County

#	Service Utilization (n=80)	Service Gaps (n=80)	Most Important (n=79)
1	Medications	Emergency Financial Assistance	Dental/Oral Health
2	Outpatient Medical Care	Dental/Oral Health	Medications
3	Case Management	Food Bank/Food Voucher	Case Management
4	Dental/Oral Health	Mental Health Services	Food Bank/Food Voucher
5	Health Insurance	Client Advocacy	Health Insurance
6	Client Advocacy	Health Insurance	Housing Assistance
7	Food Bank/Food Voucher	Buddy/Companion Services	Legal Support
8	Early Intervention services	Transportation	Transportation
9	Health Education/Risk Reduction	Legal Support	Mental Health Services
10	Mental Health Services	Outreach	Buddy/Companion Services
11	Nutritional Counseling	Case Management	Outpatient Medical Care
12	Emergency Financial Assistance	Rehabilitation	Nutritional Counseling
13	Home Health Care	Early Intervention services	Substance Abuse Treatment
14	Legal Support	Housing Assistance	Client Advocacy
15	Transportation	Other Support Services	Health Education/Risk Reduction
16	Rehabilitation	Nutritional Counseling	Child Day Care
17	Treatment Adherence	Treatment Adherence	Early Intervention services
18	Other Support Services	Health Education/Risk Reduction	Hospice services

19	Outreach	Home Health Care	Outreach
20	Buddy/Companion Services	Respite Care	Treatment Adherence
21	Respite Care	Medications	Child Welfare
22	Housing Assistance	Child Day Care	Rehabilitation
23	Substance Abuse Treatment	Child Welfare	Respite Care
24	Hospice services	Hospice services	
25		Outpatient Medical Care	
26		Substance Abuse Treatment	

Table 24
Service Utilization, Service Gaps, and Important Services for
Pinellas County

#	Service Utilization (n=681)	Service Gaps (n=681)	Most Important (n=623)
1	Medications	Dental/Oral Health	Dental/Oral Health
2	Case Management	Emergency Financial Assistance	Case Management
3	Outpatient Medical Care	Health Insurance	Medications
4	Dental/Oral Health	Food Bank/Food Voucher	Health Insurance
5	Health Insurance	Client Advocacy	Housing Assistance
6	Mental Health Services	Housing Assistance	Food Bank/Food Voucher
7	Health Education/Risk Reduction	Legal Support	Emergency Financial Assistance
8	Nutritional Counseling	Transportation	Mental Health Services
9	Emergency Financial Assistance	Nutritional Counseling	Transportation
10	Food Bank/Food Voucher	Mental Health Services	Outpatient Medical Care
11	Client Advocacy	Case Management	Legal Support
12	Early Intervention services	Early Intervention services	Nutritional Counseling
13	Transportation	Rehabilitation	Client Advocacy
14	Treatment Adherence	Buddy/Companion Services	Buddy/Companion Services
15	Legal Support	Medications	Hospice services
16	Housing Assistance	Outreach	Health Education/Risk Reduction
17	Home Health Care	Outpatient Medical Care	Substance Abuse Treatment

18	Substance Abuse Treatment	Treatment Adherence	Early Intervention services
19	Outreach	Home Health Care	Child Day Care
20	Rehabilitation	Other Support Services	Treatment Adherence
21	Hospice services	Health Education/Risk Reduction	Outreach
22	Buddy/Companion Services	Respite Care	Respite Care
23	Other Support Services	Hospice services	Rehabilitation
24	Respite Care	Substance Abuse Treatment	Child Welfare
25	Child Day Care	Child Day Care	
26	Child Welfare	Child Welfare	

Table 25
Service Utilization, Service Gaps, and Important Services for Polk County

#	Service Utilization (n=142)	Service Gaps (n=142)	Most Important (n=126)
1	Case Management	Dental/Oral Health	Medications
2	Medications	Food Bank/Food Voucher	Dental/Oral Health
3	Outpatient Medical Care	Health Insurance	Case Management
4	Nutritional Counseling	Transportation	Housing Assistance
5	Health Insurance	Housing Assistance	Health Insurance
6	Mental Health Services	Emergency Financial Assistance	Emergency Financial Assistance
7	Health Education/Risk Reduction	Client Advocacy	Food Bank/Food Voucher
8	Dental/Oral Health	Buddy/Companion Services	Transportation
9	Emergency Financial Assistance	Early Intervention services	Outpatient Medical Care
10	Treatment Adherence	Rehabilitation	Nutritional Counseling
11	Client Advocacy	Outreach	Mental Health Services
12	Transportation	Outpatient Medical Care	Client Advocacy
13	Food Bank/Food Voucher	Case Management	Legal Support
14	Early Intervention services	Medications	Health Education/Risk Reduction
15	Housing Assistance	Treatment Adherence	Treatment Adherence
16	Home Health Care	Nutritional Counseling	Buddy/Companion Services
17	Legal Support	Mental Health Services	Early Intervention services

18	Buddy/Companion Services	Respite Care	Child Day Care
19	Other Support Services	Home Health Care	Child Welfare
20	Outreach	Legal Support	Outreach
21	Substance Abuse Treatment	Health Education/Risk Reduction	Hospice services
22	Respite Care	Child Day Care	Rehabilitation
23	Hospice services	Substance Abuse Treatment	Respite Care
24	Rehabilitation	Child Welfare	Substance Abuse Treatment
25	Child Day Care	Hospice services	
26	Child Welfare	Other Support Services	

The data gathered and summarized in this report will be used as a tool to guide the planning council in their decisions regarding priority setting, service needs and funding allocations.

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Planning and Evaluation Committee Members

James McGarvey, Chair
Marty Clemmons, Co-Chair
Ginny Boucher
David Hasiba
Barb Green
Lee Luther
John Melartin

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Marylin Merida
Vicki Oliver
Bob Reynolds
Jim Roth
Woody Wilbanks

Site Sponsors and Collaborators

AIDS Service Association of Pinellas
All Children's Hospital
Bay Area Legal Services
Bay Pines VA Clinic
Bethesda House
Central Florida Healthcare
Children's Medical Services
Christopher House
Community Health Centers
Connect to Protect
DACCO
Di's Imani
Doctor Duharrte
Doctor Dunn
Doctor Elliot
Doctor Laartz
Doctor Lacson
Doctor Menezes
Doctor Norris
Doctor Rodwick
Doctor Sastry
Friends Forever
Get Involved Community Outreach
Good Samaritan
Gulf Coast Community Care
The Harbor Behavioral Health Care
Hernando/Pasco Hospice

Hernando County Health Department
Highlands County Health Department
Hillsborough County health Department
Judeo-Christian Clinic
Lincourt Pharmacy
Manatee County Health Department
Mercy House
Metropolitan Charities
Manatee Rural Health
Northdale Pharmacy
Operation HOPE
Pinellas Care Clinic
Pinellas County Health Department
Polk County Health Department
Positive healthcare
Safety First
Salvation Army
Spring Oaks
St. Pete Free Clinic
St. Vincent DePaul
Tampa Care Clinic
Tampa Hillsborough Action Plan
Trinity Charities
USF Pediatrics
WestCare

Attachment 1:

RYAN WHITE

Anonymous Needs Survey

2007

If you are HIV positive, this survey is your chance to tell your local HIV/AIDS Planning Group what services YOU need. Your input will help the Planning Group make important decisions about how Federal and other funding are used in your local area.

Some questions are personal, however the information you give us helps us better determine how to fund services to meet your needs. We will combine all the information we receive so no one will be able to identify you as an individual.

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

If you take care of someone who cannot fill out the form alone (such as a child or the very ill) please assist them in providing this information. If you have completed this survey within the past 6 months, do not complete it again.

Return completed surveys to The Health Councils, 9455 Koger Blvd, Suite 104, St. Petersburg, FL 33702

Survey may be completed online. Go to www.thecarecouncil.org and select the link for "Anonymous Needs Survey"

1. Where do you live? County: _____
2. What is your zip code? _____
3. What is your gender? Male Female Transgender
4. How do you identify yourself?
 Straight Gay Lesbian Bisexual
 Transgender Other: _____
5. Have you been pregnant in the last 12 months? Yes No
6. What is your race? *(Please mark only one answer)*
 White/Caucasian American Indian or Alaskan Native
 Black or African American Native Hawaiian or Pacific Islander
 Asian Mixed/more than one race
 Other: _____
7. What is your ethnicity?
 Hispanic/Latina/o Non - Hispanic/Latina/o
8. What is your age-group?
 Under 25 25-44 45-64 65 or older
9. What is the highest level of education that you have achieved?
 Grade school Technical/trade school
 Some high school Some college
 Completed high school Completed college
 Other: _____
10. What is your current employment status? *(Mark all that apply)*
 Employed part-time Attending job training
 Employed full time On temporary medical leave
 Part-time student On disability
 Full-time student Not employed
 Retired
11. Which of the following applies to you? *(Mark all that apply)*
 Blind or visually impaired Trade sex for money or drugs
 Deaf or hearing impaired Migrant or seasonal worker
 In jail or prison On probation/parole
 Runaway/street youth Injection/needle drug use
 Other street drugs (including marijuana) None
12. Where were you living when you first tested positive for HIV?
 In the same county I live now In another state
 In another county in Florida Outside of the United States
13. Are you currently receiving services or seeing a doctor for HIV/AIDS?
 Yes No

The services listed in the table below MAY or MAY NOT be available in your area. Please fill in the circles next to the services that you have used and/or needed in the last 12 months. CORE SERVICES	Needed Service & Got Service	Needed Service & Did not Get Service	Did Not need Service
14. Case Management: Coordination of services, client advocacy, referrals, and follow-up on your care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Dental/Oral Health: General dental care, oral surgery, dentures, partials, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Health Insurance: Help paying premiums and/or co-pays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Medications: Prescription drugs from a pharmacy for HIV-related conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Mental Health Services: Professional psychological or psychiatric counseling and/or therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Outpatient Medical Care: Regular doctor and specialist visits or nursing care in the doctor's office or clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Substance Abuse Treatment: Professional treatment and counseling for drug or alcohol addiction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SUPPORT SERVICES			
21. Adult Day or Respite Care: A break for caregivers of HIV+ adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Buddy/Companion: Someone to help with household and other personal tasks when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Child Day Care: Care for children of HIV+ parents while they attend HIV related appointments and meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Child Welfare: Help with temporary and/or permanent placement and arrangements for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Client Advocacy: Assistance in obtaining medical, social, community, legal or financial services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Early Intervention Services: Help getting into medical care and other services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Emergency Financial Assistance: Short-term payments for food, housing, rent, utilities, medication or other critical needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Food Bank or Food Vouchers: Food, grocery certificates, home-delivered meals, and nutritional supplements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SUPPORT SERVICES (Continued)	Needed Service & Got Service	Needed Service & Did not Get Service	Did Not need Service
29. Health Education/Risk Reduction: Information about HIV, how it is spread, current treatments, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Home Health Care: Professional healthcare services in your home by a licensed/certified home-health agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Hospice Services: Nursing and counseling services for the terminally ill and their families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Housing Assistance: (Not HOPWA) Short-term or one-time help with temporary or transitional housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Legal Support: Help with HIV related legal issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Nutritional Counseling: Nutrition education from a licensed or certified nutrition professional/dietician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Other Support Services: Translation & interpretation services, other direct services not listed elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Outreach: Finding people with HIV disease and helping them get into needed services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Rehabilitation: Physical therapy, occupational therapy, speech pathology, low-vision training, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Transportation: Help getting to HIV related appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Treatment Adherence: Help taking HIV medications properly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 40.** Have you had any of the following problems while trying to get needed services? *(Mark all that apply.)*
- Needed weekend appointment
 - Needed evening appointment
 - Service sites located too far away
 - Had to wait too long for service
 - Too busy taking care of child
 - Too busy taking care of partner
 - Application process too complicated
 - I don't want people to know I have HIV
 - Turned down/not eligible because: _____
 - Other: _____
 - Didn't know where to apply
 - Didn't know how to apply
 - Transportation problems
 - Other health problems
 - Drug or alcohol addiction
 - Trouble communicating
 - Cost of service is too high
 - On waiting list

41. Fill in the circle by the five most important services to you from the choices below (select **ONLY 5**).
See *description of each service in questions 14-39*
- Adult Day/Respite Care
 - Buddy/Companion
 - Case Management
 - Child Day Care
 - Child Welfare
 - Client Advocacy
 - Dental/Oral Health
 - Early Intervention Services
 - Emergency Financial Assistance
 - Food Bank/Food Voucher
 - Health Insurance
 - Hospice Services
 - A service that is not listed here: _____
 - Housing Assistance
 - Health Education/Risk Reduction
 - Legal Support
 - Medications
 - Mental Health Services
 - Nutritional Counseling
 - Outpatient Medical Care
 - Outreach
 - Rehabilitation
 - Substance Abuse Treatment
 - Transportation
 - Treatment Adherence

42. Where do you get most of your information about HIV/AIDS services in your Area? (Please mark *only one answer*)
- Clinic/doctor's office
 - Health Department
 - Case manager
 - Friends/family
 - Place of worship
 - Other (please list): _____
 - Internet
 - Newspaper/radio/TV
 - Community health fair
 - Community based organizations
 - AIDS organization/advocacy group

43. Where do you live? (Please mark *only one answer*)
- Own or rent a house, condo, apartment, or trailer
 - Staying/living with family or friends
 - Housing for persons living with HIV
 - Residential treatment program (for drugs and/or alcohol)
 - Group home
 - Homeless or in a shelter
 - Other: _____

44. How many people, including yourself, live in your home?
- Live alone 2 3 4 5 Other: _____

45. What is the estimated total yearly income of all people living in your household, from all sources, before taxes?
- \$0 - \$10,311
 - \$10,312 - \$15,416
 - \$15,417 - \$20,520
 - \$20,521 - \$25,626
 - \$25,627 - \$30,630
 - More than \$30,630

46. Do you get benefits from any of these programs? (Mark *all that apply*)
- TANF
 - Social Security Disability
 - Ryan White

- ADAP
- Insurance Continuation
- Medicare
- Veteran's Administration
- Food stamps
- Compassionate Use (Medications)

47. In the past 12 months, have you been told that you have any of the following? (Mark *all that apply*)
- AIDS
 - Tuberculosis
 - Syphilis
 - Other condition: _____
 - Gonorrhea
 - Chlamydia
 - Other STD

48. In the past 12 months, have you been told that you have hepatitis?
- Yes No

49. If yes, what kind? A B C don't know

50. Do you know what your CD4 count means? Yes No

51. Do you know what your viral load means? Yes No

52. Do you have private health insurance? Yes No

53. Do you have private dental insurance? Yes No

54. Do you have private vision/eye care insurance? Yes No

55. Where do you get most of your medical care? (Please mark *only one*)
- Walk-In / Emergency Clinic
 - Hospital Emergency Room
 - Public Clinic/Health Department
 - Doctor's Office
 - Veteran's Administration
 - Other: _____

56. Are you receiving medical care in the same county where you live?
- Yes No

57. If no, why are you receiving care in another county?
- Services are not available in my county
 - I don't want people to know that I have HIV
 - Closer to where I live
 - Other: _____

58. Have you been hospitalized for an HIV/AIDS related condition during the past year?
- Yes No

59. Have you been to the Emergency Room for an HIV/AIDS related condition during the past year?
- Yes No

60. Is there anything else you think we should know?
- Please write your comments/concerns in the space below:

THANK YOU for taking the time to provide this information.
Your responses will affect how your local HIV/AIDS funding is spent.

Attachment 2: Ryan White Program Services Definitions

CORE SERVICES

Service categories:

- a. *Outpatient/Ambulatory medical care (health services)*** is 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. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes 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. **NOTE: Early Intervention Services provided by Ryan White Part C and Part D Programs should be included here under *Outpatient/ Ambulatory medical care*.**
- b. *AIDS Drug Assistance Program (ADAP treatments)*** is a State-administered program authorized under Part B of the Ryan White Program that provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance, Medicaid, or Medicare.
- c. *AIDS Pharmaceutical Assistance (local)*** includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are **not** funded with ADAP earmark funding.
- d. *Oral health care*** includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.
- e. *Early intervention services (EIS)*** include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose to 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.

NOTE: EIS provided by Ryan White Part C and Part D Programs should NOT be reported here. Part C and Part D EIS should be included under *Outpatient/ Ambulatory medical care*.

- f. Health Insurance Premium & Cost Sharing Assistance** is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.
- g. Home Health Care** includes the provision of services in the home by licensed health care workers such as nurses and the administration of intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other medical therapies.
- h. Home and Community-based Health Services** include skilled health services furnished to the individual in the individual's home based on a written plan of care established by a case management team that includes appropriate health care professionals. Services include durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services. Inpatient hospitals services, nursing home and other long term care facilities are **NOT** included.
- i. Hospice services** include room, board, nursing care, counseling, physician services, and palliative therapeutics provided to clients in the terminal stages of illness in a residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice services for terminal clients.
- j. Mental health services** are psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.
- k. Medical nutrition therapy** is provided by a licensed registered dietitian outside of a primary care visit and includes the provision of nutritional supplements. Medical nutrition therapy provided by someone other than a licensed/registered dietitian should be recorded under psychosocial support services.
- l. Medical Case management services (including treatment adherence)** are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services

ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.

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

SUPPORT SERVICES

- n. *Case Management (non-Medical)*** includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.
- o. *Child care services*** are the provision of care for the children of clients who are HIV-positive while the clients attend medical or other appointments or Ryan White Program-related meetings, groups, or training.

NOTE: This does not include child care while a client is at work.

- p. *Pediatric developmental assessment and early intervention services*** are the provision of professional early interventions by physicians, developmental psychologists, educators, and others in the psychosocial and intellectual development of infants and children. These services involve the assessment of an infant's or child's developmental status and needs in relation to the involvement with the education system, including early assessment of educational intervention services. It includes comprehensive assessment of infants and children, taking into account the effects of chronic conditions associated with HIV, drug exposure, and other factors. Provision of information about access to Head Start services, appropriate educational settings for HIV-affected clients, and education/assistance to schools should also be reported in this category.
- q. *Emergency financial assistance*** is the provision of short-term payments to agencies or establishment of voucher programs to assist with

emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), and medication when other resources are not available.

NOTE: Part A and Part B programs must be allocated, tracked and report these funds under specific service categories as described under 2.6 in DSS Program Policy Guidance No. 2 (formally Policy No. 97-02).

- r. *Food bank/home-delivered meals*** include the provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. Includes vouchers to purchase food.
- s. *Health education/risk reduction*** is the provision of services that educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information; including information dissemination about medical and psychosocial support services and counseling to help clients with HIV improve their health status.
- t. *Housing services*** are the provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services such as residential mental health services, foster care, or assisted living residential services.
- u. *Legal services*** are the provision of services to individuals with respect to powers of attorney, do-not-resuscitate orders and 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 Ryan White Program. It does **not** include any legal services that arrange for guardianship or adoption of children after the death of their normal caregiver.
- v. *Linguistics services*** include the provision of interpretation and translation services.
- w. *Medical transportation services*** include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.
- x. *Outreach services*** are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status so that they may become aware of, and may be enrolled in care and treatment services (i.e., case finding), not HIV counseling and testing nor HIV prevention education. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local

epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.

- y. *Permanency planning*** is the provision of services to help clients or families make decisions about placement and care of minor children after the parents/caregivers are deceased or are no longer able to care for them.
- z. *Psychosocial support services*** are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Includes nutrition counseling provided by a non-registered dietitian but excludes the provision of nutritional supplements.
- aa. *Referral for health care/supportive services*** is the act of directing a client to a service in person or through telephone, written, or other type of communication. Referrals may be made within the non-medical case management system by professional case managers, informally through support staff, or as part of an outreach program.
- ab. *Rehabilitation services*** are services 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. Services include physical and occupational therapy, speech pathology, and low-vision training.
- ac. *Respite care*** is the provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client with HIV/AIDS.
- ad. *Substance abuse services—residential*** is the provision of treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short-term).
- ae. *Treatment adherence counseling*** is the provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments by non-medical personnel outside of the medical case management and clinical setting.