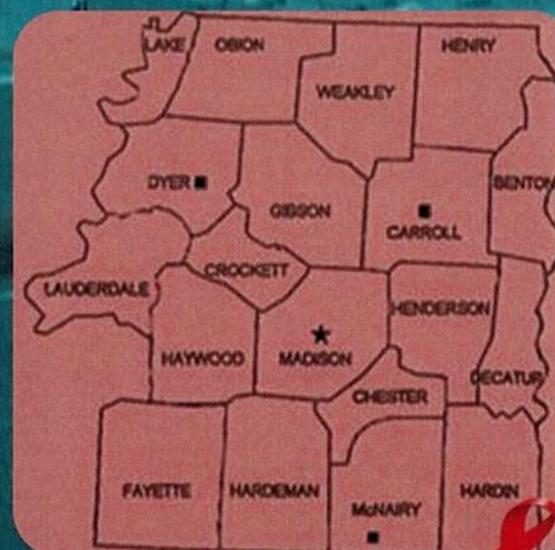


# West Tennessee Legal Services – Ryan White (Part B Consortium) Needs Assessment

June 11, 2015

University of  
Memphis Research  
Team  
Jebose



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# West Tennessee Legal Services-Ryan White (Part B Consortium) Needs Assessment

## EXECUTIVE SUMMARY

The aim of the West Tennessee Legal Services - Ryan White (Part B Consortium) Needs Assessment was two-fold: (1) identify current needs, met and unmet, barriers to services, as well as issues and concerns of persons living with HIV/AIDS (PLWHA) and currently receiving Ryan White services in 18 West Tennessee counties and the Jackson/Madison county metropolitan region; and (2) assess the knowledge and awareness of Ryan White services among the faith community leaders in the rural West Tennessee area. The Rapid Assessment, Response, and Evaluation (RARE) model was employed toward conducting the needs assessment. Using the community-participatory research model, the study involved a collaborative venture among the research team, faith leaders, medical and social services agencies, and persons living with HIV/AIDS. Fifty-nine (59) clients were recruited by Ryan White Consortium to participate in the client survey aspect of the study. A total of 31 persons were recruited to participate in focus group interviews, of which 22 were clients and nine were faith community leaders. The University of Memphis Institutional Review Board (IRB) approved the human subject protocol for the study.

In concert with the Ryan White Consortium, the logistics for distributing and administering the surveys were established. West Tennessee Legal Services hosted the focus group interviews with the clients. The Pastor of Campbell Chapel Baptist Church in Bolivar, Hardeman County, Tennessee hosted the faith leaders focus group session. The human subject protocol was approved by the University of Memphis Institutional Review Board (IRB) for the study and endorsed by the administrators of the consortium.

Data obtained from surveys were analyzed using cross-tabulations and Chi-Square procedures in the SAS computer-analysis program. Focus group data were analyzed using the NVivo-10 qualitative data analysis software program.

Of the 59 clients that responded to the survey, approximately 67% reported their race/ethnicity as African American/Black, 27% Caucasian/White, and 4% as "Other". Participants ranged in age from 20-60+ years old. About 52% reported their sexual orientation being gay/lesbian/homosexual, 42% heterosexual, and 6% bisexual. The age of focus group participants ranged from 18 to 77 years.

The most important findings from this study are the information from pastors relative to the role of the faith community leaders. It is evident that the role and active involvement of pastors in rural areas would be critical to addressing HIV/AIDS issues as well as providing support services for persons living with HIV/AIDS in this region. While clients/services consumers overwhelmingly acknowledged that support services providers and the Ryan White Consortium genuinely cared for the clients, and while leaders of faith-based organizations acknowledged a critical need to address HIV/AIDS and the needs of PLWHA in the region, they noted key areas for improvement including building partnerships among services provider agencies, faith community leaders, and stakeholders. Based on this premise and other key findings from this study, the following recommendations are offered:

1. Work with pastors/faith community leaders to establish a coalition aimed to address HIV/AIDS and the needs of PLWHA.
2. To receive the moral and financial support of church and religious organizations, WTLS should launch a vigorous campaign throughout the targeted communities to promote HIV/AIDS awareness and education that incorporates abstinence as a viable means of prevention, and to identify ways in which stigma in rural communities can be reduced.
- 3 Health educational agencies, including WTLS, must develop appropriate and effective educational programs that are consistent with the rural lifestyle and environmental factors, and are sensitive to the community's values and interests.
4. Improve communication between service provider agencies and service consumers.
5. Seek additional funding to develop community networks to help reach difficult and high-risk populations.
6. Seek additional funding to establish gender specific support groups for persons living with HIV/AIDS.
7. Community needs and perceptions regarding HIV/AIDS prevention, treatment, support services must be periodically examined, interpreted, reported, and widely disseminated throughout the target communities.
8. Continue to work with the University of Memphis and other local agencies and institutions in the targeted communities to conduct periodic assessment of needs toward improving program efforts for PLWHA.

## INTRODUCTION

It is well documented that the prevalence of diagnosed HIV disease in nonmetropolitan statistical areas (non-MSAs) of the United States has increased significantly during the past several years.<sup>1</sup> According to the Centers for Disease Control and Prevention (CDC), the rate of HIV infection among persons residing in rural areas is approximately 8 per 100,000 population. Southern states represent 68% of documented HIV/AIDS cases in rural areas.<sup>2</sup> Approximately 19% of the counties in West Tennessee Consortium live below poverty level. As documented by the Tennessee Department of Health, HIV disease trends in West Consortia declined from 52 cases in 2010 to 39 in 2013.<sup>3</sup> The West Tennessee's Ryan White Consortium provides a variety of medical and support services for persons living with HIV/AIDS (PLWHA) residing in this region via a network of third party providers.

### Purpose of Study

The purpose of the Ryan White (Part B Consortium) Needs Assessment was two-fold: (1) identify current needs, met and unmet, barriers to services, as well as issues and concerns of persons living with HIV/AIDS (PLWHA) and currently receiving Ryan White services in 18 West Tennessee counties and the Jackson/Madison county metropolitan region; and (2) assess the knowledge and awareness of Ryan White services among the faith community leaders in the rural West Tennessee area. The information obtained from this study would be useful in efforts to foster planning, implementing, and evaluating HIV medical and support services for PLWHA in the targeted West Tennessee region.

## METHODOLOGY

The Rapid Assessment, Response, and Evaluation (RARE) model was used in conducting the needs assessment.<sup>4</sup> The model allows for monitoring the HIV/AIDS epidemic, responding to prevention, and addressing the care, treatment, and service needs of at-risk and affected persons from different vulnerable populations. It posits that an effective needs assessment depends on the active participation of key community members and stakeholders including individuals living with HIV/AIDS.

### Recruitment and Planning

Using community-participatory research model, the study involved a collaborative venture among the research team, faith leaders, medical and social services agencies, and persons living with HIV/AIDS. Fifty-nine (59) clients were recruited by Ryan White Consortium to participate in the client survey aspect of the study. Participants were recruited through the Jackson Regional Health Department and other health departments and service centers within the targeted counties. The survey instrument was designed to obtain data necessary to provide key information or answer critical questions concerning the Ryan White medical and social services needs in rural West Tennessee and the Jackson/Madison County metropolitan region. A total of 31 persons were recruited to participate in focus group interviews. Three groups represent service consumers –

Blacks and Hispanics (8 participants), MSM (8 participants), and Transgender (6 participants). In addition, 9 faith community leaders (pastors) in the rural West Tennessee were assembled to participate in the study.

### **Procedures**

The study employed two but complementary assessment approaches including client survey and focus group interviews. In concert with the Ryan White Consortium, the logistics for distributing and administering the surveys were established. A written informed consent to participate in the study was obtained from participants, clearly stating that participation was completely voluntary, the information obtained would be confidential, and that findings would be used to provide better understanding of ways to improve Ryan White services in the region. The University of Memphis Institutional Review Board (IRB) approved the human subject protocol for the study.

Using phenomenological theoretical framework, <sup>6</sup> the research team conducted a focus group interview with participants to gather in-depth information about their perceptions, opinions, and feelings concerning services and needs of PLWHA in the West Tennessee region. The Ryan White Consortium coordinator assembled three groups of service consumers (Blacks and Hispanics, MSM, and Transgender), and a group of community faith leaders (pastors) to participate in focus group interviews. Each group comprised 6 to 9 individuals. Each session was approximately two hours in duration depending on participants' interactions. The research team developed questions to the guide each group interview. The client group sessions were conducted at the West Tennessee Legal Services library/conference room. The pastor's session was conducted in a conference room at Campbell Chapel Baptist Church, Bolivar, Hardeman County, Tennessee. Dinner was provided to participants before each session as a token of appreciation. In addition, a \$30 honorarium was given to each person for his/her participation.

### **Survey**

An anonymous Client Needs Assessment survey instrument for Ryan White (Part B) <sup>7</sup> was adapted to incorporate the healthcare and support services provided by the West Tennessee Ryan White Consortium. Designed for a second and third-grade reading level, the five-page instrument comprised a total of 76 closed and open-ended questions including: (a) demographics (b) health information; (c) health services; (d) support services; (e) other services; and (f) barriers to care. Pertaining to service needs and support services questions, respondents were instructed to check one of three categories: "did not need," "needed and received," "needed and did not receive." For response to barriers to care questions, respondents were instructed to check a yes/no dichotomy. The final component of the survey was an extensive demographic section. This section included questions relating to gender, age, race/ethnicity, residence, employment, education, household income, and health insurance (Appendix A – Client Survey).

### **Focus Group Interviews**

Focus group interviews are qualitative research techniques that can be used in theory grounded studies. Focus groups are particularly useful for collecting in-depth information about respondents' perceptions, opinions, and feelings pertinent to an issue (e.g., services and needs).

They are also useful for investigating implementation of innovative programs and services with various consumers and stakeholders in the community. Moreover, if used efficiently, it could create an environment where sensitive topics could be discussed openly and truthfully, and where group interactions would be enhanced.<sup>6</sup>

The research team developed an interview guide, based on the scientific literature and the purpose of the study. Each interview guide consisted of seven open-ended questions pertaining to Ryan White medical and support services including awareness of services available to PLWHA, services needed, barriers to services, overcoming barriers, strengths/weakness of services, and the role of the faith community leaders, challenges to building partnerships and how to overcome challenges (See Appendix H,J,K).

## **Data Analysis**

Data obtained from surveys were analyzed using cross-tabulations and Chi-Square procedures in SAS computer-analysis program.<sup>8</sup> The procedures compute for percentage of respondents and responses relative to needs, gaps, barriers to services, and demographics.

Focus group data were analyzed using NVivo-10 qualitative data analysis software program. The software is used to organize and analyze interviews.<sup>11</sup>The investigators read and reread the transcripts to gain a clear understanding of the discussants' information. Subsequently, the transcripts were entered into the NVivo software program. Data were inductively analyzed by identifying major themes and categories related to the three groups of service consumers and a group of community faith leaders.

## **FINDINGS**

Findings from the client survey are presented in six categories including: 1) demographic information; 2) health information; 3) healthcare services needs; 4) support services needs; 5) other services; and 6) barriers to care. Three to four themes emerged from the clients and faith community leaders focus group interviews. Findings from the focus groups are presented according to the client category and the faith community group responses.

### **Client Survey**

#### ***Demographic Information***

Fifty-nine (59) clients responded to the Ryan White Client Needs survey. Approximately 67% reported their race/ethnicity as African American/Black, 27% Caucasian/White, and 4% as "Other". Participants ranged in age from 20-60+ years old. About 52% reported their sexual orientation being gay/lesbian/homosexual, 42% heterosexual, and 6% bisexual. Eleven participants did not respond to the question concerning sexual orientation.

Education – Approximately 45% of respondents reported having some college education, 4% undergraduate degree, and 7% had postgraduate degree. About 14% had high school diploma/GED, and 9% indicated having less than 12<sup>th</sup> grade education.

Employment – About 14% were employed full-time, 18% employed part-time, 14% unemployed looking for work, 3% unemployed waiting for disability, 40% on disability, and 5% on retirement at the time of the survey.

Household Income – ranged from less than \$10,000 (44%) to more than \$50,000 (6%) annual income.

Health Insurance – About 56% indicated having TennCare or private insurance, 15% Medicaid alone, and 20% had Medicare + Medicaid.

Zip Code Area – Approximately 17% of respondents reported their Zip Code Area as 38301, Thirty-eight percent indicated “Other.”

### ***Health Information***

Of 51 (fifty-one) clients responding to the question concerning “year first tested positive for HIV,” approximately 23% indicated testing positive in 2006-2010 and 2011-2015; respectively. Among this group, 51% received services in less than one month after diagnosis. Approximately 64% of HIV infections were attributed to male-to-male sexual contact. About 39% indicated visiting the physician 3-4 times in the last year, 96% indicated receiving the most information about HIV treatment from a doctor/nurse practitioner. The three most important Ryan White services currently offered in the rural West Tennessee area at the time of this study were doctor visits and laboratory tests (83%), medications (71%), and dental care (83%).

### ***Health Services Needs***

When “met versus unmet” health services needs in the previous year were examined, 50% needed and did not see eye doctor, 38% needed and did not receive dental care, 33% needed and did not enroll in a drug treatment program, and 23% of respondents indicated needing and not receiving mental health counseling. In general, however, the needs of clients were significantly met at 67% of the time during this period.

### ***Support Services Needs***

Related to the question “met versus unmet” support services needs in previous year, 71% indicated needing and not receiving a support group; 50% needed but did not get grief counseling; 37% needed but did not receive legal assistance or advice; and 22% indicated needing and not getting food voucher. Aggregately, approximately 88% of the respondents indicated they needed and received support services in previous year.

### ***Other Services Needs***

The following represent areas of concern related to other services needed and not received in the previous year: 1) get domestic violence services (100%); 2) get employment training and/or counseling (75%); 3) short term housing assistance, and a volunteer companion (66%, respectively); 4) help with housework or cooking (75%); 5) get help with paying utilities (70%); and getting help with applying for disability (41%).

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

Fear of disclosing HIV status (15%), did not qualify financially (11%), and not knowing where to go for services (13%) were identified as barriers to receiving care in the past year. However, the respondents were overwhelmingly grateful to the medical and support services staff at the West Regional-Department of Health in Jackson for their services and caring ways. They also expressed gratitude for support services received from West Tennessee Legal Services and the West Tennessee Ryan White Consortium.

### **Focus Group Interview**

The research team conducted group sessions with service consumers (Blacks and Hispanics, Transgender, and MSM). In addition, a session was conducted with pastors in the rural West Tennessee Counties. Findings from focus group interviews are presented according to group category.

#### **Blacks and Hispanics**

Eight participants were in this group. Participants ranged in age from 38 to 66 years. Of this group, 6 reported their race/ethnicity as African-American/Black, one Latino/Hispanic, and Latino/No Hispanic, respectively. Five indicated their gender as being male, five heterosexual, and two were bisexual. Four themes (services provided, provider involvement, barriers to services, and overcoming barriers) emerged from content analysis.

Related to services provided and provider involvement, there was a consensus among participants that medical and support services are working and need to be continued. They also agreed that service providers should expand transportation service by providing other options. Discussants agreed, *"The transportation or another type of transportation that links up with Southwest or Med., some type of other transportation other than those gas vouchers. If we can't get a gas voucher or get here to get a gas voucher, we should have another option to call transportation if we needed to. A lot of times its hard to get there. We don't get our vouchers before we go to the doctor. We get our voucher after we go to the doctor."* Participants expressed their satisfaction with provider involvement in their care. One underscored, *"I think the nurses are very polite and educated. I think the doctors and providers they send us are great. We haven't had any bad experiences with any of them. Dr. Guidi is ours. You can't beat him. If he wasn't around, I probably wouldn't be in care right now. He's like a dad to me, really."*

Barriers to services/overcoming barriers were identified as having less information about available services, and issues with gas voucher not enough to meet travel needs to and doctor's appointments. It was also pointed out that stigma still exists against PLWHA in rural counties. One noted, *"I don't like the dentist. I think they know it is Ryan White service and uh, that may be just me, but I feel like they discriminated. Dentist aren't just specifically dentists for HIV patients. I've been to this dentist being HIV positive and you can tell the way they react, the way they treat you."* A discussant suggested that gas voucher should be based on travel distance to service centers, *"depends on how far we are (from service site). Like if I stay down the street they ain't gon' give me no \$20 to go next door."* Providing better communication and information about services, and educating the community, including pastors on this issue would deter stigma in rural areas, *"A lot of pastors hung up on, think everybody that contract HIV is got to be gay.....and they got a stigma on*

*that. And the church is supposed to have availability for everybody and all things.”* Establishing a support group among consumers was also considered an important component of medical and support services for PLWHA in the targeted counties.

### Transgender

This group of participants did not seem aware of the focus group objectives. This might have been a result of challenges identifying and recruiting transgender individuals in rural West Tennessee and Jackson/Madison Metro area. Unaware that there was only one transgender person in the group at the start of the session, the investigators spontaneously adjusted the interview guide that was developed for transgender in order to obtain relevant information from this group.. The group reported their sexual orientation as being gay/lesbian/homosexual/bisexual. They were neither HIV positive, nor receiving Ryan White services at the time of the interview. However, due to their sexual orientation and high risk of HIV/AIDS, The research team proceeded with the focus group interview.

The group consisted six (6) participants. All participants reported their race as African-American/Black, five were male and one was transgender male to female. They ranged in age from 18 to 29 years. The group session generated three themes: services needed; sources of HIV/AIDS information; and barriers to seeking services. Participants would like to obtain services from Ryan White consortium including information on prevention, testing, and social support. They affirmed, *“Ryan White can reach us in the social media... Uh, simply because most of us live our life on social media. Uh, a team can be established through the social media.”* Barriers to seeking services are mainly people knowing their sexual orientation, *“...as long as my momma knew, and my family knew, I didn’t care about nobody else.”* They indicated getting most of their information from Google, pamphlets, and functions (e.g., health fair).

### MSM (Men who have sex with men)

Eight individuals participated in the focus group, and were in the age range from 40 to 67 years. Of this group, 7 were Caucasian/White, and one was African-American/Black. One participant did not identify his race/ethnicity. All indicated their sexual orientation as being gay/lesbian/homosexual. Similar to Blacks and Hispanic group, content analysis yielded four themes including services provided, provider involvement, barriers to services, and overcoming barriers.

There was a consensus among participants that medical and support services are working and need to be continued. The issue of eligibility for TennCare was pointed out as a concern because it creates a financial problem for clients. A discussant remarked, *“Okay. This may be wrong to bring this but, this is a concern of mine. I have Medicare but I don’t qualify for TennCare; therefore, the 20%, if you go to the doctor, if you go to the hospital I’m responsible for that, and I can’t pay for that. So therefore, it goes against my credit. Because it just builds up. So, there should be, I know I’m not the only one in this situation. I think there should be something, somewhere that would take care of that.”* Information about services needs to be expanded by having a process that communicates existing as well as changes in services to rural counties. As one noted, *“You know, I think that’s not being conveyed. They need to have a list of these services. Have somebody explain them*

*to you, give you phone numbers, addresses. If any like we call down here and we are in Camden and say we need your services, where can we go? (Provider staff) can make out a list, put it in the mail to us. That way we have it on our record. For it's like if we need mental health, we can look down the list and there's a number you can call and get it taken care of."*

Provider involvement was unanimously ranked excellent, *"If they got some money they are going to help you. It doesn't care what color you are, don't care of who you are, don't care. They are going to help you."* However, communication of programs and services to rural counties is a concern among discussants. A client emphasized, *"I think there has been a realization here that there has been shortcomings on communication as far as programs and services. I think that they need to realize that we have Benton County, Haywood County, we have Dyersburg, we have Carroll County... I know it's hard to believe but there are a lot of cases in those surrounding areas, but nowhere to get information unless one goes to Nashville, Memphis, or Jackson Health Center if you know. Health departments in these rural areas don't have any information. We need it in Camden, either put it in Camden or Paris. Paris is a little bit bigger than Camden and I think Paris might be more accepting."*

Barriers to services and overcoming barriers (e.g., gas vouchers) are consistent with the findings from Blacks and Hispanics group.

### **Pastors**

A focus group with pastors was conducted in Bolivar, Hardeman County at Campbell Chapel Baptist Church. The session comprised nine participants. All reported their race/ethnicity as being African-American/Black, four were males and five were females. Participants ranged in age from 33 to 77 years. Four indicated their denomination as Baptist, two Missionary Baptist, and Christian Methodist Episcopal (CME), respectively, and one Pentecostal/Holiness. Three participants were from Hardeman County, 2 from Madison County, and Haywood/Lauderdale County, respectively, and one each from Crockett County and Lake County.

An analysis of focus group discussions produced four themes: knowledge of provider services; faith-based community; challenges and barriers to building partnerships; and overcoming barriers. Approximately 78% of discussants had no knowledge of Ryan White Consortium and services provided for PLWHA by West Tennessee Legal Services-Ryan White. Only one participant was aware of services available to persons living with HIV/AIDS in rural West Tennessee at the time of the interview. Evidently showing there is a need to promote awareness and knowledge, within rural areas, about services available to PLWHA, and provided by West Tennessee Legal Services. All participants considered HIV/AIDS a major health issue in rural West Tennessee, and should be a community concern. They also agreed the faith community should become involved in efforts to address this public health problem.

The role of pastors/faith leaders was underscored among discussants toward the needs of PLWHA, as well as preventing the spread of HIV in these counties. Participants pointed out some key factors that deter faith leaders in this region from addressing the needs of PLWHA. One factor is that the churches are segregated among themselves. A respondent noted, *"We are segregated. Every church here, we are segregated.. I don't have time for Baptist; they don't have time for the Methodist. And see we all have to come together. If we come together, then God will hear our prayer and we can take it to the community. We got to take it to them. We are not going out and get it; people bring it to the church. "* Another reason is that the stigma still exists among faith leaders in

the rural areas. A participant remarked, *“But I think what happens sometimes we can stigmatize certain things or look at them through a different set of glasses. You say, ‘well that’s them.’ And I think that what we have done as a community, sometimes, you develop this other community that you don’t have to deal with, because it is not “us.”* Participants were encouraged to show members of their congregation true love regardless of HIV status, and to find someone in the community that is knowledgeable about HIV/AIDS, and invite him/her to speak on this issue at a local denominational conference. One posited, *“For Lake County, the first thing I would do is look within my community and find somebody who is an expert in that field to come and talk about that field and maybe a small Bible Study class – Don’t tell them we have HIV class, because they won’t come. You tell them we are going to have a special guest speaker and they come in and talk about HIV/AIDS.”*

Related to challenges and barriers to building partnerships among the faith communities, the majority of participants revealed that refusal to accept HIV/AIDS as a faith community problem, a stance among some pastors that avoids disturbing or making church members uncomfortable by addressing HIV/AIDS, and “denominational divide” pose challenges to building partnerships. A discussant revealed, *“When I know there are even pastors or leaders who are sitting in high places who are HIV positive, and there is nothing said. What I found out from dealing with one situation, they don’t want to disturb the family. They don’t want to disturb the people. And I think for some, they feel there is going to be a loss of people out of that congregation. They are scared that somebody is going to point their finger at... If you get involved with HIV, then somebody might think you got it.”*

In regard to overcoming barriers to building partnerships toward HIV/AIDS prevention, and addressing the needs of PLWHA, there was a consensus among participants to work together toward a common goal of addressing these issues. *One stated, “We, as pastors, have to teach that thing, that you don’t cast me out because you think I have something that’s going to kill you. But teach them to help them that got something where they can help themselves. That’s our basic teaching. AIDS is a thing that, I don’t know who got it. If you don’t tell me, we will never know. AIDS is here, it’s a quiet thing. I mean, it shouldn’t be, but it’s a quiet thing. And we as preachers, pastors, or ministers, we have to exercise that gift that God gave us to tell folks to love one another in spite of.”* Another affirmed, *“I think that we have faith-based organizations that are positioned to where if we intervene with right information that they will be willing, I think that we could work with them into building those partnerships. That is a group of churches. You have all kinds of societies just like the Usher Union. You have those entities out there, we just need to tap into that.”* Approaches to building partnerships were identified, including enhancing pastors’ knowledge about HIV/AIDS, its magnitude and distribution, prevention, services for persons living with HIV/AIDS, and confidentiality among faith leaders and their congregants.

## RECOMMENDATIONS

West Tennessee Legal Services-Ryan White (Part B Consortium), along with services consumers and providers, as well as the faith community leaders in rural counties are to be highly commended for their participation in this study and for providing valuable information on support services to People Living with HIV/AIDS in West Tennessee area. The most important and intriguing findings from the focus group interviews are the information from pastors. It is evident that the role and active involvement of pastors in rural areas would be critical to addressing HIV/AIDS issues as well as providing support services for persons living with HIV/AIDS in this region. While clients/services consumers overwhelmingly acknowledged that support services providers and the Ryan White Consortium genuinely cared for the clients, and while leaders of faith-based organizations acknowledged a critical need to address HIV/AIDS and the needs of PLWHA the region, they noted key areas for improvement including building partnerships among services provider agencies, faith community leaders, and stakeholders. Based on this premise and other key findings from this study, the following recommendations are offered:

3. Work with pastors/faith community leaders to establish a coalition aimed to address HIV/AIDS and the needs of PLWHA.
2. To receive the moral and financial support of church and religious organizations, WTLS should launch a vigorous campaign throughout the target communities to promote HIV/AIDS awareness and education that incorporates abstinence as a viable means of prevention, and to identify ways in which stigma in rural communities can be reduced.
- 4 Health educational agencies, including WTLS, must develop appropriate and effective educational programs that are consistent with the rural lifestyle and environmental factors, and are sensitive to the community's values and interests.
4. Improve communication between service provider agencies and service consumers.
9. Seek additional funding to develop community networks to help reach difficult and high-risk populations.
10. Seek additional funding to establish gender specific support groups for persons living with HIV/AIDS.
11. Community needs and perceptions regarding HIV/AIDS prevention, treatment, support services must be periodically examined, interpreted, reported, and widely disseminated throughout the targeted communities.
12. Continue to work with the University of Memphis and other local agencies and institutions in the targeted communities to conduct periodic assessment of needs toward improving program efforts for PLWHA.

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# APPENDICES

# Client Survey

## Appendix A

West Tennessee Ryan White Part B Consortium Needs Assessment

### RYAN WHITE CLIENT NEEDS SURVEY

Your individual responses **will not be shared with anyone** Please **DO NOT** put your name anywhere on this document

What is your zip code where you live?	Zip Code		
What is your birth date?	Day	Month	Year
Are you currently enrolled in Ryan White Services?	Yes	No	
Are you currently receiving any HIV services?	Yes	No	Don't know
<b>HEALTH INFORMATION</b>			
1. When did you first test positive for HIV?	Month	Year	
2. How do you think you got HIV? (Check all that apply)	Having sex with men Having sex with women Sharing needles or works Born with HIV	Occupational exposure Blood products or transfusion Don't know	
3. Have you ever had any symptoms because of HIV?	Yes	No	Don't know
4. Are you currently on drugs to treat HIV?	Yes	No	Don't know
5. Has a doctor ever diagnosed you with AIDS?	Yes	No	Don't know
6. How long after testing positive did you start getting HIV services?	Within a month 1-6 months	More than 6 months More than 1 year	
7. What would have helped you get HIV care sooner after testing? (Check all that apply)	Nothing – I got help right away Knowing how important early care was for my health Not having to take care of family / other people Knowing who to call / where to go Not using drugs / alcohol Not being so afraid Other (specify)		
8. In the last year, how often did you see your doctor about HIV?	Never 1-2 times	3-4 times More than 4 times	
9. If you have not seen a doctor in the last year, why not?	I do not feel sick I do not have transportation I do not have childcare	I do not trust them They are not available Other (specify)	
10. Who gave you the <b>MOST</b> information about HIV treatments?	Doctor / Nurse Practitioner Nurse / Other Healthcare Worker Case Manager / Social Worker Friend(s)	Support groups Newspapers / books The Internet Other (specify)	
11. When you see your case manager/medical case manager, does he/she explain things clearly?	Yes	No	
12. When you see your doctor, does he/she explain things clearly?	Yes	No	



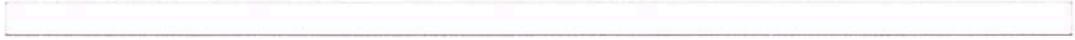
West Tennessee Ryan White Part B Consortium Needs Assessment

35	Enroll in hospice care?			
<b>Support Services: Tell us about your HIV support services needs</b>				
<b>In the last year did you <u>NEED</u> to ...</b>		<b>Did not need</b>	<b>Needed &amp; received</b>	<b>Needed &amp; DID NOT receive</b>
36	See a case manager?			
37	Talk to an HIV + peer advocate?			
38	Get legal assistance or advice?			
39	Attend a support group?			
40	Get spiritual counseling or support?			
41	Get grief counseling?			
42	Get education about HIV treatments?			
43	Get help taking my HIV drugs?			
44	Get help with translation / interpreting?			
45	Get education non-medical HIV services?			
46	Get food voucher?			
47	Get childcare?			
48	Get transportation to medical appointments?			
<b>Other Services:</b>				
<b>In the last year did you <u>NEED</u> to ...</b>		<b>Did not need</b>	<b>Needed &amp; received</b>	<b>Needed &amp; DID NOT receive</b>
49	Get help applying for disability?			
50	Get help applying for Medicaid?			
51	Get help applying for Medicare?			
52	Get help applying for a Medicare drug plan?			
53	Get help applying for Food Stamps?			
54	Get help with TennCare or private insurance?			
55	Get emergency food?			
56	Get emergency payments for housing?			
57	Get short term housing assistance?			
58	Get help with paying utilities?			
59	Get clothing?			
60	Get financial counseling?			
61	Get help with housework or cooking?			
62	Get a volunteer companion (buddy)?			
63	Get information on alternative medicine (herbs)?			
64	Get domestic violence services?			
65	Get help taking care of a pet?			
66	Get employment training and / or counseling?			
<b>Barriers to care:</b>				
67	During the past year, have you had difficulty getting HIV services for any of the following reasons?			
	A. The cost of drugs or services		Yes	No
	B. Waiting list for services		Yes	No
	C. Long wait to be seen at office or clinic		Yes	No
	D. Lack of transportation		Yes	No
	E. Lack of childcare		Yes	No
	F. Language barrier/communication problems		Yes	No
	G. Lack of trust that my care would be confidential		Yes	No
	H. Fear of disclosing HIV status		Yes	No
	I. Services not available		Yes	No

West Tennessee Ryan White Part B Consortium Needs Assessment

J	Did not qualify financially	Yes	No
K	Discrimination because of gender (male / female)	Yes	No
L	Discrimination because of sexual orientation (gay / lesbian / bisexual)	Yes	No
M	Discrimination because of sexual identity (transgender)	Yes	No
N	Discrimination because of Race	Yes	No
O	Did not know where to go for services	Yes	No
<b>DEMOGRAPHIC INFORMATION</b>			
68.	What is your racial or ethnic background?	African-American/Black Caucasian / White Latino/Hispanic	Asian/Pacific Islander Native American /Native Alaskan Other (specify)
69.	What is your native language?	English Spanish	American Sign Language Other (specify)
70.	What is your gender?	Male Female	Transgender Male to Female Transgender Female to Male
71.	How much education do you have?	Less than 12 <sup>th</sup> grade High school diploma/GED Some college	Undergraduate degree Postgraduate school/degree
72.	Are you?	Employed full time Employed part time Unemployed looking for work Unemployed waiting on disability	On disability Retired Other (specify)
73.	What is your household size (including only legally married spouse, and dependent children / adults)?		Adults      Children
74.	What is your household income (including only legally married spouse, and dependent children / adults)?	Less than \$ 10 000 \$10 001 to \$20 000	\$20 001 to \$30 000 \$30 001 to \$50 000 \$50 001 and above
75.	What type of health insurance do you have?	None Medicaid Medicare	Medicaid + Medicare Medicare + Supplemental Veterans TennCare or Private insurance
76.	Is there anything else that you would like to tell us?	<hr/> <hr/> <hr/> <hr/> <hr/>	

West Tennessee Ryan White Part B Consortium Needs Assessment

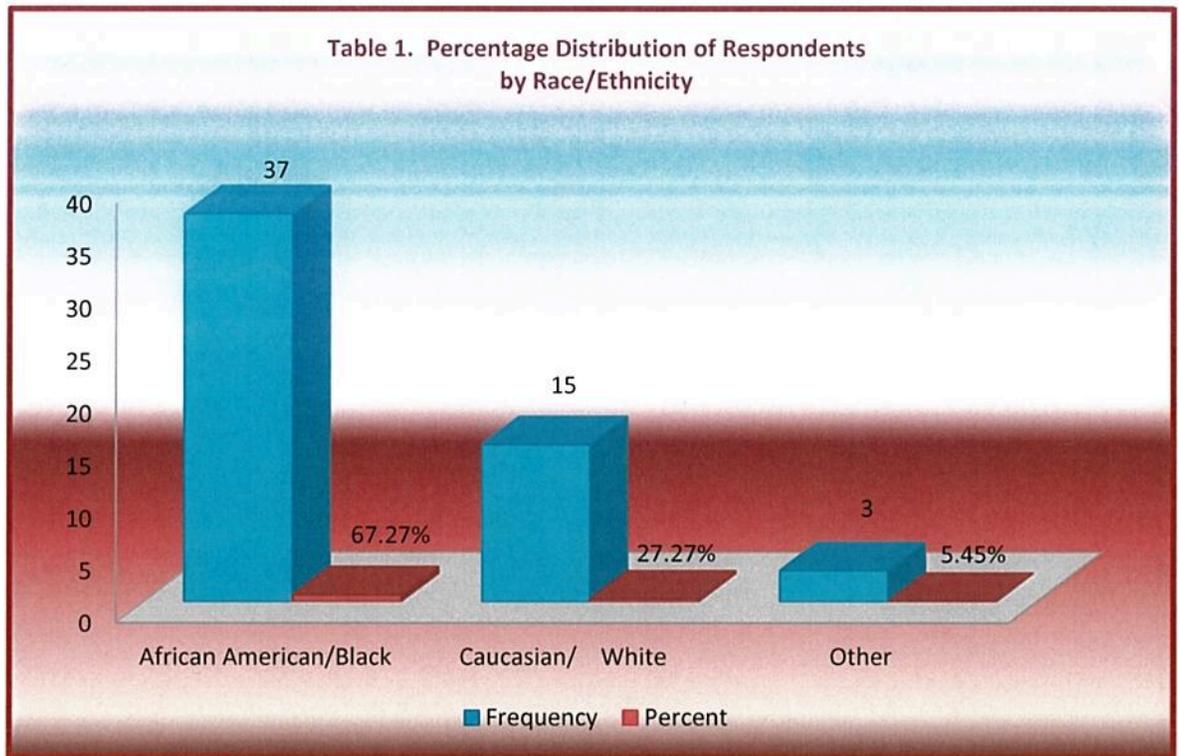


**Thank you very much!**

*(Adapted from the Council of Community Services Planning and Consultation, 2009)*

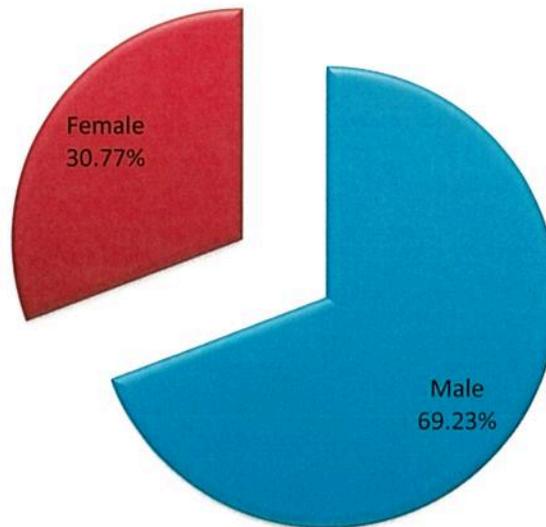
# Demographics

## Demographics

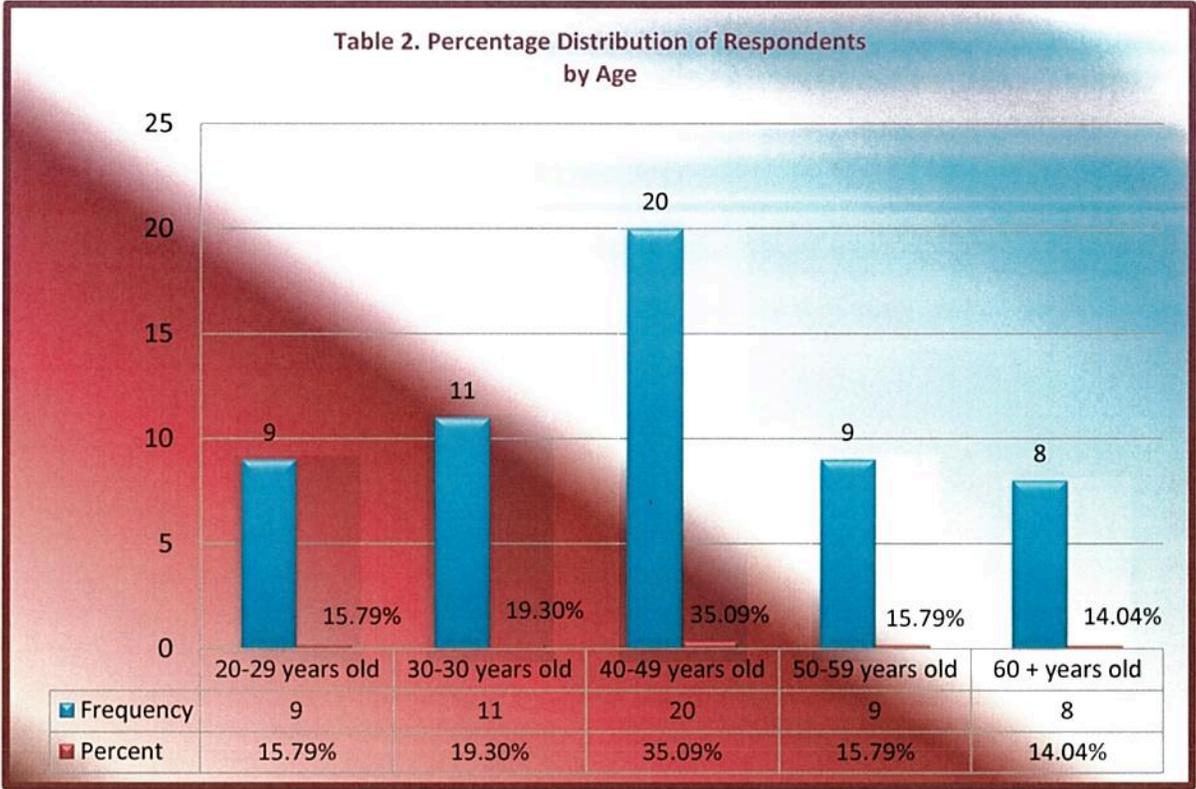


N=55 Missing=4

Figure 1. Percentage Distribution of Respondents by Gender

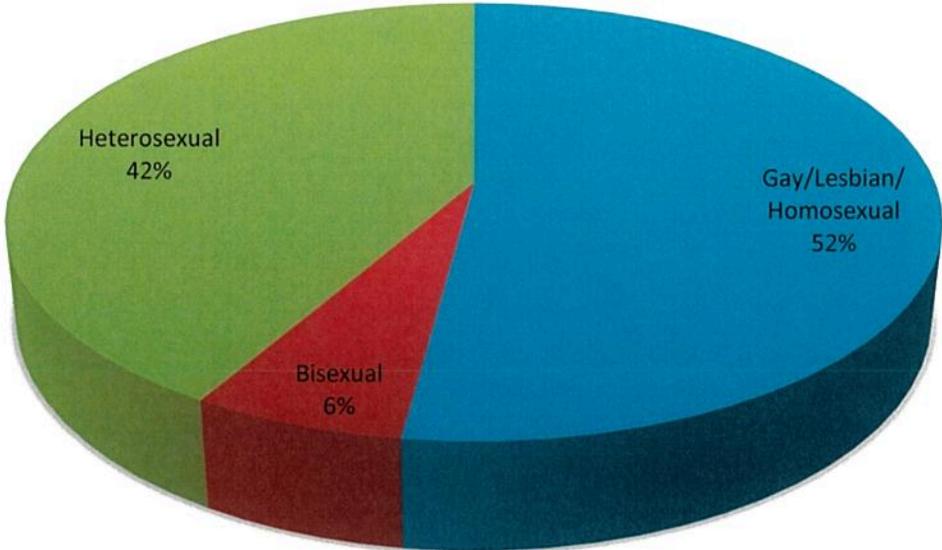


N=52 Missing=7



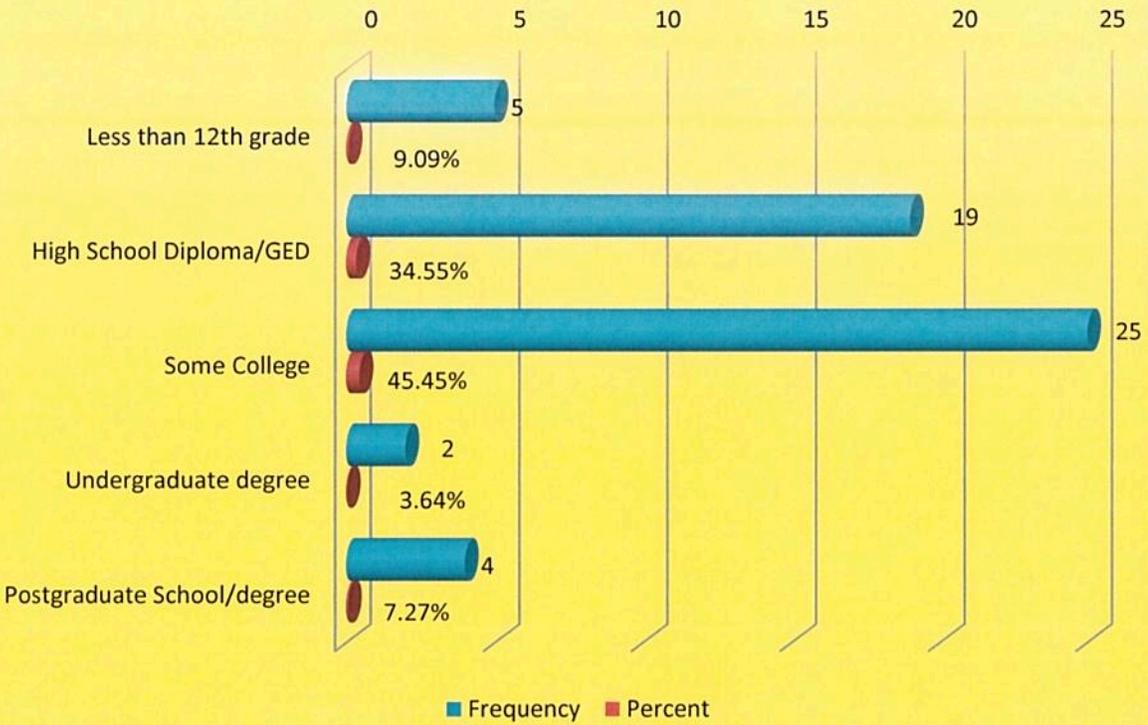
N=57 Missing=2

**Figure 2. Percentage Distribution of Responses by Sexual Orientation**



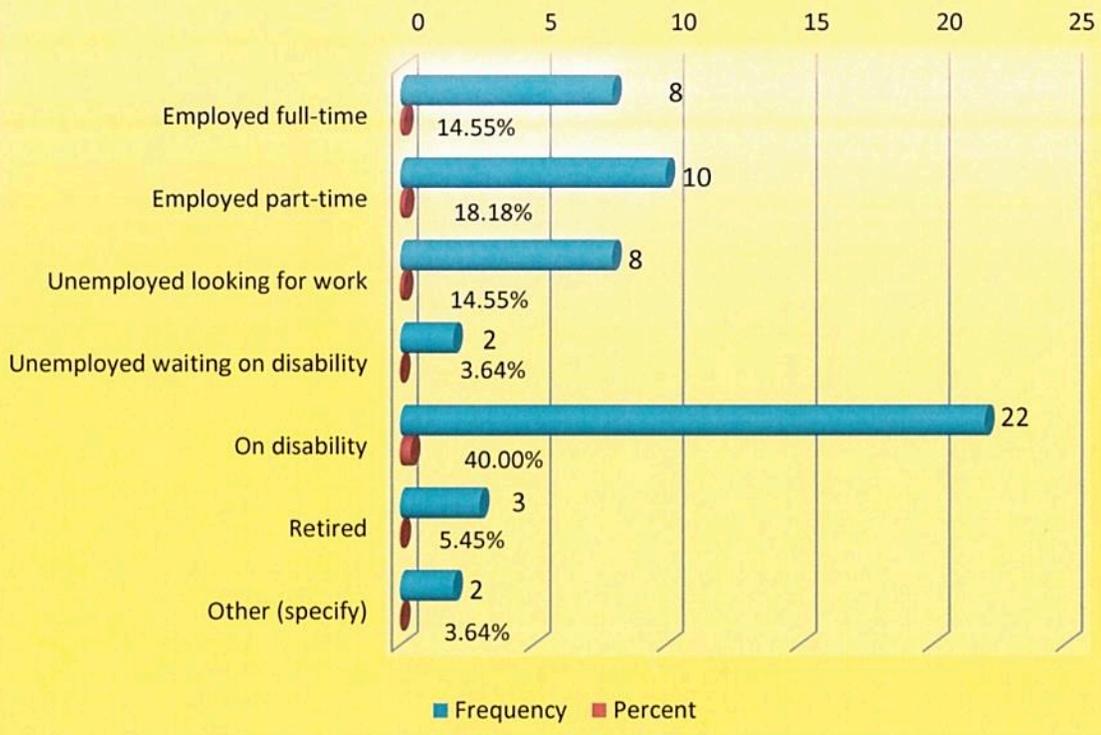
N=48 Missing=11

Table 3. Percentage Distribution of Respondents by Educational Level



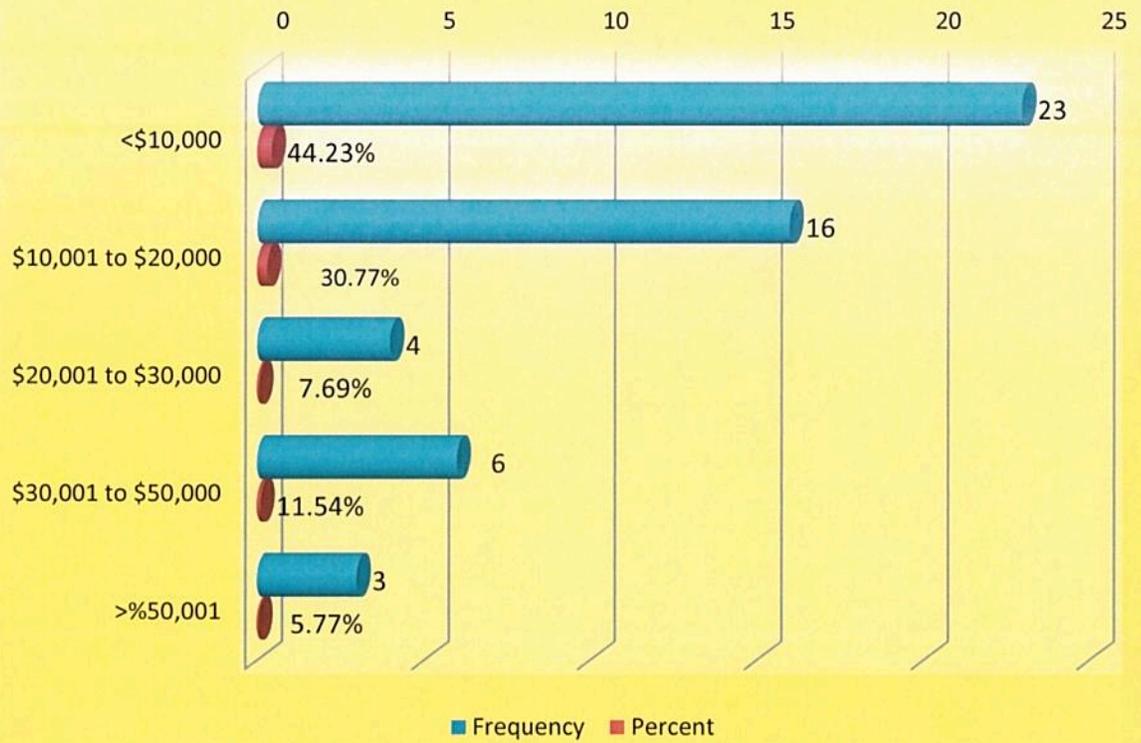
N=55 Missing=4

Table 4. Percentage Distribution of Respondents by Employment Status



N=55 Missing=4

Table 5. Percentage of Distribution of Respondents by Household Income



N=52 Missing=7

Figure 3. Percentage Distribution of Health Insurance by Race/Ethnicity

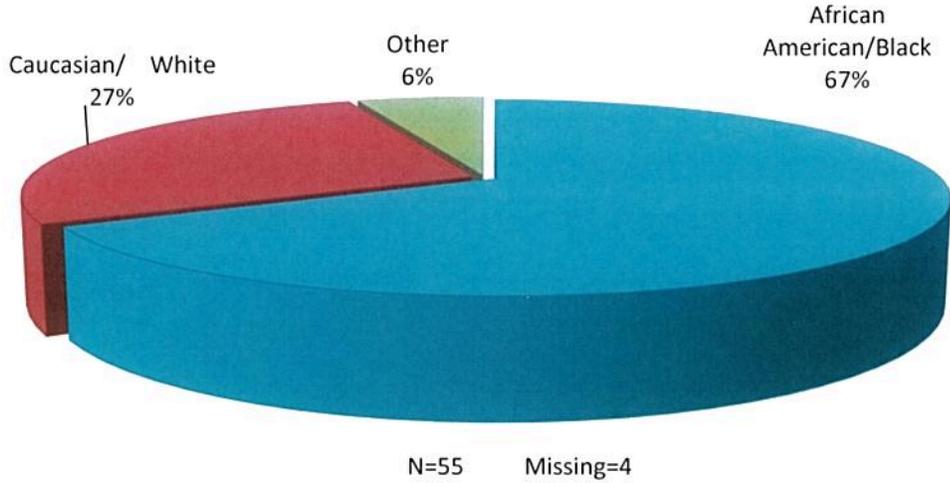


Figure 4. Percentage Distribution of Respondents by Type of Health Insurance

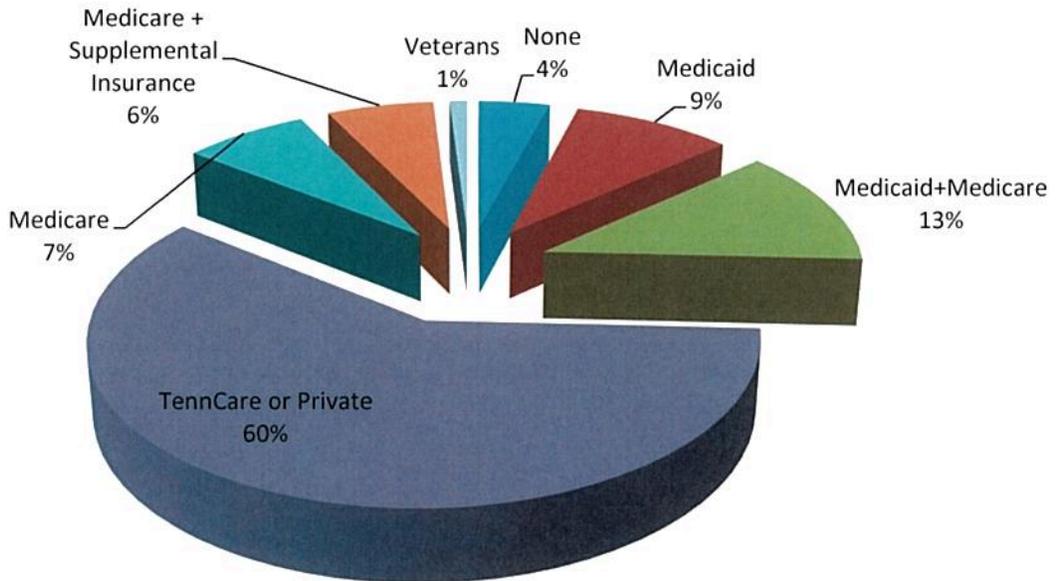
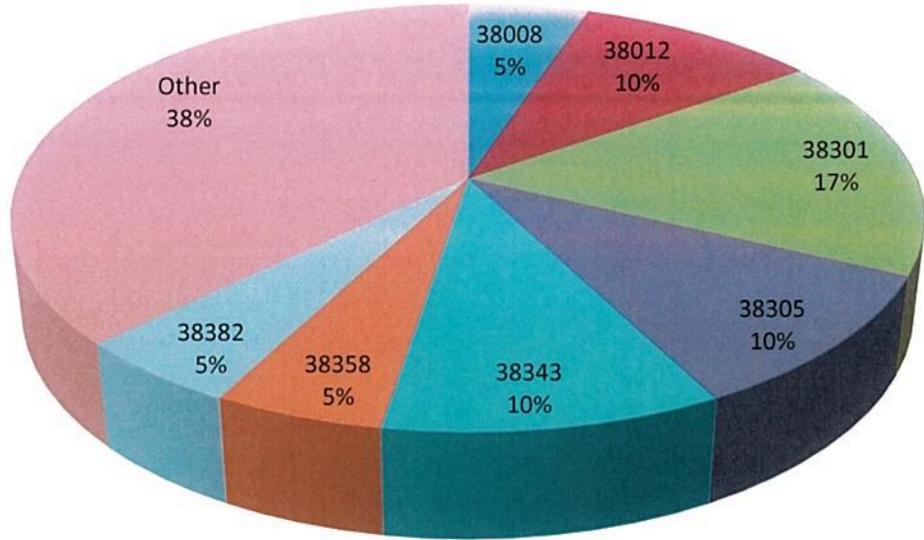
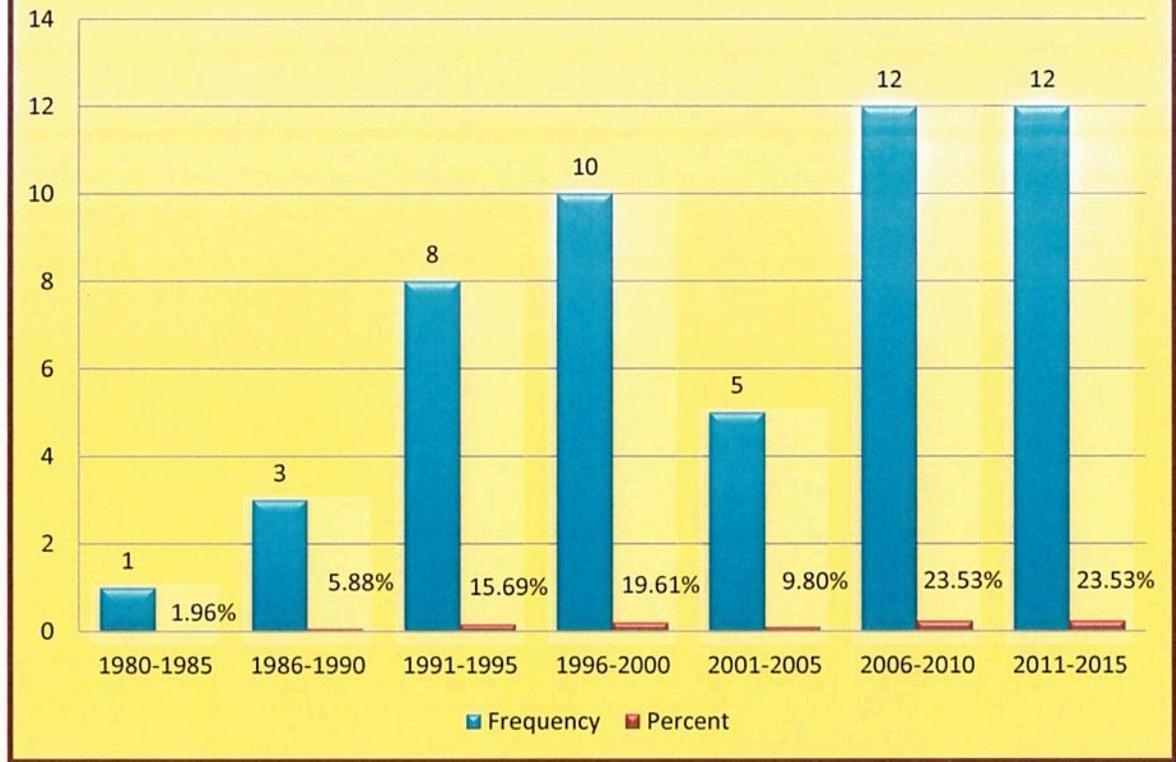


Figure 5. Percentage Distribution of Respondents by Zip Code



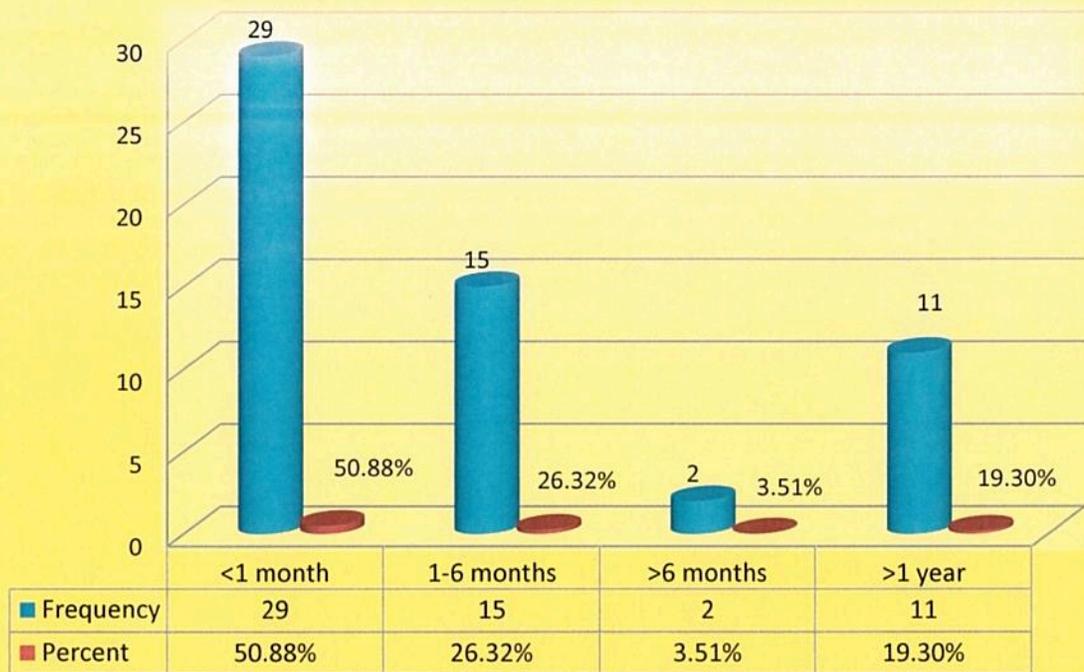
# Health Information

Table 7. Percentage Distribution of Respondents by Year First Tested Positive

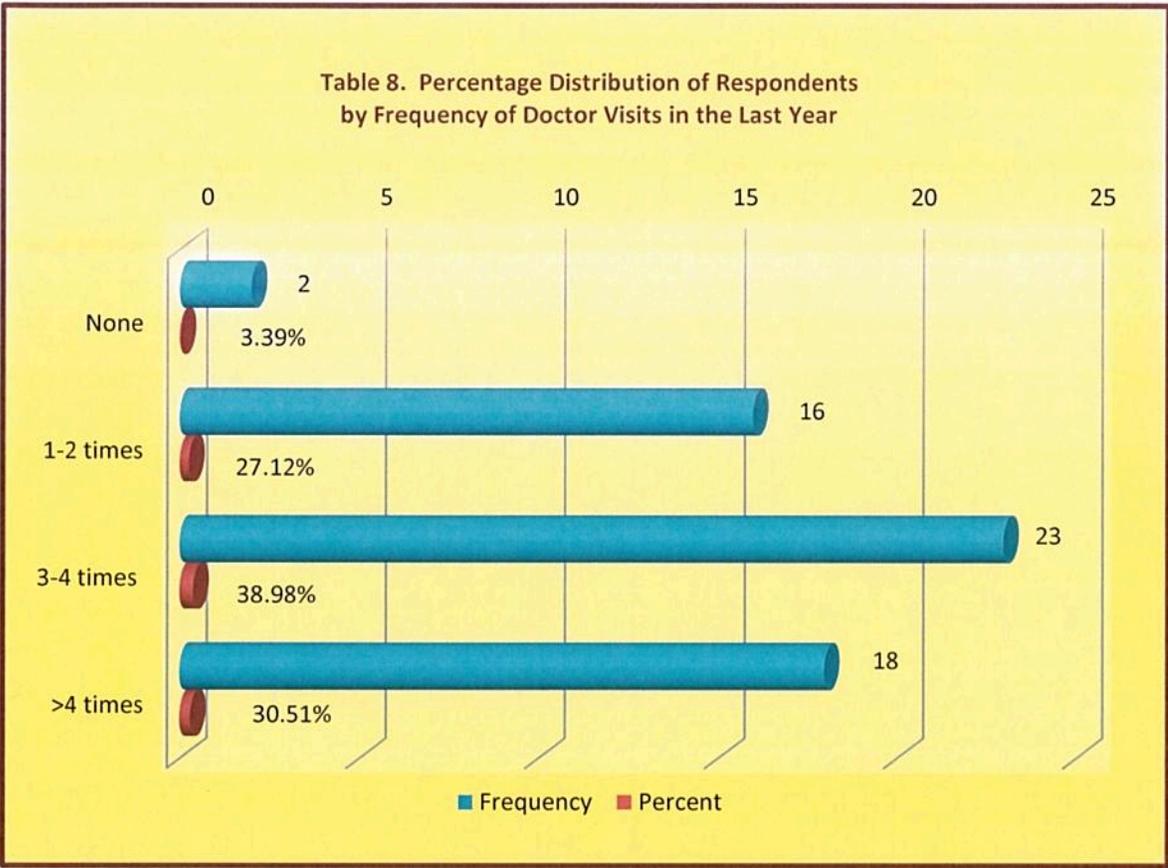


N=51 Missing=8

Table 6. Percentage Distribution of Respondents by Duration in Months after Testing Positive for HIV before Receiving Services



N=57 Missing=2



**Table 9. Respondents by Source of HIV Infection?**

	Response	Percent
Having sex with men	38	64.41%
Having sex with women	8	13.56%
Sharing needles or works	3	5.08%
Born with HIV	0	0%
Occupational exposure	0	0%
Blood products or transfusion	1	1.69%
Don't know	10	16.95%

**Table 10. What would have helped you get HIV care sooner after testing?**

	Response	Percent
Nothing-I got help right away	43	72.88%
Knowing how important early care was for my health	7	11.86%
Not having to take care of family/other people	0	0%
Knowing who to call/where to go	6	10.17%
Not using drugs/alcohol	4	6.78%
Not being so afraid	8	13.56%
Other	3	5.08%

**Table 11. Source of the MOST information about HIV treatment**

	Response	Percent
Doctor/Nurse Practitioner	57	96.61%
Nurse/Other Healthcare Worker	4	6.78%
Case Manager/Social Worker	4	6.78%
Friend(s)	2	3.39%
Support Groups	0	0%
Newspapers/books	1	1.69%
The Internet	1	1.69%
Other (specify)	2	3.39%

**Table 12. Three Most important Ryan White services currently offered in the West Tennessee area**

	Response	Percent
Doctor visits & lab tests	49	83.05%
Medications	42	71.19%
Dental care	49	83.05%
Emergency rent and utility assistance	8	13.56%
Food and household items voucher	11	18.64%
Case management	8	13.56%
Transportation to care appointments	4	6.78%
Help paying for health insurance premiums (IAP)	11	18.64%
HIV prevention education (for positive)	5	8.47%
Information and referral to services	2	3.39%
Treatment adherence counseling	1	1.69%

## Healthcare Services Needs

Healthcare Services Needs

Table 13. HIV Healthcare Services needs in the last year by Needed Received/Did Not Receive

	Did not need	Needed & receive	Needed & DID NOT receive
See a doctor or a specialist?	18 (32.14%) -	37 (66.07%) <b>(97.37%)</b>	1 (1.79%) <b>(2.63%)</b>
Get laboratory or other diagnostic test?	15 (27.27%) -	39 (70.91%) <b>(97.5%)</b>	1 (1.82%) <b>(2.5%)</b>
See an eye doctor?	16 (32%) -	17 (34%) <b>(50%)</b>	17 (34%) <b>(50%)</b>
Get help paying for drugs?	20 (36.36%) -	29 (52.73%) <b>(82.86%)</b>	6 (10.91%) <b>(17.14%)</b>
See a dentist?	15 (28.85%) -	23 (44.23%) <b>(62.16%)</b>	14 (26.92%) <b>(37.84%)</b>
See a mental health counselor?	40 (75.47%) -	10 (18.87%) <b>(76.92%)</b>	3 (5.66%) <b>(23.08%)</b>
Enroll in a drug treatment program?	47 (88.68%) -	4 (7.55%) <b>(66.67%)</b>	2 (3.77%) <b>(33.33%)</b>
Get in-home care?	50 (94.34%) -	3 (5.66%) <b>(100%)</b>	0 (0%) <b>(0%)</b>
Get home medical or health supplies?	50 (92.59%) -	3 (5.56%) <b>(75%)</b>	1 (1.85%) <b>(25%)</b>
See a physical therapist?	45 (83.33%) -	7 (12.96%) <b>(77.78%)</b>	2 (3.7%) <b>(22.22%)</b>
See a rehabilitation therapist?	48 (92.31%) -	2 (3.85%) <b>(50%)</b>	2 (3.85%) <b>(50%)</b>
Enroll in drug prevention program?	49 (94.23%) -	2 (3.85%) <b>(66.67%)</b>	1 (1.92%) <b>(33.33%)</b>
Use Children's HIV care?	49 (94.23%) -	2 (3.85%) <b>(66.67%)</b>	1 (1.92%) <b>(33.33%)</b>
Stay in a nursing home?	50 (96.15%) -	1 (1.92%) <b>(50%)</b>	1 (1.92%) <b>(50%)</b>
Enroll in hospice care?	50 (96.15%) -	1 (1.92%) <b>(50%)</b>	1 (1.92%) <b>(50%)</b>

# Support Services Needs

## Support Services Needs

**Table 14. HIV Support Services needs in the last year by Needed Received/Did not Receive**

	Did not need	Needed & receive	Needed & DID NOT receive
See a case manager?	26 (48.15%)	26 (48.15%)	2 (3.7%)
	-	<b>(92.86%)</b>	<b>(7.14%)</b>
Talk to an HIV+ peer advocate?	42 (84%)	5 (10%)	3 (6%)
	-	<b>(62.5%)</b>	<b>(37.5%)</b>
Get legal assistance or advice?	37 (72.55%)	11 (21.57%)	3 (5.88%)
	-	<b>(78.57%)</b>	<b>(21.43%)</b>
Attend a support group?	45 (86.54%)	2 (3.85%)	5 (9.62%)
	-	<b>(28.57%)</b>	<b>(71.43%)</b>
Get spiritual counseling or support	46 (90.2%)	4 (7.84%)	1 (1.96%)
	-	<b>(80%)</b>	<b>(20%)</b>
Get grief counseling?	44 (88%)	3 (6%)	3 (6%)
	-	<b>(50%)</b>	<b>(50%)</b>
Get education about HIV treatments?	35 (68.63%)	13 (25.49%)	3 (5.88%)
	-	<b>(81.25%)</b>	<b>(18.75%)</b>
Get help taking my HIV drugs?	45 (88.24%)	5 (9.8%)	1 (1.96%)
	-	<b>(83.33%)</b>	<b>(16.67%)</b>
Get help with translation/interpreting?	47 (92.16%)	3 (5.88%)	1 (1.96%)
	-	<b>(75%)</b>	<b>(25%)</b>
Get education non-medical HIV services?	43 (84.31%)	6 (11.76%)	2 (3.92%)
	-	<b>(75%)</b>	<b>(25%)</b>
Get food voucher?	24 (47.06%)	21 (41.18%)	6 (11.76%)
	-	<b>(77.78%)</b>	<b>(22.22%)</b>
Get childcare?	49 (96.08 %)	1 (1.96%)	1 (1.96%)
	-	<b>(50%)</b>	<b>(50%)</b>
Get transportation to medical appointments?	37 (72.55%)	12 (23.53%)	2 (3.92%)
	-	<b>(85.72%)</b>	<b>(14.28%)</b>

## Other Services Needs

## Other Services

Table 15. Other Services in the last year by Needed Received/Did Not Receive

	Did not need	Needed & receive	Needed & DID NOT receive
Get help applying for disability?	41 (77.36%)	7 (13.21%)	5 (9.43%)
	-	(58.33%)	(41.67%)
Get help applying for Medicaid?	45 (84.91%)	6 (11.32%)	2 (3.77%)
	-	(75%)	(25%)
Get help applying for Medicare?	46 (86.79%)	6 (11.32%)	1 (1.89%)
	-	(85.71%)	(14.29%)
Get help applying for a Medicare drug plan?	44 (83.02%)	7 (13.21%)	2 (3.77%)
	-	(77.78%)	(22.22%)
Get help applying for Food Stamps?	41 (77.36%)	8 (15.09%)	4 (7.55%)
	-	(66.67%)	(33.33%)
Get help with TennCare or private insurance?	41 (77.36%)	11 (20.75%)	1 (1.89%)
	-	(91.67%)	(8.33%)
Get emergency food?	40 (78.43%)	9 (17.56%)	2 (3.92%)
	-	(81.82%)	(18.18%)
Get emergency payments for housing?	47 (90.38%)	2 (3.85%)	3 (5.77%)
	-	(40%)	(60%)
Get short-term housing assistance?	49 (94.23%)	1 (1.92%)	2 (3.85%)
	-	(33.33%)	(66.67%)
Get help with paying utilities?	42 (80.77%)	3 (5.77%)	7 (13.46%)
	-	(30%)	(70%)
Get clothing?	47 (88.68%)	4 (7.55%)	2 (3.77%)
	-	(66.67%)	(33.33%)
Get financial counseling?	51 (96.23%)	1 (1.89%)	1 (1.89%)
	-	(50%)	(50%)
Get help with housework or cooking?	49 (92.45 %)	1 (1.89%)	3 (5.66%)
	-	(25%)	(75%)
Get a volunteer companion (buddy)?	50 (94.34%)	1 (1.89%)	2 (3.77%)
	-	(33.33%)	(66.67%)
Get information on alternative medicine (herbs)?	50 (96.15%)	1 (1.92%)	1 (1.92%)
	-	(50%)	(50%)
Get domestic violence services?	52 (98.11%)	0 (0%)	1 (1.89%)
	-	(0%)	(100%)
Get employment training and/or counseling?	48 (92.31%)	1 (1.92%)	3 (5.77%)
	-	(25%)	(75%)

## Barriers to Care

## Barriers to Care

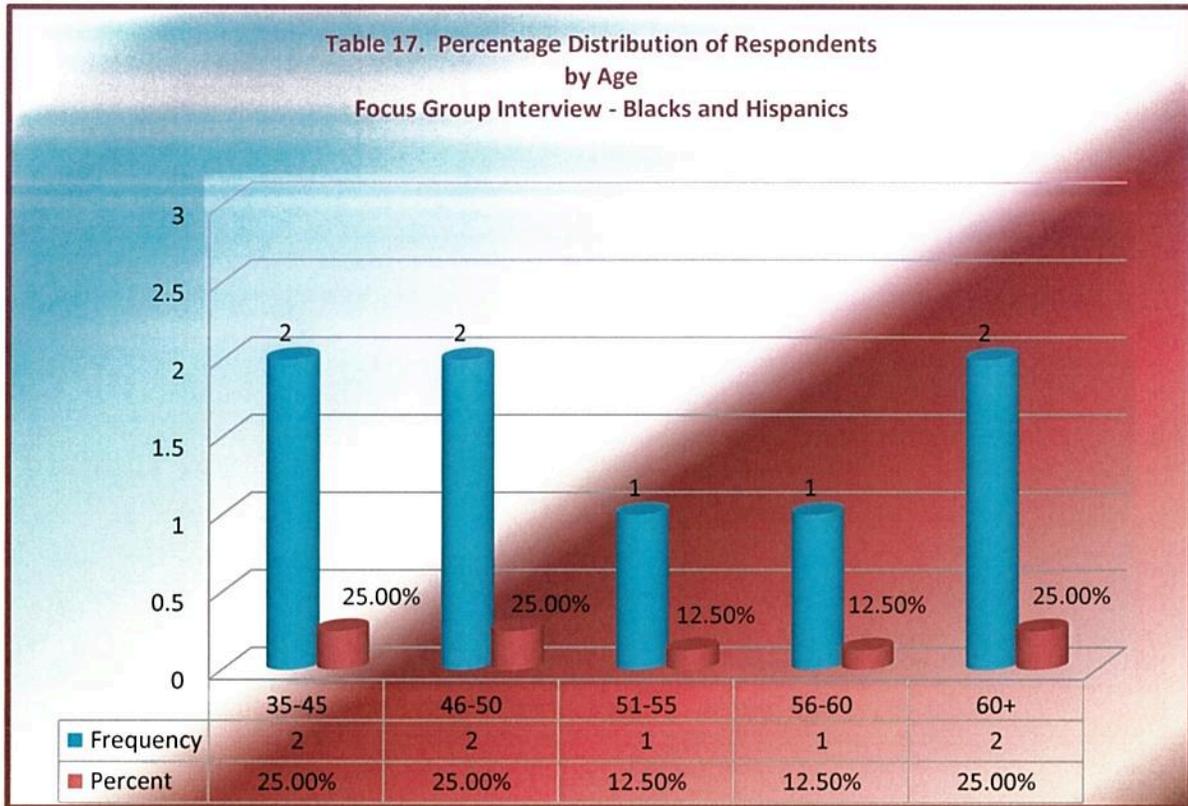
**Table 16. During the past year, have you had difficulty getting HIV services for any of the following reason?**

	<b>Yes</b>	<b>No</b>
<b>The cost of drugs or services</b>	5 (9.09%)	50 (90.91%)
<b>Waiting list for services</b>	3 (5.45%)	52 (94.55%)
<b>Long wait to be seen at office or clinic</b>	3 (5.45%)	52 (94.55%)
<b>Lack of transportation</b>	2 (3.7%)	52 (96.3%)
<b>Lack of childcare</b>	2 (3.7%)	52 (96.3%)
<b>Language barrier/communication problems</b>	2 (3.7%)	52 (96.3%)
<b>Lack of trust that my care would be confidential</b>	5 (9.26%)	49 (90.74%)
<b>Fear of disclosing HIV status</b>	8 (14.81%)	46 (85.19%)
<b>Services not available</b>	2 (3.85%)	50 (96.15%)
<b>Did not qualify financially</b>	6 (11.11%)	48 (88.89%)
<b>Discrimination because of gender (male/female)</b>	2 (3.7%)	52 (96.3%)
<b>Discrimination because of sexual orientation (gay/lesbian/bisexual)</b>	2 (3.7%)	52 (96.3%)
<b>Discrimination because of sexual identity (transgender)</b>	2 (3.7%)	52 (96.3%)
<b>Discrimination because of race</b>	2 (3.7%)	52 (96.3%)
<b>Did not know where to go for services</b>	7 (12.73%)	48 (87.27%)

# FOCUS GROUP INTERVIEWS

## Blacks and Hispanics

## Demographics



**Table 18. Percentage Distribution of Respondents  
by Gender  
Focus Group Interview - Blacks and Hispanics**

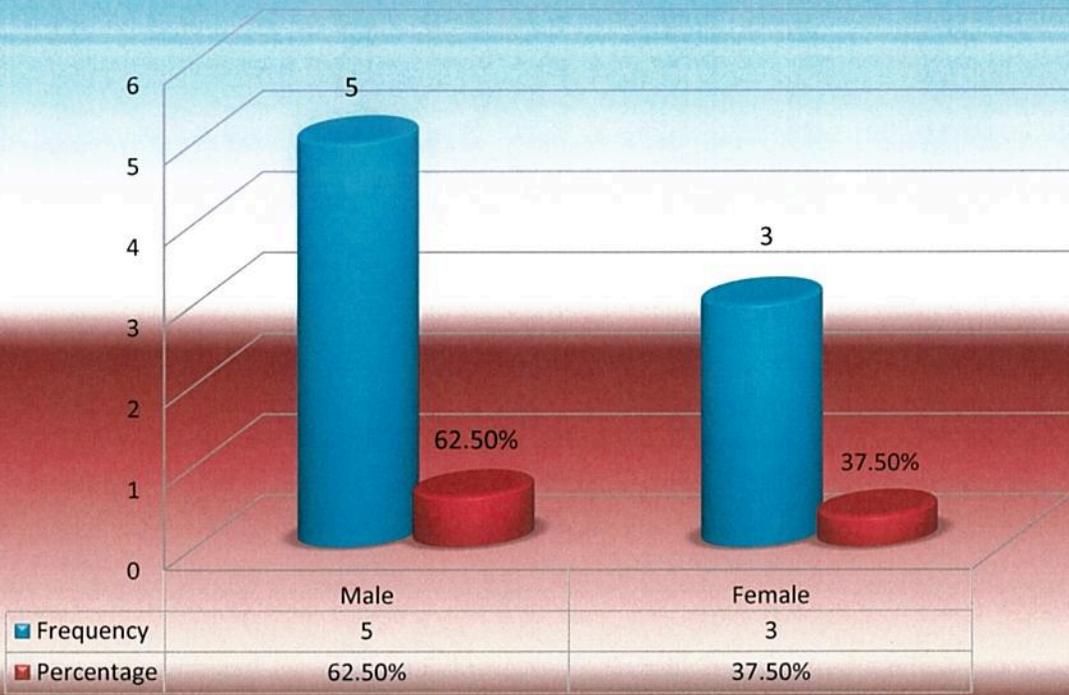
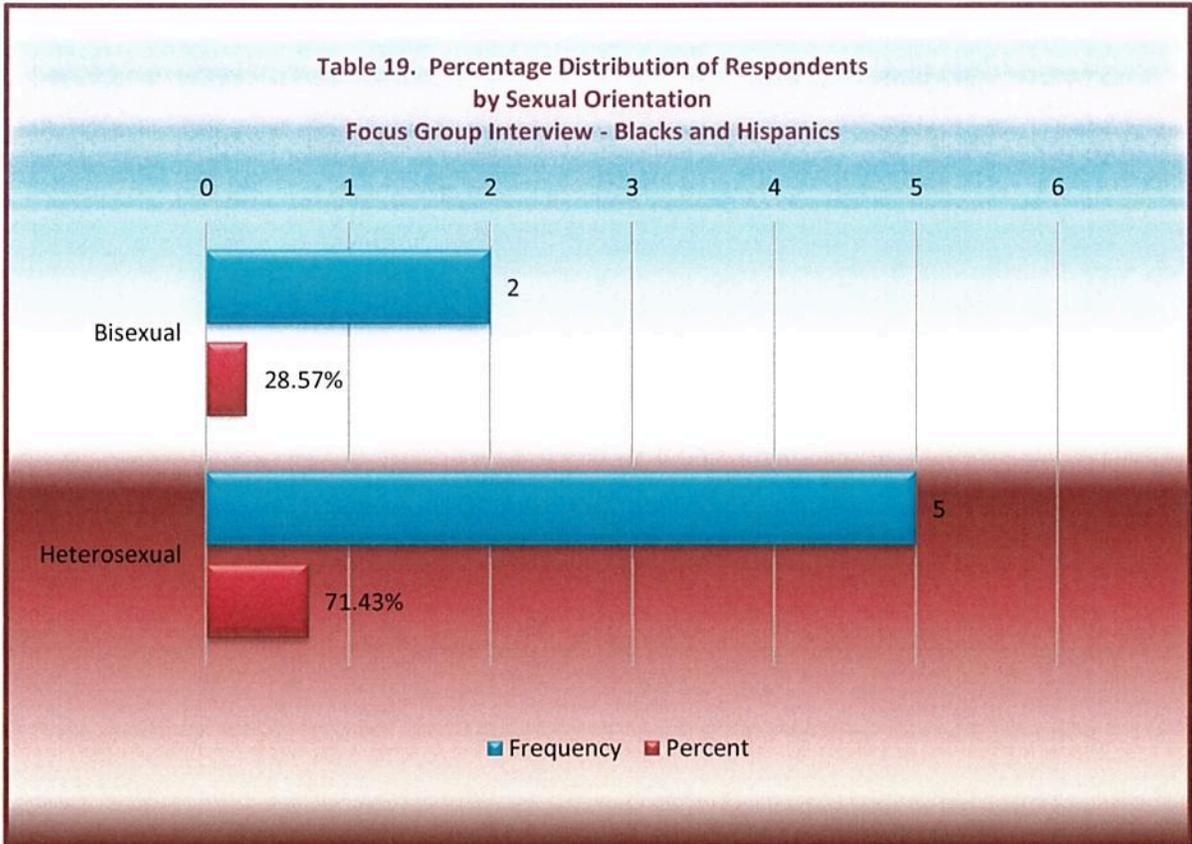
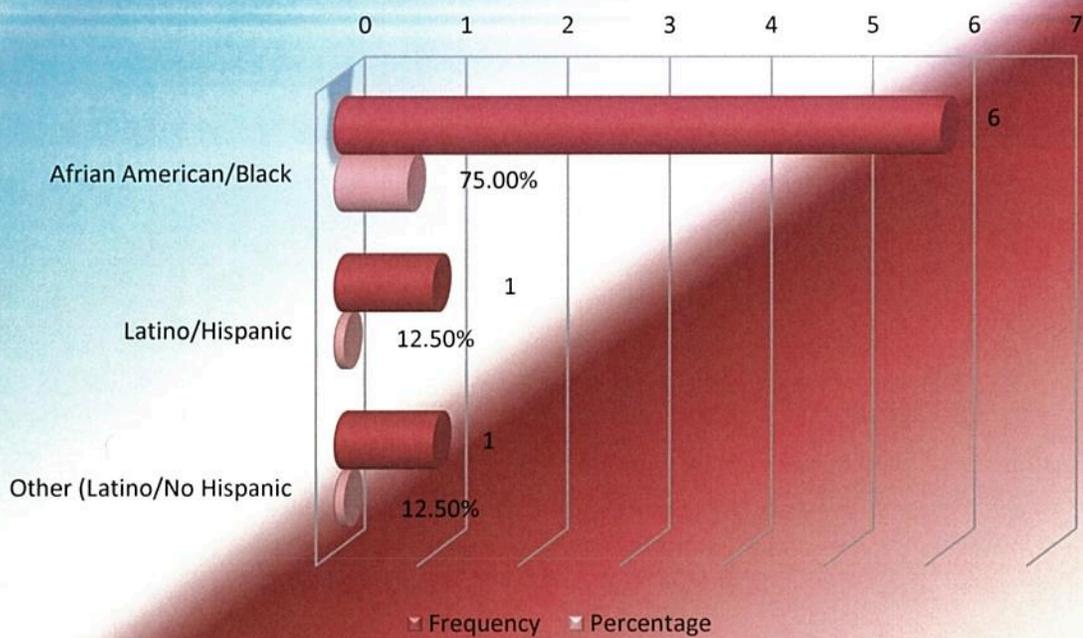


Table 19. Percentage Distribution of Respondents  
by Sexual Orientation  
Focus Group Interview - Blacks and Hispanics



N=7 Missing=1

Table 20. Percentage Distribution of Respondents  
by Race/Ethnicity  
Focus Group Interview - Blacks and Hispanics



### BOX 1. Services Provided

Category	Response
<b>Working need to be continued</b>	<ul style="list-style-type: none"><li>▪ Medical and Support services</li><li>▪ Gas vouchers</li><li>▪ Food vouchers</li></ul>
<b>Working need to be expanded</b>	<ul style="list-style-type: none"><li>▪ Food vouchers</li><li>▪ Transportation</li><li>▪ Dental</li><li>▪ Housing</li><li>▪ Providing information</li><li>▪ Rent/Utilities assistance</li></ul>
<b>Not working and need to be discontinued</b>	<ul style="list-style-type: none"><li>• None</li></ul>
<b>Other services that need to be added</b>	<ul style="list-style-type: none"><li>▪ Transportation-Other options</li><li>▪ Information</li><li>▪ Vision</li></ul>

---

### Box 2. Provider Involvement

Category	Response
Satisfaction	<ul style="list-style-type: none"><li>▪ Awesome</li><li>▪ Good</li><li>▪ More Open</li></ul>
Strengths	<ul style="list-style-type: none"><li>▪ Polite</li><li>▪ Educated</li></ul>
Weakness	<ul style="list-style-type: none"><li>▪ Transportation</li><li>▪ Gas voucher</li></ul>

---

### Box 3. Barriers to Services

Category	Response
Length of services	<ul style="list-style-type: none"><li>• Gas vouchers, once per month</li></ul>
Food Voucher	<ul style="list-style-type: none"><li>• You can only buy food</li><li>• Changed to Walmart gift card</li></ul>
Lack of information	<ul style="list-style-type: none"><li>• Lack of information provided about services available</li></ul>
Lack of funds	<ul style="list-style-type: none"><li>• Increase food voucher allowance</li><li>• Increase gas voucher allowance</li><li>• Funds depleted prior to end of service year</li></ul>
Cutbacks	<ul style="list-style-type: none"><li>• Food voucher</li><li>• Gas voucher</li><li>• Rent/utilities assistance</li></ul>

---

#### Box 4. Overcoming Barriers

Category	Response
Information	<ul style="list-style-type: none"><li>▪ Provide more information</li><li>▪ Monthly</li><li>▪ Support groups</li></ul>
Gas Vouchers	<ul style="list-style-type: none"><li>▪ Should be based on distance travelled</li><li>▪ Increase gas voucher</li><li>▪ Consider using Southwest Transportation for travel</li></ul>
Faith community leaders	<ul style="list-style-type: none"><li>▪ Get the churches involved</li><li>▪ Use the churches to provide information about services, prevention</li></ul>

## Discussant Quotes

### BOX 5. Services working and need to be expanded

- *“The transportation or another type of transportation that links up with Southwest or Med. Some type of other transportation other*

### BOX 6. Provider Involvement

- *“I think the nurses are very polite and educated. I think the doctors and providers they send us are great. We haven't had any bad experiences with any of them. Dr. Guidi is ours. You can't beat him. If he wasn't around, I probably wouldn't be in care right now. He's like a dad to me, really.”*
- *“I don't like the dentist. I think they know it is Ryan White service and uh, that may be just me, but I feel like they discriminated. Dentists aren't just specifically dentists for HIV patients. I've been to this dentist being HIV positive and you tell the way they react, the way they treat you.”*
- *“A lot of pastors hung up on, think everybody that contract HIV is got to be gay.....and they got a stigma on that. And the church is supposed to have availability for everybody and all things.”*



1. How long have you been receiving Ryan White medical and support services?
  2. Of the services and programs provided by Ryan White in your area, what services and programs do you think are:
    - a. Working and need to be continued?
    - b. Working and need to be expanded (to other groups, what other groups?)
    - c. Not working and need to be discontinued?
  3. What other types of services do you think need to be added to the current services provided by Ryan White in your area?
  4. While using the Ryan White services, have you:
    - a. Experienced or know about any challenges or barriers to services?
    - b. What do you think should be done to overcome barriers?
  5. Do you think that your background and beliefs may have something to do with using the Ryan White services in your area?
  6. In general, what do you see as the strengths of the services provided by Ryan White in your area? What do you see as the weaknesses?
  7. Is there any other thing you want to add?
-

# TRANSGENDER

## TRANSGENDER

*Note: This group of participants was unaware of the focus group objectives. Also, participants reported not being HIV/AIDS positive or Ryan White consumers; however, due to participants' sexual orientation and lifestyle, they were considered at-risk of contracting HIV/AIDS.*

*Additionally, the Transgender Focus Group Interview Guide was not utilized due to the questions targeted HIV/AIDS positive and Ryan White consumers. However, participants willingly participated in the interview. Interview results are presented below.*

### Demographics

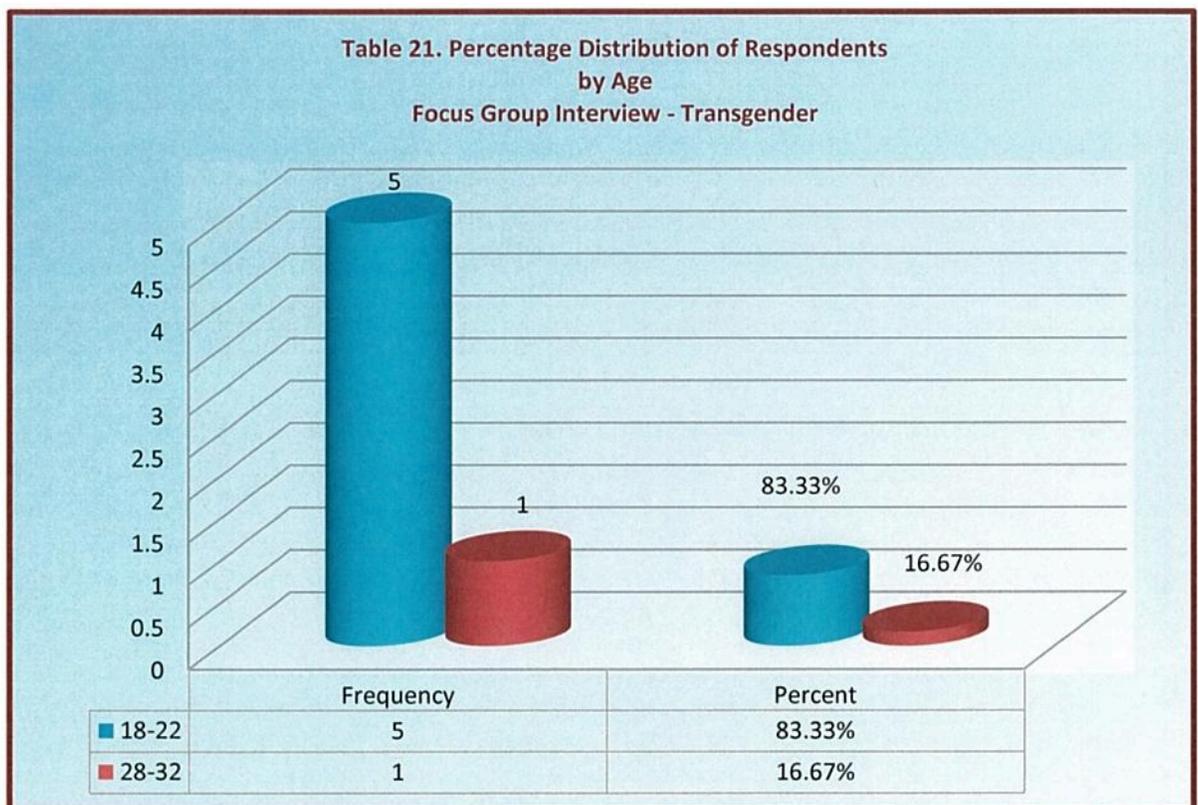


Figure 6. Percentage Distribution of Respondents by Gender  
Focus Group Interview - Transgender

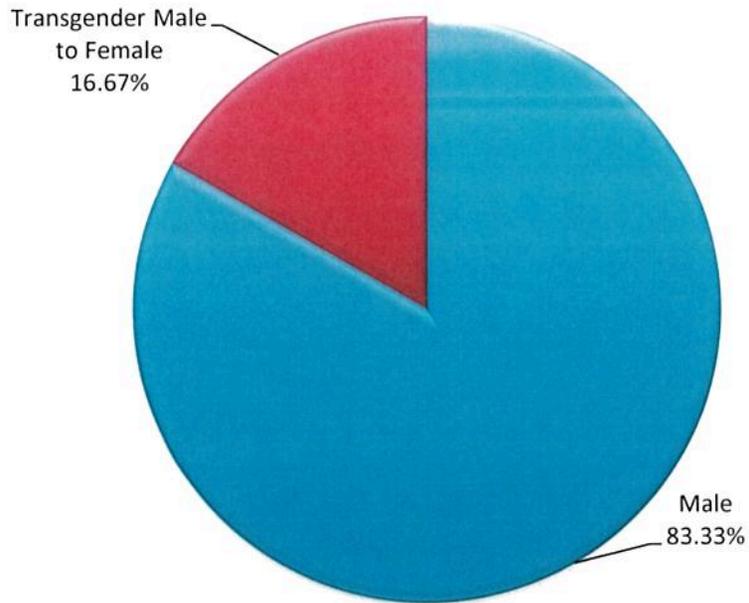
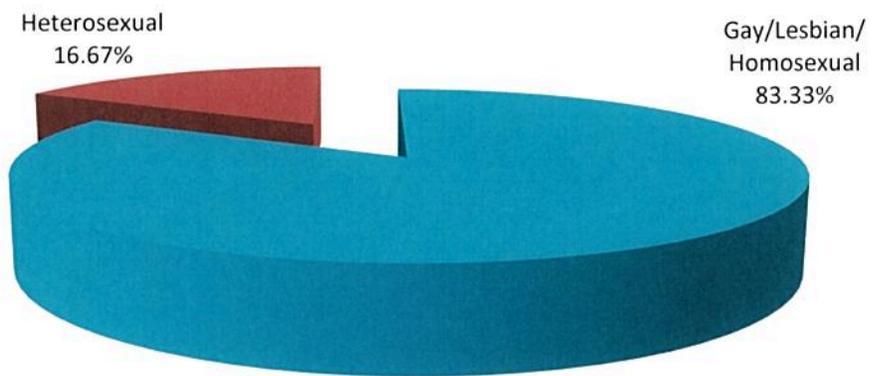


Figure 7. Percentage Distribution of Respondents by Sexual Orientation  
Focus Group Interview -Transgender



**Box 8. Percentage Distribution of Respondents by Race/Ethnicity**

**Box 9. Services Needed**

Category	Response
Do you need services	<ul style="list-style-type: none"> <li>▪ <i>“Everybody in here needs that. Living this lifestyle is not easy.”</i></li> </ul>
Would you accept services?	<ul style="list-style-type: none"> <li>▪ <i>“Most definitely.”</i></li> </ul>
How can RW reach the LGBT Community	<ul style="list-style-type: none"> <li>▪ <i>“Social media.”</i></li> <li>▪ <i>“...a team should be established to go to different universities..., in rural areas, the surroundings of Jackson.”</i></li> <li>▪ <i>“Start in communities.”</i></li> <li>▪ <i>“Start in colleges.”</i></li> </ul>
Services that are needed	<ul style="list-style-type: none"> <li>▪ <i>“Information.”</i></li> </ul>

**Box 10. Source of HIV/AIDS Information**

Category	Response
Where do you get most of information from	<ul style="list-style-type: none"><li>▪ Google</li><li>▪ Pamphlets</li><li>▪ Functions</li><li>▪ Health Department</li><li>▪ School</li></ul>
Type of information	<ul style="list-style-type: none"><li>▪ Prevention</li><li>▪ Awareness</li></ul>

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**Box 11. Barriers to seeking services**

Category	Response
Fear of other people knowing	<ul style="list-style-type: none"><li>• <i>"It was for me."</i></li><li>• <i>"...as long as my momma knew and my family knew, I didn't care about nobody else."</i></li></ul>

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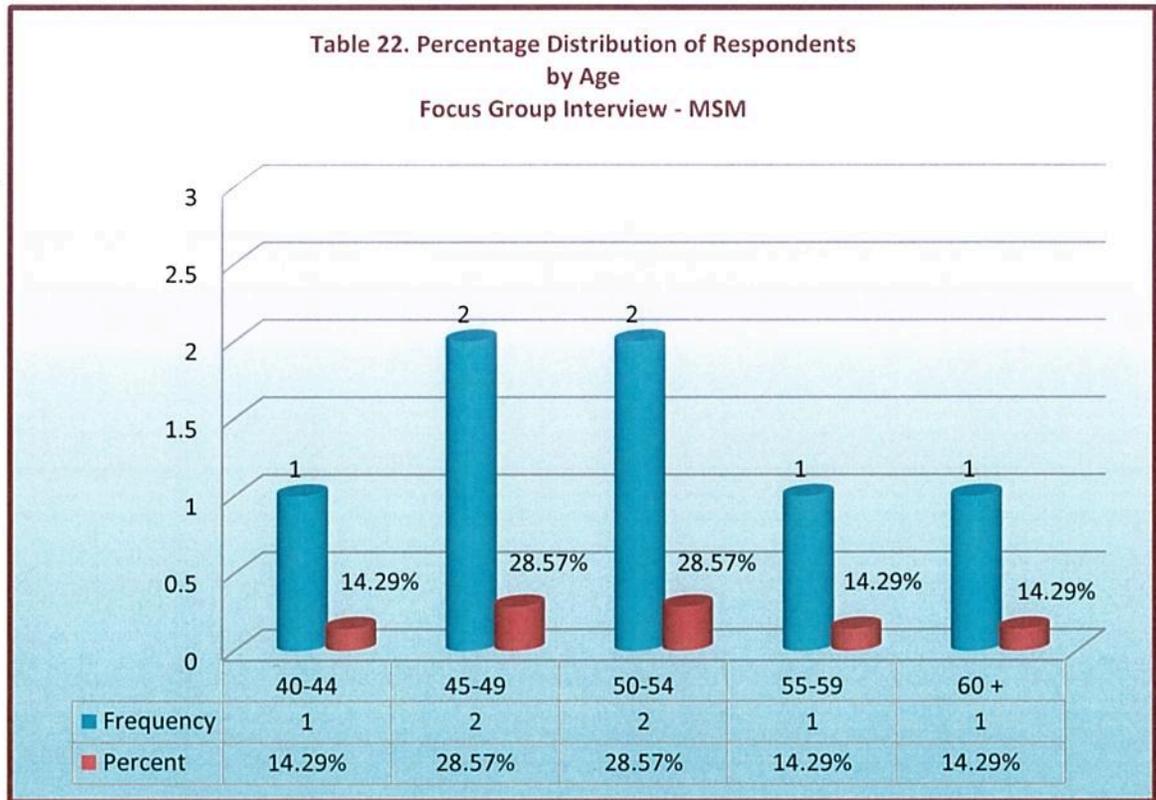
## Discussant Quotes

### BOX 12. How Ryan White can reach us

- *“Ryan White can reach us in the social media..”*

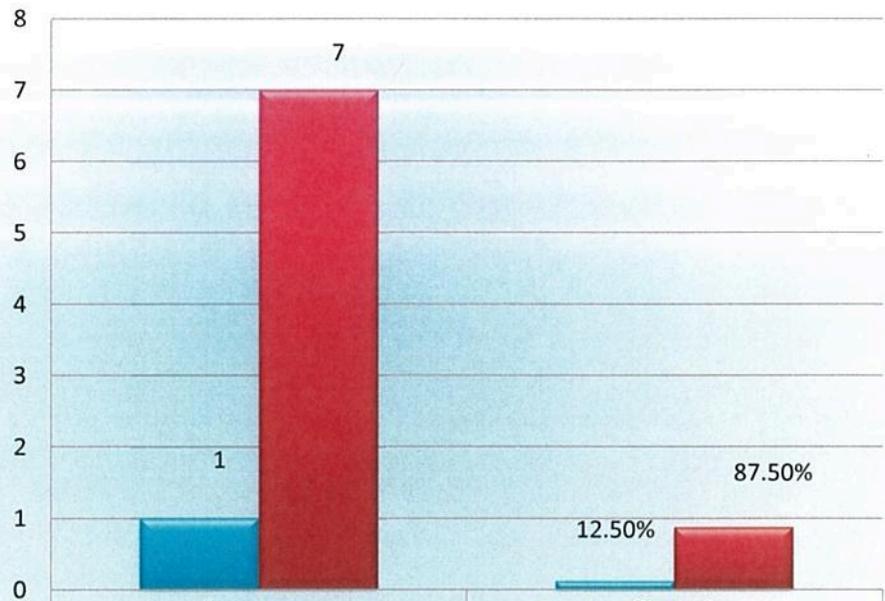
**MSM**  
**(Men who have sex with men)**

## Demographics



N=7 Missing=1

**Table 23. Percentage Distribution of Respondents  
by Race/Ethnicity  
Focus Group Interview-MSM**

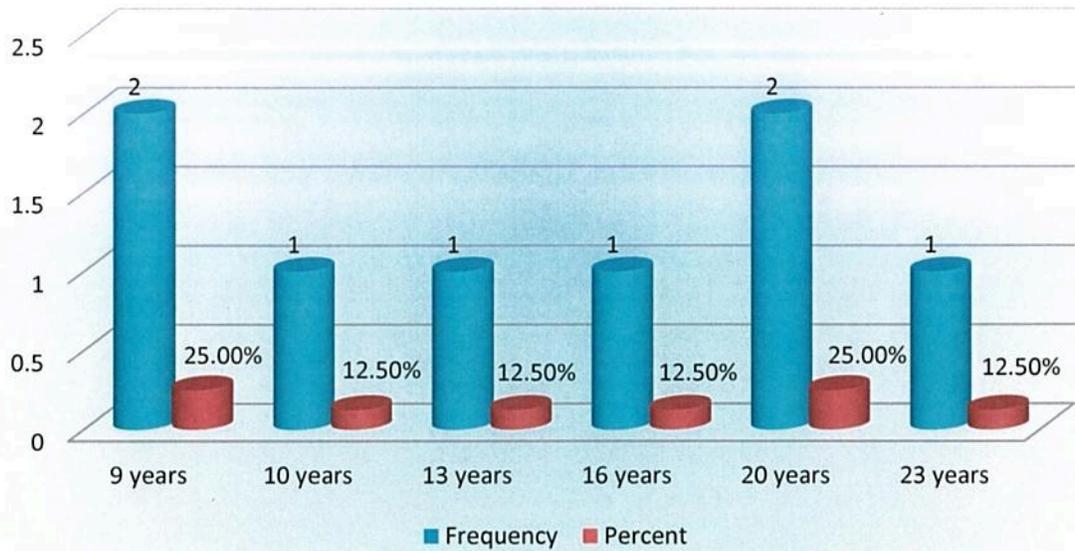


	Frequency	Percent
■ African American/Black	1	12.50%
■ Caucasian/White	7	87.50%

BOX 13. Services Provided

Category	Response
<b>Working need to be continued</b>	<ul style="list-style-type: none"><li>▪ Food voucher</li><li>▪ Gas vouchers</li><li>▪ Dental</li><li>▪ Support</li><li>▪ Insurance assistance plan</li><li>▪ Legal assistance</li></ul>
<b>Working need to be expanded</b>	<ul style="list-style-type: none"><li>▪ Insurance assistance plan</li><li>• Providing information on available services</li></ul>
<b>Not working and need to be discontinued</b>	<ul style="list-style-type: none"><li>▪ Don't know</li></ul>
<b>Other services that need to be added</b>	<ul style="list-style-type: none"><li>▪ Food pantries</li><li>▪ Support groups</li><li>▪ AIDS services organization</li><li>▪ Local building to disseminate information and provide services</li></ul>

**Table 24. Percentage Distribution of Respondents by How long receiving services  
Focus Group Interview- MSM**



**BOX 14. Provider Involvement**

Category	Response
<b>Satisfaction</b>	<ul style="list-style-type: none"> <li>▪ Dr. Guidi is exceptional</li> <li>▪ Very good</li> <li>▪ More open</li> </ul>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>▪ They are going to help</li> <li>▪ It doesn't matter what color you are.</li> <li>▪ If they got the money, they are going to help.</li> <li>▪ Food vouchers</li> <li>▪ Gas vouchers</li> </ul>
<b>Weaknesses</b>	<ul style="list-style-type: none"> <li>▪ Overload</li> </ul>

**BOX 15. Barriers to Services**

<b>Category</b>	<b>Response</b>
<b>Housing</b>	<ul style="list-style-type: none"><li>• Too difficult to get assistance</li></ul>
<b>Food Voucher</b>	<ul style="list-style-type: none"><li>• Lack of information provided about services available</li></ul>
<b>Lack of information</b>	<ul style="list-style-type: none"><li>• Increase food voucher allowance</li><li>• Increase gas voucher allowance</li><li>• Fading of different services and nothing replacing them</li></ul>
<b>Lack of funds</b>	<ul style="list-style-type: none"><li>• Lack of information of available services</li></ul>
<b>Rural counties</b>	<ul style="list-style-type: none"><li>• Afraid/fear</li><li>• Stigma</li><li>• Health departments lack of information</li></ul>
<b>Effect of Changes</b>	<ul style="list-style-type: none"><li>• Confusing</li><li>• A lot of it is not going to be fair</li><li>• Food vouching disappearing except in case of emergencies</li></ul>

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## BOX 16. Overcoming Barriers

Category	Response
Information	<ul style="list-style-type: none"><li>▪ Communication</li><li>▪ Cooperation</li><li>▪ Education</li><li>▪ Increased funds</li><li>▪ More leniency</li></ul>
Launch a campaign	Using a phrase: <ul style="list-style-type: none"><li>▪ “Promote”</li><li>▪ “It’s needed.”</li><li>▪ “We are here to help”</li><li>▪ “We’re listening”</li><li>▪ “We accept you”</li><li>▪ “Open arms”</li><li>▪ “Everyone’s welcome”</li><li>▪ “Each one reach one”</li></ul>

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## Discussant Quotes

### BOX 17. Knowledge about Ryan White services provided by West Tennessee Legal Services

• *“Basically from what I’ve learned, the main thing that it provides is housing, dental, vision, if you need mental health or psychiatry, or whatever, then Ryan White is there to help. Uh with your teeth, sometimes it even helps you if you need to quit smoking.”*

**BOX 18. Services working and needs to be expanded**

- *“Okay. This may be wrong to bring this but, this is a concern of mine. I have Medicare but I don’t qualify for TennCare; therefore, the 20%, if you go to the doctor, if you go to the hospital I’m responsible for that, and I can’t pay for that. So therefore, it goes against my credit. Because it just builds up. So, there should be, I know I’m not the only one in this situation. I think there should be something, somewhere that would take care of that.”*

## BOX 19. Provider involvement

- *“They are excellent. If they got some money they are going to help you. It doesn't care what color you are, don't care of who you are, don't care. They are going to help you.”*

- *“They have always been able to come through. You know .... with some things. You know, unless they cut their funds.”*

- *“I don't understand why some places*

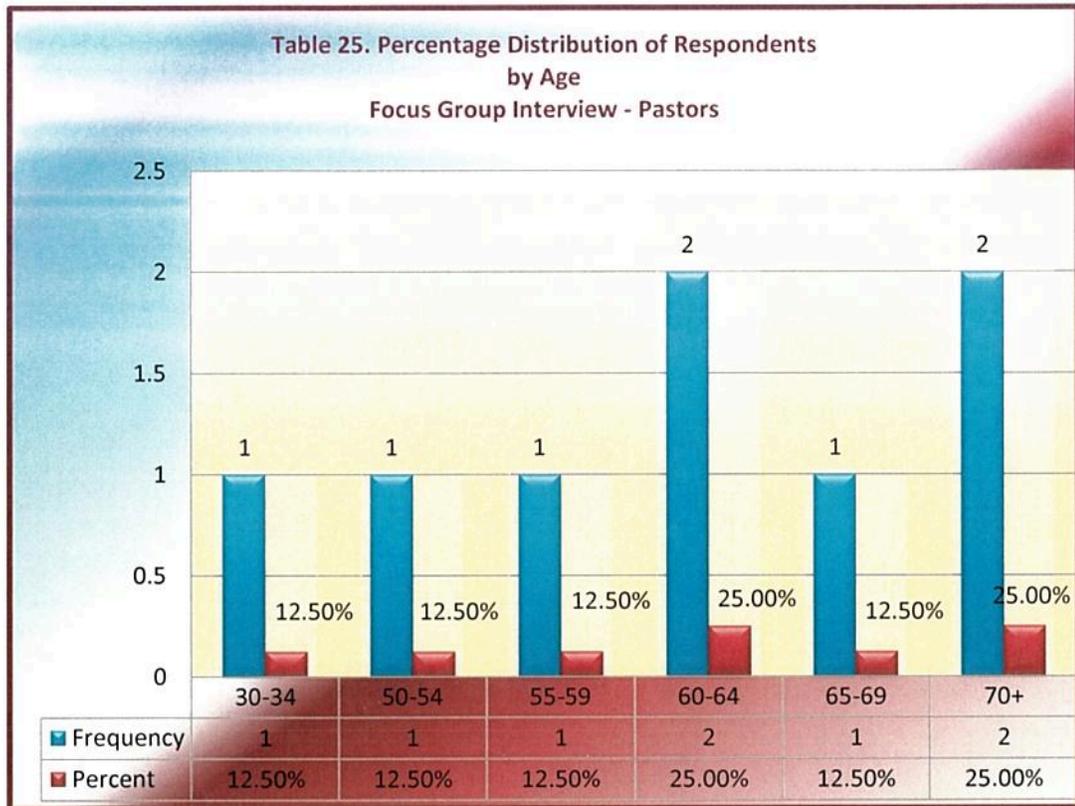


1. How long have you been receiving Ryan White medical and support services?
2. Of the services and programs provided by Ryan White in your area, what services and programs do you think are:
  - d. Working and need to be continued?
  - e. Working and need to be expanded (to other groups, what other groups?)
  - f. Not working and need to be discontinued?
3. What other types of services do you think need to be added to the current services provided by Ryan White in your area?
4. While using the Ryan White services, have you:
  - c. Experienced or know about any challenges or barriers to services?
  - d. What do you think should be done to overcome barriers?
5. Do you think that your background and beliefs may have something to do with using the Ryan White services in your area?
6. In general, what do you see as the strengths of the services provided by Ryan White in your area? What do you see as the weaknesses?
7. Is there any other thing you want to add?

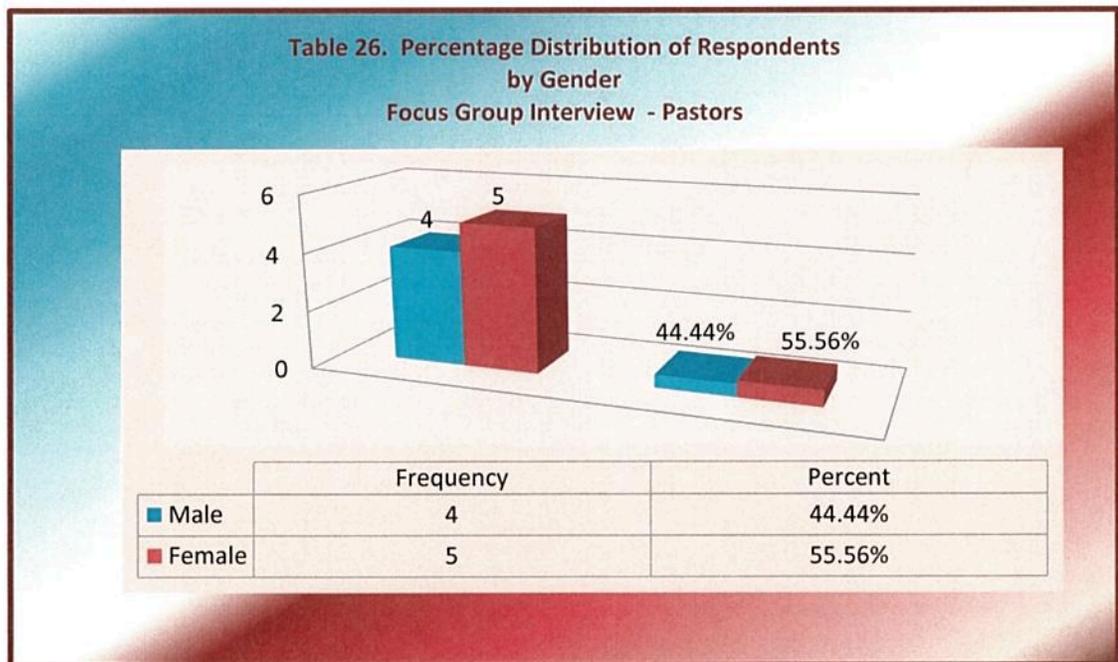
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# PASTORS

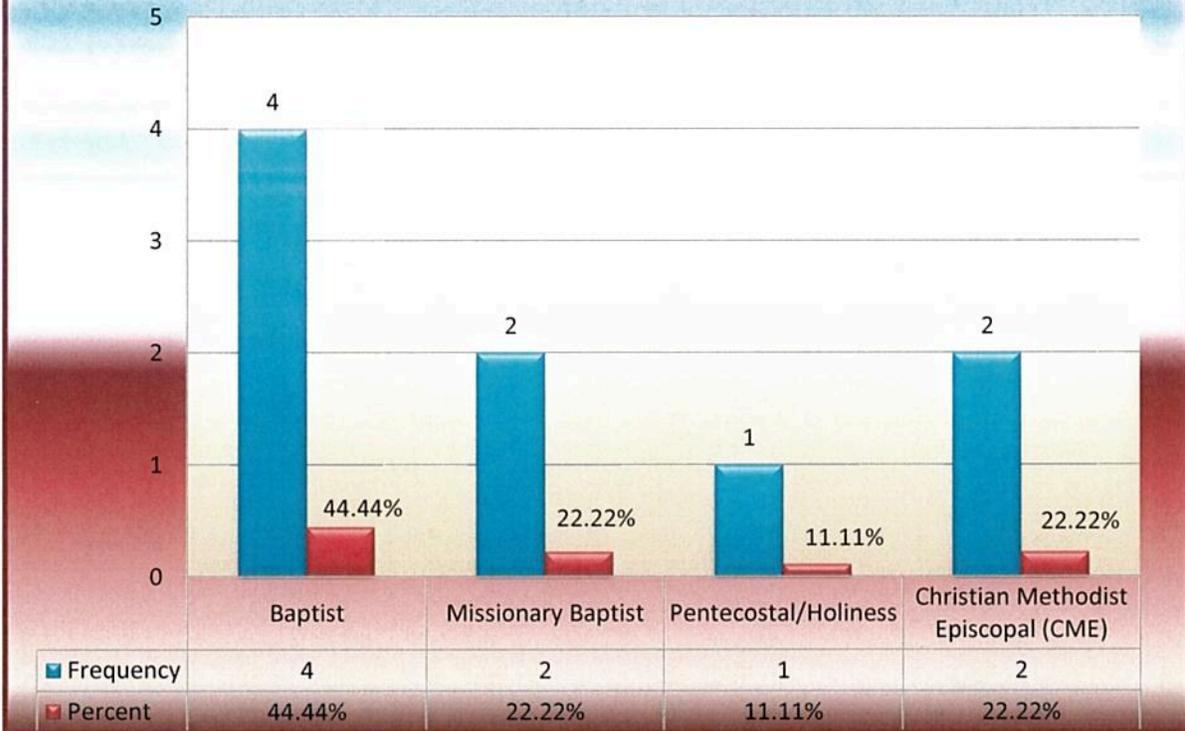
## Demographics



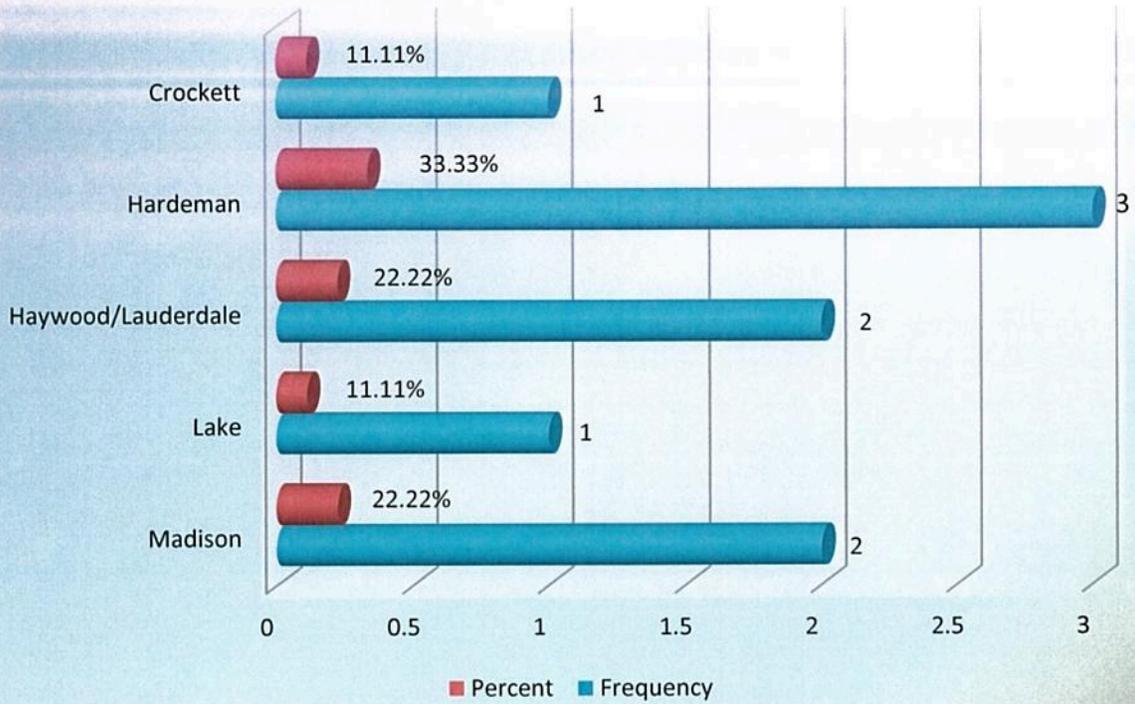
N=8 Missing=1



**Table 27. Percentage Distribution of Respondents  
by Denomination  
Pastor's Focus Group Interview**



**Table 28. Percentage Distribution of Respondents  
by County  
Focus Group Interview - Pastors**



**BOX 21. Knowledge of Provider Services**

Category	Response
What do you know?	<ul style="list-style-type: none"> <li>▪ Nothing</li> <li>▪ Provide medical services</li> </ul>
Information	<ul style="list-style-type: none"> <li>▪ Health department</li> <li>▪ Clinic</li> </ul>
Service providers	<ul style="list-style-type: none"> <li>▪ Jackson General</li> <li>▪ Nashville, Vanderbilt</li> <li>▪ Jackson Madison/County Department</li> <li>▪ West Tennessee Legal Services</li> </ul>
Type of services	<ul style="list-style-type: none"> <li>▪ Food vouchers</li> <li>▪ Travel</li> <li>▪ Housing</li> </ul>

**BOX 22. Faith-based Community**

Category	Response
Role of the Church	<ul style="list-style-type: none"> <li>▪ Give genuine true love</li> <li>▪ Acceptance</li> <li>▪ Work with them</li> <li>▪ Take care of their needs</li> </ul>
Role of Pastors	<ul style="list-style-type: none"> <li>▪ Come together</li> <li>▪ Find out what's going on</li> <li>▪ Teach love</li> <li>▪ Show acceptance</li> <li>▪ Evaluate area/community</li> <li>▪ Be facilitators of change</li> </ul>
Approaches	<ul style="list-style-type: none"> <li>▪ Reach out into the community</li> <li>▪ Find people with resources and expertise in field</li> <li>▪ Start with teenagers</li> <li>▪ Include in Bible class and church conferences/events</li> <li>▪ <i>"Use your people in your church who are educated in the area"</i></li> </ul>

### BOX 23. Challenges and Barriers to Building Partnerships

Category	Response
Lack of knowledge	<ul style="list-style-type: none"> <li>• Misconceptions</li> </ul>
Lack of information	<ul style="list-style-type: none"> <li>• Lack of awareness of information provided about services available</li> </ul>
Lack of funds	<ul style="list-style-type: none"> <li>• Finances</li> </ul>
Fear	<ul style="list-style-type: none"> <li>• <i>“People are afraid of being associated with the disease”</i></li> </ul>
Stigmas	<ul style="list-style-type: none"> <li>• <i>Racism</i></li> <li>• <i>Classism</i></li> </ul>
Rural counties	<ul style="list-style-type: none"> <li>• Isolation</li> <li>• People are so far apart</li> </ul>

### BOX 24. Overcoming Barriers

Category	Response
Building partnerships	<ul style="list-style-type: none"> <li>▪ Among faith community leaders</li> <li>▪ Come together</li> <li>▪ Educate</li> <li>▪ Train</li> </ul>
Launching a campaign	<p>Using a phrase:</p> <ul style="list-style-type: none"> <li>▪ <i>“Look and Live”</i></li> <li>▪ <i>“Reach and Teach”</i></li> </ul>

## Discussant Quotes

### Box 25. The role of the faith community

• *“We are segregated. Every church here, we are segregated.. I don't have time for Baptist; they don't have time for the Methodist. And see we all have to come together. If we come together, then God will hear our prayer and we can take it to the community. We got to take it to them. We are not going out and get it; people bring it to the church. “*

• *“One of your questions toward addressing the needs of persons dealing with HIV, one of the things in my church, we have members who are HIV positive and some have full blown AIDS and they come to church, and people whisper, ‘You know pastor, they got they got AIDS don't you?’ I'll say, ‘Yeah I know that ... because they see me give them a big hug. One of the things I've found, in my experience with dealing with people who are HIV positive or full blown AIDS is that they don't have a lot of love coming their way.”*

• *“But I think what happens sometimes we can stigmatize certain things or look at them through a different set of glasses. You say, ‘well that's them.’ And I think that what we have done as a community, sometimes, you develop this other community that you don't have to deal with, because it is not “us.”*

• *“It's a spiritual issue. So the community, the faith leaders don't really know what to do because they are kind of like the Pharisees. Jesus came with the answer which I heard somebody say, “love.” And they are not going to deal with people, like first things first, love. And then when you love somebody*

## BOX 26. Challenges

- *“When I know there are even pastors or leaders who are sitting in high places who are HIV positive, and there is nothing said. What I found*

## BOX 27. Overcoming Barriers

- *“We, as pastors, have to teach that thing, that you don't cast me out because you think I have something that's going to kill you. But teach them to help them that got something where they can help themselves. That's is our basic teaching. AIDS is a thing that, I don't know who got it. If you don't tell me, we will never know. AIDS is here, it's a quiet thing. I mean, it shouldn't be, but it's a quiet thing. And we as preachers, pastors, or ministers, we have to exercise that gift that God gave us to tell folks to love one another in spite of.”*

## BOX 28. Building partnerships among the faith leaders

- *“They refuse to acknowledge the fact that it (HIV/AIDS) is a problem. And that is our problem. And so as long as they keep figuring it is not a problem; it is their problem; it's not our problem;, they are never going to be ready to address the problem (through partnerships).”*
- *“I think that we have faith-based organizations that are positioned to where if we intervene with right information that they will be willing, I think that we could work with them into building those partnerships. That is a group of churches. You have all kind of societies just like the Usher Union. You have those entities out there, we just need to tap into that.”*

**Box 20 Focus Group Interview**

1. What do you know about Ryan White medical and support services in West Tennessee and Jackson/Madison region?
  2. Are you aware of services available to persons living with HIV/AIDS in rural West Tennessee and Jackson/Madison region?
  3. Do you consider HIV/AIDS a major health issue in rural West Tennessee and Jackson/Madison region? Should it be a community concern?
  4.
    - a. What should be the role of faith community leaders toward addressing the needs of persons living with HIV/AIDS?
    - b. What do you consider the most important approaches in this regard?
  5. Do you think the faith-based organizations are ready to build partnerships among each other and among community-based organizations toward providing services for persons living with HIV/AIDS?
  6. Do you think the faith-based organizations are ready to build partnerships among each other and among community-based organizations to provide HIV prevention service such as education, counseling, testing, and referral?
  7. If you were to launch a campaign to get the faith community leaders involved in preventing the incidence of HIV in your community, what should the message say?
  8.
    - a. What do you see as major challenges or barriers in building partnerships among faith community leaders, as well as between faith-based organizations and community-based organizations toward addressing HIV/AIDS issues and concerns in your community?
    - b. What should be done to overcome barriers?
  9. We appreciate your participation and input. Is there any other thing you want to add?
-

# Map & Counties Served

Figure 7. Map of Counties Served

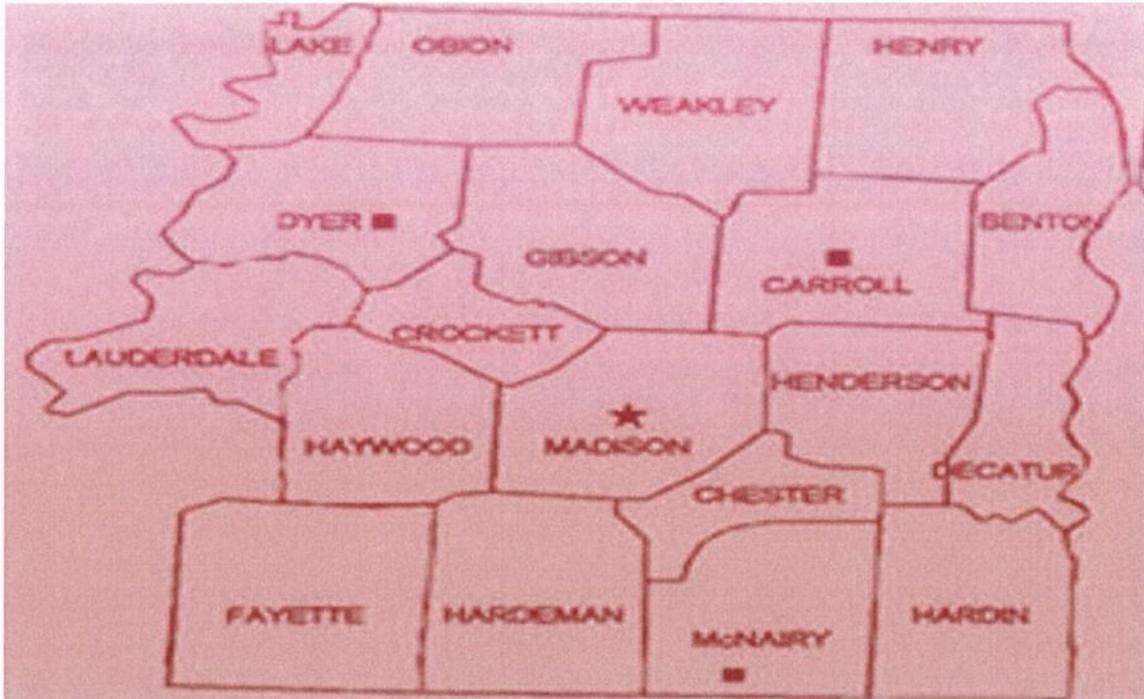


Table 30. List of Counties Served

Benton
Carroll
Chester
Crockett
Dyer
Decatur
Gibson
Hardman
Hardin
Haywood
Henderson
Henry
Henderson
Lake
McNairy
Madison
Obion
Weakley