UNLV
UNIVERSITY OF NEVADA LAS VEGAS

The Las Vegas TGA
Ryan White Part A

HIV/AIDS Needs Assessment 2010

Prepared By:

Pamela S. Gallion, M. Ed.
Director, Cannon Survey Center

Courtney B. LaHaie, M.A.
Cannon Survey Center

Shayla Streiff, M.H.A.
Ryan White Part A Planning Council Coordinator

Table of Contents

Executive Summary

Introduction and Methodology

The Ryan White Part A Las Vegas TGA's Planning Council is entrusted each year with prioritizing resources and allocating Ryan White funds by service category, unrelated to who provides these services, to help meet the needs of those living with HIV/AIDS. In order to effectively plan for services and set funding priorities, the Planning Council collects data regarding service utilization, gaps in care, barriers to care, and the needs and availability of services to PLWH/A (people living with HIV/AIDS) through an annual Needs Assessment.

The Health Resource Services Administration's (HRSA) requirements indicate the importance of bringing PLWH/A who know their HIV status and are currently not receiving primary medical care into the care system. Therefore, this Needs Assessment was designed to focus on priority populations, barriers to care, unmet need and service utilization. The 2010 Needs Assessment is comprised of a consumer survey, consumer focus group discussions, a profile of provider capacity and capability, and a resource inventory. Surveys were designed by the Planning Council and were administered by the Cannon Survey Center (CSC) at the University of Nevada Las Vegas. The CSC also conducted the consumer focus groups and provided the data analysis.

Epidemiological Profile

In 2009, there were 7,154[1] people known to be living with HIV/AIDS in the Las Vegas TGA. That same year, 378 new cases of HIV were reported and 195 new cases of AIDS. The majority of new HIV cases occurred in the White population, representing 52%, with the Black population representing the second highest at 24%. The Black population is, however, disproportionately affected as they only make up 7% of the total population in the TGA. The MSM population saw the highest rate of infection representing 64% of newly diagnosed HIV cases, followed by the heterosexual population at 15%. People aged 30 – 39 represent 33% of new cases; with 84% of all new cases occurring in people aged 20 - 49. Males represent 80% of new HIV cases in the TGA. Over the last five years, the majority of newly diagnosed HIV/AIDS cases in the Las Vegas TGA have occurred in these four categories (MSM, White, Male, 20 – 49).

Consumer Survey Findings

A survey of 761 consumers in the infected and affected community was conducted throughout October 2009. The survey was administered by the Cannon Survey Center (CSC) on behalf of the Ryan White Part A Planning Council.

Demographics:

- 42% (N=318) of the sample are currently HIV positive with symptoms, 40% (N=304) are HIV positive without symptoms and 18% (N=139) have an AIDS diagnosis.

[1] Surveillance data provided by the Nevada State Health Division HIV/AIDS Reporting System.

- 64% (N=489) of respondents are male and 32% (N=246) are female. 3% (N=21) of respondents are transgender (male to female) and 1% (N=4) are transgender (female to male).
- Nearly half (49%) of the sample identify their race/ethnicity as African American/Black. Individuals who identify as Caucasian/White (22%) and Hispanic/Latino (16%) represent the second and third largest race/ethnicity groups in the sample.
- The majority of respondents are between the ages of 35 – 44 (26%) and 45 – 54 (38%).
- The majority of the sample (54%) identify as heterosexual/straight. Homosexual gay males (32%) make up another large portion of the survey respondents.
- Information on currently living situation and work/employment status are also available.

HIV/AIDS Diagnosis:

- 81% of respondents (N = 559) were HIV positive at first diagnosis and 33% of respondents (N = 215) who were initially diagnosed as HIV positive have progressed to an AIDS diagnosis.
- The most common reason for not seeking immediate care was that the respondent did not feel sick (27%).
- The majority of respondents (58%) were infected by having sex with a man. This was followed by 18% of respondents who were infected by having sex with a woman and 7% who were infected from sharing needles.
- Additional disease infections with the highest response rates were mental health issues/illnesses (16%) and Hepatitis C (15%).
- 42% of respondents rate their physical health as good and 37% of respondents rate their mental health as good.

Mode of Transmission Key:

- MSM – Men have sex with men
- IDU – Injection drug users
- MSM/IDU – Men having sex with men/Injection drug users
- NRR – No risk reported

HIV/AIDS and Mental Health:

- Males are nearly equally likely to rate their overall mental health as either excellent (33%) or good (34%). Females, on the other hand, are more likely to rate their overall mental health as either good (42%) or fair (32%).
- Data on the use and helpfulness of various treatment options (outpatient, inpatient, individual counseling, group counseling, and clergy counseling) are provided.
- Respondents who have engaged in therapy were asked questions regarding the therapist and the motives for therapy.
- 33% of respondents have been diagnosed with a mood disorder like depression or bi-polar disorder. 23% have been diagnosed with an anxiety disorder, which can include a panic disorder, a social phobia, or obsessive compulsive disorder.

HIV/AIDS and Substance Abuse:

- The majority of respondents (67%) have used alcohol and almost half (49%) have used marijuana.

- Respondents are most likely to use alcohol (41%), cocaine (44%) and heroine (52%) once a week or more.
- 19% indicate that they have been admitted for substance abuse.
- 17% indicate that free treatment was the most important incentive, followed by immediate admission to the program (10%).

HIV/AIDS and Incarceration:

- In 2008, Nevada reported 116 inmates with either HIV or AIDS. This accounts for 0.9% of the custody population.
- 23% of respondents have been to prison or jail for 30 or more days.
- Respondents were asked a number of questions regarding the request for care, receiving care, and problems with care during incarceration. Overall, 60% of respondents requested care while incarcerated, 55% received care, and 21% had problems getting medication while incarcerated.
- Overall, less than half (47%) of the respondents were given information about care upon release from prison or jail.
- 33% of respondents have spent time in the juvenile justice system. Of the 33% of the total sample that have spent time in the juvenile justice system, 64% are male, 33% are female and 3% are transgender.

Key Services

In the consumer survey, respondents were asked to consider the most important services that they currently need and use. Respondents were provided with a list of 27 Ryan White Funded Services and were asked to select their top 10 most important services.

Rank in 2009 Assessment	Rank in 2010 Assessment	Service	% Selected
1	1	HIV/AIDS Medical Care	70%
3	2	Dental Care	62%
2	3	Assistance with Medication Payments	51%
8	4	Emergency Financial Assistance	46%
11	4	Medical Transportation	46%
6	6	Food Bank/Home Delivered Meals	42%
4	7	HIV Testing	40%
5	8	Health Insurance Premium Assistance	36%
7	9	Mental Health Services	34%
10	10	Medical Nutrition Therapy	32%

As part of the consumer survey, respondents were provided a list of 30 services that are not funded by Ryan White. The most common non-Ryan White funded services used by respondents are food banks/food vouchers (44%) and food stamps (40%).

Barriers to Care

In the consumer survey, respondents were given a list of barriers and were asked to indicate which, if any, prevented them from accessing HIV/AIDS medical care or support services within the last 12 months. The barriers were classified in the following categories: knowledge, attitude, cultural issues, access/cost, provider issues, and system issues.

39% of respondents indicated that they lacked the knowledge or were unaware that some services existed, which prevented them from accessing HIV/AIDS medical care or support services. Attitude largely affected participants in the following ways: worried about other people finding out (28%), afraid how they would be treated (27%), and too upset to think about services (26%). Access/Cost also largely affected participants in the survey, as 29% of respondents report that they did not know where to go or who to ask for help, and were thus prevented from accessing care. 26% report not having insurance, 25% do not have transportation to get to medical or support service appointments, and 23% can not afford services. Additionally, 21% of respondents believed that no one was willing to answer their questions or explain things, while 20% didn't feel the provider really understood what they needed. 23% of respondents were prevented from accessing care because the service was not available. 22% report that each place they called for help told them to call someone else. Cultural issues affected a relatively small portion of respondents.

The out of care PLWH/A population indicated the following barriers to care: denial or didn't want to deal with the diagnosis, didn't feel sick and/or didn't think care was important, couldn't handle the side effects of the medication, and substance abuse problems.

Focus Groups

Focus groups were conducted with the following priority populations: White MSM, MSM of Color, Male Drug Users, Heterosexual Men, Heterosexual Women, Women (15 – 44), and Mohave County. Verbatim responses from the focus group discussions are provided in this report.

Common themes and barriers to care among the focus groups include:

- Miscommunication
- Need for transportation
- Assistance to pay for medical, dental and optical care
- St. Theresa's and AFAN provide great services
- Bus passes are one of the best services

Unmet Need

In September 2009, the Southern Nevada Health District, SNHD, processed an "Out of Care" data run identifying a total of 3, 749 clients potentially out of care, with 1,391 (37%) being sourced by SNHD, and 2,358 (63%) with a non-SNHD provider source.

SNHD Groups	#	%
Already in Care	185	14.3
Deceased	32	2.5
Moved out of Jurisdiction	682	52.8
Refused Care	28	2.1
Brought into Care	48	3.7
Unable to Locate	315	24.4
Other	2	0.2
Total	1,292	100%

The majority of those out of care with regard to race are the White population representing 53% of the total out of care population. White HIV-infected males represent 46% of the adult HIV population and 48% of the adult AIDS population. With regard to exposure category, MSM-only represents 57% of the overall out of care population. MSM-only also represents 70% of adult HIV and 62% of adult AIDS. The largest out of care population with regard to age is the 45-50 age group at 22%, followed by 40-44 at 19%, and 51-60 at 18%.

The primary care needs identified by out of care PLWH/A are access to affordable medication, transportation, and access to support services.

Results from the consumer survey indicate that 78% of participants are currently taking HIV/AIDS medication and only 20% have ever stopped taking medication for a period of 12 months or more. The most common reason for skipping medication is that the respondent simply forgot to take it (19%). This is followed by "I didn't like the side effects" (12%). The most common reason for a respondent to go 12 months or more without care is because they didn't know where to go for care (9%). This was followed by 7% of respondents who moved and respondents who were using drugs (6%) or were afraid people would find out (6%).

Resource Inventory

A complete Resource Inventory is included in this document. A resource inventory provides a comprehensive picture of the continuum of care, the organizations and individuals providing services to PLWH/A in the service area supported by public and private funding. This resource inventory includes the location and contact information for each provider and a description of the types of services provided.

Profile of Provider Capacity and Capability

During Grant Year 2009-2010 the Ryan White Part A Program in the Las Vegas TGA funded 9 different service providers in 10 different core service categories and all approved HRSA support service categories through the use of support services aggregate funding. Each of these agencies participated in a survey in January 2010 to answer questions regarding the extent to which their resources are accessible, available, and appropriate for particular populations of PLWH/A.

Respondents were asked if their agency had added or eliminated services or programs or made other changes that affected its ability to provide services to PLWH/A within the last 12 months. Five of the 13 respondents reported that no changes had been made.

Respondents were asked to list the major barriers that their organization faces when providing care to PLWH/A. The most cited barriers for this are 1) a lack of transportation for clients, and 2) reluctance to seek help because of stereotypes.

Information on priority populations, referrals and service priorities are also available in the profile of provider capacity and capability.

Introduction and Methodology

Introduction

A needs assessment is an interconnected part of the Planning Council's yearly tasks and is completed as a partnership activity between the planning council, the grantee, and the community. The 2010 Comprehensive HIV/AIDS Needs Assessment was conducted by the Cannon Survey Center (CSC) on behalf of the Ryan White Part A Planning Council. The intent of the 2010 needs assessment is to identify service needs, barriers to care, gaps in care, and the unmet need throughout the Las Vegas TGA. This information is required in order to effectively set priorities and allocate resources by the Ryan White Part A Planning Council. Additionally, the needs assessment results will be reflected in the development of an HIV/AIDS Comprehensive Services Plan and in crafting strategies to address uncovered needs through the implementation plan. In order to successfully provide this detailed information for decision-making, specific objectives were outlined. These objectives include:

- Identifying the HIV/AIDS epidemic within the Las Vegas TGA, emerging trends and/or populations.
- Identifying service needs and barriers to using services by those currently accessing care.
- Acquire information regarding PLWH/A that are not currently receiving care, defining their barriers to care, and determining the reasons PLWH/A drop out of care.
- Identifying utilization patterns, gaps in care, and unfulfilled needs.
- Evaluating the current system of HIV/AIDS care including the current capacity and potential for expansion of services to meet the demands and bridge the gaps in the continuum of care.

In order to complete these objectives, information was derived from:

- Surveillance reporting courtesy of: The Nevada State Health Division HIV/AIDS Reporting System (eHARS), the State of Nevada's Office of Epidemiology, Mohave Department of Public Health HIV Epidemiology Program, and Sociodemographic Statistics by the U.S. Census Bureau.
- A detailed survey administered to 761 PLWH/A.
- Seven separate focus group discussions for PLWH/A in various priority populations: White MSM, MSM of Color, Male Drug Users, Heterosexual Men, Heterosexual Women, Women (15 – 44), and Mohave County.
- Ryan White funded service providers through a provider capacity and capability survey, including an inventory of community resources.

Definition of Our Service Area

The 2010 Needs Assessment focuses on the Las Vegas TGA, which is comprised of three areas—Clark County, Nevada; Nye County, Nevada; and Mohave County, Arizona. This TGA is unique, in that it covers a vast area of 39,368 miles, which cross state borders.

Methodology

Consumer Survey

A survey of 761 consumers in the infected and affected community was conducted throughout October 2009. Refer to Appendix A for consumer survey in English and Spanish.

Survey Design

The consumer survey was designed by the Planning Council Coordinator and approved by the Needs Assessment Committee in October 2009. The survey was designed to obtain desired information regarding demographics, barriers to care, gaps in care, and unmet need. The structure of the survey was designed to accommodate an administration goal of 10 – 20 minutes per survey. The consumer survey included 38 questions, some consisting of more than one section, and contained predominantly multiple choice questions. The survey was intended to be completed independently, with a field team member on-hand for questions. The survey was geared toward the in-care population, as out of care information was obtained from the Southern Nevada Health District's Out of Care Project.

Questions address the following areas:

- Demographics: HIV Status, Gender, Race/Ethnicity, Age, Education, Income, Sexual Orientation, Religious Affiliation/Involvement, Living Situation, and Employment Status.
- HIV/AIDS Diagnosis: Current Status, Progression, Mode of Transmission, Care, and Diagnosis of Other Diseases.
- The impact and affect of HIV/AIDS and other conditions: Mental Health, Substance Abuse, and Incarceration.
- General barriers to accessing medical and supportive services on a regular basis.
- Reasons for previously being out of care
- Need and availability for 27 core medical and supportive services within the last 12 months.
- Services needed but not currently offered.
- Overall rating of care received.
- A ranking of core medical and supportive services by numbered priority.

This survey was also translated and administered in Spanish.

Sampling

The consumer survey targeted PLWH/A currently accessing the care system. In order to acquire a large number of responses, a convenience sample was used. This non-probability method was used to obtain an estimate without incurring the cost or time required to select a random sample. Furthermore, research from prior years indicates that this sampling method produces the largest and most comprehensive sample for the purposes of this needs assessment.

Survey Administration

The survey was administered by the Cannon Survey Center (CSC) on behalf of the Ryan White Part A Planning Council. Surveys were conducted at both Ryan White and Non-Ryan White funded agencies on a one-to-one basis by a field team, with the assurance of complete confidentiality. Providers assigned specific dates and times that would yield the greatest number of respondents. Providers also advertised the opportunity to their clients. Most the respondents interviewed at the agencies were receiving supportive services.

The field team was comprised of employees from the Cannon Survey Center, located at the University of Nevada Las Vegas. Employees are comprised of various demographic backgrounds and each is certified by the Collaborative Institutional Training Initiative (CITI) in Human Subjects Research and Ethics.

Stipends

Upon completion of the survey, all respondents received a $15 Wal-Mart gift card. The field team was paid through the Cannon Survey Center.

Data Analysis

The data analysis was conducted by the Cannon Survey Center. Data was entered manually into the statistical package SPSS, containing 447 data fields. The data was randomly spot checked to ensure accuracy. The analysis consisted of frequencies and/or cross tabulations for all variables and measured demographics, met and unfulfilled need, barriers to care, and gaps in care. Excel and Word were used for charts, graphs, and tables.

Limitations

Due to the large scale of the consumer survey, several data limitations were produced. Limitations were somewhat minimized through the one-to-one interaction provided by the field team and through spot checking and cleaning of data. Limitations include:

- Use of a non-probability sample.
- The option of selecting contradicting responses and/or respondents failing to skip or respond to questions based on previous answers.
- Limited choice options lacking the alternatives “refuse”, “don’t know”, or “not applicable”.
- Age is measured as current age rather than age at diagnosis.
- Weekly sampling profiles were not in place to ensure adequate representation by emerging or priority populations.

Consumer Focus Group Discussions

In January and February 2010, seven consumer focus groups were conducted with respondents in priority populations: White MSM, MSM of Color, Male Drug Users, Heterosexual Men, Heterosexual Women, Women (15 – 44), and Mohave County. Refer to Appendix B for consumer focus group questions, consent form and questionnaire.

Focus Group Design

Focus groups were developed to uncover in-depth qualitative data on the care needs, service use (past and present), barriers to care, accessibility for particular populations or groups, and overall client satisfaction with the TGA's service delivery system for clients currently utilizing services. A 2 hour allotment was permitted per group, which included a small break with a provided lunch. Approximately 12 questions were asked per group. Group specific questions were also included.

Focus Group Recruitment

The CSC facilitated the recruitment of participants for the focus group discussions. Recruitment took place in November 2009 at Aid for AIDS of Nevada (AFAN). 100 participants were selected for the consumer focus group discussions. Participants were later contacted regarding meeting dates and times. Participants who did not qualify or who could not be reached were removed from the focus group roster. A total of 24 participants attended the focus group discussions.

Focus Group Administration

Neutral meeting locations were provided by the St. Therese Center in Las Vegas, NV and by the local health districts of Bullhead City, AZ; Kingman, AZ; and Lake Havasu, AZ. Pam Gallion, Director of the Cannon Survey Center, and Jacqui Ragin, University of Nevada Las Vegas staff, facilitated each of the focus groups as knowledgeable and un-biased moderators. Each group discussion was recorded and then transcribed by CSC staff.

Focus Group Schedule

Group	Meeting Date	# of Participants	# of Scheduled Participants
White MSM	January 5, 2010	4	8
MSM of Color	January 7, 2010	3	14
Male IDU	January 12, 2010	2	5
Heterosexual Men	January 14, 2010	3	16
Heterosexual Women	January 19, 2010	5	9
Women (15 – 44)	January 21, 2010	3	6
Mohave County	February 8, 2010	4	

Focus Group Stipends

Each focus group participant was compensated with an additional $15 Wal-Mart gift card. The facilitators and transcribers were compensated through their employers.

Limitations

The focus group discussions were limited by:

- Unable to recruit female IDU participants
- High attrition rate, partially due to failed contact attempts

Profile of Provider Capacity and Capability

A survey of all 9 Ryan White Part A funded agencies offering medical and/or supportive services was conducted during February and March 2009. Refer to Appendix C for Profile of Provider Capacity and Capability Survey.

Profile of Provider Capacity and Capability Design

Several goals were outlined in order to successfully design a survey that would capture information regarding existing resources in the community and providers' perspective for additional development. Goals included developing questions and addressing the following: to enhance the understanding of the continuum of care that exists for PLWH/A in the Las Vegas TGA, derive information on capacity development needs of providers targeting historically underserved populations, and to obtain information on supply and demand for HIV/AIDS services to identify unmet need and service gaps. A variety of multiple choice and open-ended questions were assembled in order to encourage complete and meaningful answers.

Profile of Provider Capacity and Capability Survey Distribution

In order to successfully compile this data, a survey was developed and administered to all Part A funded agencies offering medical and supportive services in the Las Vegas TGA. This survey was distributed via the online survey tool SurveyMonkey.

Profile of Provider Capacity and Capability Data Analysis

Thirteen completed surveys were returned. An analysis of frequencies and cross tabulations using SurveyMonkey and Excel were performed. Open-ended questions were analyzed in order to pinpoint similarities and differences among agencies.

Resource Inventory

Information on current available services will assist case managers and other service personnel by increasing their ability to provide referrals, help all parties involved identify service gaps and needs per population and geographic location, aid the Planning Council in determining which

services should be supported with Ryan White Part A funds, and determine capacity development for providers. A complete Resource Inventory is included in this document.

Epidemiological Profile

Current Epidemic in the Las Vegas TGA

In 2009 there were 7,154 people known to be living with HIV/AIDS in the Las Vegas TGA according to the Nevada State Health Divisions HIV/AIDS Reporting System (eHARS) and the Arizona Department of Health Services Office of HIV/AIDS. That same year 378 new cases of HIV were reported and 195 new cases of AIDS. These numbers bring the overall HIV not-AIDS prevalence in the TGA to 3,439 and the overall AIDS prevalence to 3,715. An estimated total of 2,141,893 people were living in the Las Vegas TGA as of 2008, the majority of those residing in Clark County Nevada.[2] The HIV/AIDS prevalence rate in the TGA is about 334 per 100,000.

HIV/AIDS Incidence and Prevalence and Population Total by County[3]

	HIV Incidence 2009	AIDS Incidence 2009	HIV Prevalence 2009	AIDS Prevalence 2009	Combined HIV/AIDS Prevalence in the TGA 2009	Population Total by County 2008
Mohave County, AZ	12	4	99	120	219	194,825
Nye County, NV	1	1	24	44	68	44,234
Clark County, NV	365	192	3,316	3,551	6,867	1,902,834
Total	378	197	3,439	3,715	7,154	2,141,893

HIV Incidence

The ratio of Male and Female incidence is considerably off balance in the TGA with Males representing the largest proportion of new HIV cases at 80%.

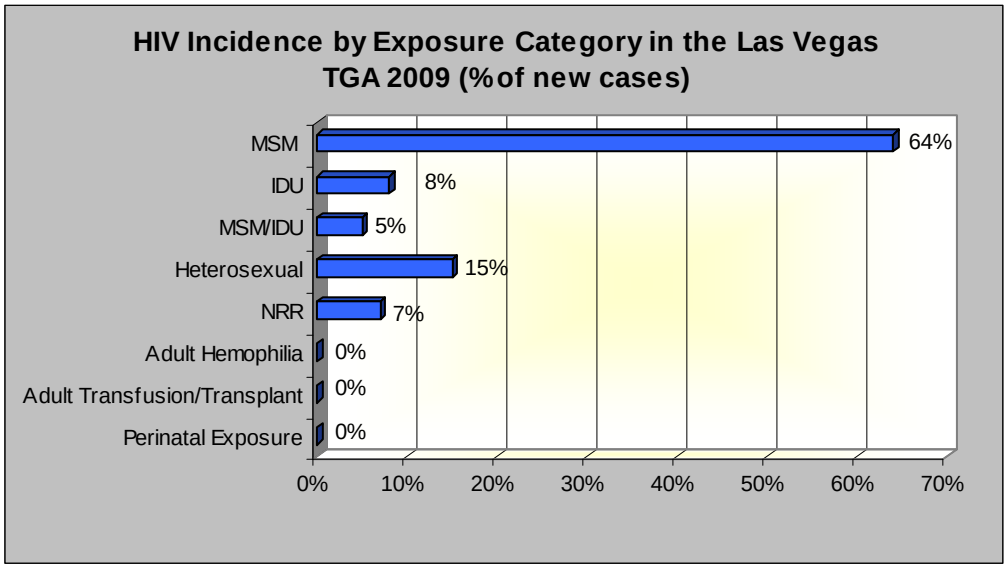
New Cases of HIV by Gender in the Las Vegas TGA 2009

	# of New Cases	%
Male	302	80
Female	76	20
Total	378	100

Additionally, the most common exposure category was same-gender sex between men (MSM) representing over two-thirds of all new HIV cases in the TGA at 64%. The term *men who have*

[2] State and County Quick facts, U.S. Census Bureau http://quickfacts.census.gov/qfd/states/04/04015.html
[3] State and County Quick facts, U.S. Census Bureau http://quickfacts.census.gov/qfd/states/04/04015.html and Nevada State Health Divisions HIV/AIDS Reporting System (eHARS), Arizona Department of Health Services Office of HIV/AIDS.

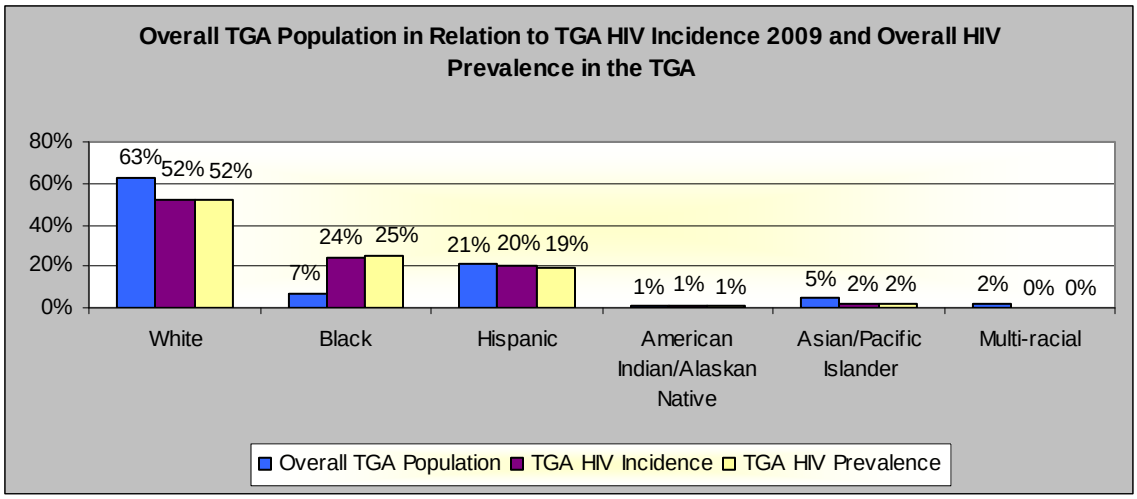
sex with men (MSM) refers to all men who have sex with other men, regardless of how they identify themselves (gay, bisexual, or heterosexual)[4]. The Heterosexual contact exposure category was well behind at 12% followed by Injection Drug User (IDU) at 7%. MSM/IDU was the least frequently reported category representing 3% of new HIV cases. In the Las Vegas TGA, and across the United States, the HIV epidemic has had a disproportionate impact on MSM. The overwhelming rates of infection among MSM can be primarly attributed to risky sexual behavior and drug use.[5]



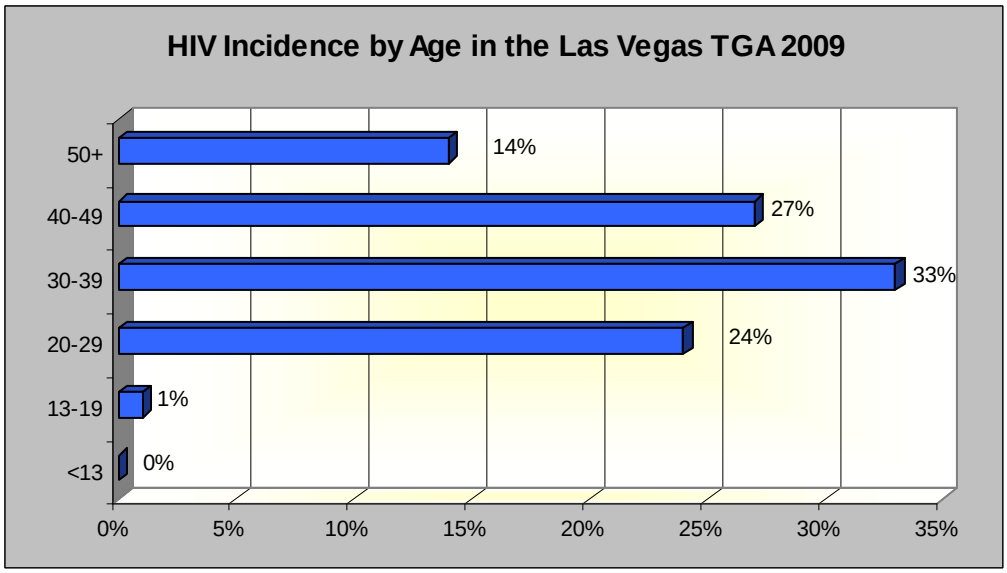
The following graph shows the break down of the estimated 2.1 million people living in the TGA in 2009, the incidence of HIV in the TGA in 2009 (378) and HIV prevalence in the TGA in 2009 (3,439). Of all racial and ethnic groups in the Las Vegas TGA, HIV and AIDS have struck the Black population the hardest. This graph distinctly shows how disproportionately affected they are. This situation is critical because the Black population represents 24% of new cases of HIV and 25% of the HIV prevalence and only 7% of the overall population in the TGA.

[4] "HIV/AIDS and Men Who Have Sex with Men (MSM)," 2010. Center for Disease Control and Prevention. http://www.cdc.gov/hiv/topics/msm/index.htm

[5] "NHBS: HIV Risk and Testing Behaviors Among Young MSM," 2006 Center for Disease Control and Prevention. http://www.cdc.gov/hiv/topics/msm/ymsm.htm



A study by the Center for Disease Control (CDC) suggests a comparable situation in the United States where only 12% of the population is Black yet 45% of all new HIV infections are among the the Black population.[6] Reasons cannot be directly related to race or ethnicity but to some of the barriers they face, including; poverty, other sexually transmitted infections, and stigma. Blacks also tend to have more illness relative to other racial groups, shorter survival times when infected with HIV or AIDS and suffer more deaths than do other populations infected with HIV or AIDS.[7]



[6] "State of the HIV/AIDS Epidemic, HIV Incidence in the United States," 2006, Center for Disease Control and Prevention, http://www.cdc.gov/hiv/surveillance/incidence/sote/race-ethnicity.htm
[7] "HIV/AIDS and African Americans," Center for Disease Control and Prevention, http://www.cdc.gov/hiv/topics/aa/index.htm

The majority of new cases of HIV in the TGA are among those age 30-39 at 33%. The 20-29 and 40-49 age categories are very similar in size with 24% and 27% respectively.

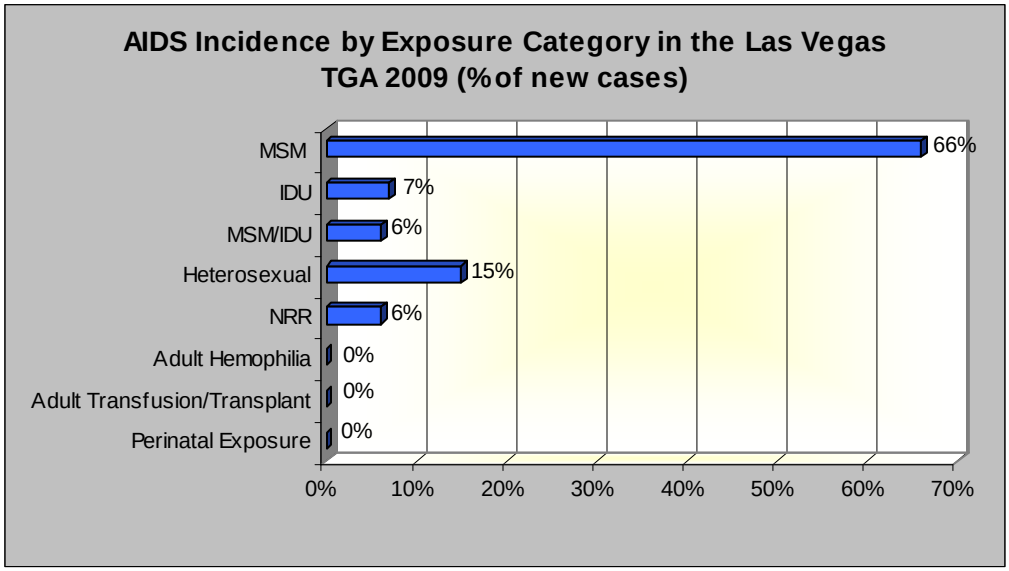
AIDS Incidence

The percentage of new cases of HIV and AIDS is very similar with regard to demographic group, age, and exposure category. Again Males comprise the majority of AIDS incidence at 83% with Females comprising 17%.

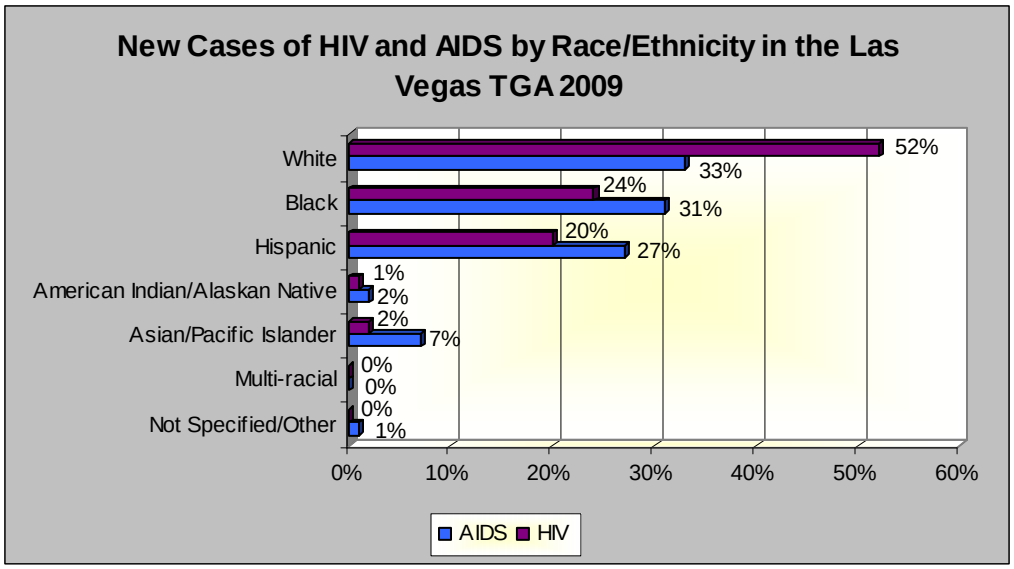
New Cases of AIDS by Gender in the Las Vegas TGA 2009

	# of New Cases	%
Male	162	83
Female	33	17
Total	195	100

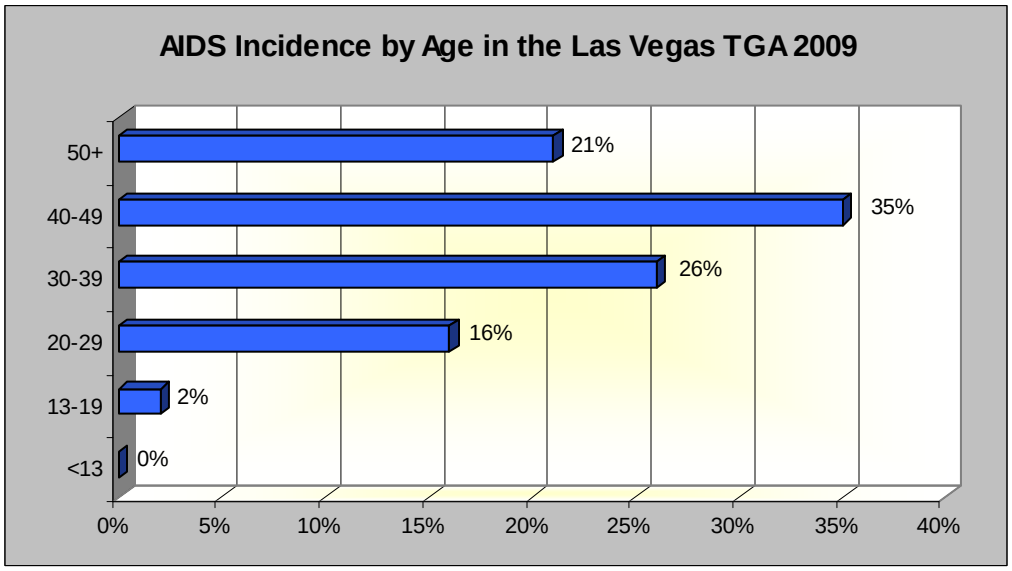
Similar to HIV incidence the majority of new cases of AIDS were also in the MSM exposure category, 66%. Heterosexual contact is the second highest exposure category at 15% followed by IDU at 7% with MSM/IDU and no risk reported (NRR) both at 6%.



The majority of new AIDS cases in the TGA in 2009 was within the White, non-Hispanic population, 52% with regard to HIV and 33% with regard to AIDS. The second largest percentage was in the Black population at 24% of new HIV cases and 31% of new AIDS cases. The Hispanic population was third representing 20% of new HIV cases and 27% of new AIDS cases.



This data suggests that while the White population is infected at more rapid rates, minority populations are converting from HIV to AIDS at a much higher rate. This could be due to a number of factors including minority populations not accessing care and/or medications for their HIV status or they aren't being tested as frequently and the disease is identified at much later stages.



Unlike HIV incidence with the majority of new cases in the 30-39 age category (33%) the number of AIDS incidence is higher in the 40-49 age category (35%). The second highest category was 30-39 at 26% followed by 50+ at 21%.

HIV and AIDS Prevalence

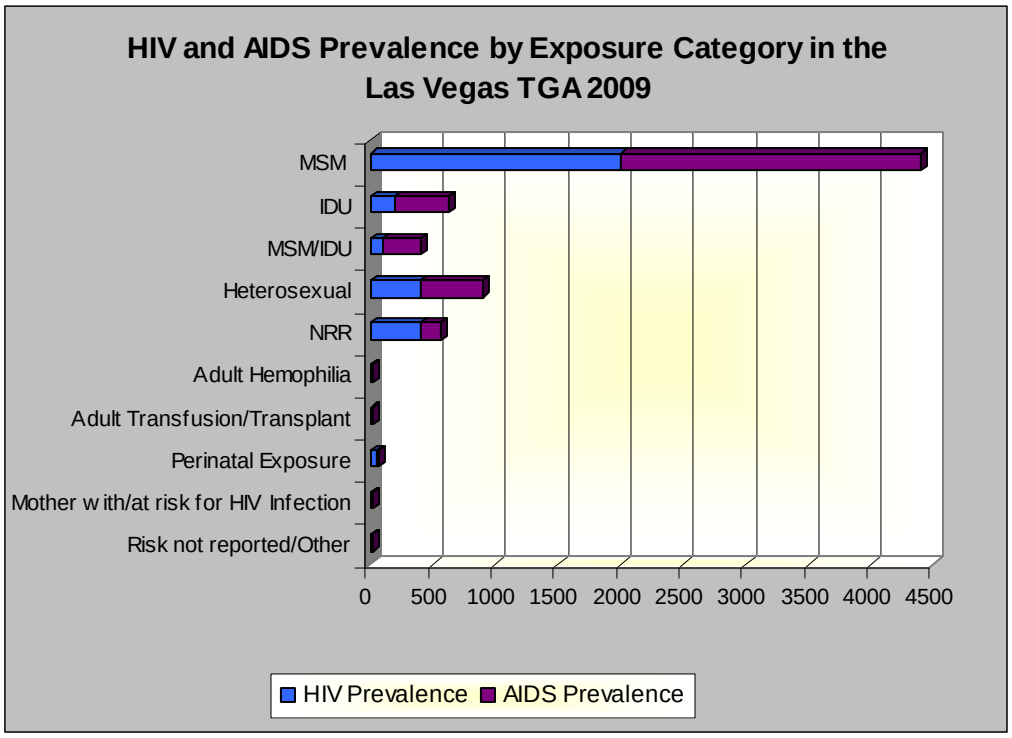
Prevalence is defined as the number of reported living cases of HIV and/or AIDS. HIV/AIDS incidence, prevalence, and geographical area share many similarities with regard to rates in their respective categories.

As seen with incidence, not only in the Las Vegas TGA but across the nation, prevalence of HIV/AIDS is significantly higher among men.

HIV and AIDS Prevalence by Gender and County in the Las Vegas TGA[8]

	Mohave County		Nye County		Clark County		Las Vegas TGA		Combined Prevalence in the TGA
	HIV	AIDS	HIV	AIDS	HIV	AIDS	HIV	AIDS	
Male	75	104	14	35	2,717	2,997	2,806	3,136	5,942
Female	24	16	10	9	599	544	633	579	1,212
Total	99	120	24	44	3,316	3,551	3,439	3,715	7,154

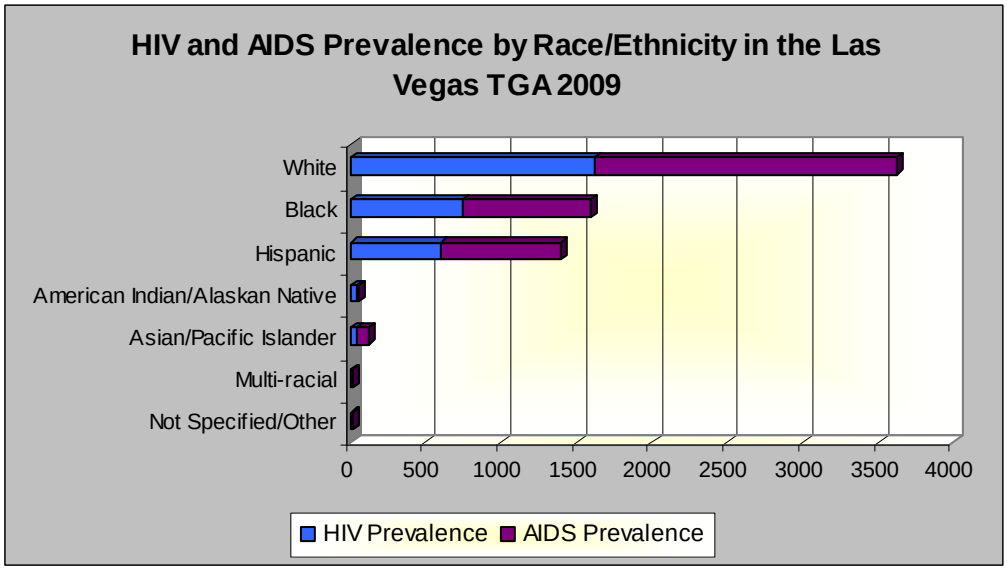
Of the combined HIV and AIDS prevalence in the Las Vegas TGA 83% is Male and 17% is Female. Ninety-six percent of the total HIV and AIDS prevalence in the TGA was diagnosed in Clark County, 3% in Mohave County and the other 1% in Nye County.



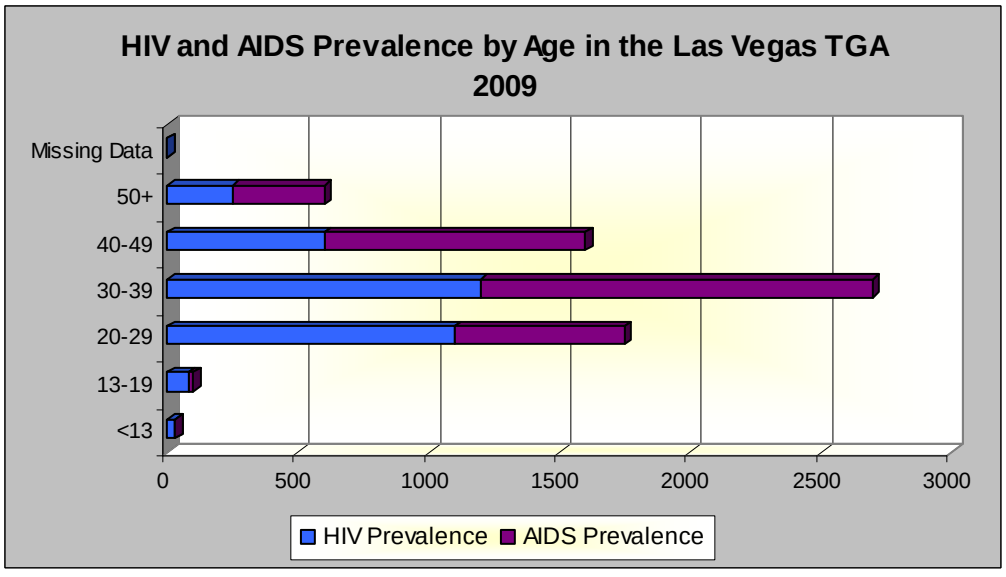
Regarding exposure category MSM represents 63% of combined HIV and AIDS Prevalence in the TGA with Heterosexual contact at 13%, IDU at 9% and NRR or no risk reported at 8%.

[8] State and County Quick facts, U.S. Census Bureau http://quickfacts.census.gov/qfd/states/04/04015.html and Nevada State Health Divisions HIV/AIDS Reporting System (eHARS), Arizona Department of Health Services Office of HIV/AIDS.

Percentages of HIV and AIDS prevalence are nearly identical with regard to exposure category in the TGA. Of the 63% MSM, 97% were diagnosed in Clark County. Of the overall prevalence in the TGA 96% were diagnosed in Clark County.



In the Las Vegas TGA, as of 2009, HIV/AIDS prevalence was at a rate of 263 per 100,000. The rate of HIV/AIDS prevalence in the Black population however was 878 per 100,000. This is three times the rate of the White population at 215 per 100,000 and the Hispanic population at 252 per 100,000. The American Indian/Alaskan Native population represents less than 1% of HIV/AIDS prevalence in the TGA with a prevalence rate of 218 per 100,000.The Asian/Pacific Islander population represents 3% of HIV/AIDS prevalence with a prevalence rate of 117 per 100,000. The Multi-racial population or those claiming more than one race and the Not Specified or Other population each have an HIV/AIDS combined prevalence of 15 people representing less than 1% of combined total TGA prevalence.

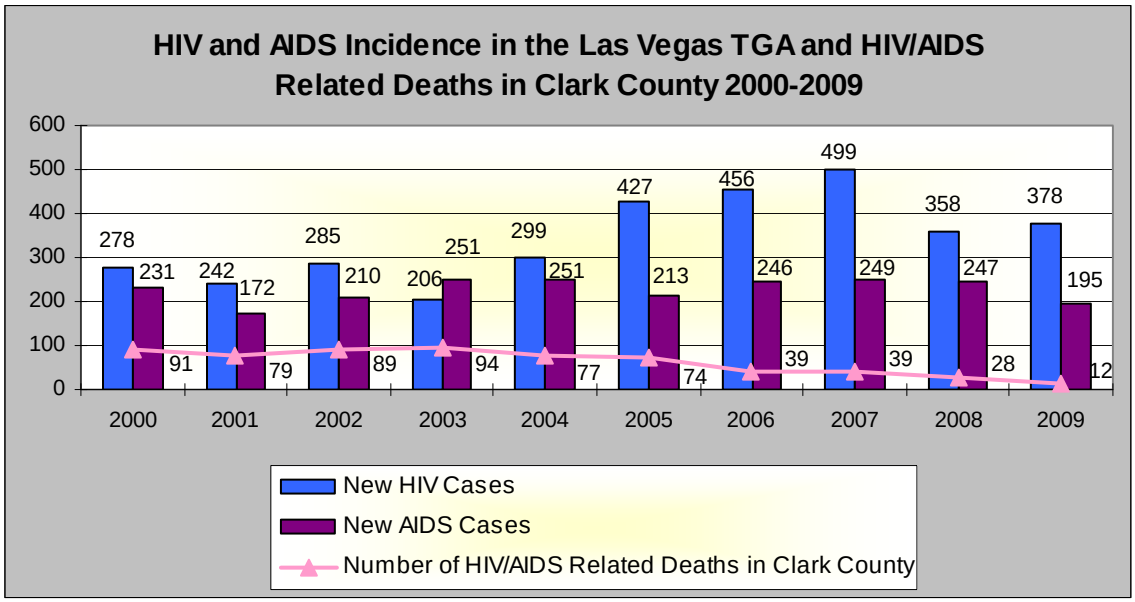


The majority of HIV/AIDS prevalence in the Las Vegas TGA is in the 30-39 age grouping at 38% followed closely by 20-29 at 25% and 40-49 at 24%. Youth ages 13-19 comprise 127 or 2% of the overall prevalence and the 50+ age group comprises 700 or 10% of the overall prevalence.

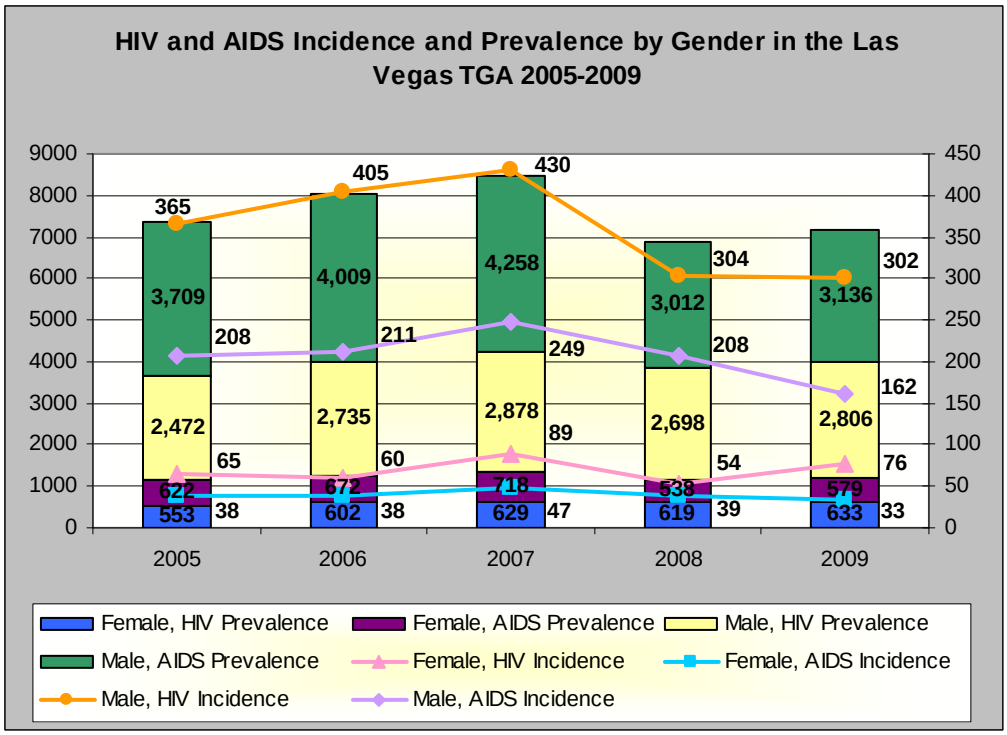
Trends in HIV/AIDS a Historical Perspective

From 2000 till 2009 there have been 3,428 new cases of HIV and 2,295 new cases of AIDS in the Las Vegas TGA. Additionally, there were 622 HIV/AIDS related deaths in Clark County alone during that same time period. It should be noted as this data is reviewed that between the 2007 and 2008 reporting there was a decrease in case numbers, however it was not drastic. Additionally, during this time the Nevada State Health Divisions HIV/AIDS Program upgraded databases and did a significant amount of cleaning and re-defining of the variables. While some of the specific numbers during that time period may not be completely accurate, this data still allows for the tracking of trends.

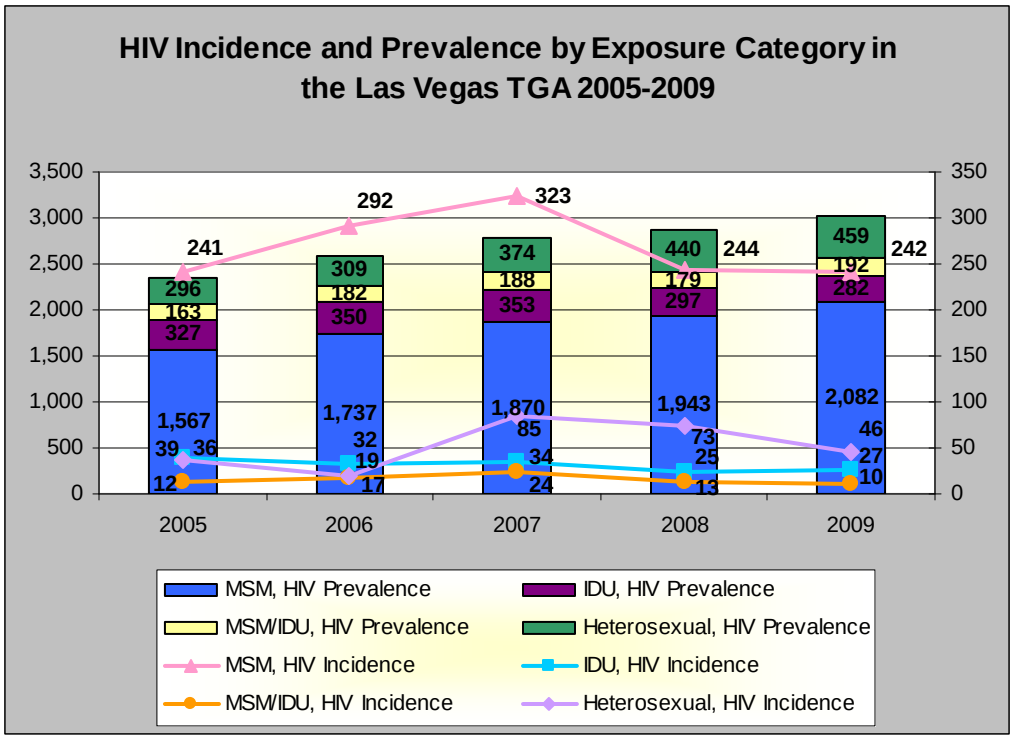
New HIV cases have been relatively steady since 2000 however from 2004 to 2007 there was a 67% increase in new cases. Although from 2007 to 2008 there was a decrease of 28%, new cases in the TGA haven't returned to where they were in the early 2000's. New AIDS cases have remained somewhat stable over the last 10 years with the only significant drop from 2000 to 2001 at 25% only to increase 40% the following year.



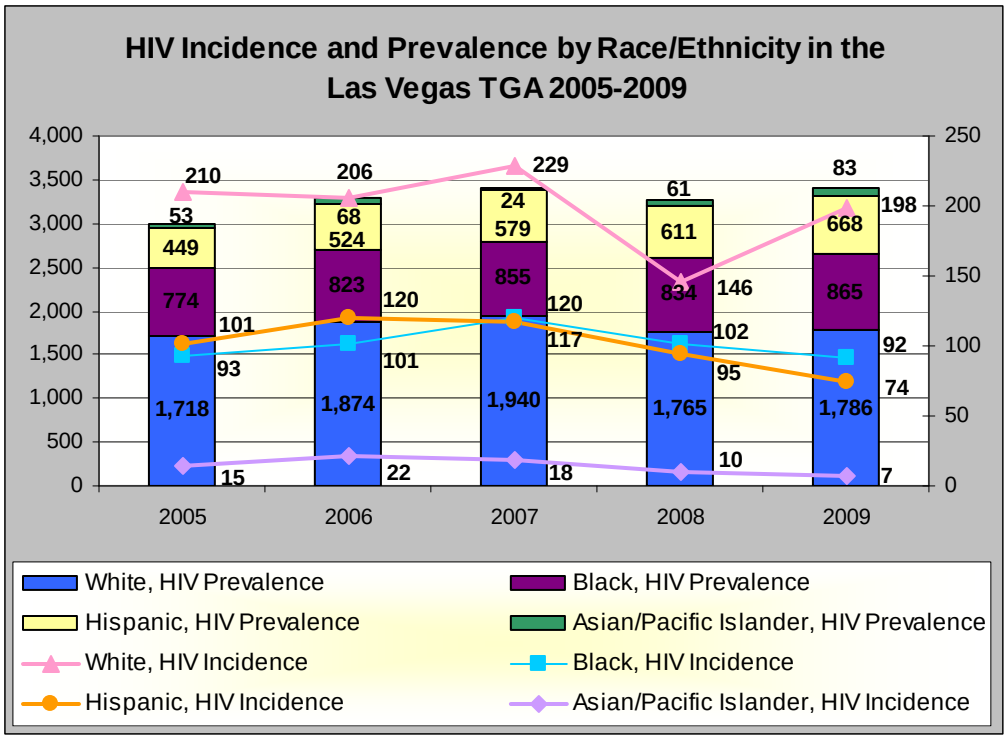
From 2000 to 2003 HIV/AIDS related deaths in the TGA were relatively stable however from 2005 to 2006 rates dropped 47% and from 2008 to 2009 they dropped again another 57%. The decline in HIV/AIDS related deaths can be attributed to the increased life expectancy supported by client inclusion in primary medical care and advances in medication therapy.



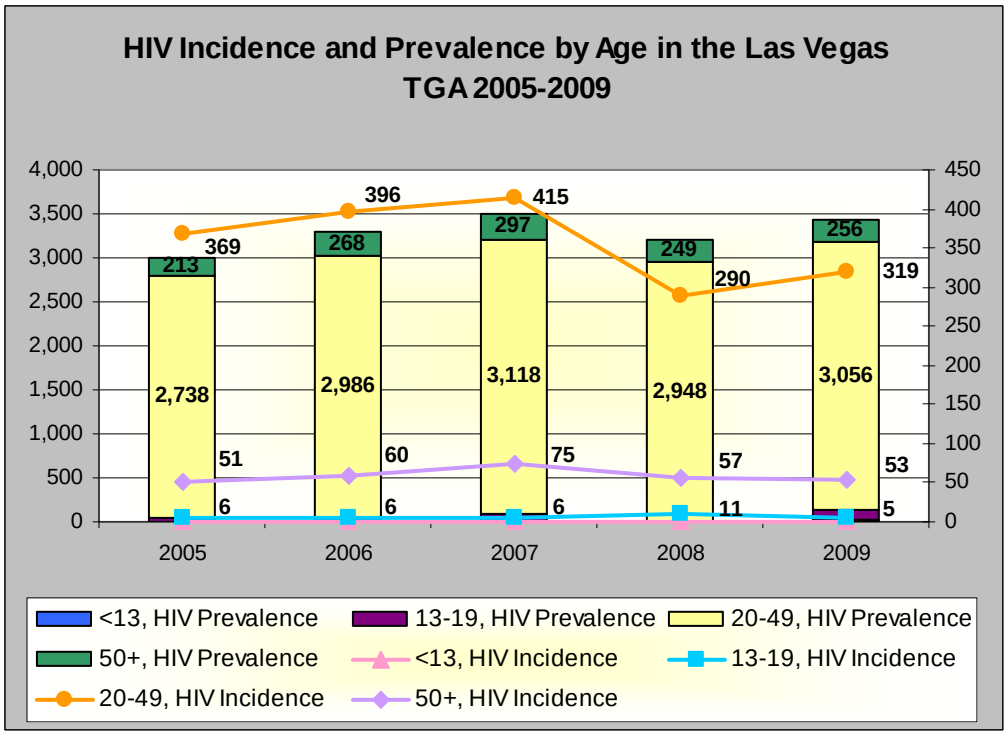
Over the last five years new cases of HIV and AIDS have been primarily male in the TGA. New cases of HIV were on a steady rise from 2005 to 2007 where they decreased by 26% from 2007 to 2008. The same is true with new cases of AIDS among men, these decreased by 16% from 2007 to 2008 and again by 22% from 2008 to 2009. HIV and AIDS cases among women have remained relatively stable with a spike in 2007 of 48% which then decreased the folowing year by 56%.



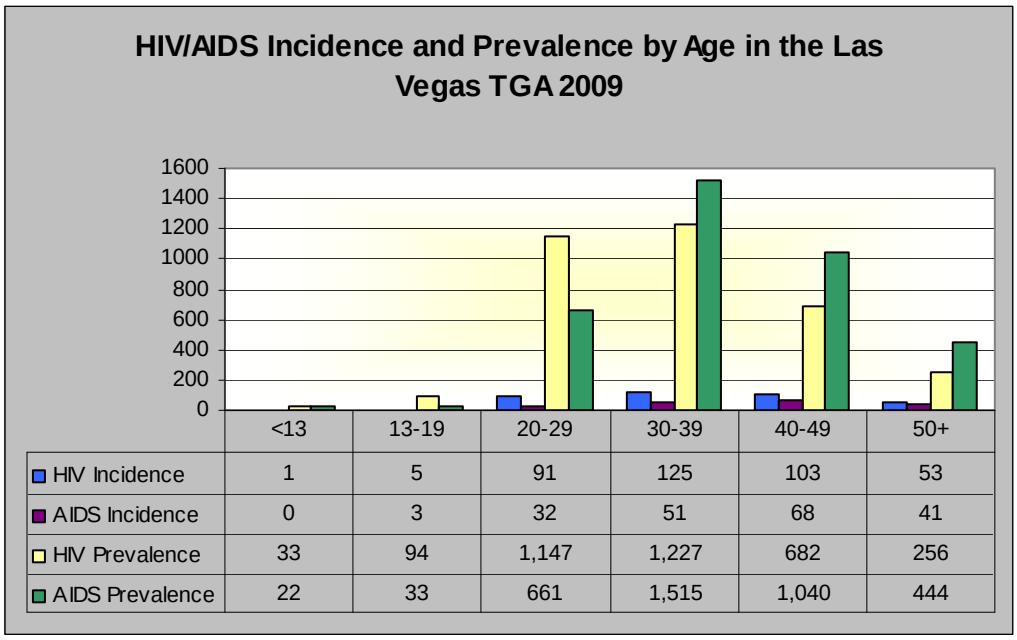
HIV incidence and prevalence is significantly higher in the MSM exposure category than any other transmission mode in the TGA. As this chart illustrates HIV prevalence has been on a fairly steady climb of about 5% per year from 2005 to 2009 in the four highest categories; MSM, IDU, MSM/IDU, and Heterosexual contact. While MSM is still the highest category for HIV incidence, it saw a sharp decrease of 32% in 2008 where it has remained for the past two years. The emerging trend in HIV incidence is Heterosexual contact. This exposure category increased 165% from 2006 to 2007, then continued to decrease at a rate of about 20% per year.



HIV incidence and prevalence has been predominently in the White population over the last 5 years. The Black population has remained the second highest affected race/ethnicity and Hispanic the third. This graph shows a decrease in the number of new cases of HIV among minority populations while new cases of HIV among the White population continue to increase.



The majority of HIV incidence and prevalence has been in the 20-49 age group for the last 5 years with no significant changes occuring in any specific age group.



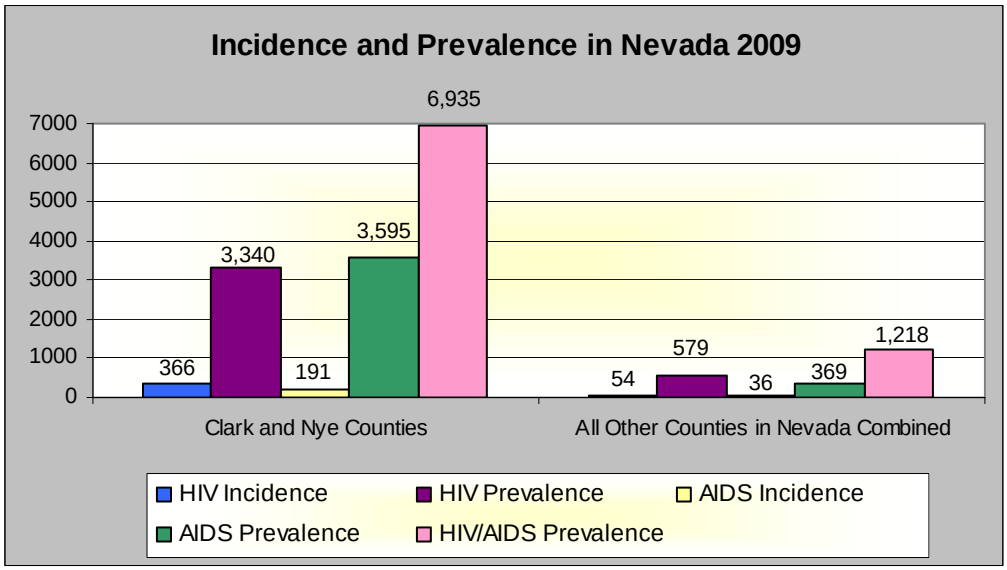
	<13	13-19	20-29	30-39	40-49	50+
HIV Incidence	1	5	91	125	103	53
AIDS Incidence	0	3	32	51	68	41
HIV Prevalence	33	94	1,147	1,227	682	256
AIDS Prevalence	22	33	661	1,515	1,040	444

In 2009 HIV/AIDS reporting by age was broken down further by age grouping which is shown in the following table. This breakdown further shows that those hit hardest by the epidemic are 30-39. This chart also reveals that those 40-49 have a higher AIDS prevalence and those 20-29 have a higher HIV prevalence. This could suggest that perhaps those 40-49 are contracting HIV in their 20's but not getting tested until their 30's or 40's thus having an AIDS diagnosis. There is also a significant amount of those 50 and over in the HIV/AIDS prevalence categories. The number of persons aged 50 years and older living with HIV/AIDS has been increasing in recent years across the nation. This increase is partly due to highly active antiretroviral therapy (HAART), which has made it possible for many HIV-infected persons to live longer, and partly due to newly diagnosed infections in persons over the age of 50.[9]

[9] "Persons Aged 50 and Older," Center for Disease Control and Prevention, http://www.cdc.gov/hiv/topics/over50/index.htm

Nevada and the Las Vegas TGA

Nevada has a total population of about 2.6 million and roughly 2.1 million (80%) of those people reside in Clark County. The majority of HIV/AIDS incidence and prevalence in Nevada has always been in Clark County. In 2009 87% of HIV incidence, 85% of HIV prevalence, 84% of AIDS incidence, 90% of AIDS prevalence and 85% of combined HIV/AIDS prevalence was in Clark County.



Demographic Group/ Exposure Category RISKS REDISTRIBUTED Source: Nevada State Health Divisions HIV/AIDS Reporting System (eHARS), Arizona Department of Health Services Office of HIV/AIDS	HIV Incidence in 2009 HIV (not yet AIDS) Incidence is defined as the number of new HIV cases diagnosed during the period specified, data as of 2/2010, Las Vegas TGA.		AIDS Incidence in 2009 AIDS incidence defined as the number of new AIDS cases diagnosed during the period specified, data as of 2/2010, Las Vegas TGA.		HIV (not AIDS) Prevalence Estimate through December 31, 2009, as of 02/2010. HIV prevalence is defined as the number of reported living HIV (not AIDS) cases, Las Vegas TGA.		AIDS Prevalence Estimate through December 31, 2009 as of 2/2010. AIDS prevalence is defined as the number of reported living AIDS cases, Las Vegas TGA.		HIV (not AIDS) Prevalence and AIDS Prevalence combined Estimate through December 31, 2009, as of 02/2010, Las Vegas TGA.	
Race/Ethnicity	**#**	**% of Total**	**#**	**% of Total**		**% of Total**	**#**	**% of Total**	**#**	**% of Total**
White, not Hispanic	198	52%	64	33%	1,786	52%	1,883	51%	3,669	51%
Black, not Hispanic	92	24%	61	31%	865	25%	908	24%	1,773	25%
Hispanic	74	20%	52	27%	668	19%	776	21%	1,444	20%
Asian/Pacific Islander	7	2%	14	7%	83	2%	97	3%	180	3%
American Indian/Alaskan Native	5	1%	3	2%	22	1%	36	1%	58	1%
Mulit-Racial	1	0%	0	0%	15	0%	0	0%	15	0%
Not Specified/Other	1	0%	1	1%	0	0%	15	0%	15	0%
Total	**378**	**100%**	**195**	**100%**	**3,439**	**100%**	**3,715**	**100%**	**7,154**	**100%**
Gender	**#**	**% of Total**	**#**	**% of Total**	**#**	**% of Total**	**#**	**% of Total**	**#**	**% of Total**
Male	302	80%	162	83%	2,806	82%	3,136	84%	5,942	83%
Female	76	20%	33	17%	633	18%	579	16%	1,212	17%
Total	**378**	**100%**	**195**	**100%**	**3,439**	**100%**	**3,715**	**100%**	**7,154**	**100%**
Age at Diagnosis (Incidence) / Current Age (Prevalence)	**#**	**% of Total**	**#**	**% of Total**	**#**	**% of Total**	**#**	**% of Total**	**#**	**% of Total**
<13	1	0%	0	0%	33	1%	22	1%	55	1%
13-19	5	1%	3	2%	94	3%	33	1%	127	2%
20-29	91	24%	32	16%	1,147	33%	661	18%	1808	25%
30-39	125	33%	51	26%	1,227	36%	1,515	41%	2742	38%
40-49	103	27%	68	35%	682	20%	1,040	28%	1722	24%
50+	53	14%	41	21%	256	7%	444	12%	700	10%
Missing Data	0	0%	0	0%	0	0%	0	0%	0	0%
Total	**378**	**100%**	**195**	**100%**	**3,439**	**100%**	**3,715**	**100%**	**7,154**	**100%**
Adult/Adolescent AIDS Exposure Category	**#**	**% of Total**	**#**	**% of Total**	**#**	**% of Total**	**#**	**% of Total**	**#**	**% of Total**
MSM	242	64%	128	66%	2,082	61%	2,385	64%	4,467	63%
IDU	27	7%	14	7%	282	8%	386	10%	668	9%
MSM/IDU	10	3%	11	6%	192	6%	256	7%	448	6%
Heterosexual	46	12%	30	15%	459	13%	481	13%	940	13%
NRR	52	14%	12	6%	390	11%	175	5%	565	8%
Adult Hemophilia	0	0%	0	0%	2	0%	4	0%	6	0%
Adult Transfusion/Transplant	0	0%	0	0%	2	0%	2	0%	4	0%
Perinatal Exposure	0	0%	0	0%	26	1%	22	1%	48	1%
Total	**377**	**100%**	**195**	**100%**	**3,435**	**100%**	**3,711**	**100%**	**7,146**	**100%**
Pediatric AIDS Exposure Categories (Ages 0-12)	**#**	**% of Total**	**#**	**% of Total**	**#**	**% of Total**	**#**	**% of Total**	**#**	**% of Total**
Mother with/at risk for HIV infection	1	100%	0	0%	0	0%	0	0%	0	0%
Risk not reported/Other	0	0%	0	0%	4	100%	4	100%	8	100%
Total	**1**	**100%**	**0**	**0%**	**4**	**100%**	**4**	**100%**	**8**	**100%**

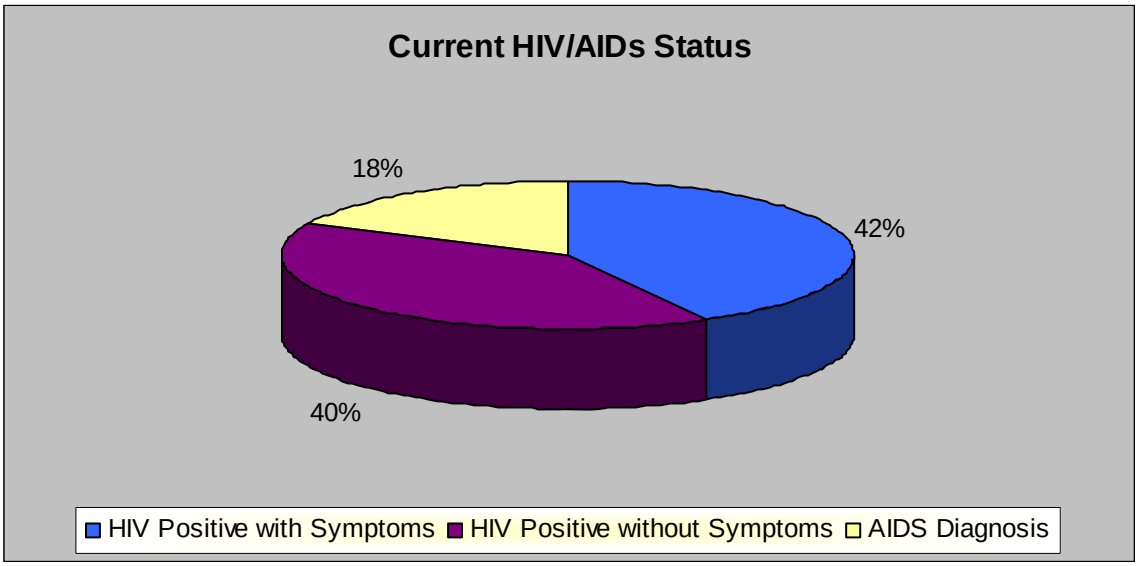
Consumer Survey Findings

Characteristics of Persons Living with HIV/AIDS

Characteristics of the Sample

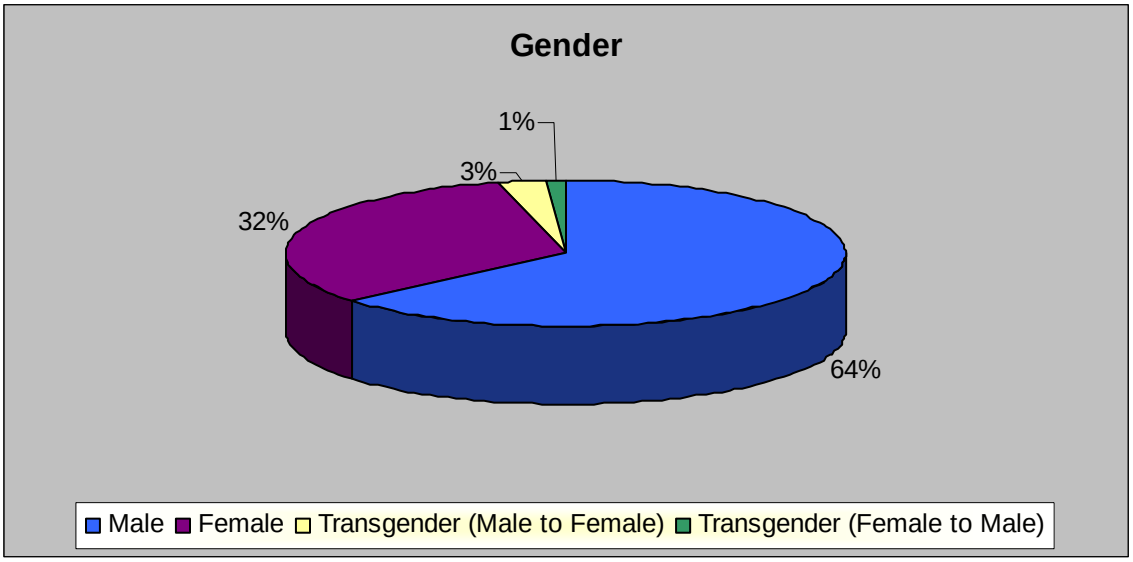
The consumer survey produced 761 respondents. Characteristics of the respondents are summarized below.

Current HIV/AIDS Status



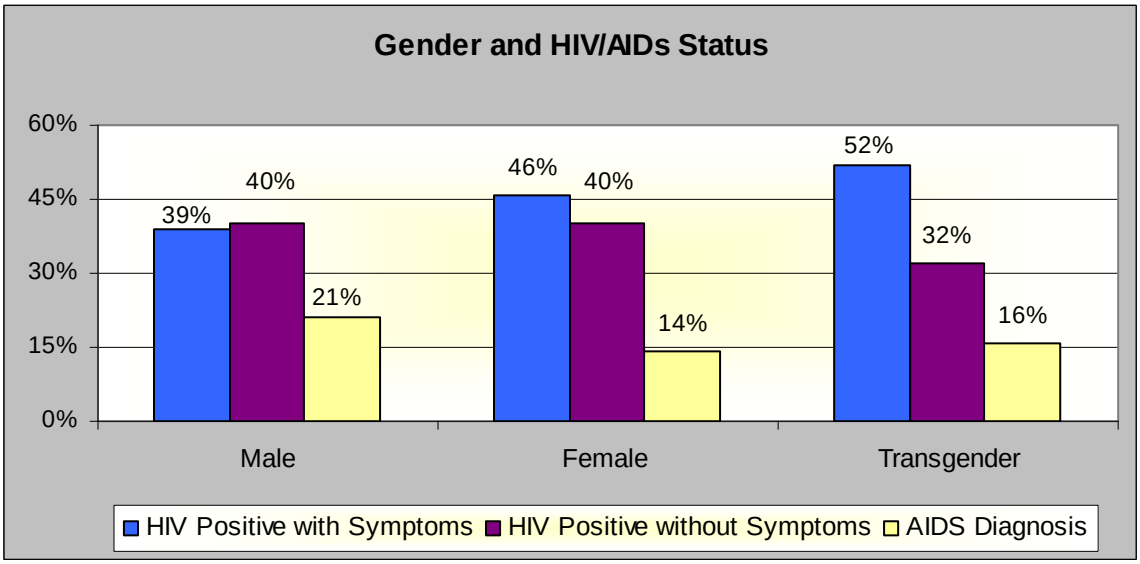
Only respondents that are HIV positive or have an AIDS diagnosis were eligible for the survey. 42% (N=318) of the sample are currently HIV positive with symptoms, 40% (N=304) are HIV positive without symptoms and 18% (N=139) have an AIDS diagnosis. Several variables throughout the consumer survey findings are presented by diagnosis.

Gender



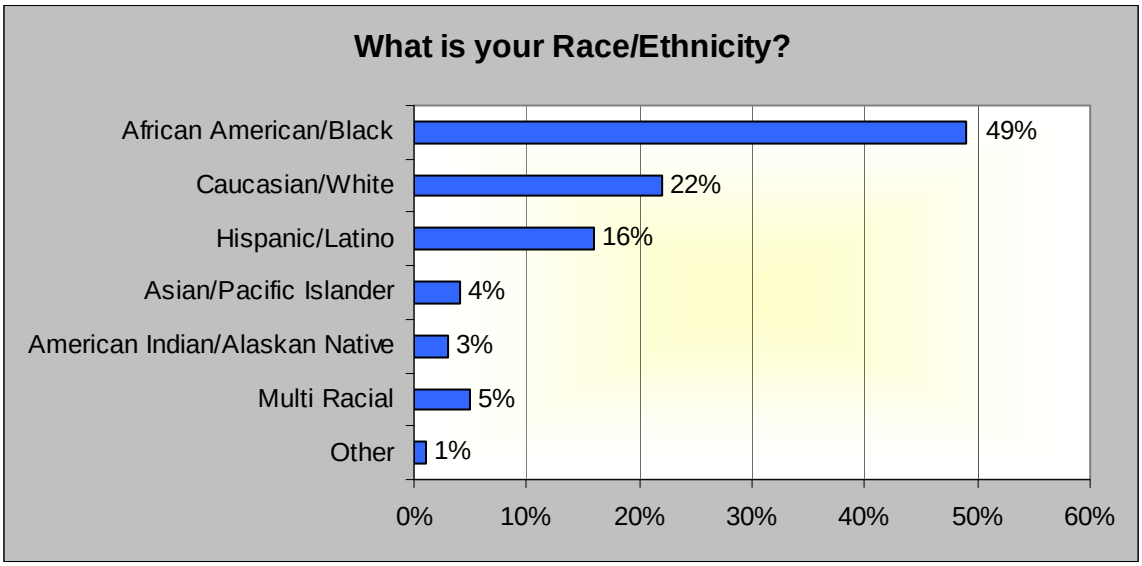
64% (N=489) of respondents are male and 32% (N=246) are female. 3% (N=21) of respondents are transgender (male to female) and 1% (N=4) are transgender (female to male). Several variables throughout the consumer survey findings are presented by gender. Due to the small number of respondents identified as transgender, all transgender individuals comprise one group when findings are reported by gender.

Gender and HIV/AIDS Status



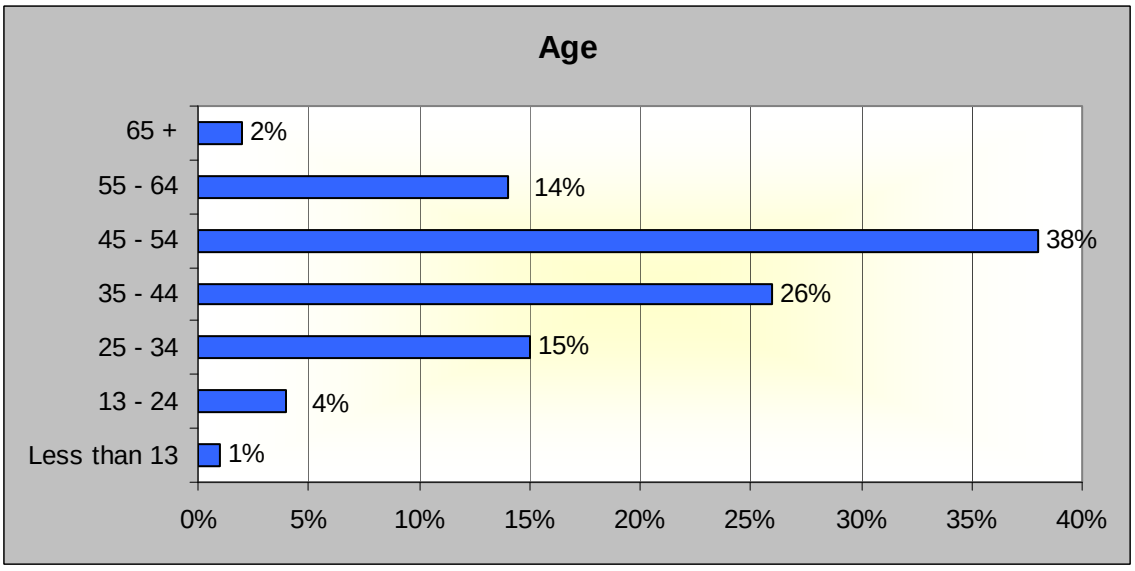
52% of individuals identified as transgender are HIV positive with symptoms, followed by 46% of females and 39% of males. 40% of both males and females are currently HIV positive without symptoms, along with 32% of transgender individuals. 21% of males have an AIDS diagnosis, followed by 16% of transgender individuals and 14% of the females, in the sample.

Race



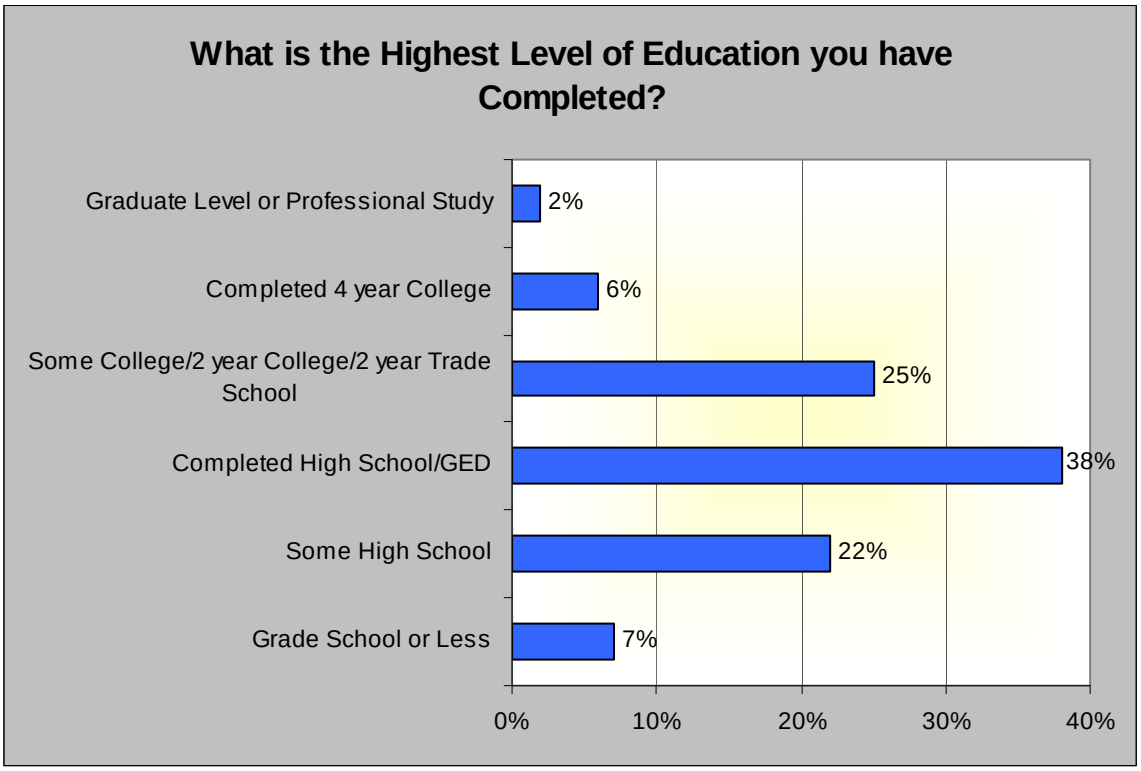
Nearly half (49%) of the sample identify their race/ethnicity as African American/Black. Individuals who identify as Caucasian/White (22%) and Hispanic/Latino (16%) represent the second and third largest race/ethnicity groups in the sample. The remaining respondents identify as Multi Racial (5%), Asian/Pacific Islander (4%), American Indian/Alaskan Native (3%), and other (1%).

Age



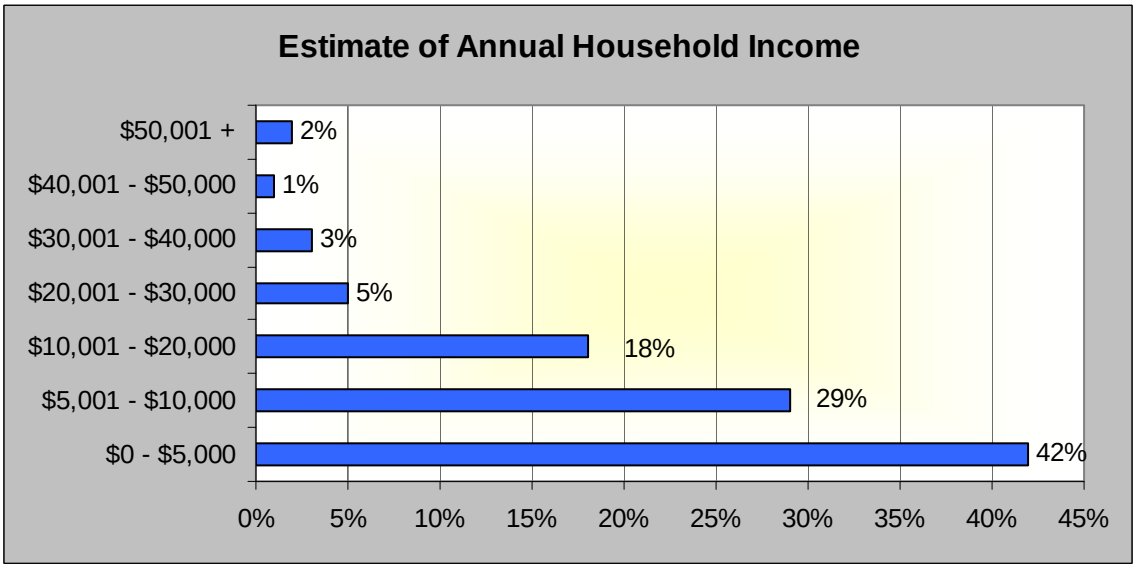
The majority of respondents are between the ages of 35 – 44 (26%) and 45 – 54 (38%). This is followed by 25 – 34 year olds (15%) and respondents who are 55 – 64 (14%). A small portion of the sample is 13 – 24 (4%) and 65 or older (2%), with only 1% of the sample being younger than 13.

Education



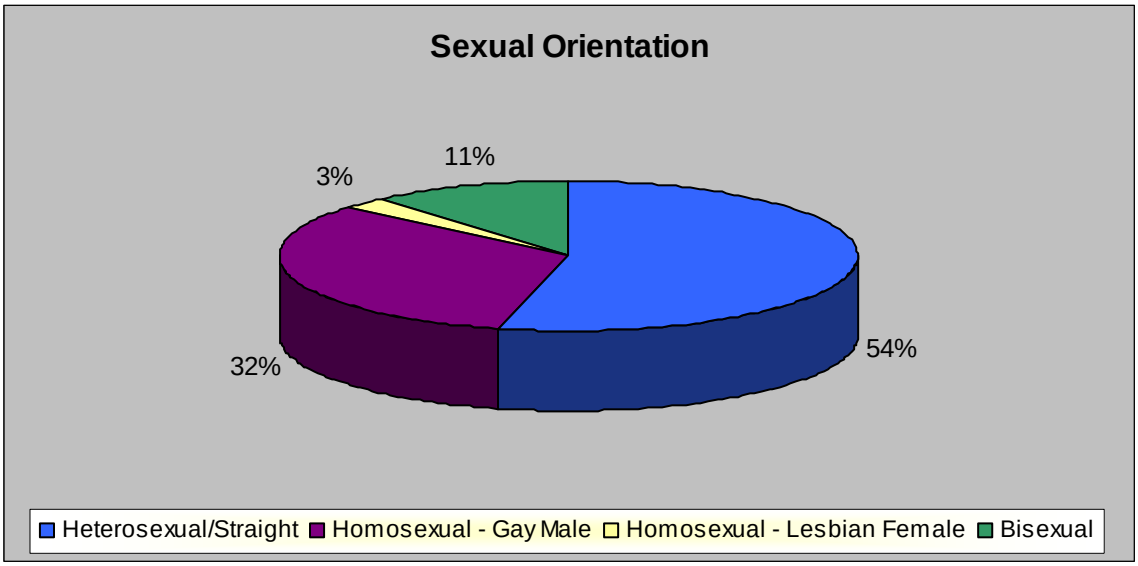
38% of respondents completed high school or earned a GED. This is followed by 25% who attended some college or completed a 2 year college or trade school and 22% who attended some high school. 6% of the sample completed a 4 year college and only 2% completed either graduate level or professional study. 7% of respondents have only a grade school education.

Income



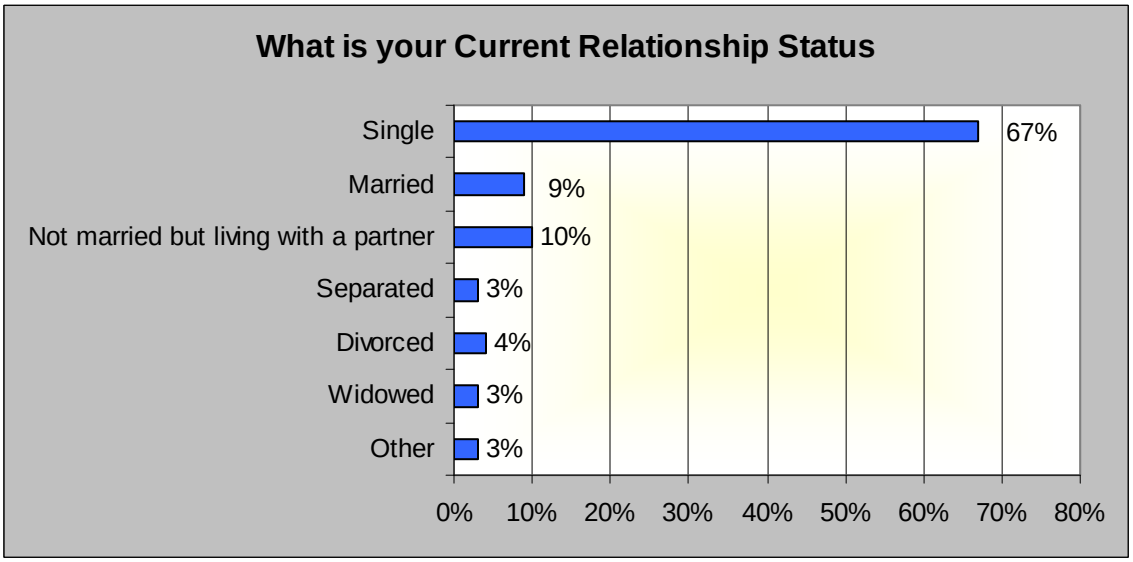
42% of respondents have an estimated annual household income of $0 - $5,000 and 29% estimate an annual income of $5,001 - $10,000. The current estimated poverty threshold for a single person is $10, 952 (U.S. Census Bureau, 2010). 18% of survey respondents make between $10,001 and $20,000. Only 11% of respondents estimate an annual household income of $20,001 or more.

Sexual Orientation



The majority of the sample (54%) identify as heterosexual/straight. Homosexual gay males (32%) make up another large portion of the survey respondents. Only 3% of respondents are homosexual lesbian females and 11% identify as bisexual.

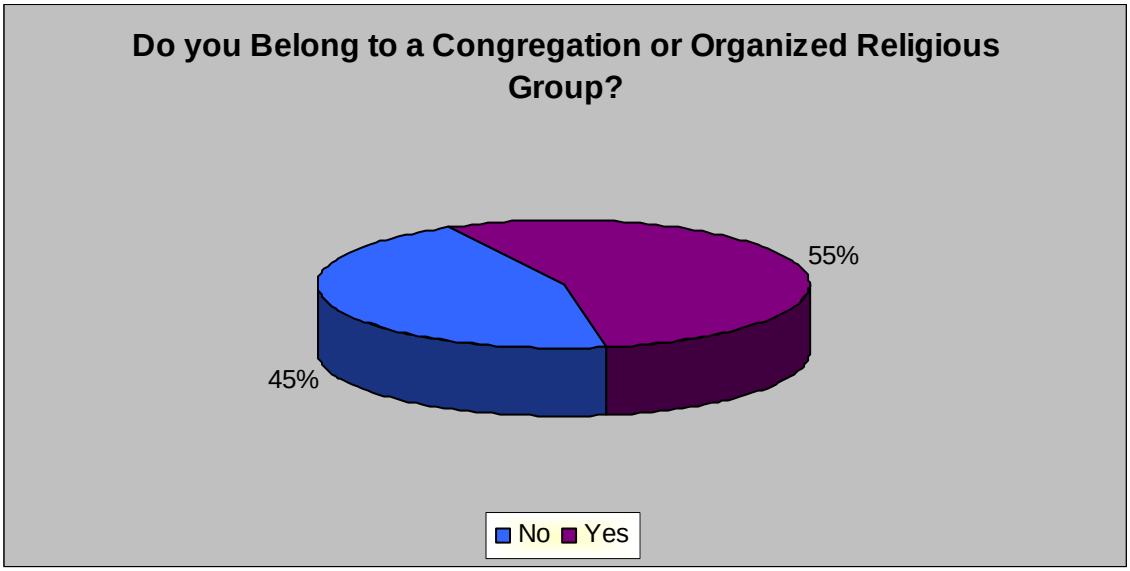
Current Relationship Status



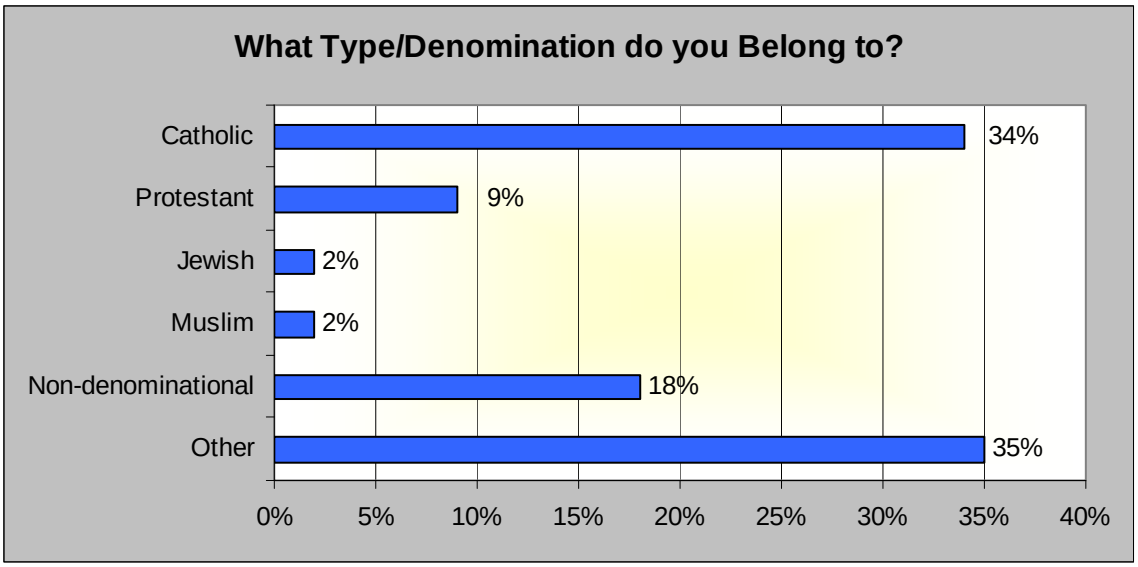
A majority (67%) of respondents in the sample are single. Respondents are nearly equally likely to be married (9%) or not married but living with a partner (10%). 4% of respondents are divorced, followed closely by respondents who are separated (3%) or widowed (3%). 3% of respondents identified the current relationship status as other, generally indicating that they have a boyfriend or girlfriend, but they do not live with their partner.

Religion

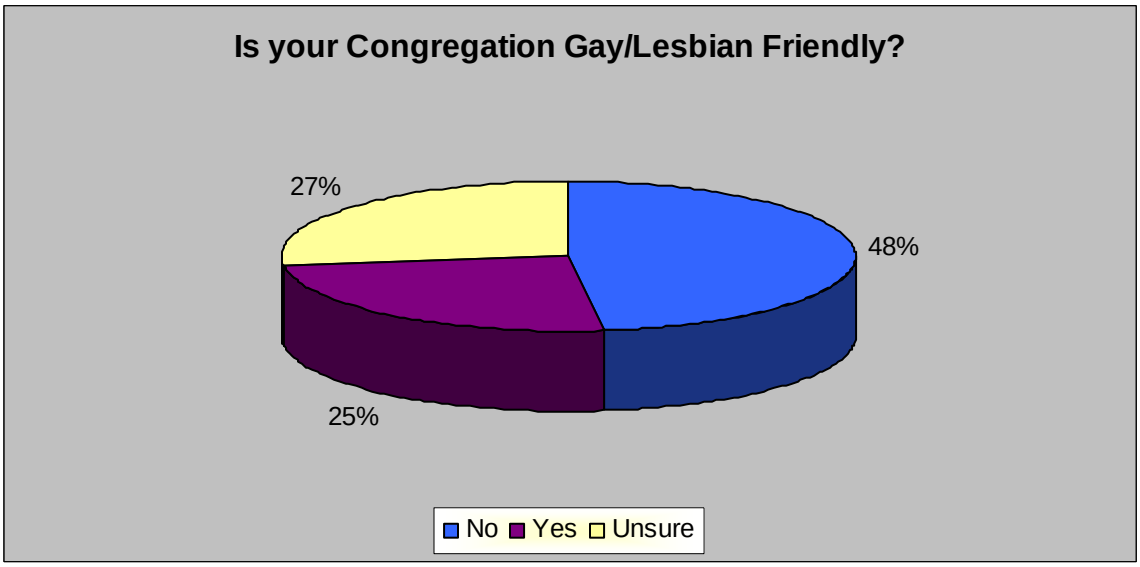
Respondents were asked three questions pertaining to religion and religious involvement. The results are summarized below.



55% of respondents belong to or are involved with a congregation or organized religious group. 45% of respondents do not.

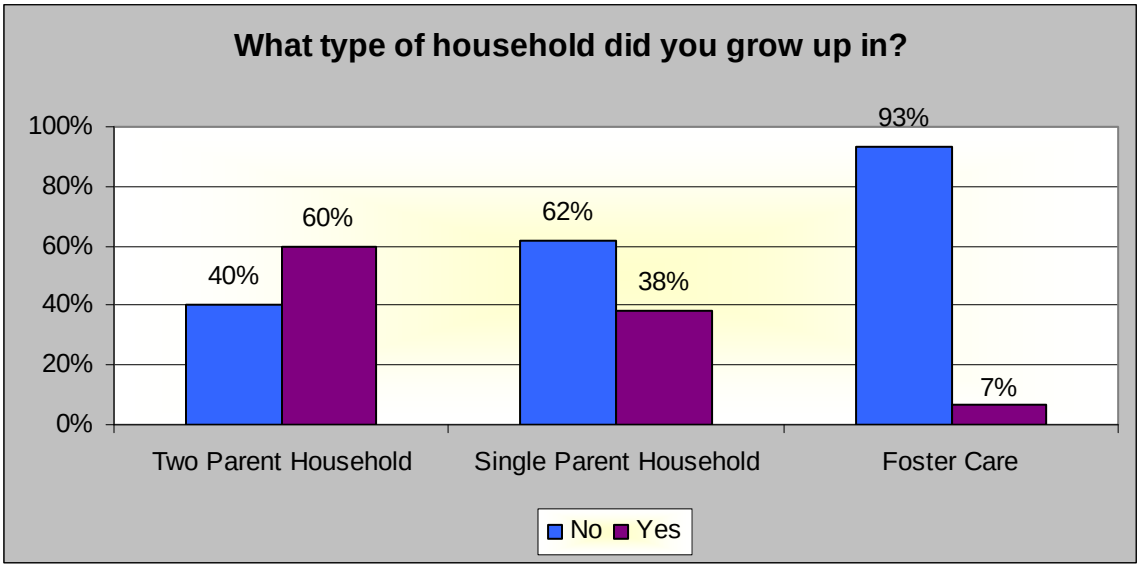


Respondents who indicated that they belong to a congregation were asked to specify what type or denomination. 34% of respondents identify as Catholic and 18% belong to a non-denominational congregation. 9% of respondents are Protestant. A small percentage identify as Jewish (2%) and Muslim (2%). 35% of respondents selected other. These respondents were not required to specify what other type or denomination they belong to.



Respondents who indicated that they belong to a congregation were asked whether the congregation was Gay/Lesbian friendly. Nearly half of the respondents (48%) belong to a congregation that is not Gay/Lesbian friendly, with only a quarter (25%) indicating association with a Gay/Lesbian friendly congregation. 27% of respondents were unsure.

Childhood Household



Respondents were asked several questions regarding the type(s) of household(s) they grew up in as a child. 60% of respondents grew up in a two parent household and 38% grew up in a single parent household. 7% of respondents spent time in or grew up in foster care.

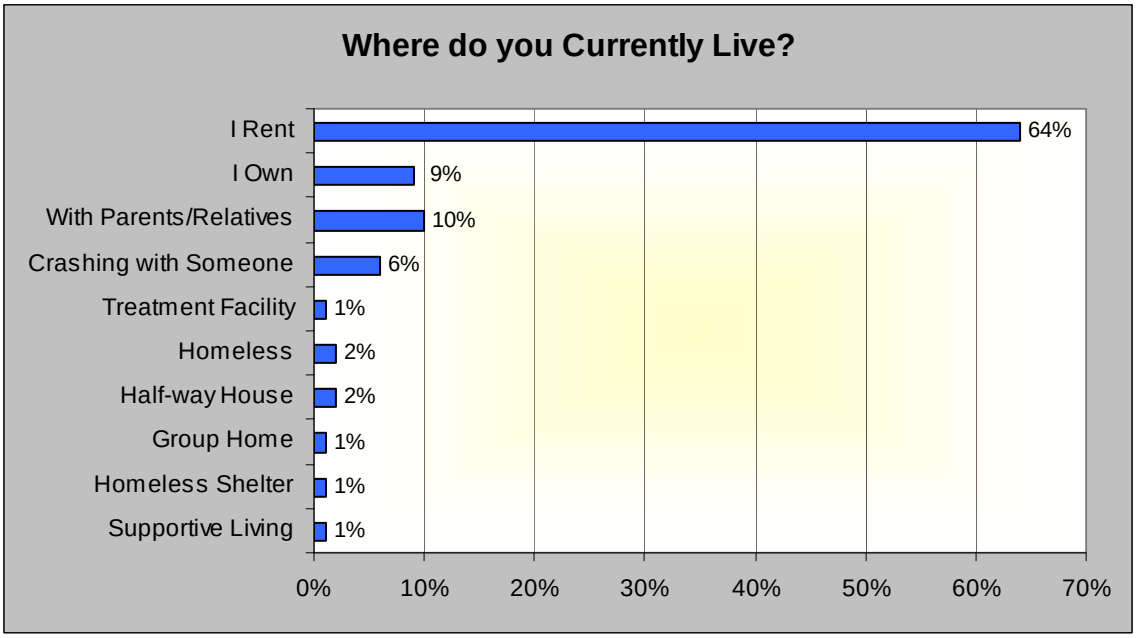
Childhood Abuse

Respondents were also asked several questions regarding childhood abuse. 25% of respondents were verbally abused as children, 20% experienced physical abuse and 19% were sexually abused. Results were considered by gender, but there were no significant relationships, indicating that males, females, and transgender individuals were nearly equally likely to experience or not experience each form of abuse as a child.

Current Living Situation

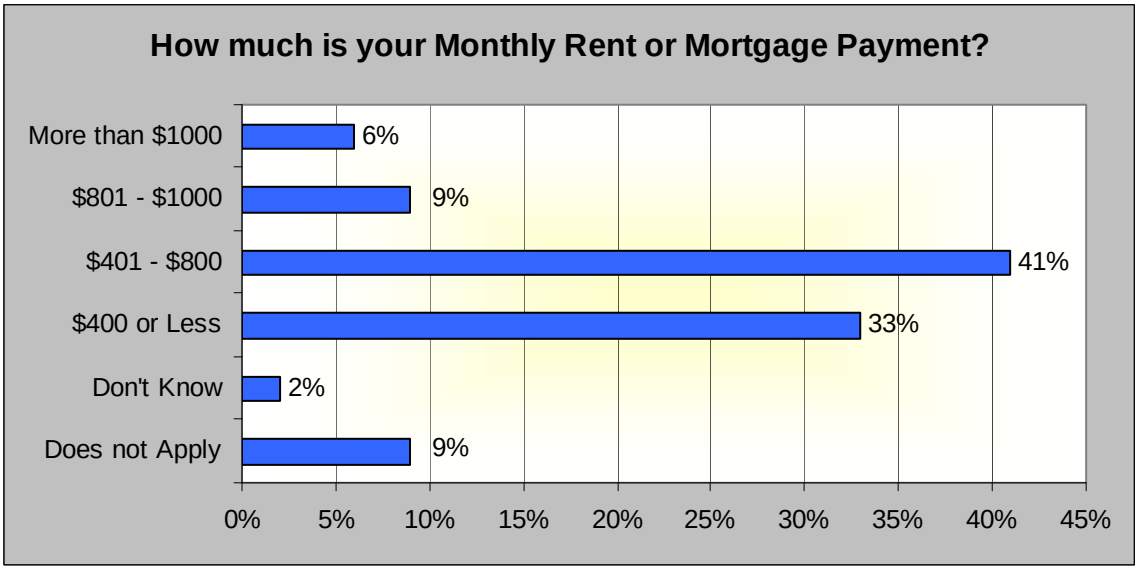
Respondents were asked several questions regarding their current living situation and the effect on their HIV/AIDS status and care. Results are summarized below.

Where do you currently live?



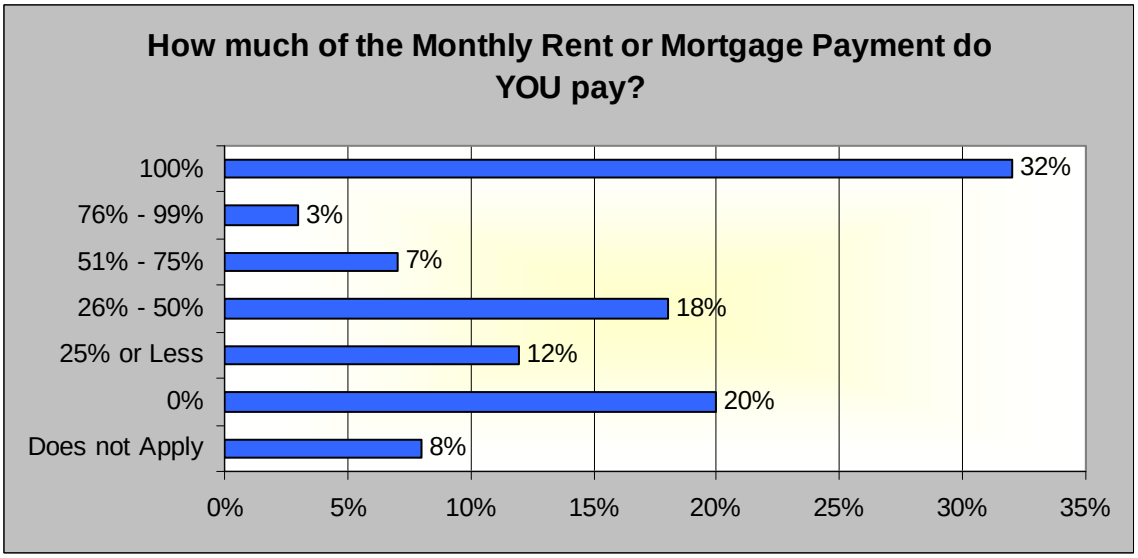
Respondents were asked to indicate where they currently live. The majority (64%) of the sample currently rent an apartment, house, mobile home, or room. Only 9% of the sample currently lives in an apartment, house, or mobile home that they own. 10% live with either parents or relatives and 6% are crashing with someone. A very small portion of respondents are either homeless (2%) or living in a half-way house (2%). The remaining respondents live in a treatment facility (1%), a group home (1%), a homeless shelter (1%), or in supportive living (1%).

Overall Monthly Rent or Mortgage Payment



Respondents were asked how much the total monthly rent or mortgage payment is at their current living situation. 41% of respondents indicate that the total is between $401 and $800, while 33% responded that the monthly rent or mortgage is $400 or less. 9% of respondents live where the rent or mortgage is between $801 and $1000 and 6% live somewhere it is more than $1000. 2% of respondents do not know how much the monthly rent or mortgage payment is and 9% live in a situation where rent and mortgage do not apply.

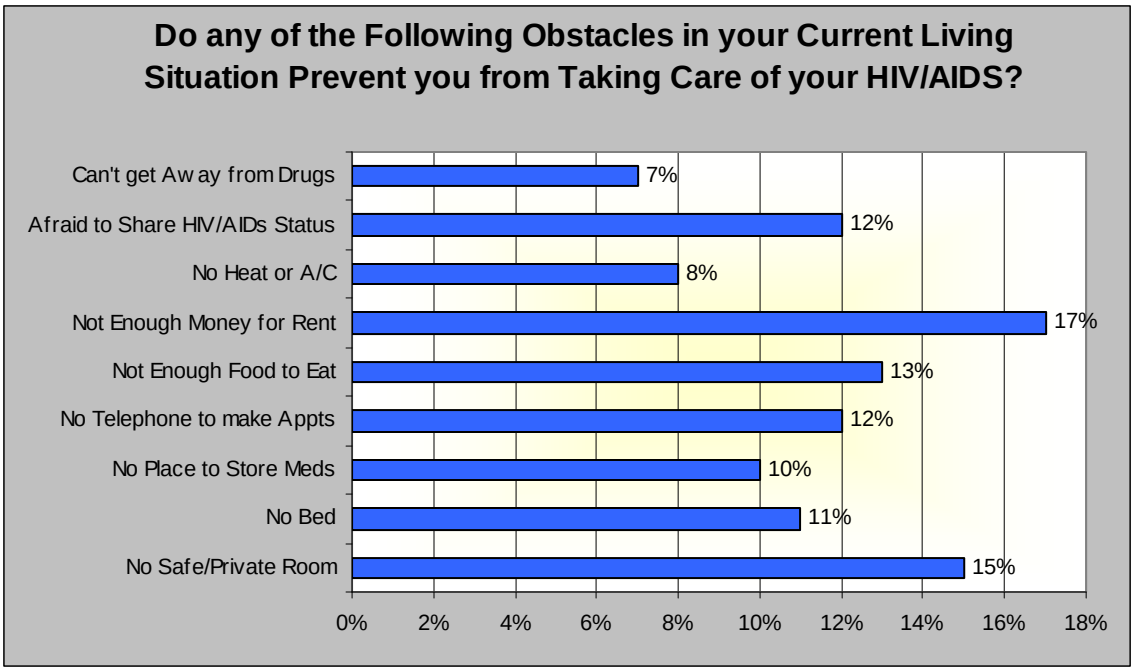
Monthly Rent or Mortgage Payment You Pay



Respondents were then asked to indicate what percentage of the monthly rent or mortgage payment they pay in their current living situation. 32% of respondents pay 100% of the monthly rent or mortgage, whereas 20% pay 0%. 18% of respondents pay

between 26% and 50% of the total rent or mortgage, followed by 12% who pay 25% or less. 10% of respondents pay between 51% and 99% of the monthly rent or mortgage and 8% live in a situation where paying rent or mortgage does not apply.

Housing Situation and Obstacles to Care



Respondents were given a list of obstacles and asked to indicate if any prevent them from taking care of their HIV/AIDS. Respondents were instructed to select all that apply. The most common obstacle preventing respondents from taking care of their HIV/AIDS is not having enough money for rent (17%). This was followed by not having a safe/private room (15%) and not having enough food to eat (13%). Respondents were equally likely to not have a telephone to make appointments (12%) and to be afraid of others in the same living situation becoming aware of their HIV/AIDS status (12%). 11% of respondents do not have a bed to sleep in and 10% have no place to store medication. 8% indicated they live in a situation with no heat or air conditioning and 7% live where they can't get away from drugs. 48% of respondents indicated that none of the listed obstacles prevent them from taking care of their HIV/AIDS.

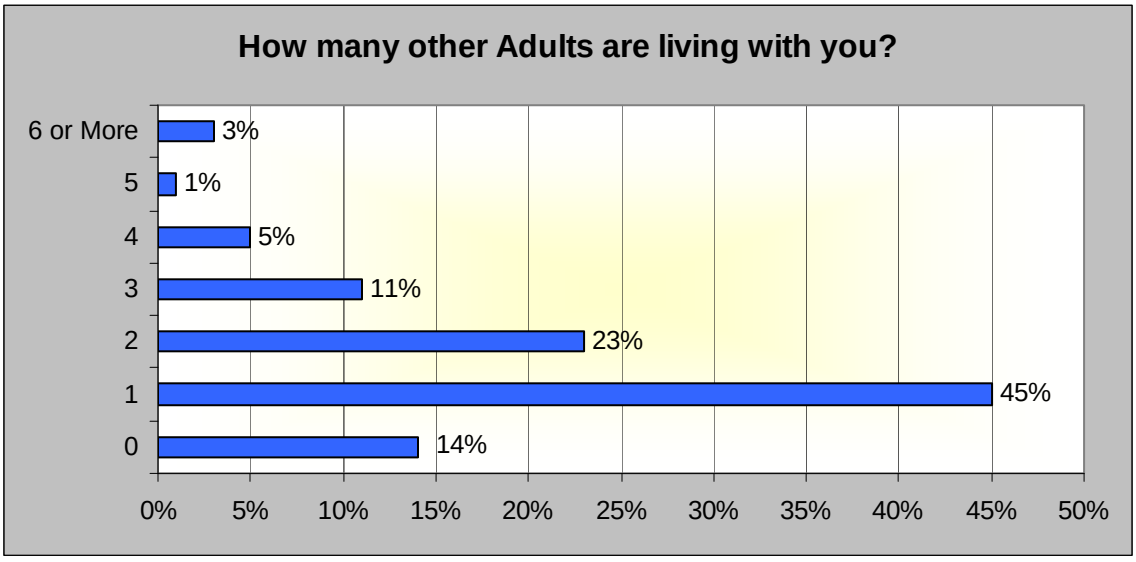
Zip Code/City/Area

Respondents were asked to provide their zip code, along with city and state of residence. The table below shows the frequency per zip code and the city associated with each zip code. About 98% of the sample lives in Nevada, and more specifically in Clark County. The geographic area in Clark County is also provided for each zip code.

Frequency	Zip Code	City	Area (Clark County)
114	89101	Las Vegas	Northeast
5	89105	Las Vegas	Northeast
82	89106	Las Vegas	Northeast
15	89110	Las Vegas	Northeast
1	89112	Las Vegas	Northeast
7	89114	Las Vegas	Northeast
34	89115	Las Vegas	Northeast
1	89116	Las Vegas	Northeast
7	89125	Las Vegas	Northeast
1	89133	Las Vegas	Northeast
4	89156	Las Vegas	Northeast
1	89025	Moapa	Northwest
52	89030	N. Las Vegas	Northwest
11	89031	N. Las Vegas	Northwest
15	89032	N. Las Vegas	Northwest
1	89033	N. Las Vegas	Northwest
4	89081	N. Las Vegas	Northwest
1	89086	N. Las Vegas	Northwest
12	89107	Las Vegas	Northwest
27	89108	Las Vegas	Northwest
2	89128	Las Vegas	Northwest
6	89130	Las Vegas	Northwest
3	89131	Las Vegas	Northwest
7	89144	Las Vegas	Northwest
8	89145	Las Vegas	Northwest
2	89149	Las Vegas	Northwest
1	89166	Las Vegas	Northwest
3	89011	Henderson	Southeast
2	89012	Henderson	Southeast
6	89014	Henderson	Southeast
8	89015	Henderson	Southeast
1	89016	Henderson	Southeast
1	89026	Jean	Southeast
1	89044	Henderson	Southeast
2	89052	Henderson	Southeast
3	89074	Henderson	Southeast
45	89104	Las Vegas	Southeast
15	89109	Las Vegas	Southeast
38	89119	Las Vegas	Southeast
3	89120	Las Vegas	Southeast
50	89121	Las Vegas	Southeast
12	89122	Las Vegas	Southeast

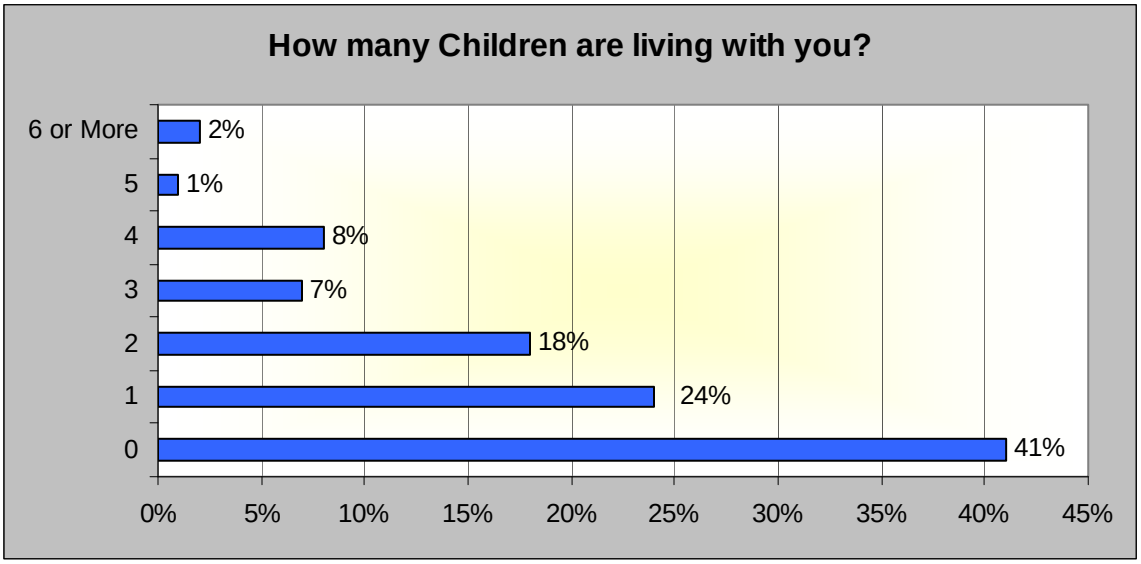
8	89123	Las Vegas	Southeast
2	89141	Las Vegas	Southeast
4	89142	Las Vegas	Southeast
12	89169	Las Vegas	Southeast
1	89170	Las Vegas	Southeast
3	89183	Las Vegas	Southeast
1	89048	Pahrump	Southwest
2	89060	Pahrump	Southwest
1	89061	Pahrump	Southwest
20	89102	Las Vegas	Southwest
18	89103	Las Vegas	Southwest
5	89113	Las Vegas	Southwest
14	89117	Las Vegas	Southwest
2	89118	Las Vegas	Southwest
10	89146	Las Vegas	Southwest
6	89147	Las Vegas	Southwest
4	89148	Las Vegas	Southwest
1	89024	Mesquite	Arizona
1	94015	Daly City	California
32	99999	Refuse/Missing	

Number of Adults Living with You



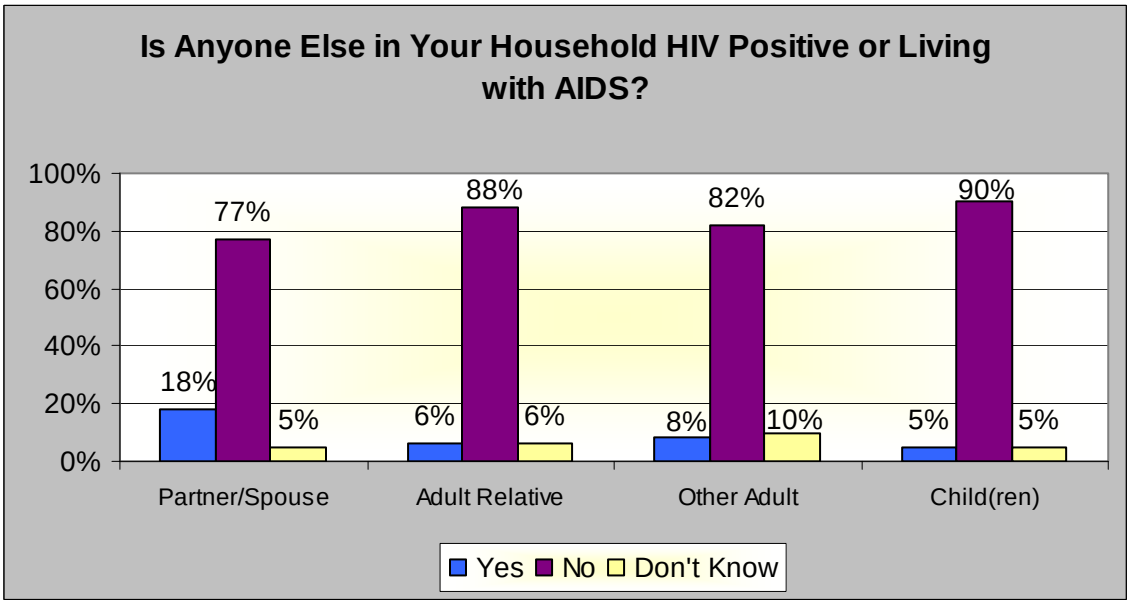
45% of respondents have one other adult living with them in their current living situation, while 23% have two other adults living with them. 14% of respondents indicate that there are no other adults living with them. 11% live with three other adults and 5% have four other adults living with them. Only 1% has five other adults in the household, but 3% have 6 or more adults living with them.

Number of Children Living with You



41% of respondents do not have any children currently living with them. 24% indicate that there is one child in the home and 18% of two children living with them. Respondents are nearly equally likely to have 3 children (7%) or 4 children (8%) currently living with them. Only 1% has 5 children in the household and 2% live in a situation with 6 or more children.

Anyone else Living with HIV/AIDS in the Household



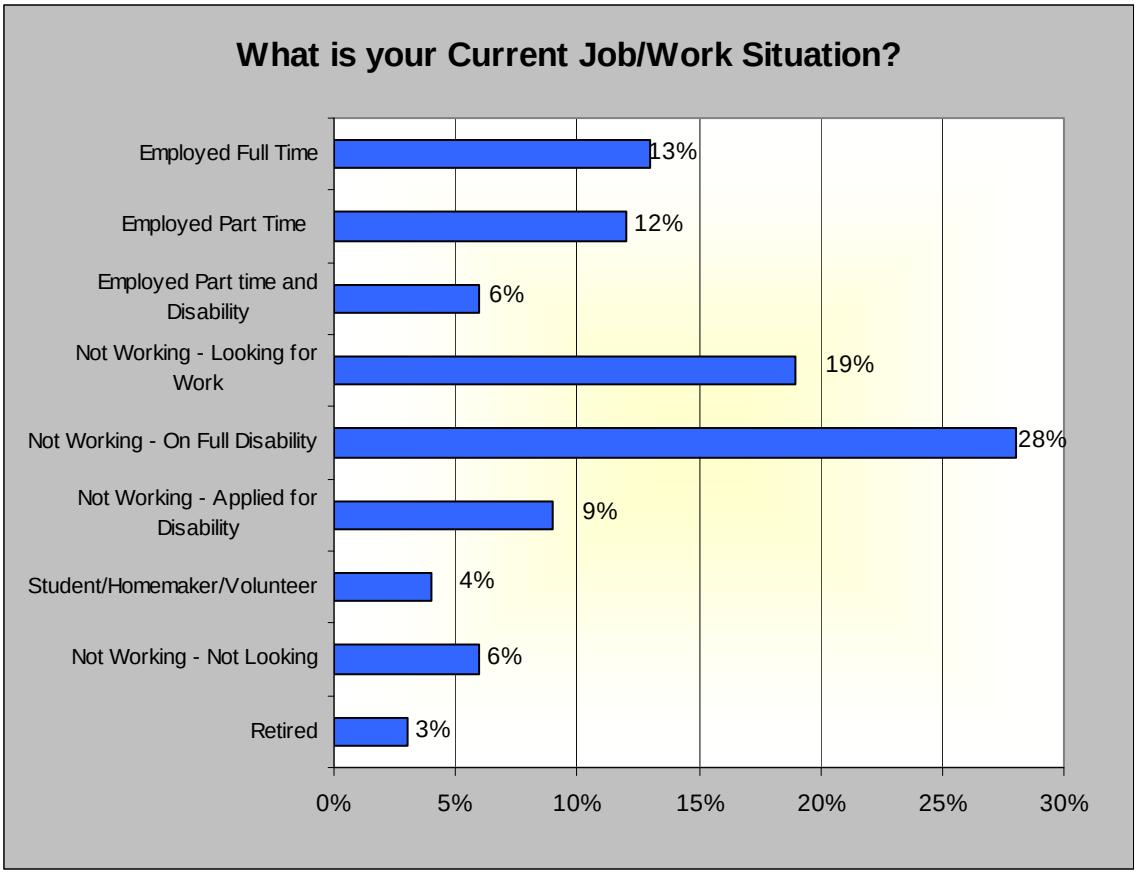
Respondents were asked whether anyone else in the household is HIV positive or living with AIDS. In general, the majority of respondents do not live with anyone else who has HIV or AIDS. 18% of respondents, however, have a partner or spouse that is HIV positive or living with AIDS. 6% live with an adult relative and 8% live with another

adult that has HIV or AIDS. 5% have children living in the home with HIV or AIDS. Between 5% - 10% indicate that they do not know if someone else in the household is HIV positive or living with AIDS.

Work/Employment Status

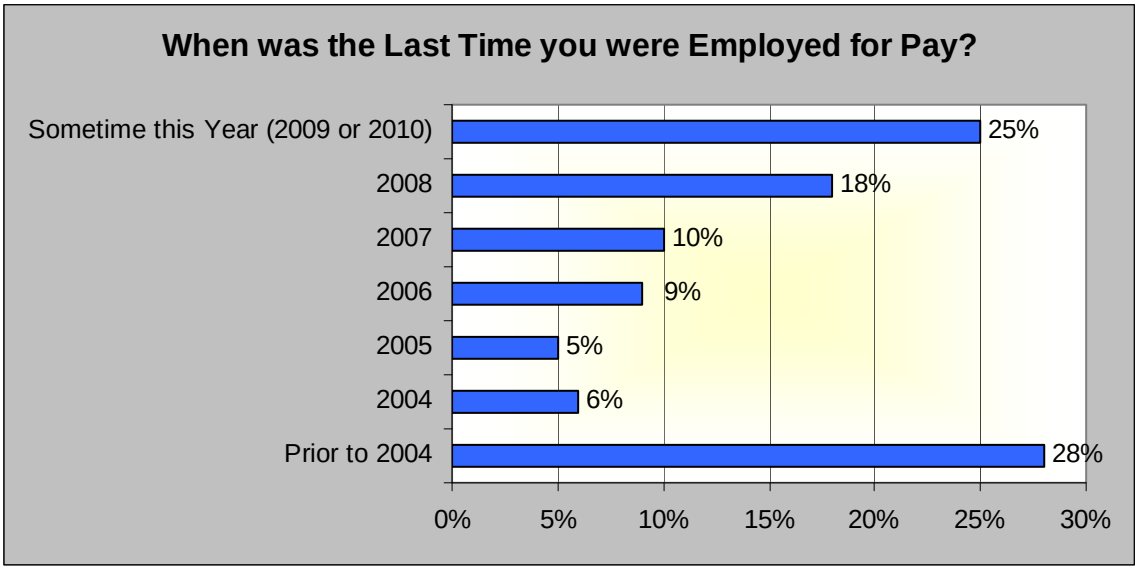
Respondents were asked a series of questions regarding employment status and the effect of HIV/AIDS. The results are summarized below.

Current Work Situation



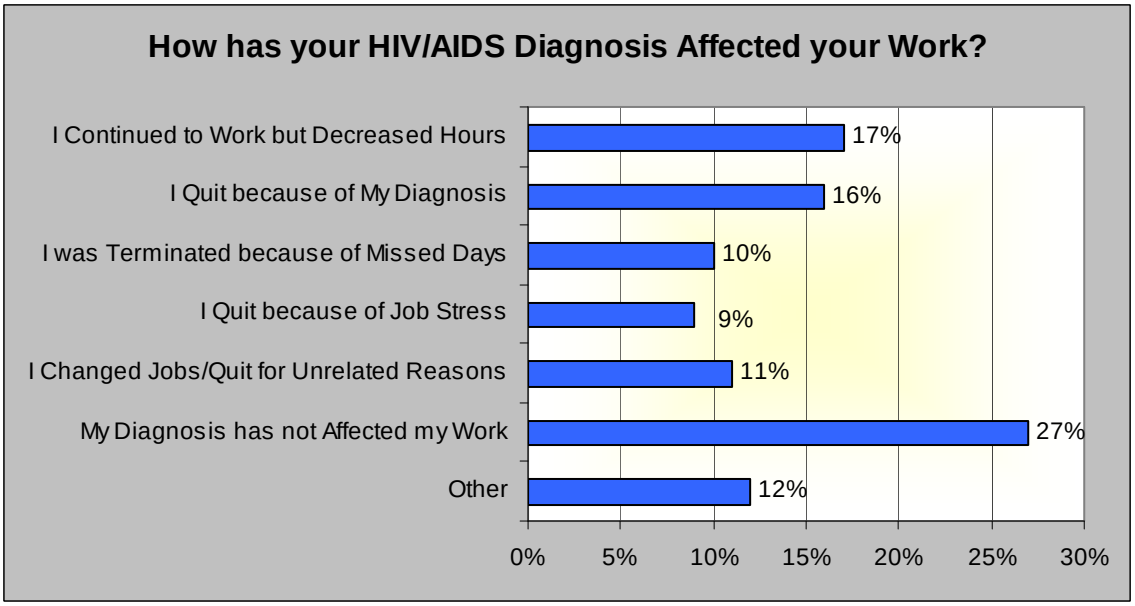
13% of respondents are currently employed full time, 12% are employed part time and 6% are employed part time and earn disability. 28% of respondents are currently not working and on full disability, while 9% are not working and have applied for disability. 19% of respondents are currently not working, but are looking for work, whereas 6% are not working and not looking for work. 4% are either a student, a homemaker, or a volunteer and 3% are retired.

When was the last time you were employed for Pay?



Respondents, who previously indicated that they are not working, were asked to specify the last time they were employed for pay. While 28% were last employed prior to 2004, 25% indicated that sometime this year (2009 or 2010) was the last time they were employed for pay. 18% of respondents were last employed in 2008. Respondents were nearly equally likely to have last been employed in 2007 (10%) and 2006 (9%). Similarly, it is also nearly equally likely for respondents to have last been employed for pay in 2005 (5%) and 2004 (6%).

How has HIV/AIDS affected your work?



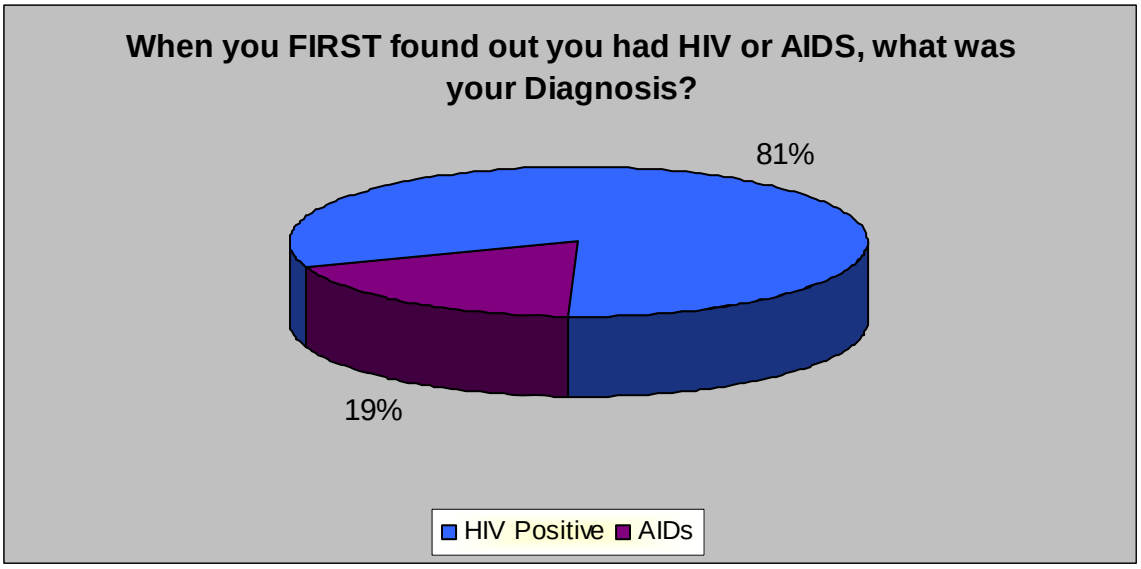
Respondents were asked how their HIV/AIDS diagnosis has affected their work. 27% indicate that the HIV/AIDS diagnosis has not affected their work, while 16% quit their

job because of their diagnosis. 17% of respondents continued to work, but decreased their hours. 9% quit because of job stress and 11% changed jobs or quit for reasons unrelated to their diagnosis. 10% of respondents were terminated because of too many missed days. 12% indicated there are other ways their HIV/AIDS diagnosis has affected their work, but respondents were not asked to specify what these other reasons are.

HIV/AIDS Diagnosis

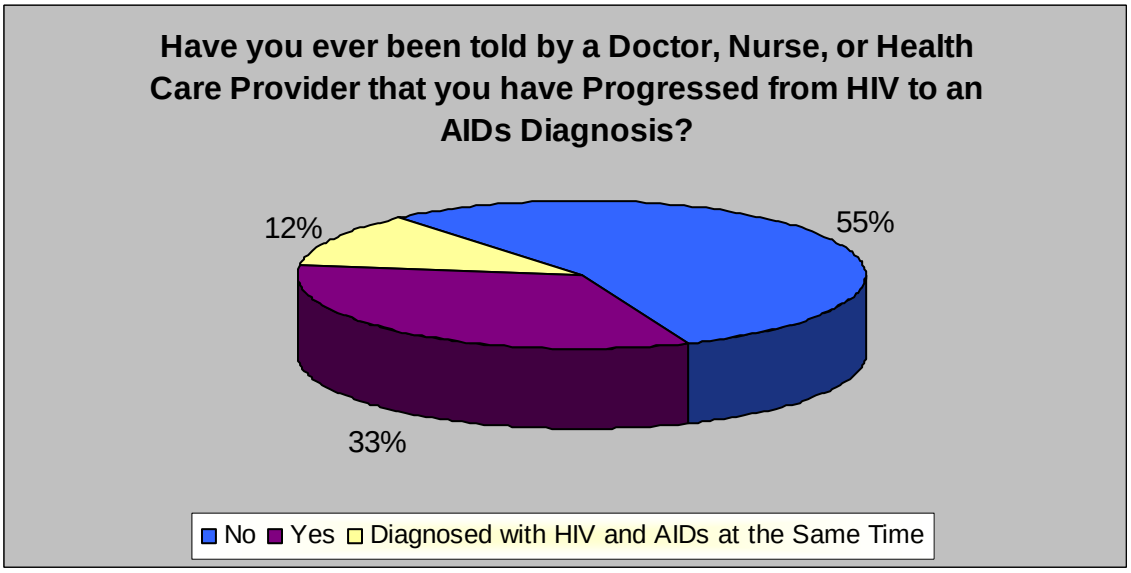
Respondents were asked several questions regarding their HIV and/or AIDS diagnosis. The results are summarized below.

First Diagnosis



Respondents were asked to classify their first diagnosis. 81% of respondents (N = 559) were HIV positive at first diagnosis. The first diagnosis for 19% of respondents (N = 129) was an AIDS diagnosis.

Progression of Diagnosis



Those respondents, who were first diagnosed as HIV positive, were asked if their diagnosis has ever progressed to an AIDS diagnosis. 55% of respondents (N = 362) have not progressed from an HIV positive to an AIDS diagnosis. 33% of respondents (N = 215) who were initially diagnosed as HIV positive have progressed to an AIDS diagnosis. 12% of respondents (N = 82) were diagnosed with an AIDS diagnosis at the same time they tested positive for HIV.

Where and What year were you first diagnosed with HIV?

Respondents were asked where and what year they were first diagnosed with HIV. Results are presented in the table below.

Location	Frequency	Year	Frequency
Arkansas	2	1969	1
Alabama	1	1974	1
Arizona	7	1977	1
California	120	1980	3
Colorado	4	1982	5
Connecticut	2	1983	5
District of Columbia	1	1984	5
Delaware	3	1985	13
Florida	19	1986	17
Hawaii	2	1987	4
Illinois	11	1988	14
Indiana	1	1989	19
Kansas	1	1990	29
Louisiana	4	1991	20
Massachusetts	5	1992	12
Maryland	3	1993	17
Michigan	5	1994	22
Minnesota	2	1995	31
Mississippi	3	1996	25
North Carolina	3	1997	17
New Jersey	4	1998	25
Nevada	371	1999	29
New York	13	2000	31
Ohio	5	2001	31
Oklahoma	1	2002	25
Oregon	5	2003	44
Pennsylvania	3	2004	36
Rhode Island	1	2005	27
South Carolina	3	2006	29
Texas	11	2007	49
Utah	4	2008	49
Virginia	4	2009	23

Washington	4
Wisconsin	4
West Virginia	4
Foreign Country	12

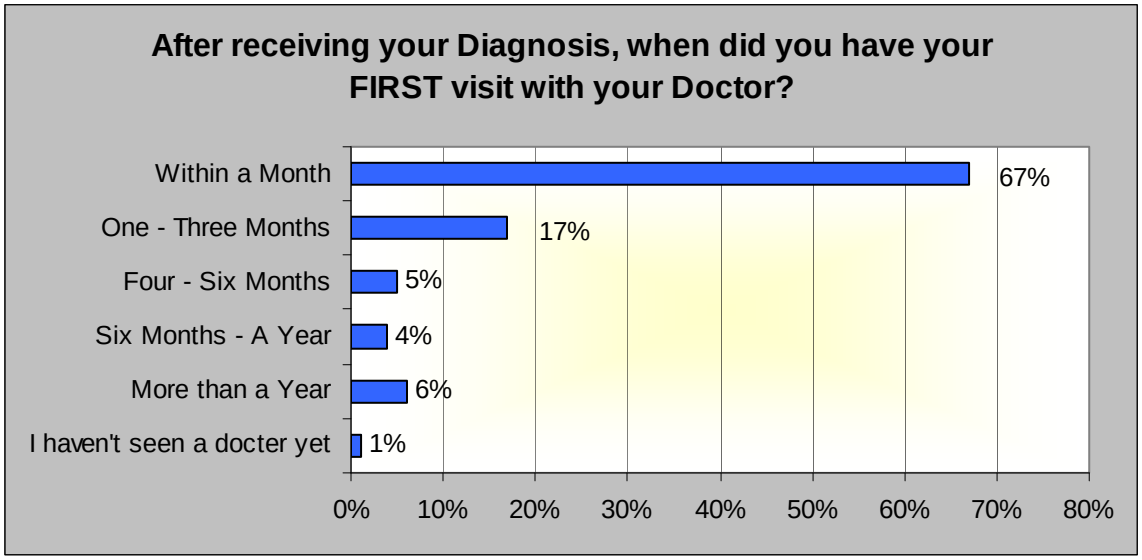
Where and What year were you first diagnosed with AIDS?

Respondents were asked where and what year they were first diagnosed with AIDS. Results are presented in the table below.

Location	Frequency
Arizona	4
California	17
Colorado	1
Florida	2
Illinois	2
Louisiana	1
Minnesota	1
Mississippi	2
New Jersey	3
Nevada	73
New York	1
Ohio	4
Oregon	1
Texas	1
Utah	1
Washington	2
Wisconsin	2
West Virginia	1

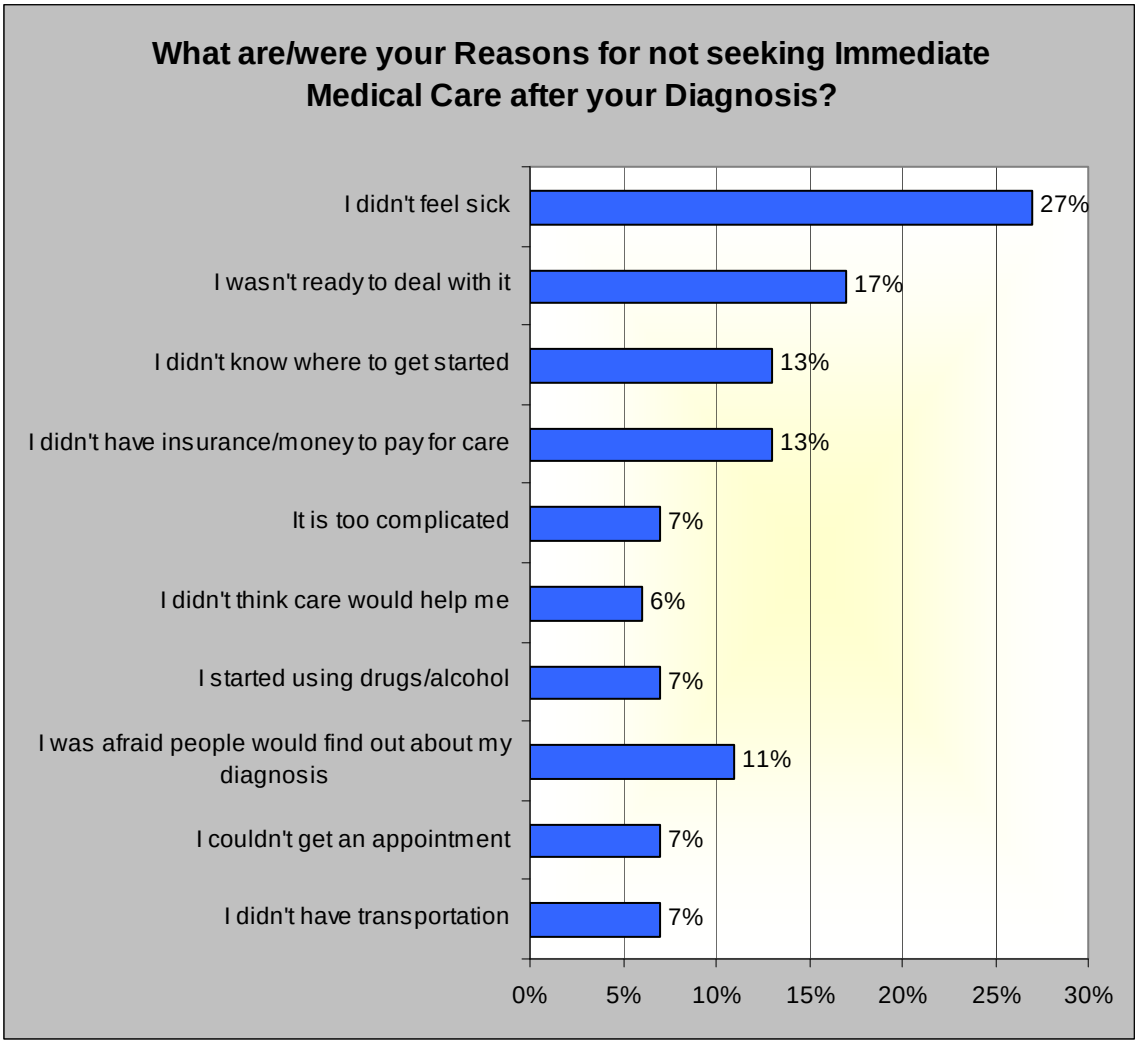
Year	Frequency
1979	1
1980	1
1982	1
1984	1
1985	1
1986	1
1987	1
1988	1
1989	2
1990	3
1992	3
1993	3
1994	3
1995	12
1996	6
1997	1
1998	9
1999	6
2000	4
2001	7
2002	1
2003	7
2004	6
2005	3
2006	7
2007	12
2008	10
2009	8

First Doctor Visit



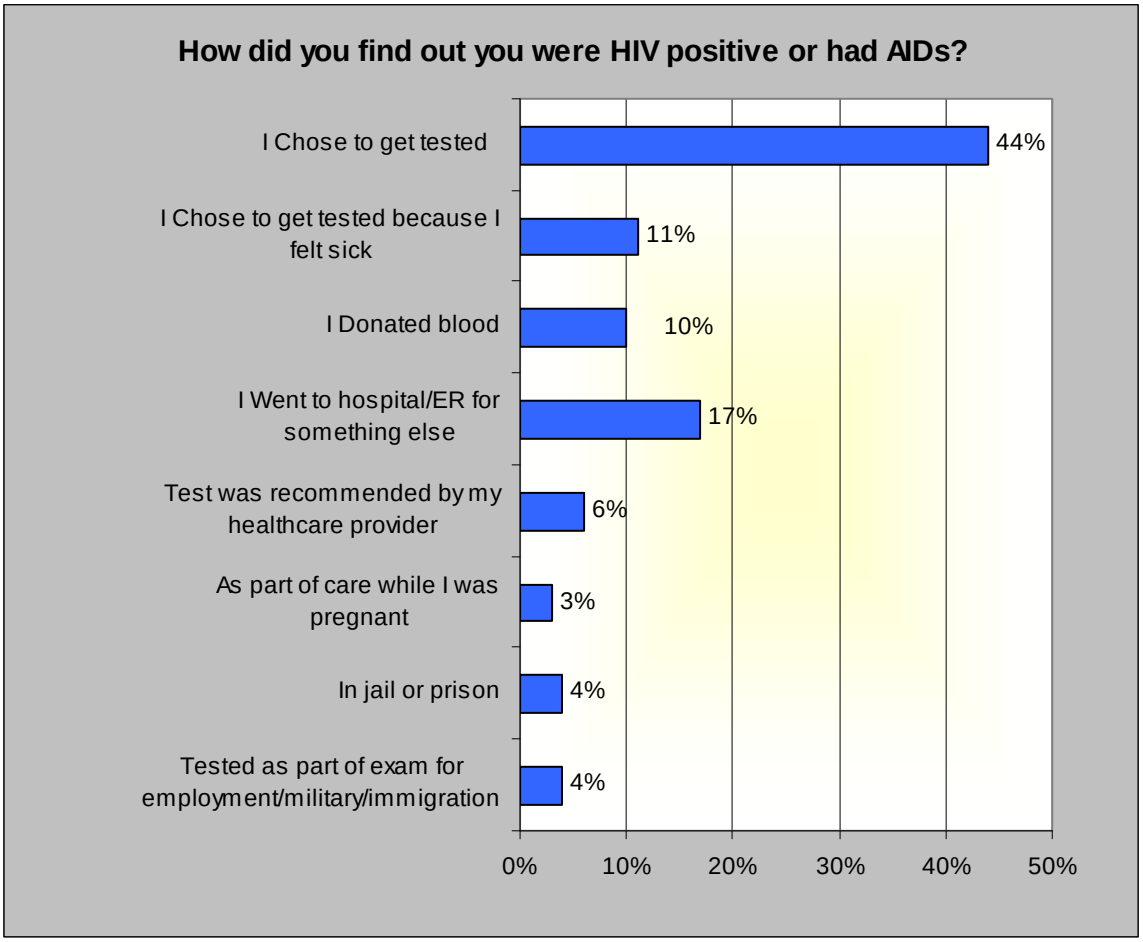
67% of respondents had their first visit to the doctor within one month of receiving their diagnosis. This was followed by 17% of respondents who had their first doctor visit one to three months after receiving a diagnosis. 5% first saw a doctor four to six months after receiving a diagnosis and 4% first saw a doctor within six months to one year. 6% of respondents waited more than a year to first visit the doctor after receiving a diagnosis and 1% have yet to visit a doctor.

Reasons for not seeking immediate care



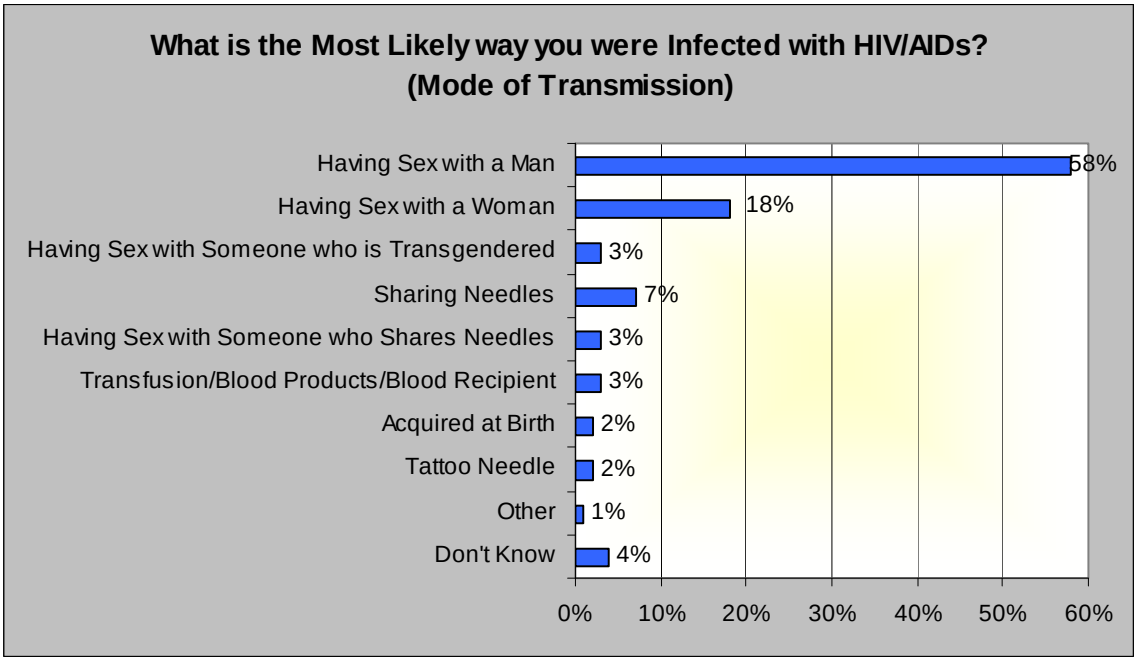
All respondents, excluding those who had their first doctor visit within a month of diagnosis, were asked to specify the reason(s) for not seeking immediate care. Respondents were instructed to select all reasons that apply. The most common reason for not seeking immediate care was that the respondent did not feel sick (27%). This was followed by respondents who were not ready to deal with the diagnosis (17%). Respondents were equally likely to not seek immediate care because they did not know where to get started (13%) or they did not have insurance or money to pay for care (13%). 11% of respondents did not seek immediate care because they were afraid people would find out about the diagnosis. Other reasons respondents did not seek immediate care include: care is too complicated (7%), the respondent started using drugs/alcohol (7%), the respondent could not get an appointment (7%), the respondent did not have transportation (7%), and the respondent did not think care would help (6%).

How did you find out?



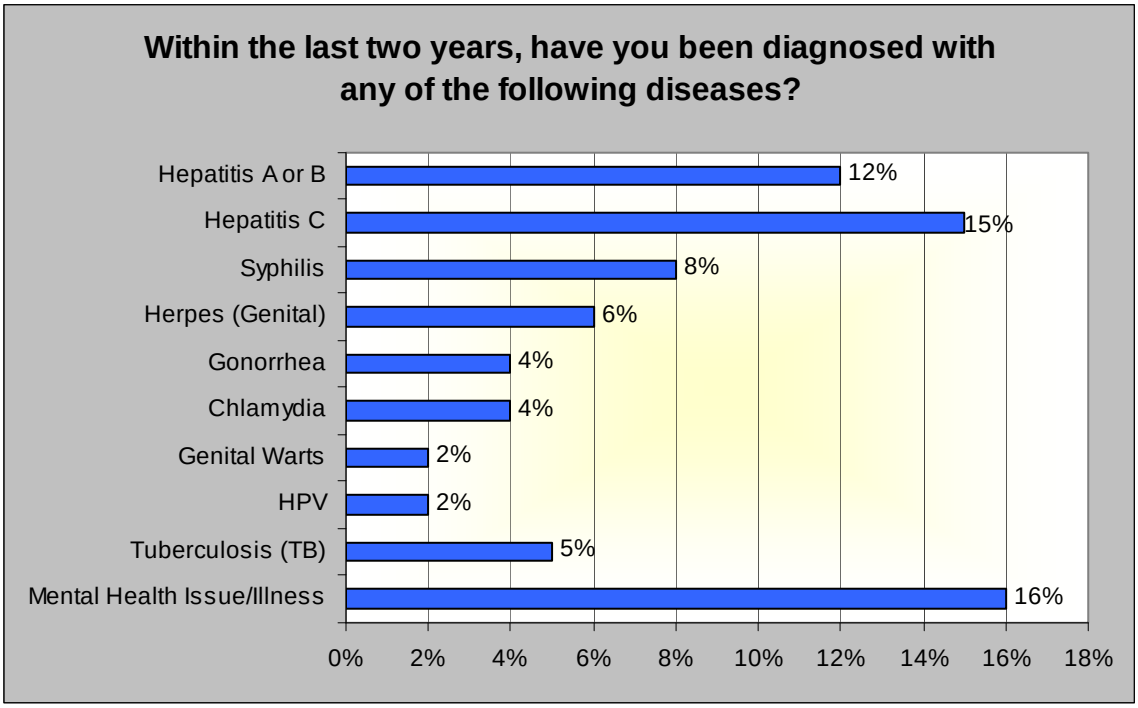
Respondents were asked how they found out they were HIV positive or had AIDS. 44% found out because they chose to get tested and another 11% chose to get tested because they felt sick. 10% of respondents found out because they donated blood and 17% found out when they went to the hospital or ER for something else. A healthcare provider recommended that 6% get tested. Additional ways that respondents found out about their diagnosis include: part of care during pregnancy (3%), while in jail/prison (4%), and tested as part of an exam for employment, military, or immigration (4%). Less than 1% of respondents indicated that they found out via some other method, upon specification, these respondents found out during participation in a research study.

Mode of Transmission



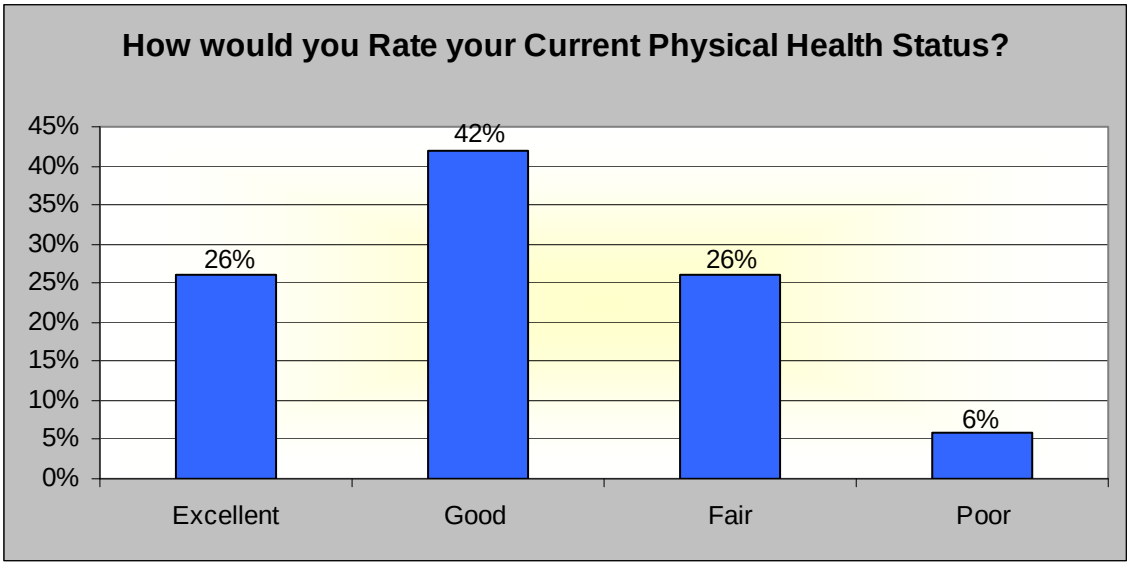
Respondents were asked to indicate the most likely way they were infected, which is also referred to as mode of transmission. The majority of respondents (58%) were infected by having sex with a man. This was followed by 18% of respondents who were infected by having sex with a woman and 7% who were infected from sharing needles. Respondents were equally likely to be infected by having sex with someone who is transgendered (3%), having sex with someone who shares needles (3%), and having a transfusion, using blood products, or being a blood recipient (3%). 2% of respondents acquired the disease at birth and 2% were infected by a tattoo needle. 4% do not know how they were infected and 1% indicated they were infected via some other method. Upon specification, respondents who were infected via another method were infected during a rape.

Diagnosis of Other Diseases



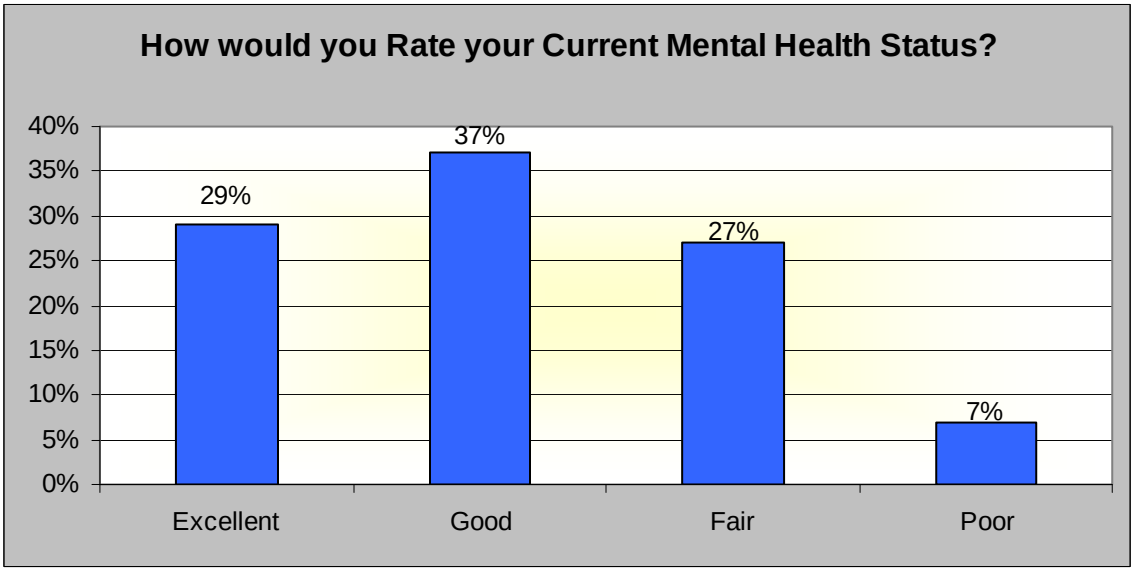
Respondents were asked to identify whether they have been diagnosed with additional diseases within the last two years. They were instructed to select all diseases that apply. Diseases with the highest response rates were mental health issues/illnesses (16%) and Hepatitis C (15%). There is additional information on HIV/AIDS and mental health in the following section. 12% of respondents indicated that they have been diagnosed with Hepatitis A or B, 8% with syphilis, and 6% with herpes (genital). Other diseases that respondents have been diagnosed with include: Tuberculosis (5%), Gonorrhea (4%), Chlamydia (4%), Genital Warts (2%) and HPV (2%). 52% of respondents have not been diagnosed with any of the listed diseases within the last two years.

Overall Physical Health



Respondents were asked to rate their overall physical health. 42% of respondents rate their physical health as good. Respondents were equally likely to rate their physical health as either excellent (26%) or fair (26%). Only 6% of respondents report that their overall physical health is poor.

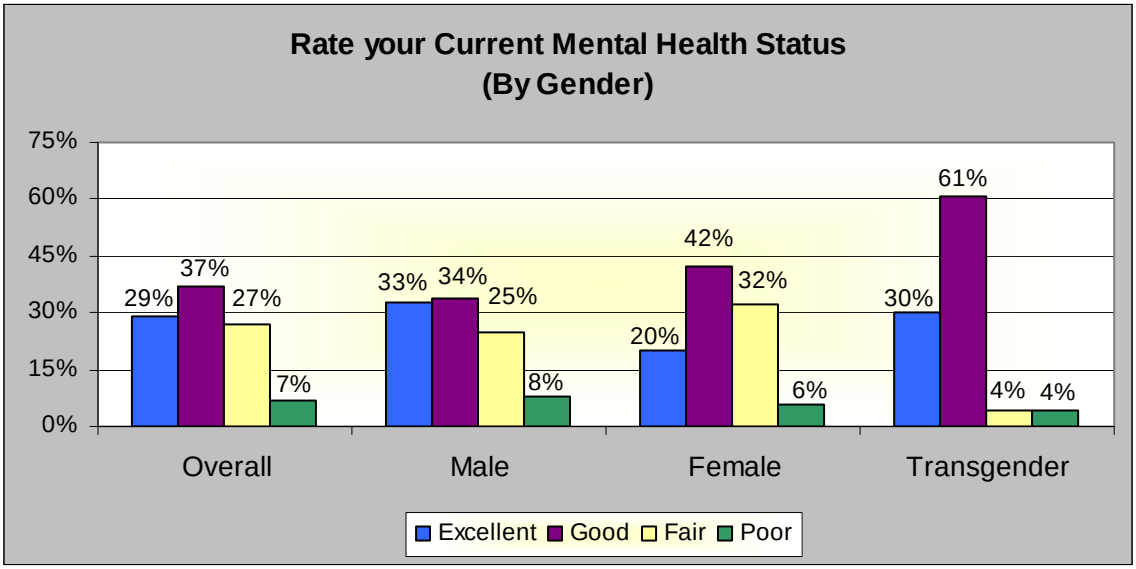
Overall Mental Health



Respondents were asked to rate their overall mental health. 37% of respondents rate their mental health as good. Respondents were nearly equally likely to rate their mental health as either excellent (29%) or fair (27%). Only 7% of respondents report that their overall mental health is poor. Additional information on HIV/AIDS and mental health is in the following section.

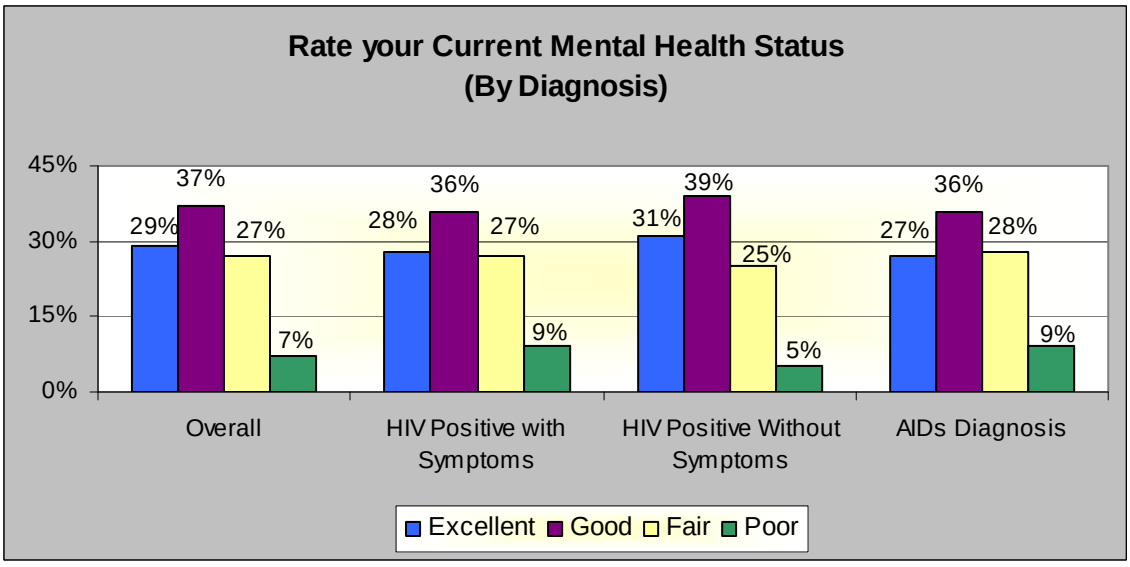
HIV/AIDS and Mental Health

Overall Mental Health by Gender



The results of the self-report overall mental health rating are presented by gender in the graph above. Males are nearly equally likely to rate their overall mental health as either excellent (33%) or good (34%). Females, on the other hand, are more likely to rate their overall mental health as either good (42%) or fair (32%). The majority of transgendered individuals rate their overall mental health as good (61%), and another 30% rate it as excellent. A mental health rating of poor is rare among all genders.

Overall Mental Health by Diagnosis



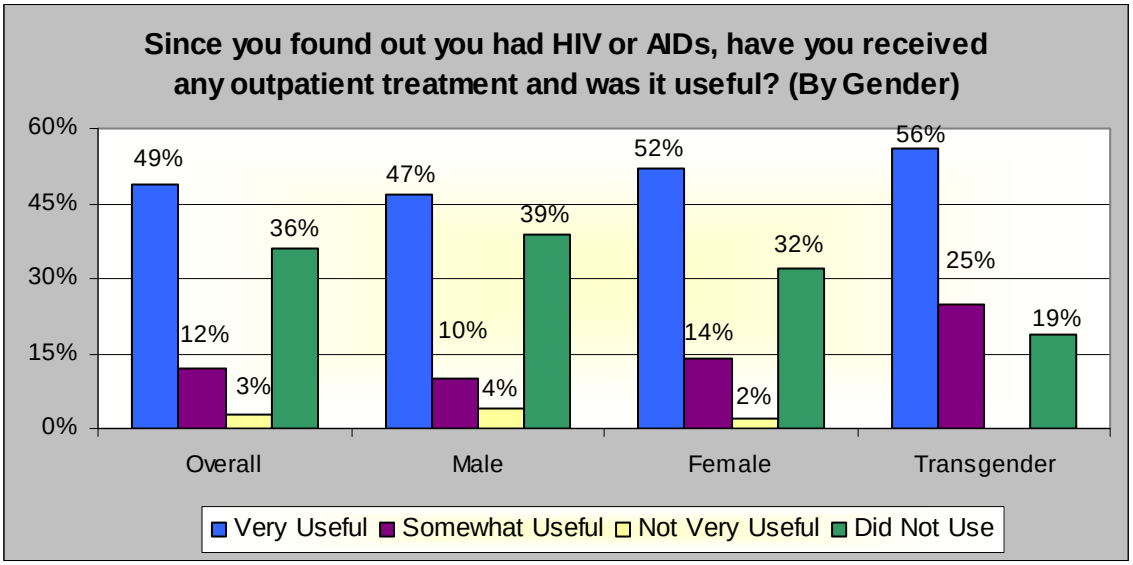
The results of the self-report overall mental health rating are presented by diagnosis in the graph above. There is little variability between the ratings by diagnosis. All individuals

are most likely to rate their overall mental health as good. Respondents who are HIV positive with symptoms and have an AIDS diagnosis are nearly equally likely to report their overall mental health as excellent (28%, 27%) or fair (27%, 28%). Respondents who are HIV positive without symptoms are slightly more likely to report overall mental health as excellent (31%) than fair (25%). A mental health rating of poor is rare for all diagnoses.

Treatment Options

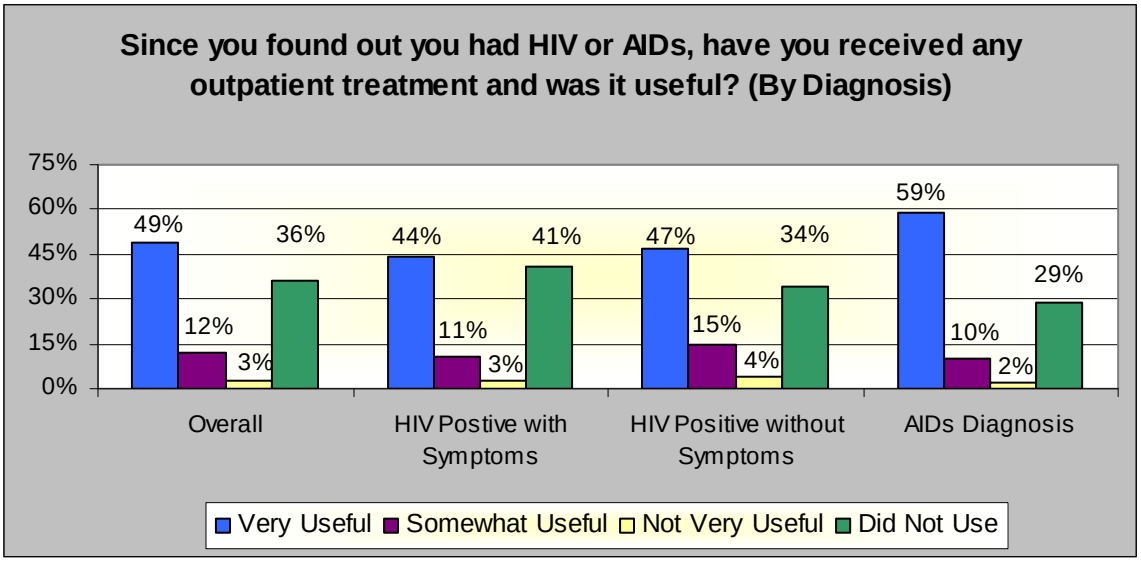
Respondents were asked to indicate whether they have received various treatment options since receiving a HIV or AIDS diagnosis and to rate the usefulness of the treatment. Treatment options include: outpatient, inpatient, individual counseling, group counseling, and clergy counseling. 49% of respondents found outpatient treatment to be very useful. 36% of respondents did not use outpatient treatment. 56% of respondents did not use inpatient treatment; however, 26% of respondents did use inpatient treatment and rated it as very useful. 44% of respondents have not used individual counseling, but 35% rate it as very useful. About half (51%) of the respondents have not received group counseling, but 30% rate group counseling as very useful. Finally, the majority (69%) of respondents has not received counseling from clergy; however, 17% of respondents have and rate it as very useful. Results are presented below by gender and by diagnosis.

Outpatient Treatment by Gender



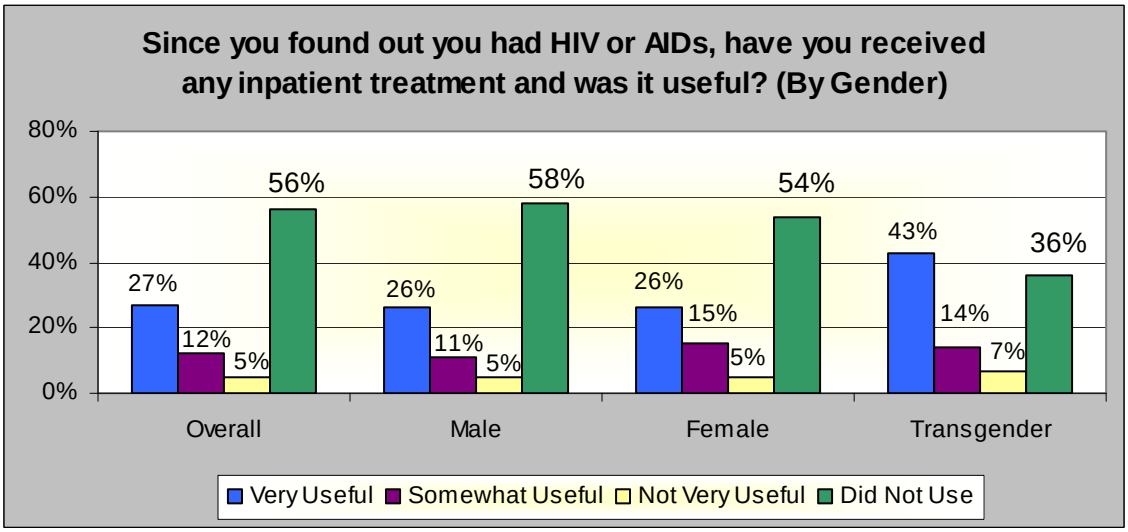
The majority of female (52%) and transgender (56%) respondents used outpatient treatment and found it to be very useful. 47% of male respondents also found outpatient treatment to be very useful. 39% of males and 32% of females did not use outpatient treatment, as well as 19% of transgender individuals. Males (10%) and females (14%) seldom rated outpatient treatment as somewhat useful, and rarely rated it as not very useful (male = 4%; female = 2%). A quarter (25%) of transgender respondents' rate outpatient treatment as somewhat useful, but they never rate it as not very useful.

Outpatient Treatment by Diagnosis



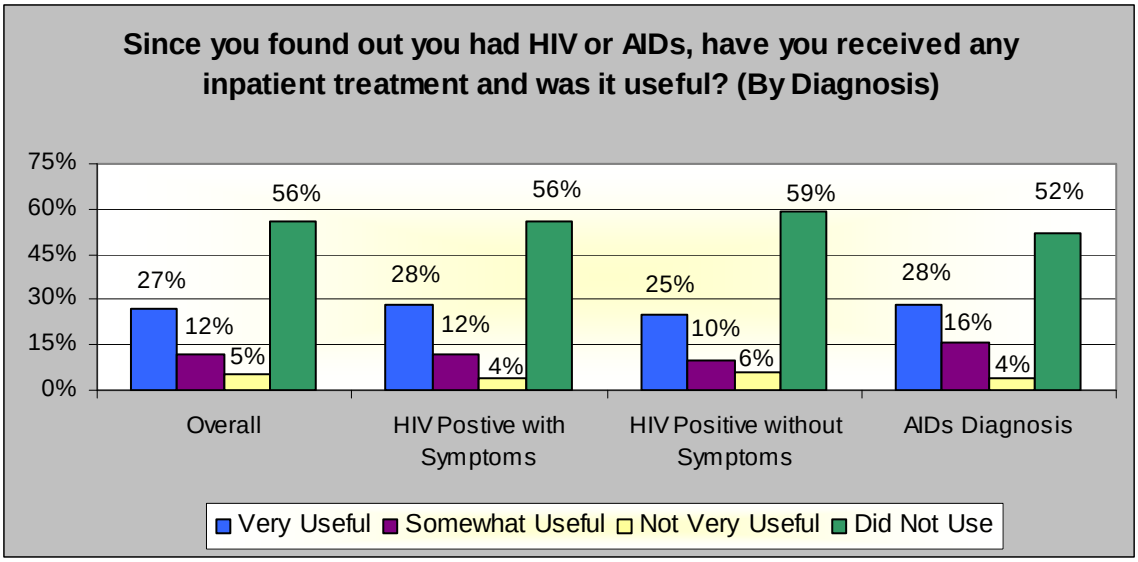
Respondents who are HIV positive with symptoms are nearly equally likely to rate outpatient treatment as very useful (44%), as they are to not use outpatient treatment at all (41%). These respondents seldom rate outpatient treatment as somewhat useful (11%) and rarely rate it as not very useful (3%). 47% of respondents who are HIV positive without symptoms rate outpatient treatment as very useful, 15% rate it as somewhat useful and only 4% rate it as not very useful. 34% of respondents who are HIV positive without symptoms did not use outpatient treatment. A majority (59%) of respondents with an AIDS diagnosis rate outpatient treatment as very useful. They seldom rate it as somewhat useful (10%) and rarely rate it as not very useful (2%). Only 29% of respondents with an AIDS diagnosis have not used outpatient treatment.

Inpatient Treatment by Gender



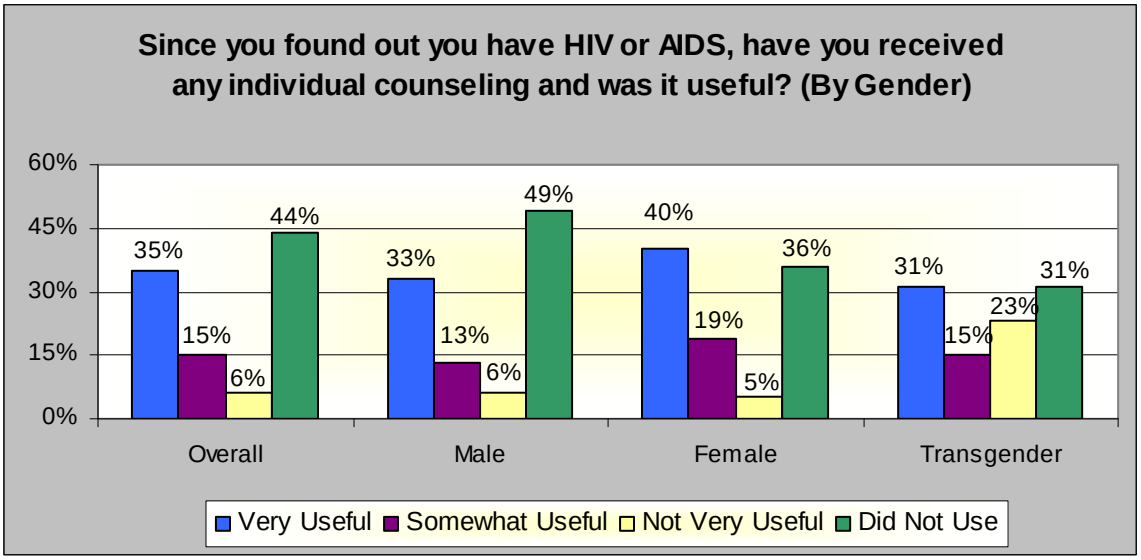
The majority of male (58%) and female (54%) respondents did not use inpatient treatment. Of those that did, 26% of both males and females found inpatient treatment to be very useful, 11% of males and 15% of females rated inpatient treatment as somewhat useful, and 5% of both males and females rate it as not very useful. The majority of transgender respondents did use inpatient treatment and rate it as follows: 43% found it to be very useful, 14% only somewhat useful, and 7% rate it as not very useful. 36% of transgender respondents did not use inpatient treatment.

Inpatient Treatment by Diagnosis



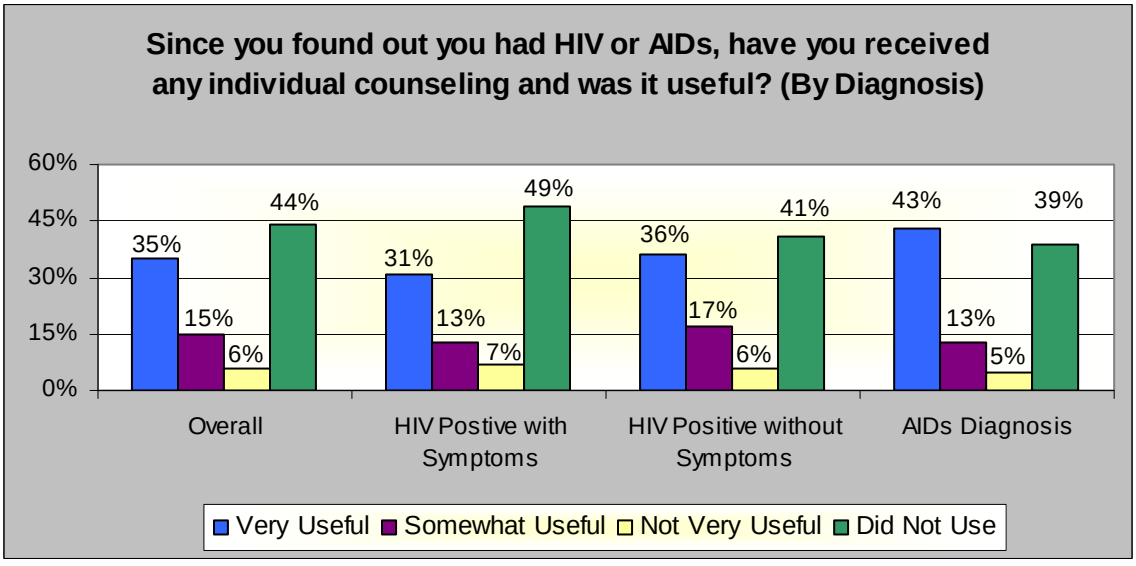
The majority of respondents, regardless of current diagnosis, did not use inpatient treatment. Of those who did use inpatient treatment, 28% of both respondents who are HIV positive with symptoms and who have an AIDS diagnosis, and 25% of respondents who are HIV positive without symptoms rate it as very useful. Between 10% - 16% of all respondents rate the treatment as somewhat useful, and between 4% - 6% rate it as not very useful.

Individual Counseling by Gender



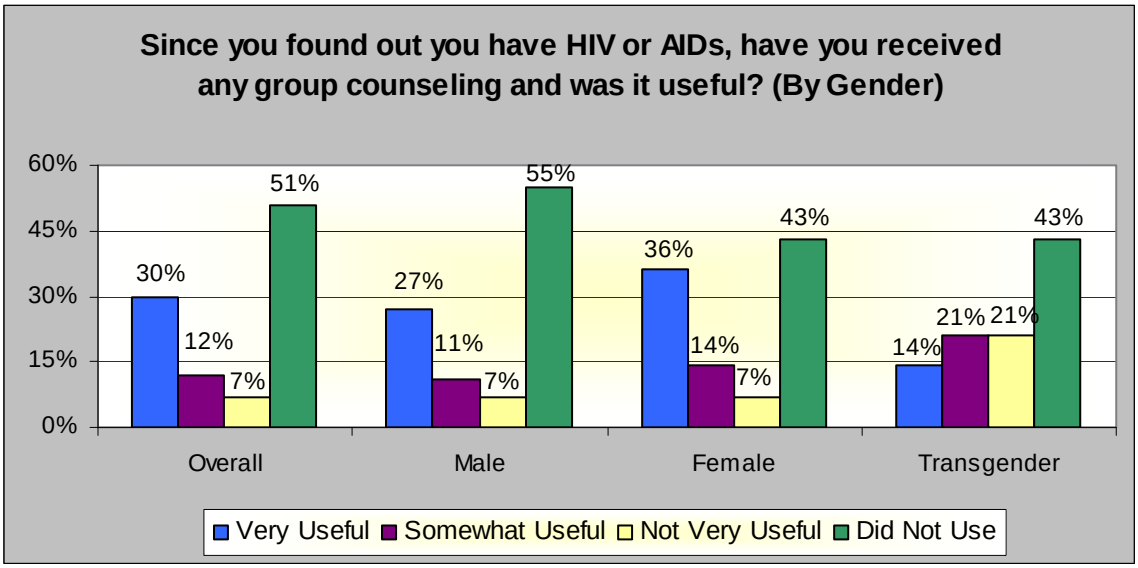
Almost half (49%) of the male respondents have not participated in individual counseling. Of those that have, 33% found it to be very useful, 13% thought it was only somewhat useful, and 6% rated it as not very useful. Female respondents were more likely to receive individual counseling and rate it as very useful (40%), than to not use individual counseling at all (36%). 19% of females' rate individual counseling as somewhat useful, and only 5% considered it to be not very useful. Transgender respondents are equally likely to not receive individual counseling (31%), as they are to find individual counseling to be very useful (31%). Only 15% of these respondents rate it as somewhat useful, and 23% found individual counseling to be not very useful.

Individual Counseling by Diagnosis



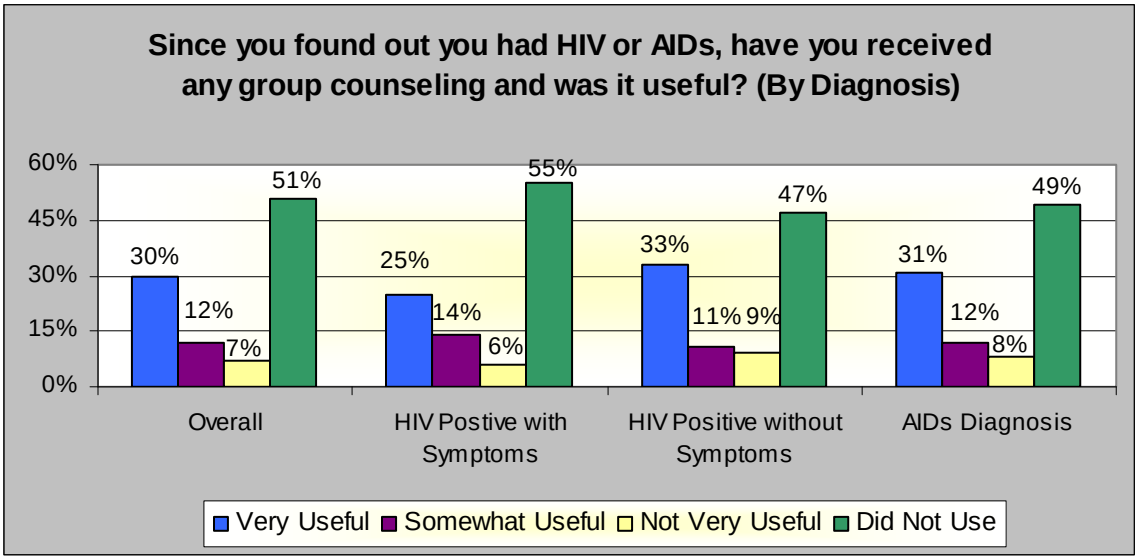
Almost half (49%) of respondents who are HIV positive with symptoms did not receive individual counseling. Of those who did receive individual counseling, respondents who are HIV positive with symptoms were more likely to rate it as very useful (31%), than as somewhat useful (13%) or not very useful (7%). 41% of respondents who are HIV positive without symptoms did not receive individual counseling. 36% of respondents who are HIV positive without symptoms rated individual counseling as very useful. Respondents in this group also rated individual counseling as somewhat useful (17%) and not very useful (6%). Respondents with an AIDS diagnosis were the least likely to not receive individual counseling (36%). Of the respondents who received individual counseling, 43% rate it as very useful, 13% as somewhat useful, and only 5% rate it as not very useful.

Group Counseling by Gender



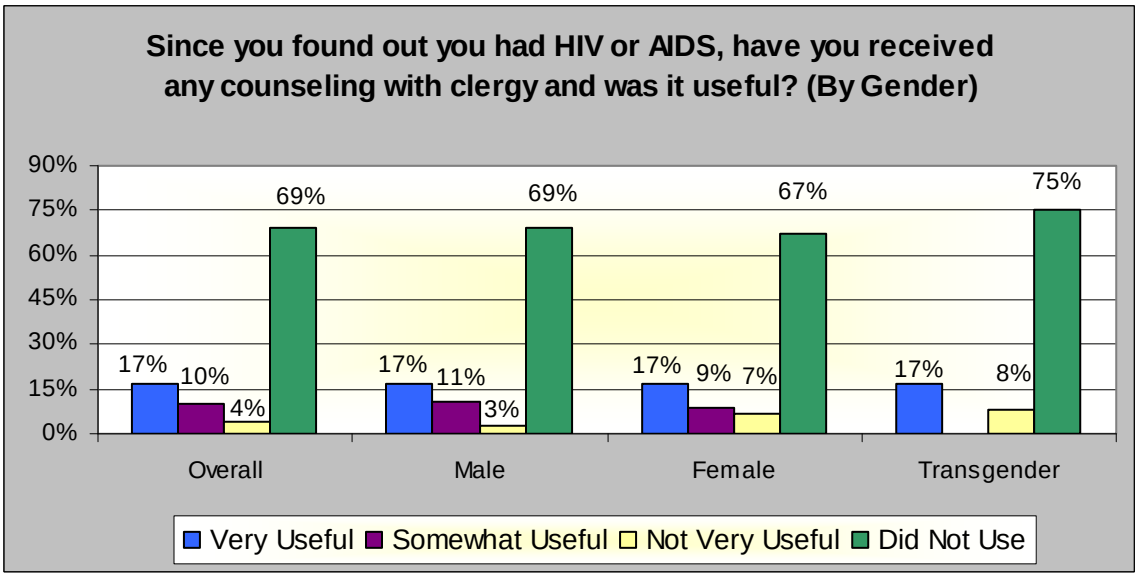
The majority of male respondents (55%) did not receive group counseling, though the majority of female and transgender respondents did, as only 43% in each group did not use group counseling. Of the male respondents who did receive group counseling, 27% found it to be very useful, 11% rated it as somewhat useful, and only 7% thought it was not very useful. For females, 36% rated group counseling as very useful, as compared to the 14% who found it only somewhat useful and the 7% who rated it as not very useful. Transgender individuals were more likely to rate group counseling as somewhat useful (21%) or not very useful (21%), rather than very useful (14%).

Group Counseling by Diagnosis



The majority of respondents who are HIV positive with symptoms (55%) and almost half of the respondents who are either HIV positive without symptoms (47%) or have an AIDS diagnosis (49%) did not receive group counseling. Of those who did, respondents who are HIV positive without symptoms (33%) and have an AIDS diagnosis (31%) are more likely than those that are HIV positive with symptoms (25%) to rate the group counseling as very useful. Between 11% - 14% of all respondents thought the group counseling was somewhat useful and only between 6% - 9% thought is was not very useful.

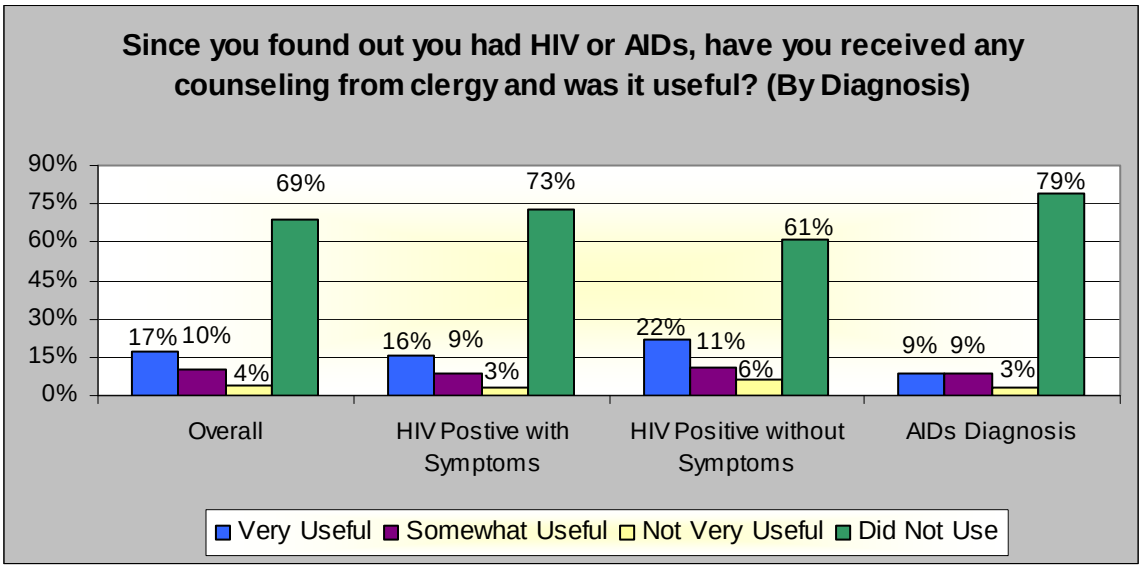
Clergy Counseling by Gender



A clear majority of male (69%), female (67%), and transgender (75%) respondents did not use clergy counseling since receiving an HIV or AIDS diagnosis. Respondents who

did receive clergy counseling, however, are equally likely to rate the counseling as very useful (17%), regardless of gender. While male (11%) and female (9%) respondents seldom rate the counseling as somewhat useful, transgender individuals never do. Female (7%) and transgender (8%) respondents are nearly equally likely to rate clergy counseling as not very useful, but only 3% of males rate it the same way.

Clergy Counseling by Diagnosis

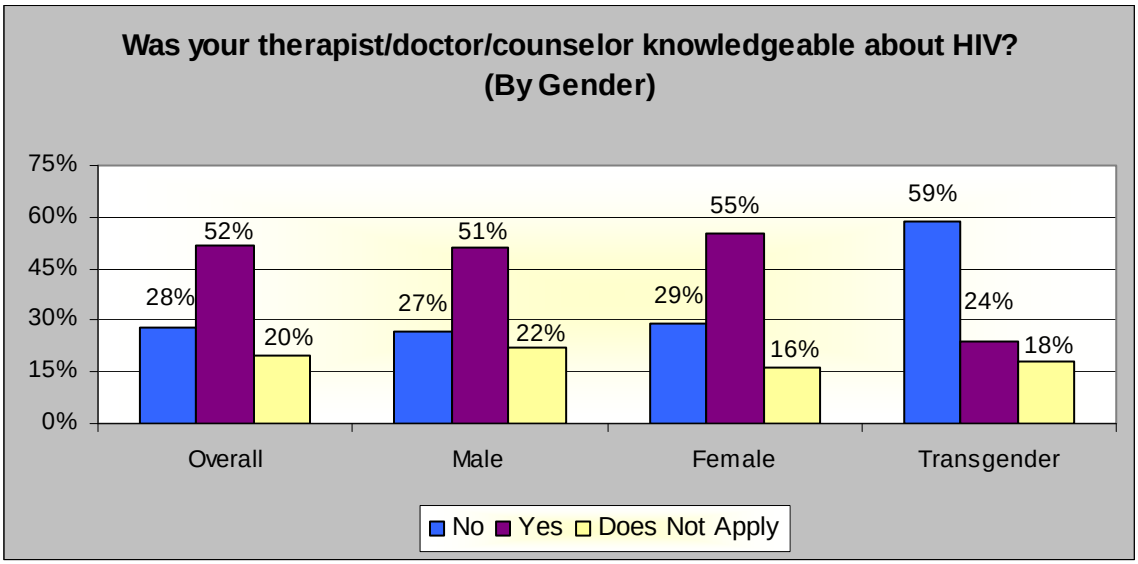


While a clear majority of all respondents did not use clergy counseling, respondents who are HIV positive with symptoms (73%) or who have an AIDS diagnosis (79%) are more likely that those who are HIV positive without symptoms (61%). Of those who used clergy counseling, respondents who are HIV positive without symptoms (22%) are more likely to rate it as very useful than respondents who are HIV positive with symptoms (16%) and respondents with an AIDS diagnosis (9%). Between 9% - 11% of respondents' rate clergy counseling as somewhat useful and 3% - 6% rate it as not very useful.

Therapist and Therapy

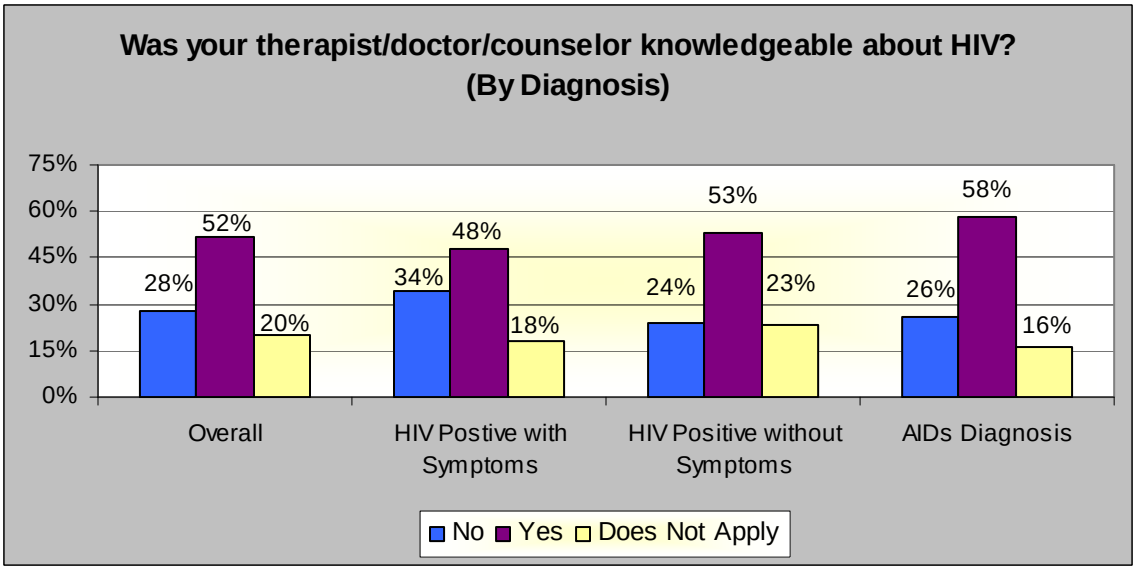
Respondents who have engaged in therapy were asked questions regarding the therapist and the motives for therapy. Respondents were asked to indicate whether their therapist was knowledgeable about HIV and were also asked to indicate whether their HIV/AIDS diagnosis was the reason for seeking therapy. Overall, the majority (52%) indicate that their therapist was knowledgeable. Also, respondents were nearly equally likely to indicate that their diagnosis was either the primary reason (31%) or not the reason at all (32%) for seeking therapy. Results are presented by gender and diagnosis below.

HIV Knowledgeable Therapist by Gender



The majority of male (51%) and female (55%) respondents indicate that their therapist was HIV knowledgeable. Males (27%) and females (29%) were also nearly equally likely to respond that their therapist was not knowledgeable. Contrary to this is the response from transgender respondents, the majority (59%) of which indicated that their therapist was not HIV knowledgeable. Only 24% of transgender respondents think their therapist was HIV knowledgeable.

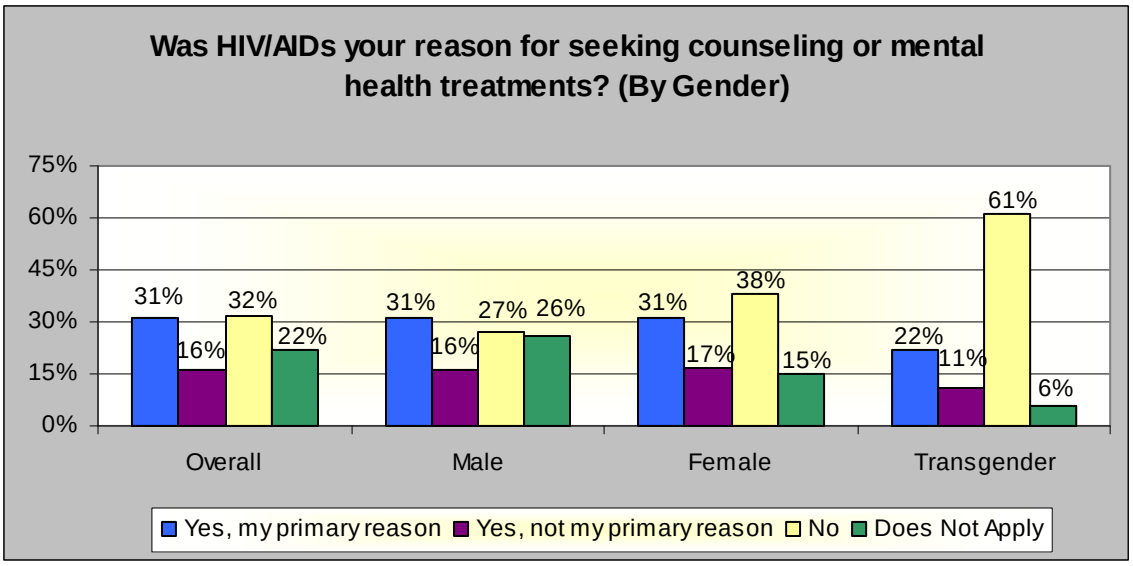
HIV Knowledgeable Therapist by Diagnosis



The majority of respondents who are HIV positive without symptoms (53%) and have an AIDS diagnosis (58%) indicate that their therapist was HIV knowledgeable, whereas almost half (48%) of respondents who are HIV positive with symptoms indicate the same

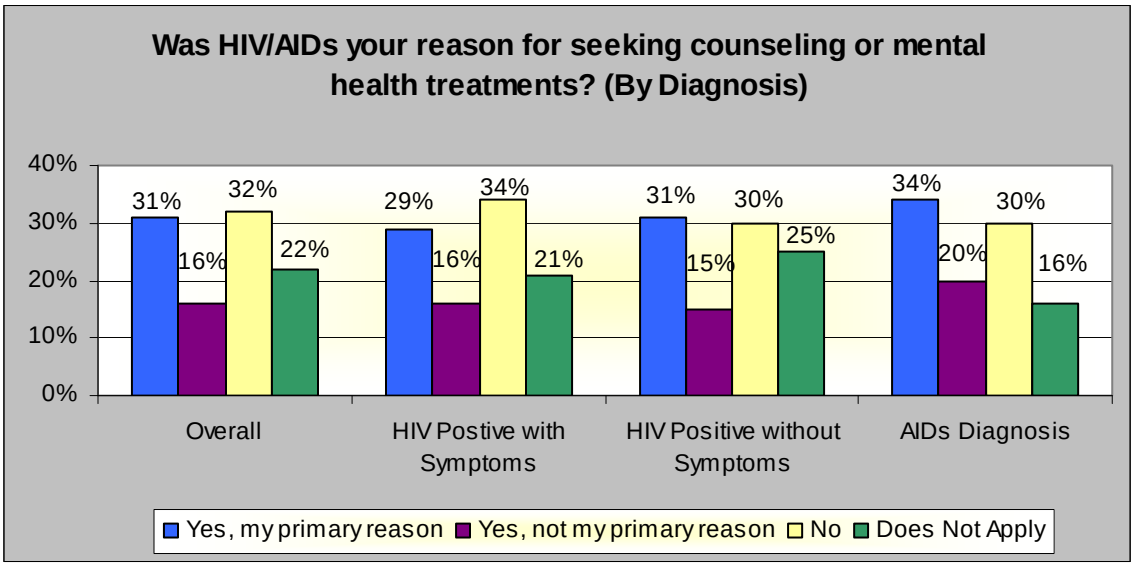
response. Respondents who are HIV positive with symptoms (34%) are also more likely than those who are HIV positive without symptoms (24%) and those with an AIDS diagnosis (26%) to respond that their therapist is not HIV knowledgeable.

Was HIV/AIDS the reason for seeking help? (by gender)



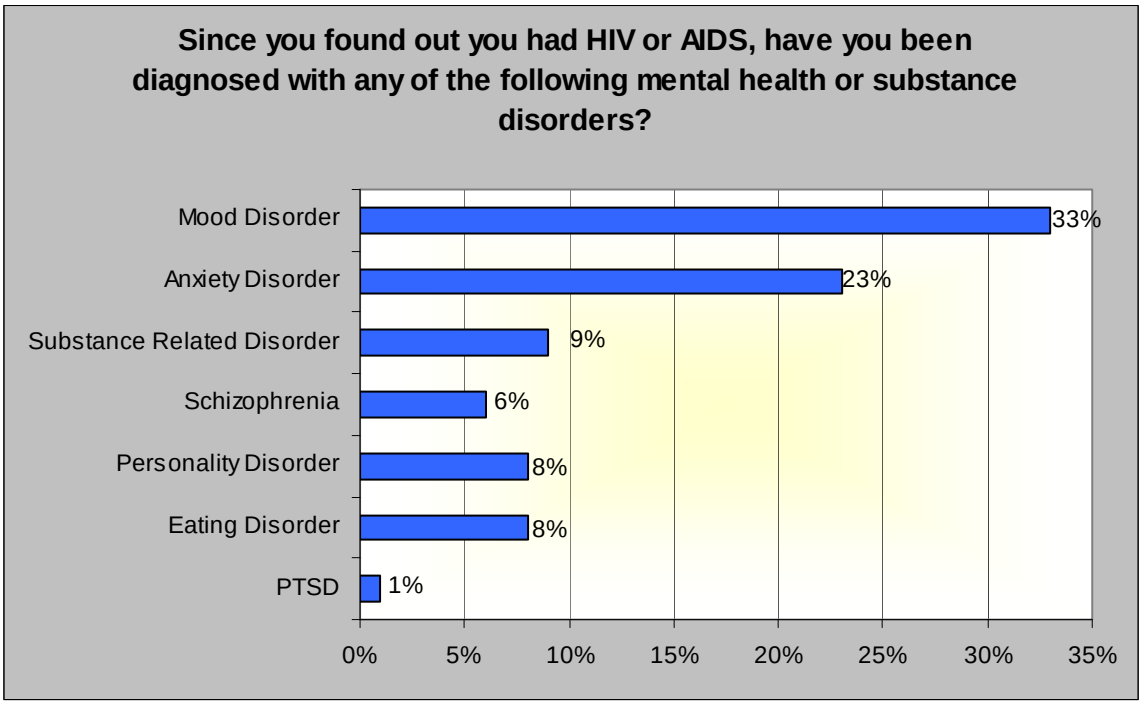
Male respondents are more likely to indicate that HIV/AIDS is the primary reason for seeking counseling (31%) rather than not the reason at all (27%). 16% of males also indicate that HIV/AIDS was a reason, but not the primary one. In contrast, female respondents are more likely to seek counseling for reasons other than HIV/AIDS (38%), rather than the diagnosis being the primary (31%) or supplementary reason (17%) for seeking help. A clear majority (61%) of transgender respondents did not seek counseling because of HIV/AIDS. 22% of transgender respondents indicate that HIV/AIDS was the primary reason and 11% claim it was a reason for seeking counseling, but not the primary one.

Was HIV/AIDS the reason for seeking help? (by diagnosis)



There is less variability among the responses based on diagnosis. Respondents with an AIDS diagnosis (34%) are the most likely to indicate that HIV/AIDS was the primary reason for seeking care, followed by respondents who are HIV positive without symptoms (31%) and HIV positive with symptoms (29%). In contrast, respondents who are HIV positive with symptoms (34%) are more likely to indicate that the diagnosis was not a reason at all, compared to those who are HIV positive without symptoms (30%) and have an AIDS diagnosis (30%). Between 15% - 20% of all respondents consider HIV/AIDS to be a reason, though not the primary one, for seeking counseling.

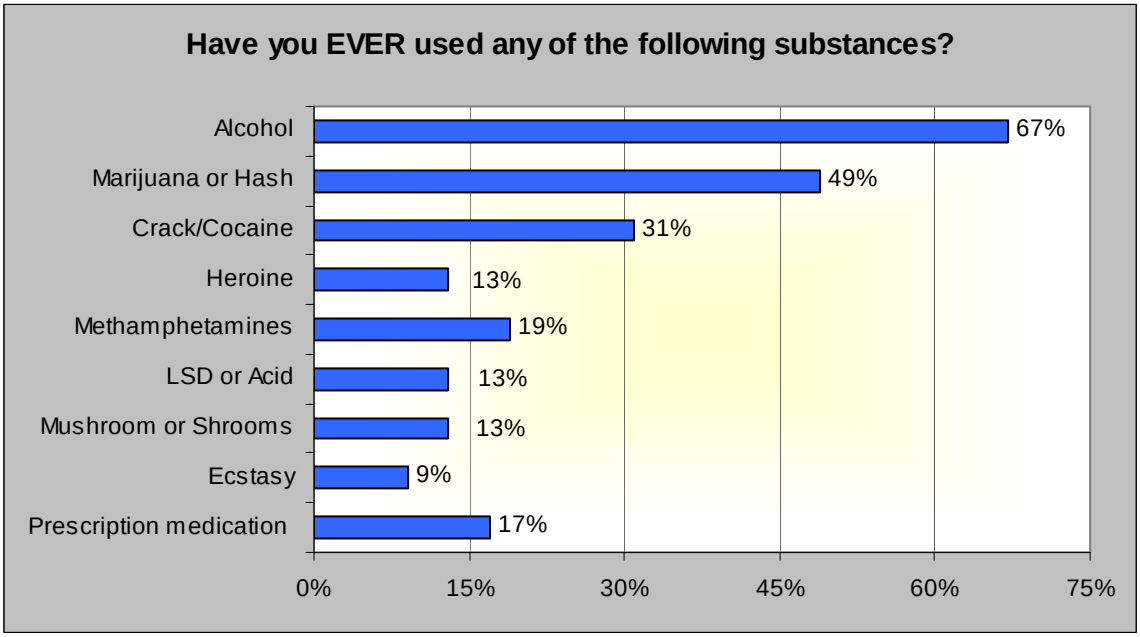
Diagnosis of other mental health disorders



Respondents were asked to indicate whether they have been diagnosed with any other mental health diseases since their HIV/AIDS diagnosis. Respondents were instructed to select all that apply. 33% of respondents have been diagnosed with a mood disorder like depression or bi-polar disorder. 23% have been diagnosed with an anxiety disorder, which can include a panic disorder, a social phobia, or obsessive compulsive disorder. 6% of respondents have been diagnosed with schizophrenia and 8% have been diagnosed with another type of personality disorder. 8% have an eating disorder, such as bulimia or anorexia, and 1% indicated diagnosis of PTSD. 9% of respondents have been diagnosed with a substance related disorder. Additional information on HIV/AIDS and substance abuse is available in the next section.

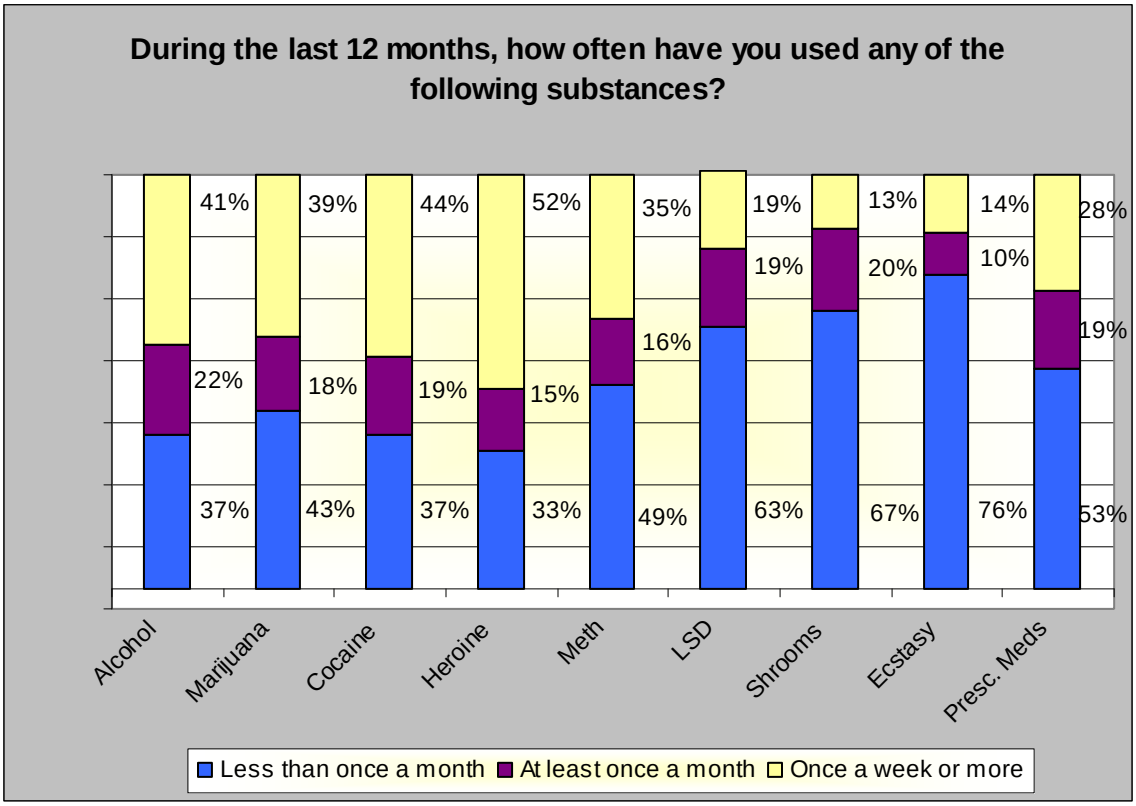
HIV/AIDS and Substance Abuse

Substance Use



Respondents were asked to indicate whether they have ever used any of the above substances. The graph above shows the percentage responding "yes" for each substance. The majority of respondents (67%) have used alcohol and almost half (49%) have used marijuana. 31% of respondents have used crack or cocaine. Respondents are equally likely to have ever used heroine (13%), LSD or acid (13%), or mushrooms/shrooms (13%). 19% of respondents have used methamphetamines and 17% have abused prescription medication. Only 9% of respondents have ever used ecstasy. 24% of respondents have never used any of the above substances and 2% have used all of them.

Frequency of Substance Use

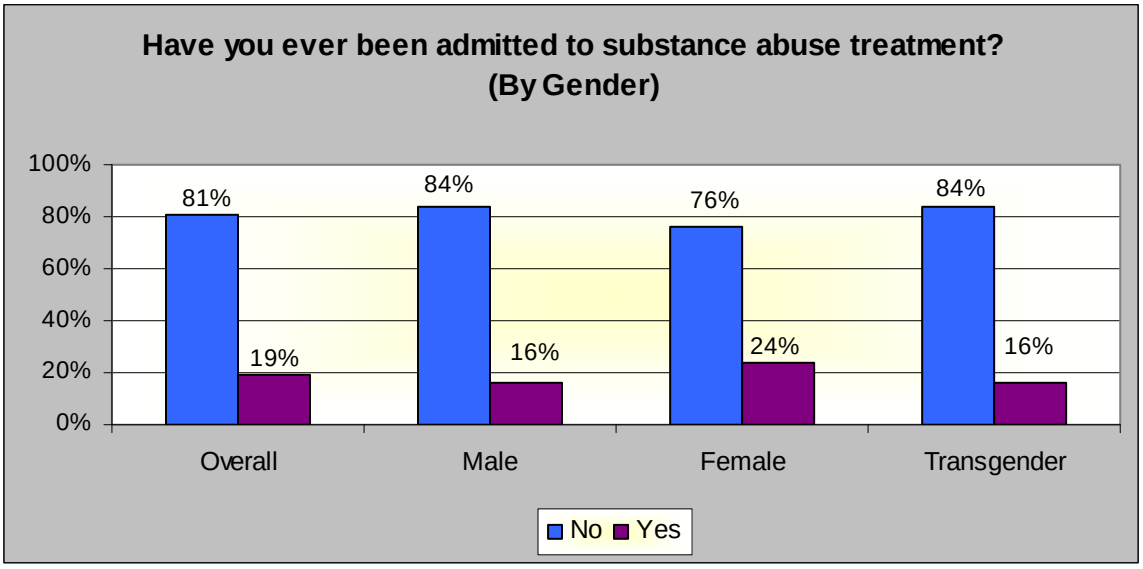


Respondents were asked to indicate how often, within the last 12 months they have used each of the following substances. The bottom segment of each bar indicates the percentage that use the substance less than once a month, the middle segment is the percentage who use the substance at least once a month, and the top segment is the percentage who use the substance once a week or more. Respondents are most likely to use alcohol (41%), cocaine (44%) and heroine (52%) once a week or more. All of the other substances are most likely to be used less than once a month. The percentage who use a substance at least once a month is the smallest for each substance, except Shrooms, indicating that most substances are used either frequently or rarely, and it is uncommon for substances to be used only occasionally.

Substance Abuse Treatment

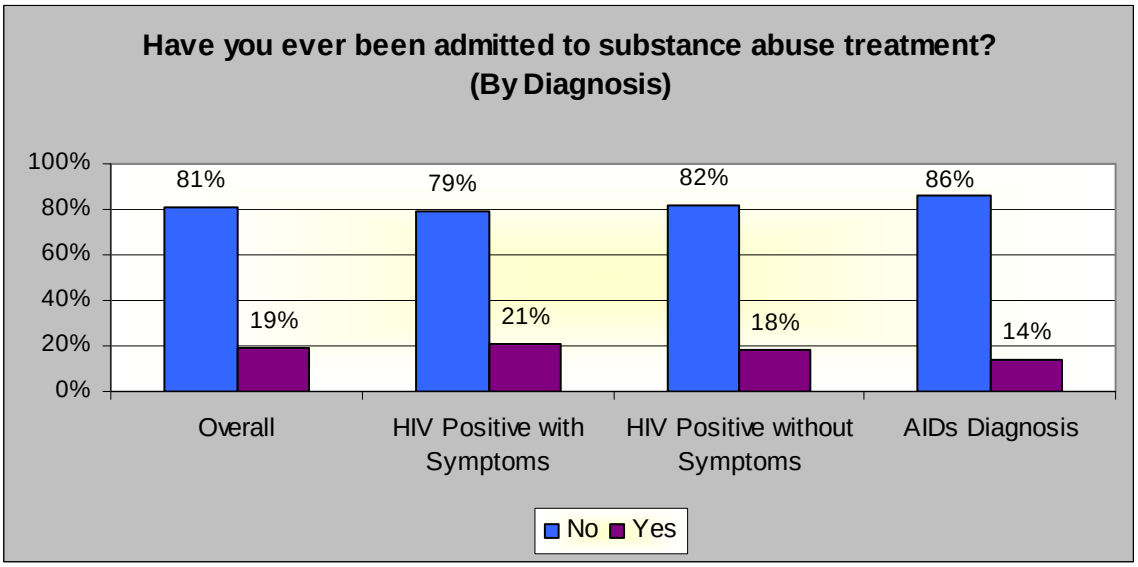
Respondents were asked if they have ever been admitted to a substance abuse treatment program. Overall, 19% indicate that they have been admitted for substance abuse. Respondents were then asked to indicate the number of times they have been admitted for treatment. Overall, more than half (52%) have been admitted once, 23% have been admitted twice, 10% have been admitted three times and 14% have been admitted four or more times. Results are presented by gender and diagnosis below.

Substance Abuse Treatment by Gender



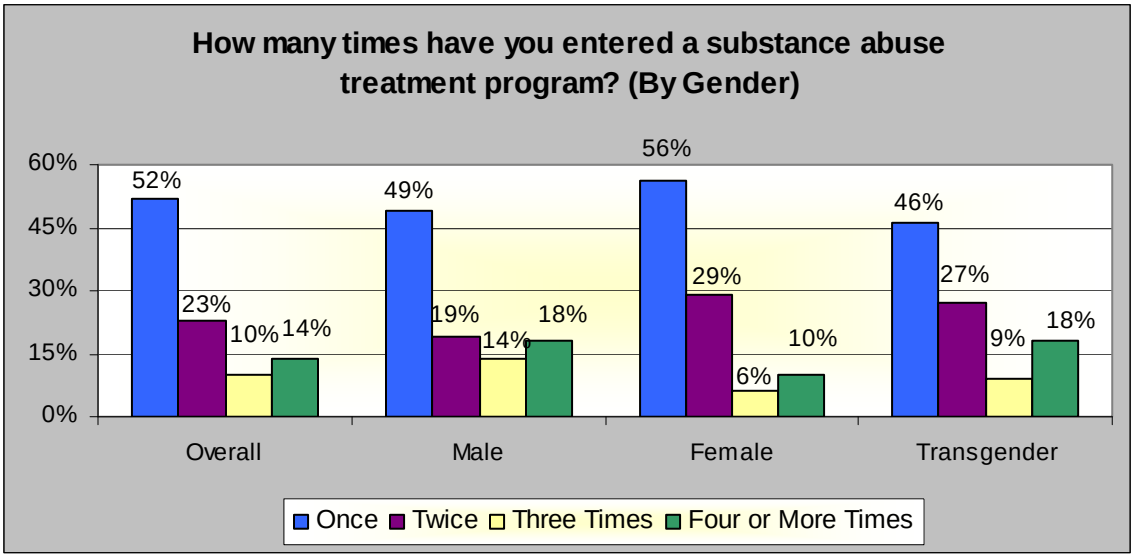
Females (24%) are the most likely respondents to be admitted for substance abuse treatment. Male (16%) and transgender (16%) respondents are equally likely to have ever been admitted.

Substance Abuse Treatment by Diagnosis



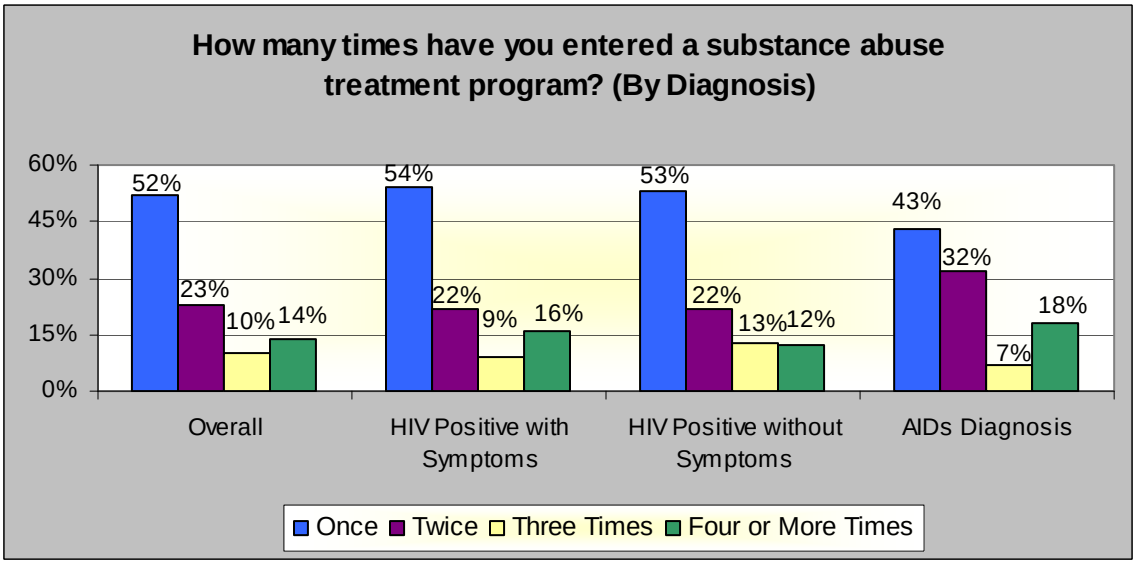
Respondents who are HIV positive with symptoms (21%) are the most likely group to be admitted to substance abuse treatment. This is followed by respondents who are HIV positive without symptoms (18%) and respondents with an AIDS diagnosis (14%).

Number of times in Treatment by Gender



The majority of female respondents (56%) have been admitted to substance abuse once, followed by almost half (49%) of male respondents and 46% of transgender respondents. Female (29%) and transgender (27%) respondents are nearly equally likely to have been admitted twice, compared to 19% of males. Male (18%) and transgender (18%) respondents are more likely than female (10%) respondents to have been admitted for substance abuse treatment four or more times.

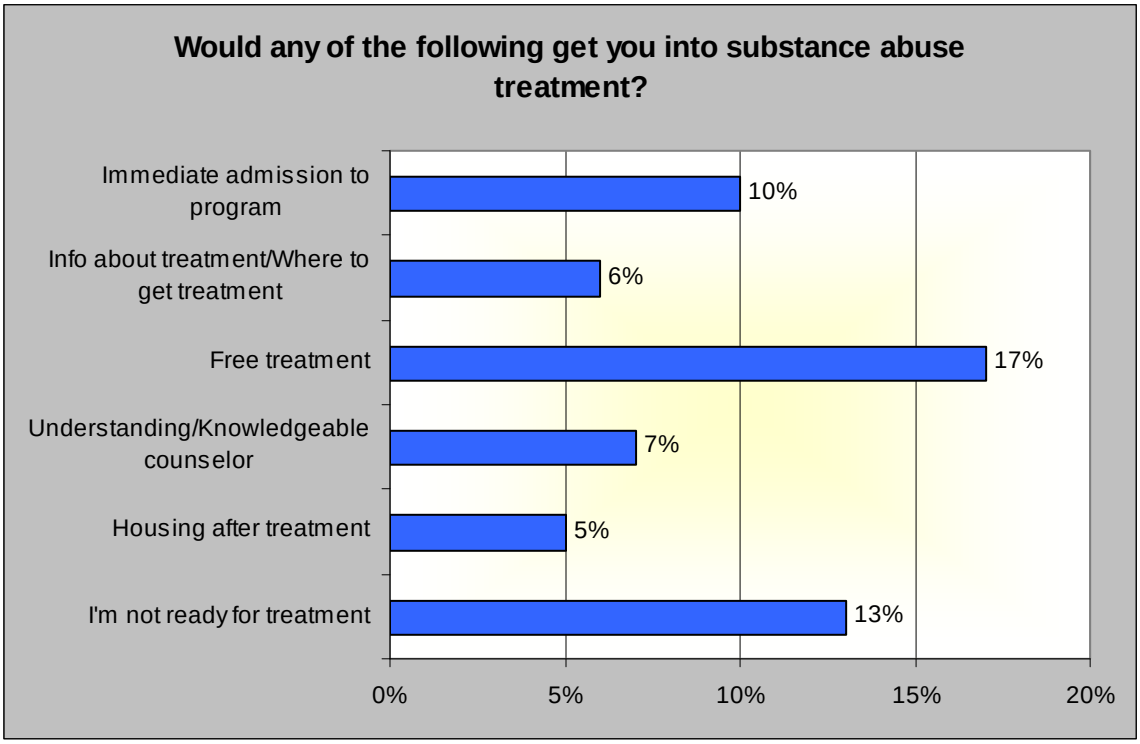
Number of times in Treatment by Diagnosis



The majority of respondents who are HIV positive with (54%) and without (53%) symptoms have been admitted for substance abuse once, compared to 43% of respondents with an AIDS diagnosis. Consequently, 32% of respondents with an AIDS diagnosis have been admitted twice, compared to respondents who are HIV positive with

(22%) and without (22%) symptoms. Respondents with an AIDS diagnosis (18%) are also the most likely to have been admitted for treatment four or more times, followed by respondents who are HIV positive with symptoms (16%) and HIV positive without symptoms (12%).

Incentives for Substance Treatment

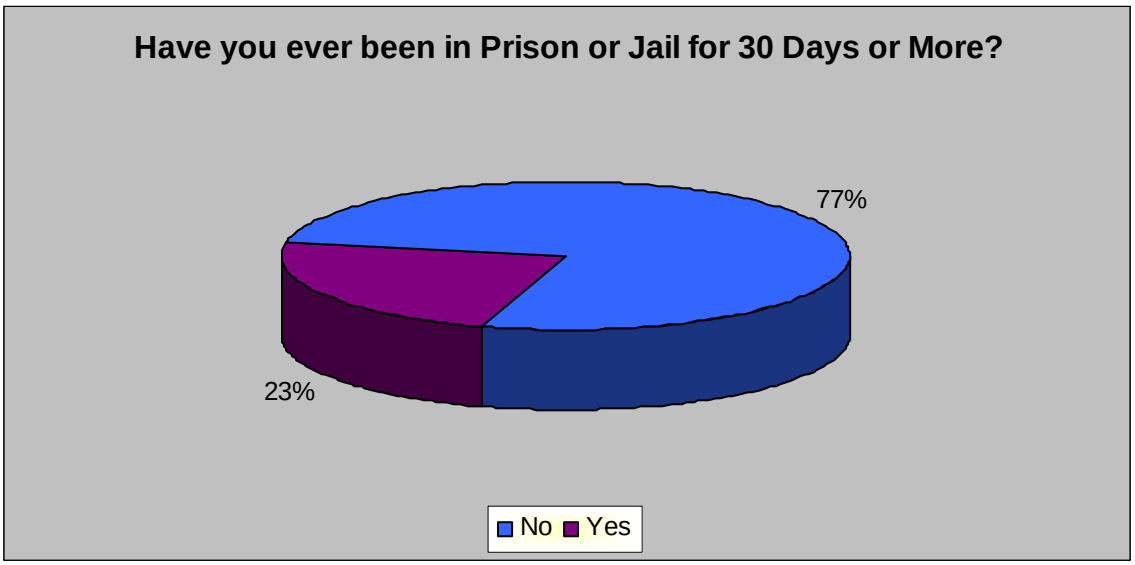


Respondents were asked whether certain incentives would get them into substance abuse treatment. Respondents were instructed to select all that apply. 17% indicate that free treatment was the most important incentive, followed by immediate admission to the program (10%). Other incentives include: information about treatment (6%), an understanding and knowledgeable counselor (7%), and housing after treatment (5%). 13% of respondents indicate they are not ready for treatment.

HIV/AIDS and Incarceration

In 2008, Nevada reported 116 inmates with either HIV or AIDS. This accounts for 0.9% of the custody population. Of states in the West, Nevada has the highest percentage of HIV/AIDS cases per custody population, but not the highest number of reported cases. In the West, there were 2,148 cases reported in 2008, which accounts for 0.7% of the custody population with HIV/AIDS. The West has the lowest percentage of cases in the custody population compared to the Midwest (0.8%), the South (1.9%) and the Northeast (3.2%). Nationally, there were 21,987 reported cases of HIV/AIDS in state and federal prison, with HIV/AIDS cases making up 1.5% of the custody population. 89 males (0.7% of the custody population) and 27 females (2.7% of the custody population) were reported in Nevada in 2008 for inmates with HIV or AIDS. Nationally, 1.5% of the male custody population is reported to have HIV or AIDS, indicating that Nevada is below the national average. In contrast, nationally, 1.9% of the female custody population is reported to have HIV or AIDS. Nevada is higher than the national average for percent of female custody population and ranks 9th among reported states.[10] Results from the consumer survey regarding HIV/AIDS and incarceration are presented below.

Prison/Jail



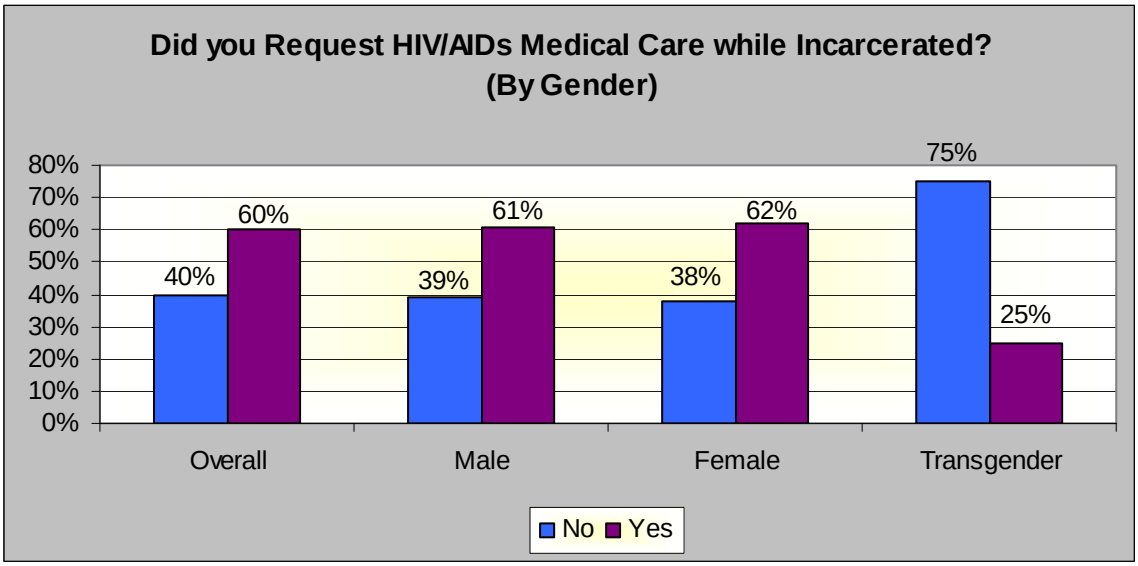
23% of respondents have been to prison or jail for 30 or more days. Of the 23% of the total sample that have been to prison, 63% are male, 34% are female and 3% are transgender. When looking at the samples by gender, 26% of the male sample has been to prison, 19% of the female sample and 21% of the transgender sample have been to prison.

[10] Bureau of Justice Statistics. (2009, December). *HIV in Prisons, 2007- 2008.* (Publication No. NCJ 228307). Retrieved from Bureau of Justice Statistics: http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=1747

HIV/AIDS Care while Incarcerated

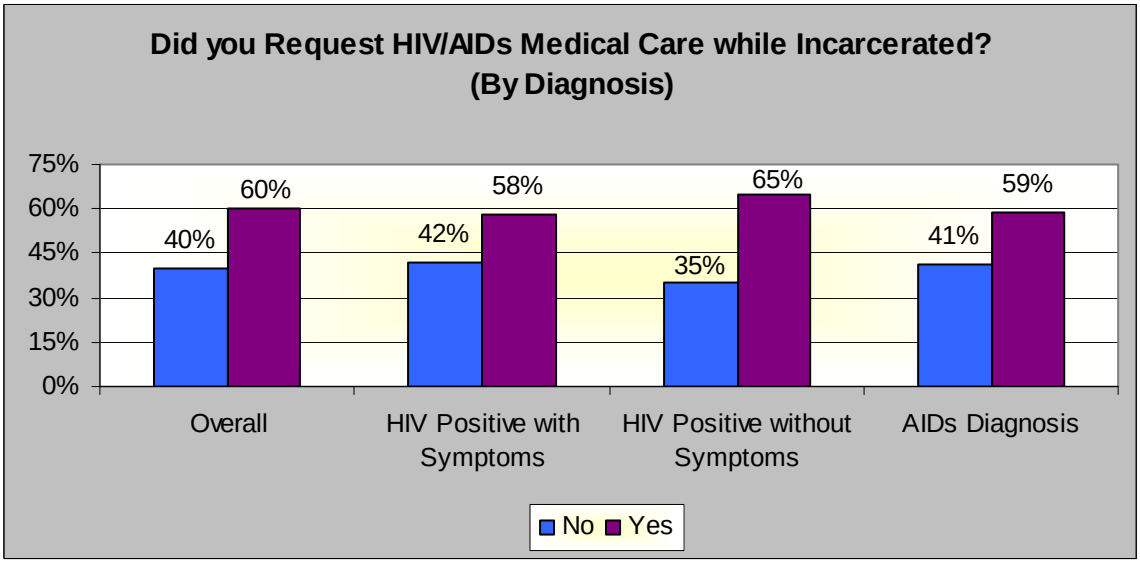
Respondents were asked a number of questions regarding the request for care, receiving care, and problems with care during incarceration. Overall, 60% of respondents requested care while incarcerated, 55% received care, and 21% had problems getting medication while incarcerated. Results are presented by gender and diagnosis below.

Request Care while Incarcerated by Gender



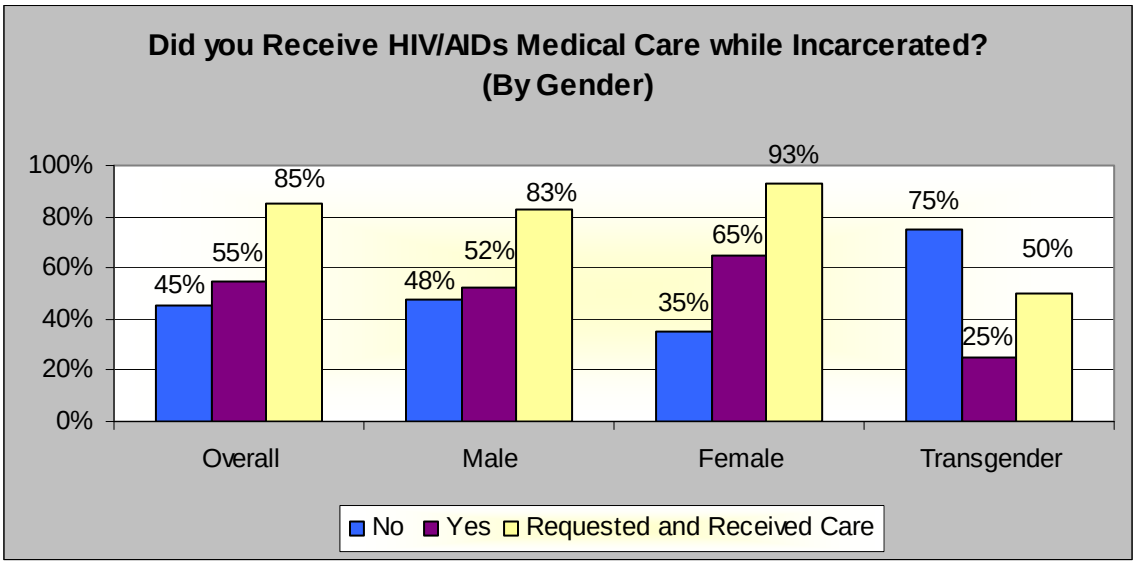
The majority of males (61%) and females (62%) requested care while incarcerated. In contrast, the majority of transgender respondents (75%) did not request care.

Request Care while Incarcerated by Diagnosis



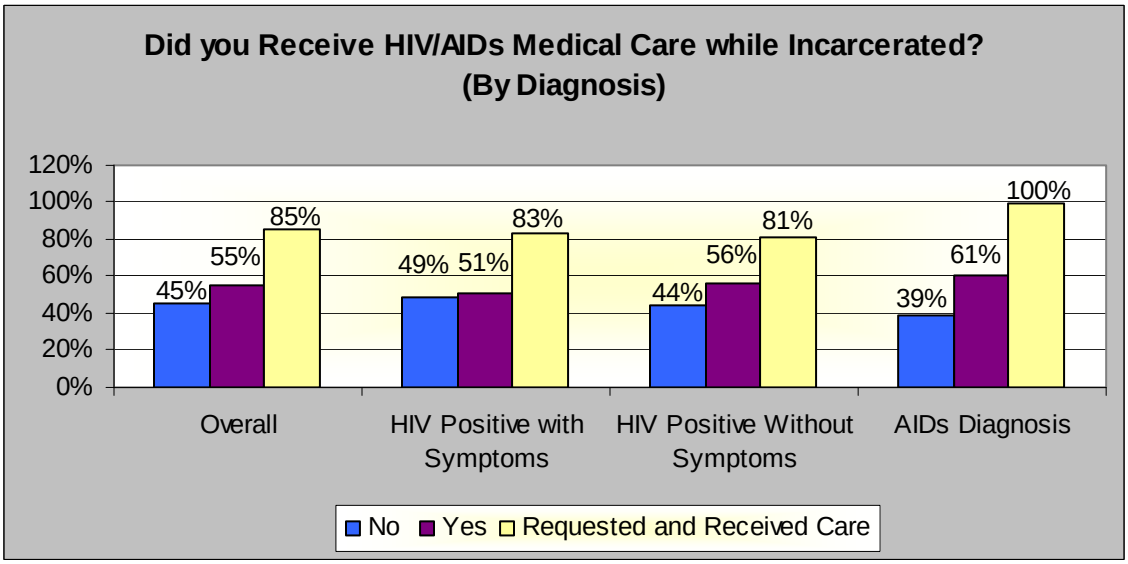
There is little variability among request for care by diagnosis. Respondents who are HIV positive without symptoms (65%) were slightly more likely than those who are HIV positive with symptoms (58%) and those with an AIDS diagnosis (59%) to request care. This is most likely a function of there being no visible symptoms to readily alert incarceration medical staff to care.

Receive care while Incarcerated by Gender



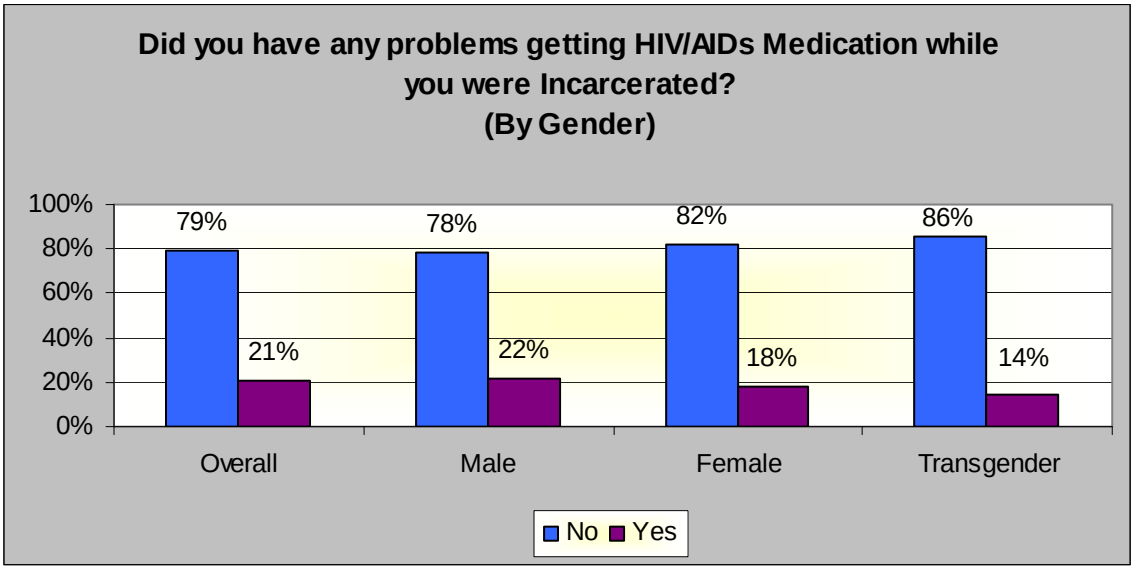
The majority of male (52%) and female (65%) respondents received care while incarcerated. Furthermore, 83% of males and 93% of females who requested care were among those who received care. In contrast, only 25% of transgender respondents received care while incarcerated and only 50% of those who requested care received it.

Receive care while Incarcerated by Diagnosis



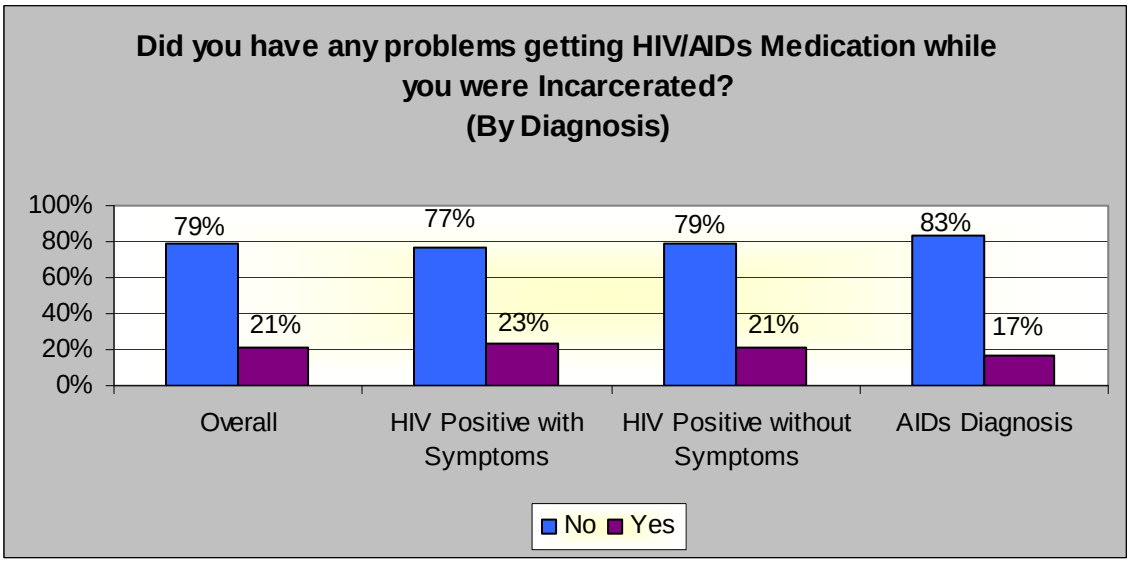
The majority of all respondents, regardless of diagnosis, received care while incarcerated. 83% of respondents who are HIV positive with symptoms and 81% who are HIV positive without symptoms requested and received care. 100% of respondents with an AIDS diagnosis who requested care, received care while incarcerated.

Problems getting Medication while Incarcerated by Gender



The majority of all respondents did not have any problems getting medication while incarcerated, though males (22%) are slightly more likely than females (18%) and transgender respondents (14%) to have problems.

Problems getting Medication while Incarcerated by Diagnosis



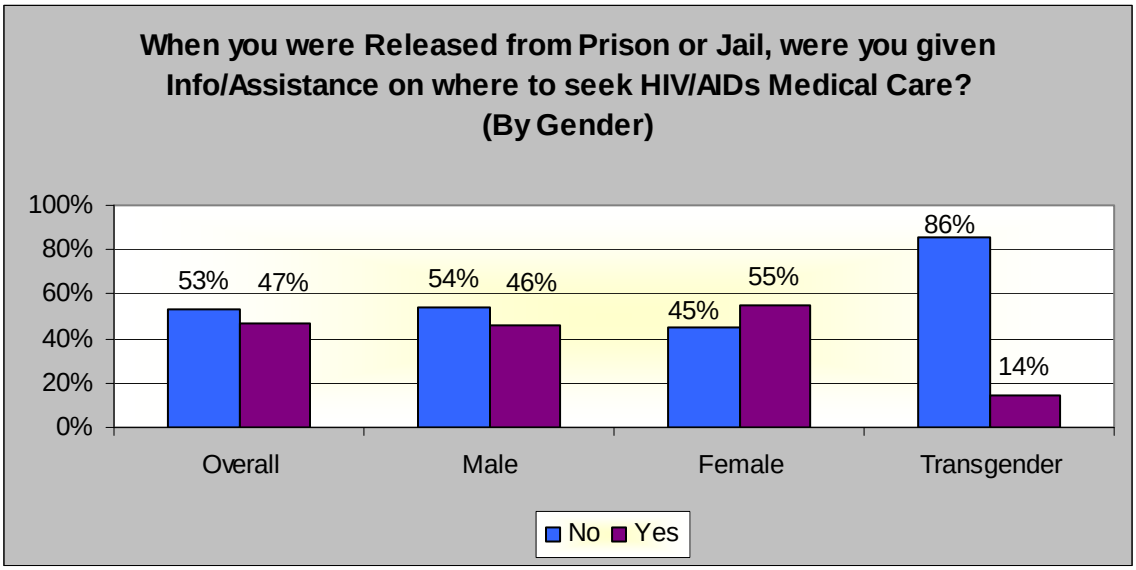
The majority of all respondents did not have any problems getting medication while incarcerated. Respondents with an AIDS diagnosis (17%) were the least likely to have

problems getting meds, compared to respondents who are HIV positive with (23%) and without (21%) symptoms.

Release from Incarceration

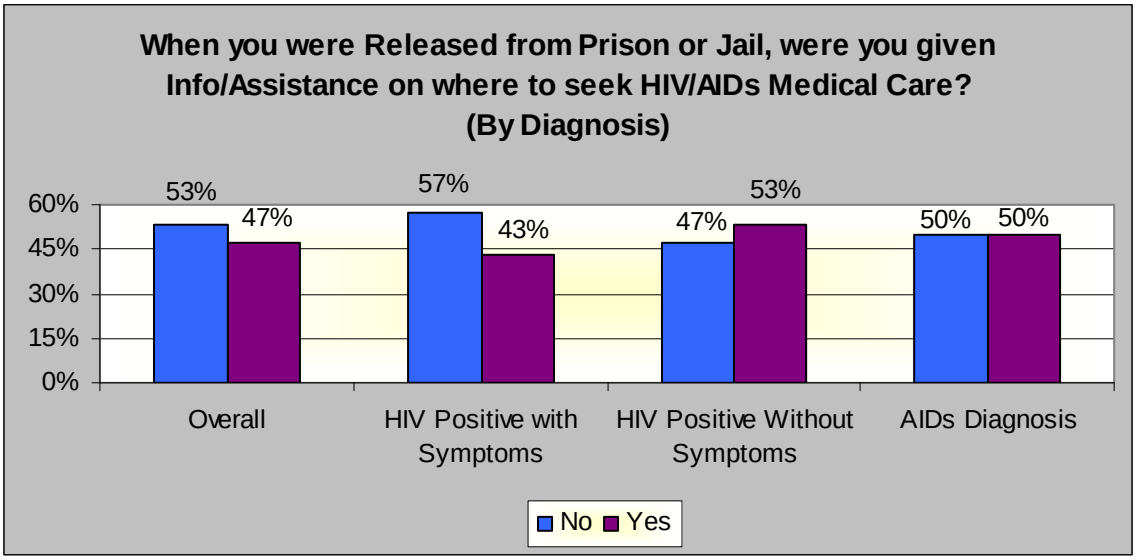
Respondents were asked to indicate whether they were given information regarding care upon release and how long after being released did they wait to seek care. Overall, less than half (47%) of the respondents were given information about care upon release from prison or jail. Nonetheless, 68% of respondents sought care within one month of release. Results are presented below by gender and diagnosis.

Given care Information upon Release by Gender



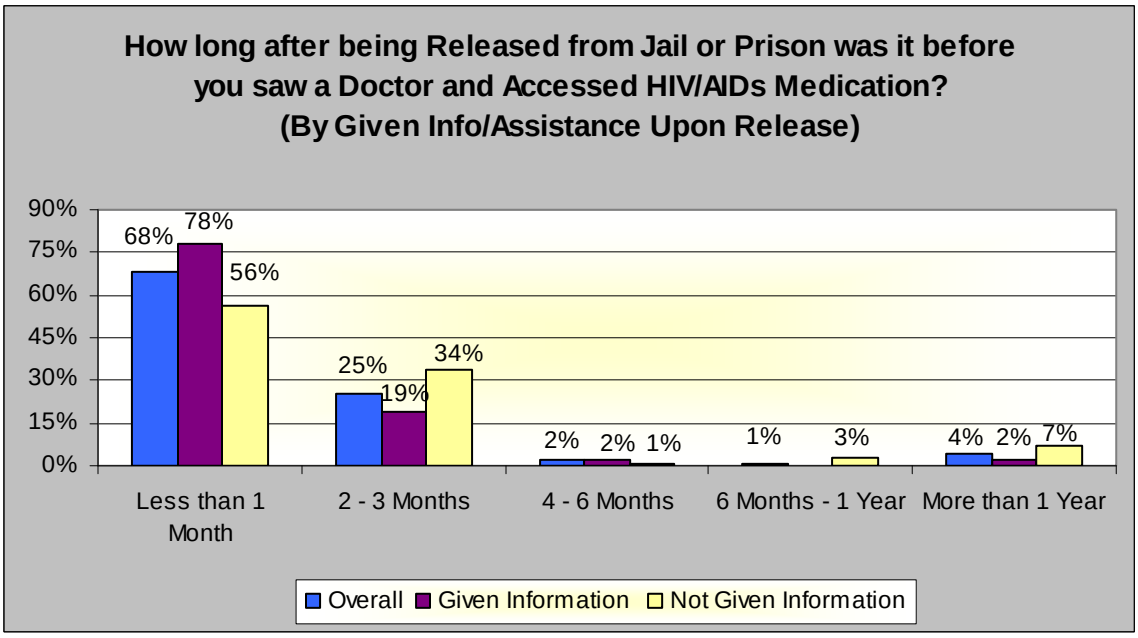
The majority (55%) of female respondents was given information upon release; female respondents were the most likely group to be given information regarding care. Less than half (46%) of the male respondents were given information. Only 14% of transgender individuals were given information regarding care upon release.

Given care Information upon Release by Diagnosis



43% of respondents who are HIV positive with symptoms were given information upon release, compared to 53% of respondents who are HIV positive without symptoms. Respondents with an AIDS diagnosis were only given information 50% of the time.

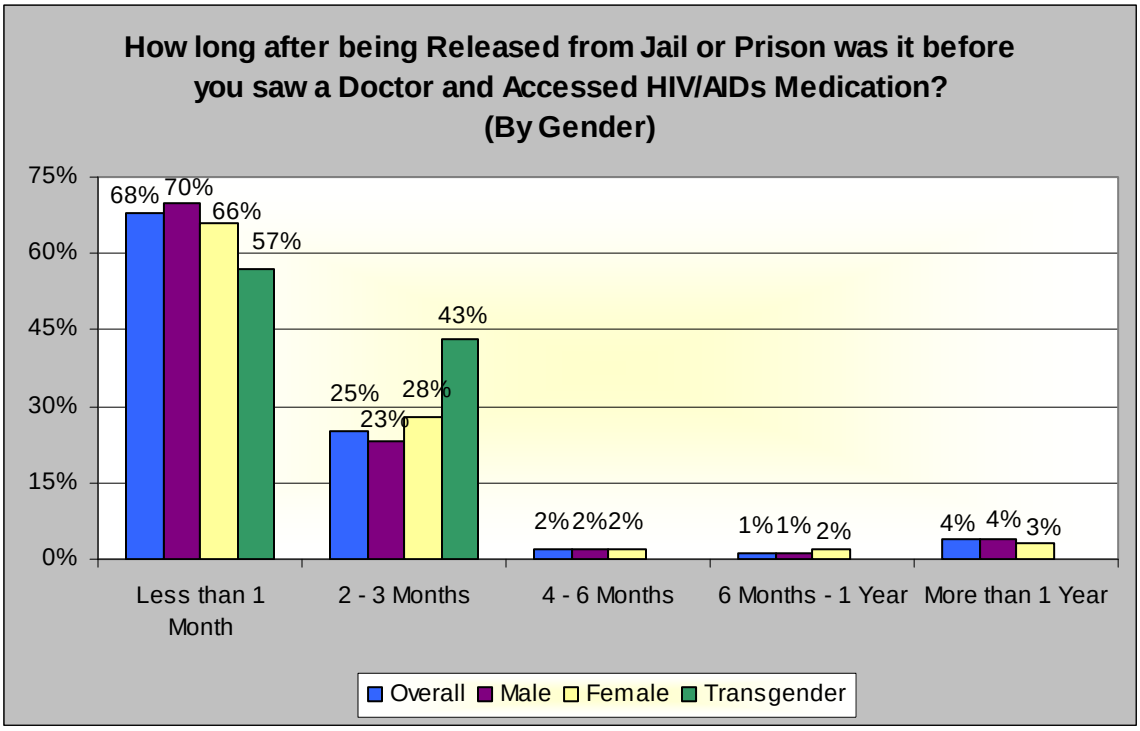
How long have you been released? (by given care information upon release)



The majority of respondents were able to access care within one month of release. Respondents who were given information (78%) were more likely than those who were not given information (56%) to see a doctor within one month. 34% of those who did not receive information did not receive care until 2 – 3 months after release, as compared to

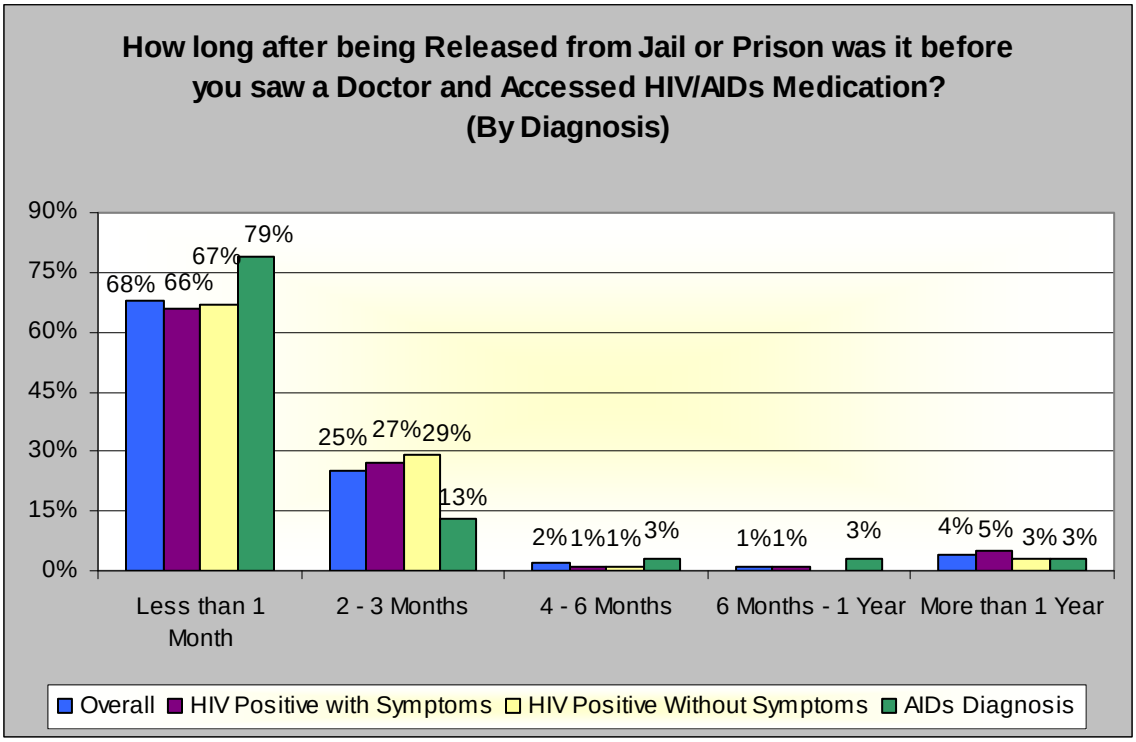
19% of those who did receive information. All respondents rarely waited between 4 months to more than a year.

How long have you been released? (by gender)



70% of males, 66% of females and 57% of transgender respondents were able to see a doctor and access medication within one month of release. Male (23%) and female (28%) respondents also sought care within 2 – 3 months, but rarely between 4 months to more than a year. 43% of transgender respondents were able to receive care within 2 – 3 months, indicating that all transgender respondents received care within 3 months of release.

How long have you been released? (by diagnosis)



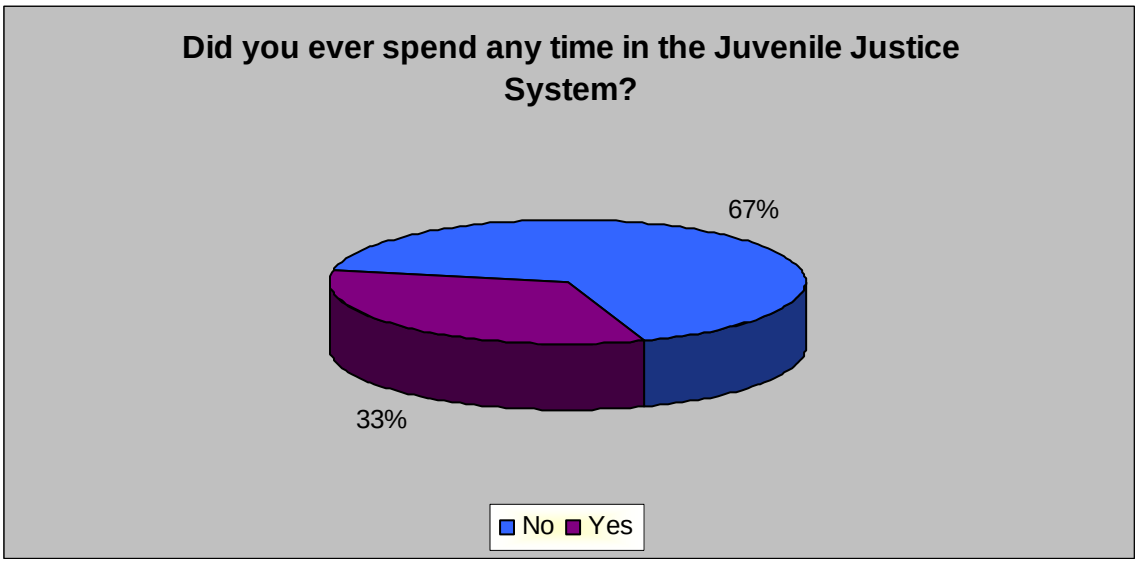
79% of respondents with an AIDS diagnosis received care within one month of release, and those who are HIV positive with (66%) and without (67%) symptoms are nearly equally likely to receive care within one month. Similarly, those with an HIV positive diagnosis with (27%) and without (29%) symptoms were nearly equally likely to seek care within 2 – 3 months, compared to only 13% of those with an AIDS diagnosis receiving care within the same time period. All respondents rarely waited to receive care within 4 months to more than one year.

State of Incarceration

State	Frequency	Frequency – Request Care	Frequency – Received Care
Arizona	2	0	0
California	21	15	10
Connecticut	1	0	0
Florida	1	0	0
Illinois	3	3	3
Massachusetts	1	0	0
Michigan	1	1	0
Mississippi	2	0	0
Missouri	1	1	1
Nevada	131	107	99
New York	1	1	1
North Carolina	1	1	1
Texas	2	2	1

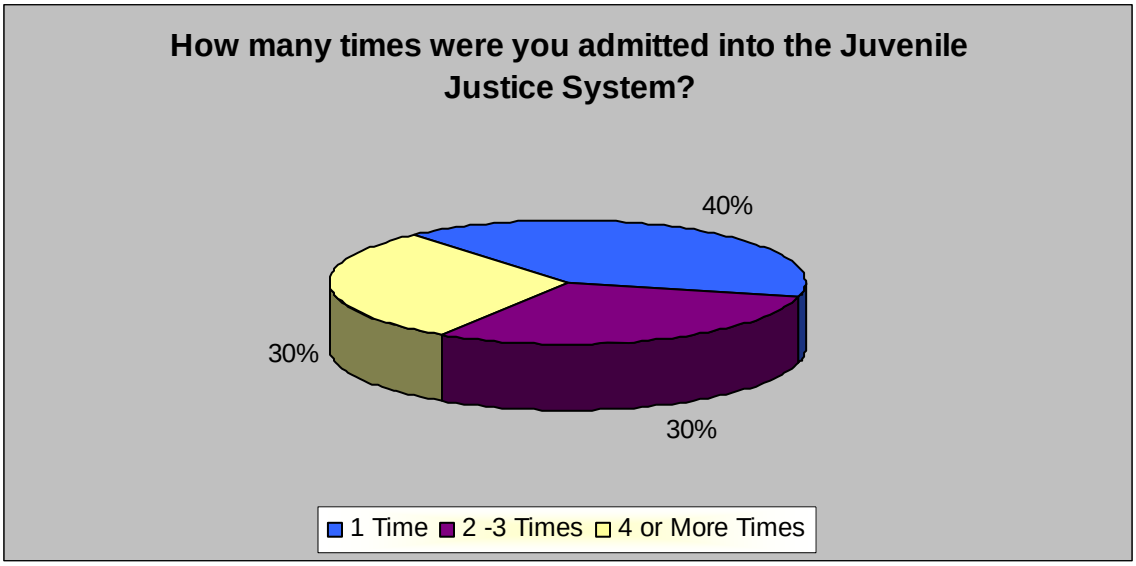
Respondents were asked to identify in which state they were incarcerated. The states and the frequency of respondents incarcerated in each state are listed in the table above. Also listed is the frequency of respondents, per state, who requested care and who received care.

Juvenile Justice System



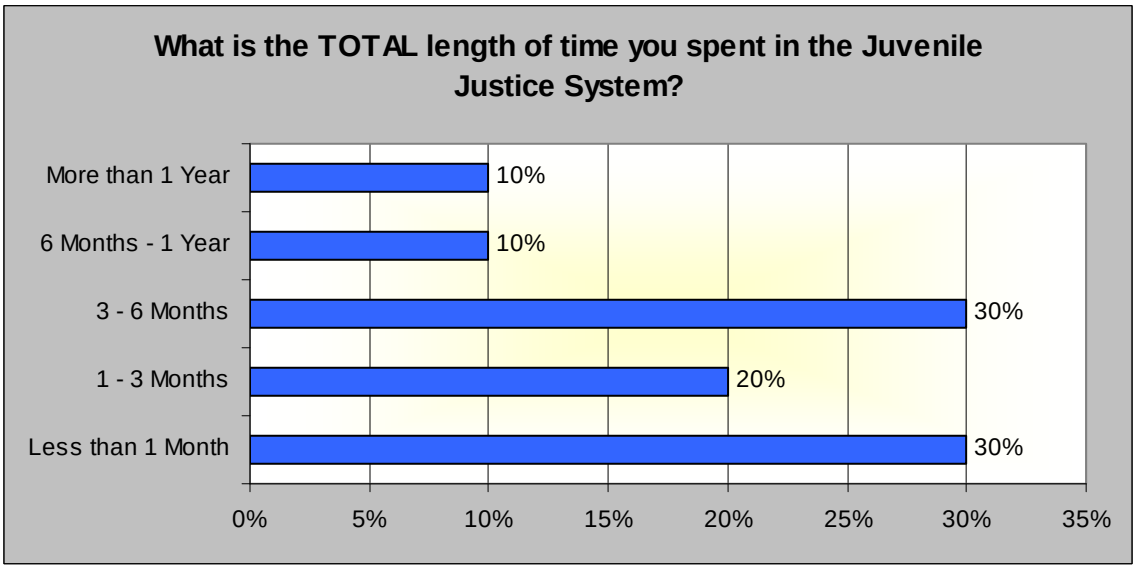
33% of respondents have spent time in the juvenile justice system. Of the 33% of the total sample that have spent time in the juvenile justice system, 64% are male, 33% are female and 3% are transgender. When looking at the samples by gender, 10% of the male sample has spent time in the juvenile justice system, 10% of the female sample and 33% of the transgender sample have spent time in the juvenile justice system.

Number of Times in the Juvenile Justice System



40% of the respondents were admitted to the juvenile justice system one time. 30% were admitted 2 – 3 times and another 30% were admitted to the juvenile justice system 4 or more times.

Total Length of Time in the Juvenile Justice System



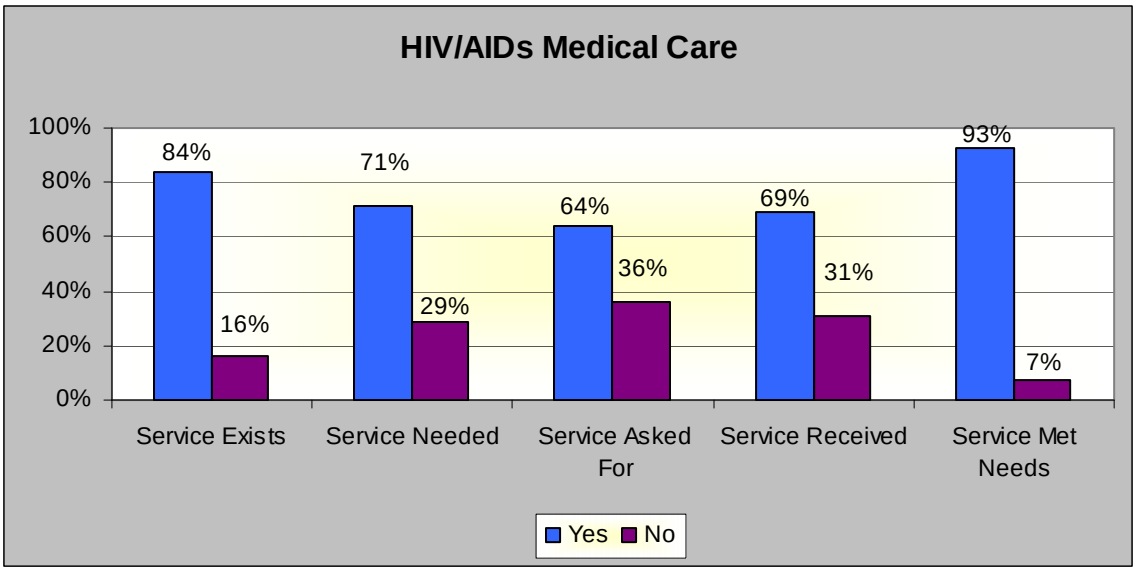
Respondents were equally likely to spend less than one month (30%) and 3 – 6 months (30%) in the juvenile justice system. This was followed by 20% who spent 1 – 3 months admitted to the juvenile justice system. Respondents were also equally likely to spend 6 months – 1 year (10%) and more than 1 year (10%) in the juvenile justice system.

Assessment of Service Needs and Gaps

Ryan White Funded Services

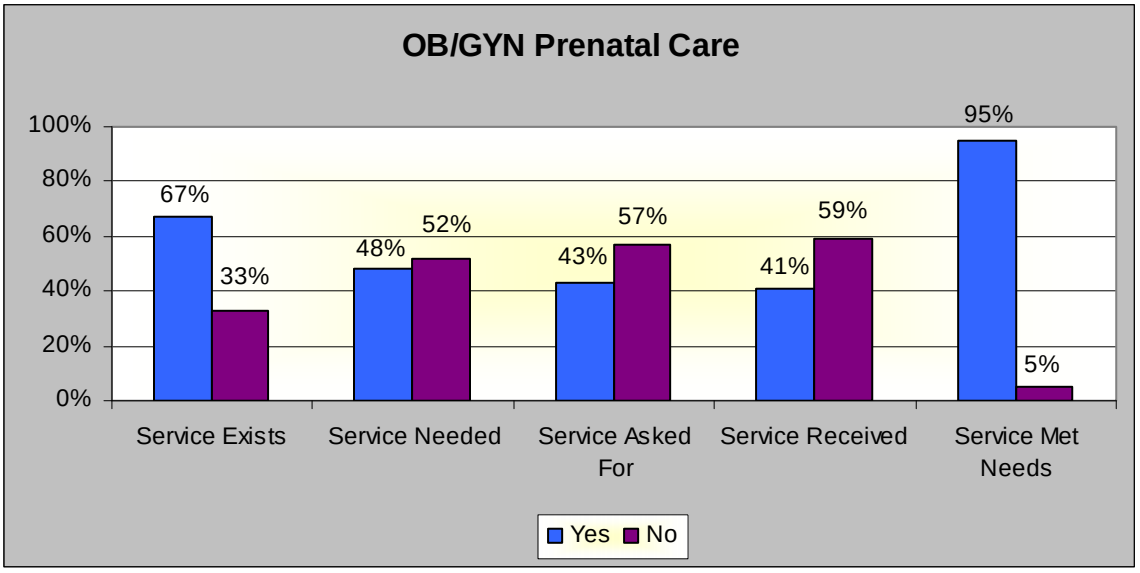
As part of the consumer survey, respondents were given a list of 27 services funded by Ryan White for persons with HIV/AIDS. Respondents were asked five questions relating to each service. First, respondents were asked to indicate whether or not they know that the service is available for people living with HIV/AIDS (service exists). Respondents were then asked to indicate whether they needed the service in the past year (service needed) and whether they asked for the service in the past year (service asked for). Next, respondents reported whether or not they received the service in the past year (service received). Finally, if a respondent indicated that they did receive the service in the past year, they were asked to report whether the service met their needs (service met needs). Responses for each of the five questions are reported in the graphs below for each Ryan White funded service.

HIV/AIDS Medical Care



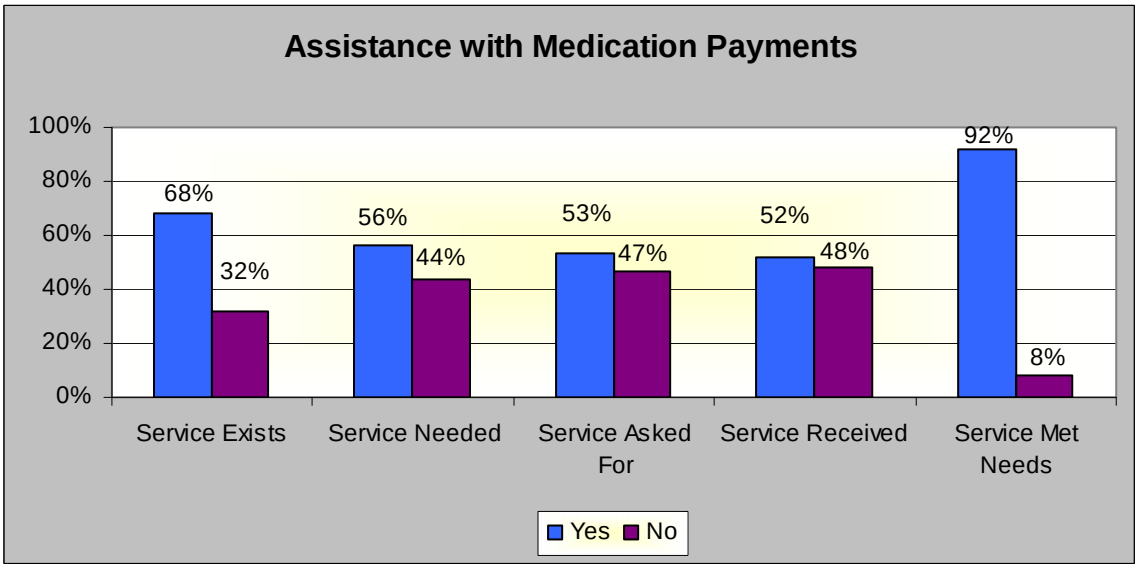
84% of respondents are aware that HIV/AIDS medical care exists. In the past year, 71% of respondents needed the service. Also, in the past year, 64% of respondents asked for HIV/AIDS medical care and 69% received HIV/AIDS medical care. Of those respondents who received the service, 93% indicate that the service met their needs.

OB/GYN Prenatal Care (Female Respondents only)



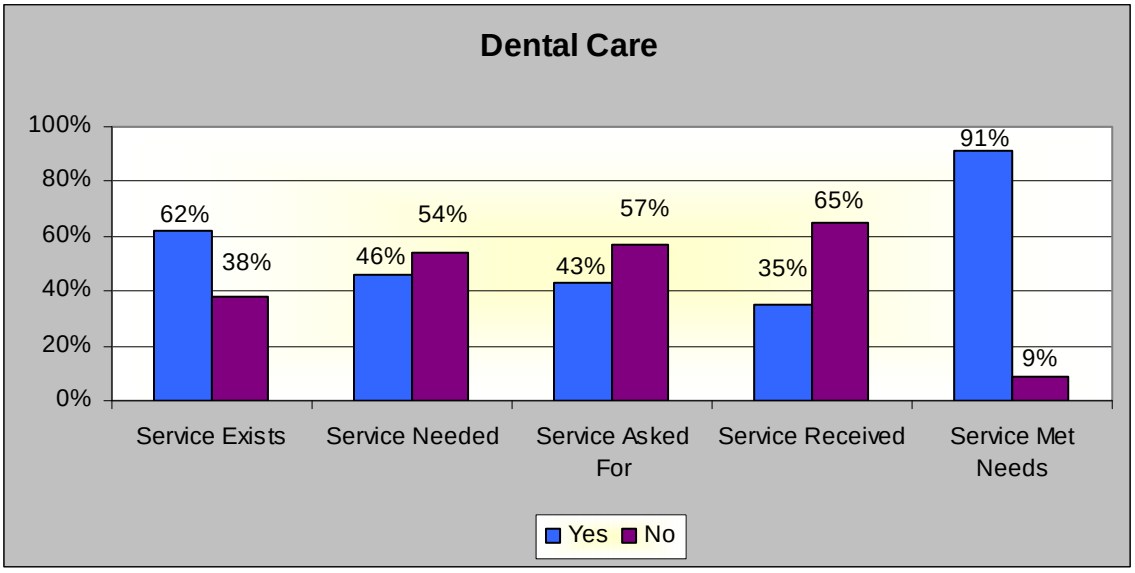
Only female respondents were asked to report on services relating to OB/GYN prenatal care. 67% report that they are aware the service exists. 48% of female respondents needed the service in the past year, while 43% asked for the service and 41% received the service. Of those who received the service, 95% report that the OB/GYN prenatal care met their needs.

Assistance with Medication Payments



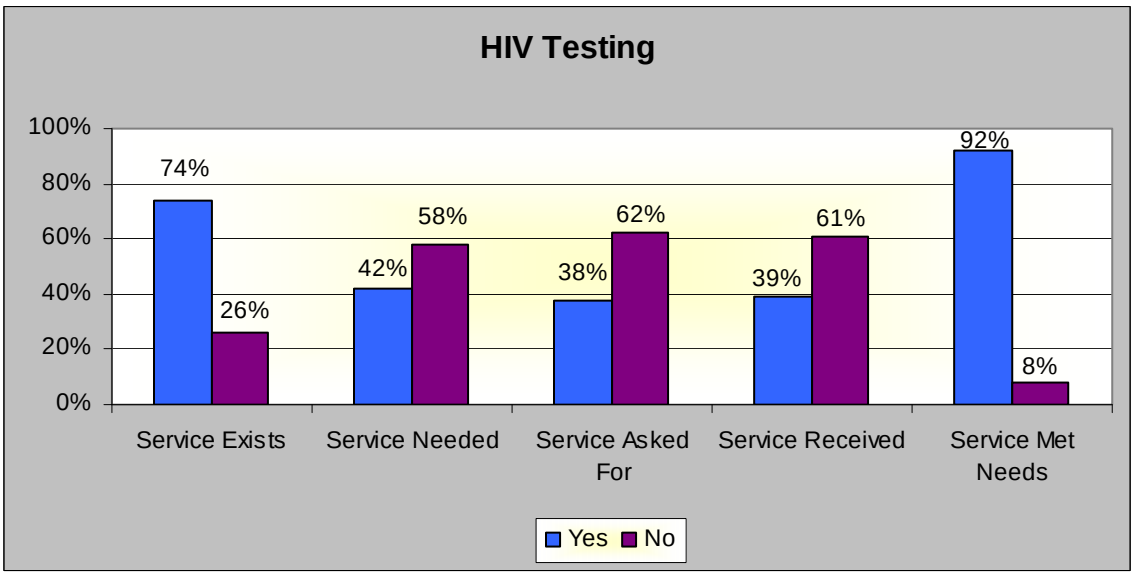
68% of respondents are aware that assistance with medication payments exists. In the past year, 56% needed the service and 53% asked for the service. 52% of respondents received assistance with medication payments in the past year. 92% of those who received the service report that the service met their needs.

Dental Care



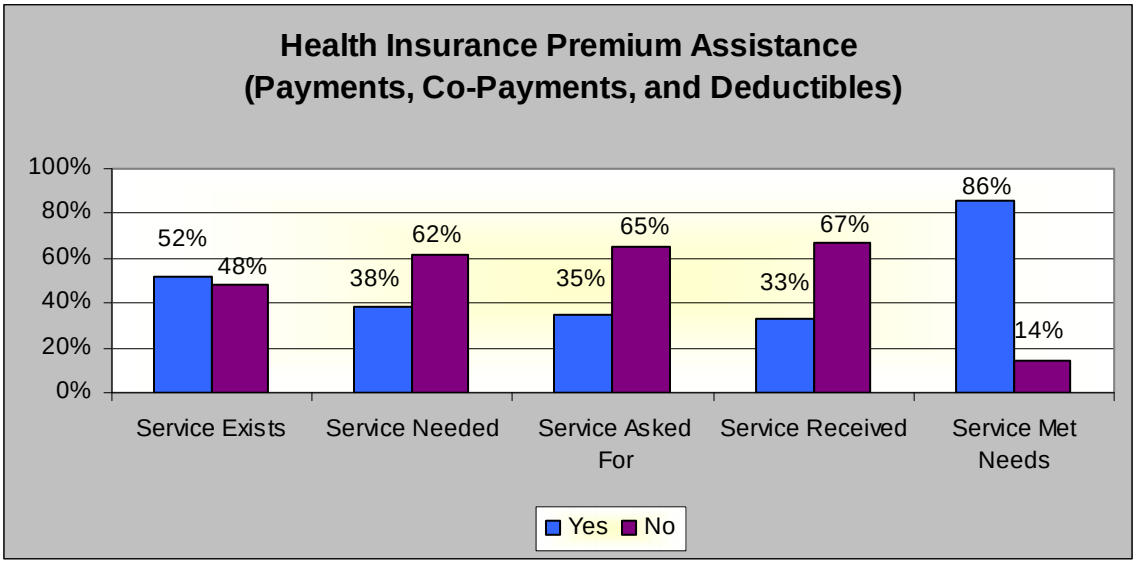
62% of respondents know that dental care exists as a Ryan White funded service. In the past year, 46% of respondents needed the service and 43% asked for the service. Only 35% of respondents received dental care in the past year, but 91% of these respondents report that the service met their needs.

HIV Testing



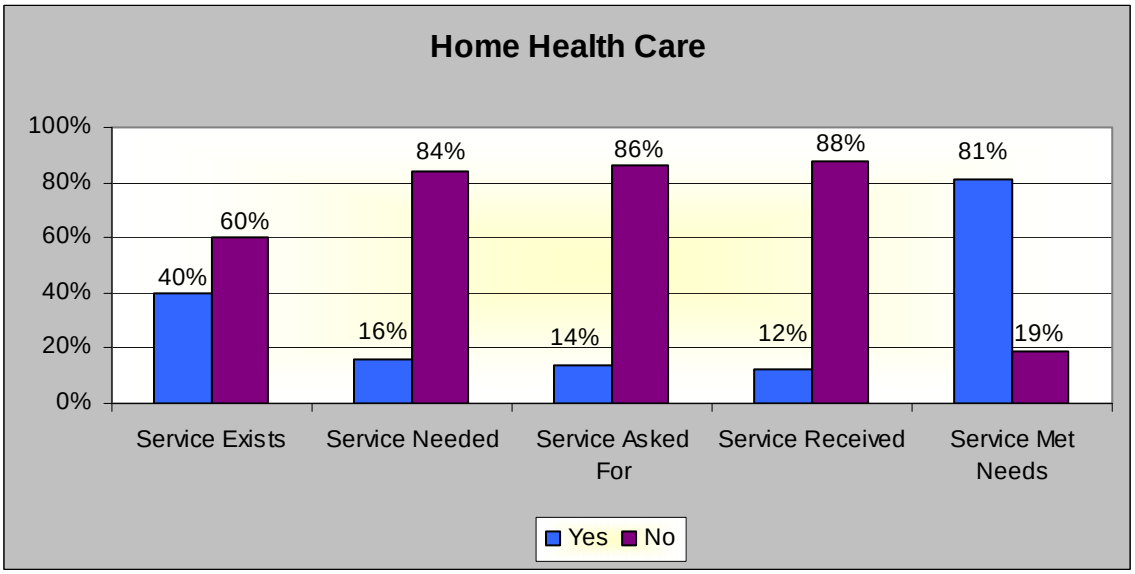
74% of respondents are aware that HIV Testing exists as a service. 42% of respondents needed this service. In the past year, 38% of respondents asked for HIV testing and 39% received this service. Of those who received the service, 92% report that the service met their needs.

Health Insurance Premium Assistance



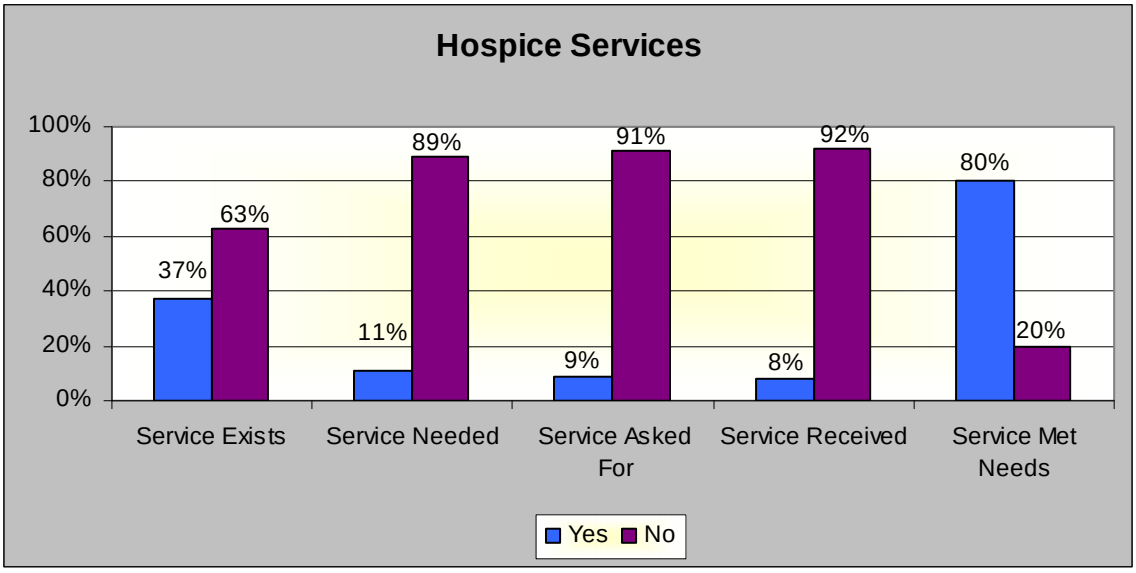
Just over half (52%) of all respondents are aware that Health Insurance Premium Assistance exists. This service offers assistance with payments, co-payments and deductibles. In the past year, 38% needed this service, 35% asked for this service and 33% received this service. 86% of those respondents who received the service report that health insurance premium assistance met their needs.

Home Health Care



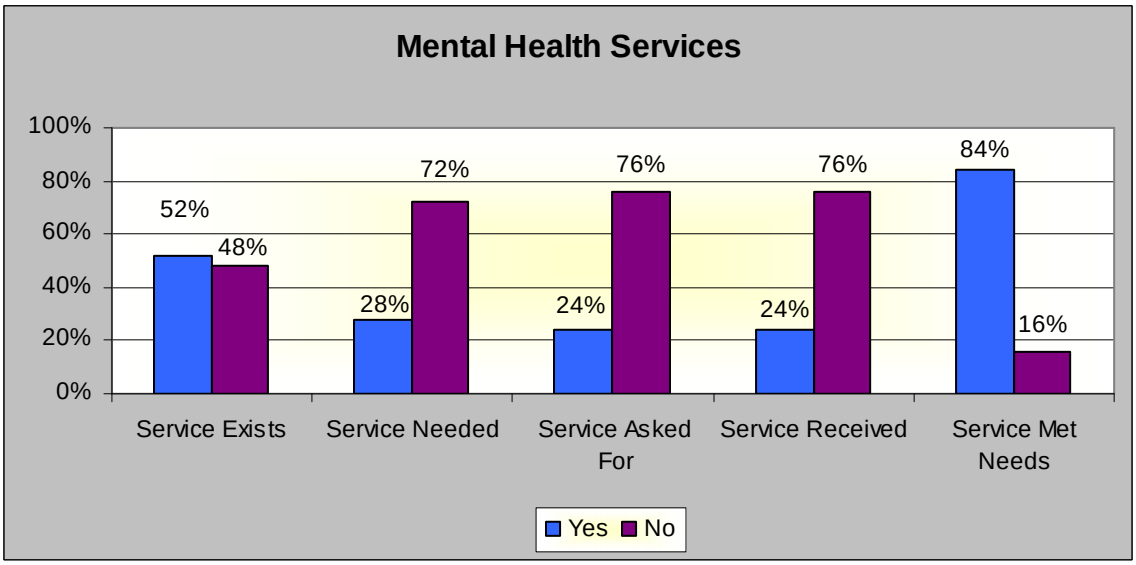
40% of respondents know that a home health care service exists. 16% of respondents needed this service in the past year and 14% asked for this service. Only 12% of all respondents received home health care in the past year and 81% of these respondents report that the service met their needs.

Hospice Services



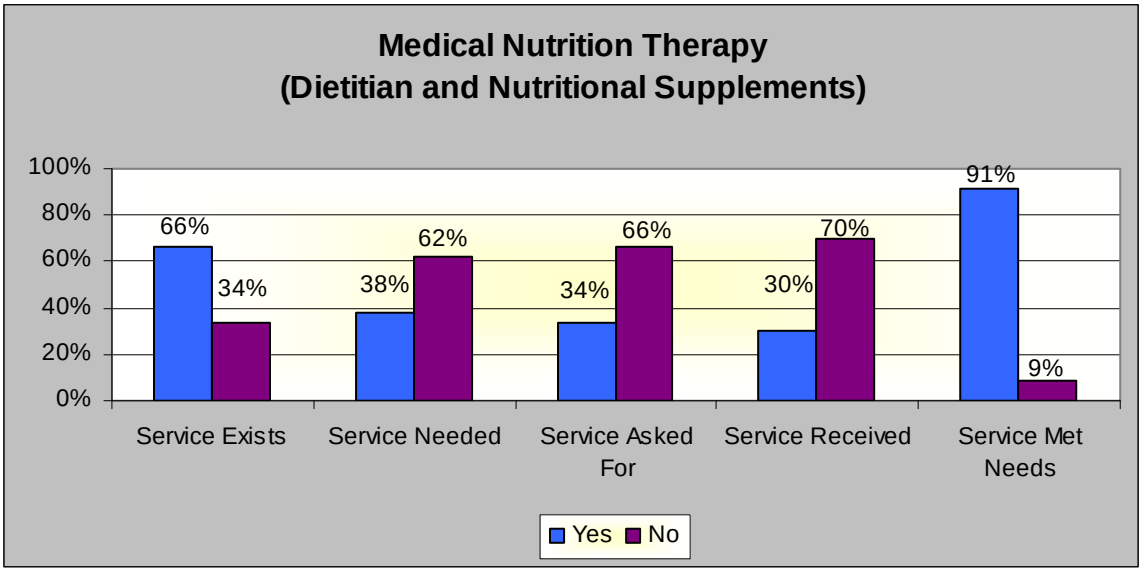
37% of respondents report awareness that hospice services exist. In the past year, only 11% needed hospice service, 9% asked for these services, and 8% received these services. Of those who received hospice services, 80% report that their needs were met.

Mental Health Services



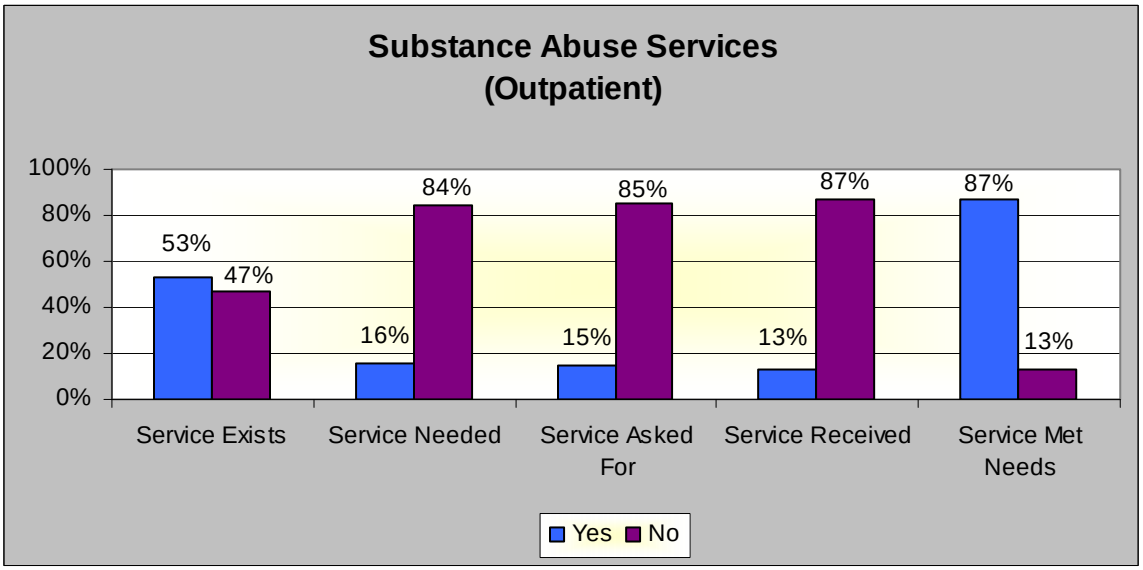
Just over half (52%) of all respondents are aware that mental health services exist as a Ryan White funded service. 28% of respondents needed to utilize these services in the past year. 24% of all respondents asked for and received mental health services in the past year. 84% of respondents who received these services report that their needs were met.

Medical Nutrition Therapy



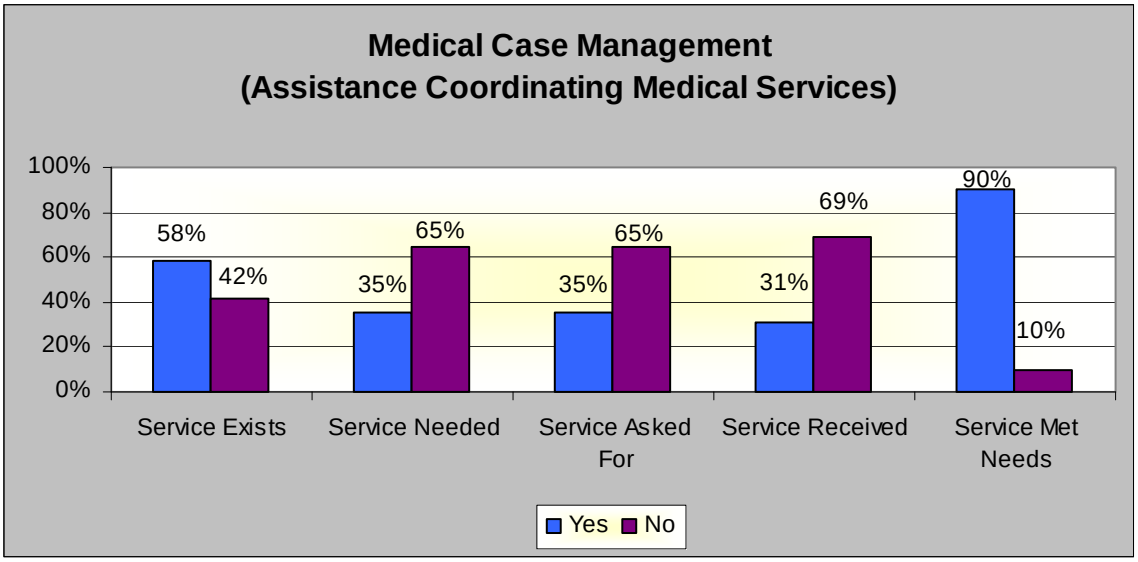
66% of respondents know that medical nutrition therapy exists as a service. In the past year, 38% needed this service and 34% asked for it. 30% of respondents received medical nutrition therapy, which includes but is not limited to meeting with a dietitian and information on nutritional supplements. 91% of respondents who received this service agree that their needs were met.

Substance Abuse Services (Outpatient)



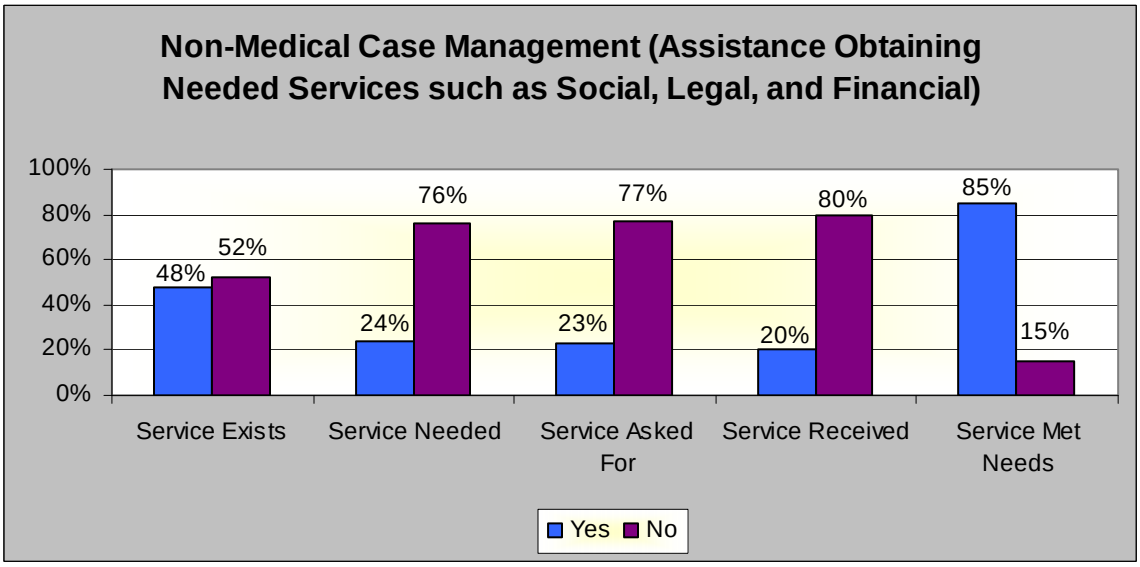
Just over half (53%) of all respondents are aware that outpatient substance abuse services exist. In the past year, only 16% needed this service and 15% asked for this service. Just 13% of all respondents received outpatient substance abuse services. Of those respondents who received these services, 87% report that the service met their needs.

Medical Case Management



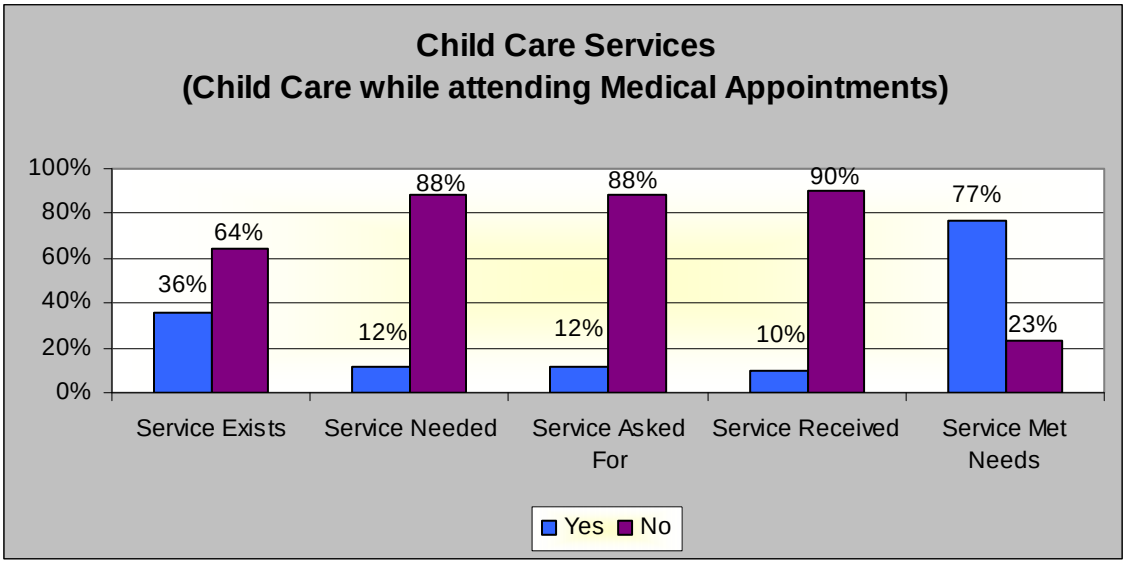
58% of respondents are aware that medical case management exists. This service provides assistance coordinating medical services. In the past year, 35% of respondents needed and asked for this service. 31% received medical case management, of which 90% report that the service met their needs.

Non-Medical Case Management



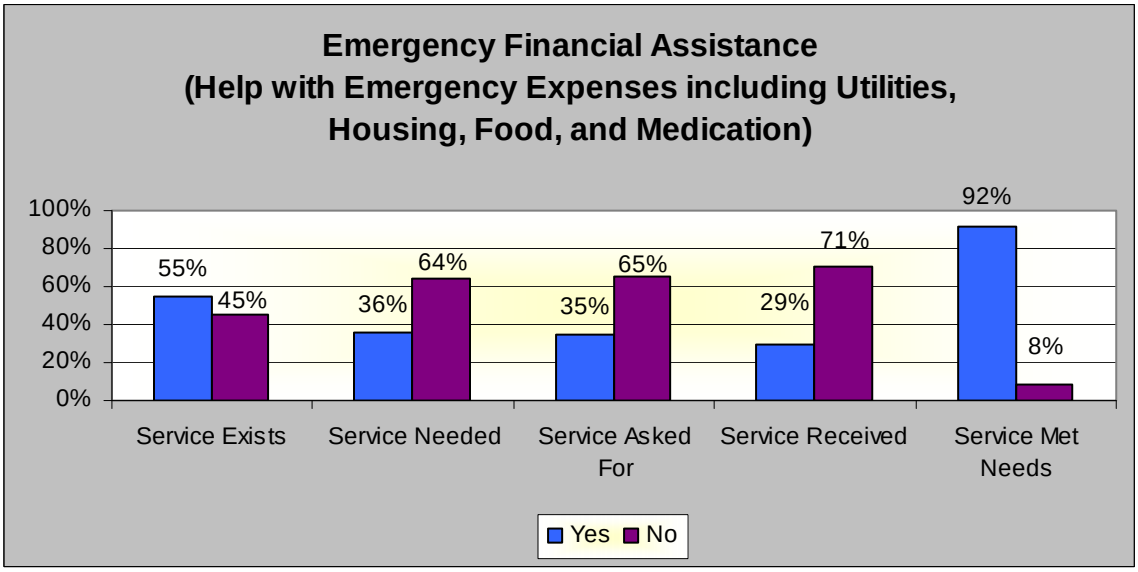
Almost half (48%) of all respondents report that non-medical case management exists as a service. Non-medical case management involves assistance obtaining social, legal, and financial services. 24% needed this service and 23% asked for this service in the past year. 20% of respondents received non-medical case management and 85% report that their needs were met.

Child Care Services



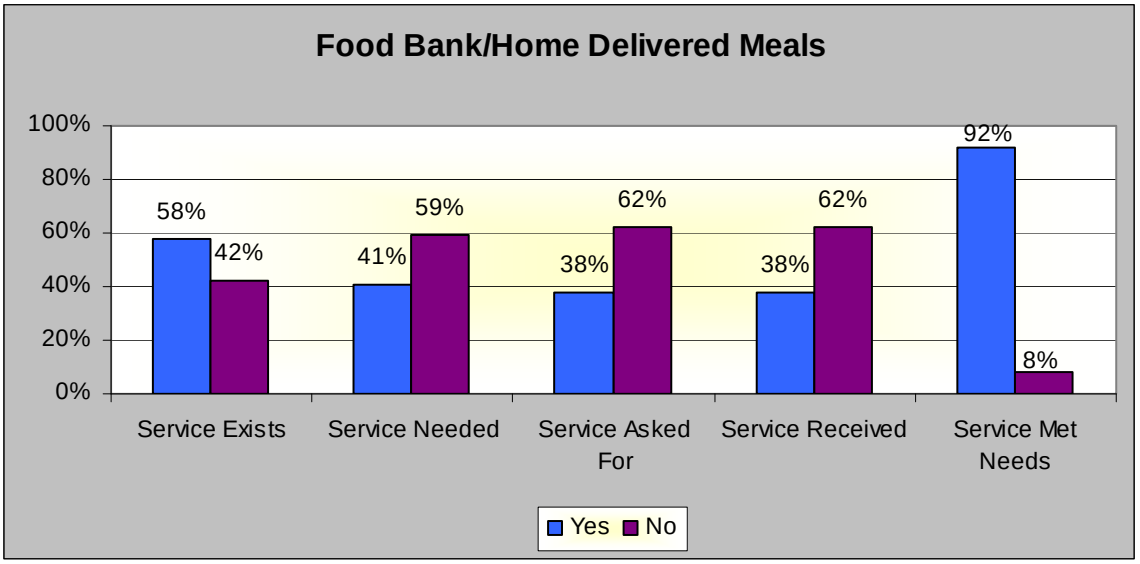
36% of respondents are aware that child care services exist for parents while attending medical appointments. In the past year, 12% of respondents needed and asked for this service and 10% received this service. Of those respondents who received child care, 77% report that the services met their needs.

Emergency Financial Assistance



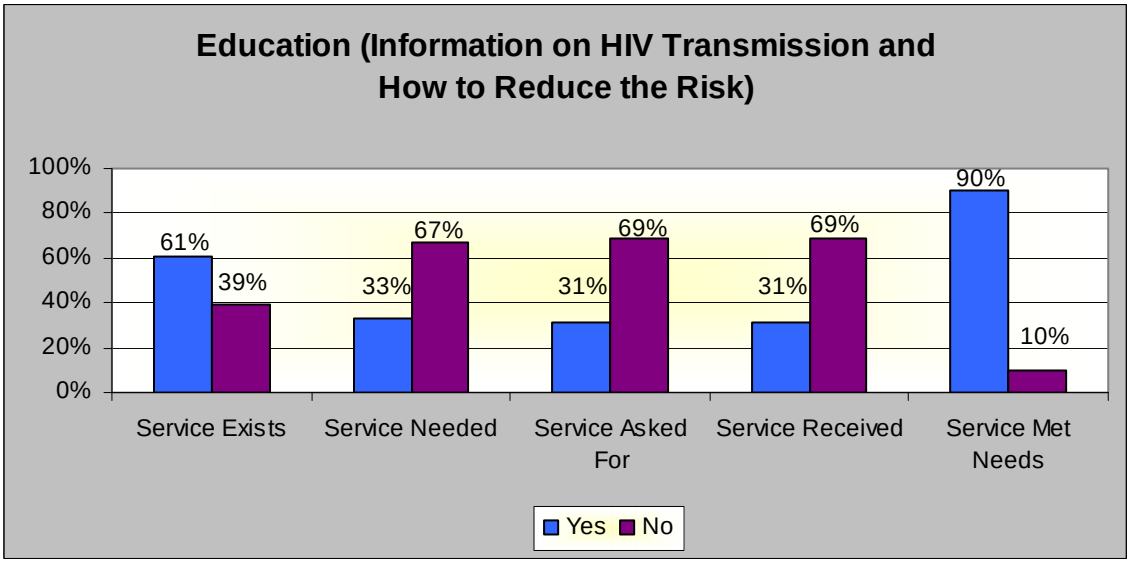
Slightly more than half (55%) of all respondents know that emergency financial assistance exists. This service provides help with emergency expenses including utilities, housing, food and medication. In the past year, 36% of respondents needed this service and 35% asked for this service. 29% of respondents received this service, of which 92% report that the service met their needs.

Food Bank/Home Delivered Meals



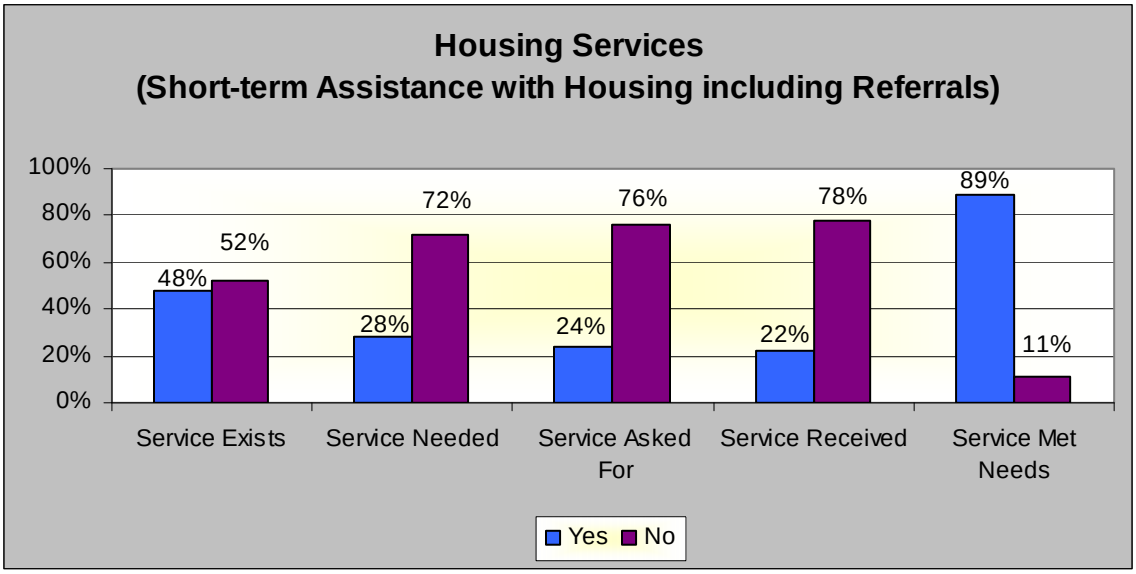
58% of respondents are aware that food bank/home delivered meals exist and 41% needed this service. In the past year, 38% of respondents asked for and received this service. 92% of the respondents who received either food bank or home delivered meals report that the service met their needs.

Education



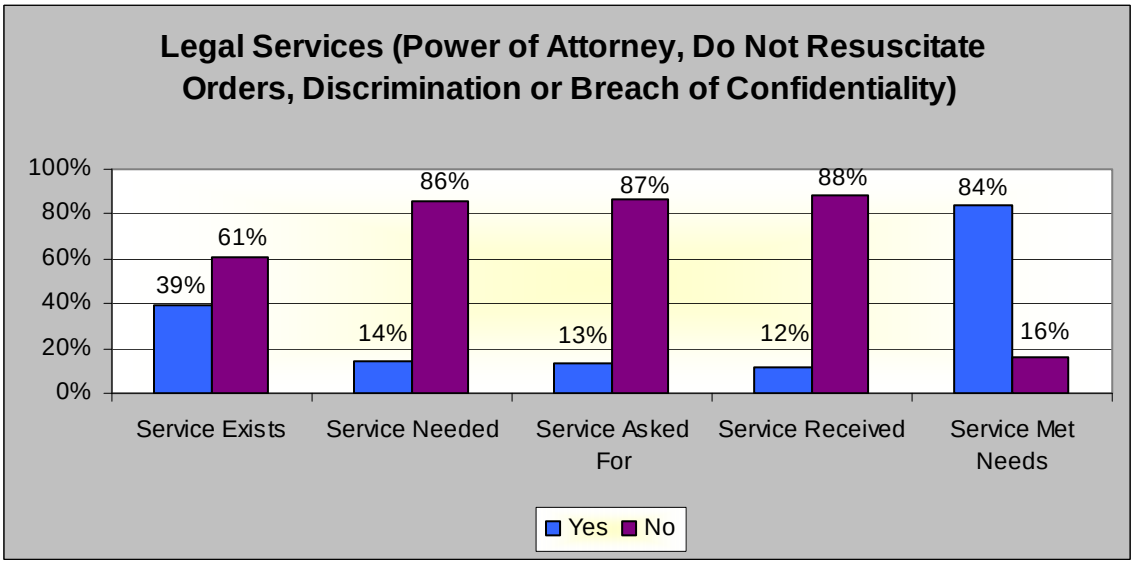
61% of respondents know that education on HIV transmission and how to reduce risk exists. In the past year, 33% of respondents needed this service and 31% both asked for and received education. Of those respondents receiving this service, 90% report that their needs were met.

Housing Services



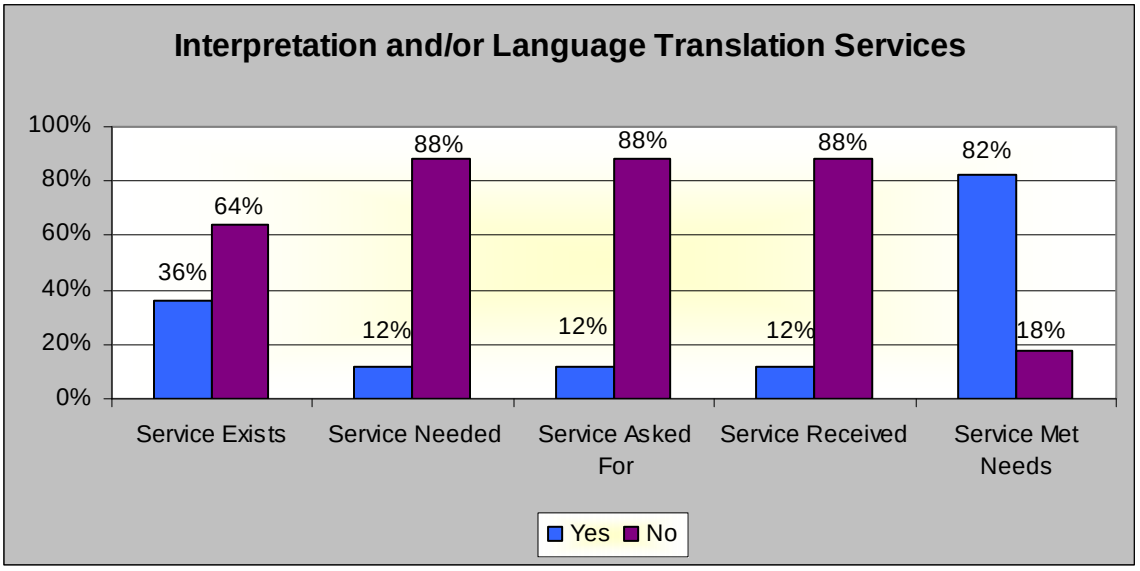
Almost half (48%) of all respondents report that housing services exist. These services involve short-term assistance with housing including referrals. In the past year, 28% of respondents needed these services, 24% asked for these services and 22% received these services. 89% of respondents who received housing services report that their needs were met.

Legal Services



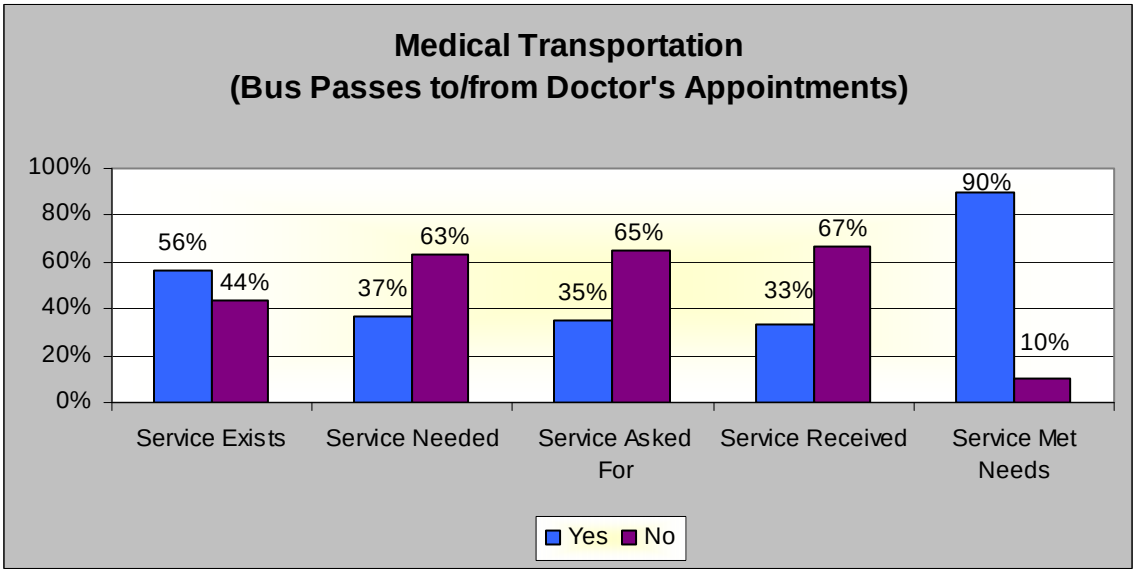
39% of respondents are aware that legal services such as power of attorney, do not resuscitate orders, and discrimination or breach of confidentiality exist. In the past year, 14% of respondents needed legal services and 13% asked for legal services. 12% of respondents received legal services, of which 84% report that the services met their needs.

Interpretation and/or Language Translation Services



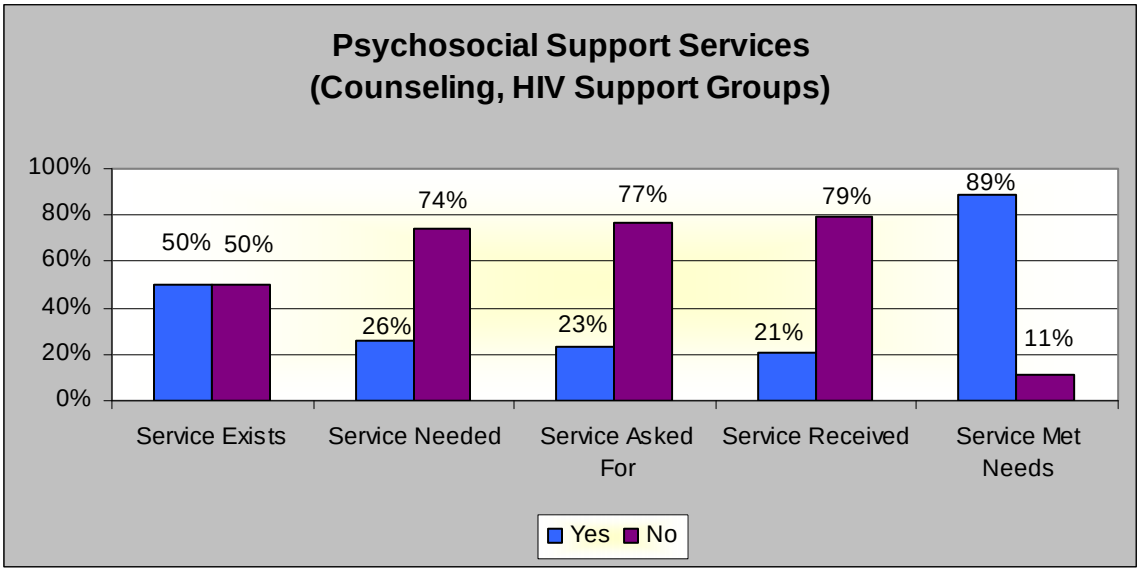
36% of all respondents know that interpretation and/or language translation services exist through Ryan White. In the past year, 12% of respondents needed, asked for, and received these services. Of the respondents who received interpretation and/or language translation services, 82% report that the services met their needs.

Medical Transportation



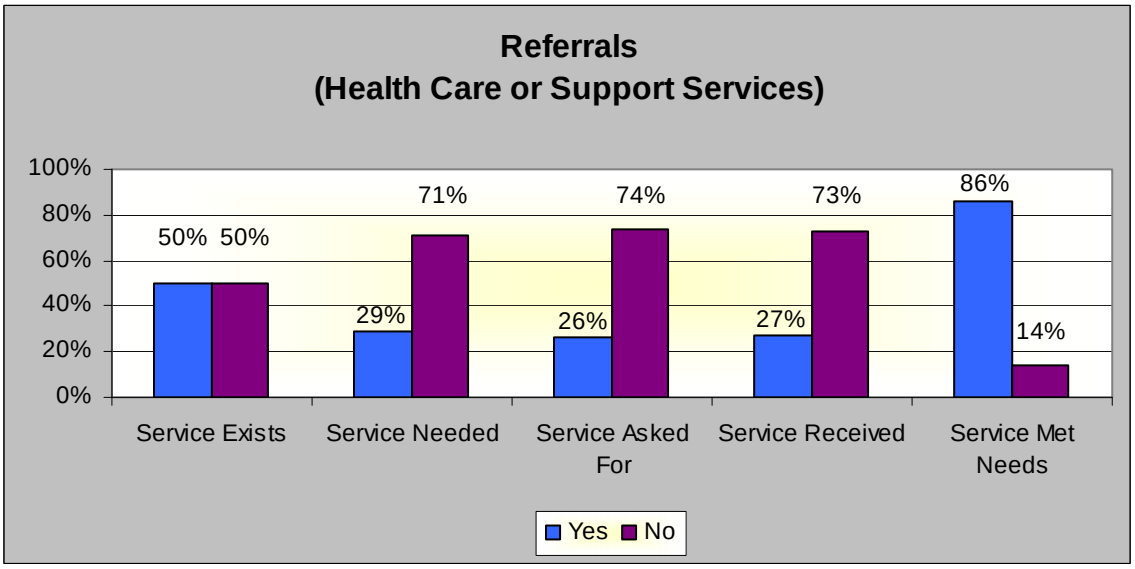
56% of respondents know that medical transportation exists as a service. This service provides bus passes to and from doctor's appointments. 37% of respondents have needed this service. In the past year, 35% of respondents asked for this service and 33% received this service. 90% of those who received this service report that their needs were met.

Psychosocial Support Services



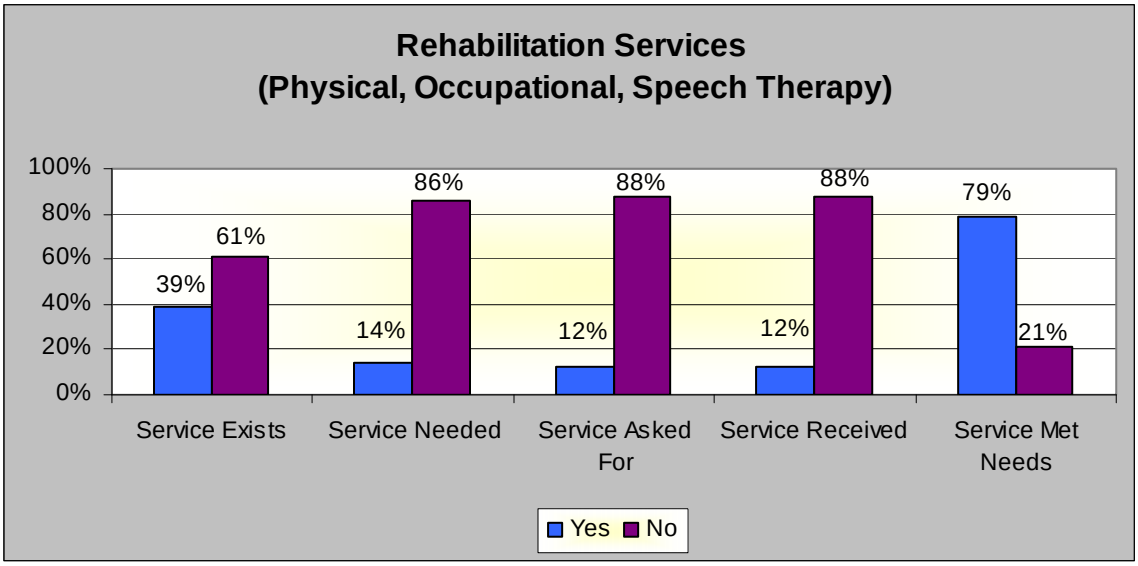
Half (50%) of respondents are aware that psychosocial support services such as counseling and HIV support groups exist. In the past year, 26% of respondents needed these services, 23% asked for these services, and 21% received these services. Of the respondents who received the psychosocial support services, 89% report that their needs were met.

Referrals



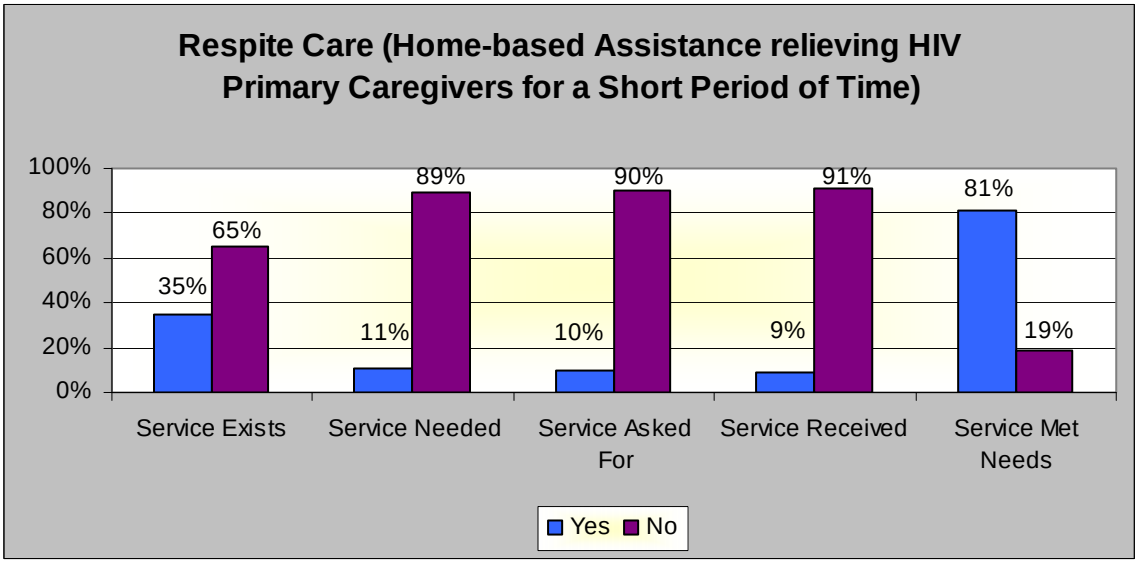
Half (50%) of respondents are aware that referrals exist for health care and support services. In the past year, 29% of respondents needed these services, 26% asked for these services, and 27% received these services. Of the respondents who received the psychosocial support services, 86% report that their needs were met.

Rehabilitation



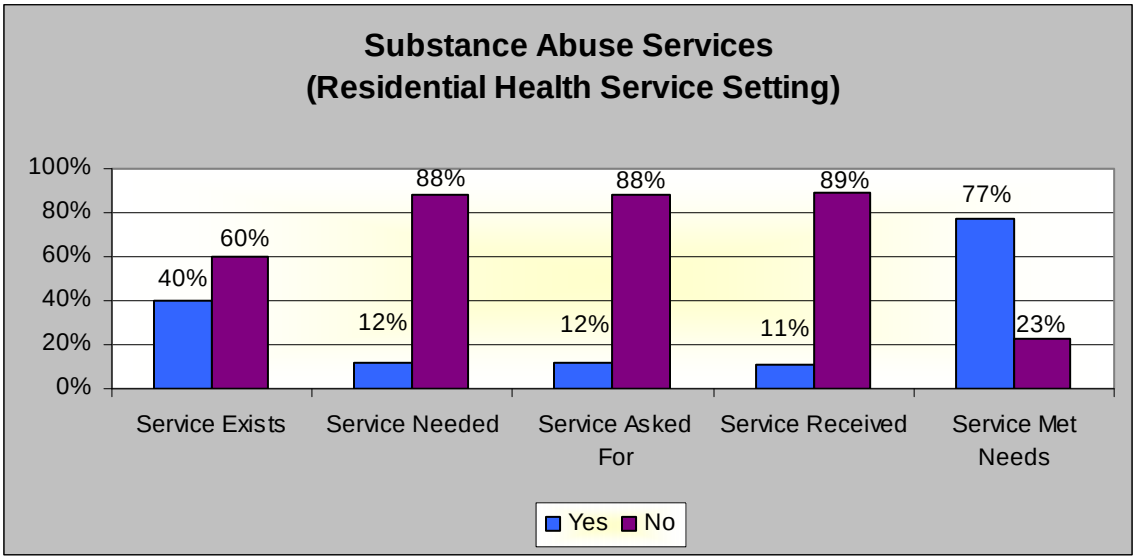
39% of respondents know that rehabilitation services including physical, occupational and speech therapy exist. In the past year, 14% of respondents needed this service and 12% both asked for and received rehabilitation services. Of those respondents receiving this service, 79% report that their needs were met.

Respite Care



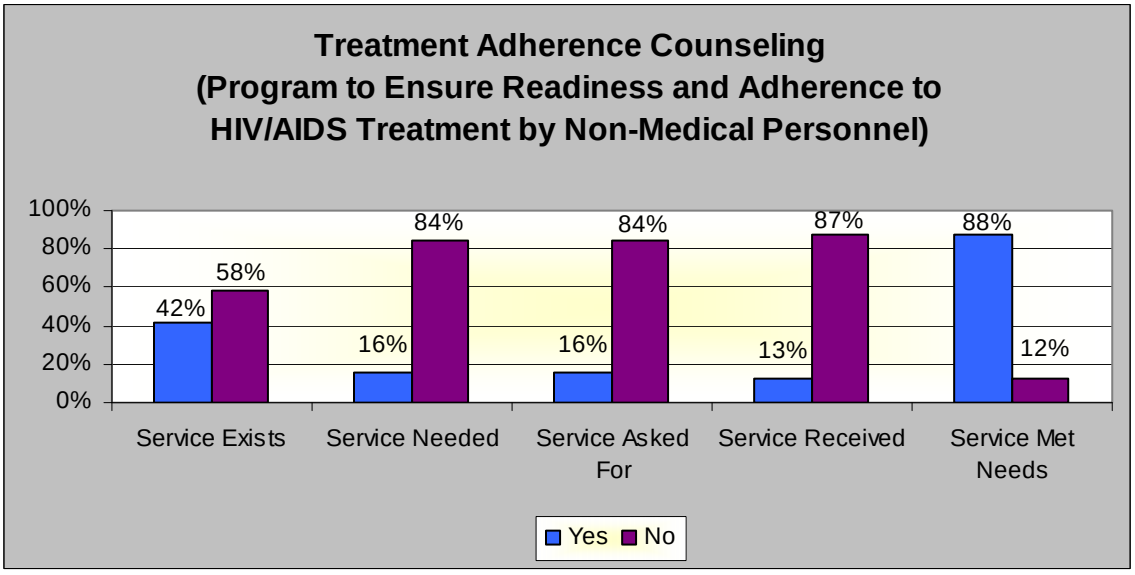
35% of respondents are aware that respite care exists as a service funded by Ryan White. This service involves home-based assistance relieving HIV primary caregivers for a short period of time. In the past year, 11% of respondents needed these services, 10% asked for these services, and 9% received these services. Of the respondents who received respite care, 81% report that their needs were met.

Substance Abuse Services (Inpatient)



40% of respondents are aware that substance abuse services in a residential health service setting exist. In the past year, 12% of respondents both needed and asked for these services and 11% received these services. Of those receiving inpatient substance abuse services, 77% report that their needs were met.

Treatment Adherence Counseling



42% of respondents are aware that treatment adherence counseling exists. This service includes a program to ensure readiness and adherence to HIV/AIDS Treatment by non-medical personnel. In the past year, 16% of respondents both needed and asked for these services and 13% received these services. Of those respondents receiving treatment adherence counseling, 88% report that their needs were met.

Ranking of Services

Respondents were asked to consider the most important services that they currently need and use. Respondents were provided with a list of 27 Ryan White Funded Services and were asked to select their top 10 most important services. The table below shows all of the services in rank order, with the top 10 services for all respondents presented in bold.

Rank	Service	Selected for Top 10 (%)
1	**HIV/AIDS Medical Care**	**70%**
2	**Dental Care**	**62%**
3	**Assistance with Medication Payments**	**51%**
4	**Emergency Financial Assistance**	**46%**
4	**Medical Transportation**	**46%**
6	**Food Bank/Home Delivered Meals**	**42%**
7	**HIV Testing**	**40%**
8	**Health Insurance Premium Assistance**	**36%**
9	**Mental Health Services**	**34%**
10	**Medical Nutrition Therapy**	**32%**
11	Housing Services	31%
12	Legal Services	26%
13	Medical Case Management	25%
13	Referrals	25%
15	Non-Medical Case Management	23%
15	Education	23%
17	OB/GYN Prenatal Care	21%
17	Home Health Care	21%
19	Psychosocial Support Services	20%
20	Substance Abuse Services (outpatient)	15%
21	Treatment Adherence Counseling	14%
22	Hospice Services	13%
22	Child Care Services	13%
22	Interpretation and/or Language Translation Services	13%
25	Rehabilitation Services	12%
26	Respite Care	10%
27	Substance Abuse Services (residential health service setting)	9%

The highest ranked service is “HIV/AIDS Medical Care”, which was selected by 70% of respondents as one of the top ten most important services. Dental Care is ranked second and was selected by 62% of all respondents. Just over half (51%) of all respondents selected “Assistance with Medication Payments” as one of the most important services. Emergency Financial Assistance and Medical Transportation were both selected by 46% of respondents. Food Bank/Home Delivered Meals is ranked 6th and was selected by 42% of respondents. 40% selected HIV Testing and 36% selected Health Insurance

Premium Assistance. Mental Health Services (34%) and Medical Nutrition Therapy (32%) are ranked 9th and 10th, respectively.

Non-Ryan White Funded Service Utilization

As part of the consumer survey, respondents were provided a list of 30 services that are not funded by Ryan White. The table below shows that percent of respondents who have or receive each of the provided services.

Service	% Yes	Service	% Yes
Insurance through work	8%	Housing Assistance	17%
COBRA	5%	Medication Payment Assistance	23%
Private Insurance	3%	Transportation Assistance	25%
Veteran's Admin. Health Care	4%	Substance Abuse Counseling	7%
County Welfare	22%	Mental Health Counseling	16%
Medicare	24%	Case Management	20%
Medicaid	28%	Family Planning	4%
Child Support	5%	Legal Assistance	6%
Food Stamps	40%	Nutrition Counseling	17%
WIC	6%	Dental Services	20%
Section 8/Other Housing Subsidy	9%	Shelter (Homeless or D.V.)	5%
Social Security	29%	STD/Pregnancy Testing	4%
TANF	4%	Medical Care	25%
Financial Assistance	14%	Job Assistance	7%
Food Banks/Food Vouchers	44%	Other	3%
Furniture/Clothing	12%		

The most common non-Ryan White funded services used by respondents are food banks/food vouchers (44%) and food stamps (40%). 29% of respondents have or receive social security and 28% have or receive Medicaid. Transportation Assistance and Medical Care are used by 25% of all respondents. 24% of respondents receive Medicare, 23% receive medication payment assistance, and 22% receive county welfare. Case management and dental services are used by 20% of respondents, whereas housing assistance and nutritional counseling are used by 17%. 16% of respondents use mental health counseling, 14% receive financial assistance, and 12% receive furniture and clothing. The following services are used or received by very few respondents: section 8 or other housing subsidy (9%), insurance through work (8%), substance abuse counseling (7%), job assistance (7%), WIC (6%), legal assistance (6%), COBRA (5%), child support (5%), homeless or domestic violence shelter (5%), Veteran's Administration Health Care (4%), TANF (4%), family planning (4%), STD/Pregnancy testing (4%), and private insurance (3%). 3% of respondents indicate that there are other non-Ryan White funded services used. Upon specification, other services generally include religious services.

Service Utilization prior to HIV/AIDS Diagnosis

Respondents were provided a list of 27 non-Ryan White funded services and were asked to indicate whether or not they received each service prior to their HIV/AIDS diagnosis. If a respondent received the service prior to diagnosis, they were asked to indicate how long they accessed or received the service prior to diagnosis. Length of time is categorized as less than 1 year, 1 – 3 years, 3 – 5 years, 5 – 10 years, or 10+ years. Results are presented as percentages in the table below.

Service	Yes (%)	Less than 1 Year (%)	1 – 3 Years (%)	3 - 5 Years (%)	5 – 10 Years (%)	10+ Years (%)
Veteran's Admin. Health Care	3%	55%	15%	15%	5%	10%
County Welfare	13%	62%	22%	12%	---	3%
Medicare	11%	33%	21%	19%	17%	10%
Medicaid	17%	38%	25%	17%	9%	12%
Food Stamps	30%	41%	36%	10%	5%	9%
WIC	5%	52%	24%	14%	5%	5%
Section 8/Housing Subsidy	6%	29%	42%	10%	7%	13%
Social Security	12%	29%	26%	16%	13%	16%
TANF	5%	55%	18%	14%	5%	9%
Financial Assistance	7%	64%	21%	11%	4%	---
Food Banks/Food Vouchers	18%	40%	33%	15%	4%	8%
Furniture/Clothing	7%	63%	19%	16%	---	3%
Housing Assistance	8%	50%	28%	13%	3%	6%
Medication Payment Assist.	10%	48%	31%	10%	7%	5%
Transportation Assistance	9%	42%	32%	11%	5%	11%
Substance Abuse Counseling	4%	53%	11%	26%	5%	5%
Mental Health Counseling	8%	40%	30%	15%	3%	13%
Case Management	8%	29%	18%	24%	15%	15%
Family Planning	3%	60%	10%	20%	10%	---
Legal Assistance	5%	61%	22%	6%	6%	6%
Nutrition Counseling	7%	42%	19%	28%	8%	3%
Dental Services	10%	42%	24%	16%	4%	13%
Shelter (Homeless or D.V.)	3%	78%	17%	---	---	6%
STD/Pregnancy Testing	6%	46%	27%	9%	18%	---
Medical Care	7%	50%	19%	6%	19%	6%
Job Assistance	6%	33%	25%	8%	8%	25%
Other	1%	33%	---	33%	33%	---

Barriers to Care

In the consumer survey, respondents were given a list of barriers and were asked to indicate which, if any, prevented them from accessing HIV/AIDS medical care or support services within the last 12 months. The barriers were classified in the following categories: knowledge, attitude, cultural issues, access/cost, provider issues, and system issues. Results are presented in the table below. Additional information on barriers to care from the consumer survey can be found in the "Consumer Survey Results" portion of this report under the "HIV/AIDS Diagnosis" section.

Knowledge	**Yes**	**No**
I didn't know some services existed	39%	61%
I didn't know that some services were available to me	35%	65%
I didn't know the location of the organization providing a service	32%	68%
I didn't know what services I needed to deal with HIV	31%	69%
Attitude		
I was too upset to think about services	26%	74%
I was in denial about my HIV/AIDS diagnosis	20%	80%
I was worried about other people finding out I have HIV/AIDS	28%	72%
I was afraid how I would be treated	27%	73%
I am not a US citizen and was afraid I would be reported to the authorities	14%	86%
Cultural Issues		
I couldn't find someone who speaks my language	16%	84%
My doctor or provider doesn't understand my culture	14%	86%
In my culture, we don't like to go to the doctor	12%	88%
Access/Cost		
I didn't know where to go or who to ask for help	29%	71%
The hours they are open don't work with my schedule	18%	82%
I didn't have transportation to get to medical/support service appts.	25%	75%
I had to wait too long to get an appointment	22%	78%
I couldn't afford services	23%	77%
I didn't have insurance	26%	74%
I couldn't qualify for services because of my income	21%	79%
Services are located near my home	20%	80%
I has insurance but it didn't cover all of the cost of services I needed	18%	82%
I didn't have child care so I could attend an appointment	13%	87%
The provider said the service ran out of money	22%	78%
Provider Issues		
No one was willing to answer my questions or explain things to me	21%	79%
The provider didn't have staff that speak my language	14%	86%
The staff providing services were not polite and not helpful	17%	83%
I didn't feel like the provider really understood what I need	20%	80%

System Issues		
The system of care was too hard to navigate	20%	80%
I couldn't get referrals for the services that I needed	19%	81%
The services that were supposedly available weren't when I tried to access them	20%	80%
The service that I needed was not available	23%	77%
Each place I called for help told me to call someone else	22%	78%
I can't qualify for services because of all the rules and regulations	18%	82%

Knowledge
39% of respondents indicate that they were unaware that some services existed, which prevented them from accessing HIV/AIDS medical care or support services. Additionally, 35% did not know that some services were available to them and 32% didn't know the location of the organization providing the service. Finally, 31% of respondents did not know what services were needed to deal with HIV.

Attitude
28% of respondents were prevented from accessing care because they were worried about other people finding out they had HIV/AIDS. 27% were afraid how they would be treated and 26% were too upset to think about services. 20% of respondents were in denial about their HIV/AIDS diagnosis. 14% of respondents did not access medical care or support because they are not a US citizen and were afraid of being reported to the authorities.

Cultural Issues
Cultural issues affected a relatively small portion of respondents. 16% were prevented from accessing care because they could not find someone who speaks their language. 14% of respondents have a doctor or provider that does not understand their culture and another 12% belong to a culture that does not like to go to the doctor.

Access/Cost
29% of respondents report that they did not know where to go or who to ask for help, and were thus prevented from accessing care. 26% report not having insurance, 25% do not have transportation to get to medical or support service appointments, and 23% can not afford services. Having to wait too long to get an appointment and being informed by the provider that the service ran out of money were both selected by 22% of respondents. 21% of respondents can not qualify for services because of their income, whereas 20% report that services are not located near their home. 18% of respondents report that the hours that services are available do not work with their schedule and that insurance did not cover all of the costs of the services needed. Finally, 13% could not attend appointments because they did not have child care.

Provider Issues
21% of respondents believe that no one was willing to answer their questions or explain things, while 20% didn't feel the provider really understood what they needed. 17%

report that the staff providing the services was not polite and not helpful. Also, 14% indicate that the provider did not have staff that spoke their language.

System Issues

23% of respondents were prevented from accessing care because the service was not available. 22% report that each place they called for help told them to call someone else. 20% of respondents indicated that both the system of care was too hard to navigate and that services that were supposedly to be available were not when they tried to access them. 19% of respondents could not get referrals for the services that were needed and 18% can not qualify for services because of rules and regulations.

Summary of Focus Groups

Focus groups were conducted with the following priority populations: White MSM, MSM of Color, Male Drug Users, Heterosexual Men, Heterosexual Women, Women (15 – 44), and Mohave County. Verbatim responses are provided below.

Are you currently accessing HIV/AIDS medical care and/or support services and what is your motivation for accessing care?

White MSM
"It is difficult to receive care and a long process to receive care"
"A miscommunication problem exists when trying to receive all the necessary steps in the AFAN program"
"Miscommunication seems to be a problem not only with Ryan White but with other programs such as social services, etc…"
"The problem seems to be the people in charge…they are rude"

MSM of Color
"I'm currently accessing medical care and social services"

Male Drug Users
"I am concerned with my overall well-being and am satisfied with the treatment I have received"
"I feel that in some facilities that I have visited, some attitudes are not accepting of some people's sexuality"

Heterosexual Men
"I have had difficulty accessing care due to financial issues"
"I am currently accessing care and I have had major help from Ryan White"
"I am extremely dissatisfied with AFAN in Las Vegas"

Heterosexual Women
"I am accessing care but I find it more difficult to participate in activities because it conflicts with my college schedule"
"My medical services are from the VA program and it motivates me because I feel safe accessing care from that organization"
"I use the services that are offered by the community, I receive medication every month. I also access AFAN as much as possible, as well as St. Theresa's Community Counseling Center"
"Yes, I access care, but I also volunteers with AFAN"

Women (15 – 44)
"Yes, AFAN is my main motivation"
"Yes, AFAN is my support group"

Mohave County
"My motivation for accessing care is to remain healthy because I am a recovering drug addict"

Do you feel you have a support system, and if so who is your support system?

White MSM
"Family support and I feel blessed"
"I don't feel like I have a support system…more of a support system for someone else"
"I feel fortunate to have had an amazing support system from my social worker"
"I received support from friends but I feel I have been fortunate enough to have not needed too much from others"

MSM of Color
"It is very hard to have a good support system in my case…my family knows about my sexuality, but not my disease…my support system is my counseling groups"
"I don't think there is one good support group or a way of knowing where they are"
"It is all based on word of mouth and that there should be a better way to finding out about different social groups"
"A monthly calendar clarifying when each group meets would be helpful"

Male Drug Users
"AFAN has provided me with good resources"
"I have a good support system and am involved in my church and am a participant of a group for recovering addicts"

Heterosexual Men
"The biggest support system in terminating my Meth addiction was just the idea to quit"
"My main support system has been my social worker"
"The social worker mentioned is the best in her field"
"My social worker has helped me be able to get disability for my AIDS diagnosis"

Heterosexual Women
"I see a particular doctor regularly at the Wellness Center and she is simply wonderful…also see a community counselor every Tuesday at the Community Counseling Center"
"St. Theresa's is wonderful and tries to enforce family involvement"
"I also see a doctor regularly as much as possible, but this particular doctor is extremely busy; not enough resources to receive the access needed"
"I have gone to a community counselor quite a bit and received therapy from St. Theresa's"
"I get support from AFAN groups and counseling"

Women (15 – 44)
"My family and friends are all apart of my support system…St. Theresa's has also provided me with a tremendous amount of support"
"My family is my main support system"

Mohave County
"I heard there is a support system but I never found out where to go to receive those services"
"I know of services that existed but back in the 90s the funds began to fall short which caused the majority of these services to disappear"
"There is no consistency to any program; it is constantly changing at the current location"

Have you ever not accessed care for a period of 12 months or more? What caused you to stop accessing care?

White MSM
"*Yes, I had to go without treatment due to having to move from location to location. It is hard to settle with a new program when having to move from place to place."*
"Yes, I was off services for about 2 years due to moving and alternative medicine"

MSM of Color
"I went 7 to 8 years without receiving care until I realized that if I did not act, I could lose my life"

Male Drug Users
"I have always been consistent with my medication until I was diagnosed with other illnesses"
"I have never stopped accessing care"
"I felt overwhelmed by all of my medication and simply wanted to stop"

Heterosexual Men
"Never for a duration of 12 months, but a period of 3 to 4 months due to financial issues"
"Never for that length of time"
"My own personal and finance struggle"

Heterosexual Women
"Yes, I waited about a year after I found out"
"The way I found I had the virus…many factors were involved before I was able to access care"

Women (15 – 44)
"I was in and out of care since my diagnosis 20 years ago. So yes, I have had to go without care for over 12 months"
"I stopped care for a duration of 3 to 4 months, not more"

"Upon my diagnosis, I was still an addict. Because of that reason and medical issues I couldn't keep a steady treatment"

What could have kept you in care?

White MSM
"*Easier accessibility to the various programs that can be offered"*

Male Drug Users
"More encouragement or the harmful effects of my stopping my medication being shown to me"

Heterosexual Women
"Easier understanding of what I had to do"

Women (15 – 44)
"Proper treatment at the time for my addiction or a more steady medical service"

What made you want to access care again?

White MSM
"Being settled in one area"
"Having to deal with another HIV positive result; requested for services after that"

Male Drug Users
"I became a better patient and was just aware of my overall well-being"

Heterosexual Men
"My faith motivated me"

Heterosexual Women
"Once everything was in order, I knew what to do"

Women (15 – 44)
"I was able to find the proper care or treatment this past March and have been able to get consistent care since then for 10 months now"

What led you to your decision to get tested for HIV?

White MSM
"I was experiencing a minor cold until a close friend suggested I get tested"
"I actually broke my arm and got tested in that visit"
"I would get checked routinely every 3 months to ensure my health status"
"I also received routine checks every 3 months, but I also shared needles when I was a drug user"

MSM of Color
"Moved from Arizona to Nevada in 2006 and in a doctor's visit I learned that I was HIV positive unexpectedly"
"I became aware of my diagnosis when I was 15 in my first HIV test; very unexpected and shocking at such a young age"

Male Drug Users
"I started feeling somewhat ill, not terribly ill, but where I knew I had to go to the hospital. My girlfriend at the time was a nurse and suggested I should get tested. When the results came back, I had an intuitive feeling that I had the virus"

Heterosexual Men
"My brother got the virus and he personally did not know how to cope with it and it actually killed my brother…I eventually got very involved with my religion and faith and that gave me the strength to get tested"
"I had the misfortune to develop a rare skin disorder where regular dermatologists had no idea about what I had"

Heterosexual Women
"I was in the hospital for other reasons but found that I was losing weight rapidly. Prior to this I had been getting tested for HIV every three months because my husband was HIV positive before me"
"I had to get tested initially because I was raped"
"I was investigating life insurance and they made me do some blood work"

Women (15 – 44)
"I was involved in an addict program and they had to test me one day for another reason"
"For a duration of 5 years I was extremely ill. In my last visit to the hospital I discovered my diagnosis"
"One of the times I was injecting drugs, I began to fear the effects it would have on my body due to other people that were using the needle"

How long after you were tested did you seek medical care for your diagnosis and was there anything holding you back from accessing care?

White MSM
"Immediately"

MSM of Color
"I did not start care immediately after because I was in denial"
"I immediately got treatment…there are more resources to receive services in Las Vegas"

Male Drug Users
"Immediately after"

Heterosexual Women
"After everything got settled and I was finally able to have a clear mind on what was happening to me, I was finally able to access care after almost a year"

Women (15 – 44)
"I did not follow up with my care after my diagnosis because of my drug addiction and various other medical reasons"
"I received care immediately after my diagnosis"
"6 months after my diagnosis, I became pregnant and that is when I began receiving treatment for HIV"

How has your HIV/AIDS diagnosis affected your emotional health and mental stability? Have you sought support groups or counselors since your diagnosis?

White MSM
"My diagnosis is recent and was completely unexpected. I will begin going to a psychiatrist next month"
"5 years into being diagnosed I decided to receive therapy, because I was beginning to lose all hope of living"
"I believe that the therapy I have received has made me stronger"
"I see a therapist every month. I'm a very positive person"

MSM of Color
"Since I learned of my diagnosis at such a young age, it was extremely difficult to cope"
"I had to keep it together to still be the provider of my family"
"I just started seeing a therapist this year and I have seen a psychiatrist since 2008…my long time partner passed away in 2008 and I got severely depressed…my partner gave me a lot of support"
"I began receiving therapy 2 years into my diagnosis"

Male Drug Users
"It has taken me a very long time to get to the point where I am today. After my diagnosis I was in denial and fearful of what was going to become of me"
"I am involved in a support group for recovering addicts and am always helping anyone who wants it"
"When I first found out my diagnosis I isolated myself and I found it difficult to know how to tell people"

Heterosexual Men
"I have always seen myself as a strong person and my diagnosis hasn't made me break down at all…I am strong and I'm a fighter"
"I accepted the fact that I had the virus and that was it"

"There is no use in stressing over it, it cannot be reverted"

Heterosexual Women
"When I initially found out I was devastated because I had been with the same gentleman for many years"
"When I received my diagnosis it was as if they took a piece of me away forever"
"It was extremely hard for me at the beginning because my diagnosis came from out of nowhere…my husband had transmitted it to me"
"My experience was a bit different than the rest because my husband was diagnosed with HIV soon after we got married"

Women (15 – 44)
"I am now completely used to my diagnosis because it has formed into my lifestyle"
"The first year I did not know what to do with myself"
"I recently started to accept it"

What are the 5 most important services to you that help you manage your HIV/AIDS diagnosis?

White MSM
"Assistance to pay medication, dental services, optical services"
"Medical, access to aid in helping pay for medication"
"Shelter services"
"Social services, AFAN to receive a bus pass, St. Theresa's more mentally and spiritual help, medication services"
"Health of Southern Nevada Services"

MSM of Color
"Rental system housing, medical assistance to pay medication"
"There are essential services within Ryan White but it seems to take awhile to receive them or benefit from them"

Male Drug Users
"*Medicine and support service"*

Heterosexual Women
"Bus pass, psychological care that is paid for, doctor referrals"
"Medical assistance, AFAN for the bus passes, affordable housing, St. Theresa's with their food and clothing bank, and the overall social service network with AFAN"
"The Wellness Center for counseling"
"St. Theresa's and AFAN for the bus passes"
"AFAN"

Women (15 – 44)
"*AFAN is really the most important service"*
"*St. Theresa's is also a great service"*

"An aspect that is lacking in AFAN is they do not notify people of the reunions that go on in the program properly"
"If you don't personally go to AFAN's bulletin boards, you are not notified of their services"
"AFAN, St. Theresa's, The Wellness Center, Camanar (in the past, no longer exists), and the Health Center of Southern Nevada"

Mohave County
"Mental health services, dental care services"
"There is so much depression amongst the people who are diagnosed with HIV in this rural area because of two reasons, mainly because of their location and secondly because of the difficulties to access care"

What services are you most satisfied with and least satisfied with in the current system of care and why?

White MSM
"The services are there, it's just a matter of how far spatially they all from one another…miscommunication is an issue and the system does not make it easy for those who have transportation issues"

MSM of Color
"The bus pass service is extremely good with AFAN"
"They do not always have enough bus passes for everyone; good program but AFAN should always be prepared"
"I enjoyed the food voucher program that once existed but is no longer available"
"Miscommunication"
"Many times I have gone to receive these services, waited in line and then gone home empty handed"

Male Drug Users
"I feel that many of the services offered for those who have HIV/AIDS are geared more to the gay community"
"I don't think agencies, like the Cannon Survey Center, should have to pay people to come and give their input"

Heterosexual Men
"I am satisfied with the UMC care but I notice that now as it has enhanced it is more difficult to be seen quickly"

Heterosexual Women
"The Wellness Center always was great from the start, but they began putting my husband on pills and we stopped going to the Center"
"I am not satisfied that most groups or programs are directly for the gay community. I feel as if programs for just women should be created"

"I am very satisfied with my doctor because he watched my drug addiction very closely from the start and has helped me improve"
"My experience in the ER and overall medical system hasn't been positive"

Women (15 – 44)
"Extremely satisfied with St. Theresa's and AFAN"
"AFAN - easy access to go to doctor's clinic, receive medication, and receive the aid that is provided at St. Theresa's"
"St. Theresa's - once you sign up in their program they are really there to help you when you need it"
"*AFAN pays attention more to each individual case, but it is also because they are funded by the state and federal government"*
"You just have to deal with the negatives of the program because it is what you have; the programs are all beneficial and there is no room to complain"

Are there any barriers that you have experienced while trying to access services in your community?

White MSM
"Transportation"
"Miscommunication"
"No clear description of various programs offered"
"Organizational Issues"
"Based on the places I've lived and received services, Nevada is definitely the worst out of all of them"

Women (15 – 44)
"The services I receive have always gone smoothly without complications"
"As long as you keep up with your paper work and referrals, no barriers cross your path"

Mohave County
"A doctor in one of the service facilities is only available one day a month"
"There is a psychologist who isn't at all friendly and makes it mandatory that before he sees his patients that are HIV positive, he makes them do a psych evaluation"

If you could change one thing in the HIV/AIDS system of care what would it be?

White MSM
"Better communication and more organization"
"Transportation"

MSM of Color
"There needs to be more employees…friendlier…at these services"

Heterosexual Women
"Make it mandatory to call your personal doctor if you are staying in a hospital"
"There has to be way to gain communication between hospitals, physicians, quick cares, and pharmacies"

Women (15 – 44)
"When it comes to AFAN, updated the paper work would be better annually"
"It just becomes so redundant…the reprocess of paper work"
"I feel fortunate for all the services I receive"

Are there any services you need but can't get or aren't offered in your area?

White MSM
"*The boost program, clothing services"*

MSM of Color
"I cannot get dental services until April of this year"
"Many times the services I need requires insurance to provide aid"

Male Drug Users
"The good services are being cut; need housing and transportation assistance"
"I use the bus pass system but it is difficult to get everywhere I needs to on time because of the current system"

Heterosexual Men
"Easier bus pass accessibility"
"Services are not always accessible or easy, that should be enforced better"

Heterosexual Women
"Make housing options available"
"Make federal grants to provide more to the services already offered"

Women (15 – 44)
"A day care system could be implemented for those who are currently searching for a job"
"The Christmas program within AFAN changed to only providing gifts to your biological children or if you are a guardian of a child or children"
"Before with Camanar, if you needed extra transportation assistance they would actually come to your residence and pick you up to take you to your doctor's appointment"
"Bus rides can be hard"

Mohave County
"There are no mental health services offered in the community"
"Lack of access to mental, dental, and medical care"
"There is a support group with the St. Therese Center"

What do you think about HIV prevention and/or education services offered in your community?

White MSM
"*It is extremely important to introduce to students how to be safe sexually in the teenage years"*
"Education is crucial"
"The political problem that is involved when trying to teach kids safe sex; the puritan mentality needs to be taken away"
"The gay community should offer more support"
"There needs to be a balance between both communities, gay and straight, to offer awareness"
"Parents alongside with schools should work together so people do not just think it is a "gay disease" and their children can learn factual information"

MSM of Color
"This is the best resource; it gives you an opportunity to learn more and provides help with personal issues…education services really allow you to cope with the disease and feel stronger by knowing you're not alone"

Male Drug Users
"In my church there is a small program that was launched by a woman in my congregation, but not enough resources exist to make this program as big as it should be"
"I am not really familiar with any but education is essential so people become less scared of those who do have the virus"

Heterosexual Men
"I can't recall any particular program but I feel like there is a great need for more"

Heterosexual Women
"There are no education programs offered in my community"
"The only one that I am aware of is Ryan White with AFAN and St. Theresa's"
"There are new regulations that if you miss a service or event at the current location I am in, you have to go all the way to Henderson"

Describe the ideal HIV prevention program.

MSM of Color
"Essential to clearly educate all aspects of the disease so people everywhere become more knowledgeable"
"Extremely important to start HIV education early"

Male Drug Users
"Establish a program through the Board of Education"
"No matter what program is formed, it is essential for people to become educated"

Heterosexual Men
"Target schools mainly and educate children at a young age"
"The important age group to target is the young people"
"Educating people in general is essential, not just young adults or kids"

What kind of message would you want to be portrayed in a prevention program?

MSM of Color
"More education"
"Ensure that the actual facts of HIV/AIDS are presented in the program"

Describe the ideal HIV prevention program for women in your community.

Heterosexual Women
"It is extremely important for women to know that you can get the virus from any form of sexual intercourse with a man that has HIV, whether through protected or unprotected sex"
"It is extremely important for women to be with other women in a group"
"They should make it mandatory for sexual products like Viagra or lubricants, to remind their consumers to be safe because HIV is very much out there"
"It is extremely important for HIV prevention programs to make it known that you don't have to be gay or a drug user to get HIV, that there are other ways"
"No matter how many times it is said, all the facts of this virus need to be released to society to help prevent this virus from spreading"
"HIV education should just include overall sex information"

What do you feel are the social factors in your community that put men who have sex with men (MSM) at a higher risk for HIV transmission?

White MSM
"Lack of responsibility"

What behaviors do you think put MSM at risk for HIV transmission? Of these behaviors, which are the biggest problems in your community?

White MSM
"Lack of responsibility"

MSM of Color
"Many married man hiding their true sexuality…a severe social issue… brings more discrimination to the gay community"

For how long have you stopped your substance addiction? (Male Drug Users Only)

"Approximately 8 years"
"With my cocaine addiction, I have been clean for 17 years. However, I started meth and have stopped for over 6 months now"

What reason led to your addiction? (Male Drug Users Only)

"I was angry with myself and everyone around me"

With your drug addiction, did it ever interfere with your medical treatment for your diagnosis? (Male Drug Users Only)

"It is the primary reason why I stopped using my medication for 7 months"
"Both types just don't go together and it is extremely difficult to cope"
"I didn't take care of my body as well, eat as well or sleep when dealing with my HIV treatment and then my drug addiction"

What types of treatment have you experienced when dealing with your substance abuse? (Male Drug Users Only)

"I just stopped my abuse all around after a long period of time"

How is it like to reside in a rural area with the virus and what are some suggestions that can be made to improve the status of it? (Mohave County Only)

"Clark County looks at these rural areas in Arizona, like 'oh you're all the way over there'"
"Experience has been wonderful and that the staff is very knowledgeable"
"The staff have been able to always help me with any question I may have"

Estimation and Assessment of Unmet Need

Southern Nevada Health District's "Out of Care Project" Overview

The Southern Nevada Health District is the public health authority responsible for Testing and Surveillance of HIV Prevention efforts. As such the entity typically conducts 18,000 – 20,000 tests per year, and is responsible for identifying the majority of new HIV infections in the locale. However, it should be noted, that the medical community as a whole takes an active role in testing and diagnosis of HIV/AIDS in the private sector. Due to the increasing caseload of clients identified as out of care, out of care identification and inclusion activities have been prioritized to ensure that concentrated efforts by SNHD staff are to locate clients originally diagnosed by the District, and as time and funding permits, efforts to reach clients diagnosed by a private provider will be considered.

The Out of Care Project makes use of several tools; datasets to determine disposition on the clients of interest. Review of Social Security Death Index supports access to death information that would not otherwise be reported in the locale. Manual review of the Ryan White CAREWare system allows provider review of clients accessing medical or other funded services affording assessment of grant funded providers fulfilling the mandatory laboratory reporting, and finding occasion where fluidity of such has been interrupted. The project also makes use of the SNHD WebIZ data system, which houses the jurisdictions immunization and treatment records for clients who have accessed a variety of Health District services (Immunizations, STD and Family Planning Clinics). Reference is made in coordination with the State ADAP project, indentifying clients of interest who have accessed HIV/AIDS related services as part of eligibility for HIV/AIDS drug assistance. Further, review of the STD/MIS morbidity dataset assists in identifying clients who have been diagnosed and reported to be infected with Gonorrhea, Chlamydia, or Syphilis within the associated time frame by any medical provider in the Clark County region. Findings in any one of these databases do not eliminate the client as being out of care, but in many cases provide updated address or contact information, enabling project staff timely location of the individual when a field record or active surveillance is put in place.

Estimation of Unmet Need

The Health Resources and Services Administration, HRSA, defines unmet need as the approximate number of people in the service area who are HIV positive (HIV+/non-AIDS or AIDS) and know their status, and are not receiving regular HIV related primary medical care (for a period of 12 months or more). In September 2009, the Southern Nevada Health District, SNHD, processed an "Out of Care" data run; in efforts to identify HIV/AIDS infected clients with no record of HIV related mandatory reportable laboratory screenings (CD4, Viral Load). Parameters of influence were clients believed to be alive (SNHD absence of documented death) as of July 31, 2009. This data run

identified a total of 3, 749 clients potentially out of care, with 1,391 (37%) being sourced by SNHD, and 2,358 (63%) with a non-SNHD provider source.

Assessment of Unmet Need

The assessment of unmet need aims at pinpointing four specific areas regarding those not accessing the care system. Those include; who they are, where they are, what their primary care needs are, and their barriers to accessing primary care.

"Who They Are"

The following table illustrates the gender and HIV status with regard to demographics, age and exposure category of the out of care population in Clark County.

Race	**Diagnostic Status**								**All**
	Adult HIV		Adult AIDS		Pediatric HIV		Pediatric AIDS		
	Female	Male	Female	Male	Female	Male	Female	Male	
	N	N	N	N	N	N	N	N	**N**
Hispanic, all races	63	358	36	288	1	1		2	**749**
American Indian/Alaskan Native	4	9	4	8					**25**
Asian	6	34	5	34					**79**
Black/African American	139	384	88	258	3	4	4	2	**882**
Native Hawaiian/Pacific Islander		6	1	5					**12**
White/Caucasian	151	1,000	90	751	1	1			**1,994**
Multi-racial	1	4							**5**
Unknown		3							**3**
All	**364**	**1,987**	**224**	**1,344**	**5**	**6**	**4**	**4**	**3,479**
Exposure Category	Adult HIV		Adult AIDS		Pediatric HIV		Pediatric AIDS		**All**
	Female	Male	Female	Male	Female	Male	Female	Male	
	N	N	N	N	N	N	N	N	**N**
MSM Only		1,152		979					**2,131**
IDU Only	19	70	12	71					**172**
Heterosexual Contact Only	184	52	147	37					**420**
MSM & IDU		107		107					**209**
IDU & Heterosexual Contact	38	48	45	44					**175**
MSM & Heterosexual Contact		27		41					**68**
MSM & IDU & Heterosexual Contact		16		14					**30**
Perinatal Exposure					5	6	4	4	**19**
Other		3	1	2					**6**
NRR (No risk factor reported)	123	323	19	54					**519**
All	**364**	**1,798**	**224**	**1,344**	**5**	**6**	**4**	**4**	**3,749**
Current Age	Adult HIV		Adult AIDS		Pediatric HIV		Pediatric AIDS		**All**
	Female	Male	Female	Male	Female	Male	Female	Male	
	N	N	N	N	N	N	N	N	**N**
Unknown	53	269	17	69					**408**
Under 6						2			**2**

6 – 12						1	1		**2**
13 – 17					4	2		3	**9**
18 – 24	7	41	1	8	1	1	3	1	**63**
25 – 29	24	109	10	30					**173**
30 – 34	28	121	10	83					**252**
35 – 39	43	215	23	150					**431**
40 – 44	71	371	46	266					**700**
45 – 50	64	352	48	357					**821**
51 – 60	56	274	44	292					**666**
61 – 70	14	84	12	76					**186**
<70	4	16	3	13					**36**
All	**364**	**1,789**	**224**	**1,344**	**5**	**6**	**4**	**4**	**3,749**
Data provided by the Southern Nevada Health District's Continuous Quality Management Project – December 2009									

The majority of those out of care with regard to race are the Non-Hispanic, White population representing 53% of the total out of care population. White HIV-infected males represent 46% of the adult HIV population and 48% of the adult AIDS population. The Black population represents 24% and Hispanic-all races represent 20% of the overall out of care population with respect to race.

With regard to exposure category MSM-only represents 57% of the overall out of care population. MSM-only also represents 70% of adult HIV and 62% of adult AIDS. The NRR or no risk reported category comprises the second highest exposure category at 14% followed by Heterosexual contact only at 11%.

The largest out of care population with regard to age is the 45-50 age category at 22% followed by 40-44 at 19% and 51-60 at 18%. In the adult HIV sub-category males age 45-50 totaled the highest percentage at 16% and again the highest percentage in adult AIDS at 23%.

"Where They Are"

Of the SNHD 1,391 allotment, 1,292 were considered for immediate review. All 1,292 were further categorized into 7 groups, they are as follows;

- Already in Care - 185 (14.3%)

Review of the SNHD caseload, identified 185 clients that had actually accessed HIV related laboratory screenings yet information had not yet been conveyed to the Surveillance office. Forty-seven (47) of the clients were found to be in care with the UMC Wellness Center; however UMC's communicable disease /laboratory result reporting structure served as a stalemate to adequate surveillance reporting. Efforts to rectify this lack have been significantly reduced by UMC Wellness active utilization of CAREWare to input laboratory information from the provider perspective rather than maintaining dependency on the laboratory challenge in conjunction with surveillance directly. Further approximately 45% of the 185 clients deemed already in care, had laboratory screenings after the cutoff date of 07/31/2009. This finding supported the urgency of perfecting the OOC data run algorithm to ensure minimal float time between report being run and period of influence cut off. The majority of remaining clients

already in care were those seeing a private medical provider in the locale, a few residing in the Las Vegas area yet accessing medical services in a neighboring state.

- Deceased - 32 (2.5%)

Review of the National Death Index identified 25 clients with documented death certificates in multiple states. Records cut to staff for field review resulted in identification of 7 addition clients as deceased. Follow through for receipt of documented death certificates was completed as appropriate.

- Moved Out of Jurisdiction - 682 (52.8%)

The Out of Care project employs the use of LexisNexis Advanced Government Solutions to access authoritative public records information. This powerful data management system provides comprehensive information on people, their assets, addresses, relatives and other associating information. Of the 682 clients noted, 315 (46%) had been run through LexisNexus in the preceding 6 months with no additional contact information being gained. These clients were reviewed for updated contact information. Inquiry was made on an additional 224 clients of which supplementary data was captured denoting out of jurisdiction residency, with 143 being forwarded to staff for field review and jurisdiction verification.

- Refused Care – 28 (2.1%)

Of the 435 clients approached via a field visit, 28 (2.1%) refused the offering of Ryan White EIS Care Services as offered by the Disease Investigator. Although an in-depth synopsis of reasons for refusal was not captured, comments such as “in denial”, “complexity of service navigation” were noted. In a few instances appointments with the EIS clinic had been established, but clients “No-Showed”. In future data runs, the OOC project will make additional efforts to capture reasons of refusal in addition to the outcomes of a care offering.

- Brought Into Care – 48 (3.7%)

Perhaps the most gratifying efforts of this project can be showcased by the number of clients which return to HIV Care status as a result of field project intervention. Although not an extremely large preliminary number, the 48 individuals which began to re-access treatment services, identifies a captive audience that could extraordinarily impact the locale via medical management as a preventative effort in place of inpatient hospitalization as a late intervention effort. The ability to assist clients in periodic assessment of their health in accordance with PHS guidelines, often encourages stabilization of the clients’ health as well as minimizing the costs associated with emergent stabilization treatments. To the same extent, as clients begin to manage their physical and mental health needs, the ability to apply sound judgment in negotiating safer sex or substance using practices thus limiting transmission/exposure assists in the overall prevention efforts relating to further HIV transmission.

- Unable to Locate – 315 (24.4%)

Although efforts by the project team inclusive of manual chart review, data extraction and field visits produced significant findings on a large proportion of the initial client

case load, no additional information was obtained on 315 (24.4%) of the clients during this project run. As such the designation of Unable to Locate was assigned to this group. However, it should be noted that case finding efforts will continue with the next run (Scheduled February 2010), beginning with LexisNexis inquiry. Should any additional information surface on these clients, the similar case finding remedies will be employed.

- Other – 2 (0.2%)

These cases have been dispatched for field review, however as of this presentation, definitive findings have not yet been determined.

"Primary Care Needs and Barriers to Accessing Care"

Although the official Ryan White funded Out of Care efforts have been in play for approximately two years, the efforts to ensure that resource utilization is at its apex is a never ending process. For future review critical to the qualitative findings of client characteristics, Disease Investigators will be tasked with documenting reasons why clients refused or fell out of care status, thus enabling a much broader presentation for consideration to the overall Ryan White Continuum of Care. Effort of the Investigators to track additional time elements, boundaries which have limited the ability for clients reach to access services, such as clinic hours, transportation, etc will also be reviewed in future updates. However, the 2009 HIV/AIDS Needs Assessment sighted the following with regard to care needs and barriers of the out of care population.

Primary care needs;

- Access to affordable medication
- Transportation
- Access to support services

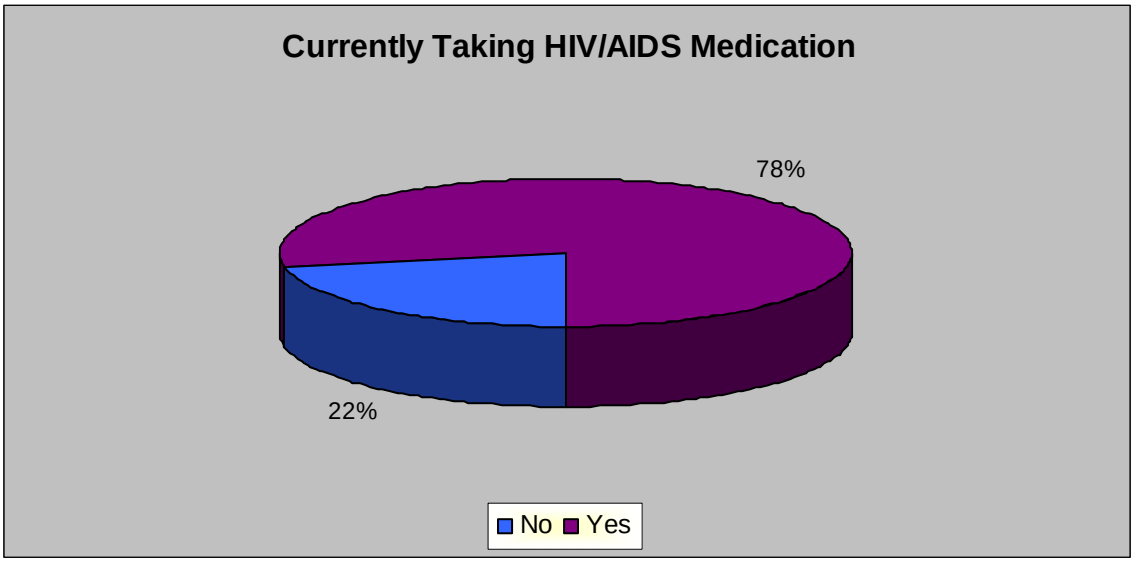
Barriers to accessing care services;

- "Didn't want to deal with it-in denial"
- "Didn't feel sick and didn't think care was important"
- "Been on meds before-couldn't handle the side effects"
- "Substance abuse problems"

Consumer Survey Findings

The consumer survey included questions regarding skipped medication and time periods without HIV/AIDS medical care. The results are provided in the section below.

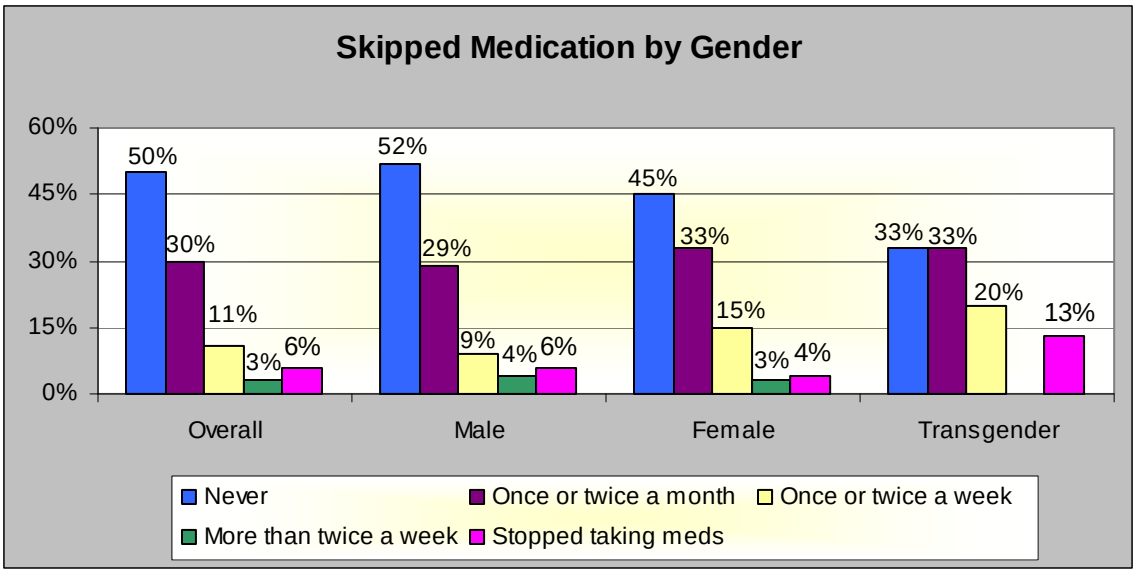
HIV/AIDS Medication



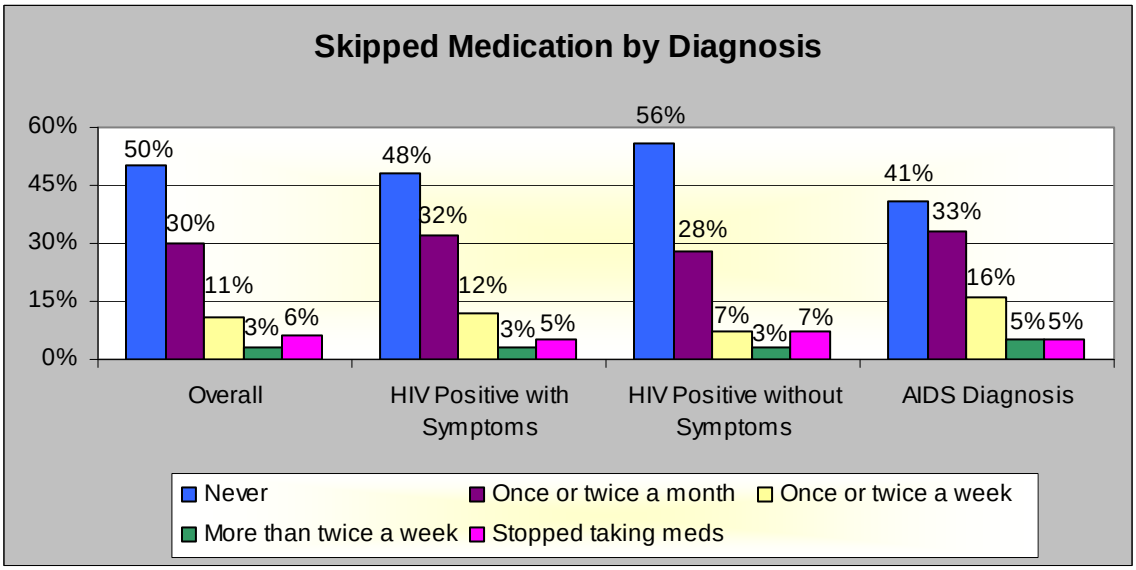
78% (N = 561) of respondents who completed the consumer survey are currently taking HIV/AIDS medication. 22% (N = 155) are currently not taking any medication for their HIV/AIDS.

How often have you skipped taking your medication?

Respondents who are currently taking HIV/AIDS medication were asked to respond to questions regarding skipped medication. The results are provided below.

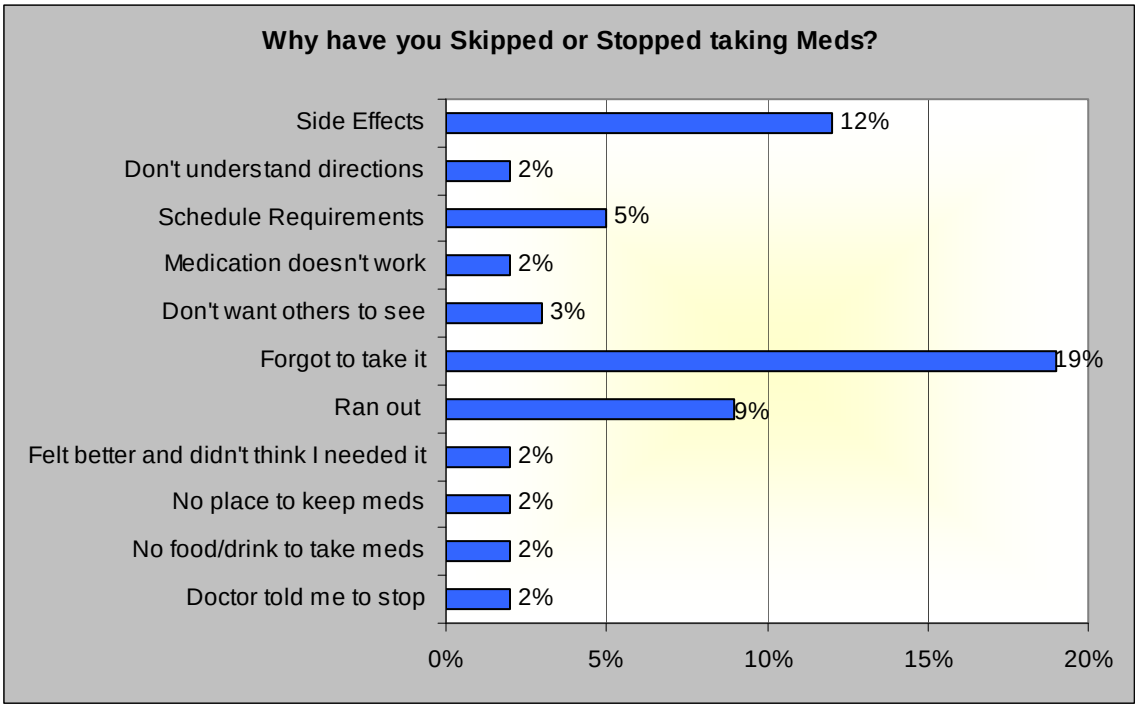


Overall, half (50%) of the respondents have never skipped taking HIV/AIDS medication. More than half (52%) of the male respondents have never skipped medication, but only 45% of females and 33% of transgender respondents have never skipped taking HIV/AIDS medication. 33% of both female and transgender respondents have skipped taking medication once or twice a month. When looking at the data by gender, transgender respondents are the most likely to have stopped taking their medication (13%).



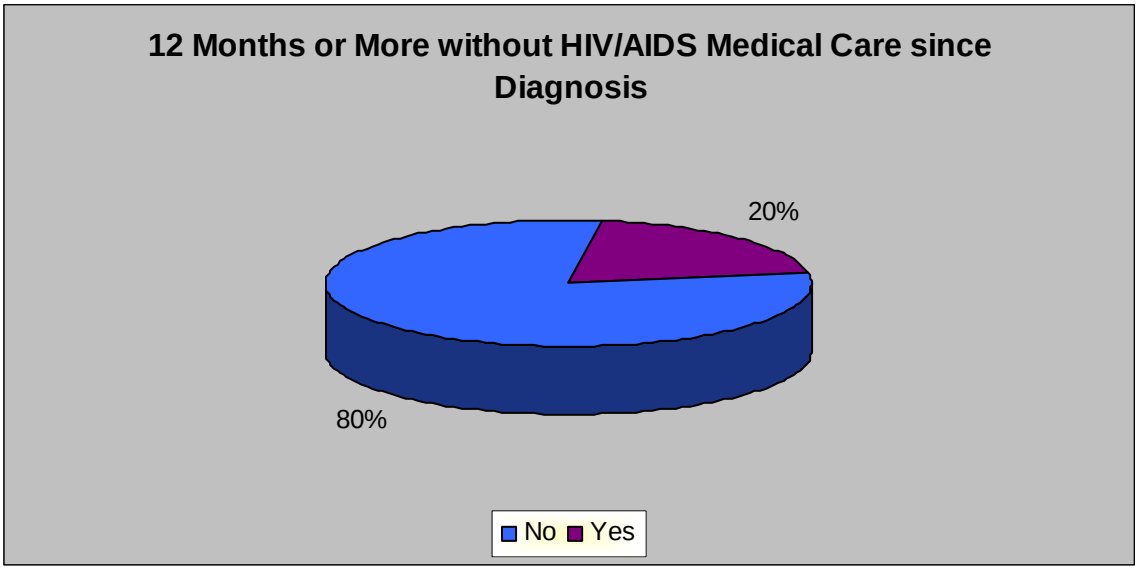
56% of respondents who are HIV positive without symptoms, 48% of respondents who are HIV positive with symptoms, and 41% of respondents with an AIDS diagnosis have never skipped taking HIV/AIDS medication. Respondents who are HIV positive with symptoms (32%) and respondents who have an AIDS diagnosis (33%) are nearly equally likely to skip medication once or twice a month, with those who are HIV positive without symptoms (28%) being slightly less likely. When looking at the data by diagnosis, respondents rarely stop taking medication regardless of current diagnosis.

Why have you skipped or stopped taking your medication?



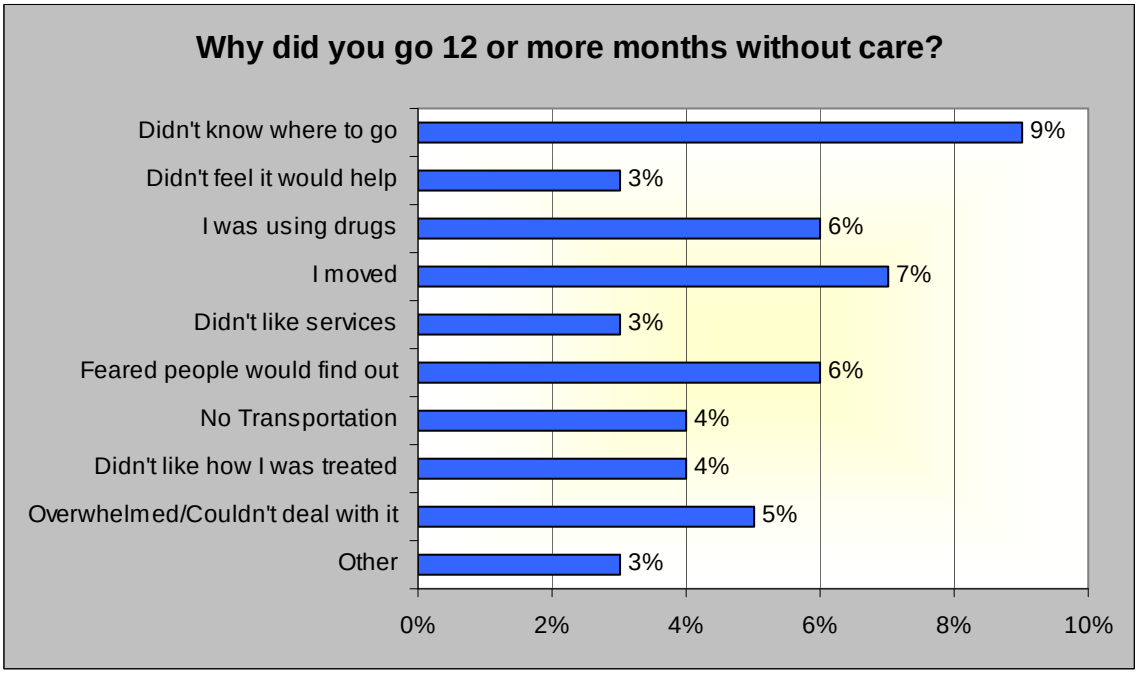
Respondents were given a list of reasons relating to why they have skipped or stopped taking medication and were asked to select all that apply. The most common reason for skipping medication is that the respondent simply forgot to take it (19%). This is followed by "I didn't like the side effects" (12%) and "I ran out of medication" (9%). 5% of respondents report that it is too hard to keep the schedule requirements and 3% don't want others to see them taking medication. 2% of all respondents selected each of the following reasons: "I didn't understand the directions", "I feel like the medication doesn't work", "I felt better so I didn't think I needed to medication anymore", "I didn't have a place to keep my medication", "I didn't have food/drink to take my meds", and "my doctor told me to stop".

Have you ever gone 12 months or more without HIV/AIDS medical care?



80% (N = 567) of respondents who completed the consumer survey have never gone 12 months or more without HIV/AIDS medical care since their diagnosis. 20% (N = 138) have gone 12 or more months since their diagnosis without HIV/AIDS medical care. These respondents were asked to specify why.

Why did you go 12 months or more without HIV/AIDS medical care?



The most common reason for a respondent to go 12 months or more without care is because they didn't know where to go for care (9%). This was followed by 7% of respondents who moved and respondents who were using drugs (6%) or were afraid

people would find out (6%). 5% of respondents were overwhelmed and decided not to deal with it. 4% of respondents went 12 or more months without care either because they didn't have transportation or because they didn't like how they were treated by service providers. Finally, 3% of respondents didn't access care because they didn't think it would help, didn't like the services, or went without care for some other reason. Other reasons generally included that respondents couldn't afford services or it was doctor recommended.

Resource Inventory

A resource inventory provides a comprehensive picture of the continuum of care, the organizations and individuals providing services to PLWH/A in the service area supported by public and private funding. This resource inventory includes the location and contact information for each provider and a description of the types of services provided. Additionally, it includes service providers offering primary medical care and supportive services that are available to PLWH/A to help them remain in care, regardless of whether the provider sees itself as an HIV/AIDS service provider or receives Ryan White funding. The following table is the cumulative total of the services provided in the Las Vegas TGA. On the following pages are the contact information and specific services offered including a list of Ryan White funded providers.

Service Category	Total Number of Providers for that Service
Ambulatory/Outpatient Medical Care	16
Assistance with Medication	3
Dental Care	3
HIV/AIDS Testing Services	6
Assistance with Medical Co-pays	2
Mental Health Services	3
Nutrition Services	2
Case Management Medical and/or non-Medical	9
Substance Abuse Outpatient Services	4
Child Care Services	1
Emergency Financial Assistance	3
Food Bank/Vouchers/Hot Meals	55
Housing Assistance	3
Legal Services	2
Translation Services	0
Transportation	5
HIV/Support Groups/Supportive Counseling	7
Referrals for Support Services	14
Substance Abuse Residential Services	5
OB/GYN Services	10
Eye Glasses/Eye Care	4
Health Insurance Premium & Cost Sharing Assistance	2
Employment Assistance	3
Clothing/Household Products	3
Home Health Care/Care Giver Respite	1

Providers Name	Ryan White Part A Funded Providers
Ambulatory/Outpatient Medical Care	
Assistance with Medication	
Dental Care	
HIV/AIDS Testing Services	
Assistance with Medical Co-pays	
Mental Health Services	
Nutritional Services	
Case Management Medical and/or non-Medical	
Substance Abuse Outpatient Services	
Child Care Services	
Emergency Financial Assistance	
Food Bank/Vouchers/Hot Meals	
Housing Assistance	
Legal Services	
Translation Services	
Transportation	
HIV/Support Groups/Supportive Counseling	
Referrals for Support Services	
Substance Abuse Residential Services	
OB/Gyn Services	
Eye Glass/Eye Care	
Health Insurance Premium & Cost Sharing	
Co-Pays for Medical Services	
Employment Assistance	
Clothing/Household Products	
Home Health Care/Care Giver Respite	
Aid for AIDS of Nevada (AFAN) 701 Shadow Lane, Ste 170 Las Vegas, NV 89106 Phone: 702-382-2326 Open: 7am-7pm M-F www.afanlv.org	
Community Counseling Center 1120 Almond Tree Lane, Ste 207 Las Vegas, NV 89104 Phone: 702-369-8700 www.ccofsn.org	
Community Outreach Medical Center 1140 Almond Tree Lane, Ste 306 Las Vegas, NV 89104 Phone: 702-657-3873 Open: 8am-5pm M-F www.nvcomc.org	X
Golden Rainbow 801 S. Rancho Dr., Ste B-1B Las Vegas, NV 89106 Phone: 702-384-2899 Open: 8am-5pm M-F www.goldenrainbow.org	
Mohave County Department of Public Health 700 West Beale, Kingman, AZ 86401 Phone: 928-753-0743 www.co.mohave.az.us	

Providers Name	Ryan White Part A Funded Providers	Ambulatory/Outpatient Medical Care	Assistance with Medication	Dental Care	HIV/AIDS Testing Services	Assistance with Medical Co-pays	Mental Health Services	Nutritional Services	Case Management Medical and/or non-Medical	Substance Abuse Outpatient Services	Child Care Services	Emergency Financial Assistance	Food Bank/Vouchers/Hot Meals	Housing Assistance	Legal Services	Translation Services	Transportation	HIV/Support Groups/Supportive Counseling	Referrals for Support Services	Substance Abuse Residential Services	OB/Gyn Services	Eye Glass/Eye Care	Health Insurance Premium & Cost Sharing	Co-Pays for Medical Services	Employment Assistance	Clothing/Household Products	Home Health Care/Care Giver Respite
	Nye County Health and Human Services 250 Highway 160 Ste 4 Pahrump, NV 89060 Phone: 775-751-7094 Open: 8am-5pm M-F www.co.nye.nv.us							X	X				X				X		X			X	X	X			
	Southern Nevada Health District 1-Ravenholt Public Health Center 625 Shadow Lane Las Vegas, NV 89106 Phone: 702-759-1000 2-Henderson Public Health Center 520 E. Lake Mead Pkwy. Henderson, NV 89015 Phone: 702-759-1040 3-East Las Vegas Public Health Center Phone: 702-759-0900 560 North Nellis Blvd Ste E12 Las Vegas, NV 89110 4-Cambridge Community Outreach Center 3900 Cambridge St. Las Vegas, NV 89119 Phone: 702-732-1781 5-Spring Valley Public Health Center Phone: 702-759-0503 6330 W. Spring Mountain Rd. Ste F Las Vegas, NV 89146 6-North Las Vegas Public Health Center 1820 East Lake Mead Blvd. Ste F North Las Vegas, NV 89030 Phone: 702-759-0700 (services include; health cards, immunizations, family planning, HIV & STD screening and treatment, birht and death certificates, TB clinic) www.SouthernNevadaHealthDistrict.org	X			X				X	X																	
	UMC-Wellness Center 701 Shadow Lane Ste 200 Las Vegas, NV 89106 Phone: 702-383-2691 www.umcsn.com	X					X														X						

Providers Name	Ambulatory/Outpatient Medical Care	Assistance with Medication	Dental Care	HIV/AIDS Testing Services	Assistance with Medical Co-pays	Mental Health Services	Nutritional Services	Case Management Medical and/or non-Medical	Substance Abuse Outpatient Services	Child Care Services	Emergency Financial Assistance	Food Bank/Vouchers/Hot Meals	Housing Assistance	Legal Services	Translation Services	Transportation	HIV/Support Groups/Supportive Counseling	Referrals for Support Services	Substance Abuse Residential Services	OB/Gyn Services	Eye Glass/Eye Care	Health Insurance Premium & Cost Sharing	Co-Pays for Medical Services	Employment Assistance	Clothing/Household Products	Home Health Care/Care Giver Respite
Community Based Organizations and Government Organizations																										
AHEC of Southern Nevada 3014 West Charleston Blvd. Ste 150 Las Vegas NV, 89102 702-318-8452	Provides: Outreach and Education regarding HIV/AIDS and STD's																									
Alpha & Omega Ministries 2610 N. Martin Luther King Blvd Las Vegas, NV 89032 Phone: 702-648-2111 Open: 9am-12pm M-F (call first)												X														
A Lift Up Org 3310 S. Nellis Blvd Ste 28 Las Vegas, NV 89121 Phone: 702-457-0700 www.ALiftUp.org																									X	
Bridger Health Center 310 S. 9th St. Las Vegas, NV 89101 www.nvrhc.org/bridge Phone: 702-220-9935 Open: 8am-5pm M-F	X											X								X						
Cambridge Family Health Center 3900 Cambridge Ave. Ste 101 Las Vegas, NV 89119 Phone: 702-307-5415 www.nvrhc.org/cambridge	X																									
Catholic Charities 1511 N. Las Vegas Blvd. Phone: 702-387-2291 (food pantry) 1501 N. Las Vegas Blvd. Phone: 702-385-7801 (soup line) www.catholiccharities.linklv.com												X														
Central Christian Church 1001 New Beginnings Dr. Henderson, NV 89011 Phone: 702-735-4004 www.centralchristian.com (food pantry 9am-3pm W, 3pm-7pm S, 9am-1pm Sun)												X														

Providers Name	Ambulatory/Outpatient Medical Care	Assistance with Medication	Dental Care	HIV/AIDS Testing Services	Assistance with Medical Co-pays	Mental Health Services	Nutritional Services	Case Management Medical and/or non-Medical	Substance Abuse Outpatient Services	Child Care Services	Emergency Financial Assistance	Food Bank/Vouchers/Hot Meals	Housing Assistance	Legal Services	Translation Services	Transportation	HIV/Support Groups/Supportive Counseling	Referrals for Support Services	Substance Abuse Residential Services	OB/Gyn Services	Eye Glass/Eye Care	Health Insurance Premium & Cost Sharing	Co-Pays for Medical Services	Employment Assistance	Clothing/Household Products	Home Health Care/Care Giver Respite
Christ Church Episcopal 2100 S. Maryland Pkwy. Las Vegas, NV 89104 Phone: 702-735-7655 (hot meal Wednesday 5pm-7pm)												x														
Christ the King 4925 S. Torrey Pines Drive Las Vegas, NV 89118 www.ctklv.org Phone: 702-871-1904 (food pantry 10am-3pm M-F)												x														
College Park Baptist Church 2101 E. Owens Ave. Las Vegas, NV 89030 Phone: 702-642-5921 (food assistance Tuesday 1:30pm-3:30pm) www.mtcharlestonbaptistchurch.com												x														
Colorado River Food Bank 1575 Casino Dr. Laughlin NV 89029 Phone 702-298-9220 (food bank 8am-3pm M-F)												x														
Community Grocery Store 1720 N. J Street Las Vegas, NV Phone: 702-647-2627 (food pantry 10am-12pm S-F)												x														
Clark County Social Services 1-Main Office 1600 Pinto Lane Las Vegas, NV 89106 Phone: 702-455-4270 2-Community Resource Center 2432 N. Martin Luther King Blvd. N. Las Vegas, NV Phone: 702-455-7208 3-Cambridge Community Center 3900 Cambridge St. Ste 202 Las Vegas, NV 89119 Phone: 702-455-8687 4-Henderson Office 750 S. Boulder Highway Ste C. Henderson, NV 89015 Phone: 702-455-7918 www.accessclarkcounty.com/depts/social_service	Provides: Alternative Health Care, Burial and Cremation Counseling, Financial Assistance, Homemaker Home Health Aide, Long Term Care, Medical Assistance, Outreach Services, Senior Citizens Protective Services Transportation Assistance, Volunteer Program (702-455-5719)																									

Providers Name	Ambulatory/Outpatient Medical Care	Assistance with Medication	Dental Care	HIV/AIDS Testing Services	Assistance with Medical Co-pays	Mental Health Services	Nutritional Services	Case Management Medical and/or non-Medical	Substance Abuse Outpatient Services	Child Care Services	Emergency Financial Assistance	Food Bank/Vouchers/Hot Meals	Housing Assistance	Legal Services	Translation Services	Transportation	HIV/Support Groups/Supportive Counseling	Referrals for Support Services	Substance Abuse Residential Services	OB/Gyn Services	Eye Glass/Eye Care	Health Insurance Premium & Cost Sharing	Co-Pays for Medical Services	Employment Assistance	Clothing/Household Products	Home Health Care/Care Giver Respite
Downtown Outreach Clinic Healthcare for the Homeless Program 403 W. Wilson Ave. Las Vegas, NV 89106 Phone: 702-380-8511	X																									
Dream Center of Las Vegas 911 G. Street Las Vegas, NV Phone: 702-636-0023 (food boxes 9am-11am T hot meal Th 5:30pm) www.lasvegasdreamcenter.org												X														
Doyne Medical Clinic 1706 W. Bonanza Rd. Las Vegas, NV 89106 Phone: 702-631-6860	X																			X						
The Dwelling Place 1330 S. Third Street Las Vegas, NV Phone: 702-378-3588 (food bank Sunday 12pm-2pm)												X														
Nevada Health Centers Eastern Medical and Dental Center 2212 S. Eastern Ave. Las Vegas, NV 89104 Phone: 702-735-9334 www.nvhealthcenters.org/ea	X																			X						
Emergency Aid of Boulder City 600 Nevada Highway, Boulder City, NV 89005 Phone: 702-293-0332												X														
Eye Clinic of Las Vegas 2800 N. Tenaya Way, Ste 102 Las Vegas, NV 89128 Phone: 702-384-2020																					X					

Providers Name	Ambulatory/Outpatient Medical Care	Assistance with Medication	Dental Care	HIV/AIDS Testing Services	Assistance with Medical Co-pays	Mental Health Services	Nutritional Services	Case Management Medical and/or non-Medical	Substance Abuse Outpatient Services	Child Care Services	Emergency Financial Assistance	Food Bank/Vouchers/Hot Meals	Housing Assistance	Legal Services	Translation Services	Transportation	HIV/Support Groups/Supportive Counseling	Referrals for Support Services	Substance Abuse Residential Services	OB/Gyn Services	Eye Glass/Eye Care	Health Insurance Premium & Cost Sharing	Co-Pays for Medical Services	Employment Assistance	Clothing/Household Products	Home Health Care/Care Giver Respite
First AME Church 2450 Revere Street Las Vegas, NV Phone: 702-649-1774 (food pantry Th 10am-2pm) www.famechurchlasvegas.com												X														
First Baptist Church 4440 W. Oakey Blvd. Las Vegas, NV 89102 Phone: 702-821-1234(food pantry T&W 10am-2pm)												X														
First Congregational Church 1200 N. Eastern Ave. Las Vegas, NV Phone: 702-642-2220 (food pantry 3rd Friday every month 10am & bread program T&TH mid morning) www.ucclasvegas.org												X														
FISH Food Pantry 1600 E. Cartier Ave. Las Vegas, NV 89030 Phone: 702-649-6522 (food pantry MWF 11am-1pm)												X														
Frontier Southern Baptist Church 3459 E. Cheyenne Ave. Las Vegas, NV 89030 Phone: 702-642-8776 (food pantry T&S 9:30am-12:30pm)												X														
Foundation for Positively Kids 3555 W. Reno Ave. Las Vegas, NV 89119 Phone: 702-262-0037 www.positivelykids.org	X							X		X																X
Giving Life Ministries 416 Perlite Way, Henderson, NV 89015 Phone: 702-565-4984 (food pantry 9am-12pm T & F)												X														

Providers Name	Ambulatory/Outpatient Medical Care	Assistance with Medication	Dental Care	HIV/AIDS Testing Services	Assistance with Medical Co-pays	Mental Health Services	Nutritional Services	Case Management Medical and/or non-Medical	Substance Abuse Outpatient Services	Child Care Services	Emergency Financial Assistance	Food Bank/Vouchers/Hot Meals	Housing Assistance	Legal Services	Translation Services	Transportation	HIV/Support Groups/Supportive Counseling	Referrals for Support Services	Substance Abuse Residential Services	OB/Gyn Services	Eye Glass/Eye Care	Health Insurance Premium & Cost Sharing	Co-Pays for Medical Services	Employment Assistance	Clothing/Household Products	Home Health Care/Care Giver Respite
Gay & Lesbian Center of Southern Nevada 953 E. Sahara Ave., B-31 Las Vegas, NV 89104 Phone: 702-733-9800 www.thecenterlv.com				X													X									
Grapevine Fellowship 2323 S. Nellis Blvd. Las Vegas, NV 89104 Phone: 702-431-8463 (food pantry S 10am-12pm & T 1pm-3pm) www.grapevinefellowship.org												X														
Greater New Jerusalem MBC 1100 D Street Las Vegas, NV 89106 Phone: 702-648-8438 (hot meal W 10am-12pm, food pantry S 7am-11am)												X														
God's Groceries, First Christian Church 101 S. Rancho Drive Las Vegas, NV Phone: 702-384-1544 (2nd &4th F of the month 10am-12pm, 3rd Th 4pm-6pm)												X														
HACA 178 Westminister Way Henderson, NV 89015 Phone: 702-566-0576 (food pantry by appointment only)												X														
Helping Hands of Vegas Valley 2100 S. Maryland Pkwy. Ste 3 Las Vegas, NV 89104 Phone:702-633-7264 (food pantry T by appointment)												X				X										
Henderson Senior Center 27 E. Texas Ave. Henderson, NV 89015 Phone: 702-267-4150 (hot meal everyday 11am-1pm)												X														

Providers Name	Ambulatory/Outpatient Medical Care	Assistance with Medication	Dental Care	HIV/AIDS Testing Services	Assistance with Medical Co-pays	Mental Health Services	Nutritional Services	Case Management Medical and/or non-Medical	Substance Abuse Outpatient Services	Child Care Services	Emergency Financial Assistance	Food Bank/Vouchers/Hot Meals	Housing Assistance	Legal Services	Translation Services	Transportation	HIV/Support Groups/Supportive Counseling	Referrals for Support Services	Substance Abuse Residential Services	OB/Gyn Services	Eye Glass/Eye Care	Health Insurance Premium & Cost Sharing	Co-Pays for Medical Services	Employment Assistance	Clothing/Household Products	Home Health Care/Care Giver Respite
Heritage United Methodist Church 2075 N. Lamb Blvd. Las Vegas, NV 89115 Phone: 702-437-8989 (food pantry T-Th 10am-2pm) www.heritageumclv.org												X														
Homeless Helpers of Nevada (food pantry S& Sun. times vary) Phone: 702-400-3155 ask for Tony												X														
The House Family Worship Center 2256 Losee Rd. Ste C&A Las Vegas, NV 89030 Phone: 702-648-6489 (food pantry M&W call first) www.hbministries.org												X														
Huntridge Teen Clinic 2100 S. Maryland Pkwy. Ste 1 Las Vegas, NV 89104 Phone: 702-732-8776 www.huntridge.org	X		X	X																						
ICare Ministries (The Sista Project) 3348 Steppe St. N. Las Vegas, NV 89032 Phone: 702-648-0723																	X	X								
Infectious Disease Associates 6088S. Durango #D-100 Las Vegas, NV 89113 Phone: 702- 380-4242 www.infectiousdiseaseassoc.com	X																	X								
Jewish Family Service Agency 4794 S. Eastern Ave. Las Vegas, NV 89119 Phone: 702-732-0304 (food assistance 9am-11am M-F)												X														

Providers Name	Ambulatory/Outpatient Medical Care	Assistance with Medication	Dental Care	HIV/AIDS Testing Services	Assistance with Medical Co-pays	Mental Health Services	Nutritional Services	Case Management Medical and/or non-Medical	Substance Abuse Outpatient Services	Child Care Services	Emergency Financial Assistance	Food Bank/Vouchers/Hot Meals	Housing Assistance	Legal Services	Translation Services	Transportation	HIV/Support Groups/Supportive Counseling	Referrals for Support Services	Substance Abuse Residential Services	OB/Gyn Services	Eye Glass/Eye Care	Health Insurance Premium & Cost Sharing	Co-Pays for Medical Services	Employment Assistance	Clothing/Household Products	Home Health Care/Care Giver Respite
Jude 22 Senior Nutrition 300 S. Ninth St. Las Vegas, NV 89101 Phone:702-229-1142 (food pantry 10am-2pm M-F)												X														
Kingman Aid to Abused People 2701 E. Andy Devine 103A Kingman, AZ 86401 Phone: 928-753-6222 Crisis Hotline: 928-753-4242								X			X	X		X		X		X						X		
Las Vegas Outreach Clinic Healthcare for the Homeless Program 47 W. Owens Ave. Las Vegas, NV 89030 Phone: 702-307-4635	X																									
L.A.C.E 2545 Bruce St. Ste D Las Vegas, NV Phone: 702-362-3387 (food pantry 10am-2pm M-F)												X														
Laughlin Family Resource Center 1975 Arie Ave. Laughlin, NV Phone: 702-298-2592 (food bank 8am-3pm M-F)												X														
Las Vegas Rescue Mission 480 W. Bonanza Rd. Las Vegas, NV 89106 Phone: 702-382-1766 (canned goods-odd months only, Daily 8am-12pm) ***Emergency Housing Available www.vegasrescue.org												X													X	
Legacy Vineyard Church 3200 Soaring Gulls Dr. Las Vegas, NV 89129 Phone: 702-838-9099 (bbq last Sunday of every month at 1pm)												X														
Lutheran Social Services 51 N. Pecos Rd. Las Vegas, NV 89101 Phone: 702-639-1730 (food pantry 8am-12pm M-F)												X														

Providers Name	Ambulatory/Outpatient Medical Care	Assistance with Medication	Dental Care	HIV/AIDS Testing Services	Assistance with Medical Co-pays	Mental Health Services	Nutritional Services	Case Management Medical and/or non-Medical	Substance Abuse Outpatient Services	Child Care Services	Emergency Financial Assistance	Food Bank/Vouchers/Hot Meals	Housing Assistance	Legal Services	Translation Services	Transportation	HIV/Support Groups/Supportive Counseling	Referrals for Support Services	Substance Abuse Residential Services	OB/Gyn Services	Eye Glass/Eye Care	Health Insurance Premium & Cost Sharing	Co-Pays for Medical Services	Employment Assistance	Clothing/Household Products	Home Health Care/Care Giver Respite
Martin Luther King Family Health Center 1700 Wheeler Peak Dr. Las Vegas, NV 89106 Phone:702-383-1961	X			X																						
Miles for Smiles Phone:702-220-9908 www.nvrhc.org/m4sdv (call for appointment)			X																							
Nevada AIDS Project 455 S. Grand Central Pkwy. Ste. C-344 Las Vegas, NV 89106 Phone: 702-636-1800 www.nevadaaidsproject.org																	X	X						X		
Nevada Health Centers OB/GYN 400 Shadow Lane, Ste 106 Las Vegas, NV 89106 Phone: 702-253-7802																				X						
Nevada Health Centers, Inc. WIC 2320 McDaniel St. Ste C N. Las Vegas, NV 89030 Phone: 702-220-6096												X														
Nevada State Welfare Phone: 702-486-5000 (call for closest office)												X														
New Hope Las Vegas 3630 N. Rancho Dr., Ste.108 Las Vegas, NV 89130 Phone: 702-869-4450 (food pantry: call to fill out an application												X														
Nevada Legal Services 530 S. 6th St. Las Vegas, NV 89101 Phone: 702-386-0404 www.nlslaw.net														X												

Providers Name	Ambulatory/Outpatient Medical Care	Assistance with Medication	Dental Care	HIV/AIDS Testing Services	Assistance with Medical Co-pays	Mental Health Services	Nutritional Services	Case Management Medical and/or non-Medical	Substance Abuse Outpatient Services	Child Care Services	Emergency Financial Assistance	Food Bank/Vouchers/Hot Meals	Housing Assistance	Legal Services	Translation Services	Transportation	HIV/Support Groups/Supportive Counseling	Referrals for Support Services	Substance Abuse Residential Services	OB/Gyn Services	Eye Glass/Eye Care	Health Insurance Premium & Cost Sharing	Co-Pays for Medical Services	Employment Assistance	Clothing/Household Products	Home Health Care/Care Giver Respite
Nevada Treatment Center 1721 E. Charleston Blvd. Las Vegas, NV 89104 Phone: 702-382-4226 www.nevadatc.org																			x							
North Las Vegas Family Health Center 2320 McDaniel St. Ste C, North Las Vegas, NV 89030 Phone: 702-214-5948	x			x																x						
Planned Parenthood of Southern Nevada 1-3220 W. Charleston Blvd. Las Vegas, NV 89102 Phone: 702-878-7776 2-3320 E. Flamingo Rd. Ste 54 Las Vegas, NV 89121 Phone: 702-547-9888 3-3940 N. Martin Luther King Blvd. Ste 105 Las Vegas, NV Phone:642-3313 toll free 1-877-813-7710 (all locations)				x				x										x		x						
Pulmonary Associates 1-4 Sunset Way, Ste A-3 Henderson, NV 89014 Phone: 702-434-9690 2-2110 E Flamingo Rd # 100, Las Vegas, NV Phone: 702-731-9559 3-2000 Goldring Ave, Las Vegas, NV Phone: 702-384-5101	x																									
The Rape Crisis Center 6375 W. Charleston Blvd. W1B, Las Vegas, NV 89101 Phone:702-385-2153 www.therapecrisiscenter.org hotline:1-866-366-1640																	x									
River of Life Ministries 3230 E. Charleston Street, #101 Las Vegas, NV 89104 Phone:702-220-5188 (food distribution T&F 11am-12pm)												x														

Providers Name	Ambulatory/Outpatient Medical Care	Assistance with Medication	Dental Care	HIV/AIDS Testing Services	Assistance with Medical Co-pays	Mental Health Services	Nutritional Services	Case Management Medical and/or non-Medical	Substance Abuse Outpatient Services	Child Care Services	Emergency Financial Assistance	Food Bank/Vouchers/Hot Meals	Housing Assistance	Legal Services	Translation Services	Transportation	HIV/Support Groups/Supportive Counseling	Refferals for Support Services	Substance Abuse Residential Services	OB/Gyn Services	Eye Glass/Eye Care	Health Insurance Premium & Cost Sharing	Co-Pays for Medical Services	Employment Assistance	Clothing/Household Products	Home Health Care/Care Giver Respite
S.A.F.E House, Inc. 921 America Pacific Dr. Ste 300 Henderson, NV 89014 24 hour hotline: 702-564-3227 Counseling & advocacy: 702-451-4203 (transitional and emergency housing)www.safehousenv.org								X									X	X								
Saint Therese Center HIV Outreach 1120 Almond Tree Ln # 201Las Vegas, NV 89104 Phone: 702-369-9276 100 East Lake Mead Parkway Henderson, NV 89015 Phone: 702-564-0604 www.saintthereseCenter.org ***haircuts offered												X						X								
Sai Baba Phone: 702-876-7684												X														
The Shade Tree 1 West Owens Las Vegas, NV 89030 Phone: 702-385-0072 www.theshadetree.org	Provides: Emergency Shelter, Job Development, Childrens Activity Center, Services for Victims of Violence, Safe Place for Women, Children, and their Pets.																									
Sin Sity Sisters 1140 Almond Tree Lane Ste. 306 Las Vegas, NV 89106 www.sinsitysisters.org		X																								
Salvation Army 1-35 Owens Ave. North Las Vegas, NV Phone: 702-657-0123 2-4001 W Charleston Blvd, Las Vegas Phone: 70- 878-8022 3-2900 Palomino Lane, Las Vegas - (702) 870-4430 (hot meal daily 2:45 pm) www.salvationarmy.org												X														
The Salvation Army Family Resources 1581N. Main St. Las Vegas, NV Phone: 702-649-8240 (food pantry M-Th 7am-4:30pm)												X														
Second Baptist Church 500 W. Madison Ave. Las Vegas, NV 89106 Phone:702-648-6155 (food pantry T&Th 10am-12pm) www.secondbaptist.org												X														

Providers Name	Ambulatory/Outpatient Medical Care	Assistance with Medication	Dental Care	HIV/AIDS Testing Services	Assistance with Medical Co-pays	Mental Health Services	Nutritional Services	Case Management Medical and/or non-Medical	Substance Abuse Outpatient Services	Child Care Services	Emergency Financial Assistance	Food Bank/Vouchers/Hot Meals	Housing Assistance	Legal Services	Translation Services	Transportation	HIV/Support Groups/Supportive Counseling	Referrals for Support Services	Substance Abuse Residential Services	OB/Gyn Services	Eye Glass/Eye Care	Health Insurance Premium & Cost Sharing	Co-Pays for Medical Services	Employment Assistance	Clothing/Household Products	Home Health Care/Care Giver Respite
Solid Rock Christian Church 9175 Las Vegas Blvd #110, Las Vegas, NV 89123 Phone:702-795-7625 www.solidrockchristianchurch.com												x														
Southern Nevada Adult Mental Health 6161 W. Charleston Blvd. Las Vegas, NV 89146 Phone: 702-486-6000 www.mhds.state.nv.us/sn/									x										x							
Spring Mountain Treatment Center 7000 West Spring Mountain Rd. Las Vegas, NV 89117 Phone:702-873-2400 or 1-866-265-6117 www.springmountaintreatmentcenter.com						x			x										x							
United Food and Commercial Workers Union 1201 N. Decatur Blvd. Ste 106 Las Vegas, NV 89108 (call for appointment) Phone: 702-648-3500 www.ufcw.org								x				x						x								
Trinity United Methodist Church 6151 W. Charleston Blvd. Las Vegas, NV Phone: 702-870-4747 www.umc.org												x														
UNLV School of Dental Medicine 1001 Shadow Lane, Las Vegas, NV 89106 Phone: 702-774-2400 Open: 8am-5pm M-F www. dentalschool.unlv.edu			x																							
University Medical Center Women's Center 2231 W. Charleston Blvd. 2nd floor Las Vegas, NV 89102 Phone: 702-383-2403 www.umcsn.com	x																			x						
Vegas View Church 1906 Gilder St. North Las Vegas, NV 89030 Phone: 702-642-6211 www.vegasview.org												x	x													
Victory Ministry Baptist Church 500 W. Monroe Ave. Las Vegas, NV 89106 Phone: 702-648-2286												x	x													
West Las Vegas Family Resource Center 2850 S. Lindell Rd. (inside the Boys & Girls club) Phone:702-932-1880 ext 260												x	x													

Providers Name	Ambulatory/Outpatient Medical Care	Assistance with Medication	Dental Care	HIV/AIDS Testing Services	Assistance with Medical Co-pays	Mental Health Services	Nutritional Services	Case Management Medical and/or non-Medical	Substance Abuse Outpatient Services	Child Care Services	Emergency Financial Assistance	Food Bank/Vouchers/Hot Meals	Housing Assistance	Legal Services	Translation Services	Transportation	HIV/Support Groups/Supportive Counseling	Refferals for Support Services	Substance Abuse Residential Services	OB/Gyn Services	Eye Glass/Eye Care	Health Insurance Premium & Cost Sharing	Co-Pays for Medical Services	Employment Assistance	Clothing/Household Products	Home Health Care/Care Giver Respite
Westminister Presbyterian Church 4601 W. Lake Mead Blvd. Las Vegas, NV 89108 Phone: 702-648-8437www.wpcvegas.org												x														
Women's Resource Center 1-2915 W. Charleston St. Ste 1Las Vegas, NV 89102 Phone: 702-366-1247 2-1490 East University Ave. Las Vegas, NV 89119 Phone: 702-366-1247 www.wrncsn.com (baby formula when available)																		x		x						
Word of Life Christian Center 3520 N. Buffalo Dr. Las Vegas, NV 89129 Phone: 702-645-1990 www.wordoflifelasvegas.com												x														
WestCare www.westcare.com 1-Community Triage Center 930 N. 4th Street Las Vegas, NV 89101 Phone: 702-383-4044 2-Women and Children's Campus 5659 Duncan Dr. Las Vegas, NV 89130 Main Phone: 702-385-2020 3-Healthy Families Project - Residential Treatment Phone 702-385-2020 x256 3-Stepping Stones Phone 702-385-2020 x238 Runaway / Homeless Youth & Crisis / Detoxification 4-Young F.A.C.E.S. - Residential Treatment Phone: 702-385-2020 x275 5-Community Involvement Centers - Outpatient Services 401 S. Martin Luther King Blvd Las Vegas, NV 89106 Main Phone 702-385-3330 6-Pahrump Community Involvement Center 1161 S. Loop Rd Pahrump, NV 89048 Phone: 775-751-6990 7-Laughlin 3650 S Pointe Circle Laughlin, NV 89029 Phone: 702-299-0142 8-Harris Spring Ranch/Adult Services 4300 Harris Spring Road Las Vegas, NV 89124 Phone: 702-872-5382									x				x						x								See website for a full range of services and the locations they are provided

Profile of Provider Capacity and Capability

Respondent Overview

During Grant Year 2009-2010 the Ryan White Part A Program in the Las Vegas TGA funded 9 different service providers in 10 different core service categories and all approved HRSA support service categories through the use of support services aggregate funding. Each of these agencies participated in a survey in January 2010 to answer questions regarding the extent to which their resources are accessible, available, and appropriate for particular populations of PLWH/A. This survey also carefully aimed to assess the barriers PLWH/A face when receiving services, system wide changes that would benefit service delivery, and services most often requested at each agency.

Current Employment Area within the Agency	Response Percent
Case Management	46%
Administrative Support	15%
Eligibility	1%
Registered Dietitian/Nutritionist	1%
Program Manager/Supervisor	15%
Executive Director/Deputy Director	1%
Other	15%
County of Agency	**Response Percent**
Clark County, NV	85%
Nye County, NV	15%
Mohave County, AZ	0%

A total of 13 employees of these agencies responded in this survey. The majority of respondents, 38%, spend 10 hours or less per week in direct service with clients while 31% spend 30+ hours per week in direct service. Nearly 24% spend 21-30 hours per week in direct service and the remaining 7% spend 11-20 hours in direct service with clients per week.

The Addition or Elimination of Services

Respondents were asked if their agency had added or eliminated services or programs or made other changes that affected its ability to provide services to PLWH/A within the last 12 months. Five of the 13 respondents answered no. Some of the remaining listed the following responses indicating eliminated services or negative issues;

- The food assistance program was discontinued, the suspected reason is a lack of a timely delivery of Ryan White funding and an increase in clients.
- Medication adherence program was discontinued even though it was very beneficial to clients.
- Adherence program eliminated secondary to decrease in funding.

- Shortage of nurses.

The remaining respondents cited the addition of programs or services, including;

- The addition of an outreach case worker and a van to transport our clients to appointments. This is to help clients get into Las Vegas for services and assist them through the system of care.
- In the last 1 ½ years we have been able to add an outreach person to staff and can now transport clients to Las Vegas for treatment.

Barriers to Care

Respondents were asked to list the major barriers that their organization faces when providing care to PLWH/A. The most cited barriers for this are 1) a lack of transportation for clients, and 2) reluctance to seek help because of stereotypes.

Other responses include;

- Bureaucracy. The paperwork and regulations of funding and purpose.
- Transportation of clients.
- Being in a rural area, not as many services available to clients.
- Reluctance to let anyone know about their condition therefore not seeking any assistance.
- Completing the eligibility process for federal assistance, ie., SSI, Housing, Food Stamps, etc.
- Education regarding these programs, how they work, what needs to be done, timeframes involved, etc.
- Transportation
- Access to providers
- Language, transportation, negative stereotypes associated with HIV/AIDS
- When providing the 5 week rental assistance through the HOPWA program, it is becoming difficult for clients to transition to CCSS and receive assistance through their program. Also since CCSS maximum amount for rental assistance is $400, it is difficult for Client's to find housing for that amount.
- Insufficient funding, lack of transportation for the client.

Respondents were asked to discuss, from their experience with clients in the last year, the barriers to care their clients face when accessing care. The most cited barriers for clients accessing care are 1) a lack of transportation, 2) negative stereotypes related to the disease, and 3) lack of knowledge about offered services.

Other responses include;

- No one to help them with paperwork and transportation.
- Access to services and providers.
- Language barriers, transportation, negative stereotypes associated with HIV/AIDS, lack of support.

- Adherence, most clients are not taking initiative of getting into care until their health is declining.
- Transportation and clients are uninformed about what services are available.
- No insurance or lack of knowledge and resources available to their needs.
- Lack of cohesiveness and relationships between all the agencies.
- Being able to be seen by a case worker.
- Availability and working through the system.
- The attitudes that are associated with the disease from local people and the fact that everything has to be done in Las Vegas.

Respondents were also asked to list the most common reason that people who apply for services at their agency don't receive the service, these include;

- Lack of funding due to late delivery of grants.
- Duplicated services.
- Lack of compliance, not understanding case management objectives combined with mental and substance abuse issues.
- Access.
- Clients fail to follow through or submit necessary eligibility documents.
- Their request for assistance is not HIV-related or they are living beyond their financial means.
- Don't meet eligibility standards.
- Shortage of funding.

Priority Populations

This needs assessment focuses in large part on priority populations infected with HIV. These are considered priority because they comprise a large portion of the infected population with the lowest number known to be currently accessing services. The goal through these questions is to uncover from the agencies perspective what their barriers to care are, what their most requested services are, and what services they are in need of but cannot get for whatever reason.

Priority Population	What are their major barriers to accessing care?	What services do they request the most?	What services do they need but can't get?
Caucasian MSM (non-Hispanic)	Lack of private insurance	Access to ADAP, medication assistance	Dental
	Negative stereotypes	Housing assistance	Food assistance
	Adherence	Transportation*	Gas vouchers*
	Transportation needed	Gas vouchers	ADAP*
	Lack of ability to navigate the	Specialties such as dental*, vision,	Housing/Rent*

	complex system	psych services	
	Doctors	Insurance*	
	Program availability	Financial assistance with rant and utilities	
Women of Child-Bearing Age (15 to 44)	Doesn't want to be in the system/Doesn't want help	Access to ADAP	Dental care
	Lack of education	Housing assistance*	School supplies
	Lack of care	EFA	ADAP
	Lack of support	Transportation	Housing Assistance
	Negative stereotypes	Dental care*	
	Mental health issues	Mental health care*	
	Domestic violence		
	Lack of ability to navigate the system		
Adolescents	Not wanting to comply medically	ADAP	Dental
	Lack of knowledge about resources	Housing	School supplies
	Lack of programs in place for this specific group	Mental health*	ADAP
		Dental	Housing
		Vision	
Injection Drug Users (IDU's) or other Substance Users	Won't take responsibility for addiction	Housing assistance*	Dental
	Inability to stay off drugs	ADAP*	ADAP
	Preoccupation with addiction, homelessness, mental health	Everything	Housing
	Drug use	Specialty care/Dental/Vision/ Psych	
	Lack of effective support/rehab programs	Addiction treatment	
		Financial assistance	
Minority MSM	Other issues that need to be addressed	Housing assistance	Dental
	Negative stereotypes	ADAP, medication assistance	Health insurance
	Pay sources, health	Transportation	Food assistance

	insurance		
	Language barrier	Gas vouchers	ADAP*
	Lack of ability to navigate the complex system of care	Rent*	Housing assistance/rent
	Doctors	Utility assistance*	Gas vouchers
	Program availability	Help with completing SSI paperwork	Medication assistance
		Specialties such as Dental/Vision/Psych	
Heterosexual Women	Lack of social support	ADAP, medication assistance	Dental
	Negative stereotypes, stigma	Housing, rent*	Food assistance
	Lack of knowledge about programs	Transportation	Gas vouchers
	Program availability	Gas vouchers	ADAP
	Doctors	Child care	Housing assistance/rent*
		Insurance	Medication assistance
		Dental care	Transportation
		Mental health care	
Heterosexual Men	Negative stereotypes, stigma	ADAP*	Dental care
	Lack of knowledge about programs	Housing assistance*	Food assistance
		Rental assistance*	Gas vouchers
		Utility assistance	ADAP
		Dental care	Housing assistance
		Mental health care	
* mentioned more than once			

Referrals

Regarding referrals, we asked providers "When providing referrals to clients for services not funded (or currently unavailable) by Ryan White funding what services do you refer for most often?" Their responses included;

- Clark County Legal Services
- Food Banks
- Shelter Referrals (there is a lack of for women)
- Energy assistance
- Their case manager
- Pain management services

- Mental health services
- Rental assistance
- Drug treatment programs
- Dental services

We also asked, "When making referrals, how do you stay up to date with what services are currently available at other agencies? Do you have any suggestions regarding how to make the communication lines more effective, accessible, or beneficial regarding what services are currently available in the community and where to refer for those services?" Responses included;

- Through my clients. County-wide meetings, less pettiness and more collaboration, a well-run state or private run website with a comprehensive list of services and an accessible staff to add new services and keep up on new research.
- ICC meetings, events, luncheons.
- It would be helpful for us to have some type of a community resource guide for Las Vegas area and to be told which of those services are available to our Nye County clients.
- Attend RW meetings - Would be nice to have a monthly update on assistance available or not available.
- Meetings.
- Clients advise us on what services in the community and networking with other agencies helps.
- More communication.
- Inner agency communication data base.

Service Importance

Of the 30 Ryan White Part A approved service categories providers were asked to rate, on a Likert scale, from their experience how important that service is to PWLH/A in the Las Vegas TGA. Nine respondents rated each service category regarding its importance.

Service Category	Very Important	Moderately Important	Of Little Importance	Unimportant
Outpatient/Ambulatory Medical Care	86%	14%	0%	0%
Local AIDS Pharmaceutical Assistance	86%	14%	0%	0%
Oral Health Care	71%	29%	0%	0%
Early Intervention Services	71%	29%	0%	0%
Health Insurance Premium and Cost Sharing Assistance	86%	14%	0%	0%
Home Health Care	42%	29%	29%	0%
Home and Community-based Health Services	43%	57%	0%	0%
Hospice Services	42%	29%	29%	0%
Mental Health Services	71%	29%	0%	0%

Medical Nutrition Therapy (including nutritional supplements)	50%	33%	17%	0%
Medical Case Management Services (including treatment adherence)	86%	14%	0%	0%
Substance Abuse Services (outpatient)	71%	29%	0%	0%
Case Management Services (non-medical)	100%	0%	0%	0%
Child Care Services	50%	17%	33%	0%
Emergency Financial Assistance	86%	14%	0%	0%
Food Bank/Home-delivered Meals	72%	14%	14%	0%
Health Education/Risk Reduction	57%	43%	0%	0%
Housing Services	86%	14%	0%	0%
Legal Services	14%	72%	14%	0%
Linguistic Services	0%	83%	17%	0%
Medical Transportation	86%	0%	14%	0%
Outreach Services	57%	29%	14%	0%
Permanency Planning	33%	50%	17%	0%
Psychosocial Support Services	67%	43%	0%	0%
Referral for Health Care/Support Services	71%	29%	0%	0%
Rehabilitation Services	57%	29%	14%	0%
Respite Care	57%	14%	29%	0%
Substance Abuse Services (residential)	71%	0%	29%	0%
Treatment Adherence Counseling	86%	0%	14%	0%

Single Most Important Change

Respondents were asked to identify the single most important system-wide change that would have the greatest overall benefit to the service delivery system in the Las Vegas TGA. Their responses included;

- Better communication between providers
- Patient education
- Streamlining eligibility requirements for various grants
- More beds for residential drug treatment
- More inter-agency communication
- Inter-agency communication
- Comprehensive training for all agencies
- Transportation
- For PLWH/A living in rural communities to have access in their own community

Top Service Priorities

During the needs assessment conducted in 2008-2009 we asked PLWH/A to indicate their top service priorities. These were 1) Ambulatory/Outpatient medical care, 2) AIDS Drug Assistance and Pharmaceutical Assistance, and 3) Oral Health care. We asked the providers from their recent experience if they believe these priorities are still true and if not what has changed. All respondents indicated that these are still true with the addition of transportation, case management, and housing to the list of top services needed in the TGA.

Additionally respondents were asked what services aren't currently available but needed for the benefit of the Las Vegas TGA care system and PLWH/A. Their responses included;

- A network of landlords that could provide safe affordable housing.
- Home delivery of hot/frozen meals for PLWH/A that are too sick and unable to shop or cook for themselves.
- A better housing program for people with disabilities.
- Better medical adherence program.
- Transitional, rehabilitative or group homes ran by licensed professionals to stabilize people who are in severe crisis mode and are unable to maintain medical compliance on their own, particularly psychiatric care.

Additional Comments

Our final question on the survey allowed for qualitative comments regarding anything else pertaining to services in the TGA, the overall system of care, or suggestions regarding improvements in the care system. Those included;

- "I would wish for a total reform of the Nevada social services system. I call for consultations with top public administrative professionals and a demand for better relationships between agencies and a comprehensive training program for new and experienced professionals."
- "I would like to see more education in the rural populations regarding HIV/AIDS."

Appendix