



2015 HIV/AIDS Needs Assessment
Alabama Department of Public Health

Prepared by the UAB School of Public Health

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Executive Summary

In its effort to develop an Integrated HIV Prevention and Care Plan for the state of Alabama for 2017-2021, the Alabama Department of Public Health (ADPH) contracted the UAB School of Public Health to conduct a series of surveys to identify needs, gaps, and barriers to HIV/AIDS prevention and care services. Three surveys were developed and administered to three stakeholder groups: (1) Individuals living with HIV/AIDS, (2) Higher-risk, HIV negative individuals, (3) Direct Care Providers. Surveys for individuals living with HIV/AIDS and higher-risk, HIV negative individuals were distributed in paper/pencil formats and translated into Spanish; direct care providers received electronic surveys.

All three surveys were piloted with the Alabama HIV Prevention & Care Collaboration Forum in November 2015. Comments and written feedback were instrumental in designing surveys that were content-specific and culturally sensitive to their intended recipients. The following summaries represent overviews of survey results for each respondent group.

People Living with HIV/AIDS (PLWHA)

UAB received 194 completed surveys from people living with HIV/AIDS (n=194). Respondents largely self-identified as male (n=126, 65.6%) and slightly more than half as heterosexual/straight (n=95, 51.3%). Approximately one-third self-identified as gay or lesbian (n=64, 34.6%). Similarly, the majority of respondents self-identified as Black or African American (n=113, 60.1%) or White (n=47, 25%). Ninety-six percent of respondents (n=173) reported household income levels below \$40,000.

In this survey, respondents were given lists and descriptions of core medical services, mental health and other counseling services, substance abuse services, and support services. From these lists, respondents were asked if, in the last 12 months, they 1) knew about the service 2) needed the service 3) received the service, and 4) if they received the service, did it meet their needs. Gaps in services are represented by the number of people who marked that they needed the service, but did not receive the service. The following summaries identify the top three responses to survey questions regarding needs, gaps, and barriers. For a full listing of survey results for PLWHA, see **Appendix A**.

Core Medical Services

Among the eleven (11) core services listed:

The greatest need for core medical services among PLWHA was:

1. Primary medical care (77.4%)
2. Dental care (74.9%)
3. Medication assistance (72.5%)

The services that were needed but not received (Unmet) were:

1. Specialty care (29.0%)
2. Dental care (28.6%)
3. Home health care (24.1%)

The services that were received but did not meet their needs (Poorly Met) were:

1. Dental care (5.56%)
2. Specialty care (4.35%)
3. Medical case management (4.08%)

The most frequent responses for not getting core medical services was cost, followed by lack of awareness (“Didn’t know where to get services”), and stigma (Didn’t want anyone knowing I was HIV+).

Mental Health and Other Counseling

Among the three (3) mental health and other counseling services listed:

The ranking for mental health and other counseling services needed among PLWHA is as follows:

1. Psychological support counseling (46.8%)
2. Individual or group mental health counseling (46.2%)
3. Crisis or emergency counseling (34.3%)

Ranking for services that were needed but not received (Unmet) were:

1. Crisis or emergency counseling (32.7%)
2. Individual or group mental health counseling (21.8%)
3. Psychological support counseling (20.8%)

Ranking for services that were received but did not meet their needs (Poorly Met) were:

1. Crisis emergency counseling (7.7%)
2. Individual or group mental health counseling (6%)
3. Psychological support counseling (3.2%)

The most frequent responses for not getting mental health and other counseling included Lack of awareness (“Didn’t know where to get services”) was cited as the primary reason for not getting mental health and counseling services, followed by lack of reliable transportation and stigma (“Didn’t want anyone knowing I was HIV+).

Substance Abuse Counseling

Among the three (3) substance abuse counseling services listed:

The ranking for substance abuse counseling services need for among PLWHA was:

1. Peer counseling and support for substance abuse (12.4%)
2. Outpatient substance abuse counseling (11.6%)
3. 24 hour-a-day residential substance abuse counseling (7.7%)

Ranking for services that were needed but not received (Unmet) were:

1. Peer counseling and support for substance abuse (28.6%)
2. Outpatient substance abuse counseling (20.0%)
3. 24 hour-a-day residential substance abuse counseling (18.2%)

PLWHA did not identify any services that did not meet their needs (Poorly Met).

The most frequent responses for not getting substance abuse counseling included stigma (“Didn’t want anyone knowing I was HIV+”), language/cultural barriers, and cost.

Support Services

Among thirteen (13) support services listed, the greatest need for support services among PLWHA was:

1. HIV education/risk reduction (58.4%)
2. Non-medical case management (54.4%)
3. Referral to health care/support services (52.9%)

The services that were needed but not received (Unmet) were:

1. Housing (54.8%)
2. Legal services (50.9%)
3. Childcare (50.0%)

The services that were received but did not meet their needs (Poorly Met) were:

1. Legal services (13.3%)
2. Childcare (11.1%)
3. Emergency financial assistance (10.0%)

The most frequent responses for not getting support services included lack of awareness (“Didn’t know where to get services”), stigma (“Didn’t want anyone knowing I was HIV+”), and lack of reliable transportation.

PLWHA identified a number of other HIV-related services that they needed, could not get, or were not offered in their area. Services included:

| | |
|---|-----------------------|
| Specialist care | Access to medication |
| Bi-lingual forms and services | Financial support |
| Support groups | Employment assistance |
| Services for migrant/undocumented persons | Housing |
| Transportation | Health insurance |
| Information on HIV services | Patient advocates |
| PrEP | Medical marijuana |

PLWHA identified a number of concerns that they had about getting care or treatment services in the future. Concerns included:

| | |
|------------------------------------|-------------------------------------|
| Financial concerns | Cost of treatment, medication, etc. |
| Access to medications | Continuation of care |
| Transportation | Bi-lingual forms and services |
| Insurance to cover specialist care | Dental care |
| Employment or economic assistance | Food |
| Stress | Insurance and co-pays |
| Housing | Medical and treatment adherence |
| Privacy | Wait times to see providers |

PLWHA identified additional comments regarding needs, gaps, and barriers in accessing HIV/AIDS care and support services. Comments included:

| | |
|-------------------------------------|---|
| Bi-lingual forms and services | Provider/Staff concerns |
| Mental health/Psychological therapy | Health insurance |
| Stigma | Natural treatment options |
| Better funding | Location/distance of clinic |
| Dermatology care | Accessibility of health plans for all people (with or without legal residency status) |
| Linkage to services | Positive support from individuals who care about PLWHA |

In order to gain a better understanding of the needs of people living with HIV/AIDS who may not be currently receiving HIV/AIDS-related medical care, survey respondents were asked to tell about their experiences if they had ever been without care for a period of at least twelve (12) months. Thirty-one (31) of the 194 respondents (16%) indicated they had been HIV+ for at least two (2) years and had gone through a period of at least 12 months where they did not receive HIV/AIDS-related care. The following describes the results of a series of questions designed to learn more about their situation during their gap in service:

Q: What best describes your situation during this gap in service? (n=27)

- Recently been diagnosed with care and had not entered HIV/AIDS-related care (37%, n=10)
- Receiving HIV/AIDS-related medical care, but stopped going (33%, n=9)
- Did not have access to care (15%, n=4)
- Other (15%, n=4): moved; new to the area and didn't know services existed; didn't know where to go; and dealing with life-stress.

When asked about what kept them from receiving care during their gap in service, the most frequent responses included timing ("I wasn't ready to deal with my HIV status") and stigma ("Didn't want anyone knowing I was HIV+").

The top reasons respondents identified as causing them to get back into HIV/AIDS-related medical care were "I was ready to deal with my HIV Status", "I was able to deal with other things I worried about/other problems in my life", and "I got sick and I needed care".

Connection to a case manager (to link to services or support), connection to another HIV+ person (to link to support), and someone to help cope with stress were the top services identified by respondents which would have helped in starting HIV-AIDS related medical care.

Most Important Services

PLWHA were asked to rank the 10 most important services. The following represents the most frequently selected options:

1. Dental Care (n=136)
2. Medical Case Management (n=115)
3. Medication Assistance (n=106)
4. Health Insurance Assistance (n=105)
5. Food Services (n=83)
6. Primary Medical Care (n=82)
7. Housing (n=81)
8. Mental Health Services (n=73)
9. HIV education/Risk reduction (n=63)
10. Transportation (n=63)

Higher-risk, HIV Negative Individuals

UAB received 736 completed surveys from higher-risk, HIV negative individuals (n=736). The vast majority of respondents self-identified as female (n=528, 72.2%) and heterosexual/straight (n=603, 87.1%). Slightly more than half self-reported as Black or African American (n=355, 51.6%) followed by White (n=272, 39.5%). Approximately 87% of respondents (n=585) reported household income levels below \$40,000.

In this survey, respondents were given a list and descriptions of fourteen (14) HIV prevention services that people at higher-risk for HIV might utilize. From this lists, respondents were asked if, in the last 12 months, they 1) knew about the service 2) needed the service 3) received the service, and 4) if they received the service, did it meet their needs. Gaps in services are represented by the number of people who marked that they needed the service, but did not receive the service. The following summary identifies the top three responses to survey questions regarding needs, gaps, and barriers. For a full listing of survey results for higher-risk, HIV negative individuals, see Appendix B.

Need for Services

The greatest need for core medical services among higher-risk, HIV negative individuals was:

1. HIV testing (49.5%)
2. Primary medical care (47.3%)
3. Condoms (42.2%)

The services that were needed but not received (Unmet) were:

1. Mental health services/counseling (37.8%)
2. Hepatitis C testing/Vaccinations (35.3%)
3. Syringe (needle) exchange (33.7%)

The services that were received but did not meet their needs (Poorly Met) were:

1. Mental health services/counseling (6.7%)
2. Primary medical care (5.1%)
3. HIV/STD health education (4.5%)

The most frequently cited barriers to services were stigma (“Afraid of what other people might think”), no health insurance, and lack of awareness (“Didn’t know where to go”).

Direct Care Providers

UAB received 45 completed surveys from Direct Care Providers, the majority of whom represented HIV/AIDS service organizations (n=27, 64%). Further, the vast majority of these service organizations had been providing HIV/AIDS care-related services for more than 10 years (n=37, 95%). For a full listing of survey results for Direct Care Providers, see Appendix C.

The five most frequently cited services these agencies provide included:

- HIV education (information on living with HIV) (n=37, 97%)
- HIV prevention (education, counseling, or testing) (n=37, 97%)
- Referral for health care/support services (n=30, 79%)
- Transportation services to medical care (n=30, 79%)
- Treatment adherence and counseling (n=30, 79%)

The vast majority of agencies identified providing HIV/AIDS services in urban areas (n=31, 82%) and walk-in services or same day appointments (n=30, 91%). Additionally, responding agencies accept a wide variety of payment options.

Clinics noted the following racial/ethnic compositions of patients they serve:

- Black or African American (n=37, 100%)
- White (n=35, 95%)
- Hispanic/Latino (n=30, 81%)

Clinics identified the following HIV risk factors as prevalent among the clients they serve:

- MSM population (n=35, 97%)
- Low income (n=34, 94%)
- HIV-positive sex partners (n=33, 92%)

To better serve clients/patients living with HIV/AIDS, agencies identified a number of needed resources. These resources are also reflected in the open comments section of the survey regarding system-wide changes.

- Funding to expand current capacity (n=25, 86%)
- Funding to develop new capacity (n=22, 76%)
- Additional qualified staff (n=15, 52%)

Appendix A: Results of PLWHA Survey

Table 1. Core Medical Services

| | Knew about the service % (N) | Needed service % (N) | Needed service, but did NOT receive (unmet need) % (N) | Received service and it did NOT meet their needs (poorly met) % (N) |
|-------------------------------------|---------------------------------------|-------------------------------|--|--|
| Medical case management | 84.5% (158/187) | 61.9% (99/160) | 15.5% (15/97) | 4.08% (4/98) |
| Dental care | 83.9% (156/186) | 74.9% (125/167) | 28.6% (34/119) | 5.56% (5/90) |
| Early intervention services | 82.6% (147/178) | 63.5% (101/159) | 11.1% (11/99) | 1.18% (1/85) |
| Health insurance assistance | 76.3% (142/186) | 65.2% (107/164) | 19.2% (20/104) | 2.33% (2/86) |
| Home health care | 53% (97/183) | 18.8% (30/161) | 24.1% (7/29) | 0% (0/23) |
| Hospice services | 53.6% (97/181) | 10.6% (17/161) | 18.7% (3/16) | 0% (0/15) |
| Medication assistance | 86.2% (163/189) | 72.5% (121/167) | 8.5% (10/118) | .9% (1/118) |
| Nutritional education/counseling | 76.6% (144/188) | 59% (101 /171) | 16.5% (16/97) | 2.35% (2/85) |
| Outpatient medical care | 82.2% (157 /191) | 69.1% (114/165) | 7.1% (8/113) | .93% (1/107) |
| Primary medical care | 89.4% (168/188) | 77.4% (130/168) | 7.8% (10/128) | 3.28% (4/122) |
| Specialty care | 72.1% (132/183) | 55% (93/169) | 29.0% (25/86) | 4.35% (3/69) |

Figure 1. Reasons for Not Getting Core Medical Services

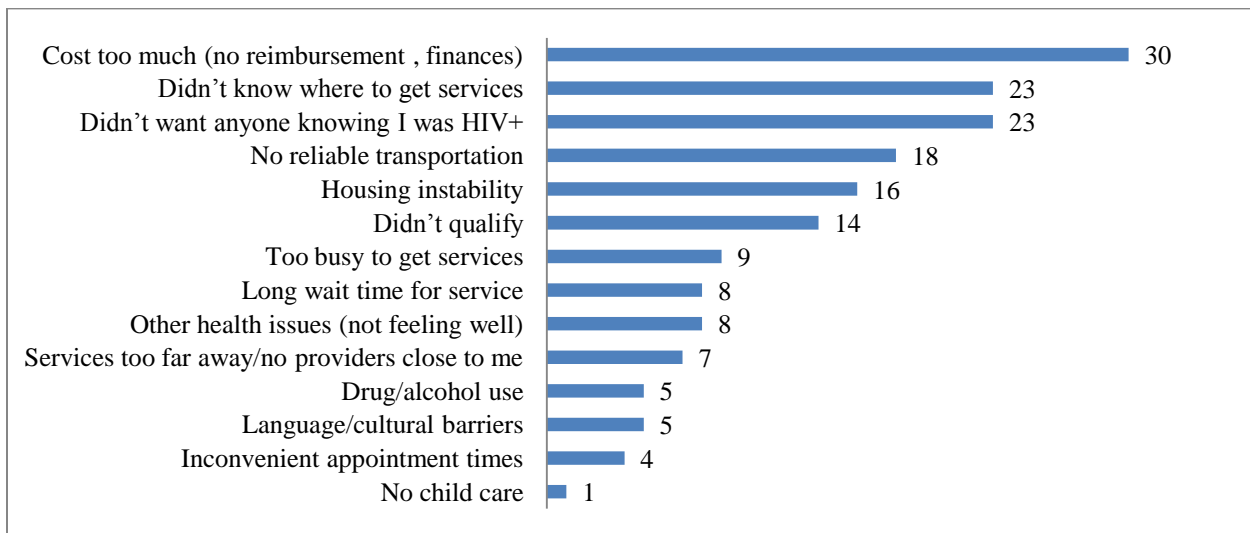


Table 2. Mental Health and Other Counseling

| | Knew about the service % (N) | Needed service % (N) | Needed service, but did NOT receive (unmet need) % (N) | Received service and it did NOT meet their needs (poorly met) % (N) |
|--|------------------------------------|----------------------------|--|---|
| Individual or group mental health counseling | 80.7% (155/192) | 46.2% (80/173) | 21.8% (17/78) | 6% (4/67) |
| Crisis or emergency counseling | 61.5% (115/187) | 34.3% (58/169) | 32.7% (18/55) | 7.7% (3/39) |
| Psychological support counseling | 77.8% (147/189) | 46.8% (81/173) | 20.8% (16/77) | 3.2% (2/63) |

Figure 2. Reasons for Not Getting Mental Health and Other Counseling

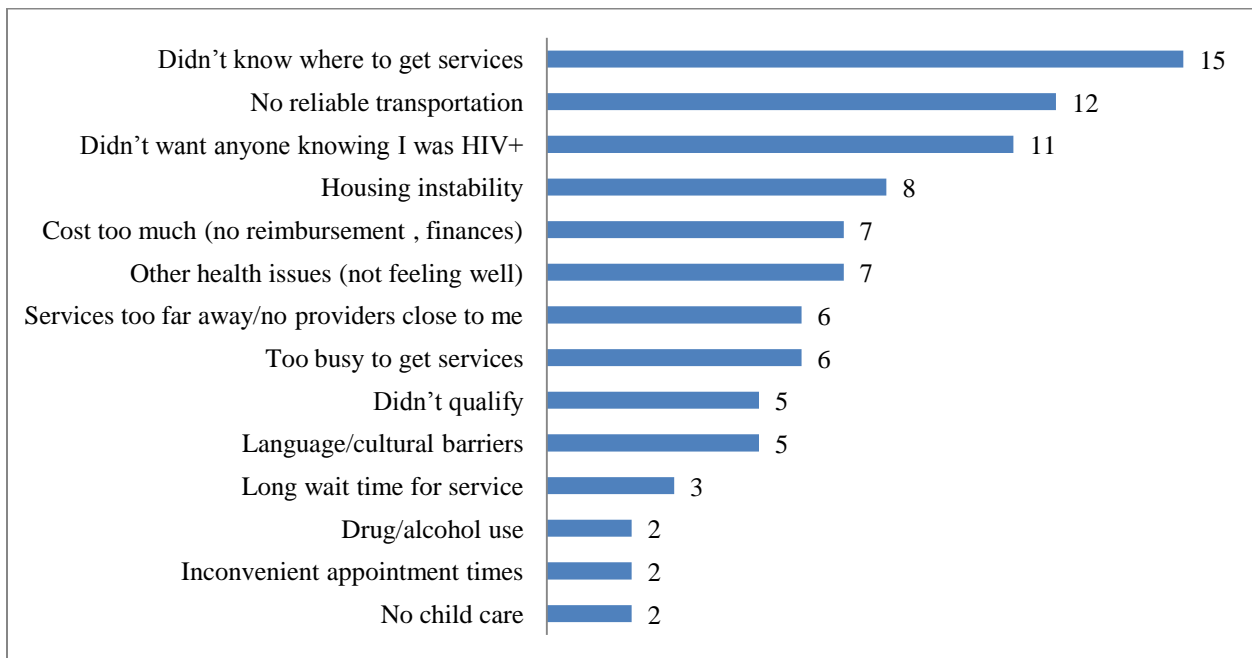


Table 3. Substance Abuse Counseling

| | Knew about the service % (N) | Needed service % (N) | Needed service, but did NOT receive (unmet need) % (N) | Received service and it did NOT meet their needs (poorly met) % (N) |
|--|------------------------------------|----------------------------|--|---|
| Outpatient substance abuse counseling | 66.1% (121/183) | 11.6% (20/172) | 20.0% (4/20) | 0% (0/19) |
| 24 hour-a-day residential substance abuse counseling | 51.9% (95/183) | 7.7% (13/170) | 18.2% (2/11) | 0% (0/11) |
| Peer counseling and support for substance abuse | 64.1% (116/181) | 12.4% (21/169) | 28.6% (6/21) | 0% (0/18) |

Figure 3. Reasons for Not Getting Substance Abuse Counseling

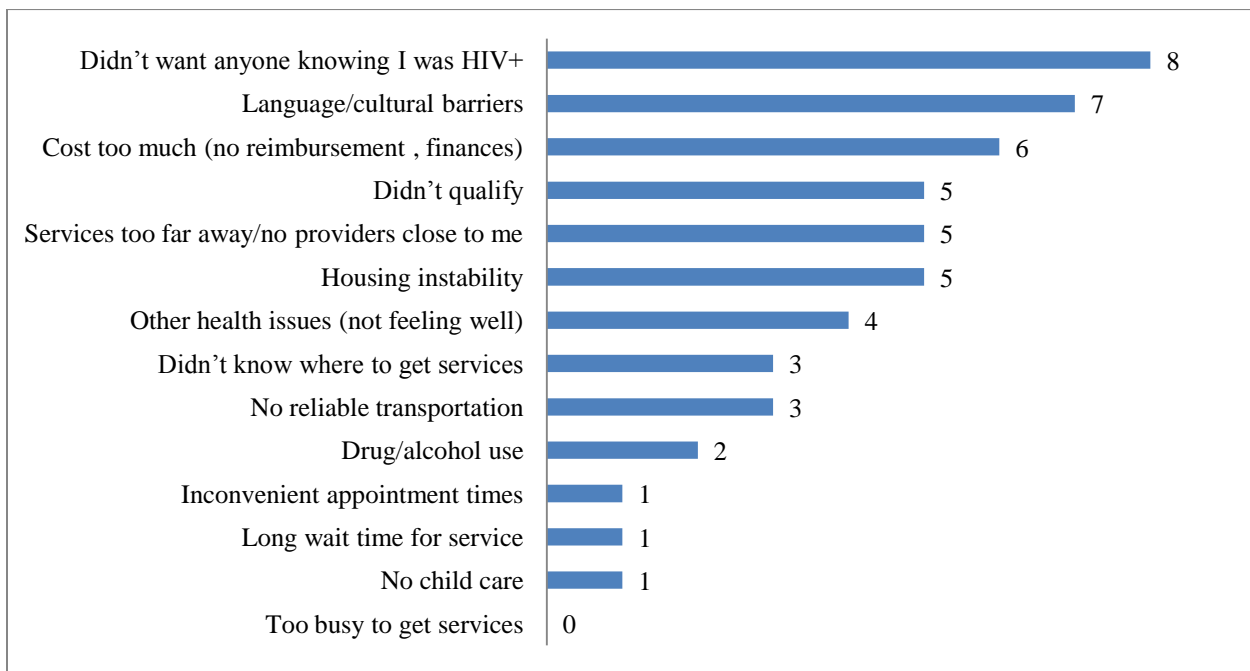
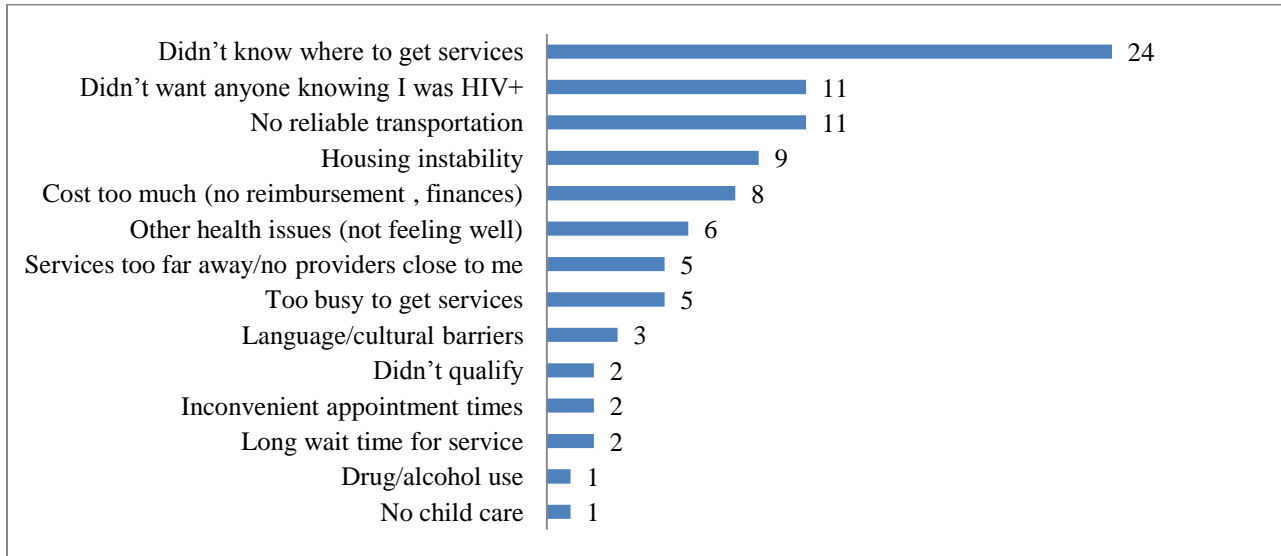


Table 4. Support Services

| | Knew about the service % (N) | Needed service % (N) | Needed service, but did NOT receive (unmet need) % (N) | Received service and it did NOT meet their needs (poorly met) % (N) |
|---|---------------------------------------|-------------------------------|---|---|
| Non-medical case mgmt. | 71% (132/186) | 54.4% (92/169) | 30.7% (27/88) | 3.4% (2/59) |
| Childcare | 42.8% (74/173) | 8% (13/162) | 50.0% (6/12) | 11.1% (1/9) |
| Emergency financial assistance | 57.4% (105/183) | 43.5% (73/168) | 44.6% (29/65) | 10% (4/40) |
| HIV edu/risk reduction | 84.4% (157/186) | 58.4% (101/173) | 15.5% (15/97) | 1.2% (1/83) |
| Housing | 65.4% (23/188) | 39.3% (68/173) | 54.8% (34/62) | 9.7% (2/31) |
| Legal services | 61.6% (114/186) | 33.9% (59/174) | 50.9% (28/55) | 13.3% (4/30) |
| Food services | 67% (126/188) | 51.5% (89/173) | 38.3% (31/81) | 8% (4/50) |
| Partner services | 62% (114/184) | 27.3% (47/172) | 27.9% (12/43) | 8.6% (3/32) |
| Rehabilitation services | 54.3% (101/186) | 26.9% (46/171) | 46.5% (20/43) | 8.3% (2/24) |
| Referral for health care/ support services | 71.7% (134/187) | 52.9% (91/172) | 26.1% (23/88) | 4.4% (3/68) |
| STD testing/counseling | 79% (150/190) | 37.5% (66/176) | 16.3% (10/62) | 6.1% (3/49) |
| Transportation | 72.7% (133/183) | 42.6% (72/196) | 23.4% (15/64) | 6% (3/50) |
| Treatment/adherence counseling | 77.7% (146/188) | 52% (91/175) | 11.4% (10/88) | 3.7% (3/82) |

Figure 4. Reasons for Not Getting Support Services



Question: Are there any other HIV-related services you need, but can't get or aren't offered in your area?

Twenty-three (23) of the 194 respondents (11.9%) identified other HIV-related services needed, but are unattainable their area. Examples include:

Specialist Care

- Eye, ears, nose all the necessities
- Assistance with dermatology
- Assistance with appointment for an ophthalmologist

Access to Medication

- Paying for medication
- If I can get some help with my medication

Bi-lingual forms and services

- Interpretation for social workers, dentist, other appointments, information Spanish
- Spanish language education; bi-lingual persons

Financial Support

- Economic support to provide assistance for medical services and programs
- Economic/compensation for appointments, gasoline, food, etc.

Support Groups

- Support Groups
- I need more help with my status to talk to someone about my situation

Employment Assistance

- Job Assistance
- Employment opportunities for people who are infected

Services for migrant/undocumented persons

- We need Health Plus AL for undocumented persons
- Access to programs for migrant workers or legal support services

Other: Housing (2); Transportation (2); Health insurance; information on HIV services; patient advocates; PrEP; Medical marijuana.

Question: What concerns do you have about getting care or treatment services in the future?

Sixty-four (64) of the 194 respondents (33%) identified concerns about getting care or treatment service in the future. Examples include:

Financial Concerns (including cost of treatment, medication, etc.)

- Real concerns for future care. If the medicines will continue to be available at the prices they are now.
- Obtain medications and clinical services at no charge
- Funds for Medicine
- Being able to afford my treatment
- My concern is the ADAP. I know this year the Alabama legislature didn't fund the \$5 million I depend on the ADAP to receive my medicine is \$3,000 a month
- Expenses
- Just payment when I do get a job, I won't be able to keep up with payments
- Cost (2)
- Money
- Lack of Funds
- We need more things in the assistance budget
- Monetary Situation
- Thrives Funding could be cut or reduced

Access to Medications

- Getting medicine
- The medications & Treatments
- To look further to obtain services and medications that we need to try
- Continued help with health/medicine
- Getting medications
- Not having medication needed, having a reverse in health improvements

Continuation of Care

- State services such as ADAP being available if I decide to move out of state
- Possible relocation and being able to still be locked in for assistance with meds & healthcare
- Will I lose my care if I relocate to another state
- That I can get constant care despite moving a lot due to work.
- Concern of deportation and then inability to continue with medications
- I hope I can continue to receive service
- Just making sure that I can get all the help I can get
- Bridging the time gaps
- I am switching off parents insurance to my own and am worried of cost/quality of coverage
- The changes to the insurance coverage and how it's going to affect me getting my medications on time. As well as, the other services provided for me.

Transportation

- Transportation (6)
- Transportation money for gas

Others: bi-lingual forms and services (2); insurance plan to cover specialist care (2); dental care; employment or economic assistance; food; having a productive stress-free life; insurance and co-pays; housing; medication and treatment adherence; privacy; wait time to see provider

Question: Is there anything else that you would like to add about needs, gaps, and barriers you have experienced in accessing HIV/AIDS care and support services?

Twenty- eight (28) of the 194 respondents (14.4%) indicated they had additional comments about needs, gaps, and barriers in accessing HIV/AIDS care and support services.

Bi-lingual forms and services

- Yes - more interpreters in the dental clinic and when I need to see my social workers
- There are no service opportunities in Spanish
- More information for the Latin Community; Healthcare for Undocumented persons
- Limited due to language; an improved cover/surplus for health insurance
- It is important to have a group and a bilingual person to help Spanish clients understand services

Provider/Staff Concerns

- Intake at MAO can be disorganized
- Medical Clinic Staff attitudes,
- Wait time

Mental Health/Psychological Therapy

- Increased mental health/Counselor in CBO
- Social Therapy/Psychological therapy
- Psychology

Health Insurance

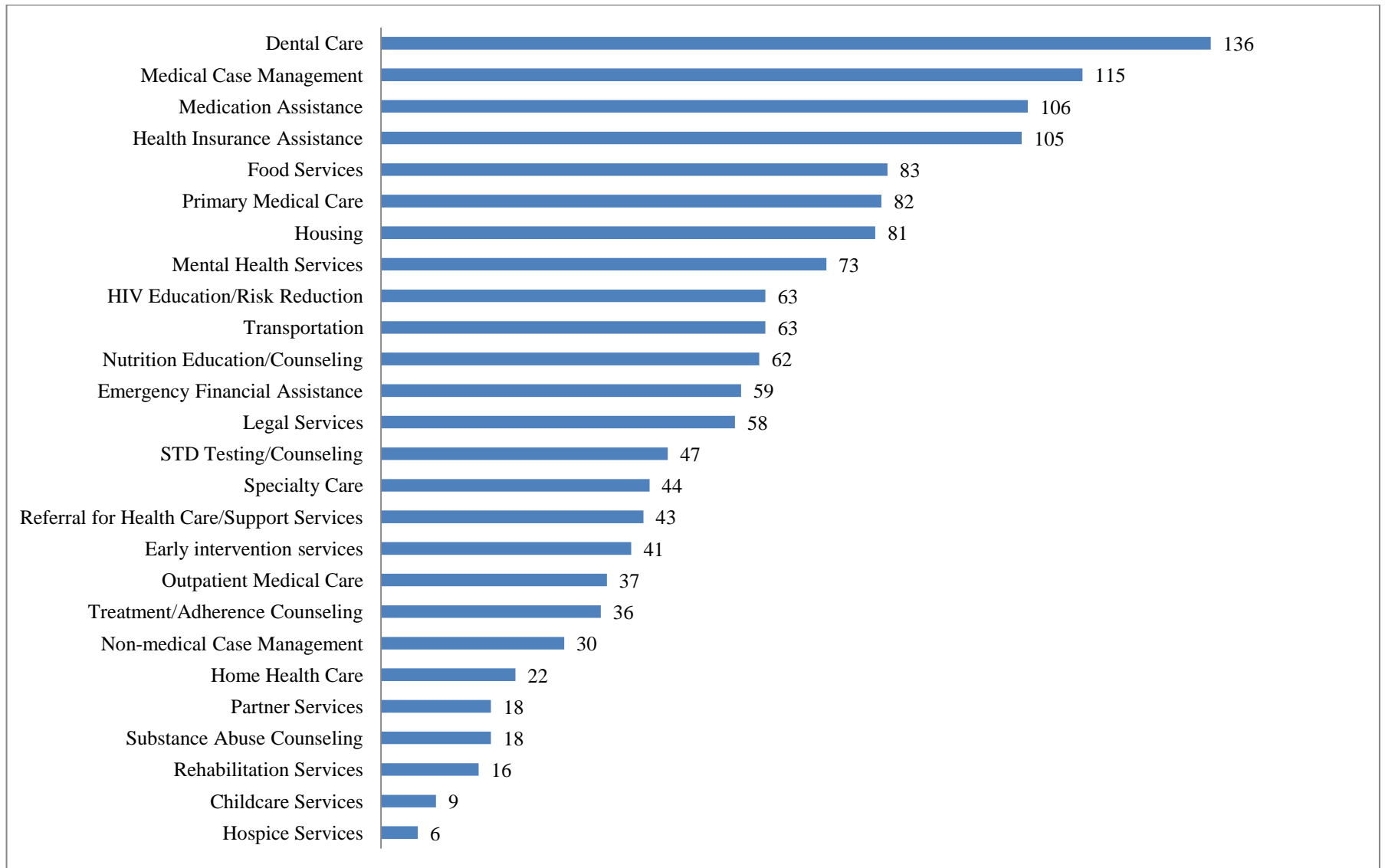
- Cheaper & Better Insurance
- The insurance that promise about signing up we have not heard nothing even the case worker is out done they can't get anywhere with this system

Stigma

- Being able to receive services when you are a consumer and employee of a service organization without judgement
- A resident where HIV persons can live with one another. I do not want everyone to know that I am HIV+. But others are the same way, public likes to separate from us once they know you are HIV+.

Other: Information on natural treatments that could be incorporated with or substituted for traditional treatment; better funding; closer clinic to Foley, AL; dermatology care; accessibility health plans (health plus Alabama) for all people with or without legal residency status; being able to link a person to the services they need; work with more people who are positive; more people that truly care about people living with HIV

Figure 5: Most Important Services



The following questions were asked to learn more about those in the community who may not be currently receiving HIV-related care. Thirty-one (31) respondents indicated they had been HIV+ for at least 2 years and had been out of care for a period of at least 12 months.

Figure 6: What best describes your situation during that period [12-month period not receiving care]? (N= 27)

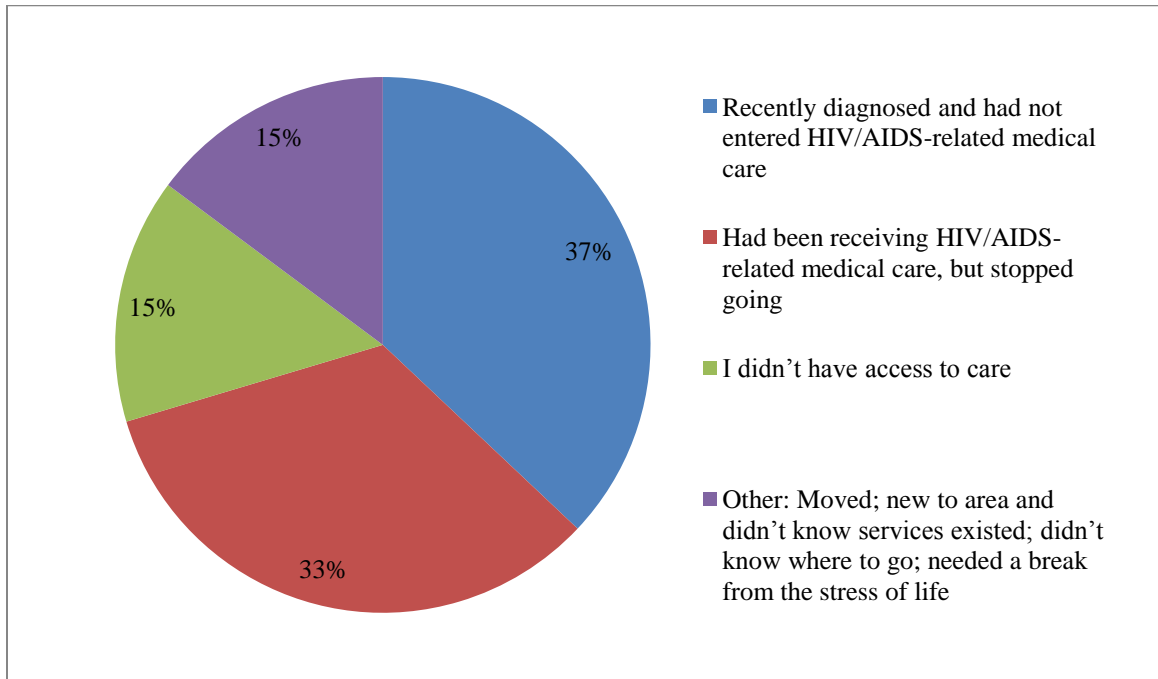


Figure 7: During that time [12-month period not receiving care], what kept you from receiving HIV/AIDS-related care?

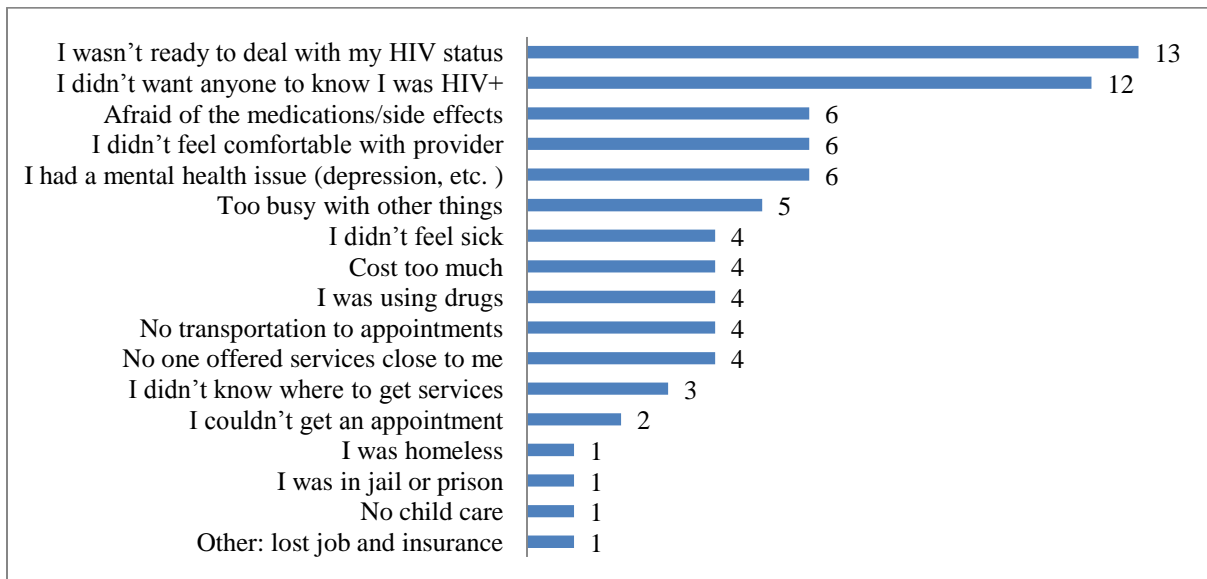


Figure 8: What caused you to get back into HIV/AIDS-related medical care?

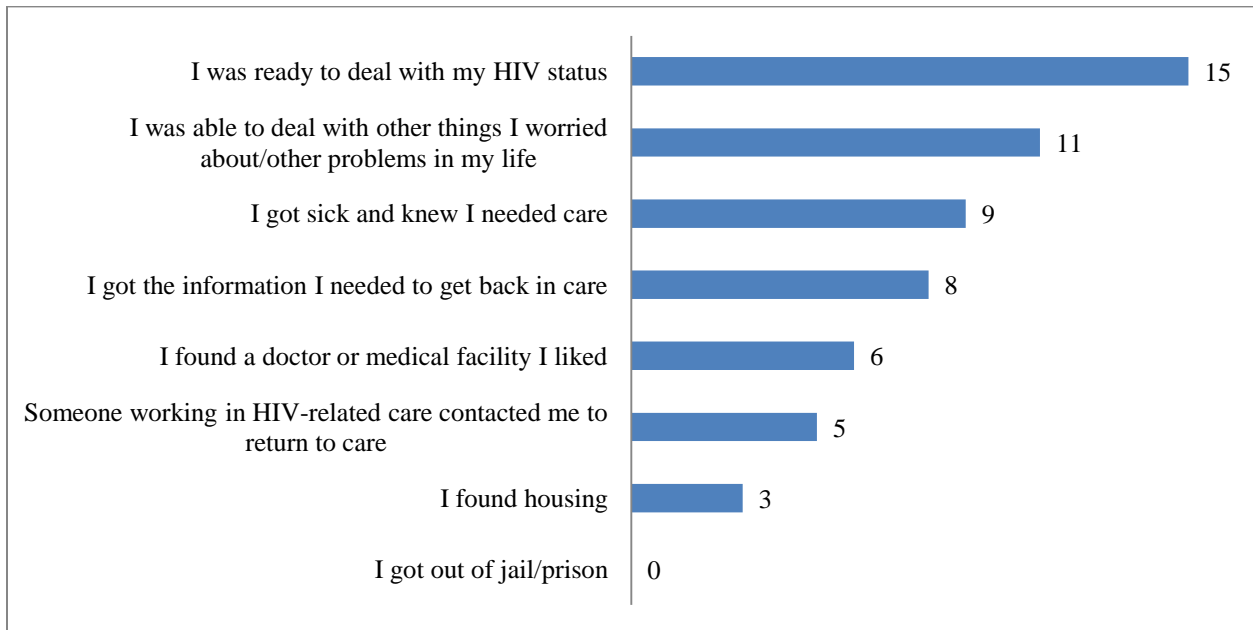


Figure 9: Would the following services have helped you start going to HIV/AIDS-related medical care?

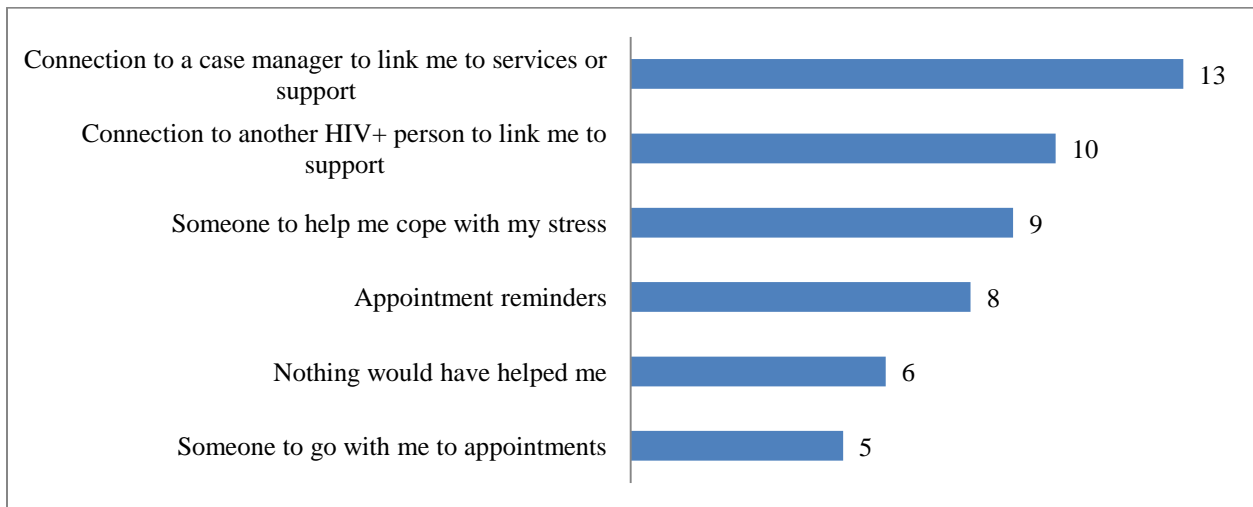


Table 5. Demographics

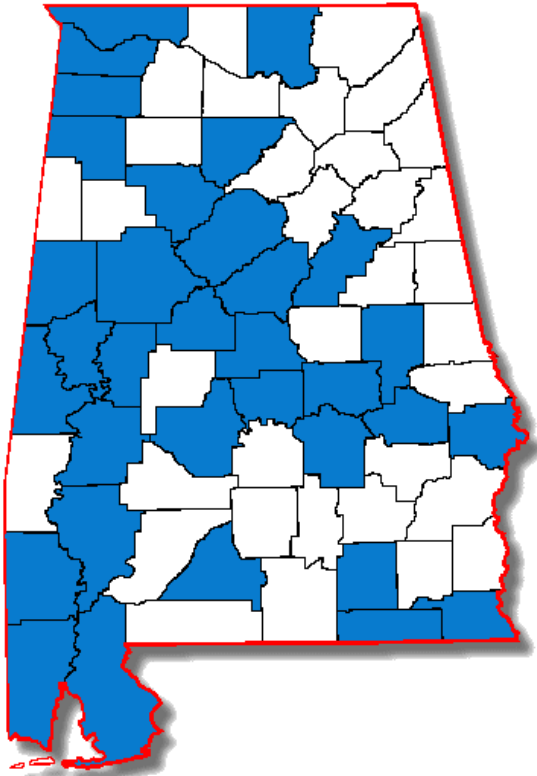
| | n | % |
|---|-----|------|
| What is your HIV/AIDS status? | | |
| HIV positive with no symptoms | 136 | 72.7 |
| HIV positive with symptoms | 23 | 12.3 |
| Diagnosed with AIDS | 20 | 10.7 |
| Don't know | 8 | 4.3 |
| How long ago did you learn that you were HIV positive? | | |
| Less than 1 year | 18 | 9.6 |
| 1-4 years | 48 | 25.5 |
| 5-9 years | 37 | 19.7 |
| 10 or more years | 84 | 44.7 |
| I don't remember | 1 | 0.5 |
| Do you have a regular place you go for HIV/AIDS-related medical care? | | |
| Yes | 178 | 95.6 |
| No | 7 | 3.8 |
| Where do you REGULARLY receive your HIV/AIDS-related medical care? | | |
| HIV clinic in a hospital/medical center | 75 | 45.4 |
| Emergency Room (ER) | 1 | 0.6 |
| Community clinic serving only HIV+ clients | 63 | 38.1 |
| Private physician's office/clinic | 3 | 1.8 |
| Other community clinic - not HIV-specific | 12 | 7.3 |
| VA hospital/clinic | 0 | 0.0 |
| Multiple places | 6 | 3.6 |
| Other: Health Department, Board of Health, AFH AIDS Healthcare Foundation | 5 | 3.0 |
| What type of health insurance do you have? | | |
| Medicaid | 36 | 19.0 |
| Medicare | 20 | 10.6 |
| Medicaid and Medicare | 19 | 1.0 |
| Private insurance | 45 | 23.8 |
| Other: Ryan White, ADAP, Assisted through clinic | 29 | 15.3 |
| None | 40 | 21.1 |
| Gender | | |
| Male | 126 | 65.6 |
| Female | 61 | 31.7 |
| Transgender (male to female) | 4 | 2.1 |
| Transgender (female to male) | 1 | 0.5 |
| Sexual orientation | | |
| Heterosexual/straight | 95 | 51.3 |
| Gay or lesbian | 64 | 34.6 |
| Bisexual | 24 | 12.9 |
| Other | 2 | 1.1 |
| Ethnicity | | |
| Hispanic or Latino | 33 | 20.6 |
| Not Hispanic or Latino | 127 | 79.4 |

| | | |
|--|-----------|------|
| Racial background | | |
| American Indians or Alaska Native | 2 | 1.1 |
| Asian | 1 | 0.5 |
| Black or African American | 113 | 60.1 |
| Native Hawaiian or Other Pacific Islander | 0 | 0 |
| White | 47 | 25.0 |
| Multiracial | 13 | 6.9 |
| Other: Latin American/Hispanic | 12 | 6.4 |
| Current age, mean | 41.7 | |
| | (sd=12.1) | |
| Current marital status | | |
| Single/living alone | 117 | 61.9 |
| Married | 18 | 9.5 |
| Living with partner/significant other | 31 | 16.4 |
| Divorced/separated | 18 | 9.5 |
| Widowed | 5 | 2.6 |
| Highest level of education completed | | |
| Some high school | 51 | 27.6 |
| High school degree or GED | 43 | 23.4 |
| Some college | 57 | 30.8 |
| Associate's or technical degree | 10 | 5.4 |
| Bachelor's degree | 16 | 8.6 |
| Graduate or advanced degree | 7 | 3.8 |
| Household income | | |
| Less than \$10,000 | 98 | 54.4 |
| \$10,000 – \$19,999 | 46 | 25.5 |
| \$20,000 – \$39,999 | 29 | 16.1 |
| \$40,000 – \$59,999 | 1 | 5.6 |
| \$60,000 or more | 6 | 3.3 |
| Current living situation | | |
| Rent or own a house, condo, or apartment | 111 | 59.0 |
| Residential treatment program (for drugs or alcohol) | 1 | 5.3 |
| Temporary or transitional housing | 5 | 2.7 |
| Housing for persons living with HIV | 5 | 2.7 |
| Staying with friends or family | 62 | 32.9 |
| Homeless or in a shelter | 3 | 1.6 |
| Other | 1 | 0.5 |
| Type of area | | |
| Urban (in a city) | 104 | 55.9 |
| Suburban (outside a city) | 37 | 19.9 |
| Rural (in the country) | 38 | 20.4 |
| I move around or am homeless | 7 | 3.8 |

Table 6: Counties from which surveys were received

| | # surveys received |
|-------------------|-----------------------|
| Tuscaloosa | 47 |
| Mobile | 32 |
| Jefferson | 22 |
| Montgomery | 14 |
| Lauderdale | 8 |
| Madison | 6 |
| Shelby | 5 |
| Pickens | 4 |
| Colbert | 4 |
| Baldwin | 4 |
| Hale | 4 |
| Sumter | 3 |
| Dallas | 3 |
| Marion | 3 |
| Geneva | 2 |
| Coffee | 2 |
| Clarke | 2 |
| Cullman | 1 |
| Russel | 1 |
| Pickens | 1 |
| Walker | 1 |
| Franklin | 1 |
| Etowah | 1 |
| Greene | 1 |
| Macon | 1 |
| Elmore | 1 |
| Conecuh | 1 |
| Tallapoosa | 1 |
| Marengo | 1 |
| Talladega | 1 |
| Houston | 1 |
| Bibb | 1 |
| Washington | 1 |
| Chilton | 1 |
| Autauga | 1 |
| Lamar | 1 |

Figure 10: Map of Alabama counties from which surveys were received



Source: diymaps.net (c)

Appendix B: Results of Higher Risk HIV Prevention Survey

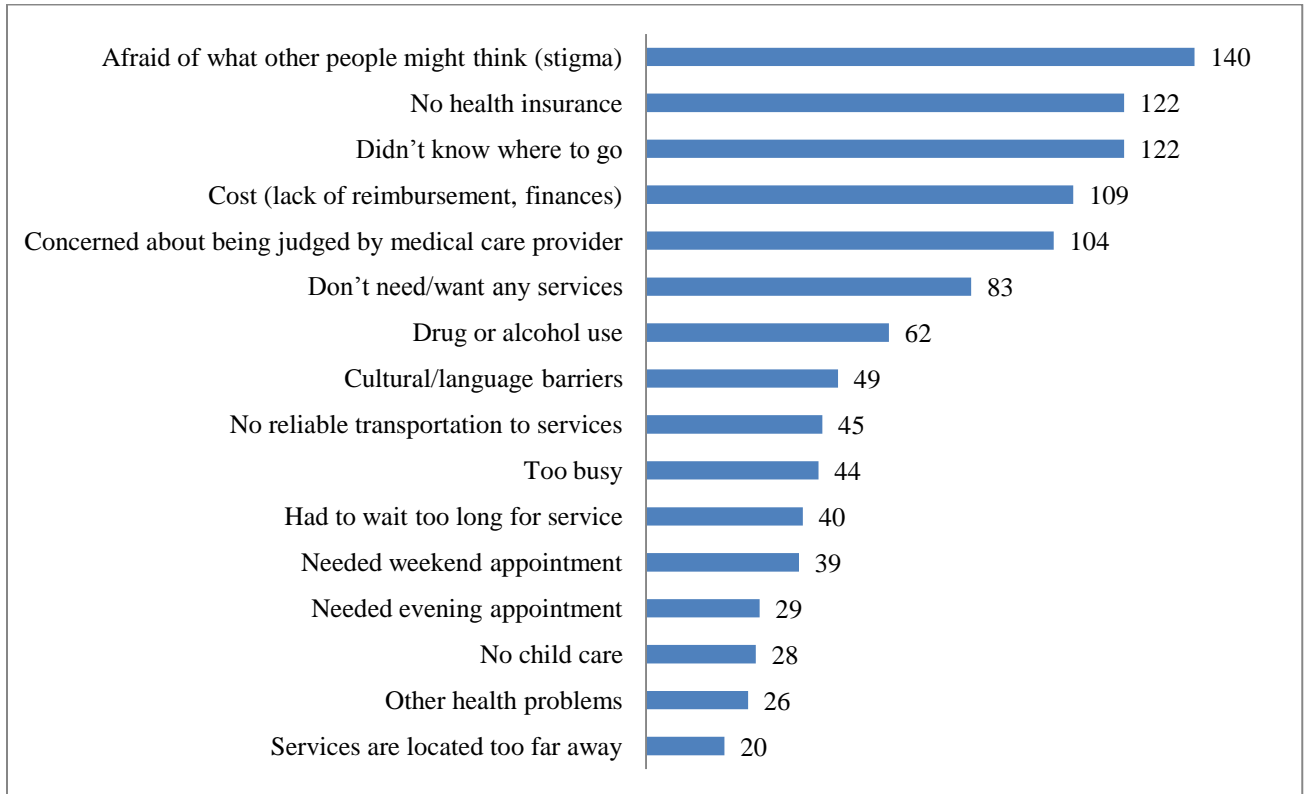
Table 1. Need for Services

| | Knew about the service % (N) | Needed service % (N) | Needed service, but did NOT receive (unmet need) % (N) | Received service and it did NOT meet their needs (poorly met) % (N) |
|---|---------------------------------------|-------------------------------|---|---|
| Condoms | 83.3% (590/708) | 42.2% (273/647) | 16.4% (44/269) | 3.9% (13/330) |
| Individual or Group Level HIV-Related Prevention Education | 71.3% (508/713) | 37.7% (245/650) | 18.6% (44/236) | 1.24% (3/241) |
| HIV testing | 85.2% (606/711) | 49.5% (319/644) | 12.2% (38/311) | .9% (3/327) |
| PrEP or nPEP | 31.2% (210/673) | 13.2% (76/576) | 16.5% (33/71) | 3.92% (2/51) |
| Syringe (needle)exchange | 42.7% (296/693) | 14% (87/621) | 33.7% (28/83) | 2.8% (2/72) |
| HIV/STD Health Education: | 80.3% (574/715) | 39.4% (257/653) | 18% (46/255) | 4.5% (11/246) |
| Hepatitis B Testing/Vaccinations | 65.8% (468/711) | 23.2% (149/643) | 31.7% (45/142) | 2.3% (3/132) |
| Hepatitis C Testing/Vaccinations | 65% (456/702) | 25.9% (163/630) | 35.3% (54/153) | 3.1% (4/130) |
| Mental Health Services/Counseling | 59.8% (423/708) | 24.7% (158/639) | 37.8% (57/151) | 6.7% (7/104) |
| Pharmacy/Medications | 69.1% (490/709) | 36% (229/636) | 20.5% (46/224) | 3.8% (7/185) |
| Primary Medical Care | 70.8% (495/699) | 47.3% (301/637) | 25.1% (74/295) | 5.1% (11/218) |
| STD Testing | 77.8% (558/717) | 41.9% (273/652) | 30.9% (80/259) | 3.4% (7/208) |
| Substance Abuse Treatment | 63.1% (446/707) | 24.5% (137/638) | 26.1% (35/134) | 2.8% (3/108) |
| Partner Services | 52.1% (369/708) | 17.6% (113/644) | 26.4% (29/110) | 4.3% (4/93) |

- **Additional needs identified:**

- Variety of condoms for people allergic to latex
- Sex education for young people
- Bi-lingual programs and therapies

Figure 1. Barriers to Services



Other: Need more information on where services are (2), nervous, don't link needles, pregnancy/life issues, offshore, family issues, work, no prevention services for Latino LGBT, no services available in area, work

Table 3. Demographics

| | n | % |
|--|-----|------|
| Gender | | |
| Male | 196 | 26.8 |
| Female | 528 | 72.2 |
| Transgender (male to female) | 6 | 0.8 |
| Transgender (female to male) | 1 | 0.1 |
| Current age, mean | | |
| Ethnicity | | |
| Hispanic or Latino | 88 | 13.2 |
| Not Hispanic or Latino | 578 | 86.8 |
| Racial background | | |
| American Indians or Alaska Native | 9 | 1.3 |
| Asian | 2 | 0.3 |
| Black or African American | 355 | 51.6 |
| Native Hawaiian or Other Pacific Islander | 2 | 0.3 |
| White | 272 | 39.5 |
| Multiracial | 37 | 5.3 |
| Other | 11 | 1.5 |
| Highest level of education completed | | |
| Some high school | 10 | 1.4 |
| High school degree or GED | 108 | 15.2 |
| Some college | 209 | 29.4 |
| Associate's or technical degree | 248 | 34.9 |
| Bachelor's degree | 54 | 7.6 |
| Graduate or advanced degree | 59 | 8.2 |
| Other | 23 | 3.2 |
| Household income | | |
| Less than \$10,000 | 278 | 41.5 |
| \$10,000 – \$19,999 | 170 | 25.4 |
| \$20,000 – \$39,999 | 137 | 20.5 |
| \$40,000 – \$59,999 | 43 | 6.4 |
| \$60,000 or more | 38 | 5.7 |
| Sexual orientation | | |
| Heterosexual/straight | 603 | 87.1 |
| Gay or lesbian | 47 | 6.8 |
| Bisexual | 33 | 4.8 |
| Other | 9 | 1.3 |
| Current marital status | | |
| Single/living alone | 447 | 62.8 |
| Married | 122 | 17.1 |
| Living with partner/significant other | 84 | 11.8 |
| Divorced/separated | 53 | 7.4 |
| Widowed | 6 | 0.8 |
| What type of health insurance do you have? | | |
| Medicaid | 191 | 27.4 |
| Medicare | 26 | 3.7 |
| Medicaid and Medicare | 13 | 1.8 |
| Private insurance | 186 | 26.7 |
| Other | 45 | 6.4 |
| None | 235 | 33.8 |

| | | |
|---|-----|------|
| Number of times tested for HIV | | |
| Never | 172 | 24.3 |
| Once | 151 | 21.3 |
| 2-5 times | 286 | 40.3 |
| More than 5 times | 100 | 14.1 |
| HIV status | | |
| Positive | 20 | 2.9 |
| Negative | 538 | 77.5 |
| Unknown | 136 | 19.6 |
| Reasons for today's visit | | |
| Sexual risk exposure | 145 | |
| Family planning/pregnancy | 135 | |
| Drug exposure | 40 | |
| Partner exposure | 29 | |
| Experiencing symptoms associated with HIV/STD infection | 27 | |
| Physical violence | 8 | |
| Surgery | 8 | |
| ER visit | 2 | |

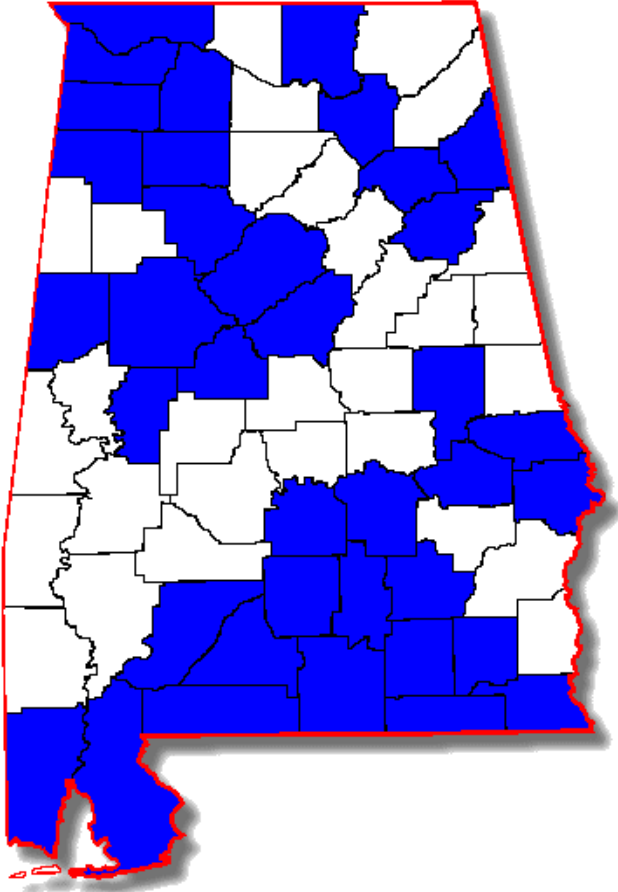
Other reasons for today's visit:

To determine status/time to test– 48; Birth Control (pills/depo) – 32; WIC – 32; Annual - 26; Check Up – 22; ALAC – 12; Health Fair – 11; Illness (ex. bacterial infection, blood pressure, Hep C, HPV, cancer) - 10- Education/Information – 7; Community Support Group – 6; Medication/supplies – 6; Group credit – 5; Job Related/work exposure– 4; Labs/test results – 4; Pap smear – 3; Rehab – 3; Committing to partner – 3; Drug use – 3; Free test – 3; Immunization – 3; New life – 2; STD testing – 2; Return to care – 1

Table 2: Counties from which surveys were received

| | # of surveys received |
|-------------------|-----------------------|
| Jefferson | 30 |
| Lauderdale | 8 |
| Shelby | 7 |
| Tuscaloosa | 7 |
| Montgomery | 4 |
| Houston | 4 |
| Marion | 2 |
| Covington | 2 |
| Tallapoosa | 2 |
| Franklin | 1 |
| Hale | 1 |
| Mobile | 1 |
| Dale | 1 |
| Calhoun | 1 |
| Madison | 1 |

Figure 2: Counties from which surveys were received



Source: diymaps.net (c)

Appendix C: Direct Care Provider Results

1. Which of these best describes your agency? (Please select one).

| Agency Type | Number | % |
|---|-----------|------------|
| HIV/AIDS service organization | 27 | 64 |
| Multi-service agency that includes HIV/AIDS services | 5 | 12 |
| Health clinic | 4 | 10 |
| Other (please describe) | 3 | 7 |
| Community-based organization (not HIV-specific) | 1 | 2 |
| Government facility (VA, health department) | 1 | 2 |
| Hospital | 1 | 2 |
| Non-medical service provider | 0 | 0 |
| Substance abuse treatment facility | 0 | 0 |
| Total | 42 | 100 |

| Other (please describe) |
|---|
| University Based Outpatient Clinic |
| Health clinic serving maternity and family planning patients |
| Academic Medical Center |

2. Are HIV/AIDS-related services the only type of services provided by your agency?

| Response | Response | % |
|---|-----------|------------|
| Yes, HIV/AIDS services are the only services we provide | 24 | 60 |
| No, HIV/AIDS services are part of a larger service program | 16 | 40 |
| Total | 40 | 100 |

3. For how many years has your agency provided HIV/AIDS care-related services?
(Please select one).

| Response | Number | % |
|---------------------------|---------------|------------|
| Less than 1 year | 0 | 0 |
| 1 to 4 years | 1 | 3 |
| 5 to 10 years | 1 | 3 |
| More than 10 years | 37 | 95 |
| Total | 39 | 100 |

4. Please indicate the services your agency provides. (Select all that apply).

| Services | Number | % |
|--|---------------|----------|
| HIV education (information on living with HIV) | 37 | 97 |
| HIV prevention (education, counseling, or testing) | 37 | 97 |
| Referral for health care/support services | 30 | 79 |
| Transportation services to medical care | 30 | 79 |
| Treatment adherence and counseling | 30 | 79 |
| HIV-related medical care (outpatient medical care) | 29 | 76 |
| Medical case management | 29 | 76 |
| Prescription drug assistance | 29 | 76 |
| Health insurance assistance | 28 | 74 |
| HIV support groups | 28 | 74 |
| Housing assistance (finding housing, paying for rent, mortgage, or utilities) | 28 | 74 |
| Primary HIV-related medical care | 28 | 74 |
| Emergency financial assistance | 24 | 63 |
| Peer support groups | 24 | 63 |
| STD testing and counseling | 22 | 58 |
| Linguistics and translation services | 21 | 55 |
| Mental health counseling | 21 | 55 |
| Dental care | 20 | 53 |
| Substance abuse counseling | 20 | 53 |
| Nutrition education and counseling | 19 | 50 |
| Primary medical care | 19 | 50 |
| Food services | 17 | 45 |
| Non-medical health counseling | 17 | 45 |
| Partner/outreach services | 17 | 45 |
| Early intervention services | 15 | 39 |
| Specialty care (e.g., OBGYN, dermatology) | 9 | 24 |
| Legal services | 6 | 16 |
| Rehabilitation Services | 5 | 13 |
| Child care services | 2 | 5 |
| Other (please describe) | 2 | 5 |
| Respite care | 1 | 3 |
| Home health care | 0 | 0 |
| Hospice services | 0 | 0 |

| |
|--------------------------------------|
| Other (please describe) |
| Counseling support |
| PrEP, ACA Navigation Services |

5. In which area(s) does your agency provide HIV/AIDS services? (Select all that apply).

| Area | Number | % |
|--|--------|----|
| Urban (i.e., in the city limits) | 31 | 82 |
| Suburban (i.e., outside the city limits) | 19 | 50 |
| Rural (i.e., in the country) | 26 | 68 |

6. What kind of accessibility options does your agency provide to clients? (Select all that apply).

| Accessibility Options | Number | % |
|---|--------|----|
| Walk-in services or same day appointments | 30 | 91 |
| Weekend or evening hours | 8 | 24 |
| 24-hour coverage | 7 | 21 |
| Home-based medical services | 0 | 0 |
| Telemedicine services | 14 | 42 |
| Other (Please specify) | 4 | 12 |

| Other (Please specify) |
|--|
| Working on evening hours now. |
| Walk-in is provided for HIV testing. Appointments are required for case management and other services. |
| Walk-ins are accepted for med pick-ups and support services; evening hours 3rd Tuesday of the month |
| Transportation/gas assistance |

7. How many of the following occurrences have taken place within your agency during the last year? (Select all that apply).

| Occurrences | Number | % |
|---|--------|----|
| An increase in the number of clients seeking HIV-related services | 33 | 92 |
| An increase in demand for services from HIV positive clients | 32 | 89 |
| A decrease in funding from private donations | 12 | 33 |
| A decrease in funding from any sources | 17 | 47 |

8. Please indicate the types of insurance or payment for services/medications are accepted at your clinic. (Select all that apply).

| Insurance Type | Number | % |
|------------------------|--------|----|
| Medicaid | 35 | 95 |
| Medicare | 32 | 86 |
| Medicaid+Medicare | 31 | 84 |
| Private Insurance | 32 | 86 |
| Ryan White | 35 | 95 |
| Uninsured | 35 | 95 |
| Self-pay | 26 | 70 |
| Other (Please specify) | 2 | 5 |

| Other (Please specify) |
|---|
| VA |
| The sliding scale based on FPL prevents us from receiving payment for services. |

9. Please identify the racial/ethnic composition of the patients your clinic serves. (Select all that apply).

| Race/Ethnicity | Number | % |
|---|--------|-----|
| Asian | 22 | 59 |
| Black or African American | 37 | 100 |
| Native Hawaiian or Other Pacific Islander | 11 | 30 |
| White | 35 | 95 |
| Hispanic/Latino | 30 | 81 |
| American Indian or Alaska Native | 16 | 43 |

10. Please identify the percentage of your clients who are American Indian or Alaska Native.

| Range | Number | % |
|--------------|-----------|------------|
| 0 | 1 | 6 |
| 1-25 | 15 | 94 |
| 26-50 | 0 | 0 |
| 51-75 | 0 | 0 |
| 75-100 | 0 | 0 |
| Total | 16 | 100 |

11. Please identify the percentage of your clients who are Asian.

| Range | Number | % |
|---------------|-----------|------------|
| 0 | 1 | 5 |
| 1-25 | 20 | 95 |
| 26-50 | 0 | 0 |
| 51-75 | 0 | 0 |
| 75-100 | 0 | 0 |
| Total | 21 | 100 |

12. Please identify the percentage of your clients who are Black or African American.

| Range | Number | % |
|---------------|-----------|------------|
| 0 | 0 | 0 |
| 1-25 | 1 | 3 |
| 26-50 | 1 | 3 |
| 51-75 | 21 | 60 |
| 75-100 | 12 | 34 |
| Total | 35 | 100 |

13. Please identify the percentage of your clients who are Native Hawaiian or Other Pacific Islander.

| Range | Number | % |
|---------------|-----------|------------|
| 0 | 2 | 20 |
| 1-25 | 7 | 70 |
| 26-50 | 0 | 0 |
| 51-75 | 1 | 10 |
| 75-100 | 0 | 0 |
| Total | 10 | 100 |

14. Please identify the percentage of your clients who are White.

| Range | Number | % |
|---------------|-----------|------------|
| 0 | 0 | 0 |
| 1-25 | 9 | 27 |
| 26-50 | 20 | 61 |
| 51-75 | 4 | 12 |
| 75-100 | 0 | 0 |
| Total | 33 | 100 |

15. Please identify the percentage of your clients who are Hispanic/Latino.

| Range | Number | % |
|---------------|-----------|------------|
| 0 | 0 | 0 |
| 1-25 | 25 | 89 |
| 26-50 | 3 | 11 |
| 51-75 | 0 | 0 |
| 75-100 | 0 | 0 |
| Total | 28 | 100 |

16. Does your agency provide HIV-related services to infants and children?

| Response | Number | % |
|------------|--------|----|
| Yes | 9 | 25 |
| No | 27 | 75 |

17. Which HIV risk factors are most prevalent among the clients your agency serves? (Select all that apply).

| Risk factors | Number | % |
|---|--------|----|
| HIV-positive sex partners | 33 | 92 |
| Homelessness | 26 | 72 |
| Injection drug user sex partners | 15 | 42 |
| Incarcerated | 20 | 56 |
| Injection drug users | 11 | 31 |
| Low income | 34 | 94 |
| Mental health conditions | 29 | 81 |
| MSM population | 35 | 97 |
| Other (please specify) | 3 | 8 |

| |
|--|
| Other (please specify) |
| No access to prevention education |
| Sex workers |
| Women |

18. In the most recent 12-month period, please estimate the number of clients served with the following diagnoses. (Include estimates in the space provided).

| HIV/AIDS | Hepatitis C | STD |
|-----------------|--------------------|------------|
| 1400 | 100 | 400 |
| 30 | 6 | |
| 3200 | 400 | ? |
| 205 | | |
| 240 | | |
| 275 | 25 | 75 |
| 1518 | 50 | 150 |
| 160 | | |
| 670 | 15 | 125 |
| 500 | 150 | 350 |
| 600 | 300 | 1000 |
| 735 | 30 | 40 |
| 293 | 4 | 25 |
| 717 | | |
| 600 | 300 | 475 |
| 256 | 20 | 80 |
| 98% | Less than 1% | 50% |
| 349 | | |
| All | Several | Many |
| 1500 | NA | NA |
| 160 | | |
| 25 | 200+ | 2000 |
| 268 | 15 | 45 |
| 3200 | 1000 | 1500 |
| 3200 | 320 | 400 |
| 1,900 | 50-100 | |
| 1,000 | 300 | 300 |
| All | 15 | 60% |

19. Please estimate the number of people with HIV/AIDS who have fallen out of care over the past 12 months.

| Range | Number | % |
|-----------------|-----------|------------|
| Under 5 | 1 | 5 |
| 5 to 9 | 3 | 14 |
| 10 to 14 | 4 | 18 |
| 15 to 24 | 3 | 14 |
| 25 to 50 | 4 | 18 |
| Over 50 | 7 | 32 |
| Total | 22 | 100 |

20. From your experiences at the clinic, what are the most common reasons that people living with HIV/AIDS are not accessing HIV medical care? (Select all that apply).

| Reasons | Number | % |
|--|--------|----|
| Financial reasons | 16 | 53 |
| Medical reasons (co-morbid conditions) | 7 | 23 |
| Mental health reasons | 22 | 73 |
| Social factors (i.e., cultural/language barriers) | 12 | 40 |
| Stigma | 28 | 93 |
| Substance abuse | 24 | 80 |
| Other (please specify) | 3 | 10 |
| Client barriers (i.e. transportation, homelessness, inability to navigate the system) | 22 | 73 |

| |
|---|
| Other (please specify) |
| They don't feel sick |
| Burden of care (Clients who have been diagnosed for a while grow tired of receiving treatment when they feel "fine") |
| Personal choice |

21. Which of the following would help your agency better serve your clients/patients living with HIV/AIDS? (Select all that apply).

| Response | Number | % |
|---|---------------|----------|
| Nothing more is needed | 1 | 3 |
| Additional qualified staff | 15 | 52 |
| Training to gain additional knowledge about providing HIV-related medical care | 14 | 48 |
| Increased partnership with HIV/AIDS agencies and organizations | 14 | 48 |
| Funding to expand current capacity | 25 | 86 |
| Funding to develop new capacity | 22 | 76 |
| Ability to provide services in a more convenient manner | 14 | 48 |
| Other (please specify) | 5 | 17 |

| Other (please specify) |
|--|
| Quicker access to ADAP medication for patients |
| Community help and resources-housing, transportation, food assistance, job seeking services, clothing assistance, specialty doctor care resources (to pay for services/consultations) |
| Larger facility |
| Funding to expand ability to address social determinants of health, connect patients and provide health education (nutrition, stress management, etc.) |
| Space |

22. What is the single most important system-wide change you would like to suggest to improve the service delivery system for individuals living with HIV/AIDS and their families?

On the Macro level, I believe that at times different entities such as ADPH, UWCA, RW etc. do not grasp that some of the policies and processes affect our clients negatively. Even though those processes were set up to help the clients initially, but at times in practice, working on a micro level, social workers and clients encounter rep tapes, which in turn could be punitive or frustrating for our clients.

Communication between agencies and clinics. It has improved greatly, but we still have some room to grow. Input in processes from ADAP and Ryan White Part B. The "Boots on the ground" need to have input in process decisions.

Cutting out stigma...and more educations in grade schools...

Prevention education and taking the Stigma off of people living with HIV/AIDS.

Increase education and awareness to reduce stigma so that patients will access services without fear

One thing that I have always believed would benefit the client would be to make the client responsible for some portion of their care at the agencies. When one has to participate in the financial aspect of their care they tend to take more ownership and pride in it. When someone pays for, even a small amount of their care or medications they are more likely to take the medications more regularly or attend their appointments more regularly. If you look at the amount of clients that are responsible for paying for a portion of their care, whether it be co-pays for appointments or medications, their adherence is better. The percentage of the clients that are not responsible for any financial portion of their care are often the clients that have adherence issues. This also helps to make an individual more responsible and not be as dependent upon a system. I have always thought that clients that are receiving services under Ryan White Funds-ADAP, medical care, etc. should pay at the very minimum of \$3-\$5.00 per visit or when they pick up their ADAP medications. Then the money that is collected can be put back into the RW/ADAP program. This is a system-wide change that I would like to see to improve the services for individuals living with HIV/AIDS and their families.

Access to care

FUNDINGaccess to a wide range of community resources. More social service agencies in Mobile Alabama that are will to assist individuals living with HIV/AIDS and their families. Mobile county, Alabama need funding for social services agencies. Mobile Co. Alabama help from community partner with a holistic wrap around service approach.

To speed up the contracting process and the money flow from State governments to provider organizations - in 2015, RW grant began April 2 and no money was received by most agencies until November 2015.

I would like to see more of the clinical staff members received HIV/AIDS training.....more than just the basics.

A better relationship between ADPH, UWCA and the ASOs.

More assistance with medication co-pays for patient with private insurance who cannot afford out of pocket cost

Stigma is one of the greatest detriments in providing services to individuals living with HIV. Confidentiality is considered broken by individuals if there is one day when all HIV patients are seen at the STD clinic by the Infectious Disease doctors. The community becomes aware of the designated HIV days at the health department or clinic and when seen there during this segregated date and time, it is obvious the individual is seeking healthcare services for HIV. These designated days and designated STD clinics should end and segregation for sexual health should be re branded, or dropped all together, in order to protect an individual's confidentiality.

The efficiency, organization, and professionalism of ADPH's ADAP, MEDCAP, and AIAP

programs should be reviewed and improved as soon as possible to ensure individuals living with HIV / AIDS receive the highest quality of care.

easier access to transportation

More staff

Reduce stigma

Increase capacity for oral and comprehensive mental health/substance abuse care

Our funders need to pay in a timely manner. Even when we have federal funding, the systems in place to pay for services are cumbersome and slow, which limits services.

I would like to see a streamlined AIAP application process with less confusion. In addition, there needs to be more communication when a form is missing, etc., so that the clients aren't the ones losing out on insurance.