**2022-2023 HIV Care Needs Survey Report**



Rob Marlowe, Board Chair

Elizabeth Rugg, Executive Director

Lisa Nugent, Planning Director

Katie Scussel, Ryan White Planning Manager

**Who We Are**

The health councils were created in 1983 by Florida Statute to identify, address and resolve health care issues of local concern. Each health council is a private, non-profit organization governed by a Board of Directors. The Board members are appointed by County Commissioners to represent the concerns of health care consumers, providers, and purchasers.

The Suncoast Health Council, Inc. (SHC) serves Pasco and Pinellas counties. The Council has extensive experience working with for-profit and non-profit agencies, public health organizations, consumers and professionals. Collaboration and cooperation are critical to the success of our mission.

We have three strategic goals: (1) support the accessibility of health care and social support systems through *comprehensive health planning*; (2) obtain and provide *education* about essential community health challenges and solutions; and (3) participate as collaborative partners to develop and sustain efficient and cost-effective *service delivery* systems.

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Alfa LaFleur

**To Learn More About the Health Council**

Visit our website - www.SuncoastHealthCouncil.org

Or Contact Us:

Suncoast Health Council, Inc.

9500 Koger Blvd., Suite 102

St. Petersburg, FL 33702

727-217-7070

727-570-3033 (Fax)



**WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL**

**Mission Statement**

The mission of the West Central Florida Ryan White Care Council is to manage a high quality, cost-effective, easily accessible, culturally responsive, and comprehensive continuum of care that improves the lives of all individuals living with and impacted by HIV.

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**BACKGROUND**

The Tampa-St. Petersburg HIV Total Service Area (TSA) is an eight-county area on the west central coast of Florida comprised of Hardee, Hernando, Highlands, Hillsborough, Manatee, Pasco, Pinellas, and Polk Counties. Every three years, the TSA participates in a statewide HIV Care Needs Survey orchestrated by the Florida Department of Health (FDOH) HIV/AIDS Section to assess service needs among people with HIV living in Florida. The survey asks participants about demographics, care utilization, service gaps, barriers to receiving care, and to identify the top five service needs of people with HIV. The 2022 survey also asked respondents to answer questions about HIV services during and after incarceration, awareness and utilization of Pre-Exposure Prophylaxis (PrEP), and attitudes and beliefs about HIV stigma.

The West Central Florida Ryan White Care Council uses data from the HIV Care Needs survey to determine their service priorities, a list of all possible Ryan White service categories ranked by priority for the Total Service Area (TSA). See **Attachment A** for a list of the Health Resources and Services Administration (HRSA)’s Ryan White Service Categories.

**METHODOLOGY**

The 2022 HIV Care Needs survey instrument was developed through the Florida Comprehensive Planning Network (FCPN)’s Needs Assessment Committee. FCPN is the statewide HIV planning group for the State of Florida. The Needs Assessment Committee is comprised of FCPN members and other stakeholders from across the state. Planning Council Support (PCS) Staff of the West Central Florida Ryan White Care Council are active participants on the committee and were involved in the development of the survey instrument. The Committee holds virtual meetings monthly, coordinated through The AIDS Institute, that are open to the public. Using the 2019 HIV Care Needs Survey as a template, the Needs Assessment Committee worked to develop a slightly shorter and more simplified version of the survey for 2022. All Needs Assessment Committee members were given the opportunity to review and submit comments on the survey instrument before the instrument was finalized. The final version of the survey contained twenty core questions that all service areas were required to collect. Each area was also given the option to add additional questions unique to their area. The survey was then translated into Spanish and Haitian Creole. The English survey is included as **Attachment B.**

The Tampa-St. Petersburg TSA chose to use the electronic survey platform SurveyMonkey to collect responses to the survey. Paper copies of the survey were also made available by the Suncoast Health Council, Inc. Locally, the survey was opened on October 28, 2022, with an original close date of December 31, 2022. After experiencing a low response rate, the Needs Assessment Committee voted to keep the survey open statewide until April 30, 2023. The survey was open for a total of six months.

Planning Council Support (PCS) Staff were responsible for the local distribution of the survey. PCS Staff distributed the survey to an email list of 19 provider agencies across 24 different locations, with reminders sent every 2-4 weeks (33 unique email addresses). The survey was also sent to the West Central Florida Ryan White Care Council’s community email list every two weeks for the duration of the survey period (244 unique email addresses). The survey was shared on the Care Council Facebook page a total of nine times. Provider agencies were also encouraged to share the survey on their social media pages. A total of 534 paper copies of the survey (424 English, 80 Spanish, and 30 Haitian Creole) were distributed to six providers in Hillsborough, Pasco, Pinellas, and Polk Counties, with the Polk County provider distributing copies to Hardee and Highlands Counties. Provider agencies were also given access to PDF copies of the survey in all three languages so that they could print copies for clients as needed.

The HIV/AIDS Section set a goal for each service area to collect a number of survey responses equal to 10% of HIV prevalence for the area. For the eight-county Tampa-St. Peterburg TSA, this goal was equal to 1,913 responses, based on the most recently available HIV prevalence data (from 2021).

Locally, the TSA set a goal of 1,000 responses to achieve a response rate similar to the 2019 survey. With 19,132 people with HIV living in the eight-county area, a minimum of 377 responses were needed for a 95% confidence level with a +/-5% margin of error.

**LIMITATIONS**

The primary method of promoting the survey was through provider offices. Providers were reluctant to send the survey to client email lists, due to privacy concerns. Clients and patients were asked to take the survey during routine medical and case management appointments. Because the survey was primarily accessed at the point of care, participants were more likely to already be engaged in services. People with HIV who are not currently engaged in care were less likely to access the survey, so service gaps and barriers to receiving care may be underreported. It is also possible that because the survey was available at multiple provider locations, a person could have taken the survey more than once if they visited multiple offices for care.

**RESULTS**

Responses were received from 540 individuals, with 314 electronic survey responses and 226 paper survey responses. Twenty-four surveys were disqualified due to incompletion or living outside of the service area, leaving a total of 516 completed surveys. Of the 516 completed surveys, 480 were completed in English, 35 in Spanish, and one in Haitian Creole. The 516 responses reflect a 95% confidence level with a +/-4% margin of error.

**Demographics (Questions 1-9)**

**Figure 1** describes the demographics of survey respondents by gender, race, ethnicity, age, and mode of HIV transmission (Questions 1-5) compared to the population of people with HIV (PWH) in the TSA, where data is available. Compared to all PWH in the TSA, survey respondents were more likely to be female, to be 60 years and older, or to have acquired HIV through male-to-male sexual contact. Men and people who acquired HIV through injection drug use (IDU) were underrepresented in the sample. Note that HIV prevalence data was not available for all gender, racial, ethnic, and mode of transmission categories that were reported in the survey.

**Figure 1: Survey Respondent Demographics, Compared to PWH in TSA**

|  |  |  |  |
| --- | --- | --- | --- |
| Characteristic | Sample Size (n) | Percent of Total Sample | Percent Total PWH in TSA\* |
| Gender | | |  |
| Woman/Girl/Female | 166 | 32.2% | 24.5% |
| Man/Boy/Male | 325 | 63.0% | 75.5% |
| Transgender Woman or Transfeminine | 10 | 1.9% | - |
| Transgender Man or Transmasculine | 3 | 0.6% | - |
| Gender Non-Binary | 4 | 0.8% | - |
| Gender Non-Conforming or Gender Fluid | 1 | 0.2% | - |
| Prefer not to answer | 1 | 0.2% | - |
| Not listed | 2 | 0.4% | - |
| Skipped question | 4 | 0.8% | - |
| Race | | |  |
| White | 285 | 55.2% | 60.3% |
| Black or African American | 186 | 36.0% | 37.1% |
| Asian | 5 | 1.0% | - |
| American Indian or Alaskan Native | 4 | 0.8% | - |
| Native Hawaiian or Pacific Islander | 2 | 0.4% | - |
| Prefer not to answer | 23 | 4.5% | - |
| Not listed | 14 | 2.7% | - |
| Skipped question | 101 | 1.9% | - |
| Ethnicity | | |  |
| Hispanic/Latina/Latino/Latinx | 122 | 23.6% | 19.9% |
| Haitian | 16 | 3.1% | - |
| None of the above | 354 | 68.6% | - |
| I don’t know | 5 | 1.0% | - |
| Prefer not to answer | 16 | 3.1% | - |
| Skipped question | 7 | 1.4% | - |
| Age | | |  |
| 18-24 years | 5 | 1.0% | 2.3% |
| 25-39 years | 128 | 24.8% | 22.9% |
| 40-59 years | 231 | 44.8% | 48.1% |
| 60+ years | 149 | 28.9% | 26.5% |
| Prefer not to answer | 3 | 0.6% | - |
| Skipped question | 0 | 0% | - |
| HIV Mode of Exposure | | |  |
| Heterosexual sexual contact | 169 | 32.8% | 30.5% |
| Injection Drug Use (IDU) | 21 | 4.1% | 8.0% |
| Male-to-Male Sexual Contact (MMSC) | 243 | 47.1% | 38.5% |
| Perinatal/Vertical Transmission | 7 | 1.4% | - |
| Unknown | 48 | 9.3% | - |
|  |  |  |  |
| Other | 18 | 3.5% | - |
| Skipped question | 10 | 1.9% | - |

\*Source: Florida Department of Health, Bureau of Communicable Diseases, 2021

Question 6 asked respondents what kind of health insurance or health care coverage they have. **Figure 2** shows the health insurance status of respondents. Eighty-nine percent of respondents indicated that they had some form of health insurance, with 35.9% on private health plans (n=185), 25.4% on Medicaid (n=131), 24.4% on Medicare (n=126), and 24.4% on other medical assistance programs including Ryan White (n=126). Members were able to select more than one option if they had multiple forms of insurance.

Questions 7, 8, and 8a asked about source of income (work status), household or individual income in 2020, and how many dependents the respondent supports. Answers to these questions are presented in **Figure 3**. Forty-seven point three percent of respondents indicated that they were working full-time, part-time, and/or were self-employed (n=244) (respondents were able to select more than one option, if more than one answer applied). For the 44.8% of respondents not currently working, the most common reasons cited included disability (n=100), retirement (n=59), other medical issues (n=10), and immigration status (n=5).

**Figure 3: Survey Respondent Income Level, Work Status, and Dependents**

|  |  |  |
| --- | --- | --- |
| Current Source of Income | | |
| Working full-time job | 35.7% | 184 |
| Working part-time job | 9.1% | 47 |
| Self-employed | 5.2% | 27 |
| Working off and on | 6.2% | 32 |
| Not working, reason: | 44.8% | 231 |
| Disability | 19.4% | 100 |
| Retired | 11.4% | 59 |
| Medical Issues | 1.9% | 10 |
| Immigration | 1.0% | 5 |
| Other reason | 11.0% | 57 |
| Skipped question | 1.7% | 9 |
| Household or Individual Income in 2020 | | |
| Less than $15,000 | 36.4% | 188 |
| $15,000-$30,000 | 31.8% | 164 |
| $30,001-$50,000 | 20.5% | 106 |
| $50,001-$100,000 | 7.9% | 41 |
| More than $100,000 | 0.6% | 3 |
| Skipped question | 2.7% | 14 |
| Number of Dependents | | |
| 0 | 56% | 289 |
| 1 | 25.6% | 132 |
| 2 | 8.1% | 42 |
| 3 | 3.5% | 18 |
| 4+ | 2.1& | 11 |
| Skipped question | 4.7% | 24 |

Question 9asked respondents to enter their zip code. The electronic version of the survey also included a field to input their county. **Figure 4** shows responses received by county. There were no survey responses received from Hardee County. According to the Florida Department of Health, in 2021 Hardee County accounted for 0.3% of the total population living with HIV in the TSA (n=60). Hillsborough, Manatee, and Polk Counties were the most underrepresented in the sample.

**Figure 4: Responses Received by County, Compared to County Prevalence\***

|  |  |  |  |
| --- | --- | --- | --- |
| County | Number of Survey Responses | Percent of Total Survey Responses | Percent of Total HIV Prevalence for TSA\* |
| Hardee | 0 | 0% | 0.3% |
| Hernando | 9 | 1.8% | 2.5% |
| Highlands | 20 | 0.4% | 1.5% |
| Hillsborough | 162 | 32.2% | 40.5% |
| Manatee | 3 | 0.6% | 6.4% |
| Pasco | 83 | 15.5% | 7.3% |
| Pinellas | 193 | 38.4% | 26.5% |
| Polk | 33 | 6.6% | 15.1% |
| Skipped Question | 13 | 2.5% | - |

\*Source: Florida Department of Health, Bureau of Communicable Diseases, 2021

Demographic information for all survey respondents is presented in a table as **Attachment C.**

**Access to Care and Utilization (Questions 10-12)**

Question 10 asked respondents how often they had received HIV-related medical care during the past twelve months. The majority of respondents (91.8%) indicated that they had received HIV-related medical care at least two times within the past twelve months. For those who had received care one time or less, the most common reasons were “I was depressed” (n=7), “I missed my appointment” (n=6), “I did not feel sick” (n=6), “I could not pay for it” (n=5), and “I could not get transportation there” (n=5). Answers to Question 10 are presented in **Figure 5.**

Question 11 asked respondents whether they had received HIV-related medical care in the county where they lived, a different county, a different state, or a different country. Most respondents (94.2%) received HIV-related medical care in the county where they lived. Of those who received care in another county, eight indicated that they were more comfortable with the provider in another county, six indicated that there were no providers available in their county, and four cited confidentiality concerns. Answers to Question 11 are presented in **Figure 6**:

Question 12 asked respondents how often they took their HIV medications. The majority of respondents (83.8%) indicated that they always took their HIV medications. Another 13.7% indicated that they took their medications “most of the time” and 2.4% answered that they either never took their medications or had never been prescribed medications for HIV. The most common reasons for not taking medication included, “I forgot” (n=50), “I do not like the way they make me feel” (n=15), “I do not have any” (n=9), and “They are too expensive (n=5). Answers to question 12 are presented in **Figure 7**.

**Service Needs and Gaps (Questions 13-14)**

In Question 13, survey respondents were asked to fill out a matrix of service categories indicating which services they had received in the past twelve months, which services they needed but could not get, and which services they did not need. A total of 495 respondents answered this question. Answers are presented in **Figure 8**.

The top five most received services were: regular visits to doctor’s office or clinic for HIV medical care; medications for HIV and related issues; case management to help receive services and follow-up on care; eligibility to access other needed Ryan White services (non-medical case management); and oral health (dental care, dentures, oral surgery, etc.).

Servicegaps are indicated by the number of respondents who reported that they needed a service but could not get it. The top five gaps identified were oral health; limited one-time, short-term assistance with medications not covered by ADAP, utilities, housing, food, and/or transportation (emergency financial assistance); transitional, short-term or emergency housing assistance to prevent homelessness; food bags, grocery certificates, home-delivered meals, or nutritional supplements; and help to pay private insurance costs or co-pays.

**Figure 8: 2022 HIV Service Gaps**

| Service Category | Did Not Need Service | | Received Needed Service | | Needed Service But Could Not Get | |
| --- | --- | --- | --- | --- | --- | --- |
|  | n | % | n | % | n | % |
| Oral health (dental care, dentures, oral surgery, etc.) | 11 | 23.5% | 295 | 62.5% | 66 | 14.0% |
| Limited one-time, short-term assistance with medications not covered by ADAP, utilities, housing, food, and/or transportation | 268 | 57.2% | 138 | 29.5% | 62 | 13.3% |
| Transitional, short-term, or emergency housing assistance to prevent homelessness | 360 | 76.6% | 49 | 10.4% | 61 | 13.0% |
| Food bags, grocery certificates, home-delivered meals, or nutritional supplements | 265 | 56.8% | 149 | 31.9% | 53 | 11.4% |
| Help to pay private insurance costs or co-pays | 191 | 41.3% | 220 | 47.5% | 52 | 11.2% |
| Legal services to help with HIV-related legal issues (will, living will, SSDI, etc.) | 405 | 84.9% | 36 | 7.6% | 36 | 7.6 |
| Professional mental health counseling | 275 | 59.1% | 155 | 33.3% | 35 | 7.5% |
| Professional counseling for healthy eating habits | 372 | 80.0% | 64 | 13.8% | 29 | 7.5% |
| Transportation to the doctor’s office and other HIV-related appointments | 315 | 67.6% | 125 | 26.8% | 26 | 5.6% |
| Group or individual support and counseling by PWH, including bereavement and pastoral counseling (psychosocial support) | 386 | 81.3% | 65 | 13.7% | 24 | 5.1% |
| Eligibility to access other needed Ryan White services (non-medical case management) | 152 | 31.7% | 305 | 63.7% | 22 | 4.6% |
| Professional counseling for substance use/misuse | 379 | 81.5% | 66 | 14.2% | 20 | 4.3% |
| Referral for needed health care services | 235 | 50.7% | 211 | 45.5% | 18 | 3.9% |
| Physical therapy, occupational therapy, speech, therapy, low visions training, etc. | 400 | 85.5% | 51 | 10.9% | 17 | 3.63% |
| Case management to help receive services and follow up on care | 43 | 9.0% | 422 | 88.3% | 13 | 2.7% |
| Substance misuse treatment in a residential setting | 429 | 90.9% | 30 | 6.4% | 13 | 2.7% |
| Regular visits to doctor’s office or clinic for HIV medical care | 20 | 4.1% | 458 | 93.7% | 11 | 2.3% |
| Health education/risk reduction services (i.e., education on overall wellness and HIV prevention) | 301 | 64.2% | 157 | 33.5% | 11 | 2.3% |
| Medications for HIV and related issues | 27 | 5.6% | 448 | 92.4% | 10 | 2.1% |
| Home health care services by a licensed/certified home health agency | 422 | 90.4% | 35 | 7.5% | 10 | 2.1% |
| Outreach to find people with HIV not in care and help them to visit their doctor and get services | 405 | 87.1% | 50 | 10.8% | 10 | 2.1% |
| Nursing and counseling services for the terminally ill and their family (Hospice Care) | 439 | 94.61% | 20 | 4.31% | 5 | 1.1% |
| Interpretation and translation services for non-English speaking clients | 422 | 88.8% | 51 | 10.7% | 2 | 0.4% |

Respondents were asked if there were additional services not reflected in the matrix. Twenty-one respondents replied yes and entered these services as additional comments. Additional comments are included in **Attachment D**, under Needed Services. The most common services mentioned that were not included were optometry services (including glasses and contacts), coverage for emergency medical care, and expanded dental care beyond what is currently available.

In Question 14, respondents were asked to select the top five services that are most important to provide for people with HIV. Services are listed in **Figure 9**, with the number of respondents who identified each service as one of their top priorities.

**Jail/Prison Release Services (Question 15-15e)**

Question 15 asked whether respondents had been incarcerated during the past twelve months. Responses are presented in **Figure 10**.

Of the twenty-seven respondents that indicated that they were in jail, prison, or both during the past twelve months, 69.2% indicated that the jail or prison staff knew they had HIV (n=18) (Question 15a). **Figure 11** shows the proportion of respondents who reported jail or prison staff knew they had HIV.

Two thirds (66.7%) of the 27 respondents who experienced incarceration reported that they had received HIV-related medical care while incarcerated (n=16) (Question 15b). **Figure 12** shows the respondents who did or did not receive HIV-related medical care while incarcerated. Of those who did not receive HIV-related medical care, four said it was because it was either not offered or not available.

Question 15c asked respondents about information and services received upon release from jail or prison. Responses are presented in **Figure 13**.

**Figure 13: Information and Services Received Upon Release from Jail or Prison**

|  |  |  |
| --- | --- | --- |
| Service | Number Received | Percent Received |
| Information about finding housing | 0% | 0 |
| Referral to medical care | 25.9% | 7 |
| Referral to case management | 37.0% | 10 |
| A supply of HIV medication to take with them | 14.8% | 4 |
| No information or assistance | 37.0% | 10 |
| Skipped Question | 14.8% | 4 |

Questions 15d asked respondents what prevented them from getting the HIV services they needed upon release from jail or prison. Responses are presented in **Figure 14.**

**Figure 14: Issues that Prevented Respondents from Getting HIV Services Upon Release from Jail or Prison**

|  |  |  |
| --- | --- | --- |
| Response | Number Reported | Percent Reported |
| This does not apply to me. I was able to get HIV services after my release. | 15 | 55.6% |
| No insurance—financial reasons | 4 | 14.8% |
| I did not know where to go | 4 | 14.8% |
| I did not want anyone to know I am living with HIV | 5 | 18.5% |
| I could not get away from drugs | 4 | 14.8% |
| I was having trouble finding friends I could trust | 0 | 0% |
| I did not want to take off from work | 1 | 3.7% |
| I did not have transportation to get services | 2 | 7.4% |
| Services were not provided in my preferred language | 0 | 0% |
| I did not have ID or documentation to qualify | 0 | 0% |
| Other: |  |  |
| Homelessness | 1 | 3.7% |
| Skipped Question | 3 | 11.1% |

Question 15easked respondents to think about where they live now and answer what prevents them from taking care of their health. Responses are presented in **Figure 15**.

**Figure 15: Issues That Prevent the Formerly Incarcerated from Taking Care of Their Health**

|  |  |  |
| --- | --- | --- |
| Response | Number Reported | Percent Reported |
| This does not apply to me. Nothing where I live now keeps me from taking care of my health. | 13 | 48.1% |
| I do not have stable housing | 14 | 51.9% |
| I do not have a bed to sleep in | 6 | 22.2% |
| I do not have a place to story my medications | 8 | 29.6% |
| I do not have a telephone where someone can call me | 4 | 14.8% |
| I do not have enough food to eat | 8 | 29.6% |
| I do not have money to pay for rent | 7 | 25.9% |
| I do not have heat and/or air conditioning | 3 | 11.1% |
| I am afraid of others knowing I am living with HIV | 8 | 29.6% |
| I cannot get away from drugs and/or alcohol in the neighborhood | 3 | 11.1% |
| I have an abusive spouse or partner | 1 | 3.7% |
| I have family commitments | 0 | 0 |
| Other: |  |  |
| Homelessness | 1 | 3.7% |
| Skipped Question | 3 | 11.1% |

**HIV Prevention Services (Questions 16-17)**

Question 16 asked respondents whether they were aware of HIV prevention medications (i.e. PrEP). Answers are presented in **Figure 16**.

Question 17 asked respondents if they were diagnosed with HIV after 2011, if they were taking Truvada or Descovy at the time of diagnosis. Answers are presented in **Figure 17.**

**HIV Stigma (Questions 18-19)**

Two questions were asked to gauge experiences with HIV stigma. Question 18 asked respondents to agree or disagree with the statement: “In many areas of my life, no one knows I have HIV.” Of those who answered the question, the majority (62.4%) either agreed or strongly agreed. Answers are presented in **Figure 18**:

Question 19 asked respondents to agree or disagree with the statement: “People’s attitudes about HIV make me feel worse about myself.” Of those who answered the question, the majority (60.8%) disagreed or strongly disagreed. Answers are presented in **Figure 19**.

**Additional Comments (Question 20)**

As a final question, respondents were asked to share anything else related to their HIV status or HIV-related care. Common comment themes included: needed services; barriers to care; positive feedback for providers and services; stigma, discrimination, and mental health; survey feedback; and experiences with health and wellbeing. Comments are shared in **Attachment D**.

**CONCLUSION**

The 2022 HIV Care Needs Survey identified case management, medications, dental/oral health, health insurance, and housing as the top service priorities for people with HIV. Outpatient/ambulatory health services, previously ranked in the top five service priorities in the 2019 HIV Care Needs Survey, fell to the tenth ranked priority. This change in priority may reflect an increase in clients accessing their medical care through private insurance, rather than needing to rely on public assistance programs such as Ryan White.

The most common service gaps were dental/oral health, emergency financial assistance, short-term housing assistance, food assistance, and help to pay private health insurance costs and co-pays. Compared with results from the 2019 survey, the 2022 survey showed increased need for emergency financial assistance, short-term housing assistance, and assistance to pay private health insurance costs and co-pays.

**Attachment A**

**RYAN WHITE HIV/AIDS PROGRAM FUNDABLE SERVICE CATEGORIES**

Core Medical Services

AIDS Drug Assistance Program (ADAP) Treatments

AIDS Pharmaceutical Assistance [Local Pharmaceutical Assistance Program] (LPAP)

Early Intervention Services

Health Insurance Premium & Cost Sharing Assistance for Low-Income Individuals

Home & Community-Based Health Services

Home Health Care

Hospice Services

Medical Case Management, including Treatment Adherence Services

Medical Nutrition Therapy

Mental Health Services

Oral Health Care

Outpatient/Ambulatory Health Services (OAHS)

Substance Abuse Outpatient Care

Support Services

Child Care Services

Emergency Financial Assistance (EFA)

Food Bank/Home-Delivered Meals

Health Education & Risk Reduction (HERR)

Housing Services

Linguistic Services

Medical Transportation

Non-Medical Case Management Services

Other Professional Services [Includes Legal Services and Permanency Planning]

Outreach Services

Psychosocial Support Services

Referral for Healthcare and Supportive Services

Rehabilitation Services

Respite Care

Substance Abuse Services (Residential)

**Attachment B**

**2022 HIV CARE NEEDS SURVEY – CORE QUESTIONS**

Hello! You are being invited to take part in this survey because the Florida Department of Health values the lived experiences and choices of all people with HIV (PWH) **over the age of 18 years**, regardless of sex, gender, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstance.

The HIV Care Needs Survey was developed with input and feedback from PWH and stakeholders across the state. Today, we are asking for your input on the overall care received. Giving us just **ten minutes** of your time can really help. Results from this survey guide patient care lead agencies and planning councils in meeting community unmet needs and determining where to distribute monies for services.

We understand that some questions are personal. Your responses will be kept confidential and will not be attributed to you. We kindly ask you to answer as honestly as possible because the Florida Department of Health, Ryan White Part B as well as statewide and local planning groups are dedicated to meeting the needs of people with HIV throughout the state and your local area.

Please completely fill in the circles  to mark your responses when answering this survey. Are you completing this survey for yourself or for another person?

 I am completing this survey for myself

 I am assisting someone in completing this survey (answers should reflect that person’s information and opinions)

**GENERAL INFORMATION**

|  |  |
| --- | --- |
| 1. What is your gender?   Woman/Girl/Female   Man/Boy/Male   Transgender Woman or Transfeminine   Transgender Man or Transmasculine   Gender Non-Binary   Gender Non-Conforming or Gender Fluid   Prefer not to answer   Not listed, please specify | 2. What is your race? **(Select all that apply)**   White/Caucasian   Black or African American   Asian   American Indian or Alaskan Native   Native Hawaiian or Pacific Islander   Prefer not to answer   Not listed, please specify |
| 3. What is your ethnicity? **(Select all that apply)**  O Hispanic/Latina/Latino/Latinx  O Haitian  O None of the above  O I don’t know  O Prefer not to answer | 4. How old are you?  O 18-24 years  O 25-29 years  O 30-34 years  O 35-39 years  O 40-44 years  O 45-49 years  O 50-54 years  O 55-59 years  O 60+ years  O Prefer not to answer |

|  |  |
| --- | --- |
| 5. Through which mode of exposure did you get HIV?   Heterosexual sexual contact   Injection Drug Use (IDU)   Male-to-Male Sexual Contact (MMSC)   From my mother/from birth   Unknown   Other, please specify | 6. What kind of health insurance or health care coverage do you currently have?  **(Select all that apply)**   A private health plan through an employer (or through a family member’s job)   A private health plan purchased through an exchange (i.e., Affordable Care Act - Obamacare)   Medicaid   Medicare   Tricare (Veterans)   Other medical assistance program (e.g., Ryan White)   I don’t currently have any health insurance   I prefer not to answer   I don’t know   Not listed, please specify |
| 7. What is your current source of income? **(Select all that apply)**  O Working full-time job  O Working part-time job  O Self-employed  O Working off and on  O Not working, please provide reason | 8. What was your household total or individual income in 2020? (Approximately, before taxes)  Ο Less than $15,000  Ο $15,000-$30,000  Ο $30,001-$50,000  Ο $50,001-$100,000  Ο More than $100,000 |
| 8a. How many dependents does your income support? | 9. What zip code do you live in? |

**HIV MEDICAL CARE**

|  |  |
| --- | --- |
| 10. How often did you receive HIV-related medical care during the **past 12 months**?   None/Zero   One time   Two times **– SKIP to Question #11**   Three times **– SKIP to Question #11**   Four or more times**– SKIP to Question #11** | 10a. If you have not been in care during the past 12 months or received HIV-related medical care less than 2 times a year, why? **Select all that apply)**   Provider decision   I did not know where to go   I could not get an appointment   I could not get transportation there   I could not get childcare   I was too busy taking care of a family member/partner   I could not pay for it   I did not want people to know I have HIV   I was not ready to deal with having HIV   I did not feel sick   There are not enough doctors in my area   I could not get time off work   I was depressed   I missed my appointment(s)   I had a bad experience with the staff   Services were not in my language   I was put on a waiting list   I did not qualify for services   Service was offered, but declined   My viral load was suppressed,   No provider recommended   Not listed, please specify |
| 11. In the **past 12 months**, did you receive- HIV- related medical care in one or more of the following? **(Select all that apply)**   County where I live **– SKIP to Question #12**   A different county   Another state   Another country | 11a. Why did you get your HIV-related medical care in a different county or state than where you live? **(Select all that apply)**   No provider available in the county or state where I live   Confidentiality   More comfortable with provider in another county or state   Other, please specify |
| 12. How often do you take your HIV medications?  **(Please select only one answer)**   I was never prescribed medication for my HIV **– SKIP to Question #13**   Always **– SKIP to Question #13**   Most of the time   Never | 12a. If you missed taking your HIV medications, why?  **(Select all that apply)**   I do not have any   They are too expensive   I do not like the way they make me feel   I forgot   Pick-up location not convenient   I did not have an app or other resource to help me take medications correctly   Not listed, please specify |

**PATIENT CARE SERVICES**

|  |  |  |  |
| --- | --- | --- | --- |
| 13. Please fill in the circles next to the services that you have used or needed in the **past 12 months. Please ensure that only one option per line is selected.** | **Did Not Need Service** | **Received Needed Service** | **Needed Service but Could Not Get** |
| Regular visits to doctor’s office or clinic for HIV medical care | O | O | O |
| Case management help to receive services and follow-up on care | O | O | O |
| Medication for HIV and related issues | O | O | O |
| Oral health (dental care, dentures, oral surgery, etc.) | O | O | O |
| Help to pay private insurance costs or co-pays | O | O | O |
| Professional mental health counseling (therapy) | O | O | O |
| Professional counseling for substance use/misuse | O | O | O |
| Professional counseling for healthy eating habits | O | O | O |
| Eligibility to access other needed  Ryan White services (non-medical case management) | O | O | O |
| Home health care services by a licensed/certified home health agency | O | O | O |
| Nursing and counseling services for the terminally ill and their family  (Hospice Care) | O | O | O |
| Food bags, grocery certificates,  home-delivered meals, or nutritional supplements | O | O | O |
| Transportation to the doctor’s office and other HIV-related appointments | O | O | O |
| Outreach to find people with HIV not  in care and help them to visit their doctor and get services | O | O | O |
| Health education/risk reduction services (i.e., education on overall wellness and HIV prevention) | O | O | O |
| Referral for needed health care services | O | O | O |
| Limited one-time, short-term assistance with medications not  covered by ADAP, utilities, housing food, and/or transportation | O | O | O |
| Physical therapy, occupational therapy, speech therapy, low vision training, etc. | O | O | O |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please fill in the circles next to the services that you have used or needed in the **past 12 months.**  **Please ensure that only one option per line is selected.** | **Did Not Need Service** | | **Received Needed Service** | **Needed Service but Could Not Get** |
| Interpretation and translation services for non-English speaking clients | O | | O | O |
| Legal services to help with HIV- related legal issues (will, living will,  SSDI, etc.) | O | | O | O |
| Substance misuse treatment in a residential setting | O | | O | O |
| Group or individual support and counseling by PWH, including bereavement and pastoral  counseling (psychosocial support) | O | | O | O |
| Transitional, short-term, or emergency housing assistance to  prevent homelessness | O | | O | O |
| 13a. Were there other services that were not captured above that you would like to report?   Yes   No **– SKIP to Question #14** | | 13b. If yes, please specify the services and whether they were needed and received. | | |
| 14. Please select the top five (5) services you think are most important to provide for people with HIV? **Please select five.** | | | | |
|  Case Management   Child Care   Dental/Oral Health   Early Intervention Services   Emergency Financial Assistance   Food Bank/Food Voucher   Health Education/Risk Reduction   Health Insurance   Home Health Care |  Hospice Services   Housing   Legal Services   Linguistic Services   Medications   Mental Health Services   Nutritional Counseling   Outpatient Medical Care   Outreach   Peer Support   Rehabilitation | |  Referral for Health Care   Substance Abuse Outpatient Treatment   Substance Abuse Residential   Transportation   A service not listed above, please specify | |

**JAIL/PRISON RELEASE SERVICES**

|  |  |
| --- | --- |
| 15. Were you incarcerated during the  **past twelve months**?   Yes, I was in jail   Yes, I was in prison   Yes, I was in jail and prison   No – **SKIP to Question #16** | 15a. Did the jail/prison staff know you had HIV?   Yes   No |
| 15b. Did you receive HIV-related medical care while incarcerated?   Yes – **SKIP to Question #15c**   No | 15b1. If no, why? **(Select all that apply)**   Was not offered   Did not disclose my HIV status   Denied service   Not available   Other, please specify |
| 15c. When you were released from jail/prison, which of the following did you receive?  **(Select all that apply)**   Information about finding housing   Referral to medical care   Referral to case management   A supply of HIV medication to take with you   I did not receive any information or assistance upon release   Other, please specify | 15d. What prevented you from getting the HIV services you needed after you were released?  **(Select all that apply)**   This does not apply to me. I was able to get HIV services after my release   No insurance – financial reasons   I did not know where to go   I did not want anyone to know I am living with HIV   I could not get away from drugs   I was having trouble finding friends I could trust   I did not want to take off from work   I did not have transportation to get services   Services were not provided in my preferred language   I did not have ID or documentation to  qualify   Other, please specify |

|  |  |  |  |
| --- | --- | --- | --- |
| 15e. Think about where you live now: which of the following prevents you from taking care of your health? **(Select all that apply)** | | | |
|  | This does not apply to me. Nothing |             | I do not have money to pay for rent  I do not have heat and/or air conditioning  I am afraid of others knowing I am living with HIV  I cannot get away from drugs and/or alcohol in the neighborhood  I have an abusive spouse or partner  I have family commitments  Other, please specify |
|  | where I live now keeps me from |
|  | taking care of my health |
|  | I do not have stable housing |
|  | I do not have a bed to sleep in |
|  | I do not have a place to store my |
|  | medications |
|  | I do not have a telephone where |
|  | someone can call me |
|  | I do not have enough food to eat |

**PREVENTION SERVICES**

|  |  |
| --- | --- |
| 16. Are you aware of HIV prevention medications (i.e., PrEP)?   Yes   No | 17. If you were diagnosed with HIV after 2011, were you taking Truvada® or Descovy® for PrEP at the time of diagnoses?   Yes   No   Does not apply |

**HIV STIGMA AND DISCRIMINATION**

|  |  |
| --- | --- |
| 18. In many areas of my life, no one knows I have HIV.   Strongly disagree   Disagree   Agree   Strongly agree | 19. People’s attitudes about HIV make me feel worse about myself.   Strongly disagree   Disagree   Agree   Strongly agree |

20. Please tell us anything else that you would like us to know, related to your HIV status and/or HIV-related care.

**That was the last question. Thank you very much for your time and cooperation!**

**Attachment C**

**2022 HIV Care Needs Survey Respondent Demographics (Sample Size=516)**

| **Characteristic** | **Percent** | **Sample Size (N)** |
| --- | --- | --- |
| **Gender** | | |
| Woman/Girl/Female | 32.2% | 166 |
| Man/Boy/Male | 63.0% | 325 |
| Transgender Woman or Transfeminine | 1.9% | 10 |
| Transgender Man or Transmasculine | 0.6% | 3 |
| Gender Non-Binary | 0.8% | 4 |
| Gender Non-Conforming or Gender Fluid | 0.2% | 1 |
| Prefer not to answer | 0.2% | 1 |
| Not listed | 0.4% | 2 |
| Skipped question | 0.8% | 4 |
| **Race** | | |
| White | 55.2% | 285 |
| Black or African American | 36.0% | 186 |
| Asian | 1.0% | 5 |
| American Indian or Alaskan Native | 0.8% | 4 |
| Native Hawaiian or Pacific Islander | 0.4% | 2 |
| Prefer not to answer | 4.5% | 23 |
| Not listed | 2.7% | 14 |
| Skipped question | 1.9% | 101 |
| **Ethnicity** | | |
| Hispanic/Latina/Latino/Latinx | 23.6% | 122 |
| Haitian | 3.1% | 16 |
| None of the above | 68.6% | 354 |
| I don’t know | 1.0% | 5 |
| Prefer not to answer | 3.1% | 16 |
| Skipped question | 1.4% | 7 |
| **Age** | | |
| 18-24 years | 1.0% | 5 |
| 25-39 years | 24.8% | 128 |
| 40-59 years | 44.8% | 231 |
| 60+ years | 28.9% | 149 |
| Prefer not to answer | 0.6% | 3 |
| Skipped question | 0% | 0 |
| **HIV Mode of Exposure** | | |
| Heterosexual sexual contact | 32.8% | 169 |
| Injection Drug Use (IDU) | 4.1% | 21 |
| Male-to-Male Sexual Contact (MMSC) | 47.1% | 243 |
| Perinatal/Vertical Transmission | 1.4% | 7 |
| Unknown | 9.3% | 48 |
| Other | 3.5% | 18 |
| Skipped question | 1.9% | 10 |
| **Health Insurance Coverage** | | |
| Private plan through employer (or family member’s employer) | 17.1% | 88 |
| Private plan through an exchange | 18.8% | 97 |
| Medicaid | 25.4% | 131 |
| Medicare | 24.4% | 126 |
| Tricare | 1.0% | 5 |
| Other medical assistance program, including Ryan White | 24.4% | 126 |
| County health plan | 1.4% | 7 |
| No insurance | 9.3% | 48 |
| Prefer not to answer | 0.4% | 2 |
| Don’t know | 1.2% | 6 |
| Not listed | 1.9% | 10 |
| Skipped question | 1.7% | 9 |
| **Current Source of Income** | | |
| Working full-time job | 35.7% | 184 |
| Working part-time job | 9.1% | 47 |
| Self-employed | 5.2% | 27 |
| Working off and on | 6.2% | 32 |
| Not working, reason: | 44.8% | 231 |
| Disability | 19.4% | 100 |
| Retired | 11.4% | 59 |
| Medical Issues | 1.9% | 10 |
| Immigration | 1.0% | 5 |
| Other reason | 11.0% | 57 |
| Skipped question | 1.7% | 9 |
| **Household or Individual Income in 2020** | | |
| Less than $15,000 | 36.4% | 188 |
| $15,000-$30,000 | 31.8% | 164 |
| $30,001-$50,000 | 20.5% | 106 |
| $50,001-$100,000 | 7.9% | 41 |
| More than $100,000 | 0.6% | 3 |
| Skipped question | 2.7% | 14 |
| **Number of Dependents** | | |
| 0 | 56% | 289 |
| 1 | 25.6% | 132 |
| 2 | 8.1% | 42 |
| 3 | 3.5% | 18 |
| 4+ | 2.1& | 11 |
| Skipped question | 4.7% | 24 |
| **County of Residence** | | |
| Hardee | 0% | 0 |
| Hernando | 1.7% | 9 |
| Highlands | 3.9% | 20 |
| Hillsborough | 31.4% | 162 |
| Manatee | 0.6% | 3 |
| Pasco | 16.1% | 83 |
| Pinellas | 37.4% | 193 |
| Polk | 6.4% | 33 |
| Other | 0% | 0 |
| Skipped question | 2.5% | 13 |

**Attachment D**

**ADDITIONAL COMMENTS**

Additional comments are listed below and are organized by themes: needed services; barriers to care; positive feedback; stigma, discrimination, and mental health; general feedback and observations; survey feedback; positive health and wellbeing; and other. Irrelevant comments were removed. All comments are verbatim, with the exception of Spanish comments, which have been translated to English. Provider agency and staff names have been redacted.

Needed Services:

* Food bags
* Peer navigator
* I need a life coach for appts and med schedule also let me know of upcoming appt
* Housing for seniors, housing for PWH, housing for homeless
* Dental/eyes
* Access to G.P. to help insure privacy on HIV status. Particularly for prescription medications.
* It’s hard to go to the dentist with a broken tooth
* Food stamp asst. Have not received yet.
* Esthetic services due to lipodystrophy. Chiropractic services
* Glass/contacts
* Glasses
* Completing forms for DCF
* Insurance education, Ryan White provider education (I did not know my options), Emphasize Transportation
* Emergency Medical Care
* Keeping same Dr.
* Just 1 thing, keeping the same doctors. I think that now taken care of. I want the same Dr. Was with my last Dr for 34 years. Thank you!
* Transgender medications now that [PROVIDER AGENCY] is stopping doing them
* I'm stating the obvious, but there is a huge need for outreach and support groups. I'm coming from Polk, so maybe it's different in the larger population counties.
* Im 30+ yrs Poz Healthcare Housing Food are my top 3 concerns
* I would be dead if it wasn't for Everyone here In Florida That helped me with treatment and get on medication I only wish getting out of homelessness Was as easy and affordable Thank you
* I need medications
* Pasco County-New Port Richey Need social group at Center to meet other gay people.
* Access to Emergent/Urgent Care
* I think Dental should cover bridges and implants, and some things that are considered cosmetic. If you look great, then you’re going to feel great.
* I think there should be MORE help for the non-HIV issues that are coming up as a result of aging.
* People with HIV should receive help with getting food. Fresh food from a market or food pantry.
* Getting help, getting disability, housing assistance, fear of being homeless
* [illegible] Dental Services Outreach
* we must have better dental and mental health coverage.
* More information how to go about getting new doctors. [unclear] dental!

Barriers to Care:

* Things seem MUCH more complicated with private insurance and costs. Case managers and drug co-pay cards help, but seems there is always a way to NOT include medication in my total out of pocket cost (deductible).
* I do not know much about the services offered I would like my doctors to know what services are offered I have been paying out of pocket for my hiv medicine
* Since my diagnosis in 2017 I have paid for everything on my own I have done most of the research and found help on my own. My infector gets everything free! I'm looking towards retirement and not sure how I will afford my medicine. Medicare Part D pays minimal for Tier 5. Thank you.
* Im very fortunate to have this program although at times it can be time consuming & a process! For instance in order to receive my meds, Dr sends Rx to ADAP (but 1st make sure everything is up-to-date with case worker; b.c. if not that delays) ADAP I've actually got to recertify every 3-4 months (similar to CM) so everything could be great w/ case management but then ADAP is not; At that time iI'm then literally stuck waiting for someone from ADAP to call me (usually takes 2-3 wks) And then I'm finally able to order my meds via CVS Specialty. CVS Specialty is a wonderful program btw. I just feel like something should be done with having to go through this person, then that person, wait a lot, get to next person JUST to order my meds for HIV. On number 14 I wasn't able to pick a 5th one because I believe Housing, Transportation is crucial for HIV patients. I also believe that mental health & substance abuse therapy would be beneficial to most HIV patients.
* Case managers should be clear on services that are available.
* Make access for medication and insurance easier with less micromanaging.
* Having little services available for working adults. I would like to attend n counseling but on Saturdays or teletherapy
* I appreciate the monthly visits to the food bank, but unfortunately by the time I get there its always closed (2 pm I believe) so I very rarely get the chance to use it. Which is a total bummer b.c. I actually really need it! I would like for anyone working at the food bank to have access to it! Blows my mind that nobody else is allowed or qualified to let me grab a few hygiene items & food- that only the food bank workers (maybe 2) can do it and only till 2! Just wanted to note that I was receiving help w/ transportation via uber & now Im just given bus passes which I will def make work & am grateful for...but having to take a bus from where Im currently living all the way to DR (or where I need to get) its just not feasible. Takes roughly 4 hours one way! & if I have any late appts I'll miss the last bus back. The last bus that I would need to catch to get back home is around 4 pm. PLEASE DO something about this!!

Positive feedback:

* [PROVIDER AGENCY] staff are wonderful providers.
* I'm very grateful to have met [STAFF] at a Health Fair. I became a client and all of my needs were met. [STAFF] is an exceptional worker with a compassionate heart. I'm in love with [PROVIDER AGENCY] and all they have to offer.
* Very appreciative for the Ryan white program without them idk how I would afford meds for hiv care and children and families program that helps every year during the holidays so graciously with grocery store vouchers or gifts for the kids ect not to mention the counseling which has helped keep my mental health stable.
* Ryan White keeps me stable God bless
* I am very pleased with [PROVIDER AGENCY]
* Not too much, merry christmas and a happy new year from [NAME] Love you all!
* I would be dead if it wasn't for Everyone here In Florida That helped me with treatment and get on medication I only wish getting out of homelessness Was as easy and affordable Thank you
* Very satisfied with case management services and for what is offered to the younger generation for prevention.
* I had great care with same doctor for 34 years in Kansas [NAME]. I am a longtime survivor. Positive in 1986. Since moving to Florida it's been a bit of a challenge keeping the same Dr. [PROVIDER AGENCY] and [PROVIDER AGENCY] have been very helpful! Thank you!
* I am grateful for [PROVIDER AGENCY] and [PROVIDER AGENCY] Both have been a god send.
* Very pleased with [PROVIDER AGENCY]
* Thank you for all the help! [STAFF NAME] has been so supportive and I couldn't have had medical attention without her. She's the best. Thank you.
* Very satisfied with [PROVIDER AGENCY] and case management services
* I love you all! Thank you for your love and support!
* Without [PROVIDER AGNECY] I would not survive
* Case Management is extremely important!! [PROVIDER AGENCY] has helped my life be manageable. And has definitely helped with keeping my health in good condition. [PROVIDER AGENCY] (Ryan White) has saved my life, I'm able to get the professional help that I need!!! Mental health therapy is almost a "must." Being HIV + can wear your mental health done!! I've had/have the overall BEST care a person can have!!! :)
* I’m happy with my care
* [PROVIDER AGENCY] is a GOD SEND
* Thank you for everything!
* I am very satisfied with the services.
* Everything so far is great!!!
* Yall are awesome! All great so far!
* Thank you [PROVIDER AGENCY] for all you done for me over the years.
* I’ve gotten the best care aval
* I feel so blessed to have such FANTASTIC health care & support! Thanks to: [STAFF NAME] @ [PROVIDER AGENCY]. [STAFF NAME] (case manager @ [PROVIDER AGENCY]) [STAFF NAME] (care giver @ [PROVIDER AGENCY) and [STAFF NAME] (Therapist @ [PROVIDER AGENCY]) <3
* ALL SERVICES I HAVE RECEIVED HAVE BEEN LIFE-SAVING AND I AM TRULY THANKFUL.
* THE ATTENTION, HELP, SUPPORT, AND COLLABORATION ON THE PART OF [PROVIDER AGENCY] HAS ALWAYS BEEN MAGNIFICENT, FOR ME AS A PATIENT IN THE SAME WAY THE PEOPLE OF ADAP HAVE ALWAYS BEEN EXTREMELY EFFICIENT, KIND AND COLLABORATIVE WITH MY CASE AS A PATIENT
* The medical care they provide me is very good, and in my state I would not like to receive rejection by family or friends for having HIV
* I feel good thanks to the doctor's care and the medicines they send me are very good and effective

Stigma, Discrimination, and Mental Health

* Still have some residual anger from friends outing my status to other ppl I didn't want to know.
* My brother has hiv. He refuses to use his company insurance, or any other HIV services due to him being a coach for children. The company has a strong undertone of homosexuality being a sin. He is afraid he would lose the job he loves so much. He has been paying out of pocket for his hiv medication. He has refused to apply for any services that could receive due to that fear. My mother is having a difficult time finding stable housing. Being a patient who not only have substance issues, age also suffers from dementia, psychiatric disorders, and hiv. She has been rejected citing the accommodations needed for her care and safety are not available.
* Feel alone
* IT SUCKS
* It is always a forefront thought in my mind. Despite the advances in therapeutics. The thought of my mortality is always on my mind. Nearly to a point of distraction. Mental health is my biggest concern. God help us all.
* Just hate having it. Didn't deserve this.
* Sometimes I feel tired

Other feedback and observations:

* I think [PROVIDER AGENCY] and [PROVIDER AGENCY] need to mend fences. This is really hurting us clients. The CEO of [PROVIDER AGENCY] does not understand that
* Please get a new dental provider. [PROVIDER AGENCY] is NASTY!!!!!!!!!!!!
* I had it out with [PROVIDER AGENCY] because they suck and I told them that. They want to pull all my teeth. I just need a few replaced. The [IDENTIFYING INFORMATION] dentist there is an asshole
* [STAFF NAME] needs to get fired
* HIV should be considered a disability
* It would help to have better and more timely access to HIV counts to better monitor status
* There are many doctors who are not prepared with us patients

Survey feeback:

* This survey is redundant and probably confusing for some. I'm not sure what the point to it is, but it is probably not going to be received very well.
* THERE ARE NOT 8 GENDERS! PLEASE FIX SURVEY ACCORDINGLY! THANK-U
* WHEN MORE TIME IS PERMITTED I MAY RESPOND ACCORDINGLY

Positive health and wellbeing:

* 33 year survivor
* When I first was diagnosed with HIV my T-Cell was under 200 so they said that was full blown AIDS well 21 years latter Im still here and have only had to change med 3 time over the year.
* 30 years positive and now undetectable!
* I am great and I am living my best life nobody can't tell me nothing about my stylist because it's under the protectable and I care less about what people thinks about me having HIV
* IM GOOD AND BLESSED THAT GOD GOT ME
* I’m a very happy person :)
* All is well!!
* With medication I’m great
* Nothing! It's here and I'm living with it
* Im good. Im blessed and trustin in the Lord.
* I have been blessed with an incredible support system. Beyond belief. Though I know many who have not had this experience.
* I'm fine and well thank God

Other comments:

* I am on Cabenuva so my medicine use is not daily but every other month.
* It's a virus, I take medications.
* I have 2 different strains of HIV - was initially infected thru job related injury in 1983 - was re-infected with an additional different strain in 2007 by someone who stuck me with their infected syringe