*The **Washington, D.C. Regional Planning Commission on Health and HIV** (COHAH) will invigorate planning for HIV prevention and care programs that will demonstrate effectiveness, innovation, accountability, and responsiveness to our community.*

RESEARCH & EVALUATION COMMITTEE (REC) MEETING AGENDA

WEDNESDAY SEPTEMBER 17, 2024 – 3:00PM TO 4:00PM

ONLINE MEETING

VIA ZOOM

Note: all times are approximate

3:05 pm	**1. Call To Order and Moment of Silence** **2. Welcome and Introductions**
3:10 pm	**3. Review & Adopt the Agenda for September 17, 2024** **4. Review & Approval of the Minutes from July 16, 2024**
3:15 pm	**5. POWAB Needs Assessment Development** **6. Refining the Status Neutral Needs Assessment discussion**
3:45 pm	**7. Other Business** **8. Future Agenda Items**
4:00 pm	**9. Announcements and Adjournment**
NEXT RESEARCH & EVALUATION COMMITTEE (REC) MEETING:	**TUESDAY OCTOBER 15, 2024** **3:00PM TO 5:00PM** **ZOOM ONLINE MEETING**

Washington, DC Regional PLANNING COMMISSION on HEALTH and HIV

*The **Washington, D.C. Regional Planning Commission on Health and HIV** (COHAH) will invigorate planning for HIV prevention and care programs that will demonstrate effectiveness, innovation, accountability, and responsiveness to our community.*

RESEARCH & EVALUATION COMMITTEE (REC)
MEETING MINUTES

TUESDAY, JULY 16, 2024 - 3:00PM

ZOOM CONFERENCE AND VIDEO CALL

ELECTRONIC – ONLINE MEETING

ATTENDEES/ROLL CALL

COMMISSIONERS	PRESENT	ABSENT	COMMITTEE MEMBERS	PRESENT	ABSENT
Clark, Lamont (Govt. Co-Chair)	X		Wu, Wei	X	
Corbett, Wallace		X			
Dean, Traci		X			
Fogal, Doug		X	**COMMUNITY PARTNERS/ GUESTS**	**PRESENT**	**ABSENT**
Hickson, DeMarc		X			
McLain, Lenora	X				
Mekonnen, Betelhem		X			
Rakhmanina, Natella		X			
Yocum, Ashley	X				
			CONSULTANTS	**PRESENT**	**ABSENT**
			Dwyer, Greg	X	
RYAN WHITE RECIPIENT STAFF			**COMMISSION SUPPORT STAFF**	**PRESENT**	**ABSENT**
			Bailey, Patrice	X	
			Johnson, Alan	X	
HAHSTA STAFF	**PRESENT**	**ABSENT**			
Orban, Julie	X				

HIGHLIGHTS

NOTE: This is a draft of the July 16, 2024, Research and Evaluation Committee (REC) Meeting minutes. The final version will be approved at the September 16, 2024, meeting and made available thereafter.

AGENDA

ITEM	DISCUSSION
Call to Order	The meeting was called to order at 3:05 pm by Lamont C. followed by a moment of silence and introductions.
Review and Approval of the Agenda	Hearing no corrections or additions to the REC Agenda for July 16, 2024, Lamont assumed the motion to adopt the agenda as presented.
Review and Approval of the Minutes	Julie O. indicated that under Other Business, remove the last sentence. Lamont assumed the motion to approve the 2024, Meeting Minutes with the noted change.

POWAB Needs Assessment Development	There were no POWAB Needs Assessment updates given in the absence of Regina Jefferson, POWAB Government Co-Chair or Tarsha Moses, POWAB member.
Refining the Status Neutral Needs Assessment Discussion	
Other Business	
Future Agenda Items	• POWAB Needs Assessment Development • Finalizing the Status-Neutral Needs Assessment.
ANNOUNCEMENTS/ OTHER DISCUSSION	

HANDOUTS

- May 21, 2024, Research and Evaluation Committee Meeting Minutes
- July 16, 2024, Research and Evaluation Committee Meeting Agenda

MEETING ADJOURNED	**3:40 PM**	**NEXT MEETING**	**TUESDAY, SEPTEMBER 17, 2024 3:00pm to 5:00pm ZOOM CONFERENCE AND VIDEO CALL**

202X COHAH Consumer Needs Assessment

The following survey is being conducted by the Washington, DC Regional Planning Commission on Health and HIV (COHAH) to assess the needs of people living with and vulnerable to HIV in the DC Metropolitan area. The COHAH will use survey responses to make decisions about allocating resources to support people living with and vulnerable to HIV in DC, suburban Maryland, northern Virginia, and eastern West Virginia.

Informed Consent for Unmet Needs Assessment: Consumer Survey

The project is an assessment of the level of unmet need and service gaps in HIV prevention, medical, and support services in the Washington DC Eligible Metropolitan Area (DC EMA). This 2022 Consumer Needs Assessment survey is for both people living with HIV, and for those not living with HIV but may benefit from prevention services. This survey is being conducted under the direction of the Washington DC Regional Planning Commission on Health and HIV (COHAH). The HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) funds this survey. The U.S. Department of Health and Human Services (DHHS) Health Resources and Services Administration (HRSA) HIV/AIDS Bureau awards Ryan White HIV/AIDS Program funds.

Taking part in this research is entirely voluntary and entirely anonymous.

The services you receive will not be affected by your answers, if you choose not to fill out the survey, or if you start but decide not to finish.

Purpose of Study

The purpose of this assessment is aimed at understanding unmet needs and service gaps in HIV prevention, medical, and support services in the Washington DC Eligible Metropolitan Area (DC EMA). The needs assessment also ensures that people's point of view is incorporated in improving access to services. Using this information, the Regional Planning Commission on Health and HIV (COHAH) makes recommendations on how HIV prevention and care funding should be used in the DC area.

You will be asked questions about services you need, receive, as well as services you may not be getting but think you or others may need. With the help of your answers, COHAH will have a better understanding of unmet need and gaps in HIV prevention and care services in the region.

Anonymity

No identifying information about you (like name, address, email address or other personal information) will be collected at any point during the study. This means that none of your

responses can be linked to you by anyone working on the survey. Your answers will not be shared with anyone on your medical team if you are currently in care.

Any data collected electronically will be encrypted and password protected. Only persons working on this project will have access to the responses collected in the survey.

Study Procedure

Completing the survey should take 10-20 minutes. If you choose to continue the survey, you will be asked questions about your health status and HIV services.

You will have to share your HIV status so that we can ask you questions about your health care. You can skip any of the other questions, and you can stop answering questions at any time. If you are taking this on a computer and you stop partway through the survey the answered questions will be saved. Once you finish and submit your answers to the survey, there will be no way to delete your responses. Your participation in this survey will not affect your current receipt of medical services.

Risks

Some of the questions in this survey are personal or of a sensitive nature. If you feel uncomfortable you can skip a question or you can stop the survey altogether.

Benefits

There are no current direct benefits promised to you for taking part of this survey. However, you will have the opportunity to participate and contribute to a project that may lead to better funding for HIV prevention, care, and support services. This will assist the planning body in making decisions that actually address the health needs of people in the Washington, DC area. Also, the information that you give us will inform planning procedures that will help the sexual health of the community at large.

Compensation

You will receive a $15 Walmart gift card to compensate you for your time after completing the entire survey. However, if you stop before completing the entire survey, you will not receive the gift card incentive or any portion of it. If you complete the survey online and want to receive the gift card, you can receive it electronically or be given instructions on where to pick one up in person.

Contact Information

If you want to talk to someone about this survey, please contact Lamont Clark, lamont.clark@dc.gov 202-671-4930 or Julie Orban, MPH, julie.orban@dc.gov, from the Government of the District of Columbia Department of Health.

If you want to know your rights as a human subject or think you have not been treated fairly, please contact the Institutional Review Board for Public Health, Government of the District of Columbia Department of Health, at DOH-IRB@dc.gov.

By checking the box below, you agree that the above information has been explained to you and you have had the opportunity to ask questions. You understand that you may ask questions about any aspect of this research during the course of the study and in the future.

☐ **If you agree to these terms and would like to continue with the interview, please check this box and date below.**

Your signature is not required

_____
Date

_____ _____

2022 Consumer Needs Assessment
Research and Evaluation Committee (REC)
Commission on HIV and Health (COHAH)

I. Demographic Information

1. Where do you live?*

- ☐ Alexandria, VA
- ☐ Arlington, VA
- ☐ Clarke County, VA
- ☐ Culpeper County, VA
- ☐ Fairfax City, VA
- ☐ Fairfax County, VA
- ☐ Falls Church, VA
- ☐ Fauquier County, VA
- ☐ Fredericksburg, VA
- ☐ King George County, VA
- ☐ Loudon County, VA
- ☐ Manassas Park, VA
- ☐ Manassas, VA
- ☐ Prince William County, VA
- ☐ Spotsylvania County, VA
- ☐ Stafford County, VA
- ☐ Warren County, VA
- ☐ Calvert County, MD
- ☐ Charles County, MD
- ☐ Frederick County, MD
- ☐ Montgomery County, MD
- ☐ Prince George's County, MD
- ☐ Washington, DC
- ☐ Berkeley County, WV
- ☐ Jefferson County, WV
- ☐ Other (Specify _____)

2. Where do you receive healthcare and/or social services?*

- ☐ Alexandria, VA
- ☐ Arlington, VA
- ☐ Clarke County, VA
- ☐ Culpeper County, VA
- ☐ Fairfax City, VA
- ☐ Fairfax County, VA
- ☐ Falls Church, VA
- ☐ Fauquier County, VA
- ☐ Fredericksburg, VA
- ☐ King George County, VA
- ☐ Loudon County, VA
- ☐ Manassas Park, VA
- ☐ Manassas, VA
- ☐ Prince William County, VA
- ☐ Spotsylvania County, VA
- ☐ Stafford County, VA
- ☐ Warren County, VA
- ☐ Calvert County, MD
- ☐ Charles County, MD
- ☐ Frederick County, MD
- ☐ Montgomery County, MD
- ☐ Prince George's County, MD
- ☐ Washington, DC
- ☐ Berkeley County, WV
- ☐ Jefferson County, WV
- ☐ Other (Specify _____)

If answering "Other" to both questions 1 and 2, skip to end of survey

3. How old are you today?

- ☐ 18-24
- ☐ 25-34

- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65+_____

4. What is your race is: (Select all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Other (Specify _____)
- ☐ Prefer not to answer

5. What is your ethnicity?

- ☐ Hispanic/Latino/a/x
- ☐ Non-Hispanic/Latino/a/x

6. Where were you born?

- ☐ US or US territories
- ☐ Not in US or US territories

7. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Transgender: Female to Male
- ☐ Transgender: Male to Female
- ☐ Transgender: Other (gender nonconforming, nonbinary, bigender, two-spirited, genderqueer)
- ☐ Other (Specify _____)
- ☐ Prefer not to answer

8. What is the highest level of education you have completed?

- ☐ 8th grade
- ☐ Some high school
- ☐ High School graduate/GED
- ☐ Technical or Vocational school
- ☐ Some college
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Graduate degree
- ☐ Prefer not to answer

9. What is your sexual orientation?

- ☐ Straight or Heterosexual
- ☐ Gay/Lesbian or Same-Gender Loving
- ☐ Bisexual
- ☐ Queer
- ☐ Pansexual
- ☐ Not sure/Questioning
- ☐ Other (Specify _____)
- ☐ Prefer not to answer

II. HIV Status

10. Are you living with HIV?*

- ☐ Yes
- ☐ No **(Skip to Question 12)**

11. How long have you been living with HIV?

- ☐ Less than a year
- ☐ 1-5 years
- ☐ 6-10 years
- ☐ 11-20 years
- ☐ Over 20 years
- ☐ Prefer not to answer

III. Service Utilization

12. Please indicate the services that you have used or needed in the past 12 months in the table below.

Service	I received this service easily	I received this service with difficulty	I needed this service but could not get it	I did not need this service
Medical Care: Visits to doctor's office or clinic for HIV medical care	☐	☐	☐	☐
Case Management: Case managers help clients receive services and then follow-up on their care	☐	☐	☐	☐
Medications: Pill for HIV and related issues	☐	☐	☐	☐
Dental/Oral Health: General teeth and mouth care, dentures, oral surgery, etc.	☐	☐	☐	☐
Health Insurance: Helps pay insurance costs or co-pays	☐	☐	☐	☐
Mental Health Services: Professional counseling, therapy, or support groups	☐	☐	☐	☐
Substance Abuse Treatment: Professional counseling for drug or alcohol addiction	☐	☐	☐	☐
Nutritional Counseling: Professional counseling for healthy eating habits	☐	☐	☐	☐
Language Services: Help with translating conversations and written materials	☐	☐	☐	☐
Home Health Care: Professional healthcare services provided in the home by a licensed/certified home-health agency	☐	☐	☐	☐
Hospices Services: Nursing and counseling services for terminally ill and their family	☐	☐	☐	☐
Food Bank or Food Vouchers: Food bags, grocery certificates, home-delivered meals, and nutritional supplements	☐	☐	☐	☐

Service	I received this service without difficulty	I received this service, but it was difficult to get	I needed this service but was unable to get it	I did not need this service
Transportation: Help getting to the doctor's office and other HIV-related appointments	☐	☐	☐	☐
Child Care Services: Pays for services for children living in your household so you can attend medical visits and related appointments	☐	☐	☐	☐
Psychosocial: Group or individual support and counseling services	☐	☐	☐	☐
Treatment Adherence: Instructions on how to take HIV medications properly	☐	☐	☐	☐
Legal Support: Help with HIV-related legal Issues (will, living will, etc.)	☐	☐	☐	☐
Rehabilitation: Physical therapy, occupational therapy, Speech therapy, low vision training, etc.	☐	☐	☐	☐
Peer mentoring: Support and counseling from community members	☐	☐	☐	☐
Housing: Helping find and/or maintaining a place to live	☐	☐	☐	☐
Financial Assistance: One-time or short-term payment to help with an urgent need like utilities, rent, groceries, transportation	☐	☐	☐	☐
Respite Care: Receive care from a temporary caregiver to relieve your primary caregiver for the day	☐	☐	☐	☐

10a. Was there any other service(s) you needed over the past 12 months that is not listed above? If so, please tell us about your experience receiving this service.

_____

_____

_____

If no problems receiving services, skip to question 12

11. If you had problems receiving services what were some of the reasons? (Select all that apply)

- ☐ I did not have any problems receiving services
- ☐ I did not know where to get services
- ☐ I could not get an appointment
- ☐ I could not get transportation
- ☐ I could not get childcare
- ☐ I could not pay for services
- ☐ I did not want people to know that I have HIV
- ☐ I could not get time off work
- ☐ I was depressed
- ☐ I had a bad experience with the staff
- ☐ Services were not in my language
- ☐ I did not qualify for services
- ☐ Something not listed (Specify _____)

IV. Life and Work

12. In the last 12 months, where have you stayed the most?

- ☐ A house/apartment/condo which I own
- ☐ A house/apartment/condo which I rent
- ☐ A house/apartment/condo I got through federal housing assistance[1]
- ☐ Temporarily living with friends or family (for example: couch surfing)
- ☐ Motel/Hotel
- ☐ Hospital, Rehabilitation Center, Drug Treatment Center
- ☐ Homeless shelter
- ☐ Incarcerated (prison or jail) (SKIP QUESTION 15)
- ☐ Anywhere outside (for example: street, car, abandoned building, tent, park bench)
- ☐ Campus housing
- ☐ Other (Specify _____)

13. In the last 12 months, have you or the person in your household who pays for housing received any late notices for unpaid utility (gas, electric, water), rent, or mortgage?

[1] Housing assistance includes Public Housing, Section 8 Housing Choice Voucher Program, Housing Opportunities for Person with AIDS (HOPWA)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to answer
- ☐ N/A

14. Have you ever been incarcerated?

- ☐ Yes
- ☐ No **(Skip to Question 16)**
- ☐ Prefer not to answer **(Skip to Question 16)**

15. When was the last time you were incarcerated?

- ☐ Within the last 3 years
- ☐ 3 to 5 years ago
- ☐ More than 5 years ago
- ☐ Prefer not to answer

16. Over the last 12 months, what life situations have you experienced? (Select all that apply)

- ☐ I am in danger of losing my job
- ☐ I am experiencing mistreatment/trauma or violence from an intimate partner
- ☐ I am experiencing community violence (feeling unsafe in community)
- ☐ I am dealing with the criminal justice system
- ☐ I got pregnant/got someone pregnant
- ☐ I was hospitalized
- ☐ I experienced a death(s) of my family or close friend
- ☐ A family/close friend/partner of mine is sick
- ☐ Grief/death of a family member or a close friend
- ☐ I am enrolling in/dropping out of school
- ☐ I had a break up with partner/divorce
- ☐ I am trying to get needed paperwork (insurance card, Social Security number, immigration, etc.)
- ☐ Other (Specify _____)
- ☐ I have not experienced any of these life situations

17. Within the past 12 months, were you worried about whether your food would run out before you got money to buy more?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

18. Within the past 12 months, did you buy food didn't last, and not have money to get more?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

19. What is your work status? (Select all that apply).

- ☐ Employed full-time (32 hours per week or more)
- ☐ Employed part-time (Less than 32 hours per week)
- ☐ Self-employed/Gig work
- ☐ Seasonal worker
- ☐ Retired
- ☐ Disabled
- ☐ Student
- ☐ Out of work
- ☐ Prefer not to answer

VI. Insurance and Care

20. Do you have health insurance?*

- ☐ Yes
- ☐ No (SKIP QUESTIONS 21 and 22)
- ☐ Don't know

If you do not have health insurance, you may be able to enroll in Marketplace coverage, Medicaid, or CHIP. For more information, review the resources section when you complete the survey.

21. What kind of health insurance do you have? (Select all that apply)

- ☐ Private, from a family member or my job/school (e.g. HMO, PPO, etc)
- ☐ Private, purchased by myself through the marketplace (e.g. HMO, PPO, etc)
- ☐ Medicaid
- ☐ Medicare (e.g. Traditional Medicare, Medicare Advantage, Medigap, Medicare Part C)
- ☐ TRICARE or Veterans Health Administration
- ☐ Other (Specify _____)
- ☐ Don't know

22.Do you have trouble affording your health insurance premiums[2] and copays[3]?

[2] A premium is amount you pay for your health insurance every month
[3] Copays are a fixed amount ($20, for example) you pay for a covered health care service)

- ☐ Yes **(Skip to Question 31)**
- ☐ No
- ☐ Don't know

VII. HIV Treatment and Prevention

If you are living with HIV, answer questions 23 through 30 (if applicable).

If you are living with HIV, answer questions 30 through 35 (if applicable).

HIV Treatment (answer if living with HIV)

23. When was the last time you talked with your doctor or other medical provider about HIV treatment? (This includes telehealth and/or in-person visits)

- ☐ Within the last 6 months
- ☐ Within the last year
- ☐ More than a year
- ☐ I have never talked with a doctor or medical provider about HIV treatment
- ☐ Prefer not to answer

24. When did you last see your case manager?

- ☐ Within the last 6 months
- ☐ Within the last year
- ☐ More than a year
- ☐ I do not have a case manager

25. When was your last HIV viral load count given to you?

- ☐ Newly diagnosed, no labs
- ☐ Within the last 6 months
- ☐ Within the last year
- ☐ More than a year
- ☐ Prefer not to answer

26. Are you virally undetectable?[4]

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to answer

[4] Virally undetectable means so few copies of the virus are present in the blood that tests are cannot detect them

27. Are you currently taking HIV medications (Antiretroviral therapy/ART)?

- ☐ Yes **(Skip to Question 29)**
- ☐ No
- ☐ Don't know **(Skip to Question 29)**
- ☐ Prefer not to answer **(Skip to Question 29)**

28. What are the main reasons you are not currently taking HIV medications (Antiretroviral therapy/ART)? (Select all that apply)

- ☐ Side effects from medications
- ☐ Medication was too expensive
- ☐ Worried that others might learn of my HIV status
- ☐ Distrust of medication or provider
- ☐ Mental health challenges
- ☐ I forgot to take them
- ☐ Other (Specify _____)
- ☐ Prefer not to answer

29. In the past 30 days, how often did you take your HIV medications as prescribed?

- ☐ All of the time **(Skip to Question 36)**
- ☐ Most of the time
- ☐ Some of the time
- ☐ Never
- ☐ Don't remember/Unsure
- ☐ Prefer not to answer

30. In the past 30 days, what are the main reasons you did not take your medication as prescribed all of the time? (Select all that apply)

- ☐ Side effects from medications
- ☐ Too many pills/too complicated
- ☐ Medication was too expensive
- ☐ Worried that others might learn of my HIV status
- ☐ Distrust of medication or provider
- ☐ I forgot to take them
- ☐ Mental health challenges
- ☐ Other (Specify _____)
- ☐ Prefer not to answer

HIV Prevention (answer if not living with HIV)

31. When was the last time you talked to your doctor or other medical provider about HIV prevention?

- ☐ Within the last 6 months **(Skip to Question 45)**
- ☐ Within the last year **(Skip to Question 45)**
- ☐ More than a year
- ☐ I have never talked with a medical provider about HIV prevention
- ☐ Prefer not to answer

32. Are you currently taking prescription medications to prevent HIV (I.e.,PrEP)[5]?

- ☐ Yes **(Skip to Question 47)**
- ☐ No
- ☐ Prefer not to answer **(Skip to Question 49)**

33. Why are you not taking prescription medications to prevent HIV (PrEP)? (Select all that apply) – **(Respond to this question, and then Skip to Question 49)**

- ☐ I don't think I need to
- ☐ I have never heard of PrEP
- ☐ Side effects from medications
- ☐ Medication was too expensive
- ☐ Worried that others might judge me for taking PrEP
- ☐ Distrust of medication or provider
- ☐ My medical provider told me I don't need to
- ☐ Other (Specify _____)
- ☐ Prefer not to answer

34. In the past 30 days, how often did you take your medication to prevent HIV (PrEP) as prescribed?

- ☐ All of the time **(Skip to Question 36)**
- ☐ Most of the time
- ☐ Some of the time
- ☐ Never
- ☐ Don't remember/Unsure
- ☐ Prefer not to answer **(skip to question 36)**

35. In the past 30 days, why are you not currently taking PrEP as prescribed all of the time?

- ☐ Side effects from medications
- ☐ Too many pills/too complicated

[5] PrEP (pre-exposure prophylaxis) is medicine people at risk for HIV take to prevent getting HIV from sex or injection drug use. When taken as prescribed, PrEP is highly effective for preventing HIV.

- ☐ Medication was too expensive
- ☐ Worried that others might judge me for taking PrEP
- ☐ Distrust of medication or provider
- ☐ I don't think I need to
- ☐ I forgot
- ☐ Other (Specify _____)
- ☐ Prefer not to answer

VIII. Other Health Conditions

36. Over the past 12 months, what physical and mental health conditions have you experienced? (Select all that apply)

- ☐ Alcohol or drug addiction
- ☐ Mental health disorder (e.g. depression, anxiety, bipolar disorder, eating disorder, post-traumatic stress disorder, schizophrenia, obsessive-compulsive disorder)
- ☐ Hepatitis
- ☐ Sexually transmitted infection (e.g. syphilis, chlamydia, gonorrhea, human papillomavirus [HPV], Herpes Simplex)
- ☐ Diabetes
- ☐ Cancer
- ☐ Heart disease
- ☐ High blood pressure
- ☐ Kidney disease
- ☐ Insomnia
- ☐ Long COVID-19
- ☐ Asthma
- ☐ Chronic pain
- ☐ Other (Specify _____)
- ☐ None **(Skip to Question 52)**
- ☐ Prefer not to answer **(Skip to Question 52)**

IX. Substance Use

37. Have you used injection tools (needles, etc.) to inject substances not prescribed by a doctor?

- ☐ Yes
- ☐ No (skip to question 55)
- ☐ Prefer not to answer

38. If yes, were these tools shared with other people?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

39. Have you ever received treatment for a substance use disorder (also known as drug rehabilitation or treatment for drug addiction)?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

X. Transgender Services

40. Have you ever received gender-affirming care?

- ☐ Yes
- ☐ No

41. If yes, did you encounter barriers to receiving gender-affirming care?

- ☐ Yes
- ☐ No

IX. Healthcare Access and Interactions

42. In the last 12 months, what type of place do you <u>usually</u> go to when you are sick and need help from a medical provider?

- ☐ Health department clinic
- ☐ Community health center
- ☐ Private medical provider's office
- ☐ Student health center
- ☐ Hospital emergency room
- ☐ Patient First/Minute Clinic/Urgent Care
- ☐ Mobile clinic or other mobile services
- ☐ EMS (Emergency Medical Service)
- ☐ Gynecologist
- ☐ Veteran's Health System or VA Hospitals/Clinics
- ☐ Some other place not listed (Specify _____)
- ☐ I did not go anywhere **(Skip to Question 66)**

43. In the last 12 months, when visiting this place to see a healthcare provider, how often have they made you feel...

	Never	Rarely	Sometimes	Often	Always
Comfortable talking about your sexual health?	☐	☐	☐	☐	☐
Cared for?	☐	☐	☐	☐	☐

Listened to?	☐	☐	☐	☐	☐
Positive or destigmatized?	☐	☐	☐	☐	☐

44. Provider Preferences (Select all that apply)

	Race	Ethnicity	Gender
Do you ***prefer*** to see a provider that shares your…	☐	☐	☐
In reality, do you see providers that share your…	☐	☐	☐

45. Please select challenges that you experienced when you wanted to see a medical provider. (Select all that apply)

- ☐ I don't have any challenges
- ☐ Unable to book appointment
- ☐ I don't have time
- ☐ I don't have reliable transportation
- ☐ I couldn't get childcare
- ☐ Money concerns
- ☐ I don't have health insurance
- ☐ The medical provider does not take my health insurance
- ☐ I don't know where to go
- ☐ Services aren't available during the hours when I can go
- ☐ The healthcare staff treats me poorly
- ☐ I cannot find someone who speaks my language
- ☐ Other (Specify _____)

46. Overall, do the services at this place meet your health needs?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to answer

Survey Complete

Thank you for participating in the 2024 Commission on Health and HIV's Consumer Needs Assessment.

The following are resources you may find useful:

- To see if you are eligible for free or reduced cost health insurance through Medicaid or the health insurance marketplaces, visit Healthcare.gov
- To learn more about programs that may help you afford your health insurance based on where you live review the following Medical Assistance information for
    - DC residents
    - Maryland residents
    - Virginia residents
    - West Virginia residents
- For more information about HIV viral undetectability and U=U (Undetectable=Untransmittable) visit sexualbeing.org
- For assistance finding health, food, housing, and other services in your area LinkU DMV