Greater Hampton Roads HIV Health Services Planning Council

Norfolk TGA

Comprehensive In Care, Newly Diagnosed & Out of Care PLWH/A Needs Assessment

2013 REPORT OF FINDINGS

(March 1, 2013 to February 28, 2014)

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Greater Hampton Roads HIV Health Services Planning Council June 2013

Executive Summary

The Norfolk Transitional Grant Area (TGA) has a population of 1,664,625 (U.S. Census 2010). The TGA includes the Virginia cities of Chesapeake, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach and Williamsburg; the Virginia counties of Gloucester, Isle of Wight, James City, Mathews and York; and Currituck County in North Carolina. The TGA's racial composition consists of 60% White, 31% Black/African-American, 5% Hispanic, 3% Asian and 7% other (includes Native, Pacific Islander and Multi-Races). The TGA, bordered by the Chesapeake Bay and the Atlantic Ocean, has a large military presence, is home to the largest naval station in the world, is one of the top ten seaports in the U.S. and is a major tourist destination. The TGA's transient population contributes to the local epidemic (owing to the military, ports and tourism industry).

The inherent diversity of the Norfolk TGA poses substantial challenges for planners as they strive to create a system that provides accessible and high quality primary medical care and supportive services for all PLWHA in the Planning Area. The Norfolk TGA's continuum of care has evolved into a robust and responsive medical model of HIV care and services delivery. Primary medical care is supported by a strong HIV medication infrastructure and by a wide range of medically and socially supportive services, including mental health and substance abuse treatment services, medical and social services case management, emergency financial assistance, oral health care, transportation, outreach/case finding and other services essential to facilitating optimal access to and retention in HIV primary medical care.

All of these services exist in the context of the five key goals of the U.S. Health Resources and Services Administration (HRSA): 1) improve access to care, 2) eliminate health disparities, 3) improve the quality of care, 4) assure cost effectiveness, and 5) improve health outcomes.

In order to comprehensively inform the 2013 services planning and resource allocation process, the Greater Hampton Roads HIV Health Services Planning Council commissioned three needs assessment studies in 2013:

1) An 'In Care' PLWHA survey study to ascertain the emerging service needs, uses, barriers and gaps for the 2013 population of PLWH/A in Ryan White funded services;

2) A 'Newly Diagnosed/New to Care' PLWH/A study of those individuals who had recently been diagnosed and entered care and services within the past year; and

3) An 'Out of Care' survey study of those PLWH/A who have been out of care for one year or longer or who have never entered care and services to ascertain the emerging service needs, gaps and barriers for the 2013 population of PLWH/A with unmet need.

Relevance of PLWH/A Needs Assessment Study

There are over 1.67 million people residing in the fourteen Virginia locations and one North Carolina location that comprise the Norfolk TGA. Of those, 33% are non-White/African-American. Approximately one quarter, or 450,000 residents live at or below 200% of the federal poverty level. The primary industries in the Norfolk TGA include military, technology, government and the services sector. As of December 31, 2013, there were 7,372 PLWHA in the Norfolk TGA. Of those, 4,221 (57%) were PLWA and 3,151 (43%) were PLWH (non-AIDS). AIDS prevalence in the TGA is notable in that males represent 31% of living AIDS cases; Blacks represent 70%; MSM represent 43% and the City of Norfolk has the highest AIDS prevalence of the 15 localities. By age group, 71% of the PLWA are 25-44 year olds, and 24% are 55 years and older.

During the reporting period of January 1, 2013 to December 31, 2013, there were 25,651 known PLWH/A in the Commonwealth of Virginia. During the same reporting period 30% (7,355) of those known PLWH/A are living in the Norfolk TGA. Of the 7,355 PLWH/A in the Norfolk TGA 14% (999) are newly diagnosed cases of HIV disease (801 male and 198 female). The Norfolk TGA **representing a 33% of all new cases in the Commonwealth of Virginia.** Blacks comprised nearly two-thirds (61%) of all people living with HIV disease in Virginia as of December 31, 2013.

Disproportionate Impact of HIV/AIDS on certain populations:

The specific impact or disparity for all groups in the Norfolk TGA is noted below. Bold font that is shaded in Columns D indicates the extent of the disparity for 'new' HIV and AIDS cases. The same display denotes the scale of disparity for PLWHA in Column E.

DISPROPORTIONATE IMPACT OF HIV/AIDS IN NORFOLK TGA, 2013

% General Population v. HIV+	A	B	C	D	E
Group in Norfolk, VA TGA	**General Population**	**NEW CASES**	**PLWHA**	**New Disparity**	**Existing Disparity**
Race/Ethnic Group					
African American	31%	**76%**	**70%**	**45%**	**39%**
Asian	4%	<1%	<1%		
Latino/a	3%	2%	4%		**1%**
Other	2%	4%	1%	**2%**	
White	60%	17%	24%		
Gender					
Male	49%	74%	72%	**25%**	**23%**
Female	51%	26%	28%		
Age Group					
<18	23%	7%	2%		
20-24	7%	14%	9%	**7%**	**2%**
25-34	14%	36%	19%	**22%**	**5%**
35-49	22%	29%	24%	**7%**	**2%**
50-64	19%	12%	35%		**16%**
65+	12%	2%	11%		

Sources: Column A. US Census Bureau, 2010;

Columns B & C: Virginia Department of Health (VDH) 2013; North Carolina Division of Public Health (NCDPH); 2012

The level of disproportionate impact in the TGA was derived by comparing the proportion of the HIV infected population to the general population in the TGA. African Americans, Males and the age group of 25-54 years display a disproportionate impact for people living with the disease. African American women are more likely to be diagnosed with HIV/AIDS than white women in Virginia. *(VDH, 2013)* A group with a slight disparity of note is Youth, 13-18 years of age, with 1% higher proportion of new HIV cases than their percentage in the populace. People ages 25-49 years are an emerging population of concern in the TGA.

Disparities among Special Populations

For every 5 Virginians diagnosed with HIV infection, approximately 4 are men; 3 are Black; 3 are men who have sex with other men; 2 live in the Eastern or Northern region; and 2 are ages 25 to 34 at diagnosis *(2013 Virginia Department of Health (VDH) Epidemiologic Profile).*

Behavioral Risk Disparities

Men who have Sex with Men (MSM): MSM constitute 50% of all living HIV/AIDS cases with a known risk residing within the TGA. From 1/1/13 to 12/31/2013. *(2013 VDH Epidemiologic Profile)*

Racial/Ethnicity Disparities

African American non-Hispanics: The majority of new HIV infection diagnoses in Virginia are among persons who are Black (61%, VDH 2013). Black persons comprise only 19% of Virginia's population; however, they represent nearly 2 out of 3 new cases of HIV infection. Black females were more likely to be diagnosed than White females; and Black males more likely compared to White males. The highest rate of newly diagnosed cases of HIV infection occurred among Black male's ages 25-34.

Hispanics: In Virginia, for every 5 Hispanic/Latino Virginians diagnosed with HIV infection, approximately 4 are men; 4 live in the Eastern or Northern region; and 3 are men who have sex with men. Hispanics/Latinos tend to be diagnosed with HIV infection at a later age compared to the general population. Hispanics make up 9% of the new HIV/AIDS cases respectively in the Norfolk TGA. *(2013 VDH Epidemiologic Profile)*

Gender Disparities

African American Females: HIV infection in Virginia is predominantly among MSM, but Black women are increasingly bearing the burden of infection. For every 5 women in Virginia diagnosed with HIV infection, approximately: 4 are Black; 4 were exposed through heterosexual contact; and 3 are ages 25-44 at diagnosis.

Age Disparities

The *20-44 age bracket* evidences a disparity for both new and existing cases of HIV/AIDS. The large combined 'young to middle aged group, 20-44 years', has a large disparity in new cases and a substantial disparity for existing cases.

Populations of PLWHA in the TGA that are Underrepresented in Ryan White-funded System of HIV/AIDS Outpatient/Ambulatory Medical Care

UNDER-REPRESENTATION IN O/AMC IN NORFOLK TGA: FY 20012-2013							
Race, Gender and Risk Group	**Total Prevalence 12/31/13**		**Part A OAMC Utilization FY 2012**		**Part A OAMC Utilization FY 2013**		**Over/ Under/Parity Utilization**
	#	**%**	**#**	**%**	**#**	**%**	
Race							
Black	5,135	70%	898	72%	802	72%	over
White	1,750	23%	217	17%	168	15%	under
Hispanic	324	4%	66	5%	64	5%	over
Asian/Pacific Islander	42	<1%	15	1%	11	1%	parity
Native American	13	<1%	3	<1%	3	<1%	parity
Multi-race/Other/Unknown	108	2%	53	4%	71	6%	over
TOTAL	**7,372**	**100%**	**1252**	**100%**	**1119**	**100%**	
Gender							
Male	5,333	73%	868	69%	792	71%	under
Female	2,036	26%	362	29%	308	28%	over
Transgender/Unknown	3	<1%	22	2%	19	2%	over
TOTAL	**7,372**	**100%**	**1252**	**100%**	**1119**	**100%**	
MSM	3,189	44%	584	47%	530	47%	over
IDU	687	9%	80	6%	56	5%	Under
MSM/IDU	260	4%	20	2%	15	1%	Under
Heterosexual	1,292	18%	536	43%	474	43%	over
Blood Recipient	19	<1%	5	<1%	6	<1%	parity
Perinatal	84	<1%	13	1%	11	1%	parity
RNR/Undetermined/Unknown	1,841	24%	14	1%	27	2%	under
TOTAL	**7,372**	**100%**	**1252**	**100%**	**1119**	**100%**	

As evidenced in the table above, the groups of PLWHA who are underrepresented in Ryan White funded HIV outpatient/ambulatory medical care services include: Whites, Males, IDU, MSM/IDU, and undetermined/unknown. Each of the special populations of Black, Hispanic, Multiracial, Female, Transgender, MSM and Heterosexual access outpatient/ ambulatory medical care in greater proportions in 2013.

Overview of 2013 In Care PLWH/Survey Findings

A total of 302 In Care PLWH/A participated in the 2013 needs assessment process. All SNGs were well represented in the In Care survey. Overall, when compared to the 2011 Needs Assessment findings, there is greater reported need for insurance co-pay assistance (perhaps related to the recent Affordable Care Act) and Housing Assistance is identified by the In Care, New to Care and Out of Care as the #1 ranking service Gap.

2013 IN CARE PLWH/A USE, NEED, BARRIER, GAP MATRIX

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

The Top 12 Ranking *Service Needs* of the 2013 Norfolk TGA 'In Care' survey respondent group:

1.) Ambulatory Outpatient Medical Care
2.) Medication Assistance
3.) Housing Assistance
4.) Support Groups
5.) Transportation
6.) Insurance
7.) Nutrition Assistance
8.) Mental Health
9.) Medical Case Manager
10.) Other: Employment Assistance
11.) Health Education / Peer Mentor
12.) Exercise

The Top 12 Ranking *Service Uses* of the 2013 Norfolk TGA 'In Care' survey respondent group:

1.) Ambulatory Outpatient Medical Care
2.) Medical Case Manager
3.) Transportation

4.) Medication Assistance
5.) Housing Assistance
6.) Support Groups
7.) Oral Health
8.) Medication Co-Pay Assistance
9.) Insurance
10.) Mental Health
11.) Nutrition Assistance
12.) Health Education / Peer Mentor

The Top 12 Ranking *Service Gaps* of the 2013 Norfolk TGA 'In Care' survey respondent group:

1.) Housing Assistance
2.) Insurance
3.) Emergency Financial Assistance
4.) Transportation
5.) Nutrition Assistance
6.) Other: Vision Care
7.) Health Insurance Premium Cost Sharing Assistance
8.) Other: Employment Assistance
9.) Oral Health
10.) Support Groups
11.) Medication Co-Pay Assistance
12.) Other: Disability Assistance

The Top 12 Ranking *Service Barriers* of the 2013 Norfolk TGA 'In Care' survey respondent group:

1.) Housing Assistance
2.) Emergency Financial Assistance
3.) Other: Employment Assistance
4.) Insurance
5.) Transportation
6.) Nutrition Assistance
7.) Other: Disability Assistance
8.) Health Insurance Premium Cost Sharing Assistance
9.) Other: Vision Care
10.) Support Groups
11.) Health Education / Peer Mentor
12.) Other: Child Care

Overview of 2013 Newly Diagnosed PLWH/Survey Findings

The Newly Diagnosed Respondents ranged in age from 18 to 63 years of age with the average age reported as 27 years. By gender, 81.5% of the New to Care are males and 18.5% females. The vast majority are African American (70%) with 15% reporting their race/ethnicity as Caucasian. Almost ¾ of the respondents self-report their transmission risk mode as MSM (74.1%) and 18.5% report Heterosexual sex. The majority of respondents self-report a diagnosis of HIV only/not AIDS with 77.8%, 14.8% self-reported a diagnosis of AIDS while the remainder 7.4% self-reported an unknown diagnosis status. Of the newly diagnosed respondents 74.1% self-report not having medical insurance while 25.9% have medical insurance (e.g. Medicaid/Medicare/Private)

2013 ALL NEWLY DIAGNOSED PLWH/A USE, NEED, BARRIER, GAP MATRIX

Service Category Description	Need Rank	Use Rank	Gap Rank	Barrier Rank
Ambulatory Outpatient Medical Care	1	1		
Support Groups	2	4 tie		
Medication Assistance	3	3		
Nutrition Assistance	4 tie			
Health Education / Peer Mentor	4 tie	7 tie		
Medical Case Manager	4 tie	2		
Mental Health	5	7 tie		
Housing Assistance	6	5	1 tie	1
Transportation	7	4 tie	3 tie	
Exercise	8			
Insurance	9	6 tie	2	2 tie
Emergency Financial Assistance	10		3 tie	2 tie
Oral Health		6 tie		
Medication Co-Pay Assistance		7 tie	3 tie	
Health Insurance Premium Cost Sharing			1 tie	2 tie
Other: Disability Assistance			3 tie	
Other: More Rural Services				2 tie

The Top Ranking *Service Needs* of the 2013 Norfolk TGA 'Newly Diagnosed' survey respondent group include:

1.) Ambulatory Outpatient Medical Care
2.) Support Groups
3.) Medication Assistance
4.) Nutrition Assistance
5.) Health Education / Peer Mentor
6.) Medical Case Manager
7.) Mental Health
8.) Housing Assistance
9.) Transportation
10.) Exercise
11.) Insurance
12.) Emergency Financial Assistance

The Top Ranking *Service Uses* of the 2013 Norfolk TGA 'Newly Diagnosed' survey respondent group include:

1.) Ambulatory Outpatient Medical Care
2.) Medical Case Manager
3.) Medication Assistance
4.) Support Groups
5.) Transportation
6.) Housing Assistance
7.) Insurance
8.) Oral Health
9.) Health Education / Peer Mentor
10.) Mental Health
11.) Medication Co-Pay Assistance

The Top Ranking *Service Gaps* of the 2013 Norfolk TGA 'Newly Diagnosed' survey respondent group include:

1.) Housing Assistance
2.) Health Insurance Premium Cost Sharing Assistance
3.) Insurance
4.) Transportation
5.) Medication Co-Pay Assistance
6.) Emergency Financial Assistance
7.) Other: Disability Assistance

The Top Ranking *Service Barriers* of the 2013 Norfolk TGA 'Newly Diagnosed' survey respondent group include:

1.) Housing Assistance
2.) Health Insurance Premium Cost Sharing Assistance
3.) Insurance
4.) Emergency Financial Assistance
5.) Other: More Services in Rural Areas

Overview of 2013 Out of Care PLWH/Survey Findings

A total of 21 respondents self-identified as Out of Care. The respondents ranged in age from 22 to 55 years of age with the average age reported as 38 years. By gender, 66.7% of the Out of Care are males, 28.6% females and 4.8% transgender. The vast majority are African American (81%) with 9.5% reporting their race/ethnicity as Hispanic/Latino, 4.8% Caucasian and 4.8% multiracial. More than half of the respondents self-report their educational level to be *some high school*, 23.8% completed grade school, and 19.1% have completed high school, GED or some college.

Reasons for OOC Status

If you have not had medical care in more than 6 months for your HIV, please tell us why. (Please check all that apply.)		
Answer Options	**Percent**	**Count**
My doctor or nurse told me that I do not need medical care right now	4.8%	1
I do not think I need medical care now because I am not sick	19.0%	4
I do not think medical care would do me any good	14.3%	3
I have found a doctor or nurse who I want to treat me	4.8%	1
I have not found a place that I feel comfortable going	14.3%	3
I don't have transportation to get to medical care appointments	14.3%	3
I do not know where to go for medical care	23.8%	5
I do not want to receive medical care	14.3%	3
I use alternative treatments	4.8%	1
I can't afford medical care now	9.5%	2
I get anxious about going to a doctor or nurse about HIV	19.0%	4
I don't want anyone to know	4.8%	1
I feel better than I did	4.8%	1
I am undetectable	4.8%	1
I had problems with medications	9.5%	2
Other (please specify) Substance Abuse, Wasn't Ready, Transient, Homeless	**38.1%**	8
	answered question	**21**

The major reasons supplied by the OOC respondents to explain their absence from medical care include: "Homeless"; "Substance Abuse"; "I do not know where to go for medical care"; "I get anxious about going"; "I feel better than I did"; while less frequently reported reasons include: "I am undetectable"; "I feel better than I did"; "I don't want anyone to know"; "I use alternative treatments"; "my doctor or nurse told me I do not need medical care right now". Several of these self-reported reasons that seem to keep PLWH/A from medical care would appear to be positively impacted through better HIV education as well as the education on the benefits of regular care and treatment.

Prompts for OOC to Return to Care

If you haven't received medical care in the last 6 months, which of the following things would help you get to a doctor? (Please check all that apply.)		
Answer Options	**Percent**	**Count**
Referrals or advice from someone I trust	9.5%	2
More information about the services	4.8%	1
More outreach services	9.5%	2
Lower cost of medical care/medicines	4.8%	1
Free medical care	9.5%	2
Insurance to pay for doctor and meds	19.0%	4
Not having to wait so long for appointments	4.8%	1
Employment opportunities	33.3%	7
More government services	23.8%	5
Housing	**42.9%**	9
Transportation	23.8%	5
Substance use treatment	28.6%	6
Financial concerns	33.3%	7
Peer support/someone to help me understand	14.3%	3
Nothing	23.8%	5
Other: Have been taking meds just not f/u with dr; prison transition	9.5%	2
answered question		**21**

Housing, employment opportunities, financial stability and substance use treatment are the top services that this cohort of PLWH/A with unmet/under-met need for medical care report as prompts to their returning to care. Insurance to pay for doctors and medicine, more government services, transportation, peer support, free medical care, more information about services, and lower cost of medical care/medicines, are the next most frequently reported prompters to seeking and remaining in primary medical care. The other prompters to return to care include reported by the OOC respondents include: a respondent who is currently on medications but has yet to follow up with their physician in more than a year; and a respondent who transitioned from prison.

Reasons Why OOC PLWH/A Don't Get HIV Medical Care

Why do you think people don't get medical care for HIV? (Please check all that apply.)		
Answer Options	**Percent**	**Count**
Worried that other people will find out/fear of telling	**60.0%**	12
Can't afford it	55.0%	11
Don't want to take HIV medications	40.0%	8
Feel healthy	35.0%	7
Don't have transportation	35.0%	7
Drugs	35.0%	7
Cannot speak English very well	30.0%	6
Couldn't get an appointment	30.0%	6
Don't believe they are HIV positive	25.0%	5
Other: Couldn't get off work; not ready; homeless; don't know where to go	25.0%	5
Services conflict with cultural beliefs	20.0%	4
answered question		**20**

When asked why PLWH/A do not get medical care for their HIV disease, the majority of the OOC respondents reported "Worried that others will find out/fear of divulging their HIV status" and they "Can't afford it". The next most frequently cited reason is "Cannot speak English very well", "Feel Healthy", "Don't have transportation", "Couldn't get an appointment", "Drugs", and "Don't want to take HIV medications". Less frequently reported reasons include "don't believe they are HIV positive", "Services conflict with cultural beliefs", "homeless", "couldn't get off work", and "didn't know where to go".

Services that Would Prompt Re-Entry into HIV Medical Care- OOC Service NEEDS

Service Category Description	Service Needs
Substance Abuse Treatment	**1 tie**
Other: Job Training/Placement	**1 tie**
Housing Assistance	**3 tie**
Transportation	**3 tie**
Medical Insurance	**3 tie**
Other: Specialty Care (Transgender Care)	**6 tie**
Mental Health	**6 tie**
Nutrition Assistance	**6 tie**
Peer Mentor	**9 tie**
Other: Social Security Disability	**9 tie**

OOC Services Needed but Can't Get- Service GAPS

1. Medical Insurance
2. Social Security Disability

The service Gap/Barrier rankings for the In Care, Newly Diagnosed and Out of Care PLWHA listed in the tables below deserve special attention in the priority setting and resource allocation planning and decision making processes for the TGA.

SUMMARY OF BARRIER RANKINGS BY IN CARE, NEWLY DIAGNOSED & OUT OF CARE

RANK	IN CARE BARRIERS	NEWLY DIAGNOSED BARRIERS	OUT OF CARE BARRIERS
1	Housing Assistance	Housing Assistance	Worried that other people will find out/fear of telling
2	Emergency Financial Assistance	Health Insurance Premium Cost Sharing	Can't afford it
3	Other: Employment Assistance	Insurance	Don't want to take HIV medications
4	Health Insurance	Emergency Financial Assistance	Feel healthy
5	Medical Transportation	Other: More Rural Services	Don't have transportation
6	Nutrition Assistance		Drugs

SUMMARY OF GAP RANKINGS BY IN CARE, NEWLY DIAGNOSED & OUT OF CARE

RANK	IN CARE GAPS	NEWLY DIAGNOSED GAPS	OUT OF CARE GAPS
1	Housing Assistance	Housing Assistance	Health Insurance
2	Health Insurance	Health Insurance Premium Cost Sharing	Transportation
3	Emergency Financial Assistance	Health Insurance	Housing
4	Transportation	Medical Transportation	Peer Mentor
5	Nutrition Assistance	Medication Co-Pay Assistance	Substance Abuse
6	Other: Vision Care	Emergency Financial Assistance	Other: Specialty Care (Transgender Care)

Chapter 1: Introduction

Three TGA localities (Norfolk, Virginia Beach and Newport News) remain among the top 7 cities/counties in Virginia with the greatest burden of all HIV infection diagnoses. The City of Norfolk has the highest number of PLWHA in the region (2,298 or 32% of total) and is the epidemic center. HIV/AIDS services tend to be concentrated in the denser urban and suburban areas. PLWHA must travel long distances to access services. The abundance of regional waterways requires a complex system of bridges and tunnels that impede access to services. The TGA divides major population centers by Peninsula and Southside locations.

The Norfolk TGA has a geographically dispersed network of providers in a geographically challenging area. The inherent diversity of the Norfolk TGA poses substantial challenges for planners as they strive to create a system that provides primary medical care and supportive services that are responsive to the needs of all PLWHA in the Planning Area.

Annual Needs Assessments are special studies in time conducted to determine the priority service needs, barriers, and gaps in the continuum of care for People Living with HIV/AIDS (PLWH/A). Results of this client-centered activity are used to establish service priorities, document the need for specific services, determine barriers to accessing care, provide baseline data for comprehensive planning including capacity building, and help providers improve the accessibility, acceptability quality of services delivered, especially to the designated 'Severe Need Groups/Special Populations'.

The Norfolk TGA's continuum of care has evolved into an increasingly robust and responsive medical model of HIV care and services delivery. Primary medical care is supported by a strong HIV medication infrastructure and by a wide range of medically and socially supportive services, including substance abuse and mental health treatment services, medical and social services case management, emergency financial assistance, oral health care, transportation, outreach/case finding and other services essential to facilitating PLWH/A access to and retention in HIV primary medical care. The Norfolk TGA's ideal continuum of care facilitates optimal access to and full utilization of medical and supportive services. All of these services exist in the context of the five key goals of the U.S. Health Resources and Services Administration (HRSA): 1) improve access to care, 2) eliminate health disparities, 3) improve the quality of care, 4) assure cost effectiveness, and 5) improve health outcomes.

In order to inform the 2013 services planning and resource allocation process, the Greater Hampton Roads HIV Health Services Planning Council commissioned three needs assessment studies in 2013:

1) An "In Care" PLWHA survey study to ascertain the emerging service needs, uses, barriers and gaps for the 2013 population of PLWH/A in Ryan White funded services;
2) A "Newly Diagnosed/New to Care" PLWH/A study of those individuals who had recently been diagnosed and entered care and services within the past year; and
3) An "Out of Care" survey study of those PLWH/A who have been out of care for one year or longer or who have never entered care and services, to ascertain the emerging service needs, gaps and barriers for the 2013 population of PLWH/A with unmet need.

Relevance of the Part A Comprehensive Needs Assessments

The targeted special population groups, their sub-populations and the TGA's severe needs groups remain a major focus of study for the Planning Area. The Planning Council is continuously challenged in

identifying the changing needs of the PLWH/A community in order to best facilitate access, engagement and retention in care for all those living with HIV/AIDS in the service area.

Estimated Number of People Living with HIV: A total of 4,214 persons living with HIV have been reported in the Norfolk TGA as of 12/31/13, an increase of 12% since the 2011 needs assessment report.

Estimated Number of People Living with AIDS: A total of 3,141 persons living with AIDS have been reported in the Norfolk TGA as of 12/31/13, representing a 10% since the 2011 needs assessment report. As of December 31, 2013, there were 7,355 PLWHA reported as living in the TGA, representing a 15% increase from 2008 (6,271). The TGA comprises over 30% of the total living cases reported throughout the state of Virginia as of 12/2009 (N=21,071). Of the 7,355 PLWHA, 4,214 (57%) are PLWH and 3,141 are PLWA (43%). The increase in prevalence rates appears to be due to the efficacy of multi-drug treatments for HIV infection, which have sharply reduced HIV-related death (*2013 VDH Epidemiologic Profile)*

Number of New HIV/AIDS Cases: The number of new HIV/AIDS cases among TGA residents reported to the CDC during 2013 was 999. Increases in the proportion of new cases occurred among men, persons ages 45+, MSM in 2013. Of the new cases of reported in 2013, African Americans comprise 74%; males constitute 67%; 45+ year olds comprise 33%, and the combined 20-44 age bracket constitutes 61% of all new AIDS cases. Among those persons with known risk, MSM constitute 57%; Heterosexuals comprise 31%; and IDU comprise 12% of all new AIDS cases. The proportion of 'Risk Not Identified/Not Reported among new AIDS cases is over 45%. Locations with the highest ***rates of new HIV/AIDS cases*** in 2013 were Norfolk, Hampton, Newport News, Virginia Beach, and Chesapeake. Norfolk's rate of new AIDS cases was higher than both the Commonwealth of Virginia (8.2) and the U.S. rates (12.5) for new AIDS cases.

Prevalent HIV/AIDS Cases: Males, men who have sex with men (MSM), African-Americans, adults ages 20-44, people from urban areas, and those living in poverty are disproportionately infected with HIV/AIDS in the Norfolk TGA. African-Americans reported 72% of HIV/AIDS; and adults ages 20-44 represented 79% of the TGA's total living HIV/AIDS epidemic. Of all high-risk groups, male and female African-Americans, MSM, and PLWH ages 20-29 years and PLWA ages 30-49 tend to be the most disproportionately impacted by HIV-disease in the Norfolk TGA. Among those with reported risk, approximately 57% of all PLWHA are Men who have sex with men (MSM) and MSM/IDU; with African-Americans comprising a large portion of the MSM population.

Approximately 75% of all HIV/AIDS living cases are in Southside localities. Norfolk, Portsmouth and Newport News demonstrate disproportionately high rates of overall HIV-disease prevalence (HIV and AIDS), at 2-3 times the rates of Virginia. The Planning Council took this information into account during the resource allocation and priority setting process and in the TGA's Comprehensive Plan.

There are over 1.67 million people residing in the fourteen Virginia locations and one North Carolina location that comprise the Norfolk TGA. Of those, 33% are non-White/African-American. Approximately one quarter, or 450,000 residents live at or below 200% of the federal poverty level. The primary industries in the Norfolk TGA include military, technology, government and the services sector. As of December 31, 2013, there were 7,372 PLWHA in the Norfolk TGA. Of those, 4,221 (57%) were PLWA and 3,151 (43%) were PLWH (non-AIDS). AIDS prevalence in the TGA is notable in that males represent 31% of living AIDS cases; Blacks represent 70%; MSM represent 43% and the City of Norfolk has the highest AIDS prevalence of the 15 localities. By age group, 71% of the PLWA are 25-44 year olds, and 24% are 55 years and older.

During the reporting period of January 1, 2013 to December 31, 2013, there were 25,651 known PLWH/A in the Commonwealth of Virginia. During the same reporting period 1,003 newly diagnosed cases of HIV disease were reported; of those 219 new AIDS cases reported and 784 new HIV cases, **representing an 12% increase in new HIV cases.** As of December 31, 2012, there were 15,,337 Blacks known to be living with HIV in Virginia, 29% of whom had progressed to AIDS. Blacks comprised nearly two-thirds (60%) of all people living with HIV disease in Virginia as of December 31, 2013. Additionally, Black women accounted for 75% of all women living with HIV.

Disproportionate Impact of HIV/AIDS on certain populations:

The specific impact or disparity for all groups in the Norfolk TGA is noted below. Bold font that is shaded in Columns D indicates the extent of the disparity for 'new' HIV and AIDS cases. The same display denotes the scale of disparity for PLWHA in Column E.

DISPROPORTIONATE IMPACT OF HIV/AIDS IN NORFOLK TGA, 2013

% General Population v. HIV+	A	B	C	D	E
Group in Norfolk, VA TGA	**General Population**	**NEW CASES**	**PLWHA**	**New Disparity**	**Existing Disparity**
Race/Ethnic Group					
African American	31%	**76%**	**70%**	**45%**	**39%**
Asian	4%	<1%	<1%		
Latino/a	3%	2%	4%		**1%**
Other	2%	4%	1%	**2%**	
White	60%	17%	24%		
Gender					
Male	49%	74%	72%	**25%**	**23%**
Female	51%	26%	28%		
Age Group					
<18	23%	7%	2%		
20-24	7%	14%	9%	**7%**	**2%**
25-34	14%	36%	19%	**22%**	**5%**
35-49	22%	29%	24%	**7%**	**2%**
50-64	19%	12%	35%		**16%**
65+	12%	2%	11%		

Sources: Column A. US Census Bureau, 2010;
Columns B & C: Virginia Department of Health (VDH) 2013; North Carolina Division of Public Health (NCDPH); 2012

The level of disproportionate impact in the TGA was derived by comparing the proportion of the HIV infected population to the general population in the TGA. African Americans, Males and the age group of 25-54 years display a disproportionate impact for people living with the disease. African American women are more likely to be diagnosed with HIV/AIDS than white women in Virginia. *(VDH, 2013)* A group with a slight disparity of note is Youth, 13-18 years of age, with 1% higher proportion of new HIV cases than their percentage in the populace. People ages 25-49 years are an emerging population of concern in the TGA.

Disparities among Special Populations

For every 5 Virginians diagnosed with HIV infection, approximately 4 are men; 3 are Black; 3 are men who have sex with other men; 2 live in the Eastern or Northern region; and 2 are ages 25 to 34 at diagnosis *(2013 Virginia Department of Health (VDH) Epidemiologic Profile).*

Behavioral Risk Disparities

Men who have Sex with Men (MSM): MSM constitute 43% of all living HIV/AIDS cases with a known risk residing within the TGA. From 1/1/13 to 12/31/2013. *(2013 VDH Epidemiologic Profile)*

Racial/Ethnicity Disparities

African American non-Hispanics: The majority of new HIV infection diagnoses in Virginia are among persons who are Black (61%, VDH 2013). Black persons comprise only 19% of Virginia's population; however, they represent nearly 2 out of 3 new cases of HIV infection. Black females were 20 times more likely to be diagnosed than White females and Black males 7 times more likely compared to White males. The highest rate of newly diagnosed cases of HIV infection occurred among Black male's ages 25-34.

Hispanics: In Virginia, for every 5 Hispanic/Latino Virginians diagnosed with HIV infection, approximately 4 are men; 4 live in the Eastern or Northern region; and 3 are men who have sex with men. Hispanics/Latinos tend to be diagnosed with HIV infection at a later age compared to the general population. Hispanics make up 8% of the new AIDS cases and new HIV cases, respectively, in the Norfolk TGA. *(2013 VDH Epidemiologic Profile)*

Gender Disparities

African American Females: HIV infection in Virginia is predominantly among MSM, but Black women are increasingly bearing the burden of infection. For every 5 women in Virginia diagnosed with HIV infection, approximately: 4 are Black; 4 were exposed through heterosexual contact; and 3 are ages 25-44 at diagnosis. In 1983, Black females represented 7% of the total diagnosed cases of HIV infection while White MSM represented 51%.

In 2013, the percent of Black females grew to more than 20% while the percent of White MSM decreased to 16%. Black females are 20 times more likely to be diagnosed than White females. In the Norfolk TGA, females comprised 32% of the new AIDS cases, 26% of the new HIV cases, and 28% of all living HIV/AIDS cases in 2013 *(2013 VDH Epidemiologic Profile).*

Age Disparities

The *20-44 age bracket* evidences a disparity for both new and existing cases of HIV/AIDS. The large combined 'young to middle aged group, 20-44 years', has a large (32 percentage point) disparity in new cases and a substantial disparity for existing cases.

Populations of PLWHA in the TGA that are Underrepresented in Ryan White-funded System of HIV/AIDS Outpatient/Ambulatory Medical Care

UNDER-REPRESENTATION IN O/AMC IN NORFOLK TGA: FY 20012-2013							
Race, Gender and Risk Group	Total Prevalence 12/31/13		Part A OAMC Utilization FY 2012		Part A OAMC Utilization FY 2013		Over/ Under/Parity Utilization
	#	%	#	%	#	%	
Race							
Black	5,135	70%	898	72%	802	72%	over
White	1,750	23%	217	17%	168	15%	under
Hispanic	324	4%	66	5%	64	5%	over
Asian/Pacific Islander	42	<1%	15	1%	11	1%	parity
Native American	13	<1%	3	<1%	3	<1%	parity
Multi-race/Other/Unknown	108	2%	53	4%	71	6%	over
TOTAL	**7,372**	**100%**	**1252**	**100%**	**1119**	**100%**	
Gender							
Male	5,333	73%	868	69%	792	71%	under
Female	2,036	26%	362	29%	308	28%	over
Transgender/Unknown	3	<1%	22	2%	19	2%	over
TOTAL	**7,372**	**100%**	**1252**	**100%**	**1119**	**100%**	
MSM	3,189	44%	584	47%	530	47%	over
IDU	687	9%	80	6%	56	5%	Under
MSM/IDU	260	4%	20	2%	15	1%	Under
Heterosexual	1,292	18%	536	43%	474	43%	over
Blood Recipient	19	<1%	5	<1%	6	<1%	parity
Perinatal	84	<1%	13	1%	11	1%	parity
RNR/Undetermined/Unknown	1,841	24%	14	1%	27	2%	under
TOTAL	**7,372**	**100%**	**1252**	**100%**	**1119**	**100%**	

As evidenced in the table above, the groups of PLWHA who are underrepresented in Ryan White funded HIV outpatient/ambulatory medical care services include: Whites, Males, IDU, MSM/IDU, and undetermined/unknown. Each of the special populations of Black, Hispanic, Multiracial, Female, Transgender, MSM and Heterosexual access outpatient/ ambulatory medical care in greater proportions in 2013.

Impact of Co-morbidities on Cost and Complexity of Care

There are substantial levels of co-morbidities reported across numerous categories that seriously complicate the cost of care for PLWHA in the TGA.

STI (Sexually Transmitted Infection) Rates: *All Sexually Transmitted Infection (STI) statistical data is from Virginia Department of Health and North Carolina Department of Public Health, unless noted otherwise.* According to data from the Virginia Department of Health (VDH) and North Carolina Division of Public Health (NCDPH), there were 12,238 (36%) cases of Chlamydia, 2,589 (39%) gonorrhea cases and 210 (35%) of total early syphilis reported in the Norfolk TGA for 2012. These figures represent modest increases in each of these sexually transmitted diseases after dramatic escalation from 2009 to 2012. As evidenced in the table below, there is wide variation in the case rates throughout the TGA, with those most disproportionately impacted inclusive of Chesapeake, Hampton, Newport News, Norfolk, Portsmouth, and Virginia Beach.

Chlamydia: The Norfolk TGA reported 12,238 Chlamydia cases in 2012.. The majority of reported Chlamydia diagnoses were females, 18 to 34 years, Black, and *lived in the Eastern region of the Norfolk TGA*. Among Virginians, females are 3 times more likely to be diagnosed with Chlamydia than males, and Blacks are 9 times more likely than Whites. Black females are 8 times more likely to be diagnosed with

Chlamydia than White females, and Hispanic females are 3 times more likely than White females. Black males are 10 times more likely to be diagnosed with Chlamydia than White males, and Hispanic males are 3 times more likely than White males *(VDH, 2012).* It is unknown how many PLWHA are infected with Chlamydia each year, however Eastern Virginia Medical School, (the largest OAMC provider in the TGA), estimates that 15% of the living population was currently infected with one or more STIs.

Gonorrhea: During 2012, the number of Gonorrhea increased 15% from 10,337 cases in 2008 to 12,238 in 2012. The Norfolk TGA is responsible for 36% of total cases in the State. The majority of reported Gonorrhea diagnoses were Black, females, and 18 to 34 years old. *Gonorrhea remains the sexually transmitted disease with the largest racial health disparity in Virginia*. Black females account for 41% of the total reported Gonorrhea cases, and Black males accounted for 33%.

Syphilis: In 2012, the Virginia reported Total Early Syphilis (TES) diagnoses increased by 14%, from 524 in 2011 to 611 cases in 2012. The incidence rate of TES cases reported in Virginia more than doubled since 2002, from 2.3 to 6.4 per 100,000 population in 2008. TES cases reported in Virginia were among males (86%), Black (67%), 20 to 29 years old (41%), and *lived in the Eastern region* (33%) or the Norfolk TGA (23%). Black males were two thirds of the total reported cases (65%). Approximately 50% of reported cases among Black males were 15 to 24 years old.

SEXUALLY TRANSMITTED INFECTIONS AND RATES IN THE NORFOLK TGA, 2013

Norfolk TGA	Population	Chlamydia		Gonorrhea		Total Early Syphilis	
		Cases	Rates	Cases	Rates	Cases	Rates
Chesapeake	222,209	1303	570.4	240	105.1	17	7.4
Gloucester	36,858	84	227.7	12	32.5	0	0
Hampton	137,436	1332	973.4	321	234.6	21	15.3
Isle of Wright	35,270	132	372.9	18	50.8	1	2.8
James City	67,009	163	236.3	27	39.1	2	2.9
Mathews	8,978	16	180.1	1	11.3	0	0
Newport News	180,719	1759	973.3	465	257.3	29	16.0
Norfolk	242,803	2868	1166.9	655	266.5	54	22.0
Poquoson	12,150	16	132.3	5	41.3	0	0
Portsmouth	95,535	1086	1125.7	211	218.7	23	23.8
Suffolk	84,585	653	766.6	141	165.5	6	7.0
Virginia Beach	437,994	2522	564.2	446	99.8	54	12.1
Williamsburg	14,068	158	1041.7	25	164.8	2	13.2
York	65,464	146	220.7	22	33.3	1	1.5
Currituck, NC	23,547	27	231.7	9	27.7	0	0
TOTAL TGA	**1,664,625**	**12,265**	**585.6**	**2598**	**116.56**	**210**	**8.27**
VA TOTAL	**8,001,024**	**34,622**	**422.9**	**5,246**	**82.8**	**611**	**7.5**

Re-infection risk, transmission of both HIV and STIs to sero-negative partners and increased health impairment due to immunodeficiency are among the determinants that adversely impact the HIV/STI co-infected in the Norfolk TGA.

Tuberculosis (TB): *Mycobacterium tuberculosis* is both a clinical antecedent to and exacerbated by HIV-disease. Virginia reported 180 cases in 2013 for a rate of 2.2/100,000; Compared to 2012, this represents a 23.4% decrease in the number of cases and a 24.1% decrease in the rate with the exception of Central Region. Norfolk TGA represents 13% of all TB cases reported state-wide. TB infection

predisposes those with decreased immunity to greater morbidity and higher risk of transmission. There is a wide range of case rates throughout the TGA, ranging from lows of 0.0 to 2.4 per 100,000.

TUBERCULOSIS CASES AND RATES IN THE NORFOLK TGA, 2013

Norfolk TGA Locality	2012 TB Cases	2012 TB Rates	2013 TB Cases	2013 TB Rates
Chesapeake	2	0.9	2	0.9
Gloucester	0	0	0	0
Hampton	4	2.9	1	0.7
Isle of Wright	0	0	0	0
James City	0	0	0	0
Mathews	0	0	0	0
Newport News	5	2.7	2	1.1
Norfolk	7	2.8	6	2.4
Poquoson	0	0	0	0
Portsmouth	1	1.0	1	1.0
Suffolk	4	4.6	2	2.3
Virginia Beach	8	1.8	7	1.6
Williamsburg	0	0	0	0
York	0	0	1	1.5
TOTAL TGA	31	1.2	22	0.83
VA TOTAL	*235*	*2.9*	*180*	*2.2*

Homelessness:

The 2013 Point-in-Time Count was conducted across the 6 jurisdictions that comprise the Greater Virginia Peninsula Homelessness Consortium (GVPHC), including the cities of Hampton, Newport News, Poquoson, Williamsburg, and the counties of James City and York. The count was conducted using both paper surveys and data reported in the Homeless Management Information System (HMIS).

The sheltered count was conducted in all identified emergency shelter and transitional housing programs across the region on the evening of February 12. Provider staff and volunteers worked to collect the required information from all shelter persons with either direct input into the HMIS or via interview and the completion of survey forms. Teams of volunteers canvassed known locations on the morning of February 13 and completed surveys to collect the required information on all unsheltered homeless persons identified during the count. Persons who chose to participate in the Count completed the survey, which identifies respondents based on initials and date of birth to develop a unique client identifier to eliminate duplicates. Persons are identified as chronically homeless if they have a disability and have been homeless more than one year or at least four times in the last three years.

Overall, **525** persons were identified as being homeless in the 2013 Point-in-Time Count, compared to 533 counted in January 2013. The sheltered count for the Greater Virginia Peninsula increased from the previous year due to the extreme weather conditions experienced on the night of the Count. Winter storms forced many persons who would normally sleep outside to seek out emergency shelter offered by local providers. Additionally, the Continuum of Care increased coverage at winter and thermal shelters in the area which were not previously included, therefore increasing the count. Conversely, the unsheltered count on the morning of February 13, 2013 was delayed due to the winter storm, resulting in encampments that were occupied to be abandoned by the time they were accessible to outreach workers. It is important to keep in mind that some people may have refused to be counted or did not present for services that day and were therefore not counted. The inclement weather also caused many

homeless persons to seek shelter in hotels/motels (paid for by self) or with friends and family. These individuals could not be counted because they did not meet the HUD definition of homeless.
The following table shows a breakdown of the 2013 Point-in-Time Count Results, both regionally, as well as, by jurisdiction

2013 Greater Virginia Peninsula Homelessness Consortium Point-In-Time Count Results

Category	2013 Results GVP	Hampton	Newport News	W'burg	Poquoson	James City Co.	York County
Total Sheltered	**497**	224	172	28	0	73	0
Total Unsheltered	**28**	19	9	0	0	0	0

(2013 Greater Virginia Peninsula Homelessness Consortium Point-In-Time Count Results)

The Southeastern Virginia Homeless Coalition (SVHC) conducted a Point-In-Time count for 2013 across the six (6) jurisdictions covered by the SVHC (Norfolk, Chesapeake, Suffolk, Franklin, Isle of Wight County and Southampton County). Overall, **668** persons were identified as being homeless in the 2013 Point-in-Time Count, compared to **742** counted in January 2013. For much of the sheltered population, the count was conducted using the Homeless Management Information System (HMIS), the database that serves as the repository for all client level data. The unsheltered street count and the count from programs not covered by the HMIS, including thermal or winter shelters, hospitals, jails and several meal sites and food pantries, were conducted by representatives from Continuum of Care funded agencies and teams of volunteers using a comprehensive survey.

Persons who agreed to respond to the survey were asked for their initials and date of birth in order to develop a unique client identifier to eliminate the possibility of duplicate counts along with questions to determine whether or not they are chronically homeless. Respondents were also asked whether or not they have been a victim of domestic violence, are HIV-positive, have a mental or physical disability or a substance abuse problem. People are considered chronically homeless if they are a single adult or an adult within a family, have a disability, and have been homeless for more than one year, or at least four times in the last three years. Although there now exists an extensive and dedicated network of agencies and nonprofit service providers throughout the region, the numbers of individuals becoming or remaining homeless for extended periods of time rivals the numbers found in other metropolitan areas in Virginia.

2013 The Southeastern Virginia Homeless Coalition Point-In-Time Count Results

Category	2013 Results SVHC	Norfolk	Chesapeake	Western Tidewater
Total Sheltered	**630**	561	47	22
Total Unsheltered	**38**	27	9	2

In Care respondents reported current homelessness; 17% have been homeless in the past two years but not now; and 24% have been homeless longer than two years ago but not now. Half of the Out of Care are currently homeless, with a total of 72% reporting current or prior homelessness. These findings indicate high level challenge in successfully facilitating entry and retention in HIV primary care and services, with moderate risk for impending homelessness. Homelessness often predisposes PLWHA to other high-risk behaviors, including prostitution and substance use. For homeless persons, healthcare access may be limited and is often superseded by needs for food and shelter.

Mental Illness: Substance Abuse and Mental Health Services Administration (SAMHSA) projects that the Serious Mental Illness (SMI) in the Past Year among Persons Aged 18 or Older, in the State of Virginia is between 3.06% and 4.89%. Percentages are based on annual averages from 2011 and 2012 NSDUHs.

The estimated prevalence of Serious Mental Illness includes Hampton-Newport News (12,968); Virginia Beach (17,185); Chesapeake (8,670); Norfolk (9,422); Portsmouth (3,895); and Peninsula (5,969) *(2009 Prevalence Estimates by Virginia Community Service Boards by Region, Comprehensive State Plan 2010-2016).*

Any Mental Illness (AMI) in the Past Year among Persons Aged 18 or Older in the State of Virginia is between 15.35% and 19.87%. Percentages are based on annual averages from 2011 and 2012 NSDUHs.

Nationally, only 12% of persons with SMI receive treatment for mental illness *(SAMHSA, 2012.)* Over half, or fifty seven percent (57%) of PLWHA respondents to the 2013 Needs Assessment (N=302) reported a history of mental health issues, and most reported more than one disorder. Fifty two percent (52%) of PLWHA survey respondents affirmed medical treatment for their mental health disorders. Thirty six percent (36%) reported that they were not currently receiving treatment and/or taking medication(s) for their mental health disorders. This data may be interpreted to infer that lack of treatment represents a mental health care access issue.

Substance Use/Injection Drug Use: Based upon the National Survey of Drug Use and Health, among persons aged 12 or older in the Eastern Region of Virginia, the percentage of the population that is alcohol dependent in the past year is 4.1% and those with any illicit drug dependence in the past year is approximately 1.9% in Region 5/Norfolk TGA *(NSDUH, 2012).*

When dependence on or abuse of any illicit drug or alcohol in the past year is considered, the proportion of the population increases to 8.4%. According to the 2012 Report of Community Service Board (CSB) Substance Abuse Services, the numbers of prevalent drug and alcohol dependence in the Norfolk TGA compared to the numbers served evidences substantial disparity.

PREVALENCE OF SUBSTANCE ABUSE IN THE NORFOLK TGA BY CSB AREA, 2012

REGION 5	Drug & Alcohol Dependence Prevalence	Unduplicated # Served- 2012
Chesapeake	5,678	1,347
Hampton-Newport News	8,913	2,002
Peninsula	3,887	987
Norfolk	6,241	2,235
Portsmouth	2,206	1,086
Virginia Beach	10,987	1,104
TOTAL	***37,912***	***8,761***

Source: NSDUH/ SAMHSA, 2012

As evidenced in the above table, approximately 24% of those individuals deemed dependent on alcohol and/or drugs actually received treatment in the past year.

Based on previous needs assessments, at least 45% of the PLWHA in the Norfolk TGA are estimated to be substance abusers. *(Annual Needs Assessments, 2011, Norfolk TGA)* Data also purports that a substantial minority of the general population and a large proportion of our HIV-infected population has some history of injection drug use.

It is estimated that HIV infection via injection drug use is on the rise and represents 17% of AIDS-prevalence and 11% of HIV prevalence in the Norfolk TGA, (when cases of IDU & MSM/IDU are considered) *(VDH, 2012).*

Poverty: In Virginia, the average proportion of residents who live at or below the poverty level in metropolitan areas is 12% as compared to 25% for those residing in non-metropolitan areas. Blacks in Virginia are the most impoverished, with over 22% living at or below 100% FPL. (*Kaiser Family Foundation State Health Facts, 2013)* Data from the U.S. Census Bureau indicates that greater than 512,000 or approximately 32% of the TGA's population live at or below 200% of poverty.

While the precipitous nature of poverty effects all populations. PLWHA face unique challenges and increased health disparities due to poverty. Homelessness, missed appointments, poor nutrition, transportation difficulties, and inability to pay rent or household utilities were among the major results of poverty. The Federation for American Immigration Reform (F.A.I.R) estimates that 98,675 or 6% of the Norfolk-Virginia Beach-Newport News, Virginia MSA is foreign-born, with a 9.9% share of immigrant stock.

In summary, according to the local area statistics and the results of the 2013 Comprehensive Needs Assessment Survey (N=302 PLWHA Respondents) the PLWHA residing in the TGA evidenced high levels of co-morbidities, including
61% other chronic illness;
57% diagnosis/ treatment of mental health disorder;
38% diagnosis/ treatment of substance abuse disorder;
41% current or previous homelessness;
49% previous STI; and
2.8% recent incarceration in the past year.

These data evidence the substantial impact of co-morbidities on the cost of care for PLWHA in the TGA.

ASSESSMENT OF SEVERE NEED GROUPS

The SNGs currently include: African Americans, MSM, Women of Color, Substance Abusers/IDU, Rural PLWH/A, and the emerging population of Youth, ages 13-29 years. A full description of these six (6) severe need groups along with the emerging population of Youth, ages 13-29 years follows.

(1) African Americans: *Unique Challenges:* The largest group in terms of AIDS incidence and prevalence, this group is highly interconnected with the MSM special population. An increasingly impacted community, due to bisexual practice and failure to disclose to heterosexual partners, are African American women. MSM-Blacks represent the highest HIV-epidemic among all identified special

populations in the Norfolk TGA, especially younger MSM-blacks. Qualitative needs assessment and focus group data (collected annually from 2005 through 2008) demonstrate that this population experiences a significant degree of poverty, social stigma, familial isolation, homelessness, and cultural and religious barriers. In addition, surveys from the same focus group study indicate that 57% of MSM-black participants reported having "dropped out of outpatient/ ambulatory medical care" during the duration of their disease. As of December 31, 2009, African Americans comprise 72% of HIV prevalence, 67% of AIDS prevalence, 76% of HIV incidence and 74% of all AIDS incidence in the Norfolk TGA. In 2008, 18% of all African American PLWHA had unmet need *(2008 Unmet Need Estimate),* and comprise 70% or 1,167 of the 1,667 HIV unaware in the TGA. *(2010 HIV Unaware Estimate, Norfolk TGA).*

Means to retain in care: 1) Sensitivity to stigma by Case managers and Medical care providers related to sexual orientation and disclosure issues; 2) Significant issues related to skepticism about antiretroviral medications, side effects and medication adherence; 3) Need to jointly address substance use issues and HIV disease.

(2) Men who have Sex with Men: *Unique Challenges:* MSM constitute the largest exposure group, with a majority presence of Black MSM. Issues with non-disclosure, presenting late to care and bisexual transmission affect this special needs group. Epidemiologically, when 'any' MSM are considered, MSM & MSM/IDU comprise 47% of AIDS prevalence; 39% of HIV prevalence; 44% of HIV incidence; and 31% of AIDS prevalence. MSM-Whites report a consistent decline in HIV-infection in the Norfolk TGA compared to MSM-African Americans. Education, income, and presence of supportive social networks are among the variables that positively affect the outcomes of this population. However, when controlled for age, substance use, homelessness and mental health, the needs of this population increase, exponentially. Data from the 2012 Needs Assessments indicated that active substance use, mental health issues, homelessness and young age positively correlate with increased acuity within the MSM population. Not only do these conditions impact on the physical health of the individual, but they also increase the propensity to engage in high-risk behaviors. The cost of providing care to this population is heavily contingent upon the availability of mental health and substance abuse services to meet the co-morbid conditions.

(3) Women of Color: *Unique Challenges.* This special group of PLWHA is primarily composed of African American (non-Latino) women of childbearing years. The epidemic of HIV-disease in the Norfolk TGA evidences a disparate increase in cases among women of color. Of the 1,003 newly diagnosed HIV/AIDS cases in Virginia in 2013, 61 percent were African American and 20 percent were women. African American women are 20 times more likely to be diagnosed with HIV/AIDS than white women in Virginia. *(VDH, 2012)* In 2013, women represented 20% of new AIDS cases; 19.5% of new HIV cases. Determinants identified in the TGA which significantly impact the HIV-disease epidemic among women are: 1) lack of self-efficacy with negotiating condom use; 2) unknowingly becoming infected during a marriage or long-term relationship with an infected male partner; 3) commercial sex behaviors; 4) history of injection drug use; 5) history of multiple sex partners; and, 6) lack of prevention education. Furthermore, it is estimated that >50% of all women with HIV-disease in the Norfolk TGA are single heads of household. According to results from the 2012 Needs Assessment surveys, an average of 38% of our female samples reported a history of substance use. In 2012 women represented 72% of all Chlamydia (CT) cases and 59% of all Gonorrhea (GC) cases in the Norfolk TGA*. (VDH Surveillance Data, 2012)* Although the TGA has been extremely proactive in reducing the rates of sexually transmitted disease along with perinatal transmission, it is imperative that primary care visits not only address HIV/STI-related issues; but family planning, contraception, and risk reduction. According to our largest health care provider (EVMS), it is estimated that *over 30% of HIV-positive women* have co-infection with

HPV, which impacts the cost of care to this population. Many women in the TGA report co-morbidity with mental health issues. Similar to the barriers associated with substance abuse, women with acute and chronic mental health issues (primarily depression) reported that they were less likely to adhere to medical care and were more likely to engage in risky behaviors. *Means to retain in care:*1) Continue to develop more female-friendly care protocols specifically addressing broader family planning/gynecologic and related care; 2) Ensure sensitivity of case managers to issues related to women ranging from child care concerns to family-friendly housing to need to address broader family including financial management, educational concerns and care plan addressing female health; 3) Continue to address issue of transportation to medical and oral health care services through advance scheduling of appointments; and, 4) Expand women-specific social support groups for female PLWHA who report high levels of isolation and marginalization owing to their HIV disease. *Out of Care profile.*

(4) Substance Users/Injection Drug Users: *Unique Challenges:* IDU currently comprise 2% of new AIDS cases, 2% of new HIV cases, 5.1% of PLWA and 7.8% of PLWH. When the total IDU risk is considered (combining IDU and MSM/IDU), the total proportion attributable to IDU increases to over 12.5% among PLWA and increases to over 3% among PLWH. Unique challenges of providing services to this population are the high propensity for non-adherence to medical treatment; and the reluctance (or inability) to abstain from substance use. Survey results from IDU who participated in the OOC NA study indicated that 75% of IDU/SA had dropped out of care. When asked the "*reasons for dropping out of care*", results analyzed from focus group transcripts indicated that the most common reason was active substance use. The Norfolk TGA used these findings to improve outreach-case finding and services among IDU.

The challenge for the HIV service system with providing care to this population is treating the substance use (including injection drug use) before/or in tandem with providing HIV-care. This impacts the cost of providing care to this population. It is clear that active addiction can be challenging to adherence to HIV medical care. Although there are significant costs associated with substance abuse treatment (especially methadone programs for heroin) it must be in combination with HIV-Outpatient/ Ambulatory Medical Care to reduce the morbidity within the population. *Means to retain in care:* 1) Develop harm reduction models of housing and case management with re-education of PLWHA with substance use issues of availability of such services 2) Enhance treatment adherence protocols and peer support for HIV medication adherence.

(5) Rural PLWHA: *Unique Challenges:* The total population of the rural areas is approximately 322,396 with an estimated 329 People Living with HIV/AIDS (VDH, 2013). This equates to a 102.4 HIV/AIDS case rate compared to the urban areas with an overall population of 1,322,845; 4,897 PLWHA and a case rate of 441.2. While it is not a surprise that the urban case rate is over three times that of rural areas, key non-metropolitan localities (i.e. Norfolk, Newport News, Virginia Beach, and Chesapeake). Though improving, this is an issue of concern since transportation is such a barrier in the TGA. Outpatient/ Ambulatory Medical Care services are now offered in a branch setting located in Williamsburg and Gloucester Health District and efforts have been successful in enhancing locally-based services, inclusive of medical case management, oral health care and outreach services. The delivery of oral health services on the Peninsula is greatly equalizing geographic parity.

(6) The emerging population of Youth, ages 13-29 years*: Youth, ages 13-29 years comprised 51% of the emergent HIV infection reported in 2013, and comprise growing numbers of PLWHA. In 2013, Youth ages <13 to 29 years comprised 10.5% of AIDS incidence; 30% of HIV incidence.*

With the exception of a few "teen clinic programs" in local health departments (Norfolk, Portsmouth, Hampton, Newport News and Virginia Beach) and Planned Parenthood of Southeastern Virginia, most

youth receive health care through private or public health providers. The downside to this infrastructure is the issue of parental involvement, and less youth autonomy regarding sexual health care. Due to the clinical spectrum of infection, it is deduced that these individuals were diagnosed between ages 20-29 were infected during their teen years. The cost of providing care to this population centers on creating a "youth-friendly" infrastructure to address the unique needs of youth and aggressively providing outreach-case finding services to infected youth to facilitate access to and retention in care.

Target Sample Sets

Total PLWHA	In Care	Out of Care	Newly Diagnosed
6,548	4,532	2,016	872
327 surveys to complete	227 surveys to complete	100 surveys to complete	44 surveys to complete (sub set of the 327 surveys)
351 completed (107% of goal)	302 completed (133% of goal)	21 completed (21% of goal)	28 completed (63% of goal)

The objective of the comprehensive 'In Care' Needs Assessment Study was to identify the extent and types of service Uses, Needs, Gaps and Barriers among PLWH/A participating in Ryan White funded services in the Norfolk TGA service area. The survey process was designed to target as high a level of participation as possible among the severe needs groups (N=227). The actual participation rate for 'In Care' survey respondents was 302 participants in the 2013 Needs Assessment process (133% of goal). Survey sources evidenced a balanced representation among Primary Medical Care, Medical Case Management providers, and Telephone Interviews.

The objective of the comprehensive 'Newly Diagnosed' Needs Assessment Study was to identify the demographics and characteristics of the Newly Diagnosed/New to Care PLWH/A, including their prevention and service needs and perceived barriers to testing and care, which may help the TGA to increase engagement with and retention in care while reducing the fractions of unmet need and Unaware in the service delivery area, and meet the HRSA EIIHA mandate. All AOMC clients who had entered care over the previous year were offered the opportunity to participate in the survey process. A total of 28 PLWH/A participated in the 2013 Newly Diagnosed survey process (63% of goal).

The objective of the 'Out of Care' Needs Assessment study was to better understand the evolving service Needs, Gaps and Barriers among OOC PLWH/A in the Norfolk TGA service area. A total of 21 PLWH/A with unmet need participated in the 2013 Out of Care survey process.

Chapter 2: 'In Care' Survey Findings

Introduction

As of December 31, 2013, there were 7,372 PLWHA in the Norfolk TGA. Of those, 4,221 (57%) were PLWA and 3,151 (43%) were PLWH (non-AIDS). AIDS prevalence in the TGA is notable in that males represent 31% of living AIDS cases; Blacks represent 70%; MSM represent 43% and the City of Norfolk has the highest AIDS prevalence of the 15 localities. By age group, 71% of the PLWA are 25-44 year olds, and 24% are 55 years and older.

During the reporting period of January 1, 2013 to December 31, 2013, there were 25,651 known PLWH/A in the Commonwealth of Virginia. During the same reporting period 30% (7,355) of those known PLWH/A are living in the Norfolk TGA. Of the 7,355 PLWH/A in the Norfolk TGA 14% (999) are newly diagnosed cases of HIV disease (801 male and 198 female). The Norfolk TGA **representing a 33% of all new cases in the Commonwealth of Virginia.** Blacks comprised nearly two-thirds (61%) of all people living with HIV disease in Virginia as of December 31, 2013.

Surveys were conducted throughout the TGA from January to March of 2013. The objective of the comprehensive 'In Care' Needs Assessment Study was to identify the extent and types of service Uses, Needs, Gaps and Barriers among PLWH/A in the Norfolk TGA service area. Additional reasons for conducting the needs assessment process were to:

- inform the FY 2015 Priority Setting and Resource Allocation;
- inform the TGA's FY 2015 Comprehensive Plan;
- inform the FY 2015 Part A Grant Application; and
- guide service delivery decisions throughout the TGA

Demographics

Gender & Race/Ethnicity

A total of 302 PLWH/A participated in the 2013 'In Care' needs assessment process.The demographic profile of the 2013 'In Care' Survey Respondents reflects the local TGA's PLWH/A epidemiologic profile and includes:

- 70% male, 25% female, 5% transgender (all male to female)
- 74.5% African American, 12.9% White, 4% Hispanic, 2% respectively American Indian & Asian/Pacific Islander, and 6.6% Multi-racial

Comparison of Survey Respondents' Demographic Profile Compared to Epidemiologic Trends

CATEGORY	IN CARE-2013	EPI	% DIFFERENCE
Gender	70% Male 25% Female 5% Transgender (M to F)	74% Male, 26% Female	Lower Male Slightly Lower Female Higher Transgender
Race/Ethnic	74.5% African American, 12.9% White, 4% Hispanic, 2% AI,PI, AN, Asian 6.6% Multiracial	60% African American, 30% White, 7% Hispanic, 1% AI, PI, AN, Asian 1% Multiracial	Higher AA Lower White Lower Hispanic Slightly Higher AI,PI, AN Higher Multiracial

Transmission	42.2% MSM, 33% Heterosexual, 5% IDU, 12.1% NRFR, 7.7% Other	46% MSM, 19% Hetero, 10% IDU, 4% MSM/IDU, 1% Pediatric, 20% NRFR	Lower MSM Higher Heterosexual Lower IDU Lower NRFR
HIV Status	86% HIV, 14% AIDS	51% HIV 49% AIDS	Much higher HIV response

Age Ranges of 2013 Survey Respondents

The 2013 Norfolk TGA survey respondent group is primarily a middle-aged to older group of PLWH/A, but includes strong representation from the emerging population of Youth, ages 20-29 years (N=43), comprising almost 20% of the entire respondent group.

AGE RANGES OF 2013 PLWH/A SURVEY RESPONDENTS

Age Range	Number	Percent
0 – 19 years	**7**	**2%**
20 – 24 years	**33**	**11%**
25 – 34 years	**86**	**28%**
35 – 44 years	**56**	**19%**
45 – 54 years	**80**	**27%**
55+	**40**	**13%**
TOTAL	***302***	***100%***

Sexual Orientation

The majority of the 2013 respondents report their sexual orientation as Heterosexual 44%, Gay 39%, Bisexual 13%, and Transgender 4%. Respondents who did not identify with any orientation or did not respond were <0.03%.

Risk Transmission Mode

As evidenced below, MSM is the most frequently reported HIV risk behavior at 42.2%, followed by Heterosexual 33%, and IDU 5%. A higher than desired proportion report that they do not know how they acquired HIV (12.1%), and an additional 2.1% reports sex with a drug user as their risk exposure mode. The remaining respondents identified Mother with HIV/AIDS (1%), sexual assault (2%), prison (1%) and transfusion (0.5%) as their risk exposure modes. The four respondents reporting "other", sited "surgery", "tattoo", "blood exposure", and "sleeping around" for their means of acquiring HIV.

Answer Options	Response Percent	Response Count
Male sex w/ male	42.2%	160
Heterosexual sex	33.0%	125
Unknown	12.1%	46
Injection drug use	5.0%	19
Sex w/ drug user	2.1%	8
Sexual assault	2.1%	8
Prison	1.1%	4
Other (please specify)	1.1%	4
Transfusion	0.8%	3
Mother w/ HIV/AIDS	0.5%	2
Health care worker	0.0%	0
	answered question	**302**

Testing Circumstances

The 2013 respondents were surveyed on how [they] found out they were HIV positive. More than a quarter of the respondents 29.8% requested a HIV test, 20.9% presented to the hospital or emergency room for something other than HIV suspicion, 16.6% part of a physical examination or doctor's appointment, 8.6% when donating blood, 8.3% as part of street/community outreach testing, 7.3% when in prison or jail, and 2.6% as part of care while pregnant. The remaining 6% of respondents offered numerous other reasons for being tested for HIV, including: (11) respondents through partner notification; (1); "mammogram" (1); "after blood transfusion" (1) "in substance abuse program" (1); "raped" (1); "at birth" (2); did not specify.

Answer Options	Response Percent	Response Count
When I requested a test for HIV	29.80%	90
When I went to the hospital or emergency room for something else	20.90%	63
Part of a physical examination or doctor's visit	16.60%	50
When I donated blood	8.60%	26
Part of a street/community outreach testing event	8.30%	25
When I was in jail or prison	7.30%	22
Other (please specify)	6.00%	18
(For women) As part of care while pregnant	2.60%	8
	answered question	**302**

Health Insurance Status

Over half of the respondents are participating in the Ryan White Part A program 50.7%. Private insurance accounts for 17.2%, Medicaid 13.2%, Medicaid/Medicare combination 12.3%, Medicare 6.3% and Veteran Affairs <1%.

	Response Percent	Response Count
None (Ryan White)	50.7%	153
Private health insurance (Humana, Aetna, etc.)	17.2%	52
Medicaid	13.2%	40
Other (Medicaid/Medicare)	12.3%	37
Medicare	6.3%	19
VA	0.3%	1
	answered question	**302**

Homelessness and Housing

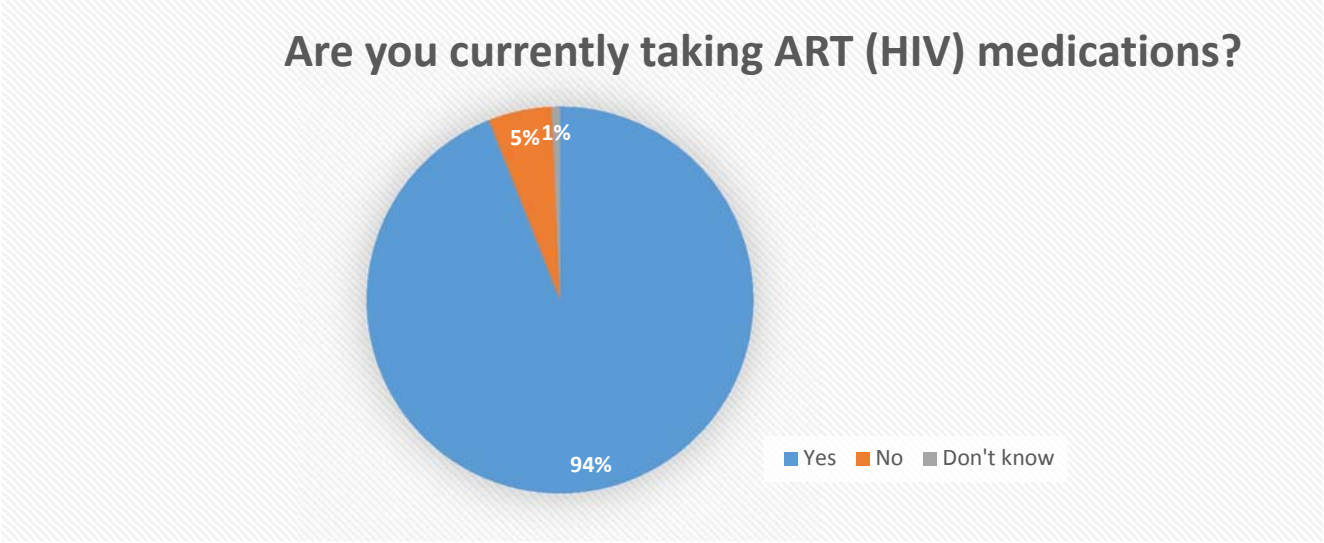
More than half of respondents in the "In-Care" population report having never been homeless 69.4%. Almost a quarter of respondents have been homeless in the past two years or more 26.5% while 4.1% are currently homeless.

	Response Percent	Response Count
Never	69.4%	204
Currently homeless	4.1%	12
Been homeless in past 2 years, but not now	7.8%	23
Been homeless longer than past 2 years, but not now	18.7%	55
	answered question	**294**

The respondents who are currently permanently housed, 48% self-report renting, 37.7% reported living with a friend or relative, 10.6% currently own [their] home, <1% currently reside in a shelter, 1.3% report being homeless and 1.7% specified other which included bother HUD and HOPWA housing.

Answer Options	Response Percent	Response Count
Own your home	10.6%	32
Rent	48.0%	145
Live with a friend/relative	37.7%	114
Stay in a shelter	0.7%	2
Homeless/live on the street	1.3%	4
Other (please specify)	1.7%	5
	answered question	**302**

Antiretroviral Therapy (ART)A majority of respondents report being on ART therapy 94%, while 5.3% reported not being on ART and <1% are unsure of their ART status.



Mental Health Diagnosis and Treatment

A staggering 75.9% of respondents self-report never being diagnosed or treated for a mental health illness, while 24.1% self-reported as being diagnosed with or treated for a mental health illness. The diagnosis identified were depression 56%, bipolar disorder 17%, anxiety disorder 11%, substance abuse <1% and unspecified 15%. Of the respondents who self-reported being diagnosed and treated for a mental health disorder 18.8% are currently taking medications, 7.5% are not and 73.7% self-reported not applicable. This could be identified as a patient who has previously taking medications and is currently not.

Substance Abuse

More than half 57.9% of all respondents self-reported having used alcohol or other substances; while 42.1% reported as not having used alcohol or other substances.

Answer Options	Response Percent	Response Count
Yes	57.9%	173
No	42.1%	126
	answered question	**299**

Of those respondents who self-reported having used alcohol or other substances in the past 12 months, 63% used alcohol 37%, 55% used tobacco, 31% used marijuana or hash, 6% used cocaine, 6% used crack, 3% used speedball, and 2% used heroin.

Answer Options	Daily	Weekly	Monthly	Rarely	Never	Response Count
Alcohol	33	48	40	69	111	301
Cocaine	1	0	6	12	277	296
Crack	2	0	6	11	277	296
Crystal Meth/Methamphetamines	0	0	0	0	293	293
Heroin	0	0	0	5	286	291
Marijuana or hash	38	17	15	22	204	296
Speedball	3	0	0	5	285	293
Tobacco	125	15	5	17	132	294
					answered question	**302**

A majority 92% of in-care respondents self-reported having never used injectable drugs in their lifetime; while 8% of all in-care survey respondents have used injectable drugs in their lifetime.

Answer Options	Response Percent	Response Count
Yes	8.0%	24
No	92.0%	277
	answered question	**301**

Only 2 (<1%) of respondents identified as currently using injectable drugs.

Answer Options	Response Percent	Response Count
Yes	0.7%	2
No	99.3%	298
	answered question	**300**

Sexually Transmitted Infections (STIs)

Answer Options	Response Percent	Response Count
Yes	47.2%	142
No	48.5%	146
Don't know	4.3%	13
	answered question	**301**
Answer Options	**Response Percent**	**Response Count**
Gonorrhea	43.3%	61
Syphilis	36.2%	51
Chlamydia	31.9%	45
Other (please specify)	21.3%	30
	answered question	**141**

As evidence above, almost half (47.2%) of the in-care respondents who answered this question report a history having an STI. Of the respondents who reported having an STI, 43.3% had gonorrhea, 36.2% syphilis, and 31.9% chlamydia. "Other" reports of STIs included herpes simplex virus (n=11), human papillomavirus (n=10), hepatitis C virus (n=7), trichomoniasis (n=4), crabs (n=1), and pelvic inflammatory disease (n=1).

Diagnosis & Treatment for other Illness/Chronic Conditions

Answer Options	Response Percent	Response Count
Yes	32.5%	98
No	64.2%	194
Don't know	3.3%	10
If yes, which ones?		97
	answered question	**302**

Nearly one-third or 32.5% of in-care respondents identified having been diagnosed and/or treated for other illness/chronic conditions; while 64.2% concluded they have not been diagnosed and/or treated for other illness/chronic conditions. The other illness/chronic conditions identified in the 2013 In-Care survey were:

Illness/Chronic Conditions	Response Count
Acid Reflux Disease	1
Atrial Fibrillation	2
Arthritis	7
Asthma	12
Cancer (Non-Specific)	3
Cytomegalovirus (CMV)	2
Chronic Obstructive Pulmonary Disease (COPD)	1
Diabetes	13
Hypertension (HBP)	48
Hepatitis C Virus	5
Heart Disease	6
Hyperlipidemia	14
Human papillomavirus (HPV)	5
Herpes simplex virus (HSV)	5
Kaposi Sarcoma	1
Liver Disease	2
Meningitis	1
Neuropathy	3
Seizure	1
Shingles	4
Sickle Cell	2
Toxoplasmosis	1

USE, NEED, BARRIER & GAP RANKING

A Need, Use, Barrier and Gap ranking was developed for all Norfolk TGA survey respondents, with rankings developed for each special population. The 2013 HIV/AIDS Needs Assessment provides a "snapshot" of community service uses, needs, barriers, and gaps as expressed by consumers of HIV related services in the service area. The rankings of the Needs Assessment are displayed for all 'In Care' respondents, with separation by Special Population, and are defined as:

Use	**Number of 'In Care' client survey respondents who indicated service use in the past year**
Need	**Number of 'In Care' client survey respondents who stated "I currently need this service."**
Barrier	**Number of 'In Care' client survey respondents who indicated that a service is 'Hard to Get'.**
Gap	**Sum of 'In Care' client survey respondents who answered 'Yes' to Need and 'No' to availability of that service**

Overview of 2013 In Care PLWH/Survey Findings

A total of 302 In Care PLWH/A participated in the 2013 needs assessment process. All SNGs were well represented in the In Care survey. Overall, when compared to the 2012 Needs Assessment findings, there is greater reported need for insurance co-pay assistance (perhaps related to the recent Affordable Care Act) and Housing Assistance is identified by the In Care, New to Care and Out of Care as the #1 ranking service Gap.

2013 IN CARE PLWH/A USE, NEED, BARRIER, GAP MATRIX

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

The Top 12 Ranking *Service Needs* of the 2013 Norfolk TGA 'In Care' survey respondent group:

1.) Ambulatory Outpatient Medical Care
2.) Medication Assistance
3.) Housing Assistance
4.) Support Groups
5.) Transportation
6.) Insurance
7.) Nutrition Assistance
8.) Mental Health
9.) Medical Case Manager
10.) Other: Employment Assistance
11.) Health Education / Peer Mentor
12.) Exercise

The Top 12 Ranking *Service Uses* of the 2013 Norfolk TGA 'In Care' survey respondent group:

1.) Ambulatory Outpatient Medical Care
2.) Medical Case Manager
3.) Transportation
4.) Medication Assistance
5.) Housing Assistance
6.) Support Groups
7.) Oral Health
8.) Medication Co-Pay Assistance
9.) Insurance
10.) Mental Health
11.) Nutrition Assistance
12.) Health Education / Peer Mentor

The Top 12 Ranking *Service Gaps* of the 2013 Norfolk TGA 'In Care' survey respondent group:

1.) Housing Assistance
2.) Insurance
3.) Emergency Financial Assistance
4.) Transportation
5.) Nutrition Assistance
6.) Other: Vision Care
7.) Health Insurance Premium Cost Sharing Assistance
8.) Other: Employment Assistance
9.) Oral Health
10.) Support Groups

11.) Medication Co-Pay Assistance
12.) Other: Disability Assistance

The Top 12 Ranking *Service Barriers* of the 2013 Norfolk TGA 'In Care' survey respondent group:

1.) Housing Assistance
2.) Emergency Financial Assistance
3.) Other: Employment Assistance
4.) Insurance
5.) Transportation
6.) Nutrition Assistance
7.) Other: Disability Assistance
8.) Health Insurance Premium Cost Sharing Assistance
9.) Other: Vision Care
10.) Support Groups
11.) Health Education / Peer Mentor
12.) Other: Child Care

Chapter 3: Newly Diagnosed Survey Findings

Introduction

As of December 31, 2013, there were 7,372 PLWHA in the Norfolk TGA. Of those, 4,221 (57%) were PLWA and 3,151 (43%) were PLWH (non-AIDS). AIDS prevalence in the TGA is notable in that males represent 31% of living AIDS cases; Blacks represent 70%; MSM represent 43% and the City of Norfolk has the highest AIDS prevalence of the 15 localities. By age group, 71% of the PLWA are 25-44 year olds, and 24% are 55 years and older.

During the reporting period of January 1, 2013 to December 31, 2013, there were 25,651 known PLWH/A in the Commonwealth of Virginia. During the same reporting period 30% (7,355) of those known PLWH/A are living in the Norfolk TGA. Of the 7,355 PLWH/A in the Norfolk TGA 14% (999) are newly diagnosed cases of HIV disease (801 male and 198 female). The Norfolk TGA **representing a 33% of all new cases in the Commonwealth of Virginia.** Blacks comprised nearly two-thirds (61%) of all people living with HIV disease in Virginia as of December 31, 2013.

The Newly Diagnosed Respondents ranged in age from 18 to 63 years of age with the average age reported as 27 years. By gender, 81.5% of the New to Care are males and 18.5% females. The vast majority are African American (70%) with 15% reporting their race/ethnicity as Caucasian. Almost ¾ of the respondents self-report their transmission risk mode as MSM (74.1%) and 18.5% report Heterosexual sex. The majority of respondents self-report a diagnosis of HIV only/not AIDS with 77.8%, 14.8% self-reported a diagnosis of AIDS while the remainder 7.4% self-reported an unknown diagnosis status. Of the newly diagnosed respondents 74.1% self-report not having medical insurance while 25.9% have medical insurance (e.g. Medicaid/Medicare/Private)

A special focus of the Norfolk TGA Planning Council in 2013 was to better understand and respond to the complex HIV prevention and service needs of the emerging Severe Need Group: the Newly Diagnosed/New to Care PLWHA. The newly diagnosed cases of HIV/AIDS continue to grow at alarming rates, and therefore, represent a population of substantial concern to the Greater Hampton Roads HIV Services Planning Council.

This special needs assessment study was undertaken to determine the priority service needs, barriers, and gaps in the continuum of care for 'Newly Diagnosed/New to Care PLWHA. A special focus of this needs assessment study was to perform an in-depth survey of the HIV risk behaviors and prevention needs of this SNG population, along with survey items intended to clarify what system level changes may be necessary in order to strengthen the prevention-to testing-to care linkages, so that persons living with HIV disease and Unaware may learn their HIV status and be assisted in entering care at earlier stages in their disease process.

A comprehensive assessment of the HIV care and prevention service needs, gaps and barriers of the emerging population of 'Newly Diagnosed/New to Care' PLWHA within the Norfolk TGA was conducted in the spring of 2013. This assessment of need included a qualitative survey of the 'Newly Diagnosed' (defined as having received a first diagnosis of HIV or AIDS in past year). A new and comprehensive survey tool was developed, inclusive of detailed survey items relative to the complex HIV prevention and care needs, uses, barriers and gaps for the Newly Diagnosed/New to Care PLWHA in the TGA. The results of the study were performed to meet HRSA's EIIHA mandate and are intended to better inform planners of improved strategies to reach and serve the Unaware of HIV diagnosis in the service area. The current

"Unaware" estimates are depicted in the table below, with the greatest frequency occurring among black males, ages 13-19 and 20-44 years of age, with MSM and heterosexual risk.

UNAWARE ESTIMATE FOR NORFOLK, VIRGINIA TGA		
UNAWARE HIV ESTIMATED CASES in Norfolk TGA	**Case Count**	**Region Proportion**
Estimated Total Persons Unaware of HIV Infection	1,667	.21/.79 * 6,271
Persons Unaware of HIV Infection By Gender		
Males	**1,200**	**72%**
Females	467	28%
Persons Unaware of HIV Infection By Age		
Age <13 Years	17	1%
Age 13-19	**100**	**6%**
Age 20-44	**1,317**	**79%**
Age 45+	233	14%
Persons Unaware of HIV Infection By Race/Ethnicity		
White Non-Hispanic	400	24%
Black Non-Hispanic	**1,167**	**70%**
Hispanic	67	4%
Asian/Pacific Islander Non-Hispanic	17	1%
American Indian/Alaska Native Non-Hispanic	0	0%
Multi-Race/Other Race/Unknown	17	1%
Persons Unaware of HIV Infection By Reported Risk		
MSM	**633**	**38%**
IDU	183	11%
MSM/IDU	67	4%
Heterosexual	**383**	**23%**
Blood Exposure/Other	3	0%
Maternal Vertical Transmission	0	0%
No Reported Risk/ Unknown Risk	407	27%

The target sample size for the Newly Diagnosed survey population was44 PLWHA diagnosed in the past year with representation from the entire Norfolk TGA. While the Newly Diagnosed respondents were challenging to identify and recruit due to stigma, shock with their diagnosis, and difficulty understanding use of the data, over a two-month period there were 28 respondents who participated in the survey. Incentives were offered for completion of the survey in the amount of a $10 gift certificate.

The survey instrument requested information on eight (8) different categories:

- Demographics
- HIV Acquisition
- HIV Testing
- HIV Disclosure
- Delay of Entry Into Testing/HIV Medical Care
- HIV Pathway To Care & Supportive Services
- Current 'In Care' Practice and CD4 At Diagnosis
- Risk Reduction

Results of this client-centered activity will be used to establish Ryan White funded service priorities, document the need for specific prevention and care services, determine barriers to accessing HIV testing and care, provide baseline data for comprehensive prevention and care planning including capacity building, and help providers improve the accessibility, acceptability and quality of both prevention and care services that are delivered to this special population'

Epidemiology of Newly Infected PLWHA

During the reporting period of January 1, 2013 to December 31, 2013, there were new AIDS cases reported and 637 new HIV cases, **representing an 11% increase in new HIV cases.** Males represent 67% of AIDS incidence in 2008-2009 (reduced from 72% of the AIDS incidence in 2007-2008), evidencing recent increases in advancing disease among women, and especially women of color in the TGA. Blacks had almost 4 times higher the number of newly reported AIDS cases than whites (N=151 versus 39). MSM represented 29% of new AIDS cases while Heterosexuals represented 17% of new AIDS cases. Males represent 76% of new HIV cases, Blacks were diagnosed with HIV at a 76% rate, and MSM had the highest incidence of new HIV cases at 43% (an increase of 9% over the last reporting period), followed by Heterosexuals at 9%.
The respondents to the newly diagnosed survey comprised approximately 19% of newly diagnosed (N=842) within the past year.

DISPROPORTIONATE IMPACT OF HIV/AIDS IN NORFOLK TGA, 2013

% General Population v. HIV+	A	B	C	D	E
Group in Norfolk, VA TGA	**General Population**	**NEW CASES**	**PLWHA**	**New Disparity**	**Existing Disparity**
Race/Ethnic Group					
African American	31%	**76%**	**70%**	**45%**	**39%**
Asian	4%	<1%	<1%		
Latino/a	3%	2%	4%		**1%**
Other	2%	4%	1%	**2%**	
White	60%	17%	24%		
Gender					
Male	49%	74%	72%	**25%**	**23%**
Female	51%	26%	28%		
Age Group					
<18	23%	7%	2%		
20-24	7%	14%	9%	**7%**	**2%**
25-34	14%	36%	19%	**22%**	**5%**
35-49	22%	29%	24%	**7%**	**2%**
50-64	19%	12%	35%		**16%**
65+	12%	2%	11%		

Sources: Column A. US Census Bureau, 2010;
Columns B & C: Virginia Department of Health (VDH) 2013; North Carolina Division of Public Health (NCDPH); 2012

Demographics of 2013 Newly Diagnosed/New to Care

Age Range of Newly Dx	Number	Percent
0 – 19 years	5	18%
20 – 24 years	11	39%
25 – 34 years	9	32%
35 – 44 years	2	7%
45 – 54 years	0	0%
55+	1	4%
TOTAL	**28**	**100%**

Gender of Newly Dx	Number	Percent
Male	22	81%
Female	5	19%
TOTAL	**27**	**100%**

Race of Newly Dx	Number	Percent
African American	19	70.4%
Caucasian	4	14.8%
American Indian	0	0.0%
Hispanic/Latino	2	7.4%
Asian/Pacific Islander	0	0.0%
Multi-Racial	2	7.4%
Other (please specify)	0	0.0%
TOTAL	**27**	**100%**

Risk Exposure Mode

Almost three-quarters of 2013 Newly Diagnosed respondents self-report their probable method of exposure to be male sex with male (MSM) at 74.1%, 18.5% heterosexual sex and 7.4% 'other' which included: unknown (n=1) and both heterosexual/MSM (n=1).

Answer Options	Response Percent	Response Count
Male sex w/ male	74.1%	20
Sex w/ drug user	0.0%	0
Heterosexual sex	18.5%	5
Injection drug user	0.0%	0
Mother w/ HIV/AIDS	0.0%	0
Other (please list)	7.4%	2
	answered question	**27**

Health Insurance Coverage

Three-quarters of the 2013 newly diagnosed/new to care respondents self-report to use Ryan White Part A as their "health insurance"; 18.5% self-reported as having "private health insurance", 11.1% Medicaid or Medicare; and 3.7% receive treatment through Veterans Affairs.

Answer Options	Response Percent	Response Count
Private health insurance (Humana, Aetna, etc)	18.5%	5
Medicare	3.7%	1
Medicaid	7.4%	2
VA benefits	3.7%	1
None	75.0%	21
Other (please specify)	0.0%	0
	answered question	**28**

Year of Diagnosis and HIV/AIDS Status

100% of the 2013 Newly Diagnosed PLWH/A received their diagnosis within the past year. The vast majority 77.8% (n=21) have an HIV diagnosis; while 14.8% have an AIDS diagnosis; and 7.4% are unsure.

Answer Options	Response Percent	Response Count
HIV positive	77.8%	21
Have an AIDS diagnosis	14.8%	4
Unknown HIV status	7.4%	2
	answered question	**27**

Of the 2013 newly diagnosed/new to care respondents, 18.5% had a CD4 cell count >500; 29.6% between 200-500; 18.5% <200; 25.9% does not know their CD4 cell count and 7.4% has not completed a lab draw.

Answer Options	Response Percent	Response Count
>500	18.5%	5
between 200-500	29.6%	8
<200	18.5%	5
I don't know	25.9%	7
I haven't had labs yet	7.4%	2
	answered question	**27**

Reviewing the data related to Antiretroviral Therapy (ART) medications and the 2013 newly diagnosed/new to care, 70.4% are currently taking ART; while 25.9% are not and 3.7% are unsure.

Answer Options	Response Percent	Response Count
Yes	70.4%	19
No	25.9%	7
Don't know	3.7%	1
	answered question	**27**

Testing Circumstances

When the newly diagnosed/new to care survey participants were asked "how did you find out you were HIV positive", 40.7% reported "when I requested a test for HIV, 22.2% "when I went to the hospital or emergency room for something else, 18.5% were tested as part of a street/community outreach testing event, 11.1% were tested as part of a physical examination or doctor's visit, and 7.4% reported "other" which included the following responses: (n=1) college testing event and (n=1) home test from pharmacy

Answer Options	Response Percent	Response Count
When I requested a test for HIV	40.7%	11
Part of a street/community outreach testing event	18.5%	5
When I donated blood	0.0%	0
When I went to the hospital or emergency room for something else	22.2%	6
Part of a physical examination or doctor's visit	11.1%	3
(For women)As part of care while pregnant	0.0%	0

When I was in jail or prison	0.0%	0
Other (please specify)	7.4%	2
	answered question	**27**

Only 39.1% of the newly diagnosed respondents reported that they wanted to know their status (n=9). Suggesting a direct correlation to the 40.7% (n=11) of newly diagnosed/new to care who requested an HIV test. However, almost 22.2% were diagnosed in the ER/Hospital while being treated for something else. A low 11% were tested as part of routine health care, whether during a doctor visit, through perinatal care and more than 65.2% reported getting tested because a friend or partner tested positive.

When respondents were asked to identify why [they] "delayed getting tested for HIV" 44% reported because [they] "didn't feel sick", 24% reported "not ready to know", 12% were "not ready to deal with it", 12% were in "fear of other finding out", 8% had "no insurance", and 4% had "concerns about confidentiality/privacy. Respondents who reported "other" as their reason for a delay in HIV testing gave "wasn't even aware I had it" as the only response.

Answer Options	**Response Percent**	**Response Count**
Not ready to know	24.0%	6
Not ready to deal with it	12.0%	3
Didn't feel sick	44.0%	11
Fear of others finding out I was HIV positive	12.0%	3
Worry about how to tell partner/family if I came up positive	0.0%	0
General stigma surrounding HIV disease/fears about discrimination	12.0%	3
Concerns about confidentiality/privacy	4.0%	1
No insurance	8.0%	2
Other (please specify)	20.0%	5
	answered question	**25**

When respondents were asked to identify "what would have helped you to get tested for HIV sooner" 29.4%, 17.6% reported that "transportation assistance to testing site". It is important to point out that 11 of the 28 respondents skipped answering this question.

Answer Options	**Response Percent**	**Response Count**
More information/health education about HIV testing	29.4%	5
Mental health counseling at the point of testing	11.8%	2
Being clean and sober	17.6%	3
A peer to talk with about getting tested for HIV	11.8%	2
An advocate to come with me to my test	11.8%	2
Transportation assistance to testing site	17.6%	3
Other (please specify)	47.1%	8
	answered question	**17**
	skipped question	**11**

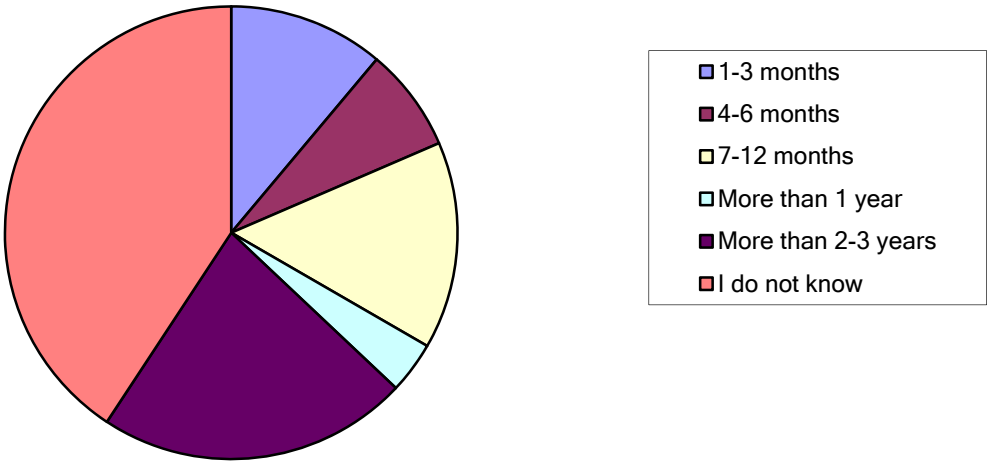
Frequency of HIV tests prior to diagnosis

The greatest proportion of respondents reported (51.8%) as having been tested at least on an annual basis or more (25.9% every 6 months and 25.9% on an annual basis).

Answer Options	Response Percent	Response Count
I had not been tested before	40.7%	11
I generally got tested every six months or so	25.9%	7
I generally got tested on an annual basis or so	25.9%	7
I got tested every two years or so	3.7%	1
Other (please specify)	3.7%	1
	answered question	**27**

Estimate of time living with HIV prior to diagnosis

When asked to estimate the amount of time respondents thought they had been living with HIV prior knowing their status 40.7% "did not know". The smallest proportion was "more than 1 year with 3.7%, followed by 7.4% "4-6months", 11.1% "1-3months", 14.8% "7-12months", and 22.2% "more than 2-3years".

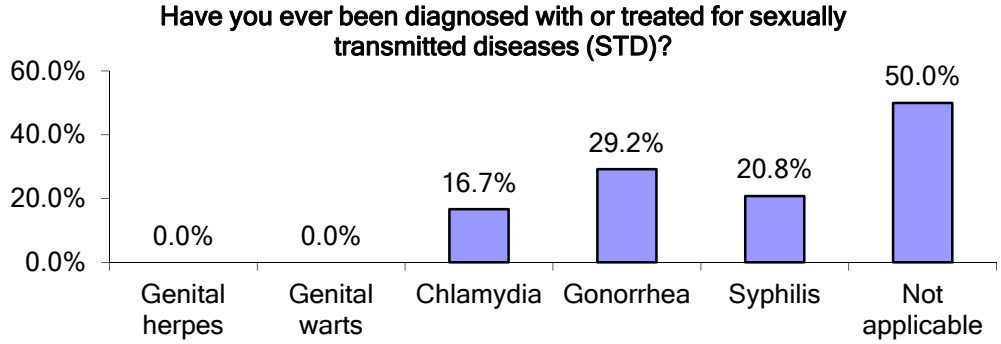


Reason for HIV Testing

Answer Options	Response Percent	Response Count
I needed screening and/or treatment for a sexually transmitted disease (STD)	4.3%	1
Drug use	0.0%	0
A friend tested positive	26.1%	6
My partner asked me to get tested	13.0%	3
My partner tested positive	26.1%	6
I wanted to know my status	39.1%	9
I had unprotected sex with someone who was HIV positive	4.3%	1
I wanted to confirm my suspicion that I was positive	13.0%	3
I did not feel well and thought I should get tested for HIV	4.3%	1
Other (please specify)	21.7%	5
	answered question	**23**

Sexually Transmitted Diseases (STIs)

Half of all respondents reported being diagnosed or treated for a sexually transmitted disease. Of the Twenty-four respondents 16.7% have been diagnosed or treated for Chlamydia, 29.2% gonorrhea, and 20.8% with syphilis.



Exposure to HIV Prevention Messages prior to testing

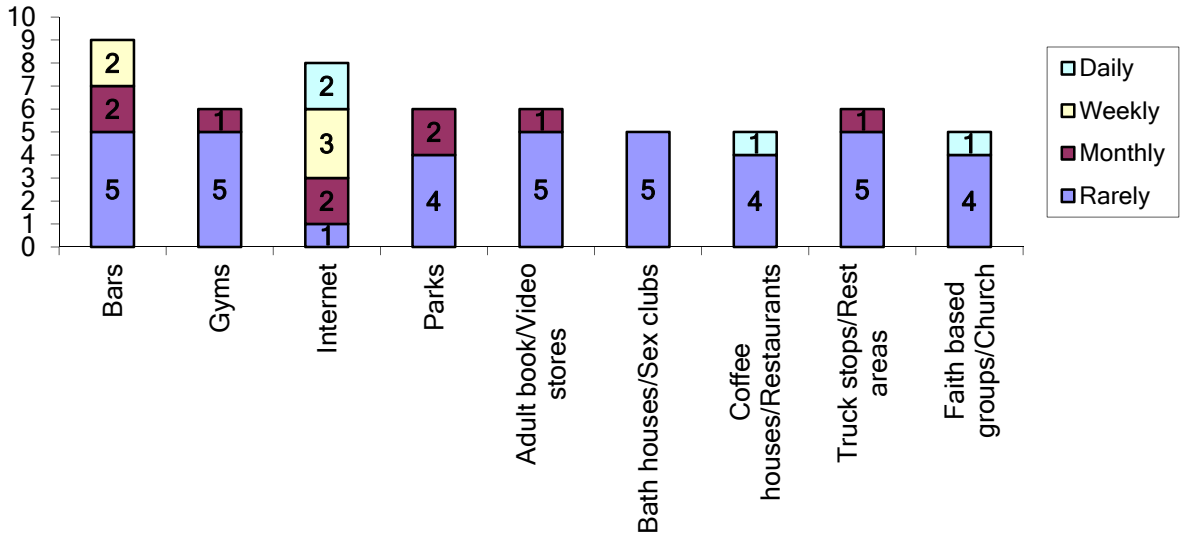
Respondents were asked "before testing HIV positive, had you heard or seen any HIV prevention messages"; 84.6% (n=22) reported "Yes" and 3.8% (n=1) reported "No" while 11.5% (n=3) did not know. Of the 22 respondents who reported exposure to HIV prevention testing messages, 95.7% were exposed by with TV or radio; followed by 34.8% "friends", 30.4% "prevention messages from AIDS service organizations (ASO), 21.7% respectively in doctors' offices, billboards, books, magazines etc., and 8.7% in bars.

Answer Options	Response Percent	Response Count
My doctor or health care provider's office	21.7%	5
Billboards	21.7%	5
Books, magazines, newspapers	21.7%	5
TV or radio	95.7%	22
Internet web sites	47.8%	11
Internet chat rooms	17.4%	4
Friends	34.8%	8
Bars	8.7%	2
Prevention messages from AIDS Services Organizations	30.4%	7
	answered question	**23**

Sexual Partners after Diagnosis and Places of Interest

When respondents were asked if they "have tried to find sex partners since testing [HIV] positive" more than half (51.9%, n=14) reported "No" while 25.9% (n=7) "Yes" and 22.2% (n=6) "Prefer not to answer". Of the 7 respondents who reported "Yes" to seeking sexual partners, a majority used bars and internet to find sex partners.

If you answered yes to Q28, how often do you visit the following places to meet sex partners?



2013 ALL NEWLY DIAGNOSED PLWH/A USE, NEED, BARRIER, GAP MATRIX

Service Category Description	Need Rank	Use Rank	Gap Rank	Barrier Rank
Ambulatory Outpatient Medical Care	1	1		
Support Groups	2	4 tie		
Medication Assistance	3	3		
Nutrition Assistance	4 tie			
Health Education / Peer Mentor	4 tie	7 tie		
Medical Case Manager	4 tie	2		
Mental Health	5	7 tie		
Housing Assistance	6	5	1 tie	1
Transportation	7	4 tie	3 tie	
Exercise	8			
Insurance	9	6 tie	2	2 tie
Emergency Financial Assistance	10		3 tie	2 tie
Oral Health		6 tie		
Medication Co-Pay Assistance		7 tie	3 tie	

Health Insurance Premium Cost Sharing			**1 tie**	**2 tie**
Other: Disability Assistance			**3 tie**	
Other: More Rural Services				**2 tie**

The Top Ranking *Service Needs* of the 2013 Norfolk TGA 'Newly Diagnosed' survey respondent group include:

1.) Ambulatory Outpatient Medical Care
2.) Support Groups
3.) Medication Assistance
4.) Nutrition Assistance
5.) Health Education / Peer Mentor
6.) Medical Case Manager
7.) Mental Health
8.) Housing Assistance
9.) Transportation
10.) Exercise
11.) Insurance
12.) Emergency Financial Assistance

The Top Ranking *Service Uses* of the 2013 Norfolk TGA 'Newly Diagnosed' survey respondent group include:

1.) Ambulatory Outpatient Medical Care
2.) Medical Case Manager
3.) Medication Assistance
4.) Support Groups
5.) Transportation
6.) Housing Assistance
7.) Insurance
8.) Oral Health
9.) Health Education / Peer Mentor
10.) Mental Health
11.) Medication Co-Pay Assistance

The Top Ranking *Service Gaps* of the 2013 Norfolk TGA 'Newly Diagnosed' survey respondent group include:

1.) Housing Assistance
2.) Health Insurance Premium Cost Sharing Assistance
3.) Insurance
4.) Transportation
5.) Medication Co-Pay Assistance
6.) Emergency Financial Assistance

7.) Other: Disability Assistance

The Top Ranking *Service Barriers* of the 2013 Norfolk TGA 'Newly Diagnosed' survey respondent group include:

1.) Housing Assistance
2.) Health Insurance Premium Cost Sharing Assistance
3.) Insurance
4.) Emergency Financial Assistance
5.) Other: More Services in Rural Areas

Chapter 4: Out of Care Survey Findings

Introduction

The Norfolk Transitional Grant Area (TGA) has a population of 1,664,625 (U.S. Census 2010). The TGA includes the Virginia cities of Chesapeake, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach and Williamsburg; the Virginia counties of Gloucester, Isle of Wight, James City, Mathews and York; and Currituck County in North Carolina. The TGA's racial composition consists of 60% White, 31% Black/African-American, 5% Hispanic, 3% Asian and 7% other (includes Native, Pacific Islander and Multi-Races). The TGA, bordered by the Chesapeake Bay and the Atlantic Ocean, has a large military presence, is home to the largest naval station in the world, is one of the top ten seaports in the U.S. and is a major tourist destination. The TGA's transient population contributes to the local epidemic (owing to the military, ports and tourism industry).

During the reporting period of January 1, 2013 to December 31, 2013, there were 25,651 known PLWH/A in the Commonwealth of Virginia. During the same reporting period 30% (7,355) of those known PLWH/A are living in the Norfolk TGA. Of the 7,355 PLWH/A in the Norfolk TGA 14% (999) are newly diagnosed cases of HIV disease (801 male and 198 female). The Norfolk TGA **representing a 33% of all new cases in the Commonwealth of Virginia.** Blacks comprised nearly two-thirds (61%) of all people living with HIV disease in Virginia as of December 31, 2013.

Disproportionate Impact of HIV/AIDS on certain populations:

The specific impact or disparity for all groups in the Norfolk TGA is noted below. Bold font that is shaded in Columns D indicates the extent of the disparity for 'new' HIV and AIDS cases. The same display denotes the scale of disparity for PLWHA in Column E.

DISPROPORTIONATE IMPACT OF HIV/AIDS IN NORFOLK TGA, 2013

% General Population v. HIV+	A	B	C	D	E
Group in Norfolk, VA TGA	**General Population**	**NEW CASES**	**PLWHA**	**New Disparity**	**Existing Disparity**
Race/Ethnic Group					
African American	31%	**76%**	**70%**	**45%**	**39%**
Asian	4%	<1%	<1%		
Latino/a	3%	2%	4%		**1%**
Other	2%	4%	1%	**2%**	
White	60%	17%	24%		
Gender					
Male	49%	74%	72%	**25%**	**23%**
Female	51%	26%	28%		
Age Group					
<18	23%	7%	2%		
20-24	7%	14%	9%	**7%**	**2%**
25-34	14%	36%	19%	**22%**	**5%**
35-49	22%	29%	24%	**7%**	**2%**
50-64	19%	12%	35%		**16%**
65+	12%	2%	11%		

Sources: Column A. US Census Bureau, 2010;

Columns B & C: Virginia Department of Health (VDH) 2013; North Carolina Division of Public Health (NCDPH); 2012

The level of disproportionate impact in the TGA was derived by comparing the proportion of the HIV infected population to the general population in the TGA. African Americans, Males and the age group of 25-54 years display a disproportionate impact for people living with the disease. African American women are more likely to be diagnosed with HIV/AIDS than white women in Virginia. *(VDH, 2013)* A group with a slight disparity of note is Youth, 13-18 years of age, with 1% higher proportion of new HIV cases than their percentage in the populace. People ages 25-49 years are an emerging population of concern in the TGA.

A total of 21 respondents self-identified as Out of Care. The respondents ranged in age from 22 to 55 years of age with the average age reported as 38 years. By gender, 66.7% of the Out of Care are males, 28.6% females and 4.8% transgender. The vast majority are African American (81%) with 9.5% reporting their race/ethnicity as Hispanic/Latino, 4.8% Caucasian and 4.8% multiracial. More than half of the respondents self-report their educational level to be *some high school*, 23.8% completed grade school, and 19.1% have completed high school, GED or some college.

Out of Care Demographics

The ages of Out of Care respondents ranged from 22 to 55 years, with the average age reported as 38 years of age.

Age Range of Out of Care	Number	Percent
0 – 19 years	0	0%
20 – 24 years	2	10%
25 – 34 years	4	19%
35 – 44 years	11	52%
45 – 54 years	3	14%
55+	1	5%
TOTAL	**21**	**100%**

Over two-thirds of the Out of Care respondents are male (67%); female 28%; and transgender 5%.

Gender of Out of Care	Number	Percent
Male	14	67%
Female	6	28%
Transgender (M-F)	1	5%
TOTAL	**21**	**100%**

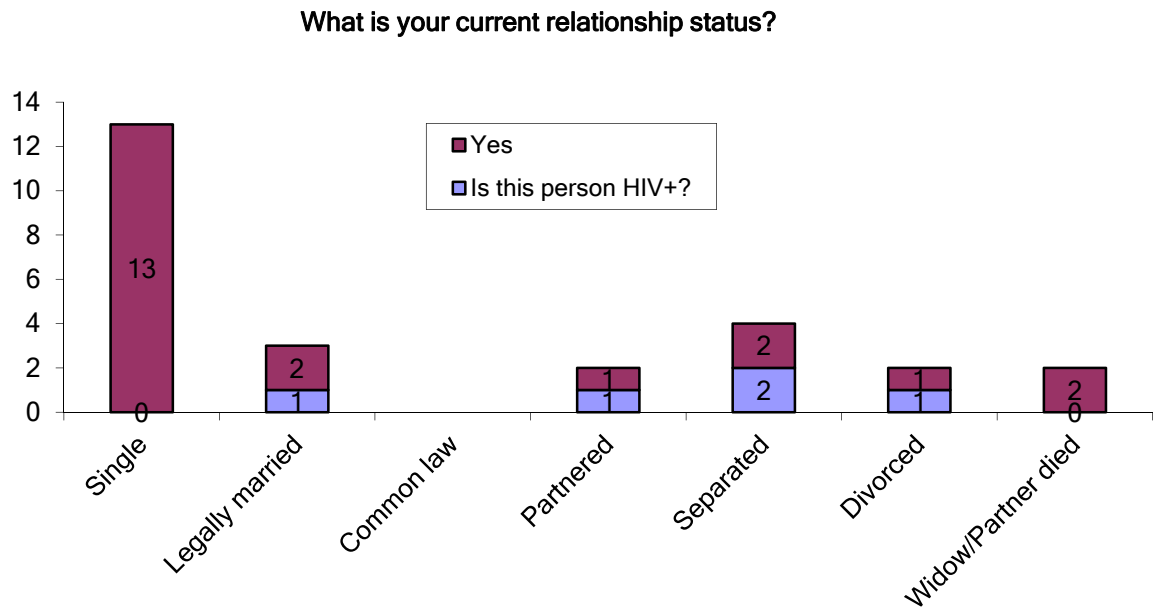
Over three-quarters (81%) of the Out of Care respondents are African American, 4.8% Caucasian, 9.5% Hispanic/Latino and 4.8% Multiracial. All of the Out of Care respondents identified English as their first language. Only 90.5% (n=19) of the Out of Care Respondents are US citizens, and 9.5% (n=2) are not US citizens.

Race of Out of Care	Number	Percent
African American	17	81%
Caucasian	1	4.8%
American Indian	0	0.0%
Hispanic/Latino	2	9.5%
Asian/Pacific Islander	0	0.0%
Multi-Racial	1	4.8%
Other (please specify)	0	0.0%
TOTAL	**21**	**100%**

The Out of Care respondents identified their sexual orientation as 42.9% heterosexual, 14.3% bisexual, 9.5% gay, 4.8% transgender (M-F), while 28.6% preferred not to answer.

Answer Options	Response Percent	Response Count
Gay	9.5%	2
Bisexual	14.3%	3
Heterosexual	42.9%	9
Transgender M-F	4.8%	1
Transgender F-M	0.0%	0
Prefer not to answer	28.6%	6
Other (please specify)	0.0%	0
	answered question	**21**

Of the 21 respondents of the Out of Care survey 60% identify as being single, 10% legally married, 10% separated, 10% widow/partner died, 5% partnered, 5% divorced. Five (24%) of the twenty-one respondents had/has a partner who is HIV positive.



Education Level of Out of Care

There is wide variation in the education levels reported by the Out of Care respondents. More than three-quarters of the Out of Care respondents 81% report having some high school/grade school education. Respondents with a high school diploma/GED is 14.3% while only 4.8% reported having some college education.

Answer Options	Response Percent	Response Count
Grade school	23.8%	5
Some high school	57.1%	12
High school degree/GED	14.3%	3
Some college	4.8%	1
College degree	0.0%	0
Some graduate school	0.0%	0
Graduate school degree	0.0%	0
	answered question	**21**

Current Living Status

A majority of respondents 47.6% of the Out of Care population who are PLWH/A report they life with a friend/relative, 19% rent, 14.3% report being homeless/living on the street, 9.5% live in a shelter, 4.8% own their home and 4.8% responded "other": Halfway House (n=1).

Answer Options	Response Percent	Response Count
Own your home	4.8%	1
Rent	19.0%	4
Live with a friend/relative	47.6%	10
Stay in a shelter	9.5%	2
Homeless/Living on the streeet	14.3%	3
Other (please specify)	4.8%	1
	answered question	**21**

HIV /AIDS Status

The vast majority of the Out of Care respondents report an Unknown HIV status (52.4%) with 19% reporting and AIDS diagnosis and 28.6% reporting they have an HIV diagnosis. The OOC respondents report the year of diagnosis, ranging from 1985 to 2012, with the most frequently reported year of diagnosis as the year 2004 (median value). Fifteen (71%) of the Out of Care respondents report living in Virginia at time of diagnosis. Of the remaining six respondent (29%) the following locations were reported Washington, DC; Boca, FL; Atlanta, GA; Raleigh, NC; Houston, TX; and Charleston, WV.

Answer Options	Response Percent	Response Count
HIV positive	28.6%	6
Have an AIDS diagnosis	19.0%	4
Unknown HIV status	52.4%	11
	answered question	**21**

Testing Circumstances

More than one-quarter (28.6%) discovered they were positive as a result of requesting an HIV test. 23.8% presented to a hospital/emergency room for something other than HIV testing, 14.3% when donating blood, 9.5% as part of street/community outreach testing, 9.5% as part of a doctor's physical examination and 4.8% as part of care while pregnant.

How did you find out you were HIV positive?		
Answer Options	**Response Percent**	**Response Count**
When I requested a test for HIV	28.6%	6
Part of a street/community outreach testing event	9.5%	2
When I donated blood	14.3%	3
When I went to the hospital or emergency room for something else	23.8%	5
Part of a physical examination or doctor's visit	9.5%	2
(For women) As part of care while pregnant	4.8%	1
When I was in jail or prison	9.5%	2
Other (please specify)	0.0%	0
	answered question	**21**

The Out of Care respondents were asked to identify what services, if any, they were referred to at the time of diagnosis; 66.7% were referred to medical care for HIV, 28.6% case management, 23.8% partner notification, 14.3 medical care for a condition other than HIV, 9.5% mental health, 4.8% pregnant OB/GYB, 4.8% health/HIV education. Seven (33.3%) of the 21 respondents reported "don't remember" if they were referred to services.

At the time of your HIV diagnosis, were you referred for any of the following services? (Please check all that apply.)		
Answer Options	**Response Percent**	**Response Count**
Medical care related to HIV diagnosis	66.7%	14
Medical care for a condition other than HIV	14.3%	3
Case management	28.6%	6
Substance abuse counseling service	0.0%	0
Mental health services (other than substance abuse counseling)	9.5%	2
If pregnant, OB/GYN care	4.8%	1
Health/HIV education class	4.8%	1
Partner Notification Services	23.8%	5
I was not referred for any services	0.0%	0
Don't remember	33.3%	7
Other (please specify)	0.0%	0
	answered question	**21**

Reason for Out of Care Status

The major reasons supplied by the Out of Care respondents to explain their absence from medical care include: "Homeless"; "Substance Abuse"; "I do not know where to go for medical care"; "I get anxious

about going"; "I feel better than I did"; while less frequently reported reasons include: "I am undetectable"; "I feel better than I did"; "I don't want anyone to know"; "I use alternative treatments"; "my doctor or nurse told me I do not need medical care right now". Several of these self-reported reasons that seem to keep PLWH/A from medical care would appear to be positively impacted through better HIV education as well as the education on the benefits of regular care and treatment.

Reasons for OOC Status

If you have not had medical care in more than 6 months for your HIV, please tell us why. (Please check all that apply.)		
Answer Options	**Percent**	**Count**
My doctor or nurse told me that I do not need medical care right now	4.8%	1
I do not think I need medical care now because I am not sick	19.0%	4
I do not think medical care would do me any good	14.3%	3
I have found a doctor or nurse who I want to treat me	4.8%	1
I have not found a place that I feel comfortable going	14.3%	3
I don't have transportation to get to medical care appointments	14.3%	3
I do not know where to go for medical care	23.8%	5
I do not want to receive medical care	14.3%	3
I use alternative treatments	4.8%	1
I can't afford medical care now	9.5%	2
I get anxious about going to a doctor or nurse about HIV	19.0%	4
I don't want anyone to know	4.8%	1
I feel better than I did	4.8%	1
I am undetectable	4.8%	1
I had problems with medications	9.5%	2
Other (please specify) Substance Abuse, Wasn't Ready, Transient, Homeless	**38.1%**	8
	answered question	**21**

Prompts for OOC to Return to Care

Housing, employment opportunities, financial stability and substance use treatment are the top services that this cohort of PLWH/A with unmet/under-met need for medical care report as prompts to their returning to care. Insurance to pay for doctors and medicine, more government services, transportation, peer support, free medical care, more information about services, and lower cost of medical care/medicines, are the next most frequently reported prompters to seeking and remaining in primary medical care. The other prompters to return to care include reported by the OOC respondents include: a respondent who is currently on medications but has yet to follow up with their physician in more than a year; and a respondent who transitioned from prison.

If you haven't received medical care in the last 6 months, which of the following things would help you get to a doctor? (Please check all that apply.)		
Answer Options	**Percent**	**Count**
Referrals or advice from someone I trust	9.5%	2
More information about the services	4.8%	1
More outreach services	9.5%	2
Lower cost of medical care/medicines	4.8%	1
Free medical care	9.5%	2
Insurance to pay for doctor and meds	19.0%	4
Not having to wait so long for appointments	4.8%	1
Employment opportunities	33.3%	7

More government services	23.8%	5
Housing	**42.9%**	9
Transportation	23.8%	5
Substance use treatment	28.6%	6
Financial concerns	33.3%	7
Peer support/someone to help me understand	14.3%	3
Nothing	23.8%	5
Other: Have been taking meds just not f/u with dr; prison transition	9.5%	2
	answered question	**21**

Reasons Why OOC PLWH/A Don't Get HIV Medical Care

When asked why PLWH/A do not get medical care for their HIV disease, the majority of the OOC respondents reported "Worried that others will find out/fear of divulging their HIV status" and they "Can't afford it". The next most frequently cited reason is "Cannot speak English very well", "Feel Healthy", "Don't have transportation", "Couldn't get an appointment", "Drugs", and "Don't want to take HIV medications". Less frequently reported reasons include "don't believe they are HIV positive", "Services conflict with cultural beliefs", "homeless", "couldn't get off work", and "didn't know where to go"**.**

Why do you think people don't get medical care for HIV? (Please check all that apply.)		
Answer Options	**Percent**	**Count**
Worried that other people will find out/fear of telling	**60.0%**	12
Can't afford it	55.0%	11
Don't want to take HIV medications	40.0%	8
Feel healthy	35.0%	7
Don't have transportation	35.0%	7
Drugs	35.0%	7
Cannot speak English very well	30.0%	6
Couldn't get an appointment	30.0%	6
Don't believe they are HIV positive	25.0%	5
Other: Couldn't get off work; not ready; homeless; don't know where to go	25.0%	5
Services conflict with cultural beliefs	20.0%	4
	answered question	**20**

Services that Would Prompt Re-Entry into HIV Medical Care- OOC Service NEEDS

Service Category Description	Service Needs
Substance Abuse Treatment	**1 tie**
Other: Job Training/Placement	**1 tie**
Housing Assistance	**3 tie**
Transportation	**3 tie**
Medical Insurance	**3 tie**
Other: Specialty Care (Transgender Care)	**6 tie**
Mental Health	**6 tie**

Nutrition Assistance	**6 tie**
Peer Mentor	**9 tie**
Other: Social Security Disability	**9 tie**

OOC Services Needed but Can't Get- Service GAPS

1. Medical Insurance
2. Social Security Disability

Chapter 5: Recommendations for Comprehensive Plan

Need Rank of the In-Care and Newly Diagnosed Populations

Service Category Description	In-Care	Newly Diagnosed
Ambulatory Outpatient Medical Care	**1**	**1**
Emergency Financial Assistance	**13**	**10**
Exercise	**12**	**8**
Health Education / Peer Mentor	**11**	**4 tie**
Housing Assistance	**3**	**6**
Insurance/PCIP	**6**	**9**
Medical Case Manager	**9**	**4 tie**
Medication Assistance/ADAP	**2**	**3**
Medication Co-Pay Assistance	**18 tie**	
Mental Health	**8**	**5**
Nutrition Assistance/Food	**7**	**4 tie**
Oral Health	**14**	
Other: College Assistance	**16**	
Other: Employment Assistance	**10**	
Other: Specialty Doctors	**18 tie**	
Other: Vision Care	**17**	
Substance Abuse Services	**15**	
Support Groups/Family Support	**4**	**2**
Transportation	**5**	**7**

Use Rank of the In-Care and Newly Diagnosed Populations

Service Category Description	In-Care	Newly Diagnosed
Ambulatory Outpatient Medical Care	**1**	**1**
Emergency Financial Assistance	**14**	
Exercise	**13 tie**	
Health Education / Peer Mentor	**12**	**7 tie**
Housing Assistance	**5**	**5**
Insurance/PCIP	**9**	**6 tie**
Medical Case Manager	**2**	**2**
Medication Assistance/ADAP	**4**	**3**
Medication Co-Pay Assistance	**8**	**7 tie**
Mental Health	**10**	**7 tie**
Nutrition Assistance/Food	**11**	
Oral Health	**7**	**6 tie**
Other: Employment Assistance	**13 tie**	
Support Groups/Family Support	**6**	**4 tie**
Transportation	**3**	**4 tie**

Gap Rank of the In-Care and Newly Diagnosed Populations

Service Category Description	In-Care	Newly Diagnosed
Ambulatory Outpatient Medical Care	**11**	
Emergency Financial Assistance	**2**	**3 tie**
Health Education / Peer Mentor	**10 tie**	
Health Insurance Premium Cost Sharing	**5 tie**	**1 tie**
Housing Assistance	**1 tie**	**1 tie**
Insurance/PCIP	**1 tie**	**2**
Medical Case Manager	**14 tie**	
Medication Assistance/ADAP	**13 tie**	
Medication Co-Pay Assistance	**8 tie**	**3 tie**
Mental Health	**12 tie**	
Nutrition Assistance/Food	**4**	
Oral Health	**7**	
Other: Child Care	**10 tie**	
Other: College Assistance	**13 tie**	
Other: Disability Assistance	**9**	**3 tie**
Other: Employment Assistance	**6**	
Other: More Rural Services	**14 tie**	
Other: Specialty Doctors	**13 tie**	
Other: Transgender Care	**12 tie**	
Other: Vision Care	**5 tie**	
Support Groups/Family Support	**8 tie**	
Transportation	**3**	**3 tie**

Barrier Rank of the In-Care and Newly Diagnosed Populations

Service Category Description	In-Care	Newly Diagnosed
Emergency Financial Assistance	**2**	**2 tie**
Health Education / Peer Mentor	**9**	
Health Insurance Premium Cost Sharing	**7**	**2 tie**
Housing Assistance	**1**	**1**
Insurance/PCIP	**4 tie**	**2 tie**
Medication Assistance/ADAP	**10 tie**	
Nutrition Assistance/Food	**5**	
Other: Child Care	**10 tie**	
Other: Disability Assistance	**6**	
Other: Employment Assistance	**3**	
Other: More Rural Services	**10 tie**	**2 tie**
Other: Specialty Doctors	**10 tie**	
Other: Vision Care	**8 tie**	

Support Groups/Family Support	**8 tie**	
Transportation	**4 tie**	

NEWLY DIAGNOSED PLWH/A

The 2010 National HIV/AIDS Strategy for the United States (US) identified three major goals: reducing the number of new HIV infections, increasing access to care and optimizing health outcomes for people living with HIV, and reducing health-related disparities. The Strategy outlines actions to achieve these goals, including increased HIV screening and creation of a seamless system to link newly diagnosed individuals to medical care immediately when they learn they are infected with HIV. *(Office of National AIDS Policy (2010) National HIV/AIDS Strategy for the United States. ONAP, The White House)*

To support this action, the Strategy recommends that HIV resources be targeted to support linkage coordinators in settings where at risk populations receive health and social services. The Strategy is consistent with the aims of the 2009 reauthorization of the Ryan White HIV/AIDS Program that emphasized the need to examine the size and demographics of the estimated population of individuals with HIV/AIDS who are unaware of their HIV status, as well as the needs of individuals with HIV/AIDS who know their HIV status and are not receiving HIV-related services; and linking them to care. *(The Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87).*

HIV Acquisition

MSM behavior consistently continues to be the predominant means of acquiring the virus amongst newly diagnosed throughout the Norfolk TGA. It is imperative that education, prevention and risk reduction strategies be tailored to positively impact these individuals and that they be successfully disseminated to this population. EIS initiatives should continue to aggressively address this issue.

HIV Testing

The majority of respondents learned of their HIV status through a voluntary request for testing, participating in outreach testing programs or by requesting to be tested by their providers. It is strongly recommended that medical providers consider making HIV testing a universal screening item within routine medical visit and laboratory exams and consider implementing the 'opt out' model. Such a model will ensure that more individuals know their status, addressing firsthand the issue the unknown/unaware. The way a substantial minority of respondents learned of their status was through an emergency room visit for the treatment of another condition. The TGA should consider collaborating with AOMC providers to develop a sensitive risk screening tool for use in the Emergency Rooms in the TGA, in order to target high risk individuals for testing. Another recommendation is to consider funding Medical Case Management via a pilot study in the highest incidence areas and seek creative ways to collaborate with the emergency room staff to ensure necessary systems are in place for testing and linking newly diagnosed individuals into the service delivery system. Another useful means of reaching and testing persons at high risk for HIV disease is to offer HIV testing within the Ryan White funded clinics and case management offices, with offers of free testing to partners, friends and spouses of positive patients/clients. Placement of EIS funded Part A Disease Intervention Specialists within STD clinics should yield an increased number of new HIV diagnoses among those persons with high STI co-morbidity. Expanded use of peer outreach/peer mentors is also recommended, given the survey findings and effectiveness of this model. Finally, enhancing the existing linkages between Counseling/Testing

sites and AOMC and medical case management providers is recommended to strengthen the linkages to care.

HIV Disclosure

While the majority of respondents were offered partner notification services and most PLWH/A report that they encourage their partners to get tested and know their status, additional assurances can be implemented amongst providers to ensure that newly diagnosed individuals understand the importance of disclosing their status and using safer sex methods for the protection of self and others. It is recommended that the Newly Diagnosed survey data be utilized to help craft population-specific and targeted prevention messages as well as improved messages regarding the benefits of HIV testing, care and treatment. Given the high frequency of internet use among PLWHA, implementation of an internet-based chat room for peer outreach to MSM, offering anonymous testing and offers to accompany individuals for testing should be piloted. Efforts to "normalize" HIV as a treatable chronic illness may help reduce the continuing perception of HIV as stigmatizing.

Delay of Entry into Medical Care

While the majority of respondents do access medical care upon learning of their positive status, a minority of the newly diagnosed respondents have been given an AIDS diagnosis and many already had decreasing CD4 T-cell counts in the 200-500 cell count range upon their initial diagnosis. These findings indicate that the disease has progressed while going undiagnosed for an undetermined period of time. Increased testing throughout primary care settings and community-wide initiatives as well as education regarding the benefits of testing and earlier diagnosis coupled with disease de-stigmatization strategies will ensure additional individuals are aware of their status and begin treatment earlier in their disease process.

Pathway into Care and Supportive Services

Following identification of young racial/ethnic minority HIV-positive MSM and other newly identified PLWH/A through outreach, linkage to HIV care activities should be undertaken to help engage them rapidly in medical care. A recent study indicated that the newly diagnosed may be assisted to schedule their initial medical visits, arrange for transportation to appointments, place reminder telephone calls to ensure appointments are kept, and conduct case finding for clients that miss appointments. In addition, it is recommended, based on the study success, that outreach workers escort individuals identified through outreach to their initial medical visits. Outreach workers may provide ongoing linkage activities to ensure that their clients are engaged and retained in care. In addition to accompanying clients to medical visits, they may help them navigate the health care system, coordinate services with case managers, conduct support groups, organize social and educational events, and offer peer support in initiating HIV medications. *(Julia Hidalgo, et al. Roles and Challenges of Outreach Workers in HIV Clinical and Support Programs Serving Young Racial/Ethnic Minority Men Who Have Sex with Men, AIDS PATIENT CARE & STDs, July 2011)*

Survey findings reflect a solid system for linkage to care throughout the Norfolk TGA. However, it is recommended that the Planning Council determine the "continuum of care" for the Newly Diagnosed in order to ensure capacity to meet the high ranking needs of this increasing population. All three groups (In Care, Newly Diagnosed and Out of care) evidence high levels of co-morbidity with mental health disorders, STIs and other chronic illness. These findings, coupled with the high levels of un-insurance among LWH/A in the service area renders it important for the TGA to address how such services will be

rendered in a cost effective and dignified manner to these individuals. Given the high co-morbidity of these disorders among the PLWHA population in the service area, in combination with the reported transportation barriers, it would be ideal if the mental health and substance abuse treatment services may be co-located within primary medical care and case management service sites to the fullest extent possible.

Address the Service Barriers of Out of Care PLWH/A

The major reasons supplied by the OOC respondents to explain their absence from medical care include: "Homeless"; "Substance Abuse"; "I do not know where to go for medical care"; "I get anxious about going"; "I feel better than I did"; while less frequently reported reasons include: "I am undetectable"; "I feel better than I did"; "I don't want anyone to know"; "I use alternative treatments"; "my doctor or nurse told me I do not need medical care right now". Several of these self-reported reasons that seem to keep PLWH/A from medical care would appear to be positively impacted through better HIV education as well as the education on the benefits of regular care and treatment.

Reasons for OOC Status

If you have not had medical care in more than 6 months for your HIV, please tell us why. (Please check all that apply.)		
Answer Options	**Percent**	**Count**
My doctor or nurse told me that I do not need medical care right now	4.8%	1
I do not think I need medical care now because I am not sick	19.0%	4
I do not think medical care would do me any good	14.3%	3
I have found a doctor or nurse who I want to treat me	4.8%	1
I have not found a place that I feel comfortable going	14.3%	3
I don't have transportation to get to medical care appointments	14.3%	3
I do not know where to go for medical care	23.8%	5
I do not want to receive medical care	14.3%	3
I use alternative treatments	4.8%	1
I can't afford medical care now	9.5%	2
I get anxious about going to a doctor or nurse about HIV	19.0%	4
I don't want anyone to know	4.8%	1
I feel better than I did	4.8%	1
I am undetectable	4.8%	1
I had problems with medications	9.5%	2
Other (please specify) **Substance Abuse, Wasn't Ready, Transient, Homeless**	**38.1%**	8
	answered question	**21**

Housing, employment opportunities, financial stability and substance use treatment are the top services that this cohort of PLWH/A with unmet/under-met need for medical care report as prompts to their returning to care. Insurance to pay for doctors and medicine, more government services, transportation, peer support, free medical care, more information about services, and lower cost of medical care/medicines, are the next most frequently reported prompters to seeking and remaining in primary medical care. The other prompters to return to care include reported by the Out of Care respondents include: a respondent who is currently on medications but has yet to follow up with their physician in more than a year; and a respondent who transitioned from prison.

Prompts for OOC to Return to Care

If you haven't received medical care in the last 6 months, which of the following things would help you get to a doctor? (Please check all that apply.)		
Answer Options	**Percent**	**Count**
Referrals or advice from someone I trust	9.5%	2
More information about the services	4.8%	1
More outreach services	9.5%	2
Lower cost of medical care/medicines	4.8%	1
Free medical care	9.5%	2
Insurance to pay for doctor and meds	19.0%	4
Not having to wait so long for appointments	4.8%	1
Employment opportunities	33.3%	7
More government services	23.8%	5
Housing	**42.9%**	9
Transportation	23.8%	5
Substance use treatment	28.6%	6
Financial concerns	33.3%	7
Peer support/someone to help me understand	14.3%	3
Nothing	23.8%	5
Other: Have been taking meds just not f/u with dr; prison transition	9.5%	2
answered question		**21**

When asked why PLWH/A do not get medical care for their HIV disease, the majority of the OOC respondents reported "Worried that others will find out/fear of divulging their HIV status" and they "Can't afford it". The next most frequently cited reason is "Cannot speak English very well", "Feel Healthy", "Don't have transportation", "Couldn't get an appointment", "Drugs", and "Don't want to take HIV medications". Less frequently reported reasons include "don't believe they are HIV positive", "Services conflict with cultural beliefs", "homeless", "couldn't get off work", and "didn't know where to go"**.**

Reasons Why OOC PLWH/A Don't Get HIV Medical Care

Why do you think people don't get medical care for HIV? (Please check all that apply.)		
Answer Options	**Percent**	**Count**
Worried that other people will find out/fear of telling	**60.0%**	12
Can't afford it	55.0%	11
Don't want to take HIV medications	40.0%	8
Feel healthy	35.0%	7
Don't have transportation	35.0%	7
Drugs	35.0%	7
Cannot speak English very well	30.0%	6
Couldn't get an appointment	30.0%	6
Don't believe they are HIV positive	25.0%	5
Other: Couldn't get off work; not ready; homeless; don't know where to go	25.0%	5
Services conflict with cultural beliefs	20.0%	4
answered question		**20**

Services that Would Prompt Re-Entry into HIV Medical Care- OOC Service NEEDS

Service Category Description	Service Needs
Substance Abuse Treatment	**1 tie**
Other: Job Training/Placement	**1 tie**
Housing Assistance	**3 tie**
Transportation	**3 tie**
Medical Insurance	**3 tie**
Other: Specialty Care (Transgender Care)	**6 tie**
Mental Health	**6 tie**
Nutrition Assistance	**6 tie**
Peer Mentor	**9 tie**
Other: Social Security Disability	**9 tie**

OOC Services Needed but Can't Get- Service GAPS

1. Medical Insurance
2. Social Security Disability

APPENDICIES
SURVEY INSTRUMENTS

Norfolk In Care 2013

1.

This survey is confidential, not anonymous. Individual responses will not be shared. The information you provide will be used to improve HIV prevention and care services in the Greater Hampton Roads area.

1. What is your current age?

age

2. What is your zip code?

zip

3. Are you?

- ◯ Male
- ◯ Transgender
- ◯ Female
- ◯ Other (please specify)

4. What race do you consider yourself?

- ◯ African American
- ◯ Asian/Pacific Islander
- ◯ Hispanic/Latino
- ◯ American Indian
- ◯ Caucasian
- ◯ Multi-Racial
- ◯ Other (please specify)

5. What year were you diagnosed with HIV?

6. Are you currently?

- ◯ HIV Positive
- ◯ Have an AIDS diagnosis
- ◯ Unknown HIV status

7. How did you find out you were HIV positive?

- ◯ When I requested a test for HIV
- ◯ Part of a street/community outreach testing event
- ◯ When I donated blood
- ◯ When I went to the hospital or emergency room for something else
- ◯ Part of a physical examination or doctor's visit
- ◯ (For women) As part of care while pregnant
- ◯ When I was in jail or prison
- ◯ Other (please specify)

8. At the time of your HIV diagnosis, were you referred for any of the following services? (Please check all that apply.)

- ☐ Medical care related to HIV diagnosis
- ☐ Medical care for a condition other than HIV
- ☐ Case management
- ☐ Substance abuse counseling service
- ☐ Mental health services (other than substance abuse counseling)
- ☐ If pregnant, OB/GYN care
- ☐ Health/HIV education class
- ☐ Partner Notification Services
- ☐ I was not referred for any services
- ☐ Don't remember
- ☐ Other (please specify)

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

- ☐ Male sex w/ male
- ☐ Injection drug use
- ☐ Health care worker
- ☐ Sex w/ drug user
- ☐ Mother w/ HIV/AIDS
- ☐ Heterosexual sex
- ☐ Sexual assault
- ☐ Prison
- ☐ Transfusion
- ☐ Unknown
- ☐ Other (please specify)

10. Do you currently have health insurance?

- ◯ Private health insurance (Humana, Aetna, etc.)
- ◯ Medicare
- ◯ Medicaid
- ◯ Other (please specify)
- ◯ VA
- ◯ None

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

Month/Year MM / DD / YYYY

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

Month/Year MM / DD / YYYY

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

Month/Year MM / DD / YYYY

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

- ◯ Yes
- ◯ No
- ◯ Don't know

15. Have you ever been diagnosed with or treated for a mental illness?

- ◯ Yes
- ◯ No

If yes, which one?

16. If you answered 'yes' to previous question, are you taking medications to treat your mental illness?

- ◯ Yes
- ◯ No
- ◯ Not applicable

17. Do you use alcohol or other substances?

- ◯ Yes
- ◯ No

18. During the past 12 months, how often have you used any of the following substances?

	Daily	Weekly	Monthly	Rarely	Never
Alcohol	◯	◯	◯	◯	◯
Cocaine	◯	◯	◯	◯	◯
Crack	◯	◯	◯	◯	◯
Crystal Meth/Methamphetamines	◯	◯	◯	◯	◯
Heroin	◯	◯	◯	◯	◯
Marijuana or hash	◯	◯	◯	◯	◯
Speedball	◯	◯	◯	◯	◯
Tobacco	◯	◯	◯	◯	◯

Other (please specify)

19. Are you currently injecting drugs?

◯ Yes ◯ No

20. Have you ever used injecting drugs?

◯ Yes ◯ No

21. If you are currently injecting drugs, how often do you share needles or works?

◯ Always ◯ Rarely

◯ Sometimes ◯ Never

22. If you share needles or works, how often do you clean or disinfect the needles or works (with bleach, alcohol, etc)?

◯ Always ◯ Rarely

◯ Sometimes ◯ Never

23. Have you ever been diagnosed with or treated for sexually transmitted diseases (STD)?

◯ Yes ◯ No ◯ Don't know

24. If you answered yes to Q23, which STD?

☐ Gonorrhea ☐ Syphilis ☐ Chlamydia

☐ Other (please specify)

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

- ◯ Yes
- ◯ No
- ◯ Don't know

If yes, which ones?

26. Are you now or have you ever been homeless?

- ◯ Never
- ◯ Currently homeless
- ◯ Been homeless in past 2 years, but not now
- ◯ Been homeless longer than past 2 years, but not now

27. Do you currently?

- ◯ Own your home
- ◯ Rent
- ◯ Live with a friend/relative
- ◯ Other (please specify)
- ◯ Stay in a shelter
- ◯ Homeless/live on the street

28. Do you get help with your rent?

- ◯ Yes
- ◯ No

If yes, where does your help come from?

29. Are you currently employed?

- ◯ Yes
- ◯ No

30. What is your approximate yearly income?

- ◯ $0-$9,999
- ◯ $10,000-$19,999
- ◯ $20,000-$29,999
- ◯ $30,000-$39,999
- ◯ $40,000-$49,999
- ◯ Over $50,000

31. How many people are supported by this income?

#

32. What is your highest level of education?

- ◯ Grade school
- ◯ Some high school
- ◯ High school degree/GED
- ◯ Some college
- ◯ College degree
- ◯ Some graduate school
- ◯ Graduate school degree

33. What is your sexual orientation?

- ◯ Gay
- ◯ Bisexual
- ◯ Heterosexual
- ◯ Transgender M-F
- ◯ Transgender F-M
- ◯ Other (please specify)

34. Have you been in jail or prison in the past 6 months?

- ◯ Yes
- ◯ No

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

city

state

36. Who is your HIV doctor, provider, or nurse practitioner?

37. What clinic/doctor's office do you go to for your HIV care?

- ◯ EVMS
- ◯ PICH
- ◯ Portsmouth Naval
- ◯ VA
- ◯ Health Unit (Prison)
- ◯ NDPH
- ◯ NCHC
- ◯ Health Department
- ◯ Other (please specify)

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

1.
2.
3.
4.
5.

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

1.
2.
3.
4.
5.

40. Are there services you need for HIV that are hard to get?

1.
2.
3.
4.
5.

41. Why are these services hard to get?

1.
2.
3.
4.
5.

42. Are there services that you need for HIV that you CAN'T GET?

1.
2.
3.
4.
5.

43. Why can't you get these services?

1.
2.
3.
4.
5.

Thank you for your time in completing this survey. Your confidential responses will be valuable in helping to design and improve HIV prevention and care services in the Greater Hampton Roads area.

Norfolk Newly Diagnosed 2013

1.

This survey is confidential, not anonymous. Individual responses will not be shared. The information you provide will be used to improve HIV prevention and care services in the Greater Hampton Roads area.

1. What is your current age?

age

2. What is your zip code?

zip

3. Are you?

- ◯ Male
- ◯ Transgender
- ◯ Female

Other (please specify)

4. Do you consider yourself? (Please check the one category that MOST applies.)

- ◯ African American
- ◯ American Indian
- ◯ Asian/Pacific Islander
- ◯ Caucasian
- ◯ Hispanic/Latino
- ◯ Multi-Racial
- ◯ Other (please specify)

5. Do you know how you may have acquired HIV? (Please check the one category that MOST applies.)

- ◯ Male sex w/ male
- ◯ Injection drug user
- ◯ Sex w/ drug user
- ◯ Mother w/ HIV/AIDS
- ◯ Heterosexual sex
- ◯ Other (please list)

6. Do you currently have health insurance? (Please check all that apply.)

- ☐ Private health insurance (Humana, Aetna, etc)
- ☐ VA benefits
- ☐ Medicare
- ☐ None
- ☐ Medicaid
- ☐ Other (please specify)

7. What year were you diagnosed with HIV?

year

8. Are you currently?

- ◯ HIV positive
- ◯ Have an AIDS diagnosis
- ◯ Unknown HIV status

9. At the time of your HIV diagnosis, what was your CD4 cell count?

- ◯ >500
- ◯ between 200-500
- ◯ <200
- ◯ I don't know
- ◯ I haven't had labs yet

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

- ◯ Yes
- ◯ No
- ◯ Don't know

11. How did you find out you were HIV positive?

- ◯ When I requested a test for HIV
- ◯ Part of a street/community outreach testing event
- ◯ When I donated blood
- ◯ When I went to the hospital or emergency room for something else
- ◯ Part of a physical examination or doctor's visit
- ◯ (For women)As part of care while pregnant
- ◯ When I was in jail or prison
- ◯ Other (please specify)

12. At the time of your HIV diagnosis, were you referred for any of the following services? (Please check all that apply.)

- [ ] Medical care related to HIV diagnosis
- [ ] Medical care for condition other than HIV
- [ ] Case management
- [ ] Substance abuse counseling service
- [ ] Mental health services (other than substance abuse counseling)
- [ ] If pregnant, OB/GYN care
- [ ] Health/HIV education classes
- [ ] Partner Notification Services
- [ ] I was not referred for services
- [ ] Don't remember
- [ ] Other (please specify)

13. If you voluntarily requested a test for HIV, what prompted you to get tested for HIV? (Please check all that apply.)

- [ ] I needed screening and/or treatment for a sexually transmitted disease (STD)
- [ ] Drug use
- [ ] A friend tested positive
- [ ] My partner asked me to get tested
- [ ] My partner tested positive
- [ ] I wanted to know my status
- [ ] I had unprotected sex with someone who was HIV positive
- [ ] I wanted to confirm my suspicion that I was positive
- [ ] I did not feel well and thought I should get tested for HIV
- [ ] Other (please specify)

14. How many times were you tested for HIV before you tested positive?

- ◯ I had not been tested before
- ◯ I generally got tested every six months or so
- ◯ I generally got tested on an annual basis or so
- ◯ I got tested every two years or so
- ◯ Other (please specify)

15. How long do you think you may have been HIV positive (living with HIV) before you received your first positive test?

- ◯ 1-3 months
- ◯ 4-6 months
- ◯ 7-12 months
- ◯ More than 1 year
- ◯ More than 2-3 years
- ◯ I do not know

16. If you delayed getting tested for HIV, what were your reasons for NOT getting tested?

- ☐ Not ready to know
- ☐ Not ready to deal with it
- ☐ Didn't feel sick
- ☐ Fear of others finding out I was HIV positive
- ☐ Worry about how to tell partner/family if I came up positive
- ☐ General stigma surrounding HIV disease/fears about discrimination
- ☐ Concerns about confidentiality/privacy
- ☐ No insurance
- ☐ Other (please specify)

17. What would have helped you to get tested for HIV sooner? (Please check all that apply.)

- [ ] More information/health education about HIV testing
- [ ] Mental health counseling at the point of testing
- [ ] Being clean and sober
- [ ] A peer to talk with about getting tested for HIV
- [ ] An advocate to come with me to my test
- [ ] Transportation assistance to testing site
- [ ] Other (please specify)

18. Do you tell or encourage your sex partner(s) to get tested for HIV/AIDS?

- ◯ Yes
- ◯ No
- ◯ N/A

19. Do you know where to go for free condoms (male or female)?

- ◯ Yes
- ◯ No

20. Have you ever been diagnosed with or treated for a mental illness?

- ◯ Yes
- ◯ No
- ◯ Don't know

If yes, which one?

21. If you answered 'yes' to the previous question, are you taking medications to treat your mental illness?

- ◯ Yes
- ◯ No
- ◯ Not applicable

22. Have you ever been diagnosed with or treated for substance abuse?

- ◯ Yes
- ◯ No

23. Have you ever been diagnosed with or treated for sexually transmitted diseases (STD)?

- [ ] Genital herpes
- [ ] Chlamydia
- [ ] Syphilis
- [ ] Genital warts
- [ ] Gonorrhea
- [ ] Not applicable

24. Have you ever been diagnosed with or treated for diseases or medical conditions other than HIV?

◯ Yes ◯ No ◯ Don't know

If so, what type?

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

MM DD YYYY

month/year ___ / ___ / ____

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

◯ EVMS ◯ Portsmouth Naval ◯ Health unit (prison)

◯ PICH ◯ VA ◯ Health Department

◯ Other (please specify)

27. Before testing HIV positive, had you heard or seen any HIV prevention messages?

◯ Yes ◯ No ◯ Don't know

28. If yes, where did you see/hear these HIV prevention messages? (Please check all that apply.)

☐ My doctor or health care provider's office

☐ Billboards

☐ Books, magazines, newspapers

☐ TV or radio

☐ Internet web sites

☐ Internet chat rooms

☐ Friends

☐ Bars

☐ Prevention messages from AIDS Services Organizations

29. Have you tried to find sex partners since testing positive?

◯ Yes ◯ No ◯ Prefer not to answer

30. If you answered yes to Q28, how often do you visit the following places to meet sex partners?

	Daily	Weekly	Monthly	Rarely
Bars	◯	◯	◯	◯
Gyms	◯	◯	◯	◯
Internet	◯	◯	◯	◯
Parks	◯	◯	◯	◯
Adult book/Video stores	◯	◯	◯	◯
Bath houses/Sex clubs	◯	◯	◯	◯
Coffee houses/Restaurants	◯	◯	◯	◯
Truck stops/Rest areas	◯	◯	◯	◯
Faith based groups/Church	◯	◯	◯	◯

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

1.
2.
3.
4.
5.

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

1.
2.
3.
4.
5.

33. Are there services you need for HIV that are hard to get?

1.
2.
3.
4.
5.

34. Why are these services hard to get?

1.
2.
3.
4.
5.

35. Are there services that you need for HIV that you CAN'T GET?

1.
2.
3.
4.
5.

36. Why can't you get these services?

1.
2.
3.
4.
5.

Thank you for your time in completing this survey. Your confidential responses will be valuable in helping to design and improve HIV prevention and care services in the Great Hampton Roads area.

Norfolk Out of Care 2013

1.

This survey is confidential, not anonymous. Individual responses will not be shared. The information you provide will be used to improve HIV prevention and care services in the Greater Hampton Roads area.

1. What is your current age?

age

2. What is your zip code?

zip

3. Are you?

- ◯ Male
- ◯ Transgender
- ◯ Female
- ◯ Other (please specify)

4. What race do you consider yourself?

- ◯ African American
- ◯ Asian.Pacific Islander
- ◯ Hispanic/Latino
- ◯ American Indian
- ◯ Caucasian
- ◯ Multi-Racial
- ◯ Other (please specify)

5. Are you a US citizen?

- ◯ Yes
- ◯ No

6. What is your primary language?

language

7. What is your sexual orientation?

- ◯ Gay
- ◯ Heterosexual
- ◯ Transgender F-M
- ◯ Bisexual
- ◯ Transgender M-F
- ◯ Prefer not to answer
- ◯ Other (please specify)

8. What is your current relationship status?

	Yes	Is this person HIV+?
Single	☐	☐
Legally married	☐	☐
Common law	☐	☐
Partnered	☐	☐
Separated	☐	☐
Divorced	☐	☐
Widow/Partner died	☐	☐

9. What is your highest level of education?

- ◯ Grade school
- ◯ Some high school
- ◯ High school degree/GED
- ◯ Some college
- ◯ College degree
- ◯ Some graduate school
- ◯ Graduate school degree

10. Do you currently?

- ◯ Own your home
- ◯ Rent
- ◯ Other (please specify)
- ◯ Live with a friend/relative
- ◯ Stay in a shelter
- ◯ Homeless/Living on the streeet

11. What year were you diagnosed with HIV?

year

12. What city and state were you living in at that time?

city

state

13. Are you currently?

- ◯ HIV positive
- ◯ Have an AIDS diagnosis
- ◯ Unknown HIV status

14. How did you find out you were HIV positive?

- ◯ When I requested a test for HIV
- ◯ Part of a street/community outreach testing event
- ◯ When I donated blood
- ◯ When I went to the hospital or emergency room for something else
- ◯ Part of a physical examination or doctor's visit
- ◯ (For women) As part of care while pregnant
- ◯ When I was in jail or prison
- ◯ Other (please specify)

15. At the time of your HIV diagnosis, were you referred for any of the following services? (Please check all that apply.)

- ☐ Medical care related to HIV diagnosis
- ☐ Medical care for a condition other than HIV
- ☐ Case management
- ☐ Substance abuse counseling service
- ☐ Mental health services (other than substance abuse counseling)
- ☐ If pregnant, OB/GYN care
- ☐ Health/HIV education class
- ☐ Partner Notification Services
- ☐ I was not referred for any services
- ☐ Don't remember
- ☐ Other (please specify)

16. How soon after you found out about being HIV positive did you receive medical care?

- ◯ Immediately
- ◯ Within 3-6 months
- ◯ Within 7-12 months
- ◯ Longer than 1 year
- ◯ Longer than 2-3 years
- ◯ I have never received medical care for my HIV

17. If you did not seek medical care from a doctor or a nurse within 1 year of finding out you were HIV positive, please indicate the reasons why.

- ☐ Couldn't afford it
- ☐ Didn't need medical care
- ☐ Couldn't get transportation
- ☐ Didn't know where to go to get medical care
- ☐ Don't trust doctors
- ☐ Didn't think I needed it
- ☐ I was depressed
- ☐ Didn't like the way I was treated
- ☐ I feel good/healthy
- ☐ I didn't want anyone to know
- ☐ Not applicable
- ☐ Other (please specify)

18. When was the last time you saw a doctor or nurse for your HIV?

MM DD YYYY

month/year ☐ / ☐ / ☐

19. When was the last time you took medications for HIV?

MM DD YYYY

month/year ☐ / ☐ / ☐

20. When was the last time you had blood drawn for your viral load and CD4's?

MM DD YYYY

month/year ☐ / ☐ / ☐

21. Are you currently pregnant or have you been pregnant within the past 12 months?

◯ Yes ◯ No ◯ Not applicable

22. If you are currently pregnant or have been pregnant within the past 12 months, are you currently receiving or did you receive AZT treatment during your pregnancy?

◯ Yes ◯ No ◯ Not applicable

23. If you have not had medical care in more than 6 months for your HIV, please tell us why. (Please check all that apply.)

- [ ] Not applicable, I have received medical care within the past 6 months
- [ ] My doctor or nurse told me that I do not need medical care right now
- [ ] I was told to take a break
- [ ] I do not think I need medical care now because I am not sick
- [ ] I do not think medical care would do me any good
- [ ] I have found a doctor or nurse who I want to treat me
- [ ] I have not found a place that I feel comfortable going
- [ ] I don't have transportation to get to medical care appointments
- [ ] I don't have child care when I go for medical care
- [ ] I do not know where to go for medical care
- [ ] I do not want to receive medical care
- [ ] I use alternative treatments
- [ ] I can't afford medical care now
- [ ] I get anxious about going to a doctor or nurse about HIV
- [ ] I don't want anyone to know
- [ ] I don't have the money for parking/lunch
- [ ] I feel better than I did
- [ ] I am undetectable
- [ ] I had problems with medications
- [ ] Other (please specify)

24. If you haven't received medical care in the last 6 months, which of the following things would help you get to a doctor? (Please check all that apply.)

- [ ] Not applicable as I am receiving medical care
- [ ] Referrals or advice from someone I trust
- [ ] More information about the services
- [ ] More outreach services
- [ ] Lower cost of medical care/medicines
- [ ] Free medical care
- [ ] Insurance to pay for doctor and meds
- [ ] Better quality of services
- [ ] Better trained doctors and nurses
- [ ] Not having to wait so long for appointments
- [ ] Employment opportunities
- [ ] More government services
- [ ] Housing
- [ ] Transportation
- [ ] Substance use treatment
- [ ] Financial concerns
- [ ] Peer support/someone to help me understand
- [ ] If I know friends go there
- [ ] Nothing
- [ ] Other (please specify)

25. Why do you think people don't get medical care for HIV? (Please check all that apply.)

- [ ] Worried that other people will find out/fear of telling
- [ ] Cannot speak English very well
- [ ] Feel healthy
- [ ] Can't afford it
- [ ] Don't have transportation
- [ ] Couldn't get an appointment
- [ ] Drugs
- [ ] Don't want to take HIV medications
- [ ] Don't believe they are HIV positive
- [ ] Services conflict with cultural beliefs
- [ ] Other (please specify)

26. Have you ever been diagnosed with or treated for any of the following diseases?

- [ ] Chlamydia
- [ ] Genital Warts
- [ ] Gonorrhea
- [ ] Hepatitis A, B or C
- [ ] Genital herpes
- [ ] Syphilis
- [ ] Yeast Infections
- [ ] Tuberculosis
- [ ] Other (please specify)

27. Have you ever been diagnosed with any of the following?

- [ ] Cancer (lymphoma, sarcoma, etc)
- [ ] Diabetes
- [ ] Heart problems
- [ ] High blood pressure
- [ ] High cholesterol
- [ ] Kidney problems
- [ ] Liver problems
- [ ] Other (please specify)
- [ ] Lung/breathing problems
- [ ] Neuropathy
- [ ] PCP Pneumonia
- [ ] Problems with thought or memory
- [ ] Emotional problems
- [ ] None

28. Do you take other medications (not for HIV) prescribed by a doctor?

- ◯ Yes
- ◯ No

29. Have you ever been diagnosed with or treated for a mental health illness?

- ◯ Yes
- ◯ No
- ◯ Don't know

If yes, which one?

30. If you answered 'yes' to previous question, are you taking medications to treat your mental illness?

- ◯ Yes
- ◯ No
- ◯ Not applicable

31. Do you use alcohol or other substances?

- ◯ Yes
- ◯ No

32. During the past 12 months, how ofen have you used any of the following substances?

	Daily	Weekly	Monthly	Rarely	Never
Alcohol	◯	◯	◯	◯	◯
Cocaine	◯	◯	◯	◯	◯
Crack	◯	◯	◯	◯	◯
Crystal Meth/Methamphetamines	◯	◯	◯	◯	◯
Heroin	◯	◯	◯	◯	◯
Marijuana/hash	◯	◯	◯	◯	◯
Speedball	◯	◯	◯	◯	◯
Tobacco	◯	◯	◯	◯	◯

Other (please specify)

33. Are you currently injecting drugs?

◯ Yes ◯ No

34. Have you ever used injecting drugs?

◯ Yes ◯ No

35. If you are currently injecting drugs, how often do you share needles or works?

◯ Always ◯ Never

◯ Sometimes ◯ Not applicable, I do not inject drugs

◯ Rarely

36. If you share needles or works, how often do you clean or disinfect the needles or works (with bleach, alcohol, etc)?

◯ Always ◯ Never

◯ Sometimes ◯ Not applicable, I do not share needles or works

◯ Rarely

37. Please list services that would help you return to medical care.

1.
2.
3.
4.
5.

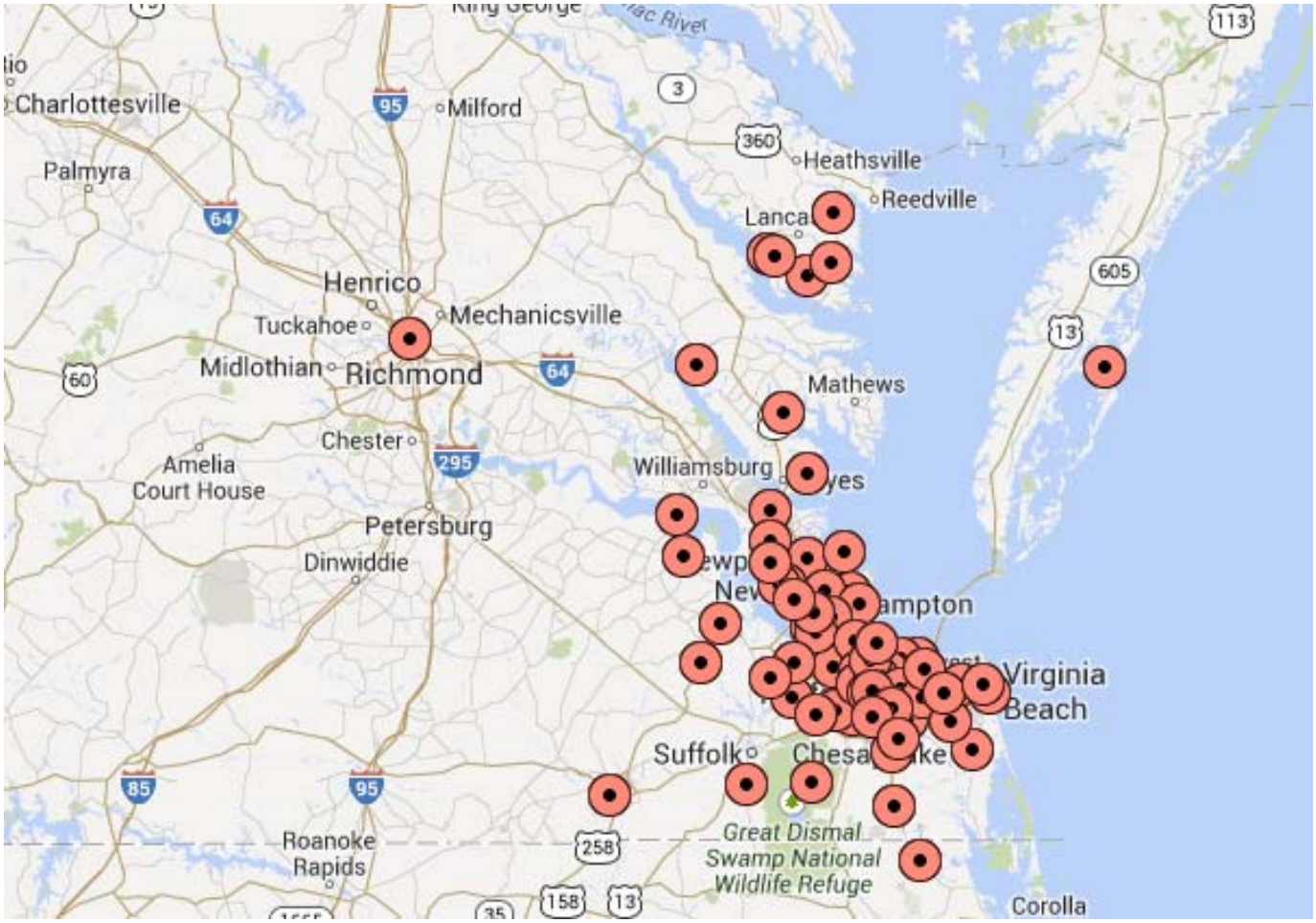
38. Please list or describe any other services you need that are not available.

1.
2.
3.
4.
5.

Thank you for your time in completing this survey. Your confidential responses will be valuable in helping to design and improve HIV prevention and care services in the Greater Hampton Roads area.

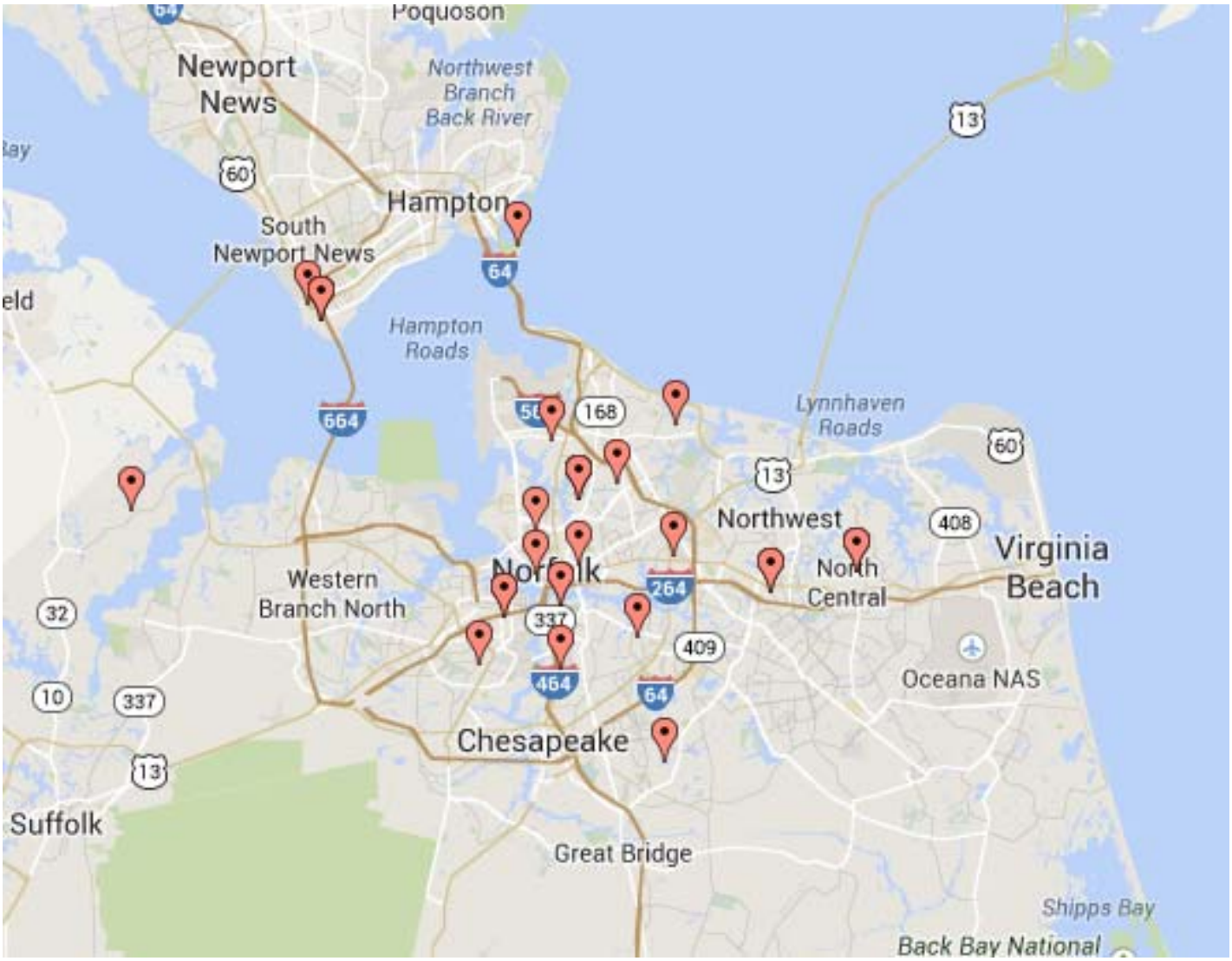
Norfolk 2013 Needs Assessment

In-Care Survey Respondents by Zip Code (n=302)



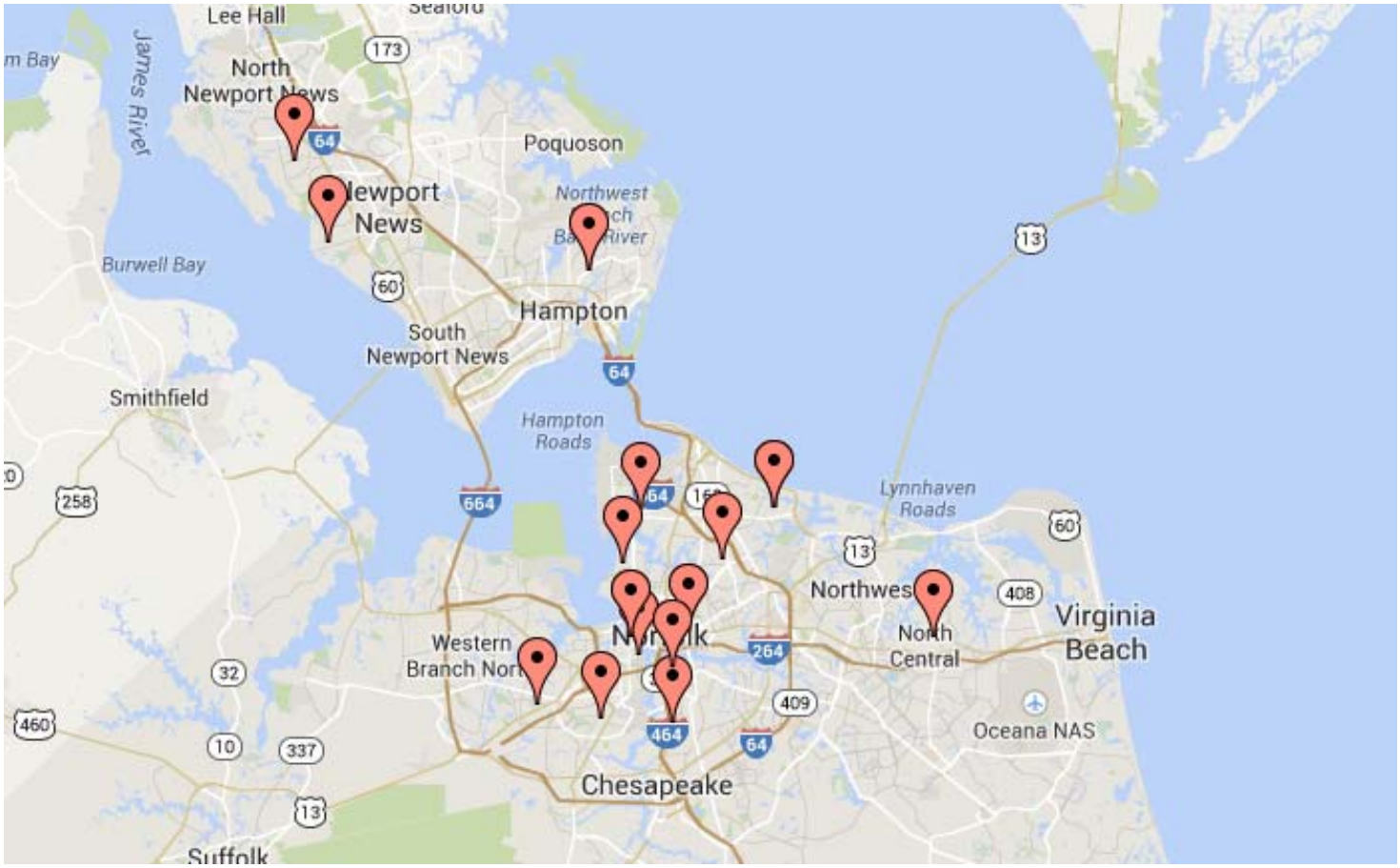
Norfolk 2013 Needs Assessment

Newly Diagnosed Survey Respondents by Zip Code (n=28)



Norfolk 2013 Needs Assessment

Out of Care Survey Respondents by Zip Code (n=21)



Norfolk Transitional Grant Area (TGA)

List of Ryan White Part A Providers by Service Category

Outpatient/Ambulatory Medical Care

Eastern Virginia Medical School (EVMS)

Location:

Center for Comprehensive Care of Immune Deficiency (C3ID) — **Clinic:** (757) 446-7240
Hofheimer Hall — **Enrollment:** (757) 446-7981
825 Fairfax Avenue, 5th Floor — Fax: (757) 446-5242
Norfolk, VA 23507

Other Locations:

EVMS Specialty Clinic at Chesapeake Health Department — **Clinic:** (757) 398-8605
748 N. Battlefield Boulevard
Chesapeake, VA 23324

Other Locations:

EVMS Specialty Clinic at Three Rivers Health District — **Clinic:** (804) 693-2194
Gloucester County Health Department
6882 Main Street
Gloucester, VA 23061

Other Locations:

EVMS Specialty Clinic at Virginia Beach Health Department — **Clinic:** (757) 518-2700
4452 Corporate Lane
Virginia Beach, VA 23462

Other Locations:

EVMS Specialty Clinic at Portsmouth Health Department — **Clinic:** (757) 393-8585 x8593
1701 High Street
Portsmouth, VA 23704

Other Locations:

EVMS Specialty Clinic at Olde Towne Medical Center — **Clinic:** (757) 220-4606
5249 Olde Towne Road, Suite D
Williamsburg, VA 23188

Other Locations:

EVMS Specialty Clinic at Norfolk Health Department — **Clinic:** (757) 683-2718
800 Southampton Avenue Suite #200 — **Clinic:** (757) 683-2889
Norfolk, VA 23510

Other Locations:

EVMS Specialty Clinic at Sentara Ambulatory Care Clinic — **Clinic:** (757) 388-3881
130 Colley Avenue
Norfolk, VA 23510

Norfolk Community Health Center

Location:
Norfolk Community Health Center **Clinic:** (757) 628-1430
1401 Tidewater Drive, Suite 1
Norfolk, VA 23504

Peninsula Institute for Community Health (PICH)

Location:
Peninsula Institute for Community Health (PICH) **Clinic:** (757) 247-2810
4714 Marshall Avenue
Newport News, VA 23607

Medical Case Management Services

ACCESS AIDS Care (AIDS Care Center for Education and Support Services)

Location:
Court One Office **Phone:** (757) 640-0929
248 W. 24th Street Fax: (757) 622-8932
Norfolk, VA 23517

Location:
Granby Street Office **Phone:** (757) 640-0929
3309 Granby Street Fax: (757) 216-5150
Norfolk, VA 23504

Location:
Hampton Office **Phone:** (757) 640-0929
218 S. Armistead Avenue Fax: (757) 722-5556
Hampton, VA 23669

Eastern Virginia Medical School (EVMS)

Location:
Center for Comprehensive Care of Immune Deficiency (C3ID) **Phone:** (757) 446-8989
Hofheimer Hall
825 Fairfax Avenue, 5th Floor
Norfolk, VA 23507

Minority AIDS Support Services, Inc.

Location:
Minority AIDS Support Services, Inc. **Phone:** (757) 247-1879
3110 Chestnut Avenue
Newport News, VA 23607

International Black Women's Congress (IBWC)

Location:
International Black Women's Congress **Phone:** (757) 625-0500
646 Church Street, Suite 200
Norfolk, VA 23510

Norfolk Community Health Center

Location:
Norfolk Community Health Center **Phone:** (757) 628-1430
1401 Tidewater Drive, Suite 1
Norfolk, VA 23504

Peninsula Institute for Community Health (PICH)

Location:
Peninsula Institute for Community Health (PICH) **Phone:** (757) 247-2810
4714 Marshall Avenue
Newport News, VA 23607

Urban League of Hampton Roads

Location:
Virginia Beach Office **Phone:** (757) 627-0864
5700 Thurston Avenue, Suite 101
Virginia Beach, VA 23455

Location:
Norfolk Office **Phone:** (757) 226-7589
830 Goff Street
Norfolk, VA 23504

Location:
Hampton Office **Phone:** (757) 224-8085
1300 Thomas Street, Suite E
Hampton, VA 23669

Early Intervention Services (EIS)

ACCESS AIDS Care (AIDS Care Center for Education and Support Services)

Location:
Court One Office **Phone:** (757) 640-0929
248 W. 24th Street Fax: (757) 622-8932
Norfolk, VA 23517

Location:
Granby Street Office **Phone:** (757) 640-0929
3309 Granby Street Fax: (757) 216-5150

Norfolk, VA 23504

Location:
Hampton Office
218 S. Armistead Avenue
Hampton, VA 23669
Phone: (757) 640-0929
Fax: (757) 722-5556

International Black Women's Congress (IBWC)

Location:
International Black Women's Congress
646 Church Street, Suite 200
Norfolk, VA 23510
Phone: (757) 625-0500

Minority AIDS Support Services, Inc.

Location:
Minority AIDS Support Services, Inc.
3110 Chestnut Avenue
Newport News, VA 23607
Phone: (757) 247-1879

Urban League of Hampton Roads

Location:
Virginia Beach Office
5700 Thurston Avenue, Suite 101
Virginia Beach, VA 23455
Phone: (757) 627-0864

Location:
Norfolk Office
830 Goff Street
Norfolk, VA 23504
Phone: (757) 226-7589

Location:
Hampton Office
1300 Thomas Street, Suite E
Hampton, VA 23669
Phone: (757) 224-8085

Mental Health Services

ACCESS AIDS Care (AIDS Care Center for Education and Support Services)

Location:
Court One Office
248 W. 24th Street
Norfolk, VA 23517
Phone: (757) 640-0929
Fax: (757) 622-8932

Location:
LGBT Center of Hampton Roads
247 W. 25th Street
Phone: (757) 200-9198

Norfolk, VA 23517

Community Psychological Resources (CPR)

Location:

Norfolk Office **Phone:** (757) 622-6794
919 W. 21st Street, Suite B
Norfolk, VA 23517

Oral Health Care

Peninsula Institute for Community Health (PICH)

Location:

Peninsula Institute for Community Health (PICH) **Phone:** (757) 247-2810
4714 Marshall Avenue
Newport News, VA 23607

Portsmouth Community Health Center (Healthy Smiles)

Location:

Healthy Smiles **Phone:** (757) 399-4588
664 Lincoln Street
Portsmouth, VA 23704

Virginia Beach Department of Public Health

Location:

4452 Corporate Lane **Phone:** (757) 518-2751
Virginia Beach, VA 23462

Pharmacy Program - Drug Reimbursement

Bayview Plaza Pharmacy, Inc.

Location:

Norfolk Location **Phone:** (757) 583-7466
7924-A Chesapeake Boulevard
Norfolk, VA 23518

Mercury West Pharmacy

Location:

Hampton Location **Phone:** (757) 827-1938
2148 West Mercury Boulevard
Hampton, VA 23666

Pharmacy Program - Medication Co-Pay

ACCESS AIDS Care (AIDS Care Center for Education and Support Services)

Location:
Court One Office
248 W. 24th Street
Norfolk, VA 23517

Phone: (757) 640-0929
Fax: (757) 622-8932

Location:
Hampton Office
218 S. Armistead Avenue
Hampton, VA 23669

Phone: (757) 640-0929
Fax: (757) 722-5556

Substance Abuse

Norfolk Community Service Board

Location:
7460 Tidewater Drive
Norfolk, VA 23510

Phone: (757) 664-6670

Medical Transportation Service

ACCESS AIDS Care (AIDS Care Center for Education and Support Services)

Location:
Granby Street Office
3309 Granby Street
Norfolk, VA 23504

Phone: (757) 625-6992

Eastern Virginia Medical School (EVMS)

Location:
Center for Comprehensive Care of Immune Deficiency (C3ID)
Hofheimer Hall
825 Fairfax Avenue, 5th Floor
Norfolk, VA 23507

Phone: (757) 446-8989

Norfolk Transitional Grant Area (TGA)

Agencies within the Norfolk TGA Who Provide Services to People Living with HIV/AIDS

Albemarle Regional Health Services

Web Address: http://www.ahc-nc.org **Private Non-Profit**

Location:
711 Roanoke Avenue
PO BOX 189
Elizabeth City, NC 27909

Phone: (252) 338-4400
Fax: (252) 338-4449

Location:
Albemarle Home Care
311 Cedar Street
Elizabeth City, NC 27909

Phone: (252) 338-4066
Fax: (252) 338-4069

Areas Served: Currituck County, North Carolina

Services: HIV Case Management, Private Duty In Home Aid, Skilled Nursing, Hospice and Emergency Medical Care

American Red Cross

Web Address: http://www.redcross.org

Location:
Norfolk Office
611 E. Brambleton Avenue
Norfolk, VA 23510

Phone: (757) 446-7700

Areas Served: Greater Hampton Roads Area

Services: Councesling, Financial Aid Services, Safety and Disaster services, Emergency Medical Care, Health and Nursing Services, Medical Supply, Blood Services, Transportation Services, Recreation, Health and Safety Classes, HIV/AIDS Prevention

AWARE Worldwide

Web Address:

Location:
3419 Virginia Beach Blvd., Suite 132
Virginia Beach, VA 23452

Phone: (757) 965-8373

Areas Served: Southeastern Virginia, Hampton Roads, Williamsburg, Richmond

Services: HIV Education and Prevention Services, HIV Testing, Counseling, Limited HIV Case Management Services

Chesapeake Care, Inc.

Web Address: http://www.chesapeakecare.org

Location:
2145 S. Military Highway
Chesapeake, VA 23320

Phone: (757) 545-5700

Areas Served: Chesapeake Residents

Services: Primary Health Care, Dental Care, Specialty Care

Chesapeake Community Services Board

Web Address:

Location:
224 Great Bridge Blvd
Chesapeake, VA 23320

Phone: (757) 547-9334

Areas Served: Chesapeake

Services: Mental Health, Substance Abuse

Chesapeake Division of Social Services

Web Address:

Location:
100 Outlaw Street
Chesapeake, VA 23328

Phone: (757) 382-2000

Areas Served: Chesapeake

Services: Social Services

Chesapeake General Hospital

Web Address:

Location:
736 Battlefield Blvd N.
Chesapeake, VA 23320

Phone: (757) 312-8121

Areas Served: Greater Hampton Roads Area, Northeast North Carolina

Services: Hospital

Chesapeake Health Department

Web Address:

Location:
748 Battlefield Blvd. N.
Chesapeake, VA 23320

Phone: (757) 382-8600

Areas Served: Chesapeake

Services: Health prevention, promotion and education, STD Clinic, Nutrition, Dental, Psychosocial care, case management, HIV Testing, STD Testing

Chesapeake Redevelopment and Housing Authority

Web Address:

Location:
1468 S. Military Highway
Chesapeake, VA 23320

Phone: (757) 523-0401

Areas Served: Chesapeake

Services: Housing for low to moderate income families

Children's Hospital of The King's Daughters, Inc.

Web Address: http://www.chkd.org

Location:
601 Children's Lane
Norfolk, VA 23507

Phone: (757) 668-7000

Areas Served: Southeastern Virginia and Northeasten North Carolina

Services: Health Care for Children of Hampton Roads and Northeast North Carolina

Colonial Community Services Board

Web Address:

Location:
1657 Merrimac Trail
Williamsburg, VA 23185

Phone: (757) 220-3200

Areas Served: Williamsburg, James City County, Poquoson

Services: Mental Health and Substance Abust counseling services

Currituck County Department of Social Services

Web Address:

Location:
2793 Caratoke Highway
Currituck, NC 27929

Phone: (252) 232-3083

Areas Served: Currituck County, North Carolina

Services: Public Welfare Agency, North Carolina Medicaid, SNAP, NC Medicaid Transportation

Gloucester County Department of Social Services

Web Address:

Location:
6641 Short Lane
Gloucester, VA 23061

Phone: (804) 693-2671

Areas Served: Gloucester County

Services: Welfare Programs and services for residents of Gloucester County

Gloucester-Matthews Free Clinic

Web Address:

Location:

2776 George Washington Memorial Highway
Hayes, VA 23072

Phone: (804) 642-9515

Areas Served: Gloucester County and Matthews County

Services: Primary Health Care for uninsured residents of Gloucest and Matthews Counties

Greater Hampton Roads HIV Health Services Planning Council

Web Address:

Location:

Ryan White Part A Planning Council
741 Monticello Avenue
Norfolk, VA 23510

Phone: (757) 823-4401

Areas Served: Chesapeake, Norfolk, Virginia Beach, Portsmouth, Suffolk, Hampton, Newport News, Poquoson, Williamsburg, Isle of Wight, York County, James City Co., Gloucest Co., Matthews Co., Currituck Co., NC

Services: Planning Council ensures the effective and efficient delivery of medical and support services to persons infected and affected by HIV in the Norfolk TGA

Location:

Grantee Administration by City of Norfolk
741 Monticello Avenue
Norfolk, VA 23510

Phone: (757) 823-4400

Areas Served: Chesapeake, Norfolk, Virginia Beach, Portsmouth, Suffolk, Hampton, Newport News, Poquoson, Williamsburg, Isle of Wight, York County, James City Co., Gloucest Co., Matthews Co., Currituck Co., NC

Services: The grantee has the responsibility to carry out the CARE act functions.

Greater Peninsula Work Force Development Consortium

Web Address:

Location:
11820 Fountain Way, Suite 301
Newport News, VA 23601

Phone: (757) 826-3327

Areas Served: Gloucester Co., Hampton, James City Co., Newport News, Poquoson, Williamsburg, and York Co.

Services: Job training partnership, Serves Youth and Adults

Hampton Department of Social Services

Web Address:

Location:
1320 LaSalle Avenue
Hampton, VA 23669

Phone: (757) 727-1800

Areas Served: Hampton

Services: Welfare Programs and services for residents of Hampton

Hampton Health District

Web Address:

Location:
3130 Victoria Boulevard
Hampton, VA 23661

Phone: (757) 727-1172

Areas Served: Hampton

Services: Acute and chronic medical care, STD Testing, Immunications, communicable disease survelliance

Hampton Redevelopment and Housing Authority

Web Address:

Location:
1 Franklin Street
Hampton, VA 23669

Phone: (757) 727-6337

Areas Served: Hampton

Services: Housing for low-income families, disabled or elderly

Hampton-Newport News Community Services Board

Web Address:

Location:
300 Medical Drive
Hampton, VA 23666

Phone: (757) 788-0300

Areas Served: Hampton, Newport News

Services: Mental Health and substance abuse counseling

Isle of Wight County Health Department

Web Address:

Location:
919 South Church Street
Smithfield, VA 23431

Phone: (757) 357-4177

Areas Served: Smithfield, Isle of Wight Co

Services: Acute and chronic medical care, STD Testing, Immunications, communicable disease survelliance

Isle of Wight County Department of Social Services

Web Address:

Location:

17100 Monument Circle, Suite A
Isle of Wight, VA 23397

Phone: (757) 365-0880

Areas Served: Isle of Wight Co.

Services: Social Service programs for residents of Isle of Wight Co.

James City County Division of Social Services

Web Address:

Location:
5249 Olde Town Rd
Williamsburg, VA 23188

Phone: (757) 259-3100

Areas Served: Jame City Co

Services: Social Service programs for residents of James City Co.

Matthews County Department of Social Services

Web Address:

Location:
536 Church Street
Mathews , VA 23109

Phone: (804) 725-7192

Areas Served: Mathews Co.

Services: Social Service programs for residents of Mathews Co

Newport News Department of Social Services

Web Address:

Location:
6060 Jefferson Avenue
Newport News, VA 23605

Phone: (757) 926-6300

Areas Served: Newport News

Services: Social Service programs for residents of Newport News

Newport News Redevelopment and Housing Authority

Web Address:

Location:
227 27th Street
Newport News, VA 23607

Phone: (757) 928-2620

Areas Served: Newport News

Services: Housing for low-income families, disabled or elderly

Norfolk Community Services Board

Web Address:

Location:
225 W. Olney Road, Suite 100
Norfolk, VA 23510

Phone: (757) 823-1600

Areas Served: Norfolk

Services: Mental Health and substance abuse counseling

Norfolk Department of Social Services

Web Address:

Location:
220 W. Brambleton Avenue
Norfolk, VA 23510

Phone: (757) 664-6001

Areas Served: Norfolk

Services: Social Service programs for residents of Norfolk

Norfolk Health Department

Web Address:

Location:
830 Southampton Ave, Suite 200
Norfolk, VA 23510

Phone: (757) 683-2800

Areas Served: Norfolk

Services: Acute and chronic medical care, STD Testing, Immunications, communicable disease surveillance

Norfolk Redevelopment and Housing Authority

Web Address:

Location:
201 Granby Street
Norfolk, VA 23501

Phone: (757) 623-1111

Areas Served: Norfolk

Services: Housing for low-income families, disabled or elderly

Peninsula Health District

Web Address:

Location:
416 J. Clyde Morris Blvd.
Newport News, VA 23601

Phone: (757) 594-7305

Areas Served: James City Co., Newport News, Poquoson, Williamsburg, and York Co.

Services: Acute and chronic medical care, STD Testing, Immunications, communicable disease surveillance

Planning Council, The

Web Address:

Location:
5365 Robin Hood Rd, Suite 700
Norfolk, VA 23513

Phone: (757) 622-9268

Areas Served: Hampton Roads and Eastern Shore

Services: Child Care, Elder Care, Crisis Hotline, Homeless Prevention, Referral Services

Portsmouth Department of Social Services

Web Address:

Location:
1701 High Street
Portsmouth, VA 23704

Phone: (757) 405-1800

Areas Served: Portsmouth

Services: Social Service programs for residents of Portsmouth

Portsmouth Health District

Web Address:

Location:
1701 High Street
Portsmouth, VA 23704

Phone: (757) 393-8585

Areas Served: Portsmouth

Services: Acute and chronic medical care, STD Testing, Immunications, communicable disease survelliance

Portsmouth Redevelopment and Housing Authority

Web Address:

Location:
3116 South Street
Portsmouth, VA 23707

Phone: (757) 399-5261

Areas Served: Portsmouth

Services: Housing for low-income families, disabled or elderly

Suffolk Department of Social Services

Web Address:

Location:
135 Hall Ave, Suite B
Suffolk, VA 23439

Phone: (757) 514-7450

Areas Served: Suffolk

Services: Social Service programs for residents of Suffolk

Suffolk Health Department

Web Address:

Location:
135 Hall Ave, Suite A
Suffolk, VA 23439

Phone: (757) 514-4700

Areas Served: Suffolk

Services: Acute and chronic medical care, STD Testing, Immunications, communicable disease survelliance

Suffolk Redevelopment and Housing Authority

Web Address:

Location:
530 E. Pinner Street
Suffolk, VA 23434

Phone: (757) 539-2100

Areas Served: Suffolk

Services: Housing for low-income families, disabled or elderly

Veteran Medical Center

Web Address: http://www.VA.gov

Location:
100 Emancipation Drive
Hampton, VA 23667

Phone: (757) 722-9961

Areas Served: Eastern Virginia, Eastern North Carolina

Services: Provides Medical Services to Qualified Veterans

Virginia Beach Department of Human Services

Web Address:

Location:
297 Independence Blvd
Pembroke Six, Suite 302
Virginia Beach, VA 23462

Phone: (757) 385-0505

Areas Served: Virginia Beach

Services: Social Service programs for residents of Virginia Beach

Virginia Beach Housing and Neighborhood Prevention

Web Address:

Location:
Municipal Center Bldg 18-A
2424 Courthouse Drive
Virginia Beach, VA 23456

Phone: (757) 385-5750

Areas Served: Virginia Beach

Services: Housing for low-income families, disabled or elderly

Virginia Beach Department of Public Health

Web Address:

Location:

Pembroke Corporate Center III
4452 Corporate Lane
Virginia Beach, VA 23462

Phone: (757) 518-2700

Areas Served: Virginia Beach

Services: Acute and chronic medical care, STD Testing, Immunications, communicable disease survelliance

Virginia Department of Health

Web Address: http://www.vdh.virginia.gov

Location:

109 Governor Street
Richmond, VA 23219

Phone: (804) 864-7001

Areas Served: State of Virginia

Services: Administration to all Virginia Health Programs, Acute and chronic medical care, STD Testing, Immunications, communicable disease survelliance

Western Tidewater Community Services Board

Web Address:

Location:

135 W. Saratoga Street
Suffolk, VA 23434

Phone: (757) 925-2222

Areas Served: Franklin, Isle of Wight, South Hampton Co., Suffolk

Services: Mental Health and substance abuse counseling

Western Tidewater Health District

Web Address:

Location:

1217 W. Main Street
Suffolk, VA 23439

Phone: (757) 686-4900

Areas Served: Suffolk

Services: Acute and chronic medical care, STD Testing, Immunications, communicable disease survelliance

Williamsburg Department of Social Services

Web Address:

Location:
401 Lafayette Street
Williamsburg, VA 23185

Phone: (757) 220-6161

Areas Served: Williamsburg

Services: Social Service programs for residents of Williamsburg

Williamsburg Redevelopment and Housing Authority

Web Address:

Location:
412 N. Boundary Street
Williamsburg, VA 23187

Phone: (757) 220-3477

Areas Served: Williamsburg, James City Co., York Co.

Services: Housing for low-income families, disabled or elderly

York County Community Services Board

Web Address:

Location:
224 Ballard Street
Yorktown, VA 23690

Phone: (757) 890-3880

Areas Served: York Co.

Services: Mental Health and substance abuse counseling

York - Poquoson Department of Social Services

Web Address:

Location:
Human Service Building
301 Goodwin Neck Road
Yorktown, VA 23692

Phone: (757) 890-3787

Areas Served: York Co.

Services: Social Service programs for residents of Poquoson and York Co.