

*Greater Hampton Roads HIV Health Services Planning Council*



Norfolk TGA

Comprehensive PLWH/A  
Needs Assessment

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**2008 REPORT OF FINDINGS**

*Prepared by:*

  
COLLABORATIVE RESEARCH

**Collaborative Research, LLC**

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December 2008

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# ***2008 Comprehensive PLWH/A Needs Assessment***

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*Greater Hampton Roads HIV Health Services Planning Council  
2008*

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*December*

## ***Executive Summary***

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 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 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 ascertain the emerging service needs, uses, barriers and gaps for the 2008 population of PLWH/A in Ryan White funded services, the Greater Hampton Roads HIV Health Services Planning Council commissioned this comprehensive needs assessment study.

## **Relevance of PLWH/A Needs Assessment Study**

### ***HIV/AIDS Incidence/Prevalence***

As of December 31, 2007, there were 6,199 PLWH/A in the Norfolk TGA. Of those, 2,476 were PLWA and 3,723 were PLWH (non-AIDS). AIDS prevalence in the TGA is notable in that Males represent 73% of living AIDS cases; Blacks represent 68%; MSM represent 40% and the City of Norfolk has the highest AIDS prevalence of the 15 localities. During the reporting period of January 1<sup>st</sup>, 2006 to December 31, 2007, there were 251 new AIDS cases reported and 519 new HIV cases.

Males represent 71% of the AIDS incidence in 2006-2007. Blacks had three times higher reported cases than whites. MSM represented 32% of new AIDS cases while Heterosexuals represented 16% of new AIDS cases. Males represent 73% of new HIV cases, Blacks were diagnosed with HIV at a 77% rate, and MSM had the highest incidence of new HIV cases at 30%, followed by Heterosexuals

at 15%. 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. MSM represented 40% of AIDS prevalence and 34% of HIV (not- AIDS) prevalence in the TGA. African-Americans reported 72% of HIV *and* are 68% of people living with AIDS; and adult's ages 20-49 represented 87% of the TGA's HIV epidemic (HIV *and* AIDS, combined). Of all high-risk groups, African-Americans, African-American females and MSM tend to be the most disproportionately impacted by HIV-disease in the Norfolk TGA.

In addition, the Norfolk TGA—similar to the rest of the nation—is witnessing an increase in HIV disease among women of childbearing age and those over 50 years of age. ***Youth, ages 13-24 years evidence a 1% disparity in new HIV case rates, and therefore are included as an important emerging population.***

Virginia/North Carolina HARS<sup>1</sup> data indicates that urban areas within the TGA are disproportionately impacted by HIV disease. The City of *Norfolk*—the epicenter of the TGA—reported the largest number of ***new HIV cases*** (not-AIDS) in 2006 and 2007 (31%) followed by the Peninsula with 53 new cases of HIV (not-AIDS) (VDH; 2007). Approximately 75% of all HIV and AIDS living cases are in Southside localities. The rate of new HIV (not-AIDS) for *Newport News* was more than *twice* that of the state of Virginia and US rates; with the rates for *Portsmouth* and *Norfolk* approximately *three to three and a half times* the state rate and *three times the US rate, respectively*<sup>2</sup>.

Localities with the highest ***rates of new AIDS*** cases were Norfolk (18.5 per 100,000), Newport News (13.7 per 100,000), and Portsmouth (11.0 per 100,000). These rates—similar to the rate for HIV (not-AIDS) incidence—were higher than both the Commonwealth of Virginia and the U.S. rates for new AIDS cases.<sup>3</sup> **The TGA localities of Norfolk, Portsmouth and Newport News demonstrate disproportionately high rates of overall HIV disease prevalence (Living cases of HIV and AIDS).** *Surprisingly, the Peninsula locality of Williamsburg demonstrated a rate higher than Newport News in overall HIV disease and currently has the highest HIV (not-AIDS) and AIDS rates in the Peninsula region.* Although Williamsburg has a small number of cases, it is important for the TGA to recognize the emergent trend in this locality.

Factors which complicate the delivery of services in the planning area include poverty, with its accompanying social ills, and expansive rural areas that present people living with HIV/AIDS with substantial distances to travel for specialized health care without a supporting public transportation infrastructure. Understanding this diversity is critical to developing a comprehensive plan for responsive service delivery that is feasible within the context of the geographic and demographic surroundings of the diverse populations to be served.

### ***Disproportionate Impact of HIV/AIDS on certain populations***

A disproportionate impact of HIV/AIDS is evident for populations determined to be nationally undercounted in recent CDC incidence estimates announced August 2, 2008. Using new technology called Serological Testing Algorithm for Recent HIV Seroconversion (STARHS) that distinguishes

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<sup>1</sup> HARS – HIV/AIDS Reporting System

<sup>2</sup> Virginia HIV (n=AIDS)=9.7 per 100,000; US HIV (n=AIDS)=11.5 per 100,000; Kaiser State Facts 2006. 2006 population estimates, U.S. Census Bureau.

<sup>3</sup> Virginia AIDS Cases=10.5 per 100,000; US=15.2 per 100,000. Kaiser State Facts 2006.

recent from longstanding HIV infections, CDC estimates that 56,300 new HIV infections occurred in the United States in 2006.

These estimates show that two groups, both of which dominate the epidemiology profile for existing *and new* cases in the Norfolk TGA, are higher than previously expected for new infections. Gay and bisexual men of all races account for 53% of new infections and African Americans comprise 43% of national cases. African Americans continue to have an incidence rate 7 times that of whites and 3 times higher than Latinos.

The specific impact or disparity for all groups in the Norfolk TGA is noted below. This 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 20-44 years display a disproportionate impact for people living with the disease. A group with a slight disparity of note is Youth, 13-19 years of age, with 1% higher proportion of new HIV cases than their percentage in the populace.

**TABLE 1. DISPROPORTIONATE IMPACT OF HIV/AIDS IN NORFOLK TGA, 2007**

<i>% General Population v. HIV+</i>	A	B	C	D	E
Group in Norfolk, VA TGA	General Population	NEW CASES	PLWHA	New Disparity	Existing Disparity
<b><i>Race/Ethnic Group</i></b>					
African American	31%	<b>75%</b>	<b>70%</b>	<b>44%</b>	<b>39%</b>
Asian	3%	0.5%	< 1%		
Latino/a	3%	4%	3%	<b>1%</b>	
Other	3%	1%	<1%		
White	60%	19.6%	25%		
<b><i>Gender</i></b>					
Male	49%	72%	72%	<b>23%</b>	<b>23%</b>
Female	51%	28%	27%		
<b><i>Age Group</i></b>					
0-12	14%	0.4%	1%		
13-19	6%	7%	4%	<b>1%</b>	
20-44	44%	77%	87%	<b>33%</b>	<b>43%</b>
45+	36%	15%	8%		

Sources: Column A. US Census Bureau, 2006; Columns B & C: Virginia Department of Health (VDH)/North Carolina Division of Public Health (NCDPH); 2007--(**Bold font that is shaded in Columns D** indicates the extent of the disparity for 'new' HIV and AIDS cases & denotes the scale of disparity for PLWHA in Column E.)

Seven (7) special populations are addressed in this needs assessment, based upon their respective size in the Norfolk TGA PLWH/A community, their disproportionate incidence or prevalence of HIV/AIDS, and their high percentage representation in the Out of Care group.

Table 2 on the following page highlights the major characteristics of these disproportionately impacted populations.

**TABLE 2. UNDERREPRESENTED POPULATIONS IN NORFOLK TGA, 2008**

Special Population	Overall % in PLWH/A	Comparison to General Population %	Estimated Composition in Out of Care Group
<b>1) African Americans</b>	New AIDS 74% New HIV 77% PLWA 68% PLWH 72%	34%	18%
<b>2) Men who have Sex with Men</b>	New AIDS 33% New HIV 32% PLWA 40% PLWH 34%	MSM highest reported exposure group in Norfolk TGA and VA with most AIDS cases	14%
<b>3) Women of Color</b>	New AIDS 30% New HIV 34% PLWA 27% PLWH 30%	13%	12%
<b>4) Substance Users/ Injection Drug Users</b>	New AIDS 10% New HIV 3% PLWA 14% PLWH 10%	SA: 32% IDU:	33%
<b>5) Rural PLWH/A</b>	1.9% Peninsula locations except Newport News & Hampton	19.4%	6.5%
<b>6) Veterans/Military</b>	PLWA 8.3% PLWH 5.4%	33% of general population has a military affiliation	16%*
<b>7) Youth, Ages 13-19 years (&amp; Youth, Ages 20-29 years)</b>	New AIDS 3.2% New HIV 9.2% PLWA 1% PLWH 6%	6%	Unk

*(Source: Column B: VA/NC HARS data, 2007; Column C – U.S. Census Bureau and VA/NC HARS data, 2007; Column C: 2006 Needs Assessment)*

### Overview Summary of 2008 ‘In Care’ Needs Assessment Findings

The demographic profile of 2008 Survey Respondents included:

- 61% male, 36% female, 3% transgender (all male to female)
- 76% African American, 17% White, 3% Multi-racial - 8% Latino
- 47% Heterosexual transmission, 38% MSM, 16% IDU
- 18% Veterans/Military
- 17% Rural PLWH/A
- 11% Youth
- **7% Out of Care**

The demographic profile of the ‘targeted versus actual’ Special Population groups who participated evidences a strong representation from each severe need group. The study findings should therefore provide a sound basis for future planning and decision-making in the TGA.

**TABLE 3: 2008 TARGETED VERSUS ACTUAL SPECIAL POPULATION RESPONDENTS**

<b>SPECIAL POPULATION</b>	<b>TARGETED #</b>	<b>ACTUAL #</b>	<b>ACTUAL %</b>
African Americans	73	232	310%
MSM	80	115	144%
IDU	32	57	178%
MSM/IDU	24	15	63%
Women	65	107	165%
Rural PLWH/A	50	52	104%
Veterans/Military	50	56	112%
Youth	30	34	113%
<b>TOTAL</b>	<b>300</b>	<b>304</b>	<b>101%</b>

**Co-Morbidities of 2008 Survey Respondent Group**

Survey participants evidence exceptionally high levels of co-morbidities:

- ❖ 60% Other chronic illness
- ❖ 55% Diagnosis/treatment of mental health disorder
- ❖ 44% Diagnosis/treatment of substance abuse disorder
- ❖ 44% Current or previous homelessness
- ❖ 42% Previous Sexually Transmitted Disease

**TABLE 4: 2008 ‘IN CARE’ PLWH/A USE, NEED, BARRIER, GAP MATRIX**

<b>Service Category Description</b>	<b>Use Rank</b>	<b>Need Rank</b>	<b>Gap Rank</b>	<b>Barrier Rank</b>
Medical Case Management	2	1	14	8
Primary Medical Care	1	2	12	11
Housing Assistance	NR	3	2	3
Medication Assistance	4	4	NR	5
Oral Health Care	8	5	5	1
Medical Transportation	5	6	3	2
Mental Health services	3	7	10	10
Emergency Financial Assistance	10	8	4	6
Substance Abuse Services	6	9	9	4
Nutrition Assistance	11	10	6	12
Financial Assistance/Health Ins.	7	11	7	12
Legal Assistance	NR	12	8	9
Health Education & Counseling	NR	13	11	NR
HIV Testing & Referrals	NR	14	NR	NR
*Other (list):	9	15	1*	7
Outreach	NR	16	13	NR

**\*Other:** Coordination of Benefits with VA/DoD); Youth-oriented services; GYN/Medical Specialty Care  
**The Top 10 Ranking *Service Needs* of the 2008 Norfolk TGA survey respondent group, in rank order, include:**

- 1) Medical Case Management
- 2) Primary medical Care
- 3) Housing Assistance
- 4) Medication Assistance
- 5) Oral Health Care
- 6) Medical Transportation Assistance
- 7) Mental Health services
- 8) Emergency Financial Assistance
- 9) Substance Abuse services, and
- 10) Nutrition Assistance.

**The Top 10 Ranking *Service Uses* of the 2008 Norfolk TGA survey respondent group include:**

- 1) Primary Medical Care
- 2) Medical Case Management
- 3) Mental Health services
- 4) Medication Assistance
- 5) Medical Transportation
- 6) Substance Abuse services
- 7) Financial Assistance/health Insurance
- 8) Oral Health care
- 9) \*Other: Coordination of Benefits with VA/DoD), Youth-oriented services, GYN/Medical Specialty Care
- 10) Emergency Financial Assistance

**The Top 10 Ranking *Service Gaps* of the 2008 Norfolk TGA survey respondent group include:**

- 1) \*Other: Coordination of Benefits with VA/DoD), Youth-oriented services, GYN/Medical Specialty Care
- 2) Housing Assistance
- 3) Medical Transportation
- 4) Emergency Financial Assistance
- 5) Oral Health care
- 6) Nutrition Assistance
- 7) Financial Assistance/Health Insurance
- 8) Legal Assistance
- 9) Substance Abuse services
- 10) Mental Health services

**The Top 10 Ranking *Service Barriers* of the 2008 Norfolk TGA survey respondent group include:**

- 1) Oral Health care
- 2) Medical Transportation
- 3) Housing Assistance
- 4) Substance Abuse services

- 5) Medication Assistance
- 6) Emergency Financial Assistance
- 7) \*Other: Coordination of Benefits with VA/DoD), Youth-oriented services, GYN/Medical Specialty Care
- 8) Medical Case Management
- 9) Legal Assistance
- 10) Mental Health services

**TABLE 5. ADDITIONAL SERVICE BARRIERS CITED BY 2008 RESPONDENTS**

<b>BARRIER</b>	<b># RESPONSE</b>	<b>RANK</b>
<b>Stigma</b>	<b>21</b>	<b>1</b>
Transportation	16	2
Affordable Housing	15	3
Appt Wait Times	14	4
Coordination of benefits (VA/Military)	12	5
Dental Care	11	6
Criminal Record	9	7
In-Pt Substance Abuse Rehab	8	8
Cost of Care	8	8
Age (old)	7	9
Mental Health	6	10
Transgender discrimination	6	10
Meds other than HIV	5	11
Red tape	5	11
Cost of co-pay	4	12
Hormone treatment	3	13
Billed for services not used	3	13
Eligibility assistance	2	14

# CHAPTER 1: INTRODUCTION

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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. In order to ascertain the emerging service needs, uses, barriers and gaps for the ‘In Care’ population of PLWH/A in Ryan White funded services, the Greater Hampton Roads HIV Health Services Planning Council commissioned this comprehensive needs assessment study.

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.

A comprehensive assessment of the service needs, gaps and barriers of PLWH/A within the Norfolk TGA was conducted in the Fall of 2008. This assessment of need included a survey questionnaire of PLWH/A using the Needs Assessment Client Survey (NACS) tool.

## ***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.

Based upon their disproportionate impact within the TGA, the needs assessment survey process and resulting report highlights the differing needs, uses, gaps and barriers to HIV primary medical care experienced by severe need groups of African Americans, MSM, Women of Color, Substance Abusers/IDU, Rural PLWH/A, Veterans/Military, and Youth, ages 13-24 years. In addition, efforts were made to canvass ‘Out of Care’ PLWH/A, whether previously using primary medical care or ‘never in care’.

## ***HIV/AIDS Incidence/Prevalence***

As of December 31, 2007, there were 6,199 PLWH/A in the Norfolk TGA. Of those, 2,476 were PLWA and 3,723 were PLWH (non-AIDS). AIDS prevalence in the TGA is notable in that Males represent 73% of living AIDS cases; Blacks represent 68%; MSM represent 40% and the City of Norfolk has the highest AIDS prevalence of the 15 localities. During the reporting period of January 1<sup>st</sup>, 2006 to December 31, 2007, there were 251 new AIDS cases reported and 519 new HIV cases. Males represent 71% of the AIDS incidence in 2006-2007. Blacks had three times higher reported cases than whites. MSM represented 32% of new AIDS cases while Heterosexuals represented 16% of new AIDS cases. Males represent 73% of new HIV cases, Blacks were diagnosed with HIV at a 77% rate, and MSM had the highest incidence of new HIV cases at 30%, followed by Heterosexuals at 15%.

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. MSM represented 40% of AIDS prevalence and 34% of HIV (not- AIDS) prevalence in the TGA. African-Americans reported 72% of HIV *and* are 68% of people living with AIDS; and adults ages 20-49 represented 87% of the TGA's HIV epidemic (HIV *and* AIDS, combined). Of all high-risk groups, African-Americans, African-American females and MSM tend to be the most disproportionately impacted by HIV-disease in the Norfolk TGA.

Approximately 63% of all male HIV disease is among MSM; and a large proportion of the MSM population is Black/African-American. In addition, the Norfolk TGA—similar to the rest of the nation—is witnessing an increase in HIV disease among women of childbearing age and those over 50 years of age. Youth, ages 13-19 years evidence a 1% disparity in new HIV case rates, and therefore are included as an important emerging population.

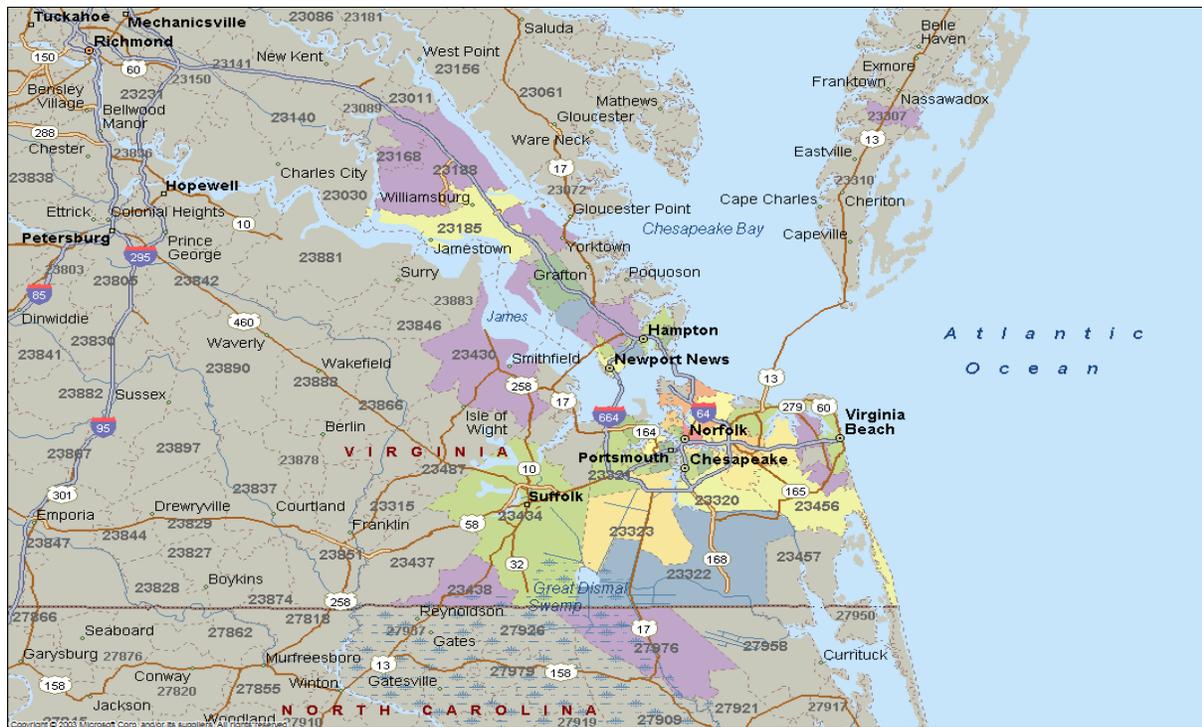
Virginia/North Carolina HARS<sup>4</sup> data indicates that urban areas within the TGA are disproportionately impacted by HIV disease. The City of *Norfolk*—the epicenter of the TGA—reported the largest number of new HIV (not-AIDS) cases in 2006 and 2007 (31%) followed by the Peninsula with 53 new cases of HIV (not-AIDS) (VDH; 2007). Approximately 75% of all HIV and AIDS living cases are in Southside localities.

One of the most significant differences among the localities in the TGA is population size. According to the 2006 United States Census Populations Estimate data, the localities' populations range in size from 9,226 (Mathews) to 438,415 (Virginia Beach). Due to these size variances, case numbers tend to not represent the epidemic, with information on localities in this section based on "rates". The localities with the highest **rates of new HIV cases (not-AIDS)** in 2007 were *Norfolk* (34.8 per 100,000), *Portsmouth* (30.2 per 100,000), and *Newport News* (19.2 per 100,000). (2007 VA/NC HARS, 2006 Population Estimates, US Census Bureau). (See Map below)

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<sup>4</sup> HARS – HIV/AIDS Reporting System

**FIGURE 1: MAP OF NORFOLK TGA SERVICE AREA**



The rate of new HIV (not-AIDS) for *Newport News* was more than *twice* that of the state of Virginia and US rates; with the rates for *Portsmouth* and *Norfolk* approximately *three to three and a half times* the state rate and *three times the US rate, respectively*<sup>5</sup>. Localities with the highest **rates of new AIDS** cases were Norfolk (18.5 per 100,000), Newport News (13.7 per 100,000), and Portsmouth (11.0 per 100,000). These rates—similar to the rate for HIV (not-AIDS) incidence—were higher than both the Commonwealth of Virginia and the U.S. rates for new AIDS cases.<sup>6</sup>

The TGA localities of Norfolk, Portsmouth and Newport News demonstrate disproportionately high rates of overall HIV disease prevalence (HIV (not-AIDS) and AIDS). *Surprisingly, the Peninsula locality of Williamsburg demonstrated a rate higher than Newport News in overall HIV disease and currently has the highest HIV (not-AIDS) and AIDS rates in the Peninsula region.* Although Williamsburg has a small number of cases, it is important for the TGA to recognize the emergent trend in this locality.

Factors which complicate the delivery of services in the planning area include poverty, with its accompanying social ills, and expansive rural areas that present people living with HIV/AIDS with substantial distances to travel for specialized health care without a supporting public transportation infrastructure. Understanding this diversity is critical to developing a comprehensive plan for responsive service delivery that is feasible within the context of the geographic and demographic surroundings of the diverse populations to be served.

<sup>5</sup> Virginia HIV (n=AIDS)=9.7 per 100,000; US HIV (n=AIDS)=11.5 per 100,000; Kaiser State Facts 2006. 2006 population estimates, U.S. Census Bureau.

<sup>6</sup> Virginia AIDS Cases=10.5 per 100,000; US=15.2 per 100,000. Kaiser State Facts 2006.

## *Disproportionate Impact of HIV/AIDS on Certain Populations*

A disproportionate impact of HIV/AIDS is evident for populations determined to be nationally undercounted in recent CDC incidence estimates announced August 2, 2008. Using new technology called Serological Testing Algorithm for Recent HIV Seroconversion (STARHS) that distinguishes recent from longstanding HIV infections, CDC estimates that 56,300 new HIV infections occurred in the United States in 2006. These estimates show that two groups, both of which dominate the epidemiology profile for existing *and new* cases in the Norfolk TGA, are higher than previously expected for new infections. Gay and bisexual men of all races account for 53% of new infections and African Americans comprise 43% of national cases. African Americans continue to have an incidence rate 7 times that of whites and 3 times higher than Latinos.

The specific impact or disparity for all groups in the Norfolk TGA is noted below. This 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 20-44 years display a disproportionate impact for people living with the disease. A group with a slight disparity of note is Youth, 13-19 years of age, with 1% higher proportion of new HIV cases than their percentage in the populace.

**TABLE 6. DISPROPORTIONATE IMPACT OF HIV/AIDS IN NORFOLK TGA, 2007**

<i>% General Population v. HIV+</i>	A	B	C	D	E
<b>Group in Norfolk, VA TGA</b>	<b>General Population</b>	<b>NEW CASES</b>	<b>PLWHA</b>	<b>New Disparity</b>	<b>Existing Disparity</b>
<b><i>Race/Ethnic Group</i></b>					
African American	31%	<b>75%</b>	<b>70%</b>	<b>44%</b>	<b>39%</b>
Asian	3%	0.5%	< 1%		
Latino/a	3%	4%	3%	<b>1%</b>	
Other	3%	1%	<1%		
White	60%	19.6%	25%		
<b><i>Gender</i></b>					
Male	49%	72%	72%	<b>23%</b>	<b>23%</b>
Female	51%	28%	27%		
<b><i>Age Group</i></b>					
0-12	14%	0.4%	1%		
13-19	6%	7%	4%	<b>1%</b>	
20-44	44%	77%	87%	<b>33%</b>	<b>43%</b>
45+	36%	15%	8%		

Sources: Column A. US Census Bureau, 2006; Columns B & C: Virginia Department of Health (VDH)/North Carolina Division of Public Health (NCDPH); 2007--(**Bold font that is shaded in Columns D** indicates the extent of the disparity for 'new' HIV and AIDS cases & denotes the scale of disparity for PLWHA in Column E.)

Seven (7) special populations are addressed in this needs assessment, based upon their respective size in the Norfolk TGA PLWH/A community, their disproportionate incidence or prevalence of HIV/AIDS, and their high percentage representation in the Out of Care group. These seven special populations include: 1) African Americans; 2) MSM; 3) Women of Color; 4) Substance Abusers/IDU; 5) Rural PLWH/A; 6) Veterans/Military; and 7) Youth, ages 13-24 years.

The table below highlights the major characteristics of these seven disproportionately impacted populations.

**TABLE 7. UNDERREPRESENTED POPULATIONS IN NORFOLK TGA, 2008**

<b>Special Population</b>	<b>Overall % in PLWH/A</b>	<b>Comparison to General Population %</b>	<b>Estimated Composition in Out of Care Group</b>
<b>1) African Americans</b>	New AIDS 74% New HIV 77% PLWA 68% PLWH 72%	34%	18%
<b>2) Men who have Sex with Men</b>	New AIDS 33% New HIV 32% PLWA 40% PLWH 34%	MSM highest reported exposure group in Norfolk TGA and VA with most AIDS cases	14%
<b>3) Women of Color</b>	New AIDS 30% New HIV 34% PLWA 27% PLWH 30%	13%	12%
<b>4) Substance Users/ Injection Drug Users</b>	New AIDS 10% New HIV 3% PLWA 14% PLWH 10%	SA: 32% IDU:	33%
<b>5) Rural PLWH/A</b>	1.9% Peninsula locations except Newport News & Hampton	19.4%	6.5%
<b>6) Veterans/Military</b>	PLWA 8.3% PLWH 5.4%	33% of general population has a military affiliation	16%*
<b>7) Youth, Ages 13-19 years (&amp; Youth, Ages 20-29) years</b>	New AIDS 3.2% New HIV 9.2% PLWA 1% PLWH 6%	6%	Unk

(Source: Column B: VA/NC HARS data, 2007; Column C – U.S. Census Bureau and VA/NC HARS data, 2007; Column C: 2006 Needs Assessment)

A narrative description of the major characteristics of these seven special populations and their relevant previous needs assessment findings are included on the following pages.

### **1) African Americans**

*Description:* African Americans/Blacks comprise the largest group in terms of AIDS incidence and prevalence. This special population group is highly interconnected with the MSM special population. African American women constitute an emerging community due to bisexual practice and failure to disclose to heterosexual partners.

MSM-Blacks represent the highest HIV-epidemic among all identified special populations in the Norfolk TGA, especially younger MSM-Blacks. Some of the unique challenges of this population were identified in the 2005 Needs Assessment focus group study. Qualitative data from this study

clearly demonstrated that this population experiences a significant degree of 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 primary medical care” during the duration of their disease. When participants were asked “*what were the reasons why you dropped out of care?*” in the focus groups, the most frequent responses were: 1) lack of cultural competency among providers; 2) paucity of “gay” friendly providers; and 3) lack of services available throughout the TGA. In addition, several participants in the study indicated that either they or an acquaintance had experienced increased sequelae as a result of “dropping out of medical care” due to these barriers. Key informant data indicates that many *younger MSM-Blacks*—in addition to the barriers mentioned-- do not enter care due to an insufficient youth HIV-care infrastructure in the TGA. These data conclude that lack of adherence to medical treatment—primarily as a result of dropping out of care—is the most salient reason for service gaps among MSM-Blacks in the TGA. Furthermore, MSM-Blacks who are not receiving medical care reported increased risk of other comorbidities (especially younger MSM-Blacks), which likewise impacts upon the costs of care provision for these populations.

*Out of Care profile:*

Equally composed of MSM and Substance Users with an estimate of 18% of African Americans who are of Out of Care.

*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 adherence; and 3) Need to jointly address substance use issues and HIV disease.

## **2) Men who have Sex with Men**

*Description:* MSM constitute the largest exposure group in the TGA, with a majority presence of Black MSM. Issues with non-disclosure, presenting late to care and bisexual transmission affect this special needs group. According to data obtained from the 2004 Needs Assessment survey study, 32% of all HIV infection among MSM was among the MSM-White population.<sup>7</sup> Epidemiologically, MSM-Whites report a consistent decline in HIV infection in the Norfolk TGA compared to African-Americans. Educational background, level of income, and the presence of supportive social networks are among the variables that positively affect the outcomes for the MSM-White population. However, when controlled for age, substance use, homelessness and mental health, the needs of this population increase exponentially. Data from the 2005 Needs Assessment indicated that active substance use, mental health, homelessness and young age positively correlate with an increased acuity within this population. Barriers related to age are discussed in detail in the section “youth special populations.”

The unique challenges of the MSM-White population are slightly different in scope to that of the MSM-Black population. Unlike the social stigma faced by their Black counterparts, MSM-Whites reported fewer issues with stigma and familial isolation; and more issues around autonomy and quality of care.<sup>8</sup> As stated previously, the significant barrier to care for this population is active substance use and chronic mental health. Not only do these conditions negatively impact the

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<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

physical health of the individual, but they also tend to increase the propensity to engage in high-risk behaviors. Key informant data asserts that MSM-Whites in active addiction reported higher rates of co-morbidities, reduced adherence to medical treatment and greater decline of overall health. The cost of providing care to this population is heavily contingent upon the availability of ancillary mental health and substance abuse to treat the co-morbid conditions.

*Out of Care profile:* High percentage with majority using substances or incarcerated with estimate of 14% MSM that are out of care

*Means to retain in care:*

1) Development of ‘self care’ management models or protocols promoting more autonomy for long-term survivors; 2) Focus on young (20-29) Anglo MSM experiencing spikes in incidence; 3) Jointly addressing HIV and substance use; and 4) Further refining pre-release protocols to deal with significant incarcerated population and aid with community re-entry.

### **3) Women**

*Description.* The special population of Women of Color is primarily composed of African American (non-Latino) women. The HIV epidemic in the Norfolk TGA appears to be showing an increase in cases among women of childbearing age. In 2006, women of childbearing age represented 27% of AIDS prevalence and 29% of HIV (not-AIDS) prevalence; but represented 26% of AIDS prevalence and 28% of HIV (not-AIDS) prevalence in 2005. These numbers—although seemingly nominal—indicate an emerging trend of new infection among female populations in the TGA. As previously stated, it is presumed that 68% of all heterosexual HIV transmission in the Norfolk TGA is among women. Biologically, women are more impacted by heterosexual transmission of HIV disease than men.

Determinants identified in the TGA which significantly impact the HIV epidemic among women include: 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. Although there is some indication that clandestine homosexual behaviors among male partners (on the “down low”) might have an impact on the epidemic among women, these data are inconclusive; and not identified as significant to female infection in the TGA.

The unique service barriers identified by this population include: increased care-giving responsibilities (primarily children and intimate partners); fear of disclosure regarding HIV-status; time conflicts with work schedules (vs. doctor’s appointments); child care; and the propensity to drop out of care when feeling well. Furthermore, it is estimated that >50% of all women with HIV disease in the Norfolk TGA are single heads of household.

The costs of providing care to HIV infected women fall into three major categories: 1) Treatment for substance use; 2) Care for gynecologic complications; and 3) Mental health treatment. According to results from the 2004 Needs Assessment survey, 41% of the female sample reported a history of substance use. Data collected in a substance abuse (SA) focus group indicated that women while actively using (similar to the SA population as a whole), have a lower degree of adherence to primary medical treatment than women without acute substance use. This is significant since data show that active substance use among women increases the likelihood of high-

risk sexual behaviors—primarily prostitution--which can lead to greater co-morbidity. The costs of providing substance abuse treatment *can* impact upon the cost of the HIV care system especially if conducted antecedent to HIV primary medical care.

Many women in the TGA also report co-morbidity with mental illness. 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 primary medical care and were more likely to engage in risky behaviors. The costs associated with treating these co-morbidities (substance use, gynecologic and mental health) among women can potentially produce a huge fiscal burden on the HIV-care system.

*Out of Care profile.* Women tend to late presentation with an advanced form of HIV disease, with many unaware that they had been exposed or were at risk for HIV transmission. Once entering care, compliance levels are high (based on Quality Management audits of Primary Care Providers). The TGA estimates that 12% of Women are out of care.

*Means to retain in care:*

- 1) Develop more female-friendly care protocols specifically addressing broader gynecologic and related care along with assessment and treatment of mental health and substance use issues; 2) Sensitize case managers to issues related to women that are single heads of household ranging from child care concerns to family-friendly housing, to the need to address broader family planning including financial management, educational concerns and care plans addressing female health; and 3) Address issue of transportation to medical services through advance scheduling of appointments and after-hours care to accommodate working females.

#### **4) Substance Users/Injection Drug Users**

*Description:* IDU account for 10% of new AIDS cases, 3% of new HIV cases, 15% of PLWA and 10% of PLWH. The larger issue is substance abuse with estimates that 8% of the 'In Care' population are actively using and 33% of the Out of Care population are active substance abusers—the largest single subset. Virginia/North Carolina surveillance data used for the Needs Assessment study presumes that 16% of AIDS prevalence and 11% of HIV (not-AIDS) prevalence is related to IDU. Although the Norfolk TGA witnessed a decline in AIDS and HIV (not-AIDS) prevalence from 2003-2004 (AIDS 16.5%=2005 and 10.9%=2004; HIV 20.3%=2005 and 16.2%=2004), substance abuse remains a constant issue in the TGA.

Injection Drug Use in the TGA is an increasing issue due to the myriad medical and social issues associated with its use. Interviews with Substance Abuse providers, data from several IDU/SA focus groups and Key informant interviews all estimate that a large percent of IDU in the Norfolk TGA likewise have a co-infection of HIV and other blood borne conditions, mainly Hepatitis C. Unfortunately, many of these individuals are neither receiving medical care nor substance abuse treatment. The presence of “hit houses”— designated places where drugs and works are shared-- further facilitates the spread of HIV, and other high risk behaviors and exacerbates this issue. There is a paucity of HIV-IDU prevention programs, and a lack of syringe or “needle exchange” programs in the TGA.

Unique service delivery challenges specific 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 2005 Needs Assessment 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. Additionally, results from a meta-analysis of HIV/AIDS studies across the state indicated similar challenges in providing care to this population. In particular, the results of the *Intensive Street Outreach in Virginia study (VCU; 2004)*, indicated that “*active addiction*” and “*infrequent interactions with care providers*” negatively correlated with adherence to SA treatment and/or HIV primary medical care.

However, the data showed that “*intensive contacts with SA clients*” was the most effective in predicting continued adherence to care. By increasing street outreach efforts, home visits from case managers, and providing a supportive social structure for these clients, these researchers found that the frequency of IDU decreased; hence increasing the likelihood for adherence to HIV primary medical care. The results from this study are very promising and the Norfolk TGA is modeling this intervention in improving the outreach-case finding services among IDU. It is anticipated that the costs associated with the new intervention may have some impact on the costs to the care system.

The predominant challenge for the HIV service system with providing care to this population is treating the substance use (in this case injection drug use) before/or in tandem with providing HIV medical care. This heavily impacts the cost of providing care to this population. It is clear from the data that active addiction is incongruous with adherence to HIV medical care, hence must be intrinsic to the overall continuum of care for this population. This being said, it is imperative that the TGA have adequate resources to meet this need. Although there are significant costs associated with substance abuse treatment (especially methadone programs for heroin) it must be an antecedent to or at a minimum, provided in combination with HIV-primary medical care to reduce the morbidity within the population.

*Out of Care profile:* IDU/Substance Users constitute the *highest* estimated percentage (33%) of the Out of Care population.

*Means to retain in care:*

1) Develop harm reduction models of housing and case management with re-education of substance using PLWH/A regarding the availability of such services; and 2) Consider ‘Directly Observed Therapy’ (DOT) protocols for HIV medication administration.

## **5) Rural PLWH/A**

*Description.* The total population of the rural areas is 317,467 with 347 People Living With HIV/AIDS in the rural portions of the TGA. This equates to a 109.3 HIV/AIDS case rate compared to the urban areas’ overall population of 1,322,845; 4,897 PLWH/A and a case rate of 370.2. While it is not a surprise that the urban case rate is over three times that of rural areas, key localities (i.e. Williamsburg) exceed the case rate for the urban areas. Rural Williamsburg ranks third overall in the TGA after Norfolk and Portsmouth for HIV/AIDS case rates.

Rurally residing PLWH/A must travel long and somewhat circuitous distances for HIV care and services. This is an issue of concern since transportation is such a barrier in the TGA. Primary medical care services are offered in a branch setting located in Williamsburg, and efforts have been made to enhance locally-based services. Recurrent barriers to service exist, however, with frequent mention of lack of dental services on the rural Peninsula.

*Out of Care profile:* The Out of Care rural PLWH/A profile reflects the larger TGA profile with equivalent proportions of MSM and African Americans but slightly higher Women of Color and Substance users (non-IDU). Rural PLWH/A are estimated to compose 7% of the out of care population.

*Means to retain in care:*

- 1) Key issue is the current emphasis on further augmenting transportation to medical care.
- 2) In addition, efforts to provide enhanced services in rural areas (outreach, medical care, dental care, and mental health and substance abuse services) to specifically address concerns of rural PLWHA. These services are delivered in a comprehensive fashion, with no designation of 'HIV only' service to reduce stigma and allow for comprehensive primary care screening.

## **6) Veterans/Military**

*Description.* Due to Norfolk's high concentration of military and retired military personnel, an accurate count of HIV-positive veterans/military is difficult, compounded by the 'don't ask, don't tell' policy for gays in the military. Successful efforts were rewarded with preliminary data on active military receiving medical care for HIV from the Department of Defense.

*Out of Care profile:* Due to recent changes in eligibility requirements by the military, more retired veterans are seeking assistance from the Ryan White Part A program. Current estimates are that 16% or 58 veterans are out of care, but further study needs to occur in the context of an out of care study, with focus on this special population. *The DoD total and estimated care patterns are: N = 360; PLWA-aware = 360 (.49) = 176; PLWH-aware = 360 (.51) = 184*

*Means to retain in care:*

- 1) Coordination of benefits with Department of Defense and Veterans Administration officials given high proportion of retired military in the Norfolk general population and the TGA. This coordination is more imperative given recent changes in eligibility requirements by the military.
- 2) Review of policy for medications (VA versus RW); and 3) Recent (FY 2008) implementation of Health Insurance Premium Payments and Continuation to ensure health benefits coverage of PLWH/A.

## **7) Youth, Ages 13-24 years**

*Description: From 2005 to 2007, the number of cases of HIV diagnosed among 13-19 year olds (while relatively small) increased 94%, from 35 cases in 2005 to 68 cases in 2007.* The number of new HIV cases diagnosed among those youth ages 20-29 years increased 13% during the same time period (increasing from 304 cases in 2005 to 343 cases in 2007).

In 2006, Youth showed a marked epidemic of Chlamydia compared to any other age group, evidencing strong continuing risk markers for HIV infection. According to data from the VDH and NCDPH it is presumed that 76% of all Chlamydia infection was among the 15-24 year old age group. Furthermore, Chlamydia infection among females ages 15-24 was **4.3 times higher** than males of the same age group; and **African-American females ages 15-24 represented 77% of infection among all 15-24 year old female groups.**<sup>9</sup>

<sup>9</sup> Virginia Department of Health (VDH)/North Carolina Division of Public Health (NCDPH); 2007.

Data from the CDC indicated that the locality of *Norfolk* was ranked 10<sup>th</sup> in the country in the rate of gonorrhea cases with a rate of 443.9 per 100,000.<sup>10</sup> This figure is almost four-times the U.S. rate of 116.2 per 100,000. Moreover, the rate of infection in the Norfolk TGA is twice as high as the state rate. Although witnessing a 32% decline in gonorrhea infection, the TGA's rate remains higher than the state rate. (TGA=181.3 per 100,000; VA=124.3 per 100,000).<sup>11</sup> In 2006, 2,111 (78%) of the 2,707 people infected with gonorrhea in the Norfolk TGA were African American, and **females ages 15-24 demonstrated the highest incidence with 76% of GC cases.**

Data from the Virginia Department of Health and North Carolina Division of Public Health indicate that there were **2,058** live births and **1,407** elective abortions to unmarried females 19 years of age and younger in the Norfolk TGA.<sup>12</sup> **Females, ages 15-19 years of age demonstrated the highest teen pregnancy rates. African-American teen females had a rate almost twice that of White teens; and greater than 80% of all pregnancies (full-term and terminations) among “young-adolescents” were among African-American females.**<sup>13</sup> Although the locality of *Norfolk* reported the highest number of cases, Portsmouth (61.8 per 1,000 live births) has the highest rate of teen pregnancy in the Norfolk TGA.

In 2006, nationally, approximately one-fourth of all HIV infections occur in people ages 21 and younger—a segment of the population that is among the most medically underserved.<sup>1</sup> Most HIV-infected youth are asymptomatic, unaware they are infected, and not enrolled in treatment. Youth ages 13 to 24 constituted approximately 36 percent of all Ryan White HIV/AIDS Program clients in 2006.

*Out of Care Profile: An estimate of the out of care Youth population of PLWH/A is not available.*

*Means to retain in care: No previous needs assessment data is available for use as a baseline.*

### ***Project Design for the ‘In Care’ PLWH/A Needs Assessment Study***

**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.**

The sample for surveying the population was first determined by establishing a 95% confidence interval (CI) for a representative sampling of the estimated number of PLWH/A within the Norfolk TGA. The survey process was designed to target as high a level of participation as possible among the severe needs groups (N=300). The actual participation rate for ‘In Care’ survey respondents was 304 participants in the 2008 Needs Assessment process (101% of target).

Survey sources evidenced a balanced representation among Primary Medical Care and Medical Case Management providers, with significant contribution from Mental Health (CPR). EVMS was very well represented (with all branches contributing), followed by TACT then ACCESS. Table 3 below demonstrates the representative proportion of Part A Clients as compared to the local epidemiologic in the TGA.

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<sup>10</sup> Center for Disease Control & Prevention (CDC); 2007.

<sup>11</sup> VDH; 2007.

<sup>12</sup> VDH Division of Health Statistics; NCDPH Vital Statistics; 2006 and 2007.

<sup>13</sup> Adolescent age= “young adolescents”=<15 years old.; “middle adolescents”-15-17 years old.; “older adolescents”-18 and 19 years old.

**TABLE 8: COMPARISON OF 2007 NORFOLK TGA HIV/AIDS PREVALENCE & 2007 TGA PART A PLWH/A CLIENTS**

2007 Epi Profile Demographic Group/ Exposure Category	PLWHA		PLWA		2007 Part A Clients				
	as of 12/07		as of 12/07		Demographic Group/Exposure Category	PLWH as of 12/07		PLWA as of 12/07	
<b>Gender</b>	<b>#</b>	<b>% of Total</b>	<b>#</b>	<b>% of Total</b>	<b>Gender</b>	<b>#</b>	<b>% of Total</b>	<b>#</b>	<b>% of Total</b>
Male	2,667	71.64%	1,801	72.74%	Male	786	63%	695	77%
Female	1,056	28.36%	675	27.26%	Female	452	37%	202	23%
<b>Total</b>	<b>3,723</b>	<b>100%</b>	<b>2,476</b>	<b>100%</b>	<b>Total</b>	<b>1,238</b>	<b>100%</b>	<b>897</b>	<b>100%</b>
<b>Race/ Ethnicity</b>	<b>#</b>	<b>% of Total</b>	<b>#</b>	<b>% of Total</b>	<b>Race/ Ethnicity</b>	<b>#</b>	<b>% of Total</b>	<b>#</b>	<b>% of Total</b>
White, not Hispanic	873	23.45%	672	27.14%	White, not Hispanic	264	23%	242	27%
African-American, not Hispanic	2,663	71.53%	1,694	68.42%	African-American, not Hispanic	907	72%	597	67%
Hispanic	125	3.36%	79	3.19%	Hispanic	37	3%	27	3%
Asian/PI	21	0.56%	12	0.48%	Asian/PI	4	0.3%	3	0.4%
American Indian/A.N.	9	0.24%	2	0.08%	American Indian/A.N.	1	0.08%	1	0.09%
Multi-race	4	0.11%	15	0.61%	Multi-race	25	2%	27	3%
Other	28	0.75%	2	0.08%	Other	-	-	-	-
<b>Total</b>	<b>3,723</b>	<b>100%</b>	<b>2,476</b>	<b>100%</b>	<b>Total</b>	<b>1,238</b>	<b>100%</b>	<b>897</b>	<b>100%</b>

2007 Epi Profile					2007 Part A Clients				
Demographic Group/ Exposure Category	PLWHA as of 12/07	% of Total	PLWA as of 12/07	% of Total	Demographic Group/Exposure Category	PLWH as of 12/07	% of Total	PLWA as of 12/07	% of Total
<i>Age at Diagnosis (Years)</i>	#	% of Total	#	% of Total	<i>Age at Diagnosis (Years)</i>	#	% of Total	#	% of Total
<13 years	22	0.59%	40	1.62%	<13 years	-	-	1	0.1%
13-19 years	218	5.86%	21	0.85%	13-19 years	47	3.8%	9	1%
20-29 years	1,482	39.81%	451	18.21%	20-29 years	458	37%	144	16%
30-39 years	1,165	31.29%	967	39.05%	30-39 years	384	31%	350	39%
40-49 years	610	16.38%	735	29.68%	40-49 years	260	21%	278	31%
50-59 years	170	4.57%	220	8.89%	50-59 years	74	6%	98	11%
60+	55	1.48%	42	1.7%	60+	15	1.2%	17	1.9%
<b>Total</b>	<b>3,723</b>	<b>100%</b>	<b>2,476</b>	<b>100%</b>	<b>Total</b>	<b>1,238</b>	<b>100%</b>	<b>897</b>	<b>100%</b>
<i>Adult/Adolescent Exposure Category</i>	#	% of Total	#	% of Total	<i>Adult/Adolescent Exposure Category</i>	#	% of Total	#	% of Total
MSM	1,260	33.84%	995	40.19%	MSM	433	35%	368	41%
IDU	361	9.7%	351	14.18%	IDU	136	11%	167	19%
MSM/IDU	102	2.74%	100	4.04%	MSM/IDU	37	3%	36	4%
Hemo/Coag	4	0.11%	6	0.24%	Hemo/Coag Disorder	8	1%	-	-
HET	667	17.92%	498	20.11%	HET	469	38%	258	29%
Blood Transfusion	7	0.19%	6	0.24%	Blood Transfusion	-	-	-	-
Multi-HET	207	5.56%	72	2.91%	Multi-HET				
Adult/Other	435	11.68%	208	8.4%	Adult/Other				
RNR/NIR	658	17.67%	196	7.92%	RNR/NIR	149	12%	59	7%
<b>Total</b>	<b>3,723</b>	<b>100%</b>	<b>2,476</b>	<b>100%</b>	<b>Total</b>	<b>1,238</b>	<b>100%</b>	<b>897</b>	<b>100%</b>
Mother w/at risk for	22	0.59%	44	1.78%	Mother w/at risk for	6	1%	9	1%
<b>Total</b>	<b>3,723</b>	<b>100%</b>	<b>2,476</b>	<b>100%</b>	<b>Total</b>	<b>1,238</b>	<b>100%</b>	<b>897</b>	<b>100%</b>

The demographic profile of the 2008 ‘In Care’ Survey Respondents reflects the local TGA’s PLWH/A epidemiologic profile and includes:

- 61% male, 36% female (107-special pop), 3% transgender (all male to female)
  - 76% African American, 17% White, 3% Multi-racial - 8% Latino
  - 47% Heterosexual transmission, 38% MSM, 16% IDU
  - 18% Military/Veterans (special pop using health insurance and primary care location)
  - 17% Rural PLWH/A
  - 11% Youth
- (An additional 20 survey respondents included members of the out of care population, 1 of whom has ‘never’ been in care (7%))

The demographic profile of the targeted versus actual Special Populations groups who participated in the 2008 evidences a strong representation from each severe need group, (including a modest sampling of the Out of Care) and will provide a sound basis for planning and decision-making.

**TABLE 9: 2008 TARGETED VERSUS ACTUAL SPECIAL POPULATION RESPONDENTS**

<b>SPECIAL POPULATION</b>	<b>TARGETED #</b>	<b>ACTUAL #</b>	<b>ACTUAL %</b>
African American	73	232	310%
MSM	80	115	144%
IDU	32	57	178%
MSM/IDU	24	15	63%
Women	65	107	165%
Rural PLWH/A	50	52	104%
Veterans/Military	50	56	112%
Youth	30	34	113%
<b>TOTAL</b>	<b>300</b>	<b>304</b>	<b>101%</b>

# Chapter 2: Survey Findings<sup>14</sup>

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## Introduction

Survey sources evidenced excellent representation among Primary Medical Care and Medical Case Management providers throughout the Ryan White Part A funded provider sites in the Norfolk TGA.

The 2008 PLWH/A client surveys were scheduled over a two-month period in the Fall of 2008. The tables below indicate the age, gender, race/ethnicity, risk and sexual orientation of the 'In Care' survey population. The demographics of the 2008 survey respondents reflect the local epidemiologic profile of the Norfolk TGA.

## Age ranges of 2008 Survey Respondents

The 2008 Norfolk TGA survey respondent group is primarily a middle aged to older group of PLWH/A. The greatest proportion of the survey participants (82.5%) report ages in the 30-59 age range. A substantial minority--(15.8%)--report their ages in the 30-39 age range, with 6.3% reporting their age in the 60+ age range. Almost 8% of the respondents reports their age in the 25-29 age range; almost 3% report ages between 20-24 years; and almost 1% of the survey respondents represent adolescents in the 13-19 age range. One respondent reports their age in the 0-12 age range.

**TABLE 10. AGE RANGES OF 2008 PLWH/A SURVEY RESPONDENTS**

Age Range	Number	Percent
0-12 years	1	<1%
13-19 years	2	.66%
20-24 years	8	2.6%
25-29 years	23	7.6%
30-39 years	48	15.8%
40-49 years	126	41.4%
50-59 years	77	25.3%
60+ years	19	6.3%
<i>TOTAL</i>	<i>304</i>	<i>100%</i>

## Gender

The 2008 PLWH/A survey participants are almost evenly split 2/3 Male to 1/3 Female by gender, at 61% Male and 35% Female, with 3% identifying as Transgender.

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<sup>14</sup> In Care – defined by HRSA as receiving one or more of the following services 1) Viral Load test 2) CD4 Cell Count and/or 3) Antiretroviral drugs within the past 12 months

**TABLE 11. GENDER OF 2008 SURVEY RESPONDENTS**

<b>Gender</b>		
<b>Answer Options</b>	<b>Percent</b>	<b>Count</b>
Male	61.1%	185
Female	35.3%	107
Transgender	3.0%	9
Other: ('Other' not specified)	0.7%	2
<i>answered</i>		<b>303</b>

**Race/Ethnicity**

As evidenced below, over 76% of the survey respondents report their race as African American; 18% are White; over 3% Multi-racial; and 2% reported 'Other' (Jamaican and Hispanic). A total of 8% report Hispanic ethnicity.

**TABLE 12: RACE/ETHNICITY OF 2008 SURVEY RESPONDENTS**

<b>What race do you consider yourself?</b>		
<b>Answer Options</b>	<b>Percent</b>	<b>Count</b>
African American	76.4%	226
American Indian	0.3%	1
Asian/Pacific Islander	0.3%	1
Caucasian	17.6%	52
Multi-Racial	3.4%	10
Other: (Jamaican and Hispanic)	2.0%	6
<i>answered</i>		<b>296</b>

**Risk Exposure Mode**

Nearly half of the 2008 survey respondents report Heterosexual sex as their risk exposure mode (48%); almost 2/5 report their risk as MSM (39%); almost 17% report IDU; almost 3% report their exposure mode as 'sex with drug user'; 3% report their exposure mode as 'unknown'; and the remaining survey respondents report a variety of other risks. (See Table below)

**TABLE 13: HIV RISK EXPOSURE MODE**

<b>Do you know how you may have acquired HIV/AIDS? (please check all)</b>		
<b>Answer Options</b>	<b>Percent</b>	<b>Count</b>
<b>Male sex w/male</b>	<b>38.7%</b>	<b>115</b>
<b>Injection Drug Use</b>	<b>16.5%</b>	<b>49</b>
Health Care Worker	0.3%	1
Female sex w/female	1.3%	4
Sex with Drug User	2.7%	8
Mother w/HIV/AIDS	0.7%	2
<b>Heterosexual Sex</b>	<b>47.5%</b>	<b>141</b>
<b>Answer Options</b>	<b>Percent</b>	<b>Count</b>
Sexual Assault	0.7%	2
Unknown	3.4%	10
Prison	0.7%	2
Transfusion	1.3%	4
Other: ('Other' includes Blood transfusions, Hormone injections, Tattoos, Fighting)	1.7%	5
<i>answered</i>		<b>297</b>

## Sexual Orientation

As evidenced by the table below, the greatest proportion of survey respondents identify as heterosexual or ‘straight’ (55%), followed by ‘gay’ (30%), with 12% reporting a bisexual orientation. Two respondents report ‘other’ for sexual orientation; (one respondent identifying as Transgender); with the remaining respondent preferring not to answer.

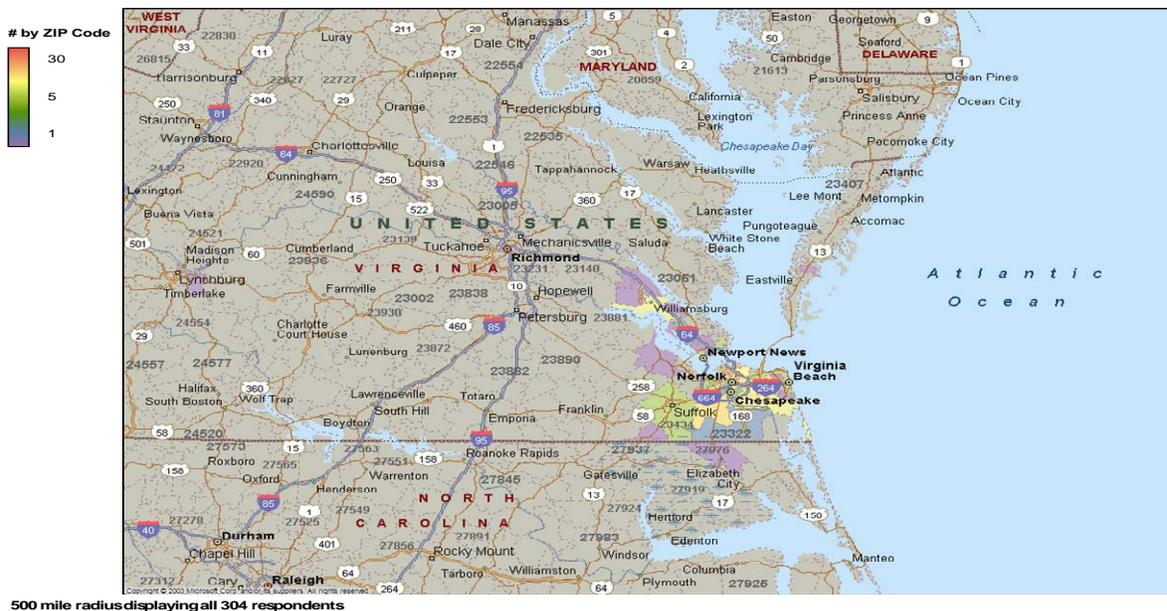
**TABLE 14: SEXUAL ORIENTATION**

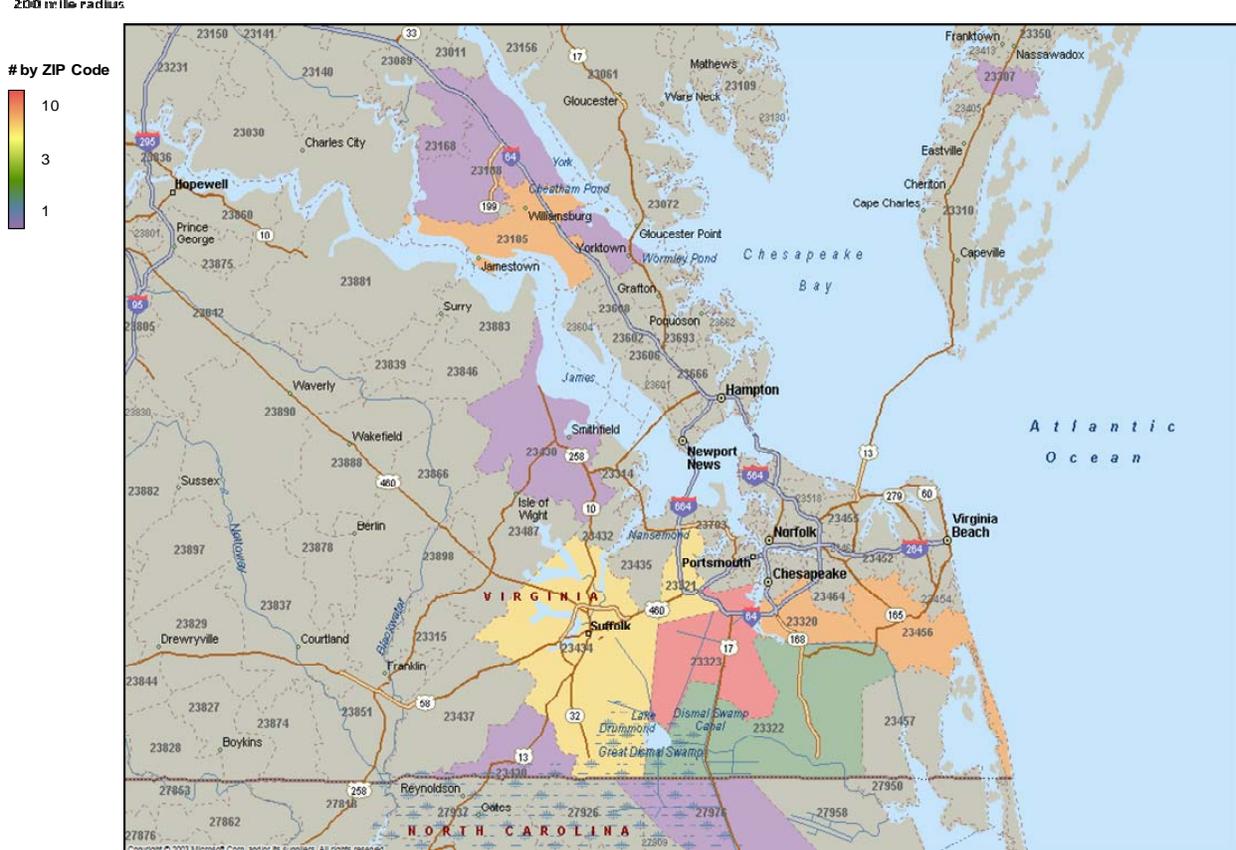
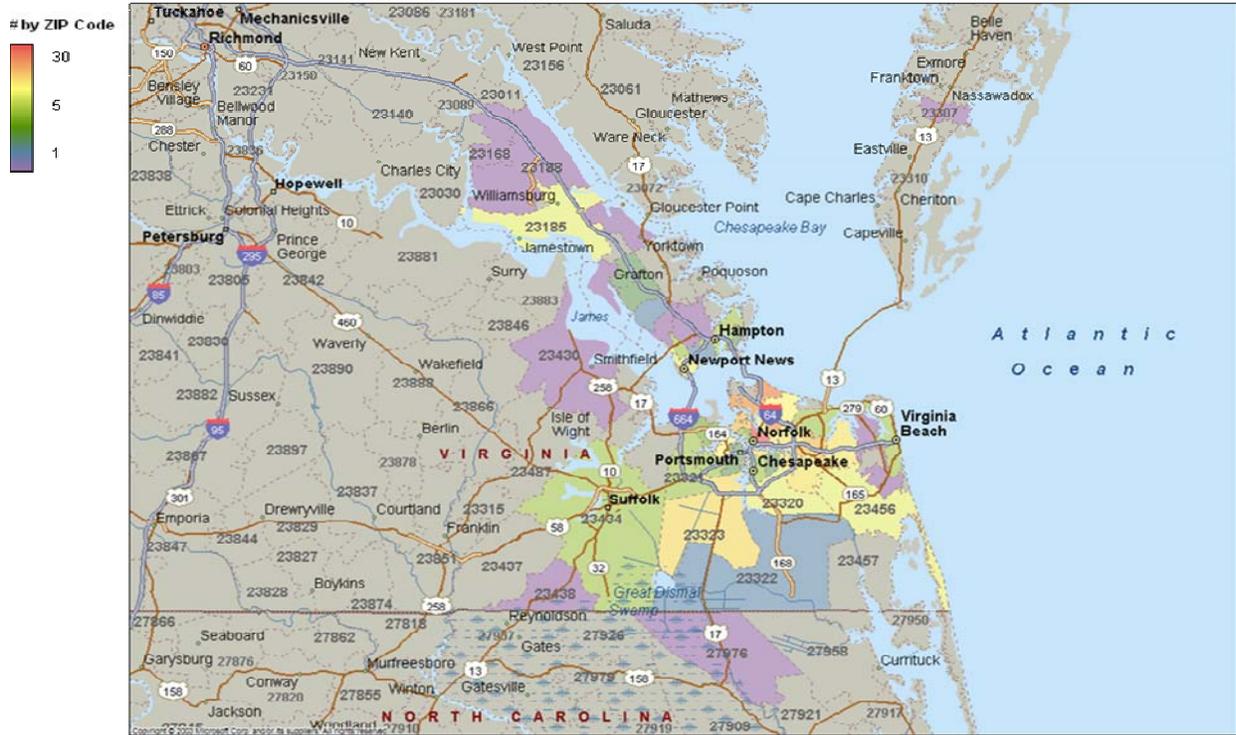
What is your sexual orientation?		
Answer Options	Percent	Count
Gay	30.2%	89
Bisexual	11.5%	34
Straight	54.6%	161
Prefer not to Answer	3.1%	9
Other (please specify)	0.7%	2
<i>answered</i>		<b>295</b>

## Zip Code of Residence

Over half of the 2008 survey respondents (52%) reported their current residence in the following 11 zip codes, in rank order from greatest to least: 23504 (10%); 23503 (7%); 23505 (6%); 23513 (6%); 23462 (4%); 23508 (4%); 23323 (3%); 23523 (3%); 23452 (3%); 23464 (3%); and 23502 (3%). The remainder of the sample reported a wide variation in zip code of residence.

The range of zip codes points towards people living in all parts of the Planning Area, including many remote and rural areas not serviced effectively by current public transportation options. A total of 52 or 17% of the 2008 survey respondents are rural PLWH/A residing in rural or deeply rural counties having full or partial rural designations, as evidenced in the table displayed in Appendix B. The map below displays the locations of ‘all’ survey respondents in the Norfolk TGA, with focus on the main concentration of residents near the Norfolk/Peninsula area.





## Approximate Yearly Income

The 2008 PLWH/A survey respondents represent a highly impoverished group overall, with almost 60% reporting their income in the \$0-9999 range. An additional 25% of the 'In Care' respondents report incomes in the \$10-19,999 range. **Therefore, 85% of survey respondents reported annual incomes equal to or less than 200% of the federal poverty level.**

TABLE 15. ANNUAL INCOME OF RESPONDENTS

What is your approximate yearly income?		
Answer Options	Percent	Count
\$0-\$9,999	59.4%	177
\$10,000 - \$19,999	25.2%	75
\$20,000-\$29,999	10.7%	32
\$30,000 - \$39,999	3.4%	10
\$40,000-\$49,999	0.7%	2
Over \$50,000	0.7%	2
<i>answered question</i>		298

## Income Relative to Number in Household

When respondents were queried about the number of persons who are supported by the reported income amounts, 187 respondents reported one household member; 58 respondents reported that their income supported two persons; 8 respondents reported support of three household members; five respondents reported four household members; two reported support of five household/family members; and two respondents reported that their income supported a total of eight household/family members.

## HIV/AIDS Status

The majority of 2008 survey respondents (77%) report an HIV diagnosis and only 63 or 22% report an AIDS diagnosis currently, representing a more recently diagnosed/less experienced group of PLWH/A, overall. (*See Table 17 on the following page*)

TABLE 16. HIV/AIDS STATUS

Are you HIV positive or has your HIV progressed to AIDS?		
Answer Options	Percent	Count
HIV	77.3%	232
AIDS	22.0%	66
Don't Know	0.7%	2
<i>answered question</i>		300

## Year of Diagnosis with HIV versus AIDS

As evidenced in the table below, a total of 164 survey respondents report their first HIV diagnosis within the last 10 years (1998-2008). An additional 103 survey respondents report first learning their HIV diagnosis between 1988 and 1997, yielding a grand total of 267 respondents reporting an initial HIV diagnosis within the past 20 years (1988-2008). A total of 63 PLWH/A respondents report a current AIDS diagnosis. These data evidence relatively low rates of 'concurrent' AIDS diagnoses, until recently. ***A total of 75% of those reporting an AIDS diagnosis also reported learning about their advanced HIV disease status since the year 2001.***

**TABLE 17. YEAR OF HIV AND/OR AIDS DIAGNOSES**

<b>YEAR</b>	<b>HIV#</b>	<b>%</b>	<b>AIDS#</b>	<b>%</b>	<b>TOTAL#</b>	<b>%</b>
1981	0	0%	1	1.6%	1	.3%
1982	1	.36%	0	0%	1	.3%
1983	0	0%	0	0%	0	0%
1984	1	.36%	0	0%	1	.3%
1985	1	.36%	0	0%	1	.3%
1986	3	1.1%	0	0%	3	.9%
1987	7	2.5%	1	1.6%	8	2.3%
1988	5	1.8%	2	3.2%	7	2.0%
1989	10	3.6%	0	0%	10	2.9%
1990	9	3.2%	1	1.6%	10	2.9%
1991	4	1.4%	0	0%	4	1.2%
1992	15	5.4%	0	0%	15	4.4%
1993	8	2.9%	0	0%	8	2.3%
1994	11	3.9%	3	4.8%	14	4.1%
1995	15	5.4%	2	3.2%	17	5%
1996	14	5%	2	3.2%	16	4.6%
1997	12	4.3%	1	1.6%	13	3.8%
1998	9	3.2%	0	0%	9	2.6%
1999	8	2.9%	1	1.6%	9	2.6%
2000	17	6.1%	1	1.6%	18	5.2%
2001	23	8.2%	6	9.5%	29	8.5%
2002	13	4.6%	4	6.3%	17	5%
2003	22	7.9%	4	6.3%	26	7.6%
2004	18	6.4%	9	14.3%	27	7.9%
2005	16	5.7%	5	7.9%	21	6.1%
2006	17	6.1%	8	12.6%	25	7.3%
2007	11	3.9%	5	7.9%	16	4.6%
2008	10	3.6%	7	11.1%	17	5%
<b>Total</b>	<b>280</b>	<b>100%</b>	<b>63</b>	<b>22%</b>	<b>343</b>	<b>100%</b>

**Location of HIV Diagnosis**

The vast majority of all of the 2008 PLWH/A survey respondents (N=257 or 85%) reported learning their HIV or AIDS status in Virginia, with the majority of those reporting Norfolk, VA as the location of HIV diagnosis (N=142); followed by Portsmouth, VA (31); Virginia Beach, VA (25); Chesapeake, VA (17); Richmond, VA (13); Newport News, VA (9); Hampton, VA (6); Suffolk, VA (5); with nine others reporting various other Virginia locations. Two additional respondents report first learning their HIV status in either a prison in Virginia or a prison in New Jersey.

Approximately 11% (or 34) of all the respondents reports receipt of their first HIV/AIDS diagnosis *in a state other than Virginia*. The cities/states most frequently identified included:

- ✓ Washington, DC (9);
- ✓ New York City, New York (5);
- ✓ Greenville, South Carolina (3) and cities in North Carolina (2);

- ✓ New Haven, Connecticut (2); and Reading, Pennsylvania (2).  
One respondent reports first learning his HIV status in Congo, Africa.

### Employment

Greater than half (53%) of the survey respondents report current employment, while 47% report current unemployment.

### Education

This sample of PLWH/A survey respondents reports a fairly low level of educational background, overall. Over 1/3 (almost 38%) of all survey respondents reports a high school education or GED. Over 1/4 (26%) reports only ‘some’ high school education, and an additional 4% reports completion of only grade school. An additional 21% reports ‘some’ college education, with almost 7% reporting a college degree. A total of 3% of the survey respondents report ‘some’ graduate level education, and 2% report acquisition of a graduate level degree.

**TABLE 18. EDUCATION BACKGROUND**

<b>What is your highest level of education?</b>		
<b>Answer Options</b>	<b>Percent</b>	<b>Count</b>
Grade school	4.0%	12
<b>Some high school</b>	<b>25.6%</b>	<b>76</b>
<b>High School degree/GED</b>	<b>37.7%</b>	<b>112</b>
<b>Some college</b>	<b>20.9%</b>	<b>62</b>
College degree	6.7%	20
Some graduate school	3.0%	9
Graduate school degree	2.0%	6
<i>answered</i>		<b>297</b>

### Housing & Living Arrangements

Almost 12% of respondents report owning their home. Half of all respondents (50%) report currently renting a home or apartment; and fully 1/4 25% of all survey participants report being ‘temporarily housed’, currently staying with friends or relatives. Over 7% report their current residence in a shelter and of those who answered ‘other’ for current residence (6%), reported ‘group home—Substance abuse rehabilitation (N=8); nursing home (N=1); ‘day to day’ housing arrangements (N=1); ‘just out of jail’ (N=1); ‘top of abandoned office building’; (N=1); and ‘transitional housing’ (N=4). The location of residence reported by the 2008 respondents is consistent with their reported income, overall.

**TABLE 19. LIVING ARRANGEMENTS**

<b>Do you currently?</b>		
<b>Answer Options</b>	<b>Percent</b>	<b>Count</b>
Own your home	11.8%	35
<b>Rent</b>	<b>50.0%</b>	<b>148</b>
<b>Live with a Friend/Relative</b>	<b>25.0%</b>	<b>74</b>
Stay in a Shelter	7.1%	21
Other (please specify)	6.1%	18
<i>answered</i>		<b>296</b>

## Help with Rent

Approximately one-third (34%) of the total survey respondent group reports currently receiving some form of rental assistance. Respondents report numerous sources of rental assistance, including:

- ✓ Subsidized housing: Section 8 (N=20); HUD (N=3); Income-based (N=2); and Public housing (N=2)
- ✓ Substance Abuse treatment facility/transitional housing: (N=3)
- ✓ HOPWA: (N=7)
- ✓ Group Home: (N=4)
- ✓ Shelter Plus/Shelter Care: (N=7)
- ✓ Assistance through TACT, Urban League & ACCESS: (N=10)
- ✓ Social Security/SSI/Disability: (N=4)
- ✓ VA/Military: (N=2)
- ✓ Ryan White: (N=2)
- ✓ Assistance from Family/Relatives(N=24)
- ✓ Assistance from Friends/Room-mates: (N=4)
- ✓ Homeless agency in Winsbury:(N=1)

## Ever Homeless

An astounding 44% of the “In Care” survey respondent group reports a current or previous period of homelessness, indicating a severe degree of housing instability within this consumer group. This finding would indicate high level challenge in successfully facilitating entry and retention in HIV primary care and services, with moderate risk for impending homelessness. As evidenced below, over 10% of the 2008 respondents report current homelessness; 13% have been homeless in the past two years but not now; and 21% have been homeless longer than two years ago but not now.

**TABLE 20. EXTENT OF HOMELESSNESS**

<b>Are you now or have you ever been homeless?</b>		
<b>Answer Options</b>	<b>Percent</b>	<b>Count</b>
Never	55.9%	162
Currently homeless	10.3%	30
Been homeless in past 2 years, but not now	12.8%	37
Been homeless longer than past 2 years, but not now	21.0%	61
	<i>answered</i>	<b>290</b>

## Incarceration in Past Six Months

Approximately the same proportion of survey respondents who reported current homelessness (10.3%) reported a recent incarceration (10.7%).

**TABLE 21. RECENT INCARCERATION**

<b>Have you been in jail or prison in the past 6 months?</b>		
<b>Answer Options</b>	<b>Percent</b>	<b>Count</b>
Yes	10.7%	32
No	89.3%	266
	<i>answered</i>	<b>298</b>

## Health Insurance

Over 43% of all 2008 respondents report currently having no form of health insurance. A minority of respondents cite Medicaid or Medicare (30%) as their primary health benefit resource. Only 8% of respondents reported private health insurance benefits, and 5% report having a VA health benefit.

**TABLE 22. HEALTH INSURANCE BENEFITS**

<b>Do you currently have health insurance?</b>		
<b>Answer Options</b>	<b>Percent</b>	<b>Count</b>
Private Health Insurance (Humana, Aetna, etc)	8.1%	24
Medicare	7.7%	23
Medicaid	22.5%	67
VA	5.0%	15
<b>None</b>	<b>43.3%</b>	<b>129</b>
*Other (please specify)	13.4%	40
	<i>answered</i>	<b>298</b>

\*‘Other’ forms of health insurance benefits reported by the 2008 survey respondents primarily referenced their dual forms of coverage:

- ✓ Medicaid and Medicare: 19
- ✓ Medicaid and VA Benefits: 3
- ✓ Medicaid and Private Insurance: 1
- ✓ Medicare and Private Insurance: 1
- ✓ VA Benefits and Private Insurance: 1
- ✓ Ryan White only: 10
- ✓ Optima HMO: 2
- ✓ ADAP: 1
- ✓ VA benefits: 1

## Pattern of ‘In Care’ Status

### *Primary Care Visit and Lab Monitoring Indicators of “In Care” Status*

The majority of the 2008 PLWH/A respondents evidence active “In Care” status, with 231 (or 76% of the 304 respondents) reporting having seen their physician within the past 1-6 months; and 223 and 221, respectively, reported receiving CD4 cell count and viral load measures within the past six months or less. It is notable that a sizeable minority of the ‘In Care’ respondents report an “Erratically” In care status, having been to see their physician 7-12 months ago. (N=53 or 17.4% of the total number of respondents.)

**Twenty (N=20 or 7%) of the 304 total respondent group report a technically ‘Out of Care’ status for the past 12 months.** One of these PLWH/A did report just entering care, having recently received laboratory monitoring services, with the plan to keep the physician appointment in December, 2008.

TABLE 23. LAST DOCTOR VISIT AND LAST LAB MONITORING VISIT PATTERN

Visit Time Frame	Doctor	CD4	Viral Load
Past 3-4 Months 9/08-12/08 <b>(Ideal 'In Care' Status)</b>	142	131	131
Past 4-6 Months 6/08-8/08 <b>(Satisfactory 'In Care' Status)</b>	83	92	90
Past 7-9 Months 3/08-5/08 <b>(Erratically 'In Care' Status)</b>	43	44	45
Past 10-12 Months 12/31/07-2/08 <b>(Erratically 'In Care' Status- At risk of Unmet Need)</b>	10	9	9
<b>TOTAL 'In Care'</b>	<b>284</b>	<b>276</b>	<b>275</b>
<b>Technically 'Out of Care'</b> Unmet Need in 2008, Since 2007	10	10	10
<b>Out of Care &gt; One Year</b> (OOC Since 2006 or before)	9	8	8
<b>NEVER IN CARE</b>	1	1-Just entered	1-Just entered
<b>TOTAL Out of Care</b>	<b>20</b>	<b>19</b>	<b>19</b>
<b>GRAND TOTAL</b>	<b>304</b>	<b>295</b>	<b>294</b>

### Current Primary Care Physician and Clinic

The 'In Care' survey respondents' listed a total of 48 different primary care physicians, with 10 physicians listed most frequently: Dr. Mercer (N=46); Dr. Oldfield (N=21); Dr. Weissel/Wessell (N=14); Dr. Cole (N=13); Dr. Deiring (N=11); Drs. Flenner and Green (N=7 each); and Drs. Dickens, LaRocco and Stallings (N=6 each).

EVMS is the most frequently mentioned primary medical care home, as evidenced in Table 19 on the following page. The EVMS was cited as the current primary care clinic by 54% of the 2008 respondents, followed by NCHC (16%); 'Other' 10% (which included private physicians (N=7); VA Medical Center (N=5); Norfolk Department of Public Health (N=2); Norfolk Community Health Center (N=2); Bayview Community Health Center (N=1); PICH Riverside Gap (N=1); Halifax Unit (N=1); Oyster Point (N=1); Hampton Clinic (N=1); Kempsville Road Medical Center (N=1); Virginia Beach Health Department (N=1); University of Virginia Medical Center (N=1); and Children's Hospital of the King's Daughters (N=1).

**TABLE 24. LOCATION OF HIV PRIMARY CARE CLINIC**

<b>What clinic/doctor's office do you go to for your HIV care ?</b>		
<b>Answer Options</b>	<b>Percent</b>	<b>Count</b>
EVMS	53.5%	160
PICH	7.7%	23
Portsmouth Naval	2.7%	8
VA	1.3%	4
Health Unit (Prison)	3.3%	10
NDPH	6.0%	18
NCHC	15.7%	47
Other (please specify)	9.7%	29
<i>answered</i>		<b>299</b>

**Current Antiretroviral Therapy**

The vast majority of 'In Care' survey respondents (90%) report the receipt of antiretroviral therapy, as evidenced in the table below, which correlates with their HIV primary care visit status.

**TABLE 25. CURRENT ART**

<b>Are you currently taking ART (HIV) medications?</b>		
<b>Answer Options</b>	<b>Percent</b>	<b>Count</b>
Yes	89.5%	265
No	10.1%	30
Don't Know	0.3%	1
<i>answered</i>		<b>296</b>

**History of Mental Illness-Diagnosis and/or Treatment**

Over half, or fifty five percent (55%) of respondents reported a history of mental health issues, and most reported more than one disorder. The mental health issues reported by the 2008 respondents include: Depression (108); Bi-Polar Disease (27); Anxiety Disorder (12); Paranoid Schizophrenia (9); PTSD (7); Adjustment Disorder (4); Adult ADD (3); Psychosis (3); Dementia (2); Suicide attempts (2 reported); Antisocial Disorder (1); Auditory processing and motor coordination deficit (1); Cluster Personality (1); Multiple Personality Disorder (1); Sexual Identity Confusion (1); Mental retardation (1); Narcissism (1); Nervous breakdown (1); and Obsessive Compulsive Disorder (1).

Sixty Five percent (65%) or 96 of 147 respondents who answered affirmatively regarding diagnosis of mental health issues, affirmed medical treatment for their mental health disorders. Thirty five percent (35%) reported that they were not currently receiving treatment/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.

**TABLE 26. HISTORY OF MENTAL ILLNESS**

<b>Have you ever been diagnosed with or treated for a mental illness?</b>		
<b>Answer Options</b>	<b>Percent</b>	<b>Count</b>
Yes	55.0%	165
No	45.0%	135
If Yes, which illness?		163
<i>answered</i>		<b>300</b>

## History of Substance Abuse-Diagnosis and/or Treatment

Forty four percent (44%) of the 2008 respondents admit to a diagnostic history of and/or treatment for substance use/abuse, as compared to the 55% respondents who reported a history of mental illness.

**TABLE 27A. HISTORY OF SUBSTANCE ABUSE**

Have you ever been diagnosed with or treated for substance abuse?		
Answer Options	Percent	Count
Yes	44.1%	132
No	55.9%	167
<i>answered</i>		299

**TABLE 27B. TYPE OF SUBSTANCE USED/ABUSED**

If Yes, which substance?		
Answer Options	Percent	Count
Heroin	13.5%	18
Crack	13.5%	18
Alcohol	17.3%	23
Crystal Meth	9.0%	12
*Other (please specify)	46.6%	62
<i>answered</i>		133

\*'Other' reported Substances included the following, typically reported with two or more substances used in combination: 1) Alcohol (N=18); Crack (N=23); Cocaine (N=21); Crystal meth (N=12); Heroin (N=13); Marijuana (5); Ecstasy (1); Pain pills (1).

Of those survey participants who responded to the survey item regarding reported receipt of substance abuse treatment, the following answers were supplied: 1) "15 years clean"; 2) "Completed rehab" (N=2); 3) "Just quit cold turkey"; and 4) "Methadone" treatment (N=12).

## Diagnosis and/or Treatment of STDs and/or Treatment of Diseases other than HIV Disease

Respondents report a moderate to high level of history of other STDs (over 42%).

**TABLE 28A. DIAGNOSIS AND TREATMENT OF STDs**

Have you ever been diagnosed with or treated for sexually transmitted diseases (STD)?		
Answer Options	Percent	Count
Yes	42.4%	126
No	57.2%	170
Don't Know	0.3%	1
<i>answered</i>		297

**TABLE 28B. RANGE OF STD DIAGNOSES**

<b>If yes, which STD?</b>		
<b>Answer Options</b>	<b>Percent</b>	<b>Count</b>
Gonorrhea	32.8%	41
Syphilis	16.8%	21
Chlamydia	8.8%	11
*Other (please specify)	41.6%	52
<i>answered</i>		<b>125</b>

Other’ STDs reported include: Clap/GC (N=22); Syphilis (N=16); Herpes (N=13); Anal warts/Genital warts:(N=7); Chlamydia (N=6); Crabs (N=2); HPV (N= 2); Hepatitis B (N=1); and Trichomonas (N=1).

**TABLE 29. CO-MORBIDITY WITH OTHER CHRONIC DISEASE**

<b>Have you ever been diagnosed with or treated for diseases other than HIV?</b>		
<b>Answer Options</b>	<b>Percent</b>	<b>Count</b>
Yes	59.9%	178
No	39.7%	118
Don't Know	0.3%	1
<i>answered</i>		<b>297</b>

Survey respondents report high level co-morbidity with numerous chronic health conditions, and most frequently reported two or more other chronic health concerns, including, but not limited to: 1) Hypertension/High blood pressure (N=58); 2) Diabetes (N=33); 3) Hepatitis C (N=31); 4) High Cholesterol (N=24); 5) Asthma (N=21); 6)cardiac disease (N=9); 7) Hepatitis B (N=11); 8)PCP Pneumonia (N=8); 9) Oral thrush (N= 5); 10) Kidney problems (N=6); 11) Back problems (N= 5); and 12) High Triglycerides (N=4).

## **USE, NEED, BARRIER & GAP RANKING**

A Use, Need, Barrier and Gap ranking was developed for all Norfolk TGA survey respondents, with rankings developed for each special population (with a ‘Need, Barrier, Gap ranking for Out of Care respondents). The 2008 HIV/AIDS Needs Assessment provides a “snapshot” of community service use, 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. These terms are defined as:

<b>Use</b>	<b>Number of ‘In Care’ client survey respondents who indicated service use in the past year</b>
<b>Need</b>	<b>Number of ‘In Care’ client survey respondents who stated “I currently need this service.”</b>
<b>Barrier</b>	<b>Number of ‘In Care’ client survey respondents who indicated that a service is ‘Hard to Get’.</b>
<b>Gap</b>	<b>Sum of ‘In Care’ client survey respondents who answered ‘Yes’ to Need and ‘No’ to availability of that service</b>

**TABLE 30. 2008 ALL PLWH/A USE, NEED, BARRIER, GAP MATRIX**

<b>Service Category Description</b>	<b>Need Rank</b>	<b>Use Rank</b>	<b>Gap Rank</b>	<b>Barrier Rank</b>
Medical Case Management	1	2	14	8
Primary Medical Care	2	1	12	11
Housing Assistance	3	NR	2	3
Medication Assistance	4	4	NR	5
Oral Health Care	5	8	5	1
Medical Transportation	6	5	3	2
Mental Health Services	7	3	10	10
Emergency Financial Assistance	8	10	4	6
Substance Abuse Services	9	6	9	4
Nutrition Assistance	10	11	6	12
Financial Assistance/Health Insurance	11	7	7	12
Legal Assistance	12	NR	8	9
Health Education & Counseling	13	NR	11	NR
HIV Testing & Referrals	14	NR	NR	NR
*Other (list):	15*	9*	1*	7*
Outreach	16	NR	13	NR

**\*Other:** Coordination of Benefits with VA/DoD);  
 Youth-oriented services;  
 GYN/Medical Specialty Care

**The Top 10 Ranking *Service Needs* of the 2008 Norfolk TGA survey respondent group, in rank order, include:**

- 1) Medical Case Management
- 2) Primary Medical Care
- 3) Housing Assistance
- 4) Medication Assistance
- 5) Oral Health Care
- 6) Medical Transportation Assistance
- 7) Mental Health Services
- 8) Emergency Financial Assistance
- 9) Substance Abuse Services, and
- 10) Nutrition Assistance.

**The Top 10 Ranking *Service Uses* of the 2008 Norfolk TGA survey respondent group include:**

- 1) Primary Medical Care
- 2) Medical Case Management
- 3) Mental Health Services
- 4) Medication Assistance
- 5) Medical Transportation
- 6) Substance Abuse Services
- 7) Financial Assistance/Health Insurance
- 8) Oral Health Care
- 9) \*Other: Coordination of Benefits with VA/DoD), Youth-oriented services, GYN/Medical Specialty Care
- 10) Emergency Financial Assistance

**The Top 10 Ranking *Service Gaps* of the 2008 Norfolk TGA survey respondent group include:**

- 1) \*Other: Coordination of Benefits with VA/DoD), Youth-oriented services, GYN/Medical Specialty Care
- 2) Housing Assistance
- 3) Medical Transportation
- 4) Emergency Financial Assistance
- 5) Oral Health Care
- 6) Nutrition Assistance
- 7) Financial Assistance/Health Insurance
- 8) Legal Assistance
- 9) Substance Abuse Services
- 10) Mental Health Services

**The Top 10 Ranking *Service Barriers* of the 2008 Norfolk TGA survey respondent group include:**

- 1) Oral Health Care
- 2) Medical Transportation
- 3) Housing Assistance
- 4) Substance Abuse services
- 5) Medication Assistance
- 6) Emergency Financial Assistance
- 7) \*Other: Coordination of Benefits with VA/DoD), Youth-oriented services, GYN/Medical Specialty Care
- 8) Medical Case Management
- 9) Legal Assistance, and
- 10) Mental Health services.

**TABLE 31. ADDITIONAL SERVICE BARRIERS/BARRIER REASONS**

<b>BARRIER</b>	<b># RESPONSE</b>	<b>RANK</b>
<b>Stigma</b>	<b>21</b>	<b>1</b>
<b>Transportation</b>	<b>16</b>	<b>2</b>
<b>Affordable Housing</b>	<b>15</b>	<b>3</b>
<b>Appt Wait Times</b>	<b>14</b>	<b>4</b>
<b>Coordination of benefits</b>	<b>12</b>	<b>5</b>
Dental Care	11	6
Criminal Record		7
Inpatient Substance Abuse Rehab	8	8
Cost of Care	8	8
Age (old)	7	9
Mental Health	6	10
Transgender discrimination	6	10
Meds other than HIV	5	11
Red tape	5	11
Cost of co-pay	4	12
Hormone treatment	3	13
Billed for services not used	3	13
Eligibility assistance	2	14

***Discussion of Service Needs, Uses, Gaps and Barriers for ALL 2008 PLWH/A***

The five top ranking **Service Gaps** are heavily thematic of care coordination deficiencies (involving supportive services: coordination of benefits for the large military population, and coordinating access to housing, transportation and emergency financial assistance); and possible funding deficits (involving core services: specifically, medical specialty and oral health services); and represent a perceived need to examine the service delivery system so that it may be more appealing to youth.

The #1 top ranking Service Gap (service needed but cannot get) among all 2008 Norfolk TGA respondents included three ‘write-in’ items noted under ‘Other’:

- 1a) Coordination of Benefits with VA/DoD (N=28 or 9%);
- 1b) Youth-oriented services (N=24 or 8%); and
- 1c) GYN/Medical Specialty Care services (N=23 or 7%).

The next four highest ranking **Service Gaps** for the entire Norfolk respondent group include:

- 2) Housing Assistance
- 3) Medical Transportation
- 4) Emergency Financial Assistance
- 5) Oral Health Care.

The top five ranking **Service Barriers** represent a mix of perceived difficulties in accessing several core medical services (Oral Health Care, Substance Abuse Services and Medication Assistance); and accessing 'hard to get' supportive services (inclusive of Transportation and Housing assistance):

- 1) Oral Health care
- 2) Medical Transportation
- 3) Housing Assistance
- 4) Substance Abuse services
- 5) Medication Assistance

The 2008 Norfolk TGA respondents also noted additional Barriers and Barrier reasons, with the #1 ranking Barrier in the service area (noted by 7% of the total respondent group) as the high level of perceived stigma surrounding HIV disease. Other high ranking Barriers included a lack of transportation and affordable housing, along with lengthy appointment wait times and difficulty with coordinating VA and other benefits.

## NEED, USE, GAP and BARRIER RANKINGS BY SPECIAL POPULATION GROUP

TABLE 32. AFRICAN AMERICANS PLWH/A SERVICE NEEDS, USES, GAPS AND BARRIERS MATRIX (N=232)

Service Category	Total 2008 PLWH/A Need Rank	AA Need Rank	AA Use Rank	AA Gap Rank	AA Barrier Rank
Medical Case Management	1	1	2	13	8
Primary Medical Care	2	2	1	12	10
Housing Assistance	3	3	6	1	2
Financial Assistance/Health Insurance	11	4	11	4	9
Medication Assistance	4	4	8	7	4
Oral Health Care	5	5	5	2	1
Medical Transportation	6	6	3	3	3
Emergency Financial Assistance	8	7	10	2	6
Mental Health services	7	8	4	10	8
Nutrition Assistance	10	9	9	5	10
Substance Abuse Services	9	10	7	9	7
Legal Assistance	12	11	11	6	10
Health Education & Counseling	13	12	NR	11	NR
HIV Testing & Referrals	14	13	NR	NR	NR
Outreach	16	14	NR	NR	NR
*Other (list):	15	*15	10	**8	***5

\*AA Other: \*Need: Food; Clothing; Job; Youth services

\*\*Gap: Coordination of benefits (5); Clothes; Eyeglasses; Youth services; GYN care and Medical care other than HIV; Translation

\*\*\*Barrier: Eyeglasses (10); Clothing; GYN care; Youth services

### *Discussion of African American PLWH/A Service Needs, Uses, Gaps and Barriers*

The top ranking **Service Needs** of the special population of African Americans mirrors those of the entire respondent group, with the exception that African American PLWH/A place a substantially higher premium on 'Financial Assistance/Health Insurance' (receiving a #4 Need ranking compared to a # 11Need ranking by the total respondent group).

The African Americans PLWH/A **Service Use** rankings compare with their Need rankings, except for Financial Assistance/Health Insurance, Emergency Financial Assistance and Housing

Assistance. This finding indicates that a service gap exists between need and use, which is confirmed in the Service Gap rankings below.

The top five ranking **Service Gaps** for African American PLWH/A in the service area include:

- 1) Housing Assistance;
- 2) Oral Health Care;
- 2) Emergency Financial Assistance
- 3) Medical Transportation;
- 4) Financial Assistance/Health Insurance; and 5) Nutrition Assistance.

The top five ranking **Service Barriers** for African American PLWH/A include a combination of core and support services, including three of the same services identified as Service Gaps:

- 1) Oral Health Care;
- 2) Housing Assistance;
- 3) Medical Transportation;
- 4) Medication Assistance; and
- 5) 'Other': Eyeglasses; Clothing; GYN Care; and Youth-oriented services

**TABLE 33. MSM PLWH/A SERVICE NEEDS, USES, GAPS AND BARRIERS MATRIX (N=115)**

<b>Service Category Description</b>	<b>2008 Total PLWH/A Need Rank</b>	<b>MSM Need Rank</b>	<b>MSM Use Rank</b>	<b>MSM Gap Rank</b>	<b>Barrier Rank</b>
Medical Case Management	1	2	2	9	7
Primary Medical Care	2	1	1	9	NR
Housing Assistance	3	3	6	1	2
Medication Assistance	4	4	3	7	4
Oral Health Care	5	5	7	2	1
Medical Transportation	6	6	5	3	3
Mental Health Services	7	8	4	7	NR
Emergency Financial Assistance	8	7	7	3	6
Substance Abuse Services	9	7	8	8	5
Nutrition Assistance	10	10	8	7	NR
Financial Assistance/Health Insurance	11	9	8	6	NR
Legal Assistance	12	9	8	4	7
Health Education & Counseling	13	11	NR	8	NR
HIV Testing & Referrals	14	12	NR	NR	NR
*Other (list):	15	*13	NR	**5	NR
Outreach	16	12	NR	9	NR

\*MSM Other: \*Need: In-Patient Substance Abuse Treatment \*\*Gap: Coordination of Benefits with VA; Meds other than HIV; Medical Specialty care other than HIV; Youth-oriented services; In-Patient SA Rehab services

***Discussion of MSM PLWH/A Service Needs, Uses, Gaps and Barriers***

The top five MSM **Service Need** rankings generally reflect those of the larger PLWH/A population, although the MSM respondent group ranks Primary Medical Care as their #1 Need and Medical Case Management as their #2 Need. The need for In-patient Substance Abuse treatment was noted by one MSM respondent. The MSM **Service Use** rankings indicate that Housing Assistance is utilized less often than needed, confirmed by a #1 **Service Gap** ranking, followed by the next highest Service Gap rankings: 2) Oral Health Care; 3) Medical Transportation tied with EFA; 4) Legal Assistance (ranked considerably higher as a perceived service gap as compared to the entire respondent group); and 5) the combination of ‘Other’ Gaps, including Coordination of Benefits with VA; Meds other than HIV; Medical Specialty care other than HIV; Youth-oriented services; and In-patient SA rehabilitation services. MSM’s highest ranking **Service Barriers** are similar to those of the entire respondent group and include: 1) Oral health care; 2) Housing Assistance; 3) Medical Transportation; 4) Medication Assistance; and 5) Substance Abuse treatment.

**TABLE 34. WOMEN SERVICE NEEDS, USES, GAPS AND BARRIER S MATRIX (N=107)**

Service Category Description	2008 Total Need Rank	Women Need Rank	Women Use Rank	Women Gap Rank	Women Barrier Rank
Medical Case Management	1	1	2	NR	NR
Primary Medical Care	2	2	1	9	NR
Housing Assistance	3	4	6	4	3
Medication Assistance	4	5	4	5	6
Oral Health Care	5	3	7	1	1
Medical Transportation	6	6	5	2	3
Mental Health Services	7	7	3	6	5
Emergency Financial Assistance	8	8	6	3	4
Substance Abuse Services	9	11	8	8	2
Nutrition Assistance	10	10	NR	7	6
Financial Assistance/Health Ins.	11	9	9	6	7
Legal Assistance	12	12	9	8	7
Health Education & Counseling	13	13	NR	8	NR
HIV Testing & Referrals	14	15	NR	NR	NR
*Other (list):	15	*15	NR	**10	NR
Outreach	16	14	NR	11	NR

\*WOC Other: \*Need: Support Groups; : In-Patient Sub Abuse \*\*Gap: Coordinate Benefits with VA; Youth-oriented services

***Discussion of Service Needs, Uses, Gaps and Barriers for Women***

The **Service Need** rankings for the Women are highly similar to those of the entire respondent group, with the exception of Oral Health Care which was ranked slightly higher than by the Norfolk TGA respondent group. Mental Health services are ranked a #3 **Service Use**. Oral Health care is cited as the #1 top ranking **Service Gap** by Women. The next highest Service Gaps included: 2) Medical Transportation; 3) EFA; 4) Housing Assistance; and 5) Medication Assistance. The top ranking **Service Barriers** for Women include: 1) Oral Health Care; 2) Substance Abuse services; 3) Housing Assistance; 4) EFA; and 5) Mental Health services.

**TABLE 35. SUBSTANCE ABUSERS/IDU NEEDS, USES, GAPS AND BARRIERS MATRIX (N=57)**

Service Category Description	2008 Total PLWH/A Need Rank	SA/IDU Need Rank	SA/IDU Use Rank	SA/IDU Gap Rank	SA/IDU Barrier Rank
Medical Case Management	1	1	5	NR	6
Primary Medical Care	2	2	2	6	NR
Housing Assistance	3	3	6	1	1
Medication Assistance	4	4	3	5	6
Oral Health Care	5	7	8	4	4
Medical Transportation	6	6	7	3	4
Mental Health Services	7	10	4	6	5
Emergency Financial Assistance	8	8	10	2	NR
Substance Abuse Services	9	5	1	4	2
Nutrition Assistance	10	11	9	4	5
Financial Assistance/Health Insurance	11	9	NR	5	NR
Legal Assistance	12	12	NR	6	3
Health Education & Counseling	13	13	NR	NR	NR
HIV Testing & Referrals	14	14	NR	NR	NR
*Other (list):	15	NR	NR	*5	NR
Outreach	16	14	NR	NR	NR

\*SA/IDU Other: \*Gap: Coordination of benefits with Military/VA; Youth-friendly services

***Discussion of SA/IDU Needs, Uses, Gaps and Barriers***

The Substance Abusers/IDU’s **Service Need** rankings reflect those of the larger group, except for the notably higher Need ranking for Substance Abuse treatment services (ranked as the #5 Need and # 1 **Service Use** among SA/IDU, as compared to the #9 Need and #6 Use rankings by the total respondent group). The top ranking **Service Gaps** for SA/IDU include:

1) Housing Assistance; 2) EFA; 3) Medical Transportation; 4) Oral Health Care tied with Substance Abuse services and Nutrition Assistance; and 5) Financial Assistance/Health Insurance tied with ‘Other’, including Coordination of benefits with Military/VA and Youth-friendly services.

The SA/IDU respondent group ranks many of the same services as Service Gaps (perceived as ‘unavailable’) as they rank them as ‘hard to get’, indicated by their top ranking **Service Barriers** which include: 1) Housing assistance; 2) Substance Abuse services; 3) Legal Assistance; 4) Oral Health Care tied with Medical Transportation; and 5) Emergency Financial Assistance.

**TABLE 36. RURAL PLWH/A SERVICE NEEDS, USES, GAPS AND BARRIER MATRIX (N=52)**

Service Category Description	2008 Total Need Rank	Rural Need Rank	Rural Use Rank	Rural Gap Rank	Rural Barrier Rank
Medical Case Management	1	2	2	NR	5
Primary Medical Care	2	4	1	NR	5
Housing Assistance	3	3	6	2	3
Medication Assistance	4	3	8	6	NR
Oral Health Care	5	1	7	1	2
Medical Transportation	6	5	4	3	1
Mental Health Services	7	8	3	8	NR
Emergency Financial Assistance	8	6	NR	4	NR
Substance Abuse Services	9	12	5	7	4
Nutrition Assistance	10	7	8	6	NR
Financial Assistance/Health Ins.	11	5	NR	5	NR
Legal Assistance	12	9	NR	6	NR
Health Education & Counseling	13	10	NR	7	NR
HIV Testing & Referrals	14	11	NR	NR	NR
*Other (list):	15	*13	NR	**8	***4
Outreach	16	12	NR	7	NR

\*Rural Other: \*Need: Clothing      \*\*Gap: Medical care other than HIV      \*\*\*Barrier: Eyeglasses

***Discussion of Rural PLWH/A Service Needs, Uses, Gaps and Barriers***

The **Service Need** rankings of Rural PLWH/A are less similar than those of other special population groups when compared to the larger Norfolk respondent group. **Of note is the fact that Rural PLWH/A rank Oral Health Care as their #1 Service Need compared to the #5 ranking by the entire respondent group.**

Rural PLWH/A's top five **Service Uses** include both Mental Health and Substance Abuse treatment services, in addition to PMC, MCM and Medical Transportation. The top five ranking **Service Gaps** for Rural PLWH/A include: 1) Oral Health care; 2) Housing Assistance; 3) Medical Transportation; 4) EFA; and 5) Financial Assistance/Health Insurance.

The Rural PLWH/A respondent group is distinguished from other special population groups for their top five **Service Barrier** rankings, which reflect their distances from available services and include:

- 1) Medical Transportation;
- 2) Oral Health care;
- 3) Housing Assistance;
- 4) Substance Abuse services tied with 'Other', Eyeglasses; and
- 5) Medical Case Management tied with Primary Medical Care.

**TABLE 37. VETERAN/MILITARY PLWH/A SERVICE NEEDS, USES, GAPS AND BARRIERS MATRIX (N=56)**

Service Category Description	2008 Total Need Rank	VET/MILITARY Need Rank	VET/MILITARY Use Rank	VET/MILITARY Gap Rank	VET/MILITARY Barrier Rank
Medical Case Management	1	3	2	NR	NR
Primary Medical Care	2	1	1	8	6
Housing Assistance	3	2	6	1	4
Medication Assistance	4	4	3	6	5
Oral Health Care	5	6	7	2	2
Medical Transportation	6	7	4	3	1
Mental Health Services	7	5	5	8	7
Emergency Financial Assistance	8	5	7	4	4
Substance Abuse Services	9	8	7	7	3
Nutrition Assistance	10	9	7	6	7
Financial Assistance/Health Insurance	11	10	NR	6	NR
Legal Assistance	12	9	7	8	NR
Health Education & Counseling	13	11	NR	NR	NR
HIV Testing & Referrals	14	12	NR	NR	NR
*Other (list):	15	11	NR	**5	NR
Outreach	16	12	NR	NR	NR

\*VET Other: \*\*Gap: Coordination of benefits with VA/military; Eyeglasses; Medical Care other than HIV

***Discussion of Veteran/Military PLWH/A Service Needs, Uses, Gaps and Barriers***

Although ranked in slightly differing order, the **Service Needs** of Veteran/Military PLWH/A are similar to those of the entire respondent group. Their **Service Uses** include: 1) PMC; 2) MCM; 3) Medication Assistance; 4) Medical Transportation; and 5) Mental Health services. The Veteran/Military PLWH/A top ranking **Service Gaps** include: 1) Housing Assistance; 2) Oral Health Care; 3) Medical Transportation; 4) EFA; and 5) ‘Other’, including Coordination of benefits with VA/Military, Eyeglasses and Medical Care other than HIV care. The top ranking **Service Barriers** cited by the Veteran/Military PLWH/A respondent group are similar to those of the entire respondent group and include: 1) Medical Transportation; 2) Oral Health Care; 3) Substance Abuse services; 4) EFA; and 5) Medication Assistance.

***7. Youth as an Emerging Special Population***

Youth represent a newly emerging special population of significance in the Norfolk TGA, which has not previously been targeted for a comprehensive assessment of need. Strictly speaking, the local epidemiologic data supports Youth, ages 13-19 years, and Youth, ages 20-24 years as important populations in the Norfolk TGA. The epidemiologic data and local wisdom both support the fact that older youth/young adults ages 25-39 were most likely infected at a younger age. In order to ensure the widest and most accurate representation of the relative needs, uses, gaps and barriers experienced by infected youth, the following age groups were delineated for inclusion in the 2008 comprehensive needs assessment study:

**TABLE 38. SUB-POPULATIONS OF YOUTH RESPONDENTS**

<b>Birth Range</b>	<b>AGE</b>	<b>TERM</b>	<b># Study Participants</b>
<b>1996-2008</b>	<b>0-12</b>	<b>Child</b>	<b>1</b>
<b>1989-1995</b>	<b>13-19</b>	<b>Adolescent</b>	<b>2</b>
<b>1984-1988</b>	<b>20-24</b>	<b>Young Adult</b>	<b>8</b>
			<b>11</b>
<b>1979-1983</b>	<b>25-29</b>	<b>Recent Youth</b>	<b>23</b>
			<b>34</b>

TABLE 39. YOUTH SERVICE NEEDS, USES, GAPS AND BARRIERS MATRIX (N=34)

Service Category Description	2008 Total PLWH/A Need Rank	Youth Need Rank	Youth Use Rank	Youth Gap Rank	Youth Barrier Rank
Medical Case Management	1	1	2	NR	NR
Primary Medical Care	2	3	2	NR	5
Housing Assistance	3	4	NR	2	2
Medication Assistance	4	2	1	5	5
Oral Health Care	5	9	6	4	5
Medical Transportation	6	7	3	NR	1
Mental Health Services	7	5	4	NR	3
Emergency Financial Assistance	8	9	NR	NR	NR
Substance Abuse Services	9	6	5	3	4
Nutrition Assistance	10	NR	NR	NR	NR
Financial Assistance/Health Insurance	11	8	NR	NR	NR
Legal Assistance	12	8	6	5	NR
Health Education & Counseling	13	10	NR	NR	NR
HIV Testing & Referrals	14	NR	NR	NR	NR
*Other (list):	15	NR	NR	**1	NR
Outreach	16	NR	NR	NR	NR

\*Youth Other: \*\*Gap: Youth-friendly and Youth-oriented services

### *Discussion of Youth's Service Needs, Uses, Gaps and Barriers*

The **Service Need rankings** of Youth evidence a relatively greater need for Medication Assistance, Mental Health and Substance Abuse services, and Financial and Legal Assistance as compared to the entire respondent group. The top five ranked **Service Uses** of Youth include both Mental Health and Substance Abuse treatment services. ***The number one ranking Service Gap expressed by Young PLWH/A includes the perceived unavailability of Youth-friendly and Youth-oriented services.*** The remaining top ranked Service Gaps for Youth include: 2) Housing Assistance; 3) Substance Abuse services; 4) Oral Health Care; 5) Medication Assistance tied with Legal Assistance.

The top ranking **Service Barriers** cited by PLWH/A Youth include: 1) Medical transportation; 2) Housing Assistance; 3) Mental Health services; 4) Substance Abuse services; and 5) Primary Medical care and Medication Assistance. ***It is notable that Youth and Rural PLWH/A are the only special populations who identified Primary Medical Care as one of their top five Service barriers. This finding deserves further examination.***

**TABLE 40. OUT OF CARE SERVICE NEEDS, GAPS AND BARRIERS MATRIX (N=20)**

Service Category Description	2008 Total PLWH/A Need Rank	OOO Need Rank	OOO Gap Rank	OOO Barrier Rank
Medical Case Management	1	1	NR	NR
Primary Medical Care	2	2	NR	NR
Housing Assistance	3	2	1	2
Medication Assistance	4	5	NR	NR
Oral Health Care	5	NR	2	NR
Medical Transportation	6	7	2	NR
Mental Health Services	7	3	3	
Emergency Finan Assist	8	5	2	NR
Substance Abuse Services	9	4	2	1
Nutrition Assistance	10	7	NR	NR
Financial Assistance/Health Insurance	11	6	2	NR
Legal Assistance	12	5	2	3
Health Education & Counseling	13	NR	NR	NR
HIV Testing & Referrals	14	NR	NR	NR
*Other (list):	15	7	NR	NR
Outreach	16	7	NR	NR

\*OOO Other: \*\*Need: Job/ Employment

***Discussion of OOC’s Service Needs, Gaps and Barriers***

Eighteen of the 20 Out of Care (90%) cite African American heritage with the remaining two claiming Caucasian descent. Four of the twenty Out of Care PLWH/A or 20% report an Hispanic ethnicity, 11 or 55% cited heterosexual transmission, 7 or 35% cited MSM exposure and four (20%) IDU. A significant 17/20 or 85% report a mental health diagnosis, with nine (45%) currently taking medication to treat their disorder. An equivalent fraction (16/20 or 85%) report using substances. Half of the OOC are currently homeless, with another 6 or a total of 16 (80%) reporting current or prior homelessness. Four OOC respondents (20%) would not disclose the geography of diagnosis, with admission by two of undocumented status and suspicion of non-citizenship based on other responses.

The 20 Out of Care PLWH/A (one of whom reported a ‘Never’ In Care status), evidence distinctly differing Service Needs, Gaps and Barriers than their ‘In Care’ counterparts. The OOC **Service Need** rankings evidence substantially greater needs for Mental Health Services, Substance Abuse Services, Emergency Financial Assistance and Legal Assistance, relative to the entire respondent group. This OOC sample included a #7 ranked Need for ‘Other’ assistance, namely Job/Employment assistance. These findings suggest that the OOC sample population may be predominantly unemployed, impoverished, with numerous co-morbidities, and made up of a significant Hispanic and undocumented population. This hypothesis receives confirmatory support when the OOC Service Needs are contrasted to the Service Barrier and Gap rankings. The top ranking **Service Barriers** include: 1) Substance Abuse Services; 2) Housing Assistance; and 3) Legal Assistance tied with Mental Health Services. The OOC **Service Gaps** are multiple and competing, including 1) Housing Assistance; 2) Oral Health Care, tied with EFA, Financial Assistance/ Health Insurance, Legal Assistance, Substance Abuse Services and Transportation; and 3) Mental Health Services.

# Chapter 3: Recommendations

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## *Special Strategies Directed toward Optimizing Access and Retention in Care*

**I. In response to the comprehensive needs assessment study findings, the following general recommended strategies may be employed by the Planning Council to further strengthen the service delivery system in the Norfolk TGA:**

- 1) Develop strategies to increase the youth-friendly and minority-friendly service environments within provider agencies in order to encourage optimal access and utilization of Ryan White funded services by the targeted special populations.
- 2) Implement system changes to improve the coordination of Ryan White and VA benefits for the substantial population of Veteran/Military PLWH/A in the service area.
- 3) Ensure strong linking mechanisms and co-locate to the extent possible increased levels of on-site Mental Health and Substance Abuse treatment services to address the high degree of these co-morbid conditions within the Norfolk TGA PLWH/A population.
- 4) Devise increased access to In-patient substance abuse treatment through coordination with other available funding streams.
- 5) Strengthen 'prevention with positives' programs and activities to reduce the high STD co-morbidities and reduce further HIV transmission.
- 6) Ensure Medical and Social Case Management provider awareness and use of all Ryan White and other local funding sources available in the TGA for meeting the comprehensive service needs expressed by PLWH/A.
- 7) Ensure cultural competence of and ability to provide age-appropriate and youth engaging services by CM, MH and PMC providers to meet the needs of sub-populations
- 8) Strengthen client linkages to care by assessing and addressing needs upon entry to care; targeting those deemed at high risk for erratic care use and/or disengagement from care; and strongly engaging them in care during the first year of primary medical care participation.
- 9) Expand/seek additional funding to support the unmet oral health care, housing, nutrition, emergency financial assistance and transportation needs reported by the surveyed PLWH/A special populations.
- 10) Ensure optimal collaboration among core medical and supportive services providers, co-locating to the extent possible all priority services.
- 11) Strive to reduce the stigma surrounding HIV disease in the service area.

## II. Address the Top Ranking Service Barriers of the Special Populations

Quantification of the barrier rankings by #1 to #5 listing by ‘all’ survey respondents and the seven (7) special populations is shown below:

**TABLE 41. NORFOLK TGA ALL PLWH/A VERSUS SPECIAL POPULATION SERVICE BARRIERS**

<b>SERVICE BARRIER</b>	<b>ALL</b>	<b>AA</b>	<b>MSM</b>	<b>WOMEN</b>	<b>SA/IDU</b>	<b>RURAL</b>	<b>VET/ MILITARY</b>	<b>YOUTH</b>	<b>OOC</b>	<b>TOTAL #</b>
<b>BARRIER #1</b>	DENTAL	DENTAL	DENTAL	DENTAL	HOUSING	TRANSP O	TRANSP O	TRANSP O	SA REHAB	4 DENTAL (50%) 3 TRANSP (38%)
<b>BARRIER #2</b>	TRANSP O	HOUSIN G	HOUSING	SA REHAB	SA REHAB	DENTAL	DENTAL	HOUSIN G	HOUSIN G	4 HOUSING (38%) 2 DENTAL (25%) 2 SAREHAB (25%)
<b>BARRIER #3</b>	HOUSIN G	TRANSP O	TRANSP O	HOUSIN G	LEGAL	HOUSING	SA REHAB	MH	LEGAL MH	3 HOUSING (38%) 2 TRANSP (25%)
<b>BARRIER #4</b>	SA REHAB	MEDS	MEDS	EFA	DENTAL & TRANSP	SA REHAB	EFA	SA REHAB		3 SA REHAB (38%) 2 MEDS (25%) 2 EFA (25%)
<b>BARRIER #5</b>	MEDS	<i>OTHER:</i> GLASSES	SA REHAB	MH	MH & NUTRI ASST	PMC & <i>OTHER:</i> GLASSES	MEDS	DENTAL & PMC & MEDS		2 MH (25%)

As evidenced by the table above, there is a great deal of agreement regarding the services considered by PLWH/A to be the most difficult to access in the service area, inclusive of:

- Dental/Oral Health Care;
- Housing Assistance,
- Medical Transportation,
- Mental Health and Substance Abuse services, and
- EFA, Nutrition Assistance and Medication Assistance.

Although Mental Health Services are not among the top five Service Barrier rankings for the entire respondent group, three of the special populations (Women, SA/IDU and Youth) rank it in their top five Service Barriers. Women respondents were the only PLWH/A who did NOT list Medical Transportation among their top five Service Barriers. Youth and Rural PLWH/A were the only two special populations to cite Primary Medical Care among their top five ranking Service Barriers. SA/IDU were the only PLWH/A to cite Legal Services as a top ranking Service Barrier. Finally, HIV-related stigma acts as a barrier to testing and care and prevents disclosure of HIV status, which acts as a serious impediment to preventing/reducing further transmission of HIV disease in the service area.

### III. Address the Top Ranking Service Gaps of the Special Populations

**Table 42: Norfolk TGA: ALL PLWH/A versus Special Population Service Gaps**

Service GAPS	ALL	AA	MSM	Women	SA/IDU	RURAL	VET	YOUTH	OOO
<b>GAP #1</b>	OTHER: VA BENEFITS COORD	HOUSING	HOUSING	DENTAL	HOUSING	DENTAL	HOUSING	YOUTH-FRIENDLY SVCS	HOUSING
<b>GAP #2</b>	HOUSING	DENTAL	DENTAL	TRANSP	EFA	HOUSING	DENTAL	HOUSING	DENTAL EFA FIN ASST LEGAL SA SVCS TRANSP
<b>GAP #3</b>	TRANSP	EFA	TRANSP & EFA	EFA	TRANSP	TRANSP	TRANSP	SA SVCS	MH
<b>GAP #4</b>	EFA	FINANCIAL ASST	LEGAL	HOUSING	DENTAL SA SVCS NUTRIT'N	EFA	EFA	DENTAL	
<b>GAP #5</b>	DENTAL	NUTRIT'N	OTHER: COORD. BENEFITS; OTHER MEDICAL; OTHER MEDS; YOUTH SVCS; & IP SA TX	MEDS	FINANCIAL ASST & MEDS	FINANCIAL ASST	OTHER: VA BENEFITS COORD; GLASSES; OTHER MED CARE	MEDS	

## ***Recommended Priority Strategies to Optimize Utilization and Retention in Care***

Linkage to, engagement with and retention of newly/recently diagnosed persons in HIV primary medical care is essential for providing access to ART to delay disease progression and improve quality of life, especially critical for PLWH/A whose immune systems are already seriously compromised. Retention in care has the added benefit of preventing further transmission of HIV by promoting safer sex and drug use practices.

### ***Suggested Strategies for Newly Diagnosed PLWH/A:***

#### **Improved links and system navigation between prevention and care, such as:**

1. Locating HIV Testing programs in HIV primary clinics, with aggressive offers of testing to the Patients' sexual and drug-using partners, spouses, and friends
2. Expanded use of rapid testing in clinical and outreach testing settings
3. Expanded use of peer outreach testing specialists to locate and test other high risk individuals within their own unique social networks
4. Implementing same day referrals into primary medical care upon testing positive
5. Use of peer mentors/system navigators to ease transition into care and assist with navigation of care systems, accompany patients to appointments as needed, and help with reducing barriers to care
6. Implementing service need level assessments which target those persons newly entering care who are most likely to drop out or be most challenging to retain in care, and creating intensive care coordination plans to enhance engagement/retention.
7. Assess funded providers for training needs relative to relationship building and skills development relative to engaging, validating and partnering as key patient engagement and retention strategies, and tailored to meet the unique needs of the special populations

### ***Suggested Strategies for PLWH/A Receiving Some Services but NOT Primary Medical Care***

#### **Improved Linkages between Supportive and Primary Care Services**

1. Case Managers and other Support staff who provide services should implement routine follow-up strategies to inquire about and encourage entry/re-entry into primary medical care for 'erratically' in care.
2. Case Managers and Therapists should ensure that the necessary supportive services are provided to stabilize the person's life situation (i.e., stable housing, food, safety) and then help ensure that these services are extended to facilitate entry into and retention in care, as indicated, especially for those PLWH/A assessed as 'fragilely' in care
3. Expansion of Spanish speaking Therapists and Primary Care Providers and/or interpreters in settings where substantial numbers of non-English speaking PLWH/A receive services
4. Perform a cultural awareness/sensitivity assessment with all RW funded providers and offer trainings to ensure cultural competency and age-appropriate delivery of services among funded providers
5. Strengthen mental health and substance abuse treatment and primary medical care linkages; consider co-location of these services wherever possible and ensure ongoing on-site support for PLWH/A with mental health and substance abuse co-morbidities
6. Co-locate, to the extent possible, HIV PMC and other primary medical and specialty care services
7. Strengthen peer outreach to ensure engagement/retention linkages with the most underserved and most likely to disengage.

***Suggested Strategies for PLWH/A Who Have Dropped Out of Care***

**Improved Provider-Patient Partnerships and Collaborations with Peers**

1. Primary Care providers should make appointment reminder calls; facilitate transportation assistance; regularly reassess changing needs; and implement/maintain “no-show” tracking and follow-up protocols
2. At least biannually, Primary Medical providers should examine patient lists to determine who has not returned for care and initiate telephone and/or letter contact to make appointments and encourage re-entry into care
3. Expand use of peer advocates/peer outreach to locate, help reduce barriers and facilitate re-entry into care
4. Focus on reducing known barriers to care and resolving gaps in continuum of care, including community-wide strategies for reducing HIV-related stigma

***Suggested Strategies for PLWH/A NEVER in Care***

**Peer-facilitated Linkages between Points of Entry/Testing/Counseling & Primary Care**

1. Active follow-up by Testing/Counseling agency to maintain contact and confirm entry into care
2. Peer Outreach to specific populations and locations, including homeless shelters, drug treatment centers, etc
3. Regular marketing of primary care services’ availability and directions on making referrals with all points of entry staff and agencies
4. Social marketing efforts regarding benefits of care and treatment and wide distribution of resource guides
5. Co-location of primary medical care services with mental health and substance abuse treatment/rehabilitation services
6. Co-location of HIV PMC, medical specialty and other medical care wherever possible.

# APPENDICES

**APPENDIX A.**

***This survey is confidential, not anonymous. Individual responses will not be shared. If you have any questions, please ask the survey facilitator.***

In order to make sure we don't duplicate these surveys, please take a moment to set up your unique identification code. In the spaces provided, please write the Last Letter of your First Name, Last Letter of Your Last Name, 2 Digits for Month of Birth and 2 Digits for Day of Birth. 

--	--	--	--	--	--

**1. What is your date of birth?** \_\_\_\_\_

**2. What is your Zip Code?** \_\_\_\_\_

**3. Are you?**     Male         Female     Transgender     Other \_\_\_\_\_

**4. What race do you consider yourself?**     African American     American Indian     Asian/Pacific Islander

Caucasian     Multi-Racial     Other \_\_\_\_\_

**4a: Are you Hispanic/Latino/a:**     Yes     No

**5. Are you HIV positive or has your HIV progressed to AIDS?**     HIV         AIDS     Don't Know

**6. What Year were you diagnosed with HIV:** \_\_\_\_\_     unknown

**7. What Year were you diagnosed with AIDS:** \_\_\_\_\_     unknown

**8. Do you know how you may have acquired HIV/AIDS? (please check all that apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Male sex w/male     | <input type="checkbox"/> Injection Drug Use | <input type="checkbox"/> Health Care Worker |
| <input type="checkbox"/> Female sex w/female | <input type="checkbox"/> Sex with Drug User | <input type="checkbox"/> Mother w/HIV/AIDS  |
| <input type="checkbox"/> Heterosexual Sex    | <input type="checkbox"/> Sexual Assault     | <input type="checkbox"/> Unknown            |
| <input type="checkbox"/> Prison              | <input type="checkbox"/> Transfusion        | <input type="checkbox"/> Other              |

**9. Do you currently have health insurance?**

- Private Health Insurance (Humana, Aetna, etc)    Medicare    Medicaid    VA    None  
 Other \_\_\_\_\_

**10. When was the last time you saw a doctor to treat your HIV?** \_\_\_\_\_  
Month, Year

**11. When was the last time you had a CD4 (T-cell) Count?** \_\_\_\_\_  
Month, Year

**12. When was the last time you had a Viral Load test?** \_\_\_\_\_  
Month, Year

**13. Are you currently taking ART (HIV) medications?**  Yes    No    Don't know

**14. Have you ever been diagnosed with or treated for a mental illness?**  Yes    No

**14a: If Yes, which illness:** \_\_\_\_\_

**14b: Are you taking medications to treat your mental illness:**  Yes    No

**15. Have you ever been diagnosed with or treated for substance abuse?**  Yes    No

**15a: If Yes, which substance:**  Heroin    Crack    Alcohol    Crystal Meth    Other: \_\_\_\_\_

**15b: If yes, have you been prescribed medication for your substance abuse (methadone, etc)?**

**List:** \_\_\_\_\_

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

Yes    No    Don't know

**16a: If yes, which STD:**  Gonorrhea    Syphilis    Chlamydia    Other: \_\_\_\_\_

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

Yes    No    Don't know

**17a: If yes, which one(s):** \_\_\_\_\_

**18. 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

**19. Do you currently?**    Own your home    Rent    Live with a Friend/Relative    Stay in a Shelter

Other \_\_\_\_\_

20. Do you get help with your rent?  Yes  No

20a: If yes, where does your help with rent come from? \_\_\_\_\_

21. Are you currently employed?  Yes  No

22. 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

22a. How many people are supported by this income? \_\_\_\_\_

23. 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

24. What is your sexual orientation?  Gay  Bisexual  Straight  Prefer not to Answer  Other

25. Have you been in jail or prison in the past 6 months?  Yes  No

26. In what city and state were you FIRST diagnosed with HIV or AIDS? \_\_\_\_\_

city and state

27. Who is your HIV Doctor? \_\_\_\_\_

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

EVMS  PICH  NCHC  NDPH

Portsmouth Naval  VA  Health Unit (Prison)

Other \_\_\_\_\_

Please mark the following choices on the line next to each item.

(\*If you are a provider, please answer the following questions based on what you know your clients need)

What 5 HIV-related services do you need most?

- Case Management
- Dental Care
- Emergency Financial Assistance
- Financial Assistance with Health Insurance
- Health Education & Counseling
- HIV Testing & Referrals
- Housing Assistance
- Legal Assistance
- Medication Assistance
- Mental Health Services
- Nutrition Assistance
- Outreach
- Primary Medical Care
- Substance Abuse Services
- Transportation
- Other (please specify) \_\_\_\_\_

What 5 HIV-related services do you need but can't get?

- Case Management
- Dental Care
- Emergency Financial Assistance
- Financial Assistance with Health Insurance
- Health Education & Counseling
- HIV Testing & Referrals
- Housing Assistance
- Legal Assistance
- Medication Assistance
- Mental Health Services
- Nutrition Assistance
- Outreach
- Primary Medical Care
- Substance Abuse Services
- Transportation
- Other (please specify) \_\_\_\_\_

**29: What is the biggest barrier or problem you have when you try to get the HIV-related services that you need?**

**30. What would help remove/take away the biggest barrier or problem you have when you try to get those HIV-related services?**

**31. What HIV-related services do you use the most?**

**32. What HIV-related services do you use that are hard to get?**

**33. Why do you think these services are hard to get?**

**Thank you for your time in completing this survey. Your confidential responses will be valuable information for the Greater Hampton Roads HIV Planning Council, the Eastern Virginia HIV Care Consortium and the Virginia Department of Health. If you would like information on how to participate with the Greater Hampton Roads HIV Planning Council or the Consortium, please ask the survey facilitator.**

**APPENDIX B. ZIP CODE OF RESIDENCE FOR 'IN CARE' RESPONDENTS**

ZIP	STATE	#	%	NAME	URBAN	RURAL	SIZE	% AA	% Anglo	% Latino	% Asian
23504	VA	30	9.9%	Norfolk	√		23,557	93%	7%	1.4%	0.3%
23503	VA	20	6.6%	Norfolk	√		46,859	22%	67%	<b>7.1%</b>	2.8%
23505	VA	17	5.6%	Norfolk	√		29,621	34%	56%	5.2%	<b>3.7%</b>
23513	VA	17	5.6%	Norfolk	√		29,181	57%	35%	2.6%	0.4%
23462	VA	12	3.9%	Virginia Beach	√		58,852	32%	59%	4.4%	0.2%
23508	VA	12	3.9%	Norfolk	√		17,925	42%	50%	1.9%	<b>3.6%</b>
23323	VA	10	3.3%	Chesapeake	88%	<b>12%</b>	31,336	37%	59%	2.0%	1.0%
23523	VA	10	3.3%	Norfolk	√		7,454	97%	1%	0.1%	0.01%
23452	VA	9	3.0%	Virginia Beach	√		61,108	18%	74%	4.3%	<b>3.4%</b>
23464	VA	9	3.0%	Virginia Beach	√		71,741	21%	65%	3.6%	<b>9.0%</b>
23502	VA	9	3.0%	Norfolk	√		21,342	48%	45%	3.2%	2.8%
23518	VA	8	2.6%	Norfolk	√		29,784	24%	66%	4.1%	4.3%
23707	VA	8	2.6%	Portsmouth	√		14,867	40%	56%	1.2%	0.5%
23185	VA	7	2.3%	Williamsburg	92%	<b>8%</b>	37,725	15%	80%	1.8%	2.2%
23320	VA	7	2.3%	Chesapeake	98%	<b>2%</b>	44,439	28%	65%	2.9%	3.4%
23456	VA	7	2.3%	Virginia Beach	97%	<b>3%</b>	75,824	21%	64%	4.6%	<b>8.0%</b>
23607	VA	7	2.3%	Newport News	√		26,234	87%	10%	1.4%	0.2%
23509	VA	7	2.3%	Norfolk	√		12,774	51%	45%	2.2%	1.2%
23434	VA	5	1.6%	Suffolk	76%	<b>24%</b>	40,157	48%	47%	1.1%	0.2%
23451	VA	5	1.6%	Virginia Beach	√		41,499	10%	85%	3.0%	1.5%
23605	VA	5	1.6%	Newport News	√		14,286	48%	47%	2.3%	1.0%
23669	VA	5	1.6%	Hampton	√		42,155	47%	48%	2.7%	1.8%
23701	VA	5	1.6%	Portsmouth	√		27,298	55%	43%	1.0%	0.4%
23321	VA	5	1.6%	Chesapeake	92%	<b>8%</b>	30,098	26%	69%	1.7%	2.4%
23324	VA	5	1.6%	Chesapeake	√		22,072	56%	39%	1.4%	0.9%
23455	VA	5	1.6%	Virginia Beach	√		43,440	13%	77%	3.5%	4.0%
23507	VA	5	1.6%	Norfolk	√		6,660	7%	87%	2.3%	2.9%
23509	VA	4	1.3%	Norfolk	√		12,774	51%	45%	2.2%	1.2%
23510	VA	4	1.3%	Norfolk	√		5,191	67%	31%	1.4%	1.0%
23703	VA	4	1.3%	Portsmouth	√		27,625	39%	56%	2.9%	1.5%
23517	VA	4	1.3%	Norfolk	√		4,055	32%	62%	0.2%	2.0%
23602	VA	3	1.0%	Newport News	√		41,289	31%	58%	4.6%	3.6%
23608	VA	3	1.0%	Newport News	√		41,696	37%	52%	5.9%	3.6%
23663	VA	3	1.0%	Hampton	√		16,227	51%	42%	2.8%	1.1%
23702	VA	3	1.0%	Portsmouth	√		11,430	38%	57%	2.1%	0.7%

ZIP	STATE	#	%	NAME	URBAN	RURAL	SIZE	% AA	% Anglo	% Latino	% Asian
23704	VA	3	1.0%	Portsmouth	√		19,166	77%	21%	0.3%	1.2%
23325	VA	3	1.0%	Chesapeake	√		16,617	37%	59%	1.8%	1.0%
23322	VA	2	0.7%	Chesapeake	76%	<b>24%</b>	54,622	11%	85%	1.8%	1.3%
23606	VA	2	0.7%	Newport News	√		25,771	19%	75%	3.3%	2.0%
23661	VA	2	0.7%	Hampton	√		14,744	65%	32%	1.2%	0.5%
23438	VA	1	0.3%	Suffolk		<b>100%</b>	1,414	20%	77%	0.6%	0.2%
23168	VA	1	0.3%	Toano		<b>100%</b>	4,326	25%	73%	1.0%	0.7%
23188	VA	1	0.3%	Williamsburg	64%	<b>36%</b>	23,441	16%	80%	2.0%	1.5%
23307	VA	1	0.3%	Birds Nest		<b>100%</b>	999	68%	28%	3.0%	
23407	VA	1	0.3%	Mappsville		<b>100%</b>	155	51%	46%	3.0%	
23430	VA	1	0.3%	Smithfield	51%	<b>49%</b>	15,140	33%	65%	0.9%	0.4%
23454	VA	1	0.3%	Virginia Beach	√		63,196	13%	80%	4.8%	2.2%
23601	VA	1	0.3%	Newport News	√		25,017	25%	70%	2.9%	1.4%
23604	VA	1	0.3%	Fort Eustis	√		5,738	30%	54%	15.0%	1.8%
27976	NC	1	0.3%	South Mills		<b>100%</b>	2,251	79%	19%	4.9%	2.5%
23666	VA	1	0.3%	Hampton	√		48,680	44%	49%	3.0%	2.7%
23690	VA	1	0.3%	Yorktown	98%	<b>2%</b>	2,577	53%	41%	0.8%	4.0%
24504	VA	1	0.3%	Lynchburg	74%	<b>26%</b>	9,630	59%	39%	0.9%	0.2%

(Source: <http://www.melissadata.com/lookups/ZipDemo2000.asp?ZipCode=23456>) 2000 Census

APPENDIX C. USE, NEED, BARRIER, GAP TABLE DETAIL BY ALL RESPONDENTS AND SPECIAL POPULATIONS

	Q 37		Q 41			Q 38		Q 42				
ALL: Service Category Description	Need Freq	Need Percent	Need Rank	Use Freq	Use Percent	Use Rank	Gap Freq	Gap Percent	Gap Rank	Barrier Freq	Barrier Percent	Barrier Rank
<b>Dental Care</b>	102	35%	5	5	2%	8	61	22%	5	93	31%	1
Emergency Financial Assistance	88	30%	8	3	1%	10	66	24%	4	25	8%	6
Financial Assistance/Health Ins.	52	18%	11	7	2%	7	18	7%	7	5	2%	13
Health Education & Counseling	19	6%	13				8	3%	11			
HIV Testing & Referrals	11	4%	14									
<b>Housing Assistance</b>	133	45%	3	9	3%	6	74	27%	2	86	28%	3
Legal Assistance	36	12%	12	3	1%		17	6%	8	8	3%	9
Medical Case Management	170	57%	1	54	18%	2	1	1%	14	12	4%	8
<b>Medication Assistance</b>	126	43%	4	33	11%	4	18	7%	7	33	11%	5
Mental Health	89	30%	7	38	12%	3	12	4%	10	11	4%	10
Nutrition Assistance	58	20%	10	2	1%	11	19	7%	6	4	1%	13
Outreach	9	3%	16				3	1%	13			
Primary Medical Care	165	56%	2	125	41%	1	4	2%	12	8	3%	11
Substance Abuse Services	63	21%	9	9	3%	6	14	5%	9	72	24%	4
<b>Transportation</b>	97	33%	6	16	5%	5	58	21%	3	91	30%	2
Other (list):	10	3%	15	4	1%	9	75	28%	1	14	5%	7
1) Coordinate benefits w/ VA/DOD							28	9%				
2) Youth oriented services							24	8%				
3) GYN care or Medical care other than HIV							23	7%				

304 complete responses

	Q 37			Q 41			Q 38			Q 42		
AA: Service Category	Need Freq	Need %	Need Rank	Use Freq	Use %	Use Rank	Gap Freq	Gap %	Gap Rank	Barrier Freq	Barrier %	Barrier Rank
Dental Care	79	34%	5	57	25%	5	52	22%	2	35	15%	1
Emergency Financial Assistance	69	30%	7	4	2%	10	52	22%	2	11	5%	6
Financial Assistance/Health Ins.	87	38%	4	2	1%	11	24	10%	4	4	2%	9
Health Education & Counseling	12	52%	12				5	2%	11			
HIV Testing & Referrals	6	3%	13				0					
Housing Assistance	96	41%	3	42	18%	6	55	24%	1	25	11%	2
Legal Assistance	30	13%	11	2	1%	11	15	6%	6	2	1%	10
Medical Case Management	124	53%	1	194	84%	2	2	1%	13	5	2%	8
Medication Assistance	87	38%	4	22	9%	8	12	5%	7	15	7%	4
Mental Health	60	26%	8	58	25%	4	7	3%	10	5	2%	8
Nutrition Assistance	47	20%	9	5	2%	9	18	8%	5	2	1%	10
Outreach	5	2%	14				0					
Primary Medical Care	118	51%	2	206	89%	1	4	2%	12	2	1%	10
Substance Abuse Services	46	19%	10	32	14%	7	8	3%	9	9	4%	7
Transportation	76	33%	6	98	42%	3	49	21%	3	18	8%	3
Other (list):	4	1%	15	4	2%	10	11	5%	8	14	6%	5

1. food                      2. clothes                      3. job                      4. youth programs                      \*                      \*\*

232 complete responses

	Q 37			Q 41			Q 38			Q 42		
MSM: Service Category	Need Freq	Need %	Need Rank	Use Freq	Use %	Use Rank	Gap Freq	Gap %	Gap Rank	Barrier Freq	Barrier %	Barrier Rank
<b>Dental Care</b>	33	29%	5	2	2%	7	19	17%	2	17	15%	1
Emergency Financial Assistance	27	24%	7	2	2%	7	18	16%	3	4	4%	6
Financial Assistance/Health Ins.	19	17%	9	1	1%	8	6	5%	6			
Health Education & Counseling	6	5%	11				4	3%	8			
HIV Testing & Referrals	3	3%	12									
<b>Housing Assistance</b>	47	41%	4	4	3%	6	25	22%	1	12	10%	2
Legal Assistance	19	17%	9	1	1%	8	11	10%	4	1	1%	7
Medical Case Management	73	63%	2	21	18%	2	1	1%	9	1	1%	7
<b>Medication Assistance</b>	58	50%	3	17	15%	3	5	4%	7	7	6%	4
Mental Health	40	35%	8	14	12%	4	5	4%	7			
Nutrition Assistance	16	14%	10	1	1%	8	5	4%	7			
Outreach	3	3%	12				1	1%	9			
Primary Medical Care	76	66%	1	40	35%	1	1	1%	9			
Substance Abuse Services	27	23%	7	1	1%	8	4	3%	8	5	4%	5
<b>Transportation</b>	29	25%	6	11	10%	5	18	16%	3	10	9%	3
Other (list):	1	1%	13				9	8%	5			

\*

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115 complete responses

	Q 37			Q 41			Q 38			Q 42		
WOMEN: Service Category	Need Freq	Need %	Need Rank	Use Freq	Use %	Use Rank	Gap Freq	Gap %	Gap Rank	Barrier Freq	Barrier %	Barrier Rank
Dental Care	46	43%	3	3	3%	7	31	29%	1	18	17%	1
Emergency Financial Assistance	30	28%	8	4	4%	6	23	21%	3	4	4%	4
Financial Assistance/Health Ins.	22	21%	9	1	1%	9	7	7%	6	1	1%	7
Health Education & Counseling	9	8%	13				4	4%	8			
HIV Testing & Referrals	1	1%	15									
Housing Assistance	45	42%	4	4	4%	6	22	21%	4	5	5%	3
Legal Assistance	10	9%	12	1	1%	9	4	4%	8	1	1%	7
Medical Case Management	57	53%	1	19	18%	2						
Medication Assistance	42	39%	5	16	15%	4	9	8%	5	2	2%	6
Mental Health	32	30%	7	18	17%	3	7	7%	6	3	3%	5
Nutrition Assistance	20	18%	10				5	4%	7	2	2%	6
Outreach	3	3%	14				1	1%	11			
Primary Medical Care	54	51%	2	50	47%	1	3	3%	9			
Substance Abuse Services	15	14%	11	2	2%	8	4	4%	8	7*	7%	2
Transportation	40	37%	6	6	6%	5	27	25%	2	5	5%	3
Other (list):	1	1%	15				2	2%	10			

\*

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\* IP SA Rehab

107 complete responses

	Q 37			Q 41			Q 38			Q 42		
IDU: Service Category	Need Freq	Need %	Need Rank	Use Freq	Use %	Use Rank	Gap Freq	Gap %	Gap Rank	Barrier Freq	Barrier %	Barrier Rank
Dental Care	18	32%	7	3	5%	8	6	11%	4	3	5%	4
Emergency Financial Assistance	16	28%	8	1	2%	10	14	25%	2			
Financial Assistance/Health Ins.	13	23%	9				3	5%	5			
Health Education & Counseling	3	5%	13									
HIV Testing & Referrals	2	4%	14									
<b>Housing Assistance</b>	30	53%	3	7	12%	6	17	30%	1	29	51%	1
Legal Assistance	6	11%	12	4	7%		1	2%	6	6	11%	3
Medical Case Management	34	60%	1	8	14%	5				1	2%	6
<b>Medication Assistance</b>	25	44%	4	19	33%	3	3	5%	5	1	2%	6
Mental Health	12	21%	10	12	21%	4	1	2%	6	2	4%	5
Nutrition Assistance	9	16%	11	2	4%	9	6	11%	4	2	4%	5
Outreach	2	4%	14									
Primary Medical Care	33	59%	2	29	51%	2	1	2%	6			
<b>Substance Abuse Services</b>	20	35%	5	41	72%	1	6	11%	4	28	49%	2
Transportation	19	33%	6	6	11%	7	10	18%	3	3	5%	4
Other (list):							3	5%	5			

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49 disclosed/57 total responses

	Q 37			Q 41			Q 38			Q 42		
RURAL: Service Category	Need Freq	Need %	Need Rank	Use Freq	Use %	Use Rank	Gap Freq	Gap %	Gap Rank	Barrier Freq	Barrier %	Barrier Rank
Dental Care	29	56%	1	3	6%	7	17	33%	1	7	14%	2
Emergency Financial Assistance	15	29%	6				13	25%	4			
Financial Assistance/Health Ins.	17	33%	5				7	13%	5			
Health Education & Counseling	5	9%	10				2	4%	7			
HIV Testing & Referrals	4	8%	11									
Housing Assistance	20	38%	3	4	8%	6	15	29%	2	4	8%	3
Legal Assistance	6	12%	9				3	6%	6			
Medical Case Management	23	44%	2	29	56%	2				1	2%	5
Medication Assistance	20	38%	3	2	4%	8	3	6%	6			
Mental Health	12	23%	8	15	29%	3	1	2%	8			
Nutrition Assistance	14	27%	7	2	4%	8	3	6%	6			
Outreach	3	6%	12				2	4%	7			
Primary Medical Care	18	35%	4	41	79%	1				1	2%	5
Substance Abuse Services	3	6%	12	12	23%	5	2	4%	7	2	4%	4
Transportation	17	33%	5	14	27%	4	14	27%	3	13	25%	1
Other (list):	1	2%	13				1	2%	8	2	4%	4

\* \*\* (glasses)

52 complete responses

	Q 37			Q 41			Q 38			Q 42		
<b>MILITARY: Service Category</b>	<b>Need Freq</b>	<b>Need %</b>	<b>Need Rank</b>	<b>Use Freq</b>	<b>Use %</b>	<b>Use Rank</b>	<b>Gap Freq</b>	<b>Gap %</b>	<b>Gap Rank</b>	<b>Barrier Freq</b>	<b>Barrier %</b>	<b>Barrier Rank</b>
Dental Care	18	32%	6	1	2%	7	12	21%	2	11	20%	2
<b>Emergency Financial Assistance</b>	<b>20</b>	<b>36%</b>	<b>5</b>	<b>1</b>	<b>2%</b>	<b>7</b>	<b>10</b>	<b>18%</b>	<b>4</b>	<b>6</b>	<b>11%</b>	<b>4</b>
Financial Assistance/Health Ins.	5	9%	10				3	5%	6			
Health Education & Counseling	3	5%	11									
HIV Testing & Referrals	1	2%	12									
<b>Housing Assistance</b>	<b>30</b>	<b>54%</b>	<b>2</b>	<b>2</b>	<b>4%</b>	<b>6</b>	<b>17</b>	<b>30%</b>	<b>1</b>	<b>6</b>	<b>11%</b>	<b>4</b>
Legal Assistance	7	13%	9	1	2%	7	1	2%	8			
Medical Case Management	25	45%	3	9	16%	2						
<b>Medication Assistance</b>	<b>23</b>	<b>41%</b>	<b>4</b>	<b>8</b>	<b>14%</b>	<b>3</b>	<b>3</b>	<b>5%</b>	<b>6</b>	<b>3</b>	<b>5%</b>	<b>5</b>
Mental Health	20	36%	5	6	11%	5	1	2%	8	1	2%	7
Nutrition Assistance	7	13%	9	1	2%	7	3	5%	6	1	2%	7
Outreach	3	5%	11									
Primary Medical Care	32	57%	1	21	38%	1	1	2%	8	2	4%	6
Substance Abuse Services	13	23%	8	1	2%	7	2	4%	7	7	13%	3
Transportation	16	29%	7	7	13%	4	11	20%	3	16	29%	1
Other (list):							9	16%	5			

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38 'disclosed'/56 'total' complete responses

<i>STRICT</i>	Q 37			Q 41			Q 38			Q 42		
YOUTH: Service Category Description	Need Freq	Need %	Need Rank	Use Freq	Use %	Use Rank	Gap Freq	Gap %	Gap Rank	Barrier Freq	Barrier %	Barrier Rank
Dental Care							1	9%	4			
Emergency Financial Assist	1	9%	7									
Financial Assistance/Health Ins.	1	9%	7				1	9%	4			
Health Education & Counseling	1	9%	7									
HIV Testing & Referrals												
Housing Assistance	2	18%	6				1	9%	4			
Legal Assistance	3	27%	5				1	9%	4			
Medical Case Management	10	91%	2	9	82%	3						
Medication Assistance	6	55%	4	11	100%	1						
<b>Mental Health</b>	7	64%	3	7	64%	4				2	18%	2
Nutrition Assistance	1	9%	7	2	18%	5						
Outreach												
Primary Medical Care	11	100%	1	11	100%	1						
<b>Substance Abuse Services</b>	3	27%	5	2	18%	5	3	27%	3	2	18%	2
<b>Transportation</b>	2	18%	6	10	91%	2	5	45%	1	5	45%	1
Other (list):							4	36%	2			

11 'strict definition' /34 'expanded definition' complete responses

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<b>Need Frequency</b>	Fraction of All Respondents needing this service category
<b>Need Rank</b>	Rank order of NEED frequency among Service Categories f (1 is highest NEED rank)
<b>Use Frequency</b>	Fraction of All Respondents who have used this service (any frequency)
<b>Use Rank</b>	Rank order of USE among Service Categories (1 is highest USE rank)
<b>Gap Frequency</b>	Fraction of individuals who indicated NEED and NO ACCESS to this Service Category
<b>Gap Rank</b>	Rank order of GAP frequency among Service Categories (1 is highest GAP rank)
<b>Barrier Frequency</b>	Fraction of individuals who indicated NEED and HARD to access this Service Category
<b>Barrier Rank</b>	Rank order of BARRIER frequency among Service Categories (1 is highest BARRIER rank)



<i>EXPANDED</i>	Q 37			Q 41			Q 38			Q 42		
Service Category Description	Need Freq	Need %	Need Rank	Use Freq	Use %	Use Rank	Gap Freq	Gap %	Gap Rank	Barrier Freq	Barrier %	Barrier Rank
Dental Care	2	9%	9	2	9%	6	3	13%	4	2	9%	5
Emergency Financial Assistance	2	9%	9									
Financial Assistance/Health Ins.	3	13%	8									
Health Education & Counseling	1	4%	10									
HIV Testing & Referrals												
<b>Housing Assistance</b>	10	43%	4				9	39%	2	5	22%	2
Legal Assistance	3	13%	8	2	9%	6	1	4%	5			
Medical Case Management	23	100%	1	19	83%	2						
<b>Medication Assistance</b>	18	78%	2	20	87%	1	1	4%	5	2	9%	5
<b>Mental Health</b>	9	39%	5	5	22%	4				4	18%	3
Nutrition Assistance				2	9%							
Outreach												
<b>Primary Medical Care</b>	19	83%	3	19	83%	2				2	9%	5
<b>Substance Abuse Services</b>	6	26%	6	3	13%	5	4	17%	3	3	13%	4
<b>Transportation</b>	5	22%	7	15	65%	3				8	35%	1
Other (list):							11	48%	1			

\*\* Youth friendly services