

Arizona Statewide Needs Assessment
for People Living with HIV/AIDS
Phoenix EMA Ryan White Planning Council (Part A)
and Arizona Department of Health Services (Part B)



Submitted by:



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¹ www.medicaid.gov/.../Downloads/2014-Federal-Poverty-level-charts.pdf

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Definition of Terms

AHCCCS – Arizona Health Care Cost Containment System is the State of Arizona’s Medicaid agency that offers health care programs.

AIDS – Acquired immune deficiency syndrome.

ACA – The Patient Protection and Affordable Care Act – also known as the Affordable Care Act. The ACA is the landmark health reform legislation passed by the 111th Congress and signed into law by President Barack Obama in March 2010.

CDC – The Centers for Disease Control and Prevention is the national public health institute of the United States.

HIV – Human Immunodeficiency Syndrome.

HRSA – The Health Resources and Services Administration, is an agency of the U.S. Department of Health and Human Services

PLWHA – Refers to People living with HIV/AIDS.

MSM (male-to-male sexual contact) – Persons whose transmission category is classified as male-to-male sexual contact include men who had sexual contact with other men (i.e., homosexual contact) and men who had sexual contact with both men and women (i.e., bisexual contact).

1. Executive Summary

The 2014 Arizona Statewide Needs Assessment for PWLHA was commissioned to Collaborative Research ('CR') to provide consumer driven data with regard to needs, use, barriers and gaps in care within the Phoenix, Arizona EMA (Ryan White Part A) and the State of Arizona (Ryan White Part B) with detailed findings by six (6) severe need groups (SNGs): 1. Newly Diagnosed; 2. Male to male sexual contact (MSM); 3. Hispanics; 4. African American; 5: American Indians/Alaska Natives; and 6. Youth-Adolescence and Young Adults (age 13 to 24).

Specific topics studied included an analysis of client level data to show the client utilization/impact of the Affordable Care Act (ACA), a final report and database of the survey data as a PowerPoint and Needs Assessment document with an Executive Summary in English and Spanish. Also included is a comparison of the current findings to prior reports and a stratification of data and findings by region and by Phoenix EMA and Part B programs.

The benefits of the needs assessment include:

1. Ability to integrate planning based on 2014 Arizona Statewide Needs Assessment for PWLHA findings (Barriers and Gaps in Care Continuum Completion)
2. Assessing the impact of Affordable Care Act implementation on PLWHA receiving services in Arizona
3. Analyzing findings to inform Annual Priority Setting and Resource Allocation Process based on impact of Affordable Care Act
4. Creating a "Roadmap" for delivery of Ryan White services for Statewide HIV Care Continuum completion
5. Benchmarking Arizona to other states' HIV Care Continuum and impact of Affordable Care Act
6. Using statewide data for policy decision makers to identify the continued/new role for Ryan White services
7. Updating client data to inform Phoenix EMA and Part B competitive grant applications, comprehensive plans and Statewide Coordinated Statement of Need (SCSN); and
8. Using the data to crosswalk to HIV Prevention based on findings from Newly Diagnosed survey respondents.

Survey respondents stated that they had tested positive at the Emergency Room (ER) at a 28.3% rate, with the predominant respondent identifying as Male to Male sexual contact (50%) or Hispanic/Latino only (35%). The other key factor was income level those with a \$0 to \$9,999 income testing positive in the ER at 43% and those with an income from \$10,000 to \$19,999 testing positive in the ER at 32%.

The majority, 47.2% of respondents, had never received an HIV test prior to their positive test, and 16.2% tested positive during their second time receiving an HIV test. Respondent groups who identified as testing more than one time included 50% of all transgender respondents; 41% of all respondents who listed their infection method as sexual assault newly diagnosed; 39% of

all newly diagnosed; and 29% of all respondents who listed their infection as male to male sexual contact.

HIV Testing

Of all survey respondents, 28.3% stated they tested positive at the Emergency Room (ER). When evaluating the population who tested positive in the ER, it was found that the predominant respondent were those who identified as male to male sexual contact 50%; and 35% identified as Hispanic/Latino. Another predominant identifying factor of respondents who tested positive in the ER was income level; with 43% reporting an income level between \$0 to \$9,999; and 32% reporting an income level between \$10,000 to \$19,999.

Overall, 47.2% of all survey respondents identified as testing positive on their first HIV test; with 16.2% testing positive after two tests. All regions, all targeted groups and all genders had their maximum response as testing positive on their first test. Respondents who self-reported as having been tested more than one time were (50%) of all transgender respondents, respondents who listed their infection method as Sexual Assault (41%), Newly Diagnosed (39%) and male to male sexual contact (29%).

Access to Free Condoms

- Respondents feel most comfortable procuring free condoms from their Provider or Health Clinic.
- The second rated source of free condoms was an HIV or Community organization in all regions except the North, where respondents rated their Case Manager 2nd
- The third rated source for the Central region was from a pharmacy, with the South ranking Case Managers 3rd.

One of the venues cited most often in the “Other” category was bars and nightclubs. An interesting response from the “Other” category mentioned by Southern region respondents was condom distribution through mail, which might be well received by Northern region respondents due to their distance to their health clinics and/or case managers.

Social Networking as a Medium to reach PLWHA

- A total of 71% of all respondents access social media, with Central region respondents accessing social websites at 73%, Southern region respondents at 65% and Northern region respondents at 62%.²
- The preferred medium is a home computer (51% overall, with the South at 57% and the North at 54%), except for the Central Region respondents with 53% of respondents preferring to use their mobile phone to access social media followed by 50% using home computers.
- Facebook is the most popular social network that respondents accessed by a 15% total margin. The second, third and fourth rated networks are Texting, Google+ and

² Percentages derived by subtracting “Do not access social media from 100%.

YouTube.

- These four social networks total 69% of responses for all regions, so it may be effective to concentrate a social media campaign on these four social networks for high risk individuals and PLWHA respondents in any region.

Attitudes about HIV

Survey respondents were asked about how peers in their age group felt about HIV with the following four defined responses:

15. Which statement best describes how people your age feel about HIV?

- | | |
|----------------------------|---------------------------------|
| They do not worry about it | HIV is a deadly disease |
| HIV is a concern | They do not know much about HIV |

This change in age bracket represents an attitudinal shift with the top ranked attitude from the:

- | | |
|---------------------------------------|----------------------------------|
| ➤ 13 to 19 age cohort: | They do not worry about it. |
| ➤ 20 to 24 age cohort: | They do not know much about HIV. |
| ➤ 25 to 29 age cohort: | HIV is a deadly disease. |
| ➤ 30 to 34 and all other age cohorts: | HIV is a concern. |

Health Insurance Coverage

Insurance Coverage for respondents was primarily through Medicaid (AHCCCS) at 47%, followed by Ryan White Part B at 25%, Medicare at 24% and Ryan White Phoenix EMA at 23%.

Statewide respondents answered that they had been contacted by their medical provider or case manager to enroll in Medicaid (35%) and in the Health Insurance Marketplace (26%). The Northern region respondents cited the highest contact percentages at 38% for Medicaid and 60% for the Health Insurance Marketplace.

Statewide respondents reported that 41% of them had not been contacted about enrollment in Medicaid expansion or the Health Insurance Marketplace by their medical provider or case manager. Respondents that had been contacted but did not understand their role in the process reported at 4%. The highest negative response was in the Southern region at 47%, and the percentages that did not understand their role in obtaining insurance coverage through either Medicaid or the Health Insurance Marketplace was constant at the 3 to 5% range.

Respondents that enrolled in Medicaid totaled 28%, and those that enrolled in the Health Insurance Marketplace totaled 16%. The largest response to enroll in Medicaid as a result of contact by a medical provider or case manager was in Part B at 43%. (North 40%; South 45%). Enrollment in the Health Insurance Marketplace was consistent through both Parts A and B and through the Central and South regions at 20%. The Northern region enrolled at 35%, the largest response for the Affordable Care Act (ACA). The total number of respondents that are tentatively eligible for Medicaid based on their annual income and number in household is 510

or 69% of the respondents. Survey respondents replied that 28% had enrolled in Medicaid so a deficit of 41% or 317 respondents appear to be eligible but may not have enrolled in Medicaid.

Respondents already enrolled in an insurance plan and not needing to make a change were at (217 or 28%, but the North showed the highest response at 40%, consistent with their responses regarding their current health insurance (Question 17) with the highest response to Medicaid /AHCCCS (58%), Medicare (23%) and Ryan White Part B (23%).

Respondents not eligible who will continue to receive primary health insurance through Ryan White totaled 9% or 68, with a range of 2% in the Northern region to 10% in the Central Region.

Respondents not following up on health insurance coverage totaled 16 or 2% of all respondents, with consistent ranges across all regions and parts.

Health Literacy

- Respondents stated that they understood the requirements of the new health insurance with 325 or 68% of the 481 answering this question. This positive response was repeated in all regions.
- Respondents requesting assistance understanding these new requirements totaled 74 or 17% of the 481 respondents. All regions request for assistance in understanding ranged from 14% to 18%.

Medical Adherence

Out-of-Care is defined by the Health Resources and Services Administration (HRSA) as “persons who have no evidence of a medical visit, CD4 or viral load during a 12-month measurement period”. The HIV/AIDS Bureau (HAB) Performance Measures released in November 2013 however, indicated medical visit frequency in a 2 year period with 4 medical visits occurring with at least one visit in each 6 month period. For the purposes of reporting it was determined the HAB measure would be the “defining” factor for Out-of-care client counts.

- Respondents that are Out-of-care or those not seeing a provider within the last 6 months total 49 or 6% of all those who answered this question.
- The majority of Out-of-care PLWHA reside in the Central Region, (43 of 49 total or 88%).
- Respondents that are Out-of-care, those not having a CD4 T-Cell count within the last 6 months total 54 or 7% of all those who answered this question. The majority of these Out-of-care PLWHA reside in the Central Region, (45 or 83%).
- Respondents that are Out-of-care, those not having a Viral Load count within the last 6 months total 54 or 7% of all those who answered this question. The majority of these Out-of-care PLWHA reside in the Central Region, (45 or 83%).

Co-Morbidities

For the respondents, Gonorrhea is the most prevalent STD at 22% followed by Syphilis at 21%. Gonorrhea incidence appears highest in the Southern region at 29%. Syphilis is more prevalent than Gonorrhea in both the Central and Northern regions at 22% and 17% respectively.

High Blood Pressure (30%) is the largest co-morbid medical condition followed by Hepatitis A or B (27%) then High Cholesterol (26%). Respondents report a significant Hepatitis C co-infection rate at 14% overall, and at 15% in both the Central and Southern regions.

Respondents self-reporting an issue with substance abuse equal 14% or 107. Those with a substance abuse issue with a history of intravenous drug use total 7 or 6.5% of those with a substance abuse issue. Almost two-thirds of respondents (65%) report receiving behavioral health treatment or counseling since their HIV diagnosis.

Residence of PLWHA

One-third of survey respondents report being homeless at one time, and 7% report being currently homeless. Survey respondents self-report that 2% live in a shelter, with approximately 5% living on the streets or “couch-surfing”.

Those with shelter predominantly rent (55%), with 17% living with a friend or relative and 16% owning their own home.

Transition from Incarceration to Treatment for Released PLWHA

A total of 38% (298) of respondents have been in jail, and 14% (108) of respondents have been in prison. When released from prison or jail, only 16% (64) of these PLWHA were offered a transition to HIV medical care or HIV-related services. The conclusion to be reached is that 342 (84%) of PLWHA were not provided case management or a referral to HIV services and were placed at risk for non-adherence due to the lack of transitional assistance.

Access to Services

Survey respondents reported that outpatient ambulatory medical care was their top ranked need, followed by medication assistance, nutrition assistance and support groups. The top ranked utilized service was outpatient ambulatory medical care, followed by medication assistance, nutrition assistance and medical case management. The top ranked gap in services was transportation, followed by housing assistance then nutrition assistance. The top ranked impediment or barrier to care was vision care, then housing assistance, medication assistance and transportation.

Targeted Groups

Newly Diagnosed PLWHA

- Outpatient ambulatory medical care and medication assistance were ranked #1 and #2 services needed and used by Newly Diagnosed PLWHA. The third ranked service needed was nutrition assistance, and the third ranked service used was medical case management.
- Gaps in care or services that Newly Diagnosed PLWHA could not get were oral health, nutrition assistance and mental health counseling.
- Barriers to access to care or services that Newly Diagnosed PLWHA found difficult to obtain were vision care, specialty providers, nutrition assistance and support groups.

Male to Male Sexual Contact (MSM's)

- The top ranked services needed and utilized by MSMs were outpatient ambulatory medical care, nutrition assistance and medication assistance.
- The top gaps in services reported by MSMs were transportation, vision care and housing assistance. The top barriers of access to care reported by MSMs were housing assistance, transportation, vision care, and nutrition assistance.

Hispanic / Latinos (Only)

- The top ranked services needed by Hispanic/Latinos were medication assistance, outpatient ambulatory medical care, and nutrition assistance.
- The top ranked services used by Hispanic/Latinos were outpatient ambulatory medical care, followed by medication assistance and medical case management.
- The top gaps in services reported by Hispanic/Latinos were vision care, transportation, and medication assistance. The top barriers of access to care reported by Hispanic/Latinos were vision care, transportation, outpatient ambulatory medical care, and emergency financial assistance.

African American / Blacks

- The top ranked services needed and utilized by African Americans were outpatient ambulatory medical care, medication assistance and nutrition assistance.
- The top gaps in services reported by African Americans were emergency financial assistance, transportation, and medical case management. The top barriers of access to care reported by African Americans were transportation, nutrition assistance, and housing assistance.

American Indians / Alaska Native (AI/AN)

- The top ranked services needed and utilized by American Indians were outpatient ambulatory medical care tied with medication assistance, nutrition assistance and housing assistance.
- The top gaps in services reported by American Indians were transportation, nutrition assistance and housing assistance. The top barriers of access to care reported by American Indians were vision care, transportation, and medication assistance.

Youth (Age 13 to 24)

- The top ranked services needed by Youth were outpatient ambulatory medical care, medication assistance and medical case management. The top services utilized by youth were outpatient ambulatory medical care, medication assistance tied with medical case management and nutrition assistance.
- The top gaps in services reported by Youth were health education: peer/mentor, vision care and transportation, The top barriers of access to care reported by Youth were oral health, vision care, and internet/phone.

Regional Differences

The Central Region is the most populated (65% of Arizona's population) and has more access to service for PLWHA.

Issues for Central Region:

- Large Out-of-care population
- Refugee Center- added burden of languages (French), cultures, distrust of authority
- Stress of Resource allocation between male to male sexual contact (MSM) and Women
- Large Hispanic population

Needs/Solutions:

- Peer/ Mentor group for HIV+ youth age 13 to 15 that are heterosexual to be advised and counseled by older HIV+ youth (age 16 to 19) or early adult HIV+ regarding issues of coming out, dealing with sex, adherence to medical regimen
- Better method of HIV testing at locations other than the Emergency Department of local hospitals
- Housing

The Northern region is the least populated, but the largest geographically dispersed PLWHA population, and a population where many American Indians reside.

Issues for Northern Region:

- Geographic challenges of delivering medication, food boxes, holding support groups with enough attendees, Burden on staff to reach PLWHA, etc. due to large territory and mountainous terrain.

Needs/Solutions

- Support groups, possibly using secure video technology to have geographically distant PLWHA participate.
- Need for Mental Health provider/Psychiatrist. A possible solution would be to partner with Behavioral Health tele-psychiatrist from Phoenix to provide behavioral counseling through secure video conferencing.
- Alternative cultural therapies help to make treatment for HIV/AIDS more culturally acceptable.

Southern Region

The Southern region is the second most populated region of Arizona where 15% of Arizonans reside. The Southern region encompasses Tucson on the East and Yuma on the West, two very different areas with very different populations. Tucson is progressive, close to Phoenix and

respondents are able to access outpatient ambulatory medical care providers. Yuma is growing, but is largely Hispanic with a need for more outpatient ambulatory medical care providers.

General

- Newly Diagnosed PLWHA equal to Central Region (47)

Yuma

- Not enough Infectious Disease (“ID”) providers in Yuma. A second ID provider recently began practice.
- Close-knit Hispanic community where HIV/AIDS is a disease containing a great deal of stigma.
- Need for more specialists especially Psychiatrists. Tele-medicine combined with Behavioral Health providers in Phoenix or Tucson could alleviate this issue.

Tucson

- Need for more affordable housing
- Need for vision care.
- Need for transportation alternatives.

Needs/Solutions

- Need for mental health provider/Psychiatrist. A possible solution would be to partner with Behavioral Health tele-psychiatrist located in Phoenix to provide behavioral counseling through secure video conferencing.

2. Background with Epidemiology

This needs assessment identifies challenges facing Arizonans with HIV/AIDS covered by both Phoenix EMA, (Central Region of Maricopa and Pinal counties), and by Part B, the Northern Region (Apache, Coconino, Gila, Mojave, Navajo and Yavapai counties) and Southern Region (Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz, and Yuma counties). The needs assessment also explores attitudinal views concerning social media, frequency of HIV testing, and how peers of similar age view HIV. Finally, the needs assessment identified the experience of PLWHA in obtaining Medicaid or Health Insurance Marketplace insurance coverage and their opinions on the impact of this insurance coverage needed to stay in medical care.

As of December 31, 2012, 15,288 Arizonans³ were identified as living with HIV or AIDS. This number is understated as the CDC estimates that approximately 15.8% of HIV positive individuals are unaware of their infection.⁴ The statistics based on the 2013 Arizona Department of Health Services (ADHS) annual report were the basis of the sample frame for the Arizona Statewide Needs Assessment for PWLH/A assessment.

³ 2013 Annual Report-Arizona statistics. Accessed online at: <http://www.azdhs.gov/phs/edc/odis/documents/hiv-epidemiology/2013/hiv-arizona-stats.pdf>.

⁴ <http://www.cdc.gov/hiv/statistics/basics/ata glance.html>

Actual surveys obtained by each demographic group are displayed following each sample frame. The results are shown by Part A (Central Region) and Part B (North and South Regions) and then in total by Part.

Table 1. Sample Frame for all three (3) regions
(Based on Arizona Statistics Reports by Region for 2012)

Region	County	2012 estimated Prevalence of HIV/AIDS	Sample Frame @5% of Estimate
Northern	Apache, Coconino, Gila, Mojave, Navajo and Yavapai	896	45
Central	Maricopa and Pinal	11,428	571
Southern	Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz and Yuma	2,964	148
Total	All	15,288	764

Table 2. Comparison of Actual Survey Results to Sample Frame by Region

Region	County	Sample Frame	Actual	Difference
Central	Maricopa and Pinal	571	578	7
Total Part A		571	578	7
Northern Part B	Apache, Coconino, Gila, Mojave, Navajo and Yavapai	45	48	3
Southern Part B	Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz and Yuma	148	148	-
Total Part B		193	196	3
Total	All	764	774	10

All regions responded with surveys that met or exceeded their sample frame. Responses submitted totaled 774, 10 above the sample frame goal of 764 (sample frame established by 5% of total population). Part A exceeded goal by 7 surveys and Part B by 3 surveys.

Table 3. Sample Frame by Gender and Region
(Based on Arizona Statistics Reports by Region for 2012)

Gender	Northern		Central		Southern		Total	Sample Frame @5% of Estimate
	Popln	Sample @5%	Popln	Sample @5%	Popln	Sample @5%	Popln	Sample
Male	716	36	9,884	494	2,525	126	13,125	656
Female	180	9	1,544	77	439	22	2,163	108
Total	896	45	11,428	571	2,964	148	15,288	764

Table 4. Comparison of Actual Survey Results to Sample Frame
by Gender and Ryan White Part

Gender	Central / Part A			Part B			Total		
	Sample	Actual	Difference	Sample	Actual	Difference	Sample	Actual	Difference
Male	494	437	-57	162	144	-18	656	581	-75
Female	77	130	53	31	51	20	108	181	73
Transgender Male to Female		9	9		1	1		10	10
Transgender Female to Male		2	2					2	2
Total	571	578	7	193	196	3	764	774	10

Table 5. Comparison of Actual Survey Results to Sample Frame
by Gender and Region for Part B by Region

Gender	North			South			Total Part B		
	Sample	Actual	Difference	Sample	Actual	Difference	Sample	Actual	Difference
Male	36	32	-4	126	112	-14	162	144	-18
Female	9	16	7	22	35	13	31	51	20
Transgender F to M					1	1		1	1
Total	45	48	3	148	148	0	193	196	3

Males underreported compared to the sample by 11% (n=75). Females reported 67% above the sample (n=73). Transgender respondents totaled 12 with 10 Male to Female and 2 Female to Male. The majority of the transgender population was located in the Central Region (11 or 92%) with 1 respondent from the Southern region (8%).

Table 6. Sample Frame by Age and Region
(Based on Arizona Statistics Reports by Region for 2012)

Age	Northern		Central		Southern		Sample Frame @5% of Estimate	
	Popln	Sample	Popln	Sample	Popln	Sample	Popln	Sample
0-13	4	0	51	3	12	1	67	3
13-19	5	1	51	3	15	1	71	4
20-24	20	2	317	16	40	2	377	19
25-29	37	3	620	31	105	5	762	38
30-34	61	4	1034	52	170	9	1265	63
35-39	81	6	1202	60	240	12	1523	76
40-44	121	9	1752	88	384	19	2257	113
45-49	172	8	2248	112	562	28	2982	149
50-54	166	6	1957	98	588	29	2711	136
55-59	127	3	1129	56	414	21	1670	84
60-64	58	2	594	30	237	12	889	44
65 and Above	44	1	460	23	191	10	695	35
Age Unknown	0	0	13	1	6	0	19	1
Total	896	45	11,428	571	2,964	148	15,288	764

Table 7.
Comparison of Actual Survey Results to Sample Frame
by Age and Ryan White Part

Age	Central / Part A			Part B			Total		
	Sample	Actual	Difference	Sample	Actual	Difference	Sample	Actual	Difference
0-13	3	1	-2	-	-	-	4	1	-2
13-19	3	8	5	2	1	-1	5	9	4
20-24	16	23	7	4	5	1	20	24	4
25-29	31	27	-4	8	9	1	39	28	-11
30-34	52	56	4	13	11	-2	65	67	2
35-39	60	59	-1	18	15	-3	78	64	-14
40-44	88	81	-7	28	19	-9	116	100	16
45-49	112	119	7	36	34	-2	147	153	5
50-54	98	96	-2	35	43	8	131	139	6
55-59	56	58	2	24	24	-	80	82	2
60-64	30	30	-	14	15	1	44	45	3
65 and Above	23	19	4	11	20	9	34	39	4
Age Unknown	1	1	-	-	-	-	1	1	-
Total	571	578	7	193	196	3	764	774	10

Table 8. Comparison of Actual Survey Results to Sample Frame
by Age and Region for Part B by Region

Age	Northern			Southern			Total Part B		
	Sample	Actual	Difference	Sample	Actual	Difference	Sample	Actual	Difference
0-13	0	0	-	1	-	-1	1	-	-1
13-19	1	1	-	1	-	-1	2	1	-1
20-24	2	2	-	2	3	1	4	5	1
25-29	3	3	-	5	6	1	8	9	1
30-34	4	2	-2	9	9	-	13	11	-2
35-39	6	3	-3	12	12	-	18	15	-3
40-44	9	7	-2	19	12	-7	28	19	-9
45-49	8	5	-3	28	29	1	36	34	-2
50-54	6	13	7	28	30	1	34	43	9
55-59	3	6	3	21	18	-3	24	24	-
60-64	2	4	2	12	11	-1	14	15	1
65 and Above	1	2	1	10	18	8	11	20	9
Age Unknown	0	0	-	0	-	-	-		
Total	45	48	3	148	148	-	193	196	3

Table 9. Sample Frame by Race / Ethnicity and Region
(based on Arizona Statistics Reports by Region for 2012)

Race / Ethnicity	Northern		Central		Southern		Total	Sample Frame @5% of Estimate
	Popln	Sample	Popln	Sample	Popln	Sample		
<i>Race/Ethnic Group</i>								
White Non-Hispanic	551	28	6,340	317	1,634	82	8,525	426
Black Non-Hispanic	28	1	1,486	74	297	15	1,811	91
Hispanic	103	5	2,979	149	884	44	3,966	198
A/PI/H Non-Hispanic ^a	12	1	165	8	35	2	212	11
AI/AN Non-Hispanic ^b	187	9	286	14	63	3	536	27
MR/O Non-Hispanic ^c	15	1	172	9	51	3	238	12
Total	896	45	11,428	571	2,964	148	15,28	764
a- Asian Pacific/Islander/Hawaiian b- American Indian/Alaskan Native c- Multiple Race/Other Race								

Of those identifying a racial/ethnic background of more than one race the racial components were: Hispanic (31%), Black /African American (29%) American Indian (24%), Creole (7%), Asian (7%) and European (2%).

Table 10. Comparison of Actual Survey Results to Sample Frame
by Race /Ethnicity and Ryan White Part

Race / Ethnicity	Central / Part A			Part B			Total		
	Sample	Actual	Difference	Sample	Actual	Difference	Sample	Actual	Difference
White Non- Hispanic	317	213	-104	110	97	-13	427	310	-117
Black Non- Hispanic	74	99	25	16	18	2	90	117	27
Hispanic	149	159	10	49	48	-1	198	207	9
Asian Pacific Islander Non-Hispanic	-	6	6	2	1	-1	2	7	5
American Indian Non- Hispanic	14	39	25	12	15	3	26	54	51
Multi-Racial Non-Hispanic	9	41	32	4	17	13	13	54	45
Refugee	-	12	12	-	-	-	-	12	12
Other	-	9	9	-	-	-	-	9	9
Total	571	578	7	193	196	3	764	774	10

Table 11. Comparison of Actual Survey Results to Sample Frame
by Race / Ethnicity and Region for Part B by Region

Race / Ethnicity	Northern			Southern			Total Part B		
	Sample	Actual	Difference	Sample	Actual	Difference	Sample	Actual	Difference
White Non- Hispanic	28	31	3	82	66	-16	110	97	-13
Black Non- Hispanic	1	2	1	15	16	1	16	18	2
Hispanic	5	2	-3	44	46	2	49	48	-1
Asian Pacific Islander Non-Hispanic	1	-	-1	1	1	0	2	1	-1
American Indian Non- Hispanic	9	9	-	3	6	3	12	15	3
Multi-Racial Non-Hispanic	1	4	3	3	13	10	4	17	13
Refugee	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Total	45	48	3	148	148	-	193	196	3

Table 12. Sample Frame by Mode of Transmission and Region
(based on Arizona Statistics Reports by Region for 2012)

Mode of Transmission	Northern		Central		Southern Total		Sample Frame @ 5% of	
	Sample	Actual	Sample	Actual	Sample	Actual	Sample	Actual
Male to Male sexual contact (MSM)	438	22	6,990	350	1,742	87	9,170	459
Injection Drug Users (IDU)	136	7	1113	56	346	17	1,595	80
MSM / IDU	119	6	940	47	241	12	1,300	65
Heterosexual (All)	125	6	1180	59	347	17	1,652	83
Blood Products, Transfusion, Health Care Worker	12	1	131	7	60	3	203	10
Sex with Drug User, Sexual Assault, Risk not Identified	66	3	1074	54	228	11	1,368	68
Total	896	45	11,428	571	2,964	148	15,288	764

Table 13. Comparison of Actual Survey Results to Sample Frame by Race /Ethnicity and Ryan White Part

Mode of Transmission	Central / Part A			Part B			Total		
	Sample	Actual	Difference	Sample	Actual	Difference	Sample	Actual	Difference
Male to Male sexual contact (MSM)	350	322	-28	109	112	3	459	434	-25
Injection Drug Users (IDU)	56	56	-	24	20	-4	80	76	-4
MSM / IDU	59	22	-37	18	8	-10	65	30	-35
Heterosexual	47	155	108	23	39	16	82	211	129
Blood Products, Transfusion, Health Care Worker	7	32	25	4	4	-	11	39	28
While Incarcerated		10	10	-	3	3	-	13	13
Sex with Drug User, Sexual Assault,	-	71	71	12	24	12	-	95	95
Risk not Identified	52	2	-50	3	12	9	67	14	-53
Mother with HIV	-	7	7	-	2	2	-	9	9
Total	571	677	106	193	224	31	764	921	157

Table 14. Comparison of Actual Survey Results to Sample Frame by Mode of Transmission and Region for Ryan White Part B by Region

Mode of Transmission	Northern			Southern			Total Part B		
	Sample	Actual	Difference	Sample	Actual	Difference	Sample	Actual	Difference
Male to Male sexual contact (MSM)	22	24	2	87	88	1	109	112	3
Injection Drug Users (IDU)	7	6	-1	17	14	-3	24	20	-4
MSM / IDU	6	2	-4	12	6	-6	18	8	-10
Heterosexual	6	16	10	17	40	23	23	39	16
Blood Products, Transfusion, Health Care Worker	1	3	2	3	4	1	4	4	-
While Incarcerated	-	1	1	-	2	2	-	3	3
Sex with Drug User, Sexual Assault	-	9	9	12	15	3	12	24	12
Risk not Identified	3	2	-1	-	10	10	3	12	9
Mother with HIV	-	1	1	-	1	1	-	2	2
Total	45	64	19	148	180	32	193	224	31

Table 15. Sample Frame for Newly Diagnosed and Region (based on Arizona Statistics Reports by Region for 2012)

Newly Diagnosed	Northern		Central		Southern		Total	Sample Frame @5% of Estimate
	Total	Sample	Total	Sample	Total	Sample	Total	Sample
Totals	199	10	2,785	139	749	37	3,733	186

(based on HIV /AIDS Statewide Coordinated Statement of Need Report, 2012-2014)

Table 16. Comparison of Actual Survey Results to Sample Frame for Newly Diagnosed by Ryan White Part

Newly Diagnosed	Central / Part A			Part B			Total		
	Sample	Actual	Difference	Sample	Actual	Difference	Sample	Actual	Difference
Newly Diagnosed	139	47	-92	47	77	30	186	124	-62

Table 17. Comparison of Actual Survey Results to Sample Frame for Newly Diagnosed for Part B by Region

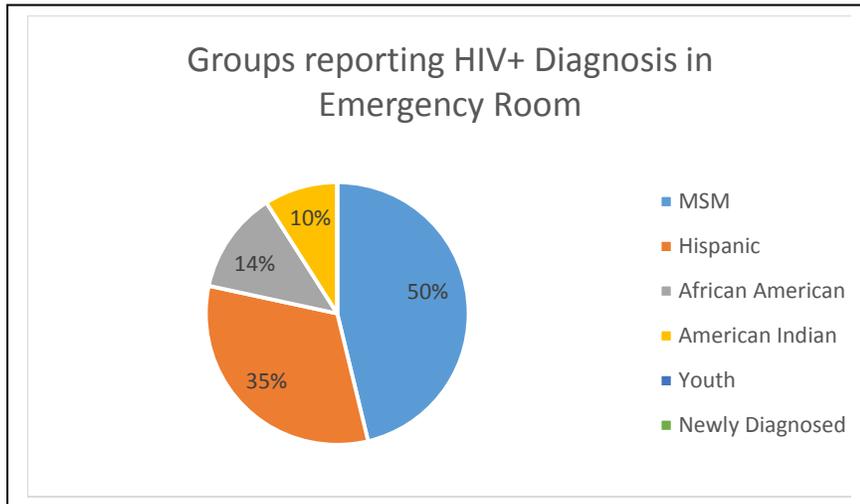
Newly Diagnosed	North			South			Total Part B		
	Sample	Actual	Difference	Sample	Actual	Difference	Sample	Actual	Difference
Newly Diagnosed	10	30	20	37	47	10	47	77	30

3. HIV Testing

Respondents stating that they were diagnosed with HIV/AIDS during a visit to an emergency room totaled 183 or 28.3%. The Central Region (Part A) reported 124 or 68% of the total 183 positive responses. The Southern Region reported 27% and the Northern Region 5%. Male to Male sexual contact (MSM) reported the largest number of those diagnosed in the emergency room at 92 or 50% of total ER diagnoses, with Hispanics at 35%, African Americans at 14% and American Indians at 10%. No Youth or Newly Diagnosed PLWHA reported being diagnosed as HIV Positive in the emergency room.

The highest correlation apart from Male to Male sexual contact (MSM) was to low income. PLWHA making \$0 to \$9,999 (<100% of the Federal Poverty Level (FPL)) comprised 43% of those diagnosed in the emergency room with PLWHA earning \$10,000 to \$19,999 equaling 32% of those diagnosed HIV Positive in the Emergency Room.

Figure 1. Groups reporting HIV-positive Diagnosis in Emergency Room (n=183)



The majority, 47.2% of respondents, tested positive on their first HIV test, with 16.2% testing positive after two tests. All regions, all targeted groups and all genders had their maximum response as testing positive on their first test.

The total percentage of respondents testing three or greater times was 23.4% with Transgender respondents at 50%, PLWHA contracting HIV as a result of Sexual Assault at 40.9%, Newly Diagnosed at 39.4%, and Males Having Sex with Males seeking an HIV test three or more times at 28.6%.

Figure 2. Groups Seeking HIV Tests Three or More Times (n=203)

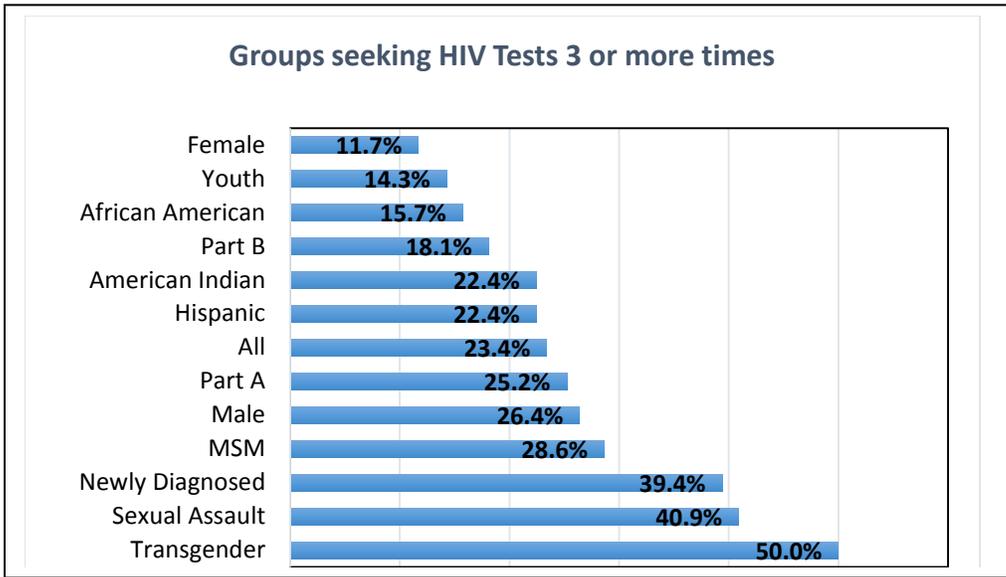


Figure 3. Respondents were asked to identify their opinion on suggested frequency for HIV Testing

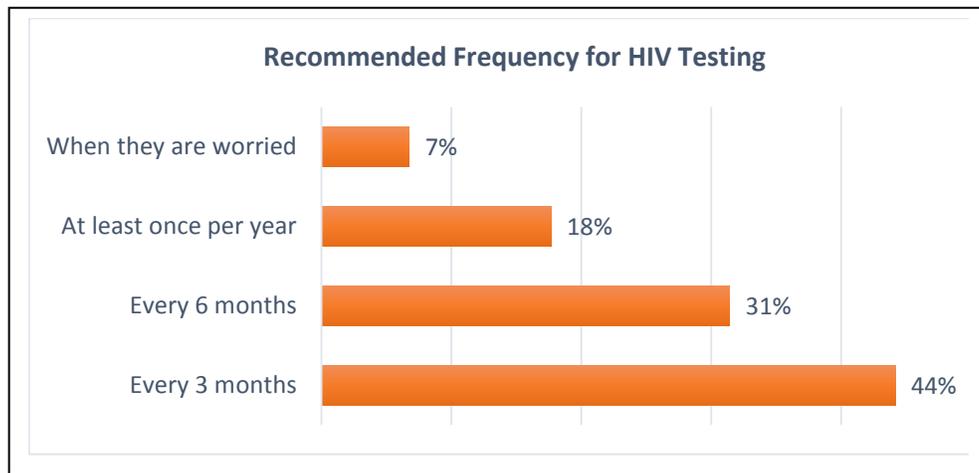


Table 18. City and State Where First Diagnosed HIV Positive
Q.4. In what city and state were you first diagnosed with HIV or AIDS?

City and State	Count of 1 st Diagnosis	City and State	Count of 1 st Diagnosis	City and State	Count of 1 st Diagnosis
A	1	FL	14	NY	17
DID NOT LIST A CITY	1	DID NOT LIST A CITY	1	BRONX	1
AL	1	FT LAUDERDALE	1	NEW YORK	14
BIRMINGHAM	1	JACKSONVILLE	2	QUEENS	1
AZ	507	LAKELAND	1	SOUTH	1
AVONDALE	1	MIAMI	2	OH	1
BULLHEAD CITY	1	ORLANDO	2	CLEVELAND	1
CASA GRANDE	2	ST PETE	1	OK	4
CHANDLER	2	TAMPA	3	OKLAHOMA CITY	1
CHINLE	2	WINTER HAVEN	1	TULSA	3
DID NOT LIST A CITY	2	GA	5	OR	7
ELOY	1	ALBANY	1	PORTLAND	6
FLAGSTAFF	10	ATLANTA	4	SALEM	1
FORT DEFIANCE	1	HI	1	PA	2
GLENDALE	9	LAHAIMA	1	ALLENTOWN	1
HAYDEN	1	IA	1	BRISTOL	1
KAYENTA	1	DAVENPORT	1	PHILADELPHIA	1
MESA	9	ID	5	RI	1
NOGALES	1	BOISE	3	PROVIDENCE	1
PAGE	2	TWIN FALLS	2	TN	3
PAYSON	2	IL	12	MEMPHIS	3
PHOENIX	352	AURORA	1	TX	14
PINAL COUNTY	1	CHICAGO	8	AMARILLO	1
PINETOP	1	HOFFMAN ESTATES	1	ARLINGTON	1
PRESCOTT	5	ILLEGIBLE	1	DALLAS	1
SACATON	1	LAKE IN HILLS	1	EL PASO	5
SHOEDINE	1	MA	3	HOUSTON	3
SHOW LOW	3	ATTLEBORO	2	PHOENIX	1
SIERRA VISTA	1	BOSTON	1	SAN ANTONIO	1
TEMPE	2	MD	8	TEMLE	1
TOLLESON	1	BALTIMORE	3	UT	1
TUCSON	73	DUNKIRK	2	SALT LAKE CITY	1
WHITERNER	1	HAGERSTOWN	1	WA	9
YARNELL	1	SALISBURY	1	SEATTLE	9
YUMA	11	SILVER STORMS	1	WI	1
CA	86	ME	1	MILWAUKEE	1
COSTA MESA	1	LEWISTON	1	WV	1
DID NOT LIST A CITY	2	MI	2	HUNTINGTON	1
FRESNO	1	DETROIT	1		
HOLLYWOOD	1	WAYNE	1	PR	1
LA HABRA	1	MN	3	CAEUS	1
LONG BEACH	2	BLOOMINGTON	1	WASHINGTON DC	
LOS ANGELES	27	MINNEAPOLIS	2	WASHINGTON DC	1
MENLO PACK	1	ME	1		
MODESTO	1	LEWISTON	1		
OAKLAND	2	MO	4		
PALM SPRINGS	2	KANSAS CITY	2		
RIVERSIDE	3	ST LOUIS	2		
SACRAMENTO	4	NC	2		
SAN BERNARDINO	1	CHARLOTTE	1		
SAN DIEGO	18	DID NOT LIST A CITY	1		
SAN FRANCISCO	12	NE	2		
SAN JOSE	1	GRAND ISLAND	1		
SANTA BARBARA	2	LINCOLN	1		
STOCKTON	1	NJ	5	OTHER COUNTRIES	13

City and State	Count of 1 st Diagnosis	City and State	Count of 1 st Diagnosis	City and State	Count of 1 st Diagnosis
SUNLAND	1	HACKENSACK	1	ACCRA	2
VAN NUYS	1	JERSEY CITY	1	ADDISS ABEBA	1
WOODLAND HILLS	1	RIDGE WOOD	1	BUCHAREST	1
CO	8	WILDWOOD	2	CEBU	1
COLORADO SPRINGS	1	NM	5	KIGALI	1
DENVER	6	ALBUQUERQUE	3	SAN LUIS	1
PUEBLO	1	GALLUP	1	SONORA	1
CT	1	GRANTS	1	UNKNOWN	1
HARTFORD	1	NV	7	WINDHOER	2
DC	1	LAS VEGAS	4	WINDHREA	1
WASHINGTON DC	1	RENO	3		
DID NOT LIST A STATE	1				

Survey respondents testing positive for the first time in Arizona totaled 507 or two-thirds (66%) of the total respondents. California at 86 respondents was second for location of HIV diagnosis at 11%.

Q.8. After your HIV diagnosis, were you offered Partner Notification Services for help contacting people who might have been at risk for getting HIV?

Table 19. Survey Respondents offered Partner Notification after HIV diagnosis

Response	Central / Part A	Northern	Southern	Part B	Total
Yes	50%	40%	53%	49%	50%
No	37%	54%	44%	46%	39%
Don't remember	11%	4%	11%	9%	11%
Total	100%	100%	100%	100%	100%

Half of all respondents were offered Partner Notification Services after their HIV diagnosis, with the Southern Region responding affirmatively at 53%, while the Northern region is at 40%.

Q.9. How long after your diagnosis with HIV did it take to have your first medical appointment? Please specify in months or years.

Table 20. Duration of time to seek HIV Medical Care after HIV Positive Diagnosis

Response	Central / Part A	Northern	Southern	Part B	Total
10 years or longer	2%	0%	3%	2%	2%
8 to 9 years	1%	0%	0%	0%	1%
5 to 7 years	3%	2%	2%	2%	3%
3 to 4 years	2%	2%	1%	2%	2%
1 to 2 years	5%	0%	7%	5%	5%
10 to 12 months	5%	4%	4%	4%	5%
7 to 9 months	1%	0%	1%	1%	1%
4 to 6 months	5%	4%	4%	4%	5%
1 to 3 months	53%	75%	64%	67%	57%

Immediately	19%	10%	13%	12%	17%
Not sure/ Don't	3%	2%	1%	1%	3%
Still Waiting	0%	0%	1%	1%	0%
Rankings Color	1 st	2 nd	3 rd		

The majority of respondents saw an HIV medical provider within 1 to 3 months at 57% or 438 of respondents. The second ranked time period was immediately at 17% total.

Those respondents that took more than a year to seek medical care for their HIV totaled 12% or 94 respondents. Reasons given for delay in entering medical care are listed in Table 21 below.

Table 21: Reasons for delay in seeking medical care among those respondents who delayed entering medical care for longer than 1 year

Response	Total
Denial	29
Fear	18
Incarcerated	16
Substance use	8
Lack of insurance	7
Depression	5
No knowledge of next step to take	4
Financial restrictions	4
Felt okay	3
Doctor scheduling difficult	2
Disbelief, shock	2
In Africa and no care available	2
Homeless	1
Not notified of HIV+ result	1
Did not want to commit to medication regimen	1
Embarrassment	1
In Mexico and no care available	1

Denial was the most often cited reason for the delay in entering medical care after the initial HIV positive diagnosis, followed by fear, incarceration and substance abuse.

4. Access to Free Condoms

Availability of free condoms is a low-cost, effective barrier to HIV transmission. Condom distribution programs varied greatly from region but shared critical elements such as targeting venues frequented by high-risk individuals, providing condoms free of charge and conducting wide-scale distribution.

Free condoms as a risk reduction strategy is a proven structural-level intervention strategy that addresses external factors that impact personal risk for HIV transmission. A Center for Disease Control (“CDC”) report⁵, “Condom Distribution as a Structural Level Intervention” reports:

- Structural-level condom distribution interventions or programs (CD programs) are efficacious in increasing condom use, increasing condom acquisition or condom carrying, promoting delayed sexual initiation or abstinence among youth, and reducing incident STDs.
- Interventions that combined CD programs with additional individual, group or community-level activities showed the greatest efficacy. A possible reason is that these different modalities address different behavioral determinants as well as other prevention needs of individuals in affected communities.
- CD programs were efficacious in increasing condom use among a wide range of populations, including youth, commercial sex workers, adult males, STD clinic patients, and populations in high risk areas
- CD programs have been shown to be cost-effective and save costs.

Recommended elements in the report for a condom distribution program being implemented in Arizona include:

- Providing condoms free of charge.
- Conducting wide-scale distribution.
- Implementing a social marketing campaign to promote condom use (by increasing awareness of condom benefits and normalizing condom use within communities).
- Conducting both promotion and distribution activities at the individual, organizational, and environmental levels.
- Targeting: 1) individuals at high risk, 2) venues frequented by high-risk individuals, 3) communities at greatest risk for HIV infection, especially those marginalized by social, economic, or other structural conditions, or 4) the general population within jurisdictions with high HIV incidence.
- Supplementing the CD program with more intense risk reduction interventions or other prevention or health services for individuals at highest risk. Integrate CD program activities within other community-level intervention approaches to promote condom use and other risk reduction behaviors.
- Establishing organizational support for condom distribution and promotion activities in traditional and non-traditional venues.
- Conducting community-wide mobilization efforts to support and encourage condom use.

⁵ Center for Disease Control. “Condom Distribution as a Structural Level Intervention”. Accessed online at: <http://www.cdc.gov/hiv/prevention/programs/condoms/>

*Q. 11 Where would you feel comfortable getting free condoms?
(Please check all that apply.)*

Table 22. Comfort in obtaining free condoms by Region and Ryan White part

Response	Central (Part A)	Northern	Southern	Part B	Total
Doctor /Health Clinic	60%	42%	59%	55%	72%
HIV organization/Community organization	47%	38%	51%	48%	60%
Case Manager	36%	40%	47%	44%	49%
Pharmacy	38%	31%	32%	32%	45%
Health Department	33%	21%	26%	24%	37%
I do not need/ use condoms	18%	31%	26%	26%	27%
Other (please specify)	9%	8%	11%	10%	10%
Bars, Nightclubs	5%	2%	4%	4%	5%
No one offers free condoms in my area	3%	42%	59%	1%	3%
Through Mail			1%	1%	0%
Rankings Color coded by:	1 st	2 nd	3 rd		

Respondents feel most comfortable procuring free condoms from their Provider or Health Clinic. The second rated source of free condoms was an HIV or Community organization in all regions except the North, where respondents rated their Case Manager 2nd at 19% over the 3rd rated HIV or Community organization at 18%. The third rated source for the Central region was from a pharmacy, with the South ranking Case Managers 3rd.

One of the venues cited most often in the “Other” category was bars and nightclubs. An interesting response from the “Other” category mentioned by Southern region respondents was condom distribution through mail, which might be well received by Northern region respondents due to their distance to their health clinics and/or case managers.

5. Social Networking as a Medium to reach PLWHA

*Q. 12 How do you access social media most often?
(Please check all that apply.)*

Table 23. How do you access social media?

Response	Part A-Central	North	South	Part B	Total
Home Computer	50%	54%	57%	56%	51%
Mobile phone	53%	40%	48%	46%	51%
Tablet	17%	6%	15%	13%	16%
Friend’s Computer	8%	2%	7%	6%	7%
Work Computer	7%	8%	3%	5%	6%
Friend’s smartphone	4%	4%	1%	2%	3%
Do not access social media	27%	38%	35%	35%	29%
Rankings Color coded by:	1 st	2 nd	3 rd		

A total of 71% of all respondents access social media, with Central region respondents accessing social sites at 73%, Northern region respondents at 65% and Northern region respondents at 62%.⁶

The preferred medium is a home computer (51% overall, with the South at 57% and the North at 54%), except for the Central Region respondents with 53% of respondents preferring to use their mobile phone to access social media followed by 50% using home computers. Both Northern and Southern region respondents rate mobile phone access as second. Third rated for all respondents except Northern respondents is tablet access. Northern region respondents rated a work computer as their third rated access point for social media.

*Q. 13. Which social networks do you use?
Choose up to 3 responses.*

Table 24. Social networks used by Region and by Ryan White Part

<i>Response</i>	<i>Central (Part A)</i>	<i>Northern</i>	<i>Southern</i>	<i>Part B</i>	<i>Total</i>
Facebook	59%	48%	55%	49%	56%
Texting	42%	40%	39%	36%	41%
Google+	40%	35%	36%	33%	38%
YouTube	39%	29%	32%	29%	36%
Twitter	13%	17%	10%	11%	12%
Instagram	11%	0%	7%	4%	9%
LinkedIn	9%	10%	5%	6%	8%
Pinterest	7%	0%	3%	2%	6%
Blogs	4%	2%	5%	4%	4%
Online Gaming	5%	4%	0%	1%	4%
Foursquare	3%	0%	2%	2%	3%
Vimeo	3%	0%	2%	2%	2%
Flickr	3%	0%	1%	1%	2%
None	26%	38%	38%	36%	28%
Rankings Color coded by:	1st	2 nd	3rd		

Facebook is the most popular social network that respondents accessed by a 15% total margin. The second, third and fourth rated networks are Texting, Google+ and YouTube. These four social networks total 69% of responses for all regions, so it would be effective to concentrate a social media campaign on these four social networks for high risk individuals and PLWHA respondents in any region.

Respondents answering none to Question 13 approximately equal those responding that they do not access social media in Question 12. (28% response to 29%)

⁶ Percentages derived by subtracting “Do not access social media from 100%.

6. Attitudinal Results about HIV

Q.15 Which statement best describes how people your age feel about HIV?

Stigma and discrimination, reflected in peer’s attitudes of each age cohort, may discourage PLWHA from seeking testing, prevention and treatment. The importance of social health determinants such as attitudes of peers of the same age as PLWHA is highlighted in the following age related responses. An examination of attitudes by 11 age groups in the survey responses reveals different prevalent attitudes by age and by region. The use of peer navigators, peer educators and/or peer support in outreach would allow PLWHA of the same age to assist newly diagnosed and/or return to care clients in health literacy regarding disease progression, adherence, treatment, and navigating the system of care.

The attitudinal shift in the top-ranked prevalent attitude about HIV shows the differing attitudes of the people the same age as the HIV respondent:

- 13 to 19 age cohort: They do not worry about it.
- 20 to 24 age cohort: They do not know much about HIV.
- 25 to 29 age cohort: HIV is a deadly disease.
- 30 to 34 age cohort: HIV is a concern.
- 35 to 39 age cohort: HIV is a concern.
- 40 to 44 age cohort: HIV is a concern.
- 45 to 49 age cohort: HIV is a concern.
- 50 to 54 age cohort: HIV is a concern.
- 55 to 59 age cohort: HIV is a concern.
- 60 to 64 age cohort: HIV is a concern.
- 65 and older age cohort: HIV is a concern.

Both Central and Southern region respondents listed HIV as a concern as the most prevalent attitude about HIV by their age peers in 8 of the 11 age strata groups for their respective region.

Northern region respondents most often listed lack of knowledge about HIV as the most prevalent attitude revealing the need for health education about HIV to their age peers. This response was the most prevalent attitude in 5 of the 11 age strata groups for this region.

All Ages

Table 25. Survey Respondents Attitude about HIV Infection by Region and Ryan White Part B

<i>Response</i>	<i>Central (Part A)</i>	<i>Northern</i>	<i>Southern</i>	<i>Part B</i>	<i>Total</i>
<i>Number of Responses</i>	561	46	162	208	769
HIV is a concern	39%	22%	39%	35%	37%
They do not know much about	26%	41%	26%	29%	27%
HIV is a deadly disease	19%	19%	24%	23%	20%
They do not worry about it	17%	18%	11%	13%	16%
Rankings Color coded by:	1 st	2 nd	3 rd	100%	100%

The most prevalent attitude reported about HIV is that it is a concern for 37% of respondents, followed by a lack of knowledge about HIV at 27% and that HIV is a deadly disease at 20%.

All regions except the North rated the responses in the same order with approximately the same percentage to each attitude. Northern region respondents rated lack of knowledge about HIV first at 41%, then as a concern at 22% followed by HIV is a deadly disease at 19%. Health literacy is a major component in the HIV communities nationwide. Many cultures and ethnicities do not comprehend the health documents presented to them during medical care and/or case management services. Those that speak English as a second language may not be comfortable fully comprehending the complexities of the HIV virus. A health literacy campaign to ensure education materials are available in Spanish and in age appropriate markets would shift this lack of knowledge of HIV paradigm in the community.

This change in age bracket represents an attitudinal shift with the top ranked attitude from the:

- 13 to 19 age cohort: They do not worry about it.
- 20 to 24 age cohort: They do not know much about HIV.
- 25 to 29 age cohort: HIV is a deadly disease.
- 30 to 34 and all other age cohorts: HIV is a concern.

The responses of the 30 and older age cohorts reflect the need for further education about the management of HIV as a chronic medical condition. The seriousness of HIV/AIDS is more recognized by these age groups, but attitudes of peers in these age groups have not factored in the shift of HIV/AIDS from a deadly disease to a chronic medical condition. This highlights the need for further education about HIV in these regions.

In the oldest age group, age 65 to 83, the most prevalent attitude was that HIV was a concern. This attitude was top-ranked overall and by all region respondents. Part B respondents listed HIV as a deadly disease first, then HIV as a concern.

This age group, among the first to encounter HIV, has a deeply rooted attitude about the severity of HIV, having lived through the early days of the disease, but many seemed to appreciate the changing nature of HIV and list it as a concern.

7. Current Health Insurance

Q. 17. What kind of health insurance do you have?

Table 26. Health Insurance Coverage by Survey Respondents

Health Insurance Coverage	Central (Part A)	North	South	Total Part B	Total	Percentage
Private Health Insurance through your work or your spouse’s work	8%	19%	16%	4%	10%	8%
Private Health Insurance, not through work	3%	2%	3%	1%	3%	3%
COBRA (Insurance through my last employer)	0%	2%	0%	0%	0%	0%
Indian Health Services	4%	6%	1%	1%	3%	4%
Ryan White Part B	26%	23%	23%	6%	25%	26%

Medicaid/PrCCS	45%	58%	51%	13%	47%	45%
Health Insurance Marketplace (Affordable Care Act)	3%	8%	9%	2%	5%	3%
Medicare	22%	23%	33%	8%	24%	22%
Veteran's Administration	3%	4%	8%	2%	4%	3%
Ryan White Part A	28%	4%	7%	2%	23%	28%
State Disability Insurance (SDI)	1%	2%	3%	1%	2%	1%
None	2%	0%	1%	0%	2%	2%
Other (please specify)	7%	2%	5%	1%	7%	7%
Total Responses	100%	100%	100%	25%	100%	100%

Insurance Coverage for respondents is primarily through Medicaid (AHCCCS) at 47%, followed by Ryan White Part B at 25%, Medicare at 24% and Ryan White Part A at 23%.

8. Health Insurance Marketplace and Medicaid Expansion

In 2014, the ACA expanded Medicaid in Arizona to U.S. citizens and legal immigrants younger than age 65 whose income falls below a certain percent of the federal poverty level (FPL).¹ The Centers for Medicare & Medicaid Services (CMS) Office of the Actuary estimated that this change would bring 20 million people into the program, many of whom have never had health insurance.² It would also make adults without dependent children, a group commonly referred to as “childless adults,” eligible for the first time.⁷

Transition to Affordable Care Act or Medicaid

Q. 25. Were you contacted in the last 6 months by your Medical Provider or Case Manager to enroll in a) Medicaid or b) the Health Insurance Marketplace?

Figure 4. Survey Respondents contacted about Affordable Care Act Options

⁷ Natoli, Candace, Cheh, Valerie and Verghese, Shinu, “Who Will Enroll in Medicaid in 2014? Lessons From Section 1115 Medicaid Waivers” Mathematica Policy Research. Brief 1, May, 2011.

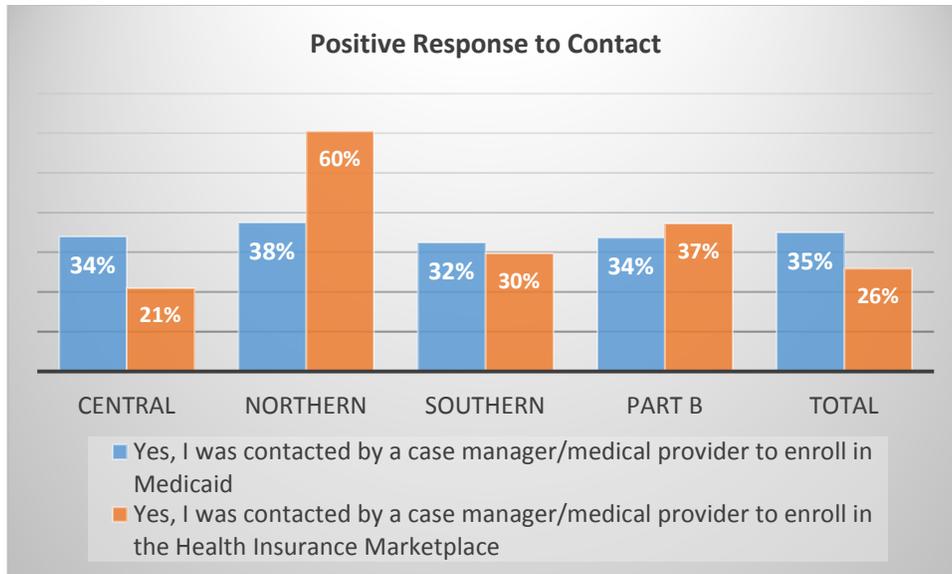
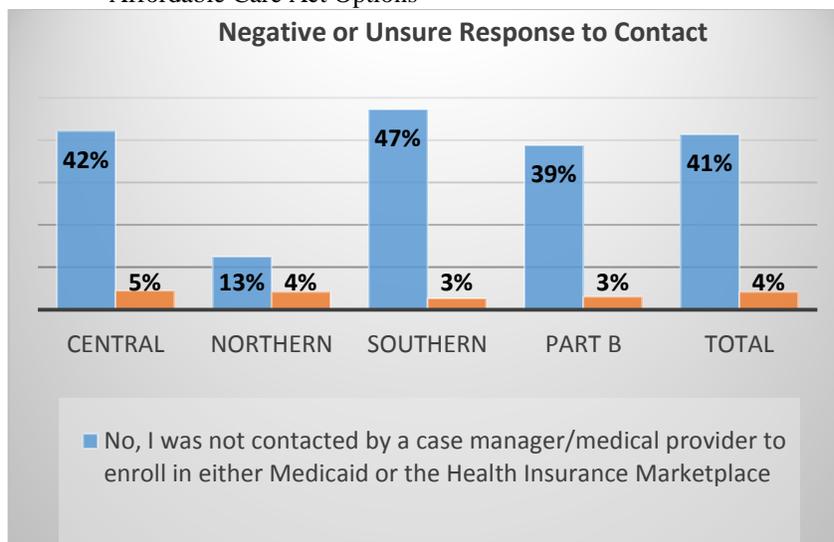


Figure 5. Survey Respondents NOT contacted or UNSURE about Affordable Care Act Options



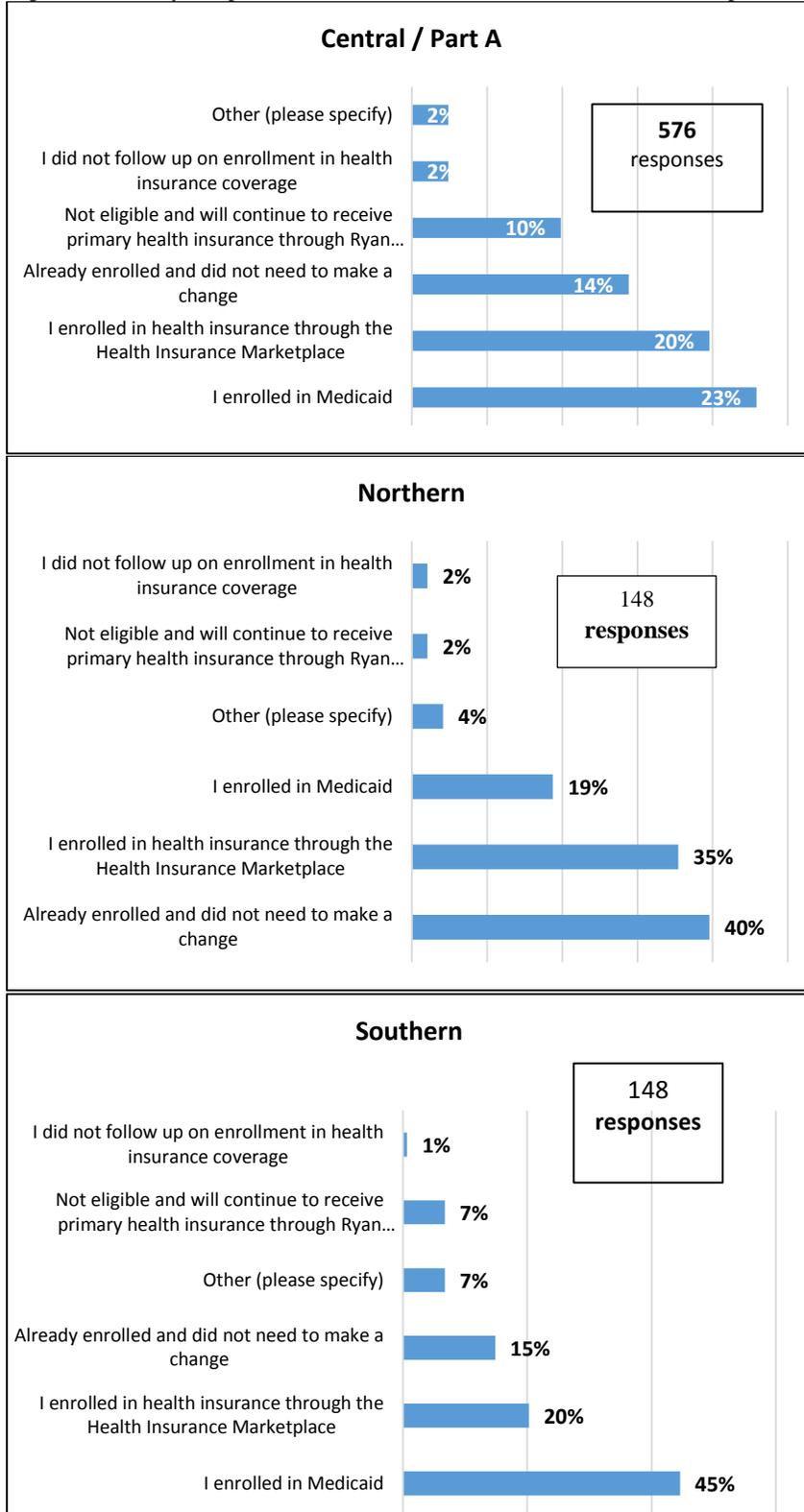
Respondents answered that they had been contacted by their medical provider or case manager to enroll in Medicaid (35%) and in the Health Insurance Marketplace (26%). The Northern region respondents cited the highest contact percentages at 38% for Medicaid and 60% for the Health Insurance Marketplace.

Respondents stating that there was no contact totaled 41% and those contacted but with limited understanding of what their responsibility was in enrolling totaled 4%. The highest negative response was in the Southern region at 47%, and the percentages that did not understand their role in obtaining insurance coverage through either Medicaid of the Health Insurance Marketplace was constant at the 3 to 5% range.

Enrollment

Q. 25. What was the outcome of contact with your Case Manager / Medical Provider?

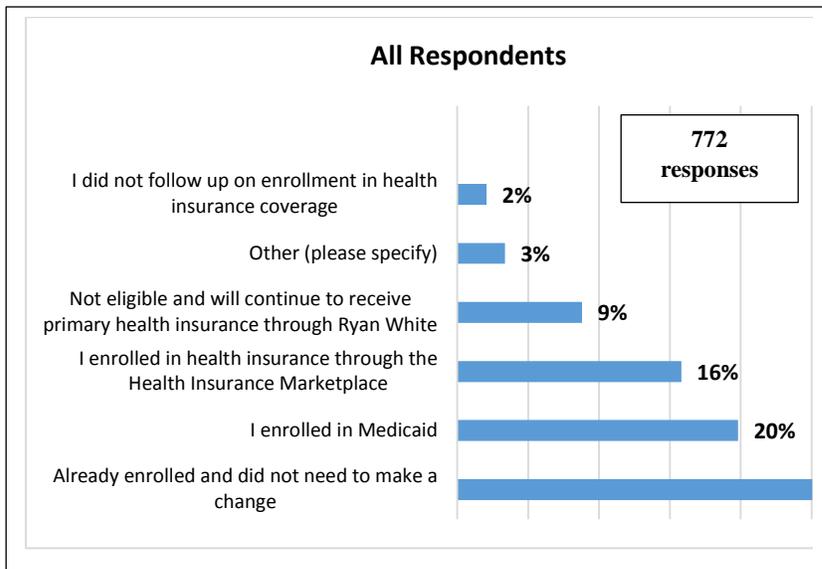
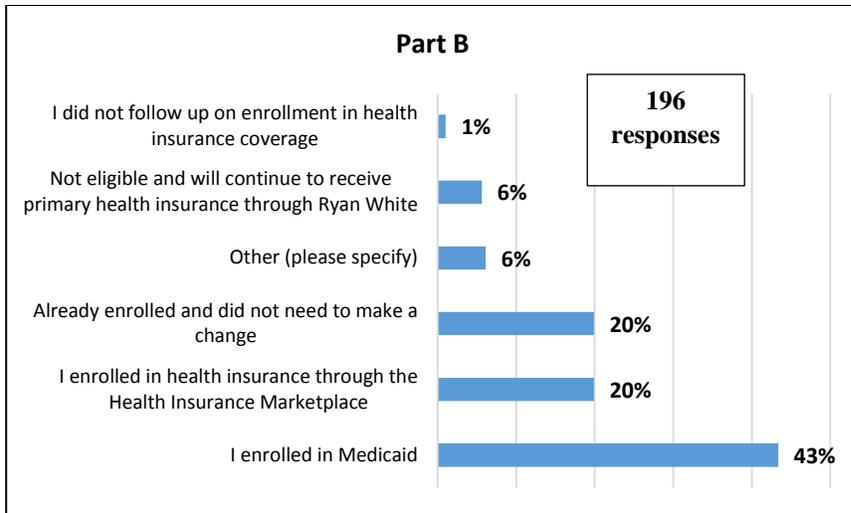
Figure 6. Survey Respondents contacted about Affordable Care Act Options



- Other responses included:
- Marketplace application pending
 - ACHSS application pending
 - Currently has insurance
 - Unsure of insurance status
 - Plans to apply for Insurance

- Other responses included:
- Currently has insurance
 - Plans to apply for Insurance

- Other responses included:
- Currently has insurance
 - Plans to apply for Insurance
 - Did it myself
 - Declined



Respondents enrolled in Medicaid as a result of contact with their medical provider or case manager at an almost one in three response rate (153 or 28%), with the largest response in Part B at 43%.(North 40%; South 45%).

Respondents enrolled in health insurance through the Health Insurance Marketplace at a one in six response rate (122 or 16%), with a consistent response rate through both Part A and B and through the Central and South regions at 20%. The Northern region enrolled at 35%, the largest response for the Affordable Care Act.

Respondents already enrolled in an insurance plan and not needing to make a change were at (217 or 28%, but the North was the highest responder at 40%, consistent with their response

regarding their current health insurance (Question 17) with the highest response to Medicaid /AHCCCS (58%), Medicare (23%) and Ryan White Part B (23%).

Respondents not eligible who will continue to receive primary health insurance through Ryan White totaled 9% or 68, with a range of 2% in the Northern region to 10% in the Central Region.

Respondents not following up on health insurance coverage totaled 16 or 2% of all respondents, with consistent ranges across all regions and Parts.

Health Literacy

Q. 26 If you enrolled in a Medicaid or Health Insurance Marketplace plan, do you understand the requirements of your new health insurance such as premiums, copays, deductibles, co-insurance?

Table 27. Survey Respondents enrolled in ACA that understand their decision

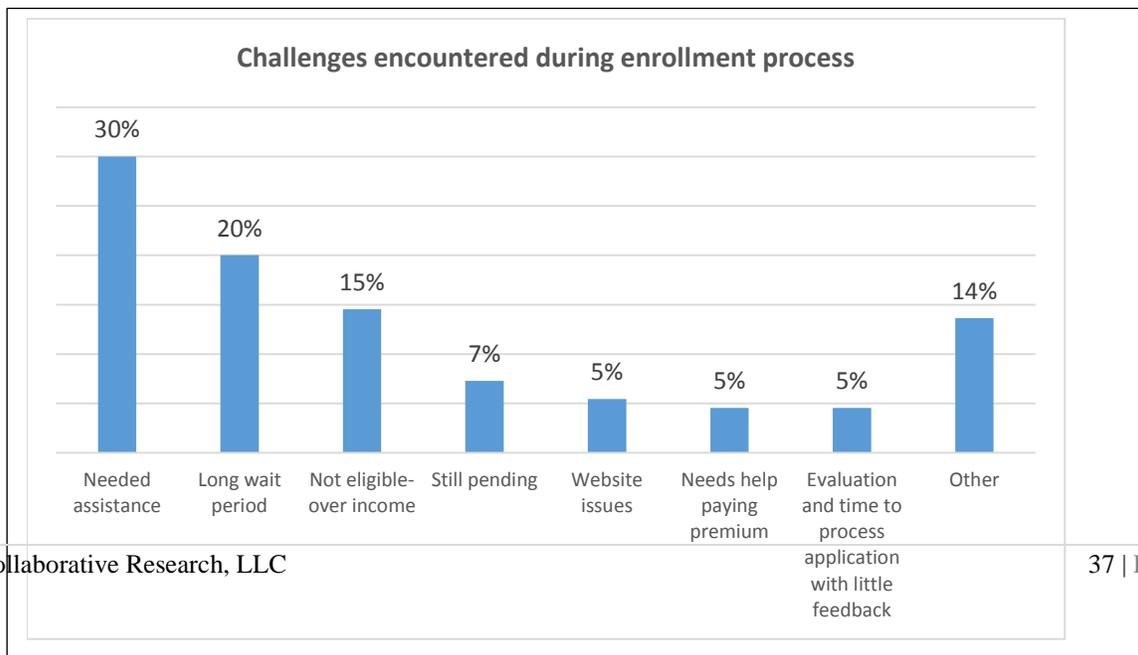
Response	Central / Part A	Northern	Southern	Part B	Total
Yes, I understand these requirements	65%	78%	74%	75%	68%
I would like assistance in understanding	20%	8%	8%	8%	17%
No, I do not understand these requirements	15%	14%	18%	17%	15%
Total	100%	100%	100%	100%	100%
Total Number of Response	372	36	73	109	481

Respondents stated that they understood the requirements of the new health insurance with 325 or 68% of the 481 answering this question. This positive response was repeated in all regions.

Respondents requesting assistance understanding these new requirements totaled 74 or 17% of the 481 respondents. All regions request for assistance in understanding ranged from 14% to 18%.

Challenges

Figure 7. Challenges encountered in ACA enrollment process



9. Medical Adherence

*Q. 29 When was the last time you saw a doctor to treat your HIV?
(MM/YYYY)*

Table 28. Survey Respondents self-reported last time to see a doctor for their HIV

Last saw Doctor for HIV	Central / Part A	Northern	Southern	Part B	Total
More than 10 years ago	3	0	2	2	5
6 to 9 years ago	1	1	1	2	3
3 to 5 years ago	3	0	0	0	3
2 years ago	2	0	0	0	2
1 to 2 years	10	0	0	0	10
within 1 year	5		1	1	6
within 9 months	19	0	1	1	20
within 6 months	230	9	25	34	264
within 3 months	294	34	122	156	450
Total	567	44	152	196	763
Out-of-care	43	1	5	6	49
% Out-of-care (No Dr. in last 6 months)	7.5%	2.2%	3.3%	3.1%	6.4%

Respondents that are Out-of-care or those not seeing a provider within the last 6 months total 49 or 6% of all those who answered this question. The majority of Out-of-care PLWHA are in the Central Region, (43 of 49 total or 88%). Out-of-Care is defined by the Health Resources and Services Administration (HRSA) as “persons who have no evidence of a medical visit, CD4 or viral load during a 12-month measurement period”. The HIV/AIDS Bureau (HAB) Performance Measures released in November 2013 however, indicated medical visit frequency in a 2 year period with 4 medical visits occurring with at least one visit in each 6 month period. For the purposes of reporting it was determined the HAB measure would be the “defining” factor for Out-of-care client counts.

*Q. 30. When was the last time you had a CD4 (T-Cell) Count?
MM/YYYY*

Table 29. Survey Respondents self-reported Last CD-4 Count

Last CD4 (T-Cell Count)	Central / Part A	Northern	Southern	Part B	Total
More than 10 years ago	3	0	0	0	3
6 to 9 years ago	0	0	0	0	0
3 to 5 years ago	3	0	0	0	3
2 years ago	4	0	1	1	5

1 to 2 years	7	0	1	1	8
within 1 year	6	0	5	5	11
within 9 months	22	0	2	2	24
within 6 months	251	12	26	38	289
within 3 months	255	34	113	147	402
Total	551	46	148	194	745
Out-of-care	45	0	9	9	54
% Out-of-care (CD-4)	8.2%		6.1%	4.6%	7.2%

Respondents that are Out-of-care, those not having a CD4 T-Cell count within the last 6 months total 54 or 7% of all those who answered this question. The majority of these Out-of-care PLWHA are in the Central Region, (45 or 83%).

*Q. 31 When was the last time you had a Viral Load Test?
MM/YYYY*

Table 30. Survey Respondents self-reported Last Viral Load

Last Viral Load Test	Central / Part A	Northern	Southern	Part B	Total
More than 10 years ago	2	0	1	1	3
6 to 9 years ago	0	0	0	0	0
3 to 5 years ago	2	0	0	0	2
2 years ago	4	0	1	1	5
1 to 2 years	8	0	1	1	9
within 1 year	8	0	4	4	12
within 9 months	21	0	2	2	23
within 6 months	251	11	26	37	288
within 3 months	252	35	112	147	399
Total	548	46	147	193	741
Out-of-care	45	0	9	9	54
% Out-of-care (Last VL)	8.2%		6.1%	4.7%	7.3%

Respondents that are Out-of-care, those not having a Viral Load count within the last 6 months total 54 or 7% of all those who answered this question. The majority of these Out-of-care PLWHA are in the Central Region, (45 or 83%).

Q. 32. Are you currently taking HIV medications?

Table 31. Survey Respondents self-reported HIV Medication Adherence

Response	Central / Part A	Northern	Southern	Part B	Total
<i>Yes</i>	82%	94%	97%	96%	86%
<i>No</i>	14%	0%	0%	0%	10%
<i>Don't Know</i>	2%	2%	3%	3%	2%
# Responses	100%	100%	100%	100%	100%

Respondents currently taking HIV medications total 86%, with Part B at 96% and Part A/Central Region at 82%.

Provider and Clinic/HIV Medical Provider (Part A Only)

Q. 49. Who is your primary HIV Doctor?

Table 32. Survey Respondent's HIV Doctor

FIRST NAME	LAST NAME	COUNT	FIRST NAME	LAST NAME	COUNT
CAROL	WILLIAMS	122	DR.	GORGO	1
JOHN	POST	105	JAMES	GREPLING	1
ANNE MARIE	KHALSA	87	PATRICK	HERNANEZ-KLINE	1
BRIAN	AREY	67	DR.	KOREN	1
DR.	BLOOMQUIST	33	LEGESSE	MEKONNEN	1
DOUGLAS	CUNNINGHAM	18	CHASS	NTUSS	1
PAUL	KELLEY	9	DR.	PATTERSON	1
DR.	MARTIN	7	DR.	PO	1
JUDITH	BERGMAN	5	DR.	POLE	1
DWIGHT	CLARKE	5	CHRIS	RHOUST	1
CHERYL	ALRED	4	DR.	ROBINSON	1
KENNETH	FISHER	4	DR.	ROO	1
SEEMA	PATEL	4	DR.	RYAN	1
GARY	CRAINE	3	LAURA	SCHOEDER	1
VIPAL	SINGH	3	DR.	TORRES	1
MIRELLA	MIRCESCU	2	DR,	VANCE	1
ROBERT	ANDERSON	1	THANES	VANIG	1
DR.	CAROLYN	1	DR.	WOELLNER	1
DR.	CARROLL	1	CHED	YU	1
ERNIE	CHEST	1	TOTAL	504	

Q. 49. What clinic/Doctor's office do you go to for your HIV?

Table 33. Survey Respondent's HIV Clinic

CLINIC	COUNT
MCDOWELL CLINIC/PARSONS	356
PHOENIX INDIAN MEDICAL CENTER	38
PUEBLO FAMILY PHYSICIANS	30
SPECTRUM MEDICAL GROUP	22
SOUTHWEST CENTER FOR HIV/AIDS	18
EMERALD/VA HOSPITAL	15
MARICOPA INTEGRATED HEALTH SYSTEM	16
PRIVATE PRACTICE	8
CIGNA MEDICAL GROUP	7
CENTRAL	5
ST JOSEPH MEDICAL CENTER	3
THANES VANIG OFFICE	3
AFFILIATED INTERNISTS OF SCOTTSDALE	2

DR CUNNINGHAM	2
FIRST FAMILY MEDICAL GROUP	2
330 N 2ND STREET	1
BANNER ESTRELLA	1
BANNER GOOD SAMARITAN	1
BANNER HEALTH	1
BANNER MEDICAL CLINIC	1
CARE MORE DOCTOR ON DUNLAP	1
COUNTY HOSPITAL	1
DR LAURA SCHROEDER	1
DR PAUL KELLEY	1
DR SEEMA PATEL	1
EL RIO, TUCSON, AZ	1
ESTRALLA MEDICAL	1
FAMILY MEDICAL PLACE	1
HIV CENTER ROOSEVELT	1
INTERNIST OF SCOTTSDALE	1
MAYO CLINIC	1
PORTLAND/CENTRAL	1
PRIMARY CARE PHYSICIANS	1
PRIME MEDICAL CLINIC	1
WILLIAM REDENIUS	1
Grand Total	547

Co-Morbidities

Q. 36. Have you ever been diagnosed or treated for sexually transmitted diseases (STD's)? Please check all that apply.

Table 34. Survey Respondents self-reported Sexually Transmitted Disease History

STD	Central / Part A	Northern	Southern	Part B	Total
Gonorrhea	21%	13%	29%	25%	22%
Syphilis	22%	17%	18%	18%	21%
Genital Warts	11%	9%	18%	16%	12%
Chlamydia	12%	9%	12%	11%	12%
Genital Herpes	10%	13%	10%	11%	10%
Not Applicable	50%	68%	59%	61%	53%
Total	100%	100%	100%	100%	100%
Rankings Color coded by:	1 st	2 nd	3 rd		

Gonorrhea was the most commonly reported STD at 22% followed by Syphilis at 21%. Gonorrhea incidence appears highest in the Southern region at 29%. Syphilis was more commonly reported than Gonorrhea in both the Central and Northern regions at 22% and 17% respectively. The incidence of genital warts, genital herpes and chlamydia in all three regions ranges from 12 to 13%, with the exception of the Southern regions reporting 18% genital warts.

Q. 33 Do you feel that you have an issue with substance abuse?

Table 35. Survey Respondents self-reported Substance Abuse Issue

Substance Abuse Issue?	Central / Part A	Northern	Southern	Part B	Total
No	83%	85%	98%	95%	86%
Yes	15%	13%	11%	12%	14%
Totals	100%	100%	100%	100%	100%

Q. 34 If your answer to the previous question was “Yes”, is your issue?

Table 36. Survey Respondents self-reported HIV Medication Adherence

IDU Issue?	Central / Part A	Northern	Southern	Part B	Total
Injecting Drug	3	1	3	4	7
Non-Injecting Drug	64	4	16	20	84
Total	89	5	19	22	111

Q. 35. Since you were diagnosed with HIV, have you received mental health or behavioral health counseling or treatment?

Table 37. Mental Health Counseling or Treatment

Response	Central / Part A	Northern	Southern	Part B	Total
No	36%	43%	28%	31%	35%
Yes	62%	55%	82%	75%	65%

Respondents in all regions and parts are very open to receiving mental health or behavioral health counseling or treatment at a total percentage of 65%, with the Southern region respondents at 82%.

Q. 37. Have you been diagnosed with or treated for diseases other than HIV? Please check all that apply.

Table 38. Survey Respondents self-reported Co-Morbid Conditions

Disease Other Than HIV	Total
Hepatitis A or B	27%
Hepatitis C	14%
Thrush / Yeast Infections	18%
Tuberculosis (TB)	5%
High Blood Pressure	30%
Diabetes	12%

Cardiac Problems / Heart Disease	8%
High Cholesterol	26%
Cancer	10%
Nerve Issues (epilepsy, neuropathy)	14%
Valley Fever	8%
Other	14%
Total	100%

Other Conditions:

Other Conditions	Total
PCP double pneumonia	13
Asthma	7
Shingles	5
Arthritis	7
Fibromyalgia	3
Other	87
Total	122

Cancers:

Cancers	Total
Anal Cancer	5
Basal Cell Skin Cancer	13
Breast Cancer	3
Cervical Cancer	7
Colon Cancer	3
Colo-Rectal Cancer	2
Hodgkins Lymphoma	5
Karposi's Sarcoma	5
Lymphoma	3
Non-Hodgkins Lymphoma	5
Lung Cancer	2
Prostate Cancer	5
Rectal Cancer	1
Renal Cell Carcinoma	1
Testicular Cancer	1
Thyroid Cancer	1
Total	62

10. Housing Status

Q. 38. Are you now or have you ever been homeless?

Table 39. Survey Respondents self-reported Homeless History & Current Status

Response	Phoenix EMA	Part B
Been homeless in past 2 years, but not now	9%	9%
Been homeless over 2 years ago, but not now	16%	22%
Currently homeless	9%	3%
Never	65%	74%
Total	100%	100%

Q. 39. Do you currently?	Phoenix EMA	Part B
Rent	53%	62%
Live with a friend/relative	19%	14%
Own your home	15%	22%
Other (please specify)	8%	9%
Other (please specify)	8%	0
Stay in a shelter	3%	1%
Total	100%	100%
Rankings Color coded by:	1 st	2 nd

Most respondents (55%) rent, which is consistent in all regions and Parts. Total responses ranks Living with a friend or relative second, which is also second for Part A / Central Region. Part B, both Northern and Southern regions, rank owning your home as second. This is the Part A / Central Region's third-ranked response. Third ranked for the Part B respondents is Living with a friend or relative.

Only 2% or 18 respondents stay in a shelter and 94% of the shelter residents live in the Central Region (17).

Q. 40 How many people live in your household?

Table 40. Survey Respondents Number of Persons in Household

Number of persons in household	Phoenix EMA	Part B
1	37%	48%
2	34%	38%
3	9%	11%
4	8%	2%
5	6%	5%
6	2%	3%
7	1%	1%
8	1%	0%
Total	100%	100%
Rankings Color coded by:	1 st	2 nd

The majority (40% of the total or 303 respondents) live alone, which is consistent with the Central and Southern region respondents. The Northern region ranks living with 2 people in the home first at 49% or 23 responses, followed by living alone.

Table 41. 2014 POVERTY GUIDELINES FOR MEDICAID ALL STATES (EXCEPT ALASKA AND HAWAII) AND D.C.⁸ ANNUAL GUIDELINES

FAMILY SIZE	PERCENT OF POVERTY GUIDELINE 135%					
	100%	120%	133%	150%	175%	
1	11,670.00	14,004.00	15,521.10	15,754.50	17,505.00	20,422.50
2	15,730.00	18,876.00	20,920.90	21,235.50	23,595.00	27,527.50
3	19,790.00	23,748.00	26,320.70	26,716.50	29,685.00	34,632.50
4	23,850.00	28,620.00	31,720.50	32,197.50	35,775.00	41,737.50
5	27,910.00	33,492.00	37,120.30	37,678.50	41,865.00	48,842.50
6	31,970.00	38,364.00	42,520.10	43,159.50	47,955.00	55,947.50
7	36,030.00	43,236.00	47,919.90	48,640.50	54,045.00	63,052.50
8	40,090.00	48,108.00	53,319.70	54,121.50	60,135.00	70,157.50
The highlighted column refers to the 133% of Federal Poverty Level annual guidelines that determines an individuals and family's eligibility for Medicaid.						

11. Financial Viability

The federal and state government, including Medicaid, use the benchmark of 133% of the Federal Poverty Level to determine if an applicant is eligible for Medicaid. The Federal Poverty Level chart for 2014, pictured above, uses both annual income and number of people in a household to determine the clients' poverty level. For adults and parents in Arizona, an individual's income, computed based on the new Modified Adjusted Gross Income (MAGI)-based income rules and adjusted by a 5% disregard, is compared to the income standards identified at 133% of Federal Poverty Levels to determine if they are income eligible for Medicaid or CHIP.⁹

Q. 41 What is your approximate yearly income?

Table 42. Survey Respondents Self-Reported Annual Income and Projected Eligibility for Medicaid

<i>The responses shaded in green refer to those survey respondents who would be eligible for coverage under Medicaid expansion in Arizona.</i>							
Southern Region							
Number of People In Household	\$0-\$9,999	\$10,000-\$19,999	\$20,000-\$29,999	\$30,000-\$39,999	Grand Total	Total Eligible	Percent OF Respondents Eligible for

⁸ www.medicaid.gov/.../Downloads/2014-Federal-Poverty-level-charts.pdf

⁹ <http://www.medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Downloads/Medicaid-and-CHIP-Eligibility-Levels-Table.pdf>

							Medicaid
1	36	27	11	2	77		
2	17	12	11	7	51		
3	7	6	3	2	18		
4	2				2		
5	3	2	2		8		
6	1		1	1	4		
7	1				1		
Total Eligible for Medicaid	67	20	3	1	148	91	61%
Northern Region							
Number of People In Household	\$0-\$9,999	\$10,000-\$19,999	\$20,000-\$29,999	\$30,000-\$39,999	Grand Total	Total Eligible	Percent of Respondents Eligible for Medicaid
1	10	4	2	1	17		
2	7	7	6		23		
3	1	3			4		
4	1				1		
5			1		1		
6		1			1		
Total Eligible for Medicaid	19	11	1		47	31	66%
Central Region							
Number of People In Household	\$0-\$9,999	\$10,000-\$19,999	\$20,000-\$29,999	\$30,000-\$39,999	Grand Total	Total Eligible	Percent of Respondents Eligible for Medicaid
1	99	62	38	6	209		
2	105	48	26	8	193		
3	21	18	8	1	49		
4	25	14	3		45		
5	15	10	8	2	35		
6	3	4	2	2	11		
7	5	1			6		
8	3	2			5		
Total Eligible for Medicaid	276	97	13	2	553	388	70%

The total number of respondents that are tentatively eligible for Medicaid based on their annual income and number in household is 510 or 69% of the respondents.

12. Transition from Incarceration to External Medical Care for HIV

Table 43. Survey Respondents self-reported Incarceration History

Q. 44 Have you been in jail?	Central / Part A	Northern	Southern	Part B	Total
No	334	31	110	141	475
Yes, more than 6 months ago, but within the past year	18	2	2	4	22
Yes, more than a year ago but within the past 2 years	33	4	1	5	38
Yes, over 2 years ago	159	7	46	53	212
Yes, within the past 6 months	20	3	3	6	26
Total Yes responses					298
Total	577	48	148	196	773

Q. 45 Have you been in prison?	Central / Part A	Northern	Southern	Part B	Total
No	476	44	143	187	663
Yes, more than 6 months ago, but within the past year	5		1	1	6
Yes, more than a year ago but within the past 2 years	9		1	1	10
Yes, over 2 years ago	65	2	16	18	83
Yes, within the past 6 months	9			0	9
Total Yes responses					108
Total	577	48	148	196	773

A total of 38% (298) of respondents have been in jail, and 14% (108) of respondents have been in prison. When released from prison or jail, only 16% (64) of these PLWHA were offered a transition to HIV medical care or HIV-related services. The conclusion to be reached is that 342 (84%) of PLWHA [298+108=406 PLWHA in jail or prison less 64 offered transitional services=342] were not provided case management or a referral to HIV services and were placed at risk for non-adherence due to the lack of transitional assistance.

Q. 46. When you were released from prison/jail, were you offered help to get HIV medical care or HIV-related services?					
	Central / Part A	Northern	Southern	Part B	Total
No	141	7	29	36	177
Not applicable	363	38	120	158	521
Yes	50	2	12	14	64
Total	567	47	147	194	761

13. Sexual Orientation and Educational Level

Q. 43. What is your sexual orientation?

Table 44. Survey Respondents self-reported Sexual Orientation

Sexual Orientation	Central / Part A	Northern	Southern	Part B	Total
Gay	49%	48%	58%	56%	51%

Heterosexual	30%	44%	37%	39%	33%
Bisexual	11%	6%	7%	7%	10%
Other	5%		2%	2%	4%
Prefer Not to Answer	3%		4%	3%	3%
Total	100%	100%	100%	100%	100%
Rankings Color coded by:	1 st	2 nd	3 rd		

Table 45. Survey Respondents self-reported Educational Level

<i>Q. 42. What is your highest level of education?</i>	Central / Part A	Northern	Southern	Part B	Total
Some college	37%	28%	38%	36%	37%
High School diploma/GED	21%	32%	25%	27%	23%
Some high school	15%	11%	16%	15%	15%
College degree	12%	23%	17%	19%	14%
Grade school	7%	4%	5%	5%	6%
Graduate school degree	4%	2%	4%	4%	4%
Some graduate school	2%		3%	2%	2%
Totals	100%	100%	100%	100%	100%
Rankings Color coded by:	1 st	2 nd	3 rd		

The first ranked level of education for all respondents is some college at 37% and ranked first by all regions. Second ranked is high school diploma/GED and then the regions differ with the Central Region’s third ranked education level at some high school, and the Part B regions at college degree.

14. Access to Services

Table 46: Services Needed by Respondents: Ranked by Region- All Regions

Service Category Description	Central	North	South	Part B	Total
Outpatient Ambulatory Medical Service	1	2	1	1	2
Medication Assistance	2	1	2	1	1
Nutrition Assistance	3	5	3 tie	2	5
Support Groups	4	6 tie	10 tie	9	8
Housing Assistance	5	6 tie	10 tie	3	4
Health Education / Peer Mentor	6		10 tie		16
Mental Health	7	6 tie	9	8	6
Medical Case Manager	8	5	8	6	10
Exercise	9				15
Transportation	10		10 tie	9	13
Employment Assistance	11		7	7	11

Emergency Financial Assistance	12	6 tie	6	5	7
Insurance (AHCCCS, PCIP, Medicare, ACA)	13	4	5	4	3
Oral Health	14		10 tie		12
Substance Abuse Services	15				9
Specialty Doctors	16				17
Medication Co-Pay Assistance	17		9		18
Vision Care	18				19
Disability Assistance	19				20
Health Insurance Premium Cost Sharing Assistance	20				21
Holistic/Alternative Therapy	21				22
Internet/Phone	22				23
Legal Assistance	23				24
Child Care	24				24
Home Health	24				21
Women's Health Care		3		7	25
Spirituality		10			14

Survey respondents reported that medication assistance was their top ranked need, followed by outpatient ambulatory medical care, nutrition assistance and support groups. The top ranked utilized service was outpatient ambulatory medical care, followed by medication assistance, nutrition assistance and medical case management. The top ranked gap in services was transportation, followed by housing assistance then nutrition assistance. The top ranked impediment or barrier to care was vision care, then housing assistance, medication assistance and transportation.

15. Targeted Population Results

Newly Diagnosed

National literature suggests disparities in newly diagnosed PLWHA with Hispanics Males experiencing a greater rate of new infections than other racial groups. In 2011 statistics showed a rate 3 times greater than White Men for Hispanic men, and 4 times higher for Latina women than White women.

In 2011 African American males accounted for 16,477 or 71% of the 23,042 new infections among African American adults, adolescents and children. The estimated rate of new HIV infection for Black Men (112.8 per 100,000) was almost 8 times as high as the rate among White men, 2.6 times as high as Latino men and nearly three times as high as Black Women.¹⁰

¹⁰ http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=19

Table 47. Comparison of Actual Survey Results to Sample Frame
for Newly Diagnosed by Ryan White Part

Newly Diagnosed	Central / Part A			Part B			Total		
	Sample	Actual	Difference	Sample	Actual	Difference	Sample	Actual	Difference
Newly Diagnosed	139	47	-92	47	77	30	186	124	-62

Table 48. Comparison of Actual Survey Results to Sample Frame
for Newly Diagnosed for Part B by Region

Newly Diagnosed	North			South			Total Part B		
	Sample	Actual	Difference	Sample	Actual	Difference	Sample	Actual	Difference
Newly Diagnosed	10	30	20	37	47	10	47	77	30

Newly Diagnosed Services –Total

Table 49. Newly Diagnosed Services Ranked in Order

Service Category Description	Need Rank Newly Dx	Use Rank Newly Dx	Gap Newly Dx	Barrier Newly Dx
Outpatient Ambulatory Medical Care	1	1		
Medication Assistance	2	2	5 tie	6 tie
Nutrition Assistance	3	5	2 tie	2 tie
Support Groups	4	4		2 tie
Housing Assistance	7		4	
Health Education / Peer Mentor	5 tie	6		
Mental Health	9 tie	7 tie	2 tie	
Medical Case Manager	5 tie	3		
Exercise	11 tie	10 tie		
Transportation	9 tie	12 tie	5 tie	
Other: Employment Assistance	8			
Emergency Financial Assistance		12 tie		
Insurance (AHCCCS, PCIP, Medicare, ACA)		7 tie		2 tie
Oral Health	11 tie	7 tie	1 tie	
Substance Abuse Services		10 tie	5 tie	
Other: Specialty Doctors		15 tie	5 tie	2 tie
Medication Co-Pay Assistance				
Other: Vision Care		15 tie		1
Other: Disability Assistance				
Health Insurance Premium Cost Sharing				
Other: Holistic/Alternative Therapy			5 tie	6 tie
Other: Internet/Phone		12 tie		
Other: Legal Assistance				
Other: Child Care				
Other: Spirituality				
Other: Home Health Care				

Outpatient ambulatory medical care and medication assistance were ranked #1 and #2 services needed and used by Newly Diagnosed PLWHA. The third ranked service needed was nutrition assistance, and the third ranked service used was medical case management.

Service Category Description	Need Part A	Need North	Need South	Need Part B	Use Part A	Use North	Use South	Use Part B	Gap Part A	Gap North	Gap South	Gap Part B	Barr Part A	Barr North	Barr South	Barrier Part B
Outpatient Ambulatory Medical Care	1	2 tie	1	1	1	1	1	1								
Medication Assistance	2	1	2 tie	2	2	2	3	2			1	1 tie			1	1 tie
Nutrition Assistance	3 tie	2 tie	5	3	6	4	6 tie	4 tie	2 tie				2 tie			
Support Groups	3 tie	6 tie	7 tie	7 tie	5	5	4 tie	4 tie					2 tie			
Housing Assistance	6	9 tie	6	7 tie					4							
Health Education / Peer Mentor	5	6 tie	7 tie	7 tie	4	6 tie		7 tie								
Mental Health	9 tie	5		7 tie	7				2 tie							
Medical Case Manager	7	4	7 tie	5 tie	3	3	2	3								
Exercise	11 tie	9 tie		11 tie	10 tie	6 tie		7 tie								
Transportation	8		7 tie	11 tie	12 tie				5 tie							
Other: Employment Assistance	9 tie	9 tie	2 tie	5 tie												
Emergency Financial Assistance	11 tie				12 tie											
Insurance (AHCCCS, PCIP, Medicare, ACA)		6 tie	2 tie	4	10 tie	6 tie	4 tie	6					2 tie			
Oral Health	11 tie		7 tie	11 tie	8		6 tie	7 tie	1							
Substance Abuse Services					9				5 tie							
Other: Specialty Doctors							6 tie	7 tie	5 tie				2 tie			
Medication Co-Pay Assistance																
Other: Vision Care							6 tie	7 tie		1 tie		1 tie	1	1 tie		1 tie
Other: Disability Assistance																
Health Insurance Premium Cost																
Other: Holistic/Alternative Therapy										1 tie		1 tie		1 tie		1 tie
Other: Internet/Phone					12 tie											

New HIV Infections Among Male to Male sexual contact (MSM)¹¹

- In 2011, there were an estimated 38,825 new HIV infections among men in the United States. Seventy-nine percent (30,573) of these were among Male to Male sexual contact (MSM only and does not include MSM/IDU transmission).
- Of the 38,825 total estimated new HIV infections in US men, 42% (16,447) were black, 31% (12,041) were whites, and 22% (8,605) were Hispanics/Latinos.
- The rate of estimated new HIV infections among black men (per 100,000) was 112.8—more than seven and a half times that of white men (14.5) and more than two and a half times the rate among Hispanic/Latino men (43.4).

New HIV Infections Among African Americans¹²

- African Americans accounted for an estimated 47% of all new HIV infections among adults and adolescents (aged 13 years or older) in 2011, despite representing only 13%¹³ of the US population; considering the smaller size of the African American population in the United States, this represents a population rate that is 8 times that of whites overall.
- In 2011, men accounted for 71% (16,447) of the estimated 23,042 new HIV infections among all adult and adolescent African Americans. The estimated rate of new HIV infections for African American men (112.8/100,000 population) almost 8 times that of white men, more than 2.5 times that of Latino men, and nearly 3 times that of African American women.
- In 2011, African American gay, bisexual, and other Male to Male Sexual Contact ^{**b} represented an estimated 74% (12,238) of new infections among all African American men and 38% of an estimated 31,980 new HIV infections among all gay and bisexual men. More new HIV infections (6,216) occurred among young African American men (aged 13-24) than any other subgroup of gay and bisexual men.
- In 2011, African American women accounted for 6,595 (29%) of the estimated new HIV infections among all adult and adolescent African Americans. This number represents a decrease of 14% since 2008. Most new HIV infections among African American women (89%; 5,875) are attributed to heterosexual contact.^c The estimated rate of new HIV infections for African American women (40.0/100,000 population) was 20 times that of white women and 5 times that of Hispanic/Latino women.^d

¹¹ http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=19

¹² http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=19

¹³ <http://quickfacts.census.gov/qfd/states/00000.html>

New HIV Infections Among Hispanic / Latinos¹⁴

- In 2011, Hispanic/Latino men accounted for 85% (8,605) of all estimated new HIV infections among Hispanic/Latino adults and adolescents in the United States. Most (84% or 7,231) of the estimated new HIV infections among Hispanic/Latino men were attributed to male to male sexual contact.
- In 2011, of the estimated 16,694 AIDS diagnoses among gay and bisexual men, 23% were in Hispanics/Latinos.¹⁵
- In 2010 among Hispanic/Latino Male to Male sexual contact (MSM)^d, 67% of estimated new HIV infections occurred in those under age 35.
- Hispanic women/Latinas accounted for 15% (1,530) of the estimated new infections among all Hispanics/Latinos in the United States in 2011.¹⁶
- The estimated rate of new HIV infection among Hispanics/Latinos in the United States in 2011 was more than 2 and a half times as high as that of whites (19.5 vs. 7.0 per 100,000 population).¹⁷

New HIV Infections Among Youth (Aged 13–24 Years)¹⁸

- In 2011, youth made up 17% of the US population, but accounted for an estimated 21% (10,347) of all new HIV infections (49,273) in the United States.
- In 2010, young gay and bisexual men accounted for an estimated 19% (8,800) of all new HIV infections in the United States and 72% of new HIV infections among youth. These young men were the only age group that showed a significant increase in estimated new infections—22% from 2008 (7,200) through 2010 (8,800).
- In 2011, black youth accounted for an estimated 60% (6,216) of all new HIV infections among youth in the United States, followed by Hispanic/Latino (18%, 1,872) and white (18%, 1,859) youth.

Male to Male Sexual Contact (MSM's)

Homophobia, stigma, and discrimination persist in the United States and negatively affect the health and well-being of gay, bisexual, other Male to Male sexual contact (MSM), and other members of the LGBT community. Homophobia, stigma, and discrimination are social determinants of health that can affect physical and mental health, whether Male to Male sexual contact (MSM) seek and are able to obtain health services, and the quality of the services they receive. Such barriers to health need to be addressed at different levels of society, such as health care settings, work places, and schools in order to increase opportunities for improving the health of Male to Male sexual contact (MSM).¹⁹

¹⁴ http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=19

¹⁵ <http://www.cdc.gov/hiv/risk/gender/msm/facts/index.html>

¹⁶ http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=19

¹⁷ http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=19

¹⁸ http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=19

¹⁹ Stigma and Discrimination from CDC Gay and Bisexual Men's Health. Accessed online at: <http://www.cdc.gov/msmhealth/index.htm>

Table 51. Comparison of Actual Survey Results to Sample Frame by Race /Ethnicity and Ryan White Part

Mode of Transmission	Central / Part A			Part B			Total		
	Sample	Actual	Difference	Sample	Actual	Difference	Sample	Actual	Difference
Male to Male sexual contact (MSM)	350	322	-28	109	112	3	459	434	-25

Table 52. Comparison of Actual Survey Results to Sample Frame by Mode of Transmission and Region for Ryan White Part B by Region

Mode of Transmission	Northern			Southern			Total Part B		
	Sample	Actual	Difference	Sample	Actual	Difference	Sample	Actual	Difference
Male to Male sexual contact (MSM)	22	24	2	87	88	1	109	112	3

Table 53. Male to Male Sexual Contact (MSM) Services Ranked in Order

Service Category Description	Need Rank MSM	Use Rank MSM	Gap MSM	Barrier MSM
Outpatient Ambulatory Medical Care	1	1	15 tie	15
Medication Assistance	2	2	9	5
Nutrition Assistance	3	3	4 tie	3 tie
Support Groups	5	7	11	12 tie
Housing Assistance	4	5	3	1
Health Education / Peer Mentor	7	11	17 tie	
Mental Health	6	4	10	9
Medical Case Manager	12	18	17 tie	
Exercise	8	10		
Transportation	11	9	1	2
Other: Employment Assistance	10	12	12	14
Emergency Financial Assistance	15	19 tie	6 tie	6 tie
Insurance (AHCCCS, PCIP, Medicare,	9	6	8	10 tie
Oral Health	14	8	6 tie	8
Substance Abuse Services	13	19 tie		16 tie
Other: Specialty Doctors	17	16	14	12 tie
Medication Co-Pay Assistance	16	13		10 tie
Other: Vision Care		19 tie	2	3 tie
Other: Disability Assistance				
Health Insurance Premium Cost Sharing			13	
Other: Holistic/Alternative Therapy		17	4 tie	6 tie

Other: Internet/Phone	19	14		
Other: Legal Assistance		15	15 tie	
Other: Child Care				
Other: Spirituality	18			
Other: Home Health Care				16 tie

MSM Service Rankings by Region and Part- Table 54. Male to Male sexual contact (MSM) Services Ranked in Order by Region and Part

Service Category Description	Need Part A	Need North	Need South	Need Part B	Use Part A	Use North	Use South	Use Part B	Gap Part A	Gap North	Gap South	Gap Part B	Barr Part A	Barr North	Barr South	Barrier Part B
Outpatient Ambulatory Medical Care	1	1	1	1	1	1	1	1	15 tie					4 tie	8 tie	8
Medication Assistance	2	2	2	2	2	2	2	2	5 tie				6 tie	2	7	3 tie
Nutrition Assistance	3	3	3	3	3	4	4 tie	4	2 tie	4 tie	9 tie	6 tie	4	3	2 tie	2
Support Groups	5	4	4	4	7 tie	6 tie	4 tie	5	9 tie		9 tie	11 tie	14 tie		8 tie	9 tie
Housing Assistance	4	5 tie	5	5	4 tie	8 tie	10	10	1		5 tie	6 tie	1		10 tie	11 tie
Health Education / Peer Mentor	6	11 tie	16	15 tie	10 tie		13 tie	13 tie	18 tie							
Mental Health	7 tie	11 tie	6	8	4 tie	6 tie	6 tie	7	9 tie	4 tie	5 tie	6 tie	14 tie		2 tie	5 tie
Medical Case Manager	15 tie	5 tie	7 tie	6		3	3	3	18 tie							
Exercise	7 tie	8	13 tie	10 tie	10 tie	8 tie	12	11 tie		3		6 tie				
Transportation	11	9 tie	11 tie	10 tie	7 tie		11	11 tie	2 tie	1	2	1 tie	6 tie	1	2 tie	
Other: Employment Assistance	9	11 tie	13 tie	13 tie	10 tie		15	15 tie	13				14 tie			1
17 tie	14		9 tie	10 tie			16 tie	17 tie	11 tie	4 tie	5 tie	4 tie	5		6	7
Insurance (AHCCCS, PCIP, Medicare, ACA)	10	7	7 tie	7	6	5	6 tie	6	5 tie		9 tie	11 tie	9 tie		10 tie	11 tie
Oral Health	13	11 tie	9 tie	9	9		8	8	5 tie		3 tie	4 tie	9 tie		2 tie	5 tie
Substance Abuse Services	12		17 tie	18 tie			16 tie	17 tie							10 tie	11 tie
Other: Specialty Doctors	19 tie		11 tie	13 tie	16 tie		9	9	15 tie		9 tie	11 tie	9 tie			
Medication Co-Pay Assistance	15 tie		15	15 tie	13				11 tie		5 tie	6 tie	6 tie			
Other: Vision Care							16 tie	17 tie	5 tie	2	1	1 tie	2 tie		1	3 tie
Other: Disability Assistance																
Health Insurance Premium Cost Sharing									14				13			
Other: Holistic/Alternative Therapy	19 tie				16 tie		13 tie	13 tie	4	4 tie	3 tie	3	2 tie	4 tie	10 tie	9 tie
Other: Internet/Phone	17 tie		17 tie	18 tie	14 tie	10	16 tie	15 tie								
Other: Legal Assistance	17 tie				14 tie				15 tie				12			
Other: Home Health											9 tie	11 tie			10 tie	11 tie
Other: Child Care																
Other: Spirituality		9 tie	17 tie	15 tie												

National Literature

- Men accounted for 76% of all adults and adolescents living with HIV infection at the end of 2010 in the United States.²⁰
- Male to Male Sexual Contact (MSM) account for most new and existing HIV infections among men.²¹
- By race/ethnicity, black men have the highest rates of new HIV infections among all men.²²
- The Centers for Disease Control and Prevention (CDC) estimates that 1 in 51 men will receive a diagnosis of HIV infection at some point in their lifetimes. Over the course of their lifetimes, 1 in 16 black men will be diagnosed with HIV infection, as will 1 in 33 Native Hawaiian/Other Pacific Islander men, 1 in 36 Hispanic/ Latino men, 1 in 100 American Indian/Alaska Native men, 1 in 102 white men, and 1 in 145 Asian men.²³
- Overall, an estimated 16% of all adults and adolescents living with HIV infection in 2010 were undiagnosed (unaware). Among men, greater percentages of undiagnosed HIV infections were attributed to male-to-male sexual contact (19%) and heterosexual contact (19%) compared to other transmission categories.²⁴
- In 2011, 79% (38,825) of the 49,273 estimated new diagnoses of HIV infection (including children) in the United States were among adult and adolescent men. Black/African American men had the highest rate of HIV diagnosis among all races/ethnicities.²⁵
- In 2011, 75% (24,088) of the 32,052 estimated AIDS diagnoses in the United States (including children) were among men. Men represent 79% (913,368) of the estimated 1,155,792 people (including children) diagnosed with AIDS in the United States through the end of 2011.²⁶
- In 2010, 74% (11,515) of the estimated 15,529 people with a diagnosis of AIDS who died in the United States (regardless of cause of death) were men.²⁷
- From 2000 to 2010, HIV infection was the 7th leading cause of death overall for black men, but was not a leading cause of death for other races/ethnicities²⁸

²⁰ http://www.cdc.gov/hiv/risk/gender/men/index.html?s_cid=tw_drmermin-00103

²¹ http://www.cdc.gov/hiv/risk/gender/men/index.html?s_cid=tw_drmermin-00103

²² <http://www.cdc.gov/hiv/risk/racialEthnic/aa/facts/>

²³ http://www.cdc.gov/hiv/pdf/risk_gender_HIV_among_men.pdf

²⁴ http://www.cdc.gov/hiv/pdf/risk_gender_HIV_among_men.pdf

²⁵ http://www.cdc.gov/hiv/risk/gender/men/index.html?s_cid=tw_drmermin-00103

²⁶ http://www.cdc.gov/hiv/risk/gender/men/index.html?s_cid=tw_drmermin-00103

²⁷ http://www.cdc.gov/hiv/pdf/risk_gender_HIV_among_men.pdf

²⁸ http://www.cdc.gov/hiv/pdf/risk_gender_HIV_among_men.pdf

Hispanics

Hispanics experience a greater rate of new infections than other racial groups, with 2011 statistics showing a rate 3 times greater than White Men for Hispanic men, and 4 times higher for Latina women than White women.²⁹

Table 55. Comparison of Actual Survey Results to Sample Frame for Hispanic/Latinos by Ryan White Part

Race / Ethnicity	Central / Part A			Part B			Total		
	Sample	Actual	Difference	Sample	Actual	Difference	Sample	Actual	Difference
Hispanic	149	159	10	49	48	-1	198	207	9

Table 56. Comparison of Actual Survey Results to Sample Frame for Hispanics/Latinos for Part B by Region

Race / Ethnicity	Northern			Southern			Total Part B		
	Sample	Actual	Difference	Sample	Actual	Difference	Sample	Actual	Difference
Hispanic	5	2	-3	44	46	2	49	48	-1

Hispanics / Latino (a) s Total- Table 57. Hispanic/ Latino Services in Ranked Order

Service Category Description	Need Rank Hisp/Latino	Use Rank Hisp/Latino	Gap Hisp/Latino	Barrier Hisp/Latino
Outpatient Ambulatory Medical Care	2	1	11 tie	3 tie
Medication Assistance	1	2	2 tie	4 tie
Nutrition Assistance	3	4	11 tie	19
Support Groups	4	7 tie		11 tie
Housing Assistance	6		8 tie	18
Health Education / Peer Mentor	8	5		8 tie
Mental Health	9			
Medical Case Manager	11	3	11 tie	
Exercise	7	14 tie	11 tie	11 tie
Transportation	5	7 tie	2 tie	2
Other: Employment Assistance	14	18 tie	5 tie	11 tie
Emergency Financial Assistance	10	16	8 tie	3 tie
Insurance (AHCCCS, PCIP, Medicare,	13	14 tie	5 tie	10
Oral Health	12	6	2 tie	8 tie
Substance Abuse Services	15	9 tie		
Other: Specialty Doctors	18	17	11 tie	11 tie
Medication Co-Pay Assistance	17			11 tie

²⁹ http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=19

Other: Vision Care	16	13	1	1
Other: Disability Assistance				
Health Insurance Premium Cost Sharing				
Other: Holistic/Alternative Therapy		9 tie	5 tie	4 tie
Other: Internet/Phone	19	18 tie		
Other: Legal Assistance		18 tie		11 tie
Other: Child Care				4 tie
Other: Hearing			8 tie	11 tie

Hispanics/Latinos rank services as #1 Medication, #2 outpatient ambulatory medical care and #3 Nutrition Assistance. Services used by Hispanic /Latinos are first, outpatient ambulatory medical care; second Medications and third Medical Case Manager.

Barriers to care in ranked order are Vision care, Transportation, and tied for third, outpatient ambulatory medical care and Emergency Financial Assistance.

Gaps to care in ranked order for Hispanics/Latinos are Vision care, second tied Medication Assistance, Transportation, and Oral Health, and third Employment Assistance and Health insurance.

The mention of outpatient ambulatory medical care and Medication Assistance as both a top needed and used service and a top barrier and gap service is reflective of the immigration status and fear of not being able to access medical care and medications by both the Central and Southern region respondents. This is not the case with Northern respondents.

Hispanic / Latino (a) by Region and Part- Table 58. Hispanic/ Latino Services in Ranked Order by Region and Part

Service Category Description	Need Part A	Need North	Need South	Need Part B	Use Part A	Use North	Use South	Use Part B	Gap Part A	Gap North	Gap South	Gap Part B	Barr Part A	Barr North	Barr South	Barrier Part B
Outpatient Ambulatory Medical Care	2	2 tie	1	1	1	1	1	1	11				2 tie			8 tie
Medication Assistance	1	1	2	2	2	2	2	2	3 tie		2	2	6 tie		4	4
Nutrition Assistance	3		3	3	4		4 tie	4 tie	11				10 tie			8 tie
Support Groups	5		4	4	7 tie		4 tie	4 tie	11						3	3
Housing Assistance	6	2 tie	7	7	11		4 tie	4 tie	5				2 tie		5 tie	4 tie
Health Education / Peer Mentor	7 tie		13 tie	13 tie	5				16						5 tie	4 tie
Mental Health	9		7 tie	9 tie	11				11							
Medical Case Manager	12		5	5	3		4 tie	4 tie	11				10 tie			
Exercise	7 tie		12	12	14								10 tie			
Transportation	4	2 tie	9 tie	9 tie	7 tie		4 tie	4 tie	1		3 tie	3 tie	2 tie	1	1 tie	1
Other: Employment Assistance	13	2 tie	7 tie	8	19				16		3 tie	3 tie	10 tie			
Emergency Financial Assistance	10		13 tie	13 tie	15				6 tie			4 tie	2 tie			8 tie
Insurance (AHCCCS, PCIP, Medicare, ACA)	14 tie		6	6	16 tie		3		9 tie				6 tie			8 tie
Oral Health	11		9 tie	11	6				2		3 tie	3 tie	6 tie		5 tie	4 tie
Substance Abuse Services	14 tie		16 tie	16 tie	9 tie											
Other: Specialty Doctors	18 tie		15	15	16				6 tie				10 tie			
Medication Co-Pay Assistance	14 tie								9 tie				10 tie			
Other: Vision Care	14 tie		16 tie	16 tie	13				3 tie	1 tie	1	1	1		1 tie	2
Other: Disability Assistance																
Health Insurance Premium Cost									6 tie							
Other: Holistic/Alternative Therapy					9 tie				16			4 tie	6 tie			
Other: Internet/Phone	18 tie				19				16							
Other: Legal Assistance					19				16				10 tie			
Other: Hearing				8 tie					16	1 tie		4 tie	10 tie			
Other: Child Care	18 tie			5					11				2 tie			
Other: Home Health	18 tie			12												

National Literature³⁰

- Hispanics/Latinos are disproportionately affected by HIV, relative to other races/ethnicities.
- The estimated new HIV infection rate among Hispanics/Latinos in 2011 in the United States was more than 2.8 times as high as that of whites.
- Socioeconomic factors such as poverty and language barriers may contribute to Hispanic/Latino HIV infection rates.
- At some point in their lives, an estimated 1 in 36 Hispanic/Latino men and 1 in 106 Hispanic/Latino women will be diagnosed with HIV.
- In 2011, Hispanics/Latinos accounted for 21% (10,159) of the estimated 49,273 new diagnoses of HIV infection in the United States. Of the 10,135 adult and adolescent Hispanics/Latinos diagnosed with HIV infection in 2011, 85% (8,605) were in men and 15% (1,530) were in women.
- Seventy-nine percent (7,231) of the estimated 8,605 HIV diagnoses among Hispanic/Latino men in the United States in 2011 were attributed to male to male sexual contact. Eighty-six percent (1,318) of the estimated 1,530 HIV diagnoses among Hispanic/Latino women were attributed to heterosexual contact.^f
- By the end of 2010, Hispanics/Latinos accounted for 19% (164,654) of the estimated 870,096 people living with HIV infection in the United States.³¹
- In 2011, an estimated 6,355 Hispanics/Latinos were diagnosed with AIDS in the United States. This number has fluctuated since 2008.
- By the end of 2010, an estimated 96,230 Hispanics/Latinos who had ever been diagnosed with AIDS had died in the United States. In 2010, HIV was the sixth leading cause of death among Hispanics/Latinos aged 25-34 in the United States and the eighth leading cause of death among Hispanics/Latinos aged 35-54.

African Americans³²

The disparities that exist for African American men with HIV/AIDS are significant. In 2011 African American males accounted for 16,447 or 71% of the 23,168 new infections. The estimated rate of new HIV infection for Black Men (112.8 per 100,000) was almost 8 times as high as the rate among White men, two and a half times higher than Latino men and nearly three times as high as Black Women.³³

³⁰ http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=19

³¹ <http://www.cdc.gov/hiv/library/slideSets/index.html>

³² http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=19

³³ Centers for Disease Control and Prevention. "HIV in the United States: At a Glance. Accessed online at: www.cdc.gov/HIV/Statistics/basics/atagance.html.

Table 59. Black /African American Comparison of Sample to Actual Responses by Part

Race / Ethnicity	Central / Part A			Part B			Total		
	Sample	Actual	Difference	Sample	Actual	Difference	Sample	Actual	Difference
Black Non-Hispanic	74	99	25	16	18	2	90	117	27

Table 60. Black /African American Comparison of Sample to Actual Responses Drilled by Part B and Region

Race / Ethnicity	Northern			Southern			Total Part B		
	Sample	Actual	Difference	Sample	Actual	Difference	Sample	Actual	Difference
Black Non-Hispanic	1	2	1	15	16	1	16	18	2
Total	45	48	3	148	148	-	193	196	3

Table 61.

Table 61. Hispanic/ Latino Services in Ranked Order

Service Category Description	Need Rank Black/AA	Use Rank Black/AA	Gap Black/AA	Barrier Black/AA
Outpatient Ambulatory Medical Care	1	1		
Medication Assistance	2	2	13	7 tie
Nutrition Assistance	3	3	6 tie	2
Support Groups	4	5		10 tie
Housing Assistance	5	7	8 tie	3 tie
Health Education / Peer Mentor	7 tie	12		13
Mental Health	11	9 tie	8 tie	10 tie
Medical Case Manager	12	4	3 tie	
Exercise	6	13	3 tie	
Transportation	13	9 tie	2	1
Other: Employment Assistance	7 tie	15		5 tie
Emergency Financial Assistance	9 tie		1	7 tie
Insurance (AHCCCS, PCIP, Medicare, ACA)	9 tie	6	11 tie	5 tie
Oral Health	14	9 tie		10 tie
Substance Abuse Services				
Other: Specialty Doctors		8	14	
Medication Co-Pay Assistance			11 tie	
Other: Vision Care	15		8 tie	3 tie
Other: Disability Assistance				
Health Insurance Premium Cost Sharing				
Other: Holistic/Alternative Therapy			3 tie	7 tie
Other: Internet/Phone			6 tie	
Other: Spirituality		14		

Black / African Americans reported a consistent ranking of 1-2-3 for services need and utilized as outpatient ambulatory medical care; medication assistance and nutrition assistance.

The number one barrier was transportation followed by nutrition assistance, housing assistance and vision care.

The number one gap was emergency financial assistance, transportation, exercise and medical case management. An interesting finding is the ranking of medical case management as tied with Exercise as the 3rd ranked gap. This ranking is being prompted by responses from the Central Region / Part A where medical case management is the 2nd ranked gap tied with Mental Health.

Service Category Description	Need Part A	Need North	Need South	Need Part B	Use Part A	Use North	Use South	Use Part B	Gap Part A	Gap North	Gap South	Gap Part B	Barr Part A	Barr North	Barr South	Barrier Part B
Outpatient Ambulatory Medical Care	1	4	1	1	1	1	1	1	15							
Medication Assistance	2	1	5	3	2	2 tie	2	2	5 tie				15			
Nutrition Assistance	4	2 tie	3 tie	4	7 tie	2 tie	3	3	1				5 tie		1	1
Support Groups	6 tie	2 tie	2	2	5	3 tie	8 tie	6 tie	9 tie				1			
Housing Assistance	11		6 tie	7 tie	3		6 tie	6 tie					9 tie			
Health Education / Peer Mentor	5	5 tie	6 tie	6	7 tie		9 tie	10 tie	9 tie							
Mental Health	12		9 tie	9 tie	6		4 tie	5	2 tie				9 tie			
Medical Case Manager	3	5 tie	12 tie	12 tie	4	3 tie	4 tie	4	2 tie				2 tie			
Exercise	14		3 tie	5	15								2 tie			
Transportation	6 tie		6 tie	7 tie	14		6 tie	6 tie			1			1	2 tie	3
Other: Employment Assistance	18 tie		12 tie	12 tie			9 tie	10 tie	5 tie							
Emergency Financial Assistance	15 tie		9 tie	9 tie	13				11		2	1 tie	5 tie			
Insurance (AHCCCS, PCIP, Medicare, ACA)	15 tie				16 tie	3 tie	12 tie		14 tie				11 tie			
Oral Health	6 tie		9 tie	9 tie	11		12 tie	11	18				14		5	5
Substance Abuse Services	9				11				13				18			
Other: Specialty Doctors	15 tie				9 tie		8 tie	9	11		5	4	13			
Medication Co-Pay Assistance	18 tie				16				15				11			
Other: Vision Care	13		12 tie	12 tie	16						4	3	15		2 tie	2
Other: Disability Assistance																
Health Insurance Premium Cost									15							
Other: Holistic/Alternative Therapy	10								5 tie	1	3	1 tie	15		2 tie	4
Other: Internet/Phone	18 tie				16								5 tie			
Other: Legal Assistance	18 tie				9 tie											
Other: Child Care	18 tie								15							

Black /African American Service Rankings by Region and Part- Table 62. Hispanic/ Latino Services in Ranked Order by Region and Part

National Literature³⁴

- African Americans are the racial/ethnic group most affected by HIV.
- The rate of new HIV infection in African Americans is 8 times that of whites based on population size.
- Gay and bisexual men account for most new infections among African Americans; young gay and bisexual men aged 13 to 24 are the most affected of this group
- At some point in their lifetimes, an estimated 1 in 16 African American men and 1 in 32 African American women will be diagnosed with HIV infection.
- In 2011, an estimated 15,958 African Americans were diagnosed with AIDS in the United States.³⁵
- By the end of 2010, an estimated 260,821 African Americans ever diagnosed with AIDS had died in the United States³⁶

American Indians/Alaska Natives

Table 63. American Indians/Alaska Natives Services in Ranked Order by Part

Race / Ethnicity	Central / Part A			Part B			Total		
	Sample	Actual	Difference	Sample	Actual	Difference	Sample	Actual	Difference
American Indian Non-Hispanic	14	39	25	12	15	3	26	54	51

Table 64. Comparison of Actual Survey Results to Sample Frame for American Indians/Alaska Natives for Part B by Region

Race / Ethnicity	Northern			Southern			Total Part B		
	Sample	Actual	Difference	Sample	Actual	Difference	Sample	Actual	Difference
American Indian Non-Hispanic	9	9	-	3	6	3	12	15	3

Arizona has 21 federally recognized American Indian reservations, which are semi-autonomous, and 145 American Indian Tribal subdivisions. The large majority are part of the Navajo Nation, which is the largest Native American reservation in terms of population and size. The Navajo Reservation covers all of northeastern Arizona along with portions of New Mexico and Utah, and had a population of 209,155 as of the 2010 census. Total reservation land covers over a quarter of the state.³⁷

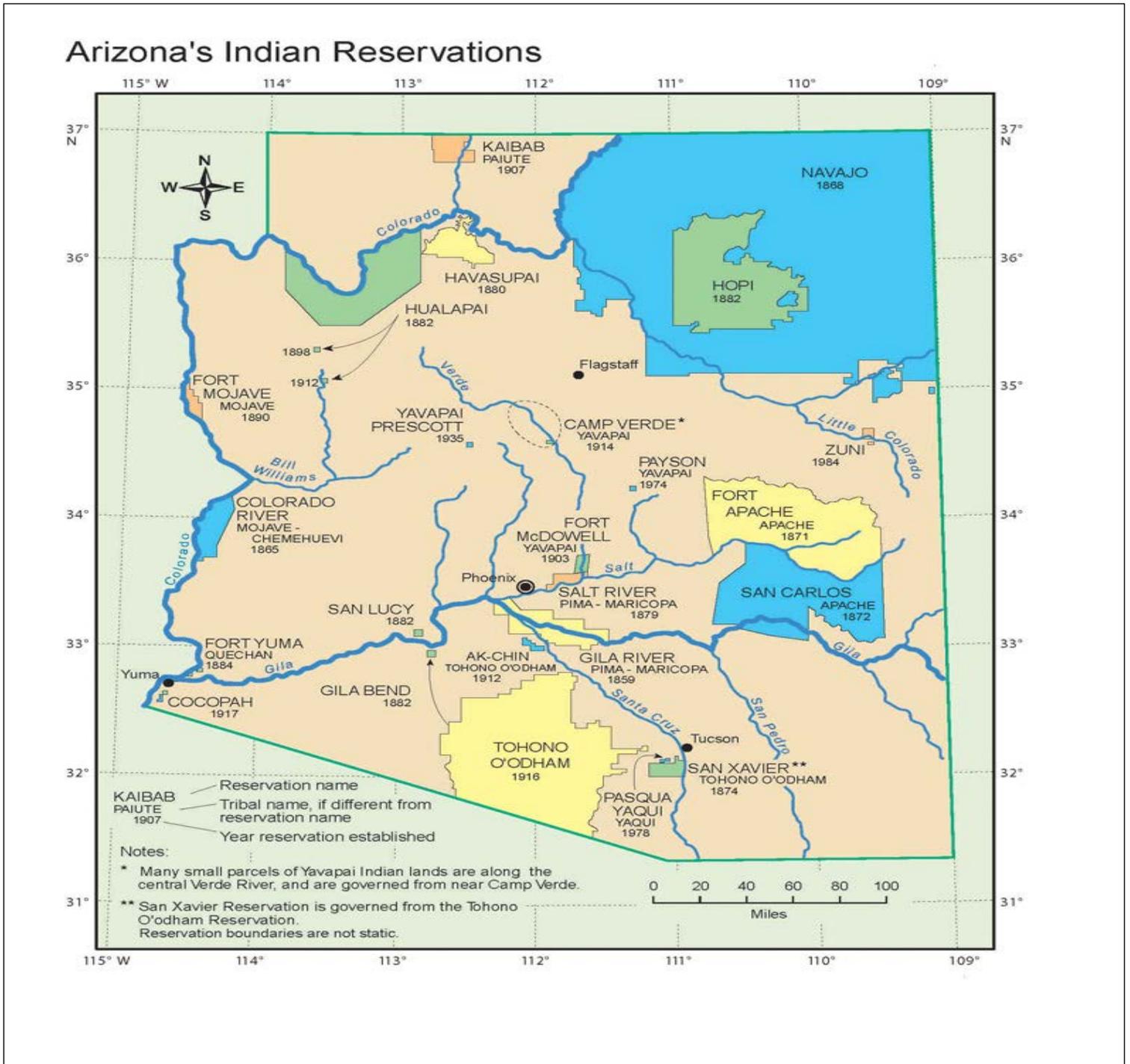
³⁴ http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=19

³⁵ http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=19

³⁶ http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=19

³⁷ http://www.census.gov/2010census/news/pdf/data_products_2010_census2.pdf

Figure 8: Arizona's Indian Reservations³⁸



³⁸ http://arizonaexperience.org/sites/arizonaexperience.org/files/base_images/american-indian_az_reservations.jpg

Table 65: American Indian/Alaska Natives Needs, Uses, Gaps and Barriers in Total

Service Category Description	Need Rank AI	Use Rank AI	Gap AI	Barrier AI
Outpatient Ambulatory Medical Care	1 tie	2		
Medication Assistance	1 tie	1	5 tie	3
Nutrition Assistance	2	4	2	
Support Groups	4	5	5 tie	
Housing Assistance	3	3	3	
Health Education / Peer Mentor	6			
Mental Health	7	8 tie	4	
Medical Case Manager	8 tie	6	5 tie	
Exercise		10		
Transportation	9	7	1	2
Other: Employment Assistance	8 tie			
Emergency Financial Assistance	10	11 tie	6	
Insurance (AHCCCS, PCIP, Medicare, ACA)	8 tie			4
Oral Health		9	5 tie	
Substance Abuse Services	5	8 tie		
Other: Specialty Doctors				
Medication Co-Pay Assistance				
Other: Vision Care				1
Other: Disability Assistance				
Health Insurance Premium Cost Sharing				
Other: Holistic/Alternative Therapy		11 tie	7	
Other: Internet/Phone				
Other: Legal Assistance				
Other: Child Care				

Outpatient ambulatory medical care and medication assistance ranked #1 and #2 across all regions. All three regions responded with vision care as a barrier, but the Central region’s large response resulted in its #1 ranking as a barrier for American Indians /Alaska Natives.

The interesting contrasts in replies by American Indians / Alaska Natives is best illustrated by the status of Transportation as the #1 service gap. Transportation is a needed service (#9), used service (#7), and concurrently the #1 gap in service and the #2 barrier service. Although the Central Region had the largest number of responses to this service (22), the Northern region (9 responses) listed Transportation as its biggest barrier and gap unanimously. The Southern region did not list Transportation as either a barrier or a gap. The northern region has sparse transportation offerings and a very large geographic territory so the conclusion is that the Central Region has better transportation that is used but is still a problem, but the lack of transportation is at a crisis level for the North.

Table 66: American Indian / American Native by Region and Part

Service Category Description	Need Part A	Need North	Need South	Need Part B	Use Part A	Use North	Use South	Use Part B	Gap Part A	Gap North	Gap South	Gap Part B	Barr Part A	Barr North	Barr South	Barrier Part B
Outpatient Ambulatory Medical Care	1	2	2	2	2	1 tie	2	2								
Medication Assistance	2	1	1	1	1	1 tie	1	1	4 tie				3 tie	1 tie	1	2
Nutrition Assistance	3 tie	3	4	3	4 tie	3	5 tie	4	1							
Support Groups	5 tie		3	4 tie	4 tie		3	5 tie	4 tie							
Housing Assistance	3 tie	4 tie	5 tie	4 tie	3				2 tie		1	3 tie	3 tie			
Health Education / Peer Mentor	7															
Mental Health	8		5 tie	6 tie	7 tie				4 tie	2		2				
Medical Case Manager	11 tie	5 tie		6 tie	7 tie	2		3	4 tie							
Exercise							4	5 tie								
Transportation	11 tie				7 tie		5 tie	6 tie	2 tie	1		1	2	1		1
Other: Employment Assistance	9 tie	5 tie	5 tie	5 tie												
Emergency Financial Assistance			5 tie						8							
Insurance (AHCCCS, PCIP, Medicare, ACA)	9 tie	4 tie		5 tie									3 tie			
Oral Health					11				4 tie							
Substance Abuse Services	5 tie				7 tie											
Other: Specialty Doctors																
Medication Co-Pay Assistance																
Other: Vision Care									9				1	1 tie		3
Other: Disability Assistance																
Health Insurance Premium Cost																
Other: Holistic/Alternative Therapy							5 tie	6 tie		3		3 tie				
Other: Internet/Phone																
Other: Legal Assistance																
Other: Child Care																

HIV is a serious health issue among American Indians who comprise about 1.2% of the U.S. population. American Indian³⁹ males accounted for 76% (161) of the estimated 212 American Indian/Alaska natives diagnosed with HIV in 2011, and American Indian women accounted for 24% or 51 of the 212 total new American Indian HIV diagnoses. Eighty-two percent (132) of the 161 new HIV diagnoses were attributed to male to male sexual contact.⁴⁰

Health Care for American Indians is provided under the jurisdiction of the Indian Health Service, an agency of the U.S. Department of Health and Human Services.

National Literature⁴¹

- Of the estimated 51 HIV diagnoses among AI/AN women in 2011, the majority (63%, 32) were attributed to heterosexual contact.
- In the United States in 2011, both male and female AI/AN had the highest percent of estimated diagnoses of HIV infection attributed to injection drug use, compared with all races/ethnicities (48/212 or 22.6%). Among men, 11% (17) of new HIV diagnoses were attributed to injection drug use only and 7% (12) were attributed to both male-to-male sex and injection drug use. Among women 37% (19) of new HIV diagnoses were attributed to injection drug use.
- In 2011, an estimated 146 AI/AN were diagnosed with AIDS, a number that has remained relatively stable since 2008.
- By the end of 2010, an estimated 1,945 AI/AN with an AIDS diagnosis had died in the United States. In 2010, HIV infection was the ninth leading cause of death among AI/AN aged 25 to 34

Why Are American Indians and Alaska Natives Affected by HIV?

Race and ethnicity alone are not risk factors for HIV infection. However, AI/AN may face challenges associated with risk for HIV.

- Lack of awareness of HIV status. Overall, approximately one in six (16%) adults and adolescents living with HIV infection in the United States at the end of 2010 were unaware of their HIV infection. However, by race/ethnicity, a greater percentage of adult and adolescent AI/AN (21%) were estimated to have undiagnosed HIV infection. This translates to an estimated 900 people in the AI/AN community living with undiagnosed HIV infection at the end of 2010.
- Sexually transmitted infections (STDs). AI/AN have the second highest rates of chlamydia and Gonorrhea among all racial/ethnic groups. s increase the susceptibility to HIV infection.⁴²

³⁹ http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=19

⁴⁰ “Achieving and AIDS-Free Generation,” Presidential Advisory Council on HIV/AIDS. Accessed online at: www.aids.gov/federal-resources/pacha/meetings/2013/pacha-2013-legacy-report.pdf - 485k - 2013-09-20

⁴¹ http://www.cdc.gov/hiv/pdf/risk_AIAN_finalfactsheet.pdf

⁴² <http://www.cdc.gov/std/stats12/Surv2012.pdf>

- AI/AN gay and bisexual men may face culturally based stigma and confidentiality concerns that could limit opportunities for education and HIV testing, especially among those who live in rural communities or on reservations.
- Cultural diversity. There are over 560 federally recognized AI/AN tribes, whose members speak over 170 languages. Because each tribe has its own culture, beliefs, and practices and can be subdivided into language groups, it can be challenging to create culturally appropriate prevention programs for each group.
- Socioeconomic issues. Poverty, including lack of housing and HIV prevention education, directly and indirectly increases the risk for HIV infection and affects the health of people living with and at risk for HIV infection. Compared with other racial/ethnic groups, AI/AN have higher poverty rates, have completed fewer years of education, are younger, are less likely to be employed, and have lower rates of health insurance coverage.
- Mistrust of government and its health care facilities. The federally funded Indian Health Service (IHS) provides health care for approximately 2 million AI/AN and consists of direct services delivered by the IHS, tribally operated health care programs, and urban Indian health care services and resource centers. However, because of confidentiality and quality-of-care concerns and a general distrust of the US government, some AI/AN may avoid IHS.
- Alcohol and illicit drug use. Although alcohol and substance use do not cause HIV infection, they can reduce inhibitions and impair judgment and lead to behaviors that increase the risk of HIV. Injection drug use directly increases the risk of HIV through contaminated syringes and works. Compared with other racial/ethnic groups, AI/AN tend to use alcohol and drugs at a younger age, use them more often and in higher quantities, and experience more negative consequences from them.
- Data limitations. Racial misidentification of AI/AN may lead to the undercounting of this population in HIV surveillance systems and may contribute to the underfunding of AI/AN-targeted services.⁴³

Table 67: Youth (Age 13 to 19) Services in Ranked Order

Service Category Description	Need Rank Youth	Use Rank Youth	Gap Youth	Barrier Youth
Outpatient Ambulatory Medical Care	1	1		
Medication Assistance	2	2 tie		
Nutrition Assistance	4	3		
Support Groups	5	4		
Housing Assistance	7	7		
Health Education / Peer Mentor			1	3

⁴³ http://www.cdc.gov/hiv/pdf/risk_AIAN_finalfactsheet.pdf

Medical Case Manager	3	2 tie		
Transportation			3	
Insurance (AHCCCS, PCIP, Medicare, ACA)	6	6		
Oral Health		5		1
Other: Vision Care			2	
Other: Internet/Phone				2

Table 68 13-19 Age Cohort: Responses to Feelings about HIV

Response	Central (Part A)	Northern	Southern	Part B	Total
Number of Responses	7	1	-	1	8
They do not worry about it	57%	100%		100%	62.5%
They do not know much about HIV	43%				37.5%
Total	100%	100%		100%	100%

The youngest age cohort, age 13 to 19, have concerning response with all 8 respondents (1% of all responses), stating that people their age do not worry about HIV or have a lack of knowledge about HIV.

Table 69: Comparison of Actual Survey Results to Sample Frame for Youth by Ryan White Part

Age	Central / Part A			Part B			Total		
	Sample	Actual	Difference	Sample	Actual	Difference	Sample	Actual	Difference
13-19	3	8	5	2	1	-1	5	9	4

Table 70: Comparison of Actual Survey Results to Sample Frame for Youth Part B by Region

Age	Northern			Southern			Total Part B		
	Sample	Actual	Difference	Sample	Actual	Difference	Sample	Actual	Difference
13-19	1	1	-	1	-	-1	2	1	-1

National Literature⁴⁴

- Youth aged 13 to 24 accounted for an estimated 21% of all new HIV infections in the United States in 2011.
- Most new HIV infections among youth occur among gay and bisexual males; there was a 22% increase in estimated new infections in this group from 2008 to 2010.
- Almost 60% of youth with HIV in the United States do not know they are infected

⁴⁴ http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=19

- An estimated 10,347 youth were diagnosed with HIV infection in the United States in 2011, representing 21% of an estimated 49,273 people diagnosed during that year. Seventy-six percent (8,054) of these diagnoses occurred in those aged 20 to 24, the highest number and population rate of HIV diagnoses of any age group (36.3 new HIV diagnoses/100,000 people).
- By the end of 2010, of the estimated 39,035 youth living with diagnosed HIV infection in the United States and 6 dependent areas: An estimated 27,621 HIV diagnoses were among young men. Of these, 77% of HIV diagnoses were attributed to male-to-male sexual contact and 13% to perinatal exposure.
- An estimated 11,413 HIV diagnoses were among young women. Of these, 56% were attributed to heterosexual contact and 34% to perinatal exposure.
- In 2011, an estimated 2,984 youth in the United States were diagnosed with AIDS, a number that has increased 23% since 2008.
- By the end of 2010, an estimated 11,179 youth with an AIDS diagnosis had died in the United States since the HIV epidemic began.

Table 71: Total Ranked Services for Youth

Service Category Description	Need Rank Youth	Use Rank Youth	Gap Youth	Barrier Youth
Outpatient Ambulatory Medical Care	1	1		
Medication Assistance	2	2 tie		
Nutrition Assistance	4	3		
Support Groups	5	4		
Housing Assistance	7	7		
Health Education / Peer Mentor			1	3
Medical Case Manager	3	2 tie		
Transportation			3	
Insurance (AHCCCS, PCIP, Medicare, ACA)	6	6		
Oral Health		5		1
Other: Vision Care			2	
Other: Internet/Phone				2

Table 72: Youth Rankings by Part

Service Category Description	Need Rank Part A	Need Rank Part B	Use Rank Part A	Use Rank Part B	Gap Rank Part A	Gap Rank Part B	Barrier Rank Part A	Barrier Rank Part B
Outpatient Ambulatory Medical Care	1	1 tie	1 tie	1 tie				
Medication Assistance	2	1 tie	2 tie	1 tie				
Nutrition Assistance	4		4 tie					

Support Groups	5	1 tie	4 tie	1 tie				
Housing Assistance	7		4 tie					
Health Education / Peer Mentor					1		3	
Medical Case Manager	3	1 tie	2 tie	1 tie				
Transportation					3	1		1
Insurance (AHCCCS, PCIP, Medicare, ACA)	6	1 tie		1 tie				
Oral Health			7				1	
Other: Vision Care					2			
Other: Internet/Phone							2	

Youth respondents included 8 Central region / Part A respondents and 1 Northern region / Part B respondent. No youth responded from the Southern region.

One noted gap in services was the absence of a support or mentoring group for young heterosexual PLWHA by older teen or young adult PLWHA. The presence of such a group was thought to be a means of easing a young PLWHA transition to caring for their HIV, assist in the disclosure or coming out aspect of HIV and provide a reference point for navigating unfamiliar territory for the young heterosexual PLWHA. Gay youth appear to be informally mentored by older gay HIV teens.

Also support groups in the Central Region / Part A are difficult to form due to the transportation restrictions for youth. Youth are not allowed to ride public transportation after hours when a support group could be facilitated.

Transportation in the Northern Region / Part B is the number one overall barrier and gap facing PLWHA with a large geographic territory and sparse public transportation options. The added difficulty of being a youth with HIV makes transportation a significant barrier to access to HIV care.

Youth replied that gaps or lack of a Support group where I can talk to Older Youths with HIV (Peer Mentor group), Vision Care and Transportation existed because perhaps no one thought of them or realized that youth need a support group and vision care and the transportation challenges facing youth.

Barriers to care were listed as Oral Care, a Peer / Mentor program or use of a cell phone.

When questioned why these barriers existed youth speculated reasons including lack of funding, programs not offered or they did not know why.

Refugees

A refugee is a person who is outside his or her home country and is unable or unwilling to return due to persecution, or well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.

Every year, Arizona accepts between 2,000 and 4,000 people from around the world who are seeking protection in the U.S. from persecution in their home countries. Between 1980 and 2013 Arizona has hosted more than 62,000 refugees, and consistently ranks in the top 10 states for number of refugees resettled each year.

The largest numbers of refugees have come from (in descending order) Iraq, Vietnam, Bosnia, Cuba, Somalia, Burma, Bhutan, Sudan, USSR, Afghanistan, Iran, Democratic Republic of the Congo, Liberia, Ethiopia, and 95 other countries.

Nine respondents listed their ethnic origin as “Refugee” with an additional three listing the place where they tested positive as outside of the United States and in Africa.

Table 73: Comparison of Actual Survey Results to Sample Frame for Refugee by Ryan White Part

Race / Ethnicity	Central / Part A			Part B			Total		
	Sample	Actual	Difference	Sample	Actual	Difference	Sample	Actual	Difference
Refugee	-	12	12	-	-	-	-	12	12

Countries of origin include Burma, Central African Republic, Liberia, Uganda and two non-respondents. Respondents total 2 Males (Uganda) and 10 Females (1 Uganda, 2 Liberia, 2 Central African Republic, 1 Burma and 4 non-specified.)

Table 74: Total Ranked Services for Refugees

Service Category Description	Need Rank Refugee	Use Rank Refugee	Gap Refugee	Barrier Refugee
Outpatient Ambulatory Medical Care	2	1		
Medication Assistance	1	2	1 tie	
Nutrition Assistance	3	3		
Support Groups	4 tie	4 tie	1 tie	1
Housing Assistance	4 tie	4 tie	1 tie	
Health Education / Peer Mentor		5	1 tie	
Medical Case Manager	4 tie	6		
Transportation	4 tie	7 tie		
Insurance (AHCCCS, PCIP, Medicare, ACA)		9	1 tie	
Oral Health		7 tie		
Other: Internet/Phone		8		
Other: Employment Assistance	4 tie		1 tie	

Refugees responded that gaps in care of assistance, support groups, health education, and insurance are presents due to their non-availability.

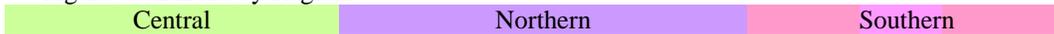
Refugees responded that barriers to care of Support Groups existed because the reasons were complicated and that they are unfamiliar with such programs. Medical Providers stated that it is difficult for refugees to disclose what they consider weaknesses due to distrust of authority, fear that any disclosures would jeopardize their immigration status and cultural differences.

16. Region Results

Table 75: Comparison of Actual Survey Results to Sample Frame by Region

Region	County	Sample Frame	Actual	Difference
Central Part A	Maricopa and Pinal	571	578	7
Total Part A		571	578	7
Northern Part B	Apache, Coconino, Gila, Mojave, Navajo and Yavapai	45	48	3
Southern Part B	Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz and Yuma	148	148	-
Total Part B		193	196	3
Total	All	764	774	10

Figure 9: Arizona by Regions:



Central / Part A

The Central Region is the most populated region of Arizona encompassing two counties, Maricopa and Pinal and including Phoenix. Approximately 65% of Arizona's residents live in Maricopa County.

Issues for Central Region:

- Large Out-of-care population
- Refugee Center- added burden of languages (French), cultures, distrust of authority
- Stress of Resource allocation between Male to Male sexual contact (MSM) and Women
- Large Hispanic population

Needs:

- Peer/ Mentor group for HIV+ youth age 13 to 15 that are heterosexual to be advised and counseled by older HIV+ youth (age 16 to 19) or early adult HIV+ regarding issues of coming out, dealing with sex, adherence to medical regimen
- Better method of HIV testing at locations other than the Emergency Department of local hospitals
- Housing

Table 76: Comparison of out-of-care by Region

Central Region Length of Time	Last saw Doctor for HIV		Last CD4 (T-Cell Count)		Last Viral Load Test	
	Central / Part A	Total	Central / Part A	Total	Central / Part A	Total
More than 10 years ago	3	5	3	5	2	3
6 to 9 years ago	1	3	0	3	0	0
3 to 5 years ago	3	3	3	3	2	2
2 years ago	2	2	4	2	4	5
1 to 2 years	10	10	7	10	8	9
within 1 year	5	6	6	6	8	12
within 9 months	19	20	22	20	21	23
within 6 months	230	264	251	264	251	288
within 3 months	294	450	255	450	252	399
Total	567	763	551	763	548	741
Out-of-care	43	49	45	49	45	54
% Out-of-care (No Dr. in	7.5%	6.4%	8.2%	6.4%	8.2%	7.3%

Central Region / Part A respondents self-reported much higher than total Arizona statistics for Out-of-care in all categories: last Doctor visit for HIV, most recent CD4 (T-Cell) count and most recent viral load test.

Table 77: Comparison of Services Needed by All and Targeted Groups

Service Category Description	Need Rank ALL	Need New Dx	Need MSM	Need HISP	Need Black	Need AI	Need Youth	Need Refugee
Outpatient Ambulatory Medical Care	1	1	1	2	1	1	1	2
Medication Assistance	2	2	2	1	2	2	2	1
Nutrition Assistance	3	3 tie	3	3	4	3 tie	3	3
Support Groups	4	3 tie	5	5	6 tie	5 tie	6	4 tie
Housing Assistance	5	6	4	6	11	3 tie	5	4 tie
Health Education / Peer Mentor	6	5	6	7 tie	5	7		
Mental Health	7	9 tie	7 tie	9	12	8		
Medical Case Manager	8	7	15 tie	12	3	11 tie	4	4 tie
Exercise	9	11 tie	7 tie	7 tie	14		7	
Transportation	10	8	11	4	6 tie	11 tie		4 tie
Other: Employment Assistance	11	9 tie	9	13	18 tie	9 tie		4 tie
Emergency Financial Assistance	12	11 tie	14	10	15 tie			9
Insurance (AHCCCS, PCIP, Medicare, ACA)	13		10	14 tie	15 tie	9 tie		
Oral Health	14	11 tie	13	11	6 tie			
Substance Abuse Services	15		12	14 tie	9	5 tie		
Other: Specialty Doctors	16		19 tie	18 tie	15 tie			
Medication Co-Pay Assistance	17		15 tie	14 tie	18 tie			
Other: Vision Care	18			14 tie	13			
Other: Disability Assistance	19							
Health Insurance Premium Cost Sharing	20							
Other: Holistic/Alternative Therapy	21				10			
Other: Internet/Phone	22		17 tie	18 tie	18 tie			
Other: Legal Assistance	23		17 tie		18 tie			
Other: Child Care	24			18 tie	18 tie			
Other: Home Health	24		19 tie	18 tie				

Service Category Description	Use Rank ALL	Use Rank Newly Dx	Use Rank MSM	Use Rank HISP	Use Rank Black	Use Rank AI	Use Rank Youth	Use Rank Refugee
Outpatient Ambulatory Medical Care	1	1	1	1	1	2	1	1
Medication Assistance	2	2	2	2	2	1	2 tie	2
Nutrition Assistance	3	6	3	4	7 tie	4 tie	4 tie	3
Support Groups	5	5	7 tie	7 tie	5	4 tie	4 tie	4 tie
Housing Assistance	10	12 tie	4 tie	11 tie	3	3	4 tie	4 tie
Health Education / Peer Mentor	8	4	10 tie	5	7 tie			
Mental Health	6	7	4 tie	11 tie	6	7 tie		
Medical Case Manager	4	3		3	4	7 tie	2 tie	6
Exercise	13	10 tie	10 tie	14	15			
Transportation	11	12 tie	7 tie	7 tie	14	7 tie		7 tie
Other: Employment Assistance	17 tie		10 tie	19 tie				
Emergency Financial Assistance	15	12 tie		15	13			
Insurance (AHCCCS, PCIP, Medicare, ACA)	9	10 tie	6	16 tie	16 tie			9
Oral Health	7	8	9	6	11 tie	11	7	7 tie
Substance Abuse Services	14	9		9 tie	11 tie	7 tie		
Other: Specialty Doctors	12	12 tie	16 tie	16 tie	9 tie			
Medication Co-Pay Assistance	19 tie		13		16 tie			
Other: Vision Care	16			13	16 tie			
Other: Disability Assistance	17 tie							
Health Insurance Premium Cost Sharing	19 tie							
Other: Holistic/Alternative Therapy	19 tie		16 tie	9 tie				
Other: Internet/Phone	19 tie	12 tie	14 tie	19 tie	16 tie			
Other: Legal Assistance	22 tie		14 tie	19 tie	9 tie			
Other: Child Care	22 tie							
Other: Home Health	22 tie							

Table 78: Comparison of Services Utilized by All and Targeted Groups

Table 79: Comparison of Services that represent gaps by All and Targeted Groups

Service Category Description	Gap Rank ALL	Gap Dx	Gap MSM	Gap HISP	Gap Black	Gap AI	Gap Youth	Gap Refugee
Outpatient Ambulatory Medical Care	11		15 tie	11 tie	15 tie			
Medication Assistance	4		5 tie	3 tie	5 tie	4 tie		1 tie
Nutrition Assistance	3	2 tie	2 tie	11 tie	1	1		
Support Groups	13 tie		9 tie	11 tie	9 tie	4 tie		1 tie
Housing Assistance	2	4	1	5		2 tie		1 tie
Health Education / Peer Mentor	19 tie		18 tie	16 tie	9 tie		2 tie	1 tie
Mental Health	6 tie	2 tie	9 tie	11 tie	2 tie	4 tie		
Medical Case Manager	17 tie		18 tie	11 tie	2 tie	4 tie		
Exercise	19 tie							
Transportation	1	5 tie	2 tie	1		2 tie		
Other: Employment Assistance	13 tie		13	16 tie	5 tie			1 tie
Emergency Financial Assistance	9 tie		11 tie	6 tie	11 tie	8		
Insurance (AHCCCS, PCIP, Medicare, ACA)	6 tie		5 tie	9 tie	14 tie			1 tie
Oral Health	5	1	5 tie	2	18	4 tie	1	
Substance Abuse Services	22 tie	5 tie			13			
Other: Specialty Doctors	9 tie	5 tie	15 tie	6 tie	11 tie			
Medication Co-Pay Assistance	22 tie		11 tie	9 tie	15 tie			
Other: Vision Care	8 tie		5 tie	3 tie		9		
Other: Disability Assistance	17 tie							
Health Insurance Premium Cost Sharing	12		14	6 tie	15 tie			
Other: Holistic/Alternative Therapy	13 tie		4	16 tie	5 tie			
Other: Internet/Phone	19 tie			16 tie			2 tie	
Other: Legal Assistance	13 tie		15 tie	16 tie				
Other: Child Care	24 tie			16 tie	15 tie			
Other: Home Health	NR							

Table 80: Comparison of Services that represent Barriers by All and Targeted Groups

Service Category Description	Barrier Rank-ALL A	Barrier Dx	Barrier MSM	Barrier HISP	Barrier Black	Barrier AI	Barrier Youth	Barrier Refugee
Outpatient Ambulatory Medical Care	14			2 tie				
Medication Assistance	3		6 tie	6 tie	6 tie	3 tie		
Nutrition Assistance	5 tie	2 tie	4	10 tie	1			
Support Groups	17 tie	2 tie	14 tie		14 tie		1 tie	1
Housing Assistance	2		1	2 tie		3 tie		
Health Education / Peer Mentor	14 tie				14 tie			
Mental Health	19 tie		14 tie		6 tie			
Medical Case Manager	19 tie			10 tie	5			
Exercise	12 tie			10 tie				
Transportation	4		6 tie	2 tie		2		
Other: Employment Assistance	12 tie		14 tie	10 tie	2 tie			
Emergency Financial Assistance	7		5	2 tie	2 tie			
Insurance (AHCCCS, PCIP, Medicare, ACA)	8	2 tie	9 tie	6 tie	13	3 tie		
Oral Health	9		9 tie	6 tie				
Substance Abuse Services	22				12			
Other: Specialty Doctors	NR	2 tie	9 tie	10 tie	6 tie			
Medication Co-Pay Assistance	19 tie		6 tie	10 tie	9 tie			
Other: Vision Care	1	1	2 tie	1		1	1 tie	
Other: Disability Assistance	10							
Health Insurance Premium Cost Sharing	14 tie		13		2 tie			
Other: Holistic/Alternative Therapy	17 tie		2 tie	6 tie	9 tie			
Other: Internet/Phone	NR							
Other: Legal Assistance	11		12	10 tie				
Other: Child Care	23			10 tie	14 tie			
Other: Home Health	NR							

Northern Region

The Northern Region is the least populated but geographically largest region of Arizona, encompassing six counties, Apache, Coconino, Gila, Mojave, Navajo and Yavapai, and including the cities of Flagstaff, Prescott and Chinle. This geographic area is diverse and difficult to traverse with many canyons including the Grand Canyon. Coconino County is located in the Northern region and is the 2nd largest county in the mainland United States with its 18,661 square miles. Deliveries in the Northern region are hampered by the lack of physical addresses with many residents having postal office boxes. This feature hinders medication delivery by pharmacies with the North being served by Blue Cross/Blue Shield who typically delivers medication through UPS or FedEx where a physical address is required. The region includes the Navajo Nation.

Table 81: Northern Region Comparison of Medical Adherence

Northern Region Length of Time	Last saw Doctor for HIV		Last CD4 (T-Cell Count)		Last Viral Load Test	
	North	Total	North	Total	North	Total
More than 10 years ago	0	5	0	5	0	3
6 to 9 years ago	1	3	0	3	0	0
3 to 5 years ago	0	3	0	3	0	2
2 years ago	0	2	0	2	0	5
1 to 2 years	0	10	0	10	0	9
within 1 year		6	0	6	0	12
within 9 months	0	20	0	20	0	23
within 6 months	9	264	12	264	11	288
within 3 months	34	450	34	450	35	399
Total	44	763	46	763	46	741
Out-of-care	1	49	0	49	0	54
% Out-of-care (No Dr. in last 6	2.2%	6.4%	0%	6.4%	0%	7.3%

Northern region respondents self-reported the lowest of any region and much lower results than total Arizona statistics for Out-of-care in all categories: last Doctor visit for HIV, most recent CD4 (T-Cell) count and most recent viral load test.

These results may be attributable to the medical adherence of the survey respondents with no Out-of-care findings for lab tests, and only one Out-of-care result for Doctor visits for HIV.

Issues for Northern Region:

- Geographic challenges of delivering medication, food boxes, holding support groups with enough attendees, Burden on staff to reach PLWHA, etc. due to large territory and mountainous terrain.
- Large American Indian population- awareness and respect for cultural beliefs, accommodation of alternative therapies including sweat lodges, chanting, talk therapy and alignment with cultural history.

Needs / Solutions

- Support Groups, possibly using secure video conference or another technology to have geographically distant PLWHA participate.
- Need for Mental Health provider / Psychiatrist. Possible solution would be to partner with Behavioral Health tele-psychiatrist from Phoenix to provide behavioral counseling over secure video conferencing.
- Alternative cultural therapies-make inroads to acceptance of these therapies for treatment of HIV/AIDS

Table 82: Northern Region by all Targeted Groups

Service Category Description	Need Rank ALL	Need New Dx	Need MSM	Need HISP	Need Black	Need AI	Need Youth
Outpatient Ambulatory Medical Care	2	2 tie	1	2 tie	4	2	1 tie
Medication Assistance	1	1	2	1	1	1	1 tie
Nutrition Assistance	3	2 tie	3		2 tie	3	
Support Groups	6 tie	6 tie	4		2 tie		1 tie
Housing Assistance	6 tie	9 tie	5 tie	2 tie		4 tie	
Health Education / Peer Mentor		6 tie	11 tie		5 tie		
Mental Health	6 tie	5	11 tie				
Medical Case Manager	5	4	5 tie		5 tie	5 tie	1 tie
Exercise	10 tie	9 tie	8				
Transportation	10 tie		9 tie	2 tie			
Other: Employment Assistance	10 tie	9 tie	11 tie	2 tie		5 tie	
Emergency Financial Assistance	6 tie						
Insurance (AHCCCS, PCIP, Medicare, ACA)	4	6 tie	7			4 tie	1 tie
Oral Health	11		11 tie				
Substance Abuse Services							
Other: Specialty Doctors							
Medication Co-Pay Assistance							
Other: Vision Care							
Other: Disability Assistance							
Health Insurance Premium Cost Sharing							
Other: Holistic/Alternative Therapy							
Other: Internet/Phone							
Other: Legal Assistance							
Other: Child Care							
Other: Home Health							
Other: Spirituality	10 tie		9 tie				

Table 83: Services Utilized by Northern Respondents and their Ranking Order

Service Category Description	Use Rank ALL	Use Rank Newly Dx	Use Rank MSM	Use Rank HISP	Use Rank Black	Use Rank AI	Use Rank Youth
Outpatient Ambulatory Medical Care	1	1	1	1	1	1 tie	1 tie
Medication Assistance	2	2	2	2	2 tie	1 tie	1 tie
Nutrition Assistance	3	4	4		2 tie	3	
Support Groups	5 tie	5	6 tie		3 tie		1 tie
Housing Assistance	9 tie		8 tie				
Health Education / Peer Mentor	8	6 tie					
Mental Health	5 tie		6 tie				
Medical Case Manager	4	3	3		3 tie	2	1 tie
Exercise	9 tie	6 tie	8 tie				
Transportation							
Other: Employment Assistance							
Emergency Financial Assistance							
Insurance (AHCCCS, PCIP, Medicare, ACA)	7	6 tie	5		3 tie		1 tie
Oral Health							
Substance Abuse Services							
Other: Specialty Doctors							
Medication Co-Pay Assistance							
Other: Vision Care							
Other: Disability Assistance							
Health Insurance Premium Cost Sharing							
Other: Holistic/Alternative Therapy							
Other: Internet/Phone	11		10				

Table 84: Services that represent Gaps to Northern Respondents and their Ranking Order

Service Category Description	Gap Rank ALL	Gap Dx	Gap MSM	Gap HISP	Gap Black	Gap AI	Gap Youth
Outpatient Ambulatory Medical Care							
Medication Assistance							
Nutrition Assistance	4 tie		4 tie				
Support Groups							
Housing Assistance							
Health Education / Peer Mentor							
Mental Health	4 tie		4 tie			2	
Medical Case Manager	4 tie						
Exercise	3		3				
Transportation	4 tie		1			1	1
Other: Employment Assistance							
Emergency Financial Assistance	4 tie		4 tie				
Insurance (AHCCCS, PCIP, Medicare, ACA)							
Oral Health							
Substance Abuse Services							
Other: Specialty Doctors							
Medication Co-Pay Assistance							
Other: Vision Care	1	1 tie	2	1 tie			
Other: Disability Assistance							
Health Insurance Premium Cost Sharing							
Other: Holistic/Alternative Therapy	2	1 tie	4 tie		1	3	
Other: Internet/Phone							
Other: Legal Assistance							
Other: Hearing	4 tie			1 tie			

Table 85: Services that represent Barriers to Northern Respondents and their Ranking Order

Service Category Description	Barrier Rank-ALL A	Barrier Dx	Barrier MSM	Barrier HISP	Barrier Black	Barrier AI	Barrier Youth
Outpatient Ambulatory Medical Care	8 tie		4 tie				
Medication Assistance	6		2			1 tie	
Nutrition Assistance	7	2 tie	3				
Support Groups	2 tie	2 tie					
Housing Assistance							
Health Education / Peer Mentor							
Mental Health							
Medical Case Manager							
Exercise							
Transportation	1		1	1	1	1	1
Other: Employment Assistance							
Emergency Financial Assistance							
Insurance (AHCCCS, PCIP, Medicare, ACA)	2 tie	2 tie					
Oral Health							
Substance Abuse Services							
Other: Specialty Doctors	2 tie	2 tie					
Medication Co-Pay Assistance							
Other: Vision Care	2 tie	1				1 tie	
Other: Disability Assistance							
Health Insurance Premium Cost Sharing							
Other: Holistic/Alternative Therapy	8 tie		4 tie				

Southern Region

The Southern Region encompasses the seven counties of Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz and Yuma, and the cities of Tucson and Yuma. Approximately 15% of Arizona’s population lives in Pima County (Tucson).

Table 86: Medical Adherence by Southern Region Respondents

Southern Region Length of Time	Last saw Doctor for HIV		Last CD4 (T-Cell Count)		Last Viral Load Test	
	South	Total	South	Total	South	Total
More than 10 years ago	2	5	0	5	1	3
6 to 9 years ago	1	3	0	3	0	0
3 to 5 years ago	0	3	0	3	0	2
2 years ago	0	2	1	2	1	5
1 to 2 years	0	10	1	10	1	9
within 1 year	1	6	5	6	4	12
within 9 months	1	20	2	20	2	23
within 6 months	25	264	26	264	26	288
within 3 months	122	450	113	450	112	399
Total	152	763	148	763	147	741
Out-of-care	5	49	9	49	9	54
% Out-of-Care (No Dr. in last 6	3.3%	6.4%	6.1%	6.4%	6.1%	7.3%

Southern region respondents self-reported lower results than total Arizona statistics for Out-of-care in all categories: last provider visit for HIV, most recent CD4 (T-Cell) count and most recent viral load test.

Issues for Southern Region:

General

- Newly Diagnosed PLWHA equal to Central Region (47%)

Yuma

- Not enough Infectious Disease providers in Yuma. A second ID Provider just began practice.
- A Hispanic community where HIV/AIDS is a disease containing a great deal of stigma.
- Need for more specialists especially Psychiatrists. Tele-medicine combined with Behavioral Health providers in Phoenix or Tucson could alleviate this issue.

Tucson

- Need for more affordable housing
- Need for vision care.
- Need for transportation alternatives.

Solutions

- Need for Mental Health provider / Psychiatrist. Possible solution would be to partner with Behavioral Health tele-psychiatrist located in Phoenix to provide behavioral counseling over secure video conferencing.

Table 87: Services Needed by Southern Region Respondents

Service Category Description	Need Rank	Need New Dx	Need MSM	Need HISP	Need Black	Need AI
Outpatient Ambulatory Medical Care	1	2 tie	1	1	1	2
Medication Assistance	2	1	2	2	5	1
Nutrition Assistance	3 tie	2 tie	3	3	3 tie	4
Support Groups	10 tie	6 tie	4	4	2	3
Housing Assistance	10 tie	9 tie	5	7	6 tie	5 tie
Health Education / Peer Mentor	10 tie	6 tie	16	13 tie	6 tie	
Mental Health	9	5	6	7 tie	9 tie	5 tie
Medical Case Manager	8	4	7 tie	5	12 tie	
Exercise	14	9 tie	13 tie	12	3 tie	
Transportation	10 tie		11 tie	9 tie	6 tie	
Other: Employment Assistance	7	9 tie	13 tie	7 tie	12 tie	5 tie
Emergency Financial Assistance	6		9 tie	13 tie	9 tie	5 tie
Insurance (AHCCCS, PCIP, Medicare, ACA)	5	6 tie	7 tie	6		
Oral Health	10 tie		9 tie	9 tie	9 tie	
Substance Abuse Services			17 tie	16 tie		
Other: Specialty Doctors			11 tie	15		
Medication Co-Pay Assistance	9		15			
Other: Vision Care				16 tie	12 tie	
Other: Disability Assistance						
Health Insurance Premium Cost Sharing						
Other: Holistic/Alternative Therapy						
Other: Internet/Phone	15 tie		17 tie			
Other: Legal Assistance						
Other: Child Care						
Other: Home Health						
Other: Spirituality	15 tie		17 tie			

Table 88: Services Utilized by Southern Region Respondents

Service Category Description	Use Rank ALL	Use Rank Newly Dx	Use Rank MSM	Use Rank HISP	Use Rank Black	Use Rank AI
Outpatient Ambulatory Medical Care	1	1	1	1	1	2
Medication Assistance	2	3	2	2	2	1
Nutrition Assistance		6 tie	4 tie	4 tie	3	5 tie
Support Groups	4	4 tie	4 tie	4 tie	8 tie	3
Housing Assistance	10		10	4 tie	6 tie	
Health Education / Peer Mentor	11		13 tie		9 tie	
Mental Health	6 tie		6 tie		4 tie	
Medical Case Manager	3	2	3	4 tie	4 tie	
Exercise	12 tie		12			4
Transportation	12 tie		11	4 tie	6 tie	5 tie
Other: Employment Assistance	1		15		9 tie	
Emergency Financial Assistance	14 tie		16 tie			
Insurance (AHCCCS, PCIP, Medicare, ACA)	5	4 tie	6 tie	3	12 tie	
Oral Health	6 tie	6 tie	8		12 tie	
Substance Abuse Services			16 tie			
Other: Specialty Doctors	6 tie	6 tie	9		8 tie	
Medication Co-Pay Assistance						
Other: Vision Care	6 tie	6 tie	16 tie			
Other: Disability Assistance						
Health Insurance Premium Cost Sharing						
Other: Holistic/Alternative Therapy	14 tie		13 tie			5 tie
Other: Internet/Phone	14 tie		16 tie			
Other: Legal Assistance						
Other: Child Care						
Other: Home Health						

Table 89: Services that represent Gaps by Southern Region Respondents

Service Category Description	Gap Rank ALL	Gap Dx	Gap MSM	Gap HISP	Gap Black	Gap AI
Outpatient Ambulatory Medical Care						
Medication Assistance	4 tie	1		2		
Nutrition Assistance	7 tie		9 tie			
Support Groups	4 tie		9 tie			
Housing Assistance	3		5 tie			1
Health Education / Peer Mentor						
Mental Health	10 tie		5 tie			
Medical Case Manager						
Exercise						
Transportation	2		2	3 tie	1	
Other: Employment Assistance	13 tie			3 tie		
Emergency Financial Assistance	7 tie		5 tie		2	
Insurance (AHCCCS, PCIP, Medicare, ACA)	10 tie		9 tie			
Oral Health	4 tie		3 tie	3 tie		
Substance Abuse Services						
Other: Specialty Doctors	13 tie		9 tie		5	
Medication Co-Pay Assistance	10 tie		5 tie			
Other: Vision Care	1		1	1	4	
Other: Disability Assistance						

Health Insurance Premium Cost Sharing						
Other: Holistic/Alternative Therapy	7 tie		3 tie		3	
Other: Internet/Phone						
Other: Legal Assistance						
Other: Hearing			13 tie			
Other: Home Health			9 tie			

Table 90: Services that represent Barriers by Southern Region Respondents

Service Category Description	Barrier Rank-ALL A	Barrier Dx	Barrier MSM	Barrier HISP	Barrier Black	Barrier AI
Outpatient Ambulatory Medical Care	9 tie		8 tie			
Medication Assistance	8	1	7	4		1
Nutrition Assistance	4 tie		2 tie		1	
Support Groups	9 tie		8 tie	3		
Housing Assistance	11 tie		10 tie	5 tie		
Health Education / Peer Mentor	4 tie			5 tie		
Mental Health	4 tie		2 tie			
Medical Case Manager						
Exercise						
Transportation	1		2 tie	1 tie	2 tie	
Other: Employment Assistance						
Emergency Financial Assistance	4 tie		6			
Insurance (AHCCCS, PCIP, Medicare, ACA)			10 tie			
Oral Health	2		2 tie	5 tie	5	
Substance Abuse Services	11 tie		10 tie			
Other: Specialty Doctors						
Medication Co-Pay Assistance						
Other: Vision Care	3		1	1 tie	2 tie	
Other: Disability Assistance						
Health Insurance Premium Cost Sharing						
Other: Holistic/Alternative Therapy	13 tie		10 tie		2 tie	
Other: Internet/Phone						
Other: Legal Assistance						
Other: Child Care						
Other: Home Health	13 tie		10 tie			

17. Contrast to Prior Survey Results

Two prior studies exist that can be contrasted to this statewide needs assessment, the Statewide Coordinated Statement of Need (“SCSN”) dated December 2010 sponsored by the Arizona Department of Health Services and the Arizona AIDS Education and Training Center, and the 2010 Report of Findings from the Phoenix EMA Ryan White Part A HIV Health Services Planning Council dated July 2010.

Statewide Coordinated Statement of Need Comparison to Survey Results

Comparisons to the SCSN show an increase of 850 or 5.9% in the number of Arizonans living with HIV/AIDS, with 15,288 at December 31, 2012 compared to 14,438 at December 31, 2010. Some of this growth can be attributed to the growth of Arizona residents with an approximate 3.7% increase in total population in that time span.⁴⁵ One targeted group showing a large population increase is the American Indian/American Indian group which indicated a growth rate increase 18.4% from 2000 to 2010.⁴⁶

The 2010 SCSN report showed greater than 58% of PLWHA in care. Our survey showed 93 to 94% of respondents in care, but the caveat is that surveys were conducted at medical providers so they would reflect a high percentage of in-care PLWHA.

The 2010 SCSN report stated that PLWHA incarcerated in Arizona face:

- Issues with continuity of care coming into and leaving facilities.
- Failure to adhere to HAART treatment which can cause PLWHA in to become ill more rapidly and more infectious
- Lack of prevention services to the incarcerated population – no condoms, clean needles, or tattooing equipment are provided

The 2014 Arizona Statewide Needs Assessment for PWLH/A agreed with some of these findings:

- A large percentage (84%) or 342 PLWHA were provided case management or a referral to HIV services and were placed at risk for non-adherence due to the lack of transitional assistance.

⁴⁵ <http://quickfacts.census.gov/qfd/states/04000.html>

⁴⁶ <http://www.census.gov/prod/cen2010/briefs/c2010br-10.pdf>

Other portions of the SCSN report studied CD4 (t-cell) count and viral load test results, progression of HIV to AIDS and AIDS death rates, which were not covered in the needs assessment.

2010 Report of Findings

The 2010 Report of Findings stated that the Central region of Maricopa and Pinal counties account for 73.43% of the prevalent cases of HIV/AIDS and our study received participation from 74.7% of respondents from this region. The split of racial / ethnic origins was different with fewer White, Hispanic and Asian / Pacific Islander respondents and more African American, American Indian and Multi-Racial respondent. The Other category consisted primarily of Refugees.

Figure 10. Comparison of Demographic participation in 2010 Report of Findings and 2014 Arizona Statewide Needs Assessment for PWLH/A

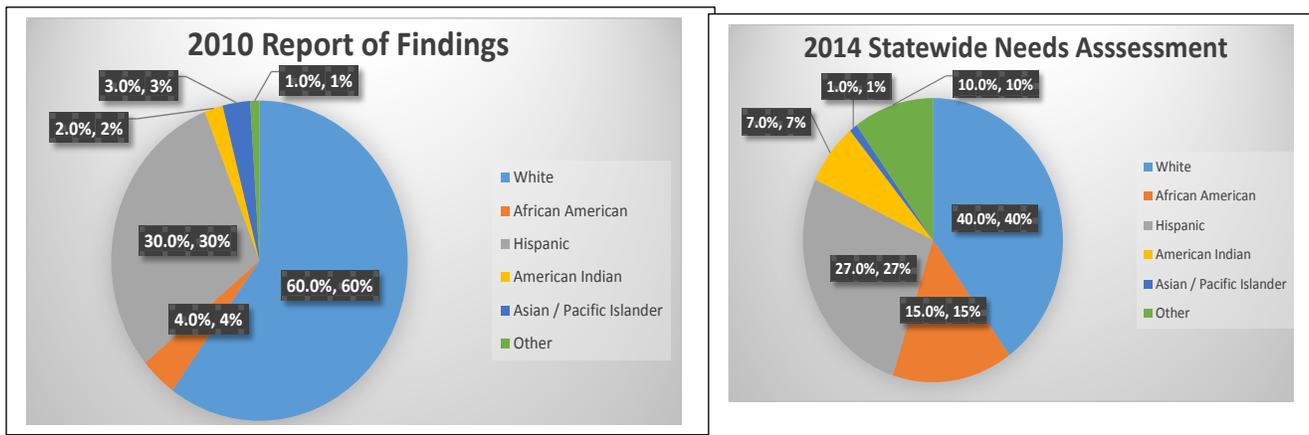


Table 91: Comparison of Demographic participation in 2010 Report of Findings and 2014 Arizona Statewide Needs Assessment for PWLH/A

Race	2010 Report of Findings	Race	2014 Statewide Needs Assessment	Difference
White	60.0%	White	40.0%	-20.0%
African American	4.0%	African American	15.0%	11.0%
Hispanic	30.0%	Hispanic	27.0%	-3.0%
American Indian	2.0%	American Indian	7.0%	5.0%
Asian / Pacific	3.0%	Asian / Pacific	1.0%	-2.0%
Other	1.0%	Other	10.0%	9.0%
Total	100.0%	Total	100.0%	0%

The targeted populations studied in the 2010 Report of Findings were:

1. Newly Diagnosed
2. Male to male sexual contact
3. Hispanics
4. African Americans
5. American Indians, and
6. Incarcerated / Recently Released

The 2010 Report of Findings also studied an emerging population of interest—Youth, ages 13-19 years—was represented at the 5% participation level.

The targeted population studied in the 2014 Arizona Statewide Needs Assessment for PWLH/A were:

1. Newly Diagnosed
2. Male to male sexual contact
3. Hispanics
4. African Americans
5. American Indians, and
6. Youth Age 13 to 24

The Arizona Statewide Needs Assessment for PWLH/A also studied an emerging population of interest—Refugees—was represented at the 1.5% participation level.

Needs identified in ranking order by both studies were:

Table 92: Comparison between 2010 Report of Findings and 2014 Arizona Statewide Needs Assessment for PWLH/A

2010 Report of Findings		2014 Arizona Statewide Needs Assessment for PWLH/A	
1	Medications	1	Medications
2	Outpatient Ambulatory	2	Outpatient Ambulatory Medical Care
3	Medical Nutrition Therapy	3	Health Insurance
4	Housing Assistance	4	Housing Assistance
5	Medical Transportation	5	Nutrition Assistance

Services used in ranking order identified by both studies were:

2010 Report of Findings		2014 Arizona Statewide Needs Assessment for PWLH/A	
1	Outpatient Ambulatory	1	Outpatient Ambulatory Medical Care
2	Medications	2	Medication Assistance
3	Medical Nutrition Therapy	3	Nutrition Assistance
4	Medical Case Management	4	Medical Case Management
5	Medical Transportation	5	Support Groups

Gaps in service or services that respondents “could not get” in ranking order were:

2010 Report of Findings		2014 Statewide Needs Assessment	
1	Housing Assistance	1	Transportation
2	Medications	2	Vision
3	Oral Health Care /Dental	3	Housing
4	Medical Transportation	4	Holistic/Alternative Therapies tied
5	Emergency Financial Assistance	5	Oral Health Care / Dental

Barriers to access to services that respondents had trouble obtaining, in ranking order were:

2010 Report of Findings		2014 Statewide Needs Assessment	
1	Emergency Financial Assistance	1	Housing
2	Complementary / Holistic Therapy	2	Transportation
3	Medications	3	Nutrition Assistance
4	Health Insurance	4	Vision
5	Oral Health Care / Dental	5	Medication Assistance

Topics added to the 2014 Arizona Statewide Needs Assessment for PWLH/A are the implementation of health insurance coverage through the Affordable Care Act or Medicaid expansion and Social Networking as a medium to reach PLWHA.

18. Conclusions

The conclusion to be reached is that 342 (84%) of PLWHA [298+108=406 PLWHA in jail or prison less 64 offered transitional services=342] were not provided case management or a referral to HIV services and were placed at risk for non-adherence due to the lack of transitional assistance.

The 2014 Arizona Statewide Needs Assessment for PWLH/A assessment had some key findings:

HIV Testing

Survey respondents stated that they had tested positive at the Emergency Room (ER) at a 28.3% rate, with most of these respondents also reporting as Male to Male sexual contact (MSM) (50%) or a Hispanic/Latino (35%). The other key factor was income level with those with a \$0 to \$9,999 income testing positive in the ER at 43% and those with an income from \$10,000 to \$19,999 testing positive in the ER at 32%.

The majority, 47.2% of respondents, had never received an HIV test prior to testing positive, and 16.2% were diagnosed during the second time receiving testing. Across all regions, all targeted groups and all genders; most respondents were diagnosed during their first time receiving testing. Among those testing more than one time, respondents identified themselves as Transgender (50%); respondents who listed their infection method as Sexual Assault (41%), Newly Diagnosed (39%) and Male to Male sexual contact (MSM) (29%).

Access to Free Condoms

- Respondents feel most comfortable procuring free condoms from their Provider or Health Clinic.
- The second rated source of free condoms was an HIV or Community organization in all regions except the North, where respondents rated their Case Manager 2nd
- The third rated source for the Central region was from a pharmacy, with the South ranking Case Managers 3rd.

One of the venues cited most often in the “Other” category was bars and nightclubs. An interesting response from the “Other” category mentioned by Southern region respondents was condom distribution through mail; this may include clients receiving medications via mail from Avella as clients can choose to receive condoms along with packages. This method of distribution might be well received by Northern region respondents due to their distance to their health clinics and/or case managers.

Social Networking as a Medium to reach PLWHA

- A total of 71% of all respondents access social media, with Central region respondents accessing social sites at 73%, Southern region respondents at 65% and Northern region respondents at 62%.⁴⁷
- The preferred medium is a home computer (51% overall, with the South at 57% and the North at 54%), except for the Central Region respondents with 53% of respondents preferring to use their mobile phone to access social media followed by 50% using home computers.
- Both Northern and Southern region respondents rate mobile phone access as second.
- Third rated for all respondents except Northern respondents is tablet access. Northern region respondents rated a work computer as their third rated access point for social media.
- Facebook is the most popular social network that respondents accessed by a 15% total margin.
- The second, third and fourth rated networks are Texting, Google+ and YouTube.
- These four social networks total 69% of responses for all regions, so it would be effective to concentrate a social media campaign on these four social networks for high risk individuals and PLWHA respondents in any region.

⁴⁷ Percentages derived by subtracting “Do not access social media from 100%.

Attitudes about HIV

Survey respondents were asked about how peers in their age group felt about HIV with the following four defined responses:

15. Which statement best describes how people your age feel about HIV?

- | | |
|----------------------------|---------------------------------|
| They do not worry about it | HIV is a deadly disease |
| HIV is a concern | They do not know much about HIV |

The answers, when cross-tabulated to age group, revealed a definite shift in perception that occurred after the age of thirty from non-worry to lack of knowledge to a fatal disease to a concern.

This change in age bracket represents an attitudinal shift with the top ranked attitude from the:

- | | |
|---------------------------------------|----------------------------------|
| ➤ 13 to 19 age cohort: | They do not worry about it. |
| ➤ 20 to 24 age cohort: | They do not know much about HIV. |
| ➤ 25 to 29 age cohort: | HIV is a deadly disease. |
| ➤ 30 to 34 and all other age cohorts: | HIV is a concern. |

Health Insurance Coverage

Insurance Coverage for respondents is primarily through Medicaid (AHCCCS) at 47%, followed by Ryan White Part B at 25%, Medicare at 24% and Ryan White Part A at 23%.

Contact by Medical Provider of Case Manage about Medicaid or Health Insurance Marketplace

Respondents answered that they had been contacted by their medical provider or case manager to enroll in Medicaid (35%) and in the Health Insurance Marketplace (26%). The Northern region respondents cited the highest contact percentages at 38% for Medicaid and 60% for the Health Insurance Marketplace.

Enrollment in Medicaid or Health Insurance Marketplace

- No contact (41%)
- Limited understanding about my role (4%)

The highest negative response was in the Southern region at 47%, and the percentages that did not understand their role in obtaining insurance coverage through either Medicaid of the Health Insurance Marketplace was constant at the 3 to 5% range.

- Enrolled in Medicaid (28%)

The largest response to enroll as a result of contact by a Medical Provider or Case Manager was in Part B at 43%.(North 40%; South 45%).

- Enrolled in Health Insurance Marketplace (16%)

Enrollment was consistent through both Parts A and B and through the Central and South regions at 20%. The Northern region enrolled at 35%, the largest response for the Affordable Care Act.

Respondents already enrolled in an insurance plan and not needing to make a change were at (217 or 28%, but the North was the highest responder at 40%, consistent with their response regarding their current health insurance (Question 17) with the highest response to Medicaid /AHCCCS (58%), Medicare (23%) and Ryan White Part B (23%).

Respondents not eligible who will continue to receive primary health insurance through Ryan White totaled 9% or 68, with a range of 2% in the Northern region to 10% in the Central Region.

Respondents not following up on health insurance coverage totaled 16 or 2% of all respondents, with consistent ranges across all regions and parts.

Health Literacy

- Respondents stated that they understood the requirements of the new health insurance with 325 or 68% of the 481 answering this question. This positive response was repeated in all regions.
- Respondents requesting assistance understanding these new requirements totaled 74 or 17% of the 481 respondents. All regions request for assistance in understanding ranged from 14% to 18%.
- Respondents report a significant Hepatitis C co-infection rate at 14% overall, and at 15% in both the Central and Southern regions.
- A large number, 342 (84%) of incarcerated PLWHA were not provided case management or a referral to HIV services and were placed at risk for non-adherence due to the lack of transitional assistance.

The top 5 needs in ranking order reported by respondents are:

Table 93: Services in Ranked Order by Total Respondents

1	Medications
2	Outpatient ambulatory medical care
3	Health Insurance

- 4 Housing Assistance
- 5 Nutrition Assistance

The top 5 services in ranking order used by respondents are:

- 2014 Arizona Statewide Needs Assessment for PWLH/A
- 1 Outpatient Ambulatory Medical Care
 - 2 Medication Assistance
 - 3 Nutrition Assistance
 - 4 Medical Case Management
 - 5 Support Groups

The top 5 gaps in services that respondents cannot get are:

- 2014 Arizona Statewide Needs Assessment for PWLH/A
- 1 Transportation
 - 2 Vision
 - 3 Housing
 - 4 Holistic/Alternative Therapies tied with Nutrition Assistance
 - 5 Oral Health Care / Dental

The top 5 services that respondents found difficult to obtain are:

2014 Arizona Statewide Needs Assessment for PWLH/A	
1	Housing
2	Transportation
3	Nutrition Assistance
4	Vision
5	Medication Assistance

19. Appendices

A. 2014 Arizona Statewide Needs Assessment for PWLH/A - Survey Instrument

This survey is confidential, not anonymous. Individual responses will not be shared. If you have any questions, please ask the survey facilitator. As a client participating in this survey, your access to HIV services will not be impacted.

1. What is your current age?

age

2. In what year were you diagnosed with HIV?

year

3. Have you ever been told you have AIDS?

Yes No Don't Know

4. In what city and state were you FIRST diagnosed with HIV or AIDS?

City _____

State _____

5. Were you diagnosed with HIV/AIDS during a visit to an Emergency Room?

Yes No Don't Know

6. How many HIV tests did you take before you had an HIV positive result?

Please Specify _____

7. Do you know how you may have acquired HIV/AIDS? (Please check all that apply)

<input type="checkbox"/>	Male sex with male	<input type="checkbox"/>	Sex with Drug User	<input type="checkbox"/>	Mother with HIV/AIDS
<input type="checkbox"/>	Heterosexual Sex	<input type="checkbox"/>	Sexual Assault	<input type="checkbox"/>	Unknown
<input type="checkbox"/>	While incarcerated	<input type="checkbox"/>	Transfusion	<input type="checkbox"/>	Other (Occupational Hazard)
<input type="checkbox"/>	Injection Drug Use	<input type="checkbox"/>	Health Care Worker	<input type="checkbox"/>	Mother with HIV/AIDS

8. After your HIV diagnosis, were you offered partner notification services for help contacting people who might have been at risk for getting HIV?

Yes No Don't Remember

9. How long after your diagnosis with HIV did it take to have your first medical appointment? Please specify in months or years.

10. If your answer to the previous question was longer than 3 months, why was there a delay? Please specify. _____

11. Where would you feel comfortable getting free condoms? (Choose all that apply)

<input type="checkbox"/>	I do not need/ use condoms	<input type="checkbox"/>	Doctor /Health Clinic
<input type="checkbox"/>	Case Manager	<input type="checkbox"/>	HIV organization/Community organization
<input type="checkbox"/>	No one offers free condoms	<input type="checkbox"/>	Pharmacy
<input type="checkbox"/>	Health Department	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

12. How do you access social media most often? Choose up to 3 responses.

<input type="checkbox"/>	Do not access social media	<input type="checkbox"/>	Home Computer
<input type="checkbox"/>	Mobile phone	<input type="checkbox"/>	Work Computer
<input type="checkbox"/>	Friend's smartphone	<input type="checkbox"/>	Friend's Computer

Tablet		
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13. Which social networks do you use? Check all that apply.

None	Google+	Texting
Blogs	Instagram	Twitter
Facebook	LinkedIn	YouTube
Flickr	Pinterest	Vimeo
Foursquare		

14. How often should people be tested for HIV?

Every 3 months	At least once per year
Every 6 months	When they are worried

15. Which statement best describes how people your age feel about HIV?

They do not worry about it	HIV is a deadly disease
HIV is a concern	They do not know much about HIV

16. Are you currently employed?

Yes No

17. What kind of health insurance do you have?

Private Health Insurance through your work or your spouse's work	Ryan White Part B	Ryan White Part A
Private Health Insurance, not through work	Health Insurance Marketplace (Affordable Care Act)	State Disability Insurance (SDI)
COBRA (Insurance through my last employer)	Medicare	None
Indian Health Services	Veteran's Administration	Other (please specify)
Medicaid/AHCCCS		

18. As a person living with HIV/AIDS, what do you feel are your 5 most important needs?

1. _____
2. _____
3. _____
4. _____
5. _____

19. List the top 5 services that you use to stay in care for HIV.

1. _____
2. _____
3. _____
4. _____

5. _____

20. Please list any services you need for HIV that are hard to get?

21. Why are these services hard to get?

22. Please list any services that you need for HIV that you CAN'T GET.

23. Why can't you get these services?

24. Were you contacted in the last 6 months by your Case Manager or Medical Provider to enroll in: a) Medicaid or b) Health Insurance Marketplace?

- Yes, I was contacted by a case manager/medical provider to enroll in Medicaid
- Yes, I was contacted by a case manager/medical provider to enroll in the Health Insurance Marketplace
- No, I was not contacted by a case manager/medical provider to enroll in either Medicaid or the Health Insurance Marketplace
- Yes, I was contacted by a case manager/medical provider to enroll in Medicaid or Health Insurance Marketplace, but I didn't understand what I was supposed to do to get enrolled.

25. What was the outcome of the contact with your Case Manager/Medical Provider:

- I enrolled in Medicaid
- I enrolled in health insurance through the Health Insurance Marketplace
- I was already enrolled in Medicaid, Medicare or private insurance and did not need to make a change.
- I am not eligible for Medicaid or health insurance through the Health Insurance Marketplace, and I will continue to receive my primary medical services through Ryan White.
- I did not follow up on enrollment in health insurance coverage
- Other (please specify)

26. If you enrolled in Medicaid or a Health Insurance Marketplace plan, do you understand the requirements of your new health insurance, such as premiums, copays, deductibles, coinsurance?

- Yes, I understand these requirements
- No, I do not understand these requirements
- I would like assistance in understanding these new requirements

27. Did you have challenges when you enrolled in Medicaid or Health Insurance Marketplace coverage?

- Yes, my top two challenges were: (please specify below)
- No, I was able to enroll in Medicaid or Health Insurance Marketplace with no challenges.

If your answer above was 'yes', please specify your top two challenges

- 1. _____
- 2. _____

28. Do you feel that having this new health insurance coverage through Medicaid or the Health Insurance Marketplace will help you stay in medical care?

- If yes, why will this new coverage help you stay in care?
- If no, what do you need to help you stay in care?

29. When was the last time you saw a doctor to treat your HIV?

MM /YYYY
Month/Year

30. When was the last time you had a CD4 (T-cell) count?

MM /YYYY
Month/Year

31. When was the last time you had a Viral Load test?

MM /YYYY
Month/Year

32. Are you currently taking ART (HIV) medications?

- Yes
- No
- Don't Know

33. Do you feel that you have an issue with substance abuse?

- Yes
- No

34. If you answer to previous question was 'Yes', is your issue?

35. Since you were diagnosed with HIV, have you received mental health or behavioral health counseling and treatment?

- Yes
- No

36. Have you ever been diagnosed with or treated for sexually transmitted diseases (STDs)? *Please check all that apply:*

<input type="checkbox"/>	Genital Herpes	<input type="checkbox"/>	Gonorrhea
<input type="checkbox"/>	Genital Warts	<input type="checkbox"/>	Syphilis
<input type="checkbox"/>	Chlamydia	<input type="checkbox"/>	Not Applicable

37. Have you ever been diagnosed with or treated for diseases other than HIV?

Please check all that apply:

<input type="checkbox"/>	Hepatitis A or B (circle)	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Valley fever
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	Hepatitis C		Cardiac Problems/Heart Disease		Nerve Issues (epilepsy, neuropathy)
	Thrush/Yeast Infection		High cholesterol		
	Tuberculosis (TB)		Cancer (Please specify what kind below.)		
	High Blood Pressure		Other (Please specify below)		

38. Are you now, or have you ever been homeless?

- Never
- Currently homeless
- Been homeless in past 2 years, but not now
- Been homeless over 2 years ago, but not now

39. Do you currently?

<input type="checkbox"/>	Own your home
<input type="checkbox"/>	Rent
<input type="checkbox"/>	Live with a friend/relative
<input type="checkbox"/>	Stay in a shelter
<input type="checkbox"/>	Other (please specify)

40. How many people live in your household?

Number of people in Household _____

41. What is your approximate yearly income?

<input type="checkbox"/>	\$0 to \$9,999
<input type="checkbox"/>	\$10,000 to \$19,999
<input type="checkbox"/>	\$20,000 to \$29,999
<input type="checkbox"/>	\$30,000 to \$39,999
<input type="checkbox"/>	\$40,000 to \$49,999
<input type="checkbox"/>	Over \$50,000

42. What is your highest level of education?

<input type="checkbox"/>	Grade school
<input type="checkbox"/>	Some high school
<input type="checkbox"/>	High School diploma/GED
<input type="checkbox"/>	Some college
<input type="checkbox"/>	College degree
<input type="checkbox"/>	Some graduate school
<input type="checkbox"/>	Graduate school degree

43. What is your sexual orientation?

	Gay
	Bisexual
	Heterosexual
	Prefer Not to Answer
	Other

44. Have you been in jail?

- Yes, within the past 6 months
- Yes, more than 6 months ago, but within the past year
- Yes, more than a year ago but within the past 2 years
- Yes, over 2 years ago
- No

45. Have you been in prison?

- Yes, within the past 6 months
- Yes, more than 6 months ago, but within the past year
- Yes, more than a year ago but within the past 2 years
- Yes, over 2 years ago
- No

46. When you were released from prison/jail, were you offered help to get HIV medical care or other HIV-related services?

- Yes No Not Applicable

47. Are you?

- Male
- Female
- Transgender M to F
- Transgender F to M
- Other (please specify)

48. Do you consider yourself?

- Black/African American
- American Indian/Alaska Native
- Native Hawaiian or other/Pacific Islander
- Asian
- White
- Hispanic/Latino
- More than one race/ethnicity (Please describe below)
- Other
- Refugee (Please list Country of Origin below)

If you answered, 'More than one race/ethnicity' or 'Refugee' above, please specify.

49^a. Who is your primary HIV doctor?

50^a. What clinic/doctor's office do you go to for your HIV?

Thank you for your time in completing this survey. Your confidential responses will be valuable information for the Arizona Department of Health Services (ADHS) and the Phoenix Eligible Metropolitan Area (EMA).

^a The Survey Instrument for Part B ends at Question 48. Questions 49 and 50, which concern the primary HIV Doctor and Clinic/Doctor's Office in which the respondent is seen for HIV medical care services, were omitted at the direction of the Arizona Department of Health Services' Human Subject's Review Board.

B. Provider Directory

Part A Medical Providers

Provider	Address	Address1	Town	Zip	County	Region
Pueblo Family Physicians	4350 N 19th Ave	Ste. 6	Phoenix	85105	Maricopa County	Central
Sun Life Family Health Center	865 N. Arizola Rd		Casa Grande	85122	Pinal County	Central
Ak-Chin Clinic-Indian Health	4212 N. 16th St.		Phoenix	85016	Maricopa County	Central
Maricopa Integrated Health Services	2601 E Roosevelt St		Phoenix	85008	Maricopa County	Central
Care Directions	1366 E Thomas Rd	Ste. 200	Phoenix	85014	Maricopa County	Central
Ebony House	39 E. Jackson Street		Phoenix	85004	Maricopa County	Central
Southwest Center	1101 N Central Avenue	Ste. 200	Phoenix	85004	Maricopa County	Central
Veterans Administration (Carl T. Hayden Medical Center) Immunodeficiency Clinic	650 E. Indian School Road		Phoenix	85012	Maricopa County	Central
McDowell Healthcare Center	1114 E McDowell Rd	Ste. 300	Phoenix	85006	Maricopa County	Central

HIV Partner Services-County Health Departments-Part A

County	Town	Phone Number
Maricopa County	Phoenix	602-506-2934
Pinal County	Casa Grande, Florence	520-866-7325

Part B Medical Providers

NAME	TITLE	COMPANY	PHONE NUMBER
Tricia Goffena-Beyer	Executive Director	Northland Cares	(928) 776-4612 x 14
Melvin Harrison	Executive Director	Navajo AIDS Network, Inc.	(928) 674-5676
Cher Has No Horse	Case Manager	Coconino County Health Department	(928) 679-7276
Jessica Lum	Program Coordinator and Case	North Country Healthcare	(928) 526-7740
Luis Ortega	Director of Programs	Southern Arizona AIDS Foundation	(520) 628-7223 x284
Margaret Hartnett	Medical Case Manager	Chiricahua Community Health Centers, Inc.	(520) 432-8893
Tara Radke	Director of HIV/AIDS Services	El Rio Special Immunology Associates	(520) 629-2888
Martha Rodriguez	Program Coordinator	Yuma County Public Health Service District	(928) 317-4670
Shannon Smith	Program Manager/Grants	University of Arizona, Petersen HIV Clinics, Arizona Health Sciences Center	(520) 626-8043
Mel Benedetto	HIV Coordinator	Gila County Division of Health and Community Services	(928) 402-8809

COMPANY	ADDRESS	CITY	ZIP CODE	EMAIL
Northland Cares	3112 Clearwater Drive, Suite A	Prescott	86305-7187	tgbeier@northlandcares.org
Navajo AIDS Network, Inc.	P.O. Box 1313	Chinle	86503-1313	NANMHarrison@aol.com
Coconino County Health Department	2625 N. King St.	Flagstaff	86004	chasnohorse@coconino.az.gov
North Country Healthcare	2920 N. Fourth St.	Flagstaff	86004	jlum@northcountryhealthcare.org
Southern Arizona AIDS Foundation	375 South Euclid Avenue	Tucson	85719	lortega@SAAF.ORG
Chiricahua Community Health	PO Box 536	Bisbee	85603	mhartnett@cchci.org
El Rio Special Immunology	1701 W. St. Mary's Road, Suite 160	Tucson	85745-2621	TaraR@ElRio.org
Yuma County Public Health Service	2200 W. 28th Street, Room 178	Yuma	85364-6935	Martha.Rodriguez@co.yuma.az.us
University of Arizona, Petersen HIV Clinics, Arizona Health Sciences Center	University of Arizona, Department of Medicine	Tucson	85724	ssmith@deptofmed.arizona.edu
Gila County Division of Health and Community Services	5515 S. Apache Avenue	Gila	85501	mbenedetto@co.gila.az.us

C. Services by Ryan White Part Agencies:

(based on HIV /AIDS Statewide Coordinated Statement of Need Report, 2012-2014)

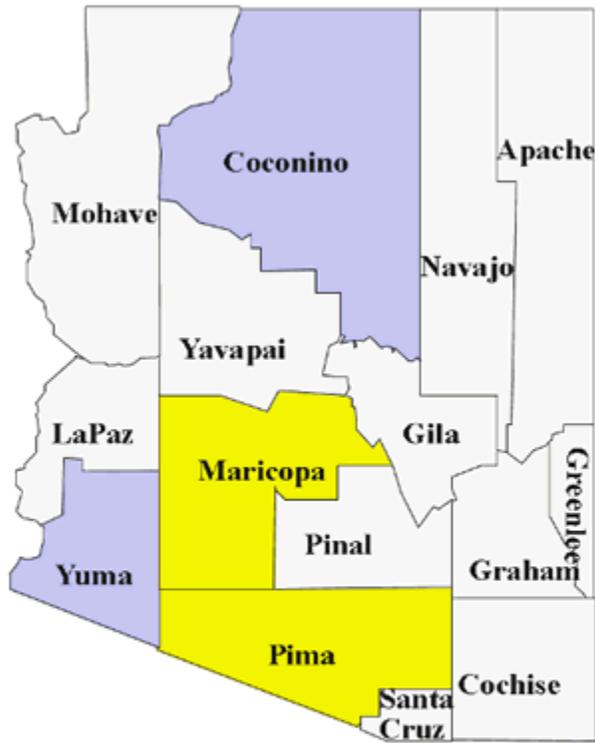
Core Medical Services	Part A	Part B	Part C	Part D
AIDS Drug Assistance Program	x	x		
Outpatient Ambulatory Health Services	x	x	x	x
AIDS Pharmacy Assistance (local)		x		
Oral Health Care	x	x	x	x
Health Insurance Premium and Cost Sharing Assistance	x	x		
Mental Health Services	x	x	x	
Medical Case Management (including treatment				
Substance Abuse Services Outpatient	x			
Medical Nutrition Therapy	x		x	
Early Intervention Services		x	x	

Supportive Services	Part A	Part B	Part C	Part D
Case Management (non-Medical)	x	x	x	x
Emergency Financial Assistance		x		x
Food Bank/Home Delivered Meals	x	x		x
Housing Services	x	x		x
Medical Transportation Services	x	x		x
Outreach Services	x			x
Psycho Social Support Services	x			x
Legal Services	x			x
Child Watch				x
Referrals for Health Care/Supportive Services			x	

Source: HIV /AIDS Statewide Coordinated Statement of Need Report, 2012-2014

D. Urban Rural designation of county by Arizona Rural Health Office

Arizona's 15 Counties



-  Urban (U) Counties (at least one community with a population of 500,000 or greater)
-  Rural-Urban (RU) Counties (at least one community with a population of 50,000 or greater)
-  Rural-Rural (RR) Counties (all communities have a population of less than 50,000)

E. Services that Arizona⁴⁸ covers under Medicaid (Section 1115)

Arizona Health Care Cost Containment System (AHCCCS)

The demonstration provides health care services through a prepaid, capitated managed care delivery model that operates statewide for both Medicaid State plan groups as well as demonstration expansion groups. The goal of the demonstration is to provide organized and coordinated health care for both acute and long term care that includes pre-established provider networks and payment arrangements, administrative and clinical systems for utilization review, quality improvement, patient and provider services, and management of health services. Beneficiaries receiving long term care services receive additional benefits that would not otherwise be provided through the Medicaid state plan. In addition, the demonstration enables the state to operate a coverage expansion program for children with income up to 200 percent of the federal poverty level, as well as the authority to create a Safety Net Care Pool (SNCP) to help offset uncompensated care costs incurred at participating hospitals. Finally, the demonstration enables to the state to make uncompensated care payments to Indian Health Service and tribal health facilities.

⁴⁸ <http://www.azahcccs.gov/reporting/federal/waiver.aspx>