

Ryan White Title II Consumer Needs Assessment

November 2005

Southwest/Piedmont HIV Care Consortium
HIV/STD Resources

Prepared by:
Paula L. Prince, PhD
Council of Community Services



EXECUTIVE SUMMARY

The following report documents the needs identified by consumers (individuals living with HIV) that concern the HIV Continuum of Care in Southwest Virginia.

The Needs Assessment provides the most current information on the needs, both perceived and actual, facing individuals in Southwest Virginia. The information contained in this report will be used by the Consortium to ensure effective and efficient planning, for implementation and evaluation of HIV health and social services in Southwest Virginia.

The data for this Assessment was obtained from a consumer survey distributed by the six (6) Consortium subcontractors in August 2005. The six-page survey contained both closed and open-ended questions. Ninety-eight (98) clients completed and returned the consumer survey. The demographic characteristics of survey participants vary only slightly from the most recent Southwest Virginia statistics.

Survey respondents have the following characteristics:

- Male [65.3%]
- White [46.9%] or African American [44.9%]
- 40-49 years of age [43.8%]
- English speaking [93.9%]
- High school diploma or GED [33.7%] or Some college [30.6%]
- Income of \$0 to \$8000 [42.9%] or \$8001 to \$20,000 [41.8%]
- Receives public health insurance (Medicaid) [65.3%]
- Unable to work for medical reasons [39.8%]
- Ability to work part time [44.9%]
- Ryan White clients [86.7%]
- HIV+ as a result of same sex contact [45.9%]
- Test HIV+ before 1999 [58.1%]
- First diagnosed with HIV in VA [73.5%]
- Have shown symptoms of HIV infection [70.4%]
- Report physical health is about the same as last year [38.8%]
- Report mental health is about the same as last year [42.9%]
- Have not been diagnosed with STDs, Hepatitis C, TB, mental illness, pregnancy, or substance abuse [65.3%]
- Travels 25 miles or fewer to receive services [58.2%]
- Are renters [54.1%]
- Live with someone [48.9%]
- Have stable housing [81.6%]

PURPOSE

The purpose of the HIV Consumer Needs Assessment is to identify issues and concerns of individuals living with HIV/AIDS in Health District III. The Southwest/Piedmont HIV Consortium [Health Region III] serves a total of twenty-nine (29) counties and thirteen (13) city areas.

The HIV Consumer Needs Assessment provides the Consortium with a management tool in maximizing the effectiveness and efficiency of HIV services. Additionally, it satisfies the requirement that the Southwest/Piedmont HIV Care Consortium, a Title II-funded HIV Care Consortium, carry out an assessment of needs as outlined in the Ryan White CARE Act [Pub. L. 104-146]. The Needs Assessment provides the most current information on the needs, both perceived and actual, facing individuals in the survey area.

PROCESS

HIV/STD Resources contracted with the Council of Community Services in 2005 to conduct the HIV Consumer Needs Assessment.

In July 2005 seven hundred and seventy (770) Consumer Surveys (Appendix A) were distributed to Ryan White Title II subcontractors in Southwest Virginia. Surveys were then to be distributed by the case managers to clients between August 1 and August 31, 2005. The six-page survey contained both closed and open-ended questions. Self-addressed envelopes were provided for clients who chose to return the survey individually.

A total of ninety-eight (98) clients returned the consumer survey for a response rate of 14% of Ryan White clients. This return rate is a considerable decrease from the response rate in 2003 which was 49%.

Consumer Needs Assessment Survey

Subcontractor	# Returned	% of Client Population
Appalachian AIDS Coalition	11	15.9%
Carilion Comprehensive HIV Services and Roanoke/Alleghany Health District	6	1.9%
Piedmont ACCESS to Health Services	10	13.7%
Centra Health	65	37.3%
New River Health District	4	17.4%
West Piedmont AIDS Task Force	2	3.9%
TOTAL	98	

**SOUTHWEST REGION OF VIRGINIA
EPIDEMIOLOGICAL PROFILE – HIV/AIDS**

GENDER	SW Region		Virginia	
Male	914	70.3	12,181	73.1
Female	387	29.7	4,485	26.9
 RACE				
White	598	46.0	5,222	31.3
Black	669	51.4	10,397	62.4
Hispanic	25	1.9	797	4.8
Other/not reported	9	0.7	250	1.5
 AGE				
0-12	12	0.9	88	0.5
13-19	17	1.3	125	0.8
20-29	101	7.8	1,308	7.8
30-39	377	29.0	4,750	28.5
40-49	516	39.7	6,658	39.9
50+	277	21.3	3,736	22.4
Not reported	1	0.1	1	0.0
 TRANSMISSION MODE				
MSM*	467	37.2	6,314	45.7
IDU	159	13.9	2,362	18.9
MSM/IDU	65	5.6	679	5.2
Heterosexual Contact	305	22.2	3,257	27.7
Other Risks**	197	3.3	2,305	2.6

*MSM: men who have sex with men; IDU: injection drug use

**Other risks include hemophilia, transfusion blood/products, pediatric, multiple heterosexual contacts, undetermined/unknown, and no identified risk.

SOURCE: Division of STD/AIDS Surveillance Quarterly, Commonwealth of Virginia, Department of Health.
Fourth Quarter – Data reported through December 31, 2004

SURVEY RESULTS

GENDER

Male	65.3% [64]
Female	29.6% [29]
Unknown	5.1% [5]

RACE

African American	44.9% [44]
Caucasian/White	46.9% [46]
Other unidentified	3.1% [3]
Unknown	5.1% [5]

AGE

0-12	-0-
13-19	1.0% [1]
20-29	5.1% [5]
30-39	22.4% [22]
40-49	43.8% [43]
50-59	19.4% [19]
60+	6.1% [6]
Unknown	2.0% [2]

TRANSMISSION MODE*

Sharing needles or works	10.2% [10]
Same sex contact	45.9% [45]
Opposite sex contact	33.7% [33]
Blood/blood products	4.1% [4]
I do not know	20.4% [20]
Other	6.1% [6]

*Percentage of respondents answering "yes"

NATIVE LANGUAGE

English	93.9% [92]
Spanish	1.0% [1]
Unknown	5.1% [5]

EDUCATION

Less than 12 th grade	17.3% [17]
High school diploma/GED	33.7% [33]
Some college	30.6% [30]
Undergraduate degree	7.1% [7]
Postgraduate degree	6.1% [6]
Unknown	5.1% [5]

HOUSEHOLD INCOME

\$0-8000	42.9%	[42]
\$8001-\$20000	41.8%	[41]
\$20001-\$25000	3.1%	[3]
\$25001 and above	6.1%	[6]
Unknown	6.1%	[6]

*Ryan White eligibility at time of survey was 250% of poverty level.

HEALTH INSURANCE*

None	31.6%	[31]
Medicaid alone	65.3%	[64]
Medicare	42.9%	[42]
Veteran's benefits	-0-	
Private insurance	19.4%	[19]

*Percentage of respondents answering "yes"

EMPLOYMENT

Employed full time	19.4%	[19]
Employed part time	13.3%	[13]
Medical unemployment	39.8%	[39]
Other unemployment	8.2%	[8]
Unspecified other	14.3%	[14]
Unknown	5.1%	[5]

SEEKING EMPLOYMENT

Yes	15.3%	[15]
No	51.0%	[50]
Unknown	33.7%	[33]

ABILITY TO WORK AT LEAST PART TIME

Yes	44.9%	[44]
No	36.7%	[36]
Unknown	18.4%	[18]

DATE TESTED HIV+

1980-1984*	3.0%	[3]
1985-1989	9.2%	[9]
1990-1994	19.4%	[19]
1995-1999	26.5%	[26]
2000-2005	29.6%	[29]
Unknown	12.2%	[12]

*HIV tests were not available until 1985. Respondents were likely to have received subjective diagnosis of AIDS.

DIAGNOSED WITH AIDS

Yes	44.9% [44]
No	54.1% [53]
Unknown	1.0% [1]

EXPERIENCED SYMPTOMS OF HIV

Yes	70.4% [69]
No	29.6% [29]

TIME AFTER TESTING HIV+ MEDICAL CARE WAS RECEIVED

Within one month	41.8% [41]
1 to 6 months	28.6% [26]
More than 6 months	4.1% [4]
More than 1 year	25.5% [25]

WHAT WOULD HAVE HELPED YOU RECEIVE CARE SOONER*

Knowing care was important	34.7% [34]
Knowing where to go or who to call	19.4% [19]
I was not so afraid	21.4% [21]
If I wasn't caring for others	-0-
If I was not using drugs	5.1% [5]
Nothing – received care right away	51.0% [50]
Unspecified other	6.1% [6]

*Percentage of respondents answering "yes"

- *Afraid, wanting to ignore it. No symptoms.*
- *I felt numb and gutted.*
- *Scared of HIV drugs at the time.*

FIRST DIAGNOSED HIV+ IN VIRGINIA

Yes	73.5% [72]
No	26.5% [28]

RELOCATED TO SW VIRGINIA BECAUSE OF HIV+ DIAGNOSIS

No	89.8% [88]
Yes	9.0% [9]
Unknown	1.0% [1]

RECEIVING HIV+ SERVICES

Yes	90.8% [89]
No	4.1% [4]
Unknown	5.1% [5]

LIVING SITUATION

Live alone	44.9%	[44]
Live with parents	7.1%	[7]
Live with partner or spouse	22.4%	[22]
Live with a relative	5.1%	[5]
Live with a friend	3.1%	[3]
Live with a roommate	2.0%	[2]
Live with a dependent child	6.1%	[6]
Unspecified other	3.1%	[3]
Unknown	6.1%	[6]

HOUSING STATUS

Rent	54.1%	[53]
Own	21.4%	[21]
Shelter/Homeless	2.0%	[2]
Live with relatives	10.2%	[10]
Unspecified other	7.1%	[7]
Unknown	5.1%	[5]

HOUSING SAFE AND STABLE

Yes	81.6%	[80]
No	12.2%	[12]
Unknown	6.1%	[6]

DEPENDENT CHILD HIV+ TEST

Number reported being tested	15
Tested Positive	5
Tested Negative	18

FREQUENCY OF INFECTIOUS DISEASE [ID] PHYSICIAN VISITS (Last 12 months)

Never	0
1-2 times	11.2% [11]
3-4 times	44.9% [44]
More than 4 times	42.9% [42]
Unknown	1.0% [1]

REASONS FOR NOT GOING TO SEE AN ID PHYSICIAN

I do not feel sick	3.1% [3]
They are not available	19.4% [19]
No transportation	3.1% [3]
I do not trust doctors	1.0% [1]
Lack of child care	1.0% [1]
Unspecified other	13.3% [13]

TRANSPORTATION BARRIER TO RECEIVING HIV+ SERVICES

Yes	18.4% [18]
No	85.7% [84]

TRANSPORTATION TO HIV+ SERVICES*

Own car	65.3% [64]
Friends	11.2% [11]
Family	15.3% [15]
Taxi	1.0% [1]
Medicaid transportation	14.3% [14]
Public transportation	11.2% [11]

*Percentage of respondents answering "yes"

DISTANCE TRAVELED TO RECEIVE HIV+ SERVICES

0-25 miles	58.2% [57]
26-50 miles	12.2% [12]
51-75 miles	8.2% [8]
76-100 miles	7.1% [7]
100+ miles	10.2% [10]

HIV+ RELATED EMERGENCY ROOM VISITS (Last 6 months)

None	78.6% [77]
1-2 visits	12.2% [12]
More than 2 visits	8.2% [8]

NON-HIV+ RELATED EMERGENCY ROOM VISITS (Last 6 months)

None	48.0% [47]
1-2 visits	32.7% [32]
More than 2 visits	15.3% [15]

PHYSICAL HEALTH AS COMPARED TO PREVIOUS YEAR

Better	33.7% [33]
A little better	6.1% [6]
The same	38.8% [38]
A little worse	8.2% [8]
Worse	12.2% [12]
Unknown	1.0% [1]

MENTAL HEALTH AS COMPARED TO PREVIOUS YEAR

Better	19.4% [19]
A little better	9.2% [9]
The same	42.9% [42]
A little worse	13.3% [13]
Worse	13.3% [13]
Unknown	2.0% [2]

IS IT EASY TO TALK TO YOUR DOCTORS?

Yes	96.9% [95]
No	3.1% [3]

DO DOCTORS EXPLAIN THINGS CLEARLY?

Yes	91.8% [90]	No	5.1% [5]
-----	------------	----	----------

DO YOU UNDERSTAND CONSEQUENCES OF MISSED MEDICATIONS?

Yes	89.8% [88]	No	8.2% [8]
-----	------------	----	----------

DO YOU NEED HELP TAKING MEDICATIONS?

Yes	5.1% [5]	No	94.9% [93]
-----	----------	----	------------

DIAGNOSED WITH IN THE PAST YEAR*

Sexually transmitted disease	10.2% [10]
Hepatitis C	5.1% [5]
Positive skin test for TB	4.1% [4]
Mental illness	14.3% [14]
Pregnancy	1.0% [1]
Alcohol/drug abuse	4.1% [4]
None of the above	65.3% [64]

*Percentage of respondents answering "yes"

RECEIVE HIV+/AIDS INFORMATION PRIMARILY FROM*

Doctors/healthcare workers	76.9% [78]
Internet	9.2% [9]
Friends	12.2% [12]
Support groups	10.2% [10]
Case manager	16.3% [16]
Newspapers/books/media	9.2% [9]
Combination of above	27.6% [27]
Unspecified other	6.1% [6]

*Percentage of respondents answering "yes"

HAVE YOU RECEIVED HIV PREVENTION INFORMATION FROM YOUR DOCTORS?

Yes	88.8% [87]
No	6.1% [6]
Unknown	5.1% [5]

ARE YOU A RYAN WHITE CLIENT?

Yes	86.7% [85]
No	4.1% [4]
I don't know	9.2% [9]

ARE YOU AWARE OF THE RYAN WHITE GRIEVANCE PROCESS?

Yes	61.2% [60]
No	36.7% [36]
Unknown	2.0% [2]

CONSUMER NEEDS

Health Care	Need*	Unmet Need (# of clients reporting)
Help paying for medications	79.6% [78]	8
Laboratory tests related to HIV	78.6% [77]	2
Medical care	75.6% [74]	3
Dental care	67.4% [66]	32
Eye care	63.3% [62]	20
Advice on nutrition/healthy eating	43.8% [43]	5
Education about HIV treatments	27.5% [27]	2
Physical therapy	16.4% [16]	4
Home medical and health supplies	14.3% [14]	4
Alternative medicine (herbs)	12.2% [12]	6
Home health care	9.1% [9]	2
Other rehabilitative therapy	9.1% [9]	0
High risk infant services	3.0% [3]	1
Baby care program	0	0
Mental Health/Personal Support	Need*	Unmet Need (# of clients reporting)
Case management	38.8% [38]	7
Support groups/peer counseling	37.7% [37]	11
Mental health services	36.7% [36]	12
Private or group counseling	36.7% [36]	11
Spiritual counseling/support	29.5% [29]	5
An advocate (peer, lawyer)	25.5% [25]	10
Financial counseling	24.5% [24]	10
Legal assistance or advice	19.3% [19]	12
Education/nonmedical HIV services	17.3% [17]	7
Grief counseling	14.2% [14]	7
Adolescent counseling/guidance	6.2% [6]	3
Nursing home care	2.0% [2]	0
Hospice care	2.0% [2]	0
Help with translations/interpreting	2.0% [2]	1
Domestic violence services	-0-	
Basic Necessities	Need*	Unmet Need (# of clients reporting)
Benefits assistance	63.3% [62]	15
Food	30.6% [30]	12

Assistance with utilities	29.6% [29]	11
Emergency payments for food	27.6% [27]	16
Transportation	27.5% [27]	12
Emergency payments for housing	24.5% [24]	10
Clothing	17.4% [17]	8
Volunteer companion (buddy)	16.4% [16]	10
Short term housing assistance	16.2% [16]	7
Household helpers	9.2% [9]	4
Employment training/counseling	9.1% [9]	6
Childcare	8.2% [8]	3
Pet care	6.1% [6]	5

*Percentage of respondents answering "yes"

REPORTED BARRIERS TO RECEIVING CARE*

Did not know where to go for services	30.6% [30]
Fear of disclosing HIV+ status	19.4% [19]
Transportation to services	18.4% [18]
Cost of medications/services	17.3% [17]
Too much income to qualify	15.3% [15]
Services unavailable	10.2% [10]
Confidentiality issue(s)	5.1% [5]
Long waiting list	5.1% [5]
Long wait to be seen at the clinic	4.1% [4]
Sexual discrimination	5.1% [5]
Gender discrimination	3.1% [3]
Racial discrimination	2.0% [2]
Lack of childcare	2.0% [2]
Language barrier	2.0% [2]

*Percentage of respondents answering "yes"

MOST IMPORTANT SERVICES RECEIVED*

ADAP/Medications	56
Medical and health care	41
Financial assistance ¹	28
Counseling and support	18
Lab work	13
Mental health services	5
Transportation	5
Benefits ²	4
Dental care	4
Information and education	4
Support groups	4
Nutrition	3
ASO (AIDS Service Organization)	2
Case management	2

Food	2
Advocate	1
Assisted living	1

*Number of times reported in answer to open-ended question, “What are the three (3) most important services that you receive?”

¹Includes money, co-pays, rent, and “Ryan White”

²Includes SSI, Medicaid, food stamps, SSA, Medicare, disability, and insurance

REPORTED UNMET NEEDS*

Financial assistance	17
Benefits ¹	8

*Number of times reported in answer to open-ended question, “What are the three (3) most important unmet needs or services you cannot get?”

¹Includes Medicaid, disability, and insurance

Ryan White survey respondents report that they worry most about:

- Meeting expenses because of lack of money, social services, and/or benefits
- Staying healthy

Representative sample of responses:

- *Am I still on borrowed time? What other aspect/function of life will AIDS/HIV take from me (vision, mobility)? I have fought a valiant battle, but sometimes I feel like quitting.*
- *Paying bills, upkeep of the house needs, food in kitchen, yard upkeep*
- *Finances, dental care (root canal), tooth surgery*
- *Being financially strapped if someone in this town finds out about my illness and losing my job*
- *How my friends will treat me if they knew I was HIV positive*
- *Will the meds continue working*
- *Money*
- *Money, no end to it.*
- *I worry about my health becoming worse and how to get some financial help*
- *Housing. How to make ends meet financially*
- *Getting worse*
- *I worry about my self all the time and my family*
- *My wife and children and tomorrow*
- *Not being able to see my children grown up*
- *I am constantly in pain, but do have an appointment with pain management*

- *My disease taking a turn for the worse too quickly and bills*
- *Getting sicker and not being able to do paperwork and not having help getting places*
- *Meds and mental health*
- *Bills*
- *That my job may find out about my health*
- *Medicare drug plan co-pay*
- *Loss of co-pay coverage for health services, actual pain and discomfort as my condition continues till my death, will I be able to continue w/ assistance for meds, doctor care if I can't pay – which I can't – will I have to quit work – how will I survive without a paycheck*
- *Mainly my health and if the meds I am taking are working*
- *Dying, cutting myself*
- *My Hep C*
- *Declining mental health*
- *All of my medical bills are piling up. I don't have insurance and with all of the things I've had to do, the bills are getting worse and I have collectors sending my threatening letters. It is just too much.*

CONCLUSION

The major needs of Ryan White clients in Southwest Virginia continue to be in the health care area: medical care, medications, laboratory testing, dental, and eye care. In the non-healthcare categories, assistance in accessing benefits continues to be most needed. While less than half the respondents report the need for case management, many of the other reported service needs are those that could be improved with good case management, such as the need for education and information. This will be particularly true now that Medicare Plan D is in the process of implementation. Information about these medication benefits is very complicated and the wrong decision can be costly.

The major unmet health care needs for clients completing the survey continue to be **dental care** and **eye care**. The lack of dental care has been a major unmet need identified in all assessments conducted since 1995. The data do not reveal why dental and eye care are unmet needs. A possible explanation may be that as clients age, the need for corrective dental and eye care increases. Sixty-nine (69) percent of the survey respondents are over forty years of age with six (6) over sixty years old. Continuing improvement in drug therapies has allowed HIV+/AIDS clients remain healthy longer.

The most often reported unmet need in the mental health and personal support area is for **education/nonmedical HIV services**. Combining several specific needs under a general mental health category reveal mental health to be an area of great need. Of particular interest are **mental health services, private or group counseling, and grief counseling**. Together they represent the unmet needs of approximately thirty-eight (38) percent of respondents. This is almost double the number in this category in 2003. When asked to compare their mental health this year with that of last year 26.6% respondents reported some decline, again an increase from 2003. Several clients reported being under significant mental health stress, one dramatically so. These findings are not surprising given the lack of mental health services for youth, adults, and seniors in general continues to be reported frequently in Southwest Virginia assessments of human service needs. It is imperative that case managers use every opportunity at their disposal to evaluate a client's situation in order to refer to the respite services, mental health services, and counseling services that are available. More detailed documentation of need is also suggested for effective advocacy.

While the numbers are statistically not significant, it is troubling that basic needs such as food, housing, and clothing continue to be reported, as they were in 2003. Clients overwhelmingly worry about how they could survive without the benefits they receive while citing service cuts and the increasing cost of medications. This issue may become more serious in the coming months when assistance for home heating is being cut back and home heating costs are increasing significantly.

As reported in previous years, the respondents of this needs assessment are primarily from the more rural areas of Southwest Virginia and whose resources appear to be limited. When reviewing the data it is apparent that a number of survey responses continue to point to areas where increased patient education is needed. The following results may appear small, but when taken as a whole, support the view that increased educational outreach or enhanced case management continues to be a significant need for the Ryan White clients in Southwest Virginia:

- Medical care received over one year from testing positive [25.5%]
- Receiving care sooner if the importance was known [34.7%] or had known where to go [19.4%] or had not been afraid [21.4%]
- Not understanding the consequences of missed medications [8.2%]
- Need help taking medications [5.1%]
- Additional diagnosis in the past year of a sexually transmitted disease, Hepatitis C, or tuberculosis [19.4%]
- Reports of need for HIV education [27.5%]
- Reports of need for nutritional information [43.8%]
- Reports of need for case management [38.8%]
- The greatest barrier to care was “knowing where to go” for services [30.6%]
- 4.1% do not know if they are a Ryan White client
- 37% are unaware of the Ryan White grievance procedure

Again, while the percent of the respondents is small, a troubling aspect is that respondents continue to report that one of their greatest worries is that their HIV+ status will be discovered. Five respondents volunteered that they were afraid of the consequences if their families, those with whom they work, or the communities in which they live were to learn they were HIV+ or had AIDS. Nineteen [19] respondents selected fear of disclosing HIV+ status and confidentiality issues with their service providers [5] as barriers to receiving care.

To fulfill the requirements of the Southwest/Piedmont HIV Care Consortium a needs assessment must be conducted bi-annually. It was suggested in 2001 that the response rate be increased in order to more accurately reflect the needs of SW Virginia Ryan White clients. While the response rate increased significantly in 2003 it declined precipitously in 2005. Areas concern for future assessments is the lack of information available about Southwest VA people who are HIV+, and in particular, women and children who are HIV+. Information about these populations is vital in planning for services in a time of diminishing resources.

Final Respondent Comments

- *Thank you very much for your Help for me and my family.*
- *CentraHealth has been good (Donna Claypool Great.), Logisticare Transportation awful, Traci Fitz, Case Manager has also been wonderful*
- *Sometimes when I go to Medical Associates for my appointments, I don't feel comfortable because of Donna Claypool, because of the things that she has said to me before. I love when I go there to see Yvonne Nowlin and Chuck Flowers. I want Medical Associates to help me the best way that they can. If they can't help me then send me to doctors that can help me, because I really do want to know why my arms are getting smaller, and why can't I gain any weight at all. I really do need help with that A.S.A.P. that bothers me daily.*
- *Hearing "It's not a death sentence" is not help just makes you more angry. The burden I'm placing on my family since S.S. says I'm well enough to work - when you lose the life you once had it never fine. Being sick and not wanting to perform everyday task - but never will know till they received the pain. Trying to find a way to pay back all that my mother has put out in the past year.*
- *I wish there were dental care for more serious needs. Like root canals and cosmetic alternatives.*
- *Yes doctor or nurse do my leper and then I go back to driven school, eye exam, and to court and lawyer and then a get my car back to help my man to and from doctor therapy*
- *Doctor and services more than adequate. Difficulty financially and with ability to afford or be eligible for assistance with medical prescriptions.*
- *I am now a (Qualified Medicare Beneficiary) (QMB) (Thanks to God also), I would just like to say: Thanks Forever To Ya'll Anything and everything you can do to do whatever is available to Meds, Dental is a wish that you can for feel for patients and etc Thanks to you all for what ever you can and you do!! Thanks Again!*
- *Thank you for being concerned*
- *If you consider yourself living in Sub-standard conditions, what do you do - No heating unit in home, house in poor condition, can not afford to put out more money. - Lack of funds, and no assistance out there because "own" property.*
- *I feel that transitional housing is needed for HIV persons*
- *I feel I am very fortunate in having access to the Ryan White Fund and access to excellent medical care.*

- *Very pleased with the Infectious Diseases Center here in Lynchburg. They are always there to help and answer questions.*
- *I am thankful to God for Ryan White!*
- *I am most grateful for the Ryan White Program with out it I would be at a lost for medicines and support and probably Doctors care I am afraid of my diagnoses makes me very nervous but the help and care of my doctors are just wonderful. The help and support from this program has been a life saver for me and help me be strong and think positive and get the care and treatment for my illness. Again I am very grateful - that of this Program. Please continue.*
- *If I didn't receive HIV drugs free and other medications, I couldn't afford it.*
- *Need more help with mental health*
- *I need money to help pay for medical supplies that is not medication*
- *If it wasn't for the Ryan White Medication Program there is no way I could afford - & would have expired along time ago. Thank you! God Bless!*
- *No, except to say, I hope there will be a vaccine soon for all of us that suffer to one degree or another, of this terrible disease.*
- *I have done the best I could on this survey but if you want to call me for any reason any time fill free to do so (gave phone number)*
- *Pay private insurance, but increases make it soon impossible to continue takes 50% of Income - Need explained disability Benefits - should quality - but was denied in 2002*
- *If there was some kind of employment services or case management with help in this area. I would feel so much better about my life and being HIV Positive. I had this kind a case management in another state.*
- *Feel like I've been treated nicely by everyone*
- *Undecided*
- *To have special insurance Coverage for the persons with HIV as all the treatments, medicines, blood work testing are very expensive and all cannot effort it.*
- *Just wished there was more help getting clothes & food just don't get enough from SSI or in food stamps.*

- *Thank you for Ryan White and Paths. They are a great need and so helpful to me. I could not make it without the help I am getting. Thank you so much.*
- *I am so thankful that I can get some help with my HIV.*
- *No, but my case worker outstanding.*
- *They tell me that I get too much Medicare and SSD. And they will not give me Medicaid after I pay my Rent and telephone I do not have \$ for food because I pay out on my MED Help!!!!*
- *Not at this time*
- *If you know of anyway I could get assistance with medical bills, please let me know. This is the one thing that stresses me and gives me great anxiety.*
- *Thanks for helping HIV/AIDS patients with all your services. More funding for Ensure would be nice. Keeping my weight up is important to me. Ensure is not affordable.*
- *Sometime system sucks. Its hard to get insurance because they want you come helpless to get insurance or you do with out*
- *Keep in mind the Human aspect of this disease. We are all good people living with a viral infection. It's dehumanizing to be thought of as a T cell count or viral load or risk or possible means of money for departments that seem to want to manage HIV like a business. Let's work together to eradicate this virus. It may mean a lot of people lose their jobs and a lot of companies lose money, but is that what the world is really about.*
- *Community drug stores need to be better versed on AAC so that patient can comfortably fill and P. UP prescriptions*