

Houston Area HIV Services Ryan White Planning Council

Needs Assessment Group (NAG)

Survey Workgroup

1:00 p.m., Tuesday, April 2, 2019

Meeting Location: 2223 W. Loop South, Room #101

AGENDA

* = Handout to be provided at meeting

- | | |
|--|--|
| I. Call to Order | |
| A. Welcome | Skeet Boyle, |
| B. Moment of Reflection | Ricardo Mora, and |
| C. Adoption of the Agenda | Cecilia Oshingbade, Co-Chairs |
| D. Approval of the Minutes* | |
| | |
| II. Public Comments and Announcements | |
| <p>(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give their name or HIV status. When signing in, guests are not required to provide their correct or complete names. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization.)</p> | |
| | |
| III. Continue Designing 2019 Needs Assessment Survey | Amber Harbolt, Health
Planner Office of Support |
| | |
| IV. Next Meeting? | Skeet Boyle,
Ricardo Mora, and
Cecilia Oshingbade, Co-Chairs |
| | |
| V. Announcements | |
| | |
| VI. Adjourn | |

DRAFT

STAFF USE ONLY-SURVEY ADMIN

Date of survey: _____
Agency/location: _____
Staff initials: _____
Gift card #: _____



STAFF USE ONLY-DATA ENTRY

Date of data entry: _____
Auto survey #: _____
Staff initials: _____

2019 Consumer Survey

Dear Participant,

The purpose of this survey is to learn about your needs for HIV care and what it's like for you to be living with HIV. Only people who are living with HIV, 18 years of age or older*, and who live in the greater Houston area should take this survey. If you don't meet these requirements or are not sure, please talk to a staff person now.

* A parent or legal guardian must complete a survey on behalf of a person living with HIV ages 13-17.

Please read the following before you begin:

- Your participation in this survey is 100% voluntary. You do not have to participate. If you do, it will help us learn what people need for HIV care.
- Everything you tell us is 100% confidential. You will not be identified in the report, and no information about you *as an individual* will be collected or shared. All the answers you give will be combined with other surveys and shown as a group.
- You may find some of the questions personal, and they may make you feel uncomfortable. You do not have to continue if you feel this way. Please talk to a staff person at any time if you feel uncomfortable with the survey.
- You will receive an incentive for your participation after you have finished the survey. You will be asked to sign for the incentive, but you do not have to use your legal name.
- If you complete the survey, you are consenting to participate in this project. You are also giving us your consent to use your survey answers. Again, you will not be identified in the report, and no information about you *as an individual* will be collected or shared.
- Please take your time to answer all questions as completely and accurately as possible. There are no right or wrong answers. There is no time limit.
- If you have questions about this survey, please contact the Ryan White Planning Council Office of Support at (832) 927-7926 at any time.

You can begin the survey now. Please bring your completed survey to a staff person when you are done. Thank you for your participation in this project!

DRAFT

Section 1: HIV Services

1. Please tell us about any of the following funded HIV services you have used or needed in the past 12 months:

HIV medical care visits or clinic appointments with a doctor, nurse, or physician assistant (i.e., outpatient primary HIV medical care)	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	Briefly, please tell us what made it difficult for you to get this service? <hr/> <hr/> <hr/>
HIV medication assistance (this is help paying for HIV medications <i>in addition to or instead of</i> assistance from the state/ADAP)	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	Briefly, please tell us what made it difficult for you to get this service? <hr/> <hr/> <hr/>
Health insurance assistance (this is when you have private health insurance or Medicare and you get help paying for your co-pays, deductibles, or premiums for medications or medical visits)	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	Briefly, please tell us what made it difficult for you to get this service? <hr/> <hr/> <hr/>
Oral health care visits with a dentist or hygienist	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	Briefly, please tell us what made it difficult for you to get this service? <hr/> <hr/> <hr/>

Con't: Please tell us about any of the following HIV services that you have used or needed in the past 12 months:

Case management (these are people at your clinic or program who assess your needs, make referrals for you, and help you make/keep appointments)	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	Briefly, please tell us what made it difficult for you to get this service? <hr/> <hr/> <hr/>
Outpatient alcohol or drug treatment or counseling	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →) Did you need this service for: <i>(Check all that apply)</i> <input type="checkbox"/> Alcohol use concerns <input type="checkbox"/> Drug use concerns	Briefly, please tell us what made it difficult for you to get this service? <hr/> <hr/> <hr/>
Professional mental health counseling (this is counseling or therapy with a licensed professional counselor or therapist, either individually or as part of a therapy group)	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	Briefly, please tell us what made it difficult for you to get this service? <hr/> <hr/> <hr/>
Day treatment (this is a place you go during the day for help with your HIV medical care from a nurse or PA. It is <i>not</i> a place you live)	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	Briefly, please tell us what made it difficult for you to get this service? <hr/> <hr/> <hr/>

Con't: Please tell us about any of the following HIV services that you have used or needed in the past 12 months:

Hospice care (this is a program for people in a terminal stage of illness to get end-of-life care)	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	Briefly, please tell us what made it difficult for you to get this service? <hr/> <hr/> <hr/>
Nutritional supplements (this includes supplements like Ensure, fish oil, protein powder, etc. and/or nutritional counseling from a professional dietician)	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	Briefly, please tell us what made it difficult for you to get this service? <hr/> <hr/> <hr/>
Vision care (this includes routine vision services and glasses provided at your HIV clinic or program)	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	Briefly, please tell us what made it difficult for you to get this service? <hr/> <hr/> <hr/>
Language translation (at your clinic or program in a language <u>other than English or Spanish</u>)	Please check one: <input type="checkbox"/> I didn't know this service was available <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	Briefly, please tell us what made it difficult for you to get this service? <hr/> <hr/> <hr/>

Con't: Please tell us about any of the following HIV services that you have used or needed in the past 12 months:

<p>Transportation (this is when your clinic or program offers van rides or a Metro bus card to help you attend your HIV medical appointments)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p> <p>Did you need this service for: (Check all that apply)</p> <p><input type="checkbox"/> Van ride(s)</p> <p><input type="checkbox"/> Bus pass(es)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Outreach services (these are people at your clinic or program who contact you to help you get HIV medical care when you have a couple of missed appointments)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>ADAP enrollment workers (these are people at your clinic or program who help you complete an application for ADAP medication assistance from the state)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>**If you were in Harris County Jail, please tell us about:</p> <p>Pre-discharge planning (this is when jail staff help you plan how to access HIV medical care after your release)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I didn't know this service was available</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

2. The following services are not currently funded through Ryan White, but could be funded in the future. You may have used these services at facility or through a different funder than Ryan White. Please tell us about any of the following unfunded HIV services that you have used or needed in the past 12 months:

<p>Home health care (this is medical care provided specifically for the treatment of HIV when you cannot leave home)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Child care services (this is child care provided to children living in your household to allow you to attend HIV medical visits)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Food bank / home delivered meals (this includes food items, personal hygiene products, cleaning supplies, water filters; hot meals; meal delivery; and vouchers to purchase food)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Health education / risk reduction (this is education about strategies to prevent or reduce the risk of HIV transmission to others)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

Con't: Please tell us about any of the following unfunded HIV services that you have used or needed in the past 12 months:

Housing (this is temporary or long term housing specifically for people living with HIV)	<p>Please check one:</p> <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from) <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <hr/> <hr/> <hr/>
Other professional services (these are professional and consultant services for HIV-related legal services like Social Security Disability Insurance denial and discrimination, permanency planning including wills and dependent placement, and tax preparation if you used the advanced premium tax credit to purchase Affordable Care Act health insurance)	<p>Please check one:</p> <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from) <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →) <p>Did you need this service for: (Check all that apply)</p> <input type="checkbox"/> Legal services <input type="checkbox"/> Permanency planning <input type="checkbox"/> Tax preparation	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <hr/> <hr/> <hr/>
Psychosocial support services (these support group and counseling services not provided by a licensed mental health professional, including bereavement counseling and HIV support groups)	<p>Please check one:</p> <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from) <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <hr/> <hr/> <hr/>
Rehabilitation services (this is outpatient physical, occupational, speech, and vocational therapy)	<p>Please check one:</p> <input type="checkbox"/> I did not need this service <input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from) <input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <hr/> <hr/> <hr/>


Con't: Please tell us about any of the following unfunded HIV services that you have used or needed in the past 12 months:

<p>Respite care (this is in-home non-medical assistance provided to a person living with HIV to relieve a primary caregiver responsible for the person's daily care)</p>	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Residential or inpatient alcohol or drug treatment or counseling</p>	<p>Please check one:</p> <p><input type="checkbox"/> I did not need this service</p> <p><input type="checkbox"/> I needed this service, and it was easy to get from _____ (agency received from)</p> <p><input type="checkbox"/> I needed this service, and it was difficult to get (<i>go here</i> →)</p> <p>Did you need this service for: (Check all that apply)</p> <p><input type="checkbox"/> Alcohol use concerns</p> <p><input type="checkbox"/> Drug use concerns</p>	<p>Briefly, please tell us what made it difficult for you to get this service?</p> <p>_____</p> <p>_____</p> <p>_____</p>

3. How do you currently communicate with your HIV medical provider? (Check all that apply)

- ☐ I don't currently have a medical provider (*skip bullets below and go to Question 4*)
- ☐ Text messaging
- ☐ An online portal (ex: MyChart)
- ☐ Phone calls
- ☐ I drop by the office in person
- ☐ Email
- ☐ Other: _____

- What is your preferred method of communication? _____
- Does your HIV medical provider communicate information about your health in a way that is straightforward and easy to understand?
 - ☐ Yes
 - ☐ No
- How would you rate communication with your HIV medical provider?

				
It's Poor	It's Not Very Good	It's Good	It's Very Good	It's Great!
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- If communication is "Poor" or "Not Very Good", what could be changed to make it better? (*skip to Question 4 if "Good", "Very Good", or "Great"*)

4. What other kinds of services do you need to help you get your HIV medical care?

Section 2: When You Were First Diagnosed

5. What year were you diagnosed with HIV? _____

6. Where did you get your HIV diagnosis? _____

- If you were diagnosed after 2014, did you get any of the following services from the same agency where you were diagnosed? (*Check one answer for each item below*)

- | | | | |
|---|------------------------------|-----------------------------|---|
| • A list of HIV clinics to go to for medical care | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't remember |
| • An appointment for your first HIV doctor's visit | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't remember |
| • Someone offered to help you get into HIV care | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't remember |
| • Someone answered all of my questions about how to live with HIV | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't remember |
| • Someone told me how to get help paying for HIV medical care | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't remember |

Section 3: Your HIV Care History

7. If there was a delay in seeing a doctor for HIV for more than 1 month after you received your HIV diagnosis, what were the reasons for the delay? (Check all that apply)

- ☐ N/a, there was no delay in seeing a doctor for HIV
- ☐ I felt fine, I wasn't sick
- ☐ I didn't want to believe I contracted HIV
- ☐ I didn't want to take medications
- ☐ I didn't know where to get HIV medical care
- ☐ I didn't know services exist to help pay for HIV care
- ☐ I was diagnosed before HIV treatment existed
- ☐ I couldn't afford HIV medical care
- ☐ My first HIV medical appointment was rescheduled
- ☐ I was drinking or doing drugs at the time
- ☐ I had problems with mental health at the time
- ☐ There were other priorities in my life at the time
- ☐ I couldn't get there, no transportation
- ☐ I was afraid of people finding out I contracted HIV
- ☐ Don't remember
- ☐ Other: _____

8. If you ever stopped seeing an HIV doctor for 12 months or more, why did you stop? (Check all that apply)

- ☐ N/a, I never stopped seeing a doctor for 12 months
- ☐ I felt fine, I wasn't sick
- ☐ I was tired of it, wanted a break
- ☐ I didn't want to take HIV medications
- ☐ I had side effects from my HIV medications
- ☐ My viral load was undetectable
- ☐ I moved or relocated
- ☐ I couldn't afford it anymore
- ☐ I lost my health insurance or Ryan White
- ☐ I was drinking or doing drugs at the time
- ☐ I had problems with mental health at the time
- ☐ There were other priorities in my life at the time
- ☐ I couldn't get there, no transportation
- ☐ My doctor or case manager left
- ☐ I had a bad experience at the clinic
- ☐ Don't remember
- ☐ Other: _____

9. Thinking about the past year, when have you done any of the following?

(Check as many boxes as apply for each bullet item. For example, if you saw a doctor for HIV within the past 3 months as well as 9 months ago, check both “In the past 3 months” and “In the past 9 months”.)

	In the past <u>3</u> months	In the past <u>6</u> months	In the past <u>9</u> months	In the past <u>12</u> months	It has been <u>longer</u> than <u>12</u> months	I have never done this	I don't remember
• Seen a doctor, nurse, or PA for HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Been prescribed HIV medication (ART)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Had a test for your HIV viral load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Had a test for your CD4 (t-cell) count	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. If you are not currently taking HIV medications, why are you not taking them?

(Check all that apply)

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> N/a, I do take HIV medication <input type="checkbox"/> I missed a refill <input type="checkbox"/> I am undetectable or an elite controller/long-term nonprogressor
(<i>please note that current treatment standards recommend continuing with HIV medication if you are undetectable to help stay undetectable</i>) <input type="checkbox"/> I forget to take them <input type="checkbox"/> I did not receive my mail-order medications or I think someone else took them from my mail <input type="checkbox"/> No doctor has offered them to me <input type="checkbox"/> My doctor doesn't think it's a good idea for me | <ul style="list-style-type: none"> <input type="checkbox"/> I had bad side effects <input type="checkbox"/> They are too hard to take as prescribed <input type="checkbox"/> I don't have the correct food to take with them <input type="checkbox"/> I can't pay for them <input type="checkbox"/> I don't have prescription insurance coverage <input type="checkbox"/> I don't have a safe place to keep them <input type="checkbox"/> I don't want anyone to know I'm taking HIV meds <input type="checkbox"/> I was tired of it, wanted a break <input type="checkbox"/> I choose not to take them <input type="checkbox"/> I feel fine, I'm not sick Other: _____ |
|---|--|

Section 4: Other Health Concerns

11. Has a doctor told you that you currently have any of the following *non-HIV* medical condition? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Alzheimer's or dementia | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> HPV (human papillomavirus) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Lung disease/COPD |
| <input type="checkbox"/> Auto-immune disease (i.e., MS, lupus) | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Blood clotting disorder | <input type="checkbox"/> Neuropathy/pain or numbness in hands or feet |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Osteoporosis, or bone disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sleep disorder |
| <input type="checkbox"/> Epilepsy or seizures | <input type="checkbox"/> TB. If so: <input type="checkbox"/> Active TB <input type="checkbox"/> Latent TB |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> I have not been told I have any of these |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Prefer not to answer |
| If so: <input type="checkbox"/> Treated <input type="checkbox"/> Not treated | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Herpes | |
| <input type="checkbox"/> High blood pressure | |

12. Have you been tested for any the following conditions? (Check all that apply for each item below. For example, if you were tested for syphilis within the past 3 months and also 9 months ago, check both "In the past 3 months" and "In the past 9 months".)

	In the past 3 months	In the past 6 months	In the past 9 months	In the past 12 months	It has been <u>longer</u> than 12 months	I have never this test	I don't remember
• Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• **Were you diagnosed with any of the conditions?** (Check all that apply. If you have never had testing for any of the conditions or you do not remember, skip below and go to Question 13)

- ☐ No, I was not diagnosed with any of the conditions
- ☐ Chlamydia
- ☐ Gonorrhea
- ☐ Syphilis

• **If you were diagnosed with any of the conditions, did you complete treatment?** (Check one)

- ☐ N/a, I was not diagnosed with any of the conditions
- ☐ No, I never got treatment
- ☐ I started treatment, but did not complete it
- ☐ Yes, I completed treatment

13. In the past 12 months, have you felt any of the following to such a degree that you thought you wanted help? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Mood swings |
| <input type="checkbox"/> Anxiety or worry | <input type="checkbox"/> Trouble remembering |
| <input type="checkbox"/> Fear of leaving your home | <input type="checkbox"/> Trouble focusing |
| <input type="checkbox"/> Feeling impulsive or out of control | <input type="checkbox"/> Sadness |
| <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Thoughts of hurting yourself or others |
| <input type="checkbox"/> Loneliness or isolation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Night terrors | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Prefer not to answer |

****If you are having any of these thoughts right now, contact your counselor immediately or refer to the resource list attached to this survey.**

14. Has a doctor told you that you currently have any of the following conditions?

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Gender dysphoria/gender identity disorder |
| <input type="checkbox"/> Agoraphobia | <input type="checkbox"/> Obsessive compulsive disorder |
| <input type="checkbox"/> AIDS Survivor Syndrome | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Anxiety or panic attacks | <input type="checkbox"/> Schizophrenia or episodes of psychosis |
| <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Depression | <input type="checkbox"/> I don't have a mental health diagnosis |

Begin
here at
4/2 mtg

15. In the past 12 months, have you experienced any of the following?

(Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Been treated differently because of being HIV+ | <input type="checkbox"/> Threats of violence by a stranger |
| <input type="checkbox"/> Been denied services because of being HIV+ | <input type="checkbox"/> Physical assault by someone you know |
| <input type="checkbox"/> Been asked to leave a public place | <input type="checkbox"/> Physical assault by a stranger |
| <input type="checkbox"/> Verbal harassment/taunts | <input type="checkbox"/> Sexual assault by someone you know |
| <input type="checkbox"/> Threats of violence by someone you know | <input type="checkbox"/> Sexual assault by a stranger |
| | <input type="checkbox"/> None of the above |
| | <input type="checkbox"/> Prefer not to answer |

16. Are you currently in an intimate relationship with someone who makes you feel afraid, threatened, isolated, forces you to have sex, or physically hurts you?

(Check one)

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |
|------------------------------|-----------------------------|---|

Section 5: Substance Use

17. Has your alcohol or drug use ever interfered with you getting HIV medical care?

(Check one)

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No, I do not use alcohol or drugs (skip bullets below and go to Question 18) |
| <input type="checkbox"/> No, my alcohol or drug use has not interfered with getting HIV medical care | <input type="checkbox"/> Prefer not to answer |

• **If you answered yes, which substance(s)? (Check all that apply)**

- | | |
|---|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Cocaine or crack |
| <input type="checkbox"/> Club/party drugs | <input type="checkbox"/> Hallucinogens |

- ☐ Heroin
☐ Inhalants (poppers, glue)
☐ Marijuana
☐ Methamphetamine (meth)
☐ Prescription drugs not prescribed to you (e.g., painkillers, tranquilizers)
☐ Prescription drugs prescribed to you, but that you use differently than intended
☐ Legal drugs from a shop (e.g., bath salts, fake marijuana)
☐ Other: _____
☐ None of the above
☐ Prefer not to answer

Section 6: Housing, Transportation, and Social Support

18. Do you feel your housing situation is stable? (Check one) ☐ Yes ☐ No
19. Has your housing situation interfered with you getting HIV medical care? (Check one) ☐ Yes ☐ No
20. Has your transportation situation interfered with you getting HIV medical care? (Check one) ☐ Yes ☐ No
21. Social support is when people or groups in your life provide emotional support, assistance, advice, and/or companionship. Do you feel that you have enough social support? (Check one) ☐ Yes ☐ No
22. Please mark which types of social support a.) you currently have, b.) you do not have, but feel you need; or c.) you do not have and do not need. (Check one answer for each item below)

	a. Currently Have	b. Don't Have But Need	c. Don't Need
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner/significant other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sobriety group (like AA or NA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A mentor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a mentor to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An HIV-related group or program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy/activism group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board, committee, or task force	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Do you have any other types of social support not listed above? _____

Section 7: Financial Resources

24. What is your current monthly household income? \$ _____
- ☐ Prefer not to answer

- How many people, including you, depend on this income? _____
- Of these, how many are children under 18 years old? _____

25. How do you pay for *general* medical care for yourself or your family?

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Private health insurance. If so, which company do you have? _____
(e.g., Aetna, Anthem, Blue Cross/ Blue Shield, CIGNA, Humana) | <input type="checkbox"/> VA |
| <input type="checkbox"/> COBRA | <input type="checkbox"/> Indian Health Service |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Self-pay |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> I don't get medical care because I can't pay for it |
| <input type="checkbox"/> Gold Card | <input type="checkbox"/> I only get medical care for HIV through Ryan White |
| | <input type="checkbox"/> Other: _____ |

26. Do you have trouble paying for the following types medications on your own?

(Check one answer for each item below)

	Yes	No	I do not take this
HIV medication(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-HIV related medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications for mental health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- **If you have trouble paying for your medications, are you getting help paying for them?** (Check one)

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> No | <input type="checkbox"/> N/a, I do not take medication |

Section 8: Please Tell Us About Yourself...

27. What zip code do you live in? _____

28. What is your age (in years)?

- | | |
|--|--|
| <input type="checkbox"/> 13-17 years old | <input type="checkbox"/> 50-54 years old |
| <input type="checkbox"/> 18-24 years old | <input type="checkbox"/> 55-64 years old |
| <input type="checkbox"/> 25-34 years old | <input type="checkbox"/> 65-74 years old |
| <input type="checkbox"/> 35-49 years old | <input type="checkbox"/> 75+ years old |

29. What sex were you assigned at birth? (Check one)

- | | | |
|-------------------------------|---------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Intersex (someone born with both male and female reproductive or sex organs; or with reproductive or sex organs that were not clearly male or female) |
|-------------------------------|---------------------------------|--|

30. What is your *primary* gender identity or gender expression today? (Check one)

- | | | | |
|-------------------------------|---------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Part time male, part time female | <input type="checkbox"/> Other: _____ |
|-------------------------------|---------------------------------|---|---------------------------------------|

31. Are you currently pregnant? (Check one) ☐ Yes ☐ No ☐ Don't know

- **If you are currently pregnant, are you in prenatal care?** (Check one) ☐ Yes ☐ No ☐ Don't know

32. How do you identify in terms of your sexual orientation? (Check one)

- | | |
|--|---|
| <input type="checkbox"/> Straight/Heterosexual | <input type="checkbox"/> Pansexual (someone who feels sexual attraction, desire, love toward all sexes/genders) |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Asexual (someone who does not feel sexual attraction) |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Undecided |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Other: _____ |

33. Are you of Hispanic or Latino origin? ☐ Yes ☐ No

34. What is your primary race? (Check one)

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Pacific Islander or Native Hawaiian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Other: _____ |

35. What is your immigration status? (Check one)

- | | |
|---|--|
| <input type="checkbox"/> Permanent resident/born here | <input type="checkbox"/> Visa (student, work, tourist, etc.) |
| <input type="checkbox"/> U.S. citizen for more than 5 years | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> U.S. citizen for less than 5 years | <input type="checkbox"/> Other: _____ |

36. In the past 12 months, have you been released from jail or prison? (Check one) ☐ Yes ☐ No

Section 9: Prevention Activities

37. In the past 12 months, have you received any information about preventing HIV transmission? (Check one) ☐ Yes ☐ No

- If so, where did you get this information? _____

38. Pre-Exposure Prophylaxis (also called PrEP) is a way for people who don't have HIV to prevent getting HIV by taking a pill every day. Have you heard about PrEP before? (Check one) ☐ Yes ☐ No ☐ Don't remember

39. Do you know where a person who does not have HIV can go to get on PrEP? (Check one) ☐ Yes ☐ No

***See the resource list attached to this survey for more information about PrEP.*

40. If you've had sex in the past 6 months, what is the HIV status of your sex partner(s)? This could be anal, vaginal, or oral sex, either receptive (bottom) or insertive (top), with any person. (Check all that apply)

<input type="checkbox"/> HIV positive	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> HIV negative	<input type="checkbox"/> I have not had sex in the past 6 months (<i>skip Questions 42-44 below and go to Question 45</i>)
<input type="checkbox"/> I don't know	
<input type="checkbox"/> I don't remember	

41. **If you've had sex in the past 6 months, how often did you use a condom (or female condom) for each of the following?** (Check one answer for each item below)

	Every time	Most of the time	About half of the time	Rarely	Never	N/A, I didn't do this
• Getting oral sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Giving oral sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Vaginal sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Anal sex, receptive (bottom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Anal sex, insertive (top)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. **If you've had sex in the past 6 months, and you did not use a condom, why?**

(Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> I only ever have sex with one person | <input type="checkbox"/> I get caught up in the moment, and forget to use them |
| <input type="checkbox"/> My sex partner(s) is also HIV+ | <input type="checkbox"/> I don't think my partner likes condoms |
| <input type="checkbox"/> My sex partner(s) is on PrEP | <input type="checkbox"/> My partner(s) doesn't know my HIV+ status |
| <input type="checkbox"/> My viral load is undetectable | <input type="checkbox"/> I'm not comfortable talking to partners about condoms |
| <input type="checkbox"/> I don't think I can get HIV again | <input type="checkbox"/> I'm afraid of what my partner will do if I bring up condoms |
| <input type="checkbox"/> I can't get condoms | <input type="checkbox"/> I only have oral sex, so I don't feel like I need a condom |
| <input type="checkbox"/> I don't like condoms | <input type="checkbox"/> I want to have a baby |
| <input type="checkbox"/> I'm not comfortable using condoms | <input type="checkbox"/> Sex with a condom doesn't feel as good |
| <input type="checkbox"/> I'm allergic to condoms | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> I can't find condoms that fit | |
| <input type="checkbox"/> I'm too drunk/high to remember to use condoms | |

43. **How often do you talk about your HIV status with new sex partners?** (Check one)

- ☐ Always, with every partner
☐ Sometimes, with some partners
☐ Never, my partner already knows
☐ Never, I always use condoms, so I don't feel like I have to disclose my status
☐ Never, I don't feel comfortable disclosing my status
☐ Never, I don't want to disclose my status
☐ Never, I do not have sex

One Last Question...

44. Do you know how to file a grievance or a complaint? (Check one for each item below)

	Yes	No
<i>With an agency</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>With Ryan White**</i>	<input type="checkbox"/>	<input type="checkbox"/>

*****See the resource list attached to this survey for the Ryan White grievance/complaint lines.***

Thank you for taking our survey!

Your answers will help us learn what people need for HIV care in the Houston Area.

If you have questions about this survey after today, please contact:

Ryan White Planning Council

Office of Support

(713) 572-3724

Please bring your completed survey to a staff person now.

RESOURCE LIST – YOURS TO KEEP!*Please tear off this page and take it with you.***If you need immediate help, please contact the agencies below.**

All services are available in English and Spanish.

CRISIS HOTLINES (available 24 hours/7 days)	
Abuse/Neglect Hotline (Adult, Child, Disabled)	1-800-252-5400
Coalition for the Homeless	713 739-7514
Crisis Intervention of Houston Spanish	713 HOTLINE (468-5463) 713 4AYUDA
LGBT Switchboard Helpline	713 529-3211
Rape Crisis Hotline	713 528-7273
Suicide Prevention Hotline	1-800-273-TALK (8255) 1-800-799-4TTY (4889) TTY
Teen Crisis Hotline	713 524-TEEN
Texas Youth Hotline	1-800-989-6884
Trevor Lifeline (LGBTQ youth)	1-866-488-7386
United Way	211 (713-957-4357)
Vet2Vet Crisis Hotline	1-877-VET2VET (838-2838)
Veteran Crisis Line	1-800-273-8255 (Press 1)
DOMESTIC/INTIMATE PARTNER VIOLENCE	
Aid to Victims of Domestic Abuse	713 224-9911
Domestic Violence Hotline	713 528-2121
LGBT Switchboard Helpline	713 529-3211
DOMESTIC VIOLENCE EMERGENCY SHELTER	
Fort Bend County Women's Center	281 342-HELP (4357)
Houston Area Women's Center	713 528-2121
Montgomery County Women's Center	936 441-7273
The Montrose Center (LGBT)	713 529-3211
MENTAL HEALTH CRISIS	
Emergency Psychiatric Services	713 970-7070
Tri-County Emergency Psychiatric Services (Montgomery, Liberty, and Walker counties)	1-800-659-6994
PRE-EXPOSURE PROPHYLAXIS (PrEP)	
Bee Busy Wellness Center	713 771-2292
Dr. Gorden Crofoot	713 526-0005
Houston Area Community Services (HACS)	832 384-1406
Legacy Community Health	832 548-5221
St. Hope Foundation	713 778-1300
SUBSTANCE & ALCOHOL ABUSE	
Alcoholics Anonymous	713 686-6300
Al-Anon	713 683-7227
Cocaine Anonymous	713 668-6822
Narcotics Anonymous	713 661-4200
Palmer Drug Abuse Program	281 589-4602
QUESTIONS ABOUT THE SURVEY	
	713 572-3724

GRIEVANCE/COMPLAINT PROCEDURES

If you have questions on how to file a complaint with one of the agencies listed below regarding a Ryan White funded service, please contact:

FUNDED AGENCIES

RYAN WHITE PART A:

- Accesshealth (Fort Bend)
- Houston Area Community Services
- Houston Health Department
- Legacy Community Health
- Montrose Center
- Saint Hope Foundation
- Thomas Street Health Center
- UT Health Science Center (pediatrics)
- VA Medical Center

RYAN WHITE PART B & STATE SERVICES

- Bering Omega Community Services
- Harris County Jail
- Legacy Community Health
- Montrose Center
- Saint Hope Foundation

RYAN WHITE PART A:

English: 713-439-6089

Spanish: 713-439-6095

Or write to:

Harris County Public Health Services
Ryan White Grant Administration
2223 West Loop South, Suite 417
Houston, TX 77027

RYAN WHITE PART B & STATE SERVICES:

Reachelian Ellison, Consumer Relations
Coordinator

713-526-1016, Ext. 104

rellison@hivtrg.org

Or write to:

Houston Regional HIV/AIDS Resource
Group
500 Lovett Boulevard, Suite 100
Houston, TX 77006

If your complaint remains unresolved after you have followed all procedures with the agency, you will be informed on how to file a formal grievance.