

MEETING AGENDA

VIRTUAL:

Wednesday, September 22, 2021

2:30 p.m. – 4:30 p.m.

- ◆ Call to Order

- ◆ Welcome/Introductions

- ◆ Approval of Agenda

- ◆ Approval of Minutes (*August 25, 2021*)

- ◆ Report of Co-Chairs

- ◆ Report of Staff

- ◆ Discussion Items
 - HNSP, EHE, and the Consumer Survey

- ◆ Other Business

- ◆ Announcements

- ◆ Adjournment

Please contact the office at least 5 days in advance if you require special assistance.

The next Prevention Committee meeting is

VIRTUAL: Wednesday, October 27, 2021 from 2:30 – 4:30 p.m.

Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107
(215) 574-6760 • FAX (215) 574-6761 • www.hivphilly.org

**Philadelphia HIV Integrated Planning Council
Prevention Committee
Meeting Minutes of
Wednesday, August 25, 2021
2:30-4:30 p.m.**

Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia PA 19107

Present: David Gana, Gus Grannan, Kailah King-Collins, Loretta Matus (Co-Chair), Clint Steib (Co-Chair), Desiree Surplus, Adam Williams

Guests: Brian Hernandez (AACO), William Pearson (AACO), Javontae Williams (AACO), Vanessa Whitt

Excused: Debra D'Alessandro, Keith Carter

Staff: Beth Celeste, Debbie Law, Mari Ross-Russell, Sofia Moletteri, Julia Henrikson

Call to Order: L. Matus called the meeting to order at 2:36 p.m. She said that the allocations meeting went smoothly. She thanked everyone for attending today and was glad they could now pick up where they left off.

Welcome/Introductions: C. Steib asked that everyone begin to introduce themselves. J. Williams said he invited individuals from the Prevention Team at AACO.

Approval of Agenda: C. Steib presented the August 2021 Prevention Committee agenda for approval. **Motion:** D. Gana motioned, G. Grannan seconded to approve the August 2021 agenda. **Motion passed:** 78% in favor, 22% abstaining.

Approval of Minutes (June 30, 2021): C. Steib presented the previous meeting's minutes for approval. **Motion:** D. Gana motioned, G. Grannan seconded to approve the June 2021 meeting notes. **Motion passed:** 60% in favor, 40% abstaining.

Report of Co-Chair:

None.

Report of Staff:

J. Henrikson reported that the group would soon be looking into the Consumer Survey process. They would review the 2017 survey and update and revise questions. EHE (Ending the HIV Epidemic) and NHAS (HIV National Strategic Plan) would impact the types of questions they would discuss. A. Williams asked where they could access the prior report. S. Moletteri reported that the 2017 Consumer Survey was on the OHP website under the "Data and Statistics" tab. The attached document on the website had a summary and analysis of the survey with the survey questions at the end of the document.

S. Moletteri reported that there would be an OHP newsletter coming out soon. It would include information about the upcoming SYNChronicity 2021 Conference, the Penn CFAR Red Ribbon, and other upcoming events.

Discussion Item:

—Draft Letter to the Recipient—

J. Henrikson explained that during the last meeting, the group decided that crafting a letter to the recipient would be most powerful for the recommendations they previously created, specifically #1-3. They had discussed potentially including them in the allocations process, but they eventually decided to draft a letter to the recipient, separate from allocations. In the Prevention Committee's last meeting, they approved the recommendation language, the language was sent to Executive Committee, and the Executive Committee approved the language as well. HIPC would also need to look at the language.

Though HIPC had not yet approved the recommendation language, in the interest of time, OHP created a draft of a possible letter. The letter was crafted by OHP staff by using language from Prevention Committee discussions and the recommendations, themselves. The committee could approve the language as a final draft, make corrections and ask C. Steib and L. Matus to approve it for September's HIPC meeting, or they could review it again as a committee in October.

J. Henrikson asked if they wanted to read through it. C. Steib said he had reviewed the letter, and from his perspective, it looked good. One part that confused him, however, was the sentence which included the NHAS acronym—he was confused since he heard it referred to as something else. J. Williams said NHAS was what the plan used to be called, but they changed it to HNSP (HIV National Strategic Plan). They changed the title to include “HIV” first so it mirrored the nomenclature for the STI and Hepatitis plans. D. Gana said he read through the plan and felt that it aligned with what they had discussed as a committee.

A. Williams asked what had happened to item #4 in the recommendations list from Prevention. In the May 2021 meeting, J. Henrikson said, the committee decided that #4 was an advocacy-related item and could not be included in their recommendations. They wanted to figure out another way to tackle this separate from any recommendations to AACO. C. Steib asked if everyone was okay with the letter and if they should vote to send it to HIPC.

J. Henrikson said they could vote on it, unless they wanted to make any edits. If they wanted to change the language, they should first discuss this. She said she could make the one alteration to change NHAS to HNSP. J. Henrikson said she would change this throughout the letter. A. Williams asked if they should be specific about the source of the HIV test. They wondered if there would be confusion regarding availability of the resources, so this could be the opportunity to point out that there were AACO resources. J. Williams said there was a self-test program for Philadelphia residents. C. Steib asked if there was a specific, approved take-home test from a certain manufacturer. J. Williams said AACO had a contract, so they used a specific test that they ordered in bulk. They also had a list of CBO partners that helped to distribute tests.

Motion: A. Williams motioned for unanimous consent to adopt the language with the discussed edits within the letter to AACO, D. Gana seconded. S. Moletteri said there would now be discussion on the motion, and if there was none, they would take a roll call vote. G. Grannan asked for an amendment to the motion to change it to “general consensus” over “unanimous consent,” since this is usually how they held a vote. **Amendment:** A. Williams agreed to the amendment, replacing “unanimous consent” with “general consensus,” D. Gana seconded. C. Steib asked if he and L. Matus needed to abstain as co-chairs. M. Ross-Russell said no, it was not completely necessary within the committees for them to abstain. She added that when something was coming from a particular group or individual, there would need to be someone who would initial or sign off on the letter. J. Henrikson noted that the end of the letter signified that it was submitted by HIPC a whole.

S. Moletteri asked if it would need signatures from L. Matus and C. Steib before it was presented to HIPC or after. M. Ross-Russell said that it would not need signatures from HIPC, but they would have to figure out “who” would have to sign the letter before it went to AACO. L. Matus and C. Steib said they would sign the letter if they needed. J. Henrikson said HIPC could also alter the language, because Prevention Committee was only presenting a draft, not the final language.

Vote:

L. Matus: in favor
A. Williams: in favor
D. Gana: in favor
D. Surplus: in favor
K. King-Collins: in favor
G. Grannan: in favor
C. Steib: in favor

Motion passed: 7 in favor, 0 abstaining, 0 opposed.

J. Henrikson said she would edit the letter to change NHAS to HNSP.

—HNSP Goal 1: Prevent New HIV Infections—

J. Henrikson noted that this was not the first time they had discussed HNSP. The committee’s goal around HNSP was to familiarize themselves with the document, especially in light of the upcoming Consumer Survey. She made the following worksheet so they could review the plan together.

She read the Goal 1 strategies listed at the beginning of the worksheet. A lot of this, she said, was related to what they had previously discussed. Even within the letter, it stated that the language used aligned with HNSP and EHE. During past Prevention Committee discussions, they had conversations around people living without and at risk for HIV, but they would also highlight the importance of helping PLWH reach and maintain viral suppression as a means of prevention.

Keeping in mind the context, she directed attention to the bottom two bullet points on the worksheet. D. Gana asked if this was referencing PrEP resources or HIV resources. J. Henrikson said they were to consider both. They were to discuss HIV treatment as prevention, but they did not want to forget about PrEP. A. Williams said that they read a bulk of the strategic plan. One part of the plan that stood out to them was that only 1/3 of the population nationwide had been tested. This got them thinking about expanding access to testing resources. From a treatment as prevention standpoint, they personally felt that there was profound ignorance around HIV care that highlighted treatment as prevention. They considered the need for an entire shift in marketing around HIV prevention. They added, regarding COVID-19, COVID-19 had taken up a lot of conversational space, and the committee/future discussions needed to consider how to take the conversation back.

D. Gana said that the COVID-19 response from the general public was somewhat similar to the HIV response. People who did not want to get tested simply did not get tested. C. Steib asked if D. Gana was referring to peer-pressure or stigma. D. Gana was referring to the opt-out policy for HIV testing, an issue they had battled with for years regarding HIV. C. Steib said this was a good point, but he was unsure as to how they could tackle that issue. He continued, noting that he was discussing PrEP knowledge for youth recently. He noted that there was a lot of information around PrEP around, but so many people still did not know or understand what PrEP was.

K. King-Collins asked C. Steib had come to this conclusion—she agreed that people did not understand what PrEP or PEP was, but awareness had greatly increased. For the youth that she talked to, they had seen advertisements and could recognize PrEP. She felt that marketing was somewhat working. She agreed, however, that knowledge around the details were much more uncommon. A. Williams said that the population that they served did not seem to know about PrEP. They personally felt that those who were part of a sexual or gender minority might have increased awareness to PrEP. Those in municipal health centers might experience different levels of awareness. K. King-Collins agreed with this. A part of this, she said, was that marketing mostly target toward LGBTQ individuals, so it was likely that many felt PrEP was specific to the queer community. She was unsure if the advertisements for PrEP were only marketed towards certain populations. A. Williams said, based on trends in Philadelphia, this would make sense. However, there were also disproportionate infections for heterosexual women of color.

When looking at the strategic plan, A. Williams said that nationwide there was only around 18% of people indicated for PrEP. However, in Philadelphia, this percentage was around 32.9% (2018 data). Then in 2019, this went up to 37.8%. However, in January-June of 2020, this went down to 28.1%. As an explanation, it was thought that people were social distancing and not needing PrEP anymore. However, it was possible that people were not engaging with their medical providers and still participating in risk behaviors associated with HIV. C. Steib agreed with A. Williams. C. Steib said his organization served a lot of young heterosexual women who had experienced sexual assault. He felt most of the marketing was geared toward the LGBTQ+ community. He suggested that advertisements, especially targeted ones on social media, were presented mostly to LGBTQ+ individuals and that heterosexual women might be closed off to such marketing.

M. Ross-Russell said that within NHBS (National HIV Behavioral Surveillance), there were questions specific to PrEP that would gauge knowledge amongst different populations such as PWID, heterosexual women, youth, transgender women, etc. Her memory was that there were differences in knowledge of PrEP and various other services depending on demographics. This might help them think through their next steps.

G. Grannan said there were risk behaviors that continued throughout the pandemic. M. Ross-Russell said that internally, OHP has talked a lot about COVID-19 as well, but this had a tendency to monopolize conversations. All of the other issues had gone away. She added that knowledge needed to be repeated generationally, and just because knowledge was disseminated among older generations did not necessarily mean it was being passed down to younger generations.

V. Whitt suggested that youth dismissed information that did not seem directly relatable to them. Youth were also very peer oriented so they would get their information from friends. She explained that C. Steib had told her about how one organization posted information about PrEP and PEP on a dating site app where youth would see it. She felt this was a strong example of how information could find youth versus youth finding the information.

D. Gana mentioned multiple lawsuits against pharmaceutical companies, noting that this could turn people off of PrEP. Additionally, there was a clinical trial of a 6-month injectable PrEP at the University of Pennsylvania, but it was geared toward MSM (men who have sex with men). K. King-Collins asked if there was discussion around PrEP in safe injection sites or intravenous substance use places. A. Williams said that on page 14 of HNBP, there was discussion around the opioid epidemic and syringe use and the barriers, but it did not get too much into how this affected rolling out PrEP resources. G. Grannan responded, saying that based on his experience, knowledge was being disseminated among PWID largely due to Prevention Point's work. He noted that since PrEP was introduced, there had been research to affirm its effectiveness for PWID. This knowledge was starting to become more common. However, he felt that PWID would not think about PrEP first in their assessment of risk. Hepatitis C and overdosing was a much higher priority when considering risk for PWID. G. Grannan said that when people first started injecting substances, they were at higher risk of acquiring HIV—this was likely due to their lack of resources and community knowledge. The longer people were engaged, the better their knowledge of safety. Ultimately, people made their own risk assessments, and organizations could only offer tools.

A. Williams said the conversation around substance use was always in terms of opioid use, but in the HNBS, there was a journal article that said that 1 in 3 annual HIV seroconversions among sexual and gender minorities were consistent methamphetamine users. They suggested that the committee not skip over this fact. G. Grannan responded that, while people were consuming opioids, they were actually talking about polydrug use which included the consideration of methamphetamines. It was rare that an individual only used methamphetamines. However, they should look into this since methamphetamine use increased in every community.

C. Steib said, as someone who worked at a hospital, normalizing regular HIV testing presented barriers beyond his scope. His original goal was to routinize HIV testing. The policy was now in

place at his organization, but there were barriers with EMR prompts, etc. He explained that institutional policies were now asking them to take a step back on their successes. There were institutional barriers against HIV testing, even if providers advocated for HIV testing.

J. Henrikson said this conversation was a way to start talking about how they could incorporate HNSP in their thinking going forward and acknowledge barriers as they thought about ways to increase testing. J. Williams said there was importance in being focused. If they reduced transmission rates for MSM and trans women, they would not have an epidemic in Philadelphia. There was a lot of focus on queer individuals, yes, but that was because the HIV epidemic was concentrated in these areas and these individuals needed the prevention tools. They needed to focus on Black women as well. It was not about who was more deserving of HIV prevention—everyone deserved the tools—but it was important to follow the data and do better by the populations disproportionately affected.

A. Williams agreed with J. Williams about the populations that needed the resources most—however, the specific risk behaviors that those populations were engaged in also played into the proliferation of the infections. For example, in that light, chemsex (using substances alongside sexual activities) was not given its due discourse.

K. King-Collins said the committee needed to think about the intersectionality and their successes or failings with reaching certain populations. She said it was important to look into why there were increases in HIV diagnosis for Black, heterosexual women. J. Williams said research around the “bisexual bridge” did not exist, but there were more consolidated viral loads within certain communities. They needed, then, to look at the systemic factors and how they, as a committee, could address individual aspects. The committee also needed to consider how they could reframe what they were saying to be less from a “public health perspective” and more a “client perspective” that honored clients’ needs and wants.

G. Grannan said that, when discussing safety practices with PWID, there was not always direct discussion around HIV prevention. He agreed with J. Williams, saying they needed to focus on what the person wanted and seeing from their perspective. The discussion around use of clean syringes was used not to prevent HIV, per se—clean syringes were used because it was less stressful or painful, among other reasons. K. King-Collins said that they had to reframe their messaging to speak to people’s needs. G. Grannan said specific populations sometimes had issue with speaking positively about pleasure. So, broadly, they should destigmatize and center the goals of people at risk.

J. Henrikson said the committee’s conversation thus far was very valuable. The original plan was to take the conversation they had, and at the next meeting, see if there was anything actionable. They did not need to come up with anything concrete right now.

J. Williams said that he saw how over the months, when HIPC had a project, they did well. AACO’s strategic prevention plan, he felt, pulled from the guidance of HIPC discussions. He said that Prevention Committee could help draft the strategic prevention plan if they would like. Ideally, he would bring the plan back to HIPC anyways. He suggested that this be a monthly agenda item if the committee was interested.

M. Ross-Russell noted that the next big project for Prevention Committee, in addition to the Consumer Survey, was thinking about the Integrated Plan and the guidance that was already out. The Situational Analysis for the Integrated Plan would likely be an expansion of the existing EHE Situational Analysis. The goals for the Integrated Plan, EHE, and HNRP supported the same activities, goals, and objectives. Her read of the Integrated Plan, she felt, was looking at HNRP and EHE goals and incorporating them into the process. She said AACO's strategic plan was likely "step 1" in what would be the work of the next several months.

J. Williams said, then, he could partner with staff to pull together an outline to look into the strategic plan. Prevention Committee could look into what prevention activities were occurring and any activities that were underperformed. A. Williams liked this idea. J. Henrikson said this would help to give structure to the discussion around EHE and HNRP. L. Matus agreed. L. Matus said the AACO partners would be offering data that was currently being collected, so this would help as they tracked results and progress.

Other Business:

None.

Announcements:

J. Williams announced that there would be a flyer going around for a community and client EHE town hall. There would also be an EHE-related event for Philadelphia in October.

Adjournment: C. Steib asked for a motion to adjourn. **Motion:** D. Gana motioned, G. Grannan seconded to adjourn the June 30, 2021 Prevention Committee meeting. **Motion passed:** All in favor. Meeting adjourned at 4:04 p.m.

Respectfully submitted:

Sofia M. Moletteri, staff

Handouts distributed:

- June 2021 Prevention Meeting Agenda
- May 2021 Prevention Meeting Minutes
- Recommendation Language Approved May 2021
- NHBS Goal 1: Prevent New HIV Infections Worksheet

Consumer HEALTH ISSUES Survey

For Office Use

Date: _____

Site: _____

We are conducting a survey on the needs of people regarding health issues. The purpose is to determine the need for HIV medical care **in person and by “telehealth”** and how best we can allocate [Ryan White and other] resources for medical care. **Telehealth includes medical care provided by cell phone, video, tablet, computer, but not in person.** This will take only a few minutes to complete. Your participation is voluntary, your responses will be kept confidential, and you can decline to answer any of the questions.

- 1. **Gender** Male Female Transgendered Other _____
- 2. **Sexual Identification** Heterosexual Men who have sex with men
 Women who have sex with women Bisexual Other _____
- 3. Are you **Hispanic or Latino?** No Yes Country: _____
- 4. **Race** American Indian/Alaska Native Asian Black or African American
 Native Hawaiian/Other Pacific Islander White Other _____
- 5. **Current Age: (Please list your age in years)** _____
- 6. In what **county do you live?**
 Essex Union Morris Warren Sussex Other _____
- 7. What is your **ZIP Code** where you currently live? (Enter) _____
- 8. **What is your education level?** Some high school or less High school diploma or GED
 Some college but no degree Associate’s degree Bachelor’s degree Graduate degree
- 9. **When were you diagnosed with HIV/AIDS?** Within the past year 2 to 4 years ago
 5 to 10 years ago 11 to 15 years ago 15+ years ago Not HIV+

MEDICAL CARE APPOINTMENTS AND VISITS IN 2020

- 10. Did you have a **medical visit for your HIV with a medical provider** at anytime in 2020?
 YES NO
- 11. **If NO**, why not? (Check as many reasons as possible) I was too busy.
 I did not feel I needed it. I could not pay for it. I had no medical insurance.
 I had no transportation. I was worried about how I would be treated (stigma).
 I was afraid of COVID. I did not want to use the phone or computer for the visit.
 I did not have a phone or computer for a medical visit. I did not have internet.
 I did not feel comfortable using telehealth. I had trouble with telehealth apps.
 Other (list reasons) _____
- 12. **If YES**, how many appointments and visits did you **have?** **Insert the Number:** _____
- 13. **If YES**, how many appointments and visits did you **keep?** **Insert the Number:** _____

PLEASE CONTINUE ON THE NEXT PAGE



14. **If YES, where was/were the medical visit(s) held?** (Check all that apply.) **In office in person.**

By telehealth:

- By cell phone with video (Iphone, other brands). By cell phone but no video.
 By phone – not cell phone. By computer. By tablet (Iphone, other brands).
 Other (list where or how visit was held). _____

TELEHEALTH MEDICAL VISIT BY CELL PHONE, TABLET, COMPUTER

If you **had a telehealth visit** by any of the above methods, please answer the following:

15. What did you LIKE about the telehealth visit?

16. What did you DISLIKE about the telehealth visit?

17. How can we IMPROVE telehealth visits?

18. Did you feel the telehealth visit was confidential? Yes No Somewhat

19. Would you recommend that we continue to make telehealth visits available for medical appointments? Yes No It depends. List any reasons below.

MEDICAL CARE in 2021 and beyond

20. For 2021 and beyond, how would you like to get your medical care for HIV? (**One visit per year must be in person.**)

- In person only In person and telehealth Either is OK with me.

21. If you want **in person only and not telehealth**, what are the reasons? (Check all that apply.)

- I like face to face with my provider. I feel I get better treatment in person.
 I feel the quality in telehealth is not as good as in person visit.
 I feel there is more confidentiality in person.
 I do not have internet. I have internet but it keeps disconnecting.
 It is too complicated to use telehealth.
 I do not have a smart phone, tablet, or computer with video.
 I do not know how to use the telehealth “apps”.
 I do not feel comfortable using the telehealth “apps”.
 I have no privacy where I live to conduct a medical visit by telehealth.
 Other (list reasons) _____

PLEASE CONTINUE ON THE NEXT PAGE



22. If you want **telehealth in addition to annual in person visit**, what are the reasons? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> I like convenience. | <input type="checkbox"/> I do not have to deal with transportation issues. |
| <input type="checkbox"/> My health is good. | <input type="checkbox"/> I do not need many office visits. |
| <input type="checkbox"/> I feel quality of treatment by telehealth is good. | <input type="checkbox"/> My provider can take time with me. |
| <input type="checkbox"/> I am comfortable with telehealth confidentiality. | <input type="checkbox"/> I have privacy for telehealth visit. |
| <input type="checkbox"/> I have internet. | <input type="checkbox"/> I have a smart phone, tablet, or computer with video. |
| <input type="checkbox"/> I feel comfortable using the telehealth “apps”. | <input type="checkbox"/> Telehealth is safe from COVID. |
| <input type="checkbox"/> Other (list reasons) _____ | |
-
-

23. **Do you have any other comments that you would like to make?**

Thank you for participating! Your responses will help the Newark EMA HIV Health Services Planning Council make recommendations about the needs of individuals with HIV in the counties of Essex, Morris, Sussex, Union and Warren. If you would like to see the results of this survey, they will be available by contacting the Newark EMA HIV Health Services Planning Council at (908) 353-7171 after July 31, 2021.

14. RWHAP requires that **one medical visit per year must be in person**. Is that a factor in your decision regarding use of telehealth? Yes No.
- a. Reasons or comments.
15. Do you have any recommendations as to how the Newark EMA or Ryan White Unit can facilitate use of telehealth for clients/patients, providers and agencies? Please insert below.
16. Please insert any other comments you have regarding telehealth, RWHAP service delivery in general, and recommendations for 2021.

Thank you very much for your time and input! As in the past, all of your responses will be considered and included in the Newark EMA 2021 Needs Assessment Update.

Attachment: 2021 Client Survey on Telehealth

**SACRAMENTO TGA NEEDS ASSESSMENT SURVEY
OF PEOPLE LIVING WITH HIV AND AIDS**
A Project of the Sacramento HIV Health Services Planning Council

INTRODUCTION

Thank you for agreeing to participate in this important survey. Completing this survey gives you a voice in the planning of HIV and AIDS treatment services throughout the Sacramento TGA.

For each question below, circle or write in an answer. There are no right or wrong answers. Please take as much time as you need to answer each question based on your experiences. If you have any questions or need help reading the survey or interpreting the questions, please ask for assistance.

Your responses are completely confidential. Your name will never be linked to your answers.

Thank you in advance for completing this survey.

CONFIDENTIAL IDENTIFICATION (ID) SET UP

We are obtaining responses from people living with HIV and AIDS over the next few weeks.

Please create a confidential identifier which you will place on the top of every page of your survey.

This ID will be 7-characters long and will be unique to you so it will protect your confidentiality

_____	_____	_____	_____	_____
First letter of your first name	Last letter of your last name	Month of your birthday (January through September use a leading "0" e.g., 01 for January)	Day of your birthday (Days 1 - 9 use a leading "0" (e.g., 01)	First letter of your mother's first name? (If you don't know, list the first letter of your father's first name)

01=Jan, 02=Feb, 03=Mar, 04=Apr, 05=May, 06=June, 07=July, 08=Aug, 09=Sept, 10=Oct, 11=Nov, 12=Dec

Please copy the confidential ID you have created to the top right of every page of your survey.

SECTION 1: SERVICES NEEDED / RECEIVED				
Which services have you needed? Which services have you been able to receive?				
INSTRUCTIONS:				
1. For each Service Row, check box A, B or C before moving to the next Service Row.				
2. If you check box C for any service, please complete Barriers Table after you complete this table for all services.				
Service Category		A	B	C
		Did not need service	Needed service and received it	Needed service but did not receive it
1	Outpatient Ambulatory Care: Diagnostic and treatment activities by a healthcare provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Health Insurance Premium and Cost Sharing Assistance: help paying for health insurance or co-pays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Oral Health: Diagnosis, prevention and treatment by dental health professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Medical Case Management: medically oriented activities including assessment, care plans, and client monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Case Management (Non-Medical): help understanding available programs, insurance benefits, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Mental Health: Outpatient psychological and psychiatric screening, assessment, diagnosis, treatment and counseling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Medical Transportation: transportation that enables a client to access core medical and support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Substance Abuse Services – Outpatient: treatment of drug or alcohol use disorders in an outpatient setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Substance Abuse Services – Residential: treatment of drug or alcohol use disorders in a residential setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Housing: referrals, advocacy, placement assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Child Care: to enable clients to attend medical visits or HIV-related meetings without their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Emergency Financial Assistance: help to pay bills, co-pays or insurance premium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Food Bank/Home Delivered Meals: help getting extra food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Medical Nutrition: dietary/nutritional assistance by registered dietitian or licensed nutrition professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Health Education/Risk Reduction: education to clients on how to reduce the risk of HIV transmission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Outreach Services: linking out of care clients to medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	AIDS Drug Assistance Program: help paying for HIV medications or prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	AIDS Pharmacy Assistance: pays for a pharmacist to dispense HIV medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Early Intervention Services: help finding a doctor, getting into/staying in care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 1: SERVICES NEEDED / RECEIVED				
Which services have you needed? Which services have you been able to receive?				
INSTRUCTIONS:				
1. For each Service Row, check box A, B or C before moving to the next Service Row.				
2. If you check box C for any service, please complete Barriers Table after you complete this table for all services.				
Service Category		A	B	C
		Did not need service	Needed service and received it	Needed service but did not receive it
20	Home and Community-based Health Services: in home support services such as mental health, rehabilitation, and medical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Home Health Care: services provided by licensed professionals such as prevention and specialty care, wound care, and diagnostic testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Hospice: end of life care services to terminal HIV patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Legal Services: see Other Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Linguistic Services: interpretation and translation activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Other Professional Services: provision of professional services such as matter related to HIV disease, income tax prep, permanency planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Permanency Planning: see Other Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Psychosocial Support Services: individual or group support counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Referral for Health Care & Support Services: referrals to access other health insurance programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Rehabilitation Services: outpatient HIV-related therapies including physical, occupational, speech and vocational therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Respite Care: non-medical assistance to relieve primary caregiver for client's day-to-day care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2: BARRIERS

If you needed a service but weren't able to receive it, why not? What barriers did you have?

INSTRUCTIONS:

1. Look on last two pages you just completed to see if you checked any box in Column C (services that you needed but you did not receive).
2. If you checked any box in Column C, then check boxes below for ALL BARRIERS that decreased your access to services

Check all that apply

1	Didn't know service was available	<input type="checkbox"/>
2	Didn't know how to get service	<input type="checkbox"/>
3	Didn't know where to go to receive service	<input type="checkbox"/>
4	Appointment times weren't convenient	<input type="checkbox"/>
5	Next available appointment not soon enough	<input type="checkbox"/>
6	No transportation	<input type="checkbox"/>
7	No childcare	<input type="checkbox"/>
8	Language barriers	<input type="checkbox"/>
9	Didn't think I was eligible for service	<input type="checkbox"/>
10	The service cost too much	<input type="checkbox"/>
11	Didn't have insurance coverage	<input type="checkbox"/>
12	My co-pay was too high	<input type="checkbox"/>
14	Didn't want to take medications	<input type="checkbox"/>
15	Thought my viral load was undetectable	<input type="checkbox"/>
16	Was treated with disrespect	<input type="checkbox"/>
17	Have jail/prison history	<input type="checkbox"/>
18	Wanted privacy of HIV status	<input type="checkbox"/>
19	Hard to navigate system due to mental health, substance abuse or other issues	<input type="checkbox"/>
20	Didn't want to get harmed, in trouble or find out my status	<input type="checkbox"/>

If you had additional barriers not listed above, please list below:

SECTION 3: RESOURCE, HEALTHCARE, HOUSING NEEDS**1. Do you have health insurance?** Yes No**1a. What type of insurance do you have? Please check all that apply to you**

- Insurance through Work Medicare Private Insurance (not through work)
 Veteran's Administration Medi-Cal COBRA or OBRA (insurance through my last employer)
 Covered California (Affordable Care Act/Obamacare) Other (please specify) _____

1b. Which of the following benefits do you receive? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> None/Not Eligible | <input type="checkbox"/> CHAMPUS (VA Assistance for non-military personnel) |
| <input type="checkbox"/> Cal Fresh (Food Stamps) | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Long-term disability | <input type="checkbox"/> Annuity/Life insurance payments |
| <input type="checkbox"/> Short-term disability | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Rent Supplement |
| <input type="checkbox"/> Bureau of Indian Affairs | <input type="checkbox"/> Subsidized Housing (HOPWA, Section 8, Shelter Plus Care) |
| <input type="checkbox"/> State Disability Insurance (SDI) | <input type="checkbox"/> General Assistance |
| <input type="checkbox"/> Social Security Disability Insurance (SSDI) | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Veteran's Benefits (VA) | <input type="checkbox"/> TANF/CalWORKS (formerly AFDC) |
| <input type="checkbox"/> Other: Specify: | <input type="checkbox"/> Emergency Financial Assistance – from: |

2. How long have you known you were HIV+? Check one.

- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Less than 1 years | <input type="checkbox"/> 1 - 5 years | <input type="checkbox"/> 6 - 10 years |
| <input type="checkbox"/> 11 - 15 years | <input type="checkbox"/> 15- 20 years | <input type="checkbox"/> 20+ years |

3. In the past 12 months, what HIV medical care have you received? Check all that apply

	Yes	No	Don't know /Can't remember
Seen a doctor, nurse or physician's assistant for HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taken HIV medication (ART)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a test for your Viral Load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a test for your CD4 count (t-cell)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How frequently do you see your HIV doctor? Please check one.

- | | | |
|---|---|---|
| <input type="checkbox"/> Every 3 months | <input type="checkbox"/> Every 2 years | <input type="checkbox"/> I don't have a doctor. |
| <input type="checkbox"/> Every 6 months | <input type="checkbox"/> When I feel sick | <input type="checkbox"/> Never/I don't go |
| <input type="checkbox"/> Once a year | | |

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Never stopped seeing a doctor | <input type="checkbox"/> Couldn't afford it | <input type="checkbox"/> No transportation |
| <input type="checkbox"/> Felt fine; wasn't sick | <input type="checkbox"/> Lost health insurance | <input type="checkbox"/> Doctor or case manager left |
| <input type="checkbox"/> Wanted a break | <input type="checkbox"/> Lost Ryan White supported services | <input type="checkbox"/> Bad experience at clinic |
| <input type="checkbox"/> Didn't want to take meds | <input type="checkbox"/> Drinking/doing drugs | <input type="checkbox"/> Overwhelmed |
| <input type="checkbox"/> Side effects of medications | <input type="checkbox"/> Had a mental health issue | <input type="checkbox"/> Inconvenient appointment times |
| <input type="checkbox"/> Viral load was undetectable | <input type="checkbox"/> Other Priorities | <input type="checkbox"/> Don't remember |
| <input type="checkbox"/> Other (please specify) | | |

6. What kinds of things help you keep up with your HIV medical care? Check all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> N/A - I have never been in HIV medical care | <input type="checkbox"/> To reduce the risk of transmission to others | <input type="checkbox"/> My HIV doctor, nurse or clinician |
| <input type="checkbox"/> I want to stay healthy and live longer | <input type="checkbox"/> The support of family and friends | <input type="checkbox"/> My HIV case manager or social worker |
| <input type="checkbox"/> Seeing the benefits of treatment | <input type="checkbox"/> My faith, religion or spirituality | <input type="checkbox"/> A mentor at my clinic/agency |
| <input type="checkbox"/> I'm afraid of getting sick | <input type="checkbox"/> Staying sober | <input type="checkbox"/> An HIV group or program |
| <input type="checkbox"/> Other (please specify) | | |

7. How would you rate your physical health now as compared to when you first sought treatment for your HIV infection?**Select one.**

- Much better A little better About the same A little worse Much worse

8. In the past 6 months have you used any of the following? Check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Stimulants (Meth, cocaine, speed, crack, crack) | <input type="checkbox"/> Ketamine (Special K, K) |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> GHB (Gamma Hydroxybutyrate, liquid x, gina, G) | <input type="checkbox"/> Hallucinogens (LSD, acid, peyote, mescaline, PCP) |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Poppers (rush, amyl nitrate) | <input type="checkbox"/> Tranquilizers/Barbiturates |
| <input type="checkbox"/> Speedball | <input type="checkbox"/> Ecstasy (X, E, MDMA, Adam) | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Prescription Opiates (Oxycontin, Percocet, Morphine, Methadone, Codeine, Fentanyl, Buprenorphine, Norco, Vicodin).
Specify: | | |

9. Have you ever injected any substance NOT prescribed by a medical person? Yes No**9a. Have you used a needle to inject substances in the past 12 months? Yes No****9b. Have you ever shared needles or injection equipment? Yes No****9c. Have you ever shared needles for piercings and/or tattoos? Yes No****9d. Have you shared needles or injection equipment in the past 12 months? Yes No****10. Has a medical or service provider ever told you that you have hepatitis C? Yes No****10a. At any time in the last year, have you been diagnosed with any of the following diseases? Select all that apply.**

- | | | |
|---|---|--|
| <input type="checkbox"/> Hepatitis A or B | <input type="checkbox"/> Genital Herpes | <input type="checkbox"/> Genital Warts |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Gonorrhea | <input type="checkbox"/> Yeast Infections |
| <input type="checkbox"/> Syphilis | <input type="checkbox"/> Chlamydia | <input type="checkbox"/> I have not been tested for these STDs in the past 12 months |
| <input type="checkbox"/> I have not been told I have any of these | | |
| <input type="checkbox"/> Other (please specify): | | |

11. Where do you currently live? Please check one option.

- | | |
|--|--|
| <input type="checkbox"/> Stable housing /house / apartment | <input type="checkbox"/> Temporary housing / shelter / motel |
| <input type="checkbox"/> Group home / treatment facility / halfway house | <input type="checkbox"/> Unstable housing / couch surfing |
| <input type="checkbox"/> Homeless / car / camping / street | <input type="checkbox"/> Jail or correctional facility |
| <input type="checkbox"/> Other (please specify): | |

12. If you receive housing assistance, what assistance do you receive? Check one option.

- | | |
|--|---|
| <input type="checkbox"/> HOPWA | <input type="checkbox"/> Help from an HIV/AIDS Service Organization |
| <input type="checkbox"/> Housing Choice Voucher (formerly Section 8) | <input type="checkbox"/> I do not receive housing assistance |
| <input type="checkbox"/> Emergency Financial Assistance | <input type="checkbox"/> Other (please specify): |

13. Have you been on a waiting list for housing over the last 12 months? Yes No

13a. If yes, did it result in a housing placement? Yes No

13b. If not, why not? (Select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Currently on Waiting List | <input type="checkbox"/> Significant Other's Criminal Record | <input type="checkbox"/> Housing Location |
| <input type="checkbox"/> Pets | <input type="checkbox"/> Rental History | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Incarceration | <input type="checkbox"/> Significant Other's Rental History | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> Criminal Record | <input type="checkbox"/> Not Enough Money | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Other please specify: | | |

14. Have you ever received a referral for housing? Yes No

14a. If yes, did it result in a housing placement? Yes No

15. Over the last 12 months, have you lived in any of the following places? Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Stable housing /house / apartment | <input type="checkbox"/> Temporary housing / shelter / motel |
| <input type="checkbox"/> Group home / treatment facility / halfway house | <input type="checkbox"/> Unstable housing / couch surfing |
| <input type="checkbox"/> Homeless / car / camping / street | <input type="checkbox"/> Jail or correctional facility |
| <input type="checkbox"/> Other (please specify): | |

SECTION 4: CLIENT DEMOGRAPHICS:

16. What is your reported estimated yearly income from all sources and before taxes? \$ _____

16a. How many family members in your household, including you, depend on this income? _____

16b. Of these, how many are children under 18 years of age? _____

17. What is your current job status? Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Employed full-time (33 - 40 hours a week) | <input type="checkbox"/> Not working - not looking for work |
| <input type="checkbox"/> Employed part-time (less than 33 hours a week) | <input type="checkbox"/> Not working - disabled |
| <input type="checkbox"/> Not working - looking for work | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Not working - student/homemaker/other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other, please specify: | |

18. What county do you live in?

- | | | |
|-------------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Sacramento | <input type="checkbox"/> El Dorado | <input type="checkbox"/> Placer |
| <input type="checkbox"/> Yolo | <input type="checkbox"/> Other: | |

19. What is the year of your birth? _____

20. Are you of Hispanic or Latinx origin? Yes No

20a. If you are Hispanic/Latinx, what is your nationality?

- | | |
|--|---|
| <input type="checkbox"/> Mexican, Mexican American, Chicano(a) | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Other Hispanic, Latinx/a or Spanish Origin |

21. What is your primary race? Please check one.

- White Asian American Indian/Alaska Native
 Black/African American Pacific Islander/Native Hawaiian

21a. If Pacific Islander/Native Hawaiian:

- Native Hawaiian Samoan
 Guamanian or Chamorro Other Pacific Islander

21b. If Asian:

- Asian Indian Japanese Other Asian
 Chinese Korean
 Filipino Vietnamese

22. In the past 12 months, have you been incarcerated in jail or prison for more than 48 hours? Yes No

22a. If yes, did jail/prison staff know your HIV status? Yes No

22b. If yes, did you get HIV medical care and medications? Yes No

22c. Did you get HIV medical care and medications after release? Yes No

23. What is the most likely way that you contracted HIV?

- Men who has sex with men (MSM) Injection drug user (IDU) MSM and IDU
 Hemophilia/Coagulation disorder Heterosexual contact Don't know
 Mother with/at risk for HIV infection (Peri-natal transmission) Receipt of blood transfusion, blood components or tissue Other, please specify:

24. Gender at Birth Male Female

24a. What is your primary gender identity or gender expression today? Please check one option.

- Male Transgender - Male to Female
 Female Transgender - Female to Male
 Intersex Nonbinary

25. Are you currently pregnant? Yes No Don't know Not applicable

25a. If you are currently pregnant, are you in prenatal care? Yes No

26. How do you identify in terms of your sexual orientation? Please check one option.

- Heterosexual/Straight Bisexual
 Homosexual/Gay Pansexual
 Homosexual/Lesbian Queer/Questioning/Unsure
 Other (please specify):

SECTION 5: HIV PREVENTION**HIV PRE-EXPOSURE PROPHYLAXIS (PrEP):**

PrEP is the use of anti-retroviral medications to keep HIV negative people from becoming infected with HIV.

27. Which of the following statements about PrEP are true for you? Please check all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> I have never heard of PrEP | <input type="checkbox"/> If my partner is on PrEP, I would be less likely to use a condom. | <input type="checkbox"/> I feel comfortable talking to my HIV negative partner(s) about PrEP. |
| <input type="checkbox"/> I have heard of PrEP, but am not sure how it will affect my sex life | <input type="checkbox"/> Even with partner(s) on PrEP, I would disclose that I am HIV positive. | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> If my partner is on PrEP, I do not need to disclose that I am HIV positive. | <input type="checkbox"/> Even with partner(s) on PrEP, I would use condoms for anal or vaginal sex. | |

28. Which of the following statements about condom use are true for you? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> I do not have anal or vaginal sex, so condoms are not an issue | <input type="checkbox"/> My partner is on PrEP so condoms aren't needed. |
| <input type="checkbox"/> I use a condom when I have anal sex. | <input type="checkbox"/> My viral load is undetectable, so condoms aren't needed any more. |
| <input type="checkbox"/> I use a condom when I have vaginal sex. | <input type="checkbox"/> I don't use condoms because my partner doesn't like them. |
| <input type="checkbox"/> I only have sex with one person and we choose not to use condoms., | <input type="checkbox"/> I don't use condoms because they cost too much. |
| <input type="checkbox"/> My sex partner is HIV+ so we don't use condoms. | <input type="checkbox"/> I don't use condoms because I don't like them. |
| <input type="checkbox"/> Other (please specify): | |

29. When do you disclose your HIV status to sex partners?

- | | | |
|---|---|---|
| <input type="checkbox"/> Always; with every partner | <input type="checkbox"/> Never. My viral load is undetectable | <input type="checkbox"/> Never. Most of my partners are on PrEP |
| <input type="checkbox"/> Sometimes with some partners | <input type="checkbox"/> Never. Most of my partners are HIV+ | <input type="checkbox"/> Never. I do not have sex |
| <input type="checkbox"/> Never. I always use condoms | <input type="checkbox"/> Never. I don't feel comfortable disclosing my HIV status | |

PARTNER SERVICES:

Partner Services is a free service to assist HIV positive persons in notifying their sexual and/or needle sharing partners of possible exposure to HIV.

30. Have you been informed of Partner Services before this survey? Yes No

31. Have you used Partner Services before? Yes No

32. Would you be willing to use Partner Services? Yes No

33. In the past 12 months, have you done any of the following? Please remember this survey is anonymous and none of your answers will be linked to you.

	Yes	No	Don't Know	Don't remember
Had sex to get money, drugs, housing, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used someone else's syringes to inject yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had sex with someone who shares syringes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>