North Central Florida
CARE Consortium
A WellFlorida Community Partner

2008

Area 3/13 HIV/AIDS Needs Assessment

Alachua Bradford Citrus Columbia Dixie Gilchrist Hamilton Lafayette Lake Levy Marion Putnam Sumter Suwannee Union

Area 3/13 HIV/AIDS Needs Assessment

June 2008

WellFlorida Council

Shane Bailey, MBA/HCM, CHES
Associate Planner

Sandra Carroll
Data and Technology Coordinator

Fay Davis, MA
Quality Assurance Coordinator, HIV/AIDS

Jeff Feller, MSISE
Chief Operations Officer

Karen Klubertanz, RN
Program Director, HIV/AIDS

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HEALTH

Prepared for the North Central Florida CARE Consortium by WellFlorida Council.

WellFlorida Council
1785 NW 80th Blvd.
Gainesville, FL 32606
Tel: (352) 313-6500
Fax: (352) 313-6515
Web: www.wellflorida.org

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INTRODUCTION

This document is the result of a year-long, comprehensive needs assessment completed by WellFlorida Council, Inc. and funded by Part B of the Ryan White HIV/AIDS Treatment Modernization Act through the Florida Department of Health. Assessment of needs is an essential component of the Ryan White Program and is designed to gather information from a variety of sources to better identify the current need for services among persons living with HIV/AIDS. One of the main objectives of this needs assessment is to provide data to assist the the North Central Florida CARE Consortium, in establishing service and spending priorities in Area 3/13.

The North Central Florida CARE Consortium is an association of public and private health care and support service providers, representatives from community-based organizations, persons living with HIV/AIDS, and other persons interested in improving the HIV/AIDS service network in Area 3/13.

WellFlorida Council, Inc. is a private, non-profit organization designated by the State of Florida Department of Health as the lead agency for Ryan White Part B funding in north central Florida and as a project sponsor for the Housing Opportunities Program for Persons with AIDS (HOPWA) program. As the fiscal agent of the Part B program in Area 3/13, WellFlorida Council develops and manages subcontracts with service providers; monitors providers for compliance; performs quality assurance assessments; provides fiscal management; prepares and submits all programmatic reports; and provides administrative support to the Consortium.

This report presents qualitative and quantitative data on numerous areas of interest related to HIV/AIDS including demographics, socioeconomics, health status and access, the epidemic profile, service utilization, and service gaps and barriers.

METHODOLOGY

The modes of data collection consisted of two consumer surveys (local consortium consumer survey and Florida Department of Health, Bureau of HIV/AIDS statewide consumer survey), consumer focus groups, HIV/AIDS community leader interviews, provider survey, epidemiological analysis, and utilization review. Anonymity and confidentiality of all participants was a priority throughout the process. Names were not collected, and individuals were not tracked.

A total of 300 local consumer surveys and 285 Florida Department of Health consumer surveys were collected. The demographic profiles of respondents from both consumer surveys were similar: male, 45 to 64 years of age, White/ Caucasian, non-Hispanic, and a resident of Alachua or Marion counties. The demographics of survey respondents generally replicate the gender, ethnicity, and county of residence of the Area 3/13 Ryan White client population yet vary slightly in the areas of age and race. Focus groups targeted the Black/African American population in an attempt to equalize the racial disparity.

During the months of October and November 2007, focus groups were conducted in the counties of Alachua, Citrus, Marion, Columbia, and Putnam targeting rural, urban, and Black/African American consumers. Each consumer who participated in a focus group was given a $40 gas card. Participation ranged from four to 12 participants in each group with a total of 53 participants.

In January and February 2008, a standard questionnaire was used to conduct interviews with eight individuals identified as key HIV/AIDS community leaders. Due to cost and travel constraints, interviews were conducted by WellFlorida staff via telephone.

A provider survey was used to augment information on the range of community services available in Area 3/13. Surveys were mailed in February 2008 to known providers of HIV/AIDS services soliciting information about service provision, funding sources, staff training, prevention education, out-of-care clients, and perceived barriers to care. Thirty-three providers responded to the survey.

Epidemiological data was provided by the Florida Department of Health, Bureau of HIV/AIDS. Service utilization and clinical data was provided by the Area 3/13 Ryan White database.

GENERAL FINDINGS

Area Profile

Clearly, the sheer number of people in a community is the leading determinant of the demand for health care services. Area 3/13 covers approximately 20 percent of the state's total land area and sustains 7.5 percent of the state's total population. The 15-county area includes the counties of Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union. The largest county in Area 3/13 by population size is Marion County, followed by Lake and Alachua counties. Nine of the area's counties are considered rural.

The racial composition of Area 3/13's population is similar to that of the state with 79.8 percent White/Caucasian, 14.5 percent Black/African American, 1.6 percent

Asian/Pacific Islander, and 4.1 percent all others. The Hispanic population in the area, however, differs with 7.3 percent of Hispanic residents in Area 3/13 compared to the state's 20.5 percent. Area 3/13 has a slightly higher percentage of females than males (50.5 and 49.5 percent, respectively).

As a whole, the 15-county area has a slightly higher percentage of residents living in poverty than the state; and the median household income for each county in the area is less than Florida's median household income of $48,591. The 2007 unemployment rates in Area 3/13 were the same (at a rate of 3.8) as the state at the time of assessment. The rate of the uninsured is 19.1 percent in Area 3/13 compared to the state's 19.2 percent in 2007.

Twenty-two of Florida's 60 correctional institutions are located in Area 3/13. In the area overall, 2.6 percent of the total population is incarcerated.

There is a low density of primary care physicians (family practice, internal medicine, obstetrics/gynecology and pediatrics); and all counties have been designated by the Secretary of Health and Human Services as health professional shortage areas (HPSA). HPSAs may have shortages of primary medical care, dental or mental health providers and may be urban or rural areas, populations groups or medical or other public facilities. These areas are designated because of their low physician-to-population ratio or the over utilization, excessively distant or inaccessibility of resources.

HIV/AIDS Disease Profile

In the most current data available at the time of this report, the Florida Department of Health, Bureau of HIV/AIDS (excluding Department of Corrections) estimates there are 1,488 living adult and pediatric AIDS cases in Area 3/13 and 988 living adult and pediatric HIV cases for a total of 2,476 living adult and pediatric HIV/AIDS cases.

As expected, the three counties with the highest population in Area 3/13 have the highest number of living HIV/AIDS cases. There are 716 persons living with HIV/AIDS in Alachua County; 545 persons in Marion, and 428 persons in Lake County.

There were 3,963 reported HIV/AIDS cases in Area 3/13 (excluding Department of Corrections) as of December 2007. Of these 3,963 cases:

- 48 percent are Black/African American.
- 43 percent are White/Caucasian.
- 8 percent are Hispanic.
- 1 percent are multi-racial.

Of the adult cases (excluding Department of Corrections):

- 33 percent are MSM (male-to-male sexual contact).
- 14 percent are IDU (injection drug use).
- 6 percent have combined risk factors of MSM and IDU.
- 32 percent are heterosexual.
- 2 percent report a risk factor of transfusion/hemophilia.
- 13 percent have no reported risk factor.

Ryan White Client Profile

For the calendar year 2007, there were 215 active new Ryan White clients and 1,275 total active continuing clients. Of the active clients, 803 were case managed. A total of 237 clients were inactive, and 28 were deceased.

The majority of Ryan White clients are male (57.8 percent), Black/African American (48.2 percent) followed closely by White/Caucasian (45.2 percent) and non-Hispanic (80.5 percent). Two of the area's largest counties in terms of general population – Marion and Alachua – house the majority of clients. Over 49 percent of clients have an AIDS status with 36.7 percent HIV positive, no AIDS status; and 14.3 percent HIV positive, AIDS status unknown. The predominant mode of exposure in Area 3/13 Ryan White clients is heterosexual contact (49.3 percent). Men whose HIV transmission risk is male-to-male sexual contact comprise 24.8 percent of area clients.

Service Needs/Issues

Overall, the 2007 Ryan White needs assessment indicates consumers are pleased with the Part B services they are provided and that the services result in more needs being met than not. Persistent areas of need are largely due to the dire economic constraints of many Ryan White clients.

Consumers who participated in the Florida Department of Health survey identified the following as services most important to persons living with HIV/AIDS in Area 3/13:

- dental/oral health
- access to medications
- case management
- housing assistance
- food bank/food vouchers

The Department of Health consumer survey further asked whether services needed were also available to consumers when needed. More than half of the respondents identified the following services as needed and available to them:

- dental/oral health
- medications
- case management
- outpatient medical care

In the 2007 needs assessment, the services most identified by consumers as needed but not obtained are:

- dental/oral health
- food bank or food vouchers
- housing assistance (short-term or one-time help with temporary or transitional housing)
- nutritional counseling
- health insurance (help paying premiums and/or co-pays)
- mental health services

Anticipated Service Needs

Over 60 percent of survey respondents identified the need for dental care in the next year. A little over 2 percent said they would need substance abuse treatment. The top anticipated service needs in the next year were identified by consumers as follows:

- dental care
- case management services
- access to medicines
- access to health care
- payment of prescription co-pays
- transportation.

Consumers were also asked to identify anticipated needs that are not funded by Ryan White Part B in Area 3/13. Over 40 percent of survey respondents reported the need for eye exam/glasses in the next year. Top ranking needs not funded in Area 3/13 are:

- eye exam/glasses
- food/nutrition
- non-food necessities
- massage therapy
- legal assistance.

Anticipated needs for the next year specific to housing services are reported as:

- electric, gas or water payments
- rent payments
- local telephone bills
- finding affordable, decent housing
- housing case management services.

Focus group participants recommended support groups for persons living with HIV/AIDS and their caregivers. Many participants also felt the support group could provide much-needed education.

Barriers to Care

Barriers can limit or prevent persons living with HIV/AIDS from accessing available services. Several prevalent barriers continue across Area 3/13:

- stigma (fear, denial, shame)
  "I don't want people to know I have HIV." Some participants noted they had delayed seeking services because they did not want anyone to know. Others seek services outside the county in which they live so no one knows they are infected with HIV.
- transportation problems
  Transportation is particularly difficult for rural residents who do not have vehicles or access to public transportation. Other transportation problems include cost of gas, distance traveled, and missed appointments due to lack of transportation.
- clinic wait time
  Approximately 50 percent of survey respondents report waiting more than one hour to be seen in clinic. In some cases, the clinic wait time is two or three hours.
- missed appointments
  Missed clinic appointments and "no shows" continue to be a problem in Area 3/13. According to survey respondents, the primary reason for missing an appointment and not calling to cancel or reschedule is "I forgot."

Other barriers noted throughout the assessment include:

- didn't know where or how to apply
- other health problems
- unmet mental health care needs
- service sites located too far away.

Consumers, focus group participants, and HIV/AIDS community leaders recommend greater awareness and education throughout north central Florida. All persons living with HIV/AIDS in Area 3/13 should know where to go for HIV/AIDS services. The need for increased awareness and education is evident throughout the needs assessment from the lack of knowledge of service availability to continued shame, fear and stigma.

KEY ISSUES/RECOMMENDATIONS

As a result of the year-long needs assessment, there are five emergent themes in Area 3/13. Many of these issues are long standing and require an on-going effort to obtain a significant change. Expanded discussions of each of these key issues are presented within the report. The following issues/recommendations are presented in no particular order.

- **Transportation Problems**
  Lack of reliable transportation continues to be an on-going issue in Area 3/13. Transportation is particularly difficult for rural residents who do not have vehicles or access to public transportation. Other transportation problems include cost of gas, distance traveled, and missed appointments due to lack of transportation.

  Continue gas card system with on-going evaluation to expand access to and utilization of the gas cards.

  Explore alternative means of transportation reimbursement such as bus tokens.

  Study non-traditional ways to provide service access, e.g. staff going to the client's location.

- **No Show/Missed Appointments**
  Persons who do not show for a clinic appointment and do not call to reschedule or cancel are an on-going problem in Area 3/13.

  Continue to obtain data and analyze "no show" rates at area clinics.

  Study current clinic practices regarding their appointment reminder system in conjunction with clinic no show rates.

  Explore use of immediate follow-up with consumers who "no show" or miss an appointment. Peer advocate housed at the clinic may assist in this endeavor.

- **Clinic Wait Time**
  At Ryan White Part B-funded ambulatory care clinics in Area 3/13, wait times of longer than one hour (past the scheduled appointment time) are reported by consumers.

  Conduct clinic flow studies in all Area 3/13 clinics to formally collect specific data related to wait time and clinic flow.

Based on clinic flow studies, determine if wait times are due to capacity issues, scheduling practices, or clinic flow.

Identify and encourage one Area 3/13 staff/administrator to conduct a cost analysis of lengthy clinic wait time for the HIV/AIDS clinic.

- **Awareness and Education**

  Lack of knowledge of service availability and continued shame, fear and stigma are experienced by persons living with HIV/AIDS in Area 3/13.

  Utilize peer educators in the clinics as part of the clinic team to provide ongoing education and support particularly for the newly infected.

  Expand support group opportunities in Area 3/13.

  Identify needs and provide additional education for Area 3/13 Ryan White service providers and HIV/AIDS service providers outside the Ryan White care system.

- **Out of Care Population**

  Persons living with HIV/AIDS who are considered to be "out of care" (as defined by HRSA) are often more difficult to reach than "in care" consumers.

  Expand the pilot linkage program at Alachua County Health Department to include the rest of the Area 3/13 clinical network.

  Using a mix of outreach techniques, specifically target the out-of-care population with a needs assessment survey.

  Routinely evaluate clinical outcomes of CD4, viral load and number of clinic visits to identify the "out-of-care" population within the Area 3/13 Ryan White population.

INTRODUCTION

RYAN WHITE PROGRAM

The Ryan White HIV/AIDS Program was first enacted by Congress in 1990 and reauthorized in 1996, 2000, and 2006. Now called the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Public Law 109-415), the new law changed how Ryan White funds can be used, with an emphasis on providing life-saving and life-extending services for people living with HIV/AIDS in the United States. The program was named after Ryan White, the Indiana teenager whose courageous struggle with HIV/AIDS helped to educate the nation.

Programs funded through the Ryan White Program are payers of last resort designed to fill gaps in care not covered by other resources. Most Ryan White Program participants are individuals with no other source of payment for health care services or with Medicaid or private insurance with unmet care needs.

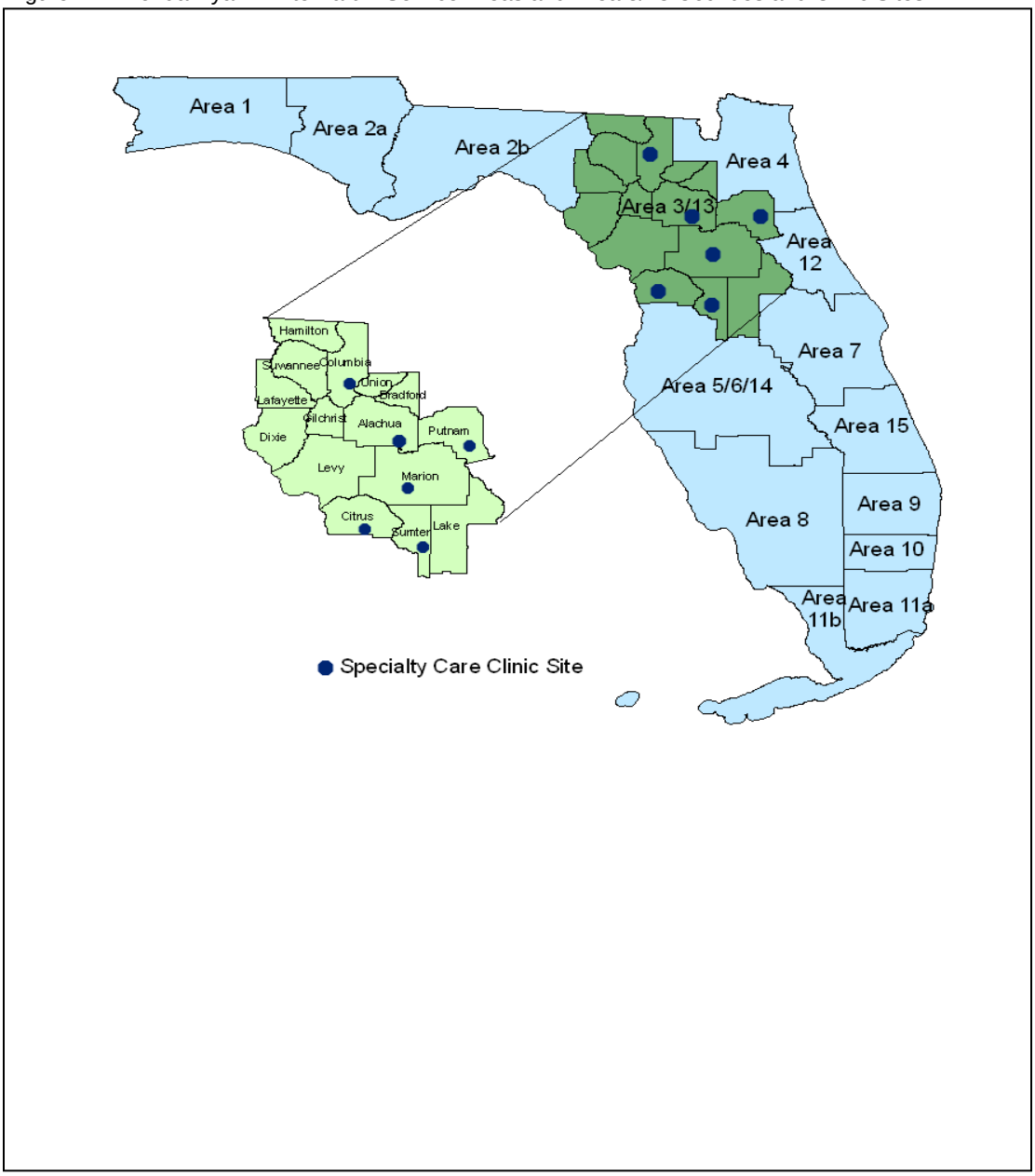
Area 3/13, a 15-county area in north central Florida, is funded through Ryan White Part B (formerly Title II) services which are designed for rural areas of the United States. The federal funds flow from the Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau to the Florida Department of Health. The Florida Department of Health funds and oversees all Part B activities in the state. (*See* Florida Ryan White CARE Act Part B Service Area Map with Consortia and Lead Agency information in Appendix A.)

North Central Florida CARE Consortium

The North Central Florida CARE Consortium is an association of public and private health care and support service providers, representatives from community-based organizations, persons living with HIV/AIDS, and other persons interested in improving the HIV/AIDS service network in north central Florida. The Consortium represents Area 3/13 of the Florida Department of Health, Bureau of HIV/AIDS which includes the following 15 counties in north central Florida: Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union (Figure 1-1).

In Area 3/13, the CARE Consortium elects a voting board of up to 27 persons to conduct its business. The CARE Consortium meets 10 times per year as the policy making, planning, and advisory body for the Part B program.

Figure 1-1. Florida Ryan White Part B Service Areas and Area 3/13 Counties and Clinic Sites.



Prepared by: WellFlorida Council, 2008.

Lead Agency

WellFlorida Council, Inc. is a private, non-profit organization designated since 1991 by the State of Florida Department of Health as the lead agency for Ryan White Part B (formerly Title II) funding in north central Florida and as the project sponsor (since 1993) for the Housing Opportunities Program for Persons with AIDS (HOPWA) Program. As the fiscal agent of the Ryan White Part B Program

in Area 3/13, WellFlorida Council develops and manages subcontracts with providers, monitors providers for compliance, performs quality assurance assessments, develops quality improvement plans, provides fiscal management, conducts the annual HIV/AIDS needs assessment, prepares and submits all programmatic reports, and provides administrative support to the Consortium.

Ryan White Program HIV/AIDS Patient Care Network in Area 3/13

Eligibility Services

Two eligibility specialists located at Catholic Charities in Gainesville provide comprehensive area-wide eligibility determination for Ryan White Part B, Housing Opportunities Program (HOP), AIDS Insurance Continuation Program (AICP), and AIDS Drug Assistance Program (ADAP).

Ambulatory/Outpatient Medical Care

Clinical services are delivered through subcontracted service providers at sites throughout Area 3/13. WellFlorida contracts with the University of Florida, College of Nursing to staff the three rural clinics at the Columbia County Health Department, Sumter County Health Department, and Family Medical and Dental Centers in Putnam County. An Advanced Registered Nurse Practitioner (ARNP) and a Doctor of Pharmacy (PharmD) travel to the three clinics to provide HIV specialty care. The Doctor of Pharmacy also serves Alachua County Health Department's HIV clinic providing medication adherence education and counseling.

HIV Specialty Clinics

- Alachua County Health Department
- Citrus County Health Department
- Marion County Health Department
- Putnam County Health Department

Nurse Practitioner Rural Clinics

- Columbia County Health Department
- Family Medical and Dental Clinic in Interlachen
- Sumter County Health Department

Case Management

Medical case managers at Alachua County Health Department provide initial assessment of service needs, develop a comprehensive individualized service plan, and periodically re-evaluate the service plan.

The HOP case managers located at Catholic Charities in Gainesville authorize housing assistance payments; help clients find decent and affordable housing; and assist clients with budget management issues. This supportive case management activity is partially funded through Ryan White Part B.

Support Services

Additional support services are available in Area 3/13 through fee-for-service providers. Funded services include: dental care, drug reimbursement, durable and consumable medical equipment, health insurance premiums and co-pays, mental health services, and transportation.

Housing Opportunities for Persons with AIDS

Housing Opportunities for Persons with AIDS (locally known as HOP) is a federally funded program with funds from the Department of Housing and Urban Development (HUD) flowing through the Florida Department of Health to the local communities. WellFlorida contracts with Catholic Charities in Gainesville (Alachua County) to deliver housing services. Services include housing case management, rent, mortgage, and utilities assistance.

NEEDS ASSESSMENT METHODOLOGY

This document is the result of a comprehensive assessment process completed by WellFlorida to identify service use, needs, availability, and gaps in care for Area 3/13. Information needed to accomplish a comprehensive review of the area was gleaned from:

- surveillance, demographic and socioeconomic data about the general and HIV/AIDS population
- local consortium consumer survey
- Florida Department of Health consumer survey
- focus group discussions
- key community leader interviews
- service provider survey
- utilization data

Surveillance Data

The Florida Bureau of HIV/AIDS provides extensive case surveillance for the 15 service areas of the state. For some data in this report, the region is divided into two areas: the northern 11 counties of Area 3 and the southern four counties of Area 13. Unless otherwise noted, all surveillance data included in the this document is from the Florida Department of Health, Division of Disease Control, Bureau of HIV/AIDS surveillance section.

Local Consortium Consumer Survey

The 2007 HIV/AIDS consumer survey was mailed to 950 active Ryan White and Housing Opportunities Program (HOP) case-managed clients in Area 3/13. Follow-up notices were mailed to the same clients two weeks later as a reminder to complete and return the survey. Of the 950 mailed surveys, 111 were returned as undeliverable and 244 were completed and returned. For the 839 validly mailed surveys, the response rate was 29 percent.

Identical surveys were distributed to the clinics for placement inside the medical charts of clients seen in the Ryan White-funded clinics, but not actively case managed through Ryan White or HOP. Approximately 365 surveys were distributed to the clinics. However, it is unknown how many of the clients actually received a survey at the next clinic visit. Fifty-six clinic surveys were completed and returned prior to the completion of this document.

The total number of returned surveys including both case managed and clinic totaled 300. (*See* the Community Input section of this document for additional information on the consumer survey.)

Florida Department of Health Consumer Survey

The Florida Department of Health, Bureau of HIV/AIDS initiated a statewide survey targeted to persons living with HIV/AIDS in Florida. The survey was distributed via local Ryan White lead agencies and service programs. In Area 3/13, surveys were mailed via the United States Postal Service to active Ryan White and HOP case-managed clients and distributed to focus group participants. There were 285 surveys completed in Area 3/13 by paper response or online. (*See* the Community Input section of this document for additional information on the Department of Health consumer survey.)

Focus Groups

Focus groups were conducted in the counties of Alachua, Citrus, Marion, Columbia, and Putnam. Participants for these groups were recruited through case managers and mailed announcements. A $40 gas card was offered as a participation incentive and was issued to participants at the conclusion of each meeting. All interested participants were encouraged to call WellFlorida to register. Potential participants took part in a brief screening by phone to determine eligibility based on HIV status, race/ethnicity and location of residence. There were a total of 53 clients who participated in the seven focus groups. Participation ranged from 4 to 12 participants in each group. (*See* the Community Input section of this document for additional information on the focus groups.)

Interviews with Key Community Leaders

A standard questionnaire was used to conduct interviews with eight individuals identified as key community leaders. Initial contact was made via e-mail or phone to solicit participation. The list included governmental representatives, health care providers, and representatives of local businesses and community organizations. (*See* the Community Input section of this document for additional information on the interviews.)

Service Provider Survey

The service provider survey was sent to known providers of HIV/AIDS services in Area 3/13. A total of 197 surveys were mailed via the United States Postal Service. The questionnaire was also available for online completion at the WellFlorida website. Of the 197 mailed surveys, 33 were completed and returned for a response rate of 17 percent. (*See* the Community Input section of this document for additional information on the provider survey.)

Utilization Data

The local Ryan White Program database maintained by the lead agency was accessed to provide client enrollment status, client level demographics, and care patterns of clients in the Ryan White Program in Area 3/13. (*See* the Service Utilization Profile section of this document for additional information on utilization.)

SERVICE NEEDS AND ISSUES

Over a one-year period, quantitative and qualitative data related to HIV/AIDS care in north central Florida have been compiled, organized and evaluated. The CARE Consortium, charged with setting allocation and spending priorities, will utilize this information to focus the direction of its future planning to improve services for persons living with HIV/AIDS in Area 3/13.

DEMOGRAPHIC AND SOCIOECONOMIC PROFILE

INTRODUCTION

This section summarizes the demographic and socioeconomic characteristics of north central Florida residents. The characteristics of a community influence health care needs and the design of service delivery to meet those needs. Numerous health problems, including HIV/AIDS, disproportionately strike people in poverty, in certain racial and ethnic populations, and in other chronically underserved populations.

Data indicators selected for review in this section include: population growth and projections; population by age, gender, race, and ethnicity; education; income; poverty status; unemployment rates; migrant and seasonal farm work; homelessness; and incarceration rates.

The regional and county level of analysis was chosen because the federally-funded Ryan White Program supports a continuum of care in 14 regions across Florida (*See* Appendix A). WellFlorida Council serves as the lead agency for Ryan White Part B funding and covers the north central region (Area 3/13) as identified by the Florida Department of Health. Area 3/13 encompasses the counties of Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union.

Section Highlights

- Based on 2007 population growth estimates, the Census Bureau identifies Lake and Sumter counties on the list of the "100 fastest growing U.S. counties." Lake ranks 25th and Sumter ranks 39th on the Census Bureau list.
- Hamilton County has the greatest percentage of residents without a high school diploma (37.1 percent). Alachua County has slightly over 48 percent of residents with a college degree or higher.
- Area 3/13 has a high prison population with 22 of Florida's 60 correctional institutions located in the area.
- Hispanic residents accounted for about 20.5 percent of Florida's population in 2007. Rural Lafayette County has the highest percentage of Hispanic residents in Area 3/13 with 12.8 percent.
- Population projections for Citrus and Suwannee counties predict over 75 percent increase in Hispanic residents by 2010.
- Overall, 15.3 percent of the area's population lives below 100 percent of poverty as compared to 12.5 percent of the state's population.

The information in this section helps to provide a context for assessing the potential impact of HIV and AIDS in north central Florida. The epidemiological profile in the following section will delineate the current status of HIV/AIDS cases in Area 3/13 and among different populations.

DEMOGRAPHIC CHARACTERISTICS

Clearly, the sheer number of people in a community is the leading determinant of the demand for health care services. Florida, a diverse state with nearly 18.5 million people, is the fourth largest state in terms of population according to the 2007 annual estimate by the United States Census Bureau. Area 3/13 covers approximately 20 percent of the state's total land area – about 10,505 square miles – and sustains 7.5 percent of the state's total population (Table 2-1).

The largest county in Area 3/13 by population size is Marion County with an estimated 2007 population of 328,656. The second most populated county is Lake County with an estimated 292,691 residents. Alachua County with a population of 244,351 is third in terms of population size (Table 2-1, Figure 2-1).

A county with a population density of less than 100 individuals per square mile is defined as "rural" by Florida Statute.[1] Of Florida's 33 rural counties, nine are in Area 3/13 – Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Suwannee, and Union (Table 2-1).

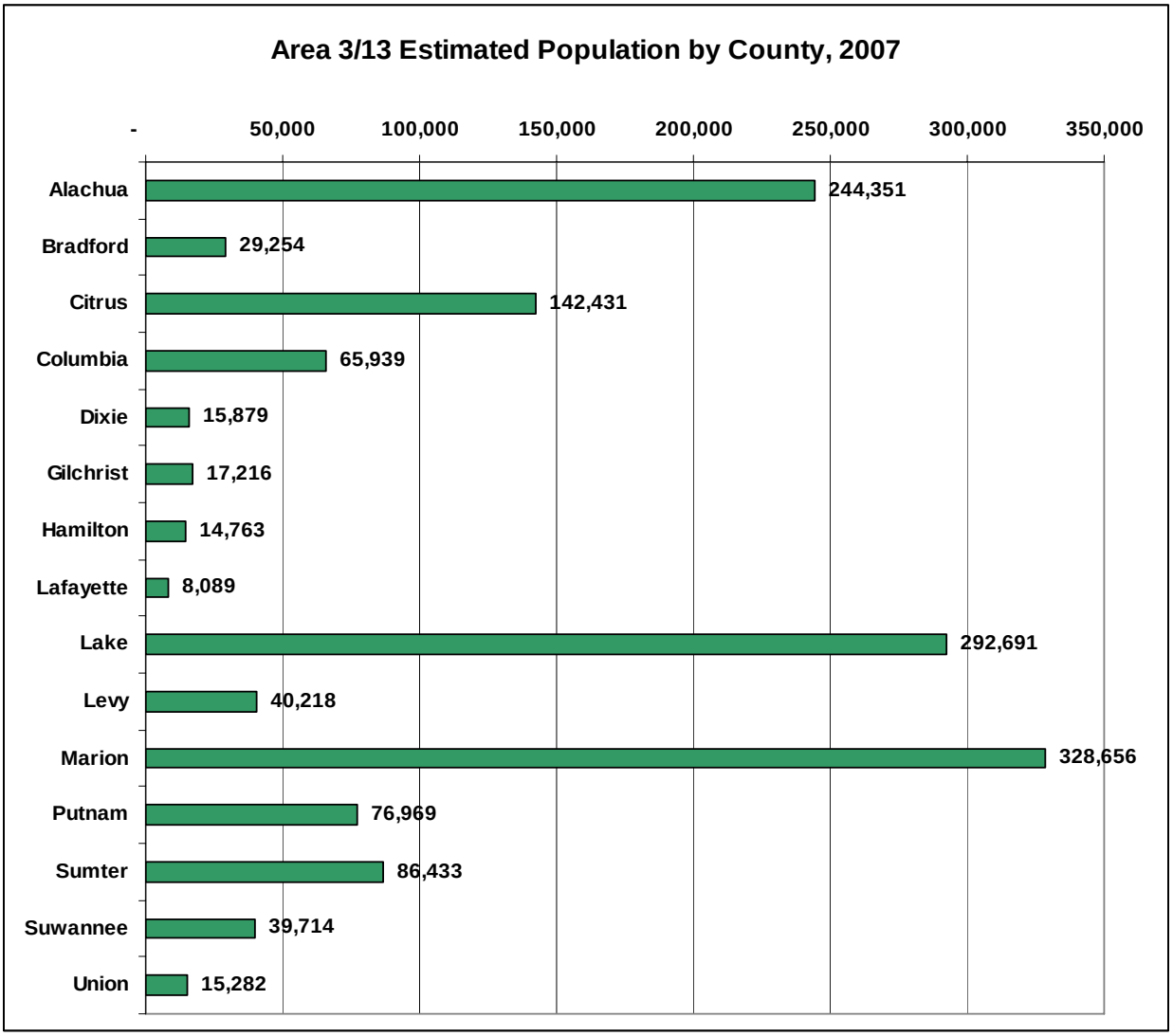
Table 2-1 also shows the population density of Area 3/13 counties. Population density is calculated by dividing the total population by the total number of square miles. Area 3/13's population density is only 39 percent of the state average. Area 3/13 population is estimated by summing the population of the identified counties.

Table 2-1. Total Estimated Population and Density by County and Florida, 2007.

Area 3/13	2007 Population	Land Area (Square Miles)	Density (Persons per Square Mile)
Alachua	244,351	874.3	279.5
Bradford	29,254	293.1	99.8
Citrus	142,431	583.8	244.0
Columbia	65,939	797.1	82.7
Dixie	15,879	704.0	22.6
Gilchrist	17,216	348.9	49.3
Hamilton	14,763	514.9	28.7
Lafayette	8,089	542.8	14.9
Lake	292,691	953.2	307.1
Levy	40,218	1,118.4	36.0
Marion	328,656	1,578.9	208.2
Putnam	76,969	721.9	106.6
Sumter	86,433	545.7	158.4
Suwannee	39,714	687.6	57.8
Union	15,282	240.3	63.6
Area 3/13	1,417,885	10,504.8	135.0
Florida	18,893,813	53,926.8	350.4

Source: U.S. Department of Commerce, Census Bureau, 2000 Summary File; ESRI Business Solutions, 2007.
Prepared by: WellFlorida Council, 2008.

Figure 2-1. Total Estimated Population of Area 3/13 Counties, 2007.



Source: ESRI Business Solutions, 2007.
Prepared by: WellFlorida Council, 2008.

Living in a rural area in itself is a health risk factor because of many associated factors that can negatively impact health and access to health care. Florida's Office of Rural Health identifies the following issues relative to Florida's rural residents:

- disproportionately higher death rates
- large populations of uninsured or underinsured persons
- recruitment/retention problems for emergency medical services
- shortage of health care providers
- limited access to services
- significant financial hardships.[2]

Because of these issues, persons living with HIV/AIDS who reside in the rural areas often face exaggerated barriers when accessing health care.

Population Growth and Projections

Population growth is anticipated in all 15 counties of Area 3/13 (Table 2-2). The 2000 to 2012 percentage change varies across the area from an estimated 2.7 percent increase in Union County to an estimated 40 percent increase in population in Sumter County (Table 2-3).

Table 2-2. Projected Population by Area 3/13 Counties and Florida, 2000-2012.

Area	2000 Population	2003 Population	2005 Population	2007 Population	2012 Population
Alachua	217,955	228,316	237,372	244,351	261,319
Bradford	26,088	26,748	27,380	29,254	31,192
Citrus	118,085	125,887	132,823	142,431	164,661
Columbia	56,513	59,799	60,717	65,939	73,786
Dixie	13,827	14,257	14,601	15,879	17,290
Gilchrist	14,437	15,415	15,940	17,216	19,577
Hamilton	13,327	14,048	14,045	14,763	15,436
Lafayette	7,022	7,479	7,509	8,089	8,435
Lake	210,528	238,991	260,927	292,691	359,915
Levy	34,450	36,820	37,315	40,218	44,874
Marion	258,916	277,141	302,001	328,656	389,684
Putnam	70,423	71,088	72,193	76,969	82,104
Sumter	53,345	61,126	70,659	86,433	121,740
Suwannee	34,844	37,158	38,710	39,714	43,791
Union	13,442	14,194	14,070	15,282	15,693
Area 3/13	1,143,202	1,228,467	1,306,262	1,417,885	1,649,497
Florida	15,982,378	16,995,730	17,926,011	18,893,813	21,311,920

Source: ESRI Business Solutions, 2003, 2005, and 2007.
Prepared by: WellFlorida Council, 2008.

As seen in Table 2-3, eight counties of Area 3/13 are expected to increase their population from 2007 to 2012 by 10 percent or less (Alachua, Bradford, Dixie, Hamilton, Lafayette, Putnam, Suwannee, and Union). The five counties of Citrus (15.6 percent), Gilchrist (13.7 percent), Lake (23 percent), Marion (18.6 percent), and Sumter (40.8 percent) are expected to exceed Florida's anticipated 12.8 percentage change from 2007 to 2012.

The United States Census Bureau, based on 2007 population growth estimates, identifies Lake and Sumter counties in Area 3/13 on the list of the "100 fastest growing United States counties with a 10,000 or more population." Lake County is ranked at number 25 while Sumter County makes the list ranked in the 39th spot.[3]

When making decisions about health and health services, it is important to examine future population trends. An increase or decrease in population within a given area (rural or urban) results in a change in the demand for services and ultimately, an increase or decrease in the need for service capacity.

Table 2-3. Percent Change in Population Growth by Area 3/13 Counties and Florida, 2000-2012.

Area	2000-2003	2000-2005	2000-2007	2000-2012	2003-2005	2005-2007	2007-2012
Alachua	4.8	8.9	12.1	19.9	4.0	2.9	6.9
Bradford	2.5	5.0	12.1	19.6	2.4	6.8	6.6
Citrus	6.6	12.5	20.6	39.4	5.5	7.2	15.6
Columbia	5.8	7.4	16.7	30.6	1.5	8.6	11.9
Dixie	3.1	5.6	14.8	25.0	2.4	8.8	8.9
Gilchrist	6.8	10.4	19.2	35.6	3.4	8.0	13.7
Hamilton	5.4	5.4	10.8	15.8	(0.0)	5.1	4.6
Lafayette	6.5	6.9	15.2	20.1	0.4	7.7	4.3
Lake	13.5	23.9	39.0	71.0	9.2	12.2	23.0
Levy	6.9	8.3	16.7	30.3	1.3	7.8	11.6
Marion	7.0	16.6	26.9	50.5	9.0	8.8	18.6
Putnam	0.9	2.5	9.3	16.6	1.6	6.6	6.7
Sumter	14.6	32.5	62.0	128.2	15.6	22.3	40.8
Suwannee	6.6	11.1	14.0	25.7	4.2	2.6	10.3
Union	5.6	4.7	13.7	16.7	(0.9)	8.6	2.7
Area 3/13	7.5	14.3	24.0	44.3	6.3	8.5	16.3
Florida	6.3	12.2	18.2	33.3	5.5	5.4	12.8

Source: ESRI Business Solutions, 2003, 2005, and 2007.
Prepared by: WellFlorida Council, 2008.

Population by Age, Gender, Race, and Ethnicity

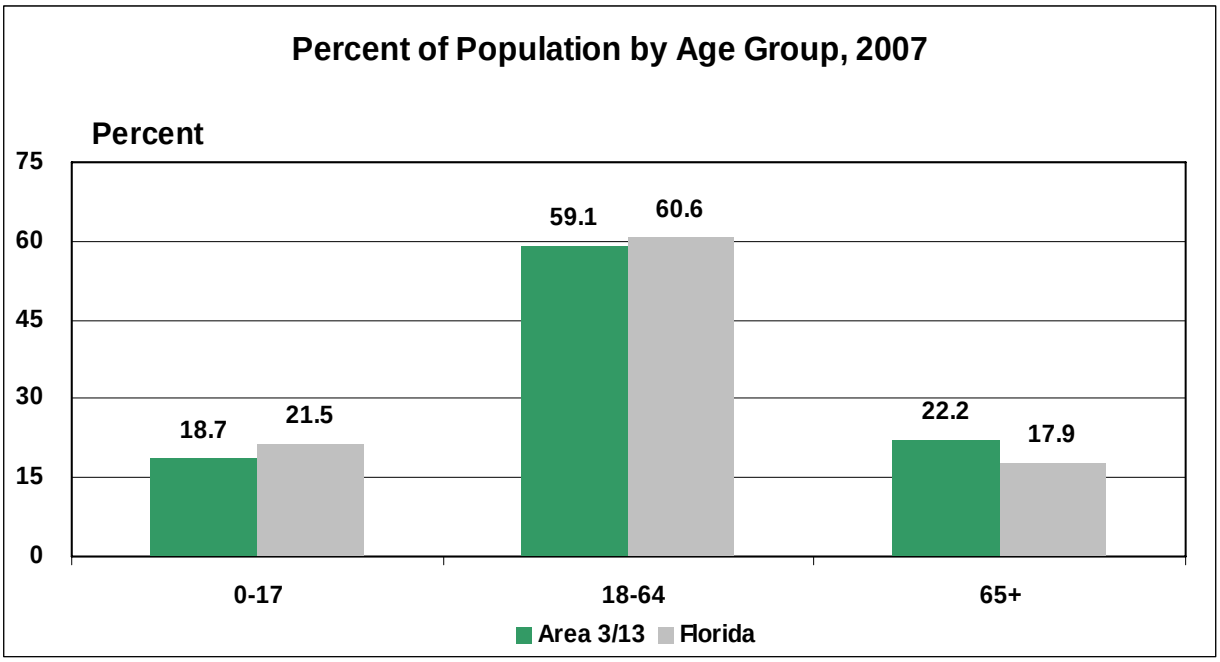
Age, gender, race, and ethnicity are all factors that play a role in health care access and health outcome. Typically, older persons will have greater health care service needs than their younger counterparts; and health care research has long shown racial/ethnic disparities exist in access to health care and in key health outcomes. In addition, the primary health care needs of males and females can differ greatly, especially at critical stages of life. Reviewing population characteristics based on these factors shows disparities existing in certain population groups.

Age

The total United States population increased from 151 million to 296 million from 1950 to 2005, representing an average annual growth rate of 1.2 percent. During the same period, the population 65 years of age and over grew an average of 2 percent. The fastest growing population was 75 years and older averaging 2.8 percent per year.[4] It is anticipated the older age groups will continue to grow more rapidly than the total population until 2050. Florida has the largest proportion of elderly residents in the United States with approximately 18 percent of the population 65 years or older.[5]

Figure 2-2 compares the percentage of population by age group for Area 3/13 and Florida. As expected because of the greater number of years within the category, individuals 18 to 64 years of age represent the largest proportion of the population in Area 3/13 and Florida. Area 3/13 shows a slightly higher percentage of people age 65 and over, and slightly lower in the 0 to 17 age group when compared to Florida's population.

Figure 2-2. Percent of Population by Age Group in Area 3/13 and Florida.



Source: ESRI Business Solutions, 2007.
Prepared by: WellFlorida Council, 2008.

To identify anticipated service needs for a given area, it is important to examine age distribution of the population. Table 2-4 displays the age distribution for the population in each county of Area 3/13 and Florida in 2007.

- 73.8 percent of Union County's population is in the 18 to 64 age group. Alachua County has 71.6 percent of its population in this age group, while Sumter is on the lower end with 53 percent.

- The 65 and older age group comprises approximately 33 percent of the population of Citrus and of Sumter counties compared to 17.9 percent of Florida's population. Union County has the lowest 65 and older population with 7.4 percent.
- Lake and Marion, the two largest Area 3/13 counties in terms of numbers of residents, have similar percentages when compared to one another across all three age categories.
- Alachua County, the third in terms of population size, varies from Lake and Marion counties with a higher percentage of residents in the 18 to 64 age group. It is noted Gainesville is the home of the University of Florida.
- The age distributions in Suwannee and Putman counties are the most similar to the age distribution of the state.

Table 2-4. Population by Age in Area 3/13 Counties and Florida, 2007.

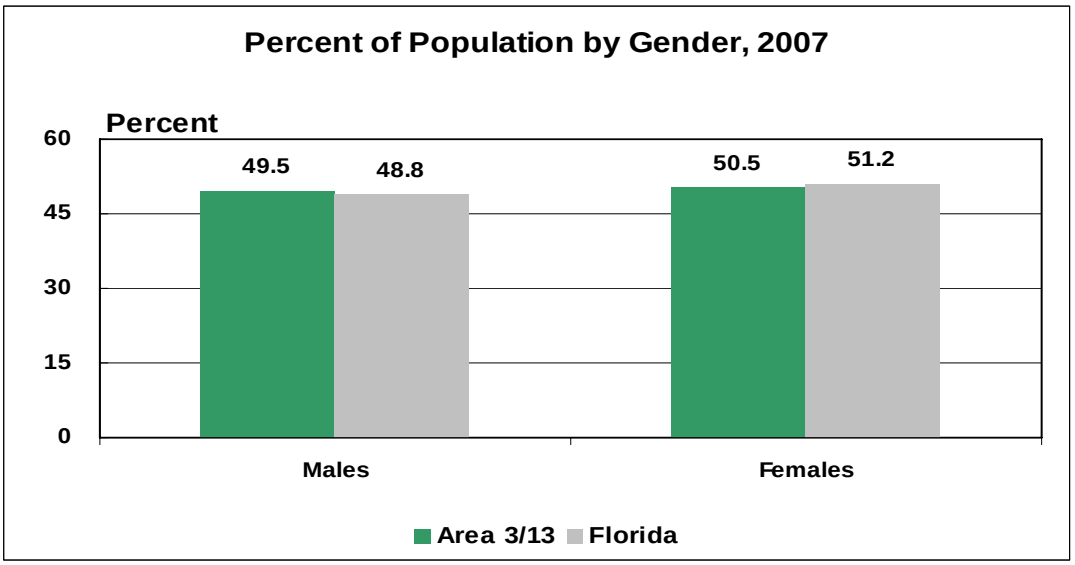
Area	2007 Population	0-17		18-64		65+	
		Number	Percent	Number	Percent	Number	Percent
Alachua	244,351	44,228	18.1	174,955	71.6	25,168	10.3
Bradford	29,254	5,675	19.4	19,688	67.3	3,891	13.3
Citrus	142,431	20,510	14.4	74,491	52.3	47,430	33.3
Columbia	65,939	15,100	22.9	40,948	62.1	9,891	15.0
Dixie	15,879	3,096	19.5	9,813	61.8	2,969	18.7
Gilchrist	17,216	3,701	21.5	10,881	63.2	2,634	15.3
Hamilton	14,763	3,174	21.5	9,921	67.2	1,668	11.3
Lafayette	8,089	1,537	19.0	5,468	67.6	1,084	13.4
Lake	292,691	57,660	19.7	160,102	54.7	74,929	25.6
Levy	40,218	8,285	20.6	24,493	60.9	7,440	18.5
Marion	328,656	61,130	18.6	181,089	55.1	86,437	26.3
Putnam	76,969	16,933	22.0	45,720	59.4	14,316	18.6
Sumter	86,433	11,928	13.8	45,809	53.0	28,696	33.2
Suwannee	39,714	8,618	21.7	23,908	60.2	7,188	18.1
Union	15,282	2,873	18.8	11,278	73.8	1,131	7.4
Area 3/13	1,417,885	264,449	18.7	838,565	59.1	314,872	22.2
Florida	18,893,813	4,062,170	21.5	11,449,651	60.6	3,381,993	17.9

Source: ESRI Business Solutions, 2007.
Prepared by: WellFlorida Council, 2008.

Gender

In Florida, according to the 2007 population estimates, 51.2 percent of residents are female and 48.8 percent of residents are male (Figure 2-3). Like the state, Area 3/13 has a slightly higher percentage of females than males (50.5 and 49.5 percent, respectively).

Figure 2-3. Percent of Population by Gender in Area 3/13 and Florida, 2007.



Source: ESRI Business Solutions, 2007.
Prepared by: WellFlorida Council, 2008.

Table 2-5 depicts eight counties in Area 3/13 with higher male than female populations: Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Sumter, and Union. In general, communities with a greater percentage of males may be expected to have higher rates of HIV/ AIDS since men are more likely to be infected. It is important to note the individual county population numbers in Area 3/13 also include the Florida Department of Corrections' inmate population. In some cases, the corrections population may skew the county population numbers. For example, in Union County where there is a major institution, the male population is almost double that of females.

Table 2-5. Population by Gender in Area 3/13 Counties and Florida, 2007.

Area	2007 Population	Males		Females	
		Number	Percent	Number	Percent
Alachua	244,351	119,488	48.9	124,863	51.1
Bradford	29,254	16,558	56.6	12,696	43.4
Citrus	142,431	68,509	48.1	73,922	51.9
Columbia	65,939	33,365	50.6	32,574	49.4
Dixie	15,879	8,543	53.8	7,336	46.2
Gilchrist	17,216	8,987	52.2	8,229	47.8
Hamilton	14,763	8,622	58.4	6,141	41.6
Lafayette	8,089	5,023	62.1	3,066	37.9
Lake	292,691	141,662	48.4	151,029	51.6
Levy	40,218	19,586	48.7	20,632	51.3
Marion	328,656	158,412	48.2	170,244	51.8
Putnam	76,969	38,177	49.6	38,792	50.4
Sumter	86,433	45,464	52.6	40,969	47.4
Suwannee	39,714	19,380	48.8	20,334	51.2
Union	15,282	10,117	66.2	5,165	33.8
Area 3/13	1,417,885	701,893	49.5	715,992	50.5
Florida	18,893,813	9,220,181	48.8	9,673,632	51.2

Source: ESRI Business Solutions, 2007.
Prepared by: WellFlorida Council, 2008.

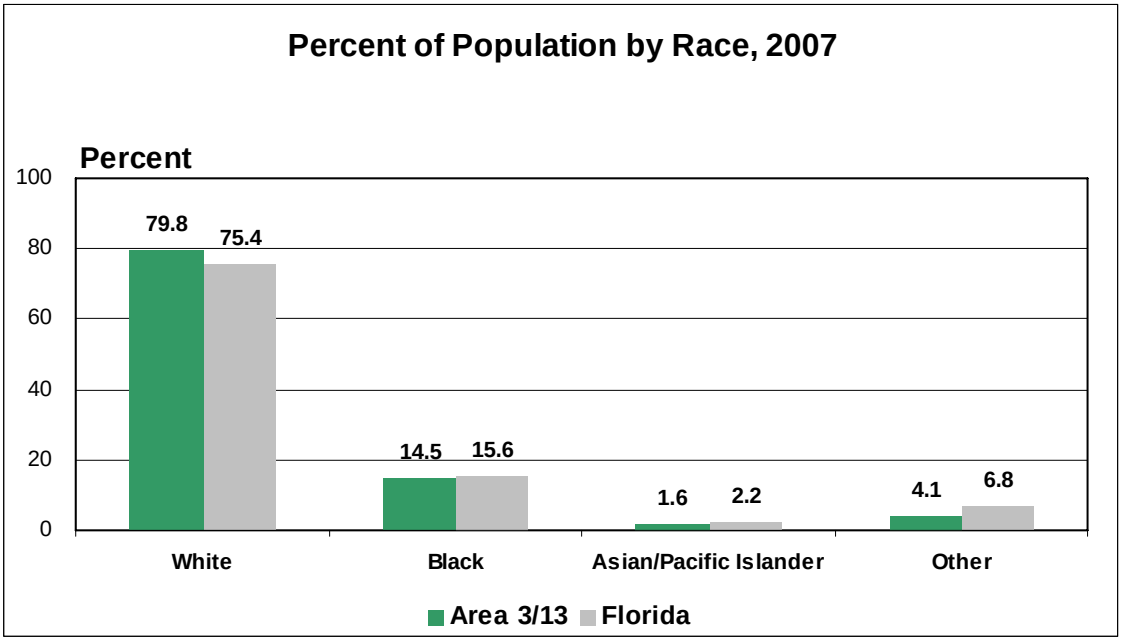
Race and Ethnicity

The racial and ethnic composition of a population can have important consequences since many measures of disease differ significantly by race and ethnicity. The Centers for Disease Control and Prevention reports that although Blacks/African Americans made up only 13 percent of the population in 2006, they accounted for almost half of the estimated number of HIV/AIDS diagnoses.[6]

Given this information, examining the racial makeup of the general population of Area 3/13 will help to predict potential impact of HIV spread. The Hispanic population is considered separately because it is identified as an ethnicity, rather than a race. This means a person could be Hispanic and White/Caucasian, Hispanic and Asian, or Hispanic and Black/African American.

Figure 2-4 summarizes the general population by race in Area 3/13 counties and Florida. Florida's population is 75.4 percent White/Caucasian, 15.6 percent Black/African American, and 2.2 percent Asian/Pacific Islander. All others combined are 6.8 percent of the population.

Figure 2-4. Percent of Population by Race in Area 3/13 and Florida, 2007.



Source: ESRI Business Solutions, 2007.
Prepared by: WellFlorida Council, 2008.

The general population of Area 3/13 is 79.8 percent White/Caucasian, 14.5 percent Black/African American, 1.6 percent Asian/Pacific Islander, and 4.1 percent all others. Table 2-6 depicts the greater individual variances within each county:

- Alachua has over twice the percentage of residents (4.7 percent) who identified as Asian/Pacific Islander compared to 2.2 percent of Florida. Eleven of the 15 counties have less than one percent of residents who identified as Asian/Pacific Islander.
- Significantly lower than the state average (15.6 percent) of the Black/African American population are the counties of Citrus (2.9 percent), Gilchrist (8.4 percent), and Lake (9.8 percent).
- The Black/African American population is above the state average in the counties of Alachua (21.9 percent), Bradford (24.1 percent), Hamilton (41.6 percent), and Union (26.3 percent) as compared to 15.6 percent of Florida.
- Conversely, the counties mentioned above who are significantly lower in the Black/African American population are higher in the White/Caucasian population. For example, Citrus County has 2.9 percent of its population identified as Black/African American and 93.8 percent of its population White/Caucasian.
- With the exception of Lafayette (8.2 percent) and Putnam (6.1 percent), all other Area 3/13 counties are lower than the "all others" population of Florida (6.8 percent).

Table 2-6. Population by Race in Area 3/13 Counties and Florida, 2007.

Area	2007 Population	Asian/Pacific Islander		Black		White		All Others	
		Number	%	Number	%	Number	%	Number	%
Alachua	244,351	11,484	4.7	53,513	21.9	168,602	69.0	10,751	4.4
Bradford	29,254	263	0.9	7,050	24.1	21,121	72.2	819	2.8
Citrus	142,431	1,567	1.1	4,130	2.9	133,600	93.8	3,133	2.2
Columbia	65,939	593	0.9	13,122	19.9	50,180	76.1	2,044	3.1
Dixie	15,879	64	0.4	1,699	10.7	13,719	86.4	397	2.5
Gilchrist	17,216	34	0.2	1,446	8.4	15,219	88.4	516	3.0
Hamilton	14,763	44	0.3	6,141	41.6	7,987	54.1	591	4.0
Lafayette	8,089	16	0.2	1,335	16.5	6,075	75.1	663	8.2
Lake	292,691	3,220	1.1	28,684	9.8	247,617	84.6	13,171	4.5
Levy	40,218	201	0.5	5,188	12.9	33,421	83.1	1,408	3.5
Marion	328,656	3,287	1.0	44,369	13.5	266,211	81.0	14,790	4.5
Putnam	76,969	462	0.6	15,086	19.6	56,726	73.7	4,695	6.1
Sumter	86,433	519	0.6	13,829	16.0	68,541	79.3	3,544	4.1
Suwannee	39,714	278	0.7	5,639	14.2	32,367	81.5	1,430	3.6
Union	15,282	76	0.5	4,019	26.3	10,590	69.3	596	3.9
Area 3/13	1,417,885	22,108	1.6	205,251	14.5	1,131,977	79.8	58,548	4.1
Florida	18,893,813	415,664	2.2	2,947,435	15.6	14,245,935	75.4	1,284,779	6.8

Source: ESRI Business Solutions, 2007.
Prepared by: WellFlorida Council, 2008.

The population projections through 2010 by race are presented in Table 2-7. Florida's population is projected to increase from 2005 to 2010 by approximately 11.4 percent, which includes a 14.3 percent increase in Black/African Americans, 10.5 percent increase in White/Caucasians and 21.7 percent increase in all others.

Table 2-7. Population Projections by Race by Area 3/13 Counties and Florida, 2000-2010.

County	Race	Population by Year			Percent Change		
		2000	2005	2010	2000-2005	2000-2010	2005-2010
Alachua	Black	43,634	51,122	56,311	17.2	29.1	10.2
	White	166,508	179,729	191,885	7.9	15.2	6.8
	All Others	9,097	11,007	12,576	21.0	38.2	14.3
	Total	219,239	241,858	260,772	10.3	18.9	7.8
Bradford	Black	5,522	6,209	6,300	12.4	14.1	1.5
	White	20,260	21,592	23,075	6.6	13.9	6.9
	All Others	328	394	443	20.1	35.1	12.4
	Total	26,110	28,195	29,818	8.0	14.2	5.8
Citrus	Black	2,980	3,873	4,787	30.0	60.6	23.6
	White	114,171	127,616	142,734	11.8	25.0	11.8
	All Others	1,538	1,983	2,468	28.9	60.5	24.5
	Total	118,689	133,472	149,989	12.5	26.4	12.4
Columbia	Black	9,855	10,558	11,750	7.1	19.2	11.3
	White	46,011	50,253	56,150	9.2	22.0	11.7
	All Others	817	933	1,129	14.2	38.2	21.0
	Total	56,683	61,744	69,029	8.9	21.8	11.8
Dixie	Black	1,279	1,408	1,456	10.1	13.8	3.4
	White	12,491	13,942	15,433	11.6	23.6	10.7
	All Others	113	132	146	16.8	29.2	10.6
	Total	13,883	15,482	17,035	11.5	22.7	10.0
Gilchrist	Black	1,049	1,116	1,259	6.4	20.0	12.8
	White	13,388	15,086	17,281	12.7	29.1	14.5
	All Others	96	101	125	5.2	30.2	23.8
	Total	14,533	16,303	18,665	12.2	28.4	14.5
Hamilton	Black	5,150	5,350	5,435	3.9	5.5	1.6
	White	8,189	8,812	9,349	7.6	14.2	6.1
	All Others	118	157	191	33.1	61.9	21.7
	Total	13,457	14,319	14,975	6.4	11.3	4.6
Lafayette	Black	1,054	1,188	1,306	12.7	23.9	9.9
	White	5,926	6,792	7,043	14.6	18.8	3.7
	All Others	81	84	110	3.7	35.8	31.0
	Total	7,061	8,064	8,459	14.2	19.8	4.9
Lake	Black	18,175	22,605	30,017	24.4	65.2	32.8
	White	191,704	239,192	286,472	24.8	49.4	19.8
	All Others	2,944	3,919	5,470	33.1	85.8	39.6
	Total	212,823	265,716	321,959	24.9	51.3	21.2

Source: Florida Department of Health, Office of Planning, Evaluation and Data Analysis, http://www.floridacharts.com/charts/chart.aspx, accessed April 18, 2008.
Prepared by: WellFlorida Council, 2008.

Table 2-7. Population Projections by Race by Area 3/13 Counties and Florida, 2000-2010, *Continued.*

County	Race	Population by Year			Percent Change		
		2000	2005	2010	2000-2005	2000-2010	2005-2010
Levy	Black	3,871	4,134	4,437	6.8	14.6	7.3
	White	30,408	33,608	37,826	10.5	24.4	12.6
	All Others	347	394	482	13.5	38.9	22.3
	Total	34,626	38,136	42,745	10.1	23.4	12.1
Marion	Black	31,112	35,966	41,791	15.6	34.3	16.2
	White	225,738	267,278	308,553	18.4	36.7	15.4
	All Others	3,557	4,402	5,477	23.8	54.0	24.4
	Total	260,407	307,646	355,821	18.1	36.6	15.7
Putnam	Black	12,221	12,539	13,322	2.6	9.0	6.2
	White	57,533	60,467	62,752	5.1	9.1	3.8
	All Others	778	891	1,054	14.5	35.5	18.3
	Total	70,532	73,897	77,128	4.8	9.4	4.4
Sumter	Black	7,558	9,642	9,346	27.6	23.7	-3.1
	White	45,978	65,083	90,205	41.6	96.2	38.6
	All Others	667	935	1,026	40.2	53.8	9.7
	Total	54,203	75,660	100,577	39.6	85.6	32.9
Suwannee	Black	4,318	4,389	4,624	1.6	7.1	5.4
	White	30,389	33,513	38,722	10.3	27.4	15.5
	All Others	384	417	501	8.6	30.5	20.1
	Total	35,091	38,319	43,847	9.2	25.0	14.4
Union	Black	3,132	3,544	3,585	13.2	14.5	1.2
	White	10,176	11,391	12,430	11.9	22.2	9.1
	All Others	165	200	231	21.2	40.0	15.5
	Total	13,473	15,135	16,246	12.3	20.6	7.3
Area 3/13	Black	150,910	173,643	195,726	15.1	29.7	12.7
	White	978,870	1,134,354	1,299,910	15.9	32.8	14.6
	All Others	21,030	25,949	31,429	23.4	49.4	21.1
	Total	1,150,810	1,333,946	1,527,065	15.9	32.7	14.5
Florida	Black	2,487,562	2,949,668	3,370,315	18.6	35.5	14.3
	White	13,200,518	14,581,665	16,113,630	10.5	22.1	10.5
	All Others	386,816	487,164	592,930	25.9	53.3	21.7
	Total	16,074,896	18,018,497	20,076,875	12.1	24.9	11.4

Source: Florida Department of Health, Office of Planning, Evaluation and Data Analysis, http://www.floridacharts.com/charts/chart.aspx, accessed April 18, 2008.
Prepared by: WellFlorida Council, 2008.

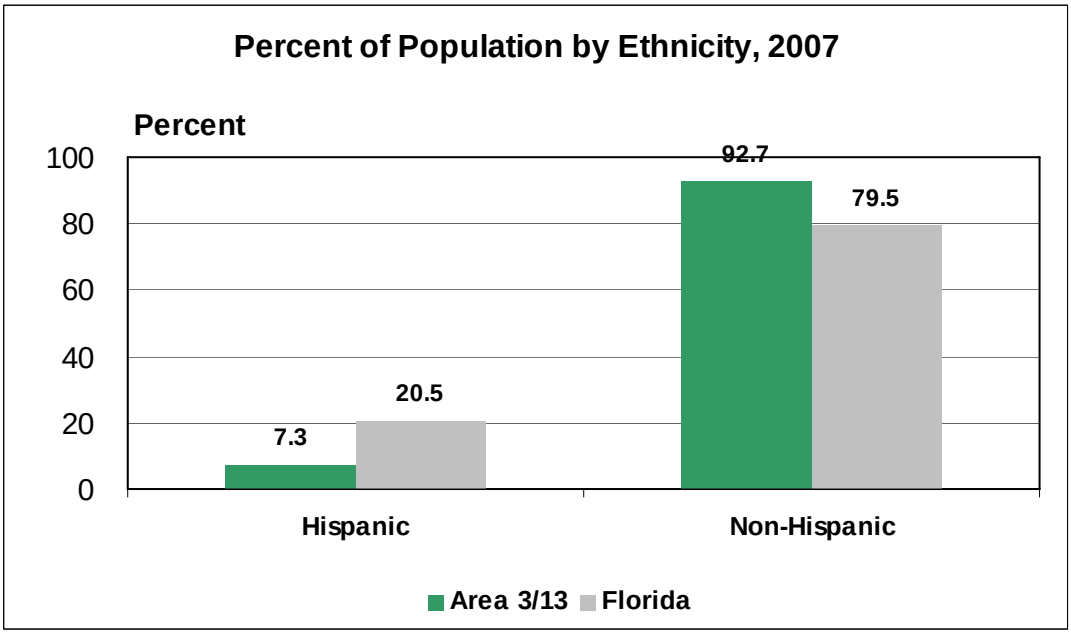
As previously noted, the Hispanic population is considered separately because it is identified as an ethnicity, rather than a race. This means a person could be Hispanic and any race. Factors that contribute to poor health outcomes among Hispanics include language and cultural barriers, lack of access to preventative health care, and lack of health insurance.[7]

According to the 2000 Census, Hispanics of all races represent 13.3 percent of the United States population, about 37.4 million individuals. The Census Bureau projects that by the year 2040, there will be 87.5 million Hispanic individuals, comprising 22.3 percent of the population. [8]

Between 1990 and 2000, Florida's Hispanic population increased from 1.6 million to 2.7 million persons (70.4 percent increase). As Florida's largest minority group, Hispanics are projected to account for about 23 percent of Florida's population by 2030 according to University of Florida's Bureau of Economic and Business Research.

As seen in Figure 2-5, Area 3/13's 7.3 percent Hispanic population is notably less than the 20.5 percent of Florida's residents. In Table 2-8, Area 3/13 county population by ethnicity is detailed. Six of Area 3/13 counties have five percent or less of county residents identified as Hispanic (Bradford, Citrus, Columbia, Dixie, Gilchrist, and Union counties). The remaining nine counties range from 5.6 percent to 12.8 percent of Hispanic residents. Rural Lafayette County has the highest percentage of Hispanic residents with 12.8 percent.

Figure 2-5. Percent of Population by Ethnicity in Area 3/13 and Florida, 2007.



Source: ESRI Business Solutions, 2007.
Prepared by: WellFlorida Council, 2008.

Table 2-8. Population by Ethnicity by Area 3/13 Counties and Florida, 2007.

Area	2007 Population	Hispanic		Non-Hispanic	
		Number	Percent	Number	Percent
Alachua	244,351	19,304	7.9	225,047	92.1
Bradford	29,254	995	3.4	28,259	96.6
Citrus	142,431	5,555	3.9	136,876	96.1
Columbia	65,939	2,572	3.9	63,367	96.1
Dixie	15,879	413	2.6	15,466	97.4
Gilchrist	17,216	706	4.1	16,510	95.9
Hamilton	14,763	1,255	8.5	13,508	91.5
Lafayette	8,089	1,035	12.8	7,054	87.2
Lake	292,691	23,708	8.1	268,983	91.9
Levy	40,218	2,252	5.6	37,966	94.4
Marion	328,656	28,264	8.6	300,392	91.4
Putnam	76,969	6,388	8.3	70,581	91.7
Sumter	86,433	7,693	8.9	78,740	91.1
Suwannee	39,714	2,780	7.0	36,934	93.0
Union	15,282	764	5.0	14,518	95.0
Area 3/13	1,417,885	103,683	7.3	1,314,202	92.7
Florida	18,893,813	3,873,232	20.5	15,020,581	79.5

Source: ESRI Business Solutions, 2007.
Prepared by: WellFlorida Council, 2008.

The population projections by ethnicity are examined in Table 2-9. Overall, the Hispanic population in Area 3/13 is expected to increase at a faster rate than the state (47.0 percent and 27.9 percent, respectively) by 2010. Ten individual counties in Area 3/13 also exceed the state's anticipated growth in the Hispanic population ranging from 34.2 percent to 78.8 percent (Alachua, Citrus, Columbia, Lafayette, Lake, Levy, Marion, Putnam, Sumter, and Suwannee). The population projections for Citrus and Suwannee reflect over 75 percent increase in Hispanic residents, 76.6 percent and 78.8 percent, respectively. Dixie is the only county expected to decrease its Hispanic population by 2010.

Table 2-9. Population Projections by Ethnicity by Area 3/13 Counties and Florida, 2005-2010.

County	Ethnicity	Population by Year		Percent Change
		2005	2010	
Alachua	Hispanic	17,641	23,739	34.6
	Non-Hispanic	224,217	237,033	5.7
	Total	241,858	260,772	7.8
Bradford	Hispanic	788	945	19.9
	Non-Hispanic	27,407	28,873	5.3
	Total	28,195	29,818	5.8
Citrus	Hispanic	4,439	7,838	76.6
	Non-Hispanic	129,033	142,151	10.2
	Total	133,472	149,989	12.4
Columbia	Hispanic	2,034	3,118	53.3
	Non-Hispanic	59,710	65,911	10.4
	Total	61,744	69,029	11.8
Dixie	Hispanic	365	340	-6.8
	Non-Hispanic	15,117	16,695	10.4
	Total	15,482	17,035	10.0
Gilchrist	Hispanic	535	684	27.9
	Non-Hispanic	15,768	17,981	14.0
	Total	16,303	18,665	14.5
Hamilton	Hispanic	1,416	1,466	3.5
	Non-Hispanic	12,903	13,509	4.7
	Total	14,319	14,975	4.6
Lafayette	Hispanic	722	1,034	43.2
	Non-Hispanic	7,342	7,425	1.1
	Total	8,064	8,459	4.9
Lake	Hispanic	22,474	34,424	53.2
	Non-Hispanic	243,242	287,535	18.2
	Total	265,716	321,959	21.2
Levy	Hispanic	1,962	3,313	68.9
	Non-Hispanic	36,174	39,432	9.0
	Total	38,136	42,745	12.1
Marion	Hispanic	25,366	37,965	49.7
	Non-Hispanic	282,280	317,856	12.6
	Total	307,646	355,821	15.7
Putnam	Hispanic	5,887	7,900	34.2
	Non-Hispanic	68,010	69,228	1.8
	Total	73,897	77,128	4.4

Source: Florida Department of Health, Office of Planning, Evaluation and Data Analysis, http://www.floridacharts.com/charts/chart.aspx, accessed April 18, 2008.
Prepared by: WellFlorida Council, 2008.

Table 2-9. Population Projections by Ethnicity by Area 3/13 Counties and Florida, 2005-2010, *Continued.*

County	Ethnicity	Population by Year		Percent Change
		2005	2010	
Sumter	Hispanic	6,881	9,609	39.6
	Non-Hispanic	68,779	90,968	32.3
	Total	75,660	100,577	32.9
Suwannee	Hispanic	2,490	4,451	78.8
	Non-Hispanic	35,829	39,396	10.0
	Total	38,319	43,847	14.4
Union	Hispanic	657	835	27.1
	Non-Hispanic	14,478	15,411	6.4
	Total	15,135	16,246	7.3
Area 3/13	Hispanic	93,657	137,661	47.0
	Non-Hispanic	1,240,289	1,389,404	12.0
	Total	1,333,946	1,527,065	14.5
Florida	Hispanic	3,467,417	4,436,199	27.9
	Non-Hispanic	14,551,080	15,640,676	7.5
	Total	18,018,497	20,076,875	11.4

Source: Florida Department of Health, Office of Planning, Evaluation and Data Analysis, http://www.floridacharts.com/charts/chart.aspx, accessed April 18, 2008.
Prepared by: WellFlorida Council, 2008.

SOCIOECONOMIC CHARACTERISTICS

The socioeconomic status and often the health status of a region and its residents can be assessed by examining a variety of economic characteristics and social factors. Some of the most critical include income, poverty status, and employment. Higher incomes, lower poverty and better employment have all been shown to impact health access and health outcomes favorably. Conversely, lower income, higher poverty and poorer employment are definite predictors of a lack of access to health care and adverse health outcomes.

Beyond the economic factors are interrelated social issues. Poverty and homelessness are strongly connected to one another. Income remains one of the most significant factors in homelessness. Homelessness, mental illness, and co-occurring substance abuse are often associated with incarceration. This section looks at the standard measures of education, income, poverty status, and employment; and also examines the interrelated social factors of homelessness, migrant and seasonal farm work, and incarceration as indicators of a community's health.

Education

Today's complex health care systems and treatment guidelines are often difficult to navigate and understand. Generally, persons with higher educational levels use health care systems somewhat more effectively than persons with little formal education. Research also suggests educational level has a bearing on health outcome.

Approximately 20 percent of Florida residents (age 25 and over) have no high school diploma (Table 2-10). In Area 3/13, Hamilton County has the greatest percentage (37.1) of residents without a high school diploma; other counties range from 11.9 percent to 34.1 percent.

Table 2-10. Population by Level of Schooling Completed for Area 3/13 Counties and Florida, 2007.

Area	25 + Population	No High School Diploma		High School Diploma*		College Degree or Higher**	
		Number	Percent	Number	Percent	Number	Percent
Alachua	143,678	17,166	11.9	57,094	39.7	69,419	48.3
Bradford	20,741	5,358	25.8	12,396	59.8	2,987	14.4
Citrus	113,090	24,522	21.7	67,264	59.5	21,304	18.8
Columbia	44,179	11,180	25.3	25,160	56.9	7,839	17.7
Dixie	11,528	3,931	34.1	6,446	55.9	1,151	10.0
Gilchrist	11,018	3,041	27.6	6,324	57.4	1,653	15.0
Hamilton	9,995	3,710	37.1	5,110	51.1	1,174	11.7
Lafayette	5,719	1,818	31.8	3,241	56.7	660	11.5
Lake	214,835	43,475	20.2	123,018	57.3	48,342	22.5
Levy	28,515	7,441	26.1	16,660	58.4	4,413	15.5
Marion	241,562	52,669	21.8	140,425	58.1	48,468	20.1
Putnam	53,416	15,837	29.6	30,103	56.4	7,477	14.0
Sumter	69,146	15,719	22.7	41,615	60.2	11,812	17.1
Suwannee	27,840	7,449	26.8	16,058	57.7	4,333	15.6
Union	10,774	2,966	27.5	6,469	60.0	1,338	12.4
Area 3/13	1,006,037	216,387	21.5	554,606	55.1	235,043	23.4
Florida	13,150,094	2,647,933	20.1	6,642,512	50.5	3,859,649	29.4

* High school diploma includes those who have some college but no college degree.
** College degree includes Associate, Bachelors, Masters, Professional School, and Doctorate Degrees.
Source: U.S. Department of Commerce, Census Bureau, 2000 Summary File; ESRI Business Solutions, 2007.
Prepared by: WellFlorida Council, 2008.

For just over 50 percent of the Florida population, a high school diploma is their highest level of education. The percentage of people receiving a high school diploma as their highest level of education in Area 3/13 counties ranges from 39.7 in Alachua County percent to 60.2 percent in Sumter County.

A college degree or higher has been earned by 29.4 percent of the population of Florida. In Alachua County, home of the University of Florida, slightly over 48 percent of residents have a college degree or higher. The other counties in Area 3/13 range from 11.5 percent in Lafayette County to 22.5 percent in Lake County.

Income

Increased income is associated with increased access to health care and related services. Per capita income and median household income are used as indicators of wealth for a given area. Per capita income is the total income for a given population divided by the number of people within the population. Median household income is the amount that divides the income distribution into two equal groups, half of the population having an income above that amount and half of the population having an income below that amount.

Table 2-11 displays the per capita and median household income for Florida and counties in Area 3/13. Florida's income is $27,311 per capita. No counties in Area 3/13 have per capita income levels as high as the state per capita income level. Hamilton County has the lowest per capita income with $15,497. The highest per capita income in Area 3/13 is Lake County with $25,186.

Table 2-11. Per Capita and Median Household Income by Area 3/13 County and Florida, 2007.

Area	Average Household Size	Median Household Income	Per Capita Income
Alachua	2.3	38,512	24,351
Bradford	2.6	39,786	18,813
Citrus	2.2	38,156	23,008
Columbia	2.5	36,891	18,699
Dixie	2.4	30,694	17,534
Gilchrist	2.6	35,660	17,696
Hamilton	2.5	29,949	15,497
Lafayette	2.6	35,595	17,787
Lake	2.4	45,699	25,186
Levy	2.4	32,660	18,221
Marion	2.3	39,452	22,112
Putnam	2.5	33,812	18,848
Sumter	2.2	38,609	21,564
Suwannee	2.5	35,250	17,823
Union	2.7	41,388	17,678
Florida	2.5	48,591	27,311

Source: ESRI Business Solutions, 2007.
Prepared by: WellFlorida Council, 2008.

Florida's median household income is $48,591.The median household income in Area 3/13 ranges from a low of $29,949 in Hamilton County to a high of $45,699 in Lake County.

Poverty

Income and poverty status can indicate the relative need for services in a community. Federal poverty levels are established by the United States Department of Health and Human Services (Table 2-12). These guidelines are used to determine income eligibility for many local, state, and federal programs and are established by comparing annual income to poverty thresholds. The thresholds vary by family size. For example, in 2007, a family of four is considered to be living in poverty if the household income is below $20,650.

Poor persons are defined as those with incomes below the federal poverty threshold. Persons with incomes of 100% to less than 200% of the poverty threshold are classified as "near poor." Low-income persons are defined as those with incomes less than 200% of the poverty threshold. A poverty rate for a county is the percentage of the county's residents who have an annual income or live in a household with an annual income below the poverty threshold.

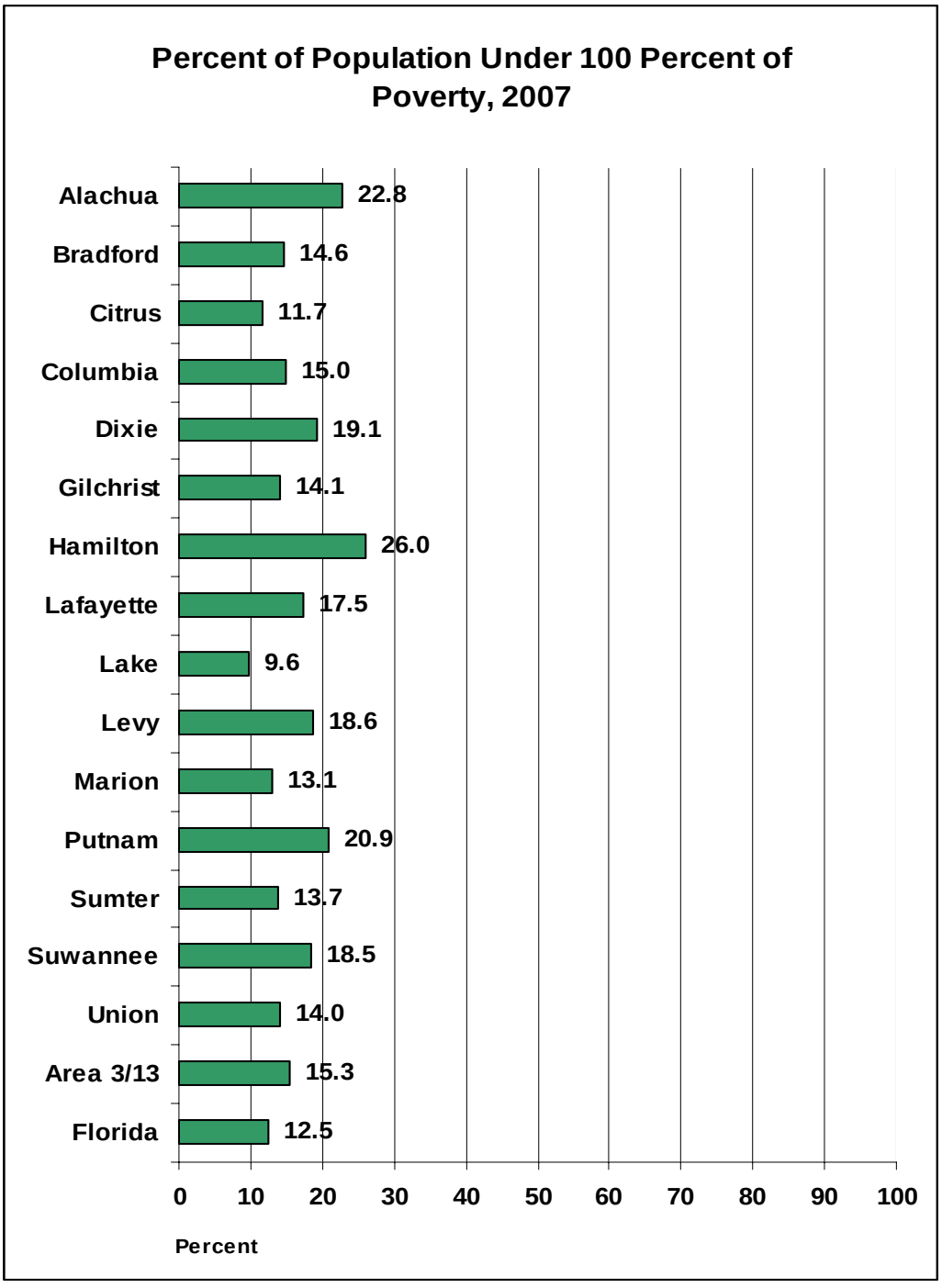
Figure 2-6 shows the percentage of the population who live under 100 percent of poverty in Area 3/13 as compared to Florida. Overall, 15.3 percent of the area's population lives below 100 percent of poverty as compared to 12.5 percent of the state's population. Three of the area's counties have more than 20 percent of their population living under 100 percent of poverty – Alachua, Hamilton, and Putnam. Lake County has the lowest percentage of people living in poverty with 9.6 percent, well below the state percentage.

Table 2-12. Federal Poverty Levels (FPL) 4-1-07 through 3-31-08.

Family Size	100 Percent	150 Percent	200 Percent	300 Percent
1	10,210	15,315	20,420	30,630
2	13,690	20,535	27,380	41,070
3	17,170	25,755	34,340	51,510
4	20,650	30,975	41,300	61,950
5	24,130	36,195	48,260	72,390
6	27,610	41,415	55,220	82,830
7	31,090	46,635	62,180	93,270
8	34,570	51,855	69,140	103,710
Each additional person add:	3,480	5,220	6,960	10,440

Source: *Federal Register*, Vol. 72, No. 15, January 24, 2007.
Prepared by: WellFlorida Council, 2008.

Figure 2-6. Percent of Population Who Live Under 100 Percent of Poverty in Area 3/13 Counties and Florida, 2007.



Source: U.S. Department of Commerce, Census Bureau, 2000 Summary Files; ESRI Business Solutions, 2007.
Prepared by: WellFlorida Council, 2008.

Employment

Being employed with health benefits or being the spouse or dependent of someone whose employer provides health insurance is still the most common way to obtain private health insurance. Unemployed individuals are less likely to have private health insurance coverage. Table 2-13 displays the unemployment rates for Area 3/13 counties and Florida from 2002 to 2007. The downward trend changed in 2006 with unemployment rates climbing upward in 2007 in Area 3/13 and Florida.

The highest unemployment rate in Area 3/13 in 2007 was in Citrus County with 4.6 percent, above the 3.8 percent rate of the state. Seven counties in Area 3/13 had unemployment rates above the Florida rate: Citrus (4.6 percent), Dixie (3.9 percent), Hamilton (4.2 percent), Lake (4.0 percent), Levy (3.9 percent), Marion (4.3 percent), and Putnam (4.5 percent).

Table 2-13. Unemployment Rate by Area 3/13 Counties and Florida, 2002 - 2007.

Area	2002	2003	2004	2005	2006	2007
Alachua	3.9	3.6	3.4	3.0	2.6	2.8
Bradford	4.3	4.0	3.8	3.2	2.8	3.2
Citrus	6.6	6.2	5.4	4.3	3.8	4.6
Columbia	5.3	4.7	4.2	3.5	3.1	3.4
Dixie	5.1	5.1	5.1	3.8	3.4	3.9
Gilchrist	4.9	4.3	3.9	3.2	2.9	3.6
Hamilton	6.1	5.4	4.8	4.1	3.8	4.2
Lafayette	4.8	4.1	3.3	3.1	2.7	2.9
Lake	5.7	5.2	4.5	3.8	3.3	4.0
Levy	5.8	5.3	4.7	3.9	3.4	3.9
Marion	5.9	5.4	4.6	3.9	3.4	4.3
Putnam	6.5	5.6	5.3	4.4	3.7	4.5
Sumter	5.8	5.2	4.5	3.4	2.7	3.0
Suwannee	5.0	4.6	4.2	3.7	3.2	3.5
Union	3.8	3.7	3.6	3.0	2.6	3.0
Area 3/13	5.4	4.9	4.4	3.7	3.2	3.8
Florida	5.7	5.3	4.7	3.8	3.3	3.8

Source: Florida Research Economic Database, Labor Market Statistics, http://fred.labormarket.info.com/default.asp, accessed February 26, 2008.
Prepared by: WellFlorida Council, 2008.

Migrant and Seasonal Farmworkers

According to the National Center for Farmworker Health, it is estimated there are over three million migrant and seasonal farmworkers in the United States.[9] The National Agricultural Workers Survey (NAQS) defines a "migrant" as a person traveling more than 75 miles to find farm work. Seasonal workers also perform labor in crop agriculture but do not migrate.[10]

The farmworker population has special health care concerns including lack of access to health care due to financial, geographical, and cultural and language barriers. For the vast majority of farmworkers, there are no health benefits, no paid vacations, no sick leave, and few housing options available to them. Migrant life (high mobility, physical isolation, lack of health education, and cultural attitudes about condoms and needle sharing) put this population at higher than normal risk for contracting HIV.

An estimated 135,000 migrant and seasonal farmers worked in Florida in 2002 according to the 2002 USDA National Agricultural Statistics Service Farm Labor Survey (FLS) and the 2001 and 2003 National Agricultural Workers Survey (NAWS). [11] The estimate of the farmworker population varies due to the difficulties in counting and surveying such a highly mobile population.

In Table 2-14, estimated numbers are used from the Migrant and Seasonal Farm-worker Enumeration Profiles Study. Area 3/13, as a whole, has an estimated 19,234 farmworkers including 11,891 migrant and 7,343 seasonal farmworkers. Alachua (2,782), Lake (6,420), Putnam (2,043), and Suwannee (2,003) have the highest estimated numbers of farmworkers in individual Area 3/13 counties. (*See* http://flhousingdata.shimberg.ufl.edu/docs/04RMS_FarmworkerHousing.pdf for additional information.)

Table 2-14. Estimated Numbers of Migrant and Seasonal Farmworkers by Area 3/13 Counties and Florida, 2000.

Area	Adjusted MSFW Farmworker Estimate	Migrant Farmworkers	Seasonal Farmworker	Non-Farmworkers in Migrant Households	Non-Farmworkers in Seasonal Households	MSFW Farmworkers and Non-Farmworkers
Alachua	2,782	1,720	1,062	636	627	4,045
Bradford	100	62	38	23	22	145
Citrus	24	15	9	5	5	35
Columbia	1,047	647	400	239	236	1,522
Dixie	3	2	1	1	1	4
Gilchrist	671	415	256	154	151	976
Hamilton	485	300	185	111	109	705
Lafayette	207	128	79	47	47	301
Lake	6,420	3,968	2,451	1,468	1,447	9,335
Levy	1,193	738	456	273	269	1,735
Marion	1,703	1,053	650	389	384	2,476
Putnam	2,043	1,263	780	467	460	2,970
Sumter	393	243	150	90	89	571
Suwannee	2,003	1,238	765	458	451	2,913
Union	160	99	61	36	36	232
Area 3/13	19,234	11,891	7,343	4,397	4,334	27,965
Florida	194,817	120,430	74,387	44,556	43,914	283,287

Source: Migrant and Seasonal Farmworker Enumeration Profiles Study, Florida Final Report, September 2000.
Prepared by: WellFlorida Council, 2008.

Homelessness

The homeless population presents challenges to successful health care delivery. This population is difficult to locate, has few resources, and often has a high rate of mental illness. The Florida Department of Children and Family estimates the 2006 homeless population to be 6,134 in Area 3/13 (Table 2-15). The estimates were based on a range of resources including street counts, agency records, and multipliers according to the *Annual Report on Homeless Conditions in Florida.*

In Table 2-15, the greatest change from 2005 to 2006 is evident in Putnam County with 2005 estimated homeless population numbers at 170 (0.2 percent of population of the area) compared to an increase to 797 (1 percent of population of the area in 2006). Although the numbers are relatively small, Columbia, Hamilton and Lafayette counties nearly tripled their estimated homeless population from 2005 to 2006.

Table 2-15. Estimated Homeless Population by Area 3/13 County and Florida, 2005-2006.

Area	2005			2006		
	Number	State Homeless Population Percent	Population of Area Percent	Number	State Homeless Population Percent	Population of Area Percent
Alachua	733	0.9	0.3	1,217	1.4	0.5
Bradford	133	0.2	0.5	149	0.2	0.5
Citrus	461	0.6	0.3	498	0.6	0.4
Columbia	77	0.1	0.1	208	0.2	0.3
Dixie	70	0.1	0.5	77	0.1	0.5
Gilchrist	75	0.1	0.5	86	0.1	0.5
Hamilton	18	0.0	0.1	50	0.1	0.3
Lafayette	10	0.0	0.1	26	0.0	0.3
Lake	331	0.4	0.1	395	0.5	0.1
Levy	380	0.5	1.0	201	0.2	0.5
Marion	1,954	2.3	0.6	2,149	2.5	0.7
Putnam	170	0.2	0.2	797	0.9	1.0
Sumter	66	0.1	0.1	68	0.1	0.1
Suwannee	47	0.1	0.1	134	0.2	0.3
Union	64	0.1	0.5	79	0.1	0.5
Area 3/13	4,589	5.5	0.4	6,134	7.1	0.4
Florida	83,391	--	0.5	85,907	--	0.5

Source: Department of Children and Families; Office of Homelessness; Annual Report on Homelessness Conditions in Florida, 2006; ESRI Business Solutions, 2005, 2006.
Prepared by: WellFlorida Council, 2008.

Incarceration

Overall, the number of inmates in Florida prisons rose 20.1 percent over the five year period from June 2003 to June 2007. In Florida, the majority of inmates in prison on June 30, 2007 were male (92.9 percent) and Black/African American (50.2 percent).[12]

Twenty-two of Florida's 60 correctional institutions (37 percent) and over 30 percent of the state's inmate population are located in Area 3/13. A correctional institution is found in all but three of the area's 15 counties (Citrus, Levy and Suwannee). Although there are no correctional institutions in Citrus or Levy counties, there is a work/forestry camp in Levy and a detention center in Citrus. Suwannee is the only county in the area without any type of correctional facility.

Of the total area population, 2.6 percent is incarcerated compared to 0.6 percent of Florida's population (Table 2-16). Union County has the highest percentage of inmate population with 31.6 percent followed by Lafayette (21.0 percent) and Hamilton (19.8 percent). (Total population numbers for Area 3/13 counties include the Department of Corrections' population housed within each county.)

Table 2-16. Total Population and Percent of Inmates by Area 3/13 and Florida, 2007.

Area	Total Population	Number of Inmates	Percent of Population	Population without Inmates
Alachua	247,561	1,697	0.7	245,864
Bradford	29,055	4,544	15.6	24,511
Citrus	140,124	186	0.1	139,938
Columbia	65,373	3,389	5.2	61,984
Dixie	15,808	1,231	7.8	14,577
Gilchrist	17,106	813	4.8	16,293
Hamilton	14,705	2,907	19.8	11,798
Lafayette	8,215	1,725	21.0	6,490
Lake	286,499	1,077	0.4	285,422
Levy	40,045	323	0.8	39,722
Marion	325,023	4,202	1.3	320,821
Putnam	74,799	444	0.6	74,355
Sumter	89,771	8,912	9.9	80,859
Suwannee	39,608	0	0.0	39,608
Union	15,722	4,976	31.6	10,746
Area 3/13	1,409,414	36,426	2.6	1,372,988
Florida	18,680,367	119,396	0.6	18,560,971

Source: University of Florida, BEBR, Florida Estimates of Population, 2007.
Prepared by: WellFlorida Council, 2008.

ENDNOTES

[1] FLA. STAT. §381.0406(2)(a).
[2] Florida Department of Health, Office of Rural Health. *Florida's Rural Health Plan*. 2002.
[3] U.S. Census Bureau, Population Division. "Population Estimates for the 100 Fastest Growing U.S. Counties with 10,000 or More Population in 2007." http://www.census.gov/popest/counties/tables/CO-EST2007-08. [Accessed April 2008]
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[6] U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. "HIV/AIDS in the United States." http://www.cdc.gov/hiv/resources/factsheets/us.htm. [Accessed March 2008]
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[9] National Center for Farmworker Health, Inc. "Migrant and Seasonal Farmworker Demographics Fact Sheet." http://www.ncfh.org/docs/fs-Migrant%20Demographics.pdf. [Accessed May 2008]
[10] University of Florida, Shimberg Center for Affordable Housing. "The Need for Farmworker Housing in Florida, September 10, 2004." http://flhousingdata.shimberg.ufl.edu/docs/04RMS_FarmworkerHousing.pdf
[11] Ibid.
[12] Florida Department of Corrections. *2006-2007 Annual Report.* http://www.dc.state.fl.us/pub/annual/0607/stats/im_pop.html. [Accessed May 2008]

HEALTH STATUS AND ACCESS

INTRODUCTION

Numerous factors have a significant impact on good health: lifestyle and behavior, human biology, and environmental and socioeconomic conditions as well as the individual's access to adequate and appropriate health care and medical services. This section of the assessment reviews the health status of Area 3/13 residents as well as their access to available health care.

LEADING CAUSES OF DEATH

Mortality rates are used to identify major causes of death in an area and assist in planning for health service needs. Since the 1950s, heart disease has been the leading cause of death in the nation and the state. However, in Area 3/13 cancer is the leading cause of death with heart disease in the number two position.

Tables 3-1 through 3-6 show the top ten causes of death and ranking by race, ethnicity, and gender. Cancer tops the list in White/Caucasian and Black/African American populations with heart disease in the second position. However, when broken out by gender, heart disease becomes the number one cause of death in females.

Section Highlights

- In Area 3/13, cancer is the leading cause of death with heart disease in the number two position.
- In the Black/African American population in Area 3/13, the sixth leading cause of death is HIV. This is in sharp contrast to all other categories where HIV ranks no higher than 14.
- Chlamydia is the most frequently reported sexually transmitted disease in Area 3/13 in 2006 and 2007.
- Small, rural Dixie County has the highest substance abuse treatment numbers with over double the number of the state. Mortality of alcoholic liver disease is also over two times that of the state.
- The rate of the uninsured in Florida climbed to 19.2 percent in 2007. Area 3/13 has a similar uninsured rate of 19.1 percent. All Area 3/13 counties are similar to the state's rate with the exception of Alachua County at 13.4 percent.

The greatest disparity relative to this report is in the Black/African American population where HIV is in sixth place (Table 3-3). In sharp contrast, HIV ranks from number 14 to 20 in all other categories (Table 3-7). In the White/Caucasian population, HIV ranks 20th; it is tied for number 15 in the "other" race category; tied at number 14 in the Hispanic population; number 16 in males; and in 19th place for females.

Table 3-1. Number and Ranking of All Resident Deaths by Top 10 Causes for Area 3/13 and Florida, 2006.

Cause of Death	Area 3/13		Cause of Death	Florida	
	Number	Rank		Number	Rank
All Causes	15,517	--	All Causes	169,365	--
Cancer	4,013	1	Heart Diseases	43,968	1
Heart Diseases	3,845	2	Cancer	40,081	2
Chronic Lower Respiratory Diseases	895	3	Chronic Lower Respiratory Diseases	8,869	3
Stroke	831	4	Stroke	8,864	4
All Unintentional Injury	757	5	All Unintentional Injury	8,837	5
Motor Vehicle Crashes	342	--	Motor Vehicle Crashes	3,418	--
Alzheimer's Disease	524	6	Diabetes Mellitus	5,137	6
Diabetes Mellitus	500	7	Alzheimer's Disease	4,679	7
Nephritis	230	8	Nephritis	2,587	8
Influenza and Pneumonia	226	9	Influenza and Pneumonia	2,424	9
Suicide	215	10	Suicide	2,410	10

Source: Florida Department of Health Office of Planning, Evaluation and Data Analysis, http://www.floridacharts.com/charts/chart.aspx, accessed April 22, 2008.
Prepared by: WellFlorida Council, 2008

Table 3-2. White/Caucasian Resident Deaths by Top 10 Causes for Area 3/13 and Florida, 2006.

Cause of Death	Area 3/13		Cause of Death	Florida	
	Number	Rank		Number	Rank
All Causes	14,078	--	All Causes	148,994	--
Cancer	3,699	1	Heart Diseases	39,471	1
Heart Diseases	3,551	2	Cancer	35,861	2
Chronic Lower Respiratory Diseases	857	3	Chronic Lower Respiratory Diseases	8,379	3
Stroke	721	4	All Unintentional Injury	7,689	4
All Unintentional Injury	688	5	Motor Vehicle Crashes	2,813	--
Motor Vehicle Crashes	301	--	Stroke	7,489	5
Alzheimer's Disease	491	6	Alzheimer's Disease	4,387	6
Diabetes Mellitus	422	7	Diabetes Mellitus	4,141	7
Suicide	205	8	Suicide	2,261	8
Influenza and Pneumonia	196	9	Influenza and Pneumonia	2,158	9
Nephritis	192	10	Nephritis	2,106	10

Source: Florida Department of Health Office of Planning, Evaluation & Data Analysis, http://www.floridacharts.com/charts/chart.aspx, accessed April 22, 2008.
Prepared by: WellFlorida Council, 2008

Table 3-3. Black/African American Resident Deaths by Top 10 Causes for Area 3/13 and Florida, 2006.

	Area 3/13		Cause of Death	Florida	
Cause of Death	**Number**	**Rank**		**Number**	**Rank**
All Causes	1,287	--	All Causes	18,314	--
Cancer	279	1	Heart Diseases	4,052	1
Heart Diseases	259	2	Cancer	3,741	2
Stroke	103	3	Stroke	1,231	3
Diabetes Mellitus	72	4	Human Immunodeficiency Virus (HIV)	1,077	4
All Unintentional Injury	59	5	All Unintentional Injury	970	5
Motor Vehicle Crashes	34	--	Motor Vehicle Crashes	510	--
Human Immunodeficiency Virus (HIV)	44	6	Diabetes Mellitus	922	6
Nephritis	35	7	Homicide	539	7
Chronic Lower Respiratory Diseases	33	8	Nephritis	443	8
Alzheimer's Disease	29	9	Chronic Lower Respiratory Diseases	433	9
Hypertension	29	9	Perinatal Period Conditions	378	10

Source: Florida Department of Health Office of Planning, Evaluation and Data Analysis, http://www.floridacharts.com/charts/chart.aspx, accessed April 22, 2008.
Prepared by: WellFlorida Council, 2008

Table 3-4. Hispanic Resident Deaths by Top 10 Causes for Area 3/13 and Florida, 2006.

	Area 3/13			Florida	
Cause of Death	**Number**	**Rank**	**Cause of Death**	**Number**	**Rank**
All Causes	394	--	All Causes	17,695	--
Heart Diseases	84	1	Heart Diseases	4,745	1
Cancer	80	2	Cancer	3,806	2
All Unintentional Injury	52	3	All Unintentional Injury	1,283	3
Motor Vehicle Crashes	40	--	Motor Vehicle Crashes	761	--
Stroke	18	4	Stroke	882	4
Diabetes Mellitus	16	5	Diabetes Mellitus	675	5
Alzheimer’s Disease	14	6	Chronic Lower Respiratory Diseases	589	6
Perinatal Period Conditions	12	7	Alzheimer's Disease	556	7
Liver Disease	10	8	Nephritis	299	8
Chronic Lower Respiratory Diseases	9	9	Influenza and Pneumonia	264	9
Influenza and Pneumonia	7	10	Liver Disease	247	10
Homicide	7	10			

Source: Florida Department of Health Office of Planning, Evaluation and Data Analysis, http://www.floridacharts.com/charts/chart.aspx, accessed April 22, 2008.
Prepared by: WellFlorida Council, 2008

Table 3-5. Male Resident Deaths by Top 10 Causes for Area 3/13 and Florida, 2006.

Cause of Death	Area 3/13		Cause of Death	Florida	
	Number	Rank		Number	Rank
All Causes	8,358	--	All Causes	87,587	--
Cancer	2,334	1	Heart Diseases	22,939	1
Heart Diseases	2,137	2	Cancer	21,736	2
All Unintentional Injury	499	3	All Unintentional Injury	5,928	3
Motor Vehicle Crashes	238	--	Motor Vehicle Crashes	2,471	--
Chronic Lower Respiratory Diseases	436	4	Chronic Lower Respiratory Diseases	4,170	4
Stroke	344	5	Stroke	3,745	5
Diabetes Mellitus	276	6	Diabetes Mellitus	2,780	6
Alzheimer's Disease	169	7	Suicide	1,861	7
Suicide	163	8	Alzheimer's Disease	1,515	8
Nephritis	132	9	Liver Disease	1,454	9
Liver Disease	128	10	Nephritis	1,422	10

Source: Florida Department of Health Office of Planning, Evaluation and Data Analysis, http://www.floridacharts.com/charts/chart.aspx, accessed April 22, 2008.
Prepared by: WellFlorida Council, 2008

Table 3-6. Female Resident Deaths by Top 10 Causes for Area 3/13 and Florida, 2006.

Cause of Death	Area 3/13		Cause of Death	Florida	
	Number	Rank		Number	Rank
All Causes	7,158	--	All Causes	81,764	--
Heart Diseases	1,707	1	Heart Diseases	21,026	1
Cancer	1,679	2	Cancer	18,341	2
Stroke	487	3	Stroke	5,119	3
Chronic Lower Respiratory Diseases	459	4	Chronic Lower Respiratory Diseases	4,698	4
Alzheimer's Disease	355	5	Alzheimer's Disease	3,164	5
All Unintentional Injury	258	6	All Unintentional Injury	2,909	6
Motor Vehicle Crashes	104	--	Motor Vehicle Crashes	947	--
Diabetes Mellitus	224	7	Diabetes Mellitus	2,357	7
Influenza and Pneumonia	125	8	Influenza and Pneumonia	1,196	8
Hypertension	102	9	Nephritis	1,165	9
Nephritis	98	10	Hypertension	1,033	10

Source: Florida Department of Health Office of Planning, Evaluation & Data Analysis, http://www.floridacharts.com/charts/chart.aspx, accessed April 22, 2008.
Prepared by: WellFlorida Council, 2008

Table 3-7. Deaths from All Causes (All Ages) in Area 3/13 Counties, 2006.

	Total		White		Black		Other		Male		Female		Hispanic	
Cause of Death	**Number**	**Rank**	**Number**	**Rank**	**Number**	**Rank**	**Number**	**Rank**	**Number**	**Rank**	**Number**	**Rank**	**Number**	**Rank**
All Causes	15517	--	14078	--	1287	--	149	--	8358	--	7158	--	394	--
Cancer	4013	1	3699	1	279	1	35	1	2334	1	1679	2	80	2
Heart Diseases	3845	2	3551	2	259	2	34	2	2137	2	1707	1	84	1
Chronic Lower Respiratory Diseases	895	3	857	3	33	8	5	7	436	4	459	4	9	9
Stroke	831	4	721	4	103	3	7	4	344	5	487	3	18	4
Unintentional Injury	757	5	688	5	59	5	10	3	499	3	258	6	52	3
Motor Vehicle Crashes	342	--	301	--	34	--	7	--	238	--	104	--	40	--
Alzheimer's Disease	524	6	491	6	29	9	3	10	169	7	355	5	14	6
Diabetes Mellitus	500	7	422	7	72	4	6	6	276	6	224	7	16	5
Nephritis	230	8	192	10	35	7	3	10	132	9	98	10	5	12
Influenza and Pneumonia	226	9	196	9	27	11	3	10	101	11	125	8	7	10
Suicide	215	10	205	8	3	20	7	4	163	8	52	13	3	14
Liver Disease	195	11	184	11	9	16	2	13	128	10	67	12	10	8
Hypertension	172	12	141	12	29	9	2	13	70	14	102	9	3	14
Septicemia	149	13	133	13	16	14	0	---	72	13	77	11	1	19
Parkinson's Disease	122	14	117	14	4	18	1	15	82	12	40	14	3	14
Aortic Aneurysm	108	15	104	15	4	18	0	---	68	15	40	14	3	14
Perinatal Period Conditions	76	16	44	17	27	11	5	7	45	17	31	16	12	7
HIV	73	17	28	20	44	6	1	15	52	16	21	19	3	14
Homicide	60	18	37	18	19	13	4	9	41	18	19	20	7	10
Atherosclerosis	53	19	46	16	7	17	0	---	28	19	25	18	1	19
Congenital/ Chromosomal Anomalies	46	20	33	19	12	15	1	15	20	20	26	17	4	13

Source: Florida Department of Health, Office of Vital Statistics, 2007.
Prepared by: WellFlorida Council, 2008.

HOSPITALIZATION

Diagnosis related groups (DRGs) were developed as a patient classification system consisting of classes of patients who were similar clinically and in terms of their consumption of hospital resources. All principal diagnoses were divided into 25 areas. Tables 3-8 through 3-13 depict hospital discharges by the top 10 DRGs and show comparisons by race, ethnicity, and gender.

Overall, the leading cause of hospitalization in Area 3/13 in 2006 was a normal newborn birth. Vaginal delivery without complicating diagnosis was the top cause of hospitalization for area females with normal newborn in second place (Table 3-12).

The top three leading causes for hospitalization for Black/African Americans and for White/Caucasians in Area 3/13 were the same (Tables 3-8 and 3-9):

- normal newborn
- vaginal delivery without complicating diagnoses
- heart failure and shock.

Table 3-8. Top 10 DRGs for Black/African American Area 3/13 Residents, 2006.

DRG	Discharges	Percent
Normal newborn (391)	1,906	7.8
Vaginal delivery without complicating diagnoses (373)	1,443	5.9
Heart failure and shock (127)	800	3.3
Chest pain (143)	626	2.5
Cesarean section without CC (371)	625	2.5
Psychoses (430)	560	2.3
Red blood cell disorders, age > 17 (395)	510	2.1
Esophagitis, gastroenteritis and other digestive disorders, age > 17 (182)	469	1.9
Renal failure (316)	459	1.9
Chronic obstructive pulmonary disease (088)	440	1.8
All Others	16,750	68.1
Total	24,588	100.0

Source: AHCA Detailed Discharge Data, 2006.
Prepared by: WellFlorida Council, 2008.

Table 3-9. Top 10 DRGs for White/Caucasian Area 3/13 Residents, 2006.

DRG	Discharges	Percent
Normal newborn (391)	8,717	5.1
Vaginal delivery without complicating diagnoses (373)	6,548	3.8
Heart failure and shock (127)	4,860	2.9
Major joint replacement or reattachment of lower extremity (544)	4,584	2.7
Chronic obstructive pulmonary disease (088)	4,261	2.5
Chest pain (143)	3,796	2.2
Esophagitis, gastroenteritis and other digestive disorders, age > 17 (182)	3,634	2.1
Simple pneumonia and pleurisy, age> 17 with CC (089)	3,422	2.0
Psychoses (430)	3,305	1.9
Percutaneous cardiovascular procedure without major cardiovascular diagnosis (558)	3,287	1.9
All Others	123,852	72.7
Total	170,266	100.0

Source: AHCA Detailed Discharge Data, 2006.
Prepared by: WellFlorida Council, 2008.

Table 3-10. Top 10 DRGs for Other Area 3/13 Residents, 2006.

DRG	Discharges	Percent
Normal newborn (391)	523	11.1
Vaginal delivery without complicating diagnoses (373)	377	8.0
Cesarean section without CC (371)	166	3.5
Neonate with other significant problems (390)	109	2.3
Percutaneous cardiovascular procedure with without major cardiovascular diagnosis (558)	81	1.7
Major joint replacement or reattachment of lower extremity (544)	78	1.7
Chest pain (143)	72	1.5
Heart failure and shock (127)	71	1.5
Percutaneous cardiovascular procedure with drug-eluting stent with major cardiovascular diagnosis (557)	68	1.4
Psychoses (430)	60	1.3
All Others	3,107	65.9
Total	4,712	100.0

Source: AHCA Detailed Discharge Data, 2006.
Prepared by: WellFlorida Council, 2008.

Table 3-11. Top 10 DRGs for Hispanic Area 3/13 Residents, 2006.

DRG	Discharges	Percent
Normal newborn (391)	1,225	14.6
Vaginal delivery without complicating diagnoses (373)	921	11.0
Cesarean section without complications (371)	401	4.8
Neonate with other significant problems (390)	282	3.4
Chest pain (143)	173	2.1
Psychoses (430)	137	1.6
Vaginal delivery with complicating diagnoses (372)	136	1.6
Heart failure and shock (127)	129	1.5
Esophagitis, gastroenteritis and other digestive disorders (182)	111	1.3
Cesarean section with complications (370)	106	1.3
All Others	4,753	56.8
Total	8,374	100.0

Source: AHCA Detailed Discharge Data, 2006.
Prepared by: WellFlorida Council, 2008.

Table 3-12. Top 10 DRGs for Female Area 3/13 Residents, 2006.

DRG	Discharges	Percent
Vaginal delivery without complicating diagnoses (373)	8,368	7.5
Normal newborn (391)	5,653	5.1
Cesarean section without CC (371)	3,710	3.3
Major joint replacement or reattachment of lower extremity (544)	2,870	2.6
Chronic obstructive pulmonary disease (088)	2,816	2.5
Heart failure and shock (127)	2,740	2.5
Esophagitis, gastroenteritis and other digestive disorders (182)	2,690	2.4
Chest pain (143)	2,567	2.3
Psychoses (430)	2,185	2.0
Simple pneumonia and pleurisy, age> 17 with CC (089)	2,024	1.8
All Others	75,806	68.0
Total	111,429	100.0

Source: AHCA Detailed Discharge Data, 2006.
Prepared by: WellFlorida Council, 2008.

Table 3-13. Top 10 DRGs for Male Area 3/13 Residents, 2006.

DRG	Discharges	Percent
Normal newborn (391)	5,493	6.2
Heart failure and shock (127)	2,991	3.4
Percutaneous cardiovascular procedure with drug-eluting stent without major cardiovascular diagnosis (558)	2,213	2.5
Major joint replacement or reattachment of lower extremity (544)	1,983	2.2
Chronic obstructive pulmonary disease (088)	1,930	2.2
Chest pain (143)	1,927	2.2
Simple pneumonia and pleurisy, age> 17 with CC (089)	1,799	2.0
Psychoses (430)	1,740	2.0
Esophagitis, gastroenteritis and misc digestive disorders, age > 17 with CC (182)	1,468	1.7
Percutaneous cardiovascular procedure with drug-eluting stent with major cardiovascular diagnosis (557)	1,303	1.5
All Others	65,288	74.1
Total	88,135	100.0

Source: AHCA Detailed Discharge Data, 2006.
Prepared by: WellFlorida Council, 2008.

RISK BEHAVIOR

Because HIV has unique transmission vectors, this part of the report focuses on high-risk behavior including unsafe sexual practices, substance abuse, and mental illness.

Sexually Transmitted Diseases

Sexually transmitted disease (STD) surveillance data may indicate unsafe sexual practices increasing the risk for HIV infection. Tables 3-14, 3-15 and 3-16 review chlamydia, gonorrhea, and infectious syphilis cases by gender, race, ethnicity, and age at diagnoses for Area 3/13 in 2006 and 2007.[1]

- Chlamydia is the most frequently reported sexually transmitted disease with 3,987 cases (818 males and 3,168 females) reported in 2006 and 4,792 cases (1,216 males and 3,569 females) reported in 2007.
- Gonorrhea shows the most disproportionate distribution by race. In 2006, there were 1,383 cases (65.5 percent) reported in the Black/African American, non-Hispanic population compared to 496 cases (23.5 percent) in the White/Caucasian, non-Hispanic population. In 2007, there were 1,176 cases (60.9 percent) reported in the Black/African American, non-Hispanic population compared to 441 cases (22.8 percent) in the White/Caucasian, non-Hispanic population.
- Infectious syphilis cases reported in 2006 and 2007 were 18 and 27 cases, respectively. The majority of cases were reported by males (72.2 percent male and 27.8 percent female in 2006; 88.9 percent male and 11.1 percent female in 2007).

Table 3-14. Chlamydia Cases (and Rates per 100,000 Population) by Race, Ethnicity, Gender, Age at Diagnosis and Year of Report for Area 3/13, 2007.

2006

Gender	Cases	% Total	Rate
Male	818	20.5	119.9
Female	3,168	79.5	458.6
Other/Unknown	1	0.0	-
Total	3,987	100.0	290.4

Race/Ethnicity	Cases	% Total	Rate
White, Non-Hispanic	1,411	35.4	131.6
Black, Non-Hispanic	1,870	46.9	1,076.9
Hispanic	216	5.4	212.1
Asian/Pacific Islander	0	0.0	-
American Indian/Alaskan	3	0.1	-
Other/Unknown	487	12.2	-
Total	3,987	100.0	290.4

Age Groups	Cases	% Total	Rate
0-12	0	0.0	0.0
13-19	1,578	39.6	1,301.9
20-24	1,509	37.8	1,424.9
25-29	541	13.6	740.1
30-39	283	7.1	187.2
40-59	56	1.4	30.6
50-59	8	0.2	4.5
60+	12	0.3	3.2
Unknown	0	0.0	-
Total	3,987	100.0	290.4

2007

Gender	Cases	% Total	Rate
Male	1,216	25.4	172.6
Female	3,569	74.5	500.2
Other/Unknown	7	0.1	-
Total	4,792	100.0	338.0

Race/Ethnicity	Cases	% Total	Rate
White, Non-Hispanic	1,584	33.1	143.5
Black, Non-Hispanic	2,292	47.8	1,301.5
Hispanic	182	3.8	162.4
Asian/Pacific Islander	20	0.4	--
American Indian/Alaskan	2	0.0	--
Other/Unknown	712	14.9	--
Total	4,792	100.0	338.0

Age Groups	Cases	% Total	Rate
0-12	0	0.0	0.0
13-19	1,859	38.8	1,516.0
20-24	1,835	38.3	1,714.9
25-29	646	13.5	824.3
30-39	334	7.0	217.5
40-59	86	1.8	47.1
50-59	19	0.4	10.3
60+	13	0.3	3.3
Unknown	0	0.0	--
Total	4,792	100.0	338.0

Source: Florida Department of Health, Bureau of HIV/AIDS Mid-Year Population Estimates, 2007 Provisional Data.

Table 3-15. Gonorrhea Cases (and Rates per 100,000 Population) by Race, Ethnicity, Gender, Age at Diagnosis and Year of Report for Area 3/13, 2007.

2006

Gender	Cases	% Total	Rate
Male	961	45.5	140.9
Female	1,150	54.4	166.5
Other/Unknown	2	0.1	-
Total	2,113	100.0	153.9

Race/Ethnicity	Cases	% Total	Rate
White, Non-Hispanic	496	23.5	46.2
Black, Non-Hispanic	1,383	65.5	796.4
Hispanic	62	2.9	60.9
Asian/Pacific Islander	0	0.0	-
American Indian/Alaskan	0	0.0	-
Other/Unknown	172	8.1	-
Total	2,113	100.0	153.9

Age Groups	Cases	% Total	Rate
0-12	0	0.0	0.0
13-19	643	30.4	530.5
20-24	686	32.5	647.8
25-29	347	16.4	474.7
30-39	293	13.9	193.8
40-59	104	4.9	56.8
50-59	28	1.3	15.8
60+	12	0.6	3.2
Unknown	0	0.0	-
Total	2,113	100.0	153.9

2007

Gender	Cases	% Total	Rate
Male	841	43.5	119.4
Female	1,091	56.5	152.9
Other/Unknown	0	0.0	--
Total	1,932	100.0	136.3

Race/Ethnicity	Cases	% Total	Rate
White, Non-Hispanic	441	22.8	39.9
Black, Non-Hispanic	1,176	60.9	667.8
Hispanic	51	2.6	45.5
Asian/Pacific Islander	5	0.3	--
American Indian/Alaskan	1	0.1	--
Other/Unknown	258	13.4	--
Total	1,932	100.0	136.3

Age Groups	Cases	% Total	Rate
0-12	0	0.0	0.0
13-19	554	28.7	451.8
20-24	658	34.1	614.9
25-29	333	17.2	424.9
30-39	234	12.1	152.4
40-59	110	5.7	60.2
50-59	32	1.7	17.3
60+	11	0.6	2.8
Unknown	0	0.0	--
Total	1,932	100.0	136.3

Source: Florida Department of Health, Bureau of HIV/AIDS Mid-Year Population Estimates, 2007 Provisional Data.

Table 3-16. Infectious Syphilis Cases (and Rates per 100,000 Population) by Race, Ethnicity, Gender, Age at Diagnosis and Year of Report for Area 3/13, 2007.

2006

Gender	Cases	% Total	Rate
Male	13	72.2	1.9
Female	5	27.8	0.7
Other/Unknown	0	0.0	-
Total	18	100.0	1.3

Race/Ethnicity	Cases	% Total	Rate
White, Non-Hispanic	6	33.3	0.6
Black, Non-Hispanic	11	61.1	6.3
Hispanic	1	5.6	1.0
Asian/Pacific Islander	0	0.0	-
American Indian/Alaskan	0	0.0	-
Other/Unknown	0	0.0	-
Total	18	100.0	1.3

Age Groups	Cases	% Total	Rate
0-12	0	0.0	0.0
13-19	1	5.6	0.8
20-24	8	44.4	7.6
25-29	2	11.1	2.7
30-39	2	11.1	1.3
40-59	3	16.7	1.6
50-59	1	5.6	0.6
60+	1	5.6	0.3
Unknown	0	0.0	--
Total	18	100.0	1.3

2007

Gender	Cases	% Total	Rate
Male	24	88.9	3.4
Female	3	11.1	0.4
Other/Unknown	0	0.0	--
Total	27	100.0	1.9

Race/Ethnicity	Cases	% Total	Rate
White, Non-Hispanic	11	40.7	1.0
Black, Non-Hispanic	10	37.0	5.7
Hispanic	2	7.4	1.8
Asian/Pacific Islander	1	3.7	--
American Indian/Alaskan	0	0.0	--
Other/Unknown	3	11.1	--
Total	27	100.0	1.9

Age Groups	Cases	% Total	Rate
0-12	0	0.0	0.0
13-19	1	3.7	0.8
20-24	7	25.9	6.5
25-29	5	18.5	6.4
30-39	4	14.8	2.6
40-59	8	29.6	4.4
50-59	2	7.4	1.1
60+	0	0.0	0.0
Unknown	0	0.0	--
Total	27	100.0	1.9

Source: Florida Department of Health, Bureau of HIV/AIDS Mid-Year Population Estimates, 2007 Provisional Data.

Substance Abuse

Adverse effects of excessive or inappropriate use of substances may be long term, e.g. morbidity and mortality associated with liver disease or almost immediate through unsafe sexual behavior, violence, injury, or experimentation with other drugs. Drug users are at greater risk of sexual transmission of HIV due to high-risk behaviors such as unprotected sexual intercourse, multiple partners, trading sex for drugs, or having sex with a drug user.[2]

While the use of alcohol and marijuana can affect judgment and lead to risky sexual behaviors, the sharing of injection drugs or equipment can directly lead to HIV transmission through the bloodstream.[3] The Florida Bureau of HIV/AIDS estimates 96,300 injection drug users (IDUs) in the state as of 2006. Approximately 19 percent of IDUs are estimated to be HIV infected, and 81 percent or 78,000 are presently uninfected but at high risk of becoming HIV infected.[4]

Table 3-17 provides a review of substance-related data in Area 3/13 counties from the 2007 Annual Report of Florida's Epidemiology Workgroup:

- Alachua County has higher numbers than the state in all categories except "current smoker" and slightly less in "mortality alcoholic liver disease." Alachua also is the highest in the area in the "binge or heavy drinker" category. It is noted the University of Florida is in Alachua County.
- Small, rural Dixie County has the highest treatment numbers (575.6) with over double the state (265.0). Mortality from alcoholic liver disease is also over two times (11.4) that of the state (4.5).
- Hamilton County shows the fewest treated per 100,000 in the entire area (88.3). Hamilton's numbers in most other categories are similar to Gilchrist County. However, Gilchrist County shows over twice as many persons treated for substances.

Additional related county data is available at www.cdrc.med.miami.edu/x59.xml.

Table 3-17. Substance-Related Data from Area 3/13 Counties, 2006.

Indicators	Area 3/13 Counties						
	Alachua	Bradford	Citrus	Columbia	Dixie	Gilchrist	Hamilton
Drug Treatment							
Persons treated per 100,000	312.0	245.5	257.0	339.1	575.6	183.4	88.3
Adult Consumption							
% of adults who engage in heavy or binge drinking	24.5	13.6	12.6	13.7	13.3	16.1	16.1
% of adults who currently smoke	18.8	22.7	26.8	29.6	27.4	27.0	27.0
Consequences							
Mortality Lung Cancer per 100,000 (age adjusted)	53.3	59.3	64.9	74.1	90.5	57.2	58.8
Mortality Alcoholic Liver Disease per 100,000	4.0	3.3	7.6	4.8	11.4	2.1	2.1
Alcohol-Related Motor Vehicle Accidents per 100,000	147.2	131.1	108.8	189.2	207.5	173.1	135.8

Source: University of Miami Comprehensive Drug Research Center. *2007 Annual Report of Florida's State Epidemiology Workgroup (SEW),* June 2007.

Table 3-17. Substance-Related Data in Area 3/13 Counties, 2006, *Continued.*

Indicators	Area 3/13 Counties						
	Lafayette	Lake	Levy	Marion	Putnam	Sumter	Suwannee
Persons Treated per 100,000	163.67	309.0	315.36	172.0	352.04	205	162.42
Adult Consumption							
% of adults who engage in heavy or binge drinking	14.8	10.3	12.4	12.0	15.4	10.2	8.6
% of adults who currently smoke	19.5	23.1	27.8	26.6	27.5	21.9	23.8
Consequences							
Mortality Lung Cancer per 100,000 (age adjusted)	89.4	57.0	83.2	65.8	79.2	47.4	75.9
Mortality Alcoholic Liver Disease per 100,000	0.0	4.7	11.3	4.4	7.7	7.0	5.5
Alcohol-Related Motor Vehicle Accidents per 100,000	147.7	111.7	168.6	102.9	177.3	83.3	167.2

Source: University of Miami Comprehensive Drug Research Center. *2007 Annual Report of Florida's State Epidemiology Workgroup (SEW),* June 2007.

Table 3-17. Substance-Related Data in Area 3/13 Counties, 2006, *Continued.*

Indicators	Area 3/13 Counties	
	Union	Florida
Persons Treated per 100,000	190.39	265
Adult Consumption		
% of adults who engage in heavy or binge drinking	13.9	14.1
% of adults who currently smoke	29.3	22.2
Consequences		
Mortality Lung Cancer per 100,000 (age adjusted)	176.2	51.9
Mortality Alcoholic Liver Disease per 100,000	8.2	4.5
Alcohol-Related Motor Vehicle Accidents per 100,000	96.2	131.9

Source: University of Miami Comprehensive Drug Research Center. *2007 Annual Report of Florida's State Epidemiology Workgroup (SEW),* June 2007.

Mental Illness

Mental illness is associated with HIV-related risk behavior in various ways. Studies show that people with serious mental illness have high rates of alcohol and substance use. As previously noted, the use of substances increases the risk for HIV in two ways: indirectly because of the association with unsafe sexual activity, and directly through needle sharing.[5] There may also be reduced impulse control and impaired judgment in persons with mental illness leading to unsafe sexual activities including coerced sex or sexual contact with a partner met recently in a bar or on the street.[6]

In general, information on mental health status of an area is difficult to obtain. Diagnosis related groups (DRGs) are used as a way to relate the type of patient a hospital treats to the costs incurred by the hospital. For comparative purposes, the psychoses (mental disorder) DRG is utilized as a factor related to mental health status. Tables 3-8 through 3-13 (pages 40 to 42) provide Area 3/13 discharge data related to psychoses. Of 3,925 total psychoses discharges for Area 3/13 in 2006, the majority were female (55.7 percent) and White/Caucasian (84.2 percent). For purposes of this report, data will not be analyzed at any other level.

ACCESS TO HEALTH CARE

Area 3/13 has a low density of primary care physicians (family practice, internal medicine, obstetrics/gynecology and pediatrics) compared with the state. All counties in the area have been designated by the Secretary of Health and Human Services as health professional shortage areas (HPSA).

HPSAs may have shortages of primary medical care, dental or mental health providers and may be urban or rural areas, population groups or medical or other public facilities. These areas are designated as such due to the low physician-to-population ratio or the over utilization, excessively distant or inaccessibility of resources. All of Area 3/13 counties have been designated as HPSAs for a particular population group, low income or low income/migrant farmworker.

For additional information on HPSA designations, see: http://hpsafind.hrsa.gov/HPSAsearch.aspx.

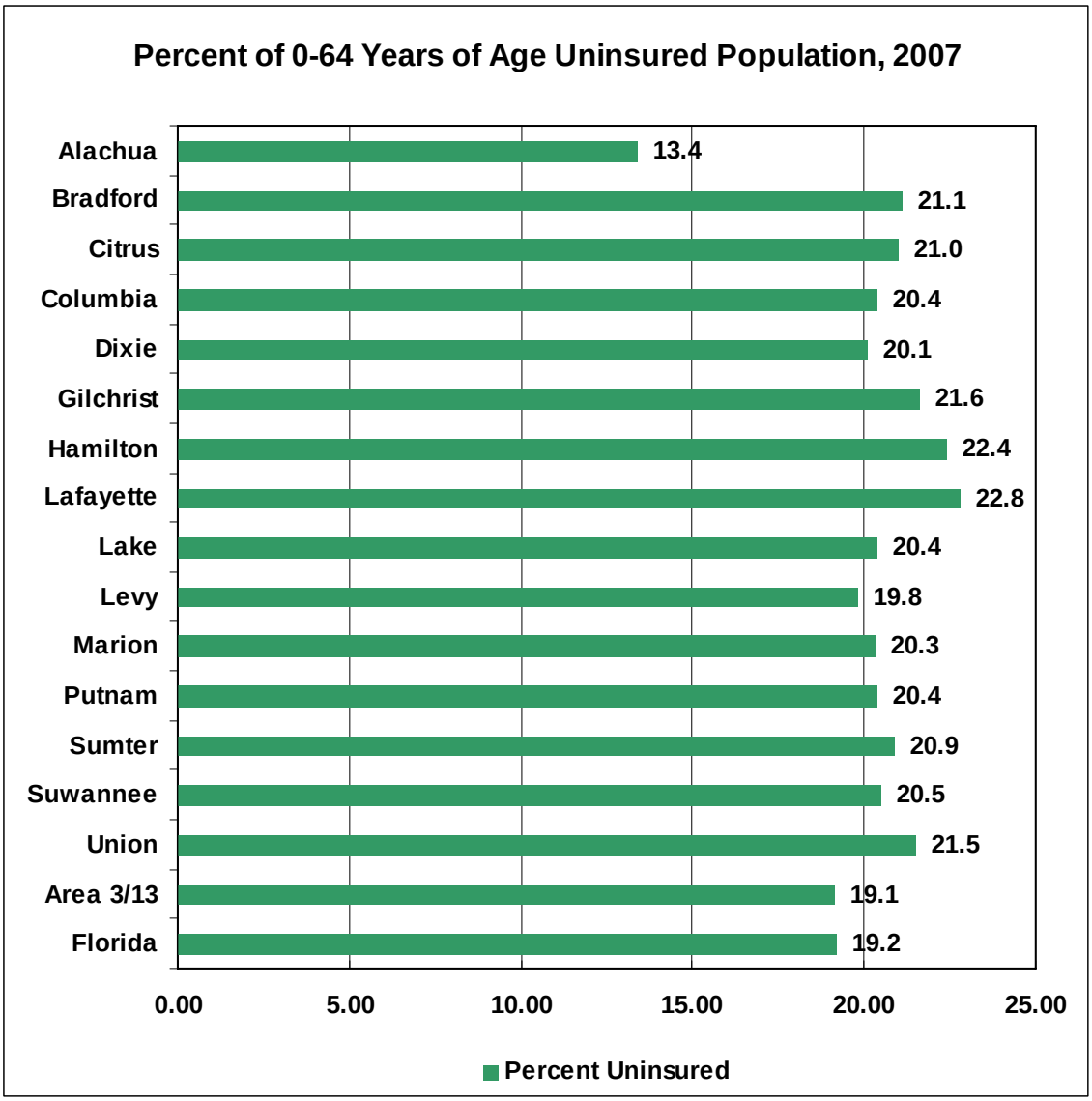
Health Insurance

Very few people have the means to pay the full cost of health care services. Many have insurance coverage through an employer, receive benefits through Medicaid or Medicare, or qualify for health care services through the Department

of Veterans Affairs. Without some form of coverage, it is extremely difficult to access and obtain necessary medical services. Problems associated with lack of insurance include higher rates of morbidity and mortality due to poor access to quality health care.

In Florida, the rate of the uninsured climbed to 19.2 percent in 2007. Area 3/13 has a similar uninsured rate of 19.1 percent. With the exception of Alachua County (13.4 percent), all other Area 3/13 counties exceed the state's 19.2 percent of population who are uninsured. Hamilton and Lafayette counties are highest with 22.8 percent and 22.4 percent, respectively (Figure 3-1).

Figure 3-1. Percent of Uninsured Population by Area 3/13 and Florida, 2007.



Source: ESRI Business Solutions, 2007.
Prepared by WellFlorida Council, 2008.

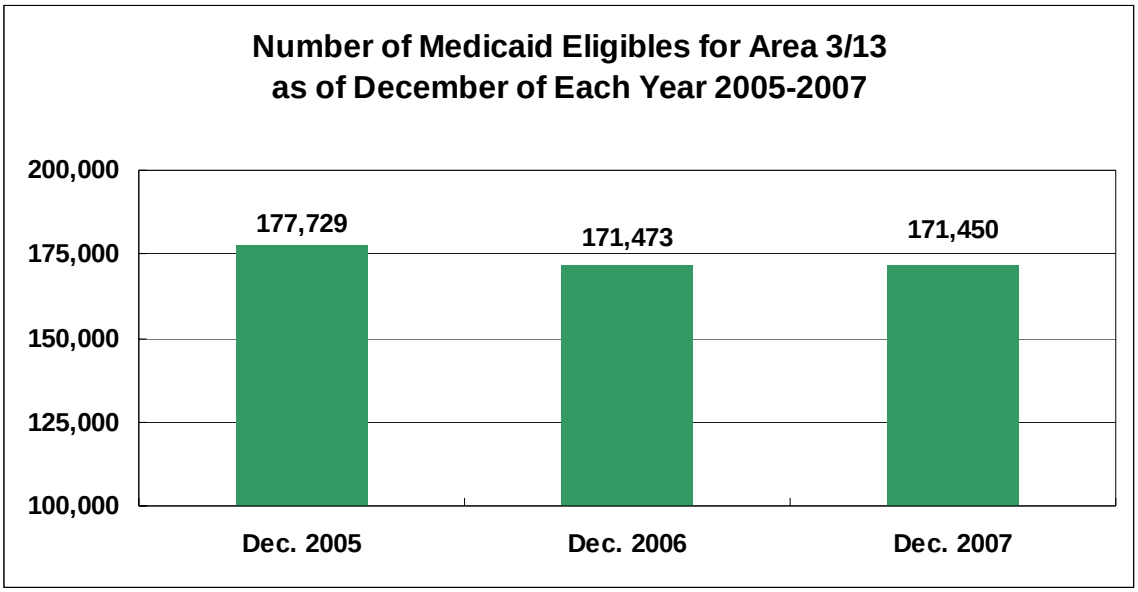
Medicaid

Medicaid is a state/federal program providing health coverage to persons with low incomes. It covers over 50 percent of people living with AIDS. Most persons living with HIV/AIDS who qualify for Medicaid do so because they are determined disabled and receive cash assistance through the Supplemental Security Income (SSI) program. The Social Security Administration (SSA) administers the SSI program. To meet the SSA's definition of "disability," a person's HIV infection must have progressed to an advanced stage when care needs are the highest and potentially most expensive. In addition, the person must be low-income with limited resources.

Figure 3-2 displays data for December 2005, December 2006, and December 2007. At the end of 2007, there were 171,450 persons eligible for Medicaid in Area 3/13.

Table 3-18 divides these numbers into county-level data. With minor fluctuation across the years, the total number of Medicaid eligible persons from 2002 to 2007 has remained stable.

Figure 3-2. Number of Medicaid Eligible Persons for Area 3/13, 2005-2007.



Source: Agency for Healthcare Administration, Medicaid Program Analysis, Dec. 2005, 2006, 2007.
Prepared by: WellFlorida Council, 2008.

Table 3-18. Total Medicaid Eligible Persons for Month of December, 2002-2007.

County	2002	2003	2004	2005	2006	2007
Alachua	29,743	28,519	27,855	28,940	26,924	26,065
Bradford	4,644	4,404	4,468	4,440	4,000	4,093
Citrus	13,517	12,838	13,825	14,648	14,018	14,270
Columbia	11,845	11,197	11,448	12,171	11,419	12,021
Dixie	3,039	2,916	4,232	3,174	3,017	3,039
Gilchrist	3,159	3,021	861	2,397	2,368	2,347
Hamilton	2,675	2,415	2,337	2,573	2,934	2,959
Lafayette	1,038	1,060	1,039	1,003	972	928
Lake	22,661	22,420	24,283	28,302	28,296	28,008
Levy	5,598	5,383	6,001	6,541	6,459	6,624
Marion	35,534	34,384	36,482	41,048	39,094	39,035
Putnam	15,046	14,398	14,325	15,814	16,310	16,173
Sumter	15,825	15,228	8,329	7,535	6,472	6,221
Suwannee	6,390	6,163	6,182	7,240	7,328	7,711
Union	1,800	1,736	1,860	1,903	1,862	1,956
Area 3/13	172,514	166,082	163,527	177,729	171,473	171,450
Florida	2,102,411	2,087,652	2,168,332	2,233,946	2,129,623	2,162,233

Source: Agency for Health Care Administration, Medicaid Program Analysis, December, 2002-2007.
Prepared by: WellFlorida Council, 2008.

Medicare

Medicare, the nation's largest health insurance program, is a federal program for people who are 65 or older, some people under age 65 with permanent disability, and people of all ages with end-stage renal disease. Medicare is an important source of coverage for persons living with HIV/AIDS who receive Social Security Disability Insurance (SSDI) benefits. It accounts for approximately one quarter of federal spending on HIV/AIDS care in the United States. Although most Medicare beneficiaries with HIV/AIDS are under age 65 and qualify as a result of their disability status, some are age 65 or older.[7]

Medicare covers many basic health care services and is organized into four parts: Part A (hospital insurance), Part B (supplemental medical insurance), Part C (Medicare Advantage) and Part D (prescription drugs). Part D is a voluntary outpatient prescription drug benefit delivered through private plans contracting with Medicare and is an important benefit for persons living with HIV/AIDS.[8] (*See* http://www.medicare.gov for additional information on Medicare.)

Veterans Affairs

Veterans of the United States armed forces may be eligible for a broad array of health care services including comprehensive HIV care. Eligibility for most veteran's benefits is based upon discharge from active military service under other than dishonorable conditions. In Area 3/13, there are Veterans Administration Medical Centers in Gainesville (Alachua County) and Lake City (Columbia County) with community based outpatient clinics in surrounding areas. (*See* http://www.va.gov for additional information on health care benefits for veterans.)

Children's Medical Services

The Children's Medical Services (CMS) is a program of the Florida Department of Health and provides comprehensive medical and support services to medically and financially eligible children and high-risk pregnant women. The continuum of care includes prevention and early intervention programs, primary care, medical and therapeutic specialty care and long-term care. Most children infected with HIV in Area 3/13 receive CMS services. (*See* http://www.cms-kids.com for additional information on CMS.)

ENDNOTES

[1] Florida Department of Health, Division of Disease Control. Epidemiological Profile for Area 3/13. http://www.doh.state.fl.us/disease_ctrl/aids/trends/epiprof/Epi_Tables/epitables.htm. [Accessed May 2008]
[2] Florida Department of Health, Division of Disease Control. *Florida HIV/AIDS Annual Report/ Epidemiologic Profile, 2006.* [page 24]
[3] Ibid. [page 24]
[4] Ibid. [page 22]
[5] National Alliance on Mental Illness. "Updates and What's New." http://www.nami.org/Content/ContentGroups/Policy/Updates/Updates_andamp__What_s_New__Bills__Grassroots_Advocacy__HIV__AIDS__New_Strides.htm#facts. [Accessed June 2008]
[6] Ibid.
[7] The Henry J. Kaiser Family Foundation. "Medicare and HIV/AIDS: HIV/AIDS Policy Fact Sheet." http://www.kff.org/hivaids/7171.cfm. [Accessed June 2008]
[8] Ibid.

EPIDEMIOLOGICAL PROFILE

INTRODUCTION

This section of the assessment describes the epidemiology of HIV and AIDS in north central Florida. Epidemiological information is presented on who is infected, how they became infected, and where cases are geographically distributed among different populations.

Standardized, confidential name-based reporting for AIDS has been in existence since the HIV/AIDS epidemic was first recognized in 1981. However, HIV name reporting, in addition to the reporting of persons with AIDS, did not begin until1985 in the United States. In Florida, HIV became reportable in 1997.

It is important to note reported numbers do not capture all persons living with HIV/AIDS. Anonymous tests are not reported; all infected persons have not been tested or reported. Revisions in testing and reporting also affect the data in the year of change as well as in subsequent years. For example, a new reporting law in November 2006 adding detectable viral loads and all CD4 counts will likely cause an increased number of reported HIV cases in Florida.

Section Highlights

- In 2007, there were 87,500 persons living with HIV/AIDS in Florida (reported cases).
- There are 5,992 reported cases of HIV/AIDS in Area 3/13 including Department of Corrections (DOC) as of January 4, 2008. When DOC is excluded, there are 3,963 reported cases.
- In Area 3/13, 48 percent of the 3,963 reported cases (excluding DOC) are Black/African American and 43 percent are White/Caucasian.
- Of the 3,963 reported cases in Area 3/13, 33 percent report male-to-male sexual contact (MSM) as the mode of transmission. Thirty-two percent report heterosexual transmission.

To understand better the HIV and AIDS surveillance data, it is helpful to provide definition for the following terms:

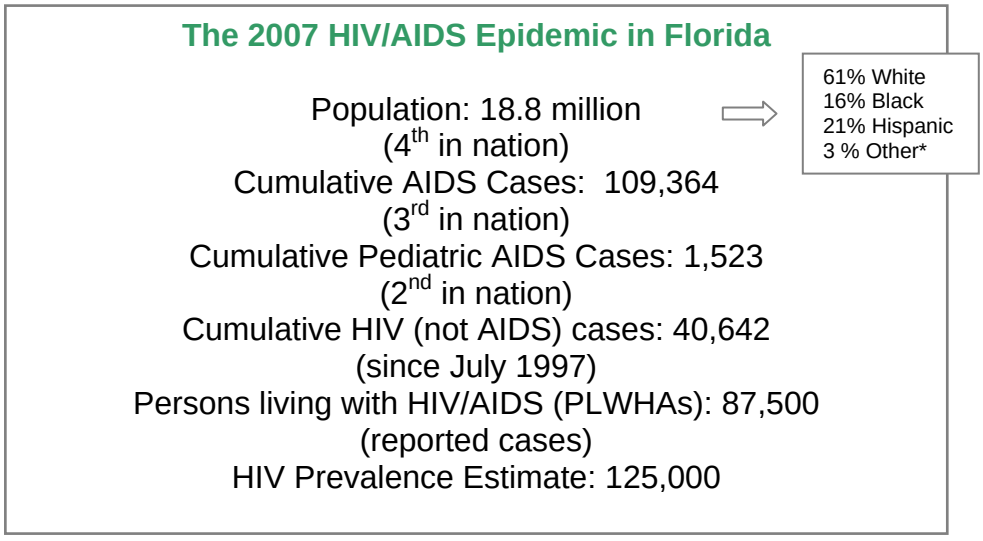
- *Incidence* is the number of new cases of HIV and AIDS reported in a specified time period.
- *Cumulative incidence* is the total number of new infections over an extended period of time, regardless of death status.
- *Prevalence* is the total number of persons currently living with HIV and AIDS at any given time.
- *Prevalence estimates* include those who are infected but are unaware of their HIV status (estimated at 20% in Florida). The prevalence estimates exclude those who have died.

- *Incidence* and *prevalence* are sometimes expressed as a *rate* or the number of cases per unit (usually 100,000) population.

Unless otherwise noted, all surveillance data is from the Florida Department of Health, Division of Disease Control, Bureau of HIV/AIDS surveillance section. Although there is extensive surveillance data available, this section is designed to briefly capture the essence of the epidemic in Area 3/13. For in-depth information about HIV and AIDS for Area 3/13 and the state of Florida, please refer to the surveillance reports available on the Bureau of HIV/AIDS' website: http://www.doh.state.fl.us/disease_ctrl/aids.

EPIDEMIC PROFILE

According to the Centers for Disease Control and Prevention, the total number of new cases of HIV/AIDS remained stable from 2003 through 2006. However, HIV/AIDS prevalence (the number of persons living with HIV/AIDS) increased steadily. By the end of 2006, an estimated 491,727 persons were living with HIV/AIDS in the United States.[1] Increased numbers of persons living with HIV/AIDS are leading longer lives due to improved antiretroviral therapy; and the trend will be for prevalence to increase as deaths decrease.



* Other = Asian/Pacific Islanders, American Indians/Alaskan Natives, Multi-Racial
Source: Florida Department of Health, Division of Disease Control, Bureau of HIV/AIDS Ryan White Program Annual Meeting, 2008.

Area 3/13 Reported Cases of HIV/AIDS

From 2006 to 2007 in Area 3/13, HIV case reporting was up 42 percent; AIDS cases were down by 12 percent. Most likely, this substantial increase in HIV case reporting was due to a lab reporting requirement passed in November 2006 adding all viral loads, all CD4s and exposed newborns. The system is now capturing new data on persons infected with HIV who may not be newly infected, e.g. infections diagnosed prior to 1997. With the more comprehensive reporting system, it is anticipated data will be skewed for the next several years.

According to the Area 3/13 HIV/AIDS Quarterly Report dated December 31, 2007, preliminary data from 2007 indicates 509 new cases were added to Area 3/13, of which 234 are AIDS and 275 are HIV not AIDS. Of the new HIV not AIDS cases:

- 43 percent are Black/African American.
- 46 percent are White/Caucasian.
- 9 percent are Hispanic.
- 26 percent are ages 20-29.
- 26 percent are ages 30-39.
- 28 percent are ages 40-49.
- 15 percent are over the age of 49.
- 5 percent are under 19.

Area 3/13 has 5,992 cumulative reported cases of HIV/AIDS (including Department of Corrections). Of these 5,992 reported cases:

- 57 percent are Black/African American.
- 35 percent are White/Caucasian.
- 1 percent are multi-racial.
- 7 percent are Hispanic
- 37 percent have died.

Of the adult (pediatric cases are 0-12 years old) cases:

- 31 percent report a risk factor of male having sex with male (MSM).
- 19 percent report intravenous drug use (IDU).
- 8 percent have combined risk factors of MSM and IDU.
- 37 percent report heterosexual risk factor.
- 1 percent report infection through blood products.
- 14 percent are not reported.

When Department of Corrections' numbers are excluded, there are 3,963 reported cases in Area 3/13. Of these 3,963 cases:

- 48 percent are Black/African American.
- 43 percent are White/Caucasian.
- 8 percent are Hispanic.
- 1 percent are multi-racial.

Of the adult cases (excluding Department of Corrections):

- 33 percent report a risk factor of MSM.

- 14 percent report IDU.
- 6 percent report combined risk factors of MSM and IDU.
- 32 percent report heterosexual risk factor.
- 2 percent report a risk factor of transfusion/hemophilia.
- 13 percent are not reported.

(*See* www.doh.state.fl.us/chdalachua/hiv/stats.htm for complete quarterly statistics.)

Area 3/13 Living HIV/AIDS Cases

In the most recent data from the Florida Department of Health, Bureau of HIV/AIDS, excluding Department of Corrections, there are 1,488 living adult and pediatric AIDS cases and 988 living adult and pediatric HIV cases for a total of 2,476 living adult and pediatric HIV/AIDS cases in Area 3/13.

Table 4-1 details the living HIV/AIDS adult cases by Area 3/13 counties. As expected, the three counties with the highest population have the highest number of living HIV/AIDS cases. As seen in the demographic section of this report, the largest Area 3/13 county by population size is Marion County (328,656 estimated 2007 population) followed by Lake (292,691) and Alachua (244,351). In terms of living persons with HIV/AIDS, Alachua County has the highest population with 716, followed by Marion with 545 and Lake with 428.

Although Putnam County has less population in general (76,969 estimated 2007 population), the number of living HIV/AIDS cases exceeds both Citrus and Sumter counties with higher general populations, 142,431 and 86,433 respectively. Putnam has 213 persons living with HIV/AIDS; Citrus has 96 persons living with HIV/AIDS; and Sumter has 85.

Table 4-1. Living HIV/AIDS Adult Cases (Excluding DOC) in Area 3/13 Counties as of April 15, 2008.

County	Living AIDS		Living HIV (not AIDS)		Total Living HIV/AIDS
	Adult	***Pediatric***	***Adult***	***Pediatric***	
Alachua	449	8	267	2	716
Bradford	25	2	15	1	40
Citrus	59	0	37	0	96
Columbia	69	4	37	2	106
Dixie	13	1	11	1	24
Gilchrist	6	0	2	0	8
Hamilton	13	0	22	1	35
Lafayette	0	0	3	0	3
Lake	244	2	184	3	428
Levy	27	0	20	0	47
Marion	346	5	199	2	545
Putnam	119	5	94	0	213
Sumter	45	1	40	0	85
Suwannee	36	0	32	2	68
Union	9	0	11	0	20
Total Area 3/13	1,460	28	974	14	2,476

Source: Florida Department of Health, Bureau of HIV/AIDS, 2008.

MORTALITY

Health problems and health status in an area can be better understood by evaluating deaths and death rate statistics. Table 4-2 depicts the leading causes of death in the state of Florida. [Note the information in Table 4-2 is specific to the age group of 25 to 44.] According to the Bureau of HIV/AIDS, HIV was the fourth leading cause of death for all Florida residents ages 25 to 44 in 2006 (same as 2005). Among Florida males, HIV was the first leading cause of death among Black/African Americans and the fourth leading cause among Hispanics. Among Florida females, HIV was the first leading cause among Black/African Americans, the third leading cause among Hispanics (up from fifth in 2004 and fourth in 2005), and the seventh leading cause among White/Caucasians (same as 2005).

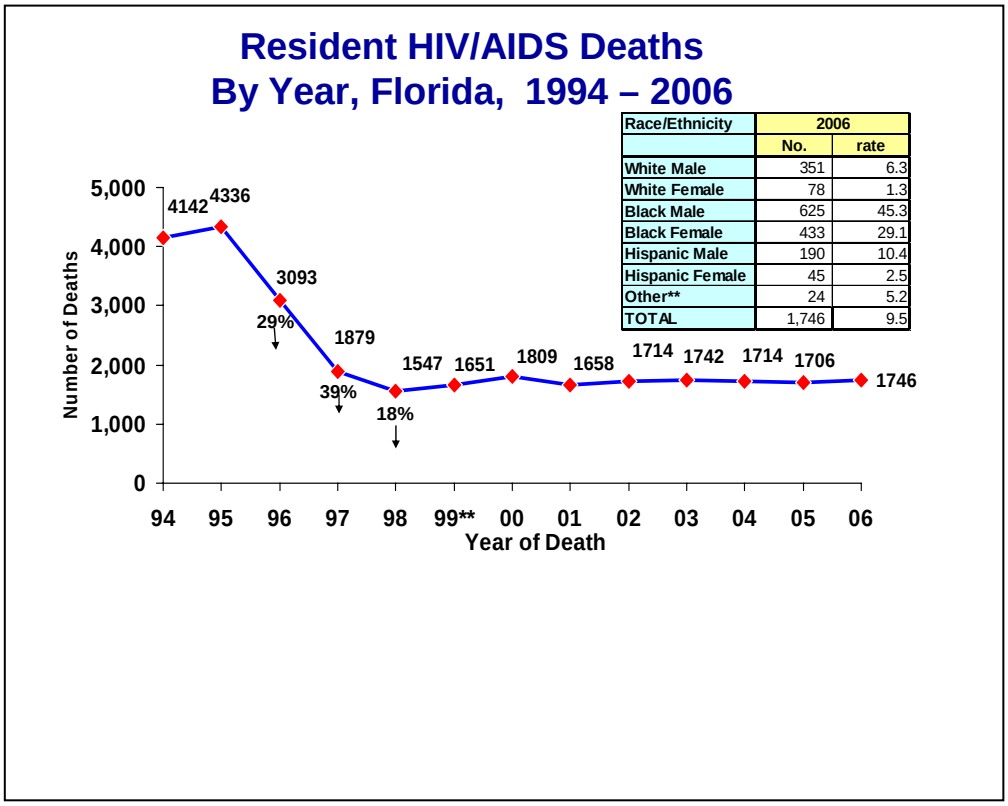
Table 4-2. Leading Causes of Death Among Florida Residents Ages 25 through 44, 2006.

Leading Causes of Death Among Residents Ages 25 Through 44 Years of Age, By Race and Ethnicity Group and Gender, Florida, 2006					
Both Gender	**Race and Ethnicity**				
	All	**White**	**Black**	**Hispanic**	**Other/ Unknown**
All Causes	9047	5355	2128	1366	198
Leading Cause of Death					
Accidents	2435	1675	276	436	48
Cancer	1110	662	226	191	31
Heart Disease	860	495	245	103	17
HIV	**749**	**168**	**469**	**102**	**10**
Suicide	715	579	44	75	17
Homicide	468	130	231	97	10
Liver Disease	206	160	16	26	4
Stroke	150	67	46	30	7
Diabetes	171	83	71	15	2
Residual	2183	1336	504	291	52

Source: Florida Department of Health, Bureau of HIV/AIDS, 2008.

With the advent of highly active antiretroviral therapy (HAART) in 1996, the prognosis for persons living with HIV dramatically improved. HIV/AIDS deaths decreased markedly from 1996 to 1998 (Figure 4-1). Statewide, deaths in 2006 were 60 percent lower than in the peak year of 1995.[2] A leveling of the trend since 1998 may reflect factors such as viral resistance, late diagnosis of HIV, adherence problems, and lack of access to or acceptance of care.[3]

Figure 4-1. HIV/AIDS Deaths and Death Rates for Florida by Race, Ethnicity and Sex, 2006.



Race/Ethnicity	2006	
	No.	rate
White Male	351	6.3
White Female	78	1.3
Black Male	625	45.3
Black Female	433	29.1
Hispanic Male	190	10.4
Hispanic Female	45	2.5
Other**	24	5.2
TOTAL	1,746	9.5

Source: Florida Department of Health, Office of Vital Statistics and Bureau of HIV/AIDS, 2008.

* Rates are expressed as deaths per 100,000 population based on 2006 population estimates, Department of Health, Office of Planning, Evaluation and Data Analysis.

** A new national system for coding death certifications began in 1999, which resulted in an increase of approximately 14 percent in the annual number of HIV/AIDS deaths.

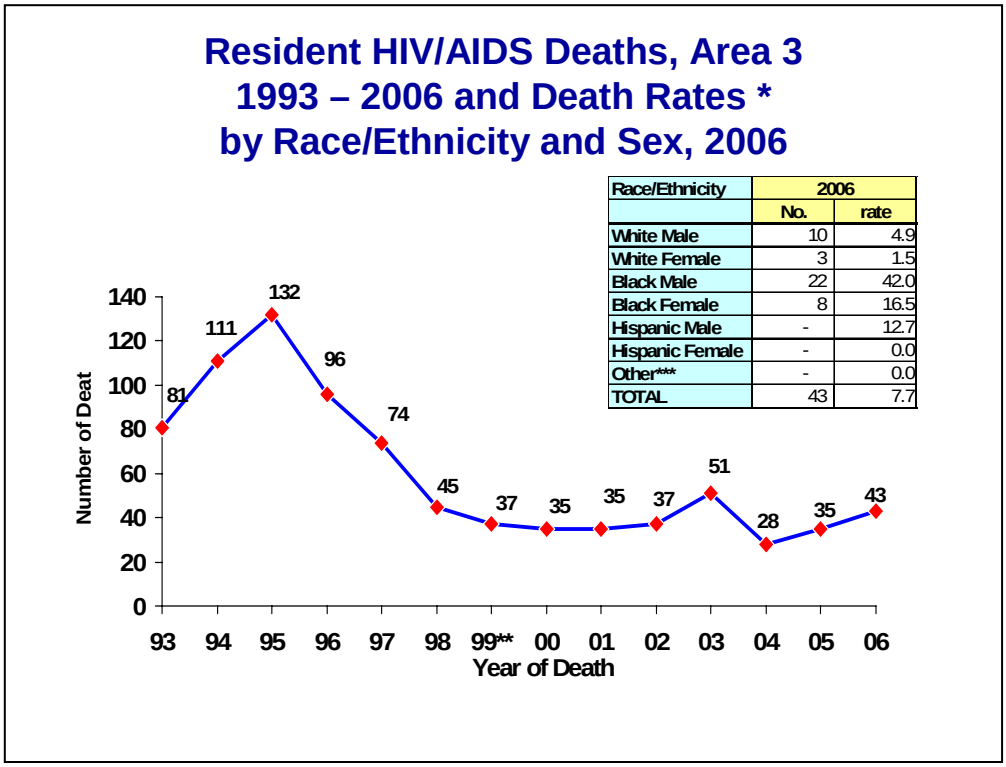
*** Other includes Asian/Pacific Islander, American Indian/Alaska Native, multiracial and/or other/unknown races. Males and females are combined per the low number of resident deaths.

Racial/ethnic disparities are evident in the death rate data. Since 1999 HIV/AIDS death rates have been fairly level among Black/African American males and females. Yet, those rates are far above the White/Caucasian and Hispanic populations. According to the Florida Bureau of HIV/AIDS, this trend may signal, in the absence of any marked progress in effectiveness of antiretrovirals, a need for the following:

- better linkage to care and treatment
- increased HIV testing to detect more undiagnosed, HIV-infected persons
- earlier testing and diagnosis
- improved medication adherence.

In Figures 4-2 and 4-3, the HIV/AIDS deaths for Area 3 and 13 are shown. A similar pattern to the state emerges with the highest rates of death from HIV/AIDS in the Black/African American population.

Figure 4-2. HIV/AIDS Deaths and Death Rates for Area 3 by Race, Ethnicity and Sex, 2006.



Race/Ethnicity	2006	
	No.	rate
White Male	10	4.9
White Female	3	1.5
Black Male	22	42.0
Black Female	8	16.5
Hispanic Male	-	12.7
Hispanic Female	-	0.0
Other***	-	0.0
TOTAL	43	7.7

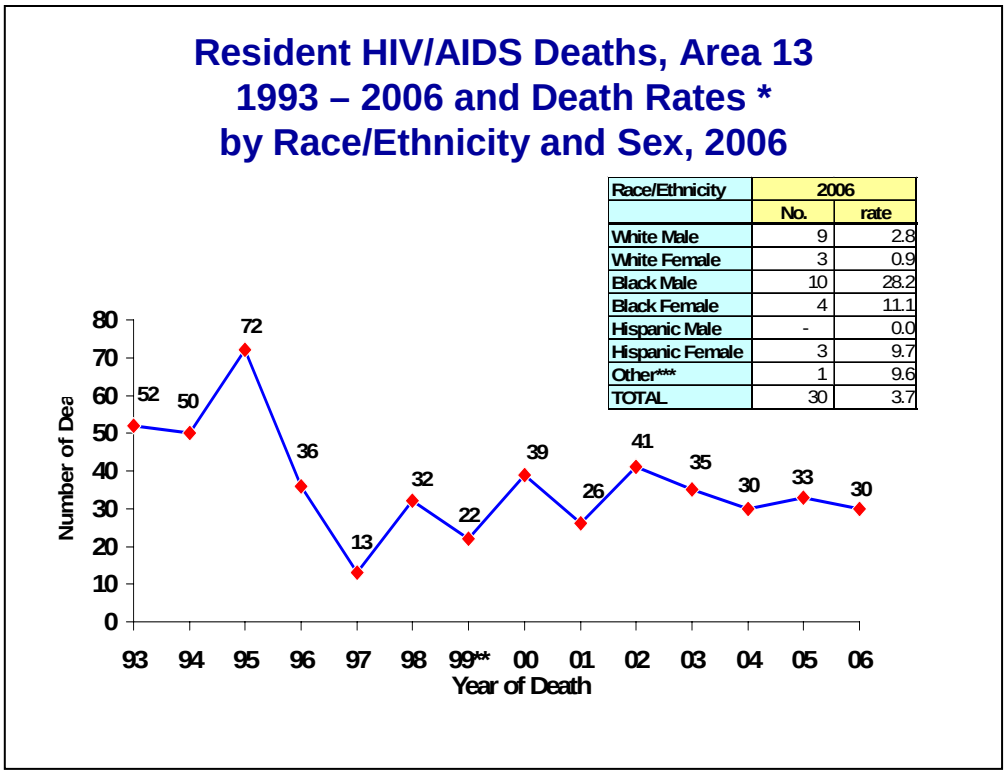
Source: Florida Department of Health, Office of Vital Statistics and Bureau of HIV/AIDS, 2008.

* Rates are expressed as deaths per 100,000 population based on 2006 population estimates, Department of Health, Office of Planning, Evaluation and Data Analysis.

** A new national system for coding death certifications began in 1999, which resulted in an increase of approximately 14 percent in the annual number of HIV/AIDS deaths.

*** Other includes Asian/Pacific Islander, American Indian/Alaska Native, multiracial and/or other/unknown races. Males and females are combined per the low number of resident deaths.

Figure 4-3. HIV/AIDS Deaths and Death Rates for Area 13 by Race, Ethnicity and Sex, 2006.



Source: Florida Department of Health, Office of Vital Statistics and Bureau of HIV/AIDS, 2008.

* Rates are expressed as deaths per 100,000 population based on 2006 population estimates, Department of Health, Office of Planning, Evaluation and Data Analysis.

** A new national system for coding death certifications began in 1999, which resulted in an increase of approximately 14 percent in the annual number of HIV/AIDS deaths.

*** Other includes Asian/Pacific Islander, American Indian/Alaska Native, multiracial and/or other/unknown races. Males and females are combined per the low number of resident deaths.

HOSPITALIZATION

Hospital discharge data can be used as an indicator of morbidity or the proportion of sickness in an area. Table 4-3 shows Area 3/13 and Florida HIV hospital discharge rates of persons admitted through the emergency room. A higher number of discharges (321 persons compared to 83 persons) were first admitted through the emergency room.

Table 4-4 shows HIV-related hospital discharges admitted through the emergency room in the counties of Area 3/13. With the exception of Bradford and Union counties, the majority of persons entered the hospital through the emergency room.

Table 4-3. HIV-Related Hospital Discharges in Area 3/13 and Florida, 2006.

Area	Admitted from ER	Discharges	Percent	Rate Per 1,000 Persons
Area 3/13	Yes	321	79.5	0.2
	No	83	20.5	0.1
	Total	404	100.0	0.3
Florida	Yes	9,211	85.8	0.5
	No	1,530	14.2	0.1
	Total	10,741	100.0	0.6

Source: Agency for Health Care Administration, Detailed Discharge Data, 2006.
Prepared by: WellFlorida Council, 2008.

Table 4-4. HIV-Related Hospital Discharges in Area 3/13 Counties, 2006.

Area	Admitted from the ER	Discharges	Percent	Rate Per 1,000 Persons
Alachua	Yes	97	86.6	0.4
	No	15	13.4	0.1
	Total	112	100.0	0.5
Bradford	Yes	5	50.0	0.2
	No	5	50.0	0.2
	Total	10	100.0	0.3
Citrus	Yes	19	90.5	0.1
	No	2	9.5	0.0
	Total	21	100.0	0.2
Columbia	Yes	14	70.0	0.2
	No	6	30.0	0.1
	Total	20	100.0	0.3
Dixie	Yes	1	100.0	0.1
	No	-	-	-
	Total	1	100.0	0.1
Gilchrist	Yes	2	100.0	0.1
	No	-	-	-
	Total	2	100.0	0.1
Hamilton	Yes	1	100.0	0.1
	No	-	-	-
	Total	1	100.0	0.1
Lafayette	Yes	-	-	-
	No	-	-	-
	Total	-	-	-
Lake	Yes	55	93.2	0.2
	No	4	6.8	0.0
	Total	59	100.0	0.2
Levy	Yes	7	87.5	0.2
	No	1	12.5	0.0
	Total	8	100.0	0.2
Marion	Yes	61	96.8	0.2
	No	2	3.2	0.0
	Total	63	100.0	0.2
Putnam	Yes	28	84.8	0.4
	No	5	15.2	0.1
	Total	33	100.0	0.4
Sumter	Yes	7	100.0	0.1
	No	-	-	-
	Total	7	100.0	0.1
Suwannee	Yes	9	56.3	0.2
	No	7	43.8	0.2
	Total	16	100.0	0.4
Union	Yes	15	29.4	1.0
	No	36	70.6	2.4
	Total	51	100.0	3.4
Area 3/13	Yes	321	79.5	0.2
	No	83	20.5	0.1
	Total	404	100.0	0.3
Florida	Yes	9,211	85.8	0.5
	No	1,530	14.2	0.1
	Total	10,741	100.0	0.6

Source: AHCA Detailed Discharge Data, 2006.
Prepared by: WellFlorida Council, 2008.

OTHER INDICATORS

Selected socioeconomic indicators, co-morbidities, and other factors specifically linked to persons living with HIV/AIDS in Area 3/13 are captured in Table 4-5:

- The prevalence rate of tuberculosis in AIDS cases diagnosed through 2007 in the HIV/AIDS population of the area is 161.5 as compared to 3.5 within the general population in this area.
- The prevalence rate of infectious syphilis reported in 2007 in the HIV/AIDS population in Area 3/13 was 363.3 as compared to 1.9 within the general population in this area.
- The prevalence rate of gonorrhea reported in 2007 in the HIV/AIDS population of the area is 565.2 as compared to 136.3 in the general population in this area.
- The prevalence rate of chlamydia reported in the 2007 HIV/AIDS population of the area is 605.6 as compared to 338.0 in the general population in this area.
- The prevalence rate of hepatitis C is 16,915.6 with no comparison available as of the date of the original report.
- The high prevalence rates of substance abuse reported in 2007 in the HIV/AIDS population in Area 3/13 (28,421.5); chronic mental illness (2,745.3); MSM (38,662.7); and IDU (20,143.1) clearly shows the importance of assessing these factors in a community as related to HIV/AIDS. (Prevalence rates for the general population were not available in the original report.)

See http://www.doh.state.fl.us/disease_ctrl/aids/trends/msr/2008/msr_2008.html for additional indicator data.

Table 4-5. Co-Morbidities and Other Factors of HIV/AIDS Population in Area 3/13, 2007.

Documented Co-Morbidity Cases in 2007	Prevalence of the HIV/AIDS Population in this Area	Prevalence Rate of this Indicator per 100,000 Living HIV/AIDS Cases from this Area	Data Source Data through 2007 (as of March 2008)	Prevalence Rate of this Co-Morbidity within the General Population of this Disease in this Area
	N= 2,477			
AIDS cases diagnosed through 2007 with **Tuberculosis** diagnosed in 2007	4	161.5	HARS	3.5
Infectious syphilis reported in 2007 among HIV/AIDS patients by the County Health Department	9	363.3	STDMIS (minimal estimate, based on STD client data only)	1.9
Gonorrhea reported in 2007 among HIV/AIDS patients by the County Health Department	14	565.2	STDMIS (minimal estimate, based on STD client data only)	136.3
Chlamydia reported in 2007 among HIV/AIDS patients by the County Health Department	15	605.6	STDMIS (minimal estimate, based on STD client data only)	338.0
Hepatitis C (defined as any HIV/AIDS case noted with a history of acute and/or chronic viral Hepatitis C and documented in HARS and/or MERLIN)	419	16,915.6	HARS (local use variable) and/or matched with reported cases in the Hepatitis database	59.2

Source: Florida Department of Public Health. "Epidemiological Profile, Partnership 3/13," June 6, 2008.

Table 4-5. Co-Morbidities and Other Factors of HIV/AIDS Population in Area 3/13, 2007, *Continued.*

Other Factors/Surrogate Markers Documented in 2007	Prevalence of the HIV/AIDS Population in this Area	Prevalence Rate of this Indicator per 100,000 Living HIV/AIDS Cases from this Area	Data Source Data through 2007 (as of March 2008)
Homelessness (defined as any living HIV/AIDS case who was homeless at diagnosis of HIV or AIDS and documented in HARS)	5	201.9	HARS (address variable)
Substance Abuse (defined as any living HIV/AIDS case noted with a history of sub-stance abuse, e.g. alcohol, metham-phetamine, cocaine, inhalants, etc. and documented in HARS)	704	28,421.5	HARS (local use variable)
Chronic Mental Illness (defined as any living HIV/AIDS case noted with a history of mental illness and documented in HARS)	68	2,745.3	HARS (local use variable)
MSM (estimated seroprevalance of males with HIV/AIDS who have an MSM or MSM/IDU risk)	958	38,662.7	(Determined by PLWHA data)
IDU (estimated seroprevalance of persons with HIV/AIDS who have an IDU or MSM/IDU risk)	499	20,143.1	(Determined by PLWHA data)

Source: Florida Department of Public Health. "Epidemiological Profile, Partnership 3/13," June 6, 2008.

MODE OF EXPOSURE

The risk categories used in this section are based on known HIV transmission and epidemiologic studies. Florida's HIV/AIDS Reporting System (HARS) defines a route of transmission for each case of HIV and AIDS. HARS defines transmission in terms of the broad categories of:

- male-to-male sexual contact (MSM)
- injection drug use (IDU)
- heterosexual (female-to-male or male-to-female) sexual contact.[4]

Since the beginning of the HIV/AIDS epidemic in the United States, AIDS incidence has been highest among men who have sex with men (MSM).[5] MSM continue to account for the largest share of AIDS cases in the United States and Florida.

According to the Florida Department of Health's recent report, "Out in the Open: The Continuing Crisis of HIV/AIDS Among Florida's Men Who Have Sex with Men," MSM represent 44 percent (46,045) of all 105,500 AIDS cases and 41 percent (14,672) of all 36,127 HIV cases reported to the Florida Department of Health through 2006.[6]

The data on males living with HIV/AIDS indicate considerably different behavioral risk profiles by race/ethnicity. According to the report, MSM account for 81 percent of non-Hispanic White/Caucasian males, 38 percent of non-Hispanic Black/African Americans, and 69 percent of Hispanic males living with HIV/AIDS. Conversely, heterosexual contact cases account for 5 percent of White/Caucasian males, 41 percent of Black/African American males, and 14 percent of Hispanic males. MSM/IDUs account for another 6 to 7 percent of cases across groups.[7]

Among adult females, heterosexual contact has been the main mode of exposure for AIDS and HIV cases for the past several years. Among the female AIDS and HIV cases reported in Florida in 2006, heterosexual contact was the highest mode of exposure (83 percent and 86 percent respectively) followed by IDU (15 percent and 14 percent respectively).[8]

The mode of exposure for Area 3/13 Ryan White clients in calendar year 2007 are analyzed in Table 4-6. Among clients in Area 3/13, heterosexual risk is the highest exposure with 49.3 percent. The MSM mode of exposure is 24.8 percent; 12.5 percent of clients' modes of exposure are unknown or unidentified in the database.

Table 4-6. Total Number of Ryan White Clients by Mode of Exposure, Calendar Year 2007.

EXPOSURE	Count	Percent
Men Who Have Sex with Men (MSM)	382	24.8
IV Drug User (IDU)	79	5.1
MSM and IDU	17	1.1
Heterosexual	759	49.3
Hemophilia Disorders	2	0.1
Receipt of Blood Transfusion	20	1.3
Perinatal Transmission	38	2.5
Other	50	3.2
Unknown	193	12.5
Total	1,540	100.0

Source: Ryan White Database, 2007.
Prepared by: WellFlorida Council, 2008.

FUTURE TRENDS

The epidemiological data from the Florida Department of Health, Bureau of HIV/AIDS would suggest the following as possible future trends:

- significant disparity among racial/ethnic groups
- heterosexual contact gaining importance as a mode of transmission
- slight increase in the epidemic among Hispanics and White/Caucasians particularly among MSMs
- disparity in the geographical area within Area 3/13
- increase in transmission to women.

ENDNOTES

[1] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report, 2006.* Vol. 18, 2008. [page 58]
[2] Florida Department of Health, Division of Disease Control, Bureau of HIV/AIDS. *Florida Annual Report 2007, Acquired Immune Deficiency Syndrome/Human Immunodeficiency Virus.* [page 11]
[3] Florida Department of Health, Bureau of HIV/AIDS. *Resident HIV/AIDS Deaths by Partnership, 10/1/07.*
[4] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. *Measuring HIV Risk in the U.S. Population aged 15-44: Results from Cycle 6 of the National Survey of Family Growth.* No. 377, October 23, 2006. [page 4]
[5] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report, 2006*. Table 3.
[6] Florida Department of Health, Division of Disease Control. *Out in the Open: The Continuing Crisis of HIV/AIDS Among Florida's Men Who Have Sex With Men."* October 2007. [page 1]
[7] Ibid. [page 3]
[8] Florida Department of Health. *HIV and AIDS Among Women, Florida 2006.* [page 20]

SERVICE UTILIZATION PROFILE

INTRODUCTION

This section identifies the key points of entry for Ryan White services in Area 3/13, examines Ryan White client population demographics, and characterizes the patterns of use of HIV primary medical care and support services. The information may be used to identify gaps in services and to help target services to specific populations of persons living with HIV/AIDS in Area 3/13.

LINKAGE AND ACCESS TO RYAN WHITE SERVICES

The ideal continuum of care is a system that meets the health and social service needs of all people at risk for and living with HIV/AIDS as well as their families.

In Area 3/13, individuals can first access the HIV/AIDS continuum of care through one of several key points of entry including testing sites, STD clinics, community-based organizations, county health departments, or case management services. There are 10 publicly-funded access sites (seven health departments, a federally qualified health center, the University of Florida College of Medicine, and the Veterans Administration) as well as a small number of private providers offering ambulatory medical care to HIV-positive persons. This section focuses on Ryan White Part B services designed for persons living with HIV/AIDS who do not have sufficient health care coverage or financial resources to pay for health care. (*See* Appendix B for Ryan White Program service definitions.)

Section Highlights

- There were 1,540 unduplicated Ryan White clients served in Area 3/13 in 2007.
- Over 62 percent of active Ryan White clients were case managed in 2007.
- The Ryan White client population is 57.8 percent male, 41 percent female, 45.2 percent White/Caucasian, 48.2 percent Black/African American, and 7.3 percent Hispanic.
- Over 49 percent of Ryan White clients have an AIDS status with 36.7 percent HIV positive, not AIDS and 14.3 percent HIV positive, AIDS status unknown.
- The predominant exposure category in Area 3/13 Ryan White population is heterosexual contact (49.3 percent). Over 72 percent of the heterosexually-exposed were female. MSM account for 24.8 percent.
- Of the total number of clients who visited Area 3/13 Ryan White Part B-funded clinics at least one time in the past year, 98.6 percent had at least one CD4 count and 98.3 percent had at least one viral load.

In January 2007, a new eligibility rule (Chapter 64D-4, Eligibility Requirements for HIV/AIDS Patient Care Programs, Florida Administrative Code) was put into place. The eligibility rule provides the standardized eligibility requirements, documentation and procedures for all Department of Health HIV/AIDS patient care programs including: Ryan White Part B Consortia Program, Ryan White Part B AIDS Drug Assistance program (ADAP), Ryan White Part B AIDS Insurance Continuation Program (AICP), State Housing Opportunities for Persons with AIDS Program (HOPWA), and HIV/AIDS patient care programs provided by the patient care networks and county health departments.

Based on the new eligibility rule, the eligibility infrastructure is centralized in Area 3/13. Two eligibility specialists housed at Catholic Charities in Gainesville (Alachua County) provide comprehensive eligibility determination for all Ryan White Part B programs. Once eligibility requirements are met, Part B services may be accessed at any of the following agencies:

HIV Specialty Clinics
- Alachua County Health Department
- Citrus County Health Department
- Marion County Health Department
- Putnam County Health Department

Nurse Practitioner Rural Clinics
- Columbia County Health Department
- Family Medical and Dental Clinic in Interlachen
- Sumter County Health Department

Case Management
- Alachua County Health Department
- Catholic Charities (Housing Opportunities Program).

Eligible persons may access specialized HIV medical care, case management, dental care, medications, mental health care and other support services through the Ryan White Part B-funded services.

PATTERNS OF SERVICE UTILIZATION

Services must initially link persons with the care system and then maintain them within that system once they are accessing care. It is important to identify gaps in services as well as the means whereby the newly infected and underserved populations are linked into care.

Client Population Demographics and Socioeconomics

For the calendar year 2007, the enrollment status of 1,540 unduplicated Area 3/13 Ryan White clients is detailed in Table 5-1. There were 215 new clients in 2007. Of the 1,281 active clients, 803 were case managed.

Table 5-1. Enrollment Status of Ryan White Clients in Area 3/13, at the end of 2007.

Client Population	Number
Total New Clients in 2007 (subset of other categories listed below)	215
1st Quarter 2007	68
2nd Quarter 2007	45
3rd Quarter 2007	63
4th Quarter 2007	39
Total Active Clients	1,275
Total Inactive Clients	237
Deceased	28
Case Management	
Number of Active Clients being Case Managed	803

Source: Area 3/13 Ryan White Database, 2007.
Prepared by: WellFlorida Council, 2008.

The client enrollment status is accurate as of the date the data is accessed from the database. Active clients are persons who accessed at least one service during the year and remain active at the time of the data access. An inactive client may have received services throughout the year, but moved prior to the run date of the report or withdrawn from the program on their own.

As shown in Table 5-2, the majority of Ryan White clients are male (57.8 percent), Black/African American (48.2 percent) followed closely by White/ Caucasian (45.2 percent), and non-Hispanic (80.5 percent). Two of the area's largest counties in terms of general population – Marion and Alachua – house the majority of clients. Lake County has a diminished need for Part B funding since the county also receives funding from Part A and Part C to fund its clinical activities, as well as state general revenue dollars.

Over 49 percent of Ryan White clients have an AIDS status; 36.7 percent HIV positive, no AIDS status; and 14.3 percent HIV positive, AIDS status unknown. The predominant exposure category in Area 3/13 is heterosexual contact (49.3 percent). Men whose HIV transmission risk is MSM comprise 24.8 percent of Ryan White Area 3/13 clients.

Table 5-2. Total Number of Area 3/13 Ryan White Clients, Calendar Year 2007.

GENDER	Count	Percent
Females	631	41.0
Males	890	57.8
Transgender	1	0.1
Unknown	18	1.2
Total	1,540	100.0
RACE	**Count**	**Percent**
Black/African American	742	48.2
American Indian	2	0.1
Asian	11	0.7
Native Hawaiian/Pacific Islander	3	0.2
White/Caucasian	696	45.2
More than One Race	19	1.2
Unknown	67	4.4
Total	1,540	100.0
ETHNICITY	**Count**	**Percent**
Hispanic	112	7.3
Non Hispanic	1240	80.5
Unknown	188	12.2
Total	1,540	100.0
COUNTY	**Count**	**Percent**
Alachua	465	30.2
Bradford	24	1.6
Citrus	102	6.6
Columbia	85	5.5
Dixie	22	1.4
Gilchrist	10	0.6
Hamilton	22	1.4
Hernando	3	0.2
Lafayette	3	0.2
Lake	61	4.0
Levy	43	2.8
Marion	419	27.2
Outside of Area	15	1.0
Putnam	126	8.2
Sumter	52	3.4
Suwannee	51	3.3
Union	11	0.7
Unknown	26	1.7
Total	1,540	100.0

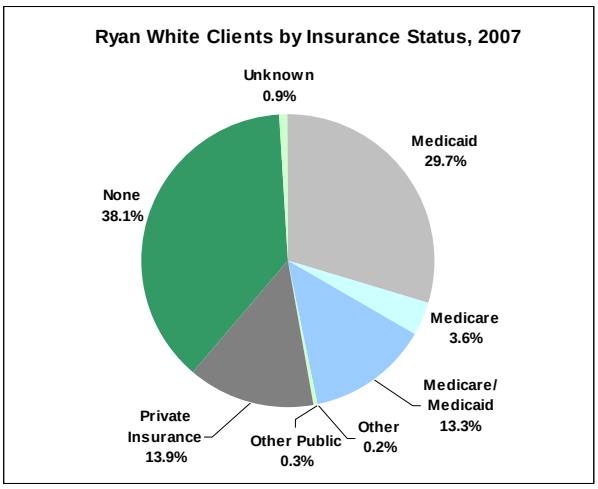
Table 5-2. Total Number of Area 3/13 Ryan White Clients, Calendar Year 2007. *Continued.*

EXPOSURE	Count	Percent
Men Who Have Sex with Men (MSM)	382	24.8
IV Drug User (IDU)	79	5.1
MSM and IDU	17	1.1
Heterosexual	759	49.3
Hemophilia Disorders	2	0.1
Receipt of Blood Transfusion	20	1.3
Perinatal Transmission	38	2.5
Other	50	3.2
Unknown	193	12.5
Total	1,540	100.0
DISEASE	**Count**	**Percent**
HIV+ Not AIDS	565	36.7
HIV, AIDS Status Unknown	211	13.7
AIDS	761	49.4
Unknown	3	0.2
Total	1540	100.0
AGE GROUPS	**Count**	**Percent**
0-12	21	1.4
13-24	63	4.1
25-44	723	46.9
45-64	683	44.4
65+	44	2.9
Unknown	6	0.4
Total	1,540	100.0

Source: Area 3/13 Ryan White Database, 2007.
Prepared by: WellFlorida Council, 2008.

Figure 5-1 depicts the insurance status of Area 3/13 Ryan White clients. Slightly more than 38 percent of the client population has no insurance; 29.7 percent have Medicaid.

Figure 5-1. Area 3/13 Ryan White Clients by Insurance Status, 2007.



Source: Area 3/13 Ryan White Database, 2007.
Prepared by: WellFlorida Council, 2008.

Care Patterns

It is important, yet very difficult, to identify clients who are out-of-care and not receiving necessary services. According to Health Resources and Services Administration (HRSA), it is easier to look at "out-of-care" through a clear definition of "in care."[1] An in-care continuum shows persons who are unaware of their HIV status (not tested or tested but did not receive results) at one end and persons who are fully engaged in continuous HIV care at the other end. Somewhere in the middle are levels of engagement from knowing HIV status but not referred to care to entering but dropping in and out of HIV medical care (Table 5-3).

Table 5-3. Engagement in Care Continuum.

Not in Care					***In Care***
Unaware of HIV status (not tested or never received results)	Know HIV status (not referred to care or didn't keep referral)	May be receiving other medical care but not HIV care	Entered HIV primary medical care but dropped out (lost to follow-up)	In and out of HIV care or infrequent user	Fully engaged in HIV primary medical care

Source: Health Resources and Services Administration, HIV/AIDS Bureau. "Outreach: Engaging People in HIV Care." 2006
Prepared by: WellFlorida Council, 2008.

HRSA provides a basic working definition of "in care" and "out of care" for the purpose of unmet need determination. A person with HIV or AIDS is considered to have an unmet need for care (or to be *out of care*) when there is no evidence that s/he received *any* of the following three components of HIV primary medical care during a defined 12-month time frame:

- viral load testing
- CD4 count, or
- provision of antiretroviral therapy[2]

A person is considered to have met need (or to be *in care*) when there is evidence of any one or more of these three measures during the specified 12-month time frame.[3] This definition of "in care" is not intended to be a definition of high quality care that meets treatment guidelines.

The focus of this assessment is on Area 3/13 Ryan White clients who are sporadic users of care on the continuum. To define care status, these clinical measures based upon the HRSA "in care" definitions were reviewed:

- Percentage of clients with HIV infection who had at least one clinic visit in the past year.
- Percentage of clients with HIV infection who had two clinic visits in the past year.
- Percentage of clients with HIV infection who had three or more clinic visits in the past year.

- Percentage of clients with HIV infection who had one CD4+ count in the past year.
- Percentage of clients with HIV infection who had two CD4+ counts in the past year.
- Percentage of clients with HIV infection who had three or more CD4+ counts in the past year.

- Percentage of clients with HIV infection who had one viral load test in the past year.
- Percentage of clients with HIV infection who had two viral load tests in the past year.
- Percentage of clients with HIV infection who had three or more viral load tests in the past year.

Of the 1,540 total unduplicated clients in the Area 3/13 Part B Ryan White Program who received at least one service during 2007, 1,083 were identified as clients with at least one clinic visit provided through the Part B clinic network. (Clinic data is not tracked on the 457 clients who do not use Ryan White clinics.) To determine the percentage of clients who had CD4 counts and viral load tests in the past year, new clients within the fourth quarter (39) were omitted from the calculation (Table 5-4).

Table 5-4. Area 3/13 Ryan White Clients with Part B-Funded Clinic Visit in Past Year, 2007.

Measure	Number
Clients Receiving at Least 1 Service During 2007	1,540
Total Clients with at least 1 Clinic Visit in the Past Year	1,083
New Clients within 4th Quarter 2007 (last 3 months)	39
Clients with Clinic Visit in the Past Year less New Clients within 4th Quarter 2007	**1,044**

Source: Area 3/13 Ryan White Dababase, 2007
Prepared by: WellFlorida Council, 2008.

Table 5-5. Area 3/13 Ryan White Clients with Clinic Visit, CD4 or Viral Load in Past Year, 2007.

Measure	Number
Clients with only 1 Clinic Visit in the Past Year	126
2 Clinic Visits	165
3 or More Clinic Visits	767
Total Clients with 1 or More Clinic Visits	1,058

Clients with 1 CD4 in Past Year	200
2 CD4 Counts	240
3 or More CD4 Counts	590
Total Clients with 1 or More CD4 Counts	1,030

Clients with 1 Viral Load in Past Year	201
2 Viral Loads	225
3 or More Viral Loads	601
Total Clients with 1 or More Viral Loads	1,027

Source: Area 3/13 Ryan White Database, 2007
Prepared by: WellFlorida Council, 2008.

Of the 1,044 (1,083 total clients less new clients in the fourth quarter) Ryan White clients with at least one Part B-funded clinic visit, 126 had only one clinic visit; 165 clients had two clinic visits; and 767 clients had three or more clinic visits in the past year. Additional follow-with the 126 persons who had only one clinic visit will determine where these individuals fall on the continuum of care.

Of the 1,044 Ryan White clients with at least one Part B-funded clinic visit in Area 3/13, 200 had only one CD4 count in the past year (19.1 percent); 240 clients had two CD4 counts (22.9 percent); and 590 had three or more CD4 counts (56.5 percent) in 2007 (Table 5-5). Total clients with one or more CD4 counts in the past year equal 1,030 (98.6 percent). Fourteen clients require additional follow-up to determine where the individuals fall on the continuum of care.

Of the 1,044 Ryan White clients with at least one Part B-funded clinic visit in Area 3/13, 201 had only one viral load test in the past year (19.2 percent); 225 clients

had two viral load tests (21.5 percent); and 601 clients had three or more viral load tests in the past year (57.5 percent). Total clients with one or more viral load test in the past year equal 1,027 (98.3 percent). Seventeen clients require additional follow-up to determine where the individuals fall on the continuum of care.

The other potential out-of-care population falls toward the end of the continuum of never tested or tested without knowing the results. The Florida Department of Health, Bureau of HIV/AIDS estimates there are 415 persons (17 percent) living with HIV/AIDS in Area 3/13 who know their status but are not "in care." Given the current system, this population is inherently difficult to access for follow up. Confidentiality issues prohibit disclosure of names of persons who test positive yet have not accessed Area 3/13 Ryan White Part B-funded clinics for care. (*See* the section on "Utilization, Gaps and Barriers" for estimates on persons living with HIV/AIDS who are aware and in care.)

ENDNOTES

[1] U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau. “Outreach: Engaging People in HIV Care.” http://hab.hrsa.gov/tools/HIVoutreach/index.htm.
[2] Mosaic. “Estimating Unmet Need for HIV-Related Primary Medical Care: The Basics.” http://www.mosaica.org/resources.
[3] U.S. Department of Health and Human Services. Health Resources and Services Administration, HIV/AIDS Bureau. “A Practical Guide to Measuring Unmet Need for HIV-Related Primary Medical Care: Using the Unmet Need Framework.” http:hab.hrsa.gov/tools/unmetneed/i.htm.

COMMUNITY INPUT

INTRODUCTION

The perspective and voices of consumers, providers, key leaders and decision-makers (community input) are critical when assessing the health care needs of any community. Quantitative data on demographics and health status alone do not paint the full picture of a community's health care needs and issues or its ability to address those needs and issues.

This section details the findings from three critical areas of public perspective – consumer, community leader, and provider. The first part examines the findings from local and statewide surveys of persons living with HIV/AIDS and the results of seven focus groups. The second perspective comes from interviews conducted with persons who work in the field and who are knowledgeable about HIV/AIDS and health care. The third perspective is from the voice of the service provider analyzed from responses to an Area 3/13 provider survey.

Section Highlights

- Survey respondents expressed a high level of overall satisfaction with Ryan White Part B-funded clinic services, and Ryan White and Housing Opportunity Program case management services.
- The greatest anticipated service need next year is dental care followed by case management services.
- The highest anticipated service need not funded by Area 3/13 Part B is eye exams/glasses.
- Twenty-five percent of survey respondents reported they did not show for a clinic appointment and did not call to cancel or reschedule. The primary reason was "I forgot."
- Focus group members and key community leaders expressed a need for additional education on services and resources.

2007 HIV/AIDS CONSUMER SURVEY

Methodology

The North Central Florida CARE Consortium annually surveys active clinic and case-managed clients to gather anonymous information about types of services received, satisfaction with those services, and services needed in the future.

"Active" clients are Ryan White and Housing Opportunities Program (HOP) individuals who received services in the 12 months preceding the survey.

In February 2007, the *HIV/AIDS Consumer Survey* tool (*see* Appendix C) was mailed via the United States Postal Service to 950 active Ryan White and HOP

case-managed clients in Area 3/13. Included with the survey was information regarding the Ryan White Program in Area 3/13, HOP information, and consortium information including a calendar of meetings. Respondents were given a pre-paid return envelope and asked to complete and return the survey within one month. Follow-up notices were mailed to the same clients two weeks later as a reminder to complete and return the survey. Of the mailed surveys, 111 were returned as undeliverable and 244 were completed and returned for a response rate of 29 percent.

Identical surveys were distributed to the clinics for placement inside the medical charts of clients seen in the Ryan White-funded clinics, but not actively case managed through Ryan White or HOP. The surveys were printed on blue paper for ease of reference. Clinic-only clients were not given a deadline for survey return. Approximately 365 surveys were distributed to the clinics in this manner. It is unknown how many of the clients actually received a survey at their next clinic visit. Fifty-six clinic surveys were completed and returned prior to completion of this report. The total returned surveys (both case managed and clinic) equaled 300 completed surveys.

The consumer survey included 57 questions and was divided into six sections:

- Part A. HIV/AIDS Medical Care
- Part B. Service Needs
- Part C. Ryan White Case Management Services
- Part D. Housing Opportunities Program (HOP) Case Management Services
- Part E. North Central Florida CARE Consortium
- Part F. General Information

Several questions on the survey were related to satisfaction with services delivered to clients. Based on Florida Department of Health, Bureau of HIV/AIDS 2007 objectives, 85 percent of clients must indicate a high rate of satisfaction with Ryan White and HOP services. For purposes of this survey, a high rate of satisfaction is identified by an answer of “always” or “usually” regarding the specific component of care.

Limitations

The 2007 HIV/AIDS Consumer Survey represents input from clients of Ryan White or HOP-funded programs in the Florida Ryan White CARE Act Part B Service Area 3/13. No input was solicited or received from persons infected with HIV who are not Ryan White or HOP clients.

Surveys were mailed to Ryan White and HOP case managed clients based on addresses received from the case management agencies. No attempt was made to re-deliver surveys considered undeliverable.

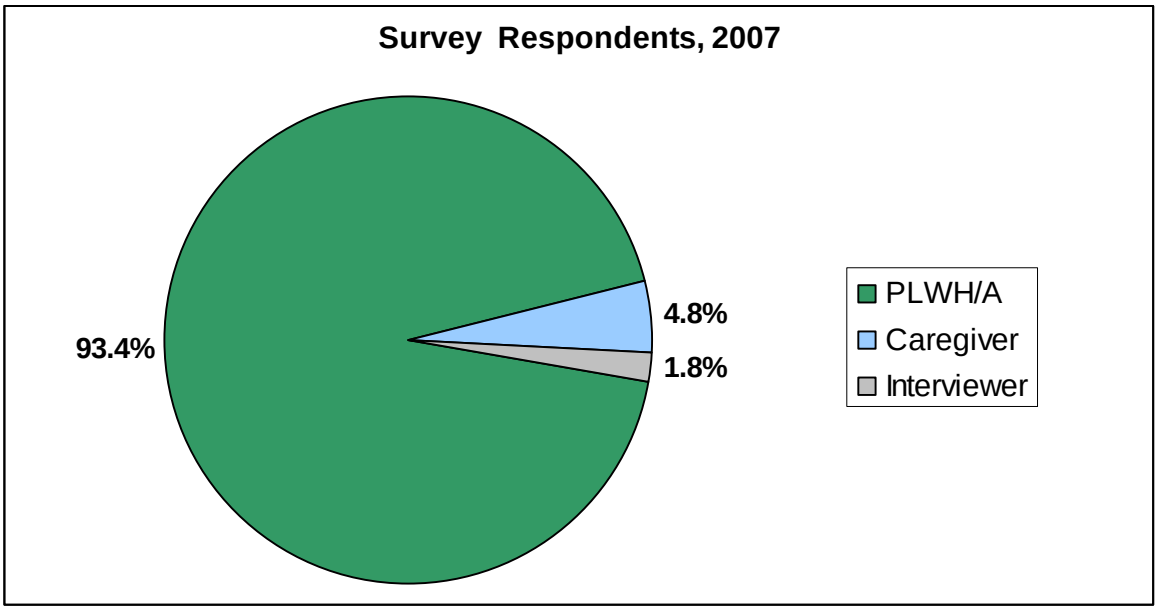
No follow-up was conducted to determine the level of compliance with surveys placed in clinic charts of clients in clinic care but not receiving case management services.

Some survey respondents chose not to answer every question on the survey. Results presented in this report reflect percentages based on the number of respondents who answered a particular question. Questions marked incorrectly or not at all received no analysis.

Demographic and Socioeconomic Profile of Survey Respondents

A total of 300 consumer surveys were collected including clinic and case managed consumers in Area 3/13. The vast majority (93 percent) of consumer surveys were completed by persons living with HIV/AIDS as compared to 5 percent by care-givers and 2 percent by interviewers (Figure 6-1).

Figure 6-1. Self Identification of Survey Respondents, 2007.



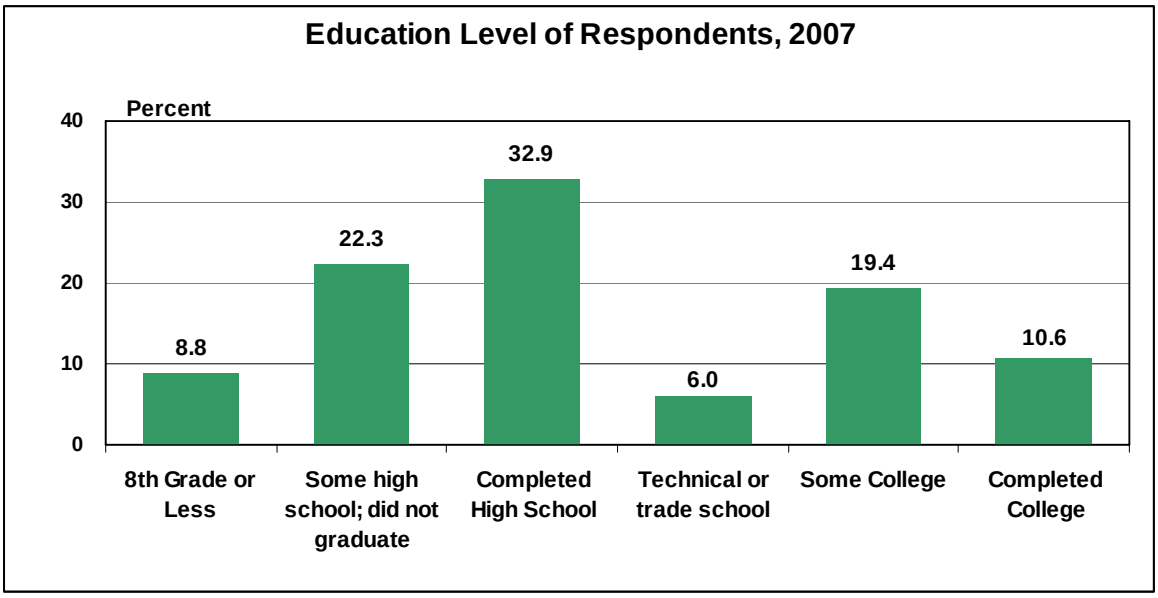
Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

The demographic profile of consumer survey respondents includes a majority of males (57.3 percent), ages 45-64 (54.3 percent), White/Caucasian (51.3 percent), and non-Hispanic (87.7 percent). Most respondents reside in either Alachua or Marion counties.

Figure 6-2 depicts the education level of survey respondents. The education level of 8.8 percent of respondents was eighth grade or less; and 22.3 percent attended high school but did not graduate. Almost 33 percent of respondents completed high school, and 30 percent attended or completed college.

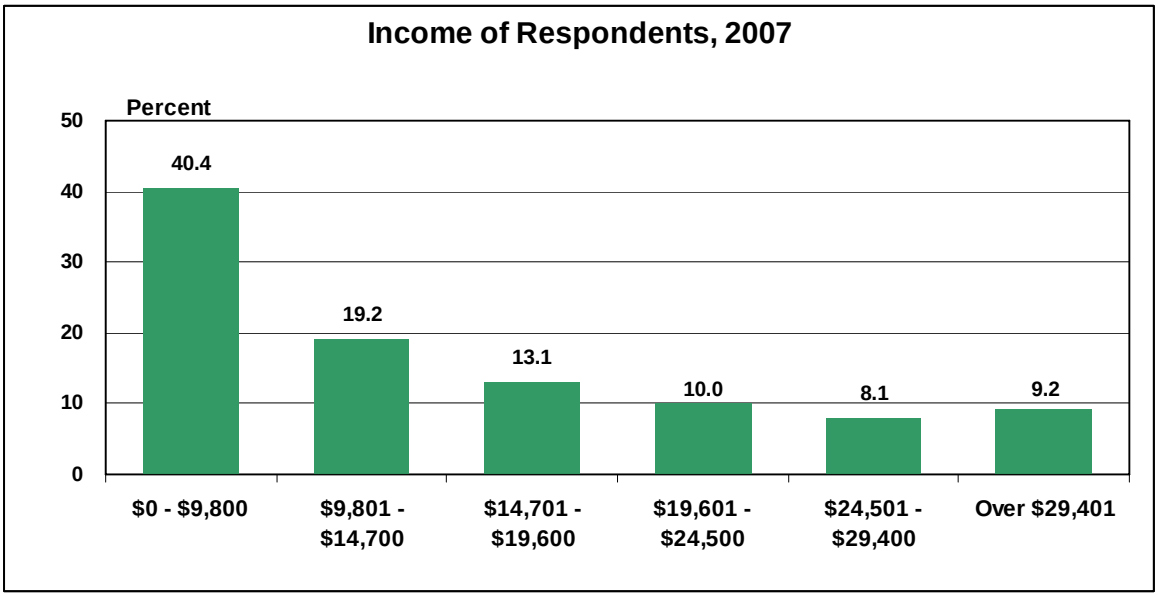
The majority of survey respondents have a very low total annual household income between zero and $9,800 (Figure 6-3). This corresponds to the 40.9 percent of respondents who are on disability and 26.8 percent unemployed (Figure 6-4). Slightly more than 19 percent have income between $9,801 and $14,700 (Figure 6-3).

Figure 6-2. Education Level of Survey Respondents, 2007.



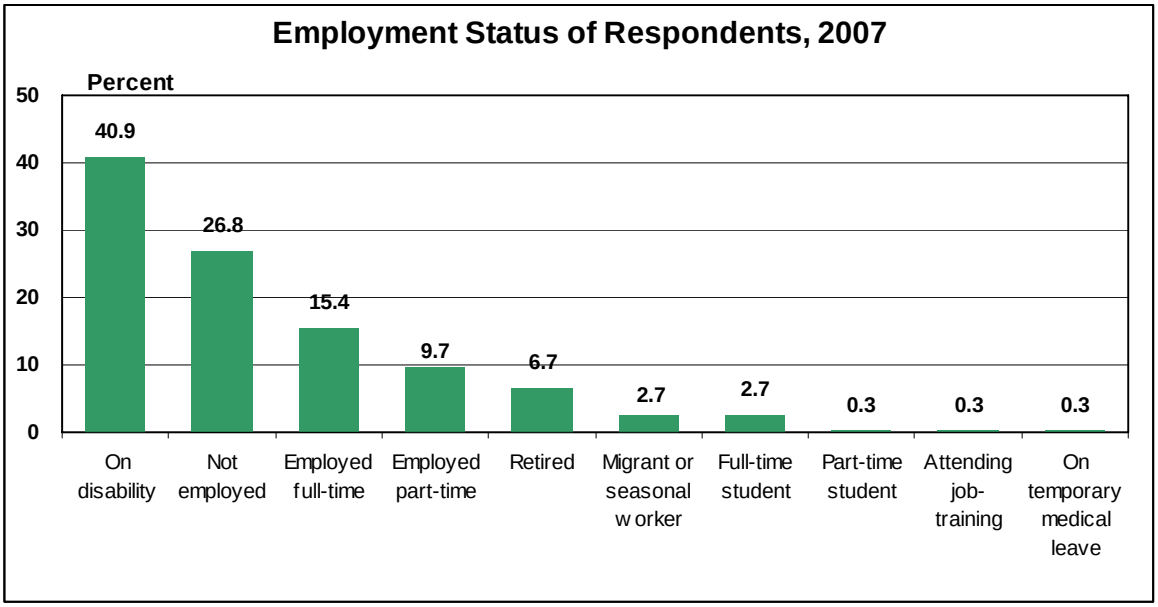
Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

Figure 6-3. Total Annual Household Income of Survey Respondents, 2007.



Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

Figure 6-4. Employment Status of Survey Respondents, 2007.

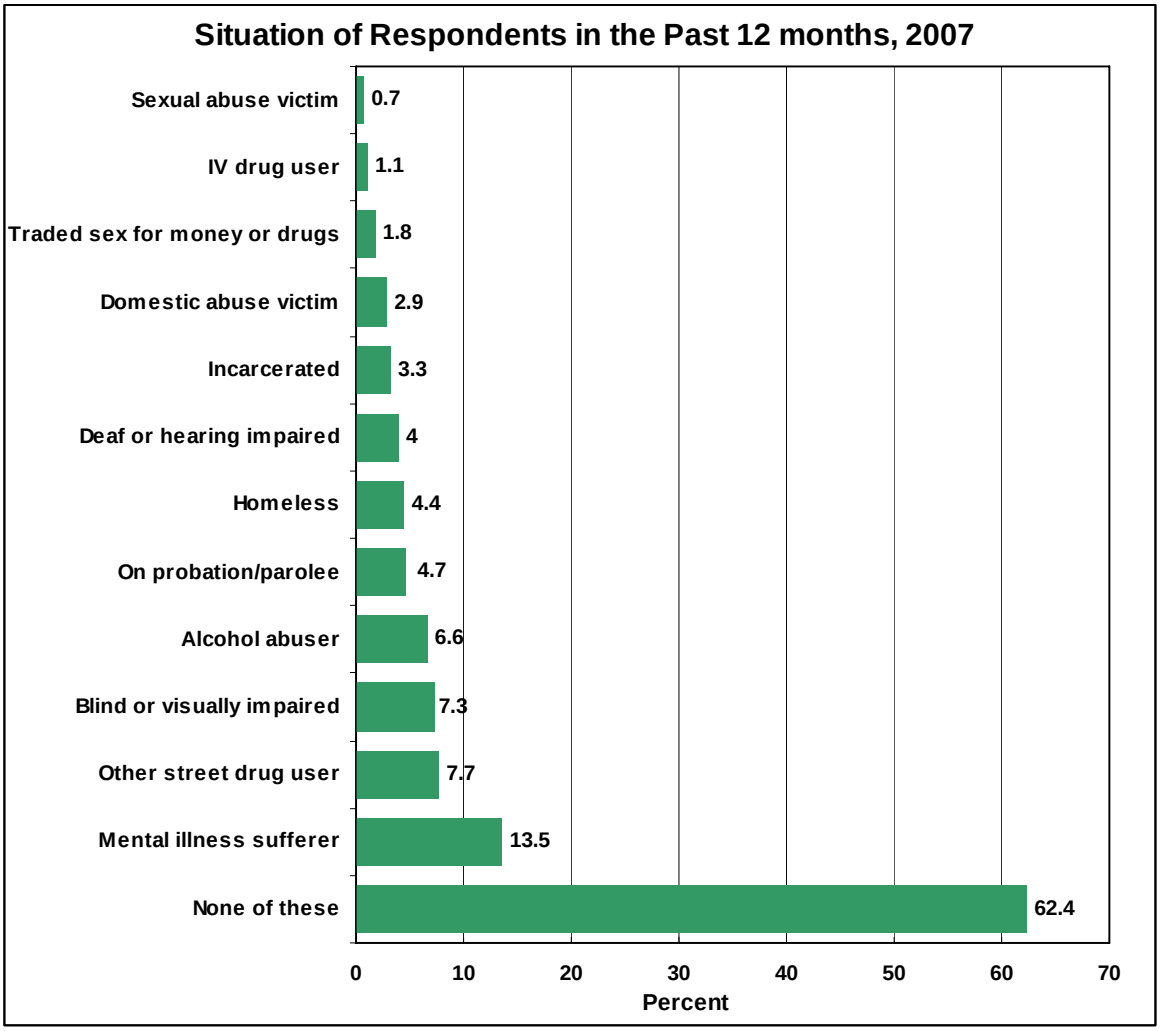


Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

The situation of survey respondents in the past 12 months, as a whole, is encouraging with 62 percent of respondents reporting they did not experience any of the following situations: alcohol abuse, blind or visually impaired, deaf or hearing impaired, domestic abuse, homeless, incarcerated, injection/needle drug user, mental illness sufferer, probation/parolee, other street drug user, runaway/ street youth, survivor of sexual abuse, or traded sex for money or drugs (Figure 6-5).

However, of the 274 persons who answered this question, 37 (13.5 percent) suffered from mental illness. Forty-two persons indicated they abused alcohol, used other street drugs, or injected drugs (15.3 percent); and 13 said they were on probation or parole (4.7 percent). Twenty persons are blind or visually impaired (7.3 percent) (Figure 6-5).

Figure 6-5. Situation of Respondents in the Past 12 Months, 2007.



Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

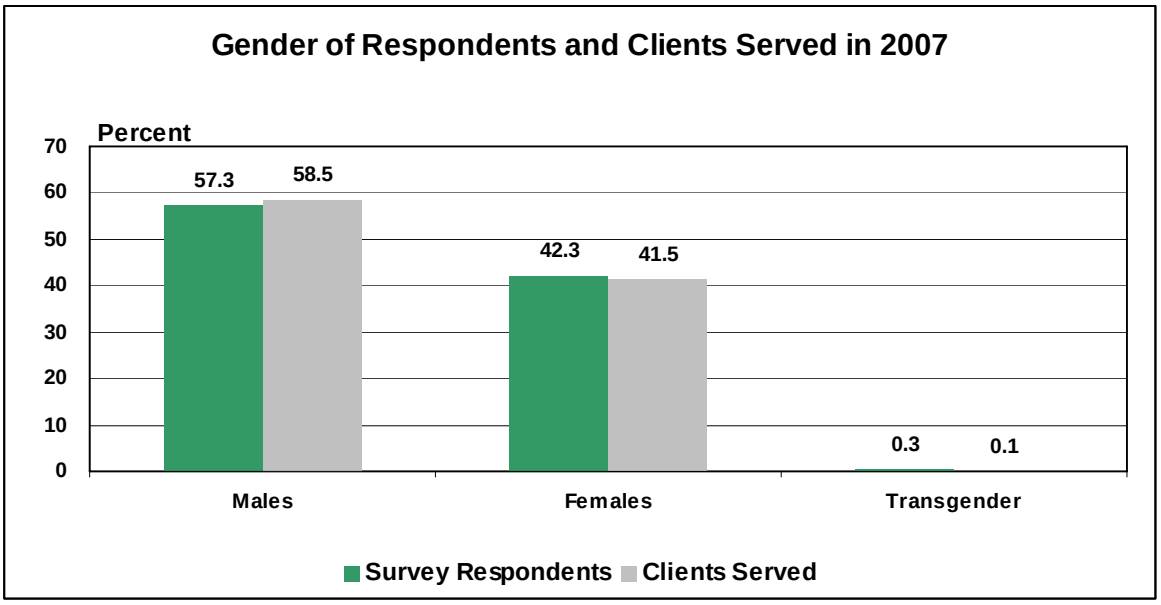
Survey Respondents Compared to Ryan White Clients

It is important to the validity of survey findings for the survey respondents to demographically replicate the client population as closely as possible. The similarities and variances are noted as follows:

- The gender of survey respondents is closely matched to the gender of clients served (Figure 6-6).
- The age comparison between survey respondents and clients varies with a greater number of survey respondents ages 45 to 64 (54.3 percent) as compared to 44.5 percent of clients (Figure 6-7).
- The race of survey respondents also differs from clients served. Slightly over 51 percent of survey respondents are White/Caucasian with White/Caucasian clients served at 47.3 percent (Figure 6-8). The majority (50.4 percent) of clients served in Area 3/13 are Black/African American. Yet only 44.0 percent of survey respondents are Black/African American. (Two consumer focus groups targeted the Black/African American population in an attempt to equalize this disparity.)
- The ethnicity of the majority of clients and survey respondents is non-Hispanic. (Figure 6-9).
- The largest number of survey respondents are HIV positive, not AIDS (64.4 percent). The HIV status of the greatest number of clients served is AIDS (Figure 6-10).
- The county of residence of survey respondents and clients is similar to the majority residing in Alachua and Marion counties (Figure 6-11).

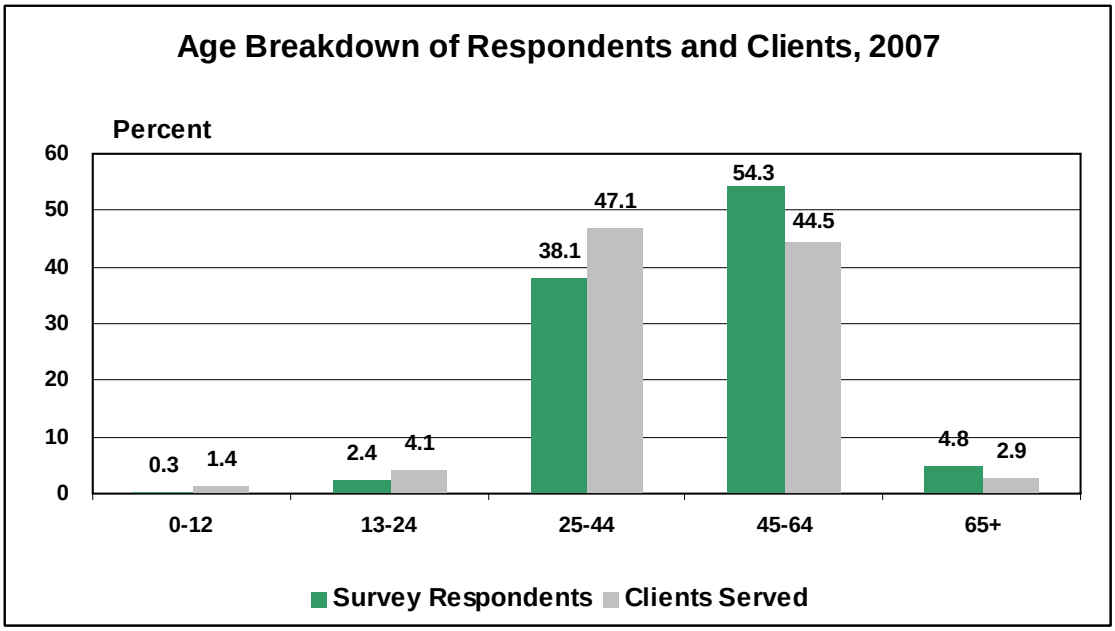
Although valuable information, it is important to be cautious in the application of the survey results to the entire Area 3/13 client population due to these variances. Also note Ryan White client numbers are accurate on the date accessed in the Ryan White database.

Figure 6-6. Gender of Respondents and Ryan White and HOP Clients Served in 2007.



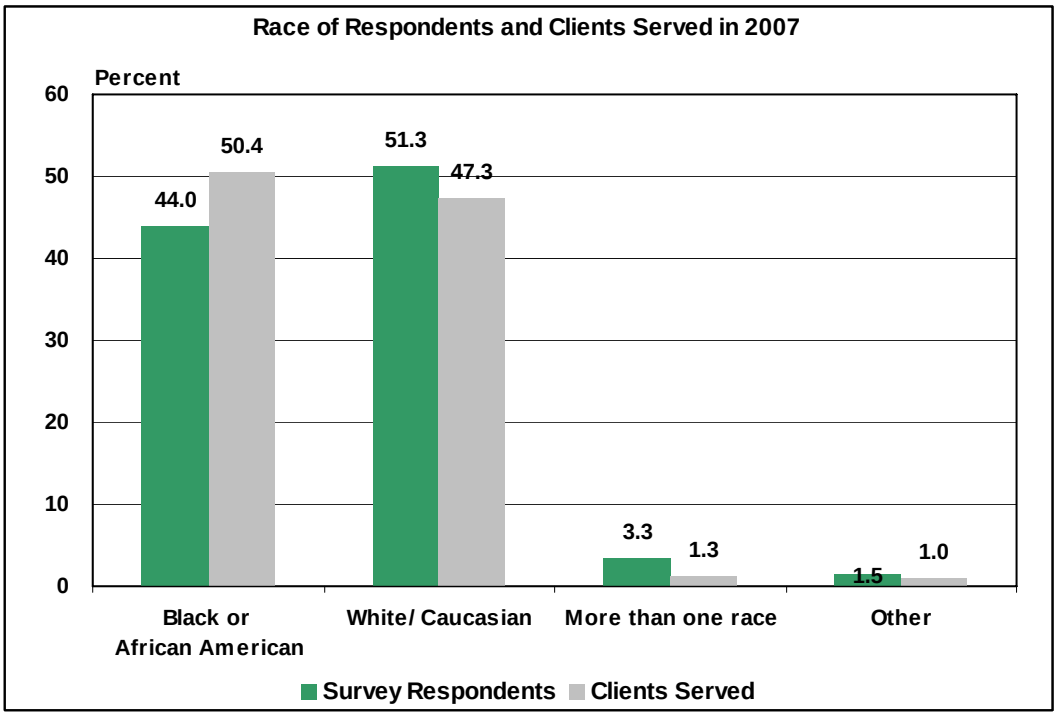
Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

Figure 6-7. Age of Respondents and Ryan White and HOP Clients Served in 2007.



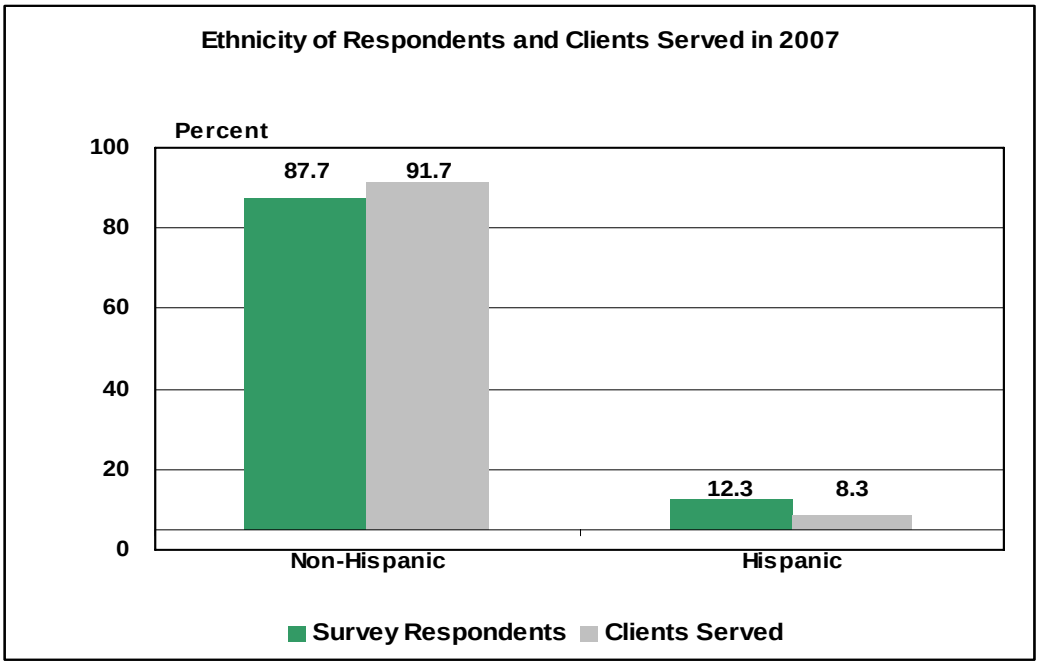
Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

Figure 6-8. Race of Survey Respondents and Ryan White and HOP Clients Served, 2007.



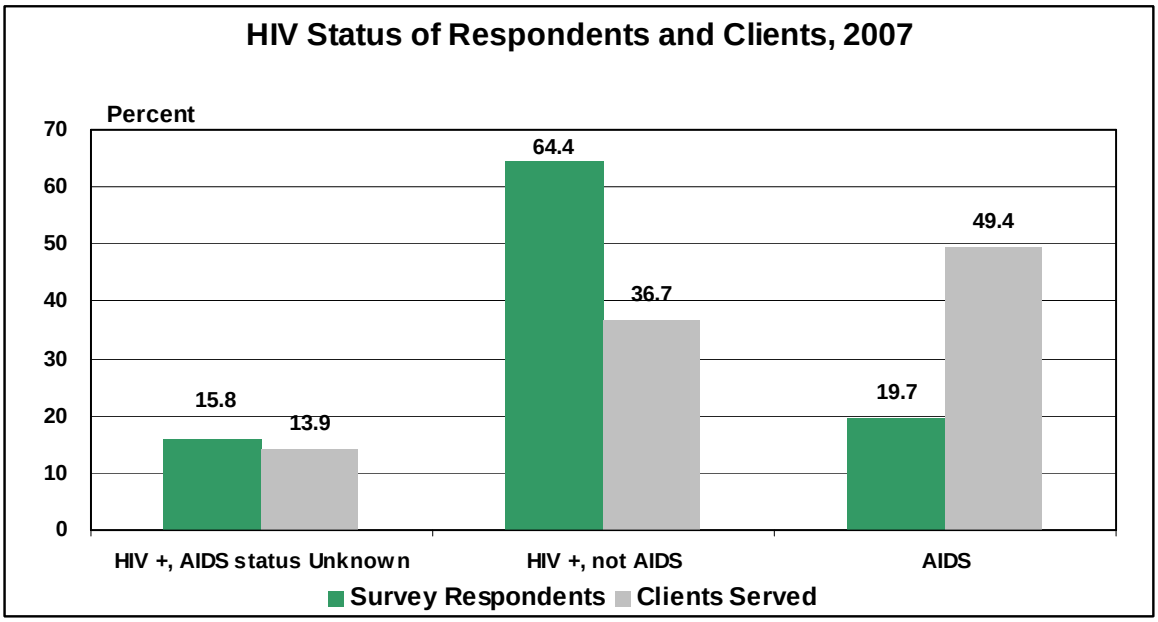
Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

Figure 6-9. Ethnicity of Survey Respondents and Ryan White and HOP Clients, 2007.



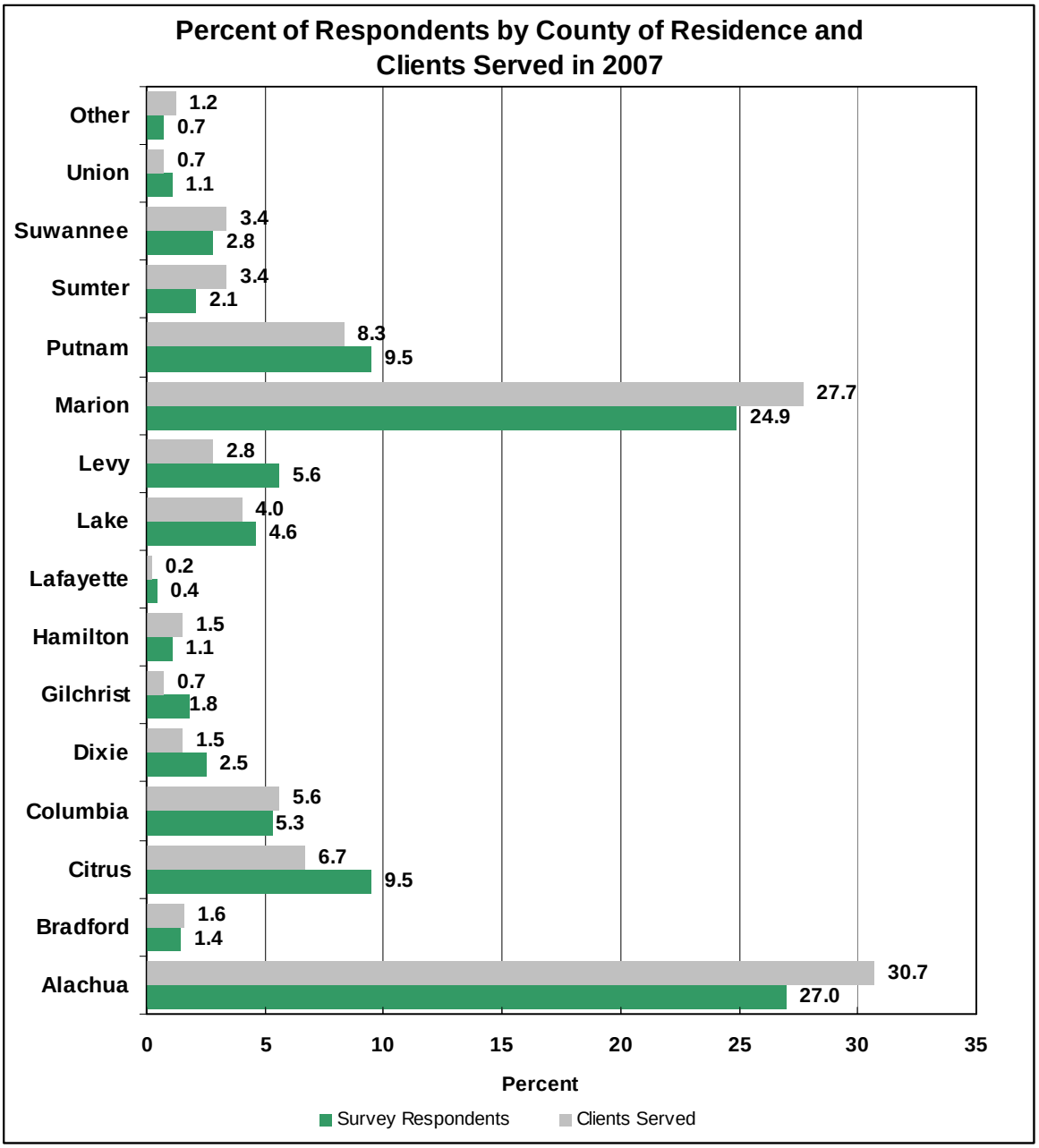
Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

Figure 6-10. HIV Status of Survey Respondents and Ryan White and HOP Clients, 2007.



Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

Figure 6-11. Survey Respondents and Area 3/13 Clients by County of Residence, 2007.



Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

Medical Care

Of the 225 respondents who answered this question, 14.2 percent state they were seen in the emergency room some time in the past year for an HIV/AIDS related condition (Table 6-1). Of the 32 persons who indicated they had an emergency room visit, 46.9 percent report they went because they had an emergency (Table 6-2).

Table 6-1. Emergency Room Visits by Survey Respondents.

Emergency visit for an HIV/AIDS related condition during the past year	**Number**	**Percent of Respondents**
No	193	85.8
Yes	32	14.2

Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

Table 6-2. Reasons for Emergency Room Visits of Survey Respondents.

Describe the reason you were in the emergency room for a problem related to your HIV infection.	**Number**	**Percent of Respondents**
I had an emergency	15	46.9
I couldn't wait for clinic day.	9	28.1
It was after clinic hours.	8	25
My primary care provider referred me there.	4	12.5
Other	9	28.1
Note: Respondents could indicate more than one reason.		

Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

The location most often visited for medical care in the past year was the public clinic or health department. Of the 248 persons who answered this question, 52.4 percent indicate they received most of their medical care at a public clinic or health department (Table 6-3).

Table 6-3. Location of Medical Care in the Past 12 Months by Survey Respondents.

Location of Most Medical Care in the Past 12 Months	Survey Respondents	
	Number	Percent
Walk-in or Emergency Clinic	3	1.2
Hospital Emergency Room	3	1.2
Doctor's Office	44	17.7
Public Clinic/Health Department	130	52.4
Veteran's Administration	5	2.0
I did not visit an HIV/AIDS medical care provider in the past year.	2	0.8
Other	13	5.2

Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

Housing

Slightly over 33 percent of survey respondents receive housing services (Table 6-4). Figure 6-12 shows the main HOP service used by survey respondents in the past year as utility payment assistance (79.8 percent). Rent payment assistance follows with 56.0 percent of survey respondents using this service.

Of the 64.9 percent of survey respondents who did not receive HOP services in the past year, the majority (51.8 percent) said they did not need the services (Table 6-5).

Table 6-4. Survey Respondents Who Received HOP Services in the Past Year, 2007.

Received HOP Services in the Past Year	**Number**	**Percent of Clients**
Yes	94	33.3
No	183	64.9
I don't know.	5	.8

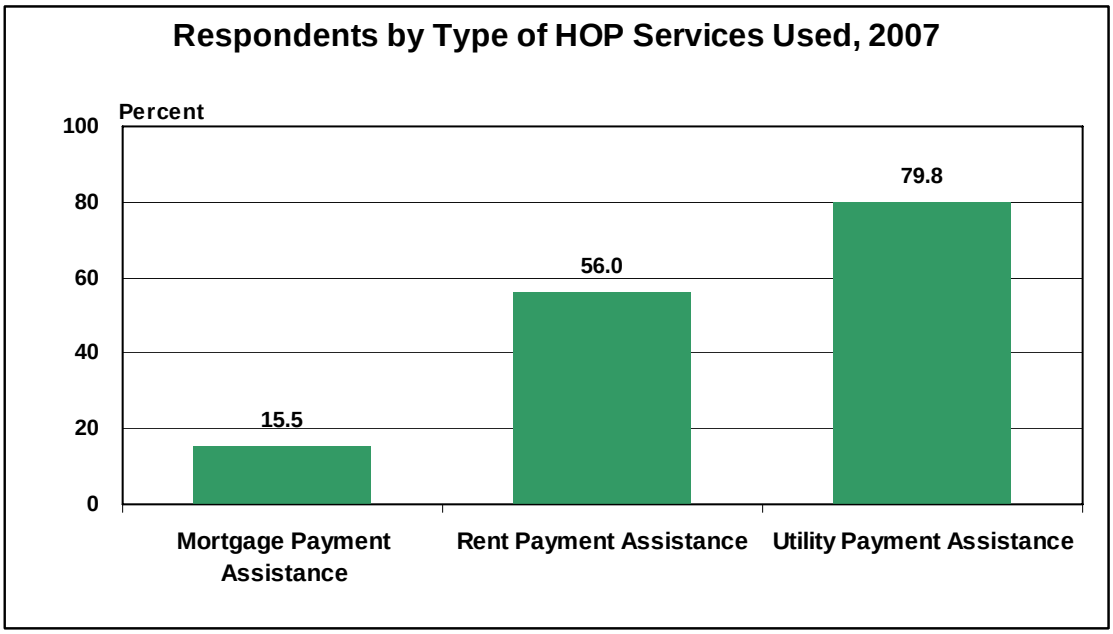
Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

Table 6-5. Self-Identified Reasons for Not Receiving HOP Services in the Past Year, 2007

Reasons for Not Receiving HOP Services	**Number**	**Percent of Clients**
I did not need HOP Services	84	51.8
I did not qualify for HOP services	17	10.4
I do not know what HOP is	38	23.4
Other	23	14.1

Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

Figure 6-12. Type of Housing Opportunity Program Services Used by Clients, 2007.



Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.
Note: Survey respondents were not limited to one answer.

Satisfaction with Services

Clinic Care

Consumer survey respondents were asked to rate the clinics from which they received HIV medical care in the past year based on five components:

- Staff provides good quality care.
- I am able to schedule clinic appointments within one month.
- I wait less than one hour before being seen at the clinic.
- Services I need are available to me.
- Staff protects my confidentiality.

The rating scale used was “always,” “usually,” “sometimes,” or “never.” The 2007 benchmark for Florida Department of Health, Bureau of HIV/AIDS is 85 percent of clients must indicate a high rate of satisfaction with services. For purposes of analysis, a response of “always” or “usually” was used as an indicator of satisfaction. The responses for “I have or can get transportation to the clinics” were not included in the analysis of clinic satisfaction.

Respondents indicate a high rate of satisfaction with clinical staff. It is noted the *2007 HIV/AIDS Consumer Survey* did not solicit additional comments about clinic staff as was done with Ryan White case managers and HOP case managers.

Most of the five categories met the 85 percent benchmark with the exception of “I wait *less* than one hour before being seen at the clinic.” Satisfaction ranged from 66.7 to 85.5 with an overall weighted average of 74.51 (Table 6-6).

Table 6-6. Survey Respondent Satisfaction with Clinical Services, 2007.

Survey Component	Percent of Respondents Indicating *Always* or *Usually*						
	Alachua CHD	Citrus CHD	Columbia CHD	FMDC	Marion CHD	Sumter CHD	Weighted Average
Staff provides good quality care.	99.1	91.3	84.6	91.6	95.6	100.0	96.04
I am able to schedule clinic appointments within one month.	81.2	86.3	66.7	87.5	90.9	87.5	84.33
I wait less than one hour before being seen at the clinic.	69.5	82.6	66.7	66.7	85.5	66.7	74.51
Services I need are available to me.	95.6	85.7	83.4	91.7	91.1	100.0	92.73
Staff protects my confidentiality.	96.4	100.0	100.0	100.0	98.5	100.0	97.74
Average Overall Rating	88.4	89.2	80.3	87.5	92.3	90.8	

Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

Clinic Wait Time

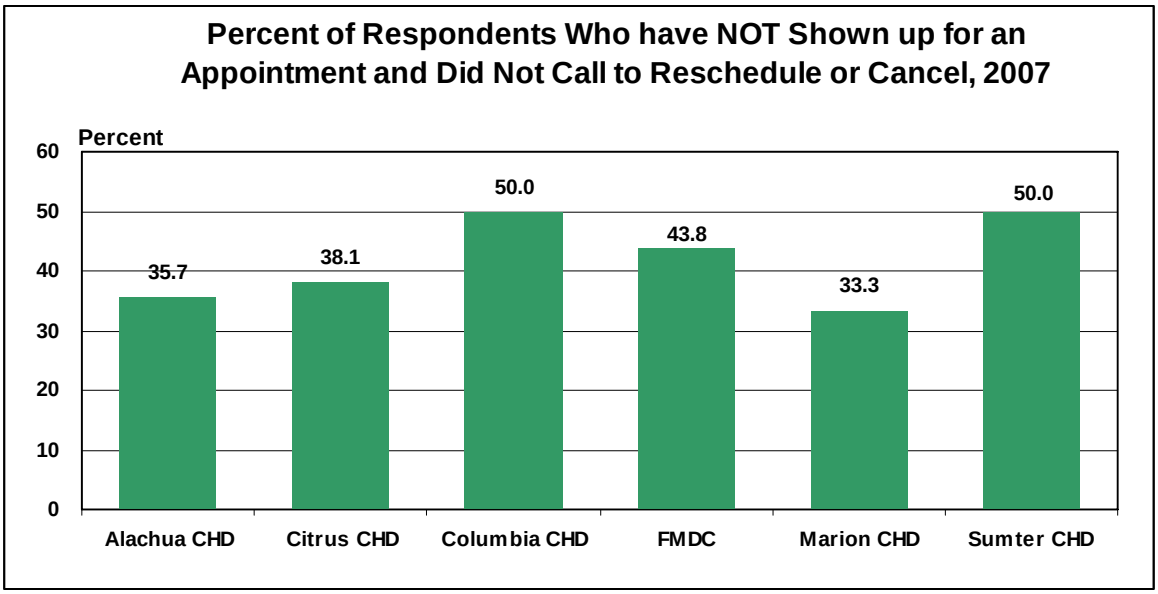
Across all clinics, a weighted average of 11.5 percent of respondents report they *never* wait less than one hour to be seen in clinic. A weighted average of 19.15 percent report they *sometimes* wait less than one hour; and 50.33 percent report *always* waiting less than one hour to be seen in clinic. To paraphrase, slightly more than 50 percent of clients report being seen within one hour; and 11 percent report always waiting more than one hour.

Clinic Appointment No-Shows

Consumers were asked “Have you ever NOT shown up for a clinic appointment and did not call to reschedule or cancel?” Twenty-five percent of persons who answered this question pointed out they did not show for an appointment and did not call to cancel or reschedule.

Figure 6-13 shows the percentage of respondents by clinic. Although the number of respondents was small, half of the respondents from Columbia County Health Department and Sumter County Health Department indicated they did not show for an appointment.

Figure 6-13. Clinic Appointment No Shows by Clinic, 2007.



Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

The primary reason (46 percent) for not showing was "I forgot." Of survey respondents who answered this question, 75 percent of clients at Citrus reported they did not show for an appointment because they "forgot" (Figure 6-14). With the exception of Sumter County Health Department, the primary reason for respondents at all clinics was "I forgot" (Figure 6-14).

Those survey respondents who said they had failed to show for an appointment were asked "What would help you keep your appointments?" The most common written responses included: a reminder, better transportation, gas cards, not having to wait hours at the clinic, and not being sick.

Transportation to the Clinics

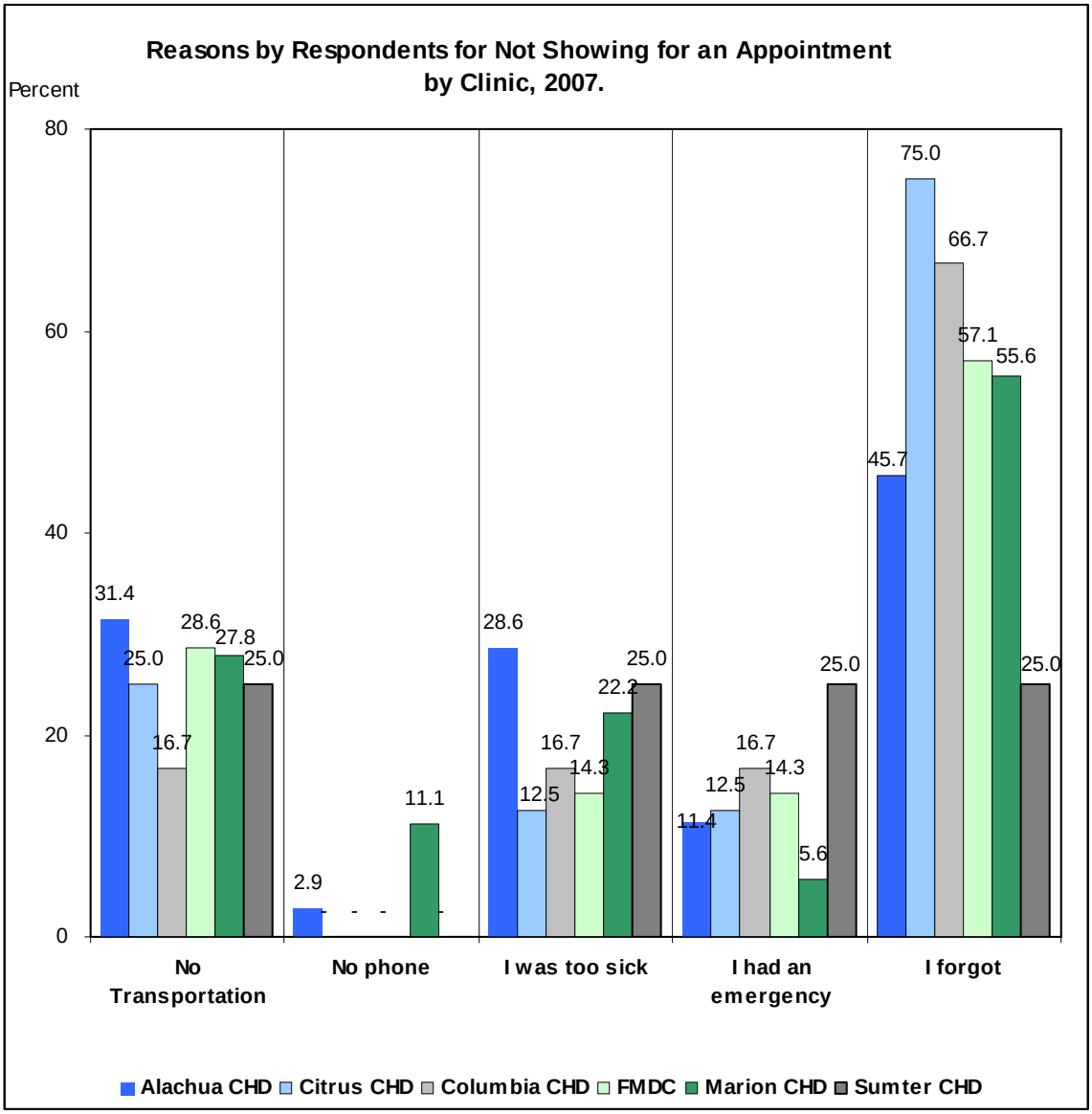
Although this category was not included in the analysis of clinic satisfaction, consumer survey respondents were asked to rate "I have or can get transportation to the clinics. The rating scale was "always," "usually," "sometimes," or "never." A response of "always" or "usually" was used as an indicator of satisfaction. The low satisfaction rating of 75.0 percent at the Columbia County Health Department demonstrates the transportation difficulties in small, rural areas (Table 6-7).

Table 6-7. Survey Respondent Satisfaction with Transportation, 2007.

	Alachua CHD	Citrus CHD	Columbia CHD	FMDC	Marion CHD	Sumter CHD	Weighted Average
I have or can get transportation to the clinic.	88.0	82.6	75.0	83.3	89.2	88.9	86.4

Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

Figure 6-14. Reasons for Clinic Appointment No Shows, 2007.



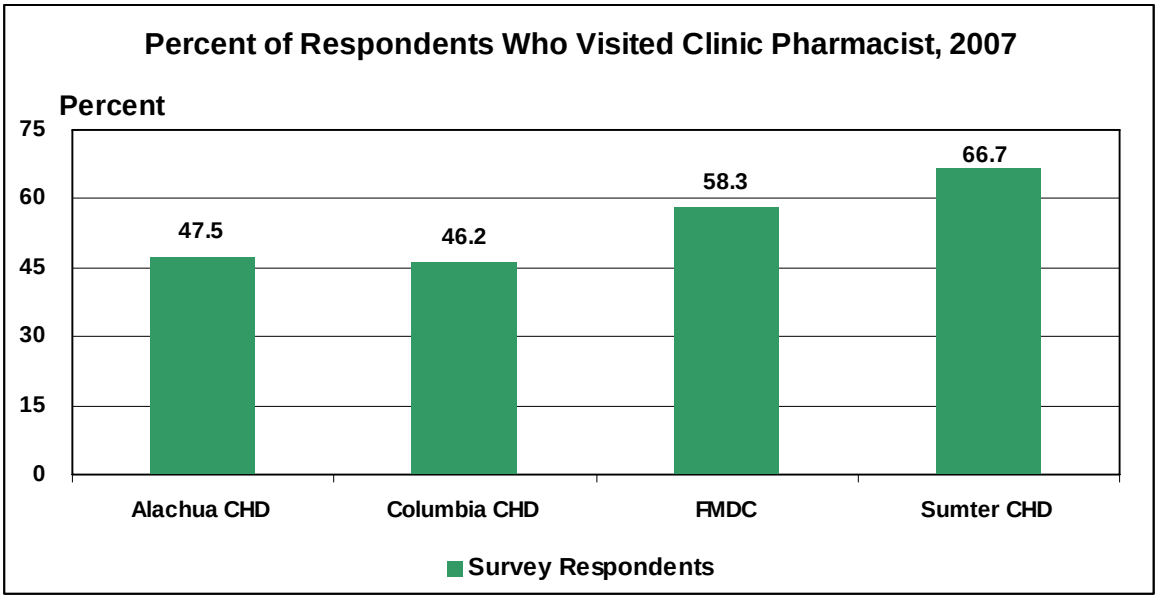
Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

Pharmacist – Medication Adherence Education

WellFlorida contracts with the University of Florida, College of Nursing to staff three rural clinics at the Columbia County Health Department, Sumter County Health Department, and Family Medical and Dental Center in Interlachen (Putnam County). A Doctor of Pharmacy (PharmD) travels to those clinics as well as Alachua County Health Department's HIV clinic to provide medication adherence education and counseling.

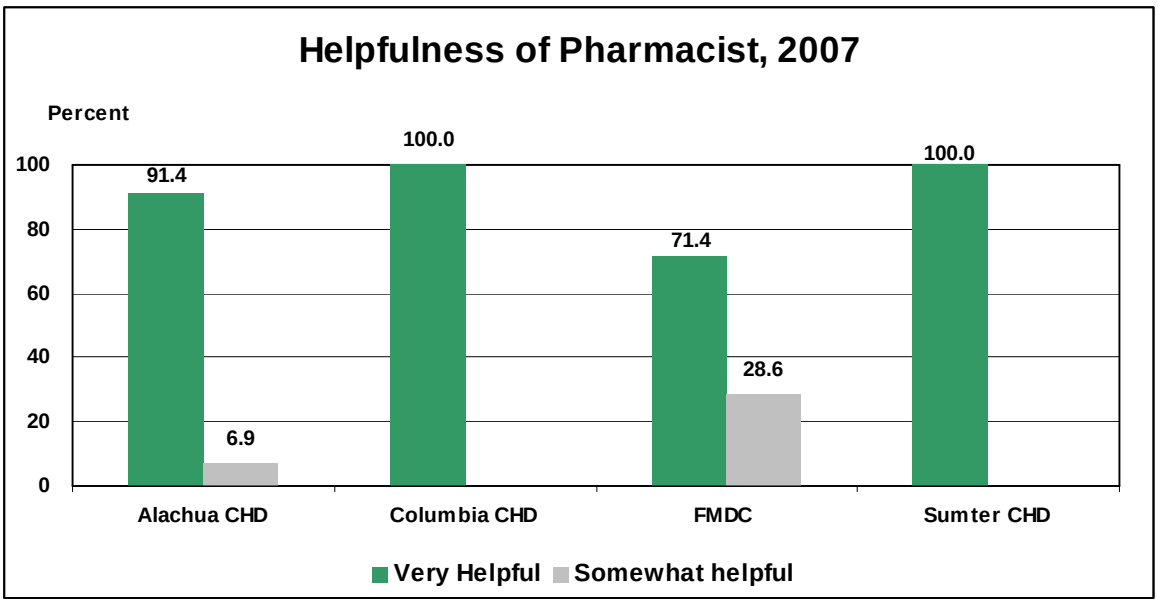
The consumer survey asked if the pharmacist was seen at a clinic visit (Figure 6-15) and about the helpfulness of the pharmacist in making it easier to take medication (Figure 6-16). Of the survey respondents who visited the pharmacist to talk about medications, the majority said she was "very helpful" or "somewhat helpful" (Figure 6-16).

Figure 6-15. Respondents Who Visited the Clinic Pharmacist by Clinic, 2007.



Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

Figure 6-16. Respondent Satisfaction with Pharmacist by Clinic, 2007.



Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

Ryan White Case Management

Respondents indicate a high level of satisfaction with their Ryan White case manager in all areas, and written comments regarding Ryan White case managers are generally positive (Table 6-8). Some of the comments included:

- "Has a great concern for her clients and very helpful."
- "She is unbelievable, the absolute best. She makes you feel like it is okay."
- "She's always there, whenever I need her."
- "Very concerned about your health."
- "Thanks to her and Ryan White, I've received necessary medical help I could never afford on my own."

Table 6-8. Survey Respondent Satisfaction with Ryan White Case Management Services, 2007.

At the Ryan White case management agency:	**Percent of Respondents Indicating *ALWAYS* or *USUALLY* 2007**
My case manager provides good quality care.	96.0
I am able to contact my case manager when I need to.	89.8
My case manager returns my phone calls promptly.	91.6
Services I need are available to me.	88.6
My case manager protects my confidentiality.	98.3

Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

Housing Opportunities Program

Survey respondents were asked to rate their satisfaction with their Housing Opportunities Program (HOP) case manager. Similar to Ryan White case management, there is a high overall satisfaction rate with HOP case managers and very positive comments made by survey respondents (Table 6-9).

Survey respondents were given the opportunity to provide written comments about HOP case managers:

- "My case manager is great. I can talk to her and she always takes the time to listen to me."
- "One more angel."
- "She calls to see how I am doing every month."
- "HOP was very efficient, professional and helpful."

Table 6-9. Survey Respondent Satisfaction with Housing Opportunities Program (HOP), 2007.

At the HOP case management agency:	**Percent of Respondents Indicating *ALWAYS* or *USUALLY* 2007**
My case manager provides good quality care.	96.0
I am able to contact my case manager when I need to.	90.8
My case manager returns my phone calls promptly.	89.4
Services I need are available to me.	88.9
My case manager protects my confidentiality.	100

Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

Ryan White Support Services

Respondents were asked about their satisfaction with Ryan White support services. The support services listed on the survey were: consumable medical equipment (syringes, needles, bandages), counseling, dental, drugs, durable medical equipment (wheelchairs, crutches, walkers, etc.), food/nutrition, insurance premiums or prescription co-pays, optical, and transportation.

Table 6-10 depicts less than 85 percent satisfaction rating for the three categories of consumable medical equipment (84.2 percent), durable medical equipment (60.0 percent), and optical (64.1 percent). This represents a decrease in satisfaction from 2005 in these areas. In 2007, respondents expressed high satisfaction for drugs (98.1 percent), transportation (91.2 percent) and insurance premiums or prescription co-pays (90.4 percent).

Table 6-10. Survey Respondent Satisfaction with Ryan White Support Services, 2007.

Ryan White support services received in the past year:	**Percent of Respondents Indicating *Excellent* or *Good***		**Percent of Respondents Indicating *Did not Use***
	2005	**2007**	**2007**
Consumable medical equipment (syringes, needles, bandages)	93.3	84.2	66.3
Counseling	96.1	89.8	45.6
Dental	88.2	86.5	35.3
Drugs	96.2	98.1	28.8
Durable medical equipment (wheelchairs, crutches, walkers, etc.)	85.7	60.0	69.0
Food/Nutrition	92.5	78.9	55.9
Insurance premiums or prescription co-pays	96.0	90.4	39.6
Optical	88.0	64.1	57.6
Transportation	83.0	91.2	49.4

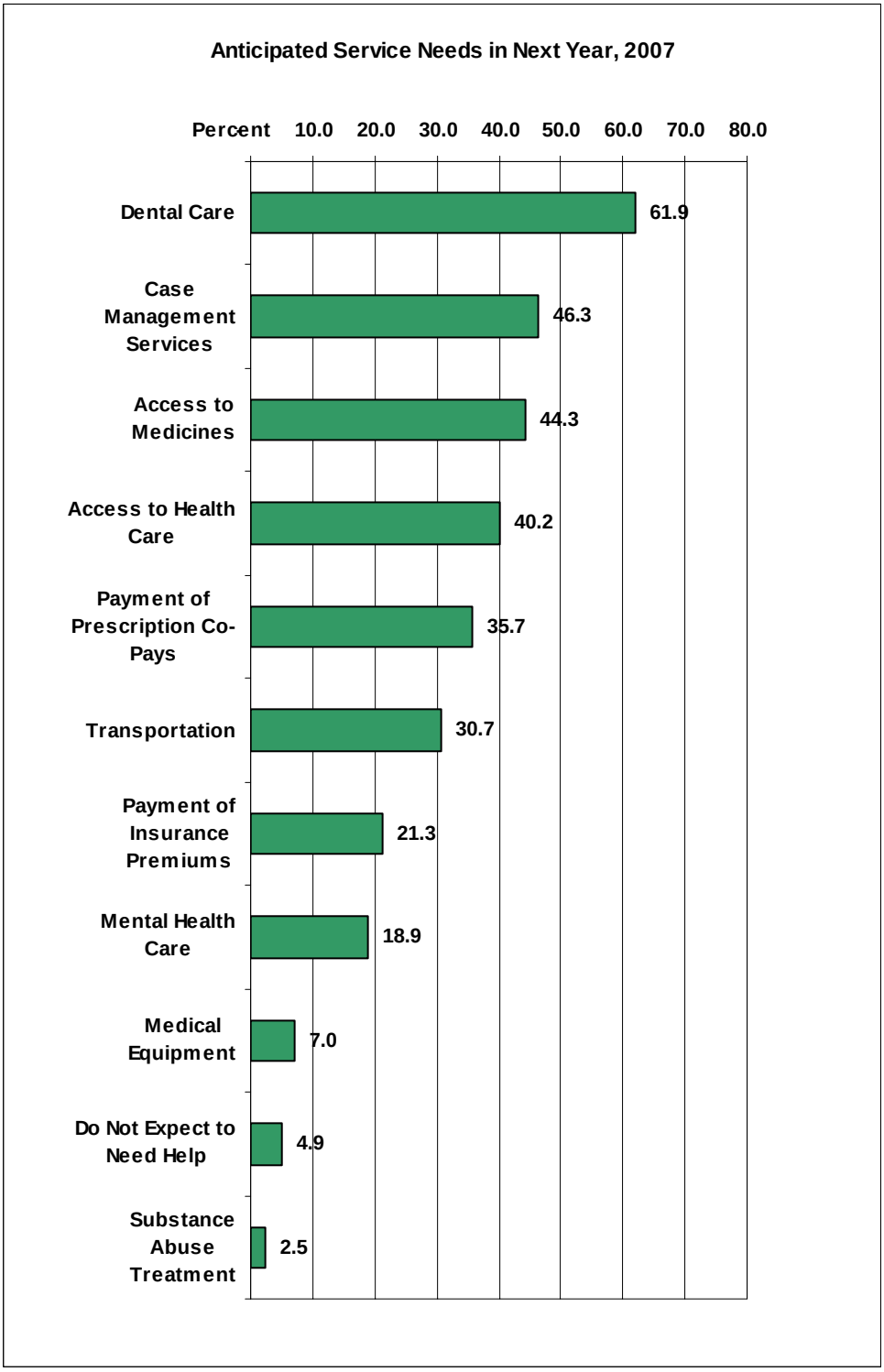
Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

Identified Needs

Consumer survey respondents were asked to identify from a list which services they expected to need help with in the next year (Figure 6-17). The top five anticipated needs of persons who responded to this question are:

- dental care
- case management services
- access to medicines
- access to health care
- payment of prescription co-pays.

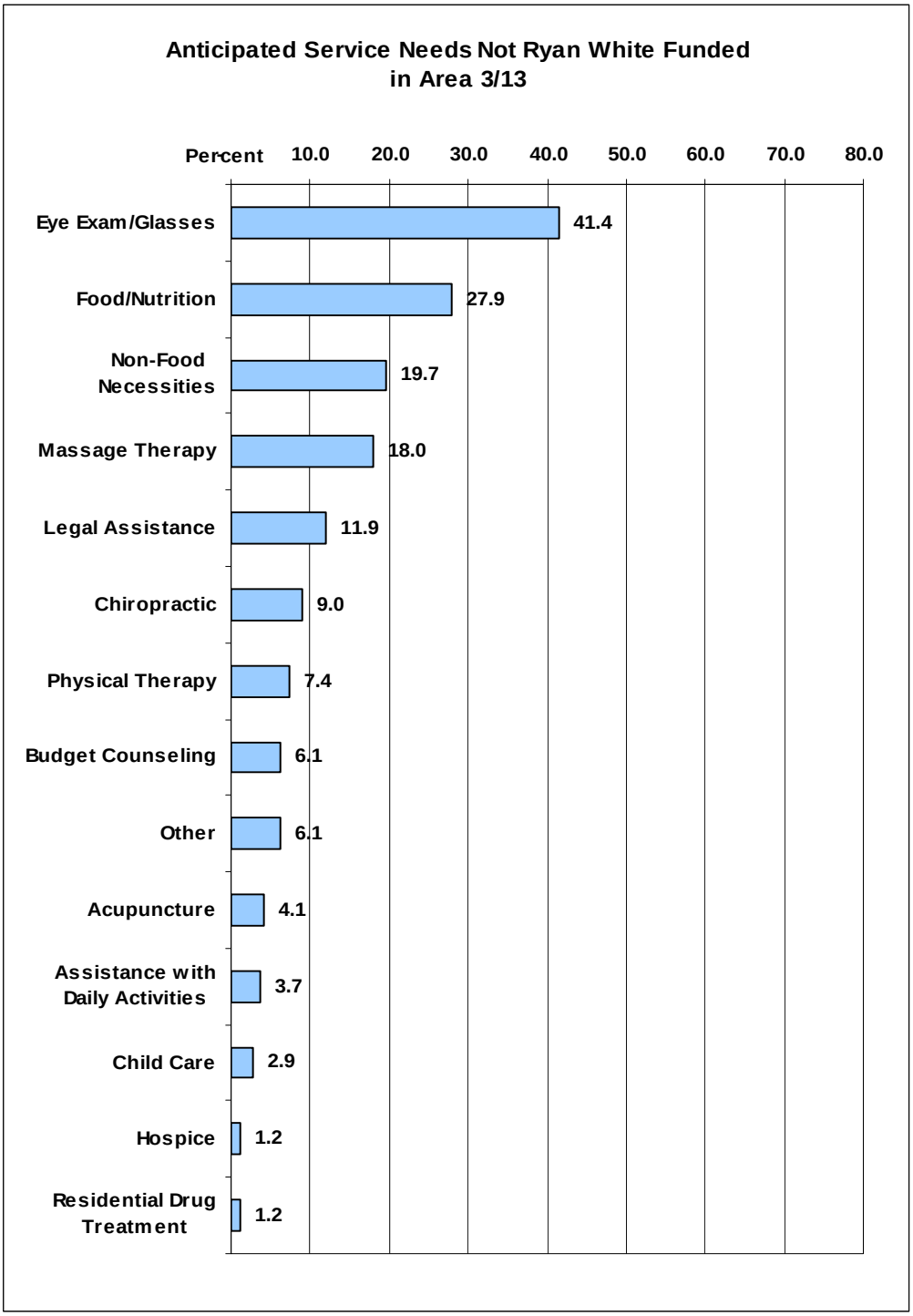
Figure 6-17. Anticipated Needs of Survey Respondents, 2007.



Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

When asked about anticipated service needs in categories not funded by Part B in Area 3/13, the majority (41.4 percent) of respondents identified “eye exam/ glasses” as their number one anticipated need (Figure 6-18).

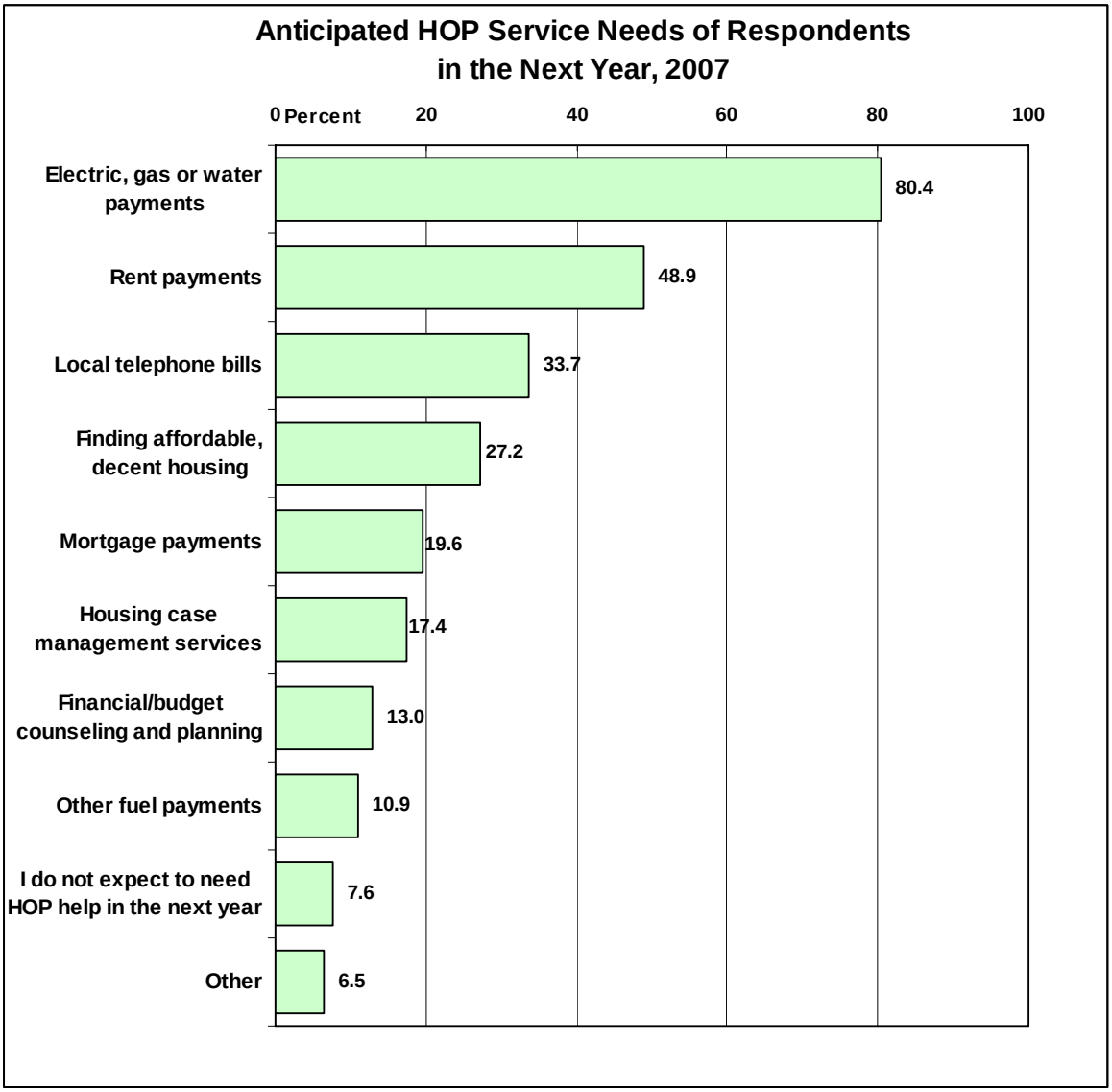
Figure 6-18. Anticipated Needs Not Ryan White Funded in Area 3/13, 2007.



Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

Survey respondents were also asked to identify housing services they expect to need help with in the coming year (Figure 6-19). “Electric, gas or water payments” tops the list with 80.4 percent of respondents indicating they expect to need this service in the next year. The second highest need identified was rent payments (48.9 percent) followed by local telephone bills (33.7 percent).

Figure 6-19. Anticipated Housing Opportunity Program Needs of Survey Respondents, 2007.



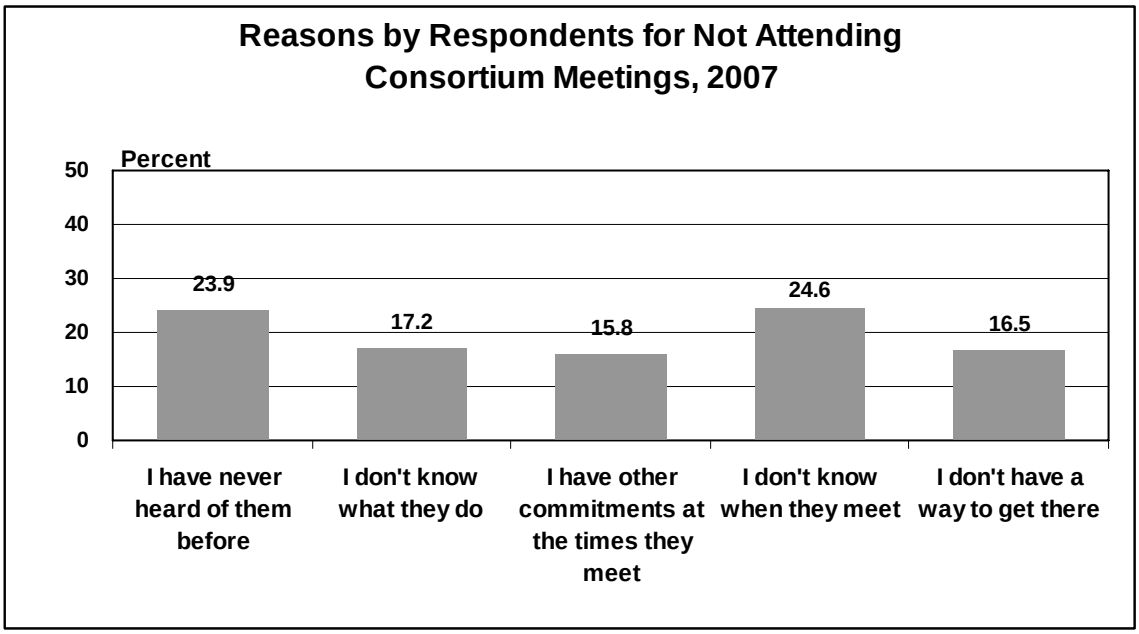
Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

Consortium Meetings

The North Central Florida CARE Consortium conducts 10 board meetings per calendar year. In 2007, an average of 20 persons attended the meetings. The survey indicates 91 percent of respondents did not attend any of the 2007 meetings. The top three reasons for lack of attendance at the Consortium were (Figure 6-20):

- I don't know when they meet.
- I have never heard of them before.
- I don't know what they do.

Figure 6-20. Reasons by Survey Respondents for not Attending Consortium Meetings, 2007.



Source: *2007 HIV/AIDS Consumer Survey*, North Central Florida CARE Consortium.

Summary of Local Survey Key Findings

Clinic

- Most of the five individual categories met the 85 percent benchmark with the exception of "I wait *less* than one hour before being seen at clinic" which received an overall weighted average of 74.51 percent. (Marion County Health Department received 85.5 percent in this category.)
- The majority of survey respondents who report they talk to the pharmacist about their medications rate the pharmacist as "very helpful" or "somewhat helpful" in making it easier for them to take their medications.
- Fourteen percent of survey respondents state they were seen in the emergency room some time in the past year for an HIV/AIDS related condition. Forty-seven percent of these respondents indicate they needed to go to the emergency room because they had an emergency.

- Twenty-five percent of survey respondents did not show for a clinic appointment and did not call to cancel or reschedule at least once in the previous year. The foremost reason by respondents for the "no show" was "I forgot."

Transportation

- In Columbia County, 25 percent of survey respondents have difficulty with transportation to the Columbia County Health Department.
- An estimated 17 percent of survey respondents have difficulty with transportation at Citrus County Health Department and FMDC in Putnam County.

Case Management

- Survey respondents report a high level of satisfaction with their Ryan White and HOP case managers in all areas.

Support Services

- With the exception of drugs and transportation, all areas of support services received slightly lower rates of satisfaction by survey respondents than the last year.

Identified Needs

- The top five services funded by Ryan White in Area 3/13 survey respondents expect to need help with in the next year are: dental care, case management services, access to medicines, access to health care, and payment of prescription co-pays.
- The top three services not funded by Ryan White in Area 3/13 survey respondents expect to need help with in the next year are: eye exams/glasses, food/nutrition, and non-food necessities.
- HOP services identified as needs in the next year are: electric, gas or water payments, rent payments, and local telephone bills.

DEPARTMENT OF HEALTH SURVEY

Methodology

In 2007, the Florida Department of Health, Bureau of HIV/AIDS initiated a statewide survey targeted to persons living with HIV/AIDS in Florida. This survey was distributed via local Ryan White lead agencies and service providers. In Area 3/13, surveys were mailed via the United States Postal Service with instructions for online or paper response. Follow-up reminder notices were mailed to the same clients four weeks later.

Since the local consortium consumer survey was distributed in February 2007 and the statewide survey was distributed soon after in October 2007, clarification was provided regarding the difference between the two surveys and the importance of completing the statewide survey.

In addition to the mailing, clients were asked to complete the 2007 Florida Ryan White Anonymous Survey at each focus group scheduled in October and November 2007. Paper survey forms and prepaid return envelopes were also left with the Ryan White clinic sites for additional distribution. The deadline for responding to the statewide survey was December 2007. Since there were various methods of distribution including online posting of the survey, a response rate was not calculated. A total of 285 surveys were completed by persons living with HIV/AIDS.

The consumer survey consisted of 58 questions. The Bureau intended the survey to be as generic as possible to meet the needs of everyone throughout the state. Although basic questions captured the same information as the local consortium consumer survey, other questions solicited new information. (*See* Appendix D for copy of survey tool.)

Limitations

The results represent input from many clients who may have completed the North Central Florida CARE Consortium Consumer survey only seven to eight months earlier. Survey solicitation was the same population as the Consortium consumer survey.

Some survey respondents chose not to answer every question on the survey. Results presented in this report reflect percentages based on the number of respondents who answered a particular question.

The recommended sample size of 20 percent of living cases by race and gender was not attained, although the 10 percent required sample size was met (13.6 percent).

For purposes of this report, analysis will focus on information solicited regarding the core and support services; problems while trying to get needed services; and the five most important services.

Demographic and Socioeconomic Profile of Survey Respondents

The demographic profile of Department of Health survey respondents is similar to that of the survey conducted by the CARE Consortium. The majority of respondents were male (60.6 percent), ages 45-64 (57.9 percent), White/Caucasian (56.4 percent) and non-Hispanic (87 percent). Thirty-two percent of respondents reside in Alachua County and 21.8 percent live in Marion County.

Core and Support Services

The Department of Health consumer survey utilized a matrix of 24 services that asked respondents to identify different need categories: need service and got service, need service but did not get service, and did not need service (Tables 6-11 and 6-12). Every service a consumer identified as "needed service and did not get service" is considered a service gap.

Table 6-11. Core Services Needed but Not Received by Survey Respondents, 2007.

	Needed Service and Got Service	Needed Service and Did Not Get Service	Did Not Need Service
14. Case Management: Coordination of services, client advocacy, referrals, and follow-up on your care	214	32	19
15. Dental/Oral Health: General dental care, oral surgery, dentures, partials, etc.	151	85	32
16. Health Insurance: Help paying premiums and/or co-pays	116	51	89
17. Medications: Prescription drugs from a pharmacy for HIV-related conditions	194	25	46
18. Mental Health Services: Professional psychological or psychiatric counseling and/or therapy	86	41	130
19. Outpatient Medical Care: Regular doctor and specialist visits or nursing care in the doctor's office or clinic	169	22	74
20. Substance Abuse Treatment: Professional treatment and counseling for drug or alcohol addiction	26	8	225

Note: Question numbers correspond to survey tool.
Source: Florida Department of Health, Bureau of HIV/AIDS, 2007 Survey Analysis, 2008.

Table 6-12. Support Services Needed but Not Received by Survey Respondents, 2007.

	Need Service Got Service	Needed Service Did Not Get Service	Did Not Need Service
21. Adult Day or Respite Care: A break for caregivers of HIV+ adults	18	18	216
22. Buddy/ Companion: Someone to help with household and other personal tasks when needed	30	37	188
23. Child Day Care: Care for children of HIV+ parents while they attend HIV-related appointments and meetings	9	6	242
24. Child Welfare: Help with temporary and/or permanent placement and arrangements for children	6	6	245
25. Early Intervention Services: Help getting into medical care and other services	69	35	153
26. Food Bank or Food Vouchers: Food, grocery certificates, home-delivered meals, and nutritional supplements	55	75	135
27. Health Education/Risk Reduction: Information about HIV, how it is spread, current treatments, etc.	103	15	142
28. Home Health Care: Professional healthcare services in your home by a licensed/certified home-health agency	29	24	207
29. Hospice Services: Nursing and counseling services for the terminally ill and their families	11	10	238
30. Housing Assistance: (Not HOPWA) Short-term or one-time help with temporary or transitional housing	65	55	142
31. Legal Support: Help with HIV related legal issues	35	41	183
32. Nutritional Counseling: Nutrition education from a licensed or certified nutrition professional/ dietician	63	52	146
33. Other Support Services: Translation and interpretation services, and other direct services not listed elsewhere	21	29	208
34. Outreach: Finding people with HIV disease and helping them get into needed services	41	33	184
35. Rehabilitation: Physical therapy, occupational therapy, speech pathology, low-vision training, etc.	22	36	198
36. Transportation: Help getting to HIV related appointments	89	35	138
37. Treatment Adherence: Help taking HIV medications properly	68	16	181

Source: Florida Department of Health, Bureau of HIV/AIDS, 2007 Survey Analysis, 2008.

Service Gaps

Table 6-13 illustrates the ranking of 20 consumer-identified service gaps (services needed but not received) as shown in Tables 6-11 and 6-12. Identified by almost 32 percent of respondents, dental/oral health emerged as the number one service gap. Other top-ranked service gaps include: food bank (28.3 percent), short-term or one-time help with housing (20.9 percent), nutritional counseling (19.9 percent), health insurance (19.9 percent), and mental health (15.9 percent).

Table 6-13. Service Gaps Identified in Department of Health Survey, 2007.

Rank	Ryan White Funding Category	Percent of Respondents Who Needed but Did Not Receive Service
1	Dental/Oral Health	31.7
2	Food Bank or Food Vouchers	28.3
3	Housing Assistance (not HOPWA)	20.9
4	Nutritional Counseling	19.9
5	Health Insurance	19.9
6	Mental Health Services	15.9
7	Legal Support	15.8
8	Buddy/Companion	14.5
9	Rehabilitation	14.0
10	Transportation	13.3
11	Early Intervention Services	13.6
12	Outreach	12.7
13	Case Management	12.0
14	Other Support Services	11.2
15	Medications	9.4
16	Home Health Care	9.2
17	Outpatient Medical Care	8.3
18	Adult Day or Respite Care	7.1
19	Treatment Adherence	6.0
20	Health Education/Risk Reduction	5.7

Source: Florida Department of Health, Bureau of HIV/AIDS, 2007 DOH Survey Analysis, 2008.

Barriers to Care

Barriers to care were identified by respondents as well. Possible barriers to services included: need weekend appointment, need evening appointment, service sites located too far away, had to wait too long for service, too busy taking care of child, too busy taking care of partner, cost of service is too high, application process too complicated, I don't want people to know I have HIV, didn't know where to apply, didn't know how to apply, transportation problems, other health problems, drug or alcohol addiction, trouble communicating, on waiting list, and turned down/not eligible (Table 6-14).

Table 6-14. Barriers Identified by Respondents in Department of Health Survey, 2007.

38. Have you had any of the following problems while trying to get needed services? (Mark all that apply)		
Answer Options	**Percent of Respondents**	**Response Count**
Needed weekend appointment	10.2	17
Needed evening appointment	13.2	22
Service sites located too far away	24.6	41
Had to wait too long for service	28.1	47
Too busy taking care of child	2.4	4
Too busy taking care of partner	3.6	6
Cost of service is too high	21.0	35
Application process too complicated	7.8	13
I don't want people to know I have HIV	44.3	74
Didn't know where to apply	18.6	31
Didn't know how to apply	15.6	26
Transportation problems	32.3	54
Other health problems	28.1	47
Drug or alcohol addiction	4.2	7
Trouble communicating	7.8	13
On waiting list	6.6	11
Turned down/not eligible	13.8	23
TOTAL RESPONDENTS		167

Source: Florida Department of Health, Bureau of HIV/AIDS, 2007 DOH Survey Analysis, 2008.

The top barriers identified by survey respondents are:

- I don't want people to know I have HIV (44.3 percent)
- Transportation problems (32.3 percent)
- Had to wait too long for service (28.1 percent)
- Other health problems (28.1 percent)
- Service sites located too far away (24.6 percent)

Most Important Services

Survey respondents were asked to identify from a list which five services were most important to them (Table 6-15). The top five services identified are:

- dental/oral health (76.3 percent)
- medications (55.6 percent)
- case management (55.1 percent)
- housing assistance (50.4 percent)
- food bank/food voucher (42.5 percent).

Table 6-15. Most Important Services Identified by Respondents in Department of Health Survey, 2007.

39. Check the box by the five most important services to you from the choices below (Select ONLY 5).		
Answer Options	**Percent of Respondents**	**Response Count**
Dental/Oral Health	76.3	203
Medications	55.6	148
Case Management	51.1	136
Housing Assistance	50.4	134
Food Bank/Food Voucher	42.5	113
Transportation	31.6	84
Health Insurance	30.8	82
Mental Health Services	19.9	53
Legal Support	12.0	32
Outpatient Medical Care	11.7	31
Nutritional Counseling	10.9	29
Health Education/Risk Reduction	7.9	21
A service that is not listed here	7.5	20
Buddy/Companion	6.8	18
Early Intervention Services	4.9	13
Rehabilitation	3.4	9
Adult Day or Respite Care	2.6	7
Hospice Services	2.6	7
Outreach	2.6	7
Child Day Care	2.3	6
Treatment Adherence	2.3	6
Substance Abuse Treatment	1.5	4
Child Welfare	0.8	2
TOTAL RESPONDENTS		266

Source: Florida Department of Health, Bureau of HIV/AIDS, 2007 DOH Survey Analysis, 2008

Summary of Florida Department of Health Survey Key Findings for Area 3/13

Most Important Services

Survey respondents identified the five services most important to them. The top five services overall are:

- dental/oral health (76.3 percent)
- medications (55.6 percent)
- case management (55.1 percent)
- housing assistance (50.4 percent0
- food bank/food voucher (42.5 percent)

Service Gaps

The top five services survey respondents identified as "needed but not received" in Area 3/13 are:

- dental/oral health (31.7 percent)
- food bank or food voucher (28.3 percent)
- short-term or one time help with housing (20.9 percent)
- nutritional counseling (tie at 19.9 percent)
- health insurance (tie at 19.9 percent)
- mental health services (15.9 percent).

Barriers to Care

The top barriers to care identified by survey respondents include:

- I don't want people to know I have HIV (44.3 percent)
- Transportation problems (32.3 percent)
- Had to wait too long for service (tie at 28.1 percent)
- Other health problems (tie at 28.1 percent)
- Service sites located too far away (24.6 percent)

CONSUMER FOCUS GROUPS

Introduction

The purpose of a focus group is to gather information and generate insights from the participant's perspective. Participants are generally selected because they have certain characteristics in common that relate to the topic of the focus group. As part of the 2007 Area 3/13 HIV/AIDS needs assessment, the WellFlorida Council conducted seven focus groups to increase the opportunity to identify health care needs, trends, and patterns for persons infected and affected by HIV.

Methodology

A trained focus group facilitator conducted seven focus groups during the months of October and November 2007. Focus groups were conducted in the counties of Alachua, Citrus, Marion, Columbia, and Putnam targeting rural, urban, and Black/African American consumers.

Participants for these groups were recruited by mailed announcements to the entire case management caseload and by recruitment from case managers. A $40.00 gas card was offered as a participation incentive and was issued to participants at the conclusion of each focus group. Participant recruitment began approximately two weeks prior to the first group meeting and continued throughout the months of October and November.

All interested participants were encouraged to call a designated telephone line at WellFlorida to register. Potential participants took part in a brief screening to determine eligibility based on HIV status, race/ethnicity and location of residence.

The group meetings were held at local health departments, community based organizations, and WellFlorida. Meeting times were varied and included early afternoon and evening. To the extent possible, meeting rooms were well lit and well ventilated with plenty of tables and chairs to ensure a comfortable environment for participants. Meeting length was approximately one and one-half hours.

Participation ranged from 4 to 12 participants in each group. The meetings were audio tape recorded with the permission of all participants. After introduction and explanation of the meeting format, 16 questions were sequentially presented to participants for discussion (Appendix E). At the end of each focus group, a summary of the discussion was provided to participants to ensure that the notes taken accurately reflected the discussion. There were a total of 53 participants.

Focus Group Question and Answer Summaries

What agencies or types of providers are you obtaining HIV-related services from?

The most frequently heard responses to this question from the group participants were:

- Ryan White case managers
- Project AIDS Care (PAC) case managers
- Housing Opportunities Program (HOP)
- Health clinics including the health department.

Participants also mentioned the need to travel out of their particular county of residence to receive needed health information and services, particularly to Gainesville. This was most notable for dental services. A few participants across

groups discussed Medicare, Medicaid Part D, Gainesville Area AIDS Project (GAAP), and the AIDS Drug Assistance Program (ADAP).

Notable Quotes

- "I've always gone to the health department for (HIV) services."
- "My case manager is who I call when I need to go to the doctor."
- "I use HOP and sometimes my Ryan White case manager."

Do you have a case manager? How many? How often do you contact them per week? How do you coordinate schedules? Are you currently having any problems with your case manager?

There was a consensus among group participants that they had access to a case manager. Participants cited the changes that have occurred in the past year regarding their case managers with some participants unaware of changes until contacting the provider's office.

Participants also expressed frustration over not receiving return phone calls from case managers. While the current policy states that case managers have 72 business hours to return calls, many clients said it is longer than 72 hours. When emergencies arise this policy creates a larger burden on the client.

Notable Quotes

- "I called three weeks prior to my appointment to ask for gas cards and I left a message. I never heard back so I called again the following week, and I left another message. I began calling the Monday prior to my appointment, and I have yet to hear anything or receive any gas cards."
- Case managers are always confidential and I feel motivated by my case managers."

Are you satisfied with the particular services you have used? Why or why not?

Although participants commented they are generally satisfied with services, they specifically mentioned issues with pharmacies, dental appointments, and return phone calls from case managers. Overall they are "grateful" for the services offered.

Participants stressed the limited number of health resources available to the low-income and uninsured clients in many rural counties making it difficult to access health-related services. Participants discussed the lack of awareness of existing health-related resources in the rural communities and an unwillingness of clients to seek the services they need for fear of discrimination.

Notable Quotes

- "I've been able to get the help I needed."
- "I have been non-compliant in the past, but the health department staff helped motivate me to get help."

- "I used to have problems with services, but not now."
- "Case managers need an emergency contact phone number."

Are you satisfied with the location and hours of operation of the services you currently use? Why not and what is reasonable? What about the wait times at clinics?

Participants in all groups stated that most were satisfied with the location and hours of primary services, but additional specialty services and prescription medication pick-up locations would be helpful. Participants noted that the wait times at clinics can be as much as two hours and they have had issues arranging to pick-up their medications.

Notable Quotes

- "You're lucky to get out of clinic in three hours."
- "We need more local dentists instead of having to travel to Gainesville."
- "Tuesday and Thursday is the only available clinic days and on those days people know that's HIV/AIDS day."

If you have ever missed an appointment at the clinic or doctor's office, what is the main reason?

Participants noted that for the most part they do not miss their scheduled appointments. Those that did miss an appointment stated they were "too sick" to attend.

Notable Quotes

- "The times I did miss appointments was because I was too sick to go."
- "The only time I missed an appointment was when I was using (drugs)."
- "I never miss my appointments."
- "I have had to miss appointments because I did not have transportation. Gas cards are good, but when you don't have a car and there's no bus you have to rely on other people to get you there."

What kind of support group would be of interest to you? What would make you want to go to a group meeting with other HIV+ people?

In general, many participants felt that more support groups for those infected and their caregivers would be valuable. Participants stated that support groups help to alleviate isolation, increase compliance, and offer suggestions to live with the virus. Many participants felt that these support groups should serve as educational sessions covering issues such as prevention for positives, medication adherence, and coping skills.

Notable Quotes

- "Sometimes it's easier to just talk to someone that has already dealt with the issues you are having."
- "I would attend if they were closer or offered in my county."
- "We need one in Putnam County."

Are there any instances where you have felt particularly welcome, comfortable or motivated by an agency?
The majority of participants stated they have had motivational and comfortable experiences at the clinics, from the Ryan White case managers and from the health department staff. Many did state they felt more motivation in the initial visits than after being in care for a longer period of time. Several participants noted that their dentists have been very supportive and welcoming.

Notable Quotes
- "My case manager has been great."
- "The ladies at the health department really offered me a lot of support and helped me get sober and back into care."
- "My dentist has been very caring and made me feel very comfortable."

Are there any instances where you have felt particularly unwelcome, uncomfortable, discriminated at an agency? Did you ever tell anyone at that agency about your experience? If so, how did they respond?
All groups discussed a variety of instances where they have dealt with discrimination. Across groups, participants stressed that these instances were felt more in services outside of the scope of Ryan White, HOP, and clinic services. However, one group of participants did state they felt very uncomfortable with their Ryan White case manager. At a later date, these instances were addressed directly with the Ryan White case manager supervisor with subsequent action to address these concerns.

Participants suggested that health education programs for emergency room physicians and staff would be helpful. One participant suggested that education programs for other providers, such as chiropractors would be beneficial.

Notable Quotes
- "My chiropractor basically refused to work with me because of my HIV status."
- "The emergency room doctors would just talk about my diagnosis out in the open where others could hear and basically blamed me for getting HIV."
- "People need basic health education."

While seeking services, have you experienced any problems in trying to get services?
Participants stated that for the most part they have not experienced trouble accessing services. Those that have had difficulty stated it was because their income was higher than allowable for services. Others stated that case managers would tell them they did not have enough money in their budget for services.

Notable Quotes
- "I never qualify for any services because I make too much money."

- "I was told by my case manager that there was not enough money in the budget for me to go to a dentist."
- "In other areas I was able to get services such as acupuncture and massage, but here I can't."
- "The eligibility determination is hard; it just seems like a lot of red tape and paper work."

Are the services you receive appropriate for you and your needs?
All participants stated the services they are currently using are appropriate and meet their medical needs.

What services are you using most frequently?
Overwhelmingly, participants stated that Ryan White clinical and case management services were the service they used most often. Many stated that they have used HOP within the last 12 months. A few participants stated they use ADAP and Ryan White dentists.

What services or care do you need, but are unable to get?
Participants expressed mixed views on the services and care that they need, but are not receiving. A consistent theme discussed across groups was the need for glasses and vision care services. When asked if their vision problems were HIV-related, most stated "no," but that it did impair their ability to read medication bottles and read instructions on how to take medications.

Notable Quotes
- "I need new glasses, but I can't afford them."
- "I can't say that my vision has gotten worse because of HIV or the side effects of the medications, but I also can't say that the side effects have not harmed my vision. My whole body has changed since getting the virus and taking the meds."

What is the most important HIV-related services/care you are using now or have used in the past year?
Participants across groups said medication and clinical care were the most important services they are currently using. They were also quick to note that HOP services were very important because without stable housing they were more likely to be adversely affected by HIV.

Notable Quotes
- "Without my medications I know I would not be alive now."
- "The clinic and their staff have been the most important part of my care."
- "Though HOP can only help me once a year, without them I wouldn't be able to make it."

What concerns do you have about getting services or care for yourself in the future?
Participants state that the additional federal cuts to the HIV and AIDS programs are of great concern. Many feel that services are continually declining because people are living longer with the disease due to the enhanced performance of HIV medications.

Many participants also stated that they are concerned about living wills, life insurance for their families, and burial programs. They felt that these are issues that are normally not discussed because so much emphasis is placed on living and being healthy. However, they state that they are highly concerned about how their families will cope after they pass away.

Notable Quotes
- "I really feel like I need a living will, but I don't know where to begin."
- "As far as I know Ryan White doesn't pay for burial and that would be so expensive for my children."

What would be the single most important change you would suggest to improve services to persons living with HIV?
Participants across groups said changing eligibility to incorporate services for everyone regardless of their income would be a needed change. Many participants also stated that increasing education to both those who are positive and the general public is still greatly needed. They suggested more education for health care, dental, and mental health care professionals.

Notable Quotes
- "When you have HIV this is a debilitating disease, but I am still useful. I can't work because I fear that I might lose my social security disability and Medicaid."
- "We need more education so that we can stay healthy."
- "Teach everyone, from kids to adults, about how to stay negative and be healthy."

Is there anything else you would like to add?
Participants in the groups reiterated previous comments about the hardship of transportation in the rural counties that lack adequate public transportation. Furthermore, they continued to discuss the need for additional health education and support for persons living with HIV.

INTERVIEWS WITH KEY COMMUNITY LEADERS

Introduction

WellFlorida Council staff conducted interviews to better understand the perspective of HIV/AIDS community leaders on the health and health care needs of persons living with HIV/AIDS in Area 3/13.

Methodology

From a compiled list of possible interview subjects, initial contact was made via e-mail or phone to inform potential interviewees of the study and to stress the importance of their participation. The list included key HIV/AIDS community leaders in local businesses, community organizations, government agencies, and health care providers.

Eight key HIV/AIDS community leaders agreed to be interviewed. The interviews were conducted in January and February 2008 by telephone due to cost and travel constraints. A standard questionnaire was used for all interviews. (*See* Appendix F for the interview tool.) No identifying information of the interviewees has been included in this report to assure confidentiality.

Interview Analysis

The leaders interviewed were asked how long they have served HIV/AIDS clients in any capacity. Interviewed leaders stated they have over 85 years of combined total years of service, with the earliest dating back to 1985.

Leaders were asked to estimate the number of clients they have served in the past 12 months. While these clients may be duplicated within this estimate, leaders reported serving a combined total of over 3,000 clients.

Each community leader responded to an identical set of interview questions. The questions have been grouped into two major categories: from a provider's point of view and from a client's point of view. A summary of the leaders' responses by each of these categories follows. Paraphrasing is incorporated to reflect some commonly held opinions, and direct quoting is employed to emphasize strong feelings associated with statements.

Provider Perspective on Service Delivery

When asked to share their impressions about significant barriers to health care for HIV positive clients, community leaders spoke at length about the assets and deficiencies of the system. First and foremost, interviewees consider the health care services in Area 3/13 to be more than adequate in terms of the services available, including county health departments, the Housing Opportunities

Program (HOP), and local health care providers. The major health care systems in Gainesville and Ocala are a definite benefit to the HIV/AIDS community.

Although interviewees were quick to acknowledge the benefits, they also discussed some of the barriers. Lack of resources in rural counties continues to be a barrier to health care, particularly for most specialty services. In some rural areas, specialists such as dentists are available; however, access is limited or new patients are often not accepted. For clients who must travel from sparsely population areas to obtain services, a lack of reliable transportation becomes a barrier to obtaining needed health care.

At the same time, some community leaders report it is not uncommon for HIV-infected persons to prefer to travel outside the county for all of their health care needs, regardless of availability, because there is a perception the care is better in more populated areas or confidentiality will be better preserved. One key leader stated, “There is still a stigma attached with this disease. Many clients do not want to go to the health department for fear that their friends and family will learn their status. There is also a stigma that the health department is associated with poverty and only serving the poor.”

Community leaders are well aware that an individual’s ability to access health care is most often predicated on that person’s ability to pay for the services. They noted that there are a significant number of uninsured clients with HIV who have limited health care resources. In some cases, community leaders noted that people simply do without basic health care because they are unable to afford the services.

Interviewees also pointed out some forms of health care coverage such as Medicaid do not automatically guarantee access to care. Many physicians will not accept Medicaid patients because of Medicaid’s low rate of reimbursement. In the words of one interviewee, “It is nearly impossible for us to get trained professionals to accept new Medicaid patients.”

In other instances, the uninsured use the hospital’s emergency department for routine health care services because they are unaware of available services. An interviewee stated, “There are a lot of people who are underserved, without health insurance, because they simply do not know that services are available. Education is needed throughout the community to link clients with obtainable services.”

Leaders discussed their frustration with the information or communication gap that exists with the “red tape” and bureaucracy that links clients with services.

> I feel there is still a lack of resources with what should be case managed needs. Clients that should be case managed aren’t because they may not have an immediate need, but the difficulty in getting the client reestablished is frustrating. It took one client three months to get services. One client went without meds for two weeks. This is system failure. Through change

(in recent reauthorization and establishing new clients) it takes longer for clients to show eligibility, especially those with immediate needs.

Finally, key leaders agreed that community members lack other resources such as child care. They also identified low literacy and limited access to information as barriers to educating clients about health care services and resources. The issue of limited clinic resources (lack of staff and space) was also a concern.

Provider Perspective on Client's Viewpoint

What emerged throughout the comments of community leaders is that while the health care system for HIV positive infected and affected individuals is generally good, it is limited in regard to the extent of services available. Respondents also stressed that the most vulnerable individuals in the population, namely the uninsured and the indigent, face additional barriers preventing them from getting the services they need. These barriers occur at the personal level as well as the systemic level and have a synergistic effect on one another.

Access and Barriers to Health Information

Community members spoke of three key resources in the community that clients utilize to gain health information: health departments, their case managers, and their primary care doctors/nurses. Interviewees also discussed individuals who access health care services outside their county of residence might be more likely to go outside the county to access basic health information. Word of mouth was identified by many community leaders as a key mechanism for accessing needed health information. Though some key leaders expressed frustration in the level of knowledge about health information and resources, other interviewees did express that local outreach and educational efforts have improved throughout the years.

Met versus Unmet Needs

The community leaders were asked to identify the unmet needs of the local HIV/AIDS health care system and to comment on the level at which the region provides these services. The top five unmet needs they discussed were mental health care, transportation, health education, client compliance, and housing.

Mental Health Care

Many interviewees placed a premium on the importance of providing mental health services for clients. While noting referrals are made for mental health services, many needs are still going unmet. In particular, community leaders expressed concern for the growing number of clients who have drug dependency issues. "We really need more long term care for substance abuse counseling." Participants stressed that the lack of mental health services results in clients not maintaining medication compliance and suffering more from depression and isolation.

Transportation

Most leaders said the specialty health care services available to clients are located mainly in the urban areas such as Gainesville and Ocala. This creates an increased difficulty on clients and case managers to arrange transportation services from the other 13 counties. Many leaders stated that while gas cards were a step in the right direction, this did not solve the issue for rural residents who do not have access to vehicles or public transportation. One leader stated, "Having a mobile clinic would be a great resource for those in the rural areas. Taking the clinic to the people would alleviate many of obstacles associated with clients not keeping appointments and the transportation issue."

Health Education

Health education should begin as early as possible after diagnosis and continue throughout treatment. Some community leaders said health education should be incorporated to the greatest extent possible by case managers, while others felt that doctors and nurses could do a better job explaining and educating clients about their treatment plans. Interviewees also commented that additional services, such as a client advocate who works directly in the clinics would improve education and client compliance.

Client Compliance

Generally, community leaders were in agreement that client compliance is very good for those in clinical care. Several commented that it is difficult to establish and maintain client compliance for those clients not seeking regular clinical care. This statement is especially true for individuals who suffer from mental health issues, substance abuse, and lower education levels. Community leaders did express concern that due to the limited amount of time providers have with clients during clinical visits, proper education about compliance is difficult to accomplish. One leader stated, "When clients are on ADAP (AIDS Drug Assistance Program), it is easier to regulate and follow which clients are being compliant with their medications. They have to pick up their medications from the health department. Therefore we can track who have regularly refilled their prescriptions and who have not."

Housing

Key leaders noted that housing for rural and recently incarcerated HIV positive individuals continues to be an ongoing difficulty. Area 3/13 has a high number of jails and incarceration facilities. When those clients are released, it is very difficult to find housing opportunities for persons with a criminal background. The rising costs of housing, utilities, and fuel are also constraining the limited resources in the area. In general, it is challenging to find decent and affordable housing, especially in the rural areas of the region.

Key Findings for Focus Groups and Interviews

The following are key observations derived from an analysis of the comments and insights gathered from the focus groups and interviews:

- Overall, the community leaders feel positive about the HIV health care system given the size and limited resources available. Focus group participants reported that health care services in the rural counties are extremely limited. There are primary care providers available in most counties, but for specialty services residents must travel to Gainesville or Ocala.
- Community members and key leaders identified limited support services in Area 3/13. The health care services identified most frequently included: dental, mental health, substance abuse, and housing services.
- The issue of future budget cuts and the lack of health insurance were the most noted as a major concern by key leaders and focus group participants. The limited resources for the uninsured and the underinsured continue to be high among respondents' concerns.
- The need for transportation was stressed particularly in the rural areas.
- Focus group participants and key leaders shared the concern that community members do not utilize the services available due to lack of awareness and the common misconception that the services available are only for low-income residents.

PROVIDER SURVEY

Introduction

The *2008 Community Provider Survey* was intended to augment information on the range of community services available in Area 3/13 and provide another perspective on needs and barriers to HIV health care services. (*See* Appendix G for the provider survey tool.)

Methodology

In February 2008, the provider survey was mailed to 197 known HIV service providers in Area 3/13 including county health departments, pharmacies, county jails, dentists, and other community based providers. Respondents were asked to complete and return the survey in one of three ways: by pre-paid return envelope, via fax, or online through a link on WellFlorida's website.

Of the 197 mailed surveys, 33 were completed and returned for a response rate of 16.8 percent. WellFlorida staff completed data entry into Survey Monkey for all surveys received in the mail.

The survey consisted of 25 questions and requested general information about services provided, funding sources, HIV/AIDS staff training, HIV prevention

education, and out-of-care clients. The survey also requested the providers' perceived barriers to quality care and needs of persons living with HIV/AIDS.

Limitations

The survey results presented in this report represent input from providers of HIV/AIDS services in the Florida Ryan White CARE Act Part B Service Area 3/13 as a result of a mailed survey. Limited input was solicited from organizations not specifically known to have provided some type of service to HIV-positive persons.

Since over 80 percent of the providers did not return the survey, the responses reported here may not be representative of all HIV service providers in Area 3/13.

Some survey respondents chose not to answer every question on the survey. Results presented in this report reflect percentages based on the number of respondents who answered a particular question. Questions not answered or marked incorrectly were not analyzed.

Provider Profile

Almost half of all provider survey respondents are located in Alachua County. An equal number of survey respondents are private, for-profit (40 percent) and public (40 percent). The remaining respondents were private, not-for-profit organizations.

One hundred percent of the providers indicated HIV/AIDS services are a part of a larger service program. The majority of respondents (61 percent) have provided HIV/AIDS services 10 years or more.

Survey Findings

Does your staff receive training on HIV/AIDS? If yes, what type of training?

Almost 11 percent of providers indicated staff receive no training on HIV/AIDS. Of those providers who do have staff HIV/AIDS training, most attend HIV/AIDS 101. Other types of training included confidentiality (81.0 percent), cultural competency (57.1 percent), HIV/AIDS 501 (47.6 percent), HIV/AIDS 104 (28.6 percent), and co-occurring conditions (28.6 percent).

Does your agency provide education to persons living with HIV/AIDS regarding HIV transmission prevention?

Over 51 percent of providers do not provide prevention education regarding HIV transmission. Of those who do, they most often provided education "as needed" (76.9 percent).

Are there persons living with HIV/AIDS who receive services from your agency but you know are not accessing HIV medical care? If yes, estimate the number of persons living with HIV/AIDS not accessing HIV medical care.

Almost 35 percent said all clients are accessing HIV medical care; and 13.8 percent of providers who answered this question said there are clients who are not accessing HIV medical care.

Why do you think some people living with HIV/AIDS are not getting HIV medical care? (Mark all that apply.)

The top reasons chosen by providers are as follows:

- not ready to deal with having HIV (78.3 percent)
- afraid people will find out (65.2 percent)
- using drugs or alcohol (65.2 percent)
- not enough money or insurance (56.5 percent)
- homeless (47.8 percent)
- lack of trust in doctors or clinics (47.8 percent)
- transportation (43.5 percent)
- feel healthy (43.5 percent)
- mental health (34.8 percent)
- don't know where to find the service (34.8 percent)

Which of the following are significant barriers or difficulties that your organization has faced when providing services to people living with HIV/AIDS? (Mark all that apply.)

There were three reasons marked by the majority of providers:

- inadequate transportation (60.9 percent)
- missed appointments (52.2 percent)
- insufficient funding (43.5 percent).

Based on your agency's experience, what are the five most important unmet needs of persons living with HIV/AIDS?

This question asks for the service provider's perspective on the unmet needs of persons living with HIV/AIDS. Most responses fell into only a few categories:

- health insurance (44.4 percent)
- transportation (40.7 percent)
- psychosocial support (25.9 percent)

Summary of Provider Survey Key Findings

Although survey respondents reiterated the basic findings of surveys and interviews throughout the needs assessment, these findings must be interpreted cautiously due to low response and small numbers. Inadequate transportation was noted as both a barrier and an unmet need; missed appointments were identified as a significant barrier to care.

UTILIZATION, GAPS AND BARRIERS

INTRODUCTION

One of the major goals of the comprehensive HIV/AIDS needs assessment is to identify and prioritize significant HIV-related issues and unmet needs in Area 3/13. The CARE Consortium, charged with setting resource allocation and spending priorities, will utilize this information to focus the direction of future planning. This section of the report highlights themes of emergent issues. The data gathered in the needs assessment process is interpreted cautiously due to aforementioned survey limitations, and the results are generalized to make some assumptions about HIV/AIDS services and needs in Area 3/13.

SUMMARY OF FINDINGS

Demographics

The anticipated growth of the Hispanic population may impact Area 3/13 in the near future. Compared to the growing number of Hispanic residents of Florida, Area 3/13 currently has a relatively small Hispanic population. However, trends indicate the Hispanic population in Area 3/13 is expected to increase at a faster rate than the state (47.0 percent and 27.9 percent, respectively). Citrus and Suwannee counties (both small, rural counties) are predicted to have over 75 percent increases in their Hispanic residents by 2010. At this time, slightly over 7 percent of the Ryan White consumer population is Hispanic.

Service Availability

With 10 publicly-funded access sites (seven health departments, a federally qualified health center, the University of Florida College of Medicine, and the Veterans Administration) as well as a small number of private providers offering ambulatory medical care to HIV-positive persons, there is reasonable availability of health care services in Area 3/13.

However, there are significant limitations in the scope of services available locally. Specialty care including dental, mental health, and substance abuse services are extremely limited in the small, rural counties of Area 3/13.

Service Satisfaction

Consumers accessing Ryan White services in Area 3/13 indicate a good overall level of satisfaction with clinic, case management, and housing services. Consumers continue to indicate a high need for these services to be provided.

Service Needs

Consumers who participated in the Department of Health survey identified the following as services most important to persons living with HIV/AIDS in Area 3/13:

- dental/oral health
- access to medications
- case management
- housing assistance
- food bank/food vouchers

Focus group participants concurred and identified clinical care, medication, and housing as the most important services.

The Department of Health consumer survey further asked whether services needed were also available to consumers when needed. More than half of the respondents identified the following services as needed and available to them:

- dental/oral health
- medications
- case management
- outpatient medical care

Key HIV/AIDS community leaders chose mental health care, transportation, health education, client compliance, and housing as areas with unmet need for consumers. Key leaders noted it is challenging to find decent and affordable housing especially in the rural areas.

The need for increased awareness and education is evident throughout the needs assessment from lack of knowledge of service availability to continued shame, fear and stigma. Consumers, focus group participants, and HIV/AIDS community leaders recommend greater awareness and education throughout Area 3/13.

Barriers to Care

Barriers can limit or prevent persons living with HIV/AIDS from accessing available services. Several prevalent barriers continue across Area 3/13:

- stigma (fear, denial, shame)
  "I don't want people to know I have HIV." Some participants noted they had delayed seeking services because they did not want anyone to know.

Others seek services outside the county in which they live so no one knows they are infected with HIV.

- transportation problems
  Transportation is particularly difficult for rural residents who do not have vehicles or access to public transportation. Other transportation problems include cost of gas, distance traveled, and missed appointments due to lack of transportation.

- clinic wait time
  Survey respondents report waiting more than one hour to be seen in clinic. In some cases, the clinic wait time is reported to be two or three hours.

- missed appointments
  Missed clinic appointments and "no shows" continue to be a problem in Area 3/13. According to survey respondents, the primary reason for missing an appointment and not calling to cancel or reschedule is "I forgot."

Other barriers noted throughout the assessment include:

- other health problems
- didn't know where to apply
- didn't know how to apply
- unmet mental health care needs
- service sites located too far away.

Unmet Needs and Service Gaps

Unmet need refers to service needs of those individuals not currently in the system of HIV/AIDS care as well as those in the system of HIV/AIDS care whose needs are only partially met or not being met.[1]

To determine unmet need, HRSA provides a basic working definition of "in care" and "out of care." A person with HIV or AIDS is considered to have an unmet need for care (or to be *out of care*) when there is no evidence that s/he received *any* of the following three components of HIV primary medical care during a defined 12-month time frame:

- viral load testing
- CD4 count, or
- provision of antiretroviral therapy[2]

A person is considered to have met need (or to be *in care*) when there is evidence of any one or more of these three measures during the specified 12-month time frame.[3] This definition of "in care" is not intended to be a definition of high quality care that meets treatment guidelines.

As shown in Table 7-1, an estimated 2,079 (83 percent) of persons living with HIV/AIDS in Area 3/13 are aware and in care. This is the highest area total of persons living with HIV/AIDS aware and in care in the state of Florida.

In the review of clinic level data, 98.6 percent of Area 3/13 Ryan White clients with a clinic visit in 2007 also had at least one CD4 count and 98.3 percent had at least one viral load test in the past year. Fourteen of the clients who had at least one clinic visit did not have a CD4 count in the past year; 17 of the clients who had at least one clinic visit did not have a viral load test recorded. Additional follow-up is required to determine where these individuals fall on the continuum of care – out of care or an infrequent user of services.

As shown in Table 7-2, the Florida Bureau of HIV/AIDS estimates there are 415 persons living with HIV/AIDS in Area 3/13 who know their status but are not "in care." Given the current system, this population is inherently difficult to access for follow up. Confidentiality issues prohibit disclosure of names of persons who test positive yet have not accessed Area 3/13 Ryan White Part B-funded clinics for care.

Table 7-1. Estimates for AIDS and HIV Aware, in Care, 2007.

Area	PLWA Diagnosed and Aware	PLWH Diagnosed and Aware	Total PLWHA Diagnosed and Aware	PLWA Aware and in Care		PLWH Aware and in Care		Total PLWHA Aware and in Care
				Total	Percent	Total	Percent	
Area 3/13	1,562	932	2,494	1,279	82%	800	86%	2,079

Source: Florida Department of Health, Bureau of HIV/AIDS, July 24, 2008.

Table 7-2. Estimates for AIDS and HIV Aware, NOT in Care, 2007.

Area	PLWA Aware and NOT in Care		PLWH Aware and NOT in Care		PLWHA Aware and NOT in Care	
	Total	Percent	Total	Percent	Total	Percent
Area 3/13	283	18%	132	14%	415	17%

Source: Florida Department of Health, Bureau of HIV/AIDS, July 24, 2008.

While assessing unmet need is challenging, the comparison of service priorities with service gaps assists in the determination of the magnitude of potential system inadequacies. "Service gaps" are all service needs not currently being met for persons living with HIV/AIDS (except primary health services for those who know their status and are not in care). Service gaps may occur because no services are currently available or because available services are either not appropriate or not accessible.

In the 2007 needs assessment, the services most identified by consumers as needed but not obtained are:

- dental/oral health
- food bank or food vouchers
- housing assistance (short-term or one-time help with temporary or transitional housing)
- nutritional counseling
- health insurance (help paying premiums and/or co-pays)
- mental health services

Anticipated Service Needs

Over 60 percent of survey respondents identified the need for dental care in the next year. A little over 2 percent said they would need substance abuse treatment. The top anticipated service needs in the next year were identified by consumers as follows:

- dental care
- case management services
- access to medicines
- access to health care
- payment of prescription co-pays
- transportation.

Consumers were also asked to identify anticipated needs that are not funded by Ryan White Part B in Area 3/13. Over 40 percent of survey respondents reported the need for eye exam/glasses in the next year. Top ranking needs not funded in Area 3/13 are:

- eye exam/glasses
- food/nutrition
- non-food necessities
- massage therapy
- legal assistance.

Anticipated needs for the next year specific to housing services are reported as:

- electric, gas or water payments
- rent payments
- local telephone bills
- finding affordable, decent housing
- housing case management services.

Focus group participants recommended support groups for persons living with HIV/AIDS and their caregivers. Many participants also felt the support group could provide much-needed education.

CONCLUSION

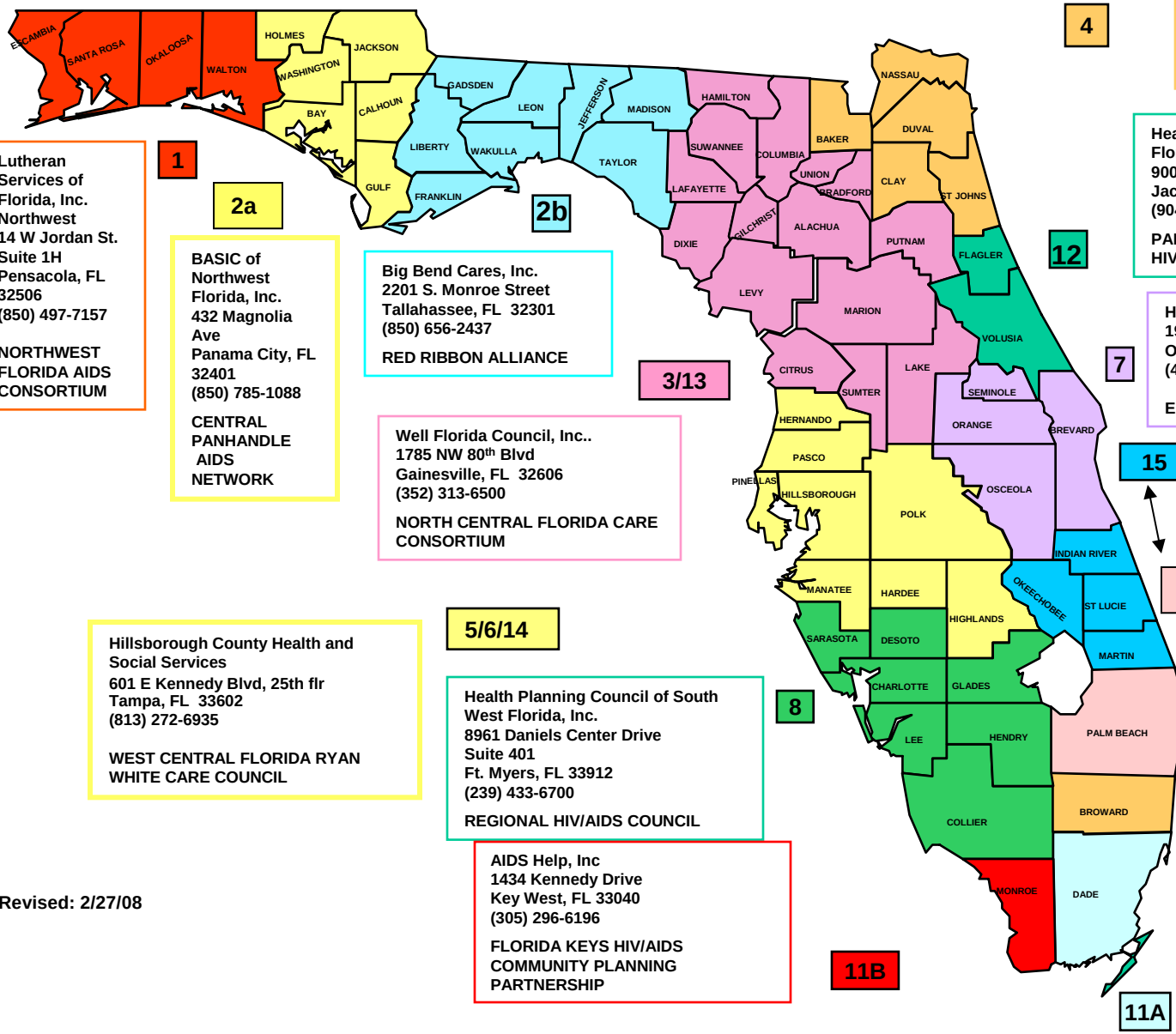
This comprehensive needs assessment is comprised of multiple components. Together, they create a picture of need in Area 3/13. It is concerning those basic needs such as food and housing are at the top of the list. It is also disheartening to know consumers continue to report one of their greatest worries is someone else discovering their HIV positive status. However, the outlook is far from bleak in Area 3/13 as consumers, providers, and community leaders continue to work together to improve services to enhance the lives of persons living with HIV/AIDS.

ENDNOTES

[1] Health Resources and Service Administration, HIV/AIDS Bureau. *Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Needs Assessment Guide. [page V-92)*
[2] Mosaic. "Estimating Unmet Need for HIV-Related Primary Medical Care: The Basics." http://www.mosaica.org/resources
[3] U.S. Department of Health and Human Services. Health Resources and Services Administration, HIV/AIDS Bureau. "A Practical Guide to Measuring Unmet Need for HIV-Related Primary Medical Care: Using the Unmet Need Framework." http:hab.hrsa.gov/tools/unmetneed/i.htm.

APPENDIX A

State of Florida
Ryan White CARE Act Part B Service Areas
Consortia – Lead Agencies



Lutheran Services of Florida, Inc.
Northwest
14 W Jordan St.
Suite 1H
Pensacola, FL 32506
(850) 497-7157

NORTHWEST FLORIDA AIDS CONSORTIUM

BASIC of Northwest Florida, Inc.
432 Magnolia Ave
Panama City, FL 32401
(850) 785-1088

CENTRAL PANHANDLE AIDS NETWORK

Big Bend Cares, Inc.
2201 S. Monroe Street
Tallahassee, FL 32301
(850) 656-2437

RED RIBBON ALLIANCE

Well Florida Council, Inc..
1785 NW 80th Blvd
Gainesville, FL 32606
(352) 313-6500

NORTH CENTRAL FLORIDA CARE CONSORTIUM

Hillsborough County Health and Social Services
601 E Kennedy Blvd, 25th flr
Tampa, FL 33602
(813) 272-6935

WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL

Health Planning Council of South West Florida, Inc.
8961 Daniels Center Drive
Suite 401
Ft. Myers, FL 33912
(239) 433-6700

REGIONAL HIV/AIDS COUNCIL

AIDS Help, Inc
1434 Kennedy Drive
Key West, FL 33040
(305) 296-6196

FLORIDA KEYS HIV/AIDS COMMUNITY PLANNING PARTNERSHIP

Duval County Health Dept.
5917 105th Street
Jacksonville, FL 32244
(904) 665-2591

FIRST COAST CARES CONSORTIUM

Health Planning Council of Northeast Florida, Inc.
900 University Blvd. N Suite 110
Jacksonville, FL 32211
(904) 745-3050

PARTNERSHIP FOR COMPREHENSIVE HIV/AIDS PLANNING

Heart of Florida United Way, Inc.
1940 Traylor Boulevard
Orlando, FL 32804
(407) 835-0900

EAST CENTRAL FLORIDA AIDS NETWORK

AIDS CONSORTIUM OF THE TREASURE COAST

Treasure Coast Health Council, Inc.
600 Sandtree Drive
Suite 101
Palm Beach Gardens, FL 33403
(561) 844-4220 ext 25

PALM BEACH COUNTY HIV CARE COUNCIL

Broward County Health Department
780 SW 24th Street
Ft. Lauderdale, FL 33315
(954) 467-4774

SOUTH FLORIDA AIDS NETWORK OF BROWARD

Miami-Dade County Health Department
Disease Prevention and Care Services
8600 NW 17th Street, Suite 200
Miami, FL 33126
(305) 470-6999

MIAMI-DADE HIV/AIDS PARTNERSHIP

Last Revised: 2/27/08

APPENDIX B

Ryan White Program Services Definitions

CORE SERVICES

Service categories:

a. ***Outpatient/Ambulatory medical care (health services)*** is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). *Primary medical care* for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. **NOTE: Early Intervention Services provided by Ryan White Part C and Part D Programs should be included here under *Outpatient/ Ambulatory medical care.***

b. ***AIDS Drug Assistance Program (ADAP treatments)*** **is a** State-administered program authorized under Part B of the Ryan White Program that provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance, Medicaid, or Medicare.

c. ***AIDS Pharmaceutical Assistance (local)*** includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are **not** funded with ADAP earmark funding.

d. ***Oral health care*** includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.

e. ***Early intervention services (EIS)*** include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose to extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures.

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

f. **Health Insurance Premium & Cost Sharing Assistance** is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.

g. ***Home Health Care*** includes the provision of services in the home by licensed health care workers such as nurses and the administration of intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other medical therapies.

h. ***Home and Community-based Health Services*** include skilled health services furnished to the individual in the individual's home based on a written plan of care established by a case management team that includes appropriate health care professionals. Services include durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services. Inpatient hospitals services, nursing home and other long term care facilities are **NOT** included.

i. ***Hospice services*** include room, board, nursing care, counseling, physician services, and palliative therapeutics provided to clients in the terminal stages of illness in a residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice services for terminal clients.

j. ***Mental health services*** are psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

k. ***Medical nutrition therapy*** is provided by a licensed registered dietitian outside of a primary care visit and includes the provision of nutritional supplements. Medical nutrition therapy provided by someone other than a licensed/registered dietitian should be recorded under psychosocial support services.

l. ***Medical Case management services (including treatment adherence)*** are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of

utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.

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

SUPPORT SERVICES

n. ***Case Management (non-Medical)*** includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.

o. ***Child care services*** are the provision of care for the children of clients who are HIV-positive while the clients attend medical or other appointments or Ryan White Program-related meetings, groups, or training.

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

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

q. ***Emergency financial assistance*** is the provision of short-term payments to agencies or establishment of voucher programs to assist with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), and medication when other resources are not available.

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

r. ***Food bank/home-delivered meals*** include the provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. Includes vouchers to purchase food.

s. ***Health education/risk reduction*** is the provision of services that educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information; including information dissemination about

medical and psychosocial support services and counseling to help clients with HIV improve their health status.

t. ***Housing services*** are the provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services such as residential mental health services, foster care, or assisted living residential services.

u. ***Legal services*** are the provision of services to individuals with respect to powers of attorney, do-not-resuscitate orders and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White Program. It does **not** include any legal services that arrange for guardianship or adoption of children after the death of their normal caregiver.

v. ***Linguistics services*** include the provision of interpretation and translation services.

w. ***Medical transportation services*** include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.

x. ***Outreach services*** are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status so that they may become aware of, and may be enrolled in care and treatment services (i.e., case finding), not HIV counseling and testing nor HIV prevention education. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.

y. ***Permanency planning*** is the provision of services to help clients or families make decisions about placement and care of minor children after the parents/caregivers are deceased or are no longer able to care for them.

z. ***Psychosocial support services*** are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Includes nutrition counseling provided by a non-registered dietitian but excludes the provision of nutritional supplements.

aa. ***Referral for health care/supportive services*** is the act of directing a client to a service in person or through telephone, written, or other type of communication. Referrals may be made within the non-medical case management system by professional case managers, informally through support staff, or as part of an outreach program.

ab. ***Rehabilitation services*** are services provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care. Services include physical and occupational therapy, speech pathology, and low-vision training.

ac. ***Respite care*** is the provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client with HIV/AIDS.

ad. ***Treatment adherence counseling*** is the provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments by non-medical personnel outside of the medical case management and clinical setting.

APPENDIX C

2007 HIV/AIDS Consumer Survey

All information from individual surveys will be kept confidential. Your answers will be summarized for statistical purposes only.

Check or short answer the following questions as appropriate. If you are a guardian or parent completing this for a child, please answer from the child's perspective.

1. Who is completing this survey?

☐1. Person living with HIV/AIDS ☐2. Caregiver to person living with HIV/AIDS ☐3. Interviewer

PART A. HIV/AIDS MEDICAL CARE

2. In the past year, did you receive HIV/AIDS medical care at the Alachua County Health Department?

☐1. No *(GO TO QUESTION 5 on page 2 below.)* ☐2. Yes

If **yes**, please circle the best response to the statements about your care at the Alachua County Health Department in the box below. Use the rating scale: 4=Always, 3=Usually, 2=Sometimes, 1-Never.

At the Alachua County Health Department:	Always	Usually	Sometimes	Never
a. Staff provides good quality care.	4	3	2	1
b. I have or can get transportation to the clinic.	4	3	2	1
c. I am able to schedule clinic appointments within one month.	4	3	2	1
d. I wait less than one hour before being seen at the clinic.	4	3	2	1
e. Services I need are available to me.	4	3	2	1
f. Staff protects my confidentiality.	4	3	2	1
If "Sometimes" or "Never", please explain:_____				

3. At one of your visits to an Adult HIV/AIDS clinic at the Alachua CHD, did you see the pharmacist (Joanne) who talked with you about your medications?

☐1. Yes ☐2. No ☐3. I don't know

4. How helpful to you was the clinic pharmacist (Joanne) in making it easier for you to take your medications?

☐1. Very helpful ☐2. Somewhat helpful ☐3. Not helpful ☐4. Made it worse

5. In the past year, did you receive HIV/AIDS medical care at the Citrus County Health Department?

☐1. No *(GO TO QUESTION 6 below .)* ☐2. Yes

If **yes**, please circle the best response to the statements about your care at the Citrus County Health Department in the box below. Use the rating scale: 4=Always, 3=Usually, 2=Sometimes, 1-Never.

At the Citrus County Health Department:	Always	Usually	Sometimes	Never
a. Staff provides good quality care.	4	3	2	1
b. I have or can get transportation to the clinic.	4	3	2	1
c. I am able to schedule clinic appointments within one month.	4	3	2	1
d. I wait less than one hour before being seen at the clinic.	4	3	2	1
e. Services I need are available to me.	4	3	2	1
f. Staff protects my confidentiality.	4	3	2	1

If "Sometimes" or "Never", please explain:_____

_____

6. In the past year, did you receive HIV/AIDS medical care at the Columbia County Health Department?

☐1. No *(GO TO QUESTION 9 on page 3.)* ☐2. Yes

If **yes**, please circle the best response to the statements about your care at the Columbia County Health Department in the box below. Use the rating scale: 4=Always, 3=Usually, 2=Sometimes, 1-Never.

At the Columbia County Health Department:	Always	Usually	Sometimes	Never
a. Staff provides good quality care.	4	3	2	1
b. I have or can get transportation to the clinic.	4	3	2	1
c. I am able to schedule clinic appointments within one month.	4	3	2	1
d. I wait less than one hour before being seen at the clinic.	4	3	2	1
e. Services I need are available to me.	4	3	2	1
f. Staff protects my confidentiality.	4	3	2	1

If "Sometimes" or "Never", please explain:_____

_____

7. At one of your visits to an Adult HIV/AIDS clinic at the Columbia CHD, did you see the pharmacist (Joanne) who talked with you about your medications?

☐1. Yes ☐2. No ☐3. I don't know

8. How helpful to you was the clinic pharmacist (Joanne) in making it easier for you to take your medications?

☐1. Very helpful ☐2. Somewhat helpful ☐3. Not helpful ☐4. Made it worse

9. In the past year, did you receive HIV/AIDS medical care at Family Medical & Dental Centers in Interlachen?

☐1. No *(GO TO QUESTION 12 below.)* ☐2. Yes

If **yes**, please circle the best response to the statements about your care at Family Medical & Dental Centers in Interlachen in the box below. Use the rating scale: 4=Always, 3=Usually, 2=Sometimes, 1-Never.

At Family Medical & Dental Centers in Interlachen:	Always	Usually	Sometimes	Never
a. Staff provides good quality care.	4	3	2	1
b. I have or can get transportation to the clinic.	4	3	2	1
c. I am able to schedule clinic appointments within one month.	4	3	2	1
d. I wait less than one hour before being seen at the clinic.	4	3	2	1
e. Services I need are available to me.	4	3	2	1
f. Staff protects my confidentiality.	4	3	2	1
If "Sometimes" or "Never", please explain:_____				

10. At one of your visits to an Adult HIV/AIDS clinic at the Family Medical and Dental Center in Interlachen, did you see the pharmacist (Joanne) who talked with you about your medications?

☐1. Yes ☐2. No ☐3. I don't know

11. How helpful to you was the clinic pharmacist (Joanne) in making it easier for you to take your medications?

☐1. Very helpful ☐2. Somewhat helpful ☐3. Not helpful ☐4. Made it worse

12. In the past year, did you receive HIV/AIDS medical care at the Marion County Health Department?

☐1. No *(GO TO QUESTION 13 on page 4.)* ☐2. Yes

If **yes**, please circle the best response to the statements about your care at the Marion County Health Department in the box below. Use the rating scale: 4=Always, 3=Usually, 2=Sometimes, 1-Never.

At the Marion County Health Department:	Always	Usually	Sometimes	Never
a. Staff provides good quality care.	4	3	2	1
b. I have or can get transportation to the clinic.	4	3	2	1
c. I am able to schedule clinic appointments within one month.	4	3	2	1
d. I wait less than one hour before being seen at the clinic.	4	3	2	1
e. Services I need are available to me.	4	3	2	1
f. Staff protects my confidentiality.	4	3	2	1
If "Sometimes" or "Never", please explain:_____				

13. In the past year, did you receive HIV/AIDS medical care at the Sumter County Health Department?

☐1. No *(GO TO QUESTION 16 below.)* ☐2. Yes

If **yes**, please circle the best response to the statements about your care at the Sumter County Health Department in the box below. Use the rating scale: 4=Always, 3=Usually, 2=Sometimes, 1-Never.

At the Sumter County Health Department:	Always	Usually	Sometimes	Never
a. Staff provides good quality care.	4	3	2	1
b. I have or can get transportation to the clinic.	4	3	2	1
c. I am able to schedule clinic appointments within one month.	4	3	2	1
d. I wait less than one hour before being seen at the clinic.	4	3	2	1
e. Services I need are available to me.	4	3	2	1
f. Staff protects my confidentiality.	4	3	2	1
If "Sometimes" or "Never", please explain:_____				
_____				

14. At one of your visits to an Adult HIV/AIDS clinic at the Sumter CHD , did you see the pharmacist (Joanne) who talked with you about your medications?

☐1. Yes ☐2. No ☐3. I don't know

15. How helpful to you was the clinic pharmacist (Joanne) in making it easier for you to take your medications?

☐1. Very helpful ☐2. Somewhat helpful ☐3. Not helpful ☐4. Made it worse

16. Are you receiving medical care in the same county (Alachua, Bradford, etc.) where you live?

☐1. No ☐2. Yes

17. Where did you get most of your medical care in the past 12 months?

☐1. Walk-in/emergency clinic
☐2. Hospital emergency room
☐3. Doctor's office
☐4. I did not visit an HIV/AIDS medical care provider in the past year.
☐5. Public clinic/health department (*specify county*)_____
☐6. Veteran's Administration
☐7. Other (*specify*)_____

18. Have you ever NOT shown up for a Clinic Appointment? (You did not call to reschedule or cancel)

☐1. No *(GO TO QUESTION 21 on page 5.)* ☐2. Yes

19. If yes to question #18, describe why. (Check all that apply)

☐1. No transportation
☐2. No phone
☐3. I was too sick
☐4. I had an emergency
☐5. I forgot
☐6. Other (describe) _____

20. What would help you keep your appointments? _____

_____

21. Have you been to the Emergency Room for an HIV/AIDS related condition during the past year?
☐1. No *(GO TO QUESTION 23 below.)* ☐2. Yes

22. If you were seen in the emergency room this past year for a problem related to your HIV infection, describe why? *(Check all that apply.)*

☐1. I had an emergency.
☐2. I don't have a primary care provider.
☐3. I couldn't wait for clinic day.
☐4. Other (*describe*)_____
☐5. It was after clinic hours.
☐6. My primary care provider referred me there.
☐7. There was no Medicaid provider available.
☐8. I was not seen in emergency room.

23. How many times have you been admitted to the hospital in the past year for a health problem related to your HIV infection?

☐1. None
☐2. 1 – 2
☐3. 3 – 4
☐4. 5 – 6
☐5. More than 6 times

24. Other comments about your HIV/AIDS medical care: _____

_____

PART B. SERVICE NEEDS

25. In the next year, what services do you expect to need help with? (*Check all that apply.*)

☐1. Access to health care
☐2. Access to medicines
☐3. Case management services
☐4. Dental care
☐5. Medical equipment
☐6. Payment of insurance premiums
☐7. Payment of prescription co-pays
☐8. Mental health care
☐9. Substance abuse treatment
☐10. Transportation
☐11. I do not expect to need help with any of the above next year.

(Call Ryan White Case Management at 1-800-972-6399 to see if you are eligible to receive the above services you expect to need help with in the next year.)

26. The following services are ***NOT* funded by Ryan White in this region. Which services do you expect to need help with in the next year?**

☐1. Acupuncture
☐2. Assistance with daily activities
☐3. Budget counseling
☐4. Child care
☐5. Chiropractic
☐6. Eye exam/glasses
☐7. Food/nutrition
☐8. Hospice
☐9 Residential drug treatment
☐10. Legal assistance
☐11. Massage Therapy
☐12. Non-food necessities (personal hygiene/paper products/etc.)
☐13. Physical therapy
☐14. Other _____

27. Have you received Ryan White case management services in the past year?

☐1. Yes ☐2. No *(GO TO PART D, QUESTION 31 on page 6.)* ☐3. I don't know.

PART C. RYAN WHITE CASE MANAGEMENT SERVICES

28. This question relates to your Ryan White case manager. Please circle the number that best represents your response using the rating scale: 4=Always, 3=Usually, 2=Sometimes, 1=Never.

At the Ryan White case management agency:	Always	Usually	Sometimes	Never
a. My case manager provides good quality care.	4	3	2	1
b. I am able to contact my case manager when I need to.	4	3	2	1
c. My case manager returns my phones calls promptly.	4	3	2	1
d. Services I need are available to me.	4	3	2	1
e. My case manager protects my confidentiality. If "Sometimes" or "Never", please explain: _____	4	3	2	1

29. Other comments about your Ryan White case manager: _____

_____

30. This question relates to the Ryan White support services you have received in the past year. For each item, please circle the number that best reflects your satisfaction with that service. Use the scale: DNU=did not use, 4=excellent, 3=good, 2=fair, 1=poor.

Service	Did Not Use	Excellent	Good	Fair	Poor
a. Consumable medical equipment (syringes, needles, bandages)	DNU	4	3	2	1
b. Counseling	DNU	4	3	2	1
c. Dental	DNU	4	3	2	1
d. Drugs	DNU	4	3	2	1
e. Durable medical equipment (wheelchairs, crutches, walkers, etc.)	DNU	4	3	2	1
f. Food/nutrition	DNU	4	3	2	1
g. Insurance premiums or prescription co-pays	DNU	4	3	2	1
h. Optical	DNU	4	3	2	1
i. Transportation	DNU	4	3	2	1

PART D. HOUSING OPPORTUNITIES PROGRAM (HOP) CASE MANAGEMENT SERVICES

31. Have you received Housing Opportunities Program (HOP) services in the past year?

☐1. Yes *(GO TO QUESTION 33 on PAGE 7.)* ☐2. No ☐3. I don't know.

32. Why have you <u>not</u> received HOP services this past year?

☐1. I did not need HOP services. ☐3. I do not know what HOP is.

☐2. I did not qualify for HOP services ☐4. Other *(describe)* _____

(You may call HOP Case Management at 1-800-525-4540 to find out if you are eligible to receive HOP services.)

*If you have **not** received HOP services this past year, **SKIP** QUESTIONS 33-37 GO TO QUESTION 38 below.*

33. During the past year, which of the following HOP services have you used? (*Check all that apply.*)

☐1. Mortgage payment assistance
☐2. Rent payment assistance
☐3. Utility payment assistance (electric, gas, wood, coal, water, firewood, local telephone service)

34. If you used HOP services in the past year but are not currently a HOP client, why do you no longer use HOP services? *(Check only one.)*

☐1. I chose to leave the program.
☐2. My HOP eligibility ran out.
☐3. I was removed from the program.
☐4. HOP helped me find and keep housing that I can afford.
☐5. Other (*describe*) _____

35. This question asks you about your present HOP case manager. Please circle the number that best represents your response using the rating scale: 4=Always, 3=Usually, 2=Sometimes, 1=Never.

At the HOP case management agency:	Always	Usually	Sometimes	Never
a. My case manager provides good quality care.	4	3	2	1
b. I am able to contact my case manager when I need to.	4	3	2	1
c. My case manager returns my phones calls promptly.	4	3	2	1
d. Services I need are available to me.	4	3	2	1
e. My case manager protects my confidentiality. If "Sometimes" or "Never", please explain: _____ _____	4	3	2	1

36. Other comments about your HOP case manager: _____
_____

37. Other comments about HOP services: _____
_____
_____

38. What services do you expect to need help with in the coming year? (*Check all that apply.*)

☐1. Electric, gas or water payments
☐2. Financial/budget counseling and planning
☐3. Finding affordable, decent housing
☐4. Housing case management services
☐5. Local telephone bills
☐6. Mortgage payments
☐7 Other fuel payments (wood, oil, coal)
☐8. Rent payments
☐9. Other (*describe*)_____
☐10. I do NOT expect to need HOP help in the next year.

PART E. NORTH CENTRAL FLORIDA CARE CONSORTIUM

39. Have you attended any North Central Florida CARE Consortium meetings (Ryan White Consortium meetings) in the past year?

☐1. Yes *(GO TO QUESTION 41 BELOW.)* ☐2. No ☐3. I don't know.

40. Why have you not attended a Ryan White meeting this past year? (*Check all that apply.*)

☐1. I have never heard of them before.
☐2. I don't know what they do.
☐3. I have other commitments at the times they meet.
☐4. I don't know when they meet.
☐5. I don't have a way to get there.
☐6. Other _____

41. Have you attended any Consumer Caucus meetings (held just before the Ryan White Consortium meetings) in the past year?

☐1. Yes *(GO TO PART F, QUESTION 43 BELOW.)* ☐2. No ☐3. I don't know.

42. Why have you not attended a Consumer Caucus meeting this past year? (*Check all that apply.*)

☐1. I have never heard of them before.
☐2. I don't know what they do.
☐3. I have other commitments at the times they meet.
☐4. I don't know when they meet.
☐5. I don't have a way to get there.
☐6. Other _____

If you would like more information about Ryan White Consortium or Consumer Caucus meetings, please call Genie, toll-free, at 1-877-678-9355, ext. 121.

PART F. GENERAL INFORMATION

43. What is your HIV status? *(Check only one.)*

☐1. HIV positive, AIDS status unknown ☐2. HIV positive, not AIDS ☐3. AIDS

44. What is your gender? *(Check only one.)*

☐1. Female ☐2. Male ☐3. Transgender

45. What is your age group? *(Check only one.)*

☐1. Younger than 2 years
☐2. 2 to 12 years
☐3. 13 to 24 years
☐4. 25 to 34 years
☐5. 35 to 44 years
☐6. 45 to 54 years
☐7. 55 to 65 years
☐8. Over 65 years

46. How would you describe yourself? *(Check only one.)*

☐1. Gay, lesbian or bisexual ☐2. Heterosexual ☐3. Other *(describe)*_____

47. How would you describe yourself? *(Check only one.)*

☐1. Hispanic or Latino/a ☐2. Non-Hispanic or Non-Latino/a

48. What is your race? *(Check only one.)*

☐1. Black or African American
☐2. White/Caucasian
☐3. American Indian or Alaskan Native
☐4. Native Hawaiian or Pacific Islander
☐5. Asian
☐6. More than one race

49. What county do you live in? ***(Check only one.)***

☐1. Alachua	☐5. Dixie	☐9. Lake	☐13. Sumter
☐2. Bradford	☐6. Gilchrist	☐10. Levy	☐14. Suwannee
☐3. Citrus	☐7. Hamilton	☐11. Marion	☐15. Union
☐4. Columbia	☐8. Lafayette	☐12. Putnam	☐16. Other _____

50. What is your ZIP code? _____

51. What language are you most comfortable speaking? ***(Check only one.)***

☐1. English
☐2. Haitian-Creole
☐3. Spanish
☐4. Other (*specify*) _____

52. What is the highest level of schooling you have completed? ***(Check only one.)***

☐1. 8th grade or less	☐3. Completed high school	☐6. Some college
☐2. Some high school; did not graduate	☐4. Technical or trade school	☐7. Completed college

52. What is your current employment status? ***(Check all that apply.)***

☐1. Employed full-time	☐5. Full-time student	☐8. On disability
☐2 Employed part-time	☐6. Part-time student	☐9. On temporary medical leave
☐3. Not employed	☐7. Attending job-training	☐10. Retired
☐4. Migrant or seasonal worker		

53. What is the estimated total <u>yearly</u> income of all people living in your household, from all sources, before taxes? ***(Check only one.)***

☐1. $0 - $9,800	☐3. $14,701 - $19,600	☐5. $24,501 - $29,400
☐2. $9,801 - $14,700	☐4. $19,601 - $24,500	☐6. Over $29,401

54. How many people live in your home (including you)? _____

55. Where do you live? (*Check only one.*)

☐1. Own or rent a house, condo, apartment or trailer
☐2. Staying/living with family or friends
☐3. Homeless or in a shelter
☐4. Residential treatment program (for drugs and/or alcohol)
☐5. Group home
☐6. Transitional or temporary housing
☐7. Other _____

56. Which of the following describes your situation at any time in the past 12 months? ***(Check all that apply.)***

- ☐1. Alcohol abuser
- ☐2. Blind or visually impaired
- ☐3. Deaf or hearing impaired
- ☐4. Domestic abuse victim
- ☐5. Homeless
- ☐6. Incarcerated (in jail or prison)
- ☐7. Injection/needle drug user
- ☐8. Mental illness sufferer
- ☐9. On probation/parolee
- ☐10. Other street drug user (including marijuana)
- ☐11. Runaway/street youth
- ☐12. Sexual abuse victim
- ☐13. Traded sex for money or drugs
- ☐14. None of the above

57. Is there anything else you think we should know? _____

_____

_____

THANK YOU for participating in this very important survey. We appreciate your time.

Please send this survey back to us in the postage-paid envelope provided or mail to:

Consumer Survey
WellFlorida Council, Inc.
1785 NW 80th Blvd.
Gainesville, FL 32606

APPENDIX D

FLORIDA RYAN WHITE

Anonymous Needs Survey

2007

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

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

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

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

Please completely fill in the circles when answering this survey.

1. Where do you live? County: _____

2. What is your zip code? _____

3. What is your gender? O Male O Female O Transgender

4. How do you identify yourself?
O Straight O Gay O Lesbian O Bisexual
O Transgender O Other: _____

5. Have you been pregnant in the last 12 months? O Yes O No

6. What is your race? *(Please mark only one answer)*
O White/Caucasian O American Indian or Alaskan Native
O Black or African American O Native Hawaiian or Pacific Islander
O Asian O Mixed/more than one race
O Other: _____

7. What is your ethnicity?
O Hispanic/Latina/o O Non - Hispanic/Latina/o

8. What is your age-group?
O Under 25 O 25-44 O 45-64 O 65 or older

9. What is the highest level of education that you have achieved?
O Grade school O Technical/trade school
O Some high school O Some college
O Completed high school O Completed college
O Other: _____

10. What is your current employment status? (*Mark all that apply*)
O Employed part-time O Attending job training
O Employed full time O On temporary medical leave
O Part-time student O On disability
O Full-time student O Not employed O Retired

11. Which of the following applies to you? *(Mark all that apply)*
O Blind or visually impaired O Trade sex for money or drugs
O Deaf or hearing impaired O Migrant or seasonal worker
O In jail or prison O On probation/parole
O Runaway/street youth O Injection/needle drug use
O Other street drugs (including marijuana)
O None

12. Where were you living when you first tested positive for HIV?
O In the same county I live now O In another state
O In another county in Florida O Outside of the United States

13. Are you currently receiving services or seeing a doctor for HIV/AIDS? O Yes O No

The services listed in the table below **MAY** or **MAY NOT** be available in your area. Please fill in the circles next to the services that you have used and/or needed in the last 12 months. **CORE SERVICES**	Needed Service & Got Service	Needed Service & Did not Get Service	Did Not need Service
14. Case Management: Coordination of services, client advocacy, referrals, and follow-up on your care	O	O	O
15. Dental/Oral Health: General dental care, oral surgery, dentures, partials, etc.	O	O	O
16. Health Insurance: Help paying premiums and/or co-pays	O	O	O
17. Medications: Prescription drugs from a pharmacy for HIV-related conditions	O	O	O
18. Mental Health Services: Professional psychological or psychiatric counseling and/or therapy	O	O	O
19. Outpatient Medical Care: Regular doctor and specialist visits or nursing care in the doctor's office or clinic	O	O	O
20. Substance Abuse Treatment: Professional treatment and counseling for drug or alcohol addiction	O	O	O
SUPPORT SERVICES			
21. Adult Day or Respite Care: A break for caregivers of HIV+ adults	O	O	O
22. Buddy/Companion: Someone to help with household and other personal tasks when needed	O	O	O
23. Child Day Care: Care for children of HIV+ parents while they attend HIV related appointments and meetings	O	O	O
24. Child Welfare: Help with temporary and/or permanent placement and arrangements for children	O	O	O
25. Early Intervention Services: Help getting into medical care and other services	O	O	O
26. Food Bank or Food Vouchers: Food, grocery certificates, home-delivered meals, and nutritional supplements	O	O	O
27. Health Education/Risk Reduction: Information about HIV, how it is spread, current treatments, etc.	O	O	O
28. Home Health Care: Professional healthcare services in your home by a licensed/certified home-health agency	O	O	O

SUPPORT SERVICES *(Continued)*	Needed Service & Got Service	Needed Service & Did not Get Service	Did Not need Service
29. Hospice Services: Nursing and counseling services for the terminally ill and their families	O	O	O
30. Housing Assistance: (Not HOPWA) Short-term or one-time help with temporary or transitional housing	O	O	O
31. Legal Support: Help with HIV related legal issues	O	O	O
32. Nutritional Counseling: Nutrition education from a licensed or certified nutrition professional/dietician	O	O	O
33. Other Support Services: Translation and interpretation services, and other direct services not listed elsewhere	O	O	O
34. Outreach: Finding people with HIV disease and helping them get into needed services	O	O	O
35. Rehabilitation: Physical therapy, occupational therapy, speech pathology, low-vision training, etc.	O	O	O
36. Transportation: Help getting to HIV related appointments	O	O	O
37. Treatment Adherence: Help taking HIV medications properly	O	O	O

38. Have you had any of the following problems while trying to get needed services? *(Mark all that apply.)*

O Needed weekend appointment
O Needed evening appointment
O Service sites located too far away
O Had to wait too long for service
O Too busy taking care of child
O Too busy taking care of partner
O Cost of service is too high
O Application process too complicated
O I don't want people to know I have HIV
O Didn't know where to apply
O Didn't know how to apply
O Transportation problems
O Other health problems
O Drug or alcohol addiction
O Trouble communicating
O On waiting list
O Turned down/not eligible because:_____
O Other: _____

39. Fill in the circle by the five most important services to you from the choices below (select ONLY 5)
See description of each service below in questions 14-37

O Adult Day/Respite Care
O Buddy/Companion
O Case Management
O Child Day Care
O Child Welfare
O Dental/Oral Health
O Early Intervention Services
O Food Bank/Food Voucher
O Health Insurance
O Hospice Services
O Housing Assistance
O Health Education/Risk Reduction
O Legal Support
O Medications
O Mental Health Services
O Nutritional Counseling
O Outpatient Medical Care
O Outreach
O Rehabilitation
O Substance Abuse Treatment
O Transportation
O Treatment Adherence
O A service that is not listed here: _____

40. Where do you get most of your information about HIV/AIDS services in your Area? *(Please mark only one answer)*

O Clinic/doctor's office
O Health Department
O Case manager
O Friends/family
O Place of worship
O Internet
O Newspaper/radio/TV
O Community health fair
O Community based organizations
O AIDS organization/advocacy group
O Other *(please list)*: _____

41. Where do you live? *(Please mark only one answer)*

O Own or rent a house, condo, apartment, or trailer
O Staying/living with family or friends
O Housing for persons living with HIV
O Residential treatment program (for drugs and/or alcohol)
O Group home
O Transitional or temporary housing
O Homeless or in a shelter
O Other: _____

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

43. What is the estimated total yearly income of all people living in your household, from all sources, before taxes?

O $0 - $10,311
O $10,312 - $15,416
O $15,417 - $20,520
O $20,521 - $25,626
O $25,627 - $30,630
O More than $30,630

44. Do you get benefits from any of these programs? (*Mark all that apply*)

O Ryan White
O ADAP
O Insurance Continuation
O Medicare
O Medicaid
O Don't know
O Social Security Disability
O Compassionate Use (Medications)
O Veteran's Administration
O Food stamps
O TANF

45. In the past 12 months, have you been told that you have any of the following? *(Mark all that apply)*

O AIDS
O Tuberculosis
O Syphilis
O Other condition: _____
O Gonorrhea
O Chlamydia
O Other STD

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

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

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

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

50. Do you have private health insurance? O Yes O No

51. Do you have private dental insurance? O Yes O No

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

53. Where do you get most of your medical care?
(Please mark only one answer)

O Walk-In / Emergency Clinic
O Hospital Emergency Room
O Public Clinic/Health Department
O Doctor's Office
O Veteran's Administration
O Other: _____

54. Are you receiving medical care in the same county where you live?
O Yes O No

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

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

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

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

_____

_____

_____

_____

_____

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

APPENDIX E

Focus Group #

Discussion Questions—

1 Tell your first name and where you live.

2 What agencies or types of providers are you obtaining HIV-related services from? (AIDS service providers, community-based organizations providing social services, neighborhood clinics, hospitals, etc.)

3 Do you have a case manager? (How many, how often do you see/contact him/her per week, how do you coordinate schedules, any problems, etc.)

4 Are you satisfied with the particular services you have used? Why or why not?

5 Are you satisfied with the location and hours of operation of the services you currently use? Why not, what is reasonable? What about the wait times at clinics?

6 If you have ever missed an appointment at the clinic or doctor's office, what is the main reason?

7 What kind of a support group would be of interest to you? What would make you want to go to a group meeting with other HIV+ people?

8 Are there any instances where you have felt particularly welcome, comfortable, motivated by an agency? (Give examples.)

9 Are there instances when you have felt particularly unwelcome, uncomfortable, discriminated at an agency? (Give examples. Did you ever tell anyone at the agency about your experience? If so, how did they respond?)

10 While seeking services, have you experienced any problems in trying to get services?

11 Are the services you are receiving appropriate for you and your needs?

12 What services are you using most frequently?

13 What services or care do you need, but are unable to get?

14 What are the most important HIV-related services/care you are using now or have used in the past year?

15 What concerns do you have about getting services or care for yourself in the future?

16 What would be the single most important change you would suggest to improve services to (African Americans, IDU, etc.) living with HIV?

17 Is there anything else you would like to add? Before we dismiss, is there anything we could improve about this focus group?

APPENDIX F

Key Informant Interview Questions—

From provider's point of view:

1. How long have you been serving HIV-positive persons in any capacity?

2. Estimate the number of HIV + persons you've served in the past 12 months?

3. What are most significant barriers that you and your organization encounter in providing care to persons living with HIV/AIDS?

4. Based on your experience working with persons living with HIV/AIDS, what are the most important unmet needs of PLWH?

5. Estimate the number of HIV+ persons that access your services, but are not seeking medical care. Why do think they are not accessing care?

6. What is the single most important change you would suggest to improve services for individuals or families infected with HIV?

From client point of view:

1. Do you think clients are satisfied with HIV-related services they are getting? Why or why not?

2. Do you think clients are satisfied with the location and hours of operation of HIV-related services they use?

3. What difficulties or barriers do clients (client perspective) have getting HIV-related services?

4. Are services clients using appropriate for their needs?

5. What are any future concerns with HIV-related care for clients?

6. Any additional comments you would like to share?

APPENDIX G

COMMUNITY PROVIDER NEEDS ASSESSMENT SURVEY

The Ryan White CARE Consortium, a community partner of WellFlorida Council, is conducting a survey to identify the service needs of persons living with HIV/AIDS in North Central Florida. The information collected is vital to our needs assessment process and will help inform funding decisions about HIV services in our area. Please return your completed survey in the postage paid envelope; fax to 352/313-6515; or complete online at www.wellflorida.org by ***February 26, 2008****.*

Agency Name: _____

Location (City/County): _____

Contact Person/Title: _____

Please describe your organization.

- ❑ public
- ❑ private for profit
- ❑ private not for profit

Do you provide services to persons living with HIV/AIDS?

❑ YES ❑ NO

If no, your survey is complete. Thank you for your time.

If yes, please mark the most appropriate description of your HIV/AIDS services.

- ❑ HIV/AIDS services are the only services we provide.
- ❑ HIV/AIDS services are part of a larger services program.

Please indicate your funding source(s) for HIV/AIDS services: (✓ all that apply)

- ❑ Medicaid
- ❑ Medicare
- ❑ private insurance
- ❑ Ryan White
- ❑ donations
- ❑ city or county funding
- ❑ other (specify)_____

Estimate the total number of clients served for the most recent 12-month year.

- ❑ under 50
- ❑ 50 to 99
- ❑ 100 to 249
- ❑ 250 to 499
- ❑ 500 to 750
- ❑ over 750

How many years has your agency provided HIV/AIDS care-related services? (✓ one)

- ❑ less than 1 year
- ❑ 1 to 4 years
- ❑ 5 to 9 years
- ❑ 10 years or more

Estimate the total number of HIV/AIDS clients served for the most recent 12-month year.

- ❑ under 5
- ❑ 5 to 9
- ❑ 10 to 24
- ❑ 25 to 49
- ❑ 50 to 100
- ❑ over 100

Please mark all the services your agency provides:

- ❑ day or respite care
- ❑ alternative therapies
- ❑ buddy/companion
- ❑ case management
- ❑ child care
- ❑ child welfare services
- ❑ client advocacy
- ❑ crisis intervention
- ❑ oral health services
- ❑ early intervention
- ❑ emergency financial assistance
- ❑ treatment adherence
- ❑ emergency short-term housing
- ❑ food bank
- ❑ HIV/AIDS medications
- ❑ HIV education
- ❑ HIV counseling and testing
- ❑ hospice care
- ❑ home health care
- ❑ legal support
- ❑ housing assistance
- ❑ nutritional counseling
- ❑ mental health services
- ❑ outpatient medical care
- ❑ optical care
- ❑ peer advocacy
- ❑ outreach
- ❑ rehabilitation
- ❑ psychosocial support
- ❑ transportation
- ❑ substance abuse services
- ❑ support group
- ❑ emergency medical care
- ❑ other (specify) _____

Is your agency accepting new HIV-positive clients at this time?

❑ YES ❑ NO

If no, is there a waiting list for HIV-positive clients at this time?

❑ YES ❑ NO

What is your agency's geographic service area?

- ❑ statewide (serve all counties)
- ❑ local (city wide)
- ❑ regional

If regional, please mark all the counties you serve:

- ○ Alachua
- ○ Bradford
- ○ Citrus
- ○ Columbia
- ○ Dixie
- ○ Gilchrist
- ○ Hamilton
- ○ Hernando
- ○ Lafayette
- ○ Lake
- ○ Levy
- ○ Marion
- ○ Putnam
- ○ Sumter
- ○ Suwannee
- ○ Union
- ○ Other

What kinds of accessibility options does your agency provide to clients? (✓ all that apply)

- ❑ walk-in services or same-day appointments
- ❑ weekend/evening hours
- ❑ 24-hour coverage
- ❑ home-based medical services

If your program targets a particular population, mark all that apply.

- ❑ African American/Black
- ❑ Hispanic/Latino
- ❑ other race/ethnicity
- ❑ substance abusers
- ❑ females
- ❑ males
- ❑ elderly
- ❑ infants/children/youth
- ❑ incarcerated/ex-offenders
- ❑ other (specify) _____

When you refer clients, does your agency have a way of tracking referrals?

❑ YES ❑ NO

Does your staff receive training on HIV/AIDS?

❑ YES ❑ NO

If yes, what type of training does your staff receive? (✓ all that apply)

- ❑ HIV/AIDS 101 (basic)
- ❑ AIDS 104
- ❑ AIDS 501
- ❑ confidentiality
- ❑ cultural competency
- ❑ co-occurring conditions
- ❑ other (specify) _____

Does your agency provide education to persons living with HIV/AIDS regarding HIV transmission prevention?

❑ YES ❑ NO

If yes, how often?

❑ one time ❑ once per year ❑ as needed ❑ at every visit

Are there persons living with HIV/AIDS who receive services from your agency but you know are not accessing HIV medical care?

❑ YES ❑ NO ❑ Don't Know

If yes, estimate the number of people with HIV/AIDS not accessing HIV medical care.

- ❑ under 5
- ❑ 5 to 9
- ❑ 10 to 14
- ❑ 15 to 24
- ❑ 25 to 50
- ❑ over 50

Why do you think some people with HIV/AIDS are not getting HIV medical care? (✓ all that apply)

- ❑ not ready to deal with having HIV
- ❑ afraid people will find out
- ❑ using drugs or alcohol
- ❑ not enough money or insurance
- ❑ lack of trust in doctors or clinics
- ❑ don't know where to find service
- ❑ need someone to talk to who understands HIV/AIDS
- ❑ does not think he/she is eligible for service
- ❑ difficulty getting an appointment
- ❑ homeless
- ❑ feel healthy
- ❑ transportation
- ❑ mental health
- ❑ family needs
- ❑ do not know
- ❑ other (specify) _____

Which of the following are significant barriers or difficulties that your organization has faced when providing services to people living with HIV/AIDS? (✓ all that apply)

- ❑ recruiting qualified staff
- ❑ insufficient funding
- ❑ small size of target population
- ❑ missed appointments
- ❑ confidentiality issues
- ❑ inadequate transportation
- ❑ substance abuse problems
- ❑ target population unaware of services
- ❑ staff safety concerns
- ❑ increasing caseloads
- ❑ homeless issues
- ❑ cultural barriers
- ❑ eligibility issues
- ❑ mental health issues
- ❑ other (specify) _____

Based on your agency's experience, what are the FIVE most important unmet needs of persons living with HIV/AIDS?

- ❑ day or respite care
- ❑ buddy/companion
- ❑ child care
- ❑ drug reimbursement
- ❑ health insurance
- ❑ health education
- ❑ oral health
- ❑ emergency medical care
- ❑ home health
- ❑ housing assistance
- ❑ housing related services
- ❑ medications
- ❑ mental health services
- ❑ psychosocial support
- ❑ substance abuse services
- ❑ alternative therapies
- ❑ case management
- ❑ client advocacy
- ❑ emergency financial assist
- ❑ food bank
- ❑ hospice services
- ❑ legal support
- ❑ medication co-payment
- ❑ nutritional counseling
- ❑ optical care
- ❑ outreach
- ❑ outpatient medical care
- ❑ rehabilitation
- ❑ treatment adherence
- ❑ transportation
- ❑ other (specify) _____

Is there anything else you think we should know about your agency and/or the provision of services to persons living with HIV/AIDS?

WellFlorida Council
Working Together for Healthy Communities

1785 NW 80th Blvd., Gainesville, FL 32606
Telephone: (352)313-6500 Fax: (352)313-6515
www.wellflorida.org