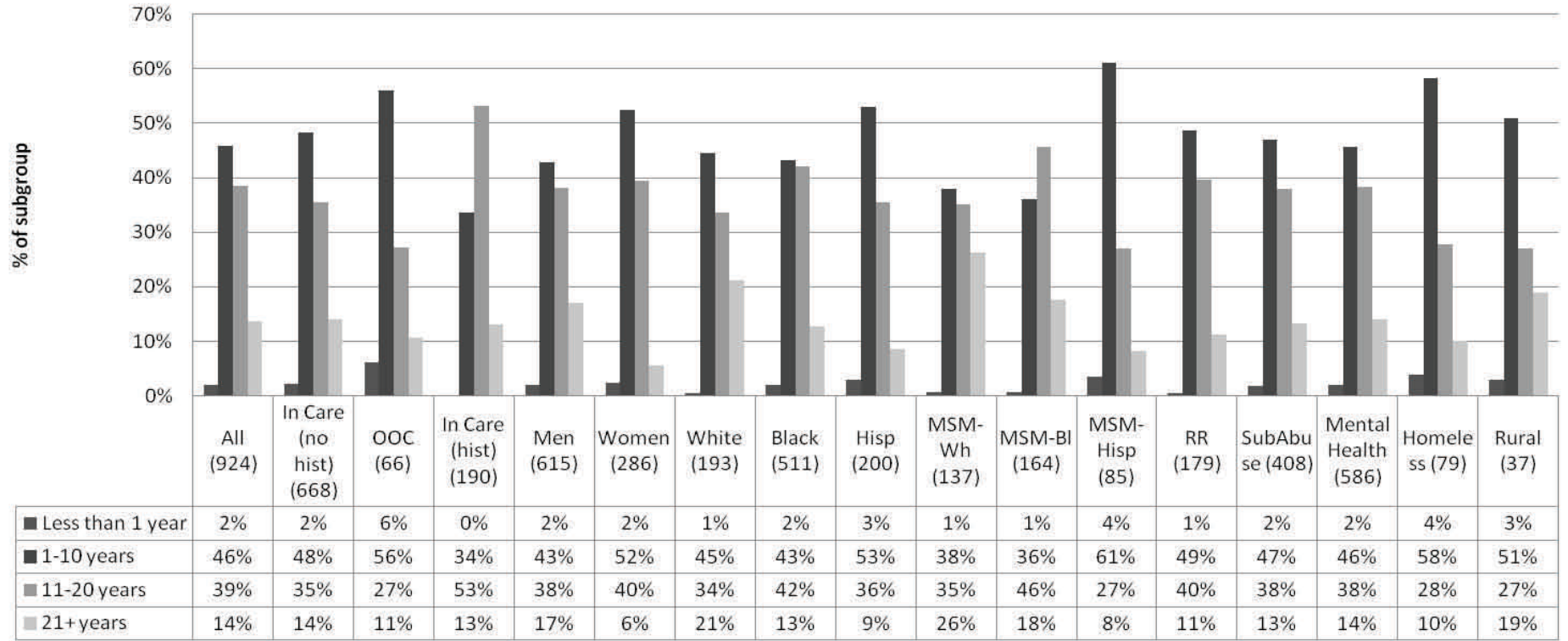


Survey Respondent HIV Testing History

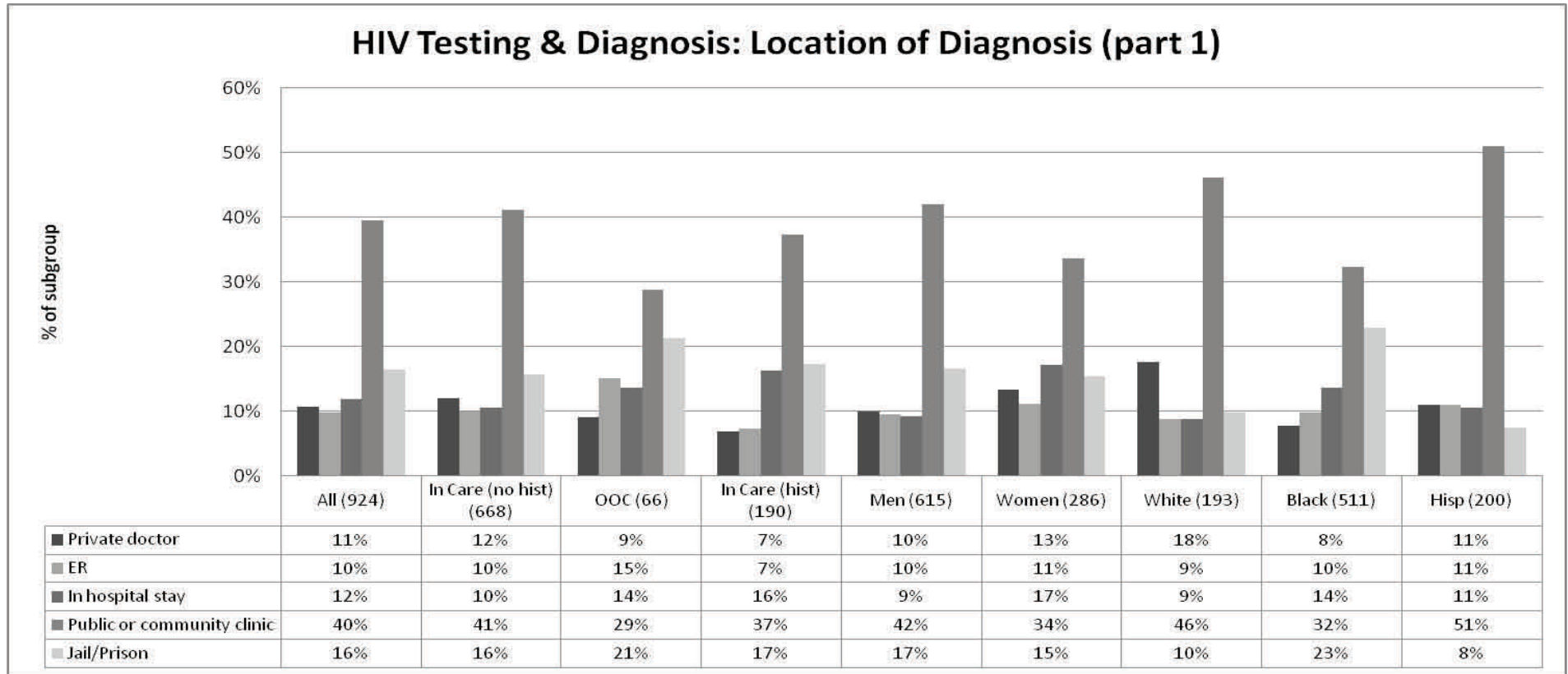
HIV Testing History: Length of Diagnosis



The chart above shows the length of diagnosis for each of the subgroups.

- All respondents reported being diagnosed as HIV positive an average of 11.15 years (sd=7.31), ranging from 0-26 years.
- Overall, 69% of respondents reported being HIV positive between 1-15 years.

Survey Respondent HIV Testing History

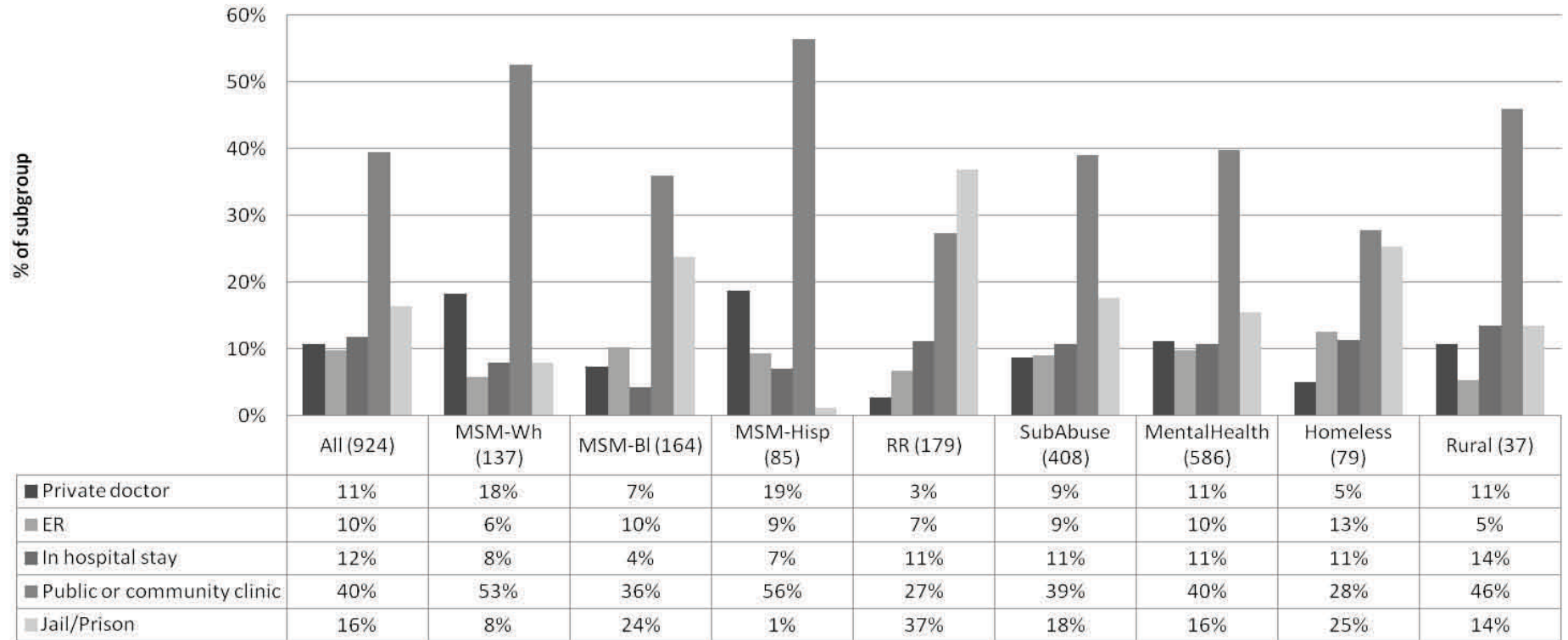


The chart above shows the most common locations of HIV diagnosis for half of the subgroups. Other less commonly reported locations were HIV-specific testing site, community testing location, alcohol or drug treatment facility, blood/plasma donation site or workplace.

- Overall, most respondents were diagnosed most often at a public or community clinic (40%).
- The Out of Care (15%) and the Homeless (13%) were diagnosed most often at an emergency room.
- Women (17%) and the In Care with a history of being out of care (16%) were diagnosed most often during an inpatient hospital stay.

Survey Respondent HIV Testing History

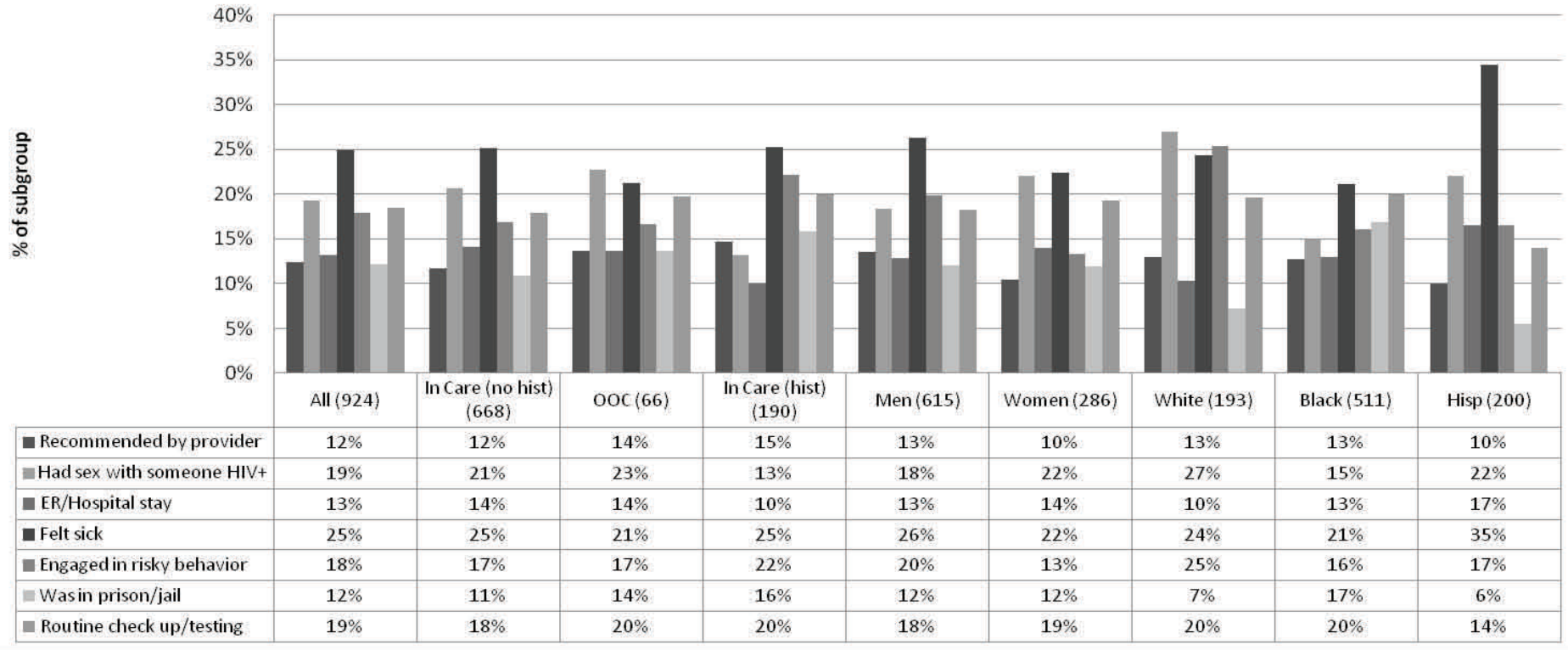
HIV Testing & Diagnosis: Location of Diagnosis (part 2)



- MSM-Whites (18%) and MSM-Hispanics (19%) were diagnosed most often at a private doctor.
- The Out of Care (15%) and the Homeless (13%) were diagnosed most often at an emergency room.
- Jail/prison was the most common diagnosis location for the Recently Released (37%), the Homeless (25%) and MSM-Blacks (24%).

Survey Respondent HIV Testing History

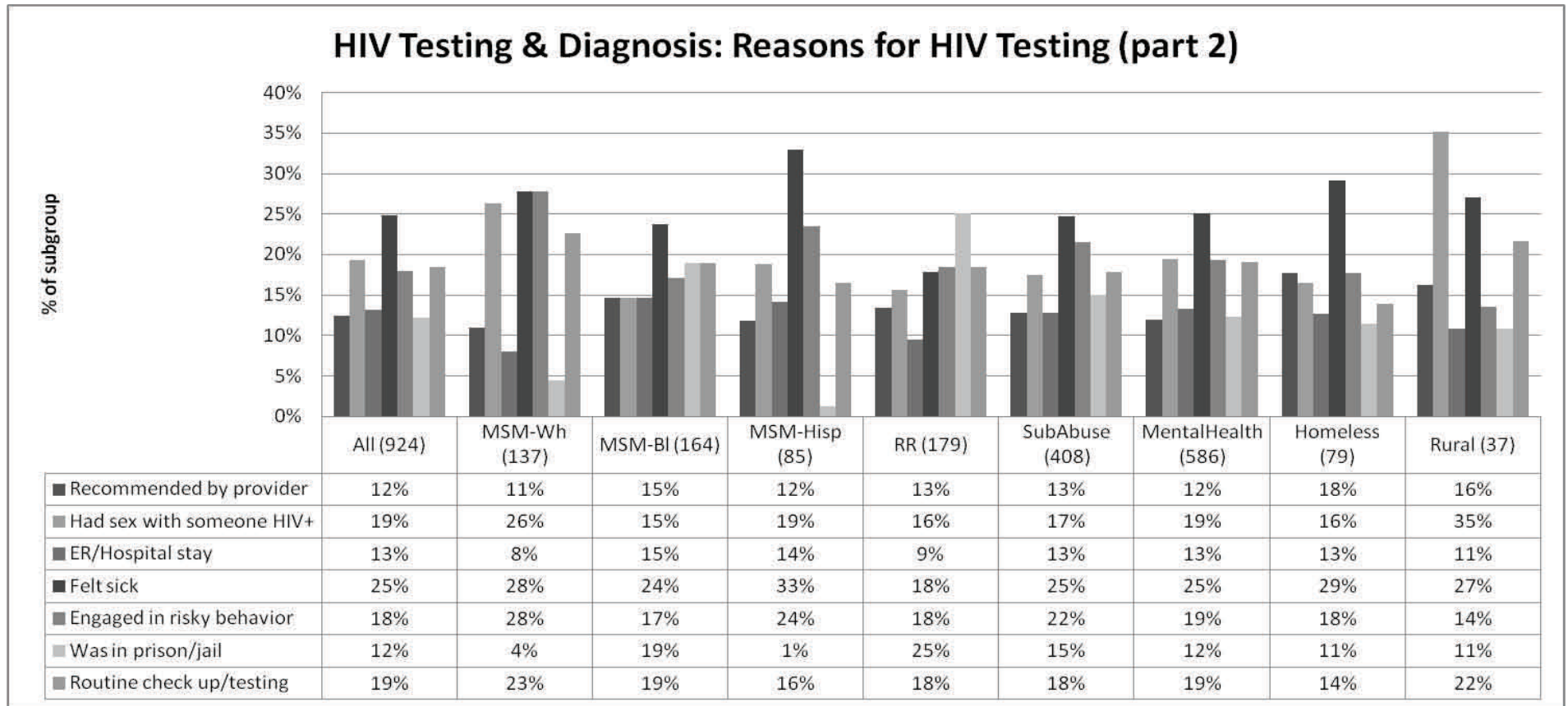
HIV Testing & Diagnosis: Reasons for HIV Testing (part 1)



The chart above shows the most common reasons for being tested for HIV for half of the subgroups. Other less commonly reported reasons were prenatal care, blood/plasma donation and required by work, health insurance or immigration application.

- ‘Feeling sick’ was the most common reason for being tested for HIV (25%), followed by having sex with someone with HIV (19%), routine check-up (19%) and engaging in risky behavior (18%).
- Being in jail or prison was the most common reason for being tested for HIV for the Recently Released (25%), MSM-Blacks (19%) [see next chart for data on the Recently Released and MSM-Blacks], Blacks (17%) and Substance Abusers (18%).
- Hispanics reported “felt sick” as the reason for being tested for HIV more frequently than other subgroups (35%).

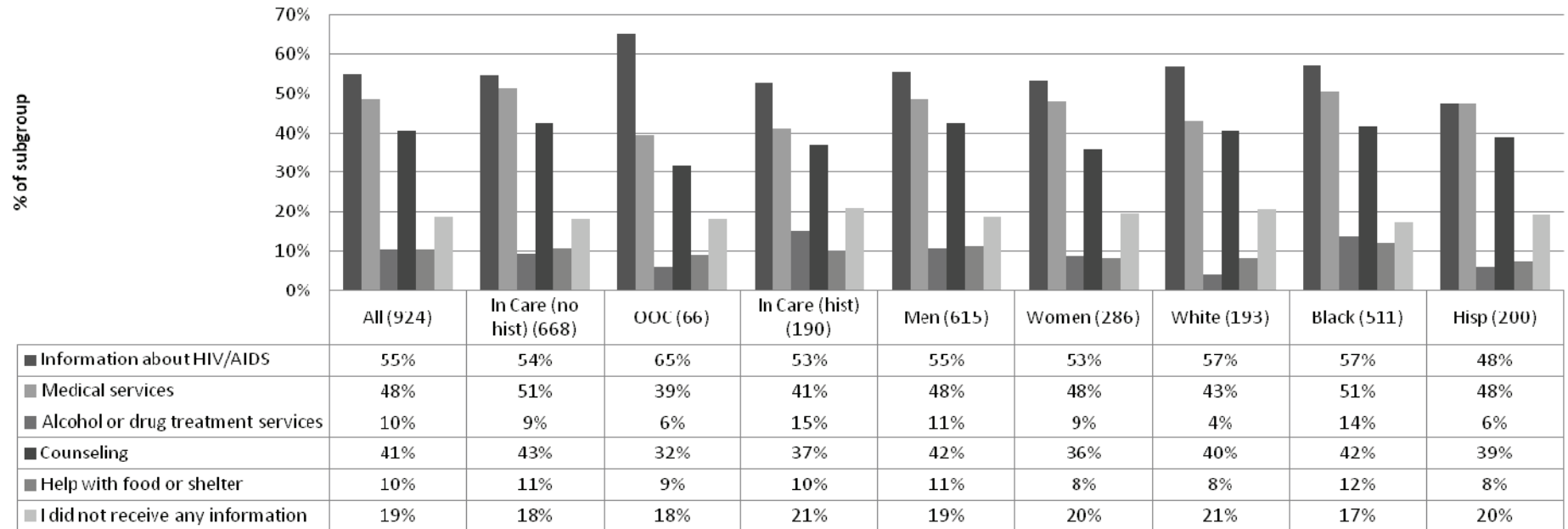
Survey Respondent HIV Testing History



- Similar to the Hispanic subgroup, MSM-Hispanics reported “felt sick” as the reason for receiving an HIV test more frequently than other subgroups (33%).
- Rural respondents were most likely to report sex with an HIV+ person as the reason for being tested for HIV (35%).

Survey Respondent HIV Testing History

HIV Testing & Diagnosis: Information Received at Diagnosis (part 1)

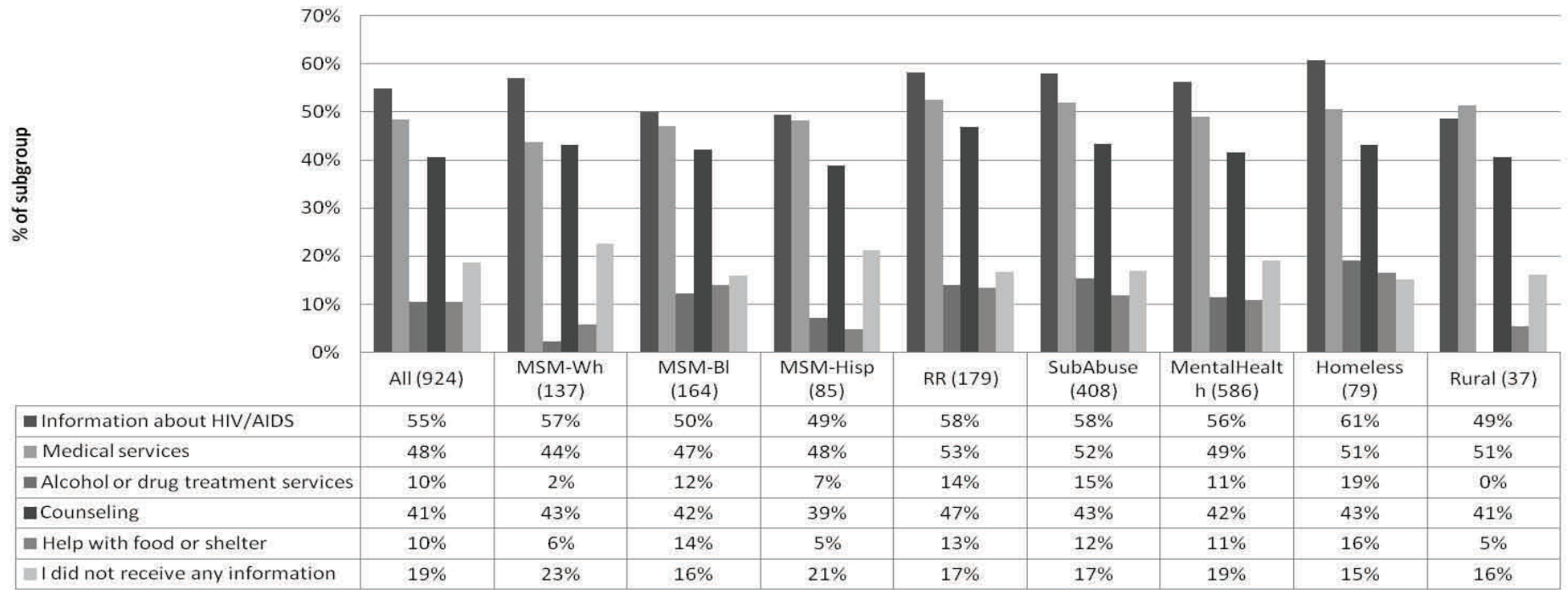


The chart above shows the types of information received at time of HIV diagnosis for 9 subgroups.

- The most common types of assistance provided at time of diagnosis to all respondents were information about HIV/AIDS (55%), medical services (48%) and counseling (41%). Less frequently reported were alcohol or drug treatment services (10%) and help with food or shelter (10%). Nineteen percent of respondents reported not receiving any information at the time of their HIV diagnosis, and 7% did not remember or refused to receive any information.
- Given the requirements associated with Protocol Based Counseling methods, the 41% reporting Counseling information is lower than expected. Although this finding could be explained by respondents not remembering the information they received, or misunderstanding terminologies (i.e., respondent interpreted Counseling as Information about HIV/AIDS), it also suggests a need to improve post-test follow-up activities.
- It is interesting to note that the out-of-care subgroup reported receiving information about HIV/AIDS more often than any other subgroup (65%). The out-of-care were also the least likely to receive information about medical services (39%). These numbers suggest that simply providing basic HIV/AIDS information may not be enough to help an individual enter into, or remain in, HIV-related care; instead, information about where and how to find medical services may be more useful for the newly diagnosed.

Survey Respondent HIV Testing History

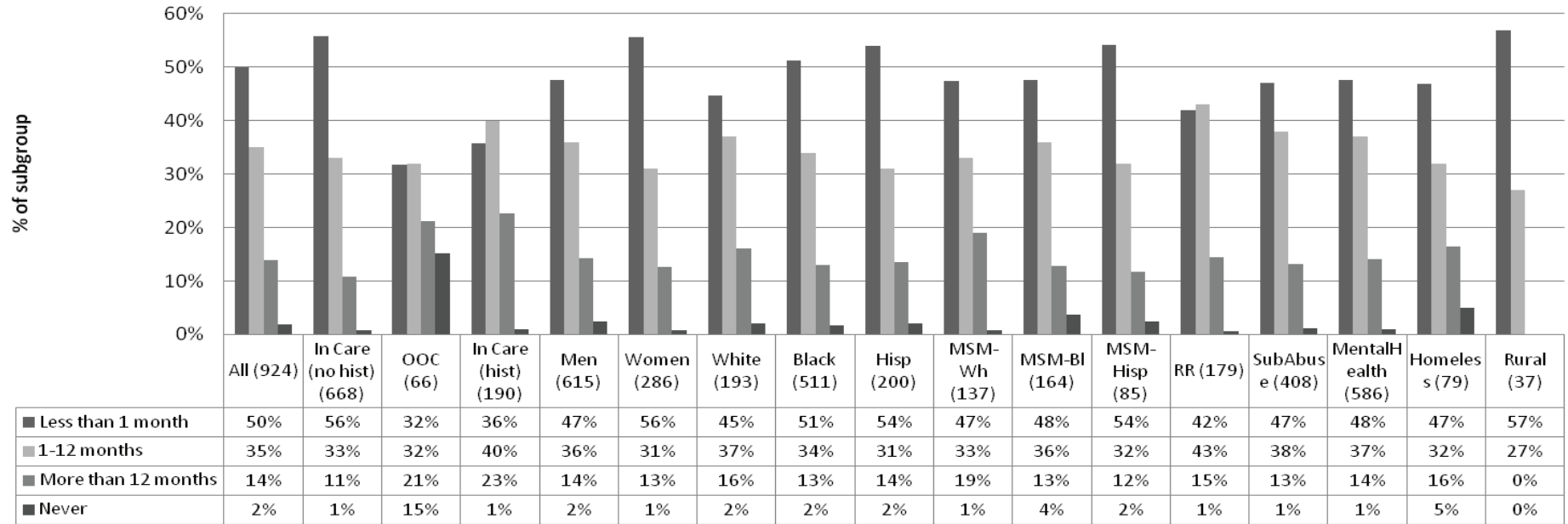
HIV Testing & Diagnosis: Information Received at Diagnosis (part 2)



- The most common types of assistance provided at time of diagnosis to all respondents were information about HIV/AIDS (55%), medical services (48%) and counseling (41%). Less frequently reported were alcohol or drug treatment services (10%) and help with food or shelter (10%). Nineteen percent of respondents reported not receiving any information at the time of their HIV diagnosis, and 7% did not remember or refused to receive any information.
- MSM-Whites (23%), Whites (21%) and those In Care with a history of being out of care (21%) [see previous chart for data on Whites and In Care with a history of being out of care] were more likely to report not receiving any information at time of diagnosis.
 - MSM-Whites tended to report being diagnosed much earlier in the HIV epidemic when there was less knowledge about and information on HIV. This may explain the high proportion of MSM-Whites who said they did not receive any information at the time of their diagnosis.

Survey Respondent Services

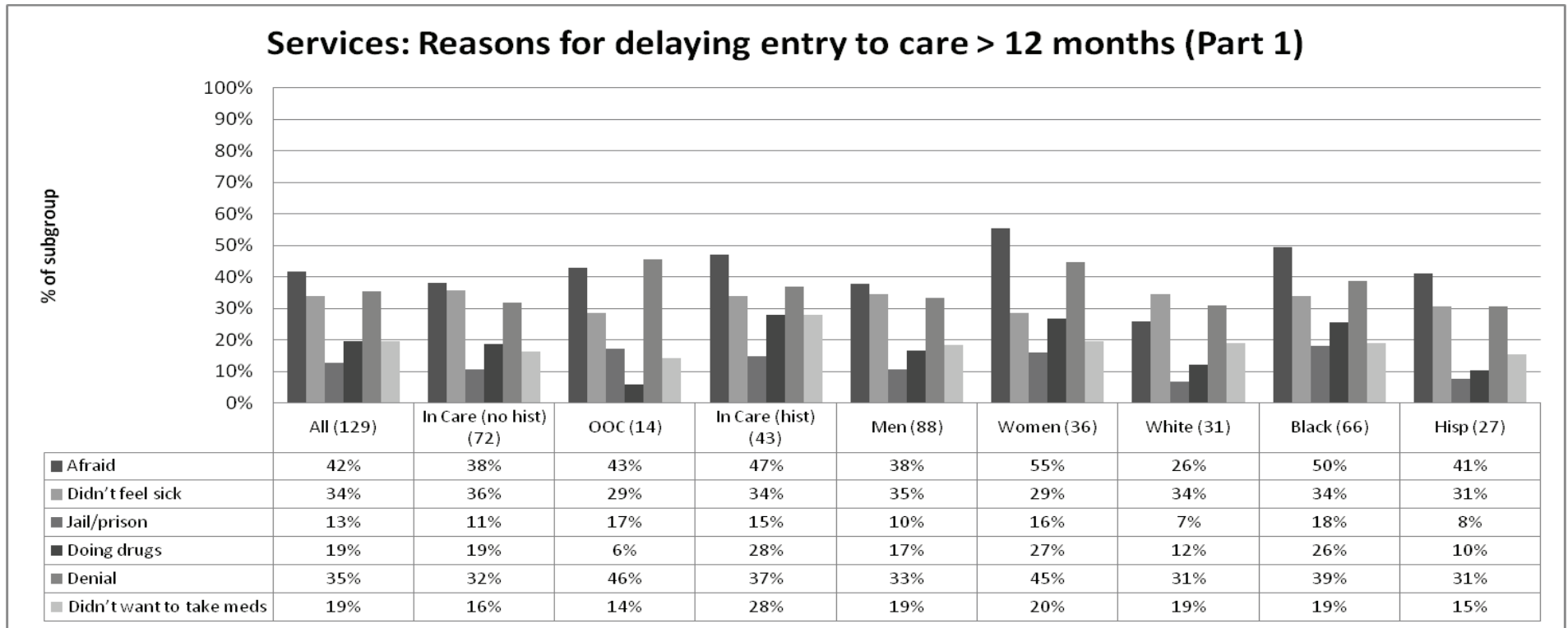
Services: Time between Diagnosis and 1st Doctor Visit



The chart above shows the length of time between HIV diagnosis and the first visit to a doctor, for each of the subgroups.

- Half of all respondents reported seeing a doctor for HIV within one month of diagnosis; 35% of respondents entered care between 1 and 12 months and 14% waited more than a year. 2% of all respondents said they had never seen a doctor for HIV.
- The subgroups more likely to enter care within a month of diagnosis were Rural (57%), the In Care no history of being out of care (56%), Women (56%), Hispanics (54%) and MSM-Hispanics (54%).
- Those more likely to wait more than a year to enter care were the In Care with a history of being out of care (23%), the Out of Care (21%) and MSM-Whites (19%). However, MSM-Whites were more likely to be diagnosed during the early years of the epidemic, when HIV care was not as available as today.
- More than half (56%) of the In Care (no history) entered HIV care within 1 month of diagnosis compared to only 32% of the Out of Care. The Out of Care were almost two times more likely to delay care for more than a year, compared to the In Care (no history) (21% and 11%, respectively). In Care respondents (with history) were also twice as likely to delay care than In Care respondents (no history). These data suggest that early entry to care is associated with maintenance in care.

Survey Respondents - Medical Care

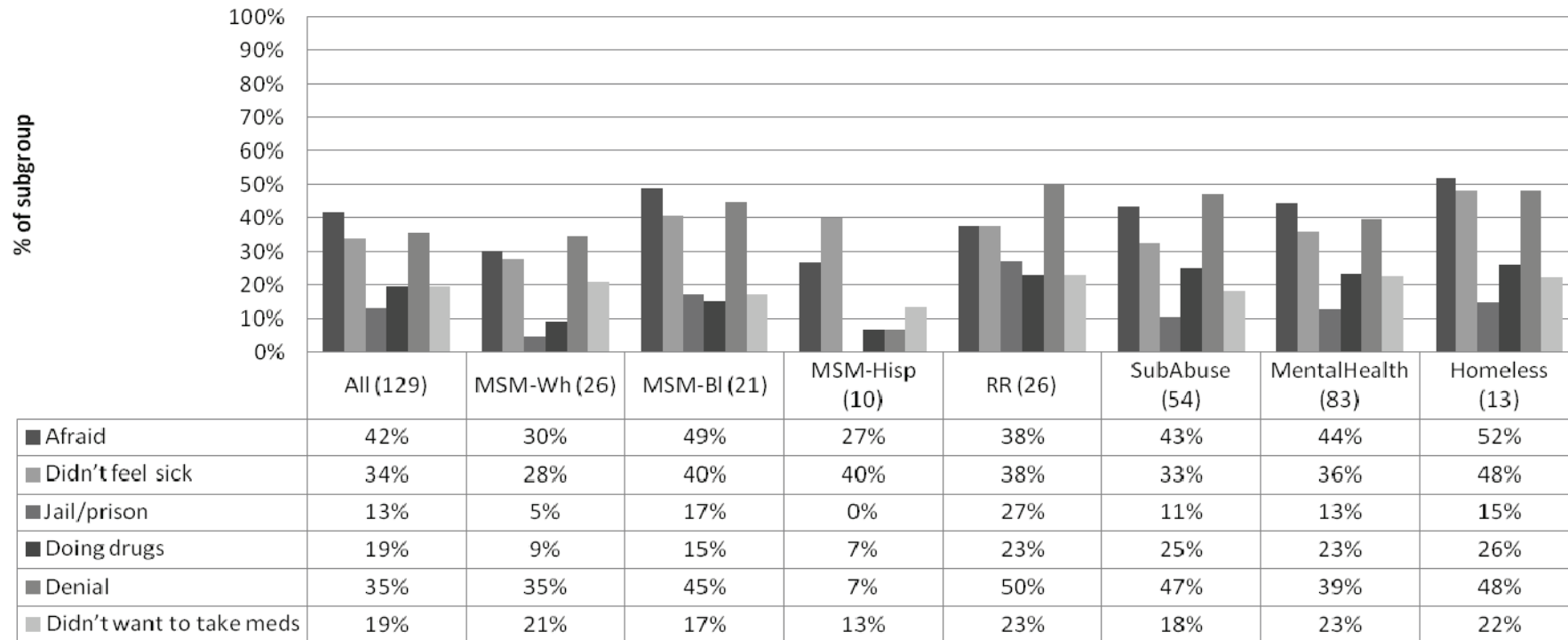


The chart above shows, for the first 9 subgroups, the most common reasons for delaying entry to care for more than 12 months. Other less commonly reported reasons were having no money, didn't know where or how to get services, depression and having no stable housing. All Rural respondents entered care within 6 months of diagnosis, so that subgroup is not shown on the chart.

- Overall, the most common reasons were afraid (42%), denial (35%) and didn't feel sick (34%).
- The In Care with a history of being out of care (28%), Women (27%), Blacks (26%) and the Homeless (26%) [see next chart for Homeless data] reported drug use more frequently than other subgroups.
- The Recently Released (50%), Homeless (48%), Substance Abusers (47%) Women (45%) and MSM-Blacks (45%) [see next chart for data on the Recently Released, Homeless, Substance Abusers and MSM-Blacks] were most likely to report denial as the reason for delaying entry to care.

Survey Respondents - Medical Care

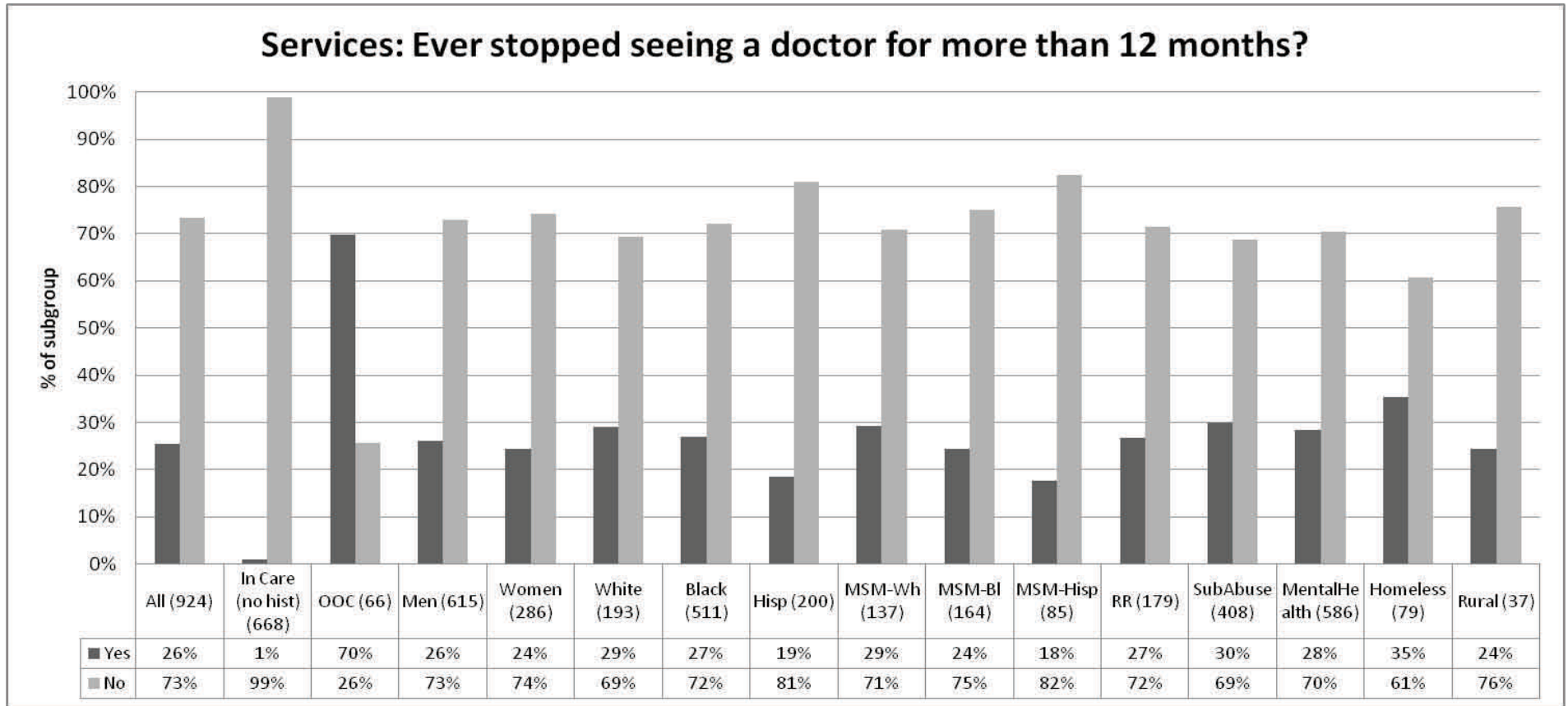
Services: Reasons for delaying entry to care > 12 months (Part 2)



The chart above shows, for the second half of the subgroups.

- Overall, the most common reasons were afraid (42%), denial (35%) and didn't feel sick (34%).
- The In Care with a history of being out of care (28%), Women (27%), Blacks (26%) and the Homeless (26%) [see previous chart for data on In Care with a history of being out of care, Women, and Blacks] reported drug use more frequently than other subgroups.
- The Recently Released (50%), Homeless (48%), Substance Abusers (47%) Women (45%) and MSM-Blacks (45%) [see previous chart for data on Women] were most likely to report denial as the reason for delaying entry to care.

Survey Respondents - Medical Care

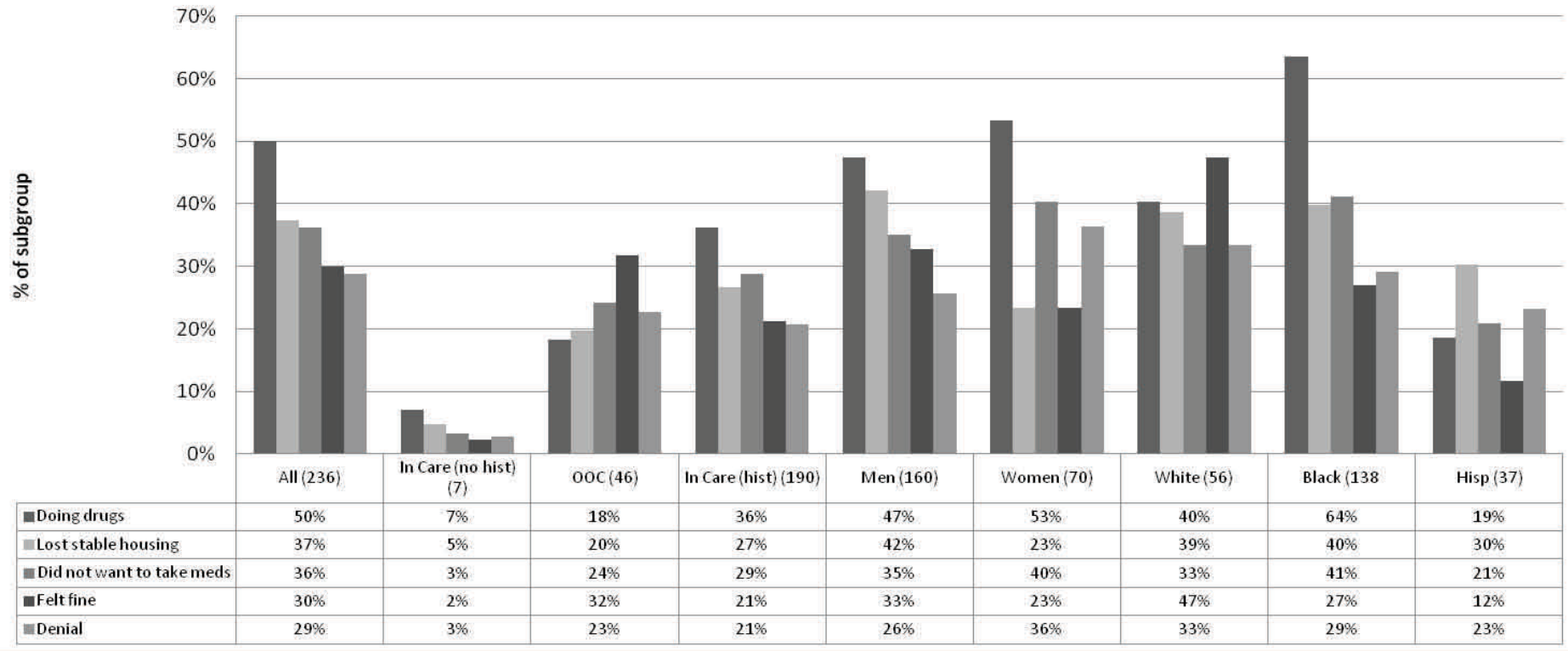


The chart above shows, for each subgroup, the proportion of respondents that reported not seeing a doctor for more than 12 months after entering care for HIV.

- Overall, 26% of all respondents reported stopping care for 12 months or more after entering care.
- The Out of Care (70%) and the Homeless (35%) were more likely to report disconnecting from care.

Survey Respondents - Medical Care

Services: Reasons for Falling out of Care (part 1)

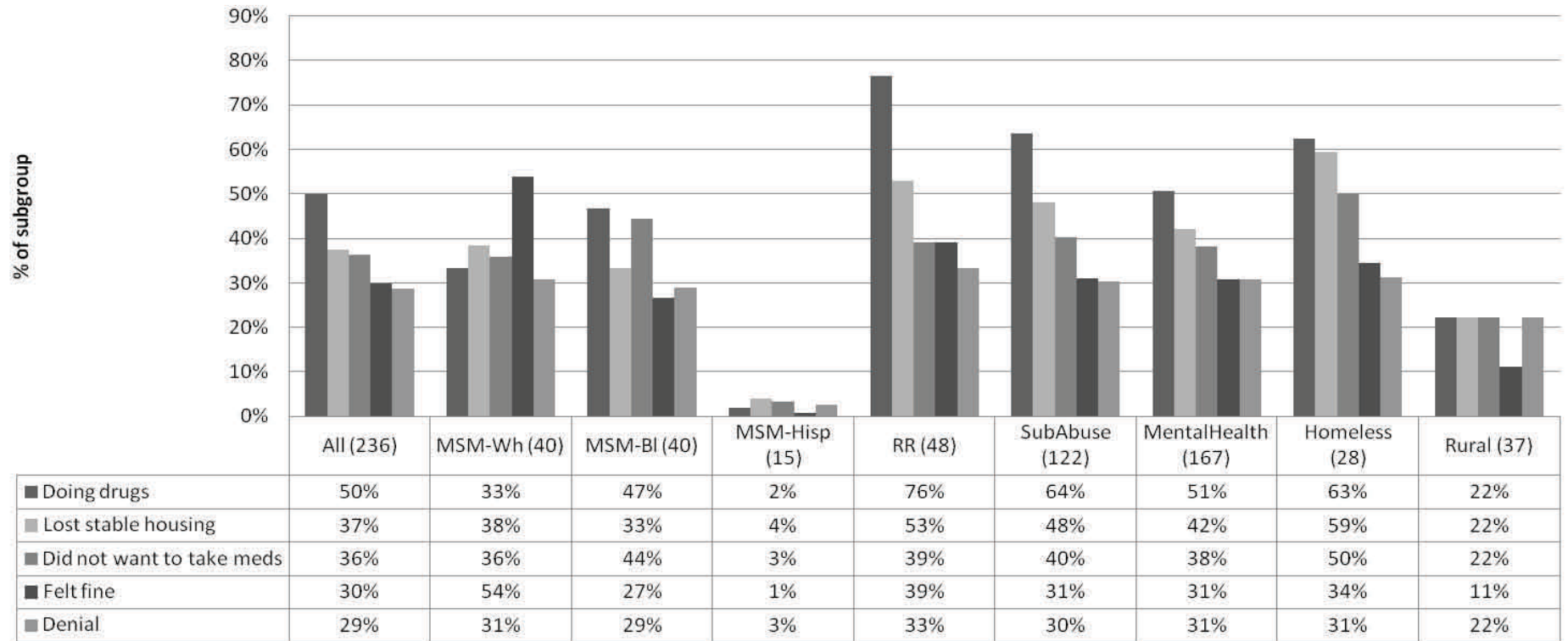


The chart above shows the top five most common reasons for falling out of care for the first half of the subgroups. Other less commonly reported reasons were case manager or doctor left, could not take time off work, program closed down, bad experience with provider, job loss, loss of health insurance, tired of regimen, worried about side effects, child/family care, depression and being in jail/prison.

- For all respondents, the most common reasons for falling out of care were drug use (50%), losing stable housing (37%) and not wanting to take HIV medications (36%).
- The Recently Released (76%), Substance Abusers (64%), Blacks (64%) and the Homeless (63%) were most likely to report drug use as a reason for falling out of care for more than 12 months. *[see next chart for data on the Recently Released, Substance Abusers and the Homeless]*

Survey Respondents - Medical Care

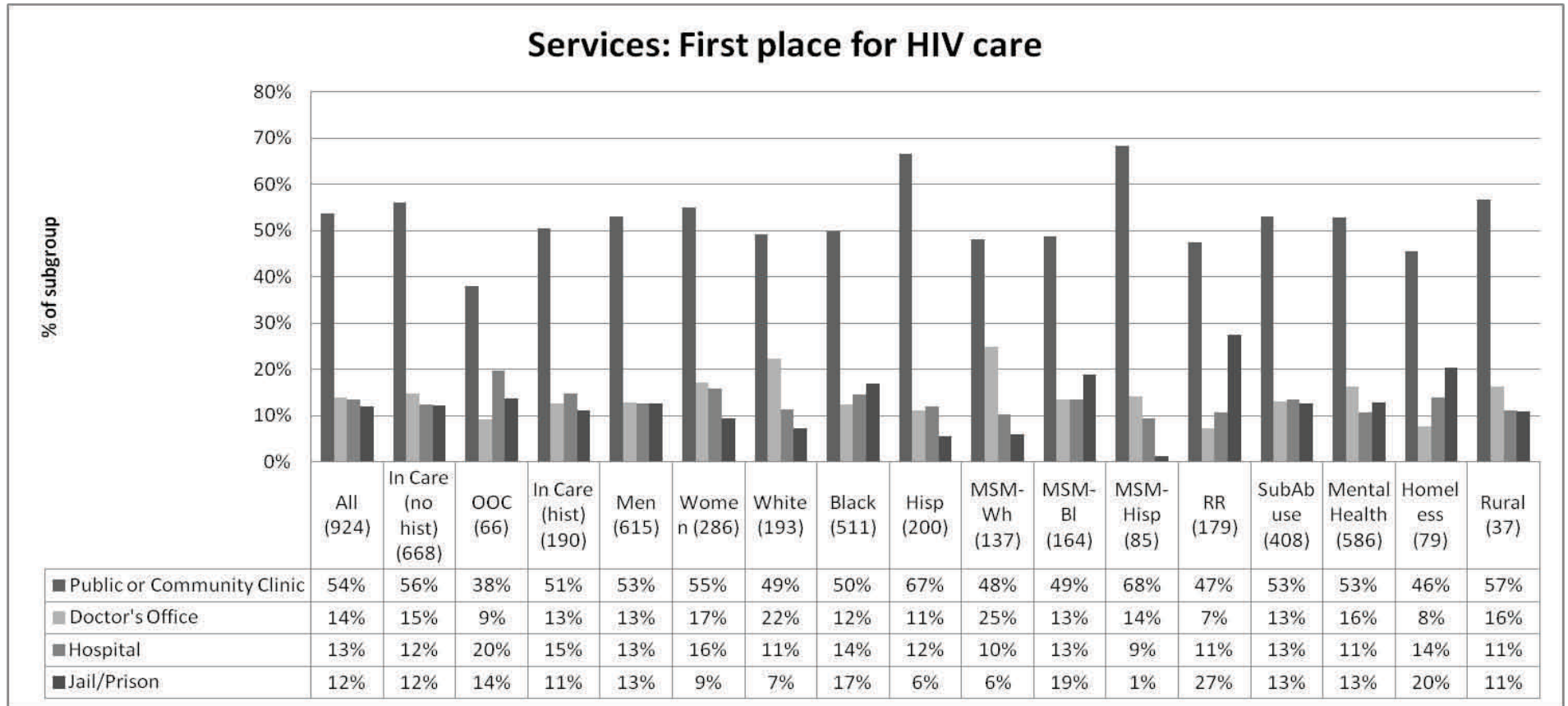
Services: Reasons for Falling out of Care (part 2)



The chart above shows the top five most common reasons for falling out of care for the second half of the subgroups.

- For all respondents, the most common reasons for falling out of care were drug use (50%), losing stable housing (37%) and not wanting to take HIV medications (36%).
- The Recently Released (76%), Substance Abusers (64%), Blacks (64%) and the Homeless (63%) were most likely to report drug use as a reason for falling out of care for more than 12 months. *[see previous chart for data on Blacks]*.
- Loss of stable housing was reported most often by the Homeless (59%), the Recently Released (53%) and Substance Abusers (48%).
- Not wanting to take HIV medications was reported most often by the Homeless (50%) and MSM-Blacks (44%).

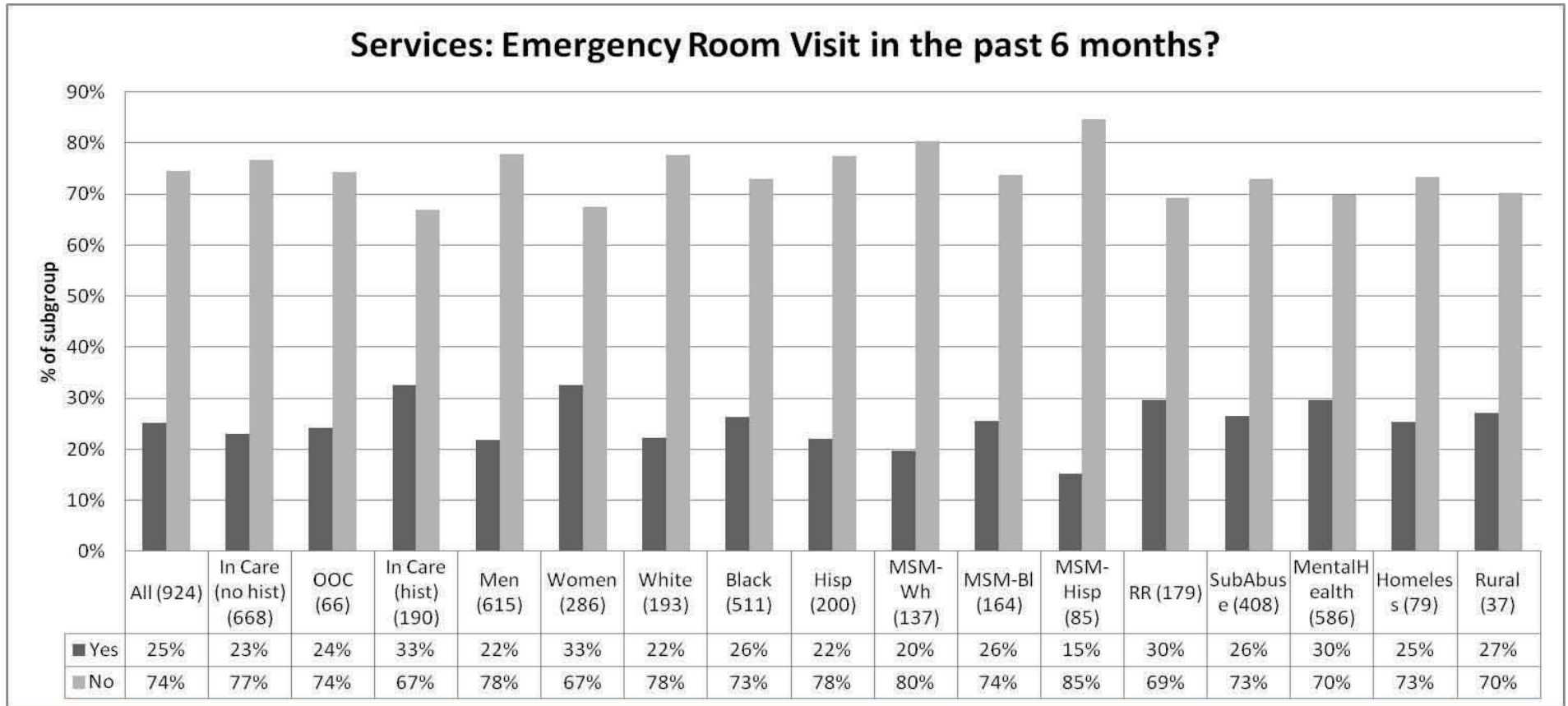
Survey Respondents - Medical Care



The chart above shows the top four most common first places of HIV care for each subgroup. Other less commonly reported places were an HIV agency, substance abuse treatment program, social service agency and VA hospital.

- A public or community clinic was the most common place respondents went to first for HIV care (54%).
- The Out of Care were least likely to report being a patient at a public or community clinic as the first place they received HIV care (38%).
- Other than the Recently Released respondents, the Homeless (20%) and MSM-Blacks (19%) were more likely to receive their first HIV care in a jail or prison.

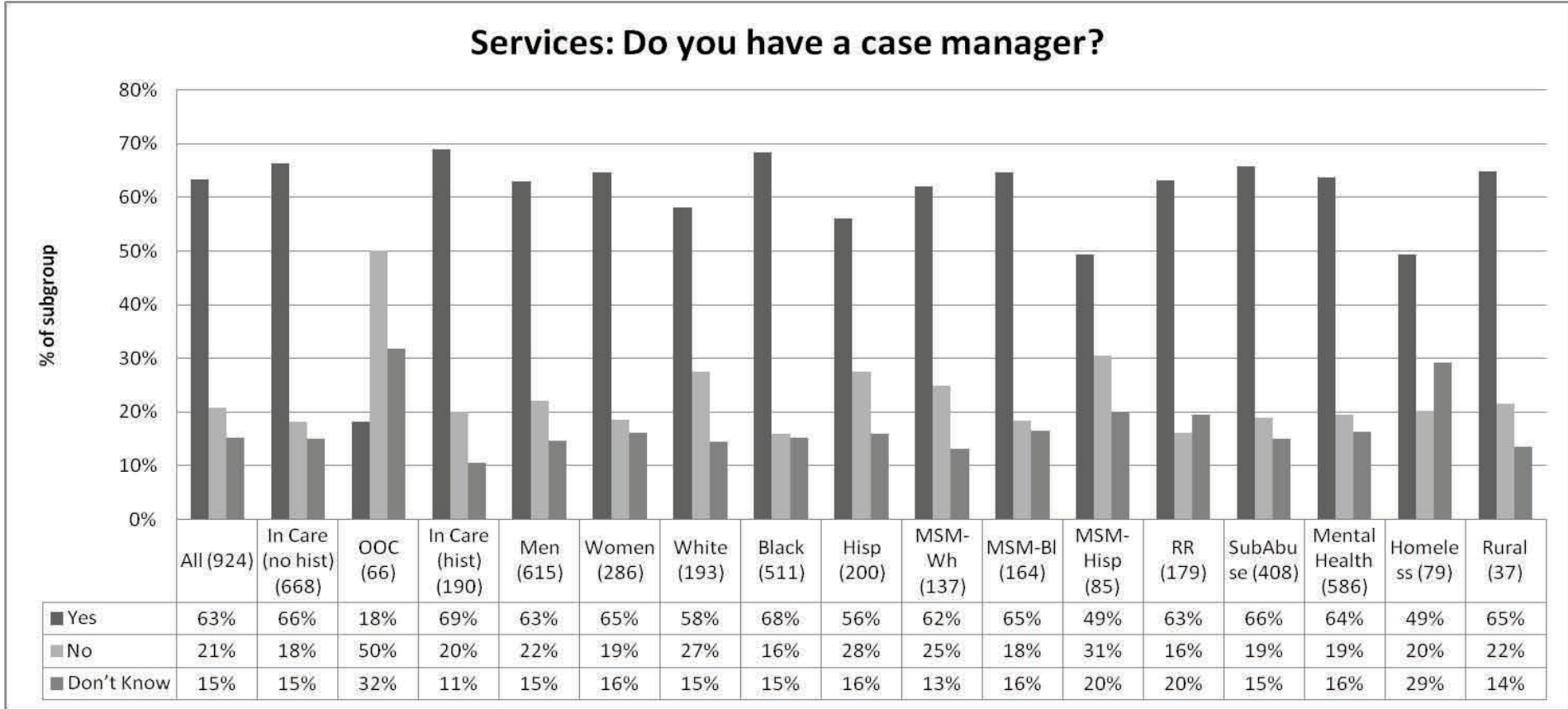
Survey Respondents - Medical Care



The chart above shows the proportion of respondents from each subgroup that visited an emergency room for medical care during the previous 6 months.

- Overall, most respondents did not visit an emergency room in the previous 6 months (74%).
- The In Care with a history of being out of care (33%), Women (33%), the Recently Released (30%) and respondents with Mental Health conditions (30%) most frequently reported visiting an emergency room during the previous 6 months.

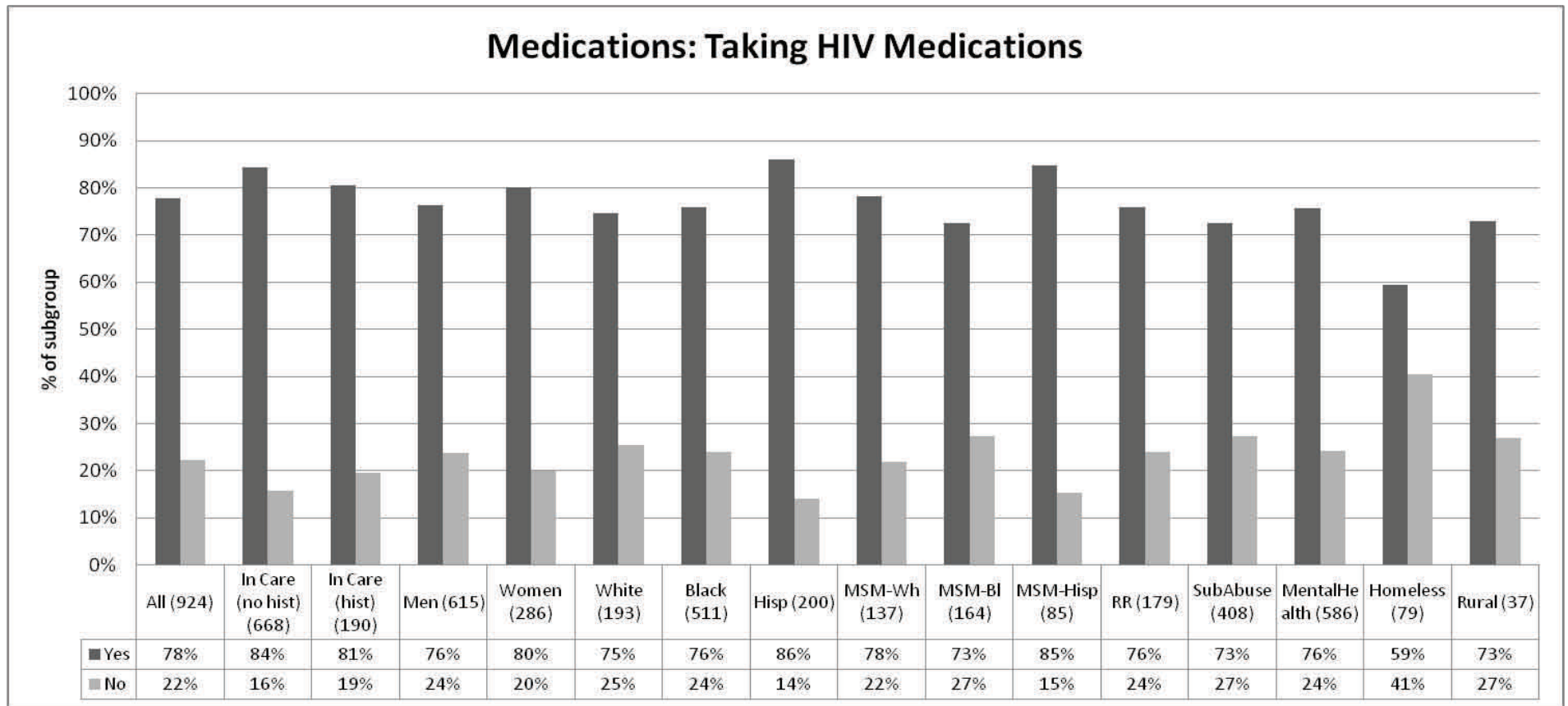
Survey Respondents - Case Management



The chart above shows the proportion of each subgroup that reported having a case manager, social worker or counselor (specific person at a clinic, hospital or community organization) whose job it is to help them get services.

- Overall, most (63%) respondents reported having a case manager.
- 15% of all respondents did not know whether they had a case manager.
- The Out of Care (50%) and MSM-Hispanics (31%) were more likely to report not having a case manager.
- The Out of Care (32%) and the Homeless (29%) were more likely to be unsure if they had a case manager.

Survey Respondents - Medications

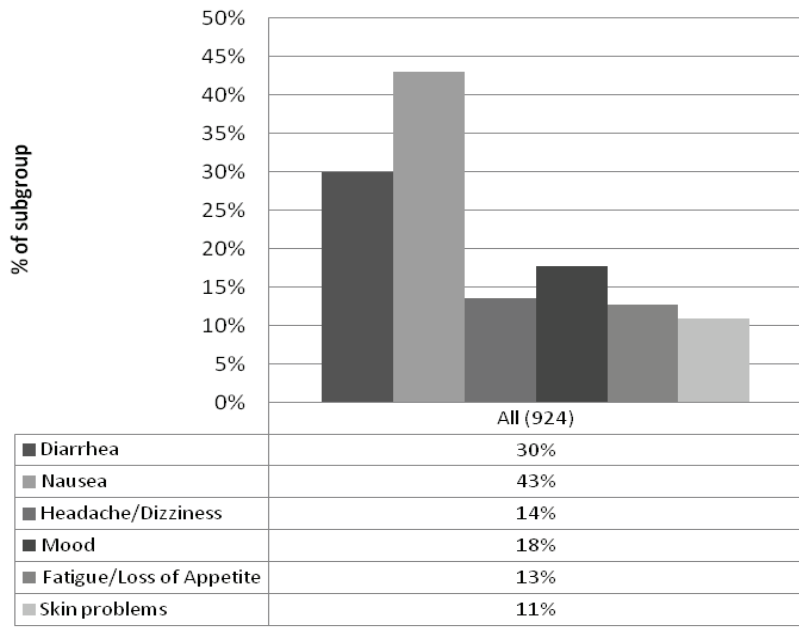


The chart above shows, for each subgroup, the proportion of respondents taking HIV medications at the time of the survey.

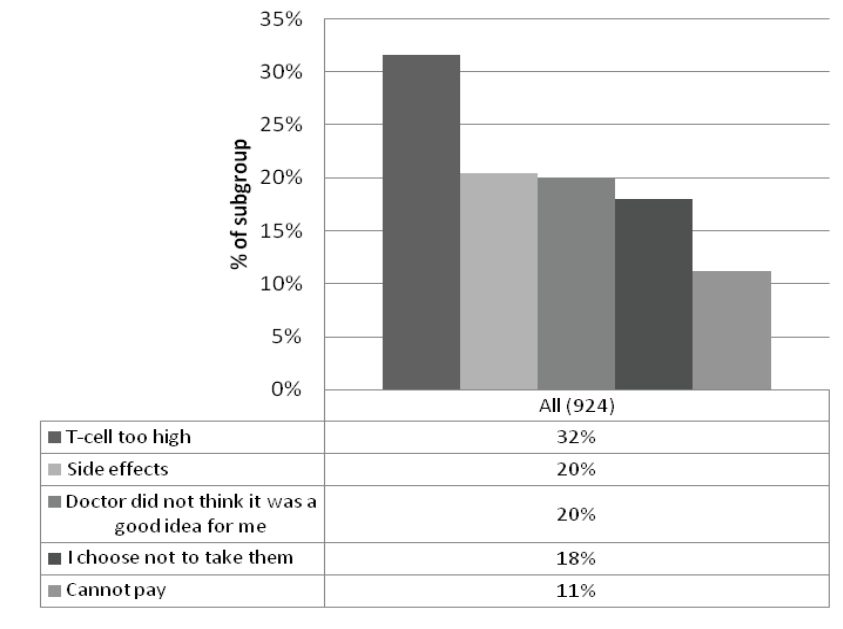
- Hispanics (86%), MSM-Hispanics (85%), the In Care with no history of out of care (84%), the In Care with a history of being out of care (81%) and Women (80%) were more likely to report taking HIV medications.
- The Homeless (41%) were more likely to report not taking HIV medications compared to other subgroups.

Survey Respondents - Medications

Medications: Side Effects reported to interfere with HIV medications



Medications: Reasons for not taking HIV medications, all respondents



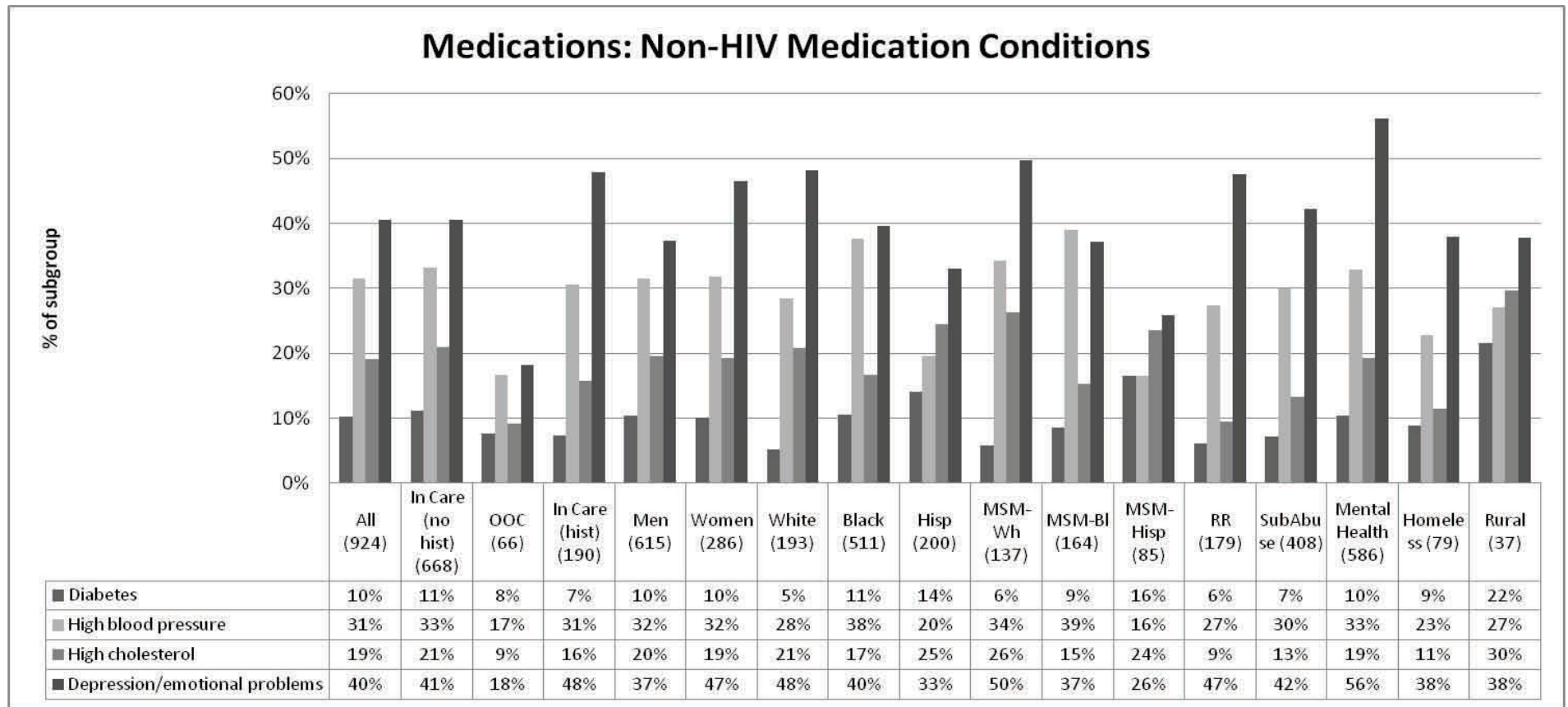
The chart on the left shows the most commonly reported side effects that interfered with HIV medications for all respondents.

The chart on the right shows the five most common reasons for not taking HIV medications, as reported by respondents not taking HIV medications at the time of the survey.

Other less common reasons for not taking medications were they were not effective, too difficult to take as prescribed, no doctor has offered them, not having the correct food, confidentiality concerns and paperwork.

- Based on additional survey data (not shown), 26% of all respondents reported that at some point in time, they had stopped taking HIV medications because of side effects.
- The most commonly reported side effects were nausea (43%) and diarrhea (30%).
- The most common reasons for not taking HIV medications were high T-cell levels (32%), side effects (20%) and doctor did not think HIV medications were a good idea (20%).

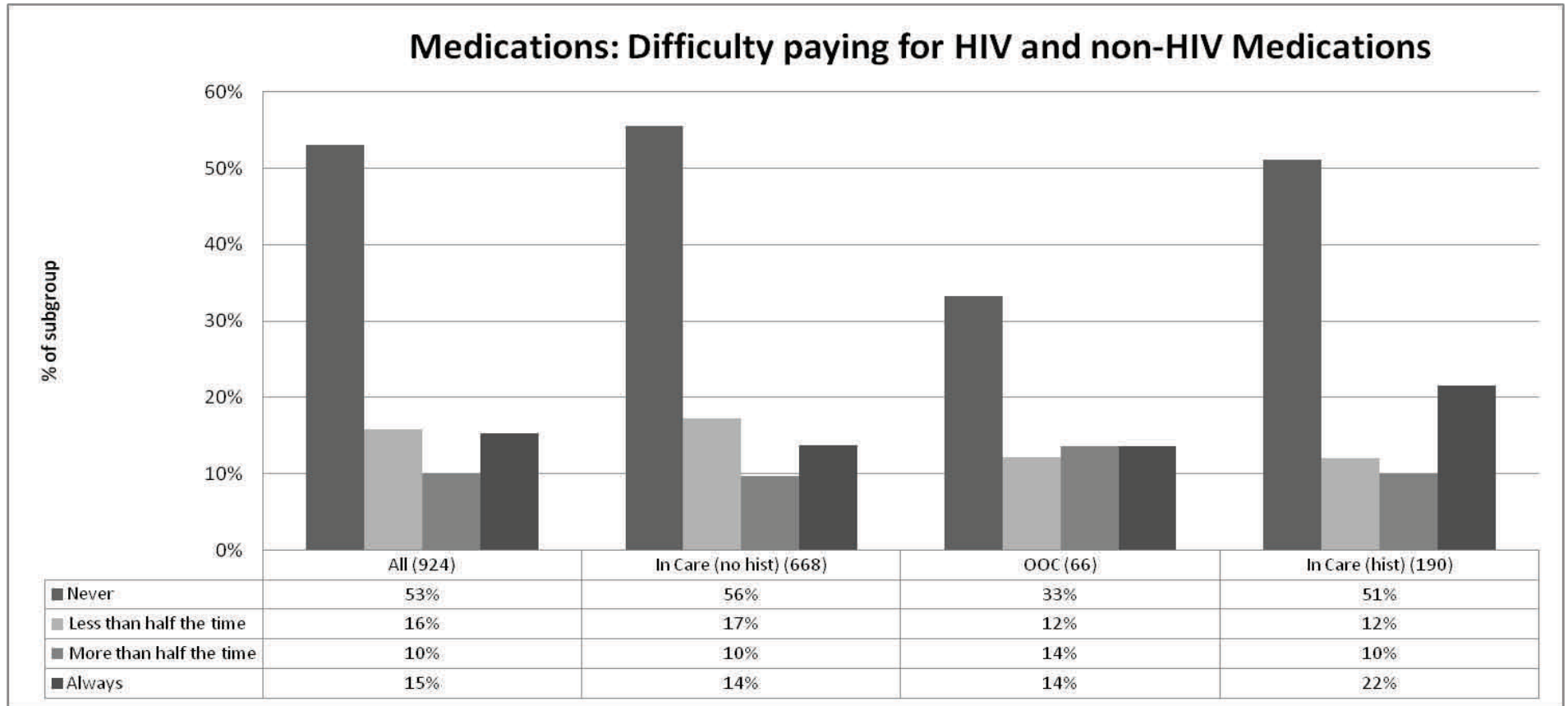
Survey Respondents - Medications



The chart above shows the four most common conditions for which respondents were taking non-HIV medications. Other less commonly reported conditions were allergies/asthma, vitamins, STDs and joint problems, pain and headaches.

- Overall, depression/emotional problems (40%) and high blood pressure (31%) were the most common conditions requiring medications.
- Respondents with Mental Health problems (56%) and MSM-Whites (50%) were more likely to report depression and emotional problems.
- Rural respondents were most likely to take medications for diabetes (22%) and high cholesterol (30%).

Survey Respondents - Medications



The chart above shows whether respondents experienced difficulties paying for their HIV and non-HIV medications.

- A little more than half (53%) of respondents reported never having any difficulties paying for medications.
- The In Care with a history of being out of care (32%), the Homeless (35%) and the Recently Released (30%) reported having trouble paying for their HIV and non-HIV medications always or more than half the time.