

**CENTRAL TEXAS PLANNING AREA
CLIENT NEEDS ASSESSMENT ANALYSIS**

CONDUCTED BY

**CENTRAL TEXAS HIV/AIDS PLANNING
COUNCIL
FALL 2002**

Central Texas HIV/AIDS Planning Area Needs Assessment Report

Prepared for the Central Texas HIV/AIDS Planning Council

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Central Texas HIV/AIDS Planning Council

The Central Texas HIV/AIDS Planning Council was formed for the purpose of strategically addressing the needs of persons infected with HIV/AIDS within Central Texas.

The Council went to great lengths to gather pertinent information on the pressing needs of persons living with HIV/AIDS through conducting surveys and focus groups within local communities. The Needs Assessment document enclosed is the culmination of that process.

Members of the Needs Assessment, as well as the Council, in general, know the information remains only a “snapshot” of the needs at this given time, and the process must be continual.

The Needs Assessment is an integral part in the development of a Comprehensive Plan to be developed to address the growing needs of those living with HIV/AIDS amidst limited federal, state and local resources. It is the commitment of the Council to create an evolving process of assessment, analysis and evaluation of prioritizing services and allocation of funds to ensure the highest quality of care for those in need within Central Texas.

Thus, we offer this document for review and critique as one tool to be used within the entirety of the process. We seek the general population’s input as we forge forward in our work. Collectively, we will positively affect the devastating results HIV/AIDS can have on those infected within Central Texas. We will, through this planning process, improve the access to care.

Respectfully,

Eric V. Todd, Chairperson
Central Texas HIV/AIDS Planning Council

Acknowledgments

Many individuals and organizations participated in conducting this needs assessment. Brazos Valley Council of Governments (BVCOG) wishes to thank those involved in this process. Foremost, BVCOG wishes to thank the consumer participants for their cooperation in taking this survey. They were generous in their time and their input. Their candid responses and diligence in taking the survey makes this data useful to the process of planning HIV services. This report represents their voice about their service needs and the barriers that they may face for those services.

The Central Texas HIV/AIDS Planning Council Needs Assessment Committee spent many hours training to facilitate the survey, identifying and recruiting consumer participants, traveling to other HSDAs, and facilitating the survey. They worked closely with the Statewide Coordinated Statement of Need (SCSN) advisory group to keep this survey as uniform and standard as possible. Without their hard work and participation, this report would not be possible.

HIV/AIDS Service providers in each HSDA worked closely with the Needs Assessment Committee to identify and recruit consumer participants and other service providers. They also provided a facility to administer the surveys in a non-threatening manner. Without their cooperation and participation, we could not have reached our sampling and focus goals.

A special thanks to Mr. Ray Toburen of the Texas Department of Health who was diligent in his help and direction of the Central Texas HIV/AIDS Planning Council. His continued support and guidance was invaluable and enabled us to finish this report.

Mrs. Analee Etheredge's conscientious and meticulous analysis of the needs assessment data makes this report useful to the CTHPC. She spent many painstaking hours making sure her analysis was accurate and utile.

Central Texas HIV/AIDS Planning Area

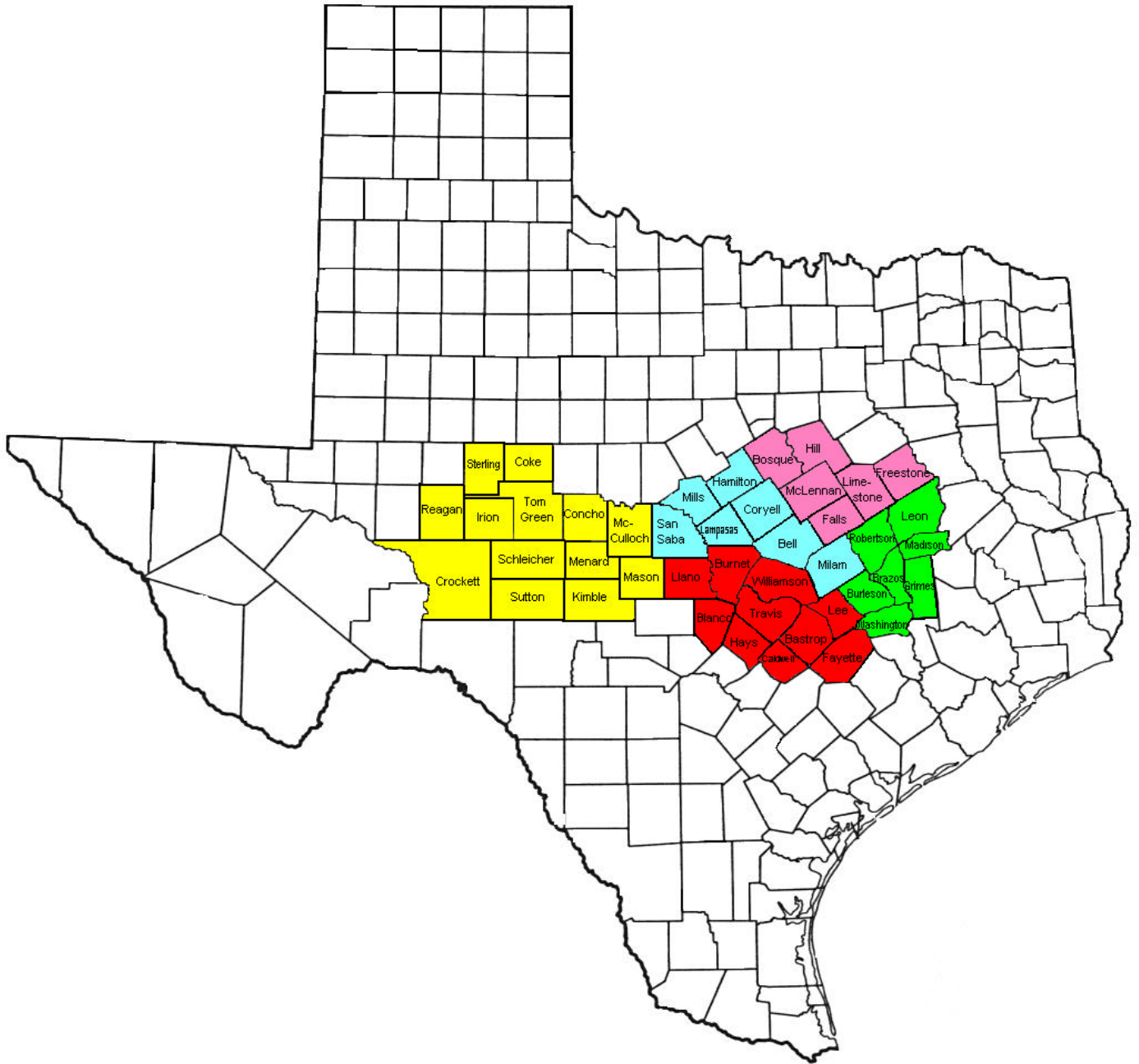


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Introduction

In the fall of 2002, the Central Texas HIV/AIDS Planning Council (CTHPC) conducted a Statewide Coordinated Statement of Needs (SCSN) within their planning area. This Area consisted of forty-three counties divided into five HIV/AIDS Service Delivery Areas (HSDAs). CTHPC members formed a Needs Assessment Committee to oversee this project. Members of the Needs Assessment Committee include Rita Castro, chair, Janet Cates, Sam Guerrero, Charlotte Hale, Aaron Montemayor, Joyce Nelson, Jerry Oliver, Eric Todd, Len Trevino, Linda Williams, and Perry Williams. Members of the CTHPC who facilitated the needs assessment were trained in how to administer the interviewer-assisted SCSN Needs Assessment Client Survey. Facilitators administered the survey without any changes made to the statewide survey. Members of the CTHPC who facilitated the surveys only administered surveys in an HSDA where they did not live or provide services. This allowed consumer participants to answer the survey without any feelings of constraint because of prior relationships with the facilitator. Consumer participants were given a \$10.00 gift card to Wal-Mart as an incentive for their cooperation. The short form of the provider survey was mailed to service providers in each HSDA. A stamped addressed envelope was included with each provider survey.

Once the members of the Needs Assessment committee collected the data, the Brazos Valley Council of Governments (as the Ryan White Care Act Title II Administrative Agency for the CTHPC) and the CTHPC contracted with Ms. Analee Etheredge, M.S.P.H., to analyze the Needs Assessment data. Ms. Etheredge wrote the needs assessment analysis section for this report.

The goal of this needs assessment is to provide the CTHPC with information on the needs of individuals living with HIV/AIDS living within the Central Texas HIV/AIDS Planning Area that is necessary for effective service planning.

Epidemiological Profile

The Central Texas HIV/AIDS Planning Area 5 (CTHPA) consists of forty-three counties in and five HIV Service Delivery Areas (HSDA). They are:

Austin HSDA

- Blanco County
- Bastrop County
- Burnet County
- Caldwell County
- Fayette County
- Hays County
- Lee County
- Llano County
- Travis County
- Williamson County

Concho Plateau HSDA

- Coke County
- Concho County
- Crocket
- Irion County
- Kimble County
- McCulloch County
- Mason County
- Menard County
- Reagan County
- Schleicher County
- Sterling County
- Sutton County
- Tom Green County

Bryan-College Station HSDA

- Brazos County
- Burleson County
- Grimes County
- Leon County
- Madison County
- Robertson County
- Washington County

Temple-Killeen HSDA

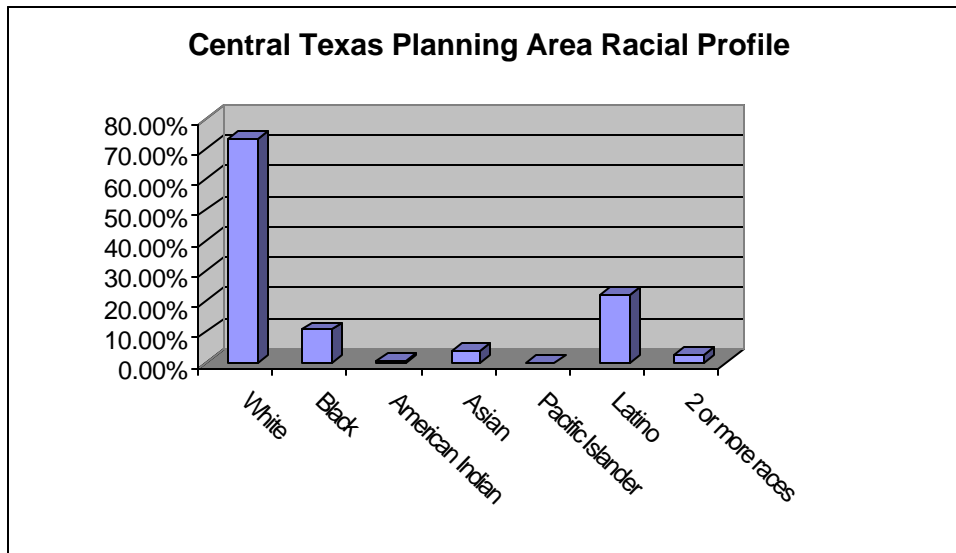
- Bell County
- Coryell County
- Hamilton County
- Lampasas County
- Milam County
- Mills County
- San Saba

Waco HSDA

- Bosque County
- Falls County
- Freestone County
- Hill County
- Limestone County
- McLennan County

Demographics

According to the U. S. Census data of 2000, the population of this area is 2,458,180. Of those over 18 years old, there are 1,827,520 residents and 243,516 are over 65 years old. Approximately 73.1 % of all of the people living within the CTHPA are white as described in the chart below. Latinos make up 22 % of the population, African Americans make up 10.6 % of the population and Asians make up 3.5 % of the population. Approximately 2.5 % of the population is two or more races. American Indians-Alaskans and Pacific Islanders account for less than 1 % of the population collectively.



U.S. Census 2000

U. S. citizens comprise 90.6 % of the population with 72.7 % prefer speaking English and 19.4 % preferring to only speak Spanish.

The average family size in the CTHPA is 2.56 and the average household size 3.06. Approximately 54.4 % of the population over 15 years old is married. Approximately 4.6 % of the population over 16 is unemployed. The per capita income in this area is \$18,744 and the mean retirement income in this area is \$21,370.

HIV/AIDS in Central Texas HIV/AIDS Planning Area

Current Age

The HIV/AIDS epidemic in the CTHPA has been well documented in the record keeping of the Texas Department of Health. The prevalence of HIV/AIDS by age is shown in the chart below.

Current Age		Sex		Total
		Male	Female	
0 (0 – 11 mos.)	Count		1	1
	% Within Sex		.1 %	.0 %
2 – 4	Count	1	2	3
	% Within Sex	.0 %	.3 %	.1 %
5 – 12	Count	14	12	26
	% Within Sex	.5 %	1.7 %	.8 %
13 – 19	Count	9	17	26
	% Within Sex	.3 %	2.4 %	.8 %
20 – 24	Count	65	53	118
	% Within Sex	2.4 %	7.5 %	3.4 %
25 – 29	Count	164	81	245
	% Within Sex	6.0 %	11.4 %	7.1 %
30 – 39	Count	1064	255	1319
	% Within Sex	38.7 %	36 %	38.2 %
40 – 49	Count	1043	202	1245
	% Within Sex	38 %	28.5 %	36 %
50 – 59	Count	302	65	367
	% Within Sex	11 %	9.2 %	10.6 %
60 – 69	Count	73	17	90
	% Within Sex	2.7 %	2.4 %	2.6 %
70 +	Count	10	3	13
	% Within Sex	.4 %	.4 %	.4 %
Unknown	Count	2		2
	% Within Sex	.1 %		.1 %
Total	Count	2747	708	3455

Source: Texas Department of Health
 Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data

Age at Diagnosis

Knowing the age of diagnosis gives us an idea of how long the individuals have been infected with HIV/AIDS. This may give us an idea of whether or not effective treatment and services are utilized. The chart below shows the age of diagnosis.

Age at Diagnosis		Sex		Total
		Male	Female	
0 (0 – 11 mos.)	Count	9	8	17
	% Within Sex	.3 %	1.1 %	.5 %
1 (12 – 23 mos.)	Count	6	5	5
	% Within Sex		.7 %	.1 %
2 – 4	Count	7	2	9
	% Within Sex	.3 %	.3 %	.3 %
5 – 12	Count	3	4	7
	% Within Sex	.1 %	.6 %	.2 %
13 – 19	Count	23	41	64
	% Within Sex	.8 %	5.8 %	1.9 %
20 – 24	Count	172	88	260
	% Within Sex	6.3 %	12.4 %	7.5 %
25 – 29	Count	427	125	552
	% Within Sex	15.5 %	17.7 %	16 %
30 – 39	Count	1303	273	1576
	% Within Sex	47.4 %	38.6 %	45.6 %
40 – 49	Count	631	113	744
	% Within Sex	23 %	16 %	21.5 %
50 – 59	Count	136	38	174
	% Within Sex	5 %	5.4 %	5 %
60 – 69	Count	31	10	11
	% Within Sex	1.1 %	1.4 %	1.2 %
70 +	Count	3	1	4
	% Within Sex	.1 %	.1 %	.1 %
Unknown	Count	2		2
	% Within Sex	.1 %		.1 %
Total	Count	2747	708	3455

Source: Texas Department of Health
 Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data

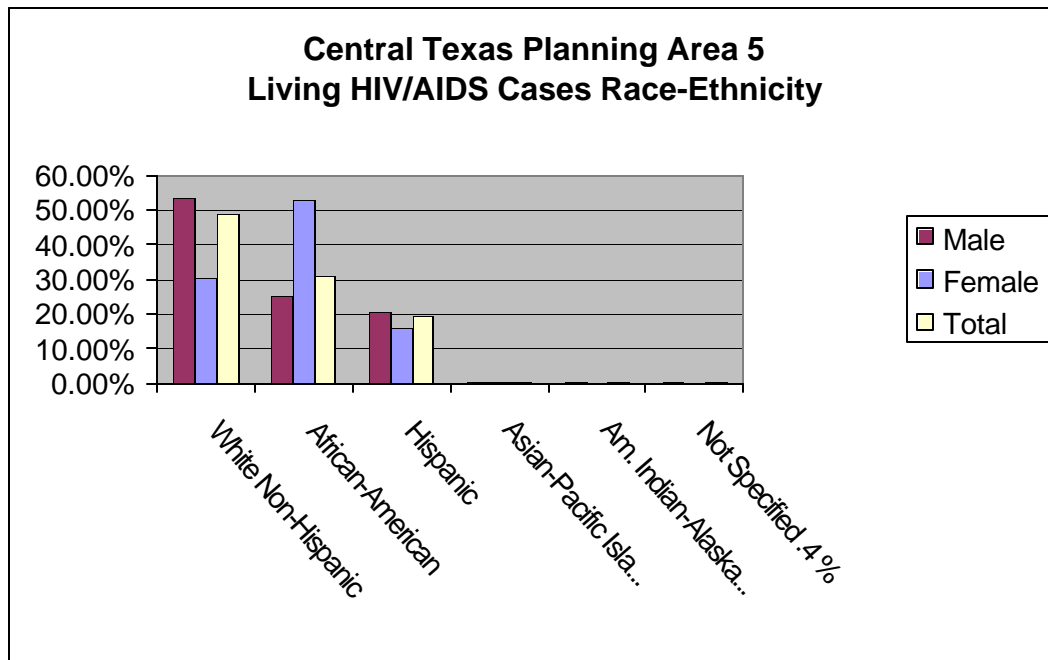
Race-Ethnicity

There is a large difference in race-ethnicity and gender of individuals with HIV/AIDS in Central Texas. These statistics vary greatly from the general population statistics.

Race-Ethnicity	Male	Female	Total
White Non-Hispanic within Sex	53.3%	30.4%	48.6%
African American within Sex	25.2%	53.1%	30.9%
Hispanic	20.3%	16.0%	19.5%
Asian Pacific Islander within Sex	.4%	.6%	.4%
American Indian-Alaskan	.4%		.3%
Not Specified	.5%		.4%

Source: Texas Department of Health
 Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data

Even though African American females make up less than 5 % of the total population, they account for over 50 % of the females with HIV/AIDS. Also a higher percentage of African American females than African American males are infected and a higher percentage of White Non-Hispanic males are infected than White Non-Hispanic females.

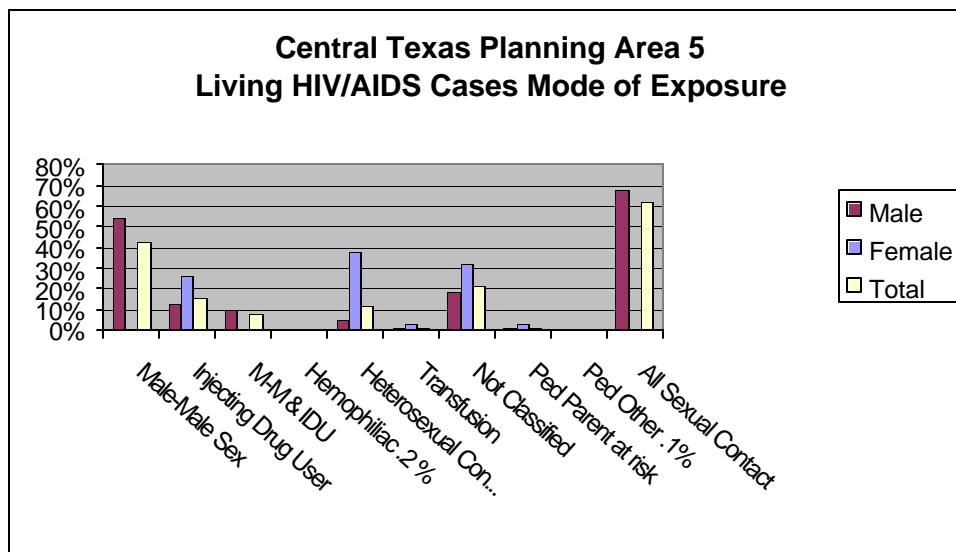


Source: Texas Department of Health
 Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data

Mode of Exposure

Mode of exposure varies with gender, but sexual contact accounts for most cases of HIV/AIDS exposure in Texas.

Mode of Exposure		Sex		Total
		Male	Female	
Male-to-Male Sex	Count	1483		1483
	% Within Sex	54 %		42.9 %
IDU	Count	333	184	517
	% Within Sex	12.1 %	26 %	15 %
M-M & IDU	Count	262		262
	% Within Sex	9.5 %		7.6 %
Heterosexual Contact	Count	123	264	387
	% Within Sex	4.5 %	37.3 %	11.2 %
All Sexual Contact	Count	1868	264	2132
	% Within Sex	68 %	37.3%	61.7 %
Transfusion	Count	11	16	27
	% Within Sex	.4 %	2.3 %	.8 %
Not Classified	Count	509	224	733
	% Within Sex	18.5 %	31.6 %	21.2 %
Ped Parent at Risk	Count	17	17	34
	% Within Sex	.6 %	2.4 %	1.0 %
Ped Other-Undet	Count	3	2	5
	% Within Sex	.1 %	.3 %	.1 %
Total	Count	2747	708	3455
	% Within Sex	100 %	100 %	100 %

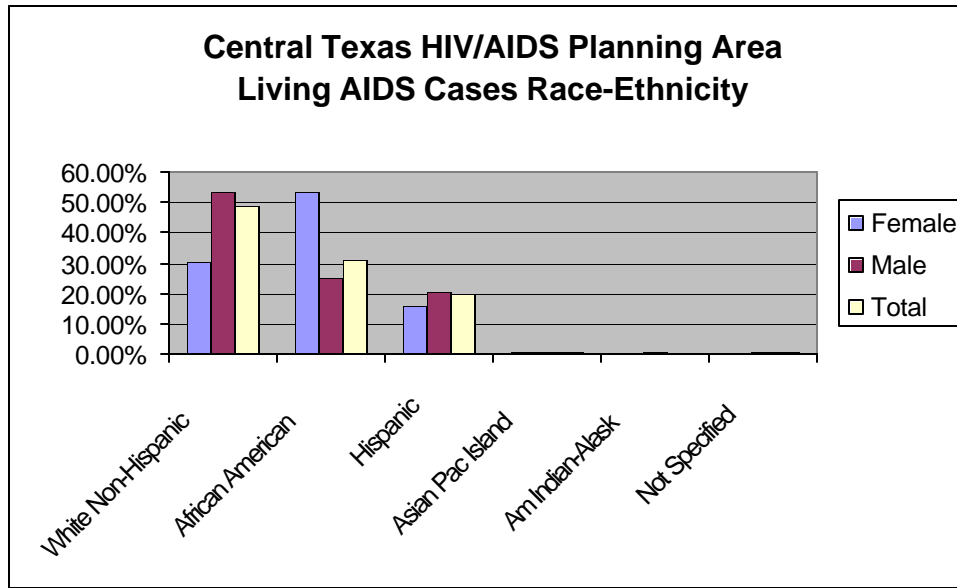


Source: Texas Department of Health
Prevalent HIV Infection Cases Through 6/30/02
Living HIV/AIDS Cases – combined – from 7/19/02 HARS data

Living AIDS Cases

Race-Ethnicity

According to the July 7, 2002 HARS data set, white Non-Hispanic men and African American women composed the largest groups with AIDS. There were no American Indian-Alaskan females living with AIDS in the Central Texas HIV/AIDS Planning Area 5 during that time.



Source: Texas Department of Health
Living AIDS Cases through 6/30/02

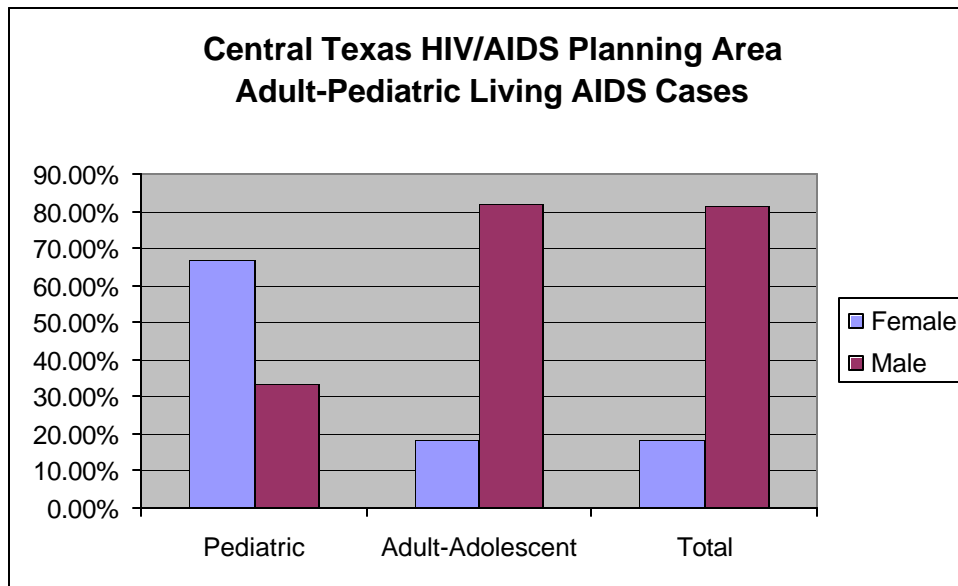
Current Age

According to the Texas Department of Health, in June of 2002 there were a cumulative 5,388 AIDS cases. Of that 5,388, there were 2,410 living AIDS cases. The largest percentage of men living with AIDS was between 40 and 49 years old. The largest percentage of women living with AIDS was in the 30 – 39 year age. No one younger than 2 years old was living with AIDS.

Current Age		Sex		Total
		Male	Female	
2 – 4	Count		1	1
	% Within Sex		.2 %	0 %
5 – 12	Count	5	5	10
	% Within Sex	.3 %	1.1 %	.4 %
13 – 19	Count	2	6	8
	% Within Sex	.1 %	1.3 %	.3 %
20 – 24	Count	15	12	27
	% Within Sex	.8 %	2.7 %	1.1 %
25 – 29	Count	79	42	121
	% Within Sex	4.0 %	9.4 %	5.0 %
30 – 39	Count	729	171	900
	% Within Sex	37.1 %	38.3 %	37.4 %
40 – 49	Count	821	148	969
	% Within Sex	41.8 %	33.1 %	40.2 %
50 – 59	Count	239	50	289
	% Within Sex	12.2 %	11.2 %	12.0 %
60 – 69	Count	63	9	72
	% Within Sex	3.2 %	2 %	3 %
70 +	Count	9	3	12
	% Within Sex	.5 %	.7 %	.5 %
Unknown	Count	1		1
	% Within Sex	.1 %		0 %
Total	Count	1963	447	2410

Source: Texas Department of Health
Living AIDS Cases through 6/30/02

There were twice as many pediatric females with AIDS than pediatric males. Adults and adolescents make up 99 % of all living AIDS cases with 2394 cases as compared to 15 pediatric cases. There were 10 female pediatric AIDS cases and 437 female Adult and adolescent cases.



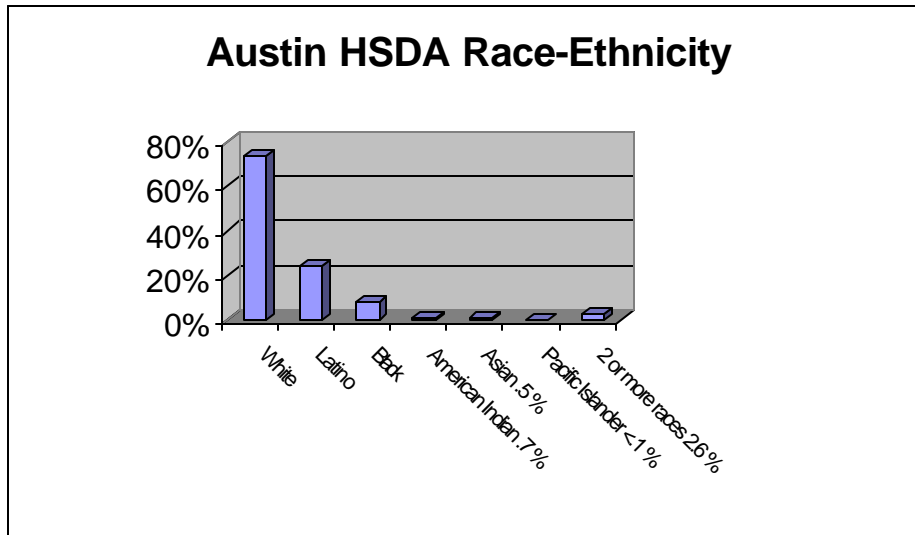
Source: Texas Department of Health
Living AIDS Cases through 6/30/02

Austin HSDA

More than half of the people in the CTHPA live in the Austin HSDA. According to 2000 U. S. Census data, 1,346,829 people live in the ten counties that make up the Austin HSDA. That is 55 % of all of the people in the CTHPC. About 75 % of those people are over 18 years of age and 8.2 % of them are over 65 years of age. About 81 % of those people graduated from high school and 22.4 % have bachelor degrees or higher. Of those people 15 years old and older, 52.7 % are married. The average household size is 2.58 and the average family size is 3.07. The unemployment rate of people 16 years old and older is 2 %. The mean retirement income is \$22,432 and the per capita income is \$20,178.

Race-Ethnicity

Approximately 88.2 % of the people in the Austin HSDA are U. S. citizens. 69.6 % of them prefer to speak English and 18.4 % of them prefer to speak Spanish. Non-Latino whites make up 74 % of the Austin HSDA. About 2 % of the population is 2 or more races. The chart below illustrates the racial make-up of the Austin HSDA.



U. S. Census 2000

HIV/AIDS in the Austin HSDA

Current Age

The majority of both males and females in the Austin HSDA that have HIV/AIDS are between 30 and 39 years old. The second highest age group consists of those between 40 and 49 years old. There is only one infant less than 11 months old with HIV/AIDS. There are 2637 living HIV/AIDS cases in the Austin HSDA.

Current Age		Sex		Total
		Male	Female	
0 (0 – 11 mos.)	Count		1	1
	% Within Sex		.2 %	.0 %
2 – 4	Count	1	2	3
	% Within Sex	.0 %	.4 %	.1 %
5 – 12	Count	12	6	18
	% Within Sex	.5 %	1.3 %	.7 %
13 – 19	Count	7	8	15
	% Within Sex	.3 %	1.8 %	.6 %
20 – 24	Count	45	29	74
	% Within Sex	2.1 %	6.4 %	2.8 %
25 – 29	Count	131	45	176
	% Within Sex	6 %	9.9 %	6.7 %
30 – 39	Count	854	168	1022
	% Within Sex	39.1 %	37 %	38.8 %
40 – 49	Count	834	145	979
	% Within Sex	38.2 %	31.9 %	37.1 %
50 – 59	Count	239	40	279
	% Within Sex	10.9 %	8.8 %	10.6 %
60 – 69	Count	54	8	62
	% Within Sex	2.5 %	1.8 %	2.4 %
70 +	Count	5	2	7
	% Within Sex	.2 %	.4 %	.3 %
Unknown	Count	1		1
	% Within Sex	.0 %		.0 %
Total	Count	2183	454	2637

Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

Age at Diagnosis

More people were first diagnosed with HIV/AIDS in the 30 – 39 year old age bracket than any other. 46.5 % of all individuals with HIV/AIDS were diagnosed between 30 and 39 years old. About 2.3 % of all the individuals with HIV/AIDS were diagnosed when they were less than 19 years old.

Age at Diagnosis		Sex		Total
		Male	Female	
0 (0 – 11 mos.)	Count	7	4	11
	% Within Sex	.3 %	.9 %	.4 %
1 (12 – 23 mos.)	Count		4	4
	% Within Sex		.9 %	.2 %
2 – 4	Count	7		7
	% Within Sex	.3 %		.3 %
5 – 12	Count	2	3	5
	% Within Sex	.1 %	.7 %	.2 %
13 – 19	Count	14	17	31
	% Within Sex	16.8 %	17 %	16.8 %
20 – 24	Count	137	59	196
	% Within Sex	6.3 %	13 %	7.4 %
25 – 29	Count	366	77	443
	% Within Sex	16.8 %	17 %	16.8 %
30 – 39	Count	1041	184	1225
	% Within Sex	47.7 %	40.5 %	46.5 %
40 – 49	Count	482	78	560
	% Within Sex	22.1 %	17.2 %	21.2 %
50 – 59	Count	103	23	126
	% Within Sex	4.7 %	5.1 %	4.8 %
60 – 69	Count	21	4	25
	% Within Sex	1 %	.9 %	.9 %
70 +	Count	2	1	3
	% Within Sex	.1 %	.2 %	.1 %
Unknown	Count	1		1
	% Within Sex	0 %		0 %
Total	Count	2183	454	2637

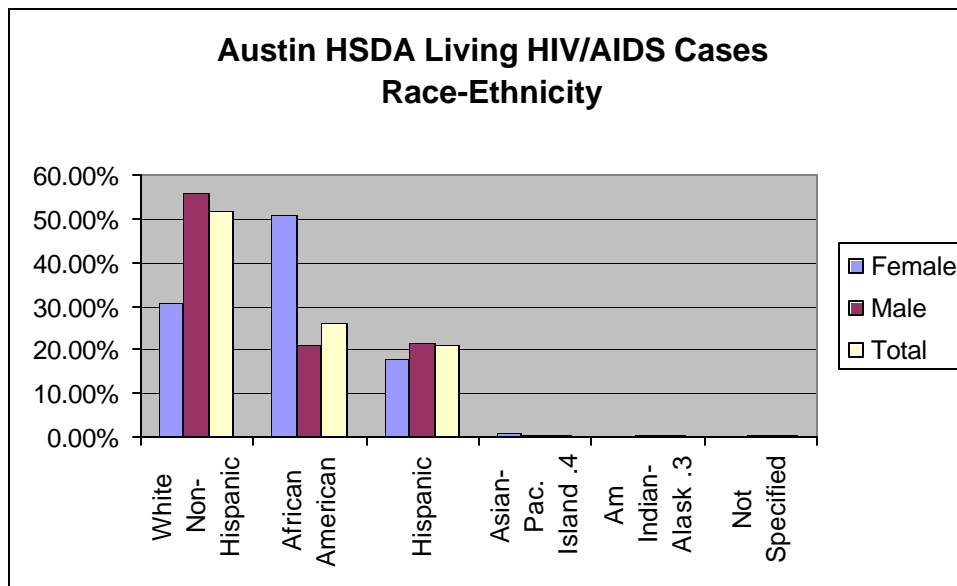
Prevalent HIV Infection Cases Through 6/30/02

Living HIV/AIDS Cases – combined – from 7/19/02 HARS data

Source: Texas Department of Health

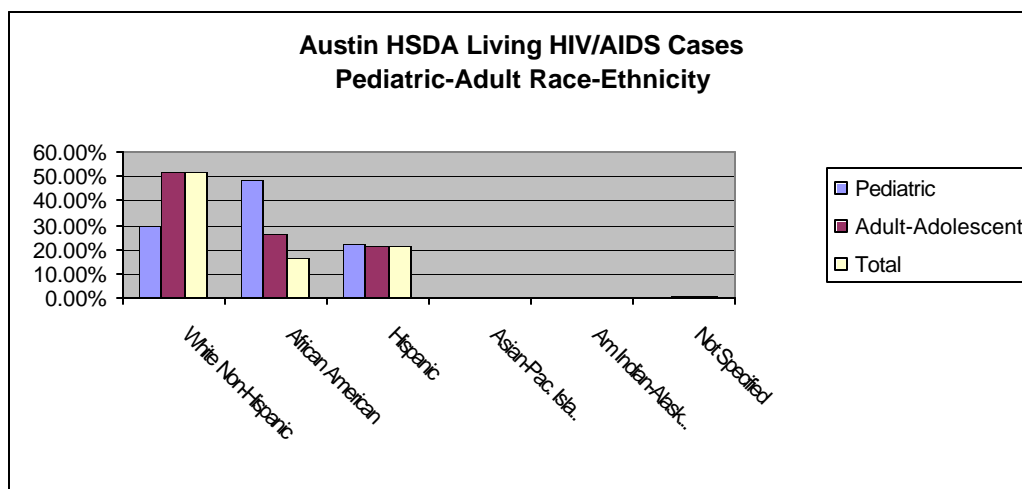
Race-Ethnicity

The difference between the amount of HIV/AIDS among White, non-Hispanics and African Americans depended on gender. White males accounted for 55.9 % of all HIV/AIDS among males, but White females accounted for only 30.8 % of all females with HIV/AIDS. African American males accounted for only 21.2 % of HIV/AIDS among males, but African American females accounted for 50.7 % of all Females with HIV/AIDS. Hispanics accounted for 21 % of all HIV/AIDS cases with Hispanic males accounting for 21.7 % of all males and Hispanic females making up 17.8 % of all females.



Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

Race also played a role in the number of pediatric cases. The majority of pediatric cases with HIV/AIDS were African American at 48.1 %. White non-Hispanic pediatric cases accounted for 29.6 % of all pediatric cases of HIV/AIDS. Hispanic pediatric cases accounted for 22.2 % of all pediatric cases.



Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

Mode of Exposure

As with the Central Texas Planning Area as a whole, the highest mode of exposure for the Austin HSDA was sexual contact accounting for 64 % of all individuals with HIV/AIDS. The table below illustrates this.

Mode of Exposure		Sex		Total
		Male	Female	
Male-to-Male Sex	% Within Sex	56.9 %		47.1 %
IDU	% Within Sex	12.4 %	32.4 %	15.9 %
M-M & IDU	% Within Sex	9.4 %		7.8 %
Heterosexual Contact	% Within Sex	3.6 %	35.5 %	9.1 %
Transfusion	% Within Sex	.2 %	1.5 %	.4 %
Not Classified	% Within Sex	16.6 %	28.2 %	18.6 %
Ped Parent at Risk	% Within Sex	.6 %	2.2 %	.9 %
Ped Other-Undet	% Within Sex	.1 %	.2 %	.1 %
Total	Count	2183	454	2637
	% Within Sex	100 %	100 %	100 %

Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

Living AIDS Cases in the Austin HSDA

Current Age

There are 1,888 living AIDS cases in the Austin HSDA. Males account for 1,587 AIDS cases and females account for 301 AIDS cases. The largest ages group for males in the Austin HSDA with AIDS is the 40 – 49 years old age group with 42.6 % of all male AIDS cases and the largest for females is the 30 – 39 years old age group with 38.2 % of all female AIDS cases. Because more males have AIDS than females, the 40 – 49 years old age group comprises 41.6 % of all age cases.

Current Age		Sex		Total
		Male	Female	
2 – 4	Count		1	1
	% Within Sex		.3 %	.3 %
5 – 12	Count	4	1	5
	% Within Sex	.3 %	.3 %	.3 %
13 – 19	Count	1	3	4
	% Within Sex	.1 %	1.0 %	.2 %
20 – 24	Count	8	7	15
	% Within Sex	.5 %	2.3 %	.8 %
25 – 29	Count	64	24	88
	% Within Sex	4.0 %	8.0 %	4.7 %
30 – 39	Count	590	115	705
	% Within Sex	37.2 %	38.2 %	37.3 %
40 – 49	Count	676	110	786
	% Within Sex	42.6 %	36.5 %	41.6 %
50 – 59	Count	192	32	224
	% Within Sex	12.1 %	10.6 %	11.9 %
60 – 69	Count	47	6	53
	% Within Sex	3.0 %	.2 %	2.8 %
70 +	Count	4	2	6
	% Within Sex	.3 %	.7 %	.3 5
Unknown	Count	1		1
	% Within Sex	.1 %		.1 %
Total	Count	1587	301	1888

Prevalent AIDS Cases Through 6/30/02
 Living AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

Pediatric Cases accounted for .4 % of the Living AIDS cases in the Austin HSDA. This .4 % was evenly split between males and females.

Sex		Adult-Pediatric			Total
		Pediatric	Adult/Adolescent	Unknown	
Male	Count	4	1582	1	1587
	% Within Adult-Pediatric	50 %	84.2 %	100.0%	84.1 %
Female	Count	4	297		301
	% Within Adult-Pediatric	50 %	15.8 %		15.9 %
Total	Count	8	1879	1	1888

Prevalent AIDS Cases Through 6/30/02
 Living AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

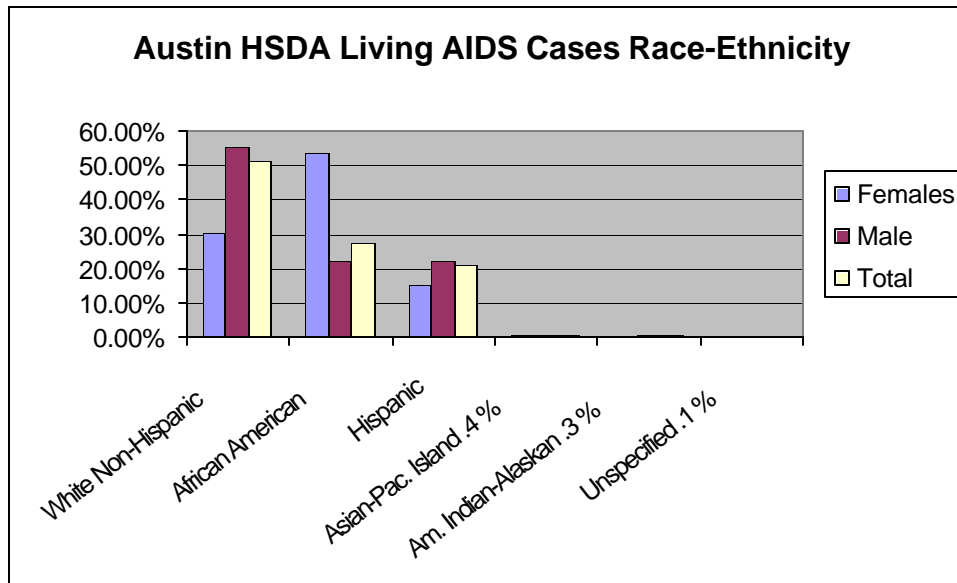
Race-Ethnicity

The Austin HSDA reflects the statistics for living AIDS cases throughout Central Texas.

Race - Ethnicity		Sex		Total
		Male	Female	
White Non-Hispanic	Count	874	91	965
	% Within Sex	55.1 %	30.2 %	51.1 %
African American	Count	349	162	511
	% Within Sex	22.0 %	53.8 %	27.1 %
Hispanic	Count	351	46	397
	% Within Sex	22.1 %	15.3 %	21.0 %
Asian-Pacific Islander	Count	5	2	7
	% Within Sex	.3 %	.7 %	.4 %
American Indian - Alaskan	Count	6		6
	% Within Sex	.4 %		.3 %
Not Specified	Count	2		2
	% Within Sex	.1 %		.1 %
Total	Count	1587	301	1888
	% Within Sex	100.0 %	100.0 %	100.0 %

Prevalent AIDS Cases Through 6/30/02
 Living AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

African American females account for 53.8 % of all females AIDS cases in the Austin HSDA and is best illustrated in the chart below.



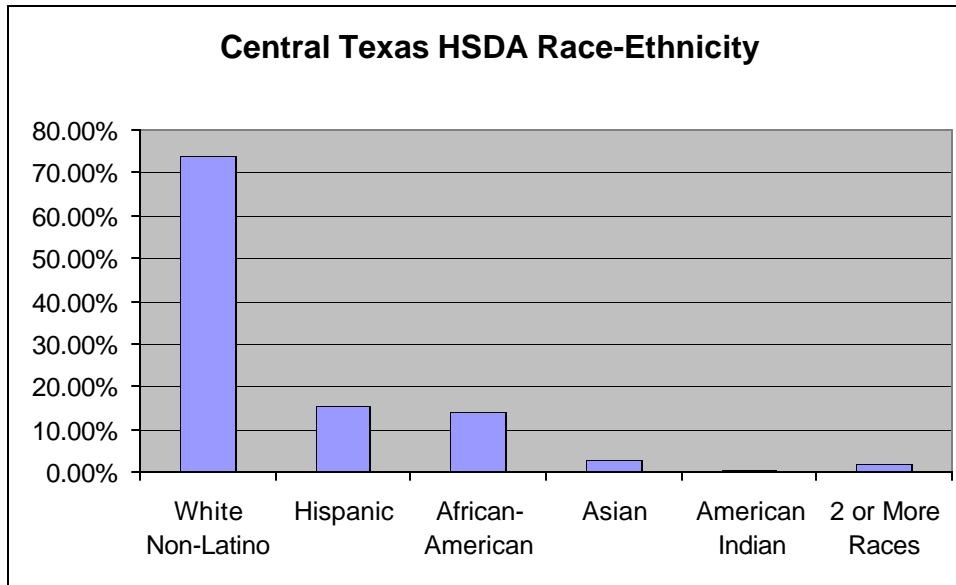
Prevalent AIDS Cases Through 6/30/02
 Living AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

Bryan-College Station HSDA

About 10.4 % of the people in the CTHPA live in the Bryan-College Station HSDA. According to 2000 U. S. Census data, 267,085 people live in the six counties that make up the Bryan-College Station HSDA. About 76.9 % of those people are over 18 years of age and 10.6 % of them are over 65 years old. About 72.9 % of those people graduated from high school. Of those people 15 years old and older, 50.7 % are married. The average household size is 2.55 and the average family size is 3.08. The mean retirement income is \$16,912 and the per capita income is \$15,850.

Race-Ethnicity

Approximately 92.1 % of the people in the Bryan-College Station HSDA are U. S. citizens. 77.7 % of them prefer to speak English and 11.8 % of them prefer to speak only Spanish. Non-Latino whites make up 73.9 % of the Bryan-College Station HSDA and African Americans make up 14.1 % of the population. About 1.8 % of the population is 2 or more races. Hispanics make up 15.6 % of this population.



U.S. Census 2000

HIV/AIDS in the Bryan-College Station HSDA

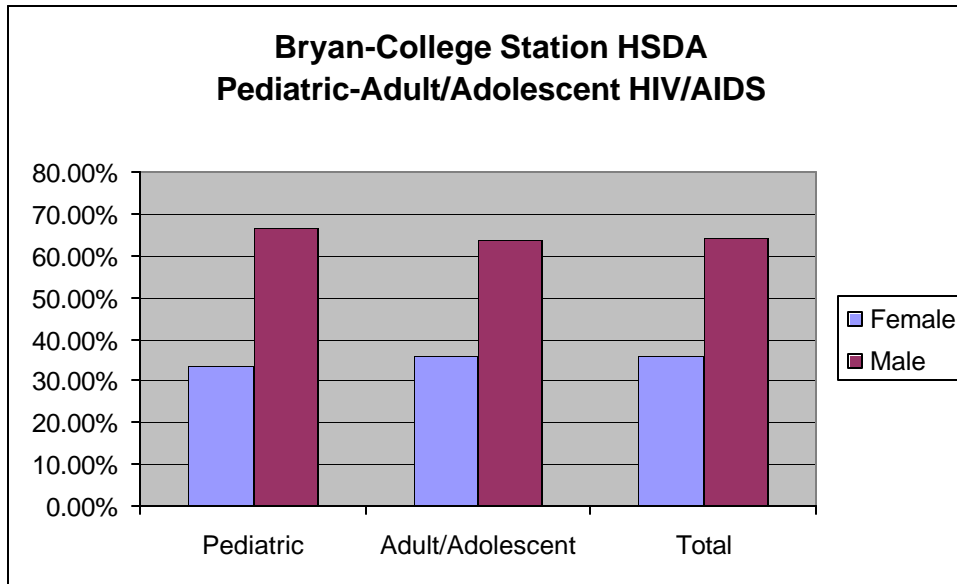
Current Age

According to the Texas Department of Health, in June, 2002 there were 209 living HIV/AIDS cases in the Bryan-College Station HSDA. The largest age group for both males and females is the 30 – 39 years age group. This group accounts for 37.3 % of all HIV/AIDS within the male population and 29.3 % of all HIV/AIDS within the female population in the Bryan-College Station HSDA. This age group holds 34.4 % of the population with HIV/AIDS. The table below shows the current ages of the population with HIV/AIDS.

Current Age		Sex		Total
		Male	Female	
5 – 12	Count	2	1	3
	% Within Sex	1.5 %	1.3 %	1.4 %
13 – 19	Count		1	1
	% Within Sex		1.3 %	.5 %
20 – 24	Count	2	11	13
	% Within Sex	1.5 %	14.7 %	6.2 %
25 – 29	Count	7	18	25
	% Within Sex	5.2 %	24 %	12 %
30 – 39	Count	50	22	72
	% Within Sex	37.3 %	29.3 %	34.4 %
40 – 49	Count	48	13	61
	% Within Sex	35.8 %	17.3 %	29.2 %
50 – 59	Count	19	6	25
	% Within Sex	14.2 %	8 %	12 %
60 – 69	Count	4	3	7
	% Within Sex	3 %	4 %	3.3 %
70 +	Count	1		1
	% Within Sex	17 %		.5 %
Unknown	Count	1		1
	% Within Sex	.7 %		.5 %
Total	Count	134	75	209

Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

Pediatric cases accounted for 1.4 % of the HIV/AIDS cases in the Bryan-College Station. As in the rest of the CTHPA, there were more cases of HIV/AIDS in males than females. Males with HIV/AIDS accounted for 64.1 % of all cases of HIV/AIDS.



Prevalent HIV Infection Cases Through 6/30/02
Living HIV/AIDS Cases – combined – from 7/19/02 HARS data
Source: Texas Department of Health

Age at Diagnosis

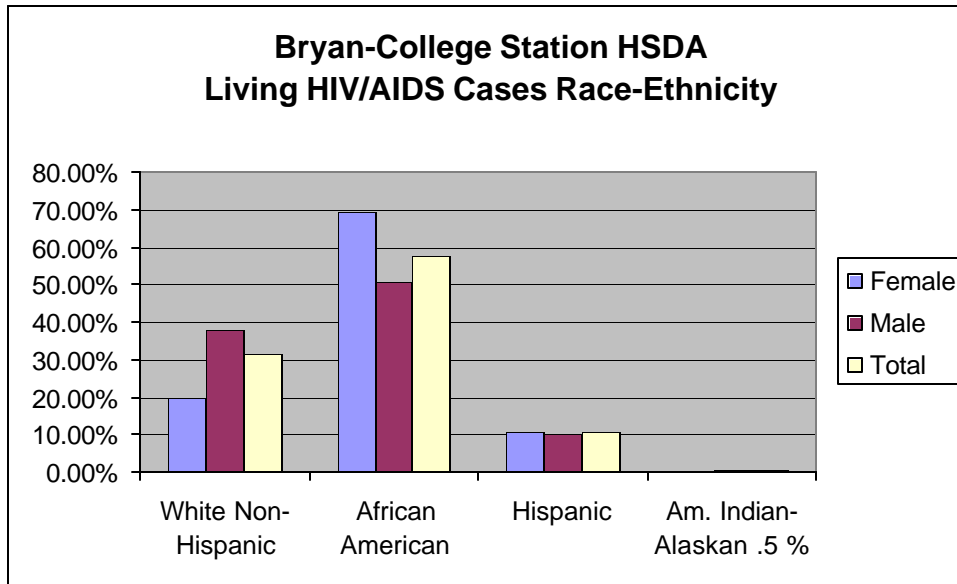
The majority of both males and females (39.2%) living HIV/AIDS cases in the Bryan-College Station HSDA were first diagnosed with HIV/AIDS when they were between 30 and 39 years of age. The second highest age bracket differed between males and females. The second largest age group for male diagnosis was between 40 and 49 years old. The second largest age group for females was the 25-59 year old age group.

Age at Diagnosis		Sex		Total
		Male	Female	
0 (0 – 11 mos.)	Count	2	1	3
	% Within Sex	1.5 %	1.3 %	1.4 %
13 – 19	Count		11	11
	% Within Sex		14.7 %	5.3 %
20 – 24	Count	5	12	17
	% Within Sex	3.7 %	16 %	8.1 %
25 – 29	Count	15	17	32
	% Within Sex	11.2 %	22.7 %	15.3 %
30 – 39	Count	64	18	82
	% Within Sex	47.8 %	24 %	39.2 %
40 – 49	Count	33	11	44
	% Within Sex	24.6 %	14.7 %	21.1 %
50 – 59	Count	13	3	16
	% Within Sex	9.7 %	4 %	7.7 %
60 – 69	Count		2	2
	% Within Sex		2.7 %	1 %
70 +	Count	1		1
	% Within Sex	.7 %		.5 %
Unknown	Count	1		1
	% Within Sex	.7 %		.5 %
Total	Count	134	75	209

Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

Race-Ethnicity

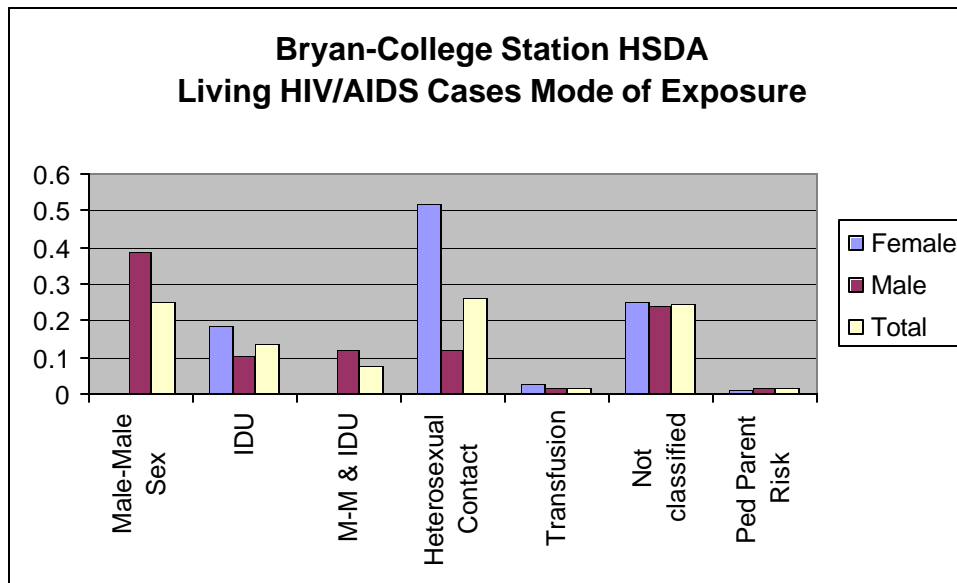
Among males, white non-Hispanics had 38.1 % of all living HIV/AIDS cases. Among females, white females had 20.0 % of all living female HIV/AIDS cases. African American men accounted for 50.7 % of all living male HIV/AIDS cases and African American women accounted for 69.3 % of all living female HIV/AIDS cases. Hispanic males accounted for 10.4 % of male living HIV/AIDS and Hispanic females accounted for 10.7 % of all female living HIV/AIDS. Overall, white non-Hispanics accounted for 31.6 % of all living HIV/AIDS cases, African Americans accounted for 57.4 % of all living HIV/AIDS cases and Hispanics accounted for 10.5 % of all living HIV/AIDS cases.



Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

Mode of Exposure

The primary mode of exposure was sexual contact. Sexual contact was responsible for 58.9 % of all living cases of HIV/AIDS. Male-to-Male sex accounted for 52 % of HIV/AIDS cases. Heterosexual contact accounted for 11.9 % of HIV/AIDS in males and 52.0 % in females and 26.3 % of all HIV/AIDS. Injecting drug use (IDU) accounted for 10.4 % of HIV/AIDS in males, 18.7 % in females, and 13.4 % of all HIV/AIDS cases in the Bryan-College Station HSDA. Male-to-Male sex and injecting drug use was responsible for 11.9 % of HIV/AIDS in males and 7.7 % of overall HIV/AIDS cases. Transfusions caused 4 living cases of HIV/AIDS; 2 in males in 2 in females. Transfusions accounted for 1.9 % of all living HIV/AIDS, 1.5 % of HIV/AIDS in males and 2.7 % of HIV/AIDS in females. Many cases of HIV/AIDS were not classified. This category accounted for 23.9 % of male HV/AIDS cases, 25.3 % of female HIV/AIDS cases and 24.4 % of HIV/AIDS overall. Pediatric parents at risk accounted for 1.5 % of male HIV/AIDS cases, 1.3 % of female HIV/AIDS cases and 1.4 % of overall living HIV/AIDS cases.



Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

Living AIDS Cases in the Bryan-College Station HSDA

Current Age

As of June 2002, there were 115 living AIDS cases in the Bryan-College Station HSDA. The 30 – 39 age group accounted for 32.2 % of all of those living AIDS. This age group accounted for 34.1 % of AIDS in males and 27.3 % of AIDS in females. The highest age group in females is the 25 – 29 year old age group. The 40 – 49 year old age group accounted for 31.1 % of all living AIDS cases. This age group was the highest age group for male living AIDS cases. It accounted for 35.4 % of male AIDS cases and 21.2 % of female AIDS cases. The table below gives counts and percentages of living AIDS cases in the Bryan-College Station HSDA per age group.

Current Age		Sex		Total
		Male	Female	
5 – 12	Count	1		1
	% Within Sex	1.2 %		.9 %
20 – 24	Count		2	2
	% Within Sex		6.1 %	1.7 %
25 – 29	Count	4	10	14
	% Within Sex	4.9 %	30.3 %	12.2 %
30 – 39	Count	28	9	37
	% Within Sex	34.1	27.3 %	32.2 %
40 – 49	Count	29	7	36
	% Within Sex	35.4 %	21.1 %	31.1 %
50 – 59	Count	16	4	20
	% Within Sex	19.5 %	12.1 %	17.4 %
60 – 69	Count	3	1	4
	% Within Sex	3.7 %	3.0 %	3.5 %
70 +	Count	1		1
	% Within Sex	1.2 %		.9 %
Total	Count	82	33	115

Prevalent AIDS Cases Through 6/30/02

Living AIDS Cases – combined – from 7/19/02 HARS data

Source: Texas Department of Health

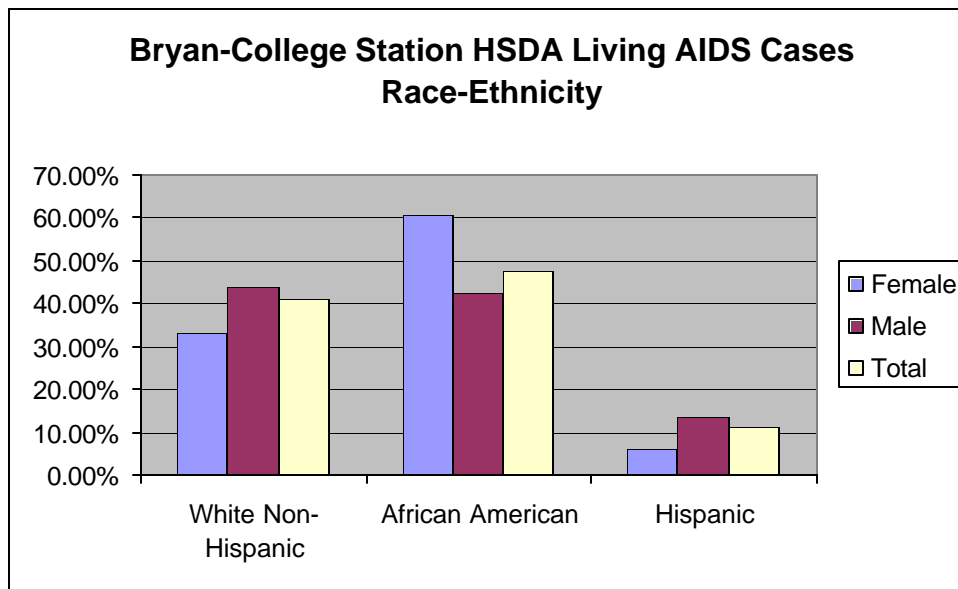
Race-Ethnicity

As with the CTHPA, there were a disproportionate number of African American females who accounted for 60.6 % of all female living AIDS cases and 17.4 % of all total living AIDS cases in the Bryan-College Station HSDA. White non-Hispanic males accounted for 43.9 % of all living male AIDS cases. African American males closely followed white non-Hispanic males with 42.7 % of all male living AIDS cases. The table below illustrates the racial ethnic prevalence of living AIDS cases.

Race - Ethnicity		Sex		Total
		Male	Female	
White Non-Hispanic	Count	36	11	47
	% Within Sex	43.9 %	33.3 %	40.9 5
African American	Count	35	20	55
	% Within Sex	42.7 %	60.6 %	47.8 %
Hispanic	Count	11	2	13
	% Within Sex	13.4 %	6.1 %	11.3 %
Total		82	33	115

Prevalent AIDS Cases Through 6/30/02
 Living AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

The disproportionate amount of African American females is best illustrated in the chart below.



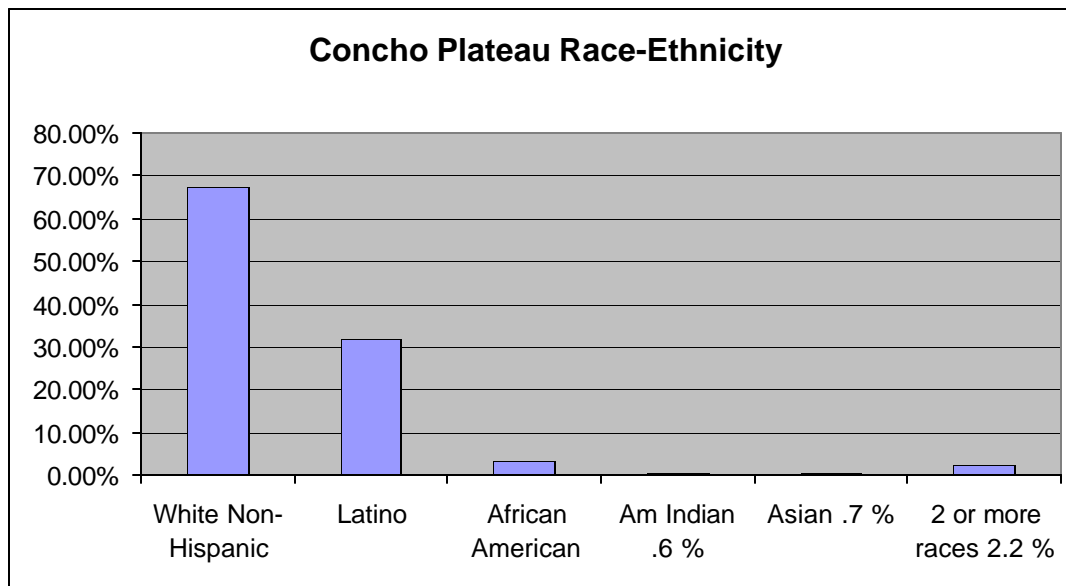
Prevalent AIDS Cases through 6/30/02
 Living AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

Concho Plateau HSDA

About 6.1 % of the people in the CTHPA live in the Concho Plateau HSDA. According to 2000 U. S. Census data, 148,212 people live in the 13 counties that make up the Concho Plateau HSDA. Those counties are Coke County, Concho County, Crockett County, Irion County, Kimble County, McCulloch County, Mason County, Menard County, Reagan County, Schleicher County, Sterling County, Sutton County, and Tom Green County. About 72.2 % of those people are over 18 years of age and 14.7 % of them are over 65 years old. About 64.4 % of those people graduated from high school and 11.4 % of them have a bachelor degree or more. Of those people 15 years old and older, 57.7 % are married. The average household size is 2.53 and the average family size is 3.04. The mean retirement income is \$19,606 and the per capita income is \$16,428.

Race-Ethnicity

Approximately 93.7 % of the people in the Concho Plateau HSDA are U. S. citizens. 67.9 % of them prefer to speak English and 24.3 % of them prefer to speak only Spanish. Non-Latino whites make up 80.3 % of the Concho Plateau HSDA and African Americans make up 3.2 % of the population. About 2.2 % of the population is 2 or more races. Hispanics make up 15.7 % of this population. The table below illustrates the racial diversity of the Concho Plateau HSDA.



U. S. Census 2000

HIV/AIDS in the Concho Plateau HSDA

Current Age

According to the Texas Department of Health, as of June 30, 2002 there were 83 living cases of HIV/AIDS in the Concho Plateau HSDA. This accounts for 2.4 % of all living HIV/AIDS cases in the CTHPA. The majority of males were in the 40 – 49 years old age group with 30 cases. This did not differ much from the 30 – 39 years old age group that had 29 male cases. The highest category for females in the Concho Plateau HSDA was the 30 – 39 years old age group that accounted for 6 female cases. The table below shows the current ages of living HIV/AIDS cases in the Concho Plateau HSDA.

Current Age		Sex		Total	
		Male	Female		
5 – 12	Count		1	1	
	% Within Sex		7.1 %	1.2%	
13 – 19	Count	1		1	
	% Within Sex	1.4 %		1.2 %	
20 – 24	Count		2	2	
	% Within Sex		14.3 %	2.4 %	
25 – 29	Count	3		3	
	% Within Sex	4.3 %		3.6 %	
30 – 39	Count	29	6	35	
	% Within Sex	42.0 %	42.9 %	42.2 %	
40 – 49	Count	30	3	33	
	% Within Sex	43.5 %	21.4 %	39.8 %	
50 – 59	Count	5	1	6	
	% Within Sex	7.2 %	7.1 %	7.2 %	
60 – 69	Count	1	1	2	
	% Within Sex	1.4 %	7.1 %	2.4 5	
Total		Count	69	14	83

Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

Age at Diagnosis

The majority of living AIDS cases in the Concho Plateau HSDA were first diagnosed in the Concho Plateau HSDA between 30 and 39 years of age accounting for 52.6% of all living HIV/AIDS cases. The table below shows the age distribution at the time of diagnosis.

Age at Diagnosis		Sex		Total
		Male	Female	
0 (0 – 11 mos.)	Count		1	1
	% Within Sex		7.1 %	1.2 %
5 – 12	Count	1		1
	% Within Sex	1.4 %		1.2 %
20 – 24	Count	5	2	7
	% Within Sex	7.2 %	14.3 %	8.4 %
25 – 29	Count	8	4	12
	% Within Sex	11.6 %	28.6%	14.5 %
30 – 39	Count	31	4	35
	% Within Sex	44.9 %	28.6 %	42.2 %
40 – 49	Count	22	1	23
	% Within Sex	31.9 %	7.1 %	3.6 %
50 – 59	Count	2	1	3
	% Within Sex	2.9 %	7.1 %	3.6 %
60 – 69	Count		1	1
	% Within Sex		7.1 %	1.2 %
Total	Count	69	14	83

Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

Race-Ethnicity

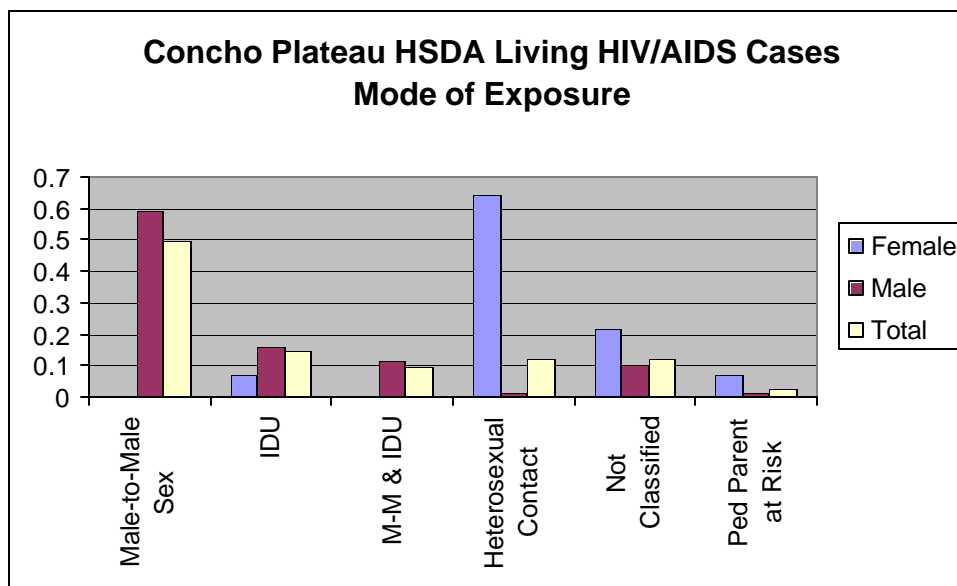
White non-Hispanics had the highest numbers of HIV/AIDS in the Concho Plateau HSDA. They accounted for 56.6 % of the total living cases of HIV/AIDS. This is the only HSDA where the number of African American females was not greater than white non-Hispanic females. Hispanics made up 31.3 % of the total living HIV/AIDS cases.

Race-Ethnicity		Sex		Total
		Male	Female	
White Non-Hispanic	Count	42	5	47
	% Within Sex	60.9 %	35.7 %	56.6 %
African American	Count	6	4	10
	% Within Sex	8.7 %	28.6 %	12.0 %
Hispanic	Count	21	5	26
	% Within Sex	30.4 %	35.7 %	31.3 %
Total	Count	69	14	83

Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

Mode of Exposure

As in the rest of the CTHPA, sexual contact accounted for the majority of exposure to HIV/AIDS. Sexual contact accounted for 71.1 % of the mode of exposure for all living cases of HIV/AIDS. Male-to-male sex was responsible for exposure in 41 males composing 59.4 % of male cases of HIV/AIDS and 49.4 % of all living HIV/AIDS cases in the Concho Plateau HSDA. For another 11.6 % of the males, male-to-male sex and injecting drug use (IDU) was the mode of exposure and 9.6 % of the total number of HIV/AIDS cases in this HSDA. IDUs accounted for 14.5 % of the overall number of HIV/AIDS cases. There were 11 cases of male IDUs that made up 15.9 % of the males and 1 female IDU that made 14.5 % of the females. One male and 9 females were exposed through heterosexual contact. This accounted for 12 % of the total HIV/AIDS cases, 1.4 % of the male HIV/AIDS cases, and 64.3 % of the female cases. There were 2 living cases of HIV/AIDS that were pediatric parents at risk accounting for 2.4 % of the total 83 cases. Not classified were 7 males and 3 females that made up 12 % of the total living HIV/AIDS cases.



Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

Living AIDS Cases in the Concho Plateau HSDA

Current Age

According to the HARS data set, there were 57 living AIDS cases on June 30, 2002 in the Concho Plateau HSDA. There were 5 females with AIDS and 52 males with AIDS. The largest age group of living AIDS cases was the 30 – 39 years old age group and that accounted for 52.6 % of all living AIDS cases in the Concho Plateau HSDA.

Current Age		Sex		Total
		Male	Female	
0 (0-11 mo)	Count		1	1
	% Within Sex		20 %	1.8 %
20 – 24	Count	3		3
	% Within Sex	5.8 %		5.3 %
25 – 29	Count	8	2	10
	% Within Sex	15.4 %	40 %	17.5 %
30 – 39	Count	28	2	30
	% Within Sex	53.8 %	40 %	52.6 %
40 – 49	Count	12		12
	% Within Sex	23.1 %		21.1 %
50 – 59	Count	1		1
	% Within Sex	1.9 %		1.8 %
Total	Count	52	5	57

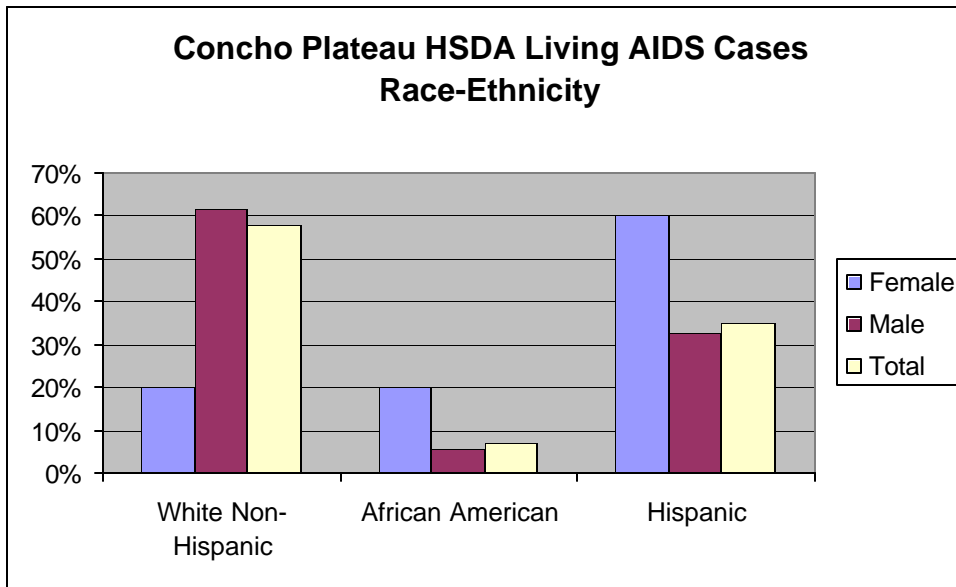
Prevalent AIDS Cases Through 6/30/02

Living AIDS Cases – combined – from 7/19/02 HARS data

Source: Texas Department of Health

Race-Ethnicity

White non-Hispanic males had the highest number of living AIDS cases in the Concho Plateau HSDA. They accounted for 32 cases that made up 61.5 % of all of the male cases and for 91.2 % of all the AIDS cases. There were 3 African American males with AIDS and 1 African American female with AIDS making 7.0 % of the total AIDS cases. Hispanics accounted for 35.1 % of the total living AIDS cases. There were 17 males (32.7% of males) and 3 females (60% of females) with AIDS. The chart below shows the distribution among race for living AIDS cases.



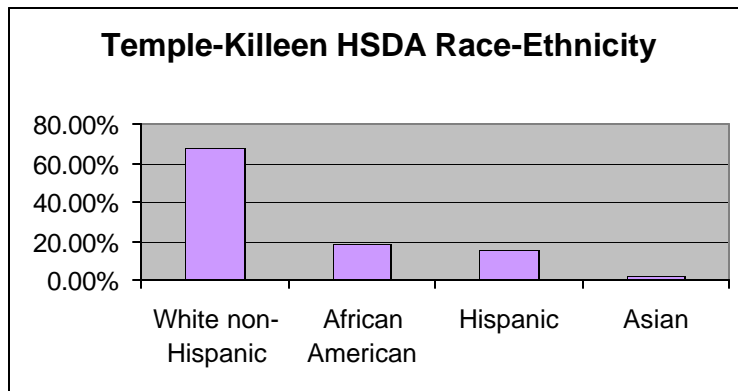
Prevalent AIDS Cases Through 6/30/02
Living AIDS Cases – combined – from 7/19/02 HARS data
Source: Texas Department of Health

Temple – Killeen HSDA

Temple-Killeen HSDA has 15.3 % of the residents in the Central Texas and that is 72 % of the population in the Temple-Killeen HSDA. The Temple-Killeen HSDA contains Bell County, Coryell County, Hamilton County, Lampassas County, Milam County, Mills County, and San Saba County. There are 36,274 people over the age of 65 accounting for 9.7 % of the population. About 75.7 % of the population has a high school diploma and 15.7 % have a bachelor degree or more. For people 15 years old or older, 60.5 % are married. The average household size is 2.58 and the average family size is 3.05. The unemployment rate is 3.2 % and the mean retirement income is \$19,320. The per capita income is \$16,251.

Race-Ethnicity

According to U.S. Census data from 2000, there are 349,952 U. S. citizens (93.4 % of the population) in the Temple-Killeen HSDA with 76.2 % of the population preferring to speak English and 10.8 % preferring to speak only Spanish. White non-Hispanics compose 67.2 % of the population, Latinos compose 15.7 % of the population African Americans compose 18.3 % of the population, Asians compose 2 % of the population and 3.4 % of the population are 2 or more races.



US Census 2000

Living HIV/AIDS Cases in the Temple-Killeen HSDA

Current Age

The total number of living HIV/AIDS cases in the Temple-Killeen HSDA is 267. There are 179 males making up 67 % and 88 females. In the Temple-Killeen HSDA, the majority of people with HIV/AIDS fall into the 30 – 39 year old age group. This age group accounts for 42.3 % of all living HIV/AIDS in that area. The second highest age group is the 40 – 49 years old group. They account for 31.8 % of the living HIV/AIDS in that area. As of June 30, 2002, no one under the age of 5 years old and only 2 people in the 5 – 12 year old category had HIV/AIDS according to the Texas Department of Health. The table below shows the current ages of those people who have HIV/AIDS in the Temple-Killeen HSDA

Current Age		Sex		Total
		Male	Female	
5 – 12	Count		2	2
	% Within Sex		2.3 %	.7 %
13 – 19	Count		6	6
	% Within Sex		6.8 %	2.2 %
20 – 24	Count	12	3	15
	% Within Sex	6.7 %	3.4 %	5.6 %
25 – 29	Count	14	5	19
	% Within Sex	7.8 %	5.7 %	7.1 %
30 – 39	Count	76	37	113
	% Within Sex	42.5 %	42 %	42.3 %
40 – 49	Count	61	24	85
	% Within Sex	34.1 %	27.3 %	31.8 %
50 – 59	Count	9	8	17
	% Within Sex	5 %	9.1 %	6.4 %
60 – 69	Count	5	2	7
	% Within Sex	2.8 %	2.3 %	2.6 %
70 +	Count	2	1	3
	% Within Sex	1.1 %	1.1 %	1.1 %
Total	Count	179	88	267

Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

Age at Diagnosis

The majority of the living cases of HIV/AIDS were first diagnosed when they were between 30 and 39 years of age accounting for 47.6 %. Two were diagnosed under 12 months old, 1 was diagnosed between 12 and 23 months old and 1 was diagnosed between 5 and 12 years old. The table below shows the age distribution according to age of diagnosis.

Age at Diagnosis		Sex		Total
		Male	Female	
0 (0 – 11 mos.)	Count		2	2
	% Within Sex		3.2 %	1.1 %
1 (12 – 23 mos.)	Count		1	1
	% Within Sex		1.6 %	.5 %
13 – 19	Count	3	1	4
	% Within Sex	2.4 %	1.6 %	2.2 %
20 – 24	Count	7	3	10
	% Within Sex	5.7 %	4.8 %	5.4 %
25 – 29	Count	14	13	27
	% Within Sex	11.4 %	20.6 %	14.5 %
30 – 39	Count	65	28	93
	% Within Sex	52.8 %	44.4 %	50 %
40 – 49	Count	26	10	36
	% Within Sex	21.1 %	15.9 %	19.4 %
50 – 59	Count	5	4	9
	% Within Sex	4.1 %	6.3 %	4.8 %
60 – 69	Count	3	1	4
	% Within Sex	2.4 %	1.6 %	2.2 %
Total	Count	123	63	186

Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

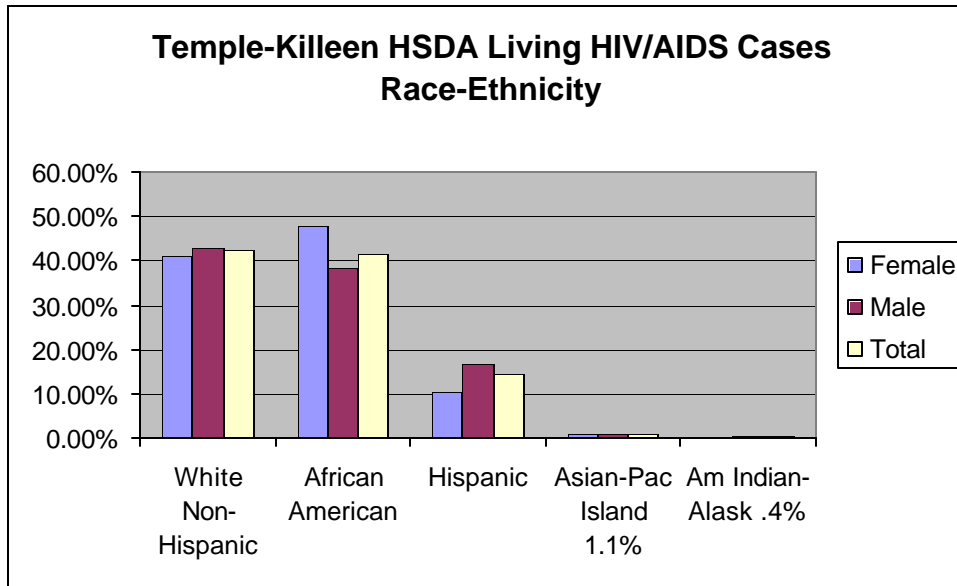
Race-Ethnicity

The highest racial group infected with HIV/AIDS in the Temple-Killeen was white non-Hispanics, who accounting for 42.3 % of the total number of HIV/AIDS cases. African Americans accounted for a close second with 41.6 % of the total number of HIV/AIDS cases. African American females had 47.7 % of the total number of cases among females. Considering that African Americans account for only 18.3 % of the population, this is a significant number. Hispanics were responsible for 14.6 % of the overall cases. The chart below gives the counts and percentages of the racial-ethnicity of living HIV/AIDS cases.

Race - Ethnicity		Sex		Total
		Male	Female	
White Non-Hispanic	Count	77	36	113
	% Within Sex	43 %	40.9 %	42.3 %
African American	Count	69	42	111
	% Within Sex	38.5 %	47.7 %	41.6 %
Hispanic	Count	30	9	39
	% Within Sex	16.8 %	10.2 %	14.6 %
Asian-Pacific Islander	Count	2	1	3
	% Within Sex	1.1 %	1.1 %	1.1 %
American Indian - Alaskan	Count	1		1
	% Within Sex	.6 %		.4 %
Total	Count	179	88	267
	% Within Sex	100.0 %	100.0 %	100.0 %

Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

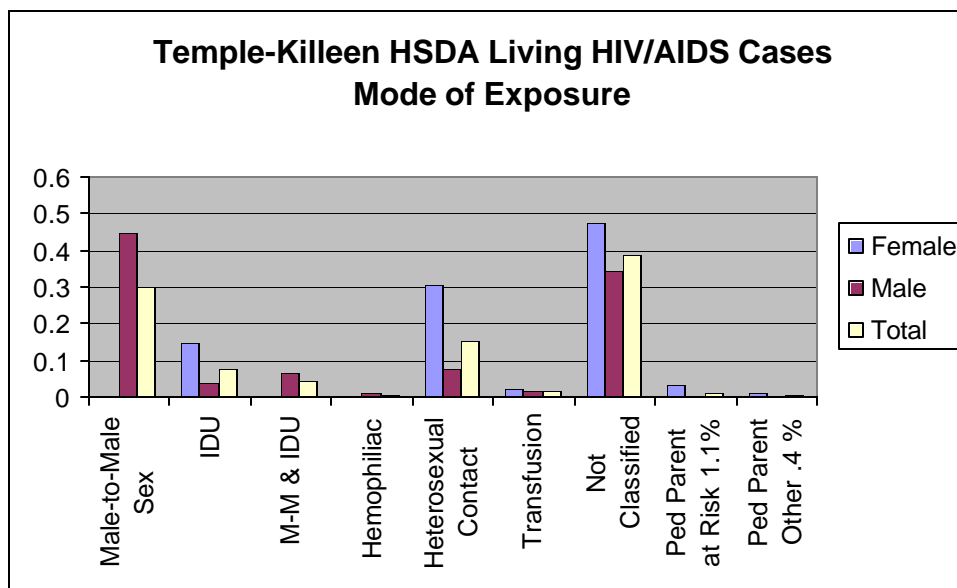
The chart below illustrates the disproportionate number of African Americans infected with HIV/AIDS in the Temple-Killeen HSDA.



Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

Mode of Exposure

Sexual activity accounted for the majority of exposure (49.8 %) for living HIV/AIDS cases. Male-to-male sex accounted for 44.7 % (80 cases) of all living male HIV/AIDS cases and 30% of the overall living HIV/AIDS cases in the Temple-Killeen HSDA. Male-to-male sex and IDU accounted for 12 cases (6.7 % of males) and that made up 4.5 % of the total living HIV/AIDS cases. Exposure through IDU accounted for 7 males (3.9 % of males) and 13 females (14.8 % of females) exposure accounting for 7.5 % of all cases. Heterosexual contact accounted for 7.8 % of all males (14 cases), 30.7 % of all females (27 cases), and 15.4 % of all exposures. Transfusions accounted for 5 cases and that made up 1.9 % of all exposures. Two male hemophiliacs were exposed and that accounted for .7 % of the total exposures. Not classified were 103 cases that accounted for 38.6 % of the exposures. Pediatric parents at risk accounted for 3 female exposures that made 1.1 % of the total exposures and pediatric undetermined accounted for 1 female exposure that composed .4 % of the total. The chart below illustrates the percentile for total exposures for each mode of exposure.



Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

Living AIDS Cases in the Temple-Killeen HSDA

Current Age

According to the Texas Department of Health there were 186 living AIDS cases in on June 30, 2002 in the Temple-Killeen HSDA. The largest age group of both males and females for living AIDS cases is the 30 – 39 year old age group. That age group accounts for 43.9 % of all males with AIDS and 44.4 % of all females with AIDS. The next highest age group for both males and females is the 40 – 49 year old age group. That age group accounts for 32.8 % of all living AIDS cases in the Temple-Killeen HSDA. The table below shows the breakdown for living AIDS cases by age and gender.

Current Age		Sex		Total
		Male	Female	
5 – 12	Count		1	1
	% Within Sex		1.6 %	.5 %
13 – 19	Count		2	2
	% Within Sex		3.2 %	1.1 %
20 – 24	Count	4	1	5
	% Within Sex	3.3 %	1.6 %	2.7 %
25 – 29	Count	9	2	11
	% Within Sex	7.3 %	3.2 %	5.9 %
30 – 39	Count	54	28	82
	% Within Sex	43.9 %	44.4 %	44.1 %
40 – 49	Count	43	18	61
	% Within Sex	35 %	28.6 %	32.8 %
50 – 59	Count	6	8	14
	% Within Sex	4.9 %	12.7 %	7.5 %
60 – 69	Count	5	2	7
	% Within Sex	4.1 %	3.2 %	3.8 %
70 +	Count	2	1	3
	% Within Sex	1.6 %	1.6 %	1.6 %
Total	Count	123	63	186

Prevalent AIDS Cases Through 6/30/02

Living AIDS Cases – combined – from 7/19/02 HARS data

Source: Texas Department of Health

Race-Ethnicity

Just as the number of living HIV/AIDS cases does not represent the population proportionately, the number of living AIDS cases does not either. White non-Hispanics accounted for 44.6 % of the total living AIDS cases in the Temple-Killeen HSDA. White non-Hispanic males had 56 cases (45.5 % of the male cases) and white non-Hispanic females had 27 cases (42.9 % of the total female cases). African Americans had 68 total cases making up 36.6 % of the total AIDS cases. African American males had 41 cases accounting for 33.3 % of all males and African American females had 27 cases tying white non-Hispanic females with 42.9 % of the total female living AIDS cases. Hispanic males had 25 cases (20.3 % of the total number of male cases) and Hispanic females had 8 cases (12.7 % of all female cases). Overall Hispanics with AIDS accounted for 17.7 % of the total number of living AIDS cases. There was one Asian-Pacific Islander male and one female with AIDS making up 1.1 % of the total AIDS cases. The male accounted for .8 % of the male cases and the female accounted for 1.6 % of the female cases. The table below gives counts and percentages.

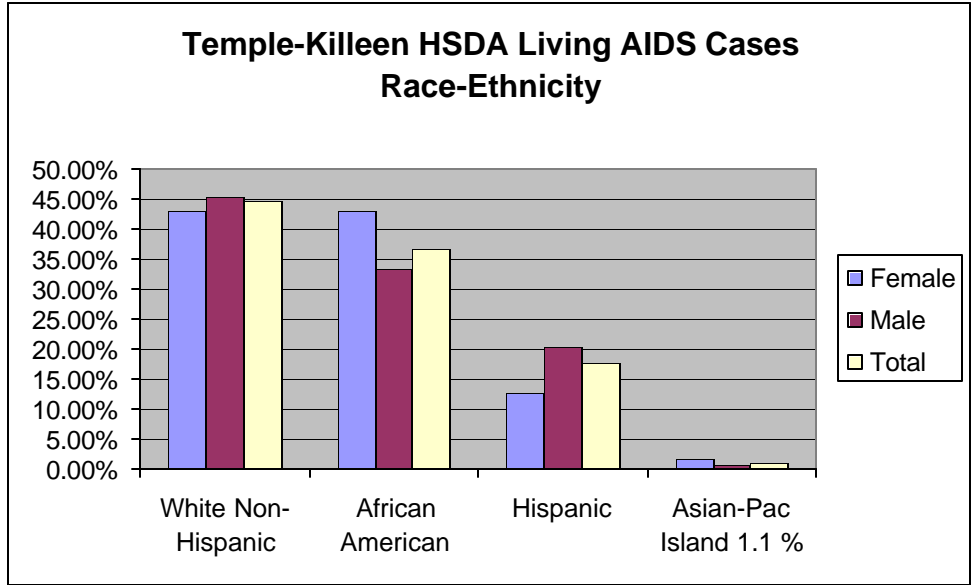
Race - Ethnicity		Sex		Total
		Male	Female	
White Non-Hispanic	Count	56	27	83
	% Within Sex	45.5 %	42.9 %	44.6 %
African American	Count	41	27	68
	% Within Sex	33.3 %	42.9 %	36.6 %
Hispanic	Count	25	8	33
	% Within Sex	20.3 %	12.7 %	17.7 %
Asian-Pacific Islander	Count	1	1	2
	% Within Sex	.8 %	1.6 %	1.1 %
Total	Count	179	88	267
	% Within Sex	100.0 %	100.0 %	100.0 %

Prevalent AIDS Cases Through 6/30/02

Living AIDS Cases – combined – from 7/19/02 HARS data

Source: Texas Department of Health

The chart below illustrates the proportions of race by sex.



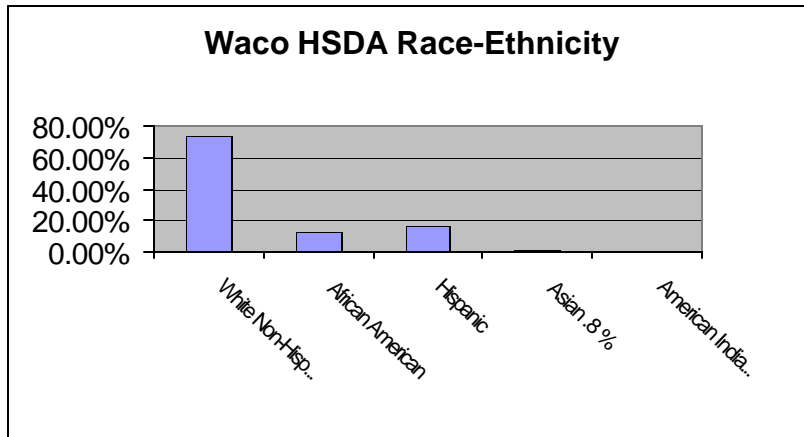
Prevalent AIDS Cases Through 6/30/02
Living AIDS Cases – combined – from 7/19/02 HARS data
Source: Texas Department of Health

Waco HSDA

According to U.S. Census 2000 there are 321,536 people in the Waco HSDA. This makes 13.1 % of the population of the CTHPA. Approximately 73.8 % of the residents of the Waco HSDA are over 18 years old and 14.4 % are over 65 years old. About 72.3 % of those people have high school diplomas and 13.1 % have a bachelor degree or more. Of those people 15 years old and older, 56.1 % are married. The average household size is 2.54 and the average family size is 3.06. The unemployment rate is 3.8 %. The mean retirement income is \$17,406 and \$15,857 is the per capita income.

Race-Ethnicity

In the Waco HSDA, 94.6 % of the residents are U. S. Citizens. Eighty percent of those citizens prefer to speak only English and 11.1 % of them prefer to speak only Spanish. U. S. Census data says there are 73.8 % white non-Hispanic, 12.8 % African American, 16.1 % Latino, .5 % American Indian, and .8 % Asian. The chart below illustrates the racial proportions in the Waco HSDA.



U. S. Census 2000

Living HIV/AIDS Cases in the Waco HSDA

Current Age

Texas Department of Health determined that on June 30, 2002, there were 259 living HIV/AIDS cases in the Waco HSDA. There were 182 males accounting for 70.2 % of all living HIV/AIDS cases in the Waco HSDA and 77 females with HIV. The highest age group for males with HIV/AIDS was the 40 – 49 year old age group. This accounted for 38.5 % of all males with HIV/AIDS in this HSDA. The highest age group for females was the 30 – 39 year old age group. This group accounted for 28.6 % of all females with HIV/AIDS in this HSDA. No one under the age of five had HIV/AIDS and there were 2 female pediatric cases that accounted for .8 % of the total cases. The current ages of living HIV/AIDS cases are illustrated in the table below.

Current Age		Sex		Total
		Male	Female	
5 – 12	Count		2	2
	% Within Sex		2.6 %	.8 %
13 – 19	Count	1	2	3
	% Within Sex	.5 %	2.6 %	1.2 %
20 – 24	Count	6	8	14
	% Within Sex	3.3 %	10.4 %	5.4 %
25 – 29	Count	9	13	22
	% Within Sex	4.9 %	16.9 %	8.5 %
30 – 39	Count	55	22	77
	% Within Sex	30.2 %	28.6 %	29.7 %
40 – 49	Count	70	17	87
	% Within Sex	38.5 %	22.1 %	33.6 %
50 – 59	Count	30	10	40
	% Within Sex	16.5 %	13 %	15.4 %
60 – 69	Count	9	3	12
	% Within Sex	4.9 %	3.9 %	4.6 %
70 +	Count	2		2
	% Within Sex	1.1 %		.8 %
Total	Count	2183	454	2637

Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

Age at Diagnosis

The largest age group for the first diagnosis of HIV/AIDS was the 30 – 39 year old age group. This was true for both males and females. There were 77 males diagnosed in this age group and that accounted for 42.3 % of all males. There were 30 females diagnosed in this age group and that accounted for 39 % of all females. The 30 – 39 year old age group accounted for the first diagnosis of 41.3 % of all living HIV/AIDS cases in the Waco HSDA. The chart below gives the counts and the percentages of age at diagnosis.

Age at Diagnosis		Sex		Total
		Male	Female	
2 – 4	Count		2	2
	% Within Sex		2.6 %	.8 %
13 – 19	Count	3	7	10
	% Within Sex	1.6 %	9.1 %	3.9 %
20 – 24	Count	11	11	22
	% Within Sex	6 %	14.3 %	8.5 %
25 – 29	Count	17	8	25
	% Within Sex	9.3 %	10.4 %	9.7 %
30 – 39	Count	77	30	107
	% Within Sex	42.3 %	39 %	41.3 %
40 – 49	Count	55	10	65
	% Within Sex	30.2 %	13 %	25.1 %
50 – 59	Count	12	7	19
	% Within Sex	6.6 %	9.1 %	7.3 %
60 – 69	Count	7	2	9
	% Within Sex	3.8 %	2.6 %	3.5 %
Total	Count	182	77	259

Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

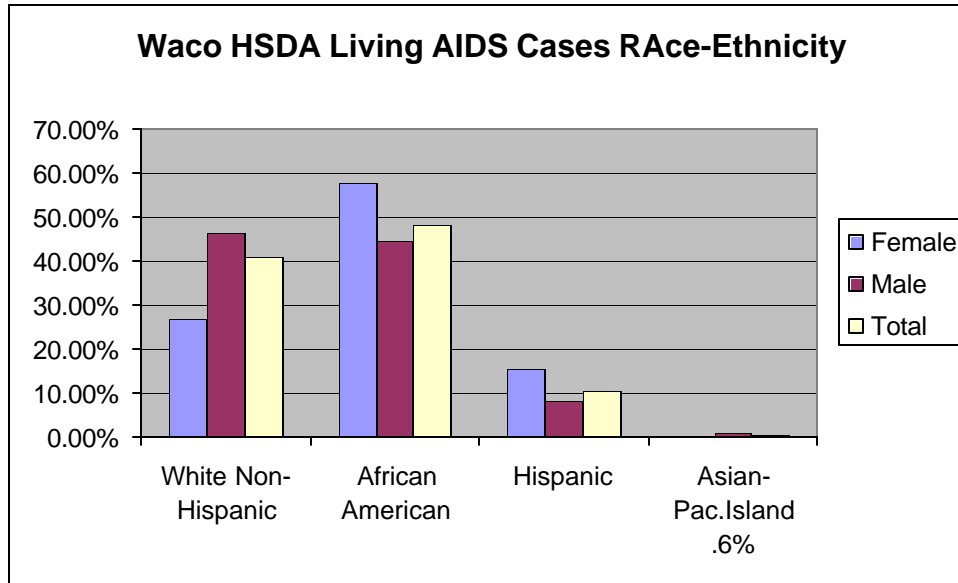
Race-Ethnicity

The largest racial group in the Waco HSDA with HIV/AIDS is African Americans. They account for 51.7 % of the total HIV/AIDS cases. African American males accounted for 47.3 % of all male cases of HIV/AIDS and African American females accounted for 62.3 % of all females. White non-Hispanic males accounted for 40.7 % of all males and white non-Hispanic females accounted for 24.7 % of all females. All white non-Hispanics accounted for 35.9 % of living HIV/AIDS cases in the Waco HSDA. Hispanic males accounted for 11.5 % of all males and Hispanic females accounted for 13 % of all females. Overall, Hispanics accounted for only 12 % of the total number of living HIV/AIDS cases. There was only one male Asian-Pacific Islander who accounted for .5 % of males and .4 % of the overall population of living HIV/AIDS cases. The table below gives exact counts and percentages of the racial-ethnicity groups of living HIV/AIDS cases in the Waco HSDA.

Race - Ethnicity		Sex		Total
		Male	Female	
White Non-Hispanic	Count	74	19	93
	% Within Sex	40.7 %	24.7 %	36.9 %
African American	Count	86	48	134
	% Within Sex	47.3 %	62.3 %	51.7 %
Hispanic	Count	21	10	31
	% Within Sex	11.5 %	13 %	12 %
Asian-Pacific Islander	Count	1		1
	% Within Sex	.5 %		.4 %
Total	Count	182	77	259
	% Within Sex	100.0 %	100.0 %	100.0 %

Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

The chart below best illustrates the proportions of racial groups with HIV/AIDS.



Prevalent HIV Infection Cases Through 6/30/02
Living HIV/AIDS Cases – combined – from 7/19/02 HARS data
Source: Texas Department of Health

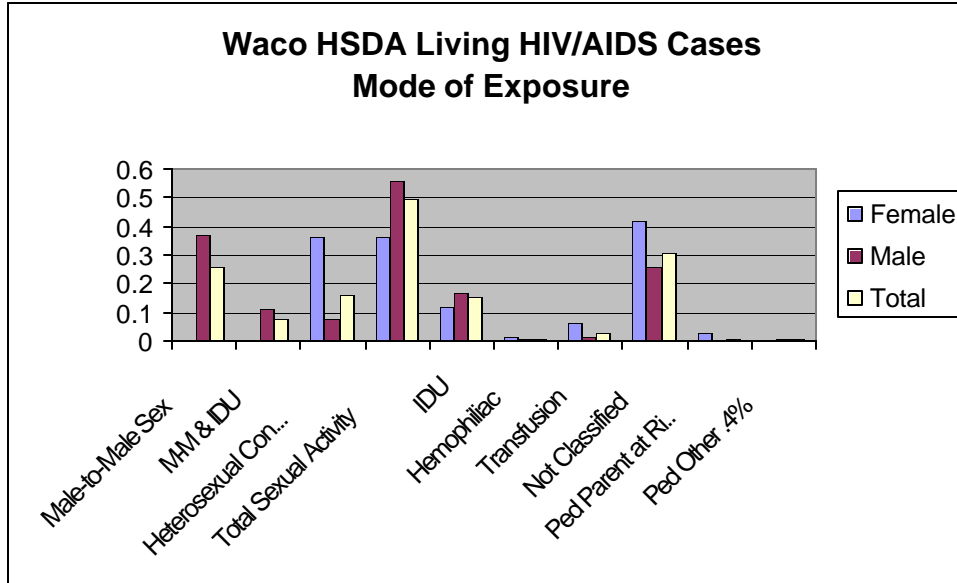
Mode of Exposure

As in the other HSDA in the CTHPA, sexual activity was the most common mode of exposure for living HIV/AIDS cases. Sexual activity accounted for 129 cases and that is 49.8 % of the overall cases of HIV/AIDS. Male-to-male sex accounted for 36.8 % of all male cases of HIV/AIDS and 25.9 % of the total number of cases. Male-to male sex and IDU accounted for 11 % of all male cases of HIV/AIDS and 7.7 % of the total cases. Heterosexual contact accounted for 7.7 % of male exposures, 36.4 % of female exposures, and 16.2 % of the overall exposures. IDU accounted for 16.5 % of males, 11.7 % of females and 15.1 % overall of HIV/AIDS cases. There was 1 male hemophiliac and 1 female hemophiliac accounting for .5 % of male exposure, 1.3 % of female exposure, and .8 % of overall exposures. Transfusion accounted for 1.1 % of males, 6.5 % of females, and 2.7 % of overall exposures. The table below gives exact counts and percentages for the mode of exposure in the Waco HSDA.

Mode of Exposure		Sex		Total
		Male	Female	
Male-to-Male Sex	Count	67		67
	% Within Sex	36.8 %		25.9 %
IDU	Count	30	9	39
	% Within Sex	16.5 %	11.7 %	15.1 %
M-M & IDU	Count	20		20
	% Within Sex	11 %		7.7 %
Heterosexual Contact	Count	14	28	42
	% Within Sex	7.7 %	36.4 %	16.2 %
Transfusion	Count	2	5	7
	% Within Sex	1.1 %	6.5 %	2.7 %
Not Classified	Count	47	32	79
	% Within Sex	25.8 %	41.6 %	30.5 %
Pediatric Parent at Risk	Count		2	2
	% Within Sex		2.6 %	.8 %
Pediatric Other-Undetermined	Count	1		1
	% Within Sex	.5 %		.4 %
Total	Count	182	77	259
	% Within Sex	100 %	100 %	100 %

Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

The chart below illustrates the major causes of exposure.



Prevalent HIV Infection Cases Through 6/30/02
 Living HIV/AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

Living AIDS Cases in the Waco HSDA

Current Age

According to the Texas Department of Health there were 164 living AIDS cases on June 30, 2002. The age group with the most males was the 40 – 49 year old age group. This age group accounted for 43.7 % of the males with AIDS and 39.6 % of the overall population with AIDS. The age group with the most females with AIDS was the 30 – 39 year old age group. This age group accounted for 33.3 % of all females and 28 % of the overall population with AIDS. There were 2 female pediatric cases of AIDS and that made up 1.2 % of the total population with AIDS. The table below lists the counts and percentages of each age group.

Current Age		Sex		Total
		Male	Female	
5 – 12	Count		2	2
	% Within Sex		4.4 %	1.2 %
13 – 19	Count	1	1	2
	% Within Sex	.8 %	2.2 %	1.2 %
20 – 24	Count	3	2	5
	% Within Sex	2.5 %	4.4 %	3 %
25 – 29	Count	1	6	7
	% Within Sex	.8 %	13.3 %	4.3 %
30 – 39	Count	31	15	46
	% Within Sex	26.1 %	33.3 %	28 %
40 – 49	Count	52	13	65
	% Within Sex	43.7 %	28.9 %	39.6 %
50 – 59	Count	22	6	28
	% Within Sex	18.5 %	13.3 %	17.1 %
60 – 69	Count	7		7
	% Within Sex	5.9 %		4.3 %
70 +	Count	2		2
	% Within Sex	1.7 %		1.2 %
Total	Count	119	45	164

Prevalent AIDS Cases Through 6/30/02

Living AIDS Cases – combined – from 7/19/02 HARS data

Source: Texas Department of Health

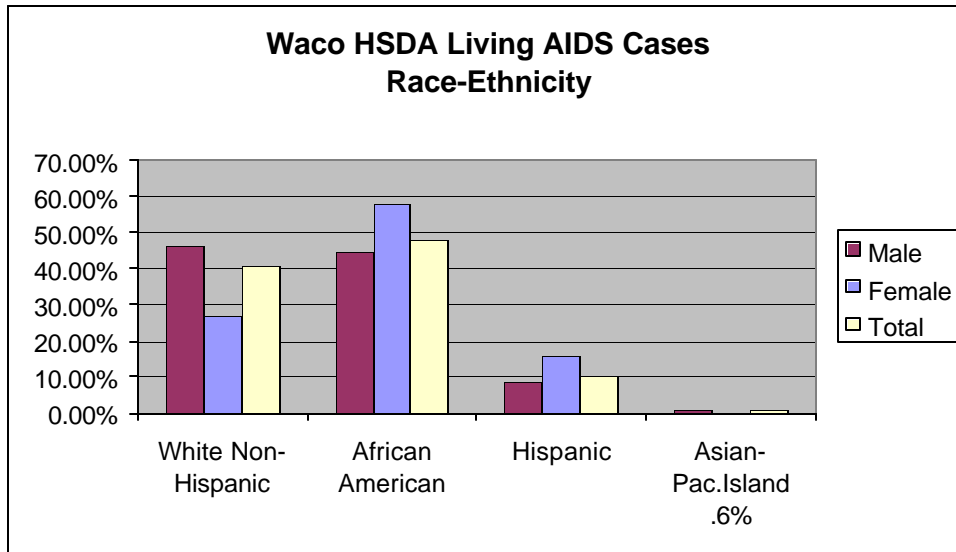
Race-Ethnicity

African Americans made up 48.2 % of the living AIDS cases in the Waco HSDA. African American females made up 57.8 % of all females with AIDS and African American males made up 44.5 % of all males. White non-Hispanic males made up 46.2 % of all males and white non-Hispanic females made up 26.7 % of all females with AIDS. Overall, white non-Hispanics made up 40.9 % of the population with AIDS. Hispanic males made up 8.4 % of all males and Hispanic females made up 15.6 % of all females. Hispanics as a group made up 10.4 % of the total number of living AIDS cases in the Waco HSDA. There was one male Asian-Pacific Islander who made up .8 % of the male cases and .6 % of the total cases. The table below illustrates the race-ethnicity of living AIDS cases in the Waco HSDA.

Race - Ethnicity		Sex		Total
		Male	Female	
White Non-Hispanic	Count	55	12	67
	% Within Sex	46.2 %	26.7 %	40.9 %
African American	Count	53	26	79
	% Within Sex	44.5%	57.8 %	48.2 %
Hispanic	Count	10	7	17
	% Within Sex	8.4 %	15.6 %	10.4 %
Asian-Pacific Islander	Count	1		1
	% Within Sex	.8 %		.6 %
Total	Count	119	45	164
	% Within Sex	100.0 %	100.0 %	100.0 %

Prevalent AIDS Cases Through 6/30/02
 Living AIDS Cases – combined – from 7/19/02 HARS data
 Source: Texas Department of Health

The disproportionate amount of living AIDS cases in African American females is best shown in this comparison chart.



Prevalent AIDS Cases Through 6/30/02
Living AIDS Cases – combined – from 7/19/02 HARS data
Source: Texas Department of Health

Needs Assessment Client Survey Analysis

The stated purpose of the Texas Statewide Coordinated Statement of Need (SCSN), using the Needs Assessment Client Survey, is to set priorities for providing services to those affected by HIV/AIDS and to allocate funds in each respective public health planning area. This needs assessment tool was developed by Texas Women's University and the SCSN Steering Committee and is used by all HIV/AIDS service planning councils in the state of Texas¹.

This report will address the second specific aim as stated by the SCSN guidebook and will provide HIV/AIDS service planning bodies with the information gathered using the client responses from the Texas Needs Assessment Client Survey (NACS). In doing so, the council will have descriptive information on the demographic distributions, health status and risk factors, medical use and coverage, the needs and prior use of services, as well as barriers to services as identified by the respondents.

Methods

The scope of the sampled population is limited to the central Texas planning area where people living with HIV/AIDS (PLWHA) are selected by unspecified means. Each of the 164 participants were given a gift certificate as a means of reimbursement for their participation. There were no identified criteria presented for inclusion or exclusion in the selection of participants. A twenty-two-page survey was administered from September – November, 2002 according to the discretion of the SCSN representative supervising the survey session. The SCSN representative was not permitted to define such terms as “viral load” or “disability,” but was permitted to answer more general questions. The survey was available both in English and Spanish, though no Spanish surveys are included in this report. In the event that a participant was lacking reading skills, the survey was administered one-on-one with the client where the SCSN representative filled out the survey. If the PLWHA was unable to fill out the survey, a caregiver filled out the survey according to the client's needs.

The surveys were returned for analysis where data were entered into a Visual Basic module provided by Texas Women's University. The computer module format was a form with required fields, checkboxes, and text fields. Reports were generated with an included report function; this, however, omitted the scores falling below a 3% response and in some cases gave inconsistent calculations. The data were extracted to Microsoft Access and imported into Microsoft Excel where the missing 3% was included in the analysis. This report module caused considerable difficulty in analyzing the data in that it was not easily manipulated between programs and a programming coding key was not included with the module.

Counts and percentages were obtained using the calculating and graphing functions in Microsoft Excel. Contingency tables providing frequency distributions were generated using SPSS version 11.0. These categorical data are expressed as both counts and percentages due to small sample size and ease of interpretation.

¹ Texas SCSN Guidebook p5

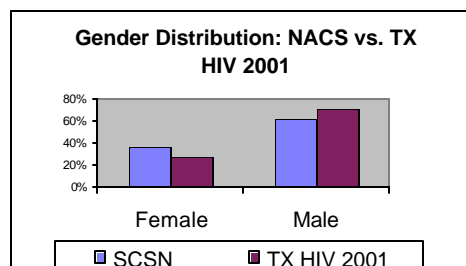
Results

Demographics

	Female (n=59)		Male (n=102)		Transgender (n=3)		Total (N= 164)	
	n	%	n	%	n	%	n	%
Age:								
Under 13 years	1	2%	0	0%	0	0%	1	1%
13 - 20 years	4	7%	2	2%	0	0%	6	4%
21 - 30 years	9	15%	2	2%	0	0%	11	7%
31 - 40 years	20	34%	39	38%	1	33%	60	37%
41 - 50 years	20	34%	46	45%	1	33%	67	41%
Over 50 years	8	14%	13	13%	1	33%	22	13%
Ethnicity:								
Hispanic or Latino	7	12%	18	18%	2	67%	27	16%
Not Hispanic or Latino	52	88%	84	82%	1	33%	137	84%
Race:								
American Indian or Alaska Native	0	0%	3	3%	0	0%	3	2%
Asian	0	0%	0	0%	0	0%	0	0%
Black or African-American	32	54%	38	37%	1	33%	71	43%
Native Hawaiian/ Pacific Islander	0	0%	0	0%	0	0%	0	0%
White	23	39%	51	50%	1	33%	75	46%
Other	2	3%	10	10%	1	33%	13	8%
Preferred Language:								
English	58	98%	97	95%	2	67%	157	96%
Spanish	1	2%	2	2%	0	0%	3	2%
Bilingual (English/Spanish)	0	0%	2	2%	1	33%	3	2%
Relationship Status:								
Common Law	2	3%	6	6%	0	0%	8	5%
Divorced	20	34%	7	7%	0	0%	27	16%
Legally Married	8	14%	10	10%	0	0%	18	11%
Partnered	6	10%	18	18%	1	33%	25	15%
Separated	5	8%	4	4%	0	0%	9	5%
Single	15	25%	54	53%	2	67%	71	43%
Widowed or partner died	3	5%	3	3%	0	0%	6	4%

Gender

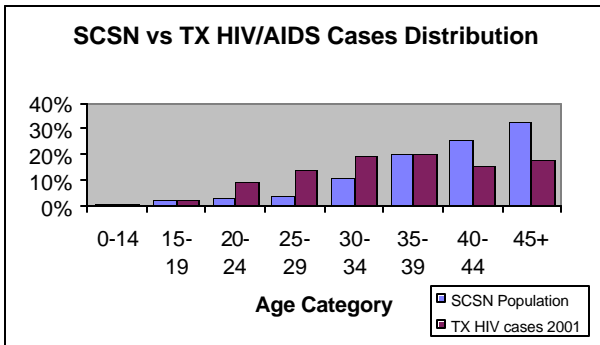
Participants were given four options for selecting their gender: Male, Female, Transgender, and Other. Individuals who report their gender as Transgender account for less than 2% (n=3) of respondents, none of the respondents selected "Other." Females compose 36% (n=59) and



males compose 62% (n=102) of the population sampled by NACS. The distribution of gender in this population is similar to that of the Texas HIV/STD Surveillance population of 2001².

Age

Age is calculated from the given birth month and year and is categorized into eight age ranges: 0-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, and 45+. The distribution of ages is compared to the Texas HIV/STD Surveillance population where it is readily seen



that the distribution of ages in the NACS group is quite different from that of the Surveillance report. The NACS population is skewed towards older clients, and reflects a uniform decline of cases in age. Sixty-eight percent of women are between the ages of 30 to 50 years, and more than 80% of men fall in the same age category. The age groups that are underrepresented fall between 20

to 34 years of age. Due to the discordance in distributions between the sampled population and the surveillance population, results from this study are not generalizable by age to the general PLWHA surveillance population.

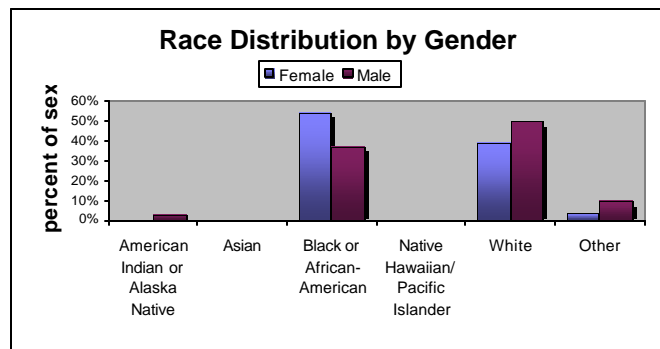
Ethnicity

In order to define their ethnicity, participants are asked to identify themselves as either “Hispanic or Latino” or “Not Hispanic or Latino” so as. Sixteen percent report that they considered their ethnicity to be “Hispanic or Latino” and 84% consider themselves to be “Not Hispanic or Latino.”

Race

Participants are given five categories to describe their race. The categories are American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, or White. For individuals who do not feel they fit into any of the listed categories, there is an “Other” blank to designate race. The most common written response for “Other” is Hispanic.

Race differs by gender, where the most contrasting differences are in the “White” and “Black” categories; for “White,” males account for 50% of all male respondents and women account for 39% of all female respondents, for “Black,” it is nearly the opposite: males (37%) and

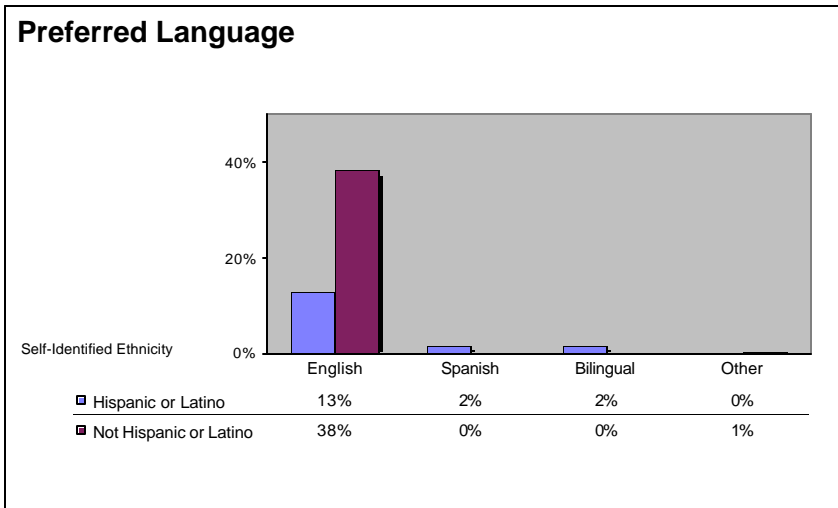


² Texas HIV/STD Annual Surveillance Report, 2001

females (54%). The Texas Surveillance population is similar in the “Black” category: males 36% and females at 61%, but the distribution in the “White” category is different: males 40% and females 21%. American Indian or Alaska Native respondents accounted for 2% and the Asian and the Native Hawaiian or Pacific Islander categories have no responses.

Preferred Language

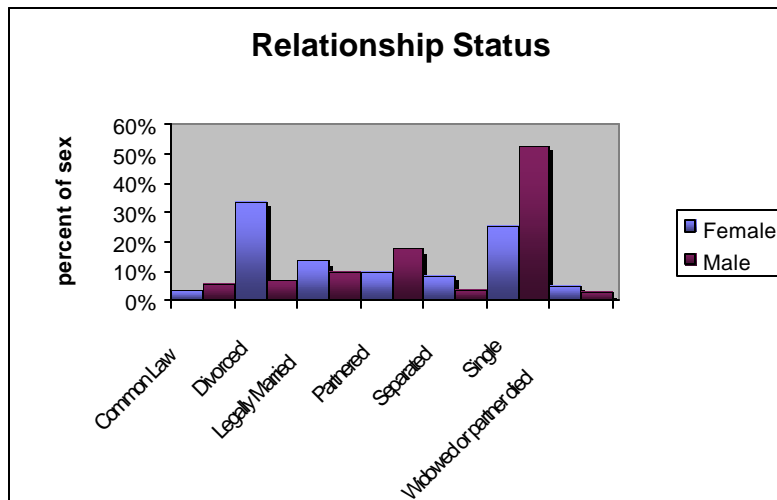
Participants were asked to choose the language they *most prefer* to speak. In the sampled population, English is preferred by 96%, Spanish preferred by 2%, and 2% prefer “Bilingual.” English is the most preferred language by 13% of the “Hispanic” respondents and 38% by the “Not Hispanic” respondents. Only 2% of the “Hispanic” respondents preferred Spanish, and only 2% have no preference for English or Spanish.



“Bilingual.” English is the most preferred language by 13% of the “Hispanic” respondents and 38% by the “Not Hispanic” respondents. Only 2% of the “Hispanic” respondents preferred Spanish, and only 2% have no preference for English or Spanish.

Relationship Status

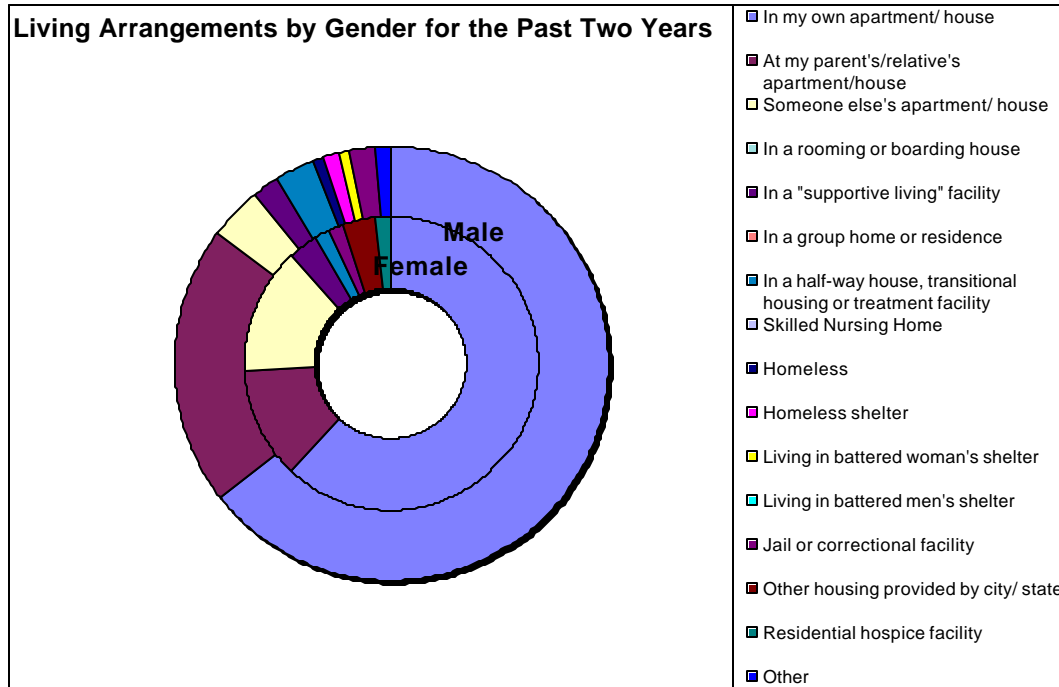
Participants were asked to indicate their relationship status by choosing from seven categories: common law, divorced, legally married, partnered, separated, single (never married), or widowed/partner died. Women have the highest response for the divorce category (34%) and 53% of all of the male respondents are in the “single” category. Fifteen percent of the population is partnered, 11% is legally married (5% common law), 5% are separated, and 4% are widowers.



Living Arrangements

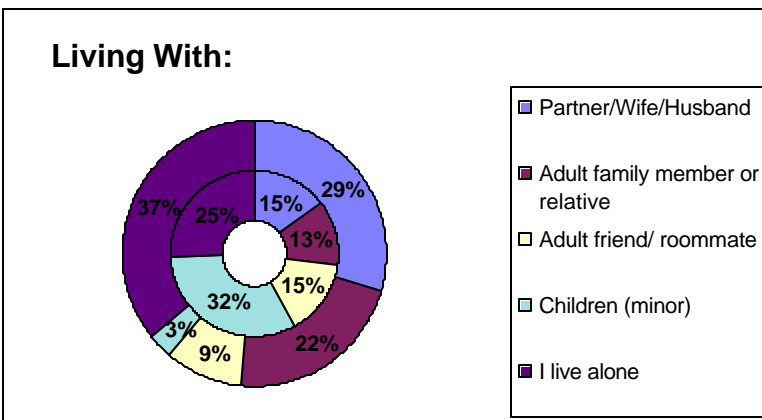
	Female (n=59)		Male (n=102)		Transgender (n=3)		Total (N= 164)	
	n	%	n	%	n	%	n	%
Living Arrangements:								
In my own apartment/ house	36	61%	65	64%	1	33%	102	62%
At my parent's/relative's apartment/house	7	12%	21	21%	0	0%	28	17%
Someone else's apartment/ house	8	14%	4	4%	0	0%	12	7%
In a rooming or boarding house	0	0%	0	0%	0	0%	0	0%
In a "supportive living" facility	2	3%	2	2%	0	0%	4	2%
In a group home or residence	0	0%	0	0%	2	67%	2	1%
In a half-way house, transitional housing or treatment facility	1	2%	3	3%	0	0%	4	2%
Skilled Nursing Home	0	0%	0	0%	0	0%	0	0%
Homeless (on the street/ in car)	0	0%	1	1%	0	0%	1	1%
Homeless shelter	0	0%	1	1%	0	0%	1	1%
Living in battered woman's shelter	0	0%	1	1%	0	0%	1	1%
Living in battered men's shelter	0	0%	0	0%	0	0%	0	0%
Jail or correctional facility	1	2%	2	2%	0	0%	3	2%
Other housing provided by city/ state	2	3%	0	0%	0	0%	2	1%
Residential hospice facility	1	2%	0	0%	0	0%	1	1%
Other	0	0%	1	1%	0	0%	1	1%
Living with:								
Partner/Wife/Husband:	8	14%	28	27%	1	33%	37	23%
Adult family member or relative:	7	12%	21	21%	0	0%	28	17%
Adult friend/ roommate	8	14%	9	9%	0	0%	17	10%
Children (minor)	18	31%	3	3%	0	0%	21	13%
I live alone	14	24%	34	34%	2	67%	50	30%
Children in Household:								
None	34	58%	90	88%	3	100%	127	77%
One child	13	22%	5	5%	0	0%	18	11%
Two children	14	24%	5	5%	0	0%	19	12%
Three children	6	10%	1	1%	0	0%	7	4%
Four or more children	1	2%	0	0%	0	0%	1	1%
Others with HIV:								
Anyone in household other than self living with HIV	7	12%	22	22%	0	0%	29	18%
Children in household with HIV	1	2%	0	0%	0	0%	1	1%

The participants were asked to answer several questions about their living arrangements, such as where and how long they lived in a particular place, with whom they are living,



how many children (if any) are living with them, and if any one else in the household has HIV. At least 60% of respondents replied that they are living in their own apartment or house. For the clients that reported they live “At my parent’s or relative’s apartment or house,” the total response rate is 17%, but the responses were different by gender: men at 21% and women at 12%. Only 2% of all respondents lived in either a jail or correctional facility or a homeless shelter within the past two years

Of the five categories for “Living With,” males responded that they live alone (37%), with a partner or spouse (29%), or with a relative (22%), with a roommate (9%), and with children (3%). For the same question, women responded with 25% live alone, 15% with a partner or spouse, 13% with a roommate, and 32% live with children.



Almost 70% of the participants indicated that they have no children living with them, 12% have one child, 8% have two, 6% have

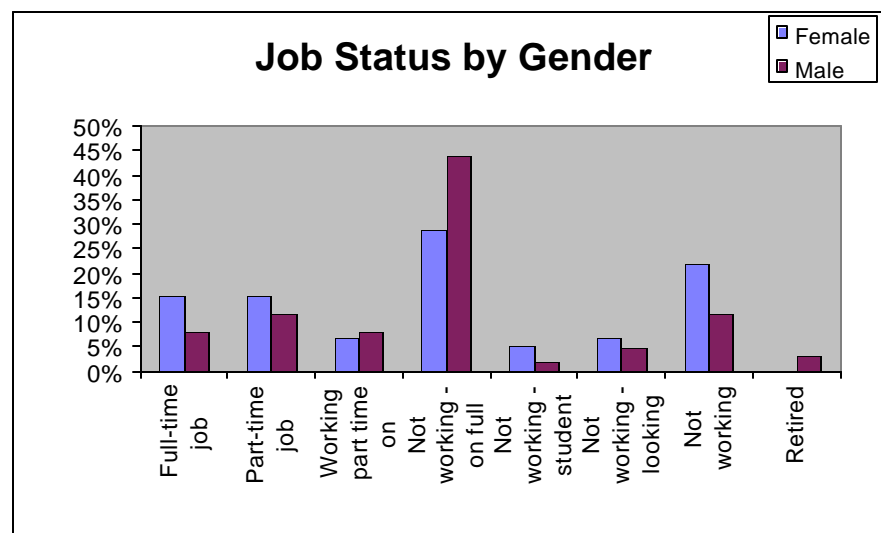
three children, and 4% have four or more. There is one case of childhood HIV included in this population. Eighteen percent of the participants replied that there is someone else in the household with HIV.

Socio-economic Indicator

	Female (n=59)		Male (n=102)		Transgender (n=3)		Total (N= 164)	
	n	%	n	%	n	%	n	%
Socio-economic Indicator:								
Full-time job	9	15%	8	8%	0	0%	17	10%
Part-time job	9	15%	12	12%	0	0%	21	13%
Working part time on disability	4	7%	8	8%	1	33%	13	8%
Not working - on full disability	17	29%	45	44%	2	67%	64	39%
Not working - student	3	5%	2	2%	0	0%	5	3%
Not working - looking	4	7%	5	5%	0	0%	9	5%
Not working	13	22%	12	12%	0	0%	25	15%
Retired	0	0%	3	3%	0	0%	3	2%
Current Yearly Income:								
0 - \$9,999	35	59%	64	63%	1	33%	100	61%
10,000 - \$19,999	17	29%	31	30%	2	67%	50	30%
20,000 - \$29,999	4	7%	5	5%	0	0%	9	5%
30,000 - \$39,999	1	2%	0	0%	0	0%	1	1%
40,000 - \$49,999	0	0%	2	2%	0	0%	2	1%
Greater than \$50,000	0	0%	0	0%	0	0%	0	0%
Education Level:								
Grade school or less	3	5%	20	20%	1	33%	24	15%
Some high school	15	25%	27	26%	2	67%	44	27%
High school graduate/ GED	14	24%	8	8%	0	0%	22	13%
Technical or Trade School	6	10%	34	33%	0	0%	40	24%
Some College	16	27%	8	8%	0	0%	24	15%
Completed College	4	7%	2	2%	0	0%	6	4%
Graduate level	0	0%	0	0%	0	0%	0	0%

Job Status

Clients were asked to choose the category for work status that best fits their situation. The job categories are: full time job, part-time job, part-time on disability, not working- full disability, not working- student, not working- looking, not working- looking, and retired. Ten percent of the total population hold a full-time job; nearly half of all male respondents reply they are not working and on full disability, whereas 29% of the women are not working and on full disability.

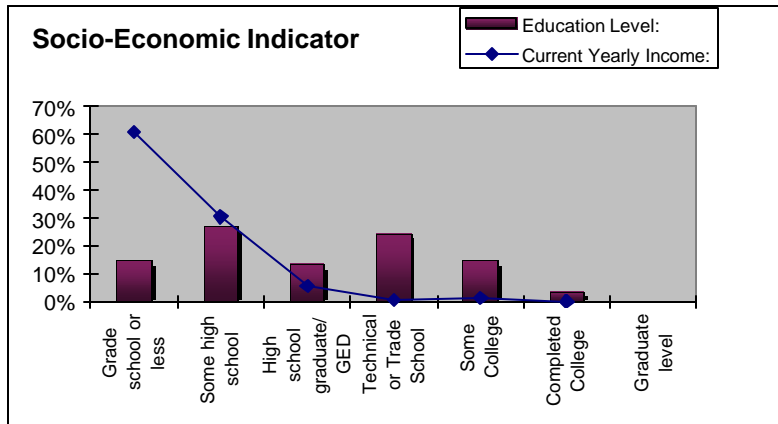


Socio-economic Indicator

Socio-economic status, or SES, can be assessed by using income and level of education. Current yearly income is divided into six categories where the lowest is \$0 - \$9,999 and the highest greater than \$50,000.

Participants were asked to report individual income, not household income. Fifteen percent of the total sampled population has a grade school or lower education and 61% of the total population earns from \$0 to \$9,999 per year.

Thirty percent of the population make \$10,000 - \$19,999 per year, and 5% make \$20,000 - \$29,999 per year. Twenty-seven percent attended some high school, 13% graduated, and 24% attended a technical or trade school.



Substance Abuse

SUBSTANCE ABUSE HISTORY FOR PRECEDING TWO YEARS

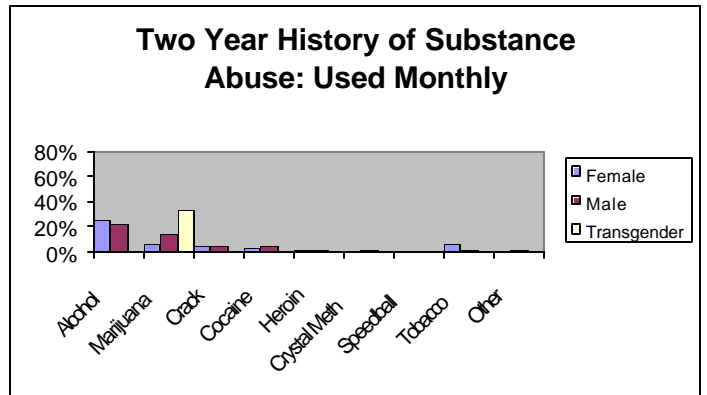
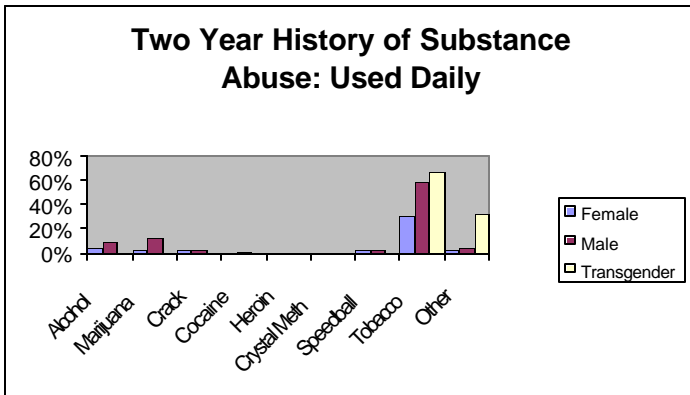
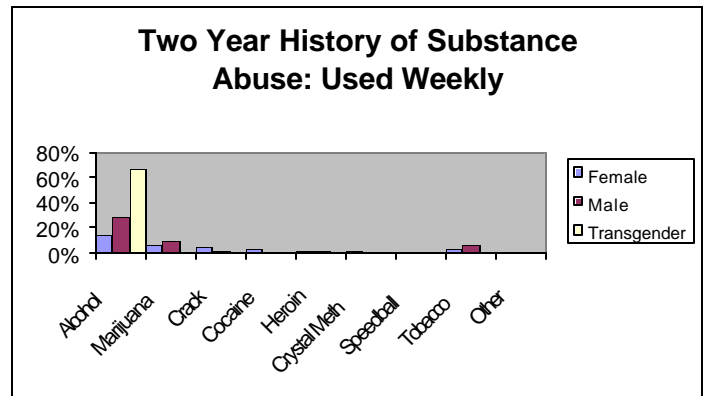
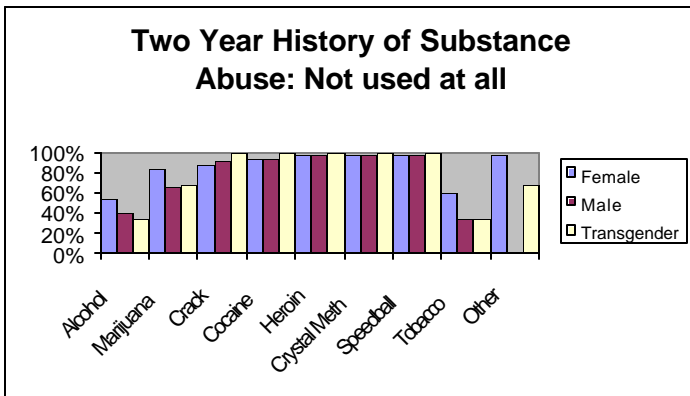
Substance	Not used at all			Daily			Weekly			Monthly		
	%	%	%	%	%	%	%	%	%	%	%	%
	Female	Male	Trans	Female	Male	Trans	Female	Male	Trans	Female	Male	Trans
Alcohol	54%	40%	33%	5%	10%	0%	15%	28%	67%	25%	22%	0%
Marijuana	83%	65%	67%	3%	12%	0%	7%	9%	0%	7%	15%	33%
Crack	88%	92%	100%	2%	2%	0%	5%	2%	0%	5%	4%	0%
Cocaine	93%	94%	100%	0%	1%	0%	3%	0%	0%	3%	5%	0%
Heroin	97%	98%	100%	0%	0%	0%	2%	1%	0%	2%	1%	0%
Crystal Meth or Methamphetamines	98%	98%	100%	0%	0%	0%	2%	0%	0%	0%	2%	0%
Speedball	98%	98%	100%	3%	2%	0%	0%	0%	0%	0%	0%	0%
Tobacco	59%	34%	33%	31%	58%	67%	3%	6%	0%	7%	2%	0%
Other	98%	94%	67%	3%	4%	33%	0%	0%	0%	0%	2%	0%

Most of the respondents indicated no use (within the last two years) of alcohol or illicit drugs. Tobacco is the most frequently used substance with proportions of 31%

(female) and 58% (male) for the daily category. Weekly and monthly use of alcohol account for approximately a quarter of male clients and female clients. Male respondents claim to use marijuana daily (12%), monthly (9%), and monthly (15%). A smaller proportion of women reported daily, weekly, and monthly use of marijuana (3%, 7%, and 7% respectively).

	F	M	T
Injected above substances	24%	29%	0%
Prefer not to answer	7%	4%	0%

Almost one quarter of female and one third of the male respondents identified a drug on the substance abuse matrix that they had injected within the preceding two years.



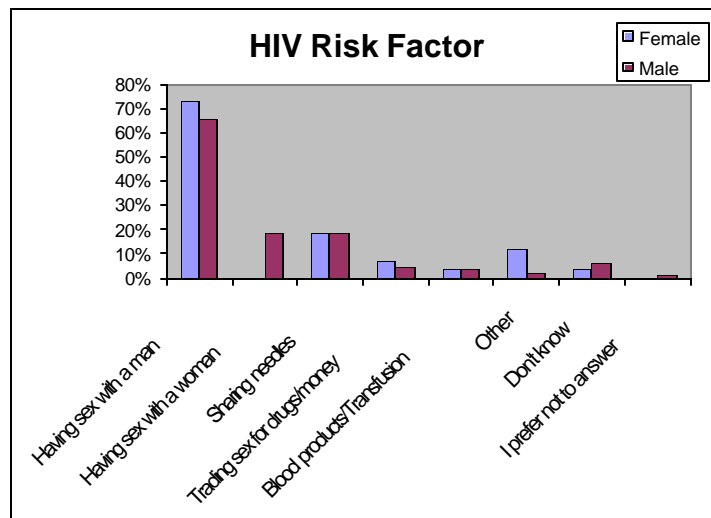
	Female (n=59)		Male (n=102)		Transgender(n=3)		Total (N= 164)	
	n	%	n	%	n	%	n	%
HIV Risk Factor:								
Having sex with a man	43	73%	67	66%	3	100%	113	69%
Having sex with a woman	0	0%	19	19%	0	0%	19	12%
Sharing needles	11	19%	19	19%	0	0%	30	18%
Trading sex for drugs/money	4	7%	5	5%	0	0%	9	5%
Blood products/Transfusion	2	3%	4	4%	0	0%	6	4%
Other	7	12%	2	2%	0	0%	9	5%
Don't know	2	3%	6	6%	0	0%	8	5%
I prefer not to answer	0	0%	1	1%	0	0%	1	1%
HIV Status:								
HIV negative	3	5%	2	2%	1	33%	6	4%
HIV positive with no symptoms	30	51%	45	44%	0	0%	75	46%
HIV positive with symptoms	20	34%	32	31%	0	0%	52	32%
Living with AIDS	8	14%	42	41%	2	67%	52	32%

HIV Risk Factors

HIV Status and Risk Factors

One of the preliminary questions on the survey asked participants to identify their HIV status. This category includes the 9 individuals who identified themselves as “caregivers” and reported their own HIV status. Four of the nine caregivers answered that they are HIV negative. Of all the sampled participants, 46% reported themselves to be HIV positive with no symptoms, 32% reported HIV positive with symptoms, and 32% are reported to be living with AIDS.

Respondents were asked to identify how they believe they were infected with HIV. The most risky behavior for men, women, and transgender individuals is having sex with men; 69% of all respondents identified this category as the



perceived route of transmission. Sharing needles accounted for 18% of the responses and having sex with a woman accounted for 12% of the total sampled population

Pregnancy

Women were asked if they are currently or had been pregnant within last 12 months, and if so to indicate whether or not they had received AZT treatment during pregnancy. Of the six reported pregnancies within the past 12 months, no mother had received AZT treatment during pregnancy.

HIV Testing

The peak of HIV positive testing in males is slightly earlier than in females, where the males peak in the 1991-1995 category and women in the 1996-2000 category. Seventy percent of the respondents were given their first AIDS diagnosis between 2000- present; there is a sharp drop off down to 15% in 1996-2000 and continual decline.

Female (n=59) Male (n=102) Transgender Total (N= 164)

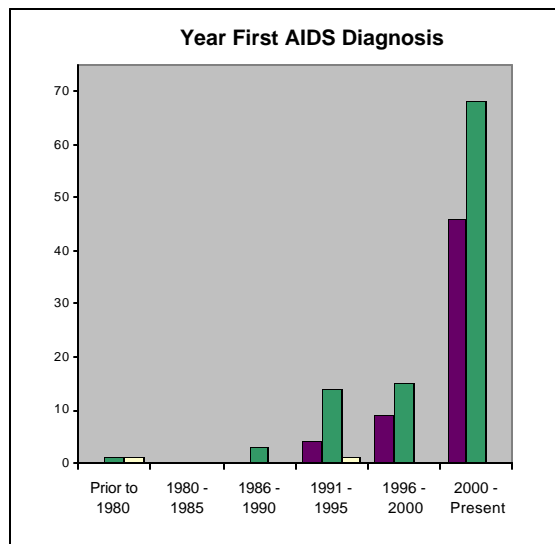
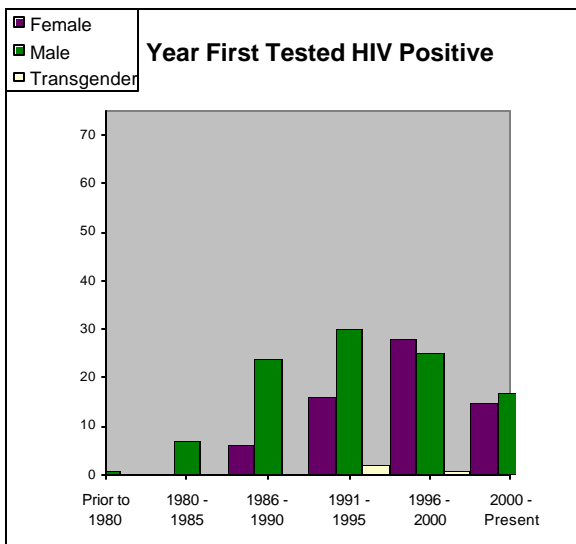
	n	%	n	%	n	%	n	%
Year First Tested HIV Positive								
Prior to 1980	1	2%	1	1%	0	0%	2	1%
1980 - 1985	0	0%	7	7%	0	0%	7	4%
1986 - 1990	6	10%	24	24%	0	0%	30	18%
1991 - 1995	16	27%	30	29%	2	67%	48	29%
1996 - 2000	28	47%	25	25%	1	33%	54	33%
2000 - Present	15	25%	17	17%	0	0%	32	20%
Year First Told You Had AIDS:								
Diagnosed with AIDS	17	29%	55	54%	3	100%	75	46%
Prior to 1980	0	0%	1	1%	1	33%	2	1%
1980 - 1985	0	0%	0	0%	0	0%	0	0%
1986 - 1990	0	0%	3	3%	0	0%	3	2%
1991 - 1995	4	7%	14	14%	1	33%	19	12%
1996 - 2000	9	15%	15	15%	0	0%	24	15%
2000 - Present	46	78%	68	67%	0	0%	114	70%

Prevention Education

Usage of HIV Testing Sites Within the Past Two Years

Testing Site	Female (n=59)		Male (n=102)		Transgender (n=3)		Total		Total Number of Uses n
	n	%	n	%	n	%	n	%	
Counseling and testing center	7	12%	7	7%	0	0%	14	9%	18
Clinic in your community/HIV specialty clinic	20	34%	23	23%	0	0%	43	26%	79
Health Department	7	12%	13	13%	0	0%	20	12%	35
Health fair/bar/place of entertainment	0	0%	0	0%	0	0%	0	0%	0
Home test	0	0%	0	0%	0	0%	0	0%	0
Hospital Clinic	3	5%	14	14%	0	0%	17	10%	58
Hospital emergency room	4	7%	10	10%	0	0%	14	9%	21
Military	0	0%	2	2%	0	0%	2	1%	2
Jail or correctional facility	5	8%	9	9%	0	0%	14	9%	16
Private physician's office	11	19%	10	10%	1	33%	22	13%	48
Other	1	2%	4	4%	0	0%	5	3%	15

Question 29 prompts participants to tally the number of times they have been tested for HIV at each of the listed sites. In the event that the respondent put a checkmark or X on the line, the response is counted as 1 test. Twenty percent of all respondents stated that they were first diagnosed within the period of 2000- present; unless question 29 was misunderstood, these data should represent those 32 individuals. A community clinic or HIV specialty clinic was the most likely place for HIV testing, used 79 times. Hospital

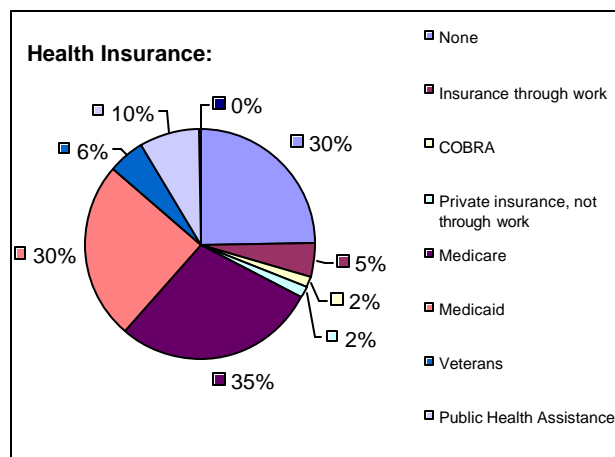


clinics were used for 58 tests, private physician’s offices for 48 tests, and the health department for 35 tests.

Health Insurance

Health Insurance:	Female (n=59)		Male (n=102)		Transgender (n=3)		Total (N= 164)	
	n	%	n	%	n	%	n	%
None	21	36%	29	28%	0	0%	50	30%
Insurance through work	5	8%	4	4%	0	0%	9	5%
COBRA	0	0%	3	3%	0	0%	3	2%
Private insurance, not through work	1	2%	2	2%	0	0%	3	2%
Medicare	17	29%	38	37%	2	67%	57	35%
Medicaid	24	41%	26	25%	0	0%	50	30%
Veterans	0	0%	8	8%	2	67%	10	6%
Public Health Assistance	4	7%	13	13%	0	0%	17	10%
Other	0	0%	0	0%	0	0%	0	0%

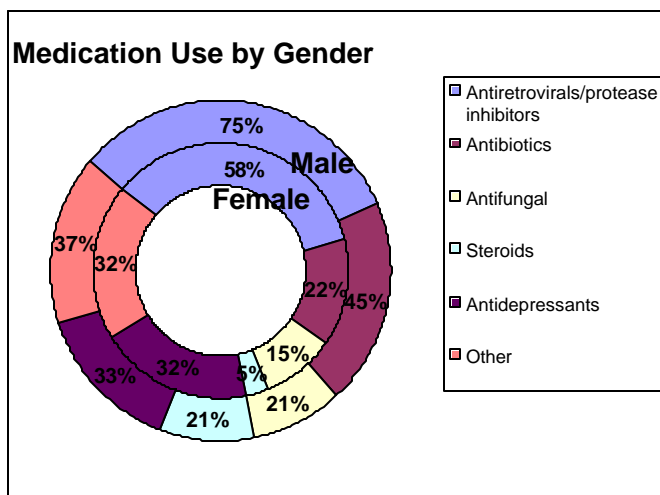
Participants were given choices to indicate if they have insurance and if so, what kind. The categories dominating insurance status are “None” with 30% of respondents, “Medicare” with 35%, and “Medicaid” with 30% of all respondents.



Medication

Medication:	Female (n=59)		Male (n=102)		Transgender (n=3)		Total (N= 164)	
	n	%	n	%	n	%	n	%
Currently taking medicines for HIV	47	80%	87	85%	2	67%	136	83%
Antiretrovirals/protease inhibitors	34	58%	77	75%	2	67%	113	69%
Antibiotics	13	22%	46	45%	2	67%	61	37%
Antifungal	9	15%	21	21%	1	33%	31	19%
Steroids	3	5%	21	21%	0	0%	24	15%
Antidepressants	19	32%	34	33%	0	0%	53	32%
Other	19	32%	38	37%	0	0%	57	35%
Miss a Dose:								
Never	18	31%	31	30%	1	33%	50	30%
Rarely	22	37%	49	48%	0	0%	71	43%

Sometimes	9	15%	9	9%	1	33%	19	12%
Often	2	3%	4	4%	0	0%	6	4%
Reason to Miss Dose:								
Side effects	11	19%	25	25%	0	0%	36	22%
Difficult schedule	7	12%	7	7%	0	0%	14	9%
Medication didn't work	2	3%	1	1%	0	0%	3	2%
Could not afford it	2	3%	2	2%	0	0%	4	2%
Just did not want to take them	10	17%	15	15%	1	33%	26	16%
Forgot to take them	21	36%	39	38%	0	0%	60	37%
Other:	5	8%	5	5%	0	0%	10	6%
Medication Program:								
TDH HIV Medication Program or ADAP	32	54%	63	62%	1	33%	96	59%
Private Insurance or HMO	6	10%	9	9%	0	0%	15	9%
Medicaid	15	25%	20	20%	2	67%	37	23%
Medicaid HMO	0	0%	7	7%	0	0%	7	4%
Other	0	0%	10	10%	0	0%	10	6%



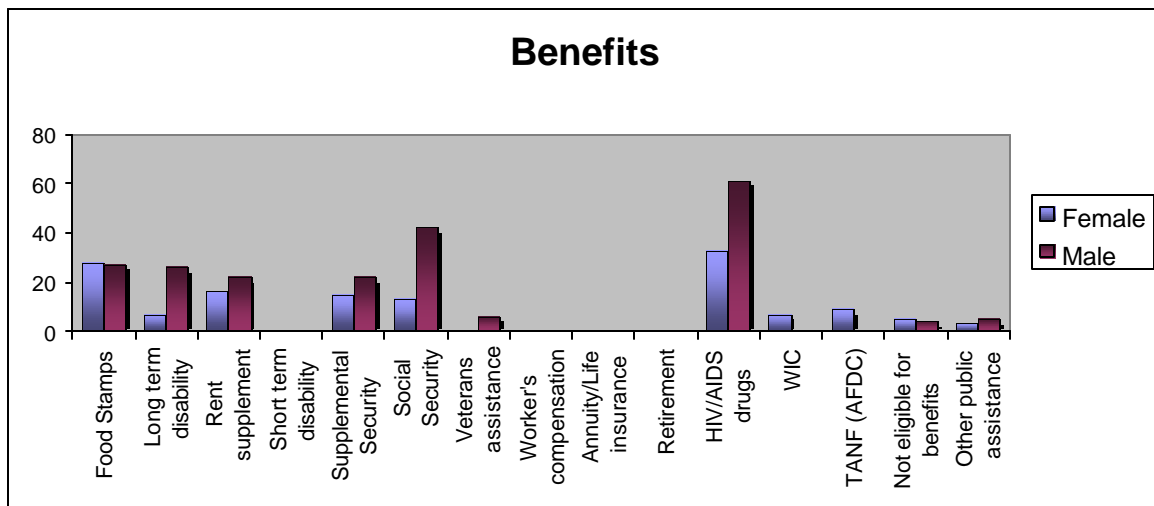
Individuals were asked to indicate if they are taking medications (83% of respondents) and what the medications are. The majority of those taking medication are using antiretroviral/ protease inhibitors (69%). If the participants who are taking medication ever miss a dose, 43% rarely miss a dose and the most common reason is just forgetting to take the medicine (37%). Fifty-nine participants are enrolled in the TDH HIV Medication program or ADAP, 23% rely on the Medicaid medication

program, but only 4% use Medicaid HMO. Of the remaining participants on medication, 9% use private insurance or HMO and 6% use “Other” medication programs.

Benefits

Benefits:	Female (n=59)		Male (n=102)		Transgender (n=3)		Total (N= 164)	
	n	%	n	%	n	%	n	%
Food Stamps	28	47%	27	26%	1	33%	56	34%
Long term disability	7	12%	26	25%	0	0%	33	20%
Rent supplement	16	27%	22	22%	0	0%	38	23%
Short term disability	0	0%		0%	0	0%	0	0%
Supplemental Security Income (SSI)	15	25%	22	22%	1	33%	38	23%
Social Security Disability Income (SSDI)	13	22%	42	41%	3	100%	58	35%
Veterans assistance	0	0%	6	6%	0	0%	6	4%
Worker's compensation	0	0%	0	0%	0	0%	0	0%
Annuity/Life insurance payments	0	0%	0	0%	0	0%	0	0%
Retirement	0	0%	0	0%	0	0%	0	0%
HIV/AIDS drugs	33	56%	61	60%	1	33%	95	58%
WIC	7	12%	0	0%	0	0%	7	4%
TANF (AFDC)	9	15%	0	0%	0	0%	9	5%
Not eligible for benefits	5	8%	4	4%	0	0%	9	5%
Other public assistance	3	5%	5	5%	0	0%	8	5%

Question 24 asks the participants what benefits they are receiving and their responses are distributed as follows: 58% rely on HIV/AIDS drugs as a benefit, 35% receive Social Security Disability Income, 34% use Food Stamps, 23% use Rent Supplement, another 23% use Supplemental Security Income, and 20% receive long term disability. The remaining categories WIC, TANF, Veteran's Assistance, and Other Public Assistance each are used by 4-5% of the respondents

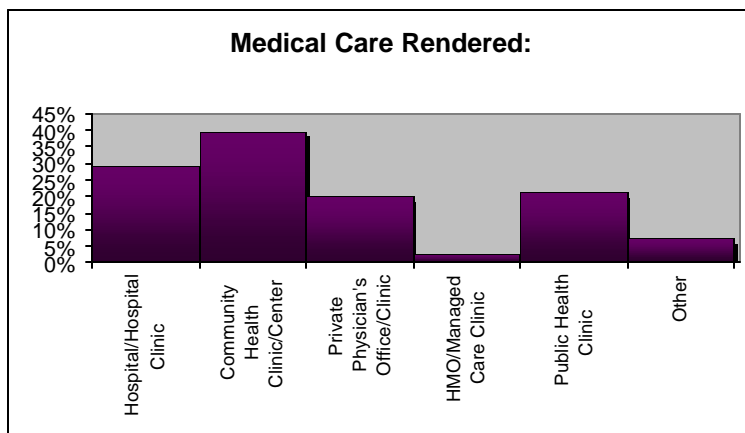


Medical Care Rendered

Medical Care Rendered:	Female (n=59)		Male (n=102)		Transgender (n=3)		Total (N= 164)	
	n	%	n	%	n	%	n	%

Hospital/Hospital Clinic	17	29%	30	29%	1	33%	48	29%
Community Health Clinic/Center	18	31%	46	45%	1	33%	65	40%
Private Physician's Office/Clinic	15	25%	18	18%	0	0%	33	20%
HMO/Managed Care Clinic	4	7%		0%	0	0%	4	2%
Public Health Clinic	14	24%	20	20%	1	33%	35	21%
Other	3	5%	9	9%	0	0%	12	7%

Medical assistance is rendered by many entities and the participants were asked to indicate which entities they have used. Community Health Clinics are utilized by 40% of the



sampled population, followed by hospital or hospital clinics at 29%, Public Health Clinics serve 21%, Private Physician's Offices 20%, and HMO clinics serve 2% of this population. Seven percent responded that they use "Other" medical entities.

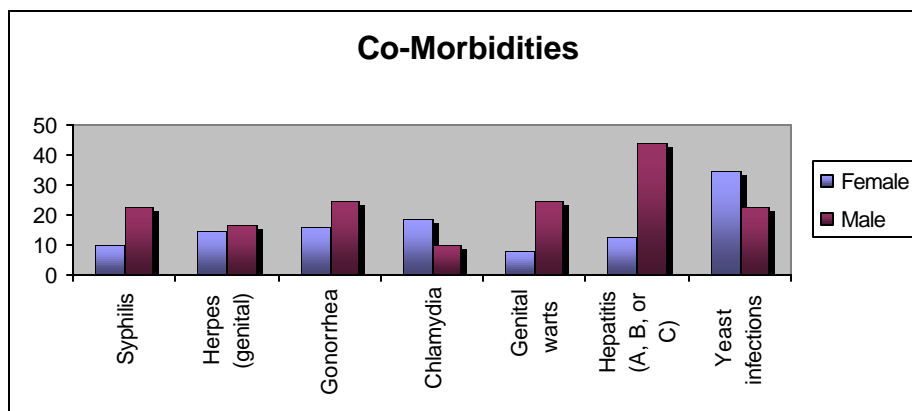
Co-Morbidities

STDs

Co-Morbidities STDs:	Female (n=59)		Male (n=102)		Transgender (n=3)		Total (N= 164)	
	n	%	n	%	n	%	n	%
Syphilis	10	17%	23	23%	2	67%	35	21%
Herpes (genital)	15	25%	17	17%	1	33%	33	20%
Gonorrhea	16	27%	25	25%	2	67%	43	26%
Chlamydia	19	32%	10	10%	0	0%	29	18%
Genital warts	8	14%	25	25%	0	0%	33	20%
Hepatitis (A, B, or C)	13	22%	44	43%	0	0%	57	35%
Yeast infections	35	59%	23	23%	0	0%	58	35%
Other:	0	0%	0	0%	1	33%	1	1%

Participants were asked to identify any sexually transmitted diseases they had been diagnosed with. Out of the 164 participants, there were 289 identified cases of STDs. Hepatitis, yeast infections, and gonorrhea were found to be the most prevalent diseases in

this question. For Hepatitis A, B, or C, men had nearly double the response rate (43%) of women (22%). The response rate for Chlamydia is approximately one-third that of women (10%, 32%).



Tuberculosis

Tuberculosis:	Female (n=59)		Male (n=102)		Transgender (n=3)		Total (N= 164)	
	n	%	n	%	n	%	n	%
No	53	90%	87	85%	2	67%	142	87%
Positive Skin Test, no active TB	4	7%	10	10%	0	0%	14	9%
Yes, inactive TB	1	2%	3	3%	0	0%	4	2%
Active TB, in treatment	1	2%	0	0%	1	33%	2	1%
Active TB, not in treatment	0	0%	0	0%	0	0%	0	0%
Don't know	0	0%	1	1%	0	0%	1	1%
Prefer not to answer	0	0%	1	1%	0	0%	1	1%

Respondents indicated if they had been diagnosed with tuberculosis and asked to indicate treatment status if they were carriers of TB. For all respondents, 87% indicated that they have not received a positive diagnosis of TB; however, 2% have inactive TB and 1% have active TB and are in treatment.

Mental Illness

Mental Illness:	Female (n=59)		Male (n=102)		Transgender (n=3)		Total (N= 164)	
	n	%	n	%	n	%	n	%
Inpatient	9	15%	19	19%	0	0%	28	17%
Outpatient	27	46%	58	57%	1	33%	86	52%

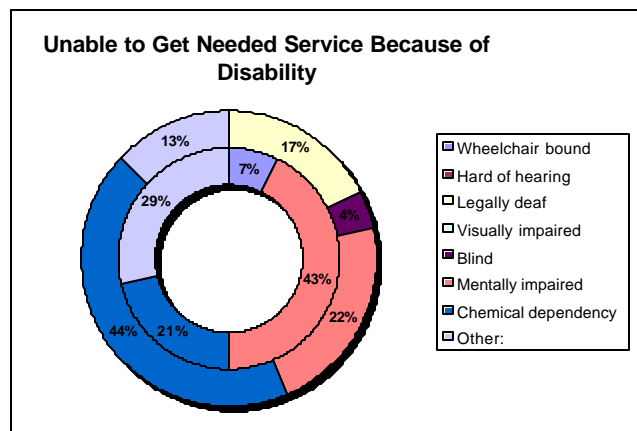
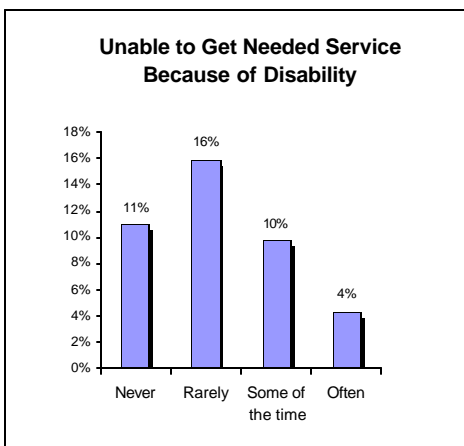
Clients were asked if they have received treatment for emotional or psychiatric distress since they had been infected with HIV. Question 36 seeks to establish presence of mental illness based on counseling from a doctor or counselor or hospitalization. Outpatient status describes the nature of counseling for 52% of all respondents, and 17% of all respondents replied they had received inpatient treatment at a hospital at least overnight.

Disabilities

	Female (n=59)		Male (n=102)		Transgender (n=3)		Total (N= 164)	
	n	%	n	%	n	%	n	%
Disabilities other than HIV/AIDS:								
Do you have any disabilities?	26	44%	41	40%	0	0%	67	41%
Unable To Get Needed Services Because of Disability:								
Never	12	20%	6	6%	0	0%	18	11%
Rarely	9	15%	17	17%	0	0%	26	16%
Some of the time	3	5%	13	13%	0	0%	16	10%
Often	2	3%	5	5%	0	0%	7	4%
Wheelchair bound	1	2%	0	0%	0	0%	1	1%
Hard of hearing	0	0%	0	0%	0	0%	0	0%
Legally deaf	0	0%	4	4%	0	0%	4	2%
Visually impaired	0	0%	0	0%	0	0%	0	0%
Blind	0	0%	1	1%	0	0%	1	1%
Mentally impaired	6	10%	5	5%	0	0%	11	7%
Chemical dependency	3	5%	10	10%	0	0%	13	8%
Other:	4	7%	3	3%	0	0%	7	4%

Participants were asked if they believe themselves to have a disability other than HIV/AIDS, to indicate how often the disability impaired their access to service, and to identify any disability that impaired their access to services.

Responses indicate that 16% of all participants rarely have difficulty accessing services. Of the disabilities identified to impair access to services, 44% of men and 21% of women identified chemical dependency and 22% of men and 43% of women identified mental impairment.

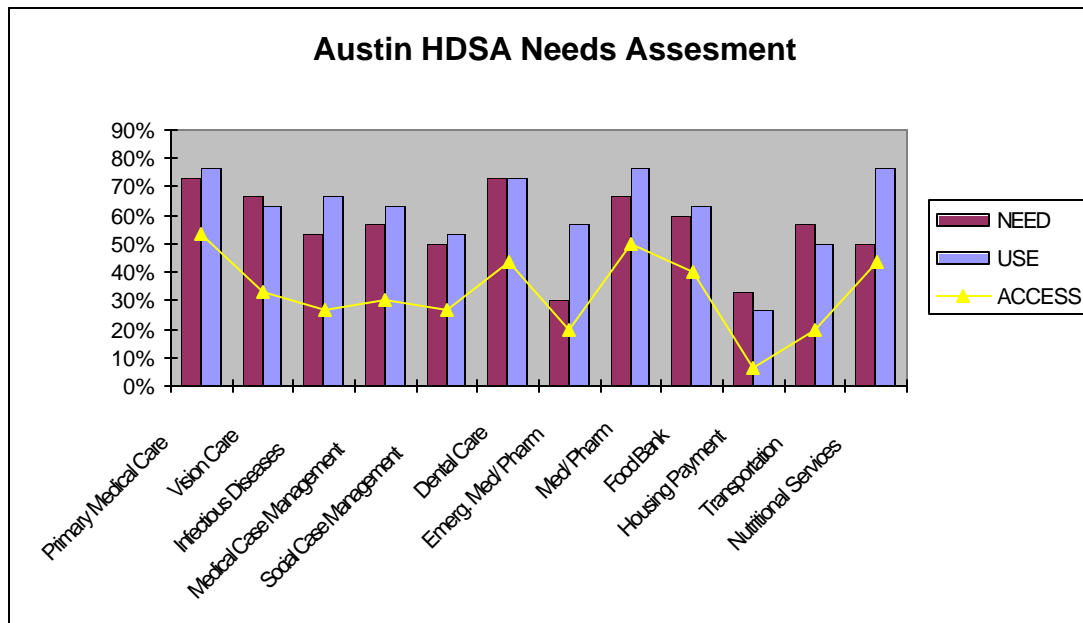


Service Needs, Utilization, and Difficulty of Access by HSDA

Austin

Ambulatory/Outpatient Medical Care	NEED	USE		ACCESS		
Primary Medical Care	22	73%	23	77%	16	53%
Vision Care	20	67%	19	63%	10	33%
Infectious Diseases	16	53%	20	67%	8	27%
Medical Case Management	17	57%	19	63%	9	30%
Social Case Management	15	50%	16	53%	8	27%
Dental Care	22	73%	22	73%	13	43%
Emergency Medical Service						
Emerg. Med/ Pharm	9	30%	17	57%	6	20%
Medications and Therapeutic						
Med/ Pharm	20	67%	23	77%	15	50%
Support Services						
Food Bank	18	60%	19	63%	12	40%
Housing Payment	10	33%	8	27%	2	7%
Transportation	17	57%	15	50%	6	20%
Nutritional Services	15	50%	23	77%	13	43%

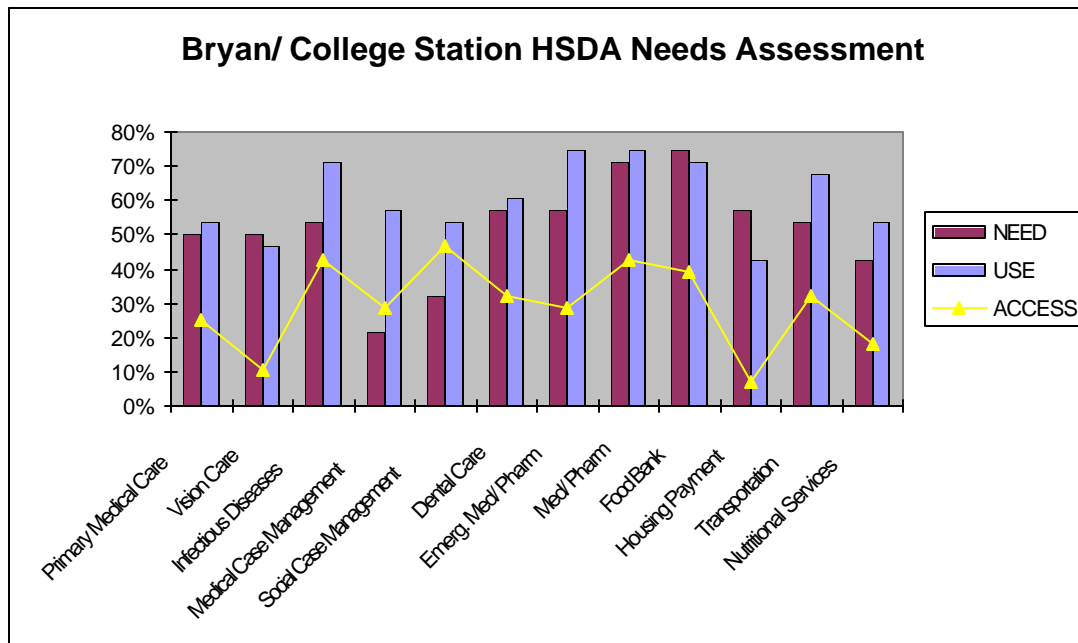
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Bryan/ College Station

Ambulatory/Outpatient Medical Care	NEED		USE		ACCESS	
Primary Medical Care	14	50%	15	54%	7	25%
Vision Care	14	50%	13	46%	3	11%
Infectious Diseases	15	54%	20	71%	12	43%
Medical Case Management	6	21%	16	57%	8	29%
Social Case Management	9	32%	15	54%	13	46%
Dental Care	16	57%	17	61%	9	32%
Emergency Medical Service						
Emerg. Med/ Pharm	16	57%	21	75%	8	29%
Medications and Therapeutic						
Med/ Pharm	20	71%	21	75%	12	43%
Support Services						
Food Bank	21	75%	20	71%	11	39%
Housing Payment	16	57%	12	43%	2	7%
Transportation	15	54%	19	68%	9	32%
Nutritional Services	12	43%	15	54%	5	18%

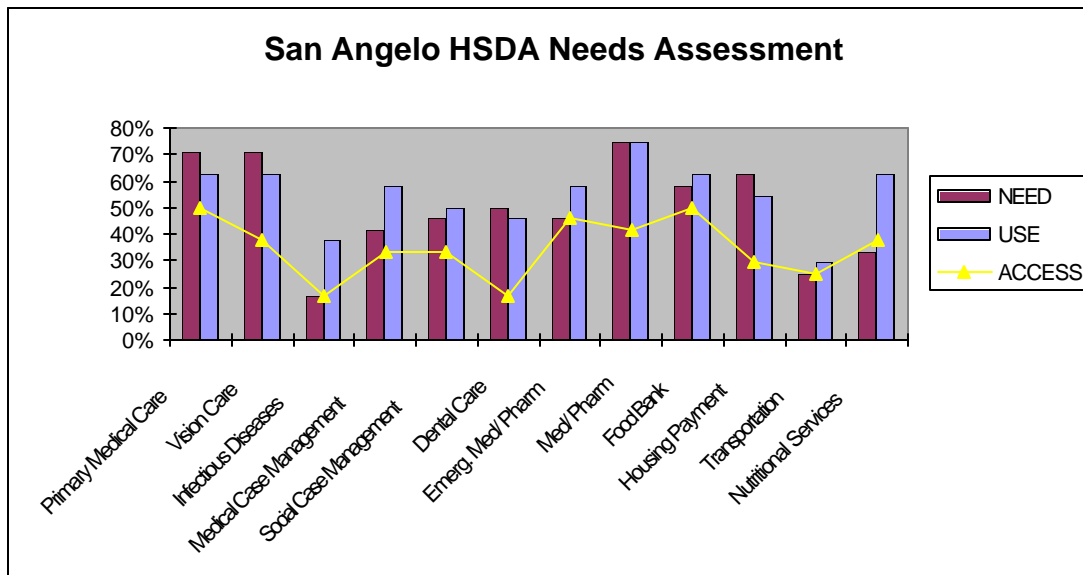
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San Angelo

Ambulatory/Outpatient Medical Care	NEED	USE	ACCESS
Primary Medical Care	17	71%	15 63%
Vision Care	17	71%	9 38%
Infectious Diseases	4	17%	4 17%
Medical Case Management	10	42%	8 33%
Social Case Management	11	46%	8 33%
Dental Care	12	50%	4 17%
Emergency Medical Service			
Emerg. Med/ Pharm	11	46%	11 46%
Medications and Therapeutic			
Med/ Pharm	18	75%	10 42%
Support Services			
Food Bank	14	58%	12 50%
Housing Payment	15	63%	7 29%
Transportation	6	25%	6 25%
Nutritional Services	8	33%	9 38%

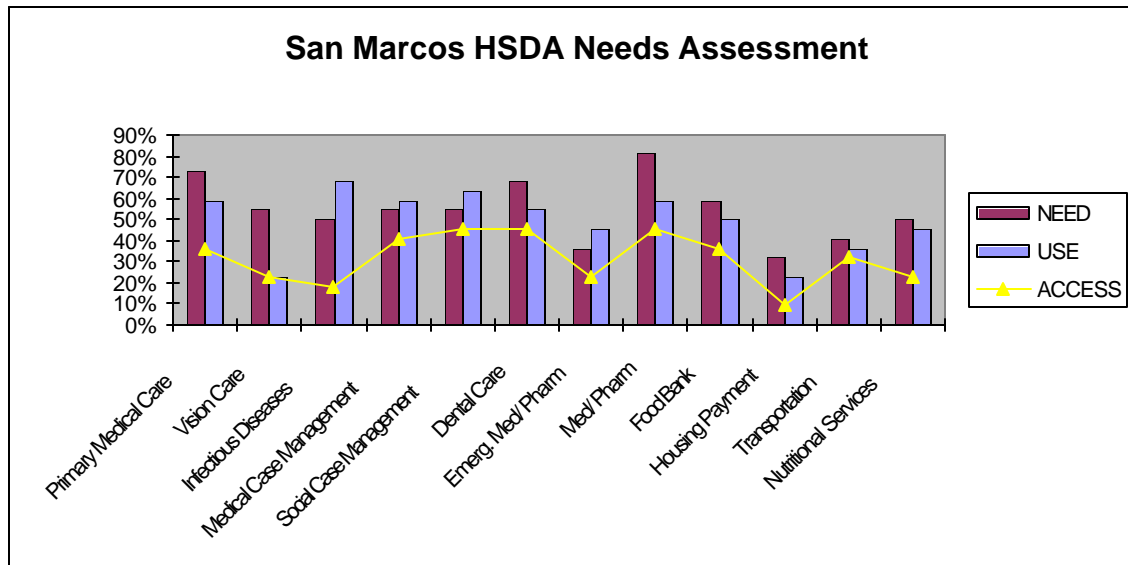
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San Marcos

Ambulatory/Outpatient Medical Care	NEED		USE		ACCESS	
Primary Medical Care	16	73%	13	59%	8	36%
Vision Care	12	55%	5	23%	5	23%
Infectious Diseases	11	50%	15	68%	4	18%
Medical Case Management	12	55%	13	59%	9	41%
Social Case Management	12	55%	14	64%	10	45%
Dental Care	15	68%	12	55%	10	45%
Emergency Medical Service						
Emerg. Med/ Pharm	8	36%	10	45%	5	23%
Medications and Therapeutic						
Med/ Pharm	18	82%	13	59%	10	45%
Support Services						
Food Bank	13	59%	11	50%	8	36%
Housing Payment	7	32%	5	23%	2	9%
Transportation	9	41%	8	36%	7	32%
Nutritional Services	11	50%	10	45%	5	23%

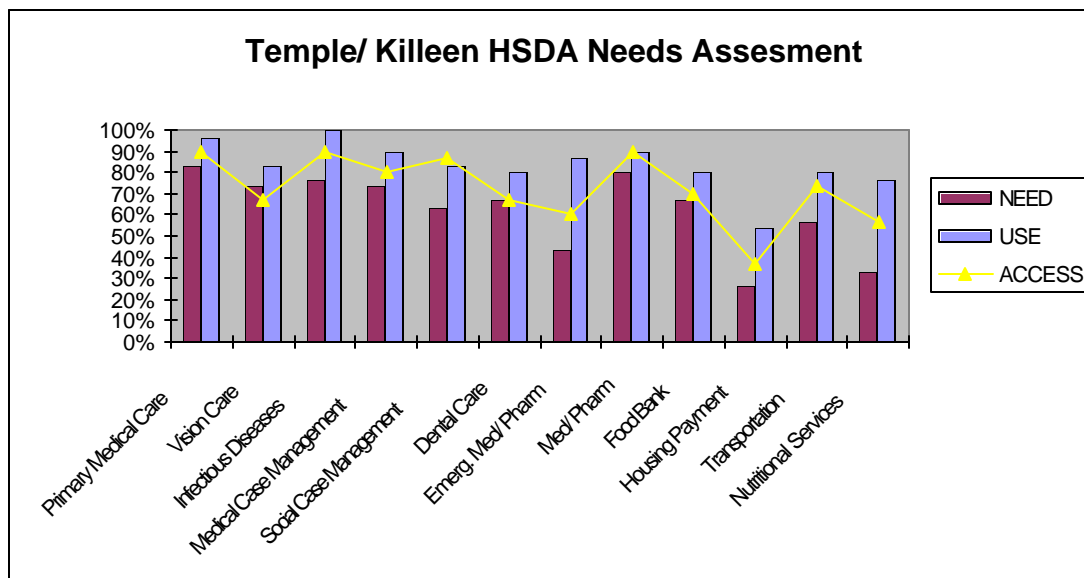
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Temple/Killeen

Ambulatory/Outpatient Medical Care		NEED		USE		ACCESS	
	Primary Medical Care	25	83%	29	97%	27	90%
	Vision Care	22	73%	25	83%	20	67%
	Infectious Diseases	23	77%	30	100%	27	90%
	Medical Case Management	22	73%	27	90%	24	80%
	Social Case Management	19	63%	25	83%	26	87%
	Dental Care	20	67%	24	80%	20	67%
Emergency Medical Service							
	Emerg. Med/ Pharm	13	43%	26	87%	18	60%
Medications and Therapeutic							
	Med/ Pharm	24	80%	27	90%	27	90%
Support Services							
	Food Bank	20	67%	24	80%	21	70%
	Housing Payment	8	27%	16	53%	11	37%
	Transportation	17	57%	24	80%	22	73%
	Nutritional Services	10	33%	23	77%	17	57%

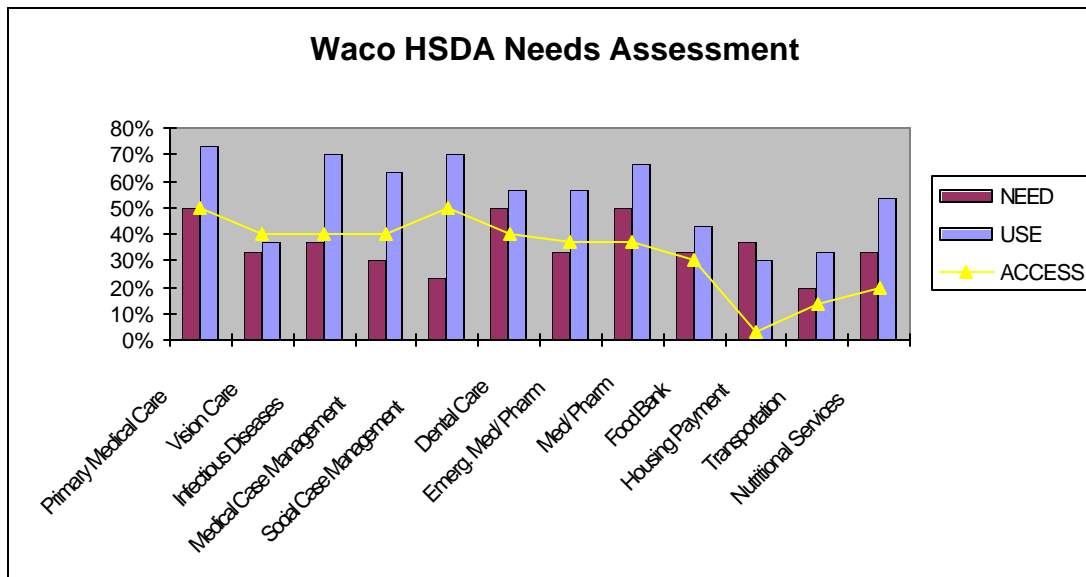
n=30



Waco

Ambulatory/Outpatient Medical Care		NEED		USE		ACCESS	
Primary Medical Care		15	50%	22	73%	15	50%
Vision Care		10	33%	11	37%	12	40%
Infectious Diseases		11	37%	21	70%	12	40%
Medical Case Management		9	30%	19	63%	12	40%
Social Case Management		7	23%	21	70%	15	50%
Dental Care		15	50%	17	57%	12	40%
Emergency Medical Service							
Emerg. Med/ Pharm		10	33%	17	57%	11	37%
Medications and Therapeutic							
Med/ Pharm		15	50%	20	67%	11	37%
Support Services							
Food Bank		10	33%	13	43%	9	30%
Housing Payment		11	37%	9	30%	1	3%
Transportation		6	20%	10	33%	4	13%
Nutritional Services		10	33%	16	53%	6	20%

n=30



Needs Assessment

Data from question 47 on the NACS survey have been stratified by HSDA where the participant's need of services, use of services, and perceived difficulty in accessing the services can all be viewed simultaneously. The 13 categories with the highest frequency of response are identified in the respondent's "Need" matrix (page 18 of the survey), which are represented above. The responses for "Use" and "Difficulty of Access" in the 13 categories previously identified are then compared; therefore need, use and difficulty of access are all represented for one category.

Barriers to Service

The final part of the questionnaire is designed to assess the client's perceived barriers to service. There are six categories with a range of responses for the participant to choose from. The results were generated from the Visual Basic Report Generator software included with the data entry module. In the "Knowledge" category, the two most common responses are "I did not know service was available" (30%) or "...what services I needed." (21%) and "Location of organization" (21%). For "Provider Characteristics" the top two responses are "Worry about my privacy" (32%), and "Service not available" (17%). In the area of "Client Characteristics" the responses selected most frequently are "Too upset to think about treatment" (17%) and "HIV not really a problem for me" (13%). "System Problems" that are identified by majority are "Could not navigate the system" (17%) and "Made me feel like a number" (15%). Issues with "Access and Availability: Cost" are addressed with the responses "Did not have insurance" (29%), and "Funding not available for service" (23%). The final section on barriers to service asks about the clients beliefs and perceptions. The "Could not qualify due to rules and regulations" category and "Afraid of retaliation or discrimination" categories were the two most common responses (18% and 10%, respectively).

Conclusion

Conclusions of the NACS data are to be recognized in so far as the reader bears in mind the consequences of generalizing these results to the entire target population. Refining participant inclusion and exclusion criteria and recruitment techniques will help to obtain a more representative sample of the desired population. When interpreting these data, demographic factors such as age, race, and ethnicity should not be relied upon for assessing the true features of the target population. Race and ethnicity are very difficult to measure; often racial (and ethnic) designations can mean very different things to an investigator and to the respondent.

Variability in survey administration is an important factor in judging uniformity and reliability of results. Since the survey administration was not scripted or in like environments, group dynamic may play a role in the way questions were answered. Clients were encouraged to complete the entire survey, however, some surveys were excluded for incompleteness. Incompleteness may be due to several client characteristics as well as not

thoroughly checking the surveys at the end of the session. Client characteristics possibly contributing to an incomplete survey may be a low reading level, not understanding the question, not comfortable answering the question (at all or truthfully), or believing they had already answered the question in a previous section. Comments on the matrices in question 47 revealed that the question was not well understood and appeared to be repetitive. As question 47 is one of the salient members in needs assessment, so should it be well understood. Page 19 of the survey was poorly understood by the respondents and was not included in this report. In question 48, clients were asked to write in the top ten most needed services (open-ended), indicate if they were currently using the service, and select how well that service was meeting their needs (very well, adequately, poorly, or not at all); in all, this question was three parts. Often clients wrote in only acronyms for service organizations, and had great confusion about use of services and the how well services met needs questions. As every response was different (some illegible, some unidentified acronyms), the results can only be expressed as a list of responses and data mining was not possible without ethnographic tools. Open ended responses for question 49, describing services needed by the client that are not available, would also require ethnographic tools for data analysis.

The data report module excluded much of the data from the survey (question 47 subcategories, question 48, and all responses falling below 3% response rate). In order to fully serve the specific aims of the project, alterations to the functions of the report module would be advised.

In preparing any project of this magnitude, much time, thought, and effort is spent on every aspect of the project. A great deal of the success of any experiment comes from refinement and repetition. The 2002 NACS represents the preliminary success of a potentially powerful and influential body of information.

Statewide Coordinated Statement of Need (SCSN) Needs Assessment Client Survey (NACS)

- "I understand that my completion of this needs assessment client survey is **strictly voluntary**. If I choose not to complete the survey, it will not affect the services that I receive."
- All information collected through this survey is completely **confidential** and **anonymous**. **Do not** put your name on this survey.
- The survey asks for some personal background information (to assist in planning services that respond to your needs). This personal information will never be used to identify you as an individual.
- For each question below, check or write in an answer. There are no right or wrong answers. Please take as much time as you need to answer the question based on your experiences. If you need help filling out the survey, please ask _____ (needs assessment administrator, etc.)
- Filling out this survey should take approximately 45 minutes of your time.

Note: We recognize that this tool does not address the needs of special populations/children living with HIV/AIDS.

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS BY PLACING A CHECK ON



THE LINE OR PROVIDING THE REQUESTED INFORMATION (You may need to check more than one box to answer a question).

SCSN Needs Assessment Client Survey

PLEASE TURN THE PAGE

Please note that if you are a caregiver, you must answer questions 1 and 2 based on your current HIV status and information.

- | | YES | NO | DON'T KNOW |
|---|-------|-------|------------|
| 1. Are you currently ... | | | |
| HIV negative | _____ | _____ | _____ |
| HIV positive with no symptoms | _____ | _____ | _____ |
| HIV positive with symptoms | _____ | _____ | _____ |
| Living with AIDS | _____ | _____ | _____ |
| 2. Are you currently | | | |
| HIV positive and receiving services | _____ | _____ | _____ |
| HIV positive and not receiving services | _____ | _____ | _____ |
| A caregiver of a person | | | |
| Living with HIV/AIDS | _____ | _____ | _____ |

Answer ALL other questions based on information about the Person who is Living With HIV/AIDS.

3. Are you
- _____ Male
- _____ Female
- _____ Transgender
- _____ Other: _____
- Specify

If you are a female, please answer questions 4 and 5. Otherwise, please go on to question 6.

- | | YES | NO | DON'T KNOW |
|--|-------|-------|------------|
| 4. Are you currently pregnant/have you been pregnant within the past 12 months? | _____ | _____ | _____ |
| 5. If you answered yes to question 4, are you currently receiving/did you receive AZT treatment during your pregnancy? | _____ | _____ | _____ |

6. What is your date of birth? _____
- Month *Year

*Required field

Please answer both questions 7 AND 8 regardless of your racial/ethnic background.

7. What do you consider your ethnic background?

- Hispanic or Latino
- Not Hispanic or Latino

8. What do you consider your racial background?

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or other Pacific Islander
- White
- Other: _____
Specify

9. Which language do you prefer to speak?

- English
- Spanish
- Other: _____
Specify

10. What is the highest level of education you completed?

- Grade school or less
- Some high school
- High school graduate/GED
- Technical or Trade School
- Some college
- Completed college
- Graduate level
- Other: _____
Specify

11. What is the name of the city/town in which you live? _____

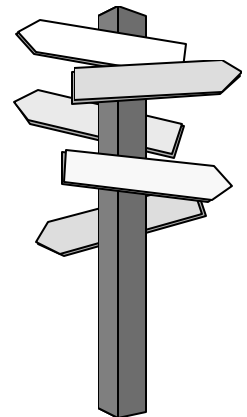
12. What is the zip code where you live? _____

13. What best describes your current relationship status?
- Single (Never Married)
 - Legally Married
 - Common Law
 - Partnered
 - Separated
 - Divorced
 - Widowed or partner died
 - Other: _____
- Specify

14. Where do you currently live?
- In my own apartment/house
 - At my parent's/relative's apartment/house
 - Someone else's apartment/house
 - In a rooming or boarding house
 - In a "supportive living" facility (Assisted Living Facility)
 - In a group home or residence
 - In a half-way house, transitional housing or treatment facility (drug or psychiatric)
 - Skilled Nursing Home
 - Homeless (on the street/in car)
 - Homeless shelter
 - Living in battered women's shelter
 - Living in battered men's shelter
 - Jail or correctional facility
 - Other housing provided by the city or state
 - Residential Hospice Facility
 - Other: _____
- Specify

15. With whom do you live?
- Partner/wife/husband
 - Adult family member or relative
 - Adult friend/roommate
 - Children (minor)
 - Other: _____
 - I live alone

16. Is anyone other than yourself currently living with HIV in your household?
- Yes
 - No



17. Please indicate the number of children in your household

- None
- One child
- Two children
- Three children
- Four or more children

18. Do any of the children have HIV?

- Yes
- No

Please answer the following question by placing a check in each box that describes your situation.

19. Over the last two (2) years, how long (total time) have you lived in one of the following places/situations.

	Never	Less than a month	1-3 months	3 months to a year	More than a year
In my own apartment/house					
At my parent's/relative's apartment/house					
Someone else's apartment/house					
In a rooming or boarding house					
In a "supportive living" facility (Assisted Living Facility)					
In a group home or residence					
In a half-way house, transitional housing or treatment facility (drug or psychiatric)					
Skilled nursing home					
Homeless (on the street/in car)					
Homeless shelter					
Living in battered women's shelter					
Living in battered men's shelter					
Jail or correctional facility					
Other housing provided by the city or state					
Residential hospice facility					
Other: _____ Specify					

20. What describes your **current job** (work) situation? **(Check all that apply to you.)**

- Full-time job
- Part-time job
- Working part time on disability
- Not working - on full disability
- Not working - student
- Not working - looking
- Not working
- Retired
- Other: _____
Specify

21. Which of the following best describes your current yearly income?

- 0 - \$9,999
- 10,000 - \$19,999
- 20,000 - \$29,999
- 30,000 - \$39,999
- 40,000 - \$49,999
- greater than \$50,000

22. What kind of health insurance do you have? **(Check all that apply to you.)**

- None, I have no health insurance
- Insurance through work
- COBRA (insurance paid through your last employer)
- Private insurance, not through work
- Medicare
 - If yes, is it managed by an HMO?**
 - YES
 - NO
- Medicaid
 - If yes, is it managed by an HMO?**
 - YES
 - NO
- Veterans
- Public Health Assistance
- Other: _____
Specify

23. If you receive HIV/AIDS drugs, what program pays for your HIV/AIDS drugs? **Please check Yes, No, or Don't Know for each choice.**

	YES	NO	DON'T KNOW
TDH HIV Medication Program	_____	_____	_____
Or AIDS Drug Assistance Program (ADAP)	_____	_____	_____
Private Insurance or HMO	_____	_____	_____
Medicaid	_____	_____	_____
Medicaid HMO	_____	_____	_____
Other: _____			
Specify			

24. Which of the following benefits do you receive? **(Please check all that apply to you.)**

- _____ Food Stamps
 - _____ Long term disability
 - _____ Rent supplement
 - _____ Short term disability
 - _____ Supplemental Security Income SSI
 - _____ Social Security Disability Income (SSDI)
 - _____ Veterans assistance
 - _____ Worker's compensation
 - _____ Annuity/Life insurance payments
 - _____ Retirement
 - _____ HIV/AIDS drugs
 - _____ WIC
 - _____ TANF (AFDC)
 - _____ Not eligible for benefits
 - _____ Other public assistance _____
- Specify

25. Where do you receive your medical care? **(Please check all that apply to you.)**

- _____ Hospital/Hospital Clinic
 - _____ Community Health Clinic/Center (HIV specialty clinic, provides limited focus services)
 - _____ Private Physician's Office/Clinic
 - _____ HMO/Managed Care Clinic
 - _____ Public Health Clinic (provides diverse clinical services)
 - _____ Other: _____
- Specify

26. Do you have any disabilities? (Not including HIV/AIDS)
 Yes What type? _____
 No
27. If YES to any disabilities other than HIV/AIDS: How often do you need assistance related to your disability in obtaining HIV or AIDS related service?
 Never
 Rarely (no more than once a week)
 Some of the time (one to four times a week)
 Often (five or more times a week)
28. Have you been unable to get needed services because of the following circumstances or disabilities? **(Please check all that apply to you.)**
 Wheelchair bound
 Hard of hearing
 Legally deaf
 Visually impaired (not correctable by eyeglasses)
 Blind
 Mentally impaired
 Chemical dependency (alcohol, illicit drugs)
 Other: _____
Specify
29. How many times have you been tested for HIV infection (during the past two years) in each of the sites below? (WRITE "0" IF NEVER TESTED AT THAT SITE)
- # OF TIMES
- Counseling & testing center
 Clinic in your community/HIV specialty clinic
 Health department
 Health fair, bar, or other place of entertainment
 Home test
 Hospital clinic
 Hospital emergency room
 Military
 Jail or correctional facility
 Private physician's office
 Other: _____
Specify
30. When did you first test positive for HIV? Please indicate the month and year.
 Mo. Yr.

31. Have you been told by the doctor, nurse, or other health care team member that you have AIDS?
 Yes
 No
 Prefer not to answer
32. If yes, when were you told that you had AIDS?
 Year
 Don't Remember
 Prefer not to answer
33. a. What was your highest and lowest viral load?
 b. What is your current viral load?

Place a check in the box for your lowest, a check for your highest, and also a check for your current.

	Lowest	Highest	Current
Undetectable			
Detectable but less than 1,000			
1,001 - 5,000			
5,001 - 10,000			
10,001 - 50,000			
50,001 - 100,000			
100,001 - 500,000			
500,001 - 1 million			
> 1 million			
Don't Know			

34. How do you think you were infected by HIV? (Check all that you think may apply.)
 Having sex with a man
 Having sex with a woman
 Sharing needles
 Trading sex for drugs/money
 Blood products/Transfusion
 Other: _____
 Don't know
 I prefer not to answer
35. Since you were infected with HIV, have you been treated/are you receiving mental health counseling (including psychiatric or emotional) for a psychiatric or emotional problem?
 Yes
 No

36. If you received treatment, was it
 Outpatient (by a doctor or counselor)
 Inpatient (in a hospital at least overnight)

37. Have you ever been diagnosed with any of the following infectious diseases?

	YES	NO	DON'T KNOW	PREFER NOT TO ANSWER
Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herpes (genital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genital warts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (A, B, or C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yeast infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____				

Specify

38. Have you ever been diagnosed with Tuberculosis (TB)?

No

Had positive skin test, but never got active TB

Yes, have inactive TB

Have Active TB, in treatment

Have Active TB, not in treatment

Don't know

Prefer not to answer

39. Are you currently taking any medicines for your HIV infection?

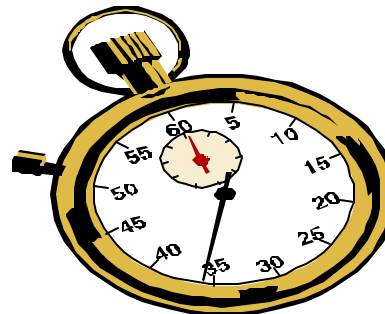
Yes

No

40. (IF TAKING PRESCRIBED MEDICATION FOR HIV), are you taking any of the following?
Place a check in YES, NO, or DON'T KNOW for each of the following medications.

	YES	NO	DON'T KNOW
Antiretrovirals and/or protease inhibitors that work against the virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antibiotics (such as Bactrim) that fight off infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antifungal (such as Diflucan) that are for body rashes or thrush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steroids which help you with your appetite or build weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antidepressants for depression or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Prescription, Non-Prescription, Herbal, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. (IF TAKING PRESCRIBED MEDICATION FOR HIV) Do you take three or more medications to fight HIV? (Are you on a three or more drug cocktail?)
- Yes
 - No
 - Don't know
 - Prefer not to answer
42. How often do you miss a dose of your medication?
- Never
 - Rarely (no more than once a week)
 - Some of the time (one to four times a week)
 - Often (five or more times a week)
43. If you do not take your HIV medication as directed, which of the following are the reasons for not taking your medication? (**Check all that may apply.**)
- Side effects
 - Difficult schedule
 - Medication didn't work
 - Could not afford it
 - Just did not want to take them
 - Forgot to take them
 - Other: _____
- Specify



44. During the past 6 months, how often have you used any of the following substances?

	NOT USED AT ALL	DAILY	WEEKLY	MONTHLY
Alcohol	_____	_____	_____	_____
Marijuana or hash	_____	_____	_____	_____
Crack	_____	_____	_____	_____
Cocaine	_____	_____	_____	_____
Heroin	_____	_____	_____	_____
Crystal Meth or Methamphetamines	_____	_____	_____	_____
Speedball	_____	_____	_____	_____
Tobacco	_____	_____	_____	_____
Other drug: _____	_____	_____	_____	_____
Other drug: _____ Specify	_____	_____	_____	_____

I prefer not to answer _____

45. Have you ever injected any of the above substances?

- _____ Yes
_____ No

46. Please name other organizations/agencies that have provided services, support, and/or assistance to you in living with HIV/AIDS.

NAME OF ORGANIZATION	TYPE OF ASSISTANCE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

47. Please fill out the following tables relating to HIV/AIDS Services. Additional explanations will be given if needed.

Check the Yes (Y) or No (N) box to indicate if you believe that this service is **available to you**, whether or not you have used it.

Services	Y	N	Don't Know
Ambulatory / Outpatient Medical Care			
Primary Care			
Vision Care			
OB / GYN			
Pediatric			
Specialty			
Infectious Diseases			
Medical Case Management			
Social Case Management			
Dental Care			
Emergency Medical Services			
Primary Care			
OB / GYN			
Pediatrics			
Specialty			
Infectious Diseases			
Medications / Pharmacy			
Psychiatric			
Home Health Care			
Para-Professional Care			
Professional Care			
Specialized Care			
Durable Medical Equipment			
Hospice			
Home-Based Hospice Care			
Residential Hospice Care			
Inpatient Services			
Primary Care			
OB / GYN			
Pediatrics			
Infectious Diseases			
Medications / Pharmacy			
Specialty Care			
Long Term Care			
Nursing Homes			
Assisted Living Facility			
Hospice Care			
Transitional Facility			
Medications and Therapeutic			
Medications / Pharmacy			

Services	Y	N	Don't Know
Research			
Clinical Trials			
Mental Health Therapy / Counseling			
Psychological and psychiatric treatment and counseling services			
Support Groups			
Nutritional Services			
Education, counseling and/or direct therapeutic nutritional / supplemental food products and/or services			
Rehabilitation Care			
Physical Therapy			
Speech Pathology			
Low Vision Training Services			
Substance Abuse Treatment / Counseling			
Substance Abuse Counseling			
Substance Abuse Treatment			
Support Services			
Adoption / Foster Care Assistance			
Adult Day or Respite Care			
Alternative Treatment / Therapies (acupuncture, massage therapy, natural meds)			
Buddy / Companion Services			
Child Care			
Client Advocacy / Legal Services			
Counseling (Other)			
Direct Emergency Financial Assistance			
Food Bank / Home-Delivered Meals			
Health Insurance Payments			
Housing			
Housing Payment			
Mental Health Services (licensed, clinical)			
Transportation (to Required Services)			
Translation / Interpretation			
Exercise/Fitness/Strength Training			
Patient Education Services			
HAART (Highly active antiretroviral Therapy)			
Health Education			
Information Clearinghouse/Library			
Patient Education Center			
Prevention Education Services			
Street Outreach			
Information Clearinghouse/Library			
Prevention/Health Education Services			

Check the box that indicates whether you **have ever used** the service.

Services	Y	N	Don't Know
Ambulatory / Outpatient Medical Care			
Primary Care			
Vision Care			
OB / GYN			
Pediatric			
Specialty			
Infectious Diseases			
Medical Case Management			
Social Case Management			
Dental Care			
Emergency Medical Services			
Primary Care			
OB / GYN			
Pediatrics			
Specialty			
Infectious Diseases			
Medications / Pharmacy			
Psychiatric			
Home Health Care			
Para-Professional Care			
Professional Care			
Specialized Care			
Durable Medical Equipment			
Hospice			
Home-Based Hospice Care			
Residential Hospice Care			
Inpatient Services			
Primary Care			
OB / GYN			
Pediatrics			
Infectious Diseases			
Medications / Pharmacy			
Specialty Care			
Long Term Care			
Nursing Homes			
Assisted Living Facility			
Hospice Care			
Transitional Facility			
Medications and Therapeutic			
Medications / Pharmacy			

Services	Y	N	Don't Know
Research			
Clinical Trials			
Mental Health Therapy / Counseling			
Psychological and psychiatric treatment and counseling services			
Support Groups			
Nutritional Services			
Education, counseling and/or direct therapeutic nutritional / supplemental food products and/or services			
Rehabilitation Care			
Physical Therapy			
Speech Pathology			
Low Vision Training Services			
Substance Abuse Treatment / Counseling			
Substance Abuse Counseling			
Substance Abuse Treatment			
Support Services			
Adoption / Foster Care Assistance			
Adult Day or Respite Care			
Alternative Treatment / Therapies (acupuncture, massage therapy, natural meds)			
Buddy / Companion Services			
Child Care			
Client Advocacy / Legal Services			
Counseling (Other)			
Direct Emergency Financial Assistance			
Food Bank / Home-Delivered Meals			
Health Insurance Payments			
Housing			
Housing Payment			
Mental Health Services (licensed, clinical)			
Transportation (to Required Services)			
Translation / Interpretation			
Exercise/Fitness/Strength Training			
Patient Education Services			
HAART (Highly active antiretroviral Therapy)			
Health Education			
Information Clearinghouse/Library			
Patient Education Center			
Prevention Education Services			
Street Outreach			
Information Clearinghouse/Library			
Prevention/Health Education Services			

If you did receive the service, check the box that best describes **your use of the service** in the past year.

Services	Daily	Weekly	Monthly	Yearly
Ambulatory / Outpatient Medical Care				
Primary Care				
Vision Care				
OB / GYN				
Pediatric				
Specialty				
Infectious Diseases				
Medical Case Management				
Social Case Management				
Dental Care				
Emergency Medical Services				
Primary Care				
OB / GYN				
Pediatrics				
Specialty				
Infectious Diseases				
Medications / Pharmacy				
Psychiatric				
Home Health Care				
Para-Professional Care				
Professional Care				
Specialized Care				
Durable Medical Equipment				
Hospice				
Home-Based Hospice Care				
Residential Hospice Care				
Inpatient Services				
Primary Care				
OB / GYN				
Pediatrics				
Infectious Diseases				
Medications / Pharmacy				
Specialty Care				
Long Term Care				
Nursing Homes				
Assisted Living Facility				
Hospice Care				
Transitional Facility				
Medications and Therapeutic				
Medications / Pharmacy				

(Table continued on next page)

If you did receive the service, check the box that best describes **your use of the service** in the past year.

SERVICES	Daily	Weekly	Monthly	Yearly
Research				
Clinical Trials				
Mental Health Therapy / Counseling				
Psychological and psychiatric treatment and counseling services				
Support Groups				
Nutritional Services				
Education, counseling and/or direct therapeutic nutritional / supplemental food products and/or services				
Rehabilitation Care				
Physical Therapy				
Speech Pathology				
Low Vision Training Services				
Substance Abuse Treatment / Counseling				
Substance Abuse Counseling				
Substance Abuse Treatment				
Support Services				
Adoption / Foster Care Assistance				
Adult Day or Respite Care				
Alternative Treatment / Therapies (acupuncture, massage therapy, natural meds)				
Buddy / Companion Services				
Child Care				
Client Advocacy / Legal Services				
Counseling (Other)				
Direct Emergency Financial Assistance				
Food Bank / Home-Delivered Meals				
Health Insurance Payments				
Housing				
Housing Payment				
Mental Health Services (licensed, clinical)				
Transportation (to Required Services)				
Translation / Interpretation				
Exercise/Fitness/Strength Training				
Patient Education Services				
HAART				
Health Education				
Information Clearinghouse/Library				
Patient Education Center				
Prevention Education Services				
Street Outreach				
Information Clearinghouse/Library				
Prevention/Health Education Services				

Check the box that describes **how easy it was for you to get the service (access)**

Services	Very easy to get	Some-what easy to get	Hard to get
Ambulatory / Outpatient Medical Care			
Primary Care			
Vision Care			
OB / GYN			
Pediatric			
Specialty			
Infectious Diseases			
Medical Case Management			
Social Case Management			
Dental Care			
Emergency Medical Services			
Primary Care			
OB / GYN			
Pediatrics			
Specialty			
Infectious Diseases			
Medications / Pharmacy			
Psychiatric			
Home Health Care			
Para-Professional Care			
Professional Care			
Specialized Care			
Durable Medical Equipment			
Hospice			
Home-Based Hospice Care			
Residential Hospice Care			
Inpatient Services			
Primary Care			
OB / GYN			
Pediatrics			
Infectious Diseases			
Medications / Pharmacy			
Specialty Care			
Long Term Care			
Nursing Homes			
Assisted Living Facility			
Hospice Care			
Transitional Facility			
Medications and Therapeutic			
Medications / Pharmacy			

Services	Very easy to get	Some-what easy to get	Hard to get
Research			
Clinical Trials			
Mental Health Therapy / Counseling			
Psychological and psychiatric treatment and counseling services			
Support Groups			
Nutritional Services			
Education, counseling and/or direct therapeutic nutritional / supplemental food products and/or services			
Rehabilitation Care			
Physical Therapy			
Speech Pathology			
Low Vision Training Services			
Substance Abuse Treatment / Counseling			
Substance Abuse Counseling			
Substance Abuse Treatment			
Support Services			
Adoption / Foster Care Assistance			
Adult Day or Respite Care			
Alternative Treatment / Therapies (acupuncture, massage therapy, natural meds)			
Buddy / Companion Services			
Child Care			
Client Advocacy / Legal Services			
Counseling (Other)			
Direct Emergency Financial Assistance			
Food Bank / Home-Delivered Meals			
Health Insurance Payments			
Housing			
Housing Payment			
Mental Health Services (licensed, clinical)			
Transportation (to Required Services)			
Translation / Interpretation			
Exercise/Fitness/Strength Training			
Patient Education Services			
HAART			
Health Education			
Information Clearinghouse/Library			
Patient Education Center			
Prevention Education Services			
Street Outreach			
Information Clearinghouse/Library			
Prevention/Health Education Services			

Check the box that indicates **if you currently need the service.**

Services	Y	N	Don't Know
Ambulatory / Outpatient Medical Care			
Primary Care			
Vision Care			
OB / GYN			
Pediatric			
Specialty			
Infectious Diseases			
Medical Case Management			
Social Case Management			
Dental Care			
Emergency Medical Services			
Primary Care			
OB / GYN			
Pediatrics			
Specialty			
Infectious Diseases			
Medications / Pharmacy			
Psychiatric			
Home Health Care			
Para-Professional Care			
Professional Care			
Specialized Care			
Durable Medical Equipment			
Hospice			
Home-Based Hospice Care			
Residential Hospice Care			
Inpatient Services			
Primary Care			
OB / GYN			
Pediatrics			
Infectious Diseases			
Medications / Pharmacy			
Specialty Care			
Long Term Care			
Nursing Homes			
Assisted Living Facility			
Hospice Care			
Transitional Facility			
Medications and Therapeutic			
Medications / Pharmacy			

Services	Y	N	Don't Know
Research			
Clinical Trials			
Mental Health Therapy / Counseling			
Psychological and psychiatric treatment and counseling services			
Support Groups			
Nutritional Services			
Education, counseling and/or direct therapeutic nutritional / supplemental food products and/or services			
Rehabilitation Care			
Physical Therapy			
Speech Pathology			
Low Vision Training Services			
Substance Abuse Treatment / Counseling			
Substance Abuse Counseling			
Substance Abuse Treatment			
Support Services			
Adoption / Foster Care Assistance			
Adult Day or Respite Care			
Alternative Treatment / Therapies (acupuncture, massage therapy, natural meds)			
Buddy / Companion Services			
Child Care			
Client Advocacy / Legal Services			
Counseling (Other)			
Direct Emergency Financial Assistance			
Food Bank / Home-Delivered Meals			
Health Insurance Payments			
Housing			
Housing Payment			
Mental Health Services (licensed, clinical)			
Transportation (to Required Services)			
Translation / Interpretation			
Exercise/Fitness/Strength Training			
Patient Education Services			
HAART			
Health Education			
Information Clearinghouse/Library			
Patient Education Center			
Prevention Education Services			
Street Outreach			
Information Clearinghouse/Library			
Prevention/Health Education Services			

48. List the 10 services related to HIV/AIDS that **YOU** need the most in the space provided below. Then indicate 1) if the services are currently being used and 2) how well your service provider is currently meeting the need.

Services needed by YOU

How well met

LIST TOP TEN

Currently being used **Very well** **Adequately** **Poorly** **Not at All**

1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____

49. Please list or describe any **service** you need that is not available.*

***Note:** Your concerns will be considered, however funding restrictions or legal restrictions may prevent your providers from responding to needs, concerns, and/or requests as identified in this survey.

50. Tell me about any problems or trouble that you may have experienced getting needed services.
(Check all that apply to you)

Knowledge

- I did not know that the treatment/service was available to me.
- I did not know the location of the organization providing services.
- I did not know the organization/center was available to provide services.
- I did not know what services I needed for treating HIV infection.
- I did not know that services/treatment existed.

Provider Characteristics

- The person providing services to me did not know what he/she was doing.
- The person providing services to me did not speak my language.
- The people providing the services didn't understand what I needed.
- There was too much paper work and/or red tape.
- I was worried that someone would find out I am HIV positive.
- I needed childcare and it was not available.
- The service I needed was simply not available.

Client Characteristics

- I was too upset to think about treatment.
- I was not physically healthy enough to get to the place where the service was provided.
- I do not believe HIV is really a problem for me.
- I do not get along with the people providing the service.
- I do not understand the instructions about treatment.
- My children were not welcome at the service center.
- I did not feel valued as a person.

System Problems

- I could not find my way through the system.
- The organization providing the service made me feel like a number.
- Safe housing for battered persons was not available.
- There was no housing available that allowed children.
- The provider/service center did not answer my questions.
- The atmosphere at the service center was cold and unfriendly.
- People working at the service center were not helpful.

Trouble or problems I had getting services (con't)

Access and Availability; Cost

- I had no way to get from my home to the place where the service was provided.
- I did not know where to go or who to ask for help.
- I had to wait too long to get an appointment or see someone.
- People providing the service discriminated against me.
- I could not afford the service.
- I did not have insurance.
- I had insurance but it did not cover the service I needed.
- The service provider was not sensitive to my beliefs and spiritual concerns.
- Funding was not available to offer the service.

Client Beliefs/Perceptions

- I could not get referrals for the services that I needed.
 - I could not qualify for services because of all the rules and regulations.
 - There were too many rules and regulations regarding payment for services.
 - I was afraid of being reported to the authorities.
 - The case manager did not understand why I have trouble taking my medications.
 - I could not get information about treatment options from people providing the services.
 - I am afraid of retaliation or discrimination.
 - Others (please describe)
-
-

Thank you for the time that you have taken to complete the survey. Your answers will provide invaluable information for the planning and delivery of services to your community. Please place your completed survey in the designated box provided by your provider.



THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY.



Profile of Provider Capacity

Profile of Provider Capacity

Survey Tool for the Development of a Resource Inventory

The Central Texas HIV Regional Planning Council is conducting a survey to identify needs of persons living with HIV/AIDS in the central Texas area. The information collected is vital to our needs assessment process and to identify the geographic location, types, and coordination of HIV-related services offered in our area. The survey will help the Planning Council to make decisions about services needed in. Thank you for taking the time to assist us with this project. If you have any further questions, please do not hesitate to contact (Local Needs Assessment Task Force Chairperson).

Name of organization: _____

Which of these best describes your agency? (Check one response only)

- AIDS service organization
- Health clinic
- Community based organization (not AIDS-specific)
- Hospital
- Hospital district
- Physician/Private Doctor
- Multi-service agency that includes HIV/AIDS services
- Substance abuse treatment facility
- Other _____

Specify

Name of your contact: _____

Position in organization: _____

Address: _____

Phone Number: _____ Business Hours: _____

What services or programs do you provide to persons affected by HIV/AIDS?

How often do you provide these services or programs? _____

How are your service/programs funded? _____

Who uses your services and programs? _____

How many people do you serve each year? _____

What additional services/programs/resources do you think our community needs to adequately serve those individuals affected by HIV/AIDS? _____

Provider Profile

City **Bryan**

Agency: **Government- Social Service agency**

Texas Department of Human Services

Sue Ann Palmore
Program Manager

Business	Address:
Hours M-T: 7:30-6,	3000 E. Villa Maria
Phone 979-776-742	Bryan, TX

Services or programs offered for people with HIV/AIDS:

Food stamps, temporary financial assistance, and Medicaid for individuals and families who qualify. Services also offered to elderly and disabled low income

Used by:

Low income individuals and families

Funding: Federal, state, local

Number of Clients

10,000

Frequency

daily

Service/ resource recommendations:

Improved transportation system, more doctors would accept Medicaid

Provider Profile

City *Bryan*

Agency: *Public Health*

Texas Department of Health Brenham

Bonnie Lokey, RN

Sub office charge nurse

Business

Hours 8-5

Phone 979-337-922

Address:

P.O. Box 2329

Brenham, TX 77833

Services or programs offered for people with HIV/AIDS:

HIV testing and counseling
Pre and post referrals for treatment to Special Services
in Bryan

Used by:

Open to community

Funding: State

Number of Clients

Frequency

MTW

Service/ resource recommendations:

More education

Provider Profile

City *Bryan*
Agency: *Retail Pharmacy*

MOM's Pharmacy

Kathryn Barnes
Supervising Pharmacist

Business		Address:
Hours	9-7	2800 S. IH 35
		Ste. 108
Phone	512-445-212	Austin, TX 78704

Services or programs offered for people with HIV/AIDS:

TDH, ADAP, Medicaid, Insurance Billing, Cash Pricing, Home delivery

Used by:

Funding: Credit cards accepted

Number of Clients **Frequency**

Service/ resource recommendations:

Provider Profile

City *Bryan*

Agency: *Substance Abuse Prevention and Education*

BVCASA

Benton Carey

Executive Director

Business	Address:
Hours 8-6 M-Tr	405 W. 28th St.
Phone 979-823-530	Bryan, TX

Services or programs offered for people with HIV/AIDS:

Substance abuse treatment, education, HIV education, prevention/intervention education, ATOD presentation

Used by:

Our populations are universal selected and indicated

Funding: State and federal funds, patient fees

Number of Clients

Frequency

daily

Service/ resource recommendations:

Integration between treatment, substance abuse counseling and support counseling

Provider Profile

City *Bryan*

Agency: *Community based Organization*

Twin City Missions

Doug Weedon

Executive Director

Business

Hours 8-5

Phone 979-822-751

Address:

P.O. Box 3490
Bryan, TX 77805

Services or programs offered for people with HIV/AIDS:

Shelter, food, clothing

Used by:

Anyone

Funding: Self, local, state

Number of Clients

1100-1500

Frequency

Daily

Service/ resource recommendations:

Provider Profile

City *Bryan*

Agency: *Health clinic*

Family Health Pharmacy

Walter Hoke

Director of Pharmacy

Business

Hours 8-5:30

Phone 979-595-170

Address:

6670 S. Texas Ave.

Ste. B

Bryan, TX 77802

Services or programs offered for people with HIV/AIDS:

Prescriptions

Used by:

Special Health Services clients

Funding: Special Health Services

Number of Clients

Frequency

On request from special health services

Service/ resource recommendations:

Provider Profile

City *Bryan*

Agency: *Multi-service agency*

Brazos Valley Community Action Agency

Carolyn Hall

Senior Services Director

Business

Hours 8-5

Phone 979-823-220

Address:

203 W. 30th

Bryan, TX 77802

Services or programs offered for people with HIV/AIDS:

Meals on Wheels

Used by:

Elderly, disabled, ill

Funding: Federal 85%, State 10%, Local 5%

Number of Clients

600 each day

Frequency

5x week M-F

Service/ resource recommendations:

Provider Profile

City **Killeen/Temple**

Agency: **Adult Probation Office**

Community Supervision and Corrections Department

Phyllis M. Green

Adult Probation Officer

Business		Address:
Hours	8-5	205 E. Central
		Temple, TX
Phone	254-770-680	76501

Services or programs offered for people with HIV/AIDS:

Referrals to Bell County Health Department
We have instructors give talks and information to our
defendants

Used by:

Individuals that have drug
related offenses

Funding: State

Number of Clients	Frequency
40-50	once

Service/ resource recommendations:

Provider Profile

City ***Killeen/Temple***

Agency: ***Law Office***

Michael R. Miller, Attorney at Law, P.C.

Kathy Thompson

Legal Secretary

Business

Hours 8-5

Phone 254-939-399

Address:

520 S. Main

Belton, TX 76513

Services or programs offered for people with HIV/AIDS:

Wills, power of attorney, directive to physicians, trusts

Used by:

General Public

Funding: Payment by client or Central Texas Support Services

Number of Clients

HIV-AIDS: 6

Frequency

As needed

Service/ resource recommendations:

Provider Profile

City *Killeen/Temple*

Agency: *AIDS service organization*

Central Texas Support Services

Janet Cates

Program Manager

Business 8:30-4:30

Hours

Phone 254-778-249

Address:

P.O. Box 1793

Temple, TX

Services or programs offered for people with HIV/AIDS:

Direct client case management, food vouchers, gas vouchers, dental, eye exams, medication purchases, nutritional supplements, counseling, physician referral,

Used by:

HW & population

Funding: Ryan White, State services, HOPWA

Number of Clients

120-130

Frequency

Daily

Service/ resource recommendations:

Provider Profile

City *Killeen/Temple*

Agency: *Community based Organization*

Schaffer and Associates Counseling Services

William R. Schaffer

Owner

Business		Address:
Hours	8-5	200 W. Calhoun Ave.
		Temple, TX
Phone	254-774-880	76501

Services or programs offered for people with HIV/AIDS:

Individual and family counseling

Used by:

Children and adults in the
Temple/ Killeen area

Funding: Contract with CTSS or patient insurance

Number of Clients	Frequency
5000	by referral

Service/ resource recommendations:

Dental services in local area
Part-time employment opportunities

Provider Profile

City *Killeen/Temple*

Agency: *Community based Organization*

Hill Country Community Action Association, Inc Family Planning

Melody Ball

Program Director

Business	W	Address:
Hours	8-12 M-W	P.O. Box 846
		San Saba, TX
Phone	915-372-578	76877

Services or programs offered for people with HIV/AIDS:

Education, testing, referrals

Used by:

Teens, low income, and
full fee clients

Funding: Title X, Title XX, Medicaid, Patient fees, sliding fee scale based on family size and income

Number of Clients

3700

Frequency

Monthly or bi-monthly

Service/ resource recommendations:

Local counseling services to help people deal with HIV/AIDS
More resources from pharmaceutical companies for treatment

Provider Profile

City ***Killeen/Temple***

Agency: ***Health clinic***

Greater Killeen Free Clinic

Marlene DiLillo

Executive Director

Business

Hours

Phone 254-519-076

Address:

309 N. 2nd Street
Killeen, TX 76548

Services or programs offered for people with HIV/AIDS:

Acute medical care to low income, uninsured children and adults.

Used by:

Killeen/Temple

Funding: grants, United Way, Community Development Block Grant, donations

Number of Clients

Frequency

2 nightly clinics per week

Service/ resource recommendations:

Provider Profile

City *Killeen/Temple*

Agency: *Substance abuse treatment facility*

Christian Farms

JB Fisher

Program Manager

Business

Hours 8-5

Phone 254-698-669

Address:

9825 FM 2410

Belton, TX 76513

Services or programs offered for people with HIV/AIDS:

HIV education one time per month

Used by:

Chemically dependent clients

Funding: The council provides the education

Number of Clients

80-90

Frequency

Monthly

Service/ resource recommendations:

Community awareness

Provider Profile

City *San Angelo*

Agency: *Dentist*

Harold R. Reel, DDS

Vanessa

Business		Address:
Hours	8:00 - 5:00	1201 S Bryant
		San Angelo, TX 76903
Phone	915	

Services or programs offered for people with HIV/AIDS:

Used by:

Exam, prophylaxis, X-rays, restorations (fillings), root
canals (if allotted), partials (if allotted), extractions

Funding:

Number of Clients

About 15 give or take

Frequency

Depending: could be 3 a week or 1 in 3 months-
depends on patients needs at that time

Service/ resource recommendations:

Provider Profile

City **San Angelo**

Agency: **Therapeutic Optometrist**

Sun Set Eye Care

Lenee

Office Manager

Business	Address:	
Hours	8:30-5:30	4241 Southwest Blvd Ste 108
Phone	915	San Angelo, TX 76904

Services or programs offered for people with HIV/AIDS:

Annual CMV exams and visual acuity assessments.
Referral services to ophthalmologist as needed.

Used by:

HIV + Patients

Funding: San Angelo AIDS Foundation

Number of Clients

5lient b0se

Frequency

Yearly

Service/ resource recommendations:

Provider Profile

City *San Angelo*

Agency: *Therapist*

Sue Crocker, LPC

Sue Crocker

Therapist

Business

Hours

Phone 947-484-6

Address:

3136 Executive3 Drive

Services or programs offered for people with HIV/AIDS:

Weekly therapy sessions

Used by:

Clients for SAAF

Funding: Direct billing to SAAF

Number of Clients

100

Frequency

As needed by patients -recommend weekly therapy sessions

Service/ resource recommendations:

Support/group therapy

Services Offered in HSDAs

Bryan-College Station

HIV-RELATED SERVICE*	Source
Ambulatory/Outpatient Medical Care	RS Lemos, MD PA—Infectious Disease Sp. Andrew C. Eisenberg, MD, MHA
Dental Care	
Mental Health Counseling/Treatment	
Substance Abuse Counseling/Treatment	BVCASA
Case Management (face-to-face)	Texas Department of Human Services-Medicaid AIDS Services of Brazos Valley
Case Management (non face-to-face)	
Rehabilitation Services	
Home Health: Professional Care	
Home Health: Para-professional Care	
Home Health: Specialized Care	
Hospice: Residential	
Hospice: Home-based	
Buddy/Companion Services	
Client Advocacy	
Day or Respite Care	
Emergency Financial Assistance	Texas Department of Human Services
Direct Housing Assistance	Twin City Mission
Housing-related Services	AIDS Services of Brazos Valley
Food Bank/Home-delivered Meals/Nutritional Supplements	Texas Department of Human Services-Food stamps Twin City Mission Brazos Food Bank Brazos Valley Community Action Agency—Meals on Wheels AIDS Services of Brazos Valley
Transportation	AIDS Services of Brazos Valley
Service Outreach	AIDS Services of Brazos Valley
Counseling and Testing	Texas Department of Health-Brenham—also referrals AIDS Services of Brazos Valley
Other Counseling (not Mental Health)	
Permanency Planning	
Adoption/Foster Care	
Pharmacy	MOM's Pharmacy-TDH, ADAP, Medicaid, Insurance billing, cash pricing, home delivery Family Health Pharmacy

Clothing	Twin City Mission
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Killeen-Temple

HIV-RELATED SERVICE*	Source
Ambulatory/Outpatient Medical Care	AIDS Service Organization-referral Temple Community Free Clinic Greater Killeen Free Clinic Family Practice Clinic
Dental Care	AIDS Service Organization
Mental Health Counseling/Treatment	AIDS Service Organization—referral Schaffer and Associates Counseling Services
Substance Abuse Counseling/Treatment	Community Supervision and Corrections Cen-Tex Alcoholic Rehab Center, Inc. Christian Farms
Case Management (face-to-face)	AIDS Service Organization
Case Management (non face-to-face)	AIDS Service Organization
Rehabilitation Services	
Home Health: Professional Care	
Home Health: Para-professional Care	
Home Health: Specialized Care	
Hospice: Residential	
Hospice: Home-based	
Buddy/Companion Services	
Client Advocacy	
Day or Respite Care	
Emergency Financial Assistance	St. Vincent de Paul Thrift Store—utilities and rent
Direct Housing Assistance	AIDS Service Organization St. Vincent de Paul Thrift Store—rent
Housing-related Services	
Food Bank/Home-delivered Meals/Nutritional Supplements	AIDS Service Organization
Transportation	
Service Outreach	
Counseling and Testing	County Correctional Facility Hill County Community Action Association, Inc.—Family planning
Other Counseling (not Mental Health)	Community Supervision and Corrections Dept
Permanency Planning	Michael R Miller, Attorney
Adoption/Foster Care	
Eye Care	Belton Eye Care Center-Richard Weaver, OD AIDS Service Organization

Pharmacy	Jim Shave, Pharmacist Westside Drug AIDS Service Organization
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San Angelo

HIV-RELATED SERVICE*	Source
Ambulatory/Outpatient Medical Care	
Dental Care	Harold R Reel, DDS
Mental Health Counseling/Treatment	Richard McGraw, Ph.D. Sue Crocker, LPC—what kind of therapy?
Substance Abuse Counseling/Treatment	
Case Management (face-to-face)	
Case Management (non face-to-face)	
Rehabilitation Services	
Home Health: Professional Care	
Home Health: Para-professional Care	
Home Health: Specialized Care	
Hospice: Residential	
Hospice: Home-based	
Buddy/Companion Services	
Client Advocacy	
Day or Respite Care	
Emergency Financial Assistance	
Direct Housing Assistance	
Housing-related Services	
Food Bank/Home-delivered Meals/Nutritional Supplements	
Transportation	
Service Outreach	
Counseling and Testing	
Other Counseling (not Mental Health)	
Permanency Planning	
Adoption/Foster Care	
Eye Care	Sun Set Eye Care—Annual CMV Exams
Pharmacy	

Waco

HIV-RELATED SERVICE*	Source
Ambulatory/Outpatient Medical Care	Freestone County—county indigent health care McLennan County Welfare Department—county indigent health care Falls County Indigent Health Care Program Limestone County Indigent Health Care Waco-McLennan County Public Health District
Dental Care	Waco-McLennan County Public Health District
Mental Health Counseling/Treatment	Heart of Texas Region MHMR Center—referrals to public health department
Substance Abuse Counseling/Treatment	
Case Management (face-to-face)	Waco-McLennan County Public Health District
Case Management (non face-to-face)	Waco-McLennan County Public Health District
Rehabilitation Services	
Home Health: Professional Care	
Home Health: Para-professional Care	
Home Health: Specialized Care	
Hospice: Residential	
Hospice: Home-based	
Buddy/Companion Services	
Client Advocacy	
Day or Respite Care	
Emergency Financial Assistance	
Direct Housing Assistance	
Housing-related Services	
Food Bank/Home-delivered Meals/Nutritional Supplements	
Transportation	Waco-McLennan County Public Health District
Service Outreach	
Counseling and Testing	Waco-McLennan County Public Health District
Other Counseling (not Mental Health)	Waco-McLennan County Public Health District
Permanency Planning	
Adoption/Foster Care	
Eye Care	The Optical Dispensary Waco-McLennan County Public Health District
Pharmacy	McLennan County Welfare Department Falls County Indigent Health Care Program Limestone County Indigent Health Care



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