

SC Ryan White Needs Assessment Draft 7.17.2020

Every few years, South Carolina is responsible for surveying the service needs of People Living with HIV. The survey should take you approximately _____ minutes based on your experience with Ryan White services and your individual needs. Your responses will never be reported individually and will always be treated confidentially. You will not be asked for your name or any other personally-identifying information within the survey. We do ask for some demographic information to make sure we are interviewing a reasonable cross-section of South Carolinians living with HIV. However, we do not ask for any information by which your responses might be identified. Thank you for your interest in completing the Needs Assessment of South Carolina for Persons Living with HIV.

Please return your completed paper survey to the person you received it from or _____.

If you have questions about this survey, please contact _____ at _____.

1. In what year were you born? _____

2. What is your gender?

- A. Female
- B. Male
- C. Transgender Female (Male to Female)
- D. Transgender Male (Female to Male)

3. Do you consider yourself as.....? (Choose all that apply)

- A. Heterosexual or straight
- B. Gay, Lesbian or homosexual
- C. Bisexual

4. Are you Hispanic/Latino(a)?

- A. Yes
- B. No

5. What do you consider as your race? (Choose all that apply)

- A. American Indian/Native American/Native Alaskan
- B. Asian
- C. Black
- D. Native Hawaiian or Other Pacific Islander
- E. White
- F. Other

6. In what country were you born? (ex. United States) _____

7. Do you feel comfortable speaking English when seeking assistance or services?

- A. Yes
- B. No, but there are interpreter/translation services for my language
- C. No, and there are NOT interpreter/translation services for my language.

8. In what county do you currently live or receive mail? (ex. Richland) _____

9. What is your monthly household income for you and any dependents living in your household (people who rely on your income you report to the IRS)?

- A. \$0 (no income)
- B. \$1 to \$500
- C. \$501 to \$1,000
- D. \$1,001 to \$1,500
- E. \$1,501 to \$2,000
- F. \$2,001 to \$2,500
- G. \$2,501 to \$3,000
- H. \$3,001 to \$3,500
- I. \$3,501 to \$4,000
- J. \$4,001 to \$4,500
- K. \$4,501 to \$5,000
- L. \$5,001 +

10. List the number of people including yourself that depend on your monthly household income.

- A. You = 1
- B. You plus partner = 2
- C. You plus partner and child = 3
- D. You plus child=2
- E. How many additional people? _____

11. How would you describe your current housing situation during the past year?

- A. Stable (safe and affordable housing)
- B. Unstable (unsafe and/or unaffordable housing)
- C. Homeless (lack of permanent housing)

12. In the past year, have you: (circle all that apply)

- A. I have been homeless living in a car, park, sidewalk, abandoned building, etc.
- B. I stayed in an emergency shelter.
- C. I lived in transitional housing for the homeless.
- D. I paid more than 30% of your income toward rent.
- E. I stayed in the same house for the whole year.
- F. None of the above

13. What is the most likely way you believe you became HIV positive? (Choose all that apply)

- A. Sex with men
- B. Sex with women
- C. Shared needles
- D. Through blood products or transfusion
- E. Mother to Child acquired at birth

14. What was it that prompted you to get tested when you first tested positive for HIV or AIDS? (Check all that apply)

- A. I was sick.
- B. A sexual or injecting drug partner suggested I test.
- C. I was contacted by the health department.
- D. An outreach worker suggested I test.

- E. I was testing once or more times per year.
- F. A doctor/nurse suggested I test.
- F. Testing Events
- G. I do not recall.

15. In what year were you confirmed or diagnosed as HIV positive? _____

16. After your first diagnosis, how soon did you receive HIV-related medical care?

- A. Less than a month
- B. One to three months
- C. Four to six months
- D. Seven months to a year
- E. I have not received care since my diagnosis.

17. What reasons best explain why you waited more than one year or never received HIV-related medical care. (Circle all that apply)

- A. No one told me I needed care.
- B. I did not feel sick.
- C. I did not know where to get care.
- D. I did not want care.
- E. I chose alternative therapies (herbs, vitamins, acupuncture, massage therapy or other nontraditional medicine).
- F. I could not afford insurance deductible or copayments.
- G. I did not have insurance.
- H. I was actively using drugs or alcohol or relapsed after my diagnosis.
- I. I was feeling depressed.
- J. I had no transportation.
- K. I was worried someone might find out about my HIV diagnosis.
- L. I could not find a clinic that spoke my language.
- M. I could not find a clinic where I felt comfortable.
- N. I was unaware of HIV related services given the Ryan White provider.
- O. Other: _____

18. Have you seen a medical provider in the past year for your HIV-related medical care?

- A. Yes
- B. No

19. In the past year, have you missed your medical appointment more than 2 times?

- A. Yes
- B. No (If No, skip to Question 21)

20. If you have not seen a clinician in the **past year** for HIV-related medical care and/or missed appointments, what are your reasons? (Circle all that apply)

- A. No one told me I needed care.
- B. I did not feel sick.
- C. I did not know where to get care.
- D. I did not want care.
- E. I chose alternative therapies (herbs, vitamins, acupuncture, massage therapy or other nontraditional medicine).

- F. I could not afford insurance deductible or copayments.
- G. Did not have insurance.
- H. I was actively using drugs or alcohol or relapsed after my diagnosis.
- I. I was feeling depressed.
- J. I had no transportation.
- K. I was worried someone might find out about my HIV diagnosis.
- L. I could not find a clinic that spoke my language.
- M. I could not find clinic where I felt comfortable.
- N. Other _____

21. Are you taking HIV / AIDS medications at the current time?

- A. Yes
- B. No

If yes, please describe how your HIV/AIDS medications are purchased? *(Circle all that apply)*

- A. Pharmaceutical drug assistance program
 - B. State drug assistance program (ADAP)
 - C. Medicaid
 - D. Medicare
 - E. Health insurance (other than Medicaid or Medicare)
 - F. Not sure, but my case manager or nurse arranges for me to get my medications.
- Other: _____

22. Has a medical provider given you a viral load test in the last year?

- A. Yes
- B. No

23. Has your medical provider ever told you that your viral load was undetectable?

- A. Yes - skip to question 25.
- B. No
- C. I Don't Know

24. Have you missed one or more doses of your HIV medications in the past month?

- A. Yes and why? _____
- B. No
- C. I don't take medication.

25. Please circle all that apply about the pharmacy you use most often:

- A. My pharmacy is a mail-order pharmacy.
- B. My pharmacy assists me with copayment questions or issues.
- C. My pharmacy answers my drug-related questions.
- D. My HIV clinic has a pharmacist available to answer questions about my HIV and other medications.
- E. The pharmacy closest to me doesn't regularly stock my medication.
- F. I feel stigmatized going to the pharmacy that is closest to me.
- G. None of the above.

26. What has been most helpful in finding and connecting to HIV-related medical care? *(Circle all that apply)*

- A. A knowledgeable medical professional or clinician about HIV.
- B. People at the clinic seem to care about me.
- C. Transportation is provided for me to get to medical care (voucher, bus card, reimbursement).
- D. The clinic offers appointments at times that are convenient for me.
- E. I get my questions answered at the clinic.
- F. People explain things in ways I can understand.
- G. People respect my confidentiality.
- H. I have a good relationship with my doctor, physician assistant or nurse practitioner.
- I. I have a good relationship with the nurse.
- J. I have a good relationship with the social worker, medical case manager, or support staff.
- K. Other: _____

27. In the past year, have you ever been denied medical care for HIV because you could not pay for treatment?

- A. Yes, I do not have insurance.
- B. Yes, I could not afford the copay.
- C. No, I was not denied. Insurance paid for treatment.
- D. No, I was not denied. I was able to pay for treatment.
- E. No, I was not denied. Ryan White and/or my clinic paid for treatment.

28. In the past year, have you ever been denied primary health care (e.g., health care you needed outside of your HIV care) because you could not pay for the treatment?

- A. Yes, I do not have insurance.
- B. Yes, I could not afford the copay.
- C. No. I was not denied. Insurance paid for primary health care treatment.
- D. No. I was not denied. I was able to pay for primary health care treatment.
- E. No. I was not denied. Ryan White and/or another clinic paid for treatment.

If yes, list any primary health care concerns or services you were denied by your regular Ryan White HIV provider (examples might be diabetes, cancer, high blood pressure, eye exams or other health needs)

Formatted: Indent: First line: 0"

29. What would be the best way for you to get information about HIV services?

- A. Health care professional
- B. Printed materials
- C. Newsletters
- D. Email
- E. Website
- F. Social Media
- G. Word of Mouth
- H. Crisis Line
- I. Case Manager
- J. Peer Advocate
- K. Other: _____

Formatted: Indent: Left: 0.5"

30. Since you've tested positive for HIV, have you ever sought any of the following emotional support services? (Circle all that apply)

- A. Individual therapy/support with a faith-based counselor or minister
- B. Group therapy/support group with a faith-based counselor or minister
- C. Support group that is racially/ethnically specific
- D. Support group that is sexual orientation specific
- E. Support group that is HIV specific
- F. Peer led Support Group
- G. Other: _____

The next questions will focus on **Core Medical Services** you received or may have needed but were unable to access in the past year. Please select an appropriate option for each service area.

31.1. **Medical visit** for HIV-related medical care.

- A. Yes, I received this service.
 - B. No, I did not need this service.
 - C. I did not access this service even though I needed the service. **Please briefly state why you were unable to access outpatient substance treatment or counseling.**
- _____
- _____

31.2. **Case manager** to coordinate HIV-related medical care and access to other services.

- A. Yes, I received this service.
 - B. No, I did not need this service.
 - C. I was unable to access this service though I needed the service. **Please state briefly why you were unable to access a case manager to coordinate HIV-related medical care and access to other services.**
- _____
- _____

31.3. **Oral health** care from a dentist, hygienist, or assistant.

- A. Yes, I received this service.
 - B. No, I did not need this service.
 - C. I was unable to access this service though I needed the service. **Please state briefly why you were unable to access oral health care from a dentist, hygienist, or assistant?**
- _____
- _____

31.4. **Mental health** services (psychological or psychiatric treatment and counseling services) provided by a licensed professional in an individual or group setting.

- A. Yes, I received this service.
- B. No, I did not need this service.
- C. I was unable to access this service though I needed the service. **Please state briefly why you were unable to access mental health services.**

31.5. Outpatient **substance abuse** treatment or counseling.

A. Yes, I received this service.

B. No, I did not need this service.

C. I was unable to access this service though I needed the service. **Please state briefly why you were unable to access outpatient substance abuse treatment or counseling.**

The next questions will focus on **Support Services** you received or may have needed but were unable to access in the past year. Please select an appropriate option for each service area.

32.1. Short-term assistance to support emergency, temporary or transitional **housing** (more than one-month assistance)

A. Yes, I received this service.

B. No, I did not need this service.

C. I was unable to access this service though I needed the service. **Please state briefly why you were unable to access short-term assistance to support emergency, temporary or transitional housing (more than one month assistance).**

32.2. **Transportation** assistance to access health care services and/or other support services.

A. Yes, I received this service.

B. No, I did not need this service.

C. I was unable to access this service though I needed the service. **Please state briefly why you were unable to access transportation assistance to access health care services.**

32.3. **Emergency financial assistance** to pay for **housing** costs (rent, etc.).

A. Yes, I received this service.

B. No, I did not need this service.

C. Not applicable

D. I was unable to access this service though I needed the service. **Please state briefly why you were unable to access emergency financial assistance to pay for housing costs (rent, etc.).**

32.4. **Emergency financial assistance** to help pay for **essential utilities** (gas, electric, water, etc.).

A. Yes, I received this service.

B. No, I did not need this service.

C. I was unable to access this service though I needed the service. **Please state briefly why you were unable to**

access emergency financial assistance to help pay for essential utilities (gas, electric, phone, etc.).

32.5. Emergency Financial Assistance to receive for **food/groceries**.

- A. Yes, I received this service.
 - B. No, I did not need this service.
 - C. I was unable to access this service though I needed the service. **Please state briefly why you were unable to access emergency financial assistance to pay for food/groceries.**
-
-

33. Check up to 3 medical services that are most important to you.

- A. Medical Care
- B. Dental Care
- C. Mental Health Care and Counseling
- D. Help paying for prescription medications
- E. Outpatient substance abuse treatment
- F. Nutrition Services
- G. Medical Case Management

34. Check up to 3 supportive services that are important to you.

- A. Child care
- B. Food Assistance
- C. Transportation to medical appointments
- D. Transitional, short-term, or emergency housing
- E. Legal Services
- F. Housing
- G. Counseling
Health Education/Risk Reduction
- H. Non-medical case management (access to a professional who connects you to services for social, community, legal, financial employment, vocational needs).
- I. Translation services
- J. Residential Substance Abuse

Thank you for completing this survey. Please return to _____.