NATIONAL SURVEY OF HEALTH CENTER HIV TESTING, PREVENTION, CARE AND TREATMENT PRACTICES

Final Report

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EXECUTIVE SUMMARY

The Bureau of Primary Health Care (BPHC) of the Health Resources and Services Administration (HRSA) administers the not-for-profit community health centers (CHCs). CHCs serve areas where economic, geographic, or cultural barriers limit access to primary health care for a substantial portion of the population.

The purpose of this project is to improve HIV prevention and testing activities in CHCs by assessing current practices and developing materials that promote best practices for HIV testing and prevention. The National Association of Community Health Centers (NACHC) has collaborated with the Centers for Disease Control and Prevention (CDC), HRSA and the AIDS Policy Research Center of the University of California, San Francisco, to develop a survey measuring current HIV testing practices in CHCs. We surveyed a random sample of 402 eligible CHCs with a response rate of approximately 70%. The final sample size was 276 eligible responding CHCs. The following key points highlight the results of responses collected from a representative sample of CHCs.

- **CHCs are a significant source of HIV testing**. In 2003, we estimate 988 Community Health Centers tested more than 650,000 persons for HIV. However, this accounts for only 4% of the estimated 15 million patients served by CHCs in the US.

- **The number of CHCs providing HIV tests is growing.** More than half (51%) of CHCs report more HIV testing in 2003 than in previous years**.** Only 9% report testing fewer individuals compared to previous years and 39% report that testing has remained the same.

- **Most (73%) Community Health Centers provide HIV testing.** For 2003, 201 sampled CHCs provided HIV test services and reported testing a total of 186,092 persons. Approximately 18% of those tested for HIV did so in a CHC outreach program. The median HIV seroprevalence among tested CHC patients and clients was 0.7% and ranged from 0% in 42 CHCs to a maximum of 65% in one CHC. Seventy-five CHCs had HIV seroprevalences of 1% or greater and 13 CHCs had HIV seroprevalences of 10% or greater among those tested.

- **Over half of 190 CHCs reported seeing an increase in the number of persons receiving HIV tests in 2003 over 2002.** Compared to those in rural settings, clinics in urban areas reported a greater increase in the number of persons tested (60% vs. 41%), however, this difference was not statistically significant (p=0.179).

- **Community Health Centers are significant sources of HIV care**. More than 80% of CHCs provide HIV-specific medical or social services. All CHCs who provide HIV services report having on-site, same-day medical evaluation available and more than 90% offer HIV/STD risk reduction counseling and psychosocial evaluation. More than 85% of CHCs provide some kind of medical case management, prevention case management or medical benefits counseling services. Among the 203 CHCs providing data, respondents reported a total of 41,158 HIV-infected patients served, with approximately one-quarter of those patients being new in 2003.

- **Community Health Centers funded by Ryan White CARE Act Title III are most likely to provide HIV testing services.** Almost all (96%) of Ryan White CARE Act (RWCA) title III funded CHC clinics provided HIV testing. This was significantly greater than the 63% of non-RWCA funded CHCs who reported providing HIV testing services ($p<.0001$ for the comparison). ·

- **Over 60% of CHCs receiving RWCA funding reported increased HIV testing in 2003 over 2002.** Only 40% of CHCs without RWCA funding reporting an increase in HIV testing ($p<0.009$). ·

- **Condom availability was significantly associated with receipt of RWCA funding ($p<.0001$).** Condom availability was also significantly higher in urban CHCs compared to rural CHCs ($p=.0044$).

- **Compared to CHCs not receiving RWCA funding, CHCs reporting receipt of this type of funding were significantly more likely to report having a standardized sexual risk assessment tool for use with HIV infected patients ($p=0.0028$).** Likewise, CHCs reporting receipt of RWCA funding were significantly more likely to use in regular clinical practice with their HIV-infected patients a personalized HIV risk reduction plan ($p<0.0001$).

- **Community Health Centers funded by the CDC are very likely to provide outreach HIV testing services.** 71% of CHCs receiving CDC funding report outreach or off-site HIV testing locations compared to only 40% of CHCs who do not receive CDC funding. ($p<.03$ for the comparison).

- **Rural Community Health Centers were significantly less likely to provide HIV testing.** Only 64% of rural CHCs report performed on-site HIV testing compared to 82% of urban CHCs ($p<.0001$ for the comparison). Rural CHCs reported the perception that HIV was not a problem in their community as a larger barrier to proving HIV testing than did urban CHCs ($p<.0001$ for the comparison rural vs. urban). Staff knowledge and skill, experience, space, and having no place to refer HIV-infected patients for care were also reported as stronger barriers to proving HIV testing by rural CHCs ($p<.02$ for each comparison).

- **46% of urban CHC reported a HIV servoprevalence of greater than 1%.** This is compared to only 35% of rural CHCs, however, this difference was not statistically significant ($p=.08$).

- **Funding, staffing and time are the greatest barriers to HIV testing and care.** Lack of funding, reimbursement for care and experienced staff were seen as the most significant barriers to move HIV testing and treatment. Least likely to present such barriers were concern over stigma associated with providing HIV services and board of directors resistance.

- **CHC's receiving RWCA dollars were significantly more likely to report a clinic HIV seroprevalence of greater than 1%** Only 28% of non-RWCA CHC's had a clinic HIV seroprevalence of greater than 1% compared to 54% of RWCA funded CHC's, $p<.005$.

- **The South-East and North-East CHCs had a high frequency of clinics with reported HIV seroprevalence of greater than 1%.** 60% of SE CHCs and 53% of NE CHCs reported HIV seroprevalence of greater than 1% as compared to a mean of 33% of CHC in the other regions (excluding the South-East and North-East).

- **Written informed consent was the standard among Community Health Centers.** More than 95% of CHCs who provided HIV testing reported that patients are required to sign a written informed consent in conjunction with HIV testing. Five of the nine CHCs where written informed consent was not required have policies that left obtaining written informed consent up to provider discretion.

- **Pregnant women seen in Community Health Centers are likely to receive HIV counseling and testing.** Among the 161 CHCs that report OB care services, approximately 80% of CHCs report that a pregnant woman would be "completely likely" to receive HIV testing. Only one CHC reported that a pregnant woman would be not at all likely to receive HIV testing. CHCs reported that the likelihood of HIV testing was greater during the first trimester (71% "completely likely" to be tested) than during the third trimester (27% "completely likely" to be tested, $p<.0001$ for the comparison). 73% of CHCs reported that the HIV test results would be "completely likely" to be documented in the medical chart at the time of labor and delivery.

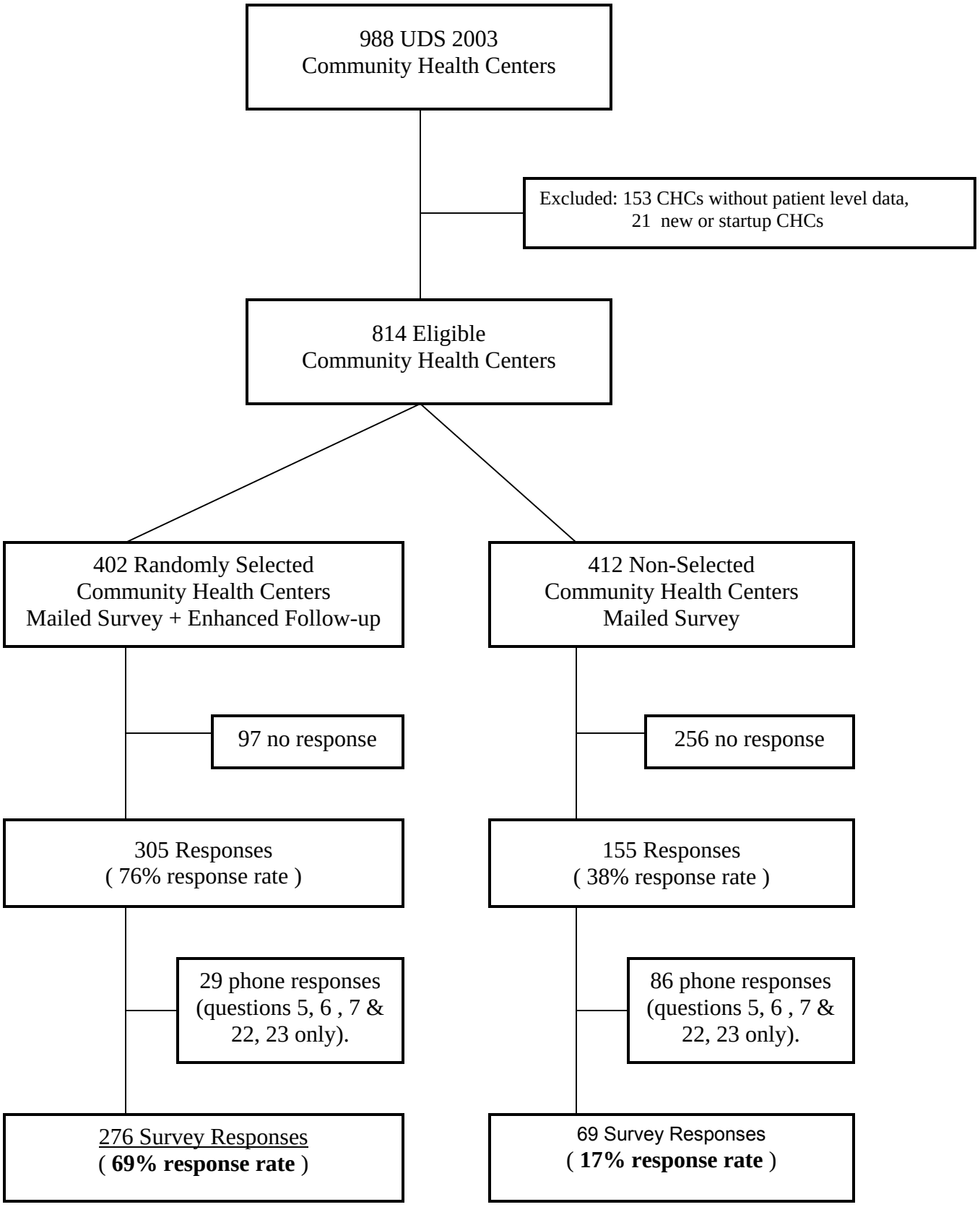
- **Same-day rapid HIV testing was not common at Community Health Centers.** Only 27 out of the 201 (13%) CHCs that provide HIV testing offered same-day rapid HIV testing. Rapid HIV testing was more frequently offered in urban CHCs (16%) than in rural CHCs (4%, $p<.0001$ for the difference).

- **More than one third of Community Health Centers that do HIV testing offer oral specimen collection as an alternative to blood collection.** Oral fluid testing for antibodies to HIV (OraSure) was available at 35% of CHCs that provided any type of HIV testing. Patients were given the choice of type of specimen collection (blood vs. oral) at 63 of the 72 (88%) CHCs where oral specimen testing was available.

- **RWCA funding impacts services in CHC with 330 funding.** Among clinics with CHC 330 funding, mean number of HIV tests was significantly greater for those clinics with RWCA Title III funding (mean = 1,242 tests) compared to those clinics without RWCA Title III funding (mean = 434 tests, $p <.0001$).

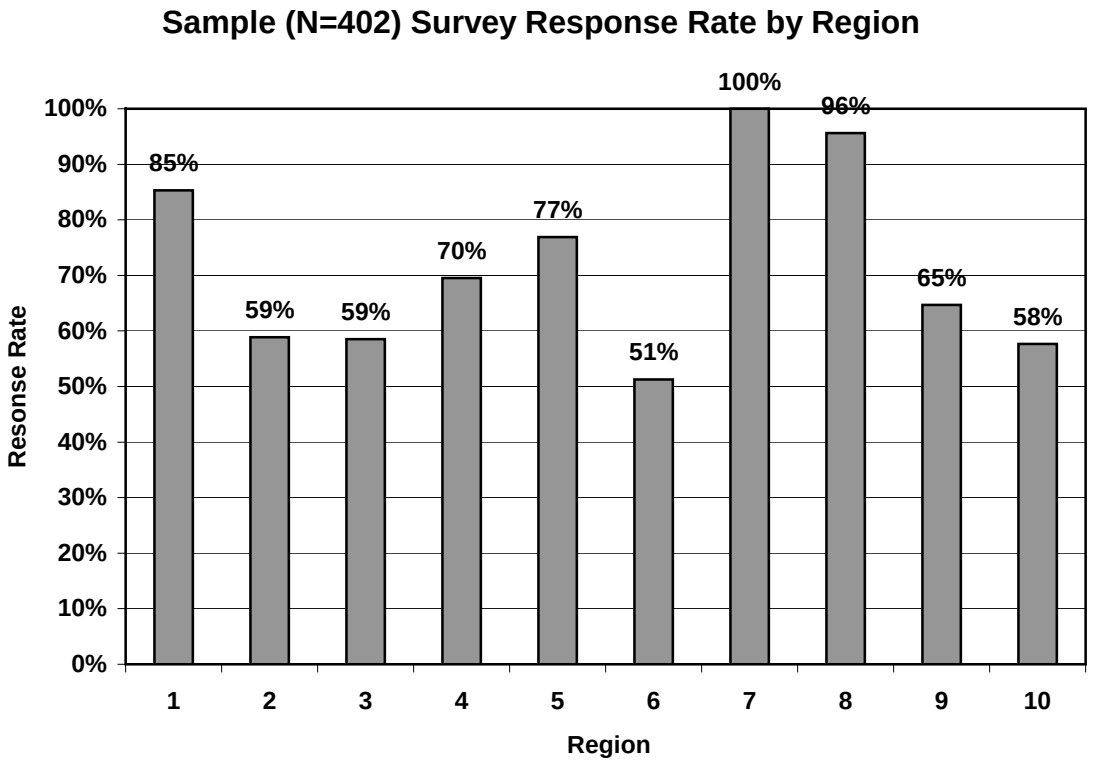
- **Funding Source impacts type of HIV testing delivered.** Among clinics with CHC 330 funding, the mean number of conventional HIV tests using oral specimen collection was significantly greater for those clinics with RWCA Title III funding (mean = 328 tests) compared to those clinics without RWCA Title III funding (mean = 47 tests, $p <.0001$). Likewise, mean number of rapid HIV tests performed was significantly greater for those clinics with RWCA Title III funding (mean = 75 tests) compared to those clinics without RWCA Title III funding (mean = 9 tests, $p <.02$). Rapid HIV testing was performed more frequently by clinics receiving RWCA Title III funding and CHC 330 funding (18% of clinics) compared to those clinics that did not receive RWCA Title III funding (5% of clinics, $p <.02$). It appears that RWCA-funded clinics are more likely to use innovative HIV testing methods.

2003 NACHC HIV Testing and Services Survey



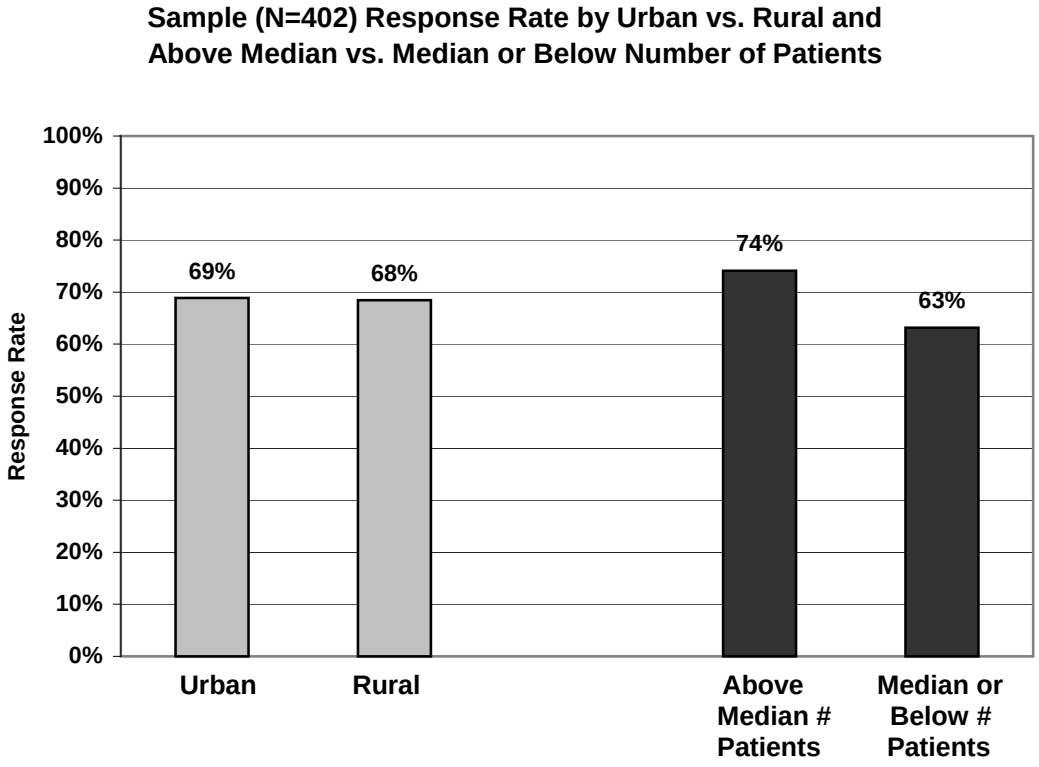
Final Sample N = 276 CHCs

Figure 2.



Received	29	21	24	57	40	20	15	22	33	15
Not Received	5	18	17	25	12	19	0	1	18	11
Total in Sample	34	39	41	82	52	39	15	23	51	26

Figure 3.



RAW SURVEY FREQUENCIES AND SELECTED TABLES:

1) For CY 2003, estimate the total number of *unduplicated* patients for whom your health center provided* HIV services (including counseling and testing, prevention, and care and treatment):

N	Mean	Std Dev	Median	Sum	Min	Max
202	1,006.09	1,936.55	377.50	203,230	1	17,527

2) For CY 2003, estimate the percentage of patients in each age range below that your health center served for all HIV services (including counseling and testing, prevention, and care and treatment):
Total should equal 100%

Age	N	Mean	Std Dev	Median	Sum	Min	Max
Under 18	197	5.64	8.61	2	1,111	0	50
Ages 18-29	197	30.83	23.05	25	6,073	0	100
Ages 30-39	197	28.29	13.57	26	5,573	0	80
Ages 40-49	197	23.06	18.18	20	4,544	0	100
Ages 50-59	197	8.94	8.97	7	1,762	0	51
Ages 60-65	197	2.31	3.80	1	455	0	25
Over 65	197	0.93	2.30	0	183	0	25

3) Considering the total number of patients in CY 2003 who used your health center's HIV services (including counseling and testing, prevention, and care and treatment), approximate the percentage of patients who were:
Percentages might not total to 100%

	N	Mean	Std Dev	Median	Sum	Min	Max
Asian/Native Hawaiian/Pacific Islander	209	2.68	11.52	0	560	0	98
Black/African American not Hispanic	208	29.78	30.96	17	6,195	0	100
American Indian/Alaska Native	208	1.50	6.83	0	313	0	60
White/Caucasian not Hispanic	208	33.59	30.40	25	6,986	0	100
Hispanic	208	26.98	31.36	14	5,613	0	100
Other	208	1.22	4.13	0	254	0	49
Unreported / Refused to report	208	2.74	12.77	0	570	0	100

Unless otherwise noted, by 'provide' we mean services were performed at the health center or at one of its sites OR the health center paid for the service(s) to be performed elsewhere because the health center does not perform the ser vice(s) itself.

4) For the last 12-month period for which you have fiscal data, complete the table below. Estimate the total dollar amount you received from each of the funding sources. Of that funding, estimate the dollar amount spent by your health center on HIV prevention services and the dollar amount spent on HIV care and treatment services. Please write out the complete numbers; do not use abbreviations for thousands or millions. When no funds were received, please write $0.00.

The 12month period on which the answers to this question are based is:

_____ to _____
(mm/yyyy) (mm/yyyy)

HIV service Funding source: Total funding	N	Mean	Std Dev	Median	Sum	Min	Max
a) Consolidated Health Center Funding 330 grant dollars	199	$1,220,249	$1,617,904	$689,649	$242,829,726	0	$13,281,123
b) Ryan White CARE Act Title I Indirect Funding	199	$55,444	$213,206	0	$11,033,463	0	$1,945,908
c) Ryan White CARE Act Title II Indirect Funding	199	$27,413	$84,340	0	$5,455,224	0	$720,972
d) Ryan White CARE Act Title III Funding	199	$170,474	$258,690	0	$33,924,445	0	$966,426
e) Ryan White CARE Act Title IV Funding	199	$10,220	$55,754	0	$2,033,781	0	$530,000
f) County or City Funding	199	$87,648	$234,190	0	$17,552,027	0	$1,284,191
g) State General Funding	199	$173,528	$418,062	0	$34,532,171	0	$2,228,230
h) CDC Grants/Cooperative Agreements	199	$19,110	$89,349	0	$3,803,055	0	$890,000
i) SAMHSA Grants	199	$18,212	$105,602	0	$3,624,373	0	$1,268,695
j) Private Funding/Donations	199	$105,110	$368,168	0	$30,917,038	0	$3,343,295
k) Other Funding: (Please specify) _____	199	$401,501	$1,460,702	0	$79,898,843	0	$12,964,812

HIV service Funding source: HIV prevention services, including counseling & testing	N	Mean	Std Dev	Median	Sum	Min	Max
a) Consolidated Health Center Funding 330 grant dollars	137	$12,880	$56,379	0	$1,764,654	0	$420,495
b) Ryan White CARE Act Title I Indirect Funding	137	$ 6,976	$ 45,478	0	$955,831	0	$425,000
c) Ryan White CARE Act Title II Indirect Funding	137	$7,205	$ 33,084	0	$987,170	0	$293,600
d) Ryan White CARE Act Title III Funding	137	$ 20,787	$ 72,030	0	$2,847,913	0	$633,000
e) Ryan White CARE Act Title IV Funding	137	$660	$5,450	0	$90,500	0	$50,000
f) County or City Funding	137	$9,357	$32,970	0	$1,281,924	0	$200,000
g) State General Funding	137	$24,801	$ 163,087	0	$3,397,809	0	$1,833,230
h) CDC Grants/Cooperative Agreements	137	$9,961	$45,648	0	$1,364,742	0	$366,860
i) SAMHSA Grants	137	$5,551	$39,045	0	$760,500	0	$415,000

j) Private Funding/Donations	137	$3,912	$34,574	0	$535,994	0	$400,000
k) Other Funding: (Please specify) _____	137	$7,540	$30,310	0	$1,033,101	0	$192,000

HIV service Funding source: HIV care and treatment, including support services	**N**	**Mean**	**Std Dev**	**Median**	**Sum**	**Min**	**Max**
a) Consolidated Health Center Funding 33 0 grant dollars	142	$9,141	$43,028	0	$1,298,117	0	$400,000
b) Ryan White CARE Act Title I Indirect Funding	142	$60,774	$214,297	0	$8,629,986	0	$1520,908
c) Ryan White CARE Act Title II Indirect Funding	142	$24,667	$79,142	0	$3,502,744	0	$720,972
d) Ryan White CARE Act Title III Funding	142	$177,759	$254,479	0	$25,241,814	0	$966,426
e) Ryan White CARE Act Title IV Funding	142	$15,190	$74,862	0	$2,157,060	0	$600,000
f) County or City Funding	142	$14,167	$89,720	0	$2,011,845	0	$990,502
g) State General Funding	142	$11,594	$64,888	0	$1,646,379	0	$500,000
h) CDC Grants/Cooperative Agreements	142	$105	$1,258	0	$15,000	0	$15,000
i) SAMHSA Grants	142	$1,471	$16,165	0	$209,013	0	$192,000
j) Private Funding/Donations	142	$1,315	$7,121	0	$ 186,866	0	$52,150
k) Other Funding: (Please specify) _____	142	$17,120	$66,220	0	$2,431,114	0	$602,000

5a) In CY 2003, how many *unduplicated* patients were tested for HIV?

N	Mean	Std Dev	Median	Sum	Min	Max
203	753.23	1,285.44	376	152,905	0	10,000

5b) In CY 2003, how many clients (non-health center patients) received HIV testing services in your outreach program(s)?

N	Mean	Std Dev	Median	Sum	Min	Max
167	198.72	452.04	0	33,187	0	3,655

6) Based on the total number of patients/clients tested in CY 2003 (5a + 5b above), indicate the total number for each of the questions below:

	N	Mean	Std Dev	Median	Sum	Min	Max
a) Overall, how many patients/clients were informed of their HIV test results regardless of whether they were positive or negative?	172	680.67	1,049.62	297	117,075	0	7,680
b) How many of the patients/clients tested HIV positive?	181	15.91	32.88	3	2,880	0	198
c) How many of the patients/clients that tested HIV positive received their HIV test results?	146	23.42	48.36	5	3,419	0	350
d) How many of the patients/clients that tested positive were lost to care?	144	0.99	4.73	0	143	0	40

Selected Tables of Influences on HIV Testing:

CHC Does HIV Testing?	RWCA or CDC $	No RWCA or CDC $	No Funding Data	Total
Yes	**102 (95%)**	**87 (90%)**	**12 (17%)**	**201 (73%)**
No	**5 (5%)**	**10 (10%)**	**60 (83%)**	**75 (27%)**
Total	**107 (100%)**	**97 (100%)**	**72 (100%)**	**276 (100%)**

CHC Does HIV Testing?	RWCA $	No RWCA $	Total
Yes	98 (95%)	91 (90%)	189 (93%)
No	5 (5%)	10 (10%)	75 (27%)
Total	103 (100%)	101 (100%)	204 (100%)

HIV Prevalence among CHC Testers by Rural vs. Urban Location:

HIV Prevalence Group	Rural	Urban	Total
< 1%	50 (65%)	53 (54%)	103 (58%)
1% - 9%	20 (26%)	41 (41%)	61 (35%)
≥10%	7 (9%)	5 (5%)	12 (7%)
Total	77 (100%)	99 (100%)	176 (100%)

HIV Prevalence among CHC Testers and Rural vs. Urban Location of CHC by Region:

HIV Prevalence Group	Central	Mid-Atlantic	Mid-South	Mid-West	NE	Pac-West	SE	West	Total
< 1%	11 (74%)	11 (56%)	9 (67%)	12 (64%)	16 (47%)	15 (62%)	12 (40%)	13 (81%)	95 (58%)
1% - 9%	2 (13%)	5 (31%)	5 (28%)	8 (32%)	16 (50%)	9 (38%)	14 (47%)	2 (13%)	58 (35%)
≥10%	2 (13%)	2 (13%)	1 (5%)	1 (4%)	1 (3%)	0 (0%)	4 (13%)	1 (6%)	12 (7%)
Total	15 (100%)	16 (100%)	18 (100%)	25 (100%)	32 (100%)	24 (100%)	30 (100%)	16 (100%)	176 (100%)

CHC Location	Central	Mid-Atlantic	Mid-South	Mid-West	NE	Pac-West	SE	West	Total
Urban	15 (58%)	11 (39%)	21 (68%)	11 (24%)	10 (24%)	21 (58%)	31 (76%)	21 (75%)	141 (51%)
Rural	11 (42%)	17 (61%)	10 (32%)	37 (76%)	31 (76%)	15 (42%)	10 (24%)	7 (25%)	135 (49%)
Total	26 (100%)	28 (100%)	31 (100%)	45 (100%)	41 (100%)	36 (100%)	41 (100%)	28 (100%)	276 (100%)

Receipt of RWCA Funding by Region:

RWCA Funding	Central	Mid-Atlantic	Mid-South	Mid-West	NE	Pac-West	SE	West	Total
No RWCA	14 (78%)	8 (42%)	16 (67%)	16 (48%)	12 (36%)	13 (43%)	11 (37%)	11 (65%)	101 (50%)
RWCA $	4 (22%)	11 (58%)	8 (33%)	17 (52%)	21 (64%)	17 (57%)	19 (63%)	6 (35%)	103 (50%)
Total	18 (100%)	19 (100%)	24 (100%)	33 (100%)	33 (100%)	30 (100%)	30 (100%)	17 (100%)	204 (100%)

7) In CY 2003, what kinds of HIV counseling and testing were made available by your health center? *(Check all that apply)*

If no onsite of offsite testing was available, please check here:

Not applicable and GO to Question 14.

	Frequency
Not applicable	7

	Frequency	Percent out of 201
Onsite HIV counseling and testing provided by health center staff	201	100
Onsite, provided by the health department	21	10
Onsite, provided by another organization	7	3
Offsite referral, your health center covers the cost	17	8
Offsite referral, your health center does **not** cover the cost	56	28

8) Use the table below to indicate which divisions of the health center provide* HIV testing. For each division, indicate whether or not the division exists at your health center, and if yes, the number of tests performed in CY 2003, and the number of un-duplicated, confirmed HIV positive test results.

Divisions	Does the division exist at your health center – Yes or No?	
	Yes	No
a) Family Medicine, Internal Medicine (and Pediatrics)	194 (95.1%)	10 (4.9%)
b) Obstetrical Care	137 (70.3%)	58 (29.7%)
c) Pediatric Care	140 (76.0%)	44 (23.9%)
d) Urgent Care/Walk In Clinic	101 (57.4%)	75 (42.6%)
e) Dental Clinic	128 (69.2%)	57 (30.8%)
f) HIV Clinic	81 (45.5%)	97 (54.5%)
g) Adolescent/Teen Clinic	58 (34.5%)	110 (65.5%)
h) School-based Clinic	47 (27.8%)	122 (72.2%)
i) Substance Abuse Program	37 (21.9%)	132 (78.1%)
j) Outreach/Offsite testing location	76 (42.5%)	103 (57.5%)
k) Mobile Unit	31 (18.3%)	138 (81.7%)
l) Other, specify _____	13 (19.4%)	54 (80.6%)

Number of tests performed in 2003	N	Mean	Std Dev	Median	Sum	Min	Max
a)Family Medicine, Internal Medicine (and Pediatrics)	93	434.92	728.48	142	40,448	0	4,000
b) Obstetrical Care	57	4,859.75	33,095.25	276	277,006	0	250,300
c) Pediatric Care	41	70.07	318.86	1	2,873	0	2,000
d) Urgent Care/Walk In Clinic	26	215.15	833.62	0	5,594	0	4,256
e) Dental Clinic	32	0.00	0.00	0	0	0	0
f) HIV Clinic	38	400.87	714.59	92	15,233	0	3,655
g) Adolescent/Teen Clinic	15	206.00	520.30	4	3,090	0	2,000
h) School-based Clinic	18	38.67	132.04	0	696	0	563
i) Substance Abuse Program	13	114.08	168.71	54	1,483	0	500
j) Outreach/Offsite testing location	33	405.91	446.94	177	13,395	0	1,496
k) Mobile Unit	16	109.06	214.89	5	1,745	0	724
l) Other, specify _____	11	361.54	446.57	284	3,977	0	1,354

Number of unduplicated, confirmed HIV positive test results	N	Mean	Std Dev	Median	Sum	Min	Max
a) Family Medicine, Internal Medicine (and Pediatrics)	79	16.63	50.61	2	1,314	0	276
b) Obstetrical Care	40	1.25	3.18	0	50	0	19
c) Pediatric Care	26	0.15	0.46	0	4	0	2
d) Urgent Care/Walk In Clinic	19	5.26	19.67	0	100	0	86
e) Dental Clinic	21	1.71	7.86	0	36	0	36
f) HIV Clinic	34	12.82	27.00	3.5	436	0	126
g) Adolescent/Teen Clinic	11	0	0	0	0	0	0
h) School-based Clinic	12	0.75	2.60	0	9	0	9
i) Substance Abuse Program	10	1.90	5.66	0	19	0	18
j) Outreach/Offsite testing location	31	5.06	8.49	1	157	0	32
k) Mobile Unit	17	4.00	10.29	0	68	0	40
l) Other, specify _____	11	2.18	5.04	0	24	0	17

9) **What kinds of HIV tests were used by your health center in CY 2003?**
(Check all that apply.)

	Frequency
Onsite conventional blood test (blood draw, need to return on a later data for result)	192
Onsite conventional oral test (OraSure – oral fluid test; need to return on a later date for result)	72
Onsite rapid test (OraQuick - get result the same day)	27
Offsite referral, conventional blood test (blood draw, need to return on a later date for result)	42
Offsite referral, conventional oral test (OraSure – oral fluid test; need to return on a later date for result)	33
Offsite referral, rapid test (OraQuick – get result the same day)	10

10) Were patients given the choice of the collection method (blood vs. oral) for their HIV test in CY 2003?

	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	63	29.86	63	29.86
No	148	70.14	211	100.00

11) Were patients given the choice of the test type (rapid vs. conventional) for their HIV test in CY 2003?

	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	27	12.86	27	12.86
No	183	87.14	210	100.00

12) **For each collection method/assay listed below, indicate the number of tests your health center provided* in CY 2003. Number of Tests Provided***

	N	Mean	Std Dev	Median	Sum	Min	Max
a) **Conventional blood test** (blood draw, need to return on a later date for result)	191	737.79	1,299.35	300	140,918	0	10,000
b) **Conventional oral test** (OraSure – oral fluid test; need to return on a later date for result)	143	177.71	358.06	0	25,412	0	2,000
c) **Rapid Test** (OraQuick-get result the same day)	132	78.44	374.60	0	10,354	0	3,600
d) **Total**	155	855.98	1,505.37	325	132,677	0	10,000

13) **In comparison to CY 2002, in CY 2003 did the number of unduplicated patients tested f or HIV increase, decrease or remain about the same?**

- Increase
- Decrease
- Remain about the same

Q13.	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Increase	97	51.05	97	51.05
Decrease	18	9.47	115	60.53
Remain about the same	75	39.47	190	100.00

Q13. Numbers HIV Tested in 2003 compared to 2002	No RWCA $	RWCA $	Total
Increased	34 (40%)	57 (63%)	91 (52%)
About the Same	42 (49%)	26 (29%)	68 (38%)
Decreased	9 (11%)	8 (9%)	17 (10%)
Total	85 (100%)	91 (100%)	176 (100%)

100 CHC with missing data.

14) Answer the following questions about availability of materials and services:

	Yes, for all patients	Yes, for patients in special programs and/or special populations	No
1) In CY 2003, were condoms available to patients?	164 (75.2%)	33 (15.1%)	21 (9.6%)
b)In CY 2003, were HIV prevention education materials (posters, flyers, pamphlets, etc.) posted in locations visible to patients?	183 (84.7%)	20 (9.3%)	13 (6.0%)
	Yes		**No**
c)In CY 2003, did the health center use a standardized tool to ask **HIV-uninfected** (HIV negative) patients about sexual behaviors that increase risk of HIV infection?	131 (61.8%)		81 (38.2%)
d)In CY 2003, did the health center use a standardized tool to ask **HIV-infected** (HIV positive) patients about sexual behaviors that increase their risk of transmitting HIV to others?	115 (54.0%)		98 (46.0%)
e) In CY 2003, did the health center routinely work with **HIV-uninfected** (HIV negative) patients at regular intervals to develop a personalized plan to reduce risk of infection with HIV/STDs?	116 (54.7%)		96 (45.3%)
f) In CY 2003, did the health center routinely work with **HIV-infected** (HIV positive) patients at regular intervals to develop a personalized plan to reduce risk of transmitting HIV to others and acquiring other strains of HIV and/or STDs?	130 (61.6%)		81 (38.4%)

By RWCA Funding Status:

Q14d. Standardized Sexual Risk Tool for HIV(+)'s	No RWCA $	RWCA $	Total
Yes	43 (44%)	67 (67%)	110 (55%)
No	54 (56%)	35 (33%)	89 (45%)
Total	97 (100%)	102 (100%)	199 (100%)

77 CHC with missing data.

15) In CY 2003, did your health center have *written procedures requiring* staff to do the following?

	Yes				No			
	Frequency	Percent	Cumumlative Frequency	Cumulative Percent	Frequency	Percent	Cumumlative Frequency	Cumulative Percent
a) Offer HIV testing	164	75.9%	164	75.9%	52	24.1%	216	100%
b) Provide HIV pre-test counseling	180	83.0%	180	83.0%	37	17.0%	217	100%
c) Provide HIV post-test counseling	169	78.6%	169	78.6%	46	21.4%	215	100%
d)Make referrals to local he alth department services for HIV Partner Counseling and Referral Services (PCRS	147	67.7%	147	67.7%	70	32.3%	217	100%
e)Deliver "Prevention with Positives" counseling to **HIV-infected** (HIV positive) patients to help reduce their risk of transmitting HIV to others	95	46.1%	95	46.1%	111	53.9%	206	100%
f)Discuss specific sexual behaviors with patients	161	74.5%	161	74.5%	55	25.5%	216	100%
g)Discuss drug use with patients	174	80.6%	174	80.6%	42	19.4%	216	100%
h)Discuss alcohol use with patients	173	80.1%	173	80.1%	43	19.9%	216	100%
i) Offer ***HIV*** testing for patients receiv-ing ***STD*** testing or services	161	75.2%	161	75.2%	53	24.8%	215	100%
j) Offer ***STD*** testing for patients receiv-ing ***HIV*** testing or services	156	72.6%	156	72.6%	59	27.4%	215	100%
k)Provide routine HIV risk assessments	136	63.8%	136	63.8%	77	36.2%	213	100%

16) In CY 2003, did your health center have *written procedures requiring* staff to do the following with pregnant women:

	Yes				No			
	Frequency	Percent	Cumumlative Frequency	Cumulative Percent	Frequency	Percent	Cumumla-tive Frequency	Cumulative Percent
a)Provide HIV testing to pregnant women	156	76.1	156	76.1	49	24.0	205	100
b)Provide HIV test counseling to pregnant women	155	75.6	155	75.6	50	24.39	205	100
c)Obtain and document consent for HIV testing by pregnant women	159	77.9	159	77.9	45	22.1	204	100
d)Document refusal of HIV testing by pregnant women in the medical chart	147	72.4	147	72.4	56	27.6	203	100
e)Test all pregnant women for HIV in their first trimester of pregnancy	144	70.9	144	70.9	59	59.1	203	100
f)Screen or rescreen all pregnant women in the third trimester	60	30	60	30	140	70	200	100
g)Ensure that documented HIV test results are available in the medical chart at labor and delivery	140	70	140	70	60	30	200	100

17) In CY 2003, what was the likelihood that a patient would receive the following services at your health center *if pregnant?*

If your center did not have OB (obstetrical care) services in CY 2003, please check here: Not applicable:

"0" indicates that the item was not at all likely; a "6" indicates that the item was completely likely.

Not at all Likely **Completely Likely**

0 1 2 3 4 5 6

	N	Mean	Std Dev	Median	Sum	Min	Max
a)Written consent/refusal for HIV testing placed in medical chart	161	5.32	1.53	6	857	0	6
b) HIV test counseling	163	5.53	1.06	6	901	0	6
c) HIV testing	161	5.69	0.77	6	916	0	6
d) HIV testing during the first trimester	163	5.48	0.98	6	894	1	6
e) HIV testing during the third trimester	160	3.02	2.33	3	483	0	6
f) HIV Education	162	5.18	1.33	6	840	0	6
g) HIV test result documentation in medical chart at labor and delivery	158	5.33	1.47	6	842	0	6

18) Use the table below to indicate if the following training topics were available to, or required of, staff in your health center in CY 2003:

Q18. Training Topics	Available to Staff							
	Yes				No			
	Freq	%	Cumulative Freq	Cumulative %	Freq	%	Cumulative Freq	Cumulative %
a) How to provide HIV testing	166	83.4	166	83.4	33	16.6	199	100
b) How to provide Rapid HIV Testing	71	34.5	71	34.5	135	36.5	206	100
c) How to refer **HIV-infected** (HIV positive) patients to local health department for HIV partner notification services	160	83.3	160	83.3	32	16.7	192	100
d)How to provide HIV testing and education to pregnant women	138	73.0	138	73.0	51	27.0	189	100
e)How to deliver "Prevention with Positives" counseling to help **HIV-infected** (HIV positive) patients reduce their transmission risk	114	57.6	114	57.6	84	42.4	198	100
f) How to provide **HIV** testing to patients receiving **STD** testing or treatment services	156	80.0	156	80.0	39	20.0	195	100
g) How to provide **STD** testing to patients receiving **HIV** testing or care and treatment services	151	77.8	151	77.8	43	22.2	194	100
h)How to conduct routine HIV risk assessments with patients	151	77.8	151	77.8	43	22.2	194	100

Q18. Training Topics	Required of Staff							
	Yes				No			
	Freq	%	Cumulative Freq	Cumulative %	Freq	%	Cumulative Freq	Cumulative %
a) How to provide HIV testing	90	53.2	90	53.2	79	46.8	169	100
b) How to provide Rapid HIV Testing	27	16.7	27	16.7	135	83.3	162	100
c) How to refer **HIV-infected** (HIV positive) patients to local health department for HIV partner notification services	98	55.1	98	55.1	80	44.5	178	100
d)How to provide HIV testing and education to pregnant women	96	55.5	96	55.5	77	44.5	173	100
e)How to deliver "Prevention with Positives" counseling to help **HIV-infected** (HIV positive) patients reduce their transmission risk	51	31.1	51	31.1	113	68.9	164	100
f) How to provide **HIV** testing to patients receiving **STD** testing or treatment services	82	46.9	82	46.9	93	53.1	175	100
g) How to provide **STD** testing to patients receiving **HIV** testing or care and treatment services	85	49.1	85	49.1	88	50.1	173	100
h) How to conduct routine HIV risk assessments with patients	84	48.3	84	48.3	90	51.7	174	100

By RWCA funding status:

Q 18. Training Topics	Available to Staff				
	RWCA Funding		No RWCA		
	N Yes / Total	% Yes	N Yes / Total	% Yes	P –value
a) How to provide HIV testing	90 / 96	93.8	65 / 87	74.7	.0004
b) How to provide Rapid HIV Testing	51 / 97	52.6	17 / 94	18.1	.0001
c) How to refer **HIV-infected** (HIV positive) patients to local health department for HIV partner notification services	82 / 95	86.3	65 / 83	78.3	.16
d)How to provide HIV testing and educatio n to pregnant women	76 / 91	83.5	53 / 83	63.9	.0031
e) How to deliver “Prevention with Positives” counseling to help **HIV-infected** (HIV positive) patients reduce their trans-mission risk	75 / 95	79.0	34 / 88	38.6	.0001
f) How to provide **HIV** testing to patients receiving **STD** testing or treatment services	84 / 96	87.5	59 / 84	70.2	.0042
g) How to provide **STD** testing to patients receiving **HIV** testing or care and treatment services	79 / 94	84.0	59 / 59	69.4	.02
h) How to conduct routine HIV risk assessments with patients	82 / 92	89.1	58 / 86	67.4	.0004

Q18 . Training Topics	Required of Staff				
	RWCA Funding		No RWCA		
	N Yes / Total	% Yes	N Yes / Total	% Yes	P –value
a) How to provide HIV testing	50 / 78	64.1	34 / 79	43.0	.0081
b) How to provide Rapid HIV Testing	21 / 76	27.6	5 / 74	6.8	.0007
c) How to refer **HIV-infected** (HIV positive) patients to local health department for HIV partner notification services	47 / 79	59.5	44 / 85	51.8	.32
d)How to provide HIV testing and education to pregnant women	46 / 76	60.5	42 / 83	50.6	.21
e)How to deliver “Prevention with Positives” counseling to help **HIV-infected** (HIV positive) patients reduce their transmission risk	31 / 77	40.3	15 / 74	20.3	.0076
f) How to provide **HIV** testing to patients receiving **STD** testing or treatment services	41 / 78	52.6	35 / 84	41.7	.17
g) How to provide **STD** testing to patients receiving **HIV** testing or care and treatment services	42 / 78	53.8	37 / 82	45.1	.27
h) How to conduct routine HIV risk assessments with patients	40 / 80	50.0	39 / 82	47.6	.76

19) How likely is it that *providers* at your health center receive training in the areas listed below?

"0" indicates that the item is not at all likely; a "6" indicates that the item is completely likely.

Not at all Likely **Completely Likely**

0 1 2 3 4 5 6

Q19	N	Mean	Std Dev	Median	Sum	Min	Max
a) US Public Health Service HIV Treatment Guidelines	212	4.12	1.88	5	874	0	6
b) CDC/HRSA Recommendations on Incorporating HIV Prevention into the Medical Care of Persons Living with HIV	212	3.75	1.97	4	795	0	6
c) Prevention Case Management (PCM)	209	2.92	2.04	3	611	0	6
d) HIV and STD Risk Reduction Counseling	211	4.20	1.78	5	886	0	6
e) HIV Counseling and Testing	213	4.25	1.85	5	906	0	6
f) Partner Counseling and Referral Services (PCRS)	210	3.20	2.02	3	672	0	6
g) Treatment Adherence	158	5.33	1.47	6	842	0	6
h) Mental Health/Psychosocial Issues	210	3.78	1.96	4	794	0	6

By RWCA Funding Status:

Q19	RWCA Funding		No RWCA		
	N	Mean	N	Mean	p-value
a) US Public Health Service HIV Treatment Guidelines	103	4.9	95	3.4	<.0001
b) CDC/HRSA Recommendations on Incorporating HIV Prevention into the Medical Care of Persons Living with HIV	102	4.6	96	2.8	<.0001
c) Prevention Case Management (PCM)	102	3.5	95	2.4	<.0001
d) HIV and STD Risk Reduction Counseling	102	4.6	96	3.8	.0008
e) HIV Counseling and Testing	103	4.7	97	3.8	.0014
f) Partner Counseling and Referral Services (PCRS)	101	3.6	96	2.8	.0034
g) Treatment Adherence	101	4.5	96	3.1	<.0001
h) Mental Health/Psychosocial Issues	101	4.5	96	3.1	<.0001

20) Are patients required to sign written consent for HIV tests provided* by your health center?

	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Yes	196	91.2	196	91.2
No	14	6.5	210	97.7
Not applicable (no testing provided by this health center)	5	2.3	215	100.0

If your health center does NOT provide* HIV testing, please GO to Question 22.

21) Do any of the following policies apply to obtaining written consent to test for HIV in your health center? *(Check all that apply)*

Question 21. (201 answered)	Numberof CHCs Checking Box	Percent out of 201
Health center procedure	**175**	87%
State law	**144**	72%
Federal requirement	**74**	37%
At provider discretion	**13**	6%

22) Please indicate to what extent the following barriers to *providing HIV testing* existed at your health center in CY 2003.

"0" indicates that the item was not a barrier at all; a "6" indicates that the item was a major barrier.

No Barrier **Major Barrier**
0 1 2 3 4 5 6

Q22	N	Mean	Std Dev	Median	Sum	Min	Max
a) Funding	264	2.51	2.18	2	663	0	6
b) HIV was not a problem in our community	248	1.72	1.95	1	427	0	6
c) Time	261	1.98	1.90	2	518	0	6
d) Staff knowledge/skill	265	1.66	1.76	1	439	0	6
e) Staff experience	265	1.77	1.87	1	469	0	6
f) Facilities/space	264	1.90	2.10	1	502	0	6
g) Laboratory	263	1.38	1.81	0	362	0	6
h) Staff size	265	2.08	2.02	2	551	0	6
i) Health center did not want to be known as an HIV provider	261	0.59	1.21	0	151	0	6
j) Staff resistance	264	0.80	1.29	0	210	0	6
k) Board resistance	112	0.38	0.82	0	43	0	4
l) Informed consent	264	0.61	1.00	0	162	0	4
m) Requirement to provide counseling along with HIV testing	262	1.20	1.63	0	314	0	6
n) No place to refer patients who were identified as HIV infected (positive)	263	0.73	1.45	0	192	0	6
o) Other, please specify	37	2.46	2.64	1	91	0	6

By RWCA funding status:

Q22	RWCA Funding		No RWCA		
	N	Mean	N	Mean	p-value
a) Funding	103	2.3	96	2.7	.19
b) HIV was not a problem in our community	92	1.4	94	1.8	.23
c) Time	104	2.2	96	1.9	.33
d) Staff knowledge/skill	103	1.4	99	1.6	.20
e) Staff experience	102	1.3	98	1.9	.02
f) Facilities/space	103	2.0	98	1.7	.28
g) Laboratory	102	1.1	97	1.2	.47
h) Staff size	103	2.1	99	1.8	.36
i) Health center did not want to be known as an HIV provider	99	0.4	98	0.6	.39
j) Staff resistance	102	0.8	98	0.7	.74
k) Board resistance	50	0.2	39	0.5	.13
l) Informed consent	101	0.5	99	1.7	.23
m) Requirement to provide counseling along with HIV testing	100	1.0	97	1.2	.28
n) No place to refer patients who were identified as HIV infected (positive)	101	0.2	98	1.1	<.0001
o) Other, please specify	7	3.4	15	1.1	.03

23) Please indicate to what extent the following barriers to *providing HIV care and treatment* existed at your health center in CY 2003.

"0" indicates that the item was not a barrier at all; a "6" indicates that the item was a major barrier.

No Barrier **Major Barrier**
0 1 2 3 4 5 6

	N	Mean	Std Dev	Median	Sum	Min	Max
a) Funding	254	3.04	2.24	3	773	0	6
b) HIV was not a problem in our community	238	1.60	1.96	1	382	0	6
c) Staff knowledge/skill	252	2.11	2.06	2	532	0	6
d) Staff experience	252	2.21	2.11	2	556	0	6
e) Facilities/space	250	2.14	2.11	2	535	0	6
f) Cost/reimbursement	250	2.72	2.20	3	679	0	6
g) Health center did not want to be known as an HIV provider	251	0.69	1.36	0	174	0	6
h) Laboratory	251	1.36	1.86	0	341	0	6
i) Staff resistance	252	0.93	1.46	0	235	0	6
j) Board resistance	251	0.52	1.07	0	130	0	6
k) Other, please specify:	47	1.42	2.15	0	67	0	6

24) Please indicate to what extent the following barriers to accurate medical record documentation of HIV risk factors for each patient existed at your health center in CY 2003.
"0" indicates that the item was not a barrier at all; a "6" indicates that the item was a major barrier.

No Barrier **Major Barrier**
0 1 2 3 4 5 6

	N	Mean	Std Dev	Median	Sum	Min	Max
a) Time constraints	213	2.30	2.02	2.0	490	0	6
b) Lack of trained staff	216	1.86	1.87	1.5	402	0	6
c) No established procedure to document HIV risk factors	212	1.82	2.04	1.0	386	0	6
d) Obstacles the patient presented	212	1.95	1.70	2.0	413	0	6
e) Subjects providers found personally uncomfortable	214	1.25	1.47	1.0	267	0	6
f) Cost/reimbursement	209	1.75	1.89	1.0	365	0	6
g) Provider's desire to protect patient's insurability	211	1.10	1.51	0	233	0	6
h) Patient refusal	212	1.78	1.68	1.0	378	0	6
i) HIV risk factors did not relate to patient care	210	1.20	1.53	0	252	0	6
j) Other, please specify:	23	0.83	1.82	0	19	0	6

25a) For CY 2003, provide the *total number* of unduplicated HIV-infected (HIV positive) patients your health center served.

_____ patients

If zero patients were served, please GO to Question 26a.

N	Mean	Std Dev	Median	Sum	Min	Max
203	202.75	823.92	40	41,158	0	11,085

Question 25a. Total HIV(+) Served? (all 276 CHCS)	Numberof CHCs	Mean HIV(+) Served	Wilcoxon p-value
No HIV Testing at CHC	**75**	**16**	**p < 0.0001**
HIV Testing at CHC	**201**	**199**	

25b) Of these, how many were new patients in CY 2003?

_____ patients

N	Mean	Std Dev	Median	Sum	Min	Max
172	53.74	127.97	20	9,244	0	1,299

Question 25b. Total New HIV(+) Patients?	Numberof CHCs	Mean New HIV(+) Patients	Wilcoxon p-value
No HIV Testing at CHC	**75**	**5**	**p < 0.0001**
HIV Testing at CHC	**201**	**44**	

26) When a patient/client tests positive for HIV (new positive) and demonstrates a need for a given service, what is the likelihood that he/she will receive the following?

"0" indicates that the item is not at all likely; a "6" indicates that the item is completely likely.
Not applicable (service not provided onsite)

Not at all Likely **Completely Likely**
0 1 2 3 4 5 6

26a) On-Site:

	N	Mean	Std Dev	Median	Sum	Min	Max
a) Medical evaluation, same day	201	3.84	1.93	4	772	0	6
b) Medical evaluation, appointment for later date	196	4.97	1.73	6	974	0	6
c) Psychosocial evaluation	182	4.28	1.86	5	780	0	6
d) Psychosocial Case Management/Support Group	167	4.11	2.06	5	686	0	6
e) Income Support Services (e.g., SSI, Disability)	158	4.14	1.95	5	654	0	6
f) Medical Benefits Counseling (e.g., ADAP, Medicaid, etc.)	175	4.47	1.85	5	783	0	6
g) Medical Case Management	171	4.53	1.96	5	774	0	6
h) HIV/STD Risk Reduction Counseling	195	5.01	1.44	6	977	0	6
i) Prevention Case Management (PCM)	164	4.07	1.98	5	668	0	6
j) Partner Counseling and Referral Services (PCRS)	166	4.28	1.90	5	710	0	6

26b) Referral Off-Site:
Not applicable (health center does not refer offsite for service)

Not at all Likely **Completely Likely**
0 1 2 3 4 5 6

	N	Mean	Std Dev	Median	Sum	Min	Max
k) Medical evaluation, same day	120	2.22	1.95	2	266	0	6
l) Medical evaluation, appointment for later date	127	4.78	1.60	5	607	0	6
m) Psychosocial evaluation	126	4.10	1.84	5	517	0	6
n) Psychosocial Case Management / Support Group	147	4.17	1.78	5	613	0	6
o) Income Support Services (e.g., SSI, Disability)	157	4.17	1.85	5	649	0	6
p) Medical Benefits Counseling (e.g., ADAP, Medicaid, etc.)	139	4.12	1.85	5	572	0	6
q) Medical Case Management	130	3.94	1.99	5	512	0	6
r) HIV/STD Risk Reduction Counseling	127	4.15	1.98	5	527	0	6
s) Prevention Case Management (PCM)	140	3.82	1.98	4	535	0	6
t) Partner Counseling and Referral Services (PCRS)	160	4.29	1.77	5	686	0	6

27) Regardless of HIV diagnosis date (new and prior positives), what is the likelihood that an HIV-infected (HIV positive) patient at your health center, who demonstrates a need for any of the following services, will receive the service?

"0" indicates that the item is not at all likely; a "6" indicates that the item is completely likely.

27a) On-Site: Not applicable (service not provided onsite)

Not at all Likely **Completely Likely**
0 1 2 3 4 5 6

	N	Mean	Std Dev	Median	Sum	Min	Max
a) HIV related medical evaluation, care, and treatment	184	5.27	1.48	6	969	0	6
b) Medical Case Management	171	5.02	1.58	6	858	0	6
c) Prevention Case Management (PCM)	152	4.51	1.77	5	686	0	6
d) Psychosocial Case Management/Support Group	151	4.37	1.95	5	660	0	6
e) Assessment of their sexual behavior	199	5.02	1.44	6	999	0	6
f) Assessment of their drug use	199	5.12	1.29	6	1,020	0	6
g) Routine STD screening, care and treatment	200	5.36	1.14	6	1,072	0	6
h) Partner Counseling and Referral Services (PCRS)	160	4.47	1.72	5	715	0	6
i) Reproductive health services	191	4.90	1.49	6	936	0	6
j) Drug or alcohol prevention and treatment	147	3.99	1.93	4	586	0	6
k) Mental health services	161	4.43	1.80	5	713	0	6
l) Screening and vaccination for hepatitis B	200	5.30	1.17	6	1,061	0	6
m) Screening and treatment for hepatitis C	195	5.16	1.36	6	1,006	0	6
n) Other services, specify:	22	5.64	1.33	6	124	0	6

For the next section, we'd like to ask you about offsite referrals for **HIV-infected** (HIV positive) patients for which your health center covers the costs.

27b) Referral Off-Site, costs COVERED by your health center:
Not applicable (health center **does** not refer offsite for service)

Not at all Likely **Completely Likely**
0 1 2 3 4 5 6

	N	Mean	Std Dev	Median	Sum	Min	Max
a) HIV related medical evaluation, care, and treatment	67	2.03	2.60	0	136	0	6
b) Medical Case Management	64	1.56	2.49	0	100	0	6
c) Prevention Case Management (PCM)	61	1.11	2.14	0	68	0	6
d) Psychosocial Case Management/Support Group	67	1.49	2.38	0	100	0	6
e) Assessment of their sexual behavior	59	1.41	2.30	0	83	0	6
f) Assessment of their drug use	66	1.68	2.40	0	111	0	6
g) Routine STD screening, care and treatment	62	1.52	2.40	0	94	0	6
h) Partner Counseling and Referral Services (PCRS)	82	1.60	2.31	0	131	0	6
i) Reproductive health services	64	1.62	2.39	0	104	0	6
j) Drug or alcohol prevention and treatment	89	2.00	2.44	0	178	0	6
k) Mental health services	79	2.20	2.54	1	174	0	6
l) Screening and vaccination for hepatitis B	61	1.62	2.42	0	99	0	6
m) Screening and treatment for hepatitis C	64	1.80	2.53	0	115	0	6
n) Other services, specify:	25	2.52	2.77	0	63	0	6

For the next section, we'd like to ask you about offsite referrals for **HIV-infected** (HIV positive) patients for which your health center does NOT cover the costs.

27c) Referral Off Site, cost NOT COVERED by your health center:
Not applicable (health center does not refer offsite for service)

Not at all Likely **Completely Likely**
0 1 2 3 4 5 6

	N	Mean	Std Dev	Median	Sum	Min	Max
a) HIV related medical evaluation, care, and treatment	112	4.81	1.75	6	539	0	6
b) Medical Case Management	112	4.56	1.91	6	511	0	6
c) Prevention Case Management (PCM)	115	4.42	2.10	6	508	0	6
d) Psychosocial Case Management/Support Group	119	4.54	1.89	6	540	0	6
e) Assessment of their sexual behavior	103	4.74	1.87	6	488	0	6
f) Assessment of their drug use	116	4.63	1.89	5	537	0	6
g) Routine STD screening, care and treatment	102	4.78	1.75	6	488	0	6
h) Partner Counseling and Referral Services (PCRS)	145	4.46	1.95	5	647	0	6
i) Reproductive health services	108	4.45	1.91	5	481	0	6
j) Drug or alcohol prevention and treatment	156	4.37	1.90	5	682	0	6
k) Mental health services	138	4.33	1.93	5	598	0	6
l) Screening and vaccination for hepatitis B	100	4.57	1.88	5	457	0	6
m) Screening and treatment for hepatitis C	111	4.58	1.92	6	508	0	6
n) Other services, specify:	29	5.55	1.32	6	161	0	6

28) What data sources were used to complete this survey? *(Check all that apply.)*

	Missing				Yes			
	Frequency	%	Cumulative Frequency	Cumulative %	Frequency	%	Cumulative Frequency	Cumulative %
Staff estimate	90	32.6	90	32.6	186	67.4	276	100
Appointment records	236	85.5	236	85.5	40	14.5	276	100
Electronic medical records	257	93.1	257	93.1	19	6.9	276	100
UDS data	175	63.4	175	63.4	101	36.6	276	100
Billing records	214	77.5	214	77.5	62	22.5	276	100
CADR (CARE Act Data Report)	194	70.3	194	70.3	82	29.7	276	100
HIV Qual	259	93.8	259	93.8	17	6.2	276	100
Patient surveys	268	97.1	268	97.1	8	2.9	276	100
HIV/AIDS Reporting System (HARS)	262	94.9	262	94.9	14	5.1	276	100
Conversations with providers/ administrators	142	51.4	142	51.4	134	48.6	276	100
Other (please specify)	223	80.8	223	80.8	53	19.2	276	100
Other (please specify)	263	95.3	263	95.3	13	4.7	276	100
Other (please specify)	275	99.6	275	99.6	1	0.36	276	100

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