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Greater Baltimore HIV Health Services Planning Council

GREATER BALTIMORE HIV HEALTH SERVICES PLANNING COUNCIL

CONSUMER SURVEY

BALTIMORE EMA ❖ 2004



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Principal Investigator

Cyd T. Lacanienta, M.S.W.

Researchers

Rebecca A. Abernathy

Douglas P. Munro, Ph.D.

Erica K. Taylor, M.P.H.

Colin M. Pierce, M.A.

Editors

R. A. Abernathy

D. P. Munro

Designer

R. A. Abernathy

Interviewers

R. A. Abernathy Benita Dock C. T. Lacanienta Kori Pilkins Sutton Stokes

David Andrews Antoine Douglass Lee Nicol Luke Rivera

Terri Davis Mike Knipp C. M. Pierce Ian Smith

Reviewers

John G. Bartlett, M.D.

Victoria A. Cargill, M.D., M.S.C.E.

Geetanjali Chander, M.D., M.P.H.

Julia Hidalgo, Sc.D., M.S.W., M.P.H.

Mollie W. Jenckes, M.H.Sc, B.S.N

Darrell P. Wheeler, Ph.D., M.P.H., A.C.S.W.

Provider Recruitment Coordinators

Patricia Kane

Rebecca Abernathy

InterGroup Services, Inc.

116 E. 25th Street

Baltimore, MD 21218

Tel.: (410) 662-7253 • Fax: (410) 662-7254

E-mail: igs@intergroupservices.com • Web: www.intergroupservices.com

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1. EXECUTIVE SUMMARY

The study described in this report was conducted by InterGroup Services, Inc. (IGS), a Baltimore-based consulting and project management company, on behalf of the Greater Baltimore HIV Health Services Planning Council (the planning council). The planning council is responsible for planning and prioritizing the need for funds received by the Baltimore eligible metropolitan area (EMA) through its Title I program of the Ryan White CARE (Comprehensive AIDS Resource Emergency) Act (the CARE Act). The CARE Act provides emergency funding for primary medical care and other health-related services for people living with HIV/AIDS (PLWH/As).

This report has three purposes. First, it describes the consumer survey requirements and process. Second, it describes the results of the survey project undertaken in the Baltimore EMA to meet those requirements. Finally, based on the results of the survey project, it present implications for planners tasked with determining funding priorities in the EMA.

1.1 Assessing the Needs of PLWH/As in the Baltimore EMA

The U.S. Health Resources and Services Administration (HRSA), which oversees Ryan White Title I programs, requires planning councils to determine the unmet needs and service gaps of PLWH/As. Unmet need is the need for health care by those who know they have HIV but are not receiving primary medical care. A service gap is the need for a service other than primary health care by PLWH/As — either those who know their status but are not in care, or those who need additional care (HRSA 2003).

Gathering data about the health-care needs of PLWH/As is a crucial component of the planning council's responsibilities. Each year, the planning council is charged with the task of planning the allocation of funds into service categories based on an assessment of HIV consumer needs from the preceding and, where possible, current fiscal years. "Service categories" are groups of expenditure types, such as primary medical care, substance-abuse treatment, etc. The planning council does not allocate funds to specific programs; rather, it channels them into categories in which providers are contracted to deliver services. In order to distribute those funds effectively, the planning council must gather data from a variety of sources about the needs of PLWH/As. A comprehensive consumer survey is one tool that planning councils use to gather those data.

1.2 The 2004 Consumer Survey

The 2004 consumer survey was an interviewer-administered survey of a convenience sample of 609 PLWH/As. Anonymous interviews were conducted by 13 trained interviewers in 48 different HIV-service provider locations in all jurisdictions of the EMA. The survey was comprehensive in that, in addition to containing questions designed to gather demographic data about each consumer, it contained questions designed to help the researchers determine what services consumers felt they needed, whether the consumers' needs were being met, and what barriers consumers encountered when trying to access services.

IGS was responsible for overseeing the development of the survey instrument and implementation methodology, the coordination of the interview sites and interviewers, and the recording, storage and analysis of completed surveys. IGS's approach to its responsibilities was multifaceted. First, IGS worked with the planning council's Needs Assessment Committee (NAC) to review the planning council's previous consumer survey projects. Next, an independent panel of experts was assembled to review the survey instrument and methodology that the NAC

developed. As the interviewing environment was secured with HIV-service providers throughout the EMA, interviewers were hired and trained on practical matters, such as the use of the instrument, as well as less obvious, but no less important, concerns such as cultural sensitivity. Finally, following a small pilot test of the instrument and process, data collection was begun throughout the EMA and lasted for seven weeks. The survey responses were entered into a custom-designed database, and an independent panel of experts was again assembled to review the preliminary results and suggest additional avenues of analysis.

By averaging the total number of individuals needing but not receiving a service in each service category, one can obtain a very rough estimate of overall unmet services in the EMA — about 45 percent. In other words, across all jurisdictions, approximately 45 percent of PLWH/As needing at least one HIV-related service did not receive that service. However, to attempt to condense the vast amount of information gathered during this process to a single figure does a disservice to the hundreds of consumers who shared their perceptions with the research team during this project. Thus, the results presented here are detailed, and include an analysis of demand and use by service category as well as demand and use by jurisdiction of residence. Analysis by jurisdiction of residence is critical to understanding how often and in what circumstances the consumers in this EMA access services in a jurisdiction other than the one in which they reside. This understanding will help inform decisions made about how funds must flow between the jurisdictions that comprise the EMA.

1.3 Planning Implications of the 2004 Consumer Survey

The data collected during the 2004 consumer project are vast and rich; the analysis presented herein only scratches the surface of what information can be gleaned from these survey responses. Still, this analysis did identify significant trends. EMA-wide, lack of consumer knowledge of available services is a considerable barrier to care. Outreach workers may offer a solution to the problem of insufficient consumer knowledge, but the volume and location of their deployment must be analyzed.

Also warranting further scrutiny is consumers' use of services in jurisdictions other than the ones in which they live. The analysis presented here implies that the majority of clients cross jurisdictional lines for at least one service, the most common, though not the only, pattern being that of county residents going to the city. Of those who cross to other jurisdictions, over half do so for reasons of convenience, not availability. Despite consumers' apparent tendency to seek at least one service outside of their jurisdiction of residence, the overall proportion of needs met is almost exactly the same for city residents as for combined county residents (about 55 percent). An evaluation of objective, provider-reported data would offer a more concrete picture of the frequency with which consumers leave their home jurisdiction to access care and support.

2. BACKGROUND

This survey was undertaken by Baltimore-based InterGroup Services, Inc. (IGS), a consulting company, for the Greater Baltimore HIV Health Services Planning Council (the planning council). The mayorally appointed council is responsible for prioritizing the annual expenditure within the Baltimore eligible metropolitan area (EMA) of some \$20 million in federal HIV funds. These funds are made available under Title I of the Ryan White CARE Act. The information gathered throughout this survey project will inform the process the planning council as it determines, prioritizes, and plans to meet the needs of those living with HIV/AIDS in the Baltimore EMA.

2.1 The Baltimore EMA

The Baltimore EMA consists of Baltimore City and the surrounding counties of Anne Arundel, Baltimore, Carroll, Harford, Howard, and Queen Anne’s. Despite the geographical proximity of the jurisdictions that comprise the Baltimore EMA, significant differences exist between Baltimore City and the surrounding counties. The most significant differences exist in racial composition and socio-economic status.

Baltimore City’s population is 32.0 percent white, 65.0 percent African-American, and 3.0 percent other races (DHR 2003). In contrast, in all other jurisdictions of the EMA, African-Americans are by far in the minority; in Baltimore and Howard counties, whites make up nearly three quarters of the population, in Ann Arundel and Harford counties over 80 percent, and in the remaining counties over 90 percent (see table 1).

	Anne Arundel County (n=503,388)	Baltimore City (n=638,614)	Baltimore County (n=770,298)	Carroll County (n=159,025)	Harford County (n=227,713)	Howard County (n=260,117)	Queen Anne’s County (n=42,835)
White	82.3%	32.0%	73.6%	95.9%	87.5%	74.5%	90.3%
African-American	13.5%	65.0%	13.5%	2.4%	9.4%	14.3%	8.1%
Other	4.2%	3.0%	12.9%	1.7%	3.1%	11.2%	1.6%

Source: DHR 2003.

In terms of income levels, the counties of the EMA have a higher median household income than Baltimore City. Median household income for 2000 in Baltimore City was \$30,078, which was barely half of most of the neighboring counties: Anne Arundel County, \$61,768; Baltimore County, \$50,667; Carroll County, \$60,021; Harford County, \$57,234; Howard County, \$74,167; Queen Anne’s County, \$57,037 (Census 2000).

Just as the counties of the EMA have a higher median household income than Baltimore City, they enjoy lower rates of poverty and unemployment than the city. A comparison of Baltimore City to its neighboring counties reveals that its poverty level is more than three times that of the next poorest county in the EMA (see table 2). Likewise, the city’s unemployment rate is 7.9

percent, while that of its closest neighbor, Baltimore County, is just 4.7 percent. Unemployment rates for the other jurisdictions in the EMA all fall below that of Baltimore County: Anne Arundel County, 3.5 percent; Carroll County, 3.0 percent; Harford County, 4.5 percent; Howard County, 2.9 percent; Queen Anne's County, 3.8 percent (DHR 2003).

	<i>Anne Arundel County</i>	<i>Baltimore City</i>	<i>Baltimore County</i>	<i>Carroll County</i>	<i>Harford County</i>	<i>Howard County</i>	<i>Queen Anne's County</i>
Individuals	5.1%	22.9%	6.5%	3.8%	4.9%	3.9%	6.3%
Families	3.6%	18.8%	4.5%	2.7%	3.6%	2.5%	4.4%

Source: Census 2000.

2.2 HIV/AIDS in the Baltimore EMA

The EMA jurisdictions are not only different in terms of size and demographics, but also in terms of how the HIV epidemic has manifested itself in them. The epidemic is not evenly distributed across the region: Baltimore City accounts for just 25.5 percent of the EMA's population (Flynn 2004), but 80.1 percent of its prevalent AIDS cases (see table 3).

	<i>Anne Arundel County</i>	<i>Baltimore City</i>	<i>Baltimore County</i>	<i>Carroll County</i>	<i>Harford County</i>	<i>Howard County</i>	<i>Queen Anne's County</i>
Population	489,656	651,154	754,292	150,897	218,590	247,842	40,563
Prevalent Cases	809	13,896	1,908	134	297	272	34
Percent of EMA Prevalence	4.7%	80.1%	11.0%	0.8%	1.7%	1.6%	0.2%

Source: Flynn 2004.

HIV transmission mode is another factor that sets Baltimore City apart from the other counties in the EMA (see table 4). In Baltimore City, injection drug use (IDU) is the primary means of transmission (32.6 percent) while in most counties it is sexual contact (DHMH 2003), as shown in table 4.

Given the diversity that exists within the EMA in terms of demographics and transmission modes, the data in sections 4 and 5 are presented for the EMA as a whole, and then subtotaled for Baltimore City and non-Baltimore City (i.e., the surrounding counties). Presenting and reviewing results in this way helps to ensure that the Baltimore City data will not skew interpretations of the counties' data. In addition, results are presented by service category as well as by jurisdiction of residence. Analysis by jurisdiction of residence is critical to understanding how often and in what circumstances consumers access services in a jurisdiction other than the one in which they reside.

This understanding will help inform decisions made about how funds must flow between the jurisdictions that comprise the EMA.

Table 4

Mode of HIV/AIDS Exposure within the EMA by Jurisdiction, 2002

	<i>Anne Arundel County</i>	<i>Baltimore City</i>	<i>Baltimore County</i>	<i>Carroll County</i>	<i>Harford County</i>	<i>Howard County</i>	<i>Queen Anne's County</i>
Prevalent Cases	751	13,195	1,743	129	280	253	34
MSM	21.2%	9.1%	14.9%	14.0%	18.2%	22.5%	26.5%
IDU	18.1%	32.6%	20.3%	28.7%	15.7%	9.9%	11.8%
MSM/IDU	1.5%	2.2%	3.2%	0.8%	3.2%	1.2%	5.9%
Blood products	0.8%	0.1%	0.4%	1.6%	3.6%	0%	0%
Heterosexual sex	21.3%	15.3%	16.4%	12.4%	23.9%	18.6%	23.5%
Other/Missing	37.2%	40.7%	44.8%	42.6%	35.4%	47.8%	32.4%

Source: DHMH 2003.

2.3 Needs Assessment through Consumer Surveys

HRSA expects that planning councils will make decisions based on a solid foundation of research. To that end, the CARE Act was amended in 2000 to, among other things, place a greater emphasis on conducting needs assessment research that determines the size and demographics of the PLWH/A population and the needs of that population (HRSA 2003). Of specific interest is information about the health care and service needs of PLWH/As that are not being met. The Centers for Disease Control and Prevention (CDC) estimates that approximately one third of those who know their HIV status are not receiving health care (HRSA 2003).

PLWH/As are expected to be involved in the needs assessment process not only as partners in its planning and implementation, but also as sources of information (HRSA 2003). A comprehensive survey affords consumers the opportunity to provide input on service needs and priorities. It must be said that a survey cannot result in a comprehensive analysis of *actual* need for and use of services. However, it can result in a comprehensive analysis of clients' *perceived* need for and use of services. When clients' self-reported data are compared to and combined with data from other sources, a reliable and useful estimate of unmet need and service gaps can be extrapolated.

To effectively comprehend the needs of the community it serves, and to meet its CARE Act needs assessment requirements, the Baltimore planning council has conducted a comprehensive consumer needs assessment survey every three years since 1998. The data collected during the previous surveys enabled the planning council to set priorities based on the needs of its HIV-infected and -affected community and allocate the appropriate funding needed for each service category. Additionally, the information helped the planning council to evaluate the effectiveness of current services in reaching out to the HIV-infected and -affected community. The development of case management, treatment-adherence services, client advocacy and co-morbidity as service categories exemplifies one way that the planning council uses the information gleaned from consumer surveys to directly address the needs of PLWH/As in the Baltimore EMA.

3. METHODOLOGY

The 2004 consumer survey was created to gather essential information for identifying and planning the service needs of the EMA's HIV-infected community. Specifically, the survey sought to identify the specific service needs of PLWH/As in the Baltimore EMA and the access-to-care barriers that prevent PLWH/As from receiving HIV-related services. This section will explain the process that the planning council's Needs Assessment Committee (NAC) used to gather that information.

3.1 Survey Development

The NAC began working on the survey project about 12 months before preliminary results were presented at the planning council's 2004 priority-setting conferences for the fiscal year 2005. The NAC began the survey project by evaluating the methodologies and outcomes of the previous needs assessment survey conducted in this EMA as well as in other comparably sized EMAs. Next, using the Baltimore EMA's 2001 needs assessment survey as a starting point, the NAC began developing the 2004 survey instrument. Ten drafts of the instrument were reviewed and edited by NAC members, and a final draft of the instrument was sent to three independent researchers for review and additional suggestions about questions, format, process, and language.

The planning council approved the final draft of the instrument, and InterGroup Services administered the survey in accordance with the implementation plan agreed to by the NAC.

3.2 Survey Administration

Unlike in previous years, when this EMA's consumer surveys have been self-administered, this year the NAC decided to conduct interviewer-administered surveys. While doing so would mean confronting certain logistical hurdles (e.g., managing interviewers and maintaining consumer confidentiality), the NAC believed that using trained interviewers would result in three highly-desirable benefits:

- A broader array of consumers could be surveyed, including those with limited literacy levels.
- Researchers would be less likely to receive partially completed surveys.
- Interviewers could, using a standard set of prompts, help the consumer through the survey process, thus reducing any errors that might result from participant misunderstanding.

3.3 Survey Instrument

To facilitate data analysis, the NAC designed a survey instrument that asked specific questions about each service category. The questions asked about each category were essentially the same: 1) do you need the services provided in this category, and 2) have you received these services in the past year? Depending on the consumer's response to the questions, he or she was then asked one of two additional questions: 1) if you have received the services, in what jurisdiction have you received them, or 2) if you have not received the services, why not?

For a few categories, as appropriate, additional questions were asked about the types of services received. In addition to the service category data, demographic data were captured for each consumer. However, no identifying information was captured for any consumer.

The final survey instrument was reviewed by an independent expert panel external to both IGS and the planning council. The reviewers made specific suggestions about some of the language in the instrument and how the NAC might revise it to be more culturally sensitive. In addition to incorporating the reviewers' comments into a revision of the instrument, the committee considered their comments when hiring and training interviewers, a process discussed in the next section.

3.4 Interviewers

Six interviewers were hired at the start of the project; midway through data collection, seven additional interviewers were hired to keep up with the scheduling demands. The interviewers were responsible for:

- Coordinating interviews with an interview site contact.
- Gaining informed consent.
- Administering surveys.
- Distributing incentives.
- Recording the number of surveys completed and abandoned and the number of incentives distributed each day at each location.
- Temporarily storing completed consent forms and surveys.
- Returning completed consent forms and surveys to the IGS offices for verification, data entry and permanent storage.

An interviewer training program, including a survey administration guide and training session, was developed for this project. The training program covered topics such as cultural sensitivity, data integrity, participant confidentiality, and use of the survey instrument. In addition, interviewers were given a standard set of prompts to use for each question and instructions on how to address any questions the participants had. The training program helped ensure the consistent application of all aspects of the survey administration process.

3.5 Interview Sites

One of the main challenges of conducting an interviewer-administered survey was securing private space in which one-on-one interviews could be conducted. Because many members of the survey's target population have transportation difficulties, it was agreed that the most convenient place to conduct interviews would be at providers' locations when consumers were on site for services. The NAC was aware of the impact that this decision could have on consumers' confidence in the confidentiality of their responses. However, because the survey did not ask questions about specific providers or about consumers' satisfaction with providers or services, the NAC felt that consumers could be made to feel confident that their candid responses would not negatively impact their access to care or the quality of their care that they receive.

A letter was sent to providers to notify them of the project's purpose, process, and timelines, and to solicit their help with recruitment. Each of the current Ryan White providers was asked to allocate private space in which one-on-one interviews could be conducted. To ensure a broad spectrum of respondents reflective of the HIV epidemic, non-traditional HIV services sites also were asked to help with this project, either by helping to recruit participants or by providing space in which interviews could be conducted.

Interviews were conducted at 48 different provider locations in all jurisdictions of the EMA (see appendix 7.3). The locations included hospitals, community-based organizations, churches/fair-based organizations, city and county health departments, substance-abuse treatment centers, support groups and homeless shelters, among other places. Just as many consumers in the EMA face limited transportation options, many of the HIV-service providers in the EMA face limited space. Interviewers met with consumers in exam rooms, in conference rooms, at the IGS offices (for those who did not wish to be interviewed at a provider location for reasons of confidentiality or convenience), and in a mobile health van (thanks to one enterprising provider with no available meeting space indoors). An understanding of each provider's expected client volume was critical to arranging a schedule that minimized disruption of the provider, maximized the quantity of interviews conducted, and contributed to the goal of a sample that reflected the demographic composition of the HIV-infected population of the EMA. Coordinating 13 interviewers across 48 different provider locations in 7 jurisdictions was an unprecedented undertaking.

3.6 Participant Recruitment

Most survey respondents were recruited by providers, who scheduled their clients to meet with interviewers on days when the clients were already scheduled to receive services. In addition, respondents were recruited through word of mouth, with the help of members of the planning council and its committees, and through the use of flyers, which were distributed at various service provider locations and health fairs. The flyer instructed participants to contact their provider or the project recruiter to indicate their interest in participating and be scheduled for an interview session. In addition, in an effort to capture information about individuals who know their status but are not in care, a workshop was held for outreach workers from both Title I and non-Title I organizations in the EMA to help them understand the goals and purpose of the survey and to seek their help recruiting those not in care. To facilitate recruitment, participants were offered a \$10.00 gift card to one of two local grocery stores as an incentive for completing the survey.

A convenience sample of 609 people infected with HIV was recruited to participate. Nineteen of the respondents received services in the EMA but did not live in any of its jurisdictions; of the remaining respondents, 140 were county residents and 450 were Baltimore City residents.

The demographic composition of the sample reflected that of the HIV-infected population of the EMA in terms of sex, race and residence in each one of the seven jurisdictions that comprise the EMA (see chapter 4 for a detailed demographic profile of the survey sample).

3.7 Data Collection Process

Interviews were conducted over a seven-week period, from April 4, 2004, through May 22, 2004. During a typical interview session, the following steps occurred:

1. The interviewer read a script that described the project and its purpose to the participant.
2. The interviewer presented the consent form to the participant and read it aloud. If the participant declined to participate, the interviewer signed, dated and filed the form in an envelope and ended the session. If the participant agreed to participate, the interviewer and the participant signed and dated two copies of the consent form; one copy of the form was given to the participant, and the other was filed by the interviewer in an envelope. The interviewer then proceeded to the next step.
3. The interviewer wrote his or her name and the interview location on the front of the survey,

read each question to the participant, and recorded the participant's response.

4. Once all questions were asked and answered (or skipped at the participant's request), the interviewer filed the survey in separate envelope from the one in which the completed and abandoned consent forms were stored. The surveys were filed separately from the consent forms so that the consumer's identity would be protected.
5. The interviewer asked the participant to initial an incentive receipt log, then gave the participant the incentive (grocery store gift card), and ended the session.

Some of the questions on the survey asked for personal information about sensitive subjects, such as history of drug use or sexual behavior, which could have caused minor discomfort for participants. However, participants were made aware during the introductory explanation and the consent procedure that they could skip any question that made them feel uncomfortable.

3.8 Survey Storage

Within 48 hours of survey completion, interviewers had to return completed surveys to IGS for storage in accordance with the conditions outlined in the consent form and the Baltimore City Health Department Institutional Review Board (IRB) regulations.

3.9 Survey Data Entry and Analysis

The survey responses were entered by IGS staff into a custom-designed database owned, essentially, by the planning council; this arrangement means that in addition to the analysis presented here, more detailed analysis of the data can subsequently be done by the planning council as needed.

Preliminary survey results were reviewed by an independent panel external to both the planning council and IGS. The reviewers noted some interesting trends and suggested avenues of additional analysis.

Results were presented to the full planning council at its FY 2005 priority-setting conference on July 30, 2004. County-specific results were presented to the Counties Committee at its FY 2005 priority-setting conference on August 10, 2004.

4. DEMOGRAPHIC PROFILE OF PARTICIPANTS

Valid interviews were conducted with 609 consumers, which equates to approximately 4 percent of the total HIV/AIDS prevalence in the EMA (Flynn 2004). While previous years' consumer survey projects yielded larger samples, the fact that trained interviewers administered this survey added a level of accuracy to the data that made obtaining a larger sample unnecessary. Moreover, a comparison of the consumer survey sample with epidemiological data from the Maryland AIDS Administration showed that the sample is sufficiently representative of the EMA.

Following is a look at the demographic data collected on our consumers. As previously explained, the data are presented for the entire sample, for Baltimore City residents only, then for county residents only.

4.1 Age

Table 5 lists the ages of the consumers in our sample. Prevalence data from the Maryland AIDS Administration showed that most (64 percent) of those currently living with HIV/AIDS are above the age of 40 (Flynn 2004), which suggests that PLWH/As are living longer. In keeping with that trend, most of the survey's respondents were between 25 and 64. There were slightly fewer county residents than EMA-wide residents in the 25-44 age range.

<i>Response Category</i>	<i>EMA-Wide (n=609)</i>	<i>Baltimore City (n=450)</i>	<i>Counties Only (n=140)</i>
Under 2	0%	0%	0%
2 – 12	0.5%	0.7%	0%
13 – 24	2.0%	1.1%	5.0%
25 – 44	55.2%	57.6%	46.4%
45 – 64	40.2%	39.3%	43.6%
Over 65	1.6%	1.3%	2.9%
No response	0.5%	0%	2.1%

Source: IGS client survey.

4.2 Sex

Table 6 presents information on the sex of the survey respondents. Regardless of jurisdiction, the sample was almost evenly divided between men and women; however, the counties did proportionately have slightly more female respondents than the EMA.

Table 6			
Sex of Respondents			
Response Category	EMA-Wide (n=609)	Baltimore City (n=450)	Counties Only (n=140)
Male	54.1%	54.2%	51.4%
Female	44.3%	44.9%	45.7%
Transgendered (male to female)	0.8%	0.7%	0.7%
No response	0.7	0.2%	2.1%

Source: IGS client survey.

The state's prevalence data for the EMA show that males are 62.8 percent of all cases and women are 37.2 percent (Flynn 2004). According to that same prevalence data for the counties only, males are 66.2 percent of all living cases, and females are 33.7 percent. These data indicate that women are somewhat over represented in our sample. As the interviews were conducted at provider locations, these data may suggest that women go to the doctor or to other service providers more often than men.

4.3 Race/Ethnicity

Table 7 presents information about the race and ethnicity of survey respondents. It is important to note that the survey considered the Hispanic/Latino group to be an *ethnic* group rather than a *racial* group (i.e., there are white Hispanics, black Hispanics, etc.) As a result, the percentages in table 7 add up to more than 100 percent.

The EMA-wide percentages are very similar to the state's prevalence data for the EMA, which show that 84 percent of prevalent HIV/AIDS cases are among African-Americans, 15 percent are among whites, 1 percent among Hispanics, and 1 percent among people of other races or mixed races (Flynn 2004).

Table 7			
Race/Ethnicity of Respondents			
Response Category	EMA-Wide* (n=609)	Baltimore City (n=450)	Counties Only (n=140)
African-American	84.6%	89.6%	67.9%
White	11.0%	6.7%	25.0%
Hispanic/Latino	1.8%	2.2%	0.7%
Other ‡	7.2%	6.7%	9.3%

Source: IGS client survey.

*Sum does not equal 100% as categories are not mutually exclusive.

‡Includes other races, such as Asian/Pacific Islander, and those of mixed race.

4.4 Exposure Mode

Table 8 presents information on the means by which those in the survey sample believe they became infected with HIV. As expected, a majority of Baltimore City residents became infected through IDU, while in the counties, IDU was the third most common mode of exposure. It is noteworthy that counties had a greater percentage of people with unknown or multiple risk factors (26.4 percent) than the EMA (23.0 percent).

Table 8			
Respondents' Mode of Exposure			
Response Category	EMA-Wide (n=609)	Baltimore City (n=450)	Counties Only (n=140)
Heterosexual sex	39.4%	39.6%	38.6%
Injection drug use (IDU)	23.0%	25.3%	17.1%
MSM	12.0%	10.9%	14.2%
Other*	2.6%	2.2%	3.6%
Unknown‡	23.0%	22.0%	26.4%

Source: IGS client survey.

*Includes blood products and perinatal transmission.

‡Includes those who specified multiple risk factors.

A direct comparison with the AIDS Administration's prevalence data for the EMA is not possible because the survey data were not captured using the same categories as the state's data. For example, the state recorded the number of perinatal transmissions, while the survey did not; however, some cross-reference is possible. For example, it is possible to see that the percentage of people in the survey sample citing heterosexual sex as their mode of exposure (39.4 percent) was considerably higher than in the prevalence data for the EMA (27 percent) from the Maryland AIDS Administration (Flynn 2004).

4.5 Residence

Table 9 shows the survey respondents' jurisdiction of residence. A comparison with the state's prevalence data for the EMA suggest that Baltimore City was slightly underrepresented in the sample: city residents account for 80 percent of the EMA's prevalent cases (Flynn 2004), but just under 74% of the survey sample. According to the AIDS Administration, among the other jurisdictions in the EMA, Baltimore County has the next highest prevalence at 11.0 percent, followed by Anne Arundel County at 4.7 percent, Harford and Howard Counties at 1.7 percent and 1.6 percent respectively, Carroll County at 0.8 percent, and Queen Anne's County with just 0.2 percent (Flynn 2004).

Table 9			
Respondents' Jurisdiction of Residence			
<i>Response Category</i>	<i>EMA-Wide (n=609)</i>	<i>Baltimore City (n=450)</i>	<i>Counties Only (n=140)</i>
Anne Arundel County	3.0%	N/A	12.9%
Baltimore City	73.9%	100%	N/A
Baltimore County	13.3%	N/A	57.9%
Carroll County	0.5%	N/A	2.1%
Harford County	2.6%	N/A	11.4%
Howard County	3.3%	N/A	14.3%
Queen Anne's County	0.3%	N/A	1.4%
Other	3.1%	N/A	0%

Source: IGS client survey.

4.6 Housing

Consumers were asked if the residence they had had for most of the past 12 months was permanent or temporary; table 10 shows their responses. Stable housing has been correlated to ability to access health care and adhere to complex treatment regimens (HUD 2004).

Table 10			
Respondents' Housing Type			
<i>Response Category</i>	<i>EMA-Wide (n=609)</i>	<i>Baltimore City (n=450)</i>	<i>Counties Only (n=140)</i>
Permanent	62.1%	60.0%	69.3%
Temporary	36.6%	39.8%	27.9%
No response	1.3%	0.2	2.9%

Source: IGS client survey.

EMA-wide, 36.6 percent of respondents were in temporary housing, which is a higher percentage than in previous consumer surveys in this EMA. The percentage of respondents living in the city in temporary housing was only fractionally under 40 percent. PLWH/As in unstable housing are probably only slightly overrepresented in this sample. It is estimated that in Baltimore City alone, there are over 3,000 non-homeless PLWH/As in need of supportive housing (DHCD 2000).

4.7 Income Level

EMA-wide, more than half of survey respondents indicated that they were earning less than \$8,980 per year (see table 11). These data are not surprising given the estimate that 80 percent of PLWH/As in Baltimore City and Anne Arundel and Baltimore counties live in poverty (DHCD 2000).

Table 11			
Respondents' Income Level			
<i>Response Category</i>	<i>EMA-Wide (n=609)</i>	<i>Baltimore City (n=450)</i>	<i>Counties Only (n=140)</i>
\$26,941 or more	5.1%	3.6%	10.0%
\$17,961 – \$26,940	6.7%	5.3%	8.6%
\$8,981 – \$17,960	21.5%	20.4%	27.9%
\$8,980 or less	56.8%	60.4%	43.6%
No response or do not know	9.9%	10.2%	10.0%

Source: IGS client survey.

Also not surprising is the fact that Baltimore City residents comprise the greater percentage of respondents earning less than \$8,980 per year — 60.4 percent — as compared to 43.6 percent of county residents. As discussed in section 2.1, the EMA's counties have a higher median income and lower rates of poverty and unemployment than the city.

4.8 Health Insurance Type

Table 12 shows information about the types of health insurance survey respondents used during the 12 months prior to the survey. A relatively small number of people indicated that they had no insurance at all (11.7 percent EMA-wide). However, it is possible that a number of respondents who responded "Other" to insurance type (14.0 percent, EMA-wide) did so because they consider support received through the Ryan White Title I program to be a type of insurance. When those 14 percent are combined with the 11.7 percent who replied that they had no insurance, the number of uninsured respondents jumps to just over 25 percent.

Table 12			
Respondents' Health Insurance Type			
<i>Response Category</i>	<i>EMA-Wide* (n=609)</i>	<i>Baltimore City (n=450)</i>	<i>Counties Only (n=140)</i>
Medicaid	21.6%	20.9%	23.6%
Medicare	51.9%	58.2%	35.0%
Pharmacy Assistance	18.9%	20.0%	17.9%
Veteran's Administration	0.8%	0.4%	1.4%
Private	9.0%	6.8%	15.7%
None	11.7%	9.3%	17.9%
Other	14.0%	12.7%	17.9%

Source: IGS client survey.

*Sum does not equal 100% as categories are not mutually exclusive.

4.9 Medication Coverage

Table 13 shows how survey respondents pay for their medication. EMA-wide, it appears that only 2.3 percent of respondents had no medication coverage of any kind. However, when those respondents are combined with those whose medications are paid for by their providers (2.3 percent) and those who receive free samples (1.5 percent), that percentage more than doubles.

<i>Response Category</i>	<i>EMA-Wide* (n=609)</i>	<i>Baltimore City (n=450)</i>	<i>Counties Only (n=140)</i>
MADAP	14.9%	13.1%	21.4%
Pharmacy Assistance	17.6%	17.8%	15.7%
Vouchers	5.4%	6.7%	2.1%
Private	4.8%	4.4%	5.7%
Medicaid	37.6%	40.2%	30.7%
Self	2.3%	2.7%	0.7%
Other‡	21.3%	19.8%	25.7%

Source: IGS client survey.

*Sum does not equal 100% as categories are not mutually exclusive.

‡Includes Veterans' Administration, clinical trials, provider-paid and free samples.

4.10 Time in Primary Medical Care

Table 14 shows the length of time the survey respondents had been receiving primary medical care. These results are interesting in that, not only was the vast majority of those interviewed in care, but the majority of those in care had been in care for more than one year (86.2% EMA-wide). With such a large percentage of respondents having more than a year of experience navigating the care system, one would expect that their level of knowledge or awareness of the services available to them would not constitute a barrier to accessing those services. However, data presented in chapter 5 indicate that lack of knowledge was a barrier to service access more often than not for most services.

<i>Response Category</i>	<i>EMA-Wide (n=609)</i>	<i>Baltimore City (n=450)</i>	<i>Counties Only (n=140)</i>
More than 1 year	86.2%	86.9%	83.6%
For the past year	5.4%	4.9%	7.1%
For the past 6 months	3.3%	3.6%	2.9%
Other	5.1%	4.7%	6.4%

Source: IGS client survey.

4.11 Time between Diagnosis and Seeking Care

EMA-wide, more than half (57.1 percent) of respondents accessed medical care within one month of diagnosis (see table 15). Of concern are the nearly 20 percent who waited over a year to access medical care. Slightly more county residents waited up to six months to access care, while slightly more city residents waited six months or more. The next section of this report examines some of the barriers that may delay or prevent access to care.

Table 15			
Respondents' Time in Primary Medical Care			
<i>Response Category</i>	<i>EMA-Wide (n=609)</i>	<i>Baltimore City (n=450)</i>	<i>Counties Only (n=140)</i>
More than 1 year	17.7%	17.1%	16.4%
6 – 12 months	0.2%	0%	0%
1 – 6 months	14.4%	14.2%	16.4%
Less than one month	57.1%	56.9%	59.3%
Other/no response	10.5%	11.8%	7.9%

Source: IGS client survey.

5. RESULTS AND ANALYSIS

As explained in section 3.2, the survey questions were grouped by service category. For each service category, consumers were asked to first assess their need for the services funded through that category, as well as their ability to access the services within the past year. Then, if they had been able to access the services, they were asked to identify the jurisdictions in which they had done so; if they had been unable to access the services, they were asked to identify the barriers that prevented them from doing so. Because the survey was organized by service category, results will be presented here in that same fashion.

5.1 Unmet Need versus Unmet Demand

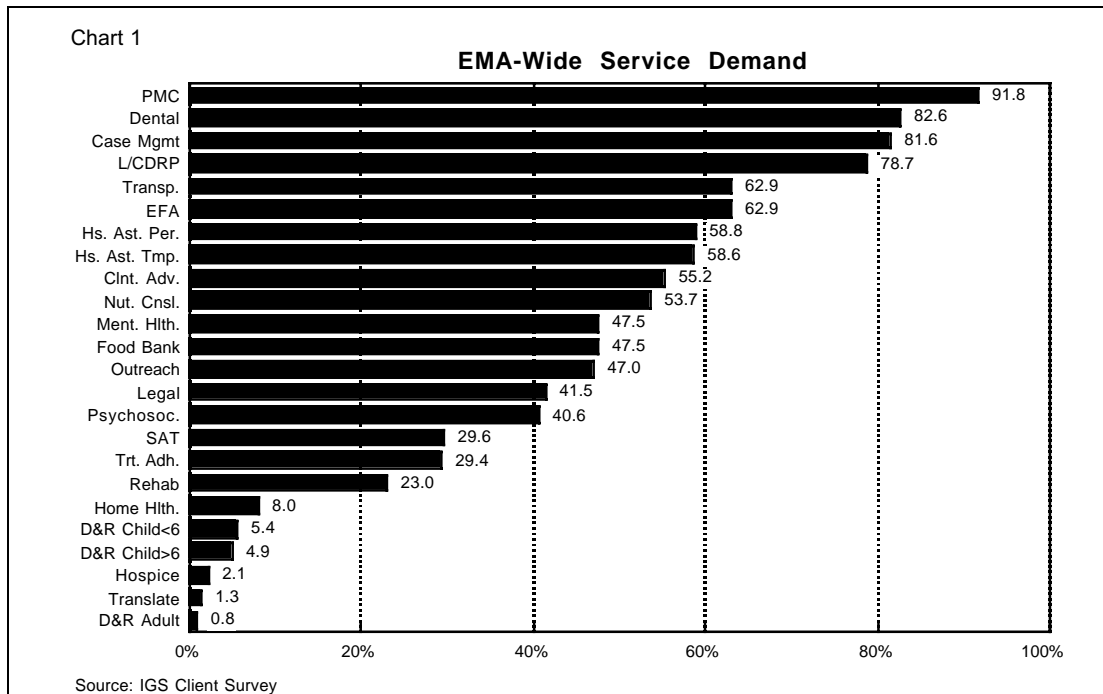
The CARE Act mandates that planning councils conduct needs assessment research that determines the health care and service needs of PLWH/As that are not being met. Specifically, HRSA is seeking data about unmet need and service gaps. *Unmet need* is defined as the need for health care by those who know they have HIV but are not receiving primary medical care; a *service gap* is the need for a service other than primary health care (HRSA 2003).

The planning council uses a variety of needs assessment methods to gather data that, when combined, create a complete picture of unmet need and service gaps. One of those methods is the consumer survey. The survey collects self-reported data from consumers who assess their own needs — assessments that cannot be individually verified. For example, a consumer may indicate that he needs meals delivered at home, but does not receive that service because he does not know how to get it. While this consumer's experience may indicate a service gap, it is also possible that the consumer does not meet the medical conditions under which someone would be referred for that service; thus, no gap exists.

That is not to say that self-reported data have no value; on the contrary, these data are critical to understanding the barriers that consumers encounter when navigating the care system and attempting to access services. Moreover, when the consumer survey data are combined with data from other sources, such as epidemiological data from the state and utilization data from providers, the consumers' responses can be placed in context and, to a certain extent, verified. However, in recognition of the fact that the survey alone cannot provide actual unmet need and service gap data (as defined by HRSA), this analysis will refrain from using those terms. Instead, the terms *demand* and *unmet demand* will be used to reflect that these data are based solely on the consumers' perception of their own need.

5.1.1 Service Demand

To facilitate analysis, the service categories were ranked in order of the consumers' demand for them. In other words, which services did survey respondents indicate were most needed? Chart 1 illustrates that ranking for all respondents who indicated that they needed a particular service. Note that this ranking was virtually identical for the EMA as a whole and the counties only.



Primary medical care was the service in greatest demand, with 91.8 percent of respondents saying that they need primary medical care. Dental care was ranked second most demanded service, with 82.6 percent of the respondents saying that they need it, and so on.

It is worth reiterating that these data are based on client perception. Perhaps more important than the ranking of the respondents' service needs are the rankings of the services that respondents were unable to receive, which are presented in the next section, and the respondents' assessments of why they were unable to receive certain services, which are discussed in section 5.2.

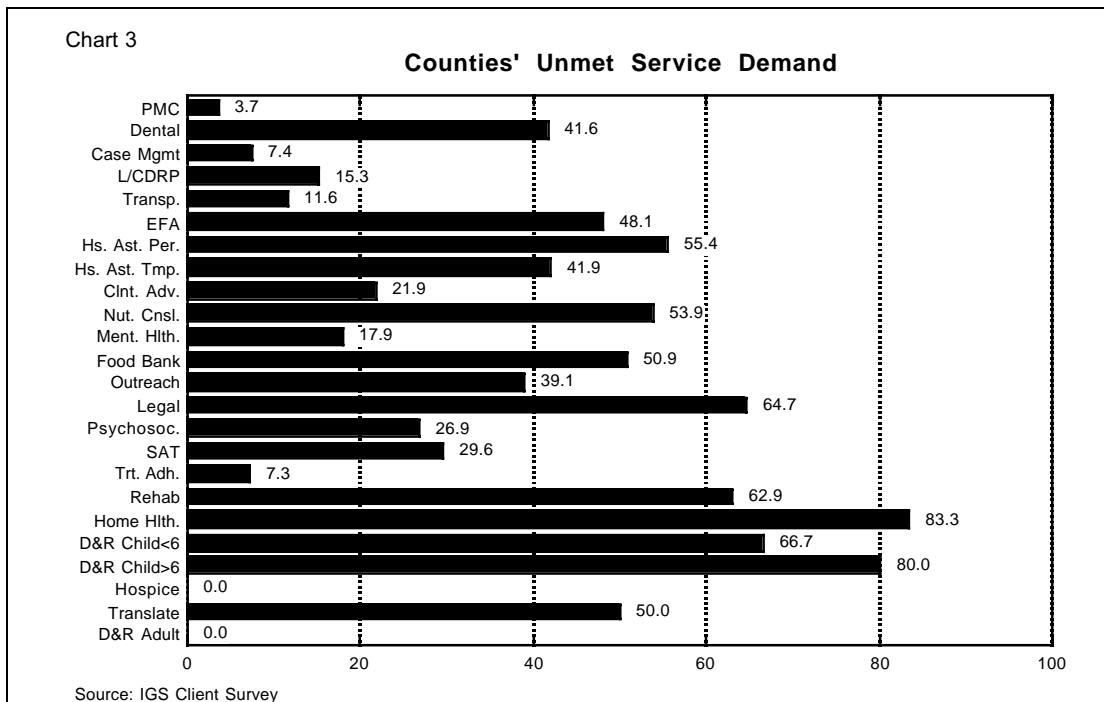
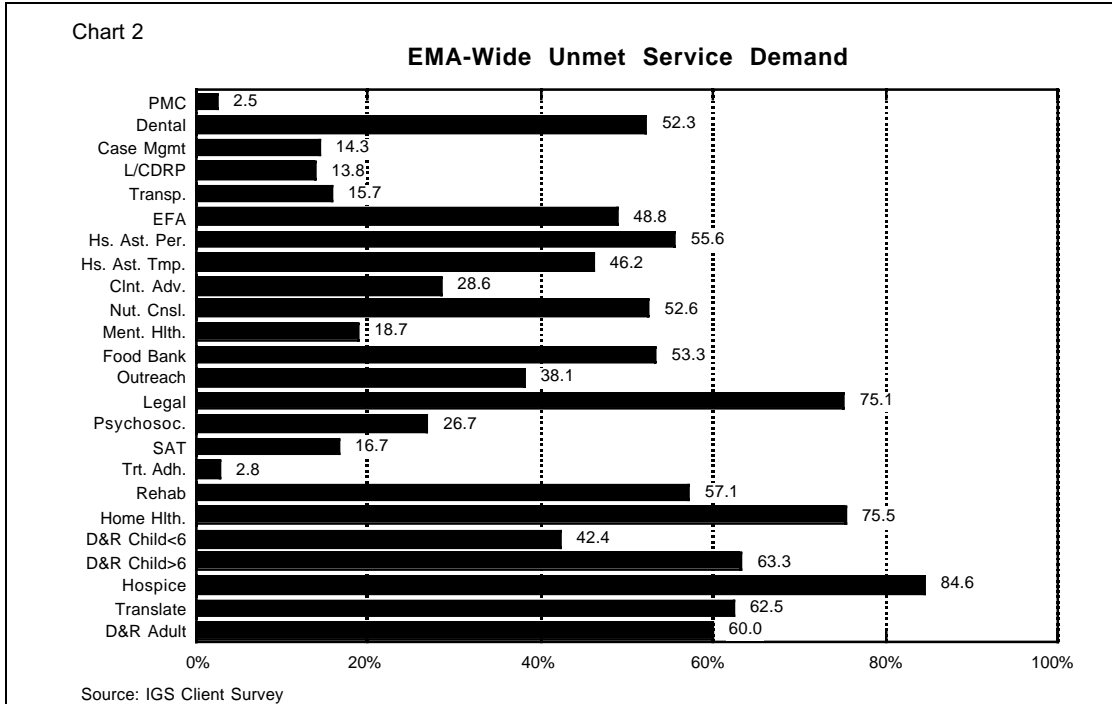
5.1.2 Unmet Service Demand

Having ranked all of those services for which any consumer identified a need by the rate of demand for the service, one can next consider how successfully consumers are able to access the services. Unmet service demand was calculated by dividing the number of respondents who said they needed but could not access a particular service by the total number of respondents who said they needed that service.

Chart 2 illustrates the percentage of consumer demand (EMA-wide) for each service that has gone unmet. For example, primary medical care, which was the service that most (91.8 percent) respondents felt they needed, was successfully accessed by all but 2.5 percent of respondents. Dental care, however, for which 82.6 percent of respondents felt a need, was not received by 52.3 percent of those who felt they needed it.

Although the service demand rankings for the EMA and the counties were virtually identical, when the counties' unmet demand data were isolated, a slightly different picture emerged, as shown in chart 3. County residents were more likely to have had their need for case management services met; EMA-wide, 14.3 percent of the demand for this service was unmet, while in the counties, only 7.4 percent of the demand was unmet. However, county residents' demand for

substance-abuse treatment services was more likely to have gone unmet; EMA-wide, 16.7 percent of the demand for substance-abuse treatment services was unmet, while in the counties, 29.6 percent of the demand was unmet.



It is important to realize that a high unmet-demand figure does not necessarily mean that the service is in high demand. For example, if five people identified a need for a service, but only one person received it, the unmet demand is 80 percent (calculated by dividing the four who did not receive the service by the five who identified a need for it). An unmet demand of 80 percent sounds high, but one must remember that only five people wanted the service to start with. Therefore, when considering the chart of unmet demand, it is important to simultaneously consider the service category's ranking on the list of client priorities. That said, if the percentage of unmet demand in a given service category exceeded 15 percent, it was generally considered an indication of poor correlation between demand and use in that category and triggered further exploration of demographic data about those unable to access the service or the barriers they encountered when attempting to do so. The results of these analyses for each service category are presented in the next section.

5.2 Service Demand and Utilization by Category

The service category results are presented and analyzed in order of service demand rank (see section 5.1.1 for an explanation of service demand rank).

5.2.1 Primary Medical Care

Primary medical care was defined on the survey as care given by a primary care physician or other medical professional specifically for the treatment of HIV disease. Table 16 presents the respondents' assessment of their need for and access to this service.

<i>Jurisdiction</i>	<i>Respondents per Jurisdiction</i>	<i>Total Needing Service</i>	<i>Needed but Not Received (#)</i>	<i>Needed but Not Received (%)</i>
EMA-wide	609	559	14	2.5%
Baltimore City	450	424	9	2.1%
Counties Only	140	135	5	3.7%

Source: IGS client survey.

As discussed in section 5.1.1, primary medical care was the service in greatest demand among all respondents, with 92.1 percent indicating a need for the service. It was also the most received service, with all but 2.5 percent (3.7 percent in the counties) receiving it. Clearly, PLWH/As understand the need for primary medical care and are having that need met. However, among those 2.5 percent who indicated that they are not receiving medical care, 4 (28.6 percent) stated that they felt that they did not need care, and an additional 3 (21.4 percent) said that they only seek care when they are sick, which suggests that there are still a few consumers who do not understand the importance of primary medical care.

There were some interesting findings about consumer access to primary medical care. Most survey respondents (50.1 percent) receive this service at the Moore Clinic at Johns Hopkins Hospital. While those data would suggest that all of the survey results are biased toward the clients of a single provider, it is important to note that that bias was difficult to avoid. Of the consumers who identified the Moore Clinic as their primary health care provider, 43.3 percent

were surveyed at a provider location other than the Moore Clinic, such as the Health Education Resources Organization, Inc. (HERO) or AIDS Interfaith Residential Services, Inc. (AIRS). Of the respondents not receiving care at the Moore Clinic, 24.6 percent receive care at Evelyn Jordan, and 13.5 percent at Chase Brexton Health Services.

5.2.1.1 Obstetrics and Gynecological (OB/GYN) Care

The primary medical care service category also includes obstetrics and gynecological (OB/GYN) care. Only female survey participants were asked about their ability to receive this service. They were not questioned about their perceived need for the service because the presumption was that all women in primary medical care need the minimum level of OB/GYN care stipulated in the primary medical care standards.

OB/GYN care was defined on the survey as care given *specifically to women* by a doctor, physician’s assistant or nurse in a doctor’s office or clinic. The care may be received from a primary care physician, or from someone such as an obstetrician, gynecologist, or women’s clinic. Table 17 presents the respondents’ assessment of their need for and access to this service.

Table 17			
OB/GYN Care Utilization by Need			
<i>Jurisdiction</i>	<i>Female Respondents per Jurisdiction</i>	<i>Did Not Receive Care (#)</i>	<i>Did Not Receive Care (%)</i>
EMA-wide	270	41	15.2%
Baltimore City	202	30	14.9%
Counties Only	64	11	18.0%

Source: IGS client survey.

While 15.2 percent unmet demand is not a particularly worrisome correlation between demand and use, it is cause for concern that all of these respondents indicated that they had received primary care within the past 12 months. In other words, these women are receiving primary health care that may be inadequate for their needs, which warrants a look at any barriers they may have experienced when trying to access OB/GYN services. Fourteen of the respondents (34.1 percent) said that they did not feel that they needed the service; an additional four (9.8 percent) specifically stated that they only seek the service when they are having a specific problem. Six women (14.6 percent) said that they did not know how to access this service. In the words of one respondent, “I never asked for it and they never offered it.” Four respondents (9.8 percent) said that they could not afford the service; one of those stated that she did not know the service might be covered by the Ryan White program.

5.2.1.2 Specialty Care

The primary medical care service category also includes specialty care. Only respondents who indicated that they had been referred for specialty care by their primary medical care provider were asked questions about their ability to receive the service.

Specialty care was defined on the survey as care given by a doctor, physician’s assistant or nurse who is trained in a specific area of medicine, such as cardiology (heart care) or dermatology (skin care). Table 18 presents the respondents’ assessment of their need for and access to this service.

Table 18				
Specialty Care Utilization by Need				
<i>Jurisdiction</i>	<i>Jurisdiction Total</i>	<i>Total Needing Service</i>	<i>Needed but Not Received (#)</i>	<i>Needed but Not Received (%)</i>
EMA-wide	609	254	53	20.9%
Baltimore City	450	178	37	20.8%
Counties Only	140	68	15	22.1%

Source: IGS client survey.

The estimated demand for this service is probably more accurate than for most other services because respondents were asked not if they thought that they needed the service, but if their physicians had referred them for specialty care. Because these respondents had been specifically referred for this service, the 20.9 percent unmet demand is worth investigating. Thirteen (24.5 percent) of those who needed but had not received the service had simply not yet had their appointment with the specialist to whom they had been referred. Fourteen (26.4 percent) respondents disagreed with their physician and felt that they did not need the specialty care for which they had been referred. Three (5.7 percent) respondents said that they only seek the services of their specialist when they are having a specific problem, and another three said that they could not afford the services of a specialist.

5.2.2 Oral Health

Oral health services were defined on the survey as services provided by dentists, dental specialists, hygienists or dental assistants. Table 19 presents the respondents' assessment of their need for and access to these services.

Table 19				
Oral Health Utilization by Need				
<i>Jurisdiction</i>	<i>Jurisdiction Total</i>	<i>Total Needing Service</i>	<i>Needed but Not Received (#)</i>	<i>Needed but Not Received (%)</i>
EMA-wide	609	503	263	52.2%
Baltimore City	450	378	211	55.8%
Counties Only	140	125	52	41.6%

Source: IGS client survey.

On the EMA-wide service demand ranking, oral health (dental) care was ranked second, with 82.6 percent of consumers indicating a need for it. Of considerable concern is the fact that of those clients indicating a need, 52.2 percent did not receive the service. Table 20 presents the top five barriers cited by those who needed but did not receive the service. More than a quarter of those who did not receive the service indicated that they could not afford it or did not have insurance to cover it. A closer look at the respondents who cited this barrier reveals that just over half (50.6 percent) of them listed Medicaid as the insurance they used most of the past year — the same year that two of the region's Medicaid managed care organizations (MCOs) stopped covering dental care.

Table 20	
Oral Health Barrier Analysis (EMA-wide)	
Barrier	% Citing Barrier (n=263)
I could not afford the service or the co-pay	29.2
I did not know how to get the service	22.8
I only go when I have a problem	15.6
Dental care is too painful	7.6
It is too hard to get an appointment	6.5

Source: IGS client survey.

5.2.3 Case Management

Case management was defined on the survey as services that help people living with HIV/AIDS to plan, coordinate and receive all needed services. Table 21 presents the respondents' assessment of their need for and access to these services.

Table 21				
Case Management Utilization by Need				
Jurisdiction	Jurisdiction Total	Total Needing Service	Needed but Not Received (#)	Needed but Not Received (%)
EMA-wide	609	497	71	14.3%
Baltimore City	450	376	62	16.5%
Counties Only	140	121	9	7.4%

Source: IGS client survey.

The perceived need, or demand, for case management is high, with 497 (81.6 percent) of the respondents citing a need for this service. The correlation between demand and use — just 14.3 percent of those needing it are not receiving it — should be indicative of a consumer base that is knowledgeable about the resources and services available to it, particularly when the demographic data indicated that 86.2 percent of respondents EMA-wide had been in care for more than a year (see section 4.10). However, an analysis of the barriers cited in some of the categories with a poor correlation between demand and use indicates that often consumers are not receiving services because they do not know that those services are available to them.

5.2.4 Drug Reimbursement Program

This program was defined on the survey as an ongoing service to pay for medications for persons with no other payment source. Table 22 presents the respondents' assessment of their need for and access to these services.

Table 22				
Drug Reimbursement Program Utilization by Need				
<i>Jurisdiction</i>	<i>Jurisdiction Total</i>	<i>Total Needing Service</i>	<i>Needed but Not Received (#)</i>	<i>Needed but Not Received (%)</i>
EMA-wide	609	479	66	13.8%
Baltimore City	450	361	48	13.3%
Counties Only	140	118	18	15.3%

Source: IGS client survey.

In this category, the correlation between need and use was acceptable and consistent across jurisdictions. Respondents who indicated that they needed but did not receive this service reported few barriers: three respondents (4.5 percent) indicated that they did not know how to get drug reimbursement assistance, and two respondents (3.0 percent) indicated that they were ineligible for the program.

Of the respondents taking medication, the three most common payment methods were Medicaid (217), pharmacy assistance (104), and the Maryland AIDS Drug Assistance Program or MADAP (87).

5.2.5 *Emergency Financial Assistance (EFA)*

On the survey, emergency financial assistance (EFA) was defined as help paying for needs such as food, utilities or medicine during a short-term, temporary crisis. Table 23 presents the respondents' assessment of their need for and access to these services.

Table 23				
Emergency Financial Assistance Utilization by Need				
<i>Jurisdiction</i>	<i>Jurisdiction Total</i>	<i>Total Needing Service</i>	<i>Needed but Not Received (#)</i>	<i>Needed but Not Received (%)</i>
EMA-wide	609	383	187	48.8%
Baltimore City	450	304	149	49.0%
Counties Only	140	79	38	48.1%

Source: IGS client survey.

EFA was ranked fifth among the top five most-needed services, having been identified as a need by 62.9 percent of the respondents.

Of significant concern is the fact that EMA-wide, nearly half (48.8 percent) of those who needed the service did not receive it. For the vast majority of these residents (63.6 percent), their barrier was not knowing how to access the service. The demographic data for these respondents suggest that their need is real: 73.9 percent have incomes below the poverty level, and 47.0 percent are in unstable housing. However, the majority of these respondents (74.8 percent) had used case management services in the past year, which means that they had access to information about emergency financial assistance. These results may suggest a need for different strategies for reaching these consumers before their need reaches the level of an emergency.

5.2.6 Transportation Services

Transportation services were defined on the survey as services that help people living with HIV/AIDS get to medical or social services appointments. Table 24 presents the respondents' assessment of their need for and access to these services.

<i>Jurisdiction</i>	<i>Jurisdiction Total</i>	<i>Total Needing Service</i>	<i>Needed but Not Received (#)</i>	<i>Needed but Not Received (%)</i>
EMA-wide	609	383	60	15.7%
Baltimore City	450	288	49	17.0%
Counties Only	140	95	11	11.6%

Source: IGS client survey.

For many PLWH/As in the EMA, transportation services are critical to their ability to access health care; it is not surprising that 62.9 percent of respondents EMA-wide expressed a need for transportation. The demand for transportation services is slightly higher among county residents (67.9 percent) than among city residents (64.0 percent). However, the greater percentage of unmet demand is among city residents; of the EMA consumers who needed but did not receive transportation services, 81.7 percent are residents of Baltimore City, while 18.3 percent are Baltimore County residents.

Among residents of Baltimore City, the 17.0 percent unmet demand warranted further investigation into the barriers encountered when attempting to access this service. The most common barrier among city residents (63.3 percent) was not knowing how to get the service. Nine residents (18.4 percent) indicated that their need for transportation services was new.

Because of the geographical proximity of the jurisdictions that comprise the EMA, it is not unusual for residents of one jurisdiction to access services in another jurisdiction; the availability of transportation services makes such cross-jurisdictional access possible. While cross-jurisdictional utilization may be convenient for consumers, it presents a conundrum for planners tasked with determining how to distribute funds for services across the EMA. A more detailed look at service utilization by jurisdiction of residence is presented in section 5.3.

5.2.7 Housing Assistance

Housing assistance was defined as short-term or emergency financial help with temporary or transitional housing so that PLWH/As or their families can get or keep HIV-related medical care. Housing-related services also include help finding and obtaining permanent housing through local, state, and federal housing programs.

The need for and ability to access short-term and permanent housing assistance were assessed separately. Table 25 presents the results for temporary housing assistance; table 26 presents the results for permanent housing assistance.

The number of clients identifying a need for one of the two types of housing assistance are so similar that it is likely that the distinction between the two types was unclear to the respondents. Overall, 58.7 percent of all respondents expressed a need for some type of housing assistance, so

stable housing is clearly an important issue for PLWH/As in this EMA. That the perceived need for this service should be so high is not surprising in light of the fact that more than one third (36.6 percent) of the respondents have only temporary housing.

Table 25 Temporary Housing Assistance Utilization by Need				
<i>Jurisdiction</i>	<i>Jurisdiction Total</i>	<i>Total Needing Service</i>	<i>Needed but Not Received (#)</i>	<i>Needed but Not Received (%)</i>
EMA-wide	609	357	165	46.2%
Baltimore City	450	284	158	55.6%
Counties Only	140	74	31	41.9%

Source: IGS client survey.

Table 26 Permanent Housing Assistance Utilization by Need				
<i>Jurisdiction</i>	<i>Jurisdiction Total</i>	<i>Total Needing Service</i>	<i>Needed but Not Received (#)</i>	<i>Needed but Not Received (%)</i>
EMA-wide	609	358	199	55.6%
Baltimore City	450	283	134	47.4%
Counties Only	140	74	41	55.4%

Source: IGS client survey.

With regard to barriers, there were no significant trends. The top three barriers among those who did not receive at least one of the types of assistance (n=263) were “I didn’t know how to get it” (39.5 percent), “I tried to get it but I was not eligible” (6.8 percent) and “I just applied for it and am waiting to hear” (6.8 percent).

5.2.8 Client Advocacy

Client advocacy services are focused on short-term or urgent help for a single problem. These services may be provided by a peer or client advocate, a case manager or a social worker. Table 27 presents the respondents’ assessment of their need for these services.

Because there are some similarities between the services provided in this category and those provided in the case management category, particularly from the client’s perspective, it makes sense to compare the responses to the questions about each of those categories. The perceived need, or demand, for client advocacy services is lower than that for case management services. Because client advocacy services are often provided by a case manager, it is not unexpected that the demand for client advocacy services would be lower than for case management, if one assumes that clients in case management are receiving their client advocacy services there. If that were true, the majority of respondents identifying a need for client advocacy would not also be receiving case management services; however, 58.0 percent of those who identified a need for this service also have a case manager. It is difficult to tell from the data collected why a majority of the respondents with case managers are also identifying a need for client advocacy services;

the only significant commonality among these respondents is a history of substance abuse — 61.9 percent reported having had a problem with drugs or alcohol at some time in their lives. Of greater concern are the 42.0 percent of respondents who identified a need for this service who do *not* have a case manager; although all of these respondents indicated that they are receiving primary medical care, the lack of a case manager or client advocate suggests limited access to other HIV support services.

Table 27				
Client Advocacy Utilization by Need				
<i>Jurisdiction</i>	<i>Jurisdiction Total</i>	<i>Total Needing Service</i>	<i>Needed but Not Received (#)</i>	<i>Needed but Not Received (%)</i>
EMA-wide	609	336	96	28.6%
Baltimore City	450	263	80	30.4%
Counties Only	140	73	16	21.9%

Source: IGS client survey.

This category also included questions about whether respondents needed help reading or understanding documents or paperwork. While 28.2 percent of all respondents said that they had received this type of help within the last year, only 22.1 percent of those who had received the service felt that they needed it. Why would clients accept a service that they felt they did not need? It is possible that consumers may not be particularly effective at assessing their own need for help reading documents. Limited literacy certainly carries a stigma that may hinder someone from claiming to need help. Even those who have no literacy problems may need help interpreting complex medical information, so while those consumers would not describe themselves as having a need, they will accept help when it is given.

5.2.9 *Nutritional Counseling*

Nutritional counseling services include education about menu planning, how one's diet and medications work together, evaluation of weight changes, and referral to food programs like the Special Supplemental Nutrition Program for Women, Infants and Children, better known as WIC. Table 28 presents respondents' assessment of their need for these services.

Table 26				
Nutritional Counseling Utilization by Need				
<i>Jurisdiction</i>	<i>Jurisdiction Total</i>	<i>Total Needing Service</i>	<i>Needed but Not Received (#)</i>	<i>Needed but Not Received (%)</i>
EMA-wide	609	327	172	52.6%
Baltimore City	450	251	131	52.1%
Counties Only	140	76	41	54.0%

Source: IGS client survey.

More than half (52.6 percent) of those who identified a need for this service did not have that need met. Of those who did not receive this service, 68.6 percent listed “I did not know how to get it” as a barrier. Such a poor correlation between demand and use could be the result of consumers’ — particularly those hearing about a service for the first time — expressing a *desire* for a service rather than a need. However, a closer look at the respondents with unmet need in this category reveals that 59.9 percent said they also needed meals delivered at home, 65.1 percent are on HIV medication, 25.0 percent of them had at least one hospital stay in the last 12 months and 61.0 percent earn less than \$8,980.00 per year, all of which suggest a quality of life and health that would benefit from nutritional assistance.

5.2.10 Mental Health Services

Mental health services were defined on the survey as being for persons with a problem such as depression, anxiety, schizophrenia, or bipolar disease (formerly known as “manic depression”). In addition, it was explained to survey participants that many people, upon learning of a positive HIV test result, feel frightened, worried, or all alone, and sometimes talking about those feelings with someone can be helpful — someone like a therapist or psychiatrist. Table 29 presents respondents’ assessment of their need for these services.

<i>Jurisdiction</i>	<i>Jurisdiction Total</i>	<i>Total Needing Service</i>	<i>Needed but Not Received (#)</i>	<i>Needed but Not Received (%)</i>
EMA-wide	609	289	54	18.7%
Baltimore City	450	222	42	18.9%
Counties Only	140	67	12	17.9%

Source: IGS client survey.

EMA-wide, 18.7 percent of those who indicated a need for mental health services did not receive them. This is a moderately acceptable correlation between perceived need and use; the most commonly cited barriers to receiving the service were not knowing how to get it (3.7 percent) and choosing to use the service only when having a specific problem (3.7 percent).

In this category, the demand is as interesting as the portion of it that went unmet. EMA-wide, nearly half (47.5 percent) of respondents identified a need for mental health services — services that typically carry some stigma. The fact that consumers recognize the benefit of these services to the management of their illness may be seen as a victory for consumer education.

5.2.11 Food Bank/Home-delivered Meals/Nutritional Supplements

This service includes the delivery of food, meals, or nutritional supplements to the home of a PLWH/A. Table 30 presents respondents’ assessment of their need for these services.

EMA-wide, the perceived need for this service (47.5 percent) is slightly less than for nutritional counseling services (53.6 percent). However, there is significant overlap in the respondents identifying a need for the services in these two categories — 59.9 percent of those who said they needed nutritional counseling also said they needed meals delivered at home. As was the case

with those who needed but did not receive nutritional counseling services, the most common barrier to the food bank service was not knowing how to get it (75.9 percent), but factors such as hospitalizations within the past year, use of HIV medications, and economic status indicate that the perception of need is based on health status rather than simply desire for the service.

Table 30 Food Bank/Home-delivered Meals/Nutritional Supplement Utilization by Need				
<i>Jurisdiction</i>	<i>Jurisdiction Total</i>	<i>Total Needing Service</i>	<i>Needed but Not Received (#)</i>	<i>Needed but Not Received (%)</i>
EMA-wide	609	289	154	53.3%
Baltimore City	450	234	126	53.9%
Counties Only	140	55	28	50.9%

Source: IGS client survey.

5.2.12 Outreach Services

Outreach workers try to reach people who are living with HIV/AIDS and help them to become aware of services available to them. Table 31 presents respondents' assessment of their need for these services.

Table 31 Outreach Services Utilization by Need				
<i>Jurisdiction</i>	<i>Jurisdiction Total</i>	<i>Total Needing Service</i>	<i>Needed but Not Received (#)</i>	<i>Needed but Not Received (%)</i>
EMA-wide	609	286	109	38.1%
Baltimore City	450	222	84	37.8%
Counties Only	140	64	25	39.0%

Source: IGS client survey.

EMA-wide, 38.1 percent of those who said they needed this service did not receive it. With regard to the barriers for those with unmet demand, 39.4 percent said that they had never seen an outreach worker in their area and, of those, 9.3 percent lived in a ZIP code (21223) that had one of the five highest rates of HIV prevalence in the EMA (Flynn 2004). The most common barrier for those with unmet demand was not knowing how to get outreach services (64.2 percent), which begs the question of whether individuals must know how to access a service that, by definition, comes to them. It is interesting to note that more than half (60.0 percent) of those who said they did not know how to access outreach services are in case management. The fact that respondents who have a connection to the care system have still indicated a need for outreach services suggests that they may not have understood what outreach services are, and their perceived need does not correlate to their actual need. However, these results also may indicate that having a connection to the care system is no guarantee that one understands or has access to the breadth of services available through that system.

5.2.13 Legal Services

HIV-related legal services include help preparing documents like wills, do-not-resuscitate (DNR) orders, and powers of attorney. These legal services do not include help with issues like bankruptcy or criminal issues. Table 32 presents respondents' assessment of their need for these services.

<i>Jurisdiction</i>	<i>Jurisdiction Total</i>	<i>Total Needing Service</i>	<i>Needed but Not Received (#)</i>	<i>Needed but Not Received (%)</i>
EMA-wide	609	253	190	75.1%
Baltimore City	450	185	146	78.9%
Counties Only	140	68	44	64.7%

Source: IGS client survey.

EMA-wide, 75.1 percent of respondents said that they needed but had not received legal services, with a somewhat greater percentage of city residents than county residents identifying an unmet demand. With such a high percentage of unmet need, it is possible that respondents' perceived need may not correlate to their actual need. For example, the respondents may have misunderstood the breadth of services available in this category (assuming them to include criminal or financial issues). Therefore, these respondents' answers to questions about substance abuse and their need for housing or emergency financial assistance were examined, but no significant trends were identified. Because this category includes end-of-life services like the preparation of a will, DNR orders and powers of attorney, respondents' answers to questions about their families and their overall health status were examined. Of the 190 clients who needed but did not receive this service, 14.2 percent have children, and 23.7 percent have a CD4 (i.e., cluster of differentiation antigen 4) count below 200 and at least one hospital stay within the past year. In light of these figures, it seems less likely that there is a disconnect between perceived and actual need, and more likely that for most of the respondents, their need is legitimate, and the survey was a catalyst that caused them to consider that need for the first time.

5.2.14 Psychosocial Support

Psychosocial support services were defined as support and counseling activities like support groups, pastoral care (counseling provided by a member of the clergy), and grief counseling (counseling for those whose loved ones have died). These services are available to clients, family and household members and caregivers, to help them with some of the feelings — like fear, anxiety, worry, or loneliness — that they might feel as they deal with their own or their loved one's HIV diagnosis. Table 33 presents respondents' assessment of their need for these services.

In this category, the correlation between perceived need and use was consistent across all jurisdictions, but the percentages of unmet need were higher than the level considered acceptable. EMA-wide, the perceived need for mental health services was greater than for the similarly defined psychosocial support services (47.5 percent versus 40.6, respectively), and the correlation of perceived need to use is better for mental health services than for psychosocial support services (18.7 percent versus 26.7 percent, respectively). The impression given by the results in the

psychosocial support services category is that these services are not needed or used, which is interesting given that mental health services are seen by respondents as critical and are highly used. These results may indicate that respondents did not understand the types of support available in this category. There are many separate concepts included in the definition — pastoral care, grief counseling, some types of nutrition education, etc. — which may have confused respondents.

Table 33				
Psychosocial Support Utilization by Need				
<i>Jurisdiction</i>	<i>Jurisdiction Total</i>	<i>Total Needing Service</i>	<i>Needed but Not Received (#)</i>	<i>Needed but Not Received (%)</i>
EMA-wide	609	247	66	26.7%
Baltimore City	450	195	52	26.7%
Counties Only	140	52	14	26.9%

Source: IGS client survey.

5.2.15 Substance-abuse Treatment

Substance-abuse treatment means medical care or counseling to treat problems with alcohol or legal or illegal drugs. Table 34 presents respondents' assessment of their need for these services.

Table 34				
Substance-abuse Treatment Utilization by Need				
<i>Jurisdiction</i>	<i>Jurisdiction Total</i>	<i>Total Needing Service</i>	<i>Needed but Not Received (#)</i>	<i>Needed but Not Received (%)</i>
EMA-wide	609	180	30	16.7%
Baltimore City	450	153	22	14.4%
Counties Only	140	27	8	29.6%

Source: IGS client survey.

In this category, EMA-wide, the correlation between perceived need and use (16.7 percent) is close to the limit considered acceptable for the purposes of this analysis (15.0 percent), and in Baltimore City, the correlation (14.4 percent) is below that limit. In the counties, however, 29.6 percent of those who identified a need for substance-abuse treatment did not receive it. No significant trends were identified that might help explain why the percentage of unmet demand was greater among county residents.

Among those who needed but did not receive this service, the most common barrier (30.0 percent) was "I'm not ready for treatment; I'm still using drugs." It is important to note that of the respondents citing that barrier, 77.7 percent listed sexual contact as their mode of HIV transmission. These respondents could indicate that, within the substance-abusing population, HIV prevention messages related to drug use have been absorbed, but those related to safe sexual behaviors have not.

5.2.16 Treatment-adherence Services

Treatment-adherence services include reminding clients to go to appointments or take medication. Table 35 presents respondents' assessment of their need for these services.

<i>Jurisdiction</i>	<i>Jurisdiction Total</i>	<i>Total Needing Service</i>	<i>Needed but Not Received (#)</i>	<i>Needed but Not Received (%)</i>
EMA-wide	609	179	5	2.8%
Baltimore City	450	138	2	1.5%
Counties Only	140	41	3	7.3%

Source: IGS client survey.

EMA-wide, only 5 of the 179 respondents identifying a need for this service did not receive it, which is a strong correlation between need and use. More interesting is the number of respondents who received this service yet did not identify it as a needed service — 23.9 percent of respondents received “unnecessary” reminders. While these consumers may not believe that they need help remembering to be adherent to their treatment regime, it may be the unsolicited reminders they received that help them to be adherent.

5.2.17 Rehabilitation Services

Rehabilitation services were defined as services that help PLWH/As keep their quality of life and ability to take care of themselves. The services might include physical or occupational therapy (to help people get better at day-to-day activities), speech therapy (help for people who have problems talking due to illness or injury), or low-vision training (help for people who have a hard time seeing). Table 36 presents respondents' assessment of their need for these services.

<i>Jurisdiction</i>	<i>Jurisdiction Total</i>	<i>Total Needing Service</i>	<i>Needed but Not Received (#)</i>	<i>Needed but Not Received (%)</i>
EMA-wide	609	140	80	57.1%
Baltimore City	450	105	58	55.2%
Counties Only	140	35	22	62.9%

Source: IGS client survey.

In this category, EMA-wide, 57.1 percent of those who said they needed the service did not receive it. The most common barrier was not knowing how to get the service (47.8 percent); however, also cited as barriers were “I could not afford the co-pay” (10.0 percent), “the waiting list was too long” (5.0 percent), “it was too hard to get an appointment” (3.7 percent) and “it was

too hard to apply for” (3.7 percent). These barriers and their frequencies suggest that respondents are being referred for rehabilitation services, but are unable to follow up on that referral.

In the counties, where the percentage of unmet demand is higher than in the EMA, many of the same barriers were cited with similar frequencies: “I did not know how to get the service” (27.2 percent), “I could not afford the co-pay” (13.7 percent), “it was too hard to get an appointment” (4.5 percent) and “it was too hard to apply for” (4.5 percent). Added to the list of barriers in the counties were “I did not have transportation” (4.5 percent) and “I was ineligible” (4.5 percent).

5.2.18 Home Health Care

Home health care includes services provided in the home by a home health aide or caretaker, or by a licensed nurse or other health care professionals. Table 37 presents respondents’ assessment of their need for these services.

Table 37				
Home Health Care Utilization by Need				
<i>Jurisdiction</i>	<i>Jurisdiction Total</i>	<i>Total Needing Service</i>	<i>Needed but Not Received (#)</i>	<i>Needed but Not Received (%)</i>
EMA-wide	609	49	37	75.5%
Baltimore City	450	37	27	73.0%
Counties Only	140	12	10	83.3%

Source: IGS client survey.

Overall, the need for home health does not seem to be a critical one within the EMA — only 8.0 percent of all respondents identified a need for it. However, those who did say they needed it seemed to be unable to get it; 75.5 percent of the demand in this category went unmet.

Data on the health status of the respondents with unmet demand seem to support their perceived need: 43.2 percent had had one HIV-related hospital stay in the previous year, 29.7 percent had had three to five hospital stays in the past year, 35.1 percent had had CD4 counts below 200, and 13.5 percent had had viral loads greater than 100,000.

Among the respondents with unmet demand, the most common barrier was not knowing how to get it (70.3 percent).

5.2.19 Day and/or Respite Care (Children)

Day and/or respite care was defined as having someone temporarily care for one’s child. The care may be full time (several hours per day every day), or it may be part time (a few hours so that PLWH/As can go to a medical or support service appointment). Day and respite care can take place in the home, out of the home, during the day only, or overnight.

The needs for day and respite care for children under six years old and over six years old were assessed separately. Table 38 presents the results for children under six; table 39 presents the results for children over six.

Table 38 Day or Respite Care (Children under 6) Utilization by Need				
<i>Jurisdiction</i>	<i>Jurisdiction Total</i>	<i>Total Needing Service</i>	<i>Needed but Not Received (#)</i>	<i>Needed but Not Received (%)</i>
EMA-wide	609	33	14	42.4%
Baltimore City	450	27	10	37.0%
Counties Only	140	6	4	66.7%

Source: IGS client survey.

Table 39 Day or Respite Care (Children over 6) Utilization by Need				
<i>Jurisdiction</i>	<i>Jurisdiction Total</i>	<i>Total Needing Service</i>	<i>Needed but Not Received (#)</i>	<i>Needed but Not Received (%)</i>
EMA-wide	609	30	19	63.3%
Baltimore City	450	25	15	60.0%
Counties Only	140	5	4	80.0%

Source: IGS client survey.

Use of child-care services was low compared to services in other categories. However, not having child care services available would likely be detrimental to consumers in the EMA. Clients receiving child-care services were more likely to receive mental-health services, substance-abuse treatment and OB/GYN care, which indicates that when child-care services are available, consumers are more able to access and adhere to other services.

5.2.20 Hospice Care

Hospice care was defined as room, board, nursing care, counseling and physician services for patients whose doctors have referred them for those services. All of these services are available 24 hours a day in the client's home or a home-like setting. Table 40 presents respondents' assessment of their need for these services.

Table 40 Hospice Care Utilization by Need				
<i>Jurisdiction</i>	<i>Jurisdiction Total</i>	<i>Total Needing Service</i>	<i>Needed but Not Received (#)</i>	<i>Needed but Not Received (%)</i>
EMA-wide	609	13	11	84.6%
Baltimore City	450	11	9	81.8%
Counties Only	140	2	1	50.0%

Source: IGS client survey.

EMA-wide, 11 of the 13 respondents indicating a need for hospice services did not receive them. Of those, two had been referred for hospice care by their physicians; one of those did not believe that the service was necessary; the other did not know how to access the service. Three of those who indicated that they needed the service were not receiving primary medical care, and one was homeless; for these four individuals, their barrier was not knowing how to access the service.

5.2.21 Translation Services

Translation services help consumers who speak Spanish, American Sign Language (ASL) or another language to communicate with service providers or understand documents. Table 41 presents respondents’ assessment of their need for these services.

Table 41				
Translation Services Utilization by Need				
<i>Jurisdiction</i>	<i>Jurisdiction Total</i>	<i>Total Needing Service</i>	<i>Needed but Not Received (#)</i>	<i>Needed but Not Received (%)</i>
EMA-wide	609	8	5	62.5%
Baltimore City	450	4	3	75.0%
Counties Only	140	4	2	50.0%

Source: IGS client survey.

Very few respondents identified a need for these services — just 1.3 percent, EMA-wide. However, the majority of those (62.5 percent) did not receive these services. Of those whose perceived need went unmet, four had received help reading documents (a service that is part of the client advocacy service category), and three of those four were Hispanic/Latino. Three of the five who needed but did receive the service cited not knowing how to get it as a barrier.

5.2.22 Day and/or Respite Care (Adults)

On the survey, adult day and/or respite care was defined as the provision of professional temporary relief for one’s caregiver that can take place in the home, out of the home, during the day only, or overnight. A caregiver was defined as a person who provides, coordinates or helps coordinate a PLWH/A’s full-time day-to-day care when he or she cannot provide that care for himself or herself. Table 42 presents respondents’ assessment of their need for day and/or respite care services.

EMA-wide, only five respondents identified a need for adult day or respite care. The three of those who did not receive the service all cited not knowing how to get the service as a barrier; however, it is difficult to make inferences or draw conclusions based on the responses of so few people.

Table 42				
Day or Respite Care (Adults) Utilization by Need				
<i>Jurisdiction</i>	<i>Jurisdiction Total</i>	<i>Total Needing Service</i>	<i>Needed but Not Received (#)</i>	<i>Needed but Not Received (%)</i>
EMA-wide	609	5	3	60.0%
Baltimore City	450	5	3	60.0%
Counties Only	140	0	N/A	N/A

Source: IGS client survey.

5.3 Service Demand and Utilization by Location

Given the proximity of the jurisdictions that comprise the Baltimore EMA to one another, it is not uncommon for consumers to cross jurisdictions to receive services. Analysis of service demand and utilization by jurisdiction of residence is critical to understanding how often and in what circumstances the consumers in this EMA access services in a jurisdiction other than the one in which they reside. Understanding how consumers flow between the jurisdictions that comprise the EMA will help inform decisions made about how funds must flow between those jurisdictions.

5.3.1 County Residents (Excluding Baltimore City)

Table 43 presents the service demand and utilization pattern for those respondents who reside in one of the EMA's counties. (The tables are at the end of this section.) Of the 609 survey respondents, 159 (26.1 percent) lived outside Baltimore City. Of the non-city residents, 140 lived in one of the counties of the EMA (5 lived in indeterminate locations, 8 outside Maryland, and 6 within Maryland but outside the EMA). Of the 140 county residents, 100 (71.4 percent) received at least one service in a jurisdiction other than their home jurisdiction. Of those 100, 48.0 percent went elsewhere because care was unavailable in their home county, 20.0 percent because they felt that care was better elsewhere, 13.0 percent because they felt more comfortable elsewhere, 25 percent because care was easier to access elsewhere, and 10 percent because of confidentiality. The rest cited other reasons, mostly to do with referrals.

In 2 of the 19 service categories that in the survey contained questions relating to the physical location of the service provider, county residents received services solely from county-based service providers. In 5 of these 19 categories, county residents received services from both county- and city-based providers. In none of the categories did county residents receive services solely from city-based providers. In 5 of the 15 service categories in which both county- and city-based providers were used, more county residents used city than county services; in 2 of the categories, the number of county- and city-based providers used was equal.

5.3.2 Anne Arundel County Residents

Table 44 presents the service demand and utilization pattern for those respondents who reside in Anne Arundel County. Of the 609 survey respondents, 19 (3.1 percent) live in Anne Arundel County. Of these 19, 15 (78.9 percent) received services in another jurisdiction. Of those 15, 33.3 percent said that they went elsewhere because care was unavailable in Anne Arundel County, 20.0 percent because they felt that care was better elsewhere, 6.7 percent each because they felt

more comfortable elsewhere, because care was easier to access elsewhere, or because of confidentiality. The rest cited other reasons, mostly to do with referrals.

In 3 of the 19 categories with questions relating to the physical location of the service provider, Anne Arundel County residents received services solely from county-based service providers. In 10 of these 19 categories, clients received services from both county- and city-based providers. In 3 of the categories, clients received services solely from city-based providers. In 4 of the 10 service categories in which both county- and city-based providers were used, more clients used city than county services; in 1 of the categories, the number of county- and city-based providers used was equal.

5.3.3 Baltimore County Residents

Table 45 presents the service demand and utilization pattern for those respondents who reside in Baltimore County. Of the 609 survey respondents, 82 (13.5 percent) live in Baltimore County. Of these 82, 60 (73.2 percent) received services in another jurisdiction. Of those 60, 43.3 percent said that they went elsewhere because care was unavailable in Baltimore County, 21.7 percent because they felt that care was better elsewhere, 16.7 percent because they felt more comfortable elsewhere, 33.3 percent because care was easier to access elsewhere, and 13.3 percent because of confidentiality. The rest cited other reasons, mostly to do with referrals.

In 5 of the 19 categories, Baltimore County residents received services solely from county-based service providers. In 13 of these 19 categories, clients received services from both county- and city-based providers. In one of the categories, clients received services solely from city-based providers. In 7 of the 13 service categories in which both county- and city-based providers were used, more clients used city than county services; in 1 of the categories, the number of county- and city-based providers used was equal.

5.3.4 Carroll County Residents

Table 46 presents the service demand and utilization pattern for those respondents who reside in Carroll County. Of the 609 survey respondents, 3 (0.5 percent) live in Carroll County. Of these 3, 1 (33.3 percent) received services in another jurisdiction and said it was because care was unavailable in Carroll County.

In 10 of the 19 categories, Carroll County residents received services solely from county-based service providers. In 1 of the 19 categories, clients received services from both county- and city-based providers. In none of the categories did clients receive services solely from city-based providers. In the one service category in which both county- and city-based providers were used, fewer clients used city than county services.

5.3.5 Harford County Residents

Table 47 presents the service demand and utilization pattern for those respondents who reside in Harford County. Of the 609 survey respondents, 16 (2.6 percent) live in Harford County. Of these 16, 12 (75.0 percent) received services in another jurisdiction. Of these 12, 7 (58.3 percent) went elsewhere because care was unavailable in Harford County, 2 (16.7 percent) because care was better elsewhere, and 1 (8.3 percent) each because he or she was more comfortable elsewhere, because care was easier to get elsewhere, and because of confidentiality. The rest (3) cited other reasons: one because of referrals, one because of familiarity with a city provider, and one expressed a desire to have services in the county, if possible.

In 7 of the 19 categories, Harford County residents received services solely from county-based service providers. In 5 of the 19 categories, clients received services from both county-and city-based providers. In none of the categories did clients receive services solely from city-based providers. In one of the five service categories in which both county- and city-based providers were used, more clients used city than county services.

5.3.6 Howard County Residents

Table 48 presents the service demand and utilization pattern for those respondents who reside in Howard County. Of the 609 survey respondents, 18 (3.0 percent) live in Howard County. Of these 18, 9 (50.0 percent) received services in another jurisdiction. Of these 9, 6 (66.7 percent) went elsewhere because care was unavailable in Howard County, 1 (11.1 percent) because care was better elsewhere, 2 (22.2 percent) because care was easier to get elsewhere. The rest (2) cited other reasons related to referrals.

In 3 of the 19 categories, Howard County residents received services solely from county-based service providers. In 10 of these 19 categories, clients received services from both county-and city-based providers. In 2 of the categories, clients received services solely from city-based providers. In 1 of the 10 service categories in which both county- and city-based providers were used, more clients used city than county services.

5.3.7 Queen Anne's County Residents

Table 49 presents the service demand and utilization pattern for those respondents who reside in Queen Anne's County. Of the 609 survey respondents, 2 (0.3 percent) live in Queen Anne's County. Both of these two (100.0 percent) received services in another jurisdiction. Of these two, one (50.0 percent) went elsewhere because care was unavailable in Queen Anne's County, one (50.0 percent) because care was better elsewhere, and the same one (50.0 percent) because he or she was more comfortable elsewhere.

In 5 of the 19 categories, Queen Anne's County residents received services solely from county-based service providers. In none of the categories did clients receive services from both county-and city-based providers. In 2 of the categories, clients received services solely from city-based providers.

5.3.8 Baltimore City Residents

Table 50 presents the service demand and utilization pattern for those respondents who reside in Baltimore City. Of the 609 survey respondents, 450 (74.0 percent) live in Baltimore City. Of these 450, 18 (4.0 percent) received services in another jurisdiction. Of these 18, 4 (22.2 percent) went elsewhere because care was unavailable in Baltimore City, 4 (22.2 percent) because care was better elsewhere, 2 (11.1 percent) because they were more comfortable elsewhere, 1 (5.5 percent) because care was easier to get elsewhere, and 1 (5.5 percent) because of confidentiality. The rest cited other reasons related to referrals.

In none of the 19 categories with questions relating to the physical location of the service provider did Baltimore City residents receive services solely from county-based service providers. In 14 of these 19 categories, clients received services from both county-and city-based providers. In 5 of the categories, clients received services solely from city-based providers. In all 14 of the service categories in which both county- and city-based providers were used, more clients used city than county services.

Table 43

County Residents' Service Demand and Utilization by Service Category

Service Category	All Total	Counties Total	Need Svc.	Pct. of Total	Rec'd Svc.	Pct. of Need	Location 1 (Not City)	Pct. of Rec'd	Location 2 (Baltimore City)	Pct. of Rec'd
Primary Medical Care	609	140	134	95.71	128	95.52	59	46.09	69	53.91
Oral Health Services	609	140	123	87.86	72	58.54	32	44.44	40	55.56
Rehabilitation Services	609	140	33	23.57	12	36.36	2	16.67	10	83.33
Mental Health Services	609	140	64	45.71	53	82.81	20	37.74	33	62.26
Substance-abuse Treatment	609	140	24	17.14	18	75.00	9	50.00	9	50.00
Treatment Adherence	609	140	39	27.86	37	94.87	†		†	
Psychosocial Support Services	609	140	51	36.43	36	70.59	20	55.56	16	44.44
Outreach Services	609	140	61	43.57	36	59.02	19	52.78	17	47.22
Case Management	609	140	119	85.00	108	90.76	80	74.07	28	25.93
Client Advocacy	609	140	70	50.00	54	77.14	40	74.07	14	25.93
Food Bank	609	140	51	36.43	23	45.10	14	60.87	9	39.13
Housing Assistance (temp.)	609	140	70	50.00	29	41.43	25	86.21	4	13.79
D&R Children	609	140	12	8.57	2	16.67	1	50.00	1	50.00
D&R Adult	609	140	2	1.43	0	-	0	0	0	0
Home Health	609	140	12	8.57	2	16.67	2	100.00	0	-
Transportation Services	609	140	93	66.43	82	88.17	†		†	
Legal Services	609	140	67	47.86	23	34.33	9	39.13	14	60.87
Translation Services	609	140	4	2.86	2	50.00	1	50.00	0	-
Nutritional Counseling	609	140	74	52.86	34	45.95	21	61.76	13	38.24
Hospice Care	609	140	2	1.43	0	-	0	0	0	0
EFA	609	140	75	53.57	38	50.67	31	81.58	7	18.42
L/CDRP	609	140	115	82.14	99	86.09	†		†	

Source: IGS client survey.

*Location categories are not mutually exclusive. Some clients may receive some services in both locations.

† No geographical questions

Table 44

Anne Arundel County Residents' Service Demand and Utilization by Service Category

Service Category	All Total	Counties Total	Need Svc.	Pct. of Total	Rec'd Svc.	Pct. of Need	Location 1 (Not City)	Pct. of Rec'd	Location 2 (Baltimore City)	Pct. of Rec'd
<i>Primary Medical Care</i>	609	19	19	100.00	18	94.74	1	5.56	15	83.33
<i>Oral Health Services</i>	609	19	17	89.47	10	58.82	6	60.00	3	30.00
<i>Rehabilitation Services</i>	609	19	6	31.58	1	16.67	0	-	1	100.00
<i>Mental Health Services</i>	609	19	10	52.63	7	70.00	3	42.86	5	71.43
<i>Substance-abuse Treatment</i>	609	19	8	42.11	7	87.50	3	42.86	3	42.86
<i>Treatment Adherence</i>	609	19	8	42.11	7	87.50	†		†	
<i>Psychosocial Support Services</i>	609	19	8	42.11	8	100.00	6	75.00	1	12.50
<i>Outreach Services</i>	609	19	9	47.37	5	55.56	2	40.00	3	60.00
<i>Case Management</i>	609	19	17	89.47	15	88.24	11	73.33	4	26.67
<i>Client Advocacy</i>	609	19	13	68.42	11	84.62	9	81.82	2	18.18
<i>Food Bank</i>	609	19	9	47.37	4	44.44	1	25.00	3	75.00
<i>Housing Assistance (temp.)</i>	609	19	10	52.63	6	60.00	6	100.00	0	-
<i>D&R Children</i>	609	19	3	15.79	1	33.33	1	100.00	0	-
<i>D&R Adult</i>	609	19	0	-	0	0	0	0	0	0
<i>Home Health</i>	609	19	2	10.53	1	50.00	1	100.00	0	-
<i>Transportation Services</i>	609	19	14	73.68	11	78.57	†		†	
<i>Legal Services</i>	609	19	8	42.11	1	12.50	0	-	1	100.00
<i>Translation Services</i>	609	19	0	-	0	0	0	0	0	0
<i>Nutritional Counseling</i>	609	19	10	52.63	3	30.00	0	-	3	100.00
<i>Hospice Care</i>	609	19	0	-	0	0	0	0	0	0
<i>EFA</i>	609	19	14	73.68	4	28.57	3	75.00	1	25.00
<i>L/CDRP</i>	609	19	15	78.95	13	86.67	†		†	

Source: IGS client survey.

*Location categories are not mutually exclusive. Some clients may receive some services in both locations.

†No geographical questions.

Table 45

Baltimore County Residents' Service Demand and Utilization by Service Category

Service Category	All Total	Counties Total	Need Svc.	Pct. of Total	Rec'd Svc.	Pct. of Need	Location 1 (Not City)	Pct. of Rec'd	Location 2 (Baltimore City)	Pct. of Rec'd
<i>Primary Medical Care</i>	609	82	80	97.56	78	97.50	30	38.46	49	62.82
<i>Oral Health Services</i>	609	82	69	84.15	39	56.52	9	23.08	31	79.49
<i>Rehabilitation Services</i>	609	82	18	21.95	8	44.44	0	-	8	100.00
<i>Mental Health Services</i>	609	82	37	45.12	30	81.08	3	10.00	27	90.00
<i>Substance-abuse Treatment</i>	609	82	11	13.41	8	72.73	4	50.00	5	62.50
<i>Treatment Adherence</i>	609	82	22	26.83	21	95.45	†		†	
<i>Psychosocial Support Services</i>	609	82	30	36.59	23	76.67	8	34.78	16	69.57
<i>Outreach Services</i>	609	82	40	48.78	27	67.50	14	51.85	14	51.85
<i>Case Management</i>	609	82	69	84.15	63	91.30	41	65.08	26	41.27
<i>Client Advocacy</i>	609	82	43	52.44	32	74.42	19	59.38	13	40.63
<i>Food Bank</i>	609	82	26	31.71	12	46.15	7	58.33	6	50.00
<i>Housing Assistance (temp.)</i>	609	82	42	51.22	14	33.33	10	71.43	4	28.57
<i>D&R Children</i>	609	82	9	10.98	2	22.22	1	50.00	0	-
<i>D&R Adult</i>	609	82	2	2.44	0	-	0	0	0	0
<i>Home Health</i>	609	82	6	7.32	1	16.67	1	100.00	0	-
<i>Transportation Services</i>	609	82	52	63.41	46	88.46	†		†	
<i>Legal Services</i>	609	82	39	47.56	10	25.64	3	30.00	5	50.00
<i>Translation Services</i>	609	82	1	1.22	1	100.00	1	100.00	0	-
<i>Nutritional Counseling</i>	609	82	43	52.44	17	39.53	8	47.06	10	58.82
<i>Hospice Care</i>	609	82	2	2.44	0	-	0	0	0	0
<i>EFA</i>	609	82	43	52.44	21	48.84	14	66.67	7	33.33
<i>L/CDRP</i>	609	82	72	87.80	62	86.11	†		†	

Source: IGS client survey.

*Location categories are not mutually exclusive. Some clients may receive some services in both locations.

†No geographic questions.

Table 46

Carroll County Residents' Service Demand and Utilization by Service Category

Service Category	All Total	Counties Total	Need Svc.	Pct. of Total	Rec'd Svc.	Pct. of Need	Location 1 (Not City)	Pct. of Rec'd	Location 2 (Baltimore City)	Pct. of Rec'd
<i>Primary Medical Care</i>	609	3	2	66.67	2	100.00	2	100.00	0	-
<i>Oral Health Services</i>	609	3	3	100.00	3	100.00	2	66.67	1	33.33
<i>Rehabilitation Services</i>	609	3	1	33.33	1	100.00	1	100.00	0	-
<i>Mental Health Services</i>	609	3	2	66.67	2	100.00	2	100.00	0	-
<i>Substance-abuse Treatment</i>	609	3	1	33.33	1	100.00	1	100.00	0	-
<i>Treatment Adherence</i>	609	3	0	-	0	0	†		†	
<i>Psychosocial Support Services</i>	609	3	2	66.67	2	100.00	2	100.00	0	-
<i>Outreach Services</i>	609	3	0	-	0	0	0	0	0	0
<i>Case Management</i>	609	3	2	66.67	2	100.00	2	100.00	0	-
<i>Client Advocacy</i>	609	3	1	33.33	1	100.00	1	100.00	0	-
<i>Food Bank</i>	609	3	1	33.33	1	100.00	1	100.00	0	-
<i>Housing Assistance (temp.)</i>	609	3	1	33.33	0	-	0	0	0	0
<i>D&R Children</i>	609	3	0	-	0	0	0	0	0	0
<i>D&R Adult</i>	609	3	0	-	0	0	0	0	0	0
<i>Home Health</i>	609	3	0	-	0	0	0	0	0	0
<i>Transportation Services</i>	609	3	2	66.67	2	100.00	†		†	
<i>Legal Services</i>	609	3	1	33.33	1	100.00	1	100.00	0	-
<i>Translation Services</i>	609	3	0	-	0	0	0	0	0	0
<i>Nutritional Counseling</i>	609	3	0	-	0	0	0	0	0	0
<i>Hospice Care</i>	609	3	0	-	0	0	0	0	0	0
<i>EFA</i>	609	3	1	33.33	1	100.00	1	100.00	0	-
<i>L/CDRP</i>	609	3	2	66.67	2	100.00	†		†	

Source: IGS client survey.

*Location categories are not mutually exclusive. Some clients may receive some services in both locations.

†No geographic questions.

Table 47

Harford County Residents' Service Demand and Utilization by Service Category

Service Category	All Total	Counties Total	Need Svc.	Pct. of Total	Rec'd Svc.	Pct. of Need	Location 1 (Not City)	Pct. of Rec'd	Location 2 (Baltimore City)	Pct. of Rec'd
<i>Primary Medical Care</i>	609	16	16	100.00	16	100.00	13	81.25	5	31.25
<i>Oral Health Services</i>	609	16	16	100.00	6	37.50	1	16.67	3	50.00
<i>Rehabilitation Services</i>	609	16	3	18.75	1	33.33	0	-	0	-
<i>Mental Health Services</i>	609	16	7	43.75	6	85.71	6	100.00	0	-
<i>Substance-abuse Treatment</i>	609	16	1	6.25	1	100.00	1	100.00	0	-
<i>Treatment Adherence</i>	609	16	3	18.75	3	100.00	†		†	
<i>Psychosocial Support Services</i>	609	16	4	25.00	1	25.00	0	-	0	-
<i>Outreach Services</i>	609	16	6	37.50	4	66.67	3	75.00	1	25.00
<i>Case Management</i>	609	16	14	87.50	14	100.00	14	100.00	0	-
<i>Client Advocacy</i>	609	16	8	50.00	7	87.50	7	100.00	0	-
<i>Food Bank</i>	609	16	10	62.50	6	60.00	4	66.67	2	33.33
<i>Housing Assistance (temp.)</i>	609	16	10	62.50	5	50.00	3	60.00	0	-
<i>D&R Children</i>	609	16	0	-	0	0	0	0	0	0
<i>D&R Adult</i>	609	16	0	-	0	0	0	0	0	0
<i>Home Health</i>	609	16	0	-	0	0	0	0	0	0
<i>Transportation Services</i>	609	16	13	81.25	13	100.00	†		†	
<i>Legal Services</i>	609	16	7	43.75	4	57.14	2	50.00	1	25.00
<i>Translation Services</i>	609	16	2	12.50	1	50.00	0	-	0	-
<i>Nutritional Counseling</i>	609	16	10	62.50	7	70.00	7	100.00	0	-
<i>Hospice Care</i>	609	16	0	-	0	0	0	0	0	0
<i>EFA</i>	609	16	9	56.25	8	88.89	7	87.50	0	-
<i>L/CDRP</i>	609	16	13	81.25	11	84.62	†		†	

Source: IGS client survey.

*Location categories are not mutually exclusive. Some clients may receive some services in both locations.

†No geographic questions.

Table 48
Howard County Residents' Service Demand and Utilization by Service Category

Service Category	All Total	Counties Total	Need Svc.	Pct. of Total	Rec'd Svc.	Pct. of Need	Location 1 (Not City)	Pct. of Rec'd	Location 2 (Baltimore City)	Pct. of Rec'd
Primary Medical Care	609	18	16	88.89	15	93.75	12	80.00	2	13.33
Oral Health Services	609	18	18	100.00	13	72.22	8	61.54	2	15.38
Rehabilitation Services	609	18	6	33.33	1	16.67	0	-	1	100.00
Mental Health Services	609	18	10	55.56	9	90.00	7	77.78	2	22.22
Substance-abuse Treatment	609	18	5	27.78	2	40.00	0	-	2	100.00
Treatment Adherence	609	18	7	38.89	7	100.00	†		†	
Psychosocial Support Services	609	18	7	38.89	4	57.14	4	100.00	1	25.00
Outreach Services	609	18	8	44.44	3	37.50	3	100.00	1	33.33
Case Management	609	18	17	94.44	17	100.00	17	100.00	0	-
Client Advocacy	609	18	7	38.89	6	85.71	5	83.33	1	16.67
Food Bank	609	18	7	38.89	4	57.14	4	100.00	1	25.00
Housing Assistance (temp.)	609	18	7	38.89	3	42.86	1	33.33	0	-
D&R Children	609	18	1	5.56	1	100.00	1	100.00	0	-
D&R Adult	609	18	0	-	0	0	0	0	0	0
Home Health	609	18	4	22.22	0	-	0	0	0	0
Transportation Services	609	18	12	66.67	11	91.67	†		†	
Legal Services	609	18	13	72.22	8	61.54	1	12.50	8	100.00
Translation Services	609	18	1	5.56	0	-	0	0	0	0
Nutritional Counseling	609	18	12	66.67	8	66.67	8	100.00	1	12.50
Hospice Care	609	18	0	-	0	0	0	0	0	0
EFA	609	18	10	55.56	6	60.00	6	100.00	1	16.67
L/CDRP	609	18	15	83.33	12	80.00	†		†	

Source: IGS client survey.

*Location categories are not mutually exclusive. Some clients may receive some services in both locations.

† No geographic questions.

Table 49

Queen Anne's County Residents' Service Demand and Utilization by Service Category

Service Category	All Total	Counties Total	Need Svc.	Pct. of Total	Rec'd Svc.	Pct. of Need	Location 1 (Not City)	Pct. of Rec'd	Location 2 (Baltimore City)	Pct. of Rec'd
Primary Medical Care	609	2	2	100.00	1	50.00	1	100.00	0	-
Oral Health Services	609	2	2	100.00	2	100.00	1	50.00	0	-
Rehabilitation Services	609	2	1	50.00	1	100.00	0	-	1	100.00
Mental Health Services	609	2	1	50.00	1	100.00	0	-	1	100.00
Substance-abuse Treatment	609	2	1	50.00	0	-	0	0	0	0
Treatment Adherence	609	2	1	50.00	0	-	†		†	
Psychosocial Support Services	609	2	1	50.00	0	-	0	0	0	0
Outreach Services	609	2	1	50.00	0	-	0	0	0	0
Case Management	609	2	2	100.00	1	50.00	1	100.00	0	-
Client Advocacy	609	2	1	50.00	0	-	0	0	0	0
Food Bank	609	2	2	100.00	0	-	0	0	0	0
Housing Assistance (temp.)	609	2	2	100.00	1	50.00	1	100.00	0	-
D&R Children	609	2	0	-	0	0	0	0	0	0
D&R Adult	609	2	0	-	0	0	0	0	0	0
Home Health	609	2	0	-	0	0	0	0	0	0
Transportation Services	609	2	2	100.00	1	50.00	†		†	
Legal Services	609	2	0	-	0	0	0	0	0	0
Translation Services	609	2	0	-	0	0	0	0	0	0
Nutritional Counseling	609	2	2	100.00	0	-	0	0	0	0
Hospice Care	609	2	0	-	0	0	0	0	0	0
EFA	609	2	2	100.00	1	50.00	1	100.00	0	-
L/CDRP	609	2	1	50.00	0	-	†		†	

Source: IGS client survey.

*Location categories are not mutually exclusive. Some clients may receive some services in both locations.

† No geographic questions

Table 50

Baltimore City Residents' Service Demand and Utilization by Service Category

<i>Service Category</i>	<i>All Total</i>	<i>Counties Total</i>	<i>Need Svc.</i>	<i>Pct. of Total</i>	<i>Rec'd Svc.</i>	<i>Pct. of Need</i>	<i>Location 1 (Not City)</i>	<i>Pct. of Rec'd</i>	<i>Location 2 (Baltimore City)</i>	<i>Pct. of Rec'd</i>
<i>Primary Medical Care</i>	609	450	424	94.22	415	97.88	15	3.61	400	96.39
<i>Oral Health Services</i>	609	450	379	84.22	167	44.06	5	2.99	162	97.01
<i>Rehabilitation Services</i>	609	450	105	23.33	47	44.76	1	2.13	46	97.87
<i>Mental Health Services</i>	609	450	222	49.33	180	81.08	2	1.11	178	98.89
<i>Substance-abuse Treatment</i>	609	450	153	34.00	131	85.62	3	2.29	128	97.71
<i>Treatment Adherence</i>	609	450	155	34.44	136	87.74	†		†	
<i>Psychosocial Support Services</i>	609	450	196	43.56	143	72.96	4	2.80	139	97.20
<i>Outreach Services</i>	609	450	222	49.33	138	62.16	3	2.17	135	97.83
<i>Case Management</i>	609	450	377	83.78	314	83.29	7	2.23	307	97.77
<i>Client Advocacy</i>	609	450	263	58.44	183	69.58	6	3.28	177	96.72
<i>Food Bank</i>	609	450	234	52.00	108	46.15	1	0.93	107	99.07
<i>Housing Assistance (temp.)</i>	609	450	284	63.11	126	44.37	5	3.97	121	96.03
<i>D&R Children</i>	609	450	53	11.78	29	54.72	1	3.45	28	96.55
<i>D&R Adult</i>	609	450	8	1.78	2	25.00	0	-	1	50.00
<i>Home Health</i>	609	450	37	8.22	10	27.03	0	-	9	90.00
<i>Transportation Services</i>	609	450	288	64.00	239	82.99	†		†	
<i>Legal Services</i>	609	450	185	41.11	39	21.08	0	-	39	100.00
<i>Translation Services</i>	609	450	4	0.89	1	25.00	0	-	1	100.00
<i>Nutritional Counseling</i>	609	450	251	55.78	120	47.81	2	1.67	118	98.33
<i>Hospice Care</i>	609	450	11	2.44	2	18.18	0	-	2	100.00
<i>EFA</i>	609	450	305	67.78	155	50.82	4	2.58	151	97.42
<i>L/CDRP</i>	609	450	0	-		0	†		†	

Source: IGS client survey.

*Location categories are not mutually exclusive. Some clients may receive some services in both locations.

†No geographic questions.

6. CONCLUSION AND PLANNING IMPLICATIONS

Despite the variety of the jurisdictions in this EMA, this analysis identified significant trends that apply to consumers in all jurisdictions. Insufficient consumer knowledge of available services is a barrier to care; outreach workers may offer a solution to the problem of insufficient consumer knowledge, but the volume and location of their deployment must be analyzed. Access to child care may facilitate access and adherence to other services. Consumers tend to access at least one service in a jurisdiction other than the one in which they reside.

6.1 Insufficient Consumer Knowledge as a Barrier to Care

Lack of knowledge of available services was cited as a barrier to care more than any other barrier — 13.5 percent of those who needed but did not receive a service said it was because they did not know the service was available. Of those clients, almost all (99.7 percent) were in primary medical care, nearly three quarters (70.3 percent) had a case manager, and more than a third (34.8 percent) had seen an outreach worker in the past year. Clearly, the majority of these consumers have some connection to the Ryan White system of care, yet the breadth of their knowledge about that system of care is limited. Further study needs to be conducted to better understand the channels through which consumers receive information about HIV services in general, and the HIV services funded through Ryan White specifically, so that those channels can be more effectively leveraged to educate consumers. Any research on consumers' information-seeking behavior should include a means to understand the channels and messages that are most likely to motivate consumers to action. In other words, the research should recognize that consumers may not necessarily value all communication and education channels (i.e., a consumer may fail to take action on a message received from a case manager or other care system professional numerous times, but then take action on the same message after hearing it only once from a peer).

Additional research on effective communication channels should include an analysis of the relationship of outreach workers to client access to services. The survey results in the outreach services category imply a high level of interest in or demand for this service (46.9 percent of clients expressing a need for the service), yet also a high percentage of unmet demand (38.1 percent). Well over a third (39.4 percent) of those with unmet demand had never seen an outreach worker in their area, and 9.3 percent of those lived in a ZIP code (21223) with one of the five highest rates of HIV prevalence in the EMA. Consumers are looking for an information source that is, by definition, supposed to come to them, and finding that information source to be absent. Research into the availability and deployment of outreach workers, as well as consumers' expectation of what these workers can provide, may identify ways to bridge a gap in consumer knowledge of services.

6.2 Child Care Facilitates HIV Care

While much emphasis was placed here on the frequency of consumers' demand for a given service (i.e., service rank by demand), planners should be aware that a category's rank is not the sole indicator of its importance to PLWH/As in the EMA. For example, across the EMA, child-care services for children under six were used by only 33 consumers, and for children over six by only 30 consumers; thus these services were ranked 20 and 21 out of 24 services. Yet the data show that access to child care may improve access to and adherence to other needed services, such as substance-abuse treatment, mental-health services and OB/GYN care. Not having child

care services available would likely be detrimental to the long-term health of consumers in the EMA.

6.3 Cross-jurisdictional Service Access

Also warranting further scrutiny is consumers' use of services in jurisdictions other than the ones in which they live. The analysis presented here implies that the majority of clients cross jurisdictional lines for at least one service, the most common, though not the only, pattern being that of county residents going to the city. Of those who cross to other jurisdictions, over half do so for reasons of convenience, not availability. Despite consumers' apparent tendency to seek at least one service outside of their jurisdiction of residence, the overall proportion of needs met is almost exactly the same for city residents as for combined county residents (about 55 percent).

Bearing in mind that the data on which this analysis were performed are self-reported by clients, it would be useful to confirm them with objective, provider-reported data, such as that which providers submit on the CARE Act Data Report (CADR). Further analysis to determine the frequency with which clients cross jurisdictions would help planners prioritize the issue of cross-jurisdictional service access. Assume a client accesses services 12 times over the course of one year. If the client crosses jurisdictions for one of those 12 units of service, the impact on the flow of funds may be minimal; however, if the client crosses jurisdictions for a third or more of those visits, the impact on the flow of funds would be ore significant, and thus a higher priority for planners.

7. APPENDICES

7.1 Interviewer Script

Greater Baltimore HIV Health Services Planning Council *2004 Consumer Survey Script*

Interviewer: Read the instructions below to the respondent.

Thanks for helping us with this survey. First, I just want to make sure that you know that your answers will be kept confidential. That means that we will make sure that no one will know what your answers are. Next, I don't want you to worry about the size of the survey packet. While it looks big, most of it is made up of instructions for me as your interviewer. The part of the survey that you do will take about 50 minutes or perhaps less.

Before we start, I'm going to tell you a little about the survey and why we're doing it.

The Survey Purpose

This survey deals with services for people living with HIV disease and their families. Specifically, it is about services paid for by the Ryan White CARE Act. The CARE Act is a federal program. Under this program, certain places get funds to help the HIV-positive people living there get the health care and services they need.

In this area, we have a group called the Greater Baltimore HIV Health Services Planning Council. It's also just called "the planning council." This council finds out what people living with HIV disease need. Then, they give the CARE Act funds to the groups who meet those needs. The information that we get from this survey will help the council figure out how to give people living with HIV/AIDS what they need most.

This survey is really important. We want to show how much we appreciate your help by giving you a gift card from an area supermarket for \$10. It's our way of saying thank you.

Do you have any questions about the survey or why we are doing it?

Next, I'm going to tell you about the survey process.

The Survey Process

It is important for you to really understand what it means to take this survey. In a moment, I'm going to ask you to sign a consent form. The form says that

you understand what the survey is for and that you agree to be a part of it. It also says how we plan to protect your privacy. For example, we will keep the form that you sign separate from your survey. That way, no one will be able to know which is the survey with *your* answers on it. It is really important for you to read the form carefully and sign it only if you agree to what it says. Because it is so important that you understand what's on the form, I will read the form along with you. The form also tells you how to contact us if you have questions later about the survey, so I will give you a copy of the form to keep.

This survey will be done like an interview. That means that I will read a question to you and wait for your answer. I'll mark your answer on the survey form, then read you the next question, and so on. For some questions — like those with a long list of answers to choose from — I will show you a card with the possible answers written on it. I'll let you know which questions we will use the card for.

During the survey, if you have questions, stop and ask me. If I ask a question that makes you feel uncomfortable, we can skip the question or come back to it later. If you start to feel like you don't want to do this any more, we can stop the survey. No questions asked. But you must understand that the gift cards are only given for complete surveys. If you are a caregiver (such as a parent, spouse or partner) completing this survey for another person (such as a child, spouse or partner), please answer all questions only with information about the person you are helping.

When we're done, I will give you the gift card. Do you have any questions now?

Interviewer: Give participant the consent form. If the participant agrees to participate, have him or her sign two copies. File one as instructed in training, give the other to the participant to keep and continue to the next section. If the participant does not sign the consent form, thank the participant for considering it, then process the consent form as instructed in training and end the session.

The Survey Structure

This survey has 4 parts:

- **Part 1: Questions about Primary Health Care Services** — These are services that deal with treatment of your physical body. Examples include doctor's exams, mental health appointments and substance-abuse treatment.
- **Part 2: Questions about Ancillary Services** — These are services that help to support you through treatment or other HIV-related activities. They are services like medicine reminders, transportation and support groups.

A.1. Do you think you need primary medical care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A.2. In the past 12 months, have you received primary medical care for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No	

HIV/AIDS medical care is care given by your primary care physician or other doctor specifically for the treatment of HIV disease.

Pediatric HIV/AIDS medical care is care given by a doctor, physician's assistant, or nurse in a doctor's office or clinic to an infant or child (age 19 or under) with HIV disease.

A.3. Does your primary care physician know about your HIV status? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.</i>
A.4. Are you receiving medical care for HIV? <input type="checkbox"/> Yes, adult care <input type="checkbox"/> Yes, pediatric care <input type="checkbox"/> No, I am <i>not</i> receiving medical care for HIV/AIDS (skip to A.11.)	

<p>A.5. Where is your HIV medical care provider located? (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Baltimore City <input type="checkbox"/> Baltimore County <input type="checkbox"/> Carroll County <input type="checkbox"/> Harford County <input type="checkbox"/> Howard County <input type="checkbox"/> Queen Anne's County <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I am not receiving medical care for HIV/AIDS (return to A.4.) <input type="checkbox"/> Other (specify): _____ 	
<p>A.6. Where are you receiving medical care for HIV? (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> HIV center <ul style="list-style-type: none"> Please specify which center: <ul style="list-style-type: none"> <input type="checkbox"/> Chase Brexton Health Services <input type="checkbox"/> Johns Hopkins Bayview <input type="checkbox"/> Johns Hopkins University (Adult) <input type="checkbox"/> Johns Hopkins University (OB/GYN) <input type="checkbox"/> Johns Hopkins University (Pediatrics) <input type="checkbox"/> University of Maryland Baltimore (Pediatrics) <input type="checkbox"/> University of Maryland (Adolescent) <input type="checkbox"/> University of Maryland Evelyn Jordan <input type="checkbox"/> Bon Secours Baltimore Health System (Liberty) <input type="checkbox"/> Bon Secours Baltimore Health System <input type="checkbox"/> Park West Medical Center <input type="checkbox"/> People's Community Health Center <input type="checkbox"/> Baltimore City Health Department <input type="checkbox"/> Johns Hopkins University county seropositive clinics <ul style="list-style-type: none"> Please specify which clinic: <ul style="list-style-type: none"> <input type="checkbox"/> Anne Arundel County Health Department <input type="checkbox"/> Baltimore County Health Department <input type="checkbox"/> Carroll County Health Department <input type="checkbox"/> Harford County Health Department <input type="checkbox"/> Howard County Health Department <input type="checkbox"/> Queen Anne's County Health Department <input type="checkbox"/> Private physician <input type="checkbox"/> Medical/health clinic <input type="checkbox"/> ER/Emergency department <input type="checkbox"/> Does not apply; I am not receiving medical care for HIV/AIDS (return to A.4.) <input type="checkbox"/> Other (specify): _____ 	<p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p> <p>If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.</p>
<p>A.7. How long have you been receiving medical care for HIV?</p> <ul style="list-style-type: none"> <input type="checkbox"/> For the last 6 months <input type="checkbox"/> For the last year <input type="checkbox"/> For more than a year <input type="checkbox"/> I have never been in care (return to A.4.) <input type="checkbox"/> Does not apply; I am not receiving medical care for HIV/AIDS now (return to A.4.) 	

<p>A.8. Has your HIV doctor performed any of these blood tests on you within the last 12 months? (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> CD4 or T-cell <input type="checkbox"/> Viral load <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> My doctor did not perform tests <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I am not receiving care for HIV/AIDS (return to A.4.) 	<p>If the instructions say: Skip to question...</p> <p>Remember to: Check "Does not apply" for each skipped question.</p>
<p>A.9. Have you been on antiretroviral therapy (ART) in the last 12 months?</p> <ul style="list-style-type: none"> <input type="checkbox"/> I don't know what this means <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply; I am not receiving care for HIV/AIDS (return to A.4.) 	
<p>A.10. Do you use any complementary or alternative medical treatment, such as herbal therapy or spiritual healing?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>A.11. If you are not receiving medical care for HIV, please tell us why not. (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I did not need HIV medical care <input type="checkbox"/> I did not want HIV medical care <input type="checkbox"/> I did not know how to get HIV medical care <input type="checkbox"/> I use non-traditional medical treatment (such as herbal therapy or spiritual healing) <i>only</i> <input type="checkbox"/> The doctor's/clinic's office hours did not fit my schedule <input type="checkbox"/> I was not getting good care <input type="checkbox"/> I don't want anyone to know that I am HIV positive <input type="checkbox"/> It was too hard to apply for <input type="checkbox"/> It was too hard to get an appointment <input type="checkbox"/> The waiting list to get an appointment was too long <input type="checkbox"/> When I had an appointment, they never saw me on time <input type="checkbox"/> I did not like the way I was treated by staff <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I couldn't afford the co-pay/fee <input type="checkbox"/> I had no way to get there <input type="checkbox"/> I only go when I am sick <input type="checkbox"/> Does not apply; I do receive medical care for HIV/AIDS (return to A.4.) <input type="checkbox"/> Other (specify): _____ 	<p>If the respondent says: "I didn't know this service was available"</p> <p>Check: "Other" and write in their specific comment</p> <p>If the respondent says: Only one option from a "check all that apply" list</p> <p>Remember to: Ask "Is that the only one?"</p>

OB/GYN care is care given specifically to women by a doctor, physician's assistant or nurse in a doctor's office or clinic. You may get this care from your primary care physician, or by someone such as an obstetrician, gynecologist, or women's clinic.

<p>A.12. Are you receiving OB/GYN care?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (skip to A.12.)</p> <p><input type="checkbox"/> Does not apply; I am male (skip to A.16)</p>	<p>If the respondent says: "I go to my regular doctor for these services"</p> <p>Check: "Yes" and continue the survey.</p>
<p>A.13. Where is your OB/GYN care provider located? (Check all that apply.)</p> <p><input type="checkbox"/> Anne Arundel County</p> <p><input type="checkbox"/> Baltimore City</p> <p><input type="checkbox"/> Baltimore County</p> <p><input type="checkbox"/> Carroll County</p> <p><input type="checkbox"/> Harford County</p> <p><input type="checkbox"/> Howard County</p> <p><input type="checkbox"/> Queen Anne's County</p> <p><input type="checkbox"/> I do not know</p> <p><input type="checkbox"/> Does not apply; I am <i>not</i> receiving OB/GYN care (return to A.12.)</p> <p><input type="checkbox"/> Other (specify): _____</p>	<p>If the respondent says: Only one option from a "check all that apply" list</p> <p>Remember to: Ask "Is that the only one?"</p>
<p>A.14. Has your OB/GYN practitioner performed any of these tests within the last 12 months? (Check all that apply.)</p> <p><input type="checkbox"/> Infections screening (gonorrhea, herpes, chlamydia, etc.)</p> <p><input type="checkbox"/> Pap smear</p> <p><input type="checkbox"/> I do not know what tests were performed</p> <p><input type="checkbox"/> My OB/GYN practitioner did <i>not</i> perform tests</p> <p><input type="checkbox"/> Does not apply; I am male (return to A.12.)</p> <p><input type="checkbox"/> Does not apply; I am <i>not</i> receiving OB/GYN care (return to A.12.)</p> <p><input type="checkbox"/> Other (specify): _____</p>	<p>If the instructions say: Skip to question...</p> <p>Remember to: Check "Does not apply" for each skipped question.</p>

<p>A.15. If you are not receiving OB/GYN care, please tell us why not. (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I did not need OB/GYN care <input type="checkbox"/> I did not want OB/GYN care <input type="checkbox"/> I did not know how to get OB/GYN care <input type="checkbox"/> I use non-traditional medical treatment (such as herbal therapy) <input type="checkbox"/> I use spiritual healing <input type="checkbox"/> The doctor's/clinic's office hours did not fit my schedule <input type="checkbox"/> I was not getting good care <input type="checkbox"/> I don't want anyone to know that I am HIV positive <input type="checkbox"/> It was too hard to apply for <input type="checkbox"/> It was too hard to get an appointment <input type="checkbox"/> The waiting list to get an appointment was too long <input type="checkbox"/> When I had an appointment, they never saw me on time <input type="checkbox"/> I did not like the way I was treated by staff <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I couldn't afford the co-pay/fee <input type="checkbox"/> I had no way to get there <input type="checkbox"/> I only go when I am sick <input type="checkbox"/> Does not apply; I am male (return to A.12.) <input type="checkbox"/> Does not apply; I do receive OB/GYN care (return to A.12.) <input type="checkbox"/> Other (specify): _____ 	<p>If the respondent says: "I didn't know this service was available" Check: "Other" and write in their specific comment</p> <p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p> <p>If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.</p>
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Specialty care is care given by a doctor, physician's assistant or nurse who is trained in a specific area of medicine, such as cardiology (heart care) or dermatology (skin care).

<p>A.16. Has your doctor said that you need specialty care? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to B.1.)</p>	<p>If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.</p> <p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p>
<p>A.17. Are you receiving specialty care? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to A.20.)</p>	
<p>A.18. Where is your specialty care provider located? (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Baltimore City <input type="checkbox"/> Baltimore County <input type="checkbox"/> Carroll County <input type="checkbox"/> Harford County <input type="checkbox"/> Howard County <input type="checkbox"/> Queen Anne's County <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I am not receiving specialty care (return to A.17.) <input type="checkbox"/> Other (specify): _____ 	

<p>A.19. What kind of specialty care are you receiving? (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cardiology (heart care) <input type="checkbox"/> Dermatology (skin care) <input type="checkbox"/> Gastroenterology (stomach, liver and colon) <input type="checkbox"/> Neurology (tremors, paralysis, foot tingling) <input type="checkbox"/> Oncology (care for cancer) <input type="checkbox"/> Ophthalmology (vision care) <input type="checkbox"/> Psychiatry (mental illness care) <input type="checkbox"/> Pulmonary (lung care) <input type="checkbox"/> Does not apply; I am not receiving specialty care (return to A.17.) <input type="checkbox"/> Other (specify): _____ 	<p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p>
<p>A.20. If you are not receiving specialty care, please tell us why not. (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I did not need specialty care (return to A.16.) <input type="checkbox"/> I did not want specialty care <input type="checkbox"/> I did not know how to get specialty care <input type="checkbox"/> I use non-traditional medical treatment (such as herbal therapy) <input type="checkbox"/> I use spiritual healing <input type="checkbox"/> The doctor's/clinic's office hours did not fit my schedule <input type="checkbox"/> I was not getting good care <input type="checkbox"/> I don't want anyone to know that I am HIV positive <input type="checkbox"/> It was too hard to apply for <input type="checkbox"/> It was too hard to get an appointment <input type="checkbox"/> The waiting list to get an appointment was too long <input type="checkbox"/> When I had an appointment, they never saw me on time <input type="checkbox"/> I did not like the way I was treated by staff <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I couldn't afford the co-pay/fee <input type="checkbox"/> I had no way to get there <input type="checkbox"/> I only go when I am sick <input type="checkbox"/> Does not apply; I do receive specialty care (return to A.17.) <input type="checkbox"/> Other (specify): _____ 	<p>If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.</p> <p>If the respondent says: "I didn't know this service was available" Check: "Other" and write in their specific comment.</p>

B. Oral Health Services

Oral health services are provided by dentists, dental specialists, hygienists or dental assistants.

B.1. Do you think you need dental care? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p> <p>If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.</p>
B.2. In the past 12 months, have you received dental care? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to B.6.)	
B.3. Where is your dental care provider located? (Check all that apply.) <input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Baltimore City <input type="checkbox"/> Baltimore County <input type="checkbox"/> Carroll County <input type="checkbox"/> Harford County <input type="checkbox"/> Howard County <input type="checkbox"/> Queen Anne's County <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I have not received dental care in the past 12 months (return to B.2.) <input type="checkbox"/> Other (specify): _____	
B.4. Where did you receive dental care? <input type="checkbox"/> University of MD Baltimore, Department of Oral Medicine Plus Program <input type="checkbox"/> University of MD University Hospital, Department of Dentistry <input type="checkbox"/> County HIV dental clinic <input type="checkbox"/> Private dental practice <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I have not received dental care in the past 12 months (return to B.2.) <input type="checkbox"/> Other (specify): _____	
B.5. How was your dental care paid for? (Check all that apply.) <input type="checkbox"/> I paid for it myself <input type="checkbox"/> Private health insurance <input type="checkbox"/> Clinical trials <input type="checkbox"/> Vouchers <input type="checkbox"/> Medicaid (Medical Assistance) <input type="checkbox"/> VA (Veteran's Administration) <input type="checkbox"/> Funding program because I am HIV positive <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I have not received dental care in the past 12 months (return to B.2.) <input type="checkbox"/> Other (specify): _____	<p>If the respondent says:</p> <ul style="list-style-type: none"> - Amerigroup - Coventry Health Care (The Diamond Plan) - Helix family Choice - JAI Medical Systems - Maryland Physicians Care - Priority Partners - United HealthCare - REM (Rare and Expensive Case Management) - MCHP (Maryland Children's Health Program) <p>Check: Medicaid</p>

<p>B.6. If you have not received dental care in the past 12 months, please tell us why not. (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I did not need dental care <input type="checkbox"/> I did not want dental care <input type="checkbox"/> I did not know how to get dental care <input type="checkbox"/> I use non-traditional treatment <input type="checkbox"/> I use spiritual healing <input type="checkbox"/> The dentist's office hours did not fit my schedule <input type="checkbox"/> Dental care is too painful <input type="checkbox"/> I was not getting good care <input type="checkbox"/> I don't want anyone to know that I am HIV positive <input type="checkbox"/> It was too hard to apply for <input type="checkbox"/> It was too hard to get an appointment <input type="checkbox"/> The waiting list to get an appointment was too long <input type="checkbox"/> When I had an appointment, they never saw me on time <input type="checkbox"/> I did not like the way I was treated by staff <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I couldn't afford the co-pay/fee <input type="checkbox"/> I had no way to get there <input type="checkbox"/> I only go when I have a problem <input type="checkbox"/> Does not apply; I have received dental care in the past 12 months (return to B.2.) <input type="checkbox"/> Other (specify): _____ 	<p>If the respondent says: "I didn't know this service was available" Check: "Other" and write in their specific comment.</p> <p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p> <p>If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.</p>
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C. Rehabilitation Services

Rehabilitation services help you keep your quality of life and ability to take care of yourself. Services might include physical or occupational therapy (to help people get better at day-to-day activities), speech therapy (help for people who have problems talking due to illness or injury), or low-vision training (help for people who have a hard time seeing).

C.1. Do you think you need rehabilitation services? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If the respondent asks:</i> For examples of physical or occupational therapy Say: These therapists help you to move your joints and make your muscles stronger.
C.2. In the past 12 months, have you received rehabilitation services? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to C.4.)	<i>If the instructions say:</i> Skip to question... Remember to: Check "Does not apply" for each skipped question. <i>If the respondent says:</i> Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"
C.3. Where is your rehabilitation service provider located? (Check all that apply.) <input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Baltimore City <input type="checkbox"/> Baltimore County <input type="checkbox"/> Carroll County <input type="checkbox"/> Harford County <input type="checkbox"/> Howard County <input type="checkbox"/> Queen Anne's County <input type="checkbox"/> Does not apply; I have <i>not</i> received rehabilitation services in the past 12 months (return to C.2.) <input type="checkbox"/> Other (specify): _____	

<p>C.4. If you have not received rehabilitation services in the past 12 months, please tell us why not. (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I did not need rehabilitation services <input type="checkbox"/> I did not want rehabilitation services <input type="checkbox"/> I did not know how to get rehabilitation services <input type="checkbox"/> I use non-traditional medical treatment (such as herbal therapy or spiritual healing) <input type="checkbox"/> The hours did not fit my schedule <input type="checkbox"/> I was not getting good service <input type="checkbox"/> I don't want anyone to know that I am HIV positive <input type="checkbox"/> It was too hard to apply for <input type="checkbox"/> It was too hard to get an appointment <input type="checkbox"/> The waiting list to get an appointment was too long <input type="checkbox"/> When I had an appointment, they never saw me on time <input type="checkbox"/> I did not like the way I was treated by staff <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I couldn't afford the co-pay/fee <input type="checkbox"/> I have no way to get there <input type="checkbox"/> Does not apply; I have received rehabilitation services in the past 12 months (return to C.2.) <input type="checkbox"/> Other (specify): _____ 	<p>If the respondent says: "I didn't know this service was available" Check: "Other" and write in their specific comment.</p> <p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p> <p>If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.</p>
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D. Mental Health Services

Mental health services are for persons with a problem such as depression, anxiety, schizophrenia, or bipolar disease.

In addition, many people, upon learning of a positive HIV test result, feel frightened, worried, or all alone. Sometimes talking about those feelings with someone can be helpful—someone like a therapist or psychiatrist.

These questions are about those types of services.

<p>D.1. Do you think you need mental health services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If the respondent says: Only one option from a “check all that apply” list Remember to: Ask “Is that the only one?”</p>
<p>D.2. In the past 12 months, have you received individual or group therapy or treatment from a psychiatrist, social worker or psychologist? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to D.4.)</p>	
<p>D.3. Where is your mental health service provider located? (Check all that apply.) <input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Baltimore City <input type="checkbox"/> Baltimore County <input type="checkbox"/> Carroll County <input type="checkbox"/> Harford County <input type="checkbox"/> Howard County <input type="checkbox"/> Queen Anne’s County <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I have not received mental health services in the past 12 months (return to D.2.) <input type="checkbox"/> Other (specify): _____</p>	
<p>D.4. In the past 12 months, have you received any medication for a problem such as depression, anxiety, schizophrenia, or bipolar disease? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to D.6.)</p>	
<p>D.5. If you have received medication, from whom did you receive it? <input type="checkbox"/> Primary care physician <input type="checkbox"/> Mental health provider <input type="checkbox"/> City mental health clinic <input type="checkbox"/> County mental health clinic <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I have not received medication for a mental health problem (return to D.4.) <input type="checkbox"/> Other (specify): _____</p>	

<p>D.6. If you have not received individual or group therapy or treatment from a psychiatrist, social workers or psychologist, please tell us why not. (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I did not need mental health care <input type="checkbox"/> I did not want mental health care <input type="checkbox"/> I did not know how to get mental health care <input type="checkbox"/> I use non-traditional treatment (such as herbal therapy or spiritual healing) <input type="checkbox"/> The doctor's hours did not fit my schedule <input type="checkbox"/> I was not getting good care <input type="checkbox"/> I don't want anyone to know that I am HIV positive <input type="checkbox"/> It was too hard to apply for <input type="checkbox"/> It was too hard to get an appointment <input type="checkbox"/> The waiting list to get an appointment was too long <input type="checkbox"/> When I had an appointment, they never saw me on time <input type="checkbox"/> I did not like the way I was treated by staff <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I couldn't afford the co-pay/fee <input type="checkbox"/> I had no way to get there <input type="checkbox"/> I only go when I am having a problem <input type="checkbox"/> I don't discuss my problems with outsiders. <input type="checkbox"/> Does not apply; I have received mental health services in the past 12 months (return to D.2.) <input type="checkbox"/> Other (specify): _____ 	<p>If the respondent says: "I didn't know this service was available" Check: "Other" and write in their specific comment.</p> <p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p> <p>If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.</p>
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E. Substance-abuse Treatment

Substance-abuse treatment means medical care or counseling to treat problems with alcohol or legal or illegal drugs.

<p>E.1. Do you think you need substance-abuse treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>E.2. In the past 12 months, have you received treatment for drugs or alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to E.5.)</p>	
<p>E.3. Where is your substance-abuse treatment provider located? (Check all that apply.) <input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Baltimore City <input type="checkbox"/> Baltimore County <input type="checkbox"/> Carroll County <input type="checkbox"/> Harford County <input type="checkbox"/> Howard County <input type="checkbox"/> Queen Anne’s County <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I have <i>not</i> received treatment for drugs or alcohol in the past 12 months (return to E.2.) <input type="checkbox"/> Other (specify): _____</p>	<p>If the respondent says: Only one option from a “check all that apply” list Remember to: Ask “Is that the only one?”</p>
<p>E.4. What types of treatment programs did you participate in? (Check all that apply.) <input type="checkbox"/> 28-day inpatient <input type="checkbox"/> Therapeutic community <input type="checkbox"/> Halfway house <input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient detox <input type="checkbox"/> Outpatient methadone <input type="checkbox"/> 12-step program (such as AA, NA, etc.) <input type="checkbox"/> Acupuncture <input type="checkbox"/> Does not apply; I have <i>not</i> received treatment in the past 12 months (return to E.2.) <input type="checkbox"/> Other (specify): _____</p>	<p>If the instructions say: Skip to question... Remember to: Check “Does not apply” for each skipped question.</p>

<p>E.5. If you have not received substance-abuse treatment in the past 12 months, please tell us why not. (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I did not need substance-abuse treatment <input type="checkbox"/> I did not want substance-abuse treatment <input type="checkbox"/> I did not know how to get substance-abuse treatment <input type="checkbox"/> I use non-traditional treatment (such as herbal therapy or spiritual healing) <input type="checkbox"/> The treatment hours did not fit into my schedule <input type="checkbox"/> I was not getting good care <input type="checkbox"/> I do not want anyone to know that I am HIV positive <input type="checkbox"/> It was too hard to apply for <input type="checkbox"/> It was too hard to get an appointment <input type="checkbox"/> The waiting list to get an appointment was too long <input type="checkbox"/> When I had an appointment, they never saw me on time <input type="checkbox"/> I did not like the way that I was treated by staff <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I couldn't afford the co-pay/fee <input type="checkbox"/> I had no way to get there <input type="checkbox"/> I already stopped abusing substances <input type="checkbox"/> I am not ready <input type="checkbox"/> I am still using drugs or alcohol <input type="checkbox"/> Does not apply; I have received substance-abuse treatment in the past 12 months (return to E.2.) <input type="checkbox"/> Other (specify): _____ 	<p><i>If the respondent says:</i> "I didn't know this service was available" Check: "Other" and write in their specific comment.</p> <p><i>If the respondent says:</i> Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p> <p><i>If the instructions say:</i> Skip to question... Remember to: Check "Does not apply" for each skipped question.</p>
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Remember that at the start of this interview, I told you the survey had four parts? Well, we just finished part 1.

Now we'll begin part 2, questions about ancillary services. These are services that help to support you through treatment or other HIV-related activities. Do you have any questions before we begin?

Ancillary Services

F. Treatment Adherence

Treatment adherence services include help remembering to go to your appointments or take your medication.

F.1. Do you think you need someone to remind you of your appointments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
F.2. In the last 12 months, has someone reminded you of your appointments? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to F.4.)	If the respondent says: Only one option from a "check all that apply" list
F.3. Who reminded you of your appointments? (Check all that apply.) <input type="checkbox"/> Case manager <input type="checkbox"/> Outreach worker <input type="checkbox"/> Client advocate <input type="checkbox"/> Doctor's office <input type="checkbox"/> County health department <input type="checkbox"/> Friend, spouse, partner or family member <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I have not had someone remind me of my appointments in the past 12 months (return to F.2.) <input type="checkbox"/> Other (specify): _____	Remember to: Ask "Is that the only one?" If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.
F.4. If you have not had someone remind you of your appointments, please tell us why not. (Check all that apply.) <input type="checkbox"/> I am not in care <input type="checkbox"/> I did not want someone to remind me of my appointments <input type="checkbox"/> I did not know how to get help with remembering my appointments <input type="checkbox"/> I was not getting good service <input type="checkbox"/> I don't want anyone to know that I am HIV positive <input type="checkbox"/> It was too hard to apply for <input type="checkbox"/> I did not like the way I was treated by staff <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I couldn't afford the co-pay/fee <input type="checkbox"/> Does not apply; I have had someone remind me of my appointments (return to F.2.) <input type="checkbox"/> Other (specify): _____	If the respondent says: "I didn't know this service was available" Check: "Other" and write in their specific comment If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"
F.5. Do you think you need someone to remind you to take your medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	
F.6. In the last 12 months, has someone reminded you to take your medication? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to F.8.)	

<p>F.7. Who arranged for you to receive reminders to take your medication? (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Case manager <input type="checkbox"/> Outreach worker <input type="checkbox"/> Client advocate <input type="checkbox"/> Doctor's office <input type="checkbox"/> County health department <input type="checkbox"/> Friend, spouse, partner or family member <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I have not had someone remind me to take my medication in the past 12 months (return to F.6.) <input type="checkbox"/> Other (specify): _____ 	
<p>F.8. If you have not had someone remind you to take your medication, please tell us why not. (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am not in care <input type="checkbox"/> I am not on medication <input type="checkbox"/> I did not want someone to remind me to take my medication <input type="checkbox"/> I did not know how to get help with remembering to take my medication <input type="checkbox"/> I was not getting good service <input type="checkbox"/> I don't want anyone to know that I am HIV positive <input type="checkbox"/> It was too hard to apply for <input type="checkbox"/> I did not like the way I was treated by staff <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I couldn't afford the co-pay/fee <input type="checkbox"/> Does not apply; I have had someone remind me to take my medication (return to F.6.) <input type="checkbox"/> Other (specify): _____ 	<p>If the respondent says: "I didn't know this service was available" Check: "Other" and write in their specific comment.</p> <p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p> <p>If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.</p>

G. Psychosocial Support Services

Psychosocial support services are support and counseling activities like support groups, pastoral care (counseling provided by a member of the clergy), and grief counseling (counseling for those whose loved ones have died). These services are available to clients, family and household members and caregivers, to help them with some of the feelings—like fear, anxiety, worry, or loneliness—that they might feel as they deal with their own or their loved one’s HIV diagnosis.

G.1. Do you think you need psychosocial support? <input type="checkbox"/> Yes <input type="checkbox"/> No	If respondent asks: “How is this different from mental health” Say: These services might come from someone like a clergy member, while the mental health services come from a doctor.
G.2. In the past 12 months, have you received psychosocial support services? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to G.5.)	
G.3. Where was your psychosocial support service provider located? (Check all that apply.) <input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Baltimore City <input type="checkbox"/> Baltimore County <input type="checkbox"/> Carroll County <input type="checkbox"/> Harford County <input type="checkbox"/> Howard County <input type="checkbox"/> Queen Anne’s County <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I have not received psychosocial support services in the past 12 months (return to G.2.) <input type="checkbox"/> Other (specify): _____	If the respondent says: Only one option from a “check all that apply” list Remember to: Ask “Is that the only one?”
G.4. What kind of activities did you participate in? (Check all that apply.) <input type="checkbox"/> Peer to peer counseling <input type="checkbox"/> Educational groups <input type="checkbox"/> Nutritional counseling (being taught about how to eat healthy or make healthy meals) <input type="checkbox"/> Pastoral/bereavement counseling <input type="checkbox"/> Drop-in center <input type="checkbox"/> Does not apply; I have not received psychosocial support services in the past 12 months (return to G.2.) <input type="checkbox"/> Other (specify): _____	If the instructions say: Skip to question... Remember to: Check “Does not apply” for each skipped question.

<p>G.5. If you have not received psychosocial support services in the past 12 months, please tell us why not. (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I did not need this kind of support <input type="checkbox"/> I did not want this kind of support <input type="checkbox"/> I did not know how to get this kind of support <input type="checkbox"/> I used other forms of support <input type="checkbox"/> The support group or therapy hours did not fit my schedule <input type="checkbox"/> I was not getting good support <input type="checkbox"/> I don't want anyone to know that I am HIV positive <input type="checkbox"/> It was too hard to apply for <input type="checkbox"/> It was too hard to get an appointment <input type="checkbox"/> The waiting list to get an appointment was too long <input type="checkbox"/> When I had an appointment, they never saw me on time <input type="checkbox"/> I did not like the way I was treated by staff <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I couldn't afford the co-pay/fee <input type="checkbox"/> I had no way to get there <input type="checkbox"/> I only go when I have a problem <input type="checkbox"/> Does not apply; I have received psychosocial support services in the past 12 months (return to G.2.) <input type="checkbox"/> Other (specify): _____ 	<p>If the respondent says: "I didn't know this service was available" Check: "Other" and write in their specific comment</p> <p>If the respondent says: "I do not feel comfortable with this kind of support" Check: "I did not want this kind of support."</p> <p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p> <p>If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.</p>
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H. Outreach/Linkages to Care

Outreach workers try to reach people who are living with HIV/AIDS and help them to become aware of services available to them.

H.1. Do you think you need outreach services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
H.2. In the past 12 months, has an outreach or field worker helped you to access care or become aware of services? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to H.5.)	
H.3. Where were you when you met the outreach workers? (Check all that apply.) <input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Baltimore City <input type="checkbox"/> Baltimore County <input type="checkbox"/> Carroll County <input type="checkbox"/> Harford County <input type="checkbox"/> Howard County <input type="checkbox"/> Queen Anne's County <input type="checkbox"/> Does not apply; I have not encountered outreach workers in the past 12 months (return to H.2.) <input type="checkbox"/> Other (specify): _____	<p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p> <p>If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.</p>
H.4. Where did you encounter outreach workers? (Check all that apply.) <input type="checkbox"/> At an organization or community center <input type="checkbox"/> In the streets or parks <input type="checkbox"/> At a mobile van <input type="checkbox"/> Does not apply; I have not encountered any outreach workers in the past 12 months (return to H.2.) <input type="checkbox"/> Other (specify): _____	
H.5. If you have not used the services of an outreach or field worker in the past 12 months, please tell us why not. (Check all that apply.) <input type="checkbox"/> I did not need outreach services <input type="checkbox"/> I did not want outreach services <input type="checkbox"/> I did not know how to use outreach services <input type="checkbox"/> I have never seen outreach or field workers in my area <input type="checkbox"/> The outreach hours did not fit my schedule <input type="checkbox"/> I was not getting good service <input type="checkbox"/> I don't want anyone to know that I am HIV positive <input type="checkbox"/> It was too hard to apply for <input type="checkbox"/> I did not like the way I was treated by staff <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I couldn't afford the co-pay/fee <input type="checkbox"/> I had no way to get there <input type="checkbox"/> Does not apply; I have used outreach services in the past 12 months (return to H.2.) <input type="checkbox"/> Other (specify): _____	<p>If the respondent says: "I didn't know this service was available" Check: "Other" and write in their specific comment</p> <p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p>

I. Case Management

Case management helps people living with HIV/AIDS plan, coordinate and receive all needed services.

<p>I.1. Do you think you need case management services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If respondent says: "I have a case manager" Remember to: Repeat the question. Ask the respondent to choose either yes or no.</p>
<p>I.2. In the past 12 months, have you received case management services? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to I.4.)</p>	
<p>I.3. Where is your case manager located? (Check all that apply.) <input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Baltimore City <input type="checkbox"/> Baltimore County <input type="checkbox"/> Carroll County <input type="checkbox"/> Harford County <input type="checkbox"/> Howard County <input type="checkbox"/> Queen Anne's County <input type="checkbox"/> Does not apply; I have not received case management services in the past 12 months (return to I.2.) <input type="checkbox"/> Other (specify): _____</p>	<p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p>
<p>I.4. If you have not received case management services in the past 12 months, please tell us why not. (Check all that apply.) <input type="checkbox"/> I did not need case management services <input type="checkbox"/> I did not want case management services <input type="checkbox"/> I did not know how to get case management services <input type="checkbox"/> The office hours did not fit my schedule <input type="checkbox"/> I was not getting good service <input type="checkbox"/> I don't want anyone to know that I am HIV positive <input type="checkbox"/> It was too hard to apply for <input type="checkbox"/> It was too hard to get an appointment <input type="checkbox"/> The waiting list to get an appointment was too long <input type="checkbox"/> When I had an appointment, they never saw me on time <input type="checkbox"/> I did not like the way I was treated by staff <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I couldn't afford the co-pay/fee <input type="checkbox"/> I had no way to get there <input type="checkbox"/> Does not apply; I have received case management services in the past 12 months (return to I.2.) <input type="checkbox"/> Other (specify): _____</p>	<p>If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.</p> <p>If the respondent says: "I didn't know this service was available" Check: "Other" and write in their specific comment.</p>

J. Client Advocacy

Client advocacy services are focused on short-term or urgent help for a single problem. This service may be provided by a peer or client advocate, a case manager or a social worker.

J.1. Do you think you need client advocacy services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J.2. In the past 12 months, did someone provide you with short-term help for a single problem? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to J.4.)	<p>If the respondent says: “My case manager does this for me” Check: Yes. The definition (see above) allows for this service to be provided by someone other than a client advocate.</p>
J.3. Where was your service provider located? (Check all that apply.) <input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Baltimore City <input type="checkbox"/> Baltimore County <input type="checkbox"/> Carroll County <input type="checkbox"/> Harford County <input type="checkbox"/> Howard County <input type="checkbox"/> Queen Anne’s County <input type="checkbox"/> Does not apply; I have not received client advocacy services in the past 12 months (return to J.2.) <input type="checkbox"/> Other (specify): _____	<p>If the respondent says: Only one option from a “check all that apply” list Remember to: Ask “Is that the only one?”</p>
J.4. If you have not received client advocacy services in the past 12 months, please tell us why not. (Check all that apply) <input type="checkbox"/> I did not need client advocacy services <input type="checkbox"/> I did not want client advocacy services <input type="checkbox"/> I did not know how to get client advocacy services <input type="checkbox"/> The office hours did not fit my schedule <input type="checkbox"/> I was not getting good service <input type="checkbox"/> I don’t want anyone to know that I am HIV positive <input type="checkbox"/> It was too hard to apply for <input type="checkbox"/> It was too hard to get an appointment <input type="checkbox"/> The waiting list to get an appointment was too long <input type="checkbox"/> When I had an appointment, they never saw me on time <input type="checkbox"/> I did not like the way I was treated by staff <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I couldn’t afford the co-pay/fee <input type="checkbox"/> I had no way to get there <input type="checkbox"/> Does not apply; I have received client advocacy services in the past 12 months (return to J.2.) <input type="checkbox"/> Other (specify): _____	<p>If the instructions say: Skip to question... Remember to: Check “Does not apply” for each skipped question.</p> <p>If the respondent says: “I didn’t know this service was available” Check: “Other” and write in their specific comment.</p>
J.5. Do you think you need help with reading documents or understanding paperwork? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>J.6. In the past 12 months, have you had someone help you read documents or understand paperwork? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to J.8.)</p>	
<p>J.7. When you received help reading documents or understanding paperwork, where was the provider located? (Check all that apply.) <input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Baltimore City <input type="checkbox"/> Baltimore County <input type="checkbox"/> Carroll County <input type="checkbox"/> Harford County <input type="checkbox"/> Howard County <input type="checkbox"/> Queen Anne’s County <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I have not had help with reading documents or understanding paperwork in the past 12 months (return to J.6.) <input type="checkbox"/> Other (specify): _____</p>	<p>If the respondent says: Only one option from a “check all that apply” list Remember to: Ask “Is that the only one?”</p>
<p>J.8. If you have not had help with reading documents or understanding paperwork in the past 12 months, please tell us why not. (Check all that apply.) <input type="checkbox"/> I did not need help with reading documents or understanding paperwork <input type="checkbox"/> I did not want help with reading documents or understanding paperwork <input type="checkbox"/> I did not know how to get help with reading documents or understanding paperwork <input type="checkbox"/> The hours did not fit my schedule <input type="checkbox"/> I was not getting good service <input type="checkbox"/> I don’t want anyone to know that I am HIV positive <input type="checkbox"/> They never arrived on time <input type="checkbox"/> It was too hard to apply for <input type="checkbox"/> It was too hard to get an appointment <input type="checkbox"/> The waiting list to get an appointment was too long <input type="checkbox"/> When I had an appointment, they never saw me on time <input type="checkbox"/> I did not like the way I was treated by staff <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I couldn’t afford the co-pay/fee <input type="checkbox"/> I had no way to get to the provider <input type="checkbox"/> Does not apply; I have had help with reading documents or understanding paperwork in the past 12 months (return to J.6.) <input type="checkbox"/> Other (specify): _____</p>	<p>If the instructions say: Skip to question... Remember to: Check “Does not apply” for each skipped question.</p> <p>If the respondent says: “I didn’t know this service was available” Check: “Other” and write in their specific comment.</p>

K. Food Bank and Home Delivered Meals

This service includes the delivery of food, meals, or nutritional supplements to your home.

<p>K.1. Do you think you need free groceries or pre-cooked meals? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If the respondent says: Only one option from a “check all that apply” list Remember to: Ask “Is that the only one?”</p>
<p>K.2. In the past 12 months, have you received free groceries or pre-cooked meals? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to K.4.)</p>	
<p>K.3. When you received free groceries or pre-cooked meals, where was the provider located? (Check all that apply.) <input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Baltimore City <input type="checkbox"/> Baltimore County <input type="checkbox"/> Carroll County <input type="checkbox"/> Harford County <input type="checkbox"/> Howard County <input type="checkbox"/> Queen Anne’s County <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I have not received free groceries or pre-cooked meals in the past 12 months (return to K.2.) <input type="checkbox"/> Other (specify): _____</p>	
<p>K.4. If you have not received free groceries or pre-cooked meals in the past 12 months, please tell us why not. (Check all that apply.) <input type="checkbox"/> I did not need groceries or meals <input type="checkbox"/> I did not want groceries or meal <input type="checkbox"/> I did not know how to get groceries or meals <input type="checkbox"/> The hours did not fit my schedule <input type="checkbox"/> I did not like the food they gave me <input type="checkbox"/> I was not getting good service <input type="checkbox"/> I don’t want anyone to know that I am HIV positive <input type="checkbox"/> It was too hard to apply for <input type="checkbox"/> It was too hard to get an appointment <input type="checkbox"/> The waiting list to get an appointment was too long <input type="checkbox"/> When I had an appointment, they never saw me on time <input type="checkbox"/> I did not like the way I was treated by staff <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I needed more help than I could get <input type="checkbox"/> I had no way to get to the provider <input type="checkbox"/> Does not apply; I have received free groceries or pre-cooked meals in the past 12 months (return to K.2.) <input type="checkbox"/> Other (specify): _____</p>	

If the respondent says:
Only one option from a
“check all that apply”
list
Remember to:
Ask “Is that the only
one?”

If the instructions say:
Skip to question...
Remember to:
Check “Does not
apply” for each
skipped question.

If the respondent says:
“I didn’t know this
service was available”
Check:
“Other” and write in
their specific
comment.

L. Housing Assistance Services

Housing assistance is short-term or emergency financial help with temporary or transitional housing so that you or your family can get or keep HIV-related medical care. Housing-related services also include help finding and obtaining housing through local, state, and federal housing programs.

<p>L.1. Do you think you need housing assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>L.2. In the past 12 months, have you used short-term temporary or transitional housing that was provided through your client advocate or case manager? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to L.5.)</p>	<p>If the respondent asks: "How long is short-term housing?"</p>
<p>L.3. When you received short-term or emergency housing assistance, where was your housing assistance provider located? (Check all that apply.) <input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Baltimore City <input type="checkbox"/> Baltimore County <input type="checkbox"/> Carroll County <input type="checkbox"/> Harford County <input type="checkbox"/> Howard County <input type="checkbox"/> Queen Anne's County <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I have not received short-term or emergency housing assistance services in the past 12 months (return to L.2.) <input type="checkbox"/> Other (specify): _____</p>	<p>Say: "Usually three months; never more than six months."</p> <p>If the respondent says: "I got Shelter Plus / Section 8 / HOPWA"</p> <p>Say: Those are permanent housing programs, not short term housing programs, and you'll be asking about those in a moment. Return to question L.2., check "No," and continue the survey.</p>
<p>L.4. What kind of short-term or emergency housing assistance did you receive? (Check all that apply.) <input type="checkbox"/> Rent money <input type="checkbox"/> Transitional housing (short-term housing; may include case management services) <input type="checkbox"/> Does not apply; I have not received short-term or emergency housing assistance in the past 12 months (return to L.2.) <input type="checkbox"/> Other (specify): _____</p>	
<p>L.5. In the past 12 months, have you been helped by someone who knows permanent housing programs — such as Section 8 and HOPWA — at the local, state and federal levels and told you how to use them? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to L.8.)</p>	

<p>L.6. When you received permanent housing assistance, where was your permanent housing assistance provider located? (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Baltimore City <input type="checkbox"/> Baltimore County <input type="checkbox"/> Carroll County <input type="checkbox"/> Harford County <input type="checkbox"/> Howard County <input type="checkbox"/> Queen Anne’s County <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I have not received permanent housing assistance services in the past 12 months (return to L.5.) <input type="checkbox"/> Other (specify): _____ 	<p>If the instructions say: Skip to question... Remember to: Check “Does not apply” for each skipped question.</p>
<p>L.7. What kind of permanent housing assistance did you receive? (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rent money <input type="checkbox"/> Transitional housing (short-term housing; may include case management services) <input type="checkbox"/> Does not apply; I have not received permanent housing assistance in the past 12 months (return to L.5.) <input type="checkbox"/> Other (specify): _____ 	<p>If the respondent asks: “How long is short-term housing?” Say: “Usually three months; never more than six months.”</p>
<p>L.8. If you have not received any type of housing assistance in the past 12 months, please tell us why not. (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I did not need housing assistance <input type="checkbox"/> I did not want housing assistance <input type="checkbox"/> I did not know how to get it <input type="checkbox"/> The office hours did not fit my schedule <input type="checkbox"/> I was not getting good service <input type="checkbox"/> I don’t want anyone to know that I am HIV positive <input type="checkbox"/> It was too hard to apply for <input type="checkbox"/> It was too hard to get an appointment <input type="checkbox"/> The waiting list to get an appointment was too long <input type="checkbox"/> When I had an appointment, they never saw me on time <input type="checkbox"/> I did not like the way I was treated by staff <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I couldn’t afford the co-pay/fee <input type="checkbox"/> I had no way to get to the provider <input type="checkbox"/> Does not apply; I have received housing assistance in the past 12 months (return to L.2.) <input type="checkbox"/> Other (specify): _____ 	<p>If the respondent says: Only one option from a “check all that apply” list Remember to: Ask “Is that the only one?”</p> <p>If the instructions say: Skip to question... Remember to: Check “Does not apply” for each skipped question.</p> <p>If the respondent says: “I didn’t know this service was available” Check: “Other” and write in their specific comment.</p>

M. Day and/or Respite Care (Children)

Day and respite care involves having someone temporarily care for your child. It may be full-time—several hours per day every day, or it may be part-time—a few hours so you can go to a medical or support service appointment. Day and respite care can take place in the home, out of the home, during the day only, or overnight.

M.1. Do you think you need child care for a child six years old or younger? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the respondent: Has already said that they do not have kids
M.2. Do you think you need child care for children over 6 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (if M.1. was also “no”, skip to M.4.)	Read: The first sentence of the definition above
M.3. What kind of child care do you think you need? (Check all that apply.) <input type="checkbox"/> Full-time day care because my child has HIV/AIDS and needs specialized care <input type="checkbox"/> Full-time day care because I am sick <input type="checkbox"/> Full-time day care because both my child and I are sick <input type="checkbox"/> Part-time day care only when I have a medical appointment <input type="checkbox"/> Does not apply; I do not need child care (return to M.1.) <input type="checkbox"/> Other (specify): _____	Say : “Did you say that you don’t have kids?” If they confirm Read : M.1. and M.2., confirm the answers to both are “no”, then continue the survey.
M.4. In the past 12 months, have you had someone other than a friend or family member care for your child so that you could go to a medical appointment or support group? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to M.7.)	If the instructions say: Skip to question... Remember to: Check “Does not apply” for each skipped question.
M.5. Where was your child care provider located? (Check all that apply.) <input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Baltimore City <input type="checkbox"/> Baltimore County <input type="checkbox"/> Carroll County <input type="checkbox"/> Harford County <input type="checkbox"/> Howard County <input type="checkbox"/> Queen Anne’s County <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I have not received child care in the past 12 months (return to M.4.) <input type="checkbox"/> Other (specify): _____	If the respondent says: Only one option from a “check all that apply” list Remember to: Ask “Is that the only one?”
M.6. What kind of child care did you receive? (Check all that apply.) <input type="checkbox"/> Full-time day care because my child has HIV/AIDS and needs specialized care <input type="checkbox"/> Full-time day care because I am sick <input type="checkbox"/> Full-time day care because both my child and I are sick <input type="checkbox"/> Part-time day care only when I have a medical appointment <input type="checkbox"/> Does not apply; I have not received child care in the past 12 months (return to M.4.) <input type="checkbox"/> Other (specify): _____	

<p>M.7. If you have not received child care in the past 12 months, please tell us why not. (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I did not need child care <input type="checkbox"/> I did not want someone else taking care of my kids <input type="checkbox"/> I did not know how to get child care <input type="checkbox"/> The hours did not fit my schedule <input type="checkbox"/> I was not getting good service <input type="checkbox"/> I don't want anyone to know that I am HIV positive <input type="checkbox"/> It was too hard to apply for <input type="checkbox"/> It was too hard to get an appointment <input type="checkbox"/> The waiting list to get an appointment was too long <input type="checkbox"/> When I had an appointment, they never saw me on time <input type="checkbox"/> I did not like the way my kids and I were treated by staff <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I couldn't afford the co-pay/fee <input type="checkbox"/> I had no way to get there <input type="checkbox"/> Does not apply; I have received child care in the past 12 months (return to M.4.) <input type="checkbox"/> Other (specify): _____ 	<p>If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.</p> <p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p> <p>If the respondent says: "I didn't know this service was available" Check: "Other" and write in their specific comment.</p>
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N. Day and/or Respite Care (Adult)

A regular caregiver is a person who provides, coordinates or helps you coordinate your full-time day-to-day care when you cannot provide that care for yourself. Day and/or respite care provides professional temporary relief for the caregiver. Respite care can take place in the home, out of the home, during the day only, or overnight.

N.1. Do you have a regular caregiver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to O.1.)	If the respondent asks: For examples of what a caregiver does Say: A caregiver helps you get dressed, prepare meals, pay bills, keep track of medications, do your shopping, etc.
N.2. Who is the person who provides, coordinates or helps you coordinate <i>most</i> of your care during a 24-hour period? (Check only one.) <input type="checkbox"/> Friend or family member <input type="checkbox"/> Home health service provider <input type="checkbox"/> Does not apply; I do <i>not</i> have a regular primary caregiver at home (return to N.1.) <input type="checkbox"/> Other (specify): _____	
N.3. Do you think you need adult day and/or respite care to help your caregiver take care of you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.
N.4. In the past 12 months, has your regular caregiver had time off? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to N.7.)	
N.5. In the past 12 months, have you received adult day and/or respite care services? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to N.8.)	
N.6. Where was your adult day and/or respite care provider located? (Check all that apply.) <input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Baltimore City <input type="checkbox"/> Baltimore County <input type="checkbox"/> Carroll County <input type="checkbox"/> Harford County <input type="checkbox"/> Howard County <input type="checkbox"/> Queen Anne's County <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I have <i>not</i> required help for my caregiver in the past 12 months (return to N.2.) <input type="checkbox"/> Other (specify): _____	If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?" If the respondent says: "I didn't know this service was available" Check: "Other" and write in their specific comment.
N.7. In the past 12 months, have you had helpers to give your regular caregiver a break? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply; I have <i>not</i> required help for my caregiver in the past 12 months (return to N.2.)	

<p>N.8. If you have not received adult day and/or respite care in the past 12 months, please tell us why not. (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I did not need day or respite care <input type="checkbox"/> I did not want day or respite care <input type="checkbox"/> I did not know how to get day or respite care <input type="checkbox"/> The hours did not fit my schedule <input type="checkbox"/> I was not getting good care <input type="checkbox"/> I don't want anyone to know that I am HIV positive <input type="checkbox"/> It was too hard to apply for <input type="checkbox"/> It was too hard to get an appointment <input type="checkbox"/> The waiting list to get an appointment was too long <input type="checkbox"/> When I had an appointment, they never saw me on time <input type="checkbox"/> I did not like the way I was treated by staff <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I couldn't afford the co-pay/fee <input type="checkbox"/> I had no way to get there <input type="checkbox"/> Does not apply; I have received adult day and respite care in the past 12 months (return to N.2.) <input type="checkbox"/> Other (specify): _____ 	<p>If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.</p> <p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p> <p>If the respondent says: "I didn't know this service was available" Check: "Other" and write in their specific comment.</p>
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O. Home Health Services

Home health care includes services provided in the home by a home health aide or caretaker, or by a licensed nurse or other health care professionals.

<p>O.1. Do you think you need home health care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.</p> <p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p> <p>If the respondent says: "I didn't know this service was available" Check: "Other" and write in their specific comment.</p>
<p>O.2. In the past 12 months, have you received home health care services? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to O.4.)</p>	
<p>O.3. Where was your home health care provider located? (Check all that apply.) <input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Baltimore City <input type="checkbox"/> Baltimore County <input type="checkbox"/> Carroll County <input type="checkbox"/> Harford County <input type="checkbox"/> Howard County <input type="checkbox"/> Queen Anne's County <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I have not received home health care services in the past 12 months (return to O.2.) <input type="checkbox"/> Other (specify): _____</p>	
<p>O.4. If you have not received home health care services in the past 12 months, please tell us why not. (Check all that apply.) <input type="checkbox"/> I did not need home health care services <input type="checkbox"/> I did not want home health care services <input type="checkbox"/> I did not know how to get home health care services <input type="checkbox"/> I use non-traditional medical treatment <input type="checkbox"/> I use spiritual healing <input type="checkbox"/> The hours do not fit my schedule <input type="checkbox"/> I was not getting good care <input type="checkbox"/> I don't want anyone to know that I am HIV positive <input type="checkbox"/> It was too hard to apply for <input type="checkbox"/> It was too hard to get an appointment <input type="checkbox"/> The waiting list to get an appointment was too long <input type="checkbox"/> When I had an appointment, they never saw me on time <input type="checkbox"/> I did not like the way I was treated by staff <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I couldn't afford the co-pay/fee <input type="checkbox"/> Does not apply; I have received home health care services in the past 12 months (return to O.2.) <input type="checkbox"/> Other (specify): _____</p>	

P. Transportation Services

Transportation services help people living with HIV/AIDS get to medical or social services appointments.

<p>P.1. Do you think you need transportation services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>P.2. What types of funded transportation services do you think you need? (Check all that apply.) <input type="checkbox"/> Public transportation (such as the bus, Metro, or Light Rail) <input type="checkbox"/> Cab <input type="checkbox"/> Mobility van or medical van <input type="checkbox"/> Volunteer drivers <input type="checkbox"/> HIV transportation services <input type="checkbox"/> Does not apply; I do not need transportation services (return to P.1.) <input type="checkbox"/> Other (specify): _____</p>	<p>If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.</p> <p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p>
<p>P.3. In the past 12 months, have you used transportation services? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to P.5.)</p>	
<p>P.4. What types of funded transportation services did you use? (Check all that apply.) <input type="checkbox"/> Public transportation <input type="checkbox"/> Cab <input type="checkbox"/> Mobility van or medical van <input type="checkbox"/> Volunteer drivers <input type="checkbox"/> HIV transportation services <input type="checkbox"/> Does not apply; I have not used transportation services in the past 12 months (return to P.3.) <input type="checkbox"/> Other (specify): _____</p>	<p>If the respondent says: "I didn't know this service was available" Check: "Other" and write in their specific comment.</p>
<p>P.5. If you have not used transportation services in the past 12 months, please tell us why not. (Check all that apply.) <input type="checkbox"/> I did not need transportation services <input type="checkbox"/> I did not want transportation services <input type="checkbox"/> I did not know how to get transportation services <input type="checkbox"/> The transportation service schedule did not fit my schedule <input type="checkbox"/> I was not getting good service <input type="checkbox"/> I don't want anyone to know that I am HIV positive <input type="checkbox"/> They did not pick me up on time <input type="checkbox"/> It was too hard to apply for <input type="checkbox"/> It was too hard to get an appointment <input type="checkbox"/> The waiting list to get an appointment was too long <input type="checkbox"/> When I had an appointment, they never saw me on time <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I did not like the way I was treated by staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I am not in the service area <input type="checkbox"/> The transportation trip was too long <input type="checkbox"/> I could not take my child with me <input type="checkbox"/> Does not apply; I have used transportation services in the past 12 months (return to P.3.) <input type="checkbox"/> Other (specify): _____</p>	<p>If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.</p> <p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p> <p>If the respondent says: "I didn't know this service was available" Check: "Other" and write in their specific comment.</p>

Q. Legal Services

HIV-related legal services include help preparing documents like wills, do-not-resuscitate orders, and powers of attorney. These legal services do not include help with issues like bankruptcy or criminal issues.

<p>Q.1. Do you think you need HIV-related legal services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.</p> <p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p>
<p>Q.2. In the past 12 months, have you received legal services for HIV-related problems? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Q.5.)</p>	
<p>Q.3. Where was your HIV-related legal services provider located? (Check all that apply.) <input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Baltimore City <input type="checkbox"/> Baltimore County <input type="checkbox"/> Carroll County <input type="checkbox"/> Harford County <input type="checkbox"/> Howard County <input type="checkbox"/> Queen Anne's County <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I have not required legal services in the past 12 months (return to Q.2.) <input type="checkbox"/> Other (specify): _____</p>	
<p>Q.4. When you received HIV-related legal services, where did you receive them? <input type="checkbox"/> University of Maryland Clinical Law Office <input type="checkbox"/> Maryland Volunteer Lawyer Service <input type="checkbox"/> Maryland Disability Law Center <input type="checkbox"/> Legal Aid Bureau <input type="checkbox"/> Private attorney <input type="checkbox"/> Through the County Health Department <input type="checkbox"/> Through HERO <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I have not required legal services in the past 12 months (return to Q.2.) <input type="checkbox"/> Other (specify): _____</p>	

<p>Q.5. If you have not received legal services for HIV/AIDS related problems, please tell us why not. (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I did not need legal services <input type="checkbox"/> I did not want legal services <input type="checkbox"/> I did not know how to get legal services <input type="checkbox"/> The attorney's hours do not fit my schedule <input type="checkbox"/> I was not getting good service <input type="checkbox"/> I don't want anyone to know that I am HIV positive <input type="checkbox"/> It was too hard to apply for <input type="checkbox"/> It was too hard to get an appointment <input type="checkbox"/> The waiting list to get an appointment was too long <input type="checkbox"/> When I had an appointment, they never saw me on time <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I did not like the way I was treated by staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I couldn't afford the co-pay/fee <input type="checkbox"/> I had no way to get to the provider <input type="checkbox"/> Does not apply; I have received legal services for HIV/AIDS related problems (return to Q.2.) <input type="checkbox"/> Other (specify): _____ 	<p>If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.</p> <p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p> <p>If the respondent says: "I didn't know this service was available" Check: "Other" and write in their specific comment.</p>
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R. Translation Services

Translation services help consumers who speak Spanish, American Sign Language (ASL) or another language to communicate with service providers or understand documents.

<p>R.1. Do you think you need a translator or interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>R.2. In the past 12 months, have you had an interpreter or translator? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to R.4.)</p>	
<p>R.3. Where was your translation services provider located? (Check all that apply.) <input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Baltimore City <input type="checkbox"/> Baltimore County <input type="checkbox"/> Carroll County <input type="checkbox"/> Harford County <input type="checkbox"/> Howard County <input type="checkbox"/> Queen Anne’s County <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I have not used translation services in the past 12 months (return to R.2.) <input type="checkbox"/> Other (specify): _____</p>	<p>If the instructions say: Skip to question... Remember to: Check “Does not apply” for each skipped question.</p>
<p>R.4. If you have not used translation services in the past 12 months, please tell us why not. (Check all that apply.) <input type="checkbox"/> I did not need translation services <input type="checkbox"/> I did not want translation services <input type="checkbox"/> I did not know how to get translation services <input type="checkbox"/> The hours did not fit my schedule <input type="checkbox"/> I was not getting good service <input type="checkbox"/> I use a friend or family member to translate <input type="checkbox"/> I don’t want anyone to know that I am HIV positive <input type="checkbox"/> It was too hard to apply for <input type="checkbox"/> It was too hard to get an appointment <input type="checkbox"/> The waiting list to get an appointment was too long <input type="checkbox"/> When I had an appointment, they never saw me on time <input type="checkbox"/> I did not like the way I was treated by staff <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I couldn’t afford the co-pay/fee <input type="checkbox"/> I had no way to get to the provider <input type="checkbox"/> Does not apply; I have used translation services in the past 12 months (return to R.2.) <input type="checkbox"/> Other (specify): _____</p>	<p>If the respondent says: Only one option from a “check all that apply” list Remember to: Ask “Is that the only one?”</p> <p>If the respondent says: “I didn’t know this service was available” Check: “Other” and write in their specific comment.</p>

S. Nutritional Counseling

Nutritional counseling involves education about menu planning and how your diet and your medications work together, evaluation of weight changes, and referral to food programs like WIC and food stamps.

<p>S.1. Do you think you need nutritional counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.</p> <p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p>
<p>S.2. In the past 12 months, have you received nutritional counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to S.5.)</p>	
<p>S.3. In which jurisdiction did you receive nutritional counseling? In other words, where was your nutritional counselor located? (Check all that apply.) <input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Baltimore City <input type="checkbox"/> Baltimore County <input type="checkbox"/> Carroll County <input type="checkbox"/> Harford County <input type="checkbox"/> Howard County <input type="checkbox"/> Queen Anne's County <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I have not received nutritional counseling in the past 12 months (return to S.2.) <input type="checkbox"/> Other (specify): _____</p>	
<p>S.4. Where did you receive nutritional counseling? <input type="checkbox"/> From your primary care physician or HIV doctor <input type="checkbox"/> From a program that your primary care physician or HIV doctor referred you to <input type="checkbox"/> From a registered dietitian that your primary care physician or HIV doctor referred you to <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I have not received nutritional counseling in the past 12 months (return to S.2.) <input type="checkbox"/> Other (specify): _____</p>	

<p>S.5. If you have not received nutritional counseling in the past 12 months, please tell us why not. (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I did not need this kind of support <input type="checkbox"/> I did not want this kind of support <input type="checkbox"/> I did not know how to get this kind of support <input type="checkbox"/> I used other forms of support <input type="checkbox"/> The support group or therapy hours did not fit my schedule <input type="checkbox"/> I was not getting good support <input type="checkbox"/> I don't want anyone to know that I am HIV positive <input type="checkbox"/> It was too hard to apply for <input type="checkbox"/> It was too hard to get an appointment <input type="checkbox"/> The waiting list to get an appointment was too long <input type="checkbox"/> When I had an appointment, they never saw me on time <input type="checkbox"/> I did not like the way I was treated by staff <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I couldn't afford the co-pay/fee <input type="checkbox"/> I had no way to get there <input type="checkbox"/> I only go when I have a problem <input type="checkbox"/> Does not apply; I have received nutritional counseling in the past 12 months (return to S.2.) <input type="checkbox"/> Other (specify): _____ 	<p>If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.</p> <p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p> <p>If the respondent says: "I didn't know this service was available" Check: "Other" and write in their specific comment.</p>
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T. Hospice Services

Hospice service is room, board, nursing care, counseling and physician services for patients whose doctors have referred them for those services. All of these services are available 24-hours a day in the client’s home or a home-like setting.

<p>T.1. Do you think you need hospice services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If the instructions say: Skip to question... Remember to: Check “Does not apply” for each skipped question.</p> <p>If the respondent says: Only one option from a “check all that apply” list Remember to: Ask “Is that the only one?”</p> <p>If the respondent says: “I didn’t know this service was available” Check: “Other” and write in their specific comment.</p>
<p>T.2. In the past 12 months, has your doctor suggested that you consider hospice care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>T.3. In the past 12 months, have you received hospice services? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to T.5.)</p>	
<p>T.4. Where was your hospice care provider located? (Check all that apply.) <input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Baltimore City <input type="checkbox"/> Baltimore County <input type="checkbox"/> Carroll County <input type="checkbox"/> Harford County <input type="checkbox"/> Howard County <input type="checkbox"/> Queen Anne’s County <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I have not received nutritional counseling in the past 12 months (return to T.2.) <input type="checkbox"/> Other (specify): _____</p>	
<p>T.5. If you have not received hospice services in the past 12 months, please tell us why not. (Check all that apply.) <input type="checkbox"/> I did not need this kind of support <input type="checkbox"/> I did not want this kind of support <input type="checkbox"/> I did not know how to get this kind of support <input type="checkbox"/> I used other forms of support <input type="checkbox"/> The support group or therapy hours did not fit my schedule <input type="checkbox"/> I was not getting good support <input type="checkbox"/> I don’t want anyone to know that I am HIV positive <input type="checkbox"/> I did not like the way I was treated by staff <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I couldn’t afford the co-pay/fee <input type="checkbox"/> Does not apply; I have received hospice services in the past 12 months (return to T.2.) <input type="checkbox"/> Other (specify): _____</p>	

That was the end of the second part of the survey. We have two sections left; both of these sections are shorter than the first two parts of the survey, so we’ll be finished soon. Thank you again for helping us with this survey. Do you have any questions before we continue?

We’ll now begin part 3, questions about financial supports. Financial supports help pay for aspects of care and overall well being.

Financial Supports

U. Emergency Financial Assistance

During a short-term, temporary crisis, emergency financial assistance helps you pay for needs such as food, utilities or medicine.

U.1. Do you think you need emergency financial assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.</p> <p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p>
U.2. In the past 12 months, have you received emergency financial assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to U.5.)	
U.3. Where was your emergency financial assistance provider located? (Check all that apply.) <input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Baltimore City <input type="checkbox"/> Baltimore County <input type="checkbox"/> Carroll County <input type="checkbox"/> Harford County <input type="checkbox"/> Howard County <input type="checkbox"/> Queen Anne's County <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I have not received emergency financial assistance in the past 12 months (return to U.2.) <input type="checkbox"/> Other (specify): _____	
U.4. What kind of emergency financial assistance did you receive? (Check all that apply.) <input type="checkbox"/> Utilities <input type="checkbox"/> Food <input type="checkbox"/> Medical co-pay or medicine <input type="checkbox"/> Does not apply; I have not received emergency financial assistance (return to U.2.) <input type="checkbox"/> Other (specify): _____	

<p>U.5. If you have not received emergency financial assistance in the past 12 months, please tell us why not. (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I did not need emergency financial assistance <input type="checkbox"/> I did not want emergency financial assistance <input type="checkbox"/> I did not know how to get emergency financial assistance <input type="checkbox"/> The office hours did not fit my schedule <input type="checkbox"/> I was not getting good service <input type="checkbox"/> I don't want anyone to know that I am HIV positive <input type="checkbox"/> It was too hard to apply for <input type="checkbox"/> It was too hard to get an appointment <input type="checkbox"/> The waiting list to get an appointment was too long <input type="checkbox"/> When I had an appointment, they never saw me on time <input type="checkbox"/> I did not like the way I was treated by staff <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I needed more than I could get <input type="checkbox"/> I had no way to get to the provider <input type="checkbox"/> Does not apply; I have received emergency financial assistance in the past 12 months (return to U.2.) <input type="checkbox"/> Other (specify): _____ 	<p>If the instructions say: Skip to question...</p> <p>Remember to: Check "Does not apply" for each skipped question.</p> <p>If the respondent says: Only one option from a "check all that apply" list</p> <p>Remember to: Ask "Is that the only one?"</p> <p>If the respondent says: "I didn't know this service was available"</p> <p>Check: "Other" and write in their specific comment.</p>
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V. Local/Consortium Drug Reimbursement Program

This program is an ongoing service to pay for medications for persons with no other payment source.

V.1. Do you think you need medications for HIV/AIDS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
V.2. Are you taking medication for HIV/AIDS? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to W.1.)	
V.3. Who pays for most of your HIV/AIDS medications? (Check all that apply.) <input type="checkbox"/> I pay for them myself <input type="checkbox"/> Private health insurance <input type="checkbox"/> Clinical trials <input type="checkbox"/> Vouchers <input type="checkbox"/> Pharmacy assistance <input type="checkbox"/> MADAP (Maryland AIDS Drug Assistance Program) <input type="checkbox"/> Medicaid (Medical Assistance) <input type="checkbox"/> VA (Veteran's Administration) <input type="checkbox"/> A provider pays for them for me <input type="checkbox"/> The doctor gives me free samples <input type="checkbox"/> I do not know <input type="checkbox"/> Does not apply; I am not taking medication for HIV/AIDS (return to V.2.) <input type="checkbox"/> Other (specify): _____	<p>If the respondent says:</p> <ul style="list-style-type: none"> - Amerigroup - Coventry Health Care (The Diamond Plan) - Helix family Choice - JAI Medical Systems - Maryland Physicians Care - Priority Partners - United HealthCare - REM (Rare and Expensive Case Management) - MCHP (Maryland Children's Health Program) <p>Check: Medicaid</p>
V.4. If you have not received help paying for your medication in the past 12 months, please tell us why not. (Check all that apply.) <input type="checkbox"/> I did not need help paying for my medication <input type="checkbox"/> I did not want help paying for my medication <input type="checkbox"/> I did not know how to get help paying for my medication <input type="checkbox"/> I use non-traditional medication <input type="checkbox"/> I use spiritual healing <input type="checkbox"/> The office hours did not fit my schedule <input type="checkbox"/> I was not getting good service <input type="checkbox"/> I don't want anyone to know that I am HIV positive <input type="checkbox"/> They never saw me on time <input type="checkbox"/> It was too hard to apply for <input type="checkbox"/> It was too hard to get an appointment <input type="checkbox"/> The waiting list to get an appointment was too long <input type="checkbox"/> When I had an appointment, they never saw me on time <input type="checkbox"/> I did not trust the doctor/staff <input type="checkbox"/> I did not like the way I was treated by staff <input type="checkbox"/> I was not eligible <input type="checkbox"/> I couldn't afford the co-pay/fee <input type="checkbox"/> I had no way to get to the provider <input type="checkbox"/> The medication that I need is not covered by this program <input type="checkbox"/> Does not apply; I have received help paying for my HIV/AIDS medications in the past 12 months (return to V.4.) <input type="checkbox"/> Other (specify): _____	<p>If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.</p> <p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p> <p>If the respondent says: "I didn't know this service was available" Check: "Other" and write in their specific comment.</p>

That was the last question in section three. We have only a few more questions left. These last questions ask you to tell us a little bit about yourself and your experiences accessing care. Remember, all of your answers are confidential.

Demographics

W. Participant Information

Remember, all answers are completely confidential.

W.1. How old are you (in years)? <input type="text"/> <input type="text"/>	
W.2. What is your sex? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgendered (M → F) <input type="checkbox"/> Transgendered (F → M)	
W.3. What do you consider your sexual orientation to be? (Please check only one. If you checked Transgendered in the previous question, please answer this question based on your current gender.) <input type="checkbox"/> Male, heterosexual (I am male and have sex with females only) <input type="checkbox"/> Female, heterosexual (I am female and have sex with males only) <input type="checkbox"/> Male, homosexual (I am male and have sex with males only) <input type="checkbox"/> Female, homosexual (I am female and have sex with females only) <input type="checkbox"/> Bisexual (I am male or female and sex with both males and females)	<p>Only read the response options that are relevant given the respondent's answer to W.2. For example, of the respondent indicated that he is male, only read the responses here for Male and Bisexual.</p>
W.4. Which do you consider to be your ethnic background? <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
W.5. What race do you consider yourself to be? (Please check all that apply.) <input type="checkbox"/> African-American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> African <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Haitian <input type="checkbox"/> Jamaican <input type="checkbox"/> Caribbean Islander (other) <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other (specify): _____	
W.6. Where have you lived for most of the past 12 months? (For the homeless, where have you spent most of your time in the past 12 months?) <input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Baltimore City <input type="checkbox"/> Baltimore County <input type="checkbox"/> Carroll County <input type="checkbox"/> Harford County <input type="checkbox"/> Howard County <input type="checkbox"/> Queen Anne's County <input type="checkbox"/> Other (specify): _____	<p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p>

<p>W.7. What is the ZIP code of the residence you have had for most of the past 12 months?</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p> <p><input type="checkbox"/> Does not apply; I am homeless</p>	
<p>W.8. Is the residence you had for most of the past 12 months permanent or temporary?</p> <p><input type="checkbox"/> Permanent <input type="checkbox"/> Temporary</p>	
<p>W.9. Do you leave your jurisdiction to get HIV/AIDS services? For example, if you live in Baltimore City, do you go to a county for services? Or, if you live in a county, do you go to a different county or to Baltimore City for HIV/AIDS services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (skip to W.13.)</p>	
<p>W.10. If you leave your jurisdiction to get HIV/AIDS services, please tell us why. (Check all that apply.)</p> <p><input type="checkbox"/> I think care is better <i>elsewhere</i></p> <p><input type="checkbox"/> I feel more comfortable in a different <i>city or county</i></p> <p><input type="checkbox"/> It is easier to get all services in a different <i>city or county</i></p> <p><input type="checkbox"/> The services I need are not available in my own <i>city or county</i></p> <p><input type="checkbox"/> For confidentiality — no one knows me</p> <p><input type="checkbox"/> Does not apply; I do not go to a city or county different from my own for HIV/AIDS services (return to W.8.)</p> <p><input type="checkbox"/> Other (specify): _____</p>	<p>If the instructions say: Skip to question... Remember to: Check "Does not apply" for each skipped question.</p>
<p>W.11. Which services do you get outside of your jurisdiction? (Check all that apply.)</p> <p><input type="checkbox"/> I do not know</p> <p><input type="checkbox"/> Primary medical care (primary care physician, regular doctors)</p> <p><input type="checkbox"/> Primary HIV medical care</p> <p><input type="checkbox"/> HIV specialist</p> <p><input type="checkbox"/> Mental health care (therapist, counselor, or group therapy)</p> <p><input type="checkbox"/> Dentists who treat people with HIV/AIDS</p> <p><input type="checkbox"/> Child day and/or respite care</p> <p><input type="checkbox"/> Transportation (bus, van, taxi)</p> <p><input type="checkbox"/> Food (groceries or meals)</p> <p><input type="checkbox"/> Adult day and/or respite care</p> <p><input type="checkbox"/> Treatment for drug or alcohol problems</p> <p><input type="checkbox"/> Does not apply; I do not go to a city or county different from my own for HIV/AIDS services (return to W.8.)</p> <p><input type="checkbox"/> Other (specify): _____</p>	<p>If the respondent says: Only one option from a "check all that apply" list Remember to: Ask "Is that the only one?"</p>

<p>W.12. How often do you leave your jurisdiction to get HIV/AIDS services?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Rarely — Only a few times a year</p> <p><input type="checkbox"/> Every other month or so</p> <p><input type="checkbox"/> Once a month or so</p> <p><input type="checkbox"/> Once a week or more</p> <p><input type="checkbox"/> Does not apply; I do <i>not</i> go to a city or county different from my own for HIV/AIDS services (return to W.8.)</p> <p><input type="checkbox"/> Other (specify): _____</p>	
<p>W.13. What was your total household income for the past year? (Include income, child support, welfare, social security, etc.)</p> <p><input type="checkbox"/> Less than \$8,980</p> <p><input type="checkbox"/> Between \$8,981 and \$17,960</p> <p><input type="checkbox"/> Between \$17,961 and \$26,940</p> <p><input type="checkbox"/> More than \$26,941</p> <p><input type="checkbox"/> I do not know</p>	
<p>W.14. How many people live in your household? Count all of the people living there, no matter how old they are or whether they are eligible for services.</p> <p><input type="text"/> <input type="text"/></p>	
<p>W.15. How many children 17 years old or younger usually live in your household? Include all children, not only your biological or dependent children.</p> <p><input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more</p>	<p><i>If the respondent says:</i> <i>My boyfriend's / girlfriend's kids come over sometimes</i> <i>Explain:</i> <i>You're asking about only children for whom this is the primary residence.</i></p>
<p>W.16. How many people 18 years old or older usually live in your household?</p> <p><input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more</p>	

<p>W.17. What health insurance did you use this past year? (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have no health insurance <input type="checkbox"/> Private health insurance <input type="checkbox"/> Veterans benefits (VA) <input type="checkbox"/> Pharmacy assistance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid (Medical Assistance) <input type="checkbox"/> I do not know <input type="checkbox"/> Other (specify): _____ 	<p><i>If the respondent says:</i></p> <ul style="list-style-type: none"> - Amerigroup - Coventry Health Care (The Diamond Plan) - Helix family Choice - JAI Medical Systems - Maryland Physicians Care - Priority Partners - United HealthCare - REM (Rare and Expensive Case Management) - MCHP (Maryland Children's Health Program) <p>Check: Medicaid</p>
<p>W.18. How do you think you may have been infected with HIV?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Having sex with a man <input type="checkbox"/> Having sex with a woman <input type="checkbox"/> Sharing needles or works <input type="checkbox"/> Trading sex for drugs or money <input type="checkbox"/> Blood products/transfusion (not for hemophilia treatment) <input type="checkbox"/> Hemophilia treatment products/transfusion <input type="checkbox"/> I do not know <input type="checkbox"/> Other (specify): _____ 	
<p>W.19. After testing positive for HIV, when did you first seek care from a doctor or nurse for HIV/AIDS?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Less than 1 month later <input type="checkbox"/> 1 to 6 months later <input type="checkbox"/> More than 6 months but less than one year later <input type="checkbox"/> More than 1 year later <input type="checkbox"/> Does not apply; I have never been in care <input type="checkbox"/> Other (specify): _____ 	<p><i>If the respondent says:</i> "Awhile"</p> <p>Check: "More than 6 months but less than 1 year"</p> <p><i>If the respondent says:</i> "I don't remember"</p> <p>Check: "Other" and write in their specific comment.</p>
<p>W.20. After you got your positive HIV test results, what would have helped you to get HIV care sooner? (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Knowing who to call or where to go <input type="checkbox"/> Knowing about free HIV/AIDS care <input type="checkbox"/> Knowing how important seeing a doctor or nurse is for my own good health <input type="checkbox"/> Having help getting over fear or shame <input type="checkbox"/> Having help stopping drug or alcohol use <input type="checkbox"/> Getting care in a private setting <input type="checkbox"/> Does not apply; I got into care within one month <input type="checkbox"/> Other (specify): _____ 	

<p>W.21. If it is hard for you to see a doctor/nurse for HIV/AIDS care, please tell us why. (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I use drugs or alcohol <input type="checkbox"/> It is hard to get there <input type="checkbox"/> I do not know about free services <input type="checkbox"/> I forget to go <input type="checkbox"/> I do not have time to go <input type="checkbox"/> I need help with childcare or family care <input type="checkbox"/> I feel ashamed, guilty or embarrassed <input type="checkbox"/> I do not want anybody to find out <input type="checkbox"/> Does not apply; it is <i>not</i> hard to get care <input type="checkbox"/> Other (specify): _____ 	
<p>W.22. What was your last T-cell (CD4) count?</p> <ul style="list-style-type: none"> <input type="checkbox"/> I don't know what this means <input type="checkbox"/> It's never been tested <input type="checkbox"/> I don't remember <input type="checkbox"/> I don't know <input type="checkbox"/> 0 – 50 <input type="checkbox"/> 51 – 200 <input type="checkbox"/> 200 – 500 <input type="checkbox"/> More than 500 	
<p>W.23. What was your last viral load (VL)?</p> <ul style="list-style-type: none"> <input type="checkbox"/> I don't know what this means <input type="checkbox"/> It's never been tested <input type="checkbox"/> I don't remember <input type="checkbox"/> I don't know <input type="checkbox"/> Undetectable <input type="checkbox"/> Less than 5,000 <input type="checkbox"/> 5,000 – 20,000 <input type="checkbox"/> 20,000 – 100,000 <input type="checkbox"/> More than 100,000 	
<p>W.24. In the past 12 months, how many times did you stay in the hospital because of HIV/AIDS?</p> <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> 1 – 2 times <input type="checkbox"/> 2 – 5 times <input type="checkbox"/> More than 5 times 	
<p>W.25. Have you heard of the combination or cocktail therapies used to treat HIV infection?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>W.26. Have you ever had a problem with drugs or alcohol?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>W.27. Have you ever injected drugs?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<p>W.28. Have you used any of the following drugs? (Please check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Speedball <input type="checkbox"/> Cocaine <input type="checkbox"/> Crack <input type="checkbox"/> Alcohol (beer, wine, liquor) <input type="checkbox"/> Heroin <input type="checkbox"/> Marijuana <input type="checkbox"/> Poppers <input type="checkbox"/> Meth (methamphetamine, ice, crystal) <input type="checkbox"/> Club drugs (ecstasy, hallucinogens) <input type="checkbox"/> Oxycontin <input type="checkbox"/> Does not apply; I have never used drugs <input type="checkbox"/> Other (specify): _____ 	
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That's the end of the survey. Thank you again for your help. Do you have any questions about the survey?

7.3 Participating Providers

- Anne Arundel County Health Department (Odenton)
- Anne Arundel County Health Department (Stanton)
- AIDS Interfaith Resource Services (AIRS)
- Baltimore County Health Department (Drumcastle)
- Baltimore County Health Department (Liberty)
- Baltimore County Health Department (Towson)
- Baltimore Pediatric HIV Program
- Baltimore City Health Department Dental Clinics
- Baltimore City Health Department STD Clinics
- Carroll County Health Department
- Chase Brexton
- Evelyn Jordan
- Family & Children Services
- Howard County Health Department
- The Imani Center
- Johns Hopkins University Hospital Moore Clinic
- Johns Hopkins University Hospital Women's Methadone Clinic
- Johns Hopkins University Hospital Pediatric and Adolescent Program
- Life Outreach
- Manna House
- Moveable Feast
- Park West Medical Center
- Peoples Community Health Care
- Project PLASE
- Queen Anne's County Health Department
- Sacred Zion

- GBMC Community Health Center
- Glass Substance Abuse
- Good Samaritan Hospital
- Grateful, Inc.
- Harford County Health Department
- Haven
- HERO
- South Baltimore Family Health
- Sisters Together and Reaching (STAR)
- Star Track
- Total Health Care
- Tuerk House
- University of Maryland Plus Clinic
- Women Accepting Responsibility

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