



# Needs of People Living with HIV/AIDS in the Cleveland Transitional Grant Area

A report by The Center For Community Solutions  
Prepared for The Cuyahoga Regional HIV Health Services  
Ryan White Planning Council and the Cleveland TGA Ryan  
White Part A Program.

February, 2014

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## ACKNOWLEDGEMENTS

The Center for Community Solutions would like to thank the many community partners who collaborated with us to make this report possible. Our deepest gratitude goes out to survey respondents, provider sites that hosted drop-boxes, event organizers, data partners, Planning Council members, and the Ryan White Part A grantee staff for their willingness to assist in the assessment process.

This project was brought to you by the Ryan White Part A Cleveland TGA program at the Cuyahoga County Board of Health through funding provided by the US Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau.

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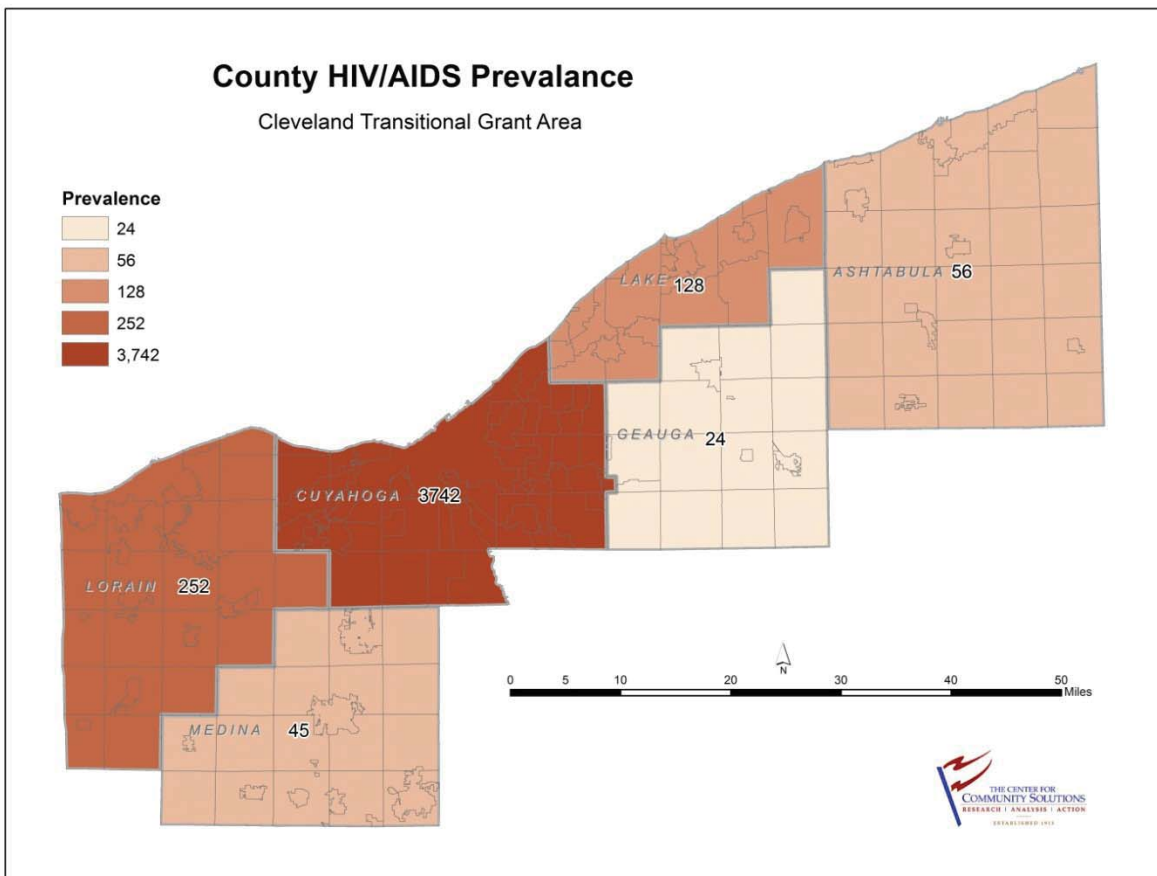
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## EXECUTIVE SUMMARY

From August, 2013, through February, 2014, The Center for Community Solutions conducted research and analysis to ascertain the profile of People Living with HIV/AIDS (PLWHA) in the six-county Cleveland Transitional Grant Area (TGA) and their service needs, and to assess the capacity of service providers to meet those needs. This process was guided by Ryan White Part A Needs Assessment requirements issued by the HIV/AIDS Bureau, part of the federal Health Resources and Services Administration (HRSA). Our research included consulting with the Part A Planning Council and grantee staff from Cuyahoga County Board of Health (CCBH); conducting a survey of PLWHA and individuals unaware of their HIV/AIDS status; surveying key providers in the HIV/AIDS care network; and pulling in data from other sources including the Ohio Department of Health (ODH), Centers for Disease Control and Prevention (CDC), Cleveland Department of Public Health (CDPH), and the Ohio Hospital Association (OHA).

In general, our research found that Ryan White Part A funding is well-aligned with the needs of PLWHA in the Cleveland TGA.

### Profile and Geographic Distribution of People Living with HIV/AIDS



The Cleveland TGA contains six counties in Northeast Ohio: Ashtabula, Cuyahoga, Geauga, Lake, Lorain, and Medina. The most current TGA-wide data on HIV/AIDS prevalence are available from ODH through the 2011 calendar year. According to these records, 4,247 people were living with HIV/AIDS in the TGA, a rate of 196.3 PLWHA for every 100,000 people. The HIV/AIDS epidemic is concentrated in communities of poverty and traditionally underserved populations, such as minorities.

When race is cross-tabulated with gender, African-American males bear the heaviest burden, making up 38 percent of PLWHA. They are followed by White males (31 percent), African-American females (15 percent), Hispanic males (6 percent), White females (5 percent), and Hispanic females (3 percent).

Cuyahoga County, which includes Cleveland, contains 3,742 PLWHA as of 2011, which is 88 percent of the HIV-positive population in the TGA. This is a rate of 295.8 PLWHA for every 100,000 people in the general population of Cuyahoga County.

The predominant mode of exposure<sup>1</sup> to HIV/AIDS in the TGA continues to be males who have sex with males (MSM) only. Heterosexual contact only has consistently been the next highest exposure category over time, although its share has decreased since 2010. Growing incidence with other/unknown exposure categorization impedes the ability of decision-makers to use exposure data to make targeted investments in outreach, prevention, and service delivery.

Sixty-seven percent of men with HIV/AIDS in the TGA are classified in the transmission category of male-to-male sexual contact. Injection drug use (IDU), heterosexual contact, and male-to-male sexual contact and IDU are all far less common transmission categories (6 percent, 7 percent, and 5 percent, respectively) for the entire population of PLWHA in the TGA. For females, heterosexual contact caused 62 percent of HIV/AIDS cases, followed by 13 percent for IDU. One-quarter of females with HIV/AIDS have an “other/unknown” transmission categorization. Hispanics are disproportionately affected by IDU transmission.

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<sup>1</sup> The ODH HIV/AIDS Surveillance Program provides data on transmission categories and exposure categories. While both areas address modes of HIV/AIDS infection, transmission categories are hierarchical groups developed by the CDC that classify people into a single category based on their highest risk. Exposure categories are risk categories that represent all possible combinations of risk. This means that a person with multiple risks is categorized in the exposure category that encompasses all the ways the person may have acquired HIV/AIDS.

Prevalence by Transmission Category and Disease Status for Male Adults and Adolescents, Cleveland TGA

Transmission Category	HIV/AIDS		HIV		AIDS	
	Count	Percent	Count	Percent	Count	Percent
Male-to-male sexual contact	2,173	67%	1,033	65%	1,140	69%
Injection drug use (IDU)	187	6%	68	4%	119	7%
Male-to-male sexual contact and IDU	152	5%	45	3%	107	6%
Heterosexual contact	236	7%	112	7%	124	7%
Other/unknown	510	16%	339	21%	171	10%
<b>Subtotal</b>	<b>3,258</b>		<b>1,597</b>		<b>1,661</b>	

Source: Ohio Department of Health

Prevalence by Transmission Category and Disease Status for Female Adults and Adolescents, Cleveland TGA

Transmission Category	HIV/AIDS		HIV		AIDS	
	Count	Percent	Count	Percent	Count	Percent
Injection drug use (IDU)	120	13%	38	8%	82	18%
Heterosexual contact	576	62%	273	58%	303	66%
Other/unknown	233	25%	156	33%	77	17%
<b>Subtotal</b>	<b>929</b>		<b>467</b>		<b>462</b>	

Source: Ohio Department of Health

### Needs of People Living with HIV/AIDS

Comparing data from the Ryan White Services Report (RSR) and prevalence estimates from ODH's surveillance system, Ryan White Part A provided services for over 70 percent of PLWHA in the Cleveland TGA. In 2012, Part A served 471 new HIV-positive clients, which is substantially higher than the number of people who were newly diagnosed with HIV/AIDS in 2012 (244 people). This indicates that Part A is spreading its reach and serving new clients at a faster rate than new cases of HIV/AIDS are diagnosed.

We used a survey to collect data from consumers. This survey was released to the public on October 15, 2013, and was available until January 15, 2014. In total, 281 valid consumer surveys were collected. Sixty-eight percent of respondents were PLWHA. PLWHA in all counties of the TGA responded to the survey at a rate roughly proportional to the geographic distribution of HIV/AIDS prevalence.

In general, HIV-positive survey participants are well-connected to the services available to them and prioritize getting medical care for their HIV/AIDS. Regardless of whether or not they

received a referral, 83 percent saw an HIV/AIDS doctor within three months of their diagnosis. Of those who did not see a doctor immediately, almost 40 percent (11 people) were not ready to think about their HIV status.

Participants identified outpatient/ambulatory medical care, prescription medications, dental care, medical case management, and psychosocial support services as the most important things they needed to take care of their HIV/AIDS. Twenty-one percent of PLWHA from outlying counties such as Lorain and Ashtabula expressed their preference for service providers closer to home, especially for dental care.

**Top Five Service Needs**

<b>Rank</b>	<b>Service Category</b>	<b>Number Indicating Need</b>
1	Outpatient/Ambulatory Medical Care	141
2	Prescription Medications	137
3	Dental Care/Oral Health Services	117
4	Medical Case Management	96
5	Psychosocial Support Services	81

The top service gaps, in terms of the number of PLWHA who said they needed but did not ultimately receive services, are: dental/oral health care, housing services, nonmedical case management, and emergency financial assistance. Many of these gaps are repeated throughout the subpopulations of interest identified by Planning Council.

**Service Gap Ranking: Absolute Numbers**

<b>Rank</b>	<b>Service</b>	<b>Number Indicating Inability to Access Service</b>
1	Dental Care/Oral Health Services	20
2	Housing Services	19
3	Non-Medical Case Management	12
4	Emergency Financial Assistance	11
5 (tie)	Nutritional Therapy	7
5 (tie)	Transportation Assistance	7

Cost (inability to pay for services) and insurance problems (not having insurance or insurance not covering needed services) were the main barriers that kept PLWHA from taking care of their HIV/AIDS. These barriers hit respondents at all levels, ranging from making it difficult to get care to keeping people from getting the care they needed. Other notable barriers were life issues outside of HIV/AIDS (homelessness, substance addiction, mental illness, hunger) and availability of services. Life issues were also emphasized by providers when asked why they believe PLWHA do not access care.

There were some notable differences among subpopulations of interest:<sup>2</sup>

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<sup>2</sup> All analyses here reflect responses from PLWHA only. Responses from “unawares” are not included except when specifically noted.



- In general, these consumers tended to be poorer than PLWHA as a whole. Sixty-four percent of African-American respondents make \$11,500 or less a year, meaning they are below the poverty threshold for a household of any size. This is six percentage points higher than that of the general HIV-positive participant pool. Twenty-six of the minority women surveyed (79 percent) earn incomes below the poverty level. On the other hand, MSM respondents tended to have higher incomes than other subpopulations.
- Hispanics report a higher rate of chronic disease, especially kidney and liver problems, diabetes, and high cholesterol. However, rates of mental illness are lower among Hispanic respondents than are those reported by the overall PLWHA survey population.
- Emotions and attitudes about HIV/AIDS is the main barrier keeping Hispanic PLWHA from accessing the services they need. Time conflicts also pose some problems. These results are different from those of the overall group of PLWHA, as cost and insurance coverage are relatively low on the list of barriers to care for Hispanic respondents.
- Minority women with HIV/AIDS who participated in the survey display higher rates of infectious diseases, chronic diseases, and mental health conditions such as depression and anxiety.
- When PLWHA who abuse substances were asked about what would help them get into substance abuse treatment, respondents said that free treatment (16 percent), transportation to treatment (16 percent), and information about what services were available and where to go (14 percent) would help them.

Cost is a key barrier to care for the out-of-care group, as it is for most of the groups analyzed here. More notably, system issues, such as difficulty getting referrals and understanding the system of care, also rose to the top. People who are out of care may have become frustrated with trying to navigate the system and given up on getting the care they need.

Respondents who were out of care in the past but now receive medical care for their HIV/AIDS said that they sought care when they got sicker (five people), someone reached out to them and encouraged them to get into care (five people), and they decided they wanted to stay healthy (six people). This indicates that continued outreach with information about the benefits of accessing medical care is a positive strategy to induce people to get care. Peer support programs can provide encouragement and support when HIV-related care seems overwhelming and help PLWHA who are out of care navigate the system of care.

It is important that Planning Council maintain focus on populations that have been hit hardest by the HIV/AIDS epidemic, not just those that are emerging. Although growing, IDU is the transmission category for only a small portion of newly-diagnosed HIV/AIDS infections. Similarly, HIV/AIDS infection among youth and seniors is growing faster than other age categories, but middle-aged adults by far constitute the greatest number of PLWHA. In terms of geography, fully 88 percent of PLWHA (3,742 people) live in Cuyahoga County. By comparison, although HIV/AIDS infection in Geauga County grew 60 percent from 2007 to 2011, that county still has fewer than 20 cases total.

More than other populations we have surveyed, PLWHA tended to expect to receive incentives for their participation. Survey collection was very low until we introduced the opportunity for a gift card drawing for participants. In order to gain feedback from large numbers of consumers, it appears necessary to incentivize participation.

### **Capacity of Service Providers to Meet Consumer Needs**

The HIV provider and advocate network is well-connected and larger than in other communities. We found the vast majority of organizations who serve PLWHA to be very responsive and helpful during survey collection and throughout the needs assessment process.

We surveyed a group of 20 organizations identified as central to the HIV/AIDS care network, and obtained the most detailed information from this group. We also collected contact, location, and service information for approximately 200 groups that identified PLWHA as a population they serve or HIV-related services as something they provide. Finally, in order to gain a fuller picture of wrap-around services available to anyone in the TGA, we utilized online 211 databases to compile a list of providers in six core and six support service categories.

Nearly all categories of core services are either provided or referred by organizations in the HIV/AIDS care network. The core service that is provided by the greatest number of provider survey respondents is mental health services. These core services are provided by the fewest number of survey respondents: home health care, hospice care, health insurance premium and cost-sharing, and home and community-based health services. Dental care and mental health services are commonly referred by providers.

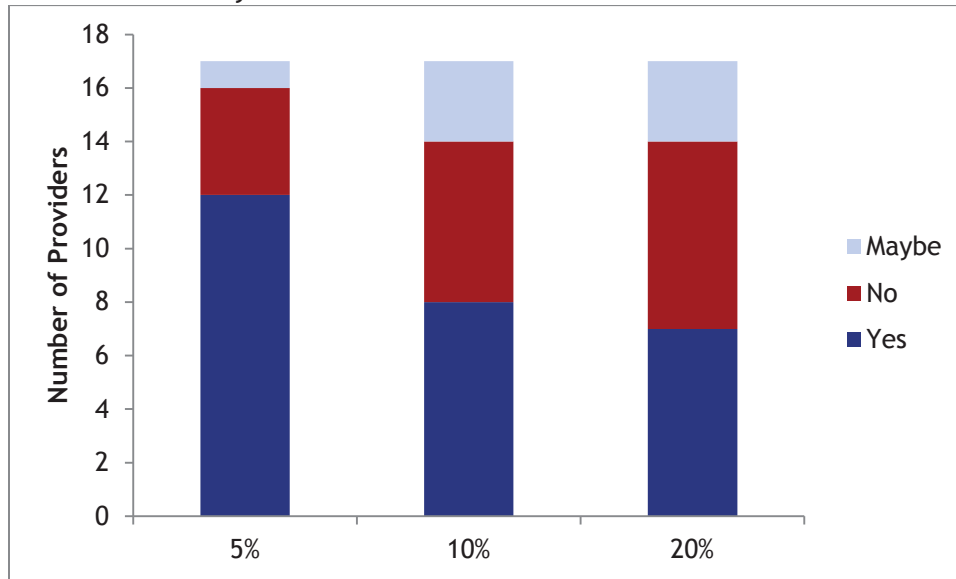
Of the core service areas, dental/oral health appears to be the largest gap. Planning Council should consider allocating additional funds to dental care when health care reform allows PLWHA to gain medical coverage via another payer. Continuing to monitor oral health care to identify and overcome barriers to treatment is also a priority.

Housing persists as a large support service gap. Given legislative restrictions on the type of direct housing assistance Ryan White Part A can provide, Planning Council and the grantee should continue to partner with Housing Opportunities for Persons With AIDS (HOPWA) and other organizations in the broader community to address this need.

The 12 provider organizations that receive funds from Ryan White Part A show a diversified funding base, with nine reporting at least five different funding sources. Diversification in funding sources means that an organization is not overly reliant on any one source, and is often better equipped to maintain services and staffing levels even if one source decreases.

A majority of providers reported they have the staff and funding to serve their current clientele. Most (12 of 17) also believe that they are well-positioned for a 5 percent increase in the number of people they serve. However, less than half are confident that they could serve 10 percent more clients, and only seven believe they could handle a 20 percent increase.

Do you have enough staff and resources to effectively meet the needs of clients if your caseload were to increase by:



The impact of mental health and addiction issues is seen throughout the provider survey. All of the provider respondents see these as barriers to clients getting and staying in care, and some of these same providers often make referrals for substance abuse and mental health treatment services in the course of treatment for PLWHA. Mental health and addiction issues are also noted in consumer survey responses as an impediment to maintaining a healthy lifestyle.

### Potential Impact of Health Policy Changes

The Affordable Care Act (ACA) is bringing major changes to the health care system, and with it changes to care and coverage for PLWHA. New forms of insurance available to Ryan White clients, many of whom have never been able to get coverage, open the doors for the Ryan White program to fill gaps, address shortfalls in coverage, and take stock of the needs that remain after implementation of health reform.

In 2012, 34 percent of Ryan White Part A clients were uninsured and had household incomes under 138 percent of the Federal Poverty Level (FPL). Presumably, these individuals would transition from full-pay clients, where Ryan White Parts A and B fully cover their HIV/AIDS medical treatment, to coverage through the Medicaid expansion. The shift in insurance status among Ryan White Part A clients means the program will need to reallocate its resources toward services that are not covered by insurance to complete the continuum of care for PLWHA. Planning Council should investigate shifting funds to core services such as dental care, mental health services, medical case management, and other eligible services.

As more uninsured PLWHA gain coverage under Medicaid or through the Marketplace, it may become increasingly difficult for Planning Council to use the required 75 percent of funds on core services. HRSA has offered guidance on applying for a waiver of this requirement. As things continue to change, this is something that all Ryan White parts will have to monitor.

## INTRODUCTION

Needs assessments provide information on the scope of an issue, what services are needed to address it, and what populations need those services. Groups responsible for allocating resources are often well-served by conducting a regular needs assessment to ensure that funding is as aligned with needs as possible.

The Ryan White Part A program funds services for People Living with HIV/AIDS (PLWHA) who cannot pay for the care they need in a local geographic area hit hardest by the HIV/AIDS epidemic. The Cuyahoga County Board of Health (CCBH) is the grantee for the six-county Cleveland Transitional Grant Area (TGA) which includes the counties of Ashtabula, Cuyahoga, Geauga, Lake, Lorain, and Medina in Northeast Ohio. While Ryan White Part A is a payer of last resort, it plays a vitally important role in the continuum of care for the 4,247 PLWHA in the Cleveland TGA service area.

From August, 2013, through February, 2014, The Center for Community Solutions conducted research and analysis to ascertain the profile of PLWHA in the Cleveland TGA and their service needs, and to assess the capacity of service providers to meet those needs. This process was guided by Ryan White Part A Needs Assessment requirements issued by the HIV/AIDS Bureau, part of the federal Health Resources and Services Administration (HRSA). Our research included consulting with the Part A Planning Council and grantee staff from CCBH; conducting a survey of PLWHA and individuals unaware of their HIV status; surveying key providers in the HIV/AIDS care network; and pulling in data from other sources, including the Ohio Department of Health (ODH), Centers for Disease Control and Prevention (CDC), Cleveland Department of Public Health (CDPH), and Ohio Hospital Association (OHA).

This research was conducted at a time when significant changes were underway. In December, 2013, a decision by the Ohio Supreme Court cleared the way for the implementation of Medicaid expansion to low-income Ohioans with household incomes under 138 percent of the Federal Poverty Level (FPL), regardless of disability or family status. As we continue to move further from the beginning of the HIV/AIDS epidemic, PLWHA who follow appropriate care and treatment regimens can expect to live longer. However, HIV/AIDS remains concentrated in communities of poverty and traditionally underserved populations, such as minorities. The Great Recession of the last decade strained Northeast Ohio's service providers, and employment prospects, especially at lower skill levels, remain depressed. A growing opiate addiction problem in Ohio and within the TGA is reason for concern.

This report goes beyond a summary of findings, and seeks to provide key information to inform Planning Council decisions going forward. Each of the five narrative sections begins with a list of highlights, followed by in-depth analysis. The appendices contain supplemental information which may be of use as Planning Council continues to prioritize the use of its resources. Thirteen recommendations based on our data analysis are described below.

## RECOMMENDATIONS

### Services and Funding

- In general, our research found that **Ryan White Part A funding is well-aligned with the needs of People Living with HIV/AIDS (PLWHA)** in the Cleveland Transitional Grant Area (TGA). Maintaining a balance between and among core and support service categories is important to ensure that the varying needs of PLWHA in the TGA are met.
- Of the core service areas, dental/oral health appears to be the largest gap. **Planning Council should consider allocating funds that become available when PLWHA gain health coverage to dental care services.** Continuing to monitor oral health care to identify and overcome barriers to treatment is also a priority.
- **Housing persists as a large support service gap.** Given legislative restrictions on the type of direct housing assistance Ryan White Part A can provide, Planning Council and the grantee should continue to partner with Housing Opportunities for Persons With AIDS (HOPWA) and other organizations in the broader community to address this need.
- More than other populations we have surveyed, **PLWHA tended to expect to receive incentives for their participation.** Survey collection was very low until we introduced the opportunity for a gift card drawing for participants. In order to gain feedback from large numbers of consumers, it appears necessary to incentivize participation.

### Special Population Selections

- **It is important that Planning Council maintain focus on populations that have been hit hardest by the HIV/AIDS epidemic, not just those that are emerging.** Although growing, injection drug use (IDU) is the transmission category for only a small portion of newly-diagnosed HIV/AIDS infections. Similarly, HIV/AIDS infection among youth and seniors is growing faster than other age categories, but middle-aged adults by far constitute the greatest number of PLWHA. In terms of geography, fully 88 percent of PLWHA (3,742 people) live in Cuyahoga County. By comparison, although HIV/AIDS infection in Geauga County grew 60 percent from 2007 to 2011, that county still has fewer than 20 cases total.
- HIV/AIDS incidence in 2012 occurred most frequently in the 20 to 24 year old age bracket, followed by the 25 to 29 year old bracket and the 30 to 34 year old bracket. **This could indicate a need for Planning Council to focus more on the young adult population, ages 20 through 34, for prevention and service provision in the coming years,** rather than the current age-related subpopulations of interest (Youth, age 13 to 24 and Aged, age 45 and over).
- Based on epidemiologic information about late testers, **efforts to identify people who are HIV positive/unaware in the Cleveland TGA should focus on Cuyahoga and Lorain counties.** Specifically, African Americans (non-Hispanic) in Cuyahoga, Whites (non-Hispanic) in Lorain, males who have sexual contact with males (MSM), and people in a wide age range (20-64 years old) are most likely to be HIV positive but unaware of their status.

## Out-of-Care Strategy

- We were only moderately successful in gathering data from PLWHA who are out of care. This population could be the focus of future, non-comprehensive needs assessments. **Going forward, it is recommended that Planning Council develop a short questionnaire of approximately 10 questions that can be administered to out of care people when they come into contact with the service network.** This continual data collection will enable a larger sample size and more information on a difficult-to-reach demographic.

## Effects of the Affordable Care Act

- The shift in insurance status among Ryan White Part A clients as a result of the Affordable Care Act (ACA) means that **the program will need to shift its resources toward services that are not covered by insurance but will complete the continuum of care for PLWHA.** Planning Council should investigate reallocating funds to core services such as dental care, mental health services, medical case management, and other eligible services.
- As more uninsured PLWHA gain coverage under Medicaid or through the Marketplace, it may become increasingly difficult for Planning Council to use the required 75 percent of funds on core medical services. The Health Resources and Services Administration (HRSA) has offered guidance on applying for a waiver of this requirement. **As things continue to change, this is something all Ryan White parts will have to monitor.**

## Leveraging Additional Resources

- Although few surveyed PLWHA use 211 to find available services, our research indicates that up-to-date information on a variety of services is found by calling 211 or using their online search function. **Ryan White may want to partner with United Ways and other 211 providers in the TGA to promote this community resource among consumers.**
- There are service providers within the community that determine eligibility based on criteria other than diagnosis. For example, veterans can receive a wide variety of medical and wrap-around services through Veterans Affairs (VA), and older adults can participate in programs provided by the Area Agencies on Aging. As PLWHA age, they become eligible for services, especially community transportation, on the basis of their age. **Ryan White could benefit from working with other portions of the health and social services community to connect PLWHA to additional opportunities to receive services.**

## Data-sharing and Collaboration

- Treatment cascades can be useful tools for planning and evaluating the effectiveness of services. Increased data-sharing among providers would allow a treatment cascade estimate reflecting the full population of PLWHA in the TGA, regardless of payer. This type of analysis will help Planning Council identify gaps in the continuum of care and recognize places where additional providers or funding would benefit the community. **We recommend that funders and providers strategically approach data collection and sharing to better facilitate this type of community-level picture of the TGA.**

# PROFILE AND GEOGRAPHIC DISTRIBUTION OF PEOPLE LIVING WITH HIV/AIDS

## Highlights

- The most current TGA-wide data on HIV/AIDS prevalence are available from ODH through the 2011 calendar year. According to these records, 4,247 people were living with HIV/AIDS in the six-county TGA, a rate of 196.3 PLWHA for every 100,000 people.
- When race is cross-tabulated with gender, African-American males bear the heaviest burden, making up 38 percent of PLWHA. They are followed by White males (31 percent), African-American females (15 percent), Hispanic males (6 percent), White females (five percent), and Hispanic females (3 percent). This distribution is mirrored in the race by gender distribution of HIV and AIDS prevalence.
- Sixty-seven percent of men with HIV/AIDS in the TGA are classified in the transmission category of male-to-male sexual contact. IDU, heterosexual contact, and male-to-male sexual contact and IDU are all far less common transmission categories (6 percent, 7 percent, and 5 percent, respectively) for the entire population of PLWHA in the TGA.
- For females, heterosexual contact led to transmission in 62 percent of HIV/AIDS cases, followed by 13 percent for IDU. One-quarter of females with HIV/AIDS have an “other/unknown” transmission categorization.
- Hispanics are disproportionately affected by IDU exposure.
- Cuyahoga County contains 3,742 PLWHA as of 2011, which is 88 percent of the HIV-positive population in the TGA. This is a rate of 295.8 PLWHA for every 100,000 people in the general population of Cuyahoga County.
- From 2007 to 2011, Ashtabula’s population of PLWHA grew 17 percent (eight cases), Geauga’s grew 60 percent (nine cases), and Lake’s grew 28 percent (28 cases).
- The most common exposure category among the 244 HIV/AIDS cases diagnosed in the Cleveland TGA in 2012 is male-to-male sex (MSM) only (52 percent). Heterosexual contact only accounts for 7 percent. IDU only is the exposure category for 2 percent, but almost 7 percent of cases report any kind of IDU exposure (including IDU only and IDU with sexual contact). The proportion of HIV/AIDS exposure due to IDU is expected to have grown in the TGA since 2012 due to the developing injection drug problem in the area. It is important to note that almost one-third of new HIV/AIDS cases have an other/unknown exposure category (79 cases). This impedes the ability of decision-makers to use exposure data to make targeted investments in outreach, prevention, and service delivery.

## Demographics of General TGA Population

The Cleveland TGA is made up of six counties in Northeast Ohio: Ashtabula, Cuyahoga, Geauga, Lake, Lorain, and Medina. Cuyahoga is the most heavily populated county and contains Cleveland. Ashtabula, Geauga, and Lake counties are to the east of Cuyahoga, and Lorain and Medina are to the west.

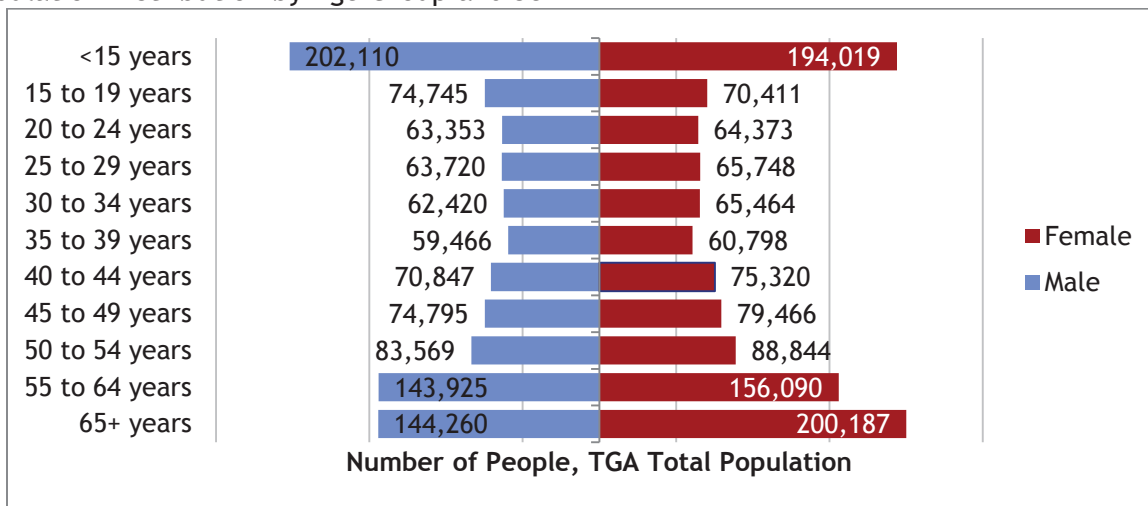
### Overall TGA Population

	Number	Percent
Ashtabula	100,389	4.6%
Cuyahoga	1,265,111	58.5%
Gauga	93,680	4.3%
Lake	229,582	10.6%
Lorain	301,478	13.9%
Medina	173,684	8.0%
<b>Total</b>	<b>2,163,924</b>	

Source: American Community Survey 2012 (1-year)

The population distribution of the TGA is divided roughly equally between males and females. An age pyramid reveals a fairly stable structure, although people over age 40 comprise over half the population.

### Population Distribution by Age Group and Sex



Source: American Community Survey 2012 (1-year)

All counties in the TGA are majority White. Cuyahoga County is most diverse, with over one-third of the total population identifying as African American or Hispanic. Lorain County has the highest proportion of Hispanics, although Cuyahoga County has a larger Hispanic population in absolute numbers.



### Number and Percent Distribution by Race/Ethnicity and County

	White alone (non-Hispanic)		African American alone (non-Hispanic)		Hispanic	
	No.	%	No.	%	No.	%
Ashtabula	90,718	90.4%	3,521	3.5%	3,538	3.5%
Cuyahoga	768,538	60.7%	374,819	29.6%	64,271	5.1%
Geauga	89,938	96.0%	1,387	1.5%	1,112	1.2%
Lake	207,202	90.3%	8,466	3.7%	8,345	3.6%
Lorain	240,852	79.9%	23,993	8.0%	26,154	8.7%
Medina	164,361	94.6%	3,009	1.7%	3,039	1.7%

Source: American Community Survey 2012 (1-year), Table DP05: Demographic and Housing Estimates

Geauga and Medina counties have the smallest amount of people in poverty in the TGA by both count and percentage of total population. Cuyahoga is home to the most people living below the poverty level in the TGA, and Ashtabula has the highest share of population with incomes below poverty level.

### Number and Percent Below Poverty Level by County

	No.	% of county population
Ashtabula	20,055	20.9%
Cuyahoga	230,246	18.6%
Geauga	7,699	8.3%
Lake	21,650	9.5%
Lorain	41,992	14.4%
Medina	13,245	7.7%

Source: American Community Survey 2012 (1-year), Table S1701: Poverty Status in the Past 12 Months

Over 80 percent of people in the TGA have graduated from high school. In Geauga, Lake, and Medina counties, more than 90 percent of residents have at least a high school diploma. Geauga also leads the TGA in percentage of residents with a bachelor's degree or higher, followed by Cuyahoga and Medina counties. Ashtabula County has the lowest educational attainment in the TGA by both measures.

## Educational Attainment by County (Percent)

	High school graduate or higher	Bachelor's or higher
Ashtabula	83.8%	12.8%
Cuyahoga	87.3%	29.9%
Geauga	93.3%	33.4%
Lake	90.9%	26.0%
Lorain	87.4%	22.2%
Medina	92.9%	29.8%

Source: American Community Survey 2012 (1-year), Table DP02 Selected Social Characteristics in the United States

## HIV/AIDS Prevalence Profile

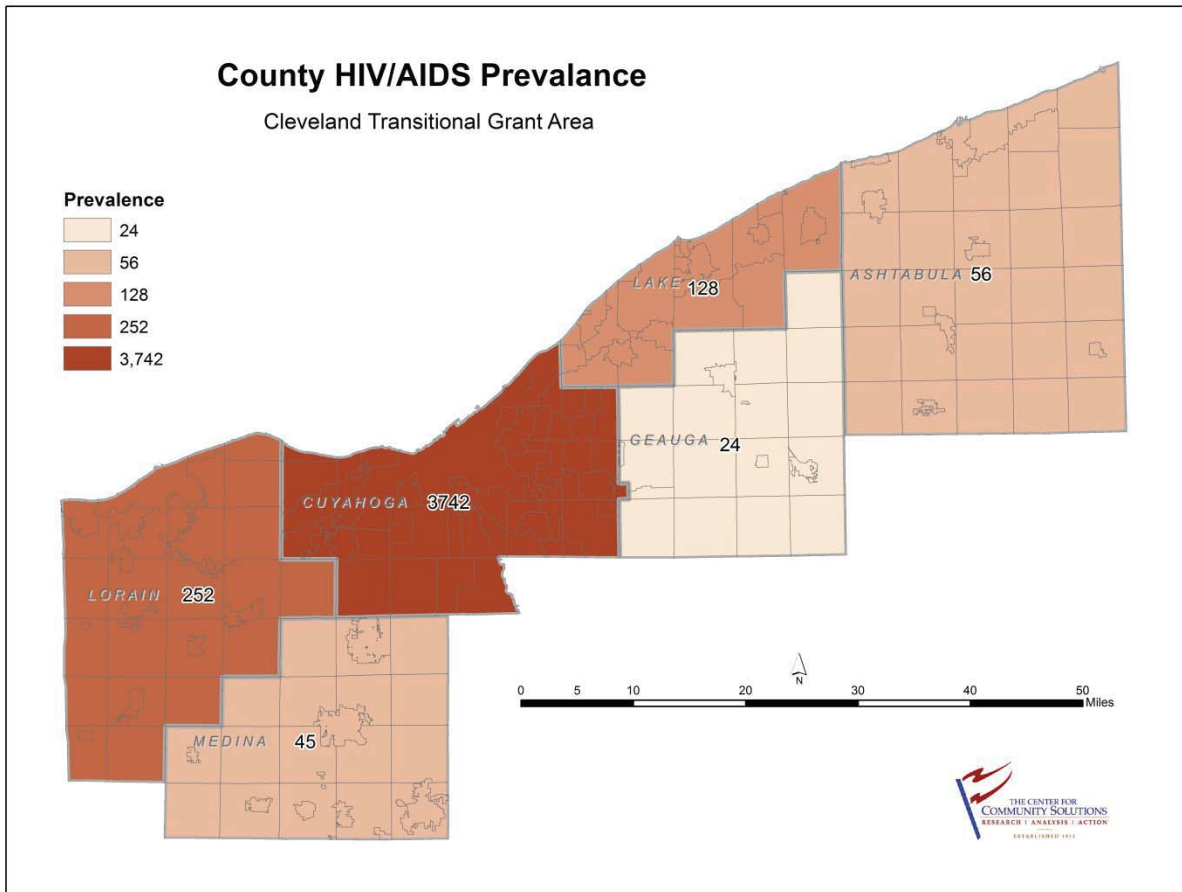
Prevalence is the total number of people who have been diagnosed with HIV/AIDS living in an area. The most current TGA-wide data on HIV/AIDS prevalence are available from ODH through the 2011 calendar year. One limitation to prevalence measures is that although death is accounted for, there is no mechanism to account for transience in the population. That is, changes in prevalence due to PLWHA who move into or out of the surveillance area are not captured.

According to ODH records, 4,247 people were living with HIV/AIDS in the six-county TGA, a rate of 196.3 PLWHA for every 100,000 people. Of these, 49 percent were living with HIV in 2011 and 51 percent were living with AIDS.<sup>3</sup> Seventy-seven percent of PLWHA in the Cleveland TGA are male and 23 percent are female. This sex ratio is more or less constant between the disease statuses of HIV and AIDS.

Cuyahoga County has the highest HIV/AIDS prevalence in the TGA, followed by Lorain County. Cuyahoga County is the only county in the TGA that has a larger share of PLWHA than its share of the general population.

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<sup>3</sup> In this report, when we talk about disease status we will use the term 'HIV' to represent HIV (not AIDS) and HIV/AIDS to represent the entire HIV-positive population, regardless of whether or not they have been diagnosed with AIDS.



#### Percent Share of PLWHA Versus General Population

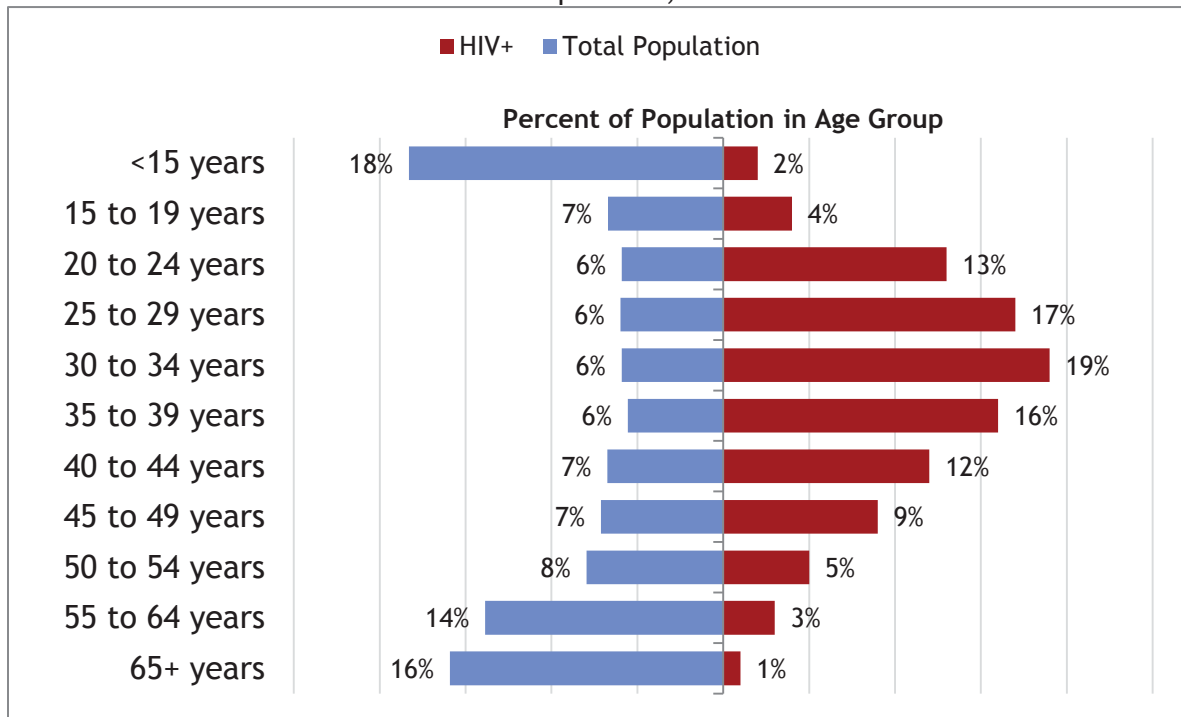
	General Population	HIV-Positive Population
Ashtabula	4.64%	1.32%
Cuyahoga	58.46%	88.11%
Gauga	4.33%	0.57%
Lake	10.61%	3.01%
Lorain	13.93%	5.93%
Medina	8.03%	1.06%

Source: American Community Survey; Ohio Department of Health

#### Age

The population of PLWHA has a very different age distribution from that of the general population of the TGA, which is dominated by people younger than 15 and older than 55. In comparison, the age distribution of HIV/AIDS prevalence in the Cleveland TGA is approximately bell-shaped, with the majority of people centered between 25 and 39 years old.

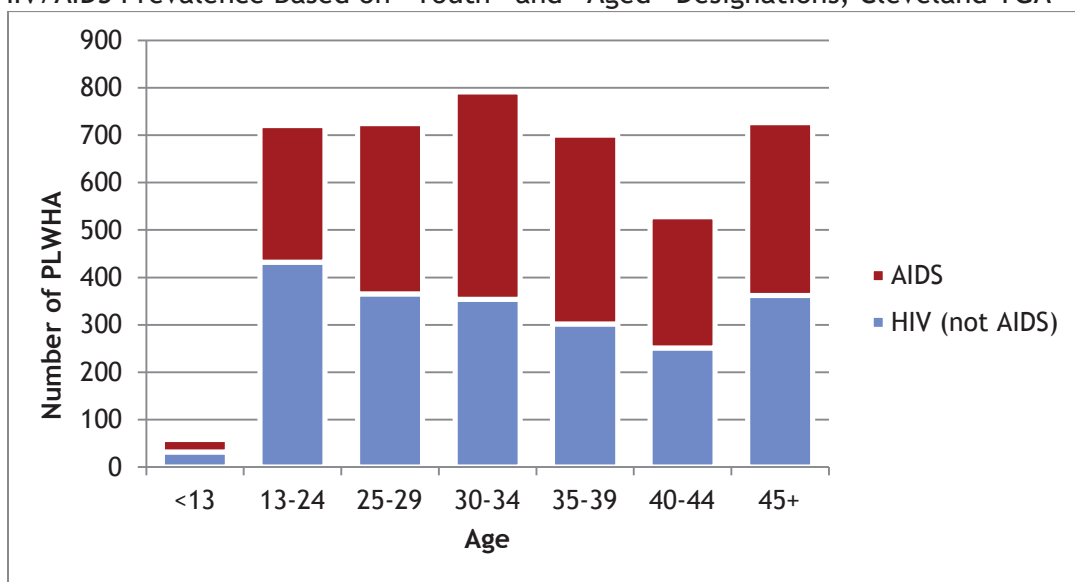
### Age Distribution of PLWHA Versus the General Population, Cleveland TGA



Source: American Community Survey, Ohio Department of Health

Planning Council identified two age-related PLWHA subpopulations of interest: youth (age 13 to 24) and aged (age 45 and older). When HIV/AIDS prevalence by age is graphed according to these groupings, the distribution evens out. However, it is important to note that the 13 to 24 age bracket encompasses 12 years and the 45+ age bracket encompasses over 20 years, while the age groupings in between span only five years each.

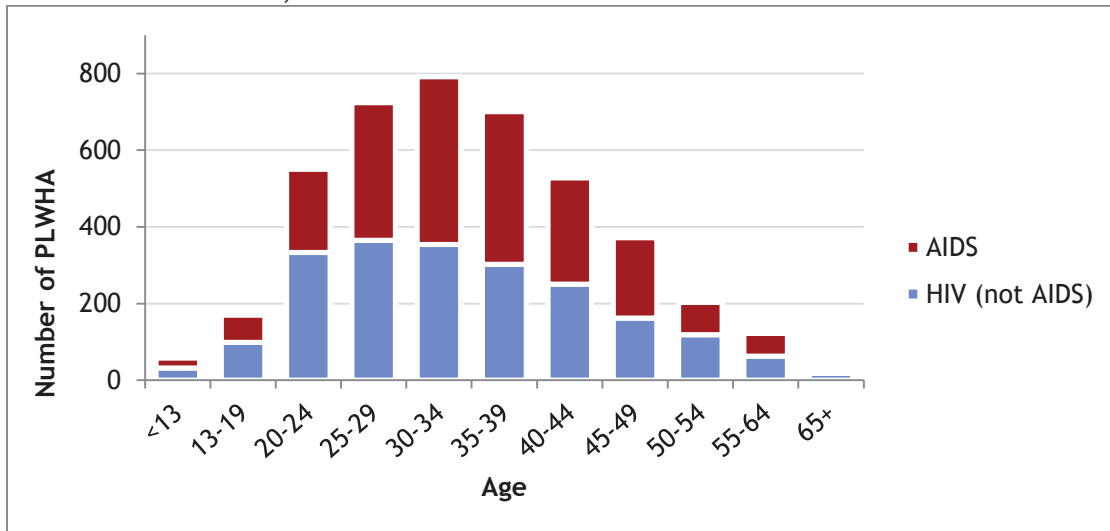
### 2011 HIV/AIDS Prevalence Based on “Youth” and “Aged” Designations, Cleveland TGA



Source: Ohio Department of Health

The distribution of disease status (HIV and AIDS) varies with age. More young PLWHA (0 to 24 years old) have HIV than AIDS. The 25 to 29 year old age group is split in half between the two disease statuses. From 30 years old to 49 years old, the majority of PLWHA in the TGA have AIDS. This distribution switches again from 50 years old to 65+, where the majority has HIV. The largest discrepancy in proportion is found in the 65+ age group, where 62 percent have HIV and 38 percent have AIDS. The majority-AIDS status distribution in 30 to 49 year olds could be caused by a combination of factors, including that these people could have lived with HIV long enough for it to develop into AIDS and that they may be less linked to care than other age groups.

2011 HIV/AIDS Prevalence, Cleveland TGA



Source: Ohio Department of Health

**Race/Ethnicity**

The majority of PLWHA in the TGA are African American, followed by Whites. Hispanics comprise less than 10 percent of PLWHA. Asian Americans and Native Americans each make up a negligible proportion of PLWHA. These distributions hold across both HIV and AIDS disease statuses.

Prevalence by Race/Ethnicity and Disease Status, Cleveland TGA

Race/Ethnicity	HIV/AIDS		HIV		AIDS	
	Count	Percent	Count	Percent	Count	Percent
White, not Hispanic	1,528	36%	747	36%	781	36%
African American, not Hispanic	2,238	53%	1,109	53%	1,129	53%
Hispanic/Latino	367	9%	165	8%	22	9%
Asian/Pacific Islander	15	<1%	11	1%	4	<1%
American Indian/Alaskan Native	4	<1%	2	<1%	2	<1%
Unknown	95	2%	64	3%	31	1%

Source: Ohio Department of Health

When race is cross-tabulated with gender, African-American males bear the heaviest burden. They are followed by White males, African-American females, Hispanic males, White females, and Hispanic females. This distribution is mirrored across disease status.

Prevalence by Race/Ethnicity and Sex and Disease Status, Cleveland TGA

Race/Ethnicity and Sex	HIV/AIDS		HIV		AIDS	
	Count	Percent	Count	Percent	Count	Percent
White, not Hispanic males	1,332	31%	640	31%	692	32%
White, not Hispanic females	196	5%	107	5%	89	4%
African American, not Hispanic males	1,622	38%	802	38%	820	38%
African American, not Hispanic females	616	15%	307	15%	309	14%
Hispanic males	245	6%	113	5%	132	6%
Hispanic females	122	3%	52	2%	70	3%
Unknown	95	2%	64	3%	31	1%

Source: Ohio Department of Health

### *Transmission/Exposure*

The ODH HIV/AIDS Surveillance Program provides data on transmission categories and exposure categories. While both areas address modes of HIV/AIDS infection, transmission categories are hierarchical groups developed by the CDC that classify people into a single category based on their highest risk. ODH provides data on transmission by sex for adults and adolescents, and for children who are less than 13 years old at diagnosis. Exposure categories are risk categories that represent all possible combinations of risk. This means that a person with multiple risks is categorized in the exposure category that encompasses all the ways the person may have acquired HIV/AIDS. ODH does not provide data on exposure by sex or age.

The majority of men with HIV/AIDS in the TGA are classified in the transmission category of male-to-male sexual contact. IDU, heterosexual contact, and male-to-male sexual contact and IDU are all far less common transmission categories. However, the category of other/unknown does include a significant number of cases.

Prevalence by Transmission Category and Disease Status for Male Adults and Adolescents, Cleveland TGA

Transmission Category	HIV/AIDS		HIV		AIDS	
	Count	Percent	Count	Percent	Count	Percent
Male-to-male sexual contact	2,173	67%	1,033	65%	1,140	69%
Injection drug use (IDU)	187	6%	68	4%	119	7%
Male-to-male sexual contact and IDU	152	5%	45	3%	107	6%
Heterosexual contact	236	7%	112	7%	124	7%
Other/unknown	510	16%	339	21%	171	10%
<b>Subtotal</b>	<b>3,258</b>		<b>1,597</b>		<b>1,661</b>	

Source: Ohio Department of Health

For females, heterosexual contact caused the majority of HIV/AIDS cases, followed by IDU. One-quarter of females with HIV/AIDS have an “other/unknown” transmission categorization.

Prevalence by Transmission Category and Disease Status for Female Adults and Adolescents, Cleveland TGA

Transmission Category	HIV/AIDS		HIV		AIDS	
	Count	Percent	Count	Percent	Count	Percent
Injection drug use (IDU)	120	13%	38	8%	82	18%
Heterosexual contact	576	62%	273	58%	303	66%
Other/unknown	233	25%	156	33%	77	17%
<b>Subtotal</b>	<b>929</b>		<b>467</b>		<b>462</b>	

Source: Ohio Department of Health

Sixty children in the TGA were younger than 13 years old when they were diagnosed with HIV/AIDS. Eighty-five percent of them had perinatal transmission, while 15 percent are other/unknown.

An examination of exposure categories, which are not divided by gender, reveals that 48 percent of all PLWHA in the Cleveland TGA were exposed to HIV/AIDS through MSM. This is followed by heterosexual contact at 19 percent and unknown/other at 18 percent. A little more than 7 percent of all HIV/AIDS exposure is related to IDU.

Data on transmission by race reveals that across males of all races, male-to-male sexual contact is the primary mode of HIV/AIDS transmission. There is a larger share of Hispanic males with HIV/AIDS attributable to IDU than males in other races. Among men with HIV/AIDS, African Americans and Hispanics have a larger share of transmission through heterosexual contact.

HIV/AIDS Prevalence by Transmission Category and Race/Ethnicity for Male Adults and Adolescents, Cleveland TGA

Transmission Category	White, not Hispanic		African American		Hispanic	
	Count	Percent	Count	Percent	Count	Percent
Male-to-male sexual contact	1,022	77%	1,007	63%	104	44%
Injection drug use (IDU)	43	3%	84	5%	58	24%
Male-to-male sexual contact and IDU	71	5%	65	4%	13	5%
Heterosexual contact	45	3%	157	10%	28	12%
Other/unknown	146	11%	290	18%	36	15%
<b>Subtotal</b>	<b>1,327</b>		<b>1,603</b>		<b>239</b>	

Source: Ohio Department of Health

The majority of females across racial and ethnic groups have an HIV/AIDS transmission mode of heterosexual contact. In females, Hispanics again have a larger share of transmission via IDU.

Prevalence by Transmission Category and Race/Ethnicity for Female Adults and Adolescents, Cleveland TGA

Transmission Category	White, not Hispanic		African American		Hispanic	
	Count	Percent	Count	Percent	Count	Percent
Injection drug use (IDU)	27	14%	67	11%	25	21%
Heterosexual contact	123	64%	373	63%	70	59%
Other/unknown	42	22%	154	26%	23	19%
<b>Subtotal</b>	<b>192</b>		<b>594</b>		<b>118</b>	

Source: Ohio Department of Health

Data on exposure by race shows that MSM is the predominant mode of exposure for Whites and African Americans. The predominant mode of exposure for Hispanics is heterosexual contact. HIV/AIDS exposure in Hispanics due to IDU only is proportionally larger than it is for other racial groups. When all IDU-related exposure categories are taken into account, 26.2 percent of HIV/AIDS exposure in Hispanics is linked to IDU, compared to 9.2 percent in Whites and 9.7 percent in African Americans. Over 21 percent of all IDU-related cases of HIV/AIDS exposure occurred in Hispanics, which make up 9 percent of the TGA's population of PLWHA. Compared to Whites, which are 36 percent of the population of PLWHA and comprise 31 percent of IDU-related HIV/AIDS exposures and African-Americans, which are 53 percent of the TGA's PLWHA population and comprise 48 percent of IDU-related exposures, Hispanics are disproportionately affected by IDU exposure.



### HIV/AIDS Prevalence by Exposure Category and Race/Ethnicity, Cleveland TGA

Exposure Category	White, not Hispanic		African American		Hispanic	
	Count	Percent	Count	Percent	Count	Percent
Male-to-male sexual contact (MSM) only	993	65%	923	41%	97	26%
Injection drug use (IDU) only	36	2%	63	3%	44	12%
Heterosexual contact only	168	11%	530	24%	98	27%
MSM & IDU	61	4%	46	2%	10	3%
IDU & heterosexual contact	34	2%	88	4%	39	11%
MSM & heterosexual contact	29	2%	84	4%	7	2%
MSM & IDU & heterosexual contact	10	1%	19	1%	3	1%
Perinatal exposure	5	0%	37	2%	10	3%
Other/unknown	192	13%	448	20%	59	16%
<b>Subtotal</b>	<b>1,528</b>		<b>2,238</b>		<b>367</b>	

Source: Ohio Department of Health

#### *Geographic Stratification*

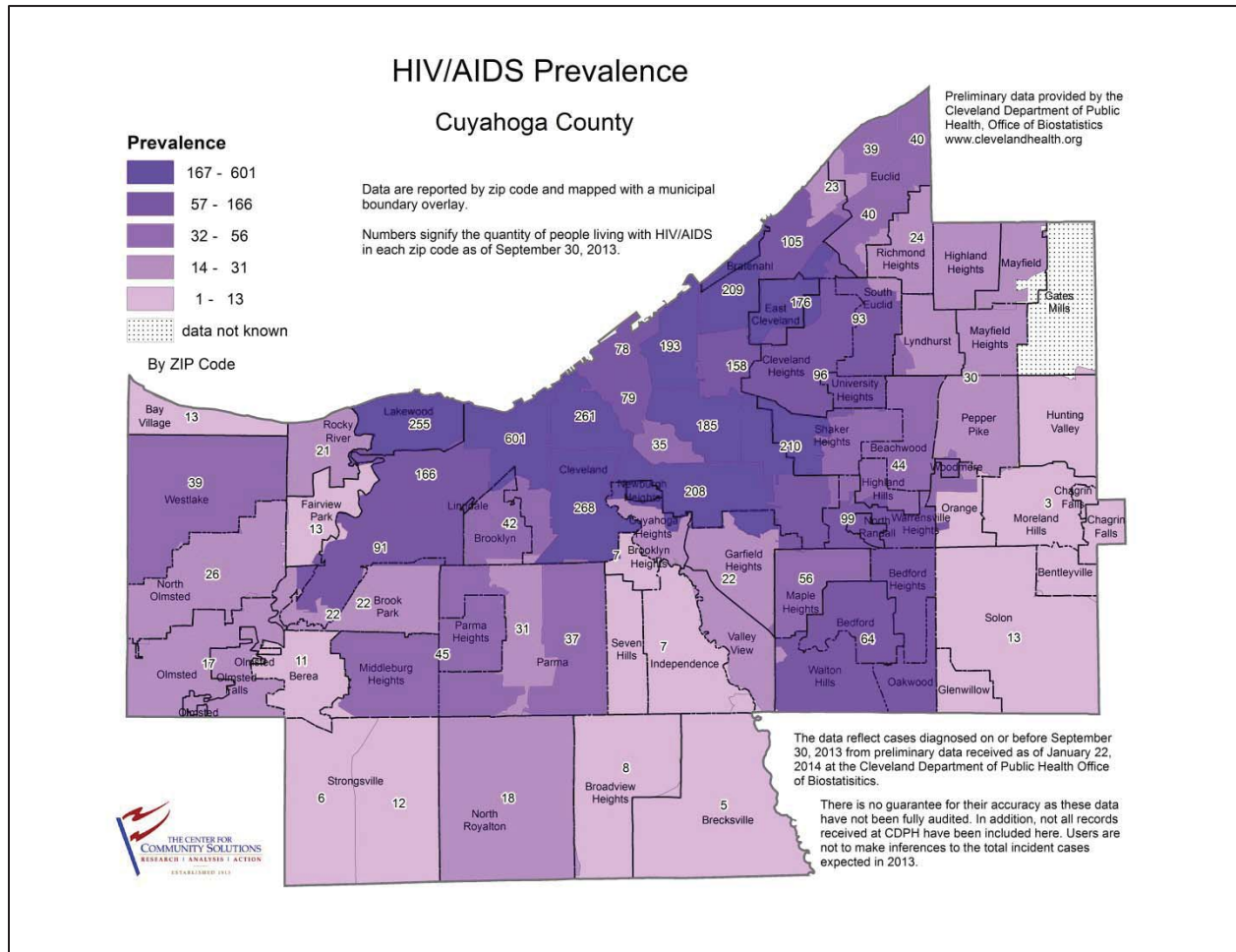
Six counties comprise the Cleveland TGA: Ashtabula, Cuyahoga, Geauga, Lake, Lorain, and Medina. These counties are grouped into three regions: Western (Lorain and Medina), Central (Cuyahoga), and Eastern (Ashtabula, Geauga, and Lake).

The **Western region** contains 297 PLWHA as of 2011, which is 7 percent of the HIV-positive population in the TGA (252 people in Lorain and 45 people in Medina). This is a rate of 83.6 PLWHA for every 100,000 people in the general population of Lorain County and 25.9 PLWHA for every 100,000 people in the general population of Medina County. The population of PLWHA in Lorain is slightly more female than the TGA in general (27 percent compared to 23 percent), while the population of PLWHA in Medina is more heavily male (89 percent compared to 77 percent). PLWHA in Medina are heavily White (93 percent), mirroring the overall demographics of the county, while about half of the PLWHA in Lorain are White, one-quarter are African American, and one-quarter are Hispanic. From 2007 to 2011, Lorain's population of PLWHA grew by 27 percent (54 cases) and Medina's grew by 25 percent (nine cases).

In Lorain County, male-to-male sexual contact led to HIV/AIDS transmission in more White males (66 percent) than African-American males (54 percent) or Hispanic males (53 percent). Conversely, a larger percentage of African-American males (15 percent) and Hispanic males (11 percent) have a transmission category of IDU than do White males (6 percent). Additionally, more Hispanic men living with HIV/AIDS are in the transmission category of heterosexual contact (five cases) than African-American men (one case) or White men (two cases). For females, Lorain County has no record of transmission to an African-American female via IDU.

The **Central region** contains 3,742 PLWHA as of 2011, which is 88 percent of the HIV-positive population in the TGA. This is a rate of 295.8 PLWHA for every 100,000 people in the general population of Cuyahoga County. PLWHA in the Central region are evenly divided between HIV and AIDS disease status. The characteristics of PLWHA in the Central region track closely with the characteristics of PLWHA in the TGA as a whole, except that there is a slightly higher percentage of African-American PLWHA and a slightly lower percentage of White PLWHA. The Central region has a higher percentage of females who contracted HIV/AIDS from IDU (18 percent) than the TGA. From 2007 to 2011, Cuyahoga County's population of PLWHA grew 26 percent (768 cases).

Additional HIV/AIDS prevalence data for Cuyahoga County is available from CDPH at a zip code level. Zip codes within Cleveland, Lakewood, and East Cleveland have the highest concentrations of PLWHA.



The **Eastern region** contains 208 PLWHA as of 2011, which is 5 percent of the HIV-positive population in the TGA (56 people in Ashtabula, 24 people in Geauga, and 128 people in Lake). This is a rate of 55.8 PLWHA for every 100,000 people in the general population of Ashtabula and Lake Counties. Geauga County has a lower rate at 25.6 PLWHA for every 100,000 people in

the general population. The sex ratio of PLWHA in Lake County (80 percent males, 20 percent females) is similar to that of the TGA. PLWHA in Geauga are more heavily male (88 percent), while PLWHA in Ashtabula are more female (39 percent) than TGA-wide. The racial/ethnic composition of PLWHA in the Eastern region varies from TGA-wide, and from county to county within the region. Almost all PLWHA living in Geauga are White, and Ashtabula has a high percentage of Hispanic PLWHA.

#### HIV/AIDS Prevalence by County and Race/Ethnicity, Cleveland TGA

	TGA		Ashtabula		Gauga		Lake	
	Count	%	Count	%	Count	%	Count	%
<b>White, not Hispanic</b>	1,528	36%	34	61%	23	96%	92	72%
<b>African American, not Hispanic</b>	2,238	53%	12	21%	0	0%	23	18%
<b>Hispanic</b>	367	9%	10	18%	1	4%	5	4%
<b>Unknown</b>	95	5%						

Source: Ohio Department of Health

Ashtabula has a notably larger proportion of males (21 percent) and females (80 percent) classified under the transmission category of heterosexual contact. Geauga has a higher than average proportion of HIV/AIDS transmission via male-to-male sexual contact (86 percent). Two of Geauga's three cases of HIV/AIDS in females are of other/unknown transmission. Lake County's male transmission category proportions track closely with those of the TGA. In terms of transmission in female cases, Lake County has no documented IDU transmission, but does have an other/unknown percentage of almost half (42 percent). From 2007 to 2011, Ashtabula's population of PLWHA grew 17 percent (eight cases), Geauga's grew 60 percent (nine cases), and Lake's grew 28 percent (28 cases).

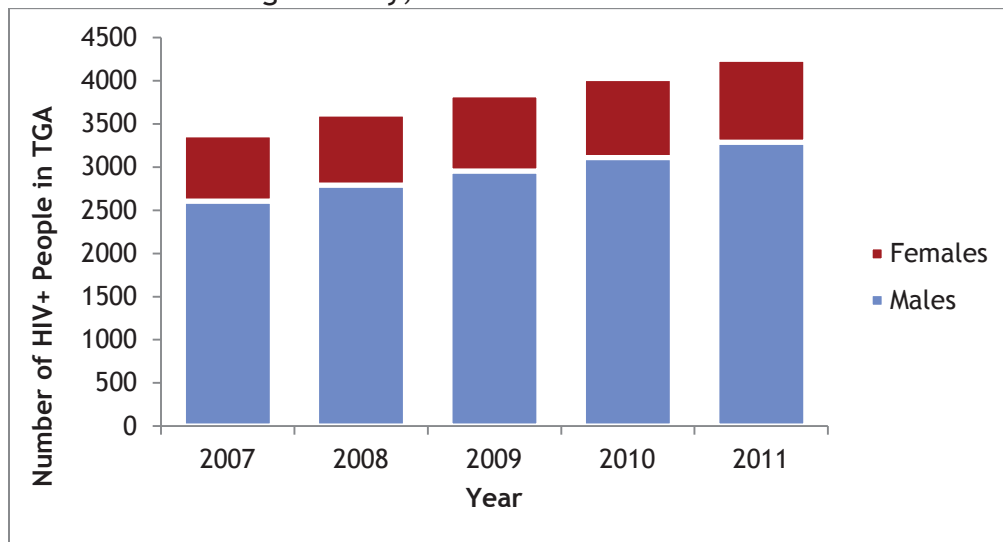
#### *Unmet Need*

The Cleveland TGA grantee estimates that approximately 53 percent of aware PLWHA did not receive HIV primary medical care in 2012, qualifying as PLWHA with unmet need. This percentage is substantially higher than in previous years (34 percent in 2011 and 33 percent in 2010). The grantee believes that the 2012 estimate of unmet need is higher than reality due to data-sharing issues with ODH HIV/AIDS Surveillance.

#### **Prevalence Trends**

In the Cleveland TGA from 2007 to 2011, HIV/AIDS prevalence rose steadily by 5 to 7 percent each year (189 to 242 cases per year) for a combined 26 percent increase over this period. The proportion of HIV-positive males and females stayed constant over this time at 77 percent male to 23 percent female. If we extrapolate this prevalence trend by assuming a 6 percent per year increase from 2011 to present, at the end of 2013 the TGA had an estimated 4,772 PLWHA within its jurisdiction.

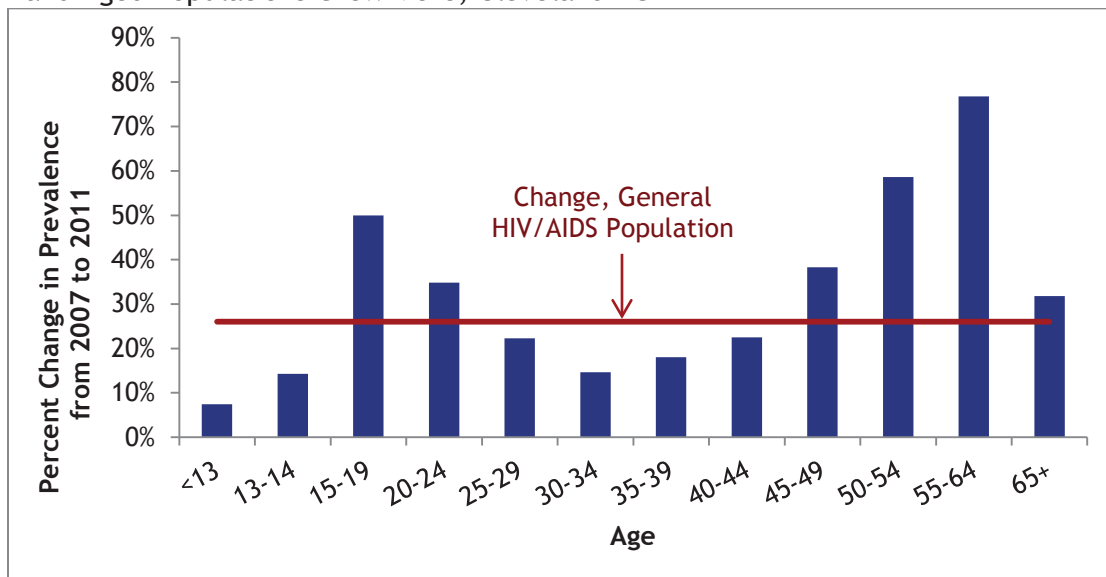
## HIV/AIDS Prevalence Rising Steadily, Cleveland TGA



Source: Ohio Department of Health

Aside from gender, there have been slight shifts in the composition of the HIV-positive population from 2007 to 2011. Over this time period, the percentage of PLWHA who were 15 to 24 years old and the percentage who were 45 to 64 years old grew at a faster rate than the general growth of the population of PLWHA (represented by the red line), while the percentage of PLWHA under 15 and from 25 to 44 decreased, or grew at a slower rate than the general growth of the population of PLWHA. While the fastest growing age group was aged 55 to 64, total cases in this age group are still less than 5 percent of the total population of PLWHA.

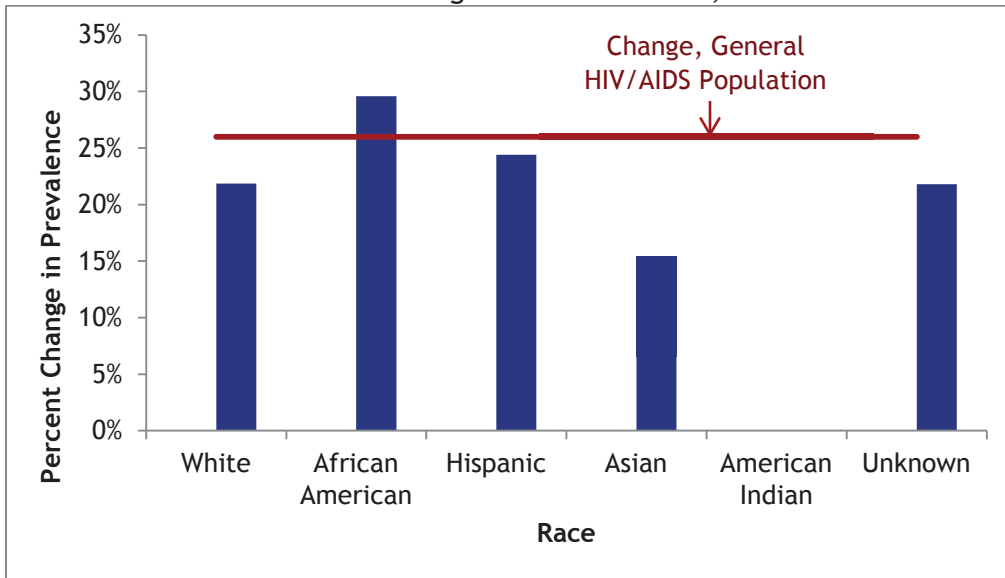
## Youth and Aged Populations Grew More, Cleveland TGA



Source: CCS calculations based on data from Ohio Department of Health

Similarly, prevalence among African Americans grew faster than the general population growth of PLWHA over this five year period.

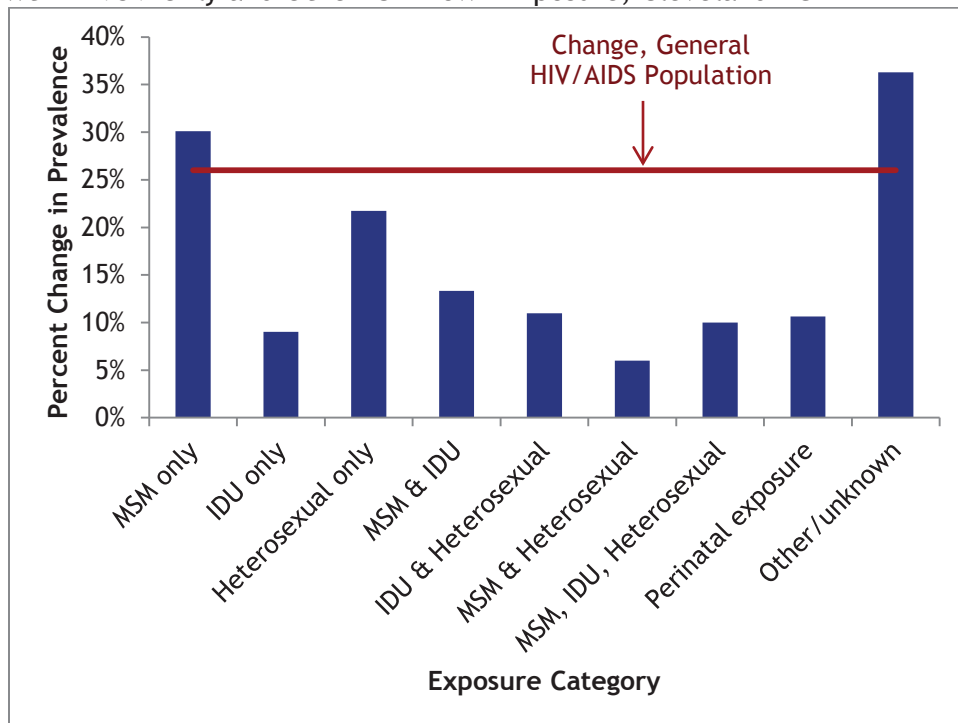
**Slightly Faster Growth in Prevalence Among African Americans, Cleveland TGA**



Source: CCS calculations based on data from Ohio Department of Health

Exposure trends show that MSM only and Other/Unknown categories had the highest percentage change from 2007 to 2011.

**Faster Growth in MSM Only and Other/Unknown Exposure, Cleveland TGA**



Source: CCS calculations based on data from Ohio Department of Health

These categories (youth, aged, African American, and MSM) are meaningful because they form a profile of the types of PLWHA that are growing most rapidly in the region.

## **STD Surveillance**

Information on other sexually transmitted diseases (STDs) is important to consider when examining HIV/AIDS. Increases in STD rates can indicate a decrease in safe sex practices, which are essential to preventing HIV/AIDS transmission. Additionally, studies show that people are more likely to contract HIV/AIDS if they have a co-infection with another STD.

### *Syphilis*

Syphilis information is available for Cuyahoga County from CDPH. In 2012, syphilis cases showed a continued downward trend to 126 cases after peaking at 161 cases in 2010. However, co-infection of syphilis and HIV/AIDS is a growing concern in this area, as more than 58 percent of people diagnosed with primary and secondary syphilis in 2012 were also HIV positive. This is an increase from 48 percent in 2010 and 45 percent in 2011. The co-infection relationship is especially strong among males who have sex with males—71 percent of men who contracted syphilis via MSM were also HIV positive. This co-infection pattern does not extend to females; none of the females diagnosed with syphilis was HIV positive.

### *Chlamydia and Gonorrhea*

Chlamydia and gonorrhea information is also available for Cuyahoga County via CDPH. Chlamydia prevalence decreased very slightly in 2012 to 10,256 cases in Cuyahoga County. This is down almost half a percent from 10,304 cases in 2011, when Chlamydia prevalence peaked in the county. The rate per 100,000 residents also decreased 0.3 percent to 802.6 people per 100,000 general population from its peak of 804.9 people per 100,000 general population in 2011. Almost three-quarters of Chlamydia cases occurred in teens and young adults.

Gonorrhea prevalence continued to increase in Cuyahoga County, as it has since 2008. Cuyahoga County had 3,716 cases of gonorrhea in 2012, up more than 6.5 percent from 2011. However, gonorrhea cases have not climbed to their peak of 4,674 in 2006. The rate of gonorrhea infection per 100,000 people increased by almost 7 percent in 2012 to just short of 290 people per 100,000 general population. Unfortunately, co-infection information regarding HIV/AIDS is not available.

## **Tuberculosis Surveillance**

Tuberculosis (TB) is a concern for PLWHA because there are serious health risks stemming from co-infection with HIV/AIDS. In 2012, there were a total of 36 diagnosed cases of TB in the Cleveland TGA. The majority of these (81 percent) were located in Cuyahoga County.

## Number of Tuberculosis Cases by County

County	Number of TB cases (2012)
Ashtabula	1
Cuyahoga	29
Geauga	0
Lake	0
Lorain	5
Medina	1
Overall TGA	36

Source: Ohio Department of Health

Limited characteristics are available about the cases within Cuyahoga. Sixty-nine percent of the TB cases occurred in males, and 52 percent occurred in African Americans. Ten percent of the TB cases in Cuyahoga County in 2012 were in Hispanic people.

### TGA-Wide Incidence Profile

Incidence is the number of people diagnosed with HIV/AIDS in a specific time frame. This is different from prevalence—HIV/AIDS prevalence is the sum of HIV/AIDS incidence each year since the beginning of the epidemic, adjusted for deaths.

In the Cleveland TGA in 2012, 244 new cases of HIV/AIDS were diagnosed. This is a rate of 11.3 people with a reported diagnosis of HIV/AIDS infection per 100,000 people living in the TGA. The majority of these cases (79 percent) were initially diagnosed with HIV. Fourteen percent of new cases were initially diagnosed with HIV and received an AIDS diagnosis within 12 months, and 6.5 percent were given concurrent diagnoses of HIV and AIDS. These are considered “late testers.”

#### *Sex*

Eighty-two percent of new HIV/AIDS diagnoses occurred in men, compared to 18 percent in women. This sex distribution has not changed substantially since 2010, when the proportion of HIV/AIDS incidence shifted from approximately 75 percent men, 25 percent women to 80 percent men, 20 percent women. However, it is important to note the sex distribution of disease status at initial diagnosis: the proportion of women grows as the disease status at diagnosis becomes more serious. The percentage of women receiving an initial diagnosis of AIDS is almost double the percentage of women receiving an initial diagnosis of HIV only. This indicates that there may be some disparity that disproportionately causes women to be late testers.

Disease Status at Initial Diagnosis by Sex, Cleveland TGA

Sex	HIV (not AIDS)		HIV & later AIDS (within 12 months of diagnosis)		AIDS	
	Number	Percent	Number	Percent	Number	Percent
Male	163	84%	27	79%	11	69%
Female	30	16%	7	21%	5	31%

Source: Ohio Department of Health

*Race*

African Americans received the majority of HIV-positive diagnoses delivered in 2012, followed by Whites and Hispanics.

HIV/AIDS Incidence by Race/Ethnicity, Cleveland TGA

Race/Ethnicity	HIV/AIDS	
	Count	Percent
White, not Hispanic	71	29%
African American, not Hispanic	141	58%
Hispanic/Latino	24	10%
Asian/Pacific Islander	1	<1%
American Indian/Alaskan Native	-	-
Unknown	7	3%

Source: Ohio Department of Health

When race/ethnicity is cross-tabulated with sex, data reveal that African-American men account for the largest group of HIV/AIDS diagnoses, followed by White males and Hispanic males. African Americans also account for the largest group of HIV/AIDS diagnoses in females, compared to smaller proportions for White females and Hispanic females. Other racial groups have negligible HIV/AIDS incidence in 2012, although seven cases are categorized as unknown.

HIV/AIDS Incidence by Race/Ethnicity and Sex, Cleveland TGA

Race/Ethnicity and Sex	HIV/AIDS	
	Count	Percent
White, not Hispanic males	65	27%
White, not Hispanic females	6	2%
African American, not Hispanic males	108	44%
African American, not Hispanic females	33	14%
Hispanic males	21	9%
Hispanic females	3	1%
Unknown	7	3%

Source: Ohio Department of Health

*Age*

HIV/AIDS incidence in 2012 occurred most frequently in the 20 to 24 year old age bracket (21 percent), followed by the 25 to 29 year old bracket (15 percent) and the 30 to 34 year old bracket (13 percent). This could indicate a need for Planning Council to focus more on the young adult population (aged 20 through 34) for prevention and service provision in the coming years,



rather than the current age-related subpopulations of interest (youth, age 13 to 24 and aged, age 45+). Data on HIV/AIDS incidence by age group and sex is not provided by the ODH HIV/AIDS Surveillance Program.

### *Exposure Categories*

The most common exposure category among HIV/AIDS cases diagnosed in the Cleveland TGA in 2012 is MSM only. Heterosexual contact only is the next most common category. IDU only is the exposure category for just five cases, but 16 cases report any kind of IDU exposure (including IDU only and IDU with sexual contact). The proportion of HIV/AIDS exposure due to IDU is expected to have grown in the TGA since 2012 due to the developing injection drug problem in the area. Finally, it is important to note that almost one-third of new HIV/AIDS cases have an other/unknown exposure category.

### HIV/AIDS Incidence by Exposure Category, Cleveland TGA

Exposure Category	Incidence	
	Count	Percent
Male-to-male sexual contact (MSM) only	128	52%
Injection drug use (IDU) only	5	2%
Heterosexual contact only	17	7%
MSM & IDU	6	2%
IDU & heterosexual contact	1	<1%
MSM & heterosexual contact	3	1%
MSM & IDU & heterosexual contact	4	2%
Perinatal exposure	1	<1%
Other/unknown	79	32%
<b>Subtotal</b>	<b>244</b>	

Source: Ohio Department of Health

When considering HIV/AIDS exposure by race, MSM only exposure accounts for the majority of new HIV/AIDS cases across all races. The share of Hispanic incidence attributable to MSM exposure is higher than that of other groups. IDU only exposure also hits the Hispanic population especially hard, accounting for 13 percent of new cases. Heterosexual contact only leads to a larger incidence in African Americans than in other racial/ethnic groups. Again, the other/unknown exposure category includes a notable amount of cases.

### HIV/AIDS Incidence by Exposure Category and Race/Ethnicity, Cleveland TGA

Exposure Category	White, not Hispanic		African American		Hispanic	
	Count	Percent	Count	Percent	Count	Percent
Male-to-male sexual contact (MSM) only	38	54%	71	50%	15	63%
Injection drug use (IDU) only	1	1%	1	1%	3	13%
Heterosexual contact only	3	4%	12	9%	1	4%
MSM & IDU	2	3%	4	3%	-	-

Exposure Category	White, not Hispanic		African American		Hispanic	
	Count	Percent	Count	Percent	Count	Percent
IDU & heterosexual contact	-	-	1	1%	-	-
MSM & IDU & heterosexual contact	2	3%	1	1%	1	4%
Perinatal exposure	-	-	1	1%	-	-
Other/unknown	24	34%	49	35%	4	17%
<b>Subtotal</b>	<b>71</b>		<b>141</b>		<b>24</b>	

Source: Ohio Department of Health

### *Transmission Categories*

Male-to-male sexual contact comprises the majority of HIV/AIDS transmissions diagnosed in males in 2012. Although concern is growing around increased rates of IDU in the area, in 2012, IDU transmission alone accounted for only 2 percent of male diagnoses, while IDU plus male-to-male sexual contact accounted for 5 percent of diagnoses. Heterosexual contact is responsible for 2 percent of newly-diagnosed male cases. However, a significant proportion of new male cases have a transmission risk of other/unknown.

### HIV/AIDS Incidence by Transmission Category for Male Adults and Adolescents, Cleveland TGA

Transmission Category	Incidence	
	Count	Percent
Male-to-male sexual contact	131	65%
Injection drug use (IDU)	4	2%
Male-to-male sexual contact and IDU	10	5%
Heterosexual contact	5	2%
Other/unknown	51	25%
<b>Subtotal</b>	<b>201</b>	

Source: Ohio Department of Health

Fully two-thirds of newly-diagnosed HIV/AIDS cases in females are classified in the transmission category of other/unknown. This large proportion of missing data can make it difficult for the female transmission profile to inform Planning Council decisions. However, it is known that heterosexual contact accounts for transmission in 12 cases, followed by IDU in two cases.

### HIV/AIDS Incidence by Transmission Category and Disease Status for Female Adults and Adolescents, Cleveland TGA

Transmission Category	Incidence	
	Count	Percent
Injection drug use (IDU)	2	5%
Heterosexual contact	12	29%
Other/unknown	27	66%
<b>Subtotal</b>	<b>41</b>	

Source: Ohio Department of Health

As with exposure categories, male-to-male sexual contact is the most common mode of transmission for males, regardless of race. IDU caused 10 percent of HIV/AIDS transmission in Hispanic males, which is a much higher proportion than for males of other races. Heterosexual contact accounts for 4 percent of incidence in African-American males, compared to 2 percent in White males.

HIV/AIDS Incidence by Transmission Category and Race/Ethnicity for Male Adults and Adolescents, Cleveland TGA

Transmission Category	White, not Hispanic		African American		Hispanic	
	Count	Percent	Count	Percent	Count	Percent
Male-to-male sexual contact	39	60%	72	67%	15	71%
Injection drug use (IDU)	1	2%	1	1%	2	10%
Male-to-male sexual contact and IDU	4	6%	5	5%	1	5%
Heterosexual contact	1	2%	4	4%	-	-
Other/unknown	20	31%	26	24%	3	14%
<b>Subtotal</b>	<b>65</b>		<b>108</b>		<b>21</b>	

Source: Ohio Department of Health

Lack of data for females makes it difficult to discern patterns in transmission. Heterosexual contact is the predominant known mode of transmission for White women and African-American women. Of the two Hispanic women for which there is a known transmission mode, one is via heterosexual contact and one is via IDU.

HIV/AIDS Incidence by Transmission Category and Race/Ethnicity for Female Adults and Adolescents, Cleveland TGA

Transmission Category	White, not Hispanic		African American		Hispanic	
	Count	Percent	Count	Percent	Count	Percent
Injection drug use (IDU)	-	-	1	3%	1	33%
Heterosexual contact	2	33%	8	26%	1	33%
Other/unknown	4	67%	22	71%	1	33%
<b>Subtotal</b>	<b>6</b>		<b>31</b>		<b>3</b>	

Source: Ohio Department of Health

### *Geographic Stratification*

Of the six counties that comprise the Cleveland TGA, only Cuyahoga County and Lorain County have a large enough population of PLWHA to have county-level incidence reports. Eighty-six percent of newly-diagnosed HIV/AIDS cases in 2012 corresponded to people living in Cuyahoga County, while almost 8 percent corresponded to people living in Lorain County. Cuyahoga County has a much higher rate of HIV/AIDS incidence (16.6 HIV diagnoses per

100,000 people) than Lorain County (6.3 HIV diagnoses per 100,000 people) or the TGA as a whole (11.3 HIV diagnoses per 100,000 people).

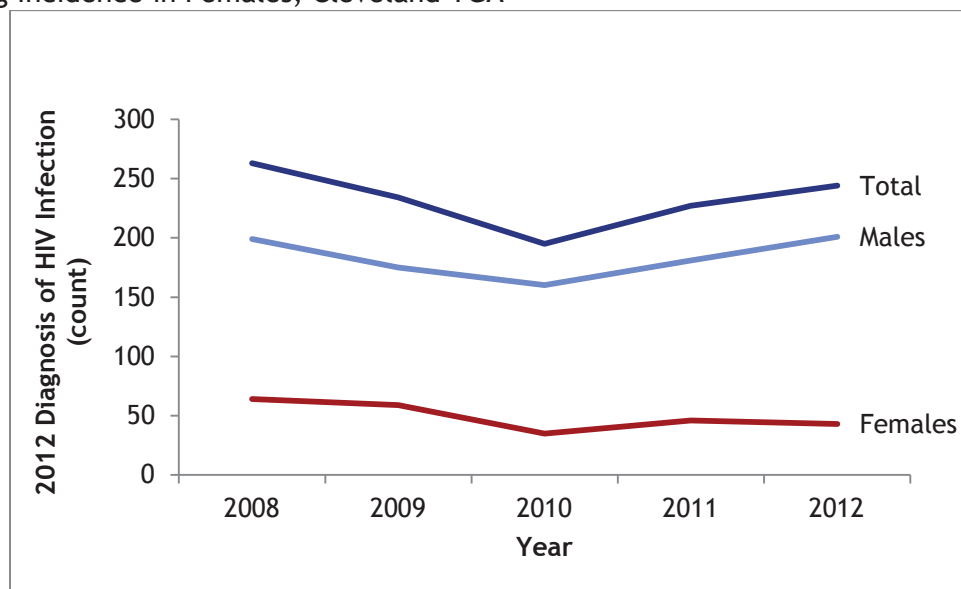
In general, Cuyahoga mirrors the incidence patterns described above since it encompasses such a large proportion of newly-diagnosed HIV/AIDS cases in the TGA. Lorain County does diverge from the TGA incidence profile in a few key ways. The majority of newly-diagnosed HIV/AIDS cases in Lorain were in White people (58 percent), consistent with their population of PLWHA. The proportion of incidence in Hispanics is about equal to that in Cuyahoga County and the TGA. Similarly, when looking at incidence by race and sex, the highest ranking group in Lorain County is White males (53 percent). The proportions for females of all races/ethnicities and Hispanics of both sexes is approximately consistent across Lorain County, Cuyahoga County, and the complete TGA.

Transmission and exposure data in Lorain County relay little useful data due to the large percentage categorized as other/unknown. Seventy-three percent of males are listed under male-to-male sexual contact for the mode of transmission, while 27 percent are other/unknown. All cases of female incidence in Lorain are of other/unknown transmission. In the exposure data, 58 percent of cases are attributed to MSM exposure while 42 percent have an other/unknown exposure. There is no evidence in this surveillance data to suggest that HIV/AIDS transmission via IDU is present or growing in Lorain County.

### *Trends*

HIV/AIDS incidence across the TGA experienced a decreasing trend from 2008 to 2010, but has increased again in 2011 and 2012. This increase is mainly due to growing incidence in males, as incidence in females has leveled out since 2010, and in 2012 decreased by 7 percent from 2011 numbers.

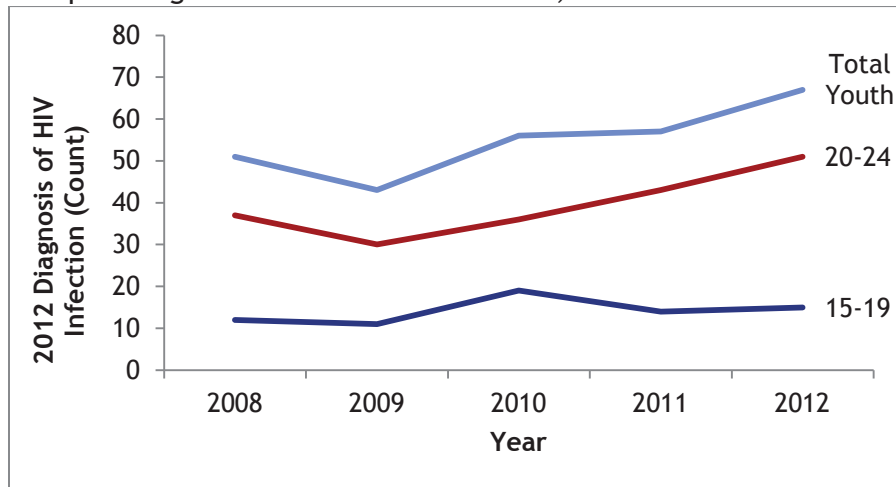
### Plateauing Incidence in Females, Cleveland TGA



Source: Ohio Department of Health

Incidence across age groups has experienced a shift since 2008. The Cleveland TGA Planning Council has identified youth (age 13 to 24) as a severe need subpopulation. As the graph below illustrates, incidence in the 20 to 24 year old age group has grown by 19 percent in the last year, while the 15 to 19 year old age group has increased by 7 percent after a decrease from 2010 to 2011. Only one person in the 13 to 14 year old age group has been diagnosed with HIV/AIDS in the last five years.

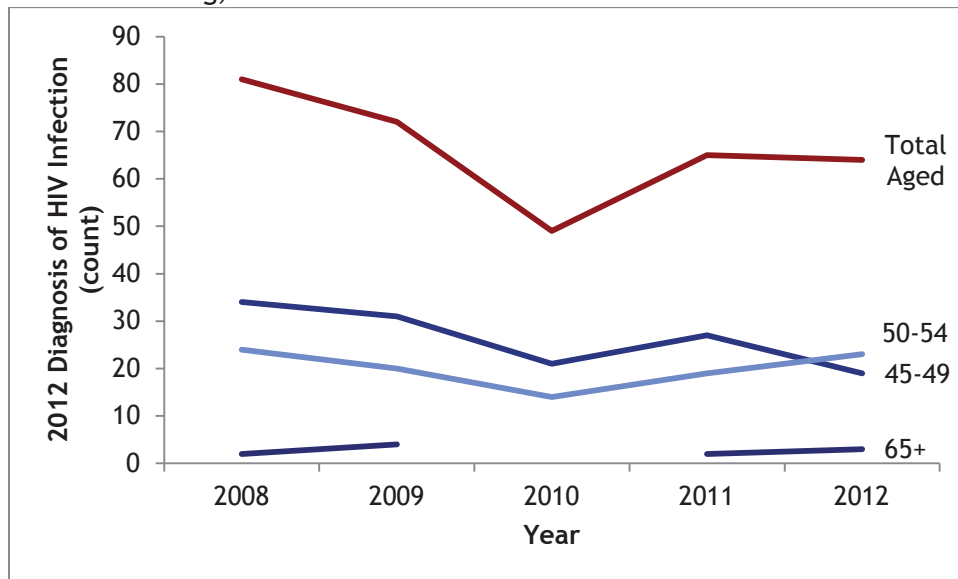
Age 20 to 24 Group Driving Increase in Youth Incidence, Cleveland TGA



Source: Ohio Department of Health

Aged (45+) is also a severe need subpopulation identified by Planning Council. Over the last five years, incidence in the aged group has a general downward trend. The 45 to 49 year old age group decreased in incidence by 30 percent from 2011 to 2012, while the 50 to 54 year old group increased by approximately 20 percent.

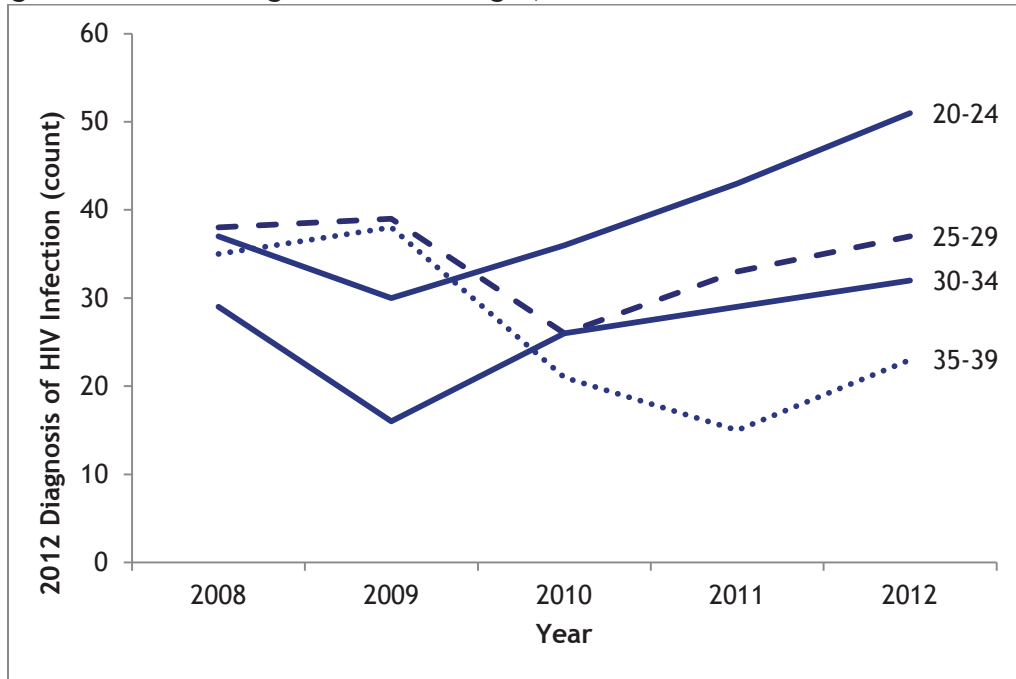
Aged Incidence Decreasing, Cleveland TGA



Source: Ohio Department of Health

Planning Council should also be aware of growing incidence in the young to mid-adult age groups. Incidence among 20 to 24 year olds rose by 19 percent, incidence among 25 to 29 year olds rose 12 percent, incidence among 30 to 34 year olds rose 10 percent, and incidence among 35 to 39 year olds rose 53 percent from 2011 to 2012. These trends show a growing need for outreach, prevention, and testing for young- to mid-adults.

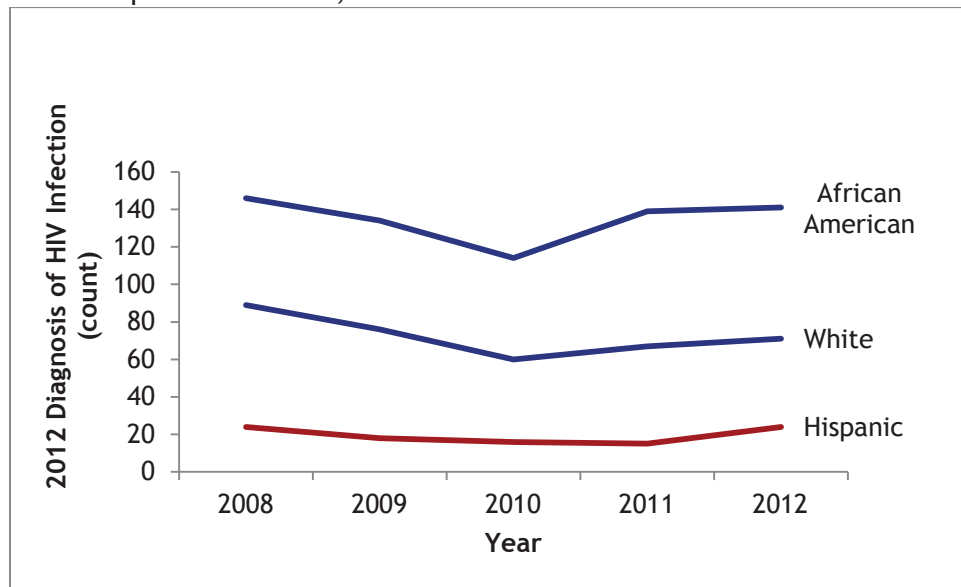
Increasing Incidence in Young- to Mid-Adult Ages, Cleveland TGA



Source: Ohio Department of Health

After increases from 2010 to 2011, incidence in African Americans and Whites is leveling off, increasing 1.4 percent and 6 percent from 2011 to 2012, respectively. Conversely, although incidence in Hispanics experienced a sustained drop from 2008 to 2011, it increased by 60 percent from 2011 to 2012. This growth in incidence among Hispanics could indicate that prevalence in this group is growing and additional outreach, prevention, and service accessibility is needed.

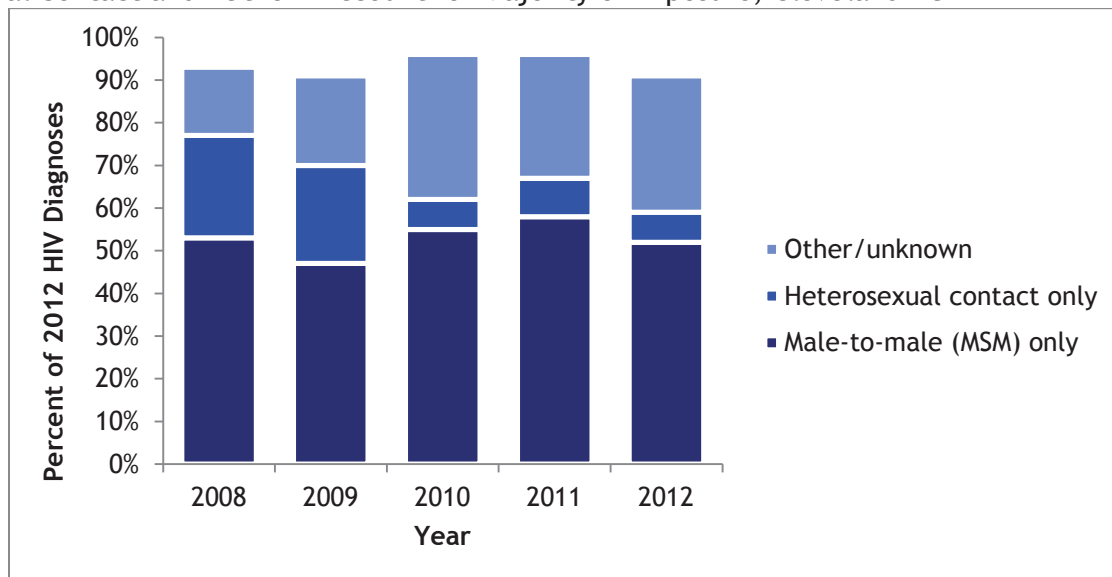
### Rapid Growth in Hispanic Incidence, Cleveland TGA



Source: Ohio Department of Health

The predominant mode of exposure in the TGA continues to be MSM only. Heterosexual contact only has consistently been the next highest exposure category over time, although its share decreased beginning in 2010. Growing incidence with exposures that are other/unknown impedes the ability of decision-makers to use exposure data to make targeted investments in outreach, prevention, and service delivery.

### Sexual Contact and “Other” Account for Majority of Exposure, Cleveland TGA

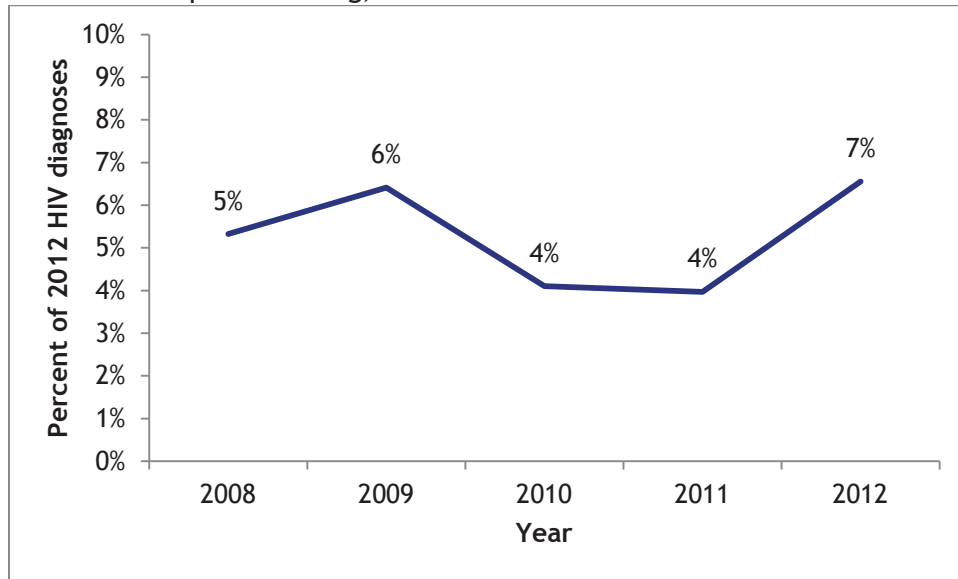


Source: Ohio Department of Health

IDU across the TGA is a growing trend that is not completely reflected in the epidemiological data on HIV/AIDS transmissions due to the two-year lag in reporting. However, the proportion

of IDU-related HIV/AIDS exposure has increased from 4 percent in 2011 to 7 percent in 2012, an increase of seven cases.

**IDU-Related HIV/AIDS Exposure Rising, Cleveland TGA**



Source: Ohio Department of Health

**Early Identification of Individuals with HIV/AIDS (EIIHA) and HIV Positive/Unaware Estimates**

The Ryan White Part A grantee estimates that there are 961 people who are HIV positive but unaware of their status in the Cleveland TGA as of December 31, 2012. The estimated demographic breakdown of these unaware individuals is below.

**Estimate of Unaware and HIV Positive in Cleveland TGA (CDC Calculation<sup>4</sup>)**

<b>UNAWARE HIV ESTIMATED CASES in Cleveland TGA</b>	<b>Case Count</b>	<b>Region Relative Proportion</b>
<b>Estimated Total Persons Unaware of HIV Infection</b>	961	.181 / .819 * 4,347 = 961
<b>Persons Unaware of HIV Infection by Gender</b>		
Males	740	77%
Females	221	23%
<b>Persons Unaware of HIV Infection by Age</b>		
Age <13 Years	9	1%
Age 13-19	29	3%
Age 20-44	663	69%
Age 45+	259	27%
<b>Persons Unaware of HIV Infection by Race/Ethnicity</b>		
White Non-Hispanic	336	35%

<sup>4</sup> CDC estimated back calculation based on the ODH report of the Total Number of People Living With HIV/AIDS from December 31, 2012.



UNAWARE HIV ESTIMATED CASES in Cleveland TGA	Case Count	Region Relative Proportion
African American Non-Hispanic	519	54%
Hispanic	77	8%
Asian/Pacific Islander	2	<1%
American Indian/Alaska Native/ Non-Hispanic	1	<1%
Multi Race/Other Race/Unknown	19	2%
<b>Persons Unaware of HIV Infection by Reported Risk</b>		
MSM	481	50%
IDU	67	7%
MSM/IDU	29	3%
Heterosexual	202	21%
Blood transfusion, component or tissue	0	0%
No Reported Risk/Unknown Risk	163	17%

Source: Cuyahoga County Board of Health, Cleveland TGA 2014 Ryan White Part A Grant Application.

From January 1, 2013, to June 30, 2013, 18,083 HIV tests were given in the Cleveland TGA. From these tests, 0.4 percent of people had a confirmed HIV-positive test result. Ninety-three percent of those who tested positive were linked to HIV medical care. The table below highlights HIV testing, results, and linkage to care in key subpopulations. These individuals identified through EIIHA outreach will be part of incidence data reported for 2013.

**Total Newly-Diagnosed Positive HIV Test Events in the Cleveland TGA, January 1, 2013–June 30, 2013 (Total vs. Target Population)**

Indicator	Target Population	Target Population Total	TGA Six Month Total
Number of test events	African American MSM	4,220	18,083
	MSM, Ages 45+	2,411	
	African American and Hispanic Youth (13-24)	1,503	
Number of newly-diagnosed positive test events	African American MSM	4,220	18,083
	MSM, Ages 45+	2,411	
	African American and Hispanic Youth (13-24)	1,503	
Number of newly-diagnosed confirmed positive test events	African American MSM	21	73
	MSM, Ages 45+	13	
	African American and Hispanic Youth (13-24)	7	
Number of newly-diagnosed positive test events with client linked to HIV medical care	African American MSM	20	68
	MSM, Ages 45+	10	
	African American and Hispanic Youth (13-24)	7	

Indicator	Target Population	Target Population Total	TGA Six Month Total
Number of newly-diagnosed confirmed positive test events with client referred to partner services	African American MSM	20	39
	MSM, Ages 45+	21	
	African American and Hispanic Youth (13-24)	3	
Number of newly-diagnosed confirmed positive test events with client referred to prevention services	African American MSM	20	68
	MSM, Ages 45+	10	
	African American and Hispanic Youth (13-24)	7	
Total number of newly-diagnosed confirmed positive test events who received CD4 Cell count and viral load testing	African American MSM	*Not Available	
	MSM, Ages 45+		
	African American and Hispanic Youth (13-24)		

Source: Cuyahoga County Board of Health, Cleveland TGA 2014 Ryan White Part A Grant Application

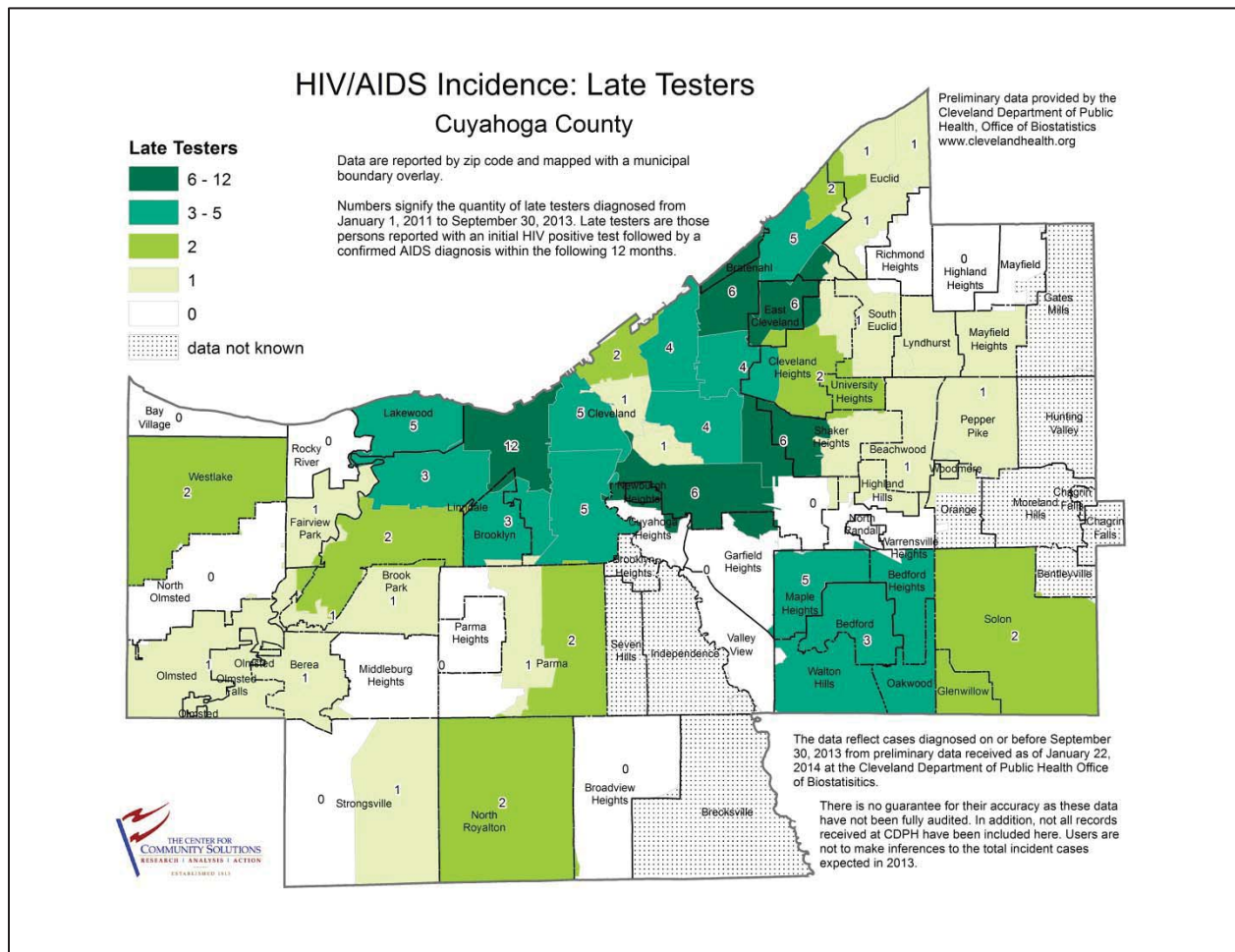
By examining the characteristics of a subset of newly-diagnosed individuals known as “late testers,” we can understand potential characteristics of other HIV-positive/unaware members of the community. Late testers are people who receive a concurrent diagnosis of HIV and AIDS, or a diagnosis of HIV followed by an AIDS diagnosis within 12 months. In general, late testers are unaware of their positive status for some time before diagnosis.

In the TGA as a whole, 50 late testers were diagnosed in 2012 (34 with HIV and later AIDS, and 16 with concurrent diagnoses). Eighty-two percent of late testers were from Cuyahoga County, followed by 14 percent in Lorain County. Based on characteristics provided in surveillance data from ODH, late testers are predominately male (75 percent). However, 25 percent of late testers are women, which is higher than the overall share of women diagnosed with HIV/AIDS in 2012 (18 percent). The majority of late testers in the TGA were non-Hispanic African Americans (58 percent), although in Lorain County 71 percent of late testers were non-Hispanic White. Thirty-eight percent of late testers were non-Hispanic African-American males. The age of late testers is fairly evenly distributed among people who are 20 to 24 years old and 30 to 64 years old, although the highest concentration of late testers is found in the 50 to 54 year old age bracket (18 percent). The largest proportion of male late testers falls into the transmission category of male-to-male sexual contact (47 percent), although 34 percent have a transmission category of other/unknown. Three-quarters of female late testers have a transmission category of other/unknown. Other/unknown mode of transmission or exposure is particularly an issue in Lorain County (71 percent of late testers).

Based on this information, efforts to identify people who are HIV positive/unaware in the Cleveland TGA should focus on:

- Males,
- African Americans (non-Hispanic) in Cuyahoga and Whites (non-Hispanic) in Lorain,
- Males who have sexual contact with males,

- People in a wide age range (20 to 64 years old), and
- People living in Cuyahoga and Lorain counties.



Based on preliminary data from CDPH, the following zip codes have the largest *share* of late testers diagnosed from January 1, 2011 to September 30, 2013 in Cuyahoga County.

#### Cuyahoga County Zip Codes With High Percentages of Late Testers

Zip Code	Percent of People Diagnosed Who Are Late Testers
44144, Brooklyn	43%
44110, East Cleveland	38%
44137, Maple Heights	36%
44119, Euclid	33%
44112, East Cleveland/ Cleveland Heights	29%

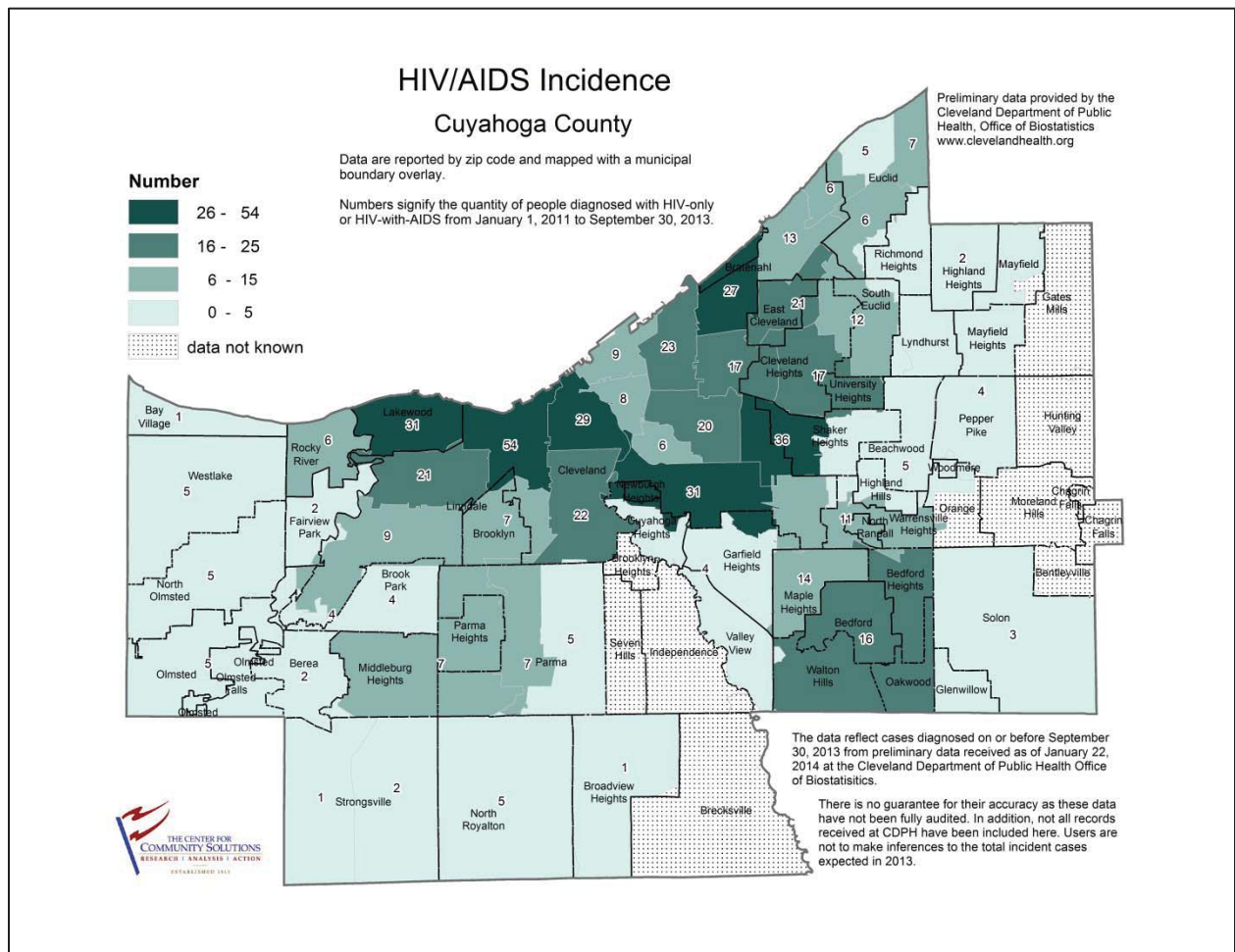
Source: Cleveland Department of Public Health

The same preliminary dataset shows that the zip code 44102 (Cleveland, Detroit Shoreway) has by far the largest *absolute number* of late testers (n=12). However, due to the high number of

HIV/AIDS diagnoses in 44102, late testers comprise only 22% of the incidence pool from January 1, 2011 to September 30, 2013. The next highest count of late testers is six, found in 44112, 44108, 44105, and 44120.

It is important to note that these epidemiological data reflect only information from the people that the system of care reaches. That is, the profile of late testers presented here could be very different from the true characteristics of the entire HIV-positive/unaware population, especially if the system of care is more adept at identifying and reaching HIV-positive/unaware people (who then may become late testers) in certain population groups.

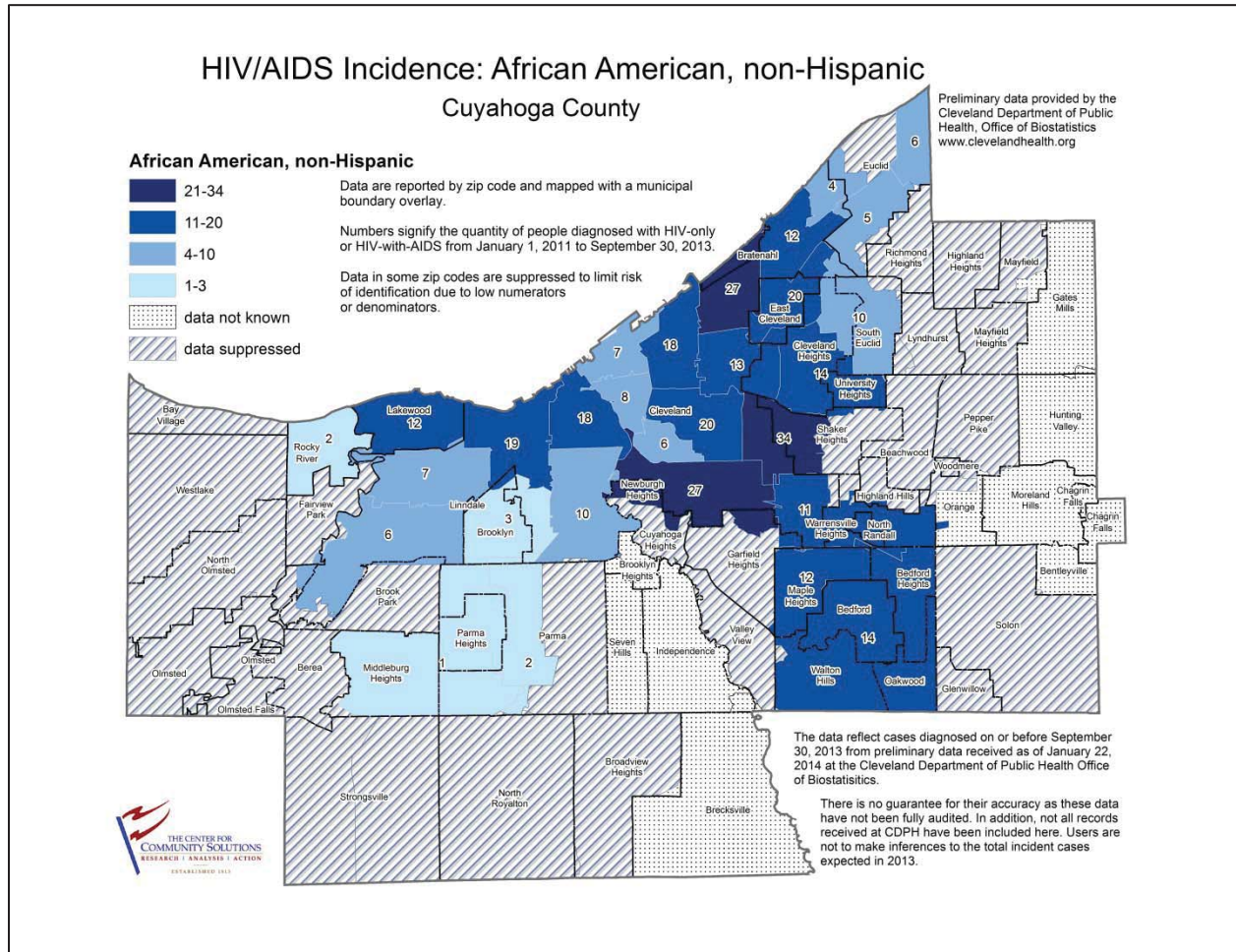
### Cuyahoga County Incidence Profile



The CDPH Office of Biostatistics provides the most recent HIV/AIDS surveillance data available in the TGA. These data examine the geographic distribution of HIV/AIDS at the zip code level in Cuyahoga County, rather than the entire six-county TGA. However, since approximately 88 percent of PLWHA in the Cleveland TGA reside in Cuyahoga County, it is instructive for Planning Council to carefully consider CDPH’s surveillance data when understanding the dynamics of PLWHA in the TGA.

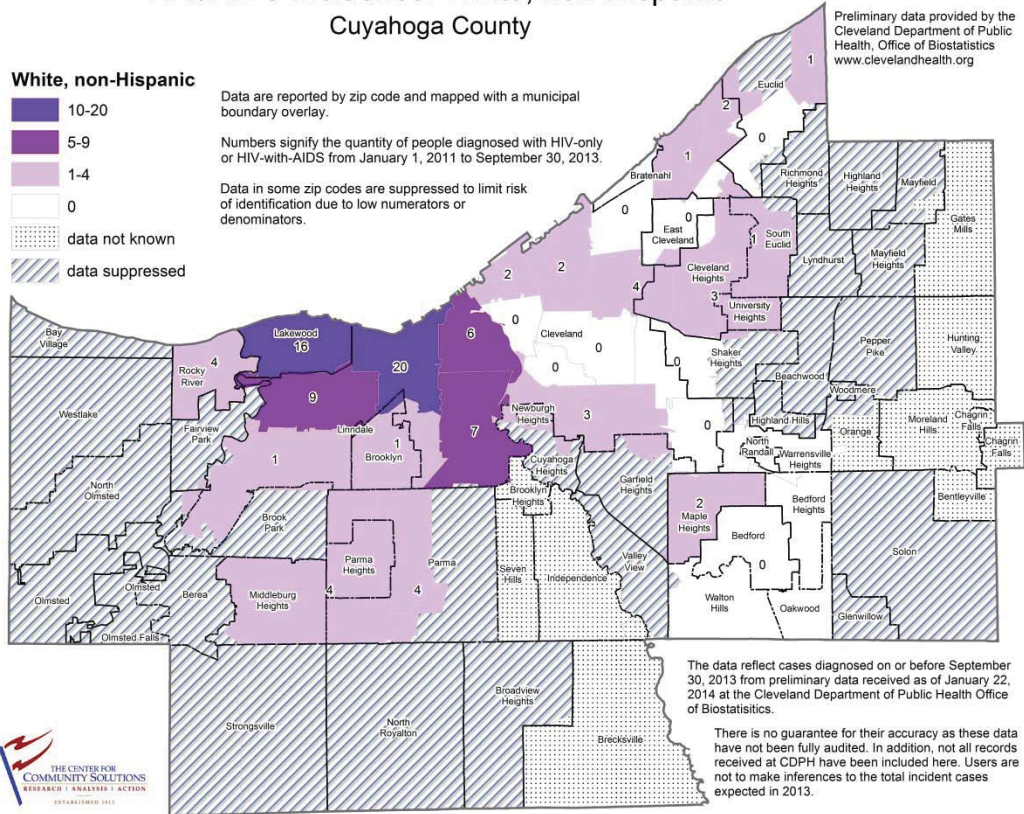
The geographic distribution of HIV/AIDS incidence in the map above reflects the number of people diagnosed with HIV/AIDS from January 1, 2011 to September 30, 2013, according to preliminary data from CDPH. Due to the current nature of the data, these numbers have not been fully audited and users should not make inferences about the total incident cases expected in 2013.

These preliminary data show that the zip code 44102 (Cleveland, Detroit Shoreway) has by far the highest HIV/AIDS incidence in the county (n=54).

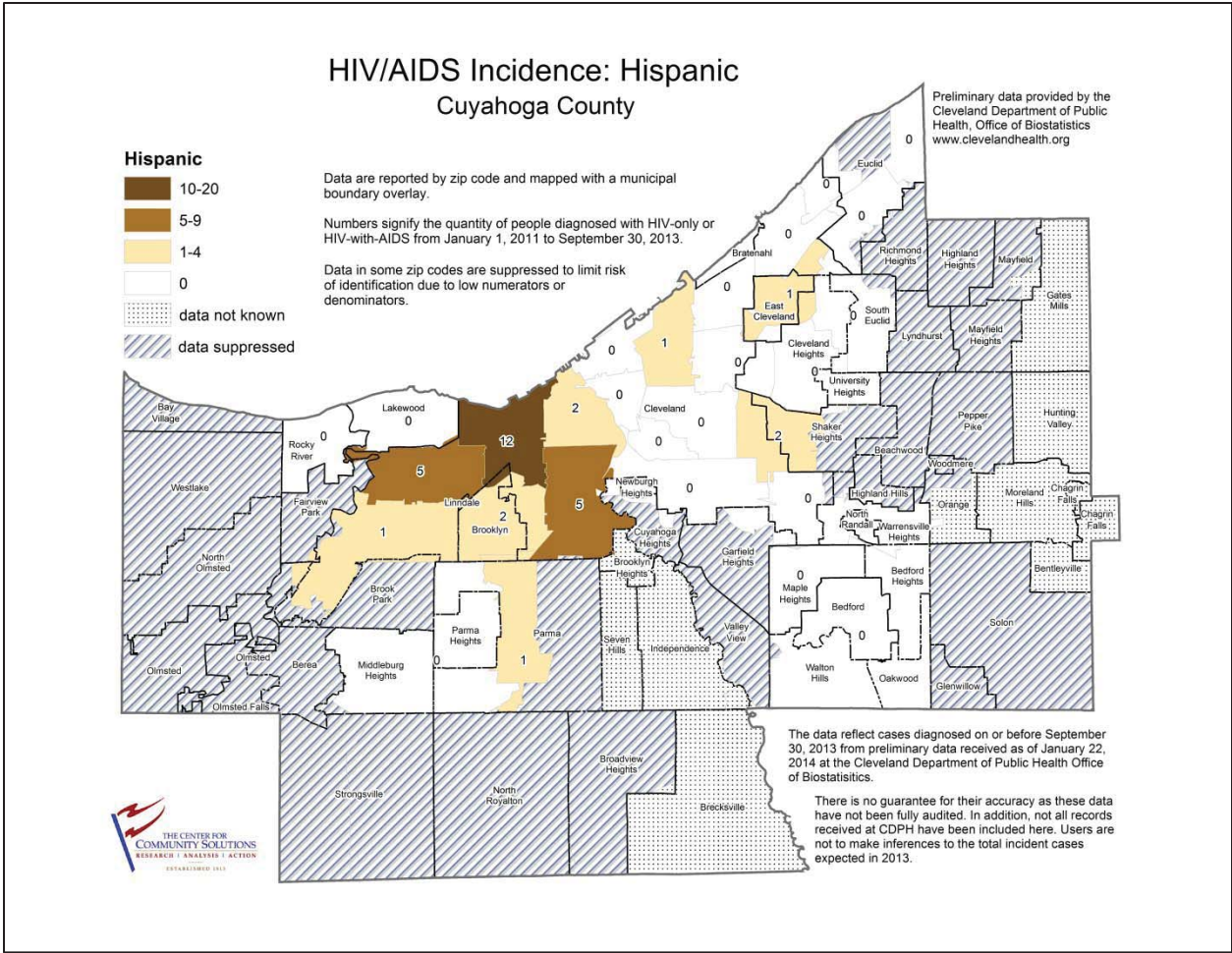


HIV/AIDS incidence among African Americans is concentrated primarily on the east side of the city, although African-American incidence is also high in the zip codes along the coast of Lake Erie to the west of Cleveland. High African-American incidence aligns with areas of high overall incidence.

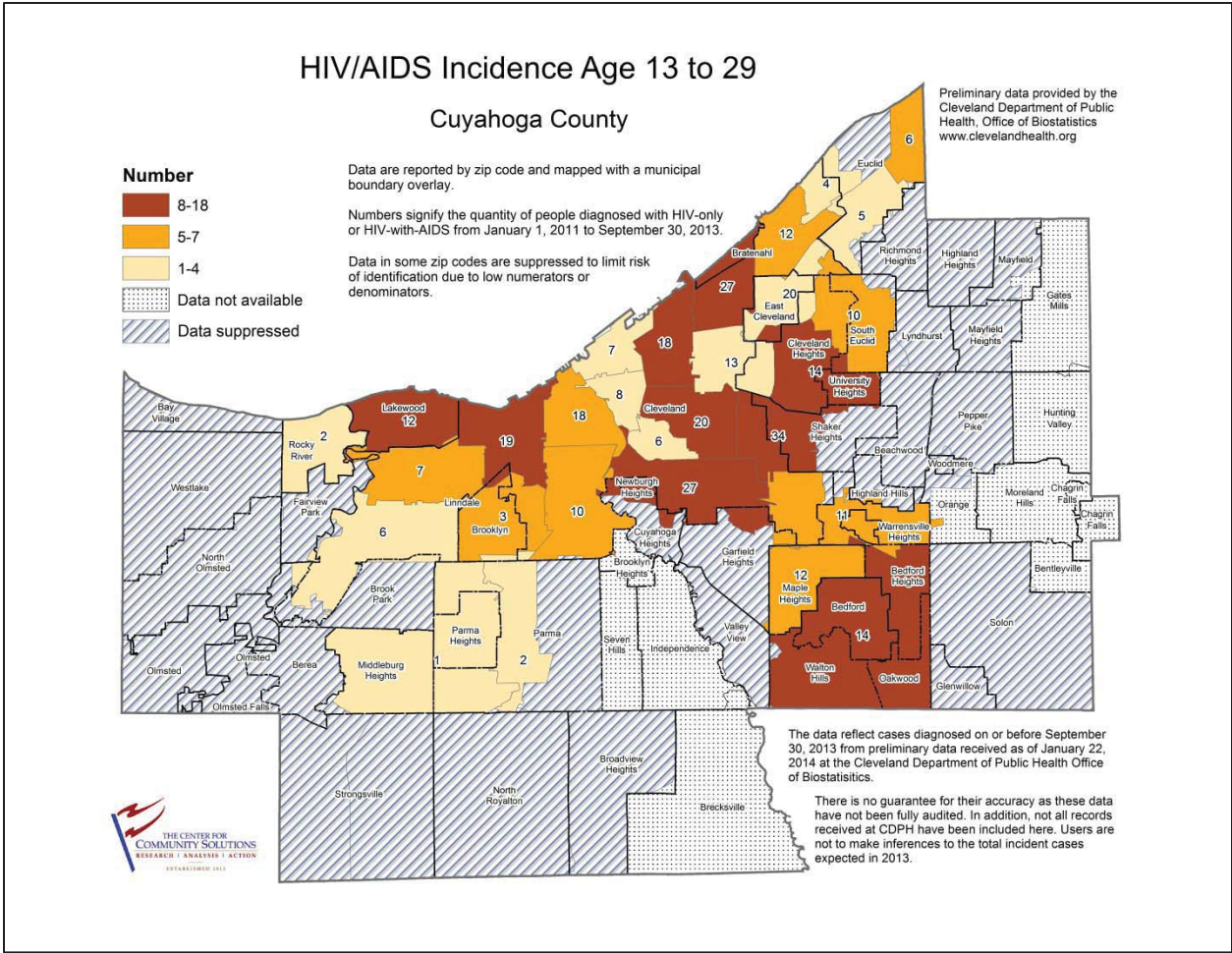
## HIV/AIDS Incidence: White, non-Hispanic Cuyahoga County



HIV/AIDS incidence in Whites is concentrated to the west of Cleveland, with scattered incidence to the east and in western outer-ring zip codes. This pattern is fairly consistent with Cleveland’s general demographic patterns, in which Whites are concentrated to the west of the Cuyahoga River.



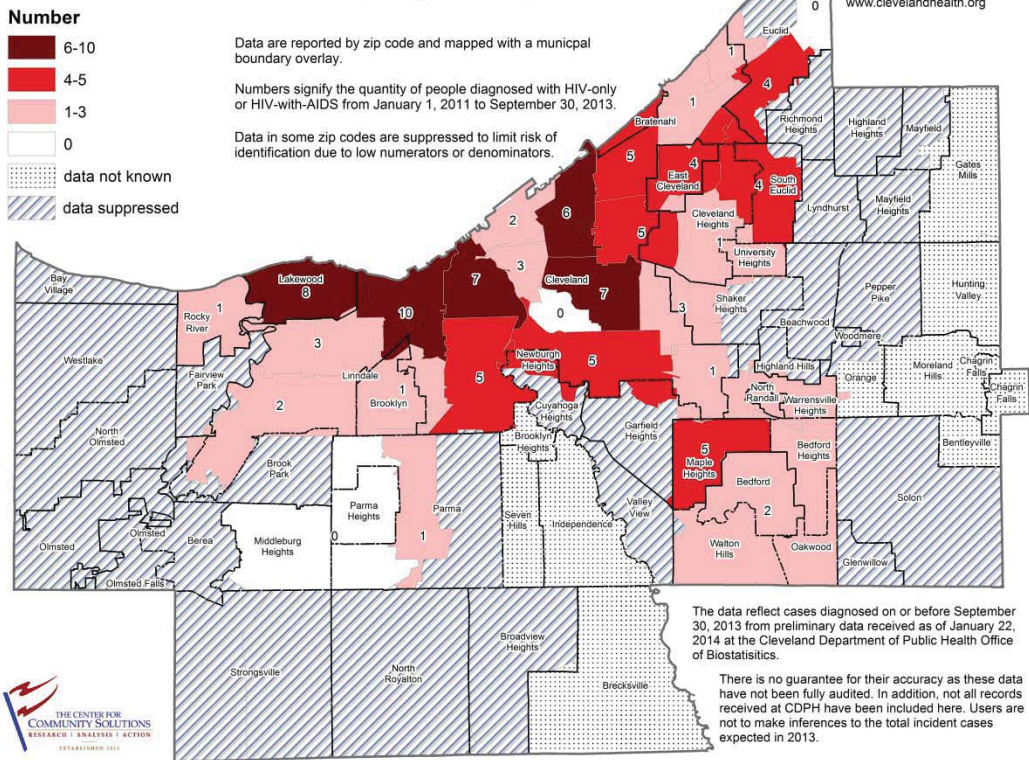
HIV/AIDS incidence in Hispanics is also largely concentrated on the west side of Cleveland. The highest incidence in Hispanics occurs in zip code 44102, which also has the highest overall HIV/AIDS incidence in Cuyahoga County.



This map displays HIV/AIDS incidence in youth and young adults, ages 13 to 29. This is the closest approximation of the “youth” subpopulation that CDPH surveillance data allow, given the age brackets used to report the data. High HIV/AIDS incidence among youth and young adults is scattered in zip codes across the city. Many of these zip codes also have high HIV/AIDS incidence in general.

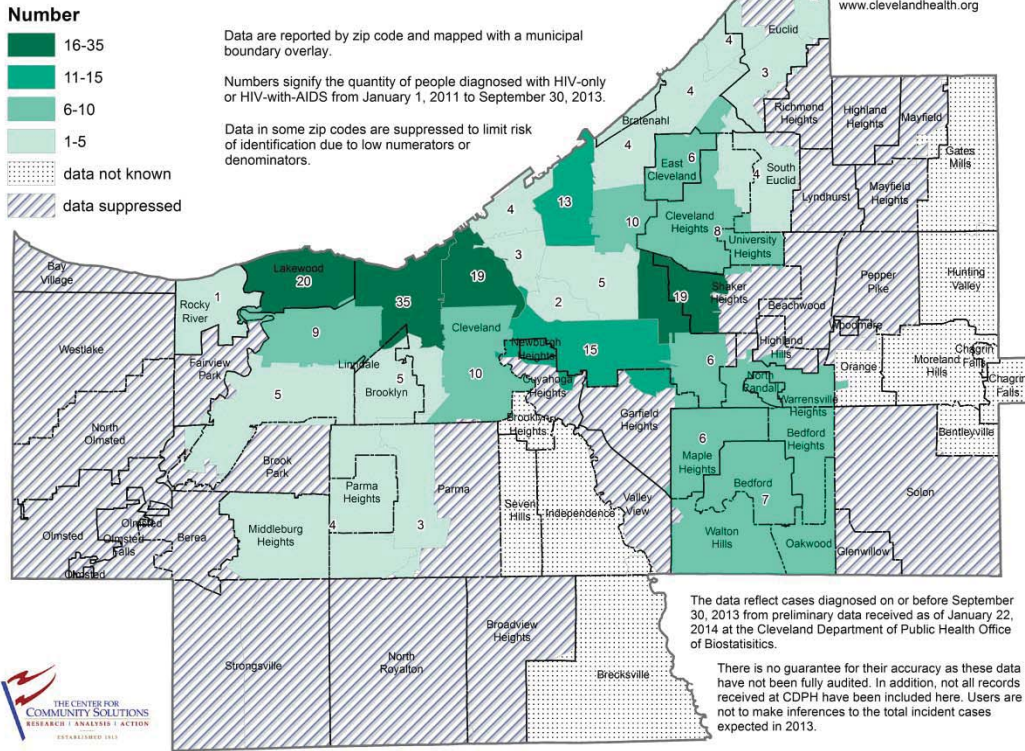


## HIV/AIDS Incidence Age 50 and Older Cuyahoga County

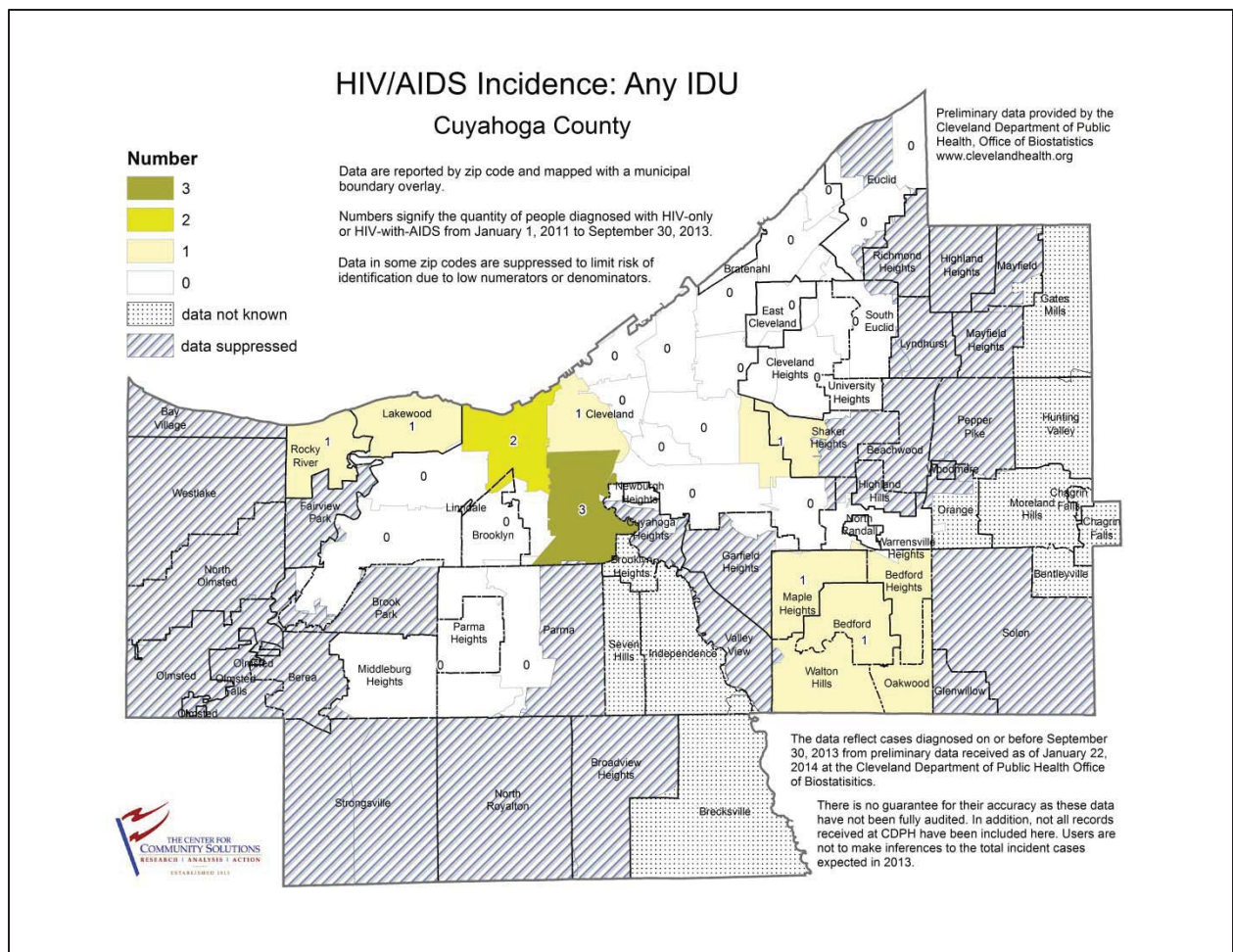


HIV/AIDS incidence among the “aged” subpopulation of interest (defined here as age 50 and above due to data limitations) is highest in Lakewood, Cleveland’s northwest zip codes, and 44103 and 44104 on the east side of Cleveland.

## HIV/AIDS Incidence: Males having sex with males only Cuyahoga County



HIV/AIDS incidence via MSM transmission is highest in Lakewood and the zip codes along the shore of Lake Erie on the west side of Cleveland. Zip code 44120 on the east side of the city also had high MSM-related incidence.



HIV/AIDS incidence with any documented IDU transmission risk is fairly low. The highest IDU-related incidence occurred in 44109, which is the Old Brooklyn neighborhood in Cleveland.

## NEEDS OF PEOPLE LIVING WITH HIV/AIDS

### Highlights

- We used a survey to collect data from consumers.<sup>5</sup> This survey was released to the public on October 15, 2013, and was available until January 15, 2014. In total, 281 valid consumer surveys were collected. Sixty-eight percent of respondents were PLWHA, and the remainder were people unaware of their HIV status. PLWHA in all counties of the TGA responded to the survey at a rate roughly proportional to the geographic distribution of HIV/AIDS prevalence.
- Comparing data from the Ryan White Services Report (RSR) and prevalence estimates from ODH's surveillance system, Ryan White Part A provided services for over 70 percent of PLWHA in the Cleveland TGA. In 2012, Part A served 471 new HIV-positive clients, which is substantially higher than the number of people who were newly diagnosed with HIV/AIDS in 2012 (244 people). This indicates that Part A is spreading its reach and serving new clients at a faster rate than new cases of HIV/AIDS are diagnosed.
- Regardless of whether or not they received a referral, 83 percent of survey participants living with HIV/AIDS (157 people) saw an HIV/AIDS doctor within three months of their diagnosis. Of those who did not see a doctor immediately, almost 40 percent (11 people) were not ready to think about their HIV status.
- In general, survey participants are well-connected to the services available to them and prioritize getting medical care for their HIV/AIDS.
- Mental illness takes a toll on PLWHA. Over half of respondents living with HIV/AIDS have been diagnosed with depression, and about one-third struggle with anxiety. This is likely connected at least partly to the respondents' HIV/AIDS diagnosis, and underscores the importance of access to mental health services and support groups.
- PLWHA indicated that the five most important services they needed to take care of their HIV/AIDS were outpatient/ambulatory medical care (141 people), prescription medications (137 people), oral health services (117 people), medical case management (96 people), and psychosocial support services (81 people). Based on the 2012 RSR, Ryan White Part A is already providing three of these five high-need services in large quantities.
- The top service gaps, in terms of the number of people who said they needed but did not receive services are: dental/oral health care (20 people), housing services (19 people), nonmedical case management (12 people), and emergency financial assistance (11 people). Nutritional assistance and transportation are tied as the fifth gap (seven people). Many of these gaps are repeated throughout the subpopulations of interest.

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<sup>5</sup> All analyses pertain to HIV-positive respondents unless specifically noted otherwise.

- Cost (inability to pay for services) and insurance problems (not having insurance or insurance not covering needed services) were the main barriers that kept people from taking care of their HIV/AIDS. These barriers hit respondents at all levels, ranging from making it difficult to get care to keeping people from getting the care they needed. Other barriers were life issues outside of HIV/AIDS (homelessness, substance addiction, mental illness, hunger) and availability of services. Life issues were also emphasized by providers when asked why they believe PLWHA do not access care.
- There were some notable differences among subpopulations of interest:
  - In general, these consumers tended to be poorer than PLWHA as a whole. Sixty-four percent of African-American respondents make \$11,500 or less a year, meaning that they are below the poverty threshold for a family of any size. This is six percentage points higher than that of the general participant pool. Twenty-six (79 percent) of the minority women surveyed earn incomes below the poverty level. On the other hand, MSM respondents tended to have higher incomes than other subpopulations.
  - Hispanics report a higher rate of chronic disease, especially kidney and liver problems, diabetes, and high cholesterol. However, rates of mental illness are lower among Hispanic respondents than are those reported by the overall survey population.
  - Emotions and attitudes about HIV/AIDS is the main barrier keeping Hispanic respondents from accessing the services they need. Time conflicts also pose some problems. These results are different from those of the overall group, as cost and insurance coverage are relatively low on the list of barriers to care for Hispanic respondents.
  - Minority women with HIV/AIDS who participated in the survey display higher rates of infectious diseases, chronic diseases, and mental health conditions such as depression and anxiety.
  - When substance abusers with HIV/AIDS were asked about what would help them get into treatment, respondents said that free treatment (16 percent), transportation to treatment (16 percent) and information about what services were available and where to go (14 percent) would help them.
- Cost is a key barrier to care for the out-of-care group of PLWHA, as it has been for most of the groups analyzed here. More notably, system issues, such as difficulty getting referrals and understanding the system of care, also rose to the top. People who are out of care may have become frustrated with trying to navigate the system and given up on getting the care they need.
- Respondents who were out of care in the past but now receive medical care for their HIV/AIDS said that they sought care when they got sicker (five people), someone reached out to them and encouraged them to get into care (five people), and they decided they wanted to stay healthy (six people). This indicates that continued outreach and providing

information about the benefits of medical care are positive strategies to induce people to access care. Peer support programs can provide encouragement and support when HIV-related care seems overwhelming and help PLWHA who are out of care navigate the system.

- Survey respondents who have not been diagnosed with HIV/AIDS but are at high risk and may be HIV positive/unaware are younger than the general population of survey respondents and more heavily female (58 percent). Most people in this group who have had an HIV test in the past did so because they wanted to know their status (49 percent) or because they had unprotected sex (29 percent). Free tests induced 26 percent of respondents to get tested for HIV.

### **Survey Methodology**

Consumer surveys were created through a strategic combination of questions used in previous Cleveland TGA needs assessment surveys and questions gathered from Ryan White consumer surveys in other jurisdictions. This enables the TGA to maintain continuity in data over time, but also allows us to shed light on issues not examined in past needs assessments.

To obtain stakeholder feedback, we held two focus groups for Planning Council members before beginning the consumer survey period. The focus groups were held at different locations and different times<sup>6</sup> to accommodate both community members and professionals. Focus group attendees were presented with a draft of the consumer survey and the strategy for connecting the survey with consumers across the TGA. Planning Council members offered feedback and participated in a brainstorming session of places to publicize and provide the survey. Planning Council's Strategy and Finance Committee, which oversees the needs assessment process, had an additional opportunity to provide feedback on the consumer survey content and deployment strategy.

The consumer survey was released to the public on October 15, 2013 and was available until January 15, 2014. The survey was confidential and anonymous, and could be accessed online or on paper in both Spanish and English.<sup>7</sup> Paper copies of the survey were available at 13 service providers and eight HIV-related events across the TGA during the survey period. Completed paper surveys were sealed in envelopes and deposited in cardboard drop-boxes to preserve privacy. Each Planning Council member was also provided with three paper surveys to distribute, as well as a self-addressed stamped envelope to return the surveys for analysis. The online survey link was promoted via flyers and handouts at a variety of service providers and other public locations, announcements at HIV/AIDS advisory group meetings, limited postings on Craigslist, and social media postings to the public and to private groups of consumers.

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<sup>6</sup> One session was held during the work-day, the other in the evening.

<sup>7</sup> Paper surveys in Spanish were available only at Nueva Luz Urban Resource Center in Cleveland. Nueva Luz is the primary provider of Spanish-language HIV/AIDS services in the TGA.

The consumer survey was designed to be self-directed and appropriate for PLWHA who are currently in care, PLWHA who are out of care, and people who are unsure of their HIV status (potentially HIV positive/unaware).<sup>8</sup> The online survey had programmed skip patterns so that respondents were only asked the questions that were appropriate for their situation. Different colored paper guided hard-copy survey respondents to the relevant sections of the survey. Each survey included a cover page with information about the purpose of the survey and who should complete it. On the back of the cover page was a list of resources that participants were encouraged to keep. The survey instrument can be found in Appendix A.

In the first month of survey collection, consumers did not receive an incentive for participation. When it became apparent that incentives are important to induce participation and are expected by many consumers, we introduced a drawing for a \$100 gift card to be held at the end of the survey period. This drawing seemed to significantly incentivize participation, as response rates increased after the announcement. At some events, small book lights were also presented to survey participants. The \$100 gift card drawing was held in early December, 2013.

Although the original project timeline called for the consumer survey to be closed at the end of November, additional survey responses were desired for some subpopulations of interest, including youth PLWHA, PLWHA from Lorain County, and PLWHA who are out of care. The survey period was extended until January 15 to allow more time to reach people in these groups. A \$25 gift card drawing was held for these late respondents. Additionally, participants who took the survey at the Mercy Infectious Disease Clinic in Lorain County each received a \$10 grocery voucher from the clinic for their participation.

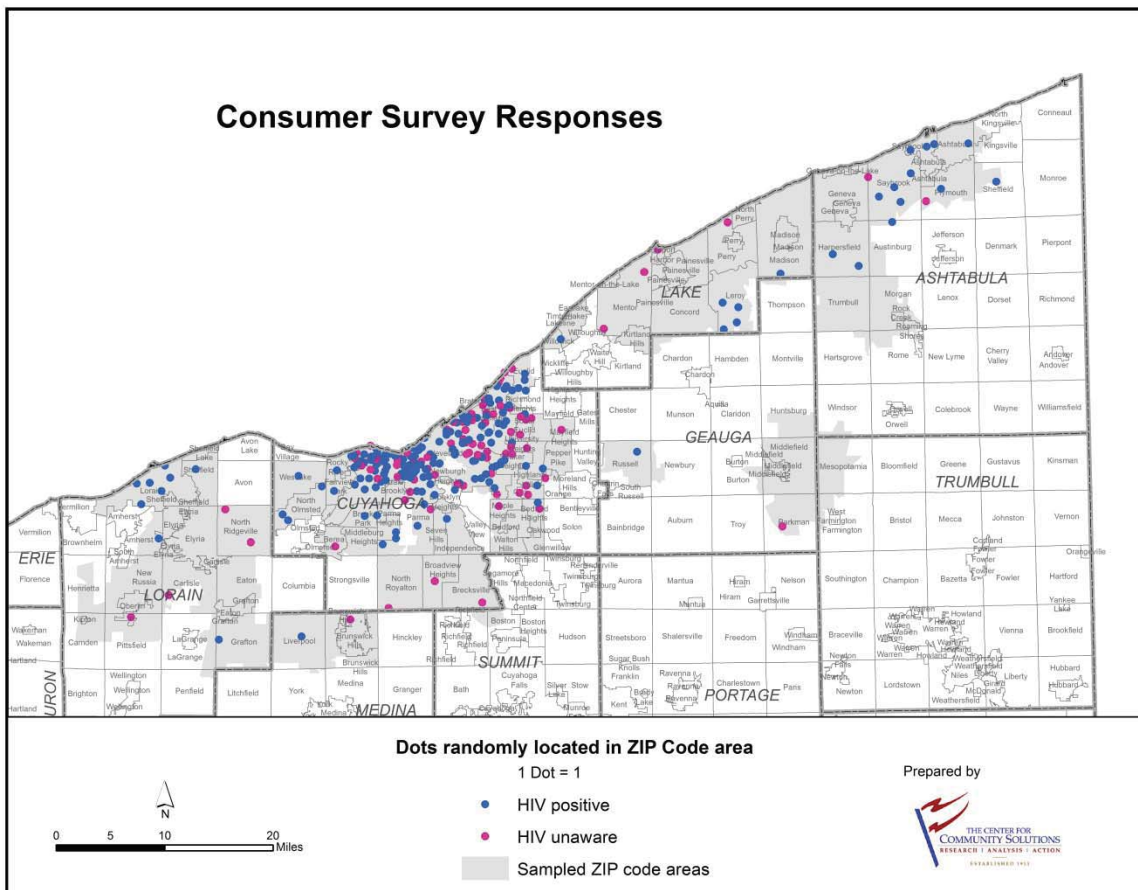
In total, 281 valid surveys were collected (190 from PLWHA, 71 from HIV positive/unaware). Surveys that were too incomplete to be included in the analysis are omitted from this total, as are nine surveys which were received from respondents living outside the TGA. Incomplete surveys are included in analysis if they had sufficient information about the respondents' HIV/AIDS status.<sup>9</sup> For the purposes of analysis, responses were divided by HIV status (PLWHA or unaware) and examined separately.

Although survey findings are instructive and shed insight into the characteristics and needs of PLWHA in the Cleveland TGA, they should not be interpreted as representative of the entire population of PLWHA in the six-county area. The survey was voluntary, and there may be differences among people who chose to take the survey and people who did not. These differences are not captured in information collected from voluntary survey participants.

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<sup>8</sup> HRSA defines a person as 'in care' if he or she has received HIV-related primary medical care within the past 12 months. A person is 'out of care,' or has unmet need, if he or she has not had a CD4 count, a viral load test, or a prescription for anti-retroviral therapy (ART) in the past 12 months.

<sup>9</sup> Due to the incomplete nature of some surveys, some responses are reported out of a number lower than 281.



Of the valid surveys, 49 percent were collected by providers or through drop-boxes (n=139), 24 percent were collected by Community Solutions staff at events or meetings (n=67), 21 percent were collected online (n=60), and five percent were collected by Planning Council members (n=15). Two paper surveys were taken in Spanish; no participants took the online Spanish survey. Of the 161 respondents who took the survey on paper, 37 percent kept the resource page (n=60). The majority of respondents indicated they took the survey alone; 21 out of 277 indicated that they had help from a friend or provider (8 percent).

#### Consumer Survey Collection Locations

Source	Number of Surveys
Online	60
Events	58
AIDS Service Organizations	33
Hospitals	40
Community-Based Organizations	74
Other	16
<b>Total</b>	<b>281</b>



## **Consumer Insights from CAREWare**

In addition to the surveys, this needs assessment draws supporting information from a variety of other sources. One of these sources is the 2012 Ryan White Services Report (RSR) that summarizes aggregate data on clients collected via CAREWare.<sup>10</sup>

According to the RSR, Ryan White Part A served 2,995 PLWHA in the Cleveland TGA in calendar year 2012. Using the 2011 prevalence estimate from ODH's surveillance system (the most recent year available), Ryan White Part A provided services for over 70 percent of PLWHA in the TGA. In 2012, Part A served 471 new HIV-positive clients, which is substantially higher than the number of people who were newly diagnosed with HIV/AIDS in 2012 (244 people). This indicates that Part A is spreading its reach and serving new clients at a faster rate than new cases of HIV/AIDS are diagnosed. If this trend continues, a growing percentage of the population of PLWHA in the TGA will have been served by Part A at some point.

Data from CAREWare is integrated throughout this report. Future data updates from CAREWare will be available from CCBH.

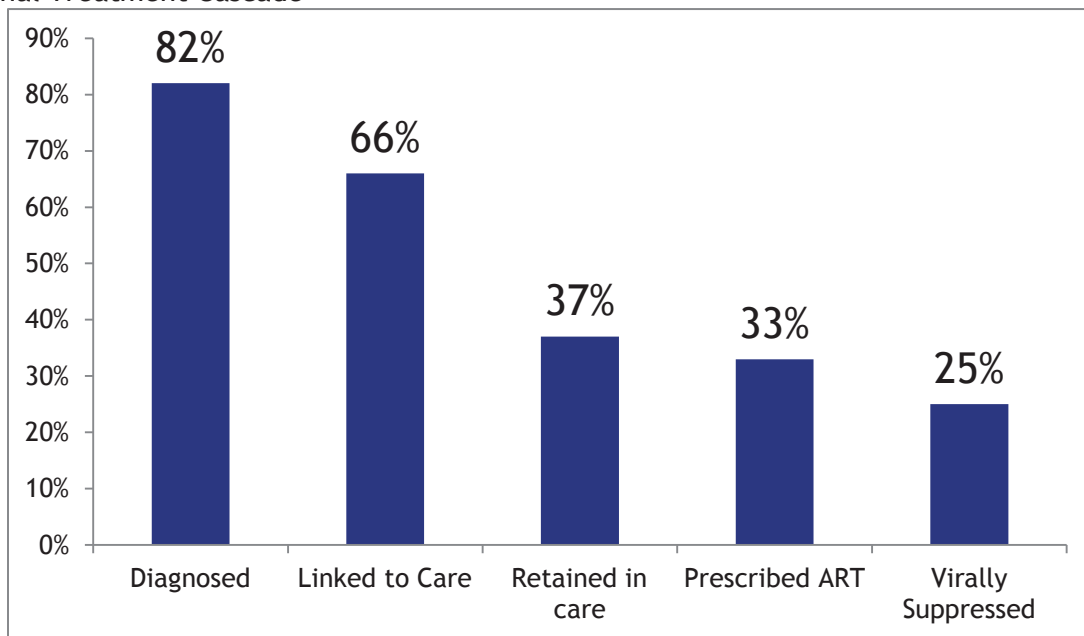
## **HIV/AIDS and the Treatment Cascade**

The HIV/AIDS treatment cascade, or care continuum, is used to show the treatment status of PLWHA. The treatment cascade begins with the percentage of people who have HIV/AIDS in the population and who have been diagnosed. Most treatment cascades use an estimate from the CDC that states approximately 18 percent of people who have HIV/AIDS are unaware they are positive. This results in approximately 82 percent of the entire HIV-positive population who have been diagnosed. The next step is linkage to care, or the percentage of PLWHA who have been to a doctor for their HIV/AIDS since diagnosis. PLWHA who maintain their care over time move to the third level of the cascade. The fourth level is made up of PLWHA who have a prescription for antiretroviral drugs (ART) to treat their HIV/AIDS. The bottom of the cascade is reached when viral suppression is achieved. Treatment cascades can be used to pinpoint areas for improvement along the continuum of care—places where PLWHA are disconnecting from care and experiencing poorer health outcomes as a result.

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<sup>10</sup> CAREWare is the HRSA-supported data management system utilized by the Ryan White Part A grantee. All Ryan White-funded providers in the Cleveland TGA have been required to use CAREWare since 2011.

## National Treatment Cascade



Source: Hall, IR et al. JAMA Intern Med 2013;173(14):1337-44

Because it can be difficult to obtain accurate data for each part of the treatment cascade, not every jurisdiction has a specific care continuum for their area. In Ohio, the Ohio AIDS Coalition estimated the number of PLWHA at each level of the cascade in 2013 based on overall prevalence data and the population percentages in the national treatment cascade.<sup>11</sup> ODH states that it is difficult to create a treatment cascade with Ohio-specific data because of laboratory reporting laws in the state.

Based on client data from CAREWare for calendar year 2012, Ryan White Part A helped approximately 70 percent of PLWHA in the TGA obtain some type of HIV-related service. If we take this number as an estimate of PLWHA in the TGA who have been linked to care, the TGA is higher than the national rate of 66 percent. Part A also provided HIV-related primary medical care to 2,068 clients in 2012, yielding approximately 49 percent of PLWHA retained in care as of 2012. This is also better than the national rate of 37 percent. Although these figures are estimates, it is logical that the treatment cascade would be more favorable in areas with a Ryan White Part A program, like the Cleveland TGA, compared to data encompassing areas without extensive Ryan White services.

With the growing use of CAREWare in the Cleveland TGA, it is more feasible to create a full treatment cascade of Ryan White Part A patients, although viral load data is also needed. Increased data-sharing among providers would allow a treatment cascade estimate reflecting the full population of PLWHA in the TGA regardless of payer. This type of analysis will help Planning Council identify gaps in the continuum of care and recognize places where additional

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<sup>11</sup> This treatment cascade can be accessed at <http://ohioaidscoalition.org.s147494.gridserver.com/wp-content/uploads/2013-Ohio-Treatment-Cascade-OAC-Red.pdf>.

providers or funding would benefit the community. We recommend that funders and providers strategically approach data collection and sharing to better facilitate these community-level pictures of the TGA.

**Overall Profile: PLWHA**

*Demographics*

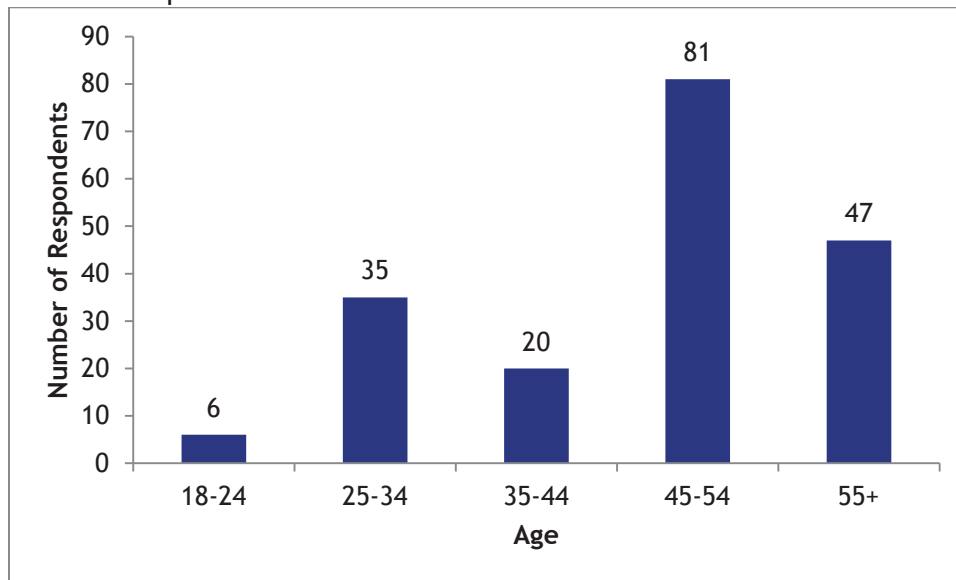
Of the 190 HIV-positive survey respondents, males comprised 75 percent, followed by women (22 percent), and transgender/genderqueer (3 percent). PLWHA in all counties of the TGA responded to the survey at a rate roughly proportional to the geographic distribution of HIV/AIDS prevalence.

**Geographic Distribution of Survey Respondents**

	Survey Response Frequency	Percent
Ashtabula	13	6.8 %
Cuyahoga	159	83.7%
Geauga	1	0.5%
Lake	6	3.2%
Lorain	9	4.7%
Medina	2	1.1%

Seventeen respondents were Hispanic, 99 were African American, and 75 were White. The majority of respondents fall into the ‘aged’ category (45+).

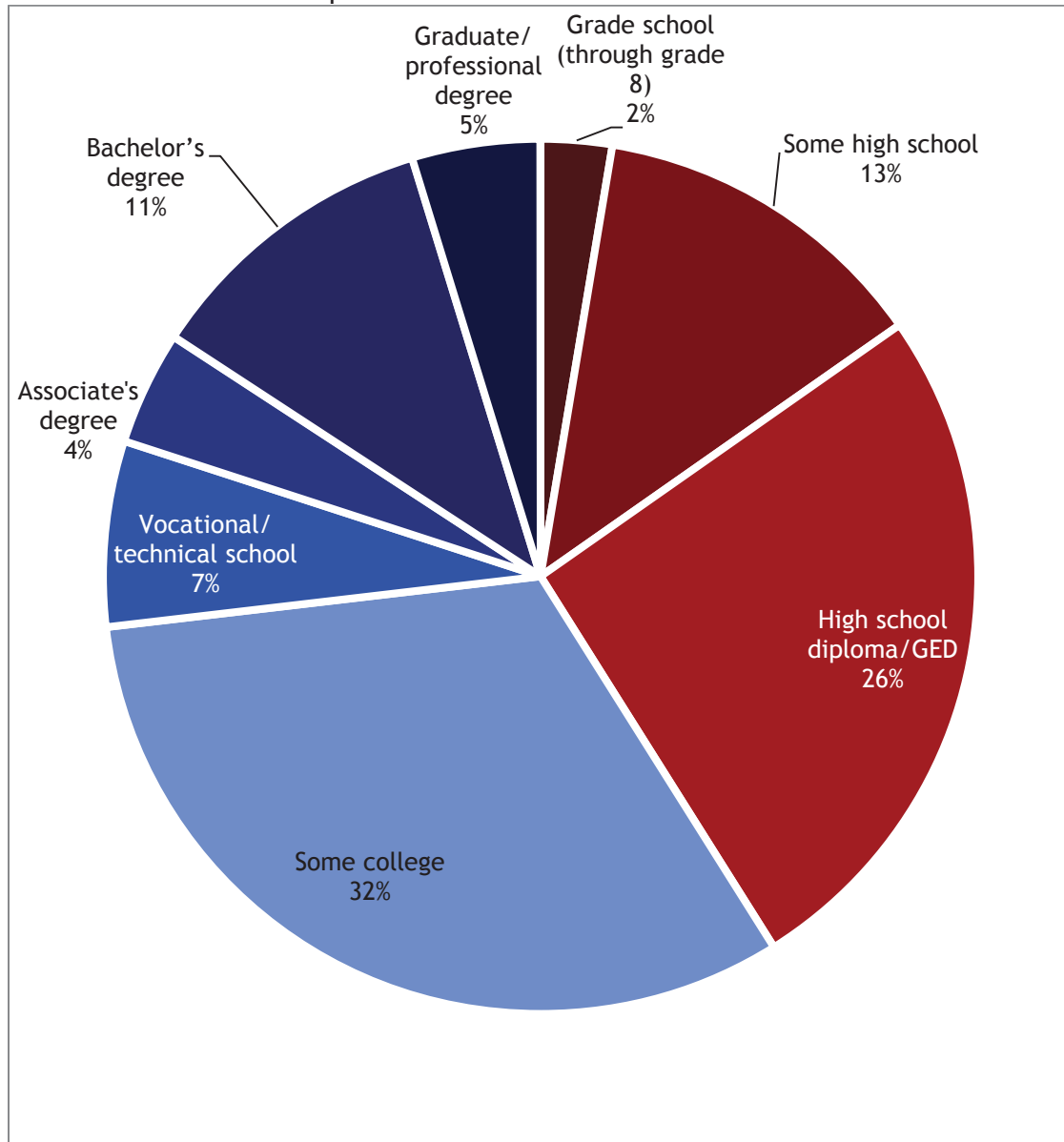
**Age Distribution of Respondents**



Educational attainment is broadly diverse, with more than half of respondents completing some form of education after high school. However, this is lower than the educational attainment of

the general population, where more than 80 percent have a high school degree. Bachelor's degree attainment of the survey respondents also falls below that of the general population.

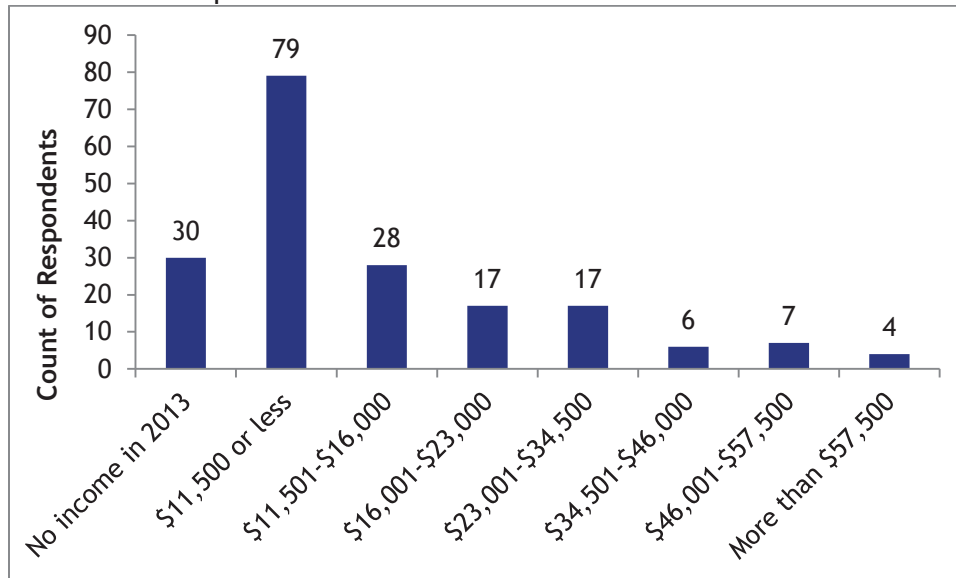
### Educational Attainment of Respondents



Income distribution is less diverse, with the majority of people making less than \$11,500 per year (58 percent). This income level puts these people below the FPL for a household of any size. Respondents are accessing assistance programs: 58 percent report receiving Supplemental Nutrition Assistance Program (SNAP; food stamp) benefits, 36 percent get Supplemental Security Income, and 20 percent receive Section 8 or some other type of housing assistance. Planning Council should closely monitor changes in these programs, especially reductions in SNAP benefits and the implementation of eligibility criteria such as work requirements, to

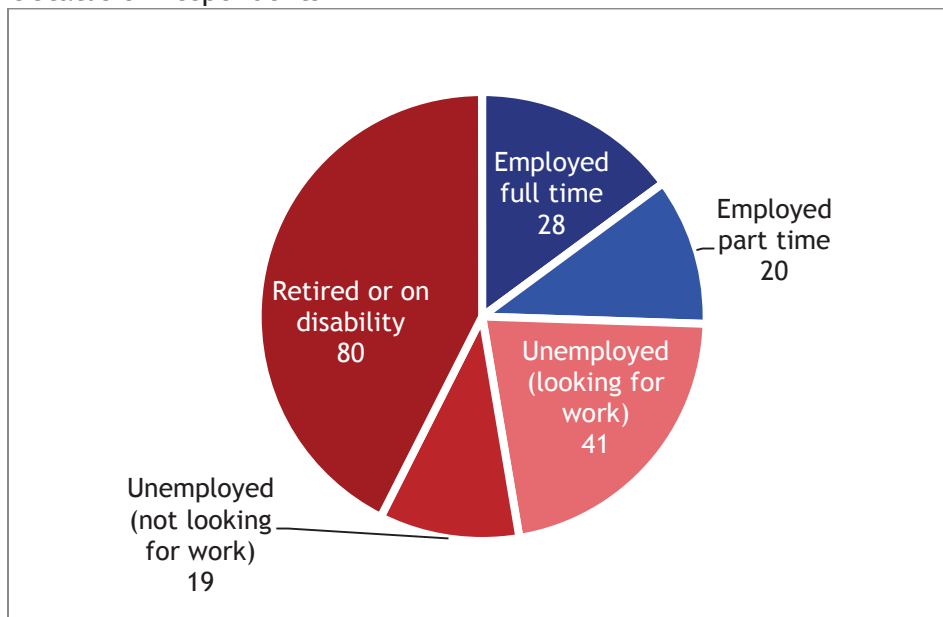
gauge the impact on PLWHA. Such changes could cause additional service gaps to develop that Ryan White Part A would help to fill.

### Income Distribution of Respondents



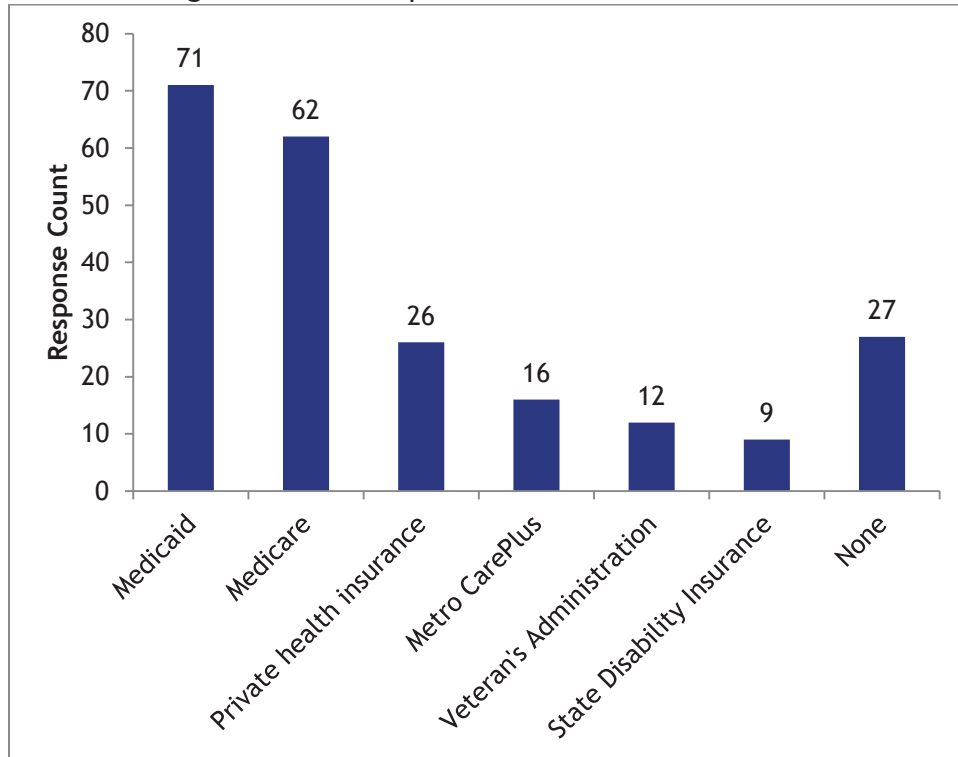
Only 25 percent of respondents had employment of any kind. Forty-three percent of respondents indicated that they were retired or on disability, which probably reflects a combination of the physical toll of HIV/AIDS and the number of survey participants that are over age 55. When asked about how HIV/AIDS has affected their work, 20 percent indicated that they quit working because of their HIV/AIDS, while 12 percent work fewer hours. Eleven percent of respondents said that they lost their job because they missed too many days.

### Employment Status of Respondents



The vast majority of survey respondents had some kind of health insurance coverage. We expect that those insured under Metro’s Care Plus program and many with no health insurance will gain coverage under the Affordable Care Act. Twenty-seven percent of survey respondents are Ryan White Part A clients. Further analysis on this topic, supported by data from the RSR on health insurance coverage of Part A clients, is presented later in this report.

#### Health Insurance Coverage of PLWHA Respondents



#### *HIV/AIDS-related Information*

Year of HIV diagnosis ranged from 1984 to 2013, with a median of 13 years ago (2000). Sixty-six people had also been diagnosed with AIDS, with the time span of diagnosis ranging from 1990 to 2013. The median time between HIV and AIDS diagnosis of respondents was zero years, indicating that many of the people who took the survey were late testers when they were diagnosed.

The majority of respondents contracted HIV/AIDS through sex with a man. Of the 139 people who selected this answer, 97 were men, 37 were women, and 5 were transgender/genderqueer.

How do you think you got HIV/AIDS? (Select all that apply.)

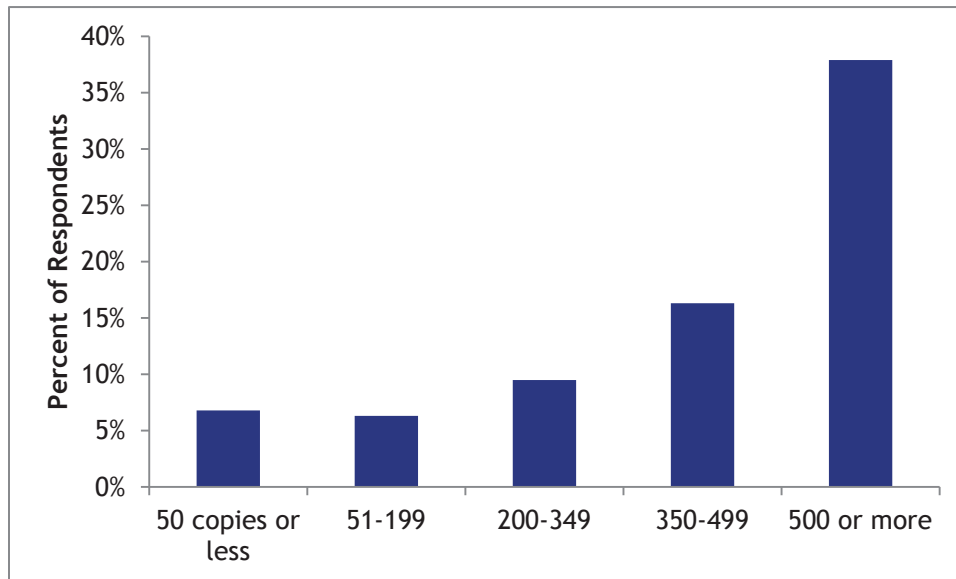
	Count	Percent
Sex with a man	139	73%
Sex with a woman	28	15%
IDU	11	6%
Sex with drug user	12	6%
Blood products/transfusion	6	3%
Born with HIV	2	1%
Don't know	15	8%
Other	8	4%

People were most likely to be diagnosed with HIV/AIDS when they went to the hospital or emergency room for something else (25 percent). Free HIV tests at organizations were also effective, leading to diagnosis for 18 percent of respondents. People who chose to get an HIV test were most likely to do so because their doctor suggested it (18 percent).

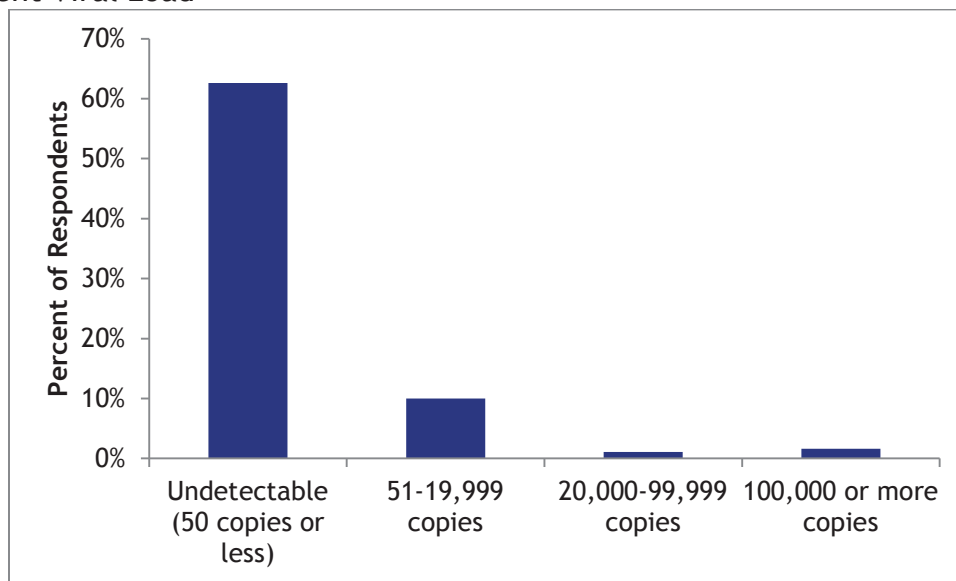
The referral network upon diagnosis seems to be strong: 68 percent of people were referred to medical care when they found out they were HIV positive. Regardless of whether or not they received a referral, 83 percent of survey participants saw an HIV doctor within three months of their diagnosis. Of those who did not see a doctor immediately, almost 40 percent (11 people) were not ready to think about their HIV/AIDS status.

In general, survey participants are well-connected to the services available to them and prioritize getting medical care for their HIV/AIDS. Three quarters of respondents had a CD4 count and a viral load test done in the last year. Only one person has never had these tests. Almost 23 percent could not remember the last time their CD4 count was tested, and 18 percent could not remember when their viral load was last tested. About 80 percent of people remembered their CD4 count results and almost 40 percent reported a count of 500 or more. A similar proportion of respondents remembered their most recent viral load—over 60 percent were undetectable. Over 90 percent of respondents had seen a health care provider for their HIV/AIDS within the last 12 months, meeting HRSA’s definition of “in care.” The vast majority of this group (87 percent) had been to the doctor for their HIV/AIDS within the past six months. Although most people said that in the last year they have never skipped their medications for any reason, the most common reason people did not take medications was because they forgot (16 percent).

### Most Recent CD4/ T-cell Count



### Most Recent Viral Load

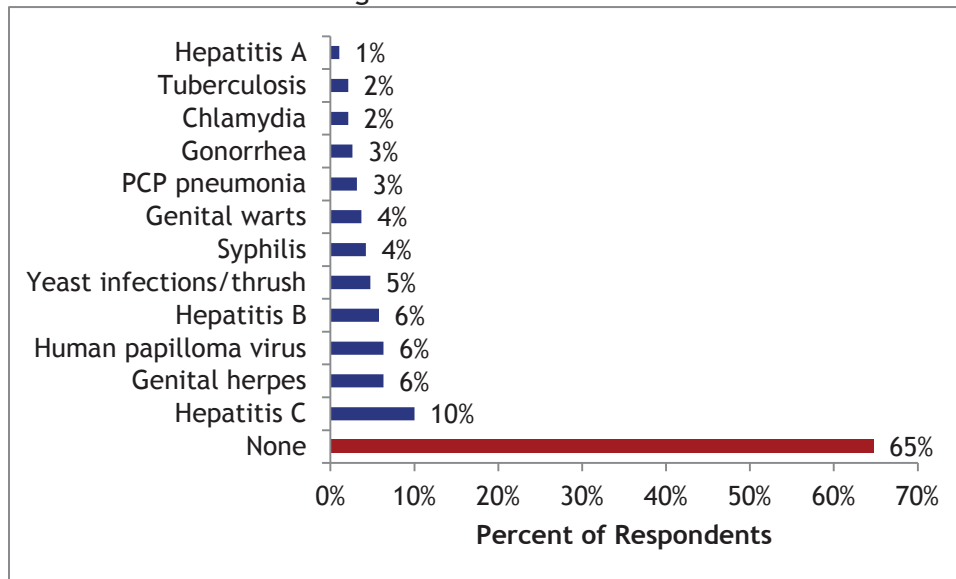


### *Health*

A relatively low percentage of respondents reported being diagnosed with a common sexually transmitted disease or co-infection in the last two years. The most common diagnosis was Hepatitis C, which is often transmitted through IDU. Sixty-five percent of respondents had not been diagnosed with any of the diseases below in the last two years.

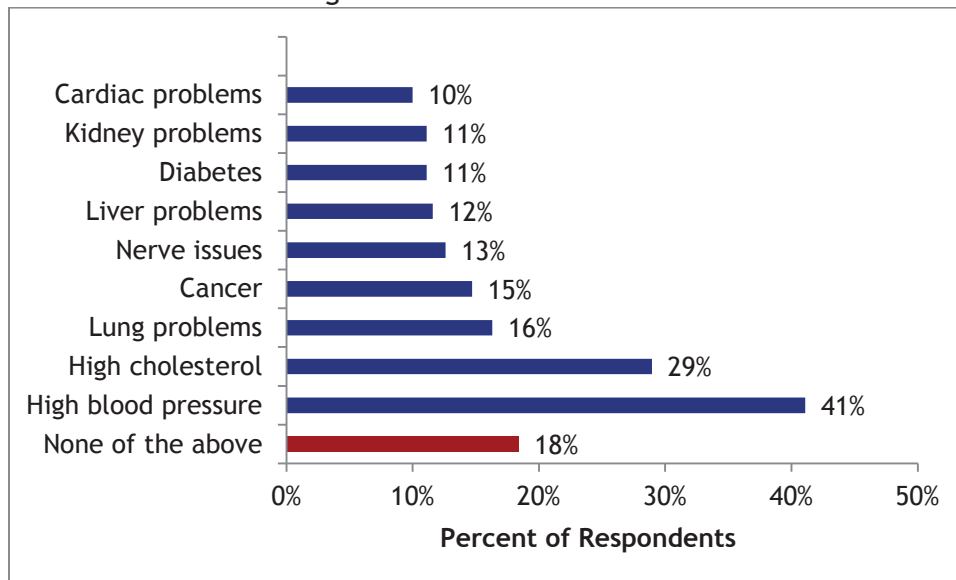


### Comorbidities: Infectious Disease Diagnoses in the Last Two Years



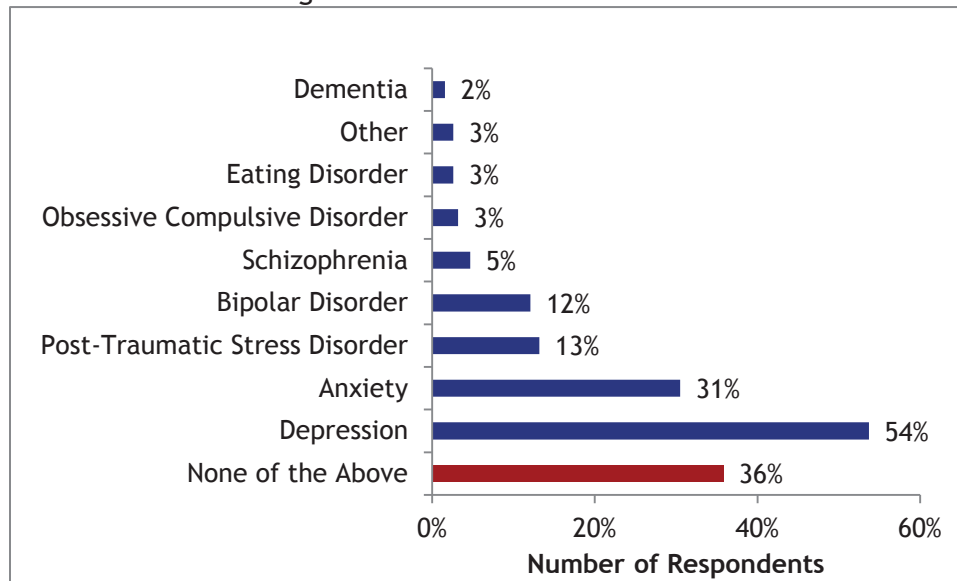
However, when asked if they had ever been diagnosed with a chronic disease, many more respondents identified health concerns. Forty-one percent of respondents have high blood pressure, followed by 29 percent with high cholesterol. Only 18 percent of respondents have never been diagnosed with any of these conditions.

### Comorbidities: Chronic Disease Diagnoses in Lifetime



Mental illness also takes a toll on PLWHA. Over half of respondents have been diagnosed with depression, and about a third struggle with anxiety. This is likely connected at least partly to the respondents' HIV/AIDS diagnosis, and underscores the importance of access to mental health services and support groups.

## Comorbidities: Mental Illness Diagnoses in Lifetime



Medical studies show that tobacco use such as smoking exacerbates comorbidities in HIV-positive patients and leads to more detrimental health outcomes than those seen in HIV-positive non-smokers. Forty-five percent of survey respondents report never using tobacco products, but 38 percent use them daily. This may indicate the need for more education and resources for PLWHA about how to quit smoking and the benefits of cessation.

### *Sexual Behavior*

Ten percent of respondents say that they had five or more sex partners in the last 12 months. While 46 percent never have sex without using a condom, 15 percent often do and 18 percent sometimes do. Twenty percent sometimes or often had sex while they are drunk or high on drugs in the last year. Over three-quarters of respondents (144 people) said they have access to the resources they need to keep their sexual partners healthy, such as free condoms and education on disclosure.

### *Marketing and Communications*

Respondents said the best way for them to receive information about HIV/AIDS services is from their health care provider (69 percent) and agencies (41 percent). This response indicates that survey participants tend to be well-linked to the system of care in the TGA. Among the least popular informational options were through their jobs (6 percent) and advertisements on buses or billboards (6 percent). Only 8 percent indicated that they use 211 or the Yellow Pages to find out about available services.

Twenty-five percent said they do not get on the Internet at least once a week. However, half of the participants (97 people) have a computer at home with Internet access, and about a third (64 people) have Internet on their phones.

### **Service Needs**

A *service problem* occurs when someone needs a service and has trouble when they try to get it, regardless of whether or not they eventually obtain the service. Service problems indicate that there are barriers to obtaining the service. A *service gap* is when someone needs a service and is not able to get it, indicating insurmountable barriers to care. Service problems and gaps can be quantified and ranked in two ways: as the *number* of people indicating a service was problematic or impossible to get, or as the *percentage* of people who said they needed the particular service. When looking at percentages, it is important to remember that a high percentage of respondents with gaps could represent a very small number of people. For example, 17 percent of respondents who needed child care experienced a service gap, as did 17 percent of people needing dental care. However, the 17 percent child care gap represents one person of the six respondents who needed this service. The 17 percent dental care gap represents 20 people out of 117 respondents who needed the service. This assessment includes both metrics, but to address the needs of the largest number of people, Planning Council should use the number rankings in priority setting and resource allocation. A complete ranking of service needs, problems, and gaps can be found in Appendix B.

PLWHA respondents indicated that the five most important services they needed to take care of their HIV/AIDS were outpatient/ambulatory medical care, prescription medications, oral health services, medical case management, and psychosocial support services.<sup>12</sup>

#### **Top Five Service Needs**

<b>Rank</b>	<b>Service Category</b>	<b>Number Indicating Need</b>
1	Outpatient/Ambulatory Medical Care	141
2	Prescription Medications	137
3	Dental Care/Oral Health Services	117
4	Medical Case Management	96
5	Psychosocial Support Services	81

Based on the 2012 RSR, Ryan White Part A is already providing three of these five high-need services in large quantities. Other providers in the system also provide these services outside of Part A funds.

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<sup>12</sup> The need ranking from this survey is slightly different than the ranking from data collected at Ryan White Part A consumer forums in May and November of 2013. In May, medical transportation and mental health services displaced prescription medications and medical case management in the top five ranking. In November, need for food bank/home delivered meals, medical transportation, and nutrition services were emphasized by participants.

Ryan White Part A 2012 Service Provision

Service	# of unduplicated clients	# of visits during reporting period	Average # of visits per client (intensity of use)
Outpatient/ambulatory medical care	2,068	7,872	3.81
Medical case management	1,718	10,910	6.35
Medical transportation services	652		
Oral health care	479	1,231	2.57
Early intervention services (Part A and B)	399	1,672	4.19
Medical nutrition therapy	382	614	1.61
Local AIDS pharmaceutical assistance	373		-
Outreach services	303		
Housing services	157		
Mental health services	154	927	6.02
Home health care	45	180	4.00
Home and community-based health services	40	1,169	29.23
Substance abuse services--outpatient	40	681	17.03
Food bank/home delivered meals	37		
Substance abuse services--residential	10		
Psychosocial support services	4		
Hospice services	3	215	71.67

Source: Ryan White Part A 2012 RSR. Services in gray are support services.

It is more difficult to access some needed services than others. In terms of numbers of people, the following services were the most problematic to get when they were needed: dental/oral health care, housing assistance, prescription medications, non-medical case management, and emergency financial assistance.

Service Problems Ranking: Absolute Numbers

Rank	Service	Number Indicating Problems Accessing Service
1	Dental Care/Oral Health Services	33
2	Housing Services	31
3	Non-Medical Case Management	29
4	Prescription Medications	29
5	Emergency Financial Assistance	28

However, if we examine the number of people who had problems getting a service as the percentage of people who said they needed the service, a different ranking emerges: child care, early intervention services, permanency planning, housing services, and legal services round out the top five most problematic services. In the table below, n represents the number of

respondents who indicated they needed the service. With the exception of housing and perhaps legal services, these services are not widely demanded among survey respondents but posed problems to a large proportion of the people trying to get them.

**Service Problems Ranking: Percentage of Respondents with Service Need**

Rank	Service	Percent Indicating Problems Accessing Service
1	Child Care	83% (n=6)
2	Early Intervention Services	67% (n=9)
3	Permanency Planning	56% (n=9)
4	Housing Services	55% (n=56)
5	Legal Services	52% (n=25)

Regardless of whether or not people had problems getting a needed service, the top services, in terms of absolute number, that people said they needed but did not ultimately receive (service gaps) are: dental/oral health care, housing services, nonmedical case management, and emergency financial assistance. Nutritional therapy and transportation assistance are tied for the fifth most common service gap. Unmet need for the survey population is estimated at 4 percent, based on those who said they needed HIV-related primary medical care but were unable to get it.

**Service Gap Ranking: Absolute Numbers**

Rank	Service	Number Indicating Inability to Access Service
1	Dental Care/Oral Health Services	20
2	Housing Services	19
3	Non-Medical Case Management	12
4	Emergency Financial Assistance	11
5 (tie)	Nutritional Therapy	7
5 (tie)	Transportation Assistance	7

When we look at service gaps by percentage, the same service areas are highlighted: housing assistance, emergency financial assistance, dental care, and non-medical case management. Child care services were also not received by one of the 6 people who indicated they needed it.<sup>13</sup>

**Service Gap Ranking: Percentage of Respondents with Service Need**

Rank	Service	Percent Indicating Inability to Access Service
1	Housing Services	34% (n=56)
2	Emergency Financial Assistance	17% (n=63)
3	Dental Care/Oral Health Services	17% (n=117)
4	Child care	17% (n=6)
5	Non-Medical Case Management	17% (n=72)

<sup>13</sup> Although four of these five service gaps appear to be tied at 17 percent, this is a result of rounding. The ranking reflects the unrounded percentage for each service.

The majority of people who needed and received services were satisfied for all service categories except for linguistic services, where two of the four people were dissatisfied. However, this is a low sample number and is not necessarily generalizable to the experiences of everyone who used linguistic services.

In open-ended comments, 21 percent of PLWHA from outlying counties such as Lorain and Ashtabula used this survey space to express their preference for service providers closer to home, especially for dental care. Twelve people wrote positive comments about the quality of their care, their positive relationships with providers, and about how services in the Cleveland TGA are better than places they have lived or visited before.

### ***Barriers***

Cost (inability to pay for services) and insurance problems (not having insurance or insurance not covering needed services) were the main barriers that kept people from taking care of their HIV/AIDS. These barriers hit respondents at all levels, ranging from making it difficult to impossible to get the care they needed. Other notable barriers were life issues outside of HIV/AIDS (homelessness, substance addiction, mental illness, hunger) and availability of services. Emotions and attitudes about HIV/AIDS and time conflicts were also frequently-noted barriers, but usually did not keep people from getting care altogether. Eligibility requirements were a frequently-noted small barrier—something that caused a few difficulties in getting care.

In the provider survey, discussed in more detail later in this report, providers were asked why they think their clients are not able to receive and/or maintain care. A predominant theme in client barriers is mental health and addiction issues. Every provider who responded said they have clients who experience mental health and/or addiction issues that inhibit access to care, while all but one identified life issues and emotions/attitudes as barriers. Transportation and system issues round out the list of the top five barriers highlighted by providers.

### **PLWHA Subpopulations of Interest: Notable Findings**

The Cleveland TGA Planning Council has identified six special subpopulations of interest based on epidemiological data and traditional disparities in access to services. These groups are sometimes referred to as populations with severe or demonstrated need. They are: African Americans, Hispanics, youth (age 13 to 24), aged (age 45+), men who have sex with men (MSM), and injection drug users (IDU)/substance abusers. Additionally, Planning Council is interested in examining minority women as a subset of the African-American and Hispanic groups. These groups are not necessarily mutually exclusive, so one person can theoretically fall into many of the demonstrated need subpopulations.

This section explores survey findings from respondents that fall into each of the demonstrated need subpopulations. For some of these subpopulations, sample sizes are small and findings should be interpreted with caution.

### *African Americans*

Ninety-nine African Americans living with HIV/AIDS responded to the survey, making up 52 percent of PLWHA who completed the survey. African-American respondents displayed age and gender distributions similar to the overall distributions. Ninety-five percent of these African Americans reside in Cuyahoga County. Additionally, two people responded from Ashtabula, two from Lake, and one from Lorain.

Sixty-four percent of African-American respondents make \$11,500 or less a year, which is six percentage points higher than that of the general participant pool.

Seven percent of African Americans indicated that they had five or more sex partners in the last year, which is lower than the 10 percent rate of the overall survey population. African-American respondents are slightly more likely to sometimes or often have sex without using a condom (36 percent compared to 33 percent) and sometimes or often have sex while they are drunk or high on drugs (25 percent compared to 20 percent) than the overall survey group of PLWHA.

The top five needed services for African Americans are the same as those for the overall group: outpatient/ambulatory medical care, prescription medications, dental care, medical case management, and psychosocial support services, ranked in that order. The services that posed the most problems for African Americans to access were: dental/oral health (20 people), prescription medications (17 people), non-medical case management (17 people), and primary medical care (16 people). Primary medical care was not one of the most problematic services for the general group. In terms of relative measures, child care (four people, or 80 percent of those who needed the service, had problems), early intervention services (71 percent, five people), housing services (50 percent, 15 people), legal services (50 percent, seven people), permanency planning (50 percent, four people), and respite care (50 percent, three people) were the most problematic services. Top service gaps in absolute numbers are in dental care (12 people needed the service but did not receive it), housing services (eight people), and emergency financial assistance (seven people). Service gaps in terms of the percentage of people who needed the service but did not get it are housing (27 percent), legal (21 percent, three people), emergency financial assistance (21 percent), and dental (21 percent). Outreach services were not received by two of the 11 people who needed them (18 percent).

Part A's RSR indicates that as a group in the TGA, African Americans are over-represented in their utilization of HIV-related primary medical care and have parity in their utilization of other Ryan White-funded services.<sup>14</sup>

Major barriers to care for African-American respondents are insurance coverage and cost, followed by emotions/attitude and service availability, just as they are for the overall survey

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<sup>14</sup> The RSR indicates that African Americans comprise 54 percent of PLWHA in the TGA but are 58 percent of the Part A clientele for primary medical care.

population. Eligibility, time constraints, and other life issues constitute the top three small issues that make it difficult to get care.

### *Hispanics*

Seventeen Hispanics living with HIV/AIDS completed the survey across a range of ages, although the majority (11) were over 45 years old. One respondent was from Ashtabula, one from Lake, three from Lorain, and 12 from Cuyahoga. Almost 30 percent of respondents did not complete high school, although 41 percent attended some college. Fifty-eight percent had incomes under the FPL, comparable to the overall survey group.

Three of the Hispanic respondents indicated that they prefer to receive services in Spanish, and an additional two people said that they are comfortable receiving services in both Spanish and English. Eleven Hispanic participants preferred English.

Two respondents indicated that they had five or more sex partners in the last year, and five people indicated that they sometimes or often had sex while drunk or high or had sex without a condom.

Two people stated that they worked fewer hours because of their HIV/AIDS, and two people said that they quit working because of their HIV/AIDS. This is a lower proportion than that of the general survey population, but the response count is low.

As with other groups, outpatient/ambulatory medical care (13 people), prescription medications (11 people), dental care (11 people), and medical case management (nine people) are the primary service needs of Hispanic respondents. Transportation assistance is also highlighted as a key need (nine people). Nutritional therapy (three people) and prescription medication services (two people) posed the most problems for respondents in absolute numbers. Notably, four of six people who needed housing services did not receive them. Part A's RSR indicates that as a group in the TGA, Hispanics are over-represented in their utilization of HIV-related primary medical care and in their utilization of other Ryan White-funded services.

Emotions and attitudes about HIV/AIDS is the main barrier keeping Hispanic PLWHA from accessing the services they need. Time conflicts also pose some problems. These results are different from those of the overall group, as cost and insurance coverage are relatively low on the list of barriers to care for Hispanic respondents.

### *Minority Women*

Thirty-three minority women responded to the survey across a range of ages. Twenty-seven resided in Cuyahoga County, two in Ashtabula, three in Lake, and one in Lorain. Three of the women were of Hispanic ethnicity; racially, 28 were African American, two were White, and three identified as "other." Thirty-three percent of the women did not finish high school, compared to 15 percent of the overall survey population. College attainment was also lower. Twenty-six of the women, or 79 percent, earn incomes below the poverty line.



None of the minority women report having sex with five or more sex partners in the last year. Ten of the women have sex sometimes or often without a condom, and six women report sometimes or often having sex while drunk or high.

Almost a quarter of the women have had their work affected by HIV/AIDS in some way; five people work fewer hours and three quit working because of their HIV/AIDS.

Like the overall survey population, minority women rank outpatient/ambulatory medical care (23 people), prescription medications (21 people), psychosocial support services (18 people), dental care (17 people), and medical case management (17 people) as areas that are most important for them. Non-medical case management was also mentioned (17 people). The services that are most problematic for minority women to access are outpatient/ambulatory (seven people), prescription medications (seven people), food bank/home-delivered meals (seven people), and non-medical case management (seven people). Food bank/home-delivered meals was the notable service gap for this population.

The most significant overall barriers for minority women are emotions/attitude, lack of knowledge, and time conflicts. Time is mainly a small barrier, while lack of knowledge causes larger problems in accessing services. Emotional barriers range from being a small, surmountable issue to large enough to keep minority women from getting care.

#### *Youth (13 to 24)*

Although a total of 29 youth completed the survey, only six are PLWHA (five males and one female). Four were from Cuyahoga County, one was from Lorain, and one was from Medina. Two-thirds were African American, one was White, and one was Hispanic.

None of the respondents held a college degree, although this could be due to their age. Two-thirds live below the FPL. Half of the youth respondents have had their employment affected in some way by HIV/AIDS. Half report having sex without a condom often, but this is the only risky behavior that is identified in this subpopulation.

The youth respondents echoed the survey group at large with their most-needed services: prescription medications (six people), dental care (six people), outpatient/ambulatory care (four people), medical case management (four people), and psychosocial support services (four people). Two respondents had trouble getting housing services and were unable to get this needed service.

Service availability and insurance coverage are the biggest barriers for this subgroup, keeping youth respondents from getting care. Provider issues also caused notable but surmountable problems.

### *Aged (45+)*

Aged respondents made up 67 percent of survey participants. The majority were 45 to 54 years old (81 people). Most of the respondents were from Cuyahoga (109 people), although all other counties in the TGA were represented in this survey group. Nine percent were Hispanic, 38 percent were White, and 56 percent were African American. The educational and income profiles of the aged group resemble those of the overall survey population.

Aged survey participants had sex without using a condom at about the same rate as the general survey population. Seventeen percent sometimes or often had sex while they are drunk or high on drugs.

Thirty-six percent of aged respondents say that their HIV/AIDS affected their work in some way. Seventeen people have reduced their work hours and 29 people quit work because of their HIV/AIDS.

Aged respondents identified the same key needed services as other groups: outpatient/ambulatory, prescription medications, dental care, and medical case management. In absolute numbers, the services posing the most problems were non-medical case management (23 people), psychosocial support services (21 people), and dental care (21 people). Ranked by percentage of people who said they needed a service but had problems, the services with the most issues are: child care (80 percent, four people), early intervention services (75 percent, six people), and legal services (63 percent, 12 people). Service gaps occurred most often for the aged in dental care (10 people), housing services (nine people), and non-medical case management (eight people). Service barriers for the aged subgroup echo that of the general population.

### *Men Who Have Sex with Men (MSM)*

Ninety-seven males who took the survey believe that they contracted HIV/AIDS via sex with another man. Additionally, 71 males are currently sexually active with another man. We will examine these groups separately because, although they are not mutually exclusive, they do not overlap completely.

Of those who received HIV/AIDS via MSM, the majority are from Cuyahoga, although all counties from the TGA are represented. Nine men are Hispanic, 50 are White, and 39 are African American. This group is more educated than the overall group, with 43 percent completing some college and 25 percent completing an undergraduate or graduate degree. Only 41 percent of this population makes a yearly income under the FPL, compared to 58 percent of the overall survey group.

Nineteen percent of men exposed to HIV/AIDS via men have had five or more sex partners in the last year, and 44 percent have sex sometimes or often without a condom.

Thirty-four percent of MSM have had their work affected by HIV/AIDS in some way—10 people work fewer hours, and 24 quit working because of their HIV/AIDS.

Outpatient/ambulatory medical care, dental care, and prescription medications are by far the most needed services by MSM. Prescription medications and dental care posed the most problems to access for this group (14 people and 15 people respectively). Housing is the largest service gap; 10 people needed this service and were not able to receive it. Dental care follows closely behind, with nine people who needed the service and did not get it.

Part A's RSR indicates that as a group in the TGA, the people in the MSM exposure category are over-represented in their utilization of primary medical care but under-represented in their utilization of other Ryan White-funded services.

Cost and insurance coverage are the main barriers to care for men in the MSM exposure category. Emotions/attitudes about HIV/AIDS and life issues also get in the way of people in this group getting care.

There are 71 people who are currently sexually active MSMs. These men are of interest because they represent a potential transmission source, rather than a group of people in the epidemiological transmission/exposure category. Twenty-seven percent of these men have had five or more sex partners in the last 12 months, and 55 percent have sex without a condom sometimes or often. Further, 35 percent of them had sex while drunk or high on drugs sometimes or often.

#### *Injection Drug Users (IDU)/Substance Abusers*

Eleven respondents self-identified their HIV/AIDS infection mode as IDU. Three are females, seven are males, and one is transgender. Eight reside in Cuyahoga, and three live in Ashtabula. However, our analysis will focus on current IDU/substance abusers, as these are the people who could transmit HIV/AIDS if they share needles and whose substance dependence could impact their ability to access and maintain care.

The survey had 84 responses from people who can be categorized as current IDU/substance abusers. This group was selected based on answers to questions about drug use. Any person who said he or she used illegal drugs was included, but alcohol and tobacco use did not factor into this grouping.

The age distribution of current substance users matches that of the general survey population. Eighteen percent are female and 80 percent are male. Two percent are transgender. Eight percent of respondents are Hispanic, 33 percent are White, and 58 percent are African American.

Thirty-nine percent of people in this group use alcohol at least weekly, 7 percent use cocaine at least weekly, 11 percent use crack weekly, and 40 percent use marijuana weekly. Only one person identifies as currently using heroin daily. Fourteen percent have had five or more sex partners in the last year, and 40 percent have sex sometimes or often without using a condom. Thirty-six percent have sex while drunk or high on drugs sometimes or often.

When asked about what would help them get into substance abuse treatment, respondents said that free treatment (16 percent), transportation to treatment (16 percent) and information about what services were available and where to go (14 percent) would help them.

Current substance users cite outpatient/ambulatory care, prescription medications, and dental care as their most needed services. Housing services and non-medical case management caused people the most problems when trying to access them (18 people and 17 people, respectively). Housing services and dental care are the largest service gaps for this population (12 people and 10 people, respectively, were unable to access these services).

Insurance coverage and service availability are the most significant barriers for current substance abusers seeking care. Availability and cost are the barriers cited most often that keep people in this group out of care, while insurance coverage, time, and eligibility requirements all cause problematic but surmountable issues.

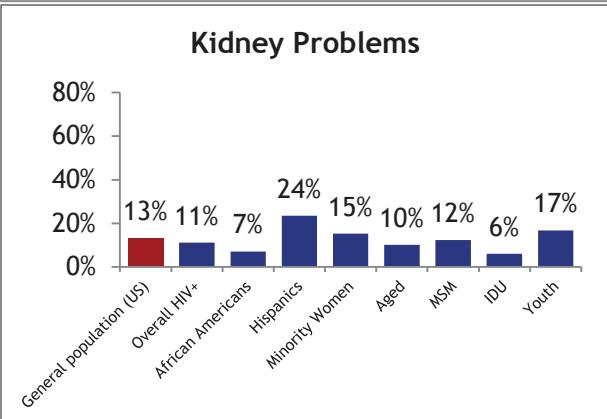
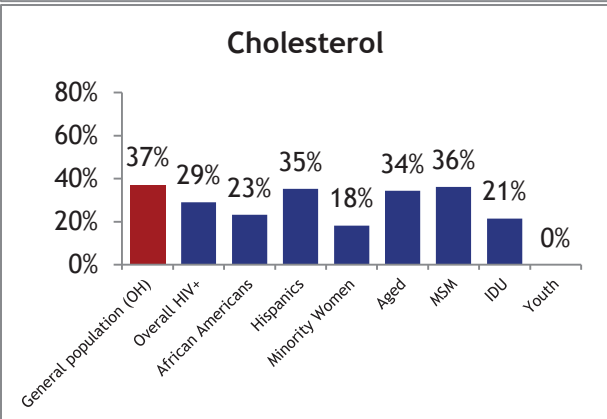
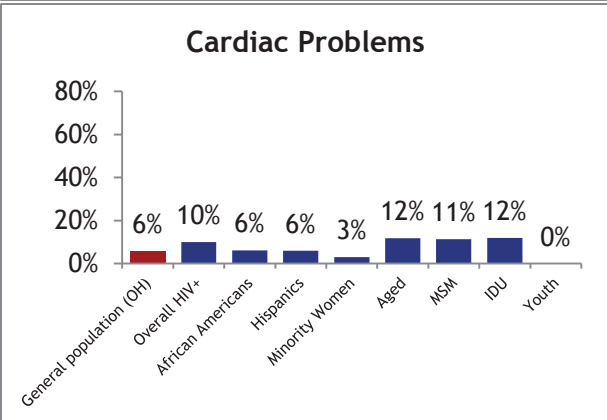
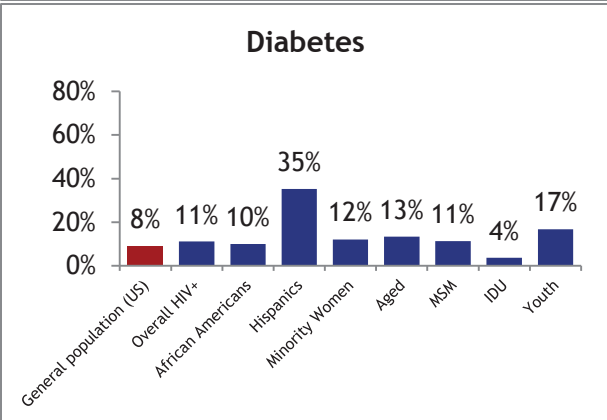
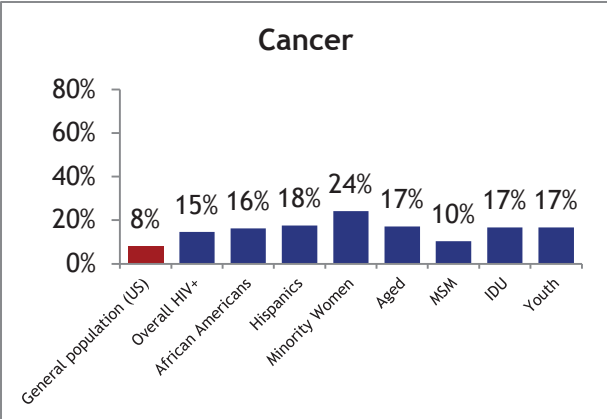
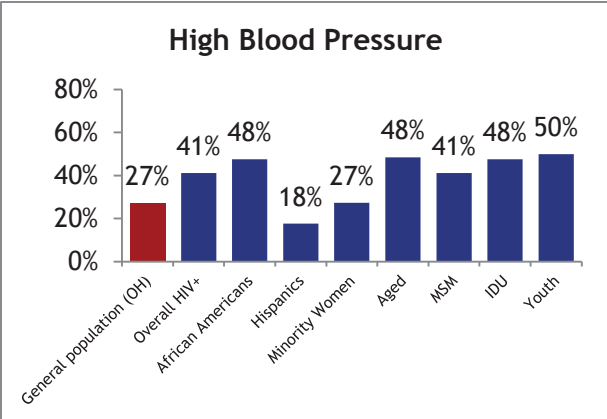
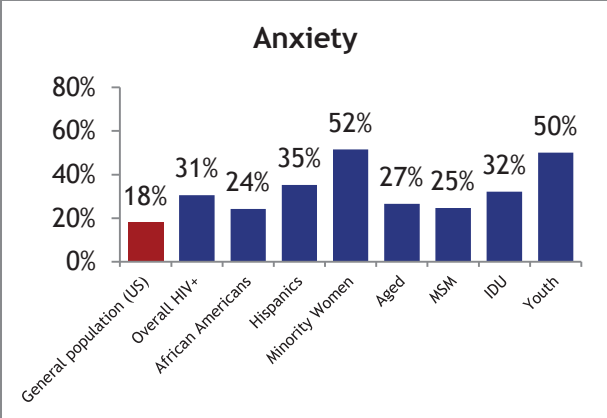
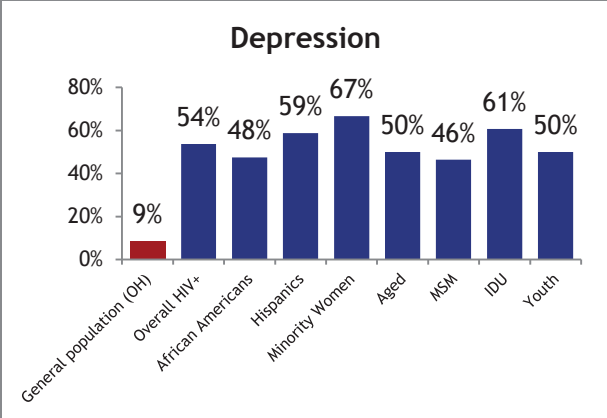
Part A's RSR indicates that as a group in the TGA, the people in the IDU exposure category are under-represented in their utilization of HIV-related primary medical care and in their utilization of other Ryan White-funded services.

### *Comorbidities Among Subpopulations of Interest*

All subpopulations, as well as the overall group of PLWHA respondents, report higher rates of depression and anxiety than the general population. With the exception of cholesterol, cardiac problems, and kidney problems, PLWHA respondents have higher rates of many common comorbidities than the general population.<sup>15</sup> For a fuller discussion of comorbidities in each subpopulation, refer to Appendix C.

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<sup>15</sup> Data for comorbidity rates in the general population are from the following sources: Depression—CDC ([http://www.cdc.gov/features/dsdepression/revised\\_table\\_estimates\\_for\\_depression\\_mmwr\\_erratum\\_feb-2011.pdf](http://www.cdc.gov/features/dsdepression/revised_table_estimates_for_depression_mmwr_erratum_feb-2011.pdf)); Anxiety—Anxiety and Depression Association of America (<http://www.adaa.org/about-adaa/press-room/facts-statistics>); High blood pressure, cardiac issues, and cholesterol—ODH (<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/hpr/cardiovascular%20health/burdenofheartdisease.ashx>); Cancer—CDC ([http://www.cdc.gov/nchs/data/series/sr\\_10/sr10\\_256.pdf](http://www.cdc.gov/nchs/data/series/sr_10/sr10_256.pdf)); Diabetes—National Institutes of Health (NIH) (<http://diabetes.niddk.nih.gov/dm/pubs/statistics/#fast>); and Kidney problems—NIH (<http://www.nih.gov/news/pr/nov2007/niddk-09.htm>).



## **Out of Care PLWHA**

According to HRSA, a person is out of care and has unmet need if he or she has not had a CD4 count, a viral load test, or a prescription for anti-retroviral therapy (ART) in the past 12 months. The term “unmet need” refers specifically to the need for HIV-related primary medical care by people who have not had this service in the past 12 months.

Out of care PLWHA were particularly difficult to reach during the information collection period of this needs assessment. People who are out of care are generally disconnected from the HIV provider and advocate network. Not only are they not connected to medical care, they are also generally not accessing other supportive services. They tend to be more marginalized and perhaps have additional life issues such as homelessness, mental health problems, or addiction that prevent them from staying in care (and participating in surveys).

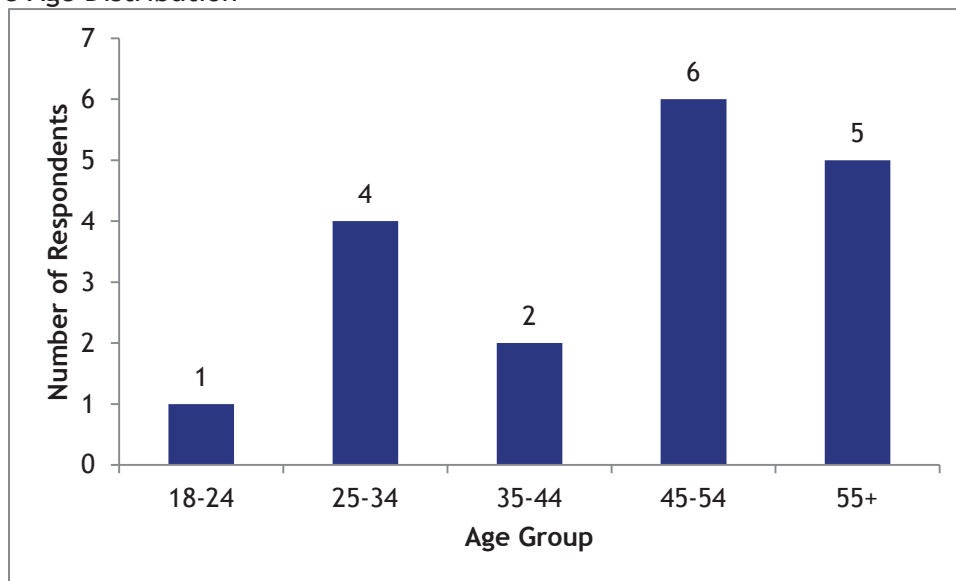
To overcome this, we tried to partner closely with outreach staff at providers and made surveys available at service providers working around non-HIV/AIDS specific issues, such as substance abuse. A Community Solutions staff member administered surveys at a walk-in clinic that is sometimes visited by PLWHA who are recently out of care. When these strategies did not yield the desired sample of responses from out-of-care PLWHA, we extended the survey deadline, provided an additional drawing incentive, and specifically requested that Planning Council members help us connect the survey to people they know who are out of care. A total of 18 survey respondents indicated that they either were currently out of care or had been out of care for at least a year some time in the past.

In the future, it is recommended that Planning Council develop a short questionnaire (approximately 10 questions) that can be administered to out-of-care people when they come into contact with the service network. This continual data collection will enable a larger sample size and more information on a difficult-to-reach demographic.

### ***Demographics***

Five of the respondents are female, while 13 are male. This is slightly more skewed toward females than the population of PLWHA in general. Thirteen respondents are from Cuyahoga County, three are from Ashtabula, one is from Lake County, and one is from Lorain County. One of the people is Hispanic, seven are White, and 10 are African American. The age profile of out of care respondents echoes that of the overall survey population.

### Out of Care Age Distribution



Although a larger proportion of the general survey population has completed some college, the out-of-care group exhibits a higher proportion of vocational/technical school graduates and people with graduate degrees. Sixty-seven percent of respondents make less than \$11,500 per year, putting them below the FPL. Only three are employed at any job (one-full time, two part time), 10 are retired or on disability, and the remaining five are unemployed. Sixty-one percent of this group has been diagnosed with depression.

Fifteen respondents in this category are considered currently in care although they have been out of care in the past, while for three people it has been more than a year since they have seen a doctor for their HIV/AIDS. The median time spent out of care is two years. Four of the respondents have been out of care in the past two years. Two respondents say that they currently do not have a regular place they go for HIV care. Four people are not currently taking antiretroviral medications.

#### ***Barriers to Getting Care***

Cost is a key barrier to care for the out of care group, as it has been for most of the groups analyzed here. More notably, system issues, such as difficulty getting referrals and understanding the system of care, also rose to the top. People who are out of care may have become frustrated with trying to navigate the system and given up on getting the care they need.

When asked why they went without medical care for more than 12 months, five people said that they were worried other people would find out they had HIV/AIDS. Other common answers were that they didn't like the way providers treated them (four people), and that they didn't feel sick (four people).

When providers were asked what they thought was the main barrier keeping people from accessing care, all of them mentioned mental health challenges and addiction.

### *Strategies for Connecting to Care*

Respondents who were out of care in the past but now receive medical care for their HIV/AIDS said that they sought out care when they got sicker (five people), someone reached out to them and encouraged them to get into care (five people), and they decided they wanted to stay healthy (six people). This indicates that continued outreach and providing information about the benefits of accessing medical care is a positive strategy to induce people to access care. Peer support programs can provide encouragement and support when HIV-related care seems overwhelming and help PLWHA who are out of care navigate the system.

### **HIV Positive/Unaware**

Guidance from HRSA instructs that Ryan White Part A needs assessments should generate information about individuals with HIV/AIDS who do not know their status. By providing information on how to reach those who are not aware of their HIV status, this needs assessment will help Planning Council fulfil their legislative requirement to determine strategies for identifying HIV-positive/unaware people and ensuring they are tested and linked to care.

“Unawares” are those who have not received a positive HIV diagnosis and are living with HIV/AIDS without realizing it. Although it is impossible to identify members of this group with certainty, by surveying people who have risky sexual behaviors or inject drugs we can get an idea of how to reach people in the community who are HIV positive/unaware.

Surveys for this group were collected online, at testing events, and via providers. Many of the respondents took the survey before they were tested for HIV at a testing event, self-selecting themselves as someone who is concerned about his or her HIV status. Based on feedback from the expert stakeholder focus groups at the outset of the survey period, respondents who indicated that they did not know their HIV status *and* those who said they knew they were HIV negative were instructed to take the same portion of the survey. Because of this and the broad access to surveys, the unaware response pool of 90 individuals was divided into a high-risk group (73 people) and a low-risk group (17 people) based on information regarding sexual practices, drug use, and risky behavior since their last HIV test.

### *High Risk Group*

The high-risk group of unawares is made up of people who have had five or more sexual partners in the last year or who say that they sometimes or always exhibit HIV risk behaviors such as having sex without a condom, having sex when drunk or high on drugs, trading sex for drugs or money, having sex with an injection drug user, injecting drugs, or sharing needles. People were also included in this group if they self-identified as being at risk for contracting HIV/AIDS since their last test.

High-risk unawares who were surveyed are younger than the general population of survey respondents and more heavily female (58 percent). The majority live in Cuyahoga County, but



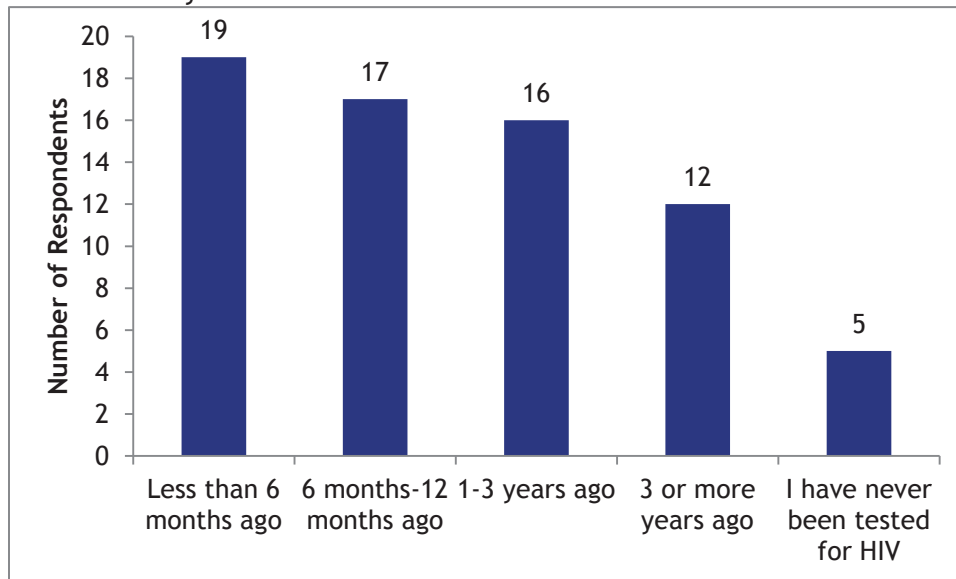
there is at least one person in this group from each county in the TGA. Eight percent of respondents are Hispanic, 52 percent are African American, and 40 percent are White. All but 4 percent of respondents have completed high school, but 61 percent make less than \$11,500 per year. Fifty-nine percent are employed at least part time, and 27 percent are unemployed and looking for work.

Although the most popular way to find out about HIV/AIDS services is through their health care provider (37 responses) like the PLWHA group, high-risk unawares also highlight the television as a major way they receive information (31 people).

Eight people sometimes or often have sex with an injection drug user, and four people sometimes or often inject drugs themselves. Thirty percent of the high-risk unawares had five or more sexual partners in the last year. Forty-five percent had sex without a condom often and 36 percent did so sometimes. Half of this group had sex while drunk or high on drugs sometimes or often. Eleven people said that they had engaged in risky behaviors since their last HIV test and so were unsure of their status.

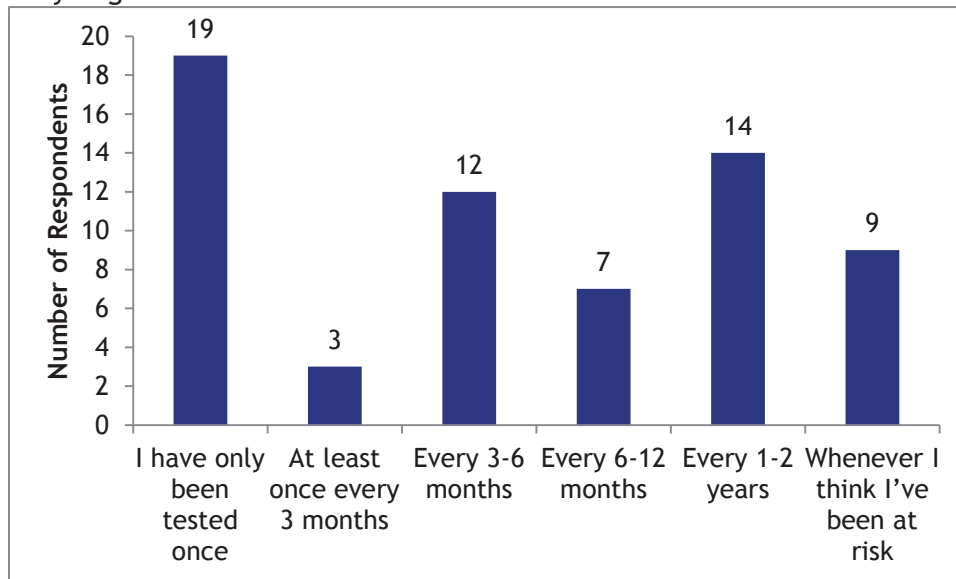
The majority of the group (51 percent) has been tested for HIV within the past 12 months, which falls within recommended practice. However, almost 50 percent of these high-risk respondents have not been tested in more than a year.

When was the last time you were tested for HIV?



Most people in this group who have had a HIV test in the past got tested because they just wanted to know their status (49 percent) or because they had unprotected sex (29 percent). Free tests induced 26 percent to get tested for HIV.

### How often do you get tested for HIV?



Thirty percent get tested regularly at least once a year. This is lower than desired for a group with high-risk behaviors. When asked why they might not get tested at least once a year, 27 percent responded that they don't think they are at risk. This could be because they have unprotected sex with a partner they trust.

Free tests are the best way to encourage people to get an HIV test, according to 60 percent of respondents. HIV testing at routine medical appointments was also a popular suggestion (30 percent).

Eighty percent of respondents said they had access to the things they needed to stay safe in situations where they are at risk for HIV/AIDS.

## CAPACITY OF SERVICE PROVIDERS TO MEET CONSUMER NEEDS

### Highlights

- We surveyed 20 organizations identified as central to the HIV/AIDS care network, obtaining detailed information from this group. We also collected contact, location, and service information for approximately 200 groups that identified PLWHA as a population they serve, or HIV-related services as something they provide. Finally, in order to gain a fuller picture of wrap-around type services available to anyone in the TGA, we utilized online 211 databases to compile a list of providers in six core and six support service categories.
- The HIV provider and advocate network is well-connected and larger than in other communities. We found the vast majority of organizations who serve PLWHA to be very responsive and helpful during survey collection and throughout the needs assessment process.
- Nearly all categories of core services are either provided or referred by organization in the HIV/AIDS care network. The core medical service that is provided by the greatest number of survey respondents is mental health services. These core medical services are provided by the fewest number of survey respondents: home health care, hospice care, health insurance premium and cost-sharing, and home and community-based health services.
- Of the core services, dental care appears to be a service gap. Dental care is one of the most commonly referred services, and is not provided by many providers who responded to this survey. This may speak to a need for more providers of dental care services. In our survey of PLWHA, this service was identified as the most problematic to get and as the most frequently needed but not ultimately received.
- The 12 provider organizations that receive funds from Ryan White Part A show a diversified funding base, with nine reporting at least five different funding sources. Diversification in funding sources means that an organization is not overly reliant on any one source, and is often better equipped to maintain services and staffing levels even if one source decreases.
- A majority of providers reported that they have the staff and funding to serve their current clientele. Most (12 of 17) also believe that they are well-positioned for a 5 percent increase in the number of people they serve. However, less than half are confident that they could serve 10 percent more clients, and only seven believe they could handle a 20 percent increase.
- The impact of mental health and addiction issues is seen throughout the provider survey. All of the provider respondents see these as barriers to clients getting and staying in care, and some of these same providers often make referrals for substance abuse and mental health treatment services in the course of treatment for PLWHA. Mental health and

addiction issues are also noted in consumer survey responses as an impediment to maintaining a healthy lifestyle.

- As PLWHA age, they may become newly eligible for services based on age, rather than diagnosis.
- The lack of community dental care providers is concerning, especially as this is a commonly referred service and one identified as problematic to obtain by consumers. Hopefully, expanded health insurance coverage through Medicaid or the Marketplace will expand low-income consumers' options for receiving oral health care from private dental practices.

## **Methodology**

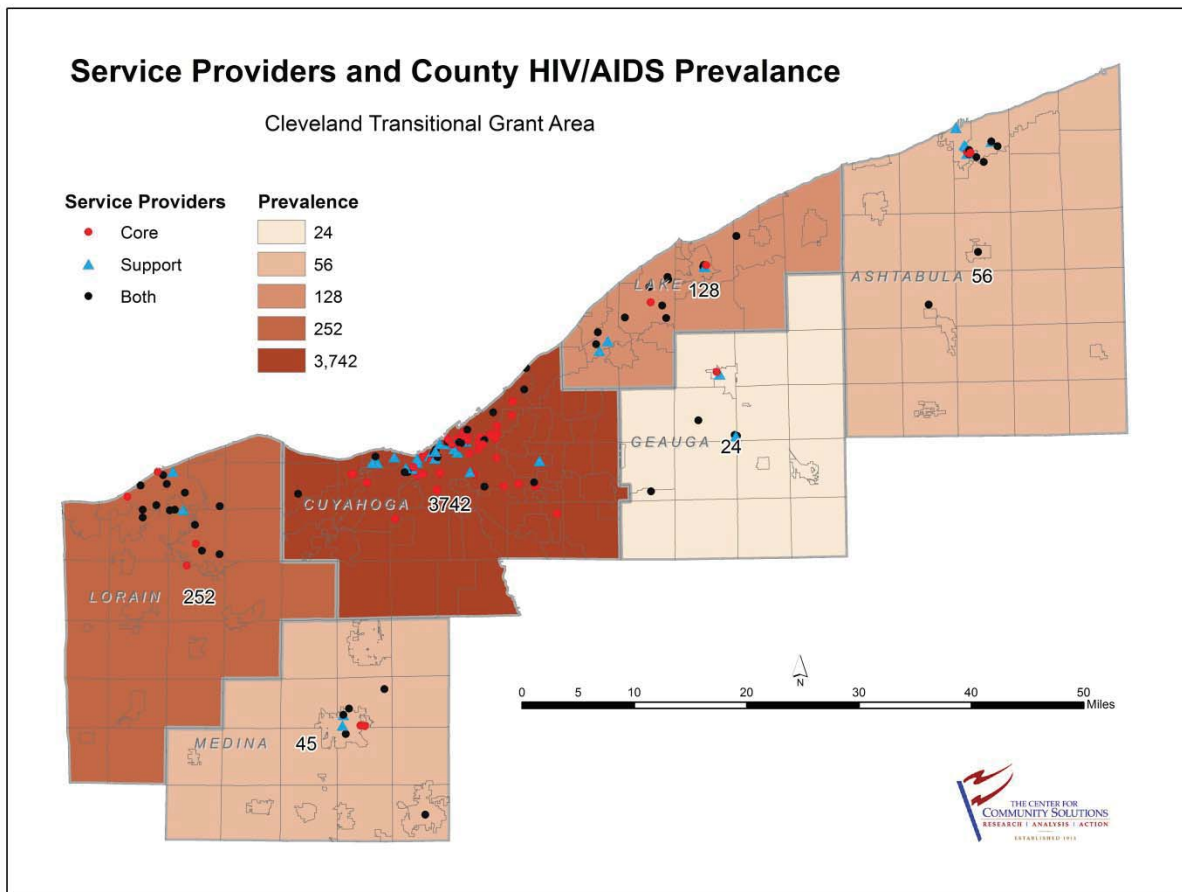
The system of care for PLWHA includes medical, health, and wraparound service providers. The objective of the HIV care network is to engage and retain PLWHA in care, with the aim of moving individuals down the treatment cascade to be virally suppressed.

We took a multi-stage approach to assess the capacity of providers within the TGA to meet the service needs of PLWHA. We began with a survey of 20 key organizations in the HIV care network, including groups currently receiving Ryan White Part A funds and other providers identified through discussions with grantee staff, Planning Council members, and others. We collected detailed information from this group. The survey is available in Appendix D.

For a broader view of the continuum of care, we compiled a directory of approximately 200 nonprofit, private, and public organizations or service sites in the TGA that identified at least some aspect of their services as being HIV-specific or having PLWHA as a target client population. This group includes all those who were part of the more extensive survey. Contact information for these organizations can be found in Appendix E, and their physical locations are mapped below.

Realizing that PLWHA can, and often do, access services beyond the HIV care network, we expanded our examination of providers in a dozen categories that are most likely to encompass wrap-around services: six that are typically considered core services under Ryan White Part A and six that are considered support services. Many groups provide both core and support services.

Throughout our examination of provider capacity, we focused on the physical location of the organization. Therefore, service provider counts do not necessarily reflect all providers that serve residents of a particular county. We found that, like PLWHA, service providers are concentrated in Cuyahoga County, with a smaller but still significant number in Lorain County.



### Providers Central to the HIV Care Network

The continuum of care is an integrated system that guides and tracks patients over time through a comprehensive array of health services spanning all levels of care. Like the consumers they serve, there is no single profile or characteristic that applies to all providers in the HIV care network. Wide variation exists in size, budget, geographic reach, and number of services provided. There are some organizations in the TGA that specialize in services for PLWHA, but for the most part, PLWHA are accessing services at organizations that are defined by the types of services they provide rather than the population they serve.

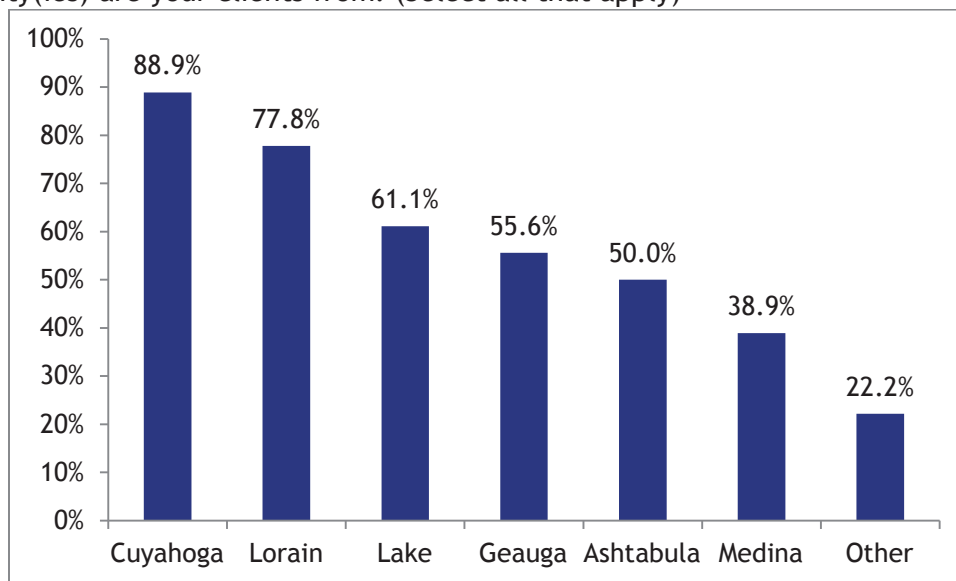
Twenty service providers in the Cleveland TGA were identified as central to the HIV care network. They included large health systems, nonprofit organizations, and public agencies. Eighteen of these 20 providers responded to the detailed survey:

- AIDS Resource Center Ohio
- AIDS Taskforce of Greater Cleveland
- Care Alliance
- Catholic Charities
- Cleveland Clinic
- Community Action Against Addiction

- Cuyahoga County Division of Senior and Adult Services (DSAS)
- The Free Medical Clinic of Greater Cleveland
- Hospice of the Western Reserve
- Lake County General Health District
- Lorain County AIDS Taskforce
- Mercy Regional Medical Center
- MetroHealth Medical Center
- Nueva Urban Resource Center
- Orca House Inc.
- Recovery Resources
- University Hospitals of Cleveland
- Ursuline Piazza

Two of the providers are located in Lorain County, one in Lake County, and the remaining 17 are from Cuyahoga County. Although geographically concentrated, the service areas of these groups cover all six counties of the TGA. Nearly all providers (16) reported serving clients from Cuyahoga County, and the majority of groups serve clients from Lorain (14), Lake (11), and Geauga (10). Fewer groups serve clients from Ashtabula (nine) or Medina (seven). This is fairly consistent with the distribution of PLWHA in the TGA.

What county(ies) are your clients from? (Select all that apply)

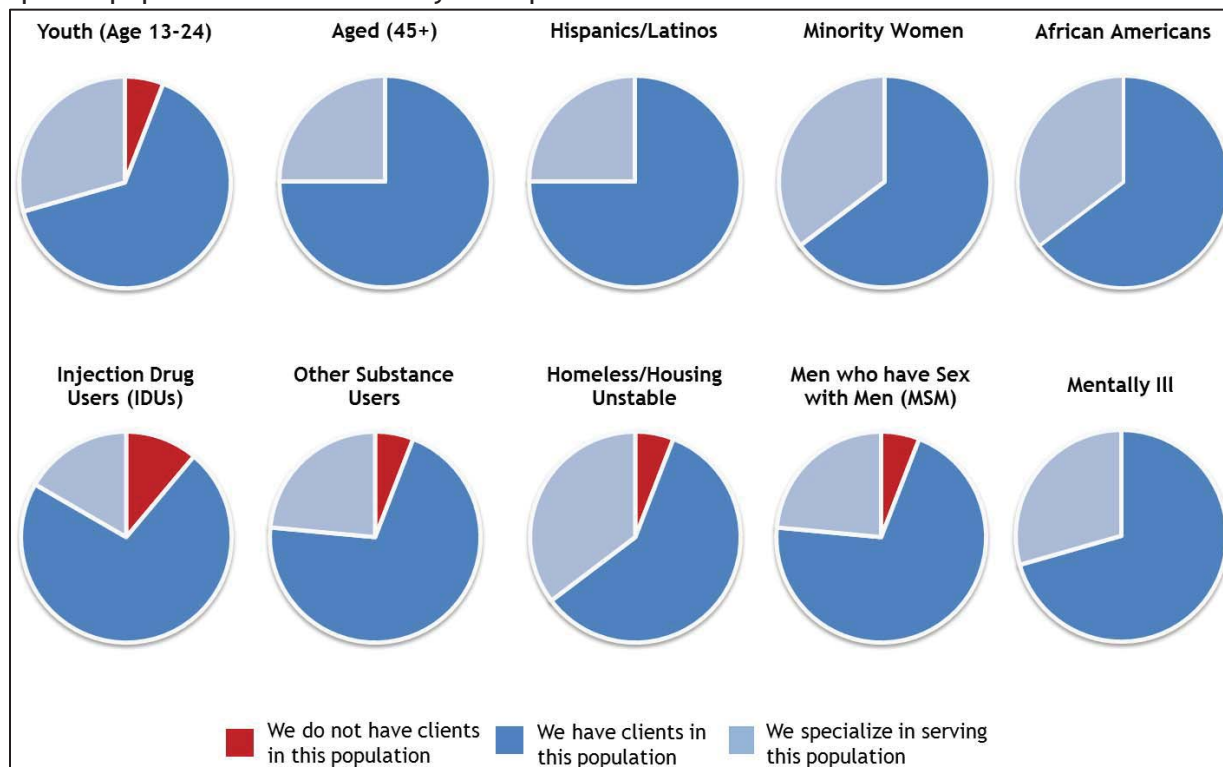


The number of clients with HIV/AIDS served by the each of the providers varied from one to 2,200. The average number of clients with HIV/AIDS served by a provider is 400, and the median is 99. Six respondents reported that PLWHA comprised more than 75 percent of their clients, while PLWHA made up less than a quarter of the clients for the remaining 12 providers. This emphasizes the variety within the HIV care network.

### Services to Subpopulations with HIV

Providers responded that they serve clients with and without HIV/AIDS, and several specialize in serving populations particularly affected by HIV/AIDS. There are only a few organizations in each category that focus on services for each special population. Specialization ranged from three groups for injection drug users to six that specialize in serving homeless people, minority women, or African Americans. Half of the special populations are not served by at least one of the key HIV providers.

Special populations are served by most providers in the HIV care network



In addition to serving PLWHA that fall into the subpopulations listed in the graph above, providers noted they also serve transgender people, no- or low-income consumers, public housing residents, pediatric consumers, the uninsured, seniors, and disabled adults.

### Service Provision and Referrals

All respondents answered questions relating to services they provide in house and services for which they refer consumers to other organizations. Not surprisingly, core and support services specific to PLWHA were more frequently provided by organizations central to the HIV care network, while consumers were typically referred to other groups for more general services.

All providers either provided or referred for three categories: HIV outpatient/ ambulatory care, mental health services, and non-medical case management. The majority of organizations either provide or refer for all other service categories.

While survey responses indicate that the network is well-connected and providers are willing to make referrals to other organizations if they do not provide services in-house, referrals can be problematic. Referrals mean that a consumer must visit a different provider, and reduces the likelihood that they will actually obtain those services. The fact that the most frequently referred services are also those that consumers identified as most problematic to indicates that providing services in-house is preferable to making referrals.

#### Core Medical Services

More Organization Provide These Services	More Organizations Refer These Services
HIV Early Intervention Services	Dental Care/Oral Health Care
HIV Medical Case Management	HIV Outpatient/Ambulatory Medical Care
Mental Health Services	Health Insurance Premium & Cost-Sharing
STD Testing	Home & Community-Based Services
	Home Health Care
	Hospice Care
	Nutritional Therapy
	Prescription Medications
	Substance Abuse Services—Outpatient

Nearly all categories of core services are either provided or referred by organizations in the HIV care network. The core medical service that is provided by the greatest number of survey respondents is mental health services (10 out of 18). These core medical services are provided by the fewest number of survey respondents: home health care (three out of 18), hospice care (three out of 18), health insurance premium and cost-sharing (two out of 18) and home and community-based health services (two out of 18). Large numbers of providers refer dental care/oral health services (13 out of 18 refer this service) and home and community-based health services (13 out of 18), meaning they do not provide them in-house.

All 18 providers reported that they ask whether their clients living with HIV/AIDS were receiving HIV primary medical care. If clients are not receiving care, the surveyed provider either referred them to care or provided it themselves.

Providers were also asked which services they make referrals for *most frequently*. Prescription medication assistance (50 percent), HIV outpatient/ambulatory medical care (44 percent), and outpatient substance abuse services (44 percent) are the most frequently referred services. Mental health services and dental/oral health services round out the top five.

Some of the services to which clients are referred are well-covered by other programs. Prescription medication assistance is provided by the state Ryan White Part B program (for those between 0 and 300 percent FPL) and the Ryan White Part A program (for individuals between 301 and 550 percent FPL in the Cleveland TGA region). Outpatient/ambulatory care is covered by a variety of sources, primarily Medicaid, Medicare, and private insurance. Outpatient substance abuse treatment is not covered quite as consistently and could be a place where Ryan White Part A is needed to fill gaps.



Of the core services, dental care appears to be a service gap. Dental care is one of the most commonly referred services, and is not provided by many providers who responded to this survey. This may speak to a need for more providers of dental care services. In our survey of PLWHA, this service was identified as the most problematic and as most frequently needed but not ultimately received.

### Support Services

More Organizations Provide These Services	More Organizations Refer These Service
HIV Health Education/Risk Reduction	Child Care
HIV Outreach Services	Emergency Financial Assistance
HIV Psychosocial Support	Food Bank/Home Delivered Meals
HIV Treatment Adherence Counseling	HIV Legal Services
Linguistic Services	Housing Services
Medical Transportation	Permanency Planning
Non-Medical Case Management	Rehabilitation
	Respite Care
	Substance Abuse Services—Residential

Out of 18 provider organizations, 13 provide medical transportation. HIV health education/risk reduction, HIV outreach, and HIV treatment adherence counseling are each provided by 11 organizations. Case management services and HIV psychosocial support services round out the top five and are each provided by 10 of the respondents.

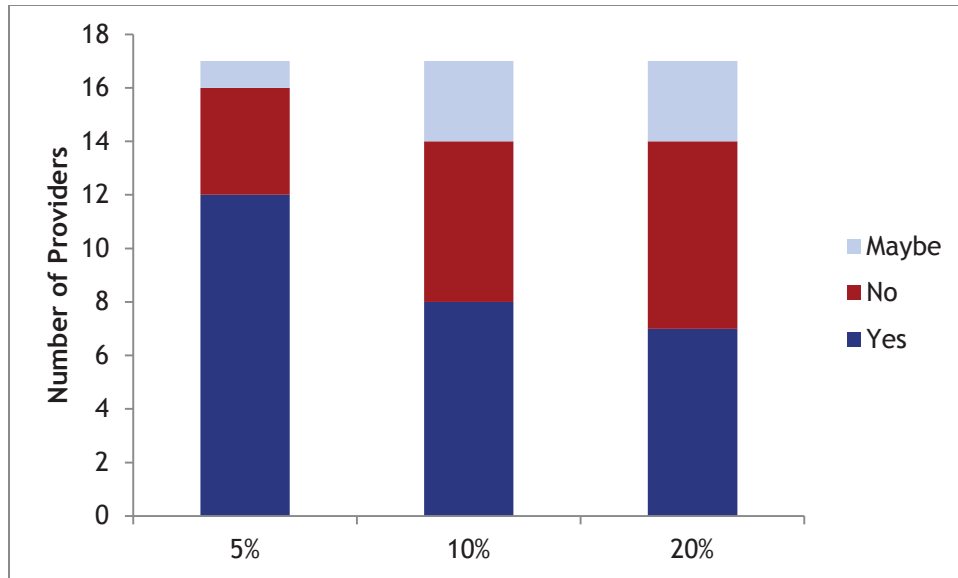
Most providers refer the following support services: emergency financial assistance (12 out of 18 providers refer this service elsewhere), HIV legal services (11 out of 18), and residential substance abuse services (11 out of 18).

The support services that providers make referrals for *most frequently* are housing (10 out of 17 providers referred this service most often), non-medical case management (seven out of 10 providers), and residential substance abuse services (seven out of 17 providers). Substance abuse issues emerge in providers' responses as having a substantial impact on this population.

### *Availability*

Availability refers to the ability of providers to serve additional clients. Seven providers indicated that they do not currently have enough staff and resources to effectively meet the needs of clients on their current case load. Most (12 of 17) believe they are well-positioned for a 5 percent increase in the number of people they serve. However, less than half are confident that they could serve 10 percent more clients, and only seven believe they could handle a 20 percent increase.

Do you have enough staff and resources to effectively meet the needs of clients if your caseload were to increase by:



### Accessibility

Accessibility refers to provider characteristics that affect the ease with which clients can access services. All providers are open during regular business hours, eight have evening hours, and three are open on the weekends. Nine providers have staff that make home visits, and eight providers have staff on call.

### Provider Accessibility Factors



Wait time for an appointment varies by provider based on organizational policies, intake requirements, and provider capacity. Two-thirds of providers can see a new client within a week of being contacted. Four providers require approximately two weeks to complete the intake process.

### *Appropriateness*

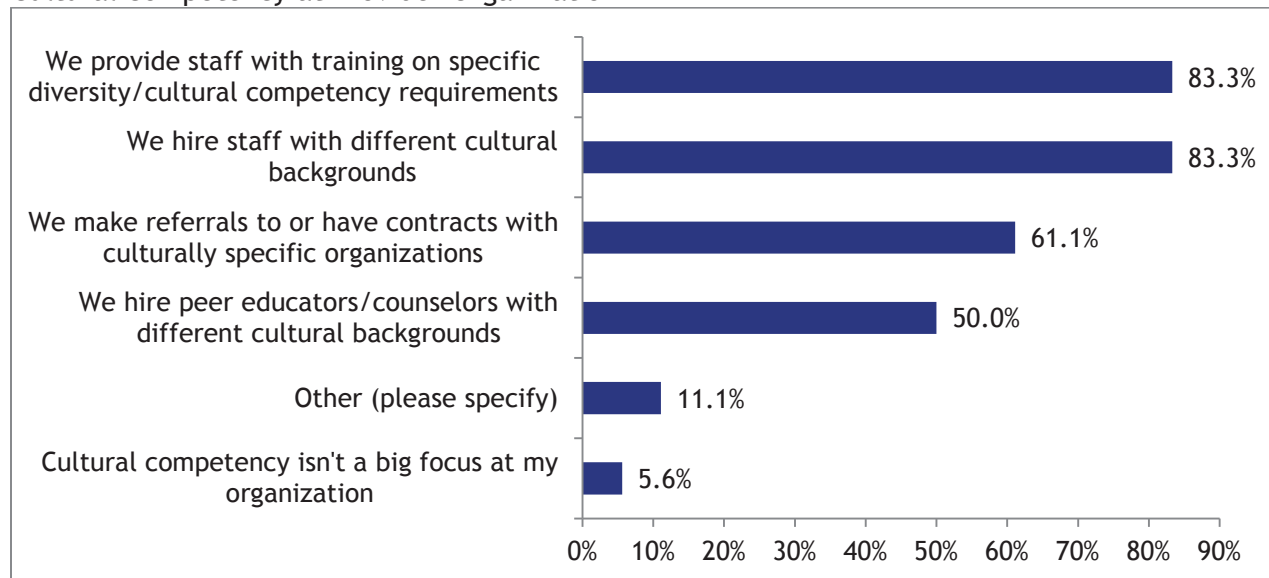
Appropriateness describes the degree to which a provider has the expertise to provide high quality services for specific subpopulations, including staff training, language skills, and cultural competence.

Eighty-nine percent of providers surveyed require their employees to hold a license or certification. Ninety-four percent require employees to complete continuing education hours to stay informed about developments in their field of service.

In the TGA, services are available in a variety of languages. The majority of respondents have interpreters/translators available when needed (15 out of 18), staff that speak a language other than English (11 out of 18), and materials printed in other languages (11 out of 18), while seven out of 10 providers use the Language Line. Only two providers mentioned struggling to provide translation services. The providers specifically list Spanish, Chinese, Portuguese, Russian, Italian, French, Vietnamese, and Korean as languages in which they can offer services. For some providers, African languages and sign language pose communication challenges.

A majority of providers hire staff of varied cultural backgrounds (15 out of 18) and provide diversity or cultural competency training to staff (15 out of 18). Only one provider stated that cultural competency is not a focus at his or her organization.

### **Cultural Competency at Provider Organization**



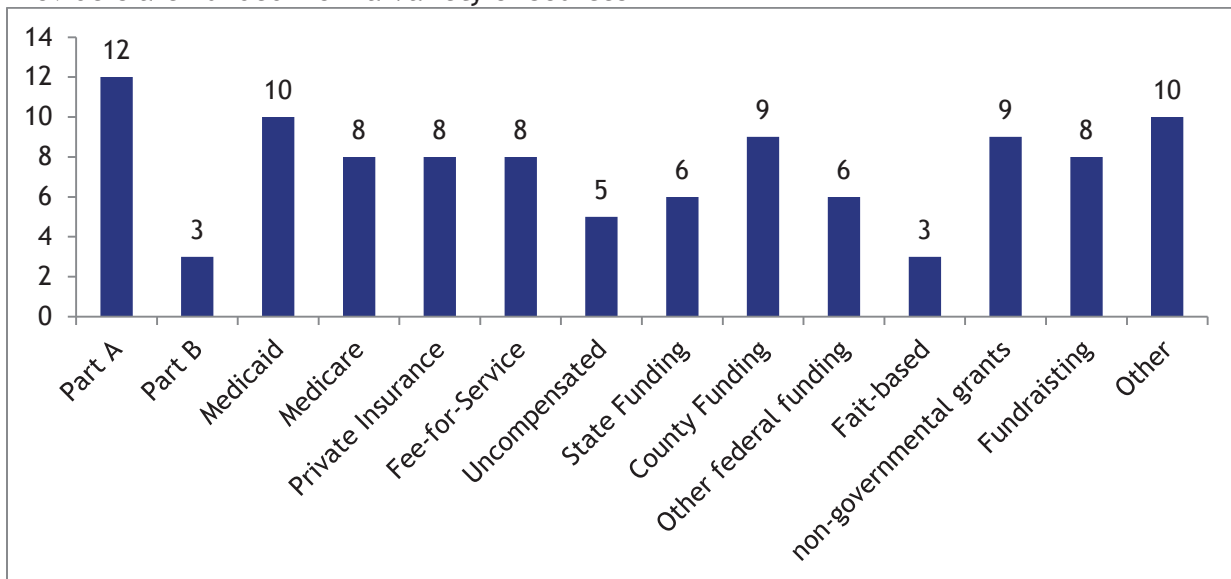
### *Funding, Challenges, and Needs*

The providers in this survey were asked about the overall size of their budgets and their funding sources. There was a wide range in organizational budgets, considering that large hospital systems and small nonprofit agencies were included in this survey. Their budgets ranged from \$6 billion to \$3,000.

Some reported that they receive almost their entire budget from Ryan White, and others have a more equal distribution among payer sources. The average largest source of funding was “other.” One provider noted that their entire budget is made up of private donations, and therefore classified 100 percent of their budget as “other.” The second highest average funding source is county funding, followed by Ryan White Part A and Medicare, followed by Medicaid and private insurance. Based on the expected shift of Ryan White clients to Medicaid and private insurance after the full implementation of the Affordable Care Act, it is anticipated that the makeup of funding sources will shift for current providers who mainly treat HIV/AIDS.

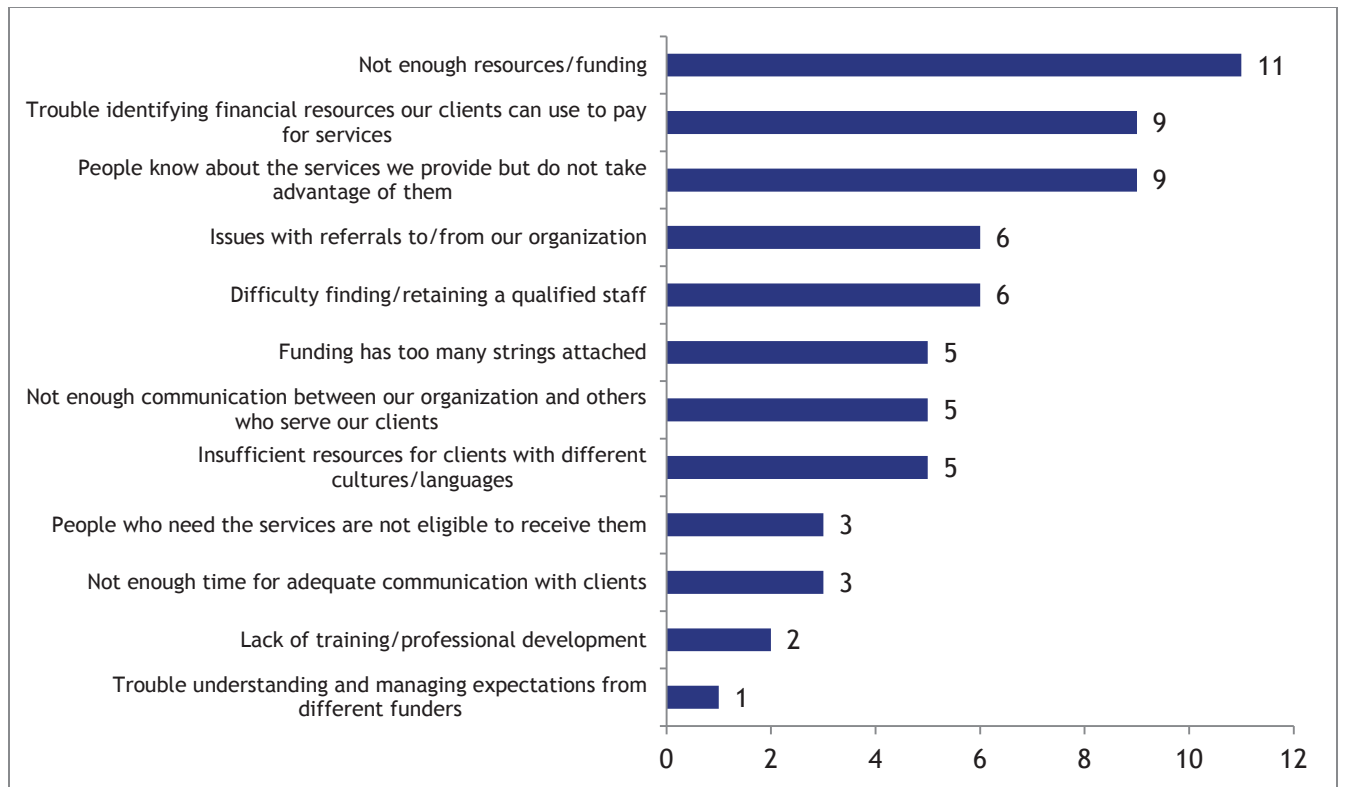
Most organizations displayed a diversity of funding sources. Seventy-one percent reported receiving at least some of their funding from Ryan White Part A, while only three organizations said they receive Ryan White Part B funding. The 12 organizations that receive Ryan White Part A funding show a diversified funding base, with nine reporting at least five different funding sources. Diversification in funding sources means that an organization is not overly reliant on any one source, and is often better equipped to maintain services and staffing levels even if one source decreases.

Providers are Funded from a Variety of Sources



Organizations were asked to identify barriers that their clients face, as well as issues that present challenges to providing services. Providers noted organizational barriers to providing services including not having enough funding, clients not using services available to them, and trouble identifying resources available to help clients pay for services. This last barrier should be somewhat assuaged going forward with coverage under Medicaid expansion or private insurance through the Marketplace, with gaps in coverage expected mainly for support, or wraparound, services filled by Ryan White Part A. Six providers felt that issues with referrals were a barrier they faced while serving PLWHA.

Which of the following problems does your organization experience?



The impact of mental health and addiction issues is seen throughout the responses in this survey. All of the providers see these as barriers to clients getting and staying in care, and some of the providers often make referrals for substance abuse and mental health treatment services in the course of treatment for HIV/AIDS. Mental health and addiction issues are also noted in the consumer survey responses as an impediment to maintaining a healthy lifestyle.

When asked “What is the single most important change (other than increased funding) that you would recommend for improving HIV-related services throughout the community?” provider answers varied. Some related to improving transportation (especially outside of Cuyahoga County), streamlining the referral processes and improving communication between providers, and services and education related to helping clients and staff deal with HIV/AIDS diagnoses. In general, language and cultural issues did not present themselves as major barriers to care.

### **Additional Providers of Wrap-Around Services**

Wraparound services provide intensive, individualized care planning and management that engages individuals with complex needs and seeks to provide services addressing all of an individual’s issues, not only those directly related to his or her HIV diagnosis. Given the large number of referrals reported in the provider survey, it is important to define the service

community more broadly. Utilizing 211 databases<sup>16</sup> accessible online, we conducted category and keyword searches and compiled a list of providers for each selected service area in each county. These lists and their associated category definitions are available in Appendix F.

**Service Availability: Selected Core Services<sup>17</sup> - Number of Providers**

Region	County	Dental/ Oral Health	Home & Community Based Services	Home Health Care	Hospice Care	Mental Health Services	Substance Abuse Services
East	Ashtabula	0	2	4	1	6	9
	Geauga	0	3	2	1	8	5
	Lake	4	7	10	4	27	14
Region	County	Dental/ Oral Health	Home & Community Based Services	Home Health Care	Hospice Care	Mental Health Services	Substance Abuse Services
Central	Cuyahoga	12	26	10	9	62	41
West	Lorain	5	3	3	7	14	10
	Medina	1	6	2	3	5	4
<b>TOTAL</b>		<b>22</b>	<b>47</b>	<b>31</b>	<b>25</b>	<b>123</b>	<b>83</b>

**Service Availability: Selected Support Services - Number of Providers**

Region	County	Emergency Financial Assistance	Housing Assistance	Linguistic Services	Meals/ Food Programs	Nutritional Counseling	Transportation Assistance
East	Ashtabula	8	11	0	22	1	11
	Geauga	5	5	0	15	5	1
	Lake	11	20	2	48	6	5
Central	Cuyahoga	19	36	10	234	28	41
West	Lorain	9	18	1	104	1	15
	Medina	10	11	0	25	10	4
<b>TOTAL</b>		<b>62</b>	<b>101</b>	<b>13</b>	<b>448</b>	<b>51</b>	<b>77</b>

Note: Counties listed are where service providers are located, and may not reflect service areas.

The Cleveland TGA has a wealth of service providers. There are nearly 15,000 registered nonprofit organizations in the TGA's six counties, many of which provide health and social services. In addition, there are city and county Boards of Public Health; county Boards of Alcohol, Drug Addiction and Mental Health Services<sup>18</sup>; county departments of Job and Family Services; city and county departments of Senior and Adult Services; and city Community Service departments. Several major health systems operate in the TGA, including the Cleveland

<sup>16</sup> United Way of Greater Cleveland administers 211 services for Cuyahoga, Geauga, and Medina counties. Ashtabula's 211 service is administered by Community Action, Lorain by United Way of Summit County, and Lake by Lifeline, Inc.

<sup>17</sup> These categories are based on 211 definitions of services and do not necessarily correspond with HRSA guidance on core services.

<sup>18</sup> In Lorain County, these Boards have not been combined.

Clinic, University Hospitals, Summa, HealthSpan, Mercy Regional, Akron General Hospital<sup>19</sup>, and MetroHealth Medical Center.

However, the sheer number of service providers may be misleading. Nearly all programs have limited eligibility. Some are limited by certain demographic factors, such as income, age, or place of residence. Others are restricted to veterans, those who are homeless, persons returning to the community after incarceration, or certain disability categories or medical diagnoses. Large numbers of providers do not necessarily mean that the service network can meet needs; high provider counts do not speak to the quality or comprehensiveness of care.

Even so, the health and social service community already has the capacity to provide services to PLWHA in most service categories, but funding often restricts the ability of organizations to serve more consumers. The lists of service providers contained in Appendix F may be useful as Ryan White Part A seeks organizations with whom to contract under their various funding categories. There are “one-stop-shop” organizations in each county that provide a variety of different services under one umbrella. These include the US Department of Veterans Affairs, Salvation Army, and Community Action Agencies.

### **Focus on: Transportation Assistance**

The vast majority of core and support services can only be obtained in person; therefore, the ability to visit health professionals or support service providers can be a barrier to maintaining care. The Cleveland TGA represents a relatively large geographic area, and providers are mostly concentrated within Cleveland. Transportation was identified as a service gap by consumers and providers alike.

There are 77 providers of transportation assistance in the six counties of the Cleveland TGA. As with most service categories, more than half of these organizations are located in Cuyahoga County. Groups in this category include transit authorities that maintain public transportation systems, organizations that provide rides, and groups that give bus passes or gas cards to their clients for HIV-specific services.

Every county in the TGA has at least one provider of transportation assistance. However, few are willing to transport individuals across county lines. Geographic and schedule restrictions mean that it can be difficult and frustrating for consumers to find transportation assistance that is appropriate. Age, residency, and other restrictions mean that some PLWHA may not be eligible for any transportation assistance.

Given recent reductions in public transit budgets, routes have been eliminated or reduced and fees have increased. Public transit is relatively plentiful in Cleveland, but is virtually non-existent in other parts of the TGA. Many community ride programs are restricted to seniors. As such, as PLWHA age, they may become newly eligible for services based on age rather than diagnosis.

To get to appointments, some PLWHA rely on friends or relatives. Studies have found that reducing barriers such as transportation increases the likelihood that someone will remain in care. Thanks to Part A, PLWHA have more access to transportation than other populations.

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<sup>19</sup> Akron General Hospital is headquartered in Summit County, just outside the TGA, but has regional offices in Lorain County.

Given the large number of meal or food programs spread throughout the TGA, there are opportunities for PLWHA who are struggling with hunger to find a provider to meet this need. On the other hand, the lack of community dental care providers is concerning, especially as this is a commonly referred service and one identified by consumers as problematic to obtain. Hopefully, expanded health insurance coverage through Medicaid or the Marketplace will expand low-income consumers' options for receiving oral health care from private dental practices.

Service providers are more abundant in Cuyahoga County than anywhere else in Northeast Ohio. This tracks well with where the most PLWHA reside. Medina and Ashtabula have the fewest number of providers in nearly every category, and also the fewest overall.



## POTENTIAL IMPACT OF HEALTH POLICY CHANGES

### Highlights

- The ACA is bringing major changes to the health care system, and with it changes to care and coverage for PLWHA.
- In 2012, 34 percent of Ryan White Part A clients were uninsured and had household incomes under 138 percent FPL. Presumably, these individuals would transition from full-pay clients, where Ryan White Parts A and B fully cover their HIV/AIDS medical treatment, to coverage through the Medicaid expansion.
- New forms of insurance available to Ryan White clients, many of whom have never been able to get insurance, open the doors for the Ryan White program to fill gaps and address shortfalls in coverage and take stock of where the needs remain after implementation of health reform moves forward.
- Health care reform is currently unfolding, and Planning Council should keep abreast of changes and gaps that develop after this report is finalized.

### Introduction

The ACA is bringing major changes to the health care system, and with it changes to care and coverage for PLWHA. There are two primary ways that insurance coverage will expand to cover people who have been uninsured. Medicaid is expanded to cover everyone under the age of 65 with a household income less than or equal to 138 percent FPL. For those above 138 percent FPL, the insurance exchange or Marketplace (healthcare.gov) created by the ACA will offer private insurance plans available for purchase. Every plan must cover a minimum set of benefits, known as the Essential Health Benefits. To make this coverage more affordable, tax credits are available through the Marketplace to those with incomes between 100 percent and 400 percent FPL. The provision of the ACA that prohibits insurers from denying coverage or charging more for a policy due to a pre-existing medical condition, known as guaranteed issue, is particularly important to PLWHA, who have historically paid very high premiums or have been denied insurance coverage in the private market.

Near-universal health care coverage will mean major changes across the health care system, including changes for PLWHA. Since Ryan White is required to be the payer of last resort, currently uninsured people receiving medical treatment services through the Ryan White program should enroll in Medicaid or private insurance (depending on their income level). Ryan White will continue to provide support services and fill gaps in treatment services, but with nearly its entire client base shifting to other forms of health coverage, Ryan White will likely be paying for a very different mix of services over the coming years.

HRSA requires that the Ryan White program spend 75 percent of funding on core medical services and 25 percent on support services (listed below). As new and expanded forms of coverage through the ACA roll out over the coming months, it is likely that gaps in coverage for

PLWHA will emerge and Ryan White will be able to fill in for services that are not covered by insurance. Since the health care landscape is changing so much in a short time, it is likely that Ryan White will temporarily fill in to maintain continuity of coverage, at least as much as is allowed by law.

Long term, Ryan White will be allowed to continue the practice of paying insurance deductibles, co-insurance and co-payments, as long as all other sources of payment are applied first. This includes tax credits and cost-sharing subsidies offered through the insurance Marketplace. For the overall state of Ohio, these payments are made through the state Ryan White Part B program, and are covered by the Part B program on a limited basis in the Cleveland TGA.

In 2012, prior to implementation of the ACA beginning in 2014, about 32 percent of Ryan White Part A clients were covered by Medicaid, 15 percent were covered by private insurance and 40 percent were uninsured and had no coverage outside of the Ryan White program. In 2012, 1,028, or 34 percent, of Ryan White Part A clients were uninsured and under had household incomes under 138 percent FPL. Presumably, these individuals would transition from full-pay clients, where Ryan White Parts A and B fully covered their HIV medical treatment, to coverage through the Medicaid expansion. Another 171 clients (almost 6 percent) of Ryan White Part A clients in 2012 were uninsured and between 139 percent and 400 percent FPL. These individuals will presumably obtain coverage through the insurance Marketplace. Ryan White Part B can continue to help with cost-sharing for individuals between 139 and 300 percent FPL and Part A can continue to do this for people in the Cleveland TGA for individuals between 301 and 500 percent FPL. Since plans in the insurance Marketplace are required to cover a minimum set of benefits (Essential Health Benefits), some individuals who did have insurance coverage in 2012 may choose one of the Marketplace plans if it provides better coverage at a more affordable price than their former plans. This shift in insurance status among Ryan White Part A clients means that the program will need to shift its resources toward services that are not covered by insurance and complete the continuum of care for PLWHA.

## **Comparing Types of Coverage**

### *Core Medical Services*

At the start of 2014, coverage through expanded Medicaid and the insurance Marketplace went into effect. HRSA allows Part A programs to provide services along a continuum of care (both medical and support services) for PLWHA. The matrix below shows which of the covered core medical services are currently provided by the Cleveland TGA Part A program and the MetroHealth Care Plus program. The matrix also shows which of the core medical services are covered by Medicaid and the benchmark plan<sup>20</sup> for the insurance Marketplace. This comparison is important to establish that people who currently receive services through the Part A program (and those who are enrolled in MetroHealth Care Plus) will have continuity in services

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<sup>20</sup> The ACA requires insurers to cover a minimum set of benefits (Essential Health Benefits, or EHB). States were asked to select a “benchmark plan” that covered all of the EHBs to serve as a reference point.

provided with coverage through Medicaid and private insurance plans that become available because of the Affordable Care Act.

Core Medical Services that can be covered by Ryan White Part A (per HRSA)	Cleveland TGA Part A Program	MetroHealth Care Plus	Medicaid*	Benchmark plan (all Marketplace plans are based on this and must cover essential health benefits, or EHB)
Outpatient/ ambulatory medical care	Yes	Yes	Yes	Yes
AIDS drug assistance program (ADAP, prescription drugs)	Provided by state Ryan White Part B program up to 300% FPL; Part A covers 301-500% FPL	Yes	Yes	Yes
Local AIDS pharmaceutical assistance	Yes	N/A (covered by ADAP)	N/A (covered by ADAP)	Tax subsidies and cost-sharing assistance available at certain income levels
Oral health	Yes	Yes	Yes (one annual cleaning for adults, other covered dental services available based on medical necessity)	No (some plans in the Marketplace include dental, but it is not required for adults)
Early intervention services	Yes	No	No	No
Health insurance premium and cost-sharing assistance for low-income individuals	Provided by Part B on a limited basis <sup>21</sup>	N/A	N/A, very low copays on certain services	Tax subsidies and cost-sharing assistance available at certain income levels

<sup>21</sup> In the Cleveland TGA, Part B covers premiums and, on a more limited basis, provides cost-sharing assistance for PLWHA up to 300 percent FPL.

Core Medical Services that can be covered by Ryan White Part A (per HRSA)	Cleveland TGA Part A Program	MetroHealth Care Plus	Medicaid*	Benchmark plan (all Marketplace plans are based on this and must cover essential health benefits, or EHB)
Medical nutrition therapy	Yes	Yes, for certain conditions and others if recommended through MetroHealth Care Plus medical management	Not specified	Not specified
Hospice services	Yes	No	Yes (at home and inpatient care)	Yes
Home and community-based health services	Yes	No	Yes, determined by level of care (LOC) needed	At home private duty nursing, covered with an annual cap of \$50,000
Mental health services	Yes	Yes	Yes	Inpatient mental health services covered for 30 days each year; 30 outpatient visits per year
Substance abuse—outpatient care	Yes	Yes	Yes	30 outpatient visits per year
Home health care	Yes	Yes	Limited	Covered, limit of 100 annual visits
Medical case management, including treatment adherence services	Yes	Yes	For some people who are enrolled in managed care on a limited basis	Chronic disease management is covered in EHBs

\*Medicaid also covers vision services. Adults between ages 21 and 59 receive one exam and eyeglasses every 24 months, and medical/surgical vision services based on medical necessity.

This information was compiled by comparing the list of services that are covered as core medical by HRSA with what is currently offered through the Cleveland Ryan White Part A program and the MetroHealth Care Plus program. These currently offered services were then compared to what the state Medicaid program requires to be covered through Medicaid and what is covered through Ohio’s benchmark plan. Coverage through private insurance plans sold through the Marketplace may be different than what is offered through the benchmark plan, but at a minimum any plan sold in the Marketplace has to provide the same benefits as the benchmark plan.

### Support Services

HRSA allows Part A programs to cover an array of support services that complete the continuum of care for PLWHA. The matrix below lists the 16 support services that are allowable under Ryan White, and lists which of these are covered by the Cleveland Part A and the MetroHealth Care Plus waiver, as well as by Medicaid and Ohio’s benchmark plan for all Marketplace plans.

Support Services that can be covered by Ryan White Part A (per HRSA)	Cleveland TGA Part A Program	MetroHealth Care Plus	Medicaid	Benchmark plan (all Marketplace plans are based on this and must cover essential health benefits, or EHB)
Outreach	Yes	No	No	No
Medical transportation	Yes	Limited	Limited	No
Linguistic services	No	No	No	No
Respite care for caregivers of people with HIV/AIDS	No	No	No	No
Referrals for health care and other support services	No	No	No	No
Substance abuse—residential services	Yes	No	No	Inpatient substance abuse services covered for 30 days each year
Housing	No <sup>22</sup>	No	No	No
Food bank/home delivered meals	Yes	No	No	No
Psychosocial support	Yes	No	No	No
Case management (non-medical)	Yes <sup>23</sup>	No	No	No
Child care services	No	No	No	No
Emergency financial assistance	Yes <sup>24</sup>	No	No	No
Health education/risk reduction	No	No	No	No
Legal services	Yes	No	No	No
Rehabilitation services	No	Yes, with prior approval	Yes	Yes

<sup>22</sup> See case management (non-medical).

<sup>23</sup> Ryan White Part A services in this category include benefits/entitlement enrollment support and assistance with housing information and referrals.

<sup>24</sup> Emergency financial assistance from Ryan White Part A is for the purpose of obtaining emergency/short-term pharmaceuticals.

Support Services that can be covered by Ryan White Part A (per HRSA)	Cleveland TGA Part A Program	MetroHealth Care Plus	Medicaid	Benchmark plan (all Marketplace plans are based on this and must cover essential health benefits, or EHB)
Treatment adherence counseling	No	No	No	No

The abundance of uncovered services in this matrix shows that there are many areas where Ryan White will be able to fill gaps to create a more complete continuum of care for PLWHA. This matrix also shows areas where Ryan White Parts A and B have opportunities to collaborate to make sure clients are receiving the services they need to complete a continuum of care, primarily in making sure that the services Ryan White is federally allowed to cover are maximized. It is important that clients in every area of the state can access the services they need inside and outside of TGAs. New forms of insurance available to Ryan White clients, many of whom have never been able to get insurance, open the doors for the Ryan White program to fill gaps, address shortfalls in coverage, and take stock of where needs remain after full implementation of health reform. HRSA has offered guidance on applying for a waiver of the requirement to spend 75 percent of funding on core medical services. This is something that all Ryan White parts will have to seriously consider when their clients enroll in Medicaid or private insurance.

## OTHER DATA TO CONSIDER

### Viral Load Monitoring in the Cleveland TGA

The viral load in HIV-infected individuals is the number of HIV virus particles, or copies, in a milliliter of blood. The higher the viral load, the more HIV a person has in his or her blood. Viral load levels are important because they can affect a person's vulnerability to opportunistic infections and the likelihood that he or she will transmit HIV to others. Viral loads are also used as an indicator for whether or not a person is receiving regular HIV medical care; in general, high viral loads (above 1,000 copies) indicate that a person is out of care or not taking medications as directed, while low viral loads (less than 200 copies) can signal that an individual is receiving medical treatment such as antiretroviral therapy.

Viral loads are also meaningful at a larger scale. When the viral load of each person diagnosed with HIV/AIDS is added up across a geographic area, the result is a measure called **total community viral load**. The magnitude of a total community viral load is affected by two factors: the number of PLWHA in the area, and the viral load in each individual person. For example, two areas could have the same total community viral load even if one area has many PLWHA who all have low viral loads and the other area has only a few PLWHA who have very high viral loads. Thus, **the total community viral load reflects both the prevalence in the area and the burden of the virus**. The total community viral load can be thought of as a measure of the number of virus particles across a whole community. Mapping total community viral load creates a picture of where virus particles are most concentrated in a geographic area.

Another useful viral load calculation for exploring patterns in HIV/AIDS prevalence, retention in care, and transmission risk is the **average community viral load**. This number is calculated by adding up the viral loads of everyone in an area and dividing by the number of people. This calculation adjusts for differences in prevalence and reveals the **average number of virus particles per person in the area**. High average community viral loads indicate that the area of interest has PLWHA living there that may be out of care or not adhering to medical treatments. They also indicate areas of increased transmission risk, where incidence may be growing. Mapping average community viral load can help to pinpoint areas where there are high levels of unmet need and can inform service provision by indicating where HIV outreach services, testing, and prevention are especially needed.

In the Cleveland TGA, comprehensive data on community viral load is not currently available. The Greater Cleveland HIV Health Information Project (CHHIP) has begun consolidating viral load data from key HIV providers. As viral load data reporting improves in the TGA, more sophisticated and detailed analyses will be possible. Smart use of data such as community viral load measures will enable more strategic and efficient deployment of resources to better serve PLWHA in the community.

## Ohio Hospital Association Data on HIV-related Hospital Admissions

The Ohio Hospital Association (OHA) has data on all hospital admissions in the state of Ohio in 2012. By selecting various HIV-related diagnosis codes in the database, admission records that are related in some way to HIV/AIDS can be isolated. These are data on admissions and are not de-duplicated across individuals. Thus, we can only analyze admissions, not people.

Of the 5,658 HIV-related admission records in Ohio in 2012, 24 percent are from patients residing in the Cleveland TGA (which encompasses 24 percent of statewide HIV prevalence). Sixty-six percent of the admissions are for male patients (77 percent prevalence in TGA) and 34 percent are for female patients (23 percent prevalence in TGA).

Admissions by patient's county of residence closely echo the distribution of HIV/AIDS prevalence in the Cleveland TGA.

### Admissions by County of Residence

County	Number of Admissions	Percent of Admissions	Percent of PLWHA in Cleveland TGA
Cuyahoga	1219	88%	88%
Lorain	75	5%	6%
Ashtabula	32	2%	1%
Medina	28	2%	1%
Lake	26	2%	3%
Geauga	3	<1%	1%
Total	1383		

Source: OHA, 2012

Patients who live in the Cleveland TGA who were admitted to Ohio hospitals for an HIV-related reason visited the following hospitals. Some of the hospitals are outside the TGA. This provides insight into the service use patterns of potential Ryan White Part A clients.

### Hospitals admitting HIV-related Patients Residing in the Cleveland TGA

Hospital	Count of Admissions
MetroHealth System	347
UH Case Medical Center	318
Cleveland Clinic Foundation	182
St. Vincent Charity Hospital	81
Lutheran Hospital	65
Marymount Hospital	47
South Pointe Hospital	42
Lakewood Hospital	34
Fairview Hospital	33
Hillcrest Hospital	27
UH Richmond Medical Center	23
Mercy Regional Medical Center- Lorain	22



Hospital	Count of Admissions
UH Geauga Medical Center	19
Euclid Hospital	18
EMH Regional Medical Center	17
St. John Medical Center	16
Parma Community General Hospital	16
UH Bedford Medical Center	15
Ashtabula County Medical Center	11
UH Ahuja Medical Center	11
UH Rainbow Babies and Childrens Hospital	8
Southwest General Health Center	6
TriPoint Medical Center	6
Wooster Community Hospital	4
Glenbeigh Health Sources	4
West Medical Center	3
Medina Hospital	2
Akron General Medical Center	2
Summa Wadsworth-Rittman Hospital	1
Wexner Medical Center at The Ohio State University	1
UH Geneva Medical Center	1
Ten Lakes Center	1
Total	1383

Source: OHA, 2012

The majority of HIV-related admissions occurred via the emergency room.

#### HIV-related Admission Sources

Admission Source Description	Admission Count
Emergency Room	878
Non-Health Care Facility Point of Origin	195
Transfer from a Hospital (different Facility)	98
Clinic or Physician Referral	84
Transfer from One Distinct Unit to Another Distinct Unit of the Same Hospital	58
Information not Available	47
Transfer from another Health Care Facility	21
Transfer from SNF, ICF, or ALF	1
Born inside this hospital	1
Total	1383

Source: OHA, 2012

For the admissions described above, the following payers covered hospital charges for patients. The majority of admissions were paid for by Medicaid or Medicare.

### Payer Frequency for HIV-related Admissions

Payer Description	Admission Count
Medicaid Managed Care	430
Medicare (traditional/ fee-for-service)	400
Medicaid (traditional)	199
Commercial Insurance	133
Self Pay	100
Medicare Managed Care	46
Other	39
Charity Uncompensated	34
Other Government	1
Bureau of Workers Compensation (BWC)	1
<b>Total</b>	<b>1383</b>

Source: OHA, 2012

The following table presents the 10 most common primary diagnoses when a HIV-related patient is admitted into the hospital. HIV is the most common diagnosis, but the list also includes other infectious diseases, chronic diseases, child birth, and depression.

### Frequency of Primary Diagnosis Codes, 2012

Diagnosis Description	Number of Admissions
HIV disease	222
Pneumonia, not otherwise specified	32
Single live birth in-hospital w/o Caesarian section	25
Septicemia, not otherwise specified	24
Single live birth in-hospital with Caesarian section	18
Acute pancreatitis	16
Schizoaffective disease, not otherwise specified	16
Acute kidney failure, not otherwise specified	16
Sickle cell (HbSS) disease w crisis	15
Major depressive affective disorder, recurrent episode-severe	14

Source: OHA, 2012

# We need your help!

Have you not had an HIV test in the last 12 months?

Do you think there is a chance you might have HIV?

Have you ever been diagnosed with HIV/AIDS?

## Your input is needed.

People who have not had an HIV test in the last 12 months, people who think they might have HIV, and people who have been diagnosed with HIV/AIDS should take this survey.

This survey is also available online at [www.surveymonkey.com/s/hiv\\_consumers](http://www.surveymonkey.com/s/hiv_consumers). Survey Monkey is an online tool to collect survey information.

**Please only complete this survey one time.**

**Survey results are confidential and anonymous.** Individual responses will not be shared. If you are filling out the survey on behalf of another person, please answer all questions from their perspective.

When you are finished, please put the completed survey in a sealed envelope and leave it in the drop box.

The information you give will help Ryan White Part A (a program that funds HIV/AIDS services in the Cleveland area) increase the availability of HIV/AIDS services and understand the characteristics and needs of people living with HIV/AIDS. To learn more about the Ryan White program in Cleveland, visit <http://www.ccbh.net/ryan-white/>. For more information about this survey, call Calley at (216)781-2944, x. 105. **Thank you for your time!**

**Share your perspective to improve HIV/AIDS  
services in greater Cleveland.**

# Community Resources—Take this page!

The **Ryan White Program** offers medical and support services to people living with HIV/AIDS in Northeast Ohio who cannot afford them.

HIV positive people who meet the following guidelines are eligible for Ryan White Part A in the Cleveland Transitional Grant Area:

- Live in Ashtabula, Cuyahoga, Geauga, Lake, Lorain, or Medina County
- Meet the program's income guidelines
- Are uninsured or underinsured

To determine if you qualify for the program, contact the Ryan White Part A office. They will put you in touch with a medical case manager who can help you determine your eligibility.

Services include primary medical care, drug assistance, oral health care, medical transportation, housing services, substance abuse treatment, nutrition services, hospice services, mental health services, home health care, and medical case management.

**All inquiries are strictly confidential. Call 216-348-3986 or visit [www.ccbh.net/ryan-white](http://www.ccbh.net/ryan-white).**

## Free HIV Testing Sites

[www.AIDSFundingCollaborative.org](http://www.AIDSFundingCollaborative.org)

\*Se habla español

\*\*Por favor, llame por un cita con interprete

### Care Alliance Health Centers\*

1530 St. Clair Avenue  
216-781-6724, x. 258

6001 Woodland Avenue  
216-923-5000

1795 W. 25<sup>th</sup> Street  
216-619-5571

### Lorain City Health Department\*\*

1800 Livingstone Avenue, Lorain  
440-204-2305  
440-233-0133

### Planned Parenthood of Greater Ohio\*\*

216-851-1880  
Health centers in Cleveland, Old Brooklyn, and Bedford Heights

### AIDS Taskforce of Greater Cleveland\*

4700 Prospect Avenue  
216-621-0766, press 0

### Lake County Health Department\*

33 Mill Street, Painesville  
440-350-2056

### University Hospitals of Cleveland\*\*

216-844-7892

### Thomas McCafferty Health Center\*

4242 Lorain Avenue, Room 233  
216-651-5005

### Cuyahoga County Board of Health\*

5550 Venture Drive, Parma  
216-201-2001, x. 1330

### Cleveland Treatment Center/Project SAFE\*\*

6001 Woodland Avenue, Suite 2121  
216-991-7233

### The Free Clinic\*

12201 Euclid Avenue  
216-721-4010

### NEON Health Centers

216-231-7700, x.1014  
8300 Hough Avenue\*  
12100 Superior Avenue\*\*  
15322 St. Clair Avenue\*\*  
13301 Miles Avenue\*\*  
1468 E. 55<sup>th</sup> Street\*\*  
15201 Euclid Avenue,  
East Cleveland\*\*

### LGBT Community Center

6600 Detroit Avenue  
216-651-5428

### J. Glen Health Center\*\*

11100 St. Clair Avenue, Room 219  
216-249-3600

### AGAPE Program

8869 Cedar Avenue  
216-421-2345, x. 103

## Don't know where to go to get HIV/AIDS care?

Download the **HIV/AIDS Community Resource Guide** at [www.ccbh.net/ryan-white-services/](http://www.ccbh.net/ryan-white-services/). This booklet includes a listing of service providers that accept Medicare, Medicaid, or Veterans Administration benefits, or contract with Ryan White CARE Act grantees to provide services to uninsured or underinsured people.

1. **Is someone helping you take this survey?**
  - No, I am taking this survey alone
  - Yes, a service provider is helping me
  - Yes, a friend is helping me
  - Other \_\_\_\_\_
  
2. **What is your age?**
  - Under 13
  - 13-17
  - 18-24
  - 25-34
  - 35-44
  - 45-54
  - 55+
  
3. **What is your gender?**
  - Female
  - Male
  - Transgender (Male to Female)
  - Transgender (Female to Male)
  - Genderqueer
  
4. **What county do you live in?**
  - Ashtabula
  - Cuyahoga
  - Geauga
  - Lake
  - Lorain
  - Medina
  - Other \_\_\_\_\_
  
5. **What is the zip code where you usually sleep? \_\_\_\_\_**  
**If unknown, what city or neighborhood? \_\_\_\_\_**
  
6. **What is your ethnicity?**
  - Hispanic/Latino
  - Non-Hispanic/Latino
  
7. **What is your race? (Select all that apply)**
  - White
  - Black or African American
  - Asian
  - Native Hawaiian or Pacific Islander
  - American Indian or Alaska Native
  - Other \_\_\_\_\_
  
8. **What is the highest level of education you have completed?**
  - Grade school (through grade 8)
  - Some high school
  - High school diploma/GED
  - Some college
  - Vocational/technical school
  - Associate's degree
  - Bachelor's degree
  - Graduate/professional degree
  
9. **About how much do you make each year?**
  - No income in 2013
  - \$11,500 or less
  - \$11,501-\$16,000
  - \$16,001-\$23,000
  - \$23,001-\$34,500
  - \$34,501-\$46,000
  - \$46,001-\$57,500
  - More than \$57,500
  
10. **In what language do you prefer to receive services?**

- English
- Spanish
- Other \_\_\_\_\_

**11. What is your current work situation?**

- Employed full time
- Employed part time
- Unemployed (looking for work)
- Unemployed (not looking for work)
- Retired or on disability

**12. Do you get any of the following government assistance? (Select all that apply)**

- |  |   |
|--|---|
| <input type="radio"/> Child Support  | <input type="radio"/> Supplemental Security Income (SSI)                  |
| <input type="radio"/> Food Stamps/SNAP/Ohio Direction Card/EBT                                 | <input type="radio"/> Worker's Compensation                               |
| <input type="radio"/> WIC (Women, Infants, and Children)                                       | <input type="radio"/> Unemployment Benefits                               |
| <input type="radio"/> Section 8, housing subsidies, or government housing                      | <input type="radio"/> Retirement/Pension                                  |
| <input type="radio"/> Cash assistance/Temporary Assistance for Needy Families/Ohio Works First | <input type="radio"/> I do not receive any of these benefits              |
|  | <input type="radio"/> I receive some benefits but I don't know which ones |

**13. What kind of health insurance do you have? (Select all that apply)**

- |   |  |
|---|--|
| <input type="radio"/> Private health insurance (Aetna, Medical Mutual, etc.)              | <input type="radio"/> Ryan White Part A                  |
| <input type="radio"/> COBRA (insurance through my last employer)                          | <input type="radio"/> Veteran's Administration (VA)      |
| <input type="radio"/> Medicaid (Buckeye, CareSource, Molina, Paramount, UnitedHealthcare) | <input type="radio"/> State Disability Insurance (SDI)   |
| <input type="radio"/> Medicare  | <input type="radio"/> MetroCare Plus                     |
|   | <input type="radio"/> I don't remember which plan I have |
|   | <input type="radio"/> No health insurance                |
|   | <input type="radio"/> Other _____                        |

**14. Where do you go for health services when you are sick? \_\_\_\_\_**

**15. Where do you currently live?**

- |  |  |
|--|--|
| <input type="radio"/> I own the home I live in   | <input type="radio"/> I live in a car or other vehicle |
| <input type="radio"/> I rent the home/apartment I live in  | <input type="radio"/> I live in a shelter              |
| <input type="radio"/> I am staying with friends/family   | <input type="radio"/> I live "on the streets"          |
| <input type="radio"/> I live in a residential drug/alcohol or other mental health treatment facility | <input type="radio"/> Other _____                      |

**16. In the past 2 years, have you lived in any of these places? (Select all that apply)**

- |   |   |
|---|---|
| <input type="radio"/> In a treatment facility (drug or psychiatric) | <input type="radio"/> State or Federal prison                             |
| <input type="radio"/> In a half-way house or transitional housing   | <input type="radio"/> County jail or community-based corrections facility |
| <input type="radio"/> Homeless (on the street/in car)               | <input type="radio"/> I have not lived in any of these places             |
| <input type="radio"/> Homeless shelter                              |   |

**17. In the last 2 years, have you tested positive for any of the following conditions? (Select all that apply)**

- Hepatitis A
- Hepatitis B
- Hepatitis C
- Syphilis
- Herpes (genital)
- Gonorrhea
- Chlamydia
- Genital warts
- HPV
- Tuberculosis (TB)
- Yeast infections/Thrush
- Pneumocystis (PCP) pneumonia
- None of the above

**18. Has a doctor ever told you that you have any of the following conditions? (Select all that apply)**

- High blood pressure
- Diabetes
- Cardiac problems/heart disease
- Cancer
- Nerve issues (epilepsy, neuropathy)
- High cholesterol
- Kidney problems
- Liver problems
- Lung/breathing problems
- None of the above

**19. Has a doctor ever told you that you have any of the following? (Select all that apply)**

- Depression
- Anxiety
- Bipolar Disorder
- Dementia
- Schizophrenia
- Post-Traumatic Stress Disorder (PTSD)
- Obsessive Compulsive Disorder (OCD)
- Eating Disorder (Anorexia, Bulimia, etc.)
- Other mental condition
- \_\_\_\_\_
- None of the above

**20. In the past 12 months, how often have you used the following substances?**

	Daily	Weekly	Monthly	Rarely	Never
Alcohol					
Cocaine					
Crack					
Crystal Meth/Methamphetamines					
Heroin/other injection drugs					
Marijuana or hash					
Speedball/powerballing					
Tobacco (any form)					
Street drugs					
Other _____					

**21. In the past 12 months, have you:**

	Yes	No	Don't Know
Had five or more sex partners?			
Had sex with women only?			
Had sex with men only?			
Had sex with both men and women?			

**22. In the past 12 months, have you:**

	Often	Sometimes	Rarely	Never	I don't know
Ever had sex without using a condom?					
Ever had sex while you were drunk or high on drugs?					
Ever traded sex for drugs, money, or something else you needed?					
Ever had sex with an injection drug user?					
Ever used a needle to inject any drugs, including steroids, under your skin or into a vein?					
Ever shared needles used for tattoos or piercings, or shared pots of tattoo ink?					
Ever shared drug injection equipment?					
Ever cleaned or disinfected shared needles with bleach, alcohol, etc.?					

**23. If you use substances, would any of the following help you get into substance abuse treatment? (Select all that apply)**

- Not applicable—I don't use substances
- Not applicable—I am currently in treatment for substance abuse
- Immediate admission into programs
- Information about what services are available and where to go
- Free treatment
- Transportation to treatment
- An understanding counselor
- Housing after completing treatment
- None of the above
- Other \_\_\_\_\_

**24. What is the best way for you to get information about HIV/AIDS services? (Select all that apply)**

- Television
- Radio
- Newspapers, magazines, newsletters
- Bus or billboard ad
- Blogs, social networks sites, websites
- Brochures, fact sheets, posters
- 211, Yellow Pages
- Information available at agencies
- Word of mouth
- Through work
- Email
- Cell phone
- Health care provider
- Other \_\_\_\_\_

**25. Do you get on the Internet at least once a week? (Select all that apply)**

- No, I do not get on the Internet at least once a week
- Yes, on my phone
- Yes, on a computer at home
- Yes, on a computer at a friend's house
- Yes, at a library or community center
- Yes, at school or work
- Other \_\_\_\_\_

**26. Do you know your HIV status?**

- Yes—I am HIV positive. **Please turn to the blue pages to complete the survey.**
- Yes—I am HIV negative. **Please turn to the green page to complete the survey.**
- No—I don't know my HIV status. **Please turn to the green page to complete the survey.**



Are you HIV positive? If not, skip to the green page.

This portion of the survey is for people who have been diagnosed with HIV.

1. What year were you diagnosed with HIV? \_\_\_\_\_

2. Have you been diagnosed with AIDS?

- No
- Yes

If yes, what year were you diagnosed with AIDS? \_\_\_\_\_

3. How did you find out you were HIV positive?

- I went to the doctor because I thought I might have HIV
- I donated blood
- I went to the hospital or emergency room for something else
- Free tests were offered at an organization I know
- As part of my pregnancy care (for women)
- When I was in jail or prison
- When I was tested as part of a routine physical exam or doctor's visit
- The health department contacted me because a partner tested positive
- Other \_\_\_\_\_

4. If you asked to get an HIV test, what made you decide to get tested at that time? (Select all that apply)

- Not applicable—I didn't ask to get a HIV test
- I did not feel well and wanted to get tested
- My doctor suggested it
- I had unprotected sex
- I just wanted to know my status
- It was offered to me during a medical visit
- For my partner's safety
- I was diagnosed with another STD
- I was inspired by a friend
- I shared needles or works
- I saw an ad about HIV
- A sexual partner tested positive
- Other \_\_\_\_\_

5. How do you think you got HIV? (Select all that apply)

- Having sex with a man
- Having sex with a woman
- Sharing needles/injection drug use
- Having sex with a drug user
- Blood products/transfusion
- I was born with HIV
- I don't know
- Other \_\_\_\_\_

6. When you found out you were HIV positive, were you referred for any of the following services? (Select all that apply)

- Medical care (from a doctor or nurse)
- Substance abuse counseling/treatment
- Mental health services
- Case management services
- HIV education
- None
- I don't know/don't remember
- Other \_\_\_\_\_

Are you HIV positive? If not, skip to the green page.

**7. How soon after your diagnosis did you go to see a doctor about your HIV?**

- Within 1 to 3 months
- 3 to 6 months
- 6 to 12 months
- 1 to 2 years
- More than 2 years
- I have not seen a doctor for HIV

**8. If you didn't see a doctor within 1 to 3 months of your diagnosis, why not? (Select all that apply)**

- Not applicable—I got care immediately after my diagnosis
- I didn't feel sick so I didn't need care
- I wasn't ready to think about my HIV status
- I didn't think a doctor would help me
- I didn't know where to go or what to do to get medical care
- I was too busy
- I didn't want to take medication
- The process took too much time or was too complicated
- I didn't trust the doctors or didn't like how I was treated
- I was afraid people would find out I was HIV positive
- My drug or alcohol use kept me from seeing a doctor
- It was hard to get to the doctor, I didn't have transportation
- Clinics or offices were not open when I could get there
- My immigration or legal status
- I couldn't afford it
- I had other things going on in my life
- I thought God would take care of me
- Other \_\_\_\_\_

**9. When was your CD4 count last tested?**

- \_\_\_\_\_ months ago
- I don't remember
- I have never had this test

**10. What was your most recent CD4/T-cell count?**

- 50 copies or less
- 51-199
- 200-349
- 350-499
- 500 or more
- I don't remember
- I have never had this test

**11. When was your viral load last tested?**

- \_\_\_\_\_ months ago
- I don't remember
- I have never had this test

**12. What was your most recent HIV viral load?**

- Undetectable (50 copies or less)
- 51-19,999 copies
- 20,000-99,999 copies
- 100,000 or more copies
- I don't remember
- I have never had this test

Are you HIV positive? If not, skip to the green page.

**13. When was your most recent visit with a doctor or nurse for your HIV/AIDS?**

- I have never seen a doctor or gone to a clinic since I found out I was HIV positive
- Less than 6 months ago
- 6 to 12 months ago
- More than a year ago

**14. Do you have a regular place you go for HIV health care?**

- Yes
- No

**15. Where do you go for your HIV health care? \_\_\_\_\_**

**16. Are you currently taking any HIV/AIDS medication (ART) prescribed by your doctor?**

- Yes
- No

**17. If you skipped, stopped taking, or never took HIV/AIDS medication in the past year, why? (Select all that apply)**

- Not applicable—I never skipped or stopped taking my HIV/AIDS medication in the last year
- I have never been prescribed HIV/AIDS medication
- I didn't want to think about my HIV status
- I didn't want others to see the medicines or know I was HIV positive
- I couldn't afford the medicines
- I just didn't want to take the medicines
- I didn't have a place to keep the medicines
- I didn't feel sick
- I didn't understand the directions
- I didn't like the side effects
- I felt the medicines didn't work
- I forgot to take the medicines
- I ran out of medicines
- It was too hard to coordinate with food/eating
- My doctor advised me to stop taking the medicines
- I needed a break because the medicines were strong
- Other \_\_\_\_\_

**18. How has your HIV/AIDS affected your work?**

- I still work, but I work fewer hours
- I quit working because of my HIV/AIDS
- I lost my job because I missed too many days at work
- I changed jobs or quit for reasons not related to my HIV/AIDS
- My HIV/AIDS has not affected my work
- Other \_\_\_\_\_

**19. Since you were diagnosed with HIV, have you received any of the following mental health services? (Select all that apply)**

- Inpatient (in a hospital at least overnight)
- Individual counseling/therapy
- Group counseling/therapy
- Medication for behavioral problems
- Counseling regarding relationship/intimacy issues related to HIV status
- Support groups
- Peer advocates
- Faith-based or religious groups
- None of the above
- Other \_\_\_\_\_

Are you HIV positive? If not, skip to the green page.

This table asks about your ability to get the services you needed in the last 12 months.

SERVICE	Did you need this service in the past year?		If you needed the service: When you were trying to get the service, did you have problems?		If you needed the service: Did you end up getting this service?		If you got this service: how satisfied were you?			
	No	Yes	No	Yes	No	Yes	Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
<b>Primary Medical Care</b> (doctor visits, disease management, lab tests, referrals to subspecialties)	No	Yes	No	Yes	No	Yes				
<b>Prescription Medications</b> (prescription medications for HIV and other related conditions)	No	Yes	No	Yes	No	Yes				
<b>Dental Care/Oral Health Services</b> (routine dental care, restorative procedures, dental appliances)	No	Yes	No	Yes	No	Yes				
<b>Home Health Care</b> (IV medications, IV feeding, and other medical therapies provided at home)	No	Yes	No	Yes	No	Yes				
<b>Home and Community-Based Health Services</b> (medical equipment, health aides, and personal care at home)	No	Yes	No	Yes	No	Yes				
<b>Medical Case Management</b> (overall assessment to identify service needs, help getting required services)	No	Yes	No	Yes	No	Yes				
<b>Treatment Adherence Counseling</b> (help following complex HIV/AIDS treatments)	No	Yes	No	Yes	No	Yes				
<b>Referral for Health Care/Supportive Services</b> (help finding and getting the services you need)	No	Yes	No	Yes	No	Yes				
<b>Rehabilitation Services</b> (physical, occupational, and speech therapy; low-vision training)	No	Yes	No	Yes	No	Yes				
<b>Mental Health Services</b> (out-patient assessments, psychiatric care, counseling)	No	Yes	No	Yes	No	Yes				
<b>Substance Abuse Services</b> (assessment, treatment, follow-up services)	No	Yes	No	Yes	No	Yes				
<b>Nutritional Therapy</b> (nutritional counseling and eating plans through a licensed dietician)	No	Yes	No	Yes	No	Yes				
<b>Food Bank/Home-Delivered Meals</b> (home-delivered meals, food vouchers, food pantries)	No	Yes	No	Yes	No	Yes				
<b>Support Services</b> (support groups, therapy, and counseling for people affected by HIV)	No	Yes	No	Yes	No	Yes				
<b>Non-Medical Case Management</b> (help getting social, legal, financial, and other needed services)	No	Yes	No	Yes	No	Yes				

Are you HIV positive? If not, skip to the green page.

SERVICE	Did you need this service in the past year?		If you needed the service: When you were trying to get the service, did you have problems?		If you needed the service: Did you end up getting this service?		If you got this service: how satisfied were you?			
	No	Yes	No	Yes	No	Yes	Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
<b>Linguistic Services</b> (a translator or interpreter who helps you communicate with doctors and nurses)	No	Yes	No	Yes	No	Yes				
<b>Emergency Financial Assistance</b> (short-term help paying for housing, food, transportation, and medication)	No	Yes	No	Yes	No	Yes				
<b>Health Insurance Premium &amp; Cost Sharing</b> (financial assistance to help you maintain insurance coverage)	No	Yes	No	Yes	No	Yes				
<b>Housing Services</b> (housing-related legal assistance, housing placement assistance, temporary rental assistance)	No	Yes	No	Yes	No	Yes				
<b>Transportation Assistance</b> (transportation to HIV-related appointments, bus fare, cab vouchers, gas cards)	No	Yes	No	Yes	No	Yes				
<b>Legal Services</b> (legal advice for health insurance, confidentiality and discrimination, access to benefits, 'do not resuscitate' orders)	No	Yes	No	Yes	No	Yes				
<b>Childcare</b> (care for children while you are at HIV-related appointments)	No	Yes	No	Yes	No	Yes				
<b>Respite Care</b> (service that gives day-to-day caregivers a break from their responsibilities)	No	Yes	No	Yes	No	Yes				
<b>Permanency Planning</b> (planning for what will happen to children when guardians become too ill to care for them)	No	Yes	No	Yes	No	Yes				
<b>Hospice Care</b> (residential end-of-life care for those in the last stages of their illness)	No	Yes	No	Yes	No	Yes				
<b>Early Intervention Services</b> (programs that help people get tested, receive counseling, and be referred to treatment)	No	Yes	No	Yes	No	Yes				
<b>Outreach</b> (programs that tell out of care or unaware people with HIV about available services and help them to sign up)	No	Yes	No	Yes	No	Yes				
<b>STD Testing</b> (free testing for HIV or other sexually transmitted diseases)	No	Yes	No	Yes	No	Yes				
<b>Prevention</b> (access to condoms and sterile syringes, prevention programs for partners, etc.)	No	Yes	No	Yes	No	Yes				
<b>Health Education/Risk Reduction</b> (information about how to reduce the risk of transmitting HIV, counseling to improve overall health)	No	Yes	No	Yes	No	Yes				

Are you HIV positive? If not, skip to the green page.

20. Are there other services that would have helped you care for your HIV/AIDS in the last year?

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21. Did you have problems obtaining other services related to your HIV/AIDS?

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Did any of the issues below keep you from taking care of your HIV/AIDS or accessing HIV/AIDS services you needed in the last 12 months?

No **issue** means you were able to get care without any delay

A **small issue** means you had a few difficulties getting care

A **moderate issue** means you had problems, but were still able to get care

A **big issue** stops you from getting care

Potential Issues	No issue	Small issue	Moderate issue	Big Issue
<b>Knowledge</b> (I didn't know the service existed, I didn't know what was available to me, I didn't know where to go or who to ask for help)				
<b>Emotions/Attitude</b> (I was too upset to think about services, I was in denial, I was worried others would find out I had HIV, I was afraid)				
<b>Cultural Issues</b> (Doctors didn't speak my language, I was afraid because of my citizenship status, doctors didn't understand my culture)				
<b>Cost</b> (I couldn't afford the services)				
<b>Insurance</b> (I didn't have insurance, my insurance didn't cover the services I needed)				
<b>Service Issues</b> (No one answered my questions, staff were not polite or helpful, I didn't feel like the doctor or nurse understood what I needed)				
<b>System Issues</b> (The system of care was too hard to understand, I couldn't get referrals for services I needed)				
<b>Availability</b> (The service that I needed was not available, the service ran out of money)				
<b>Eligibility</b> (I couldn't qualify for services because of my substance use, I couldn't qualify for services because of all of the rules and regulations, I couldn't qualify for services because I made too much money)				
<b>Time</b> (The hours that the service was available didn't fit my schedule, I couldn't take off work, I had to wait too long to get an appointment)				
<b>Life Issues</b> (There were other things in my life to think about, I was homeless, I had a mental illness, I was hooked on drugs or alcohol, I didn't have enough food to eat)				

Are you HIV positive? If not, skip to the green page.

22. Did other things keep you from caring for your HIV/AIDS? If so, what?

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23. Do you have the resources you need to keep your partners healthy (condoms, sterile syringes, education on disclosure, etc.)?

- Yes
- No

24. Is there anything else you'd like to add about HIV/AIDS services in the Cleveland area? \_\_\_\_\_

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25. Since your diagnosis with HIV, have you ever gone 12 months or more without HIV/AIDS medical care?

- Yes—Please answer the survey questions on the yellow page.
- No—Thank you for completing this survey. We appreciate your time. Your input will help those receiving HIV/AIDS services and inform the best way to address community needs. Seal this packet in the attached envelope and place it in the drop box.

Are you HIV positive? If not, skip to the green page.

This portion of the survey is for people who are HIV positive and have gone more than a year without HIV-related medical care since diagnosis.

**1. When did you go more than 12 months without medical care? (Please list month and year as closely as you can remember)**

From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
mm    yyyy        mm    yyyy

**2. Why did you go without medical care for more than 12 months? (Select all that apply)**

- I didn't feel sick
- I didn't want to think about my HIV status
- I didn't think care would help me
- I didn't know where to go or what to do to get care
- The process took too much time or was too complicated
- I was afraid people would find out I was HIV positive
- My drug or alcohol use prevented me from getting care
- It was hard to get there, I didn't have transportation
- My doctor or nurse told me that I didn't need medical care
- They were not open when I could get there
- My immigration or legal status
- I couldn't afford it
- I didn't like the way I was treated by doctors or nurses
- I was tired of following the treatment
- I wasn't taking my medications, so it seemed like a waste of time
- My insurance changed
- I was too busy taking care of others (family, children, etc.)
- I had other things going on in my life (homelessness, mental illness, housing problems, etc.)
- Other \_\_\_\_\_
- None of the above

**3. Are you currently receiving medical care for your HIV/AIDS?**

- Yes
- No

**4. What did, or what would, make you go in for medical care after not having it for more than a year? (Select all that apply)**

- I got sicker
- There was a change in cost or I had more money
- I heard about a new doctor/clinic I wanted to try
- There were different drugs or treatments available
- I had stable housing
- I wanted to stay healthy
- I wanted to get blood work done
- I got more information or saw a community/media ad campaign
- Someone reached out to me and encouraged me to get back into care
- I stopped using drugs/alcohol
- I had more free time
- I had someone to watch my children
- I had a treatment advocate or someone to support me and help me understand my options
- I had a way to get to appointments (transportation)
- Other \_\_\_\_\_



Are you HIV positive? If not, skip to the green page.

5. If you are getting medical care now, did you have problems accessing services after going more than 12 months without care? Explain the types of problems you experienced.

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**Thank you for completing this survey. We appreciate your time. Your input will help those receiving HIV/AIDS services and inform the best way to address community needs.**

**Seal this packet in the attached envelope and place it in the drop box**

YELLOW

This portion of the survey is for people who have not had a HIV test in the last 12 months, and for people who think they might be HIV positive.

**1. When was the last time you were tested for HIV?**

- Less than 6 months ago
- 6 months-12 months ago
- 1-3 years ago
- 3 or more years ago
- I have never been tested for HIV
- I don't know

**2. What made you decide to get tested for HIV last time? (Select all that apply)**

- Not applicable—I have never been tested for HIV
- My doctor suggested it
- I had unprotected sex
- I wanted to know my status
- It was offered to me during a medical visit
- For my partner's safety
- I was diagnosed with another STD
- I was inspired by a friend
- I shared needles
- I saw an ad about HIV
- Free tests were offered at an organization I know
- Because a sexual partner tested positive
- Other \_\_\_\_\_

**3. About how often do you get tested for HIV?**

- I have never been tested for HIV
- I have only been tested once
- At least once every 3 months
- Every 3-6 months
- Every 6-12 months
- Every 1-2 years
- Whenever I think I've been at risk for getting HIV
- Other \_\_\_\_\_

**4. What are some reasons you may not get tested for HIV at least once a year? (Select all that apply.)**

- Not applicable—I am tested for HIV at least once a year
- I am not ready to know/deal with my HIV status
- I don't feel sick
- I am afraid others will find out if I am HIV positive
- I don't know how I would tell my partner/family if I were HIV positive
- I am concerned about my privacy and the confidentiality of my diagnosis
- I can't afford the test or don't have insurance
- I can't afford treatment if I find out I am HIV positive
- I don't think I am at risk
- Other \_\_\_\_\_

5. **If you are unsure of your HIV status, what makes you feel this way? (Select all that apply)**
- Not applicable—I know my HIV status
  - I'm still waiting for the results of my last HIV test
  - I haven't had an HIV test recently
  - I've engaged in risky behaviors since my last HIV test
  - I don't remember the results of my last HIV test
  - I have never had an HIV test
  - Other \_\_\_\_\_
6. **If you did not receive the results of your last HIV test, what is the reason?**
- Not applicable—I have never had an HIV test
  - Not applicable—I received the results of my last HIV test
  - I didn't like the testing experience and left before getting the result
  - The person who gave me the test never contacted me with the result
  - I didn't want to know the result
  - The contact information I gave changed before I found out
  - Other \_\_\_\_\_
7. **Below is a list of things that could make it easier to get tested for HIV in the future. Which of these would help you get a regular HIV test? (Select all that apply)**
- More information on *why* I should get tested
  - More information about *how* to get tested
  - Free tests
  - Community testing events
  - Transportation assistance/testing at a convenient location
  - Someone to support me and come with me to get tested
  - Counseling before and after I get tested
  - Testing available during routine medical appointments
  - A doctor suggesting the test
  - Being clean and sober
  - None of these options
  - Other \_\_\_\_\_
8. **Do you feel like you have access to the things you need to stay safe in situations where you are at risk for HIV (condoms, sterile syringes, etc.)?**
- Yes
  - No

**Thank you for completing this survey. We appreciate your time. Your input will help those receiving HIV/AIDS services and inform the best way to address community needs.**

**Seal this packet in the attached envelope and place it in the drop box.**

## APPENDIX B: Comprehensive Service Needs Rankings

**Service Needs:** Number of HIV-positive survey respondents who needed the service in the past year

Rank	Service	Count
1	Outpatient/Ambulatory Medical Care	141
2	Prescription Medications	137
3	Dental Care/Oral Health Services	117
4	Medical Case Management	96
5	Psychosocial Support Services	81
6	Transportation Assistance	74
7	Non-Medical Case Management	72
8	Emergency Financial Assistance	63
9 (tie)	Mental Health Services	61
9 (tie)	Referral for Health Care/Supportive Services	61
11	Food Bank/Home-Delivered Meals	59
12 (tie)	Housing Services	56
12 (tie)	Nutritional Therapy	56
14	Health Insurance Premium & Cost-Sharing	39
15	Health Education/Risk Reduction	38
16	Prevention	37
17 (tie)	HIV/STD Testing	32
17 (tie)	Treatment Adherence Counseling	32
19	Rehabilitation Services	26
20 (tie)	Home and Community-Based Health Services	25
20 (tie)	Legal Services	25
22 (tie)	Home Health Care	24
22 (tie)	Substance Abuse Services	24
24	Outreach	18
25 (tie)	Early Intervention Services	9
25 (tie)	Permanency Planning	9
25 (tie)	Respite Care	9
28 (tie)	Hospice Care	7
28 (tie)	Linguistic Services	7
30	Child Care	6

**Service Problems:** *Number of survey respondents who had problems when trying to get the service (Support services are shaded in gray.)*

Rank	Service	Count
1	Dental Care/Oral Health Services	33
2	Housing Services	31
3 (tie)	Non-Medical Case Management	29
3 (tie)	Prescription Medications	29
5	Emergency Financial Assistance	28
6 (tie)	Medical Case Management	24
6 (tie)	Transportation Assistance	24
8	Psychosocial Support Services	23
9	Food Bank/Home-Delivered Meals	19
10 (tie)	Nutritional Therapy	18
10 (tie)	Outpatient/Ambulatory Medical Care	18
12	Mental Health Services	16
13	Health Insurance Premium & Cost-Sharing	15
14 (tie)	Legal Services	13
14 (tie)	Referral for Health Care/Supportive Services	13
16	HIV/STD Testing	12
17	Health Education/Risk Reduction	11
18	Prevention	10
19	Substance Abuse Services	8
20 (tie)	Outreach	7
20 (tie)	Rehabilitation Services	7
20 (tie)	Treatment Adherence Counseling	7
23 (tie)	Early Intervention Services	6
23 (tie)	Home Health Care	6
25 (tie)	Child Care	5
25 (tie)	Home and Community-Based Health Services	5
25 (tie)	Permanency Planning	5
28	Respite Care	3
29	Hospice Care	2
30	Linguistic Services	1

**Service Problems:** *Percentage of survey respondents who had problems when trying to get the service, out of the number who said they needed the service (Support services are shaded in gray.)*

Rank	Service	Percentage
1	Child Care	83%
2	Early Intervention Services	67%
3	Permanency Planning	56%
4	Housing Services	55%
5	Legal Services	52%
6	Emergency Financial Assistance	44%
7	Non-Medical Case Management	40%
8	Outreach	39%
9 <sup>25</sup>	Health Insurance Premium & Cost-Sharing	38%
10	HIV/STD Testing	38%
11 (tie)	Respite Care	33%
11 (tie)	Substance Abuse Services	33%
13	Transportation Assistance	32%
14	Food Bank/Home-Delivered Meals	32%
15	Nutritional Therapy	32%
16	Health Education/Risk Reduction	29%
17	Hospice Care	29%
18	Psychosocial Support Services	28%
19	Dental Care/Oral Health Services	28%
20	Prevention	27%
21	Rehabilitation Services	27%
22	Mental Health Services	26%
23 (tie)	Home Health Care	25%
23 (tie)	Medical Case Management	25%
25	Treatment Adherence Counseling	22%
26	Referral for Health Care/Supportive Services	21%
27	Prescription Medications	21%
28	Home and Community-Based Health Services	20%
29	Linguistic Services	14%
30	Outpatient/Ambulatory Medical Care	13%

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<sup>25</sup> Although these services appear to be tied, the percentages in the table are only the same due to rounding. When this is the case, throughout this appendix the services are ranked according to their unrounded percentage.

**Service Gaps:** *Number of survey respondents who were not able to get the service they needed (Support services are shaded in gray.)*

Rank	Service	Count
1	Dental Care/Oral Health Services	20
2	Housing Services	19
3	Non-Medical Case Management	12
4	Emergency Financial Assistance	11
5 (tie)	Nutritional Therapy	7
5 (tie)	Transportation Assistance	7
7 (tie)	Food Bank/Home-Delivered Meals	6
7 (tie)	Outpatient/Ambulatory Medical Care	6
7 (tie)	Referral for Health Care/Supportive Services	6
10	Psychosocial Support Services	5
11	Mental Health Services	4
12 (tie)	Legal Services	3
12 (tie)	Prescription Medications	3
12 (tie)	Prevention	3
15 (tie)	Health Insurance Premium & Cost-Sharing	2
15 (tie)	Home and Community-Based Health Services	2
15 (tie)	Home Health Care	2
15 (tie)	Medical Case Management	2
15 (tie)	Outreach	2
15 (tie)	Substance Abuse Services	2
21 (tie)	Child Care	1
21 (tie)	Hospice Care	1
21 (tie)	Respite Care	1
no gap	Early Intervention Services	0
no gap	Health Education/Risk Reduction	0
no gap	Linguistic Services	0
no gap	Permanency Planning	0
no gap	Rehabilitation Services	0
no gap	HIV/STD Testing	0
no gap	Treatment Adherence Counseling	0

**Service Gaps:** *Percentage of survey respondents who were not able to get the service they needed, out of the number who said they needed the service (Support services are shaded in gray.)*

<b>Rank</b>	<b>Service</b>	<b>Percent</b>
1	Housing Services	34%
2	Emergency Financial Assistance	17%
3	Dental Care/Oral Health Services	17%
4 (tie)	Child Care	17%
4 (tie)	Non-Medical Case Management	17%
6	Hospice Care	14%
7	Nutritional Therapy	13%
8	Legal Services	12%
9 (tie)	Outreach	11%
9 (tie)	Respite Care	11%
11	Food Bank/Home-Delivered Meals	10%
12	Referral for Health Care/Supportive Services	10%
13	Transportation Assistance	9%
14 (tie)	Home Health Care	8%
14 (tie)	Substance Abuse Services	8%
16	Prevention	8%
17	Home and Community-Based Health Services	8%
18	Mental Health Services	7%
19	Psychosocial Support Services	6%
20	Health Insurance Premium & Cost-Sharing	5%
21	Outpatient/Ambulatory Medical Care	4%
22	Prescription Medications	2%
23	Medical Case Management	2%
no gap	Early Intervention Services	0%
no gap	Health Education/Risk Reduction	0%
no gap	Linguistic Services	0%
no gap	Permanency Planning	0%
no gap	Rehabilitation Services	0%
no gap	HIV/STD Testing	0%
no gap	Treatment Adherence Counseling	0%

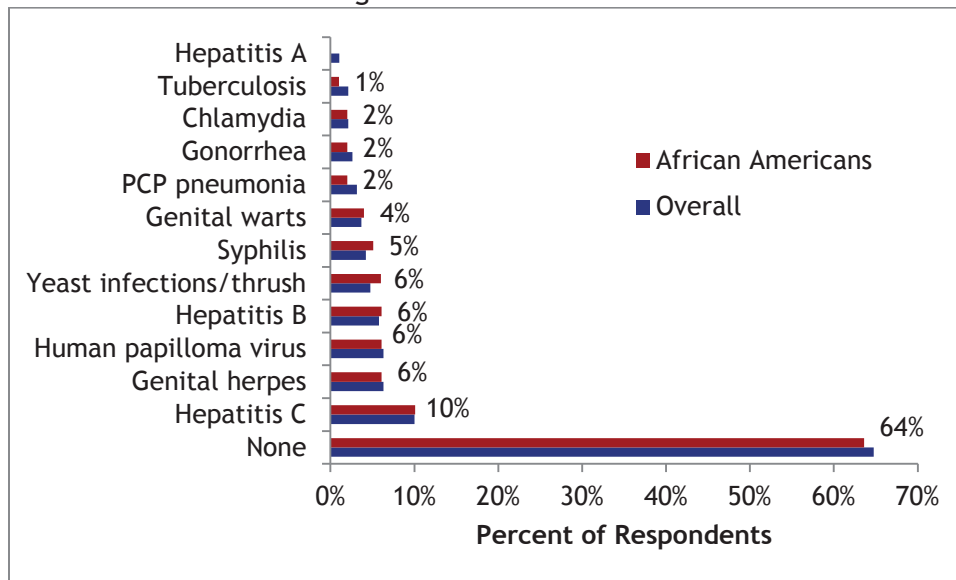


## APPENDIX C: Comorbidities in Subpopulations of Interest

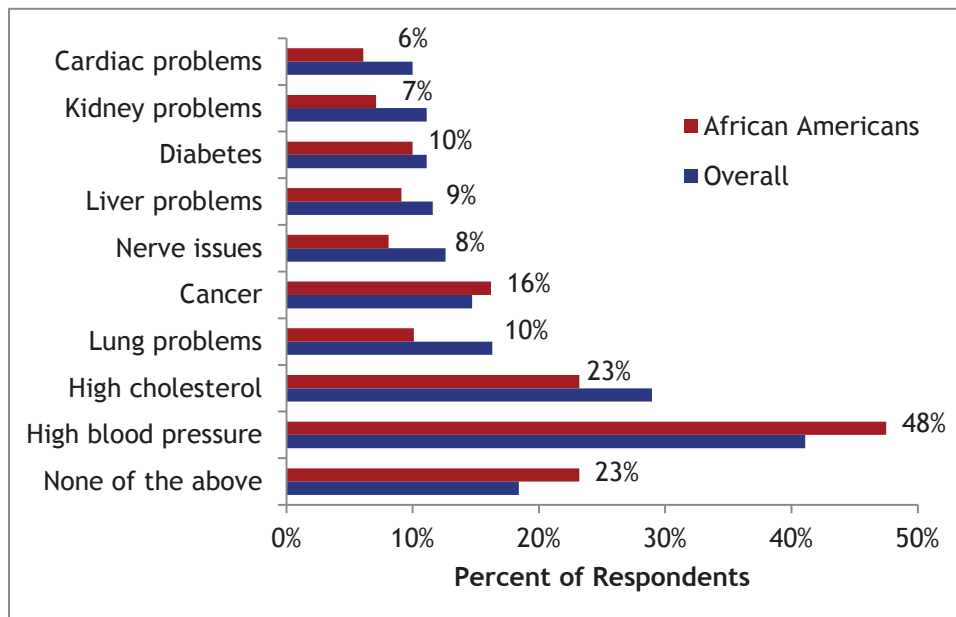
### *African Americans*

In terms of health, African American participants have parity with the general survey population in STD rates and other infectious diseases. Chronic disease rates and mental health diagnoses indicate that African Americans have better health outcomes than the general survey population in several key areas, with the exception of high blood pressure, cancer, and schizophrenia.

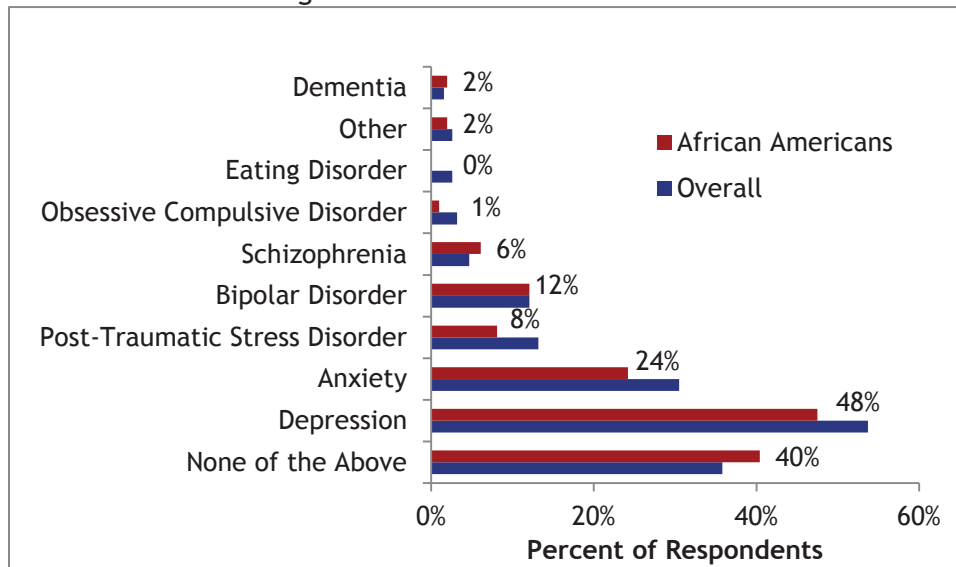
#### Comorbidities: Infectious Disease Diagnosis in the Last Two Years



#### Comorbidities: Chronic Disease Diagnosis in Lifetime



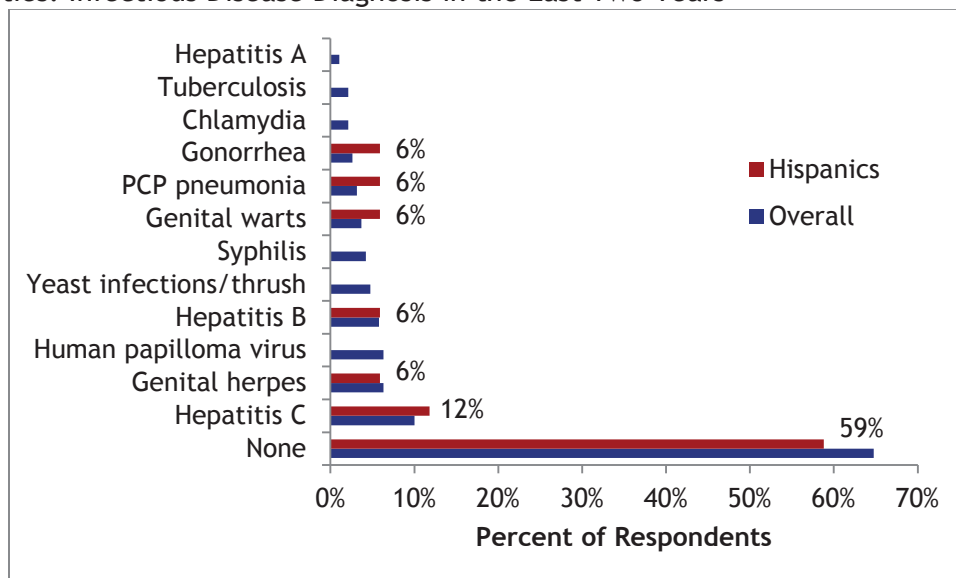
### Comorbidities: Mental Illness Diagnosis in Lifetime



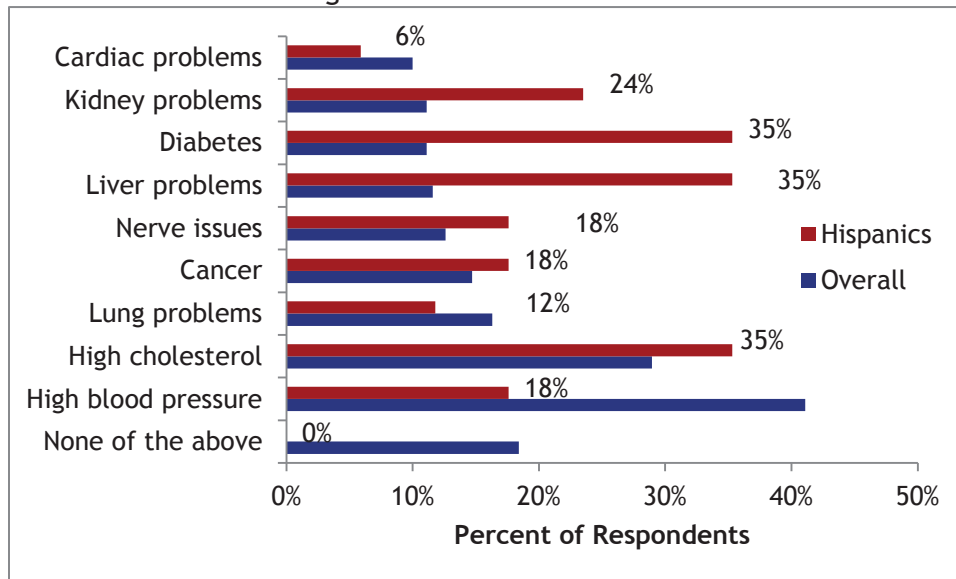
### Hispanics

Hispanic survey participants living with HIV/AIDS report higher rates of hepatitis C, genital warts, PCP pneumonia, and gonorrhea than the overall group of survey respondents. They also report a higher rate of chronic disease, especially kidney and liver problems, diabetes, and high cholesterol. Rates of mental illness are higher among Hispanic respondents than those reported by the overall survey population. Comorbidity percentages in Hispanic respondents should be interpreted with caution due to the low sample size.

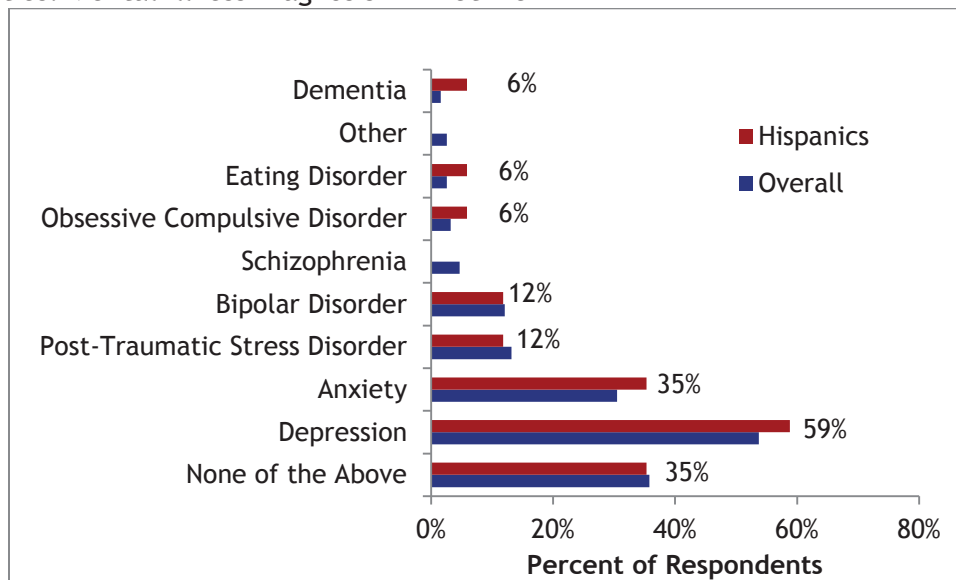
### Comorbidities: Infectious Disease Diagnosis in the Last Two Years



### Comorbidities: Chronic Disease Diagnosis in Lifetime



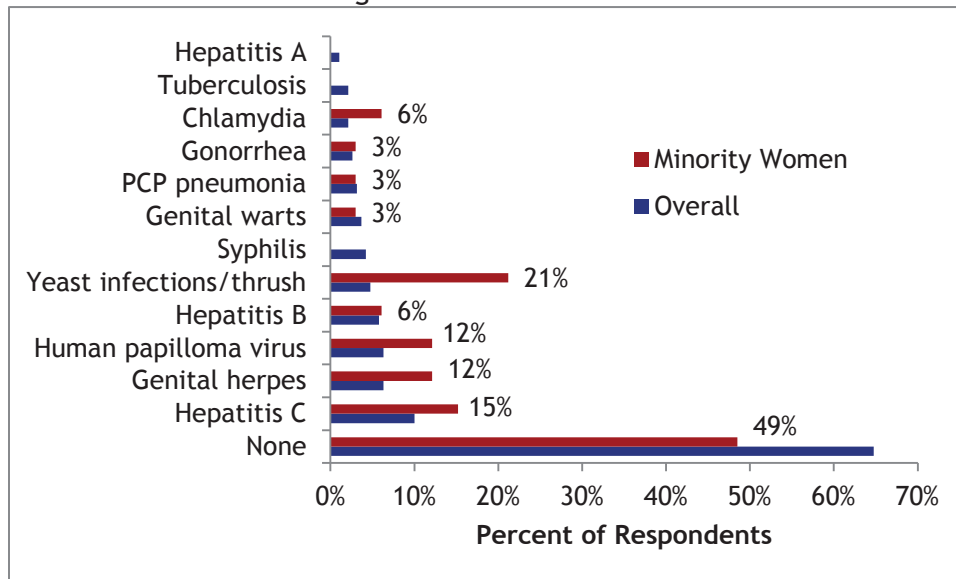
### Comorbidities: Mental Illness Diagnosis in Lifetime



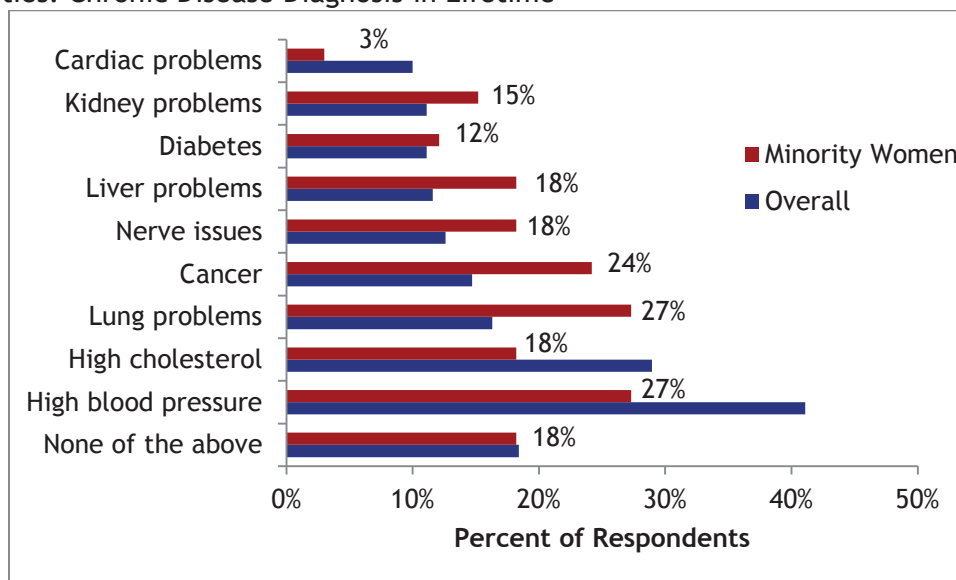
### Minority Women

Minority women with PLHWA who participated in the survey display higher rates of many infectious diseases than the overall survey group. They also have higher chronic disease rates, with the exception of cardiac problems, high cholesterol, and high blood pressure. Rates of mental health conditions such as depression and anxiety are higher across the board than those in the general survey population.

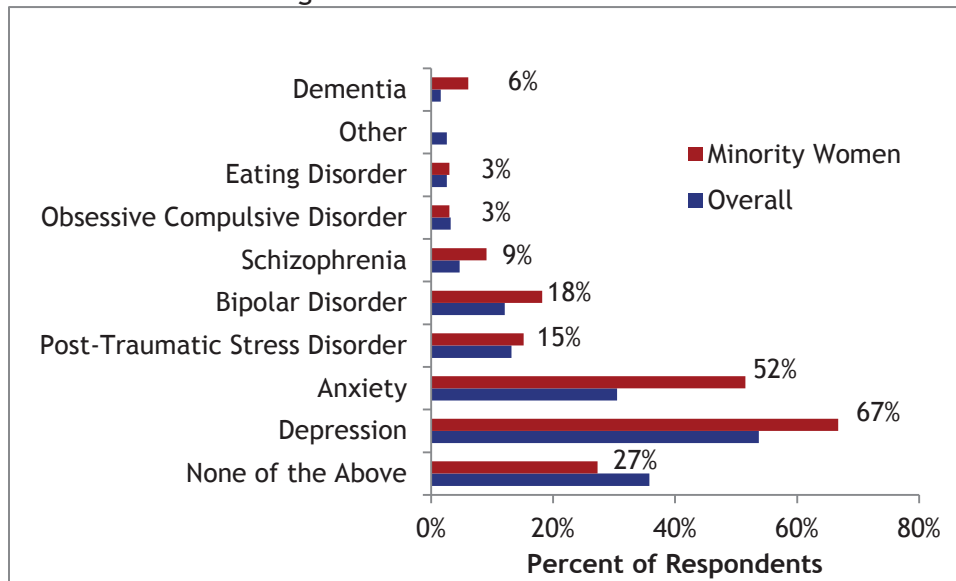
Comorbidities: Infectious Disease Diagnosis in the Last Two Years



Comorbidities: Chronic Disease Diagnosis in Lifetime



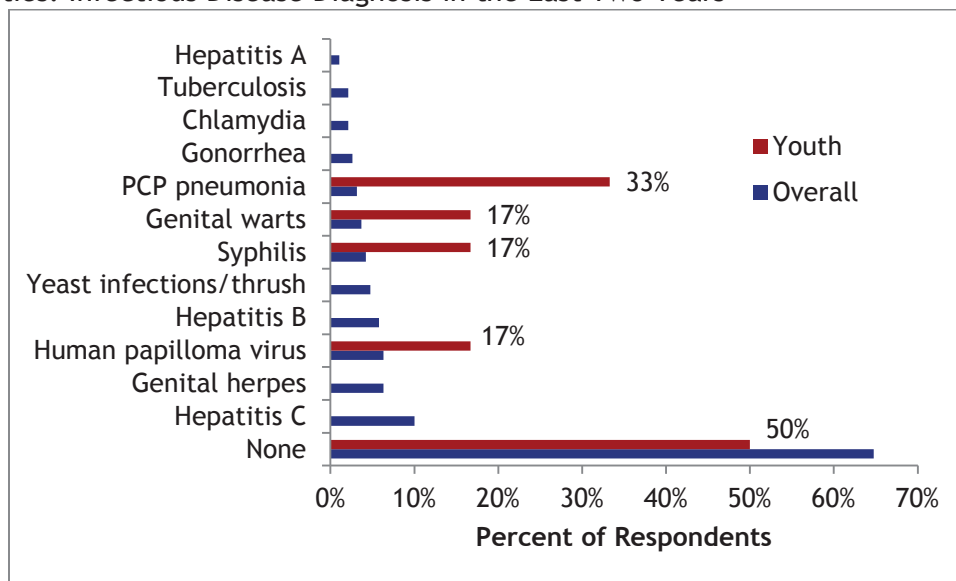
### Comorbidities: Mental Illness Diagnosis in Lifetime



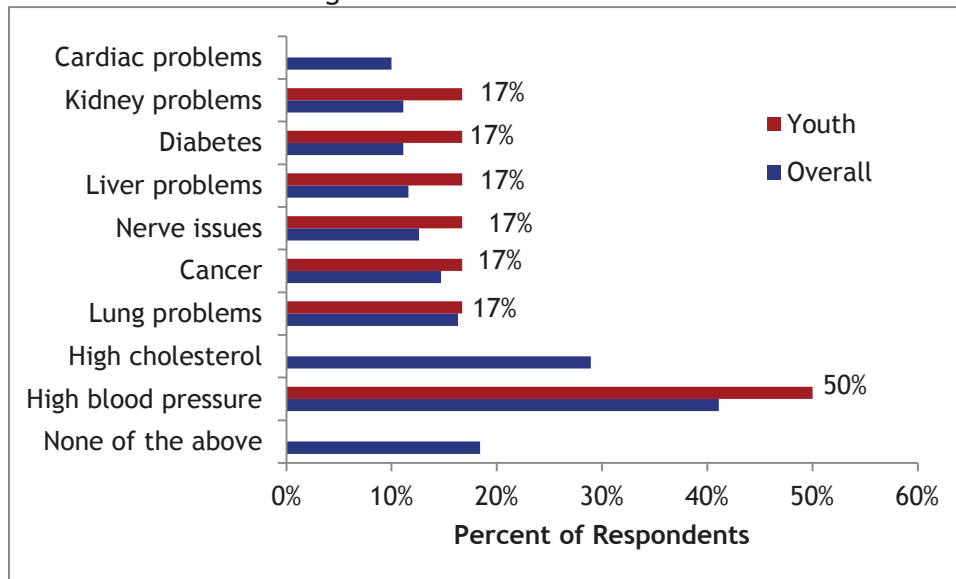
### Youth (13-24)

It is difficult to compare comorbidity rates in the youth survey group with the overall survey population due to the small youth sample size. Two youth have had PCP pneumonia in the last two years; one has had genital warts, one syphilis, and one HPV. Three youth do not report any occurrences of infectious diseases. Half of the youth surveyed have high blood pressure (3 people), and half suffer from anxiety and depression. Comorbidity percentages in youth PLWHA should be interpreted with caution due to the low sample size.

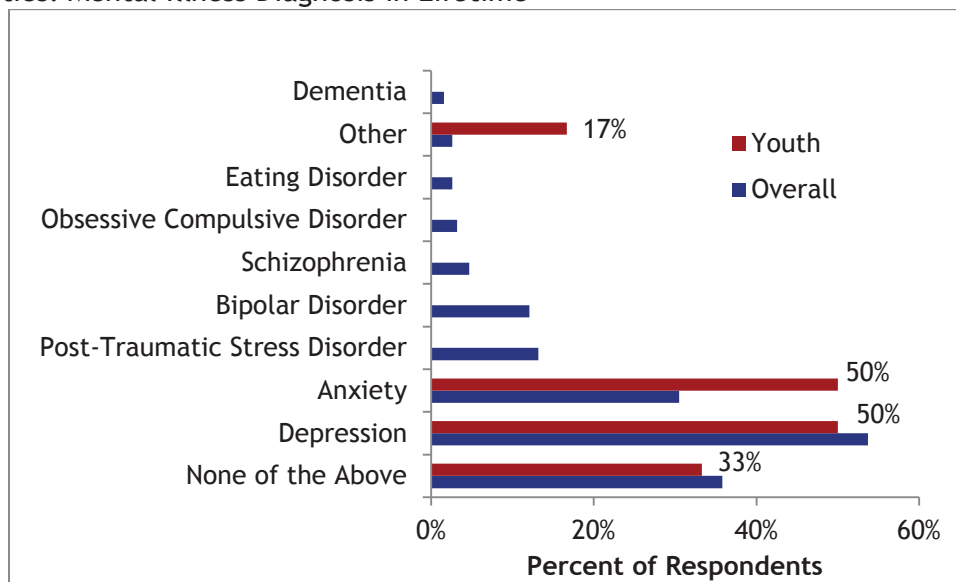
### Comorbidities: Infectious Disease Diagnosis in the Last Two Years



### Comorbidities: Chronic Disease Diagnosis in Lifetime



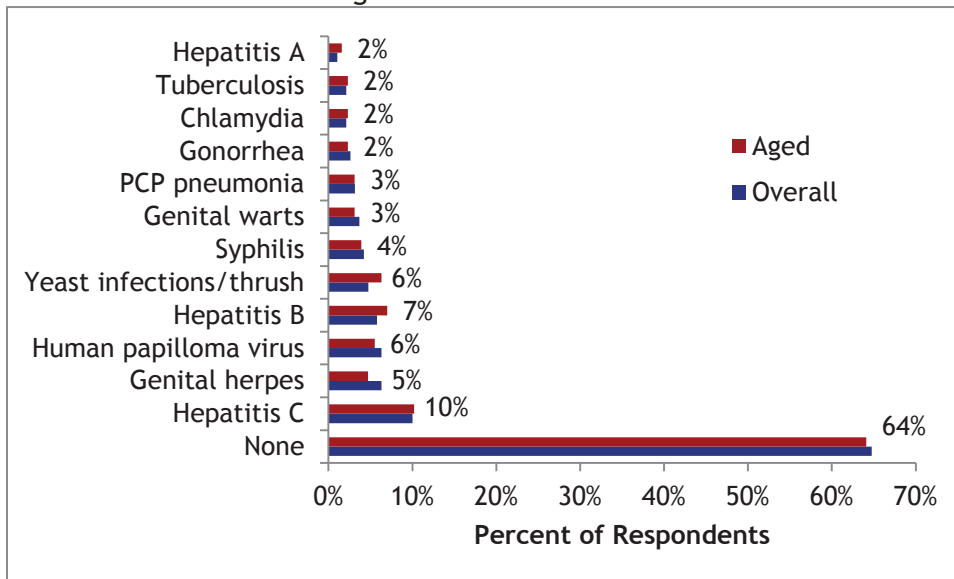
### Comorbidities: Mental Illness Diagnosis in Lifetime



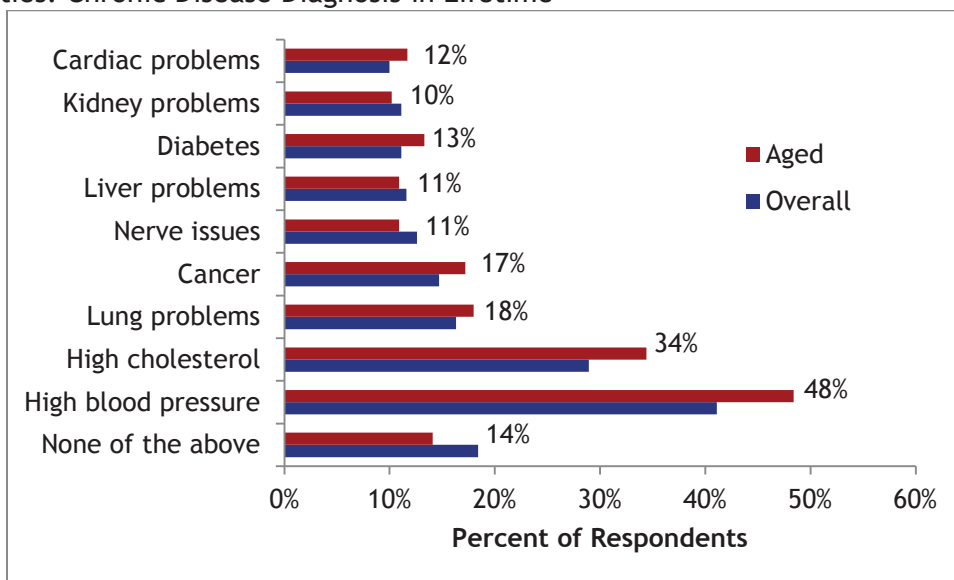
### *Aged (45+)*

Infectious disease rates of aged survey participants track closely with the general response group. Aged respondents have higher rates of high blood pressure, high cholesterol, and other chronic diseases, as is expected in an older population. Interestingly, aged respondents tend to have lower rates of diagnosed mental illness than the general response group.

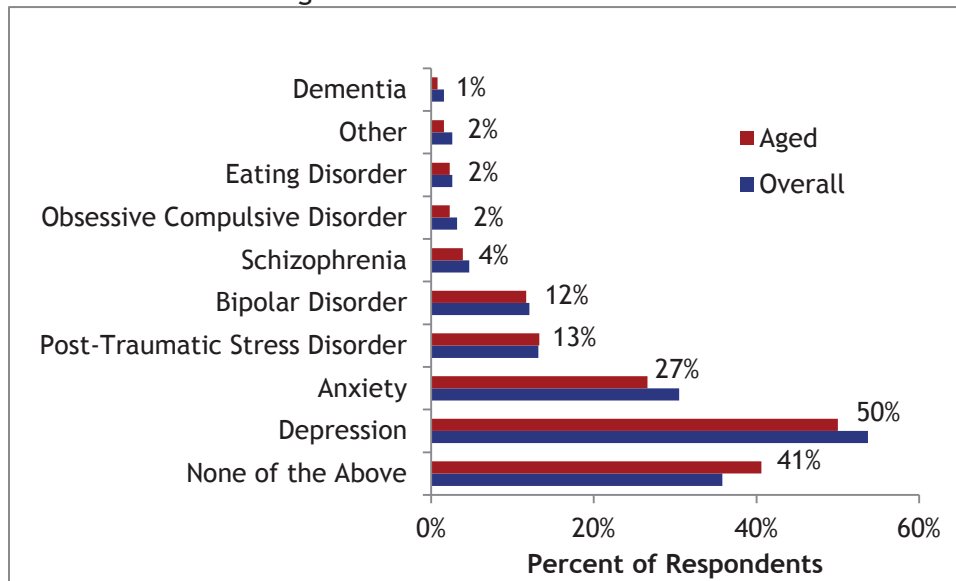
Comorbidities: Infectious Disease Diagnosis in the Last Two Years



Comorbidities: Chronic Disease Diagnosis in Lifetime



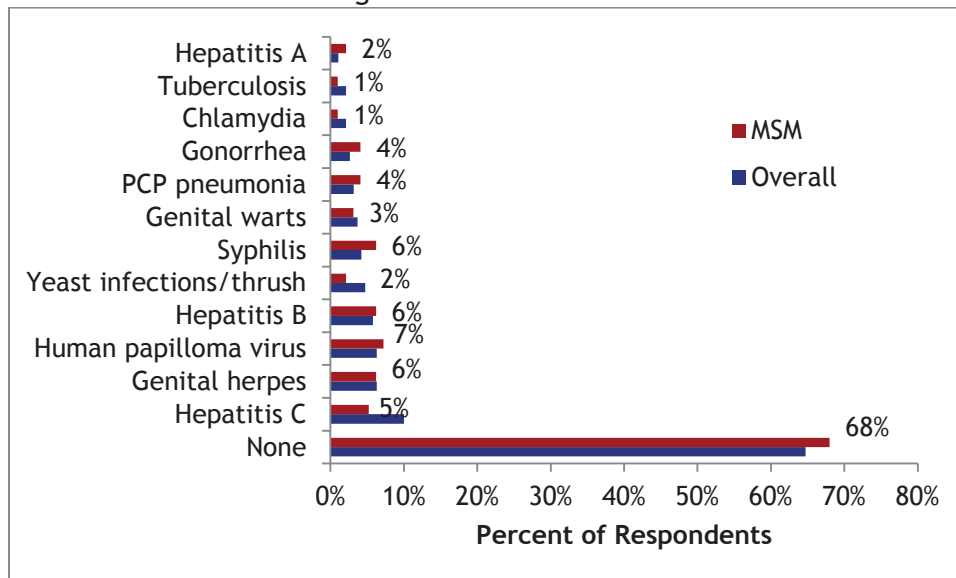
### Comorbidities: Mental Illness Diagnosis in Lifetime



### *Men Who Have Sex with Men*

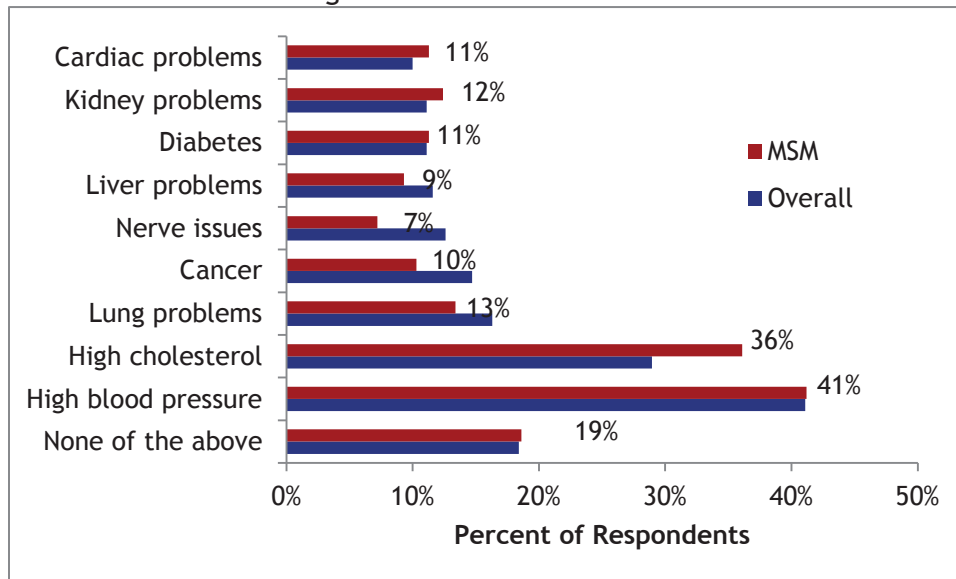
MSM have similar rates of infectious disease diagnoses and chronic conditions as do the overall group. One notable exception to this is high cholesterol. Interestingly, MSM seem to have lower rates of mental health challenges than the overall population.

### Comorbidities: Infectious Disease Diagnosis in the Last Two Years

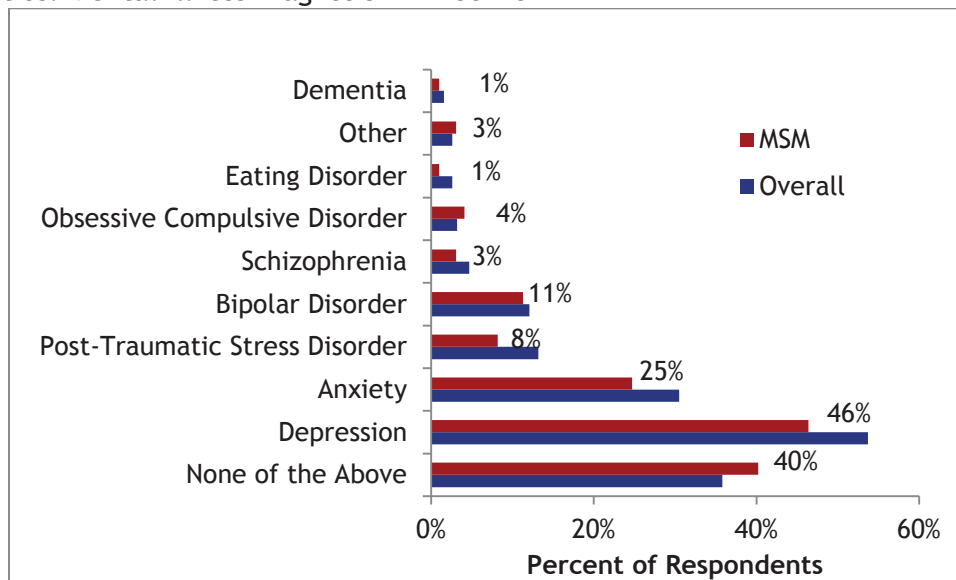




### Comorbidities: Chronic Disease Diagnosis in Lifetime



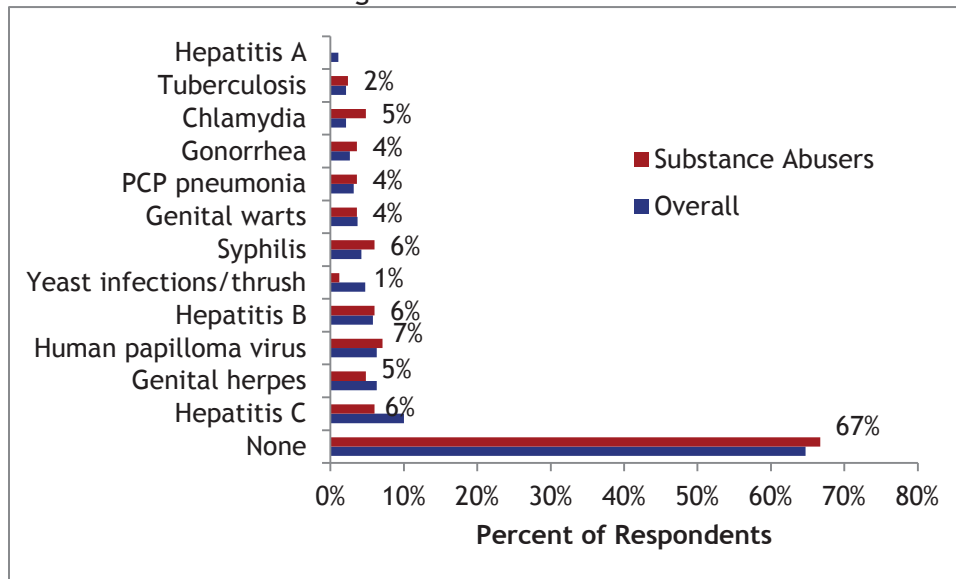
### Comorbidities: Mental Illness Diagnosis in Lifetime



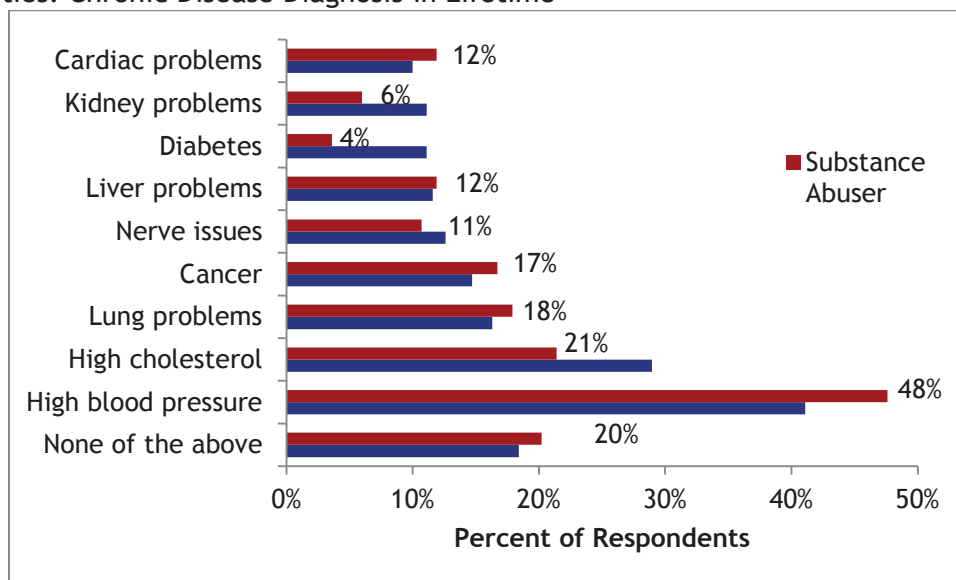
### *Intravenous Drug Users/Substance Abusers*

Survey respondents that are substance abusers are slightly less likely to have infectious diseases than the overall group, but do have higher rates of some diseases. They also have higher rates of high blood pressure, and slightly higher incidence of cancer, lung problems, liver problems, and cardiac problems and higher rates of several mental illnesses.

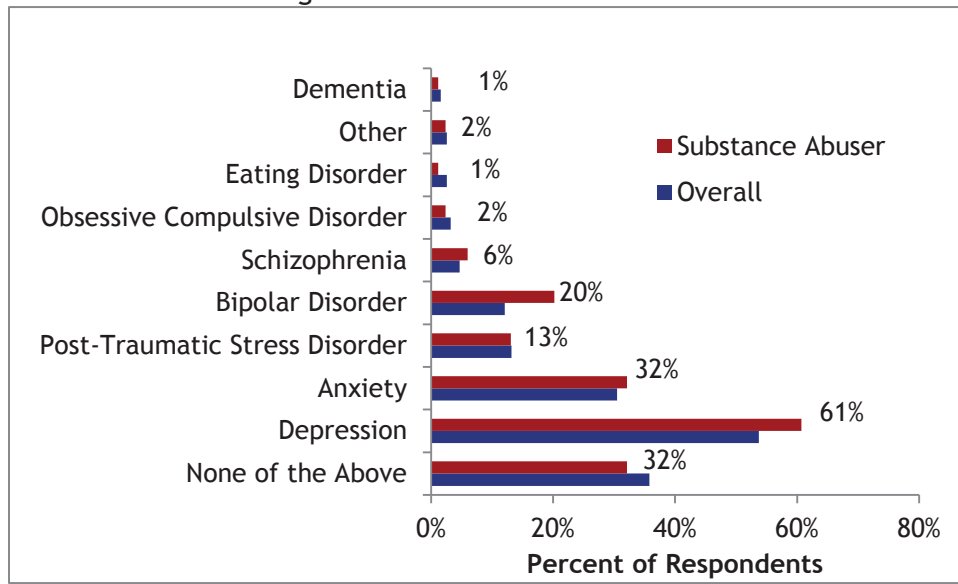
Comorbidities: Infectious Disease Diagnosis in the Last Two Years



Comorbidities: Chronic Disease Diagnosis in Lifetime



### Comorbidities: Mental Illness Diagnosis in Lifetime



## APPENDIX D: Provider Survey Instrument

### Ryan White Part A—Provider Survey

This survey was sent to you because your organization offers services that are important to people with HIV/AIDS in the Cleveland Transitional Grant Area (including Ashtabula, Cuyahoga, Geauga, Lake, Lorain, and Medina counties). **We are interested in collecting information from providers that offer services across the spectrum of care, regardless of whether or not the organization focuses specifically on HIV-positive clients.** Help us strengthen the system of care in our region by sharing your experiences.

The information gathered from this survey will be compiled into a resource inventory and a provider capacity and capability report, which are components of the comprehensive needs assessment being completed for the Ryan White Part A Planning Council. This report will be used to better understand the services available to people living with HIV/AIDS in our community, and to inform decisions that will expand and strengthen the system of care. Thank you for your time and input.

**Please share some general information about your organization.**

Organization Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Your Name \_\_\_\_\_  
 Your Job Title \_\_\_\_\_  
 Your Email Address \_\_\_\_\_

**Which of the following services does your organization provide? If your organization does not provide a particular service, leave that row blank.**

	My organization provides this service.	My organization refers clients to other providers that offer this service.
<b>STD Testing</b> (free testing for HIV or other sexually transmitted diseases)		
<b>HIV Prevention</b> (access to condoms and sterile syringes, prevention programs for partners, etc.)		
<b>HIV Outpatient/Ambulatory Medical Care</b> (doctor visits for HIV, disease management, lab tests, referrals to subspecialties)		
<b>Prescription Medications</b> (prescription medications for HIV and other related conditions)		
<b>Dental Care/Oral Health Services</b> (routine dental care, restorative procedures, dental appliances)		

	My organization provides this service.	My organization refers clients to other providers that offer this service.
<b>HIV Early Intervention Services</b> (programs that help people get tested, receive counseling, and be referred to treatment)		
<b>Health Insurance Premium and Cost-Sharing</b> (financial assistance to help clients maintain insurance coverage)		
<b>Home Health Care</b> (IV medications, IV feeding, and other medical therapies provided at clients' homes)		
<b>Home and Community-Based Health Services</b> (medical equipment, health aides, and personal care at clients' homes)		
<b>Hospice Care</b> (end-of-life care and support for those in the last stages of their illness)		
<b>Mental Health Services</b> (outpatient assessments, psychiatric care, counseling)		
<b>Nutritional Therapy</b> (nutritional counseling and eating plans through a licensed dietician)		
<b>HIV Medical Case Management</b> (overall assessment to identify service needs, assist clients with getting required services)		
<b>Substance Abuse Services—Outpatient</b> (assessment, treatment, follow-up services)		

**From the choices below, select up to three service categories for which you make the *most* referrals.**

- STD testing
- HIV prevention
- HIV outpatient/ambulatory medical care
- Prescription medication assistance
- Dental care/oral health services
- HIV early intervention services
- Health insurance premium and cost-sharing assistance
- Home health care
- Home and community-based health services
- Hospice services
- Mental health services
- Nutrition therapy
- HIV medical case management services
- Substance abuse services (outpatient)

**Which of the following services does your organization provide? If your organization does not provide a particular service, leave that row blank.**

	My organization provides this service.	My organization refers clients to other providers that offer this service.
<b>Case Management Services</b> (non-medical) (helping clients get social, legal, financial, and other needed services)		
<b>Child Care</b> (care for clients' children while they are at HIV-related appointments)		
<b>Emergency Financial Assistance</b> (short-term help to pay for clients' housing, food, transportation, and medication)		
<b>Food Bank/Home-Delivered Meals</b> (home-delivered meals, food vouchers, food pantries)		
<b>HIV Health Education/Risk Reduction</b> (information about how to reduce the risk of transmitting HIV, counseling to help improve overall health)		
<b>Housing Services</b> (housing-related legal assistance and counseling, housing placement assistance, temporary rental assistance)		
<b>HIV Legal Services</b> (legal advice to clients for health insurance, confidentiality and discrimination, access to benefits, 'do not resuscitate' orders)		
<b>Linguistic Services</b> (a translator or interpreter who helps clients communicate with doctors and nurses)		
<b>Medical Transportation Services</b> (client transportation to HIV-related appointments, bus fare, cab vouchers, gas cards)		
<b>HIV Outreach</b> (programs that tell out of care or unaware people with HIV about available services and help them to sign up)		
<b>Permanency Planning</b> (planning for what will happen to children when guardians become ill to care for them)		
<b>HIV Psychosocial Support Services</b> (support groups, therapy, and counseling for people affected by HIV)		
<b>Rehabilitation Services</b> (physical, occupational, and speech therapy; low-vision training)		
<b>Respite Care</b> (service that gives day-to-day caregivers a break from their responsibilities)		
<b>Substance Abuse Services—Residential</b> (residential treatment)		
<b>HIV Treatment Adherence Counseling</b> (helping clients follow complex HIV/AIDS treatments)		

**From the choices below, select up to three service categories for which you make the *most* referrals.**

- |   |   |
|---|---|
| <input type="checkbox"/> Case management services (non-medical) | <input type="checkbox"/> Medical transportation                 |
| <input type="checkbox"/> Child care services                    | <input type="checkbox"/> HIV outreach                           |
| <input type="checkbox"/> Emergency financial assistance         | <input type="checkbox"/> Permanency planning                    |
| <input type="checkbox"/> Food bank/home-delivered meals         | <input type="checkbox"/> HIV psychosocial support               |
| <input type="checkbox"/> HIV health education/risk reduction    | <input type="checkbox"/> Rehabilitation                         |
| <input type="checkbox"/> Housing services                       | <input type="checkbox"/> Respite care                           |
| <input type="checkbox"/> HIV legal services                     | <input type="checkbox"/> Substance abuse services (residential) |
| <input type="checkbox"/> Linguistic services                    | <input type="checkbox"/> HIV treatment adherence counseling     |

**Does your organization provide any other services you feel are important to people living with HIV/AIDS?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The next set of questions asks for some general information about the clients your organization serves.**

**What county(ies) are your clients from? (select all that apply)**

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Ashtabula | <input type="checkbox"/> Lorain                 |
| <input type="checkbox"/> Cuyahoga  | <input type="checkbox"/> Medina                 |
| <input type="checkbox"/> Geauga    | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Lake      |   |

**Please indicate whether your organization currently serves the following populations or specializes in services for that population.**

	In general			With HIV/AIDS		
	We do not have clients in this population.	We have clients in this population.	We have clients and specialize in serving this population.	We do not have clients in this population.	We have clients in this population.	We have clients and specialize in serving this population.
Youth (age 13-24)						
African Americans						
Hispanics/Latinos						
Minority Women						
Aged (45+)						

	In general			With HIV/AIDS		
	We do not have clients in this population.	We have clients in this population.	We have clients and specialize in serving this population.	We do not have clients in this population.	We have clients in this population.	We have clients and specialize in serving this population.
Injection Drug Users (IDUs)						
Other Substance Users						
Homeless/ Housing Unstable						
Mentally Ill						

Are there any other subpopulations that your organization serves (based on race, age, gender, sexual preference, comorbidity, risk factors, culture)? If so, please list them and indicate whether your organization specializes in services for that population. \_\_\_\_\_

\_\_\_\_\_

Approximately what percentage of your organization's clients are people living with HIV/AIDS (PLWHA)?

- My organization doesn't ask about clients' HIV status
- 0%
- 1%-25%
- 26%-50%
- 51%-75%
- 76%-100%
- I don't know



**If your organization doesn't currently have any clients with HIV/AIDS, would you welcome clients with HIV/AIDS?**

- Yes
- No
- Other (please specify)

**Do you ask your HIV-positive clients whether they are receiving HIV-related primary medical care?**

- Yes
- No

**If your clients are not receiving HIV-related primary medical care, do you have any way of helping them to get access to medical care? If so, what? \_\_\_\_\_**

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**Based on your experiences in the last year, what is the biggest reason your clients do not access HIV-related medical care? \_\_\_\_\_**

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Below is a list of barriers clients with HIV may face that keep them from accessing services. Based on your experiences in the past year, please fill out the following table.

	Clients receiving services at <b>my organization</b> experience this barrier.	Clients receiving services at <b>other organizations</b> experience this barrier.
<b>Knowledge</b> (Clients don't know the service exists; they don't know the service is available; they don't know where to go or who to ask for help)		
<b>Emotions/Attitude</b> (Clients are worried about stigma; they are too upset to think about services; they are in denial about their HIV/AIDS diagnosis; they are worried about others finding out they have HIV; they are afraid)		
<b>Cultural Issues</b> (Clients can't find someone who speaks their language; they are afraid to be reported to the authorities due to citizenship status; they feel doctors or providers don't understand their culture; cultural norms discourage using services)		
<b>Cost</b> (Clients can't afford the services)		
<b>Insurance</b> (Clients don't have insurance; their insurance doesn't cover the services they need)		
<b>Provider Issues</b> (Clients feel no one is willing to answer their questions or explain things to them; they feel the staff providing services are not polite/not helpful; they don't feel like the provider understands their needs)		
<b>System Issues</b> (The system of care is too hard for clients to navigate; clients can't get referrals for services they need; capacity is not available to meet all needs)		
<b>Availability</b> (The service that clients need is not available; the services that clients need has run out of money)		
<b>Eligibility</b> (Clients can't qualify for services because of substance abuse, rules and regulations, or because they make too much money)		
<b>Transportation</b> (Clients don't have a way to get to appointments, they can't afford transportation to get to appointments)		
<b>Time</b> (The hours the service is available don't fit clients' schedules; they can't take off work; they have to wait too long to get an appointment)		
<b>Child Care</b> (Clients don't have anyone to take care of their children while they receive care)		
<b>Mental Health/Addiction</b> (Clients have a mental illness; they are hooked on drugs of alcohol)		
<b>Life Issues</b> (Clients have other things in their lives to think about; they are homeless; they don't have enough food to eat)		
<b>Physical Disability</b> (Clients can't access care due to their physical disabilities)		

**What barriers does your organization face in providing care to people living with HIV/AIDS? (select all that apply)**

	<b>My organization experiences this problem.</b>	<b>Other organizations experience this problem.</b>
Difficulty finding/retaining a qualified staff		
Lack of training/professional development		
Not enough resources/funding		
Not enough time for adequate communication with clients		
People know about the services we provide but do not take advantage of them		
People who need the services are not eligible to receive them		
Trouble identifying financial resources our clients can use to pay for services		
Insufficient resources for clients with different cultures/languages		
Not enough communication between our organization and others who serve our clients		
Issues with referrals to/from our organization		
Trouble understanding and managing expectations from different funders		
Funding has too many strings attached		

**We are interested in the ability of the system to serve clients who may have special needs or requirements. The following questions address these topics.**

**Please select any of the below that are available at your organization.**

- |  |  |
|--|--|
| <input type="checkbox"/> Open during regular business hours          | <input type="checkbox"/> Facilities are ADA accessible         |
| <input type="checkbox"/> Open during weekend hours                   | <input type="checkbox"/> Facilities offer free parking         |
| <input type="checkbox"/> Open during evening hours                   | <input type="checkbox"/> Clients receive appointment reminders |
| <input type="checkbox"/> Walk-ins are available                      | <input type="checkbox"/> Staff make home visits                |
| <input type="checkbox"/> There are staff on call                     | <input type="checkbox"/> Other (please specify)                |
| <input type="checkbox"/> Facilities are accessible by public transit |  |

**How does your organization serve clients who do not speak English? (select all that apply)**

- Not applicable – my organization only serves clients who speak English
- We have staff that speak languages other than English
- We have translators/interpreters available when needed
- We use the Language Line to translate
- We have patient materials translated into different languages
- I don't know how my organization serves clients who do not speak English
- Other (please specify)

Please list the language(s), besides English, of any populations you are currently able to serve. \_\_\_\_\_

Are there any populations whose language needs you have difficulty meeting? Please list the languages. \_\_\_\_\_

How does your organization provide cultural competency for clients? (select all that apply)

- Cultural competency isn't a big focus at my organization
- We hire staff with different cultural backgrounds
- We hire peer educators/counselors with different cultural backgrounds
- We provide staff with training on specific diversity/cultural competency requirements
- We make referrals to or have contracts with culturally-specific organizations
- Other (please specify)

Does your organization require employees to have any kind of license or certification to provide any of the services you offer?

- No
- Yes (please specify certification and service) \_\_\_\_\_

Does your organization require employees to complete any continuing education hours to provide any of the services you offer?

- No
- Yes (please specify requirement and service) \_\_\_\_\_

We understand that exact questions for the following questions may not be available. In this case, please provide your best estimates.

How many HIV-positive clients does your organization *currently* serve? \_\_\_\_\_

How many total clients does your organization *currently* serve? \_\_\_\_\_

What is the maximum number of clients with HIV/AIDS that your organization is able to have on its caseload at one time? In other words, how many clients with HIV/AIDS could your organization currently support given the funding, staff, and resources the organization has right now? \_\_\_\_\_

What is the maximum number of total clients (regardless of HIV/AIDS status) that your organization is able to have on its caseload at one time? In other words, how many total clients could your organization currently support given the funding, staff, and resources the organization has right now? \_\_\_\_\_

What is the average wait time for a new client to get into services (go through any intake procedures required) at your organization? \_\_\_\_\_

**We are interested in the ability of the current system to serve additional people as more clients are brought into care. The following questions ask about your organization’s capacity and ability to accommodate additional clients.**

Do you have enough staff and resources to effectively meet the needs of clients on your current caseload?

- Yes
- No (please explain) \_\_\_\_\_

**Do you have enough staff and resources to effectively meet the needs of clients if your caseload were to increase by:**

	Yes	No	Maybe	I don’t know
5%				
10%				
20%				

How many full-time equivalent (FTE) staff are employed at your organization? \_\_\_\_\_

How many full-time employees does your organization have? \_\_\_\_\_

How many part-time employees does your organization have? \_\_\_\_\_

What is your total organizational budget for 2013? \_\_\_\_\_

**Please approximate the percentage of your total organizational budget that comes from each of the following sources.**

- |                         |                               |
|-------------------------|-------------------------------|
| Ryan White Part A _____ | State funding _____           |
| Ryan White Part B _____ | County funding _____          |
| Medicaid _____          | Other federal funding _____   |
| Medicare _____          | Faith-based funding _____     |
| Private Insurance _____ | Non-governmental grants _____ |
| Fee-for-Service _____   | Fundraising _____             |
| Uncompensated _____     | Other _____                   |

**Please identify the greatest problem your organization faces providing care or services to PLWHA.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What would your organization need in order to resolve this problem?**

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**Please identify the single most important change (other than increased funding) that you would recommend for improving HIV-related services throughout the community.**

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**The information collected from the questions below will be combined into a community resource directory for the HIV/AIDS community.**

**How do clients access the services your organization provides?**

- We seek out clients to provide them with services
- Clients can walk in and access services the same day
- Clients can call and schedule an appointment for themselves
- A referral from another provider is appreciated
- A referral from another provider is required
- Other (please specify)

**How should a client contact your organization if he or she is seeking services?**

Website \_\_\_\_\_

Email address \_\_\_\_\_

Phone number \_\_\_\_\_

Primary contact person (optional) \_\_\_\_\_

**Where is your organization's primary service site?**

Address \_\_\_\_\_

City \_\_\_\_\_

Zip code \_\_\_\_\_

**What are your normal hours of operation? (be sure to include evening and weekend hours)**

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

**Do you have any additional comments you'd like to share?**

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**If services are located at additional locations other than the primary site, please fill out the following questions.**

**Where is your organization's alternate service site (1)?**

Address \_\_\_\_\_  
City \_\_\_\_\_  
Zip code \_\_\_\_\_

**What are your normal hours of operation at the alternate service site (1)?**

Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_  
Saturday \_\_\_\_\_  
Sunday \_\_\_\_\_

**Where is your organization's alternate service site (2)?**

Address \_\_\_\_\_  
City \_\_\_\_\_  
Zip code \_\_\_\_\_

**What are your normal hours of operation at the alternate service site (2)?**

Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_  
Saturday \_\_\_\_\_  
Sunday \_\_\_\_\_

**Where is your organization's alternate service site (3)?**

Address \_\_\_\_\_  
City \_\_\_\_\_  
Zip code \_\_\_\_\_

**What are your normal hours of operation at the alternate service site (3)?**

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_



## APPENDIX E: Provider Directory Ryan White Part A Cleveland TGA

### **ADAMHSCC Board**

2012 W. 25th Street, 6th Floor  
Cleveland, OH 44113  
216-241-3400

County: Cuyahoga

Core Services: Mental Health Services

### **ADAS Board of Lorain County**

4950 Oberlin Avenue  
Lorain, OH 44053  
440-282-9920

County: Lorain

Core Services: Substance Abuse Treatment

### **AIDS Resource Center Ohio**

ARC Ohio - Cleveland  
12200 Fairhill Road, Suite B223  
Cleveland, OH 44120  
216-325-7720

County: Cuyahoga

Core Services: HIV Case Management,  
Prescription Medication

Support Services: Outreach, Prevention

### **AIDS Resource Center Ohio**

Camp Sunrise  
4400 North High Street  
Columbus, OH 43214  
614-444-1683

County: Cuyahoga, Geauga, Lake, Lorain,  
Medina

Core Services: Mental Health Services

### **AIDS Resource Center Ohio**

Ohio AIDS Coalition  
4400 North High Street  
Columbus, OH 43214  
614-444-1683

County: Cuyahoga, Lake, Geauga, Medina,  
Lorain

Support Services: Outreach, Prevention

### **AIDS Taskforce of Greater Cleveland**

1829 Euclid Avenue  
Cleveland, OH 44115  
216-621-0766

County: Ashtabula, Cuyahoga, Medina

Core Services: HIV Case Management,  
HIV/STD Testing

Support Services: Emergency Financial  
Assistance, Housing Assistance,  
Meals/Food Programs, Outreach, Referrals,  
Support Groups, Transportation Assistance

### **AIDS Taskforce of Greater Cleveland**

Beyond Identities Community Center  
Confidential  
Cleveland, OH 44103  
216-431-7882

County: Cuyahoga

Core Services: HIV/STD Testing

Support Services: Outreach, Prevention,  
Support Groups

**AIDS Taskforce of Greater Cleveland**

Carey East Apartments

Confidential

Cleveland, OH 44115

216-621-0766

County: Cuyahoga

Support Services: Housing Assistance

**AIDS Taskforce of Greater Cleveland**

Carey West Apartments

Confidential

Cleveland, OH 44115

216-621-0766

County: Cuyahoga

Support Services: Housing Assistance

**Alternative Paths, Inc.**

246 Northland Drive, Suite 200

Medina, OH 44256

330-725-9195

County: Medina

Core Services: Mental Health Services

**American Red Cross**

433 Center Street

Ashtabula, OH 44004

877-519-5967

County: Ashtabula

Support Services: Prevention

**Antioch Development Corporation**

Antioch Baptist Church

8869 Cedar Ave

Cleveland, OH 44106

216-421-2345

County: Cuyahoga

Core Services: HIV/STD Testing

Support Services: Meals/ Food Program,

Outreach, Prevention

**Applewood Centers, Inc.**

5255 North Abbe Road, Suite 1

Elyria, OH 44035

440-934-9930

County: Lorain

Core Services: Mental Health Services

**Ashtabula Agency on Aging**

25 East Boardman Street

Youngstown, OH 44503

330-746-2938

County: Ashtabula

Support Services: Meals/ Food Program

**Ashtabula City Health Department**

4717 Main Avenue, Municipal Building

Ashtabula, OH 44004

440-992-7123

County: Ashtabula

Core Services: HIV/STD Testing

**Ashtabula County Community Action Agency**

3215 Lake Avenue

Ashtabula, OH 44004

440-997-5957

County: Ashtabula

Support Services: Meals/ Food Program

**Ashtabula County Department of Job and Family Services**

2924 Donahue Drive

Ashtabula, OH 44005

440-998-1110

County: Ashtabula

Support Services: Emergency Financial Assistance

**Ashtabula County Health Department**

12 West Jefferson Street  
Ashtabula, OH 44047  
440-576-6010

County: Ashtabula  
Core Services: HIV/STD Testing

**Ashtabula County Mental Health and Recovery Services Board**

4817 State Road, Suite 203  
Ashtabula, OH 44004  
440-992-3121

County: Ashtabula  
Core Services: Mental Health Services,  
Substance Abuse Treatment

**Ashtabula County Transportation System**

2924 Donahue Drive  
Ashtabula, OH 44004  
440-992-4411

County: Ashtabula  
Support Services: Transportation Assistance

**Ashtabula Metropolitan Housing Authority**

3526 Lake Avenue  
Ashtabula, OH 44004  
440-992-3156

County: Ashtabula  
Support Services: Housing Assistance

**Asian Services in Action**

3631 Perkins Ave, 2A-W  
Cleveland, OH 44114  
216-881-0330

County: Cuyahoga  
Core Services: HIV/STD Testing  
Support Services: Linguistic Services,  
Referrals

**Bair Foundation**

5021 State Road  
Ashtabula, OH 44004  
440-998-1453

County: Ashtabula  
Core Services: Mental Health Services

**Beacon Health**

38032 Brown Avenue  
Willoughby, OH 44094  
440-354-9924

County: Lake  
Support Services: Support Groups

**Beech Brook**

347 Midway Plaza, Suite 204  
Elyria, OH 44035  
440-324-4980

County: Lorain  
Core Services: Mental Health Services

**Bellefaire Jewish Children's Bureau**

347 Midway Plaza, Suite 200  
Elyria, OH 44035  
440-324-5701

County: Lorain  
Core Services: Mental Health Services

**Boys & Girls Clubs of Cleveland**

6114 Broadway Ave  
Cleveland, OH 44127  
216-883-2106

County: Cuyahoga  
Support Services: Prevention

**Breckenridge Village**

36855 Ridge Road  
Willoughby, OH 44094  
440-942-4342

County: Lake  
Support Services: Transportation Assistance

**Bridges**

2709 North Ridge Road  
Painesville, OH 44077  
440-350-9922

County: Lake  
Core Services: Mental Health Services

**Bridgeway**

3234 West Blvd  
Cleveland, OH 44111  
216-476-0900

County: Cuyahoga  
Core Services: Mental Health Services

**Care Alliance**

Care Alliance Health Center  
1530 Saint Clair Avenue  
Cleveland, OH 44114  
216-781-6724

County: Cuyahoga  
Core Services: Dental Care/Oral Health Care, Early Intervention, HIV Case Management, HIV/STD Testing, Mental Health Services, Prescription Medication, Primary Medical Care  
Support Services: Medical Laboratory Testing, Outreach, Prevention

**Care Alliance**

Care Alliance at Riverview Clinic  
1795 W 25th Street, 2nd Floor  
Cleveland, OH 44113  
216-619-5571

County: Cuyahoga  
Core Services: HIV/STD Testing  
Support Services: Prevention

**Care Alliance**

Care Alliance at Carl B. Stokes Clinic  
6001 Woodland Ave #D602  
Cleveland, OH 44104  
216-923-5000

County: Cuyahoga  
Core Services: Dental Care/Oral Health Care, HIV Case Management, HIV/STD Testing, Primary Medical Care  
Support Services: Prevention

**Catholic Charities Community Services of Medina County**

246 Northland Drive  
Medina, OH 44256  
330-723-9615

County: Medina  
Core Services: Mental Health Services, Substance Abuse Treatment

**Catholic Charities Corporation Community Services**

Hispanic Senior Center  
7800 Detroit Ave  
Cleveland, OH 44102  
216-631-3599

County: Cuyahoga  
Support Services: Linguistic Services, Meals/Food Program

**Catholic Charities of Lake County**

8 North State Street, Suite 455  
Painesville, OH 44077  
440-352-6191

County: Lake

Core Services: Mental Health Services

**Catholic Charities Services of Geauga County**

10771 Mayfield Road  
Chardon, OH 44024  
440-285-3537

County: Geauga

Core Services: Mental Health Services

**Catholic Charities-Cleveland**

3135 Euclid Avenue, Suite 202  
Cleveland, OH 44115  
216-391-2030

County: Cuyahoga

Core Services: Mental Health Services,  
Substance Abuse Treatment

**Child and Family Intervention Team**

3076 Remsen Road  
Medina, OH 44256  
330-722-0750

County: Medina

Core Services: Mental Health Services

**City of Cleveland Department of Community Development**

601 Lakeside Avenue, Room #302  
Cleveland, OH 44114  
216-664-4000

County: Cuyahoga

Support Services: Housing Assistance

**City of Cleveland Department of Public Health**

J Glen Smith Health Center  
11100 Saint Clair Avenue  
Cleveland, OH 44108  
216-249-4100

County: Cuyahoga

Core Services: HIV/STD Testing, Substance  
Abuse Treatment

**City of Cleveland Department of Public Health**

TF McCafferty Health Center  
4242 Lorain Avenue  
Cleveland, OH 44113  
216-664-6603

County: Cuyahoga

Core Services: HIV/STD Testing

**City of Cleveland Department of Public Health**

Division of Health - Mobile Van  
75 Erieview Plaza, 2nd Floor  
Cleveland, OH 44114  
216-664-2324

County: Cuyahoga

Core Services: HIV/STD Testing  
Support Services: Prevention, Referrals

**City of Lakewood Transportation Assistance**

12805 Detroit Avenue  
Lakewood, OH 44107  
216-521-1288

County: Cuyahoga

Support Services: Transportation Assistance

**Cleveland Clinic Foundation**  
Cleveland Clinic at Langston Hughes Center  
2390 East 79th Street  
Cleveland, OH 44104  
216-361-1773

County: Cuyahoga  
Core Services: HIV/STD Testing  
Support Services: Referrals

**Cleveland Clinic Foundation**  
Infectious Disease/G21, 9500 Euclid Ave  
Cleveland, OH 44195  
216-444-8845

County: Cuyahoga  
Core Services: Early Intervention Services,  
HIV Case Management, HIV/STD Testing,  
Prescription Medication, Primary Medical  
Care  
Support Services: Medical Laboratory  
Testing, Outreach, Transportation  
Assistance

**Cleveland Housing Network**  
2999 Payne Avenue  
Cleveland, OH 44114  
216-574-7100

County: Cuyahoga  
Support Services: Housing Assistance

**Cleveland Memorial Society**  
21600 Shaker Boulevard  
Cleveland, OH 44122  
216-751-5515

County: Ashtabula, Cuyahoga, Geauga,  
Lake, Lorain, Medina  
Support Services: Final Arrangements

**Cleveland Tenants Organization-  
Rental Information Center**  
3631 Perkins Avenue, Suite 3A-4  
Cleveland, OH 44114  
216-432-0609

County: Cuyahoga  
Support Services: Housing Assistance

**Cleveland Treatment Center**  
Cleveland Treatment Center at Carl B  
Stokes Social Services Mall  
6001 Woodland Avenue, Ste 2121  
Cleveland, OH 44104  
216-991-7233

County: Cuyahoga  
Core Services: HIV/STD Testing  
Support Services: Outreach, Prevention,  
Referrals

**Colors Community Resources, Inc**  
PO Box 23123  
Cleveland, OH 44123  
216-322-5131

County: Cuyahoga  
Support Services: Meals/ Food Program,  
Outreach

**Combined Health District**  
470 Center Street, Building #8  
Chardon, OH 44024  
440-285-2222

County: Geauga  
Core Services: HIV/STD Testing, Home &  
Community Based Services  
Support Services: Nutritional Counseling,  
Outreach, Prevention

**Community Action Against Addiction**

5209 Euclid Avenue  
Cleveland, OH 44103  
216-881-0765

County: Cuyahoga, Lake, Geauga, Medina,  
Lorain

Core Services: Substance Abuse Treatment  
Support Services: Prevention

**Community Counseling Center of  
Ashtabula County**

2801 C Court  
Ashtabula, OH 44004  
440-998-4210

County: Ashtabula  
Core Services: Mental Health Services

**Community Re-Entry**

4515 Superior Ave  
Cleveland, OH 44103  
216-696-2717

County: Cuyahoga  
Core Services: Mental Health Services  
Support Services: Prevention

**Community Responsive Transit of  
Cleveland**

4601 Euclid Avenue  
Cleveland, OH 44104  
216-566-5124

County: Cuyahoga  
Support Services: Transportation Assistance

**Community TB Coalition**

Confidential Address  
Cleveland, OH 44102  
216-521-0569

County: Cuyahoga  
Support Services: Outreach

**Council for Economic Opportunities**

1228 Euclid Avenue  
Cleveland, OH 44115  
216-518-4013

County: Cuyahoga  
Support Services: Housing Assistance

**Crossroads**

8445 Munson Road  
Mentor, OH 44060  
440-255-1700

County: Lake  
Core Services: Mental Health Services,  
Substance Abuse Treatment

**Cuyahoga Community College**

Healthcare Careers and Sciences  
2900 Community College Ave Room 105  
Cleveland, OH 44115  
216-987-3555

County: Cuyahoga  
Core Services: HIV/STD Testing  
Support Services: Nutritional Counseling

**Cuyahoga County Board of Health**

Cuyahoga County Board of Health - Main  
Site  
5550 Venture Drive  
Parma, OH 44130  
216-201-2001

County: Cuyahoga  
Core Services: HIV/STD Testing  
Support Services: Nutritional Counseling,  
Prevention, Referrals

**Cuyahoga County Department of  
Employment and Family Services**

Virgil E. Brown Center, 1641 Payne Ave  
Cleveland, OH 44114  
216-987-7000

County: Cuyahoga  
Support Services: Emergency Financial  
Assistance

**Cuyahoga County Division of Senior  
and Adult Services (DSAS)**

1701 East 12th Street, Lower Level  
Cleveland, OH 44114  
216-420-6750

County: Cuyahoga  
Core Services: Home & Community Based  
Services, Home Health Care

**Cuyahoga Metropolitan Housing  
Authority**

1441 West 25th Street  
Cleveland, OH 44113  
216-348-5000

County: Cuyahoga  
Support Services: Housing Assistance

**Eagle Eye Family Development Center**

4515 North Ridge East  
Ashtabula, OH 44004  
440-992-8776

County: Ashtabula  
Core Services: Substance Abuse Treatment

**Emerald Development and Economic  
Network**

7812 Madison Ave.  
Cleveland, OH 44102  
216-961-9690

County: Cuyahoga  
Support Services: Housing Assistance

**Fairview Hospital**

Westown Physician Center Primary  
Medicine  
10654 Lorain Avenue  
Cleveland, OH 44111  
216-941-8888

County: Cuyahoga  
Core Services: HIV/STD Testing, Primary  
Medical Care (Outpatient)

**Fairview Hospital**

Center for Family Medicine  
18200 Lorain Avenue  
Cleveland, OH 44111  
216-476-7088

County: Cuyahoga  
Core Services: HIV/STD Testing, Primary  
Medical Care (Outpatient)  
Support Services: Nutritional Counseling

**Faith in Action Caregivers**

319 Lake Avenue, 2nd Floor  
Ashtabula, OH 44004  
440-964-5506

County: Ashtabula  
Support Services: Transportation Assistance

**Faithful Companions, Inc.**

PO Box 23062  
Euclid, OH 44123  
216-732-9043

County: Lake  
Core Services: Home Health Care  
Support Services: Transportation Assistance



**Family Planning Association of  
Northeast Ohio**

Ashtabula Office  
510 West 44th Street  
Ashtabula, OH 44004  
440-992-5953

County: Ashtabula  
Core Services: HIV/STD Testing  
Support Services: Referrals

**Family Planning Association of  
Northeast Ohio**

South Russell Office  
5192 Chillicothe Road, Suite 104  
South Russell Village, OH 44022  
800-246-1645

County: Geauga  
Core Services: HIV/STD Testing

**Family Planning Association of  
Northeast Ohio**

54 South State Street  
Painesville, OH 44077  
440-352-0608

County: Lake  
Core Services: HIV/STD Testing

**Family Planning Services**

602 Lenoa Street  
Elyria, OH 44035  
440-322-7526

County: Lorain  
Core Services: HIV/STD Testing

**Family Planning Services of Lorain  
County**

Lorain Clinic  
1144 West Erie Avenue  
Lorain, OH 44052  
440-322-7526

County: Lorain  
Core Services: HIV/STD Testing

**Far West Centers**

29133 Health Campus Drive  
Westlake, OH 44145  
440-835-6212

County: Lorain  
Core Services: Mental Health Services

**Far West Centers**

554 North Leavitt Road  
Amherst, OH 44001  
440-988-4900

County: Lorain  
Core Services: Mental Health Services

**Firelands**

315 North Leavitt Road  
Amherst, OH 44001  
440-984-3882

County: Lorain  
Core Services: Mental Health Services

**Free Medical Clinic of Greater Cleveland**

12201 Euclid Avenue  
Cleveland, OH 44106  
216-781-4010

County: Cuyahoga

Core Services: Dental Care/Oral Health Care, HIV Case Management, HIV/STD Testing, Mental Health Services, Prescription Medication, Primary Medical Care, Substance Abuse Treatment  
Support Services: Medical Laboratory Testing, Outreach, Prevention, Referrals, Support Groups, Transportation Assistance

**Free Medical Clinic of Greater Cleveland**

Free Medical Clinic at HUMADAOP - Syringe Exchange Van  
3305 West 25th Street  
Cleveland, OH 44109  
216-781-4010

County: Cuyahoga

Core Services: HIV/STD Testing  
Support Services: Outreach, Prevention

**Free Medical Clinic of Greater Cleveland**

Syringe Exchange Van  
Cedar Ave and East 83rd Street  
Cleveland, OH 44103  
216-721-4010

County: Cuyahoga

Core Services: HIV/STD Testing  
Support Services: Outreach, Prevention

**Geauga County Board of Mental Health and Recovery Resources**

13244 Ravenna Road  
Chardon, OH 44024  
440-285-2282

County: Geauga

Core Services: Mental Health Services

**Geauga County Department on Aging**

12555 Ravenwood Drive  
Chardon, OH 44024  
440-285-2222

County: Geauga

Core Services: Home & Community Based Services  
Support Services: Meals/ Food Program, Transportation Assistance

**Geauga County Job & Family Services**

12480 Ravenwood Drive  
Chardon, OH 44024  
440-285-2222

County: Geauga

Support Services: Emergency Financial Assistance

**Geauga Metropolitan Housing Authority**

385 Center Street  
Chardon, OH 44024  
440-286-7413

County: Geauga

Support Services: Housing Assistance

**Glenbeigh Health Sources**

2863 State Route 45, P.O. Box 298  
Rock Creek, OH 44084  
440-275-3327

County: Ashtabula

Core Services: Substance Abuse Treatment

**Greater Cleveland RTA**

1240 West 6th Street  
Cleveland, OH 44113  
216-781-4851

County: Cuyahoga  
Support Services: Transportation Assistance

**Hanson Services**

17017 Madison Ave  
Lakewood, OH 44107  
330-836-2020

County: Medina  
Support Services: Transportation Assistance

**Healthspan**

Healthspan Medical Office - Cleveland Heights  
10 Severance Circle  
Cleveland Heights, OH 44118  
216-524-7377

County: Cuyahoga  
Core Services: HIV/STD Testing, Mental Health Services, Primary Medical Care (Outpatient), Substance Abuse Treatment  
Support Services: Nutritional Counseling, Referrals

**Healthspan**

Healthspan Medical Office - Parma  
12301 Snow Road  
Parma, OH 44130  
216-524-7377

County: Cuyahoga  
Core Services: HIV/STD Testing, Mental Health Services, Primary Medical Care (Outpatient), Substance Abuse Treatment  
Support Services: Nutritional Counseling, Referrals

**Healthspan**

Healthspan Medical Office - Rocky River  
20575 Center Ridge Road, Ste 500  
Rocky River, OH 44116  
216-524-7377

County: Cuyahoga  
Core Services: HIV/STD Testing, Mental Health Services, Primary Medical Care (Outpatient), Substance Abuse Treatment  
Support Services: Nutritional Counseling, Referrals

**Hospice and Palliative Care of Greater Wayne County**

Wadsworth Office  
185 Main Street  
Wadsworth City, OH 44281  
330-336-6595

County: Medina  
Core Services: Hospice Care

**Hospice of Medina County**

797 North Court Street  
Medina, OH 44256  
330-722-4771

County: Medina  
Core Services: Hospice Care

**Hospice of the Western Reserve Headquarters**

17876 Saint Clair Ave  
Cleveland, OH 44110  
800-707-8922

County: Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Medina  
Core Services: Hospice Care

**Hospice of the Western Reserve**

David Simpson Hospice House

300 E 185th Street  
Cleveland, OH 44119  
216-383-3700County: Ashtabula, Cuyahoga, Geauga,  
Lake, Lorain, Medina

Core Services: Hospice Care

**Hospice of the Western Reserve**

Ames Family Hospice House

30080 Hospice Way  
Westlake, OH 44145  
800-707-8922County: Ashtabula, Cuyahoga, Geauga,  
Lake, Lorain, Medina

Core Services: Hospice Care

**Hyatt Ali, DDS**9853 Johnnycake Ridge Road, #300  
Mentor, OH 44060  
440-352-6006

County: Lake

Core Services: Dental Care/Oral Health  
Care**Lake Area Recovery Center**2801 C Court  
Ashtabula, OH 44004  
440-998-0722

County: Ashtabula

Core Services: Substance Abuse Treatment

**Lake County Alcohol, Drug Addiction  
and Mental Health Services**1 Victoria Place, #205  
Painesville, OH 44077  
440-352-3117

County: Lake

Core Services: Mental Health Services,  
Substance Abuse Treatment**Lake County Council on Aging**8520 East Avenue  
Mentor, OH 44060  
800-755-1402

County: Lake

Core Services: Home & Community Based  
ServicesSupport Services: Meals/ Food Program,  
Transportation Assistance**Lake County General Health District**

Main Site

33 Mill Street  
Painesville, OH 44077  
440-350-2437

County: Ashtabula, Lake, Geauga

Core Services: Early Intervention Services,  
HIV Case Management, HIV/STD Testing,  
Home Health Care, Prescription MedicationSupport Services: Housing Assistance,  
Meals/Food Program, Nutritional  
Counseling, Outreach, Referrals, Support  
Groups, Transportation Assistance**Lake County General Health District**

Ashtabula Testing Site

4510 Collins Blvd, Ste #4  
Ashtabula, OH 44004  
440-350-2056

County: Ashtabula

Core Services: HIV/STD Testing

Support Services: Referrals

**Lake County Job & Family Services**177 Main Street  
Painesville, OH 44077  
440-350-4000

County: Lake

Support Services: Emergency Financial  
Assistance

**Lake/Geauga Recovery Centers**

9083 Mentor Avenue  
Mentor, OH 44060  
440-255-0678

County: Geauga, Lake  
Core Services: Substance Abuse Treatment

**Lakewood Hospital**

Teen Health Center  
15644 Madison Ave, Ste 108  
Lakewood, OH 44107  
216-381-8336

County: Cuyahoga  
Support Services: Nutritional Counseling,  
Prevention

**Laurelwood Hospital and Counseling Centers**

35900 Euclid Avenue  
Willoughby, OH 44094  
440-953-3325

County: Lake  
Core Services: Substance Abuse Treatment

**Lesbian, Gay, Bisexual, Transgender Community Center of Greater Cleveland**

Main Site  
6600 Detroit Avenue  
Cleveland, OH 44102  
216-651-5428

County: Cuyahoga, Lake, Geauga, Medina,  
Lorain  
Core Services: HIV/STD Testing  
Support Services: Referrals, Support  
Groups

**Lifeline for the Empowerment and Development of Consumers**

54 South State Street, Suite 309  
Painesville, OH 44077  
440-354-2148

County: Lake  
Support Services: Housing Assistance

**Lorain City Health Department**

1144 West Erie Avenue  
Lorain, OH 44052  
440-204-2306

County: Lorain  
Core Services: HIV/STD Testing  
Support Services: Prevention

**Lorain County AIDS Taskforce**

221 West 21st Street, Suite LL-2  
Lorain, OH 44052  
440-233-1086

County: Lorain  
Core Services: HIV/STD Testing  
Support Services: Emergency Financial  
Assistance, Meals/Food Program, Outreach,  
Prevention, Referrals, Support Groups

**Lorain County Alcohol and Drug Abuse Services**

2115 West Park Drive  
Lorain, OH 44053  
440-282-4777

County: Lorain  
Core Services: Substance Abuse Treatment

**Lorain County Alcohol and Drug Abuse Services**

374 Broad Street  
Elyria, OH 44053  
440-244-6820

County: Lorain  
Core Services: Substance Abuse Treatment

**Lorain County Board of Mental Health**

1173 North Ridge Road East, Suite 101  
Lorain, OH 44055  
440-233-2020

County: Lorain

Core Services: Mental Health Services

**Lorain County Department of Job & Family Services**

42485 North Ridge Road  
Elyria, OH 44035  
440-284-4500

County: Lorain

Support Services: Emergency Financial Assistance

**Lorain County Free Clinic**

3323 Pearl Avenue  
Lorain, OH 44055  
440-277-6641

County: Lorain

Core Services: Dental Care/Oral Health Care

**Lorain County General Health District**

9880 South Murray Ridge Road  
Elyria, OH 44035  
440-322-6367

County: Lorain

Core Services: HIV/STD Testing, Home & Community Based Services

Support Services: Meals/ Food Program

**Lorain County Metropolitan Housing Authority**

1600 Kansas Avenue  
Lorain, OH 44052  
440-288-1600

County: Lorain

Support Services: Housing Assistance

**Lorain County Office on Aging**

320 North Gateway Boulevard  
Elyria, OH 44035  
440-326-4800

County: Lorain

Core Services: Home & Community Based Services

Support Services: Meals/ Food Program, Transportation Assistance

**Love, Inc**

Lorain County Office  
P.O. Box 1773  
Elyria, OH 44036  
440-622-5683

County: Lorain

Support Services: Transportation Assistance

**Lutheran Hospital**

Lutheran Hospital - Main Site  
1730 W 25th Street  
Cleveland, OH 44113  
216-363-2413

County: Cuyahoga

Core Services: HIV/STD Testing, Mental Health Services, Primary Medical Care (Outpatient)

Support Services: Linguistic Services, Prevention

**Lutheran Hospital**

Lutheran Hospital Medical Offices  
6412 Franklin Blvd  
Cleveland, OH 44113  
216-696-1725

County: Cuyahoga

Core Services: HIV/STD Testing, Primary Medical Care (Outpatient)

**Malachi House**

2810 Clinton Avenue  
Cleveland, OH 44113  
216-621-8831

County: Cuyahoga

Core Services: Hospice Care

**Mark Florman, DDS**

34696 Vine Street  
Eastlake, OH 44094  
440-953-9111

County: Lake

Core Services: Dental Care/Oral Health  
Care

**May Dugan Center**

4115 Bridge Ave  
Cleveland, OH 44113  
216-631-5800

County: Cuyahoga

Core Services: Mental Health Services  
Support Services: Housing Assistance,  
Meals/Food Program

**Medina Alcohol, Drug Addiction and  
Mental Health Board**

246 Northland Drive  
Medina, OH 44256  
330-723-9642

County: Medina

Core Services: Mental Health Services,  
Substance Abuse Treatment

**Medina County Department of Job &  
Family Services**

232 Northland Drive  
Medina, OH 44256  
330-722-9283

County: Medina

Support Services: Emergency Financial  
Assistance

**Medina County Health Department**

4800 Ledgewood Drive  
Medina, OH 44256  
330-723-9688

County: Medina

Core Services: HIV/STD Testing

**Medina County Office for Older Adults**

246 Northland Drive  
Medina, OH 44256  
330-723-9514

County: Medina

Core Services: Home & Community Based  
Services  
Support Services: Meals/ Food Program,  
Transportation Assistance

**Medina Hospital**

1000 East Washington Street  
Medina, OH 44256  
330-721-5997

County: Medina

Core Services: HIV Case Management,  
HIV/STD Testing  
Support Services: Nutritional Counseling,  
Referrals

**Mercy Infectious Disease**

221 West 21st Street, Suite 1  
Lorain, OH 44052  
440-233-1093

County: Lorain

Core Services: HIV Case Management,  
Prescription Medication, Primary Medical  
Care  
Support Services: Medical Laboratory  
Testing, Transportation Assistance

**Mercy Regional Medical Center**

3700 Kolbe Road  
Lorain, OH 44053  
440-960-4000

County: Lorain

Core Services: HIV Case Management,  
Prescription Medication, Primary Medical  
Care

Support Services: Transportation Assistance

**MetroHealth Medical Center**

Asia Plaza Health Center  
2999 Payne Ave, Ste 210  
Cleveland, OH 44114  
216-861-4646

County: Cuyahoga

Core Services: Early Intervention Services,  
HIV/STD Testing

Support Services: Outreach, Prevention

**MetroHealth Medical Center**

J Glen Smith Health Center  
11100 Saint Clair Avenue  
Cleveland, OH 44108  
216-249-3600

County: Cuyahoga

Core Services: Early Intervention Services,  
HIV/STD Testing, Primary Medical Care

Support Services: Nutritional Counseling,  
Transportation Assistance

**MetroHealth Medical Center**

- Main Site  
2500 MetroHealth Drive  
Cleveland, OH 44109  
216-778-7800

County: Cuyahoga

Core Services: Dental Care/Oral Health  
Care, Early Intervention, HIV Case  
Management, HIV/STD Testing, Primary  
Medical Care

Support Services: Nutritional Counseling,  
Prevention, Transportation Assistance

**MetroHealth Medical Center**

Buckeye Health Center  
2816 East 116th Street  
Cleveland, OH 44120  
216-957-4200

County: Cuyahoga

Core Services: Early Intervention Services,  
HIV/STD Testing, Primary Medical Care

Support Services: Medical Laboratory  
Testing, Nutritional Counseling,  
Transportation Assistance

**MetroHealth Medical Center**

Lee-Harvard Health Center  
4071 Lee Road, Suite 260  
Cleveland, OH 44128  
216-957-1200

County: Cuyahoga

Core Services: Dental Care/Oral Health  
Care, Early Intervention, HIV/STD Testing,  
Primary Medical Care

Support Services: Nutritional Counseling,  
Prevention, Transportation Assistance



**MetroHealth Medical Center**

McCafferty Health Center

4242 Lorain Avenue

Cleveland, OH 44113

216-351-3740

County: Cuyahoga

Core Services: Early Intervention Services,  
HIV/STD Testing, Primary Medical CareSupport Services: Nutritional Counseling,  
Prevention, Transportation Assistance**MetroHealth Medical Center**Broadway Health Center/Care Access/  
Primary Care Division

6835 Broadway Ave

Cleveland, OH 44105

216-957-1500

County: Cuyahoga

Core Services: Dental Care/Oral Health  
Care, Early Intervention, HIV Case  
Management, HIV/STD Testing, Mental  
Health Services, Prescription Medication,  
Primary Medical CareSupport Services: Medical Laboratory  
Testing, Nutritional Counseling,  
Transportation Assistance**MetroHealth Medical Center Division  
of Infectious Disease**

Oncology Pavilion, Room #106, 2100

MetroHealth Drive

Cleveland, OH 44109

216-778-5551

County: Cuyahoga

Core Services: Early Intervention Services,  
HIV Case Management, Mental Health  
Services, Prescription Medication, Primary  
Medical CareSupport Services: Medical Laboratory  
Testing, Nutritional Counseling, Support  
Groups, Transportation Assistance**Miles-Broadway Health Center**

9127 Mile Road

Cleveland, OH 44105

216-883-3260

County: Cuyahoga

Core Services: HIV/STD Testing

**National Safe Place**

Safe Space at Westhaven Youth Shelter

3020 W 104th Street

Cleveland, OH 44111

216-941-0062

County: Cuyahoga

Support Services: Housing Assistance

**Neighborhood Family Practice**

Main Site

3569 Ridge Road

Cleveland, OH 44102

216-281-0872

County: Cuyahoga

Core Services: HIV/STD Testing, Primary  
Medical Care (Outpatient)

Support Services: Prevention

**Neighboring Mental Health Services**

5930 Heisley Road

Mentor, OH 44060

440-354-9924

County: Lake

Core Services: Mental Health Services,  
Substance Abuse Treatment**New Life Hospice**

5255 North Abbe Road

Elyria, OH 44035

440-934-1458

County: Lorain

Core Services: Hospice Care

**Nord Center**

6140 South Broadway Avenue  
Lorain, OH 44053  
440-204-4100

County: Lorain

Core Services: Mental Health Services,  
Substance Abuse Treatment

**North Coast Health Ministry**

16110 Detroit Ave  
Lakewood, OH 44107  
216-228-7878

County: Cuyahoga

Core Services: Prescription Medication,  
Primary Medical Care (Outpatient)

**Northeast Ohio Neighborhood Health Services**

NEON - Superior Health Center  
12100 Superior Ave  
Cleveland, OH 44106  
216-851-2600

County: Cuyahoga

Core Services: Dental Care/Oral Health  
Care, HIV/STD Testing, Mental Health  
Services, Prescription Medication, Primary  
Medical Care  
Support Services: Nutritional Counseling

**Northeast Ohio Neighborhood Health Services**

NEON - Southeast Health Center  
13301 Miles Ave  
Cleveland, OH 44105  
216-781-3100

County: Cuyahoga

Core Services: Dental Care/Oral Health  
Care, HIV/STD Testing, Mental Health  
Services, Prescription Medication, Primary  
Medical Care  
Support Services: Nutritional Counseling

**Northeast Ohio Neighborhood Health Services**

NEON - Norwood Health Center  
1468 East 55th Street  
Cleveland, OH 44103  
216-881-2000

County: Cuyahoga

Core Services: HIV/STD Testing, Primary  
Medical Care (Outpatient)

**Northeast Ohio Neighborhood Health Services**

NEON - East Cleveland Health Center  
15201 Euclid Avenue  
East Cleveland, OH 44112  
216-541-5600

County: Cuyahoga

Core Services: Dental Care/Oral Health  
Care, HIV/STD Testing, Mental Health  
Services, Primary Medical Care  
Support Services: Nutritional Counseling

**Northeast Ohio Neighborhood Health Services**

NEON - Collinwood Health Center  
15322 Saint Clair Ave  
Cleveland, OH 44110  
216-851-1500

County: Cuyahoga

Core Services: Dental Care/Oral Health  
Care, HIV/STD Testing, Mental Health  
Services, Prescription Medication, Primary  
Medical Care  
Support Services: Nutritional Counseling

**Northeast Ohio Neighborhood Health Services**

NEON - Hough Health Center  
8300 Hough Avenue  
Cleveland, OH 44103  
216-231-7700

County: Cuyahoga  
Core Services: Dental Care/Oral Health Care, HIV/STD Testing, Mental Health Services, Prescription Medication, Primary Medical Care  
Support Services: Linguistic Services, Nutritional Counseling

**Northern Ohio Recovery Assoc.**

3746 Prospect Ave  
Cleveland, OH 44115  
216-391-6672

County: Cuyahoga  
Core Services: Substance Abuse Treatment

**Nueva Luz Urban Resource Center**

2226 W 89th St  
Cleveland, OH 44102  
216-651-8263

County: Cuyahoga  
Core Services: HIV Case Management, HIV/STD Testing  
Support Services: Housing Assistance, Linguistic Services, Meals/Food Program, Outreach, Prevention, Support Groups, Transportation Assistance

**Ohio Cremation and Memorial Society**

5464 High Street  
Columbus, OH 43214  
800-555-2188

County: Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Medina  
Support Services: Final Arrangement

**Ohio Department of Health**

246 N High Street  
Columbus, OH 43215  
800-777-4775

County: Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Medina  
Core Services: Prescription Medication

**Ohio Department of Rehabilitation and Correction**

Northeast Pre-Release Center  
2675 East 30th Street  
Cleveland, OH 44115  
216-771-6460

County: Cuyahoga  
Support Services: Referrals

**Ohio Rehabilitation Commission**

150 E. Campus View Blvd.  
Columbus, OH 43235  
800-282-4536

County: Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Medina

**ORCA House, Inc.**

1914 East 90th Street  
Cleveland, OH 44106  
216-231-3772

County: Cuyahoga  
Core Services: Substance Abuse Treatment

**Oriana House**

North Star Neighborhood Reentry Resource Center  
1834 East 55th Street  
Cleveland, OH 44103  
216-881-5440

County: Cuyahoga  
Core Services: HIV/STD Testing, Substance Abuse Treatment  
Support Services: Housing Assistance

**Pathways Counseling/Growth Center**

312 3rd Street  
Elyria, OH 44035  
440-323-5707

County: Lorain  
Core Services: Mental Health Services

**Pathways, Inc.**

7350 Palisades Parkway  
Mentor, OH 44060  
440-918-1000

County: Lake  
Core Services: Mental Health Services

**Planned Parenthood of Greater Ohio**

Rocky River Health Center  
20800 Center Ridge Road, Ste 101  
Rocky River, OH 44116  
440-331-8744

County: Cuyahoga  
Core Services: HIV/STD Testing  
Support Services: Prevention

**Planned Parenthood of Greater Ohio  
Bedford Center**

25350 Rockside Road  
Bedford, OH 44146  
440-232-8381

County: Cuyahoga  
Core Services: HIV/STD Testing  
Support Services: Prevention

**Planned Parenthood of Greater Ohio**

- Old Brooklyn Health Center  
3311 Broadview Road  
Cleveland, OH 44109  
216-661-0400

County: Cuyahoga  
Core Services: HIV/STD Testing  
Support Services: Prevention

**Planned Parenthood of Greater Ohio**

Cleveland Health Center  
7997 Euclid Avenue  
Cleveland, OH 44103  
216-851-1880

County: Cuyahoga  
Core Services: HIV/STD Testing  
Support Services: Prevention

**Planned Parenthood of Greater Ohio**

Lorain Health Center  
200 West 9th Street  
Lorain, OH 44052  
440-242-2087

County: Lorain  
Core Services: HIV/STD Testing

**Planned Parenthood of Greater Ohio**

Medina Health Center  
4018 Medina Road Suite C  
Medina Township, OH 44256  
330-723-1300

County: Medina  
Core Services: HIV/STD Testing  
Support Services: Prevention

**Proyecto Luz**

221 West 21st Street  
Lorain, OH 44052  
440-960-4000

County: Lorain  
Core Services: HIV Case Management

**Psych and Psych Services**

750 South Abbe Road  
Elyria, OH 44035  
440-323-5121

County: Lorain  
Core Services: Substance Abuse Treatment

**Ravenwood Mental Health Services**

12557 Ravenwood Drive  
Chardon, OH 44024  
440-285-3568

County: Geauga

Core Services: Mental Health Services,  
Substance Abuse Treatment

**Recovery Resources**

3950 Chester Avenue  
Cleveland, OH 44114  
216-431-4131

County: Cuyahoga

Core Services: Early Intervention Services,  
Mental Health Services, Substance Abuse  
Treatment

Support Services: Support Groups

**Saint Paul's Community Church -  
United Church of Christ**

4427 Franklin Blvd  
Cleveland, OH 44113  
216-351-6250

County: Cuyahoga

Core Services:

Support Services: Meals/ Food Program,  
Outreach, Prevention, Referrals

**Salvation Army**

Salvation Army Corps Community Center -  
Medina  
425 W Liberty Street  
Medina City, OH 44256  
330-722-6488

County: Medina

Support Services: Emergency Financial  
Assistance, Housing Assistance

**Salvation Army of Greater Cleveland**

Harbor Light Complex

1710 Prospect Ave  
Cleveland, OH 44115  
216-781-3773

County: Cuyahoga

Core Services: Substance Abuse Treatment  
Support Services: Housing Assistance

**Salvation Army of Greater Cleveland**

2507 E 22nd Street  
Cleveland, OH 44115  
216-861-8185

County: Cuyahoga

Support Services: Emergency Financial  
Assistance, Meals/Food Programs

**Senior Care Network of Ashtabula  
County**

4632 Main Avenue  
Ashtabula, OH 44004  
440-998-6750

County: Ashtabula

Core Services: Home & Community Based  
Services

Support Services: Meals/ Food Program,  
Transportation Assistance

**Signature Health**

4200 Park Avenue, 2nd Floor  
Ashtabula, OH 44004  
440-992-8552

County: Ashtabula

Core Services: Mental Health Services,  
Substance Abuse Treatment  
Support Services:

**Solutions Behavioral Healthcare**

246 Northland Drive  
Medina, OH 44256  
330-723-9600

County: Medina

Core Services: Mental Health Services,  
Substance Abuse Treatment

**South Pointe Hospital**

Main Site

20000 Harvard Road  
Warrensville Hts, OH 44122  
216-491-6000

County: Cuyahoga

Core Services: HIV/STD Testing, Mental  
Health Services

**South Pointe Hospital**

Primary Care Center

4200 Warrensville Center Road, Ste 395  
Warrensville Hts, OH 44112  
216-491-7888

County: Cuyahoga

Core Services: HIV/STD Testing, Primary  
Medical Care (Outpatient)  
Support Services: Prevention

**Stella Maris**

1320 Washington Avenue  
Cleveland, OH 44113  
216-781-0550

County: Lorain

Core Services: Substance Abuse Treatment

**The Centers for Families & Children**

West Side Ecumenical Ministry

5209 Detroit Ave  
Cleveland, OH 44102  
216-651-2037

County: Cuyahoga

Core Services: Mental Health Services  
Support Services: Linguistic Services,  
Meals/ Food Program

**The Covenant, Inc.**

1515 W 29th Street  
Cleveland, OH 44113  
216-574-9000

County: Cuyahoga

Core Services: Substance Abuse Treatment

**Transitional Housing Inc.**

1545 W 25th Street  
Cleveland, OH 44113  
216-781-2250

County: Cuyahoga

Support Services: Housing Assistance,  
Support Groups

**United States Department of Veterans  
Affairs**

Louis Stokes Cleveland VA Medical Center  
10701 East Blvd  
Cleveland, OH 44106  
216-791-3800

County: Cuyahoga

Core Services: Dental Care/Oral Health  
Care, Mental Health Services, Prescription  
Medication, Primary Medical Care,  
Substance Abuse Treatment  
Support Services: Housing Assistance,  
Nutritional Counseling

**University Hospitals Case Medical Center**

John T. Carey Special Immunology Unit  
2061 Cornell Road  
Cleveland, OH 44106  
216-844-7890

County: Cuyahoga

Core Services: Dental Care/Oral Health Care, Early Intervention, HIV Case Management, HIV/STD Testing, Mental Health Services, Prescription Medication, Primary Medical Care  
Support Services: Linguistic Services, Medical Laboratory Testing, Nutritional Counseling, Outreach, Prevention, Support Groups, Transportation Assistance

**Violet's Cupboard**

655 North Main Street  
Akron, OH 44310  
330-375-2159

County: Medina

Core Services: HIV Case Management

**Visiting Nurse Association of Lake County**

9285 Progress Parkway  
Mentor, OH 44060  
800-862-5253

County: Lake

Core Services: Hospice Care

**West Side Catholic Center**

3135 Lorain Ave  
Cleveland, OH 44113  
216-631-4741

County: Cuyahoga

Support Services: Emergency Financial Assistance, Housing Assistance, Meals/Food Program, Referrals

**West Side Community House**

9300 Lorain Ave  
Cleveland, OH 44102  
216-771-7297

County: Cuyahoga

Support Services: Meals/ Food Program

**Western Reserve Area Agency on Aging**

925 Euclid Avenue, Suite 600  
Cleveland, OH 44115  
216-621-0303

County: Cuyahoga, Geauga, Lake, Lorain, Medina

Core Services: Home Health Care  
Support Services: Meals/ Food Program

**Women's Center of Greater Cleveland Women's Recovery Center**

6209 Storer Avenue  
Cleveland, OH 44102  
216-651-1450

County: Cuyahoga

Core Services: Substance Abuse Treatment  
Support Services: Transportation Assistance

## APPENDIX F: Service Providers by Category Select Categories

### Ryan White Part A Cleveland TGA

#### Core Services: Dental/Oral Health

<b>Cuyahoga</b>	Care Alliance
	Case Western Reserve University
	Cleveland Clinic Foundation
	Cleveland Metropolitan School District
	Cuyahoga Community College
	Free Medical Clinic of Greater Cleveland
	Healthcare at Saint Luke's Pointe
	MetroHealth Medical Center
	Northeast Ohio Neighborhood Health Services
	Northeast Ohio Neighborhood Health Services (NEON)
	United States Department of Veterans Affairs
	University Hospitals Case Medical Center
<b>Cuyahoga Total</b>	<b>12</b>
<b>Lake</b>	Hyatt Ali, DDS
	Lake County Free Clinic
	Lakeland Community College
	Mark Florman, DDS
<b>Lake Total</b>	<b>4</b>
<b>Lorain</b>	Elyria City Health District
	Lorain County Community College
	Lorain County Free Clinic
	Lorain County Health and Dentistry
	Ohio Dental Association
<b>Lorain Total</b>	<b>5</b>
<b>Medina</b>	Medina County Health Department
<b>Medina Total</b>	<b>1</b>
<b>Grand Total</b>	<b>22</b>



## Core Services: Home and Community-based Services

Ashtabula	Ashtabula Regional Home Health Agency
	Senior Care Network of Ashtabula County
<b>Ashtabula Total</b>	
<b>2</b>	
Cuyahoga	Almost Family/ MEDLINK
	Bay Village - Department of Community Services
	Benjamin Rose Institute on Aging
	Cleveland Clinic Foundation
	Community Partnership on Aging
	Cuyahoga County Division of Senior & Adult Services
	Easter Seals Northern Ohio
	Eliza Jennings Senior Care Network
	Fairview Park - Senior Life Office
	HealthSpan
	Highland Hills - Senior Citizen Multi-Service Center
	Home Care Network
	Independence - Community Services Department
	Jewish Family Service Association of Cleveland
	Judson at University Circle
	Lakewood - Department of Human Services
	Menorah Park Center for Senior Living
	Montefiore
	Parma Community General Hospital
	Personal Touch Home Care
	Saint John Medical Center
	United Cerebral Palsy Association of Greater Cleveland
	University Hospitals Home Care Services
	Visiting Nurse Association of Ohio
	Visiting Physicians Association - Cleveland Office West
	Western Reserve Area Agency on Aging
<b>Cuyahoga Total</b>	
<b>26</b>	
Geauga	Combined Health District
	Geauga County Department on Aging
	Parkside Care Corporation
<b>Geauga Total</b>	
<b>3</b>	
Lake	Angels in Waiting Home Care
	Around the Clock Home Care, Inc
	Comfort Keepers
	Extending Housing, Inc.
	Lake County Council on Aging
	Visiting Angels of Northeast Ohio
	Visiting Physicians Association - Cleveland Office East
<b>Lake Total</b>	
<b>7</b>	
Lorain	Fraternal Health Care - Lorain
	Lorain County General Health District
	Lorain County Office on Aging
<b>Lorain Total</b>	
<b>3</b>	

<b>Medina</b>	Bridges Home Health Care	
	Hospice of Medina County	
	Medina County Office for Older Adults	
	Senior Independence of Akron - Medina Office	
	Summa Health System - Wadsworth	
	Visiting Nurse Service and Affiliates	
<b>Medina Total</b>		<b>6</b>
<b>Grand Total</b>		<b>47</b>

## Core Services: Home Health Care

Ashtabula	Ashtabula City
	Ashtabula Regional Home Health Agency
	Medicine Shoppe
	Visiting Physicians Association
<b>Ashtabula Total</b>	<b>4</b>
Cuyahoga	ALS Association Northern Ohio Chapter
	Benjamin Rose Institute on Aging
	Cuyahoga County Division of Senior & Adult Services
	Easter Seals Northern Ohio
	Judson at University Circle
	McGregor PACE
	Montefiore
	National Multiple Sclerosis Society
	Visiting Nurse Association of Ohio
	Western Reserve Area Agency on Aging
<b>Cuyahoga Total</b>	<b>10</b>
Geauga	Geauga County Department on Aging
	Parkside Care Corporation
<b>Geauga Total</b>	<b>2</b>
Lake	Around the Clock Home Care Inc
	Comfort Keepers
	Faithful Companions, Inc.
	Home Care of Lake County
	Lake County Council on Aging
	Lake County General Health District
	Lake Health
	Nightingale Home Support & Care
	Priority Home Health Care
	Tender Loving Care
<b>Lake Total</b>	<b>10</b>
Lorain	Cambridge Home Health Care
	Easter Seals Northern Ohio - Elyria Office
	Fraternal Health Care - Lorain
<b>Lorain Total</b>	<b>3</b>
Medina	Cambridge Home Health Care - Medina
	Visiting Nurse Service and Affiliates
<b>Medina Total</b>	<b>2</b>
<b>Grand Total</b>	<b>31</b>

## Core Services: Hospice Care

<b>Ashtabula</b>	Hospice of the Western Reserve - Ashtabula	
<b>Ashtabula Total</b>		<b>1</b>
<b>Cuyahoga</b>	Cleveland Clinic Foundation	
	Eliza Jennings Senior Care Network	
	Hospice of the Western Reserve	
	Malachi House	
	Montefiore	
	Parma Community General Hospital	
	Saint Augustine Health Campus	
	Southwest General Health Center	
	United States Department of Veterans Affairs	
<b>Cuyahoga Total</b>		<b>9</b>
<b>Geauga</b>	Parkside Care Corporation	
<b>Geauga Total</b>		<b>1</b>
<b>Lake</b>	Cardinal Woods Skilled Nursing and Rehab Center	
	Hospice of the Western Reserve - Mentor Office	
	Visiting Nurse Association of Lake County	
	Wickliffe Country Place	
<b>Lake Total</b>		<b>4</b>
<b>Lorain</b>	Hospice of the Western Reserve - Lorain County Office	
	Mercy New Life Hospice	
	New Life Hospice	
	Oak Hills Nursing Center	
	Sprenger Retirement Centers	
	Stein House	
	Welcome Nursing Home	
<b>Lorain Total</b>		<b>7</b>
<b>Medina</b>	Hospice and Palliative Care of Greater Wayne County	
	Hospice of Medina County	
	Medina Meadows Rehabilitation and Nursing Centre	
<b>Medina Total</b>		<b>3</b>
<b>Grand Total</b>		<b>25</b>

## Core Services: Mental Health Services

This category includes assessment, inpatient services, selected types of counseling, and community mental health agencies. It does not include support groups.

<b>Ashtabula</b>	Ashtabula County Mental Health & Recovery Services Board
	Bair Foundation
	Community Counseling Center
	Lighthouse Behavioral Health, Inc.
	Signature Health
	Watershed Addiction Treatment Center, Inc.
<b>Ashtabula Total</b>	<b>6</b>
<b>Cuyahoga</b>	Achievement Centers for Children
	AIDS Resource Center Ohio
	Alcohol, Drug Addiction, and Mental Health Services Board of Cuyahoga County
	Alliance Human Services
	Applewood Centers
	Bedford heights - Community Life Department
	Beech Brook
	Bellefaire Jewish Children's Bureau
	Benjamin Rose Institute on Aging
	Better Living Center
	Bridgeway
	Care Alliance
	Carvin Kawon Foundation
	Catholic Charities Corporation
	Children's Community Access Program
	Cleveland Christian Home
	Cleveland Clinic Foundation
	Cleveland Eastside Ex-Offender Coalition
	Cleveland Pregnancy Center
	Cleveland Psychoanalytic Center
	Community Re-Entry
	Connections: Health, Wellness, Advocacy
	Council for Greater Economic Opportunities in Greater Cleveland
	Euclid Hospital
	Family Guidance Center
	Far West Center
	Free Medical Clinic of Greater Cleveland
	Frontline Service
	Future Directors
	Guidestone
	Hanna Perkins Center for Child Development
	Harvard Community Services Center
	HealthSpan
	Helping Other People Everyday
	Jewish Family Service Association of Cleveland
	Lakewood Hospital
Lesbian, Gay, Bisexual, Transgender Community Center of Greater Cleveland	

	Lutheran Family Services	
	Lutheran Hospital	
	Marymount Hospital	
	May Dugan Center	
	MetroHealth Medical Center	
	Murtis Taylor Human Services System	
	National Alliance on Mental Illness - Greater Cleveland	
	North Olmsted - Division of Youth & Family Services	
	Northeast Ohio Neighborhood Health Services	
	Options for Families & Youth	
	Parma Community General Hospital	
	Parma Health Ministry	
	Positive Education Program	
	Recovery Resources	
	River's Edge: A Place for Reflection and Action	
	Saint Augustine Church	
	Saint Vincent Charity Medical Center	
	South Pointe Hospital	
	Southpointe Hospital	
	Southwest General Health Center	
	The Centers for Families & Children	
	The Life Exchange Center	
	United States Department of Veterans Affairs	
	University Hospitals	
	Visiting Nurse Association of Ohio	
	Williamsburg Counseling	
<b>Cuyahoga Total</b>		<b>62</b>
<b>Geauga</b>	Catholic Charities Community Services of Geauga County	
	Family Pride of Northeast Ohio	
	Geauga County Board of Mental Health and Recovery Resources	
	National Alliance on Mental Illness - Geauga County	
	Ravenwood Mental Health Center	
	University Hospitals Geauga Medical Center	
	Willow Counseling Services	
	Womensafe	
<b>Geauga Total</b>		<b>8</b>
<b>Lake</b>	Altercare of Mentor	
	Beacon Health	
	Breckenridge Village	
	Bridges: Mental Health Consumer Empowerment	
	Catholic Charities Community Services of Lake County	
	Cleveland VA Medical Center: Painesville Outpatient Clinic	
	Crossroads	
	Governor's Pointe	
	Harbor Care	
	Hartley Manor Assisted Living	
	Haven Home Assisted Living	
	Hubbard Road Meadows	

	Lake County Alcohol, Drug Addiction & Mental Health Services Board	
	Lake Geauga Recovery Centers	
	Madison Village Manor	
	Neighboring Mental Health Services	
	Pathways, Inc.	
	Pheonix Residential Centers	
	Pine Hill Country Care	
	Precious Care Assisted Living	
	Signature Health	
	Starkey Place	
	Stewart Lodge	
	The Abbey	
	Western Reserve Counseling Service	
	Windsor Laurelwood Center for Behavioral Medicine	
	Windsor Laurelwood Hospital & Counseling Centers	
<b>Lake Total</b>		<b>27</b>
<b>Lorain</b>	Akron General Medical Center	
	Applewood Centers - Lorain Office	
	Beech Brook	
	Bellefaire Jewish Children's Bureau	
	EMH Healthcare	
	Far West Centers	
	Firelands Counseling and Recovery Services of Lorain County	
	Good Samaritan Nursing Home	
	Guidestone - Lorain	
	Lake Pointe Health Center	
	Lorain County Mental Health Board	
	National Alliance on Mental Illness of Lorain County	
	Nord Center	
	Pathways Counseling & Growth Center	
<b>Lorain Total</b>		<b>14</b>
<b>Medina</b>	Alternative Paths	
	Catholic Charities Community Services of Medina County	
	Child and Family Intervention Team	
	Medina Alcohol, Drug Addiction and Mental Health Board	
	Solutions Behavioral Healthcare	
<b>Medina Total</b>		<b>5</b>
<b>Grand Total</b>		<b>123</b>

## Core Services: Substance Abuse Services

This category includes detoxification, relapse prevention, substance abuse counseling, day treatment, drop-in services, and residential treatment. It does not include support groups such as AA or NA.

<b>Ashtabula</b>	AGAPE Place
	Ashtabula County Mental Health & Recovery Services Board
	Eagle Eye Family Development Center
	Glenbeigh Health Sources
	Lake Area Recovery Center
	Lighthouse Behavioral Health, Inc.
	Mayflower House
	Signature Health
	Watershed Addiction Treatment Center, Inc.
<b>Ashtabula Total</b>	<b>9</b>
<b>Cuyahoga</b>	Bellefaire Jewish Children's Bureau
	Better Living Center
	Carvin Kawon Foundation
	Catholic Charities Corporation
	City of Cleveland - Department of Public Health
	Cleveland Clinic Foundation
	Cleveland Eastside Ex-Offender Coalition
	Cleveland Treatment Center
	Cleveland UMADAOP
	Community Action Against Addiction
	Community Assessment and Treatment Services
	Connections: Health Wellness Advocacy
	Ed Keating Center
	Family Guidance Center
	Free Medical Clinic of Greater Cleveland
	Glenbeigh Hospital and Outpatient Centers
	HealthSpan
	Hitchcock Center for Women
	Inmates in Transition
	Jordan Community Resource Center
	Lakewood Hospital
	Life Change Institute
	Manna House Recovery and Resource Center
	McIntyre Center
	MetroHealth Medical Center
	New Directions
	Northern Ohio Recovery Assoc.
	Orca House
	Oriana House
	Reconnection to Life
Recovery Resources	
Saint Vincent Charity Medical Center	
Salvation Army of Greater Cleveland	



	Scarborough House	
	Southwest General Health Center	
	Stella Maris	
	The Covenant	
	Treatmentworks	
	United States Department of Veterans Affairs	
	University Hospitals Case Medical Center	
	Women's Recovery Center	
<b>Cuyahoga Total</b>		<b>41</b>
<b>Geauga</b>	Catholic Charities Community Services of Geauga County	
	Lake Geauga Recovery Centers - Chardon Office	
	Ravenwood Mental Health Center	
	University Hospitals Geauga Medical Center	
	Willow Counseling Services - Geauga	
<b>Geauga Total</b>		<b>5</b>
<b>Lake</b>	Beacon Health	
	Catholic Charities Community Services of Lake County	
	Cleveland VA Medical Center: Painesville Outpatient Clinic	
	Crossroads	
	Lake County Alcohol, Drug Addiction and Mental Health Services	
	Lake Geauga Recovery Centers	
	Laurelwood Hospital and Counseling Centers	
	Neighboring Mental Health Services	
	Signature Health	
	Smart Recovery	
	Teen Challenge of Greater Cleveland	
	United States Department of Veterans Affairs	
	Willow Counseling Services	
Windsor Laurelwood Hospital and Counseling Centers		
<b>Lake Total</b>		<b>14</b>
<b>Lorain</b>	Firelands Counseling and Recovery Services of Lorain County	
	Key - Womens Residential Treatment Program	
	Lorain County Alcohol & Drug Abuse Services	
	Lorain Urban Minority Alcohol & Drug Abuse Outreach Program	
	Mature Services	
	Nord Center	
	Psych and Psych Services	
	Sheild Home	
	Stella Maris	
Veterans Addiction Recovery Center		
<b>Lorain Total</b>		<b>10</b>
<b>Medina</b>	Alternative Paths	
	Cathy's House	
	Medina Alcohol, Drug Addiction and Mental Health Board	
	Solutions Behavioral Healthcare	
<b>Medina Total</b>		<b>4</b>
<b>Grand Total</b>		<b>83</b>

## Support Services: Emergency Financial Assistance

This category includes utility payment assistance such as gas, electric, and heating and uncategorized or general emergency financial assistance.

<b>Ashtabula</b>	Andover United Methodist Church
	Ashtabula County
	Ashtabula County Department of Job & Family Services
	Catholic Charities of Ashtabula County
	Community Action
	Conneaut City
	Country Neighbor Program
	Salvation Army
<b>Ashtabula Total</b>	<b>8</b>
<b>Cuyahoga</b>	AIDS Taskforce of Greater Cleveland
	American Red Cross - Greater Cleveland Chapter
	Bay Village Department of Community Services
	Breast Cancer Fund of Ohio
	Christians in Action
	City of Cleveland - Department of Public Utilities
	Cleveland Housing Network
	Consumer Protection Association
	Council for Economic Opportunities in Greater Cleveland (CEOGC)
	Cuyahoga County Department of Employment and Family Services
	Harry Ratner/Samuel and May Wise Human Service Fund
	JD Breast Cancer Foundation
	Kidney Foundation of Ohio
	Lakewood Community Services Center
	Parma - Donna Smallwood Activities Center
	Saint Joan of Arc Church
	Salvation Army of Greater Cleveland
Veterans Service Commission - Cuyahoga County	
West Side Catholic Center	
<b>Cuyahoga Total</b>	<b>19</b>
<b>Geauga</b>	Bainbridge Civic Club
	Geauga County Job & Family Services
	Salvation Army - Chagrin Falls Unit
	United Way Services of Geauga County
	Veterans Service Commission - Geauga County
<b>Geauga Total</b>	<b>5</b>
<b>Lake</b>	Lake County Job & Family Services
	Salvation Army, Northeast Ohio Divisional Headquarters
	St. Bede the Venerable Church
	St. John Vianney Church
	Lake County Veterans Service Office
	Lifeline, Inc.
	Good Samaritan Fund

	Kirtland Area Service Council, Inc.	
	Immaculate Conception Church, Madison	
	St. Noel Church	
	St. Mary Catholic Church, Painesville	
<b>Lake Total</b>		<b>11</b>
<b>Lorain</b>	Avon/ Avon Lake Community Resource Center	
	Karen P. Nakon Breast Cancer Foundation	
	Lorain County AIDS Taskforce	
	Lorain County Community Action Agency	
	Lorain County Department of Job & Family Services	
	Lorain County Veterans Service Commission	
	North Ridgeville Community Care	
	Oberlin Community Services	
	Salvation Army	
<b>Lorain Total</b>		<b>9</b>
<b>Medina</b>	Community Action Wayne/Medina	
	Community Services Center	
	Hands Foundation	
	Holy Martyrs Ministry of Assistance	
	Mary Grace Memorial Foundation	
	Matthew 25 Coalition	
	Medina County Department of Job & Family Services	
	Saint Francis Xavier Catholic Church	
	Salvation Army - Brunswick	
	Veterans Service Office - Medina County	
<b>Medina Total</b>		<b>10</b>
<b>Grand Total</b>		<b>62</b>

## Support Services: Housing Assistance

This category includes rent and/or mortgage payment assistance, shelters and temporary housing, and homeless permanent supportive housing. It does not include residential substance abuse or mental health services.

<b>Ashtabula</b>	Ashtabula City
	Ashtabula County
	Ashtabula Metropolitan Housing Authority
	Ashtabula Metropolitan Public Housing Authority
	Beatitude House
	Catholic Charities of Ashtabula County
	Community Action
	District XI Area Agency on Aging
	Homesafe, Inc.
	Samaritan House
	Share a Home of Lake Region
<b>Ashtabula Total</b>	<b>11</b>
<b>Cuyahoga</b>	AIDS Taskforce of Greater Cleveland
	Breast Cancer Fund of Ohio
	City of Cleveland Department of Aging
	City of Cleveland Department of Community Development
	Cleveland Housing Network
	Cleveland Mediation Center
	Cleveland Tenants Organization-Rental Information Center
	Community Housing Solutions
	Council for Economic Opportunities
	Cuyahoga County Employment & Family Services
	Cuyahoga Metropolitan Housing Authority
	Emerald Development & Economic Network
	Empowering & Strengthening Ohio's People (ESOP)
	Euclid Development Corporation
	Fairfax Renaissance Development Corporation
	Frontline Service
	Harry Ratner/Samuel & May Wise Human Service Funds
	Home Repair Resource Center
	JD Breast Cancer Foundation
	Joseph's Home
	Lakewood Community Services Center
	May Dugan Center
	National Safe Place
	Neighborhood Housing Services of Greater Cleveland
	New Avenues to Independence
	Nueva Luz Urban Resource Center
	Oriana House
	Parma Public Housing Agency
	Saint Joan of Arc Church

	Salvation Army of Greater Cleveland	
	Spanish American Committee	
	Transitional Housing Inc.	
	United States Department of Veterans Affairs	
	Veterans Service Commission - Cuyahoga County	
	West Side Catholic Center	
	Western Reserve Area Agency on Aging	
<b>Cuyahoga Total</b>		<b>36</b>
<b>Geauga</b>	Geauga County Job & Family Services	
	Geauga Metropolitan Housing Authority	
	United Way Services of Geauga County	
	Veterans Service Commission - Geauga County	
	Womensafe	
<b>Geauga Total</b>		<b>5</b>
<b>Lake</b>	Andrews Place	
	Eastlake City	
	Extended Housing, Inc.	
	Fair Housing Resource Center	
	Forbes House	
	Good Samaritan Fund	
	Immaculate Conception Charities	
	Lake County Community Network	
	Lake County General Health District	
	Lake County Job & Family Services	
	Lake County Veterans Service Office	
	Lake Metropolitan Housing Authority	
	Lifeline, Inc.	
	New Directions for Living	
	Salvation Army, Lake County Office	
	Seneca Grove	
	St. Bede the Venerable Church	
	St. John Vianney Church	
	St. Mary Catholic Church, Painesville	
	St. Noel Church	
<b>Lake Total</b>		<b>20</b>
<b>Lorain</b>	Blessing House	
	Catholic Charities Services of Lorain County	
	Faith House	
	Family Promise of Lorain County	
	Humility of Mary Housing Ministry	
	Karen P. Nakon Breast Cancer Foundation	
	Lorain County Metropolitan Housing Authority	
	Lorain County Safe Harbor	
	Lorain County Veterans Service Commission	
	Neighborhood Alliance	
	Nord Center	
	North Ridgeville Community Care	
	Ohio Housing Finance Agency	

	Pathstone	
	Saint Joseph Shelter	
	Salvation Army	
	Sheild Home	
	YWCA of Elyria	
<b>Lorain Total</b>		<b>18</b>
<b>Medina</b>	City of Wadsworth - Building & Planning Department	
	Community Services Center	
	Empowering & Strengthening Ohio's People (ESOP)	
	Holy Martyrs Ministry of Assistance	
	Mary Grace Memorial Foundation	
	Matthew 25 Coalition	
	Medina County Job & Family Services	
	Medina Metropolitan Housing Authority	
	Saint Frances Xavier Catholic Church	
	Salvation Army	
	Veterans Service Office - Medina County	
<b>Medina Total</b>		<b>11</b>
<b>Grand Total</b>		<b>101</b>

### Support Services: Linguistic Services

This category includes translation services.

<b>Cuyahoga</b>	Arab American Community Center for Economic and Social Services in Ohio	
	Asian Services in Action	
	Catholic Charities Corporation Community Services	
	International Services Center	
	Lutheran Hospital	
	Northeast Ohio Neighborhood Health Services	
	Nueva Luz Urban Resource Center	
	Spanish American Committee	
	The Centers for Families & Children	
	University Hospitals Case Medical Center	
<b>Cuyahoga Total</b>		<b>10</b>
<b>Lake</b>	Catholic Charities Community Services of Lake County	
	Salvation Army, Lake County Office	
<b>Lake Total</b>		<b>2</b>
<b>Lorain</b>	El Centro de Servicios Sociales	
<b>Lorain Total</b>		<b>1</b>
<b>Grand Total</b>		<b>13</b>

## Support Services: Meals/Food Programs

This category includes food pantries, home delivered meals, and congregate meals.

<b>Ashtabula</b>	Andover United Methodist Church
	Ashtabula Agency on Aging
	Ashtabula County Community Action Agency
	Ashtabula County Food Council
	Community Action
	Conneaut Human Resource Center
	Country Neighbor Program
	Faith Lutheran Church
	Gahanna Outreach Chapel Ministry
	Geneva Human Services Community Center
	Harvest International Church
	Messiah Lutheran Church
	Mother of Sorrows Roman Catholic Church
	New Hope Pentecostal
	Pentecostal Missionary Church
	Pierpont Presbyterian Church
	Pymatuning Community Church
	Salvation Army
	Senior Care Network of Ashtabula County
	St. Joseph Catholic Church
St. Mary St. Frances Cabrini of Conneaut	
St. Paul's Lutheran Church	
<b>Ashtabula Total</b>	<b>22</b>
<b>Cuyahoga</b>	58th Street Community Services
	Adams Avenue Church of Christ
	Affinity Missionary Baptist Church
	AIDS Taskforce of Greater Cleveland
	Aldersgate United Methodist Church
	All Faiths Pantry
	Altenheim
	Antioch Development Corporation
	Bay Presbyterian Church
	Bay Village - Department of Community Services
	Beachwood City School District
	Bedford First United Methodist Church
	Bedford Heights - Community Life Department
	Berea - Welfare Assistance
	Bethany Baptist Church
	Bethany Christian Church - Disciples of Christ
	Bethany Presbyterian Church
	Bethel Seventh Day Adventist Church
	Bethel Temple Assembly of God Church
	Better Living Center
	Beulah Missionary Baptist Church of Collinwood
	Body of Christ Assembly

Boulevard Presbyterian Church
Brecksville - Broadview Heights Meals on Wheels
Brecksville Church of God of Prophecy
Bridge of Hope Community Center
Brook Park Food Pantry
Brooklyn Heights - Department of Community Services
Calvary Reformed Church
Calvary United Methodist Church
Care on the Square
Catholic Charities Corporation Community Services
Christ Episcopal Church
Christ United Methodist Church
Church of Jesus Christ Mount Morian
Church of the Ascension
Church of the Good Shepherd
Church of the Resurrection
City of Brooklyn Senior Center
Cleveland Chinese Senior Citizen Association
Cleveland Church of Christ
Cleveland Foodbank
Cleveland Victory Church of the Nazarene
Colors Community Resources, Inc
Community Action Wayne/Medina
Community of Saints Parish
Community Partnership on Aging
Cooley Avenue Church of God
Cory United Methodist Church
Cove United Methodist Church
Covenant Community Ministries
Cuyahoga County Division of Senior and Adult Services
Denison Avenue United Church of Christ
Disciples Christian Church
Divine Outreach Ministries
Dunham Avenue Christian Church
East Cleveland - Helen S. Brown Senior Citizen Center
East End Neighborhood House
East Mt. Zion Baptist Church
East Shore Church United Methodist
EBC Fery Development Corporation
Emmanuel Baptist Church
Emmanuel Christian Church
Enhancement Ministries
Euclid Foursquare Church
Euclid Hospital
Euclid Lakefront Community Center
Fairview Park - Senior Life Office
Faith Baptist Community Center
Faith Lutheran Church



Faith Presbyterian Church
Fifth Church of God
Fish and Loaves
Food Not Bombs
Franklin Circle Christian Church
Free Methodist Church
Freedom Covenant Center
Friendly Inn Settlement
Garfield Heights Senior Center
Gethsemane Lutheran Church
God's House of Prayer
Golden Age Centers of Greater Cleveland
Golgotha Baptist Church
Goodrich-Gannett Neighborhood Center
Gospel House Prison Ministry
Grace Lutheran Church (Cleveland Heights)
Grace Lutheran Church (Lakewood)
Grace Presbyterian Church
Greater Abyssinia Baptist Church
Greater Faith Missionary Baptist Church
Greater Mount Tabor Missionary Baptist Church
Greater New Calvary Baptist Church
Harvard Community Services Center
Henry Lewis Ministries
Hillcrest Hospital
Hillcrest Meals on Wheels
Hispanic Senior Center
Holy Spirit Catholic Church
Hunger Network of Greater Cleveland
Imani Church
Immanuel Evangelical Lutheran Church
Independence - Community Services Department
Jewish Family Service Association of Cleveland
Kosher Food Bank
Lakewood - Department of Human Services
Lakewood Christian Church Disciples of Christ
Lakewood Congregational Church - United Church of Christ
Lakewood Meals on Wheels
Lakewood Presbyterian Church
Lakewood United Methodist Church
Lee Memorial AME Church
Lesbian, Gay, Bisexual, Transgender Community Center of Greater Cleveland
Liberty Hill Baptist Church
Light of Hearts Villa
Mandel Jewish Community Center
Manna Food from Heaven Ministries
Manna House Recovery and Resource Center
Maple Heights - Office on Aging

May Dugan Center
Meals on Wheels of Cleveland Heights
Mega Church - Resource Center
Mercy Seat Mission
Metanoia Project
Middleburg Heights Food Pantry
Morning Star Baptist Church
Mt. Gillion Baptist Church
Mt. Nebo Missionary Baptist Church
Mt. Zion Congregational Church - United Church of Christ
Murtis Taylor Human Services System
New Life Gospel Center for Cleveland
New Sardis Primitive Baptist Church
New Zion Gospel Church
North Olmsted - Division of Aging
North Olmsted - Oxcart Pantry
North Presbyterian Church
North Royalton - Office of Aging/Human Services
Nubian Link
Nueva Luz Urban Resource Center
Old Stone Church
Olivet Institutional Baptist Church
Olmsted Falls - Jenkins Senior Center
Open Door Missionary Baptist Church
Our Lady of Lourdes
Our Savior Lutheran Church (Mayfield Heights)
Parma - Donna Smallwood Activities Center
Parma Christian Church - Disciples of Christ
Parma Heights - Senior Center
Parma Heights Food Pantry
Pearl Road United Methodist Church
Philemon Community Baptist Church
Phillis Wheatley Association
Pilgrim Congregational United Church of Christ
Puritas Lutheran Church
Quinn Chapel AME Church
Redeemer Crisis Church
Rescuing the Perishing
Rock Community Church
Rocky River - Office for Senior Services
Rocky River Assistance Program
Royal Redeemer Lutheran Church
Sagrada Familia Parish
Saint Herman House - Focus
Saint Aloysius Church
Saint Andrew's Episcopal Church
Saint Augustine Church
Saint Augustine Health Campus

Saint Boniface Church
Saint Colman Catholic Church
Saint Edward High School
Saint Ignatius of Antioch Church
Saint James AME Church
Saint James Episcopal Church
Saint Luke Parish
Saint Luke's Episcopal Church
Saint Malachi Church
Saint Mary's Byzantine Catholic Church
Saint Matthew United Methodist Church
Saint Michael the Archangel Catholic Church
Saint Paul Meals on Wheels
Saint Paul's Community Church - United Church of Christ
Saint Paul's Episcopal Church (Medina)
Saint Peter's Episcopal Church
Saint Philip Evangelical Lutheran Church
Saint Robert and William Catholic Church
Saint Teresa Holiness Church
Saint Timothy Missionary Baptist Church
Saint Vincent de Paul Society
Saint Vitus Church
Salvation Army of Greater Cleveland
Scranton Road Bible Church
Second Ebenezer Missionary Baptist Church
Second New Hope Baptist Church
Senior Citizen Resources
Senior Outreach Services
Seven Hills - City Hall
Shaker Heights Meals on Wheels
Shiloh Baptist Church
Simpson United Methodist Church
Solon Meals on Wheels
Solon Mobile Food Pantry
South Hills Lend a Hand
South Pointe Hospital
Southeast Clergy Meals on Wheels
Southeast Seventh Day Adventist Church
Starlight Baptist Church
Strongsville - Senior Center/ Office on Aging
Strongsville Emergency Food Bank
Temple Baptist Church
The Centers for Families & Children
The Church of God in Christ
The Word Church
Thea Bowman Center
Trinity Lutheran Church
Trinity Assembly of God

	Trinity Cathedral/ Trinity Commons	
	Trinity Evangelical Lutheran Church	
	True Light Missionary Baptist Church	
	United Hearts Life Mission Center	
	University Circle United Methodist Church	
	University Settlement	
	Vineyard Church of Parma Heights	
	Walk of Faith Community Center	
	Way of Escape Ministries	
	West Park Community Cupboard	
	West Park Meals on Wheels	
	West Shore Meals on Wheels	
	West Side Catholic Center	
	West Side Community House	
	Western Reserve Area Agency on Aging	
	Westlake - Department of Community Services	
	Westlake Methodist Church	
	Windermere - Living Hope United Methodist Church	
	Workman's Circle	
	Zion United Church of Christ Tremont	
<b>Cuyahoga Total</b>		<b>234</b>
<b>Geauga</b>	Bainbridge Area Food for Friends	
	Celebration Lutheran Church	
	Chagrin Falls Meals on Wheels	
	Claridon Community Help	
	First United Methodist Church of Middlefield	
	Friendship Alliance Church	
	Geauga County Department on Aging	
	Geauga County Hunger Task Force	
	Newbury United Community Church	
	Parkman Congregational Church	
	Saint Luke Episcopal Church	
	Saint Mary's Catholic Church - Chardon	
	Thompson United Methodist Church	
	United Way Services of Geauga County	
	Western Reserve Catering	
<b>Geauga Total</b>		<b>15</b>
<b>Lake</b>	Advent Lutheran Church	
	Calvary Fellowship Baptist Church	
	Catholic Charities Community Services of Lake County	
	Fairport Harbor Congregational Church	
	Faith Community Church	
	Fellowship United Church of Christ	
	First Baptist Church of Painesville	
	First Church of Christ (Painesville)	
	First Presbyterian Church	
	Immaculate Conception Church, Willoughby	
	Kirtland Christian Fellowship	

	Kiwanis Club	
	Lake County Council on Aging	
	Lake County General Health District	
	Madison Ministerial Association	
	Mentor Church of Christ	
	Mentor Plains United Methodist Church	
	Mentor United Methodist Church	
	Miracle Revival Ministry	
	Old South Church	
	Our Lady of Mount Carmel Church	
	Painesville United Methodist Church	
	Perry Center	
	Prince of Peace Church	
	Reformation Lutheran Church	
	Salvation Army, Lake County	
	St. Andrew Episcopal Church	
	St. Andrew's Byzantine Catholic Church	
	St. Anthony of Padua Church	
	St. Bede the Venerable Church	
	St. Gabriel Catholic Community	
	St. James Episcopal Church	
	St. John the Baptist Church	
	St. John Vianney Church	
	St. Justin Martyr Church	
	St. Mary Catholic Church, Painesville	
	St. Mary Magdalene Church	
	St. Mary of the Assumption Church	
	St. Noel Church	
	The Hope Church	
	Trinity Baptist Church	
	Vineyard Community Church	
	Wickliffe Presbyterian Church	
	Willoughby Hills City	
	Willoughby United Methodist Church	
	Willow Praise Church	
	Willowick Senior Center	
	Zion Lutheran Church LCMS (Painesville)	
<b>Lake Total</b>		<b>48</b>
<b>Lorain</b>	Amherst Church of the Nazarene	
	Amherst Office on Aging	
	Asbury UMC Food Pantry	
	Avon Lake Community Resource Services	
	Brighton United Methodist Church	
	Cathedral of Praise Food Pantry	
	Catholic Charities Family Center	
	Christ Episcopal Church	
	Christ Evangelical Lutheran Church	
	Church of the Open Door Christmas	

Church on the North Coast
Community Care - North Ridgeville
Community United Methodist Church
Cornerstone United Methodist Church
El Centro de Servicios Sociales
Elyria Baptist Church
Elyria Hospitality Center
Elyria Neighborhood Center
Elyria Salvation Army
Episcopal Church of the Redeemer
Fairfield Christian Center
Faith Ministries Christian Church
Family Choice Food Pantry
Family Outreach Center
Fields United Methodist Church
First Congregational United Church of Christ
First Congregational Church
First Congregational Church of Lorain
First Congregational United Church of Christ Elyria
First Lutheran CoOp
First Presbyterian Church Coop
First United Methodist Church S. Amherst
First United Presbyterian Church
Glorious Apostolic Church
Good Shepherd Baptist Church
Grafton United Methodist Church
Greater St. Matthews AME Church
Greater Victory Ministries
Harvest Ridge Church
Heritage Presbyterian Church
Hospitality Center Elyria
Journey of Faith Church
King's Glorious Kitchen
Kinship Care - Lorain County Office on Aging
Kipton Community Church
LaGrange Lions Community
Lake & Walnut Church of Christ
Lake Breeze Church
Laporte United Methodist Church
Lorain Christian Temple
Lorain Community Senior Center
Lorain County AIDS Taskforce
Lorain County Community Action
Lorain County General Health District
Lorain County Office on Aging
Lorain Lighthouse United Methodist Church
Lorain Salvation Army
Love Extended

	Mobile Meals	
	Morningstar Baptist Church	
	Mount Nebo Baptist Church	
	Mount Olivet Alliance Church	
	Mt. Nebo Primitive Baptist Church	
	Neighborhood Alliance	
	New Life Assembly of God	
	New Life Wesleyan Church	
	North Ridgeville Community Care	
	Northminster Church LP Coop	
	Oberlin Community Services	
	Original Church of God	
	Our Lady Queen of Peace	
	Our Leady Help of Christians	
	Our Savior Lutheran Church	
	Park Street Community Outreach Center	
	Pass It On	
	River Church of God	
	Rust United Methodist Church	
	Salvation Army Lorain Corps	
	Second Baptist Church of Lorain	
	Sina K. Evans	
	St. Andrews Episcopal Church	
	St. Elizabeth Ann Seton Church	
	St. Frances Xavier Cabrini Parish	
	St. John Lutheran Church	
	St. Joseph's Church Coop	
	St. Jude Church	
	St. Julie's Catholic Church	
	St. Mary's Catholic Church	
	St. Matthews AME Church Lorain	
	St. Peter's Church	
	Temple Foundation Water of Life	
	The Cross Community Church	
	The Love Center Food Cupboard	
	Trinity Lutheran Church	
	United Methodist Church Grafton	
	Vermillion Area Charities	
	Vermillion Church of Christ	
	Vermillion Food Pantry	
	We Care We Share Ministries	
	Well-Help Incorporated	
	Wellington First United Methodist Church	
	Wellington Office on Aging	
	Wesleyan Village	
	Women's Development Center	
<b>Lorain Total</b>		<b>104</b>
<b>Medina</b>	Black River/ Medina Church of the Brethren	

Brunswick Food Pantry	
Brunswick United Methodist Church	
Church at Stony Hill	
Community Services Center	
Crosspointe Community Church	
Grace Baptist Church	
Heartspace United Church of Christ	
Holy Martyrs Ministry of Assistance	
Life Spring Community Church	
Living Hope Church	
Lodi United Methodist Church	
Meals on Wheels - Wadsworth	
Medina County Job & Family Services	
Medina County Office for Older Adults	
Medina United Methodist Church	
Our Lady Help of Christians	
Our Savior Lutheran Church (Hinckley)	
Saint Ambrose Church	
Saint Mark Lutheran Church	
Saint Martin's Catholic Church	
Saint Paul Evangelical Lutheran Church	
Salvation Army - Medina	
Seville United Methodist Church	
York United Methodist Church	
<b>Medina Total</b>	<b>25</b>
<b>Grand Total</b>	<b>448</b>



## Support Services: Nutritional Counseling

<b>Ashtabula</b>	Community Action	
<b>Ashtabula Total</b>		<b>1</b>
<b>Cuyahoga</b>	Alta House	
	Burten, Bell, Carr Development	
	Center for Integrated Therapies	
	Cleveland Clinic Foundation	
	Community Partnership on Aging	
	Cuyahoga Community College	
	Cuyahoga County Board of Health	
	Cuyahoga Valley Career Center	
	Diabetes Partnership of Cleveland	
	Euclid Hospital	
	Euclid Lakefront Community Center	
	Fairview Hospital	
	Goodrich-Gannett Neighborhood Center	
	HealthSpan	
	Hillcrest Hospital	
	Lakewood Hospital	
	Lutheran Hospital	
	MetroHealth Medical Center	
	Northeast Ohio Neighborhood Health Services (NEON)	
	Ohio State University Extension - Cuyahoga County	
	Olivet Institutional Baptist Church	
	Parma Community General Hospital	
	Senior Outreach Services	
	Southwest General Health Center	
	The Centers for Families & Children	
	The Gathering Place	
	United States Department of Veterans Affairs	
	University Hospitals Case Medical Center	
<b>Cuyahoga Total</b>		<b>28</b>
<b>Geauga</b>	Combined Health District	
	Geauga County General Health District	
	Ohio State University Extension - Geauga County	
	University Hospitals Geauga Medical Center	
	YMCA of Greater Cleveland - Geauga YMCA	
<b>Geauga Total</b>		<b>5</b>
<b>Lake</b>	Crossroads	
	Lake County General Health District	
	Lake Health	
	Lifeline, Inc.	
	Ohio State University Extension, Lake County Office	
	United States Department of Veterans Affairs	
<b>Lake Total</b>		<b>6</b>
<b>Lorain</b>	We Care We Share Ministries	
<b>Lorain Total</b>		<b>1</b>
<b>Medina</b>	Akron General Medical Center - Lodi Community Hospital	

	Brunswick Community Recreation Center	
	Cleveland Clinic Foundation - Brunswick Family Health Center	
	Cloverleaf Community Recreation Center	
	Lodi Community Hospital	
	Medina County Health Department	
	Medina County Office for Older Adults	
	Medina Hospital	
	Ohio State University Extension - Medina County	
	Soprema Senior Center	
<b>Medina Total</b>		<b>10</b>
<b>Grand Total</b>		<b>51</b>

## Support Services: Transportation

This category includes community ride programs (including medical and senior) and transportation expense assistance such as bus passes and car repairs.

<b>Ashtabula</b>	Ashtabula County Department of Job & Family Services	
	Ashtabula County Transportation System	
	Community Care	
	Conneaut Ministerial Association	
	Country Neighbor Program	
	Faith in Action Caregivers	
	Harvest International Church	
	Jefferson Community Center	
	Premier Transportation Service	
	Senior Care Network of Ashtabula County	
	Senior Center	
<b>Ashtabula Total</b>		<b>11</b>
<b>Cuyahoga</b>	A-1 Med Tran	
	AIDS Taskforce of Greater Cleveland	
	Annie Carrie Home Health Care Services	
	Bay Village Department of Community Services	
	Beachwood Community Services Department	
	Bedford Heights Community Life Department	
	Brecksville Department of Human Services	
	Broadview Heights Department of Human Services	
	Brook Park Office of Aging	
	Catholic Charities Corporation Community Services	
	City of Lakewood Transportation Assistance	
	Cleveland Clinic Foundation	
	Cleveland Heights Department of Community Services	
	Community Responsive Transit of Cleveland	
	Contract Transport Services	
	Cuyahoga County Division of Senior & Adult Services	
	Downtown Cleveland Alliance	
	Fairview Park Senior Life Office	
	Free Medical Clinic of Greater Cleveland	
	Greater Cleveland RTA	
	Hanson Services	
	Harmony Home Care	
	Independence Community Services Department	
	Maple Heights Office on Aging	
	Medport	
	Menorah Park Center for Senior Living	
	MetroHealth Medical Center	
	National Multiple Sclerosis Society	
	Nueva Luz Urban Resource Center	
	Oakwood Village Hall	
	Orange Senior Center	
Provide A Ride		

	Safeway Transportation	
	Senior Transportation Connection	
	University Hospitals Case Medical Center	
	Valley View Recreation Department	
	Walton Hills Recreation Department	
	Warrensville Heights Civic & Senior Center	
	Western Reserve Area Agency on Aging	
	Westlake Department of Community Services	
	Women's Center of Greater Cleveland	
<b>Cuyahoga Total</b>		<b>41</b>
<b>Geauga</b>	Geauga County Department on Aging	
<b>Geauga Total</b>		<b>1</b>
<b>Lake</b>	Breckenridge Village	
	Faithful Companions, Inc.	
	Lake County Council on Aging	
	Lake County General Health District	
	Speedway Transportation	
<b>Lake Total</b>		<b>5</b>
<b>Lorain</b>	Amherst Office on Aging	
	El Centro de Servicios Sociales	
	Goodwill Industries of Lorain County	
	Lorain County Community Action Agency	
	Lorain County Department of Job and Family Services	
	Lorain County Office on Aging	
	Lorain County Transit	
	Lorain County Veterans Service Commission	
	Love, Inc	
	Lucy Idol Center for the Handicapped	
	Mercy Infectious Disease	
	Mercy Regional Medical Center	
	Oberlin Community Services	
	Salvation Army	
	Wellington Office on Aging	
<b>Lorain Total</b>		<b>15</b>
<b>Medina</b>	Brunswick Transit Alternative	
	Faith in Action Caregivers	
	Hanson Services	
	Medina County Office for Older Adults	
<b>Medina Total</b>		<b>4</b>
<b>Grand Total</b>		<b>77</b>