NEEDS ASSESSMENT IN THE ELIGIBLE METROPOLITAN AREA (EMA) OF SAN JUAN

2026

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Estudios Técnicos Inc.
Investigación | Estrategias | Soluciones

CONCEJO DE PLANIFICACIÓN VIH/SIDA AME DE SAN JUAN

AIDS TASK FORCE SAN JUAN EMA

SAN JUAN
CIUDAD CAPITAL

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BACKGROUND

NEEDS ASSESSMENT IN THE ELIGIBLE
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BACKGROUND

The Office of the AIDS Task Force of the Municipality of San Juan and the Planning Council of the San Juan Eligible Metropolitan Area (EMA) contracted the services of Estudios Técnicos, Inc. to carry out a Needs Assessment as part of the requirements of the Ryan White Part A Program.

The Ryan White Program, established through the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, as amended, constitutes one of the main complementary sources of resources for providing care and treatment to low-income people living with HIV who do not have health insurance or whose access to services is limited. This program is organized into several Parts (A, B, C, D, and F), through which funds are allocated to cities, states, and community organizations with the aim of reducing gaps in access to services not covered by other sources. In particular, Part A channels resources directed to Eligible Metropolitan Areas severely affected by the HIV epidemic, subsidizing medical and support services.

In Puerto Rico, Part A funds are received through the Municipality of San Juan for the San Juan EMA, which comprises 30 municipalities. In this context, the Municipality, as the recipient of the funds, collaborates with the Part A Planning Council, the entity responsible for establishing service priorities and determining the allocation of resources among the service categories eligible for funding under the Ryan White HIV/AIDS Program Part A. Currently, the EMA has 20 provider entities that, together, serve participants in the geographic area.

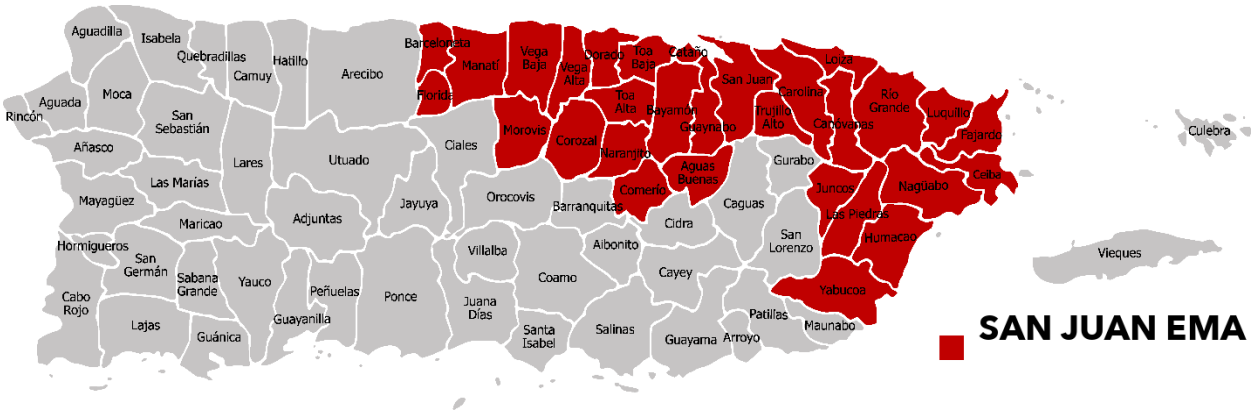
During 2024, 237 people were diagnosed with HIV in the San Juan EMA. For that same year, the diagnosis rate was 14.3 cases per 100,000 inhabitants, with a ratio of approximately five men to every woman. The main mode of transmission was sex between men (57%), followed by heterosexual contact (31%), the latter being predominant among women.

With respect to diagnoses by age and mode of transmission, sex between men presents its highest incidence in the 25-to-34 age group, while heterosexual contact shows a similar distribution between the 25-to-34 and 45-to-54 age groups. On the other hand, when examining diagnoses by age group, a greater

concentration is identified in the 25-to-34 cohort, in which 78.6% are men and 21.4% are women. However, when disaggregating the data by sex at birth, it is observed that diagnoses among men are concentrated in the 55-to-64 age group, while among women the greatest representation is found in the 25-to-34 and 35-to-44 age groups.

On the other hand, at the Puerto Rico level, it is estimated that 665 people per 100,000 inhabitants are living with an HIV diagnosis, with a prevalence among men that exceeds that of women by 2.5 times. Likewise, it is estimated that around 1,500 people are unaware of their diagnosis. In the case of the San Juan EMA, approximately 93.9% of the people diagnosed with HIV in Puerto Rico reside in this area. For 2024, 11,005 people with an HIV diagnosis were registered in the EMA, of whom three quarters were 45 years of age or older.

ILLUSTRATION 1: GEOGRAPHIC AREA OF THE SAN JUAN EMA



In this context, Sections 2602(b)(4) and 2602(4)(G) of the Ryan White Act require that Part A planning councils conduct studies that make it possible to estimate the magnitude of the affected population, identify its needs, and document the gaps in services. These efforts are fundamental for establishing priorities, allocating resources, developing comprehensive plans, and strengthening the service delivery system directed at people living with HIV.

In accordance with these requirements, this document presents the Needs Assessment carried out for the EMA in 2026. Previously, Estudios Técnicos, Inc. worked on a similar study in 2018 and 2022. The document is organized into three main sections:

- A first section in which the methodology used to carry out the Study is presented;
- A second section that presents the results of the tasks carried out; and
- A third section on the interrelation of findings, in which the conclusions of the research are presented.

METHODOLOGY

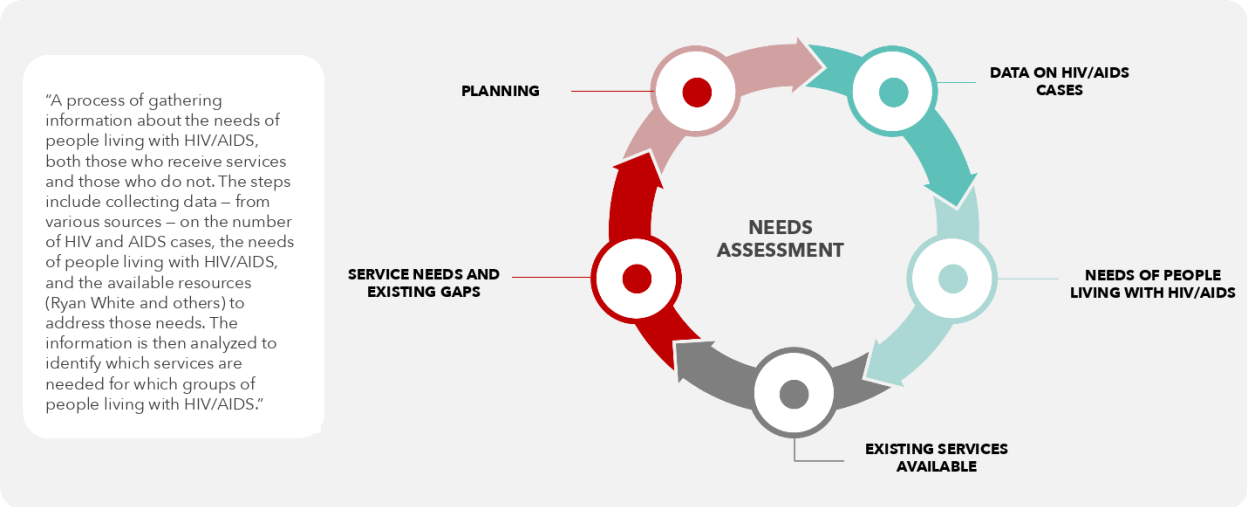
NEEDS ASSESSMENT IN THE ELIGIBLE
METROPOLITAN AREA (EMA) OF SAN JUAN 2026

METHODOLOGY

RESEARCH APPROACH AND ORGANIZATION

To achieve the objectives established by the Municipality and the Council through the Needs Assessment, work was based on a methodology similar to the one used in 2018 and 2022, which was framed within the recommendations included in the "Ryan White Needs Assessment Guide" and recent publications on the topic. According to the aforementioned guide, a needs assessment in the context of the Ryan White Program is: "a process of gathering information about the needs of people living with HIV/AIDS, both those who receive services and those who do not. The steps include gathering data – from diverse sources – on the number of HIV and AIDS cases, the needs of people living with HIV/AIDS, and the available resources (Ryan White and others) to address those needs. The information is then analyzed to identify which services are needed for which groups of people living with HIV/AIDS".[1]

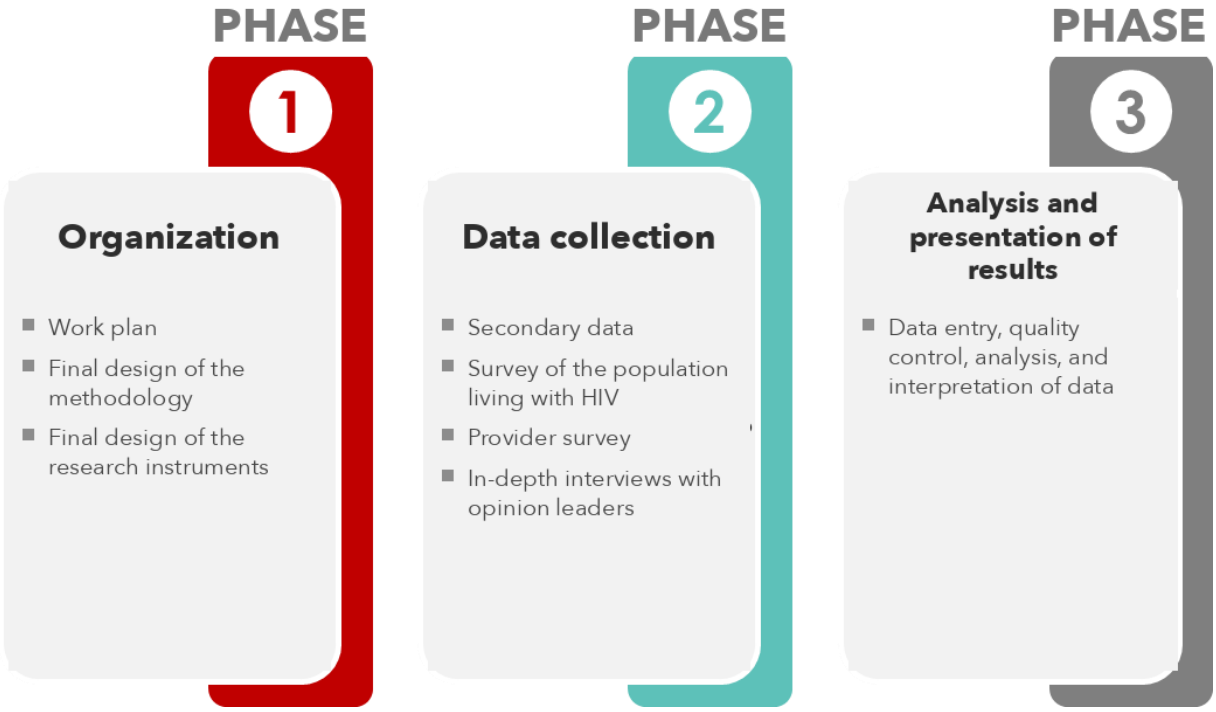
ILLUSTRATION 2: DEFINITION OF A NEEDS ASSESSMENT AND ITS RELATIONSHIP TO SERVICE PLANNING



Starting from this definition, work was based on a mixed approach that made it possible to combine information from primary and secondary sources, as well as quantitative and qualitative data, to contrast and validate the findings. The tasks carried out, in turn, were organized into the following three main phases:

[1] ftp://ftp.hrsa.gov/hab/needs.pdf

ILLUSTRATION 3: ORGANIZATION OF THE METHODOLOGY



The specific methodology and design used for the purposes of the primary data collection tasks is included below. That is: the survey of the population with an HIV-positive diagnosis, the in-depth interviews with opinion leaders, and the survey of service providers in the EMA.

PRIMARY DATA COLLECTION TASKS

In-depth interviews with opinion leaders

In depth interviews, particularly those to key informants, constitute a qualitative technique for gathering information from people whose training or experience qualifies them to provide an informed opinion on the topic under study. For purposes of this task, it was recommended to work with a non-probabilistic sample by judgment and purpose, with a group of 20 participants. Thus, within the sample the aim was to include representatives of service providers and opinion leaders with experience working in HIV intervention and treatment, as well as community leaders.

The interviews were conducted in the period between February 13 and 25, 2026, assisted by a semi-structured guide previously approved by the San Juan EMA Council. The interviews were conducted virtually or in person according to

people's availability. These had an average duration of 34 minutes and were audio-recorded after the participating individuals were informed of the objectives of the study, for whom the study was being conducted, confidentiality criteria, their rights as participants, and consent to record audio. The recordings were transcribed and analyzed with the assistance of the qualitative analysis program NVivo.

Survey of people with an HIV-positive diagnosis

In order to learn the profile and needs of people with an HIV-positive diagnosis, both those who receive services and those who are out of care, a survey was conducted of a probabilistic sample of 325 people with an HIV-positive diagnosis residing in the municipalities that form part of the San Juan EMA.

The type of sampling used was stratified, dividing the sample into two strata according to whether people were in treatment or not in treatment. Accordingly, the sample was distributed as follows:

- Stratum 1: 265 people with an HIV-positive diagnosis in care, who receive services from subrecipient providers of the Ryan White Program – Part A (RWPA).
- Stratum 2: 60 people with an HIV-positive diagnosis who are out of care.

In accordance with the definition recommended by the Council and the EMA, which, in turn, stems from the parameters contained in CAREWare, those people who, at the time of the survey, did not meet at least one of the following characteristics were considered out of care:

- Not having had laboratory tests performed to monitor their HIV-related condition (for example, viral load or CD4 count) in the last three months;
- Not having had a visit or consultation with their physician to receive HIV-related medical care in the past 3 months;
- During the past twelve months, having had a period of 3 months or more without having visited their physician to treat the HIV condition;
- Not currently taking medications for HIV treatment; or
- During the past twelve months, having had a pause in medications for more than three months.

In the case of Stratum 1, a substratification was carried out by center affiliated with the Program, with the distribution of the sample being proportional to the number of participants served at each of the 21 RWPA subrecipient centers.

The survey was carried out through face-to-face personal interviews, which were conducted by the team of interviewers of Estudios Técnicos, Inc. This personnel is trained by Estudios Técnicos and has experience in the subject. The information was gathered electronically using a CAPI (Computer Assisted Personal Interviewing) system. The surveys were conducted during the months of February and March 2026.

The data collection instrument consisted of a questionnaire of open-ended and closed-ended questions, which sought to develop a profile of the population and its service needs. It was validated through expert opinion and a pilot test.

Once the surveys were completed and reviewed, the data collected were processed and analyzed using the Statistical Package for the Social Sciences (SPSS). As part of this process, data validation and quality control procedures were conducted to verify the internal consistency of the database. Descriptive statistical analyses were then performed to generate the frequency tables and other results presented in this report.

Sampling errors arise as a consequence of using a portion of the population to estimate characteristics of the entire population set. The sampling error is closely linked to the estimation and to the estimators used, since it is a measure of the variability of the estimate obtained, which allows us to obtain a margin of error for the point estimate and to create estimation intervals.

For this research, assuming criteria of a stratified probabilistic sampling, the maximum sampling error for any variable at a 95% confidence level will be ±5.4% for the total sample.

Provider survey

For the purpose of having the perspective of service providers, a survey was conducted via the Web, of an availability sample of the providers identified in the

area that receive RWPA funds. The survey was sent to the 20 entities that receive RWPA funds. After about four rounds of follow-up, 12 of these completed the survey. This represents an effective response rate of 60%, which is well above the response rates commonly reported in the literature for studies involving small populations or limited sampling frames. Such studies typically report expected response rates of approximately 20% to 25%2.

The information from the survey was processed in the SPSS application. As this was a non-probability sample, descriptive statistical analyses were performed.

LIMITATIONS OF THE METHODOLOGY

In the case of the survey, particularly the stratum of people out of care, given the diversity of the subpopulations under study and the difficulty of interviewing some of them, the final selection of the sampling units had to be carried out under the parameters of purposive or convenience sampling.

Furthermore, in the case of the provider survey and the in-depth interviews with opinion leaders, because they rely on non-probability samples, the data are indicative and should not be generalized to the universe.

CONCEPTUAL FRAMEWORK

For the purposes of the study, a definition of the research construct "need" was used, similar to the one used in 2018 and 2022, according to which it is defined as those:

> *"aspects or services that are necessary to maintain an adequate state of health and quality of life, but that are not available or, if available, are so in a limited manner or of low quality.".*

In addition, the service categories were defined based on the Program's regulations, as presented below:

[2] Wu, M. J., Zhao, K., & Fils-Aime, F. (2022). Response rates of online surveys in published research: A meta-analysis. Computers & Education Open, 3, 100071. https://doi.org/10.1016/j.caeo.2022.100071.

Core medical services[3]

- AIDS Drug Assistance Program (ADAP)
- Pharmaceutical Assistance Program for HIV (LPAP) (assistance to cover HIV treatment-related medications when ADAP is not available or is insufficient)
- Early Intervention Services (testing, diagnosis, and early linkage to medical services for HIV)
- Health Insurance Premium and Cost-Sharing Assistance (copayments, deductibles, or other health plan expenses)
- Home- and Community-Based Health Services (medical or support services provided in the home or in the community)
- Home Health Care Services (medical or nursing care in the home)
- Hospice Services (palliative care for people with advanced conditions)
- Medical Case Management, including Treatment Adherence (coordination of medical services and support to follow treatment)
- Medical Nutrition Therapy (nutritional assessment and counseling provided by health professionals)
- Mental Health Services (psychological or psychiatric assessment, counseling, or treatment)
- Oral Health Services (dental and oral health care)
- Outpatient Health Services (general practitioner, specialist physicians, and other medical care without hospitalization)
- Outpatient Substance Use Treatment (treatment services for alcohol or other substance use without inpatient admission)

Support services[4]

- Child Care Services (care for children to facilitate attendance at medical appointments or other program services)
- Emergency Financial Assistance (financial aid to cover immediate basic needs such as rent, utilities, or food)

[3] PCN No. 16-02.
[4] PCN No. 16-02.

- Food Bank / Home-Delivered Meals (food or prepared meals for eligible individuals)
- Health Education and Risk Reduction (guidance to promote healthy behaviors and prevent HIV transmission)
- Housing Services (support to access, maintain, or stabilize safe housing)
- Linguistic Services (translation or interpretation to facilitate communication and access to services)
- Medical Transportation (transportation to or from medical appointments or services related to health care)
- Non-Medical Case Management Services (coordination of social and support services, without clinical management)
- Other Professional Services (specialized services such as legal, accounting, or others permitted by the program)
- Community Outreach Services (outreach) (identification, contact, and linkage of eligible individuals to program services)
- Psychosocial Support (support groups, counseling, or other services for emotional and social well-being)
- Referrals for Health Support Services (referrals to other services necessary for comprehensive care)
- Rehabilitation Services (physical, occupational, or other therapies to improve functioning)
- Respite Services (temporary care to provide relief to primary caregivers)
- Residential Substance Use Treatment (treatment services with inpatient admission)

FINDINGS

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2026

IN-DEPTH INTERVIEWS WITH OPINION LEADERS

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2026

IN-DEPTH INTERVIEWS WITH OPINION LEADERS

GENERAL CHARACTERISTICS OF THE INTERVIEW PARTICIPANTS

Among the 20 people who participated in the interviews, most indicated that they had several decades of experience engaging with these issues, whether through lived experience, clinical practice, research, program management, or community work. A little less than half of the individuals indicated that they had careers dating back to the 1980s and early 1990s. One group, close to a third of the participants, placed the beginning of their involvement with HIV-related issues in the mid- to late 1990s and early 2000s, with careers ranging between approximately 25 and 33 years. On the other hand, a small group of people described more recent careers, including experiences of around 12 and 18 years in specific roles, five years of work in the area, and one case of a recent hire of a few months in a managerial position.

TABLE 1: LENGTH OF TIME ENGAGED WITH HIV-RELATED ISSUES (YEARS)

Mean	23
Median	27
Minimum	1
Maximum	45

Note: The numerical base for this table consists of the 20 people who participated in the interviews.

Among those who participated in the interviews, broad and diverse careers stood out in working with people living with HIV in the San Juan EMA. Most of the people interviewed identified themselves as health professionals or as staff with clinical, administrative, or programmatic functions directly linked to the delivery of services. A smaller group mentioned experiences in research, education, housing, prevention, and community activism.

A little more than a third of the people interviewed described a career centered on direct clinical care. These individuals indicated that they provide general or specialized medical services, including pediatric care and follow-up for pregnant women and women living with HIV. Some of these individuals noted that they began working during the early years of the epidemic in the 1980s, when treatments as effective as today's did not yet exist, and that they participated in

organizing home health services, treatment units for acutely ill people, and specialized clinics. Some people spoke about their careers through the evolution of antiretroviral treatments and the longitudinal follow-up they provide to their patients.

> ***"[we started]…when there was nothing, we started with the medications. Then came the protease inhibitors. Then came once-a-day medications. Then came once-a-day combinations. There is currently a medication that is injected every month or every two months. And we are already working with medications every six months."***

Approximately a fifth of the people interviewed described experience in case management, social work, psychology, or clinical coordination. These individuals noted that they have provided direct support, prevention, and clinical management services, coordinating diagnoses, linkage to treatment, and multisectoral follow-up. Some people indicated that they have directed programs for several years, particularly with youth living with HIV, and that they have supervised staff and coordinated quality initiatives within their organizations.

Another fifth of the people interviewed highlighted administrative and program supervision functions, including the implementation and coordination of initiatives funded with Ryan White funds (Parts A, B, and D), as well as housing programs such as HOPWA. These individuals explained that they have worked in municipal and state settings, performing tasks of programming, supervision, data and statistics coordination, and direction of special projects. Few people described functions focused primarily on prevention, education, and HIV testing, including the linkage of newly diagnosed people to clinical and support services. Likewise, a small group of people noted that their experience has developed primarily in the field of research and epidemiological surveillance, including studies aimed at understanding barriers to accessing treatment and services among populations with greater exposure to HIV.

Some people identify themselves as people living with HIV and combine their personal experience with activism, education, and participation in nonprofit organizations. In addition, some people, in a small proportion, emphasized their role in training health professionals and in educational efforts aimed at reducing stigma and expanding knowledge about the condition.

NEEDS IN THE SAN JUAN EMA

In the study, the concept of need for the San Juan EMA was defined as "all the aspects that they understand are necessary for the community living with HIV with which they work to be able to maintain an adequate state of health and quality of life, considering the necessary services that are not available or, if available, are so in a limited manner or of low quality." Likewise, those situations or problems that limit the community's ability to maintain an adequate state of health and quality of life were included.

Starting from this definition of need, the people interviewed identified continuous access to medications and the management of comorbidities as the main needs, noted by most of the participants. Three quarters of those who participated in the interviews highlighted as a need the barriers related to administrative processes of Plan Vital/Medicaid, periodic reviews that interrupt coverage, high deductibles in private plans, and difficulties in dispensing medications during emergencies such as hurricanes or the pandemic. Likewise, multiple people noted obstacles to accessing injectable medications and treatments for metabolic, cardiovascular, and mental health conditions, including prescribing restrictions and limited formularies.

TABLE 2: MAIN NEEDS IDENTIFIED BY THE PEOPLE INTERVIEWED

	Freq.
Access to medications and management of comorbidities	16
Access to specialist and subspecialist physicians	15
Social determinants (housing, employment, income, utilities)	11
Stigma and discrimination	6
Transportation	5
Mental health and problematic substance use	5
Services for the aging population / in-home supports	4
Food security and emergency assistance	4
Case management and staff capacity	3
Specialized legal services	1

Note: The numerical base for this table consists of the 20 people who participated in the interviews. The sum of frequencies may total more than 20 because this is a multiple-response question and an independent count is performed for each of the responses mentioned.

Many of the people interviewed also identified a high need for specialist and subspecialist physicians to address comorbidities associated with aging. They particularly highlighted the areas related to cardiovascular, endocrinological, neurological, renal, dermatological, and oral health conditions. In this regard, long waiting lists, a lack of acceptance of new patients, and a shortage of professionals with expertise in HIV were identified.

> ***"Now the disease is affecting people over 50 years of age. That population… is already dealing with other diseases that accompany HIV: diabetes, kidney diseases, cardiovascular and cerebrovascular diseases…"***
>
> ***"There is a crisis in Puerto Rico… When you call to seek that type of service, the appointments are eight months away, up to a year, or they do not accept new patients."***

Social determinants of health were also identified as areas of need. In particular, a little more than half of the people interviewed mentioned needs related to safe housing, employment, economic stability, payment of utilities, education, and adequate working conditions. These individuals explained that the lack of resources to cover basic needs limits treatment adherence and retention in care. Likewise, it was noted that working with stigma and discrimination continues to be an important need. Some people described experiences of anticipated, internalized, and enacted stigma, including settings involving health services not specialized in HIV. Other people noted the need for continuing education for clinical and auxiliary staff to reduce stigmatizing attitudes, particularly toward people with problematic substance use.

With respect to transportation, although it is a support service available through the Program, some interview participants identified limitations in its availability that affect attendance at medical appointments, recertification processes, and access to other non-clinical services. In their opinion, this difficulty is heightened for people with reduced mobility and for those who live outside the metropolitan area. Likewise, several people interviewed identified needs for mental health and problematic substance use, including access to psychological services, evidence-based treatment, and sociocultural spaces that promote emotional well-being and social interaction.

"One of the main needs they have is transportation to be able to access services. Part A or Part B can offer transportation, but it is for medical services… to do their housing recertification, it is difficult for them."

A group of the people interviewed highlighted needs linked to aging and in-home services, such as homemakers, rehabilitation services, physical and occupational therapies, companionship, and supports for activities of daily living. Likewise, some people noted needs for food security and emergency assistance, including support for food, payment of water and electricity, and mitigation of losses related to power outages. Other people identified the need to strengthen case management and staff capacity, noting work overload, high caseloads, and the need for generational replacement and better working conditions. A smaller number of people mentioned the need for specialized legal services to protect rights under current legislation and to address conflicts related to discrimination and access to services.

Most affected populations

The people interviewed identified various populations living with HIV in the San Juan EMA that, in their judgment, are most affected by the identified needs. Most of the participants pointed to people over 50 years of age as one of the most impacted groups. In this regard, they indicated that this population represents a significant proportion of the cases served and described processes of premature aging, greater prevalence of metabolic and cardiovascular comorbidities, inflammatory conditions, osteoporosis, musculoskeletal impairments, and a greater need for specialized services, including dental prostheses, rehabilitation therapies, and aquatic therapy. Likewise, some people noted that older people face loneliness, limited income (particularly when they depend exclusively on Social Security), and delays in access to medications due to administrative processes related to eligibility and coverage.

TABLE 3: POPULATIONS IDENTIFIED AS MOST AFFECTED AND ASSOCIATED NEEDS

Population	Freq.	Associated needs or situations
Older adults (50+ years)	10	Premature aging; metabolic and cardiovascular comorbidities; osteoporosis; musculoskeletal impairments; need for specialists; dental prostheses; rehabilitation and aquatic therapy; loneliness; limited income; delays in access to medications.

Population	Freq.	Associated needs or situations
Youth / young adults	5	Delayed care; risk behaviors; lack of diagnosis disclosure; need for greater follow-up.
Transgender people	4	High vulnerability; social exclusion; stigma; invisibility in service provision.
Men who have sex with men (MSM)	3	Social exclusion; stigma; need for culturally competent services.
LGBTQ+ community (general)	3	Discrimination; compounded stigma
People with problematic substance use	3	Historical marginalization; stigma; difficulty in access and retention in services
People experiencing homelessness / unstable housing	2	Structural barriers to access; difficulty with treatment adherence
Women (general)	2	Social vulnerability; barriers to access
Immigrants	2	Barriers due to immigration status; uncertainty; limited access
Widespread impact (no specific subpopulation)	2	Cross-cutting stigma; impact on the entire population living with HIV
Pregnant women	1	Difficulty with medication adherence during pregnancy
People without medical coverage	1	Limitations due to eligibility or income; delays in medications
Pediatric patients	1	Need for differentiated care
People with a mental health diagnosis	1	Additional vulnerability; stigma

Note: The numerical base of this table is composed of the 20 people who participated in the interviews. The sum of frequencies may total more than 20 because this question allows for multiple responses and an independent count is performed for each of the responses mentioned.

Several people also identified youth and young adults as a population with particular needs. They pointed to delayed care, greater exposure to risk behaviors, and challenges associated with the lack of diagnosis disclosure within the family setting. Similarly, some people mentioned pediatric patients as a group that requires differentiated care.

"It is now more directed toward the older adult population… also among young people, who take more risks."

Some of the people interviewed identified transgender people, men who have sex with men (MSM), and, in general terms, members of the LGBTQ+ community as highly vulnerable populations. According to them, these populations face

multiple forms of social exclusion and stigma, which intertwine with an HIV-positive diagnosis, and this can hinder access to and continuity in services. Likewise, some people noted that certain changes in federal regulations have generated uncertainty and processes of invisibility that affect the provision of services to these communities.

> ***"In terms of the population of men who have sex with men, now the transgender population, we have some new programs that are greatly affecting the provision of services to these populations, because they have to be made invisible due to the changes in federal regulations. The same goes for immigrant populations, which, yes, also have to be made invisible."***

Several people indicated that people with problematic substance use experience historical marginalization and compounded stigma, which complicates their access to health services and social support. They also identified people experiencing homelessness or unstable housing as the group with the greatest structural barriers to accessing and sustaining treatment. Similarly, they mentioned people without medical coverage, including those affected by their immigration status or by incomes that do not meet eligibility criteria, which limits their timely access to medications and specialized services.

Some people identified women, particularly pregnant women, as a group with specific needs, including challenges related to medication adherence during pregnancy. They also mentioned immigrants as a population affected by uncertainty and structural barriers to accessing services. On the other hand, some people expressed that the impact of the identified needs is experienced in a widespread manner across the population living with an HIV-positive diagnosis, noting that stigma can affect anyone regardless of their age, gender, or identity, and that experiences of exclusion do not necessarily add up in a linear way but rather shape a holistic experience of vulnerability.

Geographic differences in the needs of the San Juan EMA

Although not all of the people interviewed identified differences, most did note discrepancies in needs depending on geographic location within the San Juan EMA. In general terms, several people noted that the farther communities are from the metropolitan area (San Juan, Bayamón, Guaynabo, Cataño, Trujillo Alto,

and Carolina), the greater the limitations in accessing health services, including those related to HIV.

TABLE 4: GEOGRAPHIC DIFFERENCES IN THE NEEDS IDENTIFIED BY THE PEOPLE INTERVIEWED

	Freq.
Transportation barriers in remote municipalities	11
Concentration/centralization of services in the metropolitan area	9
Lower availability of providers/specialists in rural or remote areas	6
More severe needs outside the metropolitan area	5
Lower access to support, education, or complementary services in remote municipalities	3
Influence of stigma on the decision to travel	1
Similar needs throughout the San Juan EMA	4

Note: The numerical base of this table is composed of the 20 people who participated in the interviews. The sum of frequencies may total more than 20 because this question allows for multiple responses and an independent count is performed for each of the responses mentioned.

Some people described a concentration of specialized services in the metropolitan area, particularly in the municipality of San Juan. According to them, more remote municipalities such as Morovis, Corozal, Naranjito, Comerío, Aguas Buenas, Barceloneta, Fajardo, Luquillo, Ceiba, Río Grande, Yabucoa, Las Piedras, and sectors of the eastern and central areas have lower availability of providers and specialists. Some people mentioned that, although there are clinics in certain municipalities such as Caguas, Humacao, and Fajardo, the options remain more limited compared to San Juan, with particularities such as having to seek services farther away because closer offerings may fall outside the San Juan EMA, as in the case of those offered in Caguas. Other people interviewed alluded to a need to bring services to the mountain area.

> ***"Geographically, for example, in the eastern area we have fewer providers... Fajardo, Luquillo, Ceiba, Naguabo, Río Grande as well. It is very difficult to find providers for that region."***

Transportation repeatedly emerged as a disadvantage of the geographic difference. Several people indicated that in the municipalities outside the metropolitan area there is not enough public transportation and that alternatives such as the urban train, Uber, or Lyft are not available in many rural or mountain areas. They expressed that many people must travel to San Juan to receive

specialized services, which entails greater costs, travel time, and logistical difficulties. Some people also noted that certain medical plans do not cover transportation for those who do not qualify under specific age or plan-type criteria.

Some people mentioned that in remote municipalities there may be lower access to educational campaigns, guidance, and community support. They also noted that the stigma associated with an HIV-positive diagnosis influences travel, since some people prefer to travel greater distances to prevent others from learning of their diagnosis. On the other hand, a smaller group of people maintained that the needs are similar throughout the San Juan EMA, or that access does not represent a significant difference, arguing that people can travel to the clinics, even though this entails periodic trips.

FACTORS AFFECTING LINKAGE TO TREATMENT

The people interviewed identified multiple factors that limit or affect early linkage to treatment in the San Juan EMA. Most of the people interviewed noted stigma as the main factor that interferes with the process of timely diagnosis and early linkage. These people described social, structural, and community stigma, as well as fear of diagnosis disclosure, fear of a lack of confidentiality, and concern about family or community rejection. Other people also indicated that stigma manifests both in the community and in some clinical settings, which makes it difficult for people to request testing or to speak openly about risk practices.

TABLE 5: FACTORS AFFECTING LINKAGE TO TREATMENT

	Freq.
Stigma (social, structural, fear of disclosure, confidentiality)	14
Lack of testing or routine implementation of the HIV test	8
Lack of information or lack of awareness of services	7
Low perception of risk	4
Structural and administrative barriers (bureaucracy, funds, lack of structure)	4
Mental health conditions and problematic substance use	4

	Freq.
Social factors (lack of housing, violence, family dynamics)	3
Geographic limitations within the San Juan EMA	1
Disengagement from services or need for frequent re-linkage	1

Note: The numerical base of this table is composed of the 20 people who participated in the interviews. The sum of frequencies may total more than 20 because this question allows for multiple responses and an independent count is performed for each of the responses mentioned.

A large group of the people interviewed highlighted the failure to perform the HIV test as one of the barriers. According to these people, the absence of routine testing, the lack of effective implementation of the law that promotes routine or annual screening, and the lack of proactive offering by some health providers delay diagnosis. Some of the people interviewed noted that health professionals do not always inquire about risk behaviors or order the test as part of the primary evaluation. Other people mentioned that some populations do not perceive themselves to be at risk, particularly young people, which reduces the likelihood that they will request the test voluntarily.

In turn, several of the people interviewed described the lack of information and the lack of awareness about where to go to get tested or to receive services as a significant obstacle. According to those who participated in the study, part of the general population, as well as some providers, are unaware of the resources available in the area. Likewise, they noted that informational campaigns do not always clearly detail the steps to follow after diagnosis or the specific centers where care can be received. Other people interviewed identified structural and administrative factors that affect early linkage, such as bureaucracy in the allocation and execution of funds, delays in contracts, reimbursement-based work, and limitations in service coordination. They also noted the lack of a uniform structure for referral and linkage to care, especially when the diagnosis occurs outside specialized clinics or through online programs. Similarly, some people indicated that the lack of immediate access to medications, the need to obtain medical plan approval, and the lack of an integrated center that facilitates laboratories, medical plan, and treatment in a single space can delay the start of treatment.

> ***"The allocation of funds in an effective and adequate manner in a timely fashion. The execution of those funds in an effective manner. By that I mean the promptness of the calls for proposals, of issuing the proposals, of reviewing the proposals, of issuing the contracts, of signing the contracts."***

On the other hand, some of the people interviewed described individual and social factors that affect early linkage, including mental health conditions, problematic substance use, experiences of violence, lack of housing, and complex family dynamics. For these people, these circumstances can hinder a person's willingness or ability to link quickly to treatment. Likewise, some people noted disengagement from services, emotional exhaustion, and the need for frequent re-linkage as elements that complicate the continuity of care from early stages. Other people interviewed indicated that geographic disparities exist within the San Juan EMA. In their view, the municipalities farthest from the metropolitan area may face greater infrastructure limitations and greater community stigma, which could affect access and timely linkage.

FACTORS AFFECTING TREATMENT ADHERENCE

The people interviewed identified multiple factors that limit or affect treatment adherence among people living with an HIV-positive diagnosis in the San Juan EMA. In general terms, they described structural, administrative, economic, psychosocial, clinical, and individual barriers that affect the maintenance of treatment and the continuity of care.

TABLE 6: FACTORS AFFECTING TREATMENT ADHERENCE

	Freq.
Structural, administrative, and health system barriers (bureaucracy, medical plans, fragmentation, funds, medication dispensing, case management overload)	8
Economic and access barriers (poverty, transportation, lack of employment, limited mobility)	6
Individual and behavioral factors (treatment fatigue, forgetfulness, denial, perception of low risk)	6
Stigma, fear, and confidentiality	5
Mental health and problematic substance use	5
Factors related to clinical communication and the relationship with the provider	4
Lack of awareness or lack of guidance about services	3

	Freq.
Caregiving roles and life stage (young people, caregivers, prioritizing children)	3
Migration and geographic mobility	1
Emergency events or natural disasters	1

Note: The numerical base of this table is composed of the 20 people who participated in the interviews. The sum of frequencies may total more than 20 because this question allows for multiple responses and an independent count is performed for each of the responses mentioned.

Some people noted structural and administrative barriers related to the health system. According to them, there is fragmentation in services, changes in medication dispensing models, requirements imposed by medical plans, limitations in the application of funds, and bureaucratic processes that delay contracts, proposals, or the execution of resources. Likewise, they mentioned difficulties in the availability of medications at pharmacies, rejection of prescriptions, restrictions on the provision of antiretrovirals, and case management overload due to staffing limitations. Some people indicated that the lack of clarity in policies aimed at specific populations, as well as the limited execution of prevention initiatives, also indirectly affect adherence.

> ***"With adherence, we have problems with the change in the provision of antiretroviral medications; it has definitely affected their adherence. We have situations where medical plans change their requirements to provide the medications. They have clauses that limit access to them or reject them. Before, we had those through ADAP, which was a very prompt and very structured system; not anymore."***

Various people highlighted economic and social barriers. They mentioned barriers such as poverty, lack of employment, lack of food, and transportation difficulties in picking up medications or attending appointments. In addition, they indicated that some people do not have the resources to travel or have incapacitating conditions that limit their mobility. Other people noted temporary or permanent migration outside of Puerto Rico, which interrupts treatment and requires re-linkage processes upon return.

Among the people interviewed, psychosocial factors were also identified. Once again, they highlighted stigma, fear of diagnosis disclosure, fear that confidentiality would be affected, and concern that people could be recognized at clinics as elements that hinder the continuity of treatment. Several of the interview participants indicated that some people do not disclose their

diagnosis to family members or partners, which complicates adherence. Likewise, they mentioned situations of violence in the home, lack of family support, vulnerable communities, experiences of discrimination, and the impact of stigma on populations such as people with problematic substance use, transgender people, and people from the LGBTQ+ community.

In the area of mental health, several people noted that conditions such as depression or other psychiatric diagnoses, as well as relapses into problematic substance use, can cause interruptions in treatment. Some people indicated that the exhaustion or fatigue associated with prolonged treatments and the perception of HIV as a manageable chronic condition can lead some people to reduce their perception of risk or to abandon treatment.

"Mental health. Many of the participants have a mental health condition and may be in treatment, they drop it, they come back, and that same situation of depression or any mental condition makes them relapse in every sense, including their treatment and treatment adherence."

Other people highlighted factors related to life stage and caregiving roles. They noted that some women prioritize the well-being of their children over their own care. Likewise, they indicated that adolescents and young people may abandon treatment upon reaching certain ages. They also mentioned that some caregivers neglect their own health because they prioritize their family responsibilities over treatment.

Regarding the clinical process, several people highlighted the importance of communication between the health professional and the patient. In this regard, they indicated that the level of explanation about the importance of adherence, the understanding of the medication adjustment process, changes due to comorbidities, and the transition to new therapeutic alternatives can influence treatment continuity. Some people noted dissatisfaction with providers and the need to offer alternatives such as telemedicine, greater appointment flexibility, and accessible navigation services. Likewise, several people mentioned a lack of knowledge about where and how to access services, a lack of clear guidance following diagnosis, and the need for ongoing education about available resources. They also noted that emergency events, such as hurricanes, can interrupt access to medications and cause improvised adjustments to treatment.

CORE MEDICAL SERVICES

In order to learn about the core medical services aimed at people living with HIV in the San Juan EMA, participants in the interview were presented with a list of 13 services so that they could identify those they considered to be the most frequently requested or in highest demand at present. It should be noted that, although the request was for the highest-demand services, many people went on to qualify the services they understood to be the most important. The services shown were:

- AIDS Drug Assistance Program (ADAP)
- HIV Pharmaceutical Assistance Program (LPAP) (help to cover HIV treatment-related medications when ADAP is unavailable or insufficient)
- Early Intervention Services (testing, diagnosis, and early linkage to HIV medical services)
- Health Insurance Premium and Cost-Sharing Assistance (copayments, deductibles, or other health plan expenses)
- Home- and Community-Based Health Services (medical or support services provided at home or in the community)
- Home Health Care Services (medical or nursing care at home)
- Hospice Services (palliative care for people with advanced conditions)
- Clinical Case Management, including Treatment Adherence (coordination of medical services and support to follow treatment)
- Medical Nutrition Therapy (nutritional assessment and guidance provided by health professionals)
- Mental Health Services (psychological or psychiatric assessment, counseling, or treatment)
- Oral Health Services (dental and oral health care)
- Outpatient Health Services (medical care without hospitalization)
- Outpatient Substance Use Treatment (treatment services for alcohol or other substance use without inpatient admission)

a) Other, which?

Highest-demand services

The people interviewed consistently identified the HIV Treatment Medication Assistance Program (ADAP) as the highest-demand service in the municipalities that make up the San Juan EMA. Most of the people interviewed noted that continuous access to medications constitutes the foundation of treatment, viral suppression, and the prevention of new transmissions. Several people emphasized that this service is indispensable to ensuring treatment adherence and clinical stability.

TABLE 7: CORE MEDICAL SERVICES IDENTIFIED AS BEING IN HIGHEST DEMAND

	Freq.
AIDS Drug Assistance Program (ADAP)	14
Clinical Case Management	10
Pharmaceutical Assistance Program (LPAP)	9
Early Intervention Services	9
Outpatient Health Services	9
Mental Health Services	9
Home- and Community-Based Health Services / Home Care	9
Premium and Cost-Sharing Assistance	7
Oral Health Services	7
Medical Nutrition Therapy	6
Outpatient Substance Use Treatment	6

Note: The numerical base of this table is composed of the 20 people who participated in the interviews. The sum of the frequencies may add up to more than 20 since this is a multiple-response question and an independent count is made for each of the responses mentioned.

Many people interviewed also highlighted the HIV Pharmaceutical Assistance Program (LPAP) as a highly requested resource, particularly when it complements or supplies needs not covered by ADAP. People noted that both programs sustain access to treatments and reduce economic barriers associated with the cost of medications. On the other hand, another group of people interviewed identified early intervention services as among the most in demand. Several of these people explained that immediate linkage to treatment following diagnosis facilitates the timely start of antiretroviral therapy and strengthens clinical control from the early stages.

"Yes, [LPAP] is high-frequency. I understand that, once the person is enrolled and has it, most of the supplements and medications are managed. There have been times with that limitation of supplying the medications."

Another group of people interviewed identified clinical case management as one of the most requested services. For these people, this service supports care coordination, appointment follow-up, and treatment adherence, as well as connection with other necessary supports. Likewise, they also frequently mentioned outpatient health services as being highly in demand. According to these participants, these services allow for continuous medical monitoring, the management of comorbidities, and the administration of treatments without requiring hospitalization.

In the psychosocial area, numerous people interviewed highlighted mental health as a high-demand service. In their view, there is a great demand due to the need for psychological and psychiatric support in the face of emotional, social, and economic factors that affect adherence and quality of life. On the other hand, many people interviewed noted the importance of home- and community-based health services, including home health care, especially given the aging of the HIV population and the presence of functional limitations. Several people indicated that this type of service facilitates treatment continuity for people with reduced mobility or additional chronic conditions.

> ***"And another issue is that we are very bad, you know, in mental health services. Mental health in Puerto Rico, unfortunately, we are quite bad. And that in the HIV population is much worse for a lot of reasons that accompany them economically, socially, and in different ways. Psychologists, psychiatrists, and other mental health professionals are needed."***

Some of the people interviewed identified premium and cost-sharing assistance, medical nutrition therapy, oral health services, and outpatient substance use treatment as high-demand services. As these participants explained, these services address structural factors, comorbidities, and associated conditions that directly affect clinical stability and treatment adherence.

Services they consider most important

As indicated earlier, some of the people interviewed did not differentiate between frequency of use and relevance, but instead identified the services that, in their opinion, are most important to ensuring the clinical stability and comprehensive well-being of people living with HIV. Within this group, most of the

people interviewed highlighted the HIV Treatment Medication Assistance Program (ADAP) as the most important component of the services system.

TABLE 8: CORE MEDICAL SERVICES IDENTIFIED AS MOST IMPORTANT

	Freq.
AIDS Drug Assistance Program (ADAP)	6
Pharmaceutical Assistance Program (LPAP)	5
Early Intervention Services	4
Clinical Case Management	4
Mental Health Services	4
Outpatient Health Services	3
Home- and Community-Based Health Services / Home Care	3
Premium and Cost-Sharing Assistance	3
Medical Nutrition Therapy	2
Oral Health Services	2
Outpatient Substance Use Treatment	2
Hospice Services	2

Note: The numerical base of this table is composed of the 20 people who participated in the interviews. The sum of the frequencies may add up to more than 20 since this is a multiple-response question and an independent count is made for each of the responses mentioned.

Several of the people interviewed also identified the HIV Pharmaceutical Assistance Program (LPAP) as an essential resource, particularly as a complement to ensuring access to medications when there are coverage limitations or administrative difficulties. People emphasized that both programs sustain treatment continuity. Likewise, some people interviewed noted early intervention services as highly important, considering that immediate linkage to treatment following diagnosis strengthens adherence and improves the clinical prognosis. Other people also underscored the relevance of clinical case management, highlighting its role in coordinating services and in continuous follow-up.

"Early intervention service is what we were talking about, that as soon as the diagnosis is received, it must begin to be treated. And also to test them and place them in the hands of the center or services that provide the complete treatment."

In the psychosocial area, several people interviewed identified mental health services as fundamental, recognizing the impact of emotional, social, and economic factors on adherence and quality of life. Likewise, some people noted

outpatient health services as important, as they allow for continuous medical monitoring and the management of comorbidities. On the other hand, some people interviewed mentioned home- and community-based health services as important, particularly given the aging of the population and the presence of functional limitations. Some people also identified premium and cost-sharing assistance, medical nutrition therapy, oral health services, outpatient substance use treatment, and hospice services as important components of the continuum of care.

ASSESSMENT OF CORE MEDICAL SERVICES

To assess the level of the supply or availability of core medical services in the municipalities that make up the San Juan EMA, a five-point Likert scale ranging from very adequate to not at all adequate was used. The people interviewed predominantly assessed the supply or availability of core medical services for people living with HIV in the municipalities that make up the San Juan EMA as adequate. More than half of the people indicated that the services generally meet the needs of the population, although some noted variations between municipalities, particularly in more distant or rural geographic areas.

TABLE 9: ASSESSMENT OF THE SUPPLY OR AVAILABILITY OF CORE MEDICAL SERVICES IN THE SAN JUAN EMA

	Freq.
Very adequate	4
Adequate	9
Moderately adequate	6
Somewhat adequate	0
Not at all adequate	0
No opinion	1
Total	**20**

Note: The numerical base of this table is composed of the 20 people who participated in the interviews.

Four of the people interviewed described these services as very adequate, highlighting the organization of the system, the availability of treatment, and the efforts made to strengthen care. According to these people, the existence of multiple resources should be recognized, so they viewed the institutional response positively, although some pointed out that there is always room for improvement. On the other hand, several people considered the supply to be moderately

adequate, noting the need to strengthen certain components of the system, improve the availability of specific services, and address gaps related to accessibility in some municipalities. No one assessed the supply as somewhat adequate or not at all adequate. One person indicated that they had no basis on which to offer an assessment.

Core medical services that present the greatest limitations in their supply

The people interviewed identified various core medical services that they understand present the greatest limitations in their supply or availability within the San Juan EMA. Most frequently, people noted mental health services, including psychiatric treatment, as an area with limitations.

TABLE 10: CORE MEDICAL SERVICES IDENTIFIED WITH THE GREATEST LIMITATIONS IN THEIR SUPPLY OR AVAILABILITY IN THE SAN JUAN EMA

	Freq.
Mental health (includes psychiatric treatment)	4
Hospice / palliative care	4
Home health care services	4
Oral health / dental services	4
Outpatient treatment for problematic substance use	3
Premium / copayment / cost-sharing assistance	3
Early intervention services	1
Pharmacy / medication dispensing services	1
LPAP (not available in the EMA)	1

Note: The numerical base of this table is composed of the 19 people who participated in the interviews and identified services with limitations. One person did not identify limitations in the services.

Other people interviewed mentioned limitations in hospice services and in home health care services. In these cases, they noted that the supply is reduced, that some services depend on health plan coverage, and that there is limited availability of nursing personnel able to provide care at home. Likewise, the people interviewed identified oral health services as an area with limited availability. In this regard, they identified difficulties related to access, appointment attendance, and lesser integration of these services within the regular supply of care.

"Among the things we have to improve is offering hospice services aimed at the HIV population…"

On the other hand, several people noted challenges in assistance for the payment of health insurance premiums and cost-sharing, including copayments. As they indicated, the available funds are limited and certain sectors of the population face difficulties qualifying for assistance without having sufficient resources to cover their medical expenses. In addition, some people interviewed mentioned limitations in early intervention services and in the areas of pharmacy and medication dispensing, noting difficulties related to continuous access to treatments and administrative processes. One person indicated the absence of LPAP within the San Juan EMA, while another person expressed that they did not identify services with limitations.

Geographic differences in the supply of core medical services

The people interviewed identified various differences in the supply of services for people living with HIV within the San Juan EMA. Most of the participants indicated that services are concentrated in the metropolitan area, particularly in the municipality of San Juan and in nearby municipalities such as Bayamón, Carolina, and Guaynabo. Several people noted that the closer the municipalities are to the metropolitan center, the greater the availability of services; as geographic distance increases, the supply decreases.

> ***"Yes, I think there is certainly greater availability of services within the municipality and not necessarily throughout that entire EMA area."***

Various people interviewed explained that, in more remote municipalities, in the mountains or far from the metropolitan area, access to certain specialized services is difficult. Some people mentioned limitations in the availability of treatment for problematic substance use outside municipalities such as San Juan, Bayamón, or Carolina. Other people indicated that oral health services do not have enough providers outside the metropolitan area. Likewise, some people noted that home medical visits are not available uniformly across all areas.

Some people interviewed emphasized that certain programs, such as ADAP, maintain centralized processes that allow services to be requested by telephone and have case management staff across different programs, which helps reduce differences in that specific component. Nevertheless, other people stressed that particular initiatives, such as efforts linked to Ending HIV Epidemic, are more concentrated in the municipality of San Juan. On the other hand, some people

interviewed indicated that they do not perceive a marked geographic barrier or noted that, although differences exist, in strategic locations people can access services without major difficulties. Similarly, some people mentioned that the distribution responds in part to the concentration of diagnoses in certain municipalities.

Barriers that limit services

The people interviewed identified structural, social, and economic factors, along with factors related to the availability of human resources and specialized services, as the main barriers to accessing core medical services in the San Juan EMA. One of the most frequently mentioned barriers was transportation, highlighting the absence of effective public transportation, the difficulties in affording private alternatives, and the challenges of coordinating trips, both outbound and return. In this regard, it was indicated that this service is in theory available through the Vital plan, but that in practice it is not offered, which makes it even more difficult to provide alternatives for its provision. Other barriers mentioned are:

- Transportation (includes transportation coordination and the absence of adequate public transportation)
- Economic limitations / poverty
- Child care
- Stigma associated with HIV
- Fear of disclosure of the diagnosis
- Confidentiality
- Geographic displacement to avoid identification
- Reduced supply of services outside the municipality of San Juan
- Lack of comprehensive local supply
- Provider limitations / limited availability of professionals trained in HIV
- Limitations in dental services
- Limitations in case management services
- Limitations in psychology and psychiatry services
- Staff turnover and limitations of organizational resources

- Barriers in the medication system and pharmacy areas
- Bureaucracy associated with injectable treatments
- Spaces not suitable for LGBT populations, particularly transgender women
- Lack of knowledge about available services
- Competing priorities that displace attention to HIV care

Some people mentioned childcare and economic limitations as factors that directly affect the ability to attend appointments and continue treatment. On the other hand, multiple people interviewed indicated that the stigma associated with HIV continues to represent a significant barrier. In this regard, they highlighted situations where participants avoid going to pharmacies or seek services in other regions to protect their confidentiality and avoid being identified. Likewise, several people linked stigma with the fear of disclosure of the diagnosis and with the need to travel geographically to receive services in spaces perceived as more private.

> ***"I have participants who do not want to go to the pharmacy to pick up their medications so that people won't identify which medication they are taking. It's not that they are treated badly, it's that they are afraid that people will know they have HIV."***

At the institutional and structural level, some people noted limitations in the supply of services, particularly outside the municipality of San Juan, where they described a decrease in availability as the distance from the metropolitan area increases. Other people mentioned barriers related to the medication system and pharmacy areas, as well as bureaucratic processes linked to injectable treatments. In addition, several people identified limitations in the availability of health professionals with specialized preparation in the comprehensive management of HIV, emphasizing that the required clinical training is extensive and that management goes beyond pharmacological treatment. Likewise, some people interviewed indicated limitations in support services such as dental health, case management, and psychological or psychiatric services. Other people noted that staff turnover and periods of resource limitation in provider organizations affect the continuity and stability of services.

"Right now I would tell you that it's the stigma that exists around the issue of HIV. And, number two, in our organization we have had periods where we have a limitation of resources due to staff turnover, and that, obviously, has had some kind of impact. Staff turnover."

From a population perspective, several people highlighted that members of the LGBTQ+ community, particularly transgender women, face additional challenges when service spaces do not adequately recognize and integrate the diversity of identities. Some people also mentioned the lack of knowledge about available services and the existence of competing priorities as factors that influence access.

Recommendations to address barriers identified in core medical services

The people interviewed offered various recommendations aimed at addressing the barriers faced by the community living with HIV in the San Juan EMA in accessing core medical services. In general terms, several people emphasized the need to strengthen funding as an essential condition to expand services, cover high deductibles, subsidize medication costs, and sustain community programs. Some people noted that rising costs and reduced funding limit the capacity of agencies to respond adequately to current needs. Other recommendations made are:

- Increase funding to sustain and expand services.
- Create special budget line items for transportation.
- Coordinate transportation services (for example, through platforms such as Uber) for appointments and treatment-related matters.
- Submit proposals under federal programs (for example, HOPWA) to expand support services.
- Address high deductibles and medication costs.
- Strengthen counseling therapies.
- Expand rehabilitation services, complementary therapies, and homemaker support.
- Train more physicians and health professionals in caring for people living with HIV and affected people.

- Establish formal certifications for case managers through educational partnerships.
- Review clinical protocols and strengthen the cultural competence of staff.
- Ensure stigma-free environments in clinics.
- Include people who use substances and other service users in decision-making processes.
- Maintain participatory processes for budget distribution according to service use.
- Develop advertising campaigns to raise awareness of available services.
- Educate the general population to reduce stigma and the criminalization of HIV.
- Offer individualized guidance and explore the particular needs of each person to facilitate access.

Several people proposed developing specific mechanisms to address economic barriers linked to deductibles and medication costs, highlighting that the majority of the population does not have sufficient income to assume high monthly payments. Likewise, some people recommended creating special budget line items for transportation services, including the coordination of services such as Uber to attend medical appointments and treatment-related matters. Other people suggested expanding subsidized projects, such as initiatives under federal programs, to strengthen transportation and other non-clinical support services. On the other hand, several people recommended continuing and strengthening participatory processes in budget distribution, ensuring that the most-used services receive a greater allocation of funds and that service users, including those who use substances, participate in decision-making processes.

> ***"Well, we could operate a line item as has been done when there are surpluses and a line item is formed to use them, say, as a special project for transportation. And it is given to an agency, and that agency is responsible for administering that money in the EMA to provide it as AHS is doing right now, which I don't know whether it is continuing with the funds, but they can coordinate some Ubers for patient appointments or matters related to the patient's situation."***

In the clinical and psychosocial component, several people recommended strengthening counseling therapies, expanding rehabilitation services,

incorporating complementary therapies, and reinforcing homemaker support. Some people also raised the importance of reviewing clinical services and protocols to ensure that clinics are prepared to receive a diverse population, have staff trained at different levels (physicians, social workers, case managers, nutritionists, and other professionals), and guarantee cultural competence and stigma-free environments.

With regard to human resources, several people recommended training more physicians and health professionals to work with people living with HIV, as well as with affected uninfected people, including discordant couples and children exposed in utero. Likewise, some people proposed establishing formal certification processes for case managers through partnerships with educational institutions, in order to strengthen professional capacity and increase the enrollment of trained staff.

Projection of future trends in core medical services in the San Juan EMA

The people interviewed identified multiple services that, according to current trends, they believe will have greater demand in the future for the community living with an HIV-positive diagnosis in the municipalities that make up the San Juan EMA. Some of the people noted that population aging will increase the need for services aimed at older adults, including home care, home visits, palliative services, care centers, adapted homes, and supports linked to chronic conditions and comorbidities. Likewise, some people indicated that this population will require greater guidance, education, and adjustments in service delivery models due to demographic and cultural changes.

TABLE 11: SERVICES THAT THE PEOPLE INTERVIEWED IDENTIFIED AS HAVING THE GREATEST FUTURE DEMAND

	Freq.
Services aimed at older adults (home care, palliative, centers)	8
Medication access and support (ARV, controlled, LPAP, copayments, premiums)	5
Education and stigma reduction / diagnostic testing	5
Services for comorbidities and chronic conditions	4
Mental health	2
Telemedicine	2
Oral health	2
Case management	1
Cross-sector integration (housing, food, transportation)	1

	Freq.
Outpatient services	1
Medical nutrition therapy	1
Specialized providers	1

Note: The numerical base of this table is composed of the 18 people who participated in the interviews and identified services. Two people did not identify services.

With regard to treatment, various people mentioned that demand for access to antiretroviral medications, controlled-use medications, and support programs for the payment of premiums and copayments will continue and increase. Some people also described innovations in treatment, such as medications administered every six months, immunotherapies, and studies aimed at achieving prolonged remissions, which will require the system to prepare for their implementation. Likewise, some people highlighted the importance of strengthening programs such as LPAP.

> ***"… the retrovirals and controlled medications that many people need, that they have a need for, because there are people who cannot live without their controlled medications, who cannot function, who cannot feel or anything."***

On the other hand, several people identified mental health as a service that will maintain or increase its demand. Likewise, some people mentioned the need for oral health services, medical nutrition therapy, and outpatient services.

As for the organization of and access to services, several people highlighted case management as a central axis for the coordination of care. Other people noted the importance of strengthening telemedicine, expanding transportation coordination, and continuing integration with support networks in housing and food. Likewise, several people indicated that the need for community education will increase in order to reduce perceived stigma, promote treatment adherence, and encourage timely diagnosis through the expansion of screening tests in clinical and community settings. Some people also noted concern about the future availability of specialized service providers.

SUPPORT SERVICES

In order to learn about the support services aimed at people living with HIV in the San Juan EMA, interview participants were presented with a list of 15 services so that they could identify those that, in their view, they considered to be the most

frequently requested or in greatest demand at present. It is worth noting that, as occurred with core medical services, although the request was made for the highest-demand services, many of the people went on to qualify the services they considered to be the most important. The services shown were:

- Child Care Services (care for boys and girls to facilitate attendance at medical appointments or other program services)
- Emergency Financial Assistance (economic aid to cover immediate basic needs such as rent, utilities, or food)
- Food Bank / Home-Delivered Meals (food or prepared meals for eligible people)
- Health Education and Risk Reduction (guidance to promote healthy behaviors and prevent HIV transmission)
- Housing Services (support to access, maintain, or stabilize safe housing)
- Linguistic Services (translation or interpretation to facilitate communication and access to services)
- Medical Transportation (transport to or from medical appointments or health care-related services)
- Non-Medical Case Management Services (coordination of social and support services, without clinical management)
- Other Professional Services (specialized services such as legal, accounting, or others permitted by the program)
- Community Outreach Services (identification, contact, and linkage of eligible people to program services)
- Psychosocial Support (support groups, counseling, or other services for emotional and social well-being)
- Referrals for Health Support Services (referrals to other services necessary for comprehensive care)
- Rehabilitation Services (physical, occupational, or other therapies to improve functionality)
- Respite Services (temporary care to relieve primary caregivers)
- Residential Substance Use Treatment (inpatient treatment services)

Highest-demand services

The interviews conducted identified various support services for people living with HIV as the highest-demand services in the municipalities that make up the San Juan EMA. In general terms, the people interviewed most frequently pointed to

medical transportation, housing, food bank, non-medical case management, and psychosocial support services as those in highest demand.

TABLE 12: SUPPORT SERVICES IDENTIFIED AS BEING IN HIGHEST DEMAND

	Freq.
Medical transportation	13
Housing services	12
Food bank / home food delivery	12
Non-medical case management	11
Psychosocial support	11
Emergency financial assistance	10
Community outreach services (outreach)	9
Referrals for health support services	8
Residential substance use treatment	8
Rehabilitation services	7
Health education and risk reduction	6
Respite services	6
Legal services	5
Language services (including sign language)	4
Childcare services	2
Employment opportunities	1

Note: The numerical base for this table consists of the 20 people who participated in the interviews. The sum of frequencies may total more than 20 because this is a multiple-response question and an independent count is made for each of the responses mentioned.

Most of the people interviewed indicated that medical transportation is one of the highest-demand services. These participants highlighted the need to facilitate access to medical appointments, medication pickup, and laboratory work, particularly for those who do not have their own vehicle or the financial resources to cover transportation. A similar number of participants identified housing services as highly in demand, including support for accessing and maintaining safe and stable housing. Meanwhile, other people mentioned the food bank or home food delivery as a high-demand service, particularly in light of financial limitations and the rising cost of food.

"Because if a patient has no way to come pick up their medication or to do their laboratory work because there is no transportation, that exists, my friend. It exists in the HIV population."

For a little more than half of the people interviewed, non-medical case management services are a high-demand service, highlighting their role in coordinating services and providing ongoing support to the population living with HIV. In a similar proportion, the people interviewed pointed to psychosocial support as another of the most requested services, including support groups and emotional accompaniment. Ten people interviewed indicated that emergency financial assistance represents a high-demand service, especially to cover basic needs such as utilities, rent, and other unforeseen situations. Nine people pointed to community outreach services (outreach) as essential for identifying, linking, and re-linking people to care services.

"They are asking us for more financial help to cover utilities, food."

A little less than half of the people interviewed mentioned referrals for health support services as a service in demand, particularly given the shortage of specialists. Along the same lines, a similar number of people identified residential substance use treatment as a relevant need within support services. Seven people interviewed pointed to rehabilitation services (such as physical or occupational therapies) as services in demand, while six people mentioned health education and risk reduction. Likewise, six people indicated that respite services for caregivers were necessary, particularly in the context of the aging of the population living with HIV.

Five people interviewed identified legal services as being in high demand, including support with immigration matters and other legal processes. Four people mentioned language services, particularly sign language or other communication supports. Two people pointed to childcare services, and one person mentioned employment opportunities for people with criminal records as services in demand.

Services considered most important

Some of the people interviewed did not distinguish between frequency of use and relevance; instead, they identified the services that, in their opinion, are most important for ensuring the clinical stability and overall well-being of people living with HIV. In general terms, several people interviewed pointed to services that

address basic needs as most important, such as housing, food bank, emergency financial assistance, and medical transportation.

TABLE 13: SUPPORT SERVICES IDENTIFIED AS MOST IMPORTANT

	Freq.
Housing services	8
Food bank / home food delivery	7
Medical transportation	7
Psychosocial support	7
Emergency financial assistance	6
Non-medical case management	6
Community outreach services (outreach)	6
Health education and risk reduction	5
Residential substance use treatment	4
Respite services	4
Legal services	4
Language services (including sign language)	3
Rehabilitation services	2
Childcare services	1

Note: The numerical base for this table consists of the 20 people who participated in the interviews. The sum of frequencies may total more than 20 because this is a multiple-response question and an independent count is made for each of the responses mentioned.

Eight people identified housing services as a priority, highlighting the need to have safe and accessible shelter, while seven pointed to the food bank as an essential service given the high cost of food and the financial limitations faced by part of the population. Likewise, seven people indicated that medical transportation is fundamental to ensuring continuous access to treatment and clinical services, and six identified emergency financial assistance as one of the most important services for addressing unforeseen situations related to utilities, rent, or other basic needs. Similarly, seven people interviewed pointed to psychosocial support as a priority service, including support groups and emotional accompaniment. Six people identified non-medical case management as essential for coordinating services and providing ongoing follow-up. Along the same lines, six people highlighted the importance of community outreach services (outreach), particularly for identifying, contacting, and linking people to care services.

"Housing service, very important, because if we do not have safe shelter, forget it, the streets would be worse than they are now."

"Here it seems to me that education and risk reduction, that is very important. Because that is where the origin of things lies. Educating the population…"

For five people interviewed, health education and risk reduction as a priority component is a service of importance, emphasizing its role in prevention and community guidance. Four people identified residential substance use treatment as an important service, while four people mentioned respite services as necessary, especially given the aging of the population living with HIV and the burden faced by caregivers. On the other hand, four people interviewed highlighted the importance of legal services, including support with immigration matters and other legal processes. Three people pointed to language services as important, particularly for serving deaf people or people with communication limitations. Two people mentioned rehabilitation services as a priority in cases of comorbidities or functional limitations. Finally, one person interviewed indicated childcare services as important for facilitating attendance at medical appointments.

EVALUATION OF SUPPORT SERVICES

To evaluate the level of supply or availability of support services in the municipalities that make up the San Juan EMA, a five-point Likert scale ranging from Very adequate to Not at all adequate was used. Most of the people who participated rated the services as adequate or very adequate, while other people pointed to areas of limitation related to sufficiency, geographic distribution, and awareness of the services available.

TABLE 14: EVALUATION OF THE SUPPLY OR AVAILABILITY OF SUPPORT SERVICES IN THE SAN JUAN EMA

	Freq.
Very adequate	5
Adequate	8
Moderately adequate	4

	Freq.
Somewhat adequate	2
Not at all adequate	0
No opinion	1
Total	**20**

Note: The numerical base for this table consists of the 20 people who participated in the interviews.

Eight people rated the supply as adequate, indicating that the services fulfill their function in general terms, although some people clarified that availability may vary depending on the type of service or the municipality. Several people pointed out that in the metropolitan area services are more accessible than in more distant municipalities. Likewise, some people expressed that certain services, such as financial assistance, legal services, or some specialized supports, present limitations in availability or reach.

> ***"I would tell you very adequate, in the general sense, because there are organizations that serve different types of population..., and at different times, which is also important. That there be availability of the service at different times… That is, 7:00 am to 3:00 pm, or the extended hours are very good to have in different places."***

Five people rated the supply as very adequate, highlighting the training of medical staff, the existence of well-established programs, and the availability of advanced treatments. Some people emphasized the organization of services across different schedules and the diversity of entities that serve specific populations. Four people indicated that the supply is moderately adequate, pointing out that, although services exist, they are not always sufficient, not everyone is aware of their availability, or their access may be conditional. In these cases, people emphasized that some programs work better than others and that access depends on the knowledge and guidance that people living with HIV have.

Two people rated the supply as somewhat adequate, mentioning insufficiency in some services, scarcity of resources, or limited presence in certain areas. These people referred to needs not fully covered, particularly in psychosocial services and some community supports. One person indicated that they did not have sufficient basis to evaluate the supply, because they do not have direct contact with these services.

Support services that present the greatest limitations in their supply

The people interviewed primarily identified limitations in emergency financial assistance services and in housing services within the San Juan EMA.

TABLE 15: SUPPORT SERVICES IDENTIFIED WITH THE GREATEST LIMITATIONS

	Freq.
Emergency financial assistance	8
Housing	8
Medical transportation	5
Residential substance use treatment	5
Rehabilitation	4
Psychosocial support	4
Childcare	3
Community outreach (outreach)	3
Health education / risk reduction	3
Respite services	2
Food banks / meals	2
Language services / interpreters	1
Legal services	1
Referrals to medical specialties	1
Permanent housing with integrated services	1

Note: The numerical base for this table consists of the 14 people who participated in the interviews and identified services with limitations. Six people did not identify limitations in the services.

Eight people mentioned financial assistance as one of the most limited services, pointing to a scarcity of resources, insufficient funds, and increased demand. Likewise, eight people indicated that housing services present restrictions related to the housing crisis, the availability of units, bureaucratic processes, and limitations in subsidy programs.

"I know of people who, because of the situation of the scarcity of resources, elderly people who only have the resource of Social Security or some type of benefits, only such as food stamps or PAN. Sometimes they require support in that area. I do not know how it is being distributed at this time, but I do understand that there is a need."

Five people pointed to limitations in medical transportation services, indicating difficulties associated with insufficient funds, administrative processes, and coordination with health plans. Likewise, five people identified residential substance use treatment as a service with restrictions, citing high demand, program requirements, and permitting processes. Four people mentioned limitations in rehabilitation services, highlighting a scarcity of centers and access difficulties. Similarly, four people identified limitations in psychosocial support, pointing to a limited supply of support groups, low participation, and the need to strengthen these spaces.

Three people pointed to limitations in childcare services, indicating a lack of awareness of their availability or their absence in treatment centers. Another three people mentioned limitations in community outreach services, describing sporadic offerings or a lack of information about their availability. Likewise, three people indicated limitations in health education and risk reduction services, pointing to low presence or scarce demand.

"In terms of it being requested, well, there are some limitations regarding education at the school level. At the adult level, I do not see it being requested. But I also do not see too much presence of continually offering their services so that there are people to receive it."

On the other hand, two people identified limitations in respite services, citing restrictions on accessibility or a lack of awareness of their availability. Two people mentioned limitations in food banks or meal services, pointing to partial coverage in some municipalities. One person mentioned limitations in language services, including interpreters and support for people with hearing or communication limitations. Likewise, other participants pointed to limitations in legal services, limitations in referral services to medical specialties, and limitations in permanent housing with integrated services.

Geographic differences in the supply of support services

The people interviewed described that the supply of support services for the community living with HIV in the San Juan EMA is concentrated mainly in the metropolitan area, particularly in the municipalities of San Juan, Bayamón, and Carolina. Several people indicated that the closer one is to urban centers and Ryan White service centers, the greater the availability of resources and supports. Conversely, they pointed out that in municipalities farther from the metropolitan zone the supply decreases considerably. Some people explained that in the eastern area, such as Loíza and nearby municipalities, they face additional limitations, especially in services such as transportation, childcare, emergency services, retirement, and support for caregivers. Likewise, they noted that the distance to support centers increases access difficulties due to factors such as transportation and poverty.

> ***"Yes. If you are closer to the Ryan White service centers, that is, if you are in Fajardo it is different from being in Yabucoa, and being in Humacao is easier. That is, the farther you are from the support centers, the much more… exponentially difficult it is for them to access health care because of the transportation issue and poverty."***

Other individuals noted that a pattern of "metrocentrism" exists, in which services are concentrated in the municipality of San Juan and its surrounding areas, resulting in lower availability across the rest of the area that makes up the EMA. It is worth noting that these individuals acknowledged that the greatest concentration of diagnoses occurs in these municipalities, but they also stated that people residing in more distant areas face greater challenges in receiving services. Several individuals identified differences in the distribution of specific services depending on the municipality. In this regard, they mentioned that food banks do not cover all the towns in the EMA; that physical rehabilitation services are concentrated in a single well-known entity; and that psychosocial support services have little presence and low participation. They also indicated that community outreach services tend to be offered spontaneously and not necessarily as part of a systematic strategy across all areas.

> ***"Basically, outreach happens spontaneously. I have seen it happen spontaneously. But requesting it or requiring it from some institution or some group, some community, I have never seen it directly that way. Perhaps it may exist, but I do not have enough information to say that people specifically request it."***

Some individuals expressed that, although complementary modalities such as telemedicine exist, they do not identify a solid system that guarantees equitable access to these services in the more remote municipalities. Likewise, they noted that not everyone is aware of the availability of certain services, which limits their use. Furthermore, some individuals indicated that they did not have enough information to compare the availability of services across different regions of the country.

Barriers that limit services

The interviewees identified multiple barriers that limit the access of populations living with an HIV-positive diagnosis to support services in the San Juan EMA. Most interviewees noted limitations related to the insufficient availability of services, financial resources, and programmatic offerings. The barriers identified are:

- Limited availability of support services.
- Insufficient funding and unequal budget distribution.
- Shortage of housing and rental payment assistance.
- Limited transportation or difficulty reaching services.
- Geographic inequality in the availability of services within the EMA.
- Limited infrastructure and clinic location.
- Restricted appointment availability.
- Lack of awareness of services on the part of people living with an HIV-positive diagnosis and providers.
- Limited availability of psychosocial services and support groups.
- Scarce presence of structured community outreach.
- Lack of child care services.
- Limitations in language services.
- Partial coverage of food banks.
- Limited access to rehabilitation services.
- High demand for residential treatment for substance use.
- Lack of specialists for medical referrals.
- Need for financial assistance to cover basic needs.

A little more than one-third of the interviewees noted that the limited availability of services and insufficient offerings constitute a central barrier. According to them, funds are not sufficient and the budget distribution prioritizes clinical

services over support services, which reduces the capacity to expand case management and other non-medical supports. One-fifth of the interviewees identified transportation as a main barrier. These individuals indicated that the most significant difficulty is physically reaching services. Although some individuals acknowledged the existence of alternatives through Medicare, Medicaid, or institutional contracts with transportation companies, they noted that these options are limited or do not cover the entire population.

> ***"Well, the first barrier is getting there. Once you arrive, you get things resolved there… Because the issue is getting there. Once you arrive, they resolve things."***

For another fifth of the interviewees, the lack of awareness of the available services figures as an important barrier. For these individuals, both some people living with an HIV-positive diagnosis and some providers are unaware of the existence of certain services, including professional supports, respite services, legal guidance, and support groups. According to them, information does not always reach the entire population uniformly.

A little less than one-fifth of the interviewees noted barriers related to housing, including the shortage of affordable options and the limited availability of one-bedroom apartments. These individuals also emphasized the need to strengthen supports for rental payment. Some interviewees described barriers associated with infrastructure and the built environment, such as the number and location of clinics, the time required to travel, administrative processes, and appointment availability. Likewise, they indicated that the availability of services may decrease outside the municipality of San Juan, which creates geographic inequalities within the EMA.

> ***"…what I was mentioning to you first about the built environment, the infrastructure is not the same. We can see the challenge from the availability of clinics, how many clinics there are, where those clinics are available, how long it takes a person to reach that clinic, the processes, appointment availability, right?, how long it takes a person to schedule an appointment in order to receive services. I see all of those as barriers that are present."***

Few interviewees noted specific limitations in particular services, including psychosocial support services, structured community outreach, child care, language services for people who are deaf or have communication limitations,

rehabilitation services, and residential treatment for substance use. In the opinion of these participants, there is a need or demand for services, but the offering is limited, concentrated in few locations, or little known. One interviewee highlighted the need for emergency financial assistance to cover basic needs such as water, electricity, or telephone. Likewise, one interviewee noted the lack of specialists for referrals in areas such as neurology and urology.

Recommendations to address barriers identified in support services

A little less than half of the interviewees focused their recommendations on strengthening the structure and distribution of resources to improve access to support services aimed at the community living with an HIV-positive diagnosis in the San Juan EMA. These individuals proposed equalizing the budget distribution between clinical services and support services, as well as continuing to use joint analyses with people who have been diagnosed and providers to allocate the budget in accordance with the use of services. Including this recommendation, the interview participants proposed the following to address the barriers in support services:

- Equalize the budget distribution between clinical services and support services.
- Maintain joint analyses to distribute the budget according to the use of services.
- Fund new projects and strengthen existing projects.
- Offer technical assistance to community organizations for proposal development and access to funds.
- Integrate HIV services into primary health centers and 330 centers under a status-neutral approach.
- Strengthen case management as a strategy for access and coordination of services.
- Continuously assess individual needs to adjust the service offering.
- Advocate for the continued availability of essential services.
- Strengthen the coordination and coverage of medical transportation, including its inclusion in health plans.
- Expand the geographic coverage of food banks and home-delivered meals.
- Increase the availability of rehabilitation services.

- Expand respite services and improve guidance about their availability.
- Increase residential treatment services for problematic substance use.
- Expand the availability of housing.
- Encourage greater empathy from landlords toward people living with an HIV-positive diagnosis.
- Offer support for moving expenses.
- Strengthen psychosocial support services.
- Expand language services, especially for people who are deaf or have communication limitations.
- Develop child care services linked to treatment or support centers.
- Expand emergency financial assistance for people with limited income.
- Increase community outreach efforts through active field work.
- Increase promotion on social media and in spaces frequented by the population.
- Improve guidance about available services, including legal services and other professional supports.

A large group of individuals noted the need to fund new projects and reinforce existing ones in light of the reduction in services associated with budget cuts. Some individuals also highlighted the importance of offering technical assistance to community-based organizations for the development of competitive proposals that facilitate access to external funds.

> ***"Obviously, more new projects would have to be funded, or more existing projects would have to be funded, because services have been shrinking with the budget cuts. In other words, funding would be needed."***

Approximately half of the interviewees issued recommendations aimed at expanding direct access strategies to services. These individuals proposed integrating HIV-related services into primary health centers or 330 centers under a status-neutral approach, with the purpose of expanding reach and reducing barriers related to stigma. Likewise, close to half emphasized the importance of strengthening case management as a mechanism for entry and coordination of services, as well as continuously exploring individual needs to guarantee responses tailored to each situation. Some individuals also raised the need to advocate for the continued availability of essential services.

A little more than half of the interviewees recommended strengthening the structural supports that directly affect the continuity of services. Among these recommendations were improving the coordination and coverage of medical transportation, both through institutional contracts and through its inclusion in health plans, expanding the geographic coverage of food banks and home-delivered meals, and increasing the availability of rehabilitation services and residential treatment for problematic substance use in light of the increase in demand. Likewise, several individuals noted the need to expand respite services and improve guidance about their availability.

"Mainly the institutions that have some type of contract or can offer that service through Uber or some type of call-and-arrive service or any of these types of companies that offer transportation service."

Regarding social support, a little less than half of the interviewees recommended expanding the availability of housing and strengthening related supports, such as promoting greater empathy from landlords and offering assistance for moving expenses. Likewise, a considerable number of individuals identified the need to strengthen psychosocial support services, expand language services, especially for people who are deaf or have communication limitations, and develop child care services linked to treatment or support centers. Some individuals also noted the need to reinforce emergency financial assistance for people with limited income.

In relation to outreach strategies, close to half of the interviewees recommended intensifying outreach and promotion efforts. These individuals proposed conducting field visits to actively identify people not linked to services, increasing promotion on social media and in the spaces frequented by people living with an HIV-positive diagnosis, and structuring community outreach initiatives more systematically. A smaller group highlighted the need to improve guidance about available services, including legal services and other professional supports, because not the entire population is aware of the existing resources.

Projection of future trends in support services in the San Juan EMA

The interviewees identified various support services that, in their judgment, will have greater demand in the future for the community living with an HIV-positive diagnosis in the municipalities that make up the San Juan EMA. Close to one-third

of the interviewees noted psychosocial support services, including support groups, as one of the areas that will continue to require strengthening. One-quarter of the individuals also expect greater demand for housing services, emergency financial assistance, and food security through food banks or home-delivered meals.

TABLE 16: SUPPORT SERVICES THAT THE INTERVIEWEES ANTICIPATE WILL HAVE GREATER DEMAND IN THE FUTURE

	Freq.
Psychosocial support (includes support groups)	6
Housing	5
Emergency financial assistance / financial support	5
Food security (food bank / meals)	5
Health education and risk reduction	4
Community outreach	4
Rehabilitation (physical/therapeutic)	4
Medical transportation	4
Non-medical case management	3
Respite services	3
Substance use treatment (residential/outpatient)	2
Legal services	2
Medications / antiretroviral treatment (includes long acting)	2
Referrals to health specialists	1
Language services	1
Caregiver support	1
Interagency coordination / integration of the public and private sectors	1
Child care	1

Note: The numeric base of this table is composed of the 20 individuals who participated in the interviews. The sum of frequencies may add up to more than 20 since this is a multiple-response question and an independent count is performed for each of the responses mentioned.

Close to one-fifth of the interviewees indicated that the need for health education and risk reduction services, community outreach, medical transportation, and physical or therapeutic rehabilitation services will increase. Likewise, a little less than one-fifth mentioned non-medical case management services and respite services as areas that could experience greater demand. One-tenth of the individuals noted legal services and residential or outpatient treatment for problematic substance use as needs that will persist or increase. In similar proportions, one-tenth mentioned the continuity and adaptation of antiretroviral treatment services, including long-acting modalities.

"Rehabilitation… Respite… It seems to me that… it will be needed with the new generations [sic.]. Medical transportation. That is going to be more and more… The housing services that do not exist. The food bank and the financial one."

On the other hand, few individuals referred to the need to strengthen referrals to health specialists, language services for people with hearing or communication limitations, caregiver support, interagency coordination and integration between the public and private sectors, and child care services.

RECOMMENDATIONS TO STRENGTHEN THE ECOSYSTEM OF CARE, TREATMENT, AND SUPPORT SERVICES FOR PEOPLE LIVING WITH AN HIV-POSITIVE DIAGNOSIS

The interviewees identified various actions and measures that they consider priorities for strengthening the ecosystem of care, treatment, and support services for people living with HIV in the San Juan Eligible Metropolitan Area (EMA), with a view to responding effectively to the anticipated demand. A little less than half of the interviewees highlighted the need to strengthen the financing and sustainability of the service system. These individuals noted the importance of increasing the allocation of funds, identifying new sources of financing, and reducing exclusive dependence on federal funds. Likewise, some individuals mentioned the need to develop more solid and sustained public policies that prioritize care for this population, as well as strengthen the infrastructure and capacity of community organizations through technical assistance for the development of proposals and projects.

"Work proactively on the reliance on federal funds. Right now there is a heavy reliance on federal funds and we are finding ourselves at risk. And if Puerto Rico does not determine that this is a priority as a country… I see that there are going to be severe problems."

TABLE 17: CLASSIFICATION OF PRIORITY ACTIONS TO STRENGTHEN THE HIV SERVICES ECOSYSTEM IN THE SAN JUAN EMA BY TYPE OF ACTION

		Freq.
Programmatic and system management	Improve coordination and collaboration among providers	7
	Strengthen partnerships between Ryan White programs and other agencies	
	Hold meetings among providers to share practices	
	Create inventories or networks of available services	
	Improve the shared use of platforms such as Careware	

		Freq.
	■ Strengthen eligibility systems	
	■ Integrate non-HIV-specialized providers through training	
Funding and public policy	■ Increase the allocation of funds for services	6
	■ Diversify funding sources	
	■ Reduce reliance on federal funds	
	■ Promote the fiscal stability of the services system	
	■ Develop stronger public policies aimed at HIV care	
	■ Provide technical assistance and funding for community-based organizations	
Community and social participation	■ Gather input directly from people who use services	5
	■ Promote community participation in services planning	
	■ Conduct needs assessments to guide decision-making	
	■ Develop community leaders	
	■ Create community-led support groups	
	■ Strengthen community support networks	
Training, education, and awareness-raising	■ Provide ongoing training to staff who deliver services	4
	■ Strengthen education aimed at at-risk populations	
	■ Provide guidance on treatment, prevention, and continuity of care	
	■ Raise awareness among political and community leaders about the needs of the population living with HIV	
Clinical and comprehensive care	■ Strengthen case management	3
	■ Address the needs of aging people living with HIV	
	■ Address associated co-occurring health conditions	
Aimed at social determinants of health	■ Strengthen support services related to housing	2
	■ Facilitate access to transportation and healthy food	
To reduce the stigma associated with HIV	■ Promote greater social understanding toward people living with HIV	1
	■ Develop strategies aimed at reducing the stigma associated with the condition	

Note: The numerical base of this table is composed of the 20 people who participated in the interviews. The sum of frequencies may add up to more than 20 because this is a multiple-response question and an independent count is performed for each of the responses mentioned.

Other interviewees emphasized the importance of strengthening coordination, collaboration, and communication among providers and agencies. These individuals raised the need to expand partnerships between Ryan White programs, government agencies, and community-based organizations, as well as

to maintain spaces for exchange among providers to share effective practices. Likewise, some individuals indicated that the system could be strengthened through the integration of providers that do not necessarily specialize in HIV but that could be trained to expand care and prevention capacities. In turn, some individuals mentioned the importance of improving information sharing among providers through the use of technological platforms and shared systems.

Nearly a quarter of the interviewees highlighted the importance of integrating the participation of people with an HIV-positive diagnosis who use the services into the planning and evaluation processes. These individuals stressed the need to gather input directly from patients and service consumers, avoiding intermediaries who could influence the information collected. On the other hand, nearly a quarter of the interviewees pointed to the need to strengthen the education, training, and awareness-raising of staff and the community. These individuals indicated that ongoing staff training can contribute to improving the quality of services, while education aimed at at-risk populations and awareness-raising among political and community leaders can strengthen the social response to HIV.

> ***"Many services are needed. A great deal of understanding is needed. A great deal of training is needed for staff. Raising awareness among politicians. This is a problem that really came to stay… so that each day more people have the knowledge, have the tools of academic preparation. But also that they have the sensitivity to treat this population."***

Some interviewees highlighted the importance of expanding support networks and strengthening case management, including the creation of support groups led by community leaders and the strengthening of the role of case managers. These individuals also pointed to the usefulness of developing mechanisms that facilitate the guidance and channeling of services for people living with HIV in different communities.

A small group of the interviewees mentioned the need to strengthen care for specific populations and to address social determinants of health, including access to housing, transportation, healthy food, and other resources that facilitate continuity of treatment. Likewise, some individuals indicated the importance of developing strategies aimed at aging people living with an HIV-positive diagnosis and at those who present related health conditions. Similarly, a

small segment of the interviewees pointed to the importance of reducing the stigma associated with HIV and promoting greater social understanding toward people living with the condition, noting that strengthening social and community sensitivity can facilitate access to services and improve the quality of available support.

Public policy recommendations

The interviewees identified various changes, reforms, or actions at the regulatory, administrative, and funding levels that they consider necessary to strengthen the ecosystem of HIV-related services from a public policy perspective. In general terms, the interviewees mentioned proposals linked to the funding of the services system, the integration of programs, the strengthening of infrastructure and human resources, prevention and diagnosis strategies, as well as the social determinants and structural conditions that influence access to services.

TABLE 18: PUBLIC POLICY CHANGES, REFORMS, OR ACTIONS MENTIONED BY THE INTERVIEWEES

	Freq.
Greater funding or allocation of funds for HIV services	3
Integration or reduction of fragmentation among prevention, treatment, and support services	2
Administrative or financial reforms related to medication programs (ADAP / 340B)	2
Strengthen rights and reduce structural barriers that affect key populations	2
Strengthening of infrastructure and operational resources (equipment, mobile units, logistical resources)	1
Improve salaries or incentives for staff who deliver services	1
Public campaigns and education or awareness-raising strategies on HIV	1
Expand or normalize the performance of HIV and other infection testing	1
Strengthen complementary services (housing, employment, social stability)	1
Legislation or public policy to guarantee universal access to services	1
Housing priority for people living with HIV	1
Review of coordination with Medicaid and other insurance programs	1
Strengthen compliance or coherence between public policy and funding	1

Note: The numerical base of this table is composed of the 20 people who participated in the interviews. The sum of frequencies may add up to more than 20 because this is a multiple-response question and an independent count is performed for each of the responses mentioned.

Some of the interviewees mentioned aspects related to the funding of the services system. According to these individuals, there is a need to strengthen the allocation of funds to sustain existing services and respond to the needs of the population. Other individuals also mentioned the importance of identifying state funding sources that would allow addressing needs not covered by federal funds. Likewise, the need was raised to review the distribution of resources between clinical services and support services, as well as to promote greater coherence between public policy decisions and funding mechanisms.

"Identify state funds to address needs not covered by federal funds. For example, immigrants without regular status."

Various interviewees pointed to the need to reduce the fragmentation of the services system. In the opinion of these individuals, current policies tend to divide prevention, treatment, and support services, so they recommended promoting more integrated care models. Likewise, some individuals pointed out that public policy should be designed considering the needs of the community and not solely the parameters established by federal programs.

A smaller number of the interviewees mentioned the need to review administrative processes linked to access to medications, particularly in relation to programs such as ADAP and to mechanisms associated with the 340B program. These individuals indicated that some recent changes could generate financial limitations for service-provider agencies or affect the operational income of some organizations. Another small number of the interviewees mentioned the importance of strengthening the infrastructure of the services system and operational resources. These individuals pointed to the need to equip laboratories, expand the availability of mobile units to provide services in the community, and strengthen the system's logistical resources. Likewise, some individuals indicated that improving salary conditions could help to motivate and retain specialized staff who work with people living with an HIV-positive diagnosis.

A segment of the interviewees highlighted the importance of strengthening prevention and early diagnosis strategies. These individuals pointed out that expanding educational and awareness-raising campaigns on HIV could help to increase public knowledge and reduce the stigma associated with the condition. Likewise, some individuals indicated the importance of promoting the routine

performance of HIV testing and of other related infections as part of health services.

"I believe that in terms of public policy we should be able to continue creating more advertising campaigns aimed at conveying that living with HIV is possible… because more of that is needed."

"I believe that nowadays… routinely, the tests that could cause you problems… hepatitis B, hepatitis C, and HIV, I would do them."

On the other hand, some interviewees highlighted the importance of addressing social determinants that influence the health of people living with an HIV-positive diagnosis. These individuals mentioned factors such as housing, economic stability, and access to complementary social services. Some individuals indicated that guaranteeing stable living conditions can influence people's ability to prioritize their treatment and maintain their well-being. Likewise, some interviewees pointed to the importance of strengthening the protection of populations made vulnerable and guaranteeing equitable access to services. These individuals mentioned the need to promote legislation that guarantees access to services regardless of the municipality of residence, as well as to protect the rights of key populations that face processes of marginalization or structural barriers in access to health services. Likewise, they proposed advancing legislative changes so that PrEP is offered under Ryan White, thereby increasing its availability.

Actors that could contribute to implementing measures to strengthen the services ecosystem

The interviewees identified various actors that they consider essential to strengthen the implementation of measures aimed at improving the services ecosystem for people living with an HIV-positive diagnosis in the San Juan EMA. In general, the interviewees pointed to the importance of coordinating efforts among governmental, community, clinical, and private sectors to strengthen the response to HIV from a multisectoral approach.

TABLE 19: KEY ACTORS MENTIONED BY THE INTERVIEWEES

	Freq.
Government health and social services agencies (ASES, Departamento de Salud, Departamento de la Familia, AMSCA, central government)	5
People living with HIV / affected communities	3
Health service providers (clinics, physicians, nursing, hospitals, emergency rooms)	3
Political and governmental sector (legislators, mayors)	2
Nonprofit organizations	2
Community leadership / activism	2
Mental health professionals (psychology)	1
Pharmacies	1
Private industry / pharmaceutical companies	1
Academia and public health institutions	1
Health plans / insurers	1
Investors or contractors (housing projects)	1
Multisectoral coordination spaces (councils or collegiate bodies)	1

Note: The numerical base of this table is composed of the 20 people who participated in the interviews. The sum of frequencies may add up to more than 20 because this is a multiple-response question and an independent count is performed for each of the responses mentioned.

Some interviewees mentioned government agencies related to health and social services as key actors. Among these they included the Administración de Seguros de Salud de Puerto Rico (ASES), the Departamento de Salud, the Departamento de la Familia, the Administración de Servicios de Salud Mental y Contra la Adicción (ASSMCA), and other bodies linked to health public policy. Several individuals emphasized that these agencies have an important role in the coordination of services, medical coverage, and the development of interagency strategies that allow improving access to services and continuity of care. Other individuals also pointed to the relevance of actors from the political and governmental sphere, such as legislators and mayors, as well as other representatives of the central government. In the opinion of these individuals, the formulation of legislation, the allocation of funds, and the definition of public policies directly influence the availability and sustainability of the services aimed at the population living with HIV.

"…the politicians must be brought to the table: …mayors, Departamento de Salud…"

Likewise, some interviewees highlighted the importance of nonprofit organizations and community leadership, including traditional and non-traditional community leaders. According to these individuals, these actors facilitate community

mobilization, outreach to vulnerable populations, and the promotion of initiatives based on the needs of the community. On the other hand, some interviewees identified the direct participation of people living with an HIV-positive diagnosis and of affected communities as a central element for decision-making and services planning. These individuals indicated that those who live with the diagnosis have direct experience of the barriers and needs of the services system, so their representation and participation in planning and decision-making processes are essential.

Other interviewees mentioned health service providers, including clinics, physicians, nursing staff, hospitals, and emergency rooms. These individuals highlighted the importance of expanding the participation of clinical providers, strengthening education on sensitivity and stigma in health settings, and increasing the capacity of the system in the face of the demand for services. Likewise, some interviewees mentioned other actors of the health and social support system, such as psychology professionals, pharmacies, and health plans. In this regard, they pointed out that these actors can contribute to strengthening comprehensive care, access to medications, and prevention, treatment, and adherence processes.

"I think the issue of the conversation with the pharmacies is also important. It is important to keep these service providers—pharmacies, nursing staff, physicians, and staff as well—so that they can receive education in terms of the sensitivity required to work on these issues; because we know that if stigma is such an important matter, we have to address it in order to maintain a high quality of service and keep people linked to treatment and staying healthy."

In addition, some interviewees identified actors from the private sector and academia as potential allies. Among these, they mentioned pharmaceutical companies, investors, or contractors involved in the development of housing projects, as well as academic institutions such as the Medical Sciences Campus and the Graduate School of Public Health. In the opinion of these individuals, these sectors can contribute resources, specialized knowledge, and research capabilities to strengthen the HIV response. Likewise, some interviewees emphasized the importance of multisectoral coordination spaces, such as councils or governance structures in which actors with different perspectives and interests converge. In this regard, they indicated that these spaces make it

possible to deliberate collectively on the priorities of the services system and to promote collegial decisions that take into account the diversity of the affected populations.

PROVIDER SURVEY

NEEDS ASSESSMENT IN THE ELIGIBLE METROPOLITAN AREA (EMA) OF SAN JUAN

2026

PROVIDER SURVEY

PROFILE OF THE SURVEY PARTICIPATING PROVIDERS

Regarding the year in which providers established their organizations, the median recorded year was 1992, while the oldest organization was established in 1968 and the most recent in 2017. Concerning the type of organization they represent, it is noteworthy that three out of every four providers (75.0%) indicated that they are nonprofit organizations, followed by municipal government entities (16.7%) and private for-profit entities (8.3%).

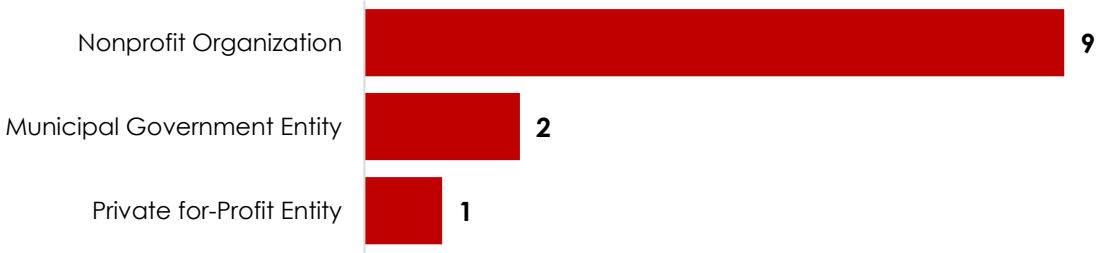
With respect to the presence of service centers in the municipalities of the San Juan EMA, the Municipality of San Juan stands out as the municipality with the highest concentration of centers. In total, the 12 organizations surveyed have centers in 12 of the municipalities that make up the EMA area. Furthermore, regarding the modality through which services are provided, nearly six out of ten providers (58.3%) reported offering services in person, followed by both modalities (virtual and in-person) (41.7%).

TABLE 20: YEAR THE ORGANIZATION WAS ESTABLISHED

n	12
Average	1992
Median	1992
Minimum	1968
Maximum	2017

Note: The numerical base for this table consists of the 12 completed surveys.

FIGURE 1: ENTITY REPRESENTED



Note: The numerical base for this table consists of the 12 completed surveys.

TABLE 21: ENTITY REPRESENTED

	Freq.	%
Nonprofit Organization	9	75.0%
Municipal Government Entity	2	16.7%

	Freq.	%
Private for-Profit Entity	1	8.3%
Total	**12**	**100.0%**

Note: The numerical base for this table consists of the 12 completed surveys.

TABLE 22: MUNICIPALITIES OF THE SAN JUAN EMA WHERE THE ORGANIZATIONS HAVE SERVICE CENTERS

Municipality	Organizations with Centers	Total Number of Centers
San Juan	5	12
Bayamón	4	5
Guaynabo	2	2
Humacao	2	2
Trujillo Alto	1	2
Comerío	1	1
Fajardo	1	1
Juncos	1	1
Loíza	1	1
Luquillo	1	1
Naguabo	1	1

Note: The numerical base for this table consists of the 12 completed surveys. An organization may have centers in multiple municipalities.

TABLE 23: MODALITY THROUGH WHICH ORGANIZATIONS PROVIDE SERVICES

	Freq.	%
In-person	7	58.3%
Both (In-person and Virtual)	5	41.7%
Total	**12**	**100.0%**

Note: The numerical base for this table consists of the 12 completed surveys.

Regarding the health insurance plans accepted by providers, slightly more than eight out of ten (83.3%) indicated that they accept the government health plan or insurance (Vital/Reforma), followed by private insurance (50.0%), Medicare (50.0%), none (16.7%), and other (8.3%).

On the other hand, regarding the private insurance plans accepted (among the six organizations that accept private plans), it is noteworthy that all providers (100.0%) accept Triple-S and MCS (100.0%), followed by MMM (83.3%), First Medical (83.3%), and Humana (33.3%).

TABLE 24: HEALTH INSURANCE PLANS ACCEPTED AT THE SERVICE CENTERS

	Freq.	%
Government Health Plan or Insurance (Vital/Reforma)	10	83.3%
Private	6	50.0%

Medicare	6	50.0%
None	2	16.7%
Other	1	8.3%
Total	12	-

Note: The numerical base for this table consists of the 12 completed surveys. Since this was a multiple-response question, the percentages may not add up to 100%.

TABLE 25: PRIVATE INSURANCE PLANS ACCEPTED BY THE ORGANIZATIONS

	Freq.	%
Triple S	6	100.0%
MCS	6	100.0%
MMM	5	83.3%
First Medical	5	83.3%
Other	3	50.0%
Humana	2	33.3%
Total	**6**	-

Note: The numerical base for this table consists of the 6 organizations that indicated they accept private insurance plans. Since this was a multiple-response question, an independent count was conducted for each response mentioned, and the percentages may not add up to 100%.

Regarding the number of individuals who were provided services in the San Juan EMA during the past year, among the 11 providers that responded to this question, an average of 502 individuals served per provider and a median of 200 individuals were observed. The lowest number of individuals served by a provider was 19, while the highest reached 2,9005.

TABLE 26: NUMBER OF INDIVIDUALS PROVIDED SERVICES IN THE SAN JUAN EMA DURING THE PAST YEAR BY PROGRAM

n	11
Average	502
Median	200
Minimum	19
Maximum	2,900

Note: The numerical base for this table consists of the 11 surveys that provided a response to this question.

When inquiring about the main needs faced by people with a positive HIV diagnosis in the San Juan EMA who are served by the organizations, it is noteworthy that three out of four providers (75.0%) mentioned transportation as a primary need, followed by housing (50.0%) and mental health (41.7%).

[5] The data were reported as recorded in the questionnaire. However, it is believed that the information may have been reported in error by the respondent.

Regarding the main barriers to accessing services, the most frequently mentioned was also transportation (58.3%), followed by access to specialists and long appointment wait times (33.3%), and the cost of living (33.3%).

TABLE 27: MAIN NEEDS FACED BY PEOPLE WITH A POSITIVE HIV DIAGNOSIS IN THE SAN JUAN EMA, CLASSIFIED BY TOPIC

Topic	Number of mentions	%
Transportation	9	75.0%
Housing	6	50.0%
Menthal Health	5	41.7%
Home Services / In-Home Assistance	4	33.3%
Access to Medical Specialists	2	16.7%
Economic / Employment	2	16.7%
Referral Coordination	2	16.7%
Dental Services / Oral Health	1	8.3%
Peer Services	1	8.3%
Residential Treatment (Mental Health + Addiction)	1	8.3%
Medications (Coverage)	1	8.3%
Education / Treatment Adherence	1	8.3%
General support	1	8.3%
Total	12	100%

Note: The numerical base for this table consists of the 12 completed surveys. A provider may mention multiple topics; therefore, the total may exceed 100%. The complete textual responses are presented in Appendix A.

TABLE 28: MAIN BARRIERS TO ACCESSING SERVICES

Topic	Number of mentions	%
Transportation	7	58.3%
Access to Specialists / Long Appointment Wait Times	4	33.3%
Economic Barriers / Cost of Living / Deductibles	4	33.3%
Administrative Processes / Documentation / Eligibility	3	25.0%
Health Insurance Plans / Referrals	3	25.0%
Stigma and Discrimination	2	16.7%
Lack of Awareness of Available Services	2	16.7%
Housing / Shelter	2	16.7%
Technology / Digital Literacy / Internet	1	8.3%
Mental Health / Substance Use	1	8.3%
Patient Engagement	1	8.3%
Specialty Medications	1	8.3%
Nutrition	1	8.3%
Support / Accompaniment	1	8.3%
Total	12	--

Note: The numerical base for this table consists of the 12 completed surveys. A provider may mention multiple topics. The complete textual responses are presented in Appendix B.

SERVICES PROVIDED BY THE ORGANIZATIONS

Regarding the core medical services provided by organizations in the San Juan EMA, it is noteworthy that nearly six out of ten providers (58.3%) offer mental health services, followed by clinical case management services, including treatment adherence (50.0%), the AIDS Drug Assistance Program (ADAP) (41.7%), early intervention services (41.7%), outpatient health services (41.7%), and medical nutrition therapy (33.3%).

In addition, providers mentioned home- and community-based health services (16.7%), home health care services (16.7%), outpatient substance use treatment (16.7%), the Local Pharmaceutical Assistance Program (LPAP) (8.3%), assistance with health insurance premium payments (8.3%), and oral health services (8.3%).

TABLE 29: CORE MEDICAL SERVICES PROVIDED BY THE ORGANIZATIONS IN THE SAN JUAN EMA

	Freq.	%
Mental Health Services	7	58.3%
Clinical Case Management, including Treatment Adherence	6	50.0%
AIDS Drug Assistance Program (ADAP)	5	41.7%
Early Intervention Services	5	41.7%
Outpatient Health Services	5	41.7%
Medical Nutrition Therapy	4	33.3%
Home- and Community-Based Health Services	2	16.7%
Home Health Care Services	2	16.7%
Outpatient Substance Use Treatment	2	16.7%
Local Pharmaceutical Assistance Program (LPAP)	1	8.3%
Health Insurance Premium Payment Assistance	1	8.3%
Oral Health Services	1	8.3%
Other	3	25.0%
Total	**12**	**--**

Note: The numerical base for this table consists of the 12 completed surveys. Since this was a multiple-response question, the percentages may not add up to 100%.

Regarding the support services provided by organizations in the San Juan EMA, it is noteworthy that slightly more than eight out of ten providers (83.3%) offer non-medical case management services, followed by housing services (50.0%), medical transportation (50.0%), referrals to health support services (50.0%), and outreach services (41.7%).

In addition, providers offer support services such as health education and risk reduction (25.0%), linguistic services (25.0%), food banks or home-delivered meals

(16.7%), psychosocial support (16.7%), residential substance use treatment (16.7%), emergency financial assistance (8.3%), and rehabilitation services (8.3%).

TABLE 30: SUPPORT SERVICES PROVIDED BY THE ORGANIZATIONS IN THE SAN JUAN EMA

	Freq.	%
Non-Medical Case Management Services	10	83.3%
Housing Services	6	50.0%
Medical Transportation	6	50.0%
Referrals for Health Support Services	6	50.0%
Community Outreach Services	5	41.7%
Health Education and Risk Reduction	3	25.0%
Linguistic Services	3	25.0%
Food Bank / Home-Delivered Meals	2	16.7%
Psychosocial Support	2	16.7%
Residential Substance Use Treatment	2	16.7%
Emergency Financial Assistance	1	8.3%
Rehabilitation Services	1	8.3%
None	1	8.3%
Total	**12**	-

Note: The numerical base for this table consists of the 12 completed surveys. Since this was a multiple-response question, the percentages may not add up to 100%.

When assessing whether organizations are interested in offering or expanding services, it is noteworthy that four out of ten (41.7%) expressed interest in doing so. Among these, two out of five providers (40.0%) indicated interest in offering or expanding early intervention services, as well as mental health services (40.0%) and non-medical case management (40.0%).

Likewise, interest was identified in offering or expanding home- and community-based health services (20.0%), home health care services (20.0%), medical nutrition therapy (20.0%), oral health services (20.0%), outpatient health services (20.0%), psychosocial support (20.0%), rehabilitation services (20.0%), respite services (20.0%), residential substance use treatment (20.0%), and other services (20.0%).

FIGURE 2: INTEREST IN OFFERING OR EXPANDING SERVICES

TABLE 31: INTEREST IN OFFERING OR EXPANDING SERVICES FOR THE POPULATION WITH A POSITIVE HIV DIAGNOSIS

	Freq.	%
Yes	5	41.7%
No	7	58.3%
Total	**12**	**100.0%**

Note: The numerical base for this table consists of the 12 completed surveys.

TABLE 32: SERVICES THAT ORGANIZATIONS WOULD BE INTERESTED IN OFFERING OR EXPANDING

	Freq.	%
Early Intervention Services	2	40.0%
Mental Health Services	2	40.0%
Non-Medical Case Management Services	2	40.0%
Home- and Community-Based Health Services	1	20.0%
Home Health Care Services	1	20.0%
Medical Nutrition Therapy	1	20.0%
Oral Health Services	1	20.0%
Outpatient Health Services	1	20.0%
Psychosocial Support	1	20.0%
Rehabilitation Services	1	20.0%
Respite Services	1	20.0%
Residential Substance Use Treatment	1	20.0%
Other	1	20.0%
Total	**5**	**-**

Note: The numerical base for this table consists of the 5 organizations that indicated interest in offering or expanding services. Since this was a multiple-response question, an independent count was conducted for each response mentioned, and the percentages may not add up to 100%.

TELEMEDICINE

Among the organizations that provide HIV core medical services through telemedicine, it is noteworthy that four out of ten providers (41.7%) offer these services. Regarding the types of services provided, all providers (100.0%) indicated offering follow-up medical consultations, treatment adherence support, and patient guidance or education, followed by management or adjustment of antiretroviral treatment (80.0%) and other services (20.0%).

Likewise, when analyzing the percentage of clients who have used telemedicine, it was observed that two out of five providers (40.0%) reported that less than 10% of their clientele had used these services, while another 40.0% indicated that 50% or more of their clientele used telemedicine during the past year.

FIGURE 3: ORGANIZATIONS THAT OFFER TELEMEDICINE SERVICES

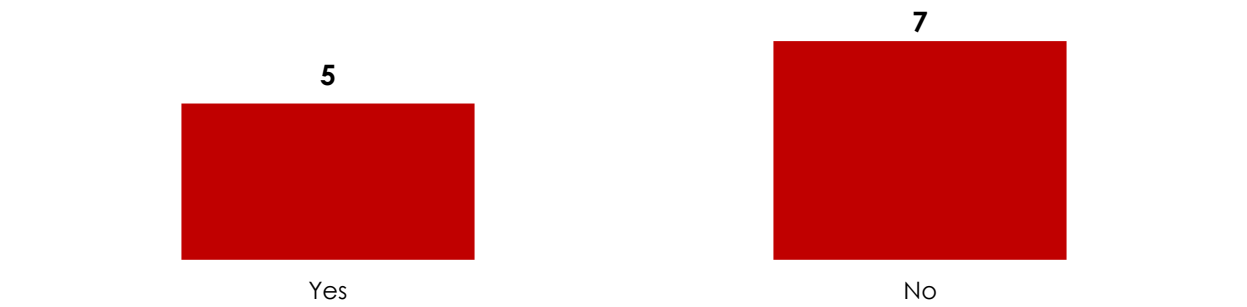


TABLE 33: ORGANIZATIONS THAT PROVIDE HIV CORE MEDICAL SERVICES THROUGH TELEMEDICINE

	Freq.	%
Yes	5	41.7%
No	7	58.3%
Total	**12**	**100.0%**

Note: The numerical base for this table consists of the 12 completed surveys.

TABLE 34: HIV CORE MEDICAL SERVICES PROVIDED THROUGH TELEMEDICINE

	Freq.	%
Follow-up Medical Consultations	5	100.0%
Treatment Adherence	5	100.0%
Patient Guidance or Education	5	100.0%
Management or Adjustment of Antiretroviral Treatment	4	80.0%
Other	1	20.0%
Total	**5**	**-**

Note: The numerical base for this table consists of the 5 organizations that indicated they offer telemedicine services. Since this was a multiple-response question, an independent count was conducted for each response mentioned, and the percentages may not add up to 100%.

TABLE 35: PERCENTAGE OF CLIENTELE THAT USED TELEMEDICINE DURING THE PAST YEAR

	Freq.	%
Less than 10 %	2	40.0%
Between 50% and 74%	1	20.0%
75 % or more	1	20.0%
Between 10 % and 24 %	1	20.0%
Total	**5**	**100.0%**

Note: The numerical base for this table consists of the 5 organizations that indicated they offer telemedicine services.

Regarding the telemedicine services most frequently used by providers' clientele, it is noteworthy that all providers (100.0%) indicated that their patients use

telemedicine for follow-up medical consultations, followed by patient education or guidance (60.0%), treatment adherence services (40.0%), HIV-related mental health services (40.0%), and management or adjustment of antiretroviral treatment (20.0%).

TABLE 36: MOST FREQUENTLY USED TELEMEDICINE SERVICES BY CLIENTELE

	Freq.	%
Follow-up Medical Consultations	5	100.0%
Patient Education or Guidance	3	60.0%
Treatment Adherence Services	2	40.0%
HIV-Related Mental Health Services	2	40.0%
Management or Adjustment of Antiretroviral Treatment	1	20.0%
Total	**5**	**-**

Note: The numerical base for this table consists of the 5 organizations that indicated they offer telemedicine services. Since this was a multiple-response question, an independent count was conducted for each response mentioned, and the percentages may not add up to 100%.

Regarding the main barriers to the implementation of telemedicine, it was observed that nearly one out of six providers (16.7%) identified organizational technological limitations, as well as patients' limited access to technology (16.7%) and resistance to the use of technology among patients (16.7%). Other barriers mentioned included regulatory or administrative barriers (8.3%), preference for in-person care (8.3%), and concerns about confidentiality (8.3%).

TABLE 37: MAIN BARRIERS TO THE IMPLEMENTATION OF TELEMEDICINE

	Freq.	%
Organizational Technological Limitations	2	16.7%
Patients' Limited Access to Technology	2	16.7%
Patients' Resistance to the Use of Technology	2	16.7%
Regulatory or Administrative Barriers	1	8.3%
Preference for In-Person Care	1	8.3%
Confidentiality Concerns	1	8.3%
Other	1	8.3%
None	1	8.3%
Total	**12**	**-**

Note: The numerical base for this table consists of the 12 completed surveys. Since this was a multiple-response question, an independent count was conducted for each response mentioned, and the percentages may not add up to 100%.

HUMAN RESOURCES IN THE ORGANIZATIONS

With respect to the number of regular employees that organizations have to provide services, an average of 35.4 employees per organization and a median of 22.5 were observed. Likewise, the smallest organization has two employees, while the largest has 113 employees.

Regarding the total number of contracted personnel or professional service providers, the eight organizations that reported having this type of staff reflected an average of 11.2 per organization and a median of 7. In turn, the number of these resources ranged from a minimum of two to a maximum of 34 per organization.

With respect to the number of volunteers, an average of 3.8 volunteers per organization was observed, with a range fluctuating from 0 to 20 volunteers.

TABLE 38: REGULAR EMPLOYEES WORKING IN THE ORGANIZATIONS

n	10
Average	35.4
Median	22.5
Minimum	2
Maximum	113

Note: The numerical base for this table consists of the 10 organizations that provided a response to this question.

TABLE 39: CONTRACTED EMPLOYEES OR PROFESSIONAL SERVICE PROVIDERS WORKING IN THE ORGANIZATIONS

n	8
Average	11.2
Median	7
Minimum	2
Maximum	34

Note: The numerical base for this table consists of the 8 organizations that provided a response to this question.

TABLE 40: VOLUNTEERS WORKING IN THE ORGANIZATIONS

n	8
Average	3.8
Median	0
Minimum	0
Maximum	20

Note: The numerical base for this table consists of the 8 organizations that provided a response to this question.

The following table presents the breakdown of personnel available within the organizations to provide services to the population with a positive HIV diagnosis in the San Juan EMA area, grouped by type of professional.

TABLE 41: NUMBER OF PERSONNEL AVAILABLE WITHIN THE ORGANIZATIONS TO PROVIDE SERVICES TO THE POPULATION WITH A POSITIVE HIV DIAGNOSIS IN THE SAN JUAN EMA

	n	Average	Median	Minimum	Maximum
Counselors	1	0.0	0.0	0.0	0.0
Health Educator	3	1.3	1.0	1.0	2.0
Community Health Educator	1	0.0	0.0	0.0	0.0
Clinical Case Managers	6	3.2	3.5	0.0	5.0

	n	Average	Median	Minimum	Maximum
Non-Clinical Case Managers	8	3.6	2.5	1.0	12.0
General Practitioners	8	2.0	1.5	1.0	6.0
Physicians Certified as HIV Treating Providers	5	3.2	2.0	1.0	6.0
Navigators	1	0.0	0.0	0.0	0.0
Nutritionist and/or Dietitian	5	1.0	1.0	1.0	1.0
Psychologists	6	1.5	1.5	1.0	2.0
Psychiatrists	3	1.0	1.0	1.0	1.0
Linkage to Care Workers	2	3.0	3.0	2.0	4.0
Social Workers	5	2.2	2.0	1.0	5.0
Medical Technologist	1	3.0	3.0	3.0	3.0
Epidemiology Technicians	1	1.0	1.0	1.0	1.0
Testing Technicians	5	2.0	2.0	1.0	3.0
Medical Specialists in:					
Infectious Disease Specialists	7	0.7	1.0	0.0	2.0
Internal Medicine Specialists	5	0.8	1.0	0.0	1.0
Gastroenterology Specialists	3	0.0	0.0	0.0	0.0
Psychiatry Specialists	4	0.5	0.5	0.0	1.0
Pediatrics Specialists	3	0.7	0.0	0.0	2.0
Nursing Professionals:					
Registered Nurse (Generalist)	8	3.5	2.5	1.0	7.0
Licensed Practical Nurse	4	0.8	0.5	0.0	2.0
Associate Nurse	4	1.5	1.5	0.0	3.0
Nurse Specialist	2	0.5	0.5	0.0	1.0
Obstetric Nurse	2	0.0	0.0	0.0	0.0
Pharmacy Professionals:	0	0.0	0.0	0.0	0.0
Pharmacist	7	1.0	1.0	0.0	4.0
Pharmacy Technician	7	2.0	1.0	0.0	7.0
Oral Health Professionals:					
Dentist	5	0.2	0.0	0.0	1.0
Dental Assistant	5	0.2	0.0	0.0	1.0
Dental Technologist	4	0.0	0.0	0.0	0.0
Dental Hygienist	4	0.0	0.0	0.0	0.0
Maxillofacial Specialist	4	0.0	0.0	0.0	0.0
Orthodontics Specialist	4	0.0	0.0	0.0	0.0

Note: The numerical base for this table consists of the organizations that provided responses in each category. The shaded categories are group headings.

Regarding the level of turnover among personnel providing direct services, it was observed that two out of five providers (41.7%) reported low turnover (less than 10% of staff), while an equal proportion (41.7%) indicated having had no turnover.

Meanwhile, 16.7% described their turnover as moderate (between 10% and 25% of staff).

When asked about the impact of turnover on the ability to provide services, it is noteworthy that nearly six out of ten providers (57.1%) described it as minor (minor adjustments without affecting continuity of services), followed by more than one quarter (28.6%) who categorized it as moderate (occasional delays, redistribution of workloads, or temporary vacancies). A total of 14.3% indicated that there had been no impact at all.

On the other hand, regarding prolonged vacancies (more than 60 days), it was observed that slightly more than eight out of ten providers (83.3%) do not face this type of situation, while 16.7% reported prolonged vacancies in one or two positions.

FIGURE 4: STAFF TURNOVER LEVEL

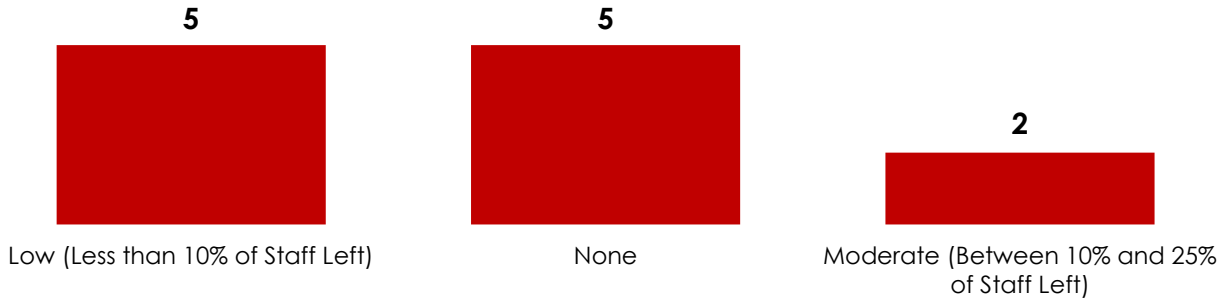


TABLE 42: LEVEL OF STAFF TURNOVER AMONG PERSONNEL PROVIDING DIRECT SERVICES

	Freq.	%
Low (Less than 10% of Staff Left)	5	41.7%
None	5	41.7%
Moderate (Between 10% and 25% of Staff Left)	2	16.7%
Total	**12**	**100.0%**

Note: The numerical base for this table consists of the 12 completed surveys.

TABLE 43: IMPACT OF STAFF TURNOVER ON THE ABILITY TO PROVIDE SERVICES

	Freq.	%
Minor Impact (Minor Adjustments Without Affecting Continuity of Services)	4	57.1%
Moderate Impact (Occasional Delays, Redistribution of Workloads, or Temporary Vacancies)	2	28.6%
No Impact Has Been Observed	1	14.3%
Total	**7**	**100.0%**

Note: The numerical base for this table consists of the 7 organizations that reported some level of staff turnover.

FIGURE 5: ORGANIZATIONS WITH PROLONGED VACANCIES IN SERVICE POSITIONS (MORE THAN 60 DAYS)

TABLE 44: ORGANIZATIONS FACING PROLONGED VACANCIES (MORE THAN 60 DAYS)

	Freq.	%
Yes, in one or two positions	2	16.7%
No	10	83.3%
Total	**12**	**100.0%**

Note: The numerical base for this table consists of the 12 completed surveys.

FINANCIAL SITUATION

Regarding the funding sources available to organizations to provide services, it is noteworthy that, in addition to Ryan White Part A funds, organizations also receive funding from HOPWA (41.7%), Ryan White Part C (33.3%), municipal funds (33.3%), program income (33.3%), and other sources (33.3%).

Additionally, providers mentioned legislative appropriations (25.0%), Ryan White Part B (16.7%), Emergency Solutions Grant (16.7%), special event or fundraising funds (16.7%), contributions or donations from individuals (16.7%), Continuum of Care (CoC) (8.3%), and corporate donations (8.3%).

TABLE 45: FUNDING SOURCES AVAILABLE TO THE ORGANIZATIONS DURING THE CURRENT FISCAL YEAR

	Freq.	%
Ryan White Part A Federal Funds or Allocations	11	91.7%
HOPWA	5	41.7%
Ryan White Part C	4	33.3%
Municipal Funds	4	33.3%
Program Income Funds	4	33.3%
Other Source	4	33.3%
Legislative Appropriation	3	25.0%
Ryan White Part B	2	16.7%
Emergency Solutions Grant	2	16.7%
Special Event or Fundraising Funds	2	16.7%
Contributions or Donations from Individuals	2	16.7%
Continuum of Care	1	8.3%
Contributions or Donations from Corporations	1	8.3%
Total	**12**	**-**

Note: The numerical base for this table consists of the 12 completed surveys. Since this was a multiple-response question, the percentages may not add up to 100%.

Regarding the financial situations experienced during the past 12 months, it is noteworthy that nearly six out of ten providers (58.3%) have faced an increase in operational costs, followed by a decrease, reduction, or elimination of funding sources (50.0%) and cash flow problems (16.7%).

On the other hand, one-third of the organizations (33.3%) stated that they had not experienced any financial situation during the past 12 months.

When asked about the funding sources in which organizations had experienced reductions, it is noteworthy that all providers (100.0%) reported decreases in Ryan White Part A federal funds or allocations, followed by HOPWA (50.0%), Emergency Solutions Grant (33.3%), Ryan White Part C (16.7%), legislative appropriations (16.7%), and program income (16.7%).

TABLE 46: FINANCIAL SITUATIONS EXPERIENCED BY THE ORGANIZATIONS DURING THE PAST 12 MONTHS.

	Freq.	%
Increase in Operational Costs	7	58.3%
Decrease, Reduction, or Elimination of Funding Sources	6	50.0%
Cash Flow Problems	2	16.7%
None	4	33.3%
Total	**12**	**-**

Note: The numerical base for this table consists of the 12 completed surveys.

TABLE 47: FUNDS IN WHICH THE ORGANIZATIONS HAVE EXPERIENCED REDUCTIONS

	Freq.	%
Ryan White Part A Federal Funds or Allocations	6	100.0%
HOPWA	3	50.0%
Emergency Solutions Grant	2	33.3%
Ryan White Part C	1	16.7%
Legislative Appropriation	1	16.7%
Program Income Funds	1	16.7%
Total	**6**	**-**

Note: The numerical base for this table consists of the 6 organizations that indicated having experienced a decrease, reduction, or elimination of funding sources. Since this was a multiple-response question, an independent count was conducted for each response mentioned, and the percentages may not add up to 100%

Regarding the measures adopted to address the financial situations they have faced, it is noteworthy that two out of five providers (41.7%) indicated having implemented actions such as reducing administrative expenses, drawing on

financial reserves (16.7%), reducing staff hours (16.7%), and promoting volunteerism (16.7%). Likewise, other measures were reported, such as reducing service hours (8.3%), reducing services and programs (8.3%), consolidating service locations or facilities (8.3%), and other actions (8.3%). On the other hand, one-third of the providers (33.3%) indicated that they had not taken any measures to address the financial situation experienced.

TABLE 48: MEASURES TAKEN TO ADDRESS THE FINANCIAL SITUATIONS EXPERIENCED

	Freq.	%
Reduction of administrative expenses	5	41.7%
Drawing down financial reserves	2	16.7%
Reduction of staff hours	2	16.7%
Promoting volunteerism	2	16.7%
Reduction of service hours	1	8.3%
Reduction of services and programs	1	8.3%
Consolidation of service locations or facilities	1	8.3%
Other	1	8.3%
None	4	33.3%
Total	**19**	**-**

Note: The numerical base for this table consists of the 12 completed surveys. Since this was a multiple-response question, an independent count was conducted for each response mentioned, and the percentages may not add up to 100%.

Regarding the entities that have financing products from private or public entities, four out of ten participating entities (41.7%) indicated having this type of financing. When examining the types of financing products, it is noteworthy that nearly six out of ten providers (60.0%) have lines of credit, followed by long-term loans (20.0%). In turn, 75% of the entities have financial reserves to operate in the event of a disruption over a three-month period (median).

TABLE 49: ENTITIES THAT HAVE FINANCING PRODUCTS FROM PRIVATE OR PUBLIC ENTITIES

	Freq.	%
Yes	5	41.7%
No	7	58.3%
Total	**12**	**100.0%**

Note: The numerical base for this table consists of the 12 completed surveys.

TABLE 50: TYPES OF FINANCING PRODUCTS HELD BY THE ENTITIES

	Freq.	%
Line of credit	3	60.0%
Long-term loan	1	20.0%
Other	1	20.0%
Total	**5**	**100.0%**

Note: The numerical base for this table consists of the 5 entities that indicated having financing products.

TABLE 51: ENTITIES THAT HAVE FINANCIAL RESERVES

	Freq.	%
Yes	9	75.0%
No	3	25.0%
Total	**12**	**100.0%**

Note: The numerical base for this table consists of the 12 completed surveys.

TRAINING

Regarding the topics in which staff have received training during the past 12 months, it is noteworthy that approximately two out of three providers (66.7%) indicated having received training in linkage to treatment and retention in treatment. These are followed by topics such as new medications and treatments (50.0%), availability of or access to support services (50.0%), early intervention (41.7%), and availability of or access to treatment services (41.7%). In addition, 25.0% mentioned other topics, while 8.3% indicated not having received training. When inquiring about other training topics of interest, 11 of the 12 providers mentioned additional areas in which they would like to receive training, among these: crisis management (16.7%), legal compliance (HIPAA, Act 408) (16.7%), adherence and retention in care (16.7%), and general HIV-related topics (16.7%). Among the preferred modalities for receiving training, it is noteworthy that half of the providers (50.0%) prefer the in-person modality, followed by synchronous virtual workshops (25.0%) and recorded or asynchronous virtual workshops (8.3%).

TABLE 52: TOPICS IN WHICH STAFF HAVE RECEIVED TRAINING DURING THE PAST 12 MONTHS

	Freq.	%
Linkage to treatment	8	66.7%
Retention in treatment	8	66.7%
New medications and treatments	6	50.0%
Availability of or access to support services	6	50.0%
Early intervention	5	41.7%
Availability of or access to treatment services	5	41.7%
Other	3	25.0%
Has not received training	1	8.3%
Total	**12**	**-**

Note: The numerical base for this table consists of the 12 completed surveys. Since this was a multiple-response question, the percentages may not add up to 100%.

TABLE 53: OTHER TRAINING TOPICS OF INTEREST TO THE ENTITIES

Topic	Mentions	%
Crisis Management	2	16.7%
Compliance / Legal (HIPAA, Act 408)	2	16.7%
Adherence / Retention in care	2	16.7%
HIV-related services (general)	2	16.7%
New treatments / Clinical strategies	1	8.3%
Evidence-based interventions (EBIs)	1	8.3%
Patient support groups	1	8.3%
Eligibility system / Department of Health Portal	1	8.3%
Customer satisfaction / Complaint management	1	8.3%

Note: The numerical base consists of the 12 completed surveys. The verbatim responses are presented in Appendix C.

TABLE 54: PREFERRED MODALITY FOR RECEIVING TRAINING

	Freq.	%
In-person	6	50.0%
Synchronous virtual workshops	3	25.0%
None in particular	1	8.3%
Recorded or asynchronous virtual workshops	1	8.3%
Does not indicate	1	8.3%
Total	12	100.0%

Note: The numerical base for this table consists of the 12 completed surveys.

PROFILE OF THE PERSONS WHO COMPLETED THE SURVEY

The following section presents a sociodemographic profile and some data on the profile of the persons who completed the survey. Regarding years of experience in HIV-related topics, an average of 20.6 years per participant and a median of 23 years were identified. The minimum value recorded was 5 years, while the maximum reached 41 years. As for the number of years participants have been working at the entity, an average of 21 years and a median of 22 years were observed. The range fluctuated between a minimum of 3 and a maximum of 41 years of service at the entity.

TABLE 55: YEARS WORKING ON HIV-RELATED TOPICS

n	12
Average	20.6
Median	23
Minimum	5
Maximum	41

Note: The numerical base for this table consists of the 12 completed surveys.

TABLE 56: YEARS WORKING AT THE ENTITY

n	12
Average	21
Median	22
Minimum	3
Maximum	41

Note: The numerical base for this table consists of the 12 completed surveys.

When examining the position currently held by participants within the entities, it is noteworthy that one out of every twelve providers (8.3% each) serves in each of the following roles: practice manager, administrative area, administrative manager, quality coordinator, Ryan White program coordinator, vice president, program director, executive president, director, programmatic compliance manager, administrator, and executive director.

TABLE 57: POSITION CURRENTLY HELD AT THE ENTITY

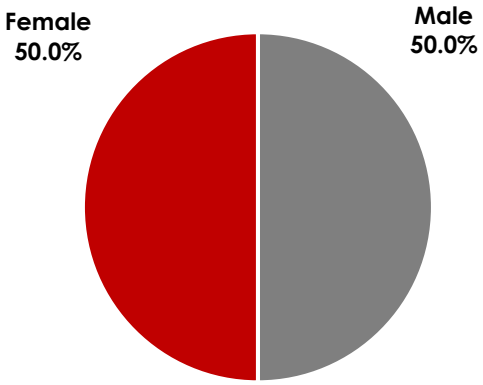
	Freq.	%
Practice Manager	1	8.3%
Administrative	1	8.3%
Administrative Manager, Quality Coordinator	1	8.3%
RW Program Coordinator	1	8.3%
Vice President	1	8.3%
Program Director	1	8.3%
Executive President	1	8.3%
Director	1	8.3%
Programmatic Compliance Manager	1	8.3%
Administrator	1	8.3%
Executive Director	1	8.3%
Does not indicate	1	8.3%
Total	**12**	**100.0%**

Note: The numerical base for this table consists of the 12 completed surveys.

In terms of the sex of the participants, half (50.0%) indicated belonging to the male gender, while the other half (50.0%) identified with the female gender. As for the age range, it is noteworthy that nearly six out of ten providers (58.3%) are between 51 and 65 years of age, followed by persons older than 65 years (16.7%), 26 to 34 years (8.3%), 45 to 50 years (8.3%), and 35 to 44 years (8.3%). Regarding the highest academic degree completed, it is observed that two out of five providers (41.7%) hold a master's degree, followed by one-third (33.3%) who hold a bachelor's degree. In addition, 8.3% completed a doctorate, another 8.3% completed some years of university, and 8.3% hold a high school diploma.

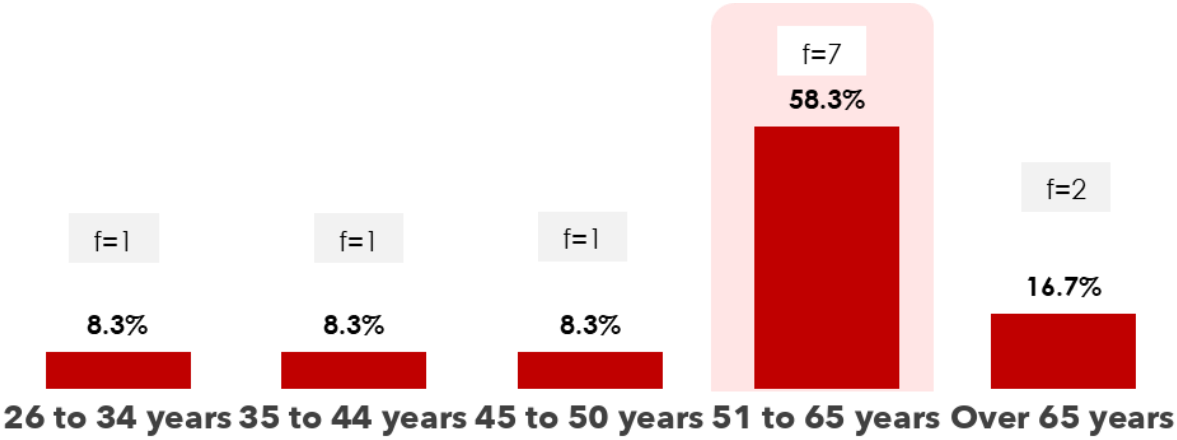
As for the area of specialization, it is noteworthy that one out of four persons who completed the survey (25.0%) specializes in administration, followed by social work (16.7%), community health education (8.3%), human resources management (8.3%), administration (8.3%), nonprofit organizations (NPOs) (8.3%), health and administration (8.3%), and health services (8.3%).

FIGURE 6: SEX



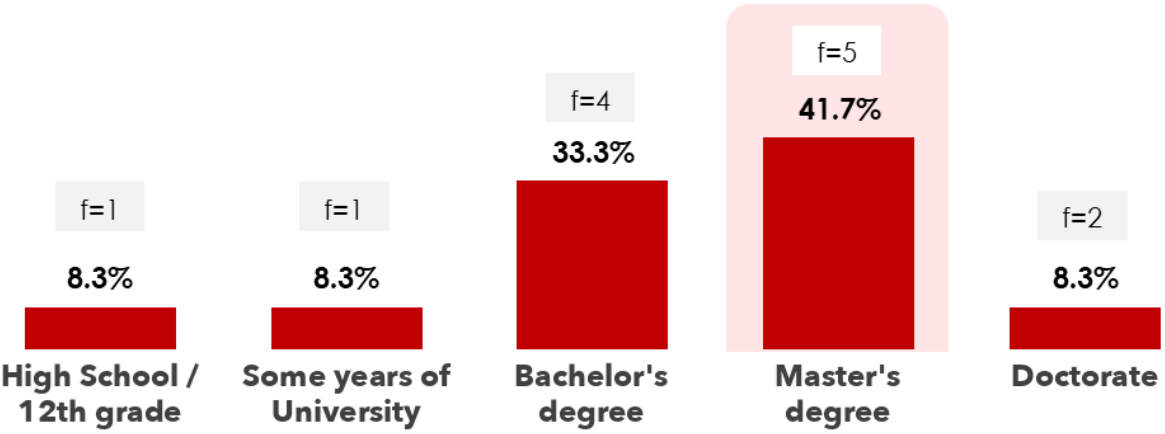
Note: The numerical base for this table consists of the 12 completed surveys

FIGURE 7: AGE RANGE



Note: The numerical base for this graph consists of the 12 completed surveys.

FIGURE 8: HIGHEST ACADEMIC DEGREE COMPLETED



Note: The numerical base for this graph consists of the 12 completed surveys.

TABLE 58: AREA OF SPECIALIZATION

	Freq.	%
Administration	3	25.0%
Social Work	2	16.7%
Community Health Education	1	8.3%
Human Resources Management	1	8.3%
Administration	1	8.3%
NPO	1	8.3%
Health and Administration	1	8.3%
Health Services	1	8.3%
Does not indicate	1	8.3%
Total	**12**	**100.0%**

Note: The numerical base for this table consists of the 12 completed surveys.

SURVEY OF PEOPLE WITH A POSITIVE HIV DIAGNOSIS

NEEDS ASSESSMENT IN THE ELIGIBLE METROPOLITAN AREA (EMA) OF SAN JUAN

2026

SURVEY OF PEOPLE WITH A POSITIVE HIV DIAGNOSIS

PROFILE OF THE PERSONS WHO PARTICIPATED IN THE SURVEY

Demographic characteristics

Slightly more than one-third (36.6%) of the persons participating in the survey are between 55 and 64 years of age (37% in treatment and 35% out of care). In addition, three out of ten persons (30.4%) are 65 years of age or older (32.4% in treatment and 21.6% out of care). Specifically, the median age among participating persons with a positive HIV diagnosis was 60 years, while the minimum and maximum ages ranged between 22 and 91 years. Among persons in treatment, the median was 58 years, and 54 years among those out of care.

TABLE 59: AGE OF PARTICIPATING PERSONS WITH A POSITIVE HIV DIAGNOSIS (BY INTERVALS)

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
18 to 24	1	0.4%	1	1.7%	2	0.6%
25 to 34	10	3.8%	7	11.7%	17	5.2%
35 to 44	24	9.1%	8	13.3%	32	9.8%
45 to 54	46	17.4%	10	16.7%	56	17.2%
55 to 64	98	37.0%	21	35.0%	119	36.6%
65 to 69	48	18.1%	8	13.3%	56	17.2%
70 or older	38	14.3%	5	8.3%	43	13.2%
Total	**265**	**100.0%**	**60**	**100.0%**	**325**	**100.0%**

Note: The numerical base is the 325 people interviewed.

TABLE 60: AGE OF PARTICIPANTS LIVING WITH HIV

	In care	Out of care	Total
n	265	60	325
Mean	58	54	58
Median	61	56	60
Minimum	22	24	22
Maximum	91	84	91

Note: The numerical base is the 325 people interviewed.

In turn, nearly six out of ten people (57.8%) living with HIV who took part in the survey reside in the municipality of San Juan. The municipalities of Carolina (8.9%) and Bayamón (8.6%) ranked second and third, respectively. Likewise, more than half (56.6%) identified as men, while 43.1% indicated being women. With regard

to educational attainment, one third (33.5%) are high school graduates (grade 12, senior year, or its equivalent); one out of five people (22.5%) have some type of college or technical education; 16.6% completed ninth grade or less, and 15.4% hold a bachelor's degree. It is worth noting that nearly six out of ten people (57.8%) have never been married and are single.

TABLE 61: MUNICIPALITY OF RESIDENCE

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
San Juan	153	57.7%	35	58.3%	188	57.8%
Carolina	21	7.9%	8	13.3%	29	8.9%
Bayamón	21	7.9%	7	11.7%	28	8.6%
Humacao	12	4.5%	0	0.0%	12	3.7%
Trujillo Alto	7	2.6%	4	6.7%	11	3.4%
Toa Alta	9	3.4%	0	0.0%	9	2.8%
Guaynabo	7	2.6%	1	1.7%	8	2.5%
Toa Baja	5	1.9%	1	1.7%	6	1.8%
Canóvanas	5	1.9%	0	0.0%	5	1.5%
Loíza	4	1.5%	1	1.7%	5	1.5%
Fajardo	4	1.5%	0	0.0%	4	1.2%
Juncos	4	1.5%	0	0.0%	4	1.2%
Cataño	2	0.8%	0	0.0%	2	0.6%
Dorado	1	0.4%	1	1.7%	2	0.6%
Las Piedras	2	0.8%	0	0.0%	2	0.6%
Luquillo	2	0.8%	0	0.0%	2	0.6%
Naguabo	1	0.4%	1	1.7%	2	0.6%
Ceiba	1	0.4%	0	0.0%	1	0.3%
Comerío	1	0.4%	0	0.0%	1	0.3%
Río Grande	0	0.0%	1	1.7%	1	0.3%
Vega Alta	1	0.4%	0	0.0%	1	0.3%
Vega Baja	1	0.4%	0	0.0%	1	0.3%
Yabucoa	1	0.4%	0	0.0%	1	0.3%
Total	**265**	**100.0%**	**60**	**100.0%**	**325**	**100.0%**

Note: The numerical base is the 325 people interviewed.

TABLE62: SEX

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Male	151	57.0%	33	55.0%	184	56.6%
Female	113	42.6%	27	45.0%	140	43.1%
Prefers not to answer	1	0.4%	0	0.0%	1	0.3%
Total	**265**	**100.0%**	**60**	**100.0%**	**325**	**100.0%**

Note: The numerical base is the 325 people interviewed.

TABLE 63: HIGHEST GRADE LEVEL COMPLETED

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Did not complete any grade level	3	1.1%	2	3.3%	5	1.5%
Completed 9th grade or less	46	17.4%	8	13.3%	54	16.6%
Completed some high school grade	13	4.9%	2	3.3%	15	4.6%
High School Graduate (Grade 12, senior year) or its equivalent	89	33.6%	20	33.3%	109	33.5%
Some type of college or technical education	58	21.9%	15	25.0%	73	22.5%
Bachelor's Degree	39	14.7%	11	18.3%	50	15.4%
Postgraduate	17	6.4%	2	3.3%	19	5.8%
Total	**265**	**100.0%**	**60**	**100.0%**	**325**	**100.0%**

Note: The numerical base is the 325 people interviewed.

TABLE 64: CURRENT MARITAL STATUS

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Never married (single)	147	55.5%	41	68.3%	188	57.8%
Legally married	36	13.6%	5	8.3%	41	12.6%
Living with a partner without being married (consensual relationship)	30	11.3%	5	8.3%	35	10.8%
Separated	18	6.8%	1	1.7%	19	5.8%
Widowed	21	7.9%	4	6.7%	25	7.7%
Divorced	13	4.9%	4	6.7%	17	5.2%
Total	**265**	**100.0%**	**60**	**100.0%**	**325**	**100.0%**

Note: The numerical base is the 311 people interviewed

On the other hand, the vast majority of people living with HIV (94.8%) have public health insurance.

TABLE 65: HEALTH INSURANCE CURRENTLY HELD

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Public	255	96.2%	53	88.3%	308	94.8%
Private plan paid by your employer	11	4.2%	4	6.7%	15	4.6%
Private plan paid by you	10	3.8%	4	6.7%	14	4.3%
None	2	0.8%	1	1.7%	3	0.9%
Total	**265**	**-**	**60**	**-**	**325**	**-**

Note: The numerical base is the 325 people interviewed. As this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of percentages may differ from 100%.

Regarding occupational status, more than one quarter (28%) are currently unemployed. In turn, 17.2% currently work as homemakers and 15.4% (each) as full-time employees or pensioners/retirees.

TABLE 66: CURRENT OCCUPATIONAL STATUS

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Unemployed	75	28.3%	16	26.7%	91	28.0%
Homemaker	48	18.1%	8	13.3%	56	17.2%
Full-time employee	40	15.1%	10	16.7%	50	15.4%
Pensioner / retiree	40	15.1%	10	16.7%	50	15.4%
Part-time employee	34	12.8%	11	18.3%	45	13.8%
Disabled	40	15.1%	5	8.3%	45	13.8%
Student	3	1.1%	0	0.0%	3	0.9%
Does not indicate	0	0.0%	1	1.7%	1	0.3%
Total	**265**	-	**60**	-	**325**	-

Note: The numerical base is the 325 people interviewed. As this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of percentages may differ from 100%.

Internet access and equipment ownership

Regarding the devices and services they currently own, the vast majority (95.4%) stated that they have a cell phone or mobile phone; nearly half (49.8%) have an internet connection at home, and 23.1% own a computer or laptop.

TABLE 67: DEVICES AND SERVICES CURRENTLY OWNED

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Cell phone or mobile phone	252	95.1%	58	96.7%	310	95.4%
Internet connection at home	135	50.9%	27	45.0%	162	49.8%
Computer or laptop	60	22.6%	15	25.0%	75	23.1%
Tablet	44	16.6%	14	23.3%	58	17.8%
Landline phone	46	17.4%	6	10.0%	52	16.0%
Device to alert others in case of an emergency	1	0.4%	0	0.0%	1	0.3%
None of these	9	3.4%	2	3.3%	11	3.4%
Total	**265**	-	**60**	-	**325**	-

Note: The numerical base is the 325 people interviewed. As this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of percentages may differ from 100%.

Likewise, nearly half (49.2%) of the surveyed participants currently have a vehicle or their own means of transportation in their household. Specifically, participants

have a median of one (1) vehicle per household, while the minimum and maximum number ranges between one (1) and five (5) vehicles per residence.

TABLE 68: PEOPLE WHO CURRENTLY HAVE A VEHICLE OR THEIR OWN MEANS OF TRANSPORTATION IN THEIR HOUSEHOLD

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Yes	132	49.8%	28	46.7%	160	49.2%
No	133	50.2%	32	53.3%	165	50.8%
Total	**265**	**100.0%**	**60**	**100.0%**	**325**	**100.0%**

Note: The numerical base is the 325 people interviewed.

TABLE 69: PEOPLE WHO CURRENTLY HAVE A VEHICLE OR THEIR OWN MEANS OF TRANSPORTATION IN THEIR HOUSEHOLD (MEAN, MEDIAN, MINIMUM, AND MAXIMUM)

	In care	Out of care	Total
n	132	28	160
Mean	1.3	1.4	1.3
Median	1	1	1
Minimum	1	1	1
Maximum	5	4	5

Note: The numerical base is the 160 people interviewed who currently have a vehicle or their own means of transportation in their household

Housing situation

With respect to the participants' main dwelling or residence, one third (33.8%) own their home (that is, theirs or a household member's), while a similar percentage (33.2%) reside in rented housing. It is worth noting that, within this category, 41.7% of participants out of care live in rented housing, compared with 31.3% of those who are in treatment and reside in this type of housing (rented). In turn, one (1) out of every five (5) (20.9%) participants reside in a public housing project or public housing development.

TABLE 70: YOUR MAIN DWELLING OR RESIDENCE IS...

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Owned (that is, yours or a member of your household's)	95	35.8%	15	25.0%	110	33.8%
Rented	83	31.3%	25	41.7%	108	33.2%
Public housing or public housing development	54	20.4%	14	23.3%	68	20.9%

Residential project or program of a governmental entity or nonprofit entity	23	8.7%	5	8.3%	28	8.6%
Borrowed	8	3.0%	1	1.7%	9	2.8%
I do not have a fixed place to sleep	1	0.4%	0	0.0%	1	0.3%
Media Villa private home	1	0.4%	0	0.0%	1	0.3%
Total	**265**	**100.0%**	**60**	**100.0%**	**325**	**100.0%**

Note: The numerical base is the 325 people interviewed.

TABLE 71: SUPPORT OR ASSISTANCE AVAILABLE FOR YOUR HOUSING

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Section 8	40	37.7%	9	30.0%	49	36.0%
HOPWA	15	14.2%	9	30.0%	24	17.6%
Private assistance	5	4.7%	2	6.7%	7	5.1%
Casa Joven del Caribe	4	3.8%	0	0.0%	4	2.9%
Hogar Crea	2	1.9%	1	3.3%	3	2.2%
La Perla del Gran Precio	1	0.9%	1	3.3%	2	1.5%
Municipal assistance	1	0.9%	0	0.0%	1	0.7%
Caney Comerio	1	0.9%	0	0.0%	1	0.7%
The government	1	0.9%	0	0.0%	1	0.7%
Department of the Family funds	1	0.9%	0	0.0%	1	0.7%
Federal funds, but does not know which	1	0.9%	0	0.0%	1	0.7%
Hogar Crea (mothers with children)	1	0.9%	0	0.0%	1	0.7%
Act 173	1	0.9%	0	0.0%	1	0.7%
Medicaid	0	0.0%	1	3.3%	1	0.7%
Rapid Rehousing	1	0.9%	0	0.0%	1	0.7%
None	30	28.3%	7	23.3%	37	27.2%
Does not know / Does not indicate	1	0.9%	0	0.0%	1	0.7%
Total	**106**	**100.0%**	**30**	**100.0%**	**136**	**100.0%**

Note: The numerical base is the 136 people interviewed who reside in rented housing or a residential project or program.

TABLE 72: YOUR HOUSING IS CURRENTLY…

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Paid off	66	69.5%	9	60.0%	75	68.2%
Paying a mortgage or loan	29	30.5%	6	40.0%	35	31.8%
Total	**95**	**100.0%**	**15**	**100.0%**	**110**	**100.0%**

Note: The numerical base is the 110 people interviewed who reside in owned housing.

In relation to the housing situation, it was observed that 6.5% of participants have experienced homelessness during the past two (2) years (that is, they have had to sleep on the street, in an emergency or transitional shelter, or in a place unfit for living). This situation is more recurrent among those who are out of care (11.7%).

Among the reasons for experiencing homelessness, the main ones were substance/drug use (19%) and relocating from the United States to Puerto Rico (19%). In particular, among people in treatment, the percentage rises to 28.6% among those who cited substance/drug use as a reason, and to 21.4% among those who indicated it was a consequence of relocating from the United States to Puerto Rico.

TABLE 73: PEOPLE WHO AT SOME POINT DURING THE PAST (2) YEARS HAVE EXPERIENCED BEING HOMELESS, THAT IS, HAVE HAD TO SLEEP ON THE STREET, IN AN EMERGENCY OR TRANSITIONAL SHELTER, OR IN A PLACE UNFIT FOR LIVING.

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Yes	14	5.3%	7	11.7%	21	6.5%
No	251	94.7%	53	88.3%	304	93.5%
Total	**265**	**100.0%**	**60**	**100.0%**	**325**	**100.0%**

Note: The numerical base is the 325 people interviewed.

TABLE 74: REASONS FOR HAVING EXPERIENCED A SITUATION OF HOMELESSNESS DURING THE PAST (2) YEARS

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Eviction due to family problems	0	0.0%	1	14.3%	1	4.8%
Unemployment	1	7.1%	1	14.3%	2	9.5%
Was evicted from the place where she lived	1	7.1%	0	0.0%	1	4.8%
Not having coordinated some things well	0	0.0%	1	14.3%	1	4.8%
Lost my Section 8	0	0.0%	1	14.3%	1	4.8%
To save money	1	7.1%	0	0.0%	1	4.8%
Problems with the Public Housing Administration	0	0.0%	1	14.3%	1	4.8%
Problems with their children	1	7.1%	0	0.0%	1	4.8%
Personal problems	1	7.1%	0	0.0%	1	4.8%
Was released from prison	1	7.1%	0	0.0%	1	4.8%
Relocated from the United States to Puerto Rico	3	21.4%	1	14.3%	4	19.0%
A threat	0	0.0%	1	14.3%	1	4.8%
Substance / drug use	4	28.6%	0	0.0%	4	19.0%
Does not indicate	1	7.1%	0	0.0%	1	4.8%
Total	**14**	**100.0%**	**7**	**100.0%**	**21**	**100.0%**

Note: The numerical base is the 136 people interviewed who have experienced being homeless during the past two years

Household composition

With regard to the number of people who make up their household (including the surveyed participant), a median of one (1) person per household was recorded, with a range that fluctuated between one (1) and 20 people. Within this group, a median of one (1) older adult aged 60 or older per household was identified, with a minimum and maximum that varied between 0 and 14 older adults. On the other hand, 10.5% of participants indicated being in charge of caring for a person with a disability or health condition who resides in the household (18.3% out of care and 8.7% in treatment). Of these, the majority (88.2%) are caring for an older adult with a disability or some health condition.

TABLE 75: NUMBER OF PEOPLE WHO MAKE UP YOUR HOUSEHOLD, INCLUDING YOURSELF

	In care	Out of care	Total
n	265	60	325
Mean	2	2	2
Median	1	1	1
Minimum	1	1	1
Maximum	20	15	20

Note: The numerical base is the 325 people interviewed

TABLE 76: PEOPLE WHO MAKE UP YOUR HOUSEHOLD WHO ARE 60 YEARS OR OLDER

	In care	Out of care	Total
n	265	60	325
Mean	1	1	1
Median	1	1	1
Minimum	0	0	0
Maximum	14	14	14

Note: The numerical base is the 325 people interviewed

TABLE 77: PEOPLE WHO ARE IN CHARGE OF CARING FOR ANOTHER PERSON WITH A DISABILITY OR HEALTH CONDITION WHO LIVES WITH YOU

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Yes	23	8.7%	11	18.3%	34	10.5%
No	242	91.3%	49	81.7%	291	89.5%
Total	**265**	**100.0%**	**60**	**100.0%**	**325**	**100.0%**

Note: The numerical base is the 325 people interviewed.

TABLE 78: PERSON CARED FOR

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Older adult	19	82.6%	11	100.0%	30	88.2%
Adult	3	13.0%	0	0.0%	3	8.8%
Minor	2	8.7%	0	0.0%	2	5.9%
Total	**23**	**-**	**11**	**-**	**34**	**-**

Note: The numerical base is the 34 people interviewed who are in charge of caring for a person with a disability or health condition who lives with them. As this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of percentages may differ from 100%.

Household economic situation

Regarding annual household income, more than three quarters (76%) of the surveyed people reported an annual income of less than $15,000. The median was also placed in this same category.

TABLE 79: ANNUAL INCOME OF YOUR HOUSEHOLD

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Less than $15,000	204	77.0%	43	71.7%	247	76.0%
From $15,000 to $24,999	28	10.6%	11	18.3%	39	12.0%
From $25,000 to $34,999	9	3.4%	4	6.7%	13	4.0%
From $35,000 to $44,999	8	3.0%	2	3.3%	10	3.1%
From $45,000 to $54,999	5	1.9%	0	0.0%	5	1.5%
From $55,000 to $64,999	3	1.1%	0	0.0%	3	0.9%
From $65,000 to $74,999	3	1.1%	0	0.0%	3	0.9%
$75,000 or more	1	0.4%	0	0.0%	1	0.3%
I don't know	4	1.5%	0	0.0%	4	1.2%
Total	**265**	**100.0%**	**60**	**100.0%**	**325**	**100.0%**

Note: The numerical base is the 325 people interviewed.

Regarding how frequently participants have faced difficulties covering household expenses, 12.6% indicated that they always or often face difficulties paying for electricity; 8.3% for paying for water; 8% for buying food; 6.8% for gasoline or transportation-related expenses, and 4.3% for paying a mortgage or rent. Among people living with HIV who are in treatment, 10.9% always or often face difficulties paying for electricity; 7.9% for water; 7.2% for buying food, and 7.2% for gasoline or transportation expenses. On the other hand, among people out of care, 20% face difficulties paying for electricity; 11.7% for buying food, and 10% for paying for water.

TABLE 80: FREQUENCY WITH WHICH YOU HAVE FACED DIFFICULTIES WITH THE FOLLOWING HOUSEHOLD EXPENSES DURING THE PAST TWELVE MONTHS

	Always		Often		Sometimes		Rarely		Never		I do not have that monthly expense		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Mortgage or rent payment	7	2.2%	7	2.2%	15	4.6%	9	2.8%	200	61.5%	87	26.8%	325	100.0%
Buying food	10	3.1%	16	4.9%	46	14.2%	24	7.4%	220	67.7%	9	2.8%	325	100.0%
Water payment	8	2.5%	19	5.8%	45	13.8%	21	6.5%	203	62.5%	29	8.9%	325	100.0%
Electricity/power payment	11	3.4%	30	9.2%	50	15.4%	17	5.2%	192	59.1%	25	7.7%	325	100.0%
Cell or mobile phone service payment	2	0.6%	9	2.8%	24	7.4%	13	4.0%	240	73.8%	37	11.4%	325	100.0%
Gasoline or transportation-related expenses	10	3.1%	12	3.7%	24	7.4%	14	4.3%	174	53.5%	91	28.0%	325	100.0%
Payment of private household caregivers or attendants	0	0.0%	3	0.9%	2	0.6%	2	0.6%	102	31.4%	216	66.5%	325	100.0%
Medications	5	1.5%	5	1.5%	12	3.7%	12	3.7%	272	83.7%	19	5.8%	325	100.0%
Medical services	4	1.2%	0	0.0%	7	2.2%	15	4.6%	281	86.5%	18	5.5%	325	100.0%
Other	3	0.9%	3	0.9%	2	0.6%	0	0.0%	41	12.6%	276	84.9%	325	100.0%

Note: The numerical base is the 325 people interviewed.

TABLE 81: FREQUENCY WITH WHICH YOU HAVE FACED DIFFICULTIES WITH THE FOLLOWING HOUSEHOLD EXPENSES DURING THE PAST TWELVE MONTHS (IN CARE)

	Always		Often		Sometimes		Rarely		Never		I do not have that monthly expense		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Mortgage or rent payment	5	1.9%	5	1.9%	10	3.8%	8	3.0%	161	60.8%	76	28.7%	265	100.0%
Buying food	9	3.4%	10	3.8%	38	14.3%	16	6.0%	183	69.1%	9	3.4%	265	100.0%
Water payment	6	2.3%	15	5.7%	35	13.2%	17	6.4%	169	63.8%	23	8.7%	265	100.0%
Electricity/power payment	9	3.4%	20	7.5%	41	15.5%	13	4.9%	162	61.1%	20	7.5%	265	100.0%
Cell or mobile phone service payment	1	0.4%	7	2.6%	17	6.4%	11	4.2%	197	74.3%	32	12.1%	265	100.0%
Gasoline or transportation-related expenses	9	3.4%	10	3.8%	17	6.4%	11	4.2%	147	55.5%	71	26.8%	265	100.0%
Payment of private household caregivers or attendants	0	0.0%	3	1.1%	1	0.4%	2	0.8%	81	30.6%	178	67.2%	265	100.0%
Medications	4	1.5%	4	1.5%	9	3.4%	10	3.8%	221	83.4%	17	6.4%	265	100.0%

	Always		Often		Sometimes		Rarely		Never		I do not have that monthly expense		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Medical services	3	1.1%	0	0.0%	5	1.9%	15	5.7%	227	85.7%	15	5.7%	265	100.0%
Other	3	1.1%	3	1.1%	1	0.4%	0	0.0%	35	13.2%	223	84.2%	265	100.0%

Note: The numerical base is the 265 people interviewed who are in treatment.

TABLE 82: FREQUENCY WITH WHICH YOU HAVE FACED DIFFICULTIES WITH THE FOLLOWING HOUSEHOLD EXPENSES DURING THE PAST TWELVE MONTHS (OUT OF CARE)

	Always		Often		Sometimes		Rarely		Never		I do not have that monthly expense		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Mortgage or rent payment	2	3.3%	2	3.3%	5	8.3%	1	1.7%	39	65.0%	11	18.3%	60	100.0%
Buying food	1	1.7%	6	10.0%	8	13.3%	8	13.3%	37	61.7%	0	0.0%	60	100.0%
Water payment	2	3.3%	4	6.7%	10	16.7%	4	6.7%	34	56.7%	6	10.0%	60	100.0%
Electricity/power payment	2	3.3%	10	16.7%	9	15.0%	4	6.7%	30	50.0%	5	8.3%	60	100.0%
Cell or mobile phone service payment	1	1.7%	2	3.3%	7	11.7%	2	3.3%	43	71.7%	5	8.3%	60	100.0%
Gasoline or transportation-related expenses	1	1.7%	2	3.3%	7	11.7%	3	5.0%	27	45.0%	20	33.3%	60	100.0%
Payment of private household caregivers or attendants	0	0.0%	0	0.0%	1	1.7%	0	0.0%	21	35.0%	38	63.3%	60	100.0%
Medications	1	1.7%	1	1.7%	3	5.0%	2	3.3%	51	85.0%	2	3.3%	60	100.0%
Medical services	1	1.7%	0	0.0%	2	3.3%	0	0.0%	54	90.0%	3	5.0%	60	100.0%
Other	0	0.0%	0	0.0%	1	1.7%	0	0.0%	6	10.0%	53	88.3%	60	100.0%

Note: The numerical base is the 60 people interviewed who are out of care.

In relation to food security in the household during the past year (last 12 months), more than one quarter of participants (27.4%) indicated having worried that food would run out before they could get more (38.3% among those who are out of care), while 16% noted that the food they had did not last and they could not get more (25% out of care). Likewise, 6.8% expressed that someone in the household ate less than they needed and 3.7% indicated that someone stopped eating for an entire day. It is worth noting that nearly seven out of ten surveyed participants living with HIV (67.4%) did not face any of the above situations.

TABLE 83: SITUATIONS THAT HAVE OCCURRED IN YOUR HOUSEHOLD IN THE LAST 12 MONTHS

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
We worried that food would run out before we could get more.	66	24.9%	23	38.3%	89	27.4%
The food we had did not last and we could not get more.	37	14.0%	15	25.0%	52	16.0%
Someone in the household ate less than they needed.	13	4.9%	9	15.0%	22	6.8%
Someone in the household did not eat for a whole day.	7	2.6%	5	8.3%	12	3.7%
None of the above.	187	70.6%	32	53.3%	219	67.4%
Total	**265**	-	**60**	-	**325**	-

Note: The numerical base is the 325 people interviewed. Since this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of percentages may differ from 100%.

HIV DIAGNOSIS

The surveyed participants received their HIV-positive diagnosis in the year 2002 (median). The most recent diagnosis was recorded in 2026, while the oldest dates back to 1972. Since testing positive for HIV, about half of the participants (48.9%) indicated that a week or less went by before they first visited a physician, nurse, or other health professional seeking medical care for HIV. However, more than one-quarter (27.4%) did not attend a first medical visit within the first month after receiving the diagnosis. Among the reasons for not making such a visit, the following were mentioned: not believing the test results (12.5%), not wanting to

accept or think they were HIV positive (11.4%), feeling well (8.0%), feeling ill (8.0%), and alcohol or drug use (6.8%). It is worth noting that 25% of the people with an HIV-positive diagnosis who were out of care indicated that they did not seek medical care during the first month because they did not want to accept or think they were HIV positive.

TABLE 84: YEAR IN WHICH THEY TESTED POSITIVE FOR HIV

	In care	Out of care	Total
n	265	60	325
Mean	2004	2003	2003
Median	2002	2001	2002
Minimum	1972	1985	1972
Maximum	2026	2025	2026

Note: The numerical base is the 325 people interviewed

TABLE 85: SINCE YOU TESTED POSITIVE FOR HIV, HOW LONG AFTERWARD DID YOU FIRST VISIT A PHYSICIAN, NURSE, OR OTHER HEALTH PERSONNEL SEEKING MEDICAL CARE FOR HIV?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
One week or less	131	49.4%	28	46.7%	159	48.9%
Two to four weeks	24	9.1%	4	6.7%	28	8.6%
One month	33	12.5%	16	26.7%	49	15.1%
2 months	8	3.0%	0	0.0%	8	2.5%
3-6 months	11	4.2%	2	3.3%	13	4.0%
6-9 months	2	0.8%	0	0.0%	2	0.6%
9-12 months	8	3.0%	1	1.7%	9	2.8%
More than one (1) year	47	17.7%	9	15.0%	56	17.2%
Don't know / No answer	1	0.4%	0	0.0%	1	0.3%
Total	**265**	**100.0%**	**60**	**100.0%**	**325**	**100.0%**

Note: The numerical base is the 325 people interviewed.

TABLE 86: WHAT WAS THE MAIN REASON YOU DID NOT VISIT A PHYSICIAN, NURSE, OR OTHER HEALTH PERSONNEL TO RECEIVE MEDICAL CARE FOR HIV IN THE FIRST MONTH AFTER TESTING POSITIVE FOR HIV

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
I did not believe the test results	9	11.8%	2	16.7%	11	12.5%
I did not want to think I was HIV positive	7	9.2%	3	25.0%	10	11.4%
I felt well	7	9.2%	0	0.0%	7	8.0%

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
I felt ill	6	7.9%	1	8.3%	7	8.0%
I was using alcohol or drugs	5	6.6%	1	8.3%	6	6.8%
I was homeless	5	6.6%	0	0.0%	5	5.7%
I was incarcerated	5	6.6%	0	0.0%	5	5.7%
I had caregiving responsibilities that limited my time	3	3.9%	0	0.0%	3	3.4%
I did not know about the condition	2	2.6%	1	8.3%	3	3.4%
I moved or was in another city	2	2.6%	0	0.0%	2	2.3%
I did not know where to go	2	2.6%	0	0.0%	2	2.3%
I did not know that receiving care within a 3-month period was recommended	2	2.6%	0	0.0%	2	2.3%
Depression	2	2.6%	0	0.0%	2	2.3%
Frustration	2	2.6%	0	0.0%	2	2.3%
Prejudice and misinformation	1	1.3%	1	8.3%	2	2.3%
Anger	1	1.3%	0	0.0%	1	1.1%
I believed I was going to die anyway, so treatment was not worth it	1	1.3%	0	0.0%	1	1.1%
When I was diagnosed there were no medications	1	1.3%	0	0.0%	1	1.1%
The physician did not consider it necessary until 6 months later	1	1.3%	0	0.0%	1	1.1%
The process took that long	1	1.3%	0	0.0%	1	1.1%
I was a minor and kept it a secret	0	0.0%	1	8.3%	1	1.1%
I was pregnant and living on the street	1	1.3%	0	0.0%	1	1.1%
I was on another medical treatment	1	1.3%	0	0.0%	1	1.1%
I was disabled and had just had surgery	1	1.3%	0	0.0%	1	1.1%
I had suffered an accident	1	1.3%	0	0.0%	1	1.1%
The pills at that time were very toxic to the system	0	0.0%	1	8.3%	1	1.1%
Denial	1	1.3%	0	0.0%	1	1.1%
I did not dare to go to the clinics	1	1.3%	0	0.0%	1	1.1%
Hiding it from the family	1	1.3%	0	0.0%	1	1.1%

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Because of the pregnancy the treatment changed	1	1.3%	0	0.0%	1	1.1%
Because of the stigma	1	1.3%	0	0.0%	1	1.1%
Because of the many errands that had to be run	0	0.0%	1	8.3%	1	1.1%
Out of fear	1	1.3%	0	0.0%	1	1.1%
Don't know / Refused to answer	1	1.3%	0	0.0%	1	1.1%
Total	**76**	**100.0%**	**12**	**100.0%**	**88**	**100.0%**

Note: The numerical base is the 88 people interviewed who first visited a physician, nurse, or other health personnel seeking medical care for HIV after a month.

Participants were asked about the three main needs faced by the community with an HIV-positive diagnosis in their region. To this end, 22.8% identified medical services and access to physicians as a need; 20.9%, access to medications; 16.9%, stigma, discrimination, and rejection; and 14.8%, transportation. Among people out of care, 30% indicated the need for access to medications, while more than one-quarter (26.7%) identified access to physicians and 15%, transportation.

TABLE 87: WHAT WOULD YOU SAY ARE THE THREE MAIN NEEDS, IF ANY, CURRENTLY FACED BY THE COMMUNITY WITH AN HIV-POSITIVE DIAGNOSIS IN YOUR REGION?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Medical Services / Access to physicians	58	21.9%	16	26.7%	74	22.8%
Medications / Access to medications	50	18.9%	18	30.0%	68	20.9%
Stigma / Discrimination / Rejection	47	17.7%	8	13.3%	55	16.9%
Transportation	39	14.7%	9	15.0%	48	14.8%
Housing	39	14.7%	6	10.0%	45	13.8%
Guidance / Information / Education	36	13.6%	5	8.3%	41	12.6%
Economic Support / Employment	31	11.7%	8	13.3%	39	12.0%
Food / Nutrition	25	9.4%	10	16.7%	35	10.8%
Social / Family Support / Support groups	20	7.5%	4	6.7%	24	7.4%
Mental Health / Psychological support	19	7.2%	5	8.3%	24	7.4%

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Recreational Activities / Quality of life	7	2.6%	5	8.3%	12	3.7%
Fear / Denial / Personal barriers	8	3.0%	1	1.7%	9	2.8%
Health Plan / Reform	7	2.6%	2	3.3%	9	2.8%
Dental Services	6	2.3%	2	3.3%	8	2.5%
In-Home Services / Home assistance	7	2.6%	1	1.7%	8	2.5%
Geographic Accessibility	3	1.1%	3	5.0%	6	1.8%
Substance Use	4	1.5%	0	0.0%	4	1.2%
Hearing / Communication	3	1.1%	0	0.0%	3	0.9%
Government / Public policy	3	1.1%	0	0.0%	3	0.9%
Aging / Associated conditions	2	0.8%	0	0.0%	2	0.6%
None / Not applicable / Don't know	66	24.9%	13	21.7%	79	24.3%
Total	**265**	**-**	**60**	**-**	**325**	**-**

Note: The numerical base is the 325 people interviewed. Since this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of percentages may differ from 100%.

Regarding the barriers or limitations that prevent the community with an HIV-positive diagnosis from accessing health services and other support services needed to maintain adequate health status and quality of life, 18.2% identified transportation; 13.8%, stigma and discrimination; and 11.7%, lack of awareness and lack of information.

TABLE 88: BARRIERS OR LIMITATIONS THAT PREVENT THE COMMUNITY WITH AN HIV-POSITIVE DIAGNOSIS FROM ACCESSING HEALTH SERVICES AND OTHER SUPPORT SERVICES NEEDED TO MAINTAIN ADEQUATE HEALTH STATUS AND QUALITY OF LIFE?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Transportation	45	17.0%	14	23.3%	59	18.2%
Stigma / Discrimination	36	13.6%	9	15.0%	45	13.8%
Lack of awareness / Lack of information	31	11.7%	7	11.7%	38	11.7%
Geographic Accessibility / Limited services	19	7.2%	9	15.0%	28	8.6%
Economic / Money	23	8.7%	4	6.7%	27	8.3%

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Fear / Shame / Denial	20	7.5%	5	8.3%	25	7.7%
Lack of Physicians / Health professionals	14	5.3%	8	13.3%	22	6.8%
Medications	16	6.0%	5	8.3%	21	6.5%
Health Plan / Reform / Insurers	16	6.0%	3	5.0%	19	5.8%
Bureaucracy / Administrative processes	10	3.8%	1	1.7%	11	3.4%
Family / Social Support	8	3.0%	2	3.3%	10	3.1%
Mental Health / Emotional problems	7	2.6%	3	5.0%	10	3.1%
In-Home Services / Disability	3	1.1%	2	3.3%	5	1.5%
Associated medical conditions	3	1.1%	1	1.7%	4	1.2%
Government Services	3	1.1%	1	1.7%	4	1.2%
Food	2	0.8%	1	1.7%	3	0.9%
Hearing / Communication	3	1.1%	0	0.0%	3	0.9%
Technological / Digital limitations	2	0.8%	0	0.0%	2	0.6%
None / Not applicable / Don't know	122	46.0%	22	36.7%	144	44.3%
Total	**265**	**-**	**60**	**-**	**325**	**-**

Note: The numerical base is the 325 people interviewed. Since this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of percentages may differ from 100%.

Regarding advertising efforts over the past twelve months, nearly six out of ten people (58%) recall having seen, read, or heard some advertisement or notice about the availability of HIV-related services. Among people out of care, 100% indicated having interacted with some advertisement or notice for these purposes. As for the entities or programs responsible for these advertisements, 23.6% recalled that they came from the Department of Health, while 21.8% stated that they were from the Ryan White program. Regarding the media through which they saw, read, or heard these advertisements, 74.7% indicated traditional television; 10.9%, pamphlets or brochures; 10.3%, social media; and 9.8%, billboards or the Internet.

TABLE 89: DURING THE PAST TWELVE MONTHS, DO YOU RECALL HAVING SEEN, READ, OR HEARD ANY ADVERTISEMENT OR NOTICE ABOUT THE AVAILABILITY OF SERVICES RELATED TO THE HIV CONDITION?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Yes	139	52.5%	35	100.0%	174	58.0%
Don't know / No answer	126	47.5%	0	0.0%	126	42.0%
Total	**265**	**100.0%**	**35**	**100.0%**	**300**	**100.0%**

Note: The numerical base is the 325 people interviewed.

TABLE 90: DO YOU RECALL WHICH ENTITY OR PROGRAM THE ADVERTISEMENT OR NOTICE YOU SAW, READ, OR HEARD WAS FROM?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Ryan White	32	23.0%	6	17.1%	38	21.8%
Department of Health	30	21.6%	11	31.4%	41	23.6%
UHF	2	1.4%	0	0.0%	2	1.1%
Victarby	1	0.7%	0	0.0%	1	0.6%
Promed	1	0.7%	0	0.0%	1	0.6%
Programa SIDA	1	0.7%	0	0.0%	1	0.6%
Municipio de San Juan	2	1.4%	0	0.0%	2	1.1%
Prep	1	0.7%	0	0.0%	1	0.6%
Medications	2	1.4%	0	0.0%	2	1.1%
Program physician	0	0.0%	1	2.9%	1	0.6%
Más Salud	1	0.7%	1	2.9%	2	1.1%
La Perla del Gran Precio	2	1.4%	1	2.9%	3	1.7%
AHF	6	4.3%	5	14.3%	11	6.3%
Lazo humano de VIH	1	0.7%	0	0.0%	1	0.6%
Gobierno de PR	3	2.2%	0	0.0%	3	1.7%
Hogar Refugio	1	0.7%	0	0.0%	1	0.6%
CONCRA	4	2.9%	0	0.0%	4	2.3%
Ending HIV	1	0.7%	0	0.0%	1	0.6%
Dovato	1	0.7%	0	0.0%	1	0.6%
ADAP	4	2.9%	0	0.0%	4	2.3%
Bill's Kitchen	4	2.9%	1	2.9%	5	2.9%
Centro Ararat	1	0.7%	1	2.9%	2	1.1%
Centro Médico	1	0.7%	0	0.0%	1	0.6%
Cemi	1	0.7%	0	0.0%	1	0.6%
Canal 4	1	0.7%	0	0.0%	1	0.6%
Ancar	1	0.7%	0	0.0%	1	0.6%
ASSMCA	1	0.7%	0	0.0%	1	0.6%
Autopista en Hatillo	1	0.7%	0	0.0%	1	0.6%
Biktarvi	1	0.7%	0	0.0%	1	0.6%
Don't know / Don't recall	42	30.2%	8	22.9%	50	28.7%
Total	**139**	**-**	**35**	**-**	**174**	**-**

Note: The numerical base is the 174 people interviewed who recall having seen, read, or heard some advertisement or notice about the availability of services related to the HIV condition. Since this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of percentages may differ from 100%.

TABLE 91: THROUGH WHAT MEDIUM DID YOU SEE, READ, OR HEAR THE ADVERTISEMENT OR NOTICE?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Traditional TV	104	74.8%	26	74.3%	130	74.7%
Print Press	4	2.9%	0	0.0%	4	2.3%
Radio	11	7.9%	2	5.7%	13	7.5%
Social Media	15	10.8%	3	8.6%	18	10.3%

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Internet	15	10.8%	2	5.7%	17	9.8%
Billboards	12	8.6%	5	14.3%	17	9.8%
Bus stops	0	0.0%	1	2.9%	1	0.6%
Magazines	1	0.7%	0	0.0%	1	0.6%
Pamphlet or brochure	16	11.5%	3	8.6%	19	10.9%
Advertisement in a taxi	1	0.7%	0	0.0%	1	0.6%
Cable	2	1.4%	0	0.0%	2	1.1%
Centro Sida	1	0.7%	0	0.0%	1	0.6%
Conference at Los Chavales and CLETS	1	0.7%	0	0.0%	1	0.6%
By word of mouth and personal knowledge	1	0.7%	0	0.0%	1	0.6%
Vans with testing	1	0.7%	1	2.9%	2	1.1%
She has seen them in person, 3 women doctors who talk about HIV	1	0.7%	0	0.0%	1	0.6%
People talking	1	0.7%	0	0.0%	1	0.6%
Total	**139**	**-**	**35**	**-**	**174**	**-**

Note: The numerical base is the 174 people interviewed who recall having seen, read, or heard some advertisement or notice about the availability of services related to the HIV condition. Since this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of percentages may differ from 100%.

HIV-RELATED SERVICES

Care or treatment services

When discussing the care or treatment services most important for people with an HIV-positive diagnosis, nearly eight out of ten people (79.7%) identified the AIDS Drug Assistance Program (ADAP); more than half (59.7%) mentioned the Pharmaceutical Assistance Program for HIV; and 31.1%, early intervention services (testing, diagnosis, and early linkage to medical services for HIV). Likewise, people out of care identified other services in addition to the three mentioned above: 26.7% indicated mental health services and 25%, clinical case management, including treatment adherence.

TABLE 92: CARE OR TREATMENT SERVICES: THE THREE MOST IMPORTANT FOR PEOPLE WITH AN HIV-POSITIVE DIAGNOSIS

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
AIDS Drug Assistance Program (ADAP)	207	78.1%	52	86.7%	259	79.7%
Pharmaceutical Assistance Program for HIV LPAP helps cover medications related to HIV treatment when A ...	158	59.6%	36	60.0%	194	59.7%
Early Intervention Services (testing, diagnosis, and early linkage to medical services for HIV)	89	33.6%	12	20.0%	101	31.1%
Health Insurance Premium and Cost-Sharing Assistance (copayments, deductibles, or other health plan expenses)	43	16.2%	8	13.3%	51	15.7%
Home- and Community-Based Health Services (medical or support services provided in the home or in the community)	24	9.1%	1	1.7%	25	7.7%
Home Health Care Services (medical or nursing care in the home)	31	11.7%	7	11.7%	38	11.7%
Hospice Services (palliative care for people with advanced conditions)	12	4.5%	2	3.3%	14	4.3%
Clinical Case Management including Treatment Adherence, coordination of medical services and support to continue treatment ...	55	20.8%	15	25.0%	70	21.5%
Medical Nutrition Therapy (nutritional assessment and guidance provided by health professionals)	22	8.3%	6	10.0%	28	8.6%
Mental Health Services (psychological or psychiatric assessment, counseling, or treatment)	56	21.1%	16	26.7%	72	22.2%
Oral Health Services (dental and oral health care)	30	11.3%	8	13.3%	38	11.7%
Outpatient Health Services / (general practitioner, medical specialists, and other medical care without hospitalization)	10	3.8%	1	1.7%	11	3.4%
Outpatient Treatment for Substance Use, treatment services for alcohol or other substance use without inpatient care ...	5	1.9%	5	8.3%	10	3.1%
HOPWA	0	0.0%	1	1.7%	1	0.3%
"Over the counter" medications	1	0.4%	0	0.0%	1	0.3%
All are important	8	3.0%	2	3.3%	10	3.1%
Don't know / No answer	3	1.1%	1	1.7%	4	1.2%
Total	**265**	**-**	**60**	**-**	**325**	**-**

Note: The numerical base is the 325 people interviewed. Since this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of percentages may differ from 100%.

On the other hand, with respect to the services they currently receive, six out of ten (65.8%) participants indicated that they currently receive benefits from the AIDS Drug Assistance Program (ADAP). In turn, 59.1% (60% among people out of

care) receive Clinical Case Management services, including treatment adherence, coordination of medical services, and support to continue treatment, while 41.5% receive benefits from the Pharmaceutical Assistance Program for HIV (LPAP) to cover treatment-related medications. In addition, more than one-third (36.3%) receive mental health services (psychological or psychiatric assessment, counseling, and treatment), and 35.1% receive medical nutrition therapy (nutritional assessment and guidance provided by health professionals).

TABLE 93: OF THE CORE MEDICAL SERVICES I JUST SHOWED YOU, WHICH ONES ARE YOU CURRENTLY RECEIVING?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
AIDS Drug Assistance Program (ADAP)	178	67.2%	36	60.0%	214	65.8%
Pharmaceutical Assistance Program for HIV LPAP helps cover medications related to HIV treatment when A ...	116	43.8%	19	31.7%	135	41.5%
Early Intervention Services (testing, diagnosis, and early linkage to medical services for HIV)	70	26.4%	8	13.3%	78	24.0%
Health Insurance Premium and Cost-Sharing Assistance (copayments, deductibles, or other health plan expenses)	45	17.0%	7	11.7%	52	16.0%
Home- and Community-Based Health Services (medical or support services provided in the home or in the community)	20	7.5%	2	3.3%	22	6.8%
Home Health Care Services (medical or nursing care in the home)	19	7.2%	1	1.7%	20	6.2%
Hospice Services (palliative care for people with advanced conditions)	5	1.9%	1	1.7%	6	1.8%
Clinical Case Management including Treatment Adherence, coordination of medical services and support to continue treatment ...	156	58.9%	36	60.0%	192	59.1%
Medical Nutrition Therapy (nutritional assessment and guidance provided by health professionals)	98	37.0%	16	26.7%	114	35.1%
Mental Health Services (psychological or psychiatric	98	37.0%	20	33.3%	118	36.3%

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
assessment, counseling, or treatment)						
Oral Health Services (dental and oral health care)	80	30.2%	10	16.7%	90	27.7%
Outpatient Health Services / (general practitioner, medical specialists, and other medical care without hospitalization)	61	23.0%	12	20.0%	73	22.5%
Outpatient Treatment for Substance Use, treatment services for alcohol or other substance use without inpatient care ...	3	1.1%	5	8.3%	8	2.5%
Other	5	1.9%	1	1.7%	6	1.8%
None	19	7.2%	10	16.7%	29	8.9%
Total	**265**	**-**	**60**	**-**	**325**	**-**

Note: The numeric base is the 325 people interviewed. Because this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of the percentages may differ from 100%.

The surveyed participants also had the opportunity to describe their level of satisfaction with the core medical services they receive. To that end, the vast majority of the services presented reflected high levels of satisfaction, exceeding 90%. Specifically, among the services, the AIDS Drug Assistance Program (ADAP) stood out, as 98.6% indicated being satisfied or very satisfied with this service. In turn, 96.3% were satisfied or very satisfied with the Local Pharmaceutical Assistance Program for HIV (LPAP) and the help to cover medications related to HIV treatment, while 95.6% expressed a similar level of satisfaction with Medical Nutrition Therapy services (nutritional assessment and counseling provided by health professionals).

For their part, mental health services (assessment, counseling, or psychological or psychiatric treatment) and clinical case management (including treatment adherence, coordination of medical services, and support to continue treatment) also stood out for presenting high levels of satisfaction among the services most used by participants, with 93.2% of people satisfied or very satisfied in both cases.

ILLUSTRATION 4: LEVEL OF SATISFACTION WITH THE CORE MEDICAL SERVICES RECEIVED

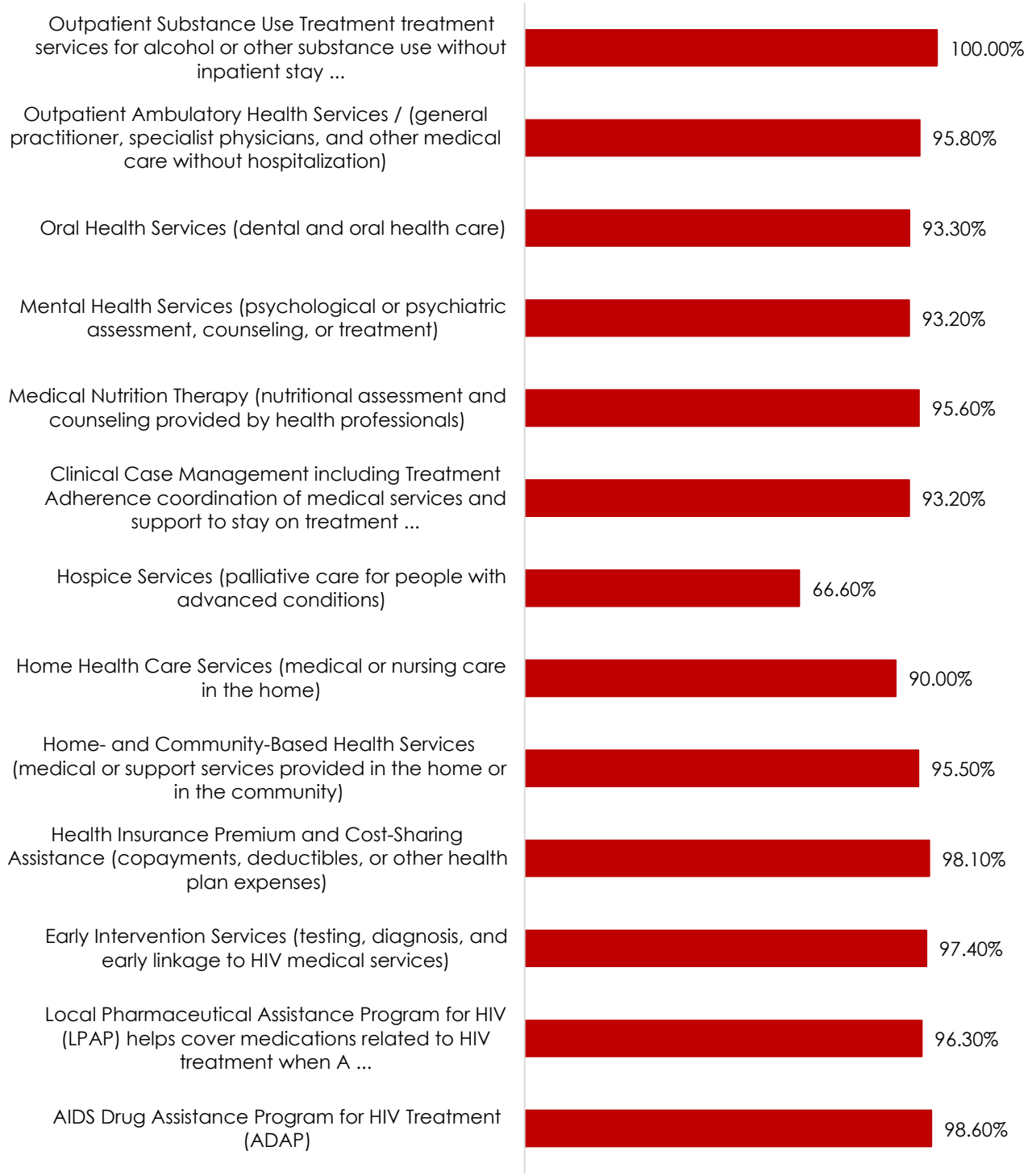


TABLE 94: LEVEL OF SATISFACTION WITH THE CORE MEDICAL SERVICES RECEIVED…

	Very satisfied		Satisfied		Neither satisfied nor dissatisfied		Dissatisfied		Very dissatisfied		Does not indicate		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
AIDS Drug Assistance Program (ADAP)	142	66.4%	69	32.2%	2	0.9%	0	0.0%	1	0.5%	0	0.0%	214	100.0%
Local Pharmaceutical Assistance Program for HIV LPAP help to cover medications related to HIV treatment when A ...	79	58.5%	51	37.8%	5	3.7%	0	0.0%	0	0.0%	0	0.0%	135	100.0%
Early Intervention Services (testing, diagnosis, and early linkage to HIV medical services)	27	34.6%	49	62.8%	1	1.3%	1	1.3%	0	0.0%	0	0.0%	78	100.0%
Assistance for the Payment of Health Insurance Premiums and Cost Sharing (copayments, deductibles, or other health plan expenses)	24	46.2%	27	51.9%	0	0.0%	1	1.9%	0	0.0%	0	0.0%	52	100.0%
Home- and Community-Based Health Services (medical or support services provided in the home or community)	11	50.0%	10	45.5%	0	0.0%	1	4.5%	0	0.0%	0	0.0%	22	100.0%
Home Health Care Services (medical or nursing care in the home)	11	55.0%	7	35.0%	0	0.0%	1	5.0%	0	0.0%	1	5.0%	20	100.0%
Hospice Services (palliative care for people with advanced conditions)	2	33.3%	2	33.3%	1	16.7%	0	0.0%	0	0.0%	1	16.7%	6	100.0%
Clinical Case Management including Treatment Adherence coordination of medical services and support to continue treatment ...	124	64.6%	55	28.6%	7	3.6%	3	1.6%	3	1.6%	0	0.0%	192	100.0%

	Very satisfied		Satisfied		Neither satisfied nor dissatisfied		Dissatisfied		Very dissatisfied		Does not indicate		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Medical Nutrition Therapy (nutritional assessment and counseling provided by health professionals)	57	50.0%	52	45.6%	2	1.8%	2	1.8%	0	0.0%	1	0.9%	114	100.0%
Mental Health Services (assessment, counseling, or psychological or psychiatric treatment)	64	54.2%	46	39.0%	3	2.5%	4	3.4%	1	0.8%	0	0.0%	118	100.0%
Oral Health Services (dental and oral health care)	45	50.0%	39	43.3%	3	3.3%	2	2.2%	1	1.1%	0	0.0%	90	100.0%
Outpatient Health Services / (general practitioner, specialist physicians, and other medical care without hospitalization)	35	47.9%	35	47.9%	2	2.7%	1	1.4%	0	0.0%	0	0.0%	73	100.0%
Outpatient Substance Use Treatment treatment services for the use of alcohol or other substances without inpatient care ...	5	62.5%	3	37.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	8	100.0%
Others	3	50.0%	0	0.0%	1	16.7%	0	0.0%	0	0.0%	2	33.3%	6	100.0%

TABLE 95: LEVEL OF SATISFACTION WITH THE CORE MEDICAL SERVICES RECEIVED... - IN CARE

	Very satisfied		Satisfied		Neither satisfied nor dissatisfied		Dissatisfied		Very dissatisfied		Does not indicate		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
AIDS Drug Assistance Program (ADAP)	113	63.5%	62	34.8%	2	1.1%	0	0.0%	1	0.6%	0	0.0%	178	100.0%
Local Pharmaceutical Assistance Program for HIV LPAP help to cover medications related to HIV treatment when A ...	66	56.9%	46	39.7%	4	3.4%	0	0.0%	0	0.0%	0	0.0%	116	100.0%
Early Intervention Services (testing, diagnosis, and early linkage to HIV medical services)	23	32.9%	45	64.3%	1	1.4%	1	1.4%	0	0.0%	0	0.0%	70	100.0%
Assistance for the Payment of Health Insurance Premiums and Cost Sharing (copayments, deductibles, or other health plan expenses)	19	42.2%	25	55.6%	0	0.0%	1	2.2%	0	0.0%	0	0.0%	45	100.0%
Home- and Community-Based Health Services (medical or support services provided in the home or community)	11	55.0%	8	40.0%	0	0.0%	1	5.0%	0	0.0%	0	0.0%	20	100.0%
Home Health Care Services (medical or nursing care in the home)	11	57.9%	7	36.8%	0	0.0%	1	5.3%	0	0.0%	0	0.0%	19	100.0%
Hospice Services (palliative care for people with advanced conditions)	2	40.0%	2	40.0%	0	0.0%	0	0.0%	0	0.0%	1	20.0%	5	100.0%
Clinical Case Management including Treatment Adherence coordination of medical services and support to continue treatment ...	97	62.2%	50	32.1%	5	3.2%	3	1.9%	1	0.6%	0	0.0%	156	100.0%

	Very satisfied		Satisfied		Neither satisfied nor dissatisfied		Dissatisfied		Very dissatisfied		Does not indicate		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Medical Nutrition Therapy (nutritional assessment and counseling provided by health professionals)	47	48.0%	47	48.0%	1	1.0%	2	2.0%	0	0.0%	1	1.0%	98	100.0%
Mental Health Services (assessment, counseling, or psychological or psychiatric treatment)	50	51.0%	41	41.8%	2	2.0%	4	4.1%	1	1.0%	0	0.0%	98	100.0%
Oral Health Services (dental and oral health care)	39	48.8%	35	43.8%	3	3.8%	2	2.5%	1	1.3%	0	0.0%	80	100.0%
Outpatient Health Services / (general practitioner, specialist physicians, and other medical care without hospitalization)	27	44.3%	31	50.8%	2	3.3%	1	1.6%	0	0.0%	0	0.0%	61	100.0%
Outpatient Substance Use Treatment treatment services for the use of alcohol or other substances without inpatient care ...	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	100.0%
Others	3	60.0%	0	0.0%	1	20.0%	0	0.0%	0	0.0%	1	20.0%	5	100.0%

TABLE 96: LEVEL OF SATISFACTION WITH THE CORE MEDICAL SERVICES RECEIVED... - OUT OF CARE

	Very satisfied		Satisfied		Neither satisfied nor dissatisfied		Dissatisfied		Very dissatisfied		Does not indicate		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
AIDS Drug Assistance Program (ADAP)	29	80.6%	7	19.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	36	100.0%
Local Pharmaceutical Assistance Program for HIV LPAP help to cover medications related to HIV treatment when A ...	13	68.4%	5	26.3%	1	5.3%	0	0.0%	0	0.0%	0	0.0%	19	100.0%
Early Intervention Services (testing, diagnosis, and early linkage to HIV medical services)	4	50.0%	4	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	8	100.0%
Assistance for the Payment of Health Insurance Premiums and Cost Sharing (copayments, deductibles, or other health plan expenses)	5	71.4%	2	28.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	7	100.0%
Home- and Community-Based Health Services (medical or support services provided in the home or community)	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%
Home Health Care Services (medical or nursing care in the home)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	1	100.0%
Hospice Services (palliative care for people with advanced conditions)	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%

	Very satisfied		Satisfied		Neither satisfied nor dissatisfied		Dissatisfied		Very dissatisfied		Does not indicate		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Clinical Case Management including Treatment Adherence coordination of medical services and support to continue treatment ...	27	75.0%	5	13.9%	2	5.6%	0	0.0%	2	5.6%	0	0.0%	36	100.0%
Medical Nutrition Therapy (nutritional assessment and counseling provided by health professionals)	10	62.5%	5	31.3%	1	6.3%	0	0.0%	0	0.0%	0	0.0%	16	100.0%
Mental Health Services (assessment, counseling, or psychological or psychiatric treatment)	14	70.0%	5	25.0%	1	5.0%	0	0.0%	0	0.0%	0	0.0%	20	100.0%
Oral Health Services (dental and oral health care)	6	60.0%	4	40.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	10	100.0%
Outpatient Health Services / (general practitioner, specialist physicians, and other medical care without hospitalization)	8	66.7%	4	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	12	100.0%
Outpatient Substance Use Treatment treatment services for the use of alcohol or other substances without inpatient care ...	2	40.0%	3	60.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	5	100.0%
Others	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	1	100.0%

When discussing core medical services, participants mentioned some services they have needed in the past 12 months but that they have been unable to access or receive. To that end, 7.4% mentioned oral health services (dental and oral health care). Among people out of care, 13.3% indicated a need for oral health services, while 6.7% pointed to a need for home- and community-based health services (medical or support services provided in the home or community). In turn, 5.0% of these people identified medical nutrition therapy services as another of the services they have needed in the past 12 months but have been unable to access or receive.

Among the reasons for being unable to access or receive these services, nearly a quarter (24.1%) pointed to economic limitations; 17.2% indicated not knowing where to receive the service; 13.8% mentioned that their health plan denied it; and 12.1% expressed that they do not have that service in their municipality or nearby area. It is worth noting that a third (33.3%) of the people out of care identified lack of knowledge about where to receive the service as the main barrier, followed by economic limitations (26.7%). For their part, among people in treatment, 23.3% attributed it to economic limitations and 16.3% to their health plan denying it.

TABLE 97: OF THE CORE MEDICAL SERVICES WE HAVE BEEN DISCUSSING, IS THERE ANY THAT YOU HAVE NEEDED IN THE PAST TWELVE (12) MONTHS BUT THAT YOU HAVE BEEN UNABLE TO ACCESS OR RECEIVE?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
AIDS Drug Assistance Program (ADAP) –	3	1.1%	0	0.0%	3	0.9%
Local Pharmaceutical Assistance Program for HIV LPAP help to cover medications related to HIV treatment when A ...	2	0.8%	0	0.0%	2	0.6%
Early Intervention Services (testing, diagnosis, and early linkage to HIV medical services)	0	0.0%	0	0.0%	0	0.0%
Assistance for the Payment of Health Insurance Premiums and Cost Sharing (copayments, deductibles, or other health plan expenses)	2	0.8%	1	1.7%	3	0.9%
Home- and Community-Based Health Services (medical or support services provided in the home or community)	3	1.1%	4	6.7%	7	2.2%
Home Health Care Services (medical or nursing care in the home)	3	1.1%	2	3.3%	5	1.5%
Hospice Services (palliative care for people with advanced conditions)	2	0.8%	0	0.0%	2	0.6%
Clinical Case Management including Treatment Adherence coordination of medical services and support to continue treatment ...	2	0.8%	0	0.0%	2	0.6%
Medical Nutrition Therapy (nutritional assessment and counseling provided by health professionals)	2	0.8%	3	5.0%	5	1.5%
Mental Health Services (assessment, counseling, or psychological or psychiatric treatment)	5	1.9%	0	0.0%	5	1.5%
Oral Health Services (dental and oral health care)	16	6.0%	8	13.3%	24	7.4%
Outpatient Health Services / (general practitioner, specialist physicians, and other medical care without hospitalization)	3	1.1%	1	1.7%	4	1.2%
Outpatient Substance Use Treatment treatment services for the use of alcohol or other substances without inpatient care ...	3	1.1%	0	0.0%	3	0.9%
None	222	83.8%	45	75.0%	267	82.2%
Other	6	2.3%	2	3.3%	8	2.5%
Does not know / Does not indicate	5	1.9%	1	1.7%	6	1.8%
Total	**265**	**-**	**60**	**-**	**325**	**-**

Note: The numeric base is the 325 people interviewed. Because this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of the percentages may differ from 100%.

TABLE 98: WHAT ARE THE MAIN REASONS THAT PREVENTED YOU FROM RECEIVING IT/THEM?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Economic limitations	10	23.3%	4	26.7%	14	24.1%
Does not know where to receive the service	5	11.6%	5	33.3%	10	17.2%
The health plan denied them	7	16.3%	1	6.7%	8	13.8%
Does not have that service in their municipality or nearby area	5	11.6%	2	13.3%	7	12.1%
Requirements and documents needed	3	7.0%	0	0.0%	3	5.2%
Transportation to the service	3	7.0%	1	6.7%	4	6.9%
Sometimes it is not available	1	2.3%	0	0.0%	1	1.7%
Cancellations	0	0.0%	1	6.7%	1	1.7%
Discrimination	1	2.3%	0	0.0%	1	1.7%
They eliminated it in the AIDS Program	1	2.3%	0	0.0%	1	1.7%
The service exists, but they do not coordinate anything	1	2.3%	0	0.0%	1	1.7%
Was in jail	0	0.0%	1	6.7%	1	1.7%
Lack of funds	2	4.7%	2	13.3%	4	6.9%
Lack of time	0	0.0%	1	6.7%	1	1.7%
Has sought the services but has been unable to obtain them	1	2.3%	0	0.0%	1	1.7%
They tell them a new psychiatrist is coming but one has not yet arrived	2	4.7%	0	0.0%	2	3.4%
There is no endocrinologist	1	2.3%	0	0.0%	1	1.7%
There are no funds	2	4.7%	0	0.0%	2	3.4%
Few provide care to people with HIV	1	2.3%	0	0.0%	1	1.7%
Problems with the head pharmacist	1	2.3%	0	0.0%	1	1.7%
The AIDS Program does not have a dentist	1	2.3%	0	0.0%	1	1.7%
Was living on the street	1	2.3%	0	0.0%	1	1.7%
Does not know / Does not indicate	4	9.3%	2	13.3%	6	10.3%
Total	**43**	**-**	**15**	**-**	**58**	**-**

Note: The numeric base is the 58 people interviewed who have needed core medical services in the past twelve (12) months but have been unable to access or receive them. Because this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of the percentages may differ from 100%.

Support services

With respect to support services, more than half of the surveyed participants (52.0%) identified Emergency Financial Assistance (that is, economic help to cover immediate basic needs such as rent, utilities, and food) as the most important service for people with an HIV-positive diagnosis. The second most important service, according to participants, was the Food Bank and home-

delivered meals (45.2%), which include food or prepared meals for eligible people. A similar percentage (43.4%) considered that housing services, aimed at accessing, maintaining, or stabilizing safe housing, are also of great importance. Overall, 29.2% pointed to medical transportation as important, while 25.2% highlighted psychosocial support.

When analyzing the level of importance of the services among people in treatment, more than half (52.1%) identified Emergency Financial Assistance as the most important service, followed by the Food Bank and home-delivered meals (45.7%) and housing services (45.7%). On the other hand, among people out of care, 51.7% indicated that the most important service is Emergency Financial Assistance. Likewise, Food Bank and home-delivered meals services (43.3%) and housing services (33.3%) were the other two services classified as most important by people with an HIV-positive diagnosis who are not in treatment.

TABLE 99: OF THESE SUPPORT SERVICES I AM GOING TO SHOW YOU, WHICH WOULD YOU SAY ARE THE THREE MOST IMPORTANT FOR PEOPLE WITH AN HIV-POSITIVE DIAGNOSIS?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Child Care Services care for children to facilitate attendance at medical appointments or other program services	20	7.5%	6	10.0%	26	8.0%
Emergency Financial Assistance economic help to cover immediate basic needs such as rent, utilities, or food	138	52.1%	31	51.7%	169	52.0%
Food Bank / Home-Delivered Meals (food or prepared meals for eligible people)	121	45.7%	26	43.3%	147	45.2%
Health Education and Risk Reduction (guidance to promote healthy behaviors and prevent HIV transmission)	54	20.4%	10	16.7%	64	19.7%
Housing Services (support to access, maintain, or stabilize safe housing)	121	45.7%	20	33.3%	141	43.4%
Language Services (translation or interpretation to facilitate communication and access to services)	2	0.8%	0	0.0%	2	0.6%
Medical Transportation (transport to or from medical appointments or services related to health care)	78	29.4%	17	28.3%	95	29.2%
Non-Medical Case Management Services (coordination of social and support services, without clinical management)	41	15.5%	13	21.7%	54	16.6%
Other Professional Services (specialized services such as legal, accounting, or others permitted by the program)	17	6.4%	3	5.0%	20	6.2%
Community Outreach Services outreach identification contact and linkage of eligible people to the services of the progra ...	8	3.0%	2	3.3%	10	3.1%
Psychosocial Support (support groups, counseling, or other services for emotional and social well-being)	69	26.0%	13	21.7%	82	25.2%
Referrals for Health Support Services (referrals to other services necessary for comprehensive care)	13	4.9%	8	13.3%	21	6.5%
Rehabilitation Services (physical, occupational, or other therapies to improve functionality)	26	9.8%	4	6.7%	30	9.2%
Respite Services (temporary care to relieve primary caregivers)	12	4.5%	2	3.3%	14	4.3%

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Residential Substance Use Treatment (inpatient treatment services)	7	2.6%	5	8.3%	12	3.7%
Others	5	1.9%	6	10.0%	11	3.4%
Does not know / Does not indicate	7	2.6%	3	5.0%	10	3.1%
Total	**265**	**-**	**60**	**-**	**325**	**-**

Note: The numeric base is the 325 people interviewed. Because this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of the percentages may differ from 100%

Among the support services currently being received by people with an HIV-positive diagnosis, more than a quarter (28.9%) are beneficiaries of non-medical case management services, while 20.9% receive Food Bank or home-delivered meals services. In turn, 20.3% receive psychosocial support; 18.2%, medical transportation services; and 15.1%, housing services. Other notable services currently being received include health education and risk reduction (12.9%) and referrals for health support services (12.6%).

TABLE 100: OF THESE SUPPORT SERVICES I AM GOING TO SHOW YOU, WHICH ARE YOU CURRENTLY RECEIVING?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Child Care Services care for children to facilitate attendance at medical appointments or other program services	1	0.4%	0	0.0%	1	0.3%
Emergency Financial Assistance economic aid to cover immediate basic needs such as rent utilities or food	16	6.0%	3	5.0%	19	5.8%
Food Bank / Home-Delivered Meals (food or prepared meals for eligible individuals)	56	21.1%	12	20.0%	68	20.9%
Health Education and Risk Reduction (guidance to promote healthy behaviors and prevent HIV transmission)	37	14.0%	5	8.3%	42	12.9%
Housing Services (support to access, maintain, or stabilize safe housing)	42	15.8%	7	11.7%	49	15.1%
Language Services (translation or interpretation to facilitate communication and access to services)	2	0.8%	0	0.0%	2	0.6%
Medical Transportation (transport to or from medical appointments or services related to health care)	51	19.2%	8	13.3%	59	18.2%
Non-Medical Case Management Services (coordination of social and support services, without clinical management)	83	31.3%	11	18.3%	94	28.9%
Other Professional Services (specialized services such as legal, accounting, or others permitted by the program)	6	2.3%	2	3.3%	8	2.5%
Community Outreach Services outreach identification contact and linkage of eligible individuals to the program's services ...	3	1.1%	0	0.0%	3	0.9%
Psychosocial Support (support groups, counseling, or other services for emotional and social well-being)	54	20.4%	12	20.0%	66	20.3%
Referrals for Health Support Services (referrals to other services needed for comprehensive care)	34	12.8%	7	11.7%	41	12.6%
Rehabilitation Services (physical, occupational, or other therapies to improve functionality)	21	7.9%	2	3.3%	23	7.1%
Respite Services (temporary care to relieve primary caregivers)	2	0.8%	0	0.0%	2	0.6%
Residential Treatment for Substance Use (inpatient treatment services)	1	0.4%	2	3.3%	3	0.9%

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Other	2	0.8%	1	1.7%	3	0.9%
None	7	2.6%	3	5.0%	10	3.1%
Total	**265**	**-**	**60**	**-**	**325**	**-**

Note: The numerical base is the 325 individuals interviewed. Because this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of percentages may differ from 100%.

Regarding the level of satisfaction of the surveyed participants with the support services they receive most frequently, 98.5% reported being satisfied or very satisfied with psychosocial support services (support groups, counseling, or other services for emotional and social well-being). Likewise, 97.5% expressed satisfaction with referrals for health support services (referrals to other services needed for comprehensive care), and 96.8% with non-medical case management services (coordination of social and support services without clinical management).

Similarly, 95.6% showed a comparable level of satisfaction with rehabilitation services; 94.7%, with emergency financial assistance (economic aid to cover immediate basic needs such as rent, utilities, or food); and 93.9%, with housing services (support to access, maintain, or stabilize safe housing). Other support services that also reflected high levels of satisfaction were medical transportation (transport to or from medical appointments or services related to health care) (93.2%), health education and risk reduction (guidance to promote healthy behaviors and prevent HIV transmission) (92.9%), and the food bank or home-delivered meals (food or prepared meals for eligible individuals) (92.6%).

ILLUSTRATION 5: LEVEL OF SATISFACTION WITH THE CORE MEDICAL SERVICES RECEIVED

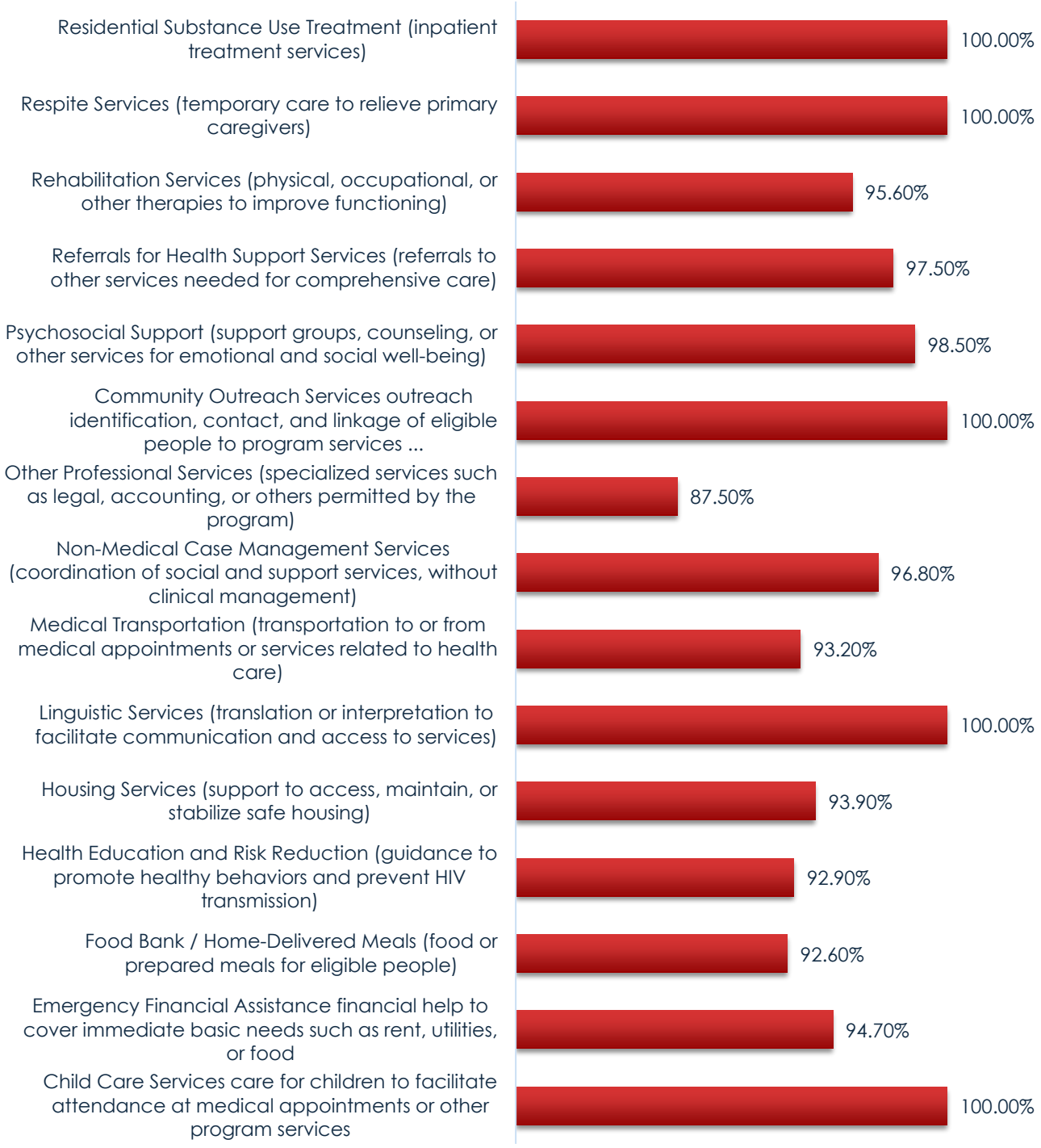


TABLE 101: LEVEL OF SATISFACTION WITH THE SUPPORT SERVICES YOU RECEIVE…

	Very satisfied		Satisfied		Neither satisfied nor dissatisfied		Dissatisfied		Very dissatisfied		Not indicated		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Child Care Services care of boys and girls to facilitate attendance at medical appointments or other program services	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%
Emergency Financial Assistance economic aid to cover immediate basic needs such as rent utilities or food	11	57.9%	7	36.8%	1	5.3%	0	0.0%	0	0.0%	0	0.0%	19	100.0%
Food Bank / Home-Delivered Meals (food or prepared meals for eligible individuals)	50	73.5%	13	19.1%	2	2.9%	2	2.9%	0	0.0%	1	1.5%	68	100.0%
Health Education and Risk Reduction (guidance to promote healthy behaviors and prevent HIV transmission)	28	66.7%	11	26.2%	1	2.4%	1	2.4%	0	0.0%	1	2.4%	42	100.0%
Housing Services (support to access, maintain, or stabilize safe housing)	34	69.4%	12	24.5%	1	2.0%	1	2.0%	0	0.0%	1	2.0%	49	100.0%
Language Services (translation or interpretation to facilitate communication and access to services)	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%
Medical Transportation (transport to or from medical appointments or services related to health care)	33	55.9%	22	37.3%	2	3.4%	2	3.4%	0	0.0%	0	0.0%	59	100.0%
Non-Medical Case Management Services (coordination of social and support services, without clinical management)	71	75.5%	20	21.3%	0	0.0%	1	1.1%	0	0.0%	2	2.1%	94	100.0%

	Very satisfied		Satisfied		Neither satisfied nor dissatisfied		Dissatisfied		Very dissatisfied		Not indicated		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Other Professional Services (specialized services such as legal, accounting, or others permitted by the program)	7	87.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	12.5%	8	100.0%
Community Outreach Services outreach identification contact and linkage of eligible individuals to the program's services ...	2	66.7%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	100.0%
Psychosocial Support (support groups, counseling, or other services for emotional and social well-being)	41	62.1%	24	36.4%	0	0.0%	0	0.0%	0	0.0%	1	1.5%	66	100.0%
Referrals for Health Support Services (referrals to other services needed for comprehensive care)	29	70.7%	11	26.8%	1	2.4%	0	0.0%	0	0.0%	0	0.0%	41	100.0%
Rehabilitation Services (physical, occupational, or other therapies to improve functionality)	11	47.8%	11	47.8%	0	0.0%	1	4.3%	0	0.0%	0	0.0%	23	100.0%
Respite Services (temporary care to relieve primary caregivers)	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%
Residential Treatment for Substance Use (inpatient treatment services)	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	100.0%
Other	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	66.7%	3	100.0%

TABLE 102: LEVEL OF SATISFACTION WITH THE SUPPORT SERVICES YOU RECEIVE... - IN CARE

	Very satisfied		Satisfied		Neither satisfied nor dissatisfied		Dissatisfied		Very dissatisfied		Not indicated		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Child Care Services care of boys and girls to facilitate attendance at medical appointments or other program services	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%
Emergency Financial Assistance economic aid to cover immediate basic needs such as rent utilities or food	9	56.3%	6	37.5%	1	6.3%	0	0.0%	0	0.0%	0	0.0%	16	100.0%
Food Bank / Home-Delivered Meals (food or prepared meals for eligible individuals)	41	73.2%	12	21.4%	1	1.8%	2	3.6%	0	0.0%	0	0.0%	56	100.0%
Health Education and Risk Reduction (guidance to promote healthy behaviors and prevent HIV transmission)	24	64.9%	10	27.0%	1	2.7%	1	2.7%	0	0.0%	1	2.7%	37	100.0%
Housing Services (support to access, maintain, or stabilize safe housing)	30	71.4%	10	23.8%	1	2.4%	1	2.4%	0	0.0%	0	0.0%	42	100.0%
Language Services (translation or interpretation to facilitate communication and access to services)	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%
Medical Transportation (transport to or from medical appointments or services related to health care)	27	52.9%	20	39.2%	2	3.9%	2	3.9%	0	0.0%	0	0.0%	51	100.0%
Non-Medical Case Management Services (coordination of social and support services, without clinical management)	64	77.1%	17	20.5%	0	0.0%	1	1.2%	0	0.0%	1	1.2%	83	100.0%
Other Professional Services (specialized services such as legal, accounting, or others permitted by the program)	5	83.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	16.7%	6	100.0%
Community Outreach Services outreach identification contact and linkage of eligible individuals to the program's services ...	2	66.7%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	100.0%
Psychosocial Support (support groups, counseling, or other services for emotional and social well-being)	32	59.3%	21	38.9%	0	0.0%	0	0.0%	0	0.0%	1	1.9%	54	100.0%
Referrals for Health Support Services (referrals to other services needed for comprehensive care)	25	73.5%	8	23.5%	1	2.9%	0	0.0%	0	0.0%	0	0.0%	34	100.0%
Rehabilitation Services (physical, occupational, or other therapies to improve functionality)	10		10		0		1		0		0			

	Very satisfied		Satisfied		Neither satisfied nor dissatisfied		Dissatisfied		Very dissatisfied		Not indicated		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Respite Services (temporary care to relieve primary caregivers)	1		1		0		0		0		0			
Residential Treatment for Substance Use (inpatient treatment services)	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%
Other	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	2	100.0%

TABLE 103: LEVEL OF SATISFACTION WITH THE SUPPORT SERVICES YOU RECEIVE… - OUT OF CARE

	Very satisfied		Satisfied		Neither satisfied nor dissatisfied		Dissatisfied		Very dissatisfied		Not indicated		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Child Care Services care of boys and girls to facilitate attendance at medical appointments or other program services	0	-	0	-	0	-	0	-	0	-	0	-	0	-
Emergency Financial Assistance economic aid to cover immediate basic needs such as rent utilities or food	2	66.7%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	100.0%
Food Bank / Home-Delivered Meals (food or prepared meals for eligible individuals)	9	75.0%	1	8.3%	1	8.3%	0	0.0%	0	0.0%	1	8.3%	12	100.0%
Health Education and Risk Reduction (guidance to promote healthy behaviors and prevent HIV transmission)	4	80.0%	1	20.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	5	100.0%
Housing Services (support to access, maintain, or stabilize safe housing)	4	57.1%	2	28.6%	0	0.0%	0	0.0%	0	0.0%	1	14.3%	7	100.0%
Language Services (translation or interpretation to facilitate communication and access to services)	0	-	0	-	0	-	0	-	0	-	0	-	0	-

	Very satisfied		Satisfied		Neither satisfied nor dissatisfied		Dissatisfied		Very dissatisfied		Not indicated		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Medical Transportation (transport to or from medical appointments or services related to health care)	6	75.0%	2	25.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	8	100.0%
Non-Medical Case Management Services (coordination of social and support services, without clinical management)	7	63.6%	3	27.3%	0	0.0%	0	0.0%	0	0.0%	1	9.1%	11	100.0%
Other Professional Services (specialized services such as legal, accounting, or others permitted by the program)	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%
Community Outreach Services outreach identification contact and linkage of eligible individuals to the program's services .	0	-	0	-	0	-	0	-	0	-	0	-	0	-
Psychosocial Support (support groups, counseling, or other services for emotional and social well-being)	9	75.0%	3	25.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	12	100.0%
Referrals for Health Support Services (referrals to other services needed for comprehensive care)	4	57.1%	3	42.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	7	100.0%
Rehabilitation Services (physical, occupational, or other therapies to improve functionality)	1		1		0		0		0		0			
Respite Services (temporary care to relieve primary caregivers)	0		0		0		0		0		0			
Residential Treatment for Substance Use (inpatient treatment services)	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	1	100.0%

Regarding the support services that participants have needed in the past 12 months but have been unable to access or receive, 4.3% mentioned the food bank or home-delivered meals; 4.0%, emergency financial assistance; 3.4%, housing services; 2.5%, medical transportation; and 2.2%, psychosocial support and rehabilitation services. Among the main reasons that prevented them from receiving these services, more than a third (38.2%) cited economic limitations; nearly three out of ten participants (27.3%) indicated not knowing where to obtain the service; and 14.5% expressed that the service is not available in their municipality or nearby area.

In turn, 9.1% stated that their health plan denied it, while another 9.1% identified the requirements and documents needed to access the service as a barrier. It is worth noting that 37.5% of the surveyed participants out of care indicated that the main reason for not receiving the service was not knowing where to obtain it, while a quarter (25%) attributed it to economic limitations. On the other hand, among people in treatment, 43.6% were unable to access the service due to economic limitations, while 23.1% do not know where to receive it.

TABLE 104: OF THE SUPPORT SERVICES WE HAVE BEEN DISCUSSING, IS THERE ANY THAT YOU HAVE NEEDED IN THE PAST TWELVE (12) MONTHS BUT HAVE BEEN UNABLE TO ACCESS OR RECEIVE?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Child Care Services care of boys and girls to facilitate attendance at medical appointments or other program services	0	0.0%	0	0.0%	0	0.0%
Emergency Financial Assistance economic aid to cover immediate basic needs such as rent utilities or food	10	3.8%	3	5.0%	13	4.0%
Food Bank / Home-Delivered Meals (food or prepared meals for eligible individuals)	12	4.5%	2	3.3%	14	4.3%
Health Education and Risk Reduction (guidance to promote healthy behaviors and prevent HIV transmission)	0	0.0%	0	0.0%	0	0.0%
Housing Services (support to access, maintain, or stabilize safe housing)	9	3.4%	2	3.3%	11	3.4%
Language Services (translation or interpretation to facilitate communication and access to services)	0	0.0%	0	0.0%	0	0.0%
Medical Transportation (transport to or from medical appointments or services related to health care)	6	2.3%	2	3.3%	8	2.5%
Non-Medical Case Management Services (coordination of social and support services, without clinical management)	2	0.8%	1	1.7%	3	0.9%
Other Professional Services (specialized services such as legal, accounting, or others permitted by the program)	0	0.0%	1	1.7%	1	0.3%
Community Outreach Services outreach identification contact and linkage of eligible individuals to the program's services ...	0	0.0%	0	0.0%	0	0.0%
Psychosocial Support (support groups, counseling, or other services for emotional and social well-being)	4	1.5%	3	5.0%	7	2.2%
Referrals for Health Support Services (referrals to other services needed for comprehensive care)	1	0.4%	1	1.7%	2	0.6%
Rehabilitation Services (physical, occupational, or other therapies to improve functionality)	5	1.9%	2	3.3%	7	2.2%
Respite Services (temporary care to relieve primary caregivers)	2	0.8%	0	0.0%	2	0.6%
Residential Treatment for Substance Use (inpatient treatment services)	2	0.8%	0	0.0%	2	0.6%
Other	4	1.5%	3	5.0%	7	2.2%
None	226	85.3%	44	73.3%	270	83.1%
Total	**265**	**-**	**60**	**-**	**325**	**-**

Note: The numerical base is the 325 individuals interviewed. Because this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of percentages may differ from 100%.

TABLE 105: WHAT ARE THE MAIN REASONS THAT PREVENTED YOU FROM RECEIVING IT/THEM?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Economic limitations	17	43.6%	4	25.0%	21	38.2%
Does not know where to receive the service	9	23.1%	6	37.5%	15	27.3%
The health plan denied it	4	10.3%	1	6.3%	5	9.1%
Does not have that service in their municipality or nearby area	7	17.9%	1	6.3%	8	14.5%
Requirements and documents needed	5	12.8%	0	0.0%	5	9.1%
Transportation to the service	2	5.1%	2	12.5%	4	7.3%
Was in jail	0	0.0%	2	12.5%	2	3.6%
Their housing case was closed without timely notice	1	2.6%	0	0.0%	1	1.8%
They let them down at their clinic	1	2.6%	0	0.0%	1	1.8%
Residency process	1	2.6%	0	0.0%	1	1.8%
Does not know / Not indicated	2	5.1%	2	12.5%	4	7.3%
Total	**39**	**-**	**16**	**-**	**55**	**-**

Note: The numerical base is the 55 individuals interviewed who have needed support services in the past twelve (12) months but have been unable to access or receive them. Because this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of percentages may differ from 100%.

TRANSPORTATION TO APPOINTMENTS

With respect to the mode of transportation they use to attend their medical appointments or receive services related to their HIV care, four out of ten participants (41.8%) use their own vehicle, while slightly less than a quarter (23.7%) use public transportation (bus, train). In turn, 17.8% usually travel by means of a service provided by an organization; 12.3%, in the vehicle of a family member or friend; and 12.0%, through a transportation service provided by their health plan. When surveying the organizations that provide the service to the 17.8% who indicated using it, 12.1% identified AHF (of whom 50% are out of care), 10.3% Casa Joven del Caribe, and another 10.3% La Perla del Gran Precio. In addition, 8.6% mentioned Bill's Kitchen as another of the organizations that provide this service.

TABLE 106: ORDINARILY, HOW DO YOU USUALLY TRAVEL TO ATTEND YOUR MEDICAL APPOINTMENTS OR RECEIVE SERVICES RELATED TO YOUR HIV CARE?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Own vehicle	113	42.6%	23	38.3%	136	41.8%
Vehicle of a family member or friend	33	12.5%	7	11.7%	40	12.3%
Public transportation (bus, train)	61	23.0%	16	26.7%	77	23.7%
Taxi or private transport service (Uber, Lyft, or others)	8	3.0%	3	5.0%	11	3.4%

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Transportation service provided by my health plan	30	11.3%	9	15.0%	39	12.0%
Transportation service provided by an organization	50	18.9%	8	13.3%	58	17.8%
Walking	10	3.8%	1	1.7%	11	3.4%
From the corporation they work for	1	0.4%	0	0.0%	1	0.3%
Does not know / Not indicated	2	0.8%	0	0.0%	2	0.6%
Total	**265**	**-**	**60**	**-**	**325**	**-**

Note: The numerical base is the 325 individuals interviewed. Because this is a multiple-response question, an independent count is performed and the sum of percentages may differ from 100%.

TABLE 107: ORGANIZATION THAT PROVIDES YOU THE SERVICE…

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
AHF	3	6.0%	4	50.0%	7	12.1%
Casa Joven del Caribe	5	10.0%	1	12.5%	6	10.3%
La Perla del Gran Precio	5	10.0%	1	12.5%	6	10.3%
Bill's Kitchen	5	10.0%	0	0.0%	5	8.6%
Centro SIDA	4	8.0%	0	0.0%	4	6.9%
Consorcio Regional de Bayamón	4	8.0%	0	0.0%	4	6.9%
Hogar Crea	3	6.0%	1	12.5%	4	6.9%
Lucha contra el SIDA	3	6.0%	1	12.5%	4	6.9%
Programa SIDA	3	6.0%	0	0.0%	3	5.2%
Centro Más Salud	2	4.0%	0	0.0%	2	3.4%
Hogar Fortaleza del Caído	2	4.0%	0	0.0%	2	3.4%
Ararat	1	2.0%	0	0.0%	1	1.7%
Ayuda al Refugio	1	2.0%	0	0.0%	1	1.7%
Casa de la bondad	1	2.0%	0	0.0%	1	1.7%
Centro Ararat	1	2.0%	0	0.0%	1	1.7%
Guaba Bi	1	2.0%	0	0.0%	1	1.7%
Iniciativa Comunitaria	1	2.0%	0	0.0%	1	1.7%
Más Salud	1	2.0%	0	0.0%	1	1.7%
Medgo Tranport LLC	1	2.0%	0	0.0%	1	1.7%
Oasis de Amor	1	2.0%	0	0.0%	1	1.7%
HIV/AIDS-related transportation services	1	2.0%	0	0.0%	1	1.7%
Does not know / Not indicated	1	2.0%	0	0.0%	1	1.7%
Total	**50**	**100.0%**	**8**	**100.0%**	**58**	**100.0%**

Note: The numerical base is the 58 individuals interviewed who use a transportation service provided by an organization to travel.

Likewise, among those who use their health plan's or an organization's transportation system to attend appointments or receive services related to their HIV care, eight out of ten participants (85.4%) indicated that they almost always or always use this service. Regarding the level of satisfaction, the majority (89.9%) expressed being satisfied or very satisfied with the transportation received. In turn, 73.8% of people living with HIV indicated that they have never faced transportation barriers related to their care.

TABLE 108: HOW OFTEN DO YOU USE [YOUR HEALTH PLAN'S / ORGANIZATION'S TRANSPORTATION SYSTEM] WHEN YOU GO TO APPOINTMENTS OR TO RECEIVE SERVICES RELATED TO YOUR HIV CARE?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Always	48	66.7%	14	82.4%	62	69.7%
Almost always	11	15.3%	3	17.6%	14	15.7%
Sometimes	10	13.9%	0	0.0%	10	11.2%
Rarely	3	4.2%	0	0.0%	3	3.4%
Total	**72**	**100.0%**	**17**	**100.0%**	**89**	**100.0%**

Note: The numerical base is the 89 respondents who use a transportation service provided by their health plan or an organization to get around.

TABLE 109: HOW SATISFIED DO YOU FEEL WITH THE TRANSPORTATION SERVICE YOU RECEIVE? WOULD YOU SAY YOU FEEL:

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Very satisfied	49	68.1%	11	64.7%	60	67.4%
Satisfied	18	25.0%	2	11.8%	20	22.5%
Neither satisfied nor dissatisfied	2	2.8%	2	11.8%	4	4.5%
Dissatisfied	2	2.8%	2	11.8%	4	4.5%
Very dissatisfied	1	1.4%	0	0.0%	1	1.1%
Total	**72**	**100.0%**	**17**	**100.0%**	**89**	**100.0%**

Note: The numerical base is the 89 respondents who use a transportation service provided by their health plan or an organization to get around.

TABLE 110: IN GENERAL, HAS TRANSPORTATION BEEN A BARRIER TO YOUR ATTENDING YOUR MEDICAL APPOINTMENTS RELATED TO YOUR HIV CARE?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Never	205	77.4%	35	58.3%	240	73.8%
Rarely	20	7.5%	10	16.7%	30	9.2%
Sometimes	26	9.8%	11	18.3%	37	11.4%

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Often	11	4.2%	2	3.3%	13	4.0%
Always	2	0.8%	2	3.3%	4	1.2%
Does not remember / Does not indicate	1	0.4%	0	0.0%	1	0.3%
Total	**265**	**100.0%**	**60**	**100.0%**	**325**	**100.0%**

Note: The numerical base is the 325 respondents.

LABORATORY TESTS

The vast majority (97.8%) of respondents indicated that they have had laboratory tests in the past three months in order to monitor their HIV-related condition (e.g., viral load or CD4 count). However, among the 2.2% who have not had these tests, various reasons were cited (14.3% each), such as: error in the time, lack of motivation to attend, hospitalization, lack of interest in going, relocation, health problems, and a medical order to have them done every four months. Likewise, 9.8% of participants stated that, at some point, they had gone without laboratory tests for a period of three months or more. It is worth noting that, among people living with HIV who are out of care, this proportion rises to 53.3%.

TABLE 111: IN THE PAST THREE MONTHS, HAVE YOU HAD LABORATORY TESTS TO MONITOR YOUR HIV-RELATED CONDITION (FOR EXAMPLE, VIRAL LOAD OR CD4 COUNT)

	In care		Out of care		Total	
	Freq.	%	Freq.	Freq.	%	Freq.
Yes	265	100.0%	53	88.3%	318	97.8%
No	0	0.0%	7	11.7%	7	2.2%
Total	**265**	**100.0%**	**60**	**100.0%**	**325**	**100.0%**

Note: The numerical base is the 325 respondents.

TABLE 112: REASON FOR NOT HAVING HAD LABORATORY TESTS

	In care		Out of care		Total	
	Freq.	%	Freq.	Freq.	%	Freq.
Error in the time	0	0.0%	1	14.3%	1	14.3%
Was too lazy to go	0	0.0%	1	14.3%	1	14.3%
Hospitalized	0	0.0%	1	14.3%	1	14.3%
Has not wanted to go	0	0.0%	1	14.3%	1	14.3%
Due to relocation	0	0.0%	1	14.3%	1	14.3%
Health problems	0	0.0%	1	14.3%	1	14.3%

	In care		Out of care		Total	
	Freq.	%	Freq.	Freq.	%	Freq.
Their doctor decided to have them done every 4 months	0	0.0%	1	14.3%	1	14.3%
Total	**0**	**0.0%**	**7**	**100.0%**	**7**	**100.0%**

Note: The numerical base is the 7 respondents who have had laboratory tests to monitor their HIV-related condition (for example, viral load or CD4 count).

TABLE 113: IN THE PAST TWELVE MONTHS, HAS THERE BEEN ANY POINT AT WHICH YOU WENT WITHOUT HAVING LABORATORY TESTS FOR 3 MONTHS OR MORE?

	In care		Out of care		Total	
	Freq.	%	Freq.	Freq.	%	Freq.
Yes	0	0.0%	32	53.3%	32	9.8%
No	265	100.0%	24	40.0%	289	88.9%
Refused to answer	0	0.0%	2	3.3%	2	0.6%
Does not know	0	0.0%	2	3.3%	2	0.6%
Total	**265**	**100.0%**	**60**	**100.0%**	**325**	**100.0%**

Note: The numerical base is the 325 respondents.

MEDICAL APPOINTMENTS TO TREAT HIV

Among participants, the vast majority (97.5%) have had a visit or consultation with their doctor to receive HIV-related care in the past three months, and 95.3% had that consultation in person. As for the entity or institution where they receive HIV medical care, 18.6% are seen at CONCRA, 13.9% at Programa SIDA San Juan, 11.7% at AHF, 10.4% at Centro de Epidemiología de Bayamón, and 9.1% at Más Salud. Within the 2.5% who have not had any visit, one quarter (25%) indicated that they were unable to attend the appointment, while 12.5% mentioned other reasons, such as relocation, their doctor's resignation, lack of interest in attending, health problems, that they are only seen at the clinic, or that it was only a follow-up visit.

TABLE 114: IN THE PAST 3 MONTHS, HAVE YOU HAD A VISIT OR CONSULTATION WITH YOUR DOCTOR TO RECEIVE HIV-RELATED MEDICAL CARE?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Yes	265	100.0%	52	86.7%	317	97.5%
No	0	0.0%	8	13.3%	8	2.5%
Total	**265**	**100.0%**	**60**	**100.0%**	**325**	**100.0%**

Note: The numerical base is the 325 respondents.

TABLE 115: WHAT WAS THE REASON YOU HAVE NOT VISITED OR HAD A CONSULTATION WITH YOUR DOCTOR TO RECEIVE HIV CLINICAL CARE IN THE PAST 3 MONTHS?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
My doctor resigned	0	0.0%	1	12.5%	1	12.5%
Relocation	0	0.0%	1	12.5%	1	12.5%
Has not wanted to go	0	0.0%	1	12.5%	1	12.5%
Was unable to attend the appointment	0	0.0%	2	25.0%	2	25.0%
Health problems	0	0.0%	1	12.5%	1	12.5%
Only seen at the clinic	0	0.0%	1	12.5%	1	12.5%
Only follow-up	0	0.0%	1	12.5%	1	12.5%
Total	**0**	**0.0%**	**8**	**100.0%**	**8**	**100.0%**

Note: The numerical base is the 8 respondents who have NOT visited or had a consultation with their doctor to receive HIV clinical care in the past 3 months.

TABLE 116: THE VISIT OR CONSULTATION WAS:

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
In person	254	95.8%	48	92.3%	302	95.3%
Virtual or by video call, through an application used on their computer, cell phone, or tablet (telemedicine)	7	2.6%	3	5.8%	10	3.2%
By telephone call	4	1.6%	1	1.9%	5	1.6%
Total	**265**	**0.0%**	**52**	**100.0%**	**317**	**100.0%**

Note: The numerical base is the 317 respondents who have visited or had a consultation with their doctor to receive HIV clinical care in the past 3 months.

TABLE 117: WHAT IS THE NAME OF THE ENTITY OR INSTITUTION WHERE YOU RECEIVE HIV MEDICAL CARE?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
CONCRA	45	17.0%	14	26.9%	59	18.6%
Programa SIDA San Juan	37	14.0%	7	13.5%	44	13.9%
AHF	31	11.7%	6	11.5%	37	11.7%
Centro de Epidemiología de Bayamón	29	10.9%	4	7.7%	33	10.4%
Más Salud	26	9.8%	3	5.8%	29	9.1%
Proyecto CIS	17	6.4%	1	1.9%	18	5.7%
CEMI	11	4.2%	4	7.7%	15	4.7%
CENTRO SIDA	14	5.3%	1	1.9%	15	4.7%
Centro Ararat	12	4.5%	1	1.9%	13	4.1%
Casa Joven del Caribe	9	3.4%	1	1.9%	10	3.2%
Centro Más Salud Santurce	6	2.3%	0	0.0%	6	1.9%
Iniciativa Comunitaria	5	1.9%	1	1.9%	6	1.9%
Centro Médico	4	1.5%	1	1.9%	5	1.6%
Bill's Kitchen	4	1.5%	0	0.0%	4	1.3%
CLETS	3	1.1%	1	1.9%	4	1.3%
Concilio de Salud de Loiza	3	1.1%	1	1.9%	4	1.3%
Centro Médico del Este	3	1.1%	0	0.0%	3	0.9%
Centro Salud Manuel Díaz Garcia	3	1.1%	0	0.0%	3	0.9%
Departamento de Salud en Fajardo	3	1.1%	0	0.0%	3	0.9%
Hospital UPR Carolina	2	0.8%	1	1.9%	3	0.9%
Lucha contra el Sida	1	0.4%	2	3.8%	3	0.9%
COSSMA	2	0.8%	0	0.0%	2	0.6%
Healthcare Promed	0	0.0%	2	3.8%	2	0.6%
HIMA en Fajardo	2	0.8%	0	0.0%	2	0.6%
Hospital de Área de Carolina	2	0.8%	0	0.0%	2	0.6%
Hospital Municipal Bayamón	0	0.0%	2	3.8%	2	0.6%
Hospital San Francisco	2	0.8%	0	0.0%	2	0.6%
La Perla del Gran Precio	2	0.8%	0	0.0%	2	0.6%
Santurce Medical Mall	2	0.8%	0	0.0%	2	0.6%
APS	1	0.4%	0	0.0%	1	0.3%
CDT de Río Piedras	1	0.4%	0	0.0%	1	0.3%
CDT de San José	1	0.4%	0	0.0%	1	0.3%
CDT Fajardo	0	0.0%	1	1.9%	1	0.3%
CDT Parcelas Falú	1	0.4%	0	0.0%	1	0.3%
Centro Cardiovascular	1	0.4%	0	0.0%	1	0.3%
Centro Inmunología Caguas	1	0.4%	0	0.0%	1	0.3%
Centro Oftalmológicoen Avenida Piñero	1	0.4%	0	0.0%	1	0.3%
Clínica de Salud en Fajardo	1	0.4%	0	0.0%	1	0.3%
Clinica Las Américas	1	0.4%	0	0.0%	1	0.3%
Healtcare Integratrd Program Services	1	0.4%	0	0.0%	1	0.3%
Hospital Ashford	1	0.4%	0	0.0%	1	0.3%

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Hospital Auxilio Mutuo	1	0.4%	0	0.0%	1	0.3%
Hospital Metropolitano	1	0.4%	0	0.0%	1	0.3%
Hospital Pavía de Santurce	1	0.4%	0	0.0%	1	0.3%
Hospital Presviteriano	1	0.4%	0	0.0%	1	0.3%
Lucha contra el Cáncer	1	0.4%	0	0.0%	1	0.3%
Neomed Clinic Gurabo	1	0.4%	0	0.0%	1	0.3%
Recinto de Ciencias Médicas	1	0.4%	0	0.0%	1	0.3%
Total	**265**	**-**	**52**	**-**	**317**	**-**

Note: The numerical base is the 317 respondents who have visited or had a consultation with their doctor to receive HIV clinical care in the past 3 months. As this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of percentages may differ from 100%.

Regarding the level of satisfaction with the services they receive from the HIV medical entity or institution, 95.1% expressed being satisfied or very satisfied. However, among the reasons for dissatisfaction or high dissatisfaction (1.6%), 16.7% in each case mentioned that essential items are sometimes missing; that they serve people with mental health problems and feel out of place; that the cardiologist is not friendly; that they are not satisfied with the laboratory services; and that the service in general could improve.

TABLE 118: HOW SATISFIED OR DISSATISFIED DO YOU FEEL WITH THE SERVICES YOU RECEIVE FROM THAT PLACE, WOULD YOU SAY YOU FEEL…?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Very satisfied	248	79.7%	41	75.9%	289	79.2%
Satisfied	51	16.4%	7	13.0%	58	15.9%
Neither satisfied nor dissatisfied	8	2.6%	4	7.4%	12	3.3%
Dissatisfied	4	1.3%	2	3.7%	6	1.6%
Very dissatisfied	0	0.0%	0	0.0%	0	0.0%
Total	**311**	**100.0%**	**54**	**100.0%**	**365**	**100.0%**

Note: The numerical base is the 317 respondents who have visited or had a consultation with their doctor to receive HIV clinical care in the past 3 months and indicate the level of satisfaction with the institutions or centers they have visited (365 opinions).

TABLE 119: REASONS WHY THEY FEEL DISSATISFIED OR VERY DISSATISFIED

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Essential items are sometimes missing	1	25.0%	0	0.0%	1	16.7%
They serve people with mental health problems and he is of sound mind, he feels out of place	1	25.0%	0	0.0%	1	16.7%
The cardiologist is not friendly, the other employees are friendly	1	25.0%	0	0.0%	1	16.7%
He is not satisfied with the laboratory services, with everything else she is satisfied	1	25.0%	0	0.0%	1	16.7%
The service could improve	0	0.0%	1	50.0%	1	16.7%
Does not indicate	0	0.0%	1	50.0%	1	16.7%
Total	**4**	**100.0%**	**2**	**100.0%**	**6**	**100.0%**

Note: The numerical base is the 6 people who indicated being dissatisfied or very dissatisfied.

On the other hand, 8.8% of participants indicated that in the past twelve (12) months, they went without visiting their doctor for a period of three months or more.

TABLE 120: IN THE PAST TWELVE (12) MONTHS, HAS THERE BEEN ANY POINT AT WHICH YOU WENT WITHOUT VISITING YOUR DOCTOR FOR 3 MONTHS OR MORE?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Yes	0	0.0%	28	53.8%	28	8.8%
No	265	100.0%	23	44.2%	288	90.9%
Refused to answer	0	0.0%	1	1.9%	1	0.3%
Total	**265**	**100.0%**	**52**	**100.0%**	**317**	**100.0%**

Note: The numerical base is the 317 respondents who have visited or had a consultation with their doctor to receive HIV clinical care in the past 3 months.

TELEMEDICINE

Nearly one quarter (23.8%) indicated that during the past year they have had a virtual appointment to address HIV, either by video call or by telephone, while the remaining 76.2% have not had the opportunity to use this means. As for the reasons for not using it, the vast majority (92.2%) stated that they prefer to speak directly with their doctor. However, more than half of participants (55.5%) indicated that it is likely or very likely that they would use the telemedicine service if their doctor or center offered it.

TABLE 121: AT ANY TIME DURING THE PAST YEAR, HAVE YOU HAD AN APPOINTMENT WITH YOUR DOCTOR TO TREAT HIV THROUGH A VIRTUAL MEANS, BY VIDEO CALL, OR BY TELEPHONE?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Yes	57	22.4%	15	31.3%	72	23.8%
No	197	77.6%	33	68.8%	230	76.2%
Total	**254**	**100.0%**	**48**	**100.0%**	**302**	**100.0%**

Note: The numerical base is the 230 respondents who have NOT visited or had a virtual consultation with their doctor to receive HIV clinical care in the past 3 months.

TABLE 122: WHY HAVE YOU NOT HAD VIRTUAL APPOINTMENTS, BY VIDEO CALL, OR BY TELEPHONE?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
I prefer to speak directly with the doctor	182	92.4%	30	90.9%	212	92.2%
My doctor or the center I go to does not conduct visits or consultations through telemedicine	9	4.6%	0	0.0%	9	3.9%
I needed a physical exam	2	1.0%	0	0.0%	2	0.9%
I do not trust virtual care	2	1.0%	0	0.0%	2	0.9%
Their doctors have decided that it be in person	2	1.0%	0	0.0%	2	0.9%
I do not have adequate access to internet or technology	1	0.5%	0	0.0%	1	0.4%
I had Medicare from NY and it showed up that way	0	0.0%	1	3.0%	1	0.4%
It is close to me and I go in person	1	0.5%	0	0.0%	1	0.4%
They visit me at home	1	0.5%	0	0.0%	1	0.4%
It has not been offered	0	0.0%	1	3.0%	1	0.4%
Does not remember / Does not indicate	0	0.0%	1	3.0%	1	0.4%
Total	**197**	**-**	**33**	**-**	**230**	**-**

Note: The numerical base is the 317 respondents who have visited or had a consultation with their doctor to receive HIV clinical care in the past 3 months. As this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of percentages may differ from 100%.

TABLE 123: IF YOUR DOCTOR OR THE CENTER YOU ATTEND TO RECEIVE MEDICAL CARE OFFERED SERVICES THROUGH TELEMEDICINE, HOW LIKELY OR UNLIKELY WOULD YOU BE TO USE THEM?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Very likely	2	22.2%	0	0.0%	2	22.2%
Likely	3	33.3%	0	0.0%	3	33.3%
Neither likely nor unlikely	3	33.3%	0	0.0%	3	33.3%
Unlikely	1	11.1%	0	0.0%	1	11.1%
Very dissatisfied	0	0.0%	0	0.0%	0	0.0%
Total	**9**	**100.0%**	**0**	**0.0%**	**9**	**100.0%**

Note: The numerical base is the 9 respondents whose doctor or center they go to does not conduct visits or consultations through telemedicine.

Regarding the preference of participants living with HIV concerning the modality of their medical appointments, eight out of ten (84.5%) prefer that these be in person, while 4.1% leaned toward virtual appointments or by video call. To that effect, 23.1% of those who prefer virtual appointments indicated that they do so because of efficiency and better use of time. Another 15.4% (each) cited reasons such as practical and access barriers, indifference or ambivalence, personal preference or habit, and privacy and confidentiality. On the other hand, the people who prefer appointments by telephone call (5.4%) mainly mentioned reasons related to practical and access barriers (88.2%). Among those who lean toward the in-person modality (84.5%), nearly six out of ten (59.3%) highlighted the importance of the doctor-patient relationship (65.1% among people out of care), while one quarter (25%) attributed it to personal preference or habit.

TABLE 124: GENERALLY, DO YOU PREFER THAT YOUR APPOINTMENTS WITH THE DOCTOR WHO TREATS YOUR HIV CONDITION BE?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Virtual or by video call	8	0.0%	5	9.6%	13	4.1%
By telephone call	15	0.0%	2	3.8%	17	5.4%
In person	225	0.0%	43	82.7%	268	84.5%
No preference	17	0.0%	2	3.8%	19	6.0%
Total	**265**	**0.0%**	**52**	**100.0%**	**317**	**100.0%**

Note: The numerical base is the 317 respondents who have visited or had a consultation with their doctor to receive HIV clinical care in the past 3 months.

TABLE 125: WHY DO YOU PREFER VIRTUAL OR VIDEO CALL APPOINTMENTS?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Practical / access barriers	1	12.5%	1	20.0%	2	15.4%
Efficiency and use of time	2	25.0%	1	20.0%	3	23.1%
Indifference / ambivalence	1	12.5%	1	20.0%	2	15.4%
Personal preference / habit	1	12.5%	1	20.0%	2	15.4%
Privacy and confidentiality	2	25.0%	0	0.0%	2	15.4%
Doctor-patient relationship	1	12.5%	0	0.0%	1	7.7%
No response / not applicable	0	0.0%	1	20.0%	1	7.7%
Total	**8**	**100.0%**	**5**	**100.0%**	**13**	**100.0%**

Note: The numerical base is the 13 respondents who prefer this type of appointment.

TABLE 126: WHY DO YOU PREFER APPOINTMENTS BY TELEPHONE CALL?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Practical / access barriers	14	93.3%	1	50.0%	15	88.2%
Privacy and confidentiality	1	6.7%	0	0.0%	1	5.9%
Doctor-patient relationship	0	0.0%	1	50.0%	1	5.9%
Total	**15**	**100.0%**	**2**	**100.0%**	**17**	**100.0%**

Note: The numerical base is the 17 respondents who prefer this type of appointment.

TABLE 127: WHY DO YOU PREFER IN-PERSON APPOINTMENTS?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Practical / access barriers	9	4.0%	0	0.0%	9	3.4%
Efficiency and use of time	6	2.7%	1	2.3%	7	2.6%
Personal preference / habit	57	25.3%	10	23.3%	67	25.0%
Privacy and confidentiality	2	0.9%	0	0.0%	2	0.7%
Doctor-patient relationship	131	58.2%	28	65.1%	159	59.3%
Technology and digital literacy	8	3.6%	0	0.0%	8	3.0%
No response / not applicable	12	5.3%	4	9.3%	16	6.0%
Total	**225**	**100.0%**	**43**	**100.0%**	**268**	**100.0%**

Note: The numerical base is the 268 respondents who prefer this type of appointment.

MEDICATIONS

Nine out of ten surveyed participants (96.9%) indicated that their health insurance covers HIV medications. However, among the 2.5% whose health plan does not cover these medications, six out of ten pay for them with their own money.

TABLE 128: DOES YOUR HEALTH INSURANCE COVER HIV MEDICATIONS?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Yes	257	97.0%	58	96.7%	315	96.9%
No	7	2.6%	1	1.7%	8	2.5%
Does not know	1	0.4%	1	1.7%	2	0.6%
Total	**265**	**100.0%**	**60**	**100.0%**	**325**	**100.0%**

Note: The numerical base is the 325 respondents.

TABLE 129: HOW DO YOU PAY THE COSTS OF MEDICATIONS NOT COVERED BY YOUR HEALTH PLAN?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
I receive free services through a program or entity	44	16.6%	6	10.0%	50	15.4%
Another supplementary private health plan	5	1.9%	0	0.0%	5	1.5%
With my own money	161	60.8%	41	68.3%	202	62.2%
Credit card	2	0.8%	1	1.7%	3	0.9%
Government agencies	0	0.0%	1	1.7%	1	0.3%
Looking for someone to help	0	0.0%	1	1.7%	1	0.3%
My children / a relative help me	3	1.1%	0	0.0%	3	0.9%
I do not buy them	1	0.4%	0	0.0%	1	0.3%
I have no way to afford them	1	0.4%	0	0.0%	1	0.3%
Borrowing from a friend	1	0.4%	0	0.0%	1	0.3%
My clinic provides them free	1	0.4%	0	0.0%	1	0.3%
My plan covers all medications	28	10.6%	5	8.3%	33	10.2%
Does not indicate	21	7.9%	5	8.3%	26	8.0%
Total	**265**	**-**	**60**	**-**	**325**	**-**

Note: The numerical base is the 325 respondents. As this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of percentages may differ from 100%.

TABLE 130: PROGRAM OR ENTITY FROM WHICH MEDICATIONS ARE RECEIVED

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
ADAP	16	0.0%	3	50.0%	19	38.0%
Proyecto CIS	13	0.0%	1	16.7%	14	28.0%
Centro Ararat	7	0.0%	0	0.0%	7	14.0%
AHF	1	0.0%	1	16.7%	2	4.0%
Casa Joven del Caribe	2	0.0%	0	0.0%	2	4.0%
Ryan White	1	0.0%	1	16.7%	2	4.0%
APA	1	0.0%	0	0.0%	1	2.0%
Clinic	1	0.0%	0	0.0%	1	2.0%
Municipal consortium	1	0.0%	0	0.0%	1	2.0%
Bayamón regional consortium	1	0.0%	0	0.0%	1	2.0%
Total	**44**	**0.0%**	**6**	**100.0%**	**50**	**100.0%**

Note: The numerical base is the 50 people interviewed who receive free services through a program or entity.

The vast majority of surveyed participants (99.4%) indicated that they are currently taking medications for their treatment. Among the medications they take, 22.3% reported taking Biktarvy (bictegravir + emtricitabine + TAF), 16.4% Cabenuva, and 12.4% Symtuza (darunavir + cobicistat + emtricitabine + TAF). In contrast, 50% of the people who are not currently taking medications indicated that they had taken them at some point. Among the main reasons for not being in treatment at present, 50% reported that, in agreement with their physician, they do not take them or do not need them, while the other 50% indicated that they have not wanted to see the physician.

TABLE 131: ARE YOU CURRENTLY TAKING MEDICATIONS FOR HIV TREATMENT?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Yes	265	100.0%	58	96.7%	323	99.4%
No	0	0.0%	2	3.3%	2	0.6%
Total	**265**	**100.0%**	**60**	**100.0%**	**325**	**100.0%**

Note: The numerical base is the 325 people interviewed.

TABLE 132: HAVE YOU EVER TAKEN MEDICATIONS FOR HIV TREATMENT?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Yes	0	0.0%	1	50.0%	1	50.0%
No	0	0.0%	1	50.0%	1	50.0%
Total	**0**	**0.0%**	**2**	**100.0%**	**2**	**100.0%**

Note: The numerical base is the 2 people interviewed who are not taking medications for HIV treatment.

TABLE 133: WHAT IS THE MAIN REASON YOU ARE NOT CURRENTLY TAKING HIV MEDICATIONS?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Agreed with the physician not to take them, does not need them	0	0.0%	1	50.0%	1	50.0%
Has not wanted to see the physician	0	0.0%	1	50.0%	1	50.0%
Total	**0**	**0.0%**	**2**	**100.0%**	**2**	**100.0%**

Note: The numerical base is the 2 people interviewed who are not taking medications for HIV treatment.

TABLE 134: INDICATE THE MEDICATIONS FOR HIV TREATMENT THAT YOU ARE CURRENTLY TAKING

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Abacavir	1	0.4%	1	1.7%	2	0.6%
Atazanavir (Reyataz)	0	0.0%	0	0.0%	0	0.0%
Atazanavir/cobicistat (Evotaz)	2	0.8%	0	0.0%	2	0.6%
Atripla (efavirenz + emtricitabine + TDF)	3	1.1%	0	0.0%	3	0.9%
Biktarvy (bictegravir + emtricitabine + TAF)	54	20.4%	18	31.0%	72	22.3%
Oral cabotegravir	1	0.4%	0	0.0%	1	0.3%
Cobicistat (Tybost)	1	0.4%	0	0.0%	1	0.3%
Complera / Eviplera (rilpivirine + emtricitabine + TDF)	0	0.0%	0	0.0%	0	0.0%
Darunavir (Prezista)	3	1.1%	0	0.0%	3	0.9%
Darunavir/cobicistat (Rezolsta)	1	0.4%	0	0.0%	1	0.3%
Delstrigo (doravirine + lamivudine + TDF)	4	1.5%	2	3.4%	6	1.9%
Dolutegravir (Tivicay)	14	5.3%	8	13.8%	22	6.8%
Doravirine (Pifeltro)	0	0.0%	0	0.0%	0	0.0%

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Dovato (dolutegravir + lamivudine)	31	11.7%	5	8.6%	36	11.1%
Efavirenz (Sustiva)	1	0.4%	0	0.0%	1	0.3%
Emtricitabine	0	0.0%	0	0.0%	0	0.0%
Etravirine (Intelence)	1	0.4%	0	0.0%	1	0.3%
Genvoya (elvitegravir + cobicistat + emtricitabine + TAF)	6	2.3%	2	3.4%	8	2.5%
Juluca (dolutegravir + rilpivirine)	17	6.4%	2	3.4%	19	5.9%
Lamivudine	0	0.0%	0	0.0%	0	0.0%
Nevirapine	0	0.0%	0	0.0%	0	0.0%
Odefsey (rilpivirine + emtricitabine + TAF)	18	6.8%	5	8.6%	23	7.1%
Raltegravir (Isentress)	4	1.5%	1	1.7%	5	1.5%
Rilpivirine (Edurant)	1	0.4%	0	0.0%	1	0.3%
Ritonavir (Norvir)	4	1.5%	0	0.0%	4	1.2%
Stribild (elvitegravir + cobicistat + emtricitabine + TDF)	0	0.0%	0	0.0%	0	0.0%
Symtuza (darunavir + cobicistat + emtricitabine + TAF)	34	12.8%	6	10.3%	40	12.4%
Tenofovir alafenamide (TAF)	0	0.0%	1	1.7%	1	0.3%
Tenofovir disoproxil fumarate (TDF)	0	0.0%	0	0.0%	0	0.0%
Triumeq (dolutegravir + abacavir + lamivudine)	6	2.3%	2	3.4%	8	2.5%
Cabenuva	50	18.9%	3	5.2%	53	16.4%
Codeisi	1	0.4%	0	0.0%	1	0.3%
Crestor	1	0.4%	0	0.0%	1	0.3%
Descovy	9	3.4%	4	6.9%	13	4.0%
Pfyfeltro	0	0.0%	1	1.7%	1	0.3%
Prezcobix	4	1.5%	4	6.9%	8	2.5%
Rimbck	1	0.4%	0	0.0%	1	0.3%
Sustiva	1	0.4%	0	0.0%	1	0.3%
Tarvy	1	0.4%	0	0.0%	1	0.3%
Vital, a single pill	1	0.4%	0	0.0%	1	0.3%
Does not recall / Does not indicate	7	2.6%	2	3.4%	9	2.8%
Total	**265**	**-**	**58**	**-**	**323**	**-**

Note: The numerical base is the 323 people interviewed who are taking medications for HIV treatment. As this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of the percentages may differ from 100%.

During the past year, 6.8% of participants stopped taking their medications for more than three months. Regarding the reasons for interrupting HIV treatment, 13.6% attributed it to feeling depressed or overwhelmed by their situation, while a similar percentage (13.6%) indicated that they chose not to take them. In turn, 9.1% reported that they were in a correctional institution and did not have access to the medications, and another 9.1% expressed that they grew tired of taking so many medications.

TABLE 135: DURING THE PAST YEAR, HAVE YOU AT ANY POINT STOPPED TAKING YOUR MEDICATIONS FOR MORE THAN THREE MONTHS?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Yes	0	0.0%	22	37.9%	22	6.8%
No	265	100.0%	36	62.1%	301	93.2%
Total	**265**	**100.0%**	**58**	**100.0%**	**323**	**100.0%**

Note: The numerical base is the 325 people interviewed who are taking medications for HIV treatment.

TABLE 136: WHAT WERE THE REASONS YOU STOPPED TAKING THE MEDICATIONS TO TREAT HIV?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
I felt depressed or overwhelmed by the situation	0	0.0%	3	13.6%	3	13.6%
I chose not to take them	0	0.0%	3	13.6%	3	13.6%
I was in jail and they did not provide them there	0	0.0%	2	9.1%	2	9.1%
One gets tired of taking so many medications	0	0.0%	2	9.1%	2	9.1%
I was using alcohol or drugs	0	0.0%	1	4.5%	1	4.5%
Due to the side effects of the medication	0	0.0%	1	4.5%	1	4.5%
I forgot to take them	0	0.0%	1	4.5%	1	4.5%
Problems with health plan coverage	0	0.0%	1	4.5%	1	4.5%
Depression	0	0.0%	1	4.5%	1	4.5%
Epileptic and forgets medications	0	0.0%	1	4.5%	1	4.5%
Was outside Puerto Rico	0	0.0%	1	4.5%	1	4.5%
Medicaid was taken away due to disclosure	0	0.0%	1	4.5%	1	4.5%
Has taken them since childhood and grew tired, but resumed	0	0.0%	1	4.5%	1	4.5%
It caused me thyroid problems	0	0.0%	1	4.5%	1	4.5%

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Was born with the condition and grew tired of the pills	0	0.0%	1	4.5%	1	4.5%
Did not have a health plan	0	0.0%	1	4.5%	1	4.5%
Reaction to the medication	0	0.0%	1	4.5%	1	4.5%
Had pancreatitis	0	0.0%	1	4.5%	1	4.5%
Total	**0**	**-**	**22**	**-**	**22**	**-**

Note: The numerical base is the 22 people interviewed who have stopped taking their medications for more than three months. As this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of the percentages may differ from 100%.

On the other hand, regarding the places where they usually obtain their medications for HIV treatment, more than a quarter (26%) obtain them at Farmacias Caridad, 13.9% at Programa SIDA San Juan, and 10.5% at AHF. In addition, another 6.5% obtain them through Más Salud and 4.6% at Centro Ararat or Centro SIDA. In turn, 93.5% of surveyed participants feel satisfied or very satisfied with the place where they obtain their medications to treat HIV. Among the 1.5% who feel dissatisfied or very dissatisfied, the main reasons identified were the lack of availability and excessive delays (40%), disorganization (20%), frequent delays (20%), and problems with the staff in charge of the pharmacy (20%).

TABLE 137: WHERE DO YOU USUALLY OBTAIN YOUR MEDICATIONS FOR HIV TREATMENT?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Farmacias Caridad	64	24.2%	20	34.5%	84	26.0%
Programa SIDA San Juan	37	14.0%	8	13.8%	45	13.9%
AHF	27	10.2%	7	12.1%	34	10.5%
Más Salud	19	7.2%	2	3.4%	21	6.5%
Centro Ararat	13	4.9%	2	3.4%	15	4.6%
Centro SIDA	14	5.3%	1	1.7%	15	4.6%
Proyecto CIS	12	4.5%	1	1.7%	13	4.0%
CONCRA	7	2.6%	3	5.2%	10	3.1%
Walgreens Pharmacy	9	3.4%	1	1.7%	10	3.1%
Más Salud Pharmacy	7	2.6%	2	3.4%	9	2.8%
Casa Joven del Caribe	7	2.6%	1	1.7%	8	2.5%
Centro Más Salud Santurce	7	2.6%	0	0.0%	7	2.2%
First Pharmacy	4	1.5%	1	1.7%	5	1.5%
Concilio de Salud de Loíza	3	1.1%	1	1.7%	4	1.2%

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Pharmacy	4	1.5%	0	0.0%	4	1.2%
Farmacia Vanga	3	1.1%	1	1.7%	4	1.2%
Community pharmacy	2	0.8%	1	1.7%	3	0.9%
Iniciativa Comunitaria	3	1.1%	0	0.0%	3	0.9%
Farmacia San Rafael	1	0.4%	1	1.7%	2	0.6%
Centro Arrarás	1	0.4%	0	0.0%	1	0.3%
Centro Manuel Garcia - Santurce	1	0.4%	0	0.0%	1	0.3%
Clets	0	0.0%	1	1.7%	1	0.3%
Clinic	1	0.4%	0	0.0%	1	0.3%
Clínica de Salud del Este	1	0.4%	0	0.0%	1	0.3%
Farmacia Alivia	1	0.4%	0	0.0%	1	0.3%
Farmacia Amiga Montecarlo	0	0.0%	1	1.7%	1	0.3%
Farmacia Arlene	1	0.4%	0	0.0%	1	0.3%
Farmacia Caney	1	0.4%	0	0.0%	1	0.3%
Farmacia Cristina	1	0.4%	0	0.0%	1	0.3%
Pharmacy in Caguas	1	0.4%	0	0.0%	1	0.3%
Pharmacy in Carolina	0	0.0%	1	1.7%	1	0.3%
Pharmacy in Loíza	1	0.4%	0	0.0%	1	0.3%
Farmacia Mediana	1	0.4%	0	0.0%	1	0.3%
Farmacia Medianía	1	0.4%	0	0.0%	1	0.3%
Farmacia PROYECTO CIS	1	0.4%	0	0.0%	1	0.3%
Farmacia Sabia	1	0.4%	0	0.0%	1	0.3%
Farmacia Santa Teresa	1	0.4%	0	0.0%	1	0.3%
Farmacia SPS Caguas	1	0.4%	0	0.0%	1	0.3%
Walmart Pharmacy Caguas	1	0.4%	0	0.0%	1	0.3%
Farmacias Aliadas	1	0.4%	0	0.0%	1	0.3%
Farmacias Plaza	0	0.0%	1	1.7%	1	0.3%
Health Promed	0	0.0%	1	1.7%	1	0.3%
Healthcarr Integratef Program Services	1	0.4%	0	0.0%	1	0.3%
The doctor provides them	1	0.4%	0	0.0%	1	0.3%
Neo med center gurabo	1	0.4%	0	0.0%	1	0.3%
They are delivered to the home or one comes to AHF	1	0.4%	0	0.0%	1	0.3%
Total	**265**	**100.0%**	**58**	**100.0%**	**323**	**100.0%**

Note: The numerical base is the 323 people interviewed who are taking medications for HIV treatment.

TABLE 138: HOW SATISFIED OR DISSATISFIED DO YOU FEEL WITH THE PLACE WHERE YOU OBTAIN YOUR MEDICATIONS TO TREAT HIV?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Very satisfied	184	69.4%	46	79.3%	230	71.2%
Satisfied	63	23.8%	9	15.5%	72	22.3%
Neither satisfied nor dissatisfied	13	4.9%	3	5.2%	16	5.0%
Dissatisfied	4	1.5%	0	0.0%	4	1.2%
Very dissatisfied	1	0.4%	0	0.0%	1	0.3%
Total	**265**	**100.0%**	**58**	**100.0%**	**323**	**100.0%**

Note: The numerical base is the 323 people interviewed who are taking medications for HIV treatment.

TABLE 139: REASONS THEY FEEL DISSATISFIED OR VERY DISSATISFIED

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
They take too long and sometimes do not have availability	2	40.0%	0	0.0%	2	40.0%
They take too long and are disorganized	1	20.0%	0	0.0%	1	20.0%
They take a long time	1	20.0%	0	0.0%	1	20.0%
Had problems with the pharmacy manager	1	20.0%	0	0.0%	1	20.0%
Total	**5**	**100.0%**	**0**	**0.0%**	**5**	**100.0%**

Note: The numerical base is the 5 people interviewed who are taking medications for HIV treatment and feel dissatisfied or very dissatisfied with the place where they obtain their medications to treat HIV.

OTHER HEALTH CONDITIONS

Among the people surveyed, six out of ten (62.8%) have a physical, mental, or sensory health condition in addition to their HIV-positive diagnosis. Among these conditions, slightly less than a third (32.4%) reported hypertension, one in five (24.5%) diabetes, and 16.4% asthma. In turn, 12.3% indicated having arthritis and 11.3% a thyroid condition. It is worth noting that 97.5% of participants with a physical, mental, or sensory condition are taking medications, receiving services, or in treatment to address that condition.

TABLE 140: CURRENTLY, IN ADDITION TO YOUR HIV-POSITIVE DIAGNOSIS, DO YOU HAVE ANY PHYSICAL, MENTAL, OR SENSORY HEALTH CONDITION?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Yes	171	64.5%	33	55.0%	204	62.8%
No	94	35.5%	27	45.0%	121	37.2%
Total	**265**	**100.0%**	**60**	**100.0%**	**325**	**100.0%**

Note: The numerical base is the 325 people interviewed.

TABLE 141: COULD YOU TELL ME WHICH CONDITION OR CONDITIONS?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Hypertension	61	35.7%	5	15.2%	66	32.4%
Diabetes	43	25.1%	7	21.2%	50	24.5%
Asthma	28	16.4%	6	18.2%	34	16.7%
Arthritis	24	14.0%	1	3.0%	25	12.3%
Thyroid	20	11.7%	3	9.1%	23	11.3%
Neuropathy	12	7.0%	3	9.1%	15	7.4%
Cholesterol	12	7.0%	0	0.0%	12	5.9%
Depression	11	6.4%	1	3.0%	12	5.9%
Sleep apnea	9	5.3%	1	3.0%	10	4.9%
Anxiety	8	4.7%	1	3.0%	9	4.4%
Cancer	6	3.5%	2	6.1%	8	3.9%
Hepatitis C	7	4.1%	1	3.0%	8	3.9%
Epilepsy	2	1.2%	4	12.1%	6	2.9%
Migraine	5	2.9%	1	3.0%	6	2.9%
Osteoporosis	5	2.9%	0	0.0%	5	2.5%
Bipolar disorder	4	2.3%	0	0.0%	4	2.0%
COPD	4	2.3%	0	0.0%	4	2.0%
Gastritis	3	1.8%	1	3.0%	4	2.0%
Sinusitis	4	2.3%	0	0.0%	4	2.0%
Allergies	3	1.8%	0	0.0%	3	1.5%
Diverticulitis	3	1.8%	0	0.0%	3	1.5%
Glaucoma	1	0.6%	2	6.1%	3	1.5%
Hypothyroidism	2	1.2%	1	3.0%	3	1.5%
Neurology	3	1.8%	0	0.0%	3	1.5%
Osteoarthritis	3	1.8%	0	0.0%	3	1.5%
Heart problems	1	0.6%	2	6.1%	3	1.5%
Triglycerides	3	1.8%	0	0.0%	3	1.5%

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Anemia	0	0.0%	2	6.1%	2	1.0%
Herniated discs	2	1.2%	0	0.0%	2	1.0%
Schizophrenia	2	1.2%	0	0.0%	2	1.0%
Fatigue	2	1.2%	0	0.0%	2	1.0%
Fibromyalgia	2	1.2%	0	0.0%	2	1.0%
Gout	1	0.6%	1	3.0%	2	1.0%
Hyperthyroidism	2	1.2%	0	0.0%	2	1.0%
Kidney problems	2	1.2%	0	0.0%	2	1.0%
Cardiac arrhythmia	1	0.6%	0	0.0%	1	0.5%
Rheumatoid arthritis	1	0.6%	0	0.0%	1	0.5%
Autism	0	0.0%	1	3.0%	1	0.5%
bracardia	1	0.6%	0	0.0%	1	0.5%
Skin cancer	1	0.6%	0	0.0%	1	0.5%
Cataracts	1	0.6%	0	0.0%	1	0.5%
Cirrhosis	1	0.6%	0	0.0%	1	0.5%
Spine and bones	1	0.6%	0	0.0%	1	0.5%
Brain damage	1	0.6%	0	0.0%	1	0.5%
Pulmonary deficiency	1	0.6%	0	0.0%	1	0.5%
Attention deficit	0	0.0%	1	3.0%	1	0.5%
Anxious and bipolar depression	1	0.6%	0	0.0%	1	0.5%
Dermatitis	1	0.6%	0	0.0%	1	0.5%
Muscular dystrophy	1	0.6%	0	0.0%	1	0.5%
Back pain	1	0.6%	0	0.0%	1	0.5%
Bone disease	1	0.6%	0	0.0%	1	0.5%
Emphysema	0	0.0%	1	3.0%	1	0.5%
Scoliosis	0	0.0%	1	3.0%	1	0.5%
Severe spasms	1	0.6%	0	0.0%	1	0.5%
Kidney failure	1	0.6%	0	0.0%	1	0.5%
Atrial fibrillation	1	0.6%	0	0.0%	1	0.5%
Hashimoto	1	0.6%	0	0.0%	1	0.5%
Abdominal hernia	1	0.6%	0	0.0%	1	0.5%
Genital herpes	0	0.0%	1	3.0%	1	0.5%
Hypoglycemia	1	0.6%	0	0.0%	1	0.5%
Hypertension	0	0.0%	1	3.0%	1	0.5%
Hypothyroidism	0	0.0%	1	3.0%	1	0.5%
Urinary tract infections	1	0.6%	0	0.0%	1	0.5%

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Venous insufficiency	1	0.6%	0	0.0%	1	0.5%
Lipidemia	1	0.6%	0	0.0%	1	0.5%
Lipodystrophy	1	0.6%	0	0.0%	1	0.5%
The nerves	0	0.0%	1	3.0%	1	0.5%
Pacemaker	1	0.6%	0	0.0%	1	0.5%
Fatty mass in the neck	0	0.0%	1	3.0%	1	0.5%
Neurocardiogenesis 5P	1	0.6%	0	0.0%	1	0.5%
Obesity	1	0.6%	0	0.0%	1	0.5%
OPC	1	0.6%	0	0.0%	1	0.5%
Operated on the discs	1	0.6%	0	0.0%	1	0.5%
Operated on the meniscus	1	0.6%	0	0.0%	1	0.5%
Operated on the left kidney	1	0.6%	0	0.0%	1	0.5%
Osteopenia	1	0.6%	0	0.0%	1	0.5%
Mental patient	1	0.6%	0	0.0%	1	0.5%
Category 5 kidney patient	1	0.6%	0	0.0%	1	0.5%
I suffer from heart problems	1	0.6%	0	0.0%	1	0.5%
Prediabetic	1	0.6%	0	0.0%	1	0.5%
Problems with hemoglobin and the liver	1	0.6%	0	0.0%	1	0.5%
Intestinal and reflux problems	1	0.6%	0	0.0%	1	0.5%
Vision problems	0	0.0%	1	3.0%	1	0.5%
Visual problems	0	0.0%	1	3.0%	1	0.5%
PTSD	0	0.0%	1	3.0%	1	0.5%
Retinopathy - diabetic ocular	1	0.6%	0	0.0%	1	0.5%
Emotional health	1	0.6%	0	0.0%	1	0.5%
Mental health	0	0.0%	1	3.0%	1	0.5%
Cardiac syncope	1	0.6%	0	0.0%	1	0.5%
Heart murmur	1	0.6%	0	0.0%	1	0.5%
Deafness	1	0.6%	0	0.0%	1	0.5%
Subluxation of the right wrist	1	0.6%	0	0.0%	1	0.5%
Tadicardia	1	0.6%	0	0.0%	1	0.5%
I have only one kidney	1	0.6%	0	0.0%	1	0.5%
Tracheotomy	1	0.6%	0	0.0%	1	0.5%
Thrombophlebitis	1	0.6%	0	0.0%	1	0.5%
Heart valve	1	0.6%	0	0.0%	1	0.5%
Vertigo	1	0.6%	0	0.0%	1	0.5%
Total	**171**	**-**	**33**	**-**	**204**	**-**

Note: The numerical base is the 204 people interviewed who, in addition to their HIV-positive diagnosis, have a physical, mental, or sensory health condition. As this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of the percentages may differ from 100%.

TABLE 142: DO YOU CURRENTLY RECEIVE MEDICATIONS, TREATMENT, OR HEALTH SERVICES TO TREAT THAT CONDITION?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Yes	167	97.7%	32	97.0%	199	97.5%
No	4	2.3%	1	3.0%	5	2.5%
Total	**171**	**100.0%**	**33**	**100.0%**	**204**	**100.0%**

Note: The numerical base is the 204 people interviewed who, in addition to their HIV-positive diagnosis, have a physical, mental, or sensory health condition.

Regarding difficulties in performing everyday activities, 14.2% have faced difficulties related to household chores; 12.3%, in moving around within the home (for example, getting up from bed or a chair); 8.3%, in bathing or showering; another 8.3%, in getting around outside the home; and 7.4%, in dressing and/or shopping (food or other essential items).

TABLE 143: IN YOUR DAILY LIFE, DO YOU HAVE DIFFICULTY PERFORMING ANY OF THE FOLLOWING ACTIVITIES ON YOUR OWN?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Bathing or showering	20	7.5%	7	11.7%	27	8.3%
Dressing	21	7.9%	3	5.0%	24	7.4%
Using the bathroom	12	4.5%	3	5.0%	15	4.6%
Eating	8	3.0%	4	6.7%	12	3.7%
Moving around within the home (for example, getting up from bed or a chair)	34	12.8%	6	10.0%	40	12.3%
None of the above	220	83.0%	52	86.7%	272	83.7%
Total	**265**	**-**	**60**	**-**	**325**	**-**

Note: The numerical base is the 325 people interviewed. As this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of the percentages may differ from 100%.

TABLE 144: IN YOUR DAILY LIFE, DO YOU HAVE DIFFICULTY PERFORMING ANY OF THE FOLLOWING ACTIVITIES ON YOUR OWN?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Preparing your meals	19	7.2%	4	6.7%	23	7.1%
Shopping (food or other essential items)	20	7.5%	4	6.7%	24	7.4%
Managing your money or paying bills	10	3.8%	2	3.3%	12	3.7%
Taking or managing your medications	7	2.6%	2	3.3%	9	2.8%
Using the telephone or communication media	7	2.6%	3	5.0%	10	3.1%
Getting around outside the home	24	9.1%	3	5.0%	27	8.3%
Doing household chores (cleaning, laundry)	39	14.7%	7	11.7%	46	14.2%
None of the above	210	79.2%	49	81.7%	259	79.7%
Total	**265**	**-**	**60**	**-**	**325**	**-**

Note: The numerical base is the 325 people interviewed. As this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of the percentages may differ from 100%.

COMMUNICATION MEDIA FOR OBTAINING INFORMATION ABOUT THEIR HEALTH

Regarding internet access among participants with an HIV-positive diagnosis, seven out of ten (70.5%) use this service. Within this group, 65% have their own connection at home, and the vast majority (98.8%) access the internet primarily through their mobile phone or cell phone. Likewise, 19.3% regularly access it through a computer and 10.7% through a tablet. It is worth noting that seven out of ten surveyed participants (75.7%) have an email address.

TABLE 145: DO YOU CURRENTLY USE THE INTERNET?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Yes	196	74.0%	33	55.0%	229	70.5%
No	69	26.0%	27	45.0%	96	29.5%
Total	**265**	**100.0%**	**60**	**100.0%**	**325**	**100.0%**

Note: The numerical base is the 325 people interviewed.

TABLE 146: DO YOU HAVE YOUR OWN CONNECTION AT HOME?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Yes	126	64.3%	32	68.1%	158	65.0%
No	69	35.2%	15	31.9%	84	34.6%
Does not know / Does not indicate	1	0.5%	0	0.0%	1	0.4%
Total	**196**	**100.0%**	**47**	**100.0%**	**243**	**100.0%**

Note: The numerical base is the 325 people interviewed.

TABLE 147: HOW DO YOU USUALLY ACCESS THE INTERNET?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Mobile phone/cell phone	193	98.5%	47	100.0%	240	98.8%
Computer	40	20.4%	7	14.9%	47	19.3%
Tablet	23	11.7%	3	6.4%	26	10.7%
Television	6	3.1%	1	2.1%	7	2.9%
Total	**196**	**-**	**47**	**-**	**243**	**-**

Note: The numerical base is the 243 people interviewed who are internet users, mental or sensory. As this is a multiple-response question, an independent count is performed for each of the responses mentioned, and the sum of the percentages may differ from 100%.

TABLE 148: DO YOU HAVE EMAIL?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Yes	197	74.3%	49	81.7%	246	75.7%
No	67	25.3%	11	18.3%	78	24.0%
Does not know / Does not indicate	1	0.4%	0	0.0%	1	0.3%
Total	**265**	**100.0%**	**60**	**100.0%**	**325**	**100.0%**

Note: The numerical base is the 325 people interviewed.

Regarding the media that participants prefer for receiving or seeking information about their health, more than half (54.8%) prefer to do so through telephone calls. In turn, one in ten (10.5%) prefers to receive information by email and 7.7% via text messages. Likewise, it is worth noting that 10.8% of participants have no preference regarding the medium for receiving or seeking information related to their health.

TABLE 149: WHAT MEDIUM DO YOU PREFER FOR RECEIVING OR SEEKING INFORMATION ABOUT YOUR HEALTH?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Telephone call	148	55.8%	30	50.0%	178	54.8%
Text message	23	8.7%	2	3.3%	25	7.7%
Email	26	9.8%	8	13.3%	34	10.5%
Private messaging or chat	1	0.4%	0	0.0%	1	0.3%
Social media	5	1.9%	1	1.7%	6	1.8%
Website	11	4.2%	8	13.3%	19	5.8%
Video call / FaceTime	1	0.4%	0	0.0%	1	0.3%
Health fairs where people are given written information	1	0.4%	0	0.0%	1	0.3%
Reading	1	0.4%	0	0.0%	1	0.3%
Case manager	1	0.4%	0	0.0%	1	0.3%
Through her sister	1	0.4%	0	0.0%	1	0.3%
Press	1	0.4%	0	0.0%	1	0.3%
In person / In person	16	6.0%	1	1.7%	17	5.2%
Having the information provided by the primary care physician	1	0.4%	0	0.0%	1	0.3%
Has no preference	26	9.8%	9	15.0%	35	10.8%
Does not know / Does not indicate	2	0.8%	1	1.7%	3	0.9%
Total	**265**	**100.0%**	**60**	**100.0%**	**325**	**100.0%**

Note: The numerical base is the 325 people interviewed.

PARTICIPATION IN SUPPORT AND EMPOWERMENT GROUPS

Regarding whether they currently participate in any support group, 80.0% indicated that they are not part of these spaces, while 19.4% do report participation. This trend holds both among those in treatment (80.4% do not participate and 18.9% do) and among those out of care (78.3% do not participate and 21.7% do). Among the people who do participate in support groups, a diversity of organizations and community spaces is observed. La Perla del Gran Precio stands out most prominently, with a quarter of participants or 25.4%, followed by organizations such as CEMI and CONCRA (7.9% each), as well as Proyecto CIS (6.3%). Other groups, such as Casa Joven del Caribe, Centro Ararat, and the Concilio de Salud de Loíza, show smaller but noteworthy participation (4.8% each).

Among people in treatment, La Perla de Gran Precio was the one that obtained the highest percentage, mentioned by 28.0% of the people in treatment who were interviewed. Among people out of care, La Perla de Gran Precio was mentioned by 15.4% and CONCRA by 15.4% as well.

TABLE 150: DO YOU CURRENTLY PARTICIPATE IN ANY SUPPORT GROUP FOR THE COMMUNITY WITH AN HIV-POSITIVE DIAGNOSIS?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Yes	50	18.9%	13	21.7%	63	19.4%
No	213	80.4%	47	78.3%	260	80.0%
Does not know / Does not indicate	2	0.8%	0	0.0%	2	0.6%
Total	**265**	**100.0%**	**60**	**100.0%**	**325**	**100.0%**

Note: The numerical base is the 325 people interviewed.

TABLE 151: WHICH GROUP IS IT?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
180 grados (de alcohol)	1	2.0%	0	0.0%	1	1.6%
Alianza Positiva	1	2.0%	0	0.0%	1	1.6%
Ángel Martinez en Más Salud	0	0.0%	1	7.7%	1	1.6%
Apia	1	2.0%	0	0.0%	1	1.6%
Casa Joven del Caribe	3	6.0%	0	0.0%	3	4.8%
CEMI	3	6.0%	2	15.4%	5	7.9%
Centro Ararat	3	6.0%	0	0.0%	3	4.8%
Centro Epidemiología de Bayamón	1	2.0%	0	0.0%	1	1.6%
Centro SIDA	2	4.0%	0	0.0%	2	3.2%
Clínica de Mujeres de PR CONCRA	1	2.0%	1	7.7%	2	3.2%
Concilio de Salud de Loíza	2	4.0%	1	7.7%	3	4.8%
CONCRA	3	6.0%	2	15.4%	5	7.9%
Wherever they invite them	1	2.0%	0	0.0%	1	1.6%
Where they live	1	2.0%	0	0.0%	1	1.6%
Junta Asesora de la Comunidad	1	2.0%	0	0.0%	1	1.6%
La Perla Del Gran Precio	14	28.0%	2	15.4%	16	25.4%
Más Salud	0	0.0%	1	7.7%	1	1.6%
Movimiento Respuesta al VIH	0	0.0%	1	7.7%	1	1.6%
Nutricion en Programa SIDA	2	4.0%	1	7.7%	3	4.8%
Oasis de Amor	1	2.0%	0	0.0%	1	1.6%

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
PACTA en la Inter de Fajardo	1	2.0%	0	0.0%	1	1.6%
Pangea PR Junte Positivo	0	0.0%	1	7.7%	1	1.6%
Programa SIDA	1	2.0%	1	7.7%	2	3.2%
Proyecto CIS	4	8.0%	0	0.0%	4	6.3%
Group therapy at Más Salud	1	2.0%	0	0.0%	1	1.6%
Terapia psicologica	1	2.0%	0	0.0%	1	1.6%
Vida	0	0.0%	1	7.7%	1	1.6%
Bill's Kitchen	0	0.0%	1	7.7%	1	1.6%
Wanda Rivera	1	2.0%	0	0.0%	1	1.6%
Does not remember	1	2.0%	0	0.0%	1	1.6%
Total	**50**	**-**	**13**	**-**	**63**	**-**

Note: The numerical base is the 63 people interviewed who participate in a support group for the community that lives with HIV. As this is a multiple-response question, an independent count is made for each of the responses mentioned, and the sum of percentages may differ from 100%.

On the other hand, 3.4% of the participants with an HIV-positive diagnosis who responded to the survey indicated that they currently belong to an organization or community group that works on HIV-related issues. Likewise, 3.1% give their time as volunteers in one of these organizations or community groups. In terms of guidance or support regarding HIV, 17.2% expressed interest in receiving information or support on various topics related to their diagnosis. Among the main topics of interest, three out of every ten (30.4%) want to learn about new medications or treatments, 5.4% about general education, and a similar percentage (5.4%) about injectable medications. Likewise, it stands out that 8.9% of the participants showed openness to receiving guidance on any topic related to their diagnosis.

TABLE 152: DO YOU CURRENTLY BELONG TO AN ORGANIZATION OR COMMUNITY GROUP THAT WORKS ON HIV-RELATED ISSUES?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Yes	9	3.4%	2	3.3%	11	3.4%
No	255	96.2%	58	96.7%	313	96.3%
Does not know / Does not indicate	1	0.4%	0	0.0%	1	0.3%
Total	**265**	**100.0%**	**60**	**100.0%**	**325**	**100.0%**

Note: The numerical base is the 325 people interviewed.

TABLE 153: DO YOU CURRENTLY GIVE YOUR VOLUNTEER TIME TO AN ORGANIZATION OR COMMUNITY GROUP THAT WORKS ON HIV-RELATED ISSUES?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Yes	7	2.6%	3	5.0%	10	3.1%
No	257	97.0%	57	95.0%	314	96.6%
Does not know / Does not indicate	1	0.4%	0	0.0%	1	0.3%
Total	**265**	**100.0%**	**60**	**100.0%**	**325**	**100.0%**

Note: The numerical base is the 325 people interviewed.

TABLE 154: IS THERE ANY TOPIC ON WHICH YOU WOULD LIKE TO RECEIVE GUIDANCE OR SUPPORT REGARDING HIV?

	In care		Out of care		Total	
	Freq.	%	Freq.	%	Freq.	%
Yes	46	17.4%	10	16.7%	56	17.2%
No	216	81.5%	46	76.7%	262	80.6%
Does not know / Does not indicate	3	1.1%	4	6.7%	7	2.2%
Total	**265**	**100.0%**	**60**	**100.0%**	**325**	**100.0%**

Note: The numerical base is the 325 people interviewed.

TABLE 155: TOPICS ON WHICH YOU WOULD LIKE TO RECEIVE GUIDANCE OR SUPPORT REGARDING HIV

	In care		Out of care		Total	
		%	Freq.	%	Freq.	%
Legal matters related to HIV patients	1	2.2%	0	0.0%	1	1.8%
Advances of the virus	1	2.2%	0	0.0%	1	1.8%
How to talk about the diagnosis	1	2.2%	1	10.0%	2	3.6%
How to have family support, why my family does not know I have HIV	1	2.2%	0	0.0%	1	1.8%
How to live with HIV	1	2.2%	0	0.0%	1	1.8%
When to take medications without conflicting with others	1	2.2%	0	0.0%	1	1.8%
What the life expectancy with HIV is	1	2.2%	0	0.0%	1	1.8%
Everything	1	2.2%	0	0.0%	1	1.8%
General education	3	6.5%	0	0.0%	3	5.4%
Effects of medications	0	0.0%	1	10.0%	1	1.8%
Information on how to relate to partners who are not HIV-positive	0	0.0%	1	10.0%	1	1.8%
Information on how to gain weight	1	2.2%	0	0.0%	1	1.8%

	In care		Out of care		Total	
		%	Freq.	%	Freq.	%
Places to share with support groups, food banks	0	0.0%	1	10.0%	1	1.8%
Mothers with HIV	1	2.2%	0	0.0%	1	1.8%
More talks for youth	0	0.0%	1	10.0%	1	1.8%
More education about the condition	1	2.2%	0	0.0%	1	1.8%
More information and more guidance	1	2.2%	0	0.0%	1	1.8%
Injectable medications	3	6.5%	0	0.0%	3	5.4%
New medications or treatments	15	32.6%	2	20.0%	17	30.4%
Side effects	1	2.2%	0	0.0%	1	1.8%
No particular topic	1	2.2%	1	10.0%	2	3.6%
New standards, rules, and laws related to funding and coverage	1	2.2%	0	0.0%	1	1.8%
Nutrition	1	2.2%	0	0.0%	1	1.8%
Psychology	0	0.0%	1	10.0%	1	1.8%
Patient responsibility	1	2.2%	0	0.0%	1	1.8%
About the cure	1	2.2%	0	0.0%	1	1.8%
Everything	1	2.2%	0	0.0%	1	1.8%
All topics related to the condition	4	8.7%	1	10.0%	5	8.9%
Latest studies on the condition	1	2.2%	0	0.0%	1	1.8%
Does Not Indicate	2	4.3%	0	0.0%	2	3.6%
Total	**46**	**-**	**10**	**-**	**56**	**-**

Note: The numerical base is the 56 people interviewed who indicate the topics on which they would like to receive guidance or support regarding HIV. As this is a multiple-response question, an independent count is made for each of the responses mentioned, and the sum of percentages may differ from 100%.

CONCLUSIONS

NEEDS ASSESSMENT IN THE ELIGIBLE
METROPOLITAN AREA (EMA) OF SAN JUAN
2026

CONCLUSIONS AND PRIORITY AREAS

As indicated in the introduction to this document, the objective of the present study was to identify the needs of the community with an HIV-positive diagnosis, and to prioritize those important services, both health and support. This, with the goal that the Council may establish service priorities, award funds, develop its comprehensive plan, design strategies to address the identified needs, and outline measures aimed at improving the service delivery system.

The information obtained from the tasks carried out demonstrates that, although from diverse perspectives, the groups consulted (community, opinion leaders, and service providers) coincide on the areas of greatest need. Likewise, it is observed how the social and economic context, and other social determinants, influence access to, linkage to, and retention in services for the population with an HIV-positive diagnosis.

PROFILE OF THE POPULATION WITH AN HIV-POSITIVE DIAGNOSIS

The profile that emerges from the survey carried out corresponds, in general terms, to that of an older adult population, with urban residence, intermediate schooling, and a situation of economic vulnerability.

It was observed that more than a third of the participating people (36.6%) are between 55 and 64 years old, and three out of every ten (30.4%) are 65 years old or older. The median age was 60 years and the range fluctuated between 22 and 91 years. Nearly six out of every ten people (57.8%) reside in the municipality of San Juan, followed by Carolina (8.9%) and Bayamón (8.6%). 56.6% identified as men and 43.1% as women. With respect to schooling, a third (33.5%) completed grade 12 or its equivalent and slightly more than a fifth (22.5%) have some university or technical degree, while 16.6% completed ninth grade or less. Nearly six out of every ten people (57.8%) have never married and are single.

The median year of diagnosis was 2002, with a range that goes from 1972 to 2026. This distribution describes a population that, for the most part, has lived with the diagnosis for more than two decades and, therefore, is currently going through aging processes accompanied by comorbidities, as the people interviewed also identified.

In the socioeconomic sphere, more than three quarters of the people surveyed (76.0%) reported an annual household income of less than $15,000. More than a quarter (28.0%) were unemployed at the time of the interview, 17.2% worked as homemakers, and 15.4% worked full time. The vast majority (94.8%) have a public medical plan. Homelessness during the past two years affected 6.5% of the total participants, with a higher proportion among those who are out of care (11.7%). The main reasons for experiencing homelessness were substance use (19.0%) and moving from the United States to Puerto Rico (19.0%).

With respect to housing, a third (33.8%) reside in a home owned by themselves or their family unit, a similar proportion (33.2%) live in a rented home, and 20.9% reside in public housing or a residential complex. The median number of people per household is one (1), and 10.5% of the participating people report being in charge of caring for a person with a disability or health condition, a role that in 88.2% of cases falls on an older adult. Likewise, more than a quarter (27.4%) have worried that the household's food would run out before being able to get more, a proportion that increases to 38.3% among those who are out of care.

Regarding access to technology and transportation, the vast majority (95.4%) have a cell phone or mobile phone, but only about half (49.8%) have an internet connection at home and 23.1% own a computer or laptop. About half of the households (49.2%) have their own vehicle; the remaining 50.8% depend on public transportation, community organizations, the medical plan's transportation service, or family members and friends to attend their appointments.

People out of care, on the other hand, present consistently more adverse socioeconomic indicators than those who are in treatment. Specifically, they register higher rates of rented housing (41.7% versus 31.3%), of homelessness in the past two years (11.7% versus 5.3%), of difficulty paying for electricity (20.0% versus 10.9%), and of food insecurity (38.3% versus 24.9%).

SOCIAL DETERMINANTS AND OTHER CONDITIONS THAT AFFECT LINKAGE TO AND ACCESS TO TREATMENT AND SUPPORT SERVICES

The integration of the qualitative and quantitative findings makes it possible to identify, on the other hand, six social determinants that are inferred to affect

linkage to care and continuous access to treatment and support services for people with an HIV-positive diagnosis in the San Juan EMA:

- Stigma and fear of disclosing the diagnosis;
- Economic and material barriers of the household;
- Transportation;
- Structural and administrative barriers of the health system;
- Mental health and problematic substance use; and
- Lack of knowledge of available services and fragmentation of information.

MAIN NEEDS IDENTIFIED BY THE GROUPS CONSULTED

In analyzing the results from the different sources consulted, it is observed that the groups coincide on a series of needs that affect the population with an HIV-positive diagnosis. Among those most frequently mentioned on which the different groups coincide are transportation, access to medications and medical services, housing, and mental health. The 20 opinion leaders pointed to access to medications and the management of comorbidities (16 mentions), access to specialists and subspecialists (15 mentions), and social determinants of health such as housing, employment, and income (11 mentions) as the three main needs of the population served. Among the provider entities, three quarters (75.0%) identified transportation as the main need, followed by housing (50.0%) and mental health (41.7%). In the survey of 325 people with a positive diagnosis, 22.8% pointed to medical services and access to doctors as one of the three main needs, followed by access to medications (20.9%), stigma, discrimination, and rejection (16.9%), transportation (14.8%), and housing (13.8%).

The opinion leaders emphasized, on the other hand, access to specialists and subspecialists to address comorbidities associated with aging (cardiovascular, endocrinological, neurological, renal, dermatological, and oral health areas), as well as stigma and discrimination (6 mentions). The provider entities highlighted in-home services and home care assistance (33.3%) as a main need, possibly in response to the aging of the population served. The people with an HIV-positive diagnosis added, with greater emphasis, guidance and information (12.6%), economic support and employment (12.0%), and food and nutrition (10.8%),

needs that are more pronounced among those who are out of care (16.7% mentioned food and nutrition, compared to 9.4% among those who are in treatment).

Among the 60 people who were not in treatment at the time of the interview, the order of priorities is partially reversed: access to medications rises to first place (30.0%), followed by medical services and access to doctors (26.7%) and food (16.7%).

PRIORITY SERVICES

To identify the priority services, a triangulation analysis was carried out for the prioritization of the 28 clinical and support services that could be subsidized through RWPA (13 core medical services and 15 support services). For purposes of the exercise, the services were arranged in ranking order, with respect to five criteria triangulated across the three sources:

- high level of importance (opinion leaders and people with an HIV-positive diagnosis)
- services that people with an HIV-positive diagnosis receive most frequently,
- services that will have greater future demand (leaders),
- services that were needed in the last 12 months and could not be accessed or received (people with an HIV-positive diagnosis), and
- services that the provider entities expressed interest in offering or expanding.

Each criterion is expressed on an original percentage scale (0 to 100) and the composite score is the weighted sum at 20% per criterion.

According to this methodology, the five services with the highest composite score were the AIDS Drug Assistance Program for HIV treatment (ADAP, score 29.88), the Local Pharmaceutical Assistance Program for HIV (LPAP, 22.46), psychosocial support (18.18), the food bank and home-delivered meals (18.06), and mental health services (17.34).

On the other hand, beyond the composite ranking, the services with the highest proportion of people with an HIV-positive diagnosis who reported having needed them in the last twelve (12) months without being able to access or receive them

included oral health services (7.4%), the food bank (4.3%), emergency financial assistance (4.0%), housing services (3.4%), home- and community-based health support services (2.2%), and psychosocial support (2.2%). Among the reasons that the people surveyed identified for not having been able to access the support services, the following stand out: economic limitations (38.2%), lack of knowledge of where to receive the service (27.3%), the absence of the service in the municipality or nearby area (14.5%), and denial by the medical plan (9.1%). These reasons refer directly to the social determinants identified previously.

INTEGRATED SERVICE PRIORITIZATION MATRIX

The table that follows presents the result of the prioritization exercise, with the detail of the composite score calculation for the 28 services that make up the offering of the Ryan White Part A program in the San Juan EMA.

CONTINUOUS PRIORITIZATION (DESCENDING RANKING BY SCORE)[6]

Rank	Service	Category	Importance (average of leaders + HIV+)	Receiving (HIV+)	Future demand (leaders)	Gap (HIV+ needed and did not receive)	Expansion (providers)	Composite score
1	Drug Assistance Program (ADAP)	Treatment	54.9	65.8	27.8	0.9	0.0	**29.88**
2	Pharmaceutical Assistance Program (LPAP)	Treatment	42.4	41.5	27.8	0.6	0.0	**22.46**
3	Psychosocial Support	Support	30.1	20.3	30.0	2.2	8.3	**18.18**
4	Food Bank / Home-Delivered Meals	Support	40.1	20.9	25.0	4.3	0.0	**18.06**
5	Mental Health Services	Treatment	21.1	36.3	11.1	1.5	16.7	**17.34**
6	Clinical Case Management, including Treatment Adherence	Treatment	20.8	59.1	5.6	0.6	0.0	**17.22**
7	Housing Services	Support	41.7	15.1	25.0	3.4	0.0	**17.04**
8	Non-Medical Case Management Services	Support	23.3	28.9	15.0	0.9	16.7	**16.96**
9	Emergency Financial Assistance	Support	41.0	5.8	25.0	4.0	0.0	**15.16**

[6] The variables contained in each column include the following: (1) IMPORTANCE; simple average among leaders (Table 8 treatment, Table 13 support, n=20) and people living with HIV (Table 92 treatment, Table 99 support, n=325); (2) CURRENTLY RECEIVING: people living with HIV (Table 93 treatment, Table 100 support, n=325); (3) FUTURE DEMAND; leaders (Table 11 treatment n=18, Table 16 support n=20); (4) GAP: people living with HIV who needed the service in the past 12 months but were unable to access or receive it (Table 97 treatment, Table 104 support, n=325). (5) EXPANSION: provider entities interested in offering or expanding that service (Table 32, n=12 common base). The composite score, in turn, equals 20% × importance (average of leaders + HIV+) + 20% × receiving (HIV+) + 20% × future demand (leaders) + 20% × gap (HIV+ who needed and did not receive) + 20% × expansion (providers). All components were therefore standardized to a 0–100 scale, where a higher score equals a higher priority.

Rank	Service	Category	Importance (average of leaders + HIV+)	Receiving (HIV+)	Future demand (leaders)	Gap (HIV+ needed and did not receive)	Expansion (providers)	Composite score
10	Home Health Care Services	Treatment	13.3	6.2	44.4	1.5	8.3	**14.74**
11	Home- and Community-Based Health Services	Treatment	11.3	6.8	44.4	2.2	8.3	**14.60**
12	Medical Transportation	Support	32.1	18.2	20.0	2.5	0.0	**14.56**
13	Early Intervention Services	Treatment	25.6	24.0	0.0	0.0	16.7	**13.26**
14	Oral Health Services	Treatment	10.8	27.7	11.1	7.4	8.3	**13.06**
15	Health Insurance Premium and Cost-Sharing Assistance	Treatment	15.3	16.0	27.8	0.9	0.0	**12.00**
16	Medical Nutrition Therapy	Treatment	9.3	35.1	5.6	1.5	8.3	**11.96**
17	Health Education and Risk Reduction	Support	22.4	12.9	20.0	0.0	0.0	**11.06**
18	Hospice Services	Treatment	7.2	1.8	44.4	0.6	0.0	**10.80**
19	Outpatient Ambulatory Health Services	Treatment	9.2	22.5	5.6	1.2	8.3	**9.36**
20	Rehabilitation Services	Support	9.6	0.0	20.0	2.2	8.3	**8.02**
21	Community Outreach Services (outreach)	Support	16.6	0.9	20.0	0.0	0.0	**7.50**
22	Respite Services	Support	12.2	0.0	15.0	0.6	8.3	**7.22**
23	Residential Substance Use Treatment	Support	11.8	0.0	10.0	0.6	8.3	**6.14**
24	Other Professional Services (legal, accounting)	Support	13.1	2.5	10.0	0.3	0.0	**5.18**
25	Referrals for Health Support Services	Support	3.2	12.6	5.0	0.6	0.0	**4.28**
26	Linguistic Services	Support	7.8	0.6	5.0	0.0	0.0	**2.68**
27	Child Care Services	Support	6.5	0.3	5.0	0.0	0.0	**2.36**
28	Outpatient Substance Use Treatment	Treatment	6.5	2.5	0.0	0.9	0.0	**1.98**

GLOSSARY OF TERMS

Access Barriers – Factors that hinder or prevent an individual from accessing services in a timely manner. These may be economic, geographic, administrative, social, cultural, or related to HIV-related stigma.

Access to Services – An individual's ability to obtain the care, treatment, and support services they need in a timely manner, considering factors such as service availability, geographic location, eligibility, cost, transportation, and the absence of administrative barriers.

ADAP (AIDS Drug Assistance Program) – A program that provides access to antiretroviral medications and other HIV-related treatments for eligible individuals when such medications are not covered through other funding sources.

Antiretroviral Therapy Adherence – The extent to which an individual consistently follows the prescribed treatment regimen, including taking medications as directed, attending medical appointments, completing recommended laboratory tests, and participating in ongoing clinical follow-up to maintain effective control of HIV infection.

CAREWare – An electronic data management system used by Ryan White Programs to document, manage, and monitor participant information and the services they receive.

Care Continuum (HIV Care Continuum) – A model describing the key stages of HIV care, from diagnosis through linkage to care, retention in care, adherence to treatment, and viral suppression.

CD4 Count – A measurement of CD4 T lymphocytes used to assess the functioning of the immune system in individuals living with HIV.

Clinical Case Management – A service that coordinates medical care and other necessary services to promote treatment adherence, continuity of care, and access to available resources.

Comorbidity – The presence of one or more health conditions in addition to HIV infection that require concurrent management, such as diabetes, cardiovascular disease, kidney disease, osteoporosis, cancer, mental health disorders, or other chronic illnesses.

Comprehensive Care – A coordinated model of service delivery that addresses the medical, psychological, social, and economic needs of people living with HIV.

Eligibility – The set of criteria established by a program to determine whether an individual qualifies to receive specific services or benefits.

HIV – Human Immunodeficiency Virus, a virus that attacks the immune system and, if left untreated, can progress to Acquired Immunodeficiency Syndrome (AIDS).

HIV-Related Stigma – Negative attitudes, prejudice, discrimination, or behaviors directed toward people living with HIV that may affect their access to, utilization of, and continuity in health and support services.

In Care – For purposes of this study, an individual is considered in care if they maintain active engagement with HIV clinical care services and meet the study's operational criteria, including undergoing routine laboratory monitoring, attending HIV-related medical appointments, and consistently taking antiretroviral medications.

Integrated Planning Council (Planning Council) – The body required under the Ryan White HIV/AIDS Program Part A that is responsible for assessing community needs, establishing service priorities, allocating resources, and developing the Comprehensive Plan for the Eligible Metropolitan Area.

Linkage to Care – The process through which an individual newly diagnosed with HIV is successfully connected to specialized medical services to initiate antiretroviral treatment and receive comprehensive HIV care. It represents a critical step in the HIV Care Continuum.

LPAP (Local Pharmaceutical Assistance Program) – A pharmaceutical assistance program that helps cover HIV-related medications when ADAP is unavailable or insufficient.

Men Who Have Sex with Men (MSM) – An epidemiological category used to describe men who engage in sexual activity with other men, regardless of their sexual orientation or gender identity.

Metropolitan Eligible Area (EMA) – A jurisdiction that qualifies to receive Ryan White HIV/AIDS Program Part A funding due to the impact of the HIV epidemic. In Puerto Rico, the San Juan EMA includes 30 municipalities.

Need – For purposes of this study, a need refers to services, resources, or conditions that are necessary to maintain an adequate state of health and quality of life but are either unavailable or insufficient in availability or quality.

NVivo – Qualitative data analysis software used to organize, code, and analyze the in-depth interviews conducted as part of this study.

Person Living with HIV – Person-centered terminology used throughout this report to refer to individuals living with Human Immunodeficiency Virus (HIV), emphasizing the individual rather than the medical condition.

Plan Vital – Puerto Rico's government-sponsored health insurance program that provides healthcare coverage to eligible individuals through managed care organizations.

Ryan White HIV/AIDS Program – A federal program established under the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act to fund medical care and support services for low-income people living with HIV.

Ryan White HIV/AIDS Program Part A – The component of the Ryan White HIV/AIDS Program that funds medical care and support services in Eligible Metropolitan Areas with a high prevalence of HIV.

Retention in Care – The process through which a person living with HIV remains continuously engaged in the healthcare system by attending regular medical

appointments, completing recommended laboratory testing, and maintaining ongoing follow-up with their healthcare team to ensure continuity of treatment.

Social Determinants of Health – The social, economic, environmental, and community conditions that influence an individual's health and quality of life, including housing, employment, income, education, food security, transportation, and social support.

Support Services – Non-medical services that facilitate access to care, retention in care, and treatment adherence, including transportation, housing, food assistance, non-medical case management, psychosocial support, and financial assistance, among others.

Telemedicine – The delivery of healthcare services through information and communication technologies, including video and telephone consultations.

Treatment and Care Services – Clinical services aimed at preventing complications and managing HIV infection and related conditions, including medical care, mental health services, oral healthcare, clinical case management, and pharmaceutical services.

Out of Care – For purposes of this study, an individual is considered out of care if, at the time of the survey, they did not meet at least one of the Planning Council's operational criteria, based on CAREWare parameters. This includes one or more of the following situations:

- The individual had not undergone HIV-related laboratory testing (e.g., viral load or CD4 count) within the previous three months.
- The individual had not attended an HIV-related medical appointment within the previous three months.
- The individual had gone three months or longer without seeing their HIV healthcare provider during the previous 12 months.
- The individual was not currently taking antiretroviral medications.

- The individual had discontinued antiretroviral therapy for a period of three months or longer during the previous 12 months.

Viral Load – The amount of HIV present in an individual's blood. Viral load is one of the primary indicators used to evaluate the effectiveness of antiretroviral therapy.

Viral Suppression – A clinical state in which the amount of HIV in the blood (viral load) is reduced to very low or undetectable levels as a result of sustained adherence to antiretroviral therapy. Viral suppression improves individual health, prevents disease progression, and effectively eliminates the risk of sexual transmission of HIV when maintained over time.