Needs Assessment Research Project

June 20, 2012

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Executive Summary

The Needs Assessment Research Project examined need within the Austin Area TGA for six Ryan White services which the Needs Assessment Committee identified as services for which the Committee required more insight. The need for these services within the HIV community was evaluated by a combination of consumer focus groups, consumer surveys, servicer provider surveys and interviews. The results are summarized below.

Transportation – Consumers and service providers both clearly pointed to transportation as the most important of the services surveyed. It is abundantly clear from consumer surveys and focus groups that transportation is a fundamental need and an issue that is a constant struggle and source of angst for many consumers. Key findings include:

- For Travis County residents the central issue is dissatisfaction with public bus service and in particular MetroAccess service for the disabled. This dissatisfaction is primarily a result of two issues. First, customer service complaints related to the scheduling system, driver conduct, MetroAccess eligibility and pick-up policies. Second, the fact that consumers now have to pay a fare for service that was historically free. Consumers report missing appointments because they lack money to pay the fare.
- For rural residents the lack of transportation options is a formidable barrier to receiving medical care (including filling prescriptions). The limited transportation service provided by a single Ryan White funded service provider is a vital service. For rural consumers with access to a private vehicle, the $10 Ryan White funded gas card is woefully inadequate given today's cost of gas.
- Thirty-nine percent of consumers have missed a medical appointment because they lacked transportation. However, there is little evidence that consumers dropped out of medical care because of transportation. Most consumers report they rescheduled and generally did not experience a long term gap in access to HIV medications. Consumers reported that missed appointments had a more significant impact on co-morbidities, especially in terms of going without medications to treat those conditions.
- Capitol Metro introduced significant changes in 2011 which impacted consumers. First, Capitol Metro introduced a new fare structure which phased out the Disability Fare Card. The Disability Fare Care had historically allowed anyone who is HIV positive to ride the bus system for free. Now consumers have to pay to ride the bus. Second, Capitol Metro introduced new disability criteria which limited the number of consumers who are eligible to use MetroAccess para transit service (formerly STS). The new disability criteria limit use of MetroAccess to those with physical limitations that preclude them from riding the fixed route (regular) bus.
- The impacts resulting from the Capitol Metro changes were exacerbated by the lack of public education regarding the changes. In fact, it was clear

from focus groups that many consumers remain confused with respect to Capitol Metro policies.

Linguistics - The Research Project did not find Linguistics to be a significant barrier to medical care. A small number of consumers reported that at some point they have avoided communication with their doctor or case manager due to language. A smaller number reported that they avoided applying for care due to language barriers. However focus groups discussions clarified that most consumers for which English is not their primary language describe linguistics as more a challenge than a barrier that precludes them from obtaining medical care. Likewise service providers indicate that translation service is available to support the services being delivered. There is no indication that lack of Ryan White funding for translation service is deterring providers from service delivery.

Legal Services – Consumers report a significant need for legal services. Sixty-one percent of consumers report that they have discussed a legal issue with their case manager. Thirty-two percent report being referred to a lawyer by their case manager and twenty-six percent reports being helped by the lawyer. Based upon provider survey data and specific information provided by the one service provider who provides in-house legal service, thirty-eight percent of legal issues fell outside the Ryan White taxonomy. Despite the fact that many legal issues remain unresolved, consumers provided little indication that unresolved legal issues are keeping consumers from adherence to medical care.

Child Care – Child care is a need that has a significant impact upon a relatively small percentage of consumers. Eleven percent of consumers surveyed report having one or more children in their home. However, only four percent indicate that they experience problems making or keeping appointments due to lack of child care options. The most common solution used by consumers is to bring their child to the appointment or (for older children) to schedule during school. In focus groups these consumers made it clear that child care is a challenge that they find a way to address, and not a barrier that makes them choose between child care and medical care. Likewise most service providers view child care only as a moderate service need.

Home and Community Based Health Care – Only one consumer mentioned the need for home based care during consumer interviews. Likewise only one service provider delivers services commensurate with the Ryan White definition for Home and Community Based Health Care service. That vendor noted: "*There is an established need for this service among a small subset of clients due to chronic conditions in addition to HIV*". Research indicates that only a small percentage of consumers are candidates for home based services. Home based services appear to be cost effective relative to hospitalization (the only alternative in some cases). Nevertheless, the cost of home based services is quite high from a Ryan White budget perspective because it is in contrast to in-patient hospital care which Ryan White does not cover. The most compelling

benefit derived from home based care is when that care enables a consumer to maintain their medical care and thus avoiding being without care until they are in crisis and require emergency room care.

Early Intervention Services – Research Project findings suggest that providers find it challenging to deliver EIS service separate and apart from the objectives of Ryan White Outreach services and other prevention programs. Service providers point to the duplication of effort, onerous administrative requirements, and the difficulty in proving that EIS should get credit for a testing referral as primary challenges they face.

Introduction

Overview

The Needs Assessment Committee engages in an annual process to evaluate the needs of the HIV community within the five county TGA in order to prioritize services that can be funded under Ryan White Part A. As a result of the 2011 needs assessment process it became apparent to the Needs Assessment Committee that they had inadequate information regarding the needs of the HIV community with respect to six specific service categories:

- Transportation
- Linguistic Services
- Legal Services
- Child Care
- Home and Community Based Health Care
- Early Intervention Services

The six services identified by the Committee typically ranked high in terms of consumer propriety but typically receive little or no funding. The Committee's concern is that the lack of information regarding these services relative to other services for which need is better understood were impacting final priority decisions. The Committee resolved to close that gap of information prior to undertaking the 2012 needs assessment process. To that end, the Committee voted to initiate a research project to obtain the necessary insight into the need for the designated services. After considering budget and available options, the Committee voted to assign responsibility for the Needs Assessment Research Project to the HIV Planning Council Staff. In addition to the six service categories, the Committee also requested an update on the status of "Opt-out "Testing. That information is provided in a separate report.

This document provides the findings and conclusions resulting from the Needs Assessment Research Project.

Purpose

Understanding the needs of the HIV community is an essential pre-requisite to the task of prioritizing services to be funded under Ryan White Part A. The purpose of the Needs Assessment Research Project is to provide the Austin Area HIV Planning Council with information regarding Ryan White Part A service categories that frequently rank high in terms of consumer priority rankings but are typically not funded.

Additionally, the Needs Assessment Sub-Committee requested that the report also include "Opt-out" Testing. While opt-out testing is not a service category, the Committee indicated the need to have the latest status on the implementation of opt-out testing within the TGA. This information is provided in a separate report.

Objective

To provide comprehensive information for each identified service category to enable the Needs Assessment Sub-committee to make informed decisions regarding the assessment of need for each service and resultant priority ranking.

In order to respond to this need for information, the staff of the HIV Planning Council is proposing to implement a research project as detailed in this document. This information is needed before the Needs Assessment Sub-Committee begins the needs assessment process for the upcoming needs assessment process in 2012.

Methodology

The following methods will be utilized to obtain information:

- Service provider surveys - Each of the eight Ryan White Part A and MAI service providers were be asked to complete a written survey. The survey questions each provider was asked to respond to was dependent upon the services they provide and/or have knowledge of consistent with the nature of the organization. Providers were asked to assign responsibility for completion to the person(s) within the organization who are most knowledgeable about the needs of consumers and issues surrounding the specific service needs of the HIV community.
- Service provider interviews – Interviews were conducted in follow up to the surveys to clarify survey responses and to gain additional insight into issues related to their service areas.
- Consumer survey - A consumer survey was conducted with the assistance of Ryan White service providers to survey consumer needs and opinions regarding each of the designated services with the exception of outreach, which is a provider activity rather than a service. One version of the survey was developed with transportation questions specific to urban residents, and a second version with transportation questions designed for rural consumers. A total of 275 surveys were completed. Of that total 235 (85%) were urban and 40 (15%) rural.
- Consumer focus groups – Five consumer focus groups were conducted to supplement information gained from the consumer surveys. One of the focus groups was conducted for rural residents. The base objective of the focus groups was to ask open ended questions that afforded participants the opportunity to discuss transportation, legal needs and child care in order to gain insight that may not be captured via scripted survey questions.
- ARIES utilization and demographic data – Present the latest ARIES service data for each of the designated service areas.

- Internal and external research – Non-Ryan White service providers and data sources were used to supplement available information for some services.

Findings and Conclusions

While the findings are discussed individually, it is important to note the inter-relationship between many of the services relative to the core objectives of the Ryan White program, which are adherence to care and quality of life. There is a direct relationship between transportation, child care and legal issues with respect to these core objectives.

It is also important to consider the findings from the context of the consumers providing information. One research objective was to sample HIV positive persons who are out-of-care. The assistance of a recruiter was used to recruit participants for both the survey and focus groups. Unfortunately only five people were recruited who were known to meet the definition for being out-of-care. (This does not mean that out-of-care consumers were not represented by those who responded directly to the recruitment flyers). Consequently the fact that out-of-care populations were potentially under represented must be considered when evaluating conclusions for specific services. Linguistics is a service that is potentially most impacted by the survey sample because of the possibility that those most impacted by a language barrier opted not to participate (or were unaware).

Transportation

By far the most significant finding from the Needs Assessment Research Project is the impact of transportation on the HIV community. Thirty-nine percent of consumers who completed the survey report that they have missed appointments because they did not have transportation. All five focus groups spoke at length about the barriers presented by transportation. The focus groups provided numerous testaments to the difficulties faced by the HIV community in securing transportation to obtain medical care, obtain prescriptions and travel for support services. Many of the experiences related by focus group participants painted a stark picture with respect to transportation barriers. Indeed many focus group participants spoke at length about the anger and frustration they feel as a result of experiences with Metro Access. Service providers likewise reported that transportation is by far the most significant problem faced by the consumer community (out of the six services discussed). Furthermore, all three data sources pointed to the direct inter-relationship between transportation and adherence to medical care.

Transportation Findings - Consumer Survey

Consumer survey questions included questions where the respondent simply selected from available options as well as questions where the respondent provided a free text response.

Survey responses for questions where the consumer selected an answer from a list of options are tabulated below:

Transportation Survey Questions		TOTAL	PERCENT
Survey Type	T O T A L	275	100%
	Travis County	235	85%
	Rural	40	15%
10. Have you ever missed an appointment because you didn't have a ride?	T O T A L	275	100%
	Yes	108	39%
	No	162	59%
	Not Applicable	1	0%
	No Response	4	1%
11. Have you ever missed an appointment because your ride was late?	T O T A L	275	100%
	Yes	94	34%
	No	174	63%
	Illegible/Incomplete	1	0%
	Not Applicable	2	1%
	No Response	4	1%
11a. Was it your fault the ride was late?	T O T A L	275	100%
	Yes	23	8%

	No	88	32%
	Not Applicable	154	56%
	No Response	10	4%
11b. If yes, did you have to reschedule?	T O T A L	275	100%
	Yes	76	28%
	No	6	2%
	Illegible/Incomplete	1	0%
	Not Applicable	182	66%
	No Response	10	4%
12. How do you get to your medical appointment? *(More than one may apply)*	T O T A L	269	100%
	Your car	89	33%
	Family member car	61	23%
	Capital Metro Bus	162	60%
	Taxi	28	10%
	Motorcycle	2	1%
	Bicycle	13	5%
	Walk	44	16%
	Hitchhike	5	2%
	Friend/Neighbor	75	28%
	CARTS	1	0%
	Other	4	1%
13. Do you ride a van provided by your HIV service provider? *(Rural survey only)*	T O T A L	40	100%
	Yes	12	30%
	No	23	58%
	No Response	5	13%
13. Did you have a Capital Metro Disability Fare Card before January 2011? *(Travis County survey only)*	T O T A L	235	100%
	Yes	143	61%
	No	88	37%
	Not Applicable	2	1%
	No Response	2	1%
14. Do you now have a Capital Metro Reduced Fare Card? *(Travis County survey only)*	T O T A L	235	100%
	Yes	131	56%
	No	97	41%
	Other	1	0%
	Not Applicable	5	2%
	No Response	1	0%
14a. If yes, do you use the card to get to medical appointments? *(Travis County survey only)*	T O T A L	235	100%
	Yes	97	41%
	No	17	7%
	Not Applicable	94	40%
	No Response	27	11%

16A. How often did you use MetroAccess System services to go to appointments?*(Clients who had appointments every other month or once every 6 months, for example, were counted in the first category).*	T O T A L	72	100%
	No more than once per month	10	14%
	2	7	10%
	3	5	7%
	4	5	7%
	5	4	6%
	6	3	4%
	7	1	1%
	8	4	6%
	10	2	3%
	12	3	4%
	More than 12 times per month	28	39%
16b. Is MetroAccess essential for you to keep your medical appointments?	T O T A L	234	100%
	Yes	105	45%
	No	15	6%
	Not Applicable	109	47%
	No Response	5	2%
16c. Have you had problems using MetroAccess to get to appointments?	T O T A L	234	100%
	Yes	55	24%
	No	63	27%
	Not Applicable	112	48%
	No Response	4	2%
17. Average gas cost per month.	T O T A L	120	100%
	Up to $25	16	13%
	$26 - $50	20	17%
	$51 - $75	5	4%
	$76 - $100	33	28%
	$101 - $125	5	4%
	$126 - $150	10	8%
	$151 - $175	6	5%
	$176 - $200	14	12%
	More than $200	11	9%
17. Average bus fare cost per month.	T O T A L	113	100%
	Up to $25	54	48%
	$26 - $50	36	32%
	$51 - $75	16	14%
	$76 - $100	5	4%
	$101 - $125	1	1%
	$126 - $150	1	1%

17. Average taxi cost per month.	T O T A L	21	100%
	Up to $25	8	38%
	$26 - $50	6	29%
	$51 - $75	2	10%
	$76 - $100	3	14%
	$176 - $200	1	5%
	More than $200	1	5%
17. Average paying friend/family cost per month.	T O T A L	63	100%
	Up to $25	27	43%
	$26 - $50	17	27%
	$51 - $75	5	8%
	$76 - $100	9	14%
	$101 - $125	1	2%
	$126 - $150	1	2%
	$151 - $175	3	5%
18. On average, how many medical appointments do you have per month? *(Clients who had appointments every other month or once every 6 months, for example, were counted in the first category).*	T O T A L	237	100%
	No more than one per month	73	31%
	2	55	23%
	3	42	18%
	4	30	13%
	5	15	6%
	6	9	4%
	7	2	1%
	8	7	3%
	10	2	1%
	12	2	1%

Survey questions where the respondent provided a free text response:

Question: *If you used to have a Disability Fare Card (giving you free bus rides) and you now use a Reduced Fare Card (where you pay half price), tell us how the change has affected you*:

- A total of 120 consumers provided a response. Twenty-one percent of the responses were unclear or otherwise did not provide any direct insight (for example, *Don't like it, yes, no, none, It used to be free, now I pay*)
- The most common response was comments expressing the financial hardship of paying a fare. Sixty-one consumers (50.8%) made comments regarding financial hardship. For example:
  - *Sometimes I don't have the fare*
  - *Can't afford it sometimes*

  - *On a fixed income – it kind of hurts*
  - *It has cut into my monthly food bill*
  - *It's a dollar round trip which I don't always have*
  - *Hard to manage but I deal with it; change really hurt me*

- Seven consumers (5.8%) made a comment indicating that they sometimes miss medical appointments due to lack of bus fare. For example:
  - *Being I had no income for awhile it made it hard for me to get to appointments*
  - *Now I may or may not have the money to go to medical appointments, which is not good.*

- Five consumers indicated they were not aware that a reduced fare card was available. For example:
  - *Didn't know it was available*
  - *They told me funding ended. I never got offered a reduced fare card. I would like one.*

- Seven consumers provided comments expressing appreciation for service (most qualifying that they appreciate service despite the costs)
  - *Its very positive help*
  - *Helps a lot*
  - *This program has really helped me. Sometimes I am not able to get around so I'm grateful for the service.*

Question: *If you use the MetroAccess system, (formerly known as Special Transit Services or STS) to go to appointments, please describe any problems you have had using this service*.

- A total of 53 consumers provided a comment in response to this question.
- Sixteen consumers indicated that their biggest concern was that MetroAccess got them to their appointment late. For example:
  - *Sometimes no-show or late*
  - *Sometimes they don't show up and they put me down as a no show*
  - *Not showing up on time*
  - *Being late or no show causing late arrival or missed appointment*
- Eleven consumers indicated that scheduling was their biggest concern.
  - *I had an appointment for today and they put it for tomorrow*
  - *I have problems scheduling my ride. It is confusing to me.*
  - *Timing. It is complicated to schedule.*
  - *The punish you for their mistakes*
- Seven consumers indicated that driver conduct or drivers not providing service in accordance with MetroAccess policy as the biggest concern.
  - *I live on the 2nd floor and they won't call or blow the horn to let me know they are there, then mark me as a no show.*
  - *Not wanting to knock on door, coming earlier (than window), they leave and won't come back.*

    - *(Some) drivers aggressive and pushy*
    - *Inconsiderate of client's needs and health condition.*
- Four consumers indicated that there is no MetroAccess service to their address (3/4 mile rule).

Question: Are there any other problems you face with transportation that you would like to tell us about?

- A total of 82 consumers provided a comment.
- Eleven consumers mentioned the cost of gas.
- Nine consumers mentioned the cost of the monthly bus pass.
- Five mentioned the cost of vehicle maintenance and related expenses.
- Eight mentioned the distance they have to travel to reach a bus stop and related security concerns in walking to a bus stop at night or during inclement weather.

Transportation Findings – Focus Groups

The following points were identified during focus groups:

1) How PLWHA get to appointments in Austin:

- Almost all consumers use Cap Metro bus service at least occasionally.
- Most of the consumers who use Cap Metro also use MetroAccess at least part of the time.
- Consumers with significant medical limitations utilize Metro Access exclusively.
- Several consumers in each focus group indicate that they can get a ride from friends or relatives on occasion to travel for HIV services. However, most said they can't count on friends and relatives routinely lest they become a burden. Additionally, most said they have to help pay for gas in order to secure a ride and that is prohibitively expensive.
- A small number of consumers report owning or have access to a private vehicle. However, the cost of gas, insurance and operating expense often precludes use for appointments. Also, their physical condition sometimes precludes driving.

2) How rural PLWHA get to appointments:

- Most rural consumers indicate that their primary means of transportation is via ride service provided by the Ryan White service provider who provides transportation in rural areas.
- Only one rural consumer reported owning a vehicle.
- As with their urban counterparts, some rural consumers indicated they can obtain rides from friends and relatives on occasion. However, most indicate that the friend or relative has an expectation that they pay for the gas, and due to the distances they must travel the cost of gas is more significant than it is for PLWHA residing in Austin.

3) Does transportation affect the ability of PLWHA to keep appointments?

- All focus groups indicated that transportation is a significant barrier to scheduling and keeping appointments. Many participants reported having missed appointments in the past due to transportation.
- For urban consumers, the cost of transportation and Cap Metro policies are cited as the primary barrier, rather than the availability of public transportation.
- The rural focus group indicated that travel to obtain prescriptions is even more of a problem than travel for appointments (due to frequency of trips). All rural focus group participants reported that they have had to cancel medical appointments and have not been able to pick up prescriptions due to lack of transportation.
- One consumer who owns a car indicated that his medical condition limits his ability to drive, especially in heavy traffic.

- Currently service providers issue $10 gas cards to those that meet the eligibility criteria. With the current costs of gas that amount is inadequate to purchase sufficient gas to complete an appointment round trip, especially for rural consumers.

4) What are the experiences of PLWHA who rely upon public transportation?

- It was quite clear from the focus groups that utilizing Cap Metro and Metro Access for transportation is often difficult, stressful and unpleasant. Each focus group related very similar experiences and issues. (Indeed the consistency of reported problems was remarkable). Several consumers in each group spoke at length about the stress and frustrations they experience with both scheduling and riding Metro Access.
- Many consumers spoke about various rules and policies that must be adhered to in order to schedule a ride with Metro Access. However, most have not seen written rules and it became clear from one group to the next that there are various understandings regarding the rules. (Note: Cap Metro Policies and Procedures can be found on the web site, but the link is somewhat obscure).
- Many consumers in each focus group reported being penalized by Cap Metro for rules violations (e.g., not being ready for a scheduled pick-up). When sanctioned the consumer is prohibited from using bus service for a period of time. While some indicated the violation was valid, the vast majority allege that they were not at fault and that the report of rule violation was invalid. They also indicated there is a dispute process but that consumers don't always hear back regarding their complaint and don't feel that their position is fairly considered.
- The problem that consumers talked about the most is the rules regarding how long a consumer has to wait for their ride to arrive and the amount of lead time required both for pick-up and return. Many consumers report a 1 ½ hour window, which is inconsistent with the written policy. Most consumers indicated that it takes essentially all day to travel via Metro Access for an appointment.
- Several people in each focus group alleged rude and discriminatory treatment by scheduling staff and drivers. The most frequent complaint involved disparities in application and enforcement of the rules associated with being at the designated location during the pick up "window". Another significant complaint voiced by every focus group is the treatment of disabled people, specifically drivers accelerating hard before the consumer can be seated and refusal to enforce the priority seating rule for disabled.
- Several consumers talked about the fact that they experience ups and downs in their medical condition. Some consumers indicated that on "bad" days they can't always find the strength to make the trip via bus and that a "bad day" cannot be predicted in advance (when scheduling an appointment). Consumers indicate that Cap Metro officials do not

understand this when they conduct disability tests or when they impose penalties for a missed appointment.

- Travel to pick up prescriptions is also a significant issue for many consumers. Many consumers report multiple trips to pick up prescriptions as a result of several problems, including administrative breakdowns between clinic and pharmacy, pharmacies that do not stock all prescribed medications and pharmacies that tell the consumer that the prescription is ready when they actually do not have the drug on site. A few consumers reported having to make two trips to fill a prescription because the pharmacy would only give out 3 pills until they validated insurance coverage.
- Rural consumers report that they are sometimes unable to travel home from an appointment because the procedure they received limited their mobility (or the facilities policy requires evidence of a driver) and the medical provider's transportation service only covers transportation within Travis County.
- Consumers also noted that it is more difficult to travel by bus during the long hot summers and that they are more likely to cancel an appointment if they have to stand in the heat for 1 ½ hours to be picked up. It was noted that only a limited number of the Cap Metro bus stops have a shelter and some Ryan White service providers will not allow clients to wait inside the waiting room.
- Every focus group also noted that the consequences of missing your ride are compounded by the fact that the doctor's office will also penalize the consumer for being late, even if reason was beyond control of the consumer. Some medical facilities charge a monetary penalty in addition to sometimes long delays in obtaining a rescheduled appointment.
- Only a few consumers reported that they ran out of HIV prescriptions due to a missed ride and rescheduled appointment. However, many reported that other medical issues did go untreated due to a missed appointment and that they did go without other prescriptions during that time.
- A number of consumers also reported that they will call well before 5 pm to schedule an appointment and be put on hold for 30 minutes or more. When Cap Metro takes them off hold they are then told that the missed the 5 pm cut-off for scheduling.

5) How the change from the Disability Fare Card to the Reduced Fare Card has impacted consumers:

- Many consumers expressed dismay that what used to be free now cost $1 each way. The frustration they described was compounded by the lack of public information about policy changes and when it would begin.
- Some consumers indicated that the cost of a Cap Metro ride is a key barrier to accessing medical care and support services.
- Many consumers indicated that they don't always have a dollar and many indicated they have had to miss an appointment because they lacked the funds to ride the bus.

- All focus groups indicated that qualifying for a disability fare card is difficult. Many said that they had to submit to a disability "test" in order to qualify. A number of consumers indicated they have been denied a Metro Access service because they "failed" the test, yet they indicate they do no understand why and are unable to obtain an explanation. The wide range of descriptions regarding the nature of the test and outcomes indicates there is a great deal of confusion regarding this eligibility factor.
- A number of consumers indicated that they did not have to take a test due to the disability statement from their doctor. Several consumers suggested the doctor's statement is the key to the disability determination and that some doctors take the time to document their disability while others are perceived as uncaring.

6) Consumer experience with Capitol Area Rural Transportation System[1] (CARTS):

- A small number of consumers reported experience with CARTS. Those consumers reported issues similar to those described for Metro Access. Specifically, that scheduling is complex and that a round trip to Austin for a medical appointment is a tiring all day event. For most rural communities service is only provided on specific days of the week which limits medical appointment options.
- Stigma is more of an issue with CARTS. Some consumers report comments or perceived attitudes from other riders due to the fact that their drop off and pick up address is an HIV service location (making their HIV status apparent to all riders).

7) Consumer recommendations for improving transportation:
- Lab work is generally required before an appointment with the doctor. Enable lab work to be done locally so that the consumer only has to make one trip.
- Provide medical care at itinerate sites so that rural consumers don't have to travel in to Austin.
- Enable prescriptions to be mailed.
- Enable a 90 day supply for prescriptions.
- Increase the amount of the gas card so that you can purchase enough gas to make a round trip. Relax rules for PLWHA that reside in Travis County so that those with access to a vehicle can obtain a gas card.
- Change Metro Access cut-off time (currently it is 5 pm) to a later time or have Cap Metro answer all calls holding in the queue prior to 5 pm.
- Change rules limiting the number of bus passes that a service provider can issue per year.

[1] The Capital Area Rural Transportation System, or CARTS, is a Rural Transit District formed through interlocal agreement by nine county governments in the seventy-five hundred square mile region surrounding the Texas capital city.

Transportation Findings – Service Provider Surveys

All eight Ryan White Part A Service Providers provided responses to the following seven questions.

Transportation	**Total # Responses**
Question 1 – Describe any issues consumers are experiencing with access to transportation to receive Ryan White services	
None	2
Time required to make a round trip via STS	2
Cost of public transit	2
Cost of monthly bus pass	1
Functional assessment, changes in disability rules	1
Metro Access functional assessment does not consider "bad" days	1
Failure of bus to stop at every scheduled bus stop	1
Difficulty adhering to rules	1
Lack of transportation options for rural clients	2
Concern that travel to medical care will expose their HIV status	1
Difficulty coordinating agency van schedule with medical appt.	1
Insufficient number of bus passes to meet need	2
Cost of maintaining private vehicle, lack of insurance	2
Driving when sick, medicated, high or riding with someone who is	1
Difficulty traveling on a "bad" day	1
Question 2 – How have transportation issues you described in question #1 been impacted by changes in Cap Metro policies?	
Loss of Disability Card had dramatic impact on low income clients	6
No impact noted	1
New Cap Metro policies are not responsive to client needs	1
Functional assessments problematic for people with variable mobility	1
Some PLWHA no longer qualify as disabled under new rules	2
Not familiar with Cap metro Changes	1
Question 3 - What issues are you having administering Ryan White transportation services (as prescribed by HRUA Transportation Policy)	
No response	2
Rule that transportation must be HIV related too narrow	1
Manual has not been updated to reflect new Cap Metro policies	4
No coordination between providers (some clients get multiple passes)	1
Some policies unclear and/or contradictory	1
Need more supervisory discretion relative to gas vouchers	1
Question 4 - For consumers who do not utilize Ryan White funded transportation services, how are consumers addressing their transportation needs?	
Own a vehicle	6
Pay a friend or relative	3
Walk	6

Other (specify)	
Bike	2
CARTS	2
Free ride (friend or relative not reimbursed)	5
Medicaid reimburse	2
Question 5 – What impact do transportation problems have in terms of making and keeping appointments for medical care?	
Lack f transportation is rarely the cause of missed appointments or the reason a consumer opts not to schedule an appointment	1
Lack of transportation is occasionally the reason a consumer misses an appointment or opts not to schedule an appointment	1
Transportation is a significant problem, causing many missed appointments and is a significant deterrent to receiving routine medical care	5
Question 6 - To what extent is transportation a funding problem and to what extent is transportation an issue with the adequacy of transportation and/or policy?	
No response	2
40% funding and 60% inadequacy of transportation options	1
CARTS schedule and links to Austin inadequate for rural clients	1
Both are equally responsible	1
Cap Metro policies are the bigger issue	1
The once per year bus pass (HRUA policy) is a significant problem	1
Funding is out of sync with current costs to use Cap Metro	1
60% funding and 40% inadequacy of transportation	1
80% funding and 20% inadequacy of transportation (people in city)	1
Lack of affordable housing in Austin drives rural trans problems	1
Question 7 – What recommendations to you have for addressing transportation problems?	
More bus routes with more frequent service, especially North Austin	1
Work with Cap Metro to reduce cost of monthly bus pass	1
Planning Council should be an advocate for PLWHA with Cap Metro	2
Address the HRUA policy limiting the bus pass to once per year	2
More detailed policies for issue of bus passes based upon need	1
Enable Ryan White funds to pay for monthly bus pass	1
Work with Cap Metro to address the function assessment requirement	1
Providers and clients need education on Medicaid transportation	1

Note: Reports to the Planning Council generally do not provide the names of service providers. However, it should be noted that there is a strong correlation between the nature of service for each provider and the degree of significance a provider placed on transportation. For example, providers delivering lower volume services such as mental health service reported less concern with transportation that larger providers delivering direct medical care or food bank services.

Transportation – Interview with Capitol Metro

An interview was conducted with John-Michael Cortez, Manager of Community Involvement with Capitol Metropolitan Transportation Authority on 05/17/12. The objective of the meeting was to:

- Identify operational and administrative challenges that Cap Metro faces in serving disabled and low income populations including PLWHA.
- Share key issues identified from surveys and focus groups
- Identify opportunities for addressing issues

Information provided by Capitol Metro

The changes authorized by the Board were necessary in order to ensure the long term viability of the public transportation system in Travis County. Capitol Metro had the lowest fares of any major transportation system in the country, and even with fare increases is still one of the lowest. Providing free unlimited transportation to disabled and low income citizens was simply unsustainable.

Para-transit riders (MetroAccess) represent 2% of the total ridership but consume 20% of the budget. Many citizens were utilizing the service that did not have physical limitations that would preclude them from riding the fixed route (regular) bus. (Note that under previous policy being HIV positive automatically qualified a citizen for the Disability Fare Card and use of MetroAccess). The definition of disability went well beyond federal ADA requirements. The intent of the new policy is to limit use of Metro Access to citizens who have physical limitations that preclude them from riding the fixed route bus. This means that the transition from the Disability Fare Card to a Reduced Fare Card is not just about charging a fare for service that used to be free, but more fundamentally reflects the fact that qualification for disability service and determining who qualifies for a reduced fare are now separate issues. Going forward, not every citizen who is HIV positive will qualify for MetroAccess service. Those eligible for reduced fare include:

- Seniors 65 and over
- Medicare cardholders
- Riders with disabilities (meeting eligibility guidelines)
- Students 6 – 18
- Military personnel (free in uniform)

Capitol Metro staff is well aware of the impact implementing changes have had on citizens, and that many of the changes are quite unpopular. That is why many of the changes were delayed, giving staff more time to respond to concerns and minimize impacts of the transition. (All changes have now been implemented.)

Mr. Cortez responded to the key issues that were shared with him regarding survey and focus group findings:

- It was pointed out that consumers appear confused regarding rules and policies and that many consumers indicate they learn about policies when they receive a notification that they have violated a rule. Mr. Cortez acknowledged that rider education has been lacking and that the transition to new policies did not include adequate information to the public. He recognized that people who had been using Cap Metro for years and who were accustomed to previous policies would have to be re-trained and that the effort put forth by Cap Metro was not adequate.
- It was confirmed that the MetroAccess Policies and Procedures Guide found on the Cap Metro web site is accurate but that the document is a draft. A revised version should be available soon.
- The physical limitations test is intended to identify those citizens who are physically unable to ride a "regular" bus, and to exclude from Metro Access eligibility those who do not have a physical limitation to the degree that they are unable to use a bus. This is a significant change for PLWHA, as the prior policy was that HIV positive status was defined as a disability without regard to any physical limitations or medical determination of disability.
- Mr. Cortez also responded to consumer complaints regarding being left on hold until after 5 PM and then being told that they missed the cut-off time for scheduling a MetroAccess ride. He explained that the call center experiences a 4 PM "rush" because so many people wait to schedule until late in the day. Cap Metro tries to staff for the rush period but it remains a challenge to both call center staff and the phone system given the dramatic spike in calls between 4 and 5 PM.
- Regarding complaints about the automated phone system (IVR), Mr. Cortez acknowledged that the IVR software is old and outdated to the point that the vendor no longer supports that product. Cap Metro plans to replace the IVR system with a new product.
- The policy that states "All ADA trips must begin and end within PARA transit service corridor which is defined as locations within ¾ mile of all fixed routes…". Mr. Cortez explained that Para transit service (MetroAccess) is not a separate system but rather a component of the regular bus system. As such, it is predicated upon the "fixed" bus routes and does not go more than ¾ mile beyond fixed bus routes. There are less populated areas of the county that are not served by bus service and as such there are addresses that MetroAccess does not serve directly. However, the STS Taxi Voucher Program is available to provide transportation to areas that are served by MetroAccess. This program provides a subsidized taxi ride of up to 6 miles for STS passengers. The passenger must pay for additional miles. (Note: It is unclear to what extent consumers are aware of this service. A few did mention taxi drivers demanding tips.)

- Mr. Cortez indicated that Cap Metro takes reports of poor driver conduct seriously and that every report made by a rider is investigated.
- Mr. Cortez stated that Cap Metro is sensitive to the fact that some citizens do not have money for the fare. He said that Cap Metro has provided over 16,000 free 31 day bus passes to the Austin Community Foundation for distribution to citizens unable to afford bus fare. The Foundation includes several non-profit organizations which serve the HIV community, including at least three that are key Ryan White providers. Note: In a follow up conversation with the Case Management Supervisor for a key Ryan White service provider, it was stated that the provider received 70 of the 16,000 passes. It was reported that the number of free passes a non-profit qualifies for is based upon the number of passes the non-profit purchased through the non-profit discount program the previous year. Thus the bigger the non-profit's transportation budget, the more free cards the non-profit will receive.
- The fact that rural consumers outside Travis County face even more difficult transportation challenges was also discussed. Mr. Cortez indicated that a rural planner position has been created. The new planner will evaluate transportation needs for 10 central Texas counties and work to coordinate the available services in other communities.

ARIES Utilization Data for Transportation Service Category

The ARIES report below shows the number of consumers receiving transportation service funded by Ryan White, the number of units of service provided, and a demographic breakdown of the consumers. For purposes of perspective, 2,675 consumers received at least one Ryan White service in the grant year that ended February 29, 2012.

Service Utilization by Demographics for GY 2010-11 - 3/1/10 to 2/28/11
All Funding and Part A Funding if Applicable

Compiled by: Cynthia Gail Manor, B.A., Data Manager, Austin TGA, (512) 972-5076 ~ cynthia.manor@ci.austin.tx.us

Source: Client level data downloaded from ARIES, as analyzed in SPSS and Microsoft Access (PC utilization database 2011 dated 3/30/11)

		GY 2010-11 Transportation Services			
		All Funding		Part A Only	
		Clients	Units	Clients	Units
Totals -->		**592**	**5,094**	**437**	**2,710**
Gender	TOTAL	592	5,094	437	2,710
	Male	402	3,038	301	1,610
	Female	175	1,916	122	989
	Transgender	15	140	14	111
	Client refused to report	.	.	.	.
Age	TOTAL	592	5,094	437	2,710
	<2	1	7	.	.
	02 - 12	2	10	.	.
	13 - 17	1	25	.	.
	18 - 24	16	146	10	31
	25 - 44	227	1,543	165	617
	45 - 64	332	3,263	252	2,003
	65+	13	100	10	59
Race Ethnicity	TOTAL	592	5,094	437	2,710
	White (not Hispanic)	183	1,370	105	428
	Black (not Hispanic)	249	2,370	214	1,689
	Hispanic	150	1,312	108	574
	American Indian or Native Alaskan	2	4	2	4
	Asian	.	.	.	.
	Pacific Islander	1	24	1	1
	More than one race	6	12	6	12
	Other	1	2	1	2
Household Poverty Level	TOTAL	592	5,094	437	2,710
	<= 100%	478	3,949	367	2,224
	101 - 133%	68	724	48	364

	134 - 200%	36	365	18	96
	201 - 300%	7	51	3	25
	301 - 400%	2	4	.	.
	>=401%	1	1	1	1
	Unknown	.	.	.	.
HIV Status	TOTAL	592	5,094	437	2,710
	HIV Positive, Not AIDS	285	2,204	197	1,009
	AIDS	304	2,873	240	1,701
	HIV Negative	.	.	.	.
	Pediatric indeterminate	3	17	.	.
	Unknown	.	.	.	.
Years Since HIV Diagnosis	TOTAL	592	5,094	437	2,710
	<= 1	38	293	28	94
	2 - 3	60	589	38	142
	4 - 5	66	450	41	218
	6 - 10	118	900	97	624
	11 - 15	131	1,257	97	749
	16 - 20	110	1,077	83	616
	21 - 25	50	392	40	179
	26+	16	119	13	88
	Not Applicable	3	17	.	.
	Unknown	.	.	.	.
Primary Risk Factor	TOTAL	592	5,094	437	2,710
	MSM	216	1,453	159	779
	IDU	103	788	84	507
	MSM IDU	40	308	33	186
	Heterosexual	131	1,460	81	589
	Hemophilia	1	1	.	.
	Transfusion	12	157	9	43
	Perinatal	5	72	.	.
	Other	5	17	4	9
	Unknown	79	838	67	597
Insurance	TOTAL	592	5,094	437	2,710
	ADAP	52	409	41	240
	Dental	5	11	4	7
	Medicaid	240	2,326	198	1,523
	Medicare	206	1,961	161	1,287
	No Insurance	342	2,646	255	1,337
	Private	44	424	21	141
	Public	145	1,126	134	916
	Veterans	12	130	6	42
	Other	13	132	11	83
	Unknown	14	75	11	64
Living Situation	TOTAL	592	5,094	437	2,710

	Board Care or Assisted Living	9	23	9	23
	Homeless from Emergency Shelter	11	84	11	84
	Homeless from the Streets	22	80	21	77
	Hospital or Other Medical Facility	13	100	12	90
	Hurricane Katrina Evacuee	1	1	1	1
	Jail or Prison	3	7	3	7
	Living with Relatives or Friends	165	1,456	113	533
	Participant Owned Housing	51	584	11	73
	Psychiatric Facility	.	.	.	.
	Rental Housing	310	2,822	245	1,801
	Rented Room	27	212	23	106
	Substance Abuse Treatment Facility	17	100	17	100
	Transitional Housing	56	281	54	266
	Other	12	46	9	16
	Unknown	3	4	3	4

Linguistics

The Research Project did not find Linguistics to be a significant barrier to medical care. Nine percent of consumers said that at some point they have not communicated with their doctor or case manger due to a language barrier, and five percent said at one point they had not obtained medical care due to language barriers. However, discussions during focus groups as well as follow up questions to consumers completing the survey clarified that linguistics is more a challenge that consumers deal with than a barrier that precludes them from receiving medical care. In short, most consumers said they are able to obtain translation assistance and they "get by". Unfortunately very few consumers who speak a language other than Spanish were represented in the consumer samples. Provider surveys reported consumers speak four languages in addition to English and Spanish (plus sign). Based upon interviews with service providers, consumers who speak languages other than English and Spanish are largely self-reliant in terms of providing for their translation needs.

Service providers indicate that translation service is routinely available to support the services being delivered. There is no indication that lack of funding for translation service is deterring providers from service delivery. Note that only three service providers utilize commercial translation services such as Language Line. Survey responses demonstrate that most providers know exactly how many consumers require translation service and that they are prepared to support translation as required in delivering services. As with other service provider survey data, it is important to consider the responses in terms of the provider providing the answer. The three providers who utilize commercial interpreter services are the providers delivering services to the highest volume of consumers. The provider who indicates 30% of consumers require translation service delivers high volume services including food bank. Conversely, the provider who indicates zero provides mental health counseling which by its' nature is not conductive to third party interpretive services.

Service providers report that all necessary forms and pamphlets are available in Spanish. Note that 64% of consumers report that they can not read in any language other than English. Not everyone who speaks Spanish can also read in Spanish.

While the translation is sometimes performed by a variety of staff with various qualifications, there is no indication that service delivery is negatively impacted by various solutions to address translation needs. The survey responses clearly distinguished between job roles which necessitate being bi-lingual (e.g., an outreach worker) and staff who are on occasion called upon to interpret where they are not otherwise directly involved in delivering the service. It should also be noted that the range of provider staff performing translation service must be considered in the context of the service being provided. For example, it is perfectly logical that bi-lingual food bank volunteers communicate with consumers directly.

One of the more intriguing findings to come from the linguistics discussions is that the most formidable challenge many consumers face is not linguistics, but rather health literacy. That is, some consumers have difficulty understanding their doctor both in terms of the questions the doctor asks and the medical instruction the doctor provides. In follow up discussions with consumers who completed surveys as well as focus group participants, some consumers expressed the feeling that doctors talk "over their head" and that they are intimidated during the exam. Because the consumer feels intimidated a typical coping response is reflected in the survey comments such as "*I just try not to say anything*". A number of consumers reported that they prefer to have a family member or friend with them so that they can later ask the other person who was present what they understood from the doctor.

Linguistics Findings - Consumer Survey

Consumer survey questions included questions where the respondent simply selected from available options as well as questions where the respondent provided a free text response.

Survey responses for questions where the consumer selected an answer from a list of options are tabulated below:

		Count	Column N %
1. Have you ever decided not to talk to a case manager or doctor because you found it hard to talk with them in English?	T O T A L	275	100%
	Yes	24	9%
	No	250	91%
	Illegible/Incomplete	1	0%
2. Have you ever decided not to apply for or get HIV services because of language?	T O T A L	275	100%
	Yes	13	5%
	No	257	93%
	Illegible/Incomplete	1	0%
	No Response	4	1%
4. Can you read in any language other than English?	T O T A L	275	100%
	Yes	93	34%
	No	176	64%
	No Response	6	2%

Survey questions where the respondent provided a free text response:

Note: See Appendix B for full transcript of comments.

Question: *How do you handle language problems?*

- A total of 153 consumers provided a response to this question. However 10 of the responses were either unintelligible or provided no meaningful response.
- 64 consumers who completed the English version of the survey indicated that they do not have a language problem. This included a number of respondents who indicated they are bi-lingual or speak Spanish as their primary language.
- 17 consumers who completed the English survey indicated they do experience language problems when seeking HIV services. Comments include:
    - *The best I can*
    - *Try to find someone to interpret*
    - *Ask if someone could translate*
    - *Don't talk*
    - *Not well*
    - *I cried and was angry and upset*
    - *Look for someone to translate*
    - *Have someone talk for me*
    - *Don't apply*
- Seven consumers who completed the Spanish version of the survey provided comments indicating the need for translation assistance:
    - *Mi persona se comunica cuando es necesario hablar con alguien (I communicate with my case manager)*
    - *Buscar a persona que me ayude a traducer (Search for a person to translate)*
    - *Trato de entender y hablar lo que puedo (Try to understand and speak what I can)*
- One consumer made a comment regarding the need for sign language.
- No consumers mentioned the need for translation in any language other than Spanish.

Question: *What can be done to help you with language problems? Give us any ideas you may have.*

- A total of 115 consumers provided a response to this question. However, it should be noted that despite the fact that the question specified "language problems", the question was widely misunderstood. Many consumers used this question as an opportunity to express a wide variety of unmet need:
    - Eighteen consumers mentioned housing and/or utility assistance as their most important unmet need. This includes specific references to the barriers resulting from felony status.
    - Five mentioned assistance finding employment.
    - Six mentioned transportation needs.

- Four mentioned need for additional assistance purchasing prescriptions.
- Four expressed the need for more HIV information and better communication regarding available services.
- Five consumers made references regarding stigma, removal of barriers to care and/or the need for (presumably) diversity training for service providers.
- Nine took the opportunity to express their gratitude for the services they receive. Several complimented a specific provider.

- A total of fifteen consumers expressed a desire for classes to assist them in learning English. Note that this is also a recommendation from a service provider.
- Only four consumers provided comments directly related to the question. All four appeared to express a need for more translation service in Spanish.

Linguistics Findings – Service Provider Surveys

All eight Ryan White Part A Service Providers provided responses to the following linguistics questions:

Linguistics	**TOTALS**
Question 1 - How many consumers do not speak English and require translation assistance in order to provide service to the consumer?	
None	2
None, we deliver service in Spanish	1
Seven	1
Eight	1
Twenty	1
About 30% of clients	1
Question 2 - What languages other than English are spoken by consumers receiving Ryan White service from your agency?	
Spanish	7
Sign	1
French	1
Thai	1
Burmese	1
Arabic	1
Question 3 - How many consumers speak Spanish only?	
None	1
One	1
Eight	1

Fifteen	1
One hundred ten	1
About 450	1
Question 4 - How many consumers speak a language other than English or Spanish?	
None	4
One	1
Two	1
About 300	1
Question 5 - If your agency utilizes internal staff to provide translation service, what positions does those staff hold in your agency?	
Outreach	2
Case Managers	3
Receptionist	1
Managers	1
Food Bank volunteers (for food bank service only)	1
Risk Reduction Specialist	2
Maintenance	1
Therapist	1
Question 6 - How many multi-lingual staff members are employed in direct care positions?	
Two	1
Three	3
Four	2
Five	1
ASL - 1	1
Question 7 - Does your agency ever utilize staff members who are not in positions that normally provide direct support to consumers to provide translation assistance?	
Yes	5
Position	
Maintenance	1
Deputy Director	1
Receptionist	2
No	2
Question 8 - Does your agency require any formalized training or certification in order to provide translation services?	
Yes	2
No	4
If yes, does your agency provide required training?	
Yes	1
No	2

Utilize on-line Rosetta Stone program	1
Question 9 - How many consumers who require translation assistance bring a translator with them when coming to your agency for service?	
Zero	5
Five	1
Question 10 - How is your agency funding translation service?	
No funding source	4
Private donations	1
Grant funds	1
For Ryan White eligible's, incorporated into charge for funded service	1
Question 11 - Does your agency utilize a third party translation service such as language line?	
Yes	3
No	4
If yes, what service does your agency utilize?	
Language Line	3
Austin Area Translators Association	1
Communication Services for the Deaf	1
Two Hands for You	1
Question 12 - Do you find third party translation service to be an effective tool when delivering service to consumers?	
Yes	3
No	2
If No, Explain	
Mental health therapy not conducive to 3rd person	2
Question 13 - Does your agency provide forms and/or written informational material in languages other than English?	
Yes, English and Spanish	7
Yes, English, Spanish and Other (Specify)	0
No	
If yes, are the forms directly related to Ryan White?	
Yes	6
No	1
If yes, who is translating the forms?	
Agency staff	5
Professional translation service	1
Other (specify)	0
Volunteer	2

Question 14 - Please provide any additional information you would like to share regarding the importance of linguistic service or challenges your agency faces in providing translation service	
No comment	5
Challenging to provide women's support group services to persons not proficient in English when resources are not available to compensate professionals who could otherwise facilitate support groups in Spanish. This is also a problem for psychosocial support.	
It is important to provide our clients with translation/interpretation service because there is a vast group that is monolingual or just barely bilingual. In order to be culturally competent we need to have weekly classes in Spanish at the agency for staff to learn Spanish. Also classes for clients to learn English.	
All documents which the Ryan White Program hopes to have completed by Spanish speaking clients need to be given to the providers in Spanish which has been correctly translated and no higher than a 4th grade reading level. Even for English documents the reading level needs to consider literacy level.	

Legal

It is clear from the information obtained by the Research Project that there is a significant need for legal services. Sixty-one percent of consumers indicated they have discussed the need for legal services with their case manager and 55% report that their case manager helped them. "Help" means the case manager evaluated their eligibility for a referral. Only 32% of consumers report being referred to a lawyer, and only 26% of consumers reported that they were helped by a lawyer.

The most common need for legal service is assistance appealing a denial of disability with the Social Security Administration. Appealing disability denials was also the service most often cited by consumers as an area where they were dissatisfied with the legal service received. Several consumers indicated their appeal took an inordinate amount of time due in part to their lawyer making errors on the appeal documents and being very slow to respond to information requested by Social Security. Several questioned the quality of legal services.

As can be seen from the responses to the service provider survey, the single provider who directly provides legal assistance (in-house) provided very specific data and insight into the scope of legal services. That provider reports that 218 consumers were referred for legal assistance. Of that number, 50 were assisted in-house and 114 were referred to an outside attorney. Of the 218 consumers, 81 fell within the Ryan White taxonomy and 83 outside the taxonomy. Less than 2% were denied legal assistance due to income.

Service providers noted that they are not generally able to gauge the impact of legal issues on consumers because once the issue is referred they do not usually know the outcome. Only one provider rated unresolved legal issues as having a significant impact on adherence to medical care, while four providers said it depends upon the nature of the specific unresolved issue.

Both consumers and service providers were asked to identify the range of legal issues they need assistance with. The majority of those legal service needs are outside the Ryan White taxonomy. Beyond disability appeals, consumers mentioned divorce, discrimination complaints, wills and expunging criminal records, and help with eviction proceedings as areas of legal need. Consumers report that many legal needs remain unresolved. This includes some consumers who are simply dissatisfied with the outcome or opinion of the attorney regarding the legal standing of their issue.

Despite the fact that many legal issues remain unresolved, consumers provided little indication that unresolved legal issues are keeping consumers from adherence to medical care.

Legal Findings - Consumer Survey

Consumer survey questions included questions where the respondent simply selected from available options as well as questions where the respondent provided a free text response.

		Count	Column N %
6. Have you ever discussed legal issues with your case manager?	T O T A L	275	100%
	Yes	169	61%
	No	98	36%
	Illegible/Incomplete	4	1%
	Not Applicable *(i.e., client doesn't have a case manager)*	4	1%
7. Was your case manager able to help you with your issue?	T O T A L	275	100%
	Yes	150	55%
	No	44	16%
	Other	2	1%
	No Response	4	1%
	Not Applicable *(i.e., client did not discuss issue with case manager)*	75	27%
8. Were you referred to a lawyer?	T O T A L	275	100%
	Yes	87	32%
	No	101	37%
	No Response	3	1%
	Not Applicable *(i.e., client did not discuss issue with case manager; case manager was able to help client and referral was not needed)*	84	31%
9. Did the lawyer help you?	T O T A L	275	100%
	Yes	71	26%
	No	20	7%
	Other	6	2%
	Illegible/Incomplete	1	0%
	No Response	6	2%
	Not Applicable *(i.e., client was not referred to a lawyer)*	171	62%

Survey questions where the respondent provided a free text response:
Note: See Appendix B for full transcript of comments.

Question: *What If you have not discussed legal issues with your case manager, why have you not asked for help?*

- A total of 59 consumers provided a response. However, due to the way the question was asked, a number of respondents simply said they had no legal issue.
- Two consumers indicated they were unaware of the availability of legal services and one consumer indicated he is afraid to discuss the matter.
- Several respondents indicated they do not have a case manager. It is unclear if they have a legal issue and are indicating they are precluded from seeking help because they are not case managed.
- Of those consumers who mentioned a specific issue, disability claims was the most common issue.

Question: *If you were referred to a lawyer and the lawyer helped you, describe the problem you were assisted with and how you were helped.*

- A total of 85 consumers provided a response.
- Twelve consumers referenced housing issues, including eviction notices.
- Eight consumers mentioned assistance with disability appeals.
- Five mentioned wills and probate.
- Several consumers referenced litigation involving injuries.
- Three mentioned claims related to discrimination including discrimination related to employment and housing.

Legal Service Findings – Service Provider Surveys

All eight Ryan White Part A Service Providers provided responses to the following legal service questions:

Legal	**TOTALS**
Question 1 - How many consumers express a need for legal services?	
One	1
Three or four per year	3
Five	1
25 per year	1
35-40% of all clients	1
218	1

Question 2 - How many of the consumers who express a need for legal service is referred for legal service by your agency?	
Provide options to everyone who indicates they need legal service (ASA, Legal Aid, private lawyer)	2
One	1
Five	1
Almost all	4
All meeting eligibility criteria	1
Question 3 - How many of the consumers who are referred for legal service have a legal issue which falls within the scope of the Part A taxonomy?	
Zero	3
One	1
Very few	1
Five	1
Ten	1
81 out of 218	1
Question 4 - How many of the consumers who are referred for legal service have a legal issue which falls outside the scope of the Part A taxonomy?	
Most legal issues are outside the taxonomy scope	1
One	2
Two	1
Three	1
Ten	1
83 out of 218	1
Almost all	1
Question 5 - How many cases does your agency refer to legal service to an external resource?	
All clients who indicate a need for legal service	2
Almost all	2
One	2
One hundred fourteen	1
Question 6 - Does your agency provide any legal assistance in house?	
No	7
Yes (50)	1
Question 7 - How many of the consumers referred for legal assistance are able to resolve their legal issue?	
None	1
Don't receive feedback from client	4

Most do receive help	2
Question 8 - For consumers who do not receive assistance with their legal issue, what impact does the unresolved legal matter have in terms of adherence to medical care?	
No impact	1
Minimal impact	2
Significant impact	1
Depends upon nature of legal issue	4
Question 9 - How many consumers do not receive legal assistance because their income is over 125% FPL?	
None	
One	1
Less than 2%	1
Question 10 - What types of cases are referred for legal assistance by your agency?	
Disability determination	3
Job discrimination	1
Bankruptcy	2
Medical malpractice	1
HACA Hearing (housing authority)	1
Divorce	2
Name change	1
Domestic violence	1
Drug possession	1
Criminal record expunge	2
Child custody	1
DWI	2
Assault	1
Food Stamp denial	1
Will or Estate planning	3
Probate	1
Violation of individual rights	1
HIPPA violation (medical disclosure)	1
Immigration	1
Question 11 - Is there anything unique about the demographic of consumers seeking legal assistance?	
No	6
Denial of SSA disability decision	2
Most have a criminal history	1
Question 12 - What additional information can you	

share with the Planning Council regarding legal assistance that could assist in understanding the need for legal service?	
No response	7
We only know outcome of legal referral if client continues to bring it up as unresolved	1

Child Care

Child care is a need that has a significant impact upon a relatively small percentage of consumers. Eleven percent of consumers surveyed report having one or more children in their home[2]. However, only four percent indicate that they experience problems making or keeping appointments due to lack of child care options. The consumers who report responsibility for a child are overwhelmingly women and include many who are grandmothers. In focus groups these consumers made it clear that child care is a challenge that they find a way to address, and not a barrier that makes them choose between child care and medical care.

Eight percent of consumers repot that they sometimes bring their child with them to medical and/or service appointments out of necessity. The remainder schedule appointments around the hours their child is in school.

Only two consumers reported their child is in day care. Most consumers made it clear that the cost of day care is far too expensive to be an option outside public programs for low income parents who are employed.

It was also clear from focus group comments that child care and transportation are closely tied together. When consumers were asked about their interest in day care services (in order to make a medical appointment) the consumers were quick to point out that the notion of day care at a location separate from the doctor's office is unrealistic. (See challenges described in the Transportation section). If the consumer is using public transportation to travel to a medical appointment, transportation challenges would be magnified several times over by adding an additional leg to the trip to drop off a child. Consumers were highly supportive of the notion of providing day care on site at their doctor's office.

Four service providers reported little or no impact on adherence to medical care as a result of child care challenges. Four providers indicated that child care is rarely found to be the reason for a missed appointment, and three other providers described child care as only a moderate challenge for consumers. It should be noted that one provider stated that children cannot be present during a counseling session and that child care is only a significant barrier if the consumer cannot receive service because there are no options for child care. It is also important to note that children cannot be in the examining room during some medical procedures. There were varying reports as to how strictly doctor's offices enforce this rule.

[2] Note: The recruitment process specifically focused on recruiting consumers with children. The percentage of consumers represented in the survey may have been overstated by this focus.

Child Care Findings - Consumer Survey

Consumer survey questions included questions where the respondent simply selected from available options as well as questions where the respondent provided a free text response.

Child Care Questions		Count	Column N %
20. Do you have children?	T O T A L	275	100%
	Yes	75	27%
	No	192	70%
	Question not on survey	3	1%
	No Response	3	1%
	Not Applicable	2	1%
21. Do you care for children whom you are not the natural or adoptive parent?	T O T A L	275	100%
	Yes	25	9%
	No	214	78%
	Illegible/Incomplete	1	0%
	No Response	30	11%
	Not Applicable	5	2%
22. How many children are in your household? (Binned)	T O T A L	275	100%
	No Children	206	75%
	1	12	4%
	2	14	5%
	3	8	3%
	4	4	1%
	5	0	0
	More than 5	1	0%
	No Response	30	11%
23. Are your children in daycare?	T O T A L	275	100%
	Yes	2	1%
	No	49	18%
	No Response	30	11%
	Not Applicable	194	71%
24. Are your children too young to be left alone while travelling for an appointment?	T O T A L	275	100%
	Yes	27	10%
	No	24	9%
	No Response	30	11%
	Not Applicable	194	71%
25. Do you have problems making or keeping appointments due to child care issues?	T O T A L	275	100%
	Yes	11	4%
	No	40	15%
	Illegible/Incomplete	1	0%
	No Response	30	11%
	Not Applicable	193	70%

26. Do you ever bring your children with you when you go in for an appointment?	T O T A L	275	100%
	Yes	23	8%
	No	28	10%
	No Response	30	11%
	Not Applicable	194	71%

Survey questions where the respondent provided a free text response:
Note: See Appendix B for full transcript of comments.

Question: *If you ever bring your children with you when you go in for an appointment, who cares for your children while you see the doctor?*

- Only two consumers responded to this question. One stated "my girlfriend" and the other "my uncle".

Question: *Describe any problems you have faced in making or keeping appointments due to child care*.

- Twenty-two comments were provided. Only five provided meaningful insight:
  - *I have no child care. Inability to pay*
  - *Being late (for appointment)*
  - *Do not have too many people to keep (my children) for me*
  - *Child older now, but in past I couldn't find a sitter sometimes*
  - *Sometimes I reschedule if I am babysitting my grandchild. I don't want to bring her with me.*
- Note: During focus group discussions regarding child care challenges, several consumers brought up stigma as a concern. They indicated that not all children/grandchildren know that they are HIV positive, and they expressed reservation about telling them. Discussion specifically centered on (1) the reaction and comments from other children that their child might tell and (2) at what point the child is ready to understand what it means to be HIV positive.

Child Care Service Findings – Service Provider Surveys

All eight Ryan White Part A Service Providers provided responses to the following child questions:

Child Care	**TOTALS**
Question 1 - How many consumers have difficulty making or keeping appointments due to child care issues?	
None	1
One	3
Six	1

Nine	1
only occasionally	1
About 150	1

Question 2 - How many consumers have missed an appointment with your agency because of problems with child care?	
None	1
One	3
Two	1
Six	1
Nine	1
About 150	1

Question 3 - How many consumers have declined to schedule an appointment with your agency because of problems with child care?	
None	2
One	2
Two	2
Five	1
Six	1

Question 4 - How many consumers frequently reschedule appointments due to child care?	
None	1
One	4
Five	1
Six	1
Clients who bring children don't cite reason	1

Question 5 - How many consumers bring their child with them for an appointment because they have no other option?	
None	4
One	1
Seven	1
Twelve	1
Difficult to determine as they don't cite reason	1

Question 6 - To your knowledge, how many consumers who receive service from your agency are responsible for caring for a child?	
None	0
One	1
Two	2
Three	2
Nine	1
Twenty	1

About 150	1
Question 7 - Does your agency have a referral source for child care?	
Yes	4
No	3
If no, what do you tell consumers?	
Children not allowed in therapy session	1
Suggest using friends or family	1
Question 8 - Does your agency provide on-site child care service?	
Yes	0
No	8
Question 9 - Based upon your agencies experience in scheduling appointments, which best describes your experience with consumers who care for a child?	
The need for child care is rarely cited as a reason not to schedule an appointment	4
While child care presents an additional challenge for consumers, the lack of child care is only occasionally the reason a consumer opts not to schedule or keep an appointment	3
The additional challenge presented by caring for a child is a significant problem and frequently results in missed appointments or the consumer's decision not to schedule an appointment	1
Question 10 - Based upon your experience with HIV positive consumers, which best describes your agencies position with respect to child care?	
Funding child care would not improve adherence to medical care	5
Funding child care would result in more consumers making and keeping appointments	3
Funding child care would not have a significant impact on adherence if the child care service is located at a separate location	1
Question 11 - Please provide any additional insight or comments you have regarding the need for child care	
None	7
Unable to transport a child in agency vehicle because the law requires a car seat	1

Home and Community Based Health Care

This service category is clearly the most elusive to obtain information about. Only one consumer mentioned the need for home based care during consumer interviews. The service is not funded under Ryan White. Only one service provider delivers services commensurate with the Ryan White definition for Home and Community Based Health Care service. The only service provider to complete the survey responded from the perspective of services provided under that vendor's general fund. That vendor noted: "*There is an established need for this service among a small subset of clients due to chronic conditions in addition to HIV*". The number of consumers and units of service received are reflected in the ARIES data below.

It is important to distinguish between home based care delivered to an HIV positive consumer who received little or no medical care prior to reaching a hospice level medical crisis, and a consumer who is receiving ongoing HIV medical care but who is unable to perform specific tasks that require medical training or expertise.

Medicare does pay for medically necessary home based care. There is no data publically available to indicate if any of the 400 plus Ryan White consumers who are Medicaid eligible receive home based health care services. Some 39 providers in the Austin area offer various home based health and/or personal care services. The cost for home based services varies with the service and the skills required of the attendant. Basic personal attendant services can run over $17 per hour, making this a very expensive service to cover.

Based upon an interview with Seton Healthcare and follow up with the responding service provider, it does not appear that physicians are making a routine determination regarding whether a patient could have avoided in-patient care had home based services been available. Thus there are no publically available local statistics to support the idea that delivering service in-home is more cost effective than hospitalization, nor is there any statistical comparison of health outcomes specific to HIV patients. Numerous studies have been published regarding in-home care vs. hospitalization for various medical issues and procedures. These studies validate the cost effectiveness and positive medical outcomes of home based care. But the nature of these studies is generally related to services like post-operative care and not long term maintenance for a chronic condition.

The interview with Seton Healthcare included an overview of a program that Seton is engaged in which closely relates to the core objectives of Home and Community Based Health Care. As part of a pilot program Seton is working with patients who have patterns of high emergency room utilization. The core objective is to help the patient avoid repeated cycles of little or no health care followed by crisis emergency care requiring hospitalization. Pilot staffs utilize a strategy of case management, personal intervention, education, psychosocial

counseling and life intervention to try to address the social, economic and life style behaviors that are often the underlying cause for poor medical care ultimately resulting in emergency room care. The Seton staff do make home visits and when required do provide home based medical services (although not their primary role). Target populations include the homeless and substance abusers. HIV is not a focus but HIV positive persons are part of the mix of health issues. The pilot staffs indicate that they are realizing good results, although no public statistics are yet available. Part of the challenge is to establish that the staff's efforts are directly responsible for reduced use of emergency room and hospital care. While the pilot is driven to a large extent by economic benefit, the model also promises to improve the long term health of patients by stopping the cycle of obtaining medical care only when the individual is in crisis.

Home and Community Based Health Care Service Findings – Service Provider Surveys

One Ryan White Part A Service Provider provided responses to the following questions:

Note: The provider added the following comment to the survey: "*This agency is not funded for Home Health through Ryan White Part A or any other funder. We continue to provide this service with general funds until clients are linked to another provider. Answers given to services provided with non-Ryan White funds".*

Home and Community Based Health Care	**TOTALS**
Question 1 –How many consumers received inpatient treatment for HIV/AIDS due to lack of in-home services? (Hospitalization was only necessary because in-home services were not available)	
Five	1

Question 2 –What type of services did consumers receive as an inpatient that could have been provided in-home if those services were available in-home?	
Skilled nursing care	1
Home health aide service	1
Personal care aide services	1
Day treatment	1
Home intravenous and aerosolized drug therapy	1
Rehabilitation services	1
Deployment of durable medical equipment	1
Question 3 –The Planning Council would like to determine the availability of service providers within the Austin TGA with skills, training and certifications who could deliver in-home services within scope of the taxonomy?	
My agency makes referrals for home care	
My agency has staff with the skills, training and certifications to in-	

home services	
Depends upon the service being delivered	1
Question 4 –Additional Comments or recommendations?	1
There is an established need for this service among a small subset of clients due to chronic conditions in addition to HIV. There is more need for home health (home maker) services than skilled nursing. This service category requires both to be provided.	

ARIES Utilization Data for Home and Community Based Health Care Service Category

The ARIES report below shows the number of consumers receiving Home and Community Based Health Care service, the number of units of service provided, and a demographic breakdown of the consumers for the grant year that ended February 29, 2012. While the service provider reported this activity under Ryan White "all funding", according to the ARIES Data Manager this data may reflect the provider's general fund expenditures, not Ryan White.

HOME AND COMMUNITY BASED HEALTH SERVICE

		ALL FUNDING		PART A ONLY	
		Clients	Units	Clients	Units
Gender	Total	4	419	0	0
	Male	4	419	0	0
	Female	0	0	0	0
	Transgender	0	0	0	0
Age Category	Total	4	419	0	0
	<2	0	0	0	0
	2 - 12	0	0	0	0
	13 - 17	0	0	0	0
	18 - 24	0	0	0	0
	25 - 44	0	0	0	0
	45 - 64	3	331	0	0
	65+	1	88	0	0
Race Ethnicity	Total	4	419	0	0
	American Indian or Native Alaskan	0	0	0	0
	Asian	0	0	0	0
	Black (not Hispanic)	0	0	0	0
	Hispanic	0	0	0	0
	More than one Race	0	0	0	0

	Other	0	0	0	0
	Pacific Islander	0	0	0	0
	White (not Hispanic)	4	419	0	0
Household Poverty Level	Total	4	419	0	0
	<= 100%	0	0	0	0
	101 - 133%	1	88	0	0
	134 - 200%	3	331	0	0
	201 - 300%	0	0	0	0
	301 - 400%	0	0	0	0
	401% or more	0	0	0	0
	Unknown	0	0	0	0
HIV Status	Total	4	419	0	0
	HIV Positive Not AIDS	2	131	0	0
	AIDS	2	288	0	0
	HIV Negative	0	0	0	0
	Pediatric Indeterminate	0	0	0	0
	Unknown	0	0	0	0
Years Since HIV Diagnosis	Total	4	419	0	0
	<= 1	0	0	0	0
	02 - 3	0	0	0	0
	04 - 5	0	0	0	0
	06 - 10	0	0	0	0
	11 - 15	0	0	0	0
	16 - 20	1	43	0	0
	21 - 25	2	166	0	0
	26+	1	210	0	0
	Not Applicable (HIV Negative)	0	0	0	0
	Not Applicable (Pediatric Indeterminate)	0	0	0	0
	Unknown	0	0	0	0
Primary Risk Factor	Total	4	419	0	0
	MSM	4	419	0	0
	IDU	0	0	0	0
	MSM IDU	0	0	0	0
	Heterosexual	0	0	0	0
	Hemophilia	0	0	0	0
	Perinatal	0	0	0	0
	Transfusion	0	0	0	0
	Other	0	0	0	0
	Unknown	0	0	0	0

INSURANCE	Total	4	419	0	0
	ADAP	0	0	0	0
	Dental	0	0	0	0
	Medicaid	0	0	0	0
	Medicare	4	419	0	0
	No Insurance	0	0	0	0
	Private	1	78	0	0
	Public	2	131	0	0
	Veterans	0	0	0	0
	Vision	0	0	0	0
	Other	0	0	0	0
	Unknown	0	0	0	0
LIVING SITUATION	Total	4	419	0	0
	Board care or assisted living	0	0	0	0
	Homeless from emergency shelter	0	0	0	0
	Homeless from the street	0	0	0	0
	Hospital or other medical facility	0	0	0	0
	Hurricane Katrina evacuee	0	0	0	0
	Jail or Prison	0	0	0	0
	Living with relatives or friends	0	0	0	0
	Other	1	78	0	0
	Participant-owned housing	2	166	0	0
	Psychiatric facility	0	0	0	0
	Rental housing	2	253	0	0
	Rented room	0	0	0	0
	Substance abuse treatment facility	0	0	0	0
	Transitional housing	0	0	0	0
	Unknown	0	0	0	0

Early Intervention Service

Note that this service is not being provided for the current Ryan White Part A fiscal year. No service provider elected to contract for EIS service. The information provided in this section is based upon EIS service delivered during the Ryan White fiscal year ending 02/29/12. Available information on EIS is limited to the two providers delivering EIS services during the last fiscal year.

Four notable comments were provided by the providers:

- One provider indicates that their EIS efforts were shut down due to lack of funding part way through the fiscal year.
- Providers are of the opinion that EIS services are duplicative with respective to other outreach prevention activities.
- The data tracking requirements for EIS are onerous, especially when a 10% administrative cap is required.
- It is very difficult to document that EIS activities were directly responsible for the client being tested.

One of the problems inherent in tracking and reporting EIS activity is the fact insufficient personal or demographic information is obtained during an EIS contact to facilitate reporting. (Units of service cannot be recorded in ARIES without base data being recorded for the consumer receiving the service). That is why there is no EIS service category in ARIES. The outcome data in this section is provided by the service providers tracking system.

Early Intervention Service Findings – Service Provider Surveys

Two Ryan White Part A Service Providers provided responses to the following questions (Two Ryan White providers who deliver EIS services):

Early Intervention	**Provider 1**	**Provider 2**	**TOTALS**
Question 1 - What initiatives are underway in the Austin TGA to identify individuals unaware of their status?			
We had a program through Community Health Services that conducted HIV testing and referred all individuals who tested positive to our case manager to coordinate services. However, this service was recently forced to shut down due to lack of funding.	x		1
Outreach staffs attend community events (including health fairs) and collaborate with prevention staff to provide information and obtain referrals to targeted populations about testing services offered by our agency. Outreach teams refer individuals unaware of their status into testing and other supportive services.		x	1
Provide risk reduction information to at risk populations		x	1
Question 2 - What populations are being targeted?			

All rural populations	x		1
Target populations include White, African American and Hispanic MSM		x	1
Target those recently released from incarceration		x	1
Target females who identify as high risk heterosexuals		x	1
Question 3 - What methods are being employed to reach target populations?			
We continue to encouraging HIV testing	x		1
Conduct weekly outreach to local hospitals and emergency rooms		x	1
Weekly outreach to Del Valle Correctional Facility		x	1
Outreach staff collaborate with Prevention staff to provide information and referral services to target populations within the community		x	1
Participate in community events that offer an HIV outreach opportunity		x	1
Question 4 - What are the outcomes of these efforts?			
The process brought individuals who have tested positive into care	x		1
Linkage to primary medical care		x	1
Linkage to case management		x	1
Linkage to support services		x	1
Question 5 - What can be done to improve the results of Early Intervention services?			
Increased funding so we can resume HIV testing under our Community Health Services program can operate once again.	x		1
The Planning Council needs to assess the effectiveness of services when there are duplications across programs		x	1
A better Needs Assessment should have been done to determine relevancy to this community given the plethora of prevention and outreach services already available. Prevention is already identifying people and doing outreach. This service is duplicative.		x	1
The data tracking requirements for this service category make the administrative requirements greater than 10%, which makes agencies hesitate to take it on. The amount of funding is also very small to make it worthwhile to take this service on.		x	1
"Successful referrals" are very difficult to track as EIS staff must be able to prove that they referred a client to testing. This system puts a lot of burden on the client to retain documentation that clients were referred by an EIS staff which the agency has no control over.		x	1

EIS Service Outcomes

The following statistics were provided regarding EIS services completed during the Ryan White fiscal year 2011-12:

Men who have sex with men (MSM)

- Total encounters – 124
- Number of successful referrals – 11
- Referrals who tested positive – 1

Injection Drug Users (IDU)

- Total encounters – 36
- Number of successful referrals – 1
- Referrals who tested positive – 0

African American Female High Risk Heterosexuals (FHRH)

- Total encounters – 117
- Successful referrals – 3
- Referrals who tested positive - 0

Appendix

Demographic Profile of Consumers Surveyed

The table below provides a demographic profile of the consumers who completed surveys

TOTAL SURVEYS		275	100%
Survey Type	T O T A L	275	100%
	Travis County	235	85%
	Rural	40	15%
Age Category	T O T A L	275	100%
	13 to 24	4	1%
	25 to 44	82	30%
	45 to 64	178	65%
	65 and over	7	3%
	Illegible/Incomplete	2	1%
	No Response	2	1%
Gender	T O T A L	275	100%
	Male	186	68%
	Female	68	25%
	Transgender	11	4%
	Illegible/Incomplete	1	0%
	No Response	9	3%
Race/Ethnicity	T O T A L	275	100%
	White	77	28%
	Black	118	43%
	Hispanic	67	24%
	Native American	1	0%
	Asian		
	Pacific Islander		
	More than one race	3	1%
	Other	5	2%
	No response	4	1%
Years with HIV/AIDS	T O T A L	275	100%
	Less than one year	11	4%
	1 to 3 years	35	13%
	4 to 7 years	29	11%
	8 to 10 years	30	11%
	11 to 15 years	48	17%
	16 to 20 years	60	22%
	21 to 30 years	35	13%

	Over 30 years	2	1%
	Illegible/Incomplete	2	1%
	No response	23	8%
In Medical Care	T O T A L	275	100%
	Yes	233	85%
	No	16	6%
	No Response	26	9%
ZIP	T O T A L	275	100%
	76723	1	0%
	77860	1	0%
	78602	6	2%
	78610	2	1%
	78617	1	0%
	78621	1	0%
	78628	1	0%
	78640	7	3%
	78648	2	1%
	78650	1	0%
	78655	1	0%
	78656	1	0%
	78660	1	0%
	78664	2	1%
	78665	1	0%
	78666	3	1%
	78676	2	1%
	78681	2	1%
	78701	11	4%
	78702	21	8%
	78703	3	1%
	78704	10	4%
	78705	1	0%
	78721	1	0%
	78722	1	0%
	78723	26	9%
	78724	3	1%
	78725	2	1%
	78726	1	0%
	78727	3	1%
	78730	1	0%
	78731	1	0%
	78738	1	0%
	78741	19	7%

	78744	12	4%
	78745	11	4%
	78747	1	0%
	78748	2	1%
	78749	3	1%
	78751	6	2%
	78752	32	12%
	78753	15	5%
	78754	7	3%
	78756	6	2%
	78757	5	2%
	78758	17	6%
	78759	2	1%
	78761	1	0%
	78767	1	0%
	78945	2	1%
	78957	2	1%
	No Response, Illegible or Incomplete	9	3%