

Ryan White Part B Client Needs Assessment

November 2009

Southwest/Piedmont HIV Care Consortium
Health Outreach and Wellness



Prepared by:

Sabrina Simpson, MSW
Robert F. Morrow, Director of Care Services
Dan Merenda, Vice President of Planning and Consultation

**COUNCIL of
COMMUNITY
SERVICES**



Gateway to information and planning.

Contents

INTRODUCTION.....3

BACKGROUND3

EPIDIMIOLOGY4

METHODOLOGY4

RESPONDENT GENERAL DEMOGRAPHIC INFORMATION6

PRIMARY HIV/AIDS INFORMATION9

HIV SERVICES INFORMATION10

TOP 3 SERVICE NEEDS RANKED AS MOST IMPORTANT13

MET VS. UNMET NEEDS OF RESPONDENTS14

REPORTED BARRIERS TO RECEIVING CARE16

SELECTED TREND DATA: 2001 TO 2009.....17

CONCLUDING STATEMENTS19

RESPONDENT COMMENTS: WHAT DO YOU WORRY MOST ABOUT?22

RESPONDENT COMMENTS: ANYTHING ELSE YOU WOULD LIKE TO TELL US?.....27

2009 ROANOKE/ALLEGHANY HEALTH DISTRICT FOCUS GROUP COMMENTS.....31

2009 CENTRAL VIRGINIA HEALTH DISTRICT FOCUS GROUP COMMENTS32

2009 RYAN WHITE CLIENT NEEDS SURVEY.....33

INTRODUCTION

The Southwest/Piedmont HIV Care Consortium contracted with the Planning and Consultation Division of the Council of Community Services in fiscal year 2009-2010 to conduct and analyze an assessment of HIV client needs. The purpose of the Client Needs Assessment is to identify current needs, both met and unmet, as well as issues and concerns of individuals living with HIV in Health Region III (also known as the Southwest Health Region). This region includes a total of twenty-nine (29) counties and twelve (12) cities, and is home to more than one million people. As of March 31, 2009, the Consortium served approximately 830 clients in Southwest Virginia through a network of subcontractors and third party providers.

The biennial Client Needs Assessment process provides the Southwest/Piedmont HIV Care Consortium with a management tool to maximize the effectiveness and efficiency of HIV service delivery. 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. Additionally, it satisfies the requirement that the Southwest/Piedmont HIV Care Consortium, a Part B Consortium, carry out an assessment of needs as outlined in the Ryan White HIV/AIDS Treatment Modernization Act of 2006. For more information about Ryan White legislation, visit www.hrsa.gov/hab.

BACKGROUND

The Ryan White Program is administered at the Federal level by the Health Resources and Services Administration (HRSA). Part B of the Ryan White Program provides funding to 55 states and territories for the AIDS Drug Assistance Program (ADAP) and statewide medical and support services. Federal law requires that 75% of funds must be spent on defined Core Medical services. As of April 1, 2009, the following HRSA defined services are provided through at least one subcontractor in the S/PHCC:

- | | | |
|--|----------------------|----------------------|
| • Outpatient/Ambulatory Medical Care | Core Medical Service | VDH Priority Service |
| • Pharmacy Assistance | Core Medical Service | VDH Priority Service |
| • Oral Health Care | Core Medical service | VDH Priority Service |
| • Mental Health Care | Core Medical Service | VDH Priority Service |
| • Substance Abuse Services, Outpatient | Core Medical Service | VDH Priority Service |
| • Medical case management | Core Medical Service | VDH Priority Service |
| • Case Management, Non-Medical | Support Service | |
| • Medical Transportation | Support Service | VDH Priority Service |
| • Substance Abuse Services Inpatient | Support Service | |

The Ryan White Part B program does not provide comprehensive healthcare. All services provided must be deemed related to HIV and its treatment. Additionally, Ryan White Part B services are restricted to outpatient settings in all cases except substance abuse treatment services (which are highly regulated). Ryan White funds are considered to be the “payor of last resort” meaning that clients must use other public and private resources first. There are two exceptions to this rule: 1. Veterans are free to access Ryan White funded services over Veterans Administration services; and, 2. recipients of the Medicare Part D drug insurance program may opt to use Ryan White services instead. Ryan White funds may also be used for private health insurance premium payments, as well as, for health insurance cost sharing components (insurance deductibles and co-payments).

The Council of Community Services serves as the lead agent for the Southwest/Piedmont HIV Care Consortium under a contract from the Virginia Department of Health (VDH). The mission of the Consortium is “to improve the quality, availability and organization of health care and support services for individuals and families who are infected and affected by HIV.” The Council provides for client medical and support services through a network of subcontractors who provide services directly or through third party, private sources:

- | | | |
|------------------------------------|-------|-----------|
| • Appalachian Assistance Coalition | (AAC) | Marion |
| • Carilion Clinic | (CC) | Roanoke |
| • Centra Health | (CH) | Lynchburg |

- New River Health District (NRHD) Christiansburg, Floyd, Pearisburg, Pulaski & Radford
- Piedmont Access to Health Services (PATHS) Danville
- Roanoke/Alleghany Health Districts (R/AHD) Covington & Roanoke
- West Piedmont AIDS Task Force (WPATF) Martinsville

EPIDIMIOLOGY

Data published in August 2009 by the Centers for Disease Control indicate that at the end of 2006, an estimated 1.1 million persons in the United States were living with diagnosed or undiagnosed HIV/AIDS. In 2007, 42,655 new cases of HIV/AIDS in adults, adolescents, and children were diagnosed in the 33 states with long-term, confidential name-based HIV reporting. CDC has developed an innovative system designed to estimate the number of new HIV infections (or incidence) for the United States in a given year. Using this technology, CDC estimates that 56,300 new infections occurred in the United States in 2006.

In 2008, 20,265 people in Virginia were living with HIV or AIDS. In the Southwest Region of Virginia, 1,527 people were living with HIV or AIDS¹. The 2008 Southwest Region of Virginia Epidemiological Profile below shows that 70% of those with HIV/AIDS are male and that 50% are Black. These particular percentages are somewhat lower than state averages as indicated on the chart. People diagnosed as HIV positive or with AIDS face a myriad of associated issues. The following data gathered by the Council of Community Services provide insight into people living with HIV in Southwest Virginia and into disease-related issues such as availability of medications, health insurance, dental care, mental health and transportation to appointments.

2008 EPIDEMIOLOGICAL PROFILE – HIV/AIDS

		Southwest Region		Virginia Statewide	
GENDER	Male	1,072	70%	14,822	73%
	Female	455	29%	5,443	26%
RACE	White	699	45%	6,173	30%
	Black	778	50%	12,608	62%
	Hispanic	37	2%	1,209	5%
	Other/unknown	13	1%	275	1%
AGE	0-12	5	0%	55	0%
	13-19	18	1%	179	0%
	20-29	94	6%	1,655	8%
	30-39	320	20%	4,051	19%
	40-49	609	39%	7,942	39%
	50+	480	31%	6,381	31%
	Unknown	1	0%	2	0%
TRANSMISSION MODE	MSM*	547	35%	7,811	38%
	IVDU	166	10%	2,444	12%
	MSM/IDU	76	4%	754	3%
	Heterosexual Contact	340	22%	3,849	18%
	Other Risks**	398	26%	5,407	27%

*MSM: men who have sex with men; IVDU: intravenous drug use

**Other risks include hemophilia, transfusion blood/products, pediatric, multiple heterosexual contacts, not interviewed, undetermined/unknown, and no identified risk.

SOURCE: Division of STD/AIDS Surveillance Quarterly, Commonwealth of Virginia, Department of Health.

Fourth Quarter/Annual Data reported through December 31, 2008

METHODOLOGY

In May 2009 color coded client surveys (a sample survey is located at the end of this document) were distributed to seven Ryan White Part B subcontractors in Southwest Virginia. In addition, surveys were made available for distribution through the Council of Community Service’s Drop-In Center in the City of Roanoke. Self-addressed envelopes were provided for clients who chose to return the survey individually. Surveys were either distributed to clients by mail or at office visits between May 1 and May 31, 2009. The four-page survey contained both closed and open-ended questions

¹ Virginia Department of Health, 2008

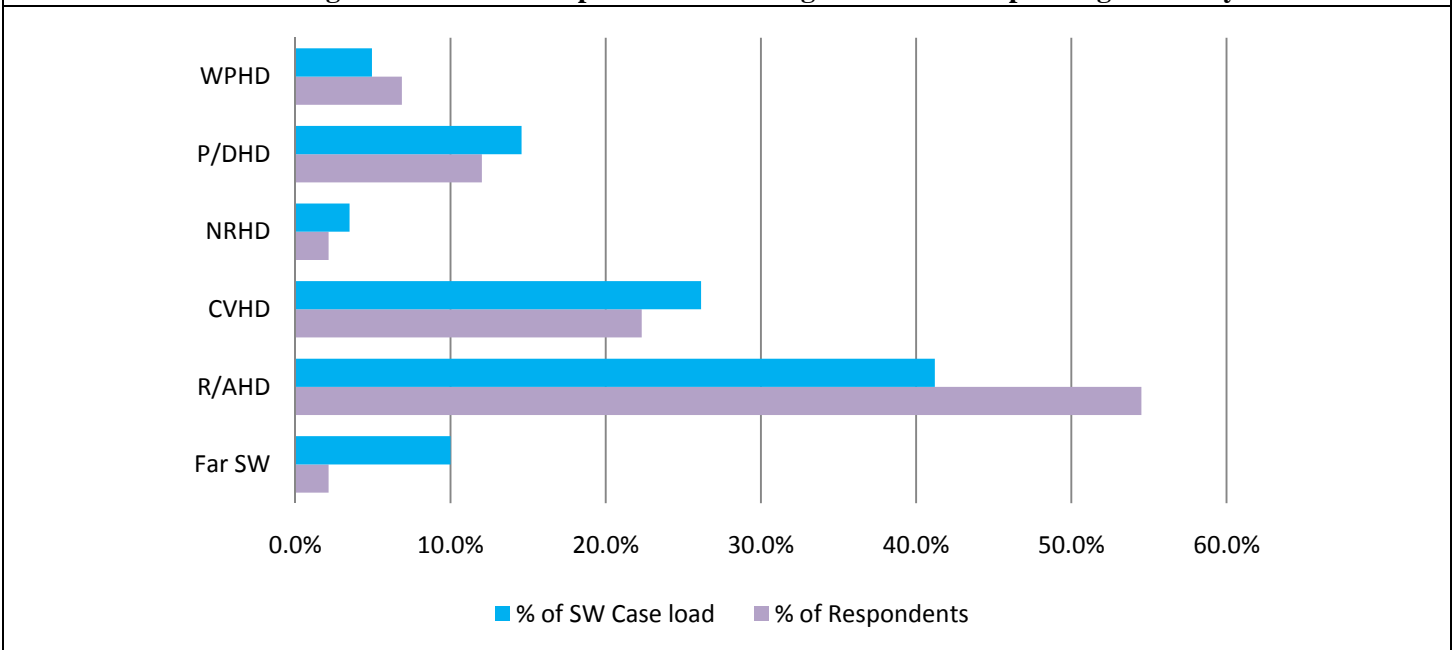
and was available in both English and Spanish. Clients are defined as individuals living with HIV, either with or without an AIDS diagnosis. Participation in the Ryan White Program was not a requirement for survey completion.

Surveys were received by the Council of Community Services until June 30, 2009. A total of 233 surveys (27%) were returned. Of these 233 surveys, 211 were useable and entered into the SPSS data analysis system. Due to missing data elements, responses to all questions will not total 211. This is the eighth HIV positive client needs assessment conducted in the Southwest region since the beginning of the Ryan White program in 1991. It is the fifth assessment conducted using a standardized questionnaire.

As part of the 2009 client needs assessment, two focus groups of consumers were convened. Focus groups were conducted by the Vice President of Planning and Consultation and organized by subcontractors. One focus group was conducted in the Alleghany Roanoke Health District and the other in Central Virginia Health District. Hosts for the focus groups were Carilion Clinic and Centra Health respectively. In each focus group a simple Start, Stop, Continue exercise was conducted using focused conversation methodology. Each session was two and one half hours in duration. Participants were asked to identify those things that the Ryan White Program should “Start” doing; “Stop” doing and “Continue” doing. The facilitator recorded comments on newsprint which posted on walls in the room for reflection at the end of the session. Summaries of responses are included at the end of this document.

2009 Response to Survey by Region and Subcontractor				
Health District(s)	Abbreviation	Distribution Site(s)	Clients	Respondents
Cumberland Plateau, Lenowisco & Mount Rogers	Far SW	Appalachian Assistance Coalition	83 (9.9%)	5 (6.0%)
Alleghany & Roanoke City	R/AHD	Carilion Clinic, Drop-In Center & Roanoke/Alleghany Health Districts	342 (41.2%)	127 (37.1%)
Central Virginia	CVHD	Centra Health	217 (26.0%)	52 (24.0%)
New River	NRHD	New River Health District	29 (3.4%)	5 (17.2%)
Pittsylvania/Danville	P/DHD	Piedmont Access to Health Services	121 (14.6%)	28 (23.1%)
West Piedmont	WPHD	West Piedmont AIDS Task Force	41 (4.9%)	16 (39.0%)
Total (Unduplicated)	S/PHCC		830	233 (28.1%)

Percentage of Caseloads compared to Percentage of Clients Responding to Survey



RESPONDENT GENERAL DEMOGRAPHIC INFORMATION

Gender		
Male	101	47.9%
Female	89	42.2%
Trans. Male to Female	4	1.9%
Trans. Female to Male	0	0.0%

Points of Note:

- Number responding to the question: 194
- Caseload as of March 31, 2009 includes 33.0% female, 66.5% male and 0.5% transgender.

Legend: Male (light blue), Female (pink), Male to Female Transgendered (purple)

Age		
0-19	2	1.0%
20-29	13	6.3%
30-39	32	15.4%
40-49	85	40.9%
50-59	56	26.9%
60+	20	9.6%

Points of Note:

- Number responding to the question: 208
- Range of birth years: 1934 to 1994

Race		
Caucasian/White	109	51.7%
African American	79	37.4%
Asian/Pac. Islander	1	5.0%
Other	3	1.4%

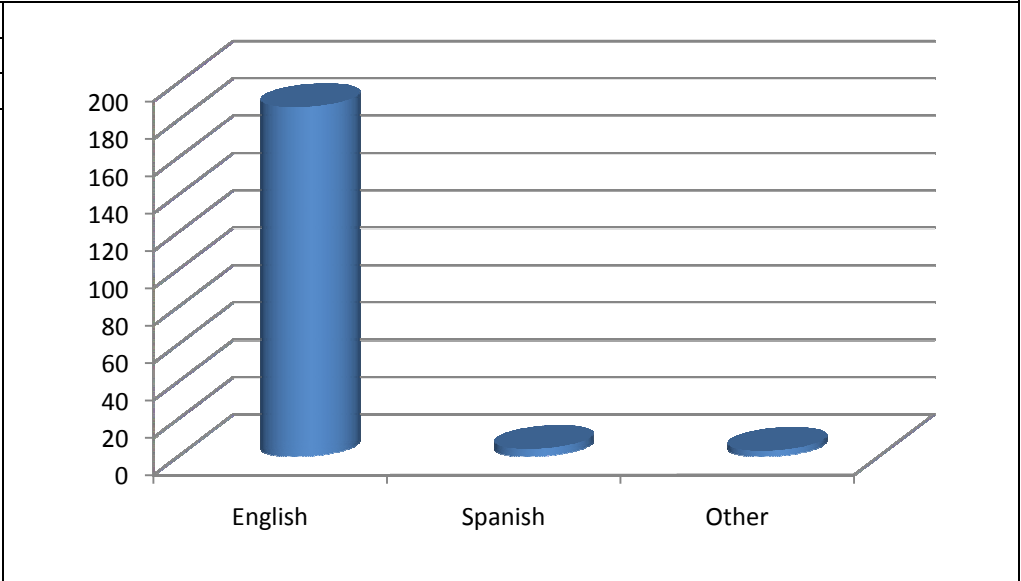
Points of Note:

- Number responding to the question: 192
- Racial makeup of respondents was predominantly Caucasian or African American.

Legend: Asian Pacific/Islander (orange), Other (pink), African American (light blue), Caucasian/White (light green)

Native Language

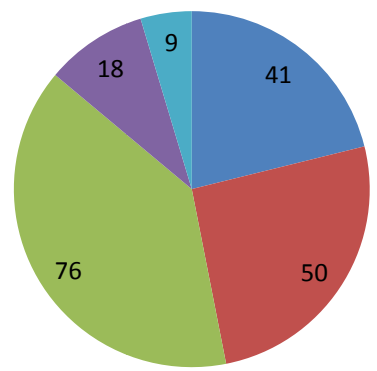
English	187	88.6%
Spanish	4	1.9%
Other	3	1.4%



Points of Note:

- Number responding: 194
- A total of 11 respondents identified as Hispanic or/Latino/Latina.
- There are currently no known clients using American Sign Language (ASL) as a primary method of communication.
- Due to significant refugee resettlement in Roanoke & Franklin Counties Other may contain respondents from Africa, Eastern Europe & the Middle East.

Education Level



- Less than 12th grade
- HS Diploma/GED
- Some college
- Undergraduate degree
- Postgraduate school/degree

Less than 12 th grade	41	19.4%
High school diploma/GED	50	23.7%
Some college	76	36.0%
Undergraduate degree	18	8.5%
Postgraduate degree	9	4.3%

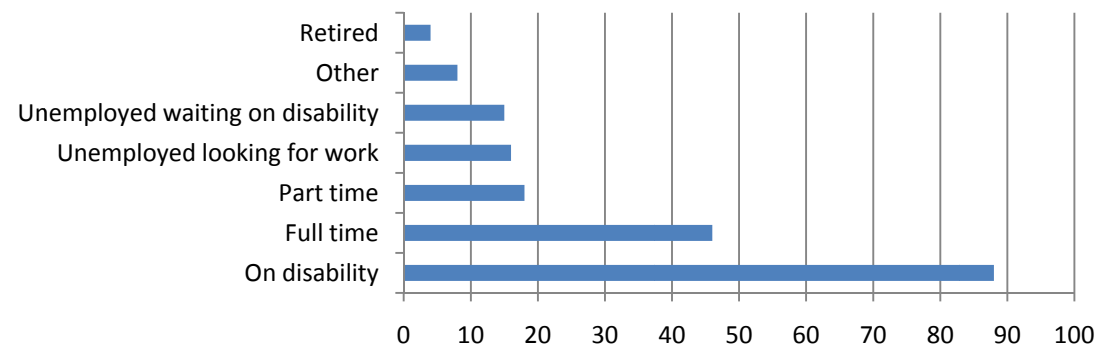
Points of Note:

- Number responding: 194
- 59.7% of respondents had completed high school/received a GED or had some college.

Employment

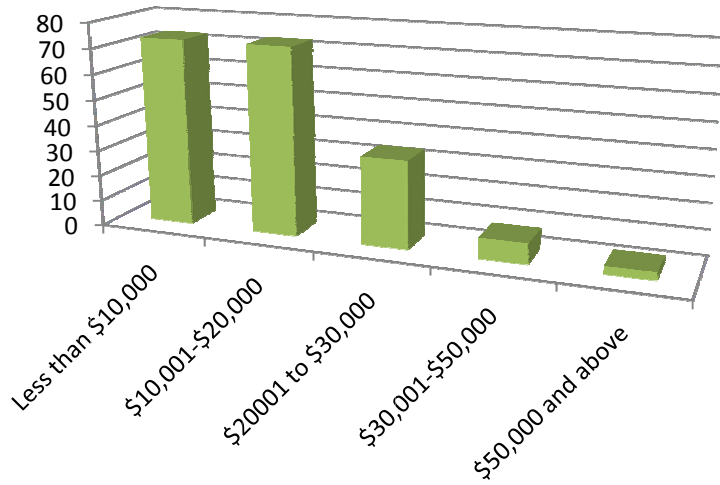
Disability	88	41.7%
Employed full time	46	21.8%
Employed part time	18	8.5%
Unemployed looking for work	16	7.6%

Unemployed waiting on disability	15	7.1%
Retired	4	1.9%
Other unemployment	8	3.8%



Household Income

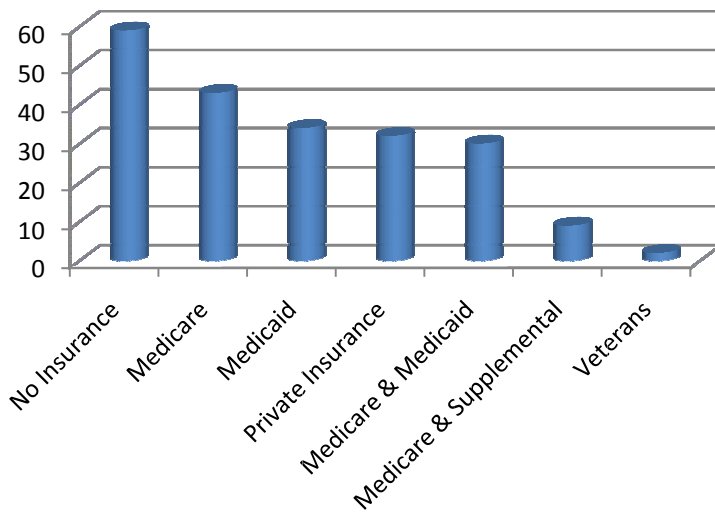
\$0-10,000	73	34.6%
\$10,001-\$20,000	73	34.6%
\$20,001-\$30,000	34	16.1%
\$30,001-\$50,000	8	3.8%
\$50,001 & above	3	1.4%



Points of Note:

- Number responding to the question: 191
- Ryan White eligibility at the time of survey was 300% of federal poverty level (\$32,490 for a single individual).
- 69.2% of all respondents were under 200% of the federal poverty level

Health Insurance

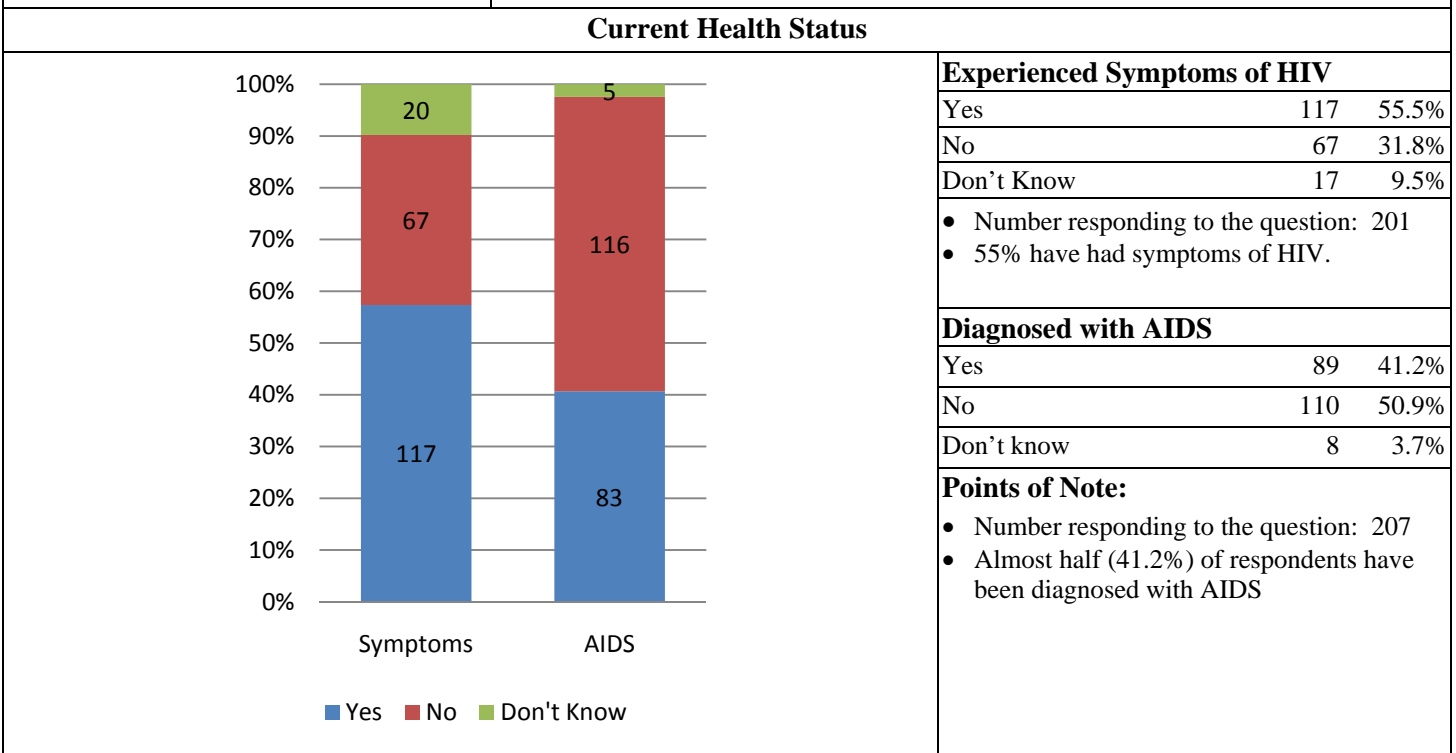
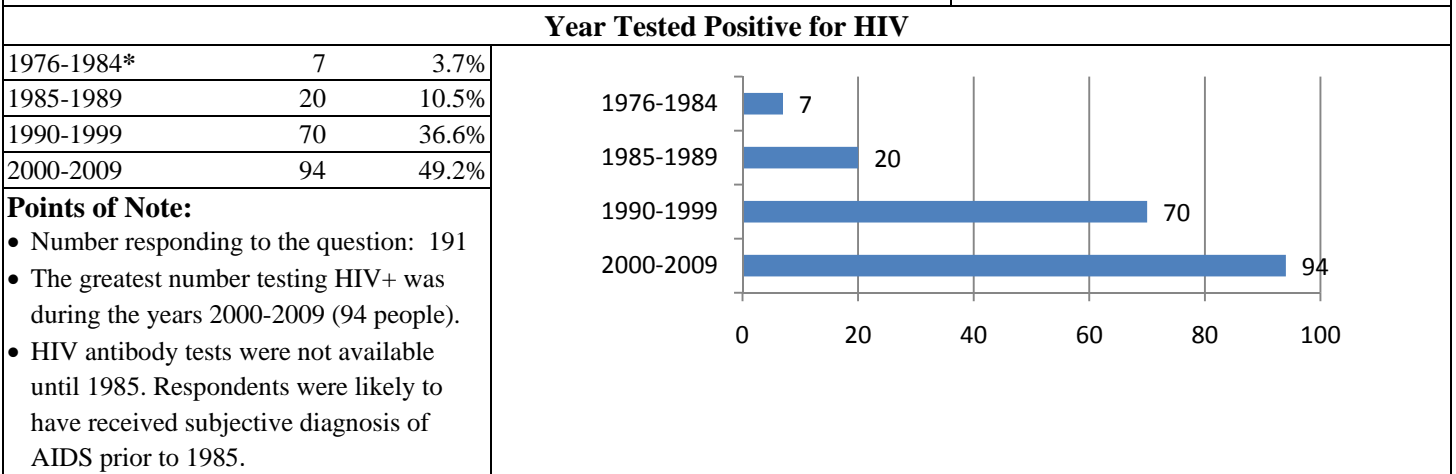
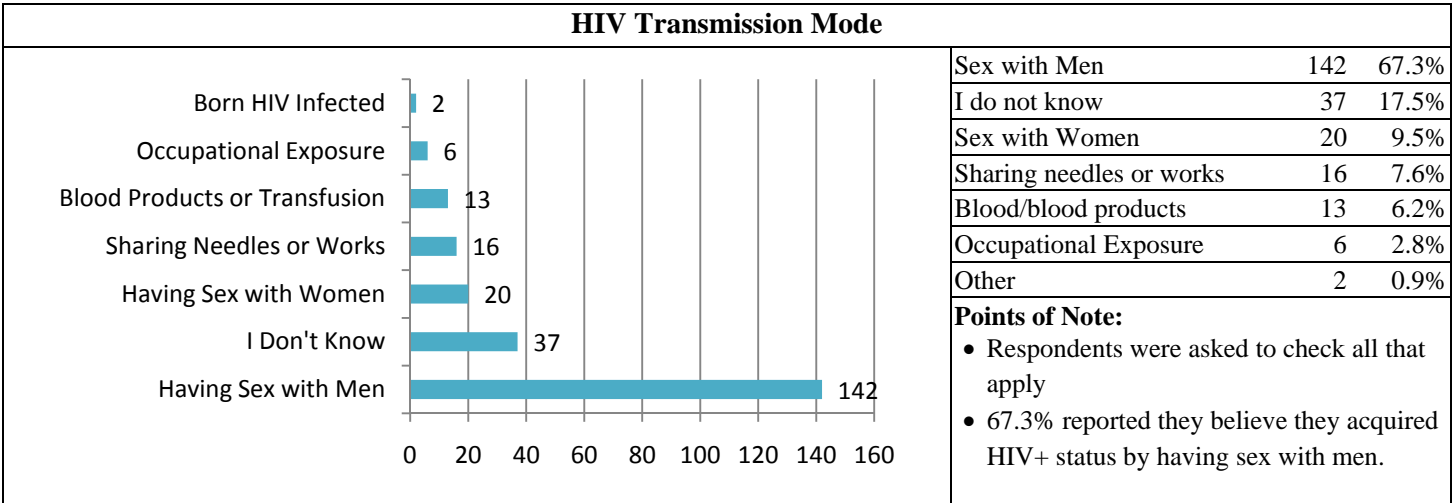


None	59	28.0%
Medicare alone	43	20.4%
Medicaid alone	34	16.1%
Private ins.	32	15.2%
Medicaid & Medicare	30	14.2%
Medicare & Supplemental	9	4.3%
Veteran's benefits	2	0.9%

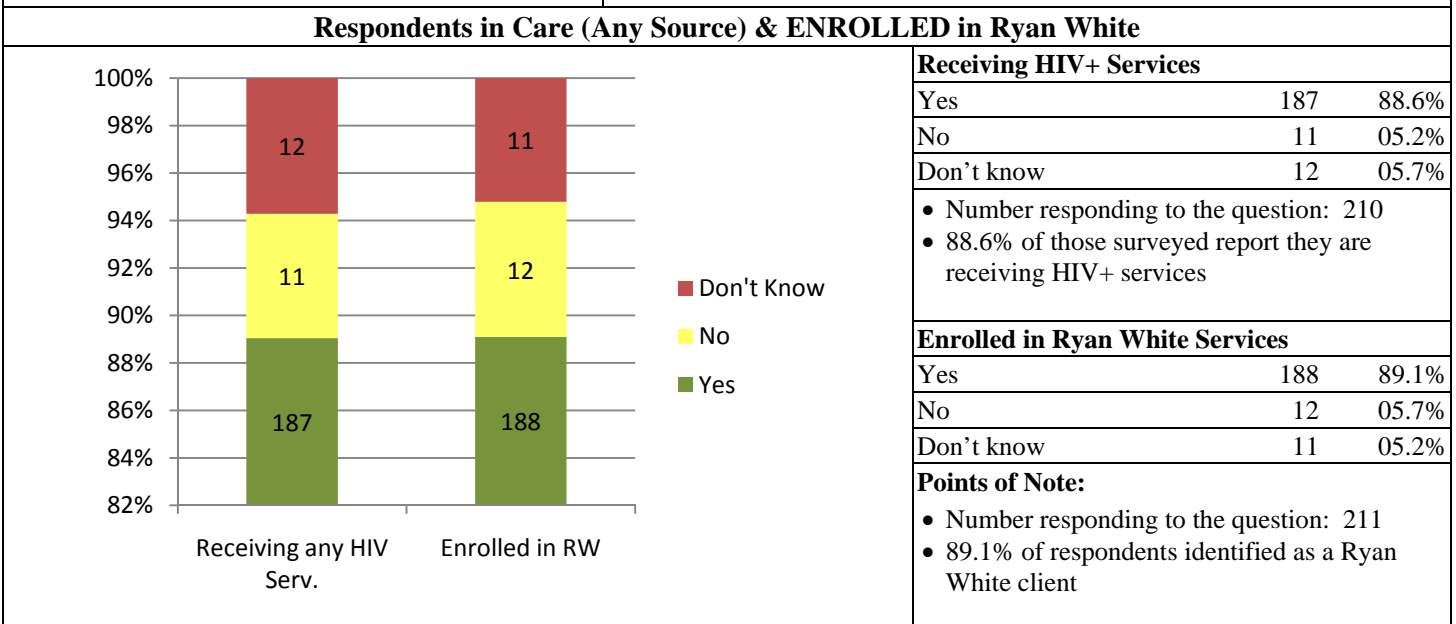
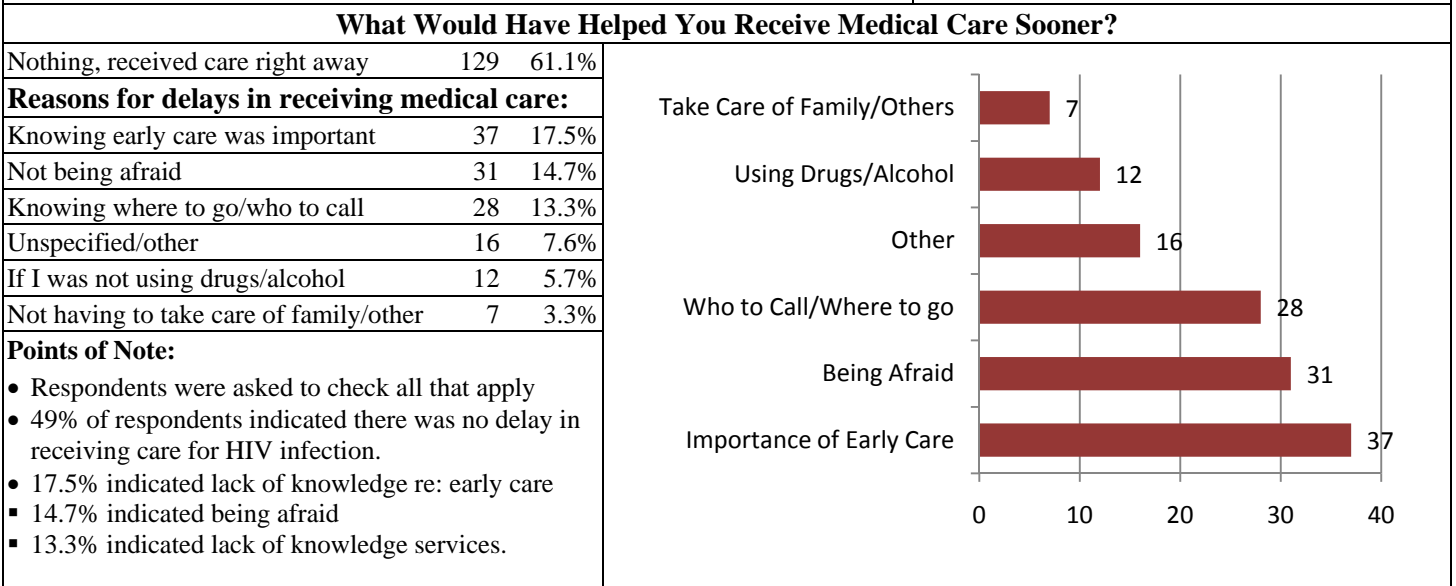
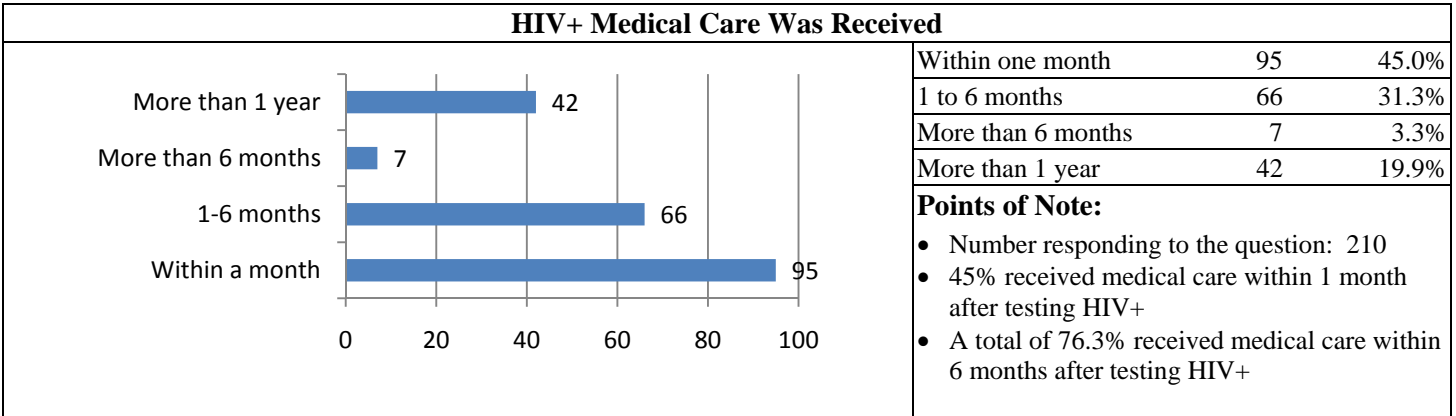
Points of Note:

- Number responding to the question: 209
- 28% of the respondents report having no access to public or private health insurance.
- Note that this survey did not specify dental insurance separately from health insurance. The vast majority of clients with dental bills served by the S/PHCC do not have dental insurance.

PRIMARY HIV/AIDS INFORMATION

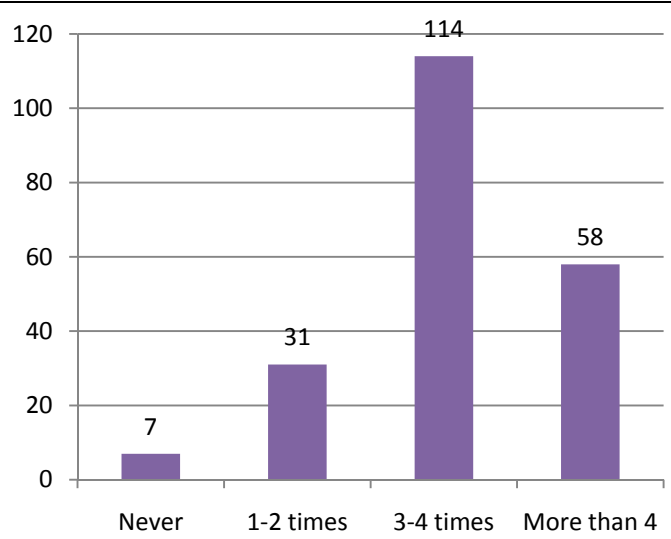


HIV SERVICES INFORMATION



Number of Visits to Physician About HIV (within the past 12 months)

Never	7	3.3%
1-2 times	31	14.7%
3-4 times	114	54.0%
More than 4	58	27.5%



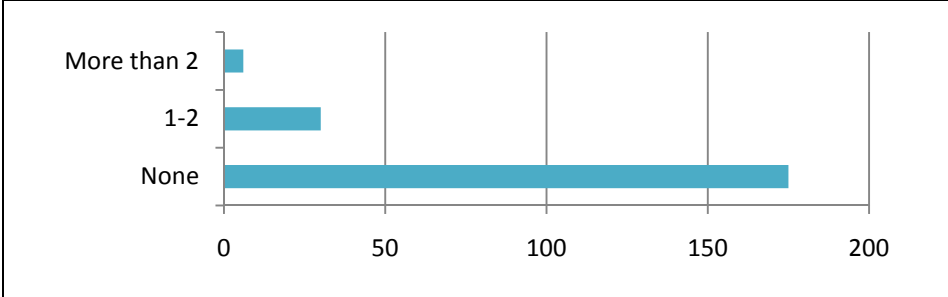
REASONS FOR NOT GOING TO A PHYSICIAN

Other	7	3.3%
Don't feel sick	5	2.4%
Don't trust doctors	2	0.9%
MD not available	1	0.5%
No transportation	1	0.5%
No child care	0	0.0%

Points of Note:

- The majority (81.5%) of respondents visit their physician more than 3 times a year.
- 0.5% of those surveyed indicated that transportation is the major obstacle to physician visits which is decreased from 2007 with 17%.

HIV+ Related Emergency Room Visits (Last 12 months)



None	175	82.8%
1-2 visits	30	14.3%
More than 2	6	2.9%

Points of Note:

- Number responding to the question: 211
- 17.1% of those surveyed indicated they had 1 or more ER visits during the year.

Physical Health & Mental Health as Compared to Previous Year

Physical Health

Worse	32	15.4%
The same	98	46.9%
Better	79	37.8%

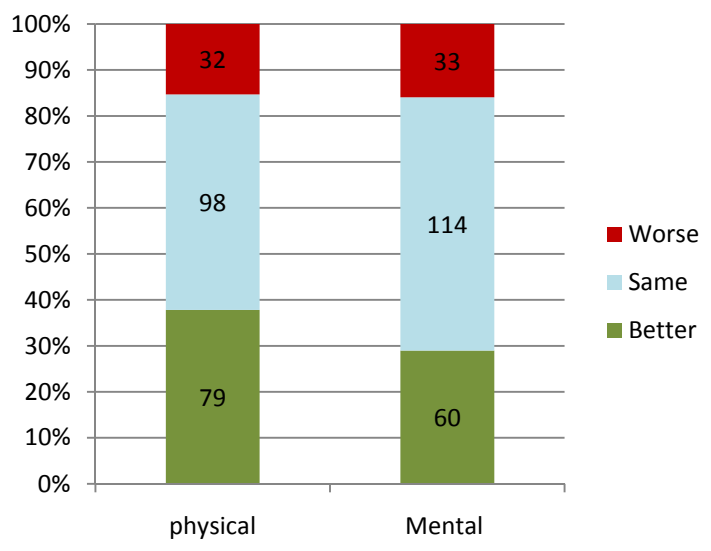
- Number responding to the question: 209
- 84.7% reported their physical health was the same or better than last year.

Mental Health

Worse	33	16.0%
The same	114	55.0%
Better	60	29.0%

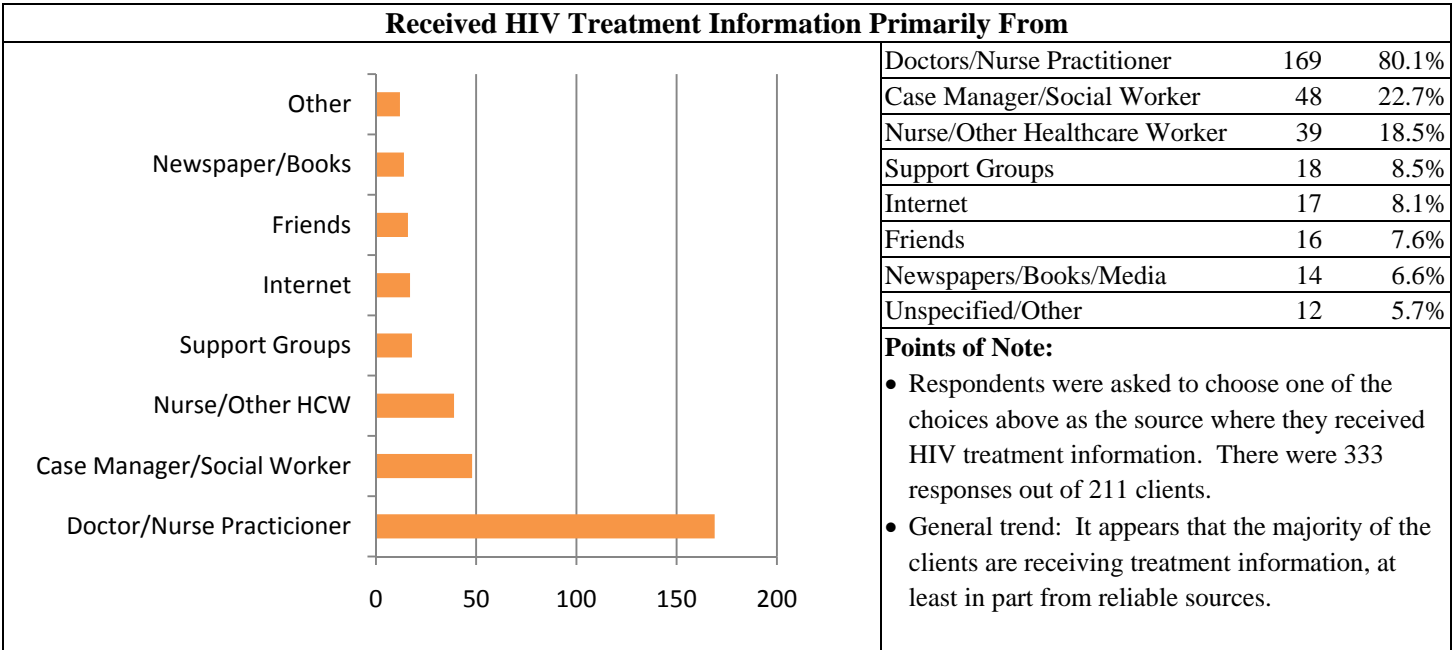
Points of Note:

- Number responding to the question: 207
- 84.0% reported their mental health being the same or better than last year.



KNOWLEDGE & INFORMATION ABOUT HIV

Received HIV Treatment Information Primarily From



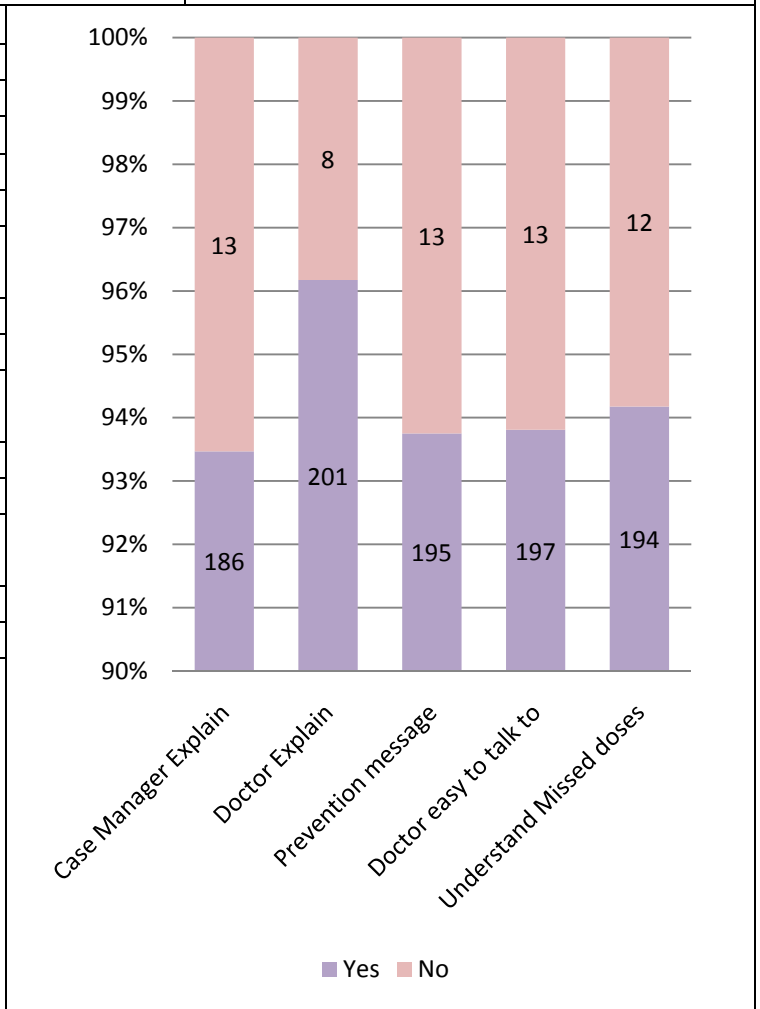
Points of Note:

- Respondents were asked to choose one of the choices above as the source where they received HIV treatment information. There were 333 responses out of 211 clients.
- General trend: It appears that the majority of the clients are receiving treatment information, at least in part from reliable sources.

Case Managers Explain Things Clearly?		
Yes	186	93.5%
No	13	6.6%
Doctors Explain Things Clearly?		
Yes	201	95.3%
No	8	3.8%
Received HIV Prevention Information from Your Doctors?		
Yes	199	92.1%
No	13	6.0%
Is it Easy to Talk to Your Doctors About HIV Treatment?		
Yes	197	93.4%
No	13	6.2%
Do you Understand Consequences of Missed HIV Drugs?		
Yes	194	91.9%
No	12	5.7%

Points of Note:

- The majority of respondents felt that their doctors and case managers explained things clearly.
- The majority of respondents reported that they have received a prevention message from their physician and their physician is easy to talk to.
- The majority of respondents reported that they understand the consequences of missing doses of their HIV medications

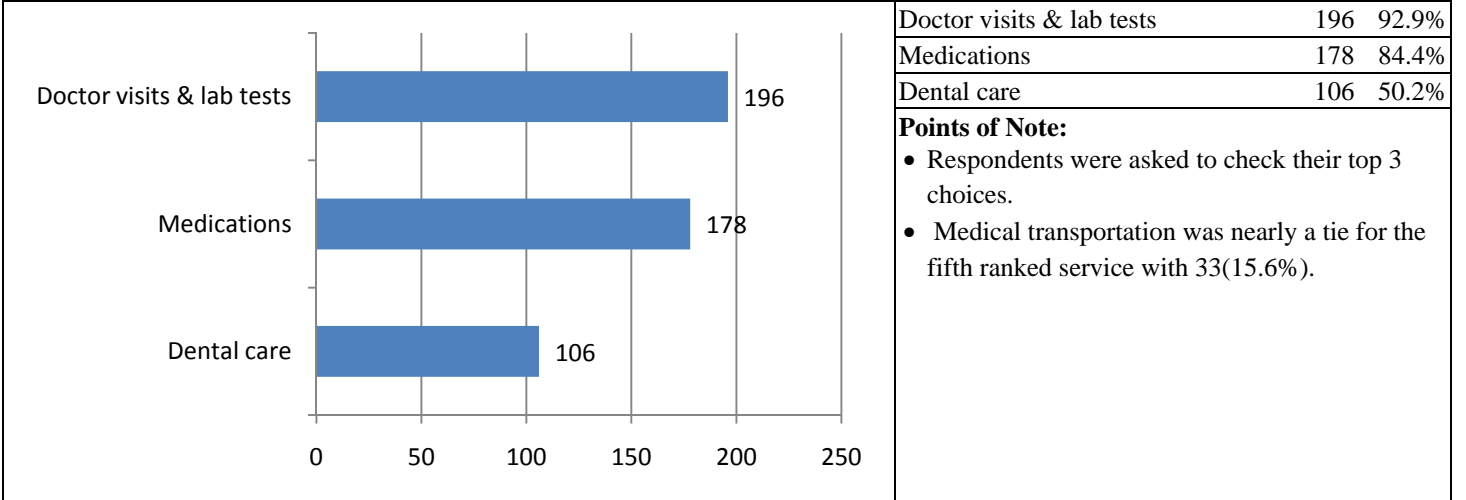


Please note that the chart above is truncated, starting at 90%.

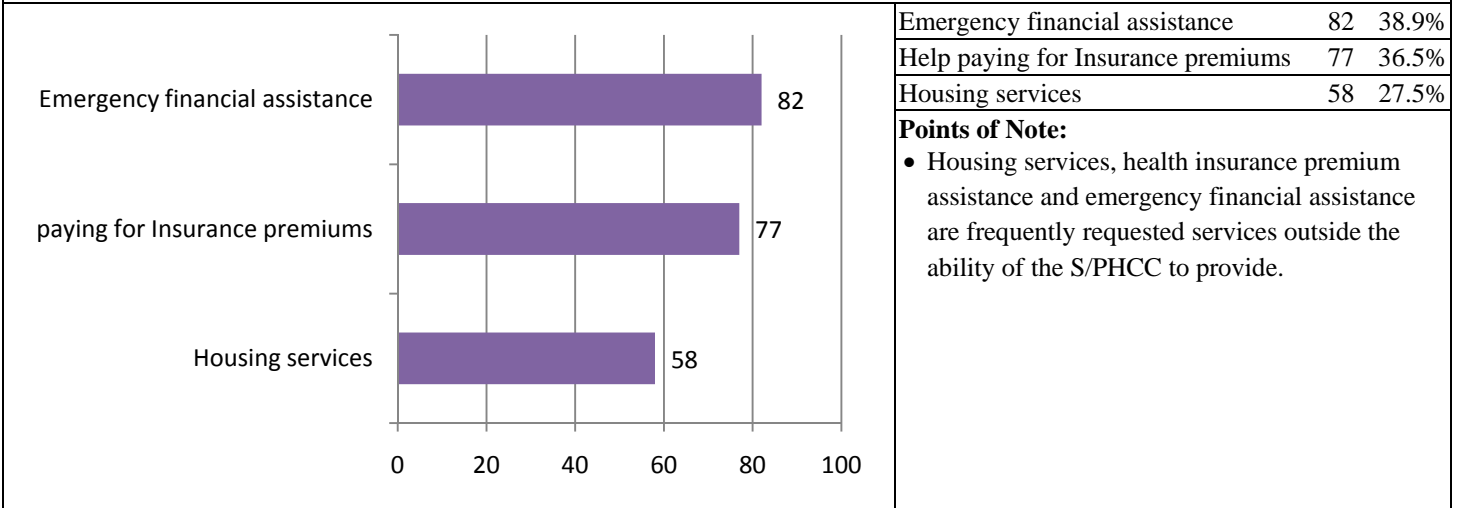
TOP 3 SERVICE NEEDS RANKED AS MOST IMPORTANT

Methodology: Clients were asked to pick the top three services out of two categories: Allowable services CURRENTLY offered by the Consortium, and allowable services NOT currently offered. The Southwest/Piedmont HIV Care Consortium (S/PHCC) does not offer all of the allowable HRSA defined services. Respondents had seven choices from the list of currently offered services and 22 from the list of services not offered by S/PHCC.

Top 3 services currently offered in the Southwest regional plan



Top 3 services not currently offered in the Southwest regional plan



MET VS. UNMET NEEDS OF RESPONDENTS

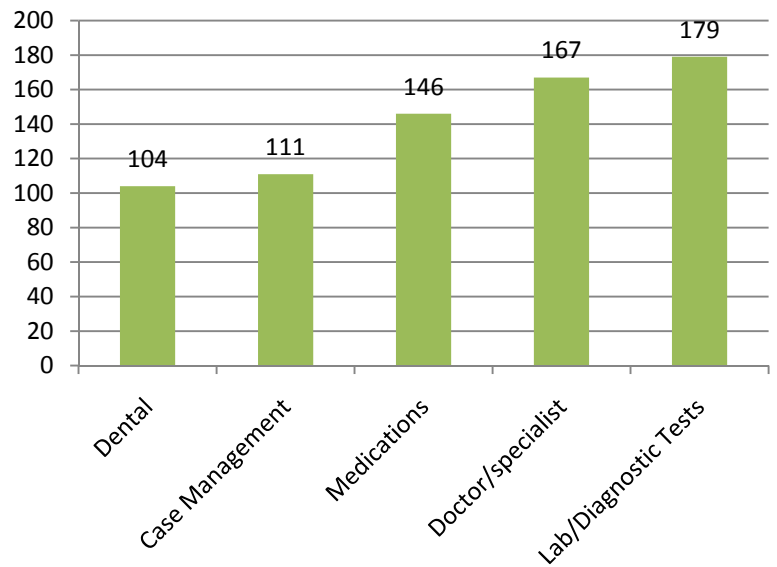
Methodology: As part of the survey, clients were asked to indicate needs for services under three categories, HRSA defined **Core Medical Services**, HRSA defined **Support Services** and **Services outside the scope Ryan White Part B**. The names of these services were simplified from the HRSA definitions. For example, “Pharmacy assistance, local” was listed as “Get help paying for drugs” on the survey. Additionally, HRSA divides case management into medial & non-medical service categories. These two service categories were combined for purposes of this survey. For each service clients were asked to choose between three answers:

1. Did not need (this service)
2. Needed & received (this service)
3. Needed & DID NOT receive (this service)

Clients who responded that they did not need the service are not counted in the tables that follow.

Top 5 Met Needs

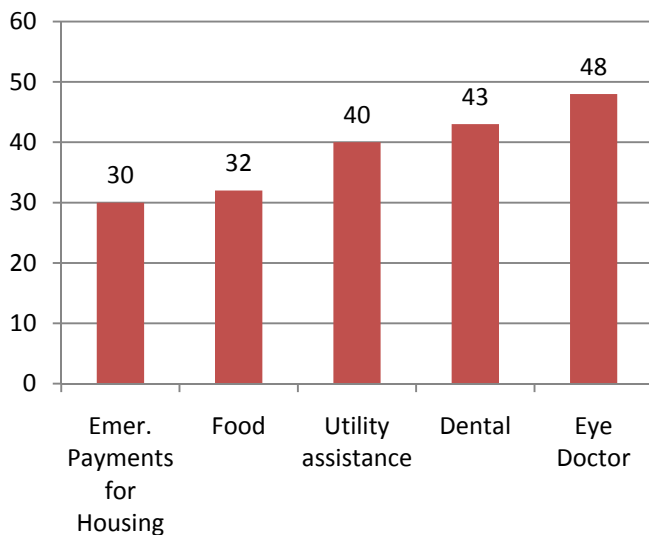
Laboratory/Diagnostic Tests*	179	84.9%
Doctor/specialist*	167	79.2%
Medications*	146	69.2%
Case Management**	111	52.6%
Dental*	104	49.3%



Points of Note:

- Respondents who answered they needed and received the service
- Percentages are based on 211 respondents

Top 5 Unmet Needs



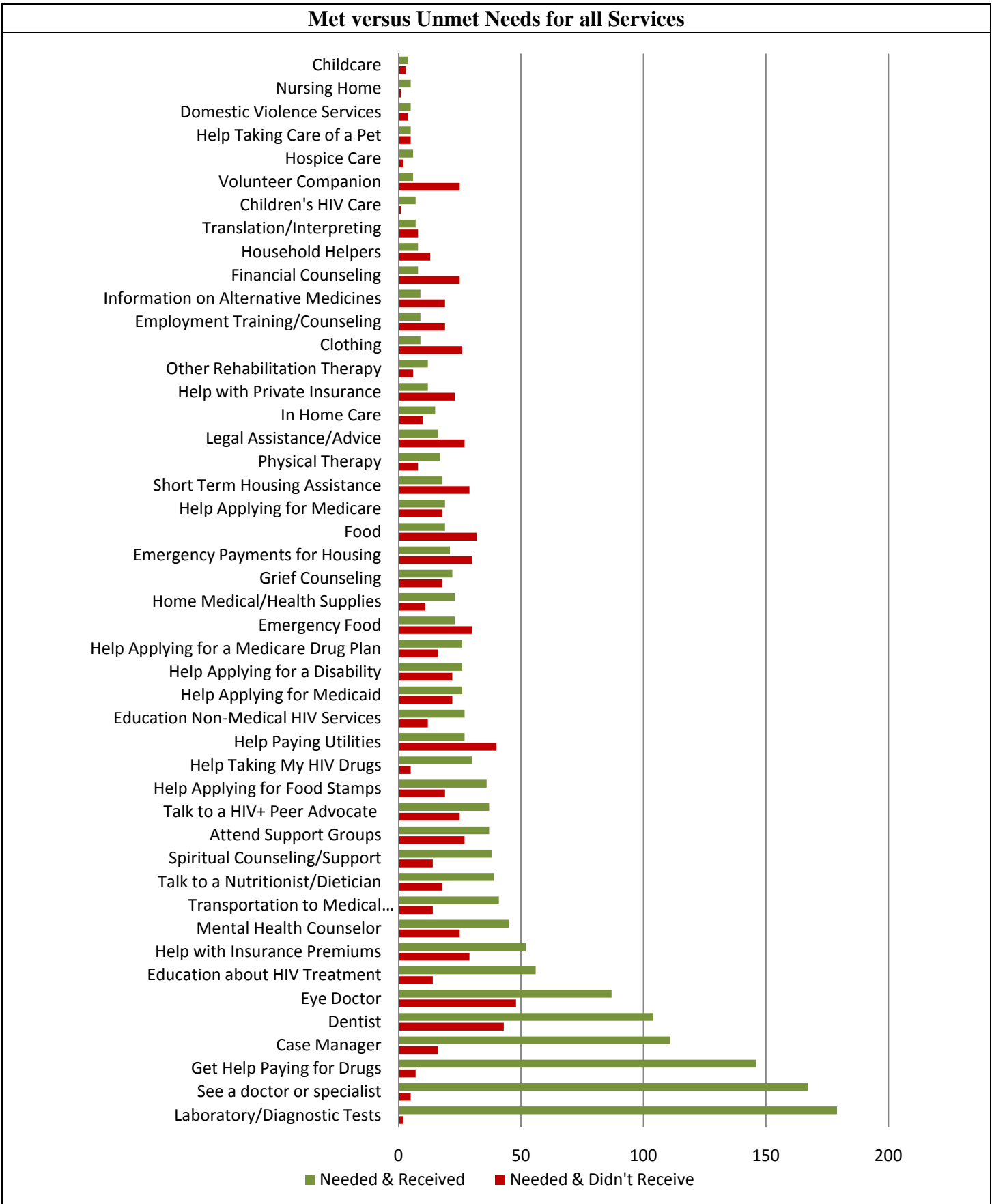
Eye Doctor**	48	22.8%
Dental*	43	20.4%
Utility assistance	40	19.0%
Food	32	15.2%
Emergency Payments for Housing	30	14.3%

Points of Note:

- Respondents who answered they needed but did not receive the service
- Eye care falls under “ambulatory/outpatient medical care,” but is listed separately due to requests that cannot be fulfilled under Part B. Eye exams are only available if CMV (or other) infection is suspected or when the CD4 count is less than 100 (increased risk of infection).
- Dental has dropped to the second highest reported unmet need from 2001-2007
- Percentages are based on 211 respondents

*HRSA Core Medical Service

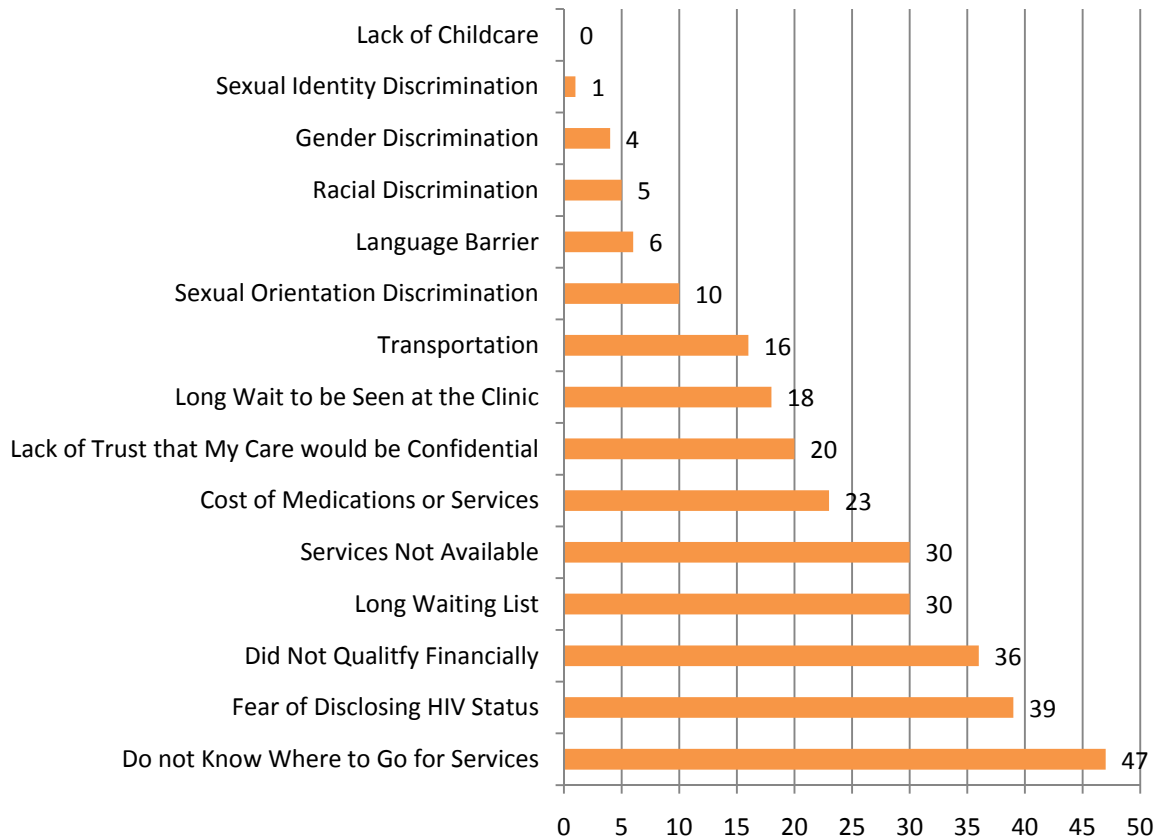
**Partially HRSA Core Medical Service



REPORTED BARRIERS TO RECEIVING CARE

Respondents were asked if they had difficulty getting HIV services for any of the following reasons. The top 3 barriers to care were:

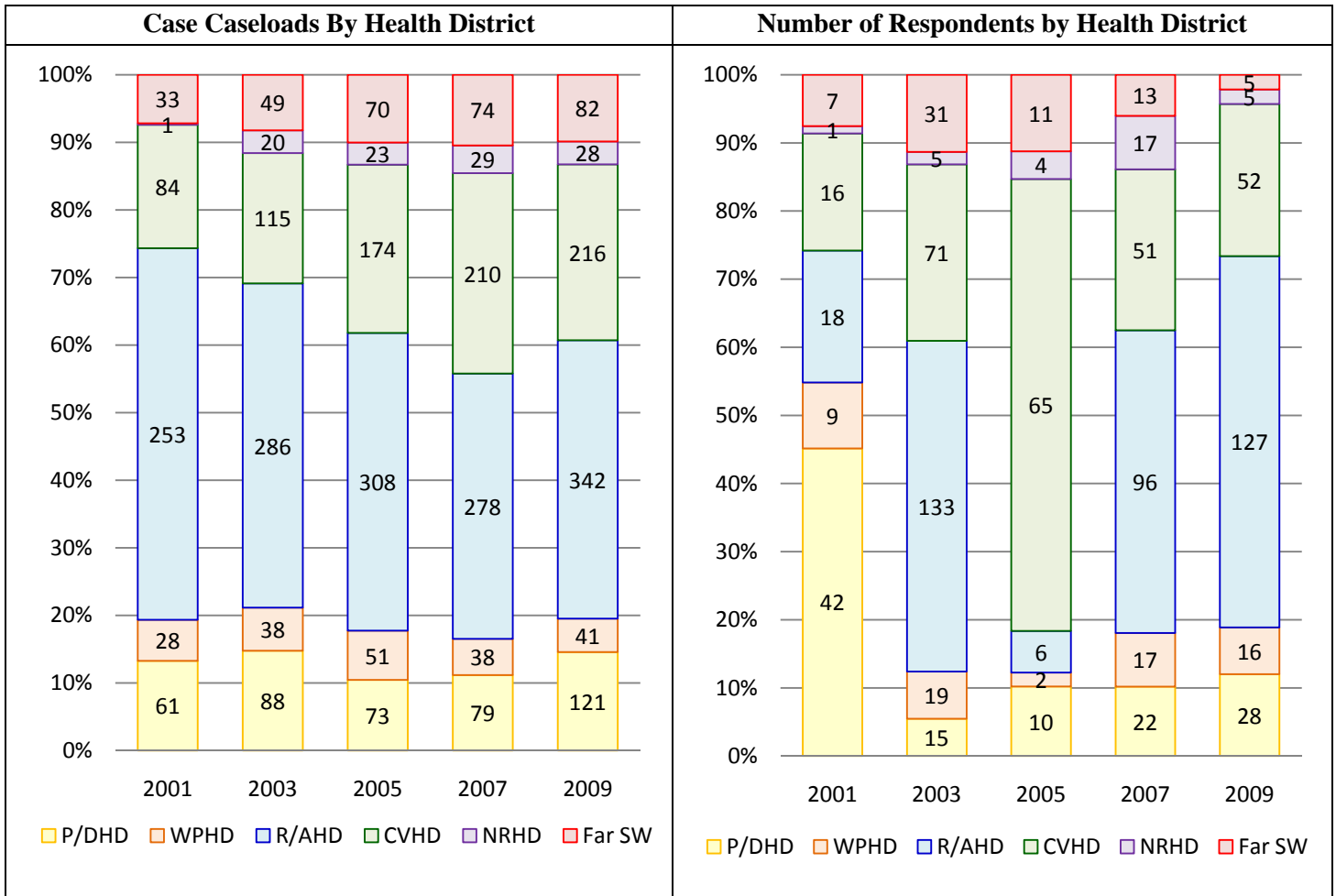
- 1) Not knowing where to go for services
- 2) Fear of disclosing HIV status
- 3) Did not qualify financially.



Points of Note:

- **Knowledge:** Nearly a quarter of respondents (47) listed not knowing where to go for services as a barrier to care.
- **Stigma:** This is a concern in rural southwest Virginia as illustrated by respondents’ concerns regarding various levels of discrimination, provider confidentiality (20) and fear of disclosure (39).
- **Financial:** A significant barrier be it because of the service not being available (30), the cost of the medication or service (23) or not qualifying financially for the service (36).
- **Accessibility:** Waiting lists (30) and long waits to be seen at clinic visits (18) were reported as a barrier.
- **Infrastructure:** Lack of availability of transportation (16) was reported as a barrier
- **Language:** This is a barrier for the small number of respondents (6) for whom English is not their primary language.

SELECTED TREND DATA: 2001 TO 2009

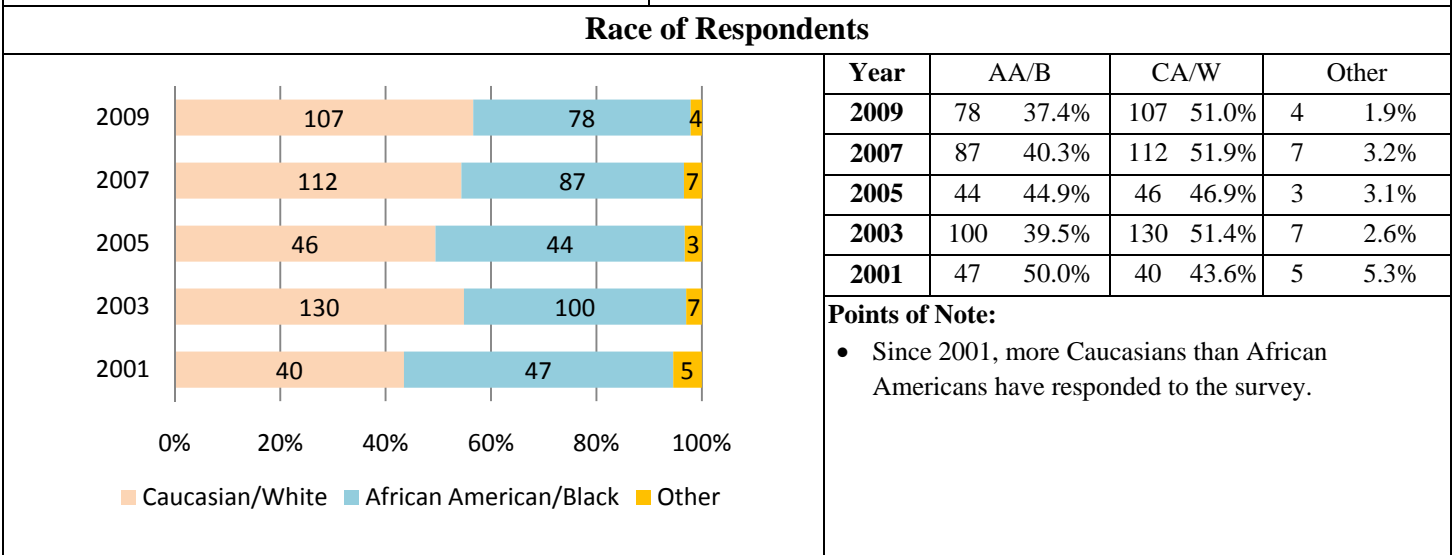
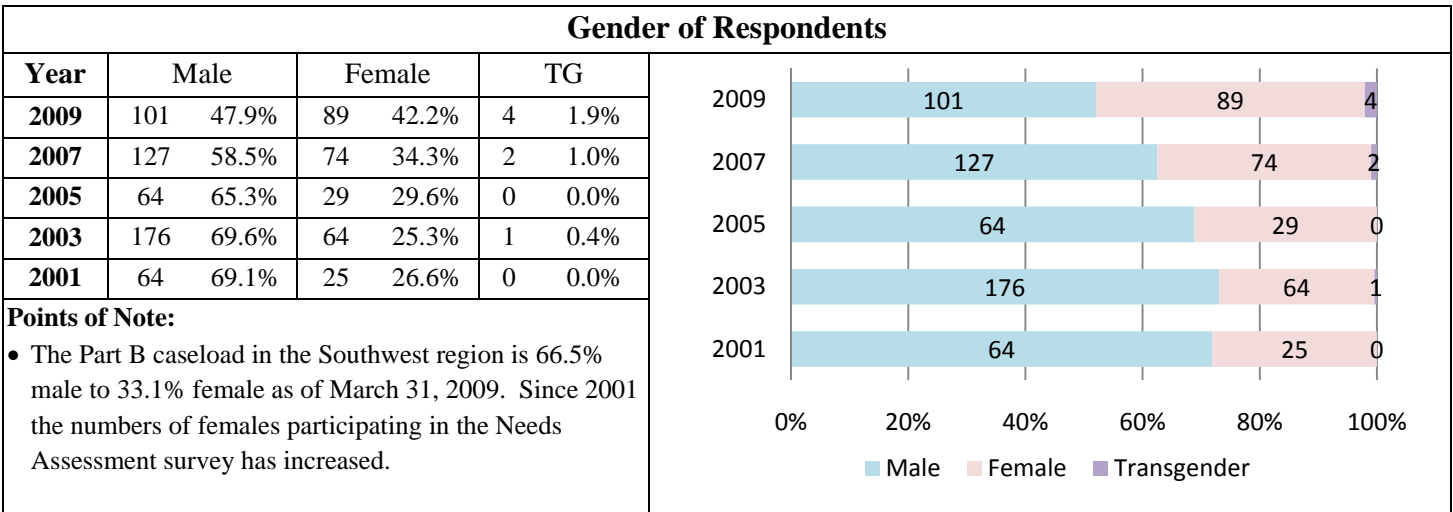


Cases	2001	2003	2005	2007	2009
Respondents	94	274	98	217	233
Total Cases	460*	596	699	708	830
% of Total	20.22%	45.97%	14.02%	30.51%	28.07%

Far SW: Cumberland Plateau, Lenowisco & Mount Rogers
 NRHD: New River CVHD: Central Virginia
 R/AHD: Alleghany & Roanoke City
 WPHD West Piedmont P/DHD: Pittsylvania/Dan

Points of Note:

- Caseload for fiscal year 2000-01 is estimated. This is prior to CCS collecting client data independently of VCU-SERL. Client counts are given based on the fiscal year ending March 31.
 - Residence of clients is counted by the Health District in which they reside, not the subcontractor where they receive services.
 - **2001 Needs Assessment:** Respondents from Roanoke/Alleghany were significantly underrepresented and those from Pittsylvania/Dan were significantly over represented.
 - **2003 Needs Assessment:** Respondents from Pittsylvania/Dan were under represented and those from Far Southwest and Central Virginia were over represented.
 - **2005 Needs Assessment:** Respondents from Roanoke/Alleghany, West Piedmont, and Pittsylvania/Dan and those from Central Virginia were significantly over represented.
 - **2007 Needs Assessment:** Respondents from Far Southwest and Pittsylvania/Dan are underrepresented and those from New River Health District are over represented.
 - **2009 Needs Assessment:** Respondents from Far Southwest are significantly underrepresented, those from New River and Pittsylvania/Dan are underrepresented and those from Roanoke/Alleghany are over represented.
- This fluctuation indicates the pool of respondents has not been homogeneous over the last decade and that though each survey sample may contain a core group of faithful responders, the pool of responders is largely random over time.



Top Five Unmet Needs: Needed & Didn't Receive

	2009 (211)	2007 (217)	2005 (98)	2003 (274)	2001 (94)
1	Eye Care (48)	Dental (59)	Dental (32)	Dental (41)	Dental (18)
2	Dental (43)	Eye Care (51)	Eye Care (20)	Eye Care (32)	Eye Care (8)
3	Utility Assist. (40)	Utility Assist. (46)	Emergency Food (16)	Financial Counseling (24)	Support Groups (8)
4	Food (32)	Food (45)	Benefits Assist. (15)	Benefits Assist. (23) Support Groups (23)	Legal Assist./Advice (7)
5	Emer. Payments for Housing (30)	Legal Assist. or Advice (43)	Food (12) Legal Assist. Or Advice (12) Mental Health Counseling (12) Medical Transports (12)		Adolescent counseling/guidance (6) Financial Counseling (6) Mental Health Counseling (6)

Points of Note:

Dental and Eye care have remained the top two unmet needs for the last decade. Beginning in January of 2008, S/PHCC began offering non-emergency dental care. This has resulted in more access to dental care. General eye care remains an unmet need as it is frequently not HIV-related. There is also no regular resource for procuring glasses for clients.

Food, Utility Assistance and Emergency Housing Assistance have emerged as needs likely due to: 1. The worsening economy which has put strain on the service delivery system; and 2. The inability of Housing Opportunities for People With AIDS (HOPWA) programs to keep up with demand.

Top Five Met Needs : Needed and Received					
	2009 (211)	2007 (217)	2005 (98)	2003 (274)	2001 (94)
1	Lab/Diagnostic (179)	Lab/Diagnostic (177)	Lab/Diagnostic (77)	Lab/Diagnostic (201)	Lab/Diagnostic (84)
2	Doctor/specialist (167)	Doctor/specialist (160)	Doctor/specialist (74)	Doctor/specialist (191)	Medications (69)
3	Medications (146)	Medications (140)	Dental (66)	Medications (172)	Case Mgmt. (62)
4	Case Mgmt. (111)	Dental (95)	Eye Care (62)	Dental (168)	Dental (56)
5	Dental (104)	Case Mgmt. (94)	Benefits Assist. (62)	Benefits Assist. (130)	Benefits Assist. (53)

Points of Note:
Trending Limitations: Some trending data between the 2007 and 2005 surveys shifts due to a less complicated series of questions. In the surveys conducted in 2001-2007, respondents were asked two questions. First "Did you need the service" and then if the answer was a "yes," a second question "Did you receive it?" The follow-up question was frequently left unanswered. The 2007 format was changed and asked respondents to choose between three options: "I needed and received the service," "I needed and DID NOT receive the service" and "I did not need the service."
The question regarding the need for benefits assistance was changed in 2007 from "Benefits Assistance" to a series of more specific questions such as "Get help with disability application," "Get help with a Medicare drug plan application," etc.
Dental service appears in both the top five met needs as well as the top five unmet needs in all five needs assessments.

CONCLUDING STATEMENTS

Survey Respondents

The majority of Needs Assessment respondents in Southwest Virginia are Caucasian. Despite surveys being distributed in Spanish for the first time this year, only 1.9% of the respondents indicated that Spanish was their native language. Nearly 67.8% of those responding to the survey were in the 40-59 age range. These individuals are well educated with 48.8% reporting at least some college education. Despite the relatively high levels of educational attainment, 69.2% reported annual household income of \$20,000 or less thus placing them at or below 200% of the federal poverty level. More than 14% of Ryan White clients were unemployed and either waiting for disability or looking for work and 41.7% reported disability as their only source of income. Adding to the dire financial picture painted by the data, 28% of current Ryan White clients reported having no health insurance at all. Of those responding, 41.2% have been diagnosed by a doctor as having AIDS. Not surprisingly, sex was reported by 75.83% of respondents as the method of transmission with 67.3% indicating sex with men and 9.5% reporting sex with women as the method of transmission.

Getting Care Sooner

Nearly one out of five (19.9%) respondents report waiting more than a year to get medical care after testing positive for HIV. We do not have data on where respondents tested positive nor has early access to care been cross referenced with when respondents first tested positive (the date range or respondents is 1976 to 2009). Further study is recommended. The data indicate that the major reasons for this delay in seeking care was 1) a lack of knowledge that early care was critical, 2) being afraid, and; 3) knowing where to go. Because these three areas were also listed in 2007 as major reasons for not seeking immediate care, more public awareness regarding HIV disease (underscoring the medical advances that have made regarding treatment) is needed. Such a public awareness campaign should also address the stigma of living with HIV.

Regular Medical Care

The vast majority (88.6%) of the respondents are receiving medical services at least annually. This is nearly a 10% increase over the 78.7% receiving care as reported in 2007. Respondents indicate that they see their doctors on a regular basis with only 3.3% reporting that they had not visited their physician last year. The most common reason given for not seeing a physician was that the respondent did not feel sick. Overall, respondents were positive about their current health status with 83.8% reporting their general health as the same or better than it was one year ago.

Mental Health Services

Nearly 1 in 4 respondents (23.6%) report their mental health is worse now than it was the previous year. The need for increased mental health care was also noted in the 2007 survey, thus indicating a continuing trend for this service. Consortium funding for mental health services should continue to expand and providers should be established in all regions in southwest Virginia. Subcontractor linkages to local Community Service Boards should also be strengthened.

Doctors Receive Favorable Ratings

As with the 2007 survey, respondents overwhelmingly indicate (93.4%) that it is easy to talk with their doctors about HIV treatment. They told us that their doctors/nurse practitioners were their primary source of information (80.1%), that the practitioners explain things clearly (95.3%) and that they receive HIV prevention information (92.1%) as well. It is important to note that doctors and nurse practitioners received favorable ratings in the 2007 survey as well, but the response from respondents this year was even more positive.

Most Important Services Currently Offered

Respondents selected what they felt were the three most important, allowable services currently provided under the regional service plan. Of the seven services currently offered by the Consortium, outpatient medical care (doctor visits and lab tests) was rated most highly with 92.9%. Medications (84.4%) and dental care (50.2%) followed as second and third respectively. These were the same services rated as most important in the 2007 survey.

Most Important Services Not Currently Offered

Respondents also selected the three most important, allowable services which are currently not offered by the Consortium. This list contained twenty one services. The top three priorities center on financial concerns and were emergency financial assistance (38.9%); help with paying insurance premiums (36.5%); and housing services (27.5%). These needs closely echo those listed in the 2007 Needs Assessment. Policy barriers to offering these services should be identified and removed if possible. For example, if health insurance premium payments are an allowable expense in the Ryan White Program but a policy of no "advance drawdown" is a barrier to providing this service, the Consortium needs to consider what can be done to change policies or practices that are barriers. Strategies might include the following:

- Identifying an insurance company(s) that would accept payment after, rather than before, the premium is due;
- Modifying the current state policy to allow the lead agencies to draw down money in advance of incurring the expense in order to cover the cost before funds are due: or
- Using Part B funds statewide to create a program for clients with private insurance similar to the State Pharmacy Assistance Program (SPAP) which assists Medicare Part D recipients.

The S/PHCC does not currently provide all of the possible allowable services under Part B.

Met and Unmet Needs

Respondents were given a list of possible services in three categories: HRSA defined core medical services, HRSA defined support services and services outside the scope of Ryan White Part B. They were asked to report the services that they needed as received as well as those they did not receive. Of the needed services they received, Lab/diagnostic (84.9%), doctor visits (79.2%), medication assistance (69.2%), case management (52.6%) and dental (49.3%) appeared in the top five. This was also evident in the 2007 Ryan White Survey with the exception that dental was the fourth ranked service and case management was the fifth.

The top five unmet needs were also similar to the 2007 survey. These were eye care (22.8%), dental care (20.4%), utility assistance (19.0%), food (15.2%), and emergency payments for housing (14.3%). Routine eye exams are an unmet need that is challenging due to not being available to most Part B clients. Eye exams are allowable only when an infection is suspected in the eye by a medical practitioner or in cases where a client has a very low CD4 cell count (usually below 100) and increased risk for infection.

Point of note: Inpatient and outpatient substance abuse services were inadvertently left off the survey and were not ranked as a met or unmet need.

Barriers to Receiving Care

47 respondents (22.3%) reported that the most common barrier to receiving care was “not knowing where to go for services.” This was also the case in the 2007 needs assessment and the 2006 regional client satisfaction survey. One strategy might be to develop curriculum materials for use by case managers in orienting new Ryan White clients during their first six months. Materials for distribution and simple check-off lists for distribution of materials might better ensure that Ryan White clients received all the information they need to identify places to go for services. A curriculum with appropriate materials for distribution would also insure that case managers schedule regular meetings and achieve specific benchmarks with clients at each of those meetings.

Respondents also cited barriers to receiving care including “lack of trust that my care would be confidential” (9.9%) and “fear of disclosing HIV status” (19.4%), and “discrimination because of sexual orientation” (5.0%). Discrimination based on sexual identity may also be an issue as there were four respondents identifying as transgender and one respondent cited sexual identity as a barrier. As mentioned earlier in this report, more attention needs to be focused on public awareness of HIV with efforts especially directed toward rural populations like Southwest Virginia.

The third area respondents cited as a barrier is financial, including the responses: “Did not qualify financially” (17.1%), “service not available” (14.9%), or “costs of medications or services” (10.9%). Strategies to remove financial barriers could include raising local funds to supplement Part B, increasing funding to the Consortium or raising consortium eligibility levels to match the current AIDS Drug Assistance Program (ADAP) at 400% of the federal Poverty level

The fourth area of respondents cited as a barrier relates to timely access to services. 14.2% of respondents cited waiting lists and 8.9% cited long waits to be seen at clinic visits as a barrier. It is important to note that there have been few services with waiting lists since the 2007 needs assessment, and those waiting lists were temporary.

Trends over the Last Decade

Comparing trends in the last five surveys can only be done in the broadest sense. Some allowable services have been eliminated or changed by HRSA. Program financial eligibility has increased from 200% of the federal poverty level in 2001 to 300% in 2009. The definition of “need” has evolved to look at “met” and “unmet needs.” In looking at the response to each needs assessment there has not been a consistent and representative sample of the Consortium as a whole. This makes it difficult to generalize the survey sample to the consortium as a whole. The further back in time one looks, the less reliable the data becomes.

The top five met needs over the last decade have remained fairly stable with doctor visits, laboratory services, medication assistance, dental care and case management frequently in the top five. The top two unmet needs reported were dental care and eye exams. Utility assistance and food were the third and fourth unmet needs reported for both 2009 and 2007. One notable change in 2009 is that dental care (the number one unmet need reported in the previous four needs assessments) dropped to number two. In 2009 eye exams replaced dental care as the highest reported unmet need. This trend is encouraging because as of January 2008 the Consortium began providing dental checkups along with emergency dental care.

Summary

Overall, the 2009 Ryan White Client Needs Survey indicates, as did the 2007 survey report, that client needs are being met more often than not. Areas of need that are consistently reported are financial in nature and may be a reflection of the relatively low levels of annual income reported by the respondents and the downturn in the economy in 2008 and 2009.

RESPONDENT COMMENTS: WHAT DO YOU WORRY MOST ABOUT?

1. Chronic long-term HIV related illnesses/cancer etc. ongoing screening for cancers/ bone loss etc. prevention of above – latest med. Info tests/meds/ alternate therapies available; social outlets for positive people in Roanoke – esp. for single positive individuals.
2. Not having services in 24060 area code
3. Having enough money to make it to the end of the month.
4. Not having medical insurance until July! I've already had to file bankruptcy due to just medical bills. Even though my husband works. I still have to pay child support out of my SSA disability! The gov't takes almost half of what I get
5. The costs of emergency services & lack of dental & eye care
6. No worries
7. Cost. The current situation does not require meds for me, while I qualify for some services, a decent living isn't possible. In order to qualify for services, I can't make too much money. Currently \$8.00/hr 35 hours a week is almost too much money. How does one live with HIV & the inherent costs at \$8.00/hr? Tell me that!?!?
8. I really don't worry because of the faith of God who's guiding me through all my health problems.
9. My HIV condition getting worse although all my lab work is usually good.
10. Not worry anymore, I found the specific help that I need my health improves, so I am very positive.
11. Viral load becoming detectable
12. Not being able to see my 9 year old son or my unborn son grow up
13. I don't worry about too much, because I'm gonna live my life to its fullest.
14. My health and getting sicker and someone actually finding out my condition.
15. Dying soon. What would I do if my health went bad suddenly?
16. Staying healthy
17. I am very satisfied with all my care. They are all very concern for you and your health.
18. I don't worry about anything at all but I thank God day after day for helping me through this stages and hope one day I will not be on the medication. I am came a long way and I am much better than before thank God my God, our God every day I wake up I pray.
19. Not ever having a boyfriend because of + not being able to work full time because I'm tired and paying for rent, bills.
20. I've had several issues with my clinic coordinator Ave Connely Lynchburg VA at Medical Associates
21. Other than the normal things we all worry about I have no worries.
22. If I don't get my HIV & meds that I take every day on time from the place where I have to pick up. Hopefully my car don't break down while going there to pick up my med's
23. When you ask the caseworker about helping with food and they do not help you at all.
24. That they will stop the services and that will stop the medications.
25. Don't really worry about it you've got to live life and love yourself
26. Being able to pay my bills-financial assistance need for food bank
27. When I die how I can pay for my funeral and for my kids too and about my kids I worried about.
28. Keeping my teeth in good shape.
29. That my rental assistance will be cut and I will be homeless. They cut it off last year for 3 months but then put me back on it.
30. Nothing, I am thankful for the service I get.
31. How people feel about me. What things they are saying about me if I'll go full blown aids, other viruses for ex. Hepatitis, flu, etc. When there will be a possible cure for HIV
32. I worry about not receiving case management since enrolled in the Ryan white program I have yet received any case management service I also worry about my health failing me and not being able to work.

33. I need some kind of transportation and a better place to live plus I want to help other people across the USA before I pass on to a higher power
34. I deal with depression & anxiety, anger various health issues and I'd rather not discuss my worries on a piece of paper unless I would write a book would just continue talking with my therapist thank you.
35. Living situations, finance, own transpiration
36. Getting sicker
37. No one to be here for me. No place to live with care. Financial services.
38. Dying before my time
39. Mental health
40. I worry about paying my hospital bills
41. money my doctors, case manger, nurses all say don't worry about it will be taken care of by Ray White. Yet over an average years time I'm billed hundreds sometimes thousands of dollars and am constantly bombarded with harassing collections calls from Carillion and SCA services
42. Losing Ryan White services
43. My health care insurance, mediations, housing, transportation, being taken care of when the time come or occurs.
44. Not making it to 50 years old
45. Not being able to get any life insurance policies because of my HIV
46. I worry I will have a mental break down because I don't have anyone to talk to
47. The fact of not being able to be sexually active- I have a partner of 15 years, however we are mainly companions. I am concerned about the side effects of all the medicines I take. They are taking there toll on my physical and emotional health and well being. I fear that they will kill me before the HIV virus. I am weak and tired most of the time. I trust that Goad will bring me through this as I strive to be a better person and do something positive for mankind.
48. What I worry about the most is keeping all or both of my medication on track and being around until I'm 95 years old healthy physically mentally. Also being around to see my kids have kids and to never be down to the point it turns to straight AIDS
49. Maintaining health, end of journey issues, lack of intimacy with partner, finances.
50. there is only one thing that concerns me and that is if my medications should stop working.
51. I want another child
52. Working and having the will to go
53. Inpatient care costs, life insurance/burial plans, ER visits, health insurance
54. Getting really sick and not being able to take care of kids
55. When people are not properly told in a way that they can understand the disease.
56. If there ever going to be a cure for AIDS and or HIV that will keep those with if from spreading the virus to other
57. Will my health ever become intolerable to medications I'm taking? If there will ever be a cure for this disease? No worries, just concerns.
58. Cost of HIV medications
59. When I die
60. Not being able to be independent and take care of myself
61. Bills going thru my HIV alone. Trying to get disability and it taking so long especially when a person needs to be on disability and some people on don't need to be
62. With the state of the economy in the condition it is in what will happen when it comes to funding for Ryan White services.
63. I worry about weight loss mostly. Rent is always 2 to 3 months behind of the part that is paid by case manager services. Never have any help with food like food card.
64. I worry about finances because I receive disability and it is not enough for all of my doctor co-pays and medicine co-pays I see my HIV-AIDS Drs for HIV-AIDS concerns and medication through the Ryan white fund but any

other illness I have to go to my family Dr and even though I have insurance through my wife's work I still have co pays for this and I am concerned also because my family Dr admittedly doesn't know how to treat me all of the time. I would like to see a time when I go to my HIV/ AIDS Dr for all of my health concerns. I have a teenage daughter that I did not father biologically but have helped raise that I would like to adopt before I pass away but cannot afford the legal fees

65. My viral load and white blood cell count
66. Fear of status being known. Some people are still ignorant to the information of HIV do not want to be judged.
67. Passing away and leaving my children with no means to financially survive without me.
68. My health – HIV status increased depression regarding overall health and medical issues.
69. People knowing about what I have
70. Growing old. Being diagnosed in the 1980's I never expected to live this long yet alone to be relatively healthy. I was prepared to die, so planning for a long life & possibly outliving my support group was never considered.
71. About living alone-I have lots of friends but I am not use to living alone I am afraid my kids will find out that I have AIDS
72. Getting sick and not being able to care for myself.
73. The physical problems – not growing old for children and grandchildren. Not being able to do things I used to do.
74. Future care, finances, relations
75. I need to keep my insurance so that I can continue my meds also I need housing bad.
76. How my girls can s till be care for after I pass away all how or they are almost at age they can take care of themselves.
77. Of people finding out I have HIV still not comfortable talking to anybody about it
78. No place to live. Mental health
79. That my children will find out and feel different about me or that I may become too sick to take care of my baby
80. I worry about the day that my doctor says there is a cure
81. That I will be alone the rest of my life. I wish there were yearly meeting or activities so I
82. Not able to get meds if insurance would stop paying for meds
83. Not being able to pay for medication if I were to lose my job. I am also worried about the time frame when the HIV will be turned into AIDS
84. I do not worry about a whole lot but one thing I do worry if I should be hospitalized with no insurance what would happen. So far I have done good with my disease and haven't had to be hospitalized for which I am very thankful. God has taken care of me since I found out about this and continues to do so I place my trust and faith in him knowing my needs will be met.
85. Inability to care for myself and handle my affairs due to the disabling effect of HIV meds
86. We desperately need dental care paths has provided check and cleaning but we need fillings etc. a support group dealing with our experiences not HIV information or political dogma. More in home help, when needed. More resources for paths clinic which provides primary care for many of us in this area
87. Developing AIDS
88. Dying and leaving my sons and family
89. I worry about how I could afford my medications if there wasn't a program like Ryan White
90. If I ever get sick what place would ever be available for my continuing care?
91. Health failing- no new drugs that work at the time, losing job & INS
92. Conditions getting worse
93. Currently I am in good health and am able to work full time however with my condition I am worried about the future and care for my child
94. I worry the most about losing the ability to pay for my medication for instance if I lose my job and I didn't have insurance. I also worry about the possibility of the government cutting Ryan White funding
95. Explaining my status to my children ages 8 yrs old and 16 yrs old

96. In the years to come will this HIV take the best of me. Will I be able to work and maintain as I am doing now?
97. Not being able to get better
98. I worry about my breathing problem because I can't catch my breath when I walk up the hill or the stairs plus I'm worry about my HIV problem because sometime I don't even know why I'm still living because I'm too young to be dealing with that kind of virus
99. Just pray for me to get well.
100. My health. My husband's health. My sister's health, Alzheimer's I'm her caregiver. Bills. My mental health.
101. The way public treats people with HIV. Not being around to see daughter grow up. Not getting a cure.
102. I worry most about being or getting sick, doctor bills, dying, being able to care for my kids, transportation.
103. Filing for disability.
104. My teeth mental health & compliancy not having primary care doctor's insurance and full dentistry. After a certain point teeth get pulled rather than saved. I have lost a beautiful smile which affects my mental health.
105. Getting White services fairly or just getting it.
106. Side effects of medicines finances not having enough money for rent, vehicle, etc. growing old alone, effects of HIV disease, depression
107. I put my faith in the ord. after being HIV + for 22 years plus I feel very blessed to see my oldest son brown @ 25 and to have to very healthy and happy teenagers. I feel as if the lord has a purpose for me to share my story with other women.
108. I try not to worry about anything. If there is one thing I did worry about it would be getting sick and being put in a nursing home.
109. Getting sick and having no one to be with me during that time and dying so young
110. medication failure and the resulting loss of health. Also the people finding out I'm positive and the resulting potential discrimination.
111. To get full blown AIDS
112. Dying soon
113. The side effects of medicines (I have lip dystrophy) the continuous fluctuation in CD4 counts and how long I will live.
114. Getting really sick again.
115. I worry that my HIV will become AIDS and there will be no help for me.
116. What if I move out of the area? Can I still receive my HIV medication? I could never afford to pay for the medication on my own.
117. I have mostly financial worries. Along with the many physical medical problems that I'm having currently.
118. Dying
119. Feeling too weak and tired to work and not getting disability.
120. Paying my bills
121. Not being able to get married and carry a healthy child. Not being able to earn extra income
122. I worry about not being here to see my kids grow up and be the one to help them get the education they need. I'm scared sometime when I think about it, if anything is going to happen to me. Like I can't believe this happened to me, that I still want to be here in this world. I'm so worried about because I don't have enough money to get what this family really needs and I don't have enough for bills they will get too high. I just need enough to get by so my children can be happy. I am stressed out so much.
123. I worry about getting bad news from the doctor. I make sure I take my meds every day. I worry about getting worse one day and not being able to work or take care of my son. I want to see my son grow up. I am very worried about not being here for him. I just take one day at a time. I feel like I have a lot of anger inside of me. I know that I should have protected myself more. I feel like I live a secret life because nobody knows. That is very hard to do.
124. Staying around to be able to see my grandchildren and to spend time with my family as long as I can.

125. I worry about more people in Lynchburg finding out my HIV status and becoming more and more of a social outcast unable to find employment, friendship or intimacy. I worry about getting stuck here in a community with no real HIV discussion or efforts.
126. The cost of health care and medications.
127. Having to see so many doctors, each treating something different, my HIV has cause my depression and other health problems but I have a hard time getting to my ID DR and now have 3 other Drs I have to see
128. Paying my monthly bills. I just went through cancer treatments due to complications for being HIV I went to social service to apply for Medicaid and food stamps and told I could not get Medicaid and I m only allowed \$10 a month for food stamps meanwhile I have all of the medical bills to pay so I can continue to get treatment form my physicians and by the time I pay my monthly rent of \$400 and utilities out of \$869 a month from social security I don't even have enough money for food for the month. I live on noodles! I call several times to see if I could get help from the Ryan White foundation and I'm always told by my case manager there's no funds left for Danville, VA I even asked for dental help again my case manager replies "no funds" try the community action agency? I have friends that are HIV and get more social security than I do and they get help with rent, utilities, food, and dental – basically the silver platter. Why does Danville, Virginia never have any funds from the Ryan White foundation to help us out? Why can't we get any available help is it the case manager here in Danville VA or is it that you don't care to help us out? I'm not looking for a hand out and I worked up until I came down with cancer in December 2008 and things are getting rough financially and there's not help? My faith is what is keeping me fighting for better health for I feel why have Ryan White foundation available for not everyone get any help due to there are not funds as my case manager always tells me.
129. I cannot get my med and I have not cash to pay my rent or bills

RESPONDENT COMMENTS: ANYTHING ELSE YOU WOULD LIKE TO TELL US?

- 1) I feel more need for social outlets for HIV pos. individuals; more need for targeting newly infected individuals toward support groups; exp. Young GLBT. Need to target those individuals with advanced aids who maybe sick and unable/ less willing to ask for help. Need to utilize HIV individuals to help above people- creation of positive volunteer action group?? More involvement and peer sharing of knowledge of experience.
- 2) VA does not offer support for non-HIV meds like other states – that would be helpful when I was unemployed and no health insurance.
- 3) This virus should still not have the power over people that it does. The HI-V stigma needs a make-over and the disenfranchised need more legal, financial, and aggressive advocates. This “unwelcome visitor” HIV, needs to be put in check & I’m lost.
- 4) I am very lucky I have great physicians and a wonderful health dept. in my area. I only wish everyone had medical insurance in the country and that the ones who don’t but have some financial help we could get Medicaid in times of necessity! I personally have Aids, fibromyalgia, osteoporosis, suffer from migraines, in constant pain most of the time, an 8 or above, but have had regular doctors and specialist drop me because of inability to pay my bills.
- 5) I think your fund is great and I am very thankful for all the things you guys have been able to do for me.
- 6) Excellent response w/ Bristol VA health dept. & Dr Gail Stanley @ Wellmont Hospital. Just signed up w/ the Appalachian coalition and on waiting list for dental services.
- 7) I just want to thank Ryan White & the nurses, doctor who gave me a second chance of life. May god bless you all help save many more lives to me I fault the battle now I am ready to win the war.
- 8) I have only had 2 un-ethical experiences with clinic coordinator for my clinic, 1. Having one of my medications discussed in the waiting room in front of other people in waiting area. 2. Told to go to my primary doctor for treatment for problem that I received medication a week and a half before by doctor that I saw on my HIV check up treated for cold that turned in bronchitis. Told by clinic coordinator for my clinic for HIV.
- 9) Just getting sicker but feeling pretty good about things right now. Hoping services are left the same cause its working!
- 10) The services I have been getting has helped me and would keep helping me stay well and safe. Thanks.
- 11) Thanks for all supports and help. I feel that I am belonging to the greatest part of family of Ryan White. Outstanding services.
- 12) There is a noticeable and increasing lack of real humanity in the clinic in Lynchburg. Perhaps it’s becoming too large, but I feel like a number rather than a person. The 2 people who used to respond to me like real people (chuck flowers and Debbie Erickson) are gone The case managers now have no clue who I am or my circum stances – nor do they seem to care.
- 13) I would like as much help as I could possible get if any is available to me with my HIV status.
- 14) Making sure I’m healthy and keep my job.
- 15) Health insurance
- 16) Health insurance \$570.00 per month couldn’t paid, it cost it in Feb 16 2009
- 17) I applied for disability they turned me down
- 18) I have the very best caregiver. Couldn’t make it without them they are the best. I am so blessed to have them.
- 19) Getting my med from k-mart always a problem. If I call it in a week early its always never
- 20) I’m very grateful for this foundation. When I moved to this state I didn’t know there was a clinic here. I went to one in Mich. I plan on moving again. How will I know if there is a clinic in another town? I was off my medication and got sick, that’s how I happen to find this clinic. I don’t want to go through that again. I don’t know where to look on the internet, but I haven’t asked my case manager either. Thanks again, there is no way I could afford the medicine without your help.
- 21) Don’t want to get sick again or die. Plus not miss any of medicine.
- 22) Thanks for having this survey for people like me, it helps keep me inform of what’s service out there for me.
- 23) Please tell the case worker to keep all information to them self. They talk a little too much at time.

- 24) Yes some of these programs have not been offer to my family when needed it like help with food and assistances
- 25) More HIV/STD training available in Richmond, available food bank & assistance for unemployed people.
- 26) Just need to know what HIV is when I will die or how soon.
- 27) Please advise me I do not have anything, everything is complicated, I am hopeless and I have nothing to eat and I need advice.
- 28) Keep the services going they really do help.
- 29) I need ensure to supplement my diet and cannot afford it. This would really be helpful. To meet other people with HIV who live in my area.
- 30) Carilion billing has improved & not getting threats for nonpayment. Still could use some improvements. Ready to go on social security and Medicare but little or no info on how to proceed
- 31) Why is it hard to get disability benefits if you are HIV positive I don't think it should be hard eventually it can turn into aids and then it may be too late.
- 32) Yes I wish to thank the many folks who have helped me in this Ryan White act especially services. I would like to talk with the dept head or management. Thank you and I wish the council of community services all a very bless year.
- 33) I sue to be on RAP housing. I got incarcerated lost my housing. I came back the name had changed to brass. The people or George the worker sent me a paper stating I had to use my assistance before 2008 when I did he denied my place and put me on a new waiting list for housing assistance I've been living from one place to the other. The person George the counselor on king George Ave SW Roanoke VA
- 34) Getting enough food to stay healthy dying before my children have someone to take care of them
- 35) People need to be more educated about HIV and aids people with HIV and AIDIS need to know what they are qualified for (housing)
- 36) at the present time I'm trying and need help finding a new job that pays better money and to find housing because not in a good living situation just until find a new job with better money to remodel grandmothers house
- 37) I have huge emergency visit bills at Carilion and I need help to pay it. I just started paying a little bit on it.
- 38) I think your services to the community are a sham. I have called numerous times only to be led on a chase through many people and phone #'s never receiving answers to my questions. Once I even attended support group sessions at your building only to be reassured into paying "dues" which at the time I could not afford! The conversations in the sessions themselves were only about the future activities. Never about the reality and dealings with our immediate HIV (+) problems. In fact- the only thing I ever received from your services; was to being hit on by your employees. I must thank you however- if it were not for the poor and unprofessional services I received- I would have never been strong enough to survive HIV on my own.
- 39) I need some kind of Medicare or Medicaid. Social services said I didn't qualify what else can I do? And I also need dental.
- 40) I appreciate Ray White services and Thank You.
- 41) I hope and pray for "vaccine" for HIV positive people and more specific information concerning HIV medication and their side effects also alternative treatments such as herbal etc.
- 42) I thank you all for being such a great place and I think you for keep my privacy private. Because even though I go through this alone I always know who to come to when I really need help.
- 43) I would like to be able to access private health insurance with prescription drug coverage.
- 44) I am enrolled in a long term residential treatment facility for drug abuse
- 45) Wish Ryan White funds would cover smoking cessation meds
- 46) Would like to see help with vision (glasses) and housing

- 47) My wife and I praise god for all the support and care that we both receive. We are blessed and part of it is because of you. Thanks
- 48) Services are great continue the good work
- 49) People that are HIV positive need to be on disability I'm on 7 medication, having problems with my feet and still am not on disability why does it take so long I can't to the things I use to do, I can't drive after 10pm because my HIV meds makes me drunk
- 50) Because of the stigma of HIV in southwest VA there is a great need for awareness, prevention and education programs
- 51) I think sometimes people aren't aware of all of the things that the government or state offer for people who are HIV and most of the time people just stumble upon things or may never know about them and sometime it would make things just a little easier on us from day to day. I also am upset about not being able to go to the emergency room and getting help with the bills.
- 52) If my health will get worse
- 53) Need more dental services.
- 54) I am new to the area. So far the services I have found are fairly new but are very helpful and progress is heading in a positive direction.
- 55) Please help with insurance assistance without Ryan White I couldn't afford my medication and wouldn't go to see a doctor unless very sick.
- 56) Finding housing/housing asst (financial) that I can afford so that I may live on my own like
- 57) Occasional snags with pharmacy and insurance /doctors causing me to miss a dose or two. Used to be easier when pharmacy was smaller more personal would spot me some meds to span the gap.
- 58) I would like some help with housing.
- 59) Dental
- 60) Could meet more people like myself. (Cookout, bowling league, baseball, trip, etc)
- 61) Only that you people do a great job. Wish there were a support group close to where I live.
- 62) Everyone has been most supportive and understanding
- 63) I do want the people of this service to know how thankful I am for your services you provide for me and the financial services I receive thru your program. People do not realize when you do not have it that each thing paid means a lot to me. It was so hard me when I found out the news I had HIV but by your help medicine doctor and Gods care I have been virus free 9 of the 12 years if had it and if you do what you are told to do you can live and be happier and go on with life Thanks for everything and may Goad bless your work.
- 64) I am not working and trying to find what is out there. I do not qualify for disability. I have 2 autistic sons.
- 65) Need somewhere to live but can't get it because I have no finances
- 66) My experiences with Ryan White services have been great. I have not had any problems getting my needs met. I would like to see the Ryan White services in the New River Valley improved. I participate in the Ryan White services in the Roanoke Valley, but have friends who participate in the NRV, the services are not comparable.
- 67) Thanks to Ryan White client people with HIV have a chance to live a longer life. Thank you.
- 68) My inability to quit smoking cigarettes. My heart (I had a heart attack) and the HIV meds consequences with my heart. My finances
- 69) I am very very thankful for the Ryan White program. I am on a shoestring budget and am very lucky I am not living on the street. Although I do consider living on the street I think that was way I could save some money and then set myself up better
- 70) Thank you for all services provided.
- 71) I didn't know when I was supposed to update my Ryan White program so I was dropped from Ryan White and now need to reapply

- 72) Thank you. Hope this helps. I have received my fair share of things have HIV for over 25 years in Atlanta now Lynchburg.
- 73) They denied me for Ryan White saying I didn't meet the deadline I never got a letter or an appt so I don't understand.
- 74) I feel very lucky to have the Ryan white fund. My health dept and loc doctors are great too I've learned a lot since the 80's and my cd4 and viral load continue to improve as my mental health improves. I suggest lost of sunshine therapy for your HIV patents and a lot of love.
- 75) The medical services here in southwest Virginia are great. The professionals are great. Not only are the medical professionals great the resources that are available are wonderful. Thanks.
- 76) Thank you for helping during such a difficult time.
- 77) Thanks for being there – couldn't do it without the financial and other r help.
- 78) I was unaware of Ryan White funding Roanoke City health dept. welcomed me and referred me to Carilion ID clinic.
- 79) Thanks- Ryan White program has been a blessing in my life. Thank the program for everything the program has done for me. Thank you to all the peoples that I have came in contract with. Thank you, thank you, thank you.
- 80) I am very impressed with every @ the Lynchburg facility. They are a great staff! I am always treated with respect and courtesy. They have made having HIV able to live a normal life. Thank you.
- 81) I think you should respond or talk to the people you are helping so they know you are helping. You should have a case worker to let people know every time you help them with their problems because you only sent me one letter telling me you will help and that was the last time you talk to me until now.
- 82) I want my information to be more confidential especially people come and visit me. Family spreading my business out there in the open just not being more careful and the income I'm getting is not enough in SSI I get \$674 rent \$395 I have to for Verizon and electric and get diapers I hardly don't have enough for that. I have to borrow money I need financial assistance. I always wanted a house for my family to have room to play around. I need to talk to someone important. I have had a hard life come to find out I have HIV its even worse. I can't get anything for my home hardly because something always coming up. I watch the home make over low they change people lives I always say I wish that was me. I just want my life to be better than what it is now especially for my kids.
- 83) I just want to know why certain states offer more services. I know I put myself in the situation the only thing I am asking is when the patients go to visits ask them if they have any needs and assist them if there is any ways to get help. When I go to my doctor it seems like they want me in and out. I go to the ID clinic and Roanoke Why the sign says infectious diseases on the sign it doesn't make me feel any better. We all know that it is infectious. They should change the sign; it makes me feel very uncomfortable.
- 84) Health dept and doctor are very good and make sure I have everything I need. Especially the health dept of Roanoke VA
- 85) Need to know where people like me meet at. What kind of support group is there and where?
- 86) Thank you for all the help you have provided. Your help really make things a little easier
- 87) Funeral expenses because it seems impossible for those of us living with HIV/AIDS to get coverage.
- 88) Having food and help paying bills (rent, tulles) creates a lot of stress with that my health suffers.
- 89) Information about why I don't qualify for disability, and I have problems working what should I do? I need some source of income or some help finding work.

2009 ROANOKE/ALLEGHANY HEALTH DISTRICT FOCUS GROUP COMMENTS

The following is a list of items that appeared on each of the newsprint charts at the session hosted by Carilion Clinic.
The Ryan White Program should...

Start doing	Stop doing	Continue doing
<p>Connecting Ryan White Program to those offering affordable housing</p> <p>Create and distribute listings of safe, decent, affordable housing</p> <p>Provide access to housing assistance such as security deposits and/or first month rent</p> <p>Hold seminars on affordable housing, programs available, how to get in</p> <p>Identify and provide HIV/AIDS friendly doctors willing to travel to more rural locations</p> <p>Provide more and better access to nutritionists & physical education programs for HIV/AIDS clients</p> <p>Provide nutritional supplements</p> <p>Have the Department of Social Services send out eligibility forms earlier in the year because it takes more time to set up appointments due to staff cuts</p> <p>Provide more opportunities to coalesce with other HIV/AIDS clients to discuss issues and share information</p> <p>Provide quarterly workshops on how to access Medicare/Medicaid & other social services</p>	<p>Requiring yearly eligibility forms to be signed and updated. Do this by mail or require every other year</p> <p>It takes 2 months to get an appointment at Social Services to update eligibility forms and payments can be halted if you do not start the process early enough</p>	<p>Primary Care</p> <p>Dental work, cleaning, partial bridge</p> <p>Medications</p> <p>Psychiatric care</p>

2009 CENTRAL VIRGINIA HEALTH DISTRICT FOCUS GROUP COMMENTS

: The following is a list of items that appeared on each of the newsprint charts at the session hosted by Centra Health.
The Ryan White program should...

Start	Stop	Continue
<p>Affordable vision care</p> <p>Dental Care not just basic dental care</p> <p>Lobbying for continuation funding for Ryan White</p> <p>Training about hospice care</p> <p>More human contact with case managers or others to provide information when needed</p> <p>Start dental check up semi-annually</p> <p>Start primary care support</p> <p>Start paying for relaxation and/or message therapy/acupuncture</p> <p>Start support groups to share information</p> <p>Provide more education and information about new issues, developments & medicines regarding HIV</p> <p>Provide more centralized information for Ryan White and other human & social services needed by low income clients</p> <p>More case management, more knowledgeable case managers</p> <p>More information about financial aid programs for the unemployed</p>	<p>Stop compartmentalizing the client</p> <p>treat client as a whole person by providing information about the array of services needed</p>	<p>Medical and dental reimbursement</p> <p>Updating & sending information</p> <p>Having primary care doctors</p> <p>Ryan White funding</p>

2009 RYAN WHITE CLIENT NEEDS SURVEY

Your individual responses will not be shared with anyone. Please DO NOT put your name anywhere on this document

Have you answered this survey in the last 2 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If yes, STOP! Do NOT continue.</i>			
What is the zip code where you live?	Zip Code:					
What is your birth date?	Day:		Month:		Year:	
Are you currently enrolled in Ryan White services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know			
Are you currently receiving any HIV services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know			

HEALTH INFORMATION

1. When did you first test positive for HIV?	Month:		Year:		
2. How do you think you got HIV? (Check all that apply)	<input type="checkbox"/> Having sex with men <input type="checkbox"/> Having sex with women <input type="checkbox"/> Sharing needles or works <input type="checkbox"/> Born with HIV <input type="checkbox"/> Occupational exposure <input type="checkbox"/> Blood products or transfusion <input type="checkbox"/> Don't know				
3. Have you ever had any symptoms because of HIV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know		
4. Are you currently on drugs to treat HIV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know		
5. Has a doctor ever diagnosed you with AIDS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know		
7. How long after testing positive did you start getting HIV services?	<input type="checkbox"/> Within a month <input type="checkbox"/> 1-6 months		<input type="checkbox"/> More than 6 months <input type="checkbox"/> More than 1 year		
8. What would have helped you get HIV care sooner after testing? (Check all that apply)	<input type="checkbox"/> Nothing – I got help right away <input type="checkbox"/> Knowing how important early care was for my health <input type="checkbox"/> Not having to take care of family/other people <input type="checkbox"/> Knowing who to call/where to go <input type="checkbox"/> Not using drugs/alcohol <input type="checkbox"/> Not being so afraid <input type="checkbox"/> Other (specify)				
9. In the last year, how often did you see your doctor about HIV?	<input type="checkbox"/> Never <input type="checkbox"/> 1-2 times		<input type="checkbox"/> 3-4 times <input type="checkbox"/> More than 4 times		
10. If you have not seen a doctor in the last year, why not?	<input type="checkbox"/> I do not feel sick <input type="checkbox"/> I do not have transportation <input type="checkbox"/> I do not have childcare <input type="checkbox"/> I do not trust them <input type="checkbox"/> They are not available <input type="checkbox"/> Other (Specify)				
11. Who gave you the MOST information about HIV treatments?	<input type="checkbox"/> Doctor/Nurse Practitioner <input type="checkbox"/> Nurse/Other Healthcare Worker <input type="checkbox"/> Case Manager/Social Worker <input type="checkbox"/> Friend(s) <input type="checkbox"/> Support groups <input type="checkbox"/> Newspapers/books <input type="checkbox"/> The Internet <input type="checkbox"/> Other (specify):				
12. When you see your case manager, does he/she explain things clearly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
13. When you see your doctor, does he/she explain things clearly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
14. When you go to the doctor for HIV care, has anyone ever talked to you about HIV prevention?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
15. Is it easy for you to talk with your doctors about your HIV treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
16. Do you know what happens if you miss doses of HIV drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
17. How is your physical health compared to a year ago?	<input type="checkbox"/> Worse	<input type="checkbox"/> Same	<input type="checkbox"/> Better		
18. How is your mental health compared to a year ago?	<input type="checkbox"/> Worse	<input type="checkbox"/> Same	<input type="checkbox"/> Better		
19. In the last year, how many times have you gone to the emergency room BECAUSE OF HIV , including follow up visits?	<input type="checkbox"/> None	<input type="checkbox"/> 1-2	<input type="checkbox"/> More than 2		

20. Of the Ryan White services currently offered in southwest Virginia, what are the 3 most important to you?	<input type="checkbox"/> Doctor visits & lab tests <input type="checkbox"/> Medications <input type="checkbox"/> Dental care <input type="checkbox"/> Mental health counseling <input type="checkbox"/> Substance abuse treatment services <input type="checkbox"/> Case management <input type="checkbox"/> Transportation to care appointments
21. Of the Ryan White services NOT currently offered in southwest Virginia, what are the 3 most important services to you?	<input type="checkbox"/> Early intervention services <input type="checkbox"/> Help paying for health insurance premiums <input type="checkbox"/> Home Health Care <input type="checkbox"/> In Home nursing care/medical equipment <input type="checkbox"/> Hospice services <input type="checkbox"/> Dietician/Nutrition therapy <input type="checkbox"/> Child care services during care appointments <input type="checkbox"/> Children's HIV care services <input type="checkbox"/> Emergency financial assistance <input type="checkbox"/> Food bank/home-delivered meals <input type="checkbox"/> HIV prevention education (for positives) <input type="checkbox"/> Housing services <input type="checkbox"/> Legal services <input type="checkbox"/> Translation services. <input type="checkbox"/> Outreach services <input type="checkbox"/> Permanency planning <input type="checkbox"/> Support groups/Pastoral care <input type="checkbox"/> Information and referral to services <input type="checkbox"/> Rehabilitation services <input type="checkbox"/> Respite care <input type="checkbox"/> Treatment adherence counseling <input type="checkbox"/> Other (specify):
22. What do you worry about the most? (You may continue on the last page if needed)	
_____ _____ _____ _____ _____	

Healthcare Services: Tell us about your HIV healthcare service needs.			
In the last year did you <u>NEED</u> to...	Did not need	Needed & received	Needed & DID NOT receive
23. See a doctor or a specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Get laboratory or other diagnostic tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. See an eye doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Get help paying for drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. See a dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. See a mental health counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Get help with health insurance premiums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Get in home care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Get home medical or health supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. See a physical therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. See a rehabilitation therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Talk to a nutritionist/dietician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Children's HIV care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Stay in a nursing home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Enroll in hospice care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Support Services: Tell us about your HIV support service needs.			
In the last year did you NEED to...	Did not need	Needed & received	Needed & DID NOT receive
38. See a case manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Talk to an HIV+ peer advocate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Get legal assistance or advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Attend a support group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Spiritual counseling or support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Grief counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Get education about HIV treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Get help taking my HIV drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Get help with translation/interpreting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Get education non-medical HIV services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Get food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Get childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Transportation to medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Services:			
In the last year did you NEED to...	Did not need	Needed & received	Needed & DID NOT receive
51. Get help applying for disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Get help applying for Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Get help applying for Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Get help applying for a Medicare drug plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Get help applying for Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Get help with private insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Get emergency food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Get emergency payments for housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Get short term housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Get help with paying utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Get clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Get financial counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Get help with housework or cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Get a volunteer companion (buddy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Get information on alternative medicine (herbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Get domestic violence services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Get help taking care of a pet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Get employment training and/or counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barriers to care:			
69. During the past year, have you had difficulty getting HIV services for any of the following reasons?			
A. The cost of drugs or services		<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Waiting list for services		<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Long wait to be seen at office or clinic		<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Lack of transportation		<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Lack of childcare		<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. Language barrier		<input type="checkbox"/> Yes	<input type="checkbox"/> No
G. Lack of trust that my care would be confidential		<input type="checkbox"/> Yes	<input type="checkbox"/> No
H. Fear of disclosing HIV status		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I. Services not available		<input type="checkbox"/> Yes	<input type="checkbox"/> No
J. Did not qualify financially		<input type="checkbox"/> Yes	<input type="checkbox"/> No
K. Discrimination because of gender (male/female)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
L. Discrimination because of sexual orientation (Gay/lesbian/bisexual)		<input type="checkbox"/> Yes	<input type="checkbox"/> No

M. Discrimination because of sexual identity (transgender)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N. Discrimination because of Race	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O. Did not know where to go for services	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DEMOGRAPHIC INFORMATION

70. What is your racial or ethnic background?	<input type="checkbox"/> African-American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Other (specify):	
71. Is your ethnic background Latino/Hispanic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
72. What is your native language?	<input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> American Sign Language <input type="checkbox"/> Other (specify):
73. What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Transgendered Male to Female <input type="checkbox"/> Transgendered Female to Male
74. How much education do you have?	<input type="checkbox"/> Less than 12 th grade <input type="checkbox"/> High school diploma/GED <input type="checkbox"/> Some college <input type="checkbox"/> Undergraduate degree <input type="checkbox"/> Postgraduate school/degree	
75. Are you...	<input type="checkbox"/> Employed full time <input type="checkbox"/> Employed part time <input type="checkbox"/> Unemployed looking for work <input type="checkbox"/> Unemployed waiting on disability <input type="checkbox"/> On disability <input type="checkbox"/> Retired <input type="checkbox"/> Other (specify):	
76. What is your household size (including only legally married spouse, and dependent children/adults)?	Adults:	Children:
77. What is your household income (including only legally married spouse, and dependent children/adults)?	<input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,001 to \$20,000 <input type="checkbox"/> \$20,001 to \$30,000	<input type="checkbox"/> \$30,001 to \$50,000 <input type="checkbox"/> \$50,000 and above
78. What type of health insurance do you have?	<input type="checkbox"/> None <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid + Medicare	<input type="checkbox"/> Medicare + Supplemental <input type="checkbox"/> Veterans <input type="checkbox"/> Private insurance
79. Is there anything else that you would like to tell us?		

Thank you very much!
 If you have any questions about this survey, please contact Council of Community Services, (800) 354-3388/ (540) 985-0131.