

D. NEEDS ASSESSMENT/COMPREHENSIVE PLANNING ACTIVITIES

East/Northeast Tennessee Ryan White Title II Consortium

The East/Northeast Tennessee Ryan White Title II Consortium used three types of data collection methods for the 2015 assessment period in order to capture the needs of Persons Living with HIV/AIDS (PLWH/PLWA): 1. A quantitative needs assessment from individuals who have utilized agencies providing services in the region, 2. An analysis of qualitative comments from respondents who filled out the quantitative survey, and 3. An analysis of provider interviews. In the needs assessment quantitative information about demographics, medical history and service acquisition are reported. Clients were also asked a series of questions to assess if they needed and received services over the past year. At the end of the survey there is an open-ended area for comments, asking 1.) if there were any other needs, services, or comments that the quantitative survey had not covered and 2.) if respondents had opinions on how to make services better serve their needs. Finally, there were 12 qualitative provider surveys, providing in depth qualitative comments of their perception of client service provision, needs, gaps and/or barriers, which were analyzed by themes. Appendix A and B provide the transcripts of 1. Qualitative comments from the needs assessment for PLWH/PLWA survey respondents and 2. Qualitative comments from providers.

Needs Assessment Survey Results

Responses from the needs assessment were gathered from 343 surveys from PLWH/PLWA in the East/Northeast region of Tennessee. Respondents live in 23 counties across the region, although the largest majority live in three counties: Knox (30.6%), Washington (12.5%), and Sullivan (12.8%). The demographics of the sample are outlined in detail in Table 1. The majority of respondents are white (80.8%), male (78.7%) and their average age is 49, ranging from 20 to 76 years of age. The primary language is English (97.1%). Seventy nine percent of the overall sample is male. Thirty seven percent of the respondents report their sexual orientation as heterosexual and 54.9% report as gay or lesbian.

Forty five percent of respondents have an annual income between \$0 and \$10,000, and 40.4% between \$10,000 and \$25,000. Nineteen percent of respondents report having less than a high school diploma, 30.7% report earning a high school diploma, 26.9% have some college, and 23.1% have a college degree. Six percent of respondents reported being homeless in the past year, and 6.8% reported being in jail in the last year.

Table 1. Sample Demographics (N=343)

	Number or Range	Percent or Mean (Median)
Age	20-76 years	48.9 years (49.0)
Race*		
African American	57	16.6
Caucasian/white	277	80.8
Native American/Alaskan Native	2	.6
Asian	4	1.2
Hispanic/Latino	10	2.9
Other	3	.9
Gender		
Male	270	78.7
Female	70	20.4
Transgender	3	.9
Sexual Orientation		
Heterosexual	125	37.1
Gay or Lesbian	185	54.9
Bi-sexual	19	5.6
Transsexual	2	.6
Other	6	1.8
Annual Income		
0-\$10,000	149	44.6
\$10,000-25,000	135	40.4
\$25,000-40,000	27	8.1
\$40,000 plus	23	6.9
Education		
Less than High School	66	19.3
High School	105	30.7
Some College	92	26.9
College Degree	79	23.1

*Will not add to 100%, more than one category may be chosen.

History of HIV Diagnosis and Medical Care

Table 2 reports on the history of respondents' illness and their medical care. Respondents have had HIV/AIDS an average of fifteen years, ranging from less than a year to 33 years. More than half contracted the disease through man to man contact, although 21.2% contracted it through heterosexual contact, and 14.7% state they do not know how it was contracted. Almost thirty seven percent report they have been told they have AIDS (CD 4 count below 200). Sixty eight percent of respondents reported that their doctors or nurse practitioner gave them the most important information regarding HIV/AIDS after their diagnosis, followed by 14.7% reporting their case manager or social worker gave them the most important information.

Table 2. Medical History

	Number or Range	Percent of Mean (Median)
Years Diagnosed with HIV/AIDS	Less than 1 yr-33yrs	15 (14.0)
How Did you Contract HIV/AIDS		
Heterosexual Contact	72	21.2
Mother to baby	2	.6
Man to Man Sexual contact	180	52.9
Occupational Exposure	6	1.8
IV drug use	13	3.8
Hemophilia/coagulation disorder	1	.3
Recipient of blood transfusion	7	2.1
Unknown	50	14.7
Other	9	2.7
How long after diagnosed received care		
Within one month	165	48.7
1-3 months	68	20.1
3-6 months	14	4.1
6 months to a year	29	8.6
More than a year	62	18.3
Never sought care	1	.3
CD4 count 200 or less	125	36.9

The majority (48.7%) visited a doctor within thirty days of diagnosis, and an additional 20% within one to three months. The most often cited reasons for not receiving care within thirty days being afraid of discrimination because of their HIV status (37.3%), not wanting people to find out they were HIV positive (27.1%), worried about how they would pay for care (26.3%), Not knowing where to get HIV medical care (20.3%), and being diagnosed earlier when there were not treatments available (20.3%). Table 3 reports all of the reasons why respondents did not receive care within a month after diagnosis. One category was created out of “other” responses: that there were waitlists that kept them from obtaining medical care within a month after diagnosis.

Table 3. Reasons for not receiving Medical care*

	Number	Percent
I was afraid of discrimination because of HIV status	44	37.3
Afraid someone would learn I have HIV	32	27.1
Worried how I would Pay for care	31	26.3
I didn't know where to get HIV medical care	24	20.3
Care/meds weren't available at that time	24	20.3
I was afraid of discrimination re sexual identity	21	17.8
Didn't know early HIV care was important	17	14.4
An HIV provider wasn't convenient	17	14.4
Worry more about getting food or work	15	12.7
I was homeless	15	12.7
I didn't have transportation	11	9.3
I used drugs or alcohol	8	6.8
Waitlist for appointment	7	5.9
I was in Jail or Prison	7	5.9

*Will not add to 100%; more than one category may be chosen.

Current Medical Care and Medication Usage

Table 4 reports information regarding HIV related medical care and medication. Almost ninety nine percent (98.8%) report they have a regular place to go for their HIV/AIDS health care. Thirty three percent reported receiving care at the Centers of Excellence in Knoxville, 32.1% at the Centers of Excellence at ETSU, 19.9% at Knoxville Infectious Disease, and 11.7% receive care at a private physician office. Respondents pay for their HIV/AIDS medical care in a number of ways. Most often cited was Ryan White (59.1%), followed by Medicare (36.5%), TennCare

(24.4%) and private insurance (16.2%). In the “other” category, several respondents also cited insurance assistance program (13). Surprisingly few reported they paid for their care with the Affordable Care Act. This is explored in more depth in the qualitative report.

More than 50% of the sample report they have seen a doctor within the last three months, and more than a quarter within three to six months. In total 97.4% of respondents had seen the doctor within the last year. Of those who had not seen a doctor in more than a year the reasons were as follows: Too hard to get there/no transportation (2); I am worried someone might find out about my HIV status (1); I worry more about getting food or work (1); I don’t have insurance and it costs too much (3); I’ve felt too sad or worried (1); Hard to keep appointments (1); I have to take care of other people (1); and I was in jail (1).

Table 4 reports where respondents currently receive care, how they pay for care, how long since respondents saw their doctor, if they take medications and how often they miss doses of their medication.

Table 4. Medical Care and Medications

	Number	Percent
Do you have a regular place to go for HIV/AIDS Care – Yes	329	98.8
If so, Where do you receive Care*		
Hospital ER	8	2.4
COE Knoxville	110	33.6
COE ETSU	105	32.1
Knoxville Infectious Disease	65	19.9
VA Hospital	5	1.5
Private Physician Office	38	11.7
How HIV/AIDS Care is Paid *		
TennCare	83	24.4
Medicare	124	36.5
VA	5	1.5
Private	55	16.2
Ryan White	201	59.1
Affordable Care Act	4	1.2
Self-Pay	2	.7
Insurance Assistance Program	13	3.8
Other	27	7.9

Last time you saw HIV medical Provider		
Within the last 3 months	184	54.0
3-6 months	92	27.0
6-12 months	56	16.4
1-2 years	6	1.8
More than 2 years	3	.9
Prescribed meds? :Yes	331	98.5
Do you ever miss a dose of HIV Meds		
Always	9	2.7
Often	13	4.0
Sometimes	35	10.6
Rarely	122	37.1
Never	150	45.6

*Will not add to 100%, more than one category may be chosen.

Ninety eight percent of respondents reported they had been prescribed medications. Of these 45.6% reported they never miss a dose of their HIV medications, and another 37.1% reported they rarely miss a dose. The greatest reason cited by respondents for missing a dose of medicine is that they forget (102 people, or 62.2% of those who miss doses).

Reasons given for missing a dose of medicine:

- I forget (102)
- Monetary issues: can't afford because of no insurance, no transportation, or not enough food (20),
- having problems with mail orders (10);
- being concerned about side effects (8);
- too many pills too many times a day (4),
- I use drugs and alcohol (9),
- I am not having symptoms (3).
- I don't think it helps me/using alternative therapies (5)
- I am homeless/no regular place to live (3)
- I am too sad, depressed, worried (13)
- I have been in prison or jail (9)
- I have to take care of other people (5)
- It makes me sick (6)
- I run out before my refill (4)

Receipt of Non-Medical services

The responses to non-medical services vary widely from never receiving them (27.9%), receiving them within a month of diagnosis (23.8%), to more than a year (22.3%). The question regarding non-medical services may be part of the reason for this divergence. It asks “how long after first testing HIV positive did you start getting non-medical HIV services”. Since the average length of time since respondents were diagnosed ranges from less than a year to 33 years, with an average of 15 years, it is highly likely that there were no non-medical services when many of the respondents were diagnosed. However the follow-up question asks the cause of not getting non-medical services within the last year; thus the responses will be more timely. Table 5 shows the forced entry answers given by respondents for why they have not received non-medical services in the last year.

In the “other” category, responses for not receiving non-medical services included: could not get an appointment, funding ran out (glasses and dental), unaware of services, non-medical services not available in their county, case managers not returning phone calls, and not needing any non-medical services.

Table 5. Receipt of Non-medical HIV services and reasons for not receiving non-medical services

	Number	Percent
How long after diagnosis did you receive non-medical services?		
Never	89	27.9
Within a month	76	23.8
1-3 months	34	10.7
3-6 months	25	7.8
6 months to a year	24	7.5
More than a year	71	22.3
Reasons for not receiving Non-medical HIV services within the last year*		
Didn't know where to go	21	7.6
Cost/ did not qualify for services	16	5.8
No transportation to get services	20	7.2
Service providers not convenient	13	4.7
There was a waiting list for services	9	3.3
I have been in prison or homeless	6	2.1
I was afraid someone would learn I have HIV	11	4.0
I was afraid of discrimination/race/ethnicity	4	1.4
I was afraid of discrimination/ sexual identity	5	1.8
I worry more about getting food or work	10	3.6
I had to take care of others	7	2.5
I did not know there were non-medical services	31	11.3

*Will not add to 100%, more than one category may be chosen.

Most Important Ryan White funded HIV Services

Clients were asked what three Ryan White services offered through Part B funding they thought were most important, followed by a question that asked out of the services listed, which they needed but had not received. Figure 1 delineates the most important Ryan White funded services, followed by Table 6, describing which of the services were needed but not received. Since there were three options for each person, these were added together since person one, for example, may have chosen dental for their first most important service and person two may have chosen dental for their third most important service, but one is not more important than the other.

Services that stood out as most important were dental services, HIV Drug Assistance Program, and Insurance Assistance Program, followed by non-medical case management, food bank, and bridges/dentures. Of the 96 respondents who reported they needed services they could not receive, dental work stands out as the most needed service, with 50% of respondents reporting they needed dental work, but had not received it (see table 6).

Figure 1. Most Important Ryan White Funded Services N=343

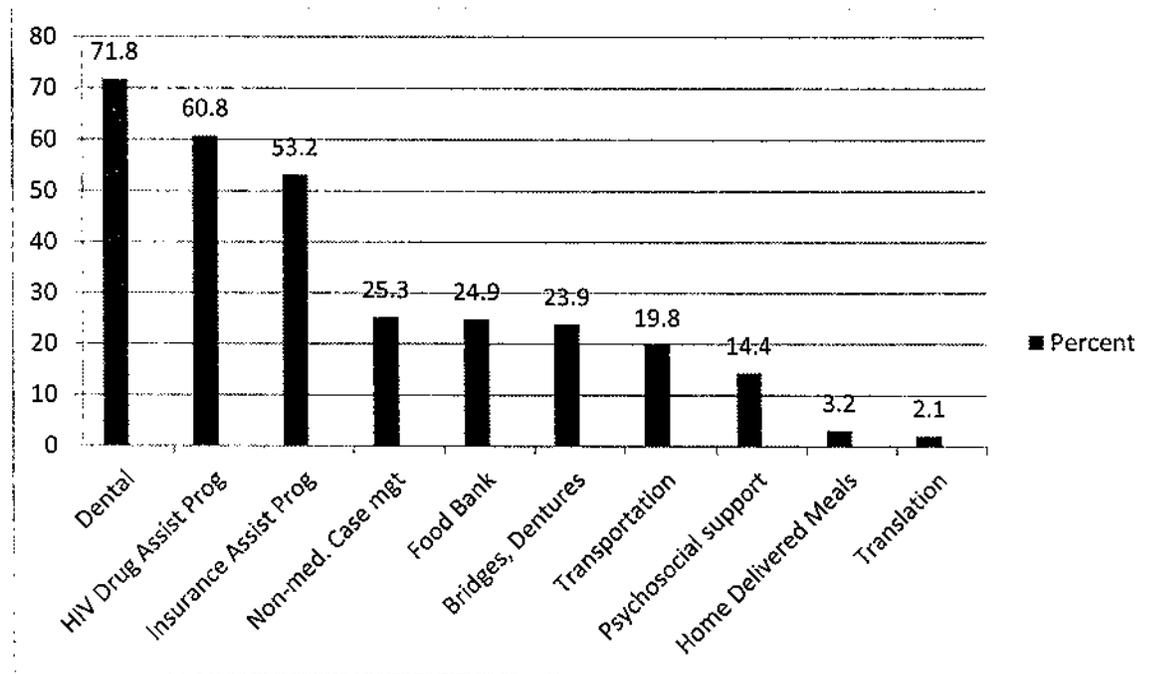


Table Six. Needed Ryan White Services, but Not Received (n=96)*

Needed Service not Received	Frequency	Percentage
Non-Medical Case Management	1	1.0
Psychosocial Support	10	10.4
Transportation	13	13.5
Food Bank	11	11.6
Home Delivered meals	2	2.1
Dental	48	50.0
Bridges/Dentures	1	1.0
Insurance Assistance Program	6	6.3
HIV Drug Assistance Program	4	4.2

*Will not add to 100%, more than one category may be chosen.

Most Important Non-Ryan White Services

Respondents were asked “what were their most important non-medical HIV services not currently funded through Ryan White Part B”. Figure 2 indicates that the most important non-Ryan White funded services were eye care, utility assistance and rent assistance, followed by housing assistance and support groups.

Figure 2. Most Important Non Ryan White-funded Services

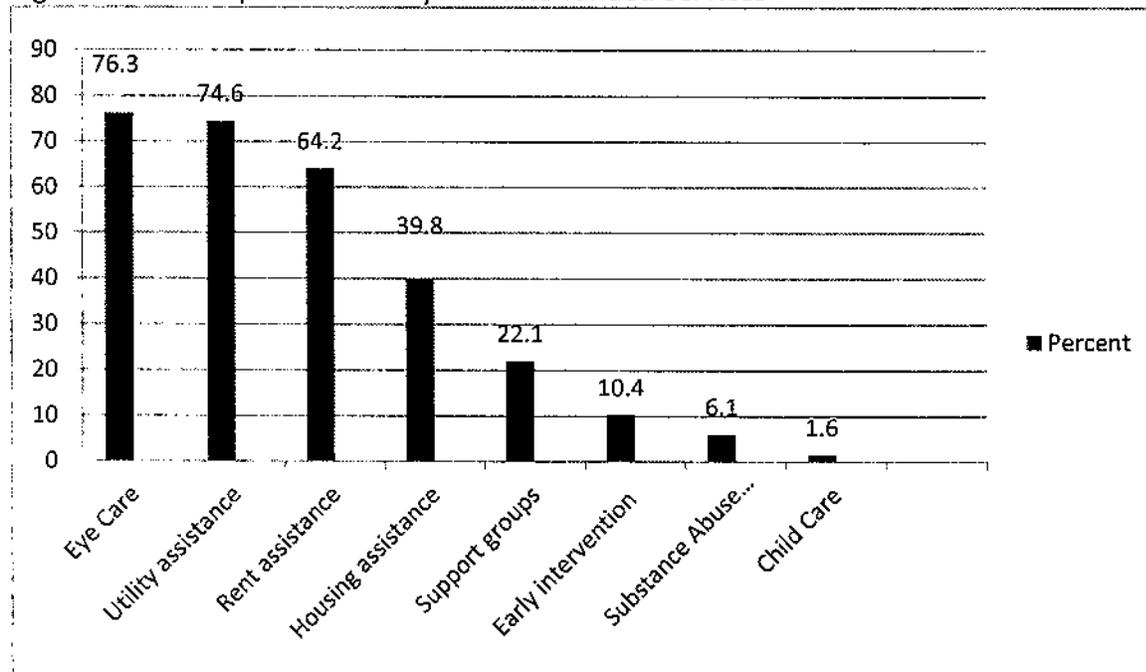


Table 7 illustrates that services needed but not received followed the same trend, with the most important needs not being met listed as eye care, followed by assistance with rent/housing and utilities. Out of the 124 respondents whose needs went unmet eye care was by far the most needed, reported by 58.9% of those responding.

Table 7. Most Important Non-Ryan White Services-Needed but Not Received*

Needed Service not Received	Frequency	Percentage
Early intervention services (EIS)	1	.8
Eye Care	73	58.9
Support Groups	3	2.4
Child Care	1	.8
Rent Assistance	19	15.3
Utility Assistance	15	12.1
Housing Assistance	10	8.1

*Will not add to 100%, more than one category may be chosen.

Food Services

Respondents were asked if they had received food services in the last year and if so, what they were receiving. One hundred and forty six respondents, or 44.6% of the sample, stated they received food services in the past year. Figure 3 identifies the various food services that were received by respondents. The services are listed as the percentage of the 146 respondents who answered yes to receiving food assistance on a regular basis. Respondents checked all that applied, so more than one category might be used.

Respondents were asked how often they receive a food service. Of the total sample who answered this question (n=230), three (1.3%) reported receiving a service weekly, 6 (2.6%) reported receiving food services twice a month, 130 (56.5%) reported receiving services monthly, and 91 (39.6%) reported they received food services in an "other" category. Respondents who wrote in the other category reported less than monthly, twice a year, once a year, when needed, etc.

When asked if "the food I/we have just didn't last and I didn't have enough money to buy more", 54.2% of respondents answered sometimes or often true. Over 41% of respondents stated they could not get enough dairy, 76.5% could not get enough meat, 68.9% could not get enough fresh produce, and 28.3% could not get enough frozen or canned fruits and vegetables.

Figure 3. Food Services Received as % of those receiving food services in the past year



*food stamps are calculated using all who answered the question (n=308) as the denominator since it is unknown whether respondents consider this a “service”.

Transportation Services

Respondents were asked if they were aware of transportation service, whether they currently qualified for transportation services, and if they were currently receiving transportation services, what they were. They were also asked how they currently get to their appointments, which were forms of transportation, such as driving their own car, having friends take them or using the public bus. However, these two questions may overlap, since gas cards and bus passes are actually services that they could use, which help them to use their own car or take the bus. In the “other” category, many respondents also listed transit services, which will be included in this analysis.

Respondents were also asked if, in the past year, they had transportation needs which kept them from receiving food services or going to their HIV related appointments and what transportation services they needed that would help them reliably get to their HIV related appointments.

Table 8 provides information regarding respondent knowledge of transportation services, how they currently get to their appointments, and whether or not transportation problems kept them from receiving food or getting to appointments.

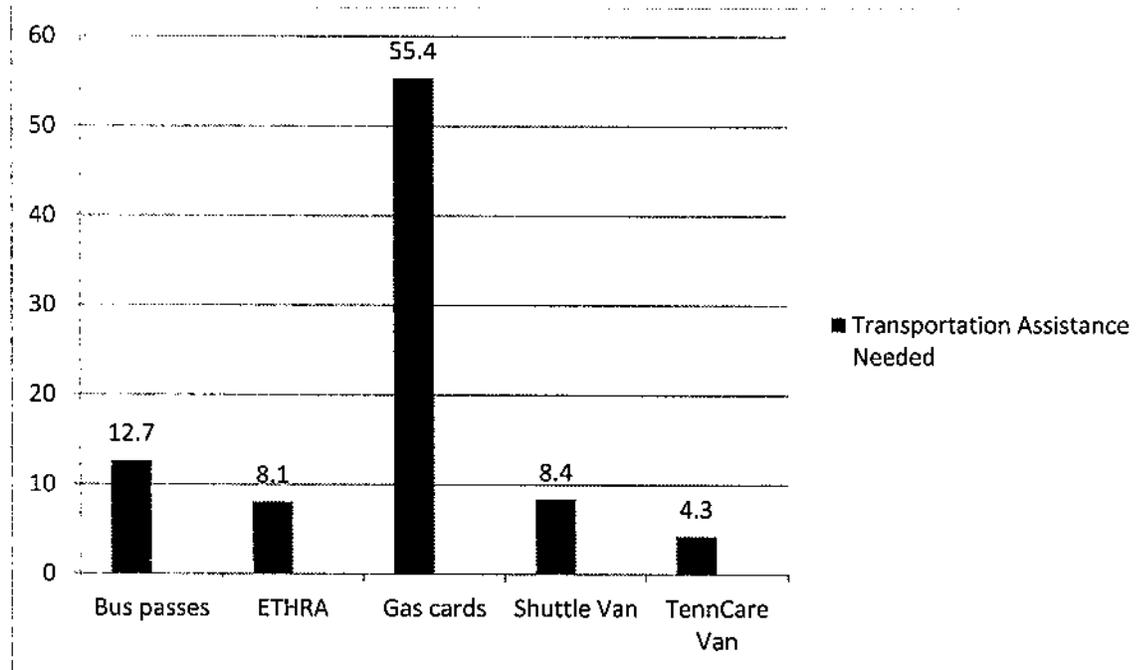
Table 8. Transportation Services and Modes of Transportation Used

	Frequency	Percent
Does Lack of Transportation prevent you from receiving food services? – Yes	61	20.0
Before this survey, were you aware of transportation services? –Yes	207	62.0
Do you qualify for transportation services?		
Yes	75	22.5
No	66	19.8
I don't know	192	57.7
What transportation services do you currently receive?*		
Bus passes	15	15.8
ETHRA transportation	15	15.8
Gas cards	56	58.9
TennCare Van	10	9.8
People to Places	4	4.2
CAC transport	4	4.2
What modes of transportation do you currently use to get to HIV related appts?*		
My Car	218	64.3
Family/ Friends	95	28.0
Bus	31	9.1
Other transport service from above list	18	5.2

*Will not add to 100%, more than one category may be chosen.

Figure 4 reports what transportation assistance respondents report is needed to “reliably and consistently” get to HIV-related appointments. It is clear from both the table above and the figure below that Gas Cards are the most coveted service. Most respondents use cars to get to their appointments (64.3%) and gas cards were asked for most frequently as a means to reliably get to their appointments (55.4%). One respondent answered “other” and reported they would like help fixing their car.

Figure 4. Transportation Services Needed



Needs Assessment Summary

From the quantitative client surveys it is clear that the majority of clients are receiving medical treatment, have a regular place to go for health care, and are on prescription medications. It is worth noting that there were more responses in this survey from women, heterosexuals and bisexuals, although all still in the minority. Respondents were also, on average, older than previous years. This could be response bias, or it could be that people with HIV/AIDS are living longer. One fifth of respondents report not receiving care right away after their diagnosis because it was not available when they were diagnosed, which lends some evidence to an older population of HIV/AIDS clientele.

Dental care, drug assistance program and insurance assistance program were reported as the most important Ryan White funded services, although 50% of those responding reported they needed dental care, but did not receive it. Eye care, utility assistance and housing assistance, particularly rental assistance, was by far the most needed non-Ryan White services, with almost 60% of those who responded reporting they needed but had not received eye care. More than half of respondents stated they do not have enough food each month, particularly meat and

fresh produce. Surprisingly 57% of respondents did not know if they qualified for transportation services. But for respondents who did use transportation services, gas cards were reported as the greatest transportation need.

The next section will analyze qualitative comments given by clients, to add depth to the quantitative analysis presented here. Qualitative provider survey analysis follows in the third section for a more in depth discussion of service and needs of the HIV/AIDS population in East/North East Tennessee from provider perspectives.

Qualitative Report: Client Comments

Qualitative Analysis

At the end of the quantitative needs assessment survey respondents were asked two additional open-ended questions: 1.) to share additional comments regarding the HIV related services they receive or need, and 2.) to share their opinions on how to make services better meet their needs. Comments were grouped into themes and are presented below.

The first open-ended question regarded HIV related services that respondents had received or needed to receive. The first over-riding theme is Insurance/Insurance Assistance/Primary Care. This one is pulled out separately from the rest because it crosses the categories of services that are funded and unfunded. It is also important to stand alone because of the implications of the Affordable Care Act to pay for non-HIV related medical care. The second and third themes will be categorized by whether they were Ryan White funded services or Non-Ryan White services, and the fourth and fifth themes are separated into information/communication and appreciation for existing services and staff. These comments are presented in their totality in Appendix A of this report.

Services Received or Needed

I. Insurance, the Insurance Assistance Program (IAP), and Primary Care Physicians. Insurance was a great issue of concern and impacted access to doctors and medication. There were several related issues around insurance, access to medications, and access to primary care physicians. There were still a number of people who did not have any insurance, but there were many comments around the insurance assistance program, both in how it has helped them pay co-pays for doctors and medications, and also some of the barriers associated with it. One respondent stated "I would like to thank Ryan White and the Insurance assistance. Without it I would not be able to afford my medicine, as my work insurance has a high deductible". Another "I am blessed to have the Ryan White Program helping with Insurance Assistance Program...without this service I would be financially compromised". Other respondents, however, have difficulty using IAP, do not have access to the IAP, or do not qualify for it, perhaps because they do not have insurance. For example, one person stated "[IAP] is a great program but few pharmacies take it and doctors' offices are clueless". Another said "medical companies complain that the assistance program refused to respond when filing claims". Still others talked about needing primary care doctors, but did not mention insurance or the program. One respondent who needed primary care stated "I have infections like fungal or herpes and cannot go to hospital because I have no Medicare and doctor visits are so expensive". Another said "I need a colonoscopy/endoscopy and putting it off because I do not have the \$340.00 to pay the 20% that Medicare does not". Other comments reflected needing help with copays for medications and wishing that there were primary care physicians available in rural counties.

II. Ryan White Funded Services. Other services discussed by respondents that were Ryan White funded services included dental visits, food acquisition, and transportation. Below are some of the comments regarding these three areas.

Dental. Many comments discussed dental assistance. Although one person did say they had received dental assistance in the past, the vast majority of comments centered on needing dental help. Perhaps one comment sums up part of the dilemma “Dental on a regular basis would be great.” One other quote that may be helpful in understanding the great need and many comments around needing dental care “Dental restrictions are too narrow. Preauthorization system sucks”.

Food. Many people cited food as a continuing need. Although there were many comments around receiving food assistance, the assistance is just not enough. As one respondents said “the grocery gift cards....do not provide food for more than three days”. Others report that their food stamps have been cut. Although some people did relay that they needed food assistance and was not receiving it, most of the comments were from people who received food assistance, appreciated it, but stated it just was not enough, particularly to get nutritious food, such as fresh fruits and vegetables.

Transportation. Transportation was another often cited funded service in the qualitative comments, closely following the problems with food. Respondents stated that, by and large, they are receiving some transportation assistance, but not enough. Bus passes and gas cards were most often mentioned as needed. A few variations in this theme are presented. One comment stated “[I need] transportation gas cards for all medical appointments, not just appointments approved”. Another respondent said that they have missed some of their appointments because they could not get gas cards.

III. Non-Ryan White Funded Services/Needs. The qualitative comments regarding Non-Ryan white funded services mirrored the quantitative responses, although they do provide some deeper understanding of the variation in the needs of these services. There were two people who mentioned wanting help finding employment; however, the following categories of vision services, housing assistance and utility assistance were the vast majority of comments for Non-Ryan White funded services and needs.

Vision. Vision services were mentioned many times by respondents. “I am in desperate need of eye care”, “I am concerned about annual eye exams and glasses if needed”, “Eye care would be really nice”, and “Each time I fill out these surveys you ask the same questions with still no eye or dental help”. Unlike dental, there were no comments from anyone who had actually received vision services.

Housing. Comments around housing included needing rental assistance, help with mortgage payments, and help finding a place to live. Interestingly one respondent who needed assistance

with their mortgage stated “[I] tried to get assistance two years ago [for my mortgage] and was told you must be current on payments”. Yet another respondent said “HOPWA has helped on a couple of occasions with rental assistance; however, one must be behind on rent before receiving assistance.”

Utility assistance. Utility assistance was also cited several times in the qualitative comments. Most respondents just said they needed utility assistance, but respondents who had their utilities cut off were more in need, because they did not have the money to get the electric turned back on. One respondent stated “Need money to get electric...three weeks no bath”. And another, “roommate moved out and electricity was cut off. I need some help getting it turned on”.

Support. The support category is difficult to place. Psychosocial support is listed under funded services, while support groups are listed under services currently not offered through Ryan White services. However, several people did list various types of support that they would like to have, and thus are included here. One respondent stated “I think there should be groups for people who are HIV positive to be able to talk to each other and support each other”. This was obviously a social support comment. However, others were not so clear cut. For example, “No one checks on me. I have no friends....I feel alone” and “[I would like to] have someone come to my house and talk to me.” Other comments asked if there were ways to get information on existing support groups. One comment did mention they had gotten counseling “and it had helped me immensely”.

IV. Information and Communication. This theme ran through many comments. Respondents want more information in a number of areas. Trying to find doctors, not knowing where to go for what, not knowing about services, and wanting more communication were interwoven in many comments. More comments on information will be in the section below on what respondents said about how to make services better meet their needs.

V. Comments on services and staff. One theme on service availability was wait lists and scheduling issues. One person commented that scheduling needs to be more flexible; another said they could miss their appointment and get in quicker. The evaluator is unsure of what this means. There were also a few comments about providers that some respondents did not feel treated them well. However, as many problems as clients had trying to access services, there were also many comments from respondents about how grateful they are for their care, their agency, their doctor and their case manager. There were many comments about how caring and concerned the staff are and that without Ryan White they would not be able to afford their care. One respondent stated “I would like to say a great big thank you for making things a little easier on me and my children”. Please reference appendix A for all client comments.

Opinions on how to make services better meet client needs

The second open-ended question that respondents answered in the needs assessment was how to make services better meet the needs of clients. The themes in this section centered on more

information and how to get that information out to clients; changing ways in which services are currently offered or delivered; and increasing funding for needed services. Increasing funding is something that everyone wants, and will not be given its own section here, except to say that many respondents asked for increased funding and services.

Information and Communication. There were several comments regarding how to increase communication and various ways that more information could be delivered. Some comments regarding communication were internal, for example, having better communication with staff. But most comments were around disseminating information and ways to communicate outside of the office. Some salient comments include “Need better communication between Ryan White and other [service providers]”. Other more external communication suggestions included making this survey online, providing “internet links that could explain these services in more detail”, “an information packet that includes all possible services and how to apply”, and “some sort of community newsletter”.

Changing Service Delivery. There were a few comments on preauthorization issues and changing the formula. One person said “allow in-office services for dental of \$250 before preauthorization kicks in for fillings, etc.” One interesting services delivery change suggestion had to do with “Making a one stop shop”, with multiple locations, but with everything available in one appointment at each location. A second suggestion on how to change service delivery was to search for more service providers in rural areas. One person suggested looking for therapists in their area. Another respondent suggest that doctors could travel to rural areas a couple of times a month. Also, contracting with a rural dentist, and providing counseling services and support groups in rural areas. Respondents would like to see the consortia do more outreach in rural areas.

Tennessee Provider Survey

The Tennessee Provider Survey was designed by the Tennessee Health Department to collect information related to the HIV/AIDS populations' service gaps and needs from the perspective of service providers. Twelve provider surveys were collected via phone interviews, representing a variety of service provision and geographic locations.

Providers represented roles such as medical case managers, service case managers, prevention and outreach, risk assessment, dental offices, and oral surgeons. Providers came from AIDS service organizations, community based organizations, health departments, dentists, oral surgeons, and private medical practices. Providers came from both urban and rural areas, representing East and Northeast Tennessee.

Depending on the type of agency, the number of HIV patients or clients that were served each month varied greatly, ranging from 2 to 500. The Ethnic, gender and age breakdowns for the 12 organizations are depicted in the table below. Two agencies did not keep records for HIV/AIDS clients separate from the general population of clients.

Group	%	%	%	%	%	%	%	%	%	%	%	%
ID#	#1	2	3	4	5	6	7	8	9	10	11	12
White	80	70	65	80	90		90	70	75	100		75
AA	10	28	30		5		7	28	25	0		20
Hispanic	5	1	5		5		3	1	0	0		5
Other	5	1	0		0		0	1	0	0		0
Male	85	65	50		70		95	69	80	80		75
Female	15	34	45		20		5	30	20	20		24
Transgender	0	1	5		10		0	1	0	0		1
Children (under 13)	0	2.5	0		5		0	0	0	0		1
Adolesc/young adults	5	2.5	15		35		0	0	0	0		15
Over 21	95	95	85		60	100	100	100	100	100		84

Costs, Coverage of Care & Service Provision

Ten out of the 12 providers had provided HIV/AIDS related care for ten or more years. Although most providers do not target any particular population, populations targeted by four agencies included rural areas, injection drug users, homeless individuals and education arenas. Service provision of agencies responding to the survey were varied, including recertification, referrals, case management, transportation, vision assistance, food distribution, education, testing, support, dental referrals, dental, medical, food vouchers, gas vouchers, bus passes, housing referrals, utilities, and mental health, Information and assistance in signing up for the Affordable Care Act.

Costs of client services are covered in a variety of ways, but most often through Ryan White. Two agencies were also grant based, one agency included HOPWA and three agencies included Affordable Care Act, Private Insurance, Medicaid and Medicare. One agency was uncompensated, with funding coming from grants and gifts.

Organizational Barriers for Providing HIV/AIDS care

The survey asked organizations to list the most important barriers that they face when providing services and care to the HIV/AIDS population. Comments are as follows:

- Scheduling conflicts, Wait times too long, approval takes longer
- Stigma, Stigma in the Christian community, General ignorance of HIV
- Rural Areas and Transportation
- Food Limit is too low
- Getting in touch with patients, changing phones, changing address, due to unreliable cell phones and unstable housing.

Suggested Service Improvements for Clients

Providers were asked what the single most important change they would suggest to improve service or care. Providers suggested being able to get in to see a provider quicker, higher fee schedules, signing up more people for the Affordable Care Act. One provider summed up well their observation of quicker service “For example, blood work to the doctor has a long waiting list, then several weeks to even get the blood work back”.

There was much discussion about the Affordable Care Act (ACA). It was seen as a way to allow clients to have what many have never had before: access to private insurance. “A number have Ryan White cover HIV medication and doctor coverage, but many have not ever had general medical care”. Another commented “They have access to insurance, not just specific to AIDS. The Ryan White program at the health department helps with premiums and co-pays. It has been a wonderful change!”

When asked what services or training would better help the providers to serve their clients living with HIV, providers stated several services: great need for vision services, medical care quicker, primary care, not to have to travel more than 50 miles to see a doctor, more housing options, mental health, and more transportation assistance.

Provider Perspectives on Lack of Follow-through

The most common reason why providers feel their patients do not follow through with care and/or referrals was transportation, particularly in rural areas. The recertification process was also cited as a barrier, along with being in denial, mental health issues and drug and alcohol issues that remain unaddressed. Finally, feeling like someone might be sicker than them and they should get the help, was also mentioned.

What consortia can do to help better coordinate services

The last question asked what could Ryan White consortia do to help your agency better coordinate services with other providers in the area? Responses included:

- Actively recruit providers, have a recruiter, someone to visit potential providers
- Having someone else assist, allocate funding for another non-medical case manager
- Lead agency more engaged and involved in the process, create greater collegiality and involvement
- Resources available outside catchment area
- Committees take a long time to make decisions, people have to go to the meetings, then we feel connected.

Discussion and Recommendations

This report has provided information on several aspects of the HIV/AIDS population in East Tennessee in terms of needs, outcomes, in depth suggestions and comments, and provider's perspective on barriers and services. Interestingly many of the issues described by one group were reiterated again by another group. Some of the common threads interwoven throughout have to do with the continued need for dental, vision, and transportation services, but the quantitative results and qualitative comments also cited housing, food and other more basic necessities as needed. A theme prevalent in the qualitative analysis was increases in comments regarding being underinsured with medications and co-pays. Finding primary care and specialist care were mentioned in the qualitative comments and by service providers. Many provider respondents cited the Insurance Assistance Program (IAP) as helpful with extra insurance expenses. Providers suggest that the Affordable Care Act will help the uninsured take advantage of services through the IAP in the future. There were many client comments on how to make services more accessible and how to increase communication. Two accessibility comments included one-stop shop ideas and outreach to rural areas to find more service providers. Communication included many ideas around web sites clients can use to find services, newsletters to keep clients involved in changes in services, and putting the survey online. Finally, many clients continue to comment in the qualitative analysis on how grateful people were for Ryan White services and the doctors and case managers with whom they interact.

Appendix A. Qualitative Comments from Client Needs Assessment

Client Qualitative Comments.

Please share any comments you have, services you have received or need

- I have infections like fungal or herpes and cannot go to hospital because I have no Medicare and doctor visits are so expensive
- Dental restrictions are too narrow Preauthorization system sucks
- Love Dr. Narro and staff
- Need money to get electric 3 weeks no bath
- I use to receive voucher for food and gas but not enough to do anything with but helped a little. I fall behind on food and can't afford food
- did not know about these services
- Unsure of a lot of questions of survey
- I had mortgage help at least 4 times then all of a sudden tried to get assistance two years ago and was told you must be current on payments
- communication
- Thank You for your help
- My case manager is the greatest
- Awesome Case Mgr.
- I need help with gas and food my case worker is great
- I appreciate all the services I have been receiving from COE/ETSU
- I really need help dental and vision care and transportation
- need more food no one checks on me I have no friends I feel alone
- Keep doing what you're doing everything helps out a lot
- Appreciate all the help You do a great job much love
- Everything is good
- The grocery gift cards I receive from positively living do not provide food for more than three days. HIV clients should receive more allotment
- I wish I was informed earlier in life
- Eye Care Services/Vision Insurance
- Dental and HIV friendly practice Discounts on drugs
- Doctor discontinued my HIV meds
- Need a colonoscopy/endoscopy and putting it off because I do not have the 340\$ to pay the 20% Medicare does not
- need help with rent afraid of becoming homeless
- I get all I need There are a lot of SVCS out there for people to get if they forth the effort
- Could use more food support
- have not received any of these services period last year
- Lori Gibbs and David Cheek are wonderful at COE
- I really need assistance to get a place to live and also need employment right now
- One appointment one location for all services
- Thank you
- This program has been a godsend for me
- Thank you very much

- All my help and services have been great
- Thank you
- Thanks for services
- I live with my mother who receives SSI benefits and I have not worked since 2013
- HOPWA has helped on a couple of occasions with rental assist However one must be behind on rent before receiving assistance
- Transportation gas cards for all medical apts not just apts approved
- I am concerned about annual eye exams and glasses if needed
- HIV med assistance
- Gas is big issue
- Our food stamp has been cut
- I need food stamps but was told I could not get them in Sevier County after I pay all my bills id don't have much left over
- I am in desperate need of eye care, dental. Gas card and food would be helpful
- Pleased with the electric assistance but need help with copays. Have good assistance with my medication Plan D and others just copays to specialist
- Eye care is a needed service
- Eye care would be really nice
- Nutrition
- Transportation services
- Roxanne, Trans, Lisa are the best They are supportive and I would not be alive today without them
- I really need a dietician As far as non-medical services I was not allowed to talk to the case worker at ETSU my last visit. Lisa took her and everyone else cause I was upset
- I would like to thank Ryan White and Ins. asst without it I would not be able to afford my medicine As my work insurance has a high deductible
- I am blessed to have the Ryan White program helping with IAP Without this service I would be financially compromised Thank you
- Please get me glasses can't afford to make rent or assisted living
- I would like to get information on where I can get assistance in housing and rent Just in case something does happen in the future
- When faced with having papers filled out by my physician for a lawsuit no one in the management office cooperates The general staff is amazing but the operational hierarchy is not
- Currently unhappy with POz Living seeing that they don't treat me fairly
- any available greatly needed
- help with food
- I have great case workers
- roommate moved out and electricity was cut off I need some help getting it turned on I don't get SOC until 23rd
- Need dental help, and lack of nutrition Would like to have more than one meal a day please
- Vehicle maintenance would be very helpful. I drive at least an hour to go to appointments, getting labs drawn and to the dentist. Tires, oil changes add up fast
- Each time I fill out these surveys you ask the same questions with still no eye or dental help I need food help
- Better follow up from case manager with it is hard to remember appointments
- So far it has been helpful
- ETSU does a most wonderful job
- A physician

- Very satisfied
- Often medical company's complain that assistant program refuse to respond when filling claims
- Bless Ryan White and Elizabeth Taylor and the people who work at Ryan White
- Counseling from the group at the Medical Center has helped me immensely
- Need dental bad need eye care bad and utility help
- I would like to see Ryan White go to some else other than pos living. I know you are their boss and I don't care if you tell them like you have in the past
- Need bus pass and gas vouchers and one on one with an HIV/AIDs support person
- Eye care would be a blessing
- Kroger card help out a lot and bus card
- I need home refills make it more efficient
- Thank you for what you do for me
- 2nd survey filled out
- Have someone come to my house and talk to me
- Better assistance/availability to housing (affordable) opportunities
- Very grateful for the Ryan White program. I could not afford meds without it Thanks
- Right now I can't see my doctor cause they say my wife makes too much money a month they did not consider 650 dollar rent, 100-200 utility bill and medicine I may need that is not covered
- sometimes miss appt and get in there quicker
- Dental more fresh fruits and veggies food stamps don't last utilities , need maintenance and repairs on mobile home I do not have the money
- Ryan White has always been beneficial except for when I went over the cap for 2 years I was just over 500 dollars so maybe have someone on benefits working still maybe a review
- need help with electric
- Positively living in Knoxville has helped a lot
- insurance assistance helps a lot small amount of food assistance would be nice or rent assistance
- eye care services would be beneficial
- I am not in need of any assistance at this time. I am fully employed and have healthcare
- Thank you for what you do
- Scheduling needs to be more flexible. Sometimes I don't 48 hours before my appointment opens up
- IAP is great but small amount of pharmacy that will take the IAP card Several doctors office are also clueless on IAP
- Now I am on disability so my income changed from 40,000 to 1013 monthly
- I would like to say a great big thank you for making things a little easier on me and my children
- I am most blessed I only needed help with dental and don't ask for anything else because someone else might need it
- Bus passes
- For a disease that is terminal and contagious how can they not give me my meds? You would think they would like to keep me undetectable
- Thanks to everyone for their help
- I really need to get my eyeglasses
- job assistance
- I really do wish we had eye care
- GAs assistance food utility I live far out in the county
- need help paying my health insurance
- Need eye care

- Absolutely love Nashville pharmacy
- Thanks all of doctors and staff. They are so kind to me
- I am very thankful for the help and care I receive at COE. I am glad that people really care for others
- eye glasses vitamin d
- received dental assistance in past
- more food assistance
- vision services would be great
- Ensure drinks
- appreciate the assistance thus far I have received Looking to do a proxy(last will and testament)
- The services I receive are good
- Funds to pay the copay meds
- Eye care
- I really do not have any issues The care is great that I receive Thanks 2 all
- Dental on regular basis would be great, as well as eye care
- A car
- I think there should be groups for people who are HIV positive to be able to talk to each other and support each other
- I need a bus pass to get to my appointments Also a place to live
- Utility or rent assistance as most HIV persons are disabled and on fixed incomes
- none that I know of
- I don't get anything because I don't qualify I am white male
- Lori Gibb has been my biggest help of all Even when it comes to invoices the are on top of things I have a difficult time healing with people in Nashville
- help negotiating some older medical bills because they have went to court and or collections
- did miss some apps cause didn't get gas cards when I need food I always get the help I need
- I am sick of seeing that case management head standing around with nasty attitude I had 10 T cells and just looked through phonebook I can do that and never mentioned indigent care
- I need transportation funding
- I need a doctor in Monroe county
- love Lori
- information on support groups more chance to have contact with other HIV positive persons
- I am currently trying to find permanent housing for myself
- I am very pleased and appreciative for what I do receive I have children and without this assistance I would never be able to afford treatment

Please share any comments on how we can make our services better meet your needs.

- Allow in office services for dental of 250 before preauthorization kicks in for fillings etc.
- Need money bad
- Help me find a way to help me with food and rent. My cabinets are bare
- Any way you can, really help
- More info on the things that are not being explained to me
- All assistance greatly appreciated
- Keep up the good work
- Keep up good work

- In the coming months I might need Housing or Rent and Utility assistance
- Buddy list I would love kitchen
- I am very grateful for the services that I receive Thank You
- Thanks for your help
- Provide home service
- Could you provide funding for Medicare patients so we can get the testing done that we desperately need and cannot afford?
- Need help with my Social Security been denied twice No insurance I need a primary doctor
- Need better communications between Ryan White and others
- You are doing an excellent job I am most grateful for the assistance
- Fine with everything
- Less paperwork multiple locations a one stop all in 1 appointment would be great
- I help with transportation
- Fold this packet so that it more easily fits into envelope
- Better communication from ETSUPA staff
- Refer me to therapist in my area Things are just so inconvenient It is difficult in general
- Not enough support relocation
- Any help we can get would be a great help
- Get more food in the house
- Thanks for all of your help and support
- Pleased that we have help in our community Thanks for all the unknown help I get
- Care about the people you service no one deserves this disease or any other so many lives depend on you and your compassion
- I just need transportation to my appt on time when scheduled
- Don't let dr. yoseff leave Trans and Lisa are also non-negotiable for me
- Make more available, more options to use your funds
- Thank You
- Make for living more accessible
- Utility, transportation greatly needed
- I am epileptic and work is most difficult
- Online survey
- Call me at 423 367 0950 after noon EST
- Get people the help they really need. More funds for food and dental services
- Are there any internet links that could explain these services in more detail?
- Everything was good
- I am not sure how ETSU could improve
- When leaving messages at the Nashville office is never returned
- Make washing detergent softener stain remover available
- Let some else issue it out
- Often feel we are experiments
- An information packet that includes all possible services and how to apply
- Fine
- Low insurance for all
- As far as I am concerned you all have helped me a lot. I could not ask for anything more
- Help with more food, gas, car is older and need help with that I only drive it close to home
- I am glad for services it really helps those of us working with HIV
- Very pleased with the help I receive

- Please do not send me anything to this address about HIV you can send it to 112 Duke Lane Loudon, TN 37774
- Get more people like tammy reed
- Some sort of community newsletter
- Did not know about some services that were mentioned on this survey would like to know more about them
- So far so good
- I do not need any services at this time
- Hire more people like those at COE
- I am grateful for what services you do provide
- I do think this survey is important I am concerned that it was sent to a wrong house via mail this could lead to a HIPPA issue
- Summer is hard time for me, transportation to get kids out and about to activities everything is in Kingsport or Bristol no transportation I have to work
- I am more than satisfied
- Please return my meds I don't want to die Help Me Please COE is number 1
- Thanks again
- Perhaps HIV doctors could come to Morristown two times per month Contract with Morristown dentist driving to Knoxville or Johnson City is too exhausting thanks for survey
- Lab comp closer than Knox to Hamblen
- Help with food, gas, and utility
- Just help me pay my insurance again work has been changed not making as much
- Really helpful to us
- Need help with housing assistance
- You are doing great
- Financial assistance of some type would help
- More psychological service counseling
- Situation is ok
- You are doing a great job thank you
- Have a pamphlet of all the services you offer
- Help with utilities
- Thanks to you I am fantastic
- Nothing to share, Lori Gibbs is always on top of my questions She is a great help
- More food cards
- Get me a bus pass help me with somewhere to live
- I don't have enough money to buy what I need
- Counseling services and support groups in the outer counties
- No complaints
- More outreach definitely be nice to patient care
- Transportation without worry about food
- Doctor in Monroe County
- You are all so wonderful Just wished I did not have to recert so often It is a waste to find paperwork program is wonderful

Appendix B. Qualitative Provider Survey Transcripts

Title:

- ID #1 – Medical Case Manager
- 2 - Prevention
- 3 – HIV, prevention and outreach, Connect program coordinator
- 4 – External Affairs
- 5 – Reporter, Risk assessment and contact inventory
- 6 – Assistant Office Manager, Dental
- 7 – Office Manager, Dental
- 8 – Ryan White Case Manager
- 9 – Case Manager
- 10 – Front desk, oral surgery
- 11 – Oral Surgery
- 12 – Medical Case Manager

1. For which East Tennessee county/counties does your agency provide HIV/AIDS care-related services?

- ID #1 – 15 rural counties surrounding Knox
- 2- Knox and surrounding counties
- 3 – 17 counties Knox and surrounding
- 4 – Knox and surrounding counties
- 5 – East 15 counties, Grant allocations, All of East TN
- 6 – Blank
- 7 – Washington, Unicoi, Greene, Hamlin, Sullivan
- 8 – Knox and 15 surrounding counties
- 9 – 8 counties, Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi and Washington.
- 10- Sevier, Jefferson counties
- 11 – Knox county
- 12– All counties north east TN, SW Virginia

2. Which of these best describes your agency?

- ID #1 – Regional rural Health office that supports local health department/Knox (does not serve Knox co)
- 2 – AIDS service organization
- 3 – Community-based outreach, HIV prevention and outreach, education, testing, support group
- 4 – Community Based Organization (no AIDS specific), prevention HIV
- 5 – Oversee Health Department Programs
- 6 – Dentist
- 7 – Dentist
- 8 – AIDS service organization
- 9 – AIDS service organization
- 10 – Oral Surgeon
- 11– Oral surgeon
- 12– Private Practice

3. How many years has your agency provided HIV/AIDS care-related services?

- ID #1 – 10 or more
- 2 – 10 or more
- 3 – 10 or more
- 4 – 10 or more
- 5 – 10 or more
- 6 – 1-4 years
- 7 – 10 or more years
- 8 – 10 or more years
- 9 – 10 or more years
- 10 – 5-9 years
- 11 – 10 or more years
- 12 – 10 years or more

4. Do you target a particular population?

- ID #1 – rural populations
- 2 – Any HIV
- 3 – Injection drug users, homeless individuals, gay bars
- 4 – No
- 5 – Blank
- 6 - No
- 7 – No
- 8 – No
- 9 – HIV positive, education
- 10 – No
- 11- No
- 12 - Everyone

5. On average, how many HIV Patients/clients do you estimate that you serve each month?

- ID #1 – 60
- 2 - 50
- 3 – 300-500
- 4 – No answer
- 5 – 5-6
- 6 – 2
- 7 – 25-30
- 8 – 75-80
- 9 – 45-60
- 10 – 1-2
- 11 – 1-2
- 12 – 100-200

6. Of these patients/clients what percentage do you estimate are

	#1	2	3	4	5	6	7	8	9	10	11	12
White	80	70	65	80	90		90	70	75	100		75
AA	10	28	30		5		7	28	25	0		20
Hisp	5	1	5		5		3	1	0	0		5
Other	5	1	0		0		0	1	0	0		0
Male	85	65	50		70		95	69	80	80		75
Female	15	34	45		20		5	30	20	20		24
Transgender	0	1	5		10		0	1	0	0		1
Children (under 13)	0	2.5	0		5		0	0	0	0		1
Adolesc/young adults	5	2.5	15		35		0	0	0	0		15
Over 21	95	95	85		60	100	100	100	100	100		84

7. Which of the following does your agency most often provide?

- #1. Recertification, qualify for program, medical, dental. Dental referrals, case management, transportation referrals, housing referrals
- 2 – Case management, food distribution/nutrition, access (transportation), housing, benefits/financial assistance, furniture, visions assistance.
- 3 – Case management, referrals, education, testing, and support
- 4 – HIV testing, prevention, pre-exposure PR, post exposure prescriptions
- 5 – Case management, other
- 6 – Dental Care
- 7 – Dental Care
- 8 – Case management, food pantry, vouchers, gas vouchers, bus passes, ETHRA van, housing referrals, dental referrals, substance abuse referrals
- 9 – Case management, food distribution/nutrition, bus passes, gas vouchers for doctors’ appointments, emergency housing, utilities, and dental recertification
- 10 – Dental Care
- 11 – Dental care
- 12 – Medical Care, Medical case management, Mental Health, Food vouchers, transportation vouchers

8. How are the costs of client services covered?

- #1. Ryan White, affordable care act about to start
- 2 – Uncompensated, grants/ gifts
- 3 – Ryan White, Affordable care Act, Grant-based
- 4 – Blue Care, Private insurance, self-pay, uncompensated
- 5 – N/A
- 6 – Ryan White
- 7 – Ryan White
- 8 – Ryan White
- 9 – Ryan White, HOPWA
- 10 – Ryan White
- 11 – Ryan White
- 12 – Ryan White, Medicaid, Medicare, Private Insurance, Affordable Care Act

9. Has the affordable care Act impacted services to your clients in anyway?

#1.They've been able to get insurance. Now they can go to any king of doctor like another other. Most patients would not get this insurance if Ryan White did not pay for premiums through their insurance assistance program.

2- Yes, a number now have full private insurance coverage they've never had before. A Number have Ryan White cover HIV medication and doctor coverage, buy many have not ever had general medical care, i.e. Primary care, specialists. ACA has allowed Ryan White dollars to be used to help pay premiums under the theory that broad coverage helps.

Lady got out of prison, referred to agency to assimilate. First thing I wanted to do was get her into the Ryan White system. When she left Laurie's office she had a BCBS card. She was eligible for private insurance. That's just huge. She was eligible for private insurance. That's a way for some people to get private insurance because they would not be able to pay their premiums without Ryan White because TN and some other states do not provide Medicaid expansion.

3- Blank

4 – Blank

5 – N/A

6 – Blank

7- No

8 – They have access to insurance, not just specific to AIDS. The Ryan White program at the health department helps with premiums and co-pays. It has been a wonderful change.

9 – If they don't already have Medicaid it helps a lot.

10 – No

11 – Most don't cover what we do.

12 – Previously Ryan White could not refer out, no with Affordable Care act 90% of Ryan White based on need and income. Tennessee enrolls in ACT but Ryan White pays their premiums, co-pays, and deductibles.

10. What is the single most important change you would suggest to improve services for individuals or families infected with HIV?

ID #1. Being able to get in to see a provider quicker. For a while it took a long time to get in...4-6 weeks for lab work, then another three weeks. Now it is getting better.

2 – Do away with the planning group process as it relates to local Ryan White dollars; it's too political and not done fairly. I'd give it to the state. Our local committee in charge of grant allocations is a sham.

3 – Family connection, a service to reconnect to families

4 – Fairly good support system as far as prevention.

5 – Mental Health Services

6 – N/A

7 – Higher fee schedule, certain procedures that they won't cover, for example oral lesion, not covered under Ryan white, refer to oral surgeon but only one in the region.

8 – Getting in to see the HIV doctors more quickly. For example blood work to the doctor has long waiting list, then several weeks to even get the blood work back.

9 – Clients taking responsibility to make effort to get help. Services may be known but "someone deserves it more than they do". Clients say "someone's worse off than me".

10 – Runs pretty smoothly

11 – Runs smoothly from our perspective

12 – More people should sign up for the Affordable Care Act

11. List three barriers that your organization has faced when providing care to people living with HIV/AIDS.

- ID #1. Get in Lab Quickly, get in doctor appointment quickly, difficulty time to get in touch with patients, changing phone, changing address.
- 2- Stigma, Stigma in the Christian community, General ignorance about HIV and how it's spread, particularly in public schools.
- 3 – Stigma of HIV, minority communities, how to get access. Not having incentives to get them more involved included in grant funding.
- 4 – Stigma associated with testing. Misinformation re: HIV, peer education. Public schools have focused on abstinence only makes it difficult to talk about how you can get it or testing.
- 5 – Geographic rural areas, Transportation, finding patients
- 6 – None
- 7 – Fee schedule, sending someone somewhere else, takes forever to get the process rolling.
- 8 – Reliable cell phones- running out quickly on minutes, Housing is unreliable, unstable mostly because of income. Early on in the 1980s and 1990s automatically on disability, but not anymore.
- 9 - \$500 food limit is too low, has to go through channels, committees to change it. Cutting funds.
- 10 – None
- 11 – Scheduling conflicts, patients want in sooner than we can get them in. Approvals take longer than they want.
- 12 – Stigma, transportation, access to mental health and substance abuse treatment.

12. What services would help you serve your clients/patients living with HIV?

- ID #1. Would be nice if we could find another infectious disease group.
- 2 – Great need for vision services
- 3 – Medical care quicker, and protocol to get them into Medical care
- 4 – Continued funding, referrals
- 5 – Primary Care, Not to have to travel more the 50 miles to see a doctor to get lab work and then wait and travel to go back.
- 6 – Blank
7. None
- 8 – If housing was more easily available – more housing options. More assistance with medication that is not HIV specific.
- 9 – Used to have program that helped parents pay for school supplies and clothes but cut it. Wish they could help with co-pays for medication.
- 10 – None
- 11 – N/A
- 12 – Access to Mental health, transportation

13. What is the most common reason clients/patients cite for lack of follow-through with HIV care and/or service referrals?

- #1. Transportation, lack of money
- 2 – Transportation, no bus service, don't have a one-stop shop
- 3 – Denial, Not sick now, I don't need it right now, Lack of transportation and availability in rural communities
- 4 – College age folks
- 5 – Mental health issues are not addressed, alcohol and drug addiction
- 6 – Blank
- 7 – Transportation

8 – Transportation, time management, keeping up with everything! So much on their plate, they can't keep up.

9 – Don't agree with having to recertify. Didn't agree with doctor. Don't understand process. Someone else needs more than they do. If they go to jail they won't give them their meds.

10 – None

11 – No issues with follow through, the patient initiates.

12 – Transportation, not important enough

14. What could Ryan White consortia do to help your agency better coordinate services with other providers in the area?

1. Blank

2 – Have a new lead agency that is more engaged and involved in the process, to create greater collegiality and involvement.

3 – They do a great job with what they have.

4 – Get word out that we can provide PREP and PEP

5 – The consortia should actively recruit provider. Follow through with paper work to be a provider, the consortia desperately need a recruiter and someone to visit potential providers.

6 – Blank

7 – If we didn't have to get a referral authorization for everything we do.

8 – Having someone else to assist. More funds for another non-medical case manager.

9 – I think they do an excellent job bringing us together, but people have to go to the meetings. Then we feel connected. Committees take a long time to make decisions.

10 – Nothing

11 – Nothing, the referrals come from Ryan White

12 – Resources available outside of catchment area.

15. Is there another provider of HIV services that may not be known to the Ryan White Consortia which you recommend that we contact?

#1. Infectious disease group in Blount County, not sure whether interested. HIV drug assistance M.S. very limited infectious disease groups.

2 – Hope Center connected with Covenant health is under new Leadership. There is a good opportunity to pull that agency into the consortia.

3 – We let each other know at meetings and we network with each other.

4 – No

5 – Dr. Saudia in Oak Ridge. She's a primary care and infectious disease doctor. Health star in Morristown, infectious disease. But there is no one person designated to try to recruit her or that knows how to do it. Or someone to come to the consortia to explain it.

6 – Blank

7 – Endodontist, if they found one that they would reimburse.

8 – No

9 – No

10 – No

11 – None

12 – Dr. Stanley Wellmont, infectious disease. She takes Ryan White funding.

Comments

5 – We work on specific parts of the picture and don't know about the other side.

6 – Program ran out of funds last year. Recently received a letter that they were back up [for Dental]

7 – Need endodontist

9 – Really like to see food limit raised because food costs have gone up so much. Healthy food is very expensive, fresh vegetables and fruit.