Broward County HIV Health Services Planning Council
Quality Management Committee

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Michael Rajner
Chair

Agenda

Monday, February 27, 2012 at 12:30 P.M.

1.	**Call to Order**	Michael Rajner
2.	**Moment of Silence**	Michael Rajner
3.	**Welcome and Introductions**	Michael Rajner
	A. Review Meeting Ground Rules and Statement of Sunshine	
	B. Review Public Comment (Please Sign-in at Front of Room)	
	C. Committee Member Introductions	
	D. Guest Introductions	
	E. Excused Absences	
	F. Approval of Today's Agenda	
	G. Approval of 01/23/12 Meeting Minutes	
4.	**Public Comment**	Members of the Public
5.	**Part A Grantee Report**	Part A Grantee Staff
6.	**Work Plan Update (Handout A)**	Committee Members
7.	**Evaluation of QM Plan (Handout B) (WP 9D)**	Committee Members
8.	**Summary of Consumer Survey (Handout C) (WP 7A and 7B)**	Committee Members
9.	**NQC In+Care Campaign Retention Rates (Handout D)**	Committee Members
10.	**Old Business/New Business**	Committee Members
11.	**Resources and Announcements**	Committee Members
12.	**Agenda Items for Next Meeting**	Michael Rajner
13.	**Next Meeting Date: March 19th 2012 at 12:30 P.M.**	Michael Rajner
14.	**Adjournment**	Michael Rajner

** Items with "WP" pertain to the committee work plan*

Please complete meeting evaluation forms.

Please be aware this meeting and all of the information stated thereof is a matter of public record under Florida's Government in the Sunshine Law. Florida Statute, Chapter 119.01
Acknowledgement by participants of HIV status is not required, and if disclosed becomes a part of the public record.

Quality Management Committee
Monday, January 23, 2012 at 12:30PM
Minutes

Attendance					
#	**Members**	**Present**	**Absent**	**Guests**	**Grantee Staff**
1	Michael Rajner, Chair	X		Bonnie Majcher	Leonard Jones
2	Claudette Grant	X		Brad Gammell	Shaundelyn Degraffenreidt
3	H. Bradley Katz	X		Debbie Wilkins	
4	Khia Johnson	X		James Vellequette	
5	Marcel Martin	X		Jamie Finkelstein*	**CQM Staff**
6	Mark Schweizer	X		Willie Mae Wiggins Horne	Ariela Eshel
7	Marlinda Quintana-Jefferson		X		Gladria De Sa
Quorum = 6		**6**			Nekisha Smith

*Participated Via Phone

1. **Call to Order**
   The Chair called the meeting to order at 12:48 PM.

2. **Moment of Silence**
   A moment of silence was observed.

3. **Welcome and Introductions**
   A. Review Meeting Ground Rules and Statement of Sunshine
   The Chair welcomed everyone and attendees were notified of information regarding Government in the Sunshine Law and it was noted that a statement was added to the agenda on the Sunshine Law. Meeting reporting requirements, which include the recording of minutes, was also made known to attendees. In addition, they were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed.

   B. Review Public Comment
   The Chair informed attendees of the Public Comment sign in sheet which was available for guests to fill out if they wished to comment during the meeting.

   C. Committee Member Introductions
   Self-introductions of committee members were made.

   D. Guest Introductions
   Self-introductions of guests were made.

   E. Excused Absences
   There were no excused absence requests submitted.

   F. Approval of 1/23/12 Agenda
   Approve 1/23/12 Agenda:

Motion #1	To "Approve 1/23/12 Meeting Agenda."
Proposed By:	Mark Schweizer
Seconded By:	Brad Katz
Action:	Passed unanimously

   a. Approval of 12/19/11 Meeting Minutes
   Approve 12/19/11 Meeting Minutes:

Motion #2	To "Approve 12/19/11 Meeting Minutes."
Proposed By:	Marcel Martin
Seconded By:	Brad Katz
Action:	Passed unanimously

4. Public Comment (Up to 10 Minutes)
None.

5. Part A Grantee Report
The Part A Grantee is in receipt of the data match file from AIDS Drugs Assistance Program (ADAP); the information is being uploaded into Provide Enterprise (PE) to assist service providers with medication pick up information. The data file however did not include client recertification dates. ADAP's "No Tolerance" policy will lead to the immediate disenrollment of clients who do not get recertified within six (6) months effective April 1st 2012. Clients who are disenrolled will be put on a waiting list, will not be eligible to receive any prescription medication through ADAP and will have to enroll into Patient Assistance Programs (PAP's). Updates to the data file are set to be received quarterly. The Grantee added that based on communication with lobbyists in Washington D.C., the implementation of the Ryan White Affordable Care Act will not be sufficient to serve some vulnerable populations; outcomes and indicators may be altered based on this implementation.
During the first week of February, GTI will hold a PE (*Provide Enterprise*) data system training for provider staff. Training is also open to all committee members.

6. Work Plan Update
CQM Support Staff reviewed the QM Annual Work Plan. Item four (WP4) "*Provide Quality Assurance and Quality Improvement Training to all Stakeholders",* is set to be discussed at the February meeting to allow for consumers input. Item seven (WP7) "*Evaluate Client Survey from Needs Assessment",* is scheduled to be on the February agenda with a comparison between 2010 and 2011 to indicate any trends or information that could assist in developing future Quality Improvement Projects *(*QIP). Item nine (WP9) "*Conduct Annual QM Plan Evaluation",* is also scheduled to be on the February agenda for review.

7. NQC In+Care Campaign Retention Rates
The next data submission date for the National Quality Center (NQC) retention rates is February 1, 2012; data will be presented to the committee at its February meeting. The four (4) retention measures the campaign is focusing on are *Gap Measures; Medical Visit Frequency; Patients Newly Enrolled in Medical Care; and Viral Load Suppression.* Data depicting a comparison between the Broward County EMA and others EMA's enrolled in the campaign was presented for committee review. It was pointed out that the original report included data from individual agencies in addition to EMA's. After contacting NQC, a report will be generated that only compares EMA's. Support staff indicated that the report also included data from Part B and Part C.

Based on the report, Broward EMA was higher than the National average in *Gap Measure*; lower than the National average in *Medical Visit Frequency* and *Patients Newly Enrolled in Medical Care*; and on par with the National average in *Viral Load Suppression*. A discrepancy was detected in the Gap Measure calculation. Members were reminded that new data was set to be submitted to NQC in February.

8. Summary of QM Challenges and Accomplishments
The committee heard a summary of QM accomplishments and challenges for FY 11/12 *(copy on file)*. A comparison between the results of 2010 and 2011 Consumer Surveys is scheduled to be on the February agenda for review and discussion. Medical Case Management Training is set to occur in March.

9. Review Client Level Outcomes/Indicators (WP 3A) (Handout A)
The committee discussed the Client Level Outcomes and Indicators for Outreach, Food Bank, and Transportation service categories.

Transportation: The outcomes and indicators for the Transportation service category will be tabled since there is currently no Part A provider for van transportation and the medical transportation (bus passes) service category has been moved from Part A to Part B for FY12/13. The Part A Grantee notified the members that Part A does not currently have a provider for van transportation; consideration for this service will have to be determined by the HIV Planning Council.
Food Bank: A Food Bank representative was present for the discussion of Food Bank outcomes and indicators. It was agreed that the service category's outcomes should reflect: 1) a measurable change in a client's Body Mass Index (BMI) which would suggest a change in overall health status and trigger a referral to a nutritionist or medical provider, and 2) retention in Outpatient/Ambulatory Medical Care.
The Food Bank recommended that all clients have yearly BMI exams to promote healthier eating habits. Those clients with a BMI exceeding 25% would be referred to a nutritionist and a POC (Plan of Care) would be outlined with the nutritionist. In addition, the committee requested that an outcome related to retention in

medical care be added. It was agreed that the outcome and indicator used in other service categories be added. The committee made the following changes to the Food Bank Outcomes and Indicators:

Food Bank Outcomes	Food Bank Indicators
Improve and/or maintain a client's BMI (Body Mass Index).	100% of clients will have a BMI at X interval.
	100% of clients medical providers will be notified of an abnormal BMI.
Increase and/or maintain retention in Outpatient/Ambulatory Medical Care.	X % of clients remain enrolled in Outpatient/Ambulatory Medical Care.

The committee will finalize Food Bank outcomes and indicators during the March 2012 meeting.

Outreach: This item was tabled until the committee meeting in March.

10. Old Business/New Business

Members of JCCR will be invited to the February QMC meeting for a discussion of the Consumer Survey report.

11. Resources and Announcements

None

12. Agenda Items for Next Meeting:

February: (1) Evaluation of the Quality Management Plan; (2) Comparison of the 2010 and 2011 Consumer Survey results; (3) NQC In + Care Campaign Retention Rates (4) Review of Annual Work Plan

March: (1) NQC In+Care Campaign update; (2) Review Client Level Outcomes and Indicators- Medical Case Management, Health Insurance Continuation Program (HICP); Centralized Intake Eligibility Determination (CIED); Pharmacy; Outreach

13. Next Meeting Dates: 2/27/12 at 12:30 P.M. at Ryan White Part A Program Office.

14. Adjournment

Consent Item #1	To "Adjourn at 2:31 P.M."
Action:	Passed unanimously.

Quality Management Committee Work Plan for FY 2011/12
Broward County HIV Health Services Planning Council

1. Develop 3-Year QM Plan						
	Objectives	**Accountability**	**Outcomes**	**Start Date**	**Due Date**	**Status**
A.	Review and make recommendations for changes to 3 Year QM Plan	Grantee Staff, CQM Support Staff & QMC	Complete Review of 3 Year QM Plan	02/2011	03/2011	**COMPLETED**
B.	Update 3 Year QM Plan & Annual QM Work Plan	Grantee Staff , CQM Support Staff & QMC	Update 3 Year QM Plan	02/2011	03/2011	**COMPLETED**
C.	Approve updated 3 Year QM Plan	QMC	Approve 3 Year QM Plan	02/2011	03/2011	**COMPLETED:** 3/21/11 – QMC Approved 3/24/11 – HIVPC Approved
2. Review & Analyze Annual Measures and Chart Review Data						
	Objectives	**Accountability**	**Outcome**	**Start Date**	**Due Date**	**Status**
A.	Select annual measures and data for tracking and evaluation	CQM Support Staff & QMC	Measures to develop Quality Improvement Projects (QIP)	03/2011	03/2011	**COMPLETED:** HAB Core Clinical Performance Measures
B.	Review and analyze annual measures and data	QMC, CQM Support Staff, Grantee Staff, QI Networks	Data analysis to determine QIP	04/2011	05/2011	**COMPLETED:** 2/28/11 - Reviewed medical chart review results. 3/21/11 - Reviewed HAB Core Clinical Performance Measures.
C.	Review and analyze core category assessment chart review results	QMC, CQM Support Staff, Grantee Staff, QI Network	Data analysis to determine QIP	11/2011	FY 2012-2013	Core Category is Oral Health
D.	Identify service delivery deficiency and assess whether QIPs are necessary based on the measures evaluated and assessment results	QMC, QI Networks, Grantee Staff, CQM Support Staff	QIP recommendation	09/2011	Ongoing	Recommended QIPs based on measures from medical chart review results.
E.	Develop a plan to improve system-wide service delivery deficiency (PLAN)	QMC, Grantee Staff, CQM Support Staff	Task List to complete plan	TBD	Ongoing	
			Predict desired plan results	TBD	Ongoing	

2. Review & Analyze Annual Measures and Chart Review Data (Continued)						
	Objectives	**Accountability**	**Outcome**	**Start Date**	**Due Date**	**Status**
F.	Implement system-wide QIP (DO)	QI Network Members	QIP Results	TBD	Ongoing	
G.	Evaluate QIP results (STUDY)	QMC, QI Networks, Grantee Staff, CQM Support Staff	Analysis of QIP results to prediction	TBD	Ongoing	
H.	Repeat another PDSA Cycle if QIP results do not meet prediction (ACT)	QMC, Grantee Staff, CQM Support Staff	See Work Plan Objectives B, C and D above.	TBD	Ongoing	
I.	Implement system-wide service delivery change if QIP results meet predication	QMC, QI Networks, Grantee Staff, CQM Support Staff	Updated Service Delivery Model	TBD	Ongoing	
3. Review & Assess Client-Level Data						
	Objectives	**Accountability**	**Outcome**	**Start Date**	**Due Date**	**Status**
A.	Review HAB Performance Measures and Outcomes/Indicators	QMC, CQM Support Staff, Grantee Staff	Identify possible QIPs	9/2011	Pending completion of client level outcomes and indicators review	**HAB Performance Measures:** Reviewed Core Clinical 2/28/11 **Outcomes/Indicators: In progress**
B.	Analyze HAB and Outcome/Indicator Findings	QMC, CQM Support Staff, Grantee Staff	Identify possible QIPs	Quarterly	Quarterly	**HAB Performance Measures:** Analyzed Core Clinical 2/28/11
C.	Develop mechanism to share data, findings and methodologies with Part B, C, D, and HOPWA Grantees	QMC, CQM Support Staff, Grantee Staff	Data shared among EMA Grantees	09/2011	01/2012	**Recommended Data:** • Client medication info • Part D wraparound info • AICP Data • Housing Info • Client contact info • Data presented at SFAN
D.	Review and modify Outcomes/Indicators as submitted by	QMC, QI Network, CQM Support	Updated Outcomes & Indicators	07/2011	Ongoing	**Medical QI:** 3/21/11 – Approved update to

	QI Networks	Staff				outcome indicator 1.1.
4. Provide Quality Assurance and Quality Improvement Training to All Stakeholders						
	Objectives	**Accountability**	**Outcome**	**Start Date**	**Due Date**	**Status**
A.	Identify and recommend trainings	QMC, CQM Support Staff, Grantee Staff	A list of prioritized trainings	Ongoing	Ongoing	Recommended PE training after reviewing medical chart review results.
B.	Conduct QI/QA Principles trainings	Grantee Staff, CQM Support Staff	QMC & consumers will refresh and obtain new QA/QI knowledge	TBD	01/2012	Survey other HIVPC Committees to determine topic of training and interested audience.
5. Review and Implement QM Committee Policies and Procedures						
	Objectives	**Accountability**	**Outcome**	**Start Date**	**Due Date**	**Status**
A.	Review QMC purpose and mission statement	QMC	Updated QMC purpose and mission statement	05/2011	06/2011	**COMPLETED** 6/20/11 – Committee reviewed; there were no changes.
B.	Review and update policies and procedures to conform to updated QMC purpose and mission statement	QMC, CQM Support Staff	Updated QMC policies and procedures	05/2011	06/2011	**COMPLETED** 6/20/11 – Revisions made to reflect revised annual plan and committee no longer has a grantee co-chair.
C.	Approve QMC policies and procedures	QMC	Improved administration of QM Program policies and procedures	05/2011	06/2011	**COMPLETED** 6/20/11 – Approved the revised policies and procedure and forwarded to HIVPC for approval.
6. Approve Service Delivery Model Modifications						
	Objectives	**Accountability**	**Outcomes**	**Start Date**	**Due Date**	**Status**
A.	Review and approve modified service delivery models as submitted by QI Networks (See CQM Monthly Update for more details)	QMC, QI Networks, Grantee Staff, CQM Support Staff, HIVPC	Updated Service Delivery Model	As Needed	As Needed	3/21/11 – Approved Outreach SDM 4/16/11 – Approved MCM SDM **Completed** – Outpatient Ambulatory Medical Care SDM

						Approved by HIVPC on 10.27.11
7. Evaluate Client Survey from Needs Assessment						
	Objectives	**Accountability**	**Outcomes**	**Start Date**	**Due Date**	**Status**
A.	Evaluate and assess 2011 survey results	QMC, QI Networks, CQM Support Staff, Grantee staff	Data analysis to determine QIP	10/2011	02/2012	Reviewed 2010 survey results. These results will be used to compare results from 2011 survey. 2011 results will be provided for review and discussed on 02/12.
B.	Identify service delivery deficiency and assess whether QIPs are necessary	QMC, QI Networks, CQM Support Staff, Grantee Staff	Identify possible QIPs	10/2011	Ongoing	
8. Apply QM methods to identify areas of improvement and modify processes to support EIIHA Strategy						
	Objectives	**Accountability**	**Outcomes**	**Start Date**	**Due Date**	**Status**
A.	Review and assess whether QIPs are necessary for rapid Linkage To Care (LTC) activities undertaken by Part A-funded outreach in collaboration with public health and health care provider HIV testing sites	QMC, QI Networks, CQM Support Staff, Grantee Staff	QIP recommendation	TBD	TBD	Pending Further Instruction
B.	Review and assess whether QIPs are necessary for the time from initial HIV+ test to the first OAMC visit with a physician	QMC, QI Networks, CQM Support Staff, Grantee Staff	QIP recommendation	TBD	TBD	Pending Further Instruction
C.	Review and assess whether QIPs are necessary for engagement and retention in OAMC in the first year following initial HIV testing	QMC, QI Networks, CQM Support Staff, Grantee Staff	QIP recommendation	TBD	TBD	Pending Further Instruction
D.	Review and assess whether QIPs are necessary for linkage and retention methods tailored to the unique needs of racial, ethnic, and sexual minority men and racial and ethnic minority	QMC, QI Networks, CQM Support Staff, Grantee Staff	QIP recommendation	TBD	TBD	Pending Further Instruction

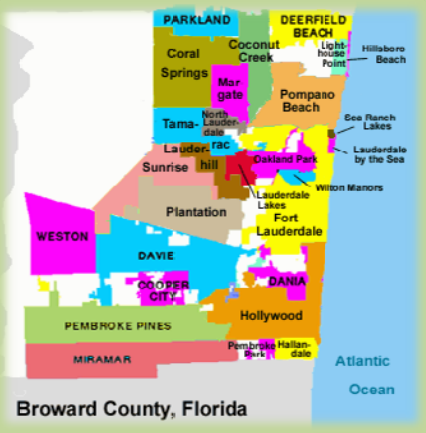
	women					
E.	Inform Outreach QI Network of QIP recommendations	QMC, QI Networks, CQM Support Staff, Grantee Staff	Improved service delivery	TBD	TBD	Pending Further Instruction
9. Conduct Annual QM Plan Evaluation						
	Objectives	**Accountability**	**Outcomes**	**Start Date**	**Due Date**	**Status**
A.	Describe QM Committee Annual Accomplishments (HRSA Conditions of Award)	QMC	Submit to Grantee for inclusion in RW Progress Report HRSA COA	08/2011 (HRSA)	11/2011 (HRSA)	*Dates contingent upon release of grant guidance from HRSA Will be discussed on 11/11
B.	Define QM Committee challenges (HRSA Conditions of Award)	QMC	Submit to Grantee for inclusion in RW Progress Report HRSA COA	08/2011 (HRSA)	11/2011 (HRSA)	*Dates contingent upon release of grant guidance from HRSA Will be discussed on 11/11
C.	Review Grantee Annual Contract/Program Evaluation Findings	Grantee	Develop potential QIP	TBD	02/2012	
D.	Review 3-Year QM Plan progress	QMC	Update 'rolling' 3-Year QM Plan	12/2011	02/2012	
10. Participate in the development of the Clinical Quality Management section of the Ryan White Grant Application						
	Objectives	**Accountability**	**Outcomes**	**Start Date**	**Due Date**	**Status**
A.	Review and compare Annual Work Plan to criterion for QM section of Ryan White Grant Application.	QMC, CQM Support Staff, Grantee Staff	Integration of QM Committee input into QM Section of grant application	09/2011	11/2011	
B.	Provide data and information to the Joint Priorities Committee to assist in the PSRA process.	QMC, CQM Support Staff, Grantee Staff	Data summary report	12/2011	02/2012	

Summary of the Key Findings of a Survey of Broward County Residents Living With HIV: Service Utilization and Satisfaction

Results of a survey funded by the Broward County Human Services Department, Florida Department of Health Broward County Health Department, and Fort Lauderdale City Housing Opportunities for People with AIDS (HOPWA) Program

Positive Outcomes, Inc.

March 14, 2011



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Introduction and Key Findings

A survey was jointly commissioned in spring 2010 by the Broward County Human Services Department, Florida Department of Health (FL DOH) Broward County Health Department, and the City of Fort Lauderdale Housing Opportunities for People with AIDS (HOPWA) Program.

We focus in this report on the responses of adult Broward residents living with HIV due to the small number of children and youth participating in the survey. The average age of the 1,263 adult respondents was 46 years. Over three-quarters of respondents were 40 years of age or older. The age distributions of Broward County living AIDS and HIV (not AIDS) and survey respondents were compared. Living AIDS and HIV (not AIDS) cases tended to be distributed in younger and older age groups compared to survey respondents. In contrast, survey respondents tended to be more greatly represented in the 50 to 59 age group than living AIDS and HIV (not AIDS).

About two-thirds (67%) of adult respondents were men, 31% were women, and 1% were transgender. Over one-half (51%) of adult respondents were Black/African/American, 38% were white, 2% were other races, 5% were more than 1 race, and 5% did not report their race. Fifteen percent of respondents reported that they were Hispanic/Latino. Over one-third (36%) of respondents reported being disabled, and 22% reported being employed full or part-time. Twelve percent of respondents reported being homeless at some time during the six months before the survey. The average monthly income of adult respondents was $1,021. About one-half (49%) of male respondents reported having sex in the last six months always with men, 23% always with women, and 24% reported that they did not have sex in the last 6 months. Among female adult respondents, 68% reported that they always had sex with males in the last 6 months, and 25% reported that they did not have sex in the last six months.

Over one-half (59%) of respondents reported having no health insurance, while 24% were enrolled in Medicaid, 18% in Medicare, 9% in private insurance, 1% in the Veterans Administration (VA), and 2% in other insurance. One-third (33%) of respondents reported being enrolled in the Florida AIDS Drug Assistance Program (ADAP) and 7% were enrolled in the AIDS Insurance Continuation Program (AICP). Less than one-half (41%) of the uninsured respondents reported that they were enrolled in ADAP.

Use of HIV medical care among survey respondents was reported to be high. Most (91%) respondents reported receiving HIV medical care in the last 6 month, with almost all respondents reporting that they were satisfied or very satisfied with the services received. Due to the small number of respondents that did not receive HIV medical care, statistical tests could not be conducted to identify demographic characteristics associated with not receiving HIV medical care.

On average, respondents reported 3.7 visits for HIV medical care in the last 6 month. This visit rate is consistent with the three to four visits per year identified as a benchmark by the HIV/AIDS Bureau of the Health Resources and Services Administration (HRSA), the agency that funds the Ryan White HIV/AIDS Program.

Slightly less than one-half (43%) of respondents reported receiving medical case management, dental care (42%), or a referral to a medical specialist (42%). Almost all respondents reported being satisfied or very satisfied with the services they received. One-fifth of respondents reported receiving mental health services, and one-tenth received outpatient substance abuse services, with most respondents reported being satisfied or very satisfied with the services received.

Slightly over one-third (37%) of respondents reported receiving assistance to pay for HIV drugs. Satisfaction with this service is hard to assess because 21% of respondents receiving that service did not report their level of satisfaction with the services received. Less than one-fifth (14%) of respondents reported receiving assistance to pay for health insurance premiums, co-payments, or deductibles, with 22% of respondents receiving that service not reporting their level of satisfaction. Food bank services were received by 40% of respondents, with 85% of those receiving the service reporting that they were satisfied or very satisfied with the services received. Outreach to help find or return to HIV medical care was used by 31% of respondents, with 52% of respondents receiving this service not reporting their level of satisfaction with the outreach services received. Less than one-quarter (22%) of respondents reported receiving transportation to medical services, with 80% of respondents receiving this service reporting that they were satisfied or very satisfied with this service.

Slightly over one-tenth of respondents reported receiving help paying for rent, mortgage, or utilities. Almost one-third of respondents receiving this service did not report their satisfaction with this service. Slightly over one-tenth of respondents report receiving help paying for utilities, with over one-half of respondents receiving this service not reporting their satisfaction with this service. Slightly over one-tenth of respondents reported receiving help finding a place to live, with over three-quarters of the respondents receiving this service reporting that they were satisfied or very satisfied with this service.

Respondents provided the name of their usual source of medical care. Various aspects of medical care received from these medical providers were assessed. Respondents served by Ryan White Program providers were significantly *more* likely than respondents served by other providers to report that their medical provider explains the medical tests they should get. Conversely, respondents served by Ryan White Program providers were significantly *less* likely than respondents served by other providers to report that they were able to schedule an appointment in the evening or weekend, medical clinic staff kept their HIV status confidential, they got services in the language that they wanted, staff in the waiting room were friendly during their appointments, they were okay with how long they had to wait for their appointments, they got to see the same medical provider during their medical visits, they felt comfortable talking about personal issues with their medical provider, their medical provider asked them if they used condoms during sex, they wanted to be more involved in making decisions about medical care, and they knew the process to make a complaint about their medical care. These findings point to areas of quality improvement (QI) to be addressed by Ryan White Program-funded HIV clinics in Broward County.

We comparedthe level of satisfaction with OAMC among respondents using Part A-funded providers. Generally, respondents were very satisfied or satisfied with the

OAMC received from Part A-funded providers. Satisfaction levels varied slightly among providers. However, we could not compute statistical differences in the satisfaction levels due to the small number of respondents served by several of the clinics.

We also assessed the experiences of respondents with specific aspects of OAMC received from Part A-funded OAMC providers. Aspects of OAMC for which respondents reported a rate less than one-third in which they *never* received positive aspects of OAMC were identified for areas of performance improvement that OAMC providers might address through quality improvement projects (QIPs) or other quality management (QM) strategies. For some aspects, improvement might be addressed by all OAMC providers, while in other aspects the responses indicate performance is needed by one or several providers. These areas include:

- You can get a medical provider on the phone if you have a medical question or problem;
- The medical clinic staff keeps your HIV status confidential;
- You get services in the language you want;
- The staff in the waiting room is friendly during your appointment;
- You feel comfortable talking about personal issues with your medical provider;
- Your medical provider asks you about how you are feeling emotionally, such as if you are sad or anxious;
- Your medical provider is not judgmental about your medical care choices;
- Your medical provider asks you about your eating habits, such as if you are having problems chewing;
- Your medical provider speaks the language you feel most comfortable; and
- You get the medical services you need.

Aspects of OAMC for which respondents reported a rate greater than one-third in which they *always* experienced *negative* aspects of OAMC were identified for areas of performance improvement that OAMC providers might address through QIPs or other QM strategies. For some aspects, improvement might be addressed by all OAMC providers, while in other aspects the responses indicate performance is needed by one or several providers. These areas include: telephone calls or other staff interrupt your visit when you are in the exam room with your medical provider; it is hard to fill HIV drug prescriptions your medical provider gives you; and you want to be more involved in making decisions about medical care.

Almost three-quarters of respondents reported that they were taking antiretrovirals (ARVs) at the time of the survey. Among current ARV users, 89% reported that they take their ARVs all the time. Only a small number of respondents reported factors associated with never having taken or stopping take ARVs. Respondents receiving their OMAC from Ryan White providers had a significantly greater likelihood of currently using ARVs than non-Ryan White providers ($p < .06$).

Assessment Methods

A survey was jointly designed by staff of the Broward County Human Services Department, FL DOH Broward County Health Department, and the City of Fort Lauderdale HOPWA Program. The survey tool was jointly designed by staff of the Broward County Human Services Department, FL DOH Broward County Health Department, and the City of Fort Lauderdale HOPWA Program to address their varied planning and resource allocation needs.

The survey tool was conducted of Broward residents living with HIV from April through June 2010. Surveys were distributed at a wide array of HIV service programs throughout Broward County, including clinics, community-based organizations, residential treatment programs, and elsewhere. Trained field survey workers assisted individuals to complete the survey. Spanish and Creole speaking workers were available to assist individuals wishing to complete the survey. Respondents could complete paper surveys or use an Internet website. Parents or guardians could complete the survey on the behalf of children or youth living with HIV.

Univariate and bivariate statistical methods were used to identify differences between demographic groups including men and women, racial and ethnic groups, age groups, HIV risk factor groups, homeless and housedindividuals, and others. Multivariate analyses were not conducted to the small numbers of respondents in key groups.

Characteristics of Survey Respondents

Table 1 summarizes the age distribution of survey respondents. A total of 18 respondents did not report their age. Due to the small number of children and youth surveyed (N=12), we focused our analysis on adults.[1] The average (or mean) age of the 1,263 adult respondents was 46 years. Over three-quarters (77%) of respondents were 40 years of age or older.

Table 1. Age Groups of Survey Respondents	Total Respondents	Percent (%) Respondents
19 years of age or younger	12	0.9%
20-29	76	5.7%
30-39	210	15.8%
40-49	514	38.7%
50-59	374	28.2%
60 years or older	89	6.7%
Unknown	18	1.4%

The age distributions of Broward County residents living with AIDS and HIV (not AIDS) and survey respondents were compared. As illustrated in Table 2, living AIDS and HIV (not AIDS) cases tended to be slightly younger than survey respondents. Living AIDS and HIV (not AIDS) cases also tended to be slightly older than survey respondents. Conversely, survey respondents were more greatly represented in the 50 to 59 age group than living AIDS and HIV (not AIDS) cases.

Table 2. Percentage of Broward County Living AIDS and HIV (Not AIDS) Cases, Percentage of Survey Respondents, and Percentage Difference Between the Groups

Age (In Years)	% of Living AIDS and HIV	% of Survey Respondents	% Difference
20-24	7.0%	5.7%	1.3%
30 - 39	18.4%	15.8%	2.6%
40 - 44	38.9%	38.7%	0.2%
50 - 59	25.1%	28.2%	-3.1%
60 +	9.1%	6.7%	2.4%

* Living AIDS and HIV (not AIDS) cases is defined as the number of reported living AIDS cases and HIV (not AIDS) cases in both the HIV/AIDS Reporting System and Out of State database, as of the date specified. These include cases reported in Florida whose current residence is Florida, plus cases reported outside of Florida who currently reside in Florida and excludes cases whose current residence is NOT in Florida, regardless of report.

Table 3 summarizes the demographic and other characteristics of adult survey respondents. About two-thirds (67%) of respondents were men, 31%were women, and 1% (15 respondents) were transgender. Slightly less than 1% of respondents did not report their gender.Among women respondents, nine (2%) reported that they were pregnant at the time of the survey.

Slightly over one-half (51%) of adult respondents were Black/African/American, 38%were white, 2% were other races, 5% were more than 1 race, and 5% did not report their race.15% of respondents reported that they were Hispanic/Latino, while 57% reported that they were non-Hispanic, and 28% did not report their ethnicity. Among

[1] ***N*** is used in statistical notation to refer to the number of individuals in the study group.

male respondents, 43% were White Non-Hispanics, 32% were Black Non-Hispanics, and 25% were Hispanic. Among women respondents, 76% were Black Non-Hispanics, 13% were White Non-Hispanics, and 10% were Hispanics. Male White Non-Hispanics and male Black Non-Hispanics were significantly older on average (47 years of age) than other respondents ($p < .000$). In contrast, female White Non-Hispanics were an average of 46 years, compared to 44 years for male Hispanics and female Black Non-Hispanics, and 39 years for female Hispanics.

- Over one-third (36%) of respondents reported being disabled. About one-fifth (22%) of respondents reported being employed full or part-time, 4% had been laid off, 22% were unemployed and looking for work, 6% were unemployed and not looking for work, 2% were retired and not working, 2% were full-time homemakers, and the remainder of the respondents reported other employment status. Over one-half (58%) of respondents reported that they had not worked for pay in the one month before the survey. Gender, race, and ethnicity were significantly associated with full or part-time employment, with 35% of male Hispanics employed compared to 32% of female Hispanic, 24% of male White Non-Hispanics, 19% of female White Non-Hispanics, 18% of female Black Non-Hispanics, and 16% of male Black Non-Hispanics ($p < .000$).
- About one-fifth (21%) of respondents reported living alone, while 27% lived with 1 other person. Slightly over one-tenth (12%) of respondents reported being homeless at some time during the 6 months before the survey. Homeless respondents were significantly more likely to be younger than other respondents, an average of 44 versus 46 years of age ($p < .015$). Gender, race, and ethnicity were significantly associated with being homeless ($p < .000$). Male Black Non-Hispanics were significantly more likely to be homeless in the last 6 months (27%), compared to female White Non-Hispanics (21%), female Black Non-Hispanics (14%), male Hispanics (11%), White male Non-Hispanics (9%), and female Hispanics (61%)
- Over one-half (59%) of respondents reported having no health insurance, while 24% were enrolled in Medicaid, 18% in Medicare, 9% in private insurance, 1% in the Veterans Administration (VA), and 2% in other insurance. One-third (33%) of respondents reported that they were enrolled in ADAP and 7% were enrolled in the AICP. Less than one-half (41%) of the uninsured respondents reported that they were enrolled in ADAP.
- Homeless respondents were significant more likely to be uninsured (65%) than housed individuals (49%) ($p < .000$). Age was also associated with being uninsured, with uninsured respondents having an average (mean) age of 45 compared to an average age of 50 among insured respondents ($p < .000$).
- Being uninsured was statistically significantly associated with the gender and race/ethnicity of the respondents ($p< .000$). Slightly over one-half (56%) of female White Non-Hispanics and 54% of female Black Non-Hispanics reported being uninsured, compared to 78% of female Hispanics. Among males, 54% of White Non-Hispanics and 59% of Black Non-Hispanics reported being uninsured, compared to 67% of Hispanics ($p < .000$). Legal status is likely to be a factor in being uninsured. We cannot assess this relationship, however, since we purposively did not collect legal residency status to avoid dissuading undocumented individuals from participating in the survey.

Table 3. Demographic Characteristics of Adult Survey Respondents		
Gender		
Male	865	67.5%
Female	397	31.0%
Transgender (Male to Female)	14	1.1%
Transgender (Female to Male)	1	0.1%
Unknown	4	0.3%
Pregnant Females	9	2.3%
Race		
Black/African American (including Haitian)	657	51.3%
White/Caucasian	486	37.9%
More than one race	59	4.6%
Asian	11	0.9%
American Indian/Alaska Native	6	0.5%
Native Hawaiian/Pacific Islander	2	0.2%
Unknown	60	4.7%
Ethnicity		
Hispanic/Latino	193	15.1%
Non-Hispanic/Latino	725	56.6%
Unknown	363	28.3%
Employment Status		
Disabled and not working	457	35.7%
Unemployed and looking for work	280	21.9%
Working full time or part time	277	21.6%
Unemployed and not looking for work	73	5.7%
Laid off	49	3.8%
Retired and not working	30	2.3%
Full-time homemaker	30	2.3%
With a job and not working for other reasons	12	0.9%
With a job and on sick leave	10	0.8%
Unknown	63	4.9%
Hour Worked Per Week		
35 hours or more per week	168	13.1%
20 to 34 hours per week	125	9.8%
1 to 19 hours per week	83	6.5%
Did not work for pay in the last month	737	57.5%
Missing	168	13.1%
Household Size		
No other individuals in the household	265	20.7%
1	348	27.2%
2	204	15.9%
3	98	7.7%
4 or more in the household	112	8.7%
Unknown	254	19.8%
Homeless in Last 6 Months	156	12.2%
Insurance Enrollment (Respondents Could Have More Than One Type of Insurance)		
No Insurance	755	58.9%
Medicaid	312	24.4%
Medicare	226	17.6%
Private Insurance	115	9.0%
Other Insurance	22	1.7%
Veterans Administration	16	1.2%
ADAP Enrollment	418	32.6%
AICP Enrollment	90	7.0%

The average monthly income of adult respondents was $1,021. As illustrated in Table 4, income was significantly associated with the number of hours worked.Respondents employed full-time reporting an average income of $1,735 and non-working respondents reporting a monthly income of $856.

Table 4. Average Income By Hours Worked Per Week (p < .000)	Total Respondents	Average Income
35 hours or more per week	90	$1,735
20 to 34 hours per week	75	$1,031
1 to 19 hours per week	61	$972
Did not work for pay in the last month	378	$856
Total average income	604	$1,021

Table 5 shows that 63% of respondents first tested positive for HIV while residing in Broward County, while 11% resided elsewhere in Florida, 16% in another state or territory, and 3% in another country. An additional 7% of respondents did not report the jurisdiction in which they were first tested HIV positive.The average respondent was first tested HIV positive in 1997. Figure 1 illustrates the distribution of respondents by year of first HIV report

Table 5. Place of First HIV+ Test	Total Respondents	% Respondents
Broward County	801	62.5%
Somewhere else in Florida	145	11.3%
In another state, the District of Columbia, or Puerto Rico	210	16.4%
In another country	34	2.7%
Unknown	91	7.1%

Figure 1. Distribution of Dates in Which Respondents First Tested HIV Positive

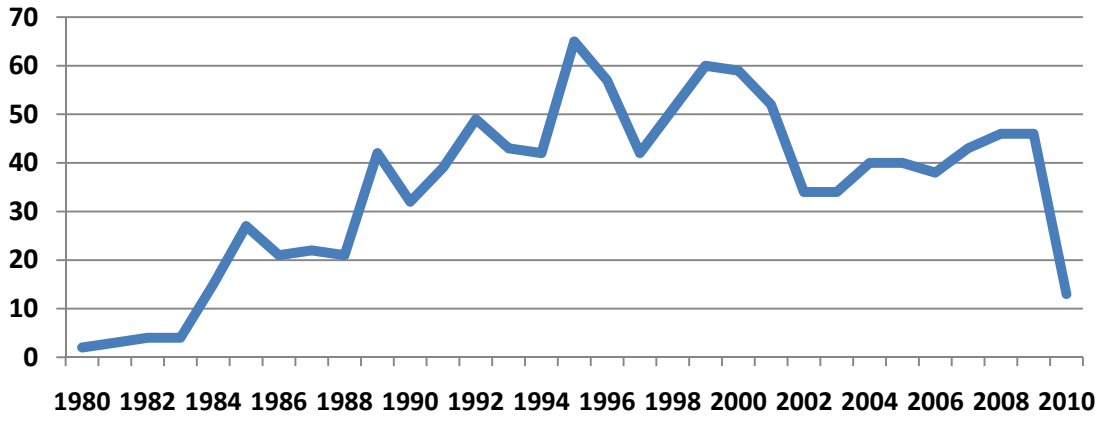

Table 6 summarizes the sexual behaviors reported by respondents in the six months before the survey. About one-half (49%) of male adult respondents reported having sex in the last six months always with men, 23% always with women, 24% reported that they did not have sex in the last six months, and 4% had sex with men and women. Among female adult respondents, 68% reported that they always had sex with males in the last 6 months, 25% reported that they did not have sex in the last six months, and 4% had sex with men and women.

Table 6. Sexual Behaviors in the Last Six Experiences By Gender	Female (n=365)	Male (n=790)	Transgender (n=14)	Unknown (n=2)
Always with men	67.9%	48.9%	53.3%	100.0%
Always with women	3.6%	23.4%	20.0%	0.0%
Mainly with men, but sometimes with women	2.5%	2.7%	0.0%	0.0%
Mainly with women, but sometimes with men	0.8%	1.0%	0.0%	0.0%
Equally often with men and women	0.5%	0.4%	0.0%	0.0%
Did not have sex in the past six month	24.7%	23.7%	26.7%	0.0%

Service Use and Satisfaction of Broward County Adult Residents Living With HIV

Table 7 summarizes utilization rates and satisfaction with services among respondents, by specific service categories. Most (91%) respondents reported receiving HIV medical care in the last 6 month, with almost all respondents reporting that they were satisfied or very satisfied with the services received. We were unable to conduct statistical tests to assess respondent characteristics associated with not receiving HIV medical care due to the small number of respondents that did not receive HIV medical care.

On average, respondents reported 3.7 visits to doctor's office, clinic, or emergency room for HIV medical care in the last six month. This average is within the three to four visitsper year range identified as a benchmark by the HRSA HIV/AIDS Bureau, the agency that funds the Ryan White HIV/AIDS Program.

Slightly less than one-half (43%) of respondents reported receiving medical case management, dental care (42%), or a referral to a medical specialist (42%). Almost all respondents reported being satisfied or very satisfied with the services they received. One-fifth (20%) of respondents reported receiving mental health services, one-tenth received outpatient substance abuse services, and 4% received home health services. Most respondents reported being satisfied or very satisfied with the services they received.

Slightly over one-third(37%) of respondents reported receiving assistance to pay for HIV drugs. It should be noted, however, that 21% of respondents receiving that service did not report their level of satisfaction with the services received.Less than one-fifth (14%) of respondents reported receiving assistance to pay for health insurance premiums, co-payments, or deductibles. It should be noted, however, that 22% of respondents receiving that service did not report their level of satisfaction with the services received.

Food bank services were received by 40% of respondents, with 85% of those reporting that they were satisfied or very satisfied with the services received. Outreach to help find or return to HIV medical care was used by 31% of respondents, with 52% of respondents receiving this service not reporting their level of satisfaction with the outreach services received. Less than one-quarter (22%) of respondents reported receiving transportation to medical services, with 80% of respondents receiving this service reporting that they were satisfied or very satisfied with this service.

Slightly over one-tenth (13%) of respondents reported receiving help paying for rent, mortgage, or utilities.Almost one-third (31%) of respondents receiving this service did not report their satisfaction with this service. Slightly over one-tenth (13%) of respondents receiving help paying for utilities. Slightly over one-half (51%) of respondents receiving this service did not report their satisfaction with this service. Slightly over one-tenth (12%) of respondents reported receiving help finding a place to live, with 77% of the respondents receiving this service reported that they were satisfied or very satisfied with the service.

Table 7. Service Use in the Last 6 Months and Level of Satisfaction With the Services Received	% of Respondents Receiving Service	Very Satis-fied	Satis-fied	Not Satis-fied	NA/ Unknown
Core Services					
HIV medical care	90.8%	55.5%	23.6%	3.5%	17.5%
Medical case management	43.2%	60.3%	20.4%	3.2%	16.1%
Dental care	42.2%	60.4%	21.9%	5.6%	12.2%
Medical specialist	42.0%	100.0%	0.0%	0.0%	0.0%
Help paying for HIV drugs	37.0%	62.7%	14.6%	1.7%	21.1%
Mental health services	20.0%	60.2%	22.3%	4.7%	12.9%
Assistance to pay for health insurance premiums, co-payments, or deductibles	14.4%	65.4%	11.9%	1.1%	21.6%
Outpatient substance abuse services	9.1%	48.7%	10.3%	2.6%	38.5%
Home health services	4.3%	38.2%	20.0%	5.5%	36.4%
Support Services					
Food bank	40.2%	69.7%	15.1%	3.5%	11.7%
Outreach to help find or return to HIV medical care	30.7%	29.0%	13.7%	3.3%	53.9%
Transportation to medical services	21.9%	65.1%	14.6%	4.6%	15.7%
Legal services	6.3%	50.6%	17.3%	11.1%	21.0%
Housing Services					
Help paying for rent or mortgage	13.3%	48.5%	15.2%	5.3%	31.0%
Help paying for utilities	13.0%	25.1%	7.8%	15.6%	51.5%
Help finding a place to live	11.7%	62.0%	15.3%	5.3%	17.3%
Help paying for temporary or transitional housing	8.4%	37.4%	8.4%	11.2%	43.0%

Respondents provided the name of their usual source of outpatient/ambulatory medical care (OAMC). We then differentiated between providers funded by the Ryan White HIV/AIDS Program and other providers. Respondents using a non-Ryan White provider were significantly more likely to report that they were very satisfied with their OAMC provider than respondents usually using Ryan White OAMC providers ($p < .08$). In contrast, respondents usually receiving OAMC from Ryan White providers were likely to report that they were satisfied. A small percentage of respondents (less than 5%) usually served by Ryan White and non-Ryan White providers report being unsatisfied with the OAMC.

Table 8. Level of Satisfaction With Usual Source of OAMC ($p < .08$)	Ryan White Provider	Non-Ryan White Provider	Total
Very satisfied	64.7%	70.4%	67.2%
Satisfied	31.4%	24.9%	28.5%
Unsatisfied	3.9%	4.7%	4.3%

Table 9 summarizes the aspects of satisfaction with OAMC received by survey respondents. Respondents served by Ryan White Program providers were significantly ***more*** likely than respondents served by other providers to report that their medical provider explains the medical tests they should get ($p < .05$). Conversely, respondents served by Ryan White Program providers were significantly ***less*** likely than respondents served by other providers to report that:

- They were able to schedule an appointment in the evening or weekends ($p < .00$);
- Their medical clinic staff keeps their HIV status confidential ($p < .01$);
- They get services in the language that they want ($p < .00$);

- They staff in the waiting room is friendly during their appointments ($p < .00$);
- They are okay with how long they have to wait for their appointments ($p < .08$);
- They get to see the same medical provider during their medical visits ($p < .00$);
- They feel comfortable talking about personal issues with their medical provider ($p < .01$);
- Their medical provider asks them if they use condoms during sex ($p < .01$);
- They want to be more involved in making decisions about medical care ($p < .00$); and
- They know the process to make a complaint about their medical care ($p < .01$).

Table 9. Assessment of Aspects of Medical Care by Funding Source	**Frequency**	**Ryan White**	**Non-Ryan White**	**Total**	**Statistical Significance**
You are able to schedule an appointment in the evening or weekends	Always	69.4%	78.2%	73.5%	0.00
	Sometimes	27.2%	20.0%	23.9%	
	Never	3.4%	1.8%	2.7%	
You can get a medical provider on the phone if you have a medical question or problem	Always	35.5%	37.4%	36.4%	0.79
	Sometimes	26.7%	27.0%	26.8%	
	Never	37.8%	35.6%	36.8%	
You think about leaving your medical provider to find better care	Always	44.2%	57.7%	50.6%	0.00
	Sometimes	38.4%	33.2%	35.9%	
	Never	17.4%	9.1%	13.5%	
The medical clinic staff keeps your HIV status confidential	Always	12.9%	20.4%	16.3%	0.01
	Sometimes	23.4%	22.0%	22.8%	
	Never	63.7%	57.6%	61.0%	
You get services in the language you want	Always	19.2%	32.2%	25.0%	0.00
	Sometimes	23.7%	22.8%	23.3%	
	Never	57.1%	45.0%	51.7%	
The staff lets you know about the wait time when you check in for your appointments	Always	92.0%	91.8%	91.9%	0.66
	Sometimes	4.8%	5.7%	5.2%	
	Never	3.2%	2.5%	2.9%	
The staff in the waiting room is friendly during your appointment	Always	41.0%	55.9%	47.9%	0.00
	Sometimes	26.6%	25.7%	26.1%	
	Never	32.4%	18.4%	25.9%	
You are okay with how long you have to wait for your appointment	Always	73.7%	79.6%	76.4%	0.08
	Sometimes	23.4%	18.5%	21.1%	
	Never	2.9%	1.9%	2.4%	
You get to see the same medical provider during your medical visits	Always	47.6%	59.3%	53.0%	0.00
	Sometimes	37.2%	30.7%	34.2%	
	Never	15.3%	10.0%	12.8%	
Your medical provider reminds you it is important to keep your appointments	Always	83.4%	84.2%	83.8%	0.74
	Sometimes	16.0%	15.0%	15.6%	
	Never	0.5%	0.9%	0.7%	
Telephone calls or other staff interrupt your visit when you are in the exam room with your medical provider	Always	88.5%	76.4%	82.2%	0.19
	Sometimes	7.7%	20.0%	14.0%	
	Never	3.8%	3.6%	3.7%	
Your medical provider explains the medical tests you should get	Always	78.3%	54.7%	65.7%	0.05
	Sometimes	10.9%	20.8%	16.2%	
	Never	10.9%	24.5%	18.2%	
Your medical provider explains how often you should get medical tests	Always	87.2%	87.6%	87.4%	0.74
	Sometimes	11.7%	11.8%	11.7%	
	Never	1.1%	0.6%	0.9%	

Table 9. Assessment of Aspects of Medical Care by Funding Source	Frequency	Ryan White	Non-Ryan White	Total	Statistical Significance
Your medical provider makes sure you understand what your lab results (such as CD4 count or viral load) mean for your health	Always	87.2%	87.5%	87.4%	0.99
	Sometimes	11.5%	11.2%	11.3%	
	Never	1.3%	1.3%	1.3%	
Your medical provider suggests ways to remember to take HIV drugs	Always	87.2%	86.1%	86.7%	0.84
	Sometimes	10.7%	11.9%	11.3%	
	Never	2.0%	1.9%	2.0%	
Your medical provider explains your HIV drugs' side effects	Always	75.1%	76.4%	75.7%	0.84
	Sometimes	15.3%	15.0%	15.2%	
	Never	9.7%	8.6%	9.2%	
It is easy to understand your medical provider's answers when you ask about your HIV care	Always	71.3%	72.7%	72.0%	0.16
	Sometimes	16.4%	18.6%	17.4%	
	Never	12.3%	8.6%	10.6%	
It is hard to understand the answers when you ask your medical provider about your HIV care	Always	82.3%	78.1%	80.3%	0.24
	Sometimes	14.7%	18.6%	16.5%	
	Never	3.0%	3.3%	3.1%	
You feel comfortable talking about personal issues with your medical provider	Always	19.2%	27.6%	22.9%	0.01
	Sometimes	21.3%	21.2%	21.3%	
	Never	59.5%	51.2%	55.8%	
Your medical provider asks you about your living situation, such as your housing and income	Always	77.2%	76.8%	77.0%	0.99
	Sometimes	17.9%	18.1%	18.0%	
	Never	4.9%	5.1%	5.0%	
Your medical provider asks you about how you are feeling emotionally, such as if you are sad or anxious	Always	37.8%	41.5%	39.4%	0.49
	Sometimes	28.4%	26.0%	27.3%	
	Never	33.8%	32.6%	33.3%	
Your medical provider asks you if you use condoms during sex	Always	52.3%	59.5%	55.6%	0.01
	Sometimes	28.7%	28.6%	28.6%	
	Never	19.0%	11.8%	15.8%	
Your medical provider is not judgmental about your life	Always	66.0%	61.7%	64.1%	0.12
	Sometimes	22.1%	21.9%	22.0%	
	Never	11.8%	16.4%	13.9%	
Your medical provider is not judgmental about your medical care choices	Always	58.9%	60.6%	59.7%	0.53
	Sometimes	9.4%	10.7%	10.0%	
	Never	31.7%	28.6%	30.3%	
Your medical provider asks you about your eating habits, such as if you are having problems chewing	Always	55.2%	56.4%	55.8%	0.39
	Sometimes	14.6%	16.9%	15.7%	
	Never	30.2%	26.6%	28.6%	
Your medical provider speaks the language you feel most comfortable	Always	57.3%	56.8%	57.1%	0.48
	Sometimes	23.3%	26.1%	24.6%	
	Never	19.4%	17.1%	18.3%	
It is hard to fill HIV drug prescriptions your medical provider gives you	Always	91.5%	90.3%	91.0%	0.52
	Sometimes	5.5%	7.1%	6.2%	
	Never	3.0%	2.5%	2.8%	
You want to be more involved in making decisions about medical care	Always	13.1%	21.6%	16.9%	0.00
	Sometimes	15.5%	20.8%	17.9%	
	Never	71.4%	57.6%	65.1%	
You know the process to make a complaint about your medical care	Always	52.0%	57.6%	54.6%	0.01
	Sometimes	36.2%	27.1%	32.1%	
	Never	11.7%	15.3%	13.3%	
You think about leaving your medical provider to find better care	Always	62.7%	65.0%	63.7%	0.40
	Sometimes	16.4%	17.6%	16.9%	
	Never	21.0%	17.4%	19.3%	
You get the medical services you need	Always	17.8%	19.4%	18.5%	0.31
	Sometimes	20.0%	23.3%	21.5%	
	Never	62.2%	57.3%	60.0%	

As illustrated in Table 10, we comparedthe level of satisfaction with OAMC among respondents using Part A-funded providers. Generally, respondents were very satisfied or satisfied with the OAMC received from Part A-funded providers. Satisfaction levels varied slightly among providers. However, we could not compute statistical differences in the satisfaction levels due to the small number of respondents served by several of the clinics.

Table 10. Satisfaction Level Among Respondents Served by Part A-Funded OAMC Providers	**Clinic 1**	**Clinic 2**	**Clinic 3**	**Clinic 4**	**Clinic 5**	**Total**
Very satisfied	68.8%	62.6%	65.2%	63.4%	70.0%	64.7%
Satisfied	12.5%	35.5%	31.0%	32.9%	25.0%	31.4%
Unsatisfied	18.8%	1.9%	3.9%	3.7%	5.0%	3.9%

We also assessed the experiences of respondents with specific aspects of OAMC received from Part A-funded OAMC providers.As shown in Table 11, aspects of OAMC for which respondents reported a rate less than one-third (33%) in which they *never* received positive aspects of OAMC were identified for areas of performance improvement that OAMC providers might address through QIPs or other QM strategies. For some aspects, improvement might be addressed by all OAMC providers, while in other aspects the responses indicate performance is needed by one or several providers. These areas include:

- You can get a medical provider on the phone if you have a medical question or problem;
- The medical clinic staff keeps your HIV status confidential;
- You get services in the language you want;
- The staff in the waiting room is friendly during your appointment;
- You feel comfortable talking about personal issues with your medical provider;
- Your medical provider asks you about how you are feeling emotionally, such as if you are sad or anxious;
- Your medical provider is not judgmental about your medical care choices;
- Your medical provider asks you about your eating habits, such as if you are having problems chewing;
- Your medical provider speaks the language you feel most comfortable; and
- You get the medical services you need.

Aspects of OAMC for which respondents reported a rate greater than one-third (33%) in which they *always* experienced *negative* aspects of OAMC were identified for areas of performance improvement that OAMC providers might address through QIPs or other QM strategies. For some aspects, improvement might be addressed by all OAMC providers, while in other aspects the responses indicate performance is needed by one or several providers. These areas include: telephone calls or other staff interrupt your visit when you are in the exam room with your medical provider; it is hard to fill HIV drug prescriptions your medical provider gives you; and you want to be more involved in making decisions about medical care.

Table 11. Assessment of Aspects of OAMC Received From Part A-Funded Providers		Clinic 1	Clinic 2	Clinic 3	Clinic 4	Clinic 5
You are able to schedule an appointment in the evening or weekends	Always	93.3%	70.0%	69.8%	65.6%	59.1%
	Sometimes	6.7%	25.5%	26.5%	33.3%	36.4%
	Never		4.5%	3.7%	1.1%	4.5%
You can get a medical provider on the phone if you have a medical question or problem	Always	38.5%	36.6%	36.9%	30.0%	25.0%
	Sometimes	38.5%	25.8%	28.6%	20.0%	18.8%
	Never	23.1%	37.6%	34.5%	50.0%	56.3%
You think about leaving your medical provider to find better care	Always	45.5%	45.9%	43.8%	42.9%	47.6%
	Sometimes	45.5%	37.8%	35.5%	49.4%	38.1%
	Never	9.1%	16.3%	20.7%	7.8%	14.3%
The medical clinic staff keeps your HIV status confidential	Always	26.7%	5.8%	15.2%	13.0%	4.8%
	Sometimes	13.3%	26.9%	22.3%	24.7%	23.8%
	Never	60.0%	67.3%	62.5%	62.3%	71.4%
You get services in the language you want	Always	23.1%	13.2%	20.8%	21.1%	17.6%
	Sometimes	30.8%	23.1%	24.6%	21.1%	17.6%
	Never	46.2%	63.7%	54.6%	57.7%	64.7%
The staff lets you know about the wait time when you check in for your appointments	Always	100.0%	90.4%	92.8%	89.9%	90.0%
	Sometimes		4.8%	4.2%	6.3%	10.0%
	Never		4.8%	2.9%	3.8%	
The staff in the waiting room is friendly during your appointment	Always	33.3%	30.9%	43.3%	45.7%	47.6%
	Sometimes	13.3%	30.0%	24.0%	32.1%	33.3%
	Never	53.3%	39.1%	32.7%	22.2%	19.0%
You are okay with how long you have to wait for your appointment	Always	73.3%	68.7%	73.8%	79.8%	76.2%
	Sometimes	26.7%	27.0%	23.3%	17.9%	23.8%
	Never		4.3%	2.8%	2.4%	
You get to see the same medical provider during your medical visits	Always	33.3%	35.7%	48.8%	64.0%	38.1%
	Sometimes	40.0%	45.2%	34.4%	31.4%	57.1%
	Never	26.7%	19.1%	16.9%	4.7%	4.8%
Your medical provider reminds you it is important to keep your appointments	Always	64.3%	56.6%	91.0%	93.0%	85.7%
	Sometimes	35.7%	41.6%	9.0%	5.8%	14.3%
	Never		1.8%		1.2%	
Telephone calls or other staff interrupt your visit when you are in the exam room with your medical provider	Always	100.0%	100.0%	83.3%	100.0%	100.0%
	Sometimes			11.1%		
	Never			5.6%		
Your medical provider explains the medical tests you should get	Always		87.5%	83.3%	40.0%	66.7%
	Sometimes			10.0%	20.0%	33.3%
	Never		12.5%	6.7%	40.0%	
Your medical provider explains how often you should get medical tests	Always	73.3%	85.7%	89.0%	83.8%	90.0%
	Sometimes	26.7%	11.6%	10.3%	16.3%	5.0%
	Never		2.7%	0.6%		5.0%
Your medical provider makes sure you understand what your lab results (such as CD4 count or viral load) mean for your health	Always	80.0%	87.6%	88.1%	84.1%	90.0%
	Sometimes	20.0%	11.5%	10.7%	13.4%	10.0%
	Never		0.9%	1.3%	2.4%	
Your medical provider suggests ways to remember to take HIV drugs	Always	66.7%	91.1%	86.3%	88.6%	90.0%
	Sometimes	26.7%	8.0%	11.1%	11.4%	5.0%
	Never	6.7%	0.9%	2.5%		5.0%
Your medical provider explains your HIV drugs' side effects	Always	75.0%	80.2%	73.9%	69.8%	83.3%
	Sometimes	8.3%	14.9%	16.2%	15.9%	5.6%
	Never	16.7%	5.0%	10.0%	14.3%	11.1%
It is *easy* to understand your medical provider's answers when you ask about your HIV care	Always	66.7%	69.8%	72.6%	65.8%	84.2%
	Sometimes	16.7%	16.0%	15.5%	24.7%	
	Never	16.7%	14.2%	11.8%	9.6%	15.8%

Table 11. Assessment of Aspects of OAMC Received From Part A-Funded Providers		Clinic 1	Clinic 2	Clinic 3	Clinic 4	Clinic 5
It is *hard* to understand the answers when you ask your medical provider about your HIV care	Always	73.3%	84.1%	82.7%	78.9%	84.2%
	Sometimes	20.0%	14.2%	13.1%	21.1%	15.8%
	Never	6.7%	1.8%	4.2%		
You feel comfortable talking about personal issues with your medical provider	Always	20.0%	21.0%	18.6%	15.8%	31.6%
	Sometimes	13.3%	18.1%	22.0%	26.3%	15.8%
	Never	66.7%	61.0%	59.5%	57.9%	52.6%
Your medical provider asks you about your living situation, such as your housing and income	Always	66.7%	77.0%	79.5%	70.7%	75.0%
	Sometimes	33.3%	20.4%	15.2%	23.2%	15.0%
	Never		2.7%	5.3%	6.1%	10.0%
Your medical provider asks you about how you are feeling emotionally, such as if you are sad or anxious	Always	20.0%	40.4%	38.1%	37.0%	35.0%
	Sometimes	26.7%	25.7%	26.7%	35.8%	40.0%
	Never	53.3%	33.9%	35.2%	27.2%	25.0%
Your medical provider asks you if you use condoms during sex	Always	46.7%	59.1%	53.7%	40.7%	45.0%
	Sometimes	33.3%	23.6%	26.7%	39.5%	40.0%
	Never	20.0%	17.3%	19.7%	19.8%	15.0%
Your medical provider is not judgmental about your life	Always	35.7%	68.6%	70.9%	50.6%	57.9%
	Sometimes	28.6%	22.9%	17.8%	37.7%	21.1%
	Never	35.7%	8.6%	11.3%	11.7%	21.1%
Your medical provider is not judgmental about your medical care choices	Always	42.9%	57.4%	57.1%	68.9%	66.7%
	Sometimes	21.4%	5.9%	11.6%	4.1%	5.6%
	Never	35.7%	36.6%	31.3%	27.0%	27.8%
Your medical provider asks you about your eating habits, such as if you are having problems chewing	Always	66.7%	48.1%	53.8%	65.8%	68.4%
	Sometimes	16.7%	12.5%	16.7%	11.0%	5.3%
	Never	16.7%	39.4%	29.4%	23.3%	26.3%
Your medical provider speaks the language you feel most comfortable	Always	46.7%	54.1%	61.0%	51.3%	50.0%
	Sometimes	20.0%	27.0%	21.0%	27.6%	25.0%
	Never	33.3%	18.9%	18.1%	21.1%	25.0%
It is hard to fill HIV drug prescriptions your medical provider gives you	Always	85.7%	95.4%	90.6%	91.1%	90.0%
	Sometimes	7.1%	3.7%	5.9%	6.3%	5.0%
	Never	7.1%	0.9%	3.6%	2.5%	5.0%
You want to be more involved in making decisions about medical care	Always	8.3%	13.2%	11.2%	20.6%	16.7%
	Sometimes	8.3%	14.2%	15.4%	20.6%	11.1%
	Never	83.3%	72.6%	73.3%	58.8%	72.2%
You know the process to make a complaint about your medical care	Always	78.6%	54.5%	52.8%	39.4%	55.6%
	Sometimes	21.4%	32.7%	35.9%	45.1%	38.9%
	Never		12.9%	11.4%	15.5%	5.6%
You get the medical services you need	Always	26.7%	14.3%	18.6%	18.6%	15.8%
	Sometimes	13.3%	21.0%	19.3%	22.9%	21.1%
	Never	60.0%	64.8%	62.2%	58.6%	63.2%

Almost three-quarters (71%) of respondents reported that they were taking ARVs at the time of the survey. As illustrated in Table 12, among current ARV users, 89% reported that they take their ARVs all the time. Among the factors associated with not taking ARVs as prescribed, 9% of respondents reported having trouble understanding how to take the drugs. Only a small number of respondents reported factors associated with never having taken or had stopped taking ARVs.

Table 12. HIV ARV Use Among Respondents	Total Respondents	% Respondents
Never	156	12.2
Currently	905	70.6
Stopped Taking HIV Drugs	51	4.0
Unknown	169	13.2%
Frequency in Which Respondents Currently Prescribed ARV Drugs Are Taking Their Drugs		
All the time	803	88.7%
Most of the time	75	8.3%
Some of the time	8	0.9%
Never	1	0.1%
Respondent does not know how often to take the drugs	2	0.2%
Unknown	16	1.8%
Reasons Why Respondents Currently Prescribed ARVs Miss Taking TheirDrugs As Prescribed by Their HIV Clinician		
Has trouble understanding how to take ARV drugs	79	8.7%
On a drug holiday directed by respondent's doctor	63	7.0%
Do not like taking ARV drugs	52	5.7%
Were unable to get an appointment to enroll in ADAP to pay for ARV drugs	47	5.2%
Respondent feels feel healthy	35	3.9%
Lost enrollment in ADAP to pay for ARV drugs	32	3.5%
The ARV drugs make respondent feel bad	30	3.3%
Taking ARV drugs is not a priority for respondent	25	2.8%
Decided to go on a drug holiday on his/her own	16	1.8%
Cannot afford the cost	13	1.4%
Religious or cultural beliefs	13	1.4%
Has trouble remembering to take ARV drugs	7	0.8%
Doctor wants to treat another medical problem first	7	0.8%
Respondent has an abusive spouse or partner who does not want respondent to take ARV drugs	6	0.7%
Do not know where to get them	0	0.0%
Reasons Why Respondents Never Took or Stopped Taking HIV ARVs		
You had side effects from the ARV drugs	22	10.6%
The drugs were too complicated for you to take	18	8.7%
You could not afford to pay for the ARV drugs	17	8.2%
Your HIV infection was too far advanced to continue taking drugs	16	7.7%
People you know told you that the drugs were no good	14	6.8%
You did not want anybody to know you have HIV	9	4.3%
You took a “drug holiday” or a break from taking drugs	4	1.9%
Your health insurance or managed care plan did not pay for ARV drugs	0	0.0%

We assessed the relationship between ARV use among respondents usually receiving their OAMC from Ryan White and non-Ryan White providers. Respondents receiving their OMAC from Ryan White providers had a significantly greater likelihood of currently using ARVs than non-Ryan White providers ($p < .06$).

Table 13. HIV ARV Use by Respondents by Funding Source of Their OAMC Provider (p < .06)	Ryan White	Not Ryan White	Total
Never	11.6%	16.5%	14.0%
Currently	83.7%	79.1%	81.4%
Stopped	4.7%	4.5%	4.6%

HIV CLIENT NEEDS AND SATISFACTION SURVEY FOR

BROWARD COUNTY
RYAN WHITE PART A, PART B, and HOPWA

If you are not HIV positive, please DO NOT fill out this survey.

If you are HIV positive, this survey is your chance to tell the agencies that fund HIV health care, housing assistance, and support services about the services YOU need and how YOU feel about the services you receive. The results of this survey will help to ensure that future funding goes where they are needed.

This survey is voluntary. You will continue to receive services if you do not complete the survey. Your answers are strictly confidential. No one will know who you are.

You can fill out the form for another person, if she or he is a child or an adult who is too ill to care for her or himself.

Please DO NOT fill out this survey if you have already completed one.

SETTING PRIORITIES FOR HIV SERVICES IN BROWARD COUNTY

The Broward County HIV Health Services Planning Council and the South Florida AIDS Network set priorities to determine how best to use annual funds from Ryan White Part A, Part B, and Housing Opportunities for Persons with AIDS Program (HOPWA).

1. Listed below are the core services that meet the federal government's requirements for Part A and Part B funds. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, while the score of 13 is the least important service. **Do not give two services the same rank.**

Core Services	Rank from 1-13
AIDS Drug Assistance Program (ADAP)	
AIDS pharmaceutical assistance (local pharmacy)	
Early intervention services (EIS)	
Health insurance premium and cost-sharing assistance	
Home and community-based health services	
Home health care	
Hospice services	
Medical case management	
Medical nutrition therapy	
Mental health services	
Oral health (dental) care	
Outpatient/ambulatory medical care	
Outpatient substance abuse services	

2. Listed below are support services that meet the federal government's requirements for Part A and Part B funding. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, and the score of 15 is the least important service. **Do not give two services the same rank.**

Support Services	Rank from 1-15
Child care services	
Emergency financial assistance	
Food bank	
Home-delivered meals	
Health education and risk reduction	
Housing services	
Interpretation and translation services	
Legal services	
Medical transportation services	
Outreach services	
Referral for health care and support services	
Rehabilitation services	
Residential substance abuse services	
Respite care for care givers of HIV+ persons	
Treatment adherence counseling	

3. Listed below are some of the services that meet the federal government's requirements for HOPWA funding. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, and the score of 10 is the least important service. **Do not give two services the same rank.**

	Rank 1-10
Assisted living housing for persons living with HIV that need supervision and help with their activities of daily living	
Help paying for moving expenses	
Help paying for rent forpermanent or long-term housing	
Help paying for security deposits and credit checks	
Housing case management to help find housing, address support service needs, and coordinate services with other organizations	
Long-term housing for persons living with HIV that have mental health problems	
Short-term community-based housing	
Short-term emergency transition housing	
Short-term help paying your rent,mortgage, or utilities	
Short-term residential substance abuse housing	

YOUR INFORMATION

4. **Today your age is: _____**

5. **Your gender is:**
   - ❒ Female
   - ❒ Male
   - ❒ Transgender (Male to Female)
   - ❒ Transgender (Female to Male)

   a. **If you checked FEMALE, were you pregnant in the past 12 months:** ❑ Yes ❑ No

   If you checked Transgender, please answer the following questions:

   b. **Does your medical provider understands the medical needs of transgender patients:** ❑ Yes ❑ No ❒ Don't know

   c. **Does your medical provider prescribes you hormone therapy:** ❒ Yes ❒ No ❒ Don't need it

6. **Check** (✓) **the ONE box that best describes your race:**
   - ❒ White/Caucasian
   - ❒Black/African American (including Haitian)
   - ❒ Asian
   - ❒ Native Hawaiian/Pacific Islander
   - ❒ American Indian/Alaska Native
   - ❒ More than one race
   - ❒ Don't know

7. **Check** (✓) **the ONE box that best describes your ethnic background:**
   - ❒Hispanic/Latino
   - ❒ Non-Hispanic/Latino
   - ❒Don't know

8. **Check** (✓) **the ONE primary language you speak MOST OFTEN in your home:**
   - ❒ English
   - ❒ Spanish
   - ❒ Creole
   - ❒ Other (Specify) _____

9. **Check** (✓) **the ONE term that BEST describes your employment status in the last month:**
   - ❒ Working full time or part time
   - ❒ With a job and on sick leave
   - ❒ With a job and not working for other reasons
   - ❒ Laid off
   - ❒ Unemployed and looking for work
   - ❒ Unemployed and not looking for work
   - ❒ Disabled and not working
   - ❒ Retired and not working
   - ❒ Full-time homemaker

10. **In the last month, check** (✓) **the number of hours per week you usually worked for pay?**
   - ❒ 35 hours or more per week
   - ❒ 20 to 34 hours per week
   - ❒ 1 to 19 hours per week
   - ❒ Did not work for pay in the last month

11. **In the last month, approximately how much income did you get from employment, disability, pension, unemployment, child or spousal support, workers compensation, or other sources?** $_____

12. **In the last month, how many people besides you lived in your household?**_____

13. **Your current viral load is:** _____ ❒ Undetectable ❒ Don't know

14. **Your CD4 count is:** _____ ❒ Don't know

15. **The year you first tested positive for HIV was:** _____ (Example: 1999)

16. **Check** (✓) **the place you were living when you were FIRST tested positive for HIV:**
   - ❒ Broward County
   - ❒ Somewhere else in Florida
   - ❒ In another state, the District of Columbia, or Puerto Rico
   - ❒ In another country

17. **Check** (✓) **ALL boxes that describe your situation when you FIRST tested HIV positive:**
   - ❒ During pregnancy
   - ❒ In jail or prison
   - ❒ Living in a homeless shelter
   - ❒ Admitted to a hospital
   - ❒ Getting medical care at an emergency room
   - ❒ Getting treated for substance abuse or addiction
   - ❒ Getting treated for another sexually transmitted disease (such as gonorrhea or syphilis)
   - ❒ Other (specify) _____
   - ❒ Don't know or don't recall

18. **Check** (✓) **ALL the boxes that describe your experiences in the last 6 months:**
    - ❒ You had sex with a man
    - ❒ You injected drugs
    - ❒ You had sex with someone that injected drugs
    - ❒ You exchanged sex for drugs, a place to sleep, or money
    - ❒ You were in jail or a prison for more than one night

19. **Check(✓) the ONE term that BEST describes your sexual experiences in the last 6 months:**
    - ❒ Always with men
    - ❒ Always with women
    - ❒ Mainly with men, but sometimes with women
    - ❒ Mainly with women, but sometimes with men
    - ❒ Equally often with men and women
    - ❒ Did not have sex in the past six month

20. **Check(✓) the ONE term that BEST describes your current sexual orientation:**
    - ❒ Gay
    - ❒ Lesbian
    - ❒ Bisexual
    - ❒ Heterosexual
    - ❒ Celibate or asexual
    - ❒ Transsexual
    - ❒ Unsure or in transition
    - ❒ Something else

HIV SERVICES YOU USE

We would like to learn about the HIV services you use, barriers to getting those services, and how satisfied you are with them. In this section, we ask you to think back over the last 6 months. By this, we mean between October 2009 and today.

HIV COUNSELING AND TESTING

21. **In the last 6 months, did you get HIV counseling and testing services?**
    ❑ Yes ❑ No ❑ Don't know

    a. If YES, what is the name of the doctor's office, clinic, hospital, emergency room, or other place at which you got HIV counseling and testing?

    _____

	Very Satisfied	Satisfied	Not Satisfied	Does not apply
b. If YES, how satisfied are you with the services you received? Check (✓) one.	❑	❑	❑	❑

OUTREACH SERVICES

22. **In the last 6 months, did you get outreach services to help you FIND HIV medical care?** ❑ Yes ❑ No ❑ Don't know

23. **In the last 6 months, did you get outreach services to RETURN TO HIV medical care after dropping out?** ❑ Yes ❑ No ❑ Don't know

a. **If YES, what is the name of the agency that provided these outreach services?**

_____

	Very Satisfied	Satisfied	Not Satisfied	Does not apply
a. If YES, how satisfied are you with the services you received?	❑	❑	❑	❑

HIV ANTIRETROVIRAL DRUGS

24. **HIV retroviral drugs are also called protease inhibitors or HAART. Have you ever taken HIV antiretroviral drugs?**
   - ❒ Never
   - ❒ Currently
   - ❒ I stopped taking HIV drugs
   - ❒ Don't know

   a. **If you are CURRENTLY taking HIV antiretroviral drugs, check (✓) how often youtake your drugs as prescribed by your HIV clinician?**
      - ❒ All the time
      - ❒ Most of the time
      - ❒ Some of the time
      - ❒ Never
      - ❒ You do not know how often you are supposed to take the drugs

   b. **If you are CURRENTLY taking HIV antiretroviral drugs, check (✓) ALL the reasons you missed taking your drugs as prescribed by your HIV clinician?**
      - ❒ You do not know where to get them
      - ❒ You cannot afford the cost
      - ❒ You were unable to get an appointment to enroll in ADAP to pay for antiretroviral drugs
      - ❒ You lost your enrollment in ADAP to pay for antiretroviral drugs
      - ❒ The drugs make you feel bad
      - ❒ You are on a drug holiday directed by your doctor
      - ❒ You decided to go on a drug holiday on your own
      - ❒ You feel healthy
      - ❒ You do not like taking antiretroviral drugs
      - ❒ Taking antiretroviral drugs is not a priority for you
      - ❒ You have trouble remembering to take your antiretroviral drugs
      - ❒ You have trouble understanding how to take your antiretroviral drugs
      - ❒ Your doctor wanted to treat another medical problem first
      - ❒ Your religious or cultural beliefs
      - ❒ You have an abusive spouse or partner who does not want you to take antiretroviral drugs

c. **If you NEVER took or STOPPED taking HIV antiretroviral drugs, check (✓) ALLthe reasons why:**
- ❑ Your health insurance or managed care plan did not pay for antiretroviral drugs
- ❑ You could not afford to pay for the antiretroviral drugs
- ❑ You had side effects from the antiretroviral drugs
- ❑ The drugs were too complicated for you to take
- ❑ You did not want anybody to know you have HIV
- ❑ People you know told you that the drugs were no good
- ❑ You took a "drug holiday" or a break from taking drugs
- ❑ Your HIV infection was too far advanced to continue taking drugs

HIV MEDICAL CARE

25. **Is there a usual place, like a doctor's office, clinic, or emergency room where you usually go for most of your HIV medical care?** ❑ Yes ❑ No ❑ Don't know

a. **If you DO NOT have a usual place to go for most of your HIV medical care, check (✓) all the reasons why:**
- ❑ Could not afford HIV medical care
- ❑ Did not know where to find HIV medical care
- ❑ Did not want anybody to know you have HIV
- ❑ Did not think it was necessary
- ❑ Did not know where to find a doctor who speaks the same language as you
- ❑ The wait for an appointment was too long
- ❑ Could not leave work during the day for a doctor's appointment
- ❑ Could not get childcare
- ❑ Could not get transportation

b. **If you have a usual place to go for most of your HIV medical care, what is the name of the doctor's office, clinic, or emergency room you usually go for your HIV medical care?**

_____

c. **Thinking back over the last 6 months, about how many visits to a doctor's office, clinic, or emergency room for HIV medical care did you have? _____ visits**

	Very Satisfied	Satis-fied	Not Satisfied	Does not apply
d. If YES, how satisfied are you with the services you received?	❑	❑	❑	❑

e. **If you have a usual place to go for your HIV medical care, we would like to understand if your doctor's office, clinic, or emergency room meets your needs. Check (✓) the ONE box for each statement that best describes your experiences over the last 6 months.**

	Always	Some-times	Ne-ver	Does not apply
You can schedule an appointment soon enough if you need one	❑	❑	❑	❑
You are able to schedule an appointment in the evening or weekends	❑	❑	❑	❑
You can get a medical provider on the phone if you have a medical question or problem	❑	❑	❑	❑
You think about leaving your medical provider to find better care	❑	❑	❑	❑
The medical clinic staff keeps your HIV status confidential	❑	❑	❑	❑

	Always	Some-times	Ne-ver	Does not apply
You do not get the services you need	❑	❑	❑	❑
You get services in the language you want	❑	❑	❑	❑
The staff lets you know about the wait time when you check in for your appointments	❑	❑	❑	❑
The staff in the waiting room is friendly during your appointment	❑	❑	❑	❑
You are okay with how long you have to wait for your appointment	❑	❑	❑	❑
You get to see the same medical provider during your medical visits	❑	❑	❑	❑
Your medical provider reminds you it is important to keep your appointments	❑	❑	❑	❑
Telephone calls or other staff interrupt your visit when you are in the exam room with your medical provider	❑	❑	❑	❑
Your medical provider explains the medical tests you should get	❑	❑	❑	❑
Your medical provider explains how often you should get medical tests	❑	❑	❑	❑
Your medical provider makes sure you understand what your lab results (such as CD4 count or viral load) mean for your health	❑	❑	❑	❑
Your medical provider suggests ways to remember to take HIV drugs	❑	❑	❑	❑
Your medical provider explains your HIV drugs' side effects	❑	❑	❑	❑
It is easy to understand your medical provider's answers when you ask about your HIV care	❑	❑	❑	❑
It is hard to understand the answers when you ask your medical provider about your HIV care	❑	❑	❑	❑
You feel comfortable talking about personal issues with your medical provider	❑	❑	❑	❑
Your medical provider asks you about your living situation, such as your housing and income	❑	❑	❑	❑
Your medical provider asks you about how you are feeling emotionally, such as if you are sad or anxious	❑	❑	❑	❑
Your medical provider asks you if you use condoms during sex	❑	❑	❑	❑
Your medical provider is not judgmental about your life	❑	❑	❑	❑
Your medical provider is not judgmental about your medical care choices	❑	❑	❑	❑
Your medical provider asks you about your eating habits, such as if you are having problems chewing	❑	❑	❑	❑
Your medical provider speaks the language you feel most comfortable	❑	❑	❑	❑
It is hard to fill HIV drug prescriptions your medical provider gives you	❑	❑	❑	❑
You want to be more involved in making decisions about medical care	❑	❑	❑	❑
You know the process to make a complaint about your medical care	❑	❑	❑	❑
You think about leaving your medical provider to find better care	❑	❑	❑	❑
You get the medical services you need	❑	❑	❑	❑

MEDICAL SPECIALISTS

26. **In the last 6 months, did your medical provider refer you to a specialist such as a dermatologist, neurologist, or gynecologist?** ❑ Yes ❑ No ❑ Don't know

	Very Satisfied	Satisfied	Not Satisfied	Does not apply
a. If YES, how satisfied are you with the services you received?	❑	❑	❑	❑

27. **In the last 6 months, did you need but DID NOT GET a referral to a medical specialist?**
❑ Yes ❑ No ❑ Don't know

a. If YES, check (✓) all the reasons you did not get a referral to a medical specialist:
- ❑ Your health insurance would not pay for a specialist
- ❑ Could not afford your health insurance co-payment or deductible
- ❑ Did not want anybody to know you have HIV
- ❑ Did not think it was necessary
- ❑ Did not know where to find help from someone who speaks the same language as you
- ❑ The wait for an appointment was too long
- ❑ Could not leave work during the day for a specialist's appointment
- ❑ Could not get childcare
- ❑ Could not get transportation

DENTAL CARE

28. **In the last 6 months, did you get services at a dentist's office or dental clinic?**
❑ Yes ❑ No ❑ Don't know

a. **If YES, what is the name of the dentist's office or clinic you usually go for dental care?**

_____

	Very Satisfied	Satisfied	Not Satisfied	Does not apply
a. If YES, how satisfied are you with the services you received?	❑	❑	❑	❑

29. **In the last 6 months, did you need but DID NOT GET dental care?** ❑ Yes ❑ No ❑ Don't know

a. **If YES, check (✓) all the reasons why you did not get dental care:**
- ❑ Could not afford a dentist
- ❑ Did not know where to find a dentist
- ❑ Did not want anybody to know you have HIV
- ❑ Did not think it was necessary
- ❑ Did not know where to find a dentist who speaks the same language as you
- ❑ The wait for an appointment was too long
- ❑ Could not leave work during the day for a dental appointment
- ❑ Could not get childcare
- ❑ Could not get transportation
- ❑ You are afraid of pain

OUTPATIENT SUBSTANCE ABUSE SERVICES

30. **In the last 6 months, did you get outpatient (community) substance abuse services to treatment drug or alcohol addiction or abuse?** ❑ Yes ❑ No ❑ Don't know

    a. **If YES, what is the name of the outpatient substance abuse service program?**_____
    _____

	Very Satisfied	Satisfied	Not Satisfied	Does not apply
b. If YES, how satisfied are you with the services you received?	❑	❑	❑	❑

31. **In the last 6 months, did you need but DID NOT GET outpatient substance abuse services?**❑ Yes ❑ No ❑ Don't know

    a. **If YES, check (✓) all the reasons you did not get outpatient substance abuse services:**
    - ❑ Could not afford help
    - ❑ Did not know where to find help
    - ❑ Did not want anybody to know you have HIV
    - ❑ Did not think it was necessary
    - ❑ Did not know where to find help from someone who speaks the same language as you
    - ❑ The wait for an appointment was too long
    - ❑ Could not take the time to get help
    - ❑ Could not leave work during the day for an appointment
    - ❑ Could not get childcare
    - ❑ Could not get transportation
    - ❑ Did not want anybody to know you have a substance abuse problem

MENTAL HEALTH SERVICES

32. **In the last 6 months, did you get mental health services from a psychiatrist, psychologist, or other licensed therapist?** ❑ Yes ❑ No ❑ Don't know

    a. **If YES, what is the name of the mental health program or provider?**_____
    _____

	Very Satisfied	Satisfied	Not Satisfied	Does not apply
b. If YES, how satisfied are you with the services you received?	❑	❑	❑	❑

33. **In the last 6 months, did you need but DID NOT GET mental health services?**
    ❑ Yes ❑ No ❑ Don't know

    a. **If YES, check (✓) all the reasons you did not get mental health services:**
    - ❑ Could not afford help
    - ❑ Did not know where to find help
    - ❑ Did not want anybody to know you have HIV
    - ❑ Did not think it was necessary
    - ❑ Did not know where to find help from someone who speaks the same language as you
    - ❑ The wait for an appointment was too long
    - ❑ Could not leave work during the day for an appointment
    - ❑ Could not get childcare

❑ Could not get transportation
❑ Did not want anybody to know you have a mental health problem

HOME HEALTH SERVICES

34. **In the last 6 months, did you get home health services from a nurse or other licensed health worker?** ❑ Yes ❑ No ❑ Don't know

a. **If YES, what is the name of the home health agency?**

_____

	Very Satisfied	Satisfied	Not Satisfied	Does not apply
b. If YES, how satisfied are you with the services you received?	❑	❑	❑	❑

35. **In the last 6 months, did you need but DID NOT GET home health services?**
❑ Yes ❑ No ❑ Don't know

a. **If YES, check (✓) all the reasons you did not get home health services:**
❑ Could not afford help
❑ Did not know where to find help
❑ Did not want anybody to know you have HIV
❑ Did not think it was necessary
❑ Did not know where to find help from someone who speaks the same language as you
❑ The wait for services was too long
❑ Denied services

MEDICAL CASE MANAGEMENT

36. **In the last 6 months, did you get medical case management to help you find and coordinate HIV services?** ❑ Yes ❑ No ❑ Don't know

a. **If YES, what is the name of the medical case management agency?**_____
_____

	Very Satisfied	Satisfied	Not Satisfied	Does not apply
b. If YES, how satisfied are you with the services you received?	❑	❑	❑	❑

37. **In the last 6 months, did you need but DID NOT GET medical case management?**
❑ Yes ❑ No ❑ Don't know

a. **If YES, check (✓) all the reasons you did not get medical case management.**
❑ Could not afford help
❑ Did not know where to find help
❑ Did not want anybody to know you have HIV
❑ Did not think it was necessary
❑ Did not know where to find help from someone who speaks the same language as you
❑ The wait for an appointment was too long
❑ Could not leave work during the day for a doctor's appointment
❑ Could not get childcare
❑ Could not get transportation

FOOD BANK

38. **In the last 6 months, did you get help from a food bank?**
❑ Yes ❑ No ❑ Don't know

a. **If YES, what is the name of the food bank that helped you?**_____

	Very Satisfied	Satisfied	Not Satisfied	Does not apply
b. If YES, how satisfied are you with the services you received?	❑	❑	❑	❑

HIV LEGAL SERVICES

39. **In the last 6 months, did you get HIV legal services about wills, guardianship, or denial of health insurance or disability?** ❑ Yes ❑ No ❑ Don't know

a. **If YES, what is the name of the agency that provided the HIV legal services?**_____

	Very Satisfied	Satisfied	Not Satisfied	Does not apply
b. If YES, how satisfied are you with the services you received?	❑	❑	❑	❑

TRANSPORATION TO MEDICAL SERVICES

40. **In the last 6 months, did you get transportation assistance such as bus passes or van rides to medical services?** ❑ Yes ❑ No ❑ Don't know

a. **If YES, what is the name of the agency that provided transportation to medical services?**_____

	Very Satisfied	Satisfied	Not Satisfied	Does not apply
b. If YES, how satisfied are you with the services you received?	❑	❑	❑	❑

HELP PAYING FOR HIV MEDICAL CARE AND DRUGS

41. **Check (✓) all the ways you pay for medical care:**
❑ Private health insurance (including managed care plans)
❑ Medicare
❑ Medicaid
❑ Veteran's Administration (VA)
❑ Other health insurance (specify name): _____
❑ No health insurance
❑ Don't know

42. **Are you NOW enrolled in the Florida AIDS Drug Assistance Program (ADAP)?**
❑ Yes ❑ No ❑ Don't know

43. **Are you NOW enrolled in the Florida AIDS Insurance Continuation Program (AICP)?**

❑ Yes ❑ No ❑ Don't know

HELP PAYING FOR HEALTH INSURANCE PREMIUMS, CO-PAYMENTS, OR DEDUCTIBLES

44. **In the last 6 months, did you get help to pay for health insurance premiums, co-payments, or deductibles?** ❑ Yes ❑ No ❑ Don't know

    a. **If YES, what is the name of the program that helped you pay for your health insurance premiums, co-payments, or deductibles?**_____

	Very Satisfied	Satisfied	Not Satisfied	Does not apply
b. If YES, how satisfied are you with the services you received?	❑	❑	❑	❑

45. **In the last 6 months, did you need but DID NOT GET help paying for your health insurance premiums, co-payments, or deductibles?** ❑ Yes ❑ No ❑ Don't know

    a. **If YES, check (✓) all the reasons you did not get this service.**
    - ❑ Did not know where to find help
    - ❑ Did not want anybody to know you have HIV
    - ❑ Did not know where to find help from someone who speaks the same language as you
    - ❑ Could not leave work during the day for an appointment
    - ❑ Denied services
    - ❑ Could not get childcare
    - ❑ Could not get transportation

46. **In the last 6 months, did you get help to pay for HIV drugs?** ❑ Yes ❑ No ❑ Don't know

    a. **If YES, what is the name of the agency that helped you pay for your HIV drugs?**

_____

	Very Satisfied	Satisfied	Not Satisfied	Does not apply
b. If YES, how satisfied are you with the services you received?	❑	❑	❑	❑

47. **In the last 6 months, did you need but DID NOT GET help paying for your HIV drugs?** ❑ Yes ❑ No❑ Don't know

    a. **If YES, check (✓) all the reasons you did not help paying for your HIV drugs:**
    - ❑ Did not know where to find help
    - ❑ Did not want anybody to know you have HIV
    - ❑ Did not know where to find help from someone who speaks the same language as you
    - ❑ Could not take the time to get help
    - ❑ The wait for an appointment was too long
    - ❑ Denied services
    - ❑ Could not get childcare
    - ❑ Could not get transportation

HOUSING NEEDS AND ASSISTANCE

48. **Have you been homeless in the last 6 months:** ❒ Yes ❒ No ❒ Don't know
49. **In the last 6 months, how many nights have you NOT had a place of your own to sleep?**
    _____

50. **Check (✓) the place that BEST describes where you lived:**	**6 Months Ago (October 2009)**	**Today**
At an apartment or house that you, your spouse, or your partner pay RENT	❑	❑
At an apartment or house that you, your spouse, or your partner OWN	❑	❑
In a room or boarding house	❑	❑
With a friend or family because you had nowhere else to live	❑	❑
In a hospital or a nursing home	❑	❑
In a supportive living or assisted living facility	❑	❑
In a half-way house, transitional housing, or facility that treats drug or mental health problems	❑	❑
In a jail or prison	❑	❑
In a homeless shelter	❑	❑
In a domestic violence shelter	❑	❑
In a hotel or motel paid for with an emergency shelter voucher	❑	❑
In housing paid for by a government program such, as Section 8 voucher or Shelter+care	❑	❑
In a car, an abandoned building, a bus or train station, or outside	❑	❑

51. **In the last month, approximately how much did you pay for rent or mortgage?** $_____

52. **Think about where you CURRENTLY live, and check (✓) ALL the reasons that prevent you from taking care of your HIV infection?**
- ❒ You do not have a safe place to sleep
- ❒ You do not have privacy
- ❒ You do not have a bed to sleep in
- ❒ You do not have a place to store your HIV drugs
- ❒ You do not have a telephone
- ❒ You do not have enough food to eat
- ❒ You do not have money to pay for rent
- ❒ You do not have heat and/or air conditioning
- ❒ You am afraid of others knowing you have HIV
- ❒ You cannot get away from drugs and/or alcohol in the neighborhood
- ❒ You do not feel safe in the neighborhood
- ❒ You have an abusive spouse or partner
- ❒ Other (Specify) _____

53. **In the last 6 months, did you get help finding a place to live?** ❑ Yes ❑ No ❑ Don't know

a. **If YES, what is the name of agency that helped you to find a place to live?**_____

	Very Satisfied	**Satisfied**	**Not Satisfied**	**Does not apply**
b. If YES, how satisfied are you with the services you received?	❑	❑	❑	❑

54. **In the last 6 months, did you need but DID NOT GET help finding a place to live?**
❑ Yes ❑ No ❑ Don't know

a. **If YES, check (✓) all the reasons you did not get help finding a place to live:**
- ❑ Did not know where to find help
- ❑ Did not want anybody to know you have HIV
- ❑ The wait for an appointment was too long
- ❑ Could not take the time to get help
- ❒ You had no transportation to search for housing
- ❒ You could not find affordable housing
- ❒ You did not have enough money for a deposit
- ❒ You could not find a place where your child or children can live with you
- ❒ You had bad credit
- ❒ You had a criminal record
- ❒ You had a physical disability
- ❒ You had drug or alcohol problems
- ❒ You were put on a waiting list
- ❒ You did not qualify for housing assistance
- ❒ You felt discriminated against

55. **In the last 6 months, did you get help paying for your rent or mortgage?**
❑ Yes ❑ No ❑ Don't know

a. **If YES, what is the name of agency that helped you to pay for your rent or mortgage?**_____
_____

	Very Satisfied	Satisfied	Not Satisfied	Does not apply
b. If YES, how satisfied are you with the services you received?	❑	❑	❑	❑

56. **In the last 6 months, did you need but DID NOT GET help paying your rent or mortgage?**
❑ Yes ❑ No ❑ Don't know

a. **If YES, check (✓) all the reasons you did not get help paying for your rent or mortgage:**
- ❑ Did not know where to find help
- ❑ Did not want anybody to know you have HIV
- ❑ The wait for an appointment was too long
- ❑ Could not take the time to get help
- ❒ You had no transportation to get help
- ❒ You were put on a waiting list
- ❒ You did not qualify for housing assistance
- ❒ You felt discriminated against

57. **In the last 6 months, did you need help paying for your utilities?** ❑ Yes ❑ No ❑ Don't know

a. **If YES, what is the name of agency that helped you to pay for your utilities?**_____
_____

	Very Satisfied	Satisfied	Not Satisfied	Does not apply
b. If YES, how satisfied are you with the services you	❑	❑	❑	❑

received?	

58. **In the last 6 months, did you need but DID NOT GET help paying your utilities?**
❑ Yes ❑ No ❑ Don't know

a. **If YES, check (✓) all the reasons you did not get help paying for your utilities:**
- ❑ Did not know where to find help
- ❑ Did not want anybody to know you have HIV
- ❑ The wait for an appointment was too long
- ❑ Could not take the time to get help
- ❐ You had no transportation to get help
- ❐ You were put on a waiting list
- ❐ You did not qualify for housing assistance
- ❐ You felt discriminated against

59. **In the last 6 months, did you need help paying for temporary or transition housing for six months or less?** ❑ Yes ❑ No ❑ Don't know

a. **If YES, what is the name of agency that helped you to find temporary or transitional housing?**_____
_____

	Very Satisfied	Satisfied	Not Satisfied	Does not apply
b. If YES, how satisfied are you with the services you received?	❑	❑	❑	❑

60. **In the last 6 months, did you need but DID NOT GET help finding temporary or transitional housingforpersons living with HIV?**
❑ Yes ❑ No ❑ Don't know

a. **If YES, check (✓) all the reasons you did not get help finding temporary or transitional housing:**
- ❑ Did not know where to find help
- ❑ Did not want anybody to know you have HIV
- ❑ The wait for an appointment was too long
- ❑ Could not take the time to get help
- ❐ You had no transportation to get help
- ❐ You were put on a waiting list
- ❐ You did not qualify for the facility
- ❐ You felt discriminated against

YOUR FEEDBACK

61. **Is there anything else that would be helpful for us to know? Please write your comments or concerns in the space below.**

Thank you for taking the time to complete the survey!