PHOENIX EMA RYAN WHITE PART A • HIV Health Services Planning Council

EMA-Wide Comprehensive Triennial 'IN CARE' PLWHA Needs Assessment

In Maricopa & Pinal Counties, AZ

JULY 2010

Prepared by

COLLABORATIVE RESEARCH

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2010 EMA-Wide Comprehensive 'In Care' PLWHA Needs Assessment

Executive Summary

OVERVIEW OF PHOENIX EMA HIV/AIDS EPIDEMIC

The Phoenix EMA's estimated population is 4,281,899, representing 66% of the state's population. Arizona is the second fastest growing state in the nation and Maricopa County is the fourth most populous county in the nation. Pinal County is the 7th fastest growing county in the nation among those counties with populations greater than 10,000 persons.

The EMA accounts for 73.43% of the prevalent cases of HIV/AIDS and 77.9% of the emergent cases of HIV/AIDS. Pinal County has the highest emergent rate in the state (15 versus state rate of 9.97) and third highest HIV/AIDS prevalence rate (205.32) next to Maricopa (243.72) and Pima (Tucson) counties. Approximately 30% of the prevalent cases and 60% of the emergent cases of HIV/AIDS in Pinal County are attributable to the incarcerated persons housed there.

The EMA's population is predominantly White with a significant and increasing Hispanic minority. According to population estimates from the Arizona Department of Economic Security (DES), the EMA's demographics are as follows: 60% White, 4% African-American, 30% Hispanic, 2% American Indian, 3% Asian/Pacific Islander, and approximately 2% other or multiple races.

RELEVANCE OF THE PHOENIX EMA-WIDE COMPREHENSIVE "IN CARE" NEEDS ASSESSMENT STUDY

The Phoenix EMA has a combined HIV/AIDS prevalence of 10,310 persons representing an increase of 12% over 2007's report of 9,205 PLWHA. More than 52% of emergent cases are among minorities. Of prevalent cases, 87% are among men, 13% are among women, 58% are White; 12,2% are African-American, 24.9% are Hispanic, 2.6% are American Indian and 1.2% Asian/Pacific Islander (ADHS, 2010).

The increase in total cases of HIV/AIDS by race, risk, gender and age group, from 2007 to 2009, is illustrated in the table on the following page.

The Phoenix EMA has a combined HIV/AIDS prevalence of 10,310 persons representing an increase of 12% over 2007's report of 9,205 PLWHA

TABLE 1 INCREASES IN TOTAL HIV/AIDS CASES: 2007-2009

	2007	2009	INCREASE #	INCREASE %
WHITE	5464	5949	485	9%
AA	1137	1257	120	11%
HISPANIC	2147	2566	419	20%
AI	267	263	-4	-1.5%
MSM	5564	6242	678	12%
HETERO	907	982	75	8%
IDU	1062	1121	59	6%
MSM/IDU	781	852	71	9%
MALE	7989	8949	960	12%
FEMALE	1216	1361	145	12%
<13	35	32	-3	-9%
13-19	46	57	11	24%
20-44	5087	5043	-44	-9%
45+	4024	5170	1146	28%

As evidenced in the table above, substantial increases in prevalent cases of HIV/AIDS are occurring among Hispanics, and to a lesser degree, African Americans; MSM; Males and to a lesser degree Females; and among the aging population of those PLWHA 45+years of age or older. Although the number of cases is small, there are significant increases occurring among 13-19 year olds.

TABLE 2 TARGET SAMPLE SET

	TOTAL PLWHA	% PLWHA	# RESPONSE	% RESPONSE
Race/Ethnicity				
White	5747	59%	215	46%
African American^	1198	12%	79	17%
American Indian^	257	3%	33	7%
Hispanic^	2349	24%	130	28%
Gender				
Male	8497	87%	375	76%
Female	1294	13%	115	23%
Transgender	NR	NR	6	1%

TARGET SAMPLE SET, cont'd

	TOTAL PLWHA	% PLWHA	# RESPONSE	% RESPONSE
Age				
< 19 years	89	1%	22	5%
20-44	5063	52%	220	47%
45+	2687	27%	258	55%
Transmission Mode				
Men Sex with Men^	5946	61%	279	56%
Injection Drug User	1106	11%	52	11%
Heterosexual	933	10%	101	22%
Incarcerated/ Recently Released	NR	NR	36	8%
Risk Not Reported	879	9%	42	9%
Phoenix EMA Special Population				
Newly Diagnosed^	NR	NR	52	11%
Totals				
Total PLWHA	**9791**	**NA**	**500**	**5%**

This triennial survey process was conducted by Collaborative Research, LLC, during Spring 2010. The goal of the survey assessment was to reach at least 5% of the entire PLWHA population in the EMA or approximately 500 persons living with HIV/AIDS who were currently receiving Ryan White funded care and services. As evidenced in the target sample set above, a total of 496 persons successfully participated in the 2010 needs assessment survey.

Each of the EMA's Severe Need Groups (SNGs) were well represented in the 2010 survey process (N=500):

1. Newly Diagnosed (52 or 11%);
2. Men who have Sex with Men (279 or 56%);
3. Hispanics (130 or 28%);
4. African Americans (79 or 17%);
5. American Indians (33 or 7%); and
6. Incarcerated/Recently Released (28 or 8%).

The emerging population of interest—Youth, ages 13-19 years—was represented at the 5% participation level.

'IN CARE' PROFILE OF PLWHA (Trends in PLWHA participation in HIV primary medical care and services over the past three years. (CAREWare, 2007 through 2010)

As evidenced in the table on the following page, the number of PLWHA receiving Ryan White funded primary medical care services over the past three years, as recorded in CAREWare, has remained fairly stable. PLWHA receiving oral health care has increased, while those accessing non-Medical Case Management services have decreased. Access to Mental Health Services remained stable from 2007 to 2009, with an increase in numbers of PLWHA accessing these services in 2008. The numbers of PLWHA accessing Ryan White funded Substance Abuse treatment services have declined over the three year period, as have the numbers of PLWHA receiving Medical Nutrition Therapy. The number of PLWHA receiving Health Insurance Premium assistance has declined by approximately 50% from 2007 to 2009.

TABLE 3 TOTAL PLWHA IN RYAN WHITE CARE & SERVICES: THREE YEAR TRENDS

Core Medical Service	2007	2008	2009
Outpatient Ambulatory Medical Care	836	810	789
Oral Health	1262	1620	2177
Medical Case Management	2514	2162	2440
Mental Health Service	385	479	443
AIDS Pharmaceutical Assistance Part B	0	732	625
Medical Nutrition Therapy	791	648	660
Substance Abuse Services Outpatient	89	101	82
Health Insurance Premium (cost sharing assistance)	120	147	62
Duplicated Total	**5997**	**6699**	**7278**
Support Services	**2007**	**2008**	**2009**
Non-Medical Case Management	1273	1316	1275
Medical Transportation	861	872	834
Food Box / Home Del. Meals	687	850	815
Outreach Services	45	69	63
Psychosocial Support Services	448	352	346
Legal Services	319	456	538

OVERVIEW OF EMA-WIDE 'IN CARE' PLWHA STUDY FINDINGS

The 2010 Triennial Needs Assessment of surveyed 496 persons living with HIV/AIDS in the Phoenix EMA whose top expressed Needs, Uses, Gaps and Barriers for HIV-related services evidence a strong mix of core medical and supportive services :

The survey respondents ranked the following service NEEDS:

1. Medications
2. Ambulatory Outpatient medical Care
3. Medical Nutrition Therapy
4. Housing Assistance
5. Medical Transportation

The survey respondents ranked the following service USES:

1. Ambulatory Outpatient medical Care
2. Medications
3. Medical Nutrition Therapy
4. Medical Case Management
5. Medical Transportation tied with Health Insurance

The survey respondents ranked the following service GAPS (services "can't get"):

1. Housing Assistance
2. Medication
3. Oral Health Care/Dental
4. Medical Transportation
5. Emergency Financial Assistance

The survey respondents ranked the following service BARRIERS (services "hard to get"):

1. Emergency Financial Assistance
2. Complementary/Holistic Therapy
3. Medications
4. Health Insurance
5. Oral Health Care/ Dental
6. Housing Assistance

TABLE 4 TOTAL NEED, USE, GAP, BARRIER RANKINGS: ALL 2010 PLWHA

Rank	Needs	Use	Gap	Barrier
1	Medication	AOMC	Housing Assistance	Emergency Financial Assistance
2	AOMC	Medication	Medication	Complementary/ Holistic Therapy
3	Medical Nutritional Therapy	Medical Nutritional Therapy	Oral Health Care/Dental	Medication
4	Housing Assistance	Medical Case Management	Medical Transportation	Health Insurance
5	Medical Transportation	Medical Transportation (tie) Health Insurance (tie)	Emergency Financial Assistance	Oral Health Care/Dental
6	NR	NR	NR	Housing Assistance

The 2010 Respondents ranked as both a Service Gap and Service Barrier the following key services:

- **Housing Assistance**
- **Medication**
- **Oral Health Care**
- **Emergency Financial Assistance**

These Gap/Barrier service rankings in the above service categories deserve special attention in the priority setting and resource allocation planning and decision making processes for the EMA.

SUMMARY OF NEED, USE, GAP, & BARRIER RANKINGS BY SNG

The Severe Need Groups also identify the same top ranking Service Needs as do the larger group of 2010 Respondents, although their rankings differ somewhat from one severe need group to another. Consistently, the #1 top ranking Service Need reported by the SNGs is Medication, with 4 of 7 SNGs ranking this service as their highest priority Service Need. The next highest ranking Service Needs include AOMC, Medical Nutrition Therapy, Housing Assistance, and Medical Transportation. Mental Health Services also receive top ranking scores among the Severe Need Groups of MSM, Hispanics, I/RR, Newly Diagnosed and American Indians.

TABLE 5 SUMMARY OF TOP FIVE NEED RANKINGS BY SEVERE NEED GROUP

All	Need Rank	MSM	HISP	AA	I/RR	Newly DX's	AI	Youth
Medication	1	Medication	Medication	Medical Nutritional Therapy	Housing Assistance	AOMC	Medication	Medication
AOMC	2	Medical Nutritional Therapy	AOMC	Medication	Medication	Medication	AOMC	AOMC
Medical Nutritional Therapy	3	AOMC	Medical Nutritional Therapy	Housing Assistance	Medical Nutritional Therapy	Medical Nutritional Therapy	Housing	Confidentiality
Housing Assistance	4	Housing Assistance	Housing Assistance	AOMC	AOMC	Housing Assistance	Emergency Financial Assistance	Medical Nutritional Therapy
Medical Transportation	5	Mental Health	Mental Health	Medical Transportation	Mental Health	Mental Health	Mental Health	Medical Transportation

As evidenced by the "Use' Rankings table below, ALL of the Severe Need Groups unanimously ranked Ambulatory Outpatient Medical Care as their top ranking service Use.

TABLE 6 SUMMARY OF TOP 5 USE RANKINGS BY SEVERE NEED GROUP

All	Need Rank	MSM	HISP	AA	I/RR	Newly DX's	AI	Youth
AOMC	1	AOMC	AOMC	AOMC	AOMC	AOMC	AOMC	AOMC
Medication	2	Medical Nutritional Therapy	Medical Nutritional Therapy	Medication	Mental Health	Medication	Health Insurance	Medication
Medical Nutritional Therapy	3	Health Insurance	Medication	Medical Nutritional Therapy	Medical Nutritional Therapy	Medical Transportation	Medical Nutritional Therapy	Psycho-social Support Services
Medical Case Management	4	Medication	Mental Health	Medical Case Management	Medication	Health Insurance	Medical Case Management	Health Insurance Premium & Cost Sharing Assistance
Medical Transport (tie) Health Insurance	5	Mental Health	Health Insurance	Medical Transportation	Housing Assistance	Medical Nutritional Therapy	Medication	Mental Health

There is considerable variation in the number of Service Gaps reported by SNG, although there is substantial similarity in the categories of services reported as "unavailable'. The most frequently reported Service Gaps include Housing Assistance, Medications, Oral Health Care, EFA and Medical Transportation. Although the numbers of Recently Released Respondents who participated in the needs assessment survey is relatively small, they report the greatest number of services perceived as unavailable, evidencing multiple Service Gaps, including Housing Assistance, Emergency Financial Assistance, Oral Health, Medical Transportation, Medical Nutrition Therapy, Mental Health Services, and Vision Care.

TABLE 7 SUMMARY OF TOP GAP RANKINGS BY SNG

All	Gap Rank	MSM	HISP	AA	I/RR	Newly DX's	AI	Youth
Housing Assistance	1	Housing Assistance	Health Insurance	Housing Assistance (4)	Housing Assistance	Support Groups	Medical Transportation (3)	NR
Medication	2	Oral Health Care/Dental	Complementary/ Holistic Therapy	Medication	Emergency Financial Assistance (2) Tied with Oral Health, Med Transport, Medications, Medical Nutrition, Mental Health, Vision Care	Medication	Employment (2) tied with Family Services (2)	NR
Oral Health Care/Dental	3	Complementary/ Holistic Therapy	Mental Health	Medical Nutritional Therapy	NR	Medical Transportation	Mental Health (1) tied with Oral Health Care /Dental (1) Health Insurance (1) Medical Nutritional Therapy (1) Case Management (1) Vision care (1) Housing Assistance (1) Chiropractor (1)	NR
Medical Transportation	4	Medication	Oral Health Care/Dental	Medical Transportation	NR	Medical Nutritional Therapy	NR	NR
Emergency Financial Assistance	5	Mental Health	Medicine	Emergency Financial Assistance	NR	NR	NR	NR
NR	6	Medical Case Mgmt.	Emergency Financial Assistance	NR	NR	NR	NR	NR

The top ranking Service Barriers reported by the 2010 Respondents include: Emergency Financial Assistance, Complementary/Holistic Therapy, Medications, Health Insurance Premium Assistance, Oral Health Care, and Housing Assistance.

By SNG, the populations reporting the greatest number of Service Barriers include MSM, Hispanics, African Americans, and the Recently Released. Those SNGs reporting the fewest number of Service Barriers include Youth (who report none), followed by the Newly Diagnosed.

TABLE 8 SUMMARY TOP FIVE BARRIER RANKINGS BY SNG

All	Gap Rank	MSM	HISP	AA	I/RR	Newly DX's	AI	Youth
Emergency Financial Assistance	1	Complementary/ Holistic Therapy	Health Insurance	Emergency Financial Assistance	Housing Assistance (2)	Emergency Financial Assistance	Vision (1) Tied with Health Insurance, Medical Transportation, Medical Nutrition Therapy, Chiropractor (1)	NR
Complementary/Holistic Therapy	2	Emergency Financial Assistance	Complementary/ Holistic Therapy	Medication	Disability (1) Tied with Medication, Vision Care, EFA, Employment, Education	Health Insurance	NR	NR
Medication	3	Housing Assistance	Housing Assistance	Housing Assistance	NR	NR	NR	NR
Health Insurance	4	Medication	Dental	Mental Health	NR	NR	NR	NR
Oral Health Care/Dental	5	Health Insurance	NR	Oral Health Care/Dental	NR	NR	NR	NR
Housing Assistance	6	Vision Care	NR	Work/ Employment	NR	NR	NR	NR

Service GAP Reasons

The reasons the 2010 PLWHA Respondents offer to explain why they perceive certain services are "unavailable" to them are multiple and varied and include:

- lack of income or affordability;
- funding budget cuts;
- don't know where to go or who to ask;
- service(s) not available in area;
- do not qualify;
- lack of insurance;
- wait lists; and work schedules.

Service Barrier Reasons
The reasons the 2010 PLWHA Respondents offer to explain why they perceive certain services as "hard to get" are multiple and varied and include:

- "Red tape"
- Illegal status
- Budget cuts
- Lack of income/inability to afford
- Lack of information regarding location of services and how to access them
- No Case Manager
- Can't qualify
- Lack of insurance
- Transportation too hard/far away
- Too few providers/services
- Wait list

Summary Highlights of 2010 Survey Findings

Health Insurance Coverage: The majority of Youth report Medicaid coverage (73%); while 50% of the Recently Released relies on Medicaid for their health insurance coverage. The remaining SNGs report Medicaid/ACCCHS coverage in the range of 26% (Hispanics) to 37% African Americans. Over 36% of the American Indian Respondents report Indian Health Service benefits. Youth Respondents report the highest frequency of private health insurance (18%), with the remaining SNG Respondents reporting private health insurance in the range of 4 to 7%.

Receipt of Antiretroviral Therapy: By SNG, the Respondent groups evidence slight variation in the proportion reporting active receipt of ART: 100% of the Youth Respondents report receiving ART; 91% American Indians; 84% MSM and African Americans; 78% Hispanics; 65% Recently Released; and 55% of the Newly Diagnosed report the receipt of antiretroviral therapy.

Mental Health and Substance Abuse: There is substantial variation by SNG in the proportionate reports of having been diagnosed with and/or treated for one or more mental health and substance abuse issues, as evidenced in the table below.

REPORTS OF MENTAL HEALTH &/SUBSTANCE ABUSE ISSUES AMONG SNGs

	AI	AA	HIS	MSM	NEW DX	I/RR	YOUTH
Mental Health	42%	45%	51%	60%	43%	68%	19%
Substance Abuse	24%	18%	15%	22%	18%	41%	0%

Diagnosis and Treatment of Sexually Transmitted Diseases: Almost 44% of the 'In Care' PLWHA respondents report having been diagnosed and/or treated for an STD, with the most frequently reported STDs reported as Syphilis (20%); Gonorrhea (17%); and Chlamydia (11%). By Severe Need Group, both the Recently Released and MSM Respondent groups report high levels of STDs (at 58% and 53%, respectively).The Newly Diagnosed report 44% any STD, and 20% report a previous diagnosis of Syphilis. The SNG of American Indians report a 47% history of any STD; followed by 40% African Americans; 36% Hispanics; with only 9% of Youth reporting the diagnosis/treatment of an STD.

Diagnosis and Treatment for Diseases Other than HIV: The 2010 PLWHA Respondents evidence many illness co-morbidities, reporting a substantial number and variety of diseases other than HIV disease. The most frequently reported disease is hypertension /high blood pressure, (reported by over 40% of respondents) followed by thrush (reported by over 30% Respondents) , and diseases of the nervous system (neuropathy, epilepsy, etc), reported by 27% of the 2010 Respondents. Many PLWHA reporting the diagnosis and/or treatment of Hepatitis (including 21% reporting a history of or treatment for Hepatitis C; over 15% Hepatitis A; and almost 15% Hepatitis B).

Current and Previous Homelessness: A substantial minority (over 32%) of the 2010 Respondents report a period of homelessness, with over 4% reporting current homelessness and an additional 28% reporting a period of previous homelessness, either during the past two years or over two years ago. This degree of housing instability represents a serious care coordination issue for the EMA and presents multiple challenges for providers who are striving to help PLWHA to access, engage with, and remain in HIV primary medical care and services.

Among the Severe Need Groups, each have experienced substantial homelessness, as evidenced in their survey responses. Of all the SNGs, the I/RR report the highest current and previous homelessness (at 18.5% currently homeless and 53% ever homeless). African Americans report 34% ever homeless and 4% current homelessness. Hispanics report 31% ever homeless and over 7% are currently homeless. MSM report 29% ever homeless and 4% are currently homeless. The Newly Diagnosed report 28% as ever homeless and 6% as currently homeless. American Indian Respondents report 24% previous homelessness, and Youth report 18% previous homelessness, with no current homelessness.

Level of Annual Income: Almost 53% of all 2010 Respondents report exceptionally low incomes in the zero to $9,999 range. Fully 84% of the 2010 Respondents reports living at or below 200% FPL. By SNG, the most impoverished groups who report the greatest proportion of members living at or below $9,999 annual income include, in rank order: Recently Released (77%); Newly Diagnosed (67%); Hispanics (66%); American Indians (52%); and MSM and African Americans (47% respectively). None of the Youth respondents reports any income. This degree of impoverishment contributes to the escalating need for assistance with meeting basic needs for food, housing and emergency financial assistance. This level of overall poverty among the reporting PLWHA acts as a barrier to other practical assistance, such as transportation to doctor's appointments and affording co=pays for medical and dental care visits.

In summary, the results of the 2010 Triennial Needs Assessment Survey reveal a highly impoverished PLWHA consumer group, overall, who present to care with multiple co-morbidities, including high levels of mental health and substance abuse treatment needs, and histories of substantial numbers of STDs as well as numerous other chronic illnesses.

Chapter 1: Introduction

BACKGROUND

Triennial Needs Assessments are special studies in time conducted to determine the priority service needs, uses, barriers, and gaps in the continuum of care for People Living with HIV/AIDS (PLWHA). Results of this client-centered activity are used to establish service priorities, document the need for specific services, determine barriers to accessing care, provide baseline data for comprehensive planning including capacity building, and help providers improve the accessibility, acceptability, and quality of services delivered, especially to the designated 'Severe Need Groups/Special Populations'.

The Phoenix EMA's continuum of care has evolved into a robust and responsive medical model of HIV care and services delivery. Primary medical care is supported by a wide range of medically and socially supportive services, including substance abuse and mental health treatment services, medical and social services case management, emergency financial assistance, oral health care, transportation, outreach/case finding and other services essential to facilitating PLWH/A access to and retention in HIV primary medical care. The EMA's ideal continuum of care facilitates optimal access to and full utilization of medical and supportive services. All of these services exist in the context of the five key goals of the U.S. Health Resources and Services Administration (HRSA): 1) improve access to care, 2) eliminate health disparities, 3) improve the quality of care, 4) assure cost effectiveness, and 5) improve health outcomes.

A comprehensive assessment of the service needs, uses, gaps and barriers of "In Care"[1] PLWHA within the Phoenix EMA was conducted in the Spring of 2010. This assessment of need included an "In Care" survey questionnaire of PLWHA receiving Ryan White funded services using the Needs Assessment Client Survey (NACS) tool (English and Spanish versions).

RELEVANCE OF THE PART A COMPREHENSIVE "IN CARE" NEEDS ASSESSMENT

The targeted special population groups, their sub-populations and the EMA's Severe Need Groups (SNGs) remain a major focus of study for the Planning Area. The Planning Council is continuously challenged in identifying the changing needs of the PLWHA community in order to best facilitate access, engagement and retention in care for all those living with HIV/AIDS in the service area.

Based upon their disproportionate impact within the EMA, the 'In Care' needs assessment survey process and resulting report highlights the differing needs, uses, gaps and barriers to HIV primary medical care experienced by the 'In Care' Severe Need Groups of Newly Diagnosed, MSM, Hispanics, African Americans, American Indians, Incarcerated/Recently Released, and the emerging population of Youth, ages 13-19 years.

The needs assessment survey questionnaire was administered through the Ryan White funded primary medical care providers, (including MIHS, IHS, CPLC, Care Directions, Ebony House, and Private Doctors (Pueblo/Cunningham; Spectrum/Vanig) marketing the availability of the survey, to English and Spanish speaking PLWHA, (with the use of English and Spanish versions of the survey tool). Each PLWHA Respondent received a gift card for participating in the needs assessment study.

[1] 1) **CD4 – CD4 (T4) or CD4 + CELL COUNT and PERCENT.**
2) **VIRAL LOAD TEST** - Test that measures the quantity of HIV RNA in the blood.
3) **ANTIRETROVIRAL DRUGS** - Substances used to interfere with replication or inhibit the multiplication of retroviruses such as HIV.

The Phoenix EMA has a combined HIV/AIDS prevalence of 10,310 persons representing an increase of 12% over 2007's report of 9,205 PLWHA. More than 52% of emergent cases are among minorities. Of prevalent cases, 87% are among men, 13% are among women, 58% are White; 12,2% are African-American, 24.9% are Hispanic, 2.6% are American Indian and 1.2% are Asian/Pacific Islander (AZDHS, 2010).

The increase in total cases of HIV/AIDS by race, risk, gender and age group, from 2007 to 2009, is illustrated in the table below:

TABLE 9 INCREASES IN TOTAL HIV/AIDS CASES: 2007-2009

PLWHA	2007	2009	INCREASE #	INCREASE %
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13-19	46	57	11	24%
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45+	4024	5170	1146	28%

As evidenced in the table above, substantial increases in prevalent cases of HIV/AIDS are occurring among Hispanics, and to a lesser degree, African Americans; MSM; Males and Females; and among the aging population of those PLWHA 45+years of age. The emerging population of Youth, ages 13-19 years of age evidence significant increases occurring among Youth in this age range.

TABLE 10 INCREASES IN TOTAL HIV/AIDS CASES: 2007-2009

Race/Ethnicity	Total PLWHA	% PLWHA	# Response	% Response
White	5747	59%	215	46%
African American^	1198	12%	79	17%
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Heterosexual	933	10%	101	22%
Incarcerated/Recently Released	NR	NR	36	8%
Risk Not Reported	879	9%	42	9%
Phoenix EMA Special Population				
Newly Diagnosed^	NR	NR	52	11%
Totals				
Total PLWHA	9791	NA	500	5%

^ Denotes EMA Special Population

2009-1010 Service Priorities & Service Utilization Trends

Priority	Service Category	Service/People	2009-2010	2008-2009	2007-2008
1	Outpatient/Ambulatory Medical Care	Fee for Service	803	810	836
	Capacity Building	Fee for Service			
2	AIDS Pharmaceutical Assistance Part A	Fee for Service			
3	Medical Case Management (including treatment adherence services)	Cost Reimbursement	1,740	2,162	2,514
4	Oral Health Care	Fee for Service	1,568	1,620	1,262
5	Mental Health Services	Fee for Service	377	479	385
6	AIDS Pharmaceutical Assistance Part B	Fee for Service	61	732	
7	Substance Abuse Services Outpatient	Fee for Service	69	101	89
8	Health Insurance Premium and Cost Sharing Assistance	Fee for Service	27	147	120
9	Medical Nutrition Therapy	Cost Reimbursement	537	648	791
10	Medical Transportation Services	Cost Reimbursement	629	872	861
12	Food Bank/ Home Delivered Meals	Cost Reimbursement	751	850	687
13	Outreach Services	Cost Reimbursement	20	69	45
14	Psychosocial Support Services	Cost Reimbursement	245	352	448
15	Emergency Financial Assistance	Fee for Service	0	26	2
16	Legal Services	Cost Reimbursement	287	456	319
19	Linguistic Services	Fee for Service			
20	Case Management Services (non-Medical)	Cost Reimbursement	946	1,316	1,273

PROJECT DESIGN FOR THE TRIENNIAL 'IN CARE' PLWHA NEEDS ASSESSMENT STUDIES

The objectives of the comprehensive Triennial Needs Assessment Study were:

1) To identify the extent and types of HIV Service Needs and Uses among PLWH/A in the Phoenix EMA; and
2) To identify the HIV Service Gaps and Barriers to care as perceived by PLWHA in the Phoenix EMA.

This triennial survey process was conducted by Collaborative Research, LLC, during Spring 2010. The goal of the survey assessment was to reach at least 5% of the entire PLWHA population in the EMA who were currently receiving Ryan White funded care and services. As evidenced in the target sample set above, a total of 500 persons successfully participated in the needs assessment survey.

Each of the Phoenix EMA's Severe Need Groups (SNGs) was well represented in the 2010 survey process (N=500):

1. Newly Diagnosed (52 or 11%);
2. Men who have Sex with Men (279 or 60%);
3. Hispanics (130 or 28%);
4. African Americans (79 or 17%);
5. American Indians (33 or 7%); and
6. Incarcerated/Recently Released (28 or 8%).

The emerging population of interest—Youth, ages 13-19 years—was represented at the 5% participation level, with 22 Youth responding to the needs assessment survey.

Chapter 2: HIV/AIDS Epidemiology

Arizona is the second fastest growing state in the nation and Maricopa County is the fourth most populous county in the nation. Pinal County is the 7th fastest growing county in the nation among those counties with populations greater than 10,000 persons. The Phoenix EMA is comprised of two large counties, Maricopa and Pinal, located in the south central portion of the state of Arizona, which together include 66% of the state population (4,281,899 persons in 2009). The EMA accounts for 73.43% of the prevalent cases of HIV/AIDS and 77.9% of the emergent cases of HIV/AIDS. Pinal County has the highest emergent rate in the state (18.25 versus state rate of 12.8) and third highest HIV/AIDS prevalence rate (201) after Maricopa and Pima (Tucson) counties. *Approximately 30% of the prevalent cases and 60% of the emergent cases of HIV/AIDS in Pinal County are attributable to the incarcerated persons housed there.*

Maricopa County is particularly disproportionately impacted (comprising 68.64% of the State's reported combined prevalent HIV/AIDS cases and 73.18% of the State's emergent HIV/AIDS cases). Pinal County represents 5% of the State's population, but comprises 7.26% of the State's HIV/AIDS incident HIV/AIDS and 4.79% of the State's prevalent HIV/AIDS cases.

The number of new HIV/AIDS cases among EMA residents reported in 2009 was 505 (of the 648 total state incidence) or 78% of the total new HIV/AIDS cases statewide. The Phoenix EMA comprises 80.5% of the state's MSM HIV/AIDS incidence , and 88% of the state's MSM prevalent HIV infection. *(Office of HIV/AIDS, AZDHS)*.

As of December 31st, 2009, there were 10,310 PLWHA (or 240.78 per 100.000 population) reported as living in the EMA, representing a 5.3% increase over 2008 (9,791) and a 12% increased prevalence over 2007 (9,205). The EMA comprises 74% of the total living cases reported throughout the state. Of the 10,310 PLWHA, 5,486 (53.2%) are PLWH and 4,824 are PLWA (46.8%). (Office of HIV/AIDS, AZDHS) ***This represents a 1,105 PLWHA case increase from the 2007 reporting period and is attributable to improved case finding and efforts to reduce unmet need in the EMA.***

The State of Arizona is experiencing some of the most rapid population growth in the nation, with most of that growth taking place in the Phoenix metropolitan area. Arizona is currently considered to be a moderate morbidity state, with CDC-estimated prevalence in the middle rate category among states with well-established confidential name-based HIV reporting. But prevalence rates continue to rise in Arizona.

Prevalence of reported HIV infection is 216 per 100,000. That is about 14,041 persons, a rise of nearly 40% in 5 years. The increase in prevalence rates appears to be due to the efficacy of multi-drug treatments for HIV infection, which have sharply reduced HIV-related death. *(2010 Executive Summary, AZDHS Epidemiologic Profile)*

Approximately 30% of the prevalent cases and 60% of the emergent cases of HIV/AIDS in Pinal County are attributable to the incarcerated persons housed there

If current prevalence trends continue, it is likely that the numbers of persons living with AIDS in Arizona will surpass the number of persons with HIV infection who have not been diagnosed with AIDS *(AZDHS, 2010)*. Because the burden of HIV-related disease is greater among persons with AIDS, treatment, utilization, and continuity of care will become increasingly critical issues.

SUMMARY HIV/AIDS DATA FROM THE AZDHS EPIDEMIOLOGIC PROFILE

- The majority of the PLWHA in the EMA are Whites (57.7%), followed by Hispanics (24.9%), African-American, non Hispanics (12.2%), American Indians (2.6%), Asians (1.2%), and Multiracial 1.5%).
- The peak among emergent cases of HIV/AIDS in Maricopa County the EMA occurs in between ages 25-29 years (16.9%) , with the next highest reporting in 35-39 year-olds (15.4%). In Pinal County, the highest proportion of emergent cases is reported in the 35-39 age brackets. The peak among prevalent cases of HIV/AIDS in the EMA occurs in the age range of 35-59 years , with the highest reporting in 45-49 year-olds (21.2%).
- Minorities continue to constitute an increasing and substantial number of PLWHA, overall, in the EMA. African-Americans, Hispanics, American Indians and Asians, together now represent 42.4% of PLWHA within the EMA in 2009 (increased from 39% three years ago) and comprise *52.2% of the emergent HIV and AIDS cases in Maricopa County in 2009 and 77.6% of the emergent cases in Pinal County in 2009.*
- Male and female African Americans are disproportionably impacted by HIV/AIDS in the Phoenix EMA, representing 4.3% of the EMA's population but accounting for over 12% of PLWHA 11.2% and 6.1%, respectively, of the emergent cases in Maricopa and Pinal Counties in 2009. Hispanics comprised 71.4% of the emergent cases of HIV/AIDS in Pinal County in 200.
- MSM represent the largest proportion of PLWHA at 60.5% (and 68.8% among 'any' MSM), and 'any' MSM represent 60.7% of emergent HIV and AIDS cases in Maricopa County and 32.7% of emergent cases in Pinal County in 2009.
- Women comprise 13.2% of all PLWHA in the EMA. Fully 67% of all female PLWHA and 69% of all emergent HIV/AIDS cases among women are reported from Maricopa County. Black non-Hispanic women experience an emergent case rate 9 times greater than the state average for women, and 19 times greater than the rate among white non-Hispanic women. Accounting for approximately 31% of all emergent cases among women, Black non-Hispanic women are 3.6% of the female population of Arizona, an impact disparity of over 850%. *(Groups of Special Concern: Black Women, 2009, AZDHS)*

STIs and Other Co-Morbidities

An epidemiologic synergy between HIV/AIDS and other sexually transmitted infections (STIs) has been observed and studied for over two decades. Researchers have shown that persons with STIs are more likely to become infected with HIV/AIDS and those with HIV/AIDS are more likely to be infected with other STIs. Therefore, HIV/STI co-morbidities are common.

The AZDHS Office of HIV/AIDS examined patterns of all co-morbidity reports of STIs and Hepatitis C (HCV) infection among persons reported with HIV/AIDS. An estimated prevalence rate and history of HCV or STI diagnoses among those who are HIV-positive is approximately 19% or about 1,480 people in the EMA (AZDHS, 2005). While this includes persons who may have been infected with an STI and successfully treated prior to HIV diagnosis, (resulting in an overestimate of current prevalent or incident STI/STD co-morbidity), there are factors that skew the estimate in the other direction, resulting in an anticipated balance.

Sensitivity estimates suggest that 75-85% of reported co-morbidities are detected using the cross-matching method employed for this analysis, and that 15-25% will not be detected. Thus, this rate presents a reasonable picture of the co-morbidity between HIV and STIs. *Using this estimator, the likelihood of HIV infection with a diagnosis of Hepatitis C are 15.5 times greater, and with a diagnosis of STI are 5.5 times greater than in the general population of Arizona. Co-morbidity estimates among PLWHA in the EMA, based upon cases actually reported and reflecting ever having had one of the specified diseases, are: HCV – 11.7% (911 people), Syphilis – 3.6% (280 people) and Gonorrhea – 4.4% (343 people). (AZDHS, 2005)*

TABLE 11 STDS: CASES & RATES PER 100,000 POPULATIONS BY COUNTY, ARIZONA 2008

P&S Syphilis			EL Syphilis		Cong Syphilis		Gonorrhea		Chlamydia	
Cases		**Rates**	**Cases**	**Rates**	**Cases**	**Rates***	**Cases**	**Rates**	**Cases**	**Rates**
Maricopa	208	5.3	146	3.7	19	30.4	2,130	54.3	13,410	341.7
Pinal	4	1.2	13	4.0	0	0.0	82	25.4	910	282.1
Arizona	317	4.9	257	3.9	31	31.3	3,448	52.8	24,766	379.0

Syphilis: In 2008, there were 208 cases of primary and secondary syphilis in Maricopa County (a rate of 5.3 per 100,000, increased from 4.1 per 100,000 in the last reporting period), and a rate of 1.2 per 100,000, up from 0.4/100,000 in Pinal County). The Phoenix EMS constituted 67% of the state's reported cases of P & S Syphilis in 2008. *(AZDHS, 2009)* MSM P&S syphilis rates continue to drive syphilis morbidity, particularly in Maricopa County. ***Since 2004, males that self-identify as MSM account for the majority of P&S syphilis cases among males in Maricopa County***. *MSM accounted for about 72% of all P&S syphilis cases in Maricopa County in 2008 and 80% of all male cases of P&S syphilis.* ***Consistently, between 50-69% of the primary and secondary diagnoses of syphilis among MSM are found in HIV positive males***. ***(AZDHS, 2009)*** Lack of condom use, causing increases in syphilis among MSMs has been associated with crystal methamphetamine use.

Maricopa and Pima Counties had the greatest numbers of syphilis cases among 10-19 year olds in 2008 (25 and 13 cases, respectively). *(Sexually Transmitted Diseases (STD) Among Arizona Youth: The Impact of Chlamydia, Gonorrhea, Syphilis, and Genital Herpes on Arizona Adolescents, 2008)* Minorities are disproportionately impacted by early syphilis: Blacks 16.5%; American Indians 10.6%; and Hispanics 8.6%, compared with Whites at 2.9%, and a case rate of 5.1 reported cases per 100,000 population among all groups. *(Differences in the Health Status among Race/Ethnic Groups, Arizona, 2005)*

Syphilis and HIV: In a cross-match analysis persons now prevalent with HIV/AIDS with any lifetime history of reported Syphilis infection were identified. In this 2005 analysis, 3.6% of those living with HIV/AIDS in Arizona have a history of ever being reported with Syphilis, and 2.2% of those reported with Syphilis have also been reported with HIV. ***The odds of a person now being HIV infected who has any lifetime history of syphilis based on this study is 12.5 times greater than the general population of Arizona.***

Gonorrhea: In 2008, the Phoenix EMA reported a total of 2,212 cases of Gonorrhea, comprising 64% of the state's cases. Maricopa's GC rate is 54.3 per 100,000, higher than the state's case rate of 52.8 per 100,000. Blacks are disproportionately infected with gonorrhea, evidencing a case rate of 395.7 as compared with 31.5 for Whites and 81.9 reported cases per 100,000 among all groups. *(Differences in the Health Status among Race/Ethnic Groups, Arizona, 2005)* In the EMA, the predominant populations diagnosed and treated for gonorrhea are those aged 15-29 years. In 2008, there were 778 reported cases of gonorrhea among 10-19 year olds, corresponding to 86.1 cases per 100,000 population. During 2006-2008, the rate of gonorrhea decreased 42% among 10-19 year olds. In 2008, African American adolescents continued to have the highest rates of gonorrhea morbidity (469.0 per 100,000 population). During 2001-2008, adolescent females had a 1.7 – 2.2-fold higher rate of gonorrhea compared to males. *(STDs among Arizona Youth, 2008)*

Gonorrhea and HIV: AZDHS has determined that 1.6% of those reported with gonorrhea have also been reported with HIV. The odds of a person now being HIV infected who has any lifetime history of gonorrhea based on this study is 9.1 times greater than the general population of Arizona. *(AZDHS, 2005)* The majority of diagnoses of gonorrhea among persons now infected with HIV occur after HIV diagnosis (mean equals 31 months after HIV diagnosis). Of 436 persons now prevalent with HIV and reported with gonorrhea in this analysis, 91% (n=398) are men, and 9% (n=38) are women. Maricopa County's rate of gonorrhea infection is 54.3 and Pinal County's rate is 25.4, compared to the Healthy People 2010 'Responsible Sexual Behavior' objective to reduce the rate to 19.1 per 1000,000 or less. *(Phoenix EMA Progress toward 2010 Goals)*

Chlamydia: In 2008, the Phoenix EMA reported a total of 14,320 cases of Chlamydia: (Maricopa's case rate is 341.7 and Pinal County's case rate is 28.2 per 100,000). A significant indicator of the level of unprotected sex practices occurring among Arizona youth is the rate of increase in reported cases of Chlamydia. In 2008, there were 8,586 reported cases of Chlamydia among 10-19 year olds, corresponding to 938.6 cases per 100,000 population. During 2003-2008, the rate of Chlamydia increased 45% among 10-19 year olds. By race, in 2008, African American and Native American adolescents continued to have the highest rates of Chlamydia morbidity (2,421.9 and 1,445.2 per 100,000 population, respectively). From 2001 to 2008, adolescent females had a 4.5 – 5.9-fold higher rate of Chlamydia compared to males. *(Sexually Transmitted Diseases (STD) Among Arizona Youth: AZDHS, 2008)*

Chlamydia and HIV: The number of cases of HIV/Chlamydia co-infection is unknown, but estimated to be exceptionally high. The cost of treatment is low and highly efficacious, as long as all sexual partners receive timely treatment. In an effort to better control the spread of sexually transmitted diseases, especially among adolescents, young adults, and certain racial groups where rates remain high, in April of 2008, Senate Bill 1078 was passed which amends ARS 32-1401.27 and 32-1854 to allow allopathic, naturopathic, and osteopathic physicians, or physician assistants to dispense or prescribe antimicrobial medications to contacts of patients with communicable diseases without an intervening health assessment of the partner. The application of this statute, for STDs such as gonorrhea and Chlamydia, is referred to as expedited partner therapy (EPT). The law became effective September 26, 2008. Registered nurse practitioners in Arizona are also allowed to provide EPT as determined by the Arizona Board of Nursing. (AZDHS, 2009)

Hepatitis C (HCV): Arizona DHS estimates that 100,000 state residents are likely infected with HCV, with 50% unaware of their infection. Maricopa County leads the state for its total of 31,500 cases of Hepatitis C reported from 1998 to 2006 (as of 8/2007). An additional 1,977 case reports of HCV have been received from Pinal County during the same time period. AZDHS estimates that 753 PLWHA are co-infected with HCV within the Phoenix EMA. *(AZDHS, Office of Infectious Disease Services, 2009)* .

Hepatitis C and HIV: The most significant single disease co-morbidity associated with HIV is Hepatitis C. According to the CDC, about one quarter of those with HIV infection in the US are also infected with HCV (CDC, 2002). Hepatitis C infection has been reported among nearly 12% of persons living with HIV/AIDS in Arizona, and at least 2% of more than 55,000 persons known to be living with Hepatitis C are also infected with HIV. *In this analysis, the odds of current HIV infection among persons with any history of Hepatitis C infection are nearly 12 times as great as those in the general population.*

Tuberculosis (TB): Arizona has a greater incidence of Tuberculosis (TB) due to its proximity to the US-Mexico border and high numbers of incarcerated persons. Arizona ranked 10th among all 50 states for TB morbidity in 2007. The AZDHS Tuberculosis Control Program received 302 reported cases of TB, reflecting a 3% decrease in the number of cases from 2006. The 2007 Arizona case rate of 4.7 per 100,000 population exceeded the national case rate of 4.4 per 100,000 population. Four of Arizona's 15 counties account for 91% (276/302) of all cases, specifically the counties of Maricopa, Pima, Yuma, and Pinal. In Arizona, TB cases occurring in foreign-born patients accounted for 61% (185/302) of the reported cases in 2007. *(AZDHS, TB Surveillance Report, Office of Infectious Disease Services, March 2009)* Arizona has ranked first in the nation for the percentage of TB cases diagnosed in a correctional facility for the past several years. In 2007, 19% (54/302) of all cases were reported by federal, state, local, and private correctional facilities. Maricopa County accounted for 56% (171/302) of the 2007 cases statewide, with a TB case rate of 4.4 per 100,000 population. Pinal County reported 13% (39/302) of statewide cases. Ninety-two percent (36/39) were diagnosed in Pinal County correctional facilities, which include Arizona's two largest state prison facilities, four private prisons, Immigration and Customs Enforcement Service Processing Center (ICE-SPC), and a county jail. The case rate for Pinal County was 13.3 cases per 100,000. *The rates of TB infection remain exceptionally high, particularly in Pinal County, and are contrasted to the Healthy People 2010 goal to reduce the rate of TB to 1.0 or less.*

Substance Abuse: Alcohol and other substance abuse are prevalent in the Phoenix EMA and causes considerable mortality and morbidity. According to 2005 data, at a rate of 114.8 deaths per 100,000 population, *the Phoenix EMA ranked in the top third of all metropolitan areas for deaths by drug misuse*. This rate is significantly higher than such metropolitan areas as San Francisco-Oakland, Boston, and Washington, DC. Additionally, AZDHS reports that the drug-related fatality rate in the Phoenix EMA is 15.6 per 100,000 in Maricopa County and 11.2/100,000 in Pinal County, as compared to the Healthy People 2010 target rate of 4.5 per 100,000. The National Survey of Drug Use and Health defines unmet treatment need as an individual who meets the criteria for abuse of or dependence on illicit drugs or alcohol according to the *DSM-IV*, but who has not received specialty treatment for that problem in the past year. Rates of unmet treatment need for drug use in Arizona have generally been above the national average. Rates for unmet need for alcohol treatment have been similarly high *(SAMHSA, 2008)*.

Substance Abuse and HIV: According to the 2008 MSM survey, 40% of the 'In Care' MSM respondents reported diagnosis and/or treatment for one or more substance abuse disorders. *Crystal methamphetamine is the single drug of choice most frequently reported as used by the 2008 'Out of Care' (OOC) survey respondents*. Almost 1/3 of the 2008 OOC respondents (32.25%) reported regular use of crystal methamphetamine. Ten percent of the OOC survey sample admitted to previous injection drug use (mostly heroin). *The OOC PLWHA also reported a perceived lack of available treatment options for help with crystal meth and/or poly-substance use*. Both the 2006 and 2008 needs assessment survey results reveal regular use of crystal methamphetamine by the OOC, and is cited as a primary reason for their delay into and/or reason for stopping HIV primary medical care. The 2009 Newly Diagnosed PLWHA respondents reported that Substance Abuse services were a #7 ranking service need.

Mental Illness: According to SAMHSA, 11 to 18% of Arizona's residents (varying by age group) suffered serious psychiatric distress within the past year (2008 NSDUH). Many of the EMA's seriously mentally ill (SMI) are also among the homeless.

Mental Illness and HIV: Serious mental illness also complicates HIV care delivery. Results of the 2008 'In Care' MSM needs assessment survey revealed that 36% of the total respondent group (N=159) had been diagnosed and/or treated for serious mental health issues. The 2009 Newly Diagnosed PLWHA respondents ranked mental health services as a #6 top ranking service need.

Homelessness: Based upon a point-in-time shelter and street count, conducted by the Arizona Department of Economic Security in January 2009, a total of 6,355 people were counted as unsheltered statewide. Of the state's 6,355 unsheltered persons, 46% or 2,918 were counted in Maricopa County. Locally, in addition to domestic violence, serious mental illness and substance abuse, the major causes of homelessness include lack of affordable housing, felony convictions, a service economy paying minimum wage, and low and declining levels of public assistance, including a woefully under-funded behavioral health system. Based upon the Maricopa Continuum of Care Homeless Management Information System (HMIS), the Community Information and Referral (CIR) in Maricopa received 19,932 calls requesting emergency shelter in FY 2009, with 54% of callers "turned away" for lack of available shelter beds at the time of the call. (The Current State of Homelessness in Arizona, 18th edition, December 2009)

Arizona Homeless Facts (Per a January 27, 2009 Point-in-Time Survey)

Number of persons counted as homeless without shelter..... 6,355
Number of persons in emergency shelters..... 4,080
Number of persons in transitional housing 4,390
Number of unsheltered homeless children and youth..... 627
Number of sheltered homeless children and youth 2,664

According to the "Homelessness Pulse Project", First Quarterly Report, (March 2009), the Phoenix/Mesa/Maricopa County area experienced a substantial worsening in the numbers of homeless/unsheltered in Maricopa County. The need for beds far outstripped the capacity, with 110% disparity. (Total sheltered persons in 2009: 4,627 compared to total beds: 4,184; with a total of 2,918 unsheltered persons; and total of 7,545 homeless persons). *The numbers of unsheltered persons increased by 20.3% from 2008 to 2009 (increasing from 2,426 in 2008 to 2,918 in 2009 in Maricopa County. (U.S. Department of Housing and Urban Development, Office of Community Planning and Development, March, 2009)*

According to the 2008 'In Care' MSM Needs Assessment Survey, 48% of the survey respondent group reported a current or previous period of homelessness, indicating a very high degree of housing instability within this community. This finding would indicate substantial challenge in successfully facilitating entry and retention in HIV primary care and services for a large segment of the MSM PLWHA population residing in the Phoenix EMA. Ten percent (10%) of the 2008 'Out of Care' survey respondents reported current homelessness, either living in a car/on the street, compared with the 2006 OOC survey findings which indicated that 25% of the OOC survey participants were currently homeless and/or residing in a halfway house/treatment facility. An additional 10% of the 2008 OOC respondents reported homelessness within the past two years and 3% reported previous homelessness, longer than two years ago but not now. A similar proportion of the 2006 and 2008 OOC survey respondents reported being 'temporarily housed', either staying at a friend's or relative's house or apartment (30% of OOC respondents in 2006 compared with 26% of OOC respondents in 2008). The 2009 Newly Diagnosed PLWHA respondents' ranked housing assistance as their number one priority service need.

Income levels and poverty: According to Kaiser Family Foundation State Health Facts, *Arizona ranked #3 in the nation in 2007 for its distribution of total population by federal poverty level,* (only after #1 ranked Alabama and #2 ranked Alaska). In 2008, over 40% of residents were categorized as 'low income' compared with the U.S. average of 36%: 19.7% of all Arizonans reported incomes under 100% FPL (compared to 17.2% U.S.); and 20.5% reported incomes between 100-199% (compared to 18.6% U.S.). Almost 21% of Arizona households include unemployed persons. According to KFF "Measures of State Economic Distress", Arizona ranks 4th in the nation for its home foreclosure rate and ranks 7th in the nation for its increase in food stamp participation from 2008 to 2009. CAREWare data evidences that 95% of the Part A PLWHA clients live at or below 300% of FPL , with significant and continuing income disparities among the severe need groups. Those with asymptomatic HIV infection report the lowest income, suggesting that the newly infected are from the lowest socio-economic brackets and are coming into the epidemic with a high level of unmet need for services.

High Levels of Un-insurance: One out of every five Arizonans (more than 1.2 million persons) do not have health insurance. The 2009 reports from the U.S. Census Bureau show 19.6 percent of the state's population of 6.4 million lack health coverage. Only four other states: Texas (25 percent), New Mexico (23 percent), Florida (21 percent) and Louisiana (20 percent) had higher uninsured percentages than Arizona, according to the federal data. ***One in four Phoenix residents lacks health insurance***, putting Arizona's largest city among the bottom dwellers among big cities on health coverage. Data from the 2008 US Census estimates the total rate of uninsured people in the Phoenix EMA at 25%, increased from 22% in 2006. The U.S. Census report shows that more than 381,000 Phoenix residents, or 25 percent, do not have health insurance. Among cities with at least 1 million residents, only Dallas, Houston and Los Angeles have a higher percentage of residents who do not have health insurance. *(Census Bureau's American Community Survey, 2009)* The percentage of the population with no health insurance in the Phoenix EMA is disproportionately distributed among minorities: the proportion of African Americans who lack insurance is 22% and 40.3% for Hispanics, compared to 12.3% for Whites. *(Diversitydata.org, 2007)*

One in four Phoenix residents lacks health insurance putting Arizona's largest city among the bottom dwellers among big cities on health coverage

Chapter 3 'In Care' Findings

'IN CARE' PROFILE OF PLWHA (Trends in PLWHA participation in HIV primary medical care and services over the past three years. (CAREWare, 2007 through 2010)

As evidenced in the table below, the number of PLWHA receiving Ryan White funded ambulatory outpatient medical care (AOMC) services over the past three years, as recorded in CAREWare, has remained fairly stable. PLWHA receiving oral health care has increased, while those accessing Medical Case Management services have substantially decreased. Access to Mental Health Services remained stable from 2007 to 2009, with an increase in numbers of PLWHA accessing these services in 2008. The numbers of PLWHA accessing Ryan White funded Substance Abuse treatment services have declined over the three year period, as have the numbers of PLWHA receiving Medical Nutrition Therapy. The number of PLWHA receiving Health Insurance Premium assistance has declined by approximately 75% from 2007 to 2009

TABLE 12 TOTAL PLWHA IN RYAN WHITE CARE & SERVICES: THREE YEAR TRENDS

Core Medical Service	2007	2008	2009
Outpatient Ambulatory Medical Care	836	810	803
Oral Health	1262	1620	1568
Medical Case Management	2514	2162	1740
Mental Health Service	385	479	377
AIDS Pharmaceutical Assistance Part B	0	732	626
Medical Nutrition Therapy	791	648	537
Substance Abuse Services Outpatient	89	101	69
Health Insurance Premium (cost sharing assistance)	120	147	27
Duplicated Total	**5997**	**6699**	**5747**
Support Services	**2007**	**2008**	**2009**
Non-Medical Case Management	1273	1316	946
Medical Transportation	861	872	629
Food Box / Home Del. Meals	687	850	751
Outreach Services	45	69	20
Psychosocial Support Services	448	352	245
Legal Services	319	456	287

Trends in Ryan White Funded Service Utilization by Severe Need Group

The gender of the Newly Diagnosed PLWHA is predominantly adult males: almost 3/4 of the total number of 'Newly Diagnosed/New to Care' (who were recorded in CAREWare as receiving one or more Ryan White funded services during the 2008/2009 project year) are males over the age of 25 years (73%); 12% are females 25+ years of age; and 13% are youth, 13-24 years of age.

The largest number of the 2008/2009 Phoenix EMA 'In Care' newly diagnosed/new to care PLWHA are whites (43%), followed by Hispanics (34%); African Americans (16%); and then American Indians (4%). *(CAREWare, 2008-2009)*

By risk exposure mode, the majority of the newly diagnosed/new to care PLWHA who recently entered care in the Phoenix EMA are MSM (55%); followed by 24% Heterosexual contact; 8% IDU; 7% not specified; and 4% MSM/IDU. *(CAREWare, 2008-2009)*

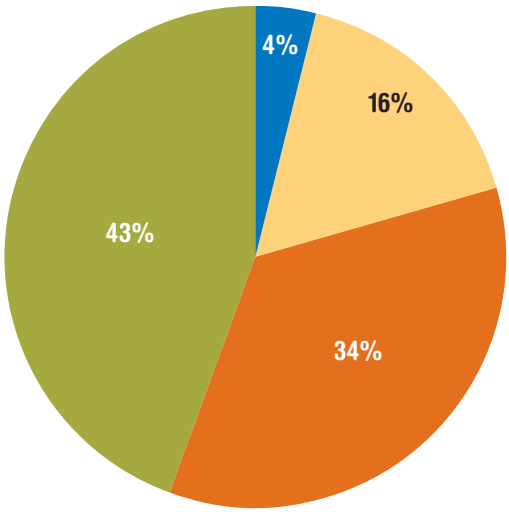


FIGURE 1 RACE/ETHNICITY OF NEWLY DIAGNOSED PLWHA

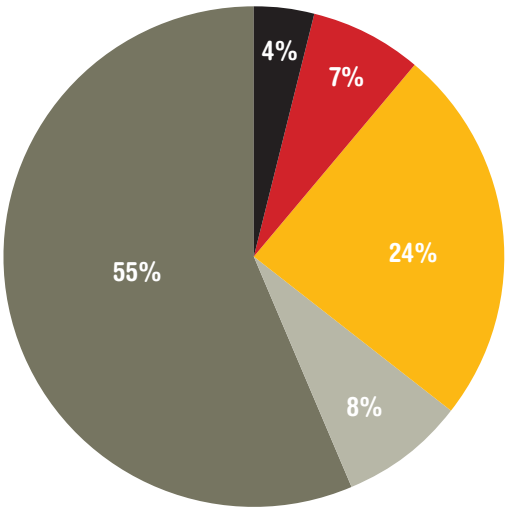


FIGURE 2 RISK EXPOSURE MODE OF NEWLY DIAGNOSED PLWHA

- American Indian/Alaska Native
- Black or African American
- Hispanic
- White (non-Hispanic)

- MSM and IDU
- Not Specified
- IDU
- Heterosexual
- MSM

By HIV/AIDS status, over 16% of the newly diagnosed PLWHA had a concurrent diagnosis of HIV and AIDS, representing a substantial 'late to care' fraction among these new-to-care PLWHA. Almost 84% were reported with HIV infection/not AIDS. By income, this new Severe Need Group evidences substantial levels of poverty, with almost 2/3 reporting incomes at or below 100% of the federal poverty level. (CAREWare, 2008-2009)

Part A Service Utilization by Newly Diagnosed in 2009

There is currently no trend data available for the Newly Diagnosed that is presently tracked in CAREWare. However, the top services reported as used by the Newly Diagnosed in the last project year included Medical Case Management (28%); Oral Health Care (18%); Non-Medical case Management (16%) and Legal Services (10%).

TABLE A SERVICES UTILIZED BETWEEN MARCH 1, 2008 AND FEBRUARY 28, 2009

NEWLY DIAGNOSED/NEW TO CARE SERVICE UTILIZIATION	
SERVICE CATEGORY	**Undup CCC% Clients**
Medical Case Management	27.96%
Oral Health Care	18.36%
Case Management (non-medical)	16.13%
Legal Services	10.01%
Medical Transportation Services	5.84%
Food Bank/Home-delivered Meals	5.29%
Psychosocial Support	4.73%
Mental Health Services	3.34%
Medical Nutrition Therapy	3.20%
Service Outreach	2.92%
Health Insurance Program (HIP)	1.53%
Substance Abuse: Outpatient	0.70%

MSM

The most heavily impacted risk group within the Phoenix EMA continues to be MSM. According to AZDHS, there are 6,242 MSM PLWHA residing in the EMA as of 12/31/09. MSM represent 61% of the total PLWHA within the EMA. When 'any' MSM are counted, the total number of PLWHA cases increases to 7,094 and their prevalence rate increases to 65%. *(AZDHS, 2010)* Only 207 (or 2.92%) received Part A primary care services in 2009. As AHCCCS does not report service demographics by risk category, it is unknown how many MSM received Medicaid funded primary care services. Many MSM are known to access primary care services through private physicians' offices.

A total of 2,130 MSM are reported Out of Care, *comprising 56% of the Out of Care population of PLWHA with unmet need, and over 36% or 2,459 'any MSM' are out of care, constituting 65% of the entire Out of Care PLWHA in the EMA. (2009 Phoenix EMA Unmet Need Estimate)*

The proportion of MSM participating in Ryan White funded primary medical care services have declined substantially from 2007 to 2009.(There was no data reported for 2008)

TABLE 13 TRENDS IN RYAN WHITE FUNDED PART A SERVICE UTILIZATION: MSM

Core Medical Service	2007	2008	2009
Outpatient Ambulatory Medical Care	378	-	207
Oral Health	850	-	1025
Medical Case Management	1591	-	1138
Mental Health Service	250	-	201
AIDS Pharmaceutical Assistance Part B	0	-	0
Medical Nutrition Therapy	476	-	330
Substance Abuse Services Outpatient	47	-	35
Health Insurance Premium (cost sharing assistance)	7	-	15
Duplicated Total	**3599**	**-**	**2951**
Support Services Used by MSM	**2007**	**2008**	**2009**
Non-Medical Case Management	804	-	529
Medical Transportation	462	-	346
Food Box / Home Del. Meals	332	-	412
Outreach Services	0	-	11
Psychosocial Support Services	295	-	139
Legal Services	217	-	168

2008 data was not compiled by risk factor • Risk of MSM includes both MSM and MSM/IDU
***ADAP by Risk factor is not available

African Americans

African Americans are the most disproportionately impacted populations in the EMA. Non-Hispanic African-Americans constitute only 4.5% of the Phoenix EMA's population in 2008 yet accounted for approximately 13% of emergent HIV and AIDS cases in 2008. The current rate of emergent HIV among African American women is 380 per 100,000, 50% higher than the mean rate among men. African-American, non-Hispanics are also over-represented among PLWHA, constituting 12% of all PLWHA in the EMA in 2009. *The current rate of HIV/AIDS among male and female African Americans is 652 per 100,000 which is almost three times that of the EMA overall (234). (Central Regional Planning Group Data, 2008).*

According to the 2008 Unmet Need estimates, there are 505 out of care African American PLWHA, translating into 42% of all black PLWHA, and constituting 13.25% of all unmet need in the EMA).

There has been a recent increase of approximately 30% in Ryan White funded AOMC service utilization among African Americans, though their relative access and utilization of other Part A funded medical care and social support services has remained stable or declined.

TABLE 14 TRENDS IN RW FUNDED PART A SERVICE UTILIZATION: AFRICAN AMERICANS

Core Medical Service	2007	2008	2009
Outpatient Ambulatory Medical Care	64	64	92
Oral Health	200	219	187
Medical Case Management	334	268	180
Mental Health Service	24	28	22
AIDS Pharmaceutical Assistance Part B	0	66	61
Medical Nutrition Therapy	98	76	69
Substance Abuse Services Outpatient	5	7	3
Health Insurance Premium (cost sharing assistance)	31	15	4
Support Services	**2007**	**2008**	**2009**
Non-Medical Case Management	199	181	137
Medical Transportation	169	166	121
Food Box / Home Del. Meals	102	111	110
Outreach Services	5	16	6
Psychosocial Support Services	35	24	28
Legal Services	45	53	41

Hispanics

According to AZDHS there are 2,349 Hispanic PLWHA residing in the EMA. This represents more than a 29% increase over 2007. Hispanics now comprise 23.25% of the PLWH and almost one quarter or 24.8% of the PLWA in the EMA. By race/ethnicity, Hispanics have the second highest AIDS Incidence (257 or 31.6%) behind white, non Hispanics (n=407 or 50.1%). Hispanics represent the largest population (51%) of the unduplicated client count within the EMA's Ryan White Part A funded primary medical care program.

From 2002 to 2009 there has been a substantial increase in Hispanic enrollees within the EMA's Ryan White Part A primary medical care clinic (increasing 177%, from 150 Part A Hispanic PLWHA in 2002 to 413 PLWHA in 2009). Based on 2008 AZDHS estimates, a total of 879 Hispanics (or 37.4% of Hispanic PLWHA) are reported with unmet need, comprising 23.1% of the entire OOC population in the EMA.

As evidenced in the table below, the level of participation by Hispanics in RW funded core medical services appears to be relatively stable over the past three years, overall, (with the exception of Medical Case Management and Health Insurance Premium Assistance, which experienced declines in participation).

TABLE 15 TRENDS IN RW FUNDED PART A SERVICE UTILIZATION: HISPANICS

Core Medical Service	2007	2008	2009
Outpatient Ambulatory Medical Care	427	421	413
Oral Health	416	500	424
Medical Case Management	588	494	419
Mental Health Service	136	164	140
AIDS Pharmaceutical Assistance Part B	0	322	255
Medical Nutrition Therapy	186	147	148
Substance Abuse Services Outpatient	55	55	43
Health Insurance Premium (cost sharing assistance)	50	27	7
Support Services	**2007**	**2008**	**2009**
Non-Medical Case Management	324	392	295
Medical Transportation	230	233	189
Food Box / Home Del. Meals	127	175	170
Outreach Services	29	15	5
Psychosocial Support Services	141	131	93
Legal Services	50	91	61

American Indians

Arizona has the seventh largest American Indian population in the United States. American Indian/Alaska Natives comprise approximately 1.96% of the EMA population; 2.83% of emergent AIDS cases; and 2.87% of new HIV cases. *Nationwide, more tribes and reservations are located within the Phoenix EMA than in any other EMA/TGA. Forty seven percent (47%) of Arizona's American Indians reside in the Phoenix EMA.*

In the EMA, an estimated 257 American Indians are living with HIV/AIDS representing 2.6% of total cases. According to AHCCCS, there are 97 American Indians who receive primary care services through Medicaid.

According to CAREWare reports, only 18 American Indians received Part A primary medical care services in 2009 (or a fraction of their total PLWHA population). In addition to Part A and AHCCCS/Medicaid, American Indians have access to an Indian Health Services clinic, located in the Phoenix EMA. Based on 2008 AZDHS estimates, there are 74 (or 28.8%) American Indian PLWHA Out-of-Care (constituting 1.94% of the EMA's total unmet need). The number of Americans reported as living with HIV/AIDS remains a relatively stable 3% of the total population of PLWHA). However, owing to historic undercounting of American Indians, this number is thought to be substantially higher.

TABLE 16 TRENDS IN RW FUNDED PART A SERVICE UTILIZATION: AMERICAN INDIANS

Core Medical Service	2007	2008	2009
Outpatient Ambulatory Medical Care	82	39	18
Oral Health	21	17	25
Medical Case Management	148	111	85
Mental Health Service	11	5	1
AIDS Pharmaceutical Assistance Part B	0	10	8
Medical Nutrition Therapy	5	9	7
Substance Abuse Services Outpatient	0	1	0
Health Insurance Premium (cost sharing assistance)	7	2	0
Support Services	**2007**	**2008**	**2009**
Non-Medical Case Management	21	16	17
Medical Transportation	55	53	30
Food Box / Home Del. Meals	20	27	26
Outreach Services	6	9	1
Psychosocial Support Services	4	7	3
Legal Services	5	8	6

Nationwide, more tribes and reservations are located within the Phoenix EMA than in any other EMA/TGA. Forty seven percent (47%) of Arizona's American Indians reside in the Phoenix EMA.

Incarcerated/Recently Released

Maricopa County (Phoenix) is the fourth largest local jail jurisdiction in the United States, after Los Angeles, New York City, and Chicago (Cook County). Pinal County is also home to a large prison whose population makes up 5.2% of the County's population. Pinal County ranked #1 in the state in 2008 for its current emergent HIV/AIDS rate of 18.25 per 100,000, compared to the state's incidence rate of 13.3. Sixty percent (60%) of the emergent cases in Pinal County were among incarcerated persons. Pinal County ranked #3 in the state for its prevalence rate of 201 per 100,000, compared to the State prevalence rate of 212 per 100,000, attributable to the fact that 30% of prevalent cases are among incarcerated persons.

Currently, there are 223 known cases of incarcerated PLWHA, with prevalence rates known to be more than four times the state average. Prisoners are 0.56% of the state population, but account for 2.4% of reported HIV/AIDS prevalence and 6.1% of 5-year HIV/AIDS emergence for Arizona. *The most current data suggest that HIV prevalence in the state's prison system among Incarcerated PLWHA may actually be eight times the state rate, and is therefore estimated at 468 incarcerated PLWHA, at minimum. (2008 Arizona Groups of Special Concern—Prisons-AZDHS) Arizona DOC releases an average of 1,000 inmates per month, of whom approximately 11 are known PLWHA (and many more are likely to be HIV-positive and do not yet know it)*, yielding an average of 120 HIV positive prisoners released each year into the Phoenix EMA service community. Therefore, over the last three years, approximately 360 HIV positive prisoners have been released into the Phoenix EMA. (AZDHS, 2008)

(There are no separately tracked CAREWare statistics to report for the level of service utilization by I/RR.)

Youth, ages 13-19 years

Youth, ages 13- 19 years represent an emerging population of significance in the EMA. Over the past three years, from 2007 to 2009, the number of young PLWHA increased from 46 in 2007 to 57 in 2009. While the numbers of persons ages 13 to 19 years of age who have been diagnosed and are living with HIV/AIDS in the Phoenix EMA are still relatively small, this represents an increase of 11 PLWHA or 24%.

As evidenced by the table below, 38 of the 57 PLWHA youth, or 66.6%, received Ryan White funded PMC services in 2009. Those PLWHA youth accessing Oral Health Care and medical case Management services, Mental Health Services and Substance Abuse Treatment services remained fairly stable over the past three years. There is evidence of a small decline in the numbers of PLWHA youth accessing Medical Nutrition Therapy.

Participation in RW funded Support Services by Youth appears very stable over the past three years, with the exception of access to Food bank services, which experienced a substantial increase, overall.

TABLE 17 TRENDS IN RW FUNDED PART A SERVICE UTILIZATION: AMERICAN INDIANS

Core Medical Service	2007	2008	2009
Outpatient Ambulatory Medical Care	37	40	38
Oral Health	28	56	47
Medical Case Management	64	77	59
Mental Health Service	17	21	13
AIDS Pharmaceutical Assistance Part B	0	10	14
Medical Nutrition Therapy	31	26	22
Substance Abuse Services Outpatient	3	3	0
Health Insurance Premium (cost sharing assistance)	0	2	0

Support Services	2007	2008	2009
Non-Medical Case Management	28	26	26
Medical Transportation	21	16	19
Food Box / Home Del. Meals	4	10	16
Outreach Services	2	1	1
Psychosocial Support Services	8	9	7
Legal Services	6	16	10

DEMOGRAPHIC PROFILE OF 2010 'IN CARE' PLWHA RESPONDENTS

Age Range, Gender and Race/Ethnicity of the 'In Care' PLWHA Respondents

Overall, the demographic profile of the 2010 survey respondents mirror s that of the general PLWHA population in the Phoenix EMA, and all of the Severe Need Groups are well represented. The age range of the PLWHA survey respondents is broad, spanning from 5 years to 73 years of age, with an average age of 41 years. As evidenced in the table below, almost 76% of the Respondents report their gender as male and over 23 % as female, with 1% reporting transgender. A small minority (1%) report male to female transgender.

TABLE 18 GENDER OF 'IN CARE' PLWHA RESPONDENTS

GENDER		
Answer Options	**Percent**	**Count**
Male	75.6%	375
Female	23.2%	115
Transgender M to F	1.2%	6
answered question		*496*

Overall, a total of 56.3 % of all the 2010 'In Care' Respondents report their race/ethnicity as other than white. Greater than one-quarter of all the respondents report their race/ethnicity as Hispanic/Latino/a (26.4%). Over 16% of all Respondents report their race as African American; almost 7% report American Indian; and almost 5% report more than one race. Only one respondent, respectively, reports their race as Native Hawaiian/Pacific Islander or Asian; and two respondents report their refugee status (from Burma and Uganda, respectively).

TABLE 19 RACE/ETHNICITY OF 'IN CARE' PLWHA RESPONDENTS

Do you consider yourself?		
Answer Options	**Percent**	**Count**
White	43.7%	215
Hispanic/Latino	26.4%	130
Black/African American	16.1%	79
American Indian/Alaska Native	6.7%	33
More than one race/ethnicity (describe)	4.7%	23
Other (not specified)	1.6%	8
Refugee (Burma, Uganda)	0.4%	2
Native Hawaiian or other/Pacific Islander	0.2%	1
Asian	0.2%	1
answered question		*492*

More Than one Race:

- African American and American Indian
- American Indian and Hispanic
- Asian and White
- Black and Hispanic
- Black and White
- Black/American Indian/White
- Hispanic and Native American
- Hispanic/Indian
- Native American/Yemini
- Puerto Rican
- Puerto Rican and Scottish
- Swedish, Finish, German, and Souix Indian
- White and Hispanic
- White and 'Mixed'
- White, Mexican, Native American
- White/Hispanic
- White/Native American

The 2010 'In Care' survey Respondents reported a total of 101 different zip codes for their location of residence. The zip codes most frequently reported include: 85006, 85014, 85015, 85013, 85008, 85009, 85018, 85021, 85301, 85040, and 85042, with the remaining highest reporting zip codes displayed in the table below.

TABLE 20 ZIP CODE OF RESIDENCE OF PLWHA

ZIP	#	ZIP	#	ZIP	#
85006	32	85042	14	85251	6
85014	32	85017	9	85283	6
85015	32	85029	9	85004	5
85013	25	85016	8	85007	5
85008	23	85031	8	85012	5
85009	22	85033	8	85019	5
85018	22	85051	8	85020	5
85021	18	85003	7	85032	5
85301	15	85041	7	85257	5
85040	14	85035	6	85302	5

Transmission Risk Mode

Almost 56% of the 2010 'In Care' Respondents report their transmission mode as MSM. By SNG Respondents, 61% of American Indians report MSM; 36% African Americans; 54% Hispanics; 52% Newly Diagnosed; 64% Recently Released; and 5% Youth report MSM as their primary risk factor.

The next most frequently reported risk mode is Heterosexual risk (over 20%), with SNGs consistently reporting HET as a transmission risk factor in the range between 9% (Youth) to 33% (African Americans).

IDU is reported by over 10% of all Respondents, with the Recently Released reporting the highest frequency of IDU risk behavior (at 21.4%); followed by American Indians (18%); African Americans and Newly Diagnosed (10%); Hispanics (8%); MSM 6%; with none of the Youth Respondents reporting IDU as a risk factor.

A total of 5% of all Respondents reported Sex with IDU as a risk factor, with Recently Released and American Indian Respondents reporting the highest frequency of Sex with an IDU as risk factor (at 18% and 15%, respectively. Both Mother with HIV/AIDS and Transfusion are the risk modes reported by 4% of respondents, respectively.

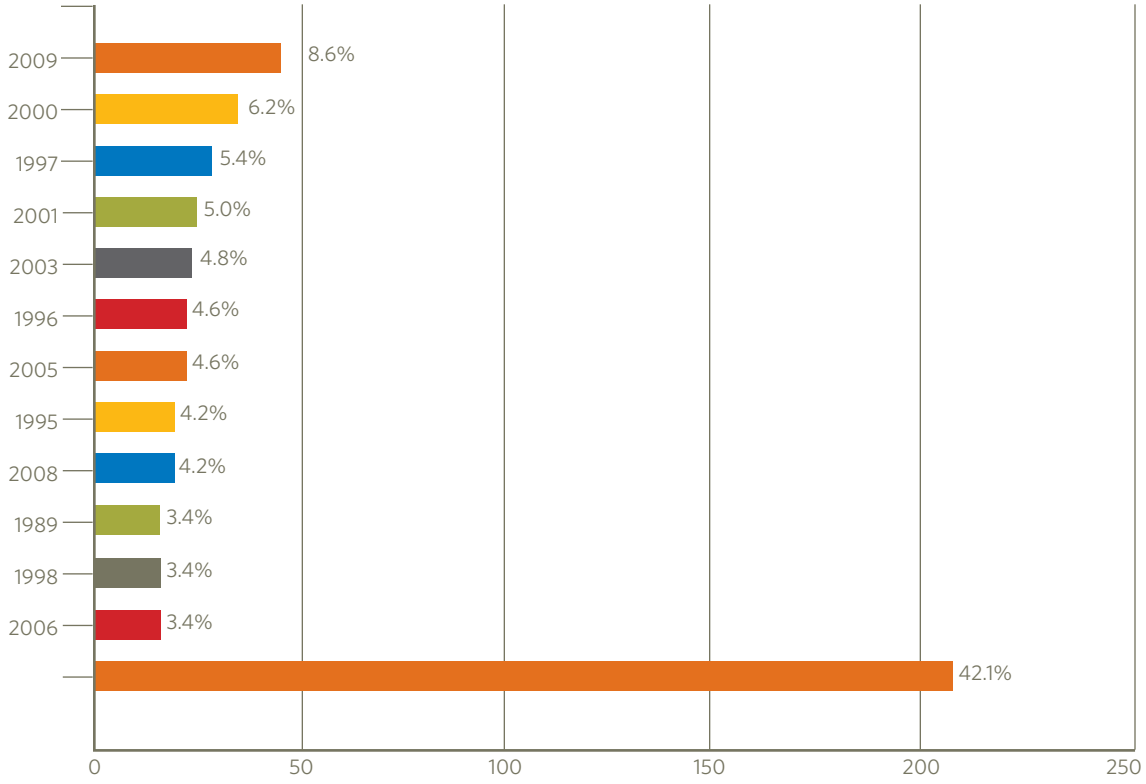
Almost 82% of the Youth Respondents report Mother with HIV as their primary risk factor. Sexual assault accounts for approximately 3% of risk mode; and "other", including "occupational hazard", which accounts for 2% of the reported risk exposure modes . A small minority (1%) reports their risk exposure mode as Health Care Worker. Almost 9% report their transmission risk mode as unknown.

TABLE 21 TRANSMISSION RISK MODE

Do you know how you may have acquired HIV/AIDS? (Please check all that apply)		
Answer Options	**Percent**	**Count**
Male sex with male	55.9%	279
Heterosexual sex	20.2%	101
Injection drug user	10.4%	52
Unknown	8.6%	43
Sex with drug user	5.2%	26
Transfusion	3.6%	18
Mother with HIV/AIDS	3.6%	18
Sexual assault	3.2%	16
Other (occupational hazard)	2.4%	12
Health care worker	1.0%	5
While incarcerated	0.4%	2
answered question		***499***

Year of HIV Diagnosis

The range of years reported as the year of HIV diagnosis spanned from 1978 to 2010, with 3% reporting not knowing the actual date of their diagnosis. As evidenced in the figure below, the greatest percentage of survey respondents reported recently learning their diagnosis in 2009 (almost 9% of the entire survey sample). In descending order of frequency, the next highest reporting years for HIV diagnosis documented by the 2010 Respondents included the following: 2000, 1997, 2001, 2003, 1996, 2005, 1995, 2008, 1989, 1998, and 2006.



HIV/AIDS Status

Over half or 56% of the survey Respondents report living with HIV disease and 40% report a diagnosis of AIDS, with 4% reporting uncertainty about their disease status. There is substantial variability in the HIV/AIDS status reported by the different Severe Need Groups. By SNG, 43.3% MSM report an AIDS diagnosis; 32.5% of Hispanic Respondents report an AIDS diagnosis; I/RR 29.6%; African Americans 28.9%; Youth 28.6%; Newly Diagnosed 24%; and 21.2% of American Indian Respondents report a current AIDS diagnosis.

Diagnosis of HIV/AIDS in an Emergency Room

Almost 20% of all Respondents report their first diagnosis in an emergency room (ER). ***However, 25% of the Newly Diagnosed report receiving their initial HIV diagnosis in the ER;*** 24.8% of Hispanics report an ER diagnosis of HIV; American Indian Respondents report 18.8% ER diagnoses; and 17.4% of MSM Respondents report they received their HIV diagnosis in an ER setting. The Recently Released and Youth Respondents report the lowest frequency of receipt of their HIV diagnoses in an ER setting at 3.7% and 4.8%, respectively.

Receipt of Partner Notification Services

Among those Respondents reporting they were diagnosed in the past two years, only 50% or one-half of all Respondents who recently tested positive reported the receipt of partner notification services. The Newly Diagnosed reported the highest frequency of receipt of partner notification services (67%), followed by Hispanics and MSM (57%); African Americans (50%); American Indians and Recently Released (40%); with 33% of Youth Respondents reporting the receipt of partner notification services.

Location of HIV Diagnosis

A total of 295 of the survey respondents (almost 60%) reported first learning their HIV diagnosis in Phoenix, Arizona. An additional 43 respondents reported their learning their HIV status in other parts of Arizona (9%). The remaining 31% report their first diagnosis in a wide range of other states and foreign countries, (including Africa and Italy), with the highest numbers of those reporting California (19 respondents); Illinois (15 respondents); New York (8 respondents); Texas (7 respondents); Mexico (5 respondents); Florida (5 respondents); New Mexico (4 respondents); Philadelphia, PA (4 respondents); Colorado (4 respondents); and Wisconsin (4 respondents).

Health Insurance Coverage

The majority of PLWHA respondents report Medicaid or Medicare as their primary health coverage benefit (35% and 24%, respectively). Almost 24% or one quarter of the survey respondents report Ryan White as their primary source of the health benefits coverage. While 21% report current employment, less than 6% report private insurance coverage through their place of work or their spouses' place of work. Slightly greater than 3% report VA benefits and an additional 3% report Indian Health benefits. Among those PLWHA reporting "other" health insurance coverage, a total of 66 of the 96 PLWHA reported ACCESS benefits; and the remaining reported a variety of other forms of coverage including Cigna, Health Net, Humana, Secure Horizons and United Health Care. No one reported COBRA benefits.

TABLE 22 TYPE OF HEALTH INSURANCE COVERAGE

Do you know how you may have acquired HIV/AIDS? (Please check all that apply)		
Answer Options	**Percent**	**Count**
Medicaid/AHCCCS	35.4%	177
Medicare	24.4%	122
Ryan White	23.6%	118
Other (please specify)	19.2%	96
Private Health Insurance (your/spouse's work)	5.6%	28
Veterans Administration	3.2%	16
None	2.8%	14
Indian Health Services	2.6%	13
Private Health Insurance, not through work	1.4%	7
COBRA (insurance through my last employer)	0.0%	0
answered question		***499***

There is substantial variability in the level and types of insurance coverage reported by the SNGs. The majority of Youth report Medicaid coverage (73%); while 50% of the Recently Released relies on Medicaid for their health insurance coverage. The remaining SNGs report Medicaid/ACCCHS coverage in the range of 26% (Hispanics) to 37% (African Americans). Over 36% of the American Indian Respondents report Indian Health Service benefits. Youth Respondents report the highest frequency of private health insurance (18%), with the remaining SNG Respondents reporting private health insurance in the range of 4 to 7%.

Employment

The Newly Diagnosed Respondents report the highest current levels of employment (at 29%); and the Recently Released report the lowest employment level (7%) other than Youth (0%).

HIV Primary Care Clinic Location and Provider Name

The table below highlights the Clinic locations in which five or more 'In Care' PLWHA reported as their location where they are currently receiving their HIV care. A total of over 30 Clinics/Doctors' Offices were cited as current providers of HIV care and services.

TABLE 23 TYPE OF HEALTH INSURANCE COVERAGE

CLINIC	#	CLINIC	#
19th Avenue	6	Phoenix Children's Hospital	11
Bill Holt Clinic	10	Pueblo Family Physicians	43
Cigna Health Care	21	Private Physicians	14
Dr. Cunningham	6	SAA Spectrum Medical	40
First Family Medical Center	5	Southwest Center	6
McDowell Health Center	242	Veterans Clinic	16
Phoenix Indian Medical Center	18	Phoenix IHS	10

A total of 49 different HIV primary care providers were reported by the 2010 PLWHA.
Those PMC providers reported as serving five or more respondents are listed in the table below.

TABLE 24 PRIMARY HIV DOCTOR/AOMC PROVIDER

DOCTOR	#	DOCTOR	#
Dr. Brian Arey	31	Dr. Platt	21
Dr. Bergman	7	Dr. Nakatani	7
Dr. Bloomquist	27	Dr. Patterson	29
Dr. Carol Williams	60	Dr. Rene	12
Dr. Cheryl Allred	5	Dr. Ruest	5
Dr. Cunnigham	46	Dr. Vanig	47
Dr. Dean Martin	22	Dr. Post	106

Connection to Care--Level of 'In Care' Presence

Overall, the 2010 PLWHA respondents evidence a very strong 'In Care' presence, with 475 of 493 who responded to the question (or 96%) , affirming a primary medical care visit within the past year. The vast majority of those 'In Care' respondents (97%) report an excellent connection to care, having seen their primary care provider within the past 3 to 6 months. A minority of PLWHA (4%) report a recent return to care, with varying lengths of time 'Out of Care'.

TABLE 25 LAST DOCTOR VISIT AND LAST LAB MONITORING VISIT PATTERN

VISIT TIME FRAME	DOCTOR	CD4	VIRAL LOAD
Past 3 Months 1/10-4/10 (Ideal 'In Care' Status)	368	317	315
Past 4-6 Months 10/09-12/09 (Satisfactory 'In Care' Status)	95	124	115
Past 7-9 Months 7/09-9/09 (Erratically 'In Care' Status)	10	19	14
Past 10-12 Months 4/09-6/09 (Erratically 'In Care' Status-At risk of Unmet Need)	2	0	7
TOTAL 'In Care'	**475**	**460**	**451**
Technically 'Out of Care' Unmet Need in 2009/10	18	20	19
Out of Care > One Year (OOC Since 2008 or before)	14	13	13
TOTAL Out of Care	**18**	**20**	**19**
GRAND TOTAL	**493**	**480**	**470**

Antiretroviral Therapy

A total of almost 84% of the 2010 PLWHA respondents report currently taking antiretroviral therapy (ART); 14% report they are not on ART; and almost 2% report not knowing whether they are taking antiretroviral medications. By SNG, the Respondent groups report slight variation in the proportion reporting active receipt of ART: 100% of the Youth Respondents report receiving ART; 91% American Indians; 84% MSM and African Americans; 78% Hispanics; 65% Recently Released; and 55% of the Newly Diagnosed report the receipt of ART

Mental Health and Substance Abuse Issues

Over half or 55% of the 'In Care' PLWHA report a history of mental health/behavioral health issues (including but not limited to anxiety, depression, and bi-polar disease) and over 18% report a history of substance abuse. Fully half (50%) of the 2010 respondents report the previous receipt of mental health counseling and/or substance abuse treatment since their diagnosis with HIV disease. There is substantial variation by SNG in the proportionate reports of having been diagnosed with and/or treated for one or more mental health and substance abuse issues.

TABLE 26 REPORTS OF MENTAL HEALTH &/SUBSTANCE ABUSE ISSUES AMONG SNGs

	AI	AA	HIS	MSM	NEW DX	I/RR	YOUTH
Mental Health	42%	45%	51%	60%	43%	68%	19%
Substance Abuse	24%	18%	15%	22%	18%	41%	0%

Diagnosis and Treatment of Sexually Transmitted Diseases

Almost 44% of the 'In Care' PLWHA respondents report having been diagnosed and/or treated for an STD, with the most frequently reported STDs reported as Syphilis (20%); Gonorrhea (17%); and Chlamydia (11%). By Severe Need Group, both the Recently Released and MSM Respondent groups report high levels of STDs (at 58% and 53%, respectively).The Newly Diagnosed report 44% any STD, and 20% report a previous diagnosis of Syphilis. The SNG of American Indians report a 47% history of any STD; followed by 40% African Americans; 36% Hispanics; with only 9% of Youth reporting the diagnosis/treatment of an STD.

TABLE 27 REPORTS OF STD's DIAGNOSED/TREATED

Have you ever been diagnosed with or treated for STD's? Please check all that apply.		
Answer Options	**Percent**	**Count**
Syphilis	19.7%	93
Gonorrhea	16.9%	80
Genital Warts	11.2%	53
Chlamydia	10.6%	50
Genital Herpes	10.0%	47
Not applicable	56.6%	267
answered question		***472***

Diagnosis and Treatment of Diseases Other Than HIV

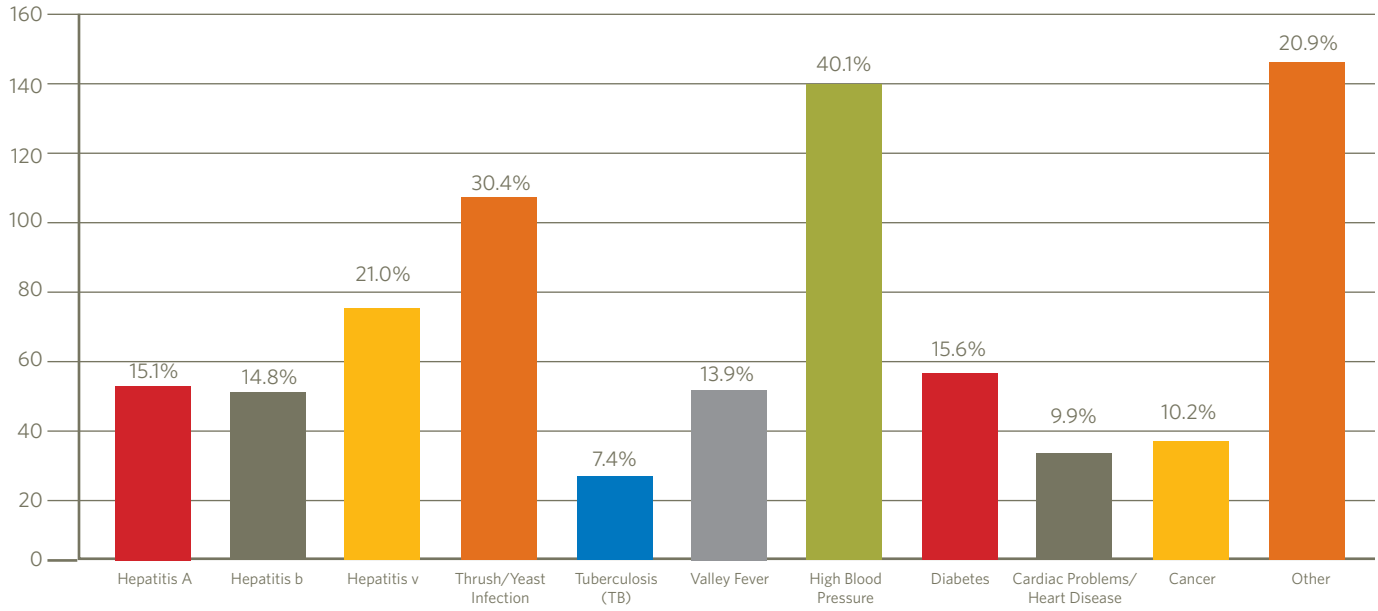
The 2010 PLWHA Respondents evidence many illness co-morbidities, reporting a substantial number and variety of diseases other than HIV disease. The most frequently reported disease is hypertension /high blood pressure, (reported by over 40% of respondents) followed by thrush (reported by over 30% Respondents) , and diseases of the nervous system (neuropathy, epilepsy, etc), reported by 27% of the 2010 Respondents. Many PLWHA reporting the diagnosis and/or treatment of Hepatitis (including 21% reporting a history of or treatment for Hepatitis C; over 15% Hepatitis A; and almost 15% Hepatitis B). Almost 14% of the 2010 Respondents report the diagnosis and treatment of Valley Fever, and almost 10% report a history of diagnosis and treatment for various cardiac problems/diseases of the heart.

TABLE 28 REPORTS OF OTHER DISEASES/CHRONIC ILLNESSES

Have you ever been diagnosed with or treated for diseases other than HIV? Check all .		
Answer Options	**Percent**	**Count**
High Blood Pressure	40.1%	141
Thrush/Yeast Infection	30.4%	107
Nerve Issues (epilepsy, neuropathy)	27.0%	95
Hepatitis C	21.0%	74
Diabetes	15.6%	55
Hepatitis A	15.1%	53
Hepatitis B	14.8%	52
Valley Fever	13.9%	49
Cancer (please see list)	10.2%	36
Cardiac Problems/Heart Disease	9.9%	35
Tuberculosis (TB)	7.4%	26
Other (please see list)	14.8%	52
answered question		***352***

Over 10% of Respondents (or 36) report a history of cancer, including five reports of Kaposi's Sarcoma; Hodgkin's Lymphoma; anal cancer (6) ; cervical cancer; ovarian cancer; colon cancer; esophageal cancer; cancer of the tongue; lymphoma (2); melanoma (2); and skin cancer (reported by eight of the Respondents).

FIGURE 4 DIAGNOSIS OF AND TREATMENT FOR DISEASES OTHER THAN HIV



The 2010 PLWHA Respondents report an exceptionally high degree of co-morbidity with diseases in addition to HIV. Many of these disease processes are complicated by antiretrovirals and contribute significantly to the cost and complexity of care for these individuals.
As evidenced in the figure above, the single disease most frequently reported by the 2010 PLWHA Respondents includes high blood pressure/hypertension. Hepatitis C is reported by over 20% of all the 2010 Respondents.

By Severe Need Group, there are significant differences in the proportionate reports of these 'other' disease processes. African Americans and American Indians report the highest prevalence of high blood pressure (at 54% and 46%, respectively). The Severe Need Groups of MSM and Hispanics report the next highest prevalence of hypertension (at 41% and 38%, respectively). The Newly Diagnosed report 23% prevalence of hypertension and over 18% report a history of Hepatitis C. ***Three-quarters of the Recently Released (75%) report any Hepatitis and 45% report a diagnosis of Hepatitis C.*** African Americans report a 27% prevalence of Hepatitis C. Youth Respondents report a history of TB (20%) and Thrush (50%).

Almost 15% of the entire Respondent group (or 52 Respondents) reported the diagnosis and/or treatment of additional diseases not listed on the survey tool. The list below includes the extensive list of "other" illness co-morbidities reported by the 2010 Respondents.

LIST OF OTHER ILLNESSES/DISEASES

- ADHD, Enuresis
- Anal Warts
- Arthritis (2)
- Arrhythmia In Heart
- Asthma (3)
- Bacterial Pneumonia, Herpes (Lips), Developmental Delay, Hepatosplenomegaly, Migraines
- Bell's Palsy
- Benign Neck Tumor
- Brain Lesions
- Celiac Disease
- CMV (2)
- COPD, Asthma, Bronchitis
- COPD, High Cholesterol, HPV, And Tumors/Lesions In Mouth
- Depression
- Heart Murmur (2)
- High Cholesterol And Benign Tumors
- Leaky Valve In Heart
- Lymphadenopathy, Molluscum
- Malaria, Dysentery
- MRSA (Resistant Staff) and Shingles
- Migraines
- MRSA
- Pancreatitis, Liver Deficiency
- PCP, Meningitis
- Peripheral Artery Disease
- Pneumonia
- Possible Cushing Syndrome
- Seizure Disorder
- Shingles (3)
- Staphylococcal Skin Infection
- Stroke
- Varicella, Ringworm, recurrent pustular lesions
- Wasting, Arachnoid Cyst, Pneumonia, Lymphadenopathy

Current and Previous Homelessness

A substantial minority (over 32%) of the 2010 Respondents report a period of homelessness, with over 4% reporting current homelessness and an additional 28% reporting a period of previous homelessness, either during the past two years or over two years ago. This degree of housing instability represents a serious care coordination issue for the EMA and presents multiple challenges for providers who are striving to help PLWHA to access, engage with, and remain in HIV primary medical care and services.

TABLE 29 CURRENT AND PREVIOUS HOMELESSNESS

Are you now, or have you ever been homeless?		
Answer Options	**Percent**	**Count**
Never	67.9%	328
Currently homeless	4.3%	21
Been homeless in past 2 years, but not now	8.3%	40
Been homeless over 2 years ago, but not now	19.5%	94
answered question		***483***

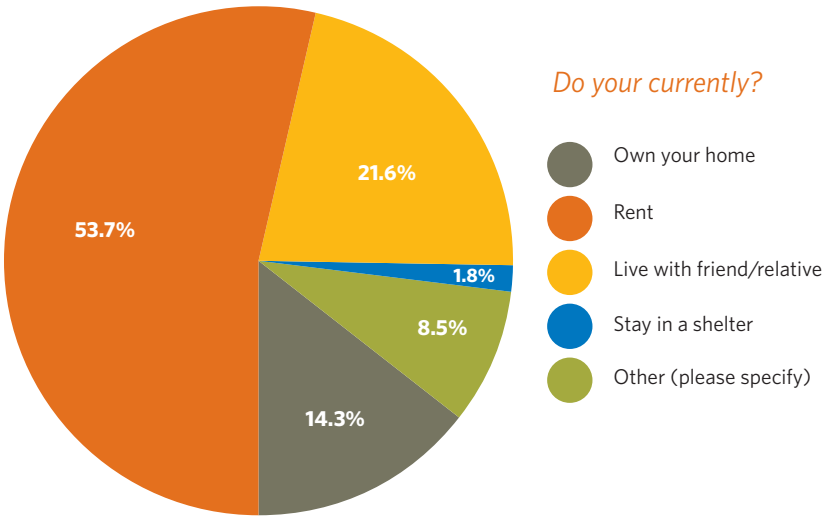
Among the Severe Need Groups, each have experienced substantial homelessness, as evidenced in their survey responses. Of all the SNGs, the I/RR report the highest current and previous homelessness (at 18.5% currently homeless and 53% ever homeless).

African Americans report 34% ever homeless and 4% current homelessness. Hispanics report 31% ever homeless and over 7% are currently homeless. MSM report 29% ever homeless and 4% are currently homeless. The Newly Diagnosed report 28% as ever homeless and 6% as currently homeless. American Indian Respondents report 24% previous homelessness, and Youth report 18% previous homelessness, with no current homelessness.

Current Living Arrangement

As evidenced in the figure below, over one-half or almost 54% of all Respondents reports currently renting their home/apartment. Almost 22% report living with a friend or relative; 14% report owning their home; almost 2% report currently staying in a homeless shelter, and 9% report "other" living arrangement, as listed in Table 30 below.

FIGURE 5 TYPE LIVING ARRANGEMENT / OTHER LIVING ARRANGEMENT



- 1/2 way house
- Buying a home with a relative
- Drug rehab (2)
- Ex-boyfriend provides rent
- Group home (4)
- HIV housing
- HUD housing (3)
- Live in a friend's empty house
- Live in a house owned by my father
- Live with a partner who owns a house
- Live with domestic partner who pays the rent
- Live with partner (3)
- Living with a friend for a few day while looking for an apartment
- Pay rent to live in house Dad owns
- Section 8 (3)
- Shanti housing (5)
- SW Behavioral Housing until 11/2010 and then I don't know
- Transitional housing (7)
- Waiting on paperwork for section 8 to be approved

Recent Jail or Prison Stay in Previous Six Months

Only 5% of all Respondents report a recent jail sentence/stay and only 2% of all Respondents report a recent incarceration in prison. However, by SNG, there are substantial differences in the proportion of Respondents in each group who have recently been incarcerated. The Recently Released Respondents report that 93% have been in jail over the past six months and 39% report a recent prison stay in the last six months. Almost 16% of the Newly Diagnosed reports a recent incarceration, as do 12% of all African American Respondents. Over 9% of American Indian Respondents report a recent jail or prison stay, as do 8% of all MSM Respondents. Almost 5% f all Hispanic Respondents report a recent incarceration, and none of the Youth reports a recent stay in jail or prison.

TABLE 30 RECENT JAIL STAY

Have you been in jail in the past 6 months?		
Answer Options	**Percent**	**Count**
Yes	5.3%	26
No	94.7%	469
answered question		***495***

TABLE 31 RECENT PRISON STAY

Have you been in prison in the past 6 months?		
Answer Options	**Percent**	**Count**
Yes	2.2%	11
No	97.8%	482
answered question		***493***

Among those PLWHA Respondents who recently exited jail or prison, approximately 44% report the offer of help in accessing HIV medical care and services. Over half (or 56%) report that they did not receive an offer of help in connecting them with HIV care and services.

TABLE 32 RECENT PRISON STAY

Have you been in prison in the past 6 months?		
Answer Options	**Percent**	**Count**
Yes	4.1%	20
No	5.4%	26
Don't know	0.0%	0
Not Applicable	90.5%	437
answered question		***483***

Level of Annual Income

Almost 53% of all 2010 Respondents report exceptionally low incomes in the zero to $9,999 range. Fully 84% of the 2010 Respondents reports living at or below 200% FPL. By SNG, the most impoverished groups who report the greatest proportion of members living at or below $9,999 annual income include, in rank order: Recently Released (77%); Newly Diagnosed (67%); Hispanics (66%); American Indians (52%); and MSM and African Americans (47% respectively). None of the Youth respondents reports any income.

FIGURE 6 ANNUAL INCOME - *What is your approximate yearly income?*

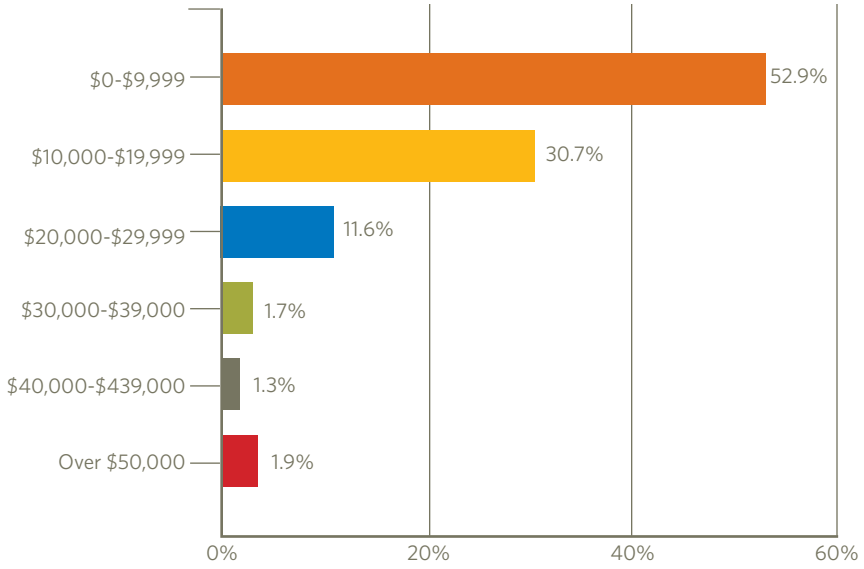


TABLE 33 LEVEL OF ANNUAL INCOME

What is your approximate yearly income?		
Answer Options	**Percent**	**Count**
$0-$9,999	52.9%	252
$10,000-$19,999	30.7%	146
$20,000-$29,999	11.6%	55
$30,000-39,999	1.7%	8
$40,000-$49,999	1.3%	6
Over $50,000	1.9%	9
answered question		***476***

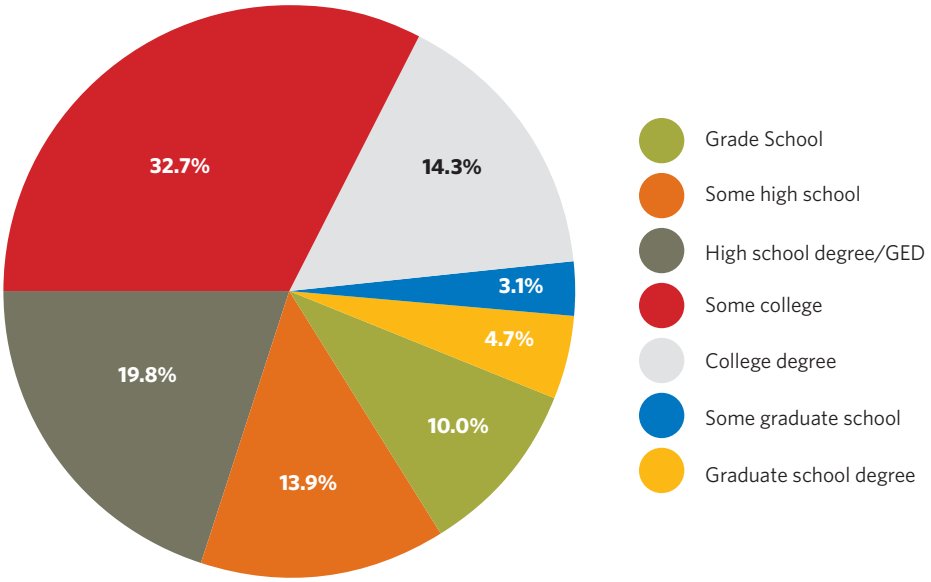
Level of Education

The level of reported education among the 2010 Respondents varies widely. Almost 20% report their highest level of education as high school. Almost 24% report only some high school or grade school education or less. On the other hand, almost 1/3 or 33% report some college level education, with 16% reporting a college degree, and almost 5% report a graduate degree, with an additional 3% pursuing some graduate level education.

TABLE 34 LEVEL OF EDUCATION

What is your highest level of education?		
Answer Options	**Percent**	**Count**
Grade school	10.0%	49
Some high school	13.9%	68
High school degree/GED	19.8%	97
Some college	32.7%	160
College degree	15.7%	77
Some graduate school	3.1%	15
Graduate school degree	4.7%	23
answered question		***489***

FIGURE 7 HIGHEST LEVEL OF EDUCATION- *What is your highest level of education?*



Sexual Orientation

Over one-half or 51% of all 2010 Respondents reports their sexual orientation as "gay", and an additional 9% of all Respondents reports bisexuality. Over one third or 35% of all Respondents reports their sexual orientation as "straight". A minority preferred not to answer the question.

TABLE 35 SEXUAL ORIENTATION

What is your sexual orientation?		
Answer Options	**Percent**	**Count**
Gay	51.3%	249
Bisexual	9.3%	45
Straight	35.1%	170
Prefer not to answer	3.5%	17
Other	0.8%	4
answered question		***485***

NEEDS, USES, GAPS, and BARRIERS RANKINGS

A Needs, Uses, Gaps and Barriers ranking was developed for all 2010 Phoenix EMA 'In Care' Respondents, and rankings were developed for each of the special populations. The 2010 HIV/AIDS Needs Assessment provides a "snapshot" of the community service needs, barriers, and gaps as expressed by consumers of HIV related services in the service area.

The rankings of the Needs Assessment are displayed for all 'In Care' respondents, with separation into Need, Use, Gap and Barrier Matrices by Special Population. This can be further defined as:

Need ..... Number of 'In Care' client survey respondents who stated "I currently need this service."
Use ..... Number of 'In Care' client survey respondents who indicated service use in the past year
Gap ..... Sum of 'In Care' client survey respondents who answered 'Yes' to Need and 'No' to availability of that service
Barrier ..... Number of 'In Care' client survey respondents who indicated that a service is 'Hard to Get'

OVERVIEW OF EMA-WIDE 'IN CARE' PLWHA STUDY FINDINGS

The 2010 Triennial Needs Assessment of a large sample of "In Care" PLWHA surveyed 496 persons living with HIV/AIDS in the Phoenix EMA whose top expressed Needs, Uses, Gaps and Barriers for HIV-related services evidence a strong mix of core medical and supportive services:

The 2010 survey respondents ranked the following service NEEDS:

1. Medications
2. Ambulatory Outpatient Medical Care
3. Medical Nutrition Therapy
4. Housing Assistance
5. Medical Transportation

The 2010 survey respondents ranked the following service USES:

1. Ambulatory Outpatient Medical Care
2. Medications
3. Medical Nutrition Therapy
4. Case Management
5. Medical Transportation tied with Health Insurance

The 2010 survey respondents ranked the following service GAPS (services that are perceived to be unavailable):

1. Housing Assistance
2. Medication
3. Oral Health/Dental
4. Medical Transportation
5. Emergency Financial Assistance

The 2010 survey respondents ranked the following service BARRIERS (services "hard to get"):

1. Emergency Financial Assistance
2. Complementary/Holistic Therapy
3. Medications
4. Health Insurance
5. Oral Health/Dental care
6. Housing Assistance

TABLE 36 ALL 2010 RESPONDENTS' NEED, USE, GAP & BARRIER RANKINGS

RANK	NEEDS	USE	GAP	BARRIER
1	Medication	AOMC	Housing Assistance	Emergency Financial Assistance
2	AOMC	Medication	Medication	Complementary/ Holistic Therapy
3	Medical Nutritional Therapy	Medical Nutritional Therapy	Oral Health/Dental	Medication
4	Housing Assistance	Medical Case Management	Medical Transportation	Health Insurance
5	Medical Transportation	Medical Transportation (tie) Health Insurance (tie)	Emergency Financial Assistance	Oral Health/Dental
6	NR	NR	NR	Housing Assistance

Service GAP Reasons

The 2010 Triennial Needs Assessment of a large sample of "In Care" PLWHA surveyed 496 persons living with HIV/AIDS in the Phoenix EMA whose top expressed Needs, Uses, Gaps and Barriers for HIV-related services evidence a strong mix of core medical and supportive services:

The reasons that ALL 2010 PLWHA Respondents offer to explain why they perceive certain services are "unavailable" to them are multiple and varied and include:

- lack of income or affordability;
- funding budget cuts;
- don't know where to go or who to ask;
- service(s) not available in area;
- do not qualify;
- lack of insurance;
- wait lists; and
- work schedules.

(For a complete list of Gap Reasons for ALL Respondents and by individual SNG, please see Appendix A).

Service Barrier Reasons

The reasons that ALL PLWHA Respondents offer to explain why they perceive certain services as "hard to get" are multiple and varied and include:

- "Red tape"
- Illegal status
- Budget cuts
- Lack of income/inability to afford
- Lack of information regarding location of services and how to access them
- No Case Manager
- Can't qualify
- Lack of insurance
- Transportation too hard/far away
- Too few providers/services
- Wait list

(For a complete listing of Barrier Reasons offered by ALL Respondents and by individual SNG, please see Appendix B)

TABLE 37 MSM RESPONDENTS' NEED, USE, GAP & BARRIER RANKINGS

RANK	NEEDS	USE	GAP	BARRIER
1	Medication	AOMC	Housing Assistance	Complementary/ Holistic Therapy
2	Medical Nutritional Therapy	Medical Nutritional Therapy	Oral Health/Dental	Emergency Financial Assistance
3	AOMC	Health Insurance	Complementary/ Holistic Therapy	Housing Assistance
4	Housing Assistance	Medication	Medications	Medication
5	Mental Health	Mental Health	Mental Health	Health Insurance
6	NR	NR	Medical Case Management	Vision Care

The severe need group of MSM rank the following as their top service Needs:

- Medication,
- Medical Nutrition Therapy
- AOMC
- Housing Assistance
- Mental Health Services

MSM report the same services as their top ranking service Uses, with the exception of Housing Assistance, which is listed as both a service Gap and service Barrier. MSM cite Oral Health Care and Medical Case Management as additional service Gaps, along with Complementary/Holistic Therapy. MSM rank as top Barriers the following services: Complementary/Holistic Therapy, EFA, Housing Assistance, Medication, Health Insurance, and Vision Care.

TABLE 38 HISPANIC RESPONDENTS' NEED, USE, GAP & BARRIER RANKINGS - *Hispanics (N=130)*

RANK	NEEDS	USE	GAP	BARRIER
1	Medication	AOMC	Health Insurance	Health Insurance
2	AOMC	Medical Nutritional Therapy	Complementary/ Holistic Therapy	Complementary/ Holistic Therapy
3	Medical Nutritional Therapy	Medication	Mental Health	Housing Assistance
4	Housing Assistance	Mental Health	Oral Health/Dental	Oral Health/Dental
5	Mental Health	Health Insurance	Medication	NR
6	NR	NR	Emergency Financial Assistance	NR

The severe need group of Hispanic PLWHA's top ranking service Needs include:

- Medication
- AOMC
- Medical Nutrition Therapy
- Housing Assistance
- Mental Health Services

The SNG of Hispanics also ranks the identical services as their top ranking service Uses, though in a slightly different order. Hispanics identify their top ranking service Gaps (or those services they can't get) as: Health |Insurance, Complementary/Holistic Therapy, Mental Health Services, Oral Health Care, Medications and EFA.

Hispanic PLWHA report that the services that are 'hard to get' or service Barriers include: Health Insurance, Housing Assistance, Complementary/Holistic Therapy, and Oral Health Care.

TABLE 39 AFRICAN AMERICAN RESPONDENTS' NEED, USE, GAP & BARRIER RANKINGS - *African American (N=79)*

RANK	NEEDS	USE	GAP	BARRIER
1	Medical Nutritional Therapy	AOMC	Housing Assistance	Emergency Financial Assistance
2	Medication	Medication	Medication	Medication
3	Housing Assistance	Medical Nutritional Therapy	Medical Nutritional Therapy	Housing Assistance
4	AOMC	Medical Case Management	Medical Transportation	Mental Health
5	Medical Transportation	Medical Transportation	Emergency Financial Assistance	Oral Health/Dental
6	NR	NR	NR	NR

The severe need group of African Americans ranks the following top service Needs:

- Medical Nutrition Therapy
- Medication
- Housing Assistance
- AOMC
- Medical Transportation

African American PLWHA rank Medication as their #2 ranking service Need, Use, Gap, and Barrier. This SNG reports the same services as their top service Uses, with the exception of Housing Assistance, which is listed as both a service Gap and Barrier. African Americans also report using Medical Case Management services. The top ranking service Gaps reported by African Americans include: Housing Assistance, Medication, Medical Nutrition Therapy, Medical Transportation, and EFA. The top ranking service Barriers for this SNG include: EFA, Medication, Housing Assistance, Mental Health Services, Oral Health Care, and Employment/Work.

TABLE 40 NEWLY DIAGNOSED RESPONDENTS' NEED, USE, GAP & BARRIER RANKINGS - *Newly Diagnosed (N=52)*

RANK	NEEDS	USE	GAP	BARRIER
1	AOMC	AOMC	Support Groups	Emergency Financial Assistance
2	Medication	Medication	Medication	Health Insurance
3	Medical Nutritional Therapy	Medical Transportation	Medical Transportation	NR
4	Housing Assistance	Health Insurance	Medical Nutritional Therapy	NR
5	Mental Health	Medical Nutritional Therapy	NR	NR

Newly Diagnosed PLWHA rank their top service Needs as:

- AOMC
- Medication
- Medical Nutrition Therapy
- Housing Assistance
- Mental Health Services

The Newly Diagnosed lists the same services in their top ranking services Uses except Housing Assistance and Mental Health Services, and adds Health Insurance as a top ranking service Use.
This SNG ranks the following service Gaps: Support Groups, Medication, Medical Transportation, and Medical Nutrition Therapy.

The two service Barriers or services that are reported as 'hard to get' by the Newly Diagnosed include: Emergency Financial Assistance and Health Insurance.

TABLE 41 NEWLY DIAGNOSED RESPONDENTS' NEED, USE, GAP & BARRIER RANKINGS - *Newly Diagnosed (N=52)*

RANK	NEEDS	USE	GAP	BARRIER
1	Housing Assistance	AOMC	Housing Assistance(4)	Housing Assistance (2)
2	Medication	Medication	Emergency Financial Assistance (2) Oral Health/Dental (2) Medical Transportation (2) Medication (2) Medical Nutritional Therapy (2) Mental Health (2) Vision (2)	Disability (1) Medication (1) Vision (1) Emergency Financial Assistance (1) Employment/Job (1) Education (1)
3	Therapy	Therapy	NR	NR
4	AOMC	Medication	NR	NR
5	Mental Health	Housing Assistance	NR	NR

The severe need group of Recently Released report their top ranking service Needs to include:

- Housing Assistance
- Medication
- Medical Nutrition Therapy
- AOMC
- Mental Health Services

The Recently Released report Housing Assistance as their #1 service Need, Gap and Barrier. This SNG's top ranking services Uses include: AOMC, Mental Health Services, Medical Nutrition Therapy, Medication, and Housing Assistance. This SNG reports Housing Assistance as their top ranking service Gap. The Recently Released reports multiple additional service Gap rankings: EFA, Oral Health Care, Medical Transportation, Medical Nutrition Therapy, Mental Health Services, and Vision Care. This SNG reports their top ranking service Barriers as Housing Assistance, followed by Disability Assistance, Medication, Vision Care, EFA, Employment/Job and Education.

TABLE 42 YOUTH RESPONDENTS' NEED, USE, GAP & BARRIER RANKINGS - *Youth (N=22)*

RANK	NEEDS	USE	GAP	BARRIER
1	Medication	AOMC	NR	NR
2	AOMC	Medication	NR	NR
3	Confidentiality	Psychosocial Support Services	NR	NR
4	Medical Nutritional Therapy	Health insurance premium & cost sharing assistance	NR	NR
5	Medical Transportation	Mental Health Services	NR	NR
5	Exercise	NR	NR	NR

The emerging population of interest—Youth, ages 13-19 years--reports their top ranking service Needs as:

- Medication
- AOMC
- Confidentiality
- Medical Nutrition Therapy
- Medical Transportation
- Excercise

Youth rank as their top service Uses the following services:

- AOMC
- Medication
- Psychosocial Support services
- Health Insurance
- Mental Health Services

Youth report no service Gap or Barrier rankings.

TABLE 43 AMERICAN INDIAN RESPONDENTS' NEED, USE, GAP & BARRIER RANKINGS - *American Indian (N=33)*

RANK	NEEDS	USE	GAP	BARRIER
1	Medication	AOMC	Medical Transportation (3)	Vision (1) Health Insurance (1) Medical Transportation (1) Medical Nutritional Therapy (1) Chiropractor (1)
2	AOMC	Medication	NR	NR
3	Housing Assistance	Medical Nutritional	Mental Health (1) Oral Health/Dental (1) Insurance (1) Vision (1) Medical Nutritional Therapy (1) Medical Case Management (1) Housing Assistance (1) Chiropractor (1)	
4	Emergency Financial Assistance	Medical Case Management	NR	NR
5	Mental Health	Medication	NR	NR

The severe need group of American Indians report their top ranking service Needs to include

- Medication
- AOMC
- Housing Assistance
- EFA
- Mental Health Services

American Indians report their top ranking services Uses to include: AOMC, Health Insurance, Medical Nutrition Therapy, Medical case Management and Medication. American Indians report their top ranking service Gap as Medical Transportation, followed by Employment, Family Services, Mental Health Services, Oral Health Care, Health Insurance, Vision Care, and Medical Nutrition Therapy, Medical Case Management, Housing Assistance and Chiropractor. This SNG's top ranking service Barriers include: Vision Care, Health Insurance, Medical Transportation, Medical Nutrition Therapy and Chiropractor.

Summary of Top Five NEED Rankings by SNG

The top five Service Need rankings for the entire Respondent group include Medication, AOMC, Medical Nutrition Therapy, Housing Assistance, and Medical Transportation. The Severe Need Groups also identify the same top ranking Service Needs as do the larger group of 2010 Respondents, although their rankings differ somewhat from one severe need group to another.

The severe need group of American Indians report their top ranking service Needs to include

- Medication
- AOMC
- Housing Assistance
- EFA
- Mental Health Services

Consistently, the #1 top ranking Service Need reported by the SNGs is Medication, with 4 of 7 SNGs ranking this service as their highest priority Service Need.

The severe need group of American Indians report their top ranking service Needs to include

- AOMC
- Medical Nutrition Therapy
- Housing Assistance
- EFA
- Medical Transportation

Mental Health Services also receive top ranking scores among the Severe Need Groups of MSM, Hispanics, I/RR, Newly Diagnosed and American Indians.

TABLE 44 SUMMARY OF TOP FIVE NEED RANKINGS BY SEVERE NEED GROUP

All	Need Rank	MSM	HISP	AA	I/RR	Newly DX's	AI	Youth
Medication	1	Medication	Medication	Medical Nutritional Therapy	Housing Assistance	AOMC	Medication	Medication
AOMC	2	Medical Nutritional Therapy	AOMC	Medication	Medication	Medication	AOMC	AOMC
Medical Nutritional Therapy	3	AOMC	Medical Nutritional Therapy	Housing Assistance	Medical Nutritional Therapy	Medical Nutritional Therapy	Housing	Confidentiality
Housing Assistance	4	Housing Assistance	Housing Assistance	AOMC	AOMC	Housing Assistance	Emergency Financial Assistance	Medical Assistance Therapy
Medical Transportation	5	Mental Health	Mental Health	Medical Transportation	Mental Health	Mental Health	Mental Health	Medical Transportation

As evidenced by the "Use' Rankings table below, ALL of the Severe Need Groups unanimously ranked Ambulatory Outpatient Medical Care as their top ranking service Use.

TABLE 45 SUMMARY OF TOP 5 USE RANKINGS BY SEVERE NEED GROUP

All	Need Rank	MSM	HISP	AA	I/RR	Newly DX's	AI	Youth
AOMC	1	AOMC	AOMC	AOMC	AOMC	AOMC	AOMC	AOMC
Medication	2	Medical Nutritional Therapy	Medical Nutritional Therapy	Medication	Mental Health	Medication	Health Insurance	Medication
Medical Nutritional Therapy	3	Health Insurance	Medication	Medical Nutritional Therapy	Medical Nutritional Therapy	Medical Transportation	Medical Nutritional Therapy	Psychosocial Support Services
Medical Case Management	4	Medication	Mental Health	Medical Case Management	Medication	Health Insurance	Medical Case Management	Health Insurance premium & cost sharing assistance
Medical Transport (tie) Health Insurance (tie)	5	Mental Health	Health Insurance	Medical Transportation	Housing Assistance	Medical Nutritional Therapy	Medication	Mental Health

In the GAP Rankings comparison table below, there is considerable variation in the number of Service Gaps reported by SNG, although the there is a great deal of similarity in the types of services reported as "unavailable'.

The most frequently reported Service Gaps include:

- Housing Assistance
- Medications
- Oral Health Care
- EFA
- Medical Transportation

TABLE 46 SUMMARY OF TOP GAP RANKINGS BY SNG

All	Need Rank	MSM	HISP	AA	I/RR	Newly DX's	AI	Youth
Housing Assistance	1	Housing Assistance	Health Insurance	Housing Assistance	Housing Assistance (4)	Support Groups	Medicaltion Transportan (3)	NR
Medication	2	Oral Health Care/Dental	Complement-ary/Holistic Therapy	Medication	Emergency Tied with Oral Health, Med Transport, Medications, Medical Nutrition, Mental Health, Vision Care	Medication	Employment (2) tied with Family Services (2)	NR
Oral Health Care/Dental	3	Complement-ary/Holistic Therapy	Mental Health	Medical Nutritional Therapy	NR	Medical Transportation	Mental Health (1) tied with Oral Health Care/Dental (1) Health Insurance (1) Medical Nutritional Therapy (1) Case Manage-ment (1)Vision care (1)Housing Assistance (1) Chiropractor (1)	NR
Medical Transportation	4	Medication	Oral Health Care/Dental	Medical Transportation	NR	Medical Nutritional Therapy	NR	NR
Emergency Financial Assistance	5	Mental Health	Medicine	Emergency Financial Assistance	NR	NR	NR	NR
NR	6	Medical Case Mangt	Emergency Financial Assistance	NR	NR	NR	NR	NR

The top ranking Service Barriers reported by the 2010 Respondents include Emergency Financial Assistance, Complementary/Holistic Therapy, Medications, Health Insurance Premium Assistance, Oral Health Care, and Housing Assistance.

By SNG, the populations reporting the greatest number of Service Barriers include MSM, Hispanics and African Americans. Those SNGs reporting the fewest number of Service Barriers include Youth (who report none), followed by the Newly Diagnosed. The I/RR report multiple competing Service Barriers.

TABLE 47 SUMMARY TOP FIVE BARRIER RANKINGS BY SNG

All	Need Rank	MSM	HISP	AA	I/RR	Newly DX's	AI	Youth
Emergency Financial Assistance	1	Complement-ary/Holistic Therapy	Health Insurance	Emergency Financial Assistance Medication	Housing Assistance	Emergency Financial Assistance Medication	Vision (1) Tied with Health Insurance, Medical Transportation Medical Nutrition Therapy, Chiropractor (1)	NR
Complement-ary/Holistic Therapy	2	Emergency Financial Assistance	Complement-ary/Holistic Therapy	Medication	Disability (1) Tied with Medication, Vision Care, EFA, Employment, Education	Health Insurance	NR	NR NR
Medication	3	Housing Assistance	Housing Assistance	Housing Assistance	NR	NR	NR	NR
Health Insurance	4	Medication	Dental	Mental Health	NR	NR	NR	NR
Oral Health Care/Dental	5	Health Insurance	NR	Oral Health Care/Dental	NR	NR	NR	NR
Housing Assistance	6	Vision Care	NR	Work/ Employment	NR	NR	NR	NR

I. Address the Top Ranking Service GAPS of 'In Care' PLWHA

Summary of Top GAP Rankings by ALL & SNG Respondents

TABLE 48 SUMMARY OF TOP GAP RANKINGS BY SNG

All	Need Rank	MSM	HISP	AA	I/RR	Newly DX's	AI	Youth
Housing Assistance	1	Housing Assistance	Health Insurance	Housing Assistance	Housing Assistance (4)	Support Groups	Medical Transportation	NR
Medication	2	Oral Health Care/Dental	Complement-ary/Holistic Therapy	Medication	Emergency Financial Assistance (2) Tied with Oral Health, Med Transport, Medications, Medical Nutrition, Mental Health, Vision Care	Medication	Employment (2) tied with Family Services (2)	NR
Oral Health Care/Dental	3	Complement-ary/Holistic Therapy	Mental Health	Medical Nutritional Therapy	NR	Medical Transportation	Mental Health (1) tied with Oral Health Care/ Dental (1) Health Insurance (1) Medical Nutritional Therapy (1) Case Management (1) Vision care (1) Housing Assistance (1) Chiropractor (1)	NR
Medical Transportation	4	Medication	Oral Health Care/Dental	Medical Transportation	NR	Medical Nutritional Therapy	NR	NR
Emergency Financial Assistance	5	Mental Health	Medicine	Emergency Financial Assistance	NR	NR	NR	NR
NR	6	Medical Case Mangt	Emergency Financial Assistance	NR	NR	NR	NR	NR

II. Address the Top Ranking Service Barriers of 'In Care' PLWHA

Summary Top Five Barrier Rankings by ALL & SNG

The top ranking Service Barriers reported by the 2010 Respondents include Emergency Financial Assistance, Complementary/Holistic Therapy, Medications, Health Insurance Premium Assistance, Oral Health Care, and Housing Assistance.

By SNG, the populations reporting the greatest number of Service Barriers include MSM, Hispanics and African Americans. Those SNGs reporting the fewest number of Service Barriers include Youth (who report none), followed by the Newly Diagnosed. The I/RR report multiple competing Service Barriers.

TABLE 49 SUMMARY TOP FIVE BARRIER RANKINGS BY SNG

All	Need Rank	MSM	HISP	AA	I/RR	Newly DX's	AI	Youth
Emergency Financial Assistance	1	Complement-ary/Holistic Therapy	Health Insurance	Emergency Financial Assistance	Housing Assistance (2)	Emergency Financial Assistance	Vision (1)Tied with Health Insurance, Medical Transportation, Medical Nutrition Therapy, Chiropractor (1)	NR
Complement-ary/Holistic Therapy	2	Emergency Financial Assistance	Complement-ary/Holistic Therapy	Medication	Disability (1) Tied with Medication, Vision Care, EFA, Employment, Education	Health Insurance	NR	NR
Medication	3	Housing Assistance	Housing Assistance	Housing Assistance	NR	NR	NR	NR
Health Insurance	4	Medication	Dental	Mental Health	NR	NR	NR	NR
Oral Health Care/Dental	5	Health Insurance	NR	Oral Health Care/Dental	NR	NR	NR	NR
Housing Assistance	6	Vision Care	NR	Work/ Employment	NR	NR	NR	NR

Special Strategies Directed toward Optimizing Access and Retention in Care

In response to the comprehensive needs assessment study findings, the following general recommended strategies may be employed to further strengthen the service delivery system in the Phoenix EMA Planning Area:

Develop strategies to increase the youth-friendly service environments within provider agencies, in order to attract and engage the increasing number of Youth, ages 13-19 years who are testing positive.

- Ensure strong linking mechanisms and co-locate to the extent possible increased levels of on-site Mental Health and Substance Abuse treatment services to address the high degree of these co-morbid conditions within the PLWHA population.
- Strengthen 'prevention with positives' programs and activities to reduce the high STD co-morbidities and reduce further HIV transmission.
- Ensure 'point of entry' agency and staff awareness of all available Ryan White and other resources to ensure timely referrals and linkages with care and services for newly diagnosed and relatively high proportions of the out of care PLWHA.
- Ensure Medical and non-Medical Case Management provider awareness and use of all Ryan White and other local funding sources available for meeting the comprehensive service needs expressed by PLWHA.
- Strengthen client linkages to care by assessing and addressing needs upon entry to care; targeting those deemed at high risk for erratic care use and/or disengagement from care; and strongly engaging them in care during the first year of primary medical care participation.
- Explore means of increasing Health Insurance Premium Assistance for those PLWHA who do not qualify for Medicaid or Medicare benefits.
- Expand/seek additional funding to support the unmet oral health care, housing assistance, medical nutrition, emergency financial assistance, and transportation needs reported by the surveyed PLWHA special populations.

APPENDICES

APPENDIX A
ALL RESPONDENTS GAP REASONS
& SNG GAP REASONS

ALL 2010 RESPONDENTS' GAP REASONS-WHY CAN'T GET THESE SERVICES

Why Can't Get These Services
Acceptance of my condition
ADAP has been discontinued
ADAP may not be able to provide
Because there are not any counselors
Been on waiting list for 2 1/2 years and say it will be another 2 years-do many people needing it
Budget cuts
Can get what I need
Cannot even afford co-pay until I start getting disability, if I do
Can't afford vision coverage
Can't get counseling for last 2 years as it's been cut and psychiatrist just writes prescriptions and I need counseling
Care Directions never calls me back
Currently not accepted treatment
Cut funding
Cut off due to too much income – co-pays tough now
Doctor says I don't need them
Don't have money to pay for school
Don't have services for some areas
Don't know but it's critical for people to have legal assistance
Don't know how to or where to ask for help
Don't know if they are offered
Don't know where to go (3)
Don't work so no money
Food boxes - make too much, alternative therapies - not offered, and financial - not offered through program
Funding cuts (9)
Hassel
High cost and no insurance
I am getting them now
I am HIV positive
I am not covered by insurance
I didn't qualify because I had a job and insurance. I currently have no insurance and can't get ADAP.
I don't qualify for some services
I mention to 3 doctors, no response. They just do what government states and collect pay check and go home.
I need to see a cardiologist, neurologist, and other specialist but can't afford to pay for them
I was already approved but went to prison and had to re-file all over again and been denied 3 times!
I'm bipolar
I'm told I don't qualify
I'm trying to have my status changed and then maybe I will be able to qualify for some of these services
Income is just too high
Insurance problems/No insurance (6)
Keep on getting denied
Lack of funding/No money (12)
Long waiting list
Money-no one covers co-pays but they are getting quite difficult
Not offered through AHCCCS or Ryan White
Not qualified they say
Not to my liking - I don't want to be put in a class of people (where everyone goes)
People with HIV have pets but can't afford pets
Prior drug related felony
Resistance from my long term disability insurance carrier - met life
Ryan white doesn't cover ER, hospital

State regulations/Requirements
Stigma for being Mexican - culture still believes HIV is only for gay people
The hospital I go to only has medical case managers
They are cutting many services in Arizona like rides to Joshua Tree and food bank
They are no longer offered
They say I make too much money - wish they would raise income limit
They were cut off because of budget
Took away at SW center and replaced with students only
Transportation or set appointments
With unemployment, I don't qualify for AHCCCS
Work hour restrictions

MSM GAP REASONS---WHY CAN'T GET SERVICES

Acceptance of my condition
ADAP has been discontinued
ADAP may not be able to provide
Because there are not any counselors
Been on waiting list for 2 1/2 years and say it will be another 2 years-do many people needing it
Budget cuts
Can't afford vision coverage
Doctor says I don't need them
Don't have services for some areas
Don't know but it's critical for people to have legal assistance
Don't know how to or where to ask for help
Don't know if they are offered
Don't know where to go
Food boxes - make too much, alternative therapies - not offered, and financial - not offered through program
I was already approved but went to prison and had to re-file all over again and been denied 3 times!
I'm bipolar
I'm told I don't qualify
I'm trying to have my status changed and then maybe I will be able to qualify for some of these services
Income is just too high
Insurance problems
Insurance will not cover experts from out of state
Keep on getting denied
Lack of funding
Long waiting list
Money-no one covers co-pays but they are getting quite difficult
No funding - they'll cover eye exam but not prescription for glasses
No insurance coverage
Not covered
Not offered
Not qualified they say
Not safe
Not to my liking - I don't want to be put in a class of people (where everyone goes)
People with HIV have pets but can't afford pets
Prior drug related felony
Ryan White doesn't cover ER, hospital
They are cutting many services in Arizona like rides to Joshua Tree and food bank
They were cut off because of budget
Took away at SW Center and replaced with students only
With unemployment, I don't qualify for AHCCCS
Work hour restrictions

AFRICAN AMERICAN GAP REASONS---WHY CAN'T GET SERVICES

Don't know where to go or how to ask for help
I don't qualify for some services
No funding
No insurance
No money for this Ryan White plan
No service
Not enough funds
Not qualified they say
They are no longer offered

HISPANIC GAP REASONS---WHY CAN'T GET SERVICES

Insurance problems
State requirements
State regulations
Don't have money to pay for school
No money
Keep on getting denied
They were cut off because of budget
No funds
Don't work so no money
Because there are not any counselors
Not safe
No money
People with HIV have pets but can't afford pets
Acceptance of my condition
Did not specify
Money
I am not covered by insurance
Money limited

AMERICAN INDIAN GAP REASONS---WHY CAN'T GET SERVICES

Transportation or set appointments
The hospital I go to only has medical case managers
Don't have services for some areas
Cut funding

NEWLY DIAGNOSED GAP REASONS---WHY CAN'T GET SERVICES

Acceptance of my condition
Insurance problems
Work hour restrictions

RECENTLY RELEASED GAP REASONS---WHY CAN'T GET SERVICES

ADAP may not be able to provide
Been on waiting list for 2 1/2 years and say it will be another 2 years-do many people needing it
Don't have services for some areas
I'm trying to have my status changed and then maybe I will be able to qualify for some of these services
Keep on getting denied

YOUTH GAP REASONS---WHY CAN'T GET SERVICES

No money for school

APPENDIX B

ALL RESPONDENTS BARRIER REASONS & SNG BARRIER REASONS

ALL 2010 RESPONDENTS' BARRIER REASONS-WHY SERVICES "HARD TO GET"

Why Hard to Get
2-4 buses to get to doctor
A lot of red tape
ADAP sent me a letter and they may not be able to provide me with medication so I am worried
Anything that has to do with DES, Care Directions or Social Security
Because I can't work like I used to
Because I work so much
Because of my current legal status
Because there are not any counselors
Because there are not enough places to offer other than Southwest Center for HIV/AIDS
Budget cuts
Bus far away
Bus pass - hard to get, food boxes - have cut back on, and chiropractic - cut funding
Can't afford—too many expenses
Can't have them because of fusion in back and broken neck
Care Directions won't call me back-left many messages about a year ago and no reply
Comes from Tucson and heart meds having to pay co-pays
Cost of meds—not paid by ADAP
Coverage is either not offered through AHCCCS or I don't have the income to afford vision coverage
Cut funding
Delta Dental only pays for the up or the bottom
Dental - $1500 a year not enough and Care Directions - don't seem to care - give little direction and 7 different case workers in 2 years
Dental insurance doesn't want to pay for maintenance care and financially can't pay for better insurance
Depends on how much you made and to get a food box, you have to wait until a certain day
Disability just covers my bills
Do not have resources
Doctor says it's not neuropathy
Don't agree with doctor about not needing meds
Don't exist
Don't know if it's offered
Don't know what all exists
Don't know where to go - places tried, don't call back
Don't qualify because of income recommendation
Don't work, pending disability
Due to numbers (the way they calculate expenses) for a partnership - don't fit
Financial and changing eligibility circumstances - bureaucracy changes constantly
Funding cuts (11)
Gays hog all the benefits-a little selfish
Getting paperwork together and transportation
Governor stripping it due to state's budget - funding cuts
High cost - no insurance
HIV medication - t-cell counts are low 700's and medication for fatigue - they will only give me vitamins and they don't help
Housing not available, food stamp-drug charge, and medications-need Viagra and they don't want to cover it
Housing-can't come up with even a deposit that is required and SS benefits-denied first time, got a lawyer but still need to reapply
Housing-every time I go (Care Directions), there's always an excuse-just helping themselves to the client's money, case workers-
no help when I was in the hospital, transportation-said I needed to 'update file', but nobody told me this beforehand.

I make too much to qualify for all
In the clinic, there are a few doctors for patients
Income status
Insurance is out of Oregon
Insurance will not cover experts from out of state
Jumping through hoops (paperwork) and 7 case managers
Just need more services for people
Just started program
Lack of funding
Lack of information, funding politics
Limited amount of time when seeing doctor who doesn't have time to discuss this
Limited income
Location, gas money, time
Long waiting list and funding cuts
Make too much money
Medical - earn too much for ACCESS so no comprehensive, CM - at Care Directions are horrible (intimidated by me b/c I use to make a lot of $ and smarter than they are, and HOPWA - make you pay for expense and then they determine if they'll cover it - if they don't approve it, you're out of luck
Medications-ADAP was providing but now with so many people, sent to COPA, food card-income too high, and housing-waiting list
Mental – co-pays too high and dental - have dealt but minimal, not what I need - won't cover what dentist wants to do
Money (4)
My foot burns but goes in doctor's ear and out the other
My insurance with ACCESS expired - need to look for other resources
Need more information
Need more money for research
No funding/cut by our government (3)
No insurance covers
No money and high demand I suppose
No one hiring (2)
No one offers them and I pay full price for 3 prescriptions I am on
Non-existent! No one ever available to assist.
Not as many since Body Positive went away - new one not fitting the bill
Not covered by county/state services - AHCCCS/APIPA
Not enough people
Not giving it any more - funding?
Not legal
Not offered (2)
On a limited income, some church only allows 3 food boxes a year. Joshua Tree is not about help/support-if you know certain people in program, you get treated better-it is overloaded with gay personnel and if you're not gay, you get treated as second class citizen and innuendo toward suggestive to be gay
Pharmacy located 40 miles away and they won't call my home b/c it's a long distance. They will only answer 1/2 the time when I call so I have to drive there to see staff in order to get a non-HIV prescription filled
Poorly funded
PT-too weak for bus ride and $40 co-pay too much, financial-make too much to qualify but can't live on what I make, therapy-funding cuts probably going to lose it
Qualifications
Ryan White - 6 months-reapply-so difficult and can't afford healthcare, so many loopholes, Lexapro-costs too much and ADAP won't cover
Ryan White only pays for HIV meds and my blood pressure is high
Scheduling, doctor-patient ratio
So routine for people that have been in it for awhile that they don't realize newly diagnosed don't know things
Southwest Center for HIV seems to not be organized
State/federal/city funding?

System overload
The doughnut hole becomes a problem - I have a hard time getting my pain meds
The economy is bad right now
The economy/the government - there are many people in need
The politics of disability concerning HIV
They don't exist in my area
They say information I sent is incorrect and won't return calls
They stopped giving these services because they ran out of money
They take too long
Too expensive, have no help, funding
Too far away to get to (feel bad sometimes)
Too many in need
Too much turnover in counseling and Body Positive got rid of good ones for acupuncture and brought in students
Took me about 2 years to be seen
Transportation is difficult and depression causes me to miss appointments
Transportation-not near home, cab can only be issued for appoint but there are emergencies/housing-processing is difficult for being un documented
Utilities-don't know agencies that help with this, applications-a lot of paperwork and then still deny and itemize what I spend $ on, CD-CM's keep changing & have to start all over, and pets-funding cuts
Very expensive/finances
Very sticky situation keeping, myself covered under income level (husband can't work)
Vitamins - require a prescription from nutritionist, ADAP - make too much money, and secondary ins - too expensive
Vitamins-have to see their nutritionist who can override medical doctor, naturopathic-took away from Body Positive-funding/management changes?, neurologist and vision care-don't exist
Waiting for assistance with food for 3 weeks
Waiting list for housing 5-6 years long and vitamins on sliding scale by income
Work overload at clinic where prescriptions are filled

MSM BARRIER REASONS—WHY SERVICES 'HARD TO GET'

2-4 buses to get to doctor
ADAP sent me a letter and they may not be able to provide me with medication so I am worried
Anything that has to do with DES, Care Directions or Social Security
Because I can't work like I used to
Because I work so much
Because of my current legal status
Because there are not any counselors
Because there are not enough places to offer other than Southwest Center for HIV/AIDS
Budget cuts
Can't afford - too many expenses
Can't have them because of fusion in back and broken neck
Comes from Tucson and heart meds having to pay co-pays
Coverage is either not offered through AHCCCS or I don't have the income to afford vision coverage
Cut funding
Dental - $1500 a year not enough and Care Directions - don't seem to care - give little direction and 7 different case workers in 2 years
Dental insurance doesn't want to pay for maintenance care and financially can't pay for better insurance
Depends on how much you made and to get a food box, you have to wait until a certain day
Disability just covers my bills
Disability-haven't changed requirements in 10+ years
Do not have resources
Doctor says it's not neuropathy
Don't agree with doctor about not needing meds
Don't know what all exists

Don't know where to go - places tried, don't call back
Due to numbers (the way they calculate expenses) for a partnership - don't fit
Funding cuts
Funding cuts - only give when going to doctor-won't even give for going to chiropractor
Gays hog all the benefits-a little selfish
Getting paperwork together and transportation
Gym membership
Haven't seen any available
Housing-not available, paperwork, red tape, know some who go into rehab just to have an address even though they don't need it
HOPWA - make you pay for expense and then determine if they'll cover it
I had Delta Dental but they cut care and I could not afford co-pays
I live in South Phoenix, and takes 2-4 buses to get to and from
I make too much to qualify for all
In the clinic, there are a few doctors for patients
Income status
Insurance will not cover experts from out of state
Jumping through hoops (paperwork) and 7 case managers
Lack of funding
Lack of information, funding politics
Limited income
Long waiting list and funding cuts
Medical - earn too much for ACCESS so no comprehensive, CM - at Care Directions are horrible (intimidated by me b/c I use to make a lot of $ and smarter than they are
Medications-ADAP was providing but now with so many people, sent to COPA, food card-income too high, and housing-waiting list
Mental - co-pays too high and dental - have dealt but minimal, not what I need - won't cover what dentist wants to do
Money
My insurance with ACCESS expired - need to look for other resources
Need more information
No money and high demand I suppose
No one hiring
No one offers them and I pay full price for 3 prescriptions I am on
Non-existent! No one ever available to assist.
Not as common
Not as many since Body Positive went away - new one not fitting the bill
Not covered by county/state services - AHCCS/APIPA
Not enough transportation and Phoenix is very spread out
Not legal
Not offered
Pharmacy located 40 miles away and they won't call my home b/c it's a long distance. They will only answer 1/2 the time when I call so I have to drive there to see staff in order to get med filled
Poorly funded
PT-too weak for bus ride and $40 co-pay too much, financial-make too much to qualify but can't live on what I make, therapy-funding cuts probably going to lose it
Qualifications
Ryan White - 6 months-reapply-so difficult and can't afford healthcare, so many loopholes, Lexapro-costs too much and ADAP won't cover
Ryan White only pays for HIV meds and my blood pressure is high
Scheduling, doctor-patient ratio
Secondary to HIV care
So routine for people that have been in it for awhile that they don't realize newly diagnosed don't know things
Southwest Center for HIV seems to not be organized
State/federal/city funding?
System overload

The doughnut hole becomes a problem - I have a hard time getting my pain meds
The economy is bad right now
The economy/the government - there are many people in need
The politics of disability concerning HIV
They don't exist in my area
They say information I sent is incorrect and won't return calls
They stopped giving these services because they ran out of money
They take too long
Time
Too expensive, have no help, funding
Too far away to get to (feel bad sometimes)
Took me about 2 years to be seen
Utilities-don't know agencies that help with this, applications-a lot of paperwork and then still deny and itemize what I spend $ on, CD-CM's keep changing & have to start all over
Vitamins - require a prescription from nutritionist, ADAP - make too much money, and secondary ins - too expensive
Vitamins-have to see their nutritionist who can override medical doctor, naturopathic-took away from Body Positive-funding/management changes?, neurologist and vision care-don't exist
Waiting for assistance with food for 3 weeks; Waiting list for housing 5-6 years long and vitamins on sliding scale by income

AFRICAN AMERICAN BARRIER REASONS—WHY SERVICES 'HARD TO GET'

Because of my current legal status
Delta Dental only pays for the up or the bottom
Don't agree with doctor about not needing meds
Financial and changing eligibility circumstances - bureaucracy changes constantly
Funding cuts
Housing not available, food stamp-drug charge, and medications-need Viagra and they don't want to cover it
I didn't know about the programs because I didn't want to face my HIV issues yet
I don't understand my insurance
I make too much income and I can't afford to pay for meds I take other than HIV
Income status
Just need more services for people
Limited amount of time when seeing doctor who doesn't have time to discuss this
Make too much money
Need more information
On a limited income, some church only allows 3 food boxes a year. Joshua Tree is not about help/support-if you know certain people in program, you get treated better-it is overloaded with gay personnel and if you're not gay, you get treated as second class citizen and innuendo toward suggestive to be gay
Personal problems
They say information I sent is incorrect and won't return calls
Too many in need
Transportation
Transportation-not near home, cab can only be issued for appoint but there are emergencies/housing-processing is difficult for being undocumented
Waiting for assistance with food for 3 weeks
You can get them, there's just a lot of various limitations

AFRICAN AMERICAN BARRIER REASONS—WHY SERVICES 'HARD TO GET'

Because I can't work like I used to
Because there are not any counselors
Because there are not enough places to offer other than Southwest Center for HIV/AIDS
Cost of meds - not paid by ADAP
Depends on how much you made and to get a food box, you have to wait until a certain day

Don't know where to go - places tried, don't call back
Don't work, pending disability
Funding
Haven't seen any available
In the clinic, there are a few doctors for patients
Insurance is out of Oregon
Just started program
Limited income
Money
My insurance with ACCESS expired - need to look for other resources
No income
Not giving it any more - funding?
Qualifying
Ryan White - 6 months-reapply-so difficult and can't afford healthcare, so many loopholes, Lexapro-costs too much and ADAP won't cover
Scheduling, doctor-patient ratio
State/federal/city funding?
The politics of disability concerning HIV
They stopped giving these services because they ran out of money
They take too long
Took me about 2 years to be seen

AMERICAN INDIAN BARRIER REASONS—WHY SERVICES 'HARD TO GET'

2-4 buses to get to doctor
Because of referrals
Bus pass - hard to get, food boxes - have cut back on, and chiropractic - cut funding
Don't know if it's offered
I don't have a case manager
I have no problem with getting any services
I live in South Phoenix, and takes 2-4 buses to get to and from
No one hiring
Qualifications

NEWLY DIAGNOSED BARRIER REASONS—WHY SERVICES 'HARD TO GET"

Because I work so much
HIV medication - t-cell counts are low 700's and medication for fatigue - they will only give me vitamins and they don't help
Need more information
Southwest Center for HIV seems to not be organized
There is only one, once a month at Body Positive
They don't exist in my area
They take too long
Waiting for assistance with food for 3 weeks

YOUTH BARRIER REASONS—WHY SERVICES 'HARD TO GET'

Location, gas money, time

RECENTLY RELEASED BARRIER REASONS—WHY SERVICES 'HARD TO GET'

ADAP sent me a letter and they may not be able to provide me with medication so I am worried
Because I can't work like I used to
Because of my current legal status
Don't work, pending disability
Funding cuts
Housing not available, food stamp-drug charge, and medications-need Viagra and they don't want to cover it
I didn't know about the programs because I didn't want to face my HIV issues yet
Need more money for research
No funding
Qualifications
System overload
The politics of disability concerning HIV

APPENDIX C

SURVEY TOOLS
ENGLISH & SPANISH VERSIONS

This survey is anonymous. Individual responses will not be shared. If you have any questions, please ask the survey facilitator.

What is your current age: _____

1. What is your Zip Code? _____

2. In what year were you diagnosed with HIV?_____ ❏ unknown

3. Have you ever been told you have AIDS? ❏ Yes ❏ No ❏ Don't know

4. In what city and state were you FIRST diagnosed with HIV or AIDS?

City: _____ State _____

5. Were you diagnosed with HIV/AIDS during a visit to an Emergency Room? ❏ Yes ❏ No ❏ Don't know

6. Do you know how you may have acquired HIV/AIDS? (Please check all that apply)

❏ Male sex w/male
❏ Female sex w/female
❏ Heterosexual Sex
❏ While incarcerated
❏ Injection Drug Use
❏ Sex with Drug User
❏ Sexual Assault
❏ Transfusion
❏ Health Care Worker
❏ Mother w/HIV/AIDS
❏ Unknown
❏ Other (Occupational Hazard)

7. If you were diagnosed with HIV/AIDS in the past 2 years were you offered partner notification services (i.e.: assistance with contacting people who might have been at risk for HIV/AIDS)? ❏ Yes ❏ No

8. Are you currently employed? ❏ Yes ❏ No

9. What kind of health insurance do you have?

❏ Private Health Insurance through your work or your spouse's work
❏ Private Health Insurance, not through work
❏ COBRA (Insurance through my last employer)
❏ Indian Health Services
❏ Medicaid/AHCCCS
❏ Medicare
❏ None
❏ Ryan White
❏ Veteran's Administration
❏ Other (please specify):

10. When was the last time you saw a doctor to treat your HIV? _____

11. When was the last time you had a CD4 (T-cell) Count? (Month, Year): _____

12. When was the last time you had a Viral Load test? (Month, Year): _____

13. Are you currently taking ART (HIV) medications? ❏ Yes ❏ No ❏ Don't know

14. Have you ever been diagnosed with or treated for a behavioral health issue (depression, bipolar disorder, anxiety, etc)? ❏ Yes ❏ No

15. Do feel that you have an issue with substance abuse? ❏ Yes ❏ No

16. Since you were infected with HIV, have you received substance abuse or behavioral health counseling and treatment? ❏ Yes ❏ No

17. Have you ever been diagnosed with or treated for sexually transmitted diseases (STDs)? Please check all that apply:

❏ Genital Herpes
❏ Genital Warts
❏ Chlamydia
❏ Gonorrhea
❏ Syphilis
❏ Not applicable

18. Have you ever been diagnosed with or treated for diseases other than HIV? Please check all that apply:

❏ Hepatitis A or B (circle)
❏ Hepatitis C
❏ Thrush/Yeast Infection
❏ Tuberculosis (TB)
❏ Valley Fever
❏ High Blood Pressure
❏ Diabetes
❏ Cardiac Problems/Heart Disease
❏ High blood pressure
❏ Cancer (what kind? _____)
❏ Nerve Issues (epilepsy, neuropathy)
❏ Other (please list) _____

19. Are you now, or have you ever been homeless?

❏ Never ❏ Currently homeless ❏ Been homeless in past 2 years, but not now
❏ Been homeless over 2 years ago but not now

20. Do you currently?...

❏ Own your home ❏ Rent ❏ Live with a Friend/Relative ❏ Stay in a Shelter ❏ Other _____

21. What is your approximate yearly income?

❏ $0-$9,999 ❏ $10,000 - $19,999 ❏ $20,000-$29,999 ❏ $30,000 - $30,999 ❏ $40,000-$49,999 ❏ Over $50,000

22. What is your highest level of education?

❏ Grade school ❏ College degree
❏ Some high school ❏ Some graduate school
❏ High School degree/GED ❏ Graduate school degree
❏ Some college

23. What is your sexual orientation?

❏ Gay ❏ Bisexual ❏ Straight ❏ Prefer Not to Answer ❏ Other

24. Have you been in jail in the past 6 months? ❏ Yes ❏ No

25. Have you been in prison in the past 6 months? ❏ Yes ❏ No

26. When you were released from prison/jail, were you offered help to get HIV medical care or other HIV-related services?
❏ Yes ❏ No ❏ Not Applicable

27. Are you? ❏ Male ❏ Female ❏ Transgender ❏ M to F ❏ F to M ❏ Other

28. Do you consider yourself?

❏ Black/African American ❏ American Indian/Alaska Native ❏ Native Hawaiian or other/Pacific Islander

❏ Asian ❏ White ❏ Hispanic/Latino ❏ More than one race/ethnicity Describe: _____

❏ Other ❏ Refugee Country of Origin: _____

29. Who is your primary HIV Doctor? _____

30. What clinic/doctor's office do you go to for your HIV? _____

31. As a person living with HIV/AIDS, what do you feel are your 5 most important needs?

1. _____
2. _____
3. _____
4. _____
5. _____

32. List the top 5 services that you use to stay in care for HIV.

1. _____
2. _____
3. _____
4. _____
5. _____

33. Are there services you need for HIV that are hard to get?

34. Why are these services hard to get?

23. What is your sexual orientation?

35. Are there services that you need for HIV that you can't get?

36. Why can't you get these services?

Thank you for your time in completing this survey. Your confidential responses will be valuable information for the Phoenix Eligible Metropolitan Area (EMA).

Esta encuesta es confidencial, no anónima. Las respuestas individuales no será compartida.

Si usted tiene alguna pregunta, por favor consulte el facilitador de la encuesta.

AÑOS DE NACIMIENTO

1. ¿Cuál es su Código Postal? _____

2. ¿En qué año le diagnosticaron el HIV? ____ ____ ____ ___ desconocido

3. ¿Alguna vez ha dicho que tiene el AIDS? ❏ Sí ❏ No ❏ No sabe

4. ¿En qué ciudad y estado se le diagnosticó por primera vez con el HIV/AIDS?

Ciudad _____ Estado _____

5. Le diagnosticaron con HIV/AIDS, durante una visita a una sala de emergencias? ❏ Sí ❏ No ❏ No sabe

6. ¿Sabe usted cómo puede haber contraído el HIV/AIDS? (Por favor marque todas las que apliquen)

❏ con sexo macho / macho ❏ uso de drogas inyectables ❏ Cuidado de la Salud de los trabajadores
❏ con sexo femenino / femenino ❏ de Drogas W usuario ❏ Madre con

HIV/AIDS
❏ Heterosexual Sexo ❏ Asalto Sexua ❏ Desconocido
❏ en la cárcel ❏ Transfusión ❏ Otros (Riesgos Laborales)

7. Si usted fue diagnosticado con VIH / SIDA en los últimos 2 años se le ofreció los servicios de notificación a la pareja (es decir: la asistencia en contacto con personas que podrían haber estado en riesgo de contraer HIV/AIDS)? ❏ Sí ❏ No

8. ¿Trabaja usted actualmente? ❏ Sí ❏ No

9. ¿Qué tipo de seguro de salud tiene usted?
❏ Seguros de salud privados a través de su trabajo o trabajo de su cónyuge
❏ Seguro de salud privado, no a través del trabajo
❏ COBRA (Seguros a través de mi último empleador)
❏ Servicios de Salud Indígena
❏ Medicaid/AHCCCS
❏ Medicare ❏ Administración de Veteranos
❏ Nada ❏ Otros (especificar):
❏ Ryan White

10. ¿Cuándo fue la última vez que vio a un médico para tratar su HIV?
Mes, Año: _____

11. ¿Cuándo fue la última vez que tenía un CD4 (células T) conde? Mes, Año: _____

12. ¿Cuándo fue la última vez que tuvo una prueba de carga viral? Mes, Año: _____

13. ¿Está actualmente en tratamiento (el HIV), los medicamentos? ❏ Sí ❏ No ❏ No sabe

14. ¿Ha sido diagnosticado o tratado por un problema de salud del comportamiento (depresión, trastorno bipolar, ansiedad, etc)?
❏ Sí ❏ No

15. No sienta que tiene un problema con el abuso de sustancias? ❏ Sí ❏ No

16. Puesto que has sido infectado con el HIV, ¿ha recibido el abuso de sustancias o consejería de salud conductual y el tratamiento? ❏ Sí ❏ No

17. ¿Ha sido diagnosticado o tratado por enfermedades de transmisión sexual (ETS)? Por favor, marque todas las que apliquen:
❏ Herpes Genital ❏ Verrugas genitales ❏ Chlamydia ❏ gonorrea ❏ sífilis ❏ No aplicable

18. ¿Ha sido diagnosticado o tratado de otras enfermedades que el HIV? Por favor, marque todas las que apliquen:
❏ hepatitis A o B (círculo) ❏ hepatitis C ❏ Thrush / infección por levaduras ❏ La tuberculosis (TB)
❏ Fiebre del Valle ❏ Alta presión arterial ❏ Diabetes ❏ Problemas cardíacos / Enfermedades del Corazón
❏ La presión arterial alta ❏ Cáncer (de qué tipo? _____) ❏ nervios cuestiones (epilepsia, neuropatía)
❏ Otros (lista) _____

19. ¿Está usted ahora, o que nunca han sido personas sin hogar?

❏ No ❏ actualmente sin hogar
❏ Se personas sin hogar en los últimos 2 años, pero no ahora ❏ Se sin hogar a más de 2 años pero no ahora

20. ¿Actualmente? ...
❏ Propietario de su casa ❏ alquilar ❏ vivir con un amigo / familiar
❏ Estancia en un refugio ❏ Otros _____

21. ¿Cuál es su ingreso anual aproximado?
❏ $0-$9,999 ❏ $10,000 - $19,999 ❏ $20,000-$29,999 ❏ $30,000 - $30,999 ❏ $40,000-$49,999 ❏ Over $50,000

22. ¿Cuál es su nivel más alto de educación?
❏ escuela Grado ❏ educación secundaria ❏ alto grado de la Escuela / GED ❏ Algunos estudios superiores
❏ Título universitario ❏ Algunos estudios de posgrado ❏ grado de la escuela de Posgrado ❏ Otros

24. ¿Has estado en la cárcel en los últimos 6 meses? ❏ Sí ❏ No

25. ¿Has estado en prisión en los últimos 6 meses? ❏ Sí ❏ No

26. Cuando fueron liberados de la prisión / cárcel, se le ofreció ayuda para obtener cuidado médico del HIV o el HIV en otros servicios relacionados? ❏ Sí ❏ No ❏ No Aplicable

27. ¿Y tú? ❏ Masculino ❏ hembra ❏ transgénero ❏ M to F ❏ F to M ❏ Otros

28. ¿Se considera usted? ❏ Negro / African American ❏ Indio Americano / Nativo de Alaska
❏ Nativo de Hawai o de otra índole / Islas del Pacífico ❏ Asiático ❏ Blanco ❏ Hispano / Latino
❏ Más de una raza o grupo étnico Describir: _____ ❏ Otros ❏ Refugiados País de origen:

29. ¿Quién es su doctor primario del HIV?

30. ¿Qué clínica / Doctor 's Office te va para su HIV?

31. Como persona que vive con el HIV/AIDS, ¿cuáles cree que son sus 5 necesidades más importantes?

1. _____
2. _____
3. _____
4. _____
5. _____

32. La parte superior la lista 5 los servicios que se utilizan para la estancia en cuidados para el HIV.
1. _____
2. _____
3. _____
4. _____
5. _____

33. ¿Hay servicios que usted necesita para el HIV que son difíciles de conseguir?

34. ¿Por qué son estos servicios difíciles de conseguir?

35. ¿Hay servicios que usted necesita para el HIV que no se puede conseguir?

36. ¿Por qué no puede usted conseguir estos servicios?

Gracias por su tiempo en completar esta encuesta. Sus respuestas confidenciales de información será muy valiosa para el Phoenix Eligible Metropolitan Area (EMA).