

Core Questions - HIV Care Needs Survey

Hello! You are being invited to take part in this survey because the Florida Department of Health values the lived experiences and choices of all people with HIV (PWH) **over the age of 18 years**, regardless of sex, gender, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstance.

The HIV Care Needs Survey was developed with input and feedback from PWH and stakeholders across the state. Today, we are asking for your input on the overall care received. Giving us just **ten minutes** of your time can really help. Results from this survey guide patient care lead agencies and planning councils in meeting community unmet needs and determining where to distribute monies for services.

We understand that some questions are personal. Your responses will be kept confidential and will not be attributed to you. We kindly ask you to answer as honestly as possible because the Florida Department of Health, Ryan White Part B as well as statewide and local planning groups are dedicated to meeting the needs of people with HIV throughout the state and your local area.

Please completely fill in the circles to mark your responses when answering this survey.

Are you completing this survey for yourself or for another person?

- I am completing this survey for myself
- I am assisting someone in completing this survey (answers should reflect that person's information and opinions)

GENERAL INFORMATION

<p>1. What is your gender?</p> <ul style="list-style-type: none"><input type="radio"/> Woman/Girl/Female<input type="radio"/> Man/Boy/Male<input type="radio"/> Transgender Woman or Transfeminine<input type="radio"/> Transgender Man or Transmasculine<input type="radio"/> Gender Non-Binary<input type="radio"/> Gender Non-Conforming or Gender Fluid<input type="radio"/> Prefer not to answer<input type="radio"/> Not listed, please specify <p>_____</p>	<p>2. What is your race? (Select all that apply)</p> <ul style="list-style-type: none"><input type="radio"/> White/Caucasian<input type="radio"/> Black or African American<input type="radio"/> Asian<input type="radio"/> American Indian or Alaskan Native<input type="radio"/> Native Hawaiian or Pacific Islander<input type="radio"/> Prefer not to answer<input type="radio"/> Not listed, please specify <p>_____</p>
<p>3. What is your ethnicity? (Select all that apply)</p> <ul style="list-style-type: none"><input type="radio"/> Hispanic/Latina/Latino/Latinx<input type="radio"/> Haitian<input type="radio"/> None of the above<input type="radio"/> I don't know<input type="radio"/> Prefer not to answer	<p>4. How old are you?</p> <ul style="list-style-type: none"><input type="radio"/> 18-24 years<input type="radio"/> 25-29 years<input type="radio"/> 30-34 years<input type="radio"/> 35-39 years<input type="radio"/> 40-44 years<input type="radio"/> 45-49 years<input type="radio"/> 50-54 years<input type="radio"/> 55-59 years<input type="radio"/> 60+ years<input type="radio"/> Prefer not to answer

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<p>5. Through which mode of exposure did you get HIV?</p> <ul style="list-style-type: none"><input type="radio"/> Heterosexual sexual contact<input type="radio"/> Injection Drug Use (IDU)<input type="radio"/> Male-to-Male Sexual Contact (MMSC)<input type="radio"/> From my mother/from birth<input type="radio"/> Unknown<input type="radio"/> Other, please specify <p>_____</p>	<p>6. What kind of health insurance or health care coverage do you currently have? (Select all that apply)</p> <ul style="list-style-type: none"><input type="radio"/> A private health plan through an employer (or through a family member's job)<input type="radio"/> A private health plan purchased through an exchange (i.e., Affordable Care Act - Obamacare)<input type="radio"/> Medicaid<input type="radio"/> Medicare<input type="radio"/> Tricare (Veterans)<input type="radio"/> Other medical assistance program (e.g., Ryan White)<input type="radio"/> I don't currently have any health insurance<input type="radio"/> I prefer not to answer<input type="radio"/> I don't know<input type="radio"/> Not listed, please specify <p>_____</p>
<p>7. What is your current source of income? (Select all that apply)</p> <ul style="list-style-type: none"><input type="radio"/> Working full-time job<input type="radio"/> Working part-time job<input type="radio"/> Self-employed<input type="radio"/> Working off and on<input type="radio"/> Not working, please provide reason <p>_____</p>	<p>8. What was your household total or individual income in 2020? (Approximately, before taxes)</p> <ul style="list-style-type: none"><input type="radio"/> Less than \$15,000<input type="radio"/> \$15,000-\$30,000<input type="radio"/> \$30,001-\$50,000<input type="radio"/> \$50,001-\$100,000<input type="radio"/> More than \$100,000
<p>8a. How many dependents does your income support?</p> <p>_____</p>	<p>9. What zip code do you live in?</p> <p>_____</p>

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HIV MEDICAL CARE

<p>10. How often did you receive HIV-related medical care during the past 12 months?</p> <p> <input type="radio"/> None/Zero <input type="radio"/> One time <input type="radio"/> Two times – SKIP to Question #11 <input type="radio"/> Three times – SKIP to Question #11 <input type="radio"/> Four or more times– SKIP to Question #11 </p>	<p>10a. If you have not been in care during the past 12 months or received HIV-related medical care less than 2 times a year, why? <u>Select all that apply</u></p> <p> <input type="radio"/> Provider decision <input type="radio"/> I did not know where to go <input type="radio"/> I could not get an appointment <input type="radio"/> I could not get transportation there <input type="radio"/> I could not get childcare <input type="radio"/> I was too busy taking care of a family member/partner <input type="radio"/> I could not pay for it <input type="radio"/> I did not want people to know I have HIV <input type="radio"/> I was not ready to deal with having HIV <input type="radio"/> I did not feel sick <input type="radio"/> There are not enough doctors in my area <input type="radio"/> I could not get time off work <input type="radio"/> I was depressed <input type="radio"/> I missed my appointment(s) <input type="radio"/> I had a bad experience with the staff <input type="radio"/> Services were not in my language <input type="radio"/> I was put on a waiting list <input type="radio"/> I did not qualify for services <input type="radio"/> Service was offered, but declined <input type="radio"/> My viral load was suppressed, <input type="radio"/> No provider recommended <input type="radio"/> Not listed, please specify _____ </p>
<p>11. In the past 12 months, did you receive- HIV-related medical care in one or more of the following? <u>Select all that apply</u></p> <p> <input type="radio"/> County where I live – SKIP to Question #12 <input type="radio"/> A different county <input type="radio"/> Another state <input type="radio"/> Another country </p>	<p>11a. Why did you get your HIV-related medical care in a different county or state than where you live? <u>Select all that apply</u></p> <p> <input type="radio"/> No provider available in the county or state where I live <input type="radio"/> Confidentiality <input type="radio"/> More comfortable with provider in another county or state <input type="radio"/> Other, please specify _____ </p>
<p>12. How often do you take your HIV medications? <u>Please select only one answer</u></p> <p> <input type="radio"/> I was never prescribed medication for my HIV – SKIP to Question #13 <input type="radio"/> Always – SKIP to Question #13 <input type="radio"/> Most of the time <input type="radio"/> Never </p>	<p>12a. If you missed taking your HIV medications, why? <u>Select all that apply</u></p> <p> <input type="radio"/> I do not have any <input type="radio"/> They are too expensive <input type="radio"/> I do not like the way they make me feel <input type="radio"/> I forgot <input type="radio"/> Pick-up location not convenient <input type="radio"/> I did not have an app or other resource to help me take medications correctly <input type="radio"/> Not listed, please specify _____ </p>

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PATIENT CARE SERVICES

13. Please fill in the circles next to the services that you have used or needed in the past 12 months . Please ensure that only one option per line is selected .	Did Not Need Service	Received Needed Service	Needed Service but Could Not Get
Regular visits to doctor's office or clinic for HIV medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case management help to receive services and follow-up on care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication for HIV and related issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral health (dental care, dentures, oral surgery, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help to pay private insurance costs or co-pays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional mental health counseling (therapy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional counseling for substance use/misuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional counseling for healthy eating habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eligibility to access other needed Ryan White services (non-medical case management)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home health care services by a licensed/certified home health agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing and counseling services for the terminally ill and their family (Hospice Care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food bags, grocery certificates, home-delivered meals, or nutritional supplements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to the doctor's office and other HIV-related appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outreach to find people with HIV not in care and help them to visit their doctor and get services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health education/risk reduction services (i.e., education on overall wellness and HIV prevention)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral for needed health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited one-time, short-term assistance with medications not covered by ADAP, utilities, housing food, and/or transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical therapy, occupational therapy, speech therapy, low vision training, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please fill in the circles next to the services that you have used or needed in the past 12 months . Please ensure that only one option per line is selected.	Did Not Need Service	Received Needed Service	Needed Service but Could Not Get
Interpretation and translation services for non-English speaking clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal services to help with HIV-related legal issues (will, living will, SSDI, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance misuse treatment in a residential setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group or individual support and counseling by PWH, including bereavement and pastoral counseling (psychosocial support)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transitional, short-term, or emergency housing assistance to prevent homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13a. Were there other services that were not captured above that you would like to report?

- Yes
- No – **SKIP to Question #14**

13b. If yes, please specify the services and whether they were needed and received.

14. Please select the top five (5) services you think are most important to provide for people with HIV? **Please select five.**

- | | | |
|---|--|--|
| <input type="radio"/> Case Management
<input type="radio"/> Child Care
<input type="radio"/> Dental/Oral Health
<input type="radio"/> Early Intervention Services
<input type="radio"/> Emergency Financial Assistance
<input type="radio"/> Food Bank/Food Voucher
<input type="radio"/> Health Education/Risk Reduction
<input type="radio"/> Health Insurance
<input type="radio"/> Home Health Care | <input type="radio"/> Hospice Services
<input type="radio"/> Housing
<input type="radio"/> Legal Services
<input type="radio"/> Linguistic Services
<input type="radio"/> Medications
<input type="radio"/> Mental Health Services
<input type="radio"/> Nutritional Counseling
<input type="radio"/> Outpatient Medical Care
<input type="radio"/> Outreach
<input type="radio"/> Peer Support
<input type="radio"/> Rehabilitation | <input type="radio"/> Referral for Health Care
<input type="radio"/> Substance Abuse Outpatient Treatment
<input type="radio"/> Substance Abuse Residential
<input type="radio"/> Transportation
<input type="radio"/> A service not listed above, please specify
_____ |
|---|--|--|

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JAIL/PRISON RELEASE SERVICES

<p>15. Were you incarcerated during the past twelve months?</p> <p> <input type="radio"/> Yes, I was in jail <input type="radio"/> Yes, I was in prison <input type="radio"/> Yes, I was in jail and prison <input type="radio"/> No – SKIP to Question #16 </p>	<p>15a. Did the jail/prison staff know you had HIV?</p> <p> <input type="radio"/> Yes <input type="radio"/> No </p>
<p>15b. Did you receive HIV-related medical care while incarcerated?</p> <p> <input type="radio"/> Yes – SKIP to Question #15c <input type="radio"/> No </p>	<p>15b1. If no, why? (Select all that apply)</p> <p> <input type="radio"/> Was not offered <input type="radio"/> Did not disclose my HIV status <input type="radio"/> Denied service <input type="radio"/> Not available <input type="radio"/> Other, please specify _____ </p>
<p>15c. When you were released from jail/prison, which of the following did you receive? (Select all that apply)</p> <p> <input type="radio"/> Information about finding housing <input type="radio"/> Referral to medical care <input type="radio"/> Referral to case management <input type="radio"/> A supply of HIV medication to take with you <input type="radio"/> I did not receive any information or assistance upon release <input type="radio"/> Other, please specify _____ _____ _____ _____ _____ _____ _____ _____ _____ </p>	<p>15d. What prevented you from getting the HIV services you needed after you were released? (Select all that apply)</p> <p> <input type="radio"/> This does not apply to me. I was able to get HIV services after my release <input type="radio"/> No insurance – financial reasons <input type="radio"/> I did not know where to go <input type="radio"/> I did not want anyone to know I am living with HIV <input type="radio"/> I could not get away from drugs <input type="radio"/> I was having trouble finding friends I could trust <input type="radio"/> I did not want to take off from work <input type="radio"/> I did not have transportation to get services <input type="radio"/> Services were not provided in my preferred language <input type="radio"/> I did not have ID or documentation to qualify <input type="radio"/> Other, please specify _____ _____ _____ _____ _____ _____ </p>

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15e. Think about where you live now: which of the following prevents you from taking care of your health? (**Select all that apply**)

- | | |
|--|---|
| <input type="radio"/> This does not apply to me. Nothing where I live now keeps me from taking care of my health | <input type="radio"/> I do not have money to pay for rent |
| <input type="radio"/> I do not have stable housing | <input type="radio"/> I do not have heat and/or air conditioning |
| <input type="radio"/> I do not have a bed to sleep in | <input type="radio"/> I am afraid of others knowing I am living with HIV |
| <input type="radio"/> I do not have a place to store my medications | <input type="radio"/> I cannot get away from drugs and/or alcohol in the neighborhood |
| <input type="radio"/> I do not have a telephone where someone can call me | <input type="radio"/> I have an abusive spouse or partner |
| <input type="radio"/> I do not have enough food to eat | <input type="radio"/> I have family commitments |
| | <input type="radio"/> Other, please specify |
- _____

PREVENTION SERVICES

16. Are you aware of HIV prevention medications (i.e., PrEP)?

- Yes
- No

17. If you were diagnosed with HIV after 2011, were you taking Truvada® or Descovy® for PrEP at the time of diagnoses?

- Yes
- No
- Does not apply

HIV STIGMA AND DISCRIMINATION

18. In many areas of my life, no one knows I have HIV.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

19. People's attitudes about HIV make me feel worse about myself.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

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20. Please tell us anything else that you would like us to know, related to your HIV status and/or HIV-related care.

That was the last question. Thank you very much for your time and cooperation!