### **Ryan White Program COVID-19 Needs Assessment**

We want to hear directly from you about the challenges you are experiencing because of the COVID-19 pandemic. We are aware of and empathize with the many challenges posed by this pandemic. Your responses will help guide planning body strategies and funds allocation so we can support the most critical needs in our communities. The survey may take about ten (10) minutes to complete. To ensure your confidentiality and the privacy of your protected health information, please do not put your name or any other information that can specifically identify you on this survey. Thank you for completing this COVID-19 Response - Consumer Needs Assessment. Your input is valuable.

#### 1) Have you ever been diagnosed with HIV?

- () Yes
- ( ) No
- () I do not know

2) What is the zip code of your residence? \_\_\_\_\_\_

3) What county do you reside in? \_\_\_\_\_

### 4) Are you receiving HIV services through the Ryan White HIV/AIDS Program

- ()Yes
- () I am unsure whether I receive HIV Services through Ryan White.
- ( ) No

### \*Skip #5 and # 6 if answer to #4 was NOT "Yes"

#### 5) At this time, the most important Ryan White Service for me is:

- () Health insurance premium and cost sharing assistance for low-income individuals
- () Medical case management
- ( ) Mental health services
- () Oral health
- ( ) Outpatient and ambulatory medical care
- () Substance abuse outpatient care
- () Non-medical case management
- () Food Bank/ Home-delivered meals
- () Legal services

#### 6) At this time, the second most important Ryan White Service for me is:

- () Health insurance premium and cost sharing assistance for low-income individuals
- () Medical case management
- () Mental health services

- () Oral health
- () Medical care
- () Substance abuse outpatient care
- () Non-medical case management
- ( ) Food Bank/ Home-delivered meals
- () Legal services

### 7) Have you been tested for COVID-19?

- () Yes
- ( ) No
- () I do not wish to answer

### \*Skip #8 if answer to #7 was "Yes"

### 8) What prevents you from getting tested for COVID-19?

- ( ) I don't know where to go
- () I tried to get tested, but I was told I didn't qualify.
- ( ) Only drive-up testing available and I don't have a car
- () I don't have the money
- ( ) I don't feel sick so I don't think I need to get tested
- () It's too much of a hassle.
- ( ) Other Write In (Required): \_\_\_\_\_\_

### \*Skip #9 if answer to #7 was "No" or "I do not wish to answer"

### 9) What was your COVID-19 test result?

- () Tested positive, but I have no symptoms
- () Tested positive, got sick for a while but shook it off
- ( ) Tested positive, got really sick and had to go to the hospital
- () Tested negative, have no symptoms
- () Tested negative, got sick for a while but shook it off
- ( ) Tested negative, got really sick and had to go to the hospital
- ( ) Test results still pending

10) Since the COVID-19 pandemic and the shut-down that started March 1, many aspects of HIV care, personal finances, housing stability and emotional health may have become much harder, stayed the same or become easier. Here are 10 major areas of life. Please tell me if they are hard or easy for you to manage these days, and if they became harder, easier or stayed the same since March and the COVID-19 pandemic.

|  | Hard | Easy | Does<br>not<br>apply |
|--|------|------|----------------------|
| a. Getting help from your Case Manager   | ( )  | ( )  | ( )                  |
| b. Getting medical care from your medical provider                             | ()   | ( )  | ( )                  |
| c. Getting your HIV prescriptions and picking up your meds                     | ( )  | ( )  | ( )                  |
| d. Getting mental health or substance abuse counseling                         | ()   | ( )  | ( )                  |
| e. Having enough food to eat   | ()   | ()   | ( )                  |
| f. Keeping up with your daily HIV medications                                  | ()   | ( )  | ( )                  |
| g. Having a safe place to live   | ()   | ( )  | ( )                  |
| h. Having enough money to live on  | ()   | ( )  | ( )                  |
| i. Managing feelings of isolation, depression, loneliness, anxiety             |      | ()   | ( )                  |
| j. Keeping healthy and free from diseases other than HIV/AIDS                  | ()   | ( )  | ( )                  |
| k. Managing sleep problems   | ()   | ( )  | ( )                  |
| I. Managing very upset feelings relating to reminders of past stressful events | ( )  | ( )  | ( )                  |

11) Since the COVID-19 pandemic and the shut-down that started March 1, many aspects of HIV care, personal finances, housing stability and emotional health may have become much harder, stayed the same or become easier. Here are 12 major areas of life. Please tell me if they are hard or easy for you to manage these days, and if they became harder, easier or stayed the same since March and the COVID-19 pandemic

|  | Harder<br>since<br>March 1 | No<br>change<br>since<br>March 1 | Easier<br>since<br>March 1 | Does<br>not<br>apply |
|--|----------------------------|----------------------------------|----------------------------|----------------------|
| a. Getting help from your Case Manager   | ( )                        | ( )                              | ()                         | ( )                  |
| b. Getting medical care from your medical provider                             | ( )                        | ( )                              | ( )                        | ( )                  |
| c. Getting your HIV prescriptions and picking up your meds                     | ( )                        | ( )                              | ( )                        | ( )                  |
| d. Getting mental health or substance abuse counseling                         | ( )                        | ( )                              | ( )                        | ( )                  |
| e. Having enough food to eat   | ( )                        | ()                               | ( )                        | ( )                  |
| f. Keeping up with your daily HIV medications                                  | ( )                        | ()                               | ()                         | ()                   |
| g. Having a safe place to live   | ( )                        | ()                               | ( )                        | ()                   |
| h. Having enough money to live on  | ( )                        | ()                               | ( )                        | ()                   |
| i. Managing feelings of isolation, depression, loneliness, anxiety             | ( )                        | ( )                              | ( )                        | ( )                  |
| j. Keeping healthy and free from diseases other than HIV/AIDS                  | ( )                        | ( )                              | ( )                        | ( )                  |
| k. Managing sleep problems   | ( )                        | ()                               | ()                         | ( )                  |
| I. Managing very upset feelings relating to reminders of past stressful events | ( )                        | ( )                              | ( )                        | ( )                  |

### 12) Do you have a case manager?

()Yes

( ) No

() I am unsure if I have a case manager

\*Skip #13 and #14 if answer to #12 was "No" or "I am unsure if I have a case manager"

13) Since March 1, have you been in touch with your case manager, either in person or another way?

() Yes

( ) No

14) About how many times have you been in contact since March 1?

\*Skip #15 if answer to #12 was "Yes" or "I am unsure if I have a case manager"

### 15) Why haven't you been in contact with your case manager since March 1?

- () No need, no appointment scheduled since March 1
- () Afraid to go in person
- ( ) My case manager is using telehealth and I am uncomfortable using it
- ( ) My case manager is using telehealth and I don't have the equipment or internet
- () Too depressed and anxious to reach out to my case manager
- ( ) Other Write In (Required): \_\_\_\_\_\_

### \*Skip #16 and #17 if answer to #12 was "No" or "I am unsure if I have a case manager"

### 16) How have you communicated with your case manager since March 1? Has it been... [Check all that apply]

- [ ] In person, at the agency
- [] By phone
- [] By video call, telehealth, Facetime or Zoom
- [] By email
- By text message
- [] Exclusive / None of the above
- [ ] Other Write In (Required): \_\_\_\_\_\_

17) Since March 1, many health care providers have changed the way they care for their patients, and many are using telehealth, Facetime, Zoom or other video call technology. How do you feel about using telehealth to communicate with your case manager?

() Working great for me. I don't want to ever go back to the old way.

- () Working well for me, but I look forward to going back to face-to-face visits.
- () It's OK for right now, but I really don't like it.
- () I have problems with using telehealth to communicate with my case manager..
- () I cannot access telehealth.
- () I have not used telehealth yet, but plan to in the future.

### \*Skip #18 if answer to #17 was NOT "I cannot access telehealth" or "I have problems with using telehealth to communicate with my case manager.."

### 18) Please indicate why you cannot access telehealth to communicate with your case manager:

() I don't have a cell phone that can do a video call

() I don't have access to the Internet

() I don't have a computer with a camera and microphone

() I don't have anybody to show me how to do it

() I don't have a private place where I can talk without being overheard

( ) Other - Write In (Required): \_\_\_\_\_

\*\*A medical provider can include a doctor, physician's assistant, nurse practitioner or other medical provider who can write prescriptions.

### 19) Since March 1, have you been in touch with your medical provider, either in person or another way?

() Yes

() No

\*Skip #20 if answer to #19 was "No" or "I am unsure if I have a case manager"

20) About how many times have you been in contact since March 1?

\*Skip #21 if answer to #19 was "Yes".

### 21) Why haven't you been in contact with your medical provider since March 1?

- () No need, no appointment scheduled since March 1
- () Afraid to go in person
- () My medical provider is using telehealth and I am uncomfortable using it
- () My medical provider is using telehealth and I don't have the equipment or internet
- () Too depressed and anxious to reach out to my medical provider

( ) Other - Write In (Required): \_\_\_\_\_\_

\*Skip #22 and #23 if answer to #19 was "No" or "I am unsure if I have a case manager"

### 22) How have you communicated with your medical provider since March 1? Has it been... [Check all that apply]

[ ] In person, at the agency

- [] By phone
- [ ] By video call, telehealth, Facetime or Zoom
- [] By email
- [ ] By text message
- [ ] None of the above
- [ ] Other Write In (Required): \_\_\_\_\_\_

# 23) Since March 1, many health care providers have changed the way they care for their patients, and many are using telehealth, Facetime, Zoom or other video call technology. How do you feel about using telehealth to communicate with your medical provider?

- () Working great for me. I don't want to ever go back to the old way.
- () Working well for me, but I look forward to going back to face-to-face visits.
- () It's OK for right now, but I really don't like it.
- () I have problems with using telehealth to communicate with my medical provider.
- () I cannot access telehealth.
- () I have not used telehealth yet, but plan to in the future.

\*Skip #24 if answer to #23 was NOT "I cannot access telehealth" or "I have problems with using telehealth to communicate with my medical provider."

### 24) Please indicate why you cannot access telehealth to communicate with your medical provider:

- () I don't have a cell phone that can do a video call
- ( ) I don't have access to the Internet
- ( ) I don't have a computer with a camera and microphone
- () I don't have anybody to show me how to do it
- ( ) I don't have a private place where I can talk without being overheard
- ( ) Other Write In (Required): \_\_\_\_\_\_

### 25) Are you currently taking any medications for your HIV (ARVs)?

- ()Yes
- ( ) No

### \*Skip #26 and #27 if answer to #25 was "No".

### 26) Since March 1, how have you been getting your HIV medications (ARVs)? Has it been.... [Check all that apply]

- [ ] In person, from the ADAP pharmacy
- [ ] In person, from another pharmacy
- [ ] Delivery in the mail
- [ ] Delivery by the pharmacy
- [ ] Needed medications but did not get them
- [ ] Other Write In (Required): \_\_\_\_\_\_

## 27) Have you had any of the following problems getting your HIV medications because of COVID-19? [Check all that apply]

- [ ] Hard to pick up meds because I don't have reliable transportation
- [ ] Hard to pick up meds because I don't want to risk COVID-19 on public transportation
- [ ] Have had problems getting updated or renewed prescriptions
- [ ] Had problems getting my meds delivered from my pharmacy
- [ ] Lost eligibility for ADAP because I missed getting my labs done
- [ ] Other Write In: \_\_\_\_
- [ ] None of the above

### 28) Since March 1, how often do you take all your medications as prescribed.

- () Never
- ( ) Less than half the time
- () About half the time
- () More than half the time
- () Always

### \*Skip #29 if answer to #25 was "No".

### 29) How many doses of your HIV medications did you miss in the last 4 days?

- () None
- ()One
- ()Two
- () Three
- () Four
- () More than four

### 30) When was the last time you missed any of your medications?

- ( ) Never skip any medications
- () >3 months ago
- () 1-3 months ago
- () 2-4 weeks ago
- () 1-2 weeks ago
- ( ) Within the past week

31) Please read the following statements and indicate if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

|   | Strongly<br>Disagree | Disagree | Neither<br>agree<br>nor<br>disagree | Agree | Strongly<br>agree | Not<br>Applicable |
|---|----------------------|----------|-------------------------------------|-------|-------------------|-------------------|
| Compared to before March 1, I am more often unable to buy the food I need.  | ( )                  | ( )      | ( )                                 | ( )   | ( )               | ( )               |
| Compared to before March 1, I more often have difficulty paying for housing.  | ( )                  | ( )      | ( )                                 | ( )   | ( )               | ( )               |
| Compared to before March 1, I am now more at risk of losing my current housing  | ( )                  | ( )      | ( )                                 | ( )   | ( )               | ( )               |
| Since March 1, I have had to move out of where I<br>lived because it's too crowded and I am afraid of<br>catching COVID-19. | ( )                  | ( )      | ( )                                 | ( )   | ( )               | ( )               |
| Compared to before March 1, I am sadder and/or lonelier   | ( )                  | ( )      | ( )                                 | ( )   | ( )               | ( )               |
| Compared to before March 1, I am more anxious and stressed.   | ( )                  | ( )      | ( )                                 | ( )   | ( )               | ( )               |

| Compared to before March 1, I spend more time<br>caring for others (children or adults) in my own<br>family or other families | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
|---|-----|-----|-----|-----|-----|-----|
| Compared to before March 1, I am getting the support I need from family members or friends.                                   | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Compared to before March 1, I am drinking more alcohol.   | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Compared to before March 1, I am using more drugs that are not prescribed by a doctor.  | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |

### 32) Before March 1, did you work:

- () Full-time
- () Part-time
- () Occasionally or as a gig worker
- () Not at all

### 33) After March 1, what happened to your work activities?

- () No change
- () Kept my job, but my hours were cut
- () Kept my gigs, but less of them
- () Lost my job
- ( ) Increased hours of work

### 34) What gender do you identify as?

- () Female
- () Male
- () Transgender woman
- () Transgender man
- () Non-binary
- ( ) Other Write In (Required): \_\_\_\_\_\_
- ( ) Don't know
- () Refused to answer

### 35) My age is

### 36) Do you think of yourself as

- () Lesbian, gay, or same-gender loving
- () Straight, heterosexual
- () Bisexual
- ( ) Other Write In (Required): \_\_\_\_\_\_
- ( ) Don't Know

### 37) What is the highest level of education you have completed?

- () Less than 12th grade
- () High school graduate or GED
- () Some college/AA degree/Technical school training
- () College graduate (BA or BS)
- () Graduate school degree: Master's or Doctorate degree (MD, PhD, JD)

\*

### 38) What racial background to you identify with?

- [ ] Black or African American
- [] White
- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] Prefer not to say
- [ ] Other Write In (Required): \_\_\_\_\_\_\*

### 39) What ethnic background do you identify with?

- () Latinx/Hispanic
- () Haitian/Caribean Islander
- ( ) Other Write In (Required): \_\_\_\_\_
- ( ) Prefer not to say

### 40) Were you born in the United States?

- ()Yes
- ( )No

\*Skip this question if you answered "No" to #40.

41) If you were born outside of the US, how many years have you lived in the US?

\*

Thank you for taking our survey. Your response is very important to us.